

**Meeting Minutes  
September 10, 2024**

**MINUTES OF MECKLENBURG COUNTY, NORTH CAROLINA  
BOARD OF COUNTY COMMISSIONERS**

The Board of Commissioners of Mecklenburg County, North Carolina, met in Budget/Public Policy Session in Conference Center Room 267 on the 2nd floor of the Charlotte-Mecklenburg Government Center located at 600 East Fourth Street, Charlotte, North Carolina at 2:36 p.m. on Tuesday, September 10, 2024.

**ATTENDANCE**

**Present:** Chair George Dunlap and Commissioners  
Vice-Chair Mark Jerrell, Leigh Altman,  
Patricia “Pat” Cotham, Arthur Griffin,  
Vilma D. Leake, Laura J Meier, Elaine Powell,  
and Susan Rodriguez-McDowell  
County Attorney Tyrone C. Wade  
Clerk to the Board Kristine M. Smith  
Deputy Clerk to the Board Arlissa Eason

**Absent:** County Manager Dena R. Diorio

**CALL TO ORDER**

The meeting was called to order by Chair Dunlap, followed by introductions and the Pledge of Allegiance to the Flag.

**24-0510 STATE OF THE COUNTY HEALTH REPORT**

The Board received the State of the County Health Report.

Raynard Washington, PhD, MPH, Health Director, and Dr. Kimberly Scott, Assistant Public Health Director of Population, gave the presentation.

*Background: Dr. Raynard Washington, Public Health Director, and Dr. Kimberly Scott, Assistant Public Health Director, will present the annual state of the county health report and a brief update on the Community Health Improvement Plan.*

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**September 10, 2024**



# Mecklenburg County

State of the County Health

Board of County Commissioners  
Budget/Public Policy Workgroup Meeting

Dr. Raynard Washington, Health Director  
September 10, 2024

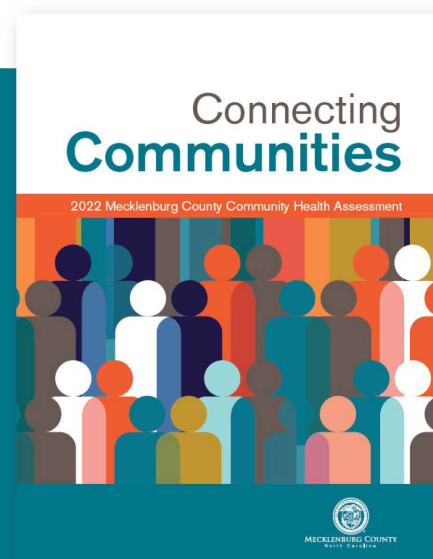


MECKLENBURG COUNTY  
North Carolina  
Public Health

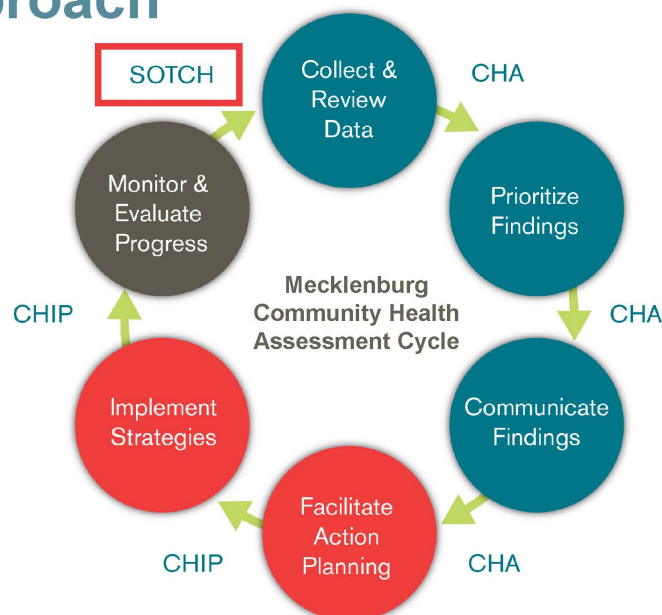


## What is the CHA?

The Community Health Assessment (CHA) process periodically assesses local data to understand the strengths and needs of our diverse and changing community to inform community health improvement planning, programmatic decision-making, policy development, and financial investments to improve community health outcomes.



## Our Approach

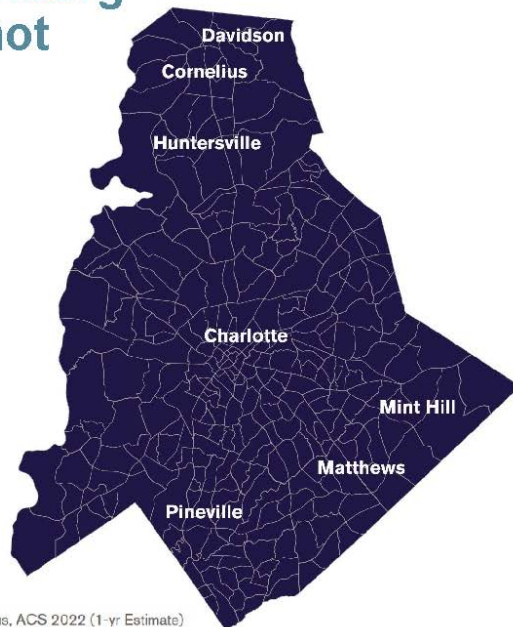


## SOTCH Overview



- State of the County Health (SOTCH) Report produced years between the Community Health Assessment (CHA)
- The SOTCH includes an update on selected health indicators, new or emerging community health trends, and CHIP Priorities

## Mecklenburg Snapshot



Data Source: US Census, ACS 2022 (1-yr Estimate)

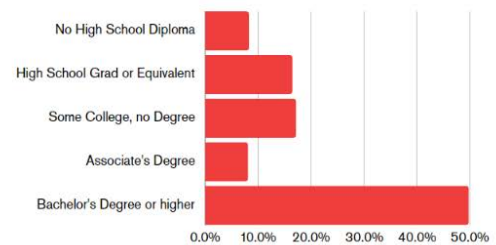
TOTAL POPULATION  
**1,145,392**



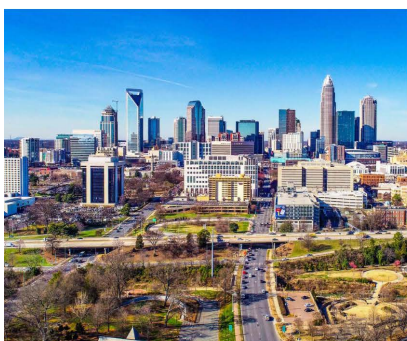
MEDIAN AGE  
**35.5 years**

MEDIAN HOUSEHOLD INCOME  
**\$80,365**

### EDUCATIONAL ATTAINMENT PERSONS 25 AND OVER

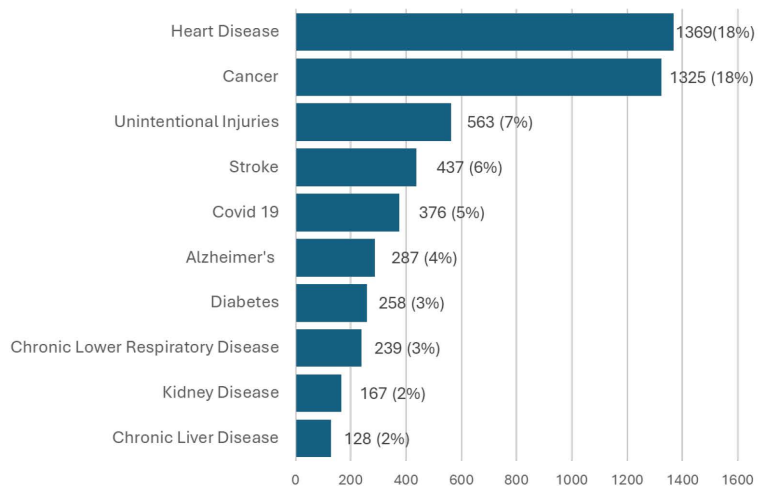


## Mecklenburg Snapshot



Data Sources: NC SCHS, 2022 Mecklenburg County Vital Statistics Data  
Other Sources: CDC WONDER, 2022 Underlying Causes of Death

