# JEFFERSON COUNTY HEALTH DEPARTMENT 405 Main Street, Hillsboro, MO 63050 September 23, 2021

# CALL TO ORDER

Chairman Diehl called the meeting of the Board of Trustees of the Jefferson County

Health Department to order at 3:02pm

### **ROLL CALL**

Dennis Diehl, Chairman - Present
Dr. Amber Henry, Vice-Chairman - Present
James Prater, Secretary-Treasurer - Present
Tim Pigg, Member - Present
Susan (Suzy) Davis, Member - Present

### **OTHERS ATTENDING**

☑Kelley Vollmar, Director
☑Steve Sikes, Deputy Director Operations
☑Jennifer Pinkley, Deputy Director Admin.
☑Sreenivasa Dandamudi, Legal Counsel

⊠Others in attendance:

Kevin Carbery, Leader Publications

#### APPROVAL OF AGENDA

Dr. Henry made a motion to approve the agenda. Mr. Prater seconded. Hearing no discussion, the motion carried unanimously. Chairman Diehl announced the motion had passed.

# APPROVAL OF August 26, 2021 MINUTES

Mr. Pigg made a motion to approve the **August 26, 2021** minutes. Mr. Prater seconded. Hearing no discussion, the motion carried and Chairman Diehl announced the motion had passed.

# August 2021 APPROVAL EXPENDITURES

Mr. Prater motioned to approve the August 2021 expenditures in the amount of \$170,331.33. Dr. Henry seconded. Hearing no discussion, the motion carried and Chairman Diehl announced the motion had passed.

# **August 2021 APPROVAL ELECTRONIC PAYMENTS**

Dr. Henry motioned to approve the electronic payments for August 2021 in the amount of \$454,260.27. Mr. Prater seconded. Motion carried and Chairman Diehl announced the motion had passed.

# October 2021 PRE-APPROVAL ELECTRONIC PAYMENTS

The list of vendors for pre-approved electronic payments for October 2021 presented to the board with an estimated amount of \$583,837.25. Dr. Henry motioned to pre-approve the October 2021 Electronic Payments. Mr. Prater seconded. Motion carried and Chairman Diehl announced the motion had passed.

### DIRECTOR'S REPORT - KELLEY VOLLMAR

The weekly case counts for the whole population but as well far used population continued to climb and the cases for the zero - 19 group age group represent our highest percentage of increases in this past week. There were 251 total new cases for the zero to 19 group which is the highest weekly case count we have ever seen for this group. Last week the weekly case count had previously been the highest we've seen at 237 cases and the week before at 217 was the highest we've seen since November of 2020 during the last year surge, again our children's cases are a particular concern to us because the five-to-11-year-olds are unable to get the vaccine. We are responsible for ensuring that there are measures around them to help protect them and to keep them safe until the vaccine is available to them. At this current point in time, we were looking at the potential for authorization for the 5- to 11-year-old sometime around the end of October to beginning of November again there are several steps that are part of that process including some locally within the state so once we get more information, we will let you know. Last week we had five COVID deaths and four outbreaks at long term care facilities. Other information to mention, as I know a lot of times people are wondering about tests are positivity rates normally when your number of tests increase your positivity rates come down because you're finding more negative individuals than positive, we have seen a significant increase in the last two weeks of testing which is encouraging that's a good thing we had 4903 tests last week but unfortunately we still did see an increase from 12.8% to 13.3% of our cases that were positive. Other numbers shared last month was the monoclonal antibody sites and we discussed the opportunity through the state to be able to have that locally here at Jefferson Mercy site in Festus. To date they have seen 194 patients, so they are extremely pleased with the turnout at that site. They are at the point now they are consistently getting to almost filling it or filling their daily patient counts so that is a fantastic resource for those who are mildly sick to try to prevent hospitalizations. Dr. Henry asked Director Vollmar if patients had to be referred by a doctor and she answered yes, they must be referred or have a doctor's script.

We are in the last quarter of another year, but it is time of year for regular flu shots and those are now available to be scheduled at our all our offices. We are doing the clinics not only in house but also in the community those days will be forthcoming

but, in the meantime, we are scheduled with a couple of school districts where we are going onsite to do clinics this year. We are partnering with Hillsboro, Northwest, Sunrise, Jefferson R-7 and Grandview so far right now. With the limitations are in terms of staffing ability to be able to man those sites just in terms of transition of nursing staff, this year \$35 for the regular flu vaccine and \$75 for the high dose flu vaccine.

