

CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
MEETING OF THE BOARD OF HEALTH

Thursday, January 25, 2024

The Philadelphia Board of Health held a public meeting on Thursday, January 25, 2024. The meeting was held virtually using the Zoom platform to facilitate access by the public via computer or other device and toll-free phone number.

Board Members Present

Dr. Cheryl Bettigole, Dr. Usama Bilal, Dr. Ana Diez-Roux, Dr. Marla Gold, Dr. Jennifer Ibrahim, Dr. Amid Ismail, Dr. Scott McNeal, Dr. Tyra Bryant-Stephens

WELCOME AND INTRODUCTIONS

Health Commissioner and Board President Cheryl Bettigole, MD, MPH called the meeting to order at 6:43 PM.

MINUTES

Dr. Bettigole asked if the Board had reviewed the minutes from the previous meeting. Dr. Bettigole asked if there was a desire to approve the minutes. Dr. Ibrahim moved; Dr. McNeal seconded. Dr. Tyra Bryant-Stephens corrected the record to reflect that she was not at the meeting on October 5, 2023. Dr. Bettigole asked for an approval of the minutes reflecting Dr. Bryant-Stephens correction. Dr. Ibrahim moved; Dr. Bilal seconded. Motion for approval of the minutes was approved unanimously.

PUBLIC COMMENT EXPLANATION

Mr. Ben Hartung of the Philadelphia Department of Public Health (PDPH) reviewed the public comment process and provided notice that this meeting is being recorded and will be posted publicly. Mr. Hartung noted that no Regulations would be voted on at this meeting.

UPDATE ON MEASLES OUTBREAK IN PHILADELPHIA BY DR. BETTIGOLE

Dr. Bettigole presented a slideshow regarding the measles outbreak in Philadelphia.

The initial index case was an infant who travelled internationally and was not yet vaccinated. They were admitted to Children's Hospital of Philadelphia in December with respiratory complaints and fever prior to developing the characteristic rash. The child was not in respiratory isolation at CHOP. Three subsequent cases were admitted to CHOP because of exposure to the infant (2 children; 1 parent). There have been 5 additional cases so far, all associated with exposures at a daycare. Case total of nine (9) with 1 out of county transmission and 8 in

Philadelphia. This does not include the one (1) case in Camden, NJ with no known connection to the Philadelphia outbreak.

Dr. Bettigole provided background information on the measles virus. About 1 in 5 people who get measles will be hospitalized. The rate has been higher in this outbreak with a majority being hospitalized. One out of every 1,000 people with measles will develop brain swelling (encephalitis), which may lead to brain damage. One to three out of every 1,000 people with measles will die, even with the best care. There was a large outbreak in Philadelphia in 1990 with about 900 cases and 6 deaths.

Dr. Bettigole discussed this measles outbreak's epidemiological curve and displayed the dates of infection, their location, and information quarantine orders and related events. The Department of Public Health did not find out about the daycare exposure until 2 weeks after it occurred. It was too late for post-exposure prophylaxis, either with vaccine or immunoglobulin.

Dr. Bettigole displayed the exposure locations within the city. Exposures have occurred at multiple healthcare facilities because families with sick children visit multiple locations before the rash develops seeking answers when symptoms do not improve after a first sick visit. There have been conversations with public health colleagues in Columbus, Ohio to learn about their response to an outbreak of 86 cases last year. They found a similar pattern of exposure in multiple healthcare facilities, which causes lots of work for investigators.

Dr. Bettigole noted that a Zoom message appeared warning that the meeting would end in ten minutes. Mr. Hartung said he did not know a solution.

Dr. Bettigole displayed a post-exposure action plan. Dr. Bettigole discussed who qualifies for vaccine or immunoglobulin post-exposure treatment.

Dr. Bettigole discussed the actions taken by PDPH in response to the outbreak. It has been a full city effort, including healthcare partners. There were hundreds of exposed people who needed to have their vaccine records checked. Those without vaccine records received at home blood draws to determine their immunity. Educational messaging was delivered on traditional media, social media, and door-to-door. Training messages were provided for healthcare workers on how to deal with patients with measles exposure, including masking and respiratory isolation. PDPH has encouraged prioritizing vaccination of children just over 12 months who have not received a second measles vaccine dose and children who have not yet had the first measles vaccine dose.

Measles was declared eliminated from the United States in 2000. There have been imported cases since then, but no sustained transmission. Dr. Bettigole showed a graph of the number of measles cases reported by year since 2010.

