**CLHO - Communicable Disease Meeting Minutes**

**TB, STD, CD, HIV, Immunizations**

**Date: August 12th**

**Time: 10:00 am - 11:00 pm**

**Committee Attendees:**

Gerald Dyer, Anna Summer, Allison Portney, Andrea Krause, Katharine Carvelli, Tyra Jansson, Rachel Posnick, Sara McCall, Amy Manchester Harris, Kathleen Rees, Abigail Gray, Brian Leon, Bailey Burkhalter, Vikas Reddy, Rita Bacho, Russ Barlow, Sirisha Botta, Heather Bell, Jessica Winegar, Jill Weidenkeller, Cindy Rettler, Sarah Zia

**OHA Attendees:**

Zints Beldavs, Paul Cieslak, Andrew Epstein, Melissa Powell, June Bancroft, Lex Zhang, Becca Pierce, Amanda Faulkner, Heather Kaisner, Lee Peters, Adelina Mart

**Other:**

Carolee Asher, Renee Jenkins, Chris Keating, Elizabeth Miglioretto, Rebecca Chavez, Kyra Pappas

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| **Agenda Item** | **Lead** | **Detail** | **Action and Responsible Party** |
| **Welcome** | Kathleen Rees | Quorum not taken. No items for voting or approval. Moved into meeting items. |  |
| **CLHO website** | Kathleen Rees | Ask for a volunteer to upload monthly documents to the CLHO website. | Thank you, Bailey!  Agendas and materials will also be uploaded to the committee page on the CLHO website moving forward. |
| **COVID-19 challenges with strained LPHA capacity** | Gerald Dyer/ Tyra Jansson/ Kathleen Rees | Agenda Item: Share data from Benton County, provide feedback from other jurisdictions, discuss long-term planning needs for COVID-19 outbreaks to allow CD teams and community partners to focus on high risk congregate settings and all other CD investigations.  Gerald presented slides (see attachment) regarding staffing concerns to address COVID-19 and general CD in the fall/moving forward. Gerald posed general questions and it was opened up to further discussion from the committee. The following points were discussed:  -LPHAs do not have the capacity to continue the current COVID-19 outbreak work into the school year especially assuming increases in influenza and norovirus at facilities during winter months  -LPHAs struggling as staff feel like the outbreak work that they are currently doing is not meaningful work and are combating burnout for staff.  -LPHAs are struggling to prioritize COVID-19 versus general CD work and are concerned about what this will mean for the fall.  -LPHAs unable to meet current covid-19 IG requirements for outbreak follow up  -COVID-19 response is not sustainable for many counties at this point – no funding, no staffing, unable to create permanent positions. Counties are asking when COVID-19 will transition to general CD protocols?  -Counties asking what the barebones/absolute minimum is required.  -Guidance for health care facilities will likely not change prior to fall and therefore, IGs will not be able to change  -Turnover in LTCFs is very high and it is a constant burden on LPHAs to provide IC and PPE recommendations.  -Concerns that facilities are not prepared for other types of outbreaks that they used to be more prepared for (influenza, noro, pertussis, etc.)  -Would it be possible to get some training modules made for facilities to onboard new staff-DHS? | Counties can reach out to Andrew Epstein at OHA with staffing concerns (if LPHA’s need help with burden of covid response work). -Counties can also reach out to Zintars at ACDP, as well as Amanda Faulkner, Lee Peters and Melissa Powell with questions.  Some counties expressed a desire to pull together a workgroup soon with OHA to define the bare minimum required for COVID-19 and to make recommendations for other solutions to address COVID-19. Interest in a workgroup that looks at what are the current rules, which entity set them, and ensure that the rules we’re expecting to be implemented are in line with the actual requirements Some ideas that were raised during the meeting included discussing policy changes for regulatory authorities with CLHO, creating training modules for care facilities, promoting COVID-19 as a required vaccine for kids, documenting what important work LPHAs can’t do our haven’t started because of COVID-19 requirements, creating a triaging tool to rank CD outbreaks by importance to be used in conjunction with staffing considerations. How to reduce the burden of day-to-day outbreak operations for public health.  **If you are interested in this workgroup, please email Kathleen.**  Becca Pierce would like to hear any ideas from LPHAs about how to handle perpetual OBs that do not have clear evidence of facility spread. |
| **General CD outbreak testing requirements** | Kathleen Rees | Agenda item: Discuss anticipated seasonal outbreak season this fall and challenges with LPHA capacity/meeting testing requirements. Discuss impact on triennial requirements.  Did not have much time to discuss this piece. Briefly discussed concerns for fall seasonal outbreaks, anticipated hardships with undefined or multi-pathogen respiratory outbreaks, and difficulties with meeting testing requirements for outbreaks. | We are hoping to combine some of this into the proposed workgroup above in terms of triaging outbreaks with limited capacity to decide how to prioritize CD (COVID and CD) work.  **If you have ideas about this and/or are interested in forming a workgroup, please email Kathleen.** |
| **hMPXV** | Kathleen Rees | IG will be updated next week. Expect to receive before end of the week and have a brief window of time to provide feedback. |  |

**Facilitator: Kathleen Rees Note Taker: Rachel Posnick Next Meeting: September 9**