

City Council Special Called Meeting Transcript (Joint Meeting with Travis County Commissioners Court) – 1/4/2022

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[9:19:21 AM]

Mayor Adler: We have a quorum as well and so we'll convene the Austin city council meeting on January 4, 2022. We're here -- I'm here at city hall, the rest of the quorum is participating remotely. Judge, over to you. >> Judge Brown: Sounds good. Mayor, I have a question, knock, knock -- >> Mayor Adler: Who's there? >> Judge Brown: Abby. >> Mayor Adler: Abby who? >> Judge Brown: Abby new year. [Laughter] All right, so now we'll take up item 1 and receive briefings on covid-19 and related matters. I think that we have one caller for the joint session part, and,

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Shelby, if we could go to that one caller, please. >> Thank you, judge. We do. We will now hear from Janice Bidell. Ms. Bidell, please go ahead, you have three minutes. >> Good morning, everyone, and thank you again for your work and happy new year, and I hope that you got much-needed rest during the holidays, though I know that many of you worked through it, given that we're in stage five. I have two updates and two requests. First, organizations in the eastern crescent and vulnerable populations through the five county area that participate on the United Way collaborative call about 30 organizations, have been asking about masking policies and incentives and/or pressures on businesses and other supports for preventing covid spread. And they've said that they would like to see stronger policies and we know that Texas law prohibits some action so my first request is that we would ask that you do as much as you legally can to enforce the policies that make sense during stage five.

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Second, um, regarding vaccinations and people experiencing homelessness, a group of eight organizations have been working together since Saturday to reach and serve people at their encampments. We did not do a hotel initiative this time as it wasn't advisable due to the temperatures not as low as last year, and the impact on disruption due to covid, and also their expressed preference regarding staying in their camps this time. So, many thanks to Charles lusen at the homeless office for providing insight and information about what the city can and can't do right now. We've been working collaboratively to serve up to five locations and downtown, reaching between 500 and a thousand people, providing emergency blankets, warming supplies and food and information and transport to shelter if needed. And we've been following the lead of an organization that works with the boots on ground in two encampments, one of whom is giving vaccinations on Thursday. The other -- the other one is almost entirely non-white and

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they would benefit very greatly from being served by a staff that looks like them. And so my second request is that we would ask that the Travis county strike team to approve central Texas allied health to work a small vaccine event on Thursday at that location. And so, finally, I've -- I have some reports coming to you soon from crt on the winter storm, but we were delayed on those by this last initiative. So they're coming soon. That's everything. Thank you so much. >> Shea: Thanks, Janice. >> Judge Brown: Thanks, Janice. All right, with that we'll move on to our briefing. And I -- do we have Dr. Walkes available? >> Howard: Judge, could I ask a question? It seems that Janice had a request about allied health doing vaccines at a certain location on Thursday. Do we have a role in that? >> Judge Brown: We do. And I think that we can talk to chuck about that.

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>> Howard: Okay. >> Judge Brown: All right, for some reason I don't see Dr. Walkes on program. And I also aph. There she is, there you are. Good morning. >> Happy new year, everyone. Good morning. >> Judge Brown: We are ready for your briefing if you are. >> I'm ready. >> Judge Brown: All right, go ahead. >> Next slide, please. As you can see, we have had a lot of change since last time that we met two weeks ago. Our seven-day moving average of hospitalizations has gone up from 28 last Monday and risen to 66 as of yesterday. And so our community has crossed the threshold for our current

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risk-based guidance stage five. Omicron is the reason for all of what we're seeing right now. It is now 84.9% of the covid-19 virus and the variant that is circulating in our community. And it is associated with 5.41%, a fourfold higher risk of reinfection compared to delta. So those who have had covid in the past and are hoping to have protection from any further covid infection are likely to be reinfected. And this has been what we've seen in other parts of the world, in particular in south Africa, where it was first discovered. Healthy vaccinated boosted people are unlikely to develop

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severe illness as a result of omicron. They are 15% to 20% less likely to need er care and 40% less likely to need hospitalization. But vaccinated, boosted people can develop mild disease from this virus. The increase in hospitalizations has been seen nationwide. There's been a 33% nationwide increase in hospitalizations and locally our increase in hospitalizations, or our change in the seven-day moving average, is up 28 last week to 66 yesterday. Represents 135% increase. Now we are counting those people who are admitted for covid-related illness, and those

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people who are related -- who are admitted for other illness who happen to test positive. This has been going on throughout the pandemic, but we are seeing anecdotally that there are more people that are in that second category, people who are admitted to be treated for something else who are found to be positive for covid-19. We do not know what the impact is going to be on those who are hospitalized for other things who happen to test positive for covid. So there's more to come on what that means in the long run. But the numbers that we're seeing are the numbers -- the same sorts of numbers we've been counting and reporting in the past. There's just been a difference in what we're seeing as a result

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to the proportion of people who are admitted with covid-related admissions, so primary diagnosis, and those who have covid and other things going on. What's the impact, if you go to the next slide, of the flu on the situation? We're seeing an increase in the number of flu cases, people diagnosed with h3n1 influenza a is what we're seeing predominantly. There's also been an increase in testing during week 51 that is associated with this increase in cases. And the positivity rate is slightly less and it's reported at 5.57% at this point.

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The next slide, please. Prior to the arrival of omicron in our community, 60% to 70% of hospitalizations with reported vaccination status being known, and 60% to 70% of those were unvaccinated. This reporting period that number has dropped to 50%. So, again, we're seeing an increase in hospitalizations of those who are vaccinated. However, as I mentioned earlier, we are seeing people who are being admitted to the hospital for other conditions who are vaccinated and are testing positive for covid. So, again, we're determining

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what the impact of that particular finding is going to be. 20% of the patients who were admitted during this last reporting period were fully vaccinated and had an additional dose. In the icu, 13 of the patients admitted were fully vaccinated and had not received a booster. Two were fully vaccinated and had received a booster. In the ventilated patients, in-patients, two were fully vaccinated and had not received a booster. So this is in line with what we've been hearing and what's been reported in other parts of the world and other parts of our country that vaccinations are preventing severe illness and hospitalization, however, we are

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seeing that in those who have had comorbidities that there is some development of more severe disease which again leads to the advice that we're giving, which is for people to be fully vaccinated. And for those who are eligible for boosters, they should go and have their booster shots to improve the protection that they get from this vaccine that we have. If we could go to the next slide, please. The total admissions this past week were 375. And this is a doubling of the number from the previous week of 178. We're seeing that there is continuing higher representation of those in the black and brown community. And we're seeing increases going

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forward in the 50 to 69-year-old age group and in those of the pediatric group. And if you move to the next slide, this is further broken down. And we're seeing that pediatric hospitalizations have risen to 42 as compared to 11 in the last reporting period, which represents a 281% increase in pediatric hospitalizations. Four of those cases were in icu. None on ventilators. And none were vaccinated. Next slide, please. This is of great concern, but also shows that we are having the desired effect with regards to protection from severe illness, hospitalization and

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death in our eligible population who reside in long-term care facilities. In the past 14 days, there's been an increase in the number of cases, an increase from 28 cases to 188 cases. 151 of those cases were in staff members. Of those staff members, 77% or 116 were fully vaccinated. And 116, or 33% had received a third dose or booster dose. None of those cases were known to have been hospitalized or died at the time of this report. Of the 188 cases, 37 were in residents, 34 or 92% of them were fully vaccinated.

