



## Grays Harbor County

### Board of Health

PEARSALL BUILDING  
2109 SUMNER AVENUE, ABERDEEN, WA 98520

**January 27, 2022**

### **Board of Health Meeting**

Board of Health Chair Jill Warne deferred to have Board Member Vickie Raines be the Chair of the Board for this meeting.

Board of Health Chair Raines called the meeting to order at 8:36a.m. Board Member Jill Warne was also present. Board Member Kevin Pine attended the meeting at 8:37a.m. The meeting was held electronically through Zoom to allow for social distancing.

Also in Attendance: Jeff Nelson, Environmental Health Director; Mike McNickle, Public Health Director; Dr. John Bausher, Health Officer; Jon Beltran, Senior Deputy Prosecuting Attorney; Dr. Bob Lutz, DOH COVID-19 Medical Advisor; and Alex Vido, Secretary. Members of the Grays Harbor Public Health Department were also present.

**Motion:** Board Member Warne moved to approve the October 28, 2021 Board of Health quarterly meeting and November 23, 2021 Board of Health Special meeting minutes.

**Second:** Board of Health Chair Raines seconded the motion.

**Approval:** The minutes of October 28, 2021 Board of Health quarterly meeting and November 23, 2021 Board of Health Special meeting were approved unanimously.

#### **Public Health Update – Mike McNickle, Director**

- Dr. Bob Lutz will provide a brief overview of the COVID response and has prepared a few slides.
- Deferred some time to Public Health's Healthy People Program Manager, April Heikkila and COVID-19 staff
- Informed the Board that the Community Health Assessment/ Community Health Improvement Plan is moving forward. The three Commissioners are listed as key informants so they will be looking for an invitation to discuss community health. This will be coming from REDEGroup through e-mail. We have about 50 key informants listed that we will invite to be interviewed and a number of focus groups to help gather information.

#### **Healthy People Division Strategies - April Heikkila, Healthy People Program Manager**

- Expressed gratitude toward her teams, including Family Planning and COVID-19.
- Wanted to highlight some items that have taken place since the last Board of Health meeting.

- Family Planning and Fiscal Teams successfully completed a sexual reproductive health audit with no findings.
  - This was intensive and took a lot of time and effort to complete. We appreciate everyone involved in this process.
- Family Planning update:
  - Implemented rapid HIV testing in our clinic.
    - CDC current recommendations for HIV testing for all adults and adolescents from ages 13 on get tested at least once. This allows individuals to come in and take a finger stick rapid test and get the results in the same day.
  - We are hoping to be a recipient of a Telehealth grant from DOH. These funds will be used to build and provide foundational infrastructure to support the implementation of Telehealth services in our Sexual and Reproductive Health Clinic. Funding would be used for:
    - Acquiring the Telehealth application for our existing Electronic Health Record (Patagonia)
    - Technology purchases required to support this enhancement.
    - Staffing support time to develop insurance billing and administrative protocols and procedures
- Since December we've had six facilities participate in an Infection Control Assessment and Response (ICAR) assessment. This was very substantial for Public Health because in the past entities haven't wanted to participate in ICAR. It is a support and resource that DOH provides to those who are willing. It is a very intensive process ranging from three to four hours going over everything from surveillance to infection control process.
- An e-mail from one of the long-term care facilities that was addressed to one of Public Health's Epidemiologists, Mustafa Sarray was read. This letter addressed how much the ICAR meant to the staff and facility.
- Shouted out to the Case Investigation Team. They are the first in and the last out. To touch on their dedication and commitment. They did not expect to take desolation training and emotional support. There have been times where these team members were emotional support for some in their calls. Especially when someone had passed away.
- Spiderman showed up at Saturday vaccination clinic for children. This staff goes above and beyond to provide positive outcomes for our community.

**Grays Harbor County COVID-19 Presentation - Kimberly Stoll-French, School Epidemiologist and Communicable Disease Investigator**

- Presented information taken directly form the DOH website for Grays Harbor County on COVID-19 data.

