

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
February 13, 2025**

APPROVED

COMMISSIONERS

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

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

Dr. Barbara Ferrer, Director of Public Health **
Dr. Muntu Davis, County Health Officer**
Dr. Anish Mahajan, Chief Deputy Director*

PUBLIC HEALTH COMMISSION ADVISORS

Christina Vane-Perez, Chief of Staff *
Jeremiah Garza, Advisor to the Chief Deputy Director**
Dawna Treece, PH Commission Liaison*

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

<u>TOPIC</u>		<u>RECOMMENDATION/ACTION/ FOLLOW-UP</u>
<u>I. Call to Order</u>	<i>The meeting was called to order at 10:35 a.m. by Commissioner Dowling</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	<p>The Commissioners and DPH staff introduced themselves.</p> <p>Action for December Minutes</p> <p>Land Acknowledgement</p>	<p><i>Information only.</i></p> <p><i>Approved</i></p> <p><i>Read by Commissioner Green</i></p>
<u>III. Emergency Circumstance</u>	Commissioner Dorian requested approval for emergency circumstance.	<i>A motion was called to approve. It was seconded by Commissioner Rodrigues. All in favor. – Approved.</i>
<u>IV. Public Health Report</u>	<p>Dr. Anish Mahajan, Chief Deputy Director, presented COVID-19 updates and other Public Health related activities.</p> <p>COVID-19</p> <p>There has been an increase in COVID-19 transmission, but much less severe than in previous years. DPH continues to monitor early warning signs and reporting a seven-day average of 167 daily cases for the week. This is an increase from 123 that was reported last month.</p>	

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	<p>Wastewater concentrations for SARS-CoV-2 remain steady. The concentrations are at 20% of the winter 2023-24 peak. This is a decrease from 24% that was reported a month ago. DPH is reporting a seven-day average of 382 COVID hospitalizations. This is slightly higher from 359 that was reported a month ago. The daily average of Covid deaths this past week is 0.9% compared to 0.3% in January. COVID activity in LAC is certainly lower than in prior winters; however, there are a lot more flu activities.</p> <p>FLU</p> <p>The respiratory virus season includes the flu, respiratory syncytial virus (RSV), and other viral illnesses that typically peak in fall and winter, though they can occur year-round. In LAC, the flu test positivity rate has been above 20% for seven weeks, reaching 28.8% in the latest week. This is similar to the 2019-2020 season, which saw ten consecutive weeks with a positivity rate above 20%. Emergency department visits for influenza have also increased recently. While most people recovering without complications, those at higher risk may experience more severe illness. Vaccination for both the flu and COVID-19 is the best defense against severe illness. Other preventive actions include staying home when sick, improving ventilation, wearing masks in crowded or indoor areas, covering coughs, and frequent handwashing. Effective treatments for both flu and COVID-19 can help prevent worsening symptoms and should be started early. For more information, you can contact the Public Health Info line at 1-833-540-0473.</p> <p>WILDFIRE</p> <p>Last month's Commission meeting was canceled due to the wildfire, and Public Health expresses heartfelt support for the affected communities. Some employees, including one present at the meeting, lost homes, and it's been a challenging start to the year for Los Angeles. Public Health has been actively involved in both the response and recovery efforts, including the evacuation of healthcare facilities. During the crisis, the Health</p>	

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	<p>Facilities Inspection Division worked tirelessly to ensure the safe evacuation of skilled nursing facilities in fire-impacted areas, tracking patients' movements to temporary shelters and other facilities for continued care. Staff worked around the clock for about a week to manage this complex situation.</p> <p>The Emergency Preparedness and Response Division of Public Health played a key role during the wildfire, staffing the County Emergency Operations Center and handling various emergency response tasks during the crisis and recovery. The Environmental Health Division ensured safety at shelters, focusing on food handling and other safety measures, and also helped with cleanup efforts, especially in areas with debris near the burn scar. Public Health teams, including Community Field Services, provided education to affected communities on air quality safety and recovery guidelines. The department distributed PPE (Tyvek suits, gloves, masks, and goggles) to residents returning to fire-impacted areas, where ash and toxins pose health risks. PPE was provided at disaster recovery centers and checkpoints, helping residents stay safe while cleaning up.</p> <p>Public Health has been actively educating residents about safety and health concerns related to the wildfire. The communications group created over 60 informational documents, addressing questions from residents near the burn scar and surrounding areas, and these resources are available on the county's website and linked to recover.lacounty.gov. Public Health has also supported weekly town halls hosted by Supervisors Horvath and Barger, as well as Mayor Bass, providing updates and answering questions from residents.</p> <p>The department emphasized the dangers of fire-damaged properties, particularly for those needing remediation by the Army Corps of Engineers and advised that only professionals should enter these areas with proper PPE. A recent public health advisory reminded residents living near burn sites of potential</p>	

