

# Georgia Board of Public Health

October 11, 2022

# Agenda

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- Call to order
- Roll Call
- Approval/Adoption of Minutes
- New Business
  - Commissioner's Report
    - Georgia State Patrol Awards
  - Epidemiology Updates
    - COVID
    - Monkeypox
  - Monkeypox Vaccination
  - Rainbow Fentanyl
- Board Comments
- Adjournment

# Commissioner's Report

Board of Public Health / Kathleen E. Toomey, M.D., M.P.H. / Oct. 11, 2022

# Georgia State Patrol Awards and Recognition

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In Recognition and Appreciation  
For your tireless support, collaboration, and leadership  
during the COVID-19 pandemic and beyond.

Our Sincere Thanks and Gratitude

**Colonel Chris C. Wright**

**Lt. Colonel William W. Hitchens, III**

**Georgia State Patrol**

# Epidemiology Update

Board of Public Health / Cherie L. Drenzek, DVM, MS, State Epidemiologist / Oct. 11, 2022

# Introduction

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Infectious diseases are ever-changing and unpredictable!

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

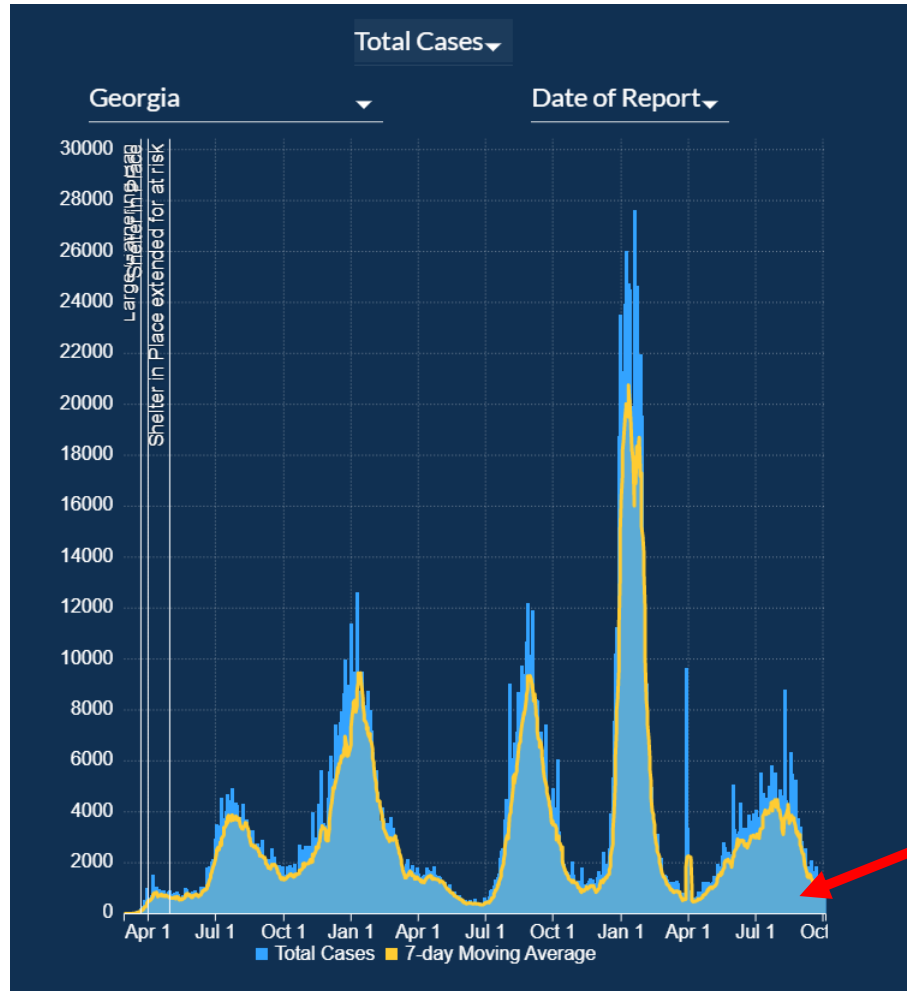
Illustrated by: COVID and Monkeypox global outbreaks

# COVID Snapshot (10-11-22): "BA.5 Receding, Others Rising?"

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- The BA.5 subvariant is declining but still responsible for about 76% of all SARS-CoV-2 infections now.
- However, a trio of new Omicron subvariants are rising steadily (even tripling) in the last few weeks: **BA.4.6 (17%), and BF.7 (4.4%), and BA.2.75 (1.4%).**
- In the US and Georgia, COVID case numbers have been **steadily decreasing** over the last several weeks, but we are seeing increases in the Northeast.
- Hospitalizations and deaths have also also have **declined** about 20% in the last two weeks (we are seeing just under 100 deaths/week now)
- **With new variants rising, caution and prevention always remain prudent (including vaccination/bivalent boosters).**

