

HEALTH BLUE RIBBON COMMITTEE (BRC) MEETING MINUTES 30MARCH2021

Voting members present: Kathie Lynch (Chair), Ann Birner (Minutes), Toni McLellan for Kim McNamara, Richard DiPentima, James Petersen

Non-voting city staff present: Stephanie Seacord

Action items below identify name of responsible party in bold font.

Kathie read the approved 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 the 23rd was made James, seconded by Rich. Ann recommended that the version circulated to members by Stephanie on March 24th be considered for approval. So moved by Rich, seconded by Ann, and approved unanimously.

The dashboard was reviewed by Kathie, who noted that NH is struggling to reduce cases – particularly in Rockingham County and Portsmouth. Vaccination news is good – proportion of populace vaccinated is rising and the program is opening to more citizens. Stephanie clarified again that the denominator for percent vaccinated is the entire population, not just those eligible for vaccine. Dark blue graphics on the state map represent problem areas in Hillsborough, Rockingham, and Strafford counties. On the national map, NH is now “red” and a higher level of concern vs last week. NH is not alone as cases are rising nationwide. **Stephanie** will update so that number of cases show up on the graphs and **Ann** will present it at the Reopen BRC meeting.

National commentary (CDC, President Biden) has recently addressed vaccine hesitancy. Why vaccines make sense and emphasizing positive outcomes are encouraged approaches as included in the Vaccine FAQ. It is up to date with respect to phases open as of last week. Pregnancy language currently recommends individual discussion with a health care provider. **Kathie** will work with **Stephanie** will review for need of further updates.

The committee is concerned about lack of public awareness and possible under prescribing of monoclonal antibodies (MABs) currently available to the public under FDA Emergency Use Authorization. Consensus was that the committee’s primary goal with respect to this issue is to raise awareness and provide individuals with sufficient information to contact their primary care provider in a timely fashion and raise the question as to whether such treatment would be indicated. Discussion ensued as to the best approach to achieve this goal. **Rich** will draft an FAQ on the topic (exact title TBD) “You Tested Positive for COVID-19, What Treatments are Available?”. The scope will be limited to MABs, which are only given to patients not yet hospitalized, and not treatments typically given to hospitalized patients.

Committee members are concerned that students who are not state residents will not be included in NH’s vaccination efforts in the foreseeable future. These students often live in risky settings (congregate housing), will contribute to community transmission, and are of a demographic that tends to be highly sociable. They pay a higher tuition than in state students and may not be able to, and should not be encouraged to, travel to their home states for a dose of vaccine. As the semester draws to a close, the single dose J&J vaccine would be ideal. **Ann** will draft a letter to Governor Sununu expressing these concerns and ideas. **Toni** will inquire as to whether the committee can be authorized to send such a letter via the Health Department.

Toni reported that the regional vaccination effort is keeping the Health Department extremely busy, with equity outreach and hospitality industry outreach ongoing across over 20 towns. They are committed to continuing the program until every person wanting vaccination has received full vaccination. **Toni** will follow up with her team to determine if there is any way Health BRC members can provide support.

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