Georgia Board of Public Health

January 14, 2025

Agenda

- Call to Order
- Roll Call
- Approval/Adoption of Minutes
- New Business
 - Opening Remarks Kathleen E. Toomey, M.D., M.P.H.
 - Award Presentation 2024 recipient James "Bud" Cody Award
 - Epidemiology Update Cherie Drenzek, DVM, MS
 - Home Visitation Program Diane Durrence, WHNP, MSN, MPH
 - Rabies Specimen Packaging and Shipping Galen Baxter, REHS, LSSGB
- Board Comments
- Adjournment

Commissioner's Remarks

Board of Public Health Meeting / Kathleen E. Toomey, M.D., M.P.H. / January 14, 2025

James "Bud" Cody Award

Board of Public Health Meeting / Derek Marchman, Ian Caraway / January 14, 2025

Epidemiology Updates

Board of Public Health Meeting / Cherie L. Drenzek, DVM, MS / January 14, 2025

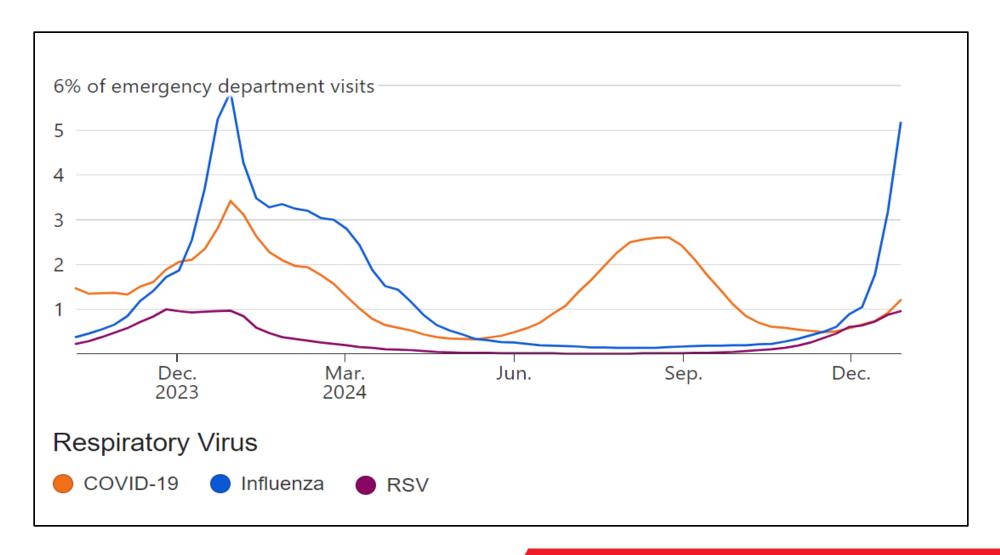
Introduction

Infectious diseases are ever-changing and unpredictable!

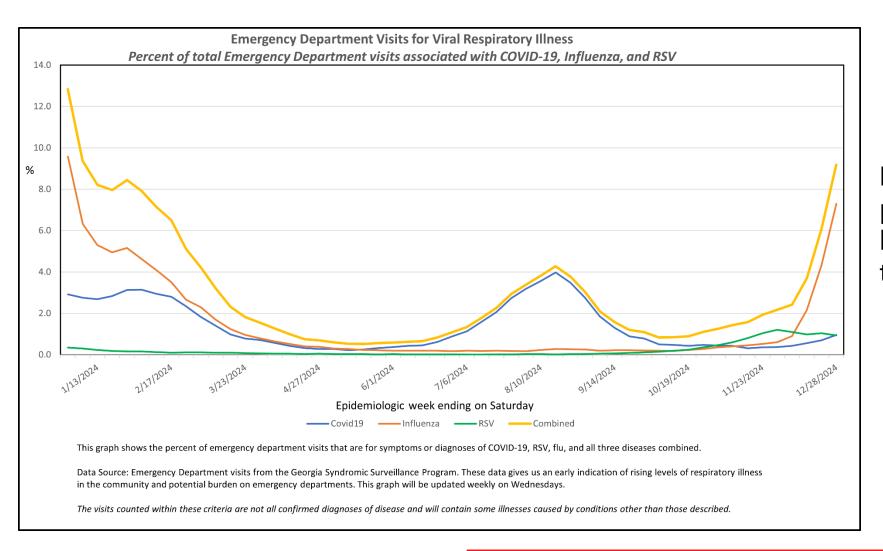
Surveillance and epidemiology (including genomic surveillance) are the cornerstones of prevention and control recommendations.

