Meeting Minutes
January 13, 2026

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 2:32 p.m. on Tuesday, January 13, 2026.

ATTENDANCE

Present: Chair Mark Jerrell, Vice-Chair Leigh Altman
and Commissioners George Dunlap, Arthur Griffin,
Laura J. Meier, Elaine Powell, Vilma D. Leake
Susan Rodriguez-McDowell, Yvette Townsend-Ingram
County Manager Michael Bryant
County Attorney Tyrone C. Wade
Clerk to the Board Kristine M. Smith
Deputy Clerk to the Board Arlissa Eason

Absent:

CALL TO ORDER

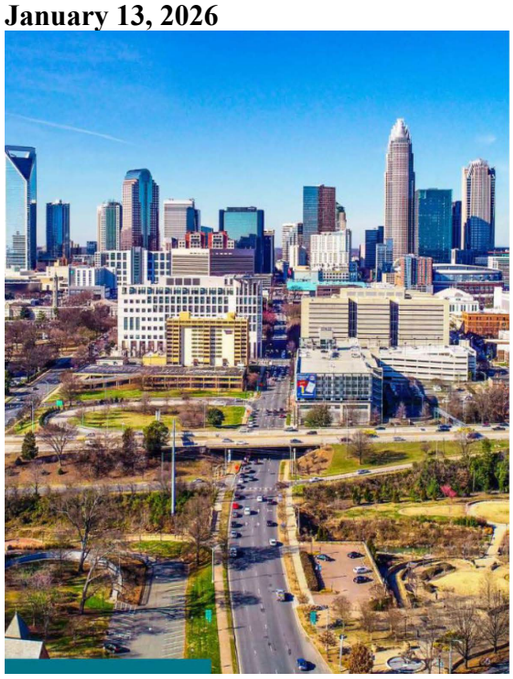
The meeting was called to order by Chair Mark Jerrell, which was followed by reading of the County's Mission and Vision and the FY2026 Board Budget Priorities, introductions, and the Pledge of Allegiance to the Flag.

26- 0012 State of the County Health and Annual Communicable Disease Update

The Board received an update of the County's key health indicators and communicable disease response.

Background: Dr. Raynard Washington, Director of Public Health Department will provide an update on the County's key health indicators and communicable disease response gave the presentation.

Dr. Washington gave the presentation.



Mecklenburg County

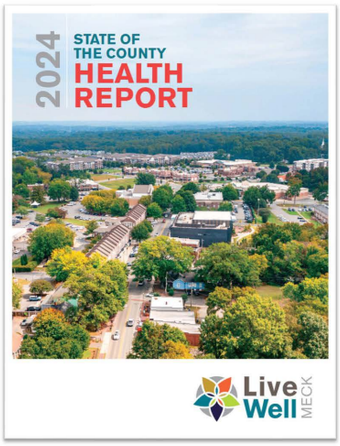
State of the County Health Update

Board of County Commissioners
Public Policy Meeting

Dr. Raynard Washington, Health Director
Tuesday, January 13, 2026

Mecklenburg County North Carolina Public Health | Live Well MECK

What is the SOTCH?



- A mid-cycle report completed between CHA years
- Required for North Carolina Local Health Department Accreditation
- What it provides: 1) updates on selected health indicators, 2) identification of new or emerging health trends, 3) progress updates on CHIP priority areas
- The SOTCH includes an update on selected health indicators, new or emerging community health trends, and health priorities

Mecklenburg Snapshot

Live Well MECK

TOTAL POPULATION	MEDIAN AGE	MEDIAN HOUSEHOLD INCOME	MUNICIPALITIES
1,163,701	35.6	$84,593	7

Figure 1. Mecklenburg County Race/Ethnicity

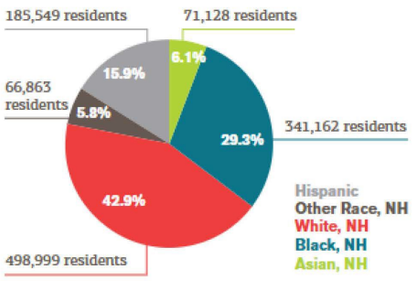
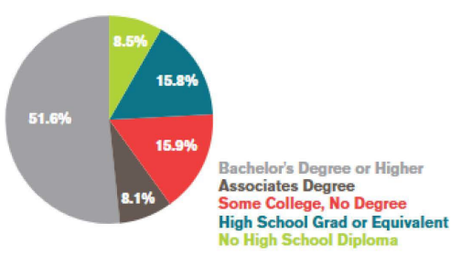


Figure 2. Mecklenburg County Educational Attainment



Source: US Census ACS 2023

Mecklenburg Snapshot

Live Well MECK

Table 2. Top Ten Causes of Death Mecklenburg County, 2023

Rank	Cause	Total Deaths	% of Total Deaths
1	Cancer	1,371	19.03%
2	Heart Disease	1,269	17.61%
3	Unintentional Injuries	640	8.88%
4	Stroke	408	5.66%
5	Alzheimer's Disease	350	4.86%
6	Chronic Lower Respiratory Disease	227	3.15%
7	Diabetes	223	3.10%
8	Kidney Disease	147	2.04%
9	Suicide	126	1.75%
10	Chronic Liver Disease and Cirrhosis	125	1.73%
	Total Deaths 2023: All Causes	**7,205**	

Source: North Carolina Department of Health and Human Services; Division of Public Health; State Center for Health Statistics, Mecklenburg County Vital Statistics

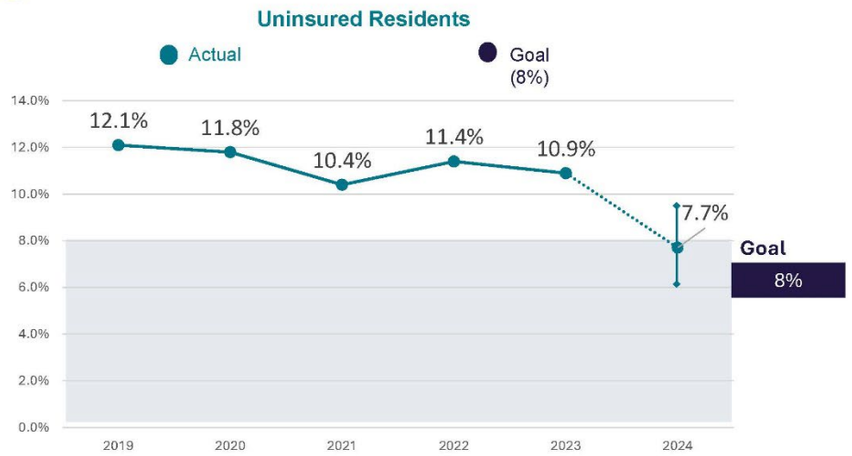
Access to Care

Live Well MECK

Definition:
% of Residents without Insurance

Status:
Improving

Source:
US Census, ACS



Access to Care

Definition:

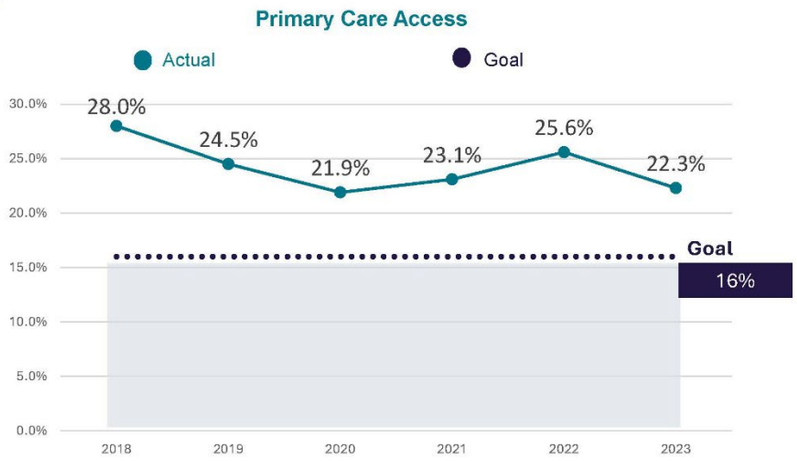
% of Adults (18+) without a Primary Care Provider

Status:

Improving

Source:

Mecklenburg County BRFSS



2024 (12%):The Primary Care Access question was modified in 2024; The data gathered for that year is not comparable to reports from previous years.

