

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION**

DRAFT

February 9, 2023

COMMISSIONERS

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

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

Dr. 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*
Judy Vasquez, Advisor to the Director*

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

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/FOLLOW-UP
<u>I. Call to Order</u>	<i>The meeting was called to order remotely at 10:32 a.m. by Chair Rodrigues</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	The Commissioners and DPH staff introduced themselves. January minutes	<i>Information only.</i> <i>Approved</i>
<u>III. Public Health Report</u>	Dr. Muntu Davis, County Health Officer February is Black History Month and an opportunity to celebrate the history and culture and contributions and achievements of Black African Americans in all areas, including politics, education, science, arts, business, entertainment, sports and more. Public Health commemorate Black History Month as an opportunity to restate its commitment to working with residents and multisector partners to end anti-Black racism that is at the root of disparate health outcomes, huge gaps in economic security, and horrific murders of Black people at the hands of law enforcement. DPH do want to recognize the leadership and collaboration of its various Black lead and Black serving partners that share in this commitment and have worked side by side with Public Health to	

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	<p>directly address the disproportionality and impact the lives of Black residents across LAC.</p> <p>In the first month of 2023, we have seen 52 mass shootings across our country, including the 7 in the state of California, one of which that was in the community of Monterey Park. The numbers only increased in the month of February. The nation also witnesses another tragic each of Tyree Nichols at the hands of members of the Memphis Police Department. These have sparked several questions regarding violence, guns, and the long-term impacts of such brutality. DPH has partnered with DMH so that staff and residents can receive crisis counseling, assessment, and referrals.</p> <p>COVID Update</p> <p>On January 26th, the anniversary of the first confirmed COVID case in LAC and the fourth in the US. On January 30th, the third anniversary of our department functioning within its incident command structure (ICS). At the time, not a lot was known about the virus, but in the first few months the only tools included containment strategies such as distancing and temporary closures to reduce community spread. As of February 8th, new cases were 1,105, unfortunately 18 new deaths due to COVID and 773 people currently hospitalized with COVID, which has remained stable. There were over 21,000 new tests performed in a day and total is approaching 76 million to date in LAC, this does not include tests that were conducted at home. The seven-day average case count for LAC is 1026. That's nearly a 52% decrease from the seven-day average of 2127 that was reported last month. Case counts are significantly underreported due to the increased use of home tests or people not testing at all. The average number of daily COVID positive patients in LA hospitals was 967. That is a 40% decrease from last month. The average number of deaths reported per day was 14, which is a 39% decrease from the 23 average last month.</p> <p>As of February 7th, LAC remains in the low Covid community level as established by the CDC, with a case rate of 68.7 new</p>	

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	<p>cases per 100,000 people. The hospital admission rate is 7 admissions per 100,000 people and the proportion of staff beds, inpatients beds occupied by COVID patients was at 4%.</p> <p>DPH is tracking XBB.1.5 and XBB, as of December 31 there have not been any significant changes in the proportion of XBB strains. As of January 14th, it accounted for 20% of sequenced specimens, 10% the week prior (week ending December 31), and 5% of sequenced the week prior to that. There is a doubling each week. According to CDC estimated for the ending February 4th, it states for region 9, that includes California, Arizona, Hawaii, Nevada, and other territories, XBB.1.5 accounts for 45.8%, which is slightly higher than previously reported at 35%, despite comprising 66% of sequenced specimens across the US. CDC just added CH1.1 as a strain to their weekly tracker. DPH have the new strain accounting for 2% of the specimens. CH1.1 is a descendant of the Omicron variant.</p> <p>LAC remains in the low CDC community level, masking remains as an individual preference, people should consider their individual risk as well as those that are around them. Masking continues to be required for people who work in healthcare and in congregate care facilities anywhere a site requires it. Individuals are also required to wear a well-fitting mask indoors in 10 days after a known exposure to a COVID case. Masking is also required per Cal/OSHA for workers returning to the worksite after leaving isolation on days six thru ten after having a negative test result.</p> <p>There are less severe outcomes from COVID across LAC and across the US. Fewer hospitals are overwhelmed by large numbers of COVID patients, proves our powerful tools are continuing to prove effective during the pandemic. In the upcoming months, federal and State emergency declarations will be lifted for Covid. Last week, the White House announced two US COVID emergency declarations will be lifted on May 11th. Two orders issued by the Secretary of Health and Human Services, that allowed for the emergency use authorization for</p>	

