



DATE: November 10, 2022

TO: Worcester Board of Health

FROM: Zachary Dyer MPH PhD, Acting Director

RE: WBOH Meeting/ WebEx Meeting Minutes August 15, 2022

Meeting called to order at 6:33 PM Welcome and Introductions

Members Present: Jerry Gurwitz, MD, Chair, Gary Rosen, Khanh-Van Tran, MD, Frances Anthes; **Absent** Chareese Allen

Staff Present: Dr. Mike Hirsh, Medical Director, Zach Dyer, Acting Director for the Division of Public Health, Amelia Houghton, Chief Public Health Nurse, Matt Moore, Communications Specialist, Colleen DePina, Administrative Assistant **Guests Present:** Dr. Llyod Fisher, Primary Care Pediatrician and Associate Medical Director of Informatix for Reliant Medical Group, Dr. Beverly Nazarian Primary Care Pediatrician at Umass and School Physician Consultant for WPS, Mike Weisser, Lifetime member of the NRA and PhD Economist, Michelle Smith, CEO of AIDS Project Worcester, Lamar Brown-Noguera, Community Impact and Youth Engagement Manager for AIDS Project Worcester,

Approval of the Minutes from June 6, 2022

Frances Anthes makes a motion to approve the minutes. Motion seconded by Khanh-Van Tran. Motion approved.

Introduction of WDPH Interim Acting Director, Dr. Zachary Dyer

Dr. Hirsh introduces Zach Dyer MPH PhD

Review and Discussion of COVID-19 Updates

Dr. Hirsh presents COVID-19 Updates with slides

- The numbers in Worcester may be confusing with no big surge in numbers for about 3 weeks, steady level if you count what is reported into MDPH, but many are self-testing and those are not getting reported. Northeast BA5 variant is waning.
- Reviewing updated CDC Guidelines-
 - There is a lot of immunity, a lot more treatment options with vaccinations, boosters, and oral medication, monoclonal antibody for sicker patients. Better quality masks are available.
 - o Many school systems and places of work have improved ventilation systems.
 - Variants are more transmissible, but don't pack the same punch as earlier ones. We still
 want to emphasize the importance of vaccinations.

- If exposed, wear a high-quality mask for 10 days, test on the day 5. If you are negative
 on day 5 you no longer need to wear a mask. If you are sick and suspect you have
 COVID, isolate and test on Day 5. If positive, remain at home for 5 days from the last
 time you were symptomatic. Wear a mask through Day 10.
- People with more severe respiratory symptoms should contact PCP and may benefit from plaxovid.
- Hoping most people will be doing testing at home. Stop the spread testing thru January. Vax wed and Sundays at Worcester public library
- Area of concern are the unvaccinated. They are the 'test tubes' for new variants. Largest group unvaccinated 6 mo-11

COVID-19 Vaccination Update with Drs. Lloyd Fisher and Dr. Bev Nazarian of Reliant Medical Group

- Lloyd Fisher for Reliant goes over how Reliant responded to vaccination needs in the city of Worcester
 - In the city of Worcester, 1/3 of children are cared for by Reliant Medical Group, 1/3 by UMass, and 1/3 by private practices
 - Reliant began administering COVID-19 vaccine to patients in January of 2020. 5y–11y began receiving the vaccine on 3.18.2022. In June 2022, children under 5 years old could receive vaccine at mini clinics, and in late July 2022, vaccine was offered in office during any visit
 - Reliant targeted age groups with Robo-calls to provide information and encourage they receive the COVID-19 vaccine.
 - A current total of 36.93% of Reliant child patients have received at least one dose of the vaccine. 690 children under the age of 5 and 298 children in the 5y-11y range have received their vaccine at Reliant.
 - Having conversations with parents about the vaccine is important and can often prompt
 the decision for them to have their child get the vaccine or change their mind from not
 wanting it to wanting it. For parents who are very resistant, the goal is to start with an
 initial conversation, not necessarily offer the vaccine.