Access to Care

Definition:

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

Status:

Improving

Source:

Mecklenburg County BRFSS

Chronic Disease Prevention

Definition:

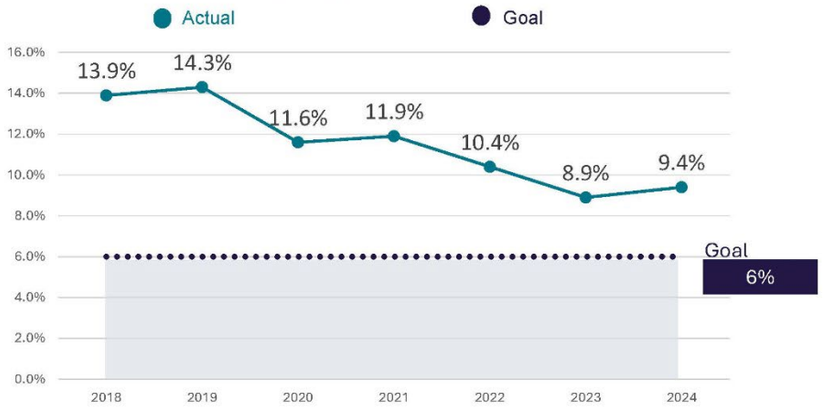
% of 18+ Adults who are Current Smokers

Status:

Improving

Source:

Mecklenburg County BRFSS



Mental Health

Live Well MECK

Definition:

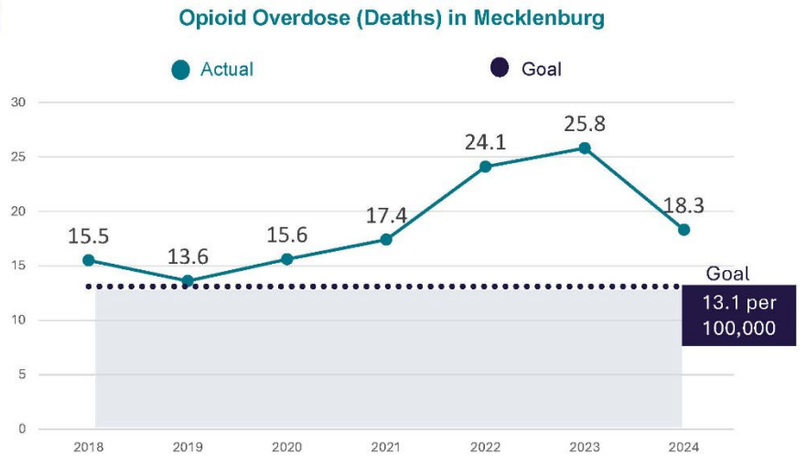
Rate Deaths Due to Opioid Overdose per 100,000 Population

Status:

Improving

Source:

NC DHHS, Vital Statistics; CDC WONDER



Mental Health

Live Well MECK

Definition:

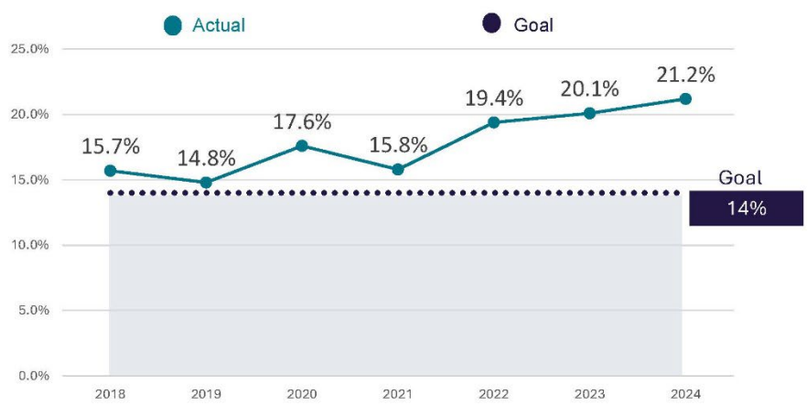
% Adults reporting mental health not good for 8 or more days per month

Status:

Getting Worse

Source:

Mecklenburg County BRFSS



Mental Health

Live Well MECK

Definition:

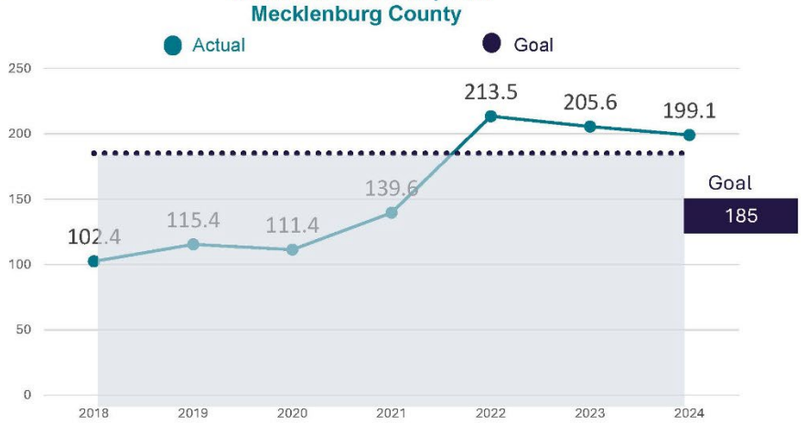
Rate of Youth ED visits due to suicide attempts per 100,000

Status:

Improving

Source:

NC DHHS, Vital Statistics



Maternal and Child Health

Live Well MECK

Infant Mortality Rates: Mecklenburg, North Carolina and United States, 2014–23

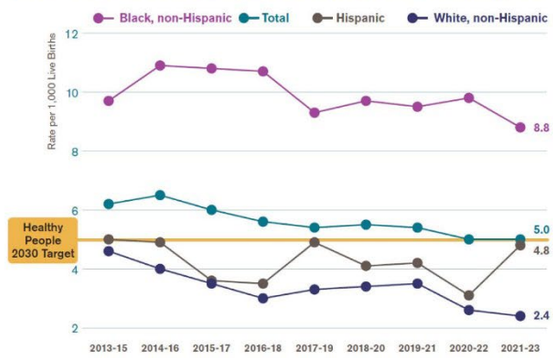
Since 2020, the Mecklenburg County IMR has been lower then the IMR for the United States and approaching the Healthy People 2030 goal to reduce IMR to 5.0.

Source: NC DHHS, State Center for Health Statistics and CDC Wonder

Maternal and Child Health

Live Well MECK

Three-Year* Infant Mortality Rates by Race and Ethnicity, Mecklenburg County



Black babies are over 3.5 times more likely to die before age 1 than non-Hispanic white babies.

Source: NC DHHS, Mecklenburg County Statistics

*Three-year IMR are used for demonstrate trends over time when there are smaller numbers of individuals. IMR was unable to be counted for other race/ethnicity categories not displayed given small numbers of individuals.

SOTCH Highlights

Live Well MECK

- Early improvements in opioid-overdose deaths
- Increasing insurance coverage and reduce cost-barriers for care driven by Medicaid expansion
- Persistent maternal and child health disparities
- Continued burden of mental health across youth and adults with some signs of slowed growth

Live Well Tour

What is the tour?

- Tour across Mecklenburg County to share CHA findings, highlight town/city health profiles, and introduce emerging health priorities identified during the current assessment cycle (February 7-April 16, 2026).

Why it matters?

