

ST. LAWRENCE COUNTY BOARD OF HEALTH MEETING

January 18, 2022

The St. Lawrence County Board of Health (hereafter known as SLCBOH) met on Tuesday, January 18, 2022, in the Large Conference Room, Human Services Center (via teleconference), Canton, New York 13617.

MEMBERS PRESENT: Kevin Acres, Mark Deavers, Dr. Gregory Healey, Nancy Potter, Dr. Jessica Scillieri Smith, Dr. Kathleen Terrence, Dr. Andrew Williams, (via teleconference)

MEMBERS ABSENT:

OTHERS PRESENT: Jolene Munger, Interim Director; Shannon Beldock, Administrative Assistant; Renae Johnson, SCHN; Kindra Cousineau, PHN; Amber Sheppard, Coordinator of QA&I; Joe Lightfoot; Alexandria Horner, PHN; Sarah Long, School Nurse, Carol Callahan; School Nurse; Kristen VanDusen-Janz, School Specialist

CALL TO ORDER

Dr. Andrew Williams, President, called the meeting to order at 6:08 pm.

APPROVAL OF MINUTES

Upon motion by K. Acres, and seconded by J. Scillieri Smith, the minutes from the December 21, 2021 meeting were approved.

PUBLIC COMMENT

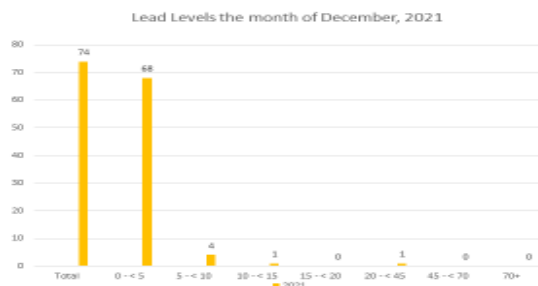
No public comment.

Lead Update: Jolene Munger

Lead level comparisons for December, 2021.

- December 2021 there were (74) lead tests performed
- Of the (74) there were (6) elevated, which is 12% elevated
- 20 ug/dL and 45 ug/dL (1) has been on caseload since July, 2021 and being followed monthly – the home is currently undergoing renovations and DOH is following up on the environmental side.
- (79) on caseload as of January 7, 2022.

Lead Update December 2021



74 total tests for the month of December – of those 6 were considered elevated. 12% .

79 total on caseload as of 01/07/2022.

Case listed under 20 - <45 has been on our caseload since 07/2021 and is being followed monthly. Family home currently undergoing renovations, DOH following.

Percent Elevated		
2021		
Post-2019, ≥ 5 µg/dL	6	12%
Pre-2019, ≥ 10 µg/dL	2	8%

Percent elevated		
	2021	
Post-2019, $\geq 5 \mu\text{g/dL}$	6	12%
Pre-2019, $\geq 10 \mu\text{g/dL}$	2	8%

Sanitarian Update: Kindra Cousineau

December:

1. (2) Complaints regarding rats and garbage in the town of Norfolk. Code Officer is involved. One individual called back again, so it is technically (3) complaints. There has been follow up and the issue is being addressed.
2. Garbage complaint at one of the townhouses in the Village of Massena – Code Enforcement was notified and is working with the tenant on this issue.

January:

1. Sewage complaint on a landlord not addressing all issues in a Potsdam apartment building. Potsdam Code Enforcement aware/involved. They may have to take some type of action with the landlord.
2. Sewage gas leak/smell in an older home with septic system in the Town of Richville. The septic was replaced in October, along with vents and pipes. Code Enforcement and Plumbing Company has been there multiple times. Homeowner has contacted the bank that carries her mortgage and insurance company. The smell continues to exist. We have reached out to the district office and they were going provide assistance if they could. She has done everything we would have recommended and the issue still continues.
3. Call from an individual not residing in our county, regarding mold in the other parent's home. This individual was encouraged to have the other parent reach out to the Public Health Department directly.