### 2022 Leading Causes of Death, Mecklenburg Total Deaths: 7,508





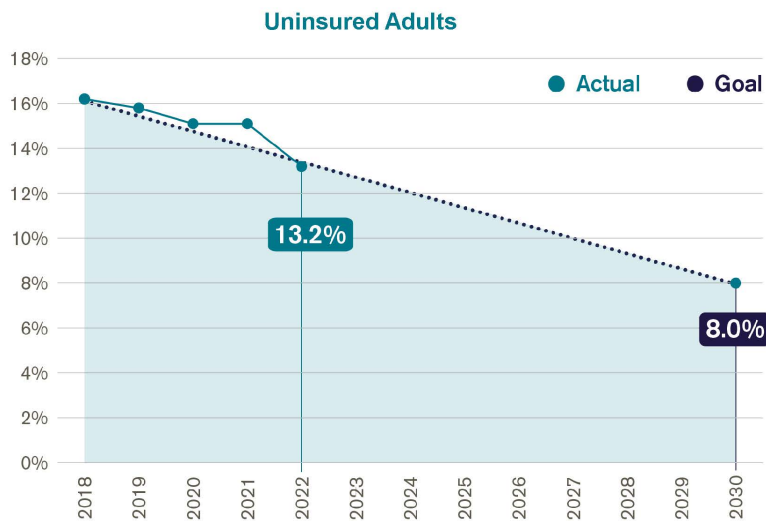
## Access to Care



Definition:  
**% of Uninsured Adults 19-64 yrs.**

Status:  
**Improving**

Source:  
**US Census, ACS**



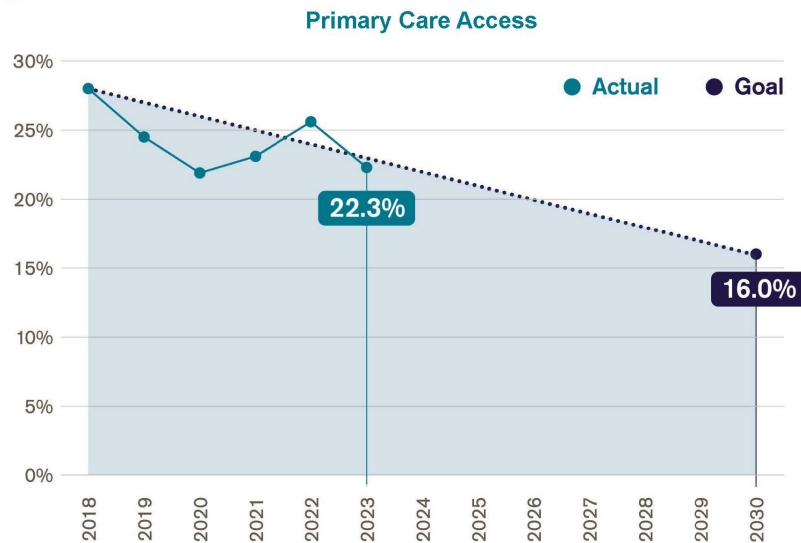
## Access to Care



Definition:  
**% of Adults (18+) without a Primary Care Provider**

Status:  
**Improving**

Source:  
**Mecklenburg County BRFSS**



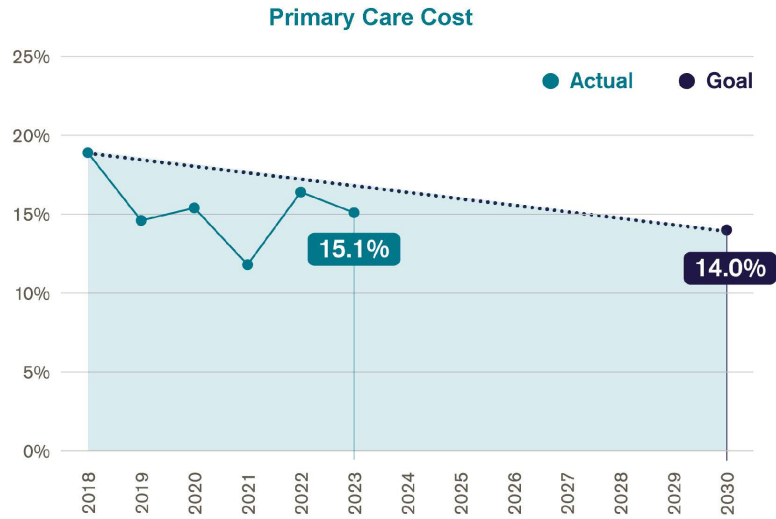
## Access to Care



Definition:  
**% of Adults (18+)  
Unable to See a  
Doctor Due to Cost**

Status:  
**Improving**

Source:  
**Mecklenburg  
County BRFSS**



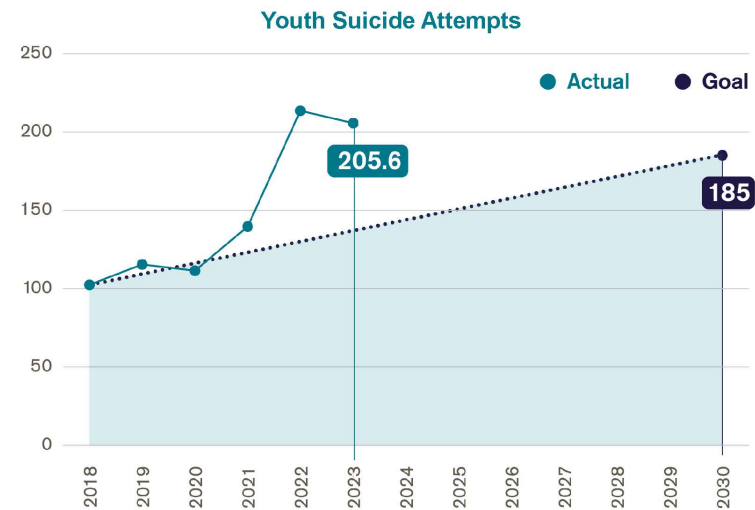
## Mental Health



Definition:  
**Rate of Youth  
ED Visits Due to  
Suicide Attempts per  
100,000 Population**

Status:  
**Getting Worse**

Source:  
**NC DETECT,  
ED Visits**



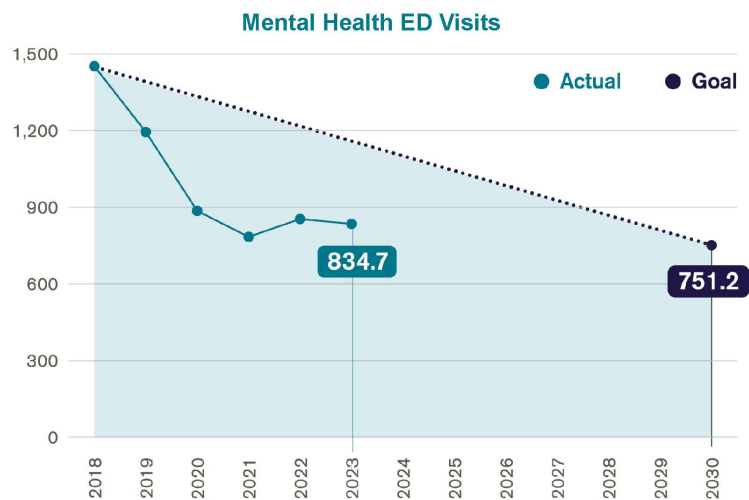
## Mental Health



Definition:  
**Rate of ED Visits Due  
to Depression per  
100,000 Population**

Status:  
**Getting Worse**

Source:  
**NC DETECT,  
ED Visits**



## Mental Health



Definition:

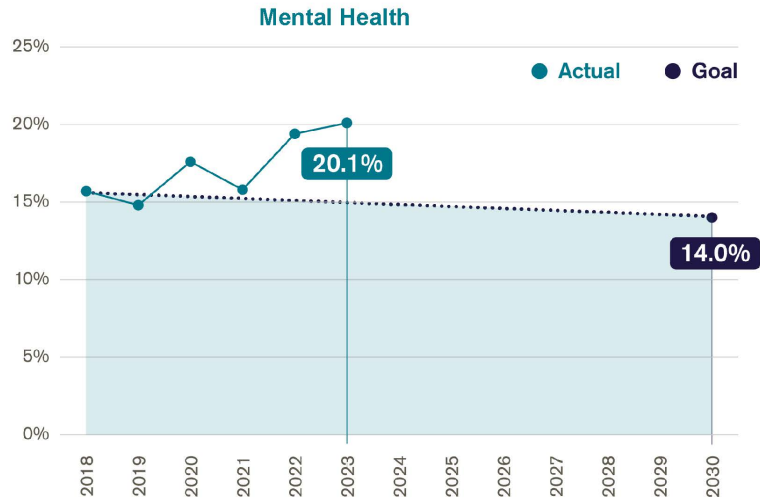
**% Adults reporting mental health not good for 8 or more days per month**

Status:

**Getting Worse**

Source:

**Mecklenburg County BRFSS**

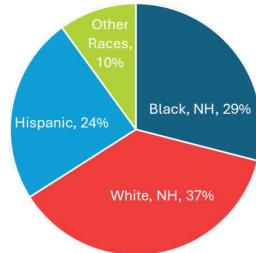


## Maternal and Child Health

### 2022 Births and Birth Outcomes

Total Births, Mecklenburg: 15,038 Live Birth Rate: 13.1 per 1,000

#### Births by Race and Ethnicity of Mother



#### Low Birth Weight (< 2500g)

**1,478 Births**  
**(9.8%)**

#### Very Low Birth Weight (<1500 g)

**217 Births**  
**(1.4%)**

#### Premature Births

**1,545 Births**  
**(10.3%)**

Data Sources: NC SCHS, 2022 Mecklenburg County Vital Statistics Data

## Maternal and Child Health



Definition:

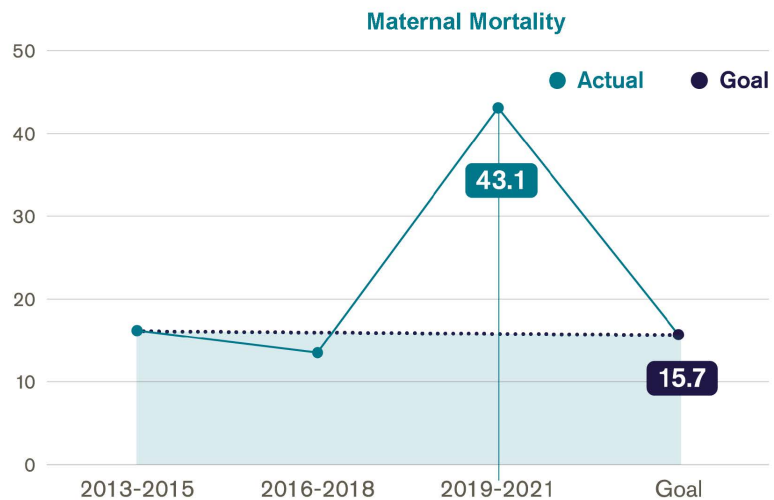
**Maternal Deaths occurring up to one year after delivery per 100,000 live births (3 yr. avg. rates)**

Status:

**Getting Worse**

Source:

**NC DHHS, Vital Statistics**



## Maternal and Child Health



Definition:

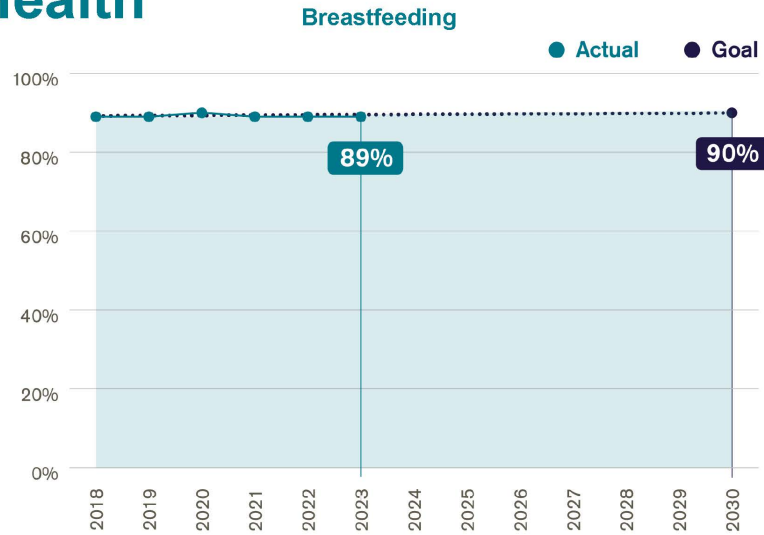
**% of Births with Infants Breastfed at Discharge**

Status:

**Little or No Detectable Change**

Source:

**CDC Wonder**



## Chronic Disease Prevention



	Total	Educational Attainment		Income Level	
		Low (<High School)	Higher (High School +)	Low (<\$50k)	Higher (\$50K+)
<b>Percentage of Adults 18 and older Reporting Chronic Conditions, 2023 (by education and income)</b>					
Current Smoking	8.9%	16.7%	5.8%	9.0%	6.2%
Overweight	38.9%	42.0%	37.8%	33.0%	40.4%
Obesity	31.6%	29.8%	32.3%	36.7%	30.6%
No Physical Activity	18.2%	28.5%	14.1%	33.2%	9.3%
Diabetes	10.5%	12.7%	9.7%	14.2%	6.5%
Cardiovascular Disease	7.6%	9.1%	7.1%	12.7%	5.8%
High Blood Pressure	32.7%	38.8%	30.3%	37.7%	28.2%
High Cholesterol	38.4%	36.8%	39.0%	39.3%	36.7%

