

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
March 7, 2023**

The meeting was called to order by Board Chair Commissioner Robert Gelder at 10:31 a.m.

Chair Gelder acknowledged that the Kitsap Peninsula is home of sovereign Indian nations, namely the Suquamish and Port Gamble S'Klallam Tribes.

APPROVAL OF MINUTES

Member Michael Watson moved and Mayor Becky Erickson seconded the motion to approve the minutes for the February 7, 2023, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The March consent agenda included the following contracts:

- 2203 Amendment 11, *Washington State Department of Health, Consolidated Contract*
- 2312, *Peninsula Community Health Services, Medical Respite Facility Agreement*
- 2318, *Kitsap County, Nurse Family Partnership*
- 2319, *Kitsap County, Therapeutic Court Tax Programs*
- 2323, *Jefferson County Public Health, Mental Health/Substance Abuse*

Mayor Erickson asked if the facility for Peninsula Community Health's \$20,000 Medical Respite Facility Agreement is currently in use. Administrator Keith Grellner responded by saying the facility is not built yet and they are currently working on construction plans. He added that the goal is to have it opened by early 2024. Chair Gelder noted that other than the land use portion of the plan with the City of Bremerton, they are having discussions about potential ARPA funding to support this project.

Mayor Erickson moved and Mayor Greg Wheeler seconded the motion to approve the consent agenda. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Gib Morrow, Health Officer, started the report with a brief COVID-19 update. He noted that the remaining state Secretary of Health masking requirements for healthcare and correctional facilities are set to end April 3, 2023. The facilities can continue to require masking in certain settings and may want to do so to provide additional protection to their patients and employees. He added that the requirement from Labor & Industries is still in place, which requires all employers in all sectors to have infection control plans specific to COVID-19. The national State of Emergency will end on May 11, 2023. This means that emergency federal funds for COVID

testing, treatment, and vaccination will no longer be available. Additionally, the requirement for health insurance companies to cover the costs of eight COVID tests per month will no longer be in place. The Washington State Department of Health estimated that their rapid antigen testing supplies through their Say Yes to COVID Test program will likely be depleted by May 11th. The updated boosters currently available to the public, which have already been purchased by the federal government, may remain available after May 11th. Dr. Morrow noted that the end of the emergency does not necessarily correspond with the full commercialization of all COVID treatments and medical counter measures. He said the updated boosters, set to be distributed this fall or next winter, will likely only be available through the commercial market. He reminded the Board and the public to get their updated booster shots for COVID-19 as those who have received updated boosters are 16 times less likely to be hospitalized compared to those who have not received it.

Next, Dr. Morrow provided an update on the healthcare access study, which has been awarded to Johns Hopkins Bloomberg School of Public Health. He thanked Health District staff Ally Power and Margo Chang for the tremendous amount of work that went into the request for proposals (RFP) selection process and organizing available information to ensure it is readily available to the healthcare assessment consultants. He noted that although the consultants have not signed a contract yet, they have already spent three hours this morning diving into the project, so it was evident they are excited to move forward. Dr. Morrow also thanked Mayor Erickson for her help in the selection process and noted she was a pleasure to work with. He said he is excited to work with her on the advisory panel, which will help to steer and maintain the efficiency of the efforts of the consultants. The panel will consist of Dr. Morrow, Mayor Erickson, two Health District staff, Dr. Tara Kirk Sell from the Kitsap Public Health Board, and Anne Presson.

Dr. Morrow concluded his Health Officer report by discussing the monkeypox (mpox) presentation that will take place later during the Board meeting. He said an internal Kitsap Public Health team will be explaining how the Health District organized their response to the mpox emergency, including the incident command system that was set up. He explained that the National Incident Management System (NIMS) was developed by the Federal Emergency Management Agency (FEMA) to define operation systems of how personnel work together during incidents. This system guides the way all levels of government, non-governmental organizations, and the private sector work together to prevent, mitigate, respond to, and recover from emergencies. The Health District had a team that was monitoring and managing this response as early as May 2022. Dr. Morrow noted he had presented this topic at the June 7, 2022, regular Kitsap Public Health Board meeting. At the recommendation of Yolanda Fong, Community Health Director at the Health District, the District formed an internal incident command system on July 21, 2022, which was around one week before the World Health Organization (WHO) or the Biden Administration declared mpox a public health emergency. He added that our mpox response was informed heavily by the work the Health District did during the COVID-19 pandemic. He said in many ways, this was a public health success story.

