

EL PASO COUNTY PUBLIC HEALTH

September 22, 2021

BOARD OF HEALTH MINUTES

The El Paso County Board of Health met at 1675 West Garden of the Gods Road, Suite 2044, Colorado Springs, Colorado, on September 22, 2021. Four Board of Health members were physically present, two participated virtually through Microsoft Teams, three were absent.

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

Board of Health Members:

Dr. James Terbush, President – in person
Doris Ralston, Vice President – in person
Councilmember Dave Donelson – absent
Commissioner Cami Bremer- Teams
Ted Collas- absent
Councilmember Sam Gieck – in person
Commissioner Longinos Gonzalez, Jr. – absent
Kari Kilroy – Teams
Dr. Richard Vu- in person

Directors Present:

Susan Wheelan, Director – in person
DeAnn Ryberg, Deputy Director – in person
Dr. Robin Johnson- in person
Heather Graves, Community Health Promotion Director- Teams
Brenda Heimbach, Health Services Director- Teams
Michelle Beyrle (Hewitt), Public Health Information Officer- in person
Jared Verner, Deputy Public Health Information Officer- in person

Others Present at Regular Session:

Vicki Bennett	Dr. Wendy Birhanzel	Ashley Busch	Lori Cleaton
Kelsey Martin	Diana May	Barb Miller	Samantha Montmeny
Stephanie Nordgren	Lisa Powell	Mary Ritchie	Melissa Seidenberg
Nikki Simmons	Summer South	Nora Todd	Fadi Youkhana
Haley Zachary			

Lieutenant Brian Kurtz and Captain Don Watkins of the Colorado Springs Fire Department
Rose Bills of the Community Advancing Public Safety (CAPS) Program
Stephanie Rogers of Matthews-Vu Medical Group

Two American Sign Language Interpreters from Sign Language Network

Approval of Agenda

Dr. Jim Terbush asked to move action items to the beginning of the agenda so that time may be spent discussing the Public Health Champion Awards. He asked for approval of this altered agenda.

MOVED: by Doris Ralston seconded by Councilmember Sam Gieck to approve the agenda for the September 22, 2021 meeting.

MOTION CARRIED UNANIMOUSLY.

Approval of Board of Health Minutes

Dr. Terbush asked for approval of the August 25, 2021 Board Meeting minutes.

MOVED: by Doris Ralston, seconded by Councilmember Sam Gieck to ratify the minutes from the August 25, 2021 Board of Health meeting.

MOTION CARRIED UNANIMOUSLY.

Finance and Budget

Lori Cleaton, County Budget Manager, provided the August 2021 Financial Report. Overall revenues through August are trending as seen all year. Some of those revenues are down due to the shifting of resources to COVID-19 response. There has been some overall improvement through August due to reimbursements for immunization and epidemiology activity. On the expenditures side, we are seeing some underspending in both Personnel and Operating costs. Underspending in Personnel can be attributed to the large numbers of vacancies in Public Health. Human Resources has been challenged to keep up with the demand of Public Health vacancies. Overall, there is a net positive impact of \$1,117,178. At this time there are no concerns about the Public Health financial position.

Two contract renewals were brought forth. These two contracts are: The Women, Infants, and Children (WIC) Breastfeeding Peer Counselor contract, which has increased 15% to \$127,667 (with the goal to increase initiation and duration of breastfeeding rates in El Paso County), and The Maternal Child Health contract, combining HCP (a program for children and youth with special healthcare needs) Care Coordination and Maternal Child Health Child and Adolescent Program, in which funding remains the same at \$615,272.

The Board was given an opportunity to ask questions regarding either of these contracts. Dr. Terbush asked if it was correct that there were not any significant changes to these contracts. Lori Cleaton confirmed that is correct, the only specific change to these routine contracts is the 15% increase for the WIC Breastfeeding Peer Counselor contract.

MOVED: by Commissioner Bremer, seconded by Doris Ralston to approve both of these contracts.

MOTION CARRIED UNANIMOUSLY.

New Business:

Approval of a lease for City of Fountain and Mt. Carmel occupancy at Public Health- South.

The Board purchased a building in 2020 to serve the southeastern portion of the county where military populations reside and where there has been dramatic increase in population growth. Public Health has looked to further collaboration and shared space with our partners in this area of the county. Leases for occupancy with the City of Fountain have been developed not for monetary profit but to pay for ongoing operating costs. The County Attorney's Office and Finance Department have worked through the terms of the lease and it has been approved by the City of Fountain City Council. As the El Paso County Board of Health has purchased the

building, the Board has the right to approve who gains occupancy, therefore this lease is brought forth for approval.

Dr. Terbush asked if the County Attorney's office has thoroughly reviewed the lease. Director Wheelan confirmed that Diana May, Mary Ritchie and Lori Seago have reviewed the document, as well as legal counsel from the City of Fountain.

