

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
March 3, 2020**

The meeting was called to order by Board Chair, Mayor Rob Putaansuu at 10:33 a.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Mayor Becky Erickson moved and Commissioner Charlotte Garrido seconded the motion to approve the minutes for the February 4, 2020, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The March consent agenda included the following contracts:

- 1749 Amendment 3 (2065), *Washington State Department of Health, Consolidated Contract*
- 1869 Amendment 1 (2066), *Olympic Community of Health, Change Plan*
- 2002 Amendment 1 (2059), *Clallam County Health & Human Services, Tobacco & Vapor Product Prevention & Control Program and YMPEP*
- 2048, *Peninsula Community Health Services, Kitsap Connect*
- 2056, *The Salvation Army, Kitsap County*
- 2067, *Jefferson County Public Health, Nurse Family Partnership*

Commissioner Garrido moved and Mayor Erickson seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

PUBLIC COMMENT

Monte Levine, Bremerton resident, approached the Board to provide comments on COVID-19 and the impact it may have on individuals who participate in syringe exchange. First, Mr. Levine thanked the Health District and Board of Health for their preparedness with the COVID-19 pandemic. Next, he voiced concerns that he wants to ensure people who are involved in the syringe exchange program will still get the supplies they need so that there is not an increase of incidents of bloodborne pathogens during this pandemic.

There was no further comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Mr. Grellner requested to forgo Health Officer and Administrator reports to have ample room for presentation and discussion. Chair Putaansuu approved this request.

There was no further comment.

AMENDMENT OF 2020 HEALTH BOARD COMMITTEE ASSIGNMENTS

Mr. Grellner explained that the new Health Officer Recruitment Committee has been reconfigured by the Board. He said the amended Board Officers and Committee Assignments is in the Board packet and requires Board approval.

Mayor Erickson moved and Commissioner Ed Wolfe seconded the motion to approve the amended Board Officers and Committee Assignments as stated. The motion was approved unanimously.

Mayor Putaansuu noted that the Health Officer Recruitment Committee members are Mayor Erickson, Commissioner Garrido and Councilmember Kol Medina.

There was no further comment.

COVID-19 SITUATION UPDATE AND STATUS REPORT FOR KITSAP PUBLIC HEALTH DISTRICT RESPONSE WORK

Dr. Susan Turner, Health Officer, introduced Jessica Guidry, Program Manager, Public Health Emergency Preparedness and Response. Dr. Turner said she and Ms. Guidry would provide the board with a presentation on the current COVID-19 situation, and incident command system (ICS), with the caveat that things are changing hourly and some information presented may have changed.

Dr. Turner relayed that it is still flu season and many people are sick, likely with other respiratory illnesses, and not necessarily with COVID-19.

Dr. Turner explained the signs and symptoms of the COVID-19 disease caused by the virus SARS-CoV-2, as well as risk factors for severe illness: older age, male, and underlying chronic medical conditions. She said younger and healthier people appear to have less severe illness.

She cautioned the Board that there are numerous open access articles (literature research released without scientific review) being produced right now to provide information on COVID-19. She said there can be inconsistencies when literature is not reviewed and asked that Board members work with the Health District and seek expert public health information from the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and Washington State Department of Health (DOH). However, she noted that these agencies' capacities are stressed and therefore may have gaps in information on their websites.

Dr. Turner also shared the following information about the virus:

- There is currently no treatment; those who are severely ill receive supportive care for complications, but most people recover at home;
- Case fatality rate is probably under 2%, but unavailability of testing to date likely under reports number of infections;
- Transmission thought to occur mostly from person-to-person via respiratory droplets among close contacts;
- Infectious period unknown, there may be asymptomatic infection;
- Incubation period may be 2-14 days.

Dr. Turner shared international, national and state data but noted that it changes hourly. She said there are currently no confirmed cases of COVID-19 in Kitsap County. She shared a real-time dashboard that Johns Hopkins University has on their website, which shows current numbers of COVID-19 positive cases, number of deaths and number of recoveries by region.