We are participating in Project Homeless Connect again this year and it's a one-day event with service for individuals within Jefferson County who are homeless, it will be October 14th. We are going to be providing dental services, vital records services, so individuals can get new copy or get a copy of their birth certificates, Wellness services, COVID vaccines and COVID testing the location will be at the Arnold First Baptist Church so we're excited to be a part of that again this year.

Mrs. Davis asked Chairman Diehl for the floor to make some comments in regard to the director's report. She noted that cases that we're seeing an 80% seemed to be unvaccinated that means that there's 20% faulty vaccines because of people with resonated so are still getting sick with COVID. The PCR cases may be high but when we follow the PCR that is we're finding that there are mild cases if any at all with the children and they don't get hospitalized with or ending up dead. The fact that this is being pushed on these kids, we don't need to keep them safe until they can get a vaccine, we need to honor and respect their national immunities which is very strong and children they have a 99.997% chance of getting sick ill or dying from COVID. The RO right now is under one right now so that means that infection is going to start dropping. Mrs. Davis stated that she has a friend who received the Monoclonal antibody treatment and had horrible side effects from it and it did not help them at all, so it is "not the savior you are saying that it is." Mrs. Davis continued, "I have you know I have been taking care of myself and my natural immunities. And you know if and when I do get faced with COVID my body's going to fight it and I'm going to come out without any problems, and I don't have to have a vaccine. That's what we need to be talking about that nobody is talking about and I'm not I'm not afraid to talk." Mrs. Davis alleged that the vaccines have very low efficacy but what was promised to us was these vaccines has not come through like they said would they it was said originally there would be 95% or higher efficacy and that would not get sick with COVID.

Mr. Pigg asked for the floor, and it was granted by Chairman Diehl. Mr. Pigg asked Mrs. Davis if she had any sources of the information she just stated. She answered that she certainly did and that she would be happy to give it to everyone. Mr. Pigg stated that she just gave a lot of information and did not put a lot of sources to it. Mrs. Davis interrupted Mr. Pigg to which Chairman Diehl called Mrs. Davis out of order. Mr. Pigg stated he was respectful while Mrs. Davis was speaking, and he would like the same respect. Mr. Pigg said that yes, it is an individual chose to get the vaccine, but when you say that no child should get a vaccine then Measles, Mumps, Polio will make a comeback. Mrs. Davis interrupted Mr. Pigg to which Chairman Diehl called Mrs. Davis out of order. Mr. Pigg stated, "Vaccines are there to help your body

fight diseases, we should not force those vaccines, but we should make those vaccines available for those who want to get those vaccines. We should not stop or withhold them we should offer it freely to everybody.

Mrs. Vollmar received a report today from our working task force who sends us the clinical updates for each of the major pandemic task forces hospitals throughout the Saint Louis area and they show pediatric COVID inpatient hospitalizations skyrocketed within the month of August. They had more than almost twice as many hospitalizations then were seen during their worst months of the COVID pandemic in November and December and January of last year, we are seeing that our patients right now with in the age group most impacted with zero to 12 age group last month alone there were 126 patients who were pediatric patients in the hospital their length of stay is ranging from two to five days during that month. In terms of the numbers of individuals that are ending up in ICU's we're also seeing a significant number of children are ending up in the ICU. As far as the efficacy of the vaccine and it's been shown to still be affective against the delta variant so as far as individuals who receive any other vaccine we do not expect any other vaccine to be 100% totally effective, if you receive a flu vaccine or the chickenpox vaccine you receive any of these other vaccines there's going to be break some cases in any of those situations what we're looking for is one to reduce the severity of those cases and to protect the larger population so even though we're seeing break the cases with the COVID vaccines those are expected what we're seeing is mild cases we're seeing those individuals are not getting hospitalized at the same rates as their unimmunized peers. Regarding other methods beyond masking and social distancing to be able to protect our

populations, monoclonal antibody treatments are another measure to be able to prevent hospitalizations and to reduce the severity of illness and prevent individuals from going into the hospital. One thing she advised against is looking to one magic bullet as far as what a particular remedy would be, just as masks aren't, social distancing aren't, monoclonal antibody treatment aren't, the promotion of other things such as Ivermectin and other types of dangerous chemicals that should not be ingested in an individual's bodies that have been shown on health advisory alerts from our own department health and senior services are also things that we should not promote to our community as far as methods to safely treat the prevention of COVID.

