Wake County Health and Human Services Board
Meeting Minutes
September 26, 2024

Board Members Present:
Lily Chen
Maty Ferrer Hoppmann
Wanda Hunter
Trey McBrayer
Dr. Tonya Minggia
Dr. Jim Peterson
Dr. Anita Sawhney
Commissioner Cheryl Stallings
Tanyetta Sutton
Dr. Kelcy Walker Pope
Dr. Mary Faye Whisler
Tamara Wilson

Guests Present:
Deidre McCullers

Staff Members Present:
Akanksha Acharya
Jennifer Brown
Sheila Donaldson
Odile Fredericks
Ann Godwin
Barbra Gonzalez
Brian Gravlin
Anika Hamilton
Kevin Harrell
Duane Holder
Brittany Hunt
Evan Kane
Rebecca Kaufman
Katherine LaWall
Crystal Lormejuste
Dr. Joel Lutterman
Jenelle Mayer
Janny Mealor
Ken Murphy
Shanta Nowell
Melissa Pullen
Yolanda Thacker
Kathryn Thompson
Lechelle Wardell
Dana Webb-Randall
Amanda Wesson
Rochelle Whitaker

Call to Order
Vice Chair Ms. Wanda Hunter called the meeting to order at approximately 7:43 a.m.

Next Board Meeting – October 24th, 2024

Approval of Minutes
Ms. Wanda Hunter asked for a motion to approve the August 22nd, 2024 Board meeting minutes. Mr. Ken Murphy (Senior Deputy County Attorney) proposed corrections to the minutes as presented – specifically to have an accurate account of the August's meeting's closed session and adjournment. These edits separated the closed session and adjournment agenda items into two separate sections with corrected language on the motion and second. These edits were all in line with the recording of the August 2024 meeting. There was a motion by Dr. Mary Faye Whisler to approve the minutes with the proposed amendments and Ms. Tanyetta Sutton seconded. The minutes were unanimously approved with the proposed amendments.

Treasurer's Report
In the absence of Ms. Christine Kushner (Treasurer), Ms. Brittany Hunt (Executive Assistant to the Health and Human Services Board) provided the Treasurer's Report. In August, the fund was reported as $9,167.95. Since that report, there had been no additions. The Board's fund remains at $9,167.95 with an increase by donated stipends anticipated during the October 2024 Board meeting.

Review of Procedures for Upcoming Health and Human Services Board Officer Elections
(Presented by Mr. Ken Murphy)
Mr. Ken Murphy (Senior Deputy County Attorney) informed the Board that nomination forms for Board Officers (i.e., Board Chair, Board Vice Chair, and Board Treasurer) would be sent out shortly for a vote to be held during the Thursday, October 24th, 2024 Board meeting. Ms. Brittany Hunt (Executive Assistant to the Wake County Health and Human Services Board) would be sending out the nomination form which would be due by Friday, October 11th. Nominees could be self-nominated or could include another Board member. In the latter case, permission from that Board member was required prior to submitting the nomination form. If Board members wished to nominate someone after October 11th, there would also be an opportunity to do so verbally during the October 24th meeting. Terms for the 2024 to 2025 Board Officers would begin December 1st, 2024 and last through November 30th, 2025.

Ms. Maty Ferrer Hoppmann asked if a nomination was needed if the current Board Officers wished to remain in their positions. Mr. Murphy confirmed that they would need to be nominated. In addition, if there were multiple candidates for an Officer position, the position would be filled per majority vote of the full Board.

Mr. Murphy also reminded Board members that there had been a septic permit denial appeal hearing scheduled for Friday, October 4th at 9:00 a.m. With one Board member confirmed for the three-member panel needed, two additional members were needed. Those available to attend were encouraged to contact Ms. Brittany Hunt (Executive Assistant to the Health and Human Services Board).

Public Health Report: 2024 Communicable Disease (Accreditation Benchmark #2.4)
(Presented by Ms. Morgan Poole, Ms. Akanksha Acharya, and Ms. Katherine LaWall)
Ms. Morgan Poole (Epidemiology Program Manager), Ms. Akanksha Acharya (Senior Epidemiologist), and Ms. Katherine LaWall (Senior Epidemiologist) presented the 2024 Communicable Disease Public Health Report. Public Health reports (e.g., communicable disease, chronic disease, injuries) help fulfill the public health essential services of assessing and monitoring population health as well as communicating effectively to inform and educate. Reports are published annually and can be found at https://housewake.org/departments-government/health-human-services/public-health-and-medical-services/epidemiology-program.

Figure 1:
Ten Essential Public Health Services

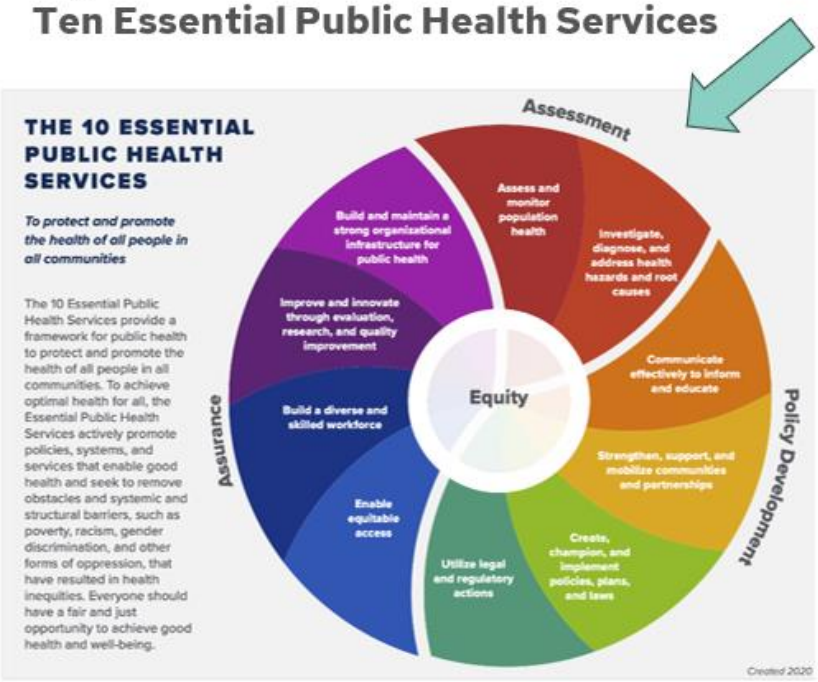


Image source: Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/public-health-gateway/php/about/?CDC_AAref_Val=https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

Communicable diseases, also known as infectious diseases, are illnesses caused by microorganisms such as bacteria, viruses, parasites, and fungi. The route of transmission varies by disease and may include:

- Direct contact with contaminated body fluids or excretions
- Contact with contaminated objects
- Inhalation of contaminated airborne particles
- Ingestion of contaminated food or water
- Transmission from an animal or vector carrying the microorganism

This report contains information on the burden of communicable diseases in Wake County. Additionally, this report highlights the work of Public Health programs that assess, identify, follow-up, and prevent reportable (and some non-reportable) communicable diseases and conditions in Wake County.

There are over seventy-five (75) reportable diseases and conditions specified in the North Carolina (N.C.) Administrative Code rule 10A NCAC 41A.0101 (http://reports.oah.state.nc.us/ncac/title 10a - health and human services/chapter 41 - epidemiology health/subchapter a/10a ncac 41a .0101.html). Many diseases that are reported to the North Carolina Department of Health and Human Services (NC DHHS) must also be reported to the Centers for Disease Control and Prevention (CDC). Most diseases reported to NC DHHS are tracked through the North Carolina Electronic Disease Surveillance System (NCEDSS), but a few have their own reporting systems such as the Enhanced HIV/AIDs Reporting System (eHARS).

Reporting systems such as NCEDSS and other databases with disease reports contribute to public health surveillance. Public Health surveillance is "the ongoing, systematic collection, analysis, and interpretation

of health-related data essential to planning, implementation, and evaluation of public health practice" (CDC, 2014). Timely and complete disease reporting allows for monitoring and responding to the changing health status of the community. This also ensures that prevention activities reach the right people, and that Public Health and community programs get the resources that they need.

Case definitions varied for each disease, but the following were, in general, true:

- Confirmed Case: Requires a positive laboratory test (and will have matching clinical symptoms as well, majority of the time)
- Probable Case: Lacks a positive laboratory test but has clinical symptoms and meets other criteria such as knowing how and when the individual was exposed (epidemiological linkage)
- Suspect Case: Generally, has clinical symptoms but no positive laboratory test or epidemiological linkage

In this report, all statuses (confirmed, probable, and suspect) are included for most of the diseases and conditions.

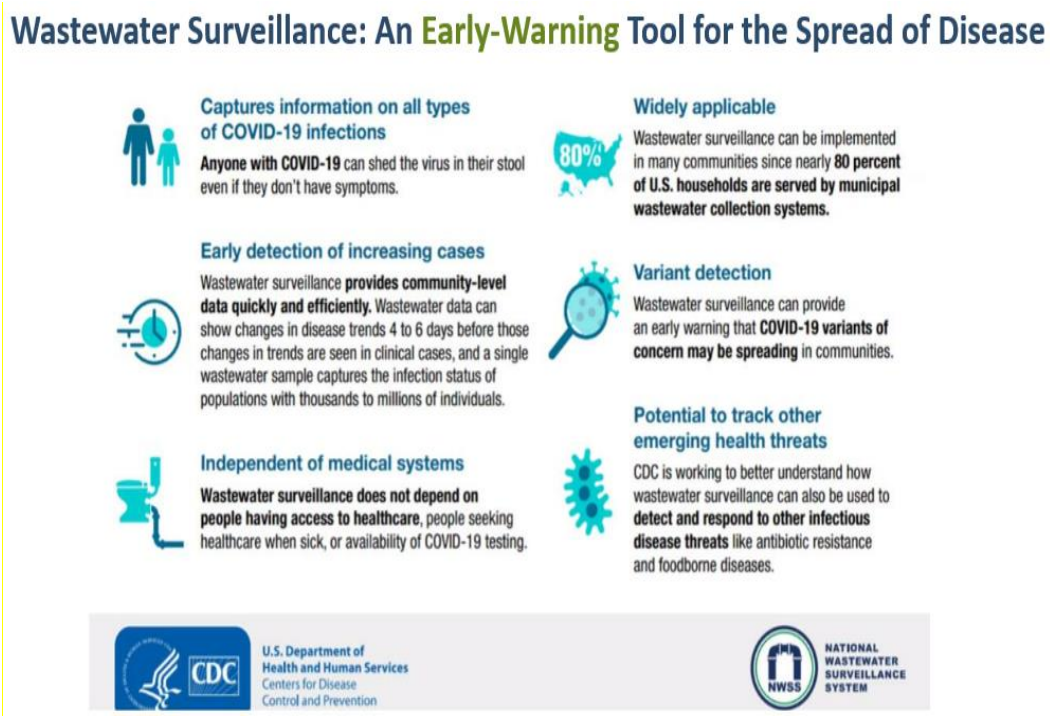


Image source: https://www.cdc.gov/nwss/wastewater-surveillance.html

Wastewater Monitoring is an early detection tool that can help communities prepare for and take action to address increasing causes of infectious diseases. In response to the COVID-19 pandemic, the CDC launched the National Wastewater Surveillance System (NWSS) in September 2020. In October 2021, five wastewater treatment plans (WWTPs) in Wake County began collecting wastewater samples twice per week. Today, the now six WWTPs in Wake County collect wastewater samples weekly to monitor COVID-19, Respiratory Syncytial Virus (RSV), Influenza A (Flu A), Influenza B (Flu B), and Mpox (Monkeypox). The process of wastewater monitoring involves key steps, including:

- People shed certain infections (such as COVID-19) when they use the bathroom
- Those pieces of virus from the toilet drain through the sewage system
- Before wastewater is treated, wastewater operators take samples to send to the laboratory
- Laboratories test the wastewater sample to detect and report on the different types of infections that are circulating in a community

Public Health officials use wastewater data to better understand disease trends in communities and make decisions, such as providing guidance on how to prevent infections or increase testing or vaccination options.