- Grays Harbor County Covid 19 pre
- Information on [State/County COVID-19](#) and [School Guidance](#) were pulled from the DOH website
  - Our 7-day rolling average is up to date as of Jan 13<sup>th</sup>. On January 11<sup>th</sup> 7 day rolling average was about 170 cases per day.
  - There was a climb in cases after the holiday season, as expected
  - Cases for the venerable population are starting to decline.
  - School age and young adults show the largest climb in cases.
  - Trend between Grays Harbor County and the State are consistent.
  - As of today, there are 15 active clusters in the schools
  - Thanks to the CDC Foundation Grant, Sidra is our CDC School Liaison

Board Member Warne asked if the slides could be shared through e-mail.

Stoll-French replied, “Absolutely”

Board Member Pine asked, “170 cases per day, the average that is. Is there a tracking as to how many of those are vaccinated?”

Stoll French replied that she did not know if that was information had been broken down that much further to his questions but could look into it if requested.

Board Member Pine asked, “How many of those 170 cases are hospitalized on average?”

Stoll-French mentioned it was hard to see but the DOH Data Dashboard does break it down.

Board Member Pine asked, “Is that person going there because of COVID-19 or they tested positive there?”

Stoll-French shared her screen to show the DOH Data Dashboard by County to answer the question. She also mentioned there is a huge drop in hospitalization rates even with the high transmutability of this new variant.

Board Member Pine mentioned he read that as well then mentioned he knows Dr. Fauci recently pointed out the high percentages of cases for hospitals were going there for another reason then tested positive for COVID-19. He preceded to ask, “Does this track this as well, are we following that, or is it just whoever tested positive is from COVID hospitalization?”

Stoll-French did not want to answer because she wasn't 100% positive.

Board Member Pine asked, "How does this compare for flu rates? So, pre COVID do we track flu the same way by age group?"

Heikkila responded by asking to back up a bit. "The common communication theme, which she was sure Dr. Lutz could address this in more detail. There are considerable amount of breakthrough cases. Breakthrough cases are those who've been fully vaccinated. They potentially previously had a previous COVID infection. There is a considerable amount of breakthrough cases with the Omicron variant. The difference is that the symptoms are not as severe and they are not seeing as many hospitalizations because of that. I will defer to Dr. Lutz when he gets on because he might be able to address it specifically from a State level. As for the flu, only deaths are reported."

Board Member Pine mentioned most people in the past wouldn't go to the hospital for the flu and that they would just stay home. It would be hard to track that.

#### **Environmental Health Update – Jeff Nelson, Director**

- Highlighted some of the response work they did with the flood events and the tsunami in January. This kept them busy but it also highlighted the essential roles Environmental Health plays in partnering with water systems and others.
- On January 7<sup>th</sup> they began communicating fairly early with the DOH Office of Drinking Water to monitor public water systems to reach out if there were any significant impacts. Not long after Central Park had issued a boil water advisory for a mainline break they had on the west end. They were in contact with the operator at all times to collect samples; even over the weekend. The operator couldn't repair the break until the following
- Wednesday when they were able to rescind that advisory.
- They were also monitoring impacts to private wells and received significant amount of calls without feeling overwhelmed. It was not overwhelming and they were able to deal with each individual personally. Some Counties offered free water tests which we've done in the past. He did not see a need to advise the Board in this case.
- January 10<sup>th</sup> they received a call from solid waste informing us we were nearing the emergency state with not being able to move waste out of the county. The transfer station was beginning to pile up and their contingency plan only provided limited relief of temporary storage and containers. Part of the issue was not being able to get the vehicle traffic used to move these containers. They worked quickly to allow a condition for the old transfer permit, which is being operated as a recycling center. Once the flood subsided and roads cleared, the waste was able to be transferred out. The transfer station is going to probably take another look at their contingency plan.
- Jeff showed [pictures](#) of the pile up at the transfer station.

