

HEALTH BLUE RIBBON COMMITTEE (BRC) MEETING MINUTES 16FEB2021

Voting members present: Kathie Lynch (Chair), Ann Birner (Minutes), Kim McNamara, Richard DiPentima, James Petersen, Bianca Monteiro

Non-voting city staff present: Stephanie Seacord, Kristin Shaw

Action items below identify name of responsible party in bold.

Kathie read the approved the waiver for remote meeting participation during the pandemic and participants identified location and any others present at that location. A motion to approve the minutes of February 9th was made by James, seconded by Ann, and approved without comment or discussion.

The weekly dashboard was reviewed with the following highlights: positivity is <5% statewide, slightly >5% locally, fluctuating somewhat day by day. Cases are down and vaccinations are up. Of note and to watch: UNH cases are up and variant B.1.1.7 has arrived in NH. NH DHHS is conducting contact-tracing and genetic testing to identify the presence of this or other variants and monitor its spread. Vaccine doses administered in NH lag behind doses received at least in part due to 2nd doses being held in reserve for scheduled clinic and second dose allocations. A link in the dashboard leads to more detailed information on the vaccination program including how many first and second doses have been given. **Kathie** will present the dashboard at the Reopen BRC next meeting tomorrow.

The Mask FAQ has been updated and posted. Important to continue to emphasize the need for masking and other risk reduction efforts post-vaccination, to protect vulnerable populations and continue to full recovery. **Kathie** will reinforce this concept during the Reopen BRC meeting tomorrow.

The use of anti-inflammatory agents before vaccination was discussed. As these drugs can possibly interfere with the immune response critical to the value of the vaccine, use should be minimized and limited to treatment of symptoms after vaccination, and not used as prophylaxis prior to vaccination.

Kristin noted that calls to the Health Department about next steps post vaccination have dropped off. DHHS has not replied to correspondence on post-vaccination patient education. The VSafe program has been found to be difficult to use by some on the call who have attempted to use it, but not by others. It was hypothesized that this might be dependent upon the browser being used. As this is a federal undertaking, would be difficult for the committee to prompt changes. Will discuss further next week.

CO2 monitoring is a traditional key indicator of ventilation effectiveness for public health efforts e.g. “sick building” workups. ASHRAE has guidance, as does Washington State (as previously circulated by James); the latter is specific to dining safety during the pandemic. CO2 levels can serve as a proxy of sorts for occupancy and ventilation. The Reopen BRC and Chamber Collaborative may be interested to learn more about this. Many pros and cons were identified, with an agreement for **all committee members** to mull this over before further circulating this information.

There were no public comments. James made a motion to close the meeting, seconded by Ann, all agreed.