Present:
Troy Wood, Chair
Scott Zigich, Vice Chair
Dr. Gary Alexander
Lorene Kamalu, Commissioner
Mayor Randy Lewis, Immediate Past Chair
Dr. Ryan Stewart
Dr. Colleen Taylor
Scott Zigich

Excused:
Ann Benson

Department Staff:
Brian Hatch, Director of Health
Kaylee Crossley, Assistant to the Director
Dave Spence, Deputy Director, Health
Rachelle Blackham, Division Director, EHS
Neal Geddes, ATTY
Logan Hyder, Epidemiologist
Maggie Matthews, Epidemiologist
Kristen O'Flarity, Bureau Manager, CHS
Ivy Melton Sales, Division Director, CHS
Sarah Willardson, Bureau Manager, CD/EPI

The meeting of the Davis County Board of Health (Board) was held Tuesday, August 10, 2021 at the Davis County Health Department, Board Room, 22 South State Street, Clearfield, Utah. The meeting was called to order at 7:33 a.m. by Mr. Troy Wood.

Welcome
Mr. Wood welcomed the Board and staff to the meeting.

Public Comment (Information)
Mr. Wood allowed for a brief public comment period. No comments were made during the meeting.

Minutes (Action)
The minutes of May 11, 2021 were presented and reviewed.
Commissioner Lorene Kamalu motioned to accept the minutes of May 11, 2021. Mayor Randy Lewis seconded. The vote was unanimous.

Board Appointment Recommendation (Action)
Mr. Wood stated that Mr. Brian Cook has completed 20 years of service on the Board, leaving a vacancy. Commissioner Kamalu shared that the Board is a legislative body that is very important to the county. She worked with Mr. Brian Hatch and felt it would be good to add a mental health expert to the Board. The County works very closely with Davis Behavioral Health and they reviewed several names and felt good about inviting Mr. Brandon Hatch, CEO of Davis Behavioral Health, to serve on the Board. She shared that the state has been changing things with Health and Human Services. Mr. Hatch explained that the Utah Department of Health is merging with Health and Human Services. Aging Services, Health, and Behavioral Health will all be under one agency at the state level in the future. Commissioner Kamalu shared that we do better when we do not separate physical and mental health. Commissioner Kamalu and Mr. Hatch visited with Mr. Brandon Hatch and he is willing to serve. Commissioner Kamalu knows him and his work ethic. Mr. Wood knows him too. Mr. Hatch stated that he was amenable to serve in that capacity if recommended.
Commissioner Kamalu motioned to recommend Mr. Brandon Hatch's appointment to the Board. Mr. Scott Zigich seconded. The vote was unanimous. Commissioner Kamalu requested Mr. Hatch to forward a letter on behalf of the Board to the Davis County Commissioners requesting the appointment.

Vice Chair Nomination/Election (Action)
Mr. Troy Wood reported that the Executive Committee met in their role as the Nomination Committee and recommended Mr. Scott Zigich as the nominee for Vice Chair.
Mayor Lewis motioned to elect Mr. Zigich to the Vice Chair seat. Dr. Gary Alexander seconded. The vote was unanimous.

Readoption of Waste Tire Recycling Regulation (Action)
Ms. Rachelle Blackham presented on the Waste Tire Recycling Regulation. The Waste Tire Recycling Act passed in 1990. Under Title 26A, local health departments have the ability to permit, review applications, and submit for reimbursement for this program. In Davis County, this is a small program, but has large impacts at the state level. If you buy a new tire, you pay one dollar per tire to go to the waste tire recycling fund. There are five recyclers in Utah. In 2020, over 4.5 million tires were recycled. There are markets for all waste tires in Utah. After reviewing the regulation, there are no substantial changes. The current regulation is brief and gives access for inspections and permitting, requires tires to be disposed of properly, outlines storage and penalties, and the fees are set. Ms. Blackham recommended readoptiong the regulation. Mr. Hatch shared that generally, regulations are sent out for public hearing, but because there are no changes, we are asking the Board to extend the current regulation through readoption.
Dr. Alexander motioned to readopt the Waste Tire Recycling Regulation. Dr. Ryan Stewart seconded. The vote was unanimous.

