Georgia Board of Public Health

September 12, 2023

Agenda

- Call to Order
- Roll Call
- Approval/Adoption of Minutes
- New Business
  - Opening Remarks – Kathleen E. Toomey, M.D., M.P.H.
  - Emergency Preparedness – Chris Rustin, DrPH, M.S., REHS, Leah Hoffacker, MPS, EMHP
  - Injury Prevention – Lisa Dawson, M.P.H.
  - Epidemiology Updates – Cherie L. Drenzek, DVM, MS
- Board Comments
- Adjournment

Commissioner's Remarks

Board of Public Health Meeting / Kathleen E. Toomey, M.D., M.P.H. / September 12, 2023

Emergency Preparedness

Board of Public Health Meeting / Leah Hoffacker, MPS, EMHP / September 12, 2023

Emergency Preparedness

- Public Health Emergency Preparedness (PHEP)
  - CDC-funded grant started after 9/11
  - Funds Emergency Preparedness Teams in all 18 Public Health Districts
  - Supports activities that prepare responses to any disaster requiring public health assistance
- Cities Readiness Initiative (CRI)
  - CDC-funded grant that supports 12 CDC-identified public health districts
  - Supports activities that prepare responses that require mass distribution of medical countermeasures
- Healthcare Preparedness Program (HPP)
  - Funded by the Administration for Preparedness and Response (ASPR)
  - Supports the 14 healthcare coalitions, in addition to one healthcare coalition facilitator in each of the 18 districts
  - Supports planning, equipment, training, and exercises.

Preparedness Activities

- Quarterly meeting with internal programs to support improvements, planning updates, and general Emergency Preparedness activities
- Quarterly Emergency Support Function 8 (Public Health and Medical Services) meeting with districts and coalition leadership
  - Includes one statewide meeting with additional staff and/or members across the state (Columbus, November 14-16)
- Quarterly Emergency Support Function meetings at GEMA to coordinate with our partnering state agencies.
  - Includes Public Safety, Agriculture, Forestry, Human Services, Georgia National Guard, Transportation, etc.

Preparedness Activities

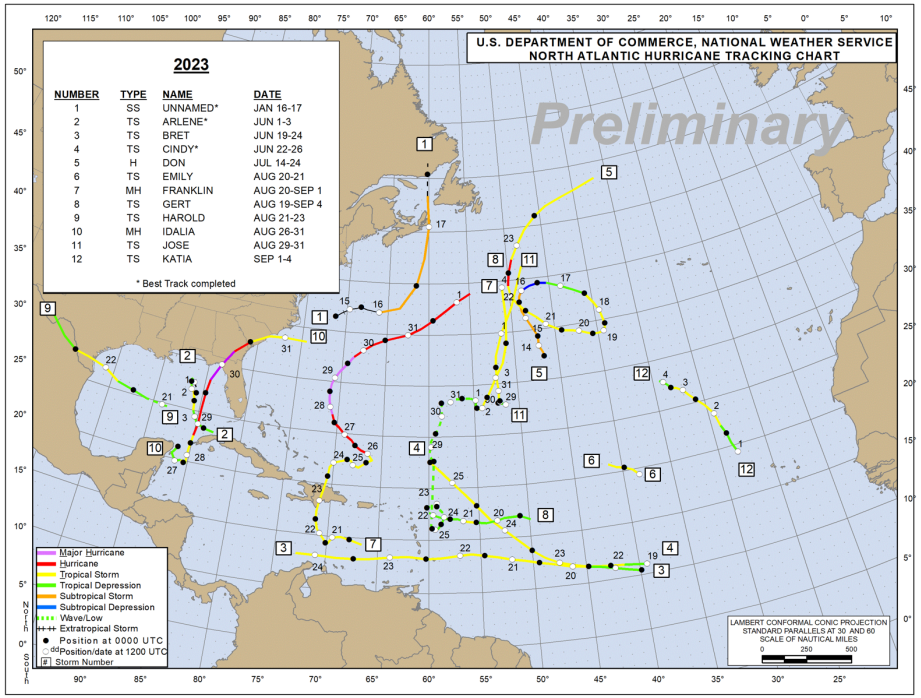
- Training provided by multiple liaisons (risk communications, vulnerable populations planning, nurse shelter training, epidemiology, and environmental health)
- After-action and improvement planning ongoing from the COVID-19 response
- Ongoing information sharing and coordination with district emergency preparedness personnel and healthcare coalitions

Current Warehouse Status

- State PPE stockpile – 30-day stockpile
- Specimen collection – Binax Kits, PCR tests, etc.
- Ventilator storage
- Inventory Management System Implementation
- Naloxone shipments for EMS and opioid overdose
- Storage for multiple DPH programs
- Shelter support supplies

Hurricane Season

- Active Hurricane Season due to extreme water surface temperatures
- Monitoring National Weather Service calls (Peachtree, Jacksonville, Tallahassee)
- Regular updates from the GEMA meteorologist
- Emergency Support Function 8 (Public Health and Medical Services) Responsibilities:
  - Medical Support Shelter
  - General Shelter Support (Nursing, Epi, Environmental Health)
  - Medical Transportation (Medical Needs, Hospitals, Long-term Care Facilities)
  - Healthcare Facility Support (patient placement, power issues, staffing issues, etc.)



Medical Support Shelter (MSS) Plan

- State-operated site at Georgia Public Safety Training Center (GPSTC)
- Intended to shelter ONLY Medical Needs individuals from the Coastal Registries
- Dorms and the bays will be used to provide housing
  - Dorms to support those with caregivers
  - Bays to support a congregate setting for those without a caregiver
- Staffing sourced from universities, contractors, and federal partners
  - Overseen by DPH

Coastal Evacuation Sheltering Planning

- Shelters intended to support general and functional/access needs individuals
- County to County Agreements
- GEMA is speaking with the Emergency Management Agencies in the coastal counties and potential receiving counties
- This is a long-term plan and is in the very early stages. Next steps include:
  - Additional County Calls
  - County-to-County In-Person Meetings
  - Continue State-level meetings with Emergency Support Functions (ESF) to support planning efforts (DPH, Agriculture, Human Services, American Red Cross, etc.)

Hurricane Idalia

- Hurricane Idalia made landfall as a Category 3 Major Hurricane along the coast of the Florida Big Bend
- GEMA's State Operations Center (SOC) was fully activated on August 29
  - EPR Duty Officers, EPR Leadership, and DCH staffed the ESF 8 desk
- Statewide ESF 8 Calls (public health districts and healthcare coalition leadership) and daily situation reports began August 29
- The Office of Nursing rostered 36 nurses to potentially support shelters in the impacted counties
- The Patient Placement Board was used to place patients and assign transport to receiving facilities by the Medical Transport Group (MTG)

Hurricane Idalia

- Environmental Health (EH) team members performed a just-in-time pre-inspection at the shelter and continue to provide daily shelter and mass feeding site inspection services
- Sixteen District 8-1 EH team members, along with five District 8-2 EH staff, contacted and/or inspected over 300 permitted food service establishments on Thursday and Friday following the storm
- District 8-1 nurses staffed the day shift (8 AM-8 PM) in the shelter on Friday and Saturday, and the Health Director was on-site at the time of activation and made visits/check-ins at the shelter daily
- District 8-1 Epidemiologists have been in constant contact with Red Cross shelter managers regarding surveillance data