- They received several from Aberdeen and Hoquiam for sanitary sewer overflows and DOH for shellfish growing area closures. This brings up the need to revisit outreach and communication about contaminated water and for future communication efforts.
- Hannah sent out the tsunami alert on the morning of the 15<sup>th</sup>. It was great communication to monitor and assess what was going on. What was helpful was going to the City of Westport's power cam. This provided clear real time action at the Groins. You could see not everyone was not adhering to the warnings.
- Jeff wasn't able to touch base with Emergency Management in the after action report but he does plan to reach out to Hannah to discuss if anything could've gone better or if they had more expectations from Environmental health.
- Cascadia Rising coming up this summer which the opportunity to discuss and plan earthquake and tsunami events.
- The Building Department is planning on moving forward and going live with SMARTGov which the new software platform for their permitting database. Environmental Health has a side of land use program for septic and well uses. They will coordinate as soon as possible with training for customers.
- State DOH sent a letter to all Public Health Water Systems this week on a requirement to test for Per- and Polyfluoroalkyl Substances (PFAS). PFAS are a contaminate that persists in the environment not known to be present in Grays Harbor or widespread in water systems in general in Grays Harbor County. They have not been looking for this but it could potentially impact water systems that detect this.
- Annual permit renewals are at about average with food service establishments with about two dozen outstanding. They do have a month grace period before we reach out to these establishments.
- A budget and staffing update was mentioned. Specifically, the foundations for public health services because it is a major topic with Environmental Health. We interviewed for two ESH positions with one backing out and the other declined the offer but, there is another interview this afternoon. He will be going back to the Board for a request to hire due to a resignation later this month.
- Jeff mentioned he wanted to touch base with Mike and Public Health about options for how it would be best to chaptalize and utilize additional funding with the short window given to spend.
- Jeff has a goal to provide an update to the Board of the water availability ordinance. There are several applicants/lot owners for rainwater catchment systems to provide their lot with water. These individuals have tried to drill wells and they either don't have groundwater or have limitations to lots. We would like to provide options to the individuals who can not secure ground water.
- This week is radon awareness week. Radon is the second leading cause of lung cancer in the US. 1 in 15 homes in the US has high levels. In some parts of Washington the national ratio is higher at 1 in 5 homes.

Board Chair Raines mentioned that Jeff could email the Westport power cam video with the Board members if it is helpful. She also mentioned that Hannah will be providing the Commissioners an update about the tsunami advisory we had at the Tuesday meeting if he wanted to participate.

Board Chair Raines read a chat comment that Christopher wanted to introduce himself to the Board. Christopher Foote, CDC Foundation School Public Health Nurse will be working with Grays Harbor in case investigation and data with Lisa Leitz, Kimberly and Sidra. He just started was happy to meet the Board.

### **Health Officer Report - Dr. John Bausher, Health Officer**

- There is an uptick in Tuberculosis (TB) presence in Grays Harbor with an outbreak in the prison as well in the community. Our Infectious Disease Nurse is making home visits to ensure that the medication is properly administered. We are communicating with the prison as to how they are handling the situation.
- Earlier in the morning he had a meeting with the hospital about COVID. Board Member Pine had a few questions earlier about the impact on the hospital. Presently there are a few individuals on ventilators. The ripple effect of COVID is not always understood when a person is hospitalized for a projected amount of time. This impacts the staff throughout the hospital. Complications that are not caused by COVID are escalated. Our emergency rooms are full, beds are hard to find, patients are being held for days because of the lack of beds. Patients are being treated in the emergency room hallways and some conference rooms are being transferred into wards or areas to treat patients.
- In studying microbiology and infectious disease, pandemics last about three years. As pandemics mature they turn to an endemic phase with a downturn of infections. A specter mutation will always be on the horizon but we will be vigilant. The virulence of Omicron is not as high but it still burdens the medical community. We cannot reduce our vigilance but we do have a lot more tools than we did in 2019.
- The COVID impact is still here and we are constantly revising our plan on how to revise this problem. We are hoping in the Spring that the load will decrease.

Board Member Pine thanked Dr. Bausher for the talk he had with Dr. Lindquist.

Board Member Pine went back to his earlier comment about Dr. Fauci and hospitalizations and asked if “we are seeing the same thing in Grays Harbor?”