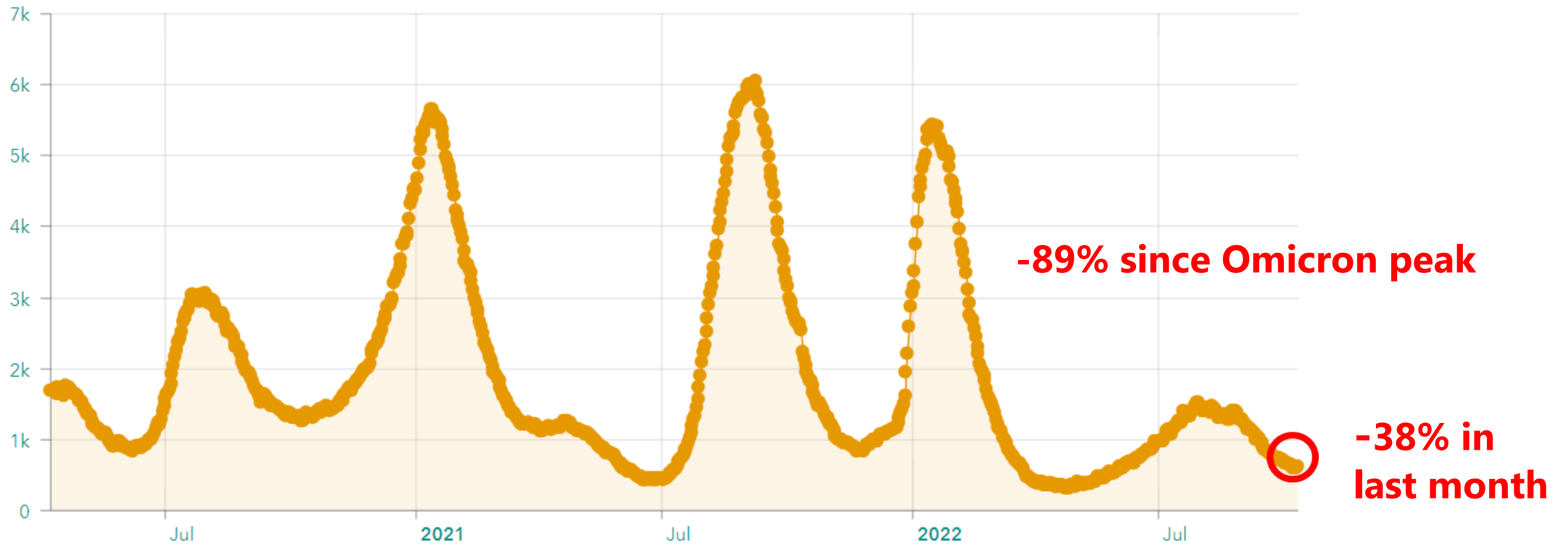
# Total COVID-19 Cases



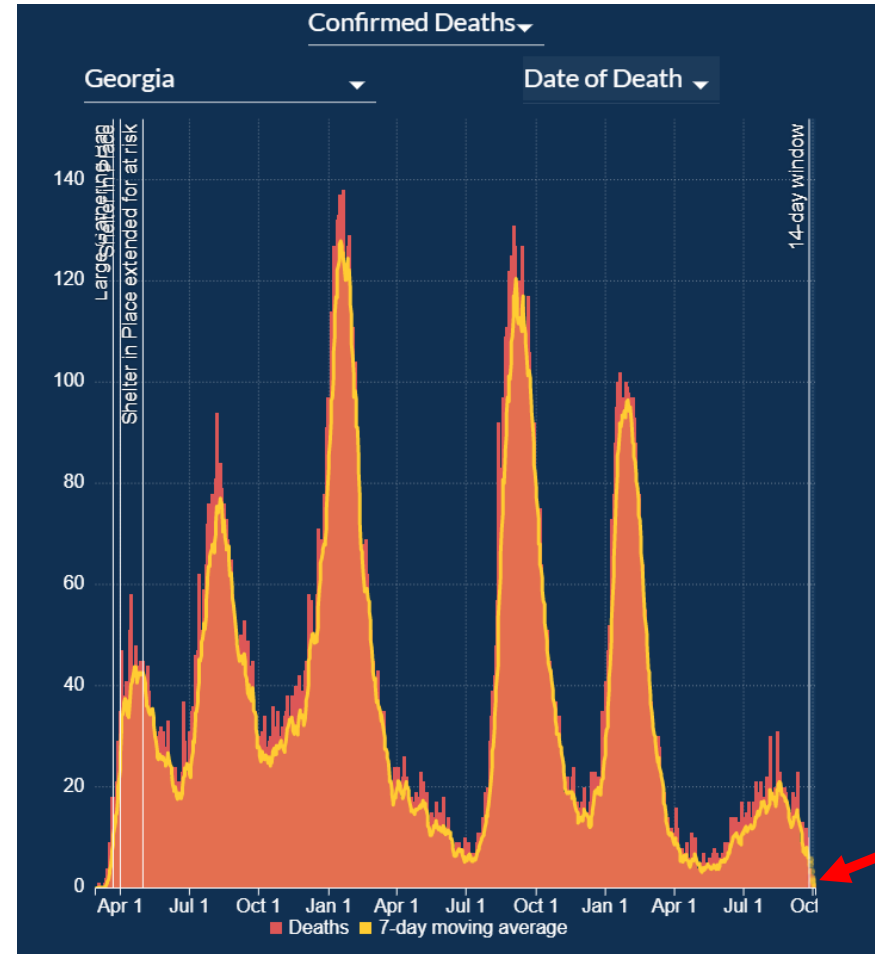
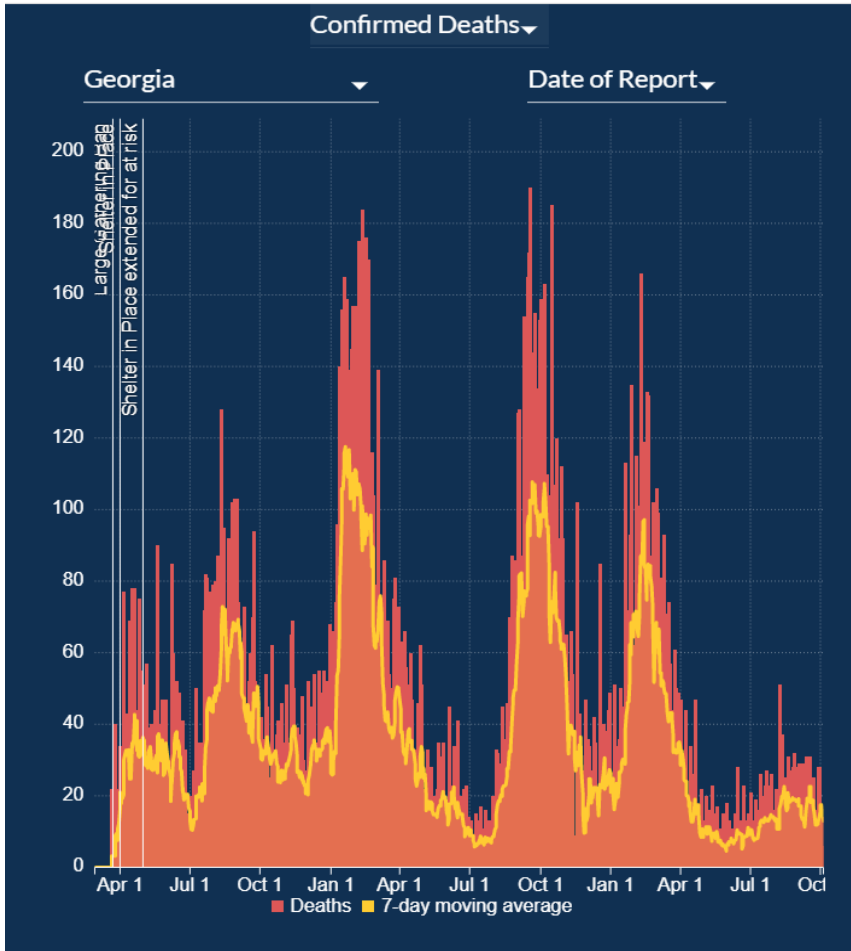
**-80% decline since mid-August**

