

**COUNTY OF LOS ANGELES  
PUBLIC HEALTH COMMISSION  
August 12, 2021**

**COMMISSIONERS**

Kelly Colopy, M.P.P., **Chairperson** \*  
Alina Dorian, Ph.D., **Vice-Chair** \*  
Crystal D. Crawford, J.D.\*  
Diego Rodrigues, LMFT, MA \*  
Patrick T. Dowling, M.D., M.P.H.\*

**DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES**

Dr. Barbara Ferrer, Director of Public Health \*  
Dr. Muntu Davis, Health Officer \*\*

**PUBLIC HEALTH COMMISSION ADVISORS**

Christina Vane-Perez, Chief of Staff \*  
Dawna Treece, PH Commission Liaison\*  
**\*Present \*\*Excused \*\*\*Absent**

<b>TOPIC</b>	<b>DISCUSSION/FINDINGS</b>	<b>RECOMMENDATION/ACTION/FOLLOW-UP</b>
<b><u>I. Call to Order</u></b>	<i>The meeting was called to order remotely at 10:33 a.m. by Chair Colopy</i>	<i>Information only.</i>
<b><u>II. Announcements and Introductions</u></b>	The Commissioners and DPH staff introduced themselves.  June and July minutes	<i>Information only.</i>  <i>Minutes moved to next month</i>
<b><u>III. Public Health Report</u></b>	Dr. Ferrer, Director, Los Angeles County Department of Public Health  Cases in unvaccinated people have risen faster and higher than they have among vaccinated people. Of the approximately 2,000 cases identified daily in late July, about 1,500 cases were among unvaccinated residents. When there are high rates of community transmission, the risk of infection increases most for unvaccinated individuals, but fully vaccinated people also have an increased chance of encountering an infected person because there are more infected people circulating. Different age groups have different case rates, likely because of the social mixing that leads to transmission. Case rates differ dramatically both by vaccination status and by age group: the highest rates are among unvaccinated or partially vaccinated adults between the ages of 18 and 49. The next	

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highest case rates are among unvaccinated or partially vaccinated older adults, and below them, vaccinated younger and older adults.

The age group with the lowest rates of transmission continues to be children between the ages of zero and four. Cases are rising faster and to higher levels among older children: children aged 5 to 11, and those age 12 to 17, have similar case rates. Looking back at the distribution of cases among these age groups during our wintertime surge, children in the oldest age group, 12-17, had rates a bit higher than those of younger children. Now that the older age group is eligible for the vaccine, we now see transmission within this older age group substantially diminished.

In late July, about 94 people newly admitted to the hospital each day were positive for COVID; of these, 83, or 88%, were unvaccinated. The highest hospitalization rate is among older unvaccinated adults. These are our highest-risk residents because of their age, likelihood of having comorbidities, and lack of vaccine protection. Hospitalizations in this group are rising very quickly.

Hospitalizations in younger unvaccinated adults are also rising. Relative to these trends, hospitalization rates among vaccinated adults of all ages remain nearly flat – even among those older adults. Without vaccination, cases would likely be 60 to 100% higher.

Hospitalization remains low but increasing slightly in all age groups. Although rates are low, the pattern that has been present throughout the pandemic is still in effect: hospitalizations are highest among the youngest children aged 0-4, lower among children aged 12-17, and lowest in children 5-11.

As of August 6th, we have administered nearly 11.3 million doses to residents 12 and older, including nearly 6.3 million first doses and more than 5 million second doses. This means more than 6.3 million L.A. County residents have received one dose, and more than 5.5 million are fully vaccinated. Overall, 72% of LAC residents 12 and over have received at least one dose of vaccine, and 62% are fully vaccinated. For residents 65 and older, 80% are fully vaccinated. For teens 12-17, the rate of vaccination is lower, with 44% fully vaccinated.

