

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, **September 28, 2017** was called to order by Mayor Kevin Freeman, Chair, at 12:30 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Mayor Kevin Freeman, Chair
Board Member Chuck Hafner, Vice Chair
Commissioner Josh Kerns
Councilmember Breean Beggs
Councilmember Mike Munch (arrived at 12:38pm)
Board Member Susan Boysen, EdD, RN (departed at 2:44pm)

ABSENT

Commissioner Al French
Councilmember Sam Wood
Councilmember Lori Kinnear
Councilmember Karen Stratton

CITIZEN INPUT

- Barb Howard, Spokane Valley, WA – Spoke about her compromised immune system due to surviving cancer and the importance of avoiding communicable diseases. She requested the Board of Health (BOH) continue excluding children who are not immunized in consideration of others with compromised immune systems.
- Carol Allen, Spokane Valley, WA – Spoke on the parental rights resolution proposed by Spokane Valley stating it is contrary to state law and her opposition to the resolution. She stated she understood the concerns of parents, has done research, and has concluded that vaccines do have side effects as do coca cola, carrots, and candy, but children get them. The incidents of serious adverse reactions to vaccines are very low. The diseases vaccines protect children from have much more serious consequences. She desires the community be protected. Some people and children have compromised immune systems and cannot be immunized. She stated it's our duty to protect them by immunizing everyone who can be. Teens also need access to healthcare, especially when they think they may have a sexual disease. Teens are unlikely to report suspicions to their parents, especially parents whose belief systems prohibit sex before marriage. There is an epidemic of sexually transmitted disease (STDs) in the area. When teens can seek treatment, intervention can be made to protect the community.
- Kim Helm, Spokane Valley, WA – Spoke on the aluminum adjuvant used in vaccines. On September 18, an online study was released and will be published in the December 2017 issue of *Inorganic Chemistry*. Dr. Christopher Shaw and colleagues at the University of British Columbia have established biological evidence linking aluminum in vaccines with autism. The paper reports measurements of cytokines in the brains of animals injected with aluminum adjuvant. The same cytokines are elevated in human autism. The upregulation of cytokines produces an increase in inflammation. Most vaccines contain aluminum, which is a proven neurotoxin. Vaccines in combination can result in toxic aluminum overload in the body for up to 40 years or more. Even aluminum in a single vaccine can be harmful because aluminum in vaccines is more dangerous than ingested aluminum. Vaccine aluminum is harder for the body to eliminate because it is transported around the body differently than ingested aluminum. Nanoparticulate aluminum from vaccines cannot be removed by the kidneys and is transported throughout the body. Cells transport the nanoparticulate aluminum to the brain as well.

The study found smaller doses of aluminum adjuvant that were consistently injected over a short period of time, such as during childhood vaccines, was more likely to end up in the brain. In context of massive development of vaccine-based strategies world-wide, the present study may suggest that aluminum adjuvant toxicokinetic and safety require rate evaluation.