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	<p>health risks. The advisory is available online for further details.</p> <p>The Los Angeles County Department of Public Health has issued a public health advisory for residents within 250 yards of burn structures or parcels in the Palisades and Eaton burn areas. The advisory warns of increased risks from exposure to hazardous substances like ash, soot, asbestos, heavy metals, and fine particulate matter, which can lead to health symptoms and long-term impacts. These risks may increase due to strong winds and weather changes. The advisory encourages residents to consult with healthcare providers or insurance companies and share the information as needed while awaiting completion of hazardous materials and fire debris removal by the EPA and Army Corps of Engineers.</p> <p>The county is leading a large recovery effort with several welfare recovery task forces, each focused on a specific area. These include task forces on debris removal (involving the Department of Public Works and Army Corps of Engineers), housing (focused on rebuilding disrupted neighborhoods), and health and social services. The Department of Public Health is leading the Health and Social Services Task Force, which has held three meetings and meets every Wednesday from 11:00 AM to 12:30 PM. Commissioners are invited to join.</p> <p>The Health and Social Services Task Force, led by the Department of Public Health, is focused on addressing the short- and long-term health and social service needs of residents in the Palisades and fire-affected areas. The task force collaborates with federal, state, county, city partners, and community organizations. Its work is divided into subcommittees:</p> <ol style="list-style-type: none"> 1. Environmental Impacts Subcommittee: Led by Dr. Ferrer, it tracks air, water, and soil monitoring, aiming to create a public dashboard of environmental safety information for impacted areas. The first deliverable is a catalog of 	

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	<p>assessment plans, which will be posted on the website.</p> <p>2. Vulnerable Populations Subcommittee: Chaired by Jeremiah Garza and a medical director from LAUSD, it focuses on ensuring vulnerable groups like seniors and children get the necessary support. Their first task is a rapid needs assessment survey targeting affected residents to identify health and social service needs.</p> <p>3. Public Program Enrollment Subcommittee: Led by the Department of Public Social Services, it works on helping impacted residents access existing public programs.</p> <p>4. Healthcare Access Subcommittee: Led by the Department of Mental Health, AltaMed and LA Care Health Plan. It addresses disruptions in healthcare access, focusing on both mental and physical health needs.</p> <p>The task force seeks to engage more community-based voices, especially from impacted residents, to ensure their needs are fully represented. Commissioners are encouraged to help distribute the survey and participate in the task force's work.</p> <p>Comments:</p> <p>Rodrigues: the hospitals have been very impacted by the flu and overflowed and filled to capacity. Is there truth to that?</p> <p>Dr. Mahajan: It is not surprising. Certainly, there would be a surge of ER visits and hospitalizations related to the complication of the viral illness like the flu and I would imagine that data is real and it's true.</p> <p>Rodrigues: Regarding the wildfires. There are concerns about the availability of PPE, particularly bodysuits, for residents who are returning to their properties to sift through rubble. While PPE is being distributed at disaster response centers, many residents, especially seniors and those with mobility issues, may find it</p>	<p><i>Jeremiah G. to contact/follow up with Commissioners on Task Force Volunteers.</i></p>

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	<p>difficult to go to these centers. Perhaps outreach teams could deliver PPE directly to affected residents to ensure they have the necessary protective gear while working around their properties.</p> <p>Rodrigues: highlighted the digital divide in Altadena, particularly among seniors and residents without access to technology due to the fire. Suggested using community health workers or other teams with iPads to help these individuals complete the Task Force survey, ensuring that those affected by the fire and the digital divide can still provide input and be heard.</p> <p>Dorian: Improving volunteer management is crucial, for example with the Red cross and Medical Reserve Corps (MRC), in disaster recovery and preparedness efforts. When a disaster strikes, many people want to help but don't know how or are not connected to the system. She emphasized the need to better engage the community, especially students, by providing training and making sure they are prepared and plugged into response systems in advance. With our public health students, for example, we can have them join here at the MRC Los Angeles unit, but if they move away, they can then join other MRC chapters nationally. She also stressed the challenge of keeping people motivated and ready to act in the long term, even after the immediate crisis has passed, as public attention often fades once "normal" life resumes. Additionally, she suggests creating strike teams with individuals who can assist in tasks like vector control during emergencies, similar to how contact tracing was handled during COVID. She also emphasized the need for a registry to track first responders and cleanup workers, following the example of 9/11, to monitor their long-term health and impacts. she highlighted the toll such work takes, mentioning how some workers, including her own son, are consistently on the job without breaks. Lastly, she stressed the importance of evaluating response efforts through evidence-based studies, such as tracking patient outcomes in skilled nursing facilities, to learn from past events and improve future responses.</p>	

