



AGENDA COVER MEMO

Memorandum Date: October 10, 2024

Order Date: October 22, 2024

TO: Board of County Commissioners
Sitting as the Board of Health

DEPARTMENT: Department of Health & Human Services

PRESENTED BY: Dr. Patrick Luedtke, MD, MPH

AGENDA ITEM TITLE: Presentation – Quarterly Board of Health Update

I. MOTION

None, presentation and discussion only.

II. AGENDA ITEM SUMMARY

Dr. Luedtke will present information on a new mosquito in Oregon, Psilocybin and Vaccine Hesitancy.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History

Board of Health Reports in 2024 have covered sexually transmitted diseases, flavored tobacco, WIC and the Public Health Reserve Corps.

B. Policy Issues

The topics covered by Dr. Luedtke will assist Lane County in meeting the goal of promoting and protecting the health and well-being of individuals, families and our communities.

C. Board Goals

Public health supports the Board's strategic plan priority 1: Safe and Healthy County.

D. Financial and/or Resource Considerations

Report only, no request for resources at this time.

E. Health Implications

The items covered by Dr. Luedtke as part of this presentation represent a core function of Public Health.

F. Analysis

N/A

G. Alternatives/Options

Dr. Luedtke will consult the Board regarding their desire to have HHS to return to the Board with evidence-based options regarding items discussed as part of this presentation.

IV. RECOMMENDATION

N/A

V. TIMING/IMPLEMENTATION

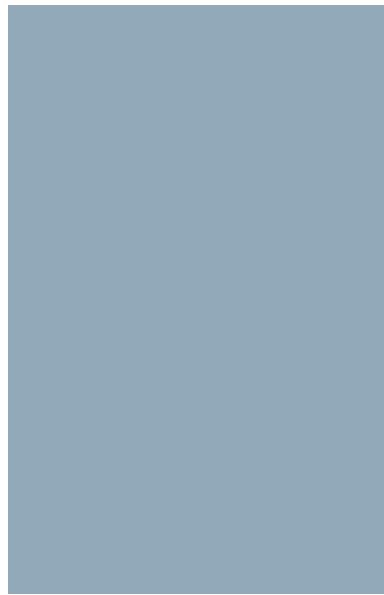
Not applicable.

VI. FOLLOW-UP

Not applicable.

VII. ATTACHMENTS

Presentation Slides



Quarterly Board of Health Report:

A New Mosquito an Old Mushroom, and a Recurring Challenge



Patrick F. Luedtke MD, MPH
Senior Public Health Officer

First Detection in Oregon

-*Aedes aegypti* mosquitoes detected
July 23, 2024 in Jackson Co., OR

-A suspected *Ae. aegypti* female
captured in a routine EVS-CO2 trap
in northwest Talent

-On July 29th, specimen was
confirmed as a female *Ae. aegypti* by
scientific operations staff at Delta
Mosquito and Vector Control District
(Visalia, CA) and Shasta Mosquito
and Vector Control District (Redding,
CA)



Microscope photo of first *Ae. aegypti*
specimen, July 23, 2024



Background

- Native to Africa, *Aedes aegypti* have been established in the southeastern United States since the 1600's

-*Ae. aegypti* spread westward with first California detection occurring in 2013

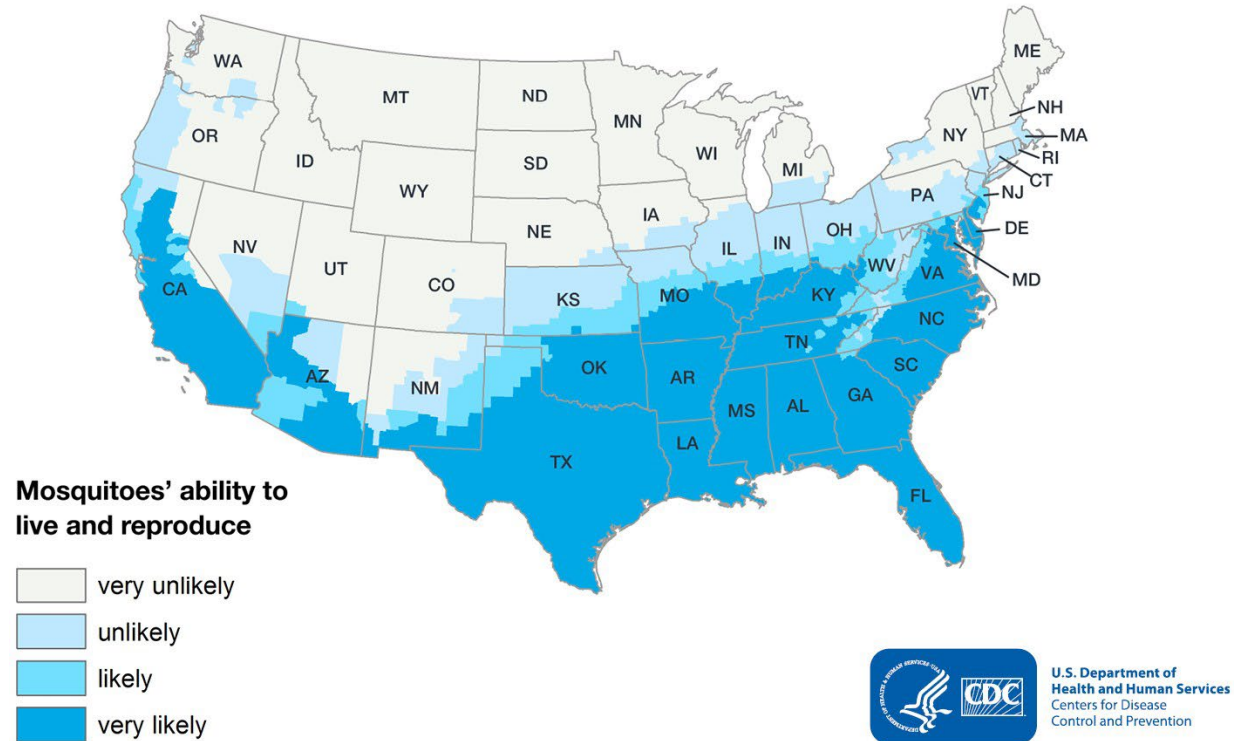
-Shasta Mosquito and Vector Control District
in Redding CA, first detected this species in
2020