Medical Reserve Corps (MRC): Jolene Munger and Kindra Cousineau

The Public Health Department has worked on getting a Medical Reserve Corps in the past and with COVID-19, it has been more upfront that we need a medical reserve corps in our county. For the past year, we have relied on individuals who have signed up through ServeNY – which is also used for our Emergency Preparedness Program PODS.

The Medical Reserve Corps is a program you have to apply and be approved for. Once the Medical Reserve Corps is in place, it can be activated for any type of emergency (storms, Ebola, COVID, etc.). Jenesse will be submitting the registration application for the Public Health Department in the upcoming months – a letter of recommendation is required from your Housing Authority (North Country Housing Council). Kindra is also going to speak to some of the historical issues we have come up against.

Kindra:

- When Ebola happened, Brandi Wells, Emergency Preparedness Coordinator and was working towards getting the MRC up and running.
- In 2015, Katie Field, Emergency Preparedness Coordinator, and she provided a lot of outreach to the medical community, attended lots of trainings, health fairs, and went to the colleges. We were unable to get anyone to sign up. We did have individuals sign up for the ServeNY, but this was very little and these individuals were also currently working.
- We have spoken to different counties and regional representatives about getting the MRC up and running. We have not been able to get our community to participate.
- In 2017, Becky Allen, Emergency Preparedness Coordinator, and she also attempted to get the MRC going. There were more individuals who had signed up for ServeNY at this time. Maybe now that we have had a crisis (COVID-19) and needed volunteers to assist us, maybe we can try again to see if we can engage more people to participate. There are

more things individuals need to do to stay on the MRC, but just getting individuals to sign up has been a challenge.

- Kindra noted when other counties were contacted during this process over the years, many of them were unsuccessful with the MRC – but they were successful with ServeNY.

Dr. Williams shared there are retired nurses from the hospital they would probably reach out to for assistance – technically not a MRC, but functioning that way. Kindra noted we have a pretty large base with ServeNY, if we could continue to keep this updated and have people active that would be better than what we had before – which was nothing. Dr. Williams asked if they both served the same purpose and what are the differences. Jolene noted a major difference is MRC is more medical and ServNY can take both medical and non-medical volunteers. At this time, Dr. Williams is not in favor of starting something new. Jessica feels if asking individuals currently in ServeNY to change to a different system, we may lose those we have, or some, due to not wanting to go through a new process. She is nervous whatever progress has been made on creating the database currently in ServeNY may be in a slightly worse position to transition to a new format. Jolene noted for the Emergency Preparedness deliverables, we do have individuals through ServeNY, but we were also looking to move towards setting up the MRC. Since a lot of the required deliverables have been put off and/or changed due to COVID-19, she is not sure if this is still the direction they will go with, but Ruth had asked her to look into it – she will share this feedback with Ruth.

COVID-19: Jolene Munger – slide presentation

Case Update: As of January 18, 2022 (noon)

- 22,212 cases to date
- 31 current hospitalizations
- 2,123 active cases; 19,925 completed isolation
- 164 cumulative deaths

Hospitalizations:

- These have been fluctuating up and down.

Weekly Cases:

- We had just over 2,000 cases last week (2,018)
- This past week we had 1,838 cases

Daily Home Tests: January, 2022 started tracking – we did have individuals already reporting positive home tests prior, but the volume of individuals taking the home tests has dramatically increased.

- January 7th the school started sending home tests home with student
- January 10th there was a spike in the number of positive tests reported
- We have modified how positive home tests are reported to us
- Home tests are NOT included in any statistics that come out with lab confirmed tests. They are included in our case counts, but they are not included in our positivity rates.

Average New Daily Cases per Week:

- 288 last week
- 115 the week prior in December
- 262 this past week

Weekly school cases: As of January 18, 2022

- Cases jumped the week they sent home the home test kits to get the positives out of the school to try to reduce spread going forward
- There was a reduction this week, but still higher than what we have seen, but nearing what we are seeing overall in the county

- 466 cases per week average (over past 2 months)

Weekly college cases:

- Students are starting to come back to school – Clarkson is back this week.
- We have seen a steady rate of cases – some students on campus, students that reside in our county and attend, and faculty and staff are included.
- 63 tests this past week
- 79 tests the week prior

All of the colleges have some form of testing – requiring a negative test prior to students returning. Testing will be staggered over the next few weeks as the semesters begin.

