

MARICOPA COUNTY BOARD OF HEALTH MEETING MINUTES

Monday, January 25, 2021, at 3:00 PM

Virtual Meeting due to COVID-19 and social distancing guidelines

President Hughes called the meeting to order at 3:00 p.m.

ROLL CALL:

Members Present:

Debra Baldauff
Don Cassano
Don Hughes
Kristen Acton
Paula Banahan
Paul Stander
Robert MacMillan
Robin Schaeffer
Scott Celley
Supervisor Bill Gates

Members Absent: Andrew Rascon

Ex-Officio: Marcy Flanagan

CALL TO THE PUBLIC:

President Hughes asked if there was anyone from the public that wanted to address the Board. Ms. Sampler responded that there were no requests known to speak at this time and informed all that they would have the opportunity to type them in the question section, to be acknowledged during or after the meeting accordingly.

DISCUSSION/ACTION ITEMS:

1. Election of Board of Health Officers

President Hughes

President Hughes opened discussions asking if any members of the Board of Health wanted to be President. Don Cassano nominated Robert MacMillan as President of the Board of Health. Paula Baldauff seconded the motion. No other candidates were nominated, and there were no oppositions. The motion passed unanimously.

Nominations to fill the role of Vice President for the Board of Health were also held. Don Cassano nominated Scott Celly as the Vice President of the Board of Health. Robert MacMillan seconded the motion. No other candidates were nominated and there were no oppositions. The motion passed unanimously.

- 2. Approval of Minutes: President Hughes asked for a motion to approve the minutes from the Board of Health (BOH) meeting held on October 26, 2020. A motion was made by Mr. MacMillan to approve the BOH minutes as presented. Ms. Baldauff seconded the motion, and all were in favor. The motion passed unanimously.**

3. Public Health Finance Update - 2nd Qtr FY21

Mr. Scott Pitcairn

Mr. Pitcairn provided the Board with an update of Public Health's fiscal year 2021 - 2nd Quarter Budget Status report for:

- Fund 100 – General Fund
 - Reporting a higher-than-usual number of vacancies in the General Fund. However, it is the reallocation of payroll to the CARES Act funding for those staff working on the COVID-19 Response that accounts for a larger share of the positive variance.
 - Supplies YTD budget has slowed due to the COVID response
 - The report shows a larger share positive variance with the lab supplies
 - CIDS (Community Indigent Decedents Services) program is ahead of budget noted that a recently-approved \$390,000 budget increase to cover these and related CIDS expenses will be rescinded because the CARES Act (COVID) funding has been extended for a year (through December 2021), and it is presumed that we will be able to shift much of these costs to that funding. However, the CIDS program will still need additional General Fund funding this year and into FY22 to handle the increased costs.
- Fund 200 – Coronavirus Relief Fund/CARES Act Funding
 - Funding for the COVID-19 Response/CARES Act. As of July 2020, most of the activity went through Dept. D890 which was created for the Response, Public Health is now authorized to spend down the CARES Act funding through December 2021. The budget is adjusted as needed for expenditures. Most of the staff are working remotely and paid through their normal funding sources.
 - The Office of Vital Registration has been fully funded through the Fee Fund until recently. However, the program recently took on the function of County Indigent Decedent Services (CIDS), which had been provided by the Public Fiduciary Department. For the next few months, a share of the staffing and contracted services for this program will be paid from Fund 200 – CARES Act due to a portion of the COVID-related deaths having been in the indigent and homeless population.
 - The Department also received a General Fund appropriation of \$476K for the ongoing work. As also noted, the CARES Act funding has been extended through December of 2021, and it is expected to absorb a substantial share of the CIDS program's expenses for payroll and funeral services.
- Fund 265 – Special Revenue Fund
 - The non-recurring funding comes from the Fee Fund balance of unspent funds/revenues over the years.
 - Personnel expenditures for the Fee Fund are under budget YTD and supplies are over budget due to timing and reimbursements of MCDPH Pharmacy vaccine purchases.
 - Services expenditures are under budget which reflects the unspent non-recurring budget for the build-out of the Glendale Vital Registration and WIC office.
 - One Hospital chain pulled out of the program this year, it's expected to bring the budget partially back up.