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And of the 34, 25 or 74% of them had received their third dose or booster dose. At the time of this report, one was known to have been hospitalized and there were no deaths reported. The report of the 188 cases was received from 29 facilities. If you could go to the next slide, please. When we look at breakthrough cases, vaccine breakthrough cases, for the year that we've had 13,744 confirmed breakthrough cases. Of those, 3,764 individuals were able to be contacted by case investigators and 90% of the cases that were investigated reported having symptoms. 110 of the patients were

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hospitalized for covid-related reasons. 53 were females. 57 were males. The age range was from 21 to 101 years of age, with the median age of 70 years. Of those vaccine breakthrough cases, we've seen 57 covid-19 associated deaths. And if you'll go to the next slide, please. During the last year, 2021, when we deployed vaccine, we had a total of 647 deaths. And 57 of those were in vaccine breakthrough cases. Of those who died, 55.5% were hispanic. 58.4% were male.

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And that 57% -- 57 persons who died represents 8.8% of the total number of covid associated deaths. If you go to the next slide, I wanted to share with you the breakdown of the comorbidities that were associated with those that died that had the vaccine breakthrough. And you'll see that hypertension was at the top of the list at 25%. Other represents the second highest category. Followed by diabetes at 13.5%. Cardiac disease at 11.5%. Immunocompromised stayed at 8.1%. Kidney disease at 6.8%. And obesity at 6.8%.

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So if you could go to the next slide, please. In closing, the omicron variant has developed as a result of this virus' ability to mutate and those people who it infects. And so vaccine and preventing spread and infection in our community remains paramount. Take-home message from what I have said in preceding slides is that this omicron variant is evading some of the vaccine protection that we've had in previous surges. It's important that we get vaccine onboard with the initial series of vaccinations for those who have not been vaccinated and boosters for those who are eligible for boosters. The reason being is that this vaccine will protect from severe

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disease, and allow those who are vaccinated to -- for the most part to recover at home in isolation and protect yourself and your loved ones from spreading this to other people in our community. And in particular in your home, to keep it from spreading it to others to whom you love by insulating yourself at home. The hospitals are experiencing staffing shortages. Businesses, schools, and government agencies are also experiencing staffing shortages. And at this point we are over that threshold for stage five. However, we are working to information to convince our community to move from the stage two behavior that we find ourselves in right now, that has

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led us to this stage five level of cases. And it is difficult because this virus is moving so quickly through our community to explain and convince this community that they have to mask indoors. But vaccines do not make us invincible. And it is possible to get sick if you're vaccinated. And it is possible to spread it to somebody else. And that somebody else may not be the person in the grocery store that you may not have as much concern for, but it might be your grandmother, it might be your pregnant wife, and it might be a co-worker. And at this point, we have to avert a community-imposed shutdown. There is no plan for mandating anything at this point. We are working towards a

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community-driven effort to stop the spread of this virus. And if we work together to do that, we can accomplish it, because we've done it before. Somebody said to me it's not patriotic to spread covid to your grandma. It is really not patriotic for us to be in a position where we have to be told what to do. We live in a country of freedom, and it is time to make the choice to wear masks indoors, to get vaccinated, and to let us move on to continue with opening our schools, allowing our children to have

in-person learning, and to allow our businesses to remain open. And with that I'll pass it on to director Sturup. >> Thank you, Dr. Walkes. Some riveting points, and I will

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spend a few moments updating on covid-19 operations, because we will have all of the tools you need to put those good measures into practice. So really quickly, when we look at our operations for vaccine for the month of December, we gave out a total of 1,285 first doses, 1,212 second doses. 196 third doses. And the number that I am really thankful for is over 14,000 booster shots. This was a good month for testing as well for the month of December, and we gave out nearly 10,000 or administered, rather, nearly 10,000 covid-19 tests. 6,000 of those were out at Travis county expo. Grateful for the partnership there, that is an awesome site for community. 238 were in delivered mobile

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testing and our dove springs site in the 44 continues to serve folks, with 3,400 tests. I just want to take a moment to thank the staff at those testing sites and the last-minute call. Last week, Thursday, they agreed to stay an extra two hours after starting their day at 7:00 A.M. To meet the demands of the community, so my appreciation and hats off to the county and city staff that participated in that effort. We are continuing to see an increased demand for testing after the holidays. And that's all right, because if you travelled and you were with family and friends, or you think that you were exposed, we want you to get tested. As always, if you can't come to us, we will gladly come to you for in-home testing appointments. Please call 311 or 512-974-2000, and our tests are free. Appointments make your process a little bit easier and a little bit quicker, but they are not

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required. Walk-ups are welcome. Aph is at the George morales dove springs rec and we're at the expo. And we continue to provide support with facility testing to our long-term care facilities, homeless shelters, and other congregate shelter environments. If you do have insurance, there are plenty of options available in community. At your pharmacy, your local doctor's office. All of those places are providing covid-19 tests for folks. When we look at our vaccinations by week in Travis county, we're still at that 70% fully vaccinated for those 5 and older. And 81% of the eligible population has received at least one dose. We're at 1,207,000 folks that

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are vaccinated and that includes the pediatric population. When we look at our vaccinations by age, we can see the breakout here. I will acknowledge that the state website is reporting boosters for the 5 to 12 group, but we feel this is a data quality issue, and we will continue to monitor the website to make sure that the information is updated accurately. We know that there was initial approval for booster shots for the 12 and up group, and we're waiting for the final recommendations, but once that comes through we will be ready at all of our sites to provide a booster dose to everyone who is eligible. When we look at the demographics by race and ethnicity of the pediatric vaccine distribution, we see that it's following what

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we're seeing in our adult population. We are still not where we would like to be in terms of the distribution, and we will continue to focus our vaccine education and pop-up efforts in those zip codes and communities where it makes sense to help boost those numbers. And when we talk about the Travis county residents who have not yet received their second dose, that number is hovering at 116,000. And, again, we're continuing to work with our Travis county collaborative partners to make sure that everyone who wants a vaccine has access to one. When we look at our data by race and ethnicity, the numbers that I continue to hone in on, especially in light of the information that Dr. Walkes just shared, is that we see for our hispanic and black populations

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it continues to trend flat. This is alarming when you take into consideration the death rates for those groups are overrepresented. And then when we look at the comorbidities that is the -- looks like the top 10 leading causes of death for blacks and hispanics and Austin and Travis county community. We need to really make a concerted effort to provide the resources, education, access and support to make sure that everyone in our community that wants a vaccine has access to it, and that they have the level of understanding -- understanding as to why this vaccine is so important to their overall health. When we look at our map that shows our first dose vaccination population, only a few spots of blue remain. And that blue is the just under 70%. And that's in the 41, and the

