

California Public Health/Prevention Medical Leadership Forum
25th Conference Call Meeting
Tuesday, December 17, 2019, 8:15-9:30 am PT
MINUTES

Call in: (515) 604-9094 Access Code: 457-029-043#

“Handouts” other than this agenda and last meeting’s minutes are online and linked below.

1. Roll Call by Institution, with Introductions of Newcomers

CAPM: Mark Horton (Chair), Ron Hattis (Secretary), Susan Bradshaw, Don Lyman

CDPH: Gil Chavez

DHCS: Karen Mark

HOAC: Kat DeBurgh

OPSC: Wadsworth Murad

Schools of Medicine:

UCD: Diana Cassady

Northstate: Peter Yip

UCSF: Stanton Glantz (Presenter)

Stanford: Eleanor Levin

Loma Linda: April Wilson, Linda Ferry (Presenter)

Western Univ.: Maryam Othman

UCSD: Margaret Ryan

2. Minutes of October 8, 2019 Meeting

Accepted with no additions or corrections.

3. California Department of Public Health: Gil Chavez

- Regards from New Director, Dr. Sonia Angell: Gil said she has many years of experience in public health in New York City, at CDC, and internationally, and that she hopes to join in future meetings.
- Recently passed SB 276, together with previous SB 277 which eliminated exemptions for personal beliefs but resulted in increased medical exemptions in certain areas and schools in the state: these will provide the Department with instructions on how medical vaccine exemptions are to be reviewed by the State. About 7-8 people will be hired to implement, including at least two physicians and some nursing staff to review questionable exemptions, e.g., from schools with less than 95% immunization rates and a high rate of medical exemptions. Orders overturning medical exemptions will be issued by the Director, and there may be a new medical position in the Director’s office to assist at this level. There will be a 3-member medical appeal panel in the Health and Human Services Agency with final say, and analysts to assist and staff that panel. Physicians providing many inappropriate exemptions will also be referred to their medical boards for review. New exemption forms will be developed, with an opportunity for public comment. The Immunization Registry is also being updated, and schools as well as physicians will be able to enter information on exemptions. Full implementation of SB 276 is to begin in 2021.

- Follow-up, posting of HIV testing information sheets on re-designed Web site (omitted when CDPH Website was redesigned): Gill says that updated sheets in multiple languages are now posted on the current CDPH Web site. Ron Hattis thanked Gil for implementing this, which had been requested both by this Forum and by Beyond AIDS.
- Gil will be retiring in a week and a half, and will continue to live in Sacramento. Dr. Angell is organizing a national search for his replacement. Gil's position as state Epidemiologist and Deputy Director of CDPH was originally loaned by CDC, but in recent years has been a state exempt leadership position appointed by the Governor. Gil was congratulated and thanked for his contributions by Mark Horton (especially with regard to communicable diseases). Ron likewise thanked Gil and asked that ask in his exit interview for regular representation of the department in this Forum.

4. Department of Health Care Services: Karen Mark

Karen thanked Gil Chavez for his excellent work at CDPH. She reported on the CalAIM proposal (Advancing and Innovating Medi-Cal), which will provide a framework for upcoming federal waiver renewals. The documents are on the DHCS Website, and the public comment period began about a month ago and is concluding. Goals include, among others, simplification of the system, and integrated complex care management for patients. Ron Hattis mentioned that CAPM submitted a letter urging that Targeted Case Management perinatal programs for new mothers and babies in a number of jurisdictions be preserved, perhaps as a component of CalAIM. Karen indicated willingness to review a copy.

There is also a trauma and adverse childhood experiences (ACE) screening initiative for children on Medi-Cal, in collaboration with the new California Surgeon General that will begin January 1. Funding has been included in the state budget.

8. Reports from Any Members Who Will be Leaving the Call Early: Osteopathic Physicians and Surgeons of California

OPSC, Wadsworth Murad: A conference will be held to address homelessness, especially of veterans with mental illness. Ron Hattis alerted Wadsworth to the existence of a committee of OPSC dealing with public health and suggested that the committee be assigned projects to do.

5. Today's Special Topic – Electronic Smoking or “Vaping”: The Epidemics of Use and of Lung Disease

Linda Ferry, MD, MPH, Loma Linda University and Pettis V.A. Medical Center

Reference: https://www.cdc.gov/mmwr/volumes/68/wr/mm6849e1.htm?s_cid=mm6849e1_w

Stanton (Stan) Glantz, PhD, director of the Center for Tobacco Control Research and Education, UCSF

Some selected comments from their presentations are included below.

Linda began with some statistics. By one survey, about 48.7 million Americans use tobacco or a nicotine product. Of these, only about 3.5% (3.2% of adults, most of whom also use tobacco) are using an **electronic nicotine delivery system (ENDS)** and 15% smoke cigarettes; the rest use other products such as smokeless or cigars. But in high schools, 2 million (11%) currently use ENDS, and

4.3% in middle schools. This increased from 2014 to 2017. Of tobacco users, 90% begin under age 18. Of ENDS users, 40% are 18-24 (college age), and 11% never smoked and are using ENDS as their first nicotine product.