- Third-party collections for the immunization fee fund are coming in right at budget year-to-date despite being behind budget early in the year due to COVID restrictions. They expect to strengthen revenues with their new call center which will remind clients of their appointments. Some Immunization staff is very involved with administering the COVID vaccines, but this should not have a major impact on the fee fund account.
- Vital Registrations account is structurally balanced, TB Control fee fund is short of covering expenses. Lack of revenues due to impact of COVID on restaurant and other workers not getting TB cards. The STD fee fund is ahead of budget YTD. COVID-19 does not seem to have slowed down this program and the Refugee fee fund is under budget to date, an improvement since last quarter's report, expenses are minimum and below revenues.
- Fund 532 – Grant Fund
 - The report shows the fund through 2nd quarter below budget and the account is structurally balanced. All grants bring in enough revenue to match expenses before they close. Numbers reported are the impact of COVID-19 and some grants' operations. WIC grant can keep steady with clients via remote work, Sealant grants dependant on schools being open have been hit hard.

The Board questioned the high numbers in overtime pay noted on the finance report, which is to be expected. It was clear that the boards' concern was that of the employees and their ability to take off time as needed and watching their health with working the response. Mr. Porter reported that time off is not being taken as it normally should be and many employees are overworked but remain to have a positive attitude considering. Director Flanagan and her leadership team continue to encourage time off. The County has allowed those directly working the response to carryover an additional amount of time and use it at a later time, this allows them to be able to take off more time and not waste it. The Board encouraged everyone to take care of themselves.

(refer to agenda packet for finance summary)

4. Environmental Services Finance Update - 2nd Qtr FY21

Mr. Ryan Hautzinger

Mr. Hautzinger provided the Board with an update of Environmental Services fiscal year 2021 - 2nd Quarter Budget Status report for:

- Fund 100 – County General Fund
 - Environmental Services collects enforcement revenue from non-permitted activities. Fines are associated with violations of the Environmental Health Code by persons and organizations not subject to obtaining a permit. Also, Environmental Services Waste Resources and Recycling Division collects transfer station fees for refuse services provided to citizens across the county. Revenue fund is reporting over YTD budget and expenditures are reporting under YTD budget through Period 6 close, attributed to positive variance in supplies and services costs and personnel.
- Fund 290 - Environmental Tire Fund
 - Funded by the State of Arizona through the tire disposal tax. Revenues are distributed to the counties based on the number of vehicles registered in that county. Funds revenue through Period 6 close is reporting under YTD budget while expenditures are over YTD budget. Amounts are attributed to a negative variance in supplies and services costs.

- Tire Fund expenditures have exceeded their budgeted totals due to increased recycling costs of tires received at the County tire facility. Environmental Services has submitted an appropriation adjustment agenda item to alleviate this issue for the year by taking the excess expenditures out of the department’s \$3.1M reserve of fund balance.
- Fund 506 – Environmental Fee Fund
 - Funded by permit fee and fine revenue, the fund is reporting revenue over the YTD budget and expenditures are under the YTD budget through Period 6 close FY 21. Expenditures are under through Period 6 close. The positive variance is primarily made up of supplies, services, and personnel services.
 - The Fee Fund is currently more than \$1M under the YTD budget, expenses in supplies and services, as well as several personnel hires, are projected to bring the budget to closer to \$800K under budget by year-end. The reason for this \$800K budgeted variance is due to the following:
 - Pay for performance (PFP) was budgeted but not approved.
 - The Office of Enterprise Technology (OET) and the Infrastructure Technology Center (ITC) charged less in allocations than was budgeted.
 - Pool and food permitting have experienced impacts from the COVID-19 pandemic and the executive orders issued by the state. The hospitality industry continues to suffer from temporary closures, limited capacities, and an overall decline in business which has led to the increase in delinquent permit payments. While these issues have led to a decrease in food-related revenues for the department, development experienced in sub-division and on-site plan review has resulted in strong enough revenue growth to push the whole Environmental Services Fee Fund into positive revenue variance.