Next, the 2022 Wake County demographic profile was shared. The median age of people living in Wake County was 37.3 years. More than half of the population (55.1%) is between the ages of 25 and 64 years. Around 51% of residents are female and 49% are male. The four largest ethnic groups are White (Non-Hispanic) (58.3%), Black or African American (Non-Hispanic) (20.8%), Hispanic or Latino (10.6%), and Asian (8.9%).

Top Ten Reported Communicable Diseases in Wake County, 2023

	Diseases and conditions	Cases, All Statuses (Confirmed, Suspect, Probable)
1	Chlamydia+	6266
2	Gonorrhea+	2448
3	Early syphilis*+	314
4	Salmonellosis	257
5	Campylobacter	252
6	Hepatitis B, Chronic	136
7	HIV, New+	135
8	*E. coli*	79
9	Shigellosis	72
10	Cryptosporidiosis	68

Vaccine preventable diseases were reviewed first. Hepatitis B had its incidence rate increase by 3% in 2023 compared to 2022. A total of 136 cases were reported in 2023.

Figure 4: Hepatitis B by Race, 2023

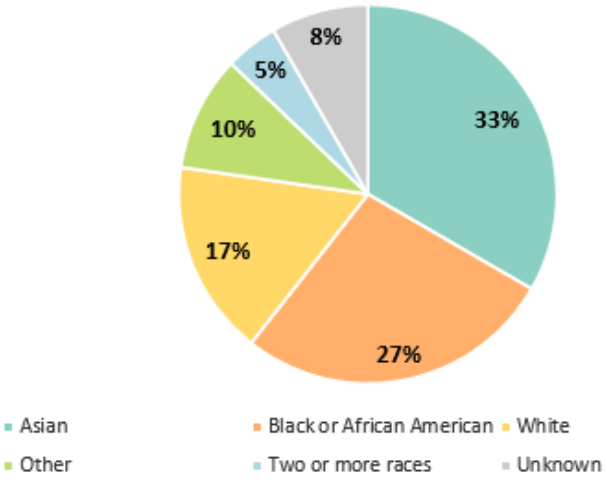
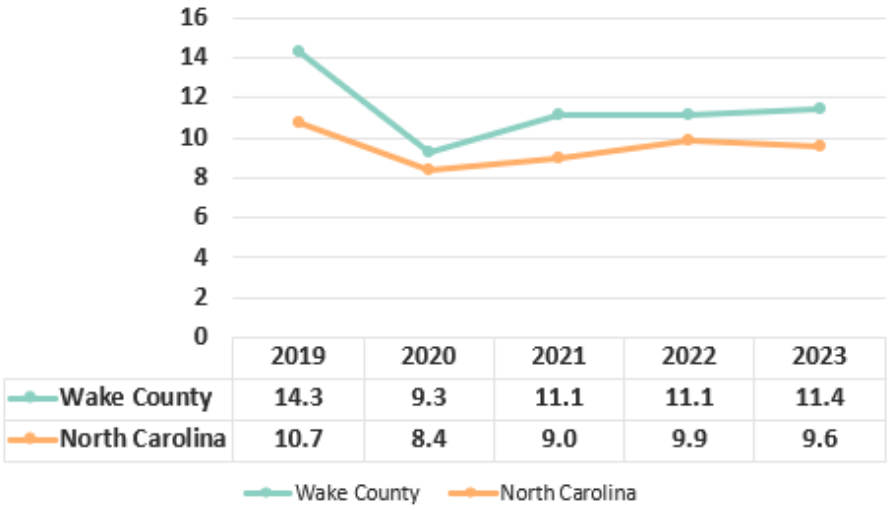
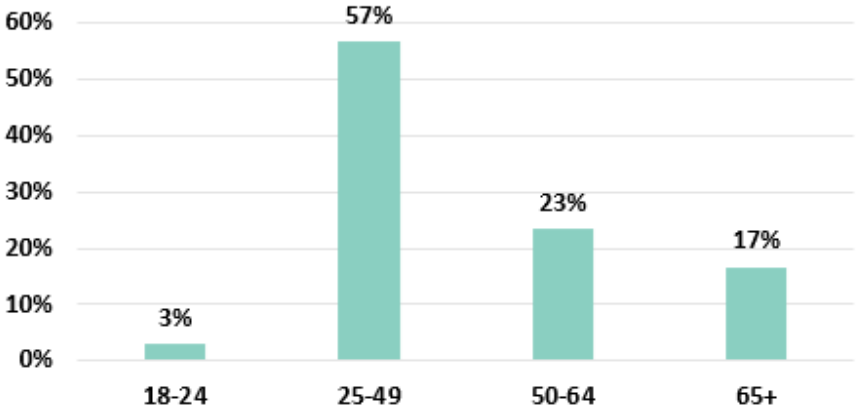


Figure 2: Hepatitis B Incidence Rates, 2019-2023



	2019	2020	2021	2022	2023
Wake County	14.3	9.3	11.1	11.1	11.4
North Carolina	10.7	8.4	9.0	9.9	9.6

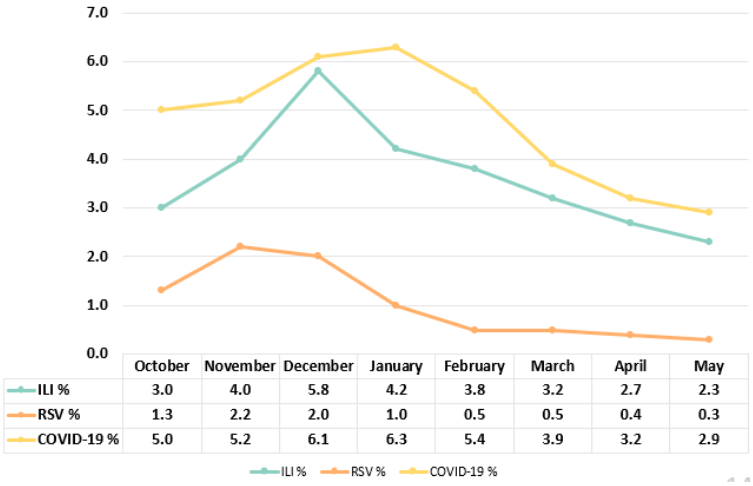
Figure 3: Hepatitis B by Age Group, 2023



During the 2023-2024 respiratory virus:

- Emergency Department (ED) visits for influenza-like illness (ILI), respiratory syncytial virus (RSV), and COVID-19 peaked between November and December and then declined
- ILI and COVID-19 cases are lower than the previous season, while RSV cases are higher
- For all three viruses, the most affected age group was 0-4 years

Figure 6: Percent of Emergency Department (ED) Visits, ILI, RSV, COVID-19, 2023-2024



	October	November	December	January	February	March	April	May
ILI %	3.0	4.0	5.8	4.2	3.8	3.2	2.7	2.3
RSV %	1.3	2.2	2.0	1.0	0.5	0.5	0.4	0.3
COVID-19 %	5.0	5.2	6.1	6.3	5.4	3.9	3.2	2.9

In March 2024, the CDC released updated recommendations for respiratory viruses. This guidance offers a unified approach to addressing risks from different respiratory viruses including COVID-19, flu, and RSV.

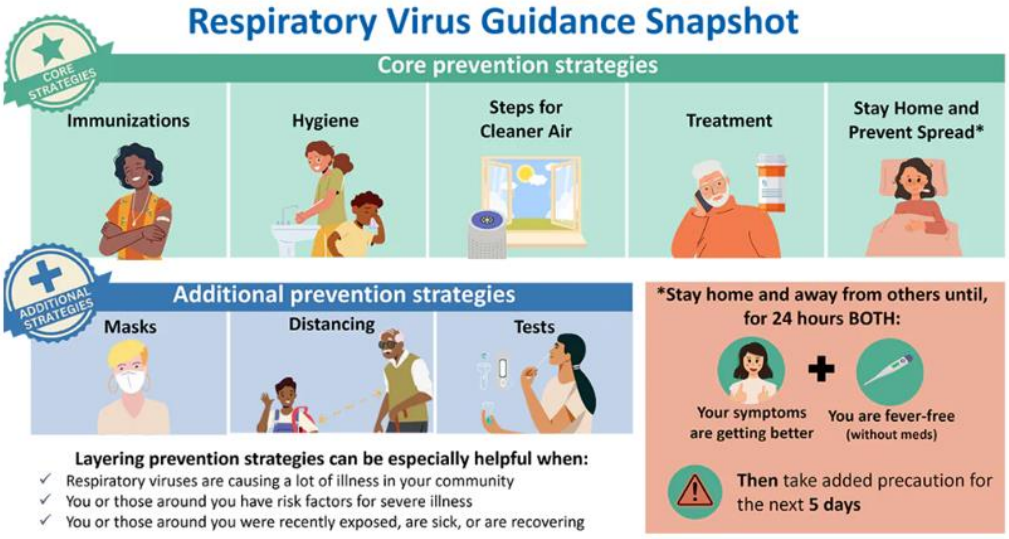


Image source: https://www.cdc.gov/respiratory-viruses/guidance/index.html

The Tuberculosis (TB) incidence rate increased by 10% in 2023 compared to 2022. Twenty-five (25) cases were reported in 2023.

Figure 9: Tuberculosis by Race, 2023

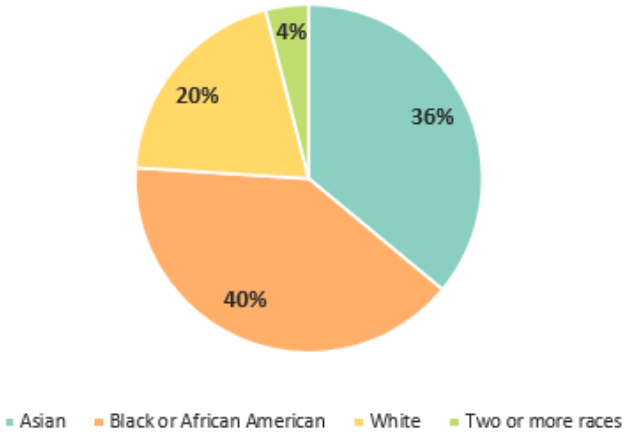
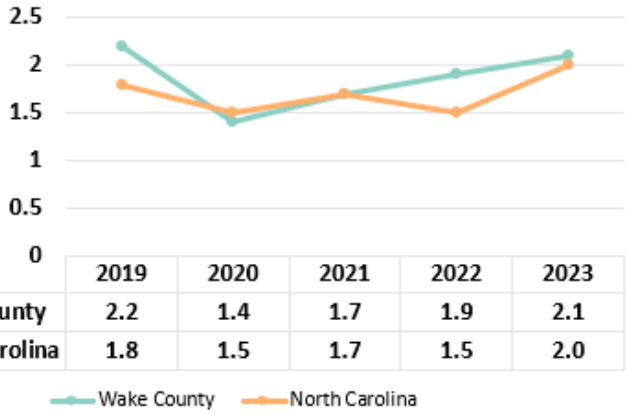
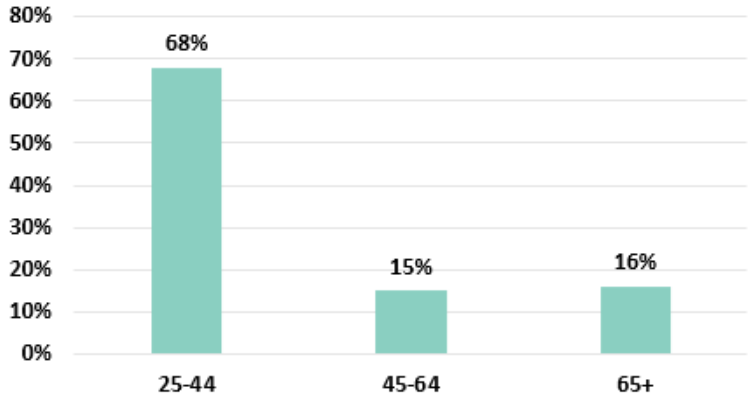


Figure 7: Tuberculosis Incidence Rates, 2019-2023



	2019	2020	2021	2022	2023
Wake County	2.2	1.4	1.7	1.9	2.1
North Carolina	1.8	1.5	1.7	1.5	2.0

Figure 8: Tuberculosis by Age Group, 2023



Next was a review of foodborne diseases. Salmonellosis had its incidence rate decreased by 14% in 2023 compared to 2022. There were 257 cases reported in 2023.