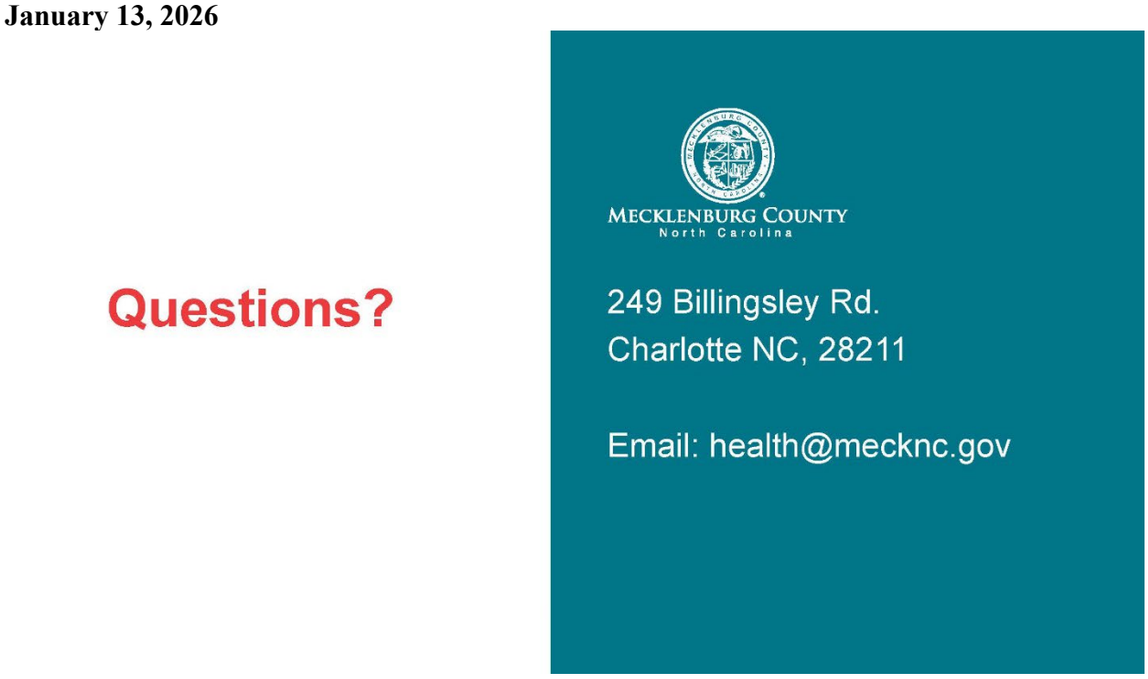
- Brings relevant local data directly to communities across Mecklenburg County
- Creates an opportunity to share information while listening to community input
- Ensures community voice shapes our Community Health Improvement Plan
- Expands access to health information in a way that is inclusive and place-based

Live Well Tour

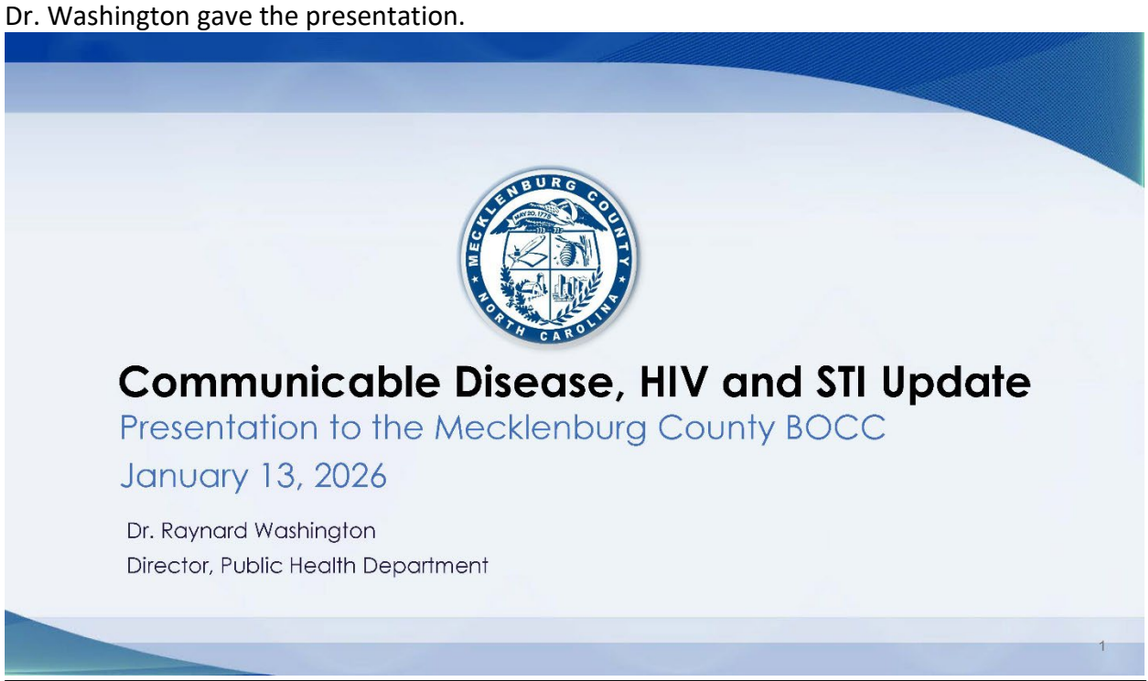
- Core partners include: Charlotte-Mecklenburg Community Relations Committee, Mecklenburg County Parks and Recreation, Atrium Health, Novant Health, Live Well Steering Committee, Nonprofit/Community-Based Organizations
- Tour Locations:
  - Davidson Town Hall
  - Huntersville Town Hall
  - William R. Davie Conference Center
  - Valerie C. Woodard Center
  - Northern Regional Recreation Center
  - Albermarle Road Rec Center
  - Mint Hill Community Center

Next Steps

- Release 2025 CHA, March 2026
- Conduct Live Well Community Tour, February-April 2026
- Host Meck Design Community Convening, June 2026
- Complete 2026-2028 CHIP, July 2026



Dr. Washington gave the presentation.



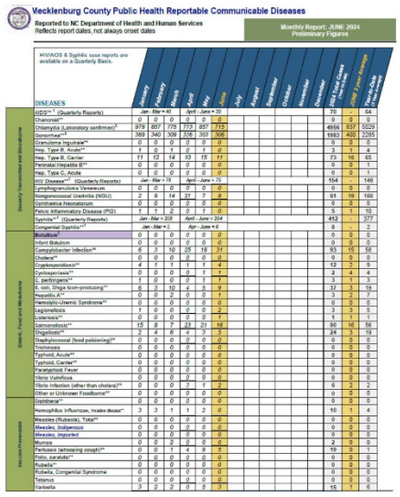
MONTHLY COMMUNICABLE DISEASE (CD) REPORT

Overview of Reporting

Includes Counts of Reportable Diseases
N.C. Administrative Code rule (10A NCAC 41A .0101

Organized into Major Disease Categories
Based on primary methods of transmission

Tracks Disease Incidence/Provides Insights
Monthly, Annual and 3-yr disease counts


Mecklenburg County Public Health Reportable Communicable Diseases
Reported to NC Department of Health and Human Services
Reflects report dates, not always onset dates
Monthly Report: JUNE 2024
Preliminary Figures

DISEASES	January	February	March	April	May	June	July	August	September	October	November	December	2024 Totals Year-to-Date	3-year Average	2024 vs 3-yr Average Year-to-Date
Sexually Transmitted and Bloodborne															
AIDS[1,2] (Quarterly Reports)	Jan - Mar = 40			April - June = 30									70	-	64
Chancroid[1,2]	0	0	0	0	0	0							0	0	0
Chlamydia (Laboratory confirmed)[1,2]	379	857	779	773	857	715							4956	837	5029
Gonorrhea[1,2]	368	340	308	376	303	306							1943	400	2385
Granuloma Inguinale[1,2]	0	0	0	0	0	0							0	0	0
Hep. Type B - Acute[1,2]	1	0	1	0	1	0							3	1	4
Hep. Type B, Carrier	11	12	14	10	15	11							73	16	65
Perinatal Hepatitis B[1,2]	0	0	0	0	0	0							0	0	1
Hep. Type C, Acute	0	0	0	0	0	0							0	0	1
HIV Disease[1,2] (Quarterly Reports)	Jan - Mar = 75			April - June = 79									154	-	146
Lymphogranuloma Venereum	0	1	0	0	0	0							0	0	0
Nongonococcal Urethritis (NGU)	2	9	14	21	7	8							61	19	166
Opthalmia Neonatorum	0	0	0	0	0	0							0	0	0
Pelvic Inflammatory Disease (PID)	1	1	2	0	1	0							5	1	13
Syphilis[1,2] (Quarterly Reports)	Jan - Mar = 202			April - June = 214									412	-	377
Congenital Syphilis[1,2]	Jan - Mar = 3			Apr - June = 5									8	-	2
Enteric, Foodborne and Waterborne															
Botulism	0	1	0	0	0	0							0	0	0
Infant Botulism	0	0	0	0	0	0							0	0	0
Campylobacter Infection[2]	6	11	10	35	18	31							93	15	58
Cholera[1,2]	0	0	0	0	0	0							0	0	0
Cryptosporidiosis[1,2]	4	1	1	1	1	4							12	3	9
Cyclosporiasis[1,2]	0	0	0	2	1	1							2	4	4
E. Ewingii[1,2]	1	0	0	0	1	1							3	1	3
E. coli, Shiga toxin-producing[1,2]	6	3	10	4	5	9							37	3	19
Hepatitis A[1,2]	0	0	2	0	0	1							3	2	7
Hemolytic-Uremic Syndrome[1,2]	0	0	0	0	0	0							0	1	0
Legionellosis	1	0	0	0	0	2							3	1	5
Listeriosis[1,2]	0	0	0	0	0	1							1	1	1
Salmonellosis[1,2]	15	8	7	23	21	66							90	16	56
Shigellosis[1,2]	3	4	6	4	3	0							24	3	19
Staphylococcal (food poisoning)[1,2]	0	0	0	0	0	0							0	0	0
Trichinosis	0	0	0	0	0	0							0	0	0
Typhoid, Acute[1,2]	0	0	0	0	0	0							0	0	0
Typhoid, Carrier[1,2]	0	0	0	0	0	0							0	0	0
Paratyphoid Fever	0	0	0	0	0	0							0	0	0
Vibrio Vulnificus	0	0	0	0	0	0							0	0	0
Vibrio Infection (other than cholera)[1,2]	0	0	0	0	2	2							6	1	2
Other or Unknown Foodborne[1,2]	0	0	0	0	0	0							0	0	0
Diphtheria[1,2]	0	0	0	0	0	0							0	0	0
Vaccine Preventable															
Haemophilus influenzae, invasive disease[1,2]	3	3	1	1	2	0							10	1	4
Measles (Rubeola), Total[1,2]	0	0	0	0	0	0							0	0	0
Measles, Indigenous	0	0	0	0	0	0							0	0	0
Measles, Imported	0	0	0	0	0	0							0	0	0
Mumps	0	0	2	0	0	0							2	0	0
Pertussis (whooping cough)[1,2]	0	0	1	4	9	5							19	9	1
Polio, paralytic[1,2]	0	0	0	0	0	0							0	0	0
Rubella[1,2]	0	0	0	0	0	0							0	0	0
Rubella, Congenital Syndrome	0	0	0	0	0	0							0	0	0
Tetanus	0	0	0	0	0	0							0	0	0
Varicella	3	1	2	4	5	1							15	7	6