Hurricane Idalia

- All District 8-1 generators were checked and fueled prior to the storm's arrival
- Generators were staged with the PHEP truck for quick and easy access
- Emergency Preparedness (EP) team members staffed the fully activated Emergency Operations Center (EOC) in Lowndes County on Wednesday, Thursday, and Friday, and virtually in the days after
- Mass Notification Systems and Redundant Devices widely used to communicate with public health and healthcare partners
- Region VIII EMS Director was present at the Lowndes County EOC and assisted in the relocation of patients from area healthcare facilities
- Region L Healthcare Coalition deployed fans, lights, small generators, and portable air conditioners to healthcare facilities affected by power outages in Lowndes County

Questions

For more information, please contact:

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Injury Prevention in Georgia

Board of Public Health Meeting / Lisa Dawson, MPH / September 12, 2023

Burden of Injury in Georgia

5 Leading Causes of Death, and Georgia

2016 - 2020, Both Sexes, All Ages, All Races

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Short Gestation 147.5	Unintentional Injury 9.6	Unintentional Injury 4.6	Unintentional Injury 4.8	Unintentional Injury 29.6	Unintentional Injury 48.6	Unintentional Injury 49.0	Heart Disease 101.1	Malignant Neoplasms 291.2	Heart Disease 958.2	Heart Disease 182.9
2	Congenital Anomalies 126.7	Congenital Anomalies 2.8	Malignant Neoplasms 2.0	Suicide 3.0	Homicide 16.9	Suicide 18.4	Heart Disease 34.3	Malignant Neoplasms 93.3	Heart Disease 241.4	Malignant Neoplasms 808.0	Malignant Neoplasms 166.0
3	Sids 82.9	Homicide 2.5	Congenital Anomalies 1.2	Malignant Neoplasms 1.9	Suicide 14.3	Homicide 16.8	Malignant Neoplasms 27.6	Unintentional Injury 47.7	Unintentional Injury 54.7	Alzheimer's Disease 294.6	Chronic Low. Respiratory Disease 46.1
4	Unintentional Injury 34.7	Malignant Neoplasms 2.2	Homicide 0.9	Homicide 1.1	Malignant Neoplasms 3.5	Heart Disease 10.7	Suicide 17.6	Suicide 19.1	Chronic Low. Respiratory Disease 52.5	Chronic Low. Respiratory Disease 270.1	Unintentional Injury 45.5
5	Maternal Pregnancy Comp. 28.4	Heart Disease 1.3	Heart Disease 0.5**	Heart Disease 0.8	Heart Disease 2.7	Malignant Neoplasms 8.1	Homicide 11.0	Diabetes Mellitus 17.2	Cerebrovascular 40.4	Cerebrovascular 250.9	Cerebrovascular 43.1

Centers for Disease Control and Prevention: Web-based Injury Statistics Query and Reporting System

Burden of Injury in Georgia

5 Leading Causes of Injury Death, and Georgia

2016 - 2020, Both Sexes, All Ages, All Races

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Unintentional Suffocation 28.7	Unintentional Drowning 3.4	Unintentional Mv Traffic 2.1	Unintentional Mv Traffic 2.6	Unintentional Mv Traffic 18.1	Unintentional Poisoning 22.8	Unintentional Poisoning 26.3	Unintentional Poisoning 22.8	Unintentional Poisoning 19.7	Unintentional Fall 44.6	Unintentional Mv Traffic 14.8
2	Homicide Unspecified 5.0	Unintentional Mv Traffic 2.6	Unintentional Drowning 1.1	Suicide Suffocation 1.5	Homicide Firearm 15.9	Unintentional Mv Traffic 20.4	Unintentional Mv Traffic 15.5	Unintentional Mv Traffic 15.4	Unintentional Mv Traffic 18.1	Unintentional Mv Traffic 19.3	Unintentional Poisoning 13.9
3	Unintentional Mv Traffic 3.5	Homicide Unspecified 1.1	Homicide Firearm 0.5**	Suicide Firearm 1.2	Suicide Firearm 8.4	Homicide Firearm 15.0	Homicide Firearm 9.1	Suicide Firearm 11.5	Suicide Firearm 12.0	Suicide Firearm 14.2	Suicide Firearm 8.9
4	Undetermined Unspecified 1.9**	Unintentional Suffocation 0.9	Unintentional Fire/Flame 0.4**	Homicide Firearm 0.8	Unintentional Poisoning 7.2	Suicide Firearm 10.5	Suicide Firearm 9.1	Homicide Firearm 4.7	Unintentional Fall 5.3	Unintentional Unspecified 9.1	Unintentional Fall 7.5
5	Unintentional Drowning Homicide Poisoning Homicide Other Spec., Classifiable Undetermined Suffocation --	Unintentional Pedestrian, Other 0.8**	Unintentional Other Land Transport --	Unintentional Drowning 0.6	Suicide Suffocation 4.5	Suicide Suffocation 5.7	Suicide Suffocation 5.4	Suicide Suffocation 3.7	Suicide Suffocation 2.8	Unintentional Suffocation 8.4	Homicide Firearm 6.8

Centers for Disease Control and Prevention: Web-based Injury Statistics Query and Reporting System

Burden of Injury in Georgia

In the five-year period of 2005-2009 before the collaboration with IPRCE began, Georgia had the 23rd highest age adjusted rate of Injury deaths among all 50 states.

In 2016-2020, the five most recent years available in the WISQARS tool, Georgia had the 37th highest age adjusted rate of injury deaths among all 50 states.

	Age-Adjusted Injury Death Rate		
Geography	**2005-2009**	**2016-2020**	**Percent Increase**
Georgia	63.16	68.72	8.80%
USA	58.35	72.54	24.32%

Centers for Disease Control and Prevention: Web-based Injury Statistics Query and Reporting System

Injury Prevention Program Structure

Safe Infant Sleep
Coordinate statewide public health interventions intended to protect infants from SUID

Child Occupant Safety
Provides child safety seats and education on proper installation and use

EfC: PACE D2A
Conduct data-to-action activities to inform ACEs prevention implementation

PREVAYL
Implement programs, policies and practices to address multiple forms of violence affecting youth

Suicide Prevention
Supports disproportionately affected populations with increased risk of suicide

CORE SVIPP
Uses shared risk and protective factors to address ACEs, TBI, Falls, and Motor Vehicle Crashes

CODES
Analyzes and uses probabilistic techniques to link electronic crash and other traffic data

55+ Driver Safety
Develops comprehensive strategies to serve at-risk adult drivers

BOLD
Coordinates public health interventions to support Georgians with dementia

Preventing ACEs Through Partnership

Essentials for Childhood: Preventing ACEs Through Data to Action (EfC: PACE D2A)

- Five year, $485,000 per year grant
- Awarded to IPP in 2023
- Continues the work of the 3-year PACE: D2A grant
- Uses data to address ACEs/PCEs shared risk and protective factors and related social determinants of health

IPRCE is a crucial partner for both grants

- Manages the data analysis and creation of data products,
- PACEs Mapping Tool website: https://iprce.emory.edu/pace-d2a.html
- IPP/IPRCE support dozens of state agencies and local organizations in their efforts to prevent ACEs by empowering them with real time ACEs/PCEs data

Public Health and Emory Partner Work (2024-2029)

Unifying themes for the application

- Advancing Health Equity
- Promoting and applying the principles of Implementation Science
- Supporting communities disproportionately affected by Injury and Violence