Figure 13: Salmonellosis by Race, 2023

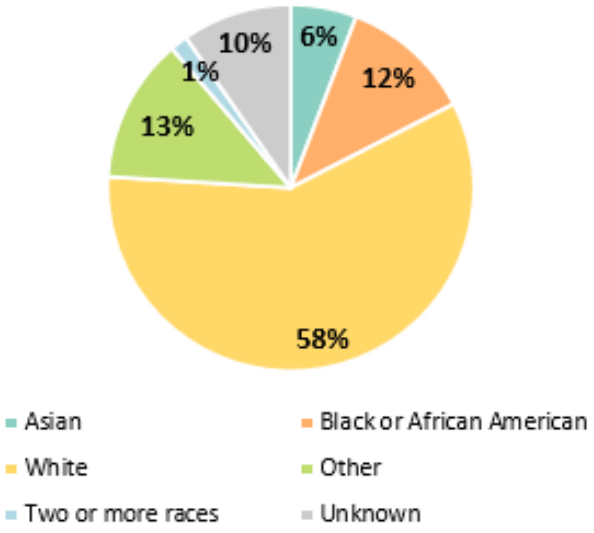
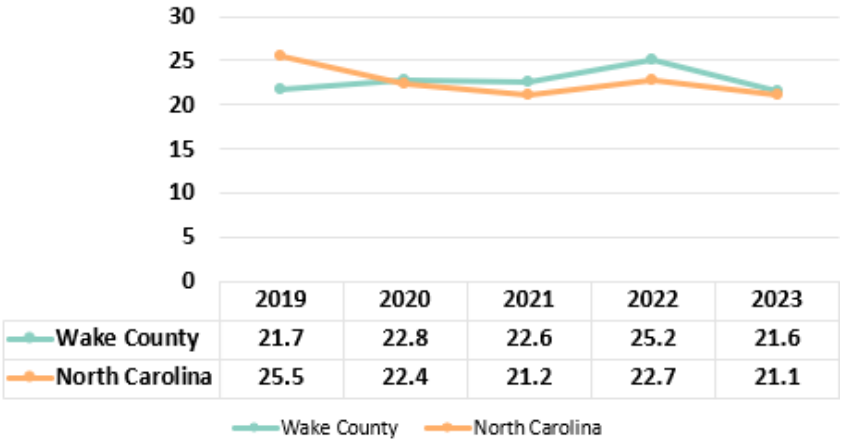
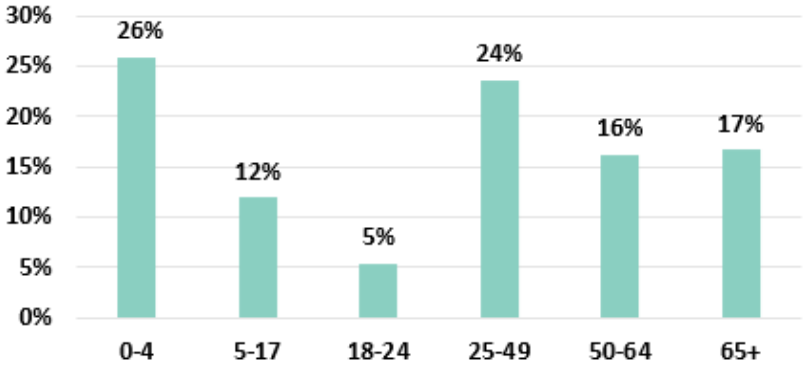


Figure 11: Salmonellosis Incidence Rates, 2019-2023



	2019	2020	2021	2022	2023
Wake County	21.7	22.8	22.6	25.2	21.6
North Carolina	25.5	22.4	21.2	22.7	21.1

Figure 12: Salmonellosis by Age Group, 2023



The Campylobacteriosis incidence rate increased by 40% in 2023 compared to 2022. There were 252 cases reported in 2023.

Figure 17: Campylobacteriosis by Race, 2023

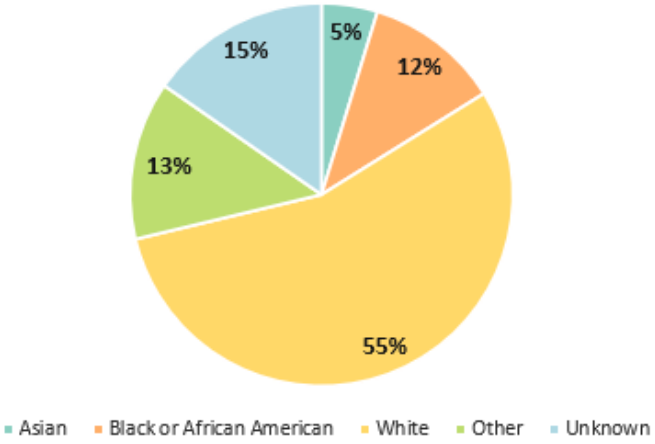
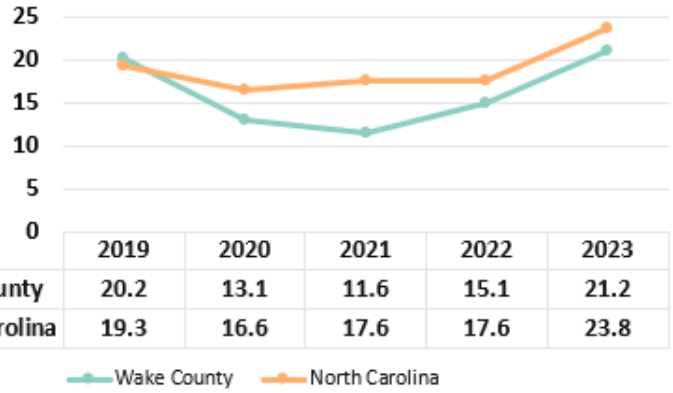
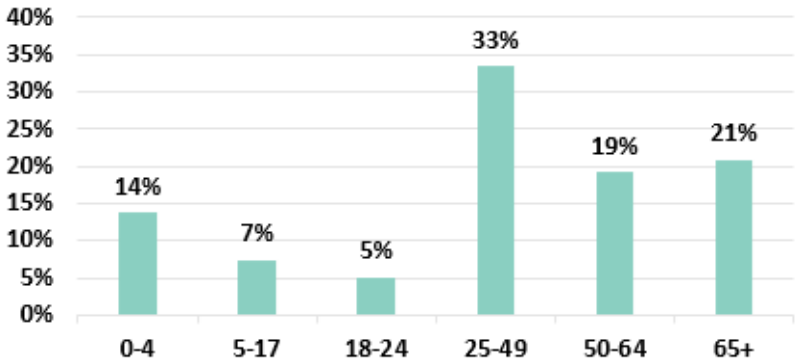


Figure 15: Campylobacteriosis Incidence Rates, 2019-2023



	2019	2020	2021	2022	2023
Wake County	20.2	13.1	11.6	15.1	21.2
North Carolina	19.3	16.6	17.6	17.6	23.8

Figure 16: Campylobacteriosis by Age Group, 2023



The E.coli incidence rate increased by 20% in 2023 compared to 2022. There were 79 cases were reported in 2023.

Figure 21: *E. coli* by Race, 2023

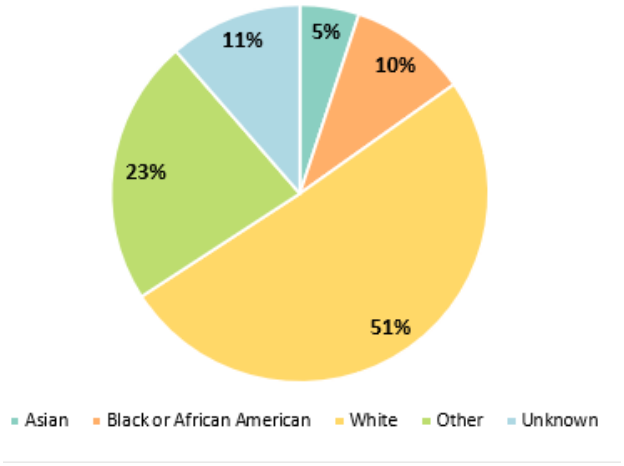
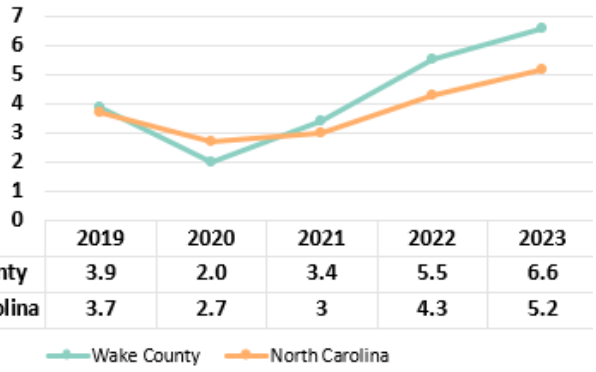
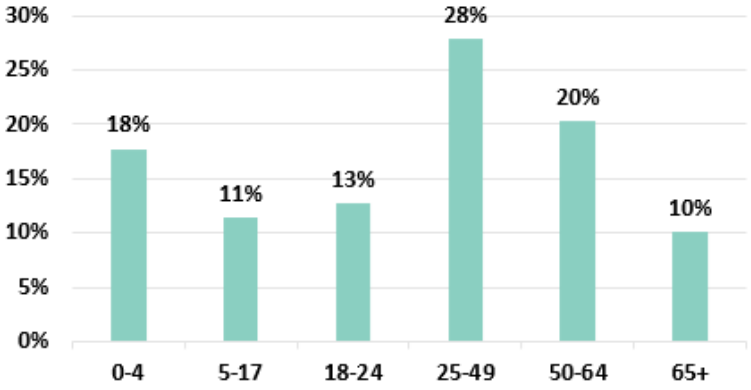


Figure 19: *E. coli* Incidence Rates, 2019-2023



	2019	2020	2021	2022	2023
Wake County	3.9	2.0	3.4	5.5	6.6
North Carolina	3.7	2.7	3	4.3	5.2

Figure 20: *E. coli* by Age Group, 2023



The Shigellosis incidence rate increased by 13% in 2023 compared to 2022. There were 72 cases reported in 2023.