MONTHLY COMMUNICABLE DISEASE (CD) REPORT

Organization of Diseases

6 Major Categories

based on primary means of transmission

1. Sexually Transmitted Infections and Bloodborne Pathogens
2. Enteric, Foodborne and Waterborne
3. Vaccine Preventable
4. Direct Contact and Respiratory
5. Vector borne and Zoonotic
6. Encephalitis, Meningitis and Prions

MONTHLY COMMUNICABLE DISEASE (CD) REPORT

Monthly CD Reporting

Biologic Threats to National Security

6 Biological Agents

As a part of Emergency Preparedness and Response, the CD monthly report also tracks 6 biological agents that may pose a threat to national security

1. Anthrax
2. Botulism
3. Viral Hemorrhagic Fever
4. Plague
5. Smallpox
6. Tularemia

MONTHLY COMMUNICABLE DISEASE (CD) REPORT

Reportable Disease Counts

While many diseases are reportable,

only a few conditions

are responsible for most case reports.

Enteric, Foodborne and Waterborne

- Campylobacter
- Salmonella
- E. Coli

Sexually Transmitted Infections and Bloodborne Pathogens

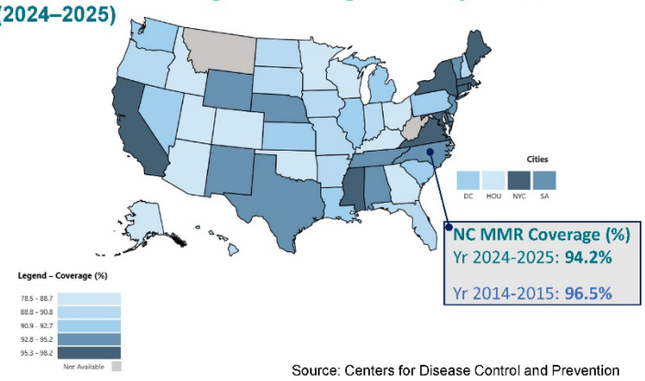
- Chlamydia
- Gonorrhea
- HIV
- Syphilis

MeckNC.gov

CD Reporting: Resurgence of Vaccine Preventable Diseases

- Vaccines are a safe and effective way to prevent diseases, and yet vaccination coverage has declined
- Outbreaks of Measles and Mumps in the U.S. underscore the need to maintain high vaccination rates
- The MMR vaccine requires high levels of vaccination coverage (≥ 95%) to protect the public.
- In 2024, the Mecklenburg K-5 MMR vaccination coverage was near 92%. (source: NC DHHS)

MMR Vaccine Coverage for Kindergarteners by School Year (2024–2025)



Source: Centers for Disease Control and Prevention

MeckNC.gov

CD Reporting: Resurgence of Vaccine Preventable Diseases

Measles Outbreaks

Highly contagious viral infection that can lead to serious complications

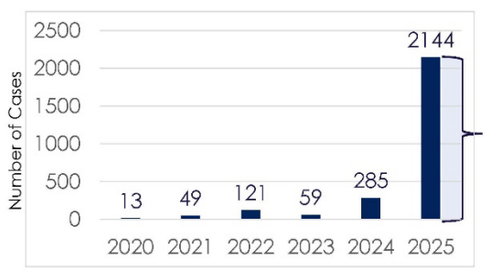
Nationally, in 2025

- 2,144 measles cases* reported
- 49 outbreaks
- 3 confirmed deaths from measles

Between Jan – Dec 2025,
0 cases of Measles were reported
in Mecklenburg County

*Reports are for confirmed cases.

Measle Cases in United States, 2020 – 2025



93% of confirmed cases in 2025 were unvaccinated or had an unknown status

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

Source: Centers for Disease Control and Prevention

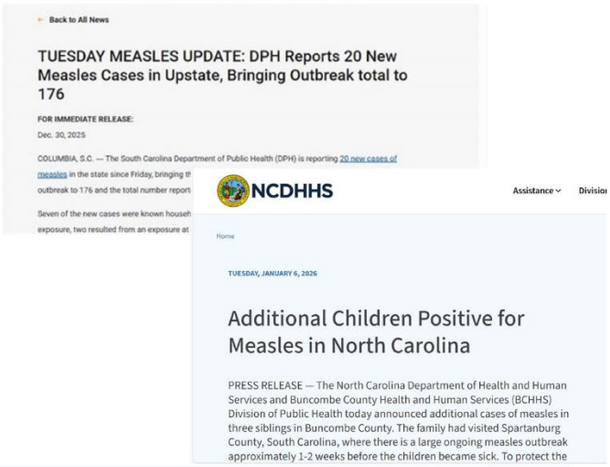
MeckNC.gov

CD Reporting: Resurgence of Vaccine Preventable Diseases

Measles in South Carolina and North Carolina

While no cases have been reported in Mecklenburg as of December 31, 2025,

- At least **3 cases have been reported in NC** and
- **The Upstate SC measles outbreak continues** with more than 170 cases reported.



Back to All News

TUESDAY MEASLES UPDATE: DPH Reports 20 New Measles Cases in Upstate, Bringing Outbreak total to 176

FOR IMMEDIATE RELEASE:
Dec. 30, 2025

COLUMBIA, S.C. — The South Carolina Department of Public Health (DPH) is reporting 20 new cases of measles in the state since Friday, bringing th outbreak to 176 and the total number report

Seven of the new cases were known househ exposure, two resulted from an exposure at

NCDHHS

Assistance Divisio

Home

TUESDAY, JANUARY 6, 2026

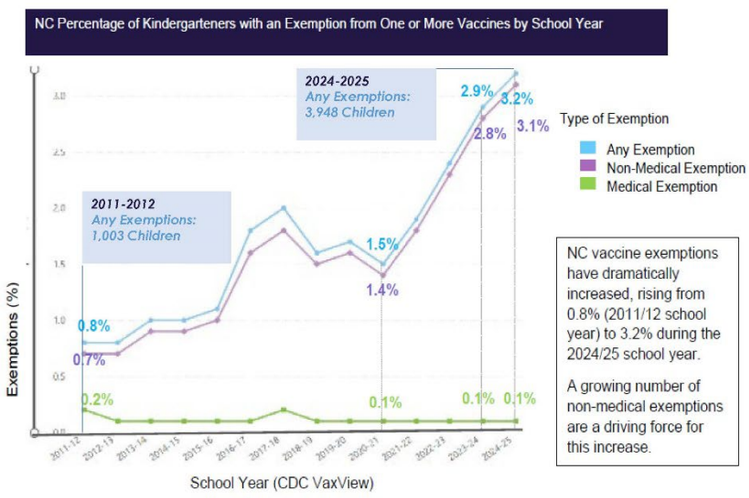
Additional Children Positive for Measles in North Carolina

PRESS RELEASE — The North Carolina Department of Health and Human Services and Buncombe County Health and Human Services (BCHHS) Division of Public Health today announced additional cases of measles in three siblings in Buncombe County. The family had visited Spartanburg County, South Carolina, where there is a large ongoing measles outbreak approximately 1-2 weeks before the children became sick. To protect the

CD Reporting: Resurgence of Vaccine Preventable Diseases

Childhood Vaccination Rates Fall; Exemptions Increase

Vaccination rates among kindergartners for the 2024/2025 school year saw a decline, alongside an increase in exemptions on both national and statewide levels.