Tobacco Update (Information)
Mr. Hatch shared that there have been some changes to the tobacco program and the Board may have a new role with these changes. They have been working with Mr. Neal Geddes in his role as attorney on some of the procedural changes.

Ms. Kristen O'Flarity reviewed the tobacco prevention program:

- The primary focus of the program has always been education.
- Tobacco use is the leading cause of preventable death in the United States and worldwide.
- Youth have been involved with the program and have participated with compliance checks, which help to ensure that retailers are following guidelines.
- Over the past few years, cigarette use has decreased and e-cigarette use has increased.
- "Tobacco products" is an all-encompassing term (Utah Code 76-10-101) and includes synthetic nicotine.
- JUUL e-cigarettes, caused a major uptick in e-cigarette use in youth by using different flavors.

Commissioner Kamalu asked if all of the products that appeal to youth have an impact of calming nerves. Ms. O'Flarity shared that nicotine has a stimulating effect. When a young person uses it, it rewires the brain to need more and that stimulating effect eventually becomes a calming effect because it is addressing the need for more nicotine. Commissioner Kamalu stated that she was trying to understand the appeal, besides the flavoring, and how it makes them feel. Ms. O'Flarity shared that they like the flavors and a lot of people do not know that nicotine is in the products. Mr. Hatch shared that products are being changed and altered in look too so that people cannot even tell that they are tobacco products.

Ms. Kaylee Crossley shared that from the Youth Council, they received feedback that e-cigarettes were used as a coping mechanism to deal with things that were going on at home. Commissioner Kamalu said that is maybe why people think it has a calming effect.

Ms. O'Flarity shared tenth grade Student Health and Risk Prevention (SHARP) data:

- When comparing lifetime cigarette use v. e-cigarette use, almost 1 in 5 students by grade ten have tried a vape product in Davis County.
- Statewide, the rate is almost 1 in 4 students.
- This data has driven legislative decisions on how to address youth access.

Mr. Wood added that the data shared was a one time use and asked if there was data on regular use too. Ms. O'Flarity shared that the data shown was for youth that had smoked a cigarette or vaped in the last 30 days, which suggests more regular use. Mr. Wood stated then that half of those who try it use it a lot. Ms. O'Flarity shared that it is easier to be discreet when using it. Mr. Wood added that parents would not smell smoke, like with cigarettes. Commissioner Kamalu shared that the growth in the past 30 days is greater than among those who try it once. Mr. Hatch shared that we have seen a shift from cigarettes and traditional tobacco products to trying e-cigarettes. We can see the toll that it is taking on youth. If they are hooked earlier, they fight it for a long time. The new emerging issue is that our youth are being targeted and it is becoming an issue.

Dr. Colleen Taylor asked if the health hazards of e-cigarettes are the same as cigarettes. Ms. O'Flarity shared that there are slightly different health hazards and research is still emerging on long-term effects. She shared that we have seen E-cigarette or Vaping Use-Associated Lung Injury (EVALI) and respiratory issues. Those that vape tend to vape more than those who smoke cigarettes. E-cigarettes do not have all the same chemicals as cigarettes, but e-cigarettes do pose a lot of health problems. Ms. Ivy Melton Sales added that nicotine is a vasoconstrictor, so when people vape more frequently, it can cause long term effects on the cardiovascular system.

Mr. Hatch shared that when e-cigarettes were first on the market, there was a lot of debate on if they could be a risk reduction tool, like a nicotine patch, but there is not a good use for this product with youth. It is the new cigarette. It may not have all the associated risks, but it has other things, and we are still learning the full extent of what it will cause.

Dr. Taylor asked about secondary smoke with e-cigarettes. Ms. O'Flarity shared that it is an aerosol that causes secondary and tertiary effects. Mr. Hatch shared that the nicotine is still causing issues. Dr. Taylor asked if kids were affected if they are around parents that vape and if it has an effect on asthma. Mr. Hatch and Ms. O'Flarity said yes, it is much like secondhand smoke with cigarettes. Ms. O'Flarity shared that this is why e-cigarettes have been incorporated into regulations, because of those effects.

