

City Council Special Called Meeting Transcript – 01/19/2021

Title: City of Austin

Channel: 6 - COAUS

Recorded On: 1/19/2021 6:00:00 AM

Original Air Date: 1/19/2021

Transcript Generated by SnapStream

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[9:02:14 AM]

>> We're going to call the meeting of the Austin city council to order. >> Mayor Adler: Judge brown, thank you. And thank you to the court for inviting to us be part of your meeting this morning. It is January 19th. The time is 9:02. Weaver calling the city council special called meeting for the covid briefing to order. The meeting being handled remotely. And by the way, colleagues, I put on the message board the rules that Andy put on for the commissioners' court. I think everybody has seen that. The one thing I didn't mention is it is the customary practice of the court to take comment even on discussion items so it's my understanding that that's how we'll begin this morning. Judge, I turn meeting back over to you. >> Thanks for everyone being here today. It's really great that our two governmental entities are coming together even if

[9:03:14 AM]

it's under these trying circumstances. Whether you live in lakeway, la go vista, Westlake, it affects all of us, our friends, colleagues, businesses, and it's our duty to work together. I'm glad to be here with our friends and colleagues mayor Adler and the Austin city council and the commissioners Gomez, Shea, Travillion and Howard. Our task at hand could not be more important. We can make a difference and we can save lives by working well together and I'm so glad that we are. So we're going to go to the public comment period. Nate, do we have any callers on the line? >> Judge, we have one caller that we're screening to see what they're Doug calling on. I assume it is this item, but we are still confirming.

[9:04:15 AM]

>> Morning, everyone. >> Morning. While Nate is screening that I'll lay out the order of the meeting we're operating under. To assure the efficient use of Dr. Escott and director Hayden's time and to manage the length of the briefing we understood to limit ourselves to one -- we need to limit ourselves to one question in the order below. I will call the commissioners' court and then the mayor will do the same for the city council. And if time permits we could have a second round of questions, but the basic part is let's each ask one question, let Dr. Escott and director Hayden respond as they see fit, and then -- so that everybody gets an equal chance to speak today. So we're going to go -- we'll do the commissioners' court first and then the county judge and then it would be the city councilmembers and then the mayor and then we would close the city council meeting by the mayor and then I will close it by-- for the county.

[9:05:16 AM]

Nate, is that caller screened. >> Judge, we have screened the caller and they're not calling about this item. They will call in on this next session. They are on a different item. >> Brown: Okay. Sounds good. So we'll have the two briefings, let them give their briefing and then we'll go to the questions and the first question I guess based on our order would be commissioner Gomez. >> Judge, if I may. >> Sure. >> Pool: I wanted to let everybody know I'm having to jump off this meeting at 10:00. So any questions I might have had I'll ask separately from today. And thank you all for being here. >> Brown: Thank you. Thank you, councilmember pool. Dr. Escott, if you are all set, let's go ahead and hear your briefing. >> Dr. Escott: . Thank you, judge, I'm going to share my screen and I hope that you all have received my slides in advance. Again, thank you for the opportunity to address both

[9:06:18 AM]

commissioners' court and city council on this covid-19 update. What I'm showing you here is the update on our new confirmed cases in Travis county. Yesterday we reported 686 new cases with a moving average of 663. That's a 60% increase since a month ago on December the 18th. Our record high new cases, moving average, was on Sunday at 701. I'll talk more about the positivity and what this week is likely to bring in a few more slides. This slide is showing an update of the new admissions to the hospital. Again, this has been our key indicator for our risk-faced staging. The admissions yesterday was 78. It's a moving average of 88. It's a 76% increase since

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last month. I'm happy to say we hit our peak nine days ago, that peak was 94. Since then we've east Austin -- we've seen'slations between 83 and 83%. It's not going down yet, but at least flat, which I think indicates that our community is responding, they are acting in a more protective way and we are decrease asking transmission such that we are at least flat in terms of new admissions. This graph is showing three things, hospitalizations. Total hospitalizations for covid-19. The Orange are icu beds and the gray are the ventilorrers being utilized. Yesterday we reported 602 hospitalizations with a moving average of 602. That included 10 individuals who are located in our alternate care site at the Austin convention center.

[9:08:30 AM]

That is a record high and we are 97% above where we were a month ago in terms of hospitalizations. But again it's starting to flatten out a bit in terms of total hospital beds being utilized. The icu numbers yesterday 176 with a moving average of 183. That's up above 101% in the last month and we reached our record high in the moving average on Saturday. So again, it's not going up, it's flattening out a bit, which is a good sign as well. Our ventilator use, 106 yesterday with a moving average of 104. That's an increase for 112% from a month ago and again that measure also appears to be flattening out significantly. When we look at the jurisdictions impacted for those that are above the 15 for [indiscernible] Consecutive days in terms of hospitalizations for covid-19, these jurisdictions are around the

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state of Texas are still impacted. What we'r'ing seeing in many of the metro jurisdictions is some flattening of increase. Totally the number of hospital beds has been relatively flat around 16 to 16 and a half percent over the past several days. Other metro jurisdictions are similar. So again, it appears that there's a slowing statewide which may put us in a better situation. Again, when we look at the total number of individuals hospitalized for covid in our trauma service area, Tsao, it's about 20% of the hospitalizations are for covid-19 right now, but again that number has been stable as well. When we look at the impact on a projections from the UT modeling consortium, we can see that there's a significant flattening for the projections for the

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admissions to the hospital. So again, -- again, this is variable, this is based upon the admissions as well as mobility data. Last week when I reported this we were point understand a significant upward direction and an indication of potential for rapid increase in admissions to the hospital. Because of this flattening that we've been seeing in terms of admissions, the projections going forward in the middle of February

are relatively flat. Again, they're not going down significantly and quickly, but this indicates to us if we continue those protections, if we continue to stay home when we can, to work virtually if we can. If we choose to go out to wear a mask, distance, pay close attention to our hand hygiene, so washing our hands frequently, we can push this down even further like we did in the summer and hopefully put us in a better situation in terms of

[9:11:32 AM]

the ability to ease those restrictions as we move down in staging. No indication right now at least in the middle of February that we're going to be getting out of stage 5. But again that could change if those protected measures continue and are enhanced. We see a similar pattern for its hospitalizations. So the total hospital beds being utilized. Again, this projection shows a slight increase over the next couple of weeks leading into February and then some flattening. So again, much better circumstance than just a week ago in terms of the projections. We see similar projections for icu care. Again, getting close to that 200 mark and then riding that 200 level through the middle of February. So again, better news than I had last week, but similar to the other projections that I've provided you over

[9:12:33 AM]

the past 11 months, this is dependent upon us as a community continuing the protective actions that are resulting in this decrease in hospitalizations. This is an update of our graph of hospitalizations based on age group. You can see from this graph that we've seen some increases in our 60 to 69 and 70 to 79 age group. We have seen a decrease in our 80 plus age group. And a slight increase in our 10 to 19 age group, which is the third line from the bottom, the gray line again towards the bottom of the screen. When we look at the impact of numbers of individuals hospitalized, this is what we're seeing here. Overall you can see last week we had a slight decrease in total hospitalizations moving from 545 to 537. A slight decrease in the 80 plus age group in terms of hospitalizations, but slight increases in terms of the 60

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to 69 and 70 to 79 age groups. Can you see that we continue to have a significant number of individuals in the 20 to 29 age group and 10 to 19 age group. Between them 43 admissions to the hospital. Again, this tells us that there is significant disease transmission in those age groups in order to lead to this volume of hospitalizations. So again, this is -- while we're really concerned about protecting our older age groups, those 60 plus individuals, this disease can still impact younger people and we all need to be careful and ensure that we're teaching our children, ensuring that our children are following those

protections as well. This graph is showing the hospitalizations week over week based on race and ethnicity. When we look at the white

[9:14:36 AM]

non-hispanic group, this is the blue line at the top, that represents 47% of the admissions to the hospital last week. 38.2 percent in our latinx community, the green line. The gray line in the middle of the green are African-American community, 10.7%. When we look at the numbers of individuals in each age group or in each race and ethnicity, we see there has been a decrease since last week in our latinx community, 195 to 182. An increase in our white non-hispanic from 208 to 224. Slight decrease in our African-American community, 59 to 51. And relatively steady in our asian-american community, 16 last week -- 16 from two weeks ago and 14 for last week. So this is a slide that makes me very happy. And what we're looking at here is our percent

[9:15:37 AM]

positivity week over week for the last 12 weeks or so. One thing I want to mention about this data is you can see that the positivity rates for most weeks have dropped slightly. This is because this data relies on testing feeds from particular testing entities. We added another one last week which added 75,000 tests since may the first. So there has been a drop in overall positivity as a result of that additional data. What we see is the data presented last week, 16.2 percent, has dropped to 12.8% for last week and this is with more than 20,000 test results in already for last week. So this is certainly a positive indication that things may be slowing significantly. Again, we have to continue this push.

[9:16:38 AM]

While 12.8% is better than last week, we want to get it below five percent and particularly below three percent. So we have more work to do, but the work that folks are doing, the sacrifices that people are making, the choice to do virtual education, virtual work, is paying off. And again we hope to see that continue in the following weeks. We look at the impact of positivity across races and ethnicities, that is this graph, again, we see significant decreases in many of the races and ethnicities that I'm showing you. Our latinx community in the gray bar to the middle of the cluster is 19.7% last week. So a significant decrease there. Our African-American community, 12.3%, also a significant decrease. The green bars are American Indian and alaskan native. That group had a significant increase of 16.1%.