-*Ae. aegypti* are now considered endemic throughout much of southern and central California

- Range expansion has occurred largely through unintentional human movement of items containing *Ae. aegypti* eggs

Acknowledgment: Jackson County
Public Health and Vector Control District

Estimated Range of *Aedes aegypti* in the United States, 2017



What Makes *Aedes aegypti* Different?

- Preferentially feed on people and live in residential areas where they feed and rest outdoors and indoors
- Bite aggressively and are most active during the day
- Ae. aegypti* glue their eggs to the sides of small water-holding containers around homes: any container that accumulates water can be a larval habitat!
- Eggs withstand desiccation for long periods when water isn't available
- Aedes do not disperse far on their own, but spread from house to house
- Has the potential to transmit diseases such as dengue, yellow fever, chikungunya, and Zika virus

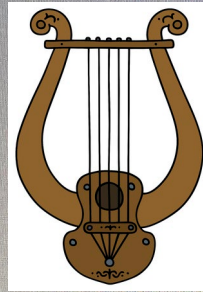


Key ID Features

-*Ae. aegypti* are small, highly contrasting black and white mosquitoes

-Classic features are a white “lyre” shape and two white lines on top of the thorax

-*Aedes aegypti* has black & white bands on its legs



Surveillance

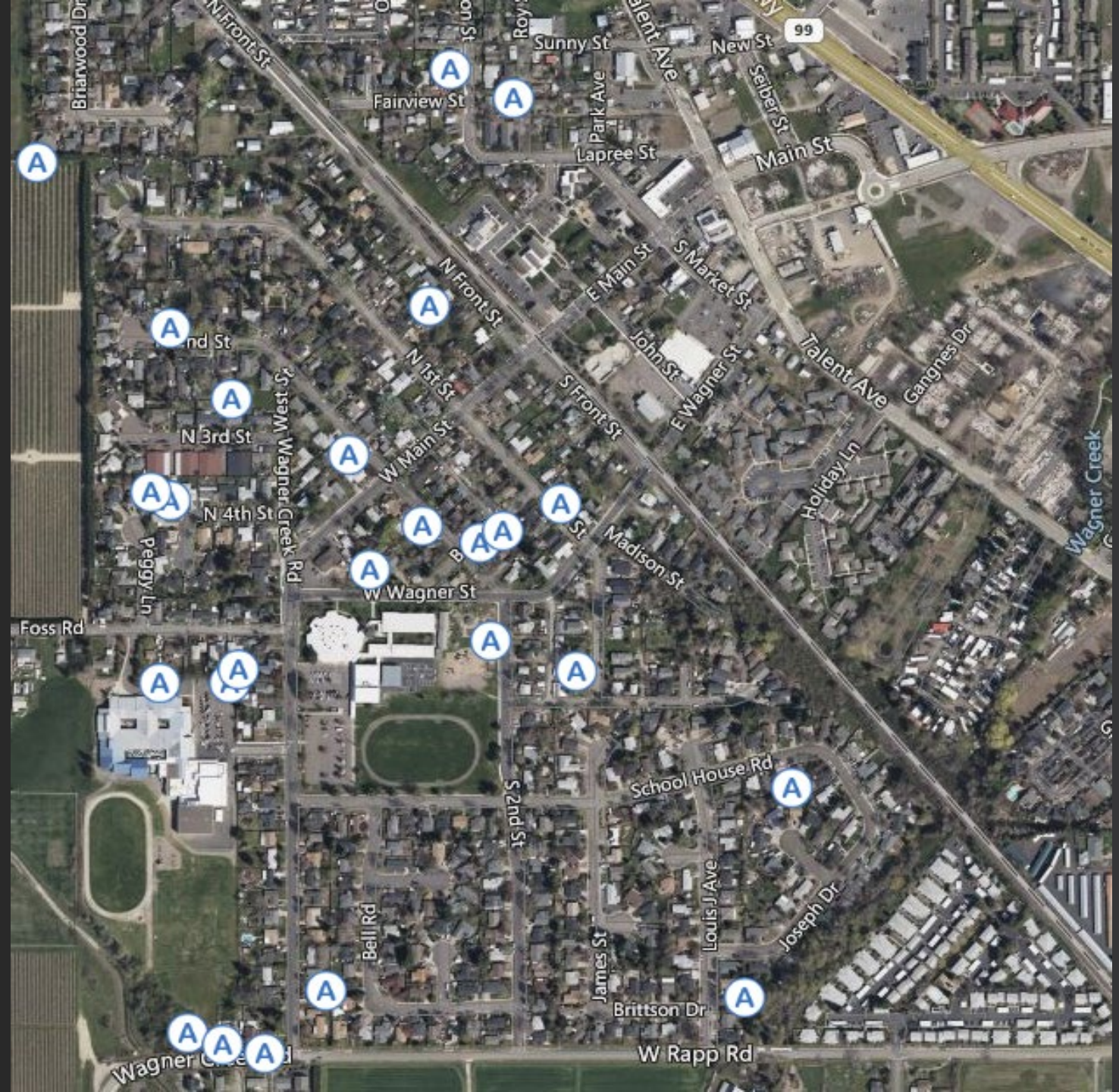
-Jackson Co. staff deployed dozens of Biogents Sentinel (BG-Sentinel) and Biogents Gravid Aedes traps (BG-GAT)

-Traps use a variety of attractants; CO₂, artificial human scents, and water infused with organic material to attract gravid (egg-laying) and host-seeking females



Detections

-As of September 21, 2024 a total of 138 *Ae. aegypti* have been collected from 28 locations in northwest Talent



Control: Is Eradication Possible?

