



Multnomah County Public Health Advisory Board Minutes February 2021

Date: Thursday, February 25, 2021

Time: 3:30-5:30pm

Purpose: To advise the Public Health Division on several areas of work with a strong focus on ethics in public health practice and developing long-term public health approaches to address the leading causes of death and disability in Multnomah County.

Desired Outcomes:

1. Hear about the HCWC Community Advisory Team recruitment
2. Receive information on the Johnson & Johnson vaccine
3. Walk through the Vaccine Advisory Committee recommendations
4. Talk through the ethical implications of using the new vaccine

Members Present: Suzanne Hansche, Becca Brownlee, Hanna Atenafu, Timur Ender, Laurel Hansen, Debbie McKissack, Daniel Morris, Joannie Tang

Multnomah County Staff: Jessica Guernsey, Nathan Wickstrom, Adelle Adams, Nicole Buchanan, Dr. Jennifer Vines, Dr. Ann Loeffler, Natasha Davy

Guest: Michelle Van Bogart

| Item/Action | Process | Lead |
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| Welcome, Introductions, Agenda & Minutes Review | <ul style="list-style-type: none"> Attendees introduced themselves No agenda modifications were suggested September meeting minutes were approved | Becca Brownlee, Hanna Atenafu |
| Public Comment | <ul style="list-style-type: none"> There were no public comments | Becca Brownlee, Hanna Atenafu |
| HCWC Community Advisory Team Recruitment | <ul style="list-style-type: none"> Healthy Columbia Willamette Collaborative <ul style="list-style-type: none"> A group of healthcare organizations established to assure that there is a shared understanding of data in the region Multnomah County was originally staffing this group and leading the work of the community health needs assessment The Community Advisory Team is looking for a representative from the community with a public health background from each region (Clark, Washington, Clackamas, Multnomah) <ul style="list-style-type: none"> A member from MCPHAB would be perfect for this work You would be ensuring that the information for the assessment reflects community experiences and aligns with community values You will be compensated for your time Hoping to have someone join for the meeting in late March Suzanne was involved in the original assessment and it was a truly gratifying experience If interested, send an email to Ujuonu Nwizu, ujuonu@oregonhealthequity.org, and please answer the following questions: <ul style="list-style-type: none"> Why are you interested in serving on the HCWC Community Advisory Team? In what communities do you have deep ties to? What does a welcoming space look and feel like for you? If you have questions, reach out to Nathan or Natasha (natasha.davy@multco.us) | Natasha Davy |
| Background Review / Q&A | <ul style="list-style-type: none"> Having our ethics discussion and applying an equity lens has directly impacted Multnomah County's decisions on age bands and vaccines We currently have two vaccines, Pfizer and Moderna <ul style="list-style-type: none"> Pfizer requires ultra cold storage Both require two doses On the precipice of the Johnson & Johnson vaccine being confirmed This will be a two-step process: today's meeting will provide background information and leave time for questions and answers We will need to schedule an ad-hoc meeting for the deliberation Pfizer and Moderna are mRNA vaccines <ul style="list-style-type: none"> Not a new technology, but these were the first licensed vaccines using this technology Flu vaccines hover around 60% efficacy Looking at symptomatic disease, severe disease and death while doing the study on efficacy We have seen a handful of cases of anaphylaxis, but the risk is not currently much more | Jessica Guernsey, Dr. Ann Loeffler |

