

**COUNTY OF LOS ANGELES  
PUBLIC HEALTH COMMISSION  
December 14, 2023**

**APPROVED**

**COMMISSIONERS**

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

**DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES**

Barbara Ferrer, Director of Public Health \*\*  
Dr. Muntu Davis, County Health Officer\*\*  
Dr. Rita Singhal, Chief Medical Officer

**PUBLIC HEALTH COMMISSION ADVISORS**

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

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

<b>TOPIC</b>		<b>RECOMMENDATION/ ACTION/ FOLLOW-UP</b>
<b><u>I. Call to Order</u></b>	<i>The meeting was called to order at 10:33 a.m. by Chair Rodrigues</i>	<i>Information only.</i>
<b><u>II. Announcements and Introductions</u></b>	The Commissioners and DPH staff introduced themselves.  Action for September, October, and November minutes.	<i>Information only.</i>  <i>All Approved</i>
<b><u>III. Public Health Report</u></b>	Rita Singhal, Chief Medical Officer and Director of the Disease Control Bureau  DPH will continue to monitor COVID-19 metrics in LA County to observe any changes or new trends.  Last week, COVID-19 metrics had increased across the board. The increases are relatively small and indicator numbers remain well below levels seen last year at this time; however, the increases represent what appears to be the beginning of the winter surge.  As of December 13, 2023, there was a 7-day average of 430 COVID-19 cases per day, an increase from the 380 average daily COVID-19 cases reported the week prior. These numbers do not include Long Beach or Pasadena. These reported cases do not include home tests, so the actual number of COVID infections in the community may be much higher.	

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	<p>This past week, there was a daily average of 524 COVID-19 positive hospitalizations, which is up from 462 the week prior and a seven-day average of 2.1 deaths per day, including Long Beach and Pasadena. This is a slight increase when compared to the 1.9 deaths reported the week prior.</p> <p><b>OTHER RESPIRATORY VIRUSES</b></p> <p>In addition to COVID-19, we are closely tracking other winter respiratory viruses, specifically respiratory syncytial virus (RSV), and influenza (flu). Last week, Public Health launched the <a href="#">RESP Watch Surveillance Dashboard</a>, an online dashboard that helps residents track information on flu, COVID-19 and RSV in one convenient location.</p> <p>RESP Watch includes information on clinical laboratory surveillance test positivity, emergency department visits and wastewater concentrations in comparison to previous seasons. This dashboard is updated weekly on Fridays.</p> <p>To be able to compare all three viruses, testing data on this new dashboard uses tests from clinical laboratories that participate in Public Health’s Sentinel Surveillance Network. For this reason, the COVID-19 positivity data on this new dashboard is different from test positivity reported in COVID-only dashboards, which reflects tests conducted across the county.</p> <p>For the week ending Nov 25th, both RSV and influenza activity was increasing, along with COVID-19 raising concern of the potential impact on our healthcare system if all 3 winter respiratory viruses peaked at the same time. But updated data from week ending 12/2/2023 indicates that RSV activity has peaked and is now slowing. This aligns with trends being observed across the country.</p> <p>For all three viruses, that same week showed increases in the concentration found in wastewater, and for flu and RSV, increases have been steady over the past five weeks. However, wastewater concentrations are still below what they were during the same time last year.</p> <p><b>VACCINATION</b></p> <p>During this winter virus season, vaccination is the best defense against severe illness and hospitalization and is especially important for people who are older or have underlying health conditions.</p> <p>The COVID-19 vaccine is recommended for everyone 6 months and older and is recommended regardless of previous vaccination status, meaning</p>	