Director Wheelan stated that with the City of Fountain we are also partnering with Mt. Carmel to gain occupancy in the space, as detailed in the lease agreement. Mt. Carmel provides services to veterans, service members, and their families. They have made a tremendous impact and having Mt. Carmel working in an area where we have so many service members is particularly appropriate.

Director Wheelan stated that at some point there will be a ribbon cutting at the Public Health South Building. Presently there are some upgrades being performed for safety and professionalism at the building, and due to where we are in our COVID-19 response, this ceremony has been delayed. All Board members and the City of Fountain will be invited for another walk-through once renovations are complete. The location has been an essential component in the COVID-19 response with testing and vaccinations continually offered at the site.

One area of the building houses our WIC office and Director Wheelan stated that, in addition to shared space with Mt. Carmel, another area will be used to house operations for a Fountain Police Department Behavioral Health Unit, modeled after the Sheriff Department's Behavioral Health Connect (BHCON) Unit. With regard to a tenant improvement allowance in the lease, Director Wheelan stated that when the building was purchased there was agreement from the City of Fountain to resurface the parking lot and add ADA-compliant upgrades. Director Wheelan commended the City of Fountain for its outstanding partnership in this effort.

Doris Ralston asked a question regarding page four, number ten of the lease, which discussed building security and trash service. She asked what the line "1/3 + 2/3" statement meant. Director Wheelan will follow up with detail on this clause in the agreement.

Dr. Vu asked if the tenant will intend to renew soon, as the expiration date of the lease is December 31, 2021. Dr. Terbush confirmed they would.

MOVED: by Councilmember Sam Gieck, seconded by Dr. Vu to approve the Lease for City of Fountain and Mt Carmel occupancy at Public Health-South.

MOTION CARRIED UNANIMOUSLY.

Board of Health Comments:

Dr. Terbush stated that much of the Public Health Director's report will be regarding schools, children, and preventive measures. He understands the team has been working very hard with those partnership and looks forward to these comments.

Public Health Champion Awards:

Dr. Terbush requested Director Wheelan introduce the recipients of the Public Health Champion Awards. Director Wheelan stated Public Health Champions are those individuals who go above and beyond with what they do to impact Public Health and this month we are celebrating members of Operation House Call. Five groups participating in this Operation will be receiving the award.

Operation House Call has done outstanding work providing vaccinations to homebound residents. The following organizations and individuals were recognized and presented with awards for their roles in making this initiative a success: Colorado Springs Fire Department (CSFD), The Medical Reserve Corps Volunteers, Communities Advancing Public Safety (CAPS) Volunteers, Matthews-Vu Medical Group, and former Colorado Springs Fire Chief Ted Collas. Operation House Call was a collaborative endeavor requiring a team of at least two people, normally a CSFD paramedic teamed with a Medical Reserve Corps Volunteer or an El Paso County Public Health Administrative staff member who brought the COVID-19 vaccine to individuals who were homebound and unable to access the vaccine through other means. This was a labor- and time-intensive effort, and these teams were often out in the field for eight hours a day. The first teams went out on February 24, and as of the end of August, they have provided outreach calls to 282 people and fully vaccinated 138 people. This program could not have been executed successfully without dedicated community partners. Director Wheelan introduced representatives from each partner agency.

From the CSFD Lieutenant Brian Kurtz and Captain Don Watkins. Colorado Springs Fire Department was instrumental in the planning and execution of these efforts, in addition to supplying the paramedics to make the house calls. Deputy Chief Jayme McConnollogue, Captain Mike Archuleta, and Battalion Chief Joshua Bartlett oversaw scheduling, coordination, and deployment efforts among their staff. Former Fire Chief Collas who participated in the Vaccination Consortium, introduced the idea of Operation House Call, and helped develop the framework for the program. His leadership was critical to the program's success.

Rose Bills accepted the award on behalf of the Community Advancing Public Safety (CAPS) Program. This program is organized through the City of Colorado Springs and they engage in public safety partnerships with the City's police and fire departments and the Pikes Peak Regional Office of Emergency Management. These volunteers dedicated nearly 500 hours of total volunteer time to this effort. Special thanks to Leigh Adams, Jane Anderson, Rose Bills, Kelsie Carter, Matthew Carter, Amanda Cliff, Scandura Copp, Brenda Gallegos, Robert Hadley, Joseph Hanson, Richard Hunt, Shannon Jantzen, Jean Kraus, Philip Michaelson, Donald Nelson, George Powell, Charles Silloway, Gail Smith, Aaron Springer, Tracey Stewart-Bedburdick, Richard Whelan, Christina Wisler and Harry Yamamura for their care and dedication to this effort.

Matthews-Vu Medical Group was an integral partner in the Operation House Call program. They ensured vaccine supplies were ready to go when the teams needed them, and collaborated with El Paso County Public Health on administrative tasks (i.e., data entry, etc.) for individuals who received the vaccine. They were pleasant, positive, and professional about participating in this program to meet the needs of homebound individuals. Public Health owes much of the success of this effort to its partnership with Matthews-Vu. Stephanie Rogers of Matthews-Vu was present to accept the award for Matthews-Vu along with Dr. Vu.

