

EL PASO COUNTY PUBLIC HEALTH

January 26, 2022

BOARD OF HEALTH MINUTES

The El Paso County Board of Health met at the Citizens Service Center at 1675 W. Garden of the Gods Road, Colorado Springs, Colorado, on January 26, 2022. Seven Board of Health members were physically present, one was absent.

Dr. James Terbush, President, called the meeting to order at 8:31 a.m.

Board of Health Member Roll Call:

Present:

Dr. James Terbush, President
Doris Ralston, Vice President
Commissioner Cami Bremer
Councilmember Dave Donelson
Commissioner Longinos Gonzalez, Jr.
Kari Kilroy
Dr. Richard Vu

Absent:

Ted Collas

Directors Present:

DeAnn Ryberg, Deputy Public Health Director – in person
Dr. Christopher Urbina, Interim Medical Director- Teams
Heather Graves, Community Health Promotion Director- Teams
Brenda Heimbach, Health Services Division Director- Teams
Michelle Beyrle, Public Health Information Officer- in person
Jared Verner, Deputy Public Health Information Officer- in person
Dr. Tarik Walker, Strategic Initiatives and Health Equity Officer- Teams

Others Present at Regular Session:

Vicki Bennett	Pat Chappell	Lori Cleaton	Ben Crum	Steve Johnson
Marigny Klaber	Chief Jeff Kramer	Dee Lambert	Jordan Linder	Samantha Montmeny
Kelly Mundel	Lisa Powell	Mary Ritchie	Melissa Seidenberg	Tom Strand
Kelsey Tillema	Nora Todd	Christian Wright	Fadi Youkhana	Haley Zachary

Two American Sign Language Interpreters from Sign Language Network
Four members of the public present for Public Comment

Approval of Agenda

Councilmember Donelson asked if it was possible to move Public Comment to earlier on the agenda of regular Board of Health meetings in consideration of the public’s time. Dr. Terbush recognized the benefit of that change, yet believes there is value in members of the public first hearing Board comments and gaining knowledge from additional meeting proceedings. Board members discussed the options of moving Public Comment earlier in the standing agenda and will take time to consider their personal positions before formally entertaining the change at a future meeting.

MOVED: by Commissioner Bremer, seconded by Kari Kilroy to approve the agenda for the January 26, 2022 Board of Health meeting.

MOTION CARRIED UNANIMOUSLY

Board of Health Comments

Dr. Terbush noted that COVID-19 case numbers have declined since earlier in the month, possibly indicating a transition towards endemic conditions. He stated that every member of the Board should have received information regarding mandatory training for Board of Health members from the Colorado Department of Public Health and Environment (CDPHE). In addition, he recognized Public Health staff and leadership for their continued outstanding work and professionalism.

Commissioner Gonzalez highlighted valuable insight of a recent CDC release describing efficacy of natural immunity in addition to natural immunity plus a vaccine.

Dr. Vu commented that though COVID-19 cases have declined, they are still at a level considered high.

Public Health Champion Awards

Sergeant Steve Brown, who has over 23 years of experience with El Paso County Sheriff's Office (EPSO), has overseen security operations for the Citizens Service Center since 2018. He is a dedicated public servant and has helped Public Health assess safety and security needs, trained staff on how to respond to critical incidents, and helped in planning additional security for Board of Health meetings. The partnership between public health and public safety has been critical to further the health, safety, and well-being of our community. Sergeant Brown is retiring at the end of February. The Sergeant was presented with a Public Health Champion Award.

Sergeant Brown expressed his appreciation for Public Health's tireless work for the well-being of the community.

Approval of Board of Health Minutes

Dr. Terbush entertained a motion to approve the December 2021 Board of Health Meeting minutes.

MOVED: by Commissioner Bremer, seconded by Kari Kilroy to ratify the minutes from the December 2021, Board of Health meeting.

MOTION CARRIED UNANIMOUSLY.

New Business

Mary Ritchie, Assistant County Attorney, presented renewal of the lease for City of Fountain and Mt. Carmel Veterans Services occupancy at Public Health-South in Fountain, CO. The Board of Health approved the purchase of the Public Health-South building in 2020 to expand services in the southeast portion of the county. Lease agreements were approved with the City of Fountain and Mt. Carmel Veterans Service Center in September of 2021. The City of Fountain has use of the facility as an alternate location for their Office of Emergency Management and a substation for the Fountain Police Department, and Mt. Carmel coordinates veterans' services through their leased space. The original lease was designed to meet operational expenses as opposed to monetary profit and renewal terms are unchanged. The presented renewal agreement would remain in effect through December 2022.

