

BOARD OF PUBLIC HEALTH MEETING
Meeting Minutes for March 12, 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
Kathryn Cheek, M.D., F.A.A.P.
Gregory E. Lang, Ph.D.
Cynthia A. Mercer, M.D.
Tai Valliere-White, M.D., F.A.C.S.

Members Absent:

Major General Thomas M. Carden, Jr.
Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.

The Board of Public Health held its monthly meeting on March 12, 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 1:01 p.m. by Dr. Curran, following a roll call by Mr. Walker, in conformity there were two members absent.

III. New Business:

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

During the March 12, 2024, Georgia DPH Board of Health meeting, there was a recognition of the ongoing legislative session, although specific details couldn't be discussed due to the sensitive nature of ongoing deliberations. Dr. Toomey highlighted the complexities of the legislative process, including discussions on budgetary allocations and potential impacts on public health initiatives. Plans were outlined for future meetings, likely scheduled for May or later, to provide a comprehensive legislative update once the session concludes in March, ensuring clarity on budgetary allocations and potential funding for public health programs.

Additionally, Dr. Toomey mentioned the consolidation of COVID, flu, and RSV activities, aiming for improved reporting on the DPH website to provide a clearer picture of respiratory virus trends, aligning with CDC guidelines. Dr. Toomey also addressed the significance of the WIC program, prompting a public relations campaign to increase awareness and accessibility of its services, particularly emphasizing its importance for mothers, babies, and families.

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

Dr. Drenzek began the presentation by expressing gratitude to Dr. Toomey, Chairman Curran, and members of the board for the opportunity to provide an update on co-circulating respiratory viruses since the last discussion in January. She emphasized the importance of robust surveillance and epidemiological investigation in understanding the patterns of infectious diseases, particularly given their unpredictable nature.

She highlighted the current status of three respiratory viruses: influenza, RSV, and COVID-19. Emergency department visits for these viruses showed consistent declines nationally and in Georgia, indicating a positive trend from the peak activity observed in January. Dr. Drenzek discussed severe outcomes, focusing on hospitalizations and deaths. Most hospitalizations were among individuals aged 65 and older, with COVID-19 and flu being the primary drivers. Despite a significant decline in COVID-19 deaths, it remained the leading cause of fatal outcomes among respiratory virus infections.

Moving on to specific trends for each virus, Dr. Drenzek noted that flu activity in Georgia was declining but still above baseline levels. She compared the current flu season to the 2019-2020 season, suggesting a potential for another peak in the spring. She also highlighted the impact of flu on school-age individuals, emphasizing the risk in educational settings.

Regarding RSV, Dr. Drenzek reported minimal activity in Georgia, following an early peak in October. Nationally, RSV activity was also declining, albeit at a slower rate compared to Georgia. She stressed the importance of vaccination and surveillance in preventing severe outcomes, particularly in infants.

Transitioning to COVID-19, Dr. Drenzek discussed the evolving landscape over the past four years, noting a high degree of population immunity and a significant decrease in hospitalizations and deaths. She emphasized the effectiveness of vaccination against the predominant variant, JN1, and highlighted the updated CDC guidance aligning COVID-19 prevention strategies with other respiratory viruses.

Dr. Drenzek briefly addressed the measles situation in Georgia, emphasizing its status as a public health emergency. She outlined the pattern of measles transmission, highlighting the impact of missed vaccinations during the COVID-19 pandemic. Despite successful containment efforts for recent cases, she underscored the ongoing risk posed by international travel and pockets of unvaccinated populations.

In conclusion, Dr. Drenzek reiterated the importance of vaccination and surveillance in preventing and controlling respiratory viruses. She emphasized the collaborative efforts of stakeholders and urged continued vigilance in addressing emerging infectious disease threats.

Mr. Walker shared an anecdote about meeting individuals suffering from Long Haul COVID at a conference in DC. They described symptoms such as fatigue, headaches, and heart issues, despite only experiencing mild COVID symptoms initially. Mr. Walker mentioned speculation about COVID impacting individuals based on blood type or genetic makeup and asked Dr. Drenzek about the scientific perspective on this phenomenon.

Dr. Drenzek responded: Long Haul COVID is indeed a complex phenomenon with a multitude of factors at play, including host factors, genetic factors, and environmental factors. Conducting surveillance and understanding the true prevalence of Long Haul COVID is challenging due to its varied presentation and the lack of standardized diagnostic criteria.

Researchers around the globe are actively investigating Long Haul COVID to unravel its underlying mechanisms and identify effective management strategies. As you mentioned, there's

no single explanation for why some individuals experience prolonged symptoms after COVID-19 infection, and it's likely that a combination of factors contributes to this condition.

Mr. Walker's second question inquired about the recent approval by the CDC for an additional dose of the COVID vaccine. He sought clarification on the background behind this decision, particularly in light of the CDC's encouragement for people to receive this additional dose. He was curious if this meant that individuals would now receive two vaccine doses as part of the standard regimen and if these doses would be made available to those who choose to receive them.

In response to Mr. Walker's question about the CDC's approval of an additional dose of the COVID vaccine, Dr. Drenzek clarified that the CDC recently recommended individuals over the age of 65 to receive a second dose, akin to a booster, of the most recent monovalent vaccine available. Dr. Curran also shared his personal experience of receiving the booster and highlighted its availability at pharmacies and doctor's offices, often covered by insurance. Additionally, Dr. Curran addressed the issue of long COVID, noting its prevalence and similarity to chronic fatigue syndrome and other conditions. He mentioned ongoing research efforts to better understand its underlying mechanisms.

