Wake County Health and Human Services Board
Meeting Minutes
September 25th, 2025

Board Members Present:
Dr. Ojinga Harrison
Maty Ferrer Hoppmann
Wanda Hunter
Christine Kushner
Trey McBrayer
Terry McTernan
Dr. Jananne O'Connell
Dr. Jim Peterson
Ann Rollins
Dr. Anita Sawhney
Commissioner Cheryl Stallings
Tanyetta Sutton
Dr. Kelcy Walker Pope
Birchie Warren
Tamara Wilson

Guests Present:
Deidre McCullers

Staff Members Present:
Akanksha Acharya
Linda Bauer
Jennifer Brown
Ben Canada
Sheila Donaldson
Odile Fredericks
Sara Gisler
Barbra Gonzalez
Brian Gravlin
Kevin Harrell
Duane Holder
Brittany Hunt
Evan Kane
Rebecca Kaufman
Katie LaWall
Dr. Joel Lutterman
Ken Murphy
Modupe Omosaiye
Tina Payton
Morgan Poole
Catherine Rivera
James Smith
Yolanda Thacker
Lechelle Wardell
Dana Webb-Randall
Amanda Wesson
Stantavia Wright

Call to Order
Chair Ann Rollins called the meeting to order at 7:31 a.m.

Next Board Meeting – October 23rd, 2025

Approval of Minutes
Chair Ann Rollins asked for a motion to approve the August 28th, 2025 Board meeting minutes. There was a motion by Mr. Terry McTernan and Dr. Ojinga Harrison seconded. The minutes were unanimously approved.

Treasurer's Report
Mr. Terry McTernan, Treasurer, provided the Treasurer's Report. In August, the fund was reported as $10,367.95. Since that report, there had been no changes to the fund. Thus, the fund was still at $10,367.95.

Wait List Policy
(Presented by Ms. Linda Bauer)
Ms. Linda Bauer (Economic Benefits Manager) gave a review of Child Care Subsidy (CCS) Assistance including a highlight of the wait list policy. CCS provides financial assistance for child care for children from birth through age 13. It is locally administered and supervised by the State. Funding comes from the federal government and is passed down through the State. Funding is also received from Wake County Smart Start which serves children from birth through age five.

CCS Funding Sources

Program	Funding Source	Allocation 2025/2026	Program Administrator	# of slots provided by funding
Wake3School	County	5,062,453	WCSS*	300
NCPreK	NCPC**	$2,885,169	WCSS	1532
	DCDEE***	$10,644,447		
	County	$3,159,110		
Subsidized Child Care	State	$58,327,226	Social Services	Typically serve 5300/month
Subsidized Child Care	WCSS	$4,457,286		
Head Start	Federal	Not available	Telamon Corporation	
Early Head Start	Federal	Not available		

*Wake County Smart Start **North Carolina Partnership for Children

***Division of Child Development and Early Education

Wake3School notably serves three-year-olds prior to turning four while NC Pre-K serves four-year-olds prior to entering kindergarten. These are notably estimates with final allocations distributed in October. Timing will depend on the federal government's budget approval. Head Start serves children between the ages of three to five while Early Head Start serves pregnant mothers and children through the age of three.

Clients who may be eligible include:

- Employed (must meet income guidelines)
- In school or job training program (must meet income guidelines)
- Child receiving Child Protective Services (CPS)/Child Welfare (CW)/Foster Care without regard to income
- Child has special needs or developmental delays (must meet income guidelines)
- Children of families experiencing homelessness (must meet income guidelines)

Because CCS is subsidized, there is a family obligation which is typically 10% of a family's gross countable monthly income. Part-time care plans are at a slightly lower rate.

The following image includes fiscal year (FY) 2023, 2024, and (estimated) 2025 budgets.

Fiscal Year	2023-2024		2024-2025		2025-2026	
Services	Direct	Admin	Direct	Admin	Direct	Admin
DCDEE (NSS)	$59,902,778.00	$2,482,213.00	$55,492,265.00	$2,305,159.00	$58,327,226.00	$2,430,301.00
Title IV-E	$93,656.63		$80,676.48			
Title IV-E	$78,589.77		$87,774.40			
Title IV-E	$80,279.04		$74,459.00			
Title IV-E	$77,147.00		$73,582.00			
Smart Start (SS)	$4,768,710.00	$214,748.00	$4,457,286.00	$214,748.00	$4,457,286.00	$214,748.00
Reversion/Reallocation	($6,892,054.00)		$3,805,093.00			
Total	$58,109,106.44	$2,696,961.00	$64,071,135.88	$2,519,907.00	$62,784,512.00	$2,645,049.00

The Division of Child Development and Early Education (DCDEE) will determine, throughout the year, the need for reversions and/or reallocations based on the over- and underspending in the counties.

The goal is to spend anywhere from 95% to 98% expenditures. The 2024-2025 fiscal year (FY) ended at 97.93% spending for May 2025 services paid out in June. Ms. Bauer noted that this was how these calculations were evaluated – monthly and for payments a month late for services provided the month prior. July 2025 to August 2025 saw a 98.32% spending and Ms. Bauer announced at the Board meeting that the August 2025 to September expenditure report had been received and was at 92%.

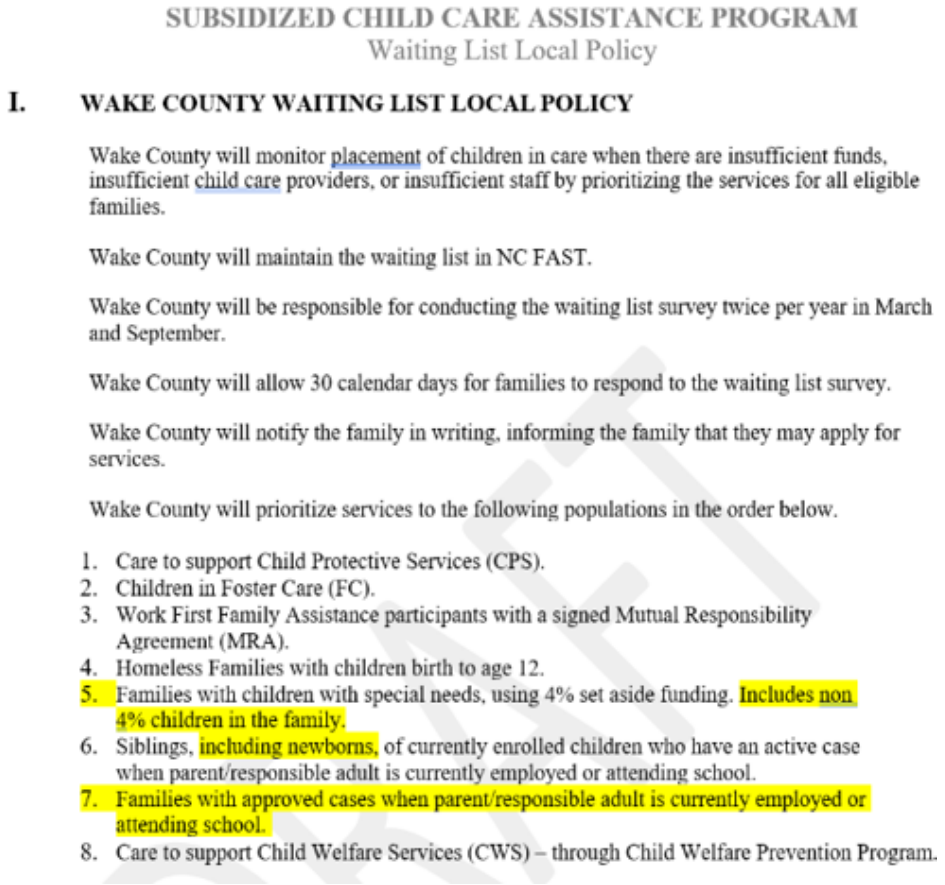
CCS services are provided at Swinburne (220 Swinburne Street, Raleigh) as well as the Northern Regional Center (NRC) in Wake Forest and Departure Drive Regional Center in Raleigh. CCS staff work a hybrid model splitting time between the office and working remotely. Ms. Bauer reviewed the CCS team which includes herself as the Economic Benefits Manager, three Program Eligibility Supervisors (who oversees eighteen Eligibility Case Workers and three Team Leads), one Administrative Supervisor (who oversees three Economic Benefit Technicians, one Program Assistant, and one Administrative Specialist for Work First and Child Care), and one Program Audit Supervisor (who oversees four Program Audit staff).

If Wake County Social Services has insufficient funding for subsidized child care, the families can be placed on a waiting list until funding becomes available. CCS operates with a finite amount of money given in the beginning of July and later in October when the federal budget is passed and changes to what was anticipated are added or taken for the final amount for the year. Wake County went on wait list status on September 18th, 2024. As of September 3rd, 2025, a total of 2,326 families representing 3,116 children have been added to the wait list. Roughly 211 families/283 children are added per calendar month which translates to 11 families/14 children added per business day when calculated using eleven months and 20 business days.

This is not ideal, of course, as the preference is to serve anyone eligible. The wait list causes strain and anxiety in the community leaving many parents unable to secure child care for their child(ren). Children remain on the wait list until funding becomes available. This is part of the reason staff reviews the budget monthly – to determine if some families can come off the wait list. For example, because the latest spending was at 92%, some children can be brought off the wait list (640 children to be exact to spend

100% by May 2026). This is a complex calculation and consideration that often requires staff to reach out to more families than children needed to account for various reasons a family might no longer be interested in receiving CCS. The hope was for these notices to go out on September 29th with an application packet encouraging them to apply. Staff will continue to monitor the budget month-to-month for any further changes.

The Subsidized Child Care Assistance Program Policy Manual describes in chapter 18 what to do in regards to the wait list priority. The State requires counties to spend between 95-98% of funds to maintain the wait list and the budget is analyzed monthly. The four percent set aside is allocated to serve those who meet certain criteria such as families experiencing homelessness with children of eligible age as well as children with special needs. These families never go on wait list when they request services. Instead, the application is reviewed and eligibility is determined. Once the wait list policy is signed by the Director of the Social Services department as well as the local purchasing agency (LPA), County staff post it online to the County website to be made available to parents. Wait list policies must be submitted to DCDEE every five years or anytime the local policy is amended or local governing board members change. Since some changes had occurred, the wait list was being presented to the full Health and Human Services Board for review, approval, and signature. This year's edits were outlined in yellow in the image below.



SUBSIDIZED CHILD CARE ASSISTANCE PROGRAM
Waiting List Local Policy

I. WAKE COUNTY WAITING LIST LOCAL POLICY

Wake County will monitor placement of children in care when there are insufficient funds, insufficient child care providers, or insufficient staff by prioritizing the services for all eligible families.

Wake County will maintain the waiting list in NC FAST.

Wake County will be responsible for conducting the waiting list survey twice per year in March and September.

Wake County will allow 30 calendar days for families to respond to the waiting list survey.

Wake County will notify the family in writing, informing the family that they may apply for services.

Wake County will prioritize services to the following populations in the order below.

1. Care to support Child Protective Services (CPS).
2. Children in Foster Care (FC).
3. Work First Family Assistance participants with a signed Mutual Responsibility Agreement (MRA).
4. Homeless Families with children birth to age 12.
5. Families with children with special needs, using 4% set aside funding. Includes non 4% children in the family.
6. Siblings, including newborns, of currently enrolled children who have an active case when parent/responsible adult is currently employed or attending school.
7. Families with approved cases when parent/responsible adult is currently employed or attending school.
8. Care to support Child Welfare Services (CWS) – through Child Welfare Prevention Program.

