

**BOARD OF PUBLIC HEALTH MEETING**  
**Meeting Minutes for August 8, 2023**

**Members Present:**

James Curran, M.D., M.P.H., Chair  
Cynthia A. Mercer, M.D.  
Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.  
John Hauptert, F.A.C.H.E., Vice Chair  
Kathryn Cheek, M.D.

**Members Absent:**

Mitch Rodriguez, M.D., Secretary  
Mychal Walker Sr., C.L.T.C., F.R.C.  
Tai Valliere-White, M.D., F.A.C.S.  
Major General Thomas M. Carden, Jr.

The Board of Public Health held its monthly meeting on August 8, 2023. The meeting was virtual and led by Dr. James Curran. 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 1:04 p.m. by Dr. Curran, following a roll call, in conformity the members absent were Dr. Rodriguez, Mr. Walker, Dr. White and Major General Carden.

III. Approval/Adoption of Minutes:

Dr. Curran presented the board meeting minutes from July 11, 2023 for discussion and approval in Dr. Rodriguez's absence. There was no discussion. The minutes passed unanimously.

IV. New Business:

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

Dr. Toomey recapped her meeting with the Behavioral Health team and their discussion about mental health and substance abuse challenges and how we can work together to identify a coordinated effort for treatment in the state. DPH presented the Maternal Mortality Report which highlighted the extent of behavioral health and substance abuse issues, including syphilis rates in women related to substance abuse. We are excited about the partnership between the teams to ensure all pregnant women will have access to the behavioral health and substance abuse services that they need.

Dr. Toomey thanked Dr. Mercer and Dr. Cheek for their dialogue about CMV and testing in newborns and identifying children at risk.

B. Congenital Cytomegalovirus (cCMV) and Hearing Loss, Melanie Morris, Au. D., CCC-A

Melanie Morris led a discussion on congenital cytomegalovirus (cCMV) and its connection to hearing loss.

An estimated 15–20% of all cases, in the U.S., of bilateral moderate to profound sensorineural hearing loss (SNHL) among young children are attributable to congenital cytomegalovirus (CMV) infection. Hearing thresholds in the mild, moderate, severe, and profound range are the only symptom of cCMV infection at birth. cCMV is the leading environmental cause of

hearing loss among children, affecting 4:1000 newborns.

The Newborn Screening (NBS) program uses the dried blood spot collected as part of the NBS specimen collection panel for screening. Current diagnostic standards recommend collection of saliva which provides a higher rate of sensitivity.

Some states (Minnesota and New York) have begun Universal cCMV screening as part of their bloodspot panel. Connecticut is set to begin in 2025. States with hearing targeted cCMV screening include Florida, Virginia, Iowa, Kentucky, Maine, New York, Pennsylvania, and Utah. Illinois is planning to offer this as requested.

Key barriers to implement universal screening include a lack of consensus on the optimal collection method and competing priorities related to the roles and responsibilities of local hospitals, clinics, and state laboratories.

The goal is to improve cCMV identification through education, on-time infant hearing testing, and continued advocacy of the NBS Advisory Committee and cCMV Working Group.

Dr. Curran asked if the programs (New York and Minnesota) doing the screening going to provide antiviral therapy to everyone who is found to be positive? Melanie responded that she is not aware of what the antiviral study is overall but will find out about what other states are doing. Dr. Toomey said that DPH opts to go with the system that's dependent on hearing screening, we need to make sure every child has a screening before they leave the hospital.

Dr. Cheek asked whether the Department would use the rules and regulations process versus the state legislature route? Megan Andrews responded that rules and regulations are faster and there's more control over the process, the public can weigh in on rule changes during public hearing and comment period, a partner meeting would be necessary because of impacts beyond the public health system.

Dr. Cheek asked what would be the timeline to have the program up and running? Megan responded that it takes more than doing a rule change including training in hospitals and among pediatricians. There are many moving parts for this to be done but the process should not be rushed in order to make sure children are properly diagnosed. NBS is working to see what the infrastructure of the program would look like.

Dr. Cheek asked if the committee is meeting every month, and will there be updates provided to the board? Melanie responded that the committee meets monthly and that she will provide updates as the committee progresses.

Dr. Mercer asked if the board or Department would consider approaching larger healthcare systems in our state to do a pilot program, and consider education beyond antivirals, but have a strong focus on early intervention? Melanie responded by thanking Dr. Mercer for her advocacy and mentioning the importance of early intervention for cCMV which includes testing -more frequently. Dr. Toomey said there are a lot of things we need to do in advance and that she plans to get with the new DCH commissioner to talk about getting Medicaid reimbursement for hospitals participating in such studies and programs.