[9:17:40 AM]

Our asian-american community, 8.9%. And our white non-hispanic, 10.4%. So again, certainly a better picture for many of our communities of color for the data last week. We still have a long ways to go to push it below that red dotted line and the green dotted line representing the five percent and three percent marks. When we look at the positivity based on age group, again we can see that there has been decreases across the board in terms of the positivity. Unfortunately the positivity is highest amongst those that are most likely to be severely impacted from covid-19. So we can see that our 80 plus age group is leading positivity 16%. Our 70 to 79 age group, 15.6%. So again, every age group over 40 is out pacing the

[9:18:40 AM]

community positivity. So again, we've got more work to do and this is a reminder that we all has a community have a duty to protect those who are holder in our community. And that means if you're going to visit or interact with individuals particular over the age of 60, you need tone sure that you are using distance, you are masking, washing your hands and avoiding risk for exposure yourself. When we look at the positivity amongst our school age individuals we can see that there has been a significant drop in the positivity rates. So high school students, high school age students, 17.9%. Middle school 15.6%. Elementary 11.7% and preschool 12%. Again, this is positivity amongst those tested, so this doesn't represent that 12% of preschools are

[9:19:40 AM]

infected. These are of the ones tested. But again, significant decreases, but once again this week we see that our middle school and high school age students are out pacing the positivity in the rest of the community. This is an update of our long-term care facility cases, 225 in the last 14 days. 481 in the last 28 days. Again, this data is updated by facility on a weekly basis on our austintexas.gov/covid-19 website for folks who want additional detail. Once again, the best way to protect our most vulnerable members of our community, our elderly, living in long-term care facilities, is to decrease positivity in the rest of the community. So again, from these numbers it's clear that we have more work to do. 240 of our total deaths have been associated with these facilities. Once again we remain in

[9:20:42 AM]

stage five, which is our highest stage of risk. As a reminder, we want to remind folks that gatherings outside of the household are discouraged. People should avoid dining and shopping in person and limit those to essential trips as necessary. Avoid nonessential travel. And we're recommending our businesses

continue to transition their space to contactless. Takeaway delivery and drive-through as the primary options for that. Judge and mayor, commissioners, I want to talk about one other thing before I transition over to director Hayden. This week as many of you saw, there was a discussion about my recommendation that our legislators, our state legislators be vaccinated.

[9:21:43 AM]

I want to touch on that a little bit and state that I continue with those recommendations. It's important to understand the why's behind that recommendation. So when we look at the CDC data and the modeling for how to roll out vaccination, there's some conflicting information. On one hand if we focus on individuals over the age of 65 as our primary target for vaccinations, it decreases mortality one to four percent. If we focus on individuals who are more likely to spread disease, it decreases transmission by one to five percent. This is why the CDC has rolled out the 1a through 1c with the 1c being essential workers. So the decision regarding the legislature was for a couple of reasons. Number one, we have a unique event which is happening in

[9:22:44 AM]

our jurisdiction in the city of Austin, in Travis county. And that is a legislative session, which brings individuals from around the state of Texas to one place. I'm talking about thousands of people who are going to be in contact for six months. And that represents a risk for a super spreading event. The other concern is for continuity of government. And we have to recognize that essential government services must continue. And that covid-19 remains a threat to those essential government services. So I stand by those recommendations. My hope is that the state will provide a specific allocation for that purpose, but as far as the city and county is concerned, we are going to focus some of our resources, a small amount of resources, focus on that continuity of government

[9:23:44 AM]

plan. We're going to primarily focus on the 1b group. This will include elected officials, city and county. This will include our county and state judges who fall into that 1b category as well as key staff who fall into that 1b category. We will continue that with other governmental services and director Hayden I think is going to touch on some of what we've already done, but perhaps some of what we see also being utilized or that kind of government function how we're going to utilize vaccine for that in the future. With that I'll pass it over to director Hayden. >> Good morning, everyone. I have had -- [garbled video].

[9:24:50 AM]

>> We've got a bad signal. [Garbled video]. Please be patient as we transition. Can you hear me now? >> Mayor Adler: You are breaking up. >> Hello? >> We had a bad connection there, director Hayden. Can you try talking again? >> Will it help if she stops her video? Otherwise the sound is not usable. >> I think you're muted,

[9:25:51 AM]

director Hayden. >> Judge I'll say while director Hayden gets established, I will mention that we're expecting the astrazenca vaccine to receive authorization by the fda around the end of the month. And then there's some confusion and controversy about the astrazenca so I want to touch on that quickly. I've heard rumors from community that it's less effective and I want to say that we don't have the complete [indiscernible] For astrazenca, but it's important to remember the astrazenca end points of the trial were different from

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the modern and phaser were different. And -- and pfizer were different. If someone developed symptoms and were positive that was counted as a case. So those two products are 95% effective at preventing symptomatic infection. The astrazenca product had a different process. So basically they tested individuals on a regular basis to try to detect the presence of infection. So when the trials say they're at 62% or 92% effective, that's 62% or 92% at preventing infection at all. So it's a different end point and actually may be a better end point in terms of the overall efficacy. So these are the things that we'll be looking for in the packet that they send to the fda for the emergency

[9:27:53 AM]

authorization but again like the others it appears to be very promising and it may eventually prove to be an even better vaccine. >> Thank you, Dr. Escott. I don't see director Hayden back on yet. >> I'm here. Good morning. Can you hear me? >> Yes, we can hear you. Great. Thank you for the opportunity. Next slide, please. We wanted to come this morning and kind of walk through some information about the -- about the vaccine. One of the things we want to share with you is that we know that we're going to need to reach approximately 70% of the Travis county

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will need to receive the two doses of the vaccine. What we know in comparison to H1N1 as well as our early on testing, the vaccine will come in very slow. So we cannot overly emphasize that -- of how the vaccine is going to come in will continue to be slow. And so when we worked on H1N1, we vaccinated about 30% of our population so our private providers, pharmacies, physician offices, etcetera, they

[9:29:59 AM]

provided vaccines to over 300,000 people. Where Austin public health only provided vaccines to about 32,000 folks back then. We know now we have more providers that have registered with the department of state health services and so the plan is that when vaccines are coming regularly, we know that several of them have said that they have the ability to be a hub as well. So I'm sure most of you have been hearing the language that Austin public health is [garbled video].

[9:31:09 AM]

>> Kitchen: Mayor, this is Ann. Director Hayden, I can't understand you. >> Director Hayden, I think we're having problems again. >> Mayor Adler: Should we ask for director Hayden to try to speak without her video? >> Let's try that. Sometimes that helps. It's not useful. It's hard to understand. >> Stephanie? Stephanie? We're having trouble understanding you. Can you turn off your video?

[9:32:14 AM]

>> Mayor Adler: Did we lose Stephanie again. >> I turned it off. Can you hear me better? >> Mayor Adler: Can you go back, please. >> Hayden: Good morning, can you hear me now? I turned off my video. Can you hear me? >> Yes, that's better. >> Hayden: Okay. So appointments are recommended. Next slide. >> Mayor Adler: Stephanie, can you go back? We missed the last several months of what you were doing. >> About when you were talking about the hub, Stephanie, about the hub. >> Hayden: Okay. So essentially the definition of a hub is a provider that has the

[9:33:18 AM]

ability to vaccinate several people in a day. Also, you must be willing to work with other neighboring counties, smaller neighboring counties. So that's like hays and bastrop and potentially Williamson for us because we think about the msa. So that is the definition of a hub. So other providers are definitely signing up to be a hub as well in Travis county. We know that as a best practice we also need to make sure we have large scale distribution sites, but also make sure you have multiple small scale sites. And appointments are recommended and we are only working off of appointments. Next slide. As you all know, we have

[9:34:20 AM]

been using the Austin sales force portal. That has been the portal we have used this entire time. And I understand that, you know, several folks are having some concerns with the portal itself. And so we have employed some coding and data folks. We are working with a new developer but I think the other thing to keep in mind is the potential use of anyone in Texas is a reality for us. And so we have over 166,000 accounts that have been created, and 60,000 of them qualify for the vaccine. And when we say qualify, we mean people that are 65 years of age and older or 64

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years of age and younger with an existing underlying health condition and not >> Hayden: We are going to be putting together our demographic data that we will share on our website with the rest of our dashboards. One of the common things that we have been hearing is the password errors and kind of the malfunction. What we have been putting out to the public as a solution, if you would, for your user name, if you would -- if your e-mail is John doe@hotmail, you would want to add aph. And so if folks are reaching out to you, we have put that out to the public. We'll continue to put that out to the public but, basically, they would not have to reset their password. They will only have to add aph to the end of their user

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name and they should be able to log in. Now there has been confusion about appointments versus vaccines available. If there are no appointments, we don't have any other vaccine. We only release appointments when we have vaccines to accompany them. And so there is times like we did on yesterday, we released appointments, and within two hours those appointments were gone. And so once appointments are out there, very quickly. Because as you can see, you know, we have 60,000 people that are eligible. And so they're going to quickly get those appointments. The other thing that we're working on is there has been a little level of confusion where folks have been going

[9:37:25 AM]

to testing and scheduling testing and for them they have -- be they felt like they scheduled a vaccine appointment. And so our staff are working to make that more pronounced so folks will not have any confusion. So that's one of the changes. And so we're going to be working with our communications folks so we can get the word out about these changes that are going to occur this week. But right now, if folks are having any problems, that aph -- adding that.aph to the end of their name, that will work today. Slide 3. >> Door Hayden, just a really quick comment. I've heard from people that the language that instructs them to add that dot aph at

