



MEETING MINUTES

Board of Health Meeting
650 Newtown Pike
July 11, 2022
5:45 p.m.

	<p>BOARD MEMBERS PRESENT: Commissioner Allen-Bryant, Mr. Cornett, Dr. Dossett, Mr. Friesen, Dr. Gomez, Dr. Hood, Mr. Jabbour, Dr. Jackson, Dr. Mason, Councilmember Reynolds, and Dr. Riley.</p> <p>OTHERS PRESENT: LFCHD Staff, LFCHD Council.</p>
TOPIC	DISCUSSION
Call to Order	<ul style="list-style-type: none"> • Dr. Jackson called the meeting to order at 5:54 p.m.
Roll Call	<ul style="list-style-type: none"> • Ms. Foley called the roll. A quorum was declared. Drs. Feld and Zimmerman were excused.
Request for Approval of the June 13, 2022, Minutes	<ul style="list-style-type: none"> • The June 13, 2022 Board of Health (BOH) meeting minutes were considered. Councilmember Reynolds made a motion to approve the minutes. Dr. Riley seconded the motion. The motion passed unanimously.
Infectious Disease/STI Data Presentation	<ul style="list-style-type: none"> • Jessica Cobb introduced Lexington-Fayette County Health Department (LCHD) staff Jane Varakin, infectious disease nurse, Caitlyn Mounce, linkage navigator, and Peggy Iverson, epidemiologist, to present on LFCHD infectious disease and STI data program report. Kala Adams, infectious disease manager, and Hollie Sands, regional epidemiologist and coordinator, were also present and introduced. • Jane Varakin shared that the primary objective of Disease Intervention Services (DIS) is to prevent disease transmission by assuring a person with a Sexually Transmitted Disease (STD) and persons exposed to an STD are rapidly examined, treated, and counseled. Prevention and control strategies include education and counseling on ways to avoid infections and identification of asymptomatic persons and symptomatic persons unlikely to seek diagnosis and treatment. LFCHD investigates syphilis and HIV referrals, while the Kentucky Department for Public Health (KDPH) investigates chlamydia, gonorrhea, and non-priority referrals. Primary intervention aims at preventive treatment of exposed persons. Secondary intervention helps prevent complications and disease spread by providing rapid treatment. Interventions include telephone and field visits, coordinating care, interviews, providing resources and referrals, and partner services for those potentially exposed to infection. Referrals come from labs, KDPH, and self/partner referrals. Primary and secondary stage syphilis infections in pregnant cases and partners are prioritized. Staff see an average of 44 total referrals per month.

	<ul style="list-style-type: none"> • Peggy Iverson shared information about syphilis infection. Stages of syphilis infection include primary (painless ulcers or chancre may appear within 90 days after exposure), secondary (rash, condylomata lata, mucous patches, or alopecia may appear between three and six months of exposure). Patients with primary or secondary infections are infectious. Patients with no symptoms less than twelve months after exposure are considered early latent, becoming latent after twelve months with no symptoms. A slide was shown indicating the case rate per 100,000 from 2016-2020. Total reported cases rose from 29.5 in 2016 to 41.2 in 2020, with a peak rate of 52.6 in 2019. • Caitlyn Mounce shared information on HIV in Fayette County and the role of the LFCHD Linkage Navigator. Primary functions include seeking to establish or return to care persons living with HIV (including non-compliant cases), case management for referred cases, and Disease Intervention Services (DIS) for newly diagnosed cases in Fayette County. Case referrals come from many sources, including CAREware, the University of Kentucky Bluegrass Care Clinic, private medical providers, and self-referrals, as well as DIS referrals. Linkage navigators serve districts in Kentucky, with the LFCHD Linkage Navigator serving fifteen counties. The number of new HIV cases in Fayette County rose from 1,012 in 2018 to 1,058 in 2020.
LFCHD Operations Report	<ul style="list-style-type: none"> • Jessica Cobb prepared and presented the following operations report: <p>Monkeypox Update</p> <ul style="list-style-type: none"> • Monkeypox is a rare disease caused by infection with the monkeypox virus. The virus belongs to the orthopox genus which also includes variola virus, the virus that causes smallpox; vaccinia virus (used in the smallpox vaccine) and cowpox virus. Monkeypox is not related to chicken pox. • Monkeypox spreads in different ways. The virus can be spread from person to person through: <ul style="list-style-type: none"> ○ direct contact with the infectious rash, scabs, or body fluids ○ respiratory secretions during prolonged, face to face contact, or during intimate physical contact ○ touching items (such as clothing or linens) that previously touched the infectious rash or body fluids • Monkeypox symptoms are similar to smallpox symptoms, but milder; and monkeypox is rarely fatal. Symptoms include fever, headache, muscle aches and backache, swollen lymph nodes, chills, exhaustion, rash that can look like pimples or blisters, that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest , genitals or anus. The rash goes through different stages before healing completely. • After infection, there is an incubation period of roughly 1-2 weeks (range is 5-21 days) and the illness typically lasts 2-4 weeks. One can spread monkeypox to others from the time symptoms start until the rash is fully healed and a fresh layer of skin has formed.

