

BOARD OF PUBLIC HEALTH MEETING
Meeting Minutes for July 11, 2023

Members Present:

James Curran, M.D., M.P.H., Chair
Mitch Rodriguez, M.D., Secretary
Cynthia A. Mercer, M.D.
Mychal Walker Sr., C.L.T.C., F.R.C.
Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.
Tai Valliere-White, M.D., F.A.C.S.
Major General Thomas M. Carden, Jr.
John Hauptert, F.A.C.H.E., Vice Chair

Members Absent:

Kathryn Cheek, M.D., F.A.A.P.

The Board of Public Health held its monthly meeting on July 11, 2023. The meeting was virtual and led by Dr. Mitch Rodriguez. 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. Rodriguez, following a roll call, in conformity the member absent was Dr. Kathryn Cheek.

III. Approval/Adoption of Minutes:

Dr. Rodriguez presented the board meeting minutes of May 9, 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.

Dr. Toomey thanked everyone for their role in helping DPH get moved to the Twin Towers. She encouraged board members to visit the new DPH offices. Dr. Toomey commented that even as the COVID pandemic was ending, there were two old infections resurfacing – malaria and fungal meningitis which would be topics of discussion along with the Maternal Mortality Report and new home visiting program – both important to addressing maternal mortality in Georgia.

B. Dr. Amanda Feldpausch led the discussion on the reemergence of two infectious diseases.

- Severe fungal infections (causing meningitis or sepsis), once considered rare, are on the rise and can be fatal.
- Symptoms of fungal meningitis include fever, headache, stiff neck, nausea, vomiting, sensitivity to light and confusion. They have very long incubation periods, sometimes from three days to four weeks but are not transmitted person to person.
- In mid-May 2023, the CDC reported that 5 U.S. citizens who had cosmetic surgery at two different clinics in Matamoros, Mexico had developed fungal meningitis and were hospitalized in Texas (one died).
- A total of 212 residents in 25 states had epidural anesthesia at the clinics of interest during that timeframe and were considered at risk (including several in Georgia).

- Increased awareness about fungal diseases is critical for early recognition, testing, and treatment (which can save lives).
- Malaria, also an infectious disease, was discussed in detail as a parasitic infection that is spread through the bite of an infected anopheles female mosquito. Mostly noted in Africa, young children and pregnant women are most at risk for severe outcomes.
- In Georgia, we see mostly travel related cases of Malaria of which about 50 to 60 cases are reported yearly. Georgia has not seen a locally acquired case of Malaria since 1999.
- In June 2023, CDC sent a national Health Advisory to warn that 5 locally acquired (no travel) malaria cases occurred in Florida and Texas within the last 2 months.
- Despite these cases, the risk of locally acquired malaria remains extremely low in the United States.
- Take steps to prevent mosquito bites (use EPA-registered insect repellent, cover skin, etc.) and control mosquitoes at home (remove standing water, use screens, etc.)
- The DPH travel page gives information to the public on how they can obtain information related to diagnosing and treating infectious diseases.

Mr. Walker asked what can be done in facilities and clinics to prevent infections like fungal meningitis. Dr. Feldpausch said it is a matter of infection prevention methods which hospitals in the US have policies in place to support. She pointed out that the source of the 2023 outbreak was in a facility in Mexico. The source of the 2012 outbreak was not in a clinic, it was where drugs were manufactured which is under the purview of the FDA. Dr. Curran indicated the importance of surveillance and cooperation between public health agencies – in this case Mexico, US and Georgia.

- C. Diane Durrance led the discussion on Maternal Health. She spoke about the programs and initiatives that are ongoing and the re-organization of women's health, which includes maternal mortality.

Katie Kopp shared the maternal mortality review process and the findings of the newly released Maternal Mortality Report.

- There are three sources of maternal mortality information but MMRCs are considered the gold standard of state-level information on pregnancy-related deaths.
- MMRCs have access to medical and social records, autopsy and informant interviews and a multidisciplinary committee with both an eye to prevention and the ability to make both clinical and a public health recommendations for action
- Georgia case reviews have been completed from 2012-2020 and the 2021 review will be completed in September.
- Process changes including increased staff, informant interviews to help the MMRC better identify social determinants of health, deaths are being reviewed within two years of date of death, greater diversity of disciplines represented on MMRC, and subcommittee process implemented to increase discussion time.
- Hemorrhage, mental health conditions, cardiomyopathy, and cardiovascular and coronary conditions are leading causes of maternal mortality.
- Between 2018 and 2020, 89% of the 113 pregnancy related deaths had at least some chance of being prevented.

- The information reviewed and shared by the MMRCs has led to legislation and appropriations such as a one-year post-partum extension of Medicaid coverage, a home visiting pilot program and two maternal quality improvement initiatives.

Lisa Ehle continued the discussion by presenting on the current program initiatives to improve maternal health.

- Georgia PQC or GAPQC, which started in 2012 with a vision for better perinatal outcomes and health equity for every Georgia mother and baby.
- GAPQC's mission is to engage stakeholders in implementing equitable, evidence-based perinatal care through a robust data-driven quality improvement collaborative.
- There are two current initiatives - Severe HTN in Pregnancy and Cardiac Conditions in OB Care.
- GAP QC has also implemented the rural hospital initiative for maternal mortality prevention in rural Georgia where 8 hospitals are currently funded.
- There are currently two hospitals participating in a pilot project to increase access to post-partum long-acting reversible contraceptives.
- There are six Regional Perinatal Centers (RPC) supported by state and federal funding, that coordinate access to optimal and appropriate maternal and infant care, assist with transport and transfers of high-risk patients, and provide timely medical consultations.
- The RPCs provide the most advanced care for high-risk mothers and infants in their perinatal region.
- GAPQC has received five additional years of funding through the CDC as of August 2022 to improve the quality of perinatal care.
- Peace for Moms is an initiative that provides phone consultations with a perinatal psychiatrist for providers treating pregnant and postpartum patients.
- Of the state's 159 counties, it is estimated only eight possess an adequate number of mental health practitioners.
- The Family Planning program has been expanded at low or no cost to increase access to contraception. There is an ongoing statewide media campaign that will run through August 2023.
- The perinatal home visiting pilot mental health partnership officially launched on July 1, 2023. The program will allow for much needed services for women between doctor visits which can have an impact which findings have shown the outcomes of the most tragic cases could have been prevented if opportunities as such were accessible.

V. Board Comments

Drs. Mercer and Rodriguez thanked the team for their work over time on maternal mortality, noting the changes don't quickly but you have to start somewhere. Dr. Rodriguez also noted the importance of engaging partners outside of doctors and hospital facilities where much of this work takes place. Dr. Curran thanked Drs. Cheek, Mercer and Rodriguez for the work they do around maternal and infant mortality. He stressed the importance of data collection and sharing and tracking new initiatives to see the impact they are having on maternal and infant health.

Dr. Toomey shared that the enthusiasm for the expansion of family planning was remarkable and reflects that even through COVID, DPH has managed to stay focused on the goals of its programs and the vision and mission has remained clear to providing quality public health services.

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. The meeting was adjourned at 2:29 p.m. The next meeting is scheduled for August 8, 2023 by Zoom.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 8th of August 2023.



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

Mitch Rodriguez, M.D.
Secretary

Official Attachments:

1. List of Attendees
2. Agenda

July 11, 2023

Board of Public Health Meeting Attendees

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Attendees

Public virtual meeting.