CD Reporting: Resurgence of Vaccine Preventable Diseases

Pertussis and Varicella

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

Monthly CD Reporting: PERTUSSIS (Whooping Cough),Mecklenburg

2021 Jan – Dec	2023 Jan – Dec	2025 Jan – Dec
8 cases	4 cases	67 cases

Monthly CD Reporting: VARICELLA, Mecklenburg

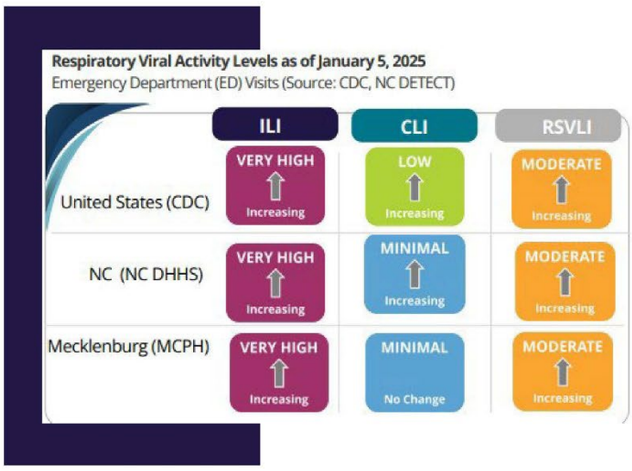
2021 Jan – Dec	2023 Jan – Dec	2025 Jan – Dec
3 cases	22 cases	27 cases

Source: MCPH, Communicable Disease Monthly Report (January – December 2025, preliminary counts)

CD Reporting: Acute Respiratory Illnesses

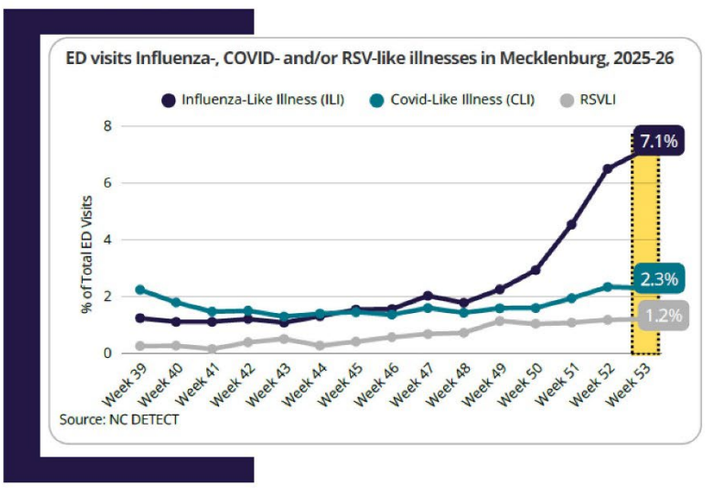
The following data reflects activity levels for people seeking medical care in emergency departments for:

- Influenza (FLU)-like illness **(ILI)** and/or
- COVID-like Illness **(CLI)**,
- Respiratory Syncytial Virus-like illness **(RSVLI).**



CD Reporting: Acute Respiratory Illnesses

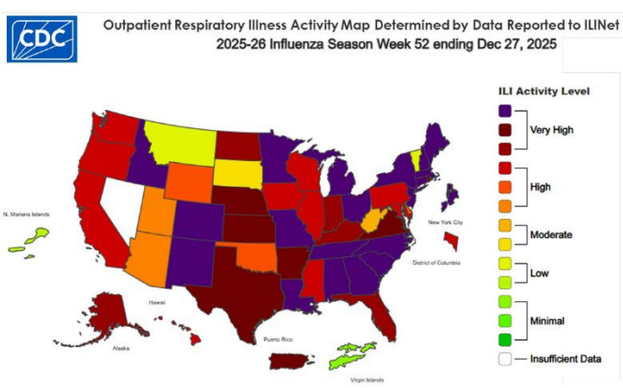
Emergency Department (ED) visits related to Acute Respiratory Illnesses have increased in the county. **Current rates are higher than those from the past two years.**



CD Reporting: Acute Respiratory Illnesses

Influenza-Like Illness (ILI)

Seasonal influenza activity is elevated and continues to increase across the country.



Nationally *(as of 12.27.2025)*

- 8% of weekly visits to healthcare providers are ILI-related.
- **≈5000 Flu-related deaths (9 pediatric).**

North Carolina *(as of 1.3.2026)*

- 12% of weekly visits to emergency departments had ILI symptoms.
- **71 Flu-related deaths (2 pediatric)**

Mecklenburg *(as of 1.3.2026)*

- 7% of weekly visits to emergency departments were ILI-related.
- **4 Flu-related deaths**

CD Reporting: Other Trends to Watch

While some communicable diseases rise and fall due to seasonal trends, it is important to identify unexpected increases that may pose a threat to population health.

Note: Legionella is a serious type of pneumonia caused by *Legionella* bacteria. It is treatable with antibiotics. People can get Legionella by breathing mist containing *Legionella* bacteria. In general, it isn't spread person to person. (source CDC)

Increases in Legionella

Nationally, reported cases have been **increasing since the early 2000s.**

- **In 2025, 32 cases were reported in Mecklenburg** compared to a 3-yr average of 16 reports.
- No common source transmission identified; increased testing of disease may contribute to some of increase.

MPOX

Cases have declined following the 2022 global outbreak. Recent uptick in national reports are of concern.

- **In 2025, 19 cases were reported in Mecklenburg** compared to a 3-yr average of 88 reports.

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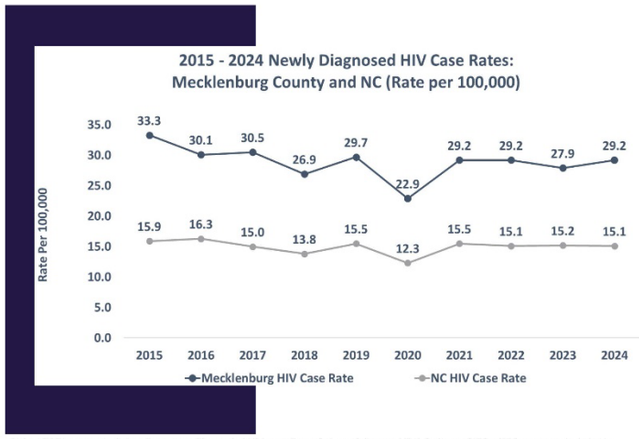
HIV/AIDS Update

MeckNC.gov

HIV/AIDS Reporting

Newly Diagnosed HIV Cases

- 7,724 persons are living with HIV in Mecklenburg County (as of 12.31.2024)
- 285 new HIV diagnoses reported in 2024 with 145 AIDS diagnoses.
- **As of September 2025, 205 new HIV infections have been diagnosed and 97 AIDS cases reported**



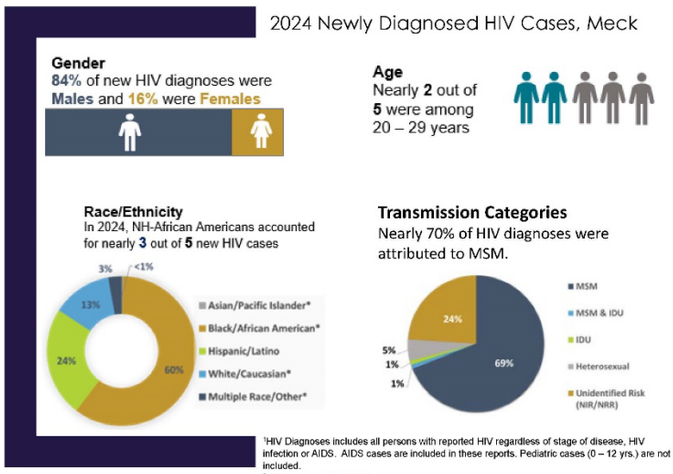
Note: HIV Diagnoses includes all persons with reported HIV regardless of stage of disease, HIV infection or AIDS. AIDS cases are included in these reports. Pediatric cases (0 – 12 yrs.) are not included.
Data Source: North Carolina Electronic Disease Surveillance System (NCEDSS), data as of July 2025