Data Sources: 2023 Mecklenburg County Local BRFSS

## Chronic Disease Prevention



Definition:

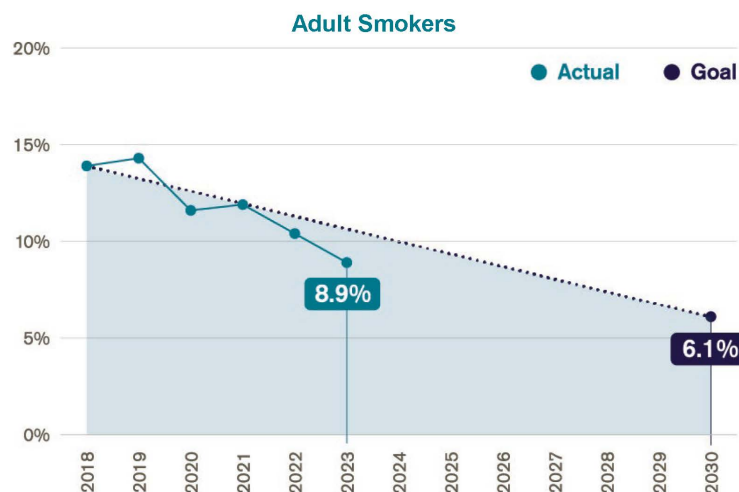
**% of 18+ Adults who are Current Smokers**

Status:

**Improving**

Source:

**Mecklenburg County BRFSS**



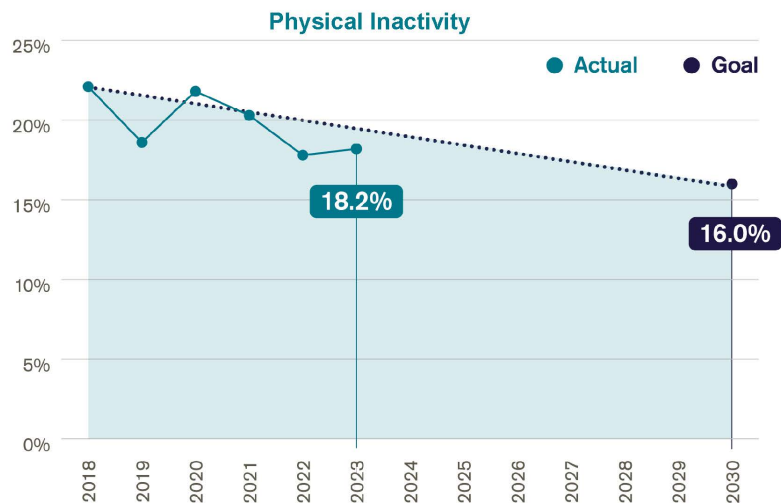
## Chronic Disease Prevention



Definition:  
**% of Adults (18+) with no physical activity within past 30 days**

Status:  
**Little or No Detectable Change**

Source:  
**Mecklenburg County BRFSS**



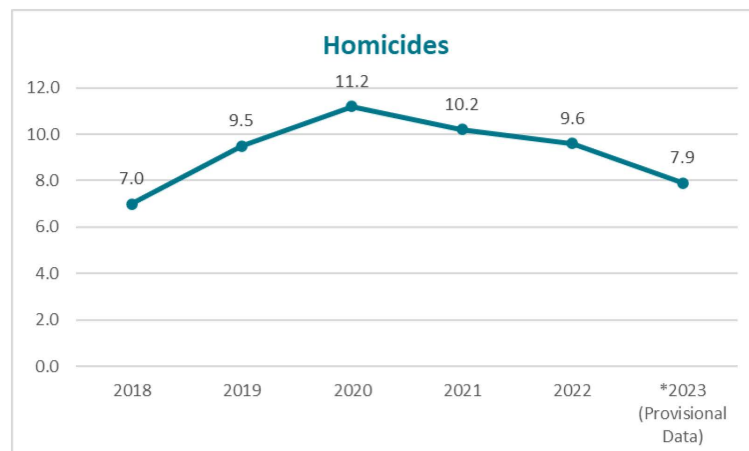
## Violence Prevention



Definition:  
**Homicide Rate per 100,000 Population**

Source:  
**NC DHHS, Vital Statistics**

**2030 Goal: Decrease Rate to 6.0 or Below**



## Community Health Improvement Plan

The CHIP ...

- Is a strategic plan to address health inequities and priorities identified in the CHA report
- Aims to improve the overall health and well-being of Mecklenburg County residents
- Is created in partnership with diverse community partners and residents

### Community Health Improvement Plan



2023-2025







Access to Care

Chronic Disease Prevention

Mental Health

Violence Prevention

Maternal & Infant Health



**Access to Care**

*All residents of Mecklenburg County have equitable access to high quality, affordable health care services.*

**FY2024 CHIP Progress**

Strategy	Progress Update
Enhance the community's capacity to provide primary care to uninsured and underinsured individuals and families	<ul style="list-style-type: none"> <li>Launched MCPH Colposcopy Clinic January 2024; <b>40 colposcopies</b> completed</li> <li>Funded <b>eight</b> federally qualified health centers and charitable clinics serving <b>9,835 uninsured residents</b> completing <b>19,712 provider visits</b></li> </ul>
Strengthen coordination among programs focused on alternative pathways to accessing care (e.g. mobile units, Community Health Workers (CHW), telemedicine, etc.)	<ul style="list-style-type: none"> <li>Expanded MCPH mobile unit fleet to <b>three mobile health units</b> including two medical and one dental</li> <li>Expanded CHW initiatives to support <b>15 CHW employers</b> and <b>90 CHWs</b> through training, coordination, etc.</li> </ul>



**Violence Prevention**

*All Mecklenburg residents will live in safe communities.*

**FY2024 CHIP Progress**

Strategy	Progress Update
Launch and sustain <i>The Way Forward (TWF)</i> community violence plan implementation coalition	<ul style="list-style-type: none"> <li>More than <b>fifty diverse residents and organizational representatives</b> serve on TWF advisors</li> </ul>
Provide technical assistance and training to community-based organizations implementing violence prevention initiatives through the Peacekeepers Academy	<ul style="list-style-type: none"> <li>Two PA cohorts <b>completed eight capacity-strengthening, resiliency building sessions</b> including <b>24 Community-Based Organizations (CBOs)</b> working to address community violence in Mecklenburg County</li> </ul>
Implement and expand community violence interruption and hospital-based violence intervention initiatives	<ul style="list-style-type: none"> <li>Expanded ATV violence interruption program to <b>three sites</b> across Mecklenburg County</li> <li>Expanded hospital-based violence intervention initiatives to include <b>two healthcare systems</b></li> </ul>





*All people in Mecklenburg live long, healthy lives.*

FY2024 CHIP Progress	
Strategy	Progress Update
Implement Making Healthy Choices Easier Chronic Disease Prevention Plan	<ul style="list-style-type: none"> <li>Subawarded CDC REACH grant funds to support tobacco prevention, physical activity in region</li> <li>Funded <b>20 grassroots organizations, nonprofits, and faith-based organizations</b> to implement chronic disease prevention programs via Mecklenburg County Public Health, Health Equity Grant Program</li> </ul>
Increase and improve healthy food environments and strengthen healthy food access	<ul style="list-style-type: none"> <li>Completed Phase I of local <b>food security assessment</b></li> <li>Expanded access to healthy food via mobile markets, food distribution, and healthy corner store initiatives and new infrastructure investments in the Charlotte Mecklenburg Food Policy Council, West Blvd Neighborhood Coalition, and Carolina Farm Trust Food Distribution Center</li> <li>Expanded access to SNAP Double Bucks and SNAP EBT through 75% of Mecklenburg County Farmers Markets</li> </ul>



## Next Steps

- Convene 2025 Live Well: CHA Steering Committee
- Launch 2025 CHA Data Collection and Analysis
- Host 2025 Meck Design Community Convening



## Comments

Commissioner Griffin said he appreciated what the staff was doing. He said some of the numbers were going down, which was good. He asked, concerning uninsured adults without primary care and due to costs, what the gap was for the federally qualified health centers. *Dr. Washington said they were working on updating the Access to Care Report. He said about 100,000 residents did not have health insurance, but the number was changing due to Medicaid expansion. He added that health centers could see about 42,000 patients, but they were not all uninsured. He said there were also community-based clinics they didn't count that could provide care.*

Commissioner Griffin asked if there was a relationship between insured and uninsured regarding low birth weights and maternal deaths. *Dr. Washington said insurance wasn't usually the barrier to childbirth since one qualified for Medicaid once pregnant. He said it was more about utilization, such as individuals getting care early enough and the quality of care.*

Commissioner Griffin said depression skyrocketed in 2018. He asked if something was happening that put it off the chart that year, as he thought COVID would have caused more of a spike. *Dr. Washington said it was the utilization of the healthcare centers. He said people were going into the*

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*Emergency Department (ED) in 2018 versus them telling people to avoid going to the ED during COVID for the reason of depression. He said they hoped it wouldn't rebound back to where it was in 2018, but it was going back up again.*

Commissioner Rodriguez-McDowell asked, concerning page 11—youth and suicide attempts—how they reached their goal in 2023. *Dr. Washington said the change would not be immediate. He said the goal was to slow down the growth rate.*

Commissioner Rodriguez-McDowell asked, concerning slide 12, if they were measuring anything other than mental health ED visits. *Dr. Washington said there were a host of other measurements, including surveys that asked other questions.*

Commissioner Rodriguez-McDowell expressed concern about schools having to opt in and thought they would see something coincide with the numbers. *Dr. Washington expressed hope that the General Assembly would fix the situation. He said it was unfortunate that kids were not getting those services due to policy changes.*

Commissioner Meier said concerning youth suicide attempts that she would love to talk to him another time about it. *Dr. Washington reiterated that they wanted to slow the growth but would speak to her outside the meeting.*

Commissioner Meier asked for an example of how they were handling suicide attempts. *Dr. Washington said CMS had provided additional assistance in behavioral healthcare, which was a critical step in the process. He said things within the behavioral health strategic plan would also assist. He said the school system playing a large role was the best place for it, along with other community partners.*

Commissioner Meier said she was proud of the number of 19,000 uninsured residents who had visited providers.