Dr. Bev Nazarian for UMass

- o Pilot site for children over 11
- 5-11 started giving it right away
- UMass is offering the vaccine during well visits.
- Use the personal relationship with the patients to destigmatize
- Children under 5, it took so long to get the vaccine approved, the people who wanted it all along have gone in to get it, but it's almost like they lost the window. Many people just simply don't think about the vaccine.
- So many patients have already had COVID-19, some multiple times. Lots of questions about receiving the vaccine when the parent had horrible side effects. Encourages the continuation of conversations

• Frances Anthes

Asks about what's happening with the schools. Dr. Nazarian says that since the summer
the schools have been great administering vaccines to students. One of the the
challenges in the fall of last year was the schools trying to administer both COVID
vaccines and FLU vaccines which caused many errors. According to the Director of
Nursing, Dr. McGovern they are open and willing to do vaccine clinics again this fall.

- Believes that all children under 5 will only be vaccinated at their PCPs, not in the schools/daycares.
- Asks about people falling behind with getting all of their vaccines. Dr. Fisher says that it seems we're catching up. Found hat with the information, they are seeing a higher level of vaccine hesitance and refusal for non-COVID vaccines. Says that he doesn't oversell the COVID-19 vaccine because he doesn't want to lose the trust that parents have in him when it comes to the other vaccines.

Gary Rosen

- Asks what happens when a patient has had one brand of the vaccine and they will only get further shots in that brand. Dr. Fisher says they haven't seen that as an issue.
- Asks about the actual effectiveness of wearing a mask. Dr. Hirsh states that in the winter months, the flu and other communicable disease numbers went significantly down. The mask is there to protect you, not necessarily to stop the spread. Dr. Tran adds that there have been randomized clinical trials that have proven the decrease in transmission of surgical masks, even if they aren't as effective as N-95 masks.
- Asks if we should trust at home tests. Dr. Hirsh states that at home tests are about 92-95% if positive. If the test is negative, it is recommended to retest in 48 hours especially if you have symptoms.

• Dr. Khanh-Van Tran

Came across an article from the FDA about serial testing after 48 hours but we test once at 5 days. Should Says that we need to get the kids vaccinated, as it's part of the solution. Mentions that when she brings her children to their well visits, the doctor mentions vaccines and she sometim4es just says 'yes'; is COVID being discussed separately or is there a movement to weave it in with the other vaccines? Dr. Fisher says yes, but we're not there yet.

Chareese Allen enters meeting

Review and Discussion of Monkeypox Updates

Dr. Hirsh

- First declared an international emergency by the World Health Organization and not the US
 Federal government has followed suit because it has been spreading at a rapid rate. First found
 in a primate lab in 1958, first human case was found in 1970. Had been endemic West Africa and
 1 in Congo Basin. This is the first time it has traveled in an epidemic way outside of Africa.
 Started in Europe and made its way to the US. Spread predominantly in population of males
 having sex with males. If enough people have it, it will encounter the entire population at large.
 Anyone can contract from skin-to-skin contact.
 - Frances Anthes asks if we have vaccines available for individuals that have been exposed and are immunocompromised. Dr. Hirsh

Michelle Smith, CEO; Lamar Brown-Noguera, Community Impact and Youth Engagement Manager/Oversees VANS (Vaccine Access and Navigation Services), AIDS Project Worcester

- APW started giving the vaccine July 19, 2022, operating under the guise of MDPH, vaccines by appointment only
- 163 doses given, 161 went to adults, 160 were 1st doses as of today
- Monkeypox is not a sexually transmitted disease, it is just highly transmissible during the sex act.
- Appointments are based on the nursing capacity they have
- Dr. Hirsh adds that the Chief of Infectious Disease at UMass informed him that they received the antiviral designed for Monkeypox, Techoviromat.

- Currently only providing vaccinations, no testing at this time
- Zach Dyer adds that while Monkeypox is not deadly, having it comes with a mandatory 4 week isolation, which can be devastating in light of the housing crisis and inflation.

