

BOARD OF PUBLIC HEALTH MEETING
Meeting Minutes for November 12, 2024

Members Present:

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

The Board of Public Health held its monthly meeting on November 12, 2024. 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 1:00 p.m. The meeting commenced with Dr. Curran asking Mr. Walker to conduct the roll call and welcoming Dr. Lucky Jain as the newest board member. Dr. Curran highlighted Dr. Jain's background as a distinguished neonatologist from Emory University, recently retired as Chair of the Department of Pediatrics and Chief Pediatric Officer at Children's Healthcare and extended a warm welcome to him.

III. Approval/Adoption of Minutes:

Dr. Curran presented the board meeting minutes of May 14, 2024 for discussion and approval. There was no discussion. The minutes passed unanimously.

IV. New Business:

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

Dr. Kathleen Toomey began her address by recognizing the public health team's recent efforts, particularly in responding to the recent hurricane that severely impacted the southern U.S. She highlighted the essential, though often behind-the-scenes, role of public health in such emergencies. Dr. Toomey also introduced two upcoming presentations: Dr. Cherie Drenzek, the State Epidemiologist, would share updates on recent outbreaks and new infections, underscoring public health's critical role in community safety, and Dr. Melanie Morris, Director of Referral and Screening Programs, would discuss progress in addressing cCMV (congenital cytomegalovirus).

B. Epidemiology Update: Respiratory Virus Season – Cherie L. Drenzek, D.V.M., M.S.

Dr. Cherie Drenzek, State Epidemiologist, provided an update on the current respiratory virus season, focusing on COVID-19, flu, and RSV, and the unpredictable nature of these viruses. She emphasized the importance of maintaining robust surveillance, including genomic monitoring, to

guide prevention and control measures, as these viruses are highly adaptable and can impact healthcare resources if they surge simultaneously. Dr. Drenzek noted that this season has so far shown a more typical pattern for the "Big Three" viruses compared to previous years, which were disrupted by the COVID-19 pandemic. She mentioned that, while activity levels remain low, close monitoring is essential to detect any rapid shifts.

In terms of specific viruses, Dr. Drenzek reported that COVID-19 activity in Georgia is currently at record lows. However, a new COVID variant, XEC, has emerged, representing about 20% of cases and expected to become the dominant winter variant. The flu season, also mild so far, is at baseline levels, with cases mostly among school-aged children. Flu activity is anticipated to increase in December or January. RSV levels, meanwhile, are gradually increasing but are more consistent with pre-pandemic patterns, beginning in the fall and peaking in winter.

Dr. Drenzek also highlighted an unusual spike in *Mycoplasma pneumoniae*, a bacterial respiratory infection, primarily affecting young children. Known as "walking pneumonia" due to its mild symptoms, this infection has been spreading since summer and is difficult to control without a vaccine, though it is treatable with antibiotics. Additionally, she addressed concerns over a recent avian flu outbreak among U.S. dairy cattle and poultry, with human cases reported among farm workers exposed to infected animals. CDC has recommended revised testing and treatment guidelines for farm workers with close animal contact to prevent potential virus adaptation and spread.

Dr. Drenzek concluded by reinforcing preventive measures for the respiratory season, including staying home when sick, COVID and flu vaccinations, and RSV biologics for high-risk groups. She stressed that ongoing surveillance enables the timely response needed to protect public health, regardless of the season's predictability.

Dr. Curran thanked Dr. Drenzek for her thorough presentation and opened the floor for questions or comments.

Dr. Curran asked: What are the isolation recommendations for somebody with *Mycoplasma pneumoniae*?

Dr. Drenzek responded: Isolation recommendations for *Mycoplasma pneumoniae* are similar to other respiratory illnesses. A child can return to school if they've been fever-free for over 24 hours without the use of fever reducers and their symptoms are improving. Extended isolation isn't necessary, but practicing good respiratory etiquette, like coughing into a sleeve, is encouraged to reduce spread.

Dr. Curran asked: So that's even though the symptoms are milder, and the fever is transient, but the ability to isolate the organism is longer?

Dr. Drenzek responded: Yes, *Mycoplasma pneumoniae* can have an extended period of infectiousness, primarily spread through coughing. To reduce transmission, it's important to implement cough prevention measures in communal settings.

Dr. Jain asked: Does the onset of winter, or the intensity of cold temperatures as they arrive, have a temporal correlation with the spikes in these viral infections, historically?

Dr. Drenzek responded: While colder temperatures can sometimes influence the spread of flu viruses, the main driver of seasonal infection spikes is indoor close gatherings, where ventilation is reduced. For example, COVID-19 often peaks in the summer due to people gathering indoors in air-conditioned spaces, while flu spikes tend to occur after the holidays when people gather indoors. So, rather than temperature alone, it's the limited air circulation during indoor gatherings that primarily affects virus transmission.

C. Congenital Cytomegalovirus (cCMV) – Melanie Morris, Au.D., CCC-A

During the Georgia Department of Public Health Board of Health Meeting on November 12, 2024, Dr. Melanie Morris, Director of the Screening and Referral Program gave an update on changes to the state's newborn screening policies as it relates to Congenital Cytomegalovirus (cCMV) in Georgia.

