THE CITY AND BOROUGH OF JUNEAU, ALASKA
SPECIAL ASSEMBLY MEETING
Meeting Minutes – April 27, 2020

MEETING NO. 2020-21: The Special Assembly meeting of the City and Borough of Juneau Assembly was held virtually over Zoom, and was called to order by Mayor Beth Weldon at 6:00 p.m.

I. CALL TO ORDER / ROLL CALL

Assemblymembers Present: Wade Bryson, Robert Edwardson, Maria Gladziszewski, Michelle Hale, Alicia Hughes-Skandijs, Loren Jones, Greg Smith, Carole Triem, and Mayor Weldon.

Assemblymembers Absent: None

Staff Present: City Attorney Robert Palmer, City Manager Rorie Watt, Deputy City Manager Mila Cosgrove, Municipal Clerk Beth McEwen, Deputy Clerk Diane Cathcart, EOC Director Robert Barr, Public Information Officer Lisa Phu, Community Development Director Jill Maclean, Risk Manager Jennifer Mannix, Lands Manager Greg Chaney, Port Engineer Erich Schaal, and Assistant City Attorney Emily Wright.

Special Guest: Dr. Anne Zink.

II. APPROVAL OF AGENDA

Hearing no objections, the agenda was approved.

III. SPECIAL ORDER OF BUSINESS

Ms. McEwen provided instructions for how the public could sign in via Zoom or call in and participate virtually in the meeting.

IV. AGENDA TOPICS

A. Alaska Chief Medical Officer Dr. Anne Zink

Alaska Chief Medical Officer Dr. Anne Zink joined the Special Assembly meeting, and thanked the Assembly for their time and allowing her to participate.
She expressed her appreciation for all of the hard work Juneau has been doing to help limit the spread of COVID-19 through testing and screening.

Dr. Zink shared Juneau-specific data with the Assemblymembers, noting the 27 current total cases, 18 total recovered cases, and 6 total hospitalizations, and 0 deaths.

Dr. Zink stated that cases in Juneau are following a similar trend seen worldwide—a case is introduced into the community via travel, and is followed by a spread resulting in secondary and community transmission.

Dr. Zink also spoke about the importance and critical nature of testing. She shared that she felt discouraged about Juneau's current lack of testing reagents. She adds that she has spoken to her federal colleagues about this lack of reagents, and is hopeful that we will receive some in the future.

Testing reagents would result in a faster turnaround time with the ability to conduct tests locally, rather than sending them out of town. Communities which have been able to open up quickly and safely have done so through aggressive testing procedures, thorough case investigation, and isolation. Testing capacity and effective quarantining will lead to a more focused, surgical approach that will result in reopening safely and effectively.

She shared that today CDC changed its clinical criteria for what constitutes a recovered case. Before, a clinical diagnosis for a recovered case required a week after onset of symptoms and 72 hours since their last fever with no antipyretic (Tylenol, ibuprofen, etc.). The CDC has changed so now it is 72 hours since the last fever, and ten days since onset of symptoms, extending it by three days.

The majority of testing done is being administered by hospitals and testing centers, and are not being sent to state or commercial labs. However, Alaska still has a lot of testing being done and sent to the state lab. Dr. Zink again stated that she wants to send reagents to our hospitals and testing facilities as soon as possible so that the turnaround time for testing is much faster.

Dr. Zink shared that 2.9% of the population has been tested so far, and 926 tests total have been administered. Dr. Zink encouraged Juneau to be mindful that the entire community does not have access to testing: unhoused residents, non-English speakers, those who are opposed to testing, etc. Congregate groups in particular are at high risk. Asymptomatic testing has been rolling out gradually, such as in Sitka over the weekend. The testing has been working with congregate settings such as Lemon Creek Correctional Center. They tested a lot of people in Wasilla on Sunday. Dr. Zink said that future places to administer testing would be other congregate setting such as fisheries. Dr. Zink and her team are currently thinking of other strategic ways to perform screenings and conduct tests. In accordance with Health Mandate 15, Dr. Zink shared that they are also looking at testing hospitalized patients and healthcare workers.