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	<p>some Covid medicines and treatments and liability protect do not expire until May 2023. The government will no longer be purchasing all the vaccines and the prices will likely to increase. Pfizer has quoted \$130 as future potential cost of the vaccine and tests. Treatments and vaccines will no longer be free for many residents as new cost sharing requirements are introduced by health plans and providers. The new cost will vary depending on if the person has private insurance, Medicare or Medicaid, Medi-Cal in California. More information to come soon. For now, access to vaccines, boosters and testing and therapeutics are accessible and for most people free.</p> <p>The State of California will lift its COVID emergency orders on February 28th. The 27 state executive orders issued by the governor will end on the day. Some of the executive orders added flexibility at healthcare settings and some allow for expanded pool of prescribers and vaccinators such as pharmacies and EMTs, and Firefighters.</p> <p>Influenza and RSV</p> <p>LAC is seeing stable rates of influenza and RSV circulating in the county and report from the state that both of those are starting to see a decline. Tracking of these individual cases for influenza comes from the percentage of specimens testing positive for flu and other respiratory viruses at clinical laboratories serving our healthcare networks and hospitals called the Sentinel Provider Network. For the week ending January 28th, 1.6% of specimens tested positive for influenza, same as last month. The flu and RSV season started at a much higher level than usual. However, RSV peaked out at 20% testing positive in early November and has been steady recently.</p> <p>For more information on COVID relate issues and other public health info see DPH website at http://publichealth.lacounty.gov/</p> <p>Comments/Recommendations:</p>	

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	<p>Colopy: What are some of the addition mechanisms to ensure residents can get access through uninsured and other portals? And vaccine therapeutics? Will DPH continue to run different county sites?</p> <p>The county will try to order as much as they can in terms of what is available. Also looking at the ability to bill even out of network and to purchase. DPH still has some dedicated clinics that offer vaccination for Covid and influenza. Those will continue. Will try to make sure the mobile vaccination sites are available depending on the resources available. Therapeutics is much more challenging. DPH don't get a lot to cover the population, but the call center will still be open.</p> <p>Dorian: Completely agree when looking at a system that was developed, rolled out and has proven to be working only to have it stop is only stepping back.</p> <p>Dowling: What is the status on Mpox?</p> <p>Over the last week or more only two new cases. So, it has tamped down in terms of numbers we see each week. DPH will continue to provide guidance and recommend vaccinations for those who may be at risk of being exposed</p> <p>Rodrigues: Thank you for observing and celebrating Black History Month. It's reassuring to see the department's efforts and different projects like the Black Doula project and other efforts to address the health disparities and social determinants of health, that disproportionately impact our Black community.</p>	
<p><u>IV. Presentation:</u></p>	<p>Dr. Gary Tsai, Director of SAPC, gives and overview of the Fentanyl crisis in LAC.</p> <p>There have been several unfortunate tragedies across the county and the nation. DPH has been tracking for years as fentanyl deaths have increased across the county. After the death of a high school student</p>	