[9:38:26 AM]

the end doesn't show up in the error message, and they have to look in other places on the site. So if you're having people recode it, if it can be part of the instruction with the error message, that would help. >> Hayden: Okay, thank you. This is just an update on what Austin public health has received. As you all know initially, we received 1300 vaccines, and then we received 12,000 on the 11th and on the 18th for this week. By Saturday we had provided 12,600 vaccines. We are prioritizing educational staff, folks that are working in public, private and charter schools. We started that process yesterday. And we will continue that

[9:39:27 AM]

effort this week. And so the remaining doses will be distributed to the community this week. We are working with several partners -- one, we are working on plans to be able to look at large scale events in our community and then working with a partner on that that does event planning. In addition to that, we have partners that are going to be making some calls for us to call everyone and provide some additional information including the dot aph at the end of your user name. With the second dose, just as a reminder, you will need to go back to the provider that provided your initial dose. Now, with the event that was

[9:40:28 AM]

in dove springs, we will be reaching out to those patients and so we will add them to the process of providing that second dose. The last thing is that we are rolling out our Ed education process and outreach to be able to get additional information out to hard to reach populations. And so we have eight

vendors that we're in the process of finishing their contracts and then from there they will continue to assist us in all areas, especially education and outreach. Next slide. At this time, I'm going to transition over to Spencer Cronk. >> Cronk: Thanks, director Hayden and I first want to recognize director Hayden and Dr. Scott and the

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incredible work of our city and county staff. From the beginning, we've had great cooperation and coordination between the city and the county. I also want to acknowledge the support and collaboration from all of you as our elected officials and from the numerous partners that we work with. But as you know, we have 1.3 million people in Travis county alone and as Stephanie mentioned, vaccine providers would need to vaccinate 70% of the population with two doses of the vaccine to achieve our herd immunity. We are working to get these vaccines out as fast as we can, and last week, I'm proud to say that Austin public health, with our partners, provided all 12,000 doses that were given to us to be administered. But I want to remind everyone that just like the COVID-19 testing roll out, there were challenges in the beginning and it was also a slow process. As we learn more information from the federal and state level we made changes in improvements, but this vaccine was only approved a month ago and it is our

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understanding that as additional vaccine will trickle in for the next few months we will continue to ramp up our efforts, but it's critical that we manage expectations, both with our community and our important partners. As Stephanie said, we have to prioritize the vaccine for people that are over 65 and people from racial and ethnic minority groups, but we're committed to continuing this work to keep our community safe. We ask for your patience and continued support during this entire process. And with that, mayor and judge, we will turn it back to you for questions from the group. I think the judge was going first. Judge. >> Judge Brown: Thank you, I'm going to turn it over to commissioner Gomez and I'll call the rest of the commissioners after that. >> Gomez: The question that I have is based on the questions that I get from the public. Since we keep saying throughout the presentations that we've had on these

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graphs that we're prioritizing people over 65, the 1a, the 1b and now we've added 1c, but it appears to folks that we kind of get off that. That priority list. Are we really sticking to it or are we kind of going back and forth? Because it really confuses people. >> Dr. Escott: I'm certainly happy to start and director Hayden may want to jump in. The vast majority is going to 1a and 1b groups. Again, we have the

circumstance of the need to ensure our continuity of governmental operations. So we are focusing some of the resources on people like teachers. When we look at the -- my recommendation for the legislature, that was not

[9:44:32 AM]

aph vaccine that was utilized. Again, we've recommended that the state allocate resources for that particular purpose. But you know, we're going to have circumstances through -- again, we've got 350 providers providing vaccine in Travis county or that have signed up for it. There are going to be others who fall outside that group. And generally that happens because once you that you the vaccine and you've pulled it up in syringes, you have to use it in a short period of time. So what we've seen is that, you know, there are circumstances where providers have extra. They've gotten through their doses that were scheduled. They've identified additional doses available in the vial. And modern generally has ten doses in our vaccination of teachers yesterday, many of those vials had 11, some

[9:45:33 AM]

had 12 doses. So sometimes at the end of the day, you've got extras. And it's a priority to get those out as quickly as possible. Aph has additional people that we can call who fall within that 1b group. Others may not have that. So they are hurrying to ensure it gets in arms instead of being wasted, but I do have confidence that the vast majority of vaccine in our community is going to 1a and 1b. >> Judge Brown: Thank you. Commissioner Shea. >> Shea: Thanks, judge. And as usual, thanks to Dr. Escott and director Hayden. I have a couple of questions. Do we know how many total doses are being sent to the community? Previously we've heard something like 350 providers were getting scattered allotments, but do we know how many total doses are

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being sent to the community? And is the state continuing -- I'm sorry -- this really inefficient and frankly broken process of providing doses to providers who don't have the capacities for sign-ups, who don't even have good phone systems? I think we've all heard stories of dozens and dozens or more of people calling through all the lists of the providers that are on the state map and frequently can't even get through on the phone. And once they do, they are told no that's either for our current patients or call H-E-B. So is the state still doing that? And if they are, can we just agree as a combined body to request that the state simply send a unified allotment to a hub, which I assume we could create fairly easily with bastrop and haste. Sound like William some is

[9:47:36 AM]

already forming a hub, but there has to be a more efficient way to do this than what the state is doing. Are they still sending this scattered allotment among the 350 providers or have they changed that process and if so when will we expect to see more? And my second question has to do with any indication we're getting from the thank goodness new administration in Washington where Biden has announced a plan to have 100 million vaccines in the first 100 days. So presumably that would change our calculation on how many doses we expect to receive. So those are my two general questions. >> Dr. Escott: So commissioner I'll start by saying I think the state is working hard to pivot and we've seen that happen. The initial allocation was to hospitals and a lot of different groups. And they've really focused their efforts now on these hubs. As director Hayden said it's

[9:48:38 AM]

not one hub, but multiple hubs, groups that can do 1,000 or 2,000 vaccines a day. We've seen an allocation to Williamson county and hays county, so I like what the state is doing now in terms of focusing the majority of vaccine on those hubs. So I think the plan right now really is to get out large volumes quickly. So the hubs make sense. But as we get through those large numbers, they are going to probably need to transition back to smaller places, places that people have easier access to. Places that they normally go for their vaccine. So I think that we're going to see some shifting in allocations as we go into the spring. But I think they are doing a good job now of refocusing the efforts on the hubs. Our hope is that we can increase the volume of vaccine available as director Hayden said. We've got multiple entities

[9:49:39 AM]

capable of doing thousands a day. Our partners at H-E-B have great infrastructure emergency emergency. Processes. They can do thousands a day. Austin regional cline, thousands a day. CVS, Walgreens and other places -- UT Dell medical school has done a great job of large volume allocations. So again, our hope is that we can have multiple large hubs in Travis county and around Travis county to start to get through high volumes of folks. >> Judge Brown: Thank you, commissioner Travillion. >> Travillion: Thank you for the work that's been done, Dr. Escott and also director Hayden. We appreciate the commitment that you've shown to work with us. My question really piggy backs on something that you just said, Dr. Escott. It seems to me that the primary infrastructure for

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providing shots and providing hubs is kind of the affluent part of town. So my question is, what specifically are we doing to make sure that those parts of town that have not been invested in economically, but have other hubs like schools, for example, like community centers, like churches, for example, what specific plans are we putting in place to make sure that the parts of town that do not have a solid economic infrastructure will actually see -- will see opportunities for vaccines as well? Because they are a lot of our title I schools that are serving not only teachers, but students in that area. Hopefully we'll be looking at retirees and people who are on forms of public assistance as well. So that all of the hubs are not in the affluent part of town, and all of the less

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affluent parts of town won't have immediate ready access. What are we doing to develop specific plans and using resources like the expo center and churches and other entities -- public entities that exist in those areas? >> Hayden: One of the things that we have done is we have identified several locations in the eastern crescent that have the ability for us to either have a long-time presence at that location and/or that have the ability for us to set up how we've done in the past with flu vaccines. And so making sure that as we look at the data and look at specific zip codes where

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we know we have more people of color and we have more folks that really need that access in their community. And so that is a part of our plan, and we've identified several of those, but one of the things is definitely key is that knowing the vaccine is coming in, and that we can count on it because we don't want to set up a facility and open it up and we don't have the vaccine to provide. So those relationships have been established, and we'll continue to work with the various partners, whether it's the specific schools, the title I schools and faith-based churches, et cetera. >> We're prepared to work with you and help you reach into those communities -- just reach out to us and we

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will share our network with you. >> Judge Brown: Commissioner Travillion, I just want to add on, I think we're going to see a shift in how we approach it as we move into the spring. Again, the issues for January and February are going to be prioritization and getting it out to folks who need it the most. Getting it out to our essential workers. March, April, May, it's going to be a different challenge. The challenge then is going to be getting more people to want and sign up for the vaccine. I'm pleased with the fact that we've got more than 160,000 signed up, but we need to vaccinate 800, 900,000. So again our challenges are going to shift as we go into the spring. And that's why we need to continue this effort, continue the efficacy,

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continue the discussion regarding the importance of the vaccine, particularly for our communities of color that have been so disproportionately impacted. We expect that those communities will be more challenged to get vaccine into arms. So director Hayden and her team has done a great job of precondition planning messaging and talking about how we're going to adjust strategy based upon the expected shift in those challenges. >> Travillion: Thank you. >> Judge Brown: Thank you. Commissioner Howard. >> Howard: Thank you. Good morning, my question deals with messaging, and I wanted to briefly welcome Stephanie Haiden Howard to the Howard clan and note that the message she sent to us is that she has a new last name and I'm just delighted that she's adding Howard to her name. Second, some of us got a

