



Observer Report

League Observer - Thomas Krueger

Board of Health: 2/2/21 LWVM Observer: Thomas Krueger

Members in Attendance via Zoom: Andrew Petty, Todd Belf-Becker, Sec. Andrea Flaxer, Michelle Gottlieb, Helaine Hazlett

Meeting Posted 48 hrs in advance

Meeting held in a Handicapped Accessible Location - not applicable

Public allow to Participate in the Meeting - yes via Zoom.

COVID UPDATE:

Andrew presented the MHD case report as of 1/29/21: total case =100, active = 92, deaths = 31 (no new cases); the age distribution of case this week were: 0-19, 17; 20-29, 32; 30-39, 16; 40-49, 17; 50-59, 23; 60-69, 16; 70-79, 12; > 80, 4. These statistics show the high number in the lower age ranges. (This finding is also true for MA statewide.) The average daily incidence = 47.3/100000, still in the RED zone; total tests done to date in MHD 29,055; in the last 14 days = 3893; the percent positive tests = 3.67%, a decrease to the YELLOW zone.

The report includes (as before) warnings about social gatherings, need to wear masks whenever in public, best to leave home for only essential needs, hospital statistics for MA, the most recent governor's orders (now allowing business to close later than 9:30pm, travel requirements (filling out MA Travel Form prior to travel, quarantining or producing a negative COVID test, etc.) as well as a graphic about where one on would fit into the vaccine distribution schedule, the current status of vaccine eligibility, and a number of web links all available on [mass.gov](https://www.mass.gov) about vaccines as well as the daily dashboard, weekly health report, and positive COVID cases in schools. Finally, the report lists phone numbers and websites for mental health, abuse and assault, etc. help.

A question was raised about the cases in MHD and Andrew answered that they have a number of cases everyday (4-6) and in regards to the COVID variants they don't get that information. The HD is working along parallel tracks: monitoring cases and providing vaccinations. Regarding vaccinations the HD working with Swampscott, Salem, Danvers and Beverly has vaccinated approximately 1200 first responders by pooling resources. (Only 1% have declined vaccination.) Additional doses for those

vaccinated have been set aside to assure that they will get the second shot. Salem Hospital has been very helpful with storage requirements for the vaccines.

The plan is to hold a clinic at Salem State South Center each Tuesday and Thursday (depending on the supply of vaccine) that will be open to the public. Currently the HD for each of the town only gets 100 doses of vaccine, making a total 500 per week. The immediate goal is to involve Cataldo to run the clinics. This clinic will most likely be a secondary one with more dependence of mega-clinics (Danvers) and local pharmacies (CVS, etc.) for vaccinating the general public.

Phase 2 group 1 those over 75 years old are now able to schedule vaccine appointments. This and subsequent groups in Phase 2 are quite a large number to vaccinate. The proposed schedule of times for rolling out to various groups depends on the availability of vaccine. (Interestingly, since the Moderna and Pfizer vaccines have different second dose schedules, clinics for each have to run on separate days.) For up-to-date information about the vaccine, eligibility, locations, appointments, etc. go to mass.gov/COVID-19-vaccine

Questions were asked and comment made about 1) the variants: currently three variants, previously identified by source country, e.g. UK, South Africa, but now referred to by a number. These are still being studied, and preliminarily the current vaccines offer some protections, symptoms are the same but they be more transmissible. There is concern that could affect more children. 2) household spread - Andrew says that once it is in the household it spreads easily - after an index case, 5 days later others are infected. It is best to try to contain with masking, separate sleep and bathroom facilities, etc. 3) after vaccination it is still possible one could be a carrier - there are obviously many unknowns. 4) it remains unclear about the role of private physicians in administering the vaccine although over the weekend Partners began contacting their patients about getting vaccinated.

In the public questions segment –

- Is there any outreach for those not technologically adept? The HD is partnering with the COA (Council on Aging), whose volunteers all have CORI clearance. The MRC (Medical Reserve Corp) is setting up a call center soon and hope to have 250 people helping. The MRC, etc. is always looking for volunteers, and the HD uses them “all the time.”
- A clarification re teachers. Teachers are in Phase 2 Group 3 as are a number of other workers, thus representing a very large number. This is too large a number for the HD to vaccinate
- What is experience when one goes for a vaccination? There are number of steps: First, greeted to be sure they have an appointment, then to a medical screener who asks a number of questions, next to the vaccine station, afterwards sitting in a holding area for 15 minutes to see any reaction (EMT and an ambulance are there in case.); and finally leaving with a card with the type of vaccine, lot number, and when to return. The through put is 5-11 minutes with the 15-minute wait. It takes about 22 volunteers to run a clinic.

One board member then discussed the idea of having a Face Book like town hall so that Andrew, the COA director, the town administrator, etc. could participate and present MHD's COVID response. This could be done as a live event, taped and run at various times on MHTV.

Further comments from the community addressed the rising mental health issues for all, but especially children. A number of people echoed this increasing concern, some wondering about school policies (6 feet separation, etc.) (They felt there was a disconnect with in-school and out of school practice (e.g. basketball play, classes, etc.) Andrew acknowledged that this MENTAL HEALTH is a major problem and what the current resources are: 211, crisis counseling (888-215-4920), etc. as well as MHD Counseling Center. (The center has been overwhelmed with 6 month waits.). The BOH plans to ask the Ben Gay, the director of the MHD Counseling Center, to come to the next meeting.

BUDGET

The balance of the meeting was to discuss the mission statement, goals and budget for the HD for FY2022 which needs to be submitted soon. Andrew presented the goals in each of the areas

the HD is responsible for: health, waste and general.

HEALTH goals included COVID management, addressing mental health issues, inspections and two others. Budget request = he would need additional staffing, specifically a full time PH nurse and a full-time inspector. (The HD has been underfunded in comparison to other like communities, eg. Wenham.)

TRANSFER/WASTE goals include finish transfer station, reduce waste and recycle more (550 families have curbside compost pickup and the transfer station has 6 x 65 gallon container for the same), renegotiate waste disposal contract. Some of the cost of the facility is offset by money from resident stickers (6-7000 annually) and from commercial waste disposal at \$185/ton. The processing of all this could be facilitated if the HD could take credit cards, as the HD secretary spends 80% of her time doing this.

Budget request = hire one full time scale operator as 2 part time worker did not work out and when there was an absence either Andrew or the secretary had to go, preventing work on other issues. OTHER budget items include printing costs, internet service, etc. The total budget request is 2.6% over FY2021.

The meeting was adjourned with the next one 2/9/21 at 7:30 pm via Zoom teleconferencing

