Advisory Council

April 13, 2021 meeting notes

Attendees:	Sandy Brown, Joan Caley, Mark Collier, Remy Eussen, Adrianne Fairbanks, Dave Fuller, Katie Huynh, Lawrence Neville, Marla Sanger, Aru Undurti
Absent:	John Brooks, Paul Childers, Charbonneau Gourde, Stephanie Roise-Yamashita, John Roth, Cassandra Sellards-Reck
Staff:	Brigette Bashaw, Doreen Gunderson, Jeff Harbison, Janis Koch, Alan Melnick, Andrea Pruett, Roxanne Wolfe
Guests:	Maria Alba-Estrada, Councilor Karen Dill Bowerman, Emily Page

(1) WELCOME/APPROVAL OF MEETING NOTES *(Marla Sanger)*

- Marla opened with introductions and welcomed everyone. Andrea Pruett, Community Health Director, and newest member of the Clark County Public Health (CCPH) leadership team introduced herself. Dr. Melnick welcomed Councilor Karen Dill Bowerman, the newest member of the Clark County Board of Health.
- The council reviewed the meeting notes from February 9, 2021. Remy Eussen moved and Sandy Brown seconded motion to approve the meeting notes as submitted. All were in favor.

(2) COMMENTS FROM THE PUBLIC

None

(3) DEPARTMENT UPDATE:

- **EPH update: Changes in restaurant inspections** *(Brigette Bashaw):*

The CCPH food safety program recently made a temporary shift away from in-person scored inspections towards scheduled unscored virtual assessments. Throughout the pandemic, Clark County has continued in-person food safety inspections while other counties in the state have chosen not to conduct inspections, conduct only high priority inspections, or use a hybrid approach such as incorporating prescheduled assessments. In March, we started incorporating virtual assessments, with a primary goal of increasing contact with food establishments (FE) throughout the rest of the pandemic. For the first many months of the pandemic we often found businesses temporarily closed or their hours greatly reduced. When conducting in-person inspections, we found space within FE to be too small to efficiently complete the work and maintain social distancing requirements. Some other challenges and considerations factoring into this shift to scheduled virtual assessments include: many FE are operating at bare bones staffing levels and accommodating an unannounced inspection can be very challenging for the business portion of the operation; many FE owners and food workers are concerned about the size of their COVID-19 bubble and are weary of having an inspector show up unannounced and then remain present for an hour or more; and some of our own staff have not been able to conduct inspections due to individual health concerns or assignment to the on-going pandemic response. Additionally, as FE

are allowed to increase in-door dining capacity, the number of employees present in the kitchen are increasing, making it even more complicated to inspect while maintaining social distancing. The framework for the assessment approach was developed by the DOH and included consultation with local health jurisdictions. We've tailored the approach developed by DOH and used by other jurisdictions to best suit the needs of Clark County. The assessment is separated into two parts – a *pre-assessment* and the *actual assessment*. Both ideally are pre-scheduled and occur virtually. During the pre-Assessment we spend 20-30 minutes discussing policies and practices around high-risk violations such as proper hand washing, ill worker reporting, how bare hand contact is prevented, and of course the current COVID-19 measures in place. During the actual assessment, the person in charge leads the inspector through the establishment, demonstrating equipment and product temperatures, final cook temperatures, and other active food preparation activities along the way. Our move to assessments allows us the opportunity to discuss food safety topics and assess high-risk violations while also minimizing or eliminating the need for an inspector to be physically present in the FE. For those FE owners choosing not to participate in the virtual assessment option we do still retain the option for an in-person assessment. In response to how scheduled inspections could adequately assess actual food worker practices, these food safety assessments will focus on conversation and observation on the high-risk compliance items most often associated with foodborne illness. Non-compliance of high-risk items observed during an assessment will require immediate corrections, same as they would during a routine inspection. If necessary, enforcement tools such as closure remain an option should on-going or excessive non-compliance be observed.