Ultimately, some items were reworded. In regards to the 4% changed in bullet number five, as the Wake County population grows, accommodations must be made for families receiving services wishing to add additional family members to receive CCS. If a family already receiving CCS for their three-year-old has a newborn, the newborn would not be subjected to the wait list and could automatically receive services. If these accommodations are not provided, families may drop out of the program or have to stop working or going to school. It could also lead them to placing their children in unsafe places and situations in order

to receive care to work, learn, and live. These changes were all highly advised by DCDEE in order to keep families intact with parents able to work and go to school while keeping their children safe.

Of note, if money does run out due to overspending or the need to reduce services, DCDEE will be the one determining who would lose CCS benefits. However, Ms. Bauer stated that this had not happened during her career – over a decade – in CCS with hopes it never would.

Finally the primary contacts and details for more information for CCS were shared (see below).

- Linda Bauer, Economic Benefits Manager
- Angela Council, Program Audit Supervisor
- Katina Hanks, Child Care Subsidy Supervisor
- Timothy Hayes, Child Care Subsidy Supervisor
- Nicole Campbell, Child Care Subsidy Supervisor
- Tamara Harrison, Administrative Supervisor
    - E-mail: childcaresubsidy@wake.gov
    - Website: https://www.wake.gov/childcare
    - 919-212-7000

Ms. Christine Kushner clarified that the proposed changes were those outlined in yellow highlight in the image above.

Board Vice Chair Wanda Hunter asked if there was a formula for the numbered slots given the growth in the county (ex. 300 slots for Wake3School). Ms. Bauer stated that she was unsure of any studies done on the growth of the county. NC Pre-K and Wake3School had set rates that they paid for each child. This meant that the number of slots could be calculated as compared to CCS who served children being charged different rates. The State did have a way of determining their allocations, but this formula was not shared with the County.

Vice Chair Hunter then asked if there was a difference in income guidelines for those with children with special needs. Ms. Bauer explained that the normal federal poverty guidelines were used.

Ms. Kushner asked if any county or school system had considered universal Pre-K given how fragmented and confusing this system was. Ms. Bauer stated that while she was not aware of any counties considering this, staff did do their best to inform families of resources available to them in Wake County. Families are informed of the wait list and staff ask details of the child(ren) to be able to best guide them towards other options, such as Head Start and Early Head Start for those that meet the age limits. There were also entities in the community that gave scholarships for child care, such as churches and faith organizations with their own child care centers. Because staff cannot be aware of all of these in the local community, families are referred to other programs and resources that are keeping in touch with these programs.

Ms. Maty Ferrer Hoppmann asked if there was a time limit for how long a family could be on the wait list before they were added without having any specific qualifying factors excluding them from the wait list. When staff could pull from the wait list (as they were about to do), they started with those that were first put on it. Because of this, staff were looking at pulling children from the wait list that had been on it anywhere from September 18th, 2024 (when the wait list began) through December 5th, 2024. Staff hesitated to say how long someone would remain on the wait list as there was no true definitive way to know.

Board Treasurer Terry McTernan asked what happened in 2024 when the wait list was first enacted. It was recalled that around this time the COVID-19 recovery funds were ending (September 30th, 2024).

Board Chair Ann Rollins asked if funding was commensurate with the volume of growth in the county. Deputy County Manager Duane Holder explained that these calculations would be done at the State level with the DCDEE. Mr. Ben Canada (County Manager's Office Chief of Staff) went on to add that some programs are 'entitlements' where if there was an eligible person, the State or federal government gave money to cover the cost. CCS, unfortunately, was not one of these programs. For CCS, the federal government allocated a certain amount to North Carolina which, in turn, allocated a certain amount to Wake County based on their own formula.

When asked if the only way for additional monies for CCS was to receive a reallocation from another county underspending, Ms. Bauer confirmed that this was true. She noted that this determination was through DCDEE and that Wake County, serving so many families, did often receive a reallocation, though perhaps not as much needed to relieve the wait list. Money is applied to a voucher to the child's account at their daycare. When asked if there was an application for providers to accept CCS, it was confirmed that DCDEE had an application process.

When asked if there was an issue with having enough providers for children receiving CCS, Ms. Bauer responded that this was more common when massive pulls were being done (as occurred during COVID-19 which had the unique challenge of daycares closing and not reopening due to the pandemic). When children were added slowly, it was always a potential concern.

Vice Chair Hunter noted that earlier conversations revolving around CCS limited the online application with a wet (hand) signature requirement from the DCDEE. Ms. Bauer said that while the wet signature was still required to ensure that it was the actual family applying for services, clients did have the option of signing electronically (via typing their name into the signature line of the application) and e-mailing it in. The only caveat with this process was the requirement for staff to keep that e-mail and upload it into NC FAST as part of the complete CCS application packet for the family. While it was admittedly an antiquated process, it was the requirement of DCDEE. When asked if DocuSign could be used instead, Ms. Bauer stated that it could be, but staff would still be instructed to save the e-mail as a sign of proof as part of the application.

Ms. Tanyetta Sutton asked if someone was in dire need for child care if resources and alternatives were made available. Ms. Bauer said that alternatives were given with a set list of questions to ensure that the child(ren) were being considered completely, especially in case they met the requirements to receive assistance regardless of the wait list. When asked if there was a process to ensure the providers were legitimate and qualified, Ms. Bauer stated that this was done directly through DCDEE.

There was then an ongoing discussion around the wording of #5 of the Wake County Waiting List Local Policy (listed below).

"5. Families with children with special needs, using 4% set aside funding. Includes non 4% children in the family."

While some Board members were concerned that the "includes non 4% children" was dehumanizing to children, others were worried about removing the precise language allowing for youth who might be siblings or in the care of the parents to receive CCS benefits. There was both a need to be clear so that DCDEE understood the intent while also making the information easily understandable to families who might be reading the policy. Ultimately, the following language presented by Ms. Sheila Donaldson (Deputy Director of Social Services – Programs) was brought forth in the following motion (change from above in bold):

"5. Families with children with special needs, using 4% set aside funding. **Includes all children in the family (includes non-4% children in the family)**."

Board Vice Chair Wanda Hunter made a motion to recommend the aforementioned language change in the wait list policy. The motion was seconded by Ms. Maty Ferrer Hoppmann. The motion was unanimously passed.

Treasurer Terry McTernan made a motion to approve the amended wait list policy. The motion was seconded by Ms. Tanyetta Sutton. The motion was unanimously passed.

Legislative Update
(Presented by Mr. Ben Canada)
Mr. Ben Canada (County Manager's Office Chief of Staff) presented a mid-year update on the State legislation. He began by defining how the County approached advocacy – sharing information with the County team, legislators, and other stakeholders; leveraging partnerships such as with the North Carolina Association of County Commissioners (NCACC), other counties and municipalities, and professional and interest groups; and lobbying.

Wake County's advocacy model runs with two roles – the County Manager's Office role and the lobbyist role (the latter of which the County contracts with a lobbyist).

- Manager's Office Role
    - Identify legislation needing attention
    - Coordinate staff analysis
    - Share information and advise Wake County Board of Commissioners (BOC) on policy
    - Facilitate BOC priority setting
- Lobbyist Role
    - Advocate to legislators and legislative staff
    - Identify legislation needing attention
    - Advise BOC on political and legislative matters
    - Liaison to State, federal agencies

The BOC takes the following three-prong approach to legislative priorities.

- General Guidance
    - Policy guidance to County Manager's Office and contracted lobbyists to:
        - Reflect ongoing BOC interests, and
        - Allow discretion to react quickly to legislative actions
- Top Three Asks
    - To speak with a single, clear voice, BOC will set a short list of top priorities
- Opportunity List
    - Cannot predict what issues will be "hot" each session. The BOC will approve a list of issues that, if an opportunity arises, the County Manager's Office has discretion to pursue

The BOC will pursue legislative advocacy that:

- Preserves the BOC's statutory authorities and discretion to set policy priorities for Wake County government
- Preserves the County's financial resources and tax base
- Maintains and enhances State funding for government services

- Advances the BOC's Strategic Plan initiatives
- Facilitates policy improvements that benefit Wake County government and residents

The County Manager's Office staff have the BOC's permission to advocate in support of this general guidance. It applies to State and federal advocacy.

The BOC has the following top three policies. The fourth listed below ("Tax Lien Signage") is bolded as it was marked as "done" recently and replaced with "SNAP and Medicaid" three week ago.

- Housing Affordability
    - Advocate for new State policy and programs
    - Changes to existing programs
- Foster Care
    - Clarify roles and responsibilities for placement of youth with acute needs
    - State supported facilities
    - Kinship care supports
    - Supports for foster families
- Supplemental Nutrition Assistance Program (SNAP) and Medicaid
    - Continue State participation in SNAP and Medicaid Expansion
    - Cover unfunded mandates from HR1
    - Use State funds to cover SNAP admin and benefit cost shares
- **Tax Lien Signage**
    - **Repeal provision requiring physical signage at lien properties**
    - **Not helpful or safe**

The legislature works on a two-year or biennium cycle – a long session (2025) followed by a short session (2026). September 2025 roughly marked one-third through this two-year cycle. At the beginning of 2025, there were a lot of bills introduced. Now there is somewhat of a break with legislators coming in two days a month to work on bills.

Currently, State legislatures are following the national lead on lowering tax rates, spending reductions, and eliminating selected programs. The State House and Senate have significant disagreements that have held up the budget among other things. Additionally, the legislature continues to take a critical view of local government roles including development regulation, housing shortage, property taxes, and other issues.

Next was a review of themes and bills from the past eight months.

- Development Regulation
    - S205 – the "Homebuilders bill"
        - Mandated densities, review timelines, penalties for local governments, easier to sue localities
        - Significant local government opposition
        - Currently in House committees
        - Opinion – Statewide focus on this bill allowed other adverse legislation to advance uncontested

Deputy County Manager Duane Holder caution that this bill was often noted as a tool to help with "affordable housing development." Board Vice Chair Wanda Hunter asked what role this bill would play when municipalities insist inclusionary zoning is illegal and developers cannot be forced to include affordable housing. Mr. Holder explained that inclusionary zoning is illegal in the state of North Carolina.

However, this bill would take control away from the municipalities and set a State standard for what can be developed. Mr. Canada said that he had a white paper that could be shared on this particular bill if there was interest.

- Development Regulation (continued)
    - H173 – Wake County Extra Territorial Jurisdiction (ETJ)
        - Prohibits any municipal ETJ extension through 2028
        - Assessed as low impact, took no position
        - Enacted law
    - H376 – Well and Septic Regulations
        - Impairs local ability to regulate new wells, water quality
        - Uniquely harmful for Wake – radionuclides
        - Passed House
    - S587 – Repeal the "No Downzoning" law
        - Bill to fix the "no downzoning" law passed with Helene relief in December 2024
        - Downzoning now prohibited, impairing local control over development and public health
        - Passed Senate

Mr. Canada provided context that downzoning was basically have zoning classification with the County currently having the ability to prohibit some ways to use properties, for public health, for example. With S587, Wake County could no longer do this.

- Taxes and Finance
    - S349 – Property Tax Modifications
        - Raises thresholds for Homestead and Circuit Breaker programs
        - Under circuit breaker, taxes cancelled instead of deferred
        - BOC Opportunity List
        - Would add 16,000 to 20,000 households to tax relief
        - Estimated revenue loss of $13 million to $17 million
        - Introduced, not advanced

Mr. Canada commended the County's Tax Administrator who had done a lot of work behind the scenes to help keep the BOC informed about taxes and finances, an interest of theirs, for the past few years. There have been attention on State budget appropriations with a potential "re-direction" of local sales tax for SHP 800 mhz (Voice Interoperability Plan for Emergency Responder or VIPER). Chambers have significant disagreements. Now legislature may consider how to address Congress' shifting of Medicaid and SNAP costs and additional administrative requirements. Appropriations bills sometimes contain surprise policy revisions.