common than a flu shot

- In Oregon we're up to 5-7 breakthrough case
 - o At least 2 weeks after receiving the vaccine they still became infected
 - o They were not severe cases
- Israel, which has aggressively vaccinated its population, has found the vaccines to be 95% effective against severe disease
- Johnson & Johnson (Janssen) vaccine:
 - o Yesterday the FDA went through first pass at the data
 - o So far it's looking effective, using the measures we have been looking at
 - 66% effective overall
 - 85% effective for severe disease
 - 50% effectiveness against asymptomatic disease, which wasn't looked at in other vaccine studies
 - o 66% efficacy doesn't look as good as 94% or 95%
 - o Part of the reason for the lower numbers is that they studied in places with the variants, such as South Africa
 - mRNA trials were done when there was no variant, so the results would likely not have been as good now
 - o J&J folks have not seen any deaths among those vaccinated
 - o We think it will receive confirmation as a single dose
 - o The thought is that with those lower numbers, a booster may be recommended around 3-4 months out
 - Takes away from the appeal of it being a single dose
 - All pharmaceutical companies are looking to modify and create boosters based on variants
 - o We have an urgent need to protect as many people as possible
 - o The stance in the past has been that you don't have a choice in which vaccine you receive at locations
 - Pfizer and Moderna vaccines are very similar
 - o Now that we're presenting two different types of vaccines in a lot of ways, we would like your input on how we can handle that
 - o Oregon may be receiving 25,000 doses as soon as next week
- We expect the next people in line will be people of high risk and predominantly people of color, based on the recommendations of the Vaccine Advisory Committee
 - o The Vaccine Advisory Committee will release their next recommendations tomorrow this Friday
- Questions:
 - o How much backorder of vaccine do we have, and how much control would we have on which vaccines we receive?
 - We have little control over which vaccines we receive
 - We have an 80/20 split
 - 80% goes to large hospital systems
 - 20% goes to LPHAs
 - We've received roughly 1600-2000 doses in Multnomah County weekly
 - Weather messed up our shipments last week
 - We will get specific doses for incarcerated folks, though we already started vaccinating incarcerated populations with previous shipments
 - Select FQHCs have started receiving limited doses. Multnomah County FQHC received their first 500 doses last week
 - o David Gilbert said he wouldn't give the J&J vaccine to adults 60 and older due to lower efficacy rate
 - Do we think this will hold much weight?
 - Suspect there will be an explosion of scrutiny over the next few days
 - In December, US had contract to buy 200 million doses of Pfizer, 200 million Moderna, 100 million J&J, and 300 million AstraZeneca Oxford
 - AstraZeneca uses similar technology to J&J, but is not a single dose vaccine
 - a. Has lower efficacy rate than Pfizer/Moderna
 - b. Has not been approved in the US
 - c. It has been used in England, and they have been ecstatic with the results
 - o Are UAC eligible to be vaccinated?
 - No one less than 16 is eligible

- In Oregon, you can get consent for vaccine receipt at age 15
 - Governor will be making second wave of recommendations tomorrow from VAC
 - Next group of people would be 16-65 who have underlying health conditions
- o As folks migrate to the US from the border, are they receiving the vaccine at the border or before being sent to shelters?
 - We are vaccinating folks in Multnomah County who are undocumented
- o What information is being collected? Concern around information being tracked, taken by ICE
 - Some contact information is being collected, but we try to keep it minimal
 - No associated citizenship information is collected
 - Identification - mostly relying on self attestation
 - Minimize identification asked for; some clinics ask for a piece of mail
 - Doing a lot of outreach to communities through community liaisons and translated materials
 - We are collecting REAL-D data so that we can collect data on who is being most impacted
 - Eliminates the public charge issue
- o I'm wondering what kind of issues the J&J vaccine raises?
 - If we're considering assigning different vaccines to different populations, what kind of logistical issues would this lead to?
 - A lot of the logistical tangles have been worked out
- o What are the equity issues around vaccinating hard-to-reach populations and the difference in efficacy of the vaccine and doses?
- o What questions do you have around tradeoffs?
- o Large vaccination sites are run by the hospital systems
- o Homeless population:
 - Not a unified population
 - So many elderly people living on the streets or in shelters
 - There are some people who don't want to conform to shelter requirements or rules
 - We have had very few Covid cases among those who have lived outside
 - There were no positive cases in the severe weather shelters
 - We have seen a handful of outbreaks in homeless shelters, varying in severity
- o We want to think through prioritizing the use of higher efficacy vaccines where there is a higher chance of spread
- o Is this the first time that we've used vaccines from different pharmaceutical companies?
 - We don't typically hear about the different varieties of other vaccines
 - e.g. flu had nasal spray vs. shot
 - mRNA vaccines have been a major exception with high efficacy among the elderly population
 - We haven't had options for vaccines in the past
- o J&J is using the same platform for their ebola virus vaccine, so there's a good track record with that
- o J&J vs. other vaccines
 - Read that there are fewer side effects, such as anaphylaxis, with the J&J vaccine
 - Is that something you have knowledge of, or something that folks would consider when choosing the vaccine?
 - We don't know yet - we don't have a large enough case study
 - Anaphylaxis did not come up in trials of other vaccines; only after it was used more abundantly did we start to see it
 - Exciting to think of an alternative vaccine for those who have severe allergies
- o Do we really have a choice of what vaccines we can give, given vaccine shortages?
 - We haven't been allowing choices up to this point
 - With the Johnson & Johnson vaccine, it's more us making a systems decision
 - We're going to need to make a decision about which populations are receiving different vaccines
 - There are far more people eligible being pushed in line than what they have

