

**BOARD OF PUBLIC HEALTH MEETING**  
**Meeting Minutes for October 11, 2022**

**Members Present:**

James Curran, M.D., M.P.H., Chair  
Kathryn Cheek, M.D., F.A.A.P.  
Cynthia A. Mercer, M.D.  
Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.  
Tai Valliere-White, M.D., F.A.C. S  
Mychal Walker Sr., C.L.T.C., F.R.C.

**Members Absent:**

John Hauptert, F.A.C.H.E., Vice Chair  
Mitch Rodriguez, M.D., Secretary  
Major General Thomas M. Carden, Jr.

The Board of Public Health held its monthly meeting on October 11, 2022. The meeting was in person with the option of virtual and led by Dr. James Curran. The list of attendees is attached hereto and made official part of these minutes.

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

The meeting was called to order at 1:05 p.m. by Dr. Curran, following a roll call, the following members were absent: John Hauptert, Mitch Rodriguez, Major General Thomas Carden. Dr. Curran and Mr. Walker were in person at this meeting, the other BOH members attended online.

III. Approval/Adoption of Minutes:

Dr. Curran presented the minutes of the September 13, 2022 board meeting for discussion and approval. Dr. Cheek requested that her comment regarding the Strategic Plan and screening for early detection of cCMV (Cytomegalovirus infection) as one of the main causes of hearing loss in infants be added to the minutes. With this amendment, the minutes were approved.

IV. New Business:

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

B. Special Awards to the Georgia State Patrol for support and collaboration during Covid 19 Pandemic: Colonel Chris Wright and L.T. Colonel William Hitchens, III.

Commissioner Toomey recognized the invaluable contribution of the Georgia State Patrol to the Public Health efforts during the years prior to the pandemic; during the Covid and Monkeypox pandemic and their continued support with efficient and secure transportation of vaccine, valuable testing materials, executive security and much more. Colonel Chris Wright and L.T. Colonel William Hitchens III received a public recognition for their tireless support and contribution to the health of all Georgians.

C. Epidemiology Updates –COVID-19, Monkeypox - Cherie L. Drenzek, D.V.M., M.S.

Updates – COVID-19

- The BA.5 subvariant is still responsible for about 76% of all SARS-CoV-2 infections.
- In the US and Georgia, COVID case numbers have been steadily decreasing over the last several weeks, but we are seeing increases in the Northeast.
- Hospitalizations and deaths have declined about 20% in the last two weeks.

- Other concerns: waning immunity (>4 months), too few adults (and >12) getting bivalent boosters, too few kids getting vaccinated, and long COVID.

#### Monkeypox Outbreak: Epidemiology

- Globally, since May, there have been about 70K monkeypox cases with 26K in the US alone.
- Georgia has 1839 cases in 64 counties, but 85% of cases are in the metro Atlanta area.
- Gender of cases: 98% are male; 2% are female, majority of cases identify as MSM.
- Race/Ethnicity (known for 95% cases): Vast majority Black (79%) and non-Hispanic (92%).
- Main risk factor reported was close, sustained physical or sexual contact with someone who had monkeypox.
- 5% of cases were hospitalized, 60% HIV-positive and 42% had an STI in the past year.

#### D. Clinical and Vaccination Updates – COVID -19, Monkeypox – Alexander Millman M.D.

- Monkeypox vaccines are being offered by appointments in all health districts.
- Demand has begun to decline compared to earlier in the outbreak.
- As of October 5, 2022, there were 25,639 first dose recipients and 15,728 second dose recipients.

##### Current Vaccine Priorities (unchanged)

- Postexposure Prophylaxis (PEP)
  - For high-risk exposure, most beneficial when within 4 days of exposure but some may benefit up to 14 days following exposure.
  - If given between 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease.
- Expanded Postexposure Prophylaxis (PEP++)
  - For people with certain risk factors that might make them likely to have had high-risk exposure.
  - Used for response to outbreaks in areas where spread is occurring.

