

BOARD OF PUBLIC HEALTH MEETING
Meeting Minutes for February 14, 2023

Members Present:

John Hauptert, F.A.C.H.E., Vice Chair
Mitch Rodriguez, M.D., Secretary
Cynthia A. Mercer, M.D.
Mychal Walker Sr., C.L.T.C., F.R.C.
Major General Thomas M. Carden, Jr.

Members Absent:

Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.
James Curran, M.D., M.P.H., Chair

Members Joining Online:

Tai Valliere-White, M.D., F.A.C. S
Kathryn Cheek, M.D., F.A.A.P.

The Board of Public Health held its monthly meeting on February 14, 2023. The meeting was in person with the option for virtual presence and led by John Hauptert. The list of attendees is attached hereto and made an official part of these minutes.

I. & II. Call to Order and Roll Call:

The meeting was called to order at 1:02 p.m. by Mr. Hauptert, following a roll call by Dr. Mitch Rodriguez, in conformity the members absent were Dr. Curran and Dr. Sangmin Ryan Shin,

III. Approval/Adoption of Minutes:

Mr. Hauptert presented the board meeting minutes of the November 08, 2022, for discussion and approval. There was no discussion. The minutes passed unanimously.

IV. New Business:

- A. Epidemiology Updates – Influenza, COVID-19, and Respiratory Syncytial Virus (RSV) - Cherie L. Drenzek, D.V.M., M.S.

National Flu Snapshot (Low Activity Now)

- After a very early start and an October peak, flu activity continues to decline across the country.
- Influenza A H3N2 has been the predominant strain but recently, H1N1 is growing in circulation (38% of total now), and <1% are Flu B.
- 6 pediatric flu deaths were reported this week, for a total of 97 so far this season (very high).

Georgia Flu Snapshot ("Low" Activity)

- Flu activity declined steadily over the last two months and has been "LOW" for the last 3 weeks (4 on a scale of 1-13)
- 92% of viruses are Flu A, most (65%) are H3N2; Flu B (8%) higher in GA than nationally, where A H1N1 is rising (but not here).

Influenza-Associated Hospitalizations (Metro Atlanta) - Respiratory Syncytial Virus (RSV) in Georgia

- RSV infection can be very serious or even deadly in young children; those under 12 months most at risk for hospitalization.
- The RSV season also peaked in October this year (usually peaks in January)

- RSV activity peaked at 20% positivity on Sep 19. It has declined to a below-baseline level of 2% for the last 2 months.

COVID Snapshot

- Overall COVID case numbers in Georgia decreased by 14% this week, COVID hospitalizations dropped by 10% and deaths decreased by 23%. National patterns similar—all dropping by about 20%

Questions: Mr. Hauptert asked if COVID booster vaccination guidelines are available to the public? Dr. Drenzek informed that there is a lot of discussion at the Federal level about what could be the landscape for COVID in the future, if the bivalent vaccine should be recommended or if should be on a seasonal pattern, there are not specific guidance yet, but it is expected soon.

- B. Award Presentation – Metro Atlanta Chamber and the Georgia Chamber of Commerce for support and collaboration during the COVID 19 Pandemic – presented by DPH Commissioner Toomey and Pat Wilson, Commissioner of the Georgia Department of Economic Development

Commissioner Toomey noted the unusual and extraordinary partnership between Public Health, the Metro Atlanta Chamber, the Georgia Chamber of Commerce and Pat Wilson, Commissioner of the Georgia Department of Economic Development during the COVID 19 pandemic, collaborating as a team to protect the lives and livelihoods of Georgians.

The awards recipients were:

- **Metro Atlanta Chamber:** Katie Kirkpatrick, President and CEO, Metro Atlanta Chamber
- **Georgia Chamber of Commerce:** Chris Clark, President, Georgia Chamber of Commerce (Award accepted by David Raynor, Chief Public Affairs Officer, for the Georgia Chamber)
- **Pat Wilson:** Commissioner of the Georgia Department of Economic Development

- C. Legislative update- Megan Andrews, J.D.

Bill Tracking

2021 Legislative Session

- 127 Bills
- 35 of these bills were considered direct impact bills.

2023 Legislative Session

- 96 Bills (and counting)
- 35 of these bills are considered direct impact bills.

Agency Bill- Senate Bill 47

- **Smokefree Air Act & Vaping**
Brings parity to the Smokefree Air Act to treat vaping the same as traditional tobacco smoking, including prohibiting vaping in designated smoke-free areas.
Passed out of Senate Health and Human Services on February 7 with a unanimous vote.

This bill passed the House Committee, House Floor, and Senate Committee last year as HB 1348, but was not called up on the last day of session on the Senate floor.

D. Continue discussion of newborn hearing screening data - Cherie L. Drenzek, D.V.M., M.S.

Congenital Cytomegalovirus Infection

- Congenital cytomegalovirus (cCMV) infection affects about 30,000 babies in the US annually and can cause hearing loss in infants and children.
- Newborns are not universally tested for cCMV infection, but instead we screen for the outcome of the infection (using the universal hearing screening mechanism)
- The Joint Committee on Infant Hearing (JCIH) recommends that all infants receive a hearing screening no later than 1 month of age; a diagnosis of hearing loss by an audiologist no later than 3 months of age, and entry into early intervention services by 6 months of age (the "1-3-6 guidelines").
- Some infants who fail the "1 month or 3 months" hearing screening are then tested for cCMV. Early identification and intervention are key to improving outcomes.