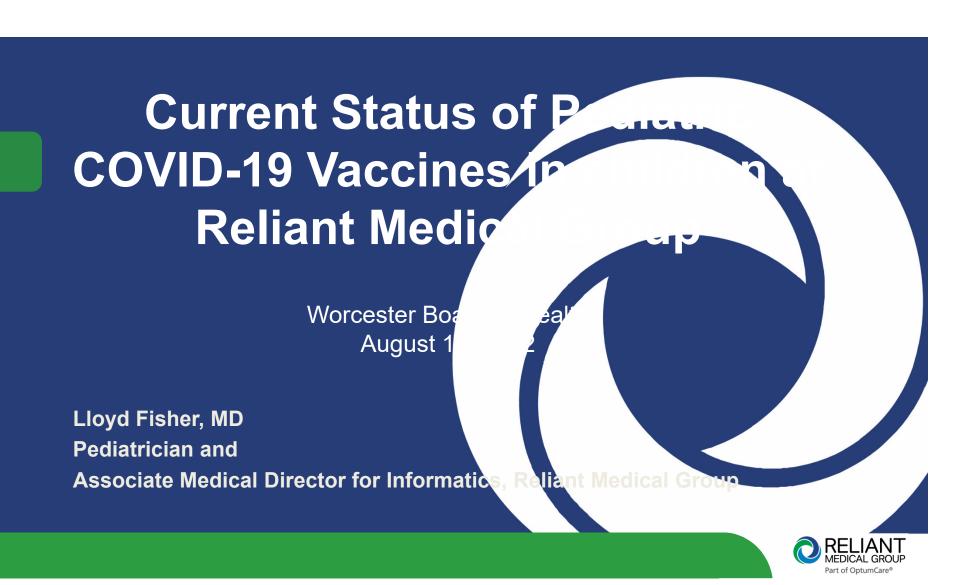
Review and Discussion of Gun Violence Prevention Program Updates

Mike Weisser requests to be scheduled on a future meeting to allow more time for discussion

Next Meeting Date and Agenda Items for Future Meetings- September 19, 2022- Climate Change, Public Transportation and the WRTA, Reproductive Rights, Flu Season

Frances Anthes moves to adjourn, Chareese Allen seconds

Adjourn at 8:23 p.m.



Timeline of COVID-19 vaccines at Reliant Medical Group

- 12/20/20: First non-hospital organization in Massachusetts to administer COVID-19 vaccines to employees
- January 2020: Started administering to patients based on State eligibility phases
- March 2020: Made plans in anticipation for general adult phase and scheduled >2000 patients
- Mid-March 2021: State changed "rules" and we were informed we would not receive ANY more vaccine until further notice. Needed to call and cancel over 1000 patients.
- 8/15/21: Created and started distributing handouts to patients with all vaccine locations close to the site where they receive care
- 3/18/22: Started administering COVID-19 vaccine to 5-11 year olds
- Spring 22: Worked with the City and State to run clinics by outside groups at our sites
- 6/25/22: Started administering COVID-19 vaccine to those under age 5 through mini-clinics
- Late July 2022: Started administering COVID-19 vaccine to those under age 5 during regular visits



Other efforts

- Robo-calls and patient portal messages to targeted age groups informing them of their PCPs recommendation to receive the vaccines, availability of vaccine once authorized, suggestions of where to receive it when we were not administering.
- Robo-calls and patient portal messages to target age groups and patients at specific sites advertising clinics run by Reliant and by outside organizations at our sites.



Current state of vaccinated children at Reliant

	under 5	5y-11y	12y-16y	Total
Patients with at least 1 dose	1263	10812	9922	21997
Total active patients	16476	26389	16694	59559
% received at least 1 dose	7.67%	40.97%	59.43%	36.93%



Children receiving vaccine at Reliant

Under age 5	5y-11y
690	298



Challenges

- Original message from the State about wastage persists despite change of goals and rules.
- Staff shortages continue to be an issue.
- Need to reconstitute Pfizer takes time.
- Having multiple products with multiple dosages/concentrations increases risk of errors.
- For 5y-11y, once we started administering at Reliant most parents who were interested in receiving vaccine had already found alternative locations.
- Low interest from parents of children under age 5.
- Significant time investment by provider during visits is needed to address parent hesitation and resistance and counteract confusing and contradictory information.



Lessons Learned and Recommendations

- There are a number of parents who are ambivalent. For those we CAN have an impact IF the PCP brings it up.
- For truly resistant parents the goal is to move the needle to get them to consider realizing they are unlikely to agree at that first discussion.
- We need to accept that even at a busy clinic there will only be a few willing parents each day so waste will be significant.
- Now that both Pfizer and Moderna have options for all age groups, offer only one to minimize errors and confusion.
- We all need to make this vaccine part of routine childhood vaccines and offer at all visits.
- Recognize that this will be a slow and steady process now that the initiate wave of highly motivated parents have passed.

Questions

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