



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

State Board of Health Policy Committee

February 23, 2023

1:00pm-3:00pm

Agenda

Minutes

Meeting can be viewed here:

<https://illinois.webex.com/illinois/jdr.php?RCID=d1fe3224be7d2d4fb59419fe660483be>

Minutes

1. Call to Order—1:02
 - a. Present: Damon Arnold, Rashmi Chugh, John Herrmann, Joe O'Connor, Esther Sciammarella, Susan Swider, Erica Salem
 - b. Absent: Julie Pryde
 - c. IDPH staff present: Allison Nickrent, Amaal Tokars
2. Public Comment—n/a
3. Old Business
 - a. Will recap Director's vision after it is presented at the March 9 meeting
 - b. Dr. Tokars updates
 - i. Allison, Karen, and Dr. Tokars have been interviewing candidates to fill empty board spots
 - ii. Applicants were informed of the role of board members and the fact that insight from board members is vitally important
 - iii. March meeting—
 1. Dr. Vohra presentation
 2. Communications presentation
 - iv. Will be beginning research on long COVID
 1. CDC is doing some work on long COVID data, Erica will send the link
4. New Business
 - a. Albuterol status—Erica Salem
 - i. See slides via video recording
 - ii. Do students have to have a diagnosis or be on a list to receive stock albuterol?
 1. No, a student just has to be in respiratory distress.
 - iii. The Respiratory Association has been working closely with ISBE and working in schools to provide medication and training.
 - iv. This is not a mandatory program, schools can choose to participate.
 - v. DuPage County has robust emergency epinephrine program, note that there should be some involvement of physicians for evaluation of those that have not yet been diagnosed

- b. One Health—Jack Herrmann
 - i. See addendum
 - ii. Any pilot programs amongst states or any grants for One Health work?
 - 1. One Health is a very broad topic, so grant funds can be challenging, although CDC has some funds
 - 2. Wildlife surveillance is needed, transparency among countries is important
 - iii. Possibility that the IDPH website might include more information about One Health in the future
 - iv. Resources for local and state implementation would be very helpful
 - v. Ideas for initiative for state agencies to collaborate on environmental issues
 - vi. Workplaces play a large part in someone's health, but it is often ignored
 - vii. Animal exposure should also be a standard question in medical evaluations
 - c. Post-COVID recovery—Damon Arnold
 - i. See addendum
 - ii. How are emerging issues handled at IDPH?
 - 1. Division of Emerging Health Issues under Dr. Sarah Patrick
 - iii. Environmental health needs to be involved in all facets of public health
 - iv. Corporations or companies affect efforts to improve the environment
 - v. Transport is a very complex system, particularly in Illinois
5. Upcoming meetings:
- a. **STATE BOARD OF HEALTH 11:00 - 1:30 PM**
 - i. March 9
 - ii. June 8
 - iii. September 7
 - iv. December 7
 - b. **STATE BOARD OF HEALTH RULES COMMITTEE 1:00 – 3:00 PM**
 - i. May 11
 - ii. August 17
 - iii. November 9
 - c. **STATE BOARD OF HEALTH POLICY COMMITTEE 1:00 - 3:00 PM**
 - i. May 18
 - ii. August 24
 - iii. November 16
6. Adjournment--

One Health



JA Herrmann, DVM, MPH, DACT
Clinical Associate Professor Emeritus
Center for One Health Illinois
University of Illinois at Urbana-Champaign

Clinical Associate Professor Emeritus
Epidemiology and Biostatistics
School of Public Health
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One Health

◆ Concepts:

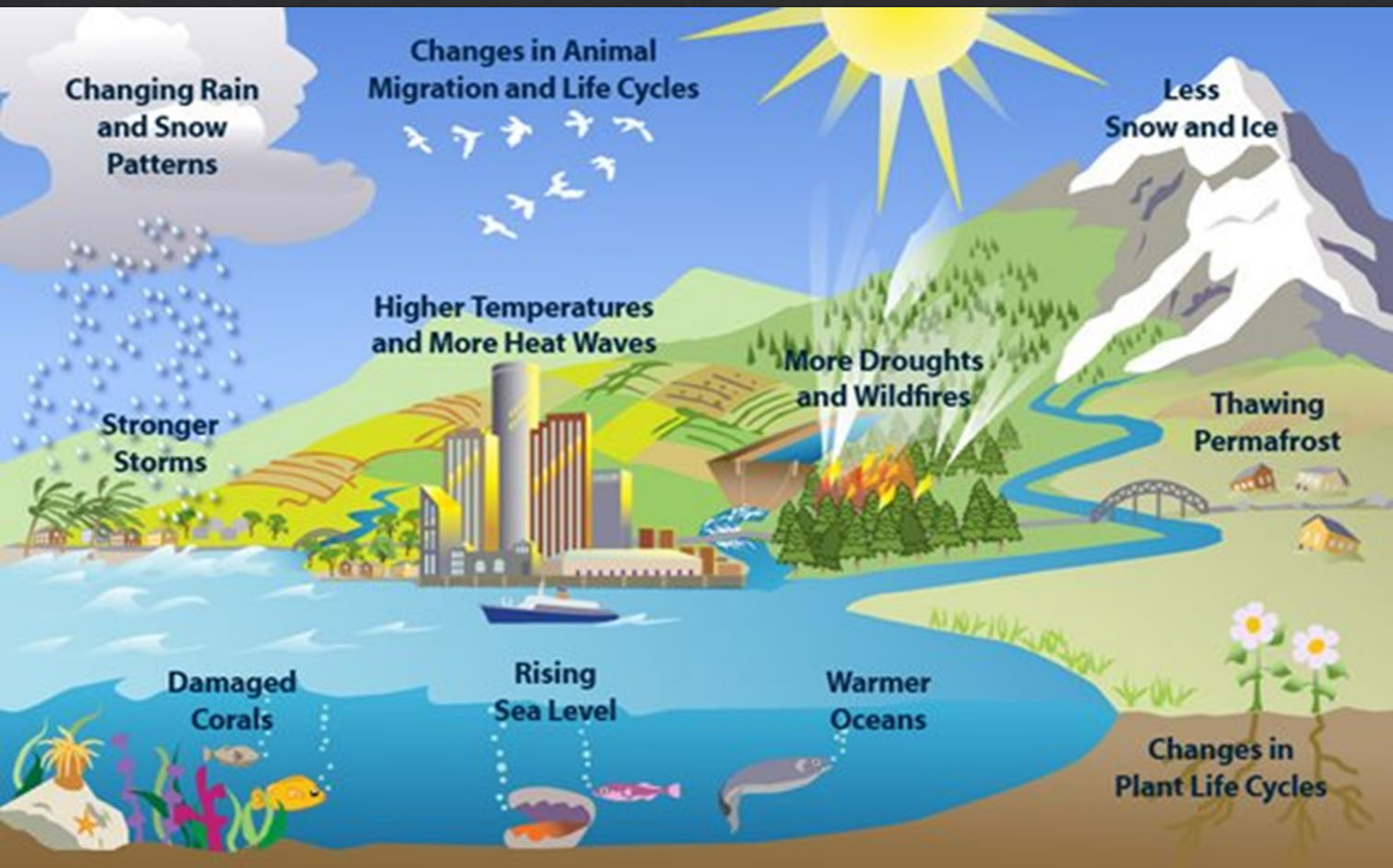
- ◆ the triad of human, animal and ecosystem health are inextricably linked
- ◆ the ill health of one affects the health of the others
- ◆ the determinants and contributing factors affecting a health issue in one area very often apply to the other two as well



