

The special meeting of the Spokane Regional Health District Board of Health held on Friday, March 17, 2017 was called to order by Mayor Kevin Freeman, Chair, at 3:01 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Mayor Kevin Freeman, Chair
Commissioner Josh Kerns (arrived at 3:02pm)
Councilmember Karen Stratton
Councilmember Sam Wood (arrived at 3:47pm)
Councilmember Mike Munch
Board Member Chuck Hafner

ABSENT

Commissioner Shelly O'Quinn, Vice Chair
Commissioner Al French
Councilmember Lori Kinnear
Councilmember Breean Beggs
Board Member Susan Boysen, EdD, RN
Board Member Bob Lutz, MD, MPH

CITIZEN INPUT

- Emmy Wise, Spokane County – Spoke on her research before vaccinating her children and the discovery of her child's allergies that would have caused an allergic reaction to being vaccinated. She expressed her disappointment that non-vaccinated children are being excluded from school when the majority of mumps cases are in children who are vaccinated. The vaccine used on the children who are getting ill is the same that is currently in a lawsuit regarding its ineffectiveness. Healthy children who are unvaccinated have been excluded for months and have not been able to participate in afterschool sports and activities. The "No Child Left Behind Act" is not being met with the current exclusions. She stated she feels her child's exclusion is discrimination and a violation of medical privacy.
- Nancy Babcock, Spokane County – Spoke on the Center for Disease Control's (CDC) data that shows one of every 1,250 children go to the emergency room after seizures due to the MMR vaccine. The mumps vaccine can't be administered alone and the combination vaccine is the one implicated in seizures. She displayed a poster, which showed how to administer multiple vaccines to children in one visit. There is no upper limit on the amount of vaccines that can be given in a visit. There is also no study on the combination of vaccines given at one time. Of the school-aged cases of mumps in Spokane, 182 are vaccinated and only five are exempt. There is a ten times higher rate of mumps in vaccinated students than non-vaccinated. The vaccine has been labeled vulnerable, but should be labeled as vaccine failure. The policy that allows children who receive the vaccine to return to school the same day makes no sense. The science says the antibodies are not raised for two weeks. She questioned the risk of those children to others. She requested the policies be reexamined.
- Amber Doyle, Spokane County – Spoke on receiving the MMR vaccine after delivering her first child. Within a year, she was diagnosed with fibromyalgia that she continues to suffer with today. Two years after that her son had issues after his vaccines. Both her children were vaccinated up to two years old and then she chose not to vaccinate. Her daughter was excluded from school since February 23. Her GPA is dropping due to missing school.