Dr. Bausher responded, “I’m sure but we send them home. The people that are hospitalized for COVID are usually pneumonia patients. We see people in the emergency room a lot with COVID and we send them home. We don’t want to keep them in the hospital unless they have a compelling problem but we don’t see a lot of this. Most of it is yes, they come in or they tell us they had a positive home test and we

give them advice. We try to keep them out of the hospital unless they deteriorate then they are considered a true COVID patient We do have people who are isolated and we try to avoid in elective surgeries...I'm not sure if the number is available...The majority of patients I talk about in the ICU are COVID patients."

Board Member Pine mentioned he is not unsure how cases were tracked. He was "just curious how it was reported and making sure we're on top of it."

Board Member Pine brought up an example of going to the hospital because he broke his arm. He asked "before I get admitted I have to get a COVID test, correct?"

Dr. Bausher responded that he "couldn't tell if you had to take a test unless your symptomatic. It depends on what kind of break you have." If it was a compound fracture then yes, a COVID test on you because you would be operated on. If you just broke your arm then you would be treated in the emergency room."

Board Member Pine asked, "If it was a bad break and I go in and test positive, I'm still treated. Would that be considered a COVID hospitalization?"

Dr. Bausher responded, "No, you would be considered a COVID case. Are you hospitalized because of COVID? No."

Board Member Pine asked, "So, it's reported differently then?"

Dr. Bausher responded, "Yes" He also provided another example of a non-COVID death.

Board Member Pine asked about Governor Inslee's mandate on masks and treatments. "How much leeway do you have or how much leeway do we have as a County for treatments on what people can take? Are you beholden to what the State says? Or how much leeway do you have?"

Dr. Bausher responded that he can make things "more strict but not less restrictive. "As far as treatment is concerned, that is up to the hospitalists and the information we get from the advanced of various sources like the university, University of Washington, John Hopkins, etc. We base our decision-making form what's coming down the pipe with a lot of medications coming down the pipeline. Such as the Pfizer drug and Merck drug."

Board Member Pine mentioned that Dr. Bausher knows "where he is going with this because the question I sent to you last week were about Ivermectin."

Dr. Bausher responded, “ As you know I am a Molecular Biologist as well as a Microbiologist, as well as a Physician and my decision making is based on mechanism of action and understanding molecular biology of the treatment that we give. I read the article on Ivermectin. That is not a scientific, that is an opinion based on lots of observations but it’s not a true research paper. A true research paper is based on time in the lab, following Koch’s postulates, having a hypothesis bringing it to a conclusion whether you prove it or disprove it. These papers are based on observations throughout the world. At the end of the paper he gave possible mechanisms, I think 20 of them, that Ivermectin may work. That is something that needs to be explored down the road but right now we are basing our interventions on mechanisms of actions that we really understand such as protease inhibitors and what we see in anti-viral drugs. So, it’s risk vs benefit. Countries who have limited resources were trying whatever they can and, anecdotally, they had what they thought were positive results and that is where this literature comes from. We have a lot more resources and are using drugs with a lot more proven efficacy and that is where my colleagues put their emphasis. Does that help you at all Mr. Pine?”

Board Member Pine responded, “Absolutely” and asked the question “If it came out that Ivermectin or Hydroxychloroquine or something else came out that was already available to us, would you have the authority, do you have the ability to say as a County we can do this? Hypothetically”

Dr Bausher responded, “I have no authority to tell any of my colleagues how to treat a patient. I could recommend treatment but I can’t say, “No this is what you should do.” I can’t tell my partner what to do. He may ask me but I cannot tell him what to do.”

Board Member Pine mentioned, “See, that is where the confusion is. I read about how doctors are losing their licenses because they are prescribing some of these things and they are getting fired because they are prescribing these things.”

Dr Bausher said, “I cannot address that. I can only make a guess that has to do with that medical community.”

Board Member Pine asked, “So a doctor here in Grays Harbor could prescribe, even though it’s not proven, but they could prescribe it and say ‘you’ve got this ailment, you can try this, its been FDA approved for other things other than COVID but we can still prescribe it you.’ They wouldn’t get in trouble, is that correct?”

