

Georgia Board of Public Health

November 12, 2024

Agenda

- Call to Order
- Roll Call
- Approval/Adoption of Minutes
- New Business
 - Opening Remarks – Kathleen E. Toomey, M.D., M.P.H.
 - A. Epidemiology Updates – Cherie L. Drenzek, D.V.M., M.S.
 - B. cCMV- Melanie Morris, Au.D, CCC-A
 - C. Hurricane Response Update – Chris Rustin DrPH, MS, REHS, Leah Hoffacker, MPS, EMHP
- Board Comments
- Adjournment

Commissioner's Remarks

Board of Public Health Meeting / Kathleen E. Toomey, M.D., M.P.H. / November 12, 2024

Epidemiology Update: Respiratory Virus Season

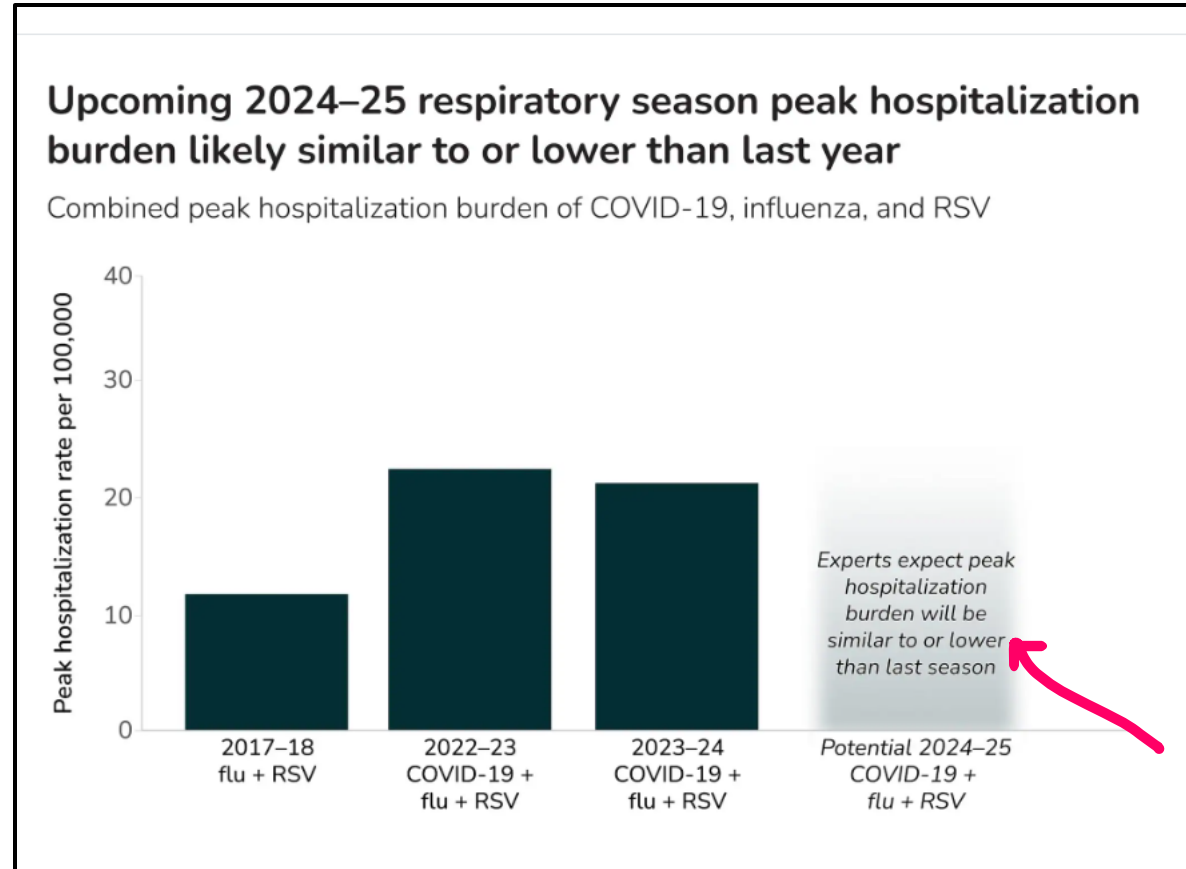
Board of Public Health Meeting / Cherie L. Drenzek, DVM, MS / November 12, 2024