Effective as of October 10, 2024, under Georgia code section 30-1-5, all birthing facilities must conduct cCMV testing on infants who fail their final newborn hearing screening before discharge or within 21 days of birth. This amendment stems from efforts that began in 2018 to incorporate cCMV into screening practices. Due to sensitivity limitations of blood-based tests, the decision was made to proceed with targeted hearing-related screenings rather than universal screening, with saliva or urine samples being the preferred testing methods due to higher sensitivity.

The amended rules also require that cCMV test results, regardless of outcome, are documented in the baby's clinical record and communicated to the primary healthcare provider and parents. Since cCMV can cause significant health issues if transmitted in utero, early detection is crucial. If an infant tests positive, the provider must notify the Department of Public Health (DPH) as cCMV is now classified as a notifiable condition. This prompt reporting allows the DPH to coordinate immediate follow-up care through contracted partners, like Emory, who assist healthcare providers with next steps and offer support for family communication and education.

To facilitate this rollout, Dr. Morris and her team have developed educational materials for healthcare providers, conducted webinars with specialists, and established monthly office hours to support questions about newborn screenings. The program has also created a comprehensive toolkit, available online, which includes protocols and guidelines for audiologists and other providers. A task force of medical specialists, including infectious disease physicians and audiologists, contributed to these resources, ensuring that providers are well-equipped to manage the new cCMV screening requirements and provide essential follow-up care.

Dr. Cheek congratulated Dr. Morris on her presentation and asked: Have there been any positives cCMV results since this was implemented?

Dr. Morris responded: Since October 10th, eight positive cases of cCMV have been reported, all within the required 21-day testing window. Dr. Morris expressed surprise at receiving this number of cases so quickly.

Dr. Cheek replied: I'm sure then in the future you'll give us an update of the follow up of you know what happened with those cases, and then the others that will come forward.

Dr. Morris responded: Absolutely. Yes.

Dr. Toomey emphasized the importance of Melanie's presentation, highlighting how feedback from the board helps guide priorities and overcome challenges. She viewed the successful implementation of cCMV screening as a success story and noted that the newly reported cases provided even stronger evidence of the program's impact.

Dr. Morris expressed gratitude to the epidemiology team, crediting their efforts in making cCMV a notifiable condition for the positive cases reported. She praised their support and collaboration, which helped her understand and navigate the process of making the program successful.

Dr. Cheek expressed gratitude for everyone's hard work, emphasizing that the efforts will ultimately benefit children by providing them with the opportunity to hear when they otherwise might not have.

Dr. Mercer expressed admiration for the success, highlighting that 8 cases in just one month is significant. She appreciated the coordination with the Board of Health to ensure that children who test positive are properly placed into the necessary screenings, rather than leaving it solely to primary providers. She also valued the opportunity to compile data and praised the involvement of Emory as the central institution for follow-up.

Dr. Mercer asked the following questions: If there's been any barriers with those 8 children in payment. Do we need to be thinking about that? When you talk about the difficulty of collecting urine, what now is considered the volume of urine necessary to run the test?

Dr. Morris responded: Dr. Morris addressed concerns about payment, noting that while no issues have been reported yet, the situation is still early. She mentioned that Medicaid covers the necessary codes, but billing nuances may arise and will be addressed as they come up. Regarding specimen collection, she explained that one milliliter of urine is typically required. The main challenge is collecting urine from female infants, for which they recommend using sterile bags instead of less effective methods like cotton balls. She also noted that pediatricians often lack urine bags in their offices, so she's exploring ways to support them, such as sending infants home to collect urine or having them use the bag while waiting for the doctor.

Dr. Curran asked: what proportion of newborns have hearing problems that would result in testing.? When is Gangcyclovir as one of the antivirals recommended? And is there a limit to how many days after birth it can be given? And the efficacy in reducing hearing loss if you give Gangcyclovir?

Dr. Morris responded: Dr. Morris addressed the issue of newborn hearing screening, explaining that while about 5,500 babies fail their screening in Georgia, only around 350 are expected to have actual hearing loss. Due to a high rate of follow-up loss, testing for congenital cytomegalovirus (cCMV) is done even when hearing loss is not confirmed by 21 days, as many families don't return in time. Regarding antivirals, she clarified that in the U.S., they are only FDA-approved for symptomatic cases, and hearing loss alone is not considered symptomatic. However, many infectious disease physicians in Georgia use shared decision-making to offer antivirals to families even in cases of hearing loss. She mentioned an ongoing study, the Val Ear Study, which

is investigating the efficacy of antivirals in reducing the impact on hearing, but results are not yet available. Finally, she noted that antivirals are generally not started after six weeks of age.

