

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
October 12, 2023**

APPROVED

COMMISSIONERS

Diego Rodrigues, LMFT, MA, **Chairperson** *
Crystal D. Crawford, J.D. **Vice-Chair** *
Patrick T. Dowling, M.D., M.P.H.*
Kelly Colopy, M.P.P.*
Alina Dorian, Ph.D. **

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

Barbara Ferrer, Director of Public Health **
Dr. Muntu Davis, County Health Officer*

PUBLIC HEALTH COMMISSION ADVISORS

Christina Vane-Perez, Chief of Staff *
Dawna Treece, PH Commission Liaison*

***Present **Excused ***Absent**

TOPIC		RECOMMENDATION/ ACTION/ FOLLOW-UP
<u>I. Call to Order</u>	<i>The meeting was called to order at 10:33 a.m. by Chair Rodrigues</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	The Commissioners and DPH staff introduced themselves. Action for September minutes.	<i>Information only.</i> <i>Due to a lack of quorum at the meeting site. The vote moved to November.</i>
<u>III. Public Health Report</u>	Muntu Davis, County Health Officer, Los Angeles County Public Health is having its Annual Giving Thanks Workforce Appreciation Event on Wednesday, November 8 th at Gloria Molina Grand Park. The event is to show appreciation to our workforce, staff, and the community. Dr. Anish Mahajan stepped into the Chief Deputy Director role on October 2 nd . Dr. Mahajan's most recent role was as Chief Executive Officer and Chief Medical Officer at Harbor-UCLA Medical Center. West Nile As of September 22 nd , LAC has experienced 45 cases excluding Long Beach and Pasadena. This is more than 100% increase from the 19 cases that was reported earlier this month. 39 hospitalizations, which is nearly 150% increase, and one death, which is no change from earlier. Public Health will continue the efforts of monitoring	

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	<p>West Nile virus and work with local vector control agencies and cities to promote preventive measures to reduce mosquitoes and <i>prevent mosquito bites.</i></p> <p><i>Influenza</i></p> <p>Unlike COVID, there’s a tracking of individual cases of flu and other respiratory viruses such as a respiratory syncytial virus or RSV. The trends are monitored in specimens testing positive at clinical laboratories serving hospitals and healthcare networks across LAC. In the week ending September, less than 1% of specimens (0.7%) tested positive for influenza. Since October 2nd, 65 cases confirmed influenzas-associated deaths in LAC.</p> <p>The CDC reports that the 2023 seasonal flu vaccine reduced the risk of influenza-associated hospitalizations in the southern hemisphere by 52% and that the vaccine could provide similar protections in the northern hemisphere. LAC has both the flu and updated COVID-19 vaccines available. Influenza can be severe when it is spread to people who are high risk including older adults and young children.</p> <p>RSV peaked at 20% of specimens. RSV activities started earlier than usual. RSV positive test is a 2.</p> <p>The expectations are that things will go up as we start to get into the the season and have more indoor activities. Persons 60 and older and those who have infants or those who are pregnant should speak to their healthcare providers about options for RSV vaccines or medicines to prevent infection as well.</p> <p><i>COVID-19</i></p> <p>As of Tuesday, October 10th, the seven-day average of daily COVID cases was 242, not including Long Beach or Pasadena.</p> <p>There has been a daily average number of COVID hospitalizations with 420 hospital admissions per day. That is a 10% decrease from the 467 reported the week prior. A seven-day average of 4.7 deaths.</p>	