- The monkeypox outbreak is continuing to expand across the US, with 790 cases reported as of July 8th. Kentucky still stands currently at 2 cases while there are 8,238 cases globally. The majority of cases are occurring in men who have sex with men (MSM) who report high risk sexual behavior (anonymous partners, group sex).
- Case investigation and contact tracing efforts are recommended with the goal of containment. KDPH held a call on Thursday, July 7th to go over the processes to gain approval for testing as well as details for conducting a thorough case interview to identify close contacts.
- Contacts with high, intermediate, or low risk of exposure to persons with confirmed monkeypox should be monitored for symptoms for 21 days after their last exposure. Symptoms of concern include:
 - Fever greater or equal to 100.4 degrees F
 - Chills
 - New swelling of lymph nodes
 - New skin rash
- At this time, the Division of Laboratory Services State Public Health Laboratory is performing testing for monkeypox with the approval of KDPH Epi staff. The CDC is working with 5 commercial laboratories to expand testing capacity.
- Jynneos vaccine is available now for postexposure prophylaxis (PEP) of high risk close contacts. Some doses have been prepositioned in Jefferson and Franklin counties.
- Approximately 300 doses of Jynneos vaccine have been allocated to Kentucky for PEP and expanded PEP (PEP++) for people who report engaging in high risk behaviors and possible exposures. LHDs can request doses if needed for this purpose.
- Additional doses of Jynneos will continue to be allocated over the coming weeks and months. Vaccine tracking in KYIR will be established in mid-July.
 - The Kentucky Department for Public Health has discussed the placement of vaccine here in Lexington and other sites within the state for post exposure prophylaxis only for contacts of cases within or in close proximity to Lexington. Pre-exposure vaccination will not be conducted until vaccine allocations increase.
- Clinics that provide healthcare services to this high risk population should be provided with patient and provider education materials be encouraged to provide vaccine once it is available.

Covid-19 Update

- As of this morning we reported 222 cases and our 7-day average stands at 118 cases per day. This brings our total cases since the beginning of the pandemic to 104,102 and the number of deaths to 634 as of this afternoon.
- Currently our Community Level is High and the recommendations for

that level are to wear a mask indoors in public, stay up to date with covid-19 vaccines, get tested if you have symptoms, and those with high risk for severe illness may want to consider additional precautions. According to the CDC site last updated on Thursday, July 7th, Our county case rate per 100,000 population is 206.09, the new covid admissions per 100,000 population is 17.9, and the % of staffed inpatient beds in use by covid-19 patients is 4%. In looking at the trends with those numbers, the case rate has actually gone down in the last 7 days by 14.4%. The positivity rate for covid-19 testing as of July 5th was 19.38% which represents a 3.6% change in the last 7 days.

- Fayette County remains the top county in Kentucky for vaccinated individuals as 79% of our population has had at least 1 dose. With the vaccinations for those 5 and under only recently being approved for administration there has not been enough time to tell what the uptake will be in that population. In our own clinic we began administering to patients 5 and under and gave 12 vaccinations to that age group the 1st week they were offered and 9 out of 24 vaccinations given in the month of July have been to those 5 and under. The lower vaccination rates we are seeing are occurring in ages 24 and under and we have been in talks with the schools to consider assisting with vaccination clinics prior to the start of school.

Clinical Operations

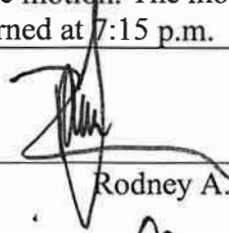
- The clinic continues to offer all doses within the recommended series for both Moderna and Pfizer COVID-19 vaccines in clinic on Monday, Wednesday and Thursday. During the last week in June, the clinic began offering Moderna vaccine to children ages 6 months to 5 years and 6 years to 11 years (after receiving FDA and CDC approval). Approximately 70 COVID-19 vaccine doses were administered in clinic this month.
- On June 27, 2022, contract amendment # 7 was approved by the FCPS school board. The new amendment will place full-time nurses in fifteen elementary schools. After its implementation, FCPS will have full-time nurses in eighteen elementary schools, six high schools with two academic programs, and ten middle schools.
- We are offering covid-19 vaccines at 2 external locations coming up this month including an event on Wednesday 7/13 with Passport Healthcare. We will also be partnering with UK to provide vaccines at a vaccine event on 7/29.