- Madison Doyle, Spokane County – Spoke on her exclusion from Central Valley School District and her declining grades. She is having difficulty learning math on her own with the homework assignments and instructions left by her teacher. In another class, her teacher didn't respond due to email issues which caused her not to be able to complete work. She feels the exclusion is unfair and has taken away from her right to a public education. The state law, which prohibits discrimination in Washington public schools, is being violated with the current exclusion. She requested a makeup plan to help guide her and assure that she catches up properly and has an equal chance to succeed as the students who weren't excluded.
- Jaclyn Gallion, Spokane County – Spoke on her son's exclusion from University High School. She read a note provided by her son regarding the exclusion, which had almost kept him from participating and lettering in baseball. She stated that her son still has incomplete grades due to the exclusion and it has been difficult to get teachers and principals aligned to get him caught up.
- Josh Karnitz, Spokane County – Spoke on the documents he submitted to the Board on vaccinations. He stated excluded students didn't start, spread, or sustain the current outbreak. Per the current statistics on the Spokane Regional Health District's (SRHD) website, removing the exempt students would only reduce the overall caseloads. SRHD knew about the vaccine failure as shown in its video and believes the agency membership in NACCHO (National Association of County and City Health Officials) who's policy is to support legislation to ban from childcare, preschool and K-12 any child missing any of the 26 vaccines required whether there is an outbreak or not forms their policy. The policy also states that it will discourage exemption use by making exemption as difficult as possible. He stated his children have a constitutional right to an education and a legal right to exempt from any or all injections they chose. He stated he is forced to conclude that his children were excluded, not due to any medical necessity, but to further the policy objectives of a private group that is not answerable to the citizens of Washington State.
- Jared Hoadley, Spokane County – Chose not to speak.
- Carolyn Gallion, Spokane County – Spoke on her experience through a school system without vaccination requirements. She submitted the Washington State Infectious Disease Summaries from 1920 to 1982 for vaccine preventable diseases. There were 166,000+ cases of the mumps with no deaths. Fourteen percent of the deaths were after the vaccine was licensed.
- Kim Frunz, Spokane County – Spoke on the Washington State Department of Health (WSDOH) data which shows that vaccine preventable diseases were under control before school attendance requirements were enacted. Vaccination rates were 30% or 40% lower than today. Infections didn't have a significant effect on the mortality of Washington children. She stated the idea that the 2.6 to 3.2 un-vaccination rate could cause the rate of infection is not supported by the historical data. When mortality rates are one or two a year, or as in Washington, one or two a decade that it doesn't provide a reason to vaccinate everyone or exclude children. The current MMR prevents one death that would happen every five to ten years. If one child dies from the vaccination, the rate would equal the un-vaccinated mortality rate.
- Anne Smith, Spokane County – Shared her daughter's story. The daughter's older half-sister had a severe reaction to the MMR vaccination and has since battled with autism. Due to that experience, she didn't vaccinate her other child. Ms. Smith stated she ensured her children had healthy immune systems which has resulted in her children never using antibiotics or being sick longer than a day or two. Due to the exclusion, her daughter's grades have been slipping. Her daughter still has contact with the school children after school.
- Danielle Loft, Spokane County – Read a letter from a person who was unable to attend. The letter stated that the data shows that vaccination status has no impact on the outbreak. The MMR is a failed vaccine and the company is being sued by the virologists who worked on the vaccine. The company is accused of falsifying data to corner the market with mumps outbreaks throughout the country. With

any medication or vaccine that shows risk, one should always have a choice. Recently a bill was proposed in Washington State in regards to informed consent that asks doctors to inform patients of risks that are already listed on the vaccine insert. The bill was shot down. When the rights of an individual are stripped to supposedly protect the masses, we are no longer a free society. The U.S. has the highest infant mortality rate of the 27 First World nations and is rising in autoimmune disease. The letter requested the right for parents to choose for their children.

Authority of Health Officer and Boards of Health - Michelle Fossum, Attorney-At-Law

The purpose and responsibility of the Board of Health is to protect the health of the citizens of Spokane County as a whole. The powers and responsibilities given to the board were developed by the state legislature in the form of the Revised Code of Washington (RCWs) and from the WSDOH in the form of the Washington Administrative Code (WAC).

The power of the health officer set forth in the RCWs is to control and prevent the spread of contagious diseases within Spokane County. The Board's role per the RCW is to provide for the control and prevention of contagious diseases. The WAC 246.110.001 and 246.110.105 defines what childcare, schools and local health officers may do during an outbreak or potential outbreak. The WAC states the local health officer in consultation with the state secretary of health, if appropriate, will take all appropriate actions necessary deemed to control or eliminate the spread of the disease within their local health jurisdiction which includes closing the school, or part of the school, closing other schools, cancelling activities and excluding some schools or childcare centers, any students, staff or volunteers who are infectious or exposed and susceptible to the disease. Mumps is specifically included in the definition of contagious diseases.

If an individual believes a rule has been applied inappropriately to them, they have recourse through the school's due process provisions, or alternatively, through the Superior Court. The law that prevents discrimination on the basis of disability is not without exception. If an individual is a risk to themselves or others, then exclusion can be made to prevent harming others.

State Perspective on Outbreak, Chas DeBolt, MPH, RN, Senior Epidemiologist for Vaccine Preventable Diseases, Washington State Department of Health (WSDOH)

Ms. DeBolt provided an overview of the mumps disease and mumps cases in the state. Before the vaccine, it was estimated that up to 30% of infections were asymptomatic. Some potential complications are meningitis, encephalitis, deafness, and orchitis. The severity of the disease can increase with age. The incubation period is 12 to 25 days. The WSDOH contact investigation period is two days before until five days of the onset of symptoms because it allows for investigation of contacts and exposures. Mumps viruses have been isolated at least seven days before (up to 11 or 14 days, in some studies) of the onset of symptoms in an infected person.

