

Carolyn Edmonds, *Board of Health Chair*

BOH Members:

Richard Conlin
Dow Constantine
George W. Counts
Jan Drago
Carolyn Edmonds
Ava Frisinger
Larry Gossett
David Hutchinson
David Irons
Kathy Lambert
Frank T. Manning
Bud Nicola
Margaret Pageler
Alonzo Plough

BOH Staff:

Maggie Moran

**KING COUNTY BOARD OF HEALTH
MEETING PROCEEDINGS**

**April 25, 2003
Seattle City Council Chamber**

Members Present: Dow Constantine, George Counts, Jan Drago, Carolyn Edmonds, David Hutchinson, Kathy Lambert, Frankie Manning, Bud Nicola, Margaret Pageler

Members Absent: Richard Conlin, Ava Frisinger, Larry Gossett, David Irons

Staff: Alonzo Plough, Maggie Moran, Craig Page.

I. Subject Call To Order

The meeting was called to order at 9:35 a.m. by Chair, Carolyn Edmonds

II. Subject Announcement of Alternates

No Alternates.

III. Subject Approval of March 21, 2003 Minutes

Approval of the minutes delayed due to lack of quorum.

IV. Subject Public Comments

None.

V. Subject Chair's Report

The State Board of Health held a special meeting on April 9th in Olympia to discuss Public Health funding. The State Board of Health held a special meeting on April 9th in Olympia to discuss proposals to provide stable and secure funding for public health. Chair Edmonds stated that Senator Pat Thibaudeau spoke briefly at the start of the meeting followed by Wolfgang Opitz, Budget Director of the State Office of Financial Management. She also noted that several local boards of health [Clallam, Snohomish, Pierce, and King] provided testimony on the urgency and need for a secure, stable source of funding for public health.

Chair Edmonds stated that she along with Board Members Richard Conlin and Bud Nicola represented the King County Board of Health. She added that Board Member Conlin, in his testimony, highlighted the increasing responsibilities taken on by Public Health and the declining financial support for public health as evidenced by a comparison of the per capita expenditures in previous years compared to 2002.

Chair Edmonds stated that she had testified that local government had limited revenue options and funding and that the time was right for new, dedicated funding source for public health.

VI. Subject Board Member Updates

Board Member Pageler announced that the Seattle City Council had received a detailed study that asked about funding provided to community clinics and for direct services provided by Public Health. She noted that the report was being reviewed and would be looked at in terms of how funds were allocated, priority outcomes, populations served and changes to participating organizations over time. Board Member Pageler noted that the City had not budgeted as much money in 2004, but had still retained some subsidy and therefore a strategic review of how funds were allocated and should be allocated in the future would be important. She added that as a result of the study, the City expected to be better equipped analytically to identify and target the most important populations that should be served given the funds available.

Chair Edmonds called for a moment to acknowledge and recognize the recent death of former colleague and fellow Board Member Kent Pullen. She stated that Board Member Pullen was a strong advocate and supporter of the field of naturopathic medicine and that he had brought that viewpoint to his position on the Board of Health.

Board Member Constantine noted that at Board Member Pullen's memorial service a strong representation from the national medicine community was present. He stated that their tributes were heartfelt and left no doubt that they viewed Board Member Pullen as a true leader in the field.

Board Member Constantine inquired about recent Board Member's trips to China and invited them to share their perspective on the SARS situation. He also requested information about the type of information the Department was providing to the public about the outbreak.

Board Member Pageler responded that she had traveled to Vietnam on March 12th; before the onset of the war and SARS. She stated that when she arrived in Hanoi two days later she heard that a French hospital had been closed; the only hospital in Hanoi where foreigners were treated. She added that there had been no reason given for the closure. She stated that CNN was blacked out over the weekend, so she was unable to see and hear about events in the rest of the world. Board Member Pageler stated that about four or five days into the trip she found out that the French hospital was closed and quarantined because of SARS and a patient that had been there. She commented that Vietnam had acted very quickly with the quarantine of the hospital. She stated that to her knowledge they effectively confined the cases to the hospital, unlike the situation in China. She added that there were 53 cases in Vietnam with three deaths, a doctor, a nurse and another health care worker. She stated that information was very hard to come by. She stated that it became clear to her upon return to the U.S. that Americans were much better informed and much more concerned then was the case abroad.

Board Member Drago added that there were huge issues, such as the effect on the economy that went well beyond the health concerns.

Chair Edmonds called for an Executive Session under RCW 42.30.110 in order to brief the Board on potential litigation. She requested that all members of the public and staff with the exception of Board Counsel and the Board Administrator adjourn to the outer room.

III. Subject Approval of March 21, 2003 Minutes [continued]

The Minutes were Moved/Seconded/Adopted.