Isolation and Quarantine:

- 2,123 active isolation
- 835 active quarantine
- 79,451 individuals who have at some point been through the process of isolation and/or quarantine

Monthly Cases by Age Group:

- December – total of 2,998
- 26% of cases in 0-19 age range
- 42% of cases in 20-44 age range
- Age 45+ making up the rest of the percentage – 20-44 age range is still our highest
- January to date – total of 4,422
- 34% of cases in 0-19 age range – due in part to increase testing in the schools
- 39% of cases in the 20-44 age range

Hospitalizations by Age Group:

- December – 76 total
- January to date – 62 total
- Percentages are beginning to shift a little now to the 55-64 age range vs. where they were in December.
- Relatively the same for the 20-44 age range

Vaccination Status of Hospitalizations: As of January 18, 2022

- 62 total hospitalizations
- 37 not vaccinated (59.68%)
- 25 vaccinated (40.32%)

St. Lawrence County Statistics:

- High Transmission
- Positivity rate – 14.97% (lab confirmed tests)
- Total Population Fully Vaccinated – 59%
- Total Population at Least 1 Dose – 62.9%
- Total Population \geq 5 years of age *Eligible Population – 62.1% (66.2% = 1 dose)
- 12+ Fully Vaccinated – 65.7% (69.7% = 1 dose)
- 18+ Fully Vaccinated – 66.6% (70.6% = 1 dose)
- 65+ Fully Vaccinated – 84.8% (89.5% = 1 dose)

Jessica asked about statistics for the 5-11 year old range. Jolene noted we are at 21.9%, just under the statewide average of 24% for this age range.

COVID-19 Vaccine Distribution:

- First doses administered overall: 7,688
- Second doses administered overall: 6,774
- Booster doses administered overall: 2,583

- Migrant Worker vaccinations – 2nd round:
 - 67 Pfizer Boosters
 - 2 Pfizer Second Doses
 - 16 Janssen Doses

We worked with Cornell Cooperative Extension again to do this – the farmers were great. Due to weather conditions we were able to go to a few farms, but workers from other farms were able to drive to these farms. This worked out much better, we were able to give vaccinations inside instead of trying to do them outside in the cold. Kevin thanked Jolene for getting the vaccines and boosters out to the farms.

COVID-19 Vaccine Clinics: Public Health Department

- Every Monday from 8:30 am – 2:00 pm
 - Pfizer 12+ - 1st, 2nd, and Booster doses
- Every Tuesday from 8:30 am – 2:30 pm
 - Moderna Booster 18+
- Pediatric Clinics (5-11)
 - Every Monday, 2:00 pm – 4:00 pm
 - Every Friday, 8:30 am – 4:00 pm
- Fridays – we do provide booster doses based off availability. If the pediatric clinic did not book out, we are putting booster requirements in there to fill up the slots.

Public Health Community Clinics:

- Pfizer 12+ 1st, 2nd, Booster doses, and Pediatric 1st and 2nd dose (5-11)
 - Massena Community Center – Wednesday, January 19, 2022 9:00 am – 5:00 pm

Starting next week we are going back to Gouverneur (2nd doses/boosters), the following week will be Ogdensburg (2nd doses/boosters) and then Massena (2nd doses/boosters). Also this week, we are planning a “round robin” with the colleges, as they are requiring booster doses as well. Each college has scheduled a vaccine clinic with us, specifically for their students. Once these are completed, they will open up to faculty and staff.

Jessica inquired about the percentage of PH clinic appointments that get booked, are they well received and being well utilized by the community, and a good use of time.