Dr. Vu asked if it made more sense to extend the renewal to a longer term or automatically renew the lease agreement annually absent a request to terminate by any party. Mary stated there could be an automatic renewal, but terms do frequently require revisiting and the annual renewal accommodates review and agreement of any changing terms.

Commissioner Gonzalez asked if changing to automatic renewal at this time required Mt. Carmel and City of Fountain to revisit and vote upon the change. Mary stated an amendment could be requested at any time. She recommended the leases be renewed as they stand, then an amendment can be added to address automatic renewal later if the Board wished.

Commissioner Bremer expressed agreement with an automatic renewal. Given the potential changes with the facility in the next year, inclusive of likely changes in operational costs, she supported Mary's recommendation to renew the leases as they stand and evaluate the benefits of adding in an automatic renewal at or prior to the next renewal cycle.

MOVED: by Dr. Vu, seconded by Commissioner Bremer to approve the renewal as it stands and make efforts to comprehensively review the benefits of an automatic lease renewal for the future.

MOTION CARRIED UNANIMOUSLY.

DeAnn Ryberg, Deputy Public Health Director, stated that through the course of renovating the Public Health-South building a question arose about the potential of using the facility as a Red Cross shelter for the community. Through partnering with the Pikes Peak Regional Office of Emergency Management (PPROEM) and the Red Cross, a Facility Use Agreement was drafted and reviewed by County Attorney, Mary Ritchie, and the agreement was presented for Board approval.

Pat Chappell from the Red Cross was introduced to speak to the importance of this facility as a sheltering option. She shared that Red Cross response has moved from an acute response organization to chronic response, and there is a need to strategize ways to better meet the needs of the community. Hunger, health, and housing are present Red Cross priorities. Having a shelter for use for those impacted by disasters is an enormous asset to their response and they value our partnership.

Dr. Vu asked about leasing costs noted within the Facility Use Agreement. Mary Ritchie stated as emergency shelter use would not incur cost, that selection option within the Facility Use Agreement (item 9b.) is not applicable and can be stricken.

Councilmember Donelson asked if the portion of the building that would be used for sheltering normally remains open. DeAnn explained the space is a multi-use room, but in an emergency shelter situation, the emergency use would hold priority.

Pat Chappell asked if there would be opportunities to discuss any needs of expansion of services that might arise in an emergency. Lisa Powell, Emergency Preparedness and Response Manager, stated in the event of an emergency requiring use of an emergency shelter, Public Health partners with the PPROEM and the Red Cross to determine the spaces that may best be used for sheltering. Her team would work with the Red Cross to manage facility operational needs if the Public Health-South facility is activated as a shelter.

MOVED: by Doris Ralston, seconded by Councilmember Donelson to approve the Facility Use Agreement for Public Health-South between the Red Cross and the El Paso County Board of Health pending item 9b. stricken from the agreement.

MOTION CARRIED UNANIMOUSLY

Director's Report

DeAnn Ryberg noted the Board of Health email processes have been under review. Public Health has partnered closely with the County Attorney's Office and El Paso County Digital Strategy and Technology (DST) group to implement procedures. Emails sent to the Board of Health email address (boardofhealth@elpasoco.com) are automatically forwarded to all members of the Board. All senders receive an automatic reply indicating receipt and noting all members of the Board have received the email. The autoreply specifies where regular Board of Health meeting information can be found on the Public Health website. If inquiries are received that pertain to the administrative functions of the agency and are appropriate for staff reply, such as questions about meetings, agency operations or data questions, a staff member will respond to the inquiring parties. Board members will be blind copied on all replies. Responses will clarify that the response is being provided by Public Health staff and not the Board itself. A chart summarizing number of emails received and topics will be provided in the monthly Director's Report.

An open topic remains regarding the email addresses Board members use to respond to messages, as some Board members use personal email addresses. Those Board members who want it can have county email addresses, if preferred for the management of received emails. Additionally, archived emails could be made available through Office 365 access with the county.