Mayor Erickson asked Dr. Turner to define 'pandemic'. Dr. Turner said, in short, pandemic means worldwide spread. She added that there is one element that has not yet been met to deem this a pandemic yet, but experts agree it is very unlikely that this will not become a pandemic.

Dr. Turner reminded the Board that testing is limited, however private labs are now beginning to offer testing. The University of Washington lab is now offering testing. The public health lab continues to only test cases that meet a very specific case definition, which mostly includes hospitalized individuals.

Dr. Turner explained that previous public health efforts had been on containing the disease to prevent it from coming to the U.S. She said that we have moved past that goal as the disease is no longer containable and we now must focus on slowing the spread of COVID-19 in the U.S. Physicians are now telling individuals who may have COVID-19 (limited testing means cases may not be confirmed) to stay home and advising them on how they can care for themselves and to isolate themselves from others. She said these are the same measures taken each respiratory illness season. However, Health District staff will likely be doing case investigations on hospitalized COVID-19 cases or cases associated with clusters when we are unable to keep up with individual case investigations. Case investigations are not done with positive influenza cases.

Health District staff have connected with healthcare facilities, first responders, school superintendents and several other organizations to provide guidance and information.

Commissioner Wolfe asked why there has been more cases in Washington State than in other parts of the country. Dr. Turner said she doesn't believe anyone has the answer to this and would prefer not to speculate.

Commissioner Wolfe said he appreciates Health District staff for working on this and staying responsive.

Dr. Turner said screening had been occurring at Sea-Tac International Airport. Health District staff have been tracking and leading the self-monitoring of 13 travelers from China, however this will no longer be occurring once these individuals have exceeded the incubation period. She reiterated that the concept of quarantine, as it has been used in this effort so far, is gone. Public health officials are no longer using quarantine of travelers to prevent COVID-19 from coming to the U.S.

Mayor Greg Wheeler commented that Dr. Turner said there are no positive cases in Kitsap, but since testing is limited, we don't know for sure. Dr. Turner agreed and said Health District staff are proceeding as if COVID-19 is already circulating in our community. She added that there are lots of people with respiratory illnesses that aren't being tested, because they don't meet the prioritization criteria for testing.

Dr. Turner shared Key Public messages

Everyone can reduce the risk of getting any respiratory infection:

1. Wash hands frequently or use hand sanitizer
2. Avoid touching your mouth and eyes
3. Cover your coughs and sneezes with tissue or "elbow pit" – NOT YOUR HANDS
4. Stay away from people who are sick (6-feet)
5. STAY HOME when sick
6. Reconsider travel and being in crowded places during outbreaks

Employers can help slow the spread of respiratory infection:

1. Establish respiratory infection control policies
2. Encourage / require employees to stay home when sick
3. Provide tissues, sanitizer, and soap
4. Environmental sanitation (frequent cleaning of frequently touched surfaces)
5. Be flexible (teleworking)

Communities can help slow spread of respiratory infections:

1. Stay calm and informed
2. Stay fact based – Don't perpetuate rumors
3. Help isolate but not stigmatize ill people
4. Help family and neighbors who do isolate to protect the rest of us
5. Consider canceling or rescheduling large events at the appropriate time (though it is not required at this time)

Dr. Turner emphasized the need for individuals to support family and neighbors who isolate and reminded everyone not to stigmatize sick people.

Next, Ms. Guidry shared information about the Health District's incident command activation for COVID-19. The emergency response team was activated on February 3 following the federal emergency declaration, including travel restrictions, with the purpose of planning and preparing for a possible COVID-19 outbreak in Kitsap County.

Through activation, Kitsap Public Health has clarified roles and procedures with state and local agencies, created a COVID-19 website, sent guidance to local sectors, and supervised Kitsap residents who are self-monitoring. The Health District set up the Emergency Coordination Center in one of the District's conference rooms as a place for the incident command team to work together.

As of February 25, 2020, the Health District ICS activation has cost \$53,113.11, including 725 staff hours. At the time of this meeting, no critical work has been stopped to work on this activation, however several lower priority items have been set aside, such as grant billable work, performance management activities, noncritical community meeting participation and others.