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	<p>those with and without previous COVID-19 vaccines should still get the updated 2023-2024 dose.</p> <p>As of 12/10/2023, an estimated 925,000 Los Angeles County residents 6 months of age and older are up to date with the new COVID-19 vaccine. This represents only 9% of the total LA County population but includes 23% of residents 65+.</p> <p>We continue to request your help in communicating the importance of staying up to date with vaccines, including the updated COVID vaccine.</p> <p>The updated COVID-19 vaccine is available across Los Angeles County and there is no out-of-pocket cost regardless of insurance or immigration status.</p> <p><b>COVID TESTING</b></p> <p>COVID-19 home tests remain an important tool to reduce the spread of COVID-19 this winter. Testing is strongly recommended for people who have been exposed to COVID-19, people who have possible symptoms of COVID-19, including fever, cough or sore throat, and for those who are attending gatherings or visiting with people who may be more vulnerable to a severe COVID-19 infection, especially people who are over 65 years old.</p> <p>In addition to free tests distributed locally at libraries, schools and through community organizations, as of Nov. 20, the federal government is allocating an additional four free COVID home tests to each household. Information on where to find tests, including a link to order free tests by mail, is available at <a href="https://ph.lacounty.gov/COVIDtests">ph.lacounty.gov/COVIDtests</a>.</p> <p><b>PAXLOVID</b></p> <p>Paxlovid, the antiviral medication to treat COVID-19, is widely available in Los Angeles County at no cost. Adults and children 12 years and older who test positive or are suspected of having COVID-19 and who have underlying health conditions or factors that may result in more severe illness are eligible to take Paxlovid, which must be started within five days of symptom onset.</p> <p>Public Health encourages everyone to speak with their provider about Paxlovid if they test positive. Currently there is ample supply of Paxlovid courses, provided through the U.S. government, available at Los Angeles County pharmacies, Public Health Centers, and through Public Health</p>	

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	<p>telehealth services, provided free to residents through the Public Health Call Center at 1-833-540-0473, open 7 days a week from 8 a.m. to 8 p.m.</p> <p>The Public Health Call Center can also answer questions about respiratory symptoms, how to find a Public Health Center, where to get tested, and where to get vaccinated with help to schedule vaccination appointments, including in-home vaccinations for people who are homebound.</p> <p><b>ADDITIONAL PROTECTIVE MEASURES</b></p> <p>Like the updated COVID vaccine, the flu vaccine is recommended for everyone 6 months and older.</p> <p>People who are 60 and older should speak with their provider about an RSV vaccine.</p> <p>RSV vaccination is also recommended for people who are between 32-36 weeks pregnant, and immunizations are available for infants under 8 months old (Nirsevimab).</p> <p><b>STAYING HOME WHEN SICK AND MASKING</b></p> <p>When a person tests negative for COVID-19, yet still has symptoms of a respiratory virus, they may have a flu or RSV infection and should stay home to prevent the spread of illness and mask indoors while around others. It is most accurate to take a second COVID-19 test 48 hours after the first test if respiratory symptoms persist.</p> <p>For a flu infection, a healthcare provider can prescribe antivirals, if appropriate, which can reduce the severity and duration of illness.</p> <p>While COVID metrics are currently lower than what was seen in past years, historically, respiratory virus transmission begins to rise leading to a peak during winter months.</p> <p>DPH ask everyone to encourage their loved ones to take sensible measures that protect against COVID and other respiratory illnesses, including implementing strong hand hygiene, to stay home if they have symptoms, stay up to date with vaccinations and stock up on COVID tests and high-quality well-fitting masks.</p> <p>Comments/Recommendations:</p>	

