Board of Public Health Meeting

Tuesday, September 13, 2016
Commissioner’s Update

Brenda Fitzgerald, MD
Commissioner, DPH
Budget Update

Kate Pfirman, CPA
Chief Financial Officer, DPH
FY 2017 DPH Budget

Total Funds: $654,042,326

- Federal Funds: $397,247,775 (61%)
- State General Funds: $229,069,632 (35%)
- Tobacco Funds: $13,717,860 (2%)
- Other Funds: $14,007,059 (2%)

We Protect Lives.
AFY17 & FY18 Budget Instructions

Governor’s Office Planning & Budget (OPB) Instructions:

• Agencies request same level of funding for FY 2017

• Notified agencies identified for workload request
  - Women’s Health ($651k in AFY17 & FY18)

• Bond Planning Amount: $5,000,000
  - Clinical Billing System = $4,215,000
  - Facility Needs @ GPHL = $785,000
# Facility Needs

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>COST ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decatur Lab</strong></td>
<td></td>
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<tr>
<td>• Steam Coil and Humidifier Replacement</td>
<td>$ 200,000</td>
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<tr>
<td>• Replace Smoke Detectors and Lamps</td>
<td>$ 105,000</td>
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<tr>
<td>• Increase Electrical Capacity</td>
<td>$ 300,000</td>
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<tr>
<td><strong>Waycross Lab</strong></td>
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<tr>
<td>• Replace five Autoclaves</td>
<td>$ 180,000</td>
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<tr>
<td><strong>TOTAL REQUEST</strong></td>
<td>$ 785,000</td>
</tr>
</tbody>
</table>
Emily Anne Vall, PhD
Georgia Shape Project Manager
2015-2016 Fitnessgram Assessment

- New platform
- Cooper currently cleaning data
Physical Activity Updates

Shape Grantees
• 26 awarded in Spring 2016
• Summit on October 5th, 2016

Shape Quality Rated Recognition
• 91 Early Care Centers Awarded to Date

Shape Honor Role 2014-2015
• 217 K-12 Schools Awarded
• Large increase from 2015 to 2016 (+31)
Power Up for 30 Pledge Status

881 Schools Pledged
Power Up for 30-Sustainability Efforts

Electronic K-5 PU30 Training
6-8 Middle School Pilot
• Centene/Peach State Funded 6 Schools
• 3 trained, 3 this month
• New Resource Guide and Teacher Training

DFCS Afterschool Training
• 200+ Trained

Pre-Service Teacher Certificate
• University of West GA and GSU
Data and Evaluation Updates

Post K-5 survey
HMP, Emory, UGA, GSU Coordinated Effort

Childhood Obesity Systems Model
• Model intervention strategies show impact on obesity specific to Georgia
• Created 2009; Updated 2015
• Helped get S.H.A.P.E bill passed
• Part of Legislator Certificate Program at GHPC
• Presentations available for meetings/events

Statewide Nutrition Survey
• Pilot Data being analyzed
• 86 Schools, 90% response rate
Power Up for 30 Studies and Publications

PU30 Pilot Data:
- BMI and AC Improvements (Accelerometer)*
- Relationship b/t AC and School Demographics
- Impact of Intervention on Changes in Fitness and Academic Outcomes

Year 1 PU30 Survey Data: >70% Statewide Response Rate
- Facilitators & Barriers: Qualitative Teacher Report*
- Opportunities Across Race/Ethnicity, Geography & School Size
- Relationship b/t PA opportunities for Students & Staff
- Characteristics of Non-Responders

PU30 Training Evaluation
- Impact on BMI, MVPA, AC
- Virtual vs In-Person

Year 2 PU30 Follow Up Survey Data
- PA Environment Improvements
- Trained vs Untrained Academic Achievement
Nutrition Updates

Strong4Life Cafeteria Project
• 2500+ School Cafeteria Staff Trained

Golden Radish Farm to School Awards
• DPH, DAg, DOE, Governor’s Office
• 30 Districts Awarded October 2015, 53 in 2016!