# COVID-19 Hospitalizations

Daily Counts of COVID-19 Patients

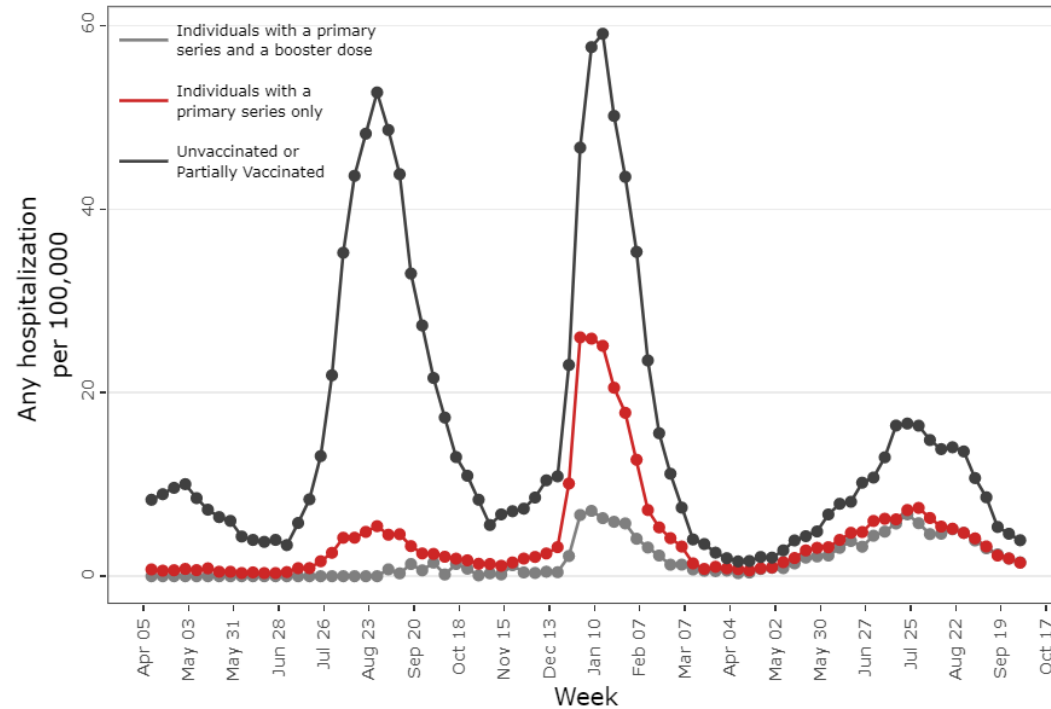


# COVID-19 Deaths

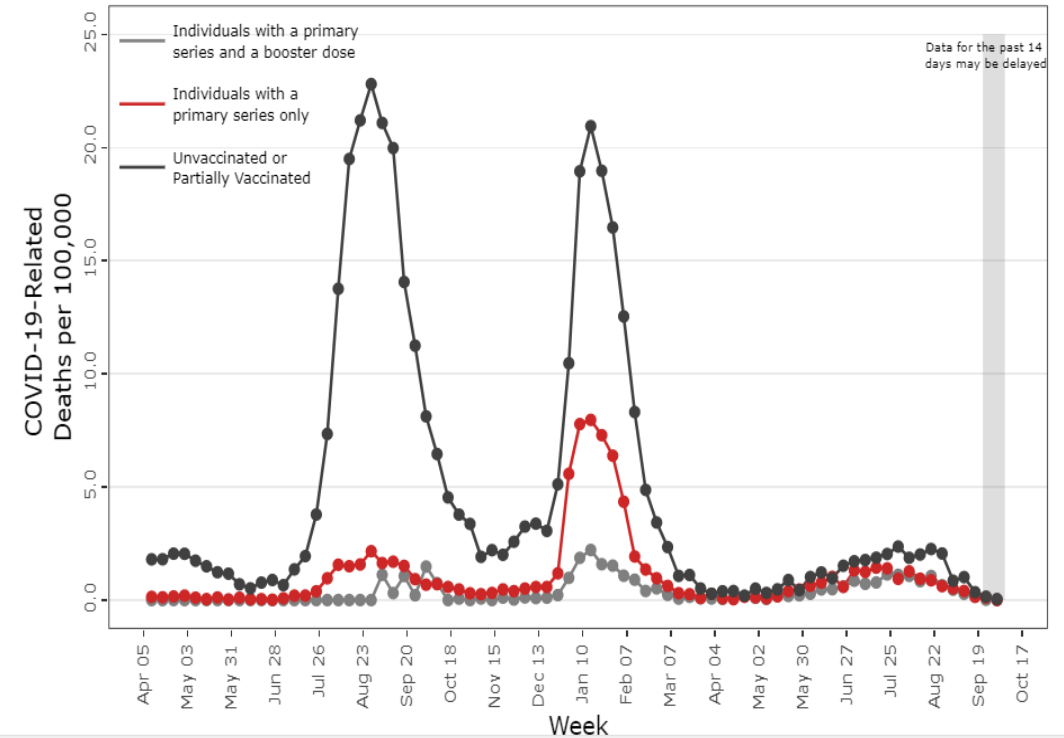


# Hospitalizations and Deaths by Vaccine Status

Any Hospitalization per 100,000 by Date of Positive Test and Vaccination Status (Age-Adjusted) 2021-04-10 to 2022-10-06



COVID-19-Related Deaths per 100,000 by Date of Positive Test and Vaccination Status (Age-Adjusted) 2021-04-10 to 2022-10-06



# Summary: Pandemic is Not Over

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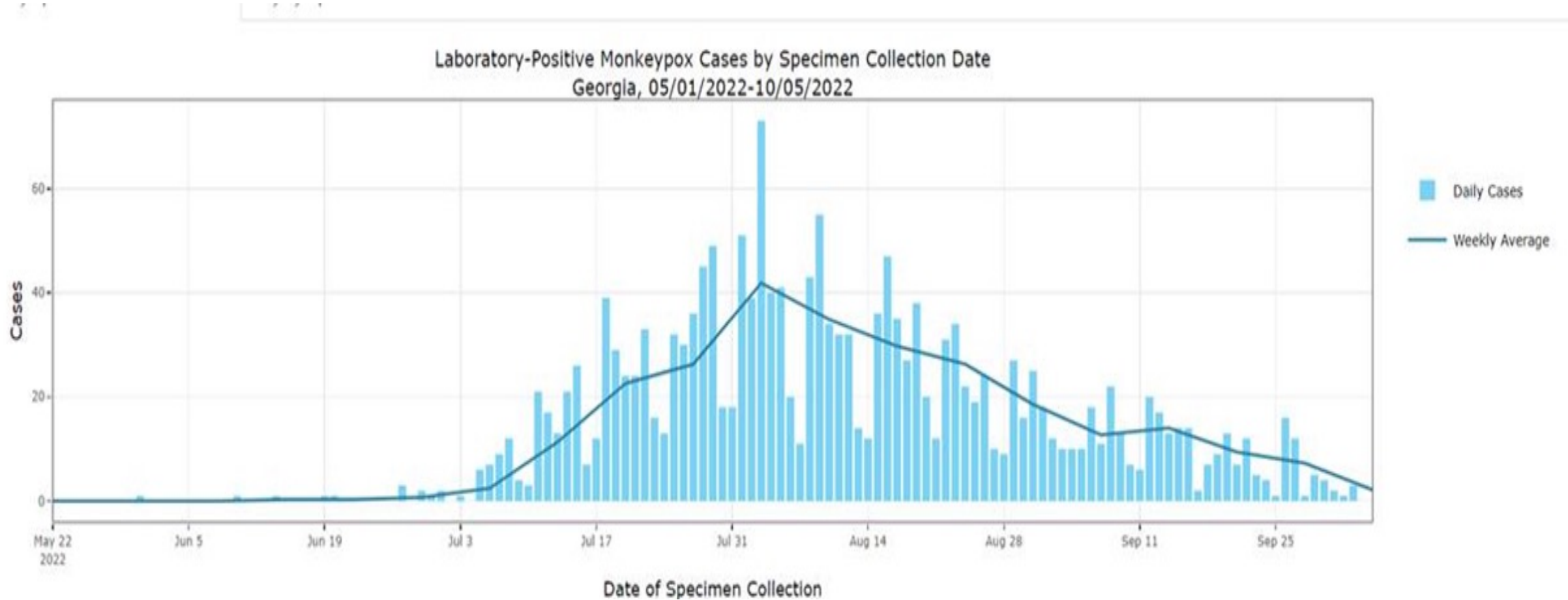
- Still no complacency: SARS-CoV-2 is still with us, has proven very adept at changing, and still kills nearly 400 Americans per day (60% among those >70 years old).
- We should expect new variants and additional waves.
- Other concerns: waning immunity (>4 months), too few adults (and >12) getting bivalent boosters, too few kids getting vaccinated, and long COVID.
- Vaccination, boosters, antivirals, testing, and traditional mitigation are critical WHEN we face new variants that emerge and result in surges over the next several years.