- In-house clinics on Mondays are booked solid.
- The Moderna clinic yesterday had a couple cancellations and no-shows, but we are doing 25-38 Moderna boosters on Tuesdays.
- The Pediatric Clinics, it depends on the day for how they work out.
- For community clinics we have a bit more availability depending on where they are.
- We just held a couple large ones at SLU and provided (620) doses – almost every appointment slot was filled. As they would fill up, we would add another vaccinator, etc.
- We do see more appointments scheduled for Pfizer than Moderna – there is not much demand for Johnson & Johnson.
- COVID-19 vaccinations/boosters are also provided for inmates at the jail when needed and we are still providing boosters shots for homebound individuals.

Jolene feels the clinics are being well received. Dr. Williams noted the clinics do play an important role, as it is addressing the needs for certain people.

Booster Eligibility Updates:

- Pfizer and Moderna are now (5) months after the 2nd dose date.
- Johnson & Johnson remains at (2) months after initial vaccination.
- Individuals 12 and older are now eligible for a booster (12-17 Pfizer only).

There is new quarantine guidance as of January 14, 2022. The NYS Department of health provided information tables on who has to quarantine. Notes there are specific guidance for congregate setting (Corrections, child care, homeless shelters) and healthcare workers. There is specific guidance for schools. If you can tolerate a well-fitting mask your quarantine is (5) days from exposure date, pending any symptoms.

This information is available on the SLC Public Health website.

<https://www.stlawco.org/Departments/PublicHealth/IsolationandQuarantineGuidance>
<https://www.stlawco.org/sites/default/files/PublicHealth/Quarantine%20Table%201.13.22.pdf>

There was a brief discussion surrounding the well-fitted mask wearing for students who are unable to eat lunch in a separate location and also the ability to know if students are wearing the masks all day long. Discussions with school superintendents has been ongoing regarding separation of students as much as possible in the cafeterias, this is the most challenging situations the school will have – there is not enough space to spread out to avoid the quarantine. As far as mask wearing, it's making sure the younger students are keeping well-fitted mask on. The County has provided schools with youth size cloth masks and KN90s for students who can tolerate the higher level masks. There is new isolation guidance as of January 14, 2022 as well.
https://www.stlawco.org/sites/default/files/PublicHealth/Isolation%20Chart%201.13.22_0.pdf

COVID-19 Home Test – What to Do:

Individuals are able to submit the information for their positive home test online. We have created a Google spreadsheet – the online submission information goes here. We have received good feedback on the ease of use of this online form. Individuals who are unable to access the website to input their information are still able to call and staff inputs the information for them. All of this information is uploaded into the State system for case investigations and is also provided to EMS. Any reported home tests are included in our daily numbers and on our maps.

Presentation by Dr. Williams: Slide Presentation

COVID-19 National Update; COVID-19 New York State; COVID-19 Hospitalization Trends; COVID-19 Hospitalizations; COVID-19 Pediatric Hospitalizations; COVID-19 Update – Omicron; COVID-19 “Self-Serve” Quarantine; COVID-19 Public Health Priorities; COVID-19 – Isolation and Quarantine; COVID-19 – Vaccinations in St. Lawrence County; COVID-19 – Vaccine Effectiveness; COVID-19 – Testing; COVID-19 – Outpatient Treatment Options; COVID-19 – Moving Forward. A lengthy discussion followed.

There was a discussion on home test results and retesting. Dr. Williams noted two negative antigen tests are better than no negative test. Results depend on timing, whether or not you are symptomatic, time lapsed from exposure, and lots of variables that change depending on the scenario. Jolene has been working on getting some good informational material to go with the tests – the information is out there (CDC website), but there does need to be good education. Jolene noted this information has not been finalized yet and every home test is slightly different, with some saying retest in 24 hours, 36 hours or 48 hours. This is specific to the manufacturer. She is working on a brochure, with the assistance of Dr. Williams for the medical piece – on who should be using a home test and what you should be doing in the meantime.

Jolene noted positive home tests are accepted by the PH department.

- Originally, individuals sent a picture of the home test for verification.
- With the volume we are getting, we switched to asking what test was taken, the lot number and where the test was purchased – this is a standard for the counties that are accepting home tests – not all counties are accepting them at this point.

