

BOARD OF PUBLIC HEALTH MEETING
Meeting Minutes for January 9, 2024

Members Present:

James Curran, M.D., M.P.H., Chair
Mitch Rodriguez, M.D., Vice Chair
Mychal Walker Sr., C.L.T.C., F.R.C., Secretary
Major General Thomas M. Carden, Jr.
Kathryn Cheek, M.D., F.A.A.P.
Gregory E. Lang, Ph.D.
Cynthia A. Mercer, M.D.
Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.

Members Absent:

Tai Valliere-White, M.D., F.A.C.S.

The Board of Public Health held its monthly meeting on January 9, 2024. The meeting was virtual and led by Dr. James Curran. The list of attendees is attached hereto and made an official part of these minutes.

I. & II. Call to Order and Roll Call:

The meeting was called to order at 1:02 p.m. by Dr. Curran, following a roll call, in conformity there were no members absent.

III. Approval/Adoption of Minutes:

Dr. Curran presented the board meeting minutes of November 14, 2023 for discussion and approval. There was no discussion. The minutes passed unanimously.

IV. New Business:

A. Opening Remarks - Commissioner Kathleen E. Toomey, M.D., M.P.H.

During the meeting, nominations were made for vacant positions, with Dr. Curran putting forth Mr. Walker for the role of secretary and Dr. Rodriguez for Vice Chair. The nominations faced no opposition, and the vote proceeded smoothly. Dr. Toomey addressed the significance of Emergency Preparedness, emphasizing its importance given the current weather conditions in the metro area. Additionally, attendees were given the chance to introduce themselves to Dr. Lang, fostering a sense of camaraderie within the group.

B. Introduction – Gregory E. Lang, Ph.D.

Dr. Lang was warmly welcomed as a new member of the board during a public introduction. Acknowledging his four decades of experience in healthcare, Dr. Lang expressed gratitude for the opportunity to serve. He holds a Ph.D. in child and family development and marriage and family therapy. Dr. Lang commenced his career in 1982 with the Old Charter medical system, specializing in private psychiatric services. His diverse experience includes roles in healthcare, behavioral health, inpatient brain injury rehabilitation, technology, managed care, practice management, and consulting.

In the last 12 years, Dr. Lang served as the Executive Director of the Good Samaritan Health Center of Gwinnett, the largest charitable provider of medical and dental services in Gwinnett County. He highlighted their substantial community impact, serving around 35,000 patients annually before the onset of COVID-19.

Beyond his role on the board, Dr. Lang is actively involved in various healthcare initiatives. He serves on the Advisory Board for the Georgia Charitable Care Network, a statewide network supporting free and charitable clinics. Additionally, he chairs the Board of Visitors for the School of Nursing at Georgia Gwinnett College and has been a board member for the Hospital Authority of Gwinnett County for six years. Dr. Lang's organization collaborated with the Gwinnett Rockdale Newton County Health Departments during the COVID-19 pandemic, contributing to testing and vaccination efforts in community clinics, particularly for the poor and uninsured. His extensive background adds a unique perspective to the board's conversations.

C. Epidemiology Update – Cherie L. Drenzek, D.V.M., M.S.

Dr. Drenzek's presentation provided an overview of the current status of three respiratory viruses: flu, RSV (Respiratory Syncytial Virus), and COVID-19. The combined impact of these viruses was depicted on a graph, showing a sharp increase in flu and COVID-19 activity, while RSV was stabilizing. The national trend reflected a surge in flu and COVID-19 cases during the holiday season, with a significant rise in hospitalizations.

Specifically focusing on Georgia, the flu activity was noted to be higher than in many other parts of the country, particularly in the Southeast. RSV activity, however, was decreasing in the region. The presentation highlighted the age groups most affected, with children aged 0 to 17 being prominent in emergency department visits for respiratory illness. The elderly population, especially those over 65, showed an increasing trend in hospitalizations.

The narrative delved into individual analyses of COVID-19, flu, and RSV. COVID-19 hospitalizations in Georgia had seen a recent spike, potentially influenced by the emergence of a new variant (Jn1). Flu activity in the state was described as very high, surpassing levels seen in previous years. RSV, after an early peak, was on the decline, especially among infants under six months, who remained the most vulnerable.

The presentation emphasized the importance of testing to determine the specific viral etiology, aiding in tailored mitigation and treatment decisions. It underscored the preventability of these respiratory viruses through vaccination, booster shots, and new RSV biologics, urging ongoing surveillance for informed decision-making.

During a discussion following Dr. Drenzek's comprehensive presentation on the current status of respiratory viruses, Dr. Mercer expressed gratitude for the clarity of the information provided. Dr. Mercer then posed two questions. Firstly, she inquired about the uptake of the new monovalent vaccine for COVID-19. Dr. Drenzek responded, noting that the uptake nationally was unfortunately low, with only about 20% of individuals for whom the booster might be recommended having received it. She mentioned that the situation was similar in Georgia and highlighted the need for improvement in booster uptake.

Dr. Mercer's second question related to the total number of COVID-19 vaccines one would need to be considered up to date, particularly for individuals in a compromised group. Dr. Drenzek clarified that being up to date didn't require having received all available vaccines. Instead, it involved completing the primary series, which consists of the initial two doses. There was discussion about not counting all vaccine iterations, emphasizing the importance of staying informed and up to date with the evolving vaccination recommendations. The conversation reflected a keen interest in vaccination status and the challenges of achieving higher booster uptake.