- Amy Fleck, Spokane, WA - Spoke on the danger of school exclusions to students. The American Academy of Pediatric Policy states that out-of-school suspension and expulsions should be avoided as much as possible and that expelled students are up to 10 times more likely to drop out of school. She stated it is an objective fact that some children will respond to suspension or expulsion with self-harm attempts. Research online show pages of results of suspension or expulsion risks. Youth suicide is the second leading cause of death for Washington youth from age ten to 24--approximately 100 per year. Compared to mumps in 60 years, there were only 50 mumps mortalities. School policy governs what happens to a student who is taken out of school. Disciplinary and expulsion policy has significant requirements for anything beyond ten days. There is no policy that governs vaccine exemption exclusion. There is no screening of students to determine if they are at risk for suicide. If the mumps excluded child who committed suicide had been a disciplinary suspension, that student's passing would have prompted an investigation to ensure that policy and procedure was followed. In her and others' opinions, the mumps exclusions, as currently being imposed, constitutes a reckless endangerment of student well-being.
- Jacklyn Gallion, Spokane Valley, WA – Spoke on how the issues with the mumps exclusion could have been avoided. She shared a recap of the events during the mumps exclusion period. She stated that after school ended, parents were angry that their children had been forced out. Some more than three months, for no good reason. Parents' anger was heightened as they learned an objective fact that exclusions can directly provoke self-harm in youth. She stated this is something that public health and public schools know or should know, but did not warn parents. Parents were not warned nor given information for signs of suicide. She questioned whether there is a responsibility to warn parents. She stated parents have contacted an attorney who agreed they had been mistreated. The attorney reported at a subsequent meeting that the exclusion was not mandatory and were free to attend school. The attorney was asked at the July BOH meeting whether exclusions were mandatory. The attorney refused to answer and stated she was the attorney for the board and not the public. The Spokane Regional Health District's (SRHD) Administrator was asked if exclusions were mandatory and stated it was addressed at the meeting. She questioned whether it was the intent of the board to misrepresent information about exclusions.
- Josh Karnitz, Spokane Valley, WA – Spoke on how the mumps exclusion situation could have been avoided if SRHD was honest in January when it was identified that it did not know if students were receiving services from the schools. He stated it would have been the appropriate time to notify parents that the exclusion was not mandatory. He stated it would have been another appropriate time for SRHD staff to reveal exclusions were not mandatory when it became apparent vaccinated students were the only ones transmitting mumps. Board members directly asked staff if the exclusions could be made voluntary or if the board had authority to overturn the decision of the health officer. The SRHD Administrator and BOH attorney didn't clarify information at that time. Mr. Karnitz questioned the reason for a special meeting to determine if the health officer decision could be overturned if the exclusions were not mandatory. SRHD policy representing that exclusions were mandatory resulted in hundreds of Spokane students having their educations disrupted. Students were subjected to very real damages and risks. Mr. Karnitz recommended the agency accurately inform whether exclusions were mandatory, inform parents of the risks of exclusions on students, advise of suicide signs, and an action plan if there are warning behaviors. He also recommended not allowing students back into school the same day they are vaccinated. He also recommended taking preventions in any group identified to be increasing transmission, to stop misrepresenting that

exempt students impact the disease rate, and use transparent reporting that clearly shows vaccination status by age.

- Brook Greene, Spokane, WA – Requested SRHD acknowledge when it uses statewide mumps data and coordinate with schools to assure whether they would be able to support students off campus before exclusion. She stated the entire mumps exclusion practice requires a set of governing policy. She stated if she was a board member, she would be very disappointed to be misled by the agency. She would want an investigation over any potential ethical, professional, administrative and legal violations posed by the withholding of information and misrepresentations about the status of the exclusions.
- Nancy Babcock, Spokane, WA– Spoke on the mumps exclusion stating that unvaccinated, exempt students played no part in the Spokane mumps outbreak and that SRHD had been very unreliable with the outbreak demographics and has at times mixed in state numbers with the Spokane county numbers making it impossible to determine what happened in Spokane. She stated it is the parent’s responsibility to protect their children from mumps and not any governing body. She questioned SRHD’s goal of protecting students from mumps by allowing just vaccinated students to return to school the same day when medical literature states immunity takes weeks after vaccination. Exempt students were kept home 25 days, which is two infection cycles. In several schools, vaccinated students kept becoming ill long after unvaccinated and exempt students were in school. She stated the vaccine doesn’t appear to work in a certain population. Spokane has a large community of this population along with every other county with a mumps outbreak.
- John Ott, Spokane County, WA – Requested the board start a taskforce to research what is causing autism. He stated it is no different than if the county had an e-coli outbreak.
- Petra Hoy, Spokane Valley, WA – Spoke on the mumps exclusion order and shared a story of her daughter’s friend who had serious health issues stating the importance vaccinations of others plays in keeping her healthy. She stated she feels many have stayed politically correct in not speaking out about the importance of vaccinations. She stated it is understandable to want to protect our children, but we are called to protect others with compromised immune systems as well. She requested the board speak the truth even though not politically correct and exert their leadership regarding public health.
- Marianne Kartchner, Spokane Valley, WA – Spoke about her surprise about the public comment to the board regarding this issue and the need to defend the science-based practices of public health. She requested the board stay focused on the science and stated there are supporters of vaccination who will support their work. She stated she empathizes with the parents of children who were excluded and agrees there needs to be better support and policies.
- Stacy Holondall, Spokane Valley, WA – Spoke about her child who attends Central Valley High School. Her son has Crohn’s disease, which requires him to take immune suppressants to control his disease. Due to the immune suppressants, he is often coming down ill with the many viruses at school. She stated vaccines and “herd immunity” are important for people like her son who can’t get live vaccines.
- Phyllis Hess, Spokane Valley, WA – Spoke on her four children who were vaccinated and three who now have autoimmune diseases. Before her fifth child was born, they researched vaccinations and chose not to vaccinate. Her fifth child has never seen a doctor or been sick. She stated she supports parents’ right to decide what medical procedures will be done to their children.
- Kayloni Bonner, Spokane Valley, WA – Spoke on the conflicts of interests that she believes put the health and safety of citizens at risk. Industries that can benefit from huge profits when government policy directives or laws favor them have no business with a seat at the decision-making table of the CDC and FDA. She stated her concerns with the recent coercive measures taken to ensure a high uptake of the flu shot. The Affordable Care Act contains fine print that puts financial threats on Medicare reimbursement for hospitals if they don’t have vaccination rates close to 100% for both