Figure 25: Shigellosis by Race, 2023

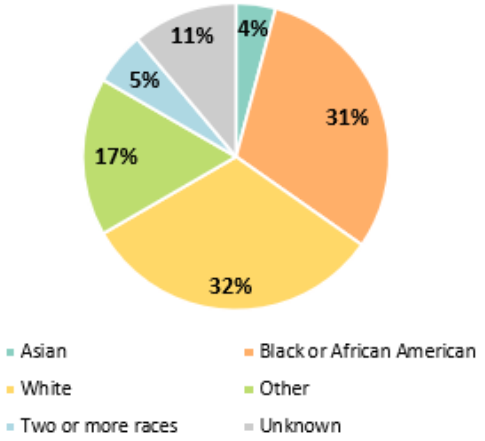
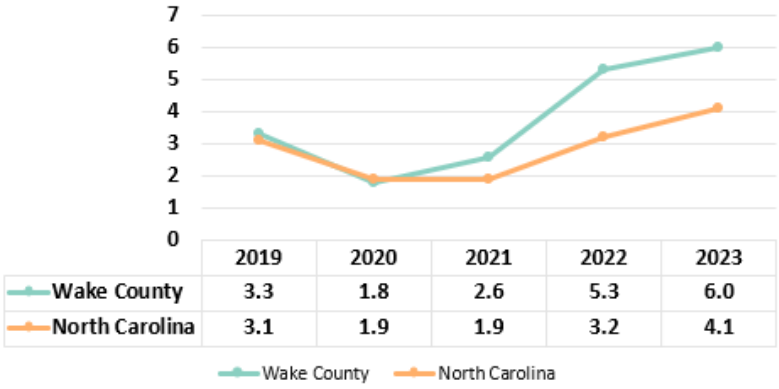
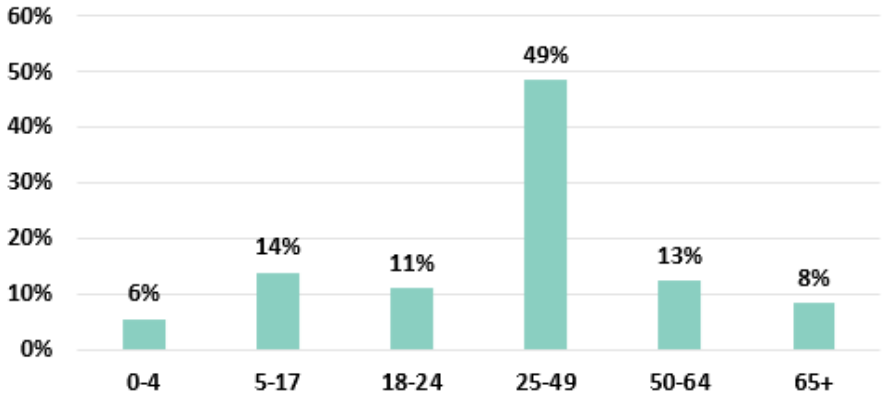


Figure 23: Shigellosis Incidence Rates, 2019-2023



	2019	2020	2021	2022	2023
Wake County	3.3	1.8	2.6	5.3	6.0
North Carolina	3.1	1.9	1.9	3.2	4.1

Figure 24: Shigellosis by Age Group, 2023



The Cryptosporidiosis incidence rate increased by 30% in 2023 compared to 2022. There were 68 cases were reported in 2023.

Figure 29: Cryptosporidiosis by Race, 2023

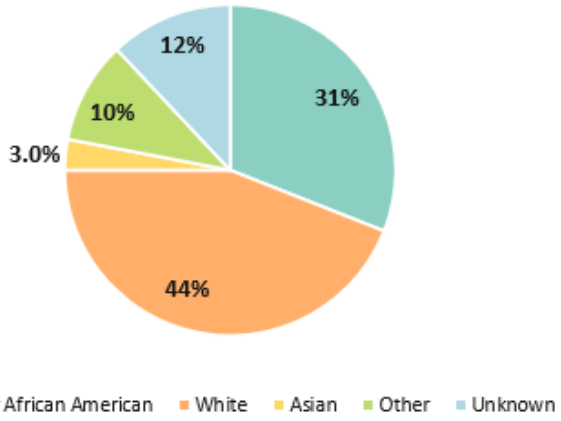
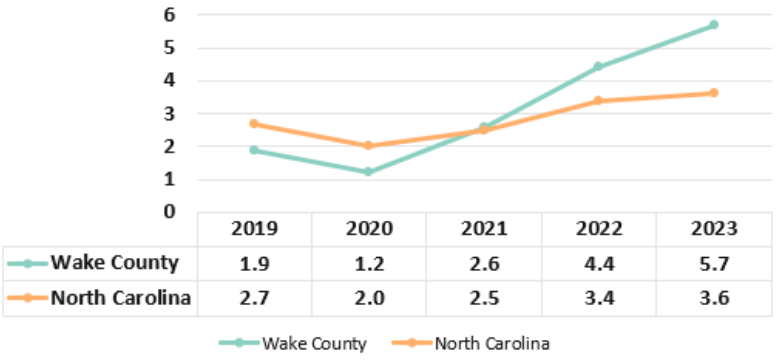
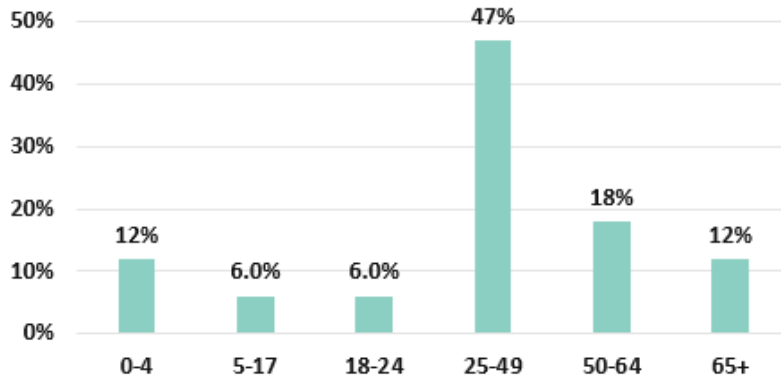


Figure 27: Cryptosporidiosis Incidence Rates, 2019-2023



	2019	2020	2021	2022	2023
Wake County	1.9	1.2	2.6	4.4	5.7
North Carolina	2.7	2.0	2.5	3.4	3.6

Figure 28: Cryptosporidiosis by Age Group, 2023



All foodborne and/or gastrointestinal illness outbreaks must be reported to the local health department (LHD) and the North Carolina Division of Public Health (NC DPH). In 2023, there were ten foodborne outbreaks involving at least 350 sickened individuals were investigated. Collaboration from the following groups is key when responding to a foodborne outbreak:

- Facilities experiencing the outbreak
- Community members reporting illness
- Multiple teams within Wake County Government/Health and Human Services

The image below is a visual of Wake County's Coordinated Outbreak Response during a Norovirus outbreak associated with a local restaurant in December 2023.

Vector-borne Diseases in Wake County, Annual Counts, 2019-2023

		2019	2020	2021	2022	2023
		All Statuses (Confirmed, Probable, and Suspect)				
		No. of Cases	No. of Cases	No. of Cases	No. of Cases	No. of Cases
Tickborne	Ehrlichiosis, chaffeensis	15	8	12	9	19
	Spotted Fever Rickettsiosis	56	11	4	16	15
	Lyme Disease	37	4	20	25	10
Mosquito-borne	Chikungunya	3	2	1	0	0
	Dengue	6	0	2	0	4
	Malaria	12	1	7	11	7
	West Nile Virus	0	0	2	1	3
	Zika Virus	1	0	0	0	0

There was then a review of several key prevention measures for these vector borne diseases, outlined below.

- Preventing Mosquito Bites
    - Wear long sleeved shirts and long pants, treat clothing with permethrin (0.5%) for extra protection, effective for several washes
    - Use Environmental Protection Agency (EPA) registered insect repellents containing DEET (an active ingredient in many repellent products), picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone
    - Mosquito-proof your home using screens on windows and doors
    - Eliminate breeding sites by preventing stagnant water

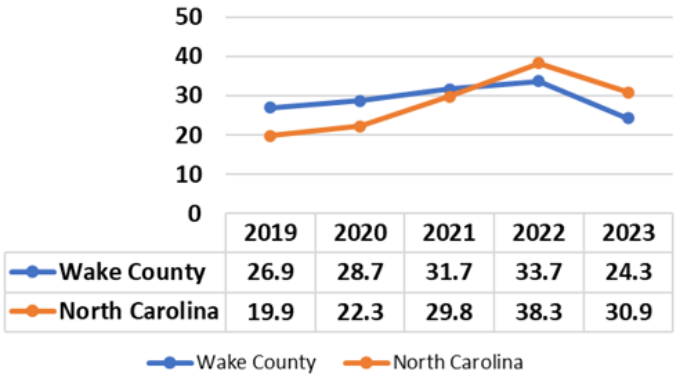
- Preventing Tick Bites
    - Wear a hat and light-colored clothing (long sleeves and pants tucked into boots or socks) to spot ticks easily
    - Use EPA registered insect repellents containing DEET (an active ingredient in many repellent products), picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone
    - Avoid ticks in wooded/brushy areas with high grasses and leaf litter by walking in the center of trails
    - Check clothing and skin for ticks you may have encountered while outdoors; shower soon after returning indoors

- Vaccination
    - Vaccines for vector borne diseases such as malaria, Japanese encephalitis, tickborne encephalitis, and yellow fever are available for travelers. Check with your healthcare provider to see if you are eligible

- Stay Informed
    - Stay updated on the current situation and specific preventive measures recommended by local health authorities in your region
    - Follow destination-specific guidelines for travel

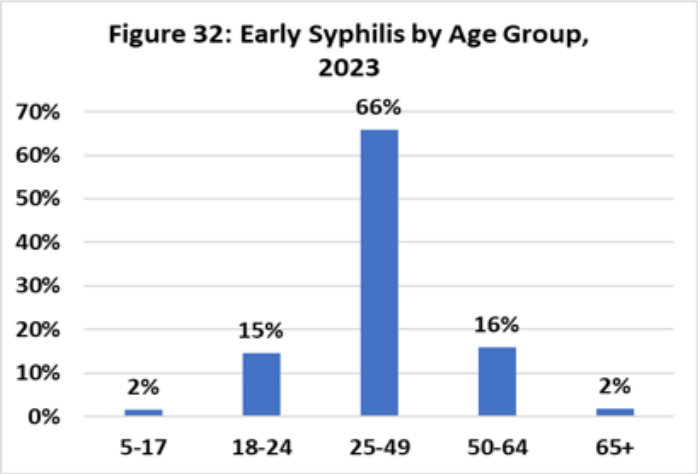
There was an overview of HIV and sexually transmitted diseases (STDs). Some STD cases during 2020 and 2021 may have been undetected therefore under reported, because testing and diagnostic services were reduced in those years due to the COVID-19 pandemic. Data for syphilis include both confirmed and probable cases due to a change in the case definition for a confirmed syphilis case that occurred in 2022. This change caused many cases in 2022 and 2023 that would have previously been confirmed to be categorized as probable cases. An increase in congenital syphilis at the national and State levels has been identified. This occurs when pregnant people pass the infection on to their infants during pregnancy. Undetected congenital syphilis can result in poor pregnancy outcomes such as miscarriage, stillbirth, preterm delivery, and perinatal death. Additionally, illnesses associated with congenital syphilis can manifest in the newborn or later in childhood. North Carolina public health law requires healthcare providers to screen all pregnant people for syphilis during the first prenatal visit, between 28-30 weeks gestation, and again at delivery.

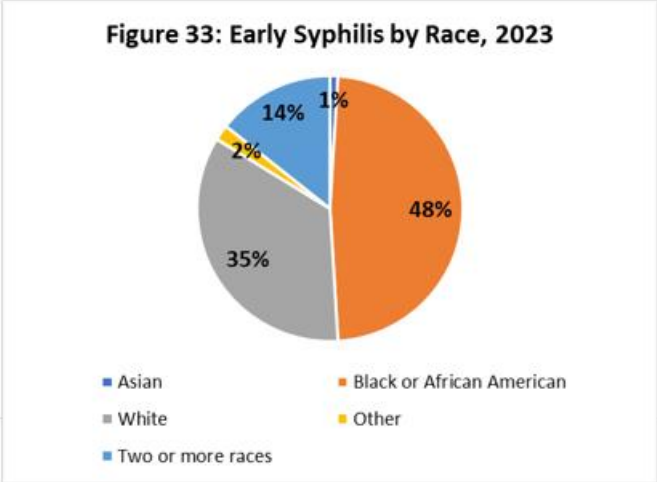
Figure 31: Early Syphilis Incidence Rates, 2019-2023*



	2019	2020	2021	2022	2023
Wake County	26.9	28.7	31.7	33.7	24.3
North Carolina	19.9	22.3	29.8	38.3	30.9

*Rates per 100,000 population. Note: counts for sexually transmitted diseases in this graph are limited to cases with Wake County residential addresses, counts may differ from the *Counts and Rates of Reportable Diseases and Conditions in Wake County, NC* table (includes individuals tested in Wake County but with addresses in other counties) later in this report.