Ae. aegypti are notoriously difficult to control

- Reproduce in small, cryptic water sources that can be difficult to identify

- Females use “skip oviposition” whereby eggs are deposited in small numbers across multiple containers

- Rest in hard-to-reach areas

- Potential insecticide resistance

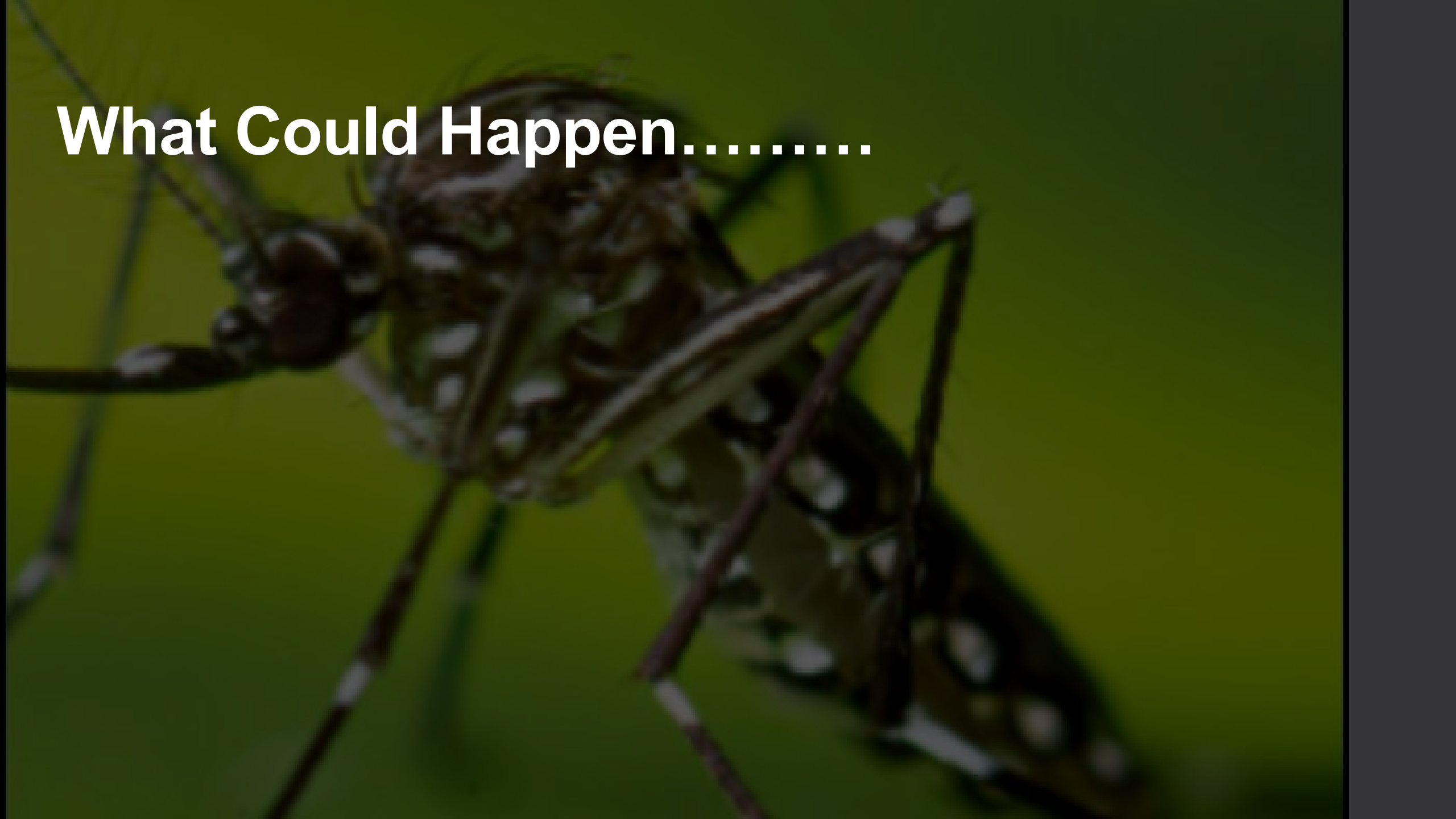


Community actions before Aedes aegypti arrival:

- Check for sources of standing water around homes and drain or freshen them regularly
- Check screens, windows, and doors
- Consider supporting placement of mosquito traps at your home or business



What Could Happen.....