employees and Medicare patients. She stated her friend and other nurses have been directly ordered to give the influenza vaccine to dying patients. Flu vaccinations are offered to acutely ill patients upon admission at the hospital despite the risk posed on their health. Locally, despite the shortage of foster parents for babies and toddlers, the flu shot is required for fostering children under age two. She stated because of the mumps exclusion policy, healthy children were persecuted and kept out of school. Many of the children and families face long, lasting ill effects of this treatment. Vaccine failure is no reason to discriminate against children who are not fully vaccinated. She stated is time to have leadership at the health department committed to rejecting policies that are driven by profit motives of big pharmacy.

- Jennifer Burrows, Spokane WA – Spoke on the comments stated by Dr. Lutz in the news. She stated his comments were not entirely accurate and that only immunity offers protection and not everyone who is vaccinated develops immunity. The vaccinated portion of the population that has not developed immunity is more at risk for contracting and transmitting the virus. Per the CDC, the mumps portion of the MMR has an efficacy of 66% to 90% after the second dose. When school exclusion impacts are extreme, then it is irresponsible to cling to policies that are based entirely on probability especially with regards to diseases that are fairly benign compared to other infectious illnesses that don't require exclusions. She stated whether the exclusions protect children and questioned why titer tests are not required to be on school records so all susceptible students, vaccinated included, who have not developed immunity, are protected. She requested exclusions for all susceptible students regardless of vaccination status and measures be put into place to prevent students from falling behind in their education.
- Chris Jackson, Spokane Valley, WA – Spoke on the mumps exclusions and medical exemptions stating policy is always imperfect and science bases information on statistical outcomes and probabilities. Vaccines are not perfect, but an ongoing process to find the best possible solution for the community. Science requires that we must adapt when the disease adapts. He recommended the opposing groups work together to better the policies.

CHAIR REPORT – Mayor Kevin Freeman

BOH Membership Update

Mary Kunej has been appointed as Spokane County Commissioner, District 2. The chair will continue to speak with Commissioner French regarding the vacant appointed citizen position for District 3.

LEGISLATIVE UPDATE – Linda Graham, Health Policy Specialist

The BOH legislative agenda process was reviewed by the board. An initial list of ideas for the legislative agenda and a recap of this year's session was included in the agenda packet.

Tier 1 on the proposed legislative agenda is for items the board has determined it wants to pursue regardless of other agency interests. Tier 2 is for issues that other stakeholders are advancing that the board is very interested in and Tier 3 is for those issues the board is interested in, but just monitoring.

Board Member Hafner requested members be given time to review the information and report back to Councilmember Beggs with their feedback. Linda Graham stated the deadline for the board legislative agenda would be December. She requested additional ideas for the agenda, and items board members' jurisdictions are working on that would belong on the agenda.

Mayor Freeman asked board members to review the proposed items considering the guidelines Linda Graham recommended and be prepared to discuss in October. Mayor Freeman asked the recording secretary to send an email and information to absent board members for review and feedback prior to

the October 11 BOH Policy Committee meeting. Councilmember Beggs asked Linda Graham to add the list of potential legislative items to the information being sent to the board.