Dr. Bausher responded, “I can’t say that. Where you get into trouble when the treatment is worse than the disease and you have a bad outcome. I’m just speaking anecdotally. If I were to prescribe something that was not FDA approved, and there was a bad outcome, that would be a problem and I’d have to answer to that. If I gave something that was not FDA approved in lieu of a FDA approved drugs and there was a bad outcome, I’d be in trouble. In looking at COVID the issue is that 70% of the people survive no matter what I give them. As long as it wasn’t toxic. So, it’s hard to interpolate success unless



you have a mass of numbers and its hard to interpolate success unless you really understand the mechanism of action. Viruses are simple organisms. Contrary to popular belief, they are not trying to mutate to be a part of our environment, it's just randomness. When you look at a drug or a treatment it has to someway affect the replications. That is what we do in micro or molecular biology. I'm saying a lot and I hope I'm giving you some information that's helpful but, as it stands now, I can not influence anybody and they stand on their own as to their choices.

Board Member Pine mentioned that Dr. Lindquist made a similar comment about liability so he understood what Dr. Bausher was saying.

Board Member Warne asked, "Back to the top of the presentation. You said that there was an uptick of TB. I was wondering if you had any idea if you knew what was causing that and if we need to be alarmed at this point?"

Dr. Bausher responded, "It doesn't happen too often. We usually see a couple cases a year; but when you have a confined environment like the prison and they are included in County numbers. It doesn't take much to bump our numbers up, we are being vigilant. The major source of TB, and I'm speaking from 40 years of experience, is mostly immigration. Even though our immigration laws are supposed to screen for it the vast majority I think are due to people coming into the Harbor already infected. We deal with the ripple effect or how that can be spread within the community. A remarkable job is done by our nurses and Epidemiologists in identifying that case early and cornering it off by identifying possible contacts. It is labor intensive."

Board of Health Chair Raines asked if Dr. Bausher had any other updates

Dr. Bausher responded, "No, I think I've said enough. Thank you"

### **COVID-19 Overview Update – Dr. Bob Lutz, DOH COVID-19 Medical Advisor**

- Provided update on where we are nation-wide then state-wide the locally to put into perspective.

Grays Harbor BOH  
01.27.22.pdf

- We are seeing high rates across the country.
- Omicron is the dominate variant/strain across the nation but seeing a decrease in hospitalizations.
  - Genome sequencing seeing more Delta then last sequence period.
- 7.5% prevalence rate is the highest we've seen to date. 1/13 Washingtonians at this time have COVID.
- State Summary:

- 1,685 cases per 100,000 population
- 31% hospital beds occupied by COVID-19 patients
- 63% of total population vaccinated.
- Dr. Lutz responded to a question Board Member Pine asked earlier about hospitalization. “When an individual comes in, as Dr. Bausher said, they come in with pneumonia, they are admitted as a COVID patient. Incidentally, however, patients can be identified as having COVID. They may not be there because of COVID but because they have COVID, unfortunately, care changes. So now you have patients who previously would’ve been in there for heart attack would have been treated accordingly; now nursing staff/physician staff who have to take on/take off PPE every time that patient is seen. The amount of care required for that patient increases. We monitor and follow that.”
- Epi curve shows an exponential increase in cases due to Omicron.
- Vaccinations:
  - % 56 + are fully vaccinated in grays harbor County
  - 17,000+ have received a booster
  - A little lower than reflected that the other numbers for the Western Region

Board of Health Chair Raines thanked Dr. Lutz for the presentation and appreciated the slides. She asked if any of the Board Members had questions.