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21. And then when we look at our second dose fully vaccinated, there's still a lot of work to do. Not enough green. And definitely too much yellow. And those areas of focus continue to be 78617, 42, 41, 21, 53 and I think that says 54 under there. So our vaccine operations for this week, just a reminder that

appointments make it easier, but it is not necessary. You know, it's a delicate balance in the desire for folks to get back to normal. And one of the things that our communities are clamoring for is full access to our library services. And so Austin public library has graciously continued to work with us and now we will be there

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weekly, offering clinics on Saturdays from 10:00 to 2:00. Same thing in pflugerville. We're not at the pflugerville library anymore but at Pfluger hall, and Tuesdays to Wednesdays from 2:00 to 7:00. And continue to be at the Delco center and Simms elementary. In addition to the static locations we are continuing to provide pop-up events at a variety of locations, and we'll be at the Mexican consulate, the Austin transitional center, capmetro, Riverside townhouses. Again, at capmetro and the wayside schools and I had regency and the partners can reach out to us to schedule those clinics. We are trying to be as strategic and creative as we can to make sure that we are in places and spaces to make it convenient for

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our folks to access vaccine. So what do we want the public to know? Mask up. Regardless of your vaccination status, we want you to wear a mask. Even those who are vaccinated can still spread the virus. So when you're gathering with people outside of your household, if you are traveling, dining and shopping, please, wear a mask. Testing remains available at all aph sites as well as providers throughout the community. If you are one of those people who like your day to be highly structured, schedule an appointment to not have wait time. I know that cedar fever is upon us but the way that omicron is spreading through our community, we cannot have a sniffle or a cough or a sneeze and not know without a shadow of a doubt whether or not we are carrying covid. And last, but definitely not least, get vaxxed and get

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boosted. Vaccines and boosters continue to offer the best protection from covid-19 and its variants. It doesn't mean that you're going to be 100% safe, but it does mean that you have a greater chance of not being hospitalized, ventilated or dying from covid. So, please, please, please, get vaccinated. And get boosted. We will continue to spread this message, not only through these avenues, but in partnership with our different media outlets and the middle section there, Dr. Walkes did a demonstration on how to administer an at-home test kit. We had folks from our news outlet comes out to the expo to visit the testing site and to take some footage there. And so we're really trying to make sure that the community is not only aware of where they can get a test, but what other options are available should

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they need to test for covid-19. In partnership with our community health workers, we continue to be out in those places and spaces, making sure that we're providing education and information. We reached over a thousand individuals during the month of December through these efforts. Some of the places where we connected were at the oaks, the owlhead apartments and silver spring apartments and the bridge at sterling village and chase village. And so there's an intentional focus on 53, and during the upcoming weeks we will have additional efforts in pflugerville and 78664, where we have identified significant need and a lack of resources. And as always, I'd like to end with a picture of work in action. Just to go back to something

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that Dr. Walkes said, you know, we are at a point where we've had enough information, we've witnessed enough death, we have heard enough of the stories that we don't need anyone to tell us what to do. We know all the right things to do. And so for me, my kiddos, thank god, are not this little, but it's my kids, right? I'll continue to do the right things for my kids and role model for them the things they need to do to keep themselves and their friends safe. So for -- if it's not for yourself, for your loved one, whoever he or she may be, please remember to mask, to stay home if you're sick, and to test, and to get boosted and to get vaccinated. I thank you for your time this morning. That concludes my presentation. >> Judge Brown: Thank you, director Sturup. I want to just check in -- chuck, are you giving an update today with your team? >> Good morning, judge, yes, indeed, we have constable morales with precinct 4 and Todd

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Hamilton with central Texas allied health institute to give the court and council a quick update on our vaccination collaborative efforts. So, constable morales, please, go ahead. >> Good morning, commissioners, and councilmembers, judge and mayor. Again, our goal is to do a lot of outreach and education and kind of bring information of why we're taking the vaccine into our community. We continue to focus our outreach and education doing work to ensure that our strike teams are successful. Our mobile vaccine teams gave a combined shots of 587 shots for this past week. Total vaccines given out for the month of December was 8,832. We will continue to target the highly affected areas, the 77858, and 53, 24, 41, del valle, Austin Connally and the 77844. And as we continue to -- as we return to the schools, we will

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continue to work with aid, with some more static locations and hubs whichingly be Mendez middle school and we will continue our static locations at J.D. Grocery stores like expo center, and other stores. As we return from the holiday break, again, we will be including new pop-up locations and trying to work with our community partners to get more and more of our vaccines out to our community. At this time, I will turn it back over to chuck. >> Thank you, constable morales. Todd Hamilton, please, go ahead. >> Yes, sir. Thank you, chuck, constable morales, judge, and our county commissioners. Over the past holiday season, central Texas allied health institute has issued over 417 vaccines for the past week. We continue to work throughout our static site here as the

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holiday season passed, and once the holiday season passes and schools open and we echo the sentiments of constable morales and we will continue out into aid and follow the coalition to continue to service this commission. Back to chuck. >> Todd, thank you very much. Judge and mayor, court and council, I just want to quickly share my screen and show y'all -- pardon me just one second. Just where vaccinations can be found via the Travis county txdot website. And the home page, one click away from the home page, click on the covid-19 information link. And you can quickly get to vaccine events day-by-day, a calendar of events that are Austin public health and Travis county vaccination collaborative and central Texas allied health. Everything that we're doing

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day-by-day, Tuesday, January 4th, you can see where we are. We're at the J.D. Supermarkets and central Texas allied health institute has a new location. But click on any one of these links and you can find all of the relevant information, type of vaccine, and adults, pediatric availability, location, etc. Also I received information this morning as you heard from director Sturup a minute ago, Austin public health is doing vaccinations in pflugerville at Pfluger hall. And testing is adjacent to Pfluger hall and pcr testing by a private provider, curative, and I wanted to share that web page. I am hopeful that you can see this. The curative pcr testing is appointment based, so the link is book.curative.com, and you

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can find appointments to get pcr tests in pflugerville, again, adjacent to Pfluger hall where they are doing vaccinations. Testing is nearby and it is appointment based. For those who may not have access to the internet, the phone number to schedule a pcr test at pflugerville, that phone number is 888-702-

9042. And, judge, at this time I will turn it back to you and the mayor for questions. >> Judge Brown: Thanks, chuck. Thanks, everybody. So we're going to go through the questions like we always do and just remind everyone that we're back to having a huge agenda with commissioners court later today, so if we could try to limit ourselves to one question each, that would be helpful. So we'll start with the members of the commissioners court first and I will recognize commissioner gómez for any questions or comments. >> Gómez: I think that y'all can hear me, correct? >> Judge Brown: Yes. >> Shea: Yes.

