

WASHINGTON STATE BOARD OF HEALTH

Final Minutes of the State Board of Health

August 12, 2020

Electronic meeting via GoToWebinar

State Board of Health members participating by phone:

Keith Grellner, RS, Chair

Thomas Pendergrass, MD, MSPH Vice-Chair

Kelly Cooper, Secretary's Designee

Fran Bessermin

Jill Wood

Stephen Kutz, BSN, MP

Bob Lutz, MD, MPH

Vazaskia Crockrell

State Board of Health members absent:

State Board of Health staff present:

Michelle Davis, Executive Director

Melanie Hisaw, Executive Assistant

Kelie Kahler, Communication Manager

Stuart Glasoe, Health Policy Advisor

Lindsay Herendeen, Health Policy Analyst

Samantha Pskowski, Health Policy Advisor

Kaitlyn Donahoe, Health Policy Advisor

Christy Hoff, Health Disparities Council
Manager

Hannah Fernald, Task Force Staff

Guests and other participants:

Lacy Fehrenbach, Department of Health

John Thompson, Department of Health

Megan McCrillis, Department of Health

Alexandra Montaño, Department of Health

Sierra Rotakhina, Department of Health

Kathy Bay, Department of Health

Mike Means, Department of Health

Keith Grellner, Chair, called the public meeting to order at 9:00 a.m. and read from a prepared statement (on file). He then detailed operating procedure and ground rules for conducting a virtual meeting, and asked board members to introduce themselves.

1. APPROVAL OF AGENDA

Motion: Approve August 12, 2020 agenda

Motion/Second: Vice Chair Pendergrass/Member Bessermin. Approved unanimously.

2. ADOPTION OF JUNE 10, 2020 MEETING MINUTES

Motion: Approve the June 10, 2020 minutes

Motion/Second: Vice Chair Pendergrass, assuming there's amendment/Member Wood.

Chair Grellner commented to amend the June 10 minutes, near end of section 6, just above 7 in his last statement, the last line, it has “of” and should be “or”.

Motion: Approve the June 10, 2020 minutes, with amendment by Chair Grellner.

Motion/Second: Vice Chair Pendergrass/Member Wood. Approved unanimously.

ADOPTION OF JULY 30, 2020 SPECIAL MEETING MINUTES

Motion: Approve the July 30, 2020 minutes

Motion/Second: Vice Chair Pendergrass/Member Bessermin. Approved unanimously.

3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director welcomed the She directed Board members to materials in their packets under tab 3 and on the Board’s website. She thanked Board members who helped draft the Board’s Racism is a Public Health Crisis statement. She said Gov. Inslee had reappointed Member Lutz to his position as local health officer and appointed Vazaskia Crockrell (biography on file) to the consumer position. She welcomed Member Crockrell to her first meeting with the Board.

Ms. Davis said the Environmental Health Committee met on July 16, and that notes from that meeting are located in the Board packets.

Ms. Davis said staff filed the CR-103 emergency rule banning the use of vitamin E acetate in vapor products July 17, to assure that the ban on vitamin E acetate does not lapse. She said staff filed the CR-101 to initiate rulemaking for the communicable disease rules on July 16. She said the purpose of the rulemaking is to implement the 2020 legislation that focused on modernizing the communicable disease laws, and eliminating exceptionalism for HIV/AIDS. Ms. Davis said staff filed the CR-102 for the proposed Food Code update on July 22. She remarked on the rule’s length, and said it incorporates the most recent United States Food Code and several recent legislative changes. She said the public hearing is scheduled for October 13, 2020. She recommended Board members begin their review with the significant analysis because it provides context and helps identify those changes are policy shifts. Ms. Davis directed the Board to the CR-103 Emergency rule which was filed on July 31. She said the emergency rule requires reporting of race and ethnicity for COVID-19, and directed Board members to numerous written comments under tab 5. She said that the Department of Health (DOH) is working to develop guidance for those who are required to comply with the rule.

Ms. Davis said the Board received written comments about masks.

4. DEPARTMENT OF HEALTH NOVEL CORONAVIRUS (COVID-19) AND OTHER UPDATES

Kelly Cooper, Secretary’s Designee, Director of Policy & Legislative Relations, provided a number of updates. She announced that Clark Halvorson, former Deputy Director for the Department of Health, accepted new job as CEO for United Way of Anchorage. She said he had been with the Department for more than 12 years.