In unvaccinated persons, orchitis can happen in up to 30% of cases. In the vaccine era, it is being reported that 3% to 11% of cases experience orchitis. In the years before a vaccine, the complication rate among infected people was considerably higher. Some mumps vaccines became available in mid-1960s and the current MMR vaccine was licensed in 1968.

Routine evidence of immunity is: one dose of MMR for children in childcare; one dose in adults not at high risk; two doses for students K-12 and high-risk adults. Evidence also consists of a blood draw, which tests for the long-term antibody. Evidence of immunity also consists of people born before 1957 and those who have had physician diagnosis of mumps charted in a medical record.

The first recommendation for mumps vaccination was made in 1977. Thereafter, incidence of mumps dropped considerably. From 1986-1991, there was a resurgence of measles, which led to a second dose of the MMR in childhood. Since then, the first outbreak of mumps happened in a college setting. Mumps in the preceding era was typically in unvaccinated people. In the college settings in 2006 and subsequently, there have been outbreaks of mumps in highly vaccinated people.

Since the first report of mumps on November 12, 2016 in King County, investigators were able to discover cases as early as October 30, 2016. Sixty-one percent of cases have been in school-aged children. As of Wednesday (March 15, 2017), there have been 624 confirmed and probable mumps cases. There have been 7 cases in people who are unvaccinated and 18 people with one dose. If 61% of cases are school-aged kids with two doses, most of the cases will be two-dose people.

Spokane County has surpassed King County in the number of mumps cases. Pierce County has the third highest reporting of mumps cases. There have been 1,825 investigations by many local health jurisdictions in the state. Some cases may test negative among highly vaccinated populations because they have been exposed to the antigen.

The Whitworth outbreak was brought in by a case from Sri Lanka. The current outbreak is identical to the large outbreak in Arkansas, which currently has 3,000 cases. The outbreaks in the last decade are among more highly vaccinated populations. Ms. DeBolt referred to the handout provided by WSDOH that showed the rate of infection among vaccinated and unvaccinated and explained reasons for what appears to be a higher incidence among vaccinated populations.

Health Officer Orders, Sam Artzis, MD, SRHD Interim Health Officer

Dr. Artzis explained his background as a medical doctor and shared his experiences serving people who were affected by disease.

One experience was a pregnant woman who contracted chickenpox in her third trimester of pregnancy. The woman died and the baby had to be removed by emergency C-section. The child did not thrive well due to the lack of oxygen in the womb. It was later discovered that the woman had contracted the disease from her sister's unvaccinated children who had contracted chickenpox and were in the prodrome phase of the illness.

Another experience shared included pertussis in an unvaccinated population that resulted in a death of newborn child. Dr. Artzis related that outbreaks will continue due to the mobility of the current population. And it is possible, the unvaccinated may have a lower rate of mumps due to being excluded from school. He stated as health officer, he has to presume that someone eventually will get sick and die, even in what seems to be a benign disease. He asked the public to consider those who may be adversely affected by contracting the disease from someone who unknowingly has the disease.

The health officer has authority over the attorney general in the case of a major outbreak. As the interim health officer, Dr. Artzis stated he would surround himself with all parties to make decisions. Seeing the current issues and the having to follow the requirement of the law, all parties will have to work on solutions to the issues.

Dr. Artzis answered Councilmember Stratton's questions that he does not have authority to determine what schools will do with their policy on exclusion or decisions they make. A health officer does have authority on investigation and will answer questions for the schools.

Michelle Fossum answered Councilmember Stratton's question that the Board of Health does not have authority for exclusion orders, which is the health officer's authority.

Dr. Artzis continued that the decisions for exclusions made by the schools and are consistent per the law and health officer orders. School districts could choose not to follow the health officer order, but would be liable if there were an incident resulting. If the order is voluntary, schools are still allowed to exclude students if desired.

Ms. DeBolt stated that health officers have the ability to choose the level of exclusion within the law and CDC recommendations. School districts have chosen different exclusion procedures, such as, all unvaccinated students and staff being excluded with the first case. Ms. DeBolt has referred many of the school districts that have had new cases to SRHD because of their effective handling of the outbreak.

