1. **CALL TO ORDER:**

Dr. Horwitz called the meeting to order at 3:02 P.M.

Attendance was as follows:
Board Members:
Mr. Bin An – Absent
Ms. Betty Villegas
Mr. Rene Gastelum – Absent
Mr. Charles Geoffrion, Vice President
Ms. Mary Lou Gonzales
Dr. Paul Horwitz, President
Mr. Mike Humphrey
Dr. Kathryn Kohler
Mr. Miguel Rojas
Dr. Gail Smith
Ms. Carolyn Trowbridge

A quorum was established (9)

Non-Board Members:
Dr. Francisco García, Deputy County Administrator, Pima County – Absent
Dr. Bob England, Pima County Health Department Interim Director
Ms. Paula Mandel, Pima County Health Department, Deputy Director

2. **PLEDGE OF ALLEGIANCE**

Due to Teleconference Meeting the Pledge of Allegiance was not conducted.

3. **MINUTES ADOPTION**


The motion was made and seconded (Mr. Rojas / Ms. Trowbridge) that the March 25, 2020, Board of Health Minutes be adopted with the edits and comments that were provided from Dr. Kohler, Dr. England, and Ms. Trowbridge. Motion carried 9-0.

4. **DIRECTOR’S UPDATE**

- Dr. England asked that the Board follow the Pima County website for up-to-date information since things change quickly. This website is linked to the Arizona Department of Health Services (ADHS) website for daily counts. This week the ADHS site created new tabs with new data being captured including healthcare facilities and long term care facilities. The ability to test broadly will change the mortality rate.
There is a study out of New York City done on an obstetrics clinic that showed 88% of individuals tested positive for Covid-19 were asymptomatic. There are two seroprevalence studies out of California with estimated rates of actual infection more than 50 times the number of reported cases. If correct, this drops the mortality rate down to 0.1-0.2 per cent which is in the neighborhood of the flu. If Pima County’s rate of infection is 50 times the reported cases, this community would have 50,000 positive cases or 5% of the population. During a typical flu season approximately 10 per cent acquired the flu and approximately 200 people died meaning Covid-19 is a little more lethal than the flu. This information will be important as we work on strategies to reopen.

There are outbreaks in Long Term Care (LTC) facilities and other vulnerable people. This population received some of the testing supplies first because this population will fuel the hospitalizations. When an outbreak is identified screening is essential to keep Covid-19 from spreading. These facilities have increased the fatality rates. In a facility where many healthcare workers and residents are infected at the same time significant deaths will occur. Those that recovered returned to work.

Mr. Geoffrion inquired if there is data that provides the cause of death postmortem. Dr. England shared that there are cases in LTC and hospital facilities where tests have come back positive for Covid-19 postmortem.

Dr. Smith inquired if someone dies from causes unknown from a LTC facility, are they automatically tested for Covid-19. Dr. England responded, no and that this decision is not the Health Department’s call. Death certificates are signed by the treating physician. If there was a known condition or if the physician suspected illness then it becomes the Medical Examiners decision to perform testing. However the testing supplies are an issue and testing postmortem may not be available at this time. Dr. England stated that if there were enough tests he would test more people for a baseline of how many people might be infected. This is a strategy that has been recommended however there aren’t enough tests.

Dr. England shared that current test kits are being purchased from TGen and other vendors. The supply of the test swabs and other materials to collect the samples are not adequately available. There are adequate labs performing the test results throughout the country. Another issues include some tests kits can only be sent to certain labs for results. The tests swabs must be sterile, able to absorb adequately, and comes in a tube with their own transport media. The results can only be performed using certain laboratories and causes additional delays. All the Polymerase Chain Reaction (PCR) testing results in approximately 30 per cent false/negative which may have to do with the sampling.

Mr. Rojas inquired who is responsible for paying for the Covid-19 tests. Dr. England shared that insured patients do not pay by federal rule. For uninsured patients, Pima County entered into a contract with TGen so community health centers could have a supply of tests. The county is paying this cost.

Dr. Kohler inquired why there is a shortage of plastic swabs and other supplies. Dr. England shared that he did not give the supply chain much thought however there is a nationwide search for these supplies which has created a bottleneck. Basically in the
name of maximizing profits, hospitals and other facilities created a decreased capacity of equipment because no one wants to pay for the upkeep and maintenance. Our current system is not designed to react to a pandemic.

Ms. Trowbridge inquired if the Labcorp home tests will have testing difficulty. Dr. England does not have the details of the Labcorp tests but does imagine there will be sensitivity issues due to different samples collected.

Dr. Kohler inquired if Pima County is conducting contact tracing. Dr. England shared that in order to establish reopening strategies three things need to occur:
1) Have adequate testing so that any provider can test a patient
2) The epidemiology of the virus must be on the downside of numbers so that a resurgence can be handled. The healthcare system must have beds, equipment, protective equipment, and staff
3) The public health system must be prepared with the ability to conduct contact tracing.

If Pima County had adequate testing and knew who was infected then aggressive contact testing could have been performed from the start. Moving forward when the numbers are low enough, county staff will be assigned to conduct this testing.

Mr. Rojas stated that zip code 85711 has many positive Covid-19 cases. Is there a problem with minorities acquiring Covid-19 more easily like there is in New York and Chicago? Dr. England shared that zip code data reflects who was able to get testing and at what facility within the zip code. However, there is a disproportionate effect of communities of color because this disease is worse for people with underlying health conditions. Additionally there are disparities in chronic disease among varying racial, ethnic groups and these individuals will suffer more. Social determinates have an impact in a community and we are realizing it.

