

**BOARD OF PUBLIC HEALTH MEETING**  
**Meeting Minutes for April 8, 2025**

**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.  
Cynthia A. Mercer, M.D.

**Members Absent:**

Lucky Jain, M.D., M.B.A.  
Gregory E. Lang, Ph.D.  
Tai Valliere-White, M.D., F.A.C.S.  
Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.

The Board of Public Health held its monthly meeting on April 8, 2025. The meeting was 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 1:00 p.m. The meeting commenced with Dr. Curran asking Mr. Walker to conduct the roll call.

III. Approval/Adoption of Minutes:

Dr. Curran presented the board meeting minutes of January 14, 2025, 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.**

Dr. Toomey opened the Georgia Board of Public Health meeting by expressing gratitude to attendees and acknowledging the unusual timing due to the extended legislative session, which delayed updates on budget and legislation until the next meeting. She noted that several board members were absent, enjoying personal time, including Dr. Jane, who is in Boston completing a yoga instructor training as part of a unique retirement gift, reflecting his long-standing commitment to physician wellness. Dr. Toomey highlighted the importance of wellness in the medical field and shared her enthusiasm for Dr. Jane possibly leading future meetings with yoga sessions. She concluded by previewing the agenda, emphasizing the value of the environmental health update, particularly restaurant inspections, which she encouraged board members to personally experience for better understanding.

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

Dr. Cherie Drenzek presented a detailed and urgent update on the evolving measles outbreak, describing it as a national public health emergency. She emphasized measles extreme contagiousness, with a 90% transmission rate among unvaccinated individuals, and its ability to linger in the air or on surfaces for up to two hours. While highly preventable through the MMR vaccine—with two doses being 97% effective—rising vaccine hesitancy and under-vaccination are fueling new outbreaks across the U.S., most notably in a large unvaccinated Mennonite community in western Texas.

This Texas outbreak has grown to over 600 cases, with three deaths—two in children and one in an adult—all unvaccinated. The outbreak originated from a single imported case, consistent with historical patterns in which measles spreads from international travelers into under-vaccinated communities. Texas, New Mexico, and Kansas account for most cases, although isolated cases have been reported nationwide. Notably, 40% of the Texas cases are among school-aged children, highlighting lapses in routine vaccination. The outbreak's rapid spread is intensified by underreporting, driven by mistrust of government and healthcare institutions.

In Georgia, Dr. Drenzek reported a small but significant cluster of three measles cases earlier this year within a single unvaccinated family who had traveled domestically. Although unrelated to the Texas outbreak, the situation triggered a rapid public health response, including daily monitoring of exposed contacts, which successfully prevented further transmission. This response, she noted, reflects the rigor with which even a single measles case must be managed, given the risk to vulnerable populations such as infants, pregnant women, and the immunocompromised.

Dr. Drenzek concluded by stressing the critical importance of MMR vaccination, especially in the face of rising international travel and localized under-vaccination. She reassured the board that widespread national outbreaks are unlikely due to generally high vaccination coverage but warned that small, concentrated outbreaks will persist without improved community immunity. She praised increased provider awareness and early reporting, and introduced a new educational flyer promoting rapid identification, isolation, and communication with public health authorities. Her final message: rapid response is key, and increased vigilance among healthcare providers remains the best defense.

Following Dr. Drenzek's presentation on the measles outbreak, the Q&A session provided additional insight into both public health recommendations and broader concerns surrounding vaccination. Dr. Cheek highlighted the importance of an early MMR dose for infants aged 6 to 12 months who are traveling internationally to areas with active measles outbreaks, noting that while this dose doesn't count toward the standard two-dose series, it offers crucial temporary protection. Dr. Drenzek affirmed this and shared that the CDC was issuing a COCA (Clinician Outreach and Communication Activity) alert reinforcing this recommendation to clinicians nationwide.

Dr. Mercer inquired whether the Texas outbreak had shifted the affected community's stance on vaccination and about potential severe complications. Dr. Drenzek reported that the affected Mennonite community remained resistant, even to public health outreach, and noted that while deaths had occurred, broader clinical outcomes were still being documented due to the rapidly evolving nature of the outbreak. Dr. Cheek also shared that the Georgia chapter of the American Academy of Pediatrics would host a webinar featuring a physician treating measles cases in Texas, providing valuable firsthand insights.

Concerns about immunity and vaccine safety were also raised. Mr. Walker asked about adult susceptibility and historical immunity, which led to discussion about those vaccinated between 1963 and 1969, who may have received a less effective vaccine. Dr. Drenzek confirmed that these individuals might be less protected and that current clinician guidance addresses this group. On vaccine safety, both Dr. Drenzek and Dr. Cheek strongly reaffirmed the MMR vaccine's safety profile. Dr. Curran added that extensive studies—including those led by the National Academy of

Medicine—have definitively disproven any link between vaccines and autism, despite persistent misinformation.