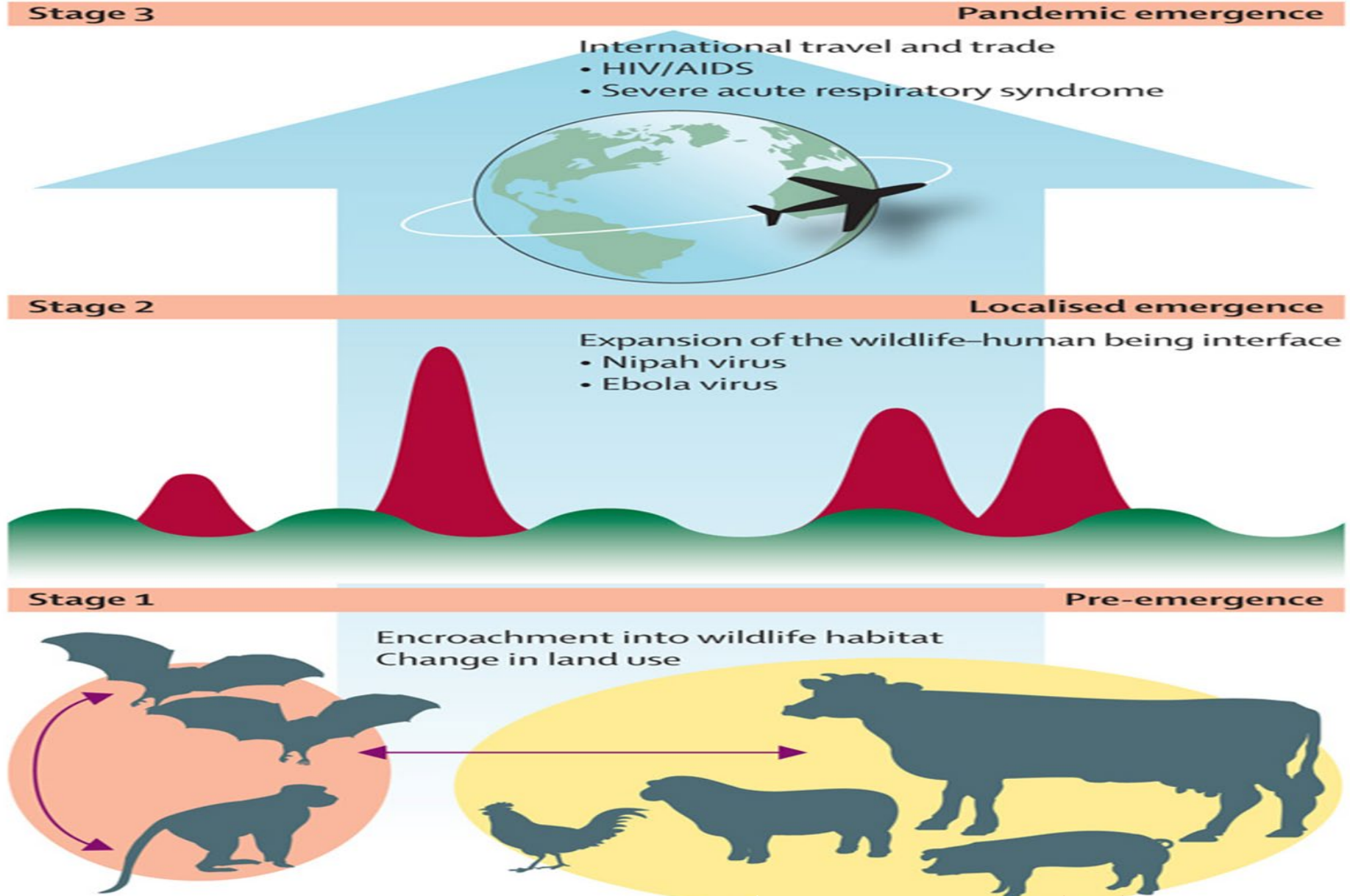
International trade and travel



Climate Change



Emerging and zoonotic diseases



Modern agriculture



Antimicrobial resistance

CAUSES OF ANTIBIOTIC RESISTANCE



Antibiotic resistance happens when bacteria change and become resistant to the antibiotics used to treat the infections they cause.



Over-prescribing
of antibiotics



Patients not finishing
their treatment



Over-use of antibiotics in
livestock and fish farming



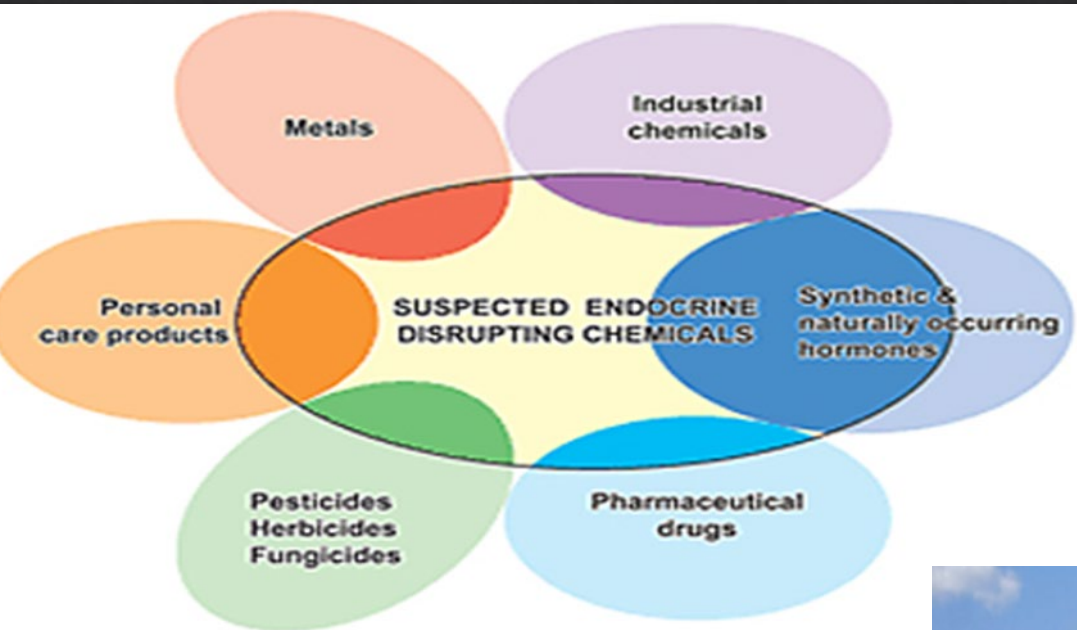
Poor infection control
in hospitals and clinics