- There were (134) individuals who reported positive home tests today and yesterday there were (96).

Dr. Williams noted positive results on an antigen test tend to be very accurate.

Dr. Williams believes, with Omicron, we are about (2) weeks away from peak according to the analysis and he is concerned about the number of people who are hospitalized – it's going to be hard from everywhere (EMS, ER and inpatient ICU). The county is already desperate for ICU beds and doesn't feel this will get better. Long term, Omicron does seem to be infecting many people, many with mild infection, some who are already vaccinated, and hopefully, after Omicron is done, we might have enough infection induced immunity (natural immunity), plus vaccine induced immunity, plus hybrid immunity for people who were vaccinated Omicron.

Dr. Williams noted the State has made changes, specifically to contact tracing. This change may have been misconstrued by the public as believing “there is no more isolation or quarantine.” This is not the case. Due to the big surge in positive cases overwhelming the capacity of our LHDs to do meaningful contact tracing, they are suggesting LHDs, on a county-by-county basis, can decide if contact tracing was doable. We need to get better communication out to the community about this, and then as a community, and as a Board of Health that supervises the LHD, we need to decide if, like many LHDs, contact tracing isn't manageable and we need to shift gears. The Commissioner's memo notes LHDs could shift to providing testing, vaccination, education and enforcement. As Jolene provides information, he wants to note that we have taken a different approach in the community in our partnership with the hospitals. The county has not provided testing, (hospitals, State site, Antigen testing), we are providing a lot of vaccinations but we are not the primary vaccinator. As far as enforcement, there has never been an appetite for this. So, that leaves education, OR, (Jolene is going to go over this), this means there is more to Public Health than COVID-19 and our small, but mighty, department has been doing COVID-19 all the time for 2 years and maybe Jolene can work with her team to redeploy to the other things that are a mission of Public Health. He noted Early Intervention is critical and the department doesn't have the resources to focus on this program, because they are busy doing contact tracing. He sent Jolene and members a list of questions because there are a lot of people who want to understand how we are switching, why we are switching (rationale/science behind it) or if it practical.

Dr. Williams wanted to be super clear to the people on this call from the department that the Board absolutely recognizes the tremendous hard work you did before COVID-19, the tremendous hard work you are doing during COVID-19, and hopefully the hard work you will continue to do after COVID-19. So when there are questions from the Board about why other counties can do this, and what are we doing...it's literally an understanding of what we are doing with our resources and how the Board, Jolene and her team feel we can more effectively use the team's professional expertise. Don't think this is anything other than the Board respecting and appreciating the super hard work staff has done and will continue to do.

Jolene: Answers to list of questions sent prior to meeting.

- 2020 Virtual Call Center (VCC) were helping with contact tracing and eventually in December, 2020 they switched to helping with case investigations when cases were getting upwards of (100) cases.
- When case counts lowered, we transitioned more responsibilities of full case investigation and contact tracing to the VCC.

- When COVID-19 began in 2020, the State shut down all of our programs – no deliverables were due, everything was effectively down with the exception Communicable Disease and Rabies.
- Fall, 2020, the State advised we had to do COVID-19 and our other programs – all deliverables were due and there was more to do on top of this.
- PH staff continued to do case investigations and/or contact tracing as needed – some staff could do case investigations or contact tracing, some could do both depending on where the need was.
- With transitioning most of the cases to the VCC, even at (100) cases per day, we were struggling to keep up with contacting individuals in a timely manner.

State changes last week – they have stopped collecting information on exposures (contacts).