Linda Graham noted there will be a push next session by partners around raising the minimum age to purchase tobacco products. The board passed a resolution last year in support and a resolution will be brought forward in October, which will encourage other jurisdictions to pass similar resolutions.

AGENCY REPORT – Torney Smith, Administrator

Children Health Insurance Program (CHIP)

The CHIP and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs expire this Saturday. The state believes these programs will have support and will be funded. The exact budget impact is not known. The MIECHV funding affects the agency's Nurse Family Partnership program.

SRHD All-Staff Meeting

An all-staff meeting was held on September 14. Rick Kramer, a consultant from the Organizational Resources Group, addressed agency staff and will be training staff on team building and conflict resolution in October.

Kresge Grant Award

The Kresge Grant has been awarded allowing the agency to review, over 14 months, ways to improve health equity within the agency and community.

Foundational Public Health Services

Burke Consulting is working to define a cost basis for the foundational public health services. An advisory group, consisting of 20 members from across the state, have refined the definitions of services to obtain more accurate cost estimates. The information developed will be shared with the legislature most likely the session after next.

Building Update

The first-floor bathroom remodel is near completion. The HVAC installation is on time and on budget and should be finished this year. Dr. Lutz and a group of ten staff rebuilt the landscaping near the building's front entrance.

The Great American Smokeout

There has been a challenge put forward for the Nov 16 Great American Smokeout. The effort asks those participating in the smoke out to challenge others to participate. SRHD has quit-kits available to assist those who will be trying to quit. Information for the challenge is available on SRHD's website.

Spokane AIDS Network (SAN) Walk

The one mile walk will be held Saturday at Noon. Funds raised will go to SAN and SRHD work.

Community-Minded Enterprises (CME) Hands Across the Bridge

The effort will take place this Saturday at Noon and will ask the public to link hand-in-hand across the bridge to bring awareness to addiction recovery.

HEALTH OFFICER REPORT – Robert Lutz, MD, MPH, Health Officer

In contradiction to agency work reported at the last meeting, it has not been a normal summer due to wildfire smoke in Spokane County. Earlier this summer, the Public Health Emergency Preparedness and

Response (PHEPR) program started a group to discuss response efforts if a natural disaster were to occur. As this year's wildfires started, the group increased their meetings to address the events. A variety of programs within the agency and community came together to address the issues.

The Chair requested a change in the agenda to approve action items before a quorum was lost. Board members agreed in the agenda order change.

CONSENT AGENDA

Consists of items considered routine, which are approved as a group. Any member of the Board may request to remove an item from the Consent Agenda to be considered separately.

Meeting Minutes: July 27, 2017
 2017 vouchers paid: July 1-31, 2017

Voucher Numbers:	#243467 - #243735 and EFT B&OJune2017		\$ 1,108,577.98
Payroll Warrants:	#993277 - #973286 #973746 - #973751		
		Advice Numbers: #DD40451 - #DD40672	\$772,899.24
Payroll Warrants:	#974577 - #974583	Advice Numbers: #DD40673- #DD40893	\$725,445.51
		TOTAL	\$1,498,344.75

2017 vouchers paid: August 1-31, 2017

Voucher Numbers:	#243736 - #244050 and EFT B&OJuly2017		\$ 657,348.22
Payroll Warrants:	#976224 - #976234	Advice Numbers: #DD40894 - #DD41118	\$796,717.00
Payroll Warrants:	#977529 - #977535	Advice Numbers: #DD41119 - #DD41342	\$740,847.69
		TOTAL	\$1,537,564.69

Motion: To approve the consent agenda including meeting minutes and vouchers as presented.

Motion/Second: Hafner/Beggs

Approved: Unanimously

HEALTH OFFICER REPORT (Continued) – Robert Lutz, MD, MPH, Health Officer

Community Partner Meetings

Dr. Lutz met with partners over the last couple of months to understand the issues in the community that public health should address. He discovered that partners don't understand what public health work is. Many of the issues in the community reflects on the need for public health to look upstream into what is causing individuals to have adverse outcomes.

Community Health Update

There have been three cases of influenza hospitalizations this season and there have been four documented cases of West Nile Virus. Three cases were exposed in Spokane County. There is currently a fifth case under investigation.