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	<p>Dr. Mahajan: We will be delighted to have you on the task force, and these comments I'm sure we'll activate other members of our task force, and we'll get some energy around each of those ideas.</p> <p>Green: expressed appreciation for the leadership shown during the recent disasters, particularly in public health efforts under Dr. Ferrer, Dr. Davis, and the team. He commends the efforts, especially given the personal impact of the fires. Has the team considered the long-term challenges ahead, especially in collaboration with other county departments like mental health, to address the ongoing trauma and recovery needs.</p> <p>Dr. Mahajan: DPH is learning lessons from other wildfires, particularly the Maui Lahaina Fire Response, to improve its approach. They emphasize that the psychological impact of disasters is often the longest-lasting, and mental health experts are leading efforts to address this. The task force aims to involve community organizations and various entities, not just the county, in the recovery process. They mention UCLA and other academic partners who are planning a long-term patient registry to track the health and mental well-being of impacted residents. The speaker stresses the importance of engaging the community in this work, rather than treating it as an academic exercise, and acknowledges the need for more voices to guide the process.</p>	
<u>V. Presentation</u>	<p>Sharon Balter, Director of the Division of Communicable Disease, and Dr. Jamie Middleton, Chief Veterinarian presented on H5N1</p> <p>There are four types of influenza viruses: A, B, C, and D. Types A and B cause most human illnesses and are RNA viruses with a segmented genome. Influenza A viruses are the only ones known to cause pandemics.</p>	

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	<p>They are classified into subtypes based on two surface proteins: hemagglutinin (HA) and neuraminidase (NA), with various numbers for each (e.g., H1 to H18 and N1 to N11). This is the basis for terms like H5N1.</p> <p>Influenza is a virus that evolves over time, primarily through a process called antigenic drift, where small mutations cause the virus to change slightly each year. This results in different strains, like H3, and requires new vaccines and may affect how well antivirals work. A more serious change, called antigenic shift, occurs when an avian (bird) flu virus and a human flu virus infect the same animal, often a pig, and mix their genetic material. This can lead to new strains that may affect humans. Scientists are still learning about which animals can carry and transmit influenza.</p> <p>Avian flu is not easily transmitted from human to human, as seen in a tragic case in Louisiana where a woman contracted it from her backyard chickens but did not spread it to others. In contrast, human flu spreads easily between people. However, if an avian flu virus and a human flu virus mix in an animal, it could create a new strain with both high transmissibility and severity, potentially leading to a serious flu pandemic like the one in 1918, which caused millions of deaths. The advancements in medical science since then, such as vaccines and treatments has helped prevent such a crisis today, which is why there is a focus on influenza preparedness.</p> <p>Influenza is primarily an avian disease, with wild birds being the main reservoir for the virus. The virus is classified based on its effect on chickens: low pathogenic avian influenza causes mild or no symptoms in chickens, like ruffled feathers or reduced egg production, while highly pathogenic avian influenza (currently circulating) causes severe disease and high mortality in poultry, often killing 90-100% of infected</p>	