C. Epidemiology Update, Cherie Drenzek, DVM, MS

Dr. Drenzek provided updates on primary amebic meningoencephalitis (PAM) due to *Naegleria fowleri* infection, and diseases transmitted through mosquito bites. ***Naegleria fowleri***

A Georgia resident died in July from *Naegleria fowleri* after swimming in a freshwater lake or pond. This was the first case of the infection in Georgia since 2002.

*Naegleria fowleri* is a free living amoeba that is ubiquitous in fresh water and loves warm temperatures – amoebas can also live in hot springs. The amoeba enters the nose through contaminated water and travels to the brain causing severe infection. It is almost always fatal. It is not transmitted by swallowing contaminated water and it is not transmitted person to person.

Symptoms occur around five days after infection and include fever, headache, nausea and vomiting. Cases are difficult to diagnose, initially presenting as bacterial meningitis, but progress so rapidly that diagnoses are often made postmortem. Treatment is challenging because it needs to start very early, but most patients die before they are diagnosed. A number of drugs are used for treatment including Miltefosine, a drug used to treat breast cancer.

People should always assume there is a low risk for infection whenever entering warm fresh water.

Safe swimming practices can reduce risk of *Naegleria* infections including preventing water from going up your nose, not jumping or diving into bodies of warm fresh water, using nose clips or holding your nose shut and not stirring up sediment at the bottom of the water.

### **Mosquito-borne Diseases**

There are several diseases that are spread to humans through the bite of infected mosquitoes.

The most common locally acquired infection is West Nile Virus (WNV). Others include Eastern Equine Encephalitis (EEE) virus, St. Louis Encephalitis (SLE) virus, and LaCrosse Encephalitis virus. Georgia averages about 20 WNV cases per year; so far in 2023 there have been two. Prevention methods include targeted mosquito population reduction by larvicide, reducing the mosquito population by eliminating breeding sites (standing water), and reducing the likelihood of mosquito bites by using insect repellants with DEET, wear light-colored long sleeves and pants, and make sure screens are in good repair to keep mosquitoes out of the house,

Travel-associated infections include Malaria, Zika, Dengue, Chikungunya, and Yellow Fever. There have been eight human cases of Zika in Georgia in the last five years. Prevention measures are the same – eliminate standing water and prevent mosquito bites – in this case to keep from infecting a local mosquito.

Reducing the mosquito population is key to disease control and Galen Baxter will talk about integrated mosquito management.

Dr. Mercer asked what is the definition of warm water? Dr. Drenzek said this amoeba can do well and live in 115 degrees Fahrenheit, most of our lakes and rivers in Georgia aren't that high but, in the summer, can get into the 80s.

D. Integrated Mosquito Monitoring, Galen Baxter, Environmental Health Director

Galen Baxter led the discussion on integrated mosquito management and how we control mosquitoes in Georgia.

The 4 overlapping goals of mosquito control are to prevent mosquito bites, keep mosquito populations at acceptable densities, minimize mosquito-vertebrate contact, and reduce the longevity of female mosquitoes.

The key to success is having an integrated mosquito management program that consists of surveillance, source reduction, larviciding and adulticiding, education and communication, mapping and record keeping. It is critical to know the species of mosquito and its life cycle in order to catch it at the larva stage before they mature into adult mosquitoes and disperse.

Public health data helps to target areas where diseases can be found. Data come from surveillance, what we know about previous mosquito seasons, and complaints from the public.

There are two types of traps used to catch mosquitoes for surveillance - light traps and gravid traps. Gravid traps attract container-breeding mosquitoes that have had a blood meal and are looking for a place to lay eggs. Light traps attract mosquitoes looking for a blood meal. Mosquitoes caught in these traps are counted and identified, then pooled according to date, species, and location and (possibly) sent to a lab for arboviral testing.

One of the most effective ways of preventing the spread of mosquito-borne illness is controlling the mosquito population by eliminating standing water around the home and in the yard. **Tip 'n Toss!** After every rainfall, **tip** out water in flowerpots, planters, children's toys and wading pools, and buckets.

It is also important to protect yourself from mosquito bites. Use [EPA-registered](#) insect repellents containing 20%-30% DEET or Picaridin, IR3535, and Oil of Lemon Eucalyptus. Follow all label instructions for safe and effective use. Wear light colored clothing with long sleeves, long pants and socks to help prevent mosquito bites.

E. Commissioner's Remarks

Dr. Toomey concluded the meeting by giving a personal experience about blue birds, mosquitoes and insects in her community.

V. Board Comments: None.

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. The meeting was adjourned at 2:29 p.m. The next meeting is scheduled for September 12, 2023 by Zoom.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 12<sup>th</sup> of September 2023.



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



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Mitch Rodriguez, M.D.  
Secretary

Official Attachments:

1. List of Attendees
2. Agenda

**August 8, 2023**

**Board of Public Health Meeting Attendees**

**Board Members**

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**Attendees**

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Public virtual meeting.