Ms. Gonzalez stated that the Navaho Nation has a very high case count. Dr. England said the tribal communities have a lot of cases because parts of these communities do not have running water and are very poor.

Dr. England shared that the University of Arizona (UofA) has developed an antibody test with an ambitious program that can test 4,500 people a week beginning next week. The UofA plans on increasing this to 8,000 a day. The benefit is that these tests are designed to tell who has been infected in the past. This will help identify where we are in the epidemic curve. The problem is that no one knows how good these tests are and may provide a person a false sense of relief. The results may provide positive results of other viruses and may require additional antibody tests to ensure a positive or negative result.

Mr. Rojas inquired if titers will be performed on the antibody tests. Dr. England stated that some will and some will not. The tests are only measuring total antibody at this time. We are contracting with other labs that measure IgG and IgM.

Mr. Geoffrion inquired if enough is being done to educate the public. Dr. England shared that the answer to this question is debatable. The cloth mask is recommended by the CDC but there is no evidence that this actually prevents spread however this mitigation
provides for good optics. The only way to have herd immunity is with a long outbreak curve. The longer mitigation lasts, the more time researchers have to create a vaccine.

Mr. Humphrey inquired if recommendations are being sent to the Governor’s office to open the restaurants. Dr. England said that a date cannot be made. Keep in mind that elected officials made decisions without input with the county public health officials. Some jurisdictions may remove mitigations in the same hurried fashion as was done to close down the economy. Dr. England stated that reopening on May 1, 2020 does not make sense. Dr. England also suggested that the phases being proposed to reopen be arranged so that schools reopen before other businesses as children do not acquire the virus as easily as adults.

Supervisor Villegas shared that at the recent City of Tucson (COT) Council meeting it was discussed that the COT was communicating with the County Health Department (HD) however Supervisor Villegas had the impression that the COT was not very informed. Supervisor Villegas inquired if the HD has a relationship with the COT. Does the COT request information for the HD or are they going directly to the state? Dr. England stated that most communication between the COT and the County occurs at the county administration level. The HD informs county administration who then informs the COT which Dr. England is not part of. Supervisor Villegas stated that these two jurisdictions seem to be disconnected and would like to have better communication as Pima County is an urban community. Dr. England shared that Vice Mayor Cunningham did reach out to him for information and would like to be a part of discussions moving forward. Dr. England has requested to be a part of the discussions early on with the COT however it has not happened. The HD has communicated with other County departments. Dr. England appreciates that the County Administration does have communications with the COT and perhaps that is more appropriate as Dr. Garcia was the HD director in previous years.

Mr. Rojas inquired if there are city staff located at the Incident Command Center. Dr. England said there are COT staff working at the Emergency Operations Center (EOC) and there is a city liaison.

Ms. Trowbridge inquired if the Board can request the COT Council or Mayor have increased communication. Dr. Horwitz responded that the Board can request this to the Board of Supervisors who can then send a written request to the COT. Mr. Rojas suggested that communication also include Sahuarita, Oro Valley, Marana, and South Tucson.

The motion was made and seconded (Mr. Rojas / Dr. Kohler) that Supervisor Villegas request that Chairman Valadez send an official request to the jurisdictions for more communication between the County, COT, Sahuarita, Oro Valley, Marana, and South Tucson during the Covid-19 pandemic and to create a mechanism ensuring a unified voice within Pima County. Motion carried 9-0.

Mr. Geoffrion inquired if Dr. England is optimistic that the key decision makers/hospital administrators will look at the possibility of a second wave of Covid-19 in the fall. Dr. England stated that key decision makers/hospital administrators are preparing for this
through the discussions occurring at the EOC. Separately, a second wave will be decided based on the right mitigation decisions made as a society.

Mr. Rojas inquired when Pima County will peak with Covid-19 cases. Dr. England stated that there are various models which indicate Pima County is peaking now, others indicated in June and even later. Likely there may be more than one peak due to loosening mitigation restrictions. Additionally, the impact of these decisions will not be realized for at least two or three weeks due to the incubation and testing periods.

- Dr. England shared with the Board that the search for the new director has been ongoing. A formal offer from the County Administrator is pending. Once the offer is accepted the new director will be announced. Ideally, there will be a transition period next month with a start date of June 1, 2020. Dr. England will stay on board with the County for a limited time to ensure a seamless transition.

5. **CALL TO AUDIENCE**  
   - There were no speakers from the audience.

6. **SUMMATION OF ACTION ITEMS & PROPOSAL OF FUTURE ITEMS**  
   - Dr. Horwitz shared that Dr. Gail Smith’s appointment on the Pima Animal Care Center Advisory Committee expires in June, 2020 and hopes that it is the Boards desire to reappoint Dr. Smith to this committee if she so chooses.
   - Dr. Horwitz reminded the Board to email him with items for the agenda.

7. **ADJOURNMENT**  
   The motion was made and seconded (Mr. Rojas / Dr. Kohler) that the April 22, 2020 meeting adjourn. Motion carried 9-0.

   The meeting adjourned at 4:38 P.M.

   The next meeting is scheduled for May 27, 2020 at 3:00PM