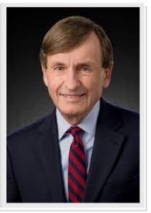
Core highlights

- Integration of activities with DPH
- Leveraging partners and task force structure to increase collective impact
- Implementation of unifying themes through-out Cores

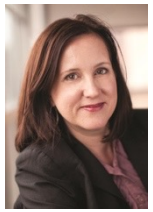
Promoting engagement with community groups working in violence prevention

- Data literacy

External Advisory Committee



James Curran, MD, MPH
Chair, IPRCE EAC
Dean and Professor
Emory University School of Public Health
Co-Director, Center for AIDS Research



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Terry Richmond, PhD, CRNP, FAAN
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Professor and Associate Dean of Research and Innovation
University of Pennsylvania School of Nursing

Lisa Dawson, MPH
Ex-Officio Member, IPRCE EAC
Director, Injury Prevention Program
Georgia Department of Public Health

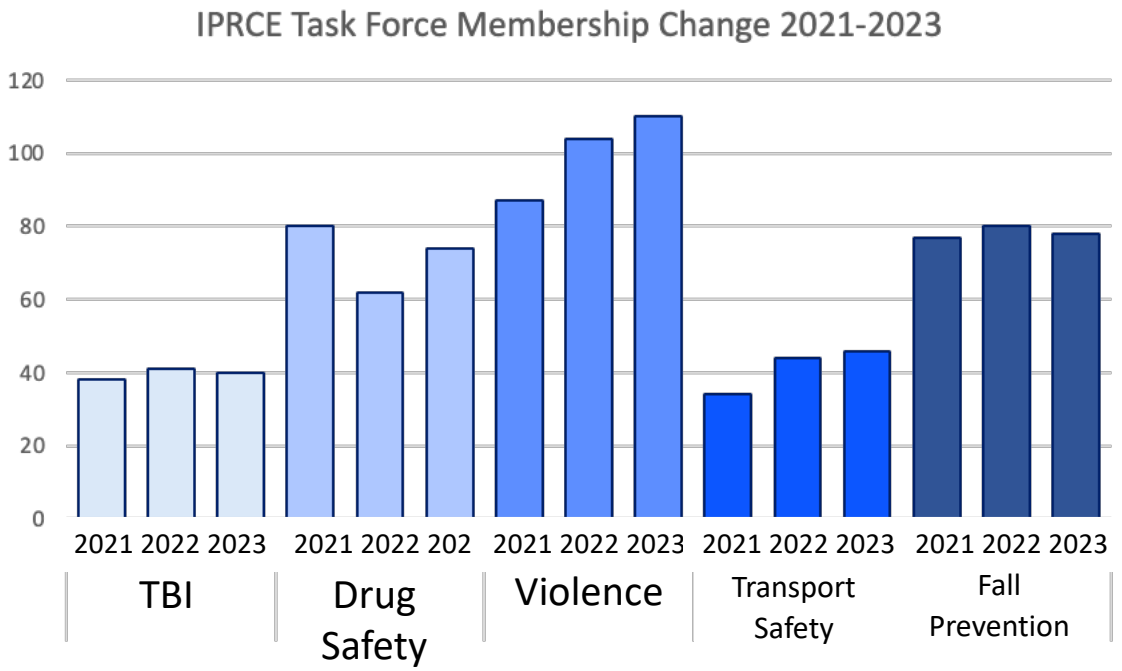
Ricardo Martinez, MD
Member, IPRCE EAC
Former Administrator, NHTSA

IPRCE Task Force Growth

348 Task Force Members and Leaders

99 Task Force Members who attended at least 2 meetings in the past year

29 new Task Force Members since August 2022



Engagement in Community Violence Prevention

Goal: Support the development of efficacious violence prevention organization and programs in ATL

Strategies: Develop and support community groups in implementing violence prevention interventions (cure violence model, other trauma informed interventions); Partner to support hospital-based violence prevention; Provide data and analytic support to community groups;

Community Violence Intervention Incubator (Safety and Justice Accelerator):

- Program evaluation, Data literacy training (based on PACE-D2A)

Training supports

- Intro to program evaluation, developing programs to promote health equity, incorporating health equity in evaluation

Promoting Health Equity Across Organizations

INPUTS		ACTIVITIES	OUTPUTS	OUTCOMES
IPRCE Leadership and Admin Core	IPRCE Admin Core Outreach Core Education Core Research Core External Advisory Committee Steering Committee Task Force Leads CBPAR Lead	-Promote leadership through training and mentorship -Maintain Leadership succession plan -Develop center goals and objective and activities. -Develop and maintain SOPs and protocols. -Increase evaluation support for programs -Support internal indicator and outcome evaluation -Oversee fiscal management -Enhance administrative support for Cores, CBPAR Support Group, and Task Forces -Advance development of external and support internal research proposals -Develop and maintain collaborative partnerships -Collaborate with Outreach Core for dissemination and translation opportunities -Collaborate with Education Core to promote needs assessments, trainings, and student programs	-Long term leadership plan -Mentored Junior Faculty -Leadership Training -Steering Committee Meetings -Task Force Meetings -Community organization support -Quarterly Meetings -Strategic Plan -Partnership Engagement Meetings -Research Results -Evaluation monitoring/ meetings -Community advisory boards on each research proposal -Coordinated Research, Education, Training, and Outreach activities.	Short-Term -High quality leadership -Progress on strategic plan objectives -Highly functional lines of communication between Cores - Innovative research projects meeting high priority IVP needs -Informed stakeholders -New collaborative partnerships -Evaluation plan -Smooth, sustained leadership
Faculty	Emory University Partner Institutions			
Partners	12 Academic Institutions Graduate Research Assistants Partner Institutions Task Force members CPBAR support group			Intermediate -Long term smooth succession plan for leadership positions -Increase Cross-Core activity -Increase translation of research-practice and practice to research -Increase opportunity for faculty led R01 and K funding. -Maintained funding for pilot and task force projects -Sustainable Center funding

Questions

For more information, please contact:

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Director, Injury Prevention Program
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Epidemiology Update