Early syphilis includes primary, secondary, and early non-primary non-secondary syphilis cases. In this report, the data for early syphilis include both confirmed and probable cases due to a change in the case definition for a confirmed syphilis case that occurred in 2022. A confirmed syphilis case now must have a positive result for T. pallidum using a darkfield microscopy test in a clinical specimen that was not obtained from the oropharynx and is not potentially contaminated by stool or from a polymerase chain reaction (PCR) test in any clinical specimen. Positive results from other laboratory tests lead to a probable case status, not confirmed.

The change in case definition caused many cases in 2022 and 2023 that would have previously been confirmed to be categorized as probable cases. In order to compare syphilis data from 2022 and 2023 to previous years, all five years include both confirmed and probable cases.

Figure 34: Early Syphilis by Sex, 2023

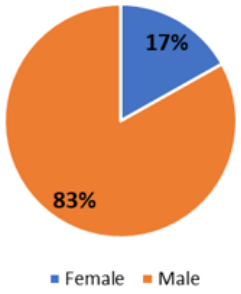
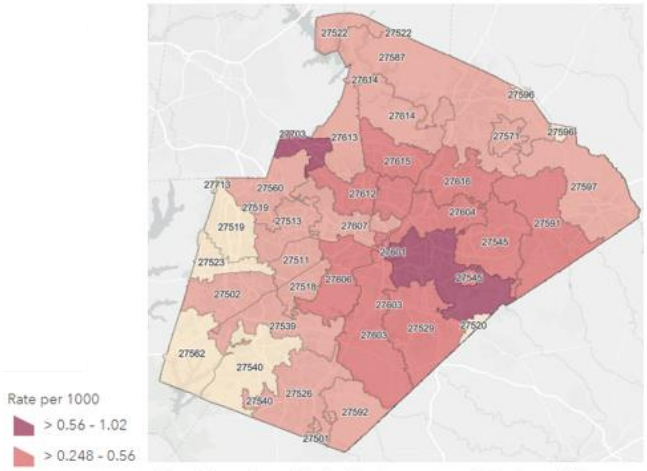


Figure 35: 2023 Early Syphilis Rates* Per 1,000 Population by Zip Code, Wake County

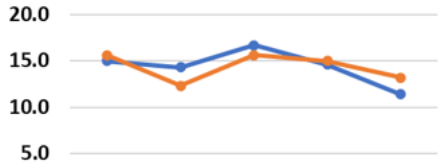


Rate per 1000
- > 0.56 - 1.02
- > 0.248 - 0.56
- > 0.07 - 0.248
- 0 - 0.07

The zip codes with the highest rates of Early syphilis cases per 1,000 population in 2023 were 27601, 27610, and 27617.

*Zip code-level rates were calculated using 2022 population estimates as 2023 estimates at the zip code level were not available as of 8/1/2024.

Figure 36: New HIV Incidence Rates, 2019-2023*



	2019	2020	2021	2022	2023
Wake County	15.0	14.3	16.7	14.6	11.4
North Carolina	15.6	12.3	15.6	15.0	13.2

Wake County North Carolina

*Rates per 100,000 population. Note: counts for sexually transmitted diseases in this graph are limited to cases with Wake County residential addresses, counts may differ from the *Counts and Rates of Reportable Diseases and Conditions in Wake County, NC* table (includes individuals tested in Wake County but with addresses in other counties) later in this report.

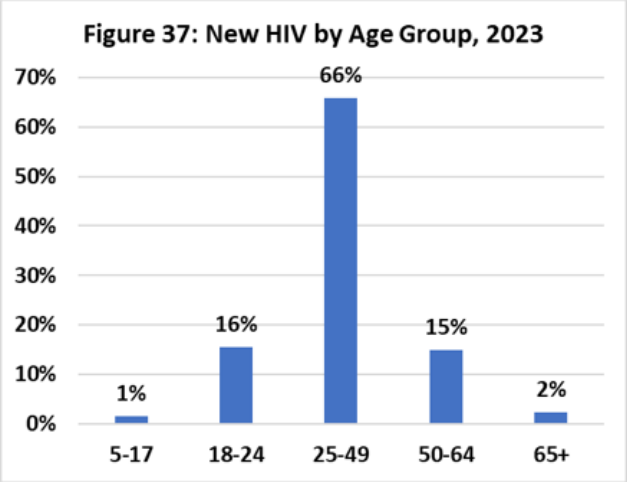


Figure 37: New HIV by Age Group, 2023
70%
60%
50%
40%
30%
20%
10%
0%
1%
16%
66%
15%
2%
5-17
18-24
25-49
50-64
65+

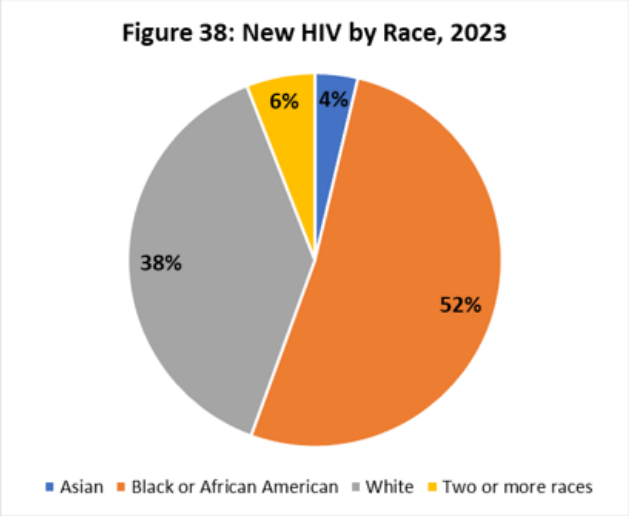


Figure 38: New HIV by Race, 2023
6%
4%
38%
52%
Asian
Black or African American
White
Two or more races

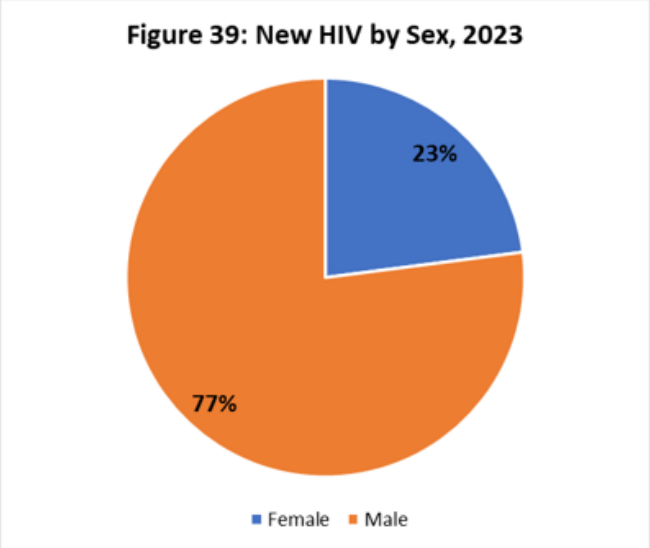
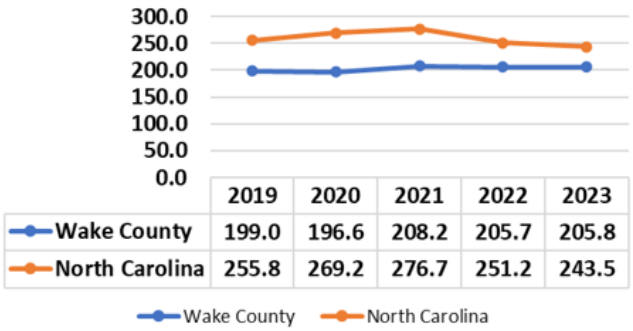


Figure 39: New HIV by Sex, 2023
23%
77%
Female
Male

Figure 40: Gonorrhea Incidence Rates, 2019-2023*



	2019	2020	2021	2022	2023
Wake County	199.0	196.6	208.2	205.7	205.8
North Carolina	255.8	269.2	276.7	251.2	243.5

*Rates per 100,000 population. Note: counts for sexually transmitted diseases in this graph are limited to cases with Wake County residential addresses, counts may differ from *the Counts and Rates of Reportable Diseases and Conditions in Wake County, NC* table (includes individuals tested in Wake County but with addresses in other counties) later in this report.