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	<p>Descendants of the Omicron XBB are circulation within LAC. More than 95% are descendants of the Omicron XBB strain which is what the updated COVID vaccine is designed to protect against. For the past two weeks, the strain EG.5 was the dominant strain accounting for 30% of sequence specimens for LAC.</p> <p>For the respiratory virus season, taking steps to reduce transmission of COVID, flu, and RSV during the respiratory virus season protects us all. It keeps the healthcare system from becoming overwhelmed both in the emergency departments and doctor’s offices as well as within the hospital itself. People should stay home when sick and practice good hygiene. It is a good idea to stock up on COVID tests and have them at home and to wear well-fitting masks for extra protection when in poorly ventilated indoor spaces.</p> <p>US households can once again place an order to receive free Corvid rapid tests delivered directly to their home by visiting covid.gov/tests. Free at-home test kits are also available for pick up at public health vaccine sites, all LAC and City Libraries, any food banks senior centers, and other local organizations to find more information visit ph.lacount.gov.</p> <p>The Public Health Officer order is still in place for healthcare providers or healthcare personnel in LAC who have contact work in patient care areas to receive the annual flu immunization. This has been done for years since 2013 and added also was to get a COVID vaccination. If staff don't get both then they need to wear a mask during the respiratory season which begins Nov 1st – April 30th. This order can be extended depending on what is seen in terms of the activity of the circulating viruses.</p> <p>Comments/Recommendations:</p> <p>Rodrigues: There are reports from community members of accessing the new vaccine whether they’re being asked to pay out of pocket if they don’t have insurance for all the information regarding the type of insurance they have, and the availability and cost of the new</p>	

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	<p>vaccine. How is DPH promoting access considering the amount of misinformation out there and how discouraging it can be when folks are trying to get vaccinated?</p> <p>Davis: DPH will be talking with the CDC and the state to try to ensure that there is good education around that. However, it depends on provider offices and what they do in terms of existing contracts. It is supposed to be covered.</p>	
<u>IV. Presentation</u>	<p>Doctors Gema Morales-Meyer, Director of Clinic Services, and Leo Moore present and discuss <i>Tele-PrEP: HIV Prevention at Your Fingertips</i></p> <p>Public Health has 14 Public Health Centers throughout Los Angeles County. They provide specialty care around tuberculosis (TB), sexual health clinics and then there is the nurse walk-in services where we provide immunizations and screening or TB and other services.</p> <p><i>Ending the HIV Epidemic</i></p> <p>An initiative was launched in 2019 with \$1.8 million appropriated by Congress from fiscal year 2019-2023. The initiative was to reduce the number of new HIV infections in the US by 75% by 2025 and then at least 90% by 2030. It is comprised of four pillars: diagnose, treat, prevent, and respond.</p> <p>CDC estimates that 80% of new HIV infections in the US in 2016 were transmitted from nearly 40% of people with HIV who either didn't know they had HIV or who were not diagnosed or were not receiving care. Although a small figure, it shows new HIV diagnoses in the US transmission category in 2020 and shows that most new diagnoses are in men who have sex with men followed by heterosexual and injection drug users.</p> <p><i>PrEP Need in LAC</i></p> <p>In 2012, there were 2025 new diagnoses. There was a slight increase in 2014 but since then a steady decline until 2020. In 2021, there was a slight increase of 1518, which was probably an effect from the pandemic in 2020 given there was less access to HIV testing during</p>	

