

City Council Special Called Meeting Transcript (Joint Meeting with Travis County Commissioners Court) –1/25/2022

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[9:05:37 AM]

>> Judge Brown: The joint session of the city of Austin and Travis county, and I'm Travis county judge Andy brown calling to order the Travis county commissioners court. It is January 25th, 2022. At 9:05 A.M.. And we're meeting here at 700 lavaca street with commissioners Shea and Howard and we have commissioner gómez joining us remotely. And I will pass it over to mayor Adler to call to order the meeting of the Austin city council. >> Mayor Adler: Judge, and commissioners, thank you. We're going to go ahead and convene the Austin city council meeting here on January 25th, 2022. This is a hybrid meeting. We have a quorum present. We have councilmembers -- we have mayor pro tem. And we also have councilmember Kelly and pool and Casar and tovo and kitchen. And harper-madison. And Renteria. So we're under quorum at 9:06. And we're ready to begin, judge.

[9:06:39 AM]

>> Judge Brown: Thanks. So I'll call to order the joint meeting. And first of all, check with Shelby to see if we have any callers on the joint session. >> Thank you, good morning, judge. We do have one caller on the line. >> Judge Brown: Okay, let's go ahead with the caller. >> We will hear from Janice Bookout. Ms. Bookout, please, go ahead. You have three minutes. >> Good morning. Thank you. I just wanted to give a couple of statistical updates and concerns. First of all, I want to start with schools. I have been doing some data analysis on title I schools and I know that is something that we have been focusing on throughout the pandemic. There's some good news there. The analysis of case rates in title I schools shows very little difference between title I school cases and them slightly outperforming the rest of the schools in this area. So way to go title I school prince pals for safety protocols

[9:07:40 AM]

and whatever is done to prioritize these schools for safety management testing and vaccination is working. So, thank you. Also I just do want to underscore, I have been hearing from quite a few parents that in some schools athletic protocols are not being followed, which is extremely important when it comes to indoor sports, especially when students are required to attend. So that's a concern. And I want to call attention to overall -- I mean, I know that we know that cases are increasing, but last semester there was a total of 1,-- 1,576 reported cumulative cases last semester I. And last week there were 500 cumulative cases. So I wanted to give you stats to put in perspective. Anything to support ISD would be really, really helpful. And then, finally, I want to call out something that's happening in the community

[9:08:41 AM]

regarding Johnson & Johnson. So I have been hearing from some folks. So given that breakthrough cases are disproportionately high with Johnson & Johnson, and, unfortunately, CDC has not yet recommended folks with j&j to get a third vaccine shot since j&j technically counts as two -- even though doctors are advising a third shot, j&j recipients have the experience of being refused that third shot. So that leaves them more vulnerable than others to omicron. So I don't know whether we ever prioritized specific communities or specific areas for the j&j shot, but as soon as the CDC recommends a third shot, I think that we need to think about prioritizing those groups if we did do outreach specific with j&j, I think that we need to prioritize those groups for a second shot and do a second round outreach to those specific groups. Thank you so much for all of your work. And that's it for this week.

[9:09:42 AM]

>> Judge Brown: All right, thanks, Janice. All right, those are all of our callers, so at this point we'll turn it over to get a briefing from Dr. Walkes and aph. I see -- let's see -- >> Good morning, everyone. >> Judge Brown: Good morning. >> Shea: Good morning. >> Judge Brown: I think that you're muted, Dr. Walkes. Maybe. >> Can you hear me now? >> Judge Brown: Yes. >> Okay. Good morning, everyone. It's been a long time since we've had a presentation, so there's a lot to cover. And if we can put the slides up, please, I'll get started. Can you see my slides? >> Judge Brown: We cannot see your slides. We can --

[9:10:43 AM]

>> Not yet, Dr. Walkes. Give me a moment. I am pulling it up now. My computer is being temperamental. >> Judge Brown: Anyone have a knock-knock joke they want to share? >> Shea: Please, no. [Chuckle] >> Judge Brown: All right, we see it now -- or I see it now. >> Shea: Yep. >> Good morning. So, to the next slide, please. Last week the world health organization's emergency committee met, and unanimously agreed that covid-19 -- the

[9:11:44 AM]

covid-19 pandemic still constitutes an extraordinary event that continues to adversely effect the health of populations around the world. It poses a risk to international spread, of international spread and interference with international traffic and continues to require a coordinated international response. So I just bring this up to remind all of us that this pandemic is not over. And, next slide, please. If you look at our CDC data tracker section that looks at the proportion of variants that are circulating in our community, at this point, 99% of what is circulating in the community is omicron. In Texas it's reported that it's

[9:12:45 AM]

98% to 99%. We are seeing -- we are sending out 100 specimens a week from Travis county for surveillance of variants. And continue to see that omicron is the dominant variant. In the first portion of December, 63% of specimens consistent with omicron, with the remainder being delta, which accounts for some of those early icu numbers in December and some of the later deaths that occurred in December and early January as deaths are a lagging indicator. After December 16th, 91% of those specimens that we sent out were omicron. And as I said, now we're at 98%. The graph that you see on the lower left-hand portion of the

[9:13:46 AM]

slide is looking at what is going on in Denmark. And the dark purple portion of the curve represents omicron. And the light lilac color that's on the very edge of this graph represents a variant of omicron that has emerged. It is ba.2, and it is a variant, a mutation, a variant that has 82 mutations. It spreads more easily. It has the same severity of disease as the current omicron that we're seeing here. And it is thought to be covered with the vaccines that we have right now, so I bring this up to

[9:14:47 AM]

say that as long as we have people that are susceptible to becoming infected, we have the possibility of having mutations occur. And this is an example of what has happened with the omicron variant in our current situation. We have not seen any evidence of this particular variant of omicron in our community. Next slide, please. Daily cases are declining in the U.S. We peaked January 15th at 798,960 cases. Our seven-day moving average as of the 23rd was 663,902 cases. Next slide, please. Locally, case numbers recorded to aph have declined. . We still have a backlog of cases that need to be entered by our

[9:15:47 AM]

data entry staff who are working around the clock to get the cases entered. We have about 45,000 cases thus far that are pending entry. We have updated our system and we are now able to do some electronic uploading, but there's still a process of getting all that we have left to do in place and into our systems. At this point, we're following what is reported by hospitals, schools, childcare centers, long-term care facilities and jails. The hospital numbers appear to be plateauing. Our UT modelers project peak in icu admissions in early to mid-february. And we may exceed our current staffed icu bed capacity, but that depends if we continue to as a community to mask and to

[9:16:48 AM]

get vaccinated to decrease the spread in our community. I mention that this curve, this graph, represents the four surges that we've experienced in our community. The second of which in January of 2021 was caused by the alpha variant of covid-19. There was a typo in last week's memos, so that was listed as beta instead of alpha and I wanted to bring that to your attention as well. If you could go to the next slide, please. Our influenza case numbers have gone down slightly. The rate now is 2.85% of influenza for week two of 2022. And the predominant influenza virus that is being reported is influenza a. Next slide, please. Cases increased week-over-week

[9:17:49 AM]

since December 12th through the 16th of January. With a slight decrease that we're seeing last week. The cases are increasing in all age groups. Notably, the pediatric cases have increased in January, not of those hospitalized, but generally in those hospitals -- sorry -- and generally in the numbers of pediatric cases that have been diagnosed in our community. As of January 4th, when schools re-opened, we were reporting 170 plus cases, and now we're well over 5,000 cases. Which represents a 2800% however, last week schools'

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reports of case numbers went down and this may be also due to that entry lag. The week prior we had 5,820 or so cases reported by schools. Last week, as of Monday -- yesterday -- we had 4,545 cases. However, aid students [indiscernible] -- >> Judge Brown: Dr. Walkes, we're kind of losing your sound a little bit. >> Can you hear me now? >> Judge Brown: Yes. >> Okay. With regards to the children who have been admitted to hospital, 9 -- >> Shea: We can't hear you now, you're dropping out again. >> Okay, can you hear me now? >> Judge Brown: Yep. >> Okay. 91% of the children admitted to hospital have been unvaccinated. And this, again, points to the

