

BOARD OF PUBLIC HEALTH MEETING
Meeting Minutes for September 13, 2022

Members Present:

James Curran, M.D., M.P.H., Chair
Mitch Rodriguez, M.D., Secretary
Major General Thomas M. Carden, Jr.
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
Kathryn Cheek, M.D., F.A.A.P.

The Board of Public Health held its monthly meeting on September 13, 2022. The meeting was 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 by Dr. Mitch Rodriguez, the following members were absent: John Hauptert and Dr. Kathryn Cheek.

III. Approval/Adoption of Minutes:

Dr. Rodriguez presented the minutes of the June 14, 2022, and July 12, 2022, board meetings for discussion and approval. There was no discussion. Both minutes passed unanimously.

IV. New Business:

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

Commissioner Toomey opened the board meeting by introducing the presenters, and the new appointed Board Member, Mr. Mychal Walker, who came to the meeting in person.

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

Snapshot of COVID-19 (9/13/22): "BA.5 Receding?"

- The BA.5 subvariant is responsible for nearly all SARS-CoV-2 infections now (holding steady at ~89% of the total for weeks)
- We saw a 38% decline in cases in Georgia.
- Hospitalizations and deaths have also **declined** about 20% in the last two weeks
- Note that the magnitude is likely greater than surveillance numbers show because of home test.

Monkeypox Outbreak: Epidemiology

- Globally, since May, there have been 58K monkeypox cases with 22K in the US alone
- Georgia has 1592 cases in 60 counties, but 86% of cases are in the metro Atlanta area.

Monkeypox in Georgia: Epidemiology (cont'd)

- Gender of cases: 98% are male; 2% are female

- Vast majority of cases identify as MSM
- Age range of cases: 4-68 years, median: 34 years; 3 pediatric cases
- Race/Ethnicity (known for 95% cases): Vast majority **Black (80%) and non-Hispanic (92%)**
- 5% of cases were hospitalized
- **60% of cases are HIV-positive and 50% had an STI in the past year**

HIV and STIs among Monkeypox Cases

- New CDC MMWR shows that people with monkeypox have higher than expected rates of HIV and STIs. Recommends that people with HIV infection and STIs be prioritized for monkeypox vaccination

C. Monkeypox vaccination – Alexander Millman, M.D.

FDA Dose Sparing Strategy

- On August 9, FDA issued an emergency use authorization (EUA) allowing an alternative dosing regimen for individuals ≥ 18 years.
- The alternative dosing regimen is 0.1mL administered intradermally given in two doses four weeks (28 days) apart.

Vaccine Supply and Availability

- As part of an effort to control MPX in the United States, the federal government has allocated the limited supply of Jynneos vaccine to jurisdictions
- Vaccines are being offered by appointments in all health districts
 - <https://gta-vras.powerappsportals.us/en-US/>
 - Vaccine Scheduling Resource Line at (888) 457-0186

Current Vaccine Priorities

- Postexposure Prophylaxis (PEP)
 - For high-risk exposure to a confirmed MPX case
 - 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 to someone with MPX
 - Used for response to outbreaks in areas where spread is occurring

Georgia MPX Vaccine Administration Data

As of September 7, 2022, there were 22,320 first dose recipients and 4,523 second dose recipients
Data are updated weekly on Wednesdays: <https://dph.georgia.gov/monkeypox>

Vaccine Outreach Activities

- DPH has partnered with local health departments and the community-based organizations to conduct outreach activities to increase MPX vaccination in highly affected populations
- Ongoing vaccination efforts include routine vaccination clinics at health departments, mass vaccination events, and pop-up vaccination events
- Social media advertisements about prevention and vaccination have been purchased on

social media apps frequently used by MSM

- DPH participated in federal government initiative, which provided additional vaccine for use prior and during Atlanta Black Pride

Ongoing DPH Vaccine Efforts

- Broadened vaccine eligibility criteria to increase access to populations that may have higher likelihood of exposure to MPX
- Working with local health departments and community-based organizations to arrange second dose vaccine activities for those who were vaccinated through outreach activities
- Continuing to work with community-based organizations that work with heavily affected populations
- Preparing to offer first and second dose vaccinations during Atlanta Pride in October

Comments:

Mr. Walker asked why most of the population infected with Monkeypox are from African American descendants. Dr. Millman informed that Monkeypox infection mirror the HIV infection patterns, primarily spreading through social and sexual networking. DPH is focusing outreach efforts on the population that has been heavily affected.