Dr. Bettigole explained the concept of herd immunity for members of the public. To achieve herd immunity for measles, 95% of the population must be vaccinated or have had the disease. In Philadelphia, 93% of children 6-years or older are up to date with measles vaccination. In the School District of Philadelphia, as of January 4, 2024, 97% of K-12 students (under 19 years old) are vaccinated against measles.

Dr. Bettigole stated that the last known case of measles from this outbreak was recorded on January 13, 2024. It was a relatively low risk exposure in a healthcare institution due to consistent masking and quick movement of the patient to respiratory isolation. The outbreak cannot be declared over until two full 21-day incubation periods without an additional case. The last higher risk exposure was on January 3, 2024.

Dr. Bettigole asked if there were any questions. Dr. McNeal asked about the date of exposure in the Camden, NJ case because of its proximity to Philadelphia. Dr. Bettigole believed it was around January 8, 2024. There has been outreach to the family in Camden to determine if there had been Philadelphia exposure. It was not a travel exposure.

Dr. Gold asked whether there been an increase in the percentage of people unvaccinated against the measles or other childhood diseases due to the politicization of the COVID-19 vaccine. Dr. Bettigole said there has been slight decrease in vaccination rate in Philadelphia, but not as bad as other places. There was a decrease in number of children being fully vaccinated during lock-down period. The vaccination rates have started to rebound but have not reached pre-pandemic baseline levels yet. Dr. Gold asked whether there was a risk that members of the public were starting to down-play the danger of measles. Dr. Bettigole noted that some adults may not fully understand how dangerous the measles can be because it has been locally eliminated.

Dr. Bettigole asked Dr. Bryant-Stephens about her experience as a primary care physician with vaccination. Dr. Bryant-Stephens agreed there was an increase in vaccine skepticism during the pandemic, but it has improved. She recalled how terrible the 1990 outbreak was in Philadelphia.

Mr. Hartung stated that the Board would reconvene using the same Zoom link to continue the meeting to address the 30-minute limit on the Zoom account permissions.

EXECUTIVE SESSION ANNOUNCEMENT

Mr. Hartung stated for the record that prior to the start of the public portion of this Board of Health meeting that the board members met in an executive session with their attorney to discuss legal strategy related to a court order regarding a right to know request in a specific Court of Common Pleas case.

UPDATE ON REGULATION REQUIRING A PERMIT FOR CREMATION, BURIAL AT SEA, BODY DONATION, OR OTHER NON-BURIAL DISPOSITION METHODS RELATED TO DECEASED PERSONS, PASSED BY THE BOARD OF HEALTH ON JUNE 8, 2023.

Dr. Bettigole stated that since the passage of this regulation, Chief Medical Examiner, Dr. Constance DiAngelo, who presented the regulation to the board members, has resigned. PDPH now has an acting Chief Medical Examiner, Dr. Lindsay Simon. Dr. Bettigole spoke with Dr. Simon about this regulation when she began as acting Chief Medical Examiner and Dr. Simon expressed concerns about the \$50 cost of the permit for low-income families. Dr. Bettigole has

decided to put the regulation on hold temporarily pending further discussions. The Board is not being asked to rescind the regulation, but it is not being implemented yet.

Dr. Bettigole asked for questions. Dr. Bilal asked about the purpose of the \$50 cost for the permit. Dr. Bettigole responded that reviewing all cremations would be extra work for the Medical Examiner's Office. The office is currently experiencing staffing issues, so the cost would help cover additional staff requirements. Dr. Bettigole said it could be possible to implement the regulation without a cost to the public, but that needs to be explored further.

OPEN DISCUSSION BY THE BOARD OF HEALTH

Dr. Bettigole asked the board members if they had other topics for discussion.

Dr. Bryant-Stephens stated that there was a recent discontinuation of one of the most popular asthma controller medications and that it has been difficult for families to get a substitute. Dr. Bryant-Stephens noted issues at the formulary, pharmacy, and health insurance level. This issue particularly impacts children because they need an inhaler and cannot do dry powder. Dr. Bryant-Stephens said she has received multiple calls from partners in the city about this issue. She asked if PDPH is planning to do anything to help address this issue. Dr. Bettigole asked if this was a separate issue than conversations about SMART Therapy guidelines and insurance coverage. Dr. Bryant-Stephens said it was a separate issue, specifically about Flovent inhaler. Dr. Bettigole did recognize the name and said that PDPH talks to the state when issues like this arise. Dr. Bettigole said she would confirm whether a solution has been found. Dr. Bryant-Stephens said that one solution was that the Preferred Drug List was updated to include hydrofluoroalkane (HFA) asthma treatment for children, but there still have been denials of coverage and there is not sufficient supply.

