

**BOARD OF PUBLIC HEALTH MEETING**  
**Meeting Minutes for November 08, 2022**

**Members Present:**

James Curran, M.D., M.P.H., Chair  
Mitch Rodriguez, M.D., Secretary  
Kathryn Cheek, M.D., F.A.A.P.  
Cynthia A. Mercer, M.D.  
Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.  
Tai Valliere-White, M.D., F.A.C. S  
Mychal Walker Sr., C.L.T.C., F.R.C.

**Members Absent:**

John Hauptert, F.A.C.H.E., Vice Chair  
Major General Thomas M. Carden, Jr.

The Board of Public Health held its monthly meeting on November 08, 2022. The meeting was virtual and led by Dr. James Curran. The list of attendees is attached hereto and made official part of these minutes.

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

The meeting was called to order at 1:09 p.m. by Dr. Curran, following a roll call; in conformity the members absent were John Hauptert and Major General Thomas Carden.

III. Approval/Adoption of Minutes:

Dr. Curran presented the board meeting minutes of the October 11, 2022, for discussion and approval. There was no discussion. The minutes passed unanimously.

IV. New Business:

A. Introduction - Commissioner Kathleen E. Toomey, M.D., M.P.H.

Commissioner Toomey affirmed that Board insights have provided us the opportunity to strengthen our programs.

DPH has had the opportunity to present topics and discuss possible programmatic changes in subjects like CMV, influenza updates and harm reduction programs/partners; and to identify the full impact of RSV infection on children, including overcrowded pediatric units in hospitals and transportation between hospitals by EMS, including the need for reimbursement.

B. Epidemiology Updates – Cherie L. Drenzek, D.V.M., M.S.

Dr. Cherie Drenzek, State Epidemiologist and Chief Science Officer opened her presentation with state and national influenza data. Flu activity has been rising in Georgia since mid-August, was HIGH for 5 weeks, and now is VERY HIGH. About 75% of flu viruses have been Influenza A H3N2. Most outpatient visits for ILI have been among the “young” (25% among 0-4 years, 50% among 5-24 years old). We have confirmed 2 flu-related deaths so far this season (both deaths occurred in individuals >50 years) and 31 deaths last season. We documented 58 flu outbreaks in institutional settings in the last week—about half in K-12 schools and half in LTCFs.

### Respiratory Syncytial Virus (RSV) in Georgia

RSV infection can be very serious or even deadly in young children, those under 12 months are most at risk for hospitalization. There is no vaccine for RSV. RSV activity was very high in Georgia during September and October, with a peak of 20% positive on Sep 19, but appears to be declining

#### Questions and Comments:

Dr. Cheek thanked to Dr. Toomey and her team publicly for their efforts related to improve the EMS transportation of children during this high season of respiratory infections and hospitals reaching over capacity. Transporting children of all ages - from babies to teens - is different and has its own challenges, and now our EMS teams and hospitals are starting to understand this better.

Dr. Rodriguez concurred with Dr. Cheek in her assessment regarding transportation. He also asked if there is any data regarding the percentage of the population who is vaccinated in Georgia with the flu vaccine.

This information will be shared in the next board meeting.

- C. Overview of the Early Hearing Detection and Intervention (EHDI) Program and DPH plans for cCMV education and training – Tina Turner, M.P.A.

The purpose of the Early Hearing Detection and Intervention (EHDI) Program is to provide a statewide screening and referral system, linkages to intervention and technical assistance and training for hospitals, physicians and audiologists.

#### General EHDI Protocols in Georgia

- Initial hearing screening prior to discharge
- ONE follow up screen as an outpatient (well baby nurseries)
- Diagnostic evaluation
- Early Hearing Orientation Specialist (EHOS) visit
- Enrollment in early intervention and support services
- Transition to educational services/support

Diagnostics are completed by a licensed audiologist, either in a natural sleep “nap study” or with sedation. Providers are mandated to report results to DPH within 7 days of testing

Cytomegalovirus (CMV) is a virus that infects people of all ages. Pregnant women can transmit the infection to the baby. If a baby is born with a CMV infection, it is called congenital CMV (cCMV). One in five children with cCMV will have a permanent disability, such as hearing loss or developmental delay.

#### Questions and Comments:

Dr. Mercer asked if there are any plans for targeted screening in the hospitals for the children who failed the hearing tests?