Lack of hygiene and poor
sanitation



Lack of new antibiotics
being developed



Some chemicals from the "families" above are potentially endocrine disruptors

Environmental toxicants

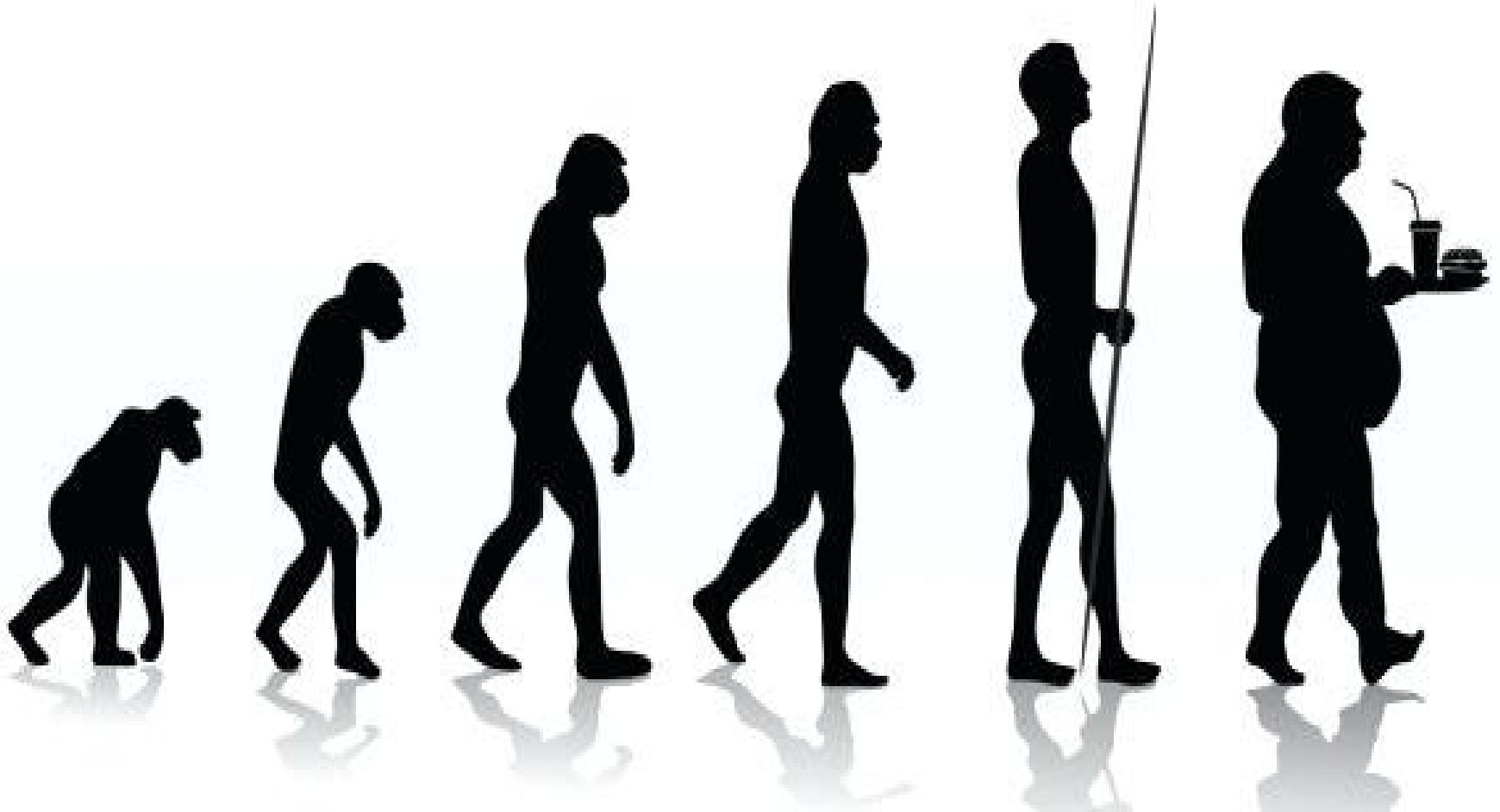


Illegal Cannabis grow sites



Obesity

and food, toxicants, pharmaceuticals, transportation....



One Health

We're all in this together



IL SBOH Policy Committee 23FEB2023 Meeting: An Update on COVID-19

A background image of a sunlit forest path with a red coronavirus icon in the upper right corner.

Col. Damon T. Arnold, M.D., M.P.H., M.A. (USARNG - Ret.)
HCSC - Blue Cross Blue Shield Medical Director
Former Director Illinois Department of Public Health
Former State Surgeon and Medical Commander ILNG JTFC
Adjunct Professor UIC College of Medicine and SPH
ISBH: Policy Committee Chairman

A portrait photograph of Col. Damon T. Arnold in a military uniform.

I have No financial relationships with commercial interests relevant to this presentation to disclose.

A Quick COVID Overview

SARS-CoV-2 virus → ACE2 receptors → COVID-19 (contagious ~ 10 – 14 days)

Most people recovery fully after acute COVID-19 within 10 days to 4 weeks.

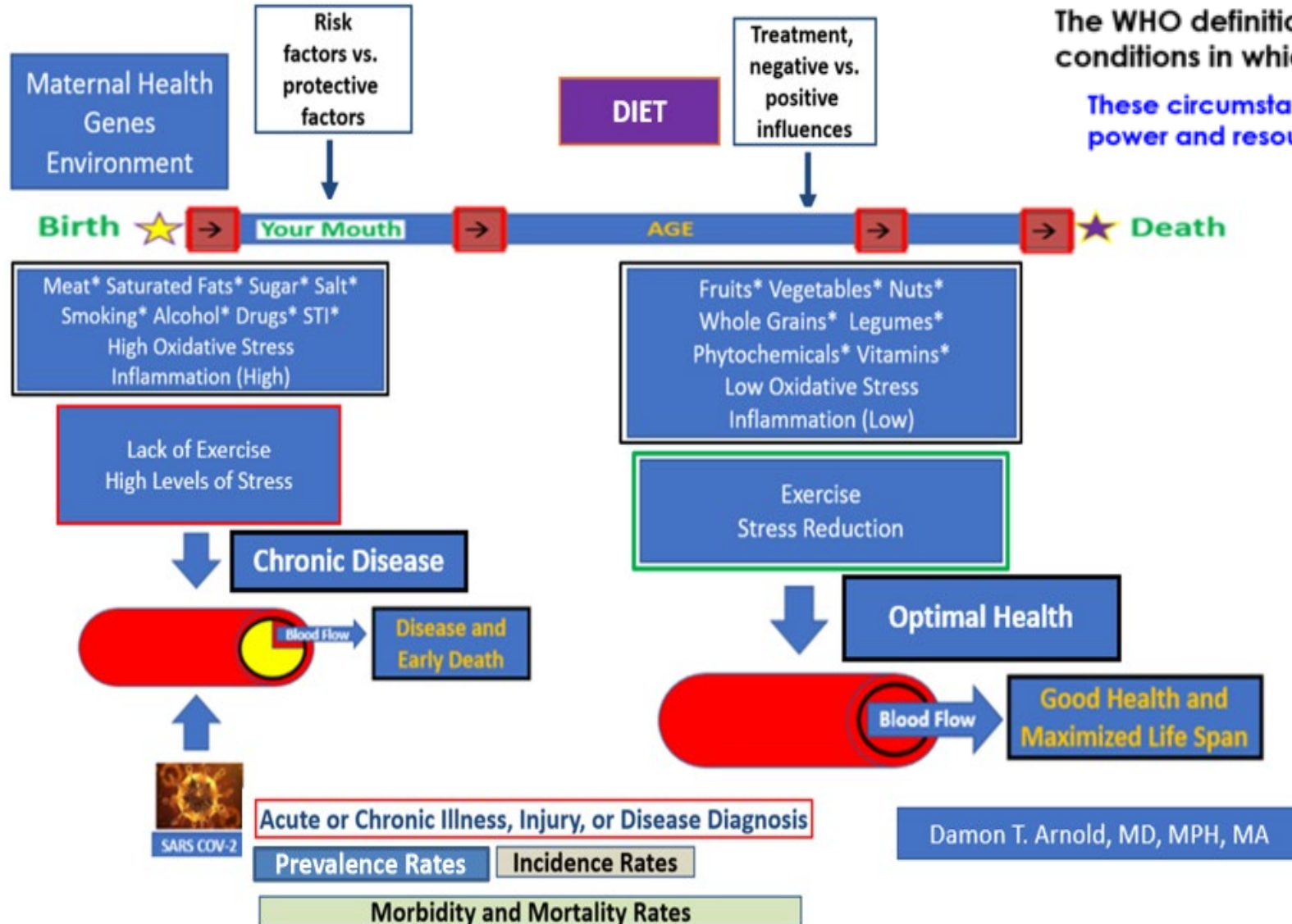
**Post-COVID conditions (“Long COVID”; PASC) → symptoms > a few months.
More common in critically ill patients (required ICU/Ventilatory Support).**

