



Minutes ☘ Monday, March 8, 2021

4pm-6:30

Virtually through Zoom

Council Members Present: *Hector Urrunaga-Diaz (Bailey-Boushay House), Richard Prasad (Country Doctor), Ron Padgett, Jonas Nicotra, Susan Buskin (Dept. of Public Health-Seattle & King County), Teresia Otieno (Center for Multi Cultural Health), Katie Hara (Madison Clinic), Eve Lake (Madison Clinic), Lina Stinson-Ali, German Galindo, Genie Sheth (City of Seattle-Human Services Dept.), Lydia Guy-Ortiz (Washington State Dept. of Health), Amber Casey (awaiting appointment), Andrew Ashiofu (awaiting appointment) Tony Radovich*

Council Members Absent: *Michael Louder*

Planning Council Staff Present: Karen Chung, Wilson Pipkin (minutes)

Recipient Staff Present: Linda Coomas (recipient), Shila Wu, Mark Baker

Visitors Present: Helena Paneyko (Spanish/English interpretation), Gabriel Silberblatt (City of Seattle-Human Services Dept.), Jake Ketchum (Dept. of Public Health-Seattle & King County), Tara Roufi (Janssen Biotech), Leanne Neumann (Janssen Biotech), Kevin Hockley (Optum HIV Specialty Pharmacy), Matthew Golden (Dept. of Public Health-Seattle & King County), Becky Reitzes (Dept. of Public Health-Seattle & King County), Diane *Italics denote Planning Council Membership.*

I. **Welcome, Meeting Rule Reminder, Introductions and Announcements**

Council staff offered help in getting all Councilmembers connected to their King County emails.

II. **Meeting Agenda**

The agenda was approved as written by acclamation.

III. **Meeting Minutes**

There was a language clarification on the request for application (RFA) process in the Recipient Report.

The February minutes were approved as amended by acclamation.

IV. **Public Comment**

None.

V. **Recipient Report**

We still have not received our final Ryan White Part A (RWPA) award from the Health Resources and Services Administration (HRSA). The RFA application process closes today at 5pm. The Ryan White Services Report is almost finalized and should be submitted well before the deadline. There are 13 people recruited for application review panels and more consumer representation is always welcome. Please send Linda names and contact information for anyone who is interested.

VI. **Executive Committee Report**

This meeting was brief, and committees checked in on work in progress.

VII. Needs Assessment, Priority Setting & Resource Allocation (NAPSRA) Committee Report

This committee talked about upcoming needs assessments and is planning how these are going to roll out. There will be full consumer and provider assessments and the next meeting will be discussing the planning of this. Council staff reached out to other RWPA planning bodies to see if there were successful strategies for approaching this in a pandemic.

VIII. Membership/Operations Committee Report

Jonas was elected co-chair of this committee. A draft recognition letter was reviewed and is being designed to recognize people's service on the Council. A certificate and recommendation letter are also being discussed. The Facebook page draft was reviewed and content for this is still in process. Membership was analyzed and work is being done to recruit consumers and all open representational positions.

IX. +Caucus Report

The +Caucus decided to adopt a rotating cochair position temporarily until a long-term co-chair steps up.

X. System of Care (SOC) Committee Report

The standards for Emergency Financial Assistance edited and finished. They are waiting until their next meeting before forwarding these standards to the Council. Medical Transportation is the next service category to have the service standards and measures reviewed.

XI. COVID Vaccine Q&A

Matthew Golden and Becky Reitzes are subject matter experts present to answer questions previously gathered on the topic of COVID-19 vaccinations.

Matt started by discussing vaccine efficacy.

- There are 3 vaccines currently approved for use in the U.S. Pfizer, Moderna, and Johnson & Johnson. All are highly effective and are more effective against severe disease. The studies on each vaccine are different enough comparison across vaccines is difficult. Get the vaccine you can access first, and don't focus on getting a specific one. All 3 vaccines are safe according to data from reports.
- During the first 13 million administered vaccines, ~7K had nonserious headache/fatigue/dizziness or other mild side effects. You should expect to be achy and a sore injection site. 640 reported serious side effects, with 113 deaths (78 of which were in long term care facilities with no suggestion that the vaccine was the cause of death). There were 62 cases of anaphylaxis with no deaths, which is lower in comparison than food induced anaphylaxis.
- There is very limited data on vaccine efficacy in people living with HIV (PLWH). There is no evidence currently that the vaccine is less safe to PLWH, and the vaccine is not a living organism. It is possible that the vaccine will be less efficacious in those with low CD4 counts. There is some data showing that those with low CD4 counts are more likely to get a severe case of COVID-19.
- Pregnant women were not included in vaccine efficacy trials. Pregnant women are at elevated risk for severe COVID-19 and COVID may increase risk for preterm birth. Benefits of immunization is relatively high for pregnant women. Animal studies suggest vaccine is safe for pregnant women. Of the 30,000 pregnant women that have received the vaccine, there have been no specific concerns. The American College of Obstetricians and Gynecologists recommends COVID-19 vaccines be offered to lactating individuals.
- Service providers requiring a COVID test 48 hours before an appointment is not a recommended course of action. The Center for Disease Control (CDC) does not recommend routine testing of asymptomatic immunized people following an exposure to COVID.