Board Member Pine asked, “Who actually advises Inslee on regards to mandate, vaccination and masks”

Dr. Lutz responded “The Department of Health has actually a number of people. Dr. Shah is our Secretary of Health. Then working with Dr. Shah, we have a number of physicians. Dr. Tao Sheng Kwan-Gett is our new Chief Science Officer and with Dr. Kwan-Gett you have myself, Dr. Lindquist who you had a chance to talk with last week, Dr. J Miller who is an EIS Officer which is an Epidemiology Investigation Officer. We also have within our vaccine immunology area we have specialists in that area. If there are specific areas that Governor Inslee is interested in for example vaccines, we then provide him data. Those are usually presented to Governor Inslee by Dr. Shah or Dr. Kwan-Gett. He also has access to national feedback and input. For example, Dr. Shah regularly meets with other States Secretary’s of Health. We also have input and direct access to the CDC. We have both local expertise, regional expertise and national expertise that would provide Governor Inslee with recommendations. Based on the data presented he has policy people that would then determine the policy going forward.”

Board Member Jill asked, “I’ve heard and seen different articles from insurance companies stating all cause deaths rates are significantly higher than normal. I am wondering if that is something you’ve been tracking? If you are tracking all cause deaths whether or not they were vaccinated people?”

Dr. Lutz responded he didn’t have that data but could track it down to see if the State was monitoring that. He did mention that there is a backlog of surgeries and the difference between emergency vs urgent (delayed) care. He would send the information to Mike McNickle, Public Health Director.

Board Member Warne responded, "I know our hospitals have been on divert a lot. This seems like an overall crisis from being short staffed."

Dr. Lutz agreed and mentioned that hospital data is followed very closely and the staff are stressed out from understaffing and stressors from dealing with COVID. Individual who have been admitted for COVID disproportionately are individuals who have not been vaccinated or waning on immunity from the full vaccination. He will also send a slide to Mike McNickle from one of his colleagues that includes with international data and data from an MMWR last week.

Chair of the Board Raines asked if there were any other questions from the Board.

Board Member Pine referenced one of the slides Dr. Lutz shared about the spike in Omicron and the discussion earlier about breakthrough cases. He asked, "Is it being tracked, with the spike in Omicron? How many of those people are vaccinated? What's the percentage numbers?"

Dr. Lutz replied he did not have those numbers in front of him and he would send those to Mike. He also mentioned they have a regular breakthrough report. "You can see, for example and not surprising, because of the fact that since more people have been vaccinated and we know this vaccine is not 100% preventive of you getting the infection. Again, it does prevent severe disease. Severe disease is defined as hospitalization or death."

Board Member Pine mentioned, "That goes to my next question."

Dr. Lutz replied asking to allow him to finish first.

Board Member Pine agreed

Dr. Lutz continued to mention that at the state and national level, breakthrough cases are monitored. "Breakthrough infections, by definition, occur in individuals who have been vaccinated."

Board Member Pine asked, "In regards to that you made a comment about because they've been vaccinated, their symptoms are less, there is less hospitalizations. How do we know that? Dr. Lindquist said it was based on observation."

Dr. Lutz replied, "What we have seen, first of all from the data, in what would be considered in the term we use is naïve. If someone is COVID naïve, they've never experienced COVID before. Omicron, this variant seems to by definition in those COVID naïve individuals, have less severe symptoms. So that is one thing. So again, if you or someone has never had COVID before and they've never been vaccinated and I were to compare the severity of symptoms on average for that individual who has Omicron versus that individual had Delta. Delta seems to have provided a more severe disease." He then spoke about recent literature that came out that Omicron tends to affect the upper airways but doesn't have the same capacity to affect the lungs as previous variants. He continued, "those individuals who have been vaccinated and even fully vaccinated versus boosted, that the severity of the disease is less in those

individuals. Severity again defined by hospitalization or death. So, if you have been vaccinated and boosted, then the likelihood of you having severe disease is lessened as a function of being vaccinated.”

Board Member Pine asked if, “There were any peer-reviewed studies that show that or is it just observation on how you are coming to that conclusion? Or how the medical community has come to that conclusion?”