Mrs. Davis asked for the floor, Chairman Diehl said we are going to debate this you had your chance to make your statements like everyone else. Mrs. Davis replied to Chairman Diehl that she has a rebuttable to Mrs. Vollmar statements because she believes it is misinformation. Chairman Diehl called Mrs. Davis out of order. Chairman Diehl stated he had a couple of comments, one is a large issue with children getting COVID is that even if they may not get sick as often or hospitalized as often or die is often, they are able to transmit the virus, that's a huge problem so you cannot discount cases among children. The other point is it's great for everyone to have as good an immune system as possible but no one who hasn't been exposed to this virus has immunity to it it's a novel virus it's never been seen before people do not have natural immunity there's no such thing.

Mrs. Davis asked for the floor, Chairman Diehl told Mrs. Davis she is on the agenda later to which Mrs. Davis replied that it's not related to anything else later. Mrs. Davis stated that she represents the people and that's what I'm doing, to which Chairman Diehl replied that's what we're all trying to do. Mrs. Davis continued stating that there is treatment for COVID and that SARS has been around for years and that it's something that 99.97% of the people survive. Chairman Diehl told Mrs. Davis that he would warn her one more time and if she speaks out of order again, she will be removed from the meeting.

Mrs. Davis stated that she actually didn't have a lot, but she wanted to go over a couple more items and those are that basically out of all of the cases that we have had out of all the PCR cases have been proven to be faulty they're picking up viruses and colds that people have, dead fragments literally a lot of times that's like a good percentage of the people that have the PCR test done are not symptomatic. If you don't have symptoms, you are not sick where you know this a symptomatic theory is really not really panning out because the people that are sick with fever and symptoms are the ones that are spreading things. During Flu season you are going to have people hospitalized, we have people that deal with pneumonia and those people for the most part have comorbidities. Mrs. Davis said there are treatments out there and she isn't ashamed or afraid to say it because it is working, it does definitely have to be done in the correct dosage. Wouldn't we be much better off we can help people before they go into the hospital and just depend on a vaccine that we really don't know the future ramifications are. Mrs. Davis stated that she is not against vaccines she is against untested vaccines, there have been a lot of adverse reactions to these vaccines. We should encourage people to talk to their doctor about other things that are working to keep them out of the hospital. First it was wear a mask and social distance then it was taking the vaccine and now it is you need a third vaccine when is it going to end, this vaccine hasn't been proved over time to make sure that it is not affecting people.

Mr. Pigg takes issues with Mrs. Davis thinking this Board are uneducated on unknowledgeable and that it is quite the country that everybody on this board understands both sides of the issue very well. The two drugs you mentioned Hydroxychloroquine and Ivermectin, if those get approved by CDC or FDA then we can come out say those are approved to treat COVID, but until then we can't do that.

# **OLD BUSINESS**

None

#### **NEW BUSINESS**

# Approval to renew Lease of real property

The board asked for more information last month regarding what would happen if we didn't give them notice or if we wanted to terminate the lease. Mr. Sikes worked with legal counsel and reviewed the lease and basically during the lease if we would say we went out early we would be responsible for the term of the lease unless the landlord would find another tenant and we have to let them know if we plan to renew the lease by October according to the terms of our lease. Steve and Chairman

Diehl talked about this also and he gave me some other good information one is that location is so convenient because it's close so people can move back and forth if they need to also it's provided another set of parking spaces that we really need so that's helpful.

Mr. Pigg made a motion to give Mrs. Vollmar the approval to sign the lease moving forward for another year for the real property. Mr. Prater seconded. Motion carried unanimously and Chairman Diehl announced the motion had passed

The next two items are regarding setting dates for the November and December meetings we always have conflicts because of the holidays Chairman Diehl asked Director Vollmar for our options. The two available dates for the November Board meeting are Tuesday November 23rd or Tuesday November 30th so the day that our board meetings would normally fall on is Thanksgiving. It was decided to have the November Board meeting on Tuesday November 30, 2021. December, we run into the same issue again so we're looking at the week of Christmas so we are trying to see if the Tuesday December 21st or Wednesday December 22nd prior to Christmas would work for any of the board members thinking that probably the following week most people would be on vacation. It was decided to have the December Board meeting on Tuesday December 21, 2021.

#### **ADJOURN**

Mr. Pigg motioned to adjourn the meeting. Dr. Henry seconded. Motion carried unanimously and Chairman Diehl announced the motion had passed. Meeting adjourned at 3:53 PM.

Secretary-Treasurer