



## OFFICE OF COUNTY MAYOR GLENN JACOBS

Knox County Health Department • 140 Dameron Avenue, Knoxville, TN 37917-6413

### KNOX COUNTY BOARD OF HEALTH MINUTES

July 22, 2020; from 5:00 p.m. to 7:00 p.m.

Knox County Health Department

Via Zoom Meeting

#### Present:

Martha Buchanan, MD, Secretary  
Dianna Drake, PharmD  
Jack E. Gotcher, Jr., DDS, Chair  
Maria Hurt, DNP  
Glenn Jacobs, Knox County Mayor  
Patrick O'Brien, MD  
James Shamiyeh, MD  
Marcy Souza, DVM  
Lisa Wagoner, RN; representing Superintendent Bob Thomas, Knox County Schools

#### Absent:

None

#### Others Attending:

**KCHD:** Katharine Killen, Charity Menefee, Danielle Davis (zoom host) and Narda Cappuccilli (recorder)

**Knox County:** Myers Morton, Esq. representing Knox County Law Department

#### **I. CALL TO ORDER**

Chair Dr. Gotcher called the meeting to order at 5:00 p.m.

#### **II. ESTABLISHMENT OF A QUORUM**

Dr. Gotcher requested Narda Cappuccilli take roll call, to confirm the establishment of the quorum, all Board members are in attendance.

#### **III. APPROVAL OF MINUTES OF PREVIOUS MEETING: JULY 22, 2020 MEETING**

Dr. Souza made the motion to approve the July 15, 2020 meeting minutes as they stand.

Mayor Jacobs seconded the motion.

Narda Cappuccilli took roll call and the July 15, 2020 minutes passed unanimously.

#### **IV. BENCHMARK PRESENTATION**

Dr. Buchanan reviewed the current local situation and the five benchmarks, available on the health department's website as follows:

As of the official update to the website today:

- We have 2,550 confirmed cases of COVID-19 in Knox County
- Additionally, we have 117 probable cases
- 1,102 of our cases have recovered, giving us 1,392 active cases
- 171 individuals have been hospitalized at some point in their illness
- 38 Knox County residents are currently hospitalized
- 21 is our total number of deaths due to complications from COVID-19

**Benchmark 1: Sustained reduction of stability in new cases for 14 days / Red**

We have had several consecutive days of red flags with significant and continuous increases in new cases, which is a concerning trend, not a new normal we want to continue. This means the COVID-19 is very active in our community and increasing at a high rate.

**Benchmark 2: Community-wide sustained and increased diagnostic testing with consistent or decreased test result reporting turnaround time / Yellow**

For this benchmark, the health department utilizes two bar graphs. One that shows a sample of the tests conducted for Knox County residents and another for average time between specimen collection and lab report data.

For the first graph, the Health Department noted the continuing trend upward with increased testing.

For the second graph, the Health Department sees a flat or possible decrease in the turnaround time for labs and test results. We have continuing concerns about testing supplies, increased volume of testing, current lab capacities to process the tests and the turnaround time for test results.

KCHD represents only 16% of the COVID-19 testing in Knox County, people need access to testing wherever they live.

**Benchmark 3: Sustained or increased public health capability / Green**

To date we have contacted all new cases within 24 hours and close contacts within 48 hours; which is a hard-fast goal of KCHD's; and has been consistent since March 16, 2020. This includes a 5 am start time for staff, 7 days a week coverage, to build capacity and cross training for the Health Department staff members, which has increased by twenty-six people from our last report, all working on teams, now totaling 156 staff members. We have received assistance from the Tennessee Department of Health, they have provided contact and case monitoring for us; but we can not represent their work in our numbers.

**Benchmark 4: Health care system capabilities remain within current and forecasted surge capability / Yellow**

These graphs show the availability of regional hospital beds, ICU beds and ventilators from area hospitals. It also shows the additional surge capacity for these categories, as well as the COVID-positive patients and the patients with pending test results in the hospital. This data is gathered from the information hospitals put into the Tennessee Healthcare Resource Tracking System (HRTS). It may reflect Knox County, East Region or patients from other jurisdictions.