Dr. Zink shared with the Assembly the current COVID-19 dashboard data that specifically reflects data gathered in Juneau. She also mentioned that there is an internal dashboard that allows her team to look at more specific details regarding hospitalizations, pending test results, and the PPE burn rate. This data helps direct PPE to communities in need, and provides data to share with the federal government in order to receive supplies and federal support. Dr. Zink added that the federal government is also sending PPE to long-term care facilities.
After the slideshow presentation, Dr. Zink informed the Assembly and the community that she was ready and willing to answer their questions.

Mr. Edwardson asked Dr. Zink to explain how the testing and tracing Juneau currently has made us ready to start reopening.

Dr. Zink answered that the conversation regarding the appropriate number to determine reopening is ongoing and varied. The federal government is currently looking at tests per thousand, per month, and currently Juneau is at 22 per thousand, per month. Dr. Zink said that she has reviewed Juneau's positive test rate. She added that the WHO recommends that communities should have a positive test percentage below 10% before even thinking of reopening; the highest positive test rate Juneau has had was 3.4%, and we are currently at 2.1%. Dr. Zink said that this disease is complex, and waiting a full 28-day cycle to determine that the disease has been eliminated from the community may not be the most effective method. She mentioned how other communities and countries have seen a handful of cases consistently remain, and that it could be a very long time until cases reach zero.

Mr. Edwardson asked Dr. Zink if she thinks that Juneau currently has the capacity now to accomplish all she is wanting to do: widespread testing, faster turnaround times, aggressive contact tracing, etc.

Dr. Zink said she and her team believe that Juneau does have the capacity to do so. Sending tests out of town is still effective. She added that she hopes to get more resources and supplies out to Juneau in the future, and that Juneau has done a great job keeping case numbers down.

Ms. Hale asked Dr. Zink if she is aware of anyone who is primarily monitoring Juneau's numbers, someone who could potentially inform the community if there is a need to shut down again.
Dr. Zink answered that the number-specific data for Juneau shows that the community is doing a great job with this virus. However, she added that these numbers can only give a broad picture, and asks the community to ensure that they have the information they need to feel comfortable. Dr. Zink also said that the majority of cases in Juneau are the result of secondary transmission, not community transmission; and the test results and numbers her team have received have been reassuring.

Mr. Smith asked Dr. Zink about any perceived mixed messages, such as the separate state and city risk levels, and asked her to speak on that.

Dr. Zink said that the more we are aligned with our message, the easier it will be for the public to understand. She adds that it would be helpful for a community to send a consistent message along with small openings.

Mr. Bryson asked Dr. Zink why she and her team are recommending that they start Phase 1 reopening now. What factors led them to choose this week to reopen?

Dr. Zink shared that she and her team have been looking at four different factors: epidemiology, testing capacity, hospital and health care capacity, and the ability to track and trace. She says that from an epidemiological standpoint, Alaska has spent the past month in decline, which has been reassuring.

From a hospital capacity standpoint, Dr. Zink's team wanted to ensure that facilities can source most of their own PPE, adding that most hospitals and facilities have 60 days of supplies on hand. She also mentioned that Alaska has remained well below 50% capacity for ICU beds and ventilators for several weeks at a time. For contact tracing and investigation, Dr. Zink said that has been conducted on 100% of cases since Day 1.

Dr. Zink shared that the biggest setback so far has been testing capacity, but Alaska has recently made significant strides in administering widespread testing. Testing has been the only one out of the four to cause a delay in reopening, and Dr. Zink feels that Alaska is in a better place now to begin that process.

Ms. Triem asked Dr. Zink what are the components she will be looking at when considering future phases of reopening.