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	<p>Rodrigues: Are all retail pharmacies providing vaccines free of cost for uninsured individuals at this time?</p> <p>Singhal: The Bridge Access Program, which has been provided by the federal government which has vaccine doses that have been given out to retail pharmacies as well as other providers, including the Public Health Department. Most retail pharmacies have those doses. The uninsured/undocumented should call ahead to confirm. If there is still concern, residents should contact DPH’s call center and will be directed to locations that have them available.</p>	
<b><u>IV. Presentation</u></b>	<p>Mario Perez, Director and Dr. Sonali Kulkarni, Medical Director, Division of HIV and STD Programs</p> <p><b>Surveillance</b></p> <p>There is steady STD morbidity in our country. There was a focus on syphilis, gonorrhea, and chlamydia but a few years ago there was a shift in state policy no longer requiring CMS for chlamydia cases. So, chlamydia rates are unreliable. However, syphilis and gonorrhea cases are being reported as it is a requirement. There is an increase across all three morbidities but a very sharp increase of syphilis among women. There is a disproportionality for these morbidities across age, gender, sexual orientation and geographic areas. There continues to be a disproportionate impact among African Americans in the country. There is a similar disproportionality with HIV and with gonorrhea among African Americans, an area of concern. The second most impacted group is Native Hawaiians and Pacific Islanders.</p> <p>There are three highly impacted census tracts when looking at early syphilis cases. SPAs 2, 4, and 6 continue to be heavily impacted by early syphilis and include Hollywood, Wilshire, and Central LA. South and Southwest health districts had high rates of syphilis. The range from health districts is anywhere from 24 cases per 100,00 up to 200 cases per 100,000 based on area.</p> <p>Over the last 10 years or more, there has been a tenfold increase in female syphilis cases and a 20-fold increase in congenital syphilis cases reported locally. According to the CDC, 3,700 congenital syphilis cases have been reported. There are a lot of intersecting issues that are contributing to the rise of STDs.</p>	

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	<p>There were 136 congenital syphilis reported in 2022. In 2021, 124 cases were reported. Within this number, there were 18 stillbirths, 2 out of 5 persons reported being unstably housed, a third with a history of incarceration, three-fifths report substance use, and meth use continues to be the most common substance use disorder reported, and two-thirds late or no prenatal care. The opportunity to intervene can be limited and requires to beyond the healthcare setting.</p> <p><b>HIV Surveillance</b></p> <p>Los Angeles continues to have the second largest HIV epidemic in the United States, with an estimated 59,000 people living with HIV in our county, second only to New York City. There are about 6,000 people we estimate to be living with HIV who are undiagnosed. In 2021 there were 1,500 people diagnosed with HIV.</p> <p>DPH is part of an Ending the HIV Epidemic Initiative, where the goal is to get new infections down by 75% by 2025 and by 90% by 2030 compared to 2020 numbers. If on pace, that means the 1,400 number should be under 1,000. But we've lost some momentum in the last several years.</p> <p>National HIV Behavioral Surveillance Study in People Who Inject Drugs is a group of team members who go out, often in the middle of the night, to understand who is most at risk for HIV and what the risk factors are. Meth uses and heroin use continue to be very common reported risk factors. Of all the persons diagnosed with HIV in 2022, 13%, reported experiencing homelessness, and that number continues to go up.</p> <p>There is a large increase in that number among women, including trans women, compared to years prior. Meth use continues to be a driver among that group. And more than half were diagnosed in a hospital setting, which reminds us of the importance of routine HIV testing.</p> <p>The data discussed speaks to the evolution of the HIV and STD epidemics. Unfortunately, there is a risk of losing a lot of the gains that was made in fighting infections. There are some alarming trends with HIV. The responses are in evolution and will talk of the newer directions DPH will be going.</p> <p>The work is based on four pillars. It is borrowed from the national HIV epidemic strategy: diagnosis, treatment, prevention and response.</p>	