Community Services

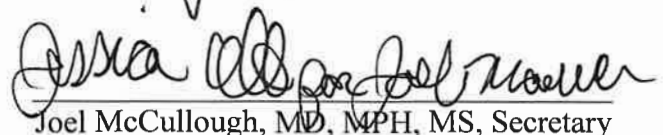
- As of July 1st, we began a new fiscal year and state contracts for most vendors ended. We entered into a contractual relationship with Sunburst, a division of Maxim which is a state approved vendor, to

	<p>retain current covid-19 contract staff on both our regional and local teams. We retained 5.5 FTE regional team members and 10 local team members to continue with the covid response. The response has shifted from the intense case investigation and contact tracing to more monitoring of cases in congregate settings and focusing on promoting vaccination. We are continuing to look at ways to streamline operations to manage the response with the reduced contractor workforce.</p> <p>General Operations</p> <ul style="list-style-type: none"> • Because of the construction next door at BCTC, some adult education students will be driving through our rear parking lot to get to a temporary pathway to their building. This will last until the end of 2022 while construction is taking place. BCTC estimates minimal traffic — about 15-20 cars per day, mostly Monday through Thursday. • Human Resource Officer Interviews have been going well and we hope to complete the process within the next couple weeks.
Committee Reports	<ul style="list-style-type: none"> • Executive: Dr. Jackson said the committee received notice of resignation from Dr. McCullough. Mr. Cornett made a motion that the Board of Health to accept the resignation of Dr. Joel McCullough as Commissioner of Health, with said resignation and termination of his duties to be final on July 29, 2022, and that notice of the acceptance of his resignation as Commissioner of Health be sent to him in writing. Councilmember Reynolds seconded the motion. The motion passed unanimously. • Mr. Cornett made a motion that the Board of Health to appoint Jessica Cobb, currently the Community Health Officer for the Health Department, to the position of interim Chief Administrative Officer (CAO) for the Health Department, specifically for the limited purpose of making administrative decisions on behalf of the Health Department. This appointment and the conferred authority would be effective immediately, and will remain effective pending further action from the Board of Health or appointment of a new Commissioner of Health. Further, it would be on the same terms as her previous appointment to this position, and it would not confer any additional medical-based authority to Ms. Cobb. Mr. Friesen seconded the motion. The motion passed unanimously. • Finance: Mr. Cornett reported a Request for Proposal (RFP) will be released to seek bids for a vendor to lead recruitment efforts for a new commissioner. Mr. Cornett made a motion that the board delegate authority to the finance committee chair to approve, process, and sign the RFP. Dr. Mason seconded the motion. The motion passed unanimously. Cara Kay said the RFP will be posted this week and proposals will be received through August 1. The vendor will be selected by August 19. • Ms. Kay reported LFCHD has a year-to-date surplus of just under \$6.2 million dollars on a budgeted surplus of a little less than \$2 million dollars. We have a COVID-19 response year-to-date surplus of

	<p>\$619,000 and a response-to-date deficit of \$1.3 million dollars. The ending cash balance was \$34 million dollars. We are looking into acquiring an electronic health record. We will bring the tax rate request to the next board meeting for approval. We are looking at options related to the compensating tax rate. We completed the RFP for a firm to conduct our annual financial audit. RFH CPAs & Consultants was selected.</p> <ul style="list-style-type: none"> • Marketing/Branding: No report. • Nominating/Bylaws: Dr. Mason reported the committee reviewed the bylaws and there are no recommended changes at this time. • Program Outcomes/Evaluation: No report. • Policy/Protocol: No report.
Communications Report	<ul style="list-style-type: none"> • Kevin Hall presented the LFCHD Communications report. He said we will send a note to staff regarding the appointment of Ms. Cobb as interim CAO and about the RFP to select a commissioner search firm. We will also inform community and public health partners. Dr. Jackson had an interview with Stu Johnson from WEKU. We are partnering with UK for vaccination opportunities later in the month. • LFCHD conducted the first mosquito spraying of the year on July 5, following discovery of a large number of mosquitos in traps. Eliminating any standing water on property can help decrease the mosquito population. LFCHD staff will present the board information on mosquito control later in the year. • We are now providing the Moderna vaccine product for children from ages six months to five years old. We are one of only a few providing it in our area at this time. • Next week we will launch our annual back-to-school immunization campaign. • Dr. Jackson said that Dr. Davis will serve as interim medical director. Dr. Jackson announced we will form a search committee for an LFCHD Commissioner of Health.
Open Public Comment	<ul style="list-style-type: none"> • None presented.
Adjournment	<ul style="list-style-type: none"> • Dr. Jackson requested a motion to adjourn. Mr. Friesen made a motion to adjourn. Dr. Riley seconded the motion. The motion passed unanimously. The meeting adjourned at 7:15 p.m.



Rodney A. Jackson, Chairperson



Joel McCullough, MD, MPH, MS, Secretary