Farm to Pre-School Coalition
• Georgia Organics Organizing and Building
• Quarterly Meetings
• Strategic Plan 2016

Growing Fit Early Care Training and Toolkit
• 200+ Early Care Directors/Staff Trained
Healthcare Updates

Collective Impact WIC Work Group Formed
- Partners from across Georgia engaged
- Attended National WIC Conference
- Identifying innovative ways to increase participation and fruit and vegetable consumption/redemption rates

WIC Strong4Life Motivational Interviewing Provider Program
- 100% WIC Staff trained
- Champion program and continued MI training in 2017
- Gwinnett County provider pilot with FHIR technology

Georgia 5-Star Hospital Initiative
- 37 Birthing Hospitals formally engaged
- https://dph.georgia.gov/georgia-5-star

Children’s Healthcare of Atlanta Obesity Coding Training
- Available to Providers as of early 2016
Communication and Marketing Updates

Healthy Georgia Awards
• First annual award ceremony on October 10th
• Co-Hosted by LT Governor’s office and Georgia Shape
• 4 Categories: Community, Non-Profit, School Districts, Corporate
• To learn more visit GeorgiaShape.org

Georgia Shape Social Media
• Follow us on Instagram, Facebook, Twitter

Power Up for 30 Day: September 30, 2016
• New pledges and success stories
• Visit social media pages for photos!
QUESTIONS?

EmilyAnne.Vall@dph.ga.gov

GeorgiaShape.org
TeleDermatology
Public/Private Telemedicine Initiative

Suleima Salgado, MBA
Telehealth & Telemedicine Director, DPH

Jean O’Connor, JD, DrPH
Chronic Disease Prevention Director, DPH
Skin Cancer

- 2 + million new cases in 2012
- All age groups are getting more
- The most common cancer of the body
- Basal cell carcinomas > Squamous cell carcinoma >> Melanoma (MM)

Melanoma

- Accounts for 4% cases
- The only cancer that is so small (less than a size of a dime) that can kill a person
- If caught early, curable (>90%)
- If caught late, there is virtually no cure
Basal & Squamous Cell Carcinomas

• Rarely kills

• Grows slowly but relentlessly

• Can invade important structures of the body

• May need more expensive procedures to remove
Emory’s Role in Skin Cancer

Winship Cancer Center- Only National Cancer Institute (NCI)–designated cancer center in Georgia; multi-disciplinary cutaneous oncology groups

Department of Dermatology’s vision to expand access
– Teledermatology (Store-and-forward model)

TeleDermatology: Atlanta VA Medical Center
• Gives veterans access to dermatology
• 400 consults per month
• 1 business day turn-around
• 57% do not need to come in (Saves on unnecessary worry, time off from work, expense in getting to specialist)
TeleDermatology

• DPH partnership with Emory University and Employers Like Me to conduct a pilot project offering telehealth consultations with a Board Certified Dermatologist (4/13 & 4/14, 2016)
  – Demonstrate innovation & collaboration
    • Increase access to medical care for all Georgians
    • Collaboration between large employers, public health, and academic medical center has not been demonstrated to date
    • Enable large employers to help their employees take preventative measures
  – Pilot Data for:
    • Establish feasibility
    • Identify training needs
    • Preliminary outcomes
    • Apply for funding (PCORI, NIH, AHRQ)
TeleDermatology

Eligible patient presents with skin lesion of concern

Public Health nurse submits a teledermatology consult via DPH mobile telehealth platform

Remote dermatologist reviews images and sends findings and recommendations electronically to NP or PA for consultation with patient via DPH mobile telehealth device

Licensed NP or PA utilizes video to discuss dermatologist findings with pt and develops a treatment and follow up plan for the patient

New questions, responses, and updates
TeleDermatology

- **Langdale Industries** and **Lowndes County Government** were the employers selected to participate in the project.
- **44** individuals (Lowndes County: 20; Langdale: 24) received a worksite Telehealth dermatology consultation.
- Chronic Disease and Cancer nurses staffed clinic along with Telehealth team.
- **92%** (N=36) of participants were **first time Telehealth consultation recipients**.
TeleDermatology Partners

Langdale Forest Products Co.

Georgia Institute of Technology

EmployersLikeMe.org

Lowndes County, Georgia Board of Commissioners

Georgia Department of Public Health

Emory
DEMONSTRATION
Contact Information

Suleima Salgado, MBA
Director of Telehealth & Telemedicine
Office of the Chief of Staff
suleima.salgado@dph.ga.gov

Jean O’Connor, JD, DrPH
Chronic Disease Prevention Director
Division of Health Protection
Jean.OConnor@dph.ga.gov
Zika Concept of Operations

Jennifer Burkholder, RN, MSN, MPH
Zika Response Coordinator, and
Deputy Chief Nurse of Emergency Preparedness, DPH
DPH ZIKA RESPONSE INVOLVES NEARLY ALL PROGRAMS

- Communications
- Emergency Preparedness
- Environmental Health
- Epidemiology
- Laboratory
- Maternal Child and Health Programs (MCH)\(^1\)
- Refugee Health
- Women, Infants, and Children (WIC)

\(^1\) MCH Programs at DPH include: Family Planning, Children First, Sexually Transmitted Diseases, and Perinatal Health.