Dr. Terbush asked the amount of time the staff members have spent working to establish a process. DeAnn stated about 90-100 hours, collective among administrative and DST staff have been spent to collate archives, discuss, and establish the current process.

Kari Kilroy asked what the number of emails looked like prior to COVID-19 compared to present. DeAnn stated she has seen a sharp increase in emails to the Board of Health address. Prior to COVID-19 only a handful of emails were received, mostly pertinent to meetings logistics.

Councilmember Donelson asked if the process of all emails going to Board members was automated or if someone needs to receive messages and send them. DeAnn confirmed it is a fully automated process.

The Board discussed and at this time, they do not wish to receive a county email address or need a way to access email archives. Processes to manage the email address can continue as stated.

DeAnn asked Fadi Youkhana, Epidemiologist, to provide a data update. A slide presenting Colorado Department of Public Health and Environment (CDPHE) and regional Centers for Disease Control (CDC) genetic sequencing subsample data showed Omicron as the present dominant strain of COVID-19 in Colorado.

Dr. Urbina stated that Omicron is the dominant strain in the nation, state, and now also the county. It appears to be causing a milder illness of the respiratory tract, and factors of the host, including previous infection, vaccination status, age, overall health and comorbidities, are also impacting illness severity. Prevention strategies remain the same as those for prior variants.

Commissioner Bremer asked if some of the same treatments were also effective against the Omicron variant, such as Monoclonal Antibodies (mAb). Dr. Urbina confirmed that the Omicron variant can evade the immunoprotection of the vaccine, previous infection, and the monoclonal antibodies. Two of the three varieties of mAb treatments are no longer effective.

Dr. Vu asked for clarification if two of the three mAb treatments are ineffective or are they predicted to have markedly reduced effectiveness. Dr. Urbina stated there is some effectiveness for two of the three, but not enough for the FDA to continue to recommend them for Emergency Use Authorization. Dr. Vu asked if there is

not enough of the mAb treatment that is predicted to be effective, what is the strategy is for treatment. Dr. Urbina stated that companies are developing new treatments that are now in clinical trials. Right now the mAb from Pfizer is the only one available in the United States and it is in short supply. Two new anti-viral medications, Molnupiravir and Paxlovid, are now approved for Emergency Use Authorization, and while also in short supply, they can be used as treatment, as Tamiflu is used for influenza. Remdesivir is also available as an outpatient treatment.

Fadi stated that incidence numbers peaked on January 15, and while numbers are decreasing, they are still very high. As incidence numbers surge there is often a delay in data reporting. More cases have been seen in January than in the prior three months. Though January data is still lagged, deaths are tracking comparatively low to the past three months.

More cases were seen in 2021 than in 2020, though there may have been large numbers of undetected cases from March through July of 2020 as testing was implemented. More patients were admitted to hospitals per day in 2021, yet deaths per day remained statistically similar between the two years despite increased identified cases, which is a testament to vaccine efficacy and hospital treatments. Fadi presented vaccine status by age group, noting percentages of age groups vaccinated with one, two, or three vaccine doses. A consistent volume of individuals are receiving boosters. Those age 60 and over are about 50% boosted, and about 75% or more are fully vaccinated. Younger age groups see lower percentages, but there is a consistent daily volume of boosting.

Dr. Urbina stated that literature has been reviewed regarding natural immunity versus vaccination-induced immunity. Dr. Urbina stated that we recognize the importance of a previous infection as well as the importance of having vaccination and boosting. We now know immunity wanes over time both for infected and vaccinated individuals. Infection with the coronavirus and vaccination each result in a low risk of subsequent infection with similar variants for about six months. Vaccinating previously infected individuals significantly enhances immune response and reduces risk of subsequent infection. Therefore, for we continue to advocate for protection gained from vaccines due to relatively lower risk compared to protection gained from infection.

Doris Ralston asked if hospitalizations and hospital deaths are still largely among the unvaccinated. Fadi stated that as of the beginning of January, that was generally still the case.