Since the United States Congress passed HR1, there are anticipated major changes to SNAP and Medicaid. The impacts of this bill to SNAP and Medicaid, as they are currently understood, are included in the following one pager. Mr. Canada commended Ms. Toni Pedroza (Director of Social Services) and Ms. Amanda Wesson (Department Business Manager) with crafting the one pager.

Wake County – One Pager on SNAP and Medicaid, Impacts from HR1

	SNAP	Medicaid
Quick History	• Since 1964, provides federal funds to eligible individuals and families for food and groceries • Roughly 80,000 Wake participants • Wake households receive $15 million per month in SNAP benefits	• Since 1965, provides health insurance to eligible individuals and families who cannot afford insurance • NC joined Medicaid Expansion in 2023, expanding behavioral health and support services • Wake total enrollment is 221,000 (19% of residents), including roughly 50,000 added through Expansion
Wake County Current Role	• Spends roughly $11 million annually to administer the benefits, manage registrations • 4,200 applications and 3,600 recertifications each month	• Spends roughly $23 million annually to administer the benefits, manage registrations • 6,500 applications and 10,000 recertifications per month
Major Changes Enacted with HR1 (One Big Beautiful Bill)	• Starting October 2026, decreases federal share of administration cost from 50% to 25%, shifting significant costs to states and counties – Will cost Wake $2.5M to $4.0M annually • Starting October 2027, states must pay share of the benefits paid out – estimates for the State are roughly $420 million. The NC Legislature will have to decide if, and how, to cover this • Removes many work requirement exemptions for foster youth, veterans, homeless and other groups	• Starting December 2026, Expansion enrollees must have two re-determinations per year, instead of one. Requires additional staff, costing $1.7M to $2.2M annually (before reimbursements) • Adds work requirements, requiring additional staff to implement. Staff will cost $600K to $1.1M annually • Will create many "secondary" impacts by affecting public health clinic revenues, hospital revenues, and sending more residents to public and nonprofit assistance
Wake County's Ask	• Continue State participation in SNAP • Appropriate State funds to cover the SNAP Administrative cost shift — roughly $2.5M to $4.0M for Wake • Using State funds, cover the mandated cost share for benefits paid out. Estimated at $420M Statewide. Counties cannot absorb this cost	• Continue NC's participation in Medicaid Expansion, using State funds • Provide counties an administrative supplement to administer the new work requirements and redeterminations – $2.3M to $3.3M annually for Wake (before reimbursements)

Bottom Line

- Many financial and service impacts from HR1 cannot be predicted at this time. The known impacts to Wake County's budget are at least $4.8M to $7.3M in expenditure increases.
- The General Assembly's decisions on whether to cover the increased SNAP administrative and benefit cost shares, and Medicaid administrative costs, could generate significant new costs for counties.
- State withdrawal from SNAP or Medicaid Expansion, and the loss of family benefits, would likely drive an increase in assistance needs, possibly overwhelming local government and nonprofit capacity.

Other policy bills include:

- H171 – Diversity, Equity, and Inclusion (DEI) Bill
    - Prohibits local governments from using any public funds for DEI initiatives
    - Opponents argue that prohibited activities not clearly defined
    - Unclear if this supersedes existing nondiscrimination laws
    - Easier to sue local governments; penalties for officials
    - If it becomes law, may prompt years of lawsuits
    - Passed legislature, vetoed by Governor, awaiting override vote

To staff's current knowledge, the House had not voted on the H171 bill as of yet but had until December 26th to do so.

- H612 – Foster Care
    - New law brings Department of Social Services (DSS) reporting requirements
    - Lots of process changes
    - No new resources
- H781 – Homeless Encampments
    - Authorizes designed camp sites
    - May encourage litigation
    - Passed House
- H219 – Emergency Medical Services (EMS) Franchises
    - Impair counties' abilities to regulate EMS franchises
    - In House committees
- S153 – Immigration Bill
    - Prohibits services to non-citizens
    - Could present operational challenges, depending on implementation
    - Vetoed by Governor

Board Vice Chair Wanda Hunter asked about the "bill garage" and the possibility of a bill being set aside before being put back on the floor. Mr. Canada explained that there was the concept of the "crossover date" – a certain time in the middle of odd number years where a bill must pass at least one chamber to "stay alive." However, there were always ways around this. One example given was of a dental bill regulating dentists that was stripped of its text with content about the beltline being inserted instead. That is why it is so critical to read the bills in their entirety, which admittedly becomes difficult with some bills being hundreds of pages long.

Ms. Tamara Wilson inquired about the redistricting on the trial regarding gerrymandering. Mr. Canada stated that he did not follow this particular case as it was staff practice not to follow political issues. He gave an example of a law that was eventually passed by legislature that impacted the way the BOC did elections. When this was developing, staff took a step back and the BOC worked directly with lobbyists to consider the implications.

The legislature still must decide what to do with the State budget with chambers needing to work together to resolve the ongoing discussions. The extent that the State will "make up" for federal SNAP and Medicaid cost shifting and new requirements will also need to be determined. This could easily be an 8-digit problem for the County. There will also be the consideration for veto overrides (though Mr. Canada explained this information may be outdated) with the Governor vetoing over a dozen bills and legislature overriding eight.

Vice Chair Hunter proposed using this information, particularly that in the one pager for SNAP and Medicaid changes, to ask questions and stay informed for the mid-term elections. She posed such an example as "What is your standpoint on what the State should do about SNAP cut backs and their responsibilities?" for those that might take a seat at the General Assembly.

Commissioner Cheryl Stallings explained that one of the strategies of the BOC was to be heavily active in the NCACC. She herself would be chairing the NCACC Health and Human Services Committee. The NCACC president's has an initiative in health and behavioral health access in North Carolina over the next year that Commissioner Stallings will also help in leading. She would keep the Health and Human Services Board informed of progress as the Committee's first meeting would be in a couple of weeks.

Ms. Christine Kushner asked, given the fiscal future of the state, how probable it was that they would have the money to do what needed to be done for SNAP and Medicaid. Mr. Canada said that he was not as familiar with the State budget as the County's but it would be difficult given the price tag of around half a billion dollars. It would be difficult to honor this and keep the State's tax cutting goal at the same time. The amount of people potentially impacted by the changes to SNAP and Medicaid were quite large and not immediately known as general knowledge.

Ms. Kushner also cautioned that Medicaid Expansion had provided much needed stability for rural hospitals in the area. Commissioner Stallings concurred, emphasizing how it impacted everyone. People often saw Wake County as an affluent county. While it was acknowledged that the capital county had many resources and a degree of wealth, there was also the reality of over 200,000 people in Wake County alone receiving some form of Medicaid. And half – about 100,000 – of these individuals were children. With over 80,000 people receiving SNAP benefits, the need in Wake County could not be ignored. These were statistics that she was passionate about educating the NCACC about as well to portray the diverse and ever present need in the county.

Ms. Tanyetta Sutton asked for clarity for the following ask on the SNAP and Medicaid one pager under "Medicaid":

"Provide counties an administrative supplement to administer the new work requirements and redeterminations - $2.3 million to $3.3 million annually for Wake (before reimbursements)."

Mr. Canada explained that HR1 removed some exemptions that would essentially require staff to obtain more details to confirm each client met their work requirement. In addition, redetermination for Medicaid will now be done twice annually as compared to once each year. Because the time to process an application is the same whether approved or denied, this is an incredible amount of work added to already strained workloads. These are all ballpark figures, including the 20 to 30 additional staff this work would require to hire to meet demand.

Ms. Wilson shared that her work in mental health had shown her that people were stressed regarding recertifications. These are people already enduring a great deal of vulnerability and obstacles now fearful of how these changes impact their daily lives. The worry that they may not be able to receive mental health services or assistance for any health needs is very real. Beyond the dollars of this fallout will be the people and children impacted, some left without the ability to obtain life-saving medication.

Ms. Sheila Donaldson (Deputy Director of Social Services – Programs) added that she and Ms. Pedroza had been working diligently with their teams to try to identify any way to process applications more efficiently. Historically, the County did ask for positions for Medicaid Expansion, some of which were approved and some that were not. Because of this, staff are already limited on what they can manage.

However, leadership was being proactive. The Medicaid reimbursement rate, too, is an ongoing discussion as there's currently no way to close the gap there of millions of dollars statewide.

Dr. Ojinga Harrison said that he had thought there was some pushback from the impact on rural area hospitals in regards to the Medicaid reimbursements. The full extent of the potential impact was not yet known. Dr. Harrison caution that it was irresponsible to move forward not knowing how the looming cuts would impact these critical providers.

Vice Chair Hunter asked if there was an ask from Wake County concerning SNAP and Medicaid. The "asks" from the one pager for both SNAP and Medicaid are included below.

- SNAP
    - Continue State participation in SNAP
    - Appropriate State funds to cover the SNAP Administrative cost shift – roughly $2.5 million to $4.0 million for Wake
    - Using State funds, cover the mandated cost share for benefits paid out. Estimated at $420 million Statewide. Counties cannot absorb this cost
- Medicaid
    - Continue North Carolina's participation in Medicaid Expansion, using State funds
    - Provide counties an administrative supplement to administer the new work requirements and redeterminations - $2.3 million to $3.3 million annually for Wake (before reimbursements)

Mr. Canada explained that these changes could result in one of three options: The State may decide to end these programs and no longer participate, the State may participate and cover the costs, perhaps sacrificing some tax goals, or the State may agree to have a share in it but use local revenue to pay for it. Mr. Holder explained that the only way the County could afford to have a share was to reduce some other services, raise taxes, or a combination of the two.

Public Health Report: Communicable Disease

(Presented by Ms. Morgan Poole, Ms. Akanksha Acharya, and Ms. Katie LaWall)

Ms. Morgan Poole (Epidemiology Program Manager) introduced Ms. Akanksha Acharya (Senior Epidemiologist) and Ms. Katie LaWall (Senior Epidemiologist) as they reviewed the 2025 Wake County Communicable Disease Report. They were a team of four in Epidemiology alongside Ms. Marlene Kurt (Epidemiology Specialist). She also recognized Mr. Brian Gravlin (Communicable Disease Manager) who was in attendance. Ms. Poole stressed that it was important to remember throughout the report that the data was people. Behind every figure reported was someone's friend, child, family member, colleague, or neighbor. Many communicable diseases still carry fear or stigma, so it is a challenge to the community to report and make a collective effort to protect the health of the county. Public Health reports (e.g., communicable disease, chronic disease, injuries) help fulfill the following two public health essential services (https://www.cdc.gov/public-health-gateway/php/about/?CDC_AAref_Val=https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html): 1) Assess and monitor population health and 2) Communicate effectively to inform and educate. Reports are published annually and can be found at www.wake.gov/epidemiology.

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, it highlights the work of Public Health programs that assess, identify, treat, and prevent reportable (and some non-reportable) communicable diseases and conditions in Wake County. There are more than 75 reportable diseases and conditions specified in the North Carolina Administrative Code rule 10A NCAC 41A.0101 (reports.oah.state.nc.us/ncac/title 10a - health and human services/chapter 41 - epidemiology health/subchapter a/10a ncac 41a .0101.html). Many that are reported to the North Carolina Department of Health and Human Services (NCDHHS) must also be reported to the Centers for Disease Control and Prevention (CDC). Most diseases reported to NCDHHS 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).

NCEDSS and other disease reporting databases 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 https://www.cdc.gov/training-publichealth101/media/pdfs/introduction-to-surveillance.pdf). Timely and complete disease reporting allows for monitoring and responding to the changing health status of the community. It also helps ensure that prevention efforts are directed appropriately and the public health and community programs are supported with the necessary resources.