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	<p>at Bernstein High School, DPH is working with schools and communities, and are also working with schools, and libraries are distributing more Naloxone, which is one of the best tools available to address this epidemic.</p> <p>Fentanyl is a high potency synthetic opioid, 50 times more potent than heroin, 100 times more potent than morphine. When legally manufactured by pharmaceutical companies, it's used for pain and anesthesia. When it is illicitly manufactured, it's being manufactured by drug dealers in clandestine settings, garages, labs, abandoned buildings and developed for abuse. Illicitly manufactured fentanyl is contributing to most of the fentanyl related deaths. It's easy and cheap to make and being found in counterfeit pills that look like other prescription medication that resulted in a lot of unintended deaths.</p> <p>Data and Trends</p> <p>Methamphetamine and fentanyl are the two top contributors to overdose deaths in LAC. A little over seven people per day in Los Angeles. Four out of the seven are fentanyl related. A snapshot of opioid overdose deaths shows increased densities in Santa Monica and South County.</p> <p>White populations are the most impacted in terms of number, followed by Latinx, then Black populations. However, when broken down into overdose death rates Black populations are disproportionately impacted in addition to Latinx.</p> <p>Most deaths are occurring in individual between the ages of 26-64. The fentanyl crisis is impacting all populations and all demographics, age groups and racial and ethnic background.</p> <p>Overdose prevention Strategies</p> <p>Naloxone is a nasal spray that is easy to administer. There's a lot of online free training. SAPC has an overdose prevention website with different types of training resources. Also, SAPC is working broadly with entities across the county to ensure that it's available. Naloxone is one of the best tools to reduce overdose deaths.</p> <p>Harm Reduction is another strategy. Fentanyl test strips are and aspect of harm reduction that DPH offer and are increasingly being used just to identify when fentanyl may be contained in either</p>	

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	<p>counterfeit pills or illicit drugs. Note: fentanyl test strips do not test for every analog or variant of fentanyl. A lot of chemicals are used with impurities and sometime fentanyl may be in there or another version of fentanyl that is highly potent synthetic opioid that is not detected. So, it's not 100%.</p> <p>Two years ago, an opioid campaign was released, that included fentanyl messaging, through social media. DPH will continue using this platform as well as billboards, and buses. So, will use public messaging to focus on harm reduction and general awareness.</p> <p>The State has a Naloxone distribution grant that funded through state opioid response dollars. This is where a broad range of entities can get access to free Naloxone. Also, trying our best to have individual that have healthcare access, to leverage payers who can pay for Naloxone, so that were not only using the state's free supply. At some point the free supply will be used up.</p> <p>DPH is working with the DA's office on a newly formed fentanyl working group that convene at the end of February. That will consist of law enforcement, judicial entities, and will eventually expand to community groups.</p> <p>Safe Med LA is the countywide opioid coalition. For more information go to safemedla.org to explore more about the various multipronged focus areas of the network group. A Meth Task Force group focuses on both the prevention side and treatment.</p> <p>Comments/Recommendations:</p> <p>Dorian: UCLA has a media advocacy and health messaging course in the School of Public Health to look at influencers on TikTok and Snap Chat. This could be a good source to use to somewhat train on how to use Naloxone. It should be very easy to get influencers onboard to send out simple messaging around this topic.</p> <p>Tsai: DPH agrees with this and have worked with influencers very recently around underage drinking and plan to work with influencers around fentanyl as well.</p>	

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<u>V.</u> <u>New Business</u>	<ul style="list-style-type: none"> • Action to vote on Commission of Alcohol and other Drug Directory Project Collaboration • Discussion on Public Health Action Plan 	SD1 – Yea SD2- Yea SD3 – Yea SD4 – Yea SD5 – Yea Commissioners discussed a possible action plan for 2023. Will revisit Action plan and vote at next meeting
<u>VI.</u> <u>Unfinished Business</u>	<ul style="list-style-type: none"> • Public Health Commission annual report 	Request for extension was granted. Will submit annual report at the end of April.
<u>VII.</u> <u>Public Comment</u>		

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<u>VIII.</u> <u>Adjournment</u>	<p><i>MOTION: ADJOURN THE MEETING</i></p> <p><i>The PHC meeting adjourned at approximately 12:02 p.m.</i></p>	<p><i>Commissioner Rodrigues called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Crawford. All in favor.</i></p>