Figure 41: Gonorrhea by Age Group, 2023

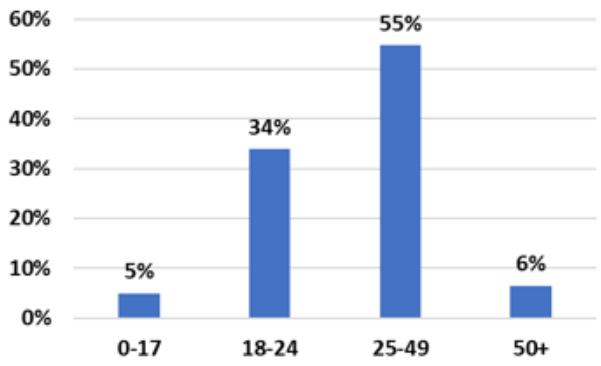


Figure 42: Gonorrhea by Race, 2023

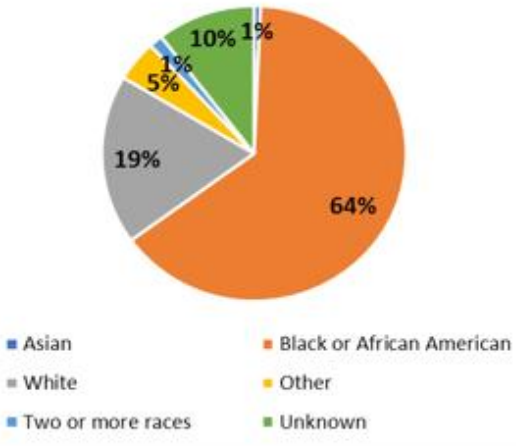


Figure 43: Gonorrhea by Sex, 2023

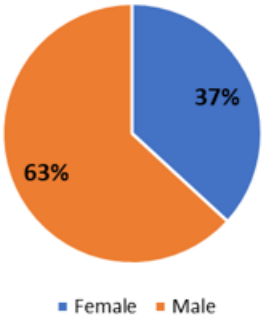
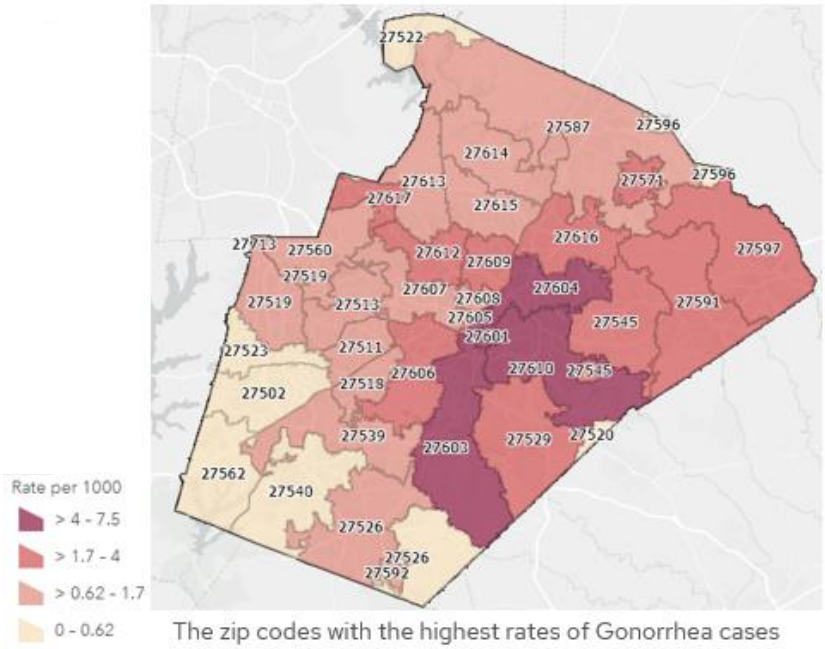
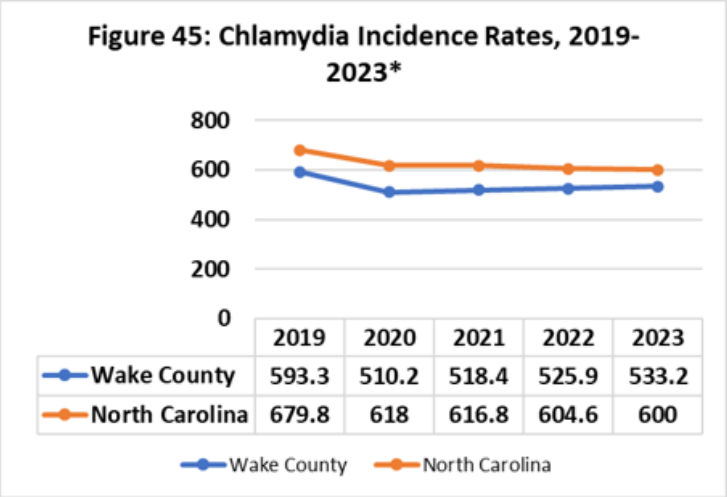


Figure 44: 2023 Gonorrhea Rates* Per 1,000 Population by Zip Code, Wake County

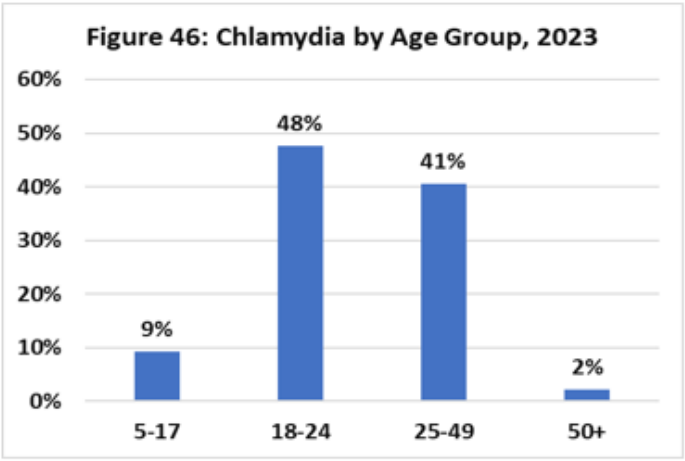


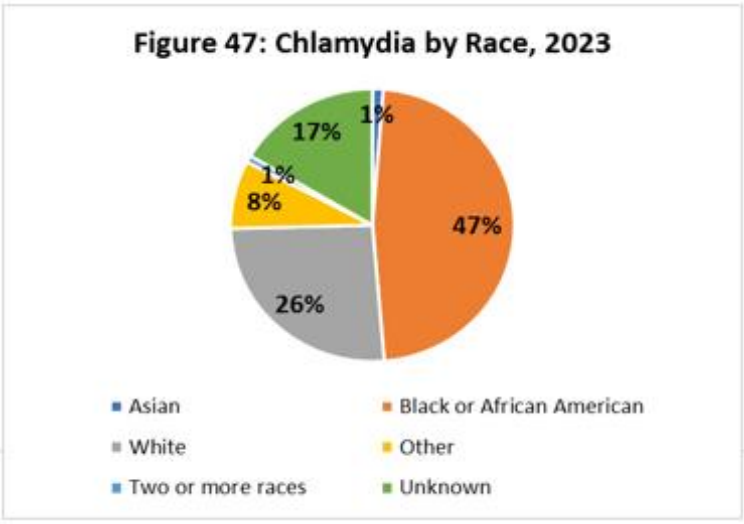
The zip codes with the highest rates of Gonorrhea cases per 1,000 population in 2023 were 27610, 27601, 27604, and 27603.

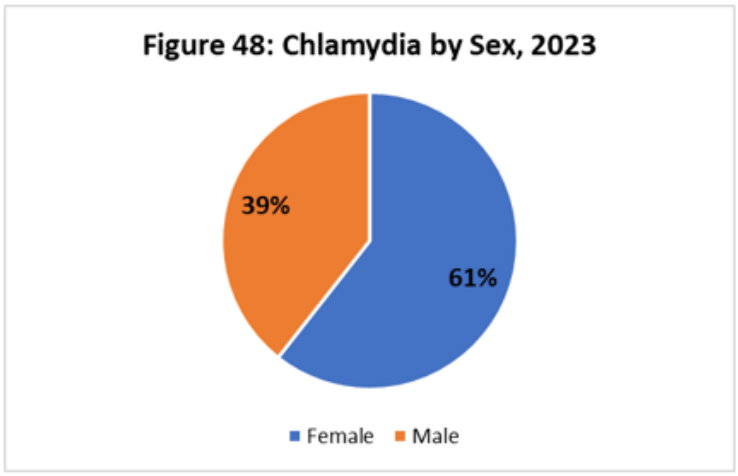
*Zip code-level rates were calculated using 2022 population estimates as 2023 estimates at the zip code level were not available as of 8/1/2024.

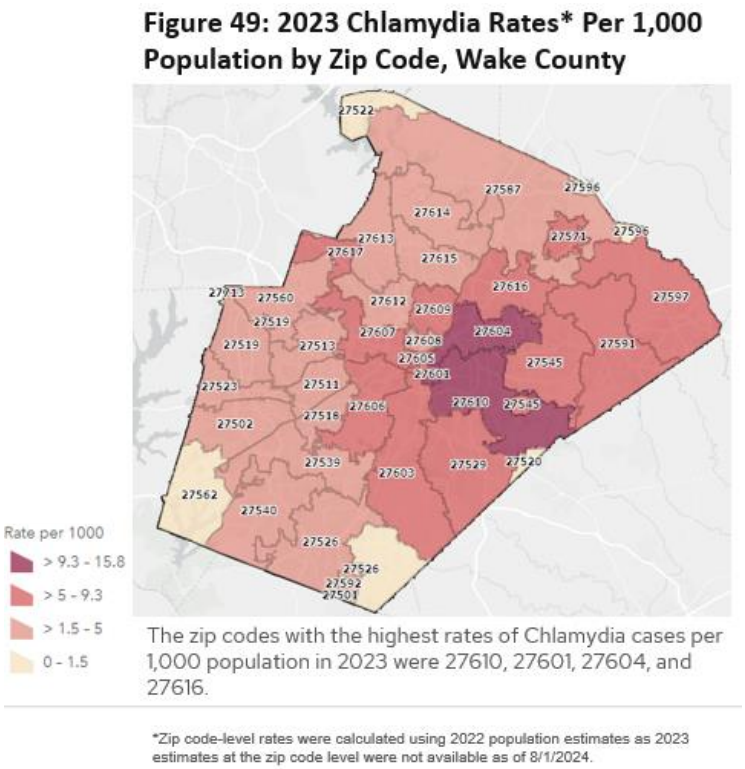


*Rates per 100,000 population. Note: counts for sexually transmitted diseases in this graph are limited to cases with Wake County residential addresses, counts may differ from the *Counts and Rates of Reportable Diseases and Conditions in Wake County, NC* table (includes individuals tested in Wake County but with addresses in other counties) later in this report.









The following summary highlights were then provided.

- Wastewater monitoring is an emerging surveillance tool that captures infected areas of individuals and serves as an early "warning" signal that can help communities prepare for and take action to address increasing cases of infectious diseases
- During the 2023-2024 respiratory virus season, emergency department (ED) visits for ILI, RSV, and COVID-19 peaked between November and December and then declined. ILI and COVID-19 cases were lower compared to the previous season, while RSV cases were higher
- For all three viruses, the most affected age group was 0-4 years
- In 2024, the CDC released updated recommendations for respiratory viruses. This guidance offers a unified approach to addressing risks from different respiratory viruses and emphasizing the

importance of preventive strategies (immunizations, hygiene, and taking steps for cleaner air) to protect oneself and others

- The rates of foodborne diseases continue to increase year to year
- All foodborne and/or gastrointestinal illness outbreaks must be reported to the local health department and NC DPH. When foodborne/gastrointestinal illness outbreaks take place, Wake County staff respond to keep the public safe
- STDs remain prevalent. Education around prevention, testing, and treatment remain important. In Wake County, rates of early syphilis and newly diagnosed HIV decreased from 2022 to 2023 and are currently below North Carolina's rates. However, locally and nationally, congenital syphilis continues to increase
- Contaminated water, food, air quality and poor sanitation continue to cause transmission of communicable diseases such as Tuberculosis and Cryptosporidiosis, where counts and rates continue to increase year to year
- Safe water and food, proper hand hygiene, and good air quality remain essential to preventing outbreaks of diseases. Additionally, it is essential to continue to monitor and track diseases over time and analyze information as a part of public health surveillance

Finally, staff reviewed the report's appendix which includes counts and rates of reportable diseases and conditions in Wake County, NC (2019-2023), Wake County Public Health program profiles, and a visual of Wake County's Coordinated Outbreak Response during a Norovirus outbreak association with a local restaurant in December 2023.

Ms. Maty Ferrer Hoppmann noted that the report highlighted vector borne diseases as being largely from individuals who travel to other countries. Were foodborne illnesses similarly largely out of the United States or local? While there was a combination of origins and many cases originated locally, Mr. Brian Gravlin (Communicable Disease Manager) stated that staff have registered some foodborne illness cases from those who have travelled abroad.

Ms. Tanyetta Sutton inquired about food inspections. She shared that she had seen a number of workers in eating establishments using poor hygiene practices and failing to follow glove wearing guidelines. Food sanitation was overseen by Ms. Jennifer Brown (Environmental Health and Safety Director) and her staff. It should be noted that food inspections, while required and immensely informative, only capture a snapshot of a specific day. In addition, there were oftentimes high staff turnover at restaurants making training and retaining healthy behaviors difficult for managers to always monitor. This was in addition to the need to retrain or continue to require additional training outside of the requirements highlighted from any given food inspection. For anyone with concerns wishing to submit complaints for food facilities, the following contact information was provided after the meeting:

- Environmental Health and Safety (EHS or EH&S) Support Phone Number: 919-856-7400
- E-mail: healthandsafety@wake.gov
- Webpage: www.wake.gov/food and click on "Complaints"
    - https://www.wake.gov/departments-government/environmental-health-safety/health-and-safety-complaints

Ms. Lily Chen asked for additional information about wastewater surveillance and how this surveillance provides evidence of diagnosable cases. Ms. Poole explained that genetic material is shed in feces that is then traceable through testing in the wastewater system. When the question was posed of it the testing could extend to a specific zip code or home, it was noted that this testing occurred on a much more macro level. Ms. Poole named a few sites where such testing was done (Neuse River which is used by around half a million people, Smith Creek in Raleigh, Little Creek in Zebulon, and some in Cary). Ms. Rebecca

Kaufman (Health Director) added that, during the COVID-19 pandemic, local universities were piloting a program to isolate the wastewater surveillance by dormitory to see where COVID-19 was spreading the fastest. This is likely not occurring present day but could be but a preview into how wastewater surveillance is used in the future.