[9:19:51 AM]

necessity and the importance of getting our children vaccinated. We have done a better job overall in our 5 to 11 age group with vaccinations with 26% of the age group fully vaccinated. However, with school reopening and the number of cases that we're seeing now, it's important that we continue to make that push to get our children vaccinated and to continue to encourage and require masking in schools. It's important to note that almost 100% of household transmissions have been reported with omicron. And when our children are getting sick, our parents are also at risk for getting sick. And if the parents don't get sick -- if the parents do get sick, they may have to stay home from work, so it's impacting the

[9:20:52 AM]

livelihoods of many families in our community. So it is very important that we continue to encourage and promote childhood vaccinations for covid-19, and for the flu as well. The next slide shows the breakdown of hospitalizations and, again, reiterates the impact that has happened in our communities, blacks and hispanics have been more impacted by covid-19. 44% of hispanics and 12% of blacks are among those of the total hospitalizations that have been reported. The next slide, please. When we look at patients who have been admitted to our hospitals, Travis county residents represent 57% of those

[9:21:56 AM]

admitted, with Williamson county and bastrop and Hayes following in second and third and fourth place for admissions to our hospital. And I show this to pinpoint the fact that we serve not only this county, but other counties. So it is a regional impact that is had by covid on our hospitals and our hospital staffing shortages right now have had an impact on our hospital capacity by decreasing the number of staff. So it is important for not only Travis county residents, but those in neighboring counties to push

vaccine programs and encourage masking as a second layer of protection. If you could go to the next slide, please. During this omicron surge, we've seen the highest number of vaccine breakthrough cases. Our current vaccines give 45%

[9:22:57 AM]

protection after the primary series, 75% protection after the booster for mild illness, and provide 90% protection for severe disease and death from covid-19. So it's important that everyone become up to date, which is the new term that's been in use by the CDC to indicate whether someone has received the prescribed number of boost vaccinations. So, for instance, a fully vaccinated person is someone who has received both of the mRNA vaccines or one shot of j&j. The booster shot is available for the j&j recipients at two months after they've received that j&j shot. And then for those who have received the mRNA

[9:23:59 AM]

vaccinations, at five months, they can receive that booster of one of the mRNA vaccinations. And we could go to the next slide, please. And I'm going to spend a little time talking about deaths, as this is a lagging indicator, but we've had fewer deaths in our community than other parts of the country or the state. And as of yesterday, there were 1,237 deaths reported in Travis county since the beginning of the pandemic. And we know that less death has occurred in the third quarter of 2021, in the 70 plus population. And that is due to the fact that we took steps to protect that population with vaccinations and

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boosters, early on vaccinations, and later in the year boosters. And there's less death that is occurring right now during this omicron surge, however, deaths as I said are a lagging indicator. And this surge has happened very quickly. So there's more to come on the impact in our community with regard to death as a result of this surge. However, so far we've had very few. If you could go to the next slide, please. We will look at vaccinations to look back at what I was talking about with regards to vaccines and protection from severe disease and death. And we've had 9.8% of the deaths that have occurred, occurring in those who have been vaccinated. And that's what is represented on the -- in the graph that's on the right-hand side of this slide. On the left-hand side, you can

[9:26:02 AM]

see a listing of the comorbidities that have been associated with each of those deaths that's occurred in vaccine breakthrough cases. The majority of the cases reported hypertension as a comorbidity and followed by cardiac disease, diabetes, and immunocompromised states. Next slide, please. Re-infections have been reported and re-infection is -- is defined as somebody who has had covid-19 in the past, and then becomes infected again. There are some in our community who feel that they have enough protection from the antibodies that are produced from an infection, but this shows us that, in fact, natural immunity

[9:27:04 AM]

is not as good as receipt of vaccine and booster. So we continue to urge people to become vaccinated after they've recovered from covid-19 and boosted. So that they can be given that full protection and not develop covid-19. And then my final slide is a comparison slide, looking at what we saw two weeks ago in the landscape across the country. The peach coloration is the color that is used by the Johns Hopkins group to show an increase in the number of cases. The lighter green, teal color, is what's used to show a decline in the numbers of cases. And as you will recall, south

[9:28:05 AM]

Africa saw a rapid increase in cases, with a rapid decline as well. And we're seeing that there is a decline that's happening in various parts of the country. And also here in our local case numbers. The important thing for us to remember is that we've been in this spot before where we've been on the decline and anticipating a quiet hiatus afterwards. What has happened when we start seeing these declines is that people start to relax their mitigation efforts and there's a shying away from really getting out there and getting boosted and getting vaccinated if you haven't already gotten the

[9:29:06 AM]

vaccine. It is really important for us to continue to get our community vaccinated and to continue the mitigation efforts to stop the spread. As long as we have a large number of susceptible individuals in our community who can and may become infected with covid-19, we have the risk and run the risk of being in a situation where we are faced with hospital capacity challenges, and economic challenges. And everything that we can do as a community to continue to keep this virus from spreading and to protect particularly our children will be important in the weeks and months to come. With that I'll end my report. >> Judge Brown: Thank you, Dr. Walkes. Director Sturup.

[9:30:09 AM]

I think that you're muted, director Sturup. Can't hear you. >> Travillion: Judge. >> Judge Brown: Yes, sir? >> Travillion: In the meantime while we're waiting for her to get on, I wonder whether we could ask whether we can look at the county-wide distribution of breakthroughs by vaccine type, if that is possible. Because j&j -- if we could look at that, maybe that could give us a little insight that we currently don't have. Is that possible, first of all? And, if so, could that be added? >> Actually, on that slide, the type of vaccine is -- is listed on that graph that I had shown. >> Travillion: Okay.

[9:31:10 AM]

What page is that? >> Judge Brown: I think it's on the -- [indiscernible]. >> Shea: Was it on the screen? I saw the screen but I don't think that it listed -- >> Judge Brown: Yep. >> Shea: Oh, it did? Can we go back to that. >> Travillion: Yeah, let's go back to that because I don't see it in my packet. >> Yeah, it's slide 10. >> Judge Brown: Yeah. >> It's slide 10. >> Judge Brown: Thank you. >> Travillion: It's missing from my deck. >> Judge Brown: I'll send it to commissioner Travillion. Director Sturup. >> You will have to help me, Dr. Walkes, because I'm joining from the web version today and I can't see -- I can't see the slide numbers in this version. >> Okay, back up -- >> Just tell me when to stop. >> Go back the other way. Sorry. >> One more?

[9:32:10 AM]

>> No, you passed it. You have to go in the opposite direction that you're going in. >> Forward or back in the presentation? >> Back in the presentation. >> All right, thank you. I'm struggling here this morning. >> Travillion: Okay, that's not number 10 in my slide, judge. >> Judge Brown: I'll get it to you. Director Sturup, do you want to go through your presentation, and I'll try to find it here. >> Go to slide 10. >> Shea: What is that dinging sound? >> Stop. [Laughter]. >> Right here? >> Back one more. Go again. >> Shea: I think that you mean forward. >> Travillion: That is my number 10. >> Shea: Director Sturup is trying to get to her presentation. >> Back again. There it is.