Vaccines

Since vaccines have been in available, smallpox has been eradicated. Polio has almost been eradicated and is only present in three countries (Afghanistan, Kurdistan, Nigeria). Measles outbreaks have been occurring in non-vaccinated populations. Polio trials were conducted prior to the release of the vaccine, which are reflected in the decrease of polio prior to vaccine release in 1955.

The social-ecology model is a means to understand behavior change. Often public health encourages individuals to take care of their health. Dr. Lutz recommended also understanding policy as a broad-based approach of how to affect the greatest change for most individuals.

Violence Report

SRHD has issued a news release about the soon to be released Violence Report.

Vaccination Clinics

SRHD will be part of Rotary Club sponsored vaccination clinics at Shaw, Reardan, and Farwell Elementary Schools in the next couple of weeks.

REPORTS

Spokane County Children Immunization Overview – Alexandra Hayes, Disease Prevention & Response and Rebecca Doughty, MN, RN, Health Services Director, Spokane Public Schools

The Immunization program uses the Healthy People Framework developed by the Office of Disease Prevention and Health Promotion through the U.S. Department of Health and Human Services to determine its goals and to measure effectiveness. The framework is a set of science-based standards that are released every ten years aimed at improving the health of Americans.

A key performance measurement used by the program is the Healthcare Effectiveness Data and Information Set (HEDIS). This measurement enhances work of the program with providers. Washington State uses the Information System, which is an electronic registry that houses immunization records for state residents. Washington has been using this since 1996 when it was known as Child Profile. There are 8 million records in the system. Use of this system is voluntary by providers.

Nineteen to 35-month-old children is one focus of the program. There are seven vaccines promoted for the age group. Current records for Spokane County report only half of 2 to 3-year-olds have completed the series. Washington state reports 60% of the 2 to 3-year-olds as vaccinated. These are below the Healthy People 2020 goal of 80%. Almost 90% of Kindergarten students are up-to-date on dTAP due to school policy requiring evidence of immunization.

The program also uses school data to track immunization rates. Schools are required to report the vaccination status of their children to the Washington State Department of Health (WADOH) every year. WADOH releases its data in February. Between 2016-2017, the immunization rate for elementary students was 88.4%, which is an increase from previous years. Out of compliance rates are also reviewed by the program. These rates have been high in the past. Kindergarten and sixth grade students have now reached a 76% decrease in out of compliance status.

The program works with partners to increase immunization rates. School nurses have helped standardize the process for collecting and reviewing immunization records and assuring compliance. SRHD has partnered with Washington State University (WSU), Colleges of Pharmacy and Nursing, and Eastern Washington Medical Reserve Corps to host mobile immunization clinics that provide a no-cost option for families to receive vaccines. Since 2013, there have been over 50 clinics serving over 3,700 children and adults administering almost 6,700 vaccines.

SRHD has partnered with local school nurses and a federally qualified health center (FQHC) to develop a policy where any child who may be facing exclusion due to lack of immunization documentation or missing vaccines can obtain those at the FQHC without having to be an established patient.

SRHD has developed a public health liaison model to allow nurses to provide vaccine directly to families. Currently, five districts participate in the model and mobile immunization clinics work in 10 out of the 14 school districts in Spokane County.

The program has developed a comprehensive vaccinators skills training curriculum, which has trained over 350 healthcare professionals on how to administer pediatric vaccinations according to best practices and Centers for Disease Control (CDC) guidelines.

Becky Doughty presented to the board. In 2015, there were approximately 5,000 students who were in school without complete vaccination records. In partnership with the health district, schools have reduced the out-of-compliance rate to approximately 1%. This includes students who receive Spokane Public Schools services, but do not attend in school buildings. At any one time, there are less than 100 students out of 33,000 students who are out of compliance in school buildings. The health district is a large part of the success by offering free access to vaccine, providing large clinics, and supporting nursing staff.

SRHD staff assisted greatly to contain the recent mumps outbreak in the buildings and worked with principals and administrators to create ways for excluded students to participate in testing and state athletic events. SRHD hosted multiple MMR clinics. Without help from SRHD in recent years, schools would have had thousands of kids potentially infected with mumps this winter. The partnership with schools and SRHD cannot be overstated.