MeckNC.gov

HIV/AIDS Reporting: Demographics

For Mecklenburg County 2024 new HIV diagnoses:

- The 20-29 age group consisted of **40%** of new cases
- Men accounted for nearly **84%** of cases
- **3 out of 5** new infections were among NH-African Americans
- MSM accounted for nearly **69%** of cases



[1]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.
[2]Age at date of Diagnosis
Percentages may not total 100% due to rounding
Data Source: North Carolina Electronic Disease Surveillance System (NCEDSS), as of July 2025

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Update on Other Sexually Transmitted Infections (STI)

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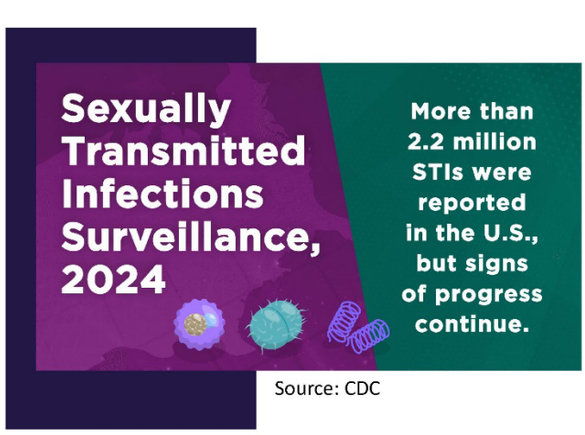
Sexually Transmitted Infections

Nationally, the burden of STIs remain high but signs of progress are evident.

- In 2024, overall STI case reporting declined for the 3rd consecutive year.

However, challenges persist:

- Current STI cases (2.2 million) are13% higher compared to a decade ago.
- Congenital syphilis increased for the 12th year in a row, with nearly 4,000 reported cases in 2024.



Source: CDC

MeckNC.gov

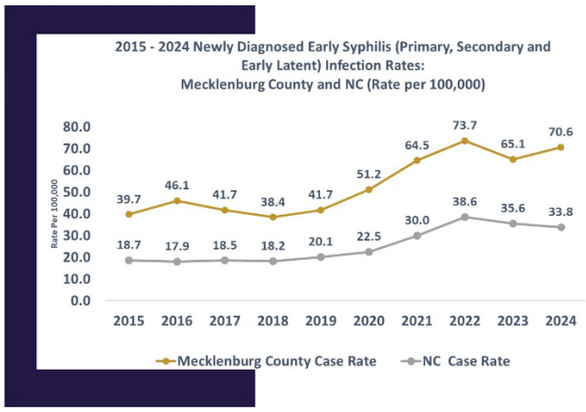
Newly Diagnosed Syphilis Cases

Mecklenburg Syphilis Cases

821 Early Syphilis cases were reported in 2024, for a case rate of 71 per 100,000.

- Nearly 40% of reports were among persons 25- 34 years of age
- 4 out of 5 cases were male
- 64% were African-American

As of September 2025, 543 new Early syphilis cases have been reported.



Note: Early syphilis is defined as having primary, secondary, or early non-primary non-secondary (formerly early latent) syphilis.
Data based on age at date of Diagnosis
Data Source: North Carolina Electronic Disease Surveillance System (NCEDSS), data as of July 2025

Congenital Syphilis Cases: Early Signs of Progress

Congenital or newborn syphilis is a deadly but preventable consequence of the ongoing STI epidemic. Early signs of progress in addressing CS reflect the impact of public health efforts, such as:

- **MCPH HIV/Syphilis Taskforce** providing leadership to response activities.
- **Increased awareness of epidemic** including media alerts, Syphilis Summits for health providers, etc.
- **Case management referral efforts** for high-risk pregnancies

Congenital Syphilis Cases in Mecklenburg

2023 Jan – Dec	2024 Jan – Dec	2025* Jan – Sept
13 cases	23 cases	10 cases

Congenital Syphilis Stillbirths in Mecklenburg

2023 Jan – Dec	2024 Jan – Dec	2025* Jan – Sept
5	2	0

Challenges Persist:

- **Nationwide shortage of Bicillin L-A** (only recommended and effective treatment for syphilis during pregnancy).
- **National Reduction in Public Health Funding**

Chlamydia Case Reporting

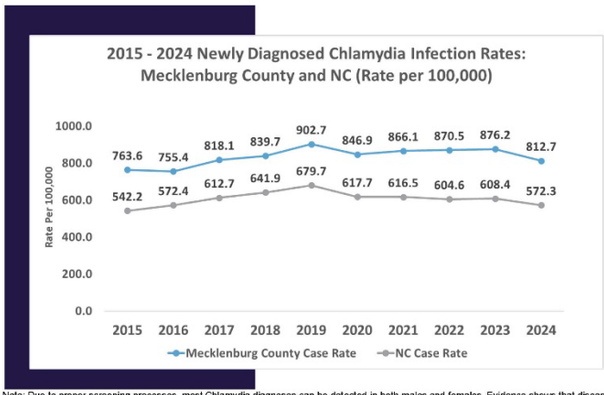
Mecklenburg Chlamydia Cases

Chlamydia remains the most frequently reported STI in the county.

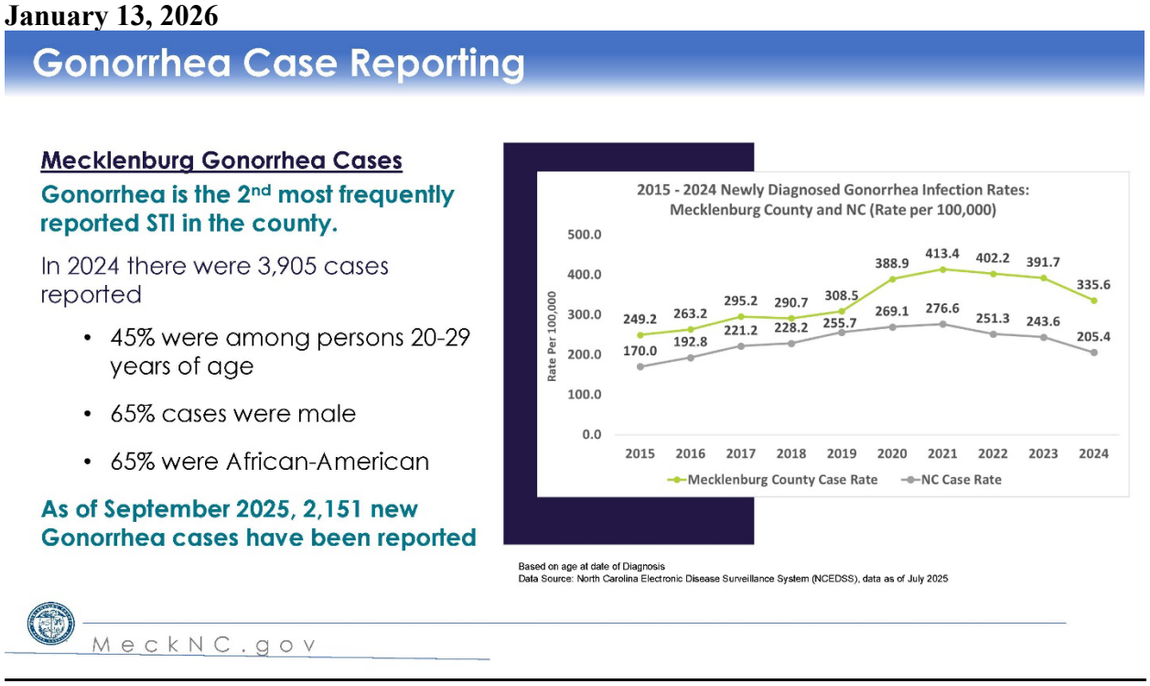
In 2024 there were 9,457 cases reported

- 58% were among persons 15 – 24 years of age
- 63% cases were female
- 55% were African-American

As of September 2025, 5,106 new Chlamydia cases have been reported



Note: Due to proper screening processes, most Chlamydia diagnoses can be detected in both males and females. Evidence shows that disease can cause high risk of complications in females, so multiple screening programs are able to detect chlamydia infections in females. However, there aren't as many comparable screening programs for males. Therefore, chlamydia cases reported are typically higher in females than males.
Data Source: North Carolina Electronic Disease Surveillance System (NCEDSS), data as of July 2025



Comments

Commissioner Griffin thanked Dr. Washington and the team, as well as offered recognition to the other members of the Health and Human Services Committee. He said the community impact scorecard was a State requirement. He said it was both transformative and absolutely critical. He said he wanted to highlight the utilization piece in that there were a number of residents who were thankful to the General Assembly and everyone who participated for the work done in getting more people on Medicaid for treatment and/or evaluation.