[9:33:11 AM]

>> Okay. So Johnson is the lighter green and we have that army green as the modern and the darker kellyish green is the pfizer, right? >> Shea: There's many more breakthroughs of pfizer. >> Yes. >> Shea: Thank you. >> Thank you. >> Judge Brown: All right, director Sturup, go ahead. >> All right. All right, so as you can see, again, I'm begging a little pardon -- I'm not used to joining from my web browser usually from the app, so my computer is doing different things. I'll just try to make it through. This first slide is

the operations overview for the month of January. And you can see through the 24th of the month, we've distributed 3,665 total vaccines. And you can see the breakdowns there with respect to doses, age

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and booster. If you look at the bottom of the screen, a lot more tests were conducted during this month so far. 19,206 total covid-19 tests, with the majority of those being walk-up appointments. The expo center has been a great site for the community, quickly followed by dove springs, and the equity line staff continue to tell me that mobile testing is booked out, at least two weeks in advance. So here on our screen we have our testing options that are available. And as always, if you are sick, please, get tested. If you are exposed to someone who tested positive, please get tested. And when in doubt, please get tested. These are the sites that are available for the community. I know that there has been some concern about the lack of evening hours for folks to go after work, and we are working

[9:35:16 AM]

on expanding those opportunities, but, again, I say -- if you are feeling sick enough to think that you need a test, please call in. And go get that test before you do anything else for the day. And so we're at the dove springs rec, and we're at the expo. You can call 512-972-5560 to get in-home testing. And we are working to expand the staffing, training more staff to be able to go out and to do more in-home tests. And we also continue to support our community with facility testing. When you look at Travis county vaccinations by week, we can see that 72% of our county is fully vaccinated. For those 5 and older, 84% of the eligible population has received at least one dose. For our pediatric population,

[9:36:18 AM]

38.5% have received their first dose. And 27% are fully vaccinated as of the 24th of this month. In terms of our population that has been boosted, 41.5% of the fully vaccinated population [broken audio] And 30%, rather, of the total eligible population that, is 5 and over, has received a third dose or a booster. And then when you look at our total cumulative distribution by age, we see that the demand for boosters in Travis county has been driving most of our vaccine administration over the past two weeks. This chart is a breakdown of all reporting providers.

[9:37:19 AM]

And then when we look at the distribution of pediatric vaccines by race and ethnicity, there is some lag in the reporting from the state, but we can see that we are -- the gaps in our pediatric population with respect to race and ethnicity are not prevalent as we see in our adult population. When we look at the pie chart that shows the number of Travis county residents who have not received a second dose, what we know so far is that approximately 210,000 residents are unvaccinated. Again, going back to the boosted population, 41.5% have been boosted. And 30% of the total eligible population has received a third dose or booster. When we look at our data, again,

[9:38:21 AM]

broken down by race and ethnicity, you know, the lags in the populations of concern are still there. And in our hispanic population, there's been some incremental change, which I'm always appreciative of. Again, in the black community we have seen an incremental change in the percentage of fully vaccinated population. Since November, we've tried to be strategic about our attempts to reach the so-called hard-to-reach populations by making sure that we are in places and spaces. We use our zip code data to drive our outreach sites. We've implemented the gift card program. And to date, over 1,200 gift cards have been distributed and the zip codes of those recipients have been 778617, 77841, and 77844, and 77853, and

[9:39:26 AM]

77858. And that correlates with the areas of focus. If you look at our first dose vaccinated population map, we're getting there. I love green. And -- but only on this map. I don't think that it does anything for my coloring, but on this map, green is my favorite color. And we can see the majority of our areas have received their first dose. And the diamonds and the dots on the map indicate the places where we've either had the mobile vaccine program visit, the white dots indicate pop-up clinics. And the black triangles are locations where we have our static clinics. So it gives you an idea of the reach that we've been able to have with our vaccine teams. And also indicates areas where more effort would be warranted. When we look at our map that shows our second dose fully

[9:40:27 AM]

vaccinated population, not as much green here. But there are some areas that are moving into the blue. And we're encouraged and excited by that movement. We still see that the 50% -- the 50% to 59% areas are 77861, and 41, and 53. And, again, if you overlay the places where our team goes out and the areas where we have pop-up clinics, we are being intentional about where we send our teams to make sure that everyone has access to vaccine. And so we get to our operations for the week. As always, all of our clinics are walk-up. There are no amounts needed. We have -- appointments needed. And we have new

hours on the south branch library, on Saturdays from 10:00 to 2:00. And we offer all three of the vaccines for 12 and up.

[9:41:28 AM]

We're in pflugerville, and, again, at Pfluger hall we're offering all three vaccines. And at that location we are offering pfizer for the 5 and up population. Delco is still going strong. Again, all three. And pediatric vaccines are available and at Simms elementary. The mobile team will be at a few events this week. Community first, home slice pizza, and the middle school and at Chalmers and the south Austin market and a few other places there. For the schedule, you can visit us at www.austintexas.gov/covid19. And that gives you the latest and greatest of where our teams will be providing vaccines. And so when we talk about our communications, we have three key messages that we want to continue to push out to our community. Mask up.

[9:42:30 AM]

Stage five means that everyone should wear a well-fitted mask when leaving the home. This past week we filmed the psa that I hope will be out soon, advising our community to make sure that, you know, when we say well fitted that there aren't any gaps or opening at the side of your mask. That it fits snugly over your nose. Get vaccinated. Vaccines are still showing to be the number one protection against covid-19. And so get yourself and your kids vaxxed and boosted. Omicron is continuing to affect our kids at an alarming rate, causing hospitalizations. And we know about the staffing shortages due to the staff being sick themselves. So everyone 5 and older can get their shots. So visit any aph, local pharmacy, H-E-B and get that vaccine. And, lastly, if you have a

[9:43:31 AM]

sniffle, a drip, a cough, a sneeze, please get tested. I know that there are a lot of things going on in our community at this time from cedar fever to flu, but with the spread of the omicron variant and how contagious it is, a little ounce of prevention is worth it at this time. So, please, be tested before going out. Okay, and this slide just shows some of our communication efforts. We continue to amplify our presence in social media with different messaging from anything about the latest and greatest numbers on our dashboard, about the importance of masking, getting boosted, protecting yourself and your loved ones. So here is just a sample of some of the messages that we have put out. Our community outreach continues. We continue to recruit and build that chw team. So far we've reached over 1,600

[9:44:33 AM]

individuals through our efforts. And on the screen there you can see some of the places where the teams have been out engaging with community. And, of course, in addition to that one-on-one interaction and outreach that we get through our chw team, we do continue to partner with large-scale events, tying it to ppe and food distribution because know that we have a crowd of folks that are coming in. In these pictures here are the cross-disciplinary teams throughout the city of Austin represented here at Gus Garcia. And we were able to give out 1,200 ppe bags and 600 resource bags. We gave out food, lip balm, and information about wic incentives and other things. So we understand that covid has an impact on all areas of our community and social determinants of health, and so we are making sure that all of

[9:45:34 AM]

our programs have a well-rounded approach to addressing community needs. And with that, I will end with a picture. I believe the folks on the -- on my right, are at the brewery where we're out there giving out vaccines. And the other to the left are the teams out at expo. And that just shows the dedication. Because it was cold that day. So we were bundled up and we were masked up, ready to serve. And with that, I thank you for your time, and I end my remarks. >> Judge Brown: Director Sturup, check before you start -- I just want to give -- I got a notice from our city manager Spencer, that she is director Adrienne Sturup, so congratulations for being the director of aph. Thank you for your service. >> Thank you, thank you. >> Judge Brown: All right, that is big news. Chuck, I'll pass it to you.