Dr. Vu shared that, from time to time, he reads verses to the providers at his practice and he recited these verses to El Paso County Public Health:

'14 You are the light of the world. A city that is set on a hill cannot be hidden. **15** Nor do they light a lamp and put it under a basket, but on a lampstand, and it gives light to all who are in the house. **16** Let your light so shine before men, that they may see your good works and glorify your Father in heaven (Matthew 5:14-16).''

He thanked El Paso County Public Health and said, "let the light that comes from above shine through you before men. Shine your light into our community, into El Paso County. Shine your light into a dark pandemic, a pandemic that is marked by death, marked by division in our community, that they may see your good works. We all see the good works that El Paso County Public Health has done by shining that light, that ray of hope in the darkness of the pandemic to provide the vaccines. The vaccines are gifts that come from above that give a ray of hope in this pandemic and we do all that to protect our community. We do all that to save lives, but I

think that is not the ultimate goal. We do that to save lives, to protect our community, so that our Father in Heaven is glorified. So, thank you, Susan, and thank you El Paso County Public Health.”

Director Wheelan also recognized the work of the Medical Reserve Corps (MRC) which is a national network of medical, public health, and other volunteers organized locally to improve the health and safety of communities. Medical Reserve Corps workers rode with fire department paramedics to the homes of each individual to help administer the vaccine and support the effort. She also acknowledged Public Health staff members: DeAnn Ryberg, Deputy Public Health Director, who has served as the Emergency Center Coordination (ECC) Director, Brenda Heimbach, Health Services Director, who has handled vaccine distribution and planning, Kristi Durbin, and Kari Learned, Public Health nurses who were integral to the collaboration, as well as Public Health Medical Director, Dr. Robin Johnson. This team made tremendous strides supporting the community and this program.

Director’s Report

Presentation from Dr. Wendy Birhanzel, Superintendent of Harrison School District 2 and the Chair of the Pikes Peak Area Superintendents Association and Haley Zachary, Communicable Disease Program Manager, El Paso County Public Health (EPCPH).

Dr. Birhanzel thanked the EPCPH team, sharing that District 2 frequently communicates with the team and acknowledging the team’s role in helping to mitigate disease spread and figuring out how to keep kids in school. About half of area school districts have implemented mask mandates, and half have not. Those that have not implemented mandates are trying to do additional testing. The superintendents across the County meet with EPCPH often as a group to ensure consistent understanding and interpretation of information. They are struggling with case numbers and hospitalizations increasing and want to do what is best for students and staff. In District 2, once they mandated indoor mask wearing, quarantines were almost non-existent. It has largely helped staffing as well as transmission among students. There are some community members who do not approve of the mask mandates, but the focus of education is to keep students in school. Pulling the children out of school last year was detrimental on many levels and her district is confident they can keep high numbers of students in school with mask mandates. She is grateful for the partnership that has been built between the schools and EPCPH and believes if there is a silver lining to the pandemic, it is the development of this strong partnership.

Director Wheelan thanked Dr. Birhanzel for taking the time to join the meeting and provide feedback and commended Dr. Birhanzel in her leadership in following Public Health recommendations and instituting a mask requirement. She stated that within the school districts implementing a mask requirement there are fewer outbreaks. The purpose of wearing a mask is to reduce infections spread, which can also reduce quarantines. This is a major priority for many of the schools.

Haley Zachary reported that currently in El Paso County we have 31 confirmed outbreaks in our school population, not inclusive of 18 suspected outbreaks presently being tracked. Overall, these outbreaks consist of 900 associated cases. This is a large increase in outbreak sizes from what we have seen in the previous year. The work being done with the schools is done by seven individuals (four Epidemiologists, a Supervisor, and two Disease Intervention Specialists) who respond to 20-30 calls from school nurses each day. Each call takes about 30 or more minutes, after which a thorough summary is developed and sent to the school so information is conveyed accurately, and nurses can share that information among staff as necessary. Additionally, on average they have 40 school-related cases reported every day through contact tracing and case investigation (CT/CI). Case information is reported back to schools so they can appropriately share isolation and quarantine recommendations. Public Health also assists the schools with quarantine notifications if needed. Schools also

report additional case information back to Public Health if they receive information prior to Public Health receiving it. There are many communication channels happening 24 hours a day, 7 days a week, as there is an on-call phone staffed by a Communicable Disease Epidemiologist as well as a COVID-19 specific Epidemiologist. One weekend day every weekend is also dedicated to working through school items, so if anything needs addressing by a school prior to the school week, they are able to assist.

Director Wheelan commended the schools that are doing their own contact tracing. Those that are completing it have a good relationship with their community and can hone in on the mitigation areas and narrow the scope for quarantine as it relates to exposure.

Doris Ralston asked about school staff member infections compared to the children. Haley stated the 900 cases consist of both students and staff. A majority of infections are students, but there is an increase in adult cases as well.