Board of Public Health Meeting / Cherie L. Drenzek, DVM, MS / September 12, 2023

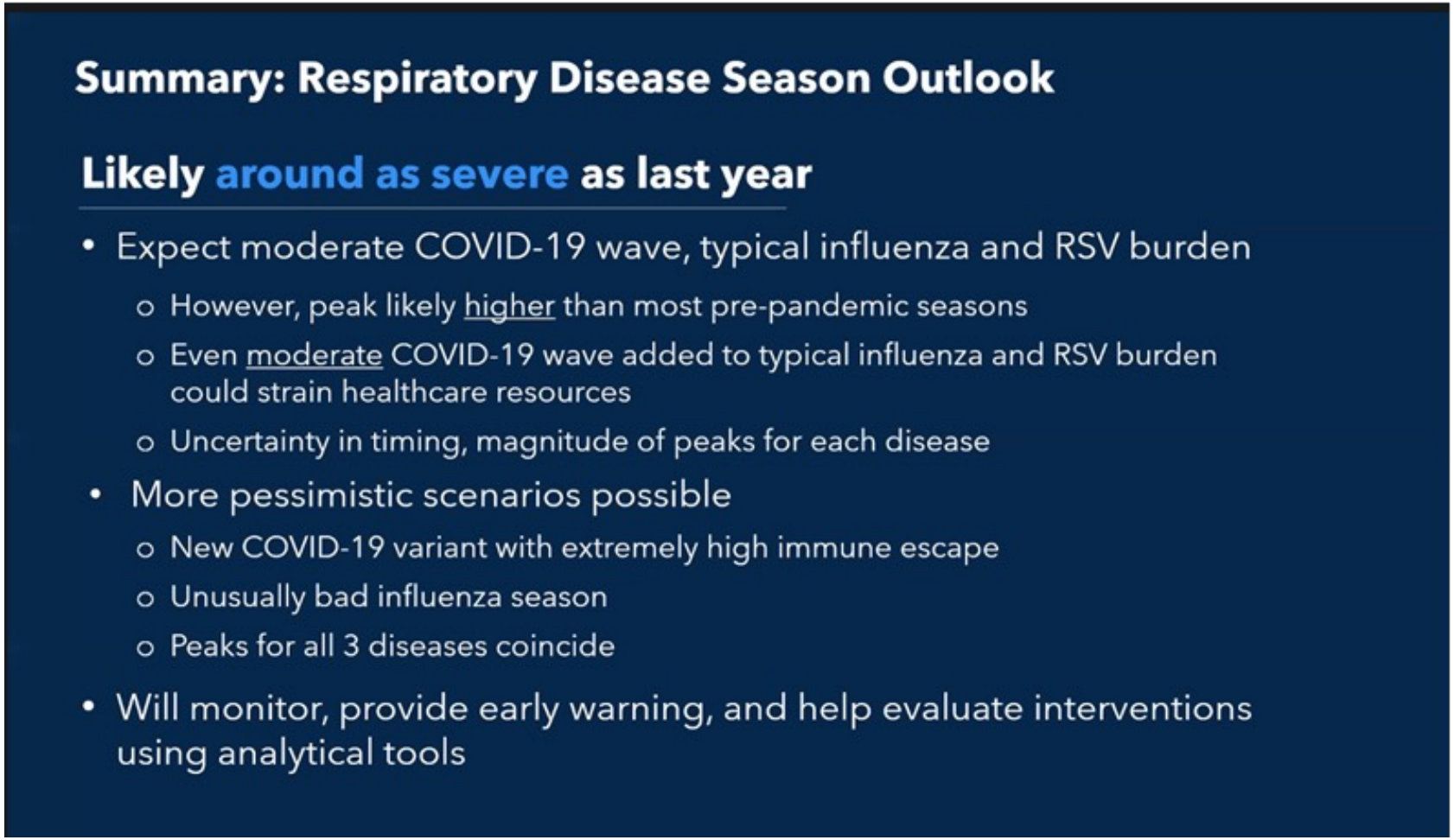
Introduction

Infectious diseases are ever-changing and unpredictable!

Surveillance and epidemiologic investigation are the cornerstones of prevention and control recommendations.

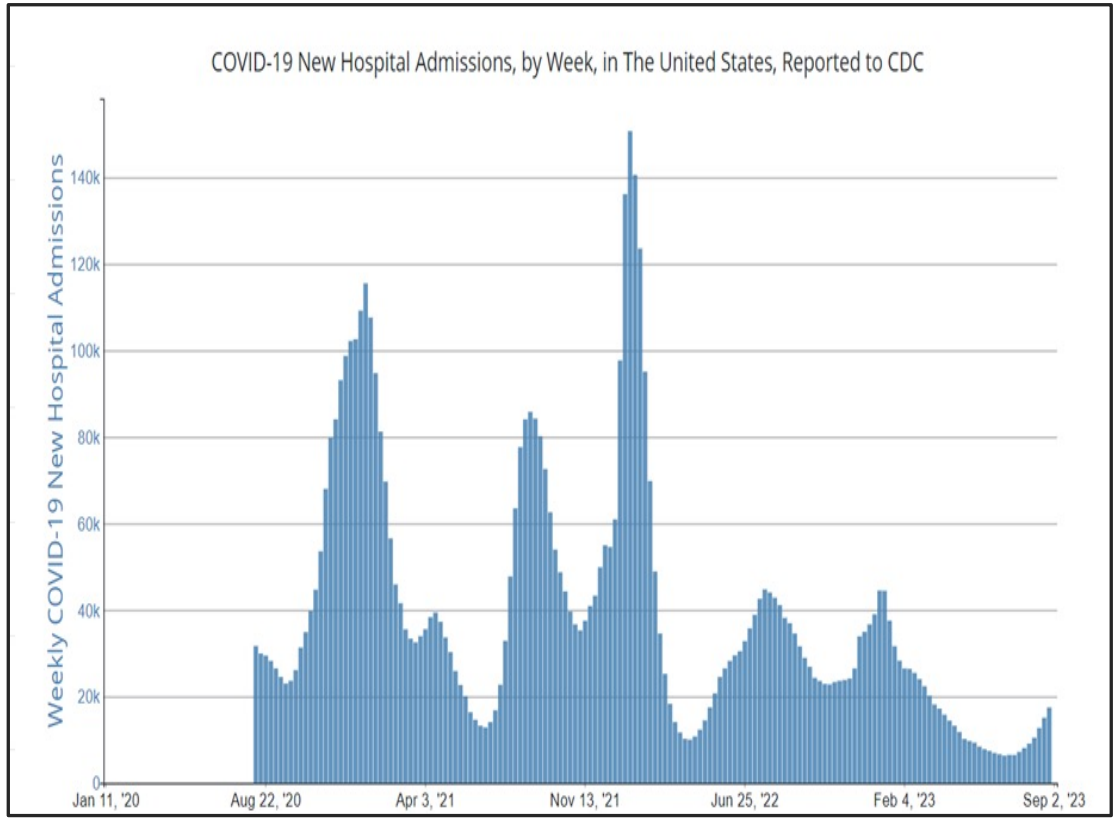
Illustrated by: Seasonal Respiratory Viruses COVID, RSV, and Influenza (“Tripledemic” last fall that strained hospital capacity)