Dr. Lutz replied, “In Public Health we do a lot of observational studies. I think what Dr. Lindquist was referencing, sir, is that we are not doing a randomized control trial (RCT)...which is a gold standard for research. Public Health makes use of observational studies. We are doing retrospective studies, prospective studies, we’re comparing where we are as population now versus population in the past, a population in the present as a longitudinal study. So again, in general, Public Health looks at observational studies. Observational studies are not by any means they don’t have a lesser degree of rigor, it’s just how the studies are designed. What you are asking from a standpoint of ‘do we have RCT’s?’, that would be very difficult to perform because you’d have to have controls vs actual volunteers who are again sort of the non-control, the actual trial. I think you are going to be very challenged to have RCT’s that would be able to demonstrate in this population that this is the likelihood of disease based upon those parameters, if that makes sense.”

Board Member Pine agreed then asked, “In regards to Ivermectin, Dr. Lindquist and Dr. Bausher just pointed out, that there could be some liability there if something happened. Who is liable if someone has an adverse effect to the vaccination?”

Dr. Lutz responded, “I’m sure you’ve heard of VAERS. So obviously adverse effects do occur and there is a national database by which those adverse results are monitored. If an adverse result or adverse effect is identified, documented, it’s researched, this person is proven to again, yes. Then there is a federal fund for those people to be reimbursed for that adverse effect.”

Board Member Pine asked, “The hospital nor the manufacture, they are not liable, correct?”

Dr. Lutz responded, “Hospitals are not nor is the pharmaceutical industry.”

Board Member Pine asked “Some of those reported side effects are myocarditis. What exactly is that and how is it?”

Dr. Lutz responded by breaking the word Myocarditis down. Myo- meaning muscle, -card: meaning heart, and -itis: meaning inflammation. Myocarditis is inflammation of the heart muscle. He spoke about pericarditis and explained what this is and that it occurred in a low incident rate mostly in males. He noted that it is important to note the outcome of having myocarditis as a result of vaccines has been shown to not be severe. He spoke about incidents rates historically about myocarditis and vaccines and COVID. “The incidence of myopericarditis as a function of the vaccine is less than what we’ve seen with the virus itself as well as other viruses.”

Board Member Pine asked if Dr. Lutz had a “ballpark number of how many?”

Dr. Lutz mentioned he could provide Mike the data and he, “does not want to throw numbers out there.”

Board Member Pines asked, “Is it in the thousands or hundreds?”

Dr. Lutz did not want to provide a random number.

Board Member Pine mentioned the number is high and mentioned what the CDC posted. He asked, “why are we encouraging our young adults and children to get this vaccination when it’s admitted we don’t know what the long-term effects are? We want to protect grandpa and grandma and mom and dad but at the cost at not knowing what the long-term effects are for our children. Again, I find it hard to believe that we are pushing this on our children... There are professional athletes dying all over the world. It could be coincidence, I don’t know.” He continued to ask the question about the antigen tests. “Do antigen tests only test for COVID or do they test for any other thing?”

Dr. Lutz responded to Board Member Pine’s question about the antigen tests and how they are assessed and if there is any cross-connectivity with other viruses. The FDA looks at the cross-connectivity and these tests have not shown cross-connectivity with other viruses, just COVID.

Board Member Pine asked if the over-the-counter tests test for influenza

Dr. Lutz responded, “No, antigen tests are looking for a certain protein.” He talked about the proteins these tests look at with COVID.

Board Member Pine expressed appreciation to Dr. Lutz and any other who to come to these Board of Health meetings with their explanations and answering questions.

Dr. Lutz responded to Board Member Pine’s comment, “Thanks for asking and thanks for the questions.”

Chair of the Board Raines mentioned Christopher Foote had a question.

Foote asked, “When you were talking about vaccinated versus fully vaccinated and boosted I was curious if there were any observational studies, the studies you were talking about that Public Health does, of incidence and severity of vaccinated versus fully vaccinated and boosted versus one dose of vaccine versus no vaccines at all, were there any comparison studies done between those different groups?”

Dr. Lutz mentioned he would send some slides to Mike after this meeting but that there was data coming from the UK. These slides will show the comparison of those individuals. There was also an MMWR study that came out last week that looked at data from two states in relation to the data question Foote asked.

Foote thanked Dr.Lutz.