We Protect Lives.
ZIKA CONCEPT OF OPERATIONS
GOING THROUGH CLEARANCE PROCESS

Will be published on DPH website soon.
Departmental Planning for Zika

- Pregnancy and Birth Defects Registry
- Linkage to Vital Records
- Family Planning Considerations
- Zika Pregnancy Kits
Medicaid Coverage for Insect Repellent

<table>
<thead>
<tr>
<th>Product</th>
<th>Ounces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutter Backwoods 25% DEET Spray</td>
<td></td>
</tr>
<tr>
<td>OFF Deep Woods 98% DEET Spray</td>
<td></td>
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<tr>
<td>REPEL Sport 40% DEET Liquid Assorted Sizes</td>
<td></td>
</tr>
<tr>
<td>Coleman 100 Max 98.11% DEET Liquid Assorted Sizes</td>
<td></td>
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<tr>
<td>Coleman Skinsmart IR3535 Liquid</td>
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<tr>
<td>OFF Deep Woods 25% DEET Spray Assorted Sizes</td>
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<tr>
<td>REPEL Sport 25% DEET Aerosol Assorted Sizes</td>
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<tr>
<td>Coleman Dry Insect Repellent 25% DEET</td>
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<tr>
<td>Coleman Skinsmart IR3535 Liquid</td>
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<tr>
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<tr>
<td>REPEL 100 98.11% DEET Liquid Assorted Sizes</td>
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<tr>
<td>Coleman Sport Insect Repellent 40% DEET Spray</td>
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<tr>
<td>Coleman Botanicals Oil of Lemon Eucalyptus Liquid</td>
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<tr>
<td>OFF Deep Woods 30% DEET Aerosol</td>
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<tr>
<td>REPEL Hunter 25% DEET Aerosol</td>
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<tr>
<td>Ultraguard Insect Repellent 34.34% DEET Spray</td>
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<tr>
<td>NATRAPEL 12H 20% Picaridin Liquid</td>
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<tr>
<td>Maxi DEET Spray 98.11% DEET Assorted Sizes</td>
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<tr>
<td>REPEL Insect Repellent 20% DEET Spray</td>
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<tr>
<td>Ultraguard Insect Repellent 34.34% DEET Lotion</td>
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<tr>
<td>NATRAPEL 12H 20% Picaridin Spray</td>
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<tr>
<td>Cutter Backwoods 25% DEET Liquid</td>
<td></td>
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<tr>
<td>REPEL Insect Repellent 30% DEET Aerosol</td>
<td></td>
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<tr>
<td>OFF Deep Woods 25% DEET Wipes</td>
<td></td>
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<tr>
<td>Cutter Oil of Lemon Eucalyptus Liquid</td>
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<tr>
<td>Cutter Backwoods 25% DEET Aerosol Assorted Sizes</td>
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<tr>
<td>REPEL Insect Repellent 20% DEET Lotion</td>
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<tr>
<td>REPEL Insect Repellent 30% DEET Wipes</td>
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<tr>
<td>Sawyer Insect Repellent 20% Picaridin</td>
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<tr>
<td>Natrapel 20% Picaridin</td>
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<td>Sawyer Insect Repellent 20% Picaridin</td>
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<td>Natrapel 20% Picaridin</td>
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<td>OFF! Deep Woods Dry 25% DEET</td>
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<td>OFF! Deep Woods Dry 25% DEET</td>
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</table>

Medicaid clients who receive benefits through AmeriGroup, Peach State Health Plan and Fee-for-Service-Medicaid (FFS) will need a prescription from their physician or health care provider for insect repellent. The prescription must be presented to a pharmacist for purchase at a pharmacy.

AmeriGroup
1-800-600-4441
1-800-855-2880 (TTY)
One bottle of insect repellent at no cost with a prescription once every 30 days, purchased at a pharmacy.

Peach State Health Plan
770-543-8791
1-866-231-1821
1-877-247-6272 (TTY)
One bottle of insect repellent per transaction, up to twice a month with a prescription, purchased at a pharmacy. The pharmacy fills the prescription under the retail pharmacy benefit and member pays applicable copay.

WellCare
1-866-333-8600
OTC items are available as part of member’s $12 monthly benefit. (No prescription necessary.)

Order online or by phone

Medicaid clients who receive benefits through AmeriGroup, Peach State Health Plan and Fee-for-Service-Medicaid (FFS) will need a prescription from their physician or health care provider for insect repellent. The prescription must be presented to a pharmacist for purchase at a pharmacy.