CDC Forecasting Models for COVID, RSV, and Flu



https://www.cdc.gov/forecast-outbreak-analytics/index.html

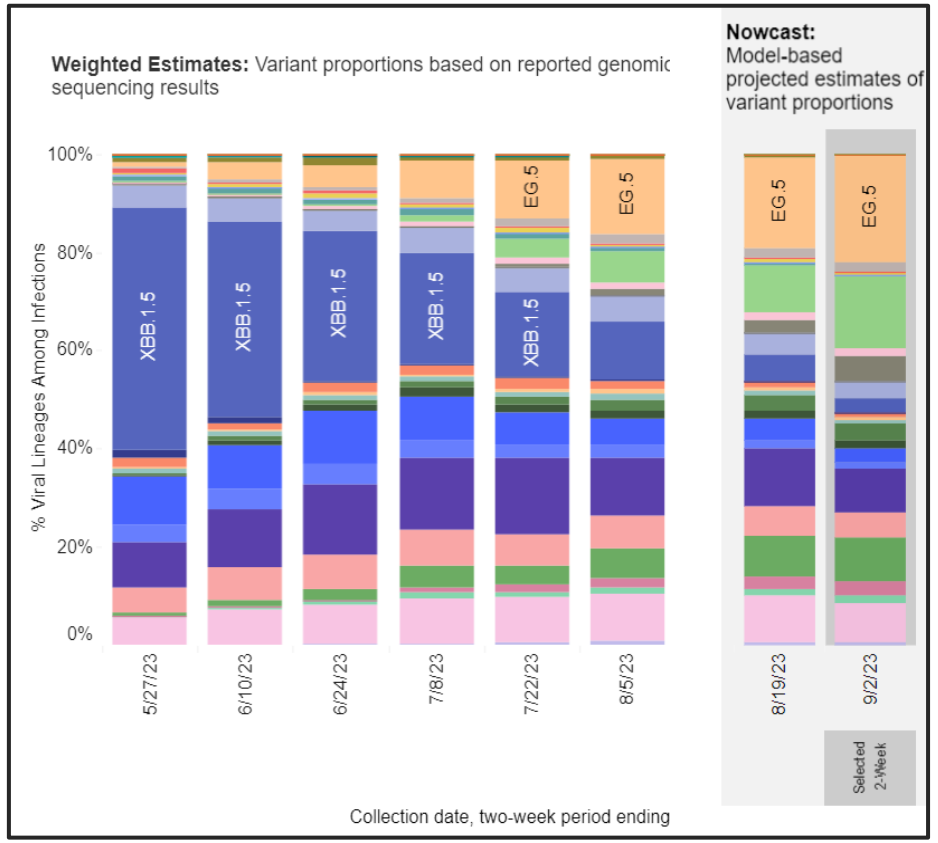
Snapshot of COVID-19 Nationally (9/11/23)



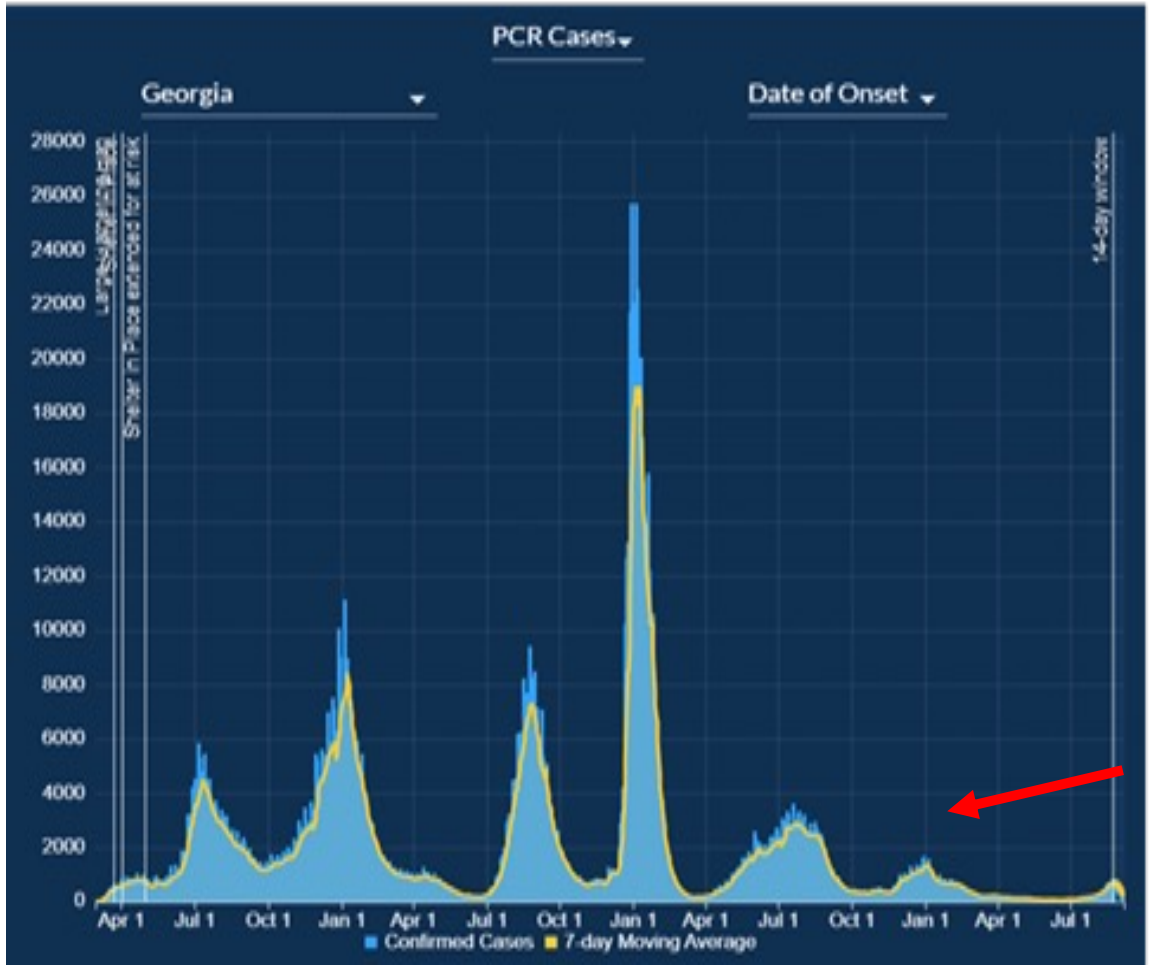
- In the US, since the end of the federal Public Health Emergency in May, COVID hospitalizations and deaths are the primary surveillance indicators that are tracked.
- Over the past week, nationally, COVID hospitalizations increased by 16% (about 17,000 total) and deaths increased by 11% (about 700 total).
- Both of these are less than half of what was seen in January 2023 and >10X less than in January 2022 (Omicron peak).

Circulating COVID Variants

- The variant EG.5 now is the "dominant" strain and comprises about 22% of cases nationally (and 16% in GA).
- The variant FL.1.5.1. comprises 15% of cases nationally and 12% in GA. In GA we also see about 15% of our COVID cases due to XBB.1.16.6.
- The newest variant of interest is a highly mutated variant called **BA.2.86** which recently appeared in a few places in the US (not yet detected in GA).
- **In good news, recent studies showed that BA.2.86 is likely less contagious and that previous COVID infection, vaccines, and the new booster will likely provide protection.**