Current Los Angeles Dengue Cases

NEWS RELEASE



313 N. Figueroa Street, Room 806 | Los Angeles, CA 90012 | (213) 288-8144 | media@ph.lacounty.gov



For Immediate Release:

September 18, 2024

Public Health Investigating Unprecedented Cluster of Locally Acquired Dengue Cases - Residents urged to take steps to prevent ongoing transmission

The Los Angeles County Department of Public Health is investigating two additional cases of locally acquired dengue in residents of the City of Baldwin Park. These residents have no history of travel to areas where dengue is endemic prior to their symptoms. This now

NEWS RELEASE



313 N. Figueroa Street, Room 806 | Los Angeles, CA 90012 | (213) 288-8144 | media@ph.lacounty.gov



For Immediate Release:

September 25, 2024

Public Health Investigating One Additional Case of Locally Acquired Dengue

The Los Angeles County Department of Public Health is investigating a new case of locally acquired dengue in a resident of Panorama City. The person had no history of travel to areas where dengue is endemic. This case of local transmission is not related to the cluster of cases Public Health reported on [September 18, 2024](#)

The Good News

- Last outbreak of Yellow Fever in U.S was 1905 (New Orleans)
- Last mosquito-transmitted Zika case in U.S. occurred in 2018
- California has had *Aedes aegypti* mosquitoes for 11 years without documented local transmission of chikungunya, YF, or Zika
- Given the above, immediate risk is minimal.....although not zero

Lane County Prevention Considerations

Surveillance: Mosquitoes

- Systematic identification & elimination requires vector control program (larvicide?, adulticide?)
- Lane Co. closed its vector control program in the late 1980's
- Enhanced mosquito surveillance beneficial at this time

Surveillance: Humans

- Human with Chikungunya, Dengue, Yellow Fever, or Zika infection could theoretically be bitten by an Aedes mosquito, then that mosquito bites another human, infecting them
- Activity restrictions for viremic patients may be considered

Lane County Prevention Considerations

Community messaging

- Prevent mosquito breeding (e.g., eliminate standing water)
- Keep mosquitoes out of homes (e.g., door & window screens for)
- Avoid mosquito bites (e.g., EPA registered products)

<https://www.epa.gov/insect-repellents/find-repellent-right-you>

How much time will you need to be protected from biting insects? ⓘ
Any ▼

Do you need protection from mosquitoes, ticks or both ?
Mosquitoes and ticks ▼



All products work against mosquitoes, and not all against ticks.

You can refine your search by specifying one or more of the following options:

Which product are you interested in?
You can leave blank to get a list of all products which fall under your criteria

Are you interested in a particular **active ingredient**?
All Ingredients ▼

Are you looking for a specific company name?
All Companies ▼

Do you know the EPA registration number of the product you are looking for?
 ⓘ
You can leave blank to get a list of all products which fall under your criteria.

 [Export the entire insect repellent dataset to PDF format](#)

Select Board of Health Options

Shall HHS return with select, evidence-based response options, such as:

- Enhanced surveillance opportunities
- Community education & outreach campaign (residents, businesses, schools)
- Vector control options

PBS Video: *Aedes aegypti*

KQED: <https://www.youtube.com/watch?v=1T9jgBnXXvw>

Psilocybin Update



Photo credit: U.S. Drug Enforcement Administration

Psilocybin: The First Few Years

- Ballot Measure 109 (Oregon Psilocybin Services Act) voted into law 11/2020, codified as ORS 475A (last comment opportunity for OPS rulemaking 10/21/24)
- June 2023: Oregon's first Psilocybin Service Centers open
- October 2024: 31 licensed service centers and >350 trained staff
- By design, limited process & outcomes data collected first two years (2023-5)
- OHA now creating data dashboard (e.g., number served, adverse reactions)

2023 Legislative Session: SB 303

82nd OREGON LEGISLATIVE ASSEMBLY--2023 Regular Session

Senate Bill 303

Sponsored by Senator STEINER (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Directs Oregon Health Authority to require psilocybin service centers and psilocybin service facilitators licensed by authority to collect and report specified data. Requires authority to collect and compile specified data and provide data to Oregon Health and Science University.

Takes effect on 91st day following adjournment sine die.

Open Psychedelic Evaluation Nexus (OPEN)

OR Psychedelics Research Symposium

Sept. 13th, 2024

Todd Korthuis, MD, MPH
Adie Rae Wilson-Poe, PhD
Jason Luoma, PhD
Alissa Bazinet, PhD
Kim Hoffman, PhD
Christopher Stauffer, MD

Oregon Health and Sciences University
Legacy Research Institute, Dow Neurobiology
Portland Psychotherapy Clinic, Research, & Training Center
Portland Veterans Administration
Oregon Health and Sciences University
Portland Veterans Administration



SAMHSA 75S20123P00003
Anonymous donor, OHSU Foundation

Legal Psilocybin Services: OR & CO

OR & CO Health Departments

The legal framework for services



OPEN and its network

The impact of legal services



Key Questions

- What is "safety" and how can it be improved?
- What is "success" and how can it be improved?
- How to differentiate useful "challenging" vs. harmful "adverse events"?

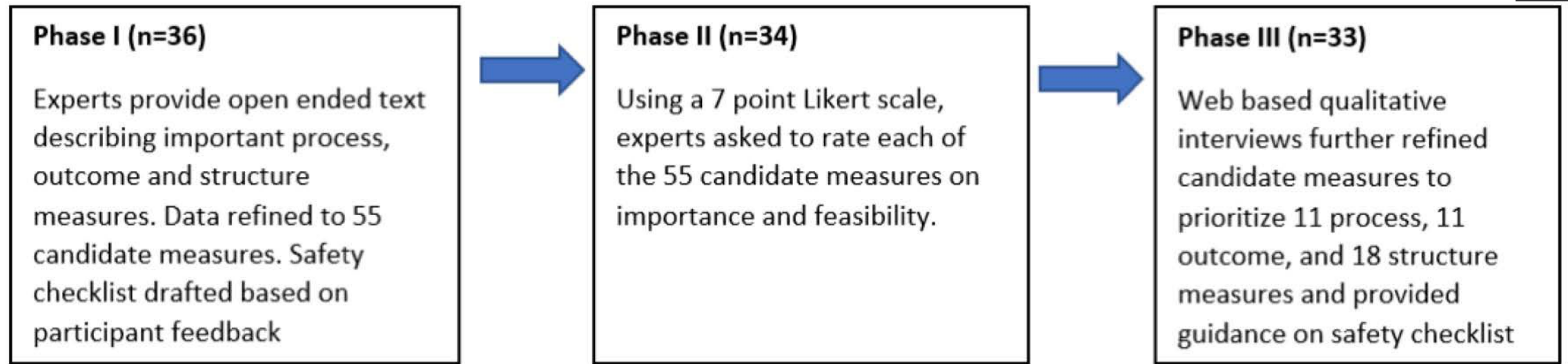
[NOTE: At present, no clear measures exist to define best practices]