Autoimmunity implications.

The most common persistent symptoms include:

- **Feeling very tired (fatigue)**
- **Trouble breathing (dyspnea)**
- **Chest discomfort, pain, tightness**
- **Cough**

Physical Health Implications



12 Social Determinants of Health

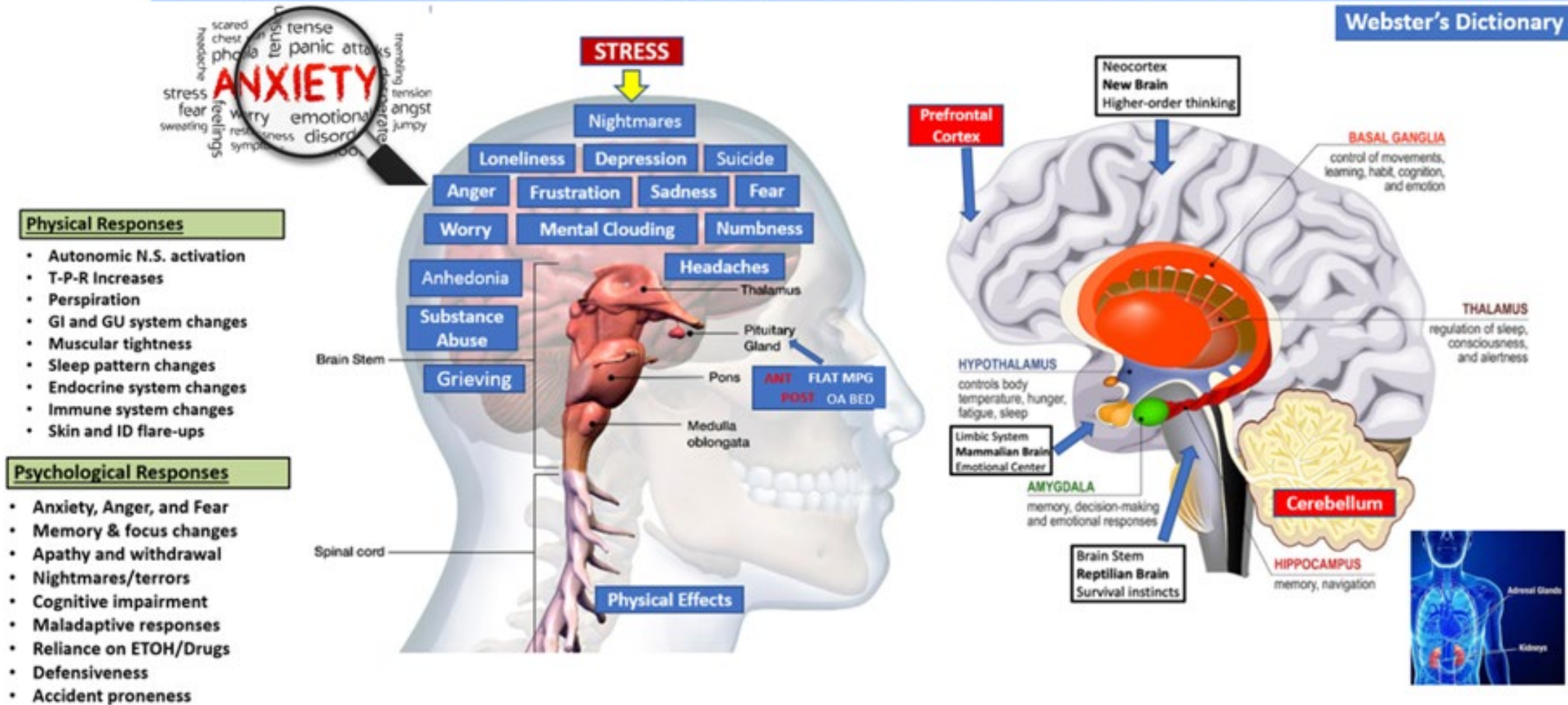
1. income and social status
2. employment and working conditions
3. education and literacy
4. childhood experiences (e.g., ACES)
5. physical environments
6. social supports and coping skills
7. healthy behaviors
8. access to health services
9. biology and genetic endowment
10. gender
11. culture
12. race (e.g., racism, privilege)

Damon T. Arnold, MD, MPH, MA

Mental Health Implications

A feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome.