In addition to clinical testing and case-based reporting, wastewater surveillance has become a routine part of disease monitoring in Wake County. Since joining the CDC's National Wastewater Surveillance System (NWSS) in 2021, six wastewater treatment plants in Wake County have collected wastewater samples weekly for monitoring. These samples are tested for several pathogens, including SARS-CoV-2, Respiratory Syncytial Virus (RSV), Influenza A (Flu A), Influenza B (Flu B), and monkeypox (Mpox). Wastewater data enhances local surveillance by offering population-level insight into disease activity. This method is especially useful when clinical testing is limited or delayed. Wake County Public Health teams use wastewater trends alongside hospital data, lab reports, and syndromic surveillance to guide local response efforts.

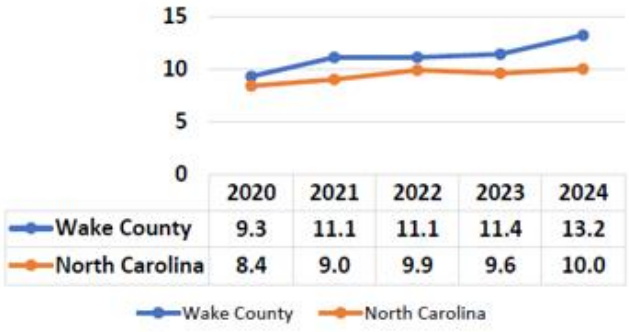
Ms. Acharya then reviewed the 2023 demographic profile of Wake County. The median age of people living in Wake County was 37.7 years. More than half of the population (55.2%) was between the ages of 25 and 64 years old. Residents were 51% female and 49% male. Finally, the four largest ethnic groups were White (Non-Hispanic, single race) at 56.0%, Black or African American (Non-Hispanic, single race) at 18.6%, Hispanic or Latino at 11.5%, and Asian (Non-Hispanic, single race) at 8.8%.

The top ten reported communicable diseases in Wake County in 2024 were then shared (see table below).

	Diseases and conditions	Cases, All Statuses (Confirmed/Suspect /Probable)
1	Chlamydia+	6014
2	Gonorrhea+	2048
3	Salmonellosis	382
4	Early Syphilis*+	297
5	Campylobacter	262
6	Hepatitis B, Chronic	158
7	Cyclosporiasis	150
8	HIV, New+	149
9	Shigellosis	72
10	*E. coli*	66

Vaccine preventable diseases were reviewed beginning with hepatitis B. The incidence rate increased by 15.8% in 2024 compared to 2023 with 158 cases reported in 2024. Note that figure two below is at a rate per 100,000 population.

Figure 2: Hepatitis B Incidence Rates, 2020-2024



	2020	2021	2022	2023	2024
Wake County	9.3	11.1	11.1	11.4	13.2
North Carolina	8.4	9.0	9.9	9.6	10.0

Figure 3: Hepatitis B by Age Group, 2024

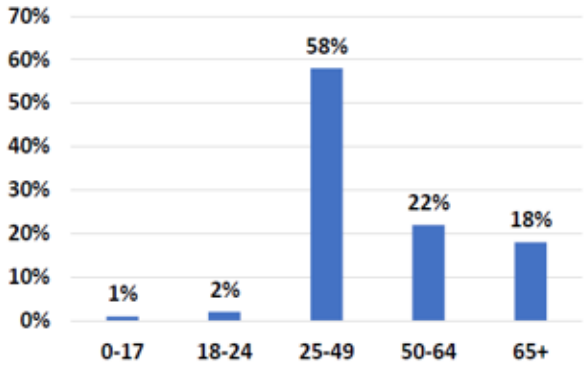
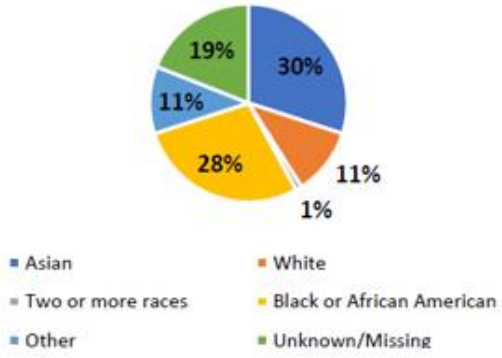
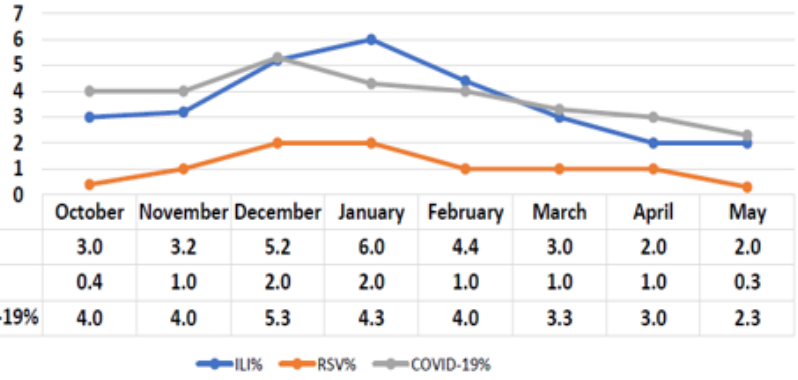


Figure 4: Hepatitis B by Race, 2024



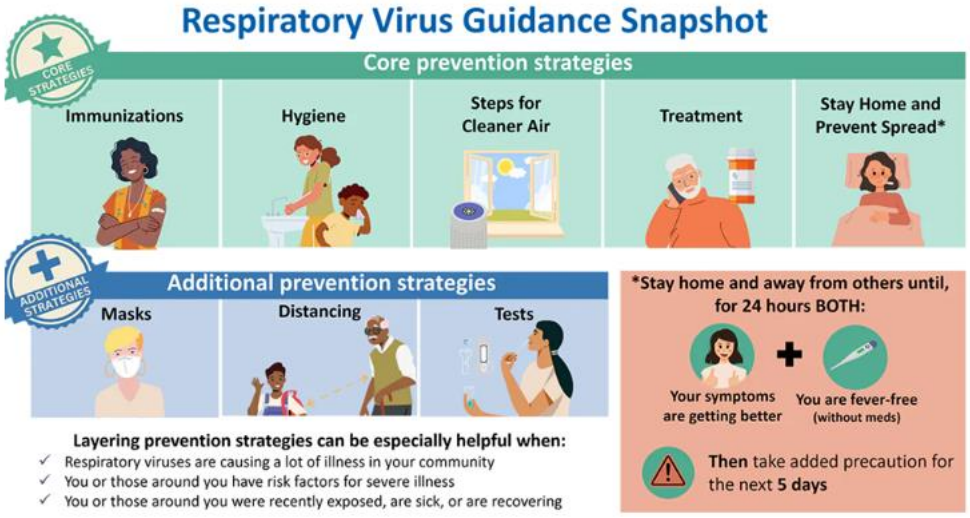
During the 2024-2025 respiratory virus season, COVID-19 and RSV activity peaked in December while flu-like illness (FLI) peaked in January 2025. After December, COVID-19 and RSV activity began to decline, but FLI levels remained elevated through February before gradually decreasing. Compared to the previous season, FLI activity was higher in December, peaked later, and stayed elevated longer. COVID-19 and RSV followed similar patterns to the prior season. For all three viruses, the most affected age group was 0-4 years.

Figure 6: Percentage of Total Emergency Department (ED) Visits, ILI, RSV, COVID-19, 2024-2025



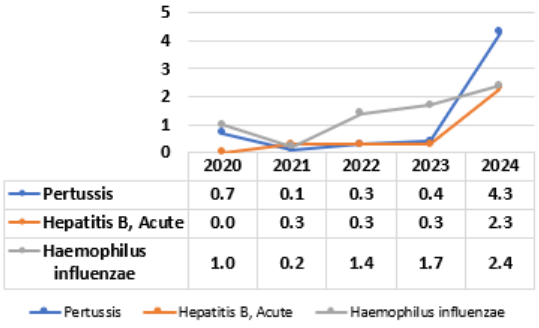
	October	November	December	January	February	March	April	May
ILI%	3.0	3.2	5.2	6.0	4.4	3.0	2.0	2.0
RSV%	0.4	1.0	2.0	2.0	1.0	1.0	1.0	0.3
COVID-19%	4.0	4.0	5.3	4.3	4.0	3.3	3.0	2.3

The CDC provides comprehensive guidance to help reduce the risk of respiratory virus transmission, including COVID-19, influenza, and RSV. This guidance emphasizes key prevention strategies such as immunization, good hygiene practices, improved indoor air quality, and staying home when sick. The following graphic can be found on the CDC's website at https://www.cdc.gov/respiratory-viruses/guidance/index.html.



The following graphs outline emerging trends in vaccine preventable diseases and kindergarten immunization coverage.

Figure 10: Pertussis, Acute Hepatitis B and *Haemophilus influenzae* Incidence Rates, 2020-2024



	2020	2021	2022	2023	2024
Pertussis	0.7	0.1	0.3	0.4	4.3
Hepatitis B, Acute	0.0	0.3	0.3	0.3	2.3
Haemophilus influenzae	1.0	0.2	1.4	1.7	2.4

Figure 11: Pertussis by Age Group, 2024

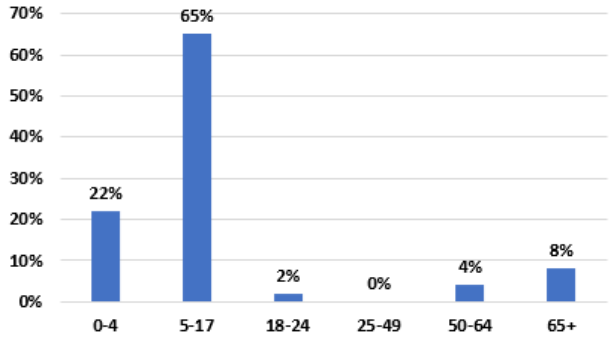
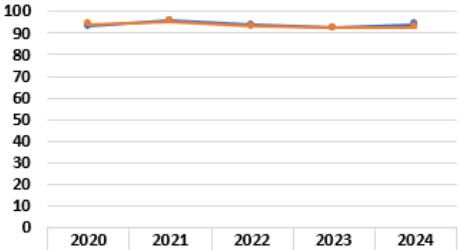
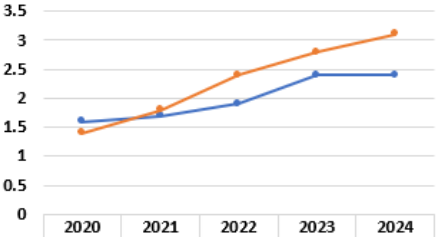


Figure 12: Percent of Kindergarten Students Up-to-Date on Required Vaccinations

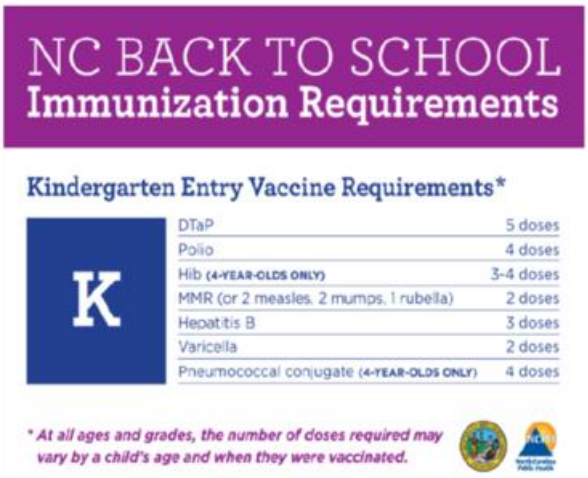


	2020	2021	2022	2023	2024
Wake County	93.0	95.8	93.9	92.3	94.1
North Carolina	94.2	95.5	93.1	92.5	92.8

Figure 13: Percent of Kindergarten Students with Vaccination Exemptions



	2020	2021	2022	2023	2024
Wake County	1.6	1.7	1.9	2.4	2.4
North Carolina	1.4	1.8	2.4	2.8	3.1



Immunization coverage remains relatively strong, though the fluctuations from year to year highlight the need for continued vigilance. The recent increase in vaccination rates in 2024 is encouraging but sustaining this progress is critical. The growing number of exemptions, particularly non-medical ones, needs ongoing monitoring. Public health efforts should continue to focus on education, outreach, and improving access to vaccines. Families are encouraged to stay informed, ensure their children are up to date on vaccines, and consult healthcare providers with any questions.