Member Cooper updated the Board on the recruitment for a new Secretary of Health. She said the pool of candidates is strong and diverse, and that the first round of panel interviews are scheduled for the first week of August.

Member Cooper said DOH was working with the Navy to conduct a virtual community meeting on PFAS detections at Bangor. She reported on an investigation of a multi-state outbreak of salmonella linked to onions, and said DOH is working with agencies as well as industry partners to identify product distribution in Washington.

Member Cooper said the federal COVID-19 relief bill was in its fourth round. She said that the President's executive orders do not directly address public health priorities, including testing capacity, vaccine distribution, and contact tracing. She said that DOH is monitoring negotiations, but at this time they are not optimistic about the passage of a comprehensive bi-partisan relief bill.

Member Cooper updated the Board on the implementation of the Board's recently adopted emergency rule regarding laboratory reporting of race and ethnicity for COVID-19 cases. She said DOH published a web page to provide information. She said Dr. Kathy Lofy would send a letter to labs and health care workers, and DOH would have listening sessions with regulated communities to successfully implement the rules.

Lacy Fehrenbach, Assistant Secretary, Prevention and Community Health and Deputy Secretary for CV19 Response, shared a presentation (on file) which covered recent data, reopening up the economy and efforts to contain COVID-19. She said DOH was able to share the negative testing results. She described state and federal support for counties in central and eastern Washington where they have had significant surges. She said some of the data is hopeful, pointing to Yakima's curve going down. She identified other promising data such as downward trend for emergency room visits for COVID-19 illness and monitoring impacts by race/ethnicity. She shared rate data from their July report showing rates significantly higher for communities of color compared to whites for cases, hospitalizations, and deaths. She reported on behavioral health impacts of the COVID-19 pandemic. She shared Emergency Department (ED) visit counts for psychological distress (disaster related syndrome), and alcohol-related ED visits. She said there was a significant increase in alcohol sales in May, and she also shared data on symptoms of anxiety and depression from the U.S. Census Bureau Household Pulse Survey data, including higher reporting among the Black community.

Ms. Fehrenbach said in early June, the state started slowly reopening the economy. When the cases started peaking in July, they made some adjustments to safe start activities based on outbreak data and information in Washington, other states, and the literature. She said they have focused on fewer, shorter, safer gatherings. They have also reduced the occupancy for indoor fitness centers, adjusted restaurant configurations when indoors and service restrictions and reduced the allowable number of people at weddings/funerals when indoors. She commented that the data is signaling that gatherings are contributing to community spread. She said that the Governor has placed an indefinite freeze on the county phase process, and that no counties in Washington are in phase 4.

Ms. Fehrenbach also shared information on school re-openings. She said school re-opening is a challenging and complex decision. The state is giving guidance on how to make decisions for when and for whom to provide in person learning. The guidance is based on information from other countries, showing 3 common factors – countries able to reopen without outbreaks had low rates of transmission and the countries took a cautious approach of bringing back some students and not all and had rigorous health and safety measures. She said they also consulted other states (California, Minnesota, NE, Oregon) for their state metrics that inform in person learning.

She shared DOH guidance to support local decision making. She said she was hopeful it provides a path toward more in-person learning. She said DOH released guidance on health and safety measures, drawn from a number of sources.

Ms. Fehrenbach described the three phases of containment strategy – test, trace, isolate. She said the state had broken through many of the supply chain issues but we are still struggling to get good, low barrier access in communities. She shared a tool for Local Health Jurisdictions (LHJs) (testing site app) – where community based testing sites are located compared to testing rates and vulnerable populations. She said turnaround time is a challenge, and most labs are reporting in under 2 days. She said people are reluctant to get tested because they don't want to miss work and miss their paycheck. She said the state is really scaling up their case investigation and contract tracing, and CARES act funding and other funding is helping to get more capacity such as Department staff and National Guard teams. She said they are supporting counties and have on boarded consultants to increase capacity. When they increase capacity they can return DOH staff to other public health needs. She said the need for wraparound supports for people who cannot isolate or have other barriers. They are providing services: supplies (e.g., medical, food), additional supports (e.g., stipends, counseling). She said when people cannot isolate/quarantine there are multiple sites across the state that can provide places for people to isolate. She said there is a state strike team that can provide a place to isolate/quarantine in just a couple days.