Introduction

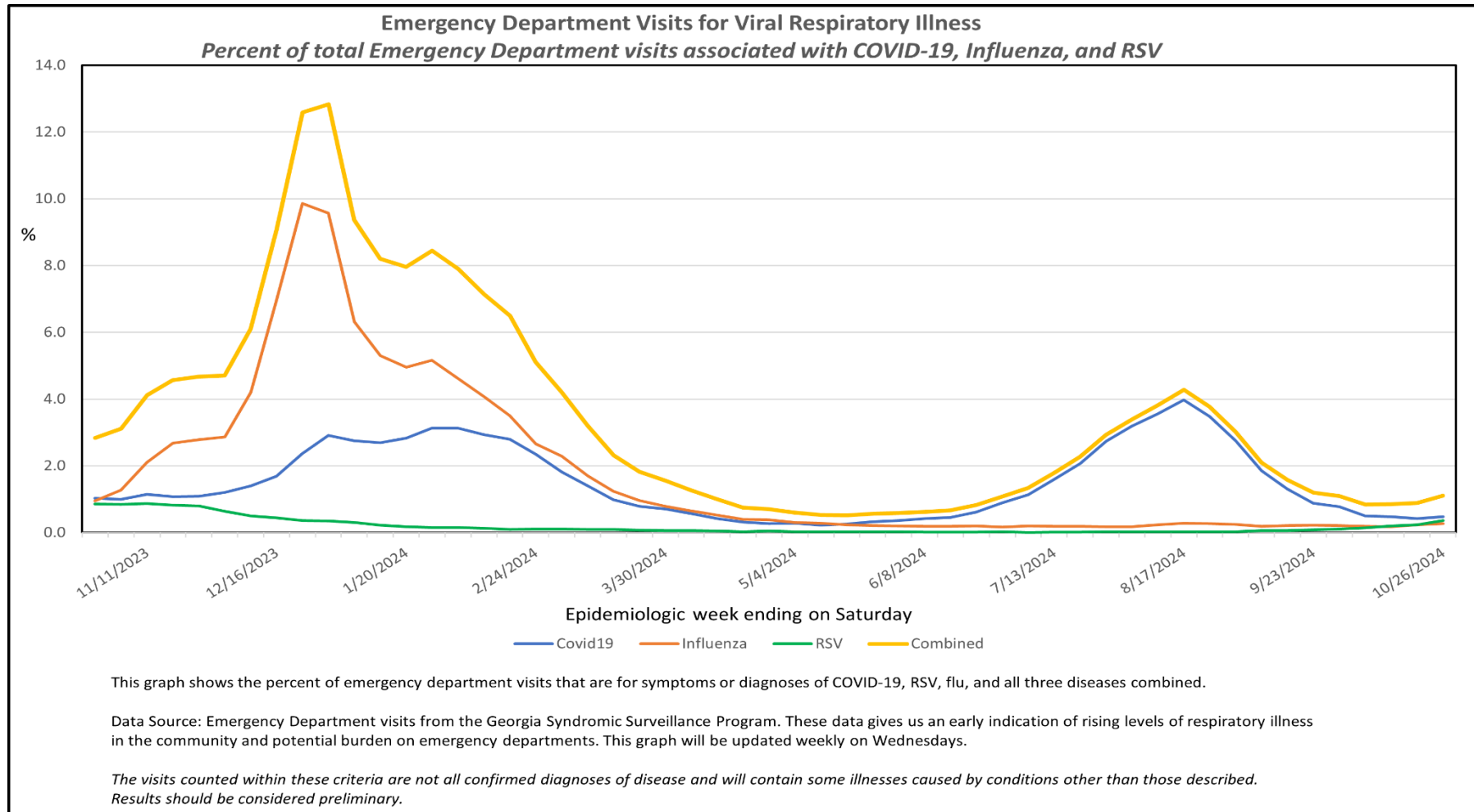
- Infectious diseases are ever-changing and unpredictable!
- **Surveillance (particularly genomic) and epidemiologic investigation are** the cornerstones of prevention and control recommendations.
- What does respiratory virus (COVID, flu, RSV) season look like so far this year? And what can we expect?
 - So far, we are seeing more “typical” seasonality, but...
- And what about bird flu?

What Does CDC Predict? Any Chance for a “Tripledemic”?