Councilmember Gieck asked if school staff members are quarantined like students. Haley stated that both students and staff require quarantine, though there are some factors that can exempt a person from quarantine. If both the exposed person and the infectious person are masked in a traditional classroom setting, quarantine is not required. Also, you can be exempt from quarantine if you are vaccinated, or if you have had a positive test within the last 90 days. There are a few other quarantine exemption factors, but our County does not fit into those criteria at this time. One is a serial testing program within the school. Another is low transmission within the County measuring below 35 cases per 100,000 individuals. Susan also stated that if a school can demonstrate 80% vaccination coverage they also could be exempted, which does not presently apply within El Paso County. El Paso County presently has one of the lowest vaccination rates among the top 10 most populated counties in Colorado. We have made a lot of progress, but we have a lot of work to do. We are not where we would like to be.

Dr. Terbush asked if our community hit 80% vaccination levels, could we avoid quarantines and keep the kids in school. Director Wheelan verified that quarantines could be avoided if vaccination rates within the schools measure at 80%. This makes a compelling case for vaccinations for school-aged children. Director Wheelan stated that EPCPH has a mobile vaccination unit to perform mobile vaccination units within the schools and are making continued progress in that area.

Dr. Vu asked if the protocols for isolation and quarantine were the same for students and staff within the schools. Haley confirmed that is correct.

Haley presented Children and Youth Data Brief information. We are seeing higher volumes of outbreaks earlier in the school year when compared to last year's data. Last year the schools had a staggered start, which varied the environment. The outbreak definition has changed whereby last year two positive cases constituted an outbreak -- this year an outbreak consists of at least five positive cases. Despite this change, there is a larger number of outbreaks noted in August, and each outbreak is involving a larger number of students. More students are becoming ill and being identified as positive cases. The Delta variant this year is more contagious and more easily spread.

Haley stated that routine collaboration with our school partners has been imperative. Monthly meetings are hosted with School Coordinators and School Nurses to convey any changes and to learn what is working and what is not within the schools. Responses are continually being reassessed so they can continue to be concise and effective. The team has created an electronic case reporting tool so that a school can report cases directly to Public Health and indicate what, if anything, they might need or what might have already been done with a particular case. When Public Health is notified of a case, we send emails to the schools three times a day with updated information, relevant data, and any guidance they need. The 20-30 calls they receive per day are often

school nurses calling for guidance and technical expertise. EPCPH's Communications and Data and Analytics teams have been integral in pulling together a Children and Youth Data Brief based on local data regarding youth and school-related issues. This brief is sent to our school partners so they may stay on top of the latest issues and can connect with us if they have any specific questions or concerns.

State resources are also available to schools. The Colorado Department of Public Health and Environment (CDPHE) has provided a serial testing program specifically for schools. It is an opt-in program. There are two schools presently fully enrolled in that program and many more are in process. This program was launched a few weeks ago and the team is eager to hear how this is working for schools. The Governor has re-initiated the school masking program which is an opt-in program whereby schools can receive masks for students and staff, noting if both parties are masked, they will be exempt from quarantine.

Lastly, Haley reported on trends in contact tracing, case investigation, and outbreaks. We are seeing a general reluctance of community members to work with Public Health outside of schools. There is a decrease in parents and individuals in the general population willing and able to fully participate in that process. Many cases are more willing to complete a self-survey rather than speak to an actual case investigator. Due to the surge that the team is experiencing, they are working on a prioritization schema. Minors and school-aged children are considered a priority for the CT/CI program, but all cases are still contacted at least twice and all are still offered isolation and quarantine information as well as an interview if they choose to participate. A majority of cases in outbreaks are generally among the unvaccinated. There are fewer breakthrough cases that normally have less severe symptoms. We continue to work with our population to ensure those that have symptoms are not attending work or school. Many individuals still think they are experiencing allergy symptoms which is a common misinterpretation, and many people are getting tested a few days later to find out they have tested positive for COVID-19 while continuing to go into the workplace. Facilities that opt to close for at least a week at the beginning of an outbreak are resolving their outbreaks a lot sooner than facilities that choose not to close. Most of the facilities experiencing outbreaks are not requiring masking or physical distancing. In schools implementing layered prevention measures, outbreaks are smaller and less frequent than some schools not implementing layered prevention measures.

School districts that presently implement layered prevention measures and a mask requirement are Districts 14, 12, 3, 2, 11, 20 (D20 has two sites: Air Academy HS and a Middle School on federal property), and District 8's federal property schools.

Doris Ralston thanked Dr. Birhanzel for implementing a mask mandate within her school district. She asked Haley if breakthrough cases consist of fully vaccinated cases or those that only received one vaccine dose. Haley stated that to be considered a breakthrough case you need to be fully vaccinated, meaning past two weeks of the second dose of the vaccine if the vaccine required two doses.

Dr. Birhanzel shared that for her district prior to Labor Day they had no mask mandate and out of a class of 20, approximately two to three students wore masks. At that time, they had 600-700 students and staff under quarantine. Mask mandates have been in place in the district since Labor Day and since then there have been approximately 20 quarantines. For District 2, the mask mandate has been instrumental in the schools' ability to function as normal as possible.