Commissioner Griffin said it was previously mentioned that there were teenagers who were concerned about getting athletic physicals, but there were many young kids in households that were eligible for Medicaid and could get those things taken care of. He said he would like to see some indications of people getting yearly physicals and vaccines.

Commissioner Griffin said it was important to recognize school nurses and additional healthcare specialists in addressing measles and other childhood diseases.

Commissioner Meier asked what the teen suicide rate was and how many kids were going to the emergency room. She asked if they stayed in touch with the schools, both private and public. She said she didn't think kids could go to school if they were not vaccinated and asked, of the 5000 students who were not vaccinated, how many were exempt. She asked why there was a low inventory of the syphilis medication and if that was typical.

Dr. Washington said they did keep in touch with schools, but they didn't have much information on private or charter schools. He said the ER data came from hospital surveillance data, and they could see on a weekly basis why people were going to the ER, but they had minimal demographic information about them. He said they had a youth behavioral risk factor survey, which had been beneficial to help them in understanding public school students' health behaviors, but there were disruptions in the Youth Risk Behavior Surveillance System (YRBSS) with the new administration, which led to concerns about whether they'd be able to have that data source. He said the YRBSS did not include private schools.

Dr. Washington said students were required by law to be vaccinated by the 30th day of school, but if they did not meet expectations, they were supposed to be excluded from school. He said the superintendent did have the authority to extend beyond the 30th day for a period of time.

Dr. Washington said the shortage of Vicilin was due to a supply chain issue with Pfizer, and it typically occurred several times a year. He said the supply in the County was okay for the time being, but due to the shortage, they were not able to treat non-pregnant women.

Commissioner Powell asked if there were many adults who had the MMR (Measles, Mumps, and Rubella) vaccine as children and needed a follow-up. She asked if the anti-smoking campaign included vaping and if the cessation programs were free to the public. She said she believed the mental health reporting data was worse than what they were seeing on the graph and asked what factors Dr. Washington believed contributed to that. She asked if there was something in place that required reporting from the health care systems to the Health Department, so they knew every patient that had been treated for a sexually transmitted disease/infection (STD/STI) or if they were only aware of those treated by the County.

Dr. Washington said there wasn't a broad recommendation for boosters. He said individuals should check their records with their doctor. He said vaping was included with smoking, and the cessation work was centered around nicotine replacement therapy. He said the big issue was that the policy was regulated at the State level, which prevented them from doing much.

Dr. Washington said mental health was underreported and a growing issue for them. He said social media had an impact on the mental health of the youth, while the pandemic had an impact on both adults and youth. He said, just like any other chronic issue, it would get worse.

Dr. Washington said the information pertaining to who was treated for an STI/STD included counts for the entire community, not strictly those treated by the County.

Commissioner Rodriguez-McDowell asked for clarification on slides 6 and 7 regarding access to care. She said the graphs didn't line up well and asked what factors they controlled that could help bring the number down. *Dr. Washington said it was just a report of how many said they didn't have a primary care doctor. He said if they could get people to primary care, it would keep them out of urgent care. He said the staff assisted the recipients in finding an appropriate primary care doctor, and the County invested more than $3 million in safety net providers that provided care to anyone regardless of their ability to pay.*

Commissioner Rodriguez-McDowell asked if the safety net providers were considered primary care providers at the facilities. *Dr. Washington said yes.*

Commissioner Leake asked how they got the information out to the public. She asked how they could handle those in the federal government who discredited the need for health care. She said she worried about the care of children and seniors and asked what they were doing to increase their knowledge and support. She said she worried about schooling when children weren't in the care of the public due to their religion. *Dr. Washington said they stayed in constant communication with the state. He said they had been as proactive as possible in communicating their science, data, and proof to the public. He said the state was doing the same. He said nothing had changed in NC concerning vaccine requirements or recommendations. He said confusion and misinformation could be prominent in social media, but they were there to provide answers to the public. He said they didn't have much visibility in private and charter schools because they were separate.*

Commissioner Townsend-Ingram asked whether the schools reported to the County or were required to report if there was a child with a disease. She asked whether they had partnered with any organizations to provide information about primary care physicians. She asked if there were

any programs that could speak to the crisis of black maternal health. *Dr. Washington said that if an infectious disease was reported, they spoke to the person first to see if they could determine whom they may have exposed and then find the others to follow up and have them tested. He said that with children, they could find out what class they were in, who was in that class, etc., and then take action to get them vaccinated. He said they worked closely with MECK Link to provide the public with the information. He said they had several programs, such as CareRing, that brought together key stakeholders to discuss maternal mortality.*

Commissioner Dunlap asked if they were working with the school district on sex education to address the issue of STIs/STDs. He requested clarification regarding the information provided on HIV/AIDs and mentioned the previous year's results, as he thought they were decreasing. He said the neighbors to the south had different vaccination rules, and there was a significant difference in results. *Dr. Washington said they didn't go into schools for sex education as they weren't part of that. He said the HIV data wasn't a full year, but they would close out all of 2025 in January of 2026. He said 205 cases of HIV and 97 cases of AIDS were still too many, and they had to get people to voluntarily come in to get tested.*

Dr. Washington said the vaccine clinics were opened up to make appointments available for kids to come in. He said they had a whole campaign with childcare centers to promote vaccines. He said the mobile health team was at schools and coordinating with school health. He said school health was working to send letters home with the kids to receive consent for vaccinations.

Commissioner Leake asked what hospitals provided support to those who couldn't afford it. *Dr. Washington said both Atrium and Novant had financial assistance programs and provided uncompensated care as part of those programs. He said that the previous year, Governor Cooper made big strides on medical debt by clearing billions of dollars in medical debt for residents across the state, but the challenge was getting people to become aware of the programs and how to apply for them.*

Commissioner Townsend-Ingram said they needed a mindset change. She said kids didn't think of sex education the same way older generations did. She asked how the process of informing the school and parents went, and if there were cases of STIs/STDs/HIV discovered. Dr. Washington said the communicable disease team would distribute a letter to the school nurse and administrator, who would then distribute it to the parents.

Commissioner Altman said she had a sense of relief and was grateful for the team and staff. She asked how many kids showed signs/signals before committing suicide. She asked if they could be asking more direct questions that, although uncomfortable, were more insightful and helpful.

Commissioner Altman said she was shocked that MSM cases accounted for 69% of all new cases and asked for clarity regarding what MSM meant, as well as what could be done to reach that community. *Dr. Washington said there wasn't a single answer to her questions, and he would defer to follow up with further clarity. He said MSM included men who reported having sex with other men, but it was not solely focused on the sexual identity. He said it included several different sexualities, and a portion of the data identified those who used injection drugs as well.*

Commissioner Altman said there was a lot of great outreach to the LGBTQ+ community, but asked whether there was a significant amount of transmission they were not reaching because people may not be part of those typical social circles. She asked what method they were using to reach those people. *Dr. Washington said they often used dating apps, but it was challenging to reach them because they were essentially looking for people who did not want to be found. He said they educate people when they were in their care.*

Chair Jerrell referred to the slide titled Youth Suicide Attempts in Mecklenburg County and said they obviously wanted the number to be zero. He said he was conflicted about the many variables

beyond their control, and that assigning numbers to some of them was an interesting way to approach it. He said that, with the number of people coming into the community and everything they were doing, he wondered what the roles of government, society, parents, etc., were. He said he wondered whether there was a limit to their responsibility, and he appreciated them having goals, but he did not feel the outcomes reflected the effort. *Dr. Washington said it was part of the bigger picture. He said the scorecard was about the community and not explicitly about the County or the government. He said many groups had a role to play, including the hospitals and schools. He said the discussion was not exclusively about what the County should be doing, but should help to inform their investments as a County.*

Chair Jerrell said they were aware they had 5,000 unvaccinated children in the school system, but if they extrapolated that number to the broader community they were not tracking, those people were also likely not getting other sources of care. He said there was always room for improvement.