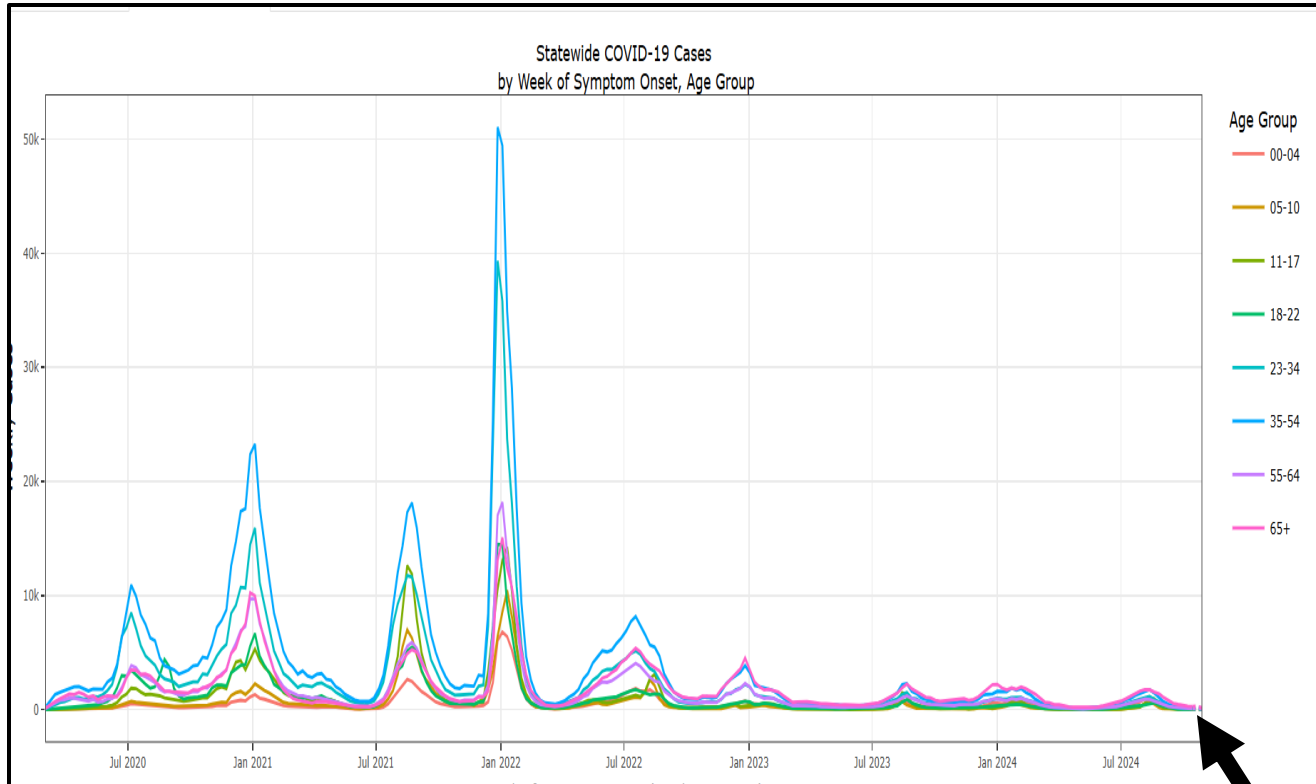
- Co-circulation of these viruses impacts each other and healthcare capacities
- Pan-respiratory virus surveillance (for all 3 viruses) is critical for prevention and control
- CDC predicts we will have a milder respiratory season than the last 2 years



Pan-Respiratory Virus Surveillance (Georgia)