Dr. Watson asked if Dr. Morrow anticipates a large surge of COVID-19 once healthcare institutions remove requirements for masking. Dr. Morrow responded by saying he does not anticipate a large surge, but he is concerned about the increased risk to vulnerable patients in

healthcare facilities. He added that it would be wise and prudent of healthcare facilities to strongly consider the possible consequences of lifting mask requirements. If there is transmission in healthcare settings, it will be important for facilities to notify anyone who may have been exposed.

Chair Gelder commented that he is concerned about the cost shift that will occur once federal funding and test supplies are discontinued. He said if it becomes a cost equation, people will be less likely to purchase testing supplies, which would potentially have a negative impact overall.

Member Drayton Jackson asked Dr. Morrow if the discussion of the impact on healthcare settings includes behavioral health and homeless encampments. He said he is concerned that a decrease in funding will cause outreach to behavioral health facilities and homeless encampments to decrease. Dr. Morrow asked if Member Jackson's question was concerning COVID-19, to which Member Jackson responded by saying COVID or mpox. Dr. Morrow answered by saying there has been a slow evolution into this next phase and time will tell what that looks like. He added that the Secretary of Health mask requirement being lifted is specific to healthcare and correctional facilities. Masking recommendations will still be in place.

Mayor Erickson thanked Dr. Morrow and the other Health District staff who helped with the RFP selection process. She said she believes the study's consultant, Johns Hopkins, will do a remarkable job and will give us good data and suggested solutions to our healthcare shortages. It has been very difficult for Kitsap residents to get medical care, particularly long-term care and mental health services.

Mayor Wheeler said he appreciates all of Dr. Morrow and Mayor Erickson's work on the healthcare assessment project. For those who have lived their whole lives in Kitsap and have children or grandchildren living in Kitsap, this project is very personal. Mayor Wheeler extended his help if extra support is needed in this project.

There was no further comment.

Administrator Update:

Keith Grellner, Administrator, began his report by discussing updates to the Health District's 2023 legislative priorities. He noted that this year's session has been mostly uneventful for public health. Mr. Grellner thanked Megan Moore of Kitsap Public Health for putting together the legislative summary memo for the Board packet. Two weeks ago, Ms. Moore, Dr. Morrow, Mr. Grellner, and Eric Evans, Assistant Director for Environmental Health, attended Public Health Day at the legislature and had a constructive conversation with a local representative.

Next, Mr. Grellner informed the Board members that, for the fifth year in a row, Kitsap Public Health's Wellness Committee has won the Zo8 award for their commitment to employee wellbeing. Angie Berger of Kitsap Public Health leads the Wellness Committee's efforts and, as part of the Zo8 award, won a scholarship to attend the Healthy Worksite Summit later this

month. Mr. Grellner congratulated Ms. Berger and the Wellness Committee and directed any questions on the matter to her.

Next, Mr. Grellner introduced Margo Chang, who has been promoted to Administrative Assistant at Kitsap Public Health. He noted that Ms. Chang will be helping Ms. Berger with Kitsap Public Health Board meetings going forward. Mr. Grellner went on to say that Ms. Chang has been with the Health District for over six years and was instrumental in helping with the District's COVID-19 response.

Mr. Grellner provided the Board with an update regarding the new Public Health Infrastructure division. They have begun to recruit for a division director. Last fall during budget deliberations, the Health District and the Kitsap Public Health Board discussed the executive team structure at the District. Due to the growth the Health District has experienced over the last three years, largely due to the COVID-19 pandemic response and an influx in state Foundational Public Health Services funding, it was determined that another division should be added. Mr. Grellner noted that the workforce at the agency has grown by 40%. He then presented a new organizational chart that shows where the new division will fit in the Health District's organizational structure. The chart showed which of the District's programs from Community Health will be moved under the Public Health Infrastructure division. The programs include Assessment and Epidemiology, Equity, Performance and Quality Management, and Public Health Emergency Preparedness and Response.

Lastly, Mr. Grellner said the Washington State Association of Local Public Health Officials (WSALPHO), which the Health District is a member of, will be holding the Local Board of Health Member training for the second time. This training was last held in Spokane, Washington in the summer of 2022, right before new members were brought on to the Kitsap Public Health Board. He noted the upcoming training will be held May 2 – May 4, 2023, at Semiahmoo Resort in Blaine, Washington. The Washington State Association of Counties (WSAC) will be paying for attendees of local Boards of Health to travel and attend the training. Mr. Grellner said he will send an email with this information to Board members and if they are interested in attending, to let Mr. Grellner know. He also noted that the May Board of Health meeting is on May 2, 2023, so anyone interested in attending should notify Mr. Grellner. He and Chair Gelder will discuss the action items on the agenda to ensure they still have a quorum present.