This benchmark remains Yellow, for the second week. We make this decision in consultation with our hospital partners, whom we have increased communication with daily; hospitals have been able to maintain the volume, for both COVID-19 patients and non COVID-19 patients adequately; which helps our community greatly.

We have experienced some statistically significant increases in positive patients, ICU patients and ventilator patients, but with hospital input we will remain at Yellow.

**Benchmark 5: Sustained or decreased COVID-19 related death rate for identified positive or probable cases / Red**

We have been working on a different method of presenting this Benchmark, moving forward we will report deaths in Knox County by date. We have had a significantly increase of deaths, with 55% of the reported deaths, in the last 14 days; which is a concerning number.

Discussion revolved around testing and how it is accounted. Dr. Buchanan stated it is just a sampling, as positive tests have always been reported, but with COVID-19 it is the first time negative tests are being reported, and the method of reporting is not standardized, not as reliable, less information is required to make the report.

KCHD's testing turnaround is currently averaging 11 days, according to Charity Menefee, KCHD's Director of Communicable and Environmental Disease and Emergency Preparedness.

Dr. Buchanan stated to problem solve the turnaround issue, the health department is actively pursuing emergency procurement options with other laboratories, with quicker turnaround times and we are expanding our portfolio of labs we are utilizing. This week the TDH-Tennessee Department of Health has helped us out, with their 24 to 48-hour turnaround time, unfortunately this a temporary arrangement. Labs are adjusting based on volume and capacity, as they cannot build capacity fast enough to keep up with the demand.

Dr. Buchanan stated we have four contracts with staffing agencies on the July Knox County Commission, to be approved; part of the \$7.1 million from the TDH will pay for the agency staffing and the reality we will need to keep our staff engaged in this process, but it could still out pace us.

Dr. Shamiyeh presented **COVID-19 Update-July 22, 2020**, a PowerPoint presentation to the Board. The information was compiled from real regional data, from UTMC, Knox County and THA (Tennessee Hospital Association) Knoxville District, which includes eight surrounding counties to Knox County.

Data related slides included:

- UTMC - Age Demographics: Positive Tests and Hospitalizations by Age Group
- Hospitalization Correlation: Knox County and THA Knoxville District
- New Cases: Pace, by Week/Month, and Hospitalizations by Week/Month
- THA Knoxville District: Census and Projection thru Labor Day, 2020

Conclusions presented:

- Shift to increasing younger people being diagnosed, whereas hospitalizations are the higher with the older aged population

- Knox County projecting 48 new hospitalizations for every 1,000 new cases compared to THA Knoxville District with 51 new hospitalizations for every 1,000 new cases; to show Knox County is impacted indirectly by the surrounding counties
- Pace of new cases is projected to only take 4 days to increase by 1,000
- New cases and hospitalizations are both inflecting upward
- Variance in the data, shows a decrease in the census, but daily reporting may be delayed, impacting the information
- Health Systems are sharing data daily on capacity calls at 1 pm, increasing inter-communication across the region, comparing available beds, ICU beds, and acute care

Questions were encouraged by Dr. Shamiyeh and the discussion included:

- When schools open, on all levels, from the University to elementary school; how to anticipate how this will impact the data
- If you “open the community”, the impact on the curve, depends on the populations’ ability to closely follow the Five Core Actions
- Recent study from South Korea showed age range from 10 years to 19 years old are very capable of spreading the virus and at a higher rate than the general population
- Misunderstanding of when to wear a mask, how to address the lack of understanding

#### **V. COVID-19 FACE COVERING REGULATION #2020-01, REVIEW and DISCUSSION**

Dr. Souza requested a brief report from the city of Knoxville and Knox County, at the next meeting, to address what actions are being taken in our community, to educate and provide masks.

Dr. Hurt clarified her concerned with business owners, who are not enforcing this regulation who have the power to educate.