- **Budget update** *(Jeff Harbison)*

  As we approach the 2022 budget season, it is important to note that Public Health, at the national level, has an unsustainable budget model with funding remaining stagnant while costs continue to grow. One of our federal grants has remained the same allocation amount for over 20 years. Our costs, such as labor and supplies, continue to increase while revenue remains stagnant. This model consistently leads to deficits with most budgets. We are as creative as we can be and have done such things as bringing forward adjustments to our Environmental Public Health (EPH) fee schedule with each budget cycle. We are moving towards a 100% cost recovery basis with our fee schedule and the Council has been great in recent years about approving those adjustments as needed. EPH fees are critical as they cover approximately 40% of our County indirect costs, have no profit element built into them, and are based strictly on the cost of doing business. We meet next in June and I will have much more information on our budget status to brief PHAC with at that time. We may be asking for PHAC support in addressing the Council regarding a budget deficit. We have received federal funding sources to address COVID-19 response in 2021, however, the funding has been categorical and not proportionate to what we are doing. The revenue to cover vaccine work is not where we need it to be and we have reached out to FEMA for funding.

- **Director's report** *(Dr. Alan Melnick)*
  - **COVID-19 update**

    Case numbers are increasing nationally and there is concern about a possible fourth wave. The latest data from the CDC shows a 3.3% increase in positive COVID-19 cases, 6.6% increase in hospitalizations, and a 5.2% decrease in deaths. In Washington state, transmission is increasing with an estimated reproductive number of 1.38. Statewide, case numbers began increasing in late March following a plateau in mid-February. There has been some variation at the county level, but four of the five largest counties (Clark, King, Pierce, and Snohomish) are seeing increases. The biggest increases are in younger people, who are less likely to be vaccinated. Data shows sharp increases in people ages 10-49 years and shallower increases in children 0-9 years and adults 50-69 years. In Clark County, case numbers are beginning to increase with the greatest increase being among younger adults, specifically those 20-39 years old. COVID-19

activity rate has also increased each of the last four weeks, from 88.8 per 100k on March 15, to 139.8 this week. Hospitalizations for COVID-19 cases remain around 5%. Beginning this week, we are reporting probable cases in addition to the confirmed cases that we've been reporting. A confirmed case has had a positive molecular (PCR) test for COVID-19. A probable case has had a positive antigen test and no molecular test. Probable cases are treated like confirmed in that they are interviewed by CCPH, asked to isolate and close contacts to quarantine. This change was made to better align with DOH data, which also includes probable cases. Active cases, which are those who are currently in isolation (contagious), include confirmed and probable.

- **Variants**

  In Washington, there are currently eight documented variants of SARS-CoV-2, the virus that causes COVID-19. Five are variants of concern (B.1.1.7 [UK], B.1.351 [South Africa], P.1 [Brazil], B.1.427 and B.1.429 [California]) and three are variants of interest (P.2 [Brazil], B.1.527 and B.1.525 [New York]). The UK and California variants are most prevalent in Washington. Studies have shown that the UK variant spreads more easily and quickly than others. One study in the UK demonstrated that this variant had a 1.6-fold increase in risk of death compared with infection with previous strains. Fortunately, the three available COVID-19 vaccines are effective against this variant. Studies have also shown that the California variants are slightly more contagious, and some COVID-19 antibody treatments may be less effective against the strains. In Clark County, surveillance sampling has identified 3 cases with the UK variant, 1 with the B.1.427 (California) and 3 with the B.1.429 (California). In the state of Washington, surveillance sampling has identified 1432 cases of all eight variants and based on this surveillance, we believe that approximately 90% of all SARS-CoV-2 infections in Washington are currently variants of concern. The UK variant is increasing most quickly with 34% of cases in WA attributed to it. Doubling time is about 13 days and it is projected to reach 50% by mid-April. More than 50% of COVID-19 cases in WA are attributed to the California variants (B.1.427 and B.1.429). Doubling time is slower, at about 37 and 24 days, respectively.