Commissioner Cotham thanked him and his team. She asked if they ever considered doing a deeper dive into care in schools until the 12<sup>th</sup> grade through nurses. *Dr. Washington said they had virtual care in half of the schools at the time and it would be within all the schools within the next couple of years. He said he would inform the Board of how many kids had been seen since it started two years ago and continued to expand.*

Commissioner Altman said she wanted to hear how they were doing with nurses and CMS and how the need for nurses on site was shifting, given that they could bring healthcare remotely. She asked how many were without health insurance and how that number differed for those eligible for Medicaid in the County. *Dr. Washington said 100,000 were without insurance. He said that with the expansion, about half of them would be eligible for Medicaid. He said he expected a significant decline in the next census of households reporting they didn't have insurance.*

Commissioner Altman asked how they were doing with staffing with school nurses. *Dr. Washington said they were doing better.*

Commissioner Leake thanked him for the report. She said there were improvements in some areas, while others were still in the same categories. She asked how they compared with other counties of similar size regarding chronic diseases. *Dr. Washington said they were above the median in comparison to size. He said their overall health was poorer than in Wake County. He said they were above the middle, but compared to other big cities, they were toward the higher tier regarding people's health. He said they still had much work to do.*

Commissioner Leake said obesity was a major issue. She asked how they were handling fighting fast food coming into neighborhoods. *Dr. Washington said he couldn't tell businesses they couldn't go into the community, but they could build something with better options beside it. He said healthier*

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*markets were looking into the community to bring those options. He said they were also working to ensure residents could access farmers markets and have incentives to go.*

Vice Chair Jerrell thanked him. He said he appreciated the format of having status and goals. He said priorities mattered. He said it took a lot to turn the ship, and they saw many trends in the right direction. He also thanked him for his work with the grassroots organizations. He said the paperwork for the grant process to allocate funds was an unintentional barrier. He asked that they look at the process to better support the groups supporting them. *Dr. Washington said they were working through new processes with agencies they didn't have a history with.*

Commissioner Powell thanked him for the presentation. She said they were all concerned about youth suicide and asked if social media had any impact on it. *Dr. Washington said there was plenty of evidence that social media and bullying caused exponential growth.*

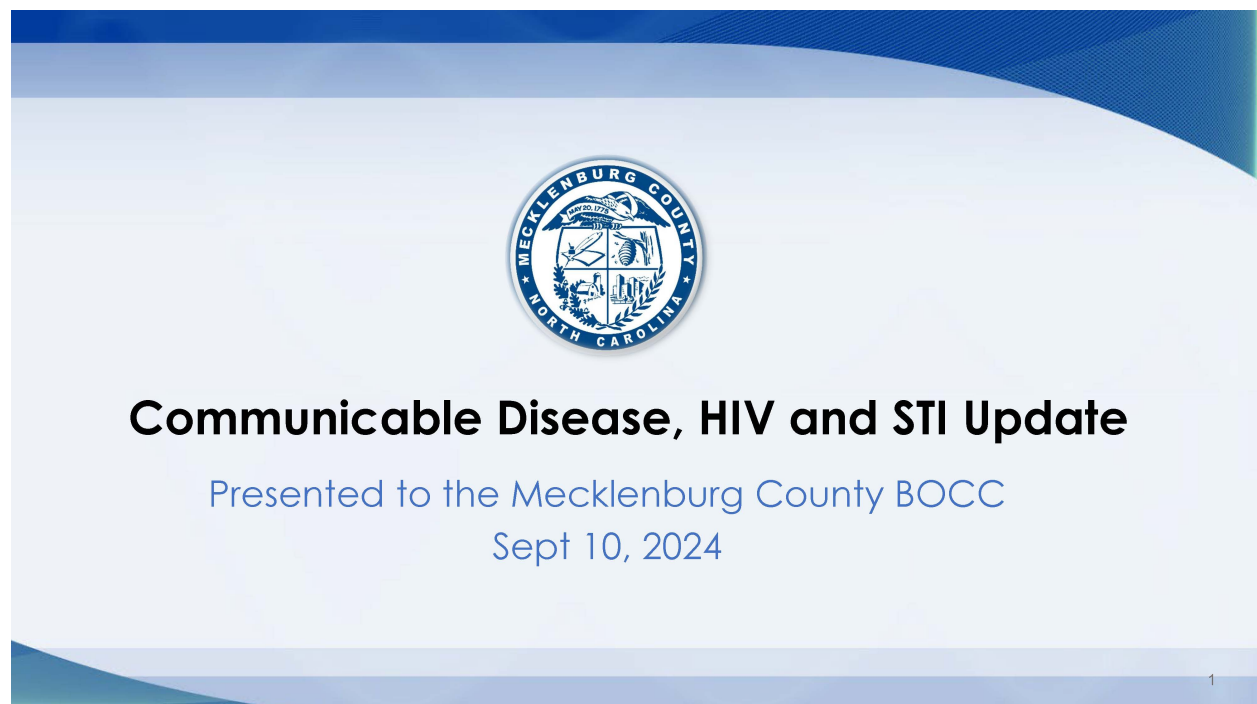
Commissioner Powell said she would like to know more about the violence prevention tools. *Dr. Washington said he would follow up with her.*

**24-0511 ANNUAL COMMUNICABLE DISEASE PDAE**

The Board received the Annual Communicable Disease Update.

Raynard Washington, PhD, MPH, Health Director, gave the presentation.

*Background: Dr. Raynard Washington, Public Health Director will provide the required annual communicable disease update.*



## Monthly CD Statistics: What is Included in the Report?

Mecklenburg County Public Health Reportable Communicable Diseases

Reported to: Me. Department of Health and Human Services  
Reflects report dates, not always onset dates

Monthly Report: JUNE 2024  
Epidemiology | 1 of 6 pages

Reportable & Diphtheria case reports are available on a Quarterly Basis.

DISEASES	Jan	Mar	Apr	Apr-Jun	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total	3 Yr. Average
Abscess <sup>†</sup> (Quarant. Reports)	0	1	0	0	1	0	0	0	0	0	0	2	0
Chancroid <sup>†</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Chlamydia (Laboratory confirmed)	879	857	779	777	857	773	773	773	773	773	773	4556	2037
Coccidiosis	166	146	132	132	132	132	132	132	132	132	132	1563	1602
Dandruff (ingrowth)	0	0	0	0	0	0	0	0	0	0	0	0	0
Head Lice (pubic)	1	0	0	0	0	0	0	0	0	0	0	1	0
Head Lice (scalp)	11	12	14	10	13	11	11	11	11	11	11	133	146
Herpes (genital)	0	0	0	0	0	0	0	0	0	0	0	0	0
Herpes (oral)	0	0	0	0	0	0	0	0	0	0	0	0	0
HSV Disease <sup>††</sup> (Quarant. Reports)	0	0	0	0	0	0	0	0	0	0	0	0	0
Lymphogranuloma Venereum	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-gonococcal Urethritis (NGU)	2	9	14	24	2	14	14	14	14	14	14	141	119
Ornithosis (Chlamydia)	0	0	0	0	0	0	0	0	0	0	0	0	0
Public Inflammatory Disease (PID)	1	1	2	0	1	2	2	2	2	2	2	15	1
Syphilis <sup>††</sup> (Quarant. Reports)	0	0	0	0	0	0	0	0	0	0	0	0	0
Conjunctive Syphilis <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles <sup>††</sup>	0	1	0	0	0	0	0	0	0	0	0	1	0
Infant Botulism	0	0	0	0	0	0	0	0	0	0	0	0	0
Campylobacter Infection <sup>††</sup>	6	1	10	20	13	14	14	14	14	14	14	130	115
Cholera <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Cryptosporidiosis <sup>††</sup>	4	1	1	1	1	1	1	1	1	1	1	13	2
Cyclosporiasis <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Giardiasis <sup>††</sup>	1	0	0	0	0	0	0	0	0	0	0	1	0
E.coli, Shiga toxin-producing <sup>††</sup>	6	3	10	4	5	9	9	9	9	9	9	80	73
Hepatitis A <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B <sup>††</sup> (Acute)	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B <sup>††</sup> (Chronic)	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Legionnaires <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Listeria <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Salmonellosis <sup>††</sup>	15	8	7	23	21	14	14	14	14	14	14	141	115
Shigella <sup>††</sup>	2	4	4	4	4	4	4	4	4	4	4	34	19
Staphylococcal (food poisoning) <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid, Acute <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid, Chronic <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Paratyphoid Fever	0	0	0	0	0	0	0	0	0	0	0	0	0
Vibrio Vulnificus	0	0	0	0	0	0	0	0	0	0	0	0	0
Viral Infection (Other than diphtheria) <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Other at Unknown Pathogen <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Hemophilus influenzae (acute disease) <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles (Clinical, Type) <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles (Indigenous)	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles (Imported)	0	0	0	0	0	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0	0	0	0	0	0
Parvovirus (non-pneumonia) <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Polio, paralytic <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabies <sup>††</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella, Congenital Syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarbecovirus	0	0	0	0	0	0	0	0	0	0	0	0	0
Varicella	3	2	2	2	2	2	2	2	2	2	2	15	1

- Counts of reportable diseases  
*N.C. Administrative Code rule (10A NCAC 41A.0101)*
- Monthly, Year-to Date and 3 yr. average totals
- Organized by Disease Categories  
*based on primary means of transmission*
- Tracking of Bioterrorism Agents  
*Tracking of 6 agents that pose a risk to national security.*



## Monthly CD Statistics: Major Disease Categories

Diseases are organized into **6 Major Categories** based on primary means of transmission

- Sexually Transmitted Infections and Bloodborne Pathogens
- Enteric, Foodborne and Waterborne
- Vaccine Preventable
- Direct Contact and Respiratory
- Vector borne and Zoonotic
- Encephalitis, Meningitis and Prion Diseases



## Monthly CD Statistics: Category A Biological Agents

As a part of Emergency Preparedness/Response, the CD monthly report tracks **6 Biological Agents** that may pose a threat to national security

- Anthrax
- Botulism
- Viral Hemorrhagic Fever
- Plague
- Smallpox
- Tularemia



## Monthly CD Statistics: Most Commonly Reported

Many diseases are reportable;