Ms. O'Flarity reviewed the permitting process for tobacco retailers:

- Legislators saw a need to address tobacco use and passed House Bill 324 and Rule 384-324 which requires the health department to have a permitting program.
- An applicant can choose to apply as a general tobacco retailer or retail tobacco specialty business, and also need a tobacco license from the State Tax Commission.
- Business licenses are also required through the city.

- Without a valid permit, a retailer cannot display, advertise, or sell tobacco products.
- A majority of tobacco retailers in Davis County are general tobacco retailers, which means that they cannot have more than 20% of their retail floor or shelf space dedicated to tobacco products.
- As of 2020, general tobacco retailers cannot sell flavored tobacco products, except for tobacco, mint, and menthol flavors.
- There are 22 vape and smoke shops in Davis County, which are considered Retail Tobacco Specialty Businesses (RTSB). They have additional restrictions on where they can be located and who can enter the store.
- In 2020, Senate Bill 6008, passed and allowed stores that were not grandfathered earlier to be grandfathered in. This allowed seven general tobacco retailers to apply to be a RTSB in Davis County.
- In 2020, Senate Bill 37 also passed, and requires local health departments to use money collected from e-cigarette taxes to enforce regulations.
    - This created an enforcement program within the tobacco prevention program.
    - There are now inspection requirements to enforce.
    - Violation fees also increased and penalty provisions changed.
    - If a permit has been suspended, the retailer cannot apply for a new permit for a period of 12 months.
    - If a permit has been revoked, the retailer cannot apply for a new permit for a period of 24 months.
- In 2021, they conducted one round of compliance checks, and there were 11 sales total and 4 of those were RTSB.

Mr. Hatch shared that they are seeing changes to tobacco laws very quickly. The program used to be mostly education and cessation. The enforcement side was through the civil process. Now, the full enforcement and regulation is on the health department. The new money from the e-cigarette tax is difficult because it is something that we have not done. We have done enforcement in environmental health, but not like this with tobacco. Last year, there were big lawsuits with speciality stores. Penalties and suspensions increased. It has put us in a different situation. For businesses, this is their livelihood. We have taken care of seven sales from compliance checks this year with our general retailers. With the four others at specialty stores, it requires a 30 day suspension, and they have had to close their businesses. There are a few exceptions, such as with gas stations that have applied to be a specialty store. They can still sell other things, but not tobacco if they receive a violation.

Mr. Geddes presented on enforcement requirements:

- State statute requires local health departments to enforce this tobacco chapter under UCA 26-62-302, which includes: notifying a tobacco retailer of alleged violations; conducting hearings; determining violations; and imposing civil administrative penalties.
- There is an existing adjudicative hearing procedure that we have used for Environmental Health, and it provides for three types of proceedings:
    - Settlement Agreement
    - Departmental Hearing
    - Board Review

- In the past, for environmental health violations, we have issued a Notice of Violation (NOV), then there is a mediation, or "settlement conference", to provide education. It has worked really well and we have been able to reach an agreement every time. The main intent is to educate and explain, rather than to be punitive.
    - The terminology should be changed from ''settlement agreement" to "settlement conference" in our current regulation.
- The approach that we currently take for environmental health settlements may not work in the tobacco realm. The statutes that impose the penalties do not give a lot of discretion because of the words that are used (e.g. "shall").
- The approach for addressing violations will include:
    - Issuing a NOV to set up for a departmental hearing.
    - The permit holder will be apprised of their ability to appeal and will be given 20 days to do so.
    - A hearing will be held. It will be an informal, but formal, process and will include having a hearing officer, which will likely be Mr. Dave Spence.
    - During the hearing, the hearing officer will conduct the meeting and make sure that the Department provides enough evidence to show a violation.
    - Each side is responsible for making sure that their witnesses get there and are responsible for their own costs.
    - We may need to issue a subpoena to ensure that witnesses come.
    - A final order will be written that could be appealed by the Board.
- He recommended providing the tobacco shops with whatever evidence that the Department has up front and that it would help to speed up the process.
- The health department goes with law enforcement to conduct compliance checks and will continue this practice.
- From a legal perspective, in the past, Mr. Geddes has represented the health department, but if he is representing the hearing officer, then he may not be allowed to represent the Board. Another representative from the Attorney's Office will likely help. They will do their best as a civil division to prepare the Department on both sides leading up to the hearing.
- A decision template will be created for the hearing officer to use during the hearing. The layout will include who was there, who presented evidence, appeal rights, etc.
- The Attorney's Office will work with the tobacco prevention program to help them know what they need to present, how to present, and how to move forward to a departmental hearing.
- A tobacco shop can bring legal counsel, but must give notice. County civil attorneys can help as needed.
- The facts are not likely to be under dispute in these proceedings. In the state code, evidence of a final criminal conviction is enough. If a criminal conviction has been entered, the enforcing agency (Department) is required to assess a civil penalty and suspend or revoke.