We Protect Lives.
Newborn with Zika infection

Referral to Children First (C1st)

Assessment and developmental screen

Has microcephaly or seizure disorder diagnosis

- Automatic eligibility for early intervention services (Babies Can't Wait)
- Enrollment in Children’s Medical Services if meets financial eligibility
- Family connected with Parent to Parent of Georgia for resources and emotional support

No diagnosis of microcephaly or seizure disorder

- Monitoring by C1st
- Parent provided information on developmental monitoring and “Learn the Signs, Act Early” materials
## WE ARE CURRENTLY IN PHASE 1: MOSQUITO SEASON

<table>
<thead>
<tr>
<th>Stage</th>
<th>Phase Level</th>
<th>Transmission Risk Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-incident</td>
<td>0</td>
<td><strong>Preparedness:</strong> Vector present or possible in the state</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td><strong>Mosquito Season:</strong> <em>Aedes aegypti</em> or <em>Aedes albopictus</em> mosquito biting activity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Introduced travel-related, sexually, or other bodily fluid transmitted cases.</td>
</tr>
<tr>
<td>Suspected/Confirmed</td>
<td>2</td>
<td><strong>Confirmed Local Transmission:</strong> Single, locally-acquired case, or cases clustered in a</td>
</tr>
<tr>
<td>Incident</td>
<td></td>
<td>single household and occurring &lt; 2 weeks apart.</td>
</tr>
<tr>
<td>Incident/Response</td>
<td>3</td>
<td><strong>Confirmed Multiperson Local Transmission:</strong> Zika virus illnesses with onsets occurring ≥ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>weeks apart but within an approximately 1 mile (1.5 km) diameter.</td>
</tr>
<tr>
<td>Stage</td>
<td>Phase Level</td>
<td>Transmission Risk Category</td>
</tr>
<tr>
<td>-------</td>
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<td>-----------------------------</td>
</tr>
<tr>
<td>0</td>
<td>Preparedness: Vector present or possible in the state</td>
<td>1. The governing officials should appoint a senior representative to coordinate Zika response efforts. 2. Pre-identify an incident manager. 3. Secure surveillance and control resources necessary to enable emergency response if needed.</td>
</tr>
<tr>
<td>1</td>
<td>Mosquito Season: Aedes aegypti or Aedes albopictus mosquito biting activity. Introduced travel-related or sexually transmitted cases</td>
<td>4. Ensure coordination with state public health officials so vector control and human surveillance activities can be linked. 5. Review state and local mosquito control programs and assess capacity and capability. 6. Review (or develop as needed) the state vector-borne disease preparedness and response plan, and tailor as appropriate for Zika. 7. Review preparedness plans to ensure emergency rapid hiring and contracting processes are in place, e.g., vector control surveillance and response. 8. Review plans with relevant response partners, identify gaps in preparedness, and develop a plan for improvement.</td>
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<tr>
<td></td>
<td></td>
<td><strong>COMMUNICATION</strong></td>
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<td></td>
<td></td>
<td><strong>SURVEILLANCE</strong></td>
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**STATE ACTION PLAN PHASE 0-1 (CURRENT PHASE)**
STATE ACTION PLAN PHASE 0-1 (CURRENT PHASE)

<table>
<thead>
<tr>
<th>LABORATORY TESTING</th>
</tr>
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<tbody>
<tr>
<td>13. Review state and commercial laboratory capacity to rapidly test specimens for Zika virus.</td>
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<table>
<thead>
<tr>
<th>VECTOR CONTROL</th>
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</thead>
<tbody>
<tr>
<td>14. Plan preparedness and mitigation activities to reduce the likelihood of transmission from mosquitoes, including: reduce habitat/potential breeding sites, initiate community clean-up efforts, initiate public information campaigns encouraging yard clean up, use of insecticides, encourage placement of window screens etc.</td>
</tr>
<tr>
<td>15. Review (and as necessary, conduct) mosquito surveillance activities to assess whether historic maps of Aedes aegypti and Aedes albopictus distribution are accurate.</td>
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<table>
<thead>
<tr>
<th>PREGNANT WOMEN OUTREACH</th>
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<tbody>
<tr>
<td>16. Plan enhanced surveillance for suspected Zika virus infections, including for pregnant women through OB/GYN clinics, etc.).</td>
</tr>
<tr>
<td>17. Identify resources that could be used for interventions for pregnant women (products to develop Zika prevention kits for pregnant women, resources for communications campaigns, etc.).</td>
</tr>
<tr>
<td>18. Prepare a registry to collect information on Zika cases during pregnancy that could be used for future monitoring and follow-up of birth outcomes. This will be used to report cases to the National Zika Birth Registry.</td>
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<thead>
<tr>
<th>BLOOD SAFETY</th>
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<tr>
<td>19. Reach out to local blood collection centers, and consult with them on blood safety contingency plans.</td>
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</tbody>
</table>