**only a few conditions** are responsible for most reports.

### Enteric, Foodborne and Waterborne

- Campylobacter
- Salmonella
- E. Coli

### Sexually Transmitted Infections and Bloodborne Pathogens

- Chlamydia
- Gonorrhea
- HIV
- Syphilis

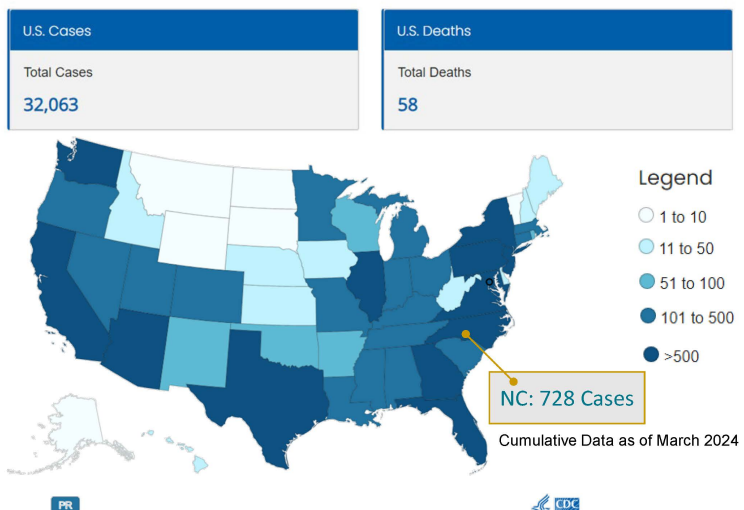


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## Emerging Diseases

### 2022 Clade II Mpox Global Outbreak: United States

- US Mpox cases peaked in August 2022: > 30,000 cases reported in first year
- In the US, mpox infection is mostly spread through sexual or intimate contact
- Currently, Clade II mpox still circulating but at lower levels



Between January – July 2024,  
**41 cases of Mpox were reported**  
in Mecklenburg County



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## Emerging Diseases

### Mpox Outbreak: Mecklenburg County, NC

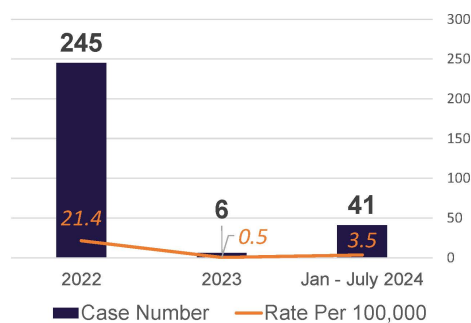
#### North Carolina

- The first case of Mpox was reported in NC in June 2022.
- Since then, 789 cases have been reported (as of August 2024).

#### Mecklenburg County

- As of July 2024, Mecklenburg has reported 293 Mpox cases, the majority of which (84%) occurred during 2022.
- Case reports dropped dramatically in 2023, before resurging in 2024.

2022 - 2024 Mpox Cases and Rates, Mecklenburg  
Rate per 100,000



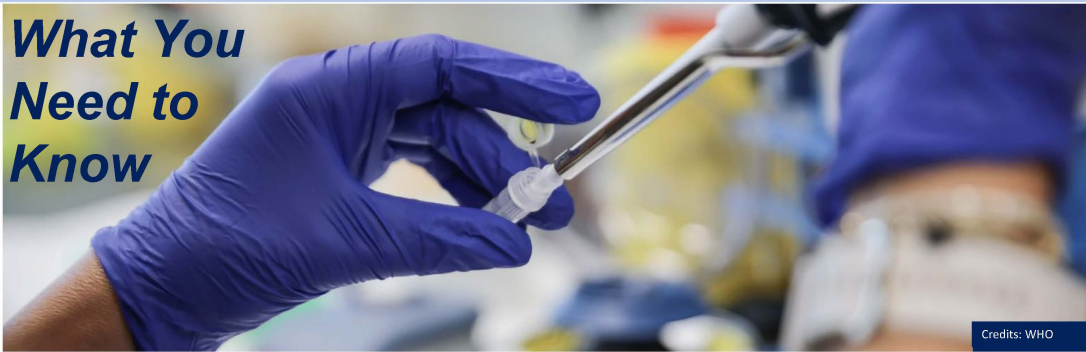
Sources:  
NC EDSS, Mecklenburg County Communicable Disease Reports  
US Census Bureau, Mecklenburg County Population Estimates



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## Emerging Diseases: 2024 Mpox (Clade I) Outbreak

### What You Need to Know



Credits: WHO

- **Aug 14, 2024:** WHO declares Mpox outbreak a Public Health Emergency of International Concern
- Declaration due to widespread outbreak of Mpox (Clade I) cases and deaths in parts of Africa
- Current Risk to the U.S. is considered **LOW**



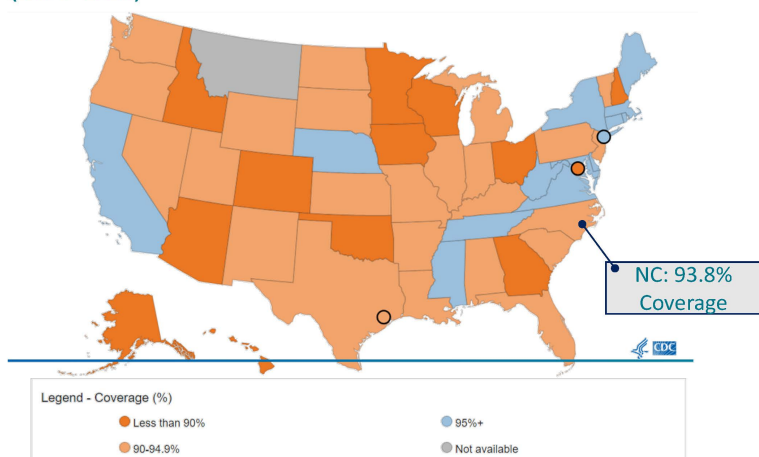
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## CD Reporting: Re-Emerging Issues

### Vaccine Preventable Diseases (VPD)

- Vaccines are a safe and effective way to prevent diseases, and yet vaccination coverage has declined
- Recent outbreaks of Measles and Mumps in the U.S. underscore the need to maintain high vaccination rates
- The MMR vaccine require high levels of vaccination coverage (> 95%) to protect the public.

MMR Vaccine Coverage for Kindergarteners by School Year (2009–2023)



Source: Centers for Disease Control and Prevention



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## CD Reporting: Re-Emerging Issues

### Vaccine Preventable Diseases (VPD)

- In addition to measles and mumps, national outbreaks of **Pertussis** and **Varicella** often occur.
- Safe and effective vaccines exist for both conditions.
- Locally, reports for Pertussis and Varicella are higher than three years prior.

#### Monthly CD Reporting: PERTUSSIS (Whooping Cough), Mecklenburg

Jan – June 2024 Year to Date Cases	Month of June, 3 YR Average	Year-to-Date (Jan-June) 3 YR Average
<b>19 cases</b>	0 cases	1 case

#### Monthly CD Reporting: VARICELLA, Mecklenburg

Jan – June 2024 Year to Date Cases	Month of June, 3 YR Average	Year-to-Date (Jan-June) 3 YR Average
<b>15 cases</b>	1 case	6 cases

Source: MCPH, Communicable Disease Monthly Report (January – June 2024)



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## VPD Outbreaks in United States

### MEASLES

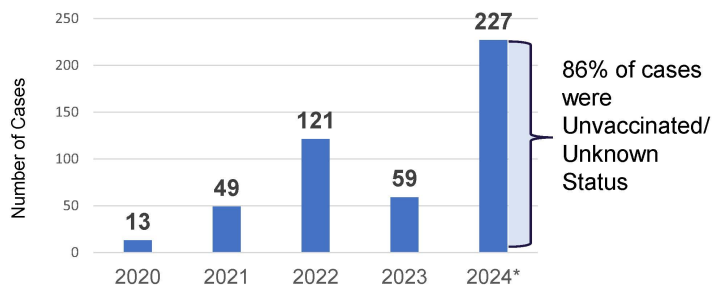
- Highly contagious viral infection that can lead to serious complications
- In 2024: 227 cases and 13 outbreaks reported in the United States.

Between January – June 2024,  
**0 cases of Measles were reported**  
in Mecklenburg County



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Measle Cases in United States, 2020 – 2024\*  
\*As of August 22, 2024



Social distancing practices during COVID pandemic potentially limited spread of measles during 2020 and 2021

Source: Centers for Disease Control and Prevention

## VPD Outbreaks in United States

### MUMPS

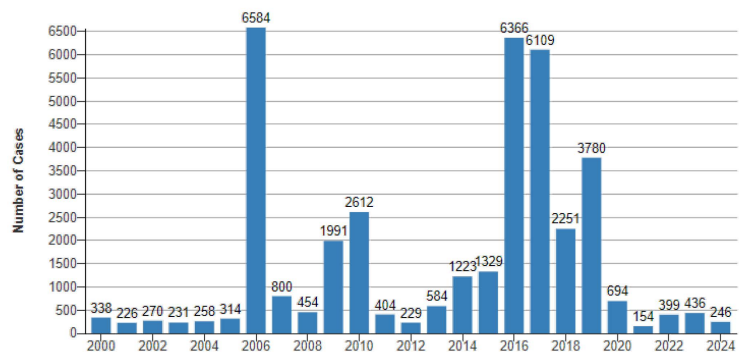
- Contagious viral infection characterized by facial swelling; can lead to serious complications
- Since 2006, U.S. mump cases have increased.

Between January – June 2024,  
**3 cases of Mumps were reported**  
in Mecklenburg County



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Reported U.S. mumps cases by year (2000–2024)



Source: Centers for Disease Control and Prevention

## Public Health Response Updates

- Held school-based vaccines with mobile unit in Spring (200+ kids up-to-date); these will continue throughout this school year
- Hosting two “Big Shot” Back to School Immunization events and offering extended clinic hours prior to 2024 school exclusion date (expect to serve >1,000 students)
- Partnered with childcare facilities, with support of NACCHO grant, to establish vaccine champions and raise awareness among parents
- Implementing new technology solution that gives school nurses easier access to real-time vaccination records to do school-based follow-up



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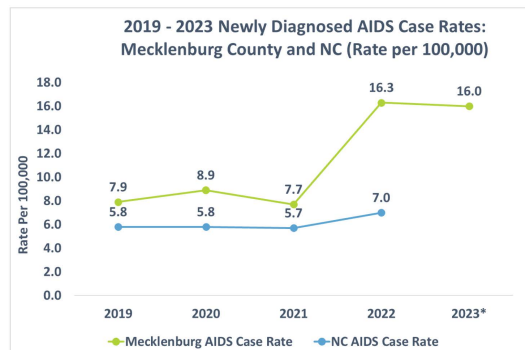
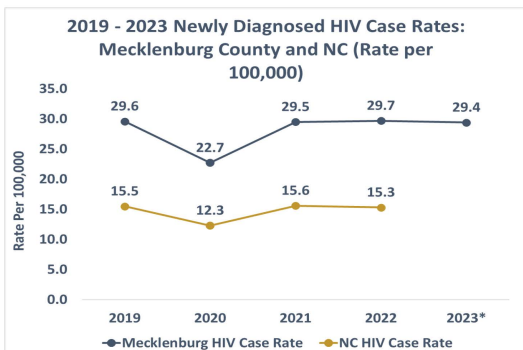
# HIV/AIDS in Mecklenburg County