Mr. Wood asked if assessing a civil penalty and suspending or revoking a permit was the Board's decision or a state decision. Mr. Hatch and Mr. Geddes shared that it is a state decision that is in state code. Mr. Geddes said that they may try to stipulate and request a Board review. Mr. Geddes would represent the Department and support and give counsel and would not be disqualified to represent the Board and County. There is a strong presence on the Hill, and people are lobbying for specialty stores to stay that have been grandfathered. There is a decent chance that they will try to get legislative changes related to

the current penalties. For now, if they submit to the Board, they have 30 days to appeal. We need to clean it up and probably want to give them 30 calendar days. The Board will not hold a hearing, but will act as an appeal court. It will be reviewed at the departmental level. The Department should record the hearing so that we will have a record of it and the decision.

Mr. Wood asked if the Board would need to meet as a quorum or have a representative. Mr. Geddes said that it would be good to meet as a quorum. It has to be approved by a majority of the quorum and the Board Chair will need to sign it. Mr. Wood clarified that it would need to be at least 51% and Mr. Geddes confirmed.

Mr. Hatch shared that this will be something new and if it happens, the Board would need to have a meeting. Mr. Wood wondered if they would be able to meet virtually if violations happen frequently. Mr. Geddes shared that prior to the Board review, a copy of the transcript could be shared with Board members and he would be available to meet with individuals or smaller groups to provide guidance, and then the Board could meet as a whole.

Mr. Hatch asked if there was a time limit for response once it had been submitted to the Board. Mr. Geddes said yes and no. The Board will review the hearing, review the appeal and will be set up like an appeal court. The Board will decide if there is enough evidence for anything that was a factual conclusion. The Board sets the briefing schedule, which gives the Department an opportunity to reply, and then they can provide a response. The Board would set up the timeline in the briefing schedule. There will likely be an attorney involved for the tobacco shop and we would work with their attorney on the timeline. Mr. Hatch suggested that it could be something that was templated out. Mr. Geddes said that a template could be used, but that there should still be some flexibility with schedules. We do not want the focus to get shifted away from the actual facts and if they start making it about the timeline, then it changes the focus of the arguments.

Mr. Hatch asked about a suspension of permit and if the suspension is on hold while the hearing process is happening or the Board review is happening. Mr. Wood stated that by the time that it processes, 30 days will be over. Mr. Geddes shared that the regulation is silent. The standard process would be that if they appeal it, then their ability to continue to sell is not impacted until their appeal is resolved.

Mr. Hatch said that they have 30 days to appeal and if they have not appealed, then their permit is suspended. Mr. Geddes said yes, and that if they miss any deadlines, then the Department can enter a default and that is the final decision. When a NOV is sent, we want to make sure that they have received it; we need to hand deliver or get certified delivery, and then their time starts. There is a chance that the Board will all participate. Hopefully we will be able to resolve these through stipulations. There is a good chance that this legislation will be challenged.