Finally, broader implications were discussed. Mr. Walker asked whether outbreaks of other vaccine-preventable diseases like chickenpox or mumps might return, and Dr. Drenzek confirmed that under-vaccinated communities do face higher risks. Dr. Mercer asked about the origins of Georgia's cases, which Dr. Drenzek clarified were among recent international arrivals, not religious groups. Dr. Toomey closed by reminding the board of measles' global mortality toll and how decreased vaccination rates post-COVID could heighten future risks, especially with increased international travel.

#### **D. Legislative Updates – Graham Segrest**

Graham Segrest, representing the Georgia Department of Public Health's Office of Government Relations, presented a concise overview of key legislation from the recently concluded legislative session that directly impacts the department. He clarified that the update would focus narrowly on legislation with direct operational or programmatic implications for DPH, though over 200 bills were tracked overall. Among the most consequential was Governor Kemp's tort reform bill, which, while not a direct DPH bill, is expected to positively influence the broader healthcare environment in Georgia.

The department's own agency bill, **House Bill 89**, centers on maternal health. It grants the Maternal Mortality Review Committee access to psychiatric records—previously limited to anecdotal reports—enhancing their understanding of mental health factors in maternal deaths. It also establishes an advisory committee to assess and recommend changes to Georgia's network of Regional Perinatal Centers. Lastly, it shifts the responsibility for investigating pregnant female deaths away from regional centers, due to capacity issues, and back to the medical examiner system—without removing the requirement for those investigations.

Segrest also reviewed several non-agency bills with direct impact. **House Bill 567** regulates teledentistry, carving out public health providers like DPH to continue services without additional regulatory burden. **House Bill 398** expands the sale of "cottage foods" to include third-party sellers, such as restaurants—a development DPH will oversee due to potential retail implications. **Senate Bill 46** initiates a state-level overhaul of service delivery, requiring DPH coordination with a newly appointed statewide government services lead. **Senate Bill 58** creates a new EMS license classification for organ transport vehicles, managed under DPH's emergency services.

Additional bills of note included **Senate Bill 96**, which eliminates outdated advisory councils (on lupus education and palliative care), **Senate Bill 100** ("Andee's Law"), granting adopted adults access to their original birth certificates, and two study committee resolutions: **HR 847**, focusing on public health system funding and structure, and **HR 72**, evaluating access to cancer care, particularly relevant to DPH's Cancer State Aid Program. Segrest expressed optimism about the department's engagement with both committees and welcomed questions from the board.

The Q&A session following Graham Segrest's legislative update presentation reflected both appreciation for his clarity and deeper curiosity about specific legislative details, particularly around the newly amended cottage food law. Dr. Toomey emphasized that while the Department of Public Health remains focused on its core responsibilities, it carefully monitors related

legislation—especially bills affecting health agencies—and will revisit implications once Governor Kemp has signed or vetoed pending items. She highlighted the significance of upcoming opportunities to advocate for public health funding, referencing ongoing conversations with state appropriations leaders.

Mr. Walker sought further clarification on **House Bill 398**, asking how third-party sales of cottage foods would work in practice. Segrest explained that the legislation permits producers to sell their goods through intermediaries like stores or restaurants, though the exact transactional path (e.g., consignment vs. resale) may require further clarification. Mr. Baxter elaborated, noting that while products could now be sold *at* restaurants or stores (such as in gift displays), they couldn't yet be incorporated into the restaurant's food service—meaning restaurants can't use the items as ingredients in dishes.

Dr. Curran closed the exchange by praising Segrest for his concise and effective summary of a complex and busy legislative session.

#### **E. Environmental Health/Food Service Inspections Program – Galen C. Baxter, REHS, LSSGB**

Galen Baxter delivered a concise but engaging overview of Georgia's **Environmental Health and Food Service Inspections Program**, focusing on the core mission of minimizing foodborne illness through regulatory oversight and inspection of more than **42,000 food service establishments** statewide. This mission is carried out by local environmental health staff, who not only perform inspections but also investigate complaints, identify risk factor violations, and provide food safety education to employees, managers, and the public.

Baxter clarified the **division of responsibilities** between the Georgia Department of Public Health (DPH) and the Department of Agriculture. While DPH oversees restaurants, caterers, food trucks, pop-up kitchens, ghost kitchens, and alcohol-serving venues that do not distribute products off-site, the Department of Agriculture regulates food sales establishments (e.g., grocery stores, convenience stores), cottage food operations, and businesses that distribute food or alcohol beyond the premises. A **memorandum of agreement** helps both agencies coordinate when overlapping jurisdictions arise.