Webster's Dictionary



Other Post-COVID symptoms reported include:

- **depression, anxiety, thinking, memory, and concentration ("brain fog")**
- **difficulty sleeping (insomnia)**
- **sweating (diaphoresis), heart palpitations, dizziness**
- **fever, cough, headaches, sore throat**
-
- **changes to sense of smell or taste, tinnitus, earaches**
- **pins and needles sensations in the skin, joint/muscle pain, and rashes**
- **diarrhea, stomach aches, loss of appetite**

Post COVID recovery

- **will likely depend on a person's age, overall health, and how severe their COVID-19 symptoms are.**
- **Some symptoms, like fatigue, might continue even while others improve or go away.**
- **Medications, Cardiac rehabilitation, Pulmonary rehabilitation, PT/OT, Psychiatric intervention**
- **Disability implications.**

NIH National Library of Medicine (selected articles)

UpToDate notes there is no evidence that any specific diet or dietary supplements can help you recover from COVID-19 faster – however,

[Journal: European Review for medicine and Pharmacological Sciences](#)

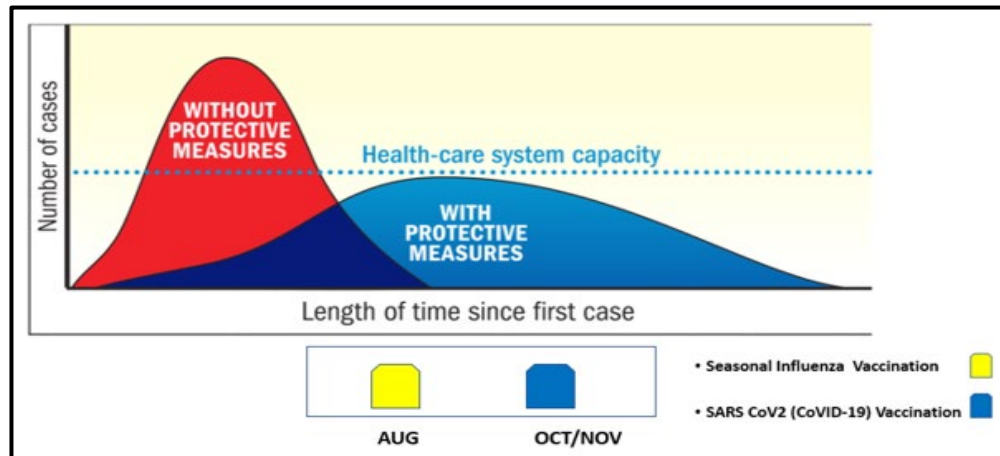
Proposal of a food supplement for the management of post-COVID syndrome
Naturally occurring food supplements, such as acetyl L-carnitine, hydroxytyrosol, and vitamins B, C and D hold significant promise in the management of post-COVID syndrome.

In vitro and clinical studies on the efficacy of α -cyclodextrin and hydroxytyrosol against SARS-CoV-2 infection indicated treatment with α -cyclodextrin and hydroxytyrosol nasal spray improved defenses against SARS-CoV-2 infection and reduced synthesis of viral particles.

Illinois Response Planning and an Opportunity

ESF # ESF Sector

- ESF 1 Transportation
- ESF 2 Communications
- ESF 3 Public Works and Engineering
- ESF 4 Firefighting
- ESF 5 Information and Planning
- ESF 6 Mass Care, Emergency Assistance, Temporary Housing, & Human Services
- ESF 7 Logistics
- ESF 8 Public Health and Medical
- ESF 9 Search and Rescue
- ESF 10 Oil and Hazardous Materials Response
- ESF 11 Agriculture and Natural Resources
- ESF 12 Energy
- ESF 13 Public Safety and Security
- ESF 14 Cyber Security
- ESF 15 External Affairs



Phase 1 Rapid Spread	Phase 2 Flattening	Phase 3 Recovery	Phase 4 Revitalization	Phase 5 Illinois Restored
<p>Strict stay at home and social distancing guidelines are put in place, and only essential businesses remain open.</p> <p>Every region has experienced this phase once already and could return to it if mitigation efforts are unsuccessful.</p>	<p>Non-essential retail stores reopen for curb-side pickup and delivery.</p> <p>Illinoisans are directed to wear a face covering when outside the home and can begin enjoying additional outdoor activities like golf, boating & fishing while practicing social distancing.</p>	<p>Manufacturing, offices, retail, barbershops and salons can reopen to the public with capacity and other limits and safety precautions.</p> <p>Gatherings of 10 people or fewer are allowed.</p> <p>Face coverings and social distancing are the norm.</p>	<p>Gatherings of 50 people or fewer are allowed, restaurants and bars reopen, travel resumes, child care and schools reopen under guidance from the Illinois Department of Public Health.</p> <p>Face coverings and social distancing are the norm.</p>	<p>The economy fully reopens with safety precautions continuing.</p> <p>Conventions, festivals and large events are permitted, and all businesses, schools and places of recreation can open with new safety guidance and procedures.</p>

Three COVID-19 Vaccine Distribution Phases

- Based on CDC guidance, **CDC COVID-19 Vaccination Program Interim Playbook** for Jurisdiction Operations – September 16, 2020, jurisdictional partners should be planning in terms of three phases:
- **Phase 1:** Potentially limited supply of COVID-19 vaccine doses available. Vaccine administration strategies in phase 1 is broken into two sub-phases:
 - **Phase 1a** – paid and unpaid health care workers. First responders – police and fire should be included in Phase 1a, but after health care workers
 - **Phase 1b** – Other essential workers and persons at higher risks of severe COVID-19 illness, including persons 65 years of age and older
- **Phase 2:** Large number of vaccine doses available – critical populations, as defined by the CDC and ACIP first, then can transition to the general population
- **Phase 3:** Sufficient supply of vaccine doses for the entire population (surplus of doses)
Note: all groups are included in this phase

Illinois Data for 02 NOV 2022

Illinois

State Profile Report | 11.03.2022

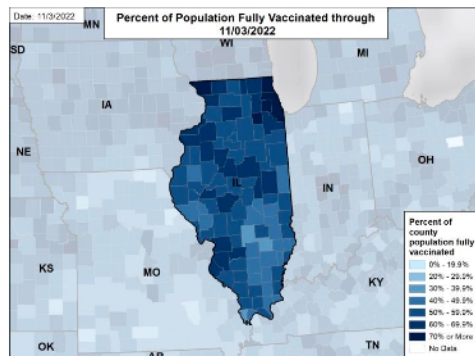
State Vaccination Summary

Doses Delivered 35,494,330
280,104 per 100k

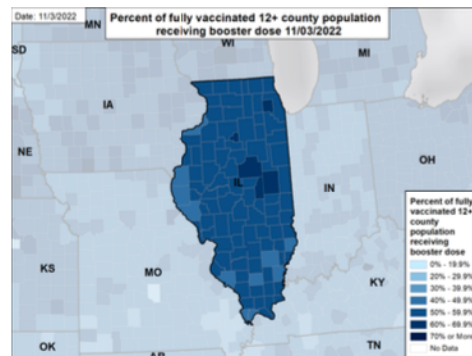
Doses Administered 25,489,693
201,153 per 100k

Age Group	At Least One Dose	Fully Vaccinated	Booster Dose†	Second Booster Dose‡
Total	9,938,834 (78.4%)	8,946,529 (70.6%)	4,989,440 (55.8%)	1,754,533 (35.2%)
<5 years	70,987 (9.5%)	29,424 (3.9%)	N/A	N/A
5-11 years	501,090 (46.1%)	443,762 (40.8%)	88,782 (20.0%)	N/A
12-17 years	715,827 (72.8%)	653,626 (66.4%)	236,486 (36.2%)	27,881 (11.8%)
18+ years	8,637,409 (87.7%)	7,809,884 (79.3%)	4,664,055 (59.9%)	1,720,751 (36.9%)
65+ years	2,006,380 (95.0%)	1,855,616 (90.8%)	1,513,092 (81.5%)	874,561 (57.8%)