The Tuberculosis (TB) incidence rate increased by 14% in 2024 compared to 2023 with 29 cases of active TB reported in 2024. Note that figure fifteen below is at a rate per 100,000 population.

Figure 15: Tuberculosis Incidence Rates, 2020-2024

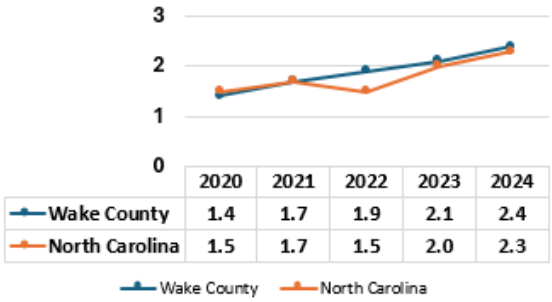


Figure 17: Tuberculosis by Race, 2024

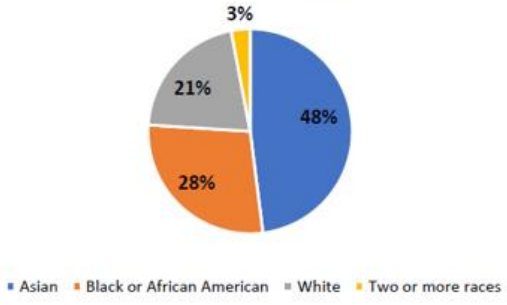
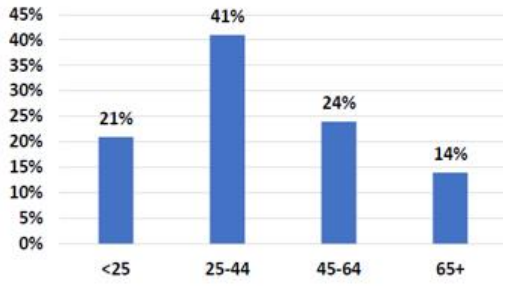
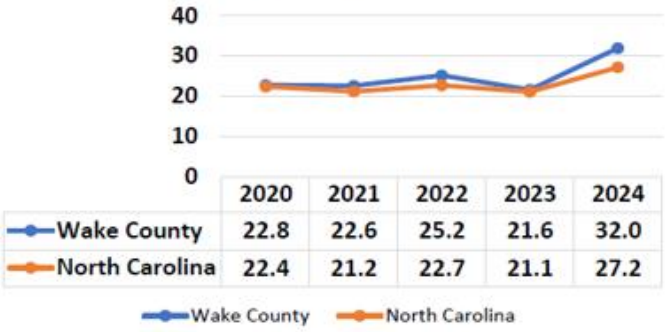


Figure 16: Tuberculosis by Age Group, 2024



In foodborne diseases, the incidence rate for Salmonellosis increased by 48% in 2024 compared to 2023 with 382 cases reported in 2024. Note that figure nineteen below is at a rate per 100,000 population.

Figure 19: Salmonellosis Incidence Rates, 2020-2024



	2020	2021	2022	2023	2024
Wake County	22.8	22.6	25.2	21.6	32.0
North Carolina	22.4	21.2	22.7	21.1	27.2

Figure 21: Salmonellosis by Race, 2024

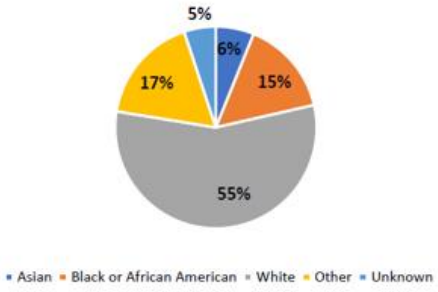
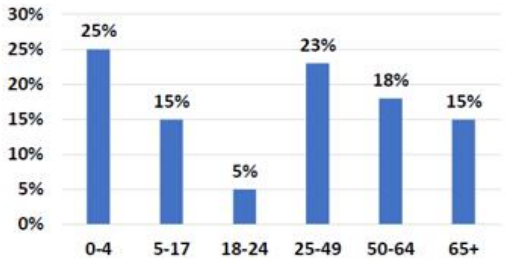
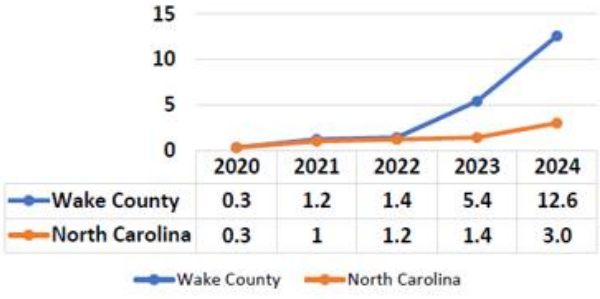


Figure 20: Salmonellosis by Age Group, 2024



The incidence rate for Cyclosporiasis increased by 133% in 2024 compared to 2023 with 150 cases reported in 2024. Note that figure twenty-three below is at a rate per 100,000 population.

Figure 23: Cyclosporiasis Incidence Rates, 2020-2024



	2020	2021	2022	2023	2024
Wake County	0.3	1.2	1.4	5.4	12.6
North Carolina	0.3	1	1.2	1.4	3.0

Figure 25: Cyclosporiasis by Race, 2024

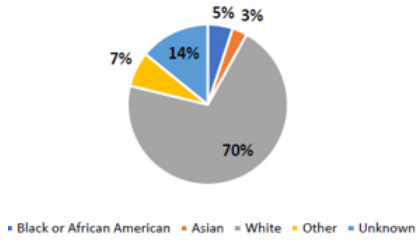
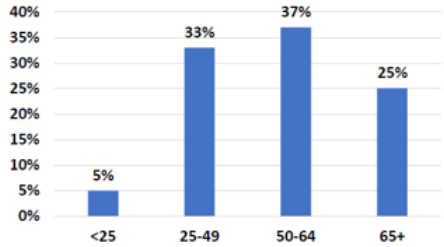
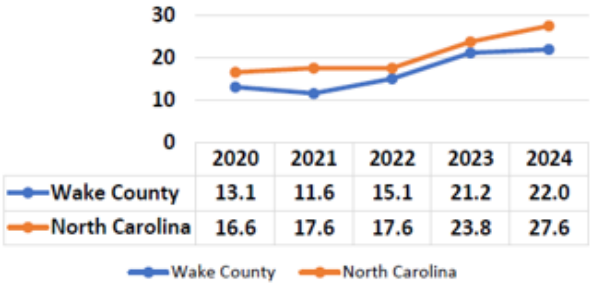


Figure 24: Cyclosporiasis by Age Group, 2024



The incidence rate for Campylobacteriosis increased by 4% in 2024 compared to 2023 with 262 cases reported in 2024. Note that figure twenty-seven below is at a rate per 100,000 population.

Figure 27: Campylobacteriosis Incidence Rates, 2020-2024



	2020	2021	2022	2023	2024
Wake County	13.1	11.6	15.1	21.2	22.0
North Carolina	16.6	17.6	17.6	23.8	27.6

Figure 29: Campylobacteriosis by Race, 2024

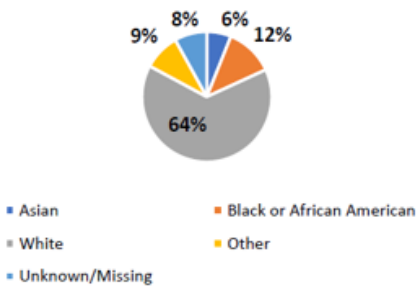
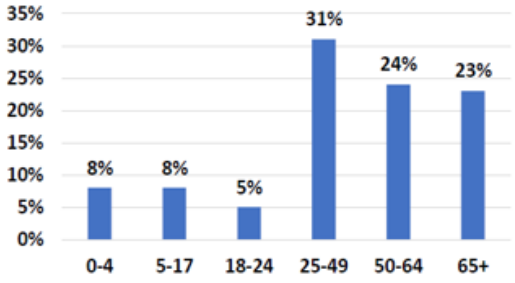
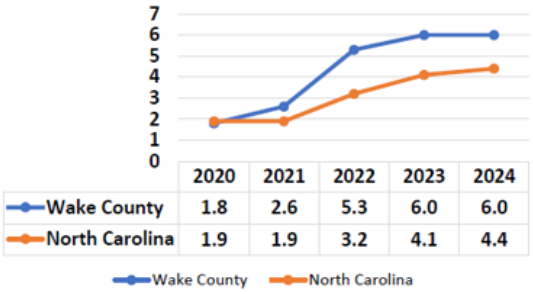


Figure 28: Campylobacteriosis by Age Group, 2024



The incidence rate for Shigellosis remained steady in 2024 compared to 2023 with 72 cases reported in 2024. Note that figure thirty-one below is at a rate per 100,000 population.

Figure 31: Shigellosis Incidence Rates, 2020-2024



	2020	2021	2022	2023	2024
Wake County	1.8	2.6	5.3	6.0	6.0
North Carolina	1.9	1.9	3.2	4.1	4.4

Figure 33: Shigellosis by Race, 2024

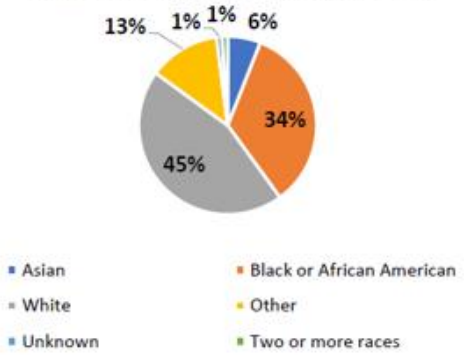
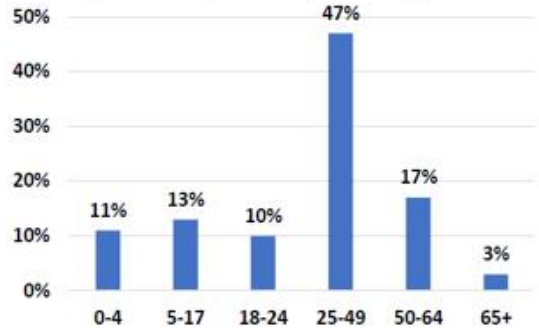
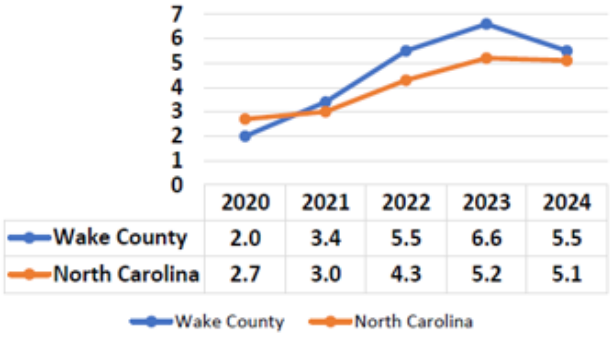


Figure 32: Shigellosis by Age Group, 2024



The incidence rate for E.coli decreased by 17% in 2024 compared to 2023 with 66 cases reported in 2024.