Dr. Turner outlined the next steps for the Health District:

- Current Strategy is to slow the spread of the virus so that we have time to
 - Prepare the healthcare system and the general public (she gave a visual example of flattening the curve)
 - Better characterize the infection to guide public health recommendations and development of medical countermeasures including diagnostics, therapeutics and vaccines
 - Time for the world to develop a vaccine (there is an experimental antiviral treatment that may be an option, but it is not yet widely used)
- All Hazards Preparedness
 - Update and “socialize” all-hazards plan, continuity of operations plan, and agency policies
- Pandemic Preparedness
 - Work with partner agencies on developing comprehensive county pandemic flu plan, exercises, resources, etc....
- COVID-19 Preparedness
 - Continue monitoring the situation and updating disease-specific procedures as needed

Mayor Wheeler asked if the Health District is still in ICS Lite (rather than full activation)? Ms. Guidry confirmed that the Health District scaled back the number of staff on the ICS team two weeks ago. She said the group will need to evaluate next steps and the need to ramp back up to full activation.

Mayor Wheeler clarified that time cost reflected the weeks of full activation to show what the strain on resources would be long term. Ms. Guidry confirmed and noted that the “full activation” was still not a fully staffed ICS team, as all positions were not filled.

Dr. Turner added that the Health District feels very strongly that the hours previously stated don't include what occurred over this past weekend, which was very eventful. Dr. Turner said regardless of ICS activities, she has worked solely on COVID-19 activities since early February.

Dr. Turner shared the CDC risk assessment as of February 25.

- The potential threat posed by COVID-19 is high, both globally and to the US
- General American public risk of exposure today considered low (however this is the opposite in Washington State)
- More cases in US are likely
- Person-to-person spread is likely to continue, including in the US
- Global circumstances suggest it is likely that this virus will cause a pandemic
- If widespread transmission in US occurs:
 - Large numbers people needing medical care at same time—overload to healthcare system and PH
 - High levels of school and work absenteeism
 - Other critical infrastructure such as law enforcement, emergency medical services and transportation industry may also be affected

Mayor Erickson asked for confirmation that COVID-19 is spread person to person. Dr. Turner said the exact mechanism is not known for sure. Mayor Erickson added that it doesn't sound like this disease is spreading person to person because of how quickly it is spreading. She asked what Dr. Turner's thoughts were on this.

Dr. Turner said experts have a pretty strong consensus that COVID-19 is spread through droplets and not airborne spread. In her opinion, the methods the US could practically implement to keep the disease from coming to the US could never have worked. She said there are ways individuals could have entered the country and state without being monitored. For a while only travelers coming from China were tracked. There are many holes in the system presently.

Dr. Turner reminded the Board that we have seen a pandemic in the recent past with H1N1 2009. She said most agencies and businesses created pandemic plans during that time. She said it is important for agencies to look at these now. She explained that, with widespread transmission, large numbers of people will require medical help. Additionally, many workers from the local hospital system, first responders and other local agencies will get sick and begin missing work. She said the goal is to avoid this happening to everyone simultaneously.

Dr. Turner informed the Board that the CDC created Community Mitigation Guidelines to Prevent Pandemic Influenza during the H1N1 pandemic and updated it in 2017 in a Morbidity and Mortality Weekly Report (MMWR), which she said is a great summary of mitigation strategies including social distancing, canceling events, and closing business and schools. She shared a flow chart from the report about using nonpharmaceutical interventions (NPI) depending on the severity of the virus and extent of spread.

Health District staff will work with Kitsap agencies, business, schools and healthcare to prepare for COVID-19 to hit Kitsap. The Health District is working on messaging to the public and will need the help of partners and Board members to amplify messages to the community. The Health District may need to ask the Emergency Operations Center for support when needed (EOC). Ms. Guidry added that the Health District has been continuously communicating with the Department of Emergency Management throughout this outbreak.