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letter from our health care provider, like Austin regional clinic, that they no longer had vaccines and we should look to Austin public health. And so could you clarify the message to the community about the priority with the vaccines that we have at Austin public health, that they are still for folks who don't have access otherwise or won't have access otherwise or who are uninsured, if that is still the case? >> Howard, yes, commissioner, that is still the case. We are targeting 65-year-old folks, 65 years or older. You can have insurance, that's not a problem for you to have insurance at that age. What we are targeting though is people that are under 65. So 64 years and older, all of them still fall into 1b, and that they don't have

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insurance. I think it's unfortunate that, you know, providers have sent that type of communication forward because all of the providers we did share with them are target population. And so we can follow up with them and really try to do some joint messaging, because I think that would be beneficial for us just to work together. >> Howard: Thank you. >> Judge Brown: All right, so I've got a question here and then we'll pass it after this to the city council and the mayor. Director Hayden, and Dr. Escott, we know obviously the biggest barrier to getting the vaccine is that we just don't have enough in our community but at the same time as commissioner Shea pointed out, Biden has stated his goal is to get 100 million in 100 days so we do need to be ready for that if that does happen. I want to thank you,

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especially director Hayden, for all the work you're doing to meet the incredibly important need of getting vaccines into the folks who are at greatest risk in our community, but I'm hearing from the community that they understand this generally, but they want some transparency around how the vaccine is getting out, how are we distributing it and some reassurance that we have the ability to mass vaccinate when that time comes. And for me I think we can do this by creating a website that works, that provides good, easily understandable information, and holds us all accountable to the public. So I've asked the county staff to work with you and the city staff to stand up a website, and I've seen a prototype of it. I think it looks good and will be helpful. But I'd like that website to provide a central site to access any vaccine providers in the region for both insured and uninsured people, to allow people to sign up to volunteer. Because I know from having run a small pilot drive-through vaccination clinic with constable morales and others, to seeing the Delco center, more volunteers that have

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skills that we need help. We need will help. I'd like the website to show how many vaccines have been given out and where and to whom they are going. We have some of the most advanced companies in the world, I've talked to mayor Adler and he's willing to connect us to those folks. As commissioner Travillion said, the entire court, all of us here in the commissioners court are committed to doing whatever we can to support your efforts either with our county team or trying to engage the private sector along with the mayor to support these efforts. So these are some of the things that we can do to help the community know what we're doing and help inform decision IFS we need to change tactics or to get the vaccine out faster or more equitably. So I'd like to know what is the biggest barrier to aph to setting up this website along with the county that would accomplish these goals and could you report to us through this website who is receiving the vaccine and where do they live? And how quickly do you think

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we can bring transparency to these efforts? If there are any barriers or challenges to this, I know I -- commissioner Howard, everybody here, is willing to work to remove any barriers that we can and help do that. But also again I want to thank you and Dr. Escott and the team that got out those 12,000 vaccines last week as you set your goal to do. I want to greatly thank you for your efforts. >> Hayden: So judge brown, as you know, your team is working with the city's team on that platform. So, you know, we'll continue to work with your team on that platform. I don't have any concerns about us being able to get that platform done at this time, but I will just say

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that we do need the additional time. You know, we were able to -- our goal every week is all of the vaccines that come into our community, is to be able to get the vaccines out the door within a five to six daytime period. You know that, is our first goal. And so, yes, we are willing to work with your team, do whatever we do need to do to set up that portal, and provide that information. We have typically kept all of the information kind of at Austin Travis county type site with dashboards and so my request is that we continue to centralize whatever kind of efforts that we stand up and that they're not in multiple

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places. Is my recommendation. >> Judge Brown: Sound good. Thank you. And with that, mayor, I'll pass it over to you to call on the city council members in your order. I think you're muted, mayor Adler. >> Mayor Adler: I was. I was. Thank you. Judge brown, thank you. We'll now work our way through the city council. Council member Ellis. And ask one question and we'll pass it on to the next person. >> Ellis: Thank you. I appreciate that. I've heard a couple of different varying questions I'll try to put into one question about the newer strain of the virus. And I may have connectivity issues. So I'll turn my video off, but just general questions about what do we know about

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its transmission, its contagion, is a new vaccine being developed? Is it affecting younger people more than older people? Can you go into a little more detail about what is and is not known about this other strain at this point in time? >> Dr. Escott: Certainly, council member. The indications that we have right now are that it is significantly more contagious just than the main variant. We don't have a lot of surveillance detail, particularly in the state of Texas in terms of doing genomic sequences of viral cases. There is efforts via the federal government to increase that genomic surveillance so we can have better intelligence on when the variants changes. The good news is that there is no indication that it's more deadly. The bad news is that

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generally more contagious is worst than more deadly because it has the ability to infect more people. Again, I think the take-home point for our community is we have to protect ourselves. We have to stay home if we can. We have to choose virtual education if we can. And if we have to go out, we must wear a mask, we must distance. Those same protections will work, but it's going to become increasingly difficult to protect ourselves in those places where we may have been able to protect ourselves in the past. >> Mayor Adler: Council member kitchen. >> Kitchen: Thank you. I think this is for director Hayden. I believe that I heard you mention that there would be some outreach efforts and I'm not sure if I caught it

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that there would be some efforts to call everyone. And so my specific question is a little bit more detail on outreach to the extent that you know at this point. I think I heard you say you're still working it out. I'm particularly trying to understand the seniors who live in the community, particularly elderly folks. I'm wondering if y'all are working towards outreach that might include phone calls or post cards or something, because I'm concerned that those are the -- among other individuals -- will have difficulty with the electronic process and also we've shared concerns that some of them are having difficulty with getting through on the nurse hotline. So can you just tell me what your plans are? I know it takes awhile to get everything in place, but could you let us know what your plans are for actual proactive outreach to seniors in the community who are living at home.

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. >> Hayden: Yes, the process is not fully developed, but it will target individuals that are 65 years of age and older. [Audio distortion] >> Hayden: Those are the individuals that will receive a call from an individual and they will be able to answer any questions that they have. [Audio distortion] >> Hayden: So once we have that developed, we'll send communication out to council and commissioners court. About that process. >> Kitchen: Thank you. Do you have a timeline at this point that you can share, understanding that you're still working through it.

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>> Hayden: (No audio). >> Mayor Adler: I think we lost Stephanie. Let's see if she comes back. >> Hayden: Can you hear me? >> Mayor Adler: Yes, you're back now. >> Hayden: We will have an update by the end of the week. >> Kitchen: Thank you. >> Mayor Adler: Council member harper-madison. >> Harper-madison: Thank you, mayor Adler, thank you director Hayden Howard and Dr. Escott. Good morning, everybody. My question is about -- I guess in alignment with council member kitchen's about outreach. In which case I'll sort of wait for that end of week update for that part of it, but some of the specifics are the who, the when, the where, and how we're reaching them. And that gets me to the primary point of my question which is what I'm reading says that people of color are not being vaccinated at the same rate as anglo

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Americans and I want know that's about? Is it scuffle outreach, is it related to judge brown's point about a comprehensive website, is it prerated to commissioner Travillion's point about getting really granular in neighborhoods and accessing fire stations and schools and the religious organizations? I'm trying to figure out why folks aren't getting vaccinated and I'll put on the tail end of that my anecdotal experience having seen the lines at the Delco center, just a visual observation was that there were a fraction at best of people of color in the line. The singular unifying similarity was age, and so I'm also curious if the Delco plopped right in the middle of north east Austin

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seems relatively accessible, why weren't more people of color in that line? So it seems like a complex enough question that you may not be able to give me a complete answer today, but I'm very curious about that and want to know what we can do, both the city and the county, to support the efforts to make sure more at risk populations of folks are being vaccinated. >> Hayden: What we are finding is that because the system has not been as user friendly, we know that most populations of color are not going to continue to come to a computer and try to access that. And so what we have put in place is -- and we're continuing to work out the details, is that we're going to be working with some partners to ensure specific outreach to target populations.

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And be able to make sure that those target populations are able to get those appointments scheduled. Because salesforce was not -- had a lot of technical issues, thousands of folks were calling our nurse line and so the nurse line was set up not to provide technical assistance, but the nurse line was set up to -- for folks that did not have access to the internet. And so we will be working with some partners being more intentional. We'll continue to leave the nurse line set up the way it is. Our soap if we work out the majority of the problems with the site, we can free up that area and it can work as is intended to work. So in the meantime, our staff will be working with our outreach partners to identify clients that we can

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start to provide the vaccinations to this week. >> Thank you, director Hayden Howard. I won't ask in the update if we could get a clearer picture of who our outreach partners are? That we can take the opportunity to introduce names that may not be on that list that are specific to our districts. >> Hayden: Yes, that will be fine. >> Thank you, I appreciate it. >> Mayor, you're muted. >> Mayor Adler: Council member Fuentes and I apologize, colleagues. I didn't go in district order and I'm catching up there now. Council member Fuentes. >> Fuentes: Thank you, mayor. So first I want to reiterate or want to

emphasize what the county judge brown mentioned about having a comprehensive integrated website. We are the tech city of our

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state and we should be leading on this issue. And so I really hope that we can work together quickly in offering that service. But also in light of the conversation that council member harper-madison brought to light, many in our communities of color are relying on phone calls. And so if there is a way that we can scale up that operation to handle the immense call volume of calls we're getting, I would really love to see that. That is -- I know for my office we are directing people -- they actually want to call someone. And from my generation, we have individuals who are calling on behalf of their parents, too. And so we just got to figure out a way we can have that integrated, comprehensive website, but also acknowledge that we need to get the calls system operation operationalized as quickly as possible to help our communities of color, especially our elderly. So my question is about the drive-through vaccination. It's my understanding that

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currently aph is not doing any drive-through vaccination sites. Are there plans to do that? As we think proactively if the Biden administration is able to offer 100 million vaccines in the next 100 days, will we move to a vaccination -- a drive-through vaccination model? And I appreciate aph -- that you outlined in your memo about allowing folks to wait in their car, not having to wait in line for their time. I hope folks know that out there, that there is a process out there that you can wait in your car as you're waiting your appointment schedule. But I would like to see drive-through vaccination sites throughout our community and also in my district we have a veterans clinic that has very large parking lots, and it's in the 44 zip code. It would be a great site for our vaccination drive-through vaccination in coordination with our

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federal partners. Thank you. >> Hayden: Yes, right now we are not offering drive-through sites. However, our team are working on plans for those. And so we will keep you all posted once we transition to that type model. We know we will need to continue to do both because we want to make sure that we are maximizing with the vaccine. Currently, you know, with the drive-through models, we have to make sure that we can set it up in a process to where we can at least be able to provide vaccines to at least two to three hundred people per hour. And so those sites will need to be set up to allow that type of throughput. >> Mayor Adler: Thank you.