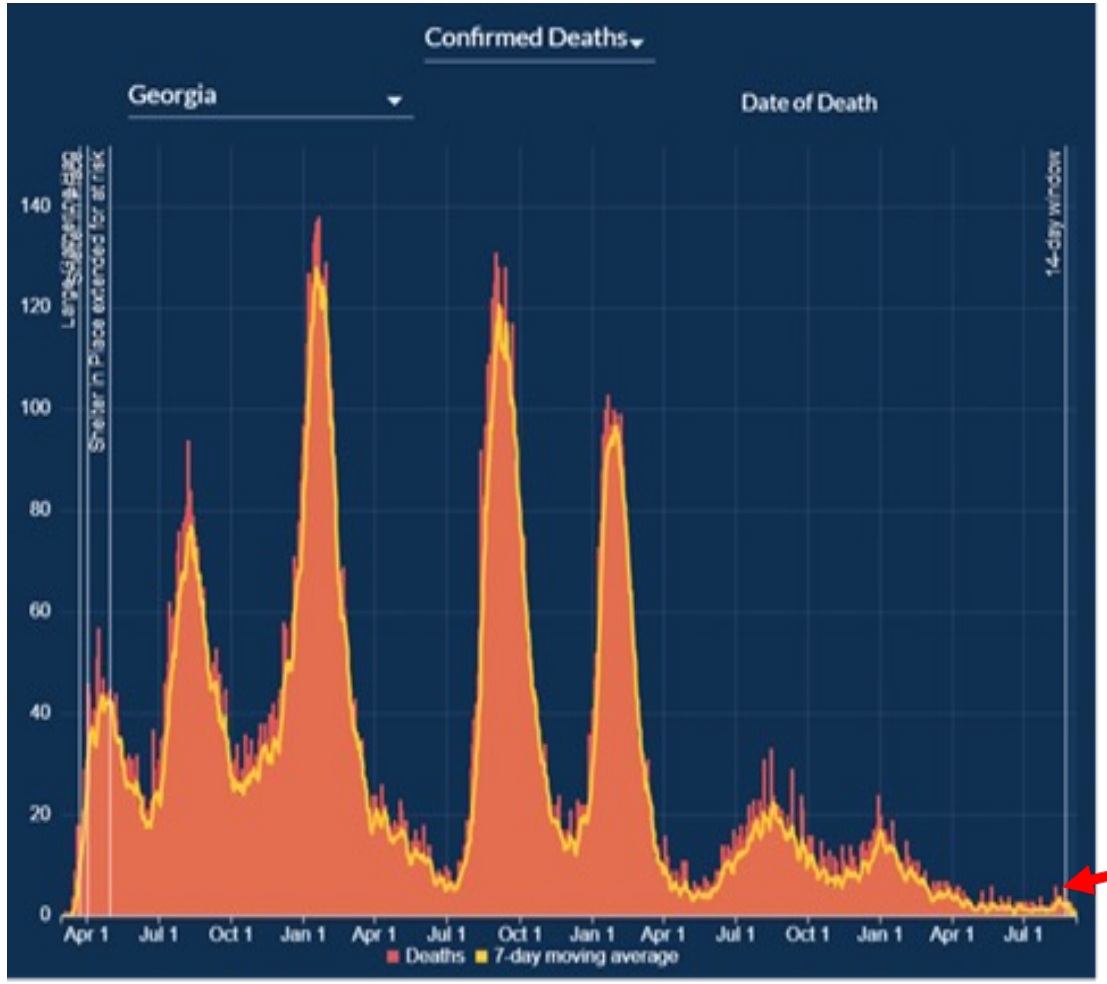


Total COVID-19 Cases, Georgia



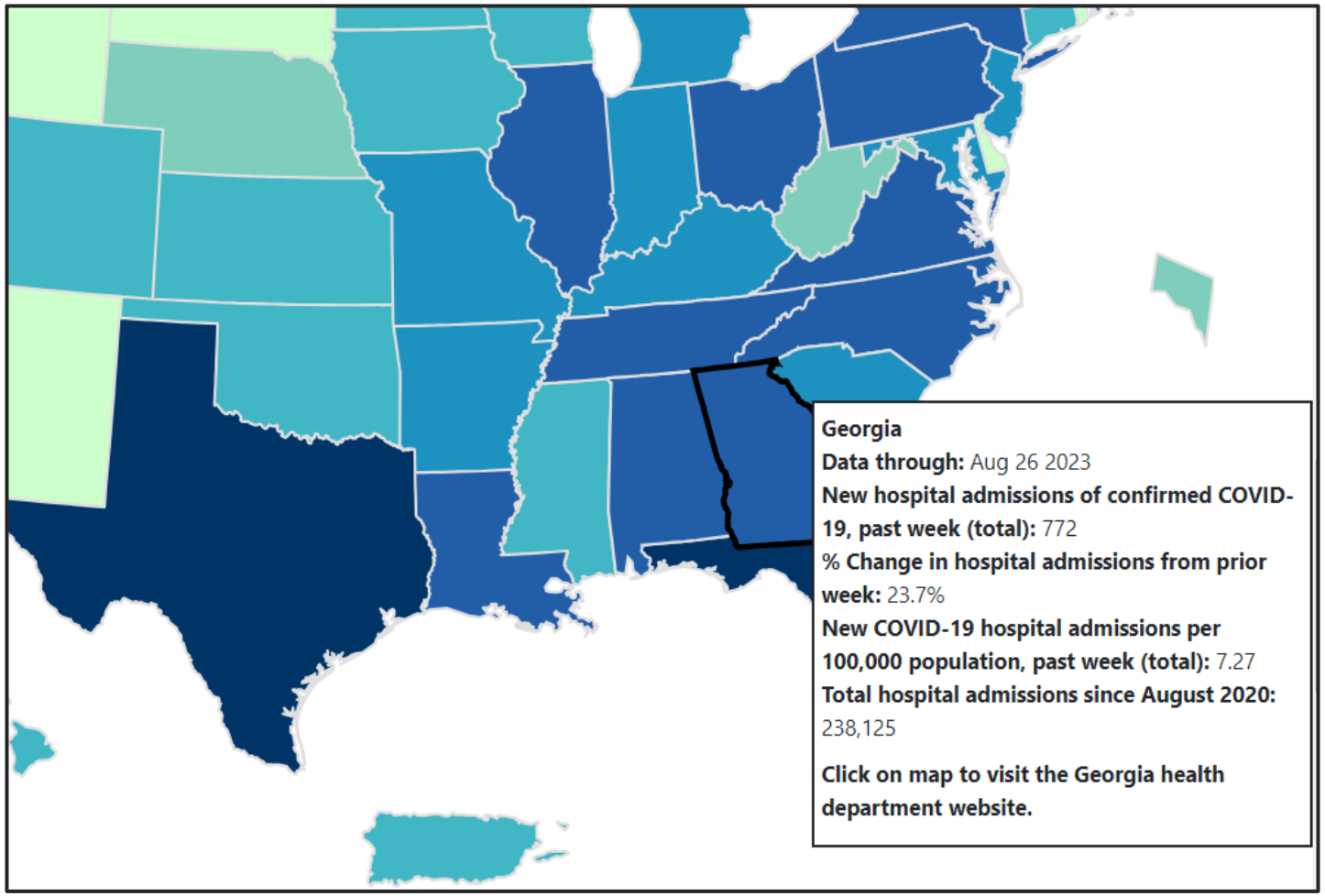
- In Georgia, we still track COVID case numbers but recognize the magnitude is likely greater than numbers show because of home tests and testing decreases, although daily case numbers are about 6 times higher than they were two months ago.

COVID-19 Deaths, Georgia



- In Georgia, our COVID deaths have been as low as they have ever been during the pandemic, but still have increased by 3X since the beginning of July (weekly total from 10 to 30).