Linda opposes use of the term “vaping” because the chemical mix that is inhaled and exhaled is not a true vapor (which is the gaseous or foggy state resulting from heating a pure liquid). It is rather an aerosol in which particles of many chemicals are suspended, such as vegetable glycerine.

Her approach to treatment is to taper the concentration of nicotine. However, at least 70% of her patients at the tobacco treatment program at Pettis VA Hospital who are dual tobacco and ENDS users cannot “transition” entirely off tobacco to ENDS, and it is also very difficult for patients to totally discontinue ENDS use for nicotine. She uses serum nicotine, cotinine, and 3-hydroxy-cotinine to differentiate rapid vs. slow metabolizers, and manages similarly to smokers trying to quit. Carbon monoxide levels are not helpful because electronic devices do not cause combustion. Nicotine replacement, bupropion, and varenicline are useful in treatment, as they are for smokers.

Stan provided historical context and some scientific findings. ENDS were initially promoted as a healthier alternative to cigarettes because there is no combustion, and as an aid to quitting smoking, but both of these suppositions have turned out to be wrong. Cardiovascular risks have turned out to be almost as high, and the risk of pulmonary disease may be higher. Most smokers who try ENDS continue to smoke, and experience dual toxicity. ENDS use is also more expensive than smoking cheaper cigarettes. The tobacco companies intend for ENDS to bring more young, low-risk people, who were never smokers, into the “nicotine market,” which is of special concern because nicotine can cause changes in the developing brain. Many of them may go on to smoke. Thus, far from being a way of quitting tobacco, ENDS can be a “gateway drug” to tobacco use. “The big winners are the tobacco companies,” and all of the largest ENDS manufacturers are owned or partially owned by tobacco companies. There is “tremendous cross-linkage” between ENDS and not only tobacco use but also marijuana.” In fact, only about 20% of ENDS users inhale only nicotine (which is water-soluble), most use both that and THC (which is not and requires lipid vehicles/solvents).

Stan encouraged local regulation, e.g., San Francisco has banned the sale of ENDS until approved by the FDA (which none of them have been). This action survived a local vote by 68% despite a \$12 million campaign to defeat it led by R.J. Reynolds. State regulation can be effective, but in California, most of the emphasis has been on helping marijuana to be an economically viable industry. Banning flavors in both ENDS products and tobacco products (which particularly attract minors) would be a big help, but a bill to that effect by Senator Hill has not passed. The FDA response has been “anemic,” continuing to trust that ENDS can have a harm reduction role even though there is little evidence for that.

Finally, both speakers turned to the serious lung disease that has been occurring among ENDS users. (See Web link above, under Linda’s name.) This has been named **EVALI, e-cigarette/vaping-associated lung injury**, with a case definition dating only to 9/18/2019, with a national reporting form and strict criteria including use of ENDS within the last 90 days and ruling out pulmonary infections or tumors. Symptoms include cough and shortness of breath, and can simulate influenza. To date, there have been over 2200 hospitalizations (up from 400 last summer, and not including non-hospitalized cases); and 48 deaths as of November (about 2% mortality ratio to hospitalizations). Of these hospitalized patients, 70% have been white, 16% Hispanic, and the average age has been 52, but there have been 17 and 18 year olds affected too, and they have accounted for 16% of deaths.

Research is ongoing to determine the cause(es). Inhalation of lipids seems to be a contributing factor, and a pneumonia appearing lipoid on x-ray (with a ground glass appearance) is an alternative to an

infiltrate as part of the case definition. Vitamin E acetate, used as a vehicle (solvent) for cannabis products, directly brings lipid particles into the alveoli, and has been implicated in many cases of lipoid pneumonia, but CDC says there is probably not a single cause. In 20% of cases, only nicotine had been used. The main nicotine vehicle is propylene glycol with vegetable glycerine. In a study at Baylor published about 6 months ago, mice were exposed to nicotine ENDS vehicles, which reacted with surfactant, producing lipid nanoparticles which were taken up by macrophages in the alveoli. This ended up having similar effects to the lipids in the TCH vehicle. The largest group of cases has been dual users of nicotine and THC, and the chemicals can interact.

Fourth-generation ENDS developed by Juul

Mark Horton, Ron Hattis, and other participants thanked Linda and Stan for the excellent presentation.

6. Discussion on E-Smoking Issue(s)

The questions and answers have been incorporated above.

9. California Medical Association

Not represented.

10. Health Officers Association of California (HOAC)

Not represented.

11. Other Updates from Schools of Medicine

Northstate: Peter Yip reported that Northstate has filled out all four years and has graduated its first class, and that it is “pretty exciting.”

12. Updates from Schools of Public Health

Not represented.

13. Next Meeting: A Tuesday Morning in March 2020

Special topic is to be climate change and public health. Dr. Jonathan Fielding offered at the last meeting to address this.

Submitted by Ronald Hattis, Secretary

Approved 3/10/20