[9:46:34 AM]

>> Thank you, judge brown and mayor Adler and commissioners and councilmembers. Congratulations to director Adrienne Sturup on her appointment as the permanent full-time director of Austin public health. It's a pleasure to work with Austin public health, director Sturup and Dr. Walks. I'm here with Todd Hamilton with allied health institute to update y'all on the activities of our Travis county vaccine collaborative, and at this time I'll turn it over to constable morales. >> Good morning, commissioners, councilmembers, judge and mayor. With all of the mobile vaccine teams, we continue to offer barrier free vaccines, outreach and education to our most vulnerable zip codes and hard-to-reach populations. This week, we gave a total of vaccine shots of 1,238, and the mobile vaccine collaborative gave a monthly combined shots of 6,980. We will continue to put on shot

[9:47:37 AM]

clinics at highly affected zip codes and austin/travis county. We will continue to move forward with working with our community partners of Seton, aph, and central Texas allied health and our precincts. And we will target the 77853, 77824, 21, 41, and del valle, Austin colony and also 77844. We will be this week at Mendez middle school and blazer elementary and boys and girls club and harmony schools and idea schools and the Mexican consulate. We be at static locations at the supermarkets, expo, and el rancho, and I'm going to give a shout out to our Seton teams, central Texas allied health, our precinct 4 outreach team and our precinct 4 deputies because of the hard work and the weather they endured last week, they continue to push through it, and they continue to show up, and

[9:48:38 AM]

they continue to give shots. Shout out to everybody out there working hard to get everybody vaccinated. I'll turn it over to chuck. >> Constable, thank you. We don't have Mr. Hamilton here today, instead of Dr. Hockaday. >> Good morning, chuck and good morning, councilors and commissioners court. We have 325 shots, that is included in pediatric and adult vaccines. We continue to do our work in the community as we have done thus far. We are at a new location this week, and at the African-American harvest foundation and we have a permanent partnership with them and to be able to provide vaccines to their community as they come for services. So we will continue our work at

[9:49:38 AM]

our static location and as needed in the county collaboratives process. I'll turn it back to you, chuck. Thank you. >> Thank you. Judge, mayor, commissioners, councilmembers, I just always like to show y'all our schedule for vaccines available on the Travis county website at traviscounty.tx.gov and a quick link to our covid-19 information in the upper left. And that takes you immediately to our day-by-day calendar. So today, Tuesday, January 25th, you can see locations not only for the Travis county vaccine collaborative, we will be at jd supermarkets today and the African-American youth harvest foundation and the bastrop county. And we have a couple of Austin public health events as well scheduled here. Click on any one of these, and you will see the location, the hours of operation, the types of

[9:50:38 AM]

vaccinations available. And this is updated, kept current, and easily found on the Travis county website. Judge, at this time we will pause and turn it back to you for questions. >> Judge Brown: Awesome. Thanks, chuck, thank you, constable morales and director Sturup and Dr. Walkes and everybody. Dr. Hockaday, and good to see you. And first we'll go through the commissioners and the city councilmembers and we'll start off on our side and see if commissioner gómez has any questions or feedback for this? If not, we will move to commissioner Shea. >> Shea: I have two quick questions. Do

we have any idea how severe the reinfections are, when people rely on what they think that may be -- wrongly think that may be sufficient natural immunities from having gotten

[9:51:39 AM]

covid. Clearly, they're getting reinfected. Is there any data on how severe the reinfection is when it occurs? >> No, we just get anecdotal reports from our case investigation team. And I can ask for a report and get back to you about that. >> Shea: Okay. >> Anecdotally, some people have mild disease and others have very severe disease and end up in the hospital. So it's all really based on what the baseline health of the person is who is impacted the second time around. >> Shea: I just -- I just have to remark -- I think that the fact that we cannot get agreement -- and I -- I think in large measure because the governor and the lieutenant-governor have been so aggressive in attacking school districts that attempted to have reasonable mask mandates. But without a uniform policy, we're seeing this tremendous chaos in the schools. So many kids getting sick, so

[9:52:41 AM]

many teachers, so many staff getting sick. Schools having to delay, shutdown, etc. I know that it's falling on deaf ears at the state level, but I just want to say that we have to get agreement on a sane and uniform policy to tackle the pandemic. I'll leave it at that. >> Judge Brown: Commissioner Travillion. >> Travillion: Okay. One item that I want to point out and then a question. You know, when I looked at -- when I looked at the slide that I requested, slide number 10, you know, my biggest concern was, you know, I want to make sure that we give context to the entire community. And don't give them anything that might lead to misinformation. What I mean by that is, I really want to understand from the standpoint of proportional representation how many -- how many boosters -- or how many

[9:53:41 AM]

shots have been given out by pfizer, modern, and j&j, because it seems to me that when you just list the numbers and not the proportion -- because you have given more of one type of shot than, say, another type, then the third type of shot -- it makes it seem as if there are more instances with the one that has been given the most, rather than laying out what it is as a proportion of the shots given. That's kind of the assessment that I want. Maybe pfizer has had the most number of breakthroughs, but how many shots have we given of pfizer versus the breakthroughs? And modern versus the breakthroughs. And j&j, because of the breakthroughs. So that we can see that in context, because when you look at a number that's significantly higher, I think that the average person says, wow, that -- that

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group is maybe -- maybe that shot isn't the one they want to take when you look at it proportionately, it might be. And so how many are given versus the breakthroughs of that. >> Right -- and you're right, commissioner. Because looking at that breakthrough slide that you're looking at and referencing right now, pfizer has had more breakthrough cases reported. Let me first say that we're not always able to reach all of the cases to get information from them. And so that graph represents those people that we have been able to reach. Second, the first vaccine that was out was the pfizer. That was given to a lot more people early on. Aph used modern predominantly, so you're correct in the

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comments that you just made and we'll try to get that information for you. >> Travillion: Thank you very much. You're always very -- you and your team are always very responsive and have done a wonderful job. I just want to make sure that I'm asking contextual questions as we -- as we try to serve a sometimes skeptical community. So my question is -- I like that -- when I look at the community outreach slide and it tells me the zip code areas that we're working in, and the different complexes that are in those areas, I appreciate that. I wonder, have we looked at our entire public housing portfolio by zip code? Have we looked at what is in our portfolio from the housing authority? What is in our portfolio from the Travis county housing authority. And identified which zip code areas they are in, so that we can make sure that we're

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reaching out to them, and if families and children need access to the shots that they will have -- they will have access, particularly in our public housing facilities. >> Thank you for that question. And the short answer is, yes, we do have those connections related to the work that we do with chronic disease prevention, as well as our H.I.V. Outreach. So it is a process of connecting with the different resident managers to make sure that we can have a presence there and scheduling and organizing. But because that's -- those are the spaces that we traditionally have done our outreach work, we do have those connections, and we will continue to broaden our reach in those various properties. >> Travillion: I really appreciate that. And it would be nice to -- to have a listing of the public housing facilities that are -- that are on the map, and then be

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able to demonstrate that we've reached 50% of them or 75% of them, or 95% of them. If you could have a matrix to report that just so that we can -- just so that we can understand that all of the public housing facilities and all of our affordable housing portfolio has been reached out to. >> Judge Brown: Thank you. Commissioner Howard. >> Howard: Thank you. I think Adrienne -- director Sturup's last slide of the ladies bundled up shows the commitment by this community to get the shots in arms, and what constable morales said about the bad weather and people continuing to do the work. I'm appreciative. Related, is there any data yet about the number of folks that came to our warming centers or

[9:58:49 AM]

shelter during the freeze nights, about, you know, what did you learn about who had been vaccinated, who might have been testing positive at that juncture, especially the folks experiencing homelessness who came in for help? >> We do have that information. And I can send it to commissioners and council at the check-in point, we do offer vaccines to everyone. I think at this last activation we didn't have any takers on vaccines. And we do also record the tests that were administered and the number of folks transported to isofacs, but testing is not a requirement to access the shelter, because we want to be respectful of individual choice. By I can get that information for the last five activations and send that out. >> Howard: Thank you very much. >> Judge Brown: Thanks. Got a couple things. One, just wanted to say that we now have a regional director for

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the -- let me get the name right. So, United States department of health and human services has appointed a regional director for our area, her name is sima and we have talked with her over the past few weeks. She's been wonderful and has helped us get -- there's going to be a testing site here that HHS is providing. Still working on the exact location, but want to thank the regional director for her assistance in getting that here, and thank congressman Doggett for his assistance in getting that federal asset to help do additional testing. We'll have more details in a few days, I think, about the exact location. But I think it really will help get a lot more folks tested here in Austin and Travis county. Also want to give a shoutout to judge cliff brown and Dr. Walkes. We have been working together with da Garza, judge Kennedy, others, I think judge barutia to figure out how to start doing testing to get the criminal jury

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function happening again here in Travis county. And we're making good progress on that -- not quite there yet, but hopefully we will get back to a place soon where we can start having criminal trials again. And one question I think for director Sturup or Dr. Walkes on the pediatric vaccine slide I see, again, as

you noted, director Sturup, the demographics of folks being vaccinated with pediatric vaccines more closely mirrors the population demographics as a whole, which is good, than the initial full adult population vaccine effort did. Do you -- I didn't see the number -- you may have said it, I may have just missed it. What is the number of pediatric vaccines where we are right now? Do you know that number off-hand? And if not, I can get it later from y'all. I just didn't see it. >> Can I reach back out to you and the full court and council? >> Judge Brown: Absolutely.