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| | <p>access to, which creates a bottleneck</p> <ul style="list-style-type: none"> ▪ We also don't have enough staff to reach the people needed <ul style="list-style-type: none"> • Shout out to Jessica for speaking up for the Latinx community at CLHO • We want more and more people to desire to get the vaccine, but if we don't handle this well and ethically, we could cause a lot of disgruntlement and divisive commentary <ul style="list-style-type: none"> o Want people to assume good intent • Joannie and Alyshia were on a panel this week, speaking on their experiences as Asian Pacific Islander organizers with COVID-19 response work to journalists <ul style="list-style-type: none"> o There is a media narrative that creates a divisive atmosphere that does not help the most vulnerable populations, particularly when dealing with a lot of fatalism o Don't think there was a recording of the event o One of the journalists wants to reach out to Joannie, but she will reach out to us if this is the case because she doesn't want to cause action that might go against public health efforts <p>Actions:</p> <ul style="list-style-type: none"> • Jessica will check with colleagues to see what folks know regarding whether those coming through the border are receiving vaccines • Nathan will be sending out a poll with potential days and times for the ad-hoc Ethics Meeting | |
| Announcements | <ul style="list-style-type: none"> • Shout out to Hanna for providing testimony on PH Modernization funding • Letter of Support for the Legislative Agenda was sent to Commissioners • Recruitment update <ul style="list-style-type: none"> o Keep letting your networks know that we are recruiting through March 12 o We've had roughly 90 applications so far • Bernadette is moving on to a new opportunity, but if you would like to send her a note, you can reach her at this address: <ul style="list-style-type: none"> o bernadettenunley@gmail.com • Testimony for HB 2337: Racism as a PH Crisis <ul style="list-style-type: none"> o March 2, 2021 at 3:15 is public testimony <ul style="list-style-type: none"> ▪ Typically goes 2 hours, but could go longer o Written or oral testimony are possibilities o We talked about wanting to raise this last year o Government Relations has given us the green light to provide testimony o There was agreement to submit written testimony, but there was not a quorum for voting • NACCHO (National Association of County & City Health Officials) Model Practices Webinar presentation <ul style="list-style-type: none"> o One of three organizations across the country selected to present o Thank you to Joannie and Suzanne for offering to help with the presentation <ul style="list-style-type: none"> ▪ We are meeting tomorrow at 1pm to start planning, if anyone else is interested in participating o The webinar will likely be April 6th at 11:30am <p>Actions:</p> <ul style="list-style-type: none"> • The Board will convene at 1pm on 2/26 to approve the written testimony for HB 2337 • Reach out to Nathan if you are interested in helping with the NACCHO presentation | All |
| Wrap-up and Meeting Evaluation | <ul style="list-style-type: none"> • Meeting adjourned at 5:30pm | Becca Brownlee, Hanna Atenafu |