- **Roadmap to Recovery – Reopening status**

  On Monday, DOH and the governor's office provided the first evaluation of reopening metrics since Governor Inslee modified the plan last month. Clark County is remaining in Phase 3. To remain in Phase 3, Clark County needed to have a 14-day COVID-19 activity rate at or below 200 per 100,000 residents and a 7-day rate of new hospitalizations per 100,0000 residents at 5 or fewer. On Friday, Governor Inslee announced that counties will only be moved back to Phase 2 if they fail to meet both metrics (previously, counties who failed just one metric would be moved back). The next evaluation will take place Monday, May 3 with any changes going into effect on Friday, May 7.

- **Vaccinations & Vaccine Breakthrough**

  State vaccine allocation to Clark County continues to be good with an average of 13,980 first doses per week in the last six weeks. Prior to this (through the first 11 weeks), Clark County received an average of 4,175 first doses from DOH. In addition to allocation from the state, local pharmacies are receiving vaccine from the federal government. Beginning Thursday, April 15, everyone 16 years and older will be eligible to get vaccinated. Appointments are available at medical offices, pharmacies, and community vaccination sites such as Tower Mall and the fairgrounds. As of Saturday, April 10th, 210,724 doses had been administered in Clark County. 143,941 (28.8%) residents have received at least one dose, and 94.848 (19.0%) residents are fully vaccinated. CCPH continues to partner with City of Vancouver and Safeway to operate the Tower Mall vaccination site. This is the sixth week of operation, operating four days a week, with the capacity for 1,000 doses per day. Public Health has also been working to increase access to vaccine

through mobile and short-term fixed-location vaccination sites. Recently, we've been working with local food processing facilities to plan on-site vaccination clinics, prioritizing facilities that have had COVID-19 outbreaks and have diverse workforces. We've hosted clinics at four food processing facilities in Clark and Cowlitz counties and vaccinated approximately 550 employees. We are continuing to explore opportunities for vaccinating underserved communities and identifying locations for future short-term fixed-location sites.

This morning, the FDA and CDC recommended a pause on administering Johnson & Johnson (J&J) vaccine pending review of six reported cases of rare and severe blood clots in combination with low levels of blood platelets in people who received J&J vaccine. DOH and CCPH are pausing use of the J&J vaccine. The FDA and CDC decision was made in an abundance of caution. These reported adverse events appear to be extremely rare – 6 cases among the more than 6.8 million doses of J&J vaccine administered in the U.S. About 149,000 doses of J&J vaccine have been administered in Washington so far. The state does not have any knowledge of the 6 patients who experienced the blood clots being Washington residents. COVID-19 vaccine safety is a top priority. The CDC and FDA take all reports of health problems following COVID-19 vaccination very seriously and are investigating these six reported cases. The CDC is convening a meeting of the Advisory Committee on Immunization Practices (ACIP) on Wednesday to review the cases, and the FDA will use that analysis as it investigates these cases. The recommended pause will remain in place until that process is complete. The response by the CDC and FDA demonstrate how well the robust vaccine safety monitoring systems work. This potential safety concern was identified quickly, and vaccines were paused to allow for further investigation. All six cases being reviewed occurred in women between the ages of 18 and 48 and symptoms occurred 6-13 days after vaccination. People who have received the J&J vaccine and develop severe headache, abdominal pain, leg pain or shortness of breath within 3 weeks of vaccination should contact their health care provider. CCPH is getting information about this pause out to health care providers, community partners, businesses where we recently immunized employees, and the public.

- **House Bill 1152**
  Governor Inslee dropped this bill in December of 2020 and many aspects of the bill changed over the next few months. The bill would have reorganized the statewide public health system by creating four regional centers for shared services and by changing the composition of local boards of health to include non-elected members. The final bill did not include the regional centers. In addition, because we have PHAC, our county was exempted from the requirement to add non-elected members to the BOH.

- **CCPH Call Center Update** *(Roxanne Wolfe)*
  Today our call center launched specific 800 numbers designated for our BIPOC communities. These were created in partnership with NAACP, LULAC, and PICA and will assist in answering questions as well as helping people get signed up for vaccine appointments.