Ms. Turner answered that this concern was presented in 2019 to an advisory committee and currently we are developing a workgroup to evaluate if it is feasible to do targeted screening in Georgia. Dr. Mercer commented that across the nation other states had already implemented targeted screening and praise the effort that a study group is considering the option for Georgia.

Dr. Cheek concurred with Dr. Mercer with early intervention and mentioned that early antiviral treatment can sometimes alter the course of CMV infections in young and improve the outcomes.

Dr. Mercer asked if the state have any data about internal audits of the number of babies who fail the hearing screening and subsequently, what time they are cleared for a hearing screen, and where we are, statewide, to ensure that the hearing screen data is entered in the newborn state screens reports?

This information will be presented in the next board meeting.

- D. Georgia's Updated Prenatal Testing Requirements for Viral Hepatitis. - Tracy Kavanaugh, MS, MCHES and Megan Andrews, J.D.

#### Perinatal Hepatitis Transmission

##### HBV Cases in Females Ages 13-47 Years

- Perinatal Transmission Risk:
  - 70%-90% HBsAg(+) and HBeAg(+)
  - 10% HBsAg(+) only
- Perinatal HBV Outcomes:
  - 90% of infected infants become chronically infected
  - 25% may die prematurely
- Post-exposure Prophylaxis:
  - 94% effective in reducing perinatal transmission

#### Georgia Perinatal Hepatitis B Prevention Program

- Identify hepatitis B-infected pregnant women
- Ensure hepatitis B immune globulin (HBIG) and hepatitis B vaccine are administered within 12 hours of birth
- Ensure hepatitis B vaccines are administered at the recommended intervals
- Coordinate post-vaccination serologic testing (PVST) at 9-12 months of age

#### Birth Cohort 2020 Outcomes

##### Perinatal Hepatitis C Infection

- Perinatal Transmission Risk<sup>1</sup>:
  - 7.2%% with no HIV infection
  - 12.1% with HIV co-infection
- Perinatal HCV Outcomes:
  - 20%-40% of infected infants spontaneously clear the infection by age 5
  - 50% have chronic asymptomatic infection

- 30% have chronic active infection
- Post-Exposure Prophylaxis
  - None

#### Outreach

- Partner organization collaborations
  - Georgia Hospital Association
  - Georgia OB/Gyn Society
  - Georgia Academy of Family Physicians
  - Georgia Chapter of the American Academy of Pediatrics
  - Medical Association of Georgia
  - Department of Community Health
- Webinars
  - Viral Hepatitis Project ECHO sessions in October and November

#### Questions and Comments:

Dr. Curran commented that one of the most remarkable things of the last decade is that hepatitis C is curable. He asked what the recommendations for treatment during pregnancy and for newborns are? Ms. Kavanaugh informed that currently there are no recommendations for treatment during pregnancy, but the patient receives a referral for treatment postpartum. Also, there is no treatment for children younger than 3 years of age. Currently there are some studies about treatment during pregnancy, but there is not a final recommendation at this point. Dr. Curran asked what about follow-up treatment after the delivery? Ms. Kavanaugh answered that it is on our wish list to have a postpartum linkage to health. Dr. Toomey added that this activity will be coordinated with our nursing program very effectively.

Dr. Mercer asked what the program is doing to ensure that third parties are paying for the extra screening needed? Ms. Andrews answered that there has not been a push back at the present, Medicaid did not have any concerns regarding cost, and screens should already be covered. No concerns for any private insurance either.

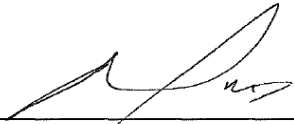
#### V. Board Comments

Dr. Mercer, Dr. Curran and Mr. Walker thanked for a very informative meeting.

#### VI. Adjournment:

There being no further business to be brought before the board, Dr. Curran motioned for adjournment of the meeting. The motion passed unanimously. Dr. Curran adjourned the meeting at 2:19 p.m. The next meeting in person is schedule for January 10, 2023.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 8<sup>th</sup> DAY OF NOVEMBER 2022.



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Mitch Rodríguez, M.D.,  
Secretary

Official Attachments:

1. List of Attendees
2. Agenda

**November 08, 2022**  
**Board of Public Health Meeting Attendees**

**Board Members**

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**Attendees**

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Public virtual meeting.