(refer to agenda packet for finance summary)

Discussion Items

Marcy Flanagan

1. Public Health Report
 - I. Human Resources
 - II. Communications
 - III. Infrastructure
 - IV. Strategic Planning
 - V. Programs
 - VI. Disease Update
 - VII. Future Topic

Coronavirus/Covid-19 Pandemic – presented by Dr. Rebecca Sunenshine

Dr. Sunenshine presented Maricopa County’s COVID-19 case update as of January 22, 2021. Maricopa County reports a little over 2500 cases in the last 24 hours. The majority of the cases remain in that 20-44 age group, stayed pretty steady with the percentage of 65+ age group being approximately ten-twelve percent. Seven percent is much lower than when the pandemic started and a lot fewer are in the ICU as well as the death percentage has decreased.

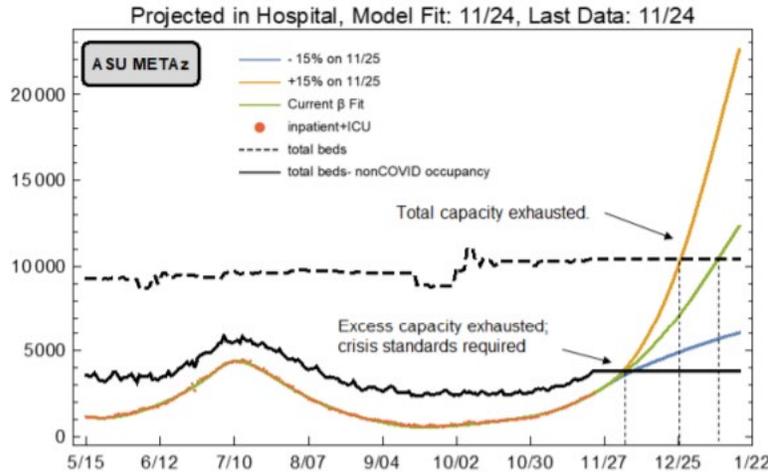
Epi Curve shows a decrease in peak in cases, which follows National data. The Midwest peaked first, findings show that the Coast and the South are a bit behind. Maricopa County was over 6,000 cases per day, but we are slowing down, the peak in cases brings hope that 7-day average of just 3,000 cases per day.

New Cases Reported: 4873 Total Cases Reported since Jan. 2020 - 446652

Age Group: 0-19 years 16% Hospitalized: 7%
 Age Group: 20-44 years 46% ICU: 0
 Age Group: 45-64 years 27% Deaths: 2%
 Age Group: 65+ years 12%