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	<p>that time. PrEP need and PrEP use. PrEP indication is the total number of people who need PrEP clinical guidelines (people who need PrEP and for whom PrEP is indicated). PrEP use is the total number of people prescribed PrEP or reported PrEP use in LAC.</p> <p>An estimated 76,000 LAC residents are indicated for PrEP use. However, it is estimated that an average of under 34,000 LAC residents are currently using PrEP. A calculation of unmet needs based on who is using versus those for whom it's indicated, 88% of people for whom PrEP is indicated are not currently receiving PrEP followed by Black and Latina cisgender women, 76% deficit followed by Black men who have sex with men at 68%, and Latino men who have sex with men at 50%.</p> <p><i>Who Benefits from PrEP?</i></p> <p>Sexually active adults and adolescents as well as persons who inject drugs. For sexually active adults and adolescents, those who have had anal or vaginal sex in the past six months, and have either an HIV positive sexual partner, a recent bacterial STI or a history of inconsistent or no condom use with sexual partners. There is a gender disparity in accessing PrEP across the country in that there are many cisgender women for whom PrEP is indicated who are not currently accessing PrEP. The sexually active section has been simplified to ensure a better job at screening and talking with more cisgender women about PrEP. For persons who inject drugs, if they have an HIV positive injecting partner or report sharing injection equipment, PrEP is indicated.</p> <p><i>PrEP Options</i></p> <p>There are two oral PrEP options, Truvada and Descovy. Truvada was FDA approved in 2012 and Descovy was FDA approved in 2016. Both have 99% effectiveness in preventing HIV for men having sex with men and transgender women when taken as prescribed. For heterosexuals and persons who inject drugs, only Truvada has been studied in those groups and has an effectiveness of 99% and 74% to 84%. For safety, there is a small decrease in glomerular filtration rate and bone mineral density in Truvada whereas in Descovy there is not a decrease in glomerular filtration rate but a slight increase in bone mineral density. Cost is a factor for Descovy given that it is a new medication and is not generic. So, the cost is roughly \$1,845 a</p>	

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	<p>month whereas Truvada being generic, is available to get using 340B funder for about \$7 for a 30-tab course. Also, with Descovy there is an increase in LDL and a small increase in weight at least over the first year. Cabotegravir, an injectable brand named Apretude, is the first long-acting injectable medication that can prevent HIV transmission, and it was FDA-approved in December 2021. A healthcare professional gives it every two months.</p> <p><i>Tele-PrEP overview</i></p> <p>The program provides a convenient new way to access HIV-free exposure prophylaxis. It also enables patients to communicate with their telehealth provider in the comfort of their own homes via video or phone. This will be transitioning completely to video as of January 2024. Patients can visit the clinic and have their lab completed and receive medication either at a local pharmacy or home via delivery or mail.</p> <p>Each patient is assigned a navigator who assists them with answering questions, monitoring their prescription refills, scheduling their visits, and serving as a primary point of contact. Once a patient sets up an appointment with PrEP, they will receive all their HIV/STI and safety lab testing and receive 30 tabs of oral PrEP. Labs are completed during the appointment, then a navigator appointment is set up in one week. Each patient is assigned a navigator who assists with answering questions, monitoring their prescription refills, scheduling their visits, and serving as a primary contact. All navigators are licensed vocational nurses.</p> <p>Technology has been critical in being able to sustain the program. DPH is working closely with WELL Telehealth using its program, PrEPmate, which is a two-way text messaging platform that allows communication between patients and healthcare professionals. The system also has patient appointment scheduling capabilities and a video visit platform. Other functions include sending automated check-in messages to patients and by SMS at the frequency assigned by DPH. So, weekly check-ins, reminder messages for labs, and follow-up appointments are options for use.</p> <p>The program began on May 15, 2023, and has a total of 111 patients. Most referrals come directly from our sexual health clinics which refer 6-10 patients a week. Not every patient chooses to</p>	