(The action items below should occur at the beginning of mosquito season):

<table>
<thead>
<tr>
<th>RESPONSE ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Organize regular meetings between the pre-identified Incident Manager and state vector preparedness and response partners to discuss plans and progress.</td>
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<table>
<thead>
<tr>
<th>COMMUNICATIONS</th>
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<tbody>
<tr>
<td>21. Initiate a communications campaign, with primary messaging focusing on awareness, personal protection against mosquitoes, and residential source reduction.</td>
</tr>
<tr>
<td>22. Deploy messages encouraging travelers returning from to areas with Zika transmission to take precautions upon return (actively take steps to prevent mosquito bites for at least three weeks) to reduce the risk of spread to local mosquito populations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SURVEILLANCE</th>
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</thead>
<tbody>
<tr>
<td>23. Rapidly follow up suspected cases through laboratory testing. Take a complete patient history; establish lack of travel, no transfusion or tissue transplantation, no sexual exposure to a traveler. Assess patient’s geographic area of risk for exposure (i.e., Where were they likely exposed? Home? Other place?) mosquito reduction activities around home).</td>
</tr>
<tr>
<td>24. Encourage healthcare providers to immediately report results for any positive or equivocal cases.</td>
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<table>
<thead>
<tr>
<th>LABORATORY TESTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Ensure public health laboratory is prepared for potential surge in testing and has engaged clinical laboratories, providing guidance on specimen collection, transport and reporting of results.</td>
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</table>

<table>
<thead>
<tr>
<th>VECTOR CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Explore focused community interventions to disrupt breeding grounds, such as tire collections and waste removal in at-risk areas. Leverage partnerships with local governments and non-profits for support.</td>
</tr>
</tbody>
</table>
STATE ACTION PLAN PHASE 2: CONFIRMED LOCAL TRANSMISSION

Limited Local Confirmed Transmission: Single, locally-acquired case, or cases clustered in a single household.

In addition to activities in the previous phases, additional actions include:

**RESPONSE ACTIONS**

27. Activate the state incident management structure.
28. Determine if there is a need for assistance from a CDC field team (e.g., Epi Aid or rapid response team) to provide on-the-ground technical, risk communication, vector control, and/or logistical support.

**COMMUNICATION**

29. As appropriate, issue press release/media statement and intensify visible activities in the county to increase attention to Zika virus transmission risk and personal protection measures (flyers, community leaders, and social media).
30. Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and make adjustments to communications as needed.

**SURVEILLANCE**

31. Intensify surveillance for human cases in a 150-yard radius (or other boundary, as deemed appropriate) around a case-patient home, including residential habitat reduction (trash cleanup, etc.) and outdoor space spraying. Although likely not needed in most areas, in areas where A/C and screens aren’t widely available, consider offering homeowners indoor residual spraying (IRS).

**PREGNANT WOMEN OUTREACH**

32. Conduct intensified larval and adult mosquito control in a 150-yard radius (or other boundary, as deemed appropriate) around a case-patient home, including residential habitat reduction (trash cleanup, etc.) and outdoor space spraying. Although likely not needed in most areas, in areas where A/C and screens aren’t widely available, consider offering homeowners indoor residual spraying (IRS).

35. Conduct intensified larval and adult mosquito control in a 150-yard radius (or other boundary, as deemed appropriate) around a case-patient home, including residential habitat reduction (trash cleanup, etc.) and outdoor space spraying. Although likely not needed in most areas, in areas where A/C and screens aren’t widely available, consider offering homeowners indoor residual spraying (IRS).

**BLOOD SAFETY**

38. Notify local blood collection agencies for awareness.
39. Review CDC toolkit for investigation of transfusion-transmitted infection.
Considerations for Determining Geographic Areas for Zika Virus Interventions

Human factors
- Number of cases identified and whether the incidence of cases is increasing or decreasing
- Known or suspected links between cases (e.g., multiple infections in a household, which may reflect a single prior transmission episode, are of less concern than cases scattered in a neighborhood), including ruling out sexual or other bodily fluid associated transmission
- Geographic distribution of cases in an area (e.g., clustered cases in an area would suggest a higher intensity of transmission)
- Population density
- Privacy concerns (i.e., ensuring that individual case patients cannot be identified)