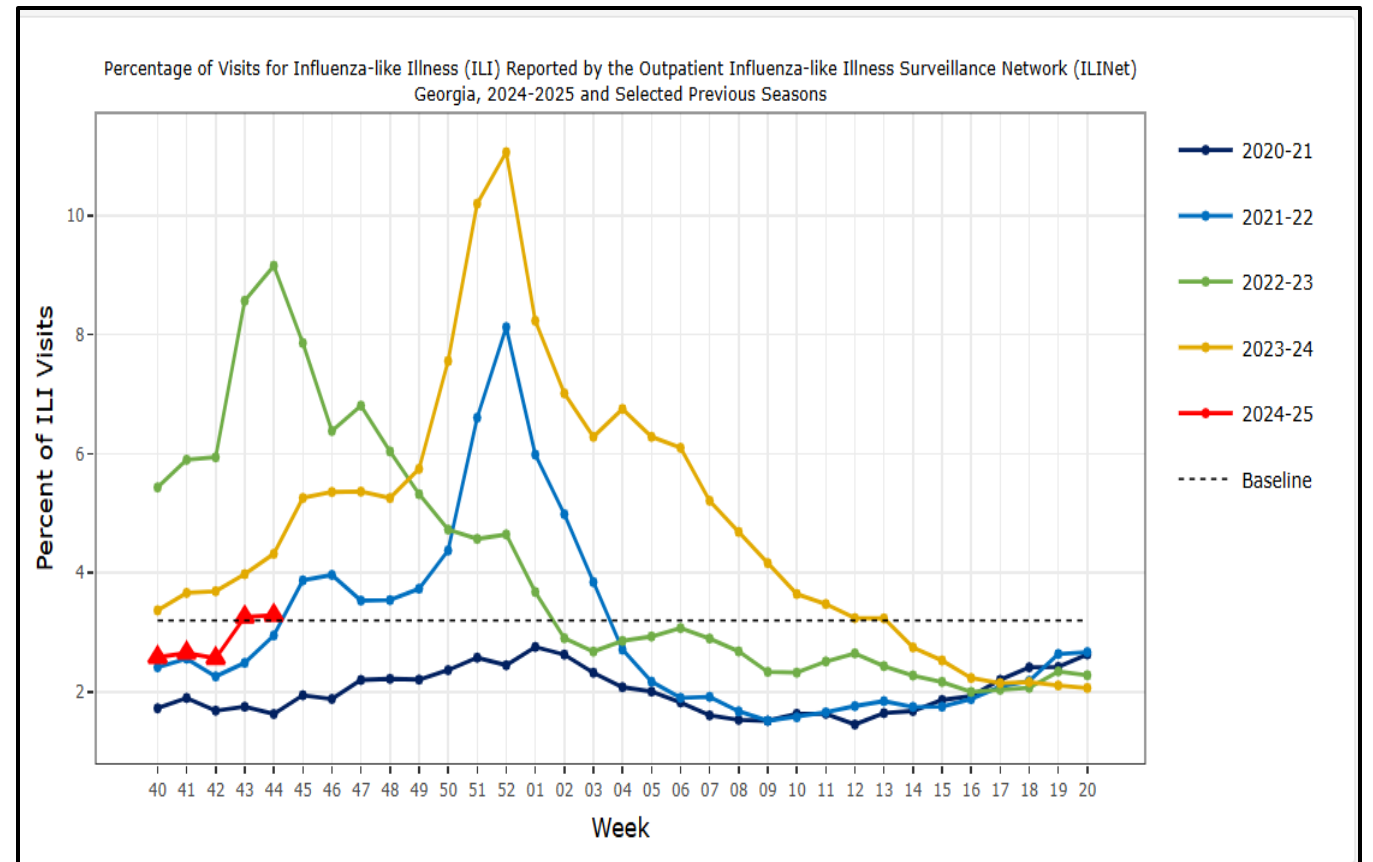
Snapshot of COVID in Georgia



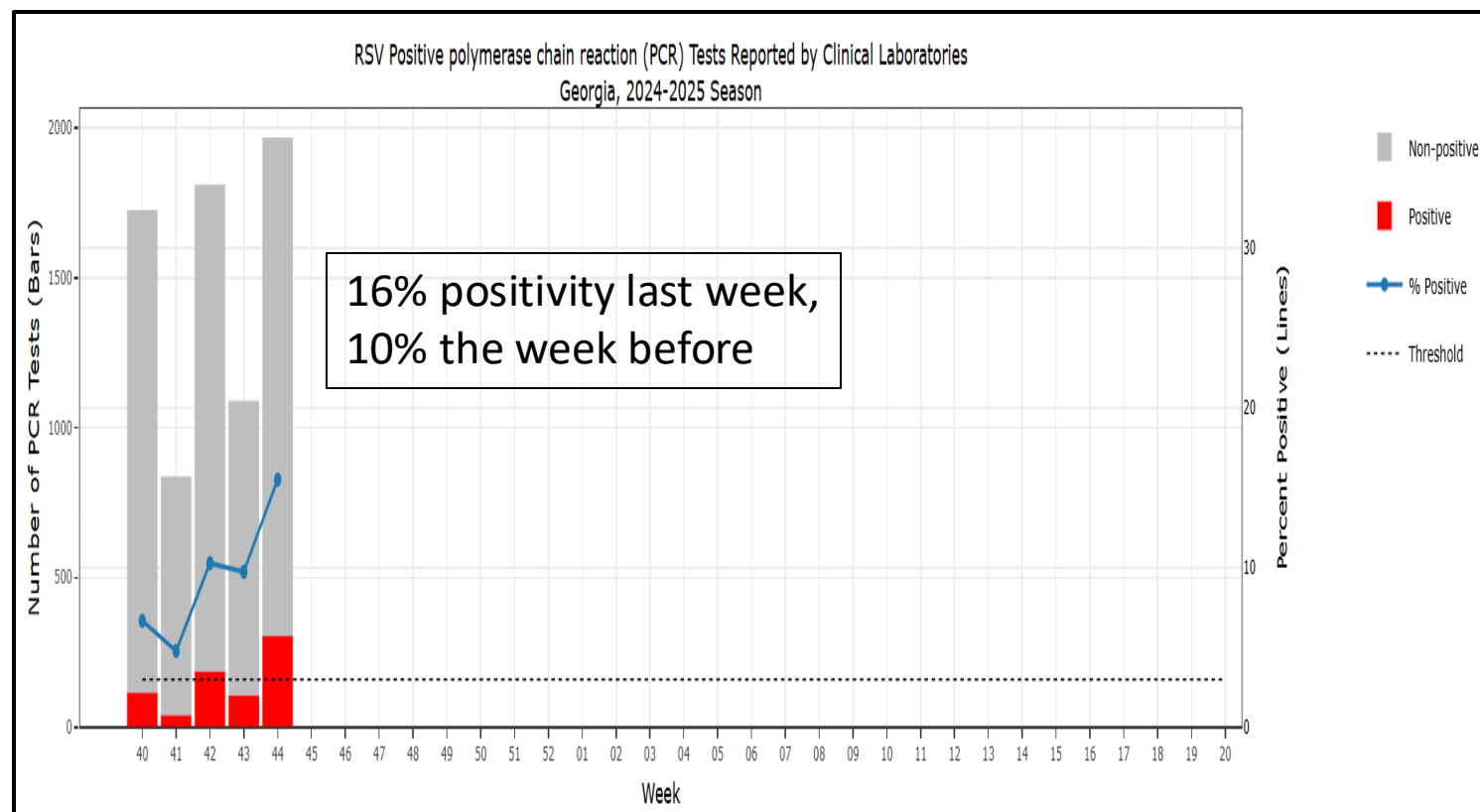
- In Georgia, COVID activity is at **record low levels** for cases, deaths, and hospitalizations.
- Most cases, hospitalizations, and deaths still are occurring among those 65 years and older (pink line)
- The SARS-CoV-2 subvariant KP.3.1.1 is responsible for 57% of all cases, and the newly emerging XEC (a hybrid) for nearly 20%. Although more transmissible, XEC does not cause more severe disease, and the new COVID booster should provide protection.