Figure 35: *E. coli* Incidence Rates, 2020-2024



	2020	2021	2022	2023	2024
Wake County	2.0	3.4	5.5	6.6	5.5
North Carolina	2.7	3.0	4.3	5.2	5.1

Figure 37: *E. coli* by Race, 2024

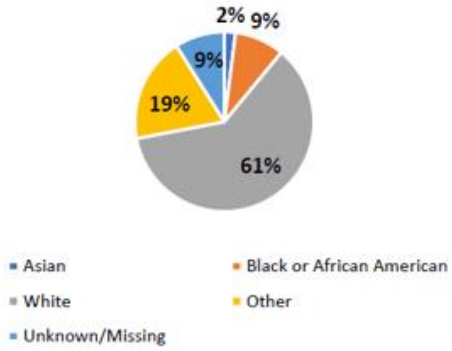
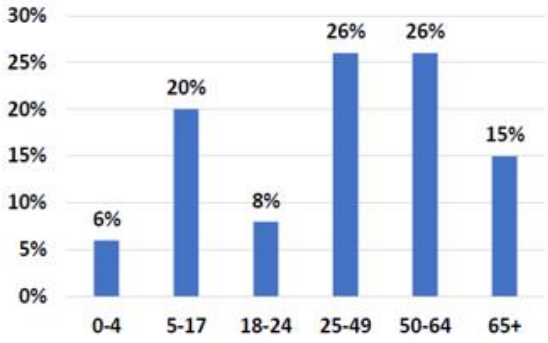


Figure 36: *E. coli* by Age Group, 2024



All foodborne and/or gastrointestinal outbreaks must be reported to the local health department and the North Carolina Division of Public Health (NC DPH). In 2024, four outbreaks involving these illnesses were investigated. Most sickened individuals were infected with Cyclospora. However, the majority of Cyclosporiasis cases in the county during 2024 were not linked to an outbreak. From May through August 2024, there were 146 confirmed and probable cases of Cyclosporiasis in Wake County, of which only 24% (35 cases) were related to an outbreak involving multiple restaurants while 76% (111 cases) were not.

Next, vector-borne diseases were reviewed.

Vector-borne Diseases in Wake County, Annual Counts, 2020-2024

		2020	2021	2022	2023	2024
		All Statuses (Confirmed, Probable, and Suspect)				
		No. of Cases	No. of Cases	No. of Cases	No. of Cases	No. of Cases
Tick-borne	Ehrlichiosis, chaffeensis	8	12	9	19	21
	Spotted Fever	11	4	16	15	20
	Lyme Disease	4	20	25	10	27
Mosquito-borne	Chikungunya	2	1	0	0	4
	Dengue	0	2	0	4	15
	Malaria	1	7	11	7	11
	West Nile Virus	0	2	1	3	3
	Zika Virus	0	0	0	0	0

Preventive measures for vector-borne diseases were shared, outlined below.

- Preventing Mosquito Bites
  - Wear long sleeve shirts and long pants, treat clothing with permethrin (0.5%) for extra protection, effective for several washes.
  - Use EPA-registered insect repellents containing DEET, 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, 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 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.

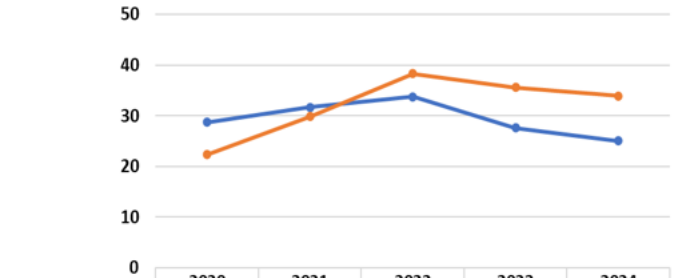
Next, Ms. LaWall reviewed the data for sexually transmitted diseases (STDs). STD cases during 2020 and 2021 may have been undetected and therefore underreported, because testing and diagnostic services were reduced in those years due to the COVID-19 pandemic. Early syphilis includes primary, secondary, 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, 2023, and 2024 that would have previously been confirmed to be categorized as probable cases. In order to compare syphilis data from 2022 - 2024 to previous years, all five years include both confirmed and probable cases.

In figure 41 (below) "Other" and "Unknown" categories combined represent 0.6%.

Figure 39: Early Syphilis Incidence rates, 2020-2024



	2020	2021	2022	2023	2024
Wake County	28.7	31.7	33.7	27.6	25.0
North Carolina	22.3	29.8	38.3	35.6	33.9

Rates per 100,000 population. Note: counts for sexually transmitted diseases in this figure 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 40: Early Syphilis by Age Group, 2024

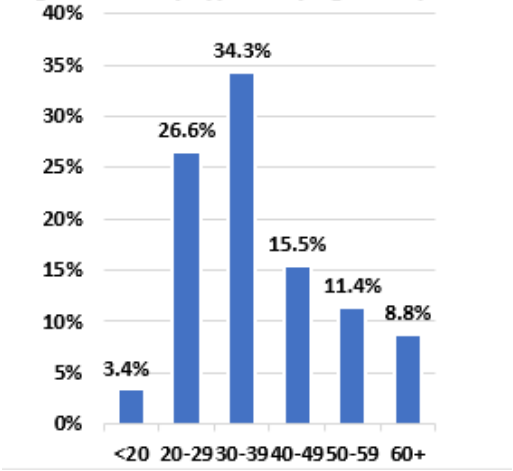


Figure 41: Early Syphilis by Race, 2024

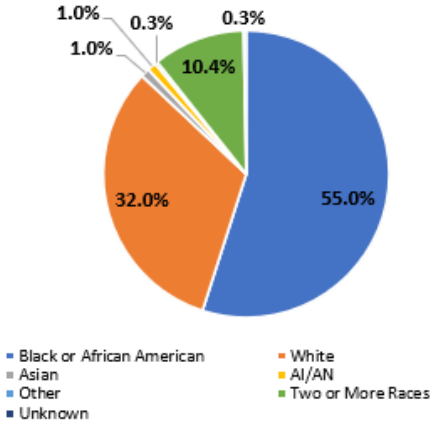


Figure 42: Early Syphilis by Sex, 2024

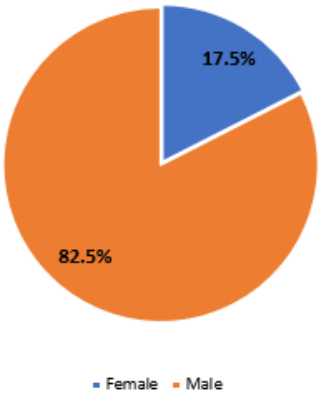
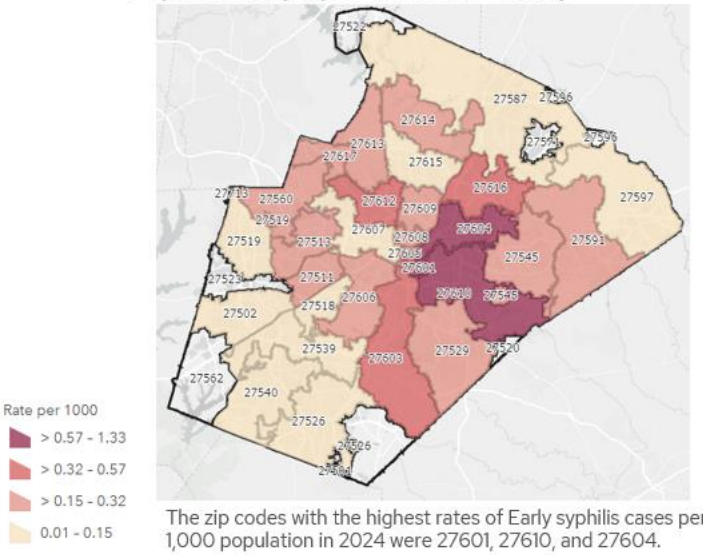


Figure 43: 2024 Early Syphilis Rates* Per 1,000 Population by Zip Code, Wake County



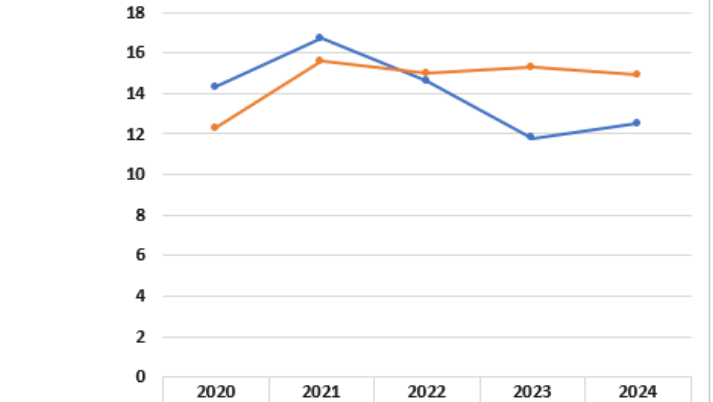
The zip codes with the highest rates of Early syphilis cases per 1,000 population in 2024 were 27601, 27610, and 27604.

*Zip code-level rates were calculated using 2023 population estimates as 2024 estimates at the zip code level were not available as of 7/22/2025.

To give a more realistic perspective of an individual case, Ms. LaWall shared a case study from a Disease Intervention Specialist (DIS) from March 2025 with late latent syphilis.

- Seventeen-year-old Black female
- Tested at Pediatrician office
- Positive for gonorrhea and chlamydia
- Had previous history of gonorrhea and chlamydia
- No signs and symptoms for syphilis
- Last Sexual Encounter (before testing): 1 month ago
- Started having sex at 15
- One male partner
    - Previous gonorrhea and chlamydia history
    - Reached out to partner for testing
    - Both field visit and phone call were refused

Figure 44: New HIV Incidence Rates, 2020-2024



	2020	2021	2022	2023	2024
Wake County	14.3	16.7	14.6	11.8	12.5
North Carolina	12.3	15.6	15	15.3	14.9

Rates per 100,000 population. Note: counts for sexually transmitted diseases in this figure 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 45: New HIV by Age Group, 2024

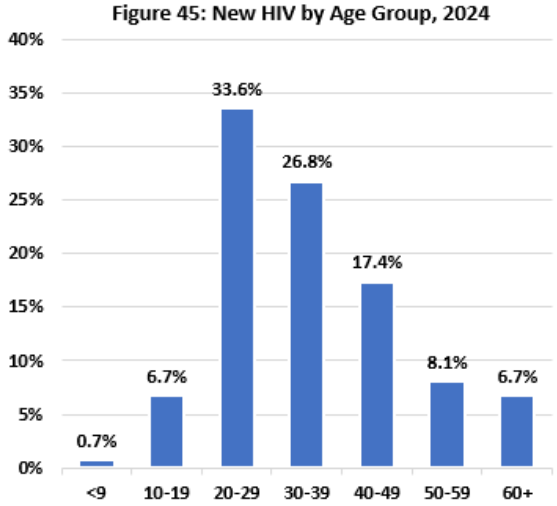


Figure 46: New HIV by Race, 2024

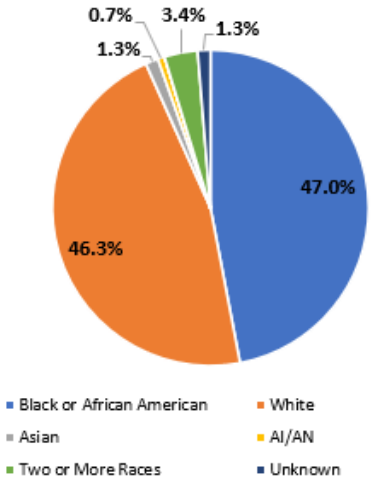
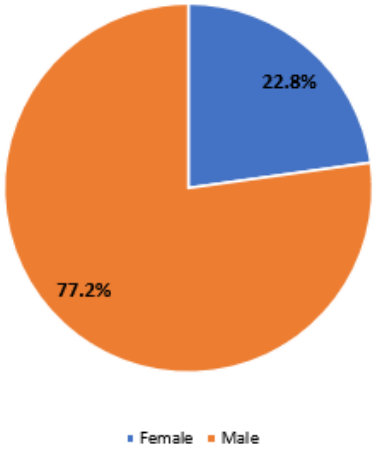


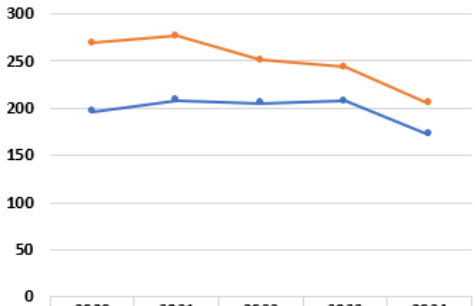
Figure 47: New HIV by Sex, 2024



Another case study from DIS, this time for a case of HIV in June 2025, was shared.