Mosquito surveillance and control factors
- Current vector surveillance data
- History of *Ae. aegypti* or *Ae. albopictus* in the area
- Presence of *Ae. aegypti* (greater concern) or *Ae. albopictus* (less concern)
- Mosquito breeding season remaining
- Vector control interventions of sufficient intensity likely to eliminate infection incidence in areas where case exposure likely occurred

Environmental and ecologic factors
- History of local dengue or chikungunya virus transmission in the area
- Area is within estimated geographic range of *Ae. aegypti* or *Ae. albopictus*
- Area is below 2000 meters in elevation (elevation above which conditions are not conducive to transmission)
- Current or projected temperature supports vector activity
- Cases identified early (which are of more concern) or late (which are of less concern) in mosquito season
Mosquito Surveillance
Georgia has the competent mosquito vectors.
### Aedest albopictus (2001-2016)

<table>
<thead>
<tr>
<th>Month</th>
<th># Mosquitoes</th>
<th>Average # Mosquitoes</th>
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<tbody>
<tr>
<td>March</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>April</td>
<td>199</td>
<td>12.4</td>
</tr>
<tr>
<td>May</td>
<td>484</td>
<td>30.3</td>
</tr>
<tr>
<td>June</td>
<td>2977</td>
<td>186.1</td>
</tr>
<tr>
<td>July</td>
<td>9384</td>
<td>586.5</td>
</tr>
<tr>
<td>August</td>
<td>9461</td>
<td>591.3</td>
</tr>
<tr>
<td>Sept</td>
<td>7086</td>
<td>442.9</td>
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<tr>
<td>Oct</td>
<td>4171</td>
<td>260.7</td>
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<tr>
<td>Nov</td>
<td>343</td>
<td>21.4</td>
</tr>
<tr>
<td>Dec</td>
<td>10</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>34116</strong></td>
<td><strong>2132.3</strong></td>
</tr>
</tbody>
</table>
How Mosquitoes Spread Zika

The Aedes aegypti mosquito is thought to be responsible for most of the spread of Zika. The virus is carried by female mosquitoes (males do not bite) that have fed on infected blood.

1. Mosquito feeds on virus-infected blood.
2. Infected blood travels to the midgut.
3. Virus enters the circulatory system...
4. ... and travels to the salivary glands.
5. Mosquito bites again, injecting virus-infected saliva into victim before feeding.

By Sarah Almukhtar and Mika Gröndahl | Sources: Dr. W. Augustine Dunn; Oxitec; The Anatomical Life of the Mosquito, R. E. Snodgrass
ZIKA Transmission-Ae. aegypti

Vertical transmission does not seem to be a component to the spread of ZIKV, primary protection comes from avoiding mosquito bites.
Environmental Health (EH)
Zika Virus Prevention + Control

• Public Health Entomologist
  – Complaint Response
  – Mosquito Surveillance
  – Public Education

• New Vector Surveillance Staff
  – Communication
  – Regional Approach
  – Surveillance
  – Education
  – Emergency Vector Control
Dear Ms. Burkholer,

We would like to thank you for your cooperation in support of the Migrant Farm Workers Project. We appreciate the assistance that you and your staff provided in organizing and coordinating interviews with key staff and farm workers. The focus group and key informant interviews conducted in southern Georgia will provide important insights into migrant farm workers understanding and use of measures to prevent Zika transmission.

We are also grateful for the work of Napolean Butler, Vector Surveillance Coordinator, for setting mosquito traps near the farms we visited in Colquit and Decatur Counties.

We hope that this formative research will benefit the community you serve with dedication. We anticipate completing a final report by the end of September 2016 and will be happy to provide you with a copy. If you have any questions or concerns, please feel free to contact us at (404) 498-0417.

Sincerely yours,

Holly A. Williams
Holly A. Williams, PhD
Principal Investigator

Kendra Hatfield-Timajchy
Kendra Hatfield-Timajchy, PhD, MPH, MA
Co-Principal Investigator
Centers for Disease Control and Prevention
Zika Global Migration Task Force