Director Wheelan stated we continually mentioned the preventive tools we have available to us including vaccine, social distancing, masks, increased ventilation, staying home when you're sick. Not everyone is following recommendations, but the more we follow these recommendations it will have an impact on organizations and the community. We continue to work with our federal, state, and local partners to expand critical access to resources. More than 30 providers at 100 locations are presently offering COVID-19 vaccines throughout El Paso County. High volume testing and vaccination locations at Chapel Hills and Citadel Mall are Board of Health Meeting Minutes (September 22, 2021) - Page 7 of 13

functioning and we are gearing up for booster shots and availability of vaccine for children ages 5-11. Vaccination sites will be ramping up to meet that demand and to meet demand of mandates. On the federal level, President Biden has issued a mandate for federal workers and employees of federal contractors, and employers with 100 or more employees must either be vaccinated or get regularly tested. Director Wheelan stated that those who do not want to get vaccinated have the option to get tested. Workers in healthcare facilities that receive Medicaid and Medicare reimbursements, including hospitals and home health agencies will also have to be fully vaccinated. The Department of Human Services will require vaccinations for HeadStart Programs as well as for schools run by the Department of Defense and the Bureau of Indian Education. Our community has a significant number of military and military contractors and we are refining what vaccination requirements we have in our community. According to DOLA estimates, federal military including contractors total more than 50,000 in El Paso County. Health services including ambulance, hospital nursing, and residential facilities total to about 41,000 individuals. We are waiting for OSHA's directives on what the impact of these mandates will be for federal workers and businesses. November 22 is the deadline for federal employees to be fully vaccinated. Further guidance is anticipated on September 24 on any requirements or exceptions. EPCPH's role is to meet the demand and ensure we have the resources easily accessible in all parts of El Paso County to meet the obligations based on employment. The Colorado State Board of Health mandated vaccines for all healthcare workers in CDPHE-licensed healthcare settings, including employees and direct contractor support staff. CDPHE-licensed healthcare settings include acute treatment units, ambulatory surgical centers, assisting living residences, behavioral health entities, birth centers, community clinics, community mental health centers, dialysis treatment centers, free standing emergency departments, home healthcare agencies, hospice, hospitals, general rehabilitation and psychiatric facilities for individuals with intellectual and developmental disabilities, and nursing homes. The regulation does not apply to other types of facilities not regulated by CDPHE such as individual doctor's offices, stand-alone pharmacies, and urgent care centers.

County Attorney Diana May noted the vaccination requirements are federal and state level, not from the County nor El Paso County Public Health. We do not know what finalized rules will be. Once additional information is received, we will provide that information to the Board and to partnering agencies. Director Wheelan stated that for the state the mandate deadline to receive initial vaccination is September 30. Deadline for full vaccination is October 31. We are planning and ramping up to have ample resources to meet the demands.

Brenda Heimbach, Health Services Division Director, shared that El Paso County Public Health continues to engage in multiple activities to increase vaccination rates in our County. This includes outreach to schools, businesses, nonprofits, and churches offering mobile vaccination clinics to those organizations. We are also continuing to outreach to behavioral health hospitals and long-term care facilities for residents and staff. For some time, we have coordinated distribution of vaccine with these groups for their residents and staff. Operation House Call is continuing operations. Monthly vaccination clinics continue at the Public Health South building in Fountain. The next one is October 5, offering Pfizer vaccine and that clinic is open now for online registration on EPCPH's website. Vaccines are offered weekly at the jail. Vaccines are being promoted within EPCPH programs such as Women, Infants and Children Program (WIC), Nurse-Family Partnership, and Family Planning. Vaccine is being provided at the EPCPH clinic at Citizens Service Center at West Garden of the Gods Road on a regular basis in addition to flu vaccines and routine vaccines people need to prevent disease. As mentioned earlier, we are working with community providers at over 100 locations to offer flu vaccine at the same time as COVID-19 vaccines. The Communications Team is working on vaccine promotion on social media and EPCPH's website to provide accurate information about the vaccines, and have developed toolkits for businesses and schools with helpful information about vaccination. To increase vaccine access, EPCPH's new mobile outreach van has been deployed and residents can easily find on our website where they are located. Last weekend the van was launched officially as we completed two outreach clinics vaccinating almost 60 people at Vista Ridge High School and Bear Creek Park. Requesting the van for specific locations or events can be coordinated by calling EPCPH or emailing healthinfo@elpasoco.com.