Dr. Jim Peterson asked how staff work with other public health entities to address disparities within STDs and other communicable diseases given the extreme gaps in some sections based by zip code or ethnicity alone. County staff collaborate closely with the North Carolina Department of Health and Human Services (NC DHHS) to see how local data reflects against State data. This helps to form a better understanding if outreach plans are needed. Staff also study trend data gathered over the span of several years to see where disparities persist. Sometimes NC DHHS staff have recommendations and will provide resources for a targeted outreach effort that can be used on the local level. Syphilis was used as an example as it is appearing far different than it has in the past. NC DHHS has a memo out concerning syphilis while Wake County is promoting a "Stomp Out Syphilis" campaign in the local communities. Staff also work with NC DHHS to ensure proper messaging around maps crafted and to use language that is inclusive. Mr. Gravlin added that there was a listserv for all local pharmacists, providers, and emergency rooms (ERs) for campaign messaging so that all entities could be on the same page concerning language and outreach efforts. Mr. Kevin Harrell (Preventive Health Director) and the Prevention Unit also have special funding from the State to receive Mpox vaccines to target the most at-risk populations while doing outreach testing. This often occurs at universities, community centers, and even jails.

Dr. Kelcy Walker Pope pointed out on page thirty-two of the report, the map was missing two zip codes – 27610 and 27617. While these zip codes were not present on the map, they were noted on page 36 as being some of the zip codes with the greatest disparity. Staff thanked Dr. Walker Pope for the feedback and would make sure that error was corrected.

Dr. Anita Sawhney asked what the vaccination rates were for respiratory viruses. Because the vaccines for flu and COVID-19 had only just begun to arrive at local pharmacies, rates were not yet known. There was a noted decrease in individuals receiving vaccinations that had been occurring since prior to COVID-19 and had only become more pronounced over time. One target demographic for vaccinations was actually grade schoolers as there had been a dire need to ensure that these young students received the required vaccinations in order to attend school.

Ms. Wanda Hunter asked if the demographics included the unhoused population. If so, how are these individuals attributed to a specific zip code? Was it where they slept or where they were diagnosed or another criteria entirely? It was well known that the 27610 and 27601 zip codes were highly gentrified and yet were commonly noted as areas with the highest case numbers. There was a detailed discussion surrounding this question. While the unhoused population were included in the data sets themselves, the zip code heat maps were a bit more complicated and this was dependent on how the intake form was filled out. If the residential address section was left blank, these individuals would actually not be counted within the data used to construct the heat maps. This was only true for the maps – not for the overall data or report itself. This does not occur if there is a zip code but the housing address is left blank (though, admittedly, this could mean that the individual was a patient receiving care at WakeMed or Sunnybrook which are both prominent locations for healthcare in these very zip codes).

There is, of course, the limitation of data. Intake forms were received from countless healthcare providers filling out the forms with patients in various locations. This meant that no two intake forms might be filled out with the exact same detail or fashion despite the best of intentions. There was also always the chance of clerical errors being to blame (i.e., forgetting to ask for address or simply marking a box wrong). There was also the difficulty in establishing a single understanding among healthcare providers about how to classify where the unhoused live. Despite these limitations, it was still critically important to

acknowledge the skewed nature of the heat maps as these particular zip codes have data that is including a higher number of people actively seeking or in dire need of healthcare. It was representative of a larger need to include, support, and uplift the unhoused.

Commissioner Cheryl Stallings noted that there was at-home COVID-19 testing. Did at-home testing for STDs exist? Public Health staff were delighted to share that STD at-home testing would soon be offered after sending out a request for proposal (RFP) and finding a company that does such testing. While it will likely not be as public facing as the COVID-19 at-home tests (i.e., not left on tables for the public to access at various locations), these tests will be offered to target populations and provided in specific clinic situations. The test allows the patient to collect their specimen at home, send it to the lab, and receive their results just a couple of days later. If the result is positive, it is also shared with Wake County Communicable Disease staff in order to connect and do contact tracing.

Dr. Kelcy Walker Pope made a motion to approve the 2024 Communicable Disease Public Health Report with the recommended changes. Ms. Tanyetta Sutton seconded. The motion was unanimously passed.

Lab Fees Review

(Presented by Ms. Rebecca Kaufman)

Ms. Rebecca Kaufman (Health Director) presented a clinical lab transition update. Currently, the County has a lab at its Public Health Center (Sunnybrook) location with some labs processed inhouse at the location, some sent to State labs, and still others sent to LabCorp for processing. To provide consistency and consider lab staffing retention struggles, it was decided to contract out to one lab provider. LabCorp was selected to be the County's contracted provider. A timeline of this transition is outlined below.

- August 2023 – Request for Proposals (RFPs) posted
- September 2023 – Interested vendors walkthrough current lab
- October 2023 – Deadline for submissions
- October 2023 through February 2024 – Question and answers with vendors, vendor demonstrations
- February 2024 – LabCorp awarded contract
- March 2024 through June 2024 – Contract negotiation
- June 2024 – Final contracts signed
- June 2024 through present – Weekly planning calls with LabCorp and Wake County
- July 2024 – Alternate lab staffing with temporary employees
- July 2024 – LabCorp applies for Clinical Laboratory Improvement Amendments (CLIA) certificate to operate labs
- Anticipated October 2024 – LabCorp begins operating the lab

All lab collection and processing will be done by LabCorp employees. Some will be run in the lab at the health department and some will be transported and processed in LabCorp facilities. LabCorp staff will be working on two flows of the health department as well as in all four regional centers that have clinical services. LabCorp will bill insurance for those who have it. For those who do not have insurance, Wake County will pay LabCorp and then bill clients using the County's sliding fee scale. Clients will still have easy access to lab services while receiving excellent customer service. Wake County clinical providers will be able to access a wide variety of labs to diagnose clients.

Once LabCorp receives its CLIA licenses, Public Health will work with LabCorp, Information Technology (IT), and General Services Administration (GSA) to make an official transition date. The

Billing Committee will convene to set a new lab fee schedule for fiscal year (FY) 2026. Those fees will be brought to the Health and Human Services Board for approval. Staff will continue to monitor LabCorp contacts and deliverables.

Ms. Tamara Wilson asked if it was financially better for Wake County to contract out. Ms. Kaufman stated that this would be monitored with time but, at least in looking at different RFPs, this transition seemed to have no additional cost. Because the County will no longer be employing the staff processing labs and LabCorp will handle billing for insurance on their own (with the County still billing for those without insurance), there would likely be no to minimal impact on costs.

Ms. Maty Ferrer Hoppmann made a motion to approve the lab fees review. Mr. Trey McBrayer seconded. The motion was unanimously passed.

Health and Human Services Director's Update
(Presented by Ms. Rebecca Kaufman, Ms. Toni Pedroza, and Ms. Janny Mealor)
Ms. Rebecca Kaufman (Health Director) provided the following updates.

- The 2025 Community Health Needs Assessment (CHNA) is currently open for responses until October 31st (https://livewellwake.org/survey/). There were nearly 200 responses to the survey in its first week and all are strongly encouraged to complete the survey. Past CHNA survey results can be accessed here: https://www.wake.gov/departments-government/health-human-services/data-and-reports/community-health-needs-assessment.
- A back-to-school immunization program is being held from 5:30 p.m. to 7:15 p.m. on Tuesday and Thursday evenings through November 20th, 2024. Children are able to secure vaccine appointments during hours that are often convenient to their caregivers. Around eighty (80) children were seen during the program's first few weeks. Additional details about the program are available upon request.
- Ms. Jennifer Brown (Environmental Health and Safety Director) and her staff have implemented a new system – Custom Data Processing (CDP) – that will be used to enter inspections. This program is used in many different local health departments (LHDs) across North Carolina. The program is anticipated to go live September 30th. The project team and staff have been working on and anticipating this program for years and are very excited to see it come to fruition.
- Staff are also preparing for the North Carolina State Fair that will run from October 17th to October 27th. There will be a "media day" where local media stations will be invited to watch food inspections at a site at the fair to emphasize the importance of food sanitation to public health.
- Ms. Kaufman echoed Mr. Ken Murphy (Senior Deputy County Attorney) in reminding Board members of the upcoming wastewater permit denial appeal hearing the following week.

There was discussion surrounding the listening sessions for the 2025 CHNA. Ms. Lechelle Wardell (Population Health Director) clarified that the County was limiting the number of listening sessions to focus on priority populations that would be announced in the near future.

Ms. Toni Pedroza (Senior Deputy Director of Health and Human Services) deferred her time to Ms. Janny Mealor (Adult and Family Services Assistant Division Director) for a brief update on the waitlist local policy for the Subsidized Child Care Assistance Program.

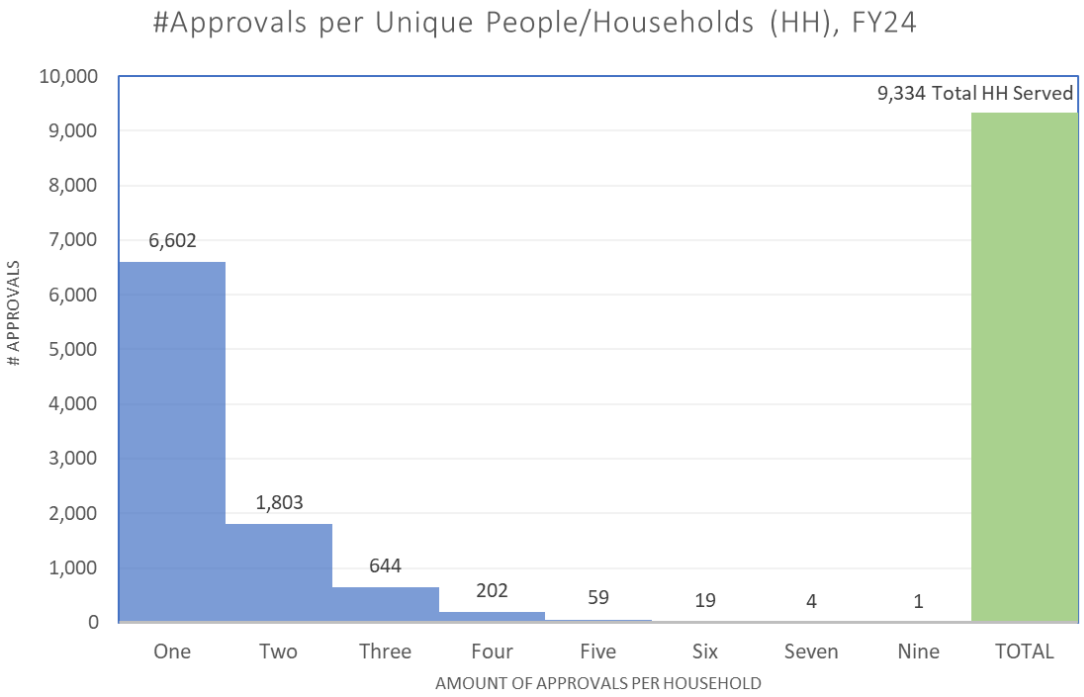
- Ms. Mealor explained that any time that the Child Care waitlist was changed, a presentation was required to the Board with a signature from the Board chair as well as the Health and Human Services Director. The Board had recently received the review of the waitlist local policy a few