He highlighted a significant **workforce challenge**, noting that while food service operations have increased by more than **18% over the past four years**, staffing of environmental health specialists has not kept pace. These specialists are highly trained, with science-based degrees, certifications in multiple areas (food safety, pools, septic systems), and are also responsible for helping new businesses through the regulatory process. In addition to inspections, they also handle enforcement when public health risks are identified.

Georgia stands out nationally for its **uniform application of food safety rules across all 159 counties**, one of just five states to adopt the most current FDA food code. Baxter also shared examples of Georgia's evolving food landscape, from **robotic bartenders and sushi conveyor belts** to **volcanic rock steakhouses, pop-up kitchens, and nitrogen-induced drinks**. Each innovation requires creative regulatory adaptation, such as ensuring new materials (like volcanic rock) are safe and cleanable. He closed with lighthearted references to **cat cafés**, clarifying that while patrons can dine among cats, strict rules keep animals away from kitchen areas to maintain safety standards.

The Q&A following Galen Baxter's presentation on Georgia's Environmental Health and Food Service Inspections Program was dynamic, informative, and occasionally humorous, offering both clarification and deeper insight into regulatory processes and challenges.

**Pets and patios** led off the discussion, as Mr. Walker shared a personal experience with a dog at a shared restaurant table. Dr. Toomey added that one of the most debated public health bills in recent years dealt with dogs on patios, particularly whether patrons should be allowed to feed their pets at restaurants. Baxter noted that while pets are already allowed on patios, the proposal to allow feeding was rejected due to safety concerns.

**Inspection fees and enforcement** were another focus. Dr. Rodriguez asked who bears the cost of inspections, and Baxter clarified that **fees are set by local Boards of Health and paid by restaurants**. Re-inspection charges vary by county. He also explained that establishments with repeated violations can be shut down, especially in cases of **imminent health hazards**, such as sewage on the premises.

Dr. Cheek sparked a detailed conversation around **eggs and cottage food laws**, asking whether backyard eggs fall under the same rules. Baxter clarified that **eggs are not covered by cottage food regulations** and instead require a separate license through the Department of Agriculture. Dr. Cheek emphasized the need for **public education** on egg safety, handling, and legality, especially given the growing trend of backyard chicken-keeping. Dr. Toomey supported the idea and suggested partnering with the Department of Agriculture for accurate messaging.

Addressing **resource needs**, Dr. Rodriguez asked about how the state plans for inspector demand as restaurant numbers grow. Baxter noted that a **time study is underway** to better quantify workloads and support staffing projections, acknowledging the challenge of the lengthy **two-year training process**. Dr. Toomey encouraged Galen to share data on high-density areas like Fulton County, where there are now **close to 5,000 restaurants**, along with rapidly growing programs in septic systems and body art.

Mr. Walker asked how the state handles **regulating unconventional food concepts**, like robotic bartenders or volcanic rock steak cooking. Baxter explained that local inspectors often call the state office for support, and **evaluations rely on FDA and NSF standards**. If products lack domestic certification, manufacturers must provide documentation proving safety and compliance. He shared anecdotes about navigating foreign manuals and new technologies to develop appropriate oversight.

Dr. Cheek and others also asked how DPH ramps up during **major events** like the Super Bowl, where food service demand spikes. Baxter described **cross-district coordination and early planning**, noting that state-level staff stepped in when federal partners were unavailable due to a government shutdown. Dr. Rustin added that many local inspectors are eager to volunteer for such events as unique learning opportunities.

The session concluded with high praise. Dr. Toomey emphasized the behind-the-scenes **interagency collaboration**, from avian flu to hemp regulation, while Dr. Curran applauded the strong **culture of cooperation** and public service. Dr. Toomey also encouraged board members

to **personally attend food inspections**, describing her own experience as eye-opening and a reminder of the program's importance.

**F. Board Comments**

None.

V. **Adjournment:**

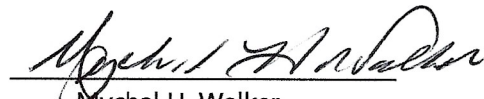
Dr. Curran concluded the board meeting by thanking everyone for their participation and inviting any final questions or comments, especially regarding matters in Georgia. With no further discussion, he called for a motion to adjourn, which was promptly seconded and approved. He expressed appreciation for a productive meeting and extended his thanks to all in attendance. The meeting was adjourned at 2:16 PM.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 8th of April 2025.



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



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Mychal H. Walker  
Secretary

Official Attachments:

1. List of Attendees
2. Agenda

**April 8, 2025**  
**Board of Public Health Meeting Attendees**

**Board Members**

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**Attendees**

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Public virtual meeting.