Percent of Population Fully Vaccinated



Percent of Fully Vaccinated 12+ Population with a Booster Dose

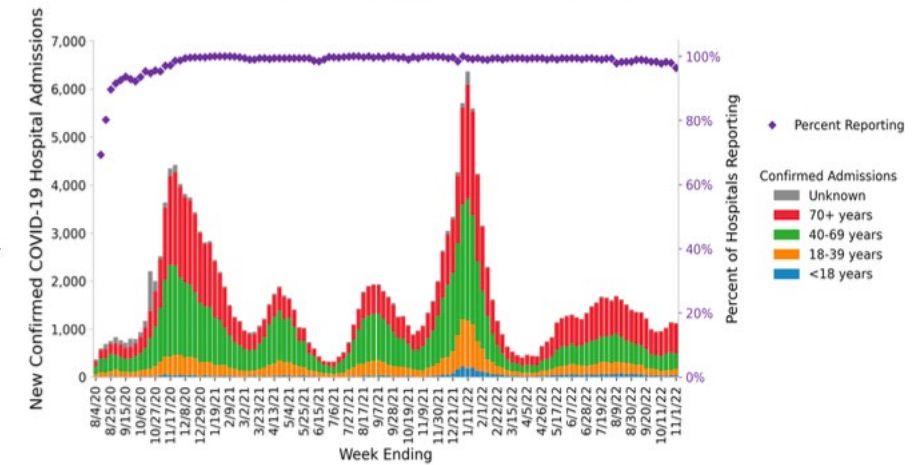


Illinois

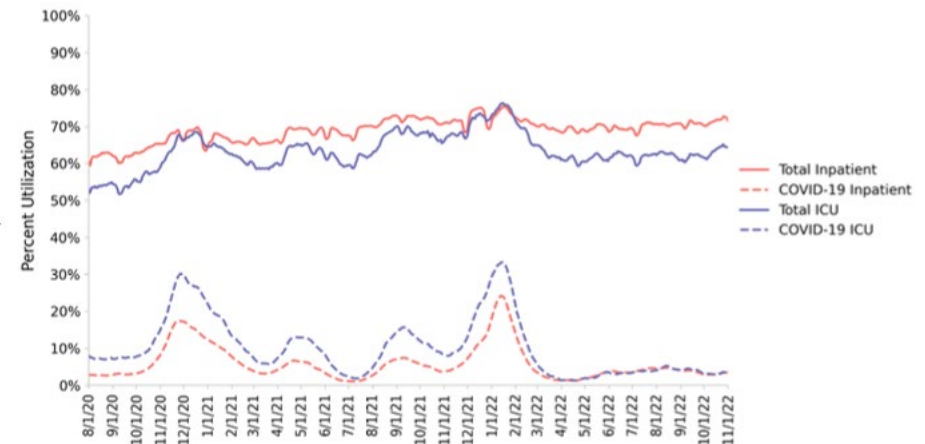
State Profile Report | 11.03.2022

185 hospitals are expected to report in Illinois

Hospital Admissions



Hospital Utilization



Illinois Data for 02 NOV 2022

Illinois State Synopsis

	Last Week	Change from Previous Week
New COVID-19 Cases per 100,000	108	-6%
Nucleic Acid Amplification Test (NAAT) positivity rate	5.9%	+0.3%
New Confirmed COVID-19 Hospital Admissions per 100,000	8.9	-1%
New COVID-19 Deaths per 100,000	0.7	+18%

COVID-19 Vaccinations

Total fully vaccinated	8,946,529 people	70.6% of total pop.
<5 years with at least one dose	70,987 people	9.5% of <5 pop.
5+ years fully vaccinated	8,907,272 people	74.7% of 5+ pop.
12+ years received booster	4,900,541 people	57.9% of 12+ fully vaccinated pop.
65+ years received booster	1,513,092 people	81.5% of 65+ fully vaccinated pop.

SARS-CoV-2 Variants of Concern

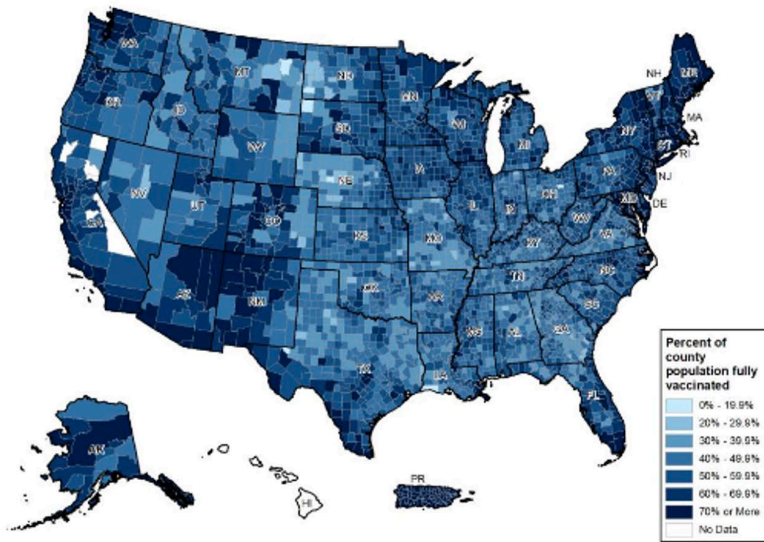
- In the 4 weeks ending 10/8/2022, the following proportions of variants of concern were identified in [Illinois](#): Omicron: B.1.1.529, 0.1%; BA.2, 0.4%; BA.4, 2.0%; BA.4.6, 9.4%; BA.5, 79.6%; BA.5.2.6, 0.6%; BA.2.75, 1.5%; BA.2.75.2, 0.3%; BF.7, 3.1%; BQ.1, 1.9%; BQ.1.1, 1.1%

COVID-19 Reported Cases per 100,000 Population (last 7 days) and Percent of Total Population Fully Vaccinated

National Vaccination Data by State and Age

National Picture: Vaccinations

Percent of Population Fully Vaccinated



National Ranking of Population Fully Vaccinated

National Rank	State	National Rank	State
1	RI	27	NE
2	PR	28	AZ
3	VT	29	SD
4	DC	30	AK
5	MA	31	KS
6	ME	32	IA
7	CT	33	NV
8	HI	34	TX
9	NY	35	MI
10	MD	36	OH
11	NJ	37	OK
12	VA	38	WV
13	WA	39	SC
14	CA	40	KY
15	NM	41	MT
16	CO	42	MO
17	DE	43	ND
18	PA	44	IN
19	OR	45	GA
20	MN	46	AR
21	IL	47	TN
22	NH	48	ID
23	FL	49	LA
24	WI	50	MS
25	UT	51	AL
26	NC	52	WY