Safety/Outcome Measures: e-Delphi Study

Experts (n=36; 53% female; 71% white; 56% heterosexual)

- 64% Currently providing psilocybin services, a mean 15.2 [SD 13.1] years

Identified **22** consensus safety & outcome measures



Consensus Process & Outcome Measures

Process (11 total):

- Psilocybin dose
- Touch & boundaries
- Health screening
- Support system
- Expectations

Outcomes (11 total):

- Anxiety, depression
- Sexual contact
- Overall harms & benefits
- Goals met
- Safety checklist

Facilitator Safety Checklist

Table 2a. Facilitator Safety Checklist
(within 1 day of psilocybin session)

Physical injury (e.g. fall)?	Y/N
Were emergency services contacted (e.g. 911, 988, or emergency room referral)? If yes, what was the emergency?	Y/N [Free text]
Did client go to the emergency room?	Y/N
Aggressive behavior resulting in injury to staff?	Y/N
Client left site prematurely, against facilitator advice?	Y/N
Death	Y/N
Other safety events?	[Free text]



Not included in OHA's definitions of adverse reactions

Client Safety Checklist

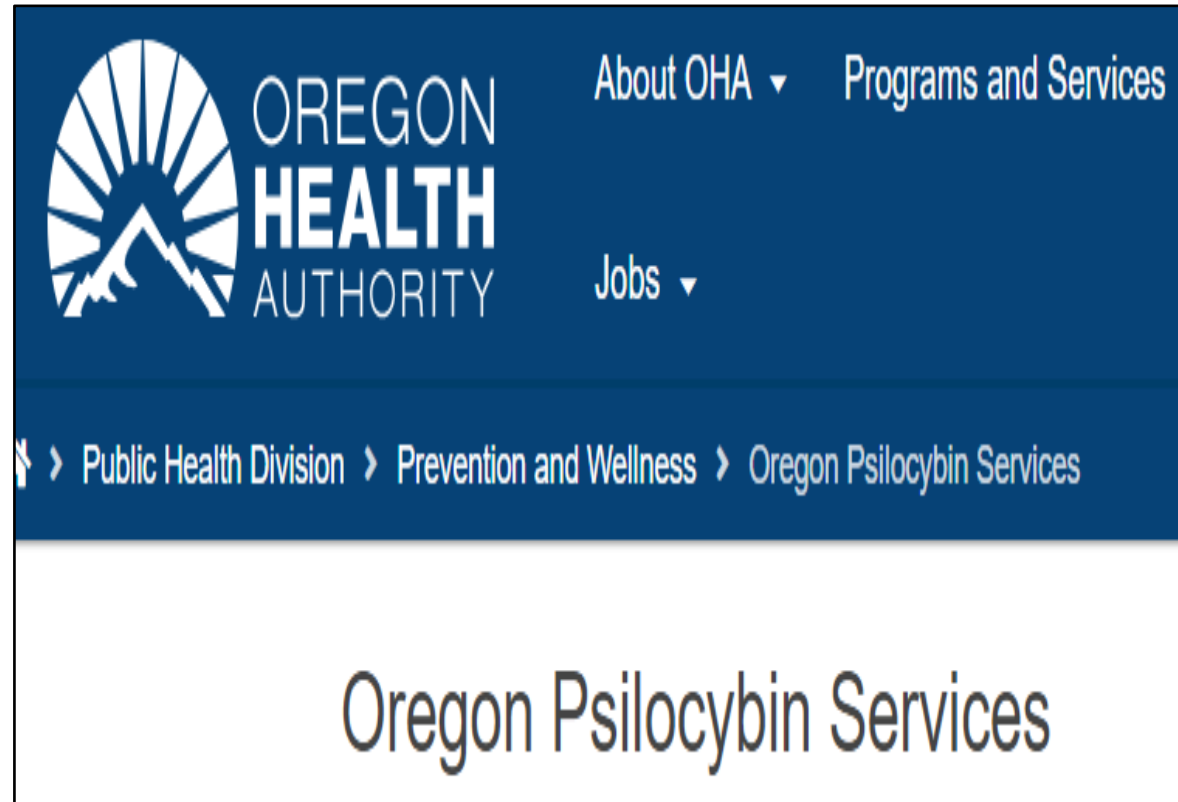
Table 2b. Client Safety Checklist
(within 7 days of psilocybin session)

My boundaries around touch were violated during or after the psilocybin session	Y/N	←
I required a new health care provider visit because of the psilocybin session	Y/N	←
New headaches lasting longer than 1 day that required medical attention	Y/N	←
Nausea, vomiting, or diarrhea that lasted longer than 1 day	Y/N	←
Persistent worsened anxiety since the psilocybin session	Y/N	←
Persistent worsened depression since the psilocybin session	Y/N	←
Increased thoughts of wanting to die or suicide since the psilocybin session	Y/N	←
Other persistent challenging experiences	[Free text]	←

Not included in OHA's definitions of adverse reactions

What's Happening in Service Centers?