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	<p>chickens within 48 hours. This highly pathogenic strain can spread back to wild birds, fueling its global spread, and is mostly found in H5 or H7 subtypes.</p> <p>As of April last year, the CDC confirmed the first human H5 bird flu infection from exposure to dairy cattle, marking the first reported cow-to-human transmission. This followed the detection of H5 in dairy cattle, which typically experience illness or reduced milk production, though it can sometimes be fatal. By this month, over 950 dairy herds in 16 states, including 735 in California, have tested positive for H5. Wild birds and mammals have also been affected, and a pig in Oregon tested positive for H5. Concerns arose from the potential for the virus to mix between species. Domestic cats, including large cats, are particularly vulnerable to H5 if they consume infected milk or meat, and several cats, including in LA, have died from H5 after exposure.</p> <p>Currently, a strain of avian influenza (H5N1) is circulating in wild birds and cattle in the U.S. It has been categorized into different clades and genotypes. One specific strain, clade 2.3.4.4B genotype B3.13, is believed to have spilled over from wild birds into dairy cattle, with the same genotype now found in cows across the U.S. Cattle move frequently between farms, which helps spread the virus, and fomite transmission (spread via contaminated surfaces, trucks, or personnel) also plays a role. Another strain, clade 2.3.4.4B genotype D1.1, is circulating in migratory birds and has recently been detected in dairy cattle in Nevada, indicating a potential second spillover event. This strain is associated with severe illness in some individuals, as seen in a fatal case in Louisiana and a severely ill teenager in Canada. However, the overall impact on humans remains unclear, with people who work with cattle mostly experiencing mild symptoms, like conjunctivitis.</p>	

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	<p>As of this month, there have been 65 human cases of H5 in the U.S., with 40 linked to exposure to dairy cows, 36 of those in California. Another 23 cases were linked to poultry farms and culling operations, and one case came from a backyard flock, which was the tragic incident in Louisiana. There are also three cases with no known exposure, two in California and one in Missouri. Importantly, there is no evidence of human-to-human transmission, which would be a major concern if it were to occur. The focus remains on messaging safety precautions for handling poultry and dairy cattle.</p> <p>Human transmission of H5 primarily occurs through exposure to poultry, either by touching sick birds or contaminated areas and then touching the face, or potentially through inhaling aerosols around poultry. For cows, direct spread has occurred through splashing of milk or feces into the eyes, or fomite transmission from contaminated surfaces. While it's theoretically possible for humans to get H5 from consuming raw milk, it's rare because the human gut isn't conducive to the virus, though it could potentially occur if someone aspirates contaminated milk into their lungs. There have been no known cases of this, and despite the consumption of raw milk in California, it remains unadvised.</p> <p>Pasteurization effectively inactivates the H5 virus in milk. While raw milk can be legally sold in California, it must be tested for H5 by the CDFA, though rapid tests are limited. There was a recall of raw milk products due to H5 detection, including from Raw Farm and Valley Milk Simply Bottled. These products have been recalled, and sales are currently suspended, though it's unclear if the suspension also applies to pet sales. The virus was also detected in cats, likely due to people consuming contaminated raw milk.</p> <p>The symptoms of H5 flu are similar to typical flu symptoms, including fever, chills, sore throat, cough, shortness of breath, congestion, muscle aches,</p>	

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	<p>headaches, diarrhea, and nausea. An unusual symptom in this case is a higher incidence of conjunctivitis, especially among dairy workers. However, most cases in the U.S., aside from the one fatality, have been mild. The first death occurred in Louisiana in December, involving exposure to sick and dead birds in a backyard flock. This case was from a different strain of H5, more similar to the one found in wild birds, not the strain circulating in cattle.</p> <p>The good news is that H5 flu can be treated with FDA-approved antivirals, such as oseltamivir (Tamiflu), which is also used for seasonal flu. The U.S. has stockpiled significant quantities of Tamiflu at local, State, and federal levels. While there are no commercially available avian influenza vaccines, the U.S. has stockpiled nearly 5 million doses of H5 vaccines and is testing additional candidates with pharmaceutical partners. The decision to distribute vaccines will depend on the severity of the disease and human-to-human transmission risk. Given the limited supply of vaccines, further efforts would be required for mass production and distribution, similar to the approach taken during COVID-19.</p> <p>The current risk of an H5 bird flu pandemic remains low, as there is no evidence of human-to-human transmission. However, as the virus spreads to more mammals, there is an increased potential for mutations or reassortment that could make it more transmissible. Antivirals and vaccines can help reduce the severity of illness, and studies in animals suggest that immunity to certain flu strains might reduce the severity of H5 infection, though human responses remain uncertain.</p> <p>In LAC, efforts are focused on educating healthcare providers, veterinarians, and those who may come into contact with wild birds, poultry, cattle, raw milk, or raw milk products. Public education also targets individuals with backyard flocks, urging them to avoid contact with sick or dying birds and to use proper personal protective equipment (PPE) if necessary. Animal control services may be involved in handling situations involving potentially infected animals.</p>	