- Most healthcare service providers working in Seattle have also been vaccinated.
- COVID variants were discussed, and these variants are likely more severe, more transmissible, and have higher rates of reinfection. Vaccines appear to be less effective against COVID variants but may still provide protection. We may need to be immunized again in the future with updated vaccines, like influenza. You should still get the vaccine when you can get the vaccine.
- For those coming in for surgery, Harborview is still asking for a COVID test beforehand.
- Those who have received the Moderna or Pfizer vaccine are reasonably protected in 10-14 days. These vaccines are very effective.
- Those who have a longer duration of infection are more likely to see virus mutation. Those living with HIV in Seattle generally have higher CD4 counts and are not likely to be a source of resistant variants.
- Vaccines do work with the new variants, but less well with some of them. It is a reasonable recommendation coming from the CDC that small group gatherings mask free where everyone is vaccinated is allowable. Be aware that this guidance can change, however.
- Reinfection after recovery from infection is possible, and it may be possible that those who have been vaccinated can be carriers of variants.
- In response to a question about the single dose Johnson & Johnson vaccine being prioritized for difficult to reach populations, it was stated if you are eligible to get any vaccine that should be the one you get. As more vaccines are available, more choices will be available. There have been conversations at the system level around planning for the population that a vaccination site is directed toward. There are many accessibility strategies in play for vaccine disbursement. Mobile clinics and vaccinations in community are on the table and will be more available as more vaccines are available.
- Vaccine prioritization is happening in tiers due to extremely limited availability of the vaccine. The answers of how prioritization happens may not be satisfactory. The federal government and the CDC have prioritized certain groups. Washington state and King County follow this guidance and also apply a lens of equity to this guidance and make changes where necessary. The current tier structure in Washington was just changed and will likely be updated in the future. Healthcare providers and those most at risk of death due to COVID were prioritized first. In order to prioritize equity, the County also prioritized multi-generational households. Many Black, Indigenous, and People of Color (BIPOC) elders are being cared for at home by family or loved ones, not in long term care facilities. Priorities locally are based on need and equity.
- HIV would be considered an underlying health condition and PLWH should check with their healthcare providers on what they recommend for vaccine need. On the state phase finder website, HIV is an option that can be selected. It is unclear whether PLWH are prioritized due to their status.
<https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/PhaseFinderTool/languages>
- www.covidwa.com is a resource for those who are eligible to find where they can receive the vaccine. For those who cannot access these resources there is a phone number. (Call the King County COVID-19 helpline any day between 8 AM – 7 PM at 206-477-3977. Interpreters are available – state the language you need when you are connected.)
- It was stated that HIV status was discussed at the state level community engagement on this topic.
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- <https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/AllocationandPrioritization>
- King County has vaccinated about 70% of people over 75. There are close to 200,000 people over 65 that need to be vaccinated. There are about 12,000 doses per week to distribute in the County. According to the current federal administration, there should be significantly more vaccines available by May. The distribution of these will be made accessible through both traditional

medical avenues and pop up community clinics and outreach.

<https://kingcounty.gov/depts/health/covid-19/data/vaccination.aspx>

- There has not yet been effort to be as specific about HIV to consider CD4 counts in vaccine prioritization.

<Matthew Golden left the meeting.>

- Community will be informed about when vaccination sites and vaccines are available through the phase finder and many other avenues including social media and press releases. Great care is being taken to ensure that information is accessible in as many languages as possible as well. Community based organization are also being tapped to get info out to those who cannot access technology. There are community navigators that were employed early in the pandemic that are trusted messengers in their communities that are bringing information to community and bringing feedback from community.
- Only those that are eligible can receive the vaccine.
- The state and the county are strongly recommending against mandates in workplaces requiring vaccination. People need to have the ability to make informed decisions about their own bodies and the care they receive. Private employers however can still mandate employee vaccination, with required exceptions around religious beliefs.
- It is strongly recommended to get both doses, instead of just one. The first dose only gets to ~50% effective protection. The second dose ~95% protection. When you receive your first dose, you should be making an appointment for your second dose. If that dose is unavailable at the time of your appointment, they will call you and reschedule. It is recommended to take a picture in case you lose it, and it is recommended against posting this to social media to prevent someone else from going to your appointment. If you lose your vaccination card you can get verification from the DOH website.
<https://www.doh.wa.gov/YouandYourFamily/Immunization/ChildProfileHealthPromotion/ForParents/AccessyourFamiliesImmunizationInformation>
- The county is requiring an agency signs an equity contract in order to partner with disbursing the vaccine. Communities that are being disproportionately affected by COVID are being prioritized in the response by outreaching to community-based orgs and leaders in these populations. The information that has been presented here can also be presented in other languages. Religious institutions are also being engaged in the process. Black, Latinx, and Indigenous communities are being hardest hit, and the County is working to prioritize these populations in the vaccine response.
- English: <http://bit.ly/3aaTcei> Spanish: <http://bit.ly/3ph9CWC> Vietnamese: <http://bit.ly/3phaZVg> Chinese: <http://bit.ly/3pjEdTI> These links are the applications for community organizations that want to be pop up vaccine clinics.
- The County is trying to educate as much as possible and be as transparent as possible in this process to reduce hesitancy. Informed consent is much better than mandates.

XII. Adjourn

NEXT MEETING: 4pm Monday, April 12th virtually through Zoom.