- Safety events
 - Number
 - Nature
- Outcomes
 - Health & Wellbeing
 - Satisfaction
- Access, equity



OpenPsychedelicScience.org

Adverse Events Portal

Adverse Events Reporting:

OPEN's Adverse Event Portal creates a public-facing system for anonymous reporting of adverse events related to psilocybin use in Oregon. Systematically collecting information about adverse events from multiple sources may allow us to detect patterns and improve safety.

[Report an Adverse Event](#)



The Return of Vaccine Hesitancy

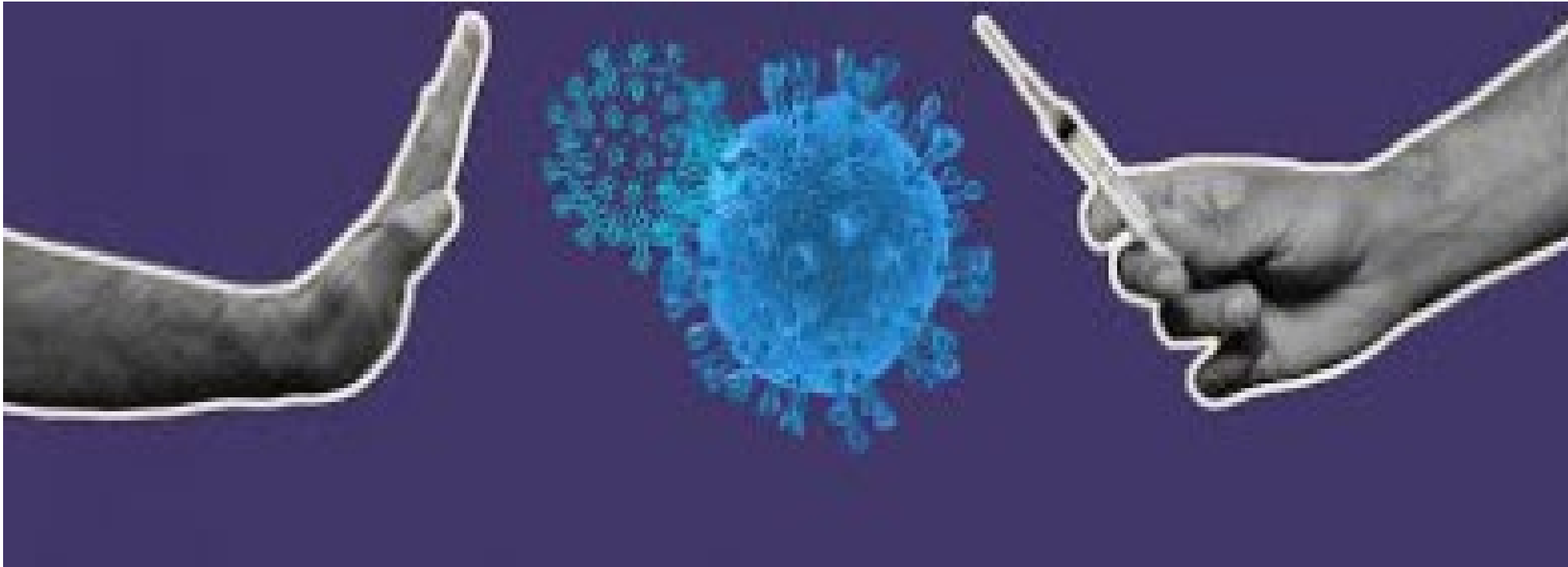


Photo: CDC Foundation

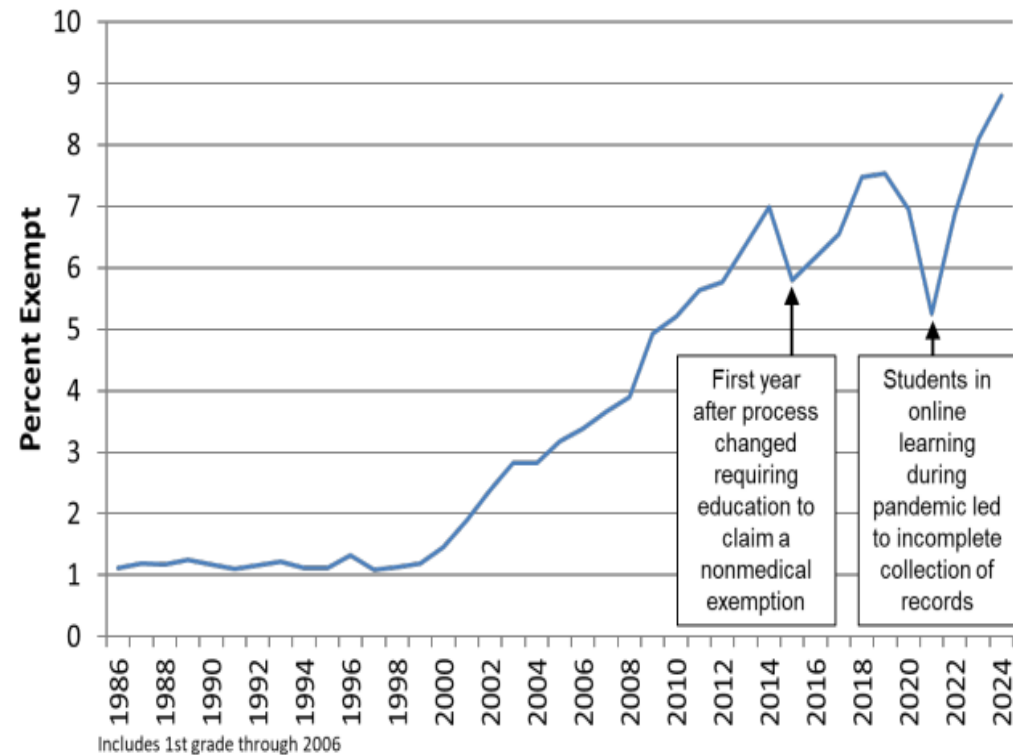
OREGON / NORTHWEST

FEATURED

Non-medical vaccine exemptions for Oregon kindergartners reach record high