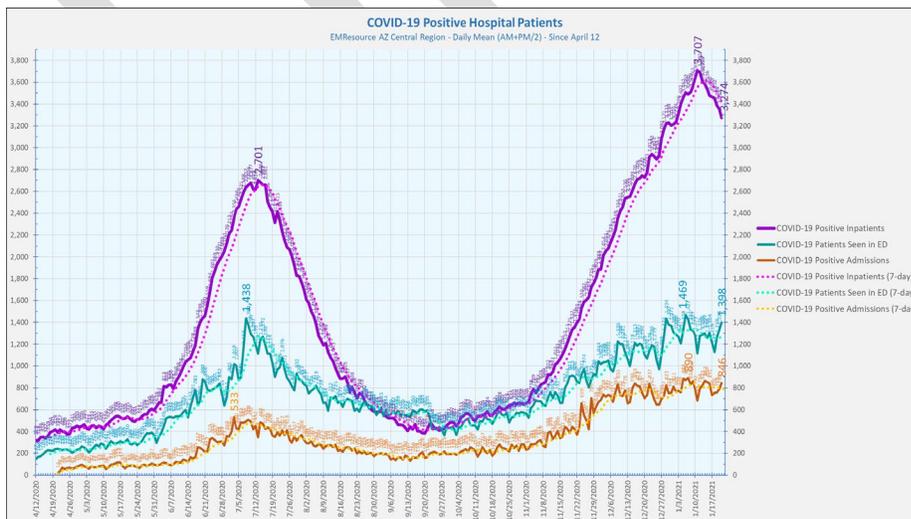
ASU & U of A Modeling Predictions

Predicted that we would exceed healthcare capacity by late December or before January 22, 2021.



Hospitals trend and Covid related Deaths

Hospitals are expected to trend downward in the next two weeks and recent peak actions show a flattening off, all good signs. Deaths due to COVID-19 as of January 22, 2021 show of the 6,941 in Maricopa County, 1,704 (25%) have occurred in Long Term Care Facilities (LTCF) residents, which was about 9% of deaths in the past two weeks.



mRNA

mRNA vaccines are a new type of vaccine to protect against infectious diseases. To trigger an immune response, many vaccines put a weakened or inactivated germ into our bodies. Not mRNA vaccines.

Instead, they teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies.

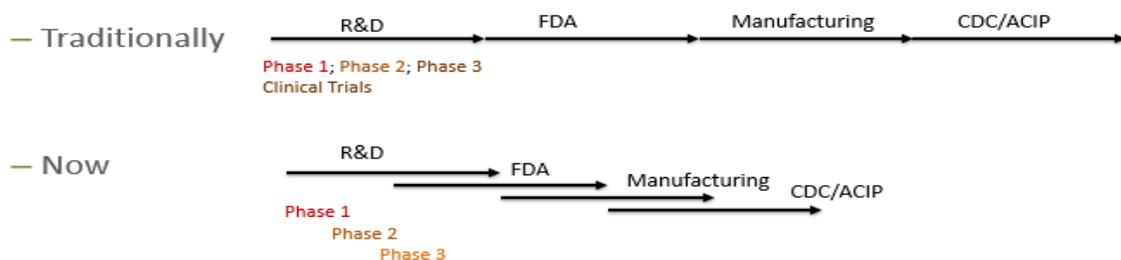
COVID-19 mRNA Vaccines Facts

- They CANNOT give someone COVID-19.
 - mRNA vaccines do not use the live virus that causes COVID-19.
- They DO NOT affect or interact with our DNA in any way.
 - MRNA never enters the nucleus of the cell, which is where our DNA (genetic material) is kept.
 - The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

COVID-19 Vaccination – What is Warp Speed?

The vaccine came quickly, but no steps were skipped in developing the vaccine. There are three phases in developing the vaccine. As soon as one phase was effective, they immediately started phase two and then the third phase. Normally FDA waits until all the phases are completed, before looking at data, in this case, they started early and manufacturing began the minute they began working on the vaccines. This explains why the vaccine was ready so fast. The slide shows traditional versus now.

- No steps were skipped



Dr. Sunenshine explained how the Vaccines approved beginning with an advisory committee on immunization practices (ACIP), recommendations are made, the CDC Director is involved, the Arizona Vaccine and the Antiviral Prioritization Advisory Committee (VAPAC) make their recommendations, and lastly, Counties hold internal advisory committees. (Maricopa held its first one on 10/30/20).

Both Pfizer and Moderna are available vaccines. Both authorized vaccines are mRNA vaccines.

- They do NOT contain the complete virus or the complete viral genome
- They DO contain a segment of the viral genome that makes the recipient's body generate an immune response as if it encountered the live virus.
- This results in the immune system creating antibodies to the virus without becoming infected first.