Recently, the Food and Drug Administration recommended boosters for individuals age 65 and older and workers in high-risk occupations such as healthcare. The Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) will be meeting September 22 and 23 to discuss booster doses and vote for possible approval. A significant amount of outreach to Long-Term Care Facilities has been conducted to assist in formulating a plan for providing vaccines and boosters to residents. Originally with Operation Warp Speed, national pharmacies were contracted to provide vaccines to Long-Term Care facilities, but that is no longer the case, therefore each facility needs to have a plan for protecting residents and staff. Our mobile outreach team is available to assist with first, second, and third doses. Some facilities are working with the same national pharmacies that assisted previously on an individual basis. There are multiple options for these facilities to protect residents and staff. Our immunizations team has been working with different providers and physician groups reaching out and encouraging them to enroll as COVID-19 providers if they have not already done so as more portals of access through trusted providers is important. The CDPHE conducted a survey and determined they do not need to reactivate all of the previous mass vaccination sites. They feel the provider network is now broad and dispersed more equitably through counties obviating the need for mass sites. We are planning in anticipation of the authorization of Pfizer vaccine for children ages 5-11. It is expected Pfizer will submit its application by the end of September and ACIP at CDC could approve that as early as the end of October. The dose is likely to be smaller, about 1/3 of the adult dose so it is important that people wait for approval to ensure the dose is appropriate for that age group. EPCPH Immunizations Clinic is reaching out to pediatrician offices encouraging them to enroll as COVID-19 vaccine providers if they have not already done so to increase trusted provider access. The Mobile Vaccine Outreach Team can provide vaccinations at school sites with parental consent, consistent with Colorado law.

Dr. Vu suggested that in addition to trusted providers providing vaccines and mobile outreach going to schools, we might empower school nurses to give the vaccine within schools since school nurses are there every day Monday through Friday. There are regulatory barriers to navigate, but it might be a good concept.

Brenda stated this is an excellent point as school nurses are trusted providers as well. They work very closely with District 49 with their "Boo to the Flu" campaign and they would be very open to discussing the ability to do that within regulatory parameters, if possible.

Director Wheelan echoed interest in this idea as the Public Health team has very limited capacity. At present, there are 4-5 vacancies for Public Health nurses and a nurse practitioner, and we are able to extend our work collaborating with partners. There are many organizations having a hard time filling nursing positions and we are no different. The team is working hard and any time we can extend that bandwidth it is useful. EPCPH is also looking to fill LPN positions and contracting nursing services, but there is much competition for nursing staff and that remains a significant challenge. That concept model for working with schools and other partners appropriately following Colorado law as it relates to procedures would be something we want to do.

Director Wheelan stated that, while it is not a focus of discussion during this month's Board meeting, there is a Congregate Settings Team consisting of Communicable Disease epidemiologists and the Health Services team to manage planning around vaccinations and prevention measures in jails and long-term care facilities. Dr. Johnson also noted rehab teams are in place collaborating for the homeless as well.

Lisa Powell, Emergency Preparedness and Response Program Manager discussed high volume testing sites as well as vaccination sites. EPCPH is preparing to expand capabilities at Chapel Hills and Citadel sites. The State of Colorado authorized four of the larger vaccination sites. Three of those sites are in the Denver area, and El Paso County's site was chosen as one of the sites to expand. The amount of vaccine available in our community will be expanded through our Chapel Hills drive-thru site as well as the Citadel site. Operations have worked well with the co-location of testing and vaccination at those sites. Clinics have also continued at El Paso County Public Health South building which has ability to expand and contract as needed based on demand. The County

continues to work with the Vaccine Consortium to build awareness around vaccine readiness for boosters and children age 5-11.

Fadi Youkhana, Epidemiologist, provided a general update on data in the community. Incidences are presently at 277 cases per 100,000 -- we are far from the 35/100,000 threshold. There has been a slight decrease in the last few days. Our peak was September 15, so hopefully this decrease will continue, and incidence will drive down. Our positivity hit an all-year high. The County presently has 61.5% of its eligible population fully vaccinated. When Pfizer and other vaccines become approved for younger age groups, we will change the denominator of that calculation and there will be a percentage decrease as the denominator grows. The County has between 67% and 68% of the eligible population receiving at least one dose of the vaccine and about 450-600 new people are getting vaccinated every day. We predict federal and employee-based mandates will not cause a spike in vaccinations but will feed that consistent trend. A graph visualizing percentage of positivity displayed a steady rise over the last two months with positivity just hitting the high of the year at over 10%. Number of tests being reported has increased compared to June and July and September and is trending to be higher than August. Deaths are presently averaging about 1.4 deaths per day over 2021 varying month-to-month. Fadi noted the shift in fatalities by age that occurred in the data as the older populations started becoming vaccinated and fatalities increased in the 40-59 age group. Ages 0-19 and 20-39 continue to be a very small percentage of deaths. Ages 60 and above are hovering at 70%-75% and 40-59 age group is starting to account for more deaths. Hospital admissions data is also trending younger. As in January, about 60% of those admitted were 60 and above, and since then the 40-59 age group is starting to take on greater share of hospitalizations. In September and August, we are averaging about 11-12 admissions of El Paso County residents per day, almost twice as many as June and July. State and national data is consistently indicating most hospital admissions is among those not fully vaccinated. The percentage has shifted between 5% and 15% of those that are fully vaccinated that have been admitted to the hospital.