Commissioner Wolfe noted that Dr. Turner would be speaking the following day at the Central Kitsap Coordinating Council. He asked Dr. Turner to describe the collaboration and communication the Health District has with the local medical facilities, doctors, and other medical partners, and asked if there have been any exercises planned. Dr. Turner said staff have put a lot of effort into communicating with the health care community broadly. The Health District issued 3-4 health advisories in the last month, which are sent to providers via email and fax. In addition, the Health District has ongoing communication with partners. She also noted the Health District has had requests from partners about drills. Dr. Turner participated in a drill this morning at Naval Hospital. Peninsula Community Health Services and Harrison Medical Center have both invited Health District staff to participate in drills. She said staff have made a major effort to meet with partners when available.

Ms. Guidry noted that there is constant communication between providers and the Health District, and said, for example, providers are required to communicate notifiable conditions to the Health District. She also added that the Health District is very involved in the Northwest Healthcare Response Network, a regional healthcare coalition.

Next, Mr. Grellner posed some policy questions and concerns to the Board for discussion:

- Is COVID-19 response the top priority?
- District's capacity is exceeded
- No funding for COVID-19 work at this time
- Stop doing other work that has revenue? (e.g., contracts, grants, service fees)
- Cease accepting public speaking invitations?
- Closing schools, businesses, and canceling events?
- Other?

Mr. Grellner explained that the Health District's capacity is exceeded. He said Kitsap County hasn't had a case yet and so far, work has been focused on preparedness activities. He said, for the Health District to do a more intensive response, which may be required later, the agency will have to reprioritize. He noted COVID-19 work is being done through public health flex funding. He added, at this point, there has been no mention of COVID-19 funding from the state. He said the Board needs to consider the agency pulling staff from other programs, such as Nurse Family Partnership or environmental health fee-based work, which means not billing to grants and doing additional unfunded work.

Mr. Grellner asked the Board if they support the Health District reducing other services as needed to focus on COVID-19 response.

Mayor Putaansuu said he will take this message back to his Board to discuss how to make this work and said this is extremely important work. He agreed that the Board and Health District have to figure out how to pay for it. He said the group may consider spreading the cost proportionately among the jurisdictions.

Mayor Erickson agreed that this work has to be done and the Board will need to find resources to make it happen. She said this is why the Governor announced a State of Emergency and suspects money will come from the state down the road. She said the Board and Health District can also work to figure out funding and resources locally.

Commissioner Wolfe said the Health District is the leader in public health, and the Board should get guidance from the Health District when making public health decisions. But he added that all the jurisdictions have to contribute their share of the costs.

Mayor Wheeler thanked Health District staff, health care workers and first responders for the work they have been and will be doing. He said he is comfortable making this decision on behalf of the City of Bremerton to make this a priority. He said he would like information from the Health District on which programs would need to be paused, when and for how long. He also said the Board should be informed of any related grant expectations, funding gaps, etc. He asked the Health District to keep the Board updated on policy level decisions. He said the Board should help the Health District maintain COVID-19 work and personnel at a sustainable level long-term.

Commissioner Garrido reminded the Health District that the Board and community can help spread messages on the District's behalf.

Mayor Putaansuu said he hears that the Board trusts the Health District to make the right decisions to move forward as needed and the Board can help sustain work and spread messages to the community.

Mr. Grellner thanked the Board for their unanimous support. He said he suspects the next big focus will need to be facilities with most at risk populations, such as long-term care and homeless shelters. He asked the group to start considering, if the spread grows too rapidly in Kitsap, the county may need to activate the EOC. The EOC can help to handle the overload of severely ill people if the hospitals run out beds.

Mr. Grellner said the Health District has been working with its attorneys to determine if employers have the right to ask employees to go home if they are exhibiting respiratory infection symptoms. The answer is twofold: attorneys have advised the Health District that employers have that authority (which will be clarified once the WHO and CDC classify this as a pandemic); Also, based on guidance from WHO and CDC, employers need to talk to employees to ask how they are feeling and if they have a respiratory illness. He added that employers can adopt infection control policies to make the expectation clear that sick employees can't come to work. Employers can supply hand sanitizer, wipes, and additional infection control supplies for staff, especially in reception and shared work areas.