Ms. Fehrenbach said there are number of vaccines in development. She said there is an established safety process to ensure safety, even after the vaccine is approved. She said the federal government has signaled that states should be prepared to deliver vaccine as early as October. She said they will be doing surveillance, forecasting, and coverage assessment using immunization information infrastructure and assessing other vaccine data. She said this is all happening alongside their work regarding the seasonal flu.

Ms. Fehrenbach said she anticipated that when a vaccine is available the public demand will be high and vaccine supplies will be limited. She indicated there are multiple vaccine types in development, and there may be an emergency use authorization. She said she is uncertain what the recommendations will be for people who have COVID-19, but that recommendations will continue to be updated. She commented that the recommendations currently prioritize health care workers, essential workers, and those at high risk of developing complications. She said DOH is committed to equitable distribution to reach those who are disproportionately impacted by disparities to COVID, income, geography and other factors.

Tom Pendergrass, Vice Chair, thanked the state for doing the work. He requested more information on testing results and the type of testing. Ms. Fehrenbach clarified that those are PCR results and she followed up with question about vaccine progression.

Vice Chair Pendergrass commented that there are seven different categories of vaccine that are being developed, and asked whether the state has a view on the approval process, and if the state would be an early adopter. Ms. Fehrenbach said she is hoping the vaccine follows the same FDA approval process typical to vaccines. She said some communities may have concerns. She said that many public health professionals are not optimistic that a vaccine will be ready in October, though they are preparing for it.

Stephen Kutz, Board Member, commented on the rush to prepare the vaccine. He stressed the importance of safety. He said people are suffering from substance use disorder, and he has noticed it in their programs and that people of color are disproportionately impacted. He said the system is having difficulties in getting the appropriate support systems in place. Ms. Fehrenbach said the literature shows that catastrophic events generally show a slight increase in substance use over time and that the state usually sees increases in mental health issues in the winter and so she is concerned for what we will see in the future.

Vazaskia Crockrell, Board Member, asked for data on the burden of the disease in racial/ethnic communities. She asked about the type of community engagement, and how we can address cultural needs, community access to treatments, and had specific concerns about schools. She said she was concerned about community access to treatment, with the lack of access to transportation and other barriers. She asked how we can ensure treatment centers will be where they are needed most.

Ms. Fehrenbach offered to share the link to the racial/ethnic data report. She commented that schools have local control. She said that some families may want their kids back in school, others may not, which makes the issue very complex to navigate. She said DOH is trying to take the services to the people through Community Health Workers (CHWs), etc.

Jill Wood, Board Member, said that at a local level, the goal is 80% of population being vaccinated, and asked how the state will work in partnership with locals. Ms. Fehrenbach said there are eight vaccines in phase 3 trials. She said they are planning towards preparing for a vaccine.

Member Kutz commented that the back to school issue is important. He asked if systems will be set up to support health care and other workers. Ms. Fehrenbach said that the interrelated nature of the economy, and family wellbeing and community wellbeing is complex.

Chair Grellner thanked DOH for the guidance on schools. He commented on reporting dates for test results, and said that Kitsap County continues to experience delays from larger health care providers. He commented that these health care providers are resistant to use the local labs.

Ms. Fehrenbach said the revised phased approach for reopening is available on the coronavirus.wa.gov website. She indicated that the state is encouraging testers to use multiple labs.

5. PUBLIC COMMENT (Note: Public Comment on Item 8, Rules Hearing for Notifiable Conditions, Chapter 246-101 WAC, will begin at 11:30 a.m.)

Mallory Baker, Pediatric Audiologist, stated her position on the Cytomegalovirus (CMV) virus and shared data and information with the Board. Ms. Baker thanked the Board for its work.

Bernadette Pajer, Informed Choice WA, stated her position on COVID-19 treatments and cures, and asked DOH to pull in practitioners and treatments that work.

Byron Raynz, parent, said he supports convening a Newborn Screening Technical Advisory Committee for Ornithine Transcarbamylase Deficiency (OTCD). He shared a personal story of losing a child and said their life could have been saved if there was a screening process.

Laurie Valeriano, Executive Director of Toxic Free Future, gave her position on the PFAS drinking water rule. She shared her concerns about drinking water standards and the longevity of the rulemaking process.