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Council member Renteria, do you have any questions? >> Renteria: Yes, one of my questions is that we do have a V.A. Clinic out there and is the health department working with them? I know that my wife is a veteran and she hasn't got any notification whether they are going to have vaccine any time soon. Have you heard anything that, are they going to have vaccines that they are going to administer over there in that location? My understanding right now is only temple and some of the larger sites in Dallas and Houston area are administering those vaccines. >> Hayden: I have not seen the V.A. Here in Austin on the site. And so we would have to coordinate with them as well

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as dshs to determine if that is a site that they've identified. So we can let you know about those conversations. >> Renteria: And Steve knee, one of the confusion is the state dashboard where they show the locations of people that have the vaccine. My understanding is that you shouldn't be calling those sites because basically public health is coordinating everything. I wonder if you could just get that message out because I'm sure that a lot of these locations are getting called right now and is probably tying up their staff to answer some of these calls. And I know that -- y'all guys are coordinating everything. That they shouldn't be calling these locations because they're not going to be able to administer any of those vaccine shots to the public.

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>> Mayor Adler: Thank you. Council member Casar. >> Casar: I want to thank council member Fuentes and judge brown for bringing up really getting our operations ready for potentially administering so many mortens of thousands of vaccines in a comprehensive way. I just want to echo that point. But my question goes a little bit more to what council member Renteria just said at the end of his comments. There are so many people who are getting different messages from their private providers, from the states from what they hear intermit intermittently from the city, that I think it would be so helpful if week to week as we get a shipment of vaccines, if we are able to have in writing for people if you fall into this category, this is what we recommend you do. If you fall into this category, this is what we recommend you do. And we know that shifting from week to week, but I would find that so helpful so that we could say if

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you're under 65 and you have an underlying condition, but are you insured, then do the following. And even if it says all we can recommend you do is wait or try calling some private providers, but they may not have any, that can be hard to tell people, but it would be really useful to have a transparent place where people just hear the truth the best that we can delivery. It. And I think we discussed this a little at our last meeting and I'm interested whether we developed something like to that and I haven't seen it, if we're planning on developing something like that, or if y'all don't think that's a good idea, and here is why. But we just get calls from people in different categories who want to do the right thing and are willing to wait, but they don't know whether they are supposed to wait or sign up with aph or call H-E-B and what they are supposed to do and they get different information. >> Hayden: I think one of

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the challenges of putting together something like that, because things do change quite often. In the past when we told -- in our communications when we said to contact your primary care provider, or your pharmacist, et cetera, then all of them -- everybody just kind of starts reaching out and all their phone lines are overloaded. And so now, they are directing people back to Austin public health. So I think the bottom -- the bottom line is that everyone really needs to have patience. And so if that's the message that we need to put up everywhere for people to have patience, we really need people to have patience. I understand that the

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various systems are trying to set up something, whether it's H-E-B or Austin regional -- whoever the provider is, to know they are trying to put up information, but for us, you know, right now we're going to continue to be a safety net provider. So that has not changed for us. That's always been our mission. So I understand that that is confusing because they're getting conflicting messages from everywhere else. And so that's kind of my recommendation at this point. >> Casar: Thank you and I would ask that we put something together for folks that sets their expectation and it may not say call your private provider, it may say you may call your private provider but they may not have enough and we're just letting you know. But if we don't fill that void, then it gets -- the

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void of information gets filled with conflicting messages that could be even more confusing. So my ask would be that we try to put something together every week that gives people the chance even if the truth might be you can try some of these things but you may not be far enough ahead in the line at this point. >> Mayor Adler: Okay, thank you. I think at this point Ann, you've had a chance to ask a question, didn't you? Okay, so council member Kelly. >> Kelly: Thank you very much. And thank you Dr. Escott and

director Hayden for your time today. My question is about directing individuals in my district where to sign up for the vaccine. As you might be aware, district 6 is the only one that covers both Williamson and Travis county. And so for our Williamson county residents, do you think that you could provide some clarity on them utilizing the resources of the Williamson county health

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district instead of aph? Or if you have any insight on that if you could offer it, that would be helpful. Thank you. >> Hayden: Yes, council member, they can actually sign up, whether it is with Austin public health or with Williamson county. At any portal. It doesn't matter where you live, and so I would encourage them to sign up in both places. We have been providing vaccines to folks that are not from Travis county thus far because they accessed our portal. So we encourage them to do both. >> Mayor Adler: Okay, council member Tovo. Do you have a question? >> Tovo: Yes, I do. Thank you. I have about 90 so I'm going to try to merge a few of them into one. >> Mayor Adler: Pick your

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best one and increase your microphone. >> Tovo: Thank you very much to director Hayden Howard and Dr. Escott for your tremendous work and the work of your staff and your responsiveness in working through some of the challenges that are being experienced. So all of us I know are receiving e-mails from lots of constituents experiencing website errors or other kinds of questions, and manager, I'll just say en route to my question it would be helpful if we knew exactly which staff members to contact with for that. For example that, dot aph issue could have solved the problem and will solve the problem for lots of our constituents. I've sent it off -- I've got two e-mails that that will solve and I only found out about it through neighborhood next door, I think we can be of real resource to your staff in forwarding to you some of the questions and some of the experiences our constituents are having to

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help refine that messaging and refine some of the website challenges if we knew exactly which staff members to contact in either of those categories. So that would be helpful. I think director Hayden Howard, I would like for you to go back to the question of the hub. I am still getting questions about whether aph is the hub and I'm not sure what the correct answer is to that. As you move forward with the kind of website that Judge Brown mentioned, can you help me understand whether that is going to have registration information available for sources other than Austin public health or it's going to be a registration system and information? You can find information basically for aph's registration. I know last week when we talked about it, you indicated it was really health care providers and

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distributors have different systems. It's really hard to work all of that information into one online community portal. So that's a couple of questions, but I think they're all related to is aph actually our community hub or is it transitioning to that? How does that relate to its mission to be a safety net provider and as you work toward that website, to what extent will it provide information about resources other than aph, what is the status of those conversations with other providers in our community? >> Hayden: Okay. Essentially we are a hub, but we're not a hub in the way that people are thinking of a hub. We will not transfer vaccine from Austin public health to another provider in that sense. So all of the vaccine will

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not come to Austin public health. So I have to be clear that as this process moves along, a hub in definition is a provider that has the ability to provide vaccines at a high volume. That's essentially the definition of what the Texas department of state health services definition is. So right now we are a hub, and as most of you may have heard, yesterday hays county set up their hub. Williamson county has set up their hub. So they're in a position where they can provide multiple vaccines a day in a short amount of time. And so the second question about the website, right now, what we would have on that website initially is Austin public health's portal.

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And so as things change and vaccine is widely available, and this is what typically happens when there is more vaccine available, it moves to a place of making sure you're getting the shots in arms. And so that is essentially what most providers are going to do is make sure that they can get as many people the vaccine, when it's widely available. So I hope that answers your question. >> Mayor Adler: Okay, council member, I'll add on to that. Again, as Stephanie said -- we're a hub, not the hub. And I think there has been some confusion. It's a hub's model, not a hub model. So our hope is that we can -- as other hubs develop, we can build some dedicated data feeds like we did with testing so that we cannot only have the aph

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demographic information and zip code information, but for multiple sources. We're also expecting that the state will provide access to our immtrac2 data. So this is where all the reports go from all the providers to the state for the purpose of that vaccine tracking. We're not sure what that looks like or the timeline for getting access to that, but that may provide us even larger dataset to tell us how we're doing on vaccinations by demographic and by zip code. The challenge of course is that data is going to lag behind our data. So I think the future is going to show a couple of different data streams to provide information on these items. >> Tovo: So I think just to clarify, I think the answer to the question of data coming from other sources and vaccine opportunities through other sources is -- would be a priority for Austin public health to have available in a central

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system, but it is going to take some more time because -- but you are working with those other providers who might become -- who might have vaccine and thus data to try to mold it into the Austin public health site eventually. Is that -- would you say that's accurate, Dr. Escott, that there is an interest in providing a one stop portal that would include not just aph's sources and data, but also that of other significant drbt tore vaccine providers in the community. We're just not at a place yet where that's either possible or maybe relevant in terms of them having enough vaccine to have that info. >> Dr. Escott: Yes, I think it's more likely that we'll see on there public partners feeding in data into that aph vaccine data stream.