Councilmember Hafner stated the WAC code gives authority to the health officer and not the BOH because he is a medical doctor. This is a law that the health officer and health district must follow. With his background working in the school system, Board Member Hafner had never experienced the schools not assisting the children through learning issues during an exclusion. Schools are required to follow the regulations given to them during an outbreak. Issues related to children's education would need to be addressed with the school districts.

Councilmember Munch stated he will work to change the law governing health officer authority. He stated he feels the health officer should state recommendations to the Board and then the Board enact a decision. The proper use of a health board would be to have the experts present to the Board what the proper actions should be, because civilian control in a represented republic is key. He stated he was educated that health is three things: physical, environmental, and sociology of the environment. He stated exclusion addresses one of those, but causes two to be an issue. Exclusions have been an unintended consequence.

Councilmember Munch shared that he hoped that the exclusion order could be changed from mandatory to voluntary. He stated that he understood the reasons for exclusion, but the statistics haven't backed it up and most of the excluded children are still in contact with the school children after school.

Overview of Local Outbreak, Mark Springer, Epidemiologist, Disease Prevention and Response

Data was presented that showed the course of the outbreak. Exclusion in Spokane began around week three to five. The exclusions have been in four school districts and 33 schools. The policy is to notify the schools and parents about the case, educate them how to look for symptoms in their child and when to keep their child out of school, and to warn them that additional school cases would result in an exclusion. With the second case of mumps, schools would go into exclusion. SRHD's goal is curtailing the number of exposures.

Due to mumps experience of Whitworth students, the policy was moved to start exclusions with the second confirmed case. Exclusions were as high as 33 schools, but there are now currently six schools with exclusions. One school will finish exclusion today, and a couple will be finished next week and

one or two will extend into April. The goal of the health district is to do as much as possible early to stop the outbreak. Even if all disease transmission was stopped at once, there would still be cases over three weeks following.

Schools regularly deal with students who are out with long-term illnesses where they have to keep the student academically engaged. With the number of exclusions, this had increased the burden on the school district causing problems.

Spokane County has five unvaccinated school-aged children who have the mumps. To confirm the statewide figures, Ms. DeBolt would need to contact the state epidemiologist who keeps the line list. There is a large number of adults with mumps whose vaccination status is uncertain.

Most cases in January and early February were in school-aged children and a handful of adults. In the middle of February, unvaccinated parents, siblings of affected children, and vaccinated parents started reporting illness. There is no definitive source of the outbreak. It has been hypothesized that the outbreak was started with travel to Seattle during the Thanksgiving holiday where the outbreak began. Amplification of transmission is hypothesized due to the winter holidays with people attending church services and family gatherings.

Children who receive the MMR vaccine are allowed to return to school immediately even though they are still vulnerable because the body immediately starts producing antibodies, which provides a limited immune response. This allowance is also to balance the effect on children whose school work may be affected by the possible exclusion.

Councilmember Munch questioned Dr. Artzis whether he would entertain a voluntary exclusion order. Dr. Artzis stated it would not be wise to have a voluntary exclusion order and he would be willing to meet with Councilmember Munch to discuss the reasons.

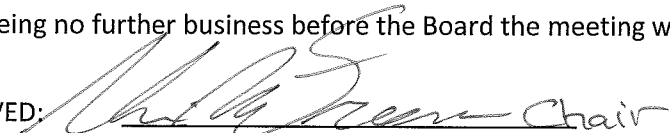
Councilmember Munch asked if the BOH developed a resolution encouraging the health officer to change the mandatory exclusion orders to voluntary would influence his decision. Dr. Artzis stated a BOH resolution would hold merit, but there would be a need for discussion. He would be willing to meet with the Board, or an audience who knows more or had ideas, if it was done in a reasonable and practical way.

NEXT BOARD OF HEALTH MEETING

The next Board of Health meeting is scheduled at 12:30 p.m. on March 30, 2017.

ADJOURNMENT

There being no further business before the Board the meeting was adjourned at 5:36 p.m.

APPROVED:  Chair
Board Member Name and Title

Date: 3/30/2017


Recording Secretary