6. REQUEST TO CONVENE A NEWBORN SCREENING TECHNICAL ADVISORY COMMITTEE FOR ORNITHINE TRANSCARBAMYLASE DEFICIENCY (OTCD)

Vice Chair Pendergrass introduced Samantha Pskowski, Board Staff, Megan McCrillis, Department of Health, and John Thompson, Department of Health, for a presentation on the request to convene a newborn screening technical advisory committee for ornithine transcarbamylase deficiency (OTCD).

Ms. Pskowski introduced herself and turned the presentation (materials on file) to Ms. McCrillis and Dr. Thompson. Ms. McCrillis provided a brief background on the disorder. She said when the process cannot proceed as normal, nitrogen accumulates as ammonia, and ammonia accumulation in the blood streams can result in lethargy, coma, or death. Ms. McCrillis said the prevalence of OTCD is one in every 56,000 births, and has a greater impact to boys than girls. Early onset OTCD symptoms carry a 50% mortality rate with presentation within three days of life. Late-onset symptoms, after 30 days of life, can carry a high rate of intellectual disability in surviving patients.

Ms. McCrillis said that OTCD screening requires an amino acid analysis, using tandem mass spectrometry, a screening method that is currently being used for newborn screenings in Washington State. The amino acid analysis looks for low citrulline levels, which may have high false positive or negative results. She suggested the false positive and negative results are something the TAC will need to consider further. She also noted that Seattle Children's has the laboratory services to treat and diagnose OTCD.

Dr. Thompson said that some babies could have OTCD and have a normal screen and noted the importance of considering how tests may be put into production. Ms. McCrillis explained that one of the challenges in treatment is the timeline, the sudden

presentation of OTCD occurs before the time in which the newborn screening test results are available (three days compared to 5-7 days, respectively). She noted that a formal economic analysis of the costs and benefits of adding OTCD to the panel has not yet been conducted, but she assumes that costs would be relatively low.

Vice Chair Pendergrass said that technical advisory committee members discuss both the medical issues and psychological impacts on families, and asked if we have a sense of the risk for high ammonia levels if the test results were not delivered until after 5-7 days of life. Mr. Thompson responded that a number of babies could present OTCD symptoms that cause death within the first three days of life, but would need to take another look at the literature for certainty or follow up with Dr. Merritt from Seattle Children's.

Vice Chair Pendergrass questioned the effects of high ammonia conditions over a few days compared to several days.

Motion: The Board directs Board staff to work with the Department of Health to convene a technical advisory committee to evaluate Ornithine Transcarbamylase Deficiency (OTCD) using the Board's process and criteria to evaluate conditions for inclusion in WAC 246-650-020 and then make a recommendation to the Board.

Vice Chair Pendergrass noted that there are other urea cycle defects aside from OTCD that could be studied by the TAC and urged a yes vote on the motion.

Motion/Second: Pendergrass/Kutz. Approved unanimously.

Ms. Davis thanked the Board for their work and approval, and noted that a number of DOH staff and resources have been impacted by COVID-19 which may impact the timeline for establishing a committee.

7. UPDATE—CHILDHOOD IMMUNIZATION RATES

Vice Chair Pendergrass introduced Samantha Pskowski, Board Staff, and Kathy Bay, Department of Health, for a presentation on Childhood Immunization Rates (see presentation on file, 7a).

Vice Chair Pendergrass thanked Ms. Bay and said vaccine preventable disease is an important outcome of public health.

The Board took a break at 11:23 a.m. and reconvened at 11:31 a.m.

8. RULES HEARING—CHAPTER 246-101 WAC, NOTIFIABLE CONDITIONS

Board Member Kutz gave a brief summary of the rulemaking process and introduced Kaitlyn Donahoe, Board Staff, Alexandra Montañó, Department of Health, and Sierra Rotakhina, Department of Health for a presentation on the Notifiable Conditions rulemaking project (materials on file).

Ms. Donahoe summarized the written comments received during the formal public comment period (see Tab 8 on file). She said that the comments included a request to include race, ethnicity, gender identity, sexuality, primary language, and disability status

for purposes of continued outreach and coordination of care. She said that due to the comments and the changes implemented through the emergency rule, staff are recommending delaying a decision in order to continue assessment of new comments and alignment of the requirements in the emergency rule. She said if the Board chooses to adopt the rules as presented, staff recommend an administrative change.