Member Stephen Kutz commented on the training opportunity for Local Boards of Health. He said he attended the training the previous year in Spokane, and it was a very valuable training, noting it helped put the goals of the Board of Health in perspective.

There was no further comment.

RESOLUTION 2023-01, AUTHORIZING A KITSAP COUNTY CHILD DEATH REVIEW (CDR) PANEL

Mr. Grellner approached the board regarding the authorization of a Kitsap County Child Death Review (CDR) panel. He provided follow-up information from the previous month's Board

meeting presentation by Erica Whares, from the Health District's Chronic Disease and Injury Prevention program, during which Ms. Whares presented information regarding the reformation of a Child Death Review panel. Mr. Grellner said the panel was reviewed with the Health District's legal counsel and the counsel recommended that the Kitsap Public Health Board adopt Resolution 2023-01, authorizing the CDR panel. The legal team gave this recommendation to ensure the people appointed to the panel can be covered under the Health District's infrastructure and be able to discuss sensitive data while being protected from any resulting liabilities.

Member Kutz moved and Dr. Watson seconded the motion to approve Resolution 2023-01. The resolution was approved unanimously.

STRATEGIC PLAN UPDATE

Siri Kushner, Assistant Director for Community Health, provided the Board with a presentation regarding the District's strategic plan.

Ms. Kushner discussed the closeout of Kitsap Public Health's 2011-2021 strategic plan. This most recent plan was created and approved by the Board in 2011. A Board approved amendment was made in 2016, and the Health District has been operating under that amended plan since then. Strategic planning activities were delayed in 2020-2022 by the COVID-19 pandemic. The Health District did not have the bandwidth to carry out many elements of the 2016 plan, the systems to assess progress were unfinished, and they lacked the capacity to develop a new strategic plan, therefore the agency continued to operate under the same plan throughout 2022. Ms. Kushner then displayed the initiatives and goals of the 2016 strategic plan. She noted the Health District tracked annual work plans associated with the goals and initiatives, so some tracking was done over time of the associated initiatives.

Next, Ms. Kushner explained that the goals of strategic planning are to set a proactive, not reactive, path to guide organizational decision making for the future and to provide high-level strategic direction for planning purposes. She displayed the model that is currently being used to develop a new strategic plan. The model shows the major components of the plan and explained the purpose and meaning of each component.

Ms. Kushner then discussed the Health District's assessment of their progress in 2021 and 2022. Subject matter experts at the District conducted a two-part assessment. The first part reviewed the activities under the current plan, which included a quantitative reading on a scale of 0 to 3. The scale rated each activity based on the status of completion: a rating of 0 indicates the activities have not been started, a rating of 1 indicates the activities were in the planning stage, a rating of 2 indicates the activities were in the process of being implemented, a rating of 3 indicates the activities were completed, and a blank rating indicates the scale is not applicable. Ms. Kushner displayed a table showing the 2021 status assessment of progress, separated by the strategic initiative:

- Initiative 1 had an average status of 0.0
- Initiative 2 was rated at 0.9
- Initiative 3 was rated at 1.6
- Initiative 4 was rated at 0.8

- Initiative 5 was rated at 1.3
- Initiative 6 was rated at 3.0

Ms. Kushner next displayed the same table with the assessment for 2022 progress:

- Initiative 1 had an average status of 1.2
- Initiative 2 was rated at 2.0
- Initiative 3 was rated at 1.8
- Initiative 4 was rated at 1.6
- Initiative 5 was rated at 1.9
- Initiative 6 was again rated at 3.0.

The assessment indicated that additional progress and improvements had been made in 2022, as the Health District did less COVID-19 work and had the capacity to move the focus back to the Health District's core work. The second part of the assessment contained narrative examples of progress. Ms. Kushner displayed the most notable accomplishments from 2022 for each initiative:

- Initiative 1: Dedicated and embedded an epidemiologist into the Communicable Disease program
- Initiative 2: Sustained partnerships in the Health Eating/Active Living (HEAL) coalition and a new program for injury prevention was created
- Initiative 3: Developed ongoing implementation of policy and enforcement interventions; these interventions included vapor product ordinance, school safety inspections, and drinking water ordinance
- Initiative 4: Developed an ongoing implementation of the Nurse Family Partnership program, which has expanded to serve 12 additional families per year
- Initiative 5: Strengthened the agency's capacity for assessment, emergency preparedness, communications, and performance quality and invested Foundational Public Health Services funds across the District
- Initiative 6: Participated in regional Olympic Community of Health Action Groups and were provided with funding for the "Connect to Vax" project

Next, Ms. Kushner provided the Board with an update on the 2023 strategic planning process. While displaying the strategic planning timeline, she explained that the Health District's Strategic Planning Workgroup has completed the strategy review and development of draft initiatives and goals. Currently, the District is initiating an input process for employees and community members to share their input on activities associated with each initiative's goals. Community members consist of members of the Equity Health Collaborative and individuals who were interviewed during the key informant interview process. Once this input is received, the Health District will develop action plans, then will bring the final initiatives and goals from the new plan to the Board for approval.