# Monkeypox Outbreak: Epidemiology

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- Globally, since May, there have been about 70K monkeypox cases with 26K in the US alone
- Georgia has 1839 cases in 64 counties, but 85% of cases are in the metro Atlanta area.
- Case rates have been consistently slowing over the last few weeks nationally and in Georgia.

# Monkeypox Epi Curve, Georgia



# Monkeypox in Georgia: Epidemiology (cont'd)

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- Gender of cases: 98% are male; 2% are female
- Vast majority of cases identify as MSM
- Age range of cases: 4-68 years, median: 34 years; 3 pediatric cases
- Race/Ethnicity (known for 95% cases): Vast majority **Black (79%) and Non-Hispanic (92%)**
- Main risk factor reported was close, sustained physical or sexual contact with someone who had monkeypox
- 5% of cases were hospitalized
- **60% of cases are HIV-positive and 42% had an STI in the past year**
- Important data to inform interventions, vaccinations, and equity decisions

# Severe Monkeypox Infections

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- Although rare, severe manifestations of monkeypox can occur
- Limited data; few patients in US so far but increasing
- HIV+, severely immune compromised
- Atypical rash with coalescing or necrotic lesions
- Hallmark of **very rapid** deterioration
- Multiple organ system involvement (pulmonary, neuro, cardiac, ocular)
- Treatment: IV TPOXX, Vaccinia IGIV (limited data)
- Several fatal cases
- Underscores recommendation to test MPX patients for HIV, ensure ART, and to prioritize MPX vaccination HIV infected

<https://emergency.cdc.gov/han/2022/han00475.asp>

# Closing Comments

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1. Infectious diseases are ever-changing and unpredictable!
2. **Surveillance and epidemiologic investigation are** the cornerstones of prevention and control recommendations, including medical countermeasures for pre-and/or post-exposure prophylaxis.

# Questions

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For more information, please contact:

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# Monkeypox Vaccination

Board of Public Health / Alexander Millman, M.D., Chief Medical Officer / Oct. 11, 2022

# Vaccine Availability

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- Vaccines are being offered by appointments in all health districts
  - <https://gta-vras.powerappsportals.us/en-US/>
  - Vaccine Scheduling Resource Line at (888) 457-0186
- Given the currently available supply, vaccine is being prioritized for specific indications
- As cases have declined and more people have been vaccinated, vaccine demand has begun to decline compared to earlier in the outbreak

# Georgia MPX Vaccine Administration Data

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As of October 5, 2022, there were 25,639 first dose recipients and 15,728 second dose recipients

Characteristic	First Dose Recipient	Second Dose Recipient
26-45 year age group	58%	58%
Male	94%	96%
Black or African American	45%	43%
Non-Hispanic	90%	91%

Data are updated weekly on Wednesdays:  
<https://dph.georgia.gov/monkeypox>

# Current Vaccine Priorities (unchanged)

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- Postexposure Prophylaxis (PEP)
  - For high-risk exposure to a confirmed MPX case
  - Most beneficial when within 4 days of exposure but some may benefit up to 14 days following exposure
  - If given between 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease.
- Expanded Postexposure Prophylaxis (PEP++)
  - For people with certain risk factors that might make them likely to have had high-risk exposure to someone with MPX
  - Used for response to outbreaks in areas where spread is occurring

# Current Vaccine Priorities (new)

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- Pre-exposure Prophylaxis (PrEP)
  - For vaccination before exposure to MPX
  - For people with certain occupational and sexual exposure risk factors that might make them likely to be exposed to MPX in the future
  - PrEP is also indicated for the sexual partners of those who meet eligibility criteria for PrEP and for people who anticipate experiencing those risk factors

# MPX Vaccine Is Offering Protection From Infections



# Alternative Sites for Intradermal Administration

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- Intradermal administration of vaccine is typically performed on the volar (inner aspect) of the forearm
- Some individuals who have received intradermal administration of MPX vaccine may have local reactions such as skin discoloration in the weeks to months after administration
- Intradermal administration may be performed at the upper back below the scapula or at the deltoid if the patient prefers an alternative site

# Ongoing DPH Vaccine Efforts

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- Broadened vaccine eligibility criteria to increase access to populations that may have higher likelihood of exposure to MPX
- Working with local health departments and community-based organizations for increasing uptake of first and second doses for eligible populations
- Being ready to respond to changes in outbreak epidemiology that may require re-evaluating vaccination priorities in the context of the currently limited supply of vaccine

# COVID-19 Vaccine Updates

# COVID-19 Bivalent Boosters

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- Bivalent boosters are updated COVID-19 vaccines that protect against both the original virus and the Omicron BA.4/BA.5 variants
- Since August 31, bivalent formulations of the Pfizer (for 12 years and older) and the Moderna (for 18 years and older) COVID-19 vaccines have been authorized for use as a single booster dose at least 2 months after completion of a primary series
- For people who previously received a monovalent booster, the bivalent booster is administered at least 2 months after the last monovalent booster
- The bivalent booster is the only booster that can be used in the above populations
- Bivalent boosters can be co-administered with influenza vaccine. Now is a great time for people to get both vaccines if eligible