Member Kutz commented on King County's request and shared his perspective on managing a system with several thousand patients. He said it might be impossible to ask and record some of the information that is being requested. He said that the rule change would likely result in a significant cost to update the electronic health record system, and indicated the Board needs to have a robust conversation about the feasibility and the value of the information.

Vice Chair Pendergrass expressed concern about being too tight and lumping ethnicity and now being a splitter and having a large list. He expressed concern that the list is asking for geography, not asking for ethnicity. He said that until there is clarification the Board should delay adoption.

Member Crockrell asked if the changes aren't added now, then when? She commented on the importance to include race and ethnicity when collecting data.

Ms. Donahoe mentioned that the race and ethnicity categories are not defined the same in this proposed rule as in the emergency rule just adopted. She clarified that primary language is not proposed in the full rule.

Member Kutz asked a question about the COVID-19 portion of the emergency rule and its effective date. Ms. Donahoe responded that the emergency rule was effective immediately upon filing and will expire in 120 days.

Member Kutz noted that this particular piece will come back to us for further discussion. He commented that as a Board member he feels some obligation to talk to providers about these new rules and notification of new rule. He noted the addition of Silicosis, and questioned whether we are starting to get away from what public health is looking at and just collecting a large swath of data.

Ms. Montañó said that the original omission of Silicosis was a drafting error that was caught prior to the April hearing. She said DOH would communicate about the emergency rule. She acknowledged the concerns about the race/ethnicity list in the emergency rule and said delaying the decision will give staff the opportunity to review the list and further refine it.

Ms. Rotakhina commented that the rule adoption notice was sent to all licensed providers and facilities. She said it would be helpful to hear if folks aren't receiving the notification, and to identify why that may not be.

Chair Grellner opened the meeting for public comment and read from a prepared statement (on file).

Kim Connor, Director of WA State Independent Living Council, commented on the disability data reporting and the current gap in having this data, particularly in the Black and Indigenous community. She said that we know that the BIPOC community has higher rates of folks with disability due to access issues and other issues within their communities. She encourage adding disability as part of the report so we can address those issues on a public health perspective and emergency management. She said that about 20 percent of the Washington population has a disability, and asked the Board to consider adding people with disabilities in data collection.

Bernadette Pajer, Informed Choice Washington, said she was neutral on this rule. She said the state should collect as much data as possible, including environmental condition surrounding each of the cases. She discussed COVID-19 susceptibility, detection and antibody testing and the need to have data to inform policy and determine a positive case. She said that we are inhabited all the time by microbes, the public health response has not caught up with the science that it's individual susceptibility not the virus.

Chair Grellner closed the public comment period at 12:09 pm and opened back up for discussion with Board members.

Member Kutz noted concerns around the point of care. He said the lab component is pretty onerous and we need to explore options to streamline this for providers.

Member Cooper said she recommended postponing the decision to adopt. She said this is such a vital piece of how public health can respond to communicable disease and we need to take the time to do it right. She said that we need to get to a place where we have a rule that can be implemented and collect the critical data we need.

Motion:

The Board, based on today's discussion, will continue its decision whether to adopt the proposed rule to the Board's November meeting for the purpose of gathering information to evaluate the feasibility of incorporating additional demographic reporting requirements into the proposed rule in response to public comments received. The Board directs staff to work with stakeholders and subject matter experts to develop a recommendation for the Board's consideration at its November meeting.

Motion/Second: Vice Chair Pendergrass/Member Kutz. Approved unanimously.

9. UPDATE—DRINKING WATER STANDARDS FOR PER-AND POLYFLUOROALKYL SUBSTANCES (PFAS), GROUP A PUBLIC WATER SUPPLIES, CHAPTER 246-290 WAC, AND DRINKING WATER LABORATORY CERTIFICATION AND DATA REPORTIN, CHAPTER 246-390 WAC

Chair Grellner introduced Mike Means, Department of Health to provide an update on rulemaking to revise the rules for chapter 246-290 WAC, Group A Public Water Supplies, and chapter 246-390 WAC, Drinking Water Laboratory Certification and Data Reporting, for per- and polyfluoroalkyl substances (PFAS) and other unregulated contaminants. (See presentation on file.)

