

Georgia Board of Public Health

November 14, 2023

Agenda

- Call to Order
- Roll Call
- Approval/Adoption of Minutes
- New Business
 - Opening Remarks – Kathleen E. Toomey, M.D., M.P.H.
 - Epidemiology Updates – Cherie L. Drenzek, DVM, MS
 - Animal Bites and Rabies Control – Galen Baxter, R.E.H.S.
 - Childhood Injury Prevention – Lisa Dawson, M.P.H.
 - Update on cCMV - Melanie Morris, AU.D, CCC-A
- Board Comments
- Adjournment

Commissioner's Remarks

Board of Public Health Meeting / Kathleen E. Toomey, M.D., M.P.H. / November 14, 2023

Epidemiology Update

Board of Public Health Meeting / Cherie L. Drenzek, DVM, MS / November 14, 2023

Introduction