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	<p>HIV and STD have similar risk populations and very similar types of strategies. The program has been integrated for over a decade which helps leverage resources on both sides.</p> <p><b>Diagnosis</b></p> <p>Testing in a healthcare setting is important and will make sure there are no missed opportunities to test people when they go for primary care. Sexual health clinics still play an important role because these are still highly stigmatized diseases. It is important to have a place people feel like are geared towards that topic, so they do not feel judged and there are no issues of confidentiality.</p> <p>The State just funded four emergency departments in LA to do HIV and syphilis and Hep C screening. DPH is working more with homeless healthcare partners that are reaching out to clients to give them tools to do the testing like rapid point-of-care tests, and treatment incentives like gift cards to help get some of their patients tested. DMH is starting to do HIV testing in 47 of its clinics.</p> <p>In non-healthcare settings, there are a lot of folks who are at risk of diseases and are not accessing any healthcare services. DPH is working with syringe support programs one of which is called Engagement and Overdoses prevention hubs. DPH is using mobile units strategically in partnership with community-based organizations that work with at-risk clients.</p> <p>The program will be doing four health spa events geared toward women who use drugs or are experiencing homelessness. This is building off the COVID vaccine events for people experiencing homelessness. It will have a fun and holistic feel but will embed the HIV and STD testing and will have a lot of other services available as well.</p> <p>DPH has been making more investments in self-testing or home testing, and there are more products on the market to support this. There's a program called Take Me Home, in which folks can just go onto a website and enter in their name, address, demographics, if they've had an HIV test in the last 12 months, and one sent to the home. It can be done at home, it's a safe, confidential space. Also adding STD testing to the webpage.</p> <p><b>Prevention</b></p>	

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	<p>Comprehensive sexual health education is imperative to make smart decisions. California has good laws to support that in schools. DPH supports condom distribution programs. Community-based organizations, bars, clubs, and others can order condoms to keep in their bathrooms and other common places. Unfortunately, condom use has been declining. Fortunately, there are biomedical prevention tools, so pills, and treatments people take to prevent themselves from getting these infections such as HIV PrEP and PEP, which are highly effective, long-acting injectable is available. Doxy PEP taken within 72 hours of condomless sex has a 65% reduction in chlamydia, gonorrhea, and syphilis.</p> <p>DPH is trying to increase the uptake of these prevention modalities. The program is working with clinical providers to continue to do training and education, as well as provide telehealth services and to develop new partnerships with pharmacies, and other events/parties.</p> <p><b>Treatment</b></p> <p>Primary care and STD clinics play a role in helping support with care. For syphilis cases in the county, most cases get assigned a case manager, and a disease investigator, and make sure that they get treated properly. Sometimes transportation is offered and other incentives to make sure they get treated. There is the Bicillin delivery, which is a medication, a penicillin that is used for syphilis. State funds are used to buy the medication and deliver it.</p> <p>The Clinical Field team is a team that was developed out of necessity for a subset of patients who are pregnant, or people who can get pregnant and who were not going in for treatment.</p> <p><b>Respond</b></p> <p>There is a Specialized Investigation team that takes cases that we've assigned to other people in our department, but they closed them because it couldn't find them. This special team will reopen it and spend time to find these people. They've been able to find over 30% of them.</p> <p>We have an intensive case management program for women who are HIV positive and pregnant that follows them throughout their pregnancy, and postpartum to help avert perinatal transmission. we have navigators who help with referrals and linkages to HIV care to PrEP.</p> <p>The Cluster Detection Response are special in-depth analysis that is done to find potential clusters of cases and areas in the county where there are</p>	