Colby Enebrad, Reporter May 16, 2024

Oregon Kindergarten Nonmedical Exemption Rates



Nonmedical exemption rates

Schools reported the highest nonmedical exemption rate ever seen for kindergartners in Oregon in spring 2024. Statewide, 8.8% of kindergartners had a nonmedical exemption for one or more required vaccines, up from 8.1% in 2023.

Oregon Kindergarten Vax Rate: 2024

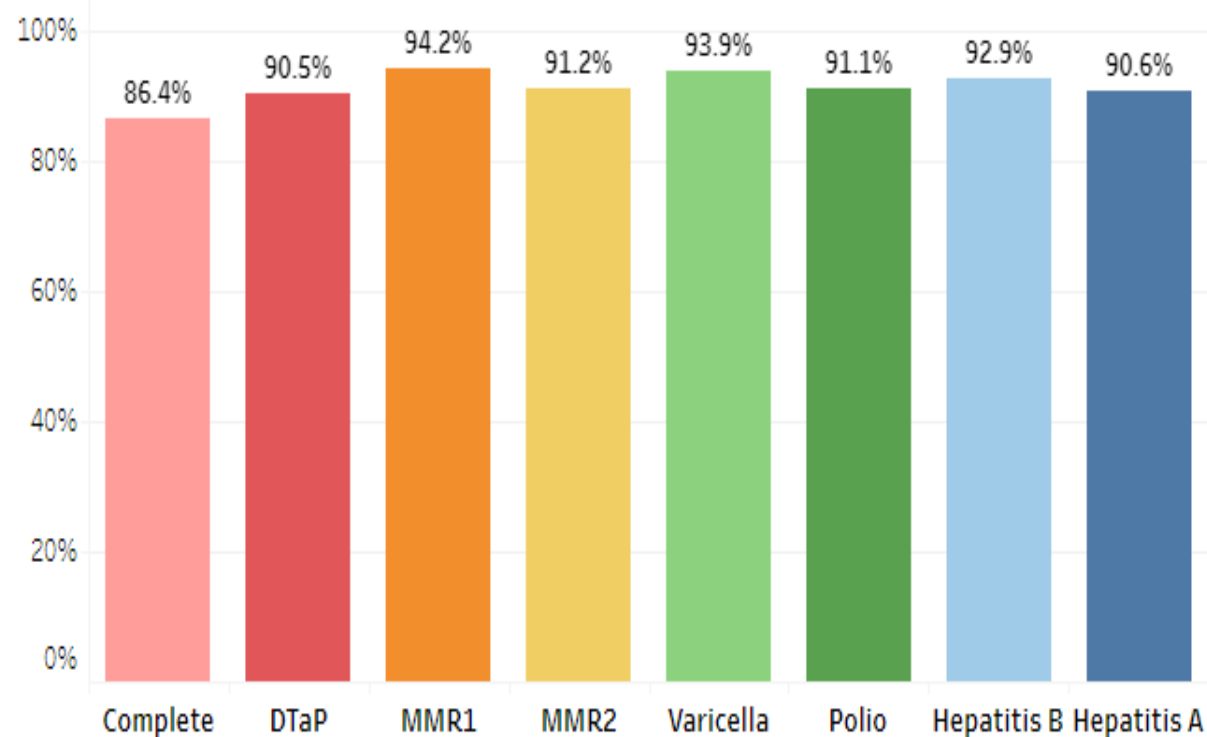
Statewide, over 86% of kindergarten students completed all school-required vaccines in 2024. From 90% to 94% of kindergartners completed each individual required vaccine. Use the year and county selection tools to change the displays of vaccination rates. *Note: county-specific immunization rates are missing for 1992 and 1996.*