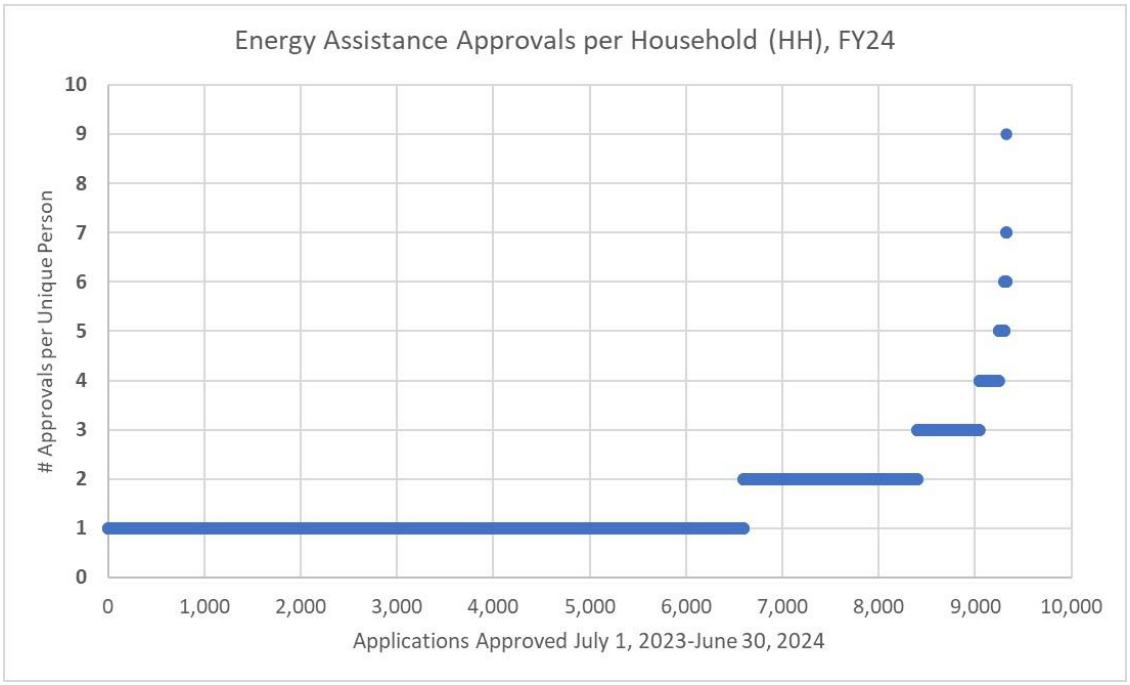
months prior. However, the State had recently developed a new template for the policy that required it to be brought before the Board once more. The waitlist policy itself had not changed – only the formatting and one area clarifying criteria for reducing services that was ensuring no county in North Carolina would be forced to terminate a childcare subsidy voucher. Though this had not occurred in many years, there were safety measures such as reallocating funds from another county or utilizing emergency monies to ensure that it did not occur in the future.

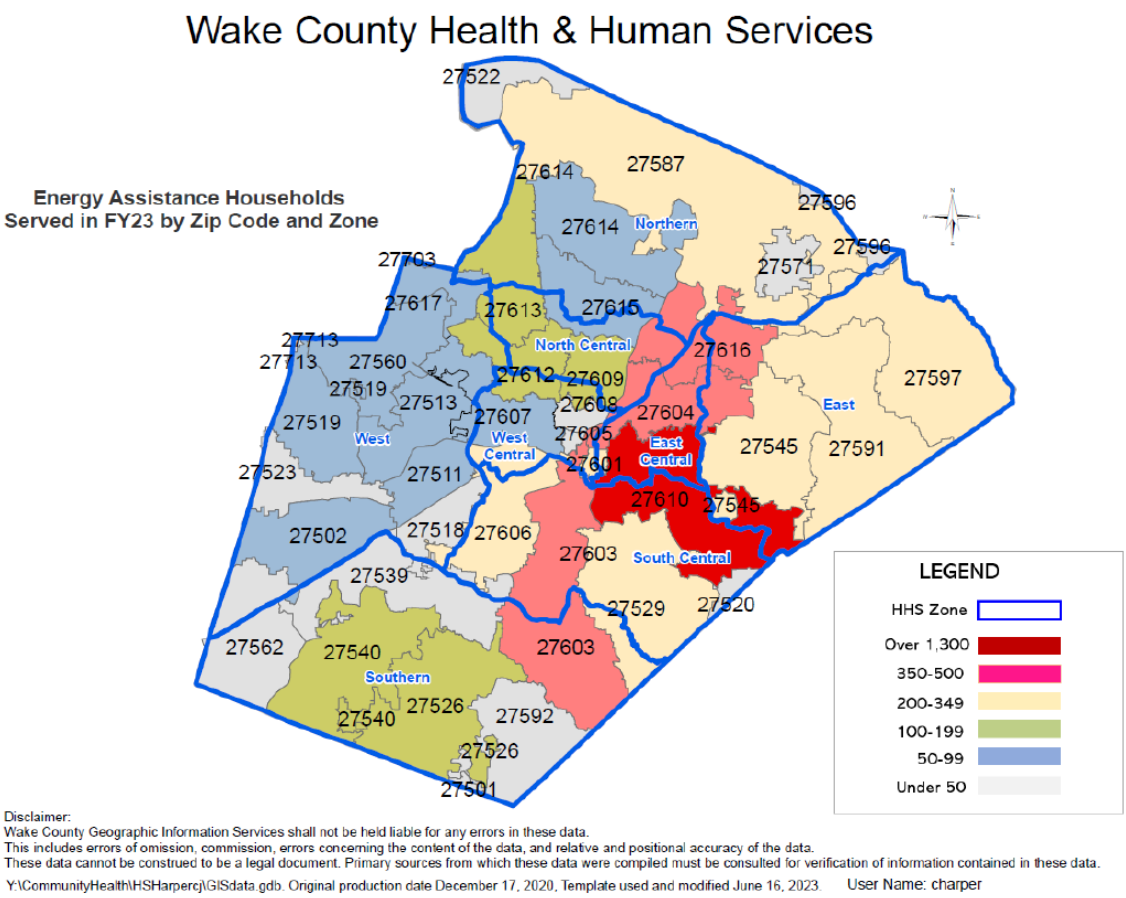
- Unfortunately, this past week the County had to enact the waitlist for the first time in almost three years.
    - Dr. Kelcy Walker Pope asked that the policy be edited to properly spell out what the abbreviation DCDEE (North Carolina Division of Child Development and Early Education) in the document.

Dr. Mary Faye Whisler made a motion to approve the Child Care waitlist policy with the recommended amendment. Dr. Kelcy Walker Pope seconded. The motion was unanimously passed.

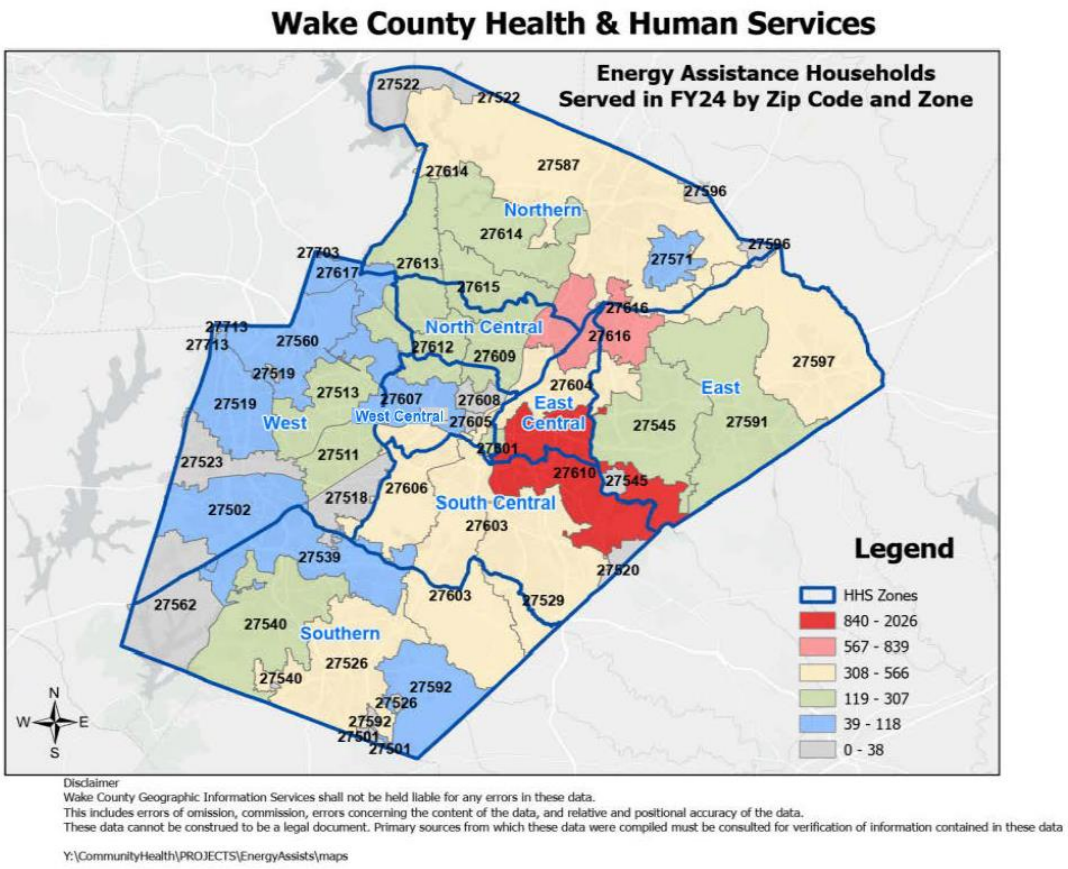
Ms. Mealor also provided some additional information about the Energy Assistance program after being asked about the program in prior meetings. The following images provide an overview of approved applications – including heat maps compared fiscal year (FY) 2023 to 2024. Approved applicants may use all of their allocation all at once or over several visits. Ms. Pedroza shared that Duke Energy is working with Health and Human Services to develop an alternate or additional program for people with higher bills. This includes efforts to accept donations to cover the growing need for Energy Assistance.







Disclaimer:
Wake County Geographic Information Services shall not be held liable for any errors in these data.
This includes errors of omission, commission, errors concerning the content of the data, and relative and positional accuracy of the data.
These data cannot be construed to be a legal document. Primary sources from which these data were compiled must be consulted for verification of information contained in these data.
Y:\CommunityHealth\HSHarpercj\GISdata.gdb. Original production date December 17, 2020, Template used and modified June 16, 2023. User Name: charper



Committee Chairs Update

(Presented by Dr. Mary Faye Whisler and Ms. Wanda Hunter)

The Regional Networks Committee was available with the agenda packet.

Dr. Mary Faye Whisler reported that the Public Health Committee had met just the Friday before and had received the 2024 Communicable Disease Public Health Report and the Lab Fees Review presentation that had been provided to the Board that day.

Ms. Wanda Hunter noted that the Social Services Committee met in early September. Ms. Brooke Blanton (Senior and Adult Services Manager) presented on adult and community services outreach, special assistance, and facility monitoring and complaints.

Public Comments

- Ms. Deidre McCullers emphasized the need for the 2024 Public Health Report: Communicable Disease (as well as future Public Health reports) have a category or line item that specifically acknowledges the unhoused population. The utilization of zip codes that may only be used because of the relation to a Health and Human Services building improperly paints a picture of these areas having the highest concentrations of cases when this very likely is not the case.
- Ms. McCullers acknowledged Ms. Diamond Wimbish (Child Welfare Assistant Division Director) who provided a swift response to Ms. McCullers inquiry from the August 2024 Board meeting.

- Ms. McCullers also requested information about how staff would select a Health and Human Services Director.

Closed Session
Ms. Wanda Hunter made a motion for the Board to go into closed session pursuant to North Carolina General Statute 143-318.11(a)(1) to prevent the disclosure of information that is privileged or confidential pursuant to the law of this State, or not considered a public record within the meaning of Chapter 32 of the General Statutes. The motion was seconded by Dr. Kelcy Walker Pope and approved by unanimous vote. The meeting was then moved into a closed session.

Adjournment
The Board, upon a motion made by Dr. Mary Faye Whisler, seconded by Ms. Tanyetta Sutton, and unanimously approved by a 10-0 vote, moved back into open session at approximately 9:55 a.m. and promptly adjourned.

Board Chair's Signature:  **Date:** 10/24/2024

Respectfully submitted by Brittany Hunt