Community Mumps After-Action Report – Susan Sjoberg, Epidemiology & Immunization Outreach Program Manager

There were 1,112 possible mumps cases reported to SRHD during the outbreak. All cases were investigated with 333 confirmed. The outbreak lasted 176 days and over 2,600 staff hours were logged during that time. The incident command system (ICS) was activated and Community Family Services nurses, Public Health Emergency Preparedness and Response (PHEPR) staff, epidemiologists and outreach team, and public information office played key roles in the system. SRHD partnered with pharmacies to vaccinate school teachers and staff onsite. Spokane Mobile Clinic also provided vaccination services to local businesses. SRHD staff worked closely with churches, especially the Marshallese dominate congregations. Several churches held immunization clinics at the end of services and other times. WADOH provided support for case investigation and news media shared information about vaccination clinics.

Protocols and guidelines from the CDC and WADOH are used to plan and respond to outbreaks. Feedback about the recent outbreak has been received by the BOH, public, school nurses and administrators, businesses and community leaders, pharmacy partners, and health officers from around the state who have also been impacted from the outbreak. SRHD will use the feedback to improve services in case of a future outbreak.

An area of improvement identified was health officer involvement. During the outbreak, SRHD only had an interim health officer for 11 months. The interim health officer was heavily involved and since the outbreak a permanent health officer has been hired.

Other areas of improvement include: utilizing preparedness staff sooner during a response; improving case management, which has been addressed with new tools to increase the ability to respond to large

volumes of cases; using situational awareness meetings sooner during a response; scheduling more Facebook feedback sessions; providing clear case definition guidelines to providers sooner; supporting the school district in more widespread training to school nurses; and working more with schools in the exclusion process.

Washington State Department of Health (WADOH) Updated Mumps Exclusion Guidelines – Robert Lutz, MD, MPH, SRHD Health Officer and Susan Sjöberg, Epidemiology & Immunization Outreach Program Manager

Most students affected by mumps were immunized. With this data, WADOH reviewed school exclusion guidelines. WADOH has since provided flexibility to the health officer and health district to critically look at outbreak situations and determine possibilities of exclusion instead of requiring exclusions.

Mumps After-Action-Review Feedback, Robert Lutz, MD, MPH, SRHD Health Officer

There were 7,500 vaccinations distributed to adults during the outbreak. Each cycle of the outbreak went as predicted by SRHD epidemiologists. The agency depended upon providers to report possible mumps cases.

Previous WADOH requirements for mumps exclusions were more prescriptive than now established. In the future, SRHD will take a contextualized look at the possibility of exclusions identifying point of infection and then determining whether exclusions will be required. It is not believed that exclusions will be more restrictive and adamant as in the past. WADOH is considering a matrix to determine outbreak guidelines for vaccine-related communicable disease.

Health officer exclusions are mandatory. Schools will defer to the health officer about exclusions.

A matrix will be used to address the identified improvements that SRHD will make in outbreak response. Mayor Freeman requested the BOH receive a summary of the defined actions that will be made to improve outbreak response.

A system has been developed and is in use that has routine and ongoing involvement from partners to respond to an emergent event.

SRHD's Executive Leadership Team reviews and determines how agency funding will be expended to fund responses to outbreaks. The agency is looking at an increase in its budget next year, but is committed to assuring funding is available. Commissioner Kerns commented that Spokane County's 7% budget reduction next year is for internal departments only.

Dr. Lutz has met with Dr. Redinger at Spokane Public Schools about meeting with ESD and school nurses. There are no meetings currently set.

EXECUTIVE SESSION

The BOH adjourned at 2:32 pm for 7 minutes for an executive session pursuant to RCW §42.30.140(4). The Chair requested Michelle Fossum, Torney Smith, and Sue Winters remain for the session.

The BOH attorney, Michelle Fossum, requested three additional minutes for the session.

MEETING RECONVENED

The meeting reconvened at 2:42 pm. No action was taken

BOARD MEMBER CHECK IN

There was no board member check in.

NEXT BOARD OF HEALTH MEETING

The next Board of Health meeting is scheduled at 12:30 p.m. on October 26, 2017.

ADJOURNMENT

There being no further business before the Board, the meeting was adjourned at 2:45p.m.

APPROVED: Charles E. Hefner
Board Member Name and Title

Date: 10/26/17

[Signature]
Recording Secretary