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## New HIV Diagnoses<sup>1</sup> in Mecklenburg County , 2019-2024\*

New HIV diagnoses are highest among young (20 to 29 years) African American/Black males

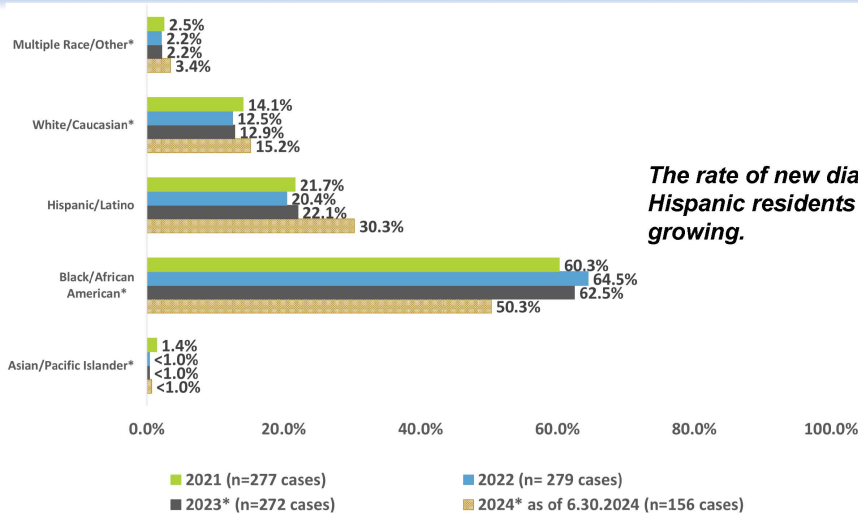


<sup>1</sup>HIV Diagnoses includes all persons with reported HIV regardless of stage of disease, HIV infection or AIDS. AIDS cases are included in these reports. Pediatric cases (0 – 12 yrs.) are not included.  
\*2023 and 2024 data are preliminary and data subject to change as new information becomes available.  
Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.



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## New HIV Diagnoses<sup>1</sup> in Mecklenburg County by Race/Ethnicity, 2021-2024\*



*The rate of new diagnoses among Hispanic residents appears to be growing.*

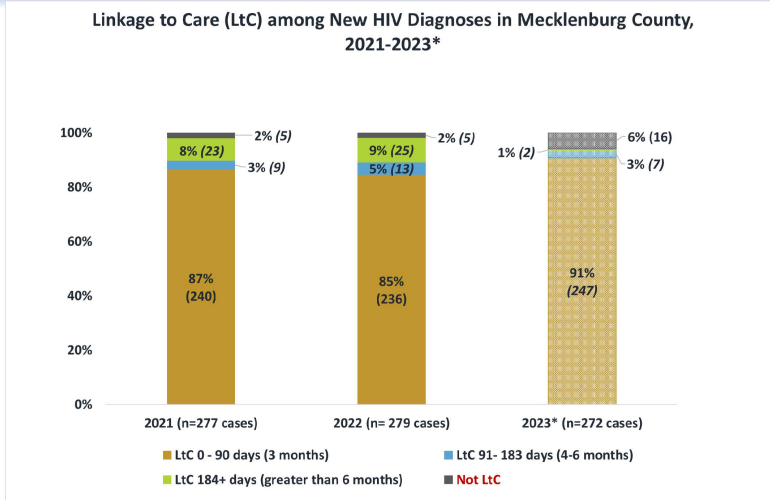
<sup>1</sup>HIV Diagnoses includes all persons with reported HIV regardless of stage of disease, HIV infection or AIDS. AIDS cases are included in these reports. Pediatric cases (0 – 12 yrs.) are not included.  
\*Non-Hispanic  
\*2023 and 2024 data are preliminary and should be interpreted with caution. Data subject to change as new information becomes available.  
Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.



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# Meeting Minutes September 10, 2024

## Linkage to Care (LtC) among New HIV Diagnoses<sup>1</sup> in Mecklenburg County, 2021-2023\*



Linkage to care is defined as having a visit or CD4/VL lab with an HIV health care provider within a set time frame of being diagnosed with HIV.

<sup>1</sup>HIV Diagnoses includes all persons with reported HIV regardless of stage of disease, HIV infection or AIDS. AIDS cases are included in these reports. Cases with unknown data were excluded from chart, but are included in total reports.  
<sup>\*</sup>2023 data is preliminary and should be interpreted with caution. Data subject to change as new information becomes available.  
 Data Source: North Carolina Electronic Disease Surveillance System (NCEdSS), data as of June 2024



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## Late HIV Diagnoses among New HIV Diagnoses<sup>1</sup> in Mecklenburg County, 2021-2024\*

Late HIV Diagnosis is defined as a person first diagnosed with HIV that presents for care with a CD4 count < 350 cells/μL or, an AIDS-defining event, or being diagnosed with AIDS within 12 months of initial HIV diagnosis.

Late HIV Diagnosis are higher among:

- Males
- NH African-American
- Young adults ages 20-29; 30-39

	Mecklenburg County reported Late HIV Diagnoses, 2021- 2024*			
	2021	2022	2023*	2024* as of 6.30.2024
Total HIV Cases	277	279	272	156
Total Late HIV Dx Cases	47	65	62	32
<b>Gender</b>				
Male	81%	89%	82%	69%
Female	19%	11%	18%	31%
<b>Race/Ethnicity</b>				
Asian/Pacific Islander*	0%	2%	0%	0%
Black/African American*	55%	57%	58%	50%
Hispanic/Latino	17%	23%	24%	41%
White/Caucasian*	21%	12%	15%	6%
Multiple Race/Other*	6%	6%	3%	3%
<b>Age<sup>2</sup></b>				
13 – 19 years	11%	5%	8%	6%
20 – 29 years	21%	38%	26%	13%
30 – 39 years	23%	32%	31%	44%
40 – 49 years	17%	14%	11%	22%
50 – 59 years	21%	6%	16%	6%
60+ years	6%	5%	8%	9%

<sup>1</sup>HIV Diagnoses includes all persons with reported HIV regardless of stage of disease, HIV infection or AIDS. AIDS cases are included in these reports. Pediatric cases (0 – 12 yrs.) are not included.;  
<sup>2</sup>Age at date of Diagnosis  
<sup>\*</sup>Non-Hispanic; \*2023 and 2024 data are preliminary and should be interpreted with caution. Data subject to change as new information becomes available.  
 Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.

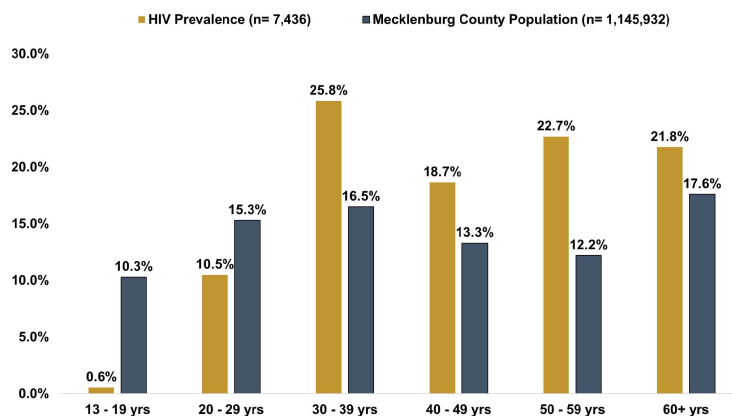


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## HIV Prevalence in Mecklenburg County by Age Groups, 2023\*

2023 Population Distribution by Age Groups

*People aged 50 and older account for the largest number of persons living with HIV due to longer life expectancy with advancements in treatment.*



Percentages may not total 100% due to rounding  
 Source: United States Census. Charlotte MSA, American Community Survey population estimates  
<sup>\*</sup>2023 data is preliminary and should be interpreted with caution. Data subject to change as new information becomes available.  
 Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.



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## Public Health Response Updates

- Getting to Zero Plan and community advisory body guiding response activities.
- Increased access to HIV testing via more data driven approach to community based testing, mobile unit, and free at-home test kits
- Launched Rapid HIV treatment in MCPH Clinics
- Expanded capacity of MCPH HIV PrEP Clinic
- Providing array of supportive services to residents living HIV/AIDS via case management program
- Extensive social marketing efforts via social media, dating apps, and grassroots engagement

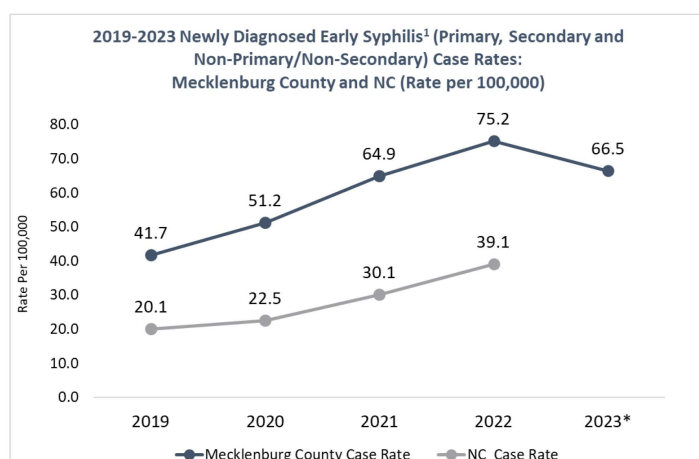


# Syphilis in Mecklenburg County



## New Early Syphilis<sup>1</sup> Diagnoses in Mecklenburg County , 2019-2023\*

- Early Syphilis rates increased between 2019 – 2022
  - Early syphilis rates decreased in 2023 in Mecklenburg County
- In 2023:
- **742** Early Syphilis diagnoses were reported in Mecklenburg County
  - **60%** increase compared to 2019 case reports (N=464 cases)



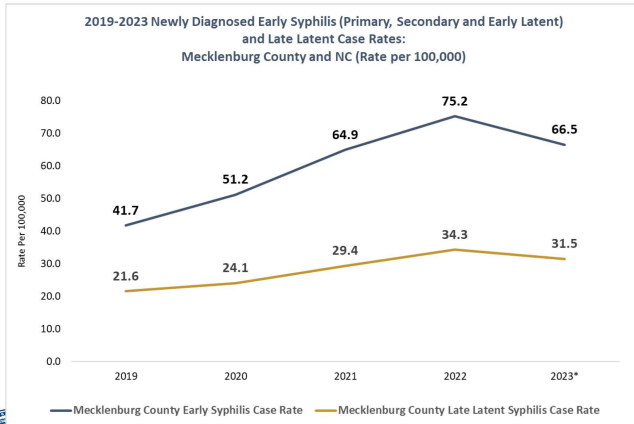
<sup>1</sup>Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.  
\*2023 Data is preliminary and subject to change as new information becomes available.  
Data Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.