D. Environmental Health Applesauce Lead Cases – Galen Baxter, R.E.H.S.

An overview of the lead program under environmental health was provided by Mr. Baxter, along with insights into a multistate applesauce lead poisoning outbreak. The Georgia Healthy Homes and Lead Poisoning Prevention Program, falling under environmental health, conducts blood lead tests for children aged zero to five statewide. Elevated lead levels trigger a public health response, leading to investigations, interviews with parents, home assessments, nutritional assessments, and testing for lead presence in the environment.

Lead, a pervasive environmental contaminant, poses risks, especially to children under six, affecting IQ, causing learning disabilities, nervous system damage, convulsions, coma, and even death. The presentation also delved into a multistate outbreak linked to applesauce, where an environmental health worker in North Carolina identified the source of lead poisoning in siblings consuming specific apple cinnamon fruit pouches. The implicated products were recalled by the manufacturer, Wanabana, after FDA investigations revealed elevated lead levels.

The FDA is collaborating with Ecuadorian authorities to explore the contamination source. The CDC and FDA differ in tracking criteria, with varying case definitions and counts, creating confusion. The CDC's case definition for Georgia includes 10 confirmed, 8 probable, and 2 suspected cases as of December 29, 2023. The lead program staff is retroactively reviewing cases, considering alternative exposure routes, and conducting investigations. For more information, individuals were directed to the CDC and FDA websites. Questions could be directed to Environmental Health Director, Galen Baxter or the Lead Program Director, Christy Kuriatnyk.

E. Update on cCMV – Melanie Morris, AU.D., CCC-A

The speaker, Dr. Melanie Morris, expressed gratitude for being invited to share updates on congenital cytomegalovirus (cCMV). The timeline of the ongoing efforts to evaluate newborn testing for cCMV, starting from 2018, is presented. After consideration of universal screening through blood spots, it was decided that it lacked sensitivity and specificity. However, a recommendation was made in September 2023 to add hearing-targeted cCMV screening to the rules and regulations.

Dr. Morris outlined the detailed process of rulemaking, currently in Step One. This involves preparing the language, obtaining internal approvals, and engaging in public comment hearings. She emphasizes the importance of getting the verbiage right to avoid potential setbacks. The latest proposed edits to the rules and regulations include adding a new section (D) for cCMV testing in cases of failed hearing screening, specifying the timing of the test. Other edits involve

clarifying responsibilities for transferring facilities and including cCMV in abnormal test result notifications to healthcare providers.

Feedback from community partners has been positive, with requests to include primary care physician notification, leading to corresponding edits. Dr. Morris emphasizes ongoing education and outreach initiatives, including the establishment of a cCMV sub-specialty task force to develop screening policies and procedures. The effective timeframe for the new rules is estimated to be May or June 2024, pending public comments.

The presentation concluded with an overview of upcoming steps, including sharing updated rules with partners, scheduling public comment hearings, and continued education and outreach efforts throughout 2024.

During a discussion, Dr. Mercer thanked Melanie for the comprehensive update and seeks clarification on the upcoming policy and procedure manual for congenital cytomegalovirus (cCMV) testing. Dr. Mercer assumes that the manual will specify the type of test to be uniformly conducted across hospitals. Melanie responded, explaining that the manual will provide flexibility, allowing hospitals to choose between urine and saliva tests, both using PCR. The details of the testing procedures will be outlined in the manual, designed to accommodate changes based on emerging research. Melanie mentioned that other states are following a similar approach, with some allowing hospitals to choose the type of sample (urine or saliva) for cCMV testing. The discussion touched on the variability in testing approaches across different states, and Melanie highlighted interactions with the national cCMV Foundation for valuable insights.

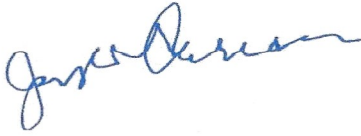
F. Board Comments

In concluding the meeting, Dr. Toomey expressed gratitude to all the presenters and acknowledged the significant role of board members, particularly Dr. Cheek and Dr. Mercer, in initiating and advocating for progress in the congenital cytomegalovirus (cCMV) program over the past years. There is appreciation for the board's support in making advancements in the state's approach to cCMV. Dr. Cheek commended the presenters and highlighted the importance of effective board members in driving positive change. The next meeting is scheduled for February 13th

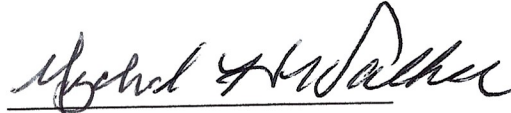
Adjournment:

There being no further business to be brought before the board, Dr. Curran motioned for adjournment of the meeting. The motion passed unanimously. The meeting was adjourned at 2:04 PM. The next meeting is scheduled for February 13, 2024, in person and or by Zoom.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 9th of January 2024.



James Curran, M.D., M.P.H.
Chair



Mychal H. Walker
Secretary

Official Attachments:

1. List of Attendees
2. Agenda

January 9, 2024
Board of Public Health Meeting Attendees

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Attendees

Public virtual meeting.