VII. Subject Legislative Update [taken out of sequence]

Tom Bristow, County Government Relations, stated that the 2003 legislative session was drawing to a close - 103rd day of a 105 day Legislative Session. He stated that in all likelihood the Legislature would adjourn without having adopted a budget. Mr. Bristow stated that there were any number of rumors circulating. He stated that the Governor proposed a budget, the Senate approved their version of the budget, and the House had a budget under consideration in their Budget Committee. Mr. Bristow stated that regarding public health funding, the Governor's budget and the Senate budget both fully funded Public Health backfill for both years of the biennium. He noted that two years of backfill represented \$9 million a year allocation to Public Health Seattle and King County. Mr. Bristow stated that the House budget only had one year of backfill in their proposed budget. He noted that there was considerable speculation about whether or not the second year of backfill would be reinstated, however there were no guarantees.

Mr. Bristow noted that neither the Senate Bill 5920 nor its Companion bill calling for a referendum to the people had moved.

Chair Edmonds commented that Senator West had expressed some strong concerns about half way through the Session about the taxing mechanism – property taxes- that the bill called for. Chair Edmonds stated that a group of funders had been convened and asked to pledge their support for a statewide poll. She stated that funding was provided by the Washington Association of Counties, Association of Washington Cities, the Washington State Medical Association, Washington State Hospital Associations and Local 17 Labor Union. She shared a brief synopsis of the poll results that basically concluded that funding Public Health was important to voters, but doing it through the property tax was not the right taxing mechanism. She added that the group of stakeholders had yet to reconvene to discuss next steps. She noted that the poll results did factor into the decision by Washington Association of Counties to back off from the original proposal. Chair Edmonds stated that the challenge before public health advocates was to do a better job of educating the public about public health.

A discussion ensued about various ways to educate the public about public health and to heighten the visibility of staff in the field.

Mr. Bristow directed Board member's attention to the document in their packet that provided a side-by-side comparison of the Governor's, Senate's and House budgets and their respective impacts to Public Health and other County Departments. Mr. Bristow stated that typically when a Special Sessions was called, the session is limited to a very few items – the budget, and two or three other items. He added that therefore all of the bills the Department had been tracking that had passed by the final deadline would continue on the process to the Governor's office. He stated that any bill that had not passed was in all likelihood dead until the next Session.

Board Member Lambert inquired about the prescription drug formulary. Mr. Bristow indicated he did not have the final information at hand but would follow up with Board Member Lambert outside the meeting.

VIII. Subject

Director's Report

Dr. Alonzo Plough and Dr. Jeff Duchin, Chief of Infectious Disease Epidemiology provided an update on the SARS epidemic.

Highlights of powerpoint presentation included:

- Overview of how the first SARS cases were detected in late February in Hong Kong at the Hotel M where a patient from China infected approximately 12 other hotel guests;

- Summary of statistics to date: 4,439 cases, 263 deaths; United States: reported 247 suspected cases with 37 probable cases, no deaths and no community transmissions.
- Current definition of SARS: "a febrile respiratory tract illness with fever of 100.5 or greater and cough or other respiratory tract signs in a person who has either traveled to an area of the world where community transmission of SARS is occurring or has been in close contact with a suspect SARS case. ". No useful laboratory tests that can be employed to help with clinical management or with epidemiological investigations.
- Based on available evidence, it appeared that direct contact with infectious respiratory secretions was the way that infection was spread.
- Vast majority of cases that have occurred in contacts of SARS patients have been in health care workers and other close contacts such as family members and other people who have had direct contact with respiratory secretions. Also potential for airborne contact, although that doesn't appear to be the major airborne transmission, nor does it appear to be the major route by which this infection was spread.
- Updated information on events in King County.
 - Since March 16th Department has investigated approximately 60 SARS and possible SARS cases. Sixteen of the 60 investigations were classified as official suspect SARS cases according to the CDC case definition. Fourteen of those 16 are King County residents. Two turned out to be residents of other counties in the State.
 - When identified, cases are provided guidance on the clinical management with appropriate diagnostic testing that needs to be done. The isolation and infection control precautions that should be taken both in the hospital setting and in the community. Exposed persons are then traced and identified by Department as would be done for any communicable disease, including both health care workers in the health care facility – could be an inpatient or outpatient setting – community contacts in the home and potential other contacts on airplanes or other routes of travel. Information was then reported to State Department of Health and the Centers for Disease Control on a daily basis.
 - Forty-four of the 60 persons that were investigated did not meet the current CDC SARS case definition.
 - Department continued to manage those patients based on the specific circumstances of each case.
 - Department has asked for voluntary isolation of some cases and continued to recommend infection control precautions for other cases depending on the particular illness and suspicion that they might be a SARS case that was not being classified as such because of the current case definition.