Chair of the Board Raines thanked Dr. Lutz for his time, sharing his expertise, and for joining the Board of Health meeting again. She invited Dr. Lutz to stay on for public comment and adjournment.

Dr Lutz thanked the Chair and hoped everyone would have a good rest of the day.

**Public Comments and Questions:**

Hearing no additional public comment and with questions from the chat box already answered, the Chair motioned to adjourn.

McNickle wanted to mention one last item before adjournment. He mentioned he would send the slides from Dr. Lutz to the Commissioners one received.

Chair of the Board Raines and Board Member Warne thanked McNickle.

Board Member Pine had one last question for Dr. Bausher about being able to take a mask off at a restaurant and why we are able to do that.

Dr. Bausher responded to Board Member Pine's question in relation to trying to keep the restaurants open.

Board Member Pine asked, "Why can't we use the same logic with in schools?"

Dr. Bausher asked for more clarity.

Board Member Pine provided an example of a classroom setting where students can see each other speak and the teacher speak.

Dr. Bausher asked if what Board Member Pine mentioned is currently happening in the classroom

Board Member Pine responded "No they have to wear a mask, don't they?"

Dr. Bausher responded that students should be wearing a mask in the classroom setting.

Board Member Pine asked his question again about the same logic be used in restaurants to school classrooms.

Dr. Bausher asked a few clarifying questions to Board Member Pine and Pine provided another example of restaurant logic to the classroom setting.

Dr. Bausher thought Board Member Pine was talking about different behaviors. "Do you think you could get 4<sup>th</sup> graders to sit down in their classroom and not move from their desk?"

Board Member Warne responded, "They are not supposed to be"

Board Member Pine responded, "Well, if the teacher has good classroom management then, yes, of course."

Dr. Bausher responded that he, “is not a teacher but I’ve been a classroom. They would have to make that judgement if that is possible. I have my doubts that would be a universal behavior for children.”

Board Member Pine said, “so the concern is in a 4<sup>th</sup> grade classroom they are all running around being crazy then, they should all have their mask on, correct?”

Dr. Bausher responded by stating “yes” and that if you can’t maintain distance to wear a mask.

Board Member Pine, “If a teacher has quality classroom discipline in their classroom, which they should that’s their job, or they are not a very effective teacher. If a high school kid is a senior or a junior or an eighth grader, they could sit down and participate in class and be a good student, they don’t have to wear a mask?”

Chair of the Board Raines responded “I don’t disagree with your analogy but, we don’t make the rules for the schools.”

Board Member Pine asked “But don’t we as a County?”

Chair of the Board Raines and Commissioner Warne responded “No”

Chair of the Board Raines also mentioned that the Superintendent of Public Schools make the rules. The State puts the masking in play.

Board Member Pine was under the impression it was by the county and asked Dr. Bausher, “Could you encourage, would you agree with that analogy that is something you could speak up for us as a county at the State level?”

Dr. Bausher responded he would have to talk to the school and see if that was a behavior the district has seen. “I can’t endorse that as a health officer with our more information.”

Chair of the Board Raines appreciated the question from Board Member Pine and the explanation from Dr. Bausher but that this was, “out of our hands.” Her understanding was that requirements for schools was coming from the State level, not locally.

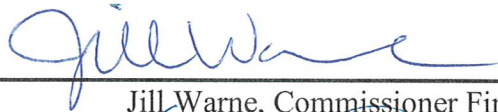
McNickle responded “That is correct.”

Hearing no additional public comment, the meeting adjourned at 10:15am.

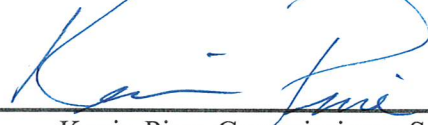
*Approved on this 28 day of April, 2022*



Vickie Raines, Chair

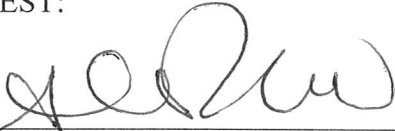


Jill Warne, Commissioner First District



Kevin Pine, Commissioner Second District

ATTEST:



Alex Vido, Board Secretary