Georgia Flu Snapshot So Far (“Low” Activity)

- Flu activity in Georgia has been very low this season (red line), almost all among children.
- Last year at this time, flu activity was higher (yellow line), and two years ago was more than 3X as high (green line).
- Looks like it may be a “typical” flu season with an early January peak, like 2021 (blue line)?
- So far in GA, we are seeing almost all Flu A (50-50 H3N2 and H1N1).
- Then national picture looks same.



Respiratory Syncytial Virus (RSV) in Georgia



- RSV infection can be serious or deadly in young children; those under 12 months are most at risk for hospitalization.
- Unlike the last two years where we saw very high early RSV activity in August and September, **we are having a very “typical” start this year** (no summer activity, began in October, and rising steadily).
- The national picture is similar.

RSV Hospitalizations in Georgia



RSV hospitalizations rose in Georgia throughout October, primarily among infants <12 months old, but still are about 60% less than a year ago at this time (blue circle).

Not a Virus, but this Season's "Unpredictable" Situation: *Mycoplasma pneumoniae* in Children

- CDC says that *Mycoplasma* (a bacterial pathogen) pneumonia is surging among young children nationwide (to levels not seen before)
- Sometimes referred to as "walking pneumonia" because it can be mild
- Characterized by upper respiratory symptoms, fever, and lingering cough, can be treated with antibiotics
- **Remains infectious for weeks**, so can be spread in daycares/schools
- We have heard about large spikes in Georgia, too, ever since the summer months (not notifiable)
- Prevention relies upon respiratory etiquette and staying home when sick

What about Bird Flu? Unpredictable Too?

- Bird flu (Flu A H5N1) has been spreading among dairy herds, poultry farms, a pig, and farm workers throughout 2024.
- Nearly 500 dairy herds have been affected in 15 states (NOT Georgia), with 46 infected dairy and poultry farm workers.
- Unpredictable: a new CDC study showed some dairy farm workers had H5N1 infection (by serology) without remembering any symptoms (so weren't tested, isolated, or treated)
- This might represent a way for the virus to change and then spread from person to person
- CDC says the risk to the public is low, but recommends strict PPE for workers on affected farms and **testing/treating workers with high-risk exposures (like culling or milk parlor), regardless of symptoms**

Bottom Line

- No matter the forecasts, respiratory illness has tremendous impact on populations and healthcare capacities but is PREVENTABLE!
 - Respiratory hygiene
 - COVID booster, as recommended (CDC says seniors need 2!)
 - RSV biologics and vaccines, as indicated
 - Influenza vaccine for EVERYONE over 6 months of age
- Respiratory pathogens are **unpredictable**, even from week to week--ongoing surveillance (with genomic surveillance) is critical for prevention and control recommendations.