cc: Napolean Butler
# Zika State Agency Meeting
## August 29, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 PM</td>
<td>Briefing Room will be open</td>
<td></td>
</tr>
<tr>
<td>1:00 PM</td>
<td><strong>Introductions</strong></td>
<td></td>
</tr>
<tr>
<td>1:15 PM</td>
<td><strong>Opening Remarks</strong></td>
<td><strong>J. Patrick O'Neal, MD</strong>&lt;br&gt;Director of Health Protection</td>
</tr>
<tr>
<td>1:30 PM</td>
<td><strong>Epidemiology Briefing</strong>&lt;br&gt;Core Zika Activities: Health Surveillance &amp; Epidemiologic Investigation</td>
<td><strong>Cherie L. Drenzek, DVM, MS</strong>&lt;br&gt;State Epidemiologist&lt;br&gt;Director, Epidemiology Section</td>
</tr>
<tr>
<td>2:00 PM</td>
<td><strong>Environmental Health Briefing</strong>&lt;br&gt;Core Zika Activities: Vector Surveillance &amp; Mitigation Planning</td>
<td><strong>Chris G. Kumnick</strong>&lt;br&gt;Director, Environmental Health</td>
</tr>
<tr>
<td>2:30 PM</td>
<td><strong>Communications Briefing</strong>&lt;br&gt;Core Zika Activities: Communication &amp; Community Outreach</td>
<td><strong>Nancy Nydam</strong>&lt;br&gt;Director, Communications</td>
</tr>
<tr>
<td>2:45 PM</td>
<td><strong>DPH Zika Response Plan Overview</strong>&lt;br&gt;Core Zika Activities: Concept of Operations</td>
<td><strong>Jennifer Burkholder, RN, MSN, MPH</strong>&lt;br&gt;Deputy Chief Nurse of Emergency Preparedness&lt;br&gt;Zika Response Coordinator</td>
</tr>
<tr>
<td>3:00 PM</td>
<td><strong>Maternal and Child Health Briefing</strong>&lt;br&gt;Core Zika Activities: Pregnant Woman Outreach and Family Planning in the Context of Zika</td>
<td><strong>Seema Csukas, MD, PhD</strong>&lt;br&gt;Medical Director, Maternal and Child Programs&lt;br&gt;Division of Health Promotion</td>
</tr>
<tr>
<td>3:15 PM</td>
<td><strong>Q &amp; A : OPEN DISCUSSION</strong></td>
<td></td>
</tr>
<tr>
<td>3:45 PM</td>
<td><strong>Wrap-up</strong></td>
<td></td>
</tr>
</tbody>
</table>

*We Protect Lives.*
# DPH Weekly Zika Calls

Every Monday 4:30 – 5:00 PM

## DPH Weekly Zika Conference Calls

**AGENDA**  
**SEPTEMBER 12, 2016**  
**4:30 – 5:00 PM**  
**CALL M: 1-855-800-0929**  
**PASSCODE: 321584**

**FACILITATOR:** Jennifer Sudhaker, DPH Zika Response Coordinator

**State Public Health Attendees:**
- Director of Health Protection
- Environmental Health Director
- Chief of Staff
- Communications Director
- Other State Attendees

**District Public Health Attendees:**
- District 1
- District 2
- District 3
- District 4
- District 5

**Other Agency Partners:**
- GEMA
- EMERG
- Mosquito Control
- ACCG

**State Zika Program Leads: Situation Updates**

**Discipline:** Epidemiology  
**Cherie Drenzek**

**DPH Updates**

**General**

**Action Items**  
**Person Responsible**  
**Deadline**

**Discipline:** Environmental Health  
**Chris Kunick**

**DPH Updates**

**General**

**Action Items**  
**Person Responsible**  
**Deadline**

**Discipline:** Maternal and Child Health  
**Seema Cools**

**DPH Updates**

**General**

**Action Items**  
**Person Responsible**  
**Deadline**

**ConsPS:**

**DPH Zika Coordination**  
**Jennifer Burkholder**  
**Pat O'Neal**

**Discussion**

**Conclusions**

**Action Items**  
**Person Responsible**  
**Deadline**

**Additional Topics**

**Action Items**

**Special Notes**

---

We Protect Lives.
SAVE THE DATE!
Georgia Department of Public Health

Zika Preparedness & Response Workshop

with Special Guest Ron Chapman

State and District Collaboration Workshop
Agenda with scenario-based workshop goals and objectives to follow.

Who: District EP, Epi, EH, PIO
When: October 6th, 2016
Where: Macon, Georgia

To view location details and to RSVP, visit: https://www.surveymonkey.com/r/dphzikaworkshop

We Protect Lives.
Contact

Jennifer Burkholder, RN, MSN, MPH
Zika Response Coordinator
Deputy Chief Nurse of Emergency Preparedness
Georgia Department of Public Health
404-964-5200

Jennifer.Burkholder@dph.ga.gov
Zika Virus: Epidemiology Update

Cherie Drenzek, DVM, MS
State Epidemiologist, DPH
Overview

- Zika Science Update
- Global Epidemiology
- National Epidemiology
- Georgia Epidemiology + Surveillance
Zika: Science Update

• A recent case report in Italy demonstrated Zika virus to persist in the semen of a symptomatic male for 188 days; other recent case reports demonstrated Zika sexual transmission among asymptomatic individuals and from women to men.