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>> Thank you. >> Judge Brown: Cool. Thank you very much. And with that, mayor, I'll pass it over to you for y'all's questions. >> Mayor Adler: Judge, thank you. Colleagues, we're going to start with district 10 and work our way backwards. So we'll begin with the mayor pro tem. >> Good morning. Can you hear me okay? >> Mayor Adler: You're kind of faint, if you get a little closer. >> Okay. Better now? >> Mayor Adler: Yes. >> Perfect. I wanted to first of all give a shoutout to our staff. I was talking with a trustee at aid, and they were really praising of all the work that aph and the county have done to help them with the various tasks that they need to take to help to keep our students safe. This was totally unprompted. And I think it's important that we share that information.

[10:02:55 AM]

We have -- my question -- I'm not exactly sure who this is for, but my question relates to an item that we have on our agenda this week that relates to the relationship between the county and the city with respect to carrying out our public health activities, item 48. That item covers a lot of activities. And I believe it covers mostly the normal activities that are the subject of the relationship between the county and the city through our work together with aph. As I read it, it does not cover covid. And I've been asking questions over the last 22 months about how the county is contributing to aph's contributions to addressing covid in our community. So, can someone please speak to the financial contributions that have been made by the county to aph, and where that's being

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covered and how those discussions are happening? >> And so I'll start, and I'm sure that chuck will have some things to add. We continue to negotiate what those costs will be. We're trying to navigate between what is eligible for reimbursement and what costs are not. We did have an agreement in place that covered activities through December of 2020. And I don't have the exact dollar amount with that, maybe chuck has those. So we're continuing to talk about from that point forward what would be a good fit and what makes sense for the city/county split. >> And thank you, director Sturup. Mayor pro

tem, yes, we continue talking about, discussing, negotiating a cost-sharing interlocal agreement between the city and the county to address our shared services, our shared

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procurements, anything that we are doing together as part of our joint response to the pandemic. So, the 2020 agreement that director Sturup mentioned used our C.A.R.E.S. Funding. You'll recall that. The county contributed about \$7 million. Out of the county's allocation of C.A.R.E.S. Dollars, and paid the city as part of that 2020 interlocal. So this time around, instead of C.A.R.E.S. Money, we are looking at the American rescue plan act, the local fiscal recovery funds, lfrf dollars and we are still talking about which costs we do share jointly, which costs we will not be seeking separate reimbursement from FEMA for through the public assistance program, and then what the amounts are going to be. So, the term for this new agreement likely will go at least through the end of this current fiscal year, perhaps into the next fiscal year a little bit.

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We haven't yet decided. But those conversations are ongoing. >> Alter: I wanted to bring this up. I understand those conversations are going on. I understand it's complicated with the FEMA reimbursement. But I do think it's important for my colleagues and for the county commissioners to understand that this has not been resolved. It is January of '22. And, you know, I believe that, you know, the benefits of the work are obvious. The costs of the work are obvious. And as we are making more decisions about arpa at the county and you move through that process, I just want to express the need to move forward with some contributions from the county towards this effort so that we can plan, you know, for additional investments into the health of our community more

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carefully. I don't know what the right answer -- I don't know what the right timetable is, but I do think it's important that we are all aware of that situation. Thank you. >> Mayor Adler: Thank you. Councilmember tovo. >> Tovo: Thank you all. Thanks for all the continued work. And thank you for providing these updates. Just very quickly, do you have an update on whether or not monoclonal antibodies are available again in the state of Texas, and if not, do you have any estimate on when they might be? I know I saw -- the last report I saw was that Texas had run out of them. I happened to be in a conversation this weekend with someone who got covid and received those infusions and said it was tremendously helpful to her recovery. So this is certainly an important resource. I wanted to get an update on whether or not that's again available in our area.

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Dr. Walkes, I believe you're on mute. >> We had a shipment -- we're still -- >> Mayor Adler: Dr. Walkes, can you get closer? We're not hearing this answer. >> Can you hear me? >> Shea: Just barely. >> Sorry. >> That's good. >> Is that better? >> Mayor Adler: Speak up, though. >> Okay. We had a shipment late last week that lasted for about -- >> Mayor Adler: Can you hear her? >> Judge Brown: Yes. >> Tovo: Very barely. It's very light, Dr. Walkes. And in your response, could you also remind the public how they may request it? I believe there's a hotline number through the state. >> So, there is a very short supply of monoclonal antibodies. And we frequently receive enough to last for about three days and

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then run out. And the way that the medication is accessed is by a referring doctor, going to the cat rac website and clicking on the link to the regional infusion center, and completing the online form at that site. And that's how people will be able to get the medication. But there is a wait time. And we're hoping that there will be more medication available in the coming months, but right now we still have a short supply of it. >> Tovo: I think I heard you say that there was a shipment late last week to our community. The supply was used rapidly. >> Yes. That's correct. >> Tovo: We're still getting small shipments, but they go very quickly. >> Yes. >> Tovo: An individual should contact his or her doctor to get

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that process moving. >> Yes. >> Tovo: What should someone do if they don't have a primary care physician? >> They can go to any of the urgent cares or telemedicine physicians to get care in that fashion. There needs to be a doctor that refers to the center. You might also call the regional infusion center and ask them if they have any other options available for them, but it's easier if you do it through somebody locally to get that referral to the rec, as we call it. >> Tovo: Thank you. [Coughing] >> Mayor Adler: Now we'll go to councilmember Ellis. You're muted.

[10:11:09 AM]

Still muted. No. Okay. We'll come back to you. You can work on that with the tech folks. Let's go to councilmember pool. >> Pool: Thanks, and as you -- my deep appreciation for all the work. I like seeing that spike start to drop. I do agree that we're looking more at an endemic situation going forward than a pandemic, which should change some of the ways people understand and act on how they should

behave with regard to ensuring they do not catch the virus. So, again, my thanks to Dr. Walkes and to new director -- department director Sturup. Thanks so much also to Travis county. I don't have any questions, just gratitude today. Thanks. >> Mayor Adler: Great. Thank you. Councilmember kitchen.

[10:12:12 AM]

>> Kitchen: I wanted to again say thank you. And this is very helpful. I have two questions. The first one relates to -- and I'm not sure who this goes to -- that vaccinations in the schools? I appreciate the information about where the vaccinations are becoming available, or made available, and some of them are in schools, as I can see. But I'm wondering if you also have reached out to any of the private schools, for example, any of the charter schools such as wayside. So that's the question. And then if someone wants to recommend a particular school, what is their process for doing that? >> And so I'm sure by the time we move on to the next question, the staff will text me the answer to that. >> Kitchen: Okay. >> Before the end of the call, but if they call 311, they'll be connected to the mobile vaccine program and they can arrange with that team to have an event

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set up at their location. I believe the emphasis between the city and the county was to make sure that we focused on title I schools and the larger districts, but we are open to providing services to other schools in the area. We do continue to support assistive director Donna heads up the childcare and schools task force, so we're continually providing guidance and assistance. So there are avenues for both ISD, charter, and private schools to get with us to get services. >> Kitchen: Some of those charter schools do serve children that are of lower income, so it might be appropriate for some of those to be part of our target population. So, what I'll do is I'll just send along to you, director Sturup, some suggested context. I hate for the school to have to go through 311. So I'll pass that along.

