

Public Health Advisory Council (PHAC)

Tuesday, March 9, 2021 • 5:30 – 7:30 p.m.

Zoom Meeting:

<https://us02web.zoom.us/j/7082128355>

Meeting ID: 708 212 8355

Phone: (253) 215-8782

www.co.washington.or.us/HHS/PublicHealth/phac.cfm



Public Health
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AGENDA ITEM	DESIRED OUTCOMES	LEAD	TIME
Welcome	Welcome, introductions, review agenda, approve minutes from February meeting	Jennifer McElravey	5:30
Ethics Deliberation	<ul style="list-style-type: none">PHAC members will hold an ethical deliberation on COVID vaccines and the use of the Johnson and Johnson vaccine	Tricia Mortell, Adrienne Donner, Dr Christina Baumann	5:50
Public Comment	<ul style="list-style-type: none">Community members can ask questions or provide comment during this time	Tricia Mortell and Alex Coleman	7:20
Closing		Jennifer McElravey	7:25

Next Meeting: April 13, 2021

Future PHAC Meetings:

- May 11, 2021
- June 8, 2021

Future Community Health Improvement Plan (CHIP) Subcommittee Meetings

If you are interested in attending any of these meetings, please email

vivianna.lindley@co.washington.or.us

Access to Care This group meets bi-monthly, their next meeting is scheduled for April	Substance Use Prevention Collaborative Wednesday, March 10 th • 9:00 – 10:30 This meeting will be held via ZOOM . For information on accessing this meeting please contact Gwyn (gwyn_ashcom@co.washington.or.us)	Suicide Prevention Council This group meets quarterly, with their next meeting scheduled for April
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Electronic information: www.co.washington.or.us/HHS/PublicHealth/phac-meetings.cfm

For assistance on the evening of the meeting contact:

Alex Coleman (971) 724-0089 or alex_coleman@co.washington.or.us

Public Health Advisory Council (PHAC)

Meeting Minutes

March 9, 2021



ATTENDING: Robin Bousquet, Jennifer McElravey, Larysa Thomas, Tom Engle, David Eppelsheimer, Pam Treece, Julie Scotland, Hemi Pariyani, Andrea Lara Silva, Nicole Bowles

ABSENT: Sonja Ackman, Leticia Vitela, Eileen Derr, Dick Stenson

STAFF: Tricia Mortell, Alex Coleman, Vivianna Lindley, Megan McKibben

GUEST PRESENTERS: Adrienne Donner, Dr. Christina Baumann

Welcome

Jennifer started the meeting with introductions and an ice breaker.

Approve February's Meeting Minutes

February's minutes were reviewed. Jennifer McElravey motioned to approve the minutes after clarifying that elaboration on Public Health Modernization would be added and the minutes republished. Andrea Lara seconded the motion. All in favor and none opposed. The motion was passed.

Ethics Deliberation

PHAC received a presentation about Public Health Ethics, and Dr. Christina Baumann, health officer for Washington County Public Health, gave a presentation on the COVID-19 vaccines. See PowerPoints for more details.

Relevant to understanding vaccine data: The times when the trials were conducted and the percentage of participants from different geographical locations.

- mRNA spike protein works by delivering genetic instructions which the immune system responds to
- Johnson & Johnson still use the spike protein, but it is delivered through a viral vector that cannot replicate in the human body
- All the COVID-19 vaccines are recommended for the whole population, there is no restriction to who can receive them barring an allergy to a vaccine ingredient
- The vaccine studies were not designed to search for rare outcomes, so caution is advised when viewing the numbers regarding death, hospitalization, and severe disease from these studies
- VE% = Vaccine Efficacy Percentage
- The trials occurred over a finite period and tried to select people who were at higher risk of COVID
- The efficacy is very similar between the three vaccines for preventing severe disease and death
- These vaccines were found safe enough by public health authorities because the benefits outweighed any harm that would occur

- It is not possible to offer all three vaccines at the same distribution site as they require different equipment, storage, and temperature controls
- We do not have control over the vaccine we receive; currently we are getting more J&J, but this will eventually lead to equal distribution of all three vaccines
- Vaccine fact sheets: <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>

Ethics Question: Should Washington County Public Health prioritize the use of the Johnson & Johnson vaccine for the following groups?

- Homebound individuals: Requires a home visit to administer the vaccine which is time consuming and will take significant resources. For these reasons a single dose vaccine would be a good option to more efficiently and consistently get this group vaccinated.
 - If there were enough resources, it would be possible to serve this population with a two-dose vaccine.
- Houseless population: The transient nature of this population makes it difficult to administer a two-dose vaccine because of the need for a second appointment. A one dose vaccine for this population would ensure full vaccination immediately whereas if a person is given the first dose of a two dose vaccine and cannot be located for the second dose they are at risk of contracting COVID and spreading it to those around them since they will not be fully vaccinated.
 - It could be possible to offer two-dose vaccines at encampments, however this would be resource intensive and does not guarantee that all folks given a prime dose would receive a second dose
- Incarcerated Adults: Beneficial to use a one dose vaccine for this population as it is frequently difficult to locate an individual in the community after release for a second dose if they received the first while incarcerated. The average stay in our county jail is two to three weeks.