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Because it has the potential to utilize the same salesforce platform, similar to what we did with testing in those data feeds. The data reporting come pone sent one of the biggest rate limiting steps of the vaccination process right now. So in talking to our providers, they said please don't require us to report redundant data to you locally because we're already struggling with getting the data in in a timely fashion so that we can get folks through. For the larger data piece, the immtrac2 data which will lag a little bit, but will give us a better and more comprehensive picture of the vaccination effort. >> Mayor Adler: Thank you, council member alter. >> Alter: Good morning. To first reiterate what council member Caesar had said which followed on our conversation from last week about the potential value of some kind of decision tree

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so that people know what their options are. Again, even if it is changing, something is better than nothing or even for us because we're getting so many questions from people to be able to direct them. You know, the issue with insurance has been rather confusing to follow. I think I understand now where

we've landed, whereas if you're in the 1b or 1a and you have insurance, you can still go to aph and that they are not providers that have sufficient vaccine, so that's where we're directing people to go who call in those categories -- [indiscernible] Decision tree. The question that I want to ask though is not about sort of the vaccines, is about we are now about three weeks out from new year's, what do we know about the spreader causes or from contact tracing about what is leading to the spread so

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that people understand the consequences of their activities and the choices that they are making? I think it's always helpful for us to know from the cases that [audio distortion] The source of the spread. I think that would be for Dr. Escott. >> Dr. Escott: So, council member, we're still seeing a lot of transmission that has traced back to the holidays, but again, beyond that, beyond the holiday spread, still a great deal of social gatherings with individuals. Still seeing spread in the school environment, in terms of extracurricular activities. So, you know, the challenge is that if there is a circumstances where people are in close proximity without masks on, that's where it's spreading. We're really not seeing a lot of spread in circumstances where the

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masks and the distancing are in place. So you know I think the flattening that we're seeing now I think has given us some evidence that perhaps the intervention that the mayor and the judge did at new year's had some impact. And we're hopeful that that impact will continue. Our hope is that people will continue those protective actions. It's not really as much about a particular place where transmission is happening. It's a set of circumstances where transmission is happening. So if we keep our physical distancing, keep our masking, we're going to continue to drive down that positivity rate. >> Mayor Adler: Thank you. First, I want to congratulate director Hayden especially with respect to getting the 12,000 out a

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week ago and for being on track and getting the 12,000 out this week. You know that was one of the chief metrics to make sure that we would continue to get supply this way. I think you've proven out kind of the concept of using the public health authorities, and I know there is a push at the local level statewide to do that and then also nationally, cities and counties. It was also my understanding that over 1,000 people of the first 12,000 registered by calling and I think that's an important number for the community to know, that that was a really viable way to be placed in the system and something that we used. Second, the comments that came from judge brown, it would be great to have a central system,

but it's my understanding that central system gets a little bit harder, especially as you tie it into scheduling, because the drugstores and the grocery stores and the

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hospitals all have their own separate scheduling systems, and they don't merge with one another. And there are hipaa problems whenever we try to reach outside of Austin public health and try and get a partner to work with us in a realtime and active way. But I do like continuing to push to get the data in, which is what we did on testing. We didn't schedule their tests, but at some point we were able to order them to give us the data so that the data we had was more robust and more timely than what we got from the state. I really appreciate the tech fix on the password user issue. That was probably 80% of the calls we were getting, but I reiterate what I think cat he said about getting us a notice on that. I spent 45 minutes yesterday with a constituent trying to work through that issue as so many people in the

[10:36:31 AM]

community were. And having learned today about that fix, we've gotten it out and so far everybody is now e-mailing back and saying it works. So great fix to that. And we need to really make that a really big thing for people to have seen. Because it seems to work so well and it was hanging up so many people. My question goes to the issue of demographics and who it is that's actually getting the vaccine. My understanding is that when we get the vaccine as a hub to distribute and we set up our registration system, anybody -- not only -- anybody anywhere in our county can register. We just can't say certain people in our county are the only ones to register. Not only that, anyone outside of our county can register. So somebody from El Paso is allowed to go into our registration site and get an

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appointment and then fly in to Austin to take advantage of our delivery. And those are just the state's rules. But within that universe, when people register, you're asking health questions. You're asking demographic questions. Are you scoring or weighting the people that come in based on age and ethnicity and vulnerability and is using that weighting or scoring to figure out who it is that actually gets the vaccine appointment to be able to do that? And then associated with that, while we don't have any of the data for any of the other providers for the reasons that Dr. Escott explained, we do have our own data. And you said that you were going to post our data so that we could see within our

[10:38:32 AM]

operation what -- who is getting it, by age and by race and ethnicity. Because that information will enable us to see either we're hitting the marks we want to hit or if we're not hitting the marks, it will point us to areas that we need to figure out different systems. So the question about ethnicity first, do we weight based on race and ethnicity and when will we be able -- when do you think you'll be able to post that initial demographic information to see who our tests have been going to? >> Hayden: So I'll answer the last question first and kind of go backwards. Staff are putting together a report that we will be able to -- the goal is to be able to -- the folks that have come through the system, not the first day, the first closed pod days when we were

[10:39:33 AM]

not in salesforce, it will not include that. So it will be a smaller subset of folks that have come through salesforce. Our folks are putting together a report that we would be able to issue on Friday with the other document about outreach. And so the second question is, is that, yes, it's similar to what we did for the testing platform. When we are trying to get a target population, and so we have folks that have registered, they have an account, and so we have folks that are eligible and we have folks that are not eligible. And so we are pulling from the folks that are eligible, and those are the ones that can sign up for appointments. >> Mayor Adler: So the system kind of self-corrects. Anybody can go on the system

[10:40:34 AM]

anywhere -- people that have insurance can go on the system. Because this is really the only system to go on now, but when we're actually giving the appointments, we take a look at the is your September thy built and vulnerability factors for actually scheduling people. And that's the part of the system that we need to fine tune and make sure it's working well to make sure we're getting it out to the people that are most susceptible, is that right? >> Hayden: Yes. >> Mayor Adler: Judge brown, I think we've run through the council members and everybody has had a chance to ask one question. Did you want to do a second round of questions, judge brown? >> Judge Brown: Yeah, I think we've shockingly gotten through this quicker than anticipated. So, yeah, I think we'll do maybe a speed round of sorts and I'll just go back and call through my list and then pass it back over to you if that is okay. >> Mayor Adler: That works. >> Judge Brown: So commissioner Gomez, do you have another question?

[10:41:34 AM]

>> Gomez: No, judge, I don't. >> Judge Brown: Okay, thank you. Commissioner Shea. >> Shea: Yeah, I did have a question particularly about having a unified site. And I understand what mayor Adler was saying

about the difficulty of linking so that all of the scheduling in each of the private providers is included, but if we can just have one site that provides a link to the other hubs, the frustration I'm sure we're all hearing is people are calling through the 350 providers, and it's okay on. Chaos. So if we can have in this a unified site, and I appreciate the coordination to try and create it, if we can just have the four or five hub providers that you listed, starting with the city of Austin, then H-E-B, arc, CVS, Walgreens, maybe UT Dell F we can just have on one site the hub

[10:42:36 AM]

providers and then people can link to them, go to their own pages, and make the arrangements, that would at least provide some level of coordination. There is just enormous frustration and, frankly, kind of chaos and confusion around this. If we are creating a unified site, I would beg that we just list the main hub providers that people can reach. Because sending them to the dshs list has been nightmarishly frustrating for people. Is that part of what we're working on, judge? >> Judge Brown: Yes, I think you laid out the general concept, yes. I don't know if director Hayden or Dr. Escott, if you have anything. >> Dr. Escott: Commissioner, I think that's an excellent idea. That's the low hanging fruit in terms of coordinating the process. The challenge we have is all the other hubs that I just mentioned don't have vaccine this week. So part of the other process

[10:43:37 AM]

is trying to integrate the weekly data on who is likely to have vaccine this week or not. I do want to be very clear, for individuals who are outside the 1b group, there is not any significant chance of getting vaccine for the next couple of weeks at least. People over the age of 65, 65 or older, you need to sign up. You need to get on a list, even if there is not vaccine today, there may be vaccine tomorrow or next week. And you're the group that we want to focus on right now because of that impact on mortality, severity of illness. For people who are 64 or under, it's probably going to be longer for most of them. There are going to be some exceptions. So again, teachers who fall in that 16 to 64 group with underlying health conditions, may get it sooner than the general population because of that continuity of government services need.

[10:44:38 AM]

But generally speaking, right now, for the next couple of weeks at least, the real focus for most providers is going to be that 65 plus group. >> Judge Brown: Thank you. Commissioner Travillion. >> Travillion: Okay, just to piggy back on what's been said already, I want to make sure that we're tracking things that we can and should know. I want to know which providers have access to vaccines by zip code area, if I could. I want to make sure that we are also tracking the zip code areas of the people who have

had access to shots. And then maybe we can also track the zip code areas of people who have registered to get access to shots.

[10:45:39 AM]

I think that if we have the capacity to know where the vaccine is, who is being served, and maybe some of the service isn't happening because people are not registering for it, those are all important things that I think we should know and will give us some insight into the type of outreach we need to make to our communities. >> Judge Brown: Thank you, commissioner. Director Hayden or Dr. Escott, do you have any thoughts there? >> Dr. Escott: Commissioner, completely agree with you. And that's exactly the kind of information we intend to have. Similar to what we've done for testing. That's the kind of detail we want to have. It's going to take a little entitlement for us to build that to ensure the data streams are efficient and we're getting enough data to populate that. Again, we're hopeful to be able to access that data

[10:46:40 AM]

directly from immtrac2, which will give us more comprehensive data to populate those dashboards, but absolutely those are in the plans. >> Travillion: Thank you. >> Judge Brown: Commissioner Howard. >> Howard: I'd like to go back to what council member Casar talked about with some shared messaging. I wonder if our two Pio departments could craft some tweets or Facebook posts that we could all post and be sending out the same information. You know, much of what Dr. Escott and director Hayden Howard have said, you know, if we could just synthesize it and all share it, then at least we're doing our part to spread the truth. And I'd be interested in trying to help with that if there is a way to make that happen.