Seasonal respiratory virus (Influenza, RSV, and COVID)

Respiratory Viruses: National Picture



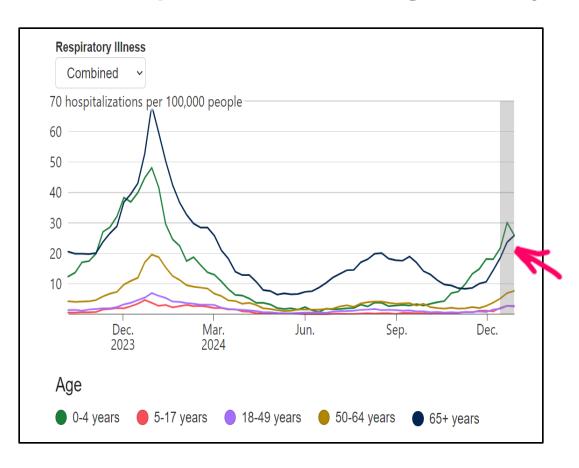
Respiratory Viruses: Georgia (Sharply Increasing)

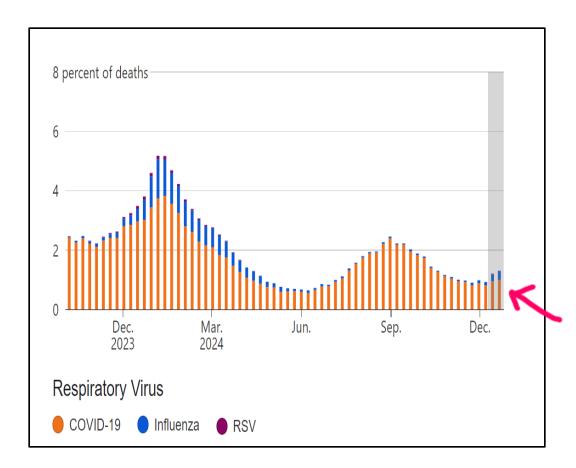


Increases driven primarily by flu, but COVID is rising too

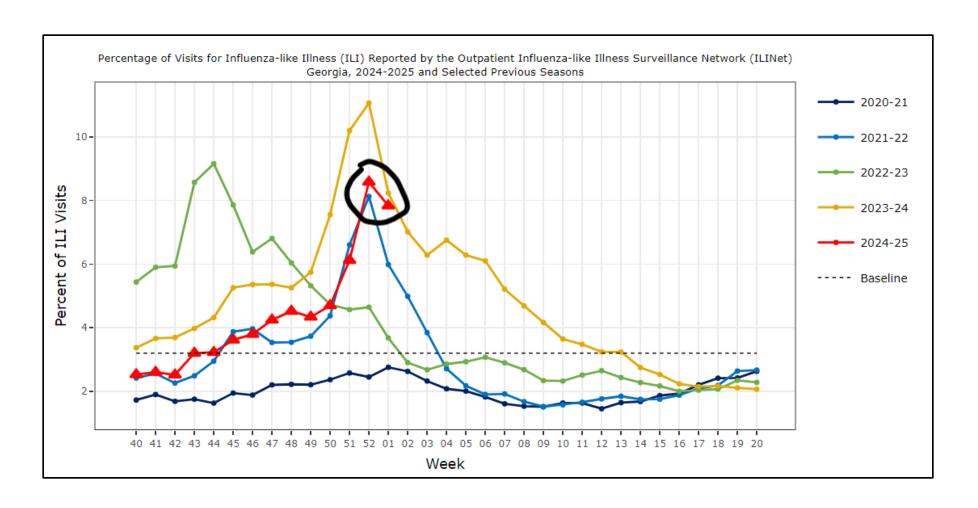
Severe Outcomes of Respiratory Viruses: Who is Most Affected?