Mr. Means gave background on PFAS characteristics, sources, and known occurrences in the state's drinking water supplies. He explained the status of the state PFAS chemical action plan, its relation to rulemaking on PFAS drinking water standards, and high-level milestones since 2014. He summarized the rulemaking and key issues, walking through several features and requirements of the draft rules, including state action levels (SAL), draft PFAS standards, and monitoring and public notice requirements. He highlighted comments on the initial public review draft and corresponding changes DOH made to the draft rules. He closed with a summary of rulemaking on the companion drinking water laboratory rules and the timeline for the two projects, aiming for completion by mid-2021.

Member Kutz asked about PFAS exposure via foods and other pathways. Mr. Means said available data indicate exposure via food is low but ingesting drinking water is a key pathway. He said granular activated carbon is a common treatment method for PFAS in drinking water, noting that DOH does not approve point-of-use treatment as a permanent solution.

Member Kutz asked about Group B drinking water systems. Mr. Means clarified that the rulemaking applies only to Group A systems, not Group B systems or private wells—situations that would need to involve communication with local health jurisdictions. He added that there are about 14,000 Group B systems serving 250,000 people, and a million private wells serving more than a million people statewide.

Vice Chair Pendergrass asked for clarification of the scope of PFAS in firefighting (e.g., sprinkler systems, wildfires). Mr. Means said PFAS is not used to fight wildfire or conventional fires, is reserved for fuel/grease/oil fires, and much work is going into finding alternatives chemicals.

Member Wood shared concern regarding potential costs to consumers for monitoring, treatment, and other work. She said that moving from a SAL to a maximum contaminant level (MCL) would represent a significant shift and expressed concerns regarding funding, project timelines, and stakeholder engagement. She said the Board needed to hear more about what the rulemaking means regarding the Department of Ecology's clean-up standards and related consequences. She said many local health jurisdictions have Group B rules and programs and some make reference to compliance with state code, so action on this code could have implications for local health. Mr. Means clarified that the draft rules establish process for developing a state MCL but plans and draft rule language have not shifted away from adopting PFAS SALs. He explained many stakeholders who wanted an MCL have evolved to now support finishing this rulemaking and adopting SALs. He said funding from the Environmental Protection Agency funding will help support sampling, which DOH hopes to expand. He acknowledged that Group B systems represent an interesting challenge that will involve more discussion with local health. He clarified that he is unaware of any local health jurisdiction requiring ongoing chemical monitoring of Group B systems. He said existing rule requirements for unregulated contaminant monitoring do not include Group B systems but added DOH has authority to require sampling if there are concerns.

Member Wood said she looks forward to engaging local health regarding those issues.

Chair Grellner thanked Mr. Means and voiced support for further public review of the draft rules.

10. BOARD MEMBER COMMENTS

Chair Grellner said at the Environmental Health Committee meeting in July members agreed to appoint Jill Wood as the new chair. He said she would a great fit as she is an environmental health director who has the expertise.

Member Cooper commended Board staff on incorporating the virtual meeting technology.

Vice Chair Pendergrass commented on Ms. Montañó and Ms. Rotakhina working on the Notifiable Conditions rule. He thanked everyone for work on the school rules. He thanked Member Crockrell for her comments on collecting data, and welcomed her aboard.

Member Crockrell thanked Ms. Davis and her team for a good orientation and wealth of information. She said she comes with a heart to address racial and ethnic disparities and this inspires her to be a part of the Board and a contributor. She thanked everyone for their wealth of information.

Member Kutz thanked everyone for the behind the scenes work and asked the best way to reference materials. He shared that the Notifiable Conditions rule has been an enormous undertaking.

NOTE:

Below is some of the data and information that was referenced in today's meeting:
Department of Health July 29, 2020 information:

- [COVID 19 Morbidity and Mortality by Race Ethnicity and Language in Washington State](#)
- [Updated Safe Start Chart](#)
- [Governor's Safe Start Washington Phased Reopening County by County](#)

ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 1:41pm.

WASHINGTON STATE BOARD OF HEALTH

Keith Grellner, Chair

To request this document in an alternate format or a different language, please contact Kelie Kahler, Washington State Board of Health Communication Manager, at 360-236-4102 or by email at kelie.kahler@sboh.wa.gov TTY users can dial 711.

PO Box 47990 • Olympia, Washington • 98504-7990
360-236-4110 • wsboh@sboh.wa.gov • sboh.wa.gov