Questions

For more information, please contact:

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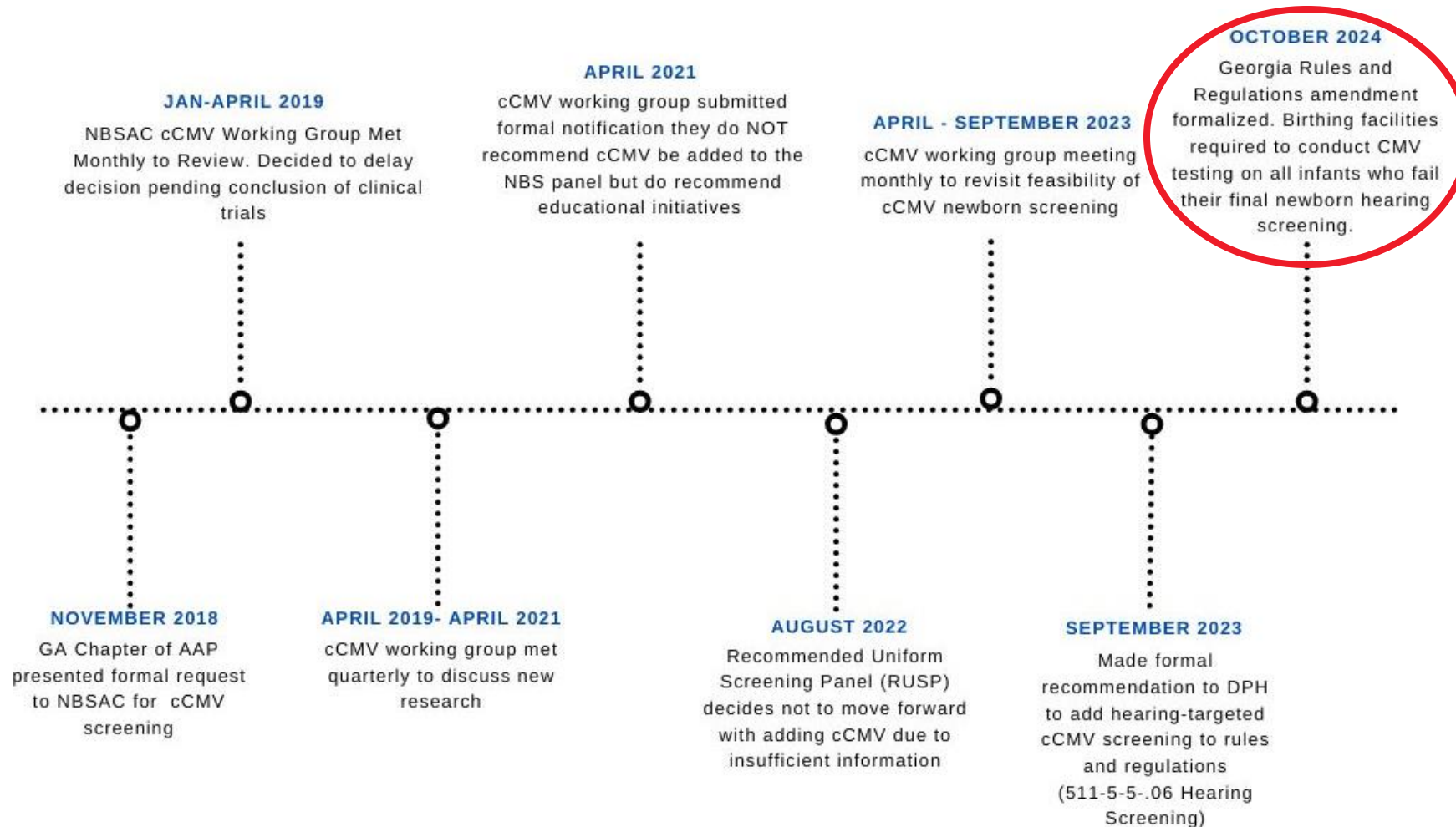
Congenital Cytomegalovirus (cCMV)

Board of Public Health Meeting / Melanie Morris, Au.D., CCC-A / November 12, 2024

Georgia Law

Effective October 10, 2024, under Georgia Code Section 31-5-1, birthing facilities are required to conduct congenital cytomegalovirus (cCMV) testing on all infants who fail their final newborn hearing screening before discharge and before 21 days of age.

Newborn Screening and Genetics Advisory Committee (NBSAC) **cCMV Working Group** Efforts Timeline



Rules and Regulations Adopted Amendments

- If the baby does not pass the initial or final inpatient newborn hearing screening test, the hospital or birthing center shall conduct cytomegalovirus testing before hospital discharge or 21 days of age, whichever occurs earlier.
- If a baby is transferred to another facility before the newborn hearing screening test has been completed, the second facility must ensure that a newborn hearing screening test and cytomegalovirus test is completed.

Rules and Regulations Adopted Amendments

- The results of the cCMV test will be included in the baby's clinical record, and the status of the cCMV test provided to the baby's healthcare provider and the parent or legal guardian.
- In the event of an abnormal test for cytomegalovirus (cCMV), the provider administering the cCMV test shall notify the Department. The appropriate follow-up provider shall notify the baby's physician or healthcare provider, and the parent or legal guardian.