Councilmember Donelson stated that the European Union's vaccine regulators are indicating that regular vaccinations might not be a long-term solution to COVID-19. He stated that the World Health Organization's (WHO) technical advisory group on COVID-19 vaccine composition on January 11 warned a vaccination strategy based on repeated booster doses of the original vaccine composition is unlikely to be appropriate. He stated that he would like to track what is happening in other countries that are ahead of us in disease time to understand if regular vaccination programs are sustainable. Dr. Urbina stated that he and Fadi have looked into these concerns and he believes the headlines misrepresented the comment from the WHO. He stated they were talking about the logistics and the political nature of having vaccines rather than about safety or effectiveness. He stated they can investigate any questions or concerns regarding international literature.

Councilmember Donelson stated that immunization status among those hospitalized is being tracked, but comorbidities are also impactful. He asked if we tracked other comorbidities to see what percentage of those admitted have comorbidities. Fadi stated that county level data does not have visibility to that information. He added comorbidities are present for a large percentage of the population and but county level data does not provide that insight. Dr. Urbina agreed that comorbidities certainly do add to risk of illness severity and hospitalization and does increase concern of any illness, inclusive of COVID-19. Councilmember Donelson asked if there were any comments about correlation between illness and vitamin D levels. Dr. Urbina commented that several studies are investigating that as well as other vitamin deficiencies. He will continue to track progress of the studies and provide data if it is available.

Commissioner Gonzalez stated the CDC released information about the last variant indicating those that were fully immunized had strong early immunity, but by week four, those with natural immunity had better protection as did those with natural immunity and an additional shot. He asked if there was any indication that as we move into additional variants the booster has lessened effects. Fadi stated that the CDC study had to do with the Delta variant and prior and there has not been a report on that data with regard to Omicron. The team will continue to observe studies that might address those topics.

Haley Zachary, Communicable Disease Program Manager, was introduced to discuss isolation and quarantine guidance changes as presented by the CDC on December 27th, 2021. This guidance does not apply to large congregate settings or long-term care providers. The isolation period is now shortened to five days if symptoms have subsided by day five, followed by another five days of securely fitted mask-wearing when the individual is in public settings. Quarantine guidance is also now five days, with testing occurring on the fifth day, and mask-wearing on days six through ten. No quarantines need occur for individuals who have received vaccination booster doses if eligible, fully vaccinated if not eligible for a booster, or if natural infection has been confirmed within 90 days prior to exposure. If on day five an individual is still ill, the recommendation is to remain in isolation until symptoms subside.

Due to high case numbers, case investigators have pivoted response to adapt with proactive messaging. They have also moved to randomization of investigation. Of those cases under age 18 and those over age 50, 500-700 of those cases are selected for calls and interviews. Those who have higher risk based on setting are also selected. A tiered response is now used for congregate settings where those at higher risk for severe infection are prioritized. As capacity allows, lower risk settings are investigated. School partners still must report cases, so Public Health is working with them to manage capacity issues.

DeAnn thanked Haley and her team for their continuously adaptive work as they meet the needs of the community. She introduced Lisa Powell to discuss recent partnerships executed between public health and public safety towards the end of 2021.

Lisa stated that within hours, the Marshall Fire near Boulder destroyed more homes than any fire in Colorado state history. Approximately 35,000 individuals were forced to evacuate during the fire. Recovery is still in progress as approximately 1000 homes and business were lost. Part of the evacuation included one hospital and a number of assisted living facilities. On December 30th the EPCPH Emergency Preparedness and Response team received a mutual aid request to assist with the evacuation of a long-term care assisted living facility that has a sister facility in Colorado Springs. Of the 80 individuals living in the evacuated facility, 30 could be relocated to a facility in Greeley and the remaining individuals needed to be relocated to El Paso County. The facility, located on the north side of the county, had space available without furnishings. Emergency Preparedness and Response coordinated with the HazMat team with PPROEM and the Southcentral Healthcare Coalition to support the facility with cots, bedding, and staff personal protective equipment. The facility was very grateful for the assistance and residents were able to return to their facility on January 6, 2022. In addition, the El Paso County Public Health Immunizations Program coordinated with the state to transfer some of our agency's Vaccines for Children (VFC) DTaP (diphtheria, tetanus and pertussis) vaccine inventory to Boulder County to support their tetanus vaccine clinic.