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>> Gómez: I just continue to be very impressed with the efforts that are being made, even though I think that a lot of folks are saying that they're exhausted at this point, but, you know, we can't give up. And we need to reach as many people as we can. And -- but, very impressed with the fact that we're not giving up. And so -- so I think that tells me that we're very committed to try to -- to bring the vaccine to as many people as possible. And the reports -- I appreciate the reports from aph, Dr. Walkes and Dr. Sturup. This is very good information for us to be able to share with people in our community. This is a serious thing. It's not -- it hasn't gone away. And so even for those of us who are vaccinated and have boosters, we have to still to be very careful. So we need to get that message out, all of us, we need to get

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that message out to everybody that we come in contact with. But thank you all for all all for your continued consistent efforts. >> Judge Brown: Thank you. Commissioner Shea. >> Shea: Thanks, judge. And again, my thanks to all of our incredible staff at the city and the county who continue to really deliver amazing service to try to keep our community safe. I am curious to know from Dr. Walkes or director Sturup how are people supposed to report the results of their at-home tests if they test positive for covid? We're able to track it in the hospitals, but my sense is omy chron is spreading like wildfire, and I don't know how we're catching it when people are doing at-home tests. >> You raise an excellent point. Our numbers are grossly under

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reporting the number of people out in the community who have omicron. The internal positive rate at aph is 38%. One in three people are likely to have omicron. So, to answer your question, people can call aph and make a report in and let us know. But we know that that's not always going to happen. So we've given people instructions for those who picked up the free test kits that were made available prior to the holiday season. And we have online information to direct people on what to do with regards to

isolation and when they should seek further attention from a medical provider. So, there are a couple of ways

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of getting that information and hope that answers your question. >> Shea: To keep it simple, can people just call 311 if they have a positive result to report and then be directed to the right place? We need to keep this really simple for the public. >> Yes, they can. >> Shea: Call 311? >> Yes, they can. >> Shea: Thank you. >> You're welcome. >> Judge Brown: Commissioner Travillion. >> Travillion: Like my colleagues, I want to thank everybody for the excellent work that has been done thus far. And I just want to remind us though that, you know, sometimes the context that we have to remember is that a lot of people that we are reaching out to, we reach out to infrequently. They're not used to talking to us and working with us. So it's going to be important for us to redouble our efforts through our trusted community.

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I was struck by the people who were impacted who had comorbidities. What that tells me is there are a number of health issues that have been prevalent for a long period of time that have not been addressed consistently. I think that speaks to a need for comprehensive health initiatives that are public education-oriented. We've reached everybody that we can reach easily. We've reached everybody who's had a good experience. The question is, how do we get to those folks who have not had a good experience with us and who do not interact regularly with the medical community. So I once again call for a comprehensive program to reach out to the community as a whole, probably through our public information offices. For example, in my office, through our juneteenth program, we have a list of every organization that provides

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scholarships within the African American community. We want to share that list with you because it has contacts and other resources in communities so that we can make sure that we're reaching out to them regularly. We want to work specifically with the St. John regular Baptist association because there are 155 churches involved with them. We have to get into the community through our trusted means, and to not only talk about vaccination, but how we address the comorbidities that are ultimately helping to kill people who are coming in touch with covid. I think once again, the work that has been done has been excellent. But I think that there is another level of analysis and another level of access that needs to be pushed. And we want to help plan that

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outreach in our church community and in our school community. And I really feel that there is a need for a comprehensive health initiative that uses television resources, social media resources, and our website. And it needs to be consistent. This is not going away anytime soon. And we have got to develop a system of continuous contact rather than transactions with the community. So I want to make sure that we volunteer to help in that effort. And my office will volunteer to help in that effort. >> I appreciate that, commissioner. I know you didn't ask a question, but I will take the opportunity to comment. I think you're exactly right. The city and the county have partnered a long time addressing those health disparities that you've mentioned in the city and those areas of the county where there is a lack of medical care,

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grocery stores, all of those things that promote healthier living. I think we have to be more intentional about making the connection, about how those other disease states or conditions are exacerbating covid in the community and how folks understand that their risk is greater. So I appreciate the support and I look forward to connecting with you on that further. >> Travillion: Thank you. >> Judge Brown: Thank you. Commissioner Howard. >> Howard: Thank you, everybody. Happy new year. Thanks for the hard work that continued during the holidays and is needed going forward. I echo commissioner Travillion's offer to help and volunteer. I was googling around looking at churches and who's open, and having in-person services and who's not, and I think technology, you know, needs -- technology capacity differs from church to church, but maybe we could do some more info, you

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know, sessions through virtual church services. I can relate to the frustration at the flat numbers. And I just would offer to do whatever I could to help see those -- you know, that vaccination number increase in communities where it needs to. Thank you. >> Judge Brown: Thank you, commissioner. I've got two things. One, again, I want to say thank you to everyone who's getting our kids vaccinated, the pediatric care in Travis county and Austin is 32% for the rate for one shot, greatly outpacing the statewide efforts. Thank you for your efforts there. I do want to highlight and ask one question. Aisd it looks like did a free testing clinic for students and staff recently and of the 1200 that were tested, one-third

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tested positive for covid. I just want to make sure that -- I don't know, director Sturup, or Dr. Walkes, is there anything more that we can be doing to help the public schools or the schools in general in Austin and Travis county? My kid is starting on Wednesday in an AISD public school. A lot of kids are doing that on Wednesday. Any thoughts there directly related to that issue? >> Yes. Yesterday the superintendents expressed a concern that they do not have access to adequate quantities of test kits or testing services. So, I believe that Chuck is going to be working with them along with myself to help them identify those resources. And you're right, AISD did some testing clinics yesterday and I think they're going to be doing some more today so that they can

[10:08:23 AM]

identify people that are returning who may be positive for covid so that they can stay home and they can get off to a good start with isolating those cases. And there are other school districts that would like to do the same, but they need those resources. >> Judge Brown: Thanks. Go ahead, Chuck. >> I just wanted to say thank you, Dr. Walkes. This is depending on T.E.A. And the state, just like we're depending on the state to fill requests for additional kits. There is a shortage across the country but we are continuing to help the ISDs in any way we can. Private providers like Curative are available and have access to test kits still. I have made that connection between Curative and the ISDs

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as well so that they can try to pitch in. >> Judge Brown: Thank you. Just to clarify, whether you're in Austin ISD, Del Valle, any school in Austin there is a mask mandate and kids, students, teachers, faculty, anyone visiting the schools is required to wear a mask. Wednesday, today, whenever they go to a public school, is that correct? Dr. Walkes? >> Sorry, yes. >> Judge Brown: Thank you. I will hand it over to you, Mayor, for y'all's questions. Thank you. >> Mayor Adler: Judge, thank you. We're going to go through colleagues beginning with district one and work our way up to ten. Councilmember Harper-Madison. >> Harper-Madison: Thank you, Mayor, I appreciate it. Hi, everybody.