# COVID-19 Bivalent Boosters

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- As of 3pm on October 6, 2022, Georgia COVID-19 bivalent booster administration:
- Total Pfizer Bivalent Doses administered: 179,287
  - 12-17 years: 6,713
  - 18-64 years: 97,851
  - 65+ years: 74,723

Total Moderna Bivalent Doses administered : 95,011

- 18-64 years: 37,356
- 65+ year: 57,655

# On the Horizon

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- Pfizer and Moderna have submitted data to FDA for pediatric bivalent boosters
- Pre-order period for Pfizer (5-11 years old) and Moderna (6-12 years old) pediatric bivalent boosters has ended. Pre-orders will ship after FDA has authorized use
- Anticipate FDA will be deciding on pediatric bivalent booster authorization soon

# Questions

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For more information, please contact:

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# Rainbow Fentanyl

Board of Public Health / Amy Benson, MPA, ICPS / Oct. 11, 2022

# Rainbow Fentanyl

- **Brightly-colored fentanyl found in multiple forms** (pills, powder, and blocks)
- Emerging trend across the United States
- In August 2022, DEA and law enforcement partners seized brightly-colored fentanyl and fentanyl pills in 18 states
- Recent DEA seizure in New York found 15,000 brightly colored pills containing fentanyl hidden in children's toys and appeared to be marketed as a party drug
- **No seizures or reports in Georgia** or our boarder states to date
  - Only purple substances or "purple heroin" has been seen in Georgia



# Rainbow Fentanyl

## Fentanyl Facts:

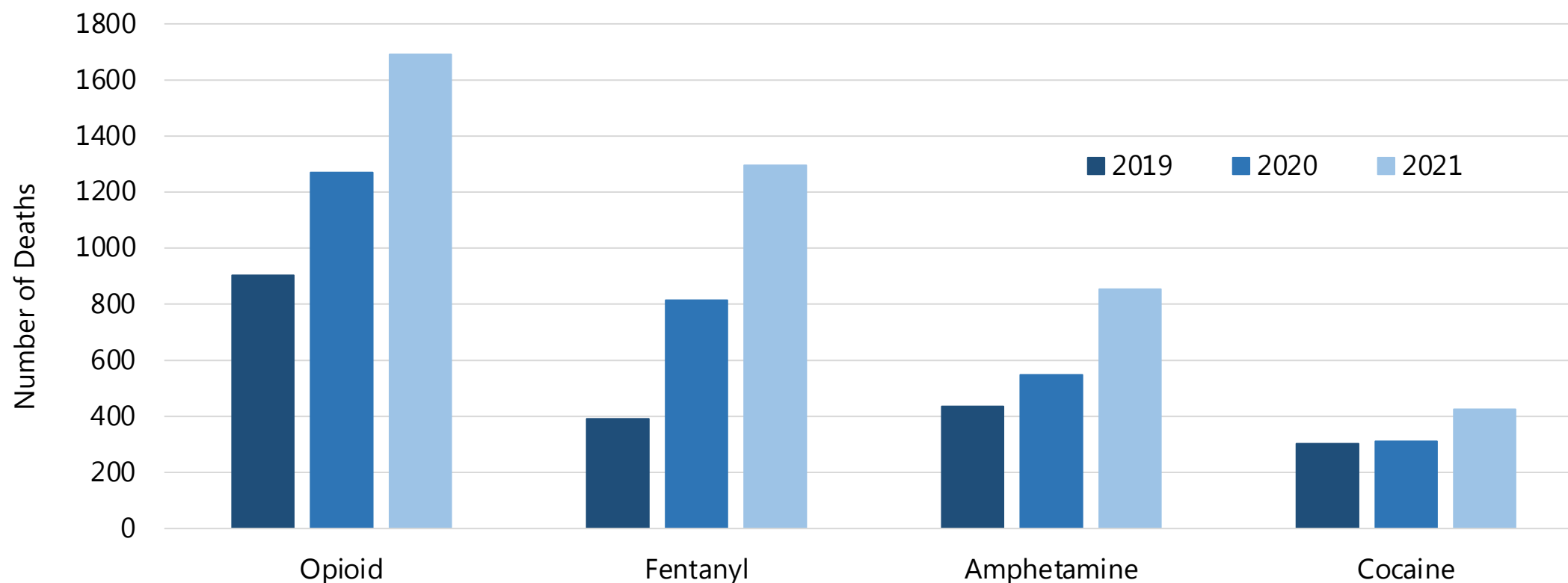
- Fentanyl is a synthetic opioid that is very potent – 2 mg of fentanyl (10-15 grains of table salt) is considered a lethal dose
- Every color, shape, and size of fentanyl should be considered extremely dangerous
- Fentanyl is hidden in street drugs – it can not be detected by sight or taste
- Illegally obtained drugs have a high potential to contain fentanyl
- Illicit drugs are often made to look like prescription drugs making it difficult to determine if legitimate or fake

## Concerns:

- Fentanyl is deadly
- Colorful items appeal to adolescents
- Could appear as candy to a child
- Could be mistaken as a party drug/stimulant