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We continue to see consistent increases in vaccination over the last few weeks. Between July 26th and August 1st, we administered 81,241 doses across the entire County network, an increase of more than 7,000 from the previous week.

As children begin returning to school this month, LAC is partnering with school districts to increase access to vaccines. High schools and middle schools are planning more than 135 vaccine events in August, many occurring during student registration sessions in the first half of the month. These events are open to students, staff, teachers, parents and in many instances, community residents.

Our mobile vaccination teams also continue to work hard to reach unvaccinated people in the neighborhoods where they live and work. This week, teams are making nearly 400 visits countywide. Anyone can request a mobile team at their place of work or in your community by going to our website, [vaccinatelacounty.com](http://vaccinatelacounty.com), and clicking the yellow “host a mobile vaccine clinic” button.

Healthcare workers have been among the County’s highest-risk populations for COVID-19 infections since the beginning of the pandemic. As PPE became more widely available and vaccinations increased among healthcare workers, their infection rates declined earlier this year. However, the County is now seeing transmission rise in this group; between July 25 and July 31, 268 healthcare workers and first responders tested positive for COVID-19.

Healthcare workers are not uniformly vaccinated, and while consistent use of respirators and PPE reduces the likelihood of transmission within healthcare settings, unvaccinated workers are still at higher risk for being infected in their communities when community transmission is high. Because many healthcare workers have close contact with very vulnerable patients, it is therefore of particular importance to prevent infection in healthcare workers: the better protected they are, the safer it is for the vulnerable people they care for, and the easier it is to ensure that healthcare facilities can remain fully staffed during the pandemic.

Given the need to protect healthcare workers and the populations they care for, Los Angeles County issued a Health Officer Order to align with State Orders that mandates vaccinations for healthcare workers by September 30.

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	<p>The County Order will also include three additional groups of healthcare workers: emergency medical technicians and paramedics, home healthcare workers, and dental practice employees. Over the coming weeks, the County will work collaboratively and closely with healthcare and labor partners to develop an effective education and implementation strategy.</p> <p>For more information and COVID-19 updates visit <a href="http://publichealth.lacounty.gov/media/Coronavirus/">http://publichealth.lacounty.gov/media/Coronavirus/</a></p>	
<p><b><u>IV. Presentation:</u></b></p>	<p><b>PRESENTATION OVERVIEW</b></p> <p>Dr. Deborah Allen, Bureau Director for Health Promotion</p> <p>The Education Branch is a new section within the Incident Command Structure for Public Health that is made up of several teams partnering and providing guidance for the schools in LAC. The branch consists of the Exposure Management, Outbreak Management, Prevention, ECE, Higher Ed and Child Welfare/Probation teams. The goal is to assure a unified, strategic approach that focuses on population and setting as well as to speak to schools with a consistent voice.</p> <p>The Education Team is centered around our school technical assistant team under the leadership of Dr. Gilchick. Dr. Gilchick is specifically responsible for preventive activities in the schools. The STAT Team conducts site visits to the schools and visited over 2,000 K-12 schools last year in LAC as a preventative basis and gave schools guidance on how to implement protocols, what is needed for social distancing, and infection control.</p> <p>The Exposure management group follows up on cases then hands over/transfer the process to the Outbreak management group whenever there are three or more epidemiologically connected cases in a school. The Higher Education team focuses on institutes of higher education, and the Childcare Welfare Team looks at kids in the child welfare system to see how they are protected, particularly those living in DCFS runed group. Kids who are in the system have unique needsand unique risk so there is a strong concern about their protection. The Education branch brings these previously separated groups all together.</p>	

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The Education Branch is a subset of the Special Population section. This new section focuses on people united by their demographic profile and commonalities. This includes schools, education, and youth, but also Persons Experiencing Homelessness (PEH) and people in the prison system.