- VCC were shortening their case investigations and sending a link to individuals to register their own contacts due to being unable to keep up with the volume of cases coming in. This link has been deactivated for any investigations completed by the VCC and they are handling most investigations across the state right now – contact have only been entered for this past week.
- PH continues to enter contacts for different settings (healthcare, Corrections, schools, colleges, OPWDD, OMH) and some employers continue to send their contacts.
- Our call volume is extremely high and we have considered implementing the call center again.
- PH staff will complete case investigations and contact tracing when an individual calls. We are one of two counties (Cayuga) in the capitol district region for our VCC area that are still entering contacts into the system. The rest of the central district have stopped entering contacts and contact tracing.
- We have dropped from approximately (250) contact tracers assigned from the State down to (30) over the course of a week with varying shifts.
- All other counties in the North Country and many in the capital region have made changes. We are one of the last counties to put out a statement of what our plans are, in part because we wanted to have clear communication after tonight’s meeting about what our plans are moving forward.
- The biggest question is – do schools, colleges and businesses still have to contact trace exposures. We have, from the beginning, explained to individuals who test positive the need for them to notify their direct contacts of the exposure and that they should begin self-quarantine until they hear from PH. The part the Governor has eliminated for the counties who choose to follow is taking away the public health piece.
- Individuals who test positive should still say “I need to contact ___ because we were hanging out yesterday.” This personal responsibility is what we have been asking of individuals all along, and then wait to hear from PH. The call from PH is what the state is trying to eliminate – not isolation/quarantine or contact tracing. Individuals should still be taking personal responsibility, they choose to be tested, they shouldn’t ignore the positive results.

Public Health Staffing

- We have been operating on a 15%-20% staffing shortage close to a year with varying positions. We just had another staff member resign – that’s two positions – partially due to COVID-19 pressures of work. We have (6) open positions.
- SLCPHD right now, may have (5) more staff members than Lewis County. When you compare populations, we have four times more people in our county, but we only have a

handful more staff to handle our whole county population vs. what a county a quarter of our size has.

- For the volume of calls we get, and not just for COVID-19, but our Early Intervention program caseload is up this year. We did add another Service Coordinator position – all Service Coordinators are new staff in the last two years and we have one vacant position.
- Communicable Disease numbers are up – one disease we have more cases than we have ever had before. All of the other diseases still need to be investigated within a specific time period.
- Dog bite reports are up, we have had a lot more rabies investigations, people needing treatment, and also having to deal with an increase of bat reports.
- Additionally, our lead monitoring continues to go up, even with the decrease of testing right now.
- In our fiscal department, we have been short for little over a year. All of the extra grants for COVID-19 have taken a toll on our shortened staff. They are trying to manage an additional 5-6 new grants that we didn't have before, all the journals entries, ordering, purchase requisitions, processes in MUNIS, etc.
- We have (5) RN's on staff and a nursing position that has been open for the last (12) months. We have not been able to fill this position and rarely receive any applicants. When we have interviewed and were going to offer the position, they were offered a raise and stayed with SLH.

Dr. Williams wanted to clarify – the biggest labor issue is more that the state took away the VCC, rather than we were managing this on our own and now we can't. That resource is gone and there is no way we can uptick everything to replace that – is this the biggest factor?

Jolene:

- When our case count went down over the summer the state laid off people (temps) for contact tracing. They began to rehire new staff (there were issues), and because our volume of cases jumped to about (2000) cases from (600+), and they continue to do case investigations for priority age groups based off that, they moved their contact tracers to case investigators, leaving no one for contact tracing.
- If we were to continue to contact trace we would have to take over the case investigations as well, because the state is not entering contacts. The cases completed by our department would be told we would register their contacts, but if the case was completed by the state then you would not have to register contacts. We would have to take it all on or this would be sending mixed messages to the community.
- The state and PH department will continue to do case investigations. Individuals can still contact the department if they are unable to utilize the self-service option.
- Office for the Aging (OFA) has taken on a role, which is going to be very helpful. If a senior calls OFA because they are unable to print the order (currently some orders are mailed), they will help type the information in and mail, email or fax the forms for them.
- We will continue to have calls from individuals who have symptoms and need information on when they should come out of isolation, were they exposed/not exposed. We have struggled for a long time with identifying close contacts.

Dr. Williams noted, so it's not feasible for us as a county, and health department, to do contact tracing. Jolene noted it is not feasible. Dr. Williams noted it seems we will be moving away from contact tracing, but yet we are telling the public to quarantine if exposed (quarantine letter available online) and hoping the positive individuals contact the exposed individuals. For some individuals, in certain context, this may be a little hard to imagine this happening. If this is what

we intend to do, getting this message out to the community in a way that is easily understood is an important challenge.