[10:10:26 AM]

Happy new year. I would like to echo my colleagues' deep appreciation for the efforts that have gotten us to where we are today. My commentary, I echo concerns with our children returning to school. Just very concerned. Most of my kids' peers aren't eligible for boosters yet, and so it's really starting to feel very much like not if we'll get the omicron variant, but when, in which case maybe that is a question. You know, is that the kind of thing that we should just as families be preparing for, because so many of the variables are out of our control? Should we just anticipate that somebody in our family is going to get sick and start putting safeguards into place for how and when we quarantine? And the question

embedded there is what things should families be preparing for with this variant? And if and when we should be

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preparing for another one to come quickly enough to where we as families don't have an opportunity to prepare. >> I'll start with the last question. At this point, the only thing we have before us is the omicron and then some residual delta. With regards to preparation, it is a situation that we find ourselves in where it's very likely that if you're not wearing masks in public places when you're around people you don't live with, that you may come in contact with someone who has omicron. One in three, one in four people have omicron at this point. And so if you're not wearing a mask you're likely to get the disease. And if you do and you're not

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vaccinated, you may have more than a mild case of the disease because you're not vaccinated. If you are vaccinated, the likelihood -- and you're healthy -- you may just have a mild form of the illness. However, you may pass it on to someone in the event that you're asymptomatic. And that person may not be healthy. And they may end up with severe illness. So, preparation would be to wear masks. Preparation would be to get vaccinated or get your booster shot. And making sure that you talk to your children who are old enough to follow the guidance of wearing a mask and reinforce to them that they should wear a

[10:13:29 AM]

mask when they go to school. And those things will help protect you and your family from getting omicron. >> Harper-madison: Thank you. >> Mayor Adler: Councilmember Fuentes. >> Fuentes: Thank you. Good morning, everyone. Happy new year. I also want to join in and share my gratitude to our hard-working staff both with the city and the county, and all of the individuals involved with our relief efforts. I extremely appreciate your dedication, especially over the holidays. I wanted to hone in on our test supply strategy. If you could talk us through what preparation did we do to ensure that we have sufficient test kits available to our community? I want to thank judge brown for standing up the pop-up sites to get test kits to our community amidst the holidays. I know that there was a huge

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influx of individuals needing those test kits as they were preparing to go home to spend time with their families. I know y'all ran out within hours. As a policy-maker, I was extremely disappointed to see the level of test kits available in our community, and also a plan for alternatives. We knew that our static sites were going to be closed for a couple of days amid the holidays. When I asked what alternatives can I suggest to my community to go get tested, especially amid new year's, I was told to call 311. I called to see where I could get tested. I was on hold for an hour and a half. I dropped off the call. Most austinites cannot spend an hour and a half of their day waiting on hold to find out where they can go to the nearest test site. So I want to get a better understanding of what were efforts to prepare for covid

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tests, knowing the rise of omicron, as well as what are we waiting on right now? We have a huge request to the state of Texas to increase our test supply, but I want to get a better understanding of what we expect to have a response, what level of supplies will we get from the state of Texas, as well as efforts to engage private vendors. >> I will start talking about aph's testing sites. I think that we have more than enough pcr tests at this point to administer to folks. I do believe the preparation was the consistent messaging and the availability of our clinics in the weeks leading up to the holidays. In hindsight, perhaps we could

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have been a better predictor of human behavior and people waiting until the last minute. But as far as having a pcr test available, if a resident was seeing a -- seeking a pcr test to confirm their plans for new year's eve, Friday would have been way too late, because it takes time for those tests to come back. And so our efforts were focused on, you know, people making a plan, providing the information so that leading into the holidays they would be well-prepared to celebrate with their friends and families. Every event provides us the opportunity to learn and grow. We do not have control over the supply of the kits. We have priced out between the city and the county what it would cost to purchase kits directly from the vendor and we're working that through. We're working diligently with

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our corporate purchasing to have a testing contract to expand the capacity that's in the current community. And so those are the steps that we are continuing to take. >> Fuentes: Thank you. I'm appreciative of the work, knowing there are things in motion, but how important those rapid tests are to -- spending time with family in the surge. Any efforts that we can do to increase the supply of at-home tests would be appreciated. And commissioner Shea, you asked a brilliant question about, if we do test

positive with one of those rapid kits, how do we know? How are they reporting? If we could have a dedicating communication campaign to getting out the word that if you test positive please call 311,

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let us know so we have an accurate depiction of the prevalence of omicron in our community. And the last question I have is around the expiration date on these kits. Can you touch on -- I know there's been some questions around people who have at-home test kits, it says it's expired at a certain date. It seems like it might be still usable a few months afterwards. Can you let the community know what to look for with the expiration dates? >> Dr. Walkes? >> The eua has extended the test life. As the kits were distributed, those who received the kits were given the information that they

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were receiving kits that would expire at the end of January. There are some of the kits that we've received that may have further extension of their shelf life depending on the decisions made by the fda. And as that information becomes available, we'll post it on our website and also publicize it so that those who may have some of those kits still available will know that they're still able to be used. >> Okay. Thank you. Yes. Any efforts we can do around getting some good messaging around the expiration date would be good. Thank you again. >> Thank you. >> Mayor Adler: Thank you. Councilmember Renteria. >> Renteria: Thank you, mayor. I'm happy -- happy new year to

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all. As someone who caught the omicron virus, covid, I was very -- I went out and went to one activity, one political event. They were providing dinner. I took my mask off. People came over and talked to me. And I ended up getting it. And let me tell you the symptoms don't come right away. And you're already infected. You are going to pass it to all your family. And then you'll feel it. All your family is going to get sick. I got my son, his wife, his two kids. They all have it now. They're recovering. Luckily they all got their shots. My son didn't get his booster until the next day after Christmas. He thought maybe he had gotten it from that, but, you know, he was the only one that had the most severe symptoms.

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But the rest of us had the scratchy throat, body aches. I took one of those covid tests, came up positive. And I feel fine now. I took the test and I'm still positive. So, I mean, if I go out there and take my mask off in front of anyone they're going to get it. That's how contagious this thing is. It's very contagious. And I'm really glad that one of the commissioners mentioned about the test because the ones that you passed out to the city council office does show that it can expire in July. But I'm glad to hear that you can still take it and it's still effective. But I just want to let you all know that this thing here -- none of my kids have reported -- none of my inlaws have reported any of this because there was no

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information until today about calling 311. It just wasn't out there available to the people. And let me tell you, all my family that's had it, including my son-in-law, my other son that works at H-E-B, is a manager, they all caught it. And we're talking about catching this thing right before Thanksgiving. That's how long. And I'm sure there's more than a third of the people have gotten infected, because I talked to some of my neighbors and they said they recovered from it. But it's very contagious, let me tell you. Just talking, dropping your mask down and talking to someone even if they already got their booster shot, you can catch it from that person, you know. Your family member might have been out there talking with someone else who has it, comes home, if they have it you're going to get infected with it.