Commissioner Kamalu asked if “de novo” meant “new”. Mr. Geddes said yes. The Board does not have to rely on legal conclusions from the hearing officer. They can decide what is correct based on their review of the record. Ms. Blackham asked how this will impact the youth that work for the Department. Mr. Geddes said that it might make it harder to work with youth. We will have to sit down with the Department to figure out how to present the case. If the criminal case has proceeded, then we can present that. However, in other cases, we may need to bring in the youth. Ms. Ivy Melton Sales, shared

that in the over twenty years that they have been doing compliance checks, there have been less than five times that youth have been subpoenaed. Mr. Geddes said that they will likely just pay it and work on legislative changes. However, we want to be prepared in case they want to go through the appeal process.

Commissioner Kamalu asked if the main way that we strive to motivate compliance is by having youth go in and do compliance checks. Mr. Hatch shared that no other compliance was conducted previously in this program, other than youth tobacco sales. There are other rules now and we have to comply with them. We have not been in the game of enforcement, other than underage sales. Now it is becoming more like an Environmental Health program, where a business has a set of regulations and now we have the responsibility to provide enforcement.

Mr. Zigich thanked Ms. O'Flarity and Mr. Geddes for the presentation. He asked about e-juice manufacturing plants at the Freeport Center and related regulations and wondered if they were still existing. Ms. Blackham stated that they fall under the Environmental Health Manufacturing Regulation. Mr. Zigich asked if Environmental Health inspects them and gives violations. Ms. Blackham said yes, just like a normal environmental health inspection.

Commissioner Kamalu asked where this new regulation falls at the health department. Mr. Hatch shared that it is under the Tobacco Prevention program in Community Health Services, which is new for them. They are having to learn how to become enforcers.

Mr. Wood said that it was a great presentation. Mr. Hatch shared that he could not think of a time when we have suspended or revoked permits. This could change quickly though. The specialty stores primarily sell tobacco products. When we suspend their permit, they are out of business for 30 days. There is not a choice on the time limit. It will elevate it. We are moving onto those four violations at speciality stores and will send notices out. There is a high likelihood of at least one coming to the Board. Mr. Hatch and Mr. Geddes shared that they will bring an adjudicative process regulation amendments to the next meeting.

Mr. Wood asked how long it takes to get a license to distribute and wondered if someone else could get a permit for the same location. Ms. O'Flarity and Mr. Hatch said that there are some rules which do not allow the owner to re-apply. Someone else can take over ownership. Mr. Wood said that that would allow them to continue to operate while someone else is suspended. Mr. Hatch shared that they are working across jurisdictions, so if an owner is suspended somewhere, they cannot just move to a new jurisdiction. A permit is by owner. If a speciality store has been grandfathered in, then they were required to submit an application by December 2020. Ms. Melton Sales stated that they grandfathered in locations, not owners, so she still has questions about it. There are many layers. Mr. Hatch shared that the rules are changing constantly and there are still questions.

COVID-19 Response Update (Information)

Mr. Hatch wanted the Board to have an update on the status of COVID-19 and acknowledged that some Board members may have received emails from the public. Ms. Logan Hyder presented vaccine data:

- The health department has given 206,457 vaccines to county residents and 30,502 to non-county residents, mainly through the mass vaccination clinics at the Legacy Events Center.

- The mass vaccination clinics ended in June and clinics moved to our three senior centers. The health department also provided vaccines to the community through outreach clinics. We are providing about 800 doses a week at these sites.
- Other providers, such as pharmacies, are vaccinating too. Right now, these providers are doing more of the vaccinations, at about 3,000 doses a week.

Mr. Hatch shared that the other providers are mainly pharmacies. He did a shoutout to them; they are doing a tremendous job. They filled a niche that we have not been able to reach. Ms. Hyder stated that people have heard announcements at grocery stores for on the spot appointments and that model has helped them to get vaccinated.

- The median age of clients getting vaccinations through other providers is age 37, whereas the median age for clients getting vaccinated through the health department is age 50. We were able to help with the older clientele in the beginning and other providers are helping to reach the younger group.

Commissioner Kamalu asked to clarify the median age. Ms. Hyder shared that the median age was over time. However, for August, the median ages have been 31 and 27, so we are pretty even now.