- Twenty-five-year-old Black male
- First time testing for HIV
- No signs or symptoms
- Previous syphilis history
- Six male partners (1 year)
- Grindr use
- Last Sexual Encounter (before testing): Mid-May
- One partner was lost to follow up (was staying with the patient but left with no way for patient to try contacting them)

Figure 48: Gonorrhea Incidence Rates, 2020-2024



	2020	2021	2022	2023	2024
Wake County	196.6	208.2	205.7	207.4	172.1
North Carolina	269.2	276.7	251.2	243.6	205.4

Rates per 100,000 population. Note: counts for sexually transmitted diseases in this figure 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 49: Gonorrhea by Age Group, 2024

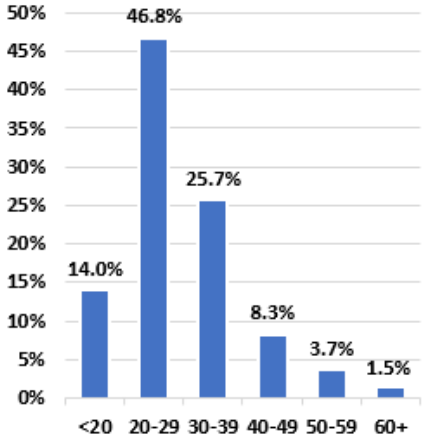


Figure 50: Gonorrhea by Race, 2024

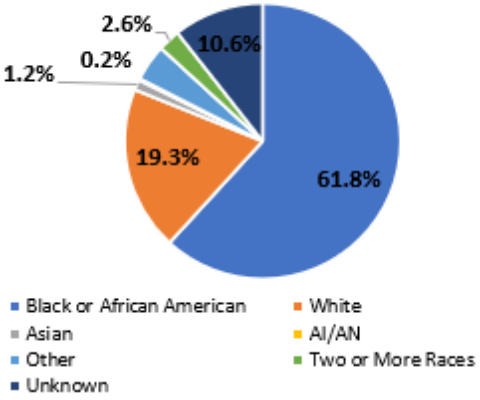


Figure 51: Gonorrhea by Sex, 2024

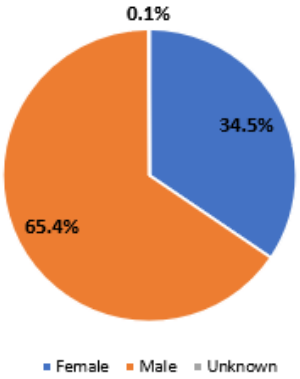
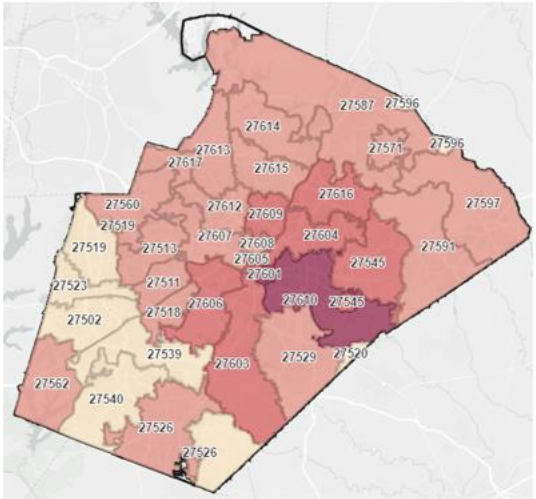


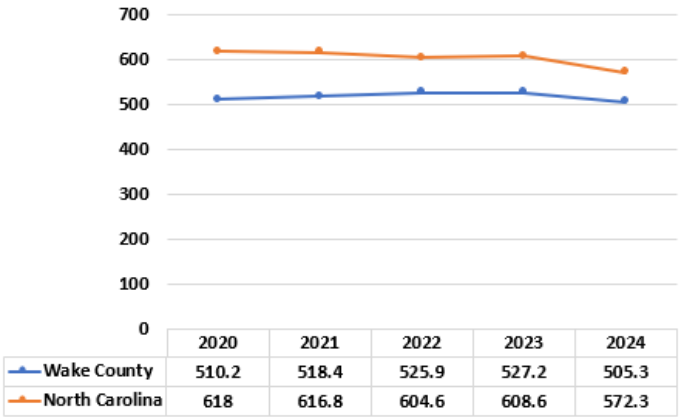
Figure 52: 2024 Gonorrhea Rates* Per 1,000 Population by Zip Code, Wake County



The zip codes with the highest rates of gonorrhea cases per 1,000 population in 2024 were 27601, 27610, and 27604.

*Zip code-level rates were calculated using 2023 population estimates as 2024 estimates at the zip code level were not available as of 7/22/2025.

Figure 53: Chlamydia Incidence Rates, 2020-2024



	2020	2021	2022	2023	2024
Wake County	510.2	518.4	525.9	527.2	505.3
North Carolina	618	616.8	604.6	608.6	572.3

Rates per 100,000 population. Note: counts for sexually transmitted diseases in this figure 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 54: Chlamydia by Age Group, 2024

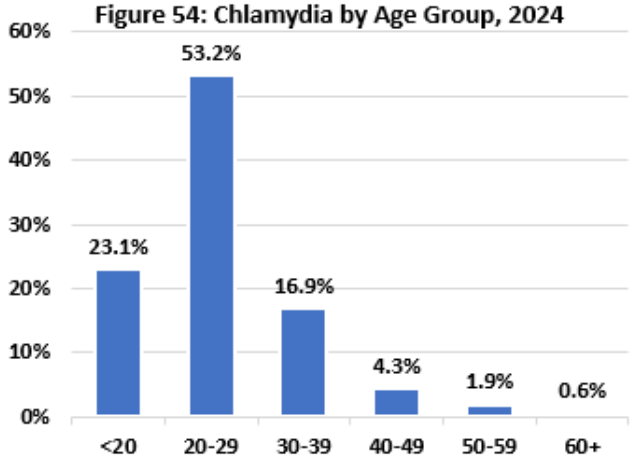


Figure 55: Chlamydia by Race, 2024

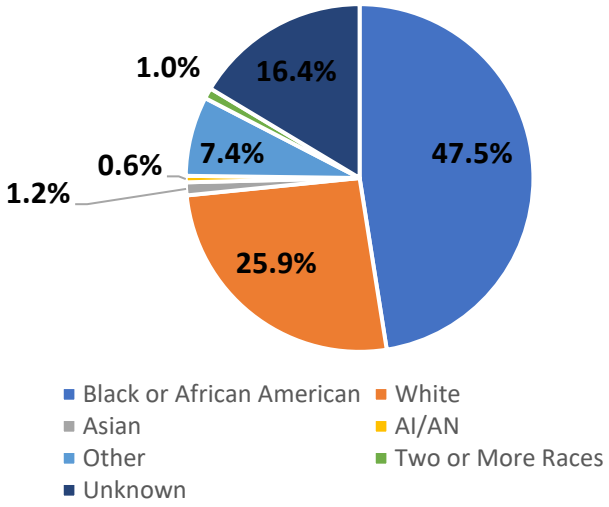


Figure 56: Chlamydia by Sex, 2024

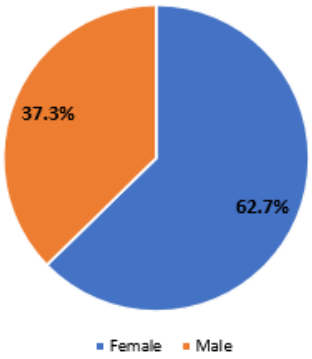
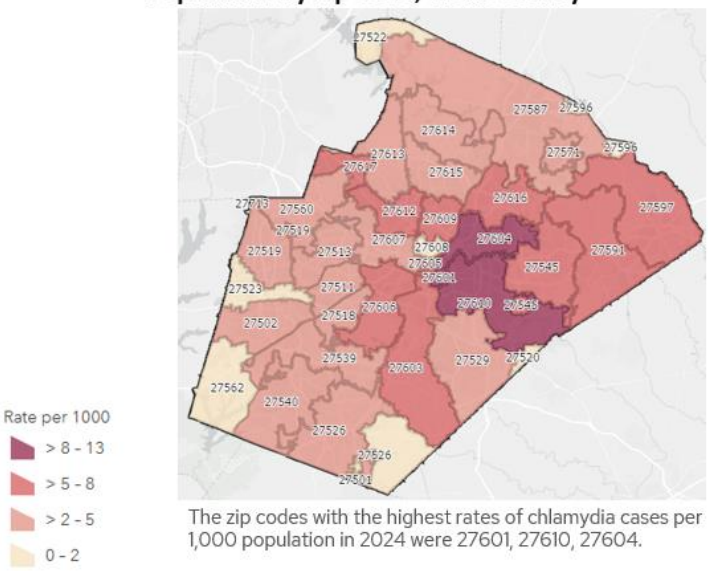


Figure 57: 2024 Chlamydia Rates* Per 1,000 Population by Zip Code, Wake County

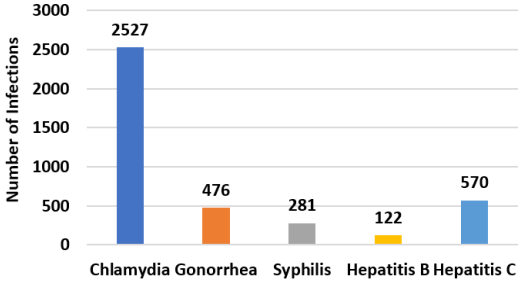


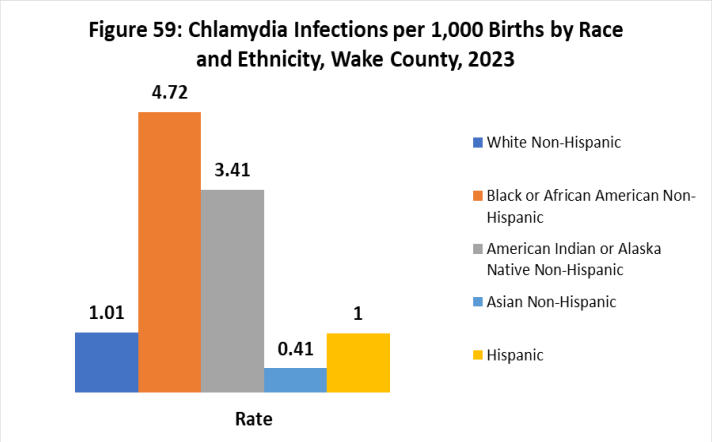
The zip codes with the highest rates of chlamydia cases per 1,000 population in 2024 were 27601, 27610, 27604.