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So my preparedness, you have a sore throat, that's the worst part of it. And it can get into your nasal and you have a little bit of congestion. Just take as much -- I went there and got the best throat lozenges just for the discomfort, you know. But it is really going around. And I made one fatal mistake, went to an indoor political activity and that was a big mistake. I should have stayed home, because they were not carding anybody. They were not checking to see if you had your vaccination at that time. So just a warning out to the public. If you go to one of these events, go to a bar or party, you'd better not take your mask off, because you are going to get it. Thank you, mayor.

[10:24:51 AM]

>> Mayor Adler: Thank you. Councilmember Casar. >> Casar: Thank you for sharing, councilmember Renteria. I'm glad your family's starting to feel better. I want to quickly make sure that I got the rest of the answer to what councilmember Fuentes asked. I think you addressed a big part of it, director Sturup. But now that the holidays have passed, do we anticipate that any time in the near future demand is going to continue to outstrip our supply and availability of being able to provide people tests? >> I don't believe we have enough information to really assess if it is a supply and demand issue. Had we been open for a full week

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of service, that might have been different. We are watching the trends to see if it truly was people preparing to travel and party and being concerned afterwards about going back to work and school. We are working with purchasing to fast track the supplemental testing contract so we can have additional options in community. Anecdotally what I am hearing from the call center staff is that people want a test and they want it now. It's not that there is a lack of access to testing. It's a lack of access to same-day testing. Our pharmacies are still offering tests as well as our other care providers, but depending on when you call, there might be a one to two-week wait. And so that's why I'm hesitant to say this is truly a supply and demand issue with the pcr testing. Hands-down, with the at-home kits there does seem to be an issue.

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with those. Once upon a time, they were readily available at any CVS, pharmacy, or H-E-B, or other grocery chain, but that doesn't seem to be the case. And we're working with our partners to get a handle on what that looks like. But as far as the pcr testing availability, I'm not sure that there is a true issue there. But we will have more information as we watch the trends in this week and the weeks to come. >> Casar: That could be really helpful. You know, part of what we all saw was the person texting to their group of friends or posting on their neighborhood list that this particular CVS had 30 or 40 rapid tests. Then everybody would go there. And then people would go lots of other places and not find anything. And, of course, one thing is folks wanting to travel, which is an important thing for people to do. Another thing is people feeling symptoms and not knowing what to

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do and whether to be in a separate room from their family or get a hotel room or not, that they might need that immediate service. So I think given how much breakthrough there can be with omicron, given what it is we just experienced, I think we need to figure out what technology solutions we can have to let people know like we have with voting locations, how long you might have to wait to be really transparent about that, if we can work with private industry to show where it is that people can get rapid tests if they need one badly and if there's any way we can make sure that there are enough for the people that are feeling symptoms especially. I think that would all be really, really important. I know that stores are limiting how many it is you can take home with you, which I think is one important step to prevent people from creating their own market of them, or taking too many.

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But I think especially for the people who are feeling sick, being able to provide as close to same day of testing as possible is important. We can tell people if you feel sick isolate from your family, but people would really like to know, especially if it might be a week wait or more. So if we could have a better clearinghouse that shows where there are tests available, if we can make sure that for symptomatic people we have those contracts for rapid tests, that would be all really important so that we're maybe in a not holiday setting, but if we continue to see a surge we can better handle it. >> Mayor Adler: Thank you. Councilmember kitchen. >> Kitchen: I wanted to -- first off, I do want to thank

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everyone involved in this. This has been a hard time. And there's just so much continued work to do. It's also disappointing for all of us in the public, I think, to be -- to now be in another surge, just when we were beginning to feel like we could get out again. And I think that's why you're seeing the behavior that you mentioned, Dr. Walkes, is people have gotten back to enjoying and appreciating the ability to be outside, or to be with their friends without masks. So I just wanted to acknowledge that that's difficult for folks. I do want to talk some more about the testing, though. And I have two different questions. The first thing is, the pcr test being available in one to two weeks is absolutely not useful, because it's too late.

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And so that -- given that in the context that as we said earlier, what we're trying to do is avoid more community spread in a way that doesn't require us to go back to stage five, if I understood you all correctly. So I'm trying -- I'm struggling with how we're going to do that. And what's coming to mind in my question is it sounds to me like people just -- and I think I'm hearing your messaging that people just need to wear a mask. They're going to have to wear a mask everywhere, because you don't know. And I want to thank councilmember Renteria for sharing your experience. That's exactly what we need to be doing. I want to thank Dr. Walkes for the message that you gave us, and director Sturrrup for the message you gave us, also. I want to iterate, give --

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reiterate, given the level of community spread and that it's nearly impossible to get an immediate pcr test, and given the fact that the at-home tests are very useful but they're not totally foolproof, it sounds to me like we really as a community, to slow this down as much as possible, we all just need to be

wearing masks when we're out in public. And so I want to confirm that I'm hearing that correctly, both from you, Dr. Walkes, and from you, director Sturup. >> That is exactly the message. Thank you. >> Yes, thank you. >> Kitchen: Okay. All right. Then -- and so I just want to reiterate, we have to wear a mask. I don't care if we're vaccinated or boosted, we have to wear a mask. We don't know if we're asymptomatic. We can't test ourselves every day. The at-home tests are useful and should be used but they're not totally definitive with this omicron variant. So my second question is just,

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you know, we've talked in the past about projections that -- modeling I guess is the right term that UT had done in the past. Do we have any kind of modeling own this -- about this particular surge, do we have any idea about this particular surge in terms of what we can expect in terms of its direction, understanding that there's nothing for sure, but can you kind of talk with us about that? Dr. Walkes, would that be for you? >> We do have modeling and we have been looking at that modeling and understanding that we may need to make some adjustments because the virus that we're dealing with, the variant of the virus that we're dealing with right now has some characteristics about it that are not like those that we've seen before. So the modeling shows that we will likely have a surge that

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lasts until possibly the end of February, early March timeframe. However, with what we're seeing in South Africa where there was an increase in cases and just as abrupt decrease in cases, we need to wait and see what progresses in the next several weeks. When we were anticipating that the case numbers will go up because school is getting ready to start again, so there's more to come with what will the impact of the holidays be, and what will the impact of children returning to school be. So, we're looking at least until the end of February early March before we see a resolution of this. >> Kitchen: Okay. Thank you.

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And the very last question is just to give a little bit more detail for folks. So, in addition to wearing masks, which we just talked about, someone feels that they have been -- or learns that a friend or family member, someone they've been around has confirmed positive. That individual should quarantine if I'm understanding correctly while they're trying to get tested. Can you give us some more details about what people should be doing if they learn that a friend or family member has tested positive for covid? >> So for people who are fully vaccinated within six months or less than six months of that close contact with a positive patient, or those who have just

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received their booster, those individuals are not required to quarantine, but they are required to wear a mask for ten days. And for those people who are eligible for a booster because it's been longer than six months that they've received their initial series of the mRNA modern, pfizer or two months since Johnson & Johnson, or longer than two months since j&j, those individuals are asked to quarantine at home for five days. And if they don't have any symptoms, they can return to work or to the public, but they must wear a mask at all times when they're around other individuals. And those are the new guidances

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from the CDC. The guidance for schools and childcare centers are different. They've reduced the quarantine time from 14 to 10 days. And they may make some additional changes in the coming days, but right now the only change that we've gotten for those areas is reduction of the quarantine time from 14 to 10 days. >> Kitchen: Okay. So, in other words, the quarantine -- if someone is trying to get a test because they know they've been around someone who has tested positive, they don't need to quarantine, is that what you're saying? They just need to -- if they've been boosted, just wear a mask while they're waiting to get tested? >> Yes. >> Kitchen: Okay.