Select county

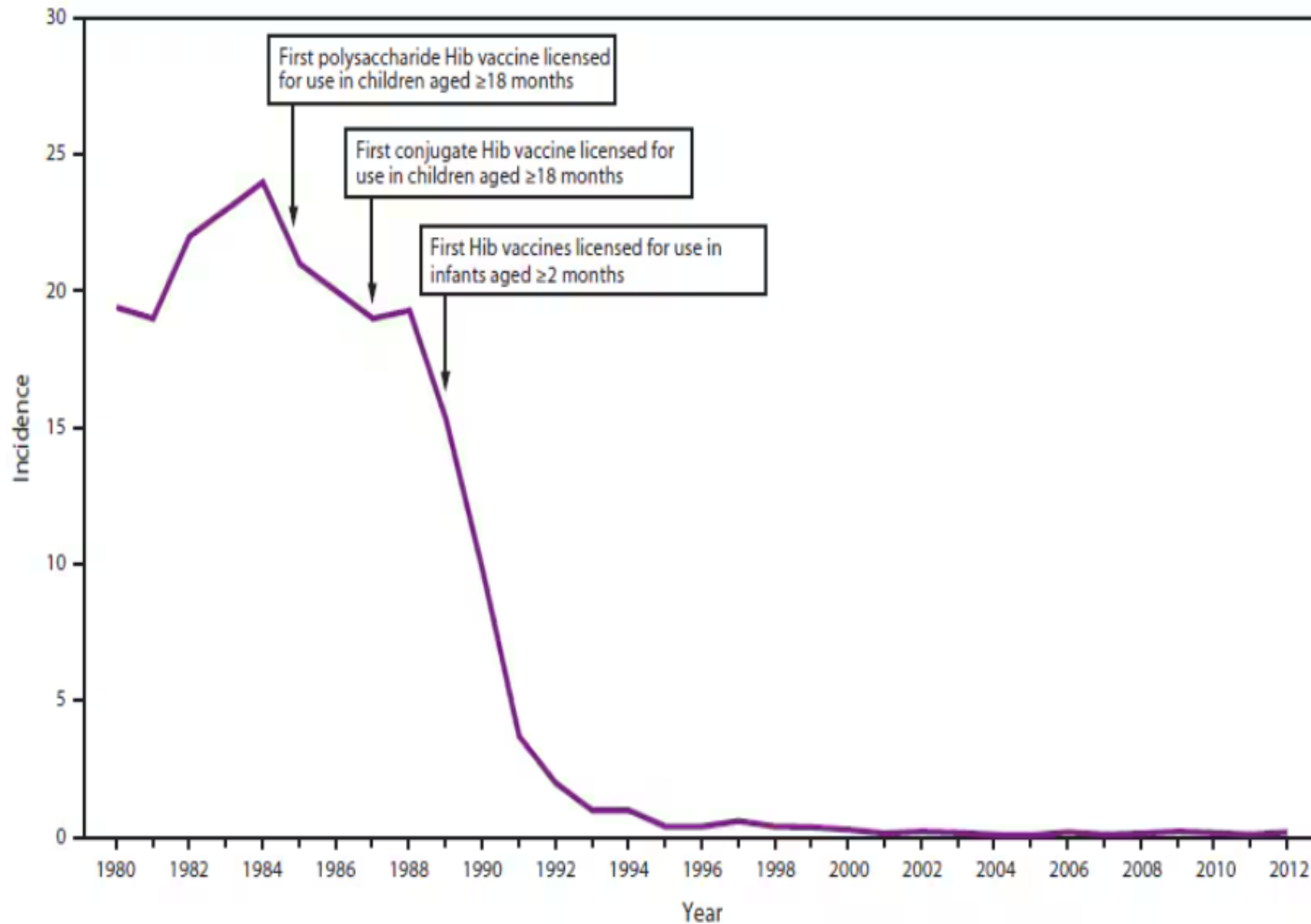
Oregon

Year

2024



We know vaccines work, right?



Hemophilus influenza b: Invasive disease in children <5 yrs of age

- U.S. data 1980 – 2012
- Estimated annual incidence via data from NNDSS and ABCs
- Impressive impact of Hib vaccine

Vaccines and Disease Prevention

Disease	Reported cases before vaccine†	2006 Reported cases†	Percent Decrease
Smallpox	29,005	0	100%
Polio (paralytic)	16,316	0	100%
Diphtheria	21,053	0	100%
Measles	530,217	55	> 99%
Rubella	47,745	11	> 99%
Congenital Rubella Syndrome	152	1	> 99%
Hemophilus influenzae (Hib)	20,000	208*	99%
Mumps	162,344	6,584	96%
Tetanus	580	41	93%
Pertussis (whooping cough)	200,752	15,632	92%

†Source: JAMA. 2007;298(18):2155-2163;

* 29 type b and 179 unknown (< 5 years of age)

Common Causes of Death: USA

- | | |
|----------------------------------|--|
| 1. Ebola | 1. zero |
| 2. Commercial aircraft accidents | 2. zero |
| 3. Shark attacks | 3. <1 |
| 4. Plague | 4. ~2 |
| 5. Lightning strikes | 5. ~55 |
| 6. Tornadoes | 6. ~80 |
| 7. Flesh eating bacteria | 7. 100 – 300 |
| 8. Vaccine preventable diseases | 8. 50,000+ (including influenza, pertussis, HBV, HPV, measles, Strep. pneumoniae) |

Houston, We Have a Problem



Actually, several problems.....



Why Aren't People Getting Vaccinated?

- 1.) Do not know these bacteria/viruses still exist and are a potential risk
- 2.) Do not know a vaccine is recommended for their children or themselves
- 3.) Concerns of vaccine side effects
- 4.) Concerns of vaccine effectiveness
- 5.) Distrust of vaccine industry (e.g., profit motive)
- 6.) Distrust of gov't or gov't recommendations
- 7.) Distrust of vaccine science

Anti-vax Arguments

Claim	Facts
Vaccines overwhelm immunity	Requires >10,000,000 antigens
Vaccines weaken immune system	No evidence
Many who get sick were vaccinated	True for some organisms (e.g., pertussis) but do <u>ALL</u> the math
Vaccines cause autism	No, they do not
Many religions forbid vaccines	No major religion forbids vaccination
“We got these diseases & did just fine”	Survivor effect
These diseases are now rare	True in USA, not true just a flight away

Vaccine Hesitancy Efforts: LCPH

- Community vaccine workshop: June 6, 2024 (Nicole Sticka and CD Team)
- Ongoing collaborative work with local schools, colleges, and universities
- Weekly clinical community CME presentations
- Hosting OHA sponsored efforts (e.g., Boost Oregon)
- April 2025 vaccine workshop

Discussion

- *Aedes aegypti*
- Psilocybin
- Vaccine hesitancy