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**New Early<sup>1</sup> and Late Latent Syphilis Diagnoses, Mecklenburg County, 2019 – 2024\***

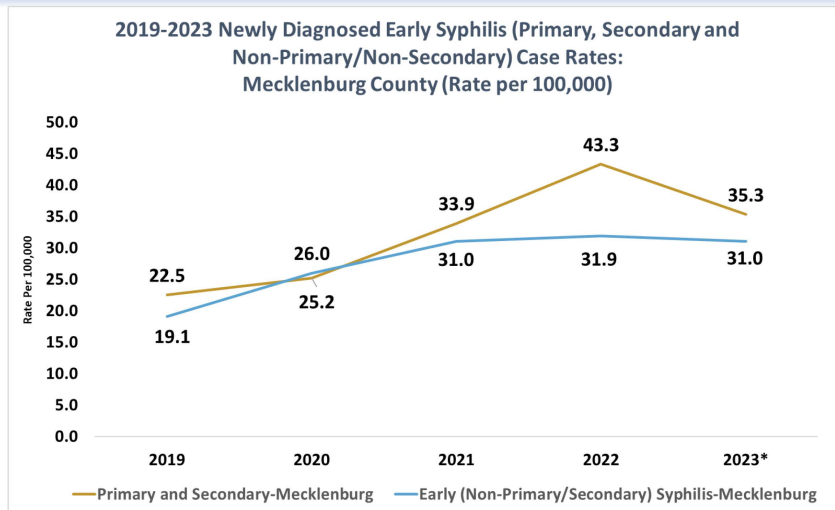
Year	2019	2020	2021	2022	2023*	2024* as of 6.30.2024
Early Syphilis	464	571	728	844	742	404
Late Latent Syphilis	241	269	331	392	366	218



<sup>1</sup>Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.  
\*2023 and 2024 Data are preliminary and subject to change as new information becomes available.  
Data Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.



**Early Syphilis<sup>1</sup> Diagnoses in Mecklenburg County, 2019-2023\***

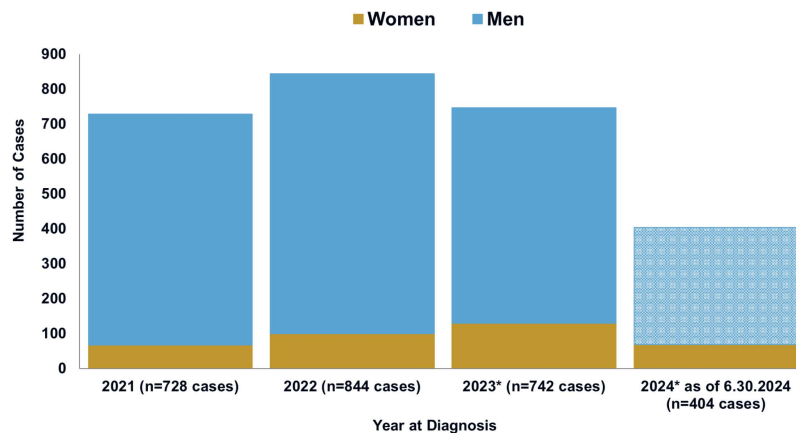


<sup>1</sup>Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.  
\*2023 Data is preliminary and subject to change as new information becomes available.  
Data Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.



**Early Syphilis<sup>1</sup> Diagnoses by Gender in Mecklenburg County, 2021-2024\***

- Males accounted for majority of cases reported each year between 2019 -2023
- In 2023\*, 9 out of 10 new Early Syphilis infections were among males.

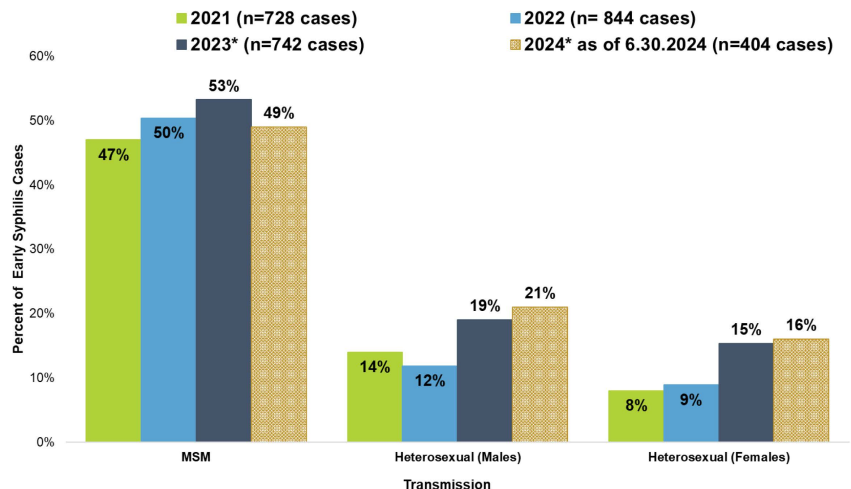


<sup>1</sup>Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.  
\*2023 and 2024 Data are preliminary and subject to change as new information becomes available.  
Data Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.



### Early Syphilis<sup>1</sup> Diagnoses by Transmission in Mecklenburg County, 2021-2024\*

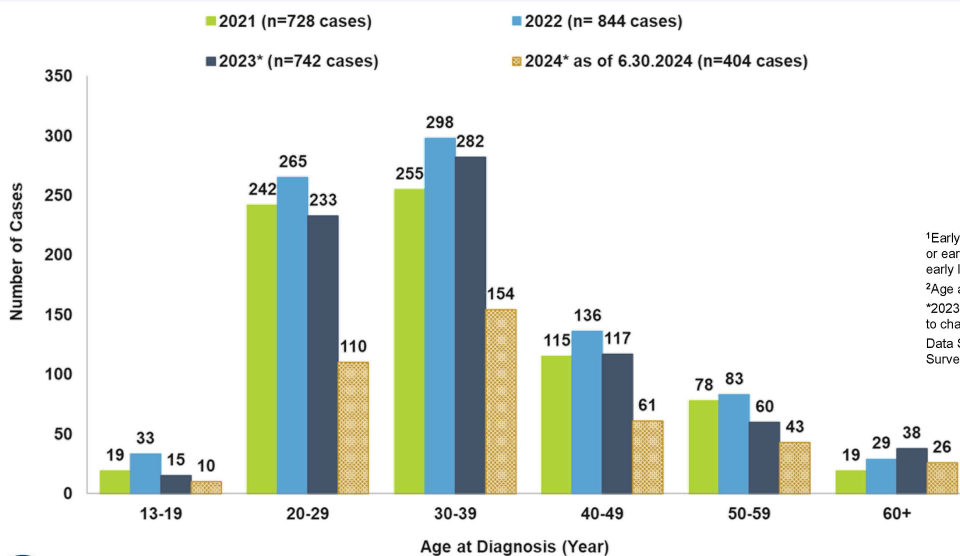
- In 2023, approximately **50%** of new Early Syphilis diagnoses were individuals who self-reported MSM transmission.



<sup>1</sup>Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.  
\*2023 and 2024 Data are preliminary and subject to change as new information becomes available.  
Data Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.



### Early Syphilis<sup>1</sup> Diagnoses by Age Groups<sup>2</sup> in Mecklenburg County, 2021-2024\*

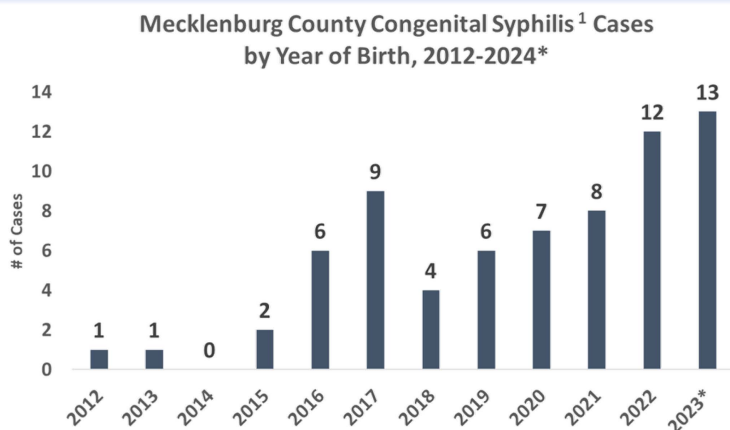


<sup>1</sup>Early syphilis is defined as primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.  
<sup>2</sup>Age at date of Diagnosis  
\*2023 and 2024 Data are preliminary and subject to change as new information becomes available.  
Data Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.



### Congenital Syphilis<sup>1</sup> Cases in Mecklenburg County by Birth Year, 2012-2024\*

- Mecklenburg County has reported an increase in Congenital Syphilis cases between 2018-2023.
- In 2023\*, there were 13 presumptive/probable cases of congenital syphilis.
  - 46%** identified as Non-Hispanic African Americans
  - 23%** identified Hispanics

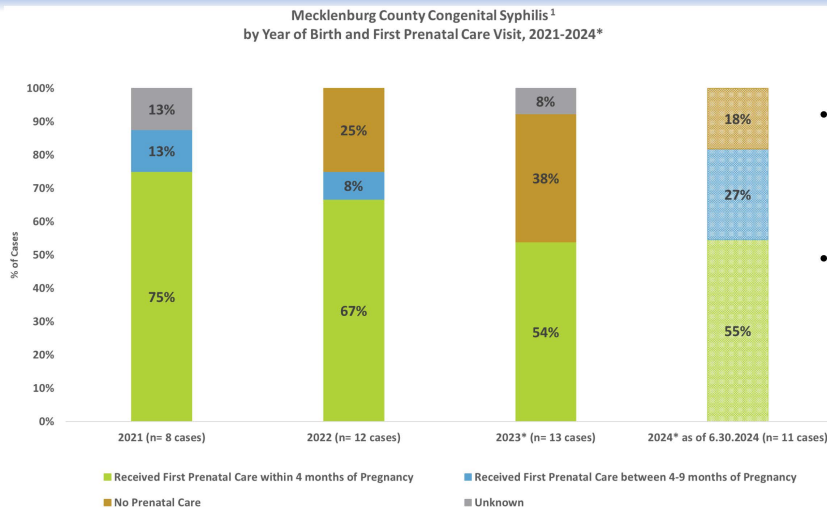


<sup>1</sup> Reported probable Congenital Syphilis cases. Probable cases rely on clinical presentation and/or supportive laboratory criteria for designation AND are not considered laboratory confirmed cases  
\*2023 and 2024 data are preliminary and should be interpreted with caution. Data subject to change as new information becomes available.  
Data Source: North Carolina Electronic Disease Surveillance System (NCEdSS) as of June 2024.