Doris Ralston asked that when the 5-11-year-olds begin getting vaccinated, can we report that data separately so we may see how many in that age group are getting vaccinated. Fadi confirmed they can break that down in the dashboard to track that cohort and vaccination rates of that group over time. Director Wheelan asked to confirm the population of those aged 5-11 that would become eligible for vaccination. Fadi stated there were 66,000 individuals in that age group.

Dr. Terbush stated that the death data displayed number of deaths in those aged 0-19 and asked if we could drill down on the number of deaths in those aged 0-5. Fadi stated we have had zero deaths in the 0-5 age group. There have been three deaths in the 10-19 group.

Fadi also stated the Office of Data and Analytics in collaboration with the Communication Team and Dr. Johnson have starting to add a list of peer-reviewed articles to the EPCPH website. The team would appreciate any articles that the Board might come across and wish to submit.

Dr. Johnson stated that last week we changed our hospital capacity banner. This is a fluid measure that is developed in conversation with hospital partners regarding pressures they are seeing. It is a consensus across the three hospital systems with Public Health with regards to the color on the banner and the language indicating what hospitals are seeing in their facilities. Hospital census was presented, which indicates not only admissions per day, but how long patients are staying in the hospital and how many beds are occupied over time. Data indicates we are at the highest census we have experienced all year. The hospitals have asked us to move the banner to indicate they are strained. They are strained by number of beds, staffing models, and they are beginning to limit surgeries and procedures that are elective so they can manage urgent and emergent needs.

The first page of the dashboard displays County residents and hospital admissions. On page six, regional hospital capacity is reported detailing blue confirmed cases and yellow suspected COVID-19 cases. This

regional hospital system includes patients from outside of El Paso County and possibly other states. It is important that our agency reports hyper-local data about what is going on in the County, because when we look at social media, higher level news, and talk shows it becomes difficult to glean what is happening in your immediate area. It is so very important that we provide transparent, objective information for leaders and ourselves as we collaborate and navigate through the difficulties. Plans are being made within the hospitals to manage surge capacities and regional transfers.

Dr. Johnson indicated that each of our hospitals in our region is part of a system. The data reflects they have the option to transfer up and down the front range and it also represents a statewide hospital association which assures there is consistent and fluid transfers among systems to optimize capacity. The data indicates the strain, but hospitals still retain the mission to care for whomever shows up at their door. The hospitals are not indicating in any way that medical care should not be sought when needed.

Director Wheelan clarified that the unreported sections on the graphs indicate no information is reported on weekend days. Hospital data is reported Monday through Friday (non-holidays only) as of the end of July 2021.

Doris Ralston stated that her understanding is that Manitou requires masks for individuals going into retail stores and schools and asked if we had any data extrapolating their cases and incidence where we might see how their data varies based on the local mask requirement. Fadi stated that their zip code data is reported. Manitou has a population of about 6,000 and typically has less than five or ten cases per week. Dr. Terbush asked if the mask mandates have made a difference in the number of cases. Analysis has not been done on this yet, but can be investigated.

Dr. Johnson stated that most COVID-19 treatment is first and foremost prevention. Second is supportive care, inclusive of rest, fluids, acetaminophen and ibuprofen, decongestants, and watching symptoms. Regarding medication that can be used in the outpatient setting under the Emergency Use Authorization (EUA), the only treatment is monoclonal antibody treatment. It is a laboratory made molecule that acts as a substitute for the antibodies we would naturally develop if exposed to the virus or vaccinated. The two that are presently available are Bamlanivimab by Eli Lilly and a combination of casirivimab and imdevimab. The EUA is for non-hospitalized patients experiencing mild to moderate illness, normally age 12 or older weighing at least 40kg. The patient must have a positive test result of direct viral testing and be at high risk for progressing to severe disease or hospitalization early in the course of symptoms. It is recommended as an IV infusion treatment, though there has been a movement for subcutaneous delivery for post exposure prophylaxis. There are some movements to use subcutaneous dispensing even in those who are symptomatic in lieu of IV if there is no opportunity for that, though there will be more to come on that as it is not officially part of the EUA under the FDA at this time. Dr. Tinaca with Peak Vista is following this treatment plan more closely and more data continues to be gathered so we will need to follow that. In Colorado Springs this is available through Matthews-Vu who will enroll patients in clinical trials with future innovative treatment. There are inclusion and exclusion criteria for those trials. UHealth was using a lottery system for this treatment, but as of September 3 we understand there have been changes. With the increasing surge of the Delta variant across the nation, the monoclonal antibodies have become a treatment more highly utilized and are now a limited resource. Health and Human Services will be pulling the resources into a single location for more equitable distribution. As we see the surge spread from the southern states into more of the nation, there is access to the treatment for other states. Colorado anticipates receiving 1.6% of the monoclonal antibodies, reflective of the 1.6% it represents of the national population, as it saw with vaccines when they were a limited resource. It will be distributed to patients based on those listed healthcare protocols – individuals' course of disease and risk factors for developing severe disease. The prioritization is anticipated for those infected rather than post-exposure prophylaxis. We anticipate use to be prioritized in those unvaccinated, and those immunocompromised who would not mount an immune response towards the infection.