[10:47:40 AM]

>> Judge Brown: Thank you. Okay, so two things: One, to commissioner Shea and the mayor's point about the website, yeah, I think in general -- and I've got to give some credit here to [indiscernible], he put up a link tree that is the link of all the places he could find that are giving out the vaccine. So I think the idea is that our website would be a somewhat more elaborate, more comprehensive version of that, but not to disparage Matt's comprehensiveness, but we are the government. So hopefully we can find out everyone that has the vaccines or the ability to give vaccines. We wouldn't get in the scheduling business, just have one central place with answers and places people could go. And then also I think very importantly, a place for people to sign up to volunteer so that we can help with the general effort of aph. And to that end, I know that on Thursday -- and I would encourage anyone, all the folks on this call to join or do something similar -- we're going to have a phone bank with the mayor and

[10:48:42 AM]

myself and council member Fuentes has also agreed to be there to call people and furnish the zip codes and alert them to the fact they can register on the aph site to register to get a vaccine. Efforts like that hopefully others will employ similar efforts to get the word out to the hardest hit zip codes, people who are 65 and older, who are latinx, African-American, and might not have access to the website or see that that's up. Hopefully these phone calls will help with that effort. And with that, I will pass it back over to you and your team, the city council, mayor Adler. >> Mayor Adler: Sounds good, judge. Thank you. We'll do our part of the speed round here. I'll do it in district order again. Council member harper-madison, do you have anything on the speed round? >> Harper-madison: I do -- I did. And what judge brown just shared with us E panned on my question -- expand order

[10:49:42 AM]

my question. So the phone bank, for example, I wasn't aware of that effort until now. So I would encourage us to -- as we are going through the various initiatives that ultimately are going to feed into our shared goal, let's all know about everything that's happening all the time. I know that sounds lofty, but I think what happens when don't all know what efforts are taking place, then we duplicate one another's time, one another's effort and I'd say right now our resources -- our time included are finite. So the amount of time that it would take to make certain that everybody knows what's going on so that we can all participate simultaneously is critical. The other thing that I would say or that I originally was wanting to lead towards asking about was volunteer efforts. I appreciate that there are a lot of folks that want to volunteer. I appreciate that we have the opportunity to utilize volunteers to further the effort, but I also have some

[10:50:42 AM]

concerns about exposing volunteers who have not been vaccinated, which is sort of the one of the reasons -- myself and some of the other members of a smaller coalition aim dead, the eastern crescent and African-American community specifically sort of dialed back our potential effort at just thinking through what does the practical application of that look like given that we are putting people at risk when we are asking them to volunteer as it pertains to covid efforts and they have not been vaccinated. I just want to make certain that as we are offering people the opportunity to volunteer, that we're taking the most concern and consideration around keeping them safe and around keeping the general public safe. So I just wonder if maybe we should have a tiered system for volunteers, you know, folks who have received both doses, for example, are

[10:51:43 AM]

given the information that we have probably the least at risk as opposed to I know a lot of folks were unfortunately exposed to covid-19 by way of their efforts around the election, poll workers and such, and those are folks who are in the high risk categories of people. I just want to make certain that we're not inadvertently putting any undue pressure on the system by way of well meaning volunteers finding themselves exposed to the virus. >> Mayor Adler: Council member, I agree with you. >> Dr. Escott: Council member, I agree with you. We do want to protect those who volunteer and my understanding is that there is an opportunity for them to get vaccinated. Director Hayden Howard can correct me if I'm wrong on that, but I believe that is

[10:52:44 AM]

part of the process. >> Hayden: Yes. Basically what we are doing is most of our volunteers will fall under the 1a because our goal was to ensure that we provided those vaccines to people in the 1a community. So it is a tiered type of volunteer type system that's happening right now, kind of under the eoc. And then the other thing is that we are encouraging folks that have not received their vaccine and they are wanting to volunteer, we're setting up the criteria -- you can't volunteer one time and receive your vaccine. So we will have the criteria

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where we at least want you to be able to volunteer, you know, three to four times. And we will, the first day of your shift, provide you the vaccine, because at that point we are putting you at risk. So we are keeping that in mind as we're working with the volunteers. >> Harper-madison: Thank you. I appreciate that. >> Mayor Adler: Thank you. Council member Fuentes, do you have a speed round question? >> Fuentes: No further questions on my end. Thank you. >> Mayor Adler: Thank you. Council member Renteria. >> Renteria: Yes, I just want to thank Stephanie and Dr. Escott on the job y'all have been doing. It's really frustrating when we have a national government that is -- wasn't as transparent as they should have been and our state that does not let us know when they are going to distribute. Here we are a city of 1.2 million and we're --

[10:54:47 AM]

we've only gotten through the public health department under 13,000 doses. I mean 14,000 doses. So it's really frustrating that such a large city and we're still just getting a few amount of allocation of vaccine to us. So I just want to say thank you for the work that y'all have been doing for us. >> Mayor

Adler: Thank you. Council member Casar. >> Mr. Cagle: Can y'all talk to us about second doses? We've gotten some number of questions about how that process is going to work for those that have already received it? >> Hayden: Yes, they will receive -- they will receive an e-mail from us. So all of the providers that provided your initial vaccine will be reaching out to you to let you know it is time for you to come in for your vaccine. And so you will go back to that provider and they will provide the vaccine to you. We will be working with

[10:55:47 AM]

judge brown for the folks that received that initial vaccine at community care so we can provide those to them as well. >> Casar: Got it. So the message is hang tight and answer your e-mail or your phone? >> Hayden: Yes. >> Casar: Thank you. >> Mayor Adler: Council member kitchen. >> Kitchen: I think in this question may be for Dr. Escott. Category 1b includes individuals under 65 who have an underlying condition that leaves them at -- I think it's serious risk or something, or risk of serious illness or something like that. Can you explain that to folks? There is some confusion about what -- I've heard from some folks who are unclear about if they can qualify if they have certain conditions. And so when we talk about people being eligible right now under 1b, I'm assuming

[10:56:48 AM]

the things that you have just said about people signing up as 1b, I'm assuming you mean that with regard to people with underlying diseases, is that correct? >> Dr. Escott: Yes, council member. So certainly everybody in 1b should sign up. We want everybody who is interested in the vaccine to sign up because again we're going to keep going down the list as we get more vaccine, we'll drop the bar down and continue to offer to additional folks. What I was saying earlier is that I think director Hayden Howard said that we have more than 65,000 who are over 65. Obviously with 12,000 doses, it would take us five weeks just to get through the people currently that we have signed up over 65. So there is not much likelihood that people under 65 are going to get it in 2 near future from Austin public health. But as vaccine supply increases, that may change.

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So if they are signed up already and we can drop the bar below 65, then may may be an option. There are lots of medical conditions which fall under the 1b. Common ones would be significant obesity, diabetes, heart disease, chronic lung disease, but there are many other things, immunocompromising conditions would be another large group. There is information on the 1b group on our website at Austin public health as well as the dshs website which can provide folks further information. When they sign up for the screen, they are going to ask them questions about their medical history, which helps classify

them as 1b or not. So we ask folks to answer those honestly so that we can provide or a ties the vaccine -- prioritize the vaccine for those who are most severely impacted. >> Kitchen: To clarify if they are 1b because they are

[10:58:50 AM]

under 65 but they have an underlying condition, should they be getting on the list now? >> Dr. Escott: Yes, they should be getting on the list now, but with the current allocations that we're getting, it's unlikely that any or many of them will be offered a vaccine spot in the short term. Director Hayden may want to jump in and provide further information, but again because the most at risk are the 1b's, 65 or older, we are really focusing on those groups right now. >> Kitchen: Well, some of the confusion is that - I think there may be messages from the website that say register, but then they say -- in one place they say keep trying to get an appointment. And in another place they say wait until you get an e-mail. So can you clarify that process [audio distortion] And this also relates to a recommendation or a suggestion that was made from a constituent, if you go in and register, are

[10:59:54 AM]

we -- you know, is aph then calling or e-mailing people in any order for them to get on -- get an appointment? Or are people who are registered just continuing to take the initiative and try to get it? In other words, how -- the way I'm hearing you say -- you say that people are taken in order, but can you explain how that works, number one? And number two, just explain whether people should keep trying for an appointment or do they need to wait to be contacted? >> Dr. Escott: So there are a couple of -- >> Hayden: So there are a couple of things that are happening. As an individual, no matter who you are, you decide you're going to use the aph portal, you go in and you register. Anyone. Anyone that's on the call, let's just walk through this example. You go in and you register. You do the screening process. And so you're finished and it says you have created a

[11:00:57 AM]

record. And so you will receive a response that tells you -- you can schedule an appointment now. If you do not receive that message about an appointment, that means that you're going to need to wait. You have been kind of moved over to wait right now. And so the target will be folks that are 65 years of age or older right now. That is like the no. 1 target. However, we are also emphasizing communities of color. As far as a follow-up e-mail, one of the things we did just to make sure that folks that went in early last week, we sent them some communication because they were the first ones that had went into the system and

[11:01:58 AM]

created those accounts. An e-mail was sent to them about appointments being available. And so that way it gave them the ability to sign up for those appointments. However, what it does not do is if there is anyone else that may have just signed up that same day and were eligible, they, too, could get those appointments if they're eligible. So I just want to be clear that, you know, even though we will be proactive and we've sent out those e-mails to folks who signed up early on, someone else may get that slot before them. Because it doesn't close everyone that's eligible off to schedule an appointment. So both of the things are happening at the same time. >> Mayor Adler: Okay, council member Kelly. Do you have a question? >> Kelly: I do not have any further questions at this time. Thank you. >> Mayor Adler: Thank you.