C. WIC For Your Family Campaign – Chris Rustin, Dr.PH., M.S., R.E.H.S, Nancy Nydam, Chivonne Williams, and Hannah Welsh

Dr. Rustin opened the discussion by highlighting the importance of the Women, Infants, and Children (WIC) program within public health, emphasizing its role in providing essential nutrition and support to families. He acknowledged the need for modernizing WIC promotion efforts to ensure eligibility awareness among potential participants.

Nancy Nydam introduced the research conducted in collaboration with EY to understand public perception and awareness of the WIC program in Georgia. Chivonne Williams and Hannah Welsh then presented key insights and strategies derived from the research.

The research involved comparative scans of WIC programs in other states, surveys of eligible Georgia residents, and focus groups with WIC staff. Insights revealed a need for increased awareness of WIC services beyond food benefits, addressing stigma associated with receiving aid, and clarifying eligibility criteria.

To address these findings, the team developed the "WIC for Your Family" campaign, focusing on empowerment, inclusivity, and clear messaging. Various materials were created, including social media posts, videos, printouts, and an updated website. Efforts were made to reach out to key partners and stakeholders for wider dissemination of campaign materials.

The presentation concluded with a discussion on ongoing efforts to cross-promote WIC with other state agencies and partners and the positive impact observed thus far. Dr. Rustin expressed gratitude to the team for their collaborative efforts in modernizing WIC promotion and enhancing eligibility awareness.

Chairman Curran commended the team for their dedication to the campaign's success and emphasized the importance of ensuring all eligible families are aware of and have access to WIC benefits.

Dr. Lang inquired about the availability of the campaign materials in languages other than English and Spanish, noting the attractiveness of the logo and mentioning a sample ad in Spanish. They asked if the video would be in multiple languages and if other language options besides English and Spanish were planned.

Nancy explained that while they typically don't provide materials in languages other than English and Spanish, they did so during COVID when there were specific needs. However, she expressed openness to including other languages if there was a need or recommendation for it.

Dr. Curran commended Dr. Rustin, Chivonne, Hannah, Nancy, and the team for their impressive work on the WIC campaign. He posed a question regarding the number of people receiving WIC benefits in Georgia and inquired about the team's goal for the program, asking how many individuals they believe should receive WIC benefits in the state.

Dr. Rustin noted that currently, over 225,000 people receive WIC benefits in Georgia, and the goal is to ensure that all eligible individuals can access these benefits. Dr. Toomey emphasized the importance of ensuring that a high percentage of babies born in Georgia are receiving WIC benefits, especially considering the significant overlap between WIC eligibility and Medicaid eligibility. She highlighted the need for hospitals and other organizations to raise awareness about WIC to ensure that eligible individuals are enrolled. Nancy mentioned plans to collaborate with the Department of Community Health (DCH) once they have more time after the legislative session, as they are currently engaged in other initiatives. Dr. Toomey emphasized the positive impact of combining Medicaid and WIC on birth outcomes, underscoring the motivation behind the ongoing efforts to promote WIC enrollment among eligible individuals.

F. Board Comments

Dr. Lang asked for an update on the status of Senate Bill 293, expressing apologies for any potential repetition due to technical difficulties at the beginning of the meeting.

Dr. Toomey apologized for not having information about Senate Bill 293 off the top of her head, mentioning that they typically don't discuss introduced legislation. She acknowledged that there are many live bills, as some have passed the Senate and moved to the House. Dr. Toomey offered to have someone from their policy team contact Dr. Lang after the meeting to provide more information.

Dr. Lang sought clarification on Dr. Toomey's statement regarding discussing legislative matters.

Dr. Toomey clarified that they typically refrain from discussing legislative matters until they are passed and signed by the governor. She emphasized that just because a bill is live doesn't guarantee it will pass, nor does its passage ensure the governor will sign it into law. Dr. Toomey highlighted that DPH's role is to educate about programs and opportunities rather than advocate for specific legislation. She apologized for not meeting earlier due to the session's intensity but offered to have someone from her team contact Dr. Lang. Additionally, she admitted to not being adept at memorizing numerous bill names but expressed willingness to address Dr. Lang's inquiry further. Finally, she asked Dr. Lang about Senate Bill 293 for clarification.

Dr. Lang clarified that Senate Bill 293 grants new powers to the commissioner to reorganize the health districts.

Dr. Toomey responded that Senate Bill 293, as described by Dr. Lang, might not be the current bill. She explained that a previous version of the bill introduced by Dr. Burke addressed different matters. She noted that the current version of the bill addresses items such as allowing District Health Directors to be non-physicians. This provision aimed to address challenges in filling these positions, ensuring that both administrative and clinical skills are present. However, there was no provision in the current bill about reorganizing health districts. Dr. Toomey clarified that while there may have been discussions about this topic in previous versions of the bill, the current version did not contain such provisions.

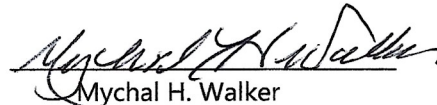
V. Adjournment:

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 2:16 PM. The next meeting is scheduled for May 14, 2024, in person and or by Zoom.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 12th of March 2024.



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



Mychal H. Walker
Secretary

Official Attachments:

1. List of Attendees
2. Agenda

**March 12, 2024
Board of Public Health Meeting Attendees**

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Attendees

Public virtual meeting.