Most hospitalizations are among those 65 years+, and most deaths are still due to COVID

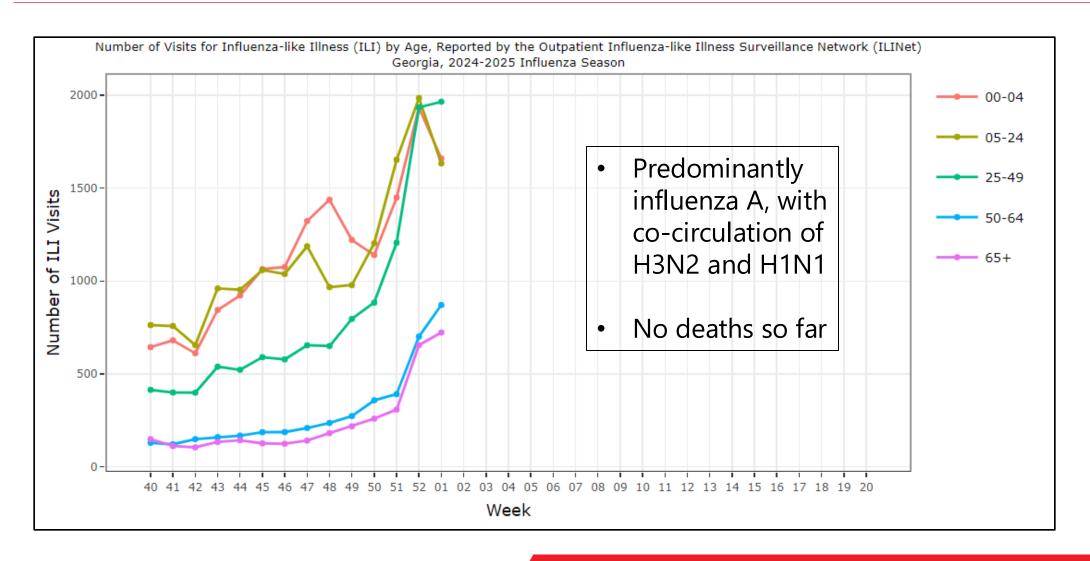




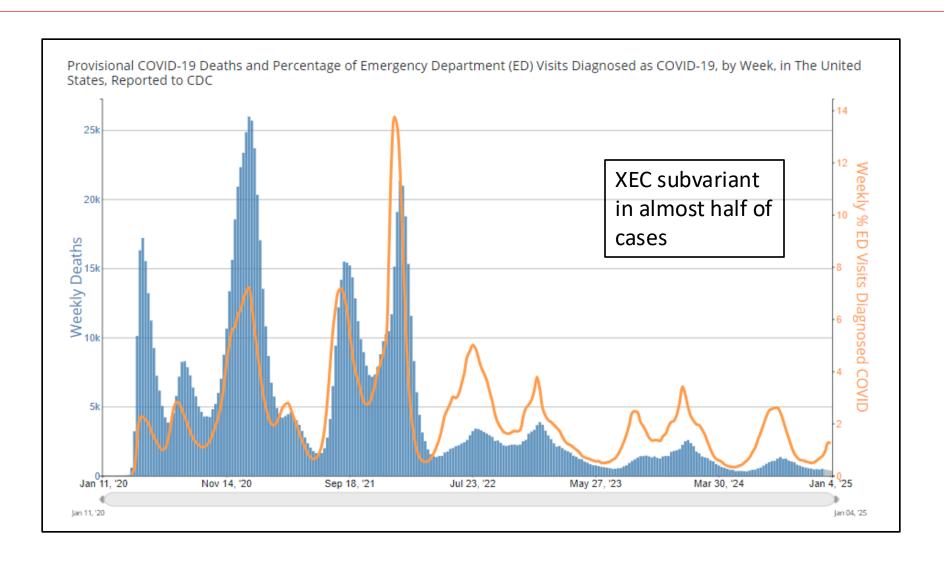
Georgia Flu Snapshot (Very High Activity)