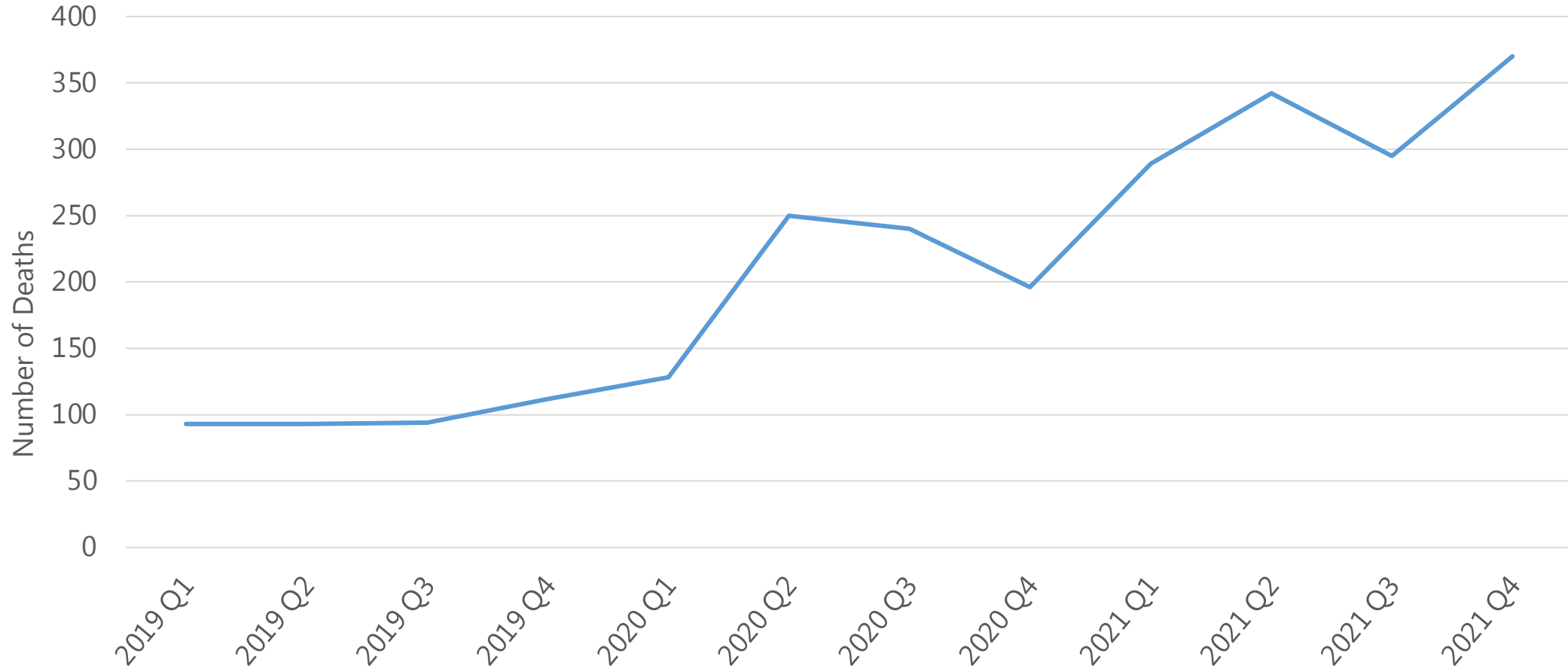


# Yearly Drug Overdose Deaths, By Drug Type, Georgia, January 2019 - December 2021



Source: Georgia Department of Public Health (DPH) Vital Records death certificates

# Quarterly Fentanyl-Involved Overdose Deaths, Georgia, January 2019 - December 2021



Source: Georgia Department of Public Health (DPH) Vital Records death certificates

# Drug Overdose Among Adolescents in Georgia

- From 2019 to 2021, overdose deaths among adolescents (aged 10-19 years) increased **142%**
  - In 2021 alone, overdose deaths among adolescents increased **70%**
- Fentanyl-involved overdose deaths increased at a faster rate among adolescents than adults (aged 20+ years)

9/1/2022

Overdose Deaths Among Adolescents  
Georgia, 2019-2021

Drug Surveillance Unit  
Epidemiology Section  
Division of Health Protection  
Georgia Department of Public Health