Mr. Walker inquired about the openness of the African American community to receive the Monkeypox vaccine versus Covid vaccine. Dr. Millman answered that the community is very aware of the effects of the virus that includes disfigurement and severe pain. The demand of the vaccine has been high, and DPH has been able to meet the demand with expanded vaccination efforts.

Mr. Walker last question is if DPH is going to expand the vaccination efforts to the general population. Dr. Millman replied that the current efforts on vaccinations are post-exposure that includes close contacts individuals or family member of a positive case of Monkeypox.

Commissioner Toomey added that DPH is going to remain vigilant to see how this outbreak is progressing worldwide, not only in Georgia. If something seems to change like moving into a different sexual network, then DPH will open vaccination criteria, but at this point that is relative confined to known individuals, we are trying to focus the limited vaccine available to them.

Dr. Curran applauded DPH vaccination activities. He hopes that monkeypox is an infection that we should be able to eliminate in the USA in a year because it doesn't last very long and requires skin to skin contact for transmission. It is very important to focus vaccine and prevention efforts on high-risk populations. Also, one thing that explains the interest to get the vaccine is than more than half of the people who got monkeypox, also are HIV and most of them are already on care and virally suppressed, so they already have a doctor and are not totally foreign to the health care system and know they have a high risk to get sicker and being hospitalized.

D. Strategic Plan – Megan Andrews, J.D.

2022-2025 Strategic Plan

Governor's Goals

- Make Georgia #1 for Small Business

- Reform State Government
- Put Georgians First

Make Georgia #1 for Small Business

- Develop a skilled workforce to meet current and future needs of public health.
- Reduce bureaucratic hurdles for small business by reforming licensure for mobile food service establishments.

Reform State Government

Exercise conservative budgeting by investing in initiatives that will provide long-term cost savings to the state.

- HIV Prevention
- HIV Treatment
- Return to Work & Facility Relocation

Expand public-private partnerships and leverage technology to best utilize limited state resources.

- IT Systems
- Chief Technology Office
- Georgia Public Health Laboratory Renovation
- Public Health Warehouse Transition

Put Georgians First

Lower costs, improve quality, and increase access to quality healthcare in every region.

- Maternal & Infant Mortality/Morbidity
- Lead Poisoning
- Immunization
- Opioids and Substance Misuse
- Tobacco Use & Vaping
- Congenital Infectious Disease

Comments:

Dr Toomey commented that she is very proud of these Strategic Plan because use the priorities that we need to address the health disparities that serves as a guide to move forward.

E. Closing remarks

Dr. Mercer commented about the excellence of the document and added that as we expanded the priorities for lowering maternal mortality, we must recognize this year accomplishment in the legislation to extend Medicaid to one year coverage. She would hope that with the lessons learned during Covid of how robustly we can educate our providers, we could use the same energy to educate providers across specialties to support maternal health, particularity regarding Medicaid coding to use the new financial resources. Currently it is difficult to refer OBGYN patients to specialties like internal medicine, bariatric health, mental health, cardiology, etc.

Dr. Mercer also suggested that one should consider Maternal CMV education and screening be added to the long-range plan in the Governor's Initiative for Congenital infectious diseases that runs thru 2025.

Commissioner Toomey informed that this is a task in conjunction with Community Health, who handles Medicaid, and that the new legislation also includes changes in the rules to allow STI and HIV testing during pregnancy to try to address some of the infant mortality issues. Commissioner Toomey thanked Dr. Mercer for her important insight and expressed her agreement to work in this crucial topic.

- The board ratified the cadence of the Board meetings to Monthly sessions on-line and quarterly sessions in person at DPH.
- Considering that several of the current Board members ended their appointments and had been ratified for a new period by the Governor, it is necessary to elect the new officers. The members nominated and unanimously confirmed are:
Dr. Curran – President
Mr. Hauptert – Vice-president
Dr. Rodriguez - Secretary

AMENDMENT:

During the approval of the minutes Dr. Cheek asked to include in the comments regarding the Strategic Plan, the inclusion of children screening for early detection of cCMV (Cytomegalovirus infection), as one of the main causes of hearing loss in infants.

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. Dr. Rodriguez adjourned the meeting at 2:20 p.m.

THE BOARD ADOPTED THE MINUTES AS AMENDED THE 11th DAY OF OCTOBERBER 2022.



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

Official Attachments:

1. List of Attendees
2. Agenda

September 13, 2022
Board of Public Health Meeting Attendees

Board Members

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Attendees

Public virtual meeting.