

HEALTH BLUE RIBBON COMMITTEE (BRC) MEETING NOTES 19 JANUARY 2021

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

Absent: Bianca Monteiro

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

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 January 12th was made by Ann and seconded by Rich. The minutes were approved without comment or discussion.

James's understanding of the status of Health BRC members as related to Reopen BRC is that those who were voting members of the CRTF (Kim, Ann, Kathie, James and Bianca) are now voting members of Reopen. This is based on the roll call for votes at the last Reopen meeting. Participation is welcome and appreciated.

The dashboard was reviewed. Numbers in NH appear to be fluctuating whereas more of a steady upward creep in MA and ME. Nationally, CA is a prominent hotspot and likely the B1.1.7 variant is a contributing factor; this variant has been identified in MA as well. Variants continue to emerge. **Kathie** will present tomorrow.

Members did not feel adequately informed to reach consensus as to whether information on a new home test kit should be added to the Testing FAQ. **Kathie** has researched this test and will send members her summary.

Ann will send proposed changes to Daily Life FAQ (travel guidance, contact tracing, and quarantine/isolation guidance links) to **Stephanie** for review, and then circulate to the voting membership for review and approval.

Stephanie continues to maintain the Vaccine FAQ. NH vaccine scheduling website launches Friday. Scheduling will be contingent upon a continued supply of vaccine. **Rich** will send out information he has received regarding a reported challenge to continued use of the Pfizer vaccine.

DHHS reporting of deaths categorized as >60 years may contribute to a cavalier attitude on the part of younger persons. In addition, "recovery" does not reflect the long-term consequences and general morbidity associated with many cases of COVID-19 across age groups. **Kathie** will draft an FAQ on "You've Had COVID - Now What?" for review. Caution by all will help to protect all, including the elderly who are among the most vulnerable. Efforts to encourage the public to, for example, wear masks to protect others as well as themselves likely will impress some but not all individuals. **Ann** will update the Mask FAQ to emphasize this point as well as provide information on properties of effective, well-constructed masks.

James prompted a discussion of the relative safety of outdoor activities via email this past week. Kathie summarized her findings from a literature search, and James described the role of air flow dynamics in risk reduction vs indoor activities, using analogies that would be easily understood by the lay public. Kathie showed a cartoon figure "*COVID-19 Related Considerations for Events & Activities That Generate Outdoor Gatherings of People*" (Wood & Foad, 2020). After discussion and commentary, it was decided that **Stephanie** will check on copyright/permission and then incorporate the graphics with added text into a new document. The additional language will be drafted by **Kathy** to reflect today's discussion.

Public comment session: James's analysis of air flow was helpful and easily understood. Time to herd immunity depends on vaccine production and continued availability of raw ingredients to support production. "Pop-Up NH" 2020 was identified as an example of a well-managed outdoor space with no documented reports of COVID-19 linked to approximately 3000 visits to the space.

James made a motion to close the meeting, seconded by Ann, all agreed.