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	<p>continue PrEP. However, there is an opportunity to reengage if they decide to start the program again in the future.</p> <p><i>Demographic/ethnicity/Self-Identified Gender</i></p> <p>76% of patients are between 18-40, 13% are between the gag of 40-50 and 11% are over the age of 50. Approximately about 44% of patients are uninsured.</p> <p>Ethnicity: 42% of patients are Hispanic or Latinx. 58% of patients report a race of "Other" and 17% report being Black, 9% Asian, and 9% Caucasian.</p> <p>Gender: 94% of patients are male and 4% female, 2% non-binary, 66% are men who have sex with men and then 20%, 8% are men who have sex with women.</p> <p><i>Successes/Challenges/Next Steps</i></p> <p>There has been an increase in PrEP access for the uninsured, underinsured, Medi-Call, and patients without a primary care provider. DPH is able to offer complimentary services such as doxycycline post-exposure prophylaxis to prevent bacterial STIs, fentanyl test strips, and other services. For challenges, assessing HIV risk involves obtaining sexual behavior and substance use history over the phone which may raise some confidentiality concerns if the patient is unable to identify a place where they can have a confidential conversation. The next steps include hiring 5 additional navigators to expand the program. Moving toward taking direct referrals from the new public health info line. Two entry points are available, so patients not only come through the clinics but through the public health info line too. DPH also looking at home HIV/STI and safety lab testing options for added convenience for patients.</p> <p><i>Comments/Recommendations:</i></p> <p>Dowling: Has there been a change over time in the underrepresented minorities? And what of the uninsured?</p> <p>Moore: Yes, slightly better but there is more work to be done. DPH wants to ensure there is appropriate awareness of PrEP and to ensure that it is accessible. Not a lot of primary care providers are having discussions around sexual health with patients. So, it is hard</p>	

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	<p>to ensure patients going to private providers are getting access to it. PrEP is covered and does not require prior authorization.</p> <p>Rodrigues: Will any of the health navigators focus on transitional-age youth? What lived experience is needed for the health navigators?</p> <p>Moore: We have not identified a specific health navigator to work on transitional-aged youth but will look into that. The program is not asking for lived experience for the navigators. However, will try to ensure that the nurses will be able to build a good rapport with patients. We will also ensure there is some gender parity as well just ensuring that there are some patients who may be more comfortable with a man versus a woman.</p> <p>Colopy: Is 18 the youngest that you take for the program? And are all LVNs navigators? Is that the base?</p> <p>Moore: There is at least a 17-year-old in the program. 12 and older can consent to PrEP, and we are able to take them into the program. However, some of this age group go to the Children’s Hospital of LA. There is a PrEP Center of Excellence there. Yes, an LVN is the base at this point.</p> <p>Dowling: Are people getting tested on the border if they are coming in?</p> <p>Morales-Meyers: For refugees, there is the Refugee Health Program, which offers full screening for mental health and sexual health.</p>	
<u>V.</u> <u>New Business</u>		
<u>VI.</u> <u>Unfinished Business</u>		

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<u>VII. Public Comment</u>	<p>Weston: Founder of an organization in West Hollywood. He is concerned to hear there is a push for boosters and vaccinations, which he believes have not demonstrated any significant reduction and transmission.</p> <p>Heather: Urging to bring back mask requirements in healthcare settings. Although it is set to happen Nov 1st, she advises it should happen sooner.</p> <p>Paul: Urges to reinstate masks in healthcare settings for everyone. He adds there is no value in seeing the face of a doctor and he would much rather stay safe than see a superficial smile.</p> <p>Unknown caller: Previously spoke at a health commissioner meeting in May. He advises there is a lot of information available regarding Coronavirus mitigation on the DPH website. He seeks clarity on what was tried and did not work and would like to see it published.</p> <p>Joaquin: Ask to bring back mask requirements in the healthcare settings. He advised he has been asking for the mask requirements for months and letters have been sent in as well as many calls.</p> <p>Greta: Urge the commission to take an evidence-based approach to disease prevention regarding COVID-19 and bring back masks in healthcare now.</p> <p>Shannon: Quoted Dr. Davis's words from a previous meeting minutes. She advised the mask mandate was rescinded and wants to know why.</p> <p>Steve: Would like to see masks back in the healthcare.</p> <p>Public Member: Advised there is an equity issue regarding COVID-19 vaccinations. Also advised there are no reasons for local health agencies to mandate any medical product.</p> <p>Colopy: Announces this will be her last meeting with the Public Health Commission.</p>	

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<u>VIII. Adjournment</u>	<p>MOTION: ADJOURN THE MEETING</p> <p><i>The PHC meeting adjourned at approximately 11:39 am.</i></p>	<p><i>Commissioner Rodrigues called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Colopy.</i></p>