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That concerns me about the spread, because that person doesn't know if they're spreading it. But what you're saying is the mask protects against the spread? >> That's the way it's reading at this point. That's what the new guidance is. >> Kitchen: Okay. Thank you. >> Mayor Adler: Thank you. Councilmember Kelly. >> Kelly: Thank you very much to everyone who's been putting in so much hard work and effort in order to help the community during the spread of this. I'm just curious if you could help us understand the outreach that we're doing to our neighbors experiencing homelessness during this time. And then also other vulnerable communities. >> We continue to work with our partners at community care in terms of doing outreach. The caller Janis mentioned

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connecting with different encampments. So it's happening at a variety of places. Through the partnership with community care, under initiatives with the homeless strategy office, and then our health equity unit has been involved with certain parks in their immediate service area working with the

P.A.T. H. Team to connect clients experiencing homelessness with services including covid testing and vaccination if they are willing. We're trying to have a multi-pronged approach. The community health workers that we've hired as part of the budget amendment, as well as those we've brought on through the various grants are continuing to work in those priority zip codes that we've identified. We've made specific efforts to recruit individuals with lived

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experience and who are reflective of the populations that we are trying to serve. We continue to work with our Pio teams to develop materials that are not only easily translated into other languages but are culturally relevant as well. Those are some of the other efforts we're doing to connect, making sure we're having folks in the areas the data is directing us to. >> Kelly: Thank you. Could you tell me a little bit about the outreach to skilled nursing homes, assisted living and independent living where there's a higher population of 55 and older that are more vulnerable or susceptible to this? >> I will defer to Dr. Walkes for that answer. >> We have a team of epidemiologists who are in regular communication with all of our skilled nursing homes,

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assisted living centers and group homes to assist them with their control issues. The cases that are identified are reported to this group of individuals. We have doctors who are in regular communication with myself and the team of epidemiologists to let us know what is happening on the ground. And we meet weekly with our long-term care facilities, assisted living centers and group homes to discuss any of their resource needs, and to address the ongoing situation that we find ourselves in with regards to omicron in that community. >> Kelly: Great. Thank you so much. >> You're welcome. >> Mayor Adler: Thank you. Councilmember pool. And thank you for being with me today in chambers. >> Pool: You bet. Happy to be here. My continued deep appreciation to our staff for their

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continuing diligence and hard work. Thanks. >> Mayor Adler: Okay. Councilmember Ellis. >> Ellis: Thank you, mayor. I would like a little more information about the state of Texas' request for more federal assistance in some of the monoclonal antibodies or other tests. And would this be something that ends up where people can buy the at-home test off the shelf, or are all of these materials expected to come through the public health department or through the county health departments? >> I will start off by addressing the question about the monoclonal antibodies. The monoclonal antibodies are being distributed by the federal government. And we receive allocations based upon determination that's done at the federal level.

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And we don't have eyes on what that's going to be at this point. We find out when it gets here and we work with it accordingly. With regards to the tests, right now we are -- we have been thinking about making a resource request from the state. That's something that's been ongoing as we needed resources throughout this pandemic response. We've reached out to the state to ask for the assistance and resources that are needed at any given time. And we are given those things as they are available. The federal plans for test kits, to my knowledge, that won't necessarily go through the state, but the actual process is

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something that we've yet to learn about what exactly is going to happen. I believe that folks will be able to buy kits commercially and get reimbursement after that purchase is but I think that there's more to come on how that's going to roll out ultimately to address access issues for those who don't have insurance or the means with which to buy a kit originally. >> Thank you for that information, is there any understanding of the timeline by which that information might be available? Even if it's not -- the products being available, but just the information of when the guidance is going to come out? >> I haven't received that information as of yet. And we have regular calls with some of our federal partners, so

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I think that cadence will increase now that the holidays have passed and as soon as we have that information we'll make it known to the public. >> Okay, thank you. And then just one follow-up question. I have seen the reports that there's been testing going on for students and staff at schools and it seemed like 1,200 tests have been completed and a third of them were coming back positive. Can you confirm that those numbers are still accurate? I know that there's a lot of parents worried as school is going to start again, even with masking for those going to school that those numbers are just really concerning. Can I confirm the accuracy of those, or if those are updated? >> I don't have that the final numbers at this point. But we can get back to you with as soon as we get that information. >> Ellis: Okay, that would be helpful. Thank you, and I really do appreciate all the work ongoing through this -- heading into two

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years on trying to make sure that we are healthy and safe during this pandemic. So I really appreciate all of the ongoing efforts you're making. >> Thank you. My colleagues, thank you for that. >> Mayor Adler: Thank you. Councilmember tovo. >> Tovo: Thank you, and thank you to everyone on the call for your continued hard work. Two clarifications that I would like to request. One is about when boosters, you know, if you're a parent of a child who falls between 12 and 15, as I am, how quickly can you take your child to get a booster shot, both at aph, but also out in the community? I think that there is already some confusion about that and I've gotten a couple of questions this morning, including from one of my daughters who falls within that range. So now that -- now that there is the approval, is it just a matter of showing up at a site? Or is there more work that needs to happen locally? And I did understand, director

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Sturup, that aph is not -- that our sites are not ready for those booster shots quite yet. But if you could, again, just clarify -- [echo on audio] I didn't mean to -- [echo on audio] Let me try again. I think that you got that point -- that question. And then, secondly -- [echo on audio] Sorry, I have no idea what's going on here. So I'll make my second clarification very quick -- well, a request. There is kind of a mythology developing around the omicron virus that is not detectable on rapid tests, either at home or the walk-in to the extent that

[10:48:19 AM]

earlier variants were. Can you please, Dr. Walkes, address that? If you have taken a rapid test at a walk-in clinic or some of your at-home tests, how reliable are those? >> So they are -- they do have the ability to pick up the positive cases in most instances, however, the ability for the true negative to be negative is low in the 70% range. And that is why particularly when people have had an exposure or if they have symptoms, they're advised to take a second test within 24 to 36 hours of taking that first test to make sure that it is indeed negative. And particularly if there's

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someone who has symptoms, they're urged to stay home and get a confirmation test of a pcr, wear a mask when around others, and if there's been an exposure to continue to wear a mask and, again, repeat the test or get another pcr test to confirm that they are truly negative. So they -- they have their place. They have utility, but they are not as accurate as the pcr. >> Tovo: If a person has -- either has been exposed or has symptoms and has tested negative on an at-home rapid test -- >> Um-hmm. >> Tovo: Reconfirms it with another rapid test, are they on pretty solid ground? Obviously, you don't have a crystal ball into how everyone's situation might be.