##### Current Vaccine Priorities (new)

- Pre-exposure Prophylaxis (PrEP)
  - For vaccination before exposure to MPX.
  - For people with certain occupational and sexual exposure risk factors that might make them likely to be exposed to MPX in the future.
  - PrEP is also indicated for the sexual partners of those who meet eligibility criteria for PrEP and for people who anticipate experiencing those risk factors.

##### COVID-19 Vaccine Updates

- Bivalent boosters are updated COVID-19 vaccines that protect against both the original virus and the Omicron BA.4/BA.5 variants.
- Since August 31, bivalent formulations of the Pfizer (for 12 years and older) and the Moderna (for 18 years and older) COVID-19 vaccines have been authorized for use as a single booster dose at least 2 months after completion of a primary series.
- For people who previously received a monovalent booster, the bivalent booster is administered at least 2 months after the last monovalent booster.
- Bivalent boosters can be co-administered with influenza vaccine. Now is a great time for people to get both vaccines if eligible.
- As of 3pm on October 6, 2022, Georgia COVID-19 bivalent booster administration:
- Total Pfizer Bivalent Doses administered: 179,287
  - 12-17 years: 6,713

- o 18-64 years: 97,851
- o 65+ years: 74,723
- Total Moderna Bivalent Doses administered: 95,011
  - o 18-64 years: 37,356
  - o 65+ year: 57,655

Questions:

Commissioner Toomey asked Dr. Millman about the effectiveness of the bivalent booster against the new omicron variants. Dr. Millman expressed that it is unknown the exact percentage of protection, but even with the monovalent booster the reduction of severe outcomes such as hospitalization and death continue to be high.

Mr. Walker commented about a radio program in Florida that was reporting about the MRNA technology on Covid vaccines causing severe damages to males between 5 to 39 y/o., and he is asking if there is real evidence to this claim. Dr. Millman answered that he can't speak about that specific radio report, but in terms of the MRNA COVID vaccination, the studies on safety are extensive, there were clinical trials before the authorization of the vaccine, and there is ongoing safety monitoring. There is data reporting that occurs through a variety of mechanisms. As with any vaccination, there are going to be people who experience adverse effects, but the question is, whether it is related to the vaccination or other underlying health issues. Through the adverse events reporting system (AVERS), the CDC is able to detect signals related to the risk of myocarditis or heart inflammation and the risk of blood clots. If there are issues that are on the rise, the system will help identify them and the potential need of modifications to the vaccine. Studies also show that the risk of myocarditis in younger males is considerably higher in individuals who contracted COVID infections than the risk of myocarditis in individuals who the MRNA COVID vaccine alone. Based on that, the benefits of getting vaccinated continue outweigh the risk of not getting vaccinated. If myocarditis is a concern, it is important to talk to a primary care physician about an alternative COVID vaccination.

Dr. Curran recognized the excellent job of Dr. Drenzek and Dr. Millman, who are being so open and transparent with the information. In relation to vaccine safety, Dr. Curran emphasized that the complications of the COVID virus outweigh the risk of the vaccine. The important thing about vaccine safety is transparency. About monkeypox, Dr. Curran affirmed that people are confused about vaccines, and some think that all vaccines are the same, while we encourage all people to get the COVID vaccine, the monkeypox vaccine should be limited, not because of its scarcity, but because the most effective way to reduce the epidemic is through the vaccination of targeted segments of the population who are at high risk. DPH's approach in Atlanta has been highly effective.

E. Opioid update – Rainbow fentanyl -Amy Benson M.P.A., I.C.P.S.

Rainbow Fentanyl

- Brightly colored fentanyl found in multiple forms (pills, powder, and blocks).
- In August 2022, DEA seized brightly colored fentanyl and fentanyl pills in 18 states.
- A recent DEA seizure in New York found 15,000 brightly colored pills containing fentanyl hidden in children's toys and appeared to be marketed as a party drug.