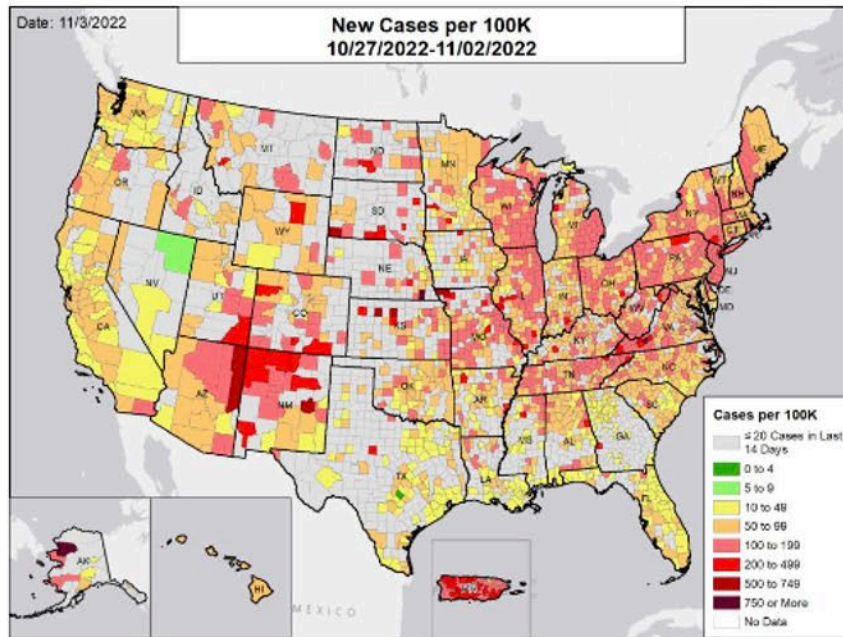
National Picture: Vaccinations

National COVID-19 Vaccine Summary as of 11/02

Age Group	Doses Delivered		Doses Administered	
	At Least One Dose	Fully Vaccinated	Booster Dose†	2nd Booster Dose‡
	928,460,585 279,649 per 100k		640,913,400 193,041 per 100k	
Total	266,401,911 (80.2%)	227,377,753 (68.5%)	112,478,828 (49.5%)	34,763,373 (30.9%)
<5 years	1,470,790 (7.4%)	632,745 (3.2%)	N/A	N/A
5-11 years	11,172,932 (38.9%)	9,146,233 (31.8%)	1,564,722 (17.1%)	N/A
12-17 years	18,051,913 (71.3%)	15,451,057 (61.1%)	4,687,174 (30.3%)	443,287 (9.5%)
18+ years	235,524,218 (91.2%)	202,055,126 (78.3%)	106,221,457 (52.6%)	34,257,046 (32.3%)
65+ years	58,253,006 (95.0%)	51,177,597 (93.4%)	36,858,051 (72.0%)	18,740,401 (50.8%)

National U.S. Data as of 02 NOV 2022

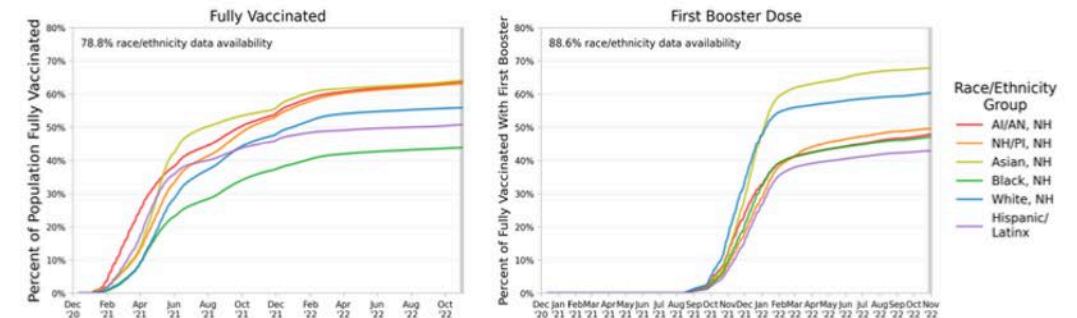
New Cases per 100,000



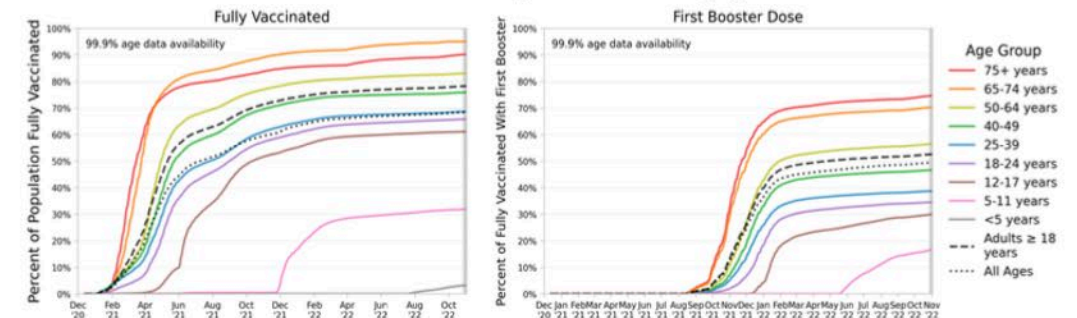
National Ranking of New Cases per 100,000

National		National	
Rank	State	Rank	State
1	GA	27	VT
2	TX	28	NC
3	LA	29	KY
4	MS	30	MA
5	DC	31	NH
6	AK	32	CT
7	FL	33	NE
8	WA	34	CO
9	NV	35	SD
10	CA	36	DE
11	IA	37	VA
12	ID	38	OH
13	MN	39	PA
14	OR	40	WV
15	AL	41	TN
16	AR	42	ME
17	SC	43	IL
18	AZ	44	MO
19	UT	45	RI
20	OK	46	MI
21	HI	47	ND
22	WY	48	WI
23	IN	49	NM
24	MT	50	NY
25	MD	51	NJ
26	KS	52	PR

National Summary of Vaccinations by Race/Ethnicity



National Summary of Vaccinations by Age



CDC Current Data Reported as of 9 NOV 2022

Percentage of COVID-19 Deaths by Race & Hispanic Origin

Data as of 11/9/2022	Total	2022	2021	2020
Non-Hispanic White				
65% (697,274 deaths)				
Hispanic				
16% (166,217 deaths)				
Non-Hispanic Black				
14% (149,824 deaths)				
Non-Hispanic Asian				
3% (33,335 deaths)				
NH American Indian/Alaskan Native				
1% (11,597 deaths)				
NH Native Hawaiian/Pacific Islanders				
0.2% (2,225 deaths)				

NOTE: This is the distribution of all COVID-19 deaths according to race and Hispanic origin. The non-Hispanic white population accounts for the majority of deaths overall which is reflected in this percentage distribution. When compared to their own race and Hispanic sub-population, COVID-19 deaths disproportionately affect Hispanic, non-Hispanic black, and non-Hispanic American Indian/Alaskan Native populations. Please see the [Health Disparities page](#) for more information.