Georgia Hearing Screening ("1-3-6") 2021

In 2021, 123,252 infants were born in a Georgia birthing facility.

- 117,053 (96%) of infants were screened prior to 1 month of age
- 1,077 (1%) failed the first screen and were referred to a diagnostic audiologist
- 682 (63%) saw the diagnostic audiologist before 3 months of age
- 395 (37%) saw the audiologist after 3 months of age
- 209 infants total were diagnosed with hearing loss (19% referrals; 0.2% screened)
- 28 (2.6%) were diagnosed with cCMV

Look Back: GA Infants with cCMV in 2021.

Summary/Recommendations

- Universal hearing screening guidelines ("1-3-6") capture most infants with hearing loss but improvements can be made.
- There is not a standard surveillance mechanism to detect and test infants with cCMV; UHS as a proxy mechanism is good but can also improve.
- Recommendations include possibly making cCMV infections reportable in Georgia; could add it to our current framework Surveillance of Emerging Threats to Mothers and Babies Network (SET-NET) and develop electronic reporting of hearing screening results.

Questions: Mr. Walker asked what is the cause of cCMV? Dr. Drenzek explained that is a congenital virus present in the mother that could, unknowingly, be transmitted during birth. Dr. Rodriguez added that it is a ubiquitous virus from the herpes family which most of the population have it, and during pregnancy the dormant virus can be re-activated, or the mother can have a new virus infection, putting the newborn at risk.

Dr. Rodriguez asked of the 28 babies diagnosed with cCMV in 2021, do we know how many babies were tested?

Dr. Mercer added that after 3 weeks we must go back to the blood spot. After 3 weeks we do not know if it was congenital or environmental.

Dr. Drenzek confirmed that the testing has been done during the 3 weeks.

Dr. Cheek asked if we have any data of how many babies have been treated with antivirals like acyclovir. Dr. Drenzek reported that DPH currently doesn't have that data available.

Dr. Rodriguez commented that some studies show that, as Dr. Drenzek mentioned, not all babies who had acquired cCMV at birth experience hearing loss; it is a progressive disease that can occur after six months or later, so it is important to identify those babies to make sure are treated with antivirus to reduce the risk of progressing hearing loss

Dr. Rodriguez applauded DPH for the hearing loss screening information provided. As having been part of the advisory committee in the state of Georgia, the data presented is compared very favorable with other states, the only piece that is missing here is the treatment data, to know how many kids in the state have been diagnosed with hearing loss and were treated or fitted for either cochlear implants or hearing amplification. Kids acquire the language skills by hearing words by 6 months of age.

Dr. Mercer praised DPH epi staff for the information provided and suggested not emphasizing retroactive surveillance, instead targeting screening to recognize early cCMV when a child fails the hearing screening between the first 4 weeks of life and could be treated with antivirals. cCMV is the most common cause of neonatal morbidity, and currently 20 out of 50 states are doing targeting screening. In Georgia 1 in 200 babies is born with cCMV and it is generally an asymptomatic infection. In 2018 the FDA approved a saliva diagnostic test to identify this virus. Dr. Mercer's ideal is that DPH initiate a pilot program of targeted screening for babies who fail the test in the metro area.

Mr. Hauptert inquired if there is any recommendation to test the mothers. Dr. Cheek answered that it is not economically feasible because 50% of the population is positive for antibodies and not all babies exposed to cCMV are going to be infected. 1 in 200 will be positive for cCMV and from those, 1 in 5 are going to show sequelae between 2 to 4 years. When the baby is not hearing at 1 year of age, some of the consequences could be intellectual delay, socialization delay and educational delay among other issues.

Dr. Rodriguez commented that our data could be publishable and could be of value to other states that are in the same process.

E. Closing Remarks - Commissioner Kathleen E. Toomey, M.D., M.P.H.

Commissioner Toomey recognized that in these post-COVID times DPH should be doing more in the maternal and child health arena that has not been possible when our mission focus was COVID. Currently the maternal and child health programs are being re-structured, including WIC. The goal is making WIC a gateway into our other health programs and health agencies, identifying high risk moms before they deliver but also following up the children under 5 y/o who are home. Commissioner Toomey has been meeting with staff and commissioners of other state agencies who touch mothers and babies in their programs. All recognize the collective impact they can make on healthy mothers, healthy babies and a healthy future.

V. Board Comments

Dr. Cheek certainly agreed with Dr. Mercer recommendations and want to congratulate DPH for the great job. She also wants to thank specifically the communications team, who developed a handout for immunizations for people older than 50. This information is crucial for people who do not understand about adult immunization, especially older citizens. Dr. Cheek asked that this information be presented in the next meeting.

Dr. Toomey mentioned that the Ob Gyn academy of pediatrics recommended that a similar handout should be prepared for early childhood immunization to socialize moms about the need of immunization while they are getting their pre-natal care. Currently, our communications team is working on that, and the plan is to distribute it to physicians and Ob/Gyns to hand out to patients. There is the need to start those discussions early because we are seeing some decline in regular vaccinations for kids, like polio, measles, mumps and rubeola.

VI. Adjournment:

There being no further business to be brought before the board, Mr. Hauptert motioned for adjournment of the meeting. The motion passed unanimously. Mr. Hauptert adjourned the meeting at 2:19 p.m. The next meeting is scheduled for March 14, 2023.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 14th OF MARCH 2023.



James Curran, M.D., M.P.H.,
Chair

Official Attachments:

1. List of Attendees
2. Agenda

February 14, 2023
Board of Public Health Meeting Attendees

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Attendees

Public virtual meeting.