- **Request to the State Regarding Vaccination Barriers**
  The vaccine itself is free, however, the cost of administration staff (those making appointments and giving the shot) is not covered. Providers attempt to cover those costs by billing the patients. A requirement to produce documentation has been a barrier to vaccination for some in our BIPOC communities. Washington State Association of Local Public Health Officials (WSALPHO) drafted a letter to the state (Governor Inslee and DOH) to encourage them to provide direct payment to providers when they administer the vaccine. The goal is to eliminate the request for health care coverage or other documentation and remove that barrier. Another concern was the requirement from the state to use 95% of vaccine in 7 days. This made it challenging to schedule

appointments for those with barriers. Additional challenges were felt by the Free Clinics who are being required to enter data within 24 hours, so we've asked for an extension to 48 hours. We also asked the state for more advance notification of vaccine allocation. Partners agreed to sign the letter: WSMA, WA Health Care Access Alliance who represents the free clinics around the state, LULAC, PICA-WA, and NAACP. If we can get direct payment to providers, we can get populations with difficult access, including BIPOC communities and those with barriers to vaccine, to get appointments.

(4) Q&A

Q. Johnson & Johnson was the preferred vaccine to reach the unhoused populations due to it being a single dose. With the current pause, is there a backup plan to reach these individuals or is it better to wait until J&J is available again?

A. We are going to wait to hear from the FDA and CDC regarding when J&J will become available again and in the meantime utilize the best systems we have to get people in high-risk congregate settings vaccinated and receiving both doses at the right times. Giving only a single dose of either Moderna or Pfizer is not an acceptable alternative due to the risk of developing more resistant variants and because of concern about lower duration of any immunity.

Q. Are you noting any connection with AstraZeneca vaccine and J&J with the blood clots occurring in people with low platelets?

A. (Dr. Lawrence Neville) One can see paradoxical situations of low platelets but a hyper coagulation state. These tend to be devastating – a good example is TTP or thrombotic thrombocytopenic purpura. On the other hand, the rate described so far for the J&J vaccine is very low and many experts are encouraging us not to overreact because it's such a good vaccine in other respects.

Q. Will CCPH be continuing to do mobile vaccination PODs?

A. The mobile PODs are very resource intensive especially without access to a single dose vaccine like J&J. We've reached many workplaces and will begin looking at other strategies such as local providers located around the county to do more. We want to maximize the use of the Tower Mall site by hopefully opening it more days and ensuring it's accessible. The DOH does have National Guard resources and we've partnered with them to help with the hearing-impaired population and Adult Family Homes.

Q. Are there large groups of people who are not going to be interested in getting the vaccine?

A. This is a huge concern. Even in eligible populations, we've seen low numbers within different groups. With our communications specialist we've developed a campaign called the "I got the shot" with local individuals going on record on social media to illustrate why they got the shot. We are working to get information out about the safety and efficacy of the vaccines. Ongoing outreach with our community partners will be helpful as well.

Q. Is it true that Pfizer has a vaccine that prevents infection, not just severe illness?

A. None of the vaccines are 100% effective at preventing infection which is why we must continue to mask up and physically distance even if fully vaccinated. The vaccines are, however, great at preventing severe infection and death. Evidence of vaccine breakthrough is present (UCLA/UCSD study shows vaccine breakthrough rate – usually asymptomatic infection – of about 0.05%), which means that a fully vaccinated individual develops infection and has a positive test. As we get more experience over time with the vaccine, we'll know better how effective they are at preventing infection. They provide longer protection than the actual infection which is why we encourage people who have had COVID-19 to still get vaccinated. It is possible people will need a booster over time.

(5) EXECUTIVE COMMITTEE:

- **Transportation Systems Plan Sounding Board Representative** *(Marla Sanger)*
  Everyone on PHAC received an email from Gary Albrecht of Clark County Public Works, Transportation. He is seeking a representative from PHAC for their transportation systems plan sounding board. If you are interested or have any questions, please reach out to Gary directly.

- **NEXT MEETING** *(Marla Sanger)*
  June 8, 2021 (format to be determined).

(6) ADJOURN

The meeting adjourned at 7:25 pm. Remy Eussen moved and Dave Fuller seconded motion. All were in favor.