- Right now, 194,227 county residents have received at least one dose and 177,166 county residents are fully vaccinated.
- Nearly 50% of the total population is fully vaccinated. Of those who are eligible to be vaccinated, (those age 12 and older) 63% are fully vaccinated.
- As soon as more age groups opened up, we saw increases in vaccination rates. Our older population has high vaccination rates and our younger population has lower vaccination rates. Among school aged children, 45% have been fully vaccinated.

Mr. Wood stated that our vaccination rates are pretty high for such a short period. Mr. Hatch said that vaccines are a game changer and to remember the age groups. We are doing really well in our area. This data helps to guide policy decisions.

- When looking at vaccinations by area, the areas nearest to our mass vaccination site have the highest rates.
- Clearfield, Layton, and South Weber have the lowest rates. We have focused our outreaches in these areas and have made a difference, but the rates are still lower.
- According to the state, Clearfield has the largest proportion of hesitancy in our county. We are still trying to figure out their why and provide quality information to residents.

Mr. Zigich said that he recently saw that the military is going to be 100% vaccinated, which should improve our numbers because of Hill Air Force Base. Ms. Hyder stated that it could potentially help, if the numbers get reported to us. They get reported to a federal system. Mr. Hatch clarified that active military gets reported. Ms. Hyder said that if they are a civilian or contractor, then they would get reported to us if they live in Davis County, but if they are on active duty, it is shared jurisdiction, so some

get reported to the state, and then to us. We did see more service members and civilians come into our clinics over the last few weeks because they required civilians to get vaccinated. Mr. Zigich said that there may be a lag in the reporting.

Commissioner Kamalu asked if the rate of 45% of school age who were fully vaccinated was for those who were eligible. Ms. Hyder said yes, those ages 12 to 17. Mr. Hatch said that there are also many school age children who have had at least one dose. Ms. Hyder shared that 55% of those who are 12-17 years old have had at least one dose. Mr. Wood stated that that is impressive and very high, especially when you look at the population and the geography. Commissioner Kamalu said that is exciting.

Commissioner Kamalu asked about Clearfield being a standout in the state. Ms. Hyder clarified that among the small areas in our county, Clearfield has the largest percentage, at 30%. Commissioner Kamalu asked if it correlated with general vaccine hesitancy or if it is because it is a new vaccination. Ms. Hyder shared that our Community Health Workers have shared that there is hesitancy for some because it is not fully FDA approved; the working communities are concerned about not having sick leave to deal with side effects; or they do not have the ability to take time off to get it; and there is a general do not dictate my life feeling.

Ms. Taylor asked about those who were vaccinated early on and how their immune response is doing now. Ms. Hyder shared that Ms. Maggie Matthews will present that data later. Mr. Hatch said generally speaking, we are learning every day about immunity. In general, your immunity will wane and it is dependent on a lot of factors. Commissioner Kamalu asked if it is just a matter of time for the FDA to give approval or what the reason is for not fully approving it. Mr. Hatch shared that he does not know for sure. This vaccine has far more data than others that have received approval. There is a hesitancy, maybe the backlash and timing, we are not sure why, but they are moving towards approval. They have the data and have more information than with normal vaccine trials. Ms. Matthews shared that they have not wrapped up Phase III clinical trials.

- The health department has done over 160 outreach events with over 100 partners. We have administered 3,223 vaccinations through those events, and would like to give a big thanks to our Community Health Workers for their help.
- Half of our total population is fully vaccinated and over two-thirds of the eligible population have started the process.
- There are still gaps and we are moving forward with giving vaccinations at our three senior centers and continuing to do outreach and pop-up clinics where requested and needed.

Ms. Blackham said that we have made great partners with the school district and have seen great success in our junior highs. Ms. Hyder shared that the elementary school lunch program has been a successful partnership for promoting vaccination and other resources.

Ms. Maggie Matthews presented surveillance data:

- Last year, around the holidays in June and July, there was an increase in cases, and we saw the same pattern this year. However, in August of last year, there was a decline in cases, but that has not been the case this year.