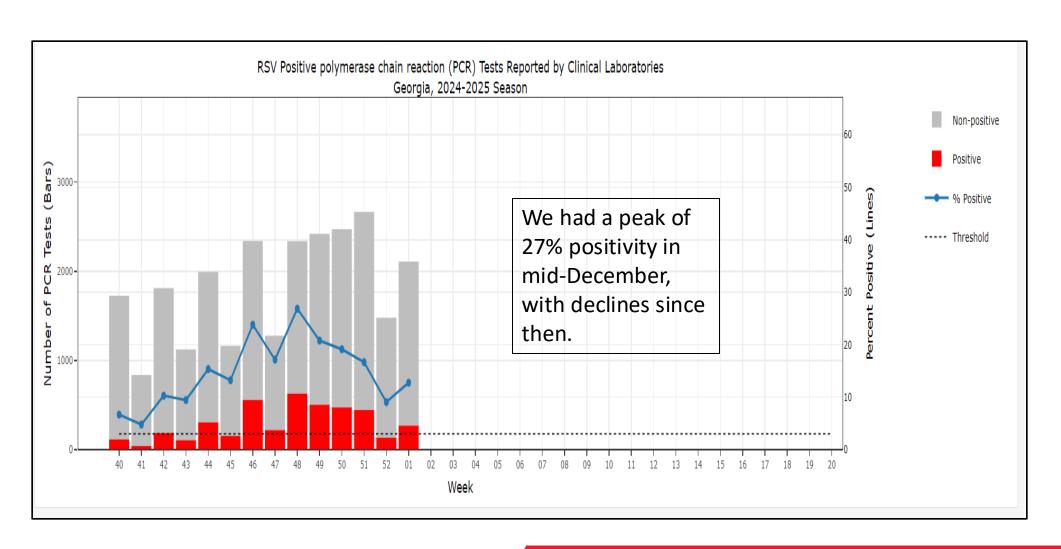
Georgia Flu Snapshot, 2024-2025



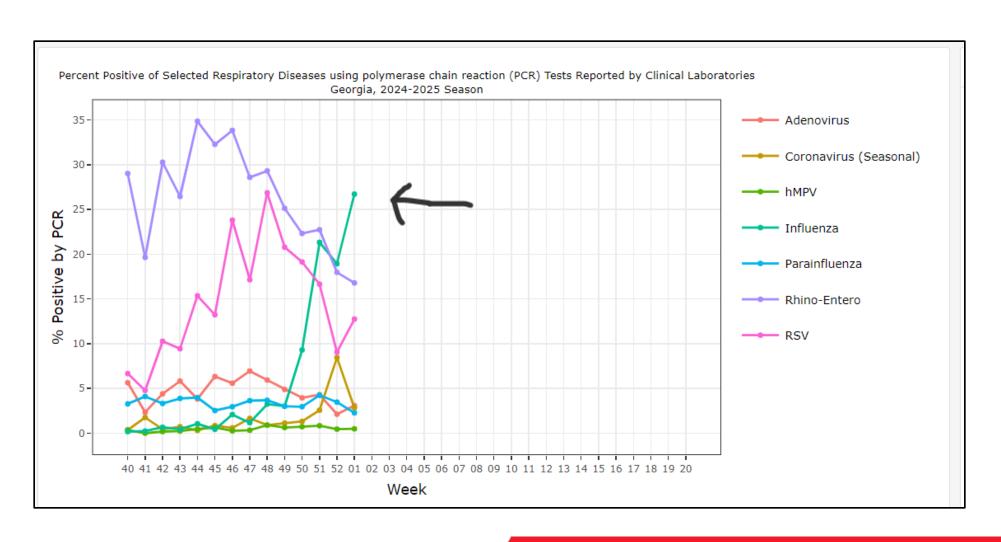
COVID Trends



Respiratory Syncytial Virus (RSV) in Georgia



Other Seasonal Respiratory Viruses



Bottom Line

- Influenza and COVID activity levels are increasing (typical post-holidays)
- RSV activity is declining in Georgia but remains high nationally
- Seasonal respiratory viruses have tremendous impact on populations and health care capacities but are PREVENTABLE (with vaccine)!
- Everyone over 6 months should receive a COVID vaccine (and seniors should receive two!) as well as a flu vaccine. RSV vaccines as indicated.
- Ongoing surveillance (including for genomic changes) with a "panrespiratory virus" view are critical for prevention and control recommendations.

Questions

For more information, please contact:

Cherie Drenzek, DVM, MS

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Georgia Home Visiting

Board of Public Health Meeting / Diane Durrence, WHNP, MSN, MPH / January 14, 2025

Perinatal Home Visiting

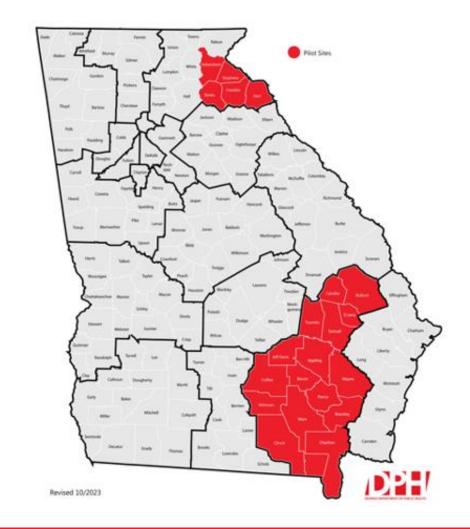
- Recommended by the Georgia Maternal Mortality Review Committee
- The Perinatal Health Partnership Program (PHP) pilot was developed to provide new home visiting services during pregnancy and postpartum to improve birth outcomes and decrease infant and maternal mortality and morbidity.
- Participants may be enrolled through pregnancy and up to one-year postpartum