There was no further comment.

MONKEYPOX (MPOX) RESPONSE PRESENTATION

Yolanda Fong, Community Health Director, began the monkeypox response presentation by introducing herself and thanking the Board for the opportunity to share the Health District's experience and response to the 2022 mpox outbreak.

Ms. Fong explained the response's organizational chart for the incident command system (ICS), which was composed of a core set of team members that met regularly. She noted that Dr. Morrow is not listed, but that he was an integral part of the response and provided consistent consultation and support to the response team. Ms. Fong gave a special thank you to George Fine, Kaela Moontree, Siri Kushner, and Jessica Guidry. She then thanked all of the staff at the Health District, noting that the work they do allows the response to emergencies to improve each time a response is needed.

Next, Ms. Fong briefly described mpox and the mpox epidemic. Mpox is a disease caused by a virus that is in the same family as smallpox, though it is typically milder than and rarely as fatal as smallpox. The symptoms include a rash that begins around three to 21 days, meaning the incubation period can be extensive, making it more challenging to determine how the person was exposed. Prior to the outbreak in 2022, mpox outbreaks occurred primarily in Central and Western African countries. Most mpox cases that occurred in the United States were associated with international travel or importation of animals from other countries. Ms. Fong then showed the Board a timeline of the mpox epidemic. On May 6, 2022, cases started occurring in the United Kingdom. A number of the cases were not related to travel, meaning it was evident that transmission was happening at the local level. United Kingdom officials also shared their largest concern was for the population of men who have sex with men, which was different from historical mpox cases. On May 17, the first case of mpox in the United States was identified, then King County identified their first case on May 23. Kitsap County did not detect a case until July 24; however, Kitsap Public Health was already developing a response plan prior to that. As of this morning, the Washington State Department of Health mpox data showed Washington had 681 cases total. Of those cases, 18 were hospitalized and there were zero deaths.

Next, Gabrielle Hadly, Public Health Emergency Preparedness and Response (PHEPR) Program Manager, explained PHEPR's role in the mpox response. She started with an overview of the program. The goal of PHEPR is to protect and promote the health of all persons living in Kitsap County during emergencies by ensuring the Health District has the relationships, plans, procedures, and trainings needed to rapidly respond to and recover from health threats and emergencies. She then explained PHEPR's role before, during, and after emergencies. Before emergencies, a lot of their work consists of building partnerships, doing trainings and exercises, and writing plans. This preparation will lead to a foundation the Health District would need for an emergency response. During an emergency, the program's role shifts to help organize and carry out a response. Part of that is ensuring staff know and understand their role in the response because their role is likely different than the work they do day-to-day. They also assist with demobilization meetings as the emergency winds down. After the response, the PHEPR team holds an after-action review, then writes a report to document the response. The resulting report is used to improve training exercises, plans, and procedures to improve future responses to emergencies. The completed report is then shared with the community. Next, Ms. Hadly gave a high-level overview of how Kitsap Public Health responds to emergencies. The Health District

utilizes the Incident Command System (ICS), which is a large-scale, flexible project management tool used around the world for emergency response. The ICS is role-based, instead of person-based, to prevent response workers from burning out, particularly when it is unclear how long the emergency might last. Ms. Hadly worked in the ICS as the Planning Section Chief, under the Incident Commander. She helped document the response, organized meetings or briefings, utilized the partnerships built during non-response times, led the demobilization debrief, and wrote the after-action report. The ICS can be used in the four levels of response developed by the PHEPR team: off-normal, low, medium, and high. The system helps responders to know the steps to take if certain trends were occurring in an emergency. The levels were created by using universal trigger points that are applicable to each program within the agency. During the mpox response, level 1 began after receiving notification of cases in United Kingdom. This level involves a lot of education and determining the roles of each person. When Kitsap had its first case of mpox, the response was moved up to level 2. Ms. Hadly displayed a Response Level Identification Tool that the response team uses to determine the level of response necessary. The tool also helps communicate the Health District's work during emergency situations to community members and stakeholders. The Response Level Identification Tool was very successful during the mpox epidemic and was approved for use in future responses.