Director Wheelan added that UCHHealth has a lottery system for use of the antibodies. The preventive cost of a vaccine is about \$32, where the cost of monoclonal antibody treatment is over \$2,000, noting the old saying that, “an ounce of prevention is worth a pound of cure.” It is a costly calculation. Dr. Johnson also added that the cost of hospitalization is also 10-20 times more than that of the antibodies, so the fiscal costs escalate and are not inclusive of days of work lost and possibly years of life.

Doris Ralston asked if Health and Human Services is going to ramp up production of the antibodies with manufacturing companies. Dr. Johnson indicated there likely were conversations in that direction, though she does not know what those conversations entail. Director Wheelan added that we are hearing the state health department is also ramping up the assembly of teams to work on equitably distributing the supplies received of the antibodies.

Councilmember Gieck asked how individuals get tested to check on antibodies. Dr. Johnson stated that antibody testing is generally a Yes or No response, but we do not have a test that accurately indicates the efficacy of those antibodies. Much of what we are following over time is the clinical perspective if patients experience significant disease.

Dr. Vu stated antibody testing for patients with the COVID-19 infection does not determine if that patient would benefit from monoclonal antibody or not. Antibody testing is widely available through LabCorp or any hospital. To the question of should we test individuals who have been vaccinated to determine if they have built an immune response to it -- you can test someone to see if they have an immune response to the vaccine but testing for the antibody does not add any clinical significance to the management on the patient except in a few instances if a person is immunocompromised. Testing for antibodies after a vaccine is not recommended because it does not change course of treatment. In addition, testing after vaccination does not differentiate if a person has antibodies as a result of the vaccine or as a result of any previous infection, therefore we do not recommend routinely testing patients after they receive vaccines. Likewise, it is not recommended to test for antibodies after infection with the disease as it does not change the course of treatment or the recommendation to receive a vaccine. Dr. Johnson stated we are following this over time. Israel has been a closed cohort to study and has noted that those who have a native infection fare much better when they have the vaccine consistency to add to their immune systems.

Following Dr. Johnson’s presentation, Director Wheelan introduced Heather Graves, EPCPH’s new Community Health Promotion Division Director. Heather has over 20 years of leadership experience working in community-based organizations and healthcare, most recently with Children’s Hospital. She is thoughtful and a collaborative leader with expertise in relationship building and community partnerships. She also has a proven track record of successful staff development and mentorship along with innovative program design, development, and implementation.

Director Wheelan also took a moment to recognize all El Paso County staff and the tremendous work they are doing. She appreciates Dr. Vu giving encouragement to be the light in the darkness. She emphasized how talented, thoughtful, kind, professional, innovative, customer service oriented, and value-focused all our employees continue to be. The staff has been working for 19 months without skipping a beat while being tired and working evenings because time is filled with COVID-19 response activities in addition to regular functions. A community the size of El Paso County (500,000-1,000,000 residents) generally has 269 public health employees at steady state. Our steady state is 158. We continue to ramp up, surging to meet the needs, which is an ongoing challenge. There are 180 FTEs including contractors who are outstanding. Without increased capacity or changes, it is not sustainable. We have presented on stepped-up disease prevention measures and EPCPH is doing all it can to mount the response needed. The volatility and vitriol among some in the community are evident to the boots on the ground as well as those of us in leadership. Despite this, the team is

doing exceptional work. She appreciates the acts of kindness conveyed. Acknowledgment is being given in different ways and the team is encouraged by many in the community and are grateful for this.

Doris Ralston commended Director Wheelan for her leadership and suggested that the Board think about how it can be more supportive and help attain more funding for EPCPH to enable the agency to be more competitive in hiring personnel and keep staff from hitting a breaking point. Director Wheelan acknowledged the Board's support over the years, citing its approval, along with the Board of County Commissioners, of Critical Needs funding in 2018 for 2019 which has been instrumental in mounting the agency's COVID-19 response. The challenge is recruiting and competing for staff, retention of staff and maintaining staff resilience. The Board has been enormously supportive, but wanted to let the Board know how incredible staff members are on every level throughout the agency and the phenomenal work they are doing.

Dr. Terbush appreciates Director Wheelan's transparency and thinks it is important that we share openly with each other. In consideration of the Board's rules and by-laws, the tasks and duties are circumscribed, and number one is to support the Public Health Director and support the agency. If it takes additional time, meetings, or encounters with those that have the resources, the Board of Health is supportive. He feels the goal of 269 staff members is achievable, and post-COVID-19 it is where we need to be. He thanked Susan for her comments.

Public Comment

None

Next Board of Health meeting

The next Board of Health meeting will be

Wednesday, October 27, 2021, 8:30 a.m. - 10:30 a.m., located in the Snow Conference Room at the Citizens Service Center, 1675 W. Garden of the Gods Road.

Adjournment at 10:57 am.

22, September, 2021- BOH/MSeidenberg