Pfizer vaccine – FDA EUA was received on December 11, it's highly effective (95%), requires two doses (minimum 21 days apart). The CDC has provided an update that you can get the second dose up to 42 days after. Dr. Sunenshine explained that you could likely get the second dose 142 days after it would still be effective. The

vaccine is available to those 16 years and older, requires ultra-cold storage, and comes in 1000 does batch. PODs were necessary to house the vaccines.

Moderna vaccine – FDA EUA was received on December 18, highly effective (>90%), requires two doses, minimum 28 days apart, available to those 18 years and older, storage requires a standard freezer and they are allocated in much smaller quantities than Pfizer vaccine. The vaccine is better suited for smaller school/district PODs.

Vaccine “Side Effects” Desired and expected

- Side effects are expected
- When the body’s immune system mounts a response to a natural infection OR vaccination the result is local and/or systemic inflammation
- Local inflammation: injection site soreness, redness, swelling
- Systemic inflammation includes fever, muscle aches, headache, or overall fatigued
- The stronger the immune response, the more prominent the side effects
- The healthier the individual, the stronger the immune response
- More side effects after the second dose, because your body has already been exposed to the vaccine and should have some immune built up.

Both Moderna and Pfizer vaccines' side effects were viewed to provide a visual of just how similar they were. In comparison, the most common ones were fatigue and joint pain. It is not recommended one over the other. Side effects usually start within a day of taking the vaccine and they don't tend to last more than 48 hours. It's rare to have side effects beyond 72 hours, if this occurs it's likely some other disease. Those who are sick are encouraged to wait before getting vaccinated, if anyone has been exposed to COVID-19, wait until your quarantine is over, if you are pregnant and breastfeeding you can get vaccinated and this should be discussed with your provider. History of the previous infection DOES NOT preclude vaccination, also wait 90 days after antibody therapy to be vaccinated, 14 days after other vaccines. It's recommended that even if you have had COVID before it's recommended to get vaccinated.

Allergies

- Individuals with a history of severe allergic reactions:
 - Can be vaccinated except allergy to mRNA vaccine as below
 - Should be observed for 30 minutes after
- Individuals with a history of severe reaction to mRNA vaccines, components of mRNA vaccines, or polysorbate should not be vaccinated unless working with their HCP or allergy specialist

Public Health recommends for vaccinated persons

Recommendations for who should be vaccinated was had based on illness, pregnancy, and antibody therapy. Protection from the vaccine is not immediate; the vaccine is a 2-dose series and will take 1 to 2 weeks following the second dose to be considered fully vaccinated. No vaccine is 100% effective, masks are strongly encouraged until we reach Herd immunity or get transmission down. The vaccine plan was discussed with MCDPH phases. <https://www.maricopa.gov/5641/COVID-19-Vaccine>. MCDPH was not allocated enough vaccines to include those age 65. The State of Arizona was able to open this up to the age group because they have enough allocations.

Phase 1a included 123,000 people, over 100,000 were vaccinated, phase 1b and 1c average about 1 and 2 million people in that phase. There are about 300,00 people 75+ competing for appointments. Those ages 400,000 people ages 65-74 that we can't offer appointments at this time. Allocations – Federal government

makes allocations to the state, the CDC has now asked Arizona to “exercise” based on a 200k dose state allocation. Some will be taken off the top for pharmacies and tribes to immunize longer-term care facility staff. Arizona will allocate to the county, state VAPAC group guides who fits into which phases, counties have the option to adjust based on local conditions and phased approach based on CDC playbook. MCDPH usually finds out our allocations for vaccines on Thursdays from the State. By Tuesday of the next week the county tries to plan accordingly. There are five PODs throughout the county and more are opening to accommodate people by using some pharmacies. MCDPH worked with AzDHS to procure a statewide vaccine management system. Many errors arose from the system and the state is working on a better solution to allow for second doses. MCDPH has weekly meetings with partners to keep all updated. Vaccines administered so far – MCDPH public dashboard data shows close to 200,000 people vaccinated.