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	<p>Comments/Recommendations:</p> <p>Green: Explain commercially versus licensed vaccines.</p> <p>Dr. Balter: Currently, the H5 bird flu vaccine is licensed in the United States but is not available for sale. The U.S. government holds the entire supply, as vaccine companies find it commercially unviable to produce it for a virus that is not yet transmissible between humans. The government has invested in creating and stockpiling the vaccine for emergencies, but producing large quantities for the entire population doesn't make sense, given the virus may mutate over time. The 15 million doses stockpiled may work if needed soon, but if the virus mutates before human transmission begins, the vaccine may not be effective, and a new one may need to be developed.</p> <p>This stockpile of 15 million doses is intended to give the U.S. a head start in case of an emergency. While it might not be needed for years, the plan is in place for rapid distribution, similar to the approach taken during the COVID-19 pandemic. If a situation arises quickly, the U.S. would be prepared with these doses, but if the pandemic is far off, new vaccines may be required based on the virus's evolution.</p> <p>Rodrigues: The rising prices of eggs, chicken, and other poultry products are partly due to bird flu, but it's not the sole factor driving the increase. While bird flu is contributing to higher prices, it doesn't explain the price hikes of other products like strawberries or avocados. The suggestion is to create clear messaging that acknowledges bird flu as a factor driving up prices, but also emphasizes that it is primarily a public health issue, not just an economic one. This distinction could help reduce panic, especially on social media, where misinformation and anxiety are spreading in some communities. It's important to clarify that while bird flu is impacting egg prices, it doesn't mean there's an</p>	

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	<p>immediate crisis for human health, helping to mitigate unnecessary panic.</p> <p>Dr. Balter: yes, some of these things are related to the avian flu. We will talk with our Communications team on clearer messaging.</p> <p>Dorian: She agrees with Comm. Rodrigues and emphasizes the importance of clear communication to address misinformation and disinformation about the egg shortage caused by bird flu. She suggests focusing on health education and marketing efforts to clarify the real reasons behind the situation, especially since political factors are complicating the narrative. She highlights that while panic should be avoided, being prepared and providing accurate information to the community is essential. She also points out that the shortage affects not just raw eggs, but all businesses and products that rely on eggs, making communication even more crucial.</p>	
<u>VI. New Business</u>	<p>2024 Public Health Commission Annual Report</p> <ul style="list-style-type: none"> - Commissioners asked to submit suggestions for new annual goals - Commendation recognition from Sen. Laphonza Butler - New deadline for annual report for end of May 	Commissioners to submit goals by next meeting
<u>VII. Unfinished Business</u>		
<u>VIII. Public Comment</u>	<p>J.T.: an LA resident and LAUSD parent, commends the community for stepping up during the wildfires, filling the gap left by public institutions in providing clean air mitigation and masks. She advised that a private community agency provided N95s and children's masks when the official response was lacking. She thanked the</p>	

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	<p>authorities for the new guidelines on air changes for indoor spaces. She raised a concern about how the failures of the COVID response could affect future public health crises, specifically bird flu, and suggests widespread community outreach, education, and modeling pro-health behaviors like masking in public to prevent these failures from recurring.</p> <p>P.H.: He thanked a private community agency for their efforts in distributing masks and air purifiers during the wildfires. He raised concerns about the current flu season, highlighting the rise in Flu A cases and suggesting that immune damage from COVID could be contributing. He noted the potential connection between Flu A and bird flu, recommending that LA County hospitals subsidize bird flu tests. He advises LAC to lead in scaling up testing and prevention efforts, as the rise in flu cases could signal human bird flu cases that are currently undetected. He emphasized the need for continued clean air incentives, such as air purifiers and mask mandates, and advocate for increased education to combat misinformation, especially with the Trump administration's impact on public health.</p> <p>H.D.: She urges officials to take bird flu more seriously than they have COVID, advocating for stronger measures like mask mandates in healthcare settings and schools, especially during respiratory virus season. She mentioned that COVID has weakened immune systems, contributing to a more severe flu season, and argues that masking helped eliminate certain flu variants during the pandemic. She recommended updating ventilation systems in healthcare settings, schools, public buildings, and transportation to prevent the spread of airborne viruses, including future bird flu. She also shared her experience with delays in PPE distribution during the fires and suggest that more proactive education and protection measures are in place to better safeguard the public.</p>	

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<u>IX. Adjournment</u>	<i>MOTION: ADJOURN THE MEETING</i> <i>The PHC meeting adjourned at approximately 12:15 p.m.</i>	<i>Commissioner Dowling called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Rodrigues.</i>