

# SWC Healthcare Preparedness Advisory Coalition (HPAC) Meeting Minutes

July 21, 2021

## Bismarck-Burleigh Public Health

**Present at Meeting:** Crystalynn Kuntz, Kalen Ost

**Present Via Lifesize:** Matt Ahrndt, April Bishop, Janel Brousseau, Nelson de la Vergne, Cory Drevecky, Lisa Edholm-Moch, Erika Gallaway, Archi Gilliss, Marlys Harrison, Beth Johnson, Neil Johnson, Courtney Kartes, Lori Kottre, Tracy Kruger, Tammy Olson, Scott Osadchuk, April Peyer, Vanessa Raile, Daren Repnow, Lynden Ring, Kendra Roeder, Theresa Schmidt, Karen Smith, Michelle Sougstad, Tricia Steinke, Gary Stockert, Mary Ellen Strand, Tammy Theurer, Rochelle Vandervliet, Janessa Vogel, Sue Ziemann

### AGENDA ITEMS

#### ➤ Variants

- Crystalynn Kuntz presented a PowerPoint presentation on COVID-19 variants. Variants of interest in the United States are the Epsilon, Eta, Iota, Kappa and Zeta. Variants of concern in the U.S. are Alpha, Beta, Delta and Gamma. Presently there are no variants of high consequence in the U.S.
- Although the number of Delta variants detected in our state seems low, it is likely much higher as the surveillance data is not real time and the sensitivity is low with only a fraction of the samples that test positive in the State being sequenced and analyzed for lineage. The Delta virus has been reported in 5 counties that include western, central and eastern regions.
- Since the beginning of the pandemic, testing, isolating, masking and social distancing have worked to slow the spread of the virus. While these practices continue to be important our current vaccines remain our best tool for protecting people from infection and severe disease. Vaccines not only protect at the individual level, but they help protect the community as more people are vaccinated, the greater that community protection is. Finally, vaccines help to prevent the emergence of variants by preventing people from being infected, limiting viral replication and limiting transmission of the virus from person to person. Providers are encouraged to recommend COVID-19 vaccination at every patient encounter to provide education and assurance to patients about the vaccines' safety and effectiveness.
- Immunity after a previous infection does, in many cases, protect people from reinfection. However, immunity varies significantly from person to person. It is unknown how long immunity from natural infection lasts or how well it works against new variants. People who previously had COVID-19 illness are recommended to be vaccinated. Due to the potential for COVID-19 to cause serious health outcomes, and because reinfection is possible, everyone should be vaccinated regardless of prior COVID-19 infection. People may choose to wait 90 days between infection and vaccination. There is also a recommended waiting period for those who contracted COVID-19 and received monoclonal antibody treatment.

- A question was asked what impacts are happening for children with regards to the Delta variant. Presently more hospitalizations are occurring as the state has not reached herd immunity. At a national level, masks are being recommended for individuals who are not yet vaccinated. Pfizer and Moderna are working on a vaccine for individuals under the age of 12. These vaccines are in clinical trials, which will run longer than the trials conducted for adult immunizations.
- A question was asked about how long genome testing takes? The process of sequencing and assigning a lineage can take 7-10 days.
- A question was asked if providers should still consider monoclonal antibody therapy is still effective against the Delta variant? Providers should still consider monoclonal antibody therapy for patients not requiring hospitalization and who are at increased risk for serious disease. Bamlanivimab is not recommended but there are other mAb choices available to providers. The data I have been able to see is that there is still viral neutralization against the delta variant. For more information, visit <https://www.covid19treatmentguidelines.nih.gov/management/clinicalmanagement/nonhospitalized-adults--therapeutic-management/>. For monoclonal antibody treatment information against the Delta variant, visit <https://www.biopharmareporter.com/Article/2021/07/19/Celltrion-COVID-19-antibody-treatmenteffective-against-Delta-variant>.

➤ **AARIP Form/Template**

- Crystalynn Kuntz walked through the sample template that was provided by Southwest District Health Unit's Sherry Adams. This template can be formatted to reflect each organization's own specific activities. Photos are recommended to be used throughout the document, if possible.

➤ **NDLTCA/Vanessa Raile Update**

- Presently there are 6 cases of COVID-19 in North Dakota LTC: 2 residents and 4 staff. Of the state's 1537 COVID-19 deaths, 904 in LTC. All facilities are presently open for visitation. All staff are required to wear a mask except for when in their breakroom with other vaccinated individuals. About 93% of the state's LTC residents have been vaccinated, along with about 65.5% of staff.
- The LTC Association's annual convention is scheduled to run from August 24-27 in Bismarck. Mask use will be required for conference attendees and components of the conference will be livestreamed for individuals unable to attend. July 21 was the final day for early bird registration. For more information visit [www.ndltca.org](http://www.ndltca.org).

➤ **Roundtable**

- The Center for Immunization Research and Education (CIRE) in the Department of Public Health at North Dakota State University (NDSU) is working with the North Dakota Department of Health to provide education which addresses COVID-19 vaccine related concerns and questions in North Dakota long-term care facilities. To

help plan your consultation, email [ndsucire@ndsuedu](mailto:ndsucire@ndsuedu) and you will be sent a survey to assess your needs. Two LTC facilities have utilized this training for staff and were able to increase staff vaccination rates by about 20%.

- A question was asked about the timeframe health units needed to return the AARs? SWC health units will not need to complete those forms. Crystalynn will be completing them for Bismarck-Burleigh Public Health, Custer Health, Emmons County Public Health and Kidder County District Health Unit. If your organization is completing the AARs to comply with CMS requirements, and you have any questions, please contact Crystalynn ([ckuntz@bismarcknd.gov](mailto:ckuntz@bismarcknd.gov)) for more information.

➤ **Potential Next Meeting:**

- September 15, 9 a.m., via Lifesize. Meeting is not yet finalized and more information will be provided as the date gets closer.

Respectfully submitted,

Kalen Ost  
Bismarck-Burleigh Public Health  
Emergency Preparedness Information Specialist