- Last year, after the decline in August, there was an increase in September and then we hit our peak in late December and early January.
- This year, when we started vaccinating individuals, we saw a steep decline in cases, and we are having our first surge since then recently.
- Hospitalizations have increased over time as our cases have increased. We have had an increase in hospitalizations compared to last year.
- There have been some breakthrough cases, which means that an individual had COVID-19 at least two weeks from vaccine completion. In mid-June, we started seeing an uptick in fully vaccinated individuals having cases of COVID. However, there is still a significant difference between our vaccinated and unvaccinated individuals testing positive for COVID-19.
- Variants have been driving outbreaks. When we started doing sequencing in January, we saw a lot of the California variants, and then it changed in February to the UK variant, and in June, we have been predominantly seeing the Delta variant. It takes three weeks to get the results of sequencing and they are working on shortening that time.
- Over 90% of cases in Davis County are from the Delta variant and this rate is being seen statewide. This is concerning because it is twice as contagious as other variants, according to early CDC data. We are also seeing more severe illness in unvaccinated individuals. Fully vaccinated individuals are more likely to become infected with the Delta variant, but they are infectious for less time.
- Right now, studies are showing that the Pfizer and Moderna vaccines are still 88% effective against the Delta variant. Even though we are seeing an increase in cases, there are still low amounts of hospitalizations and deaths, and we are still doing okay.
- Our cumulative cases are 42,546, 1,014 hospitalizations,196 mortalities, the percent positivity (test over test) is 8.4%, and over half a million tests have been conducted.
- Over the past 14 days, there have been 1,266 cases, 40 hospitalizations, 5 mortalities, a 10.5% percent positivity, and 12,641 tests have been administered.

There was confusion on if it was state or local data. Ms. Blackham clarified that it was Davis County specific data. Mr. Wood said that that makes more sense. Ms. Matthews shared that any data that she breaks down will be Davis County specific, unless otherwise stated.

- When looking at the past seven day case averages over time, we saw a decline in cases when we started vaccinating. There is a slight uptick with the Delta variant, but overall, we have stayed pretty stable.

Mr. Wood stated that they are having their staff wearing additional PPE and some of their physicians are wondering if it needs to be hyped up. They have wondered about those who were hospitalized and how many came in with other diagnoses, but tested positive for COVID-19 and no other comorbidities. They will be researching it at the hospital, but he felt that it might be helpful for the health department to look into it too. Ms. Matthews stated that the state counts anyone who is hospitalized, regardless of why they were hospitalized. At the county level, we only count those who were hospitalized primarily for COVID-19. That does not mean that they do not have another condition, but if they were in the hospital and treated for COVID-19, we count them in our hospitalizations.

Ms. Matthews shared that a lot of those who are hospitalized do have comorbidities. Mr. Wood shared that anecdotally, many have come to their hospital that did not have any comorbidities, but have passed away from COVID-19. He shared an example of a 50 year old who was healthy, but passed away from COVID-19. He was not vaccinated. They have not had vaccinated individuals in the ICU yet. He said to put the odds in your favor with getting the vaccine. They are not having deaths associated with those who are vaccinated. Commissioner Kamalu said that that is really significant.

Commissioner Kamalu shared that anecdotally, a person was sick with COVID-19 and had vomiting as a symptom, and she wondered if we were seeing that more with Delta cases. Ms. Matthews shared that it has been consistent throughout for both vomiting and GI symptoms. Commissioner Kamalu said thanks and that she had never heard of it as a symptom. Ms. Matthews shared that it can be hard to determine when someone is hospitalized with those symptoms if it was related to COVID-19 or another condition.

Ms. Matthews shared that 95% of cases at this point have been unvaccinated. This is the same for hospitalizations, 95% have been unvaccinated. Mr. Wood said so it is a 5% breakthrough. Ms. Matthews shared that a 5% breakthrough is what we would expect with the vaccine being 95% effective.

Ms. O'Flarity asked about hospital capacity and if it had improved. Mr. Wood shared that at Lakeview Hospital, even though the number of patients who are coming in because of COVID-19 is relatively small compared to all individuals at the hospital, they are at capacity. Every bed is full and every nurse is busy. If they had more nurses, they could open up another wing, but do not have the staffing for it. They have been on closure for half of last week, and try to shift patients as much as they can, but they could not shift patients to other ICUs last week because they were all full. There is a lot of regular sickness and treatments are being done that were delayed last year. It is not a good time to get sick.