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## Congenital Syphilis<sup>1</sup> Diagnoses in Mecklenburg County by First Prenatal Care Visit, 2021-2024\*

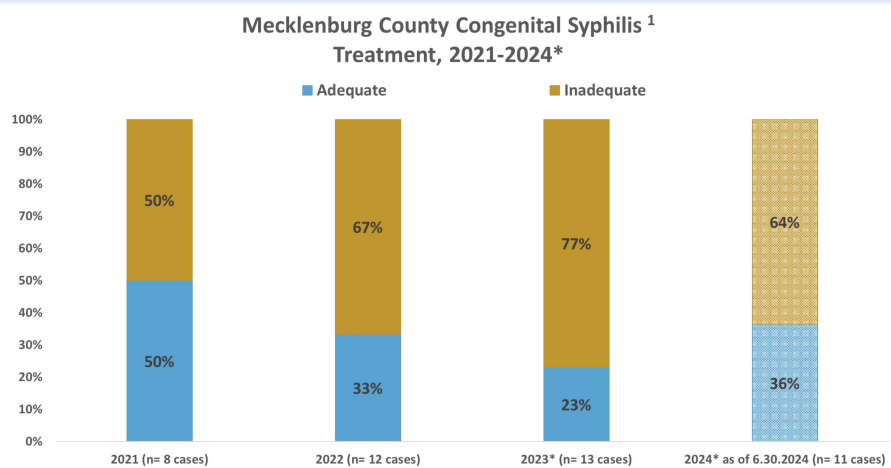


- Most mothers, who delivered a baby diagnosed with CS, attended their 1<sup>st</sup> PNC visit within 4 months of pregnancy.
- However, there has been an increase among mothers who delivered babies diagnosed with CS that received no PNC during their pregnancy.



## Treatment of Congenital Syphilis<sup>1</sup> Diagnoses in Mecklenburg County, 2021-2024\*

- In 2023, 77% of mothers who gave birth to babies diagnosed with CS were not appropriately treated for syphilis during pregnancy (N=10)
- Data show a trend of mothers with Syphilis being adequately treated early in pregnancy. These mothers may be reinfected later during the same pregnancy and are not adequately treated.



<sup>1</sup> Reported probable Congenital Syphilis cases. Probable cases rely on clinical presentation and/or supportive laboratory criteria for designation AND are not considered laboratory confirmed cases. Percentages may not total 100% due to rounding.  
\*2023 and 2024 data are preliminary and should be interpreted with caution. Data subject to change as new information becomes available.  
Data Source: NCDHHS Vital Statistics Birth data, 2019- 2022; North Carolina Electronic Disease Surveillance System (NCEdSS), data as of June 2024



## Public Health Response Updates

- Implementing Congenital Syphilis Response Plan:
  - Case management for pregnant women with syphilis
  - Continue universal case reviews with NC DHHS
  - Developing home-based syphilis treatment program
  - Healthcare provider education campaign
- Increased access to syphilis testing via more data driven approach to community based testing, mobile unit, and free at-home test kits
- Launched Doxy PEP in MCPH Clinics
- Hosting 2<sup>nd</sup> Syphilis Prevention and Treatment Summit – October 1, 2024
- Developing second phase of social marketing efforts via social media, dating apps, OB/GYN practices and healthcare systems



**Meeting Minutes**  
**September 10, 2024**

**Comments**

Commissioner Meier asked if there was any connection between outbreaks/vaccines and the immigrant population. *Dr. Washington said yes, for different reasons than people may have thought. He said residents who visited their home countries were at greater risk. He said it was a similar concept for traveling through the US, some places had greater risks for STDs.*

Commissioner Altman asked what the effort was to make PREP available. She asked if they had enough for the demand, too much, or not enough. *Dr. Washington said things were going well. He said that over the last two years; they had been working on calibrating how much PREP was going to each provider and holding the providers accountable for recruitment and retention. He said he was hopeful they could expand the PREP clinic that was opened within the next year.*

Commissioner Griffin asked if the State counted at the end of the fiscal year or calendar year concerning the slide with HIV diagnosis. *Dr. Washington said it was always preliminary, and they never finalized results until after the calendar year. He said the number was likely to go up but not down.*

Commissioner Cotham asked what made them successful in reducing HIV prevalence. *Dr. Washington said the prevention strategies were similar; they went to where the people were. He said looking at different tactics and how they would use them with different groups was important.*

Vice Chair Jerrell said that regarding HIV, there was good news that they were at the lowest rate of new infections since 2021, at 50% reported. *Dr. Washington said it was still preliminary, but it was related to the increase they saw in the Hispanic community. He said he did see that they were making progress even though they were doing more testing than five to eight years ago.*

Chair Dunlap said all of those things were discovered through testing. He asked if the County had a relationship with all the medical providers to ask if patients would submit to voluntary testing. *Dr. Washington said no. He said North Carolina was an opt-in state, where some states automatically test for HIV during a physical. He said, in his personal opinion, they should be.*

Commissioner Leake asked why they were seeing an increase in women over 50. *Dr. Washington said sexual behaviors have changed. He said the phenomenon was not necessarily new, just more prevalent. He said people had to take ownership of their sexual health.*

**24-0512      PUBLIC HEALTH ACCREDITATION UPDATE AND BOARD OF HEALTH POLICIES AND PROCEDURES**

The Board received the Public Health Accreditation Update and Board of Health Policies and Procedures.

Raynard Washington, PhD, MPH, Health Director, gave the presentation.

*Background: Dr. Raynard Washington, Public Health Director, will provide an update on Public Health's reaccreditation and an overview of new policies and procedures for Board of Health.*



## Board of Health Accreditation Update

Presented to the Mecklenburg  
Board of County Commissioners  
September 10<sup>th</sup>, 2024

### Accreditation Update

#### Background

- The Mecklenburg County BOCC acts as the Consolidated Human Services Agency
- BOCC exercises the authority of a Board of Health in Mecklenburg County
- North Carolina Local Health Department Accreditation (NCLHDA) is mandated and affects MCPH state funding
- The BOCC must complete certain activities for accreditation



### Accreditation Update

#### Background (continued)

- Accreditation is a 4-year cycle and includes required evidence for 147 benchmarks
- There are 27 regarding BOCC/BOH:
  - BOCC/BOH operations and rule-making
  - Health policy/plan approval
  - Community input
  - Finances
  - General resources
  - Health reports





## Accreditation Update

### Timeline

- November 1<sup>st</sup>, 2024: Health Department Accreditation evidence due to state
- Late Winter 2025: In-person site visit
- Spring 2025: NCLHDA board announcement of re-accreditation results



## Accreditation Update

### MCHD Policy on Policy (A-04) BOCC Approval

- Per NCLHDA, BOCC (acting as BOH) must approve of Policy on Policies (A-04)
- A-04 requires annual review of all MCPH policies (including Health-All and Programmatic)
- Policies are approved by appropriate levels of authority
- Permanent MCPH staff attest to policies within 60 days of publication in online policy system



## Accreditation Update

### New Procedure for BOH Rule Development and Adjudication

- Accreditation requires procedures for BOH rulemaking and adjudicating enforcement of rules
- These requirements for rulemaking and adjudications are set forth in statute (NC Gen. Stat. 130A- 24 and 39)
- Requesting BOCC to adopt new procedure codifying these legal requirements
  - Board of Health Rules Development and Adjudication Procedures set to be adopted at September 17<sup>th</sup> BOCC meeting



**Meeting Minutes  
September 10, 2024**

**Comments**

There were no comments.

**24-0513      MECKLENBURG COUNTY DETENTION CENTER MEDICAL PLAN UPDATE**

The Board received the Mecklenburg County Detention Center Medical Plan Update.

Raynard Washington, PhD, MPH, Health Director, and Dr. Bonnie Coyle gave the presentation.

*Background: Dr. Raynard Washington, Public Health Director, and Dr. Bonnie Coyle, Medical Director, will provide a brief update on the MCDC Medical Plan.*



NC General Statutes 153A-221  
10A NC Administrative Code 14J .1001 (updated 2020)

- Developed in consultation with appropriate local officials, including the local health director
- Must be approved by local health director after consultation with area mental health authority
- Upon determination that plan is “adequate to protect the health and welfare of the prisoners,” must be approved by the BOCC
- Local Health Director must review and approve the plan at least annually



## Required Contents of Jail Health Plan

- Description of health services available to residents
- Screening upon admission
- Handling of residents with chronic illnesses
- Routine care related to mental health, developmental and intellectual disability, and substance use disorder
- Handling of communicable disease, including TB and STIs
- Education of staff and residents about HIV
- Administration and control of medications



## Required Contents of Jail Health Plan

- Handling of emergency medical needs (including dental care, SUD, mental health and pregnancy)
- Maintenance of medical records
- Privacy during medical examinations
- Opportunity to communicate health complaints daily; record of complaints and action taken
- Availability of personnel to evaluate needs related to medical and mental health care, SUD and development or intellectual disability



## NC Jail Health Plan Resources

- Jail Health Toolkit
- Jail Medical Plan Guide
- Jail Health Plan Template



## Vital Core Partnership

- Team from MCPH and County Manager's toured medical areas of MCDC with Vital Core Admin team in July
- Vital Core submitted all necessary components for the Jail Health Plan by end of August
- Full plan reviewed and approved by Medical Director and Health Director
- Discussions underway regarding:
  - Medical Assisted Treatment Initiation in the Jails
  - Improved HIV/STI testing and Linkage to Care in partnership with MCPH



## Vital Core Jail Health Plan

### Submitted items:

- General policies and procedures for provision of health services, including chronic illness, mental health and substance use, and developmental disability management
- Staffing levels are sufficient
- Contracts in place for key specialty services
- Electronic health record and pharmacy transitions complete
- Infection Prevention Control Plan and Manual
- Medical Emergency Response Plan
- Key individual/position contacts
- Detailed spreadsheet documenting task completion



### Comments

Commissioner Meier asked for clarification about addictions. *Dr. Coyle provided clarification.*

Commissioner Leake asked about the number of jail deaths, the procedure for each, and why they weren't given information to provide to the public when asked. *Dr. Washington said the jail must, by law, inform him when there was a death in the jail.*

Commissioner Griffin asked concerning testing, whether they were testing individuals when they came into the system. *Dr. Coyle said it was offered but not mandated.*

Chair Dunlap said he was looking forward to the partnership.

**Meeting Minutes**  
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**24-0514                      COMMISSIONER REPORTS**

Commissioners shared information of their choosing within the guidelines as established by the Board, which included, but not limited to, past and/or upcoming events.

**ADJOURNMENT**

With no further business to come before the Board, Chair Dunlap declared the meeting adjourned at 4:45p.m.

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Arlissa Eason, Deputy Clerk to the Board

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George Dunlap, Chair