# Overdose Deaths Among Adolescents in Georgia

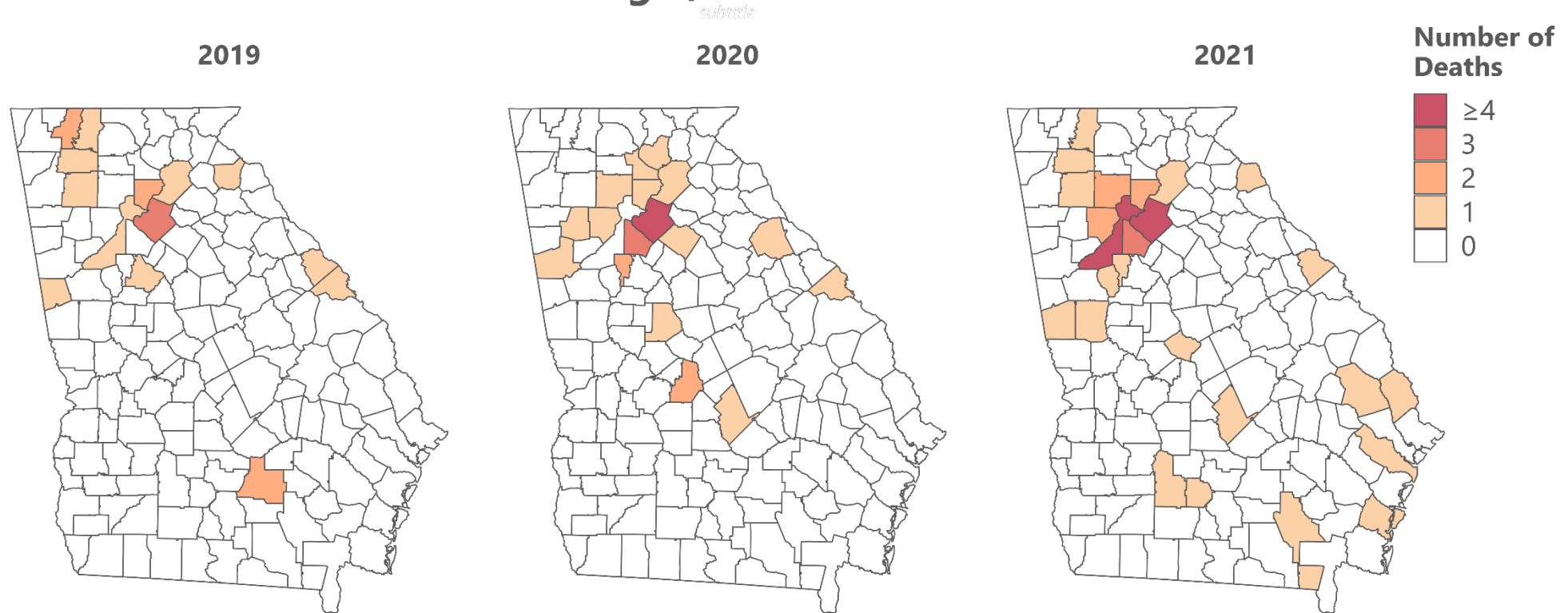
Drug Overdose Deaths Among Adolescents Ages 10-19 Years by Drug Type, Georgia, 2019 – 2021 <sup>a</sup>							
Drug Type	2019		2020		2021 <sup>b</sup>		% Change 2019-2021
	N	Rate	N	Rate	N	Rate	
Any Drug	19	1.30	27	1.85	46	3.07	142%
Opioid	11	0.75	19	1.30	37	2.47	236%
Fentanyl	4	0.27	14	0.96	36	2.40	<b>800%</b>

<sup>a</sup> Rates indicate the number of deaths per 100,000 population for 2019, 2020, and 2021.

<sup>b</sup> 2021 counts are considered preliminary and subject to change as more deaths are certified.

# Overdose Deaths Among Adolescents in Georgia

## Overdose Deaths by Decedent Residence, Adolescents Aged 10-19 Years, Georgia, 2019-2021



# DPH Efforts to Reduce Substance Use

- District Opioid Public Health Analysts (PHAs)
- Overdose Cluster Detection and Response
- Georgia Multi-Stakeholder Opioid and Substance Use Response Plan
- "Stop Overdose" Awareness Campaign
- Georgia Public Health Laboratory (GPHL) Toxicology Testing
- Increased access to naloxone and fentanyl test strips



# Prevent Substance Use and Drug Overdoses

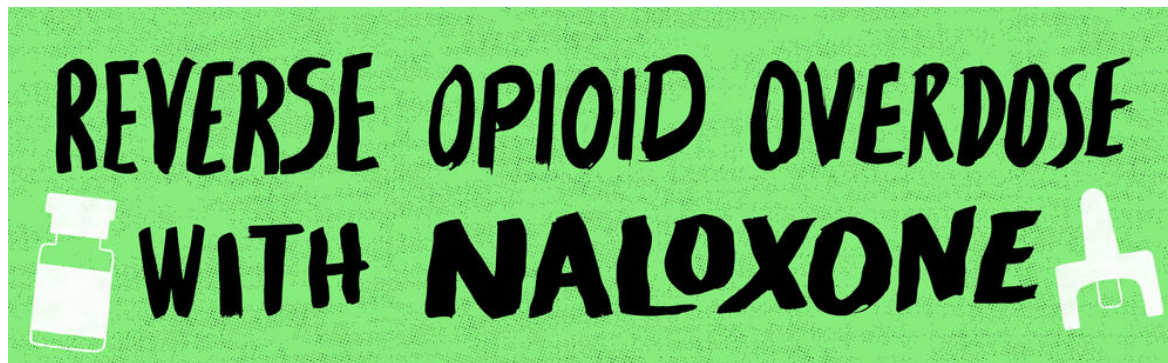
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- Encourage parents and caregivers to talk with their children about substance use
- Support local prevention efforts in your community
- Recognize the signs of youth who may be at risk for drug use:
  - Mood changes
  - Poor class attendance, low grades, and/or behavior problems
  - Disregard for school rules
  - Memory lapses, poor concentration, bloodshot eyes, slurred speech
  - Switching friends and a reluctance to meet new friends
- Provide opportunities to educate and bring awareness to youth about the risks of hidden fentanyl in illicit drugs

# Risk of Overdose

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- Carry and be prepared to administer **naloxone** if you or someone you know is at risk
- Refer individuals to the **Georgia Crisis & Access Line (GCLA)** at **1-800-715-4225**, available 24/7, for access to services and immediate crisis help
- **Increase awareness and educate others** of the risks associated with drug use, signs of an overdose, and how to respond



# Questions

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For more information, please contact:

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# Next Meeting

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The next Board of Public Health Meeting  
will be held Nov. 08, 2022