Dr. Zink said that she is looking at those four main factors to continue reopening, but also to close if needed. She said that it is important to monitor cases and their percentages, so that we can avoid an exponential growth curve. If there is a spike in cases that causes the hospitals to be overwhelmed or a limited supply of PPE, that would also result in closures. Dr. Zink points out that these are similar to the factors that constitute reopening, just done in reverse. She also mentioned that she and her team often review numbers on a regular basis with colleagues, University of Alaska, and the CDC to ensure that they also agree with their reopening strategies.

Ms. Gladziszewski asked Dr. Zink what Juneau-specific metrics the Assembly should be looking at to determine what the appropriate response should be moving forward.

Dr. Zink responded that if there was any messaging or information that Juneau specifically needed to receive, her team would communicate those concerns to Juneau. She recommended that Juneau learn how to apply the aforementioned four categories to the community's risk mitigation strategies.

Mayor Weldon asked Dr. Zink how many tests could be conducted in Alaska per day, and when does she expect more testing supplies to come to Juneau.

Dr. Zink said that it is difficult to answer how many tests can be conducted in a day, mostly because many communities send their tests to commercial labs, and her team is not aware of the testing capacities for those facilities. She says that over 7,000 tests a week can be run at the DPH lab in Anchorage and Fairbanks. She also added that Alaska is running at a fraction of what it is

capable of in terms of testing capacity, and they have the ability to order more swabs and testing supplies.

Ms. Hughes-Skandijs asked how Juneau could avoid doubling, or going into the exponential curve increase of positive cases.
Dr. Zink said that any doubling time that is shorter than ten days would be cause for concern. Acting early helps mitigate the spread of a doubling scenario.

Mr. Edwardson asked Dr. Zink how effective would Alaska be at "pushing down" the virus in the case of resurgence, given the information that we know and the information we don't know.
Dr. Zink answered that there is a lot of unknown information surrounding this virus, and that she learns something new every day; however, she does know that Alaska was effective at limiting the spread of the virus early on.

Mr. Watt asked for Dr. Zink to define terms she has used such as "cluster", "hot spot", and "spike", "outbreak", and "pocket".

Dr. Zink defined "pocket" as a contained group of cases that her team is watching, but are not connected to other cases. A "hot spot" is defined as exponential spread around a specific location. A "cluster" is an epidemiology term, a formalized way to look at who is associated with a specific case.

Ms. Gladziszewski asked Dr. Zink if there is a capacity for asymptomatic testing and possibly random sampling.

Dr. Zink answered that anyone who has symptoms should get tested, and shared that there is a capacity for targeted asymptomatic testing. She encourages any long-term care or healthcare facilities who are potentially at-risk to receive asymptomatic testing. She also encourages Alaskans to rely on the science and the data that supports safe social distancing strategies.

Mayor Weldon asked Dr. Zink to clarify who pays for testing, and how much testing costs.
Dr. Zink said that she has been working with health insurance providers such as Medicaid and Medicare, and shared that there should be no copay charge for receiving a COVID-19 test for anyone who is insured. At a state level, Dr. Zink says that there is no charge for the supplies they send out, and they are working so that those who are uninsured can still be tested. However, she did note that some clinicians are charging an assessment fee, but Public Health is working to write referrals to avoid those fees.

Mayor Weldon had a question regarding the outbreak at Lemon Creek Correctional Center, asking how they determined which inmates got tested.

Dr. Zink said that LCCC identified the inmate with the positive case, and then tested the people that they had been in contact with recently. She shared her team's long-term goal is to offer

testing at every correctional facility and every long-term facility in the state. They have identified LCCC and McLaughlin as the two places where they wanted to start testing every inmate in the facility, due to positive cases amongst staff.

V. PUBLIC PARTICIPATION ON NON-AGENDA ITEMS

Due to time constraints, public participation on non-agenda items will be deferred to the 7 p.m. Regular Assembly Meeting.

VI. ADJOURNMENT

The Special Assembly Meeting was adjourned at 7:08 p.m.

Clerk's Note: Special Thanks to Lacey Davis for her work on preparing the minutes.

Signed: _____ Signed:_____

Elizabeth J. McEwen
Municipal Clerk

Beth A. Weldon
Mayor