C. 2024 Hurricane Season and Response – Chris Rustin, Dr.PH., M.S., R.E.H.S, and Leah Hoffacker, MPS, EMHP

Dr. Chris Rustin introduced the discussion by acknowledging the busy season of responding to hurricanes, with nearly 60 days of active response in August, September, and October. He highlighted the crucial but often overlooked role of public health in responding to storms, emphasizing that these responses impact various public health disciplines. He noted the unpredictability of storms, referencing Hurricane Helene as an example, which had unexpected impacts in Metro Atlanta despite initial predictions. Dr. Rustin then introduced Leah Hoffacker, the Director of Emergency Preparedness, who coordinates public health activities during such responses.

Leah Hoffacker's presentation details the public health response during the 2024 hurricane season in Georgia, emphasizing the state's preparedness and role in supporting emergency response. Public Health operates as Emergency Support Function (ESF) 8 at federal, state, and local levels, focusing on sheltering, medical services, environmental health, and healthcare facility support. During hurricanes, this includes staffing shelters, providing medical transportation, and ensuring the safety of healthcare facilities. The department also works closely with the Georgia State Patrol, healthcare coalitions, and other partners to address needs ranging from medical evacuations to logistics support.

The hurricane season saw significant challenges, particularly with the Gulf Coast storms (Debbie, Helene, and Milton), which impacted Georgia's southern regions. Hoffacker discusses the logistical hurdles faced, such as widespread power outages, sheltering needs, and healthcare facility evacuations. Notably, the use of contract nurses was essential in alleviating staffing pressures, particularly in rural areas affected by flooding. Public health staff, who were also dealing with personal losses, benefited from contract nursing support, ensuring that healthcare services continued without interruption. Hoffacker highlights the state's proactive coordination, especially during overlapping hurricanes, where the team adjusted quickly to shelter evacuees and manage resource requests efficiently.

Further, the presentation outlines specific resource requests, including cooling trailers for mass fatalities, over-the-counter medications, PPE for shelters, and portable water and HVAC systems. Hoffacker emphasizes the importance of strong interagency collaboration, involving organizations like the Georgia Hospital Association, Red Cross, and the Department of Community Health, to ensure comprehensive support during these events. As the season wraps up, Hoffacker reflects on the successful implementation of these strategies, noting the increasing likelihood of simultaneous crises and the need for continued readiness.

Dr. Mercer praised the report, acknowledging its excellence. She then suggested that the Department of Public Health (DPH) should receive more positive publicity, particularly regarding its role in emergency preparedness, which is often overshadowed by agencies like FEMA and GEMA. Dr. Mercer proposed the idea of writing a feature article to highlight the DPH's efforts, noting that public health contributions in emergency response often go unnoticed. She emphasized the importance of raising awareness about the department's crucial role.

Dr. Toomey responded by suggesting that Dr. Mercer should reach out to someone who could write the feature article. She mentioned having some ideas and offered to discuss further, stating she would call Dr. Mercer soon, if not later that day.

Mr. Walker commended the team for their detailed report and the extensive work they do in emergency situations. He then asked how the Department of Public Health coordinates with FEMA, noting that FEMA provides assistance to states and inquiring about any overlap between the two organizations' efforts.

Mrs. Hoffacker responded: Leah explained that FEMA and the Department of Public Health coordinate in a way similar to how Georgia's emergency management works. FEMA is the federal counterpart to Georgia's GEMA, and HHS is the federal version of the Department of Public Health. The state provides requests (e.g., for generators) to GEMA, which then involves FEMA if needed. FEMA works closely with Georgia through a liaison stationed at the State Operations Center, facilitating coordination. Additionally, there are regional emergency coordinators from HHS who help with requests for federal public health assistance, such as acquiring medical supplies. Leah emphasized the collaborative nature of this coordination, both within the state and with federal agencies.

F. Board Comments

Dr. Toomey concluded by inviting suggestions for topics to focus on in future meetings, emphasizing the importance of addressing issues that are of shared interest. She highlighted the shift in global health priorities, noting that tuberculosis has surpassed COVID-19 as the leading cause of death worldwide, suggesting the need to spotlight this issue. She also mentioned Georgia's ongoing health challenges and innovative programs, particularly in maternal and child health (MCH), such as the home visiting program, expressing a desire to further highlight these efforts in upcoming discussions.

Dr. Curran inquired if there were any final comments before concluding the session and noted for the record that Dr. Shin was present despite experiencing technical difficulties that prevented him from being heard during roll call.

Dr. Curran then confirmed the next board meeting date as January 14th, 2025.

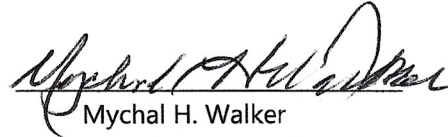
V. Adjournment:

Dr. Curran then moved to adjourn the meeting, which was seconded and agreed upon by all members. He closed by wishing everyone a good day and looking forward to the upcoming training session. The meeting was adjourned at 2:29 PM.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 12th of November 2024.



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



Mychal H. Walker
Secretary

Official Attachments:

1. List of Attendees
2. Agenda

November 12, 2024
Board of Public Health Meeting Attendees

Board Members

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

Attendees

Public virtual meeting.