Mayor Jacobs asked a few questions and discussions included:

- Mayor Jacobs - What changed in the recommendations for mask wearing?  
Dr. Buchanan responded that we have learned more about COVID-19 and how it is transmitted, therefore the importance of mask wearing has increased as a preventative measure, to reduce risk from infection and systematic spread.
- Mayor Jacobs - What studies show a cloth mask are effective reducing the risk of COVID-19 transmission?  
Dr. Shamiyeh stated the mechanism of transmission of COVID-19, is through droplet spread, it is unusual for a virus to behave this way and we did not realize these facts in March; the mask acts as a barrier. The bigger problem is when people are eating together, drinking, talking and letting their guard down by not practicing six feet distancing and not wearing masks.
- Mayor Jacobs - Is it possible for a discarded mask, just removed from your face to be contagious to others?  
Charity Menefee responded not likely, the current data states the primary method of transmission is droplet spread.
- Mayor Jacobs - Care of masks; with the increase of mask utilization, people are not as vigilant about social distancing; we need to encourage participation in ALL the Five Core Actions

- Mayor Jacobs brought up concerns regarding shaming on social media, to not judge people, as some cannot wear masks for various reasons; such as the mother of an autistic child, who experienced someone reacting negatively to her when she did not wear a mask
- Education and discipline are most important, in stressing the Five Core Actions
- Dr. Gotcher encouraged the public to refer to a higher level of literature with more reliable information and research on COVID-19
- Workplaces and social gathers with familiar people, appear to be the where Knox County is experiencing the most viral spread

## **VI. OTHER BUSINESS**

- Discussion regarding Knox County schools began with a clarification, that the Superintendent and the Board of Education have authority over the Knox County Schools System, not the Board of Health, nor KCHD  
Dr. Buchanan stated that KCHD has acted in an advisory role for KCS, for several years; we are currently meeting weekly with KCS administration
- Dr. O'Brien presented a recommendation to the Board, that references Hamilton and Anderson counties and their phasing reopening gating criteria, with suggestions and recommendations  
Dr. Buchanan responded that the positivity rate is not reliable, and the proposed gating system, lacks known scientific references. As KCHD works with KCS, we prefer to use our current KCHD benchmarks and KCS's internal benchmarks, with the anticipation of the substitute fill rate to be of the greatest concern. KCHD is currently working with KCS, to more clearly define our role in to providing guidance to the school system.  
School absenteeism is real time data that will show us more about disease burden in our schools, rather than case positivity in the age groups, which is only part of the big picture to consider. We have a plan in place with the KCS to assist with contact tracing, for cases among staff, teachers and students; with the anticipation that the volume will increase. KCHD has in the past closed portions of schools, daycares and nursing homes, successfully quarantining the infected section of the facility.  
Dr. Buchanan suggested a letter of support from the BOH to the BOE, to formally communicate working with our benchmarks, and our continuing support.  
Another suggestion by Dr. Buchanan, with Superintendent Thomas's permission, Lisa Wagoner, could update the BOH regularly on the status of KCS and their COVID-19 issues.  
Lisa Wagoner stated that KCS has a valuable working partnership with Dr. Buchanan, KCHD and her staff, communication is key to continued success.  
Dr. Buchanan affirmed that a joint media statement was released yesterday stating there is a high level of communication and cooperation between KCHD and KCS.

**ANNOUNCEMENTS**

**Next Zoom meeting: Wednesday, August 5, 2020; at 5:00 p.m.**

**VII. ADJOURNMENT**

There being no other business, Dr. O'Brien moved to adjourn the meeting. Dr. Drake second the motion.

Motion carried unanimously. The meeting ended at 6:30 p.m.

Respectfully submitted,

A handwritten signature in blue ink, appearing to be 'M. Buchanan', written over a horizontal line.

Martha, Buchanan, MD, Senior Director and Public Health Officer  
Knox County Health Department  
Secretary, Knox County Board of Health