Communications Program Coordinator, Tad Sooter, began the next part of the presentation by introducing himself. Mr. Sooter noted that, unlike many roles within the ICS, the role of the Communications team is the same during an emergency as it is outside of an emergency. The team ensures the Kitsap community has the information needed to assess health risks, to take steps to protect their health, and to help the people around them. Mr. Sooter said this remains true during an emergency response, though the team works with more urgency and focus. He went on to explain that the type of communication done during an emergency is called risk communication. The Communications team used the CDC's Crisis and Emergency Risk Communication System to guide their decision making. The principles of risk communication are to be first, be right, be credible, express empathy, promote action, and show respect. These principles speak to how information is communicated, rather than what information is communicated. Mr. Sooter went on to say the Health District could have the most accurate information, but unless the information can be provided in a timely, accurate, credible fashion and respectful, the community will not respond to the information. The CDC's communication system also provides a timeline or cycle for communications. It begins with preparation during non-emergency periods and developing partnerships to help effectively communicate during an emergency. The next phase is the initial phase, in which a crisis has reached the community or is imminent. Next is the maintenance phase when the Communications team is adjusting and improving communications. The last phase is resolution, in which Communications provides people with guidance to protect their health and reviews lessons learned during the agency's response. Mr. Sooter noted that although the Risk Communication System seems simple, the reality is that it is sometimes difficult to determine what basic communications should be or what phase to utilize. The mpox epidemic was challenging in that it was not known when the optimal time for communication should be. When mpox transmission throughout King and other large counties became evident, the Health District decided that it would be prudent to begin proactive Kitsap-specific messaging to educate the public on the heightened risk of mpox. Timing is very

important because if messaging begins too early or too often, people may tune out the messages at critical moments. If communications begin too late, people may not have the information needed to protect themselves. For this epidemic, the Health District began proactive messaging in early July 2022 to inform the public on what mpox was, the risks associated with it, and steps to prevent the disease. When the first Kitsap case was reported, the ICS team had already discussed what information should be released to the public to help them understand the risks involved and to re-emphasize the prevention actions they could take. Once several cases in Kitsap were reported and the Communications team distributed the initial information, they moved to the maintenance phase. The team would receive feedback from the community and adjusted messaging as needed, they made sure to address any misinformation and stigma associated with mpox, and they produced translated materials as needed. They also transitioned to support Health District engagements and vaccination efforts, specifically to ensure the public had the information they needed to access these resources.

Next, Mr. Sooter talked about the Communications team's outreach efforts, noting that a majority of the credit should go to Health District staff George Fine, Siri Kushner, and Jessica Guidry, who took the lead on the outreach work. One of the most important pieces of communications is understanding who the focus audiences should be and when to move from targeting a general audience to a more focused audience. He noted the team tries to determine which populations are at highest risk during an emergency and understand which populations might have barriers to accessing information. To determine their focus audience and possible barriers, the Health District reviews data and reports resulting from the emergency, talking to internal subject matter experts, and listening to community feedback. For the mpox outbreak, it was determined that the populations most affected were men who have sex with men and people with multiple or anonymous sexual partners. Using this, they worked with the agencies who serve those populations to get information into the community. The agencies included the Health District's HIV program, Kitsap Pride and other LGBTQ+ organizations, and healthcare service providers. Mr. Fine, a Community Health Worker with the HIV Program, went to the Kitsap Pride Festival and handed out several hundred mpox fact sheets. He also gained important feedback to help guide the future work of the Communications team. Part of the team's outreach included hosting webinars for community organizations and healthcare providers to ensure these groups had the guidance and information they needed to help the populations they serve.

Mr. Sooter explained the challenge they faced while trying to communicate risk without increasing stigma or discrimination. With mpox, the populations at risk were already experiencing discrimination and stigma. The risk factors associated with mpox were behaviors that already generate judgement or scrutiny. The name of the disease, monkeypox, is problematic by itself, which is why many agencies are transitioning to calling it "mpox." Mr. Sooter noted that there is no perfect solution to communicating risk without increasing stigma, so the Communications team balanced the accurate communication of risk factors with the message that anyone could get mpox. The messaging focused on behaviors rather than identities. Messaging was tailored to the focus audience. For the general audience, the team provided more general information about the disease and prevention steps. When communicating with audiences who are at greater risk, the team provided more specific information about sexual health and specific prevention information.