[10:14:14 AM]

>> Councilmember kitchen, this is constable morales. We have been working with idea charter schools, harmony charter schools, kip and windside. We do have contacts there. >> Kitchen: Okay. >> And we continue to focus, again, on the high targeted areas of zip codes that are our focus. And so we did work and collaborate with Austin public health on some of those charter schools, central Texas allied health leads our teams out there at the charter schools and they do a tremendous job. So if you have any other charter schools, you can email Adrienne Sturup or chuck and we can take it from is there. >> Kitchen: It sounds to me like you may be covering the ones I was interested in, but we'll send it along and you can take a look at that. >> Thank you. >> We did do several events at the idea public school last week, so

we're continuing to work with them. >> Kitchen: I'm sorry, I couldn't quite hear that, but that's okay. >> We did do several events last week at the ideal public school,

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so we're continuing to work with them. >> Kitchen: Okay. All right. Thank you very much. And then the last question is just do we have projections at this point? It appears to me that from what you were saying that this surge is leveling off some, perhaps. Do we know -- can we say that yet, or do we have enough data to say that yet, or where do you think we are in terms of this particular surge? >> It appears as though we are in the down slope of the case numbers. And as I said earlier, in the earlier part of my presentation, there are a lot of cases that have not been added to our data bank yet. So you may not see that distinctly. But if you look at the hospital numbers, which are accurate,

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you're going to see a plateauing in the hospital numbers. >> Kitchen: Okay. >> And the projections from the UT group show that we are possibly going to see a plateau, peak in the first week to mid-february timeframe. So if the community conscious to continues to do what it's doing with regards to getting vaccinated and masking, we hope that will be the case and we'll see this continue to go in the right direction. >> Kitchen: Thank you. >> And I just wanted to also add that the W.H.O. Is saying that we are still in a pandemic and not an endemic situation. So, it's going to be important for people to understand that they need to continue to protect themselves and their families so that we can continue to function in society, keep schools open, businesses open, etc.

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>> Mayor Adler: Thank you. Councilmember Casar. >> Casar: So I have a question on the vaccine data. >> Mayor Adler: I'm sorry. I skipped right over councilmember Kelly. I apologize. >> Kelly: Thank you. I was wondering if you might be able to give an update on the isolation facility and how that's going as far as operations? >> Our isolation facility has been -- we have two now. And last week they were both full and occupied with U.T. Students, both on-campus and off-campus students, as well as persons experiencing homelessness and others. We are seeing a slight decrease in the numbers this week, but there's a continued need. And we are anticipating that need will continue for the next month or so, and then we'll

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reevaluate as to what the need is with regards to non-congregate sheltering. >> Kelly: Are we working directly with U.T. In regards to their students being housed there? Are they helped absorb any of the cost associated with running the isolation facilities? >> Director Sturup may be able to speak to that, but my understanding is that that is something that's being covered by the county and the city. >> That is my understanding as well. >> Kelly: Okay. Thank you. >> Mayor Adler: Thank you. Now, councilmember Ellis, do you have sound yet? Apparently not. Okay. Then we'll still come back to you later. Councilmember Casar? >> Casar: So I have a question about the vaccine data by race and ethnicity. We've seen it a few times, but I

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think this may be one of the first times I've seen it laid out this way. Tell me if I have this wrong, but according to this data it says 33% of white residents unvaccinated, 42% of Latino, 59% of black residents, but then only 17% of the total residents. I may be having something wrong, but my sense is that doesn't make mathematical sense. Think if I remember a prior version of the chart, the reason is because there's a lot of people that don't have their race marked. And so then that is what makes it 17% of the total are unvaccinated even though on the by race it shows much larger numbers. Is that right? >> Yes. >> Casar: So I just want to raise here, because we put these out there to the public -- and I know we're trying to use the

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data that we have -- it seems to me now that I look at this with fresh eyes for the first time in a while, that we're putting data out there that just -- we know isn't right, that's pretty far away from correct, because if somebody looks at this and says, you know, 33% of white residents are unvaccinated or 42% of Latino residents are unvaccinated, we know that's not true. We know the number is lower. We know the disparity is real and it's important to show that disparity, but I want to voice here, and I'd be interested in your thoughts, if we know these numbers are actually wrong, that actually way fewer than 33% of white austinians are unvaccinated, much fewer than 59% or 42% of black and Latino residents are unvaccinated, I worry about us putting out data that we know is wrong, if that makes sense. I mean, I understand the importance of showing the

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disparity, I just worry if we know these numbers aren't right, how we put them out. >> So I wouldn't say they're wrong, but I will acknowledge and agree that there probably needs to be additional context to

help the numbers make sense, to talk about the impact of the unknown category, the fact that the way that dshs reports persons of multiple race doesn't always true up with the other systems. I'm getting texted right now, the fact that our census is decreasing. And so when you look at the numbers based on what we think the overall population is. And so what we can do is provide more context when we are sharing this information and figure out a different way for imaging so it's clear to the public. But I think the key point is that the disparity -- when you look at Dr. Walkes' slide about

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the comorbidities, what made me nervous is for our black and latinx populations, cardiovascular disease and diabetes are the leading causes of death. And so, you know, there's a greater issue here that we need to take hold of and make sure that our community in those populations are informed, you know, not in a fear tactic but just hey, like, this is what it is in our community. This is what we're seeing. And this is why it's even more important for you to get vaccinated, to protect yourself and your loved ones. But points well-taken. >> Casar: Yeah, I totally agree that the disparity is there and that's obvious from every bit of data that we have. I just worry that we send messages that say 60% of black Travis county residents are unvaccinated if we in fact know that the number of unvaccinated black Travis county residents is lower than that.

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We know that, we just don't know what the right number is because of the way the data is tracked. So it just might be useful for us to find a way to show the disparity without putting a number out there that -- if I were to ask you do we think it's 60% of black residents are unvaccinated you'd say no, that's a number that's probably well lower than that, you just don't know how much lower than that it is. Because there's no way that only 17% of the entire county is unvaccinated, but then amongst every racial group it's more than twice that, except for Asian. So, anyway, I'll leave it at that. >> Mayor Adler: Councilmember Ellis, do we have you on the telephone?

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>> Ellis: Is that better this time? >> Mayor Adler: Now we can hear you, yep. >> Ellis: Thanks for bearing with me. I had a question, director Sturup, about the guidance that aph and the CDC are using, and what is being posted with the state health services website. I heard there was a discrepancy there. And so I wanted to see if you could speak briefly about the guidance for childcare especially, and schools. It seems that some of the isolation and quarantine for individuals is different on those sites. Could you speak to that? >> I can. And I'll ask Dr. Walkes to help me as well, because I -- staff briefed me on the

disconnect yesterday. And what I'm understanding is while our guidance is reflective of what the CDC is putting out, and we communicate that to our partners, dshs still hasn't updated their website and their

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recommendations with respect to communicable diseases and what the quarantine time is. The state is what triggers the flexibility that the schools have in making changes. And so we're hoping -- we were talking about that this morning -- that an update will happen soon. So that is the high-level understanding of what I have to it. So, our guidance -- for staff -- still remains -- it's in accordance with the CDC. But in terms of what schools can do with respect to the children, we just need for that update to happen. Dr. Walkes, is that how you're understanding that disconnect? >> Yes. The CDC guidance for quarantine and isolation changed, as you know, to allow for five days of isolation and return back to