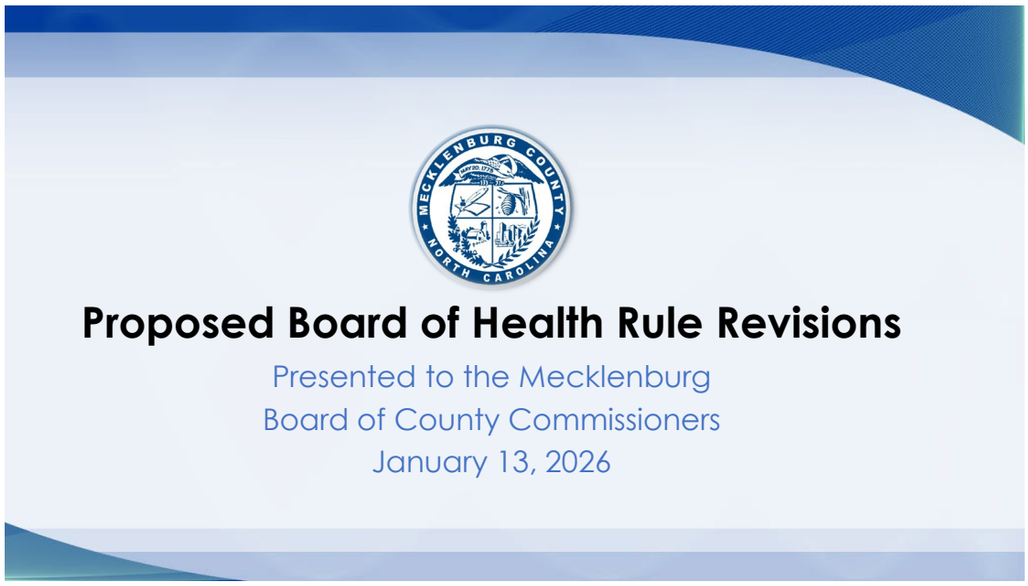
Commissioner Meier left the meeting at 4:00 p.m.

26- 0013 Proposed Board of Health Rule Revisions

The Board received an overview of proposed Board of Health rule revisions related to environmental health services

Background: Dr. Washington will provide an overview of proposed Board of Health rule revisions related to environmental health services.

Dr. Washington gave the presentation.



Board of Health Rules

Overview of Board of Health Rules

- Directives related to health
- Apply throughout County
  - including in municipalities
- Can be adopted by BOCC
  - acting as the Consolidated Human Services Agency
  - exercising the authority of a Board of Health in Mecklenburg County

Board of Health Rules

Overview of Board of Health Rules - continued

- Have the force of law
- Enforcement tools:
  - Criminal - Misdemeanor
  - Civil - Injunction
  - Administrative - Fine

Board of Heath Rules

Overview of Board of Health Rules - continued

- Requirements to adopt, amend or repeal BOH Rule
  - 10 days notice
  - Publication in local newspaper

Board of Health Rules

Recommendations for Board of Health Rules

- Repeal 1 current Board of Health Rule
  - Residential Swimming Pools
- Amend 2 current Board of Health Rules
  - Child Day Care Homes
  - Groundwater Wells

Board of Health Rules

Residential Swimming Pools

- Rule adopted in 1999; most recently amended in 2023
- Purpose of Rule - establish safety standards for residential swimming pools
- Reason to Repeal Rule:
  - SL 2025-94 (H926) amended NC Gen. Stat. 130A-39 and removed local authority to adopt rules related to residential swimming pools

Board of Health Rules

Child Day Care Homes/Family Child Care Homes

- Rule adopted in 1999; most recently amended in 2023
- Purpose of Rule – establish minimum health and safety standards for family child care homes not covered by NC DHHS sanitation regulations; require annual operating permit
- Proposed amendments:
  - Change name from "Child Day Care Homes" to "Family Child Care Homes" to align with NC Child Development and Early Education (DCDEE) terminology

Board of Health Rules

Child Day Care Homes/Family Child Care Homes - continued

- Proposed amendments - continued
  - Update definition of "child care" to align with DCDEE definition
  - Remove enforcement of building code and zoning requirements (outside scope of EHS authority)
  - Remove requirements related to swimming pools on property (no longer have authority to regulate private pools)

Board of Health Rules

Child Day Care Homes/Family Child Care Homes - continued

- Proposed amendments - continued
  - Update sanitation requirements to better align with requirements of licensed child care centers
  - Add personnel health, safety and hygiene requirements to align with requirements of licensed child care centers
  - Add authority for the Health Director to suspend or revoke permit for failure to comply with Rules

Board of Health Rules

Groundwater Wells

- Rule adopted in 2004; most recently amended in 2011
- Purpose of Rule – requires registration, permitting and monitoring of certain wells in Mecklenburg County
- Proposed amendments:
  - Divide into 2 separate rules:
    - Private Drinking Water Supply Wells
    - Wells Other Than Drinking Water Supply Wells
      - Irrigation, TNC/NTNC and monitoring wells

Public Health Rules

Groundwater Wells

- Proposed amendments – continued
  - Update statutory references
  - Add appeals procedures to each Rule consistent with state statute
  - Clarify that these are Board of Health Rules, not local ordinances or regulations

Board of Health Rules

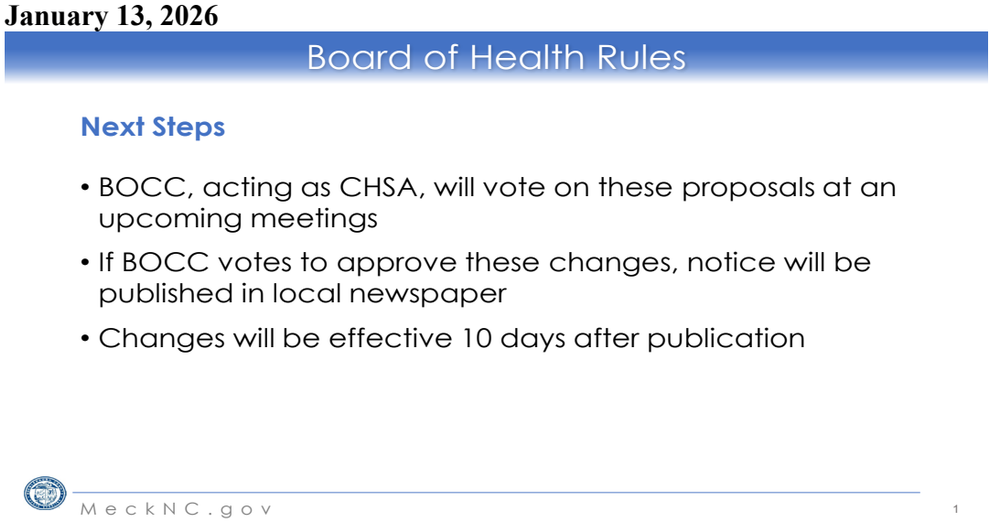
Private Drinking Water Supply Wells

- Proposed amendments:
  - Adopt State's well construction standards
  - Area of Regulated Groundwater Usage (ARGU) reviews that require restrictions i.e. (requiring full grout or sampling requirements) will be required to be recorded with the Register of Deeds prior to issuing a well permit

Board of Health Rules

Wells Other Than Drinking Water Supply Wells

- Proposed amendments:
  - Adopt State's well construction standards
  - Eliminate exemption for sites designated at high-risk from monitoring well payments
    - Sites deemed "orphan" sites can still be exempted if monitoring wells are installed to determine responsible party for contamination



Comments

Commissioner Altman asked whether all changes were being updated by the General Assembly and whether they had any way to avoid them. *County Attorney Wade shook his head no. Dr. Washington said they were anticipating future changes and that there were no threats to public health, other than the residential pools rule. He said they couldn't take any action due to the General Assembly.*

Commissioner Powell said there were many questions raised in her district and in Commissioner Leakes's district, and that so many people were connected to wells. She said she would like to request a meeting with Environmental Health.

26- 0021 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.

26-0023 NEW TIEM: Closed Session

Motion was made by Commissioner Leake, seconded by Commissioner Griffin, and unanimously carried, to go into Closed Session for the following purpose(s): Discuss Personnel Matter.

The Board went into Closed Session at 4:13 p.m. and came back into Open Session at 4:23 p.m.

Motion was made by Commissioner Leake seconded by Commissioner Griffin, and unanimously carried, to return to Open Session.

ADJOURNMENT

With no further business to come before the Board, Chair Jerrell declared the meeting adjourned at 4:23 p.m.

A. Eason

Arlissa Eason, Deputy Clerk to the Board

Mark D. Jerrell

Mark D. Jerrell, Chair