COVID-19 Hospitalizations, Georgia



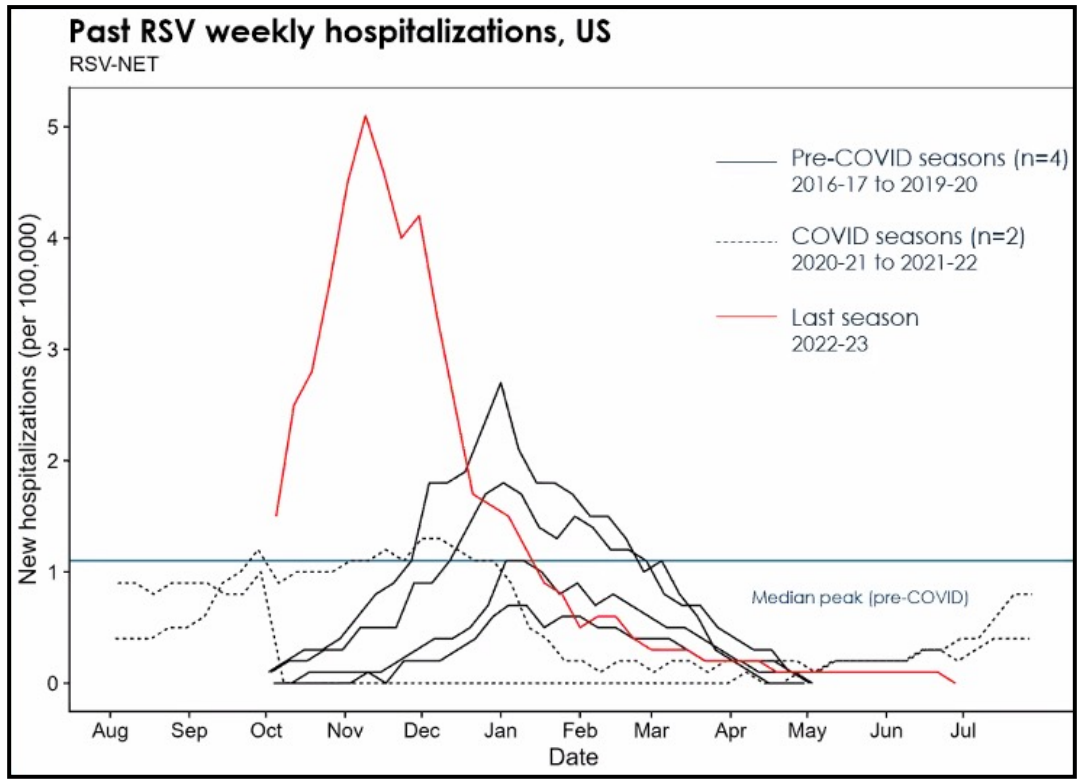
https://covid.cdc.gov/covid-data-tracker/#maps_new-admissions-state

Summary: COVID Forecasting?

- Still no complacency: Although there is relatively widespread immunity, SARS-CoV-2 is still with us, has proven very adept at changing, and has opportunity with unvaccinated and immune-compromised people.

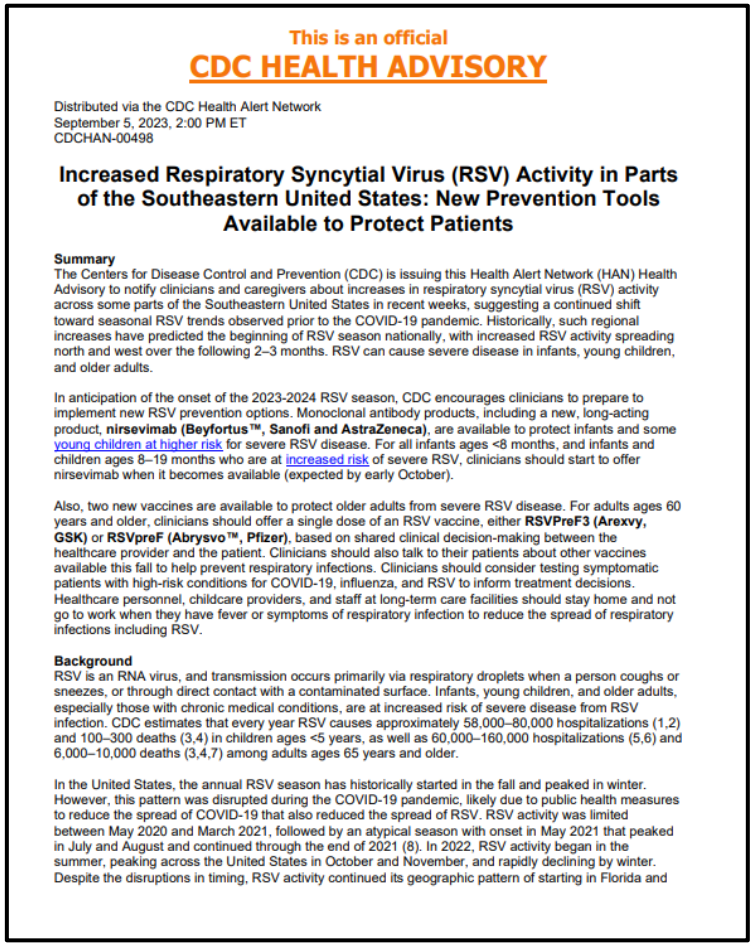
- Vaccination, NEW booster, **surveillance**, testing, and traditional mitigation are critical to control variants that emerge.

Respiratory Syncytial Virus (RSV)



- RSV infection can be serious or even deadly in young children; those under 12 months most at risk for hospitalization (but elderly can be impacted too).
- Last year's RSV season was very early (began in August, peaked in October) and unusually severe (pandemic impact).
- During the COVID years, RSV activity was very low, so young children did not develop immunity to RSV, leading to the atypical season last year.
- CDC forecasted that this RSV season may be more like typical pre-COVID ones, as immunity will be more widespread again.

Early RSV Activity in the Southeast



This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
September 5, 2023, 2:00 PM ET
CDCHAN-00498

Increased Respiratory Syncytial Virus (RSV) Activity in Parts of the Southeastern United States: New Prevention Tools Available to Protect Patients

Summary
The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians and caregivers about increases in respiratory syncytial virus (RSV) activity across some parts of the Southeastern United States in recent weeks, suggesting a continued shift toward seasonal RSV trends observed prior to the COVID-19 pandemic. Historically, such regional increases have predicted the beginning of RSV season nationally, with increased RSV activity spreading north and west over the following 2–3 months. RSV can cause severe disease in infants, young children, and older adults.

In anticipation of the onset of the 2023-2024 RSV season, CDC encourages clinicians to prepare to implement new RSV prevention options. Monoclonal antibody products, including a new, long-acting product, **nirsevimab (Beyfortus™, Sanofi and AstraZeneca)**, are available to protect infants and some young children at higher risk for severe RSV disease. For all infants ages <8 months, and infants and children ages 8–19 months who are at increased risk of severe RSV, clinicians should start to offer nirsevimab when it becomes available (expected by early October).

Also, two new vaccines are available to protect older adults from severe RSV disease. For adults ages 60 years and older, clinicians should offer a single dose of an RSV vaccine, either **RSVPreF3 (Arexvy, GSK)** or **RSVpreF (Abrysvo™, Pfizer)**, based on shared clinical decision-making between the healthcare provider and the patient. Clinicians should also talk to their patients about other vaccines available this fall to help prevent respiratory infections. Clinicians should consider testing symptomatic patients with high-risk conditions for COVID-19, influenza, and RSV to inform treatment decisions. Healthcare personnel, childcare providers, and staff at long-term care facilities should stay home and not go to work when they have fever or symptoms of respiratory infection to reduce the spread of respiratory infections including RSV.

Background
RSV is an RNA virus, and transmission occurs primarily via respiratory droplets when a person coughs or sneezes, or through direct contact with a contaminated surface. Infants, young children, and older adults, especially those with chronic medical conditions, are at increased risk of severe disease from RSV infection. CDC estimates that every year RSV causes approximately 58,000–80,000 hospitalizations (1,2) and 100–300 deaths (3,4) in children ages <5 years, as well as 60,000–160,000 hospitalizations (5,6) and 6,000–10,000 deaths (3,4,7) among adults ages 65 years and older.