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public settings with consistent use of masking. And the disconnect is that there is a provision in the current guidance that does not allow for a masking requirement. So there's some issues with working out those details and it's important to know that from a science standpoint, the first five days is when 70% of the transmission occurs. And the last five days is when 30% transmission of covid can occur. So, if masking is not going to happen, then the full ten days of isolation is required. And so the issue is really trying to work through the details of how, in a situation where masking is not a requirement, you can make those

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changes. So, we are advising that if you are going to follow the CDC guidance that you have to consistently have whoever is coming back wear a mask. And if they are in a situation where they take the mask off, they have to be -- such as at lunchtime -- they have to be given the social distancing requirements that are necessary to protect those that they may be around. >> Ellis: Thank you for that. That's really helpful given all the back and forth that's happening around masking in Texas and in different municipalities and school districts. It is really unfortunate that there's this much confusion, because I know there's a lot of parents looking at the public health guidance and CDC guidance and then to have different facilities saying well, the state is saying something

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different, and it's all because of the confusion around when masking is required, or not required, and what power these different entities have to enforce that. So that's hugely disappointing. I know there's a lot of parents I've heard from that are frustrated by this. And so I hope we can work together to get this streamlined moving forward so there's a bit more clarity for everybody involved. And thank you for your hard work and congratulations to director Sturup on your appointment. >> Thank you. >> Mayor Adler: Thank you. Councilmember Renteria. >> Renteria: Yes, I also want to say thanks to all that have been out there. I know it's been a long time. It's over two years now. You know, I know that y'all must be really tired, all that hard work that you have put in. My question is, the announcement that we're going to get these

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tests, four tests in the mail. And they're going to send it to you. But you know, there's some families that have more than four. How would you recommend getting more of them, just the four that they're going to mail out to you? Do y'all know what needs to be done by the families that have more than four in the family? >> And so unfortunately, we don't have much leverage over the federal program, although we are appreciative of any help that families can give. Our response has been to continue to try to expand our opportunities for pcr testing. Sometimes if you don't use that home test kit at the right time within your infection period you might miss it. And so by us having the sites and the additional resources that the judge mentioned to expand those opportunities, and

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building out our mobile test team, we would encourage communities who, you know, don't have a home test kit readily available that they come to an aph site or you call us to have us come out to your home to help you figure out if you have covid or not. >> Renteria: Thank you for that information. Another thing is, you know, it's just like people like me that, you know, have gotten their vaccination and their booster, even though -- I got the variant even though it was mild with a sore throat for two days and tested positive. What do you -- what kind of recommendation do you have for the people that have already gone through all this process and now they're negative? Do you recommend them still wearing a mask? Can they still catch it and pass it on to someone else if they already have been infected with a variant?

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>> I would recommend that people mask. There is protection that's afforded people who have been infected for we think 90 days, but I would still encourage people to wear masks, because there may be a chance of becoming infected. We know that we have lots of variants that are possible. We've seen that

in the course of this pandemic. We started with one type of covid-19 and now we are dealing with a fourth surge with a different variant. So I believe that masks are going to be something that we're going to want to consider as part of our wardrobe. Many of us have made it part of our wardrobe. I remember you, councilmember, talking about just taking your mask off to turn and say hello to somebody and oh, by the way, you got sick. So I think just particularly people who are at risk for

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becoming ill, that they really should protect themselves with masking. It will protect them from covid-19 and other things like the flu, and other respiratory illness that is circulating right now during this time of year. >> Renteria: Thank you for that. That's all my questions. >> Mayor Adler: Thank you. Councilmember Fuentes. >> Fuentes: Yes, thank you, good morning. Also, congratulations, director Sturup, on your confirmation. And certainly well-deserved and well-earned. I appreciate all the work that you are doing, and happy to call you officially our director of public health. Similar to councilmember Renteria, I wanted to continue the conversation around our testing capacity. A lot of emphasis is being placed on getting pcr tests but we are encouraging folks to try to schedule. I had a constituent say I tried to schedule. It was at least two days before they could get into the

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southeast public library location and another four days before they could get into Delco, or vice versa, it was one of those mix, but it was days out before they could get a slotted appointment and they didn't know what to do at that point. So I think we're really missing a key component here of really emphasizing these at-home tests. It's a way for us to truly curb the spread so folks know you shouldn't go out this weekend, or you shouldn't go visit folks today because you have covid. And I applaud our federal government and what they're doing in sending at-home test kits, but even then we have to get the word out about ordering your test kits and still to the point that was just raised there are some households that have more than four individuals within the household and there have been issues with individuals who live in apartment complexes being able to place their order. Shortly before new year's eve, I requested what we were doing,

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Austin public health was doing to expand our at-home test kit capacity. And it was shared with me that we have put in a request from the state of Texas. I have checked in nearly every single week to see where we are in receiving our allotment from the state. And if you could please share with us a little bit of have we received our test kits from the state of Texas, from dshs? Any update on that. >> Thank you. So, first I'll say, just show up. If you are a person who's home and you're feeling sick and you want to get

a test kit, and you want to schedule it, I understand. I'm that person. I like to have control over my day. But this is the thing. Clear your calendar and come on in, drive through at the expo and get tested. Over half of the appointments that I mentioned in the first slide were walkups. We don't turn anyone away. You know, we take anyone who's in line.

[10:35:45 AM]

It's kind of like voting. If you're in line when the site is scheduled to close, then we're going to see you. So please don't let scheduling an appointment be a barrier. We have the walk-up option for a reason. Secondly, we did receive a smaller cache of kits. And that was used for continuity of operations. A lot of council and commissioner staff coming back to work. And it's important that we keep our government safe and operating. And so we used that for those purposes. We are in the process of trying to execute a contract to purchase additional kits. And so through the eoc, city/county teams are working on that together. And if we are successful and the demand is still there, the idea would be that similar to during the holiday time that we would

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use our Travis county and city of Austin neighborhood centers to help distribute those, along with our food distribution activities. If it makes sense and we can acquire enough kits, we will continue with the community distribution. For example, we gave the Austin Latino coalition 20,000 test kits to distribute on their own to community and we see that works. And so if we have the resources available, those would be the methods that we would use to get them out. >> Fuentes: Thank you for that. And thank you for working with the Austin Latino coalition to get those test kits out. So, similarly, you know, and I'm grateful that we're getting a FEMA testing site, another concern that's been constantly raised by the community is the expanded hours and having hours where individuals can go to get tested after work, or in the evening. What more are we doing on that end to expand our testing hours?

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>> And so again, I would say please do not go to work if you feel sick. Please come see us first. But understanding that that's not always a viable option for some, we are -- the team is looking at all of the testing assets that we have and how we might be able to modify services with the addition of this FEMA team. Is there something different that we could do with the aph sites. And so that is a continuing conversation. But from a public health standpoint we really want to support the behavior that people prioritize the testing whenever possible. So, working on it. >> Fuentes: Thank you. And yes, I definitely -- I think folks would prefer to stay home if they were -- felt that they had covid, or if they had already

tested positive and they were testing every day to see when they could go back to work. But unfortunately, there are workplaces who don't pay for you to be out sick. And so for a lot of folks, they

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don't have that choice of being able to wait the full time of getting through covid. And having additional tests out there so folks can know, okay, I finally tested negative, I can return to work, or having to make that tough choice of going back to work when they are infected but have no other choice because their livelihood is at stake. I want to continue to impress upon our team here that we really need to expand our capacity to get these rapid at-home test kits out into the community. It is extremely important. And I really want to see a robust plan for when we do have that supply available and when the external vendor contract comes in that we are able to quickly mobilize and distribute the test kits in an equitable manner. Thank you. >> Mayor Adler: Noted. Thank you. Councilmember harper-madison.