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	<p>increasing cases and figure out, where we need to go to deploy more resources.</p> <p>Comments/Recommendations:</p> <p>Dorian: 1) Regarding antibiotic resistance and this idea of pushing out the antibiotic, please discuss more around messaging and other approaches in addition to antibiotics 2) The need to highlight Community Health Workers and think about how to not leave them as vertical programs but how they can be integrated in all of the work that we're already doing and what that looks like, especially because they are trusted people in their communities.</p> <p>Singhal: Regarding CHWs, I think, that there might be a little bit of a disconnect there. But our community health workers are in our Community Field Services team, and so those teams are usually divided into our disease investigators that are going out and investigating the cases and then we've got our Community Liaison Team, which has the community health workers, and they're doing the community engagement work, this is through our wellness communities.</p> <p>Green: When you guys were giving out the numbers and the demographics, and I remember looking over some of the notes, Dr. Morales, Meyers, and Moore did a presentation a couple of months back. On the demographics, do we track anybody under 18?</p> <p>Perez: Yes, we do. Persons under 13, an estimated 22 people are living with HIV under 13 in our county. It's a very, very, very low number. And for STDs, we can share that information with you. Chlamydia tends to impact persons on the younger age spectrum, teens to about 24 for young women, about 29 years old for young men. For gonorrhea, a slightly older age range where there's impact. And syphilis, slightly older yet.</p> <p>Rodrigues: You spoke about the outreach on housing individuals. I'm wondering if you're working with DHS, and particularly with the Law Enforcement Assisted Diversion Program. Are they already part of your network? Because in terms of how great they are, I can't remember how many lead housing units there is, but it's a significant number of moderate to high-risk individuals, right, sex workers, etc. And I'd love to hear about the community health workers being involved. Department of Mental Health now in June 2024, and if I'm not mistaken there's 12 to 15 organizations across LA County that hire, train, deploy 200+ community</p>	

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	<p>investors. Somehow connect and they could assist in any way of spreading the message, even if just for the six months before it sunsets.</p> <p>Perez: Thank you, we will follow-up on your recommendation.</p>	
<b><u>V.</u></b> <b><u>New Business</u></b>	<p>A motion was called for nominations and a vote for the 2024 Chair and Vice Chair.</p> <p>Commissioner Dorian nominated Crystal Crawford for Chair and Dr. Patrick Dowling as Vice-Chair for 2024. It was seconded by Commissioner Rodrigues.</p>	<p>Approved by vote:</p> <p>SD1 – yes</p> <p>SD2 – yes</p> <p>SD3 – Yes</p> <p>SD4 – yes</p> <p>SD5 – yes</p>
<b><u>VI.</u></b> <b><u>Unfinished Business</u></b>		
<b><u>VII.</u></b> <b><u>Public Comment</u></b>	<p>Line 15: J.J. has been a special education and administrator for the past 14 years. He recently resigned because his long COVID had become severe. Caller is advocating to keep masks in the healthcare setting and fighting for clean air protection, ventilation, and filtrations.</p> <p>Line 13: J.B. is the founder of Action for Equity. Asking for support to pass a resolution in support of mask requirement in healthcare settings to send to the Board of Supervisors. Letters have been sent and phone calls have been made to the DPH and BOS urging and demanding the requirement of masks in healthcare settings regardless of vaccinations.</p> <p>Line 8: Masks should be required not just recommended in the healthcare settings not just during respiratory virus season because the virus is year-round. Masks can protect from airborne transmission.</p> <p>Line 11: J.J. is asking to bring back masks in the healthcare settings regardless of vaccination status. He advised to mandate respirator</p>	

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	<p>masks for all in the healthcare settings, including pharmacies, and at all vaccination sites.</p> <p>Line 9: Caller is demanding DPH reinstate mask requirements in healthcare settings. Caller had a friend who contracted COVID. The friend now works from home and homeschool their kids. May have contracted the virus from a healthcare visit.</p> <p>Line 6: During this holiday, having masks in the healthcare setting is at the top of their wish list. Asks for the department to be proactive and mandate masks in the healthcare sites.</p> <p>Line 14: S.S. called to reinstate the masks in healthcare.</p> <p>In-person Attendee: J.C. read an email sent to the Commission. Attendee has worked over 55 jobs in his lifetime including warehouse packaging and was also in the Israeli army in the Sinai Peninsula near the Gulf of Suez.</p> <p>In-person Attendee: K.J. from CA Leftists for Freedom. Attendee shared studies that were published. Mentioned there is no Covid emergencies so there is no reason to mandate masks</p>	
<b><u>VIII. Adjournment</u></b>	<p><b>MOTION: ADJOURN THE MEETING</b></p> <p><i>The PHC meeting adjourned at approximately 12:15 p.m.</i></p>	<p><i>Commissioner Rodrigues called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Dorian.</i></p>