- No seizures or reports in Georgia or our border states to date.
- Fentanyl is a synthetic opioid that is very potent – 2 mg of fentanyl (10-15 grains of table salt) is considered a lethal dose.
- Fentanyl is hidden in street drugs – it cannot be detected by sight or taste.
- From 2019 to 2021, overdose deaths among adolescents (aged 10-19 years) increased 142%
  - In 2021 alone, overdose deaths among adolescents increased 70%.

#### Prevent Substance Use and Drug Overdoses

- Recognize the signs of youth who may be at risk for drug use:
  - Mood changes
  - Poor class attendance, low grades, and/or behavior problems
  - Disregard for school rules
  - Memory lapses, poor concentration, bloodshot eyes, slurred speech
  - Switching friends and a reluctance to meet new friends
- Provide opportunities to educate and bring awareness to youth about the risks of hidden fentanyl in illicit drugs.

#### Risk of Overdose

- Carry and be prepared to administer naloxone if you or someone you know is at risk
- Refer individuals to the Georgia Crisis & Access Line (GCLA) at 1-800-715-4225, available 24/7, for access to services and immediate crisis help

#### Questions:

Dr. Cheek asked where the public can get test strips. Ms. Benson answered that Harm Reduction Partners and organizations throughout the state have the test strips on hand. Currently, as part of the strategic plan, we have been working with some pilot programs to be able to provide test strips to the general public or those in need. This is possible through a CDC grant, and we would like to see this happen through our districts.

Dr. Curran asked if the list of Harm Reduction Partners is available in the DPH website. Ms. Benson informed that currently that is not the case, but that information would be uploaded soon.

Commissioner Toomey stressed the importance of rising awareness for our community, considering that Halloween is the next holiday, and the potential danger of malicious individuals tampering with candy.

Dr. Curran is in accord with Dr. Toomey's thinking, and reiterated the importance that parents, pediatricians and family doctors, have access to the information on the DPH website to help children and especially teenagers.

#### V. Board Comments

Dr. Cheek expressed concern regarding the current flu season; due to the overwhelming increase of flu cases in her district, there is currently a shortage of antivirals, especially liquid solutions, second, according to the CDC website, Georgia has the highest level of flu activity in the country, and she would like to know the efficacy of the flu vaccine and whether the strains currently circulating are in this year's vaccine.

Dr. Drenzek confirmed that we are seeing high levels of flu activity early in the flu season.

Flu surveillance so far has detected a predominance of influenza A, subtypes of influenza AH and 2 and 3, similar to the last year. It is too early to know how good a match it is with this year's vaccine. Every season the vaccine contains four variants of flu, two influenza A, two influenza B, based on the information from the last year and the southern hemisphere. Nevertheless, even if the match isn't perfect, we see reduction on infection duration, clinical severity, hospitalization, and deaths from flu. Dr. Drenzek highlighted that everybody 6 months old and older should get the flu vaccine this year and every year. Dr. Millman added that is really important to get vaccinated and remind the public that the maximum level of protection is reached two weeks after receiving the vaccine. The protection that the vaccine can provide is critical especially on the elderly population and people with chronic medical conditions who have greater risk for severe disease. The CDC website currently doesn't report any major market shortage on antiviral drug supply for treatment. Regarding to the liquid formulation, when the commercially manufactured liquid suspension formulation is not readily available it may be possible that a pharmacy can compound an oral suspension from Oseltamivir 75mml by capsules, as an alternative.

VI. Adjournment:

There being no further business to be brought before the board, Dr. Curran motioned for adjournment of the meeting. The motion passed unanimously. Dr. Curran adjourned the meeting at 2:20 p.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 8<sup>th</sup> DAY OF NOVEMBER 2022.



---

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

Official Attachments:

1. List of Attendees
2. Agenda

**October 11, 2022**  
**Board of Public Health Meeting Attendees**

**Board Members**

---

James Curran, M.D., M.P.H., Chair  
Kathryn Cheek, M.D., F.A.A.P.  
Cynthia A. Mercer, M.D.  
Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.  
Tai Valliere-White, M.D., F.A.C. S  
Mychal Walker Sr., C.L.T.C., F.R.C.

**Attendees**

---

Public virtual meeting.