Mr. Hartung noted that a question from the public was entered in the chat. Dr. Bettigole read the question aloud. A member of the public, "Sanjuana (they/he)" asked whether there are any concerns about the current COVID surge and whether there were thoughts about issuing a masking mandate in healthcare settings. Dr. Bettigole stated that PDPH had issued a recommendation to healthcare providers for masking in healthcare settings, but that there is no mandate at this time. PDPH sent the recommendation to healthcare institutions and providers in early January. Dr. Bettigole stated that hospitalization levels are not as high as in previous surges. Hospitalization levels have been coming down recently. Dr. Bettigole encouraged people to mask in crowded indoor settings.

Mr. Hartung noted that there was a hand raised by member of the public "Sanjuana (they/he)," who provided a verbal follow-up to their question in the chat. Sanjuana expressed concern about individuals with long COVID, disabled individuals, and immunocompromised individuals who must use healthcare services frequently. Sanjuana stated that some medical professionals resist requests from patients to mask and wondered if a mask mandate could be reinstated in healthcare settings to protect these populations.

Dr. Bettigole stated that, based on the data and conversations with other PDPH staff, a mask mandate for healthcare settings is not currently being considered. Dr. Bettigole suggested

seeking out different healthcare professionals if a provider fails to respect a patient's request to mask during an encounter. Dr. Bettigole noted that Philadelphia had a mask mandate for longer than most jurisdictions, but that at this point in the development of COVID-19, a mask mandate is not workable. Dr. Bettigole said that some healthcare institutions have their own mask mandates during respiratory virus season and that she expected to these types of mandates to continue in future years. Dr. Bettigole noted that the Board of Health has struggled with the questions of when to roll back mask mandates and how to balance bodily autonomy and protection for vulnerable individuals.

Dr. Gold stated that, while she does not support a mask mandate by the Board of Health at this time, she does understand the issue raised. Dr. Gold asked whether it would be appropriate for PDPH to remind healthcare institutions and providers to respect patients' requests for masking during appointments. Dr. Gold provided anecdotes about supporting her elderly mother with healthcare appointments and the challenges they have faced regarding masking. Dr. Bettigole responded that healthcare providers were sent a message last week recommending that they mask. Dr. Bettigole proposed that when the recommendation is later removed, that this message to healthcare providers could include a statement that healthcare providers should respect patients' requests for masking during appointments. Dr. Gold remarked that there are many variables for why a healthcare provider might be reluctant to mask, but that she did not support a recommendation to find another physician if they refuse to mask. Dr. Gold supported strong reminders to healthcare providers that patients' requests should be respected.

A member of the public, "CJ Jasen (they/them)," asked if there is data on whether patients, especially disabled or immunocompromised patients, who ask for healthcare providers to mask risk being documented as difficult patients. They emphasized that this risk weighs heavily on disabled and immunocompromised patients because such a designation would follow them at every appointment. CJ Jasen noted that a recommendation to change providers is not feasible for many patients for insurance reasons and because it is essential for disabled patients to continue with the same practice for their care. CJ Jasen shared that they had conducted COVID-19 research at Penn and that is how they know this type of difficult patient documentation exists. CJ Jasen asked that the Board consider this issue, even in the absence of specific data.

Dr. Bilal wondered if it would be possible for PDPH to issue a recommendation about the efficacy of air filtration systems in healthcare settings to help reduce transmission. Dr. Bilal offered to share a recent study. Dr. Bilal stated it might be helpful to smaller healthcare practices that may not be up to date on all the studies. Dr. Gold supported Dr. Bilal's recommendation. Dr. Gold acknowledged for members of the public that the Board recognizes that COVID-19 has turned many peoples' world upside down for the foreseeable future. Dr. Gold stated that the Board should help with providing resources and materials for educating healthcare providers on the evidence regarding COVID-19. Dr. Bettigole thanked the board members for the discussion and said it was helpful in thinking about future communications from PDPH on this issue.

ADJOURNMENT

Dr. Bettigole adjourned the meeting at 7:18 PM.