Next, Elizabeth Davis, Immunization Program Manager at Kitsap Public Health, began the case and contact investigation of the presentation. Ms. Davis explained that the Health District trained case investigators in preparation for a surge of cases locally. The training included an overview of the disease and a review of how to engage in more sensitive case investigations. Ms. Davis noted that the mpox outbreak was transmitting similarly to a sexually transmitted infection. The case and contact investigation team then prepared investigation and case/contact materials. Once cases were reported in Kitsap, they conducted investigations and follow-up with each case. During investigations and follow-up, investigators provided cases with isolation guidance, addressed any questions or concerns, and supported close contacts with information about signs and symptoms.

Ms. Davis continued the presentation by reviewing the two key lessons learned during the mpox outbreak response. The first lesson was how to balance sensitivity and the need to get information due to the nature of mpox transmission. The second lesson learned was that sometimes the standard investigation tools need to be altered to best support a community. Ms. Davis said during this particular outbreak, close contacts told case investigators that the 21-day daily post-exposure symptom screening was not working for them. The plan was adjusted to meet the needs of that community.

Next, Ms. Davis gave an overview of medical countermeasures (MCMs). She explained that MCMs are medicines and medical supplies that can be used to diagnose, prevent, or treat diseases related to chemical, biological, radiological, or nuclear threats. MCMs can include biologic products, such as vaccines, blood products, or antibodies; drugs, such as antimicrobial or antiviral drugs; or devices, such as diagnostic test kits and personal protective equipment. The medical countermeasures used for mpox included mpox testing, Tecovirimat (TPOXX) which is an antiviral medication, and the Jynneos vaccine. Ms. Davis expanded on mpox testing, noting that their goal is to ensure access to timely, accurate mpox testing in Kitsap County. She explained that there were several challenges that were experienced by members of the community. Challenges included varied clinical presentation that made it difficult to know when to test, confusion over when to connect with public health, and reports of being turned away when seeking testing. The mpox response team, in response to these challenges, supported healthcare providers with health advisories, webinars, and on-call support; followed up on testing issues as they occurred; and made local issues known to the Washington State Department of Health. Their next goal, for the treatment aspect, is to identify and establish a pathway to mpox treatment in Kitsap. They also experienced challenges during the treatment aspect. The antiviral drug, TPOXX, is only available under an investigational new drug (IND) protocol. The initial requirements of IND protocol were barriers for healthcare providers because it required extensive workup, including lengthy follow-up with the prescribing provider. Most people with mpox symptoms were seeking assessment and care at urgent cares and these facilities don't allow for an ongoing follow-up with a primary care provider. Also, this medication was only available through the Strategic National Stockpile, so it was much more difficult than simply getting a prescription and going to a local pharmacy. To address these challenges, the mpox response team worked with Virginia Mason and Seattle-King County to understand the IND protocol, received stock to transfer to a prescribing healthcare provider when needed, and

engaged local Virginia Mason-Franciscan Health facilities to create a pathway to treatment. Lastly, the mpox team worked to mitigate the transmission of mpox through timely vaccination of close contacts and those at high risk of exposure. In regard to prevention, the response team found that the Jynneos vaccine supply was very limited as it was only available through the Strategic National Stockpile. The eligibility criteria for the vaccine were very complex, stigmatizing, and it frequently changed. They also found it difficult to determine how to prioritize Post-exposure Prophylaxis (PEP) while also allowing for Pre-exposure Prophylaxis (PrEP) administration for those that are more at risk. Lastly, they found it difficult to ensure a completion of the vaccine series, which requires two doses that are administered 28 days apart. To mitigate these challenges, the mpox team served as a vaccine hub for the Department of Health, adopted intradermal administration strategy once it was approved, and released doses as first doses and second dose hold-back. For PrEP administration, PEP doses were set aside, clinics were held at the Health District, doses were transferred to partners who worked with high risk populations, used the Department of Health's eligibility criteria, and they determined eligibility using an attestation. To demonstrate these medical countermeasures in action, Ms. Davis shared a case study in which a parent called the Immunization Program because they were concerned that their adult child had mpox. The caller described their adult child as having a painful rash that was not responding to topical treatment and was getting worse, but were turned away from mpox testing when they went to an urgent care facility. The caller's adult child was uninsured and did not have a primary care provider. The Health District's case investigators interviewed the suspected case. From that interview, they were able to determine that it was very likely this person had mpox. From there, the mpox response team utilized the agency's partnership with Peninsula Community Health Services and the patient was able to be assessed that same day. Ms. Davis noted that Peninsula Community Health went the extra mile to connect the patient with health insurance. Next, the response team supported the healthcare provider by confirming the testing guidance and procedure. Lastly, the team was ready to provide TPOXX if the provider deemed it to be necessary. The mpox response team administered the Jynneos vaccine to the patient's parent, as they were a close contact. The parent completed the vaccine series and did not get mpox.