Perinatal Home Visiting

- The target population for PHP services are women at high risk for adverse pregnancy outcomes, including:
 - Chronic conditions (such as diabetes)
 - Pregnancy complications
 - Previous poor pregnancy outcomes
 - Mental health conditions
 - Substance use disorder
 - Poor support system

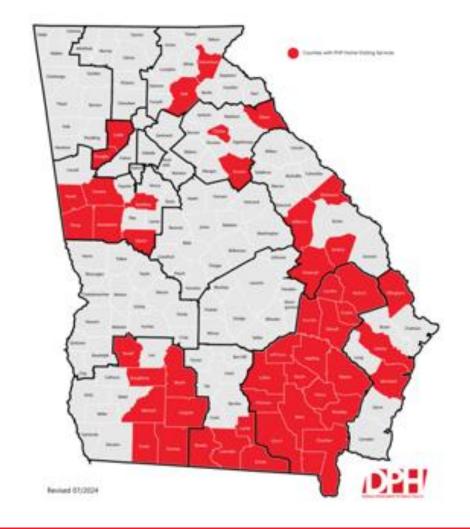
Perinatal Health Partnership (PHP) Pilot

- 13 counties
- Initial state appropriation of \$1.68 million (HB19-FY 2024 Appropriations Act)
- The pilot launched in October 2023 in 16 southeast counties followed by five northeast counties in early 2024.
- 13 home visiting staff, nurses and community health workers
- 118 patients were enrolled by January
 2024



PHP Expansion

- \$1.75 million in additional state funds were appropriated in FY 2025
- Expand the program from 21 to 41 counties
- Additional federal funding was identified to increase the expansion to 50 counties beginning July 2024.
- PHP has already demonstrated improvements in care for mothers and infants.



PHP Services

During pregnancy

- Weight
- Blood pressure
- Fingerstick glucose
- Maternal warning signs and symptoms
- Mental health screening
- Fetal heart monitoring

Postpartum

- Postpartum maternal warning signs and symptoms
- Mental health screening
- Infant weight
- Infant feeding assessment
- Infant development assessment

PHP Services

- Urgent referrals to OB and pediatric providers and emergency services when indicated
- Education, case management, navigation, and linkages to resources and services are provided:
 - Medicaid and other social services
 - o Prenatal, postpartum, and pediatric providers and care
 - Follow-up for chronic medical conditions &/or pregnancy-related complications
 - Family planning
 - Safe sleep
 - Early intervention services

Program Referrals

Common reasons for referral to the program

- Behavioral health issues (13.2%)
- History of poor pregnancy outcomes (13.8%)
- Hypertensive disorders of pregnancy (9.9%)
- Lack of resources (16.2%)

Referral sources

- Obstetric providers
- Hospitals
- Public health programs (such as WIC or Family Planning)
- Medicaid via Care Management Organizations (CMO)
- Community organizations

Outcomes and Successes, Nov. 2023-Nov. 2024

- 380 patients currently enrolled
- **39** home visiting staff onboarded
- **520** patients served
 - o 338 Maternal
 - 182 Pediatric
- 2,051 Home Visits Completed

- 113 program participants have delivered
 - 73% delivered full-term
 - 74% of infants were normal birthweight
 - 88% completed postpartum
 visits by 8 weeks postpartum
 - 88% were using contraceptives at the time of program discharge
 - 65% of infants continued to breastfeed after hospital discharge

Challenges

- Lack of mental health and substance use referral and treatment options for pregnant and postpartum women
- Lack of OB providers close to the county of residence
- Need for long-term housing options
- Lack of reliable, timely, and convenient transportation services
- Need for affordable prenatal and postpartum care services for patients not eligible for Medicaid
- Providers can be reluctant to refer to the program

Expansion Opportunities

- Expand to additional rural, underserved counties
- During the first year, early successes and positive impacts for individual patients show that perinatal home visiting program benefits pregnant and postpartum mothers and their infants.
- PHP can improve outcomes statewide, with further expansion into additional areas of need.
- Access to these services would be beneficial to improve outcomes for women and infants.