In the United States, the annual RSV season has historically started in the fall and peaked in winter. However, this pattern was disrupted during the COVID-19 pandemic, likely due to public health measures to reduce the spread of COVID-19 that also reduced the spread of RSV. RSV activity was limited between May 2020 and March 2021, followed by an atypical season with onset in May 2021 that peaked in July and August and continued through the end of 2021 (8). In 2022, RSV activity began in the summer, peaking across the United States in October and November, and rapidly declining by winter. Despite the disruptions in timing, RSV activity continued its geographic pattern of starting in Florida and

- We don't count individual cases of RSV but use percent of lab specimens that are positive to look at trends (threshold is above 3%).
- Over the last two weeks, RSV activity has exceeded the threshold in Florida and Georgia.
- Historically, such regional increases have signaled the beginning of RSV season nationally, with increased RSV activity spreading north and west over the following 2–3 months.

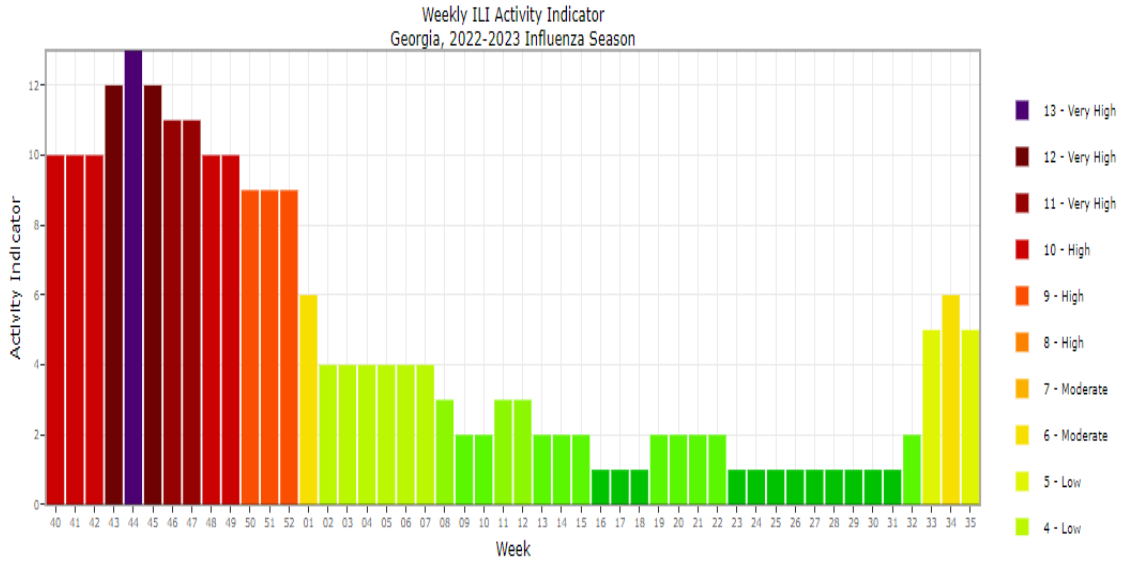
https://emergency.cdc.gov/han/2023/han00498.asp

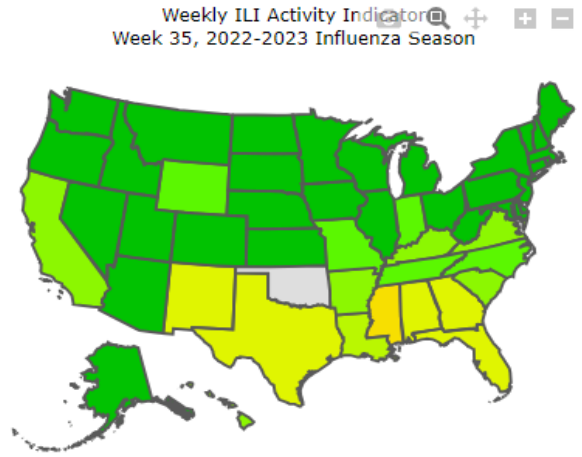
RSV Prevention: New Tools Available this Season

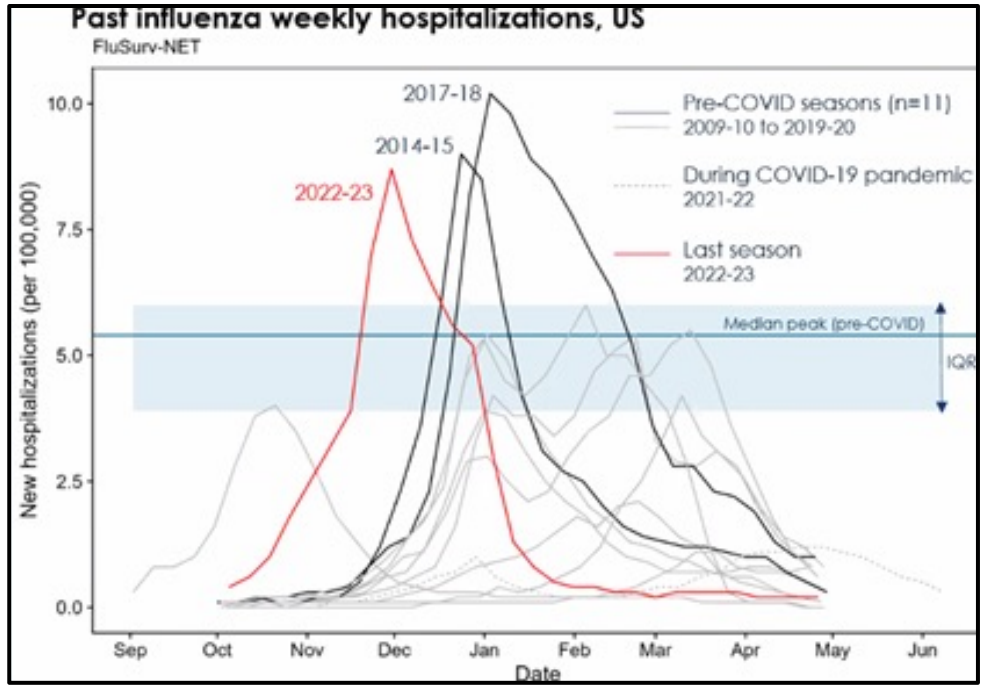
- To protect infants and young children from severe RSV:
  - A new long-acting monoclonal antibody product, **nirsevimab (Beyfortus™, Sanofi and AstraZeneca)**, should be given to all infants ages <8 months (entering 1st RSV season), and infants and children ages 8–19 months (entering 2nd RSV season) who are at high risk of severe RSV.
  - Nirsevimab should be available by early October.

- To protect older adults from severe RSV:
  - Adults aged 60 years and older should receive a single dose of one of the two new RSV vaccines, either **RSVPreF3 (Arexvy, GSK)** or **RSVpreF (Abrysvo™, Pfizer).**

Influenza Activity







Bottom Line

- No matter the forecasts, seasonal respiratory viruses have tremendous impact on populations and health care capacities but are PREVENTABLE!
  - COVID vaccines and new monovalent “booster” as indicated (should be available next week)
  - RSV biologics and vaccines, as indicated
  - Influenza vaccine for EVERYONE over 6 months of age

Questions

For more information, please contact:

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Next Meeting

The next Board of Public Health Meeting
will be held October 10, 2023