Lastly, Ms. Davis displayed data regarding the Kitsap mpox outbreak and response. She noted there were a total of five mpox cases, no TPOXX was prescribed, two webinars were held for partners and providers, 18 close contacts were identified, 11 close contacts were vaccinated, five Jynneos clinics were held at the Health District, and 243 doses of Jynneos were administered. She also noted that key partners for this response included Virginia Mason-Franciscan Health, Northwest Washington Family Medicine Residency, Peninsula Community Health Services, Planned Parenthood, and the University of Washington Madison Clinic.

Mayor Wheeler asked what first step the Health District took when they were notified that a patient was denied mpox testing. He also asked how the patient established communications with the Health District. Ms. Davis responded by explaining the first thing Kitsap Public Health did was connect with the urgent care in question in order to understand, from their perspective, what the situation was. From that discussion, it was determined that the series of events was due to a misunderstanding. There was not enough clarity on testing procedures, which the Health District remedied by ensuring providers had accurate information. Mayor Wheeler then asked how the

Health District was notified of the situation. Ms. Davis said the parent of the patient knew they should call the Health District and were not referred by the urgent care facility. Mayor Wheeler noted this should not have happened, and we will likely come across this issue during the county's study on access to healthcare. He said he believes these patients should be entered into a shared database that is accessible by healthcare and public health. Mayor Wheeler asked if the issue with the urgent care facility was resolved and if they are aware of the appropriate recommendations. Ms. Davis said the answer is complex. She went on to explain they did extensive outreach to healthcare facilities, including St. Michael Medical Center, to ensure all providers had accurate information. The Immunization team is working on developing closer partnerships with healthcare providers and facilities to ensure they know who to contact for specific situations when necessary.

Chair Gelder asked what communication tools were used to reach the target audiences. Mr. Sooter answered by saying the size of Kitsap County makes communication more challenging, and that the county does not have options for targeted communication channels. The Health District relies on trusted messengers in the community and community organizations that work with specific populations. From these community members and organizations, the agency receives information about the community's needs, the most effective method of communication, and what information is most relevant to that community. Chair Gelder asked if they were a nexus between the Health District's work and the community. Mr. Sooter said yes and that the value of stronger community partnerships was reinforced during the COVID-19 pandemic. That the partnerships should be strong consistently, rather than just during emergency situations.

Mayor Erickson commented that communities have experienced two outbreak situations, though the COVID-19 pandemic was larger in scale. She asked what the commonalities were between COVID and mpox and if the Health District saw any patterns. Ms. Fong responded by saying the benefit of having these two responses back-to-back was that the Health District had the space to analyze these patterns. She reiterated Mr. Sooter's earlier statement that partnerships should be strong prior to a crisis in order to decrease the amount of time it takes to communicate effectively with the community. She said the other pattern is using the lessons learned, rather than shelving them, which they were able to do with the mpox response. It also presents an opportunity to fine-tune the areas where the Health District was successful. Ms. Hadly added that the PHEPR team is currently conducting a COVID-19 after-action review. A lot of the review covers emergency responder health and safety, communications, and the timelines of emergency activities. The Health District was able to use some of the lessons learned in an initial after-action review during the COVID pandemic and utilize them for the mpox response. One of the most important lessons learned was how to determine when to communicate the different levels of information. Ms. Hadly offered to share the COVID-19 and mpox after-action reports with Board members. Mayor Erickson reiterated the commonalities between the responses are very important. Ms. Hadly said the PHEPR team maintains an Excel spreadsheet in which they analyze emergency responses that have occurred in the last 5-10 years and what the objectives were for each response. The team then grades the agency on their success in meeting those objectives, which helps highlight areas that need to be developed further.

Dr. Morrow noted that the response team did a great presentation and thanked them. He added that interagency communication must be robust to be effective, as illustrated in the Kitsap Community Resources assessment. He said the interface between public health and healthcare can be problematic, that so much of what healthcare does is driven by the archaic reimbursement mechanisms that are in place. Public health has been defunded and underfunded, but there is evidence of a growth cycle. He believes funding in public health is an investment, as evidenced by the COVID-19 and mpox responses. Dr. Morrow reiterated the difficulty of finding effective channels of communication after consolidation of media outlets. He noted that Kitsap Sun has been doing a great job, but that they are suffering as well, so we do not have strong, robust local publications. Dr. Morrow said he is very optimistic that the Kitsap healthcare assessment will help determine how to address these issues.