[11:02:59 AM]

And I think council member pool is not with us. She had to leave early. Council member Ellis, do you have a question? >> Ellis: I do, and I'm having a hard time narrowing down because I have so many questions. I appreciate council member kitchen's line of questioning kind of around the notification process and how people are going through the intake process. So I think you covered a lot of those angles there. I did have a question about the federal reserve of vaccines and I had heard it was either all or mostly depleted. Can you tell me if that's accurate or if that's misinformation and if indeed there is not very much backup, how quickly is it being manufactured and distributed? Can you go into some details about that? >> Dr. Escott: I'm happy to give you what I know and that's largely what I've read as well.

[11:03:59 AM]

I think what we saw was, you know, the public statement that we have reserves for the second dose. We saw that President-Elect Biden's administration said we're going to release all of it. And then the trump administration said, well, we're already doing that. So I think what it sounds like to me is that the reserves for the second dose are the new manufactured vaccine. Now, again, what we're talking about in the next week to two weeks is the potential approval of a third vaccine, which may increase the volume of vaccine available significantly. That's the astrazeneca vaccine, but I don't have any idea what numbers the U.S. May have available quickly for that particular vaccine or for the modern and pfizer. >> That's helpful, thank

[11:05:00 AM]

you. Maybe if we're doing another briefing in the future more details about how that might be distributed among the states could be another layer of information that's helpful to us and to the public. >> Mayor Adler: Kathie. >> Tovo: Thank you. Council member kitchen asked a question -- and director Hayden Howard, thank you for the explanation, but I need to trace that process through a few more steps. So if an individual registers in the system, do they know if they are among the in eligible? Do they get an e-mail back saying they are ineligible? >> Hayden: No, we are not doing that right now. Because we want -- we are fine with folks signing up with us and the reason why we're not doing that, at any point where we may need to pivot and change the criteria, they can become eligible.

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And so then that way they can sign up. But until they receive the e-mail that says you can schedule an appointment, at that point, we're just asking them -- you know, we're just asking them to wait until further notice. >> Tovo: And so we can tell constituents who have successfully pre-registered that if they do not get that e-mail back, or that phone call, should they be expecting either one -- but if they haven't received that it's, one, they are not eligible at this stage, or, two, they may be eligible, but not at the highest priority level within that group that's eligible, or three, it may be because all of the available appointments are scheduled. So it could be anyone of those three circumstances, and there is really no way to let them know which of those three it is? >> Hayden: Yes. >> Hayden: Yes. It could be one of the three. And always remember that an

[11:07:02 AM]

appointment is assigned to vaccine. >> Tovo: Thanks. We'll emphasize that through messaging. I do know that I am hearing reports that for some people they are able to continue to log back into the system and sometimes appointments become available. Is that accurate information or is it really just that more appointments became available and they received an email? I guess is that particular -- is that particular circumstance occurring or is that just a misunderstanding of the situation? >> Hayden: More appointments that become available because what -- what we're working on is we're working on realtime data. And so we will -- we'll put the schedule out two days. So the appointments that folks booked are for today and tomorrow only.

[11:08:04 AM]

So we need to make sure that every time we inventory our vaccine to see what we have available. So that allows us to go ahead and send out the rest of the appointments based upon our current inventory.

>> Mayor Adler: Okay. Councilmember alter. Stephanie, are you still with us? >> Hayden: I'm here. I just turned off my camera. Can you hear me? >> Mayor Adler: Yes, we can. Alison. >> Alter: So I want to try to make sure that I'm understanding what the plan is for this week. So if somebody calls that I have a sense of where we're going, summarizing what wife heard today. So if you are getting a second round vaccine, which

[11:09:05 AM]

we should start to have people getting their second round, they are to [inaudible]. Some communication mechanism with them on that. >> Mayor Adler: Alison, you blocked out for a second. >> Alter: If you have a second round, so people getting second round vaccines right now, they are supposed to go to the original provider. They need to get the same type of vaccine. They're supposed to go to their original provider. You do not have to go to aph unless you already went to aph for your first time. Is that correct? >> That is correct, with the exception of the folks that went through the site that judge brown and constable morales set up. They would not go back to that site. We will be working with them to get those patients in. >> Alter: And the folks who are going through the process right now who just got their first vaccine from

[11:10:08 AM]

aph, will they get an alert to sign up for an appointment for their second round when it's due in round when it's due in three or four weeks? >> Yes, they will. >> Alter: Now, if I am thinking about my first round of a shot, if I am in 1a or 1b or I think I am, whether I have insurance or not, the main provider right now in Travis county is aph. And you're going to go on to the aph website, which maybe if you confirm that you can tell me what that is, and you're going to sign up and register. And you will get something at the end that says that you've created a record. And if there are vaccines and appointments available at that point in time if

[11:11:10 AM]

they're not available you will not be given an appointment. You might be told there's no appointments available but that's a function of the vaccine supply. And then if you get that you should expect in an email when new appointments are available but that all the appointments could be used up before you get it, yet? >> So it is folks that when you meet up with the criteria earlier in the process, so we try to make sure that we are getting folks from a timestamp perspective. The folks that went in last week and the first ones that are able to get but we didn't have enough vaccine, we're trying to make sure that we get those as well

[11:12:10 AM]

and that meet the criteria. >> Alter: So at this point the system is creating a waitlist and that waitlist you're going back to the top of that waitlist. But if I happen to sign up and I was eligible and there was an appointment made available, at that time I might be given an appointment. >> That's true, yes. >> That's a quirk of where we're at. I'm just trying to understand that. If I have signed up and I am fairly certain I am eligible, she moved down the waitlist, which is a function of the supply that we're getting from the state.

[11:13:12 AM]

>> Alter: If I am eligible I have to wait until aph gets back to me and tells me that I have moved up the waitlist. >> Yes. And would typically be an email. >> Alter: Should I be checking back on the website to make appointments? >> No. >> Alter: And tell me again the issue with the password with the dot aph because I vaguely heard that but have not seen that written down, under what circumstances might I have to add a dot aph to my email and where in my email would that go? >> You would need to add the dot-aph to all user names. So whenever anyone is going in and they're setting up their account and they're putting their username -- so maybe their email is

[11:14:16 AM]

john.doe@ gmail.aph. That is your username. So it is your email plus you're adding the dot aph on the username and you create your password, etcetera. And you should be able to get in. >> Alter: And you do that if you have a problem, but not everyone is going to have a problem. >> Well, not everyone -- I would say -- I would just tell all of your people just to go ahead and put the.aph on the end of T. >> Instead of the.com. >> No, it's in addition to the dot-come. >> Gmail.com.aph. >> Yes. >> Alter: And as soon as vaccine is available and distributed by the state to other providers there will be opportunities to go to other providers, but as of this week where we are at this week we do not believe

[11:15:16 AM]

that there are vast numbers of providers that have vaccine other than perhaps for second round that people should be trying for for this week? >> Correct. >> Alter: Thank you. >> Mayor Adler: I don't have anything else other than to just to note that the phone banking was something that was just offered, kind of a day of service by someone in our community yesterday. So it's like a brand new opportunities

and I think that today Stephanie you're talking to those people will a potential script that they can use. And I appreciate you taking advantage of that offer that came in yesterday. When you have the demographics report at the end of the week, the demographics that are showing up right now on

[11:16:17 AM]

testing and on cases on our website are really good. And I think a lot of people are using those. So the dashboard is something that is easy to use and easy to get information. So thank you for that. When you get the demographic information I wouldn't wait just for the dashboard to be prepared if there's a lag in time if you have that data and can get it out, that would be really helpful. And I do like commissioner Travillion's recommendation, to get the demographics from the people who not only get the vaccination, but also the demographics of the people in our system. If we could get them preregistered and get that information by the end of the week. Thank you.

[11:17:18 AM]

And again, director Hayden and Dr. Escott, thank you so much for what you guys are doing. Still 2011 for you and your -- still 24/7 for you and your staff and it's incredibly appreciated. Thank you. Judge, I'll turn the gavel back to you. >> Thank you. One little thing. Director Hayden, what you just said about not providing shots at the space where people got the shots the last time and like we did with constable morales and others, I think we need to talk through that. I'm just bringing it up because you said one thing that is inconsistent with what we told people at the event. I think we actually handed them a piece of paper saying come back February 6th to this site and you will receive your second dose. So there are 638 people currently planning on showing up there. So we will need to talk offline about the change that we're mentioning. I do think it's good

[11:18:18 AM]

practice in talking to setons and others about these mass vaccinations to always schedule the follow-up appointment when you give that first shot. I think we will need to provide those [indiscernible]. Thank you. And overall I want to echo the mayor's sentiments and say thank you to director Hayden and Dr. Escott and everybody else who is working as hard as we all can to make this as parent and equitable process. And mayor, I think the way I had it in my notes here at least is that I'll pass it back to you to adjourn your meeting and then I'll adjourn mine. If there's nothing further. >> Mayor Adler: All right, judge. Today still is January 19th, 2021. It is 11:20.

[11:19:19 AM]

And having completed our special called meeting task, the city council meeting is adjourned. Thank you very much for letting us join you and I really do like, someone mentioned earlier, doing these things jointly so that Dr. Escott and director Hayden don't have to do it more than once. And I think it also really focuses the community attention on the importance that we all gather like this. We should find more opportunities to be doing this as well. So the city council meeting is adjourned.