DeAnn introduced Jordan Linder, Grants Coordinator, and Steve Johnson with the Colorado Springs Fire Department (CSFD) who have been working on a Community Assistance Referral & Education Services (CARES) Program partnership. Through CDC funding, the work plan will address the need to provide navigation services to disparately impacted populations including the homeless, incarcerated, and aging. This funding was transferred to the CSFD CARES program to support their work on this effort. Steve Johnson stated that the CARES Program began in 2012 as a division of the CSFD that helped individuals who called CSFD

requiring non-emergency response services such as primary care, mental health assistance, or supportive services. The program has adapted to a navigation model supporting a variety of community needs. The funding from EPCPH will support four new positions on the CARES team to serve discharged inmates from the El Paso County Criminal Justice Center (CJC) to facilitate successful community re-entry, resource navigation, and connection to community resource providers. Surplus funding will support homeless outreach.

Commissioner Bremer expressed interest in data collection and a way to evaluate effectiveness of the program long term. Steve confirmed there will be significant data collection to show the progress of the program.

Councilmember Donelson asked if there was a more appropriate place to house the program than the fire department. He stated it might more appropriately be staged with another group. Steve stated that at some point these individuals are going to engage the emergency response system and noted that a majority of CSFD calls are not fire calls. The positioning of this program allows the fire department to focus on upstream needs.

DeAnn introduced Marigny Klaber, Regional Epidemiologist, and Chief Jeff Kramer, Bureau Chief for the El Paso County Sheriff's Office (EPSO), to discuss Public Health partnerships with the CJC and EPSO.

Marigny stated it has been her pleasure to work with the Sheriff's Office on behalf of El Paso County Public Health and introduced Chief Kramer. Chief Kramer stated that like many other organizations, EPSO struggled early on to understand risks and potential impacts of COVID-19. Many urgent roundtable discussions occurred to understand response and he and the Sheriff were impressed with the immediate engagement of Public Health to help provide clarity. The jail became the largest and most persistent concern. The CJC is the largest jail in the state with a bed capacity of 1,837 (though that maximum cannot safely be met). Before COVID-19 the inmate population was around 1,500, and about 400 individuals are employed at that location. The bookings numbered about 22,000 annually, and releases numbered about 23,000 with most individuals coming through being pre-trial detainees, as opposed to sentenced inmates. Flow of staff and inmates has posed a unique challenge since onset of the virus. EPSO has felt fortunate to have Marigny assigned to support the Sheriff's Office and CJC operations as a liaison. Public Health representatives worked to understand and assist the balance between the highest disease mitigation possible and maintenance of jail safety and security. EPCPH requested the CDPHE rapid response team to provide mass testing and help navigate the outbreak at the jail. Weekly continuous inmate testing was set up and is now voluntary for the inmate population. Public Health has also assisted in keeping rapid test supplies available at the CJC. Vaccination was also set up with a local provider to help facilitate the vaccination of high-risk inmates. El Paso County Risk Management has assisted staff with weekly PCR testing coordination, allowing the local lab to provide quick results, and EPCPH Environmental Health has provided support for appropriate cleaning and disinfection of the jail. EPC jail has worked with Public Health to implement prevention measures and educational materials. The Sheriff's Office cannot say enough about the responsiveness of EPCPH to engage and assist in navigating tough issues.

Public Comment

Dr. Terbush stated the floor was open for Public Comments.

Four members of the public commented:

Kristy Davis commented regarding press commentary made by Board of Health members and concerns regarding a Tri-County Health Department vaccination clinic located at a Littleton, CO school.

Andrea Roberson commented about PCR tests, sources of the vaccines and asked the Board of Health to look at science beyond mainstream media.

Holly Benson expressed concern for children and the effect of vaccines.

Dr. Kent Roberson commented regarding trust concerns and suggested steps for the Board to regain trust.

Dr. Terbush commented that the team is looking at options for having members of the public observe meetings from within the Board meeting room. Councilmember Donelson suggested that item be on the February agenda and recommended that meeting recordings be linked to the Public Health website. DeAnn stated the team would look into suggested website improvements.

Adjournment at 11:23 am.

Next Board of Health meeting

The next Board of Health meeting will be:

Wednesday, February 23, 2022 8:30 a.m. - 10:30 a.m., located at Snow Conference Room at The Citizens Service Center, 1675 W. Garden of the Gods Rd. in Colorado Springs.

15 December 2021- BOH/MSeidenberg