Member Jackson thanked the mpox response team for their presentation. He noted it showed the three important things we learned from COVID-19. Outreach and meeting people where they are is crucial. A number of people would not have gotten vaccinated if organizations in the community were not doing outreach. His question earlier in the meeting was regarding the Health District's outreach efforts. It's important to ensure those community relationships do not fall to the wayside. The smaller homeless encampments in Kitsap have been struggling with diseases for years, but it was not until the COVID pandemic that they received any help.

Member Kutz commented that one thing he noticed during the COVID-19 pandemic and the mpox outbreak is that the community cannot rely on traditional primary care systems. He believes primary care systems do not have the training, assets, or professional interest to intervene in disease outbreaks. He noted that public health's role seems to be pulling everyone together and utilizing non-traditional responses. Member Kutz asked the response team why antivirals were not used in the mpox outbreak; whether access was limited, the protocols too difficult, or people were not interested in using them. Ms. Davis responded by saying the Health District relied on healthcare provider assessments of patients. They determine if the severity of the virus and the clinical presentation requires antiviral medication. No antivirals were prescribed because the patient assessments by providers did not deem them necessary or the patient did not want to take them. Ms. Fong noted that the antiviral was in a trial period and was developed to treat smallpox. This is the reason for the IND process in accessing antivirals. Member Kutz commented on the healthcare assessment that will be conducted. He said he was worried by the idea that recommendations would come from a consensus as that could be problematic.

Dr. Watson commented to say he disagrees with Member Kutz's comment that primary care is neither interested nor trained in addressing the outbreak of diseases. He noted that there is a significant gap between the number of physicians available and the number of patients needing care. He believes the healthcare assessment survey will show evidence of this. Dr. Watson added that his program has gone to great lengths to form partnerships and have administered COVID-19 and mpox vaccine to several patients. He agrees that non-traditional delivery methods are available, but that he would hesitate to move away from primary care.

Chair Gelder noted a theme in the presentation and responses is that strong partnerships and effective communications are important. Utilizing organizations who serve the community will help with disseminating information by extending the reach of the Health District. He thanked the mpox response team for a great presentation. He also asked that the Health District sends the Board the complete mpox presentation slide deck.

ADJOURN

There was no further business; the meeting adjourned at 11:50 am.



Robert Gelder
Kitsap Public Health Board



Keith Grellner
Administrator

Board Members Present: *Councilperson* John Clauson (Alternate for Mayor Robert Putaansuu); *Mayor* Becky Erickson; *Commissioner* Robert Gelder; *Councilperson* Kirsten Hytopoulos; *Member* Drayton Jackson, *Member* Dr. Tara Kirk Sell; *Member* Stephen Kutz; *Member* Michael Watson; *Member* Jolene Sullivan; *Mayor* Greg Wheeler.

Board Members Absent: *Mayor* Robert Putaansuu.

Community Members Present: Jeff Faucett, *South Kitsap Fire District*.

Staff Present: Angie Berger, *Management Analyst, Administrative Services*; Dana Bierman, *Program Manager, Chronic Disease and Injury Prevention*; Margo Chang, *Administrative Assistant, Administrative Services*; Elizabeth Davis, *Program Manager, Immunizations*; Yolanda Fong, *Director, Community Health Division*; Keith Grellner, *Administrator, Administration*; Gabrielle Hadly, *Program Manager, Public Health Emergency Preparedness and Response*; Crystal Koch; *Community Liaison, Chronic Disease and Injury Prevention*; Megan Moore, *Community Liaison, Chronic Disease and Injury Prevention*; Dr. Gib Morrow, *Health Officer, Administration*; Tad Sooter, *Communications Coordinator and Public Information Officer*.

Zoom Attendees: *See attached.*

Kitsap Public Health Board Meeting (Virtual Attendance)

Webinar ID	Actual Start Time	Attendee Count
861 8605 2497	3/7/2023 10:15	39

NAME	NAME	JOINED BY PHONE
Amy Anderson	Michelle McMillan	None
Leslie Banigan	Anne Moen	
Angie Berger	Kevin Nguyen	
Karen Boysen-Knapp	Brian Nielson	
Xinia Ebbay	Steve Powell	
Pat Fitzpatrick	Ally Power	
Grant Holdcroft	Shannon Schroeder	
Wendy Inouye	Kelsey Stedman	
Andrew Johnson	Jolene Sullivan	
Kimberly Jones	Meghan Tran	
Thomas Jury	Michael Watson	
Sarah Kinnear	Erica Whares	
Melina Knoop	Alex	
Steve Kutz	Kristan	