Kevin noted this is personal responsibility. With the low number of cases in the beginning, plus their contacts, issues with dates, etc. Legislators received negative feedback about PH and what was going on – it wasn't the department's fault. He would explain the process (90 cases/possible 10 contacts each – short staffed). Appeal to the personal responsibility of the positive case to remain home and contact individuals exposed. We need to protect the most vulnerable and focus on getting people vaccinated and have booster shots available. We need to continue to get the information out to the community. Schools can get the message out to the students through their webpages and Facebook. Dr. Williams noted the state issued additional guidance and the expectation that schools are going to take over contact tracing is not going to happen. Schools can continue to enforce isolation along the lines of NYS, the bigger challenge is if they don't contact trace. Jolene noted schools have to do some type of notification if the exposure took place in school. At a minimum, they need to notify the parents that there was an exposure in a classroom. Schools have begun getting weekly shipments of antigen tests. These tests can be sent home with students who have had an exposure and parents can choose to test them.

Dr. Williams noted it doesn't seem practical to continue with contact tracing. Getting the communication out to our community in a way that is sensible and understandable, and it's not that isolation and quarantine aren't important, but the role the state and county are going to have will be different. Personal responsibility is going to be expected once education, tools and resources are provided. We need to work through this as a community.

There was a discussion regarding the new updated information and process going out to providers as well for sharing with patients. This will include information about school age kids and participation in sports, etc. Jolene noted this will also unify the messaging throughout the county if we provided it to all the facilities providing testing.

Jolene noted:

- Individuals who refuse to participate with the case investigation with either the VCC or our staff do not receive a letter because we don't have a way to get it to them.
- At one point we were using the Sheriff's Department to hand deliver every isolation order in the county. This is not feasible either at this time.
- If we find out someone is positive and not isolating, we still have the option to serve them with an isolation order because we are still doing case investigations.
- Contacts and individuals who take a home test and don't report it are more difficult to identify.
- Isolation orders are an official order and this will be part of our communication.

A draft press release has been made, and will be sent after this discussion with the BOH so multiple messages aren't being sent to the community.

- The press release highlights the importance of continuing to isolate and quarantine – that part is not going away. This is a misconception in the community that nobody is doing isolation and/or quarantine – this is not true.
- If you are positive, you shouldn't be at work, kids should not be at school – employers and schools still have the ability to say the individual cannot work or attend school for the specified days – that's still a responsibility.

Kevin believes our message needs to be: vaccines and boosters work and we need to keep protecting the vulnerable. For those out there that aren't vaccinated with comorbidities and things of that nature, we need to keep pushing it and making vaccines accessible.

Dr. Williams reiterated everyone in the PH department has done a tremendous job, tons of work, and are continuing to do so. Thinks it's time to change strategy and not try to do something that is non-effective and focus on what is effective for COVID-19. There is a lot of other important work the staff does and maybe they will have the ability to shift gears a bit and reengage in those other important missions they all do. Noted the public deserves very clear communication, not only from the Federal and State level, but also from the County. Asked Jolene to work really hard to message in a way that people will understand this is for the health of the community, it's reasonable, it's based on some science and common sense, and we respect the hard work many people in the community have done. Feels the majority of people follow the guidance and we need to respect that.

Kindra agrees with what Kevin said, we have worked tirelessly to try to help stop the spread of the disease in our community. We are at a point where it's not feasible to do a good job with the practice we have been doing. Focusing our efforts again on what we know is helpful and beneficial is what we need to do.

OTHER ITEMS AND QUESTIONS

OLD BUSINESS

EXECUTIVE SESSION

OTHER BUSINESS

ADJOURNMENT/NEXT MEETING

Meeting adjourned at 8:40 pm. Next meeting is scheduled for February 15, 2022 at 6:00 pm.

ACTIONS ITEMS FOR FOLLOW UP

N/A