Not universal screening → Hearing-targeted screening



Not a legislative mandate → GA DPH's Rules and Regulations Adopted Amendment



Specimens are not sent to GPHL → Birthing facilities to coordinate lab testing



Results are not reported via the bloodspot card → Birthing facilities must notify DPH separately

cCMV Testing Methods

Recommended Methods

Specimen	Advantages	Disadvantages
Dried Blood Spot	Newborn Screening (NBS) process already in place	CMV viral load lower in blood (50-85% Sensitivity), less available specimen
Saliva*	CMV viral load higher (88% Sensitivity)	Not part of existing NBS process; Possible contamination with breastmilk; Will require confirmatory urine sample if positive
Urine	CMV viral load higher (79% Sensitivity); does not require additional testing	Not part of existing NBS Program; Challenges with collection

cCMV screening must occur prior to 21 days of life

Universal Screening:
Test all infants for cCMV

Hearing-Targeted Screening:
Test for cCMV after final failed inpatient hearing screening

*CDC recommended first-tier screening method

cCMV Reporting: Positive Results

For all infants ≤ 21 days of age, the provider who completed the test must notify DPH within 7 days of receipt (best practice is within 72 hours of result).

NOTE: This can be delegated to other staff within the facility.



Best Practice: The provider who completed the test should also notify the patient's provider on record of the positive result so they can facilitate time-sensitive next steps.

Why Report to DPH Within 7 Days?

- DPH provides infants with positive cCMV results timely follow-up services
 - Informs medical provider on record of positive results, next steps, and necessary referrals
 - Provides the patient's family with information on cCMV and necessary next steps
- Notifiable condition requirement
- Required per GA Rule 511-5-5-.08

Follow-up testing is urgent!

cCMV Communications

Educational materials

- University of Georgia's Pediatric Audiology Symposium
- Georgia OB-GYN Educational Meeting
- GA AAP Pediatrics by the Sea, Pediatrics on the Parkway, Georgia Pediatric Nurses Association and Practice Managers Association Meeting
- Georgia Academy of Family Physicians Annual Meeting

Presentations

- University of Georgia's Pediatric Audiology Symposium
- Georgia Academy of Family Physicians
- GA AAP Webinars
- DPH Newborn Screening Office Hours

Online Resources

CONGENITAL CYTOMEGALOVIRUS (cCMV) AND HEARING LOSS

WHAT YOU NEED TO KNOW

cCMV IS COMMON; 1 in every 200 infants is born with cCMV. It is one of the leading causes of hearing loss and developmental disorders.

WHO SHOULD BE SCREENED FOR cCMV? Beginning in 2024, infants born in Georgia who fail their final inpatient hearing screening should receive a CMV screen prior to discharge or before 21 days of age (whichever comes first).

HOW DO WE SCREEN FOR cCMV? Infants should be screened for cCMV within the first 21 days of age via infant's urine or saliva. After 21 days it is harder for doctors to know if CMV was present at birth. CMV caught after birth is generally harmless.



We have an implementation toolkit for you. **Scan QR Code** to learn more.

Contact us at
DPH-NBS@dph.ga.gov



- cCMV Policy and Procedure Manual
- Protocol Flow Sheets
- cCMV Refusal Form
- Audio Vestibular Monitoring Protocol
- cCMV Laboratory Case Report Form
- Newborn Hearing Screening Results and Recommendations Form

<https://dph.georgia.gov/EHDI/ccmv>

cCMV Task Force Members

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2024 Hurricane Season and Response

Board of Public Health Meeting / Leah Hoffacker, PHEP Director / November 12, 2024

Hurricane Season Response

- Hurricane Season: June 1 - November 30
- Active season predicted due to extreme surface temperatures and favorable conditions for development
- DPH serves as Emergency Support Function 8: Public Health and Medical Services at all levels of emergency management
 - General Shelter Support (nursing, Epi, environmental Health)
 - Medical Transportation (Medical Needs, Hospitals, Long-term Care Facilities)
 - Healthcare Facility Support (patient placement and evacuation, power issues, etc.)

Public Health Response Structure - State

- State-level lead for Emergency Support Function 8 (ESF 8): Public Health and Medical Services.
- Staff the State Operations Center with Duty Officers and Leads (Public Health and Healthcare Preparedness Directors) and the State Public Health Emergency Operations Center
- Coordinate request fulfillment and information sharing across the state and internally with DPH Program leads via daily status calls, situation reports, push notifications, etc.