Mr. Hatch said that we have heard that this is now a pandemic of the unvaccinated and the data is supporting that. We are dealing with a new variant that appears to be more infectious and it is greatly affecting the unvaccinated. We still have 40% of our population that is unvaccinated. He is concerned about breakthroughs with vulnerable populations, especially long-term care. We do not know how much immunity is waning in that population. Back to school is also a concern. This is part of what we are dealing with when setting policies. We know where we are at and what we need to do. Davis County for the most part is doing the right things. We are doing well generally speaking. We have concerns with increasing rates in an unvaccinated population, and we are concerned about kids, because we do not know what it will look like at this point.

Dr. Taylor wondered how many children were hospitalized. Mr. Wood said that he would like to know that as well, because the stats are not correct in the emails that he has received. Mr. Hatch shared that what he has heard anecdotally from the pediatric hospitals is that they are reaching capacity and had not been before. There is a trend that way for younger cases. Mr. Wood asked if it was from COVID-19 or other conditions. Mr. Hatch said it was from COVID-19. Previously, it seemed to be fairly mild in kids last year. If we look at our case rates, we see increases happening in our younger populations, those 12 and under. They are unvaccinated, so it is not a surprise. All of the following age groups are seeing an increase: 0-1, 1-14, 15-24, 25-44. We are starting to climb quicker than last year.

Mr. Wood asked if hospitalizations will mirror this. Ms. Matthews shared that throughout the outbreak, we have had 20 cases under the age of 18 that have been hospitalized, and almost half of them have had Multisystem Inflammatory Syndrome in Children (MIS-C) due to COVID-19. Mr. Wood said so 10 kids or 50% have had long term effects from COVID-19 and asked about how to use those rates to make

decisions with schools and closing schools. Mr. Hatch said that these are the debates that are going on. Mr. Wood said that we have to watch it. Mr. Hatch agreed. He said that they are still trying to decide if we should move to preventative measures like last year or if we should wait and see and react to the situation. It is very polarized. There are those who want you to protect them at all cost and others who want us to do nothing. We are in the middle. We are charged with protecting public health. We are looking for a good balance and the data will help drive the decision.

Mr. Hatch said that there is a lot of legislative talk right now and it is hard to navigate. Public health still has the authority to take action, but it has been altered and reduced. We have the authority to do something for 30 days, but it has to be in conjunction with the commissioners. Commissioner Kamalu said that we did this all the time before. Mr. Hatch said that we have always made decisions together during this pandemic. After 30 days, the legislature can weigh in on further action. The state has shifted it down to a local response, which has created confusion. We have not taken any action. We are still in a wait and see. Mr. Hatch shared that he believes in the data and tries to follow it. We are trying to find the balance in the middle. Where we go will be dependent on the data. If we wait too long, we may overrun the system that takes care of vulnerable populations. In collaboration with healthcare, legislators, the community, and schools, we are trying to work through the process together. It changes every day. Mayor Lewis said that he supports the health department and that we follow the experts. He has heard multiple times in Bountiful that they are done with masks and do not care anymore. There is this sentiment that is spreading like the disease itself. The messaging has to be such that we help people see that it will help us. People are tired of masks and it will take people mighty work to change.

Director's Report (Information)
Bypassed this update due to time constraints.

Budget Report (Information)
Bypassed this update due to time constraints.

UALBOH (Information)
Mr. Hatch shared that the UALBOH Symposium will be held in September. It will be a great introduction to equity and the social determinants of health. It will give the Board a good base understanding for what these mean to public health. The Lieutenant Governor is coming to speak and will introduce the One Utah Roadmap. It will help guide the Board to support the Department.

Chair's Report (Information)
Bypassed this update due to time constraints.

Commissioner's Report (Information)
Bypassed this update due to time constraints.

Adjournment
The meeting was adjourned at 9:16 a.m.

NEXT MEETING: **November 9, 2021**
7:30 a.m.