Most Frequently Listed Comorbidities with COVID-19 Deaths

Data as of 11/6/2022	Total	2022	2021	2020
Influenza & Pneumonia				
47.4% (505,733 deaths)				
Hypertension				
18.5% (197,139 deaths)				
Diabetes				
14.9% (158,954 deaths)				
Alzheimer disease and other Dementias				
10.9% (115,985 deaths)				
Sepsis				
10.3% (109,741 deaths)				

NOTE: There were co-morbidities or other conditions listed on the death certificate for as many as 95% of all COVID-19 deaths ([Table 3, Weekly](#)). The other 5% of death certificates in which COVID-19 was the only condition listed was likely related to a lack of detail listed about other conditions present at the time of death.

Place of Death

Data as of 11/9/2022	Total	2022	2021	2020
Hospital or Other Inpatient Health-Care Setting				
66.5% (710,312 deaths)				
Nursing Home or Long-Term Care Facilities				
14.6% (155,979 deaths)				

Total Excess Deaths

Total Excess Deaths from 2/1/2020 to 10/29/2022	This number reflects the total estimated number of excess deaths occurring since February 1, 2020.
1,221,575	Refer to " Number of Excess Deaths " dashboard listed under "Options."

Death by Age Group

Data as of 11/9/2022	Total	2022	2021	2020
65-and-over age group				
75.0% (800,351 deaths)				
45-64 age group				
20.8% (222,542 deaths)				
Under 45 age group				
4.2% (44,646 deaths)				

Weekly Highs and Lows of COVID-19 Deaths

Data as of 11/9/2022			
Most Current (Incomplete) Weekly Total, week ending 11/5/2022	Highest Weekly Number of Deaths, week ending 1/9/2021	Lowest Weekly Number of Deaths, week ending 4/23/2022	
770	26,026	1,342	

Note: Lowest weekly number is selected based on weeks after the initial first wave peak (4/1/2020) and not within the last 5 weeks. Data for the most recent 5 weeks are typically less than 90% complete, with lower levels of completeness in more recent weeks.

Implications for Future Population Health

- Prior geospatial data on vaccine compliance, underlying chronic disease burdens prior to COVID-19, and local case rates may help define targeted populations for further care related to post COVID-19 syndrome.
- A policy group recommendation would be to meet with the IDPH Data team as in the past to get a report update and discuss the implications for population-based health in the future.

Population Health Policy Considerations

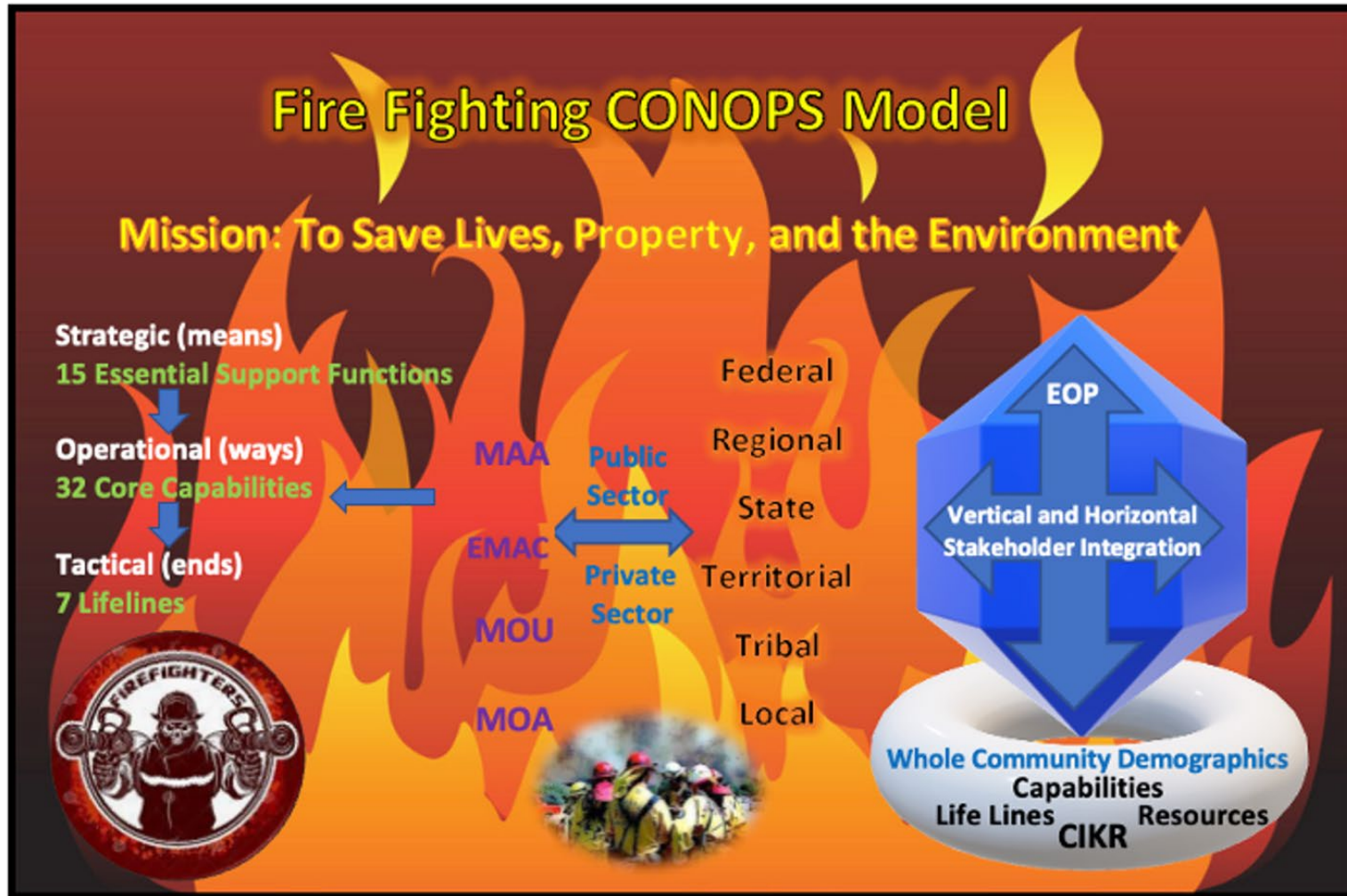


Figure 1: Fire Fighting CONOPS model Schematic; Emergency Operations Plan (EOP), Critical Infrastructure and Key Resource (CIKR) Sectors, Mutual Aid Agreements (MAA), Emergency Management Assistance Compact (EMAC), Memorandum of Understanding (MOU) – not legally binding, Memorandum of Agreement (MOA) – legally binding.

[illegible]

<p><u>Complex</u></p> <p>Probe → Sense → Respond</p> <p>Emergent Practice</p> <p>Collaboration</p>	<p><u>Complicated</u> (Knowable)</p> <p>Sense → Analyze → Respond</p> <p>Good Practice</p> <p>Cooperation</p>
<p>Disorder</p>	
<p><u>Chaotic</u></p> <p>Act → Sense → Respond</p> <p>Novel Practice</p> <p>Weak Linkages/Independent</p>	<p><u>Simple</u> (Known)</p> <p>Sense → Categorize → Respond</p> <p>Best Practice</p> <p>Coordination/Compliant</p>

Questions?



“A nation’s greatness is measured by how it treats its weakest members.” — Mahatma Gandhi