- Completed over 150 contact investigations related to the suspect SARS cases
- Number of calls staff have fielded since March 17th range from 104 to 232 per week or approximately three to six calls per hour. Calls have increased to six calls per hour for SARS in addition to other types of calls the Department routinely receives.
- Department provided one health care advisory each week with the updated CDC information, weekly conference calls with infection control practitioners and other hospital staff and fielded numerous requests from the media. Created information signs for patients to self-identify if they've traveled to an area where SARS is occurring and has symptoms that can be posted in hospitals in English, Vietnamese, Chinese and Spanish. Provided information via our broadcast fax and email list serves, and our Public Health web site.
- Estimated that the uncompensated funding for the smallpox program was about \$750,000, West Nile virus planning and was estimated at \$900,000. No specific funding for SARS-related work.

A discussion ensued about quarantine standards and how to educate the public and others about the powers of the Local Health Officer.

Dr. Plough briefly commented on the cooperative agreement with the federal government relative to threats and emergency funding. He stated that there was expected to be about \$870 million dollars available nationwide and that an additional \$100 million would be available for smallpox. Dr. Plough noted that there might also be an additional \$65 million nationwide from Homeland Security that could be used toward bioterrorism preparedness activities. He stated that the Department would continue to be engaged with the CDC and the State Department of Health to make sure that since all of these outbreaks and activities happen at a local level that the funding appropriately go to where the action was experienced.

IX. Subject Healthy Aging Briefing

Dr. Plough introduced Dr. Cheza Collier, Chief of Public Health Chronic Disease Prevention and Healthy Aging. Dr. Collier introduced other members of the panel that she had convened on the subject of healthy aging. Panelists included: Lin Song, a Department epidemiologist; Dr. James LoGerfo Director-Community Health Program at Harborview Medical Center; Trevor Gregg, Senior Adult Programs Coordinator for the Seattle Parks and Recreation Department; Pamela Piering, Director-Aging and Disability Services for the Seattle Human Services Department; Susan Snyder, Director- Senior Wellness Project for Senior Services of Seattle/King County and Marianne LoGerfo, Director of the Northshore Senior Center.

Dr. Lin Song provided an overview of King County demographics; Dr. James LoGerfo discussed factors that contribute to healthy aging including physical activity and nutrition. Dr. Cheza Collier provided an overview of the Healthy Aging Partnership. Featured panelists, noted above, provided an overview of their respective organizations and the programs and services they provide that contribute to healthy aging for King County residents.

X. Subject West Nile Virus

Dr. Ngozi Oleru, Chief of Environmental Health Services introduced the newly appointed Public Health Veterinarian, Dr. Sharon Hopkins. Dr. Oleru stated that Dr. Hopkins had been identified as lead on West Nile Virus.

Dr. Hopkins presentation focused briefly on the etiology and transmission of West Nile virus and then segued into the recently adopted response plan.

Dr. Hopkins stated that the Public Health Department has been identified as the lead agency for the regional response for West Nile. She stated that this role requires that the Department coordinate all West Nile related activities in King County. She added that one of the Department's primary roles was in public education and outreach to the public. In addition, she stated that the Department was also the lead in data collection, analysis and mapping of surveillance data and disseminating the data. Of particular significance she stated that the data would be used to develop sound decisions concerning control of mosquitoes.

Dr. Hopkins stated that the King County Department of Natural Resources and Parks, King County Department of Transportation, and the City of Seattle, were all actively addressing West Nile virus issues as were many other organizations. She added that her colleague Bill Heaton, had recently conducted a training for the Suburban Cities that had been pretty well attended.

Dr. Hopkins concluded her presentation by, citing other statewide accomplishments, and by providing a brief recap of surveillance activities and selected mosquito control and management activities undertaken by the Department.

XI. Subject Update on Pharmacy Syringe Access and Expanded Disposal Options

Dr. Bob Wood, Director, HIV/AIDS Control Program, provided an update on the pharmacy syringe access program. His presentation included an overview of the medical-public health model to reduce transmission of blood-borne diseases. He described the demographics of this population and the serious medical complications encountered by this group. He concluded by

providing an update on the pharmacy syringe access program and expanded disposal options.

Dr. Wood specifically mentioned the voluntary partnership between Public Health and King County retail pharmacies. He noted that the Department provided education, free anonymous HIV counseling and testing services at nearby sites, and training for pharmacy staff. He stated that the Department had recruited pharmacies through telephone and face to face contact with Robert Marks and other people and they recruited the Pharmacy Board and the Pharmacy Association of Public Health to send them out materials, to get them onboard. To date, Dr. Wood stated that 63 of 104 pharmacies approached were participating in the program.

Dr. Wood stated that the bottom line was that needle exchange programs were important, and pharmacy participation was essential. He added that they also needed to be able to dispose of the needles that were purchased through pharmacies, therefore placement of disposal boxes was an important feature of the program.

Chair Edmonds thanked Dr. Wood and other Department staff for their informative presentations.

Board Member Manning requested that time be allocated at the next Board meeting for a discussion on the Healthy Aging briefing.

XII. Subject Adjournment

The meeting adjourned at 12:55 p.m.

KING COUNTY BOARD OF HEALTH

CAROLYN EDMONDS, CHAIR

DATE