Questions

For more information, please contact:

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Rabies Packaging & Shipping Training

DPH Board of Health / Galen C. Baxter, REHS / January 14, 2025

Rabies

- Rabies is a preventable viral disease most often transmitted through the bite of a rabid animal
- Rabies infects the central nervous system of mammals, ultimately causing disease in the brain and death
- Most rabies cases reported to the CDC each year occur in wild animals like bats, raccoons, skunks, and foxes, although any mammal can get rabies.
 - Typically, smaller mammals such as squirrels, chipmunks, rabbits, etc. do not survive an attack from another rabid animal and therefore are at low to no risk for transmission

Rabies

- Racoons are the reservoir for rabies along the Eastern Coast.
- Contact with infected bats is the leading cause of human rabies deaths in the US; at least 7 out of 10 Americans who die from rabies in the US were infected by bats.
 - Bat bites are hard to detect because of their small teeth (discovery in bedroom; people picking up bats they find in their house, etc.)

Rabies Control in Georgia

- O.C.G.A. §31-19-1 to §31-19-10
- Local County Board of Health is responsible for rabies control. However, some local governments have adopted ordinances that delegates responsibility to Animal Control.
- Environmental Health investigates reported animal bites if local government does not.
- Environmental Health is (sometimes)
 responsible for removing heads and shipping
 specimens to the Georgia Public Health
 Laboratory.

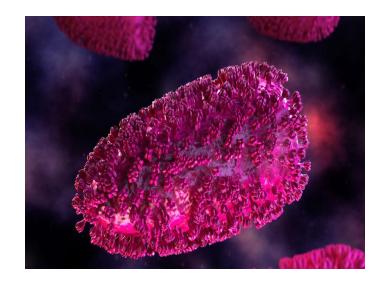


Photo source: CDC website

The Problem

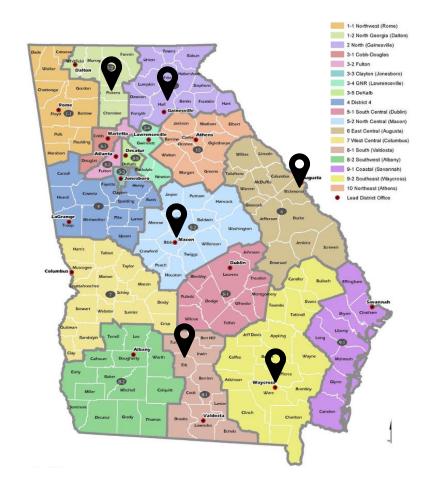
- Lack of knowledge and consistency from Environmental Health Specialists (EHS) in packaging and shipping rabies specimens to the Georgia Public Health Lab (GPHL).
- Lack of consistency in materials provided to EHS for shipping by the GPHL was causing delayed testing and increasing the risk of exposure.

The Solution

- Collaboration between the Environmental Health (EH) Program and GPHL staff to create a standardized training module.
- EH staff that work in the rabies program would receive the information in person and demonstrate their competency by participating in a hands-on exercise.

The Outcome

- Twelve regional classes
- Successfully trained 284 EHS actively engaged in the rabies program
- Proper packing and shipping of specimens in compliance with federal regulations



The Training

- Proper data entry using the SENDSS platform
- Step-by-step visual instructions on proper packaging
- Hands-on component where participants packaged a fake specimen using their own shipping kit from their county
- Visual demonstration of how to navigate to the GPHL website and download an order form for a shipping kit
- Visual listing of all components that should be included in a new shipping kit received from the GPHL and any returned kitsg
- List of key contacts for the labs, zoonotic epi, and questions related to SENDSS

Lessons Learned

- Complete shipping kits were inconsistently shipped to Environmental Health staff
- Animal Control officers and Veterinarians were bringing specimens to EH offices improperly packaged
- Some commercial shipping companies were refusing to take specimens packaged by Environmental Health Specialists
- Improperly packaged specimens were being shipped by air
- Environmental Health Specialists have never been formally trained on how to properly package and ship specimens prior to this training
- Not all EHS involved in the rabies packaging process have been vaccinated

Next Steps

- Create an online video of the proper packaging methods for new Environmental Health Specialists and any staff needing to refresh the training.
- Offer an online training to Animal Control officers and Veterinarians.
- Maintain better communication with the GPHL to address gaps and concerns immediately.

Questions

For more information, please contact:

Galen C. Baxter, REHS

State Environmental Health Director

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Upcoming Meeting

The next Board of Public Health meeting is scheduled for April 8, 2025.

A video recording of this meeting will be available at https://dph.georgia.gov/board-public-health-meetings