Comments from PHAC on the posed question

- Overall, there was agreement that it made sense to prioritize the use of J&J vaccine among these three identified groups
- Since it is still unclear how likely it is that someone who has been vaccinated can be a carrier for a vaccine; are there concerns about using a vaccine less likely to prevent mild or moderate illness among a groups overrepresented by members of the BIPOC communities; are there risks to increasing transmission among already overburdened communities as those being vaccinated interact with their communities
- Even if Washington County had Moderna and Pfizer to give out the likelihood of getting the second doses to the houseless and incarcerated population would be low
- We should have information sheets on the vaccines to give out to patients so they can make informed decisions; educational materials should be multi-lingual and easy to understand
- The rationale for these populations receiving the Johnson & Johnson vaccine makes sense
- This makes sense logistically and agree it is a great option

- Need to be aware that what we are trying to stop death and hospitalization which the J&J does just as well as the other vaccines, so agree this is a good plan
- It's important to be able to offer people choice whenever possible, this can include advertising what vaccine will be offered at an event and allowing people to decide; it's also important to be transparent about a person's options for receiving a vaccination at a given point in time so they are aware that if they choose not to get a certain vaccine that there may be a delay in when they receive their vaccine due to vaccination event schedules
- In addition to looking at how and who is being vaccinated, we need to continue to focus on how to address larger underlying issues including reducing rates of underlying health risks; need to focus on both upstream and downstream issues that have contributed to the situation we're seeing

Q&A

Q: Is there data about race and ethnicity within the VE%?

A: Yes, there were subgroups for age, race and ethnicity and no difference in vaccine efficacy was noted.

Q: If an individual is vaccinated, can they still carry the virus?

A: The CDC has started to put out guidance for how vaccinated individuals should interact with others who are vaccinated and unvaccinated. Right now, we really don't know if vaccinated individuals can carry the virus because the studies did not look for that. However, if you are not symptomatic you are spreading the virus less than someone with symptoms like coughing.

Q: Were the age groups in the trials pretty even, what is the data on the side effects, when is the guidance coming out for vaccinated health care providers?

A: We would have to dig into the data more about side effects for each vaccine. All have a local reaction: pain and/or swelling in the arm, and there are more side effects with a second dose. There is some fever, body aches and chills. The health care provider guidance is in the works.

Q: What will the rates look like as people start taking off their masks? Was there sub-analysis in states with/without mask mandates?

A: Have not seen any sub-analysis. All participants were following guidance. Israel is starting to look at real world situations following broad vaccination with Moderna.

Q: Does the second dose need to come from the same vaccine as the first?

A: CDC recommendation is to stay with the same brand for both doses. If you take a different dose for your second shot, there is no data on what will happen. Moving forward we potentially face needing a booster dose if there are more variants and there will be discussion over if you need a booster from the same brand as your original doses or not.

Q: What is the difference between the first and second dose?

A: They are exactly the same, the second dose is just a booster to the first.

Q: How many people are actually refusing to take J&J or be vaccinated in general?

A: We are seeing that people are definitely hesitant to take one vaccine over another. We are working to advertise at clinics which vaccine is being distributed that day so people can choose to leave if they wish.

Q: Why is it so difficult to get the homebound population two doses?

A: The issue at hand is the resources needed to provide two doses. If we had the resources, we could administer two doses.

Q: What happens to the vaccine left over if people do not show up for their appointments?

A: There is a waitlist for appointments, and we also have a list of people who, for whatever reason, cannot go back to the place they got their first dose. No vaccine goes to waste.

Q: Are there variants in Oregon?

A: Our ability to detect variance is limited, but the evidence is that they are in Oregon and circulating.

Q: Does Washington County have a low literacy fact sheet for J&J or the other vaccines?

A: We don't have fact sheets right now. We are currently messaging that all vaccines are safe, and people should get whichever one they can. There is work currently being done by our regional communications group to put these materials together

Q: How can you find out exactly what is in the vaccines?

A: Everyone should be receiving the emergency use handout that has information on the vaccines and what is in them. Fact sheets for all of the vaccines can be found on the FDA website: <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>

Q: Do you need to wait to get a mammogram two weeks after getting the vaccine?

A: This is not in official guidance, but we have heard of this.

Q: Do people without insurance have to pay for the COVID test?

A: Rapid tests and tests through private providers may have a cost associated with them. If you receive a test through one of the community-based testing sites, there is no cost. Washington County has also contracted with the FQHCs to cover the cost of tests for those individuals without insurance.

Announcements

- Public Health Week is the first week in April, and there will be a Board Proclamation, Jennifer McElravey will read the proclamation during the Board meeting
 - Will be giving recognition to the public health sectors who have worked tirelessly throughout the pandemic
 - Join us for the proclamation at the Board meeting on April 6th 10 a.m.
- Friday April 9th we are releasing the Community Health Improvement Plan, which was slated for release last year, but we have now had the opportunity to add experiences from COVID last year to it

- The Board issued a proclamation last week to mark March as COVID remembrance month. There will be a luminaria display on the steps of the civic center 5:30 – 8:30 p.m. on Friday the 12th to honor all the people who have died from COVID
- Trillium Health is recruiting for their community advisory council. Alex will send out more info about this
- We will be doing another recruitment for PHAC shortly, please share with anyone you think would be interested in joining
- Will be coming back to our work on youth and vaping. There should be Tobacco Retail Licensure in the works this year as well
- There was some successful work done in reducing the barriers to being an organ donor in Oregon
- Erin Parrish and Naomi Hunsaker will be presenting in April on the harm reduction work done in 2020 and the community addictions center that just opened
- ¡Salud! Services is preparing for vaccine rollout in Oregon and will be doing some podcasts to educate on vaccines. They are also seeing that agricultural workers are open to receiving any one of the vaccines

Closing

Next meeting April 13th.