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But if they have done multiple -- from what I hear you saying, the rapid tests are not as accurate as the pcr, but there's still a high degree of accuracy, especially if one is getting a positive result. Where they lag a bit is -- >> Negative. >> Tovo: False negatives. Those false negatives can be eliminated with -- >> Repeating the test. >> Tovo: Repeating the test. Is that about right? >> Yes, that is correct. >> Tovo: Okay, I appreciate that clarification. Thank you. >> You're welcome. >> Mayor Adler: Thank you. >> Tovo: And I just think that this is for director Sturup, if she could clarify the booster shot for 12 to 15 year olds. >> We're waiting for the boosters for 12 to 15. What I believe what was approved was an additional dose for 5 to 11 year old whose are immunocompromised. And so once the acip committee

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gives recommendations for the 12 to 15, we'll be ready. So it's fda approval and CDC, and acip and final nod and we're good to go. >> Tovo: Thank you very much. >> You're welcome. >> Mayor Adler: Thank you, colleagues, mayor pro tem alter is not with us today. And had some travel issues coming back. I'm going to rapid fire some things here real fast. I want to thank everybody for the work that they're doing as always, and our response here locally is just really strong. I want to specifically mention the homelessness office, going back to the question asked by councilmember Kelly. I had the chance to be out at some sites and at the warming center gathering spot, and we had ems out there, we had Dianna grey and the homelessness office, and not only were they

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receiving people, but they were screening people for symptoms. Managed to get at least one person to an isolation facility. But they're also giving vaccinations to people that are -- that are showing up that haven't had it and want to get it. And I just want to thank staff for taking advantage of every one of those opportunities that present itself to help people get the vaccines in their arms. There were a lot of questions that came up today with respect to the model. And I appreciate Dr. Walkes that you guys are taking another look at that. I have spoken with you about it and with Dr. Myers about that. Colleagues, one of the issues is that when we originally set up the model, we were using the number of hospitalizations as an early warning sign of what we thought that the icu census would be. To give us a really early

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indication of what we'd end up with, with filled up icus, and we could figure out what that relationship was between hospitalization and icus, so we would know exactly when we were triggered and needed to do something more -- more dramatic. In this instance now, I'm like all of the peaks that we have seen earlier, hospitalizations are going up and at the same time icus are not going up in the same proportion that they were going up in the past. So there's some study that has to take a look at whether now those triggers are, from fact, being predictive of the icu numbers that we're looking at. And trying to figure out why that's the -- why that's the case. Part of it, my understanding is that this virus just is less severe, but then the other element that Dr. Walkes talked about is obviously really important as well and that is that there are a lot of people that are in the hospitals for things other than the virus, but

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when they're in the hospital they are getting a test. And as this is so many places in our community right now, the test is showing a positive response. So we're showing a lot more people in the hospital with a positive response than perhaps we were showing before when we had the same policies, but not the same infectivity. So those number of people in the hospital for a broken arm or something else, are showing up as a positive without an associated icu risk for someone that has covid. So they're taking a look at those numbers right now. But the hospitals are talking about right now are three things: It comes down to staffing, as we're having trouble with bus drivers in the city now. But staffing in hospitals, obviously, a key issue. With the hospitals, they're talking to us mostly about with respect to staffing are the number of people that are showing up in emergency rooms to

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get asymptomatic testing and they're really asking the public not to go to a hospital to get an asymptomatic test. Go to the hospital if you're sick. But we need to find the alternative testing opportunities for people so that our hospital emergency rooms are not being overloaded with people that are looking for its. Which goes to the questions that my colleagues and the county commissioners court were asking with respect to how do we get more tests to more people more rapidly. I like the question that councilmember Casar asked with letting people know where tests are. It is my understanding that there were tests available out at expo center and there was greater availability than there was demand. I know that I saw a line in south Austin at a private testing facility that seemed to go on for half a mile. But the prior testing going on

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at the long center yesterday morning had 10 cars in the line. And so I don't know if there's a way for us to set up a clearing house that has aph and county and private testing so that people could see where it

all is. And, boy, if there's a way to incorporate into that kind of the wait caller indications that we have for locations that would be pretty phenomenal. I am interested in knowing about the surge council that councilmember kitchen asked about, the earlier modeling showing this going into February or March based on the recent data that we're seeing in other places where it's coming down much more quickly. I have also heard that it could be toward the end of January that we start seeing it come back down. So I know that is part of the modeling that is being looked at right now. I think that Dr. Walkes accurately said, you know, that the masking is important and that is really the big takeaway

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message as councilmember kitchen pointed out. A real good piece of evidence for that is the flu numbers that we have. Last year, you can see on that chart that the flu infection rate much lower than it had been in the past several years. And I understood, Dr. Walkes I think that I have heard you say, that one of the chief reasons for that is that so many people were masking as we were in last December. Because of covid it had the additional benefit of really stopping flu in its tracks and the number never went up. Here we are again in another season and we're not wearing masks as much, and you can see that the flu numbers are starting to rise. Yet another indication of why it is and how it is that masking is something that is, in fact, effective and something that we can all be doing and should be doing almost regardless of what testing may show or not show. And as Dr. Walkes said, the best thing is to have the community to do this on their own, for

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businesses to ask them to wear masks and their employees to wear masks, for people to wear masks when they go into stores and the like. Not only to protect themselves, but the people who are working in those stores. Because this is being passed so well. And the hope is that everybody will do this voluntarily on their own. Obviously, if that's not the case then we have to take a look at what other tools might be available to us, because there is such a dramatic actual impact of people wearing masks or not wearing masks. And it goes beyond individual choices that we're making for ourselves, when we start having more and more people in hospitals. And when we see people in the hospitals with the most severe conditions being the people that are not vaxxed, our individual choices are having an impact on the level of care that we can give to the community generally. I do want to thank the state for helping us with staffing

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support. So the state and the governor's office and Texas health are moving forward to bring additional staffing to our hospitals. And I think that actually gets initiated today or thereabouts, and I want to be

thankful and appreciative of that as well. And, judge, with that I will turn it back to you. If there's nothing else we'll get out of your hair. It's 11:00. And we could -- if there's nothing else, judge, end the city's participation in the joint meeting. Colleagues, we're going to come immediately right back to our second special call just for a few minutes to take care of some administrative matters related to the election coming up at the end -- end of the month.

[11:00:35 AM]

Today, January 4th, 2022. Time, 11:00. Judge, I'll turn it back over to you. >> Judge Brown: Thanks, mayor. And thanks, everybody, for all of your hard work over the past couple of weeks in particular. I do want to -- on a somewhat lighter note recognize Dr. Hock day for on "Queer eye" and she's the co hear founder of the central Texas allied health institute who has given out a ton of vaccines locally and been a great partner throughout this entire fight against covid and is now doing a lot of testing so check that out on Netflix if you want to learn more about her and her work. All right, with that, so we also will adjourn here, the joint session at 11:01 A.M