The purpose of creating the Education Branch is to assure a unified and strategic approach to the schools. Under the Branch, teams are allowed to be agile and to shift from prevention to another section if there is an overwhelming number of outbreaks. The goal of speaking to the schools with a consistent voice is so that everyone is clear on what the current policy is and message to the schools.

Out of a million+ K-12 students and about 200,000+ adults in the schools, there were 9000 total cases. This month, there were 429 new cases amongst students, which is about 20% as many cases last school year. The numbers are increasing in sports such as cheerleading and football. Although cheerleading and football are conducted outdoors, kids may go to events in buses, carpool, or they meet in locker rooms and then there may be an audience that will be yelling, which is not a recommended activity because of contagion transmission. Kids are getting it from each other and then taking it home.

The schools will be conducting an estimate of about 600,000 tests a week. 1% of tests will come back positive. Schools are funded to conduct weekly tests. So, estimating 600,000 tests a week will reveal 6,000 positive cases.

Public Health in turn needs to be able to take 6,000 phone calls a week, able to connect with 6,000 positive individuals, follow up on 600 clusters to determine if they are outbreaks, and then follow up on 150 outbreaks a week. The cascade gives a framework for knowing which numbers may change, how to readjust the model, and determine whether to hire more staff or to shift staff around to handle the workload.

Public Health will delay opening of the School Wellbeing Centers and reassign the staff to do the intakes on those 6,000 estimated people.

The things that are mandatory for reopening the schools includes the new Health Officer Order about vaccination or testing, universal use of masks, except for people who have a legitimate medical verified reason not to use one. And the mandatory reporting of cases

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	<p>and clusters to Public Health. Schools are keeping the recommendation of physical distancing by staggering lunchtimes and doing outdoor activities whenever possible. Also, they are looking into grant money to have outdoor education programs. Other measures taken to optimize infection control is cleaning, and constant re-education of staff, students, families of students, and the public.</p> <p>Public Health has ongoing telebriefings that are specific to pre-K – 12, ECE, youth sports, and institutes of higher learning. This past spring and summer Public Health conducted town halls meetings for parents in English and Spanish.</p> <p>You can find the reopening protocol for K-12, the exposure management plan for schools and a tool kit for K-12 that gives references for additional information on the Public Health COVID-19 website. Public Health will develop a document that outlines this information in plain form, without the legalistic language, so the expectation is clear, and parents can communicate to their kids the importance of wearing masks and prepare their kids for school.</p> <p>Public Health currently has a parent ambassador program which provides a couple hours of training that is done in English and Spanish. It's a volunteer program, which ask parents to be influencers to talk about the vaccination and masking to friends and neighbors. There is also a student program that is stipend. It draws kids from all over the county for a joint county wide project which involved making videos that they produced for elementary school kids, middle, and high school kids. These videos can be found on Public Health's website.</p> <p>There will be a more intensive parent program that will target particularly the schools in low vaccination, high transmission areas. This will be a paid program for parents who get a week of training. Participants in the ambassador program will receive a certificate. The Parents Action Leaders program is a program that offers a stipend and offers a more intense training on some the basics of case management to help schools follow up where there are families that are having difficulty getting their kids into schools and need other support.</p>	
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<p><b><u>V.</u>    <u>New Business</u></b></p>	<p>November meeting falls on a County holiday. Commissioners voted to either postpone or cancel the meeting.</p>	<p><i>SD1 – Yea SD2 – Yea SD3 – Yea SD4 - Yea SD5 - Yea  November meeting cancelled.</i></p>
<p><b><u>VI.</u>    <u>Unfinished Business</u></b></p>		
<p><b><u>VII.</u>    <u>Public Comment</u></b></p>		
<p><b><u>VIII.</u>    <u>Adjournment</u></b></p>	<p><b><i>MOTION: ADJOURN THE MEETING</i></b>  <i>The PHC meeting adjourned at approximately 11:47 a.m.</i></p>	<p><i>Commission Colopy called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Rodrigues. All in favor.</i></p>