The plan to keep going

- Support mitigation efforts that are in place to help slow spread and prevent overwhelming our healthcare system
- Continue to partner to get more vaccine out as it becomes available by opening more PODs and working with pharmacies and providers
- Monitor vaccine distribution data to ensure highest risk populations reached and equity
- Monitor COVID-19 surveillance data to determine when we can decrease mitigation strategies

A Q & A session was had to voice the disappointments with the system used by the state; varying from not thinking in advance to cater to our seniors who cannot be tech-savvy. MCDPH is working over the next few weeks to develop a plan to assist those 75+ with the registration process for scheduling appointments. The hope is to get enough of them in the system so that MCDPH can then open the process up to those 65+ in the middle of February.

The UK Variant virus has been confirmed to be in the United States. The media reports that it is predicted to arrive somewhere around March. It does make things more contagious making it harder to achieve herd immunity. Data shows us that the spike protein will be affected for the UK Variant.

COVID-19 Second dose notifications – Not all the PODs operate the same way, the PODs that utilize the state system are having challenges. The PODs that use both Dignity and Abraso covering both the southeast and southwest, once people are vaccinated, will receive an email inviting you to sign up for the second dose. The State’s POD at the State Farm Stadium is emailing people, but there are no available appointments for people to register for. The other three PODs operating NE Honor and Banner Central NW all use their system, so they can provide people with an immediate second appointment.

It was clearly stated that people should refrain from receiving two different vaccines. An awareness of that fact, if you received the Pfizer vaccine you should NOT receive the Moderna as the second dose. In the fine print, it was indicated that if you have received two different doses you do not need a third dose. The theory is that you shouldn’t *need* the third dose, therefore, starting over with the vaccination.

The report concluded with the understanding that the people that were included in the clinical trials have only been vaccinated for three months now alluding to the CDC advising that if someone was vaccinated at day 42 or later the vaccine is still effective, there is no reason to believe that after six months the second dose wouldn’t be effective, there just hasn’t been long enough to study it. Most experts agree that the immunity will most likely last about a year, no different than the flu vaccine. There are not enough studies to learn how long the vaccinations will last with immunity, it depends on how long the virus mutates and its effectiveness of the vaccine.

Dr. Sunenshine asked that the Board of Health continue to help Public Health spread the counties phases and information for tracking the vaccinations.

4. Fee Waiver Applications – (21) permit fee waivers
Fee Waiver Application Summary Sheet and Fee Waiver Staff Report
(refer to agenda packet for memo and finance summary)

Mr. Ken Conklin

Mr. Conklin presented a summary of documents previously distributed to the Board on the 21 Permit Fee Waiver applications and referred all to the Fee waiver Application Summary sheet and Staff Report, noting that all 21 met the Maricopa County Environmental Services Health Code Chapter 1. Regulation 5. Only an operator of a charitable non-profit establishment, which operates to provide relief to the solely distressed or underprivileged may apply to the Board of Health for the waiver of a permit fee. A waiver may be granted only if the operator maintains a current 501 (c)3 tax-exempt status. This demonstrates that the payment of the said fee will cause financial hardship. The Board was asked to approve P1-P21 fee waiver applications submitted. A discussion about events not being held and to confirm that these are feeding operations, not event operations resulting from COVID-19. There weren't any food establishments applications submitted this quarter.

President Hughes asked if there was a motion to approve the 21 fee waiver applications presented as P1 – P21. A Motion was made by Mr. Celley and seconded by Mr. Cassano. All were in favor, the motion carried.

Announcements and Current Events -

Board Members

The Board members expressed their appreciation for President Hughes serving as President of the Board of Health for the last few years and welcomed the newly elected officers.

Adjournment

President Hughes

There being no further business, a motion to adjourn the meeting was made by Dr. Stander and seconded by Mr. Celley, and the motion passed unanimously. The meeting was adjourned at 4:30 p.m.