• These findings have informed new practical recommendations about Zika transmission risk periods. WHO now recommends that both women and men who are returning from Zika-affected areas abstain or practice safe sex for 6 months, even if they're not trying to conceive and regardless of symptoms (CDC guidance under review).

• A new study has found Zika virus in the eyes and the tears of infected laboratory mice (unknown whether this represents another route of human transmission).

• Recent study in Brazil documented sensorineural hearing loss to be relatively common among infants with congenital Zika infection; all also had microcephaly (loss can be delayed and progressive, so should receive ongoing follow up).
Zika Virus: Global Epidemiology

- Since May 2015, Zika virus has spread from Brazil to 48 countries in the Americas.

- In addition, outside the Americas, active Zika transmission is ongoing in 11 other countries worldwide (recent large outbreak in Singapore).

- On September 2, the WHO announced that the global Zika outbreak will maintain its designation as a “Public Health Emergency of International Concern (PHEIC)” because of the spread and the continued research gaps.
Zika Virus: National Epidemiology

- Currently, 2,920 travel-associated Zika cases have been reported in the continental U.S. and 1 lab-acquired infection.
- 56 **locally-acquired** Zika cases reported in Florida, primarily in Miami’s Wynwood area and Miami Beach.
- 7 cases of Guillain-Barre Syndrome (GBS) (post-Zika infection) have been confirmed in continental U.S. and 23 instances of sexual transmission of Zika.
- U.S. Territory of Puerto Rico experiencing extensive **local** transmission of Zika (about 16,000 cases; 31 cases of GBS).
U.S. Zika Pregnancy Registry

- 671 pregnant women in the continental U.S. have lab evidence of Zika infection and are being followed in the CDC U.S. Zika Pregnancy Registry, which tracks any adverse pregnancy outcomes and the infants up to 12 months after delivery.

- So far in continental U.S., CDC has documented 17 live-born infants with Zika-related birth defects and 5 pregnancy losses involving Zika-related birth defects.
Zika: DPH Surveillance Goals

• **Priority Surveillance Goals**
  
  – Document travel-associated spread to new areas (so local transmission to mosquitoes can be mitigated).
  
  – **Most important population at risk:** identify, test, and evaluate pregnant women who traveled to areas with Zika virus transmission (or whose sexual partners traveled).
  
  – Rapid ascertainment of cases of microcephaly and other birth defects potentially associated with Zika virus infection in pregnancy and referral to services.
Zika: Laboratory Testing

- **Priority population for testing**: All pregnant women in the United States should be asked about possible Zika virus exposure (travel or sex) during each visit, to see if Zika testing warranted.

- The Georgia Public Health Laboratory performs RT-PCR testing to detect Zika genetic material and serology for IgM.

- **Commercial Zika Testing**: FDA has issued EUA for 7 commercial PCR tests and 1 IgM serologic assay.

- CDC recently sent guidance to all commercial labs performing Zika serology to remind them that positive IgM results do not confirm Zika infection and must be confirmed by PRNT at CDC (only through DPH).

- **Recommend that healthcare providers still contact DPH Epidemiology to triage/facilitate Zika testing, CDC confirmatory testing, and interpretation of results.**
Zika Epidemiology/Response in Georgia

- In Georgia, since January, DPH Epidemiology has triaged about 1,600 Zika clinical inquiries.
- Facilitated Zika testing at our Georgia Public Health Laboratory for about 980 persons (~65% among pregnant women), including those with travel to affected areas of Miami, Florida.
- We developed an electronic module in SendSS to track Zika testing and case management (adaptation of our Ebola monitoring module)
- No local Zika transmission in Georgia. To date, we have documented **80** travel-related Zika infections; about 65% in metro Atlanta.
- We counsel suspect and confirmed cases to strictly avoid mosquito bites here in Georgia (for 3 weeks after travel), to prevent sexual transmission of Zika, and to practice Tip-N-Toss around their properties.
M.O.R.E. Moms:
Improving Infant Mortality in DeKalb County One Life at a Time

Sandra Ford, MD, MBA, FAAP
DeKalb County District Director

Kassie Bennett
DeKalb County Board of Health
Closing Comments

Phillip Williams, PhD
Chair
The next Board of Public Health meeting is currently scheduled on Tuesday, October 11, 2016 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send an e-mail to huriyyah.lewis@dph.ga.gov