Mr. Grellner emphasized that masks do healthy people no good. Masks help sick people contain droplets. He said N95 masks should be reserved for health care workers so that they can help others.

Mayor Wheeler asked who Board members can lean on to ensure test kits get distributed in our jurisdiction. He explained that the City of Bremerton has three primary groups of employers that are essential during this time: fire, police, and water/sewer utilities. He said it would be a major strain on the city if half of those workers had to be quarantined. He said if there are no test kits, regular operations are not sustainable over an extended period of time. He said test kits are the single most important necessity right now to keep first responders safe and working.

Dr. Turner explained that the CDC developed the first test and disseminated to states that had persons under investigation early on. She noted that part of the test was faulty, which was a worldwide issue. The Washington State public health lab worked with the CDC to use the original tests, but only use 2 of 3 parts of the test. To confirm accurate diagnoses, the test has to be confirmed by the next authority (CDC). She said University of Washington tests are similar and use 2 of 3 parts of the test before sending to the CDC for confirmation. Dr. Turner was recently notified that private labs may start offering testing, but this poses some concerns about false positives and over diagnosing cases.

Mr. Grellner said the simple answer is that the Health District doesn't have control over testing. He said the state DOH has control, but due to the limited number of kits, testing is reserved for those who are most ill and those who are caring for them

Commissioner Wolfe asked if there's something employers can do right now to make an impact. He asked if the Health District has anything on the website now about employers sending employees home? Mr. Grellner said there isn't yet, but there will be some CDC resources such as templates and sample policies on the website soon.

Mayor Putaansuu said Mr. Grellner can continue sending valuable information to the Board via email and said the Board can have an emergency Board meeting if needed.

There was no further comment.

EXECUTIVE SESSION PURSUANT TO RCW 42.30.110 (1)(G): DISCUSSION TO EVALUATE THE QUALIFICATIONS OF AN APPLICANT FOR PUBLIC EMPLOYMENT

At 11:51 a.m., Mayor Putaansuu said the Board would break for executive session for approximately 9 minutes. At 12:00 p.m., Mayor Putaansuu returned and closed the executive session. No action was taken.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 12:00 p.m.



Robert Putaansuu
Kitsap Public Health Board



Keith Grellner
Administrator

Board Members Present: *Mayor Becky Erickson; Commissioner Charlotte Garrido; Mayor Robert Putaansuu; Mayor Greg Wheeler; Commissioner Ed Wolfe.*

Board Members Absent: *Commissioner Robert Gelder; Mayor Kol Medina.*

Community Members Present: *Roger Gay, South Kitsap Taxpayer; Jan Glarum, Department of Emergency Management; Kirsten Jewell, Kitsap County; Mara Kincaid, Powtec; Erin Leedham, Kitsap Mall; Monte Levine, Self; Pat McGanney, Bremerton Fire Department; John Oliver, Central Kitsap Fire & Rescue; Mike Six, Bremerton Fire Department; Doug Washburn, Kitsap County Human Services; Steve Wright, South Kitsap Fire & Rescue*

Staff Present: *Amy Anderson, Public Health Educator, Public Health Emergency Preparedness and Response; Angie Berger, Administrative Assistant, Administration; Dana Bierman, Program Manager, Chronic Disease Prevention; Karen Boysen-Knapp, Community Liaison, Chronic Disease Prevention; Steve Brown, Program Manager, Solid and Hazardous Waste; Keith Grellner, Administrator; Jessica Guidry, Program Manager, Public Health Emergency Preparedness and Response; Karen Holt, Program Manager, Human Resources; Lyndsey Kellum, Community Liaison, Chronic Disease Prevention; John Kiess, Director, Environmental Health Division; Melissa Laird, Manager, Accounting and Finance; Nicole McNamara, Community Liaison, Chronic Disease Prevention; Beth Phipps, Public Health Nurse Supervisor, Communicable Disease; Tad Sooter, Communications Coordinator and Public Information Officer; Susan Turner, MD, Health Officer.*