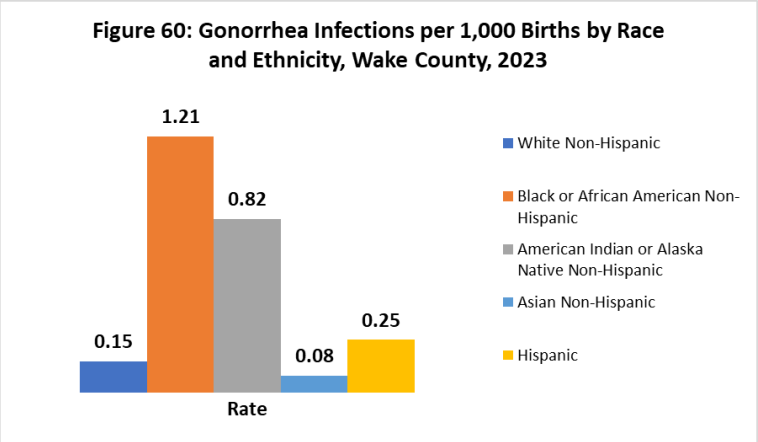
*Zip code-level rates were calculated using 2023 population estimates as 2024 estimates at the zip code level were not available as of 7/22/2025.

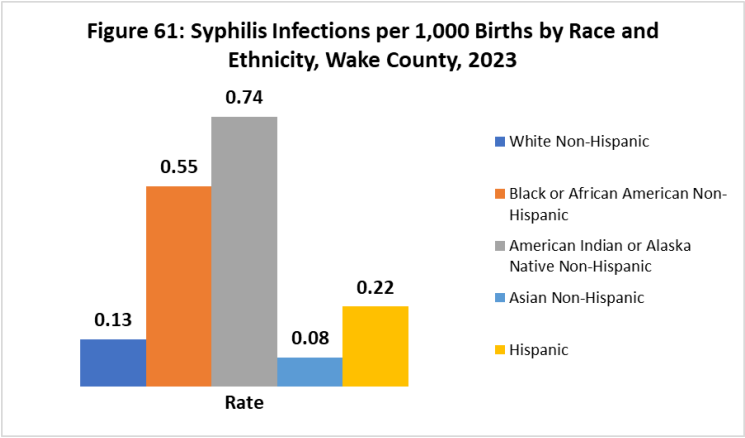
The following graphs were a part of a new section – "The Impact of Sexually Transmitted Infections (STIs) Amongst the Maternal Population." Of note, these are STIs present at the time of birth or delivery, not those found or treated earlier in the pregnancy.

Figure 58: Total Number of Maternal STI Infections, Wake County, 2023









Ms. Poole closed with the following summary:

- Wastewater monitoring is now a routine part of surveillance, capturing both symptomatic and asymptomatic infections. It continues to be used to monitor respiratory viruses and other infectious diseases as surveillance needs evolve.
- During the 2024–2025 respiratory virus season in Wake County, influenza-like illness (ILI) activity peaked in January 2025, while COVID-19 and RSV peaked earlier in December 2024. This flu season was more severe than the previous season, with ILI levels remaining elevated through February before gradually declining.

- Vaccine-preventable diseases such as pertussis, hepatitis B, and Haemophilus influenzae have shown steady increases since 2020, a trend that aligns with declining vaccination coverage observed during and after the COVID-19 pandemic (2021-2023).
- In 2024, Wake County saw a sharp increase in cases of salmonellosis and cyclosporiasis. Lyme disease cases reached their highest level in five years, underscoring the importance of ongoing surveillance and vector-borne disease prevention efforts.
- STDs remain prevalent. Education around prevention, testing, and treatment remain important. In Wake County, rates of early syphilis and chlamydia decreased slightly in 2024, while gonorrhea had a more significant decrease, leading to the lowest rate of gonorrhea in the past five years. New HIV diagnoses increased in 2024 compared to 2023 but remained lower than previous years.
- Contaminated water, food, air quality and poor sanitation continue to cause transmission of communicable diseases such as Tuberculosis and Cyclosporiasis, 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's essential to continue to monitor and track diseases over time and analyze information as a part of public health surveillance.
- Communicable disease surveillance helps guide public health actions and ensures timely response. Surveillance data also inform long-term planning, resource allocation, and prevention strategies. These efforts are supported by collaboration across programs and partners and are continuously adapted to meet emerging public health needs.

The appendix cited "Counts and Rates of Reportable Diseases and Conditions in Wake County, NC (2020-2024)," "Gastrointestinal Illness in Long-Term Care Facilities (Guidance and Checklist)," and Wake County Public Health program profiles.

Treasurer Terry McTernan asked if all vector-borne diseases were travel related. While mosquito-borne diseases were particularly travel related, there were some local cases for Lyme diseases from people working in their yard, hiking, etc. Ms. Poole noted that Lyme disease seemed to be more prominent in the Western part of the state.

Ms. Christine Kushner made a motion to approve the Communicable Disease Public Health Report. The motion was seconded by Dr. Ojinga Harrison. The motion was unanimously passed.

Request for New Health and Human Services Board Officer Nominations

(Presented by Ms. Ann Rollins)

Board Chair Ann Rollins announced that nominations were currently being accepted for the 2025-2026 Board Officers – Board Chair, Board Vice Chair, and Treasurer. Nomination forms needed to be turned in by noon on Friday, October 10th. Board members can nominate themselves for a position or fellow Board members. If nominating another Board member, that person's consent is needed prior to nominating them. The Board Officer elections would be held during the Board's regularly scheduled meeting on Thursday, October 23rd where the floor will be open for additional nominations. To be elected, a candidate must receive the minimum number of votes equal to a majority of duly appointed and serving members of the Board. If no majority is reached, a run off will occur electing the candidate with the greatest number of votes. Terms take effect in December.

Public Health Update

(Presented by Ms. Rebecca Kaufman)

Ms. Rebecca Kaufman (Director of Public Health) provided brief updates from the Public Health department. Public Health's accreditation site visit was completed just the day prior on September 24th.

Ms. Kaufman recognized Board Chair Ann Rollins and Board Vice Chair Wanda Hunter who attended and were interviewed. The assessors were particularly appreciative of both Chair Rollins and Vice Chair Hunter and expressed excitement over the Health and Human Services Board's annual orientation and retreat with intentions to share this practice with other counties. Public Health staff answered questions through the three-day hybrid site visit, the day prior being the on-site day. The final vote for the accreditation would occur in November 2025. Ms. Kaufman expressed deep appreciation for all who helped with the accreditation process.

Flu vaccines are available in the health department (https://www.wake.gov/flu) with some groups of people formally being recommended to receive it (https://www.cdc.gov/flu/highrisk/index.htm). Some anticipated vaccines – such as for hepatitis B and a combination vaccine – were not pursued or recommended by the Centers for Disease Control and Prevention (CDC). Public Health staff are working to increase outreach efforts, particularly those educating on the need for vaccinations for children.

Ms. Kaufman followed up on a request from Treasurer Terry McTernan at a previous Board meeting on wastewater surveillance. Though there was not time at today's meeting to review it, Ms. Morgan Poole (Epidemiology Program Manager) had crafted a follow-up presentation that would be sent out via e-mail to Board members for review. In exciting news, this week North Carolina added measles to its wastewater surveillance to accompany respiratory viruses and monkeypox (Mpox). Monitoring these trends help staff see indications of these conditions before clients even visit the hospitals or other health facilities.

Board Vice Chair Wanda Hunter asked if the COVID-19 vaccine was covered by insurance. Ms. Kaufman stated that it likely would be if the vaccine was recommended by the CDC for the client. If it was not recommended, there was the possibility that the vaccine cost would come out-of-pocket. This was a concern to Board members, many of whom had heard of potential co-pay costs of anywhere from $200 to $400 for the vaccine.

Dr. Anita Sawhney asked if North Carolina Governor Josh Stein removed the requirement needing a prescription for the vaccine. Ms. Kaufman clarified that the governor had opened the ability to prescribe to pharmacists as well as physicians and physician assistants as long as the client met the CDC recommended list. This would come back to coding and exactly who met the list of recommendations according to these professionals.

Social Services Update

(Presented by Ms. Sheila Donaldson)

In the absence of Ms. Toni Pedroza (Director of Social Services), Ms. Sheila Donaldson (Deputy Director of Social Services – Programs) provided brief updates from the Social Services department. In Economic Services, Adult Services had just completed their quarterly audit with the State and received an excellent performance rating. Treasurer Terry McTernan asked if Adult Services encompassed aging adults or adults in general and Ms. Donaldson clarified that it included aging adults and adults for which the County had guardianship over.

Energy Services received their Crisis Intervention Program (CIP) funding in August alongside many applications that staff are working to process. There has also been an increase in customers visiting the Employment Center with an average of over ten clients a day. These customers are requiring one-on-one support to review their resume as well as assistance with job searches.

In Child Welfare (CW), staff have been working diligently to prepare for the new Medicaid Managed Care Organization (MCO) plan having met 90- and 45-day readiness. They anticipate being completely ready for launch on December 1st, 2025. For foster care recruitment, the County received the support of

the community with a Divine Nine event this past week. This was very well received with two Wake County Board of Commissioners in attendance as well as County Manager David Ellis. The County is looking forward to welcoming any local Divine Nine chapters that may want to join these recruitment and intervention efforts as placing children locally is linked with more positive reunification rates. Also in CW, September is National Kinship Care Month with the County's final kinship event occurring that night (September 25th).

Finally, Ms. Donaldson congratulated Ms. Shanta Nowell for stepping into the role of Child Welfare Division Director (the position previously held by Ms. Donaldson). Ms. Nowell had worked as an Assistant Division Director of Child Protective Services (CPS) and came with the experience, knowledge, and passion that made her perfect for the role. She will be guiding CW as they transfer into PATH NC – the new CW information system increasing accountability statewide. The Board commended the choice of Ms. Nowell for the position.

Committee Chairs Update
(Presented by Chair Ann Rollins, Dr. Anita Sawhney, and Vice Chair Wanda Hunter)
Chair Ann Rollins shared that the Regional Networks summary was in the Board members' agenda packet.

Dr. Anita Sawhney (Chair of the Public Health Committee) noted that the Committee received the same 2025 Communicable Disease Public Health Report that the Board had received that day. She added that one conversation that developed in the Committee surrounded the decrease in vaccinations. People were scared and hesitant, seeing dueling narrative about federal and local policies and recommendations. She voiced concern about being proactive to combat this.

Vice Chair Wanda Hunter (Co-Chair of the Social Services Committee) recalled that the Committee received a report on the opioid settlement from Ms. Alyssa Kitlas (Behavioral Health Program Manager), a presentation on Employment Assistance, a Kinship Care Month overview, and the Child Care Subsidy presentation from Ms. Linda Bauer (Economic Benefits Manager).

Public Comments

- Ms. Deidre McCullers asked if the public health reports contain information from private doctors or only health department data. She also suggested that, when using colors on charts and graphs for race and ethnicity, it would be helpful to use the same color in each graphic when referring to the same group of people for consistency. Finally, she asked for clarity about what a "field visit" was to better understand the personal cases discussed during the report.

Adjournment
The meeting was adjourned at 9:40 a.m.

Board Chair's Signature: Ann Rollins **Date:** 11/20/2025

Respectfully submitted by Brittany Hunt