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>> Harper-madison: Thank you, mayor, I appreciate it. I'll echo my colleagues' sentiment and our appreciation for all the hard work and effort that goes into us making sure that we have the most up-to-date -- I'm going to add that to my vocabulary -- up-to-date information, because our constituents rely on that. I appreciate all that effort. I don't have any questions. I'd like to echo the congratulatory sentiment for not only director Sturup, but rosenio, multiple people ascended to a higher level and fully deserve it here at the city of Austin. So I appreciate watching strong, hard-working women ascend to positions of leadership. The one thing I would say in terms of echoing councilmember Fuentes' deep desire to see more opportunities for robust testing -- I get a lot of calls from folks who are hosting events, they're hosting a church event, they're hosting a

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community event. And they ask me last-minute can you deploy somebody to come do testing. Is that an option, or does that sort of clog up the system when people are getting those one-off testing opportunities? Is that pulling away resources, or is it adding to? >> You know, if I had my way, if I had that proverbial tree that my momma used to reference in the back yard when I asked her for something, I would say hands-down have folks call us and we would try to accommodate. And we are trying to accommodate wherever possible. So I don't have a clear answer, because it's a resource question. And we don't want to pull away from our true public health purpose, right, and be there for the communities that need us, although we do want our entire community to be healthy and safe. And so we are having

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conversations internally about how do we strike that balance and what do our services look like so that we're equitable, accessible, yet fiscally responsible. And so I will take that back to the team and see how we would approach different groups wanting to do large-scale events and needing testing and report back at our next briefing. >> Harper-madison: That would be helpful. I really appreciate the pragmatism that goes into being equitable, accessible, and financial responsible. All those numbers indicate something. So the ability to pay more staff, to do more. So, Dr. Walkes talked about the data entry, for example. Would it help make the system more nimble if we had more people doing data entry? Would this be an opportunity to repurpose some people who are out of work right now to just get in there and do a bunch of data entry? Would that help us move along faster? I certainly recognize the importance of making sure our dollar goes as far as it can. The other thing I thought about

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was, as it pertains to the at-home stuff, complaints we get are I'd love to get my groceries delivered but I have my Lonestar card that doesn't cover the cost of delivery. I'd love to not have to go to the grocery but I need diapers and I don't have the opportunity to get those delivered. So I just wonder if we're taking every opportunity to partner with organizations like the Austin diaper bank, like family elder care, some of those folks who could help us get the products in hands of people who are going to the grocery store but they really don't have to. I would like very much to continue to explore those opportunities. Thank you. >> Mayor Adler: Thank you. Director Sturup, let me just also congratulate you on the new role. You've done a really good job in the interim. These are tough times. This is a tough place to be.

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And congratulations to you, but also to your staff, which I know are being pulled so incredibly thin with the work that's being done. So, thank you. The first speaker that we had today, the public speaker raised an issue about j&j and wanted to know -- wanted there to be a push to urge people to go ahead and get the booster if you've gotten j&j. And I think it was a little confused as to the CDC arrivals approvals with respect to that booster. If you had j&j, is there right now a CDC recommendation for a either Dr. Walkes or director Sturup -- or director Sturup. You're muted, Dr. Walkes. >> Yes, sir. >> Mayor Adler: What is the recommendation or the direction at this point?

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>> A few months after the receipt of the j&j shot, the primary shot, you can have a booster. And the recommendation favors -- prefers that you use the mrna vaccines, either pfizer or modern for booster.

>> Mayor Adler: So after two months of the j&j, the direction right now is to go ahead and to get the second shot and preferably one of the mrna shots, is that right? You were a little faint. >> Yes. >> Mayor Adler: So I'm not sure what the confusion was with the first speaker but I think that the recommendations are here already. Director Sturup, did you have anything else with that? >> No, Dr. Walkes got it covered. >> Mayor Adler: Okay, I wanted to cover that fast. On the UT modeling question, the Texas modeling group has done new modeling with the omicron virus and looked at both

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national, international numbers, as well as our local numbers. And is publishing real shortly a revised analysis that would show with the peak and what the duration is. And as Dr. Walkes mentioned, the most likely scenario is that our icus peak between the 3rd and the 7th of February. But the modeling show that assuredly that before the 15th of February. As you point out, Dr. Walkes, we're still in a tricky place, that it could, you know, pick back up. We have seen it come down before. Probably it looks good for events like south-by-southwest in March, but we need to keep it down so that we don't get the -- the additional variants that are still showing up. And I have the same councilmember Casar had with the

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race issues, director Sturup, and I don't know exactly how to resolve that. He asked and answered a question for you, and I'd like you to actually answer the question -- do we think that 59%, 60% of the African-American population in our city has not had any vaccine at this point? Or do we think that the number is lower than that? >> So intuitively, we -- we can -- we think that the number might be lower. And I hesitate to say what we think when we're talking about data. So what I will say is that, you know, we make the best use of the data that the state makes available. We know that the amount of unknowns causes some complication and digging that out and earlier on when this was brought up -- my time is lapsing -- but it was in 2021, you know, our epi teams tried to chase down the data to get more information about what that

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unknown category consisted of. And it is really just a catch-all. And it's reflective of either people's selection to not identify, or how the state identifies people of multiple races. You know, they just get put into the "Unknown" category. So it's really hard for us to tease out what the exact information is. But, you know, the same points that he made, you know, masks, and taking all of those things into consideration we do believe that particularly in the hispanic and the latinx population, there's some

underrepresentation there as well. But we'll take it back to the teams to try to figure out how we can get a cleaner view of what the data is, but right now we're just trying to make the best of what's available to us. >> Mayor Adler: And I appreciate that. I'm just scared that it will just say 60% of the

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African-American population hasn't gotten the vaccine, even a partial vaccine. And then probably that's not right. So how we avoid that. You might want to take a look as you look through that in actually putting the other bar on there too, and maybe there's a way to put a number associated with each of the five bars. So you can get a relative feel for how they impact the total line of 17. But -- however you do that, but I do show the concern. As I'm looking at this quickly, uninformed, might not know the important context that you're talking about. Again, thanks to everybody that we're doing -- it's good to see that our mortality rate continues to be so much lower than other cities in the state and the nation, which is a real indicator of the work being done here locally. Judge, those are all of the questions that I have. If you're ready, I will close

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out the city council meeting. >> Judge Brown: Yeah, I just have one thing. In response to councilmember Fuentes' question about the hours of testing. I know that we had a meeting with the federal vendor I think yesterday, and asked them to -- instead of ending the testing at 6:00, to end it at 9:00, and I think that they'll do it at least for this federal site. So hopefully that will allow some people who have to work during the day to go afterwards for that specific need. I just wanted to highlight that as a direction that I think that the federal side is going. But that is everything that I have, mayor, if you want to close out your part. I think that we'll close and come back at 11:00. >> Mayor Adler: That sounds good. Colleagues, it's 10:50 right now. I think what we'll do is that I'll convene in a moment the general meeting. You don't need to come to that because I'll immediately take us into executive session. So at 11:00, let's all meet in executive session and we'll talk about some of those items.

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An outside consultant is with us. At 1:00, we have Kroll with us, so between 1:00 and 4:00 we'll do that second one. Hopefully we can take care of the executive committee stuff before we come back for that. I appreciate everybody going on the message board with respect to indicating committee interest. We'll touch on that, but I don't think that is a long conversation because everybody can sign up for whatever committee they want to. It's more just letting everybody know what it is that people want to do. And I have a couple of questions about that. So with that, and anticipating seeing everyone in executive session at 11:00, but recognizing that I'll go on in the general meeting right now to reconvene, just as

soon as you can get me up, and I want to go ahead and close out the city portion of the joint meeting here on January 25th, 2022, at 10:51. >> Shea: Thanks all.

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>> Judge Brown: We'll adjourn the county side to 11:00, and adjourn the joint meeting as well. Thank you all very much, and thank you for your work. We'll see you soon. >> Mayor Adler: All right.