Public Health Response Structure - District

- District-level lead for ESF 8
- Staff local Emergency Management Agency Emergency Operations Centers and District Operations Centers
- Coordinate request fulfillment and information sharing across the district and internally with District Program leads via daily status calls, situation reports, push notifications, etc.
- Coordinate information between the state and county-level Public Health.

Public Health Response Structure - Local

- County-level lead for ESF 8
- Staffs ESF 8 Desk for local Emergency Management Agency
Emergency Operations Centers
- Provides clinical staffing for shelters
- Environmental Health facility checks, re-opening of restaurants,
vector control, etc.

Operational Areas

- Sheltering
 - Nursing, logistics, Environmental Health, Epidemiology
- Healthcare facility support
 - Evacuations/Decompressions
 - Power, telecommunications, HVAC, water
- Pharmacy
 - Over the Counter Medications, Prescriptions
- Logistical support
 - Personnel, telecommunications
- Environmental Health
 - Vector Control, facility checks
- Emergency Medical Services (EMS)
 - Transport
 - Mutual Aid for 911 Coverage

Hurricane Debbie

- Hurricane Debby made landfall in Florida around 7:00 a.m., Aug. 5, 2024, as a Category 1 hurricane
- Entered Georgia early morning on Aug. 5, 2024, via the Gulf
- Affecting Georgia in the south, south-central, and coastal regions with winds and major flooding
 - State of Emergency: Aug. 3
 - SOC Activation: Aug. 4

Hurricane Helene

- Hurricane Helene made landfall in the Florida Panhandle and Big Bend at 11:10 p.m., Sept. 26, as a Category 4 hurricane
- It continued through South Georgia as a Category 1 and was downgraded to a Tropical Storm for north and central Georgia
- Heaviest impacts were in South and Eastern Georgia
- Widespread flash flooding, downed trees and powerlines, and damage to facilities, businesses, and homes throughout Georgia
 - State of Emergency: Sept. 24
 - SOC Activation: Sept. 25

Hurricane Milton

- Hurricane Milton made landfall south of Tampa Bay at 8:30 p.m., Oct. 9 as a Category 3 hurricane
- While Georgia was not impacted, shelters were opened to support the Florida evacuation
 - State of Emergency: Oct. 8
 - SOC Activation: Remained active

Hurricane Debby Primary Areas of Concern

- Power Outages
- Hospital and Nursing Home Evacuations
- Major flooding during and post-storm
 - Cascading event causing continued evacuations as rivers crested
- Sheltering: Districts 9-1 (Coastal), 9-2 (Waycross), 8-1 (Valdosta)
 - Total Number of Shelters Activated across the response: 10
 - Contract Nursing: 10

Hurricane Helene Primary Areas of Concern

- Widespread Power Outages
- Telecommunications down across large areas of southern, southeastern, and eastern Georgia
- Hospital and Nursing Home Evacuations
- Dialysis Center closures
- Health Department damages and staff impacted
- Sheltering: Districts 9-1 (Coastal), 9-2 (Waycross), 8-1 (Valdosta), 8-2 (Albany), 6 (Augusta), 5-1 (Dublin)
 - Contract Nursing: 23

Hurricane Milton Primary Areas of Concern

- Sheltering of Florida Evacuees in Districts 8-2 (Albany), 7 (Columbus), 4 (LaGrange), 5-2 (Macon)
 - Overlapping incidents brought the total number of active shelters to 17 at peak
 - Total number of shelters activated over both hurricanes: 29
 - Contract Nursing: Shifted nurses from Helene

Resource Requests

- Morgue/Fatality Requests:
 - Morgue Trailers
- Shelter Support:
 - Nursing
 - OTC Medications
 - Naloxone
 - Oxygen Cylinders
 - Cots and Linen
 - PPE
- Pharmaceuticals:
 - Board of Pharmacy Policy 14
 - Emergency Prescription Assistance Program (EPAP) Request
- Healthcare:
 - Potable Water
 - Generators
 - Portable HVACs
 - Telecommunications
 - Power reconnect priorities
- Responder Support
 - Epi Pens
 - OTC Medications
- General Support:
 - Telecommunications
 - Emergency Management Personnel

Agency Coordination

- Healthcare: Department of Community Health, Georgia Hospital Association, Georgia Healthcare Association, Georgia Pharmacy Association
- Sheltering: Georgia Emergency Management (GEMA), Department of Human Services, American Red Cross, Department of Agriculture, Georgia State Patrol
- Power: Georgia Environmental Finance Authority, Southern Company
- Water: Georgia Department of Natural Resources (DNR) Environmental Protection Division (EPD)
- Transportation: GEMA, Georgia State Patrol, Georgia National Guard, Forestry Commission

Questions

For more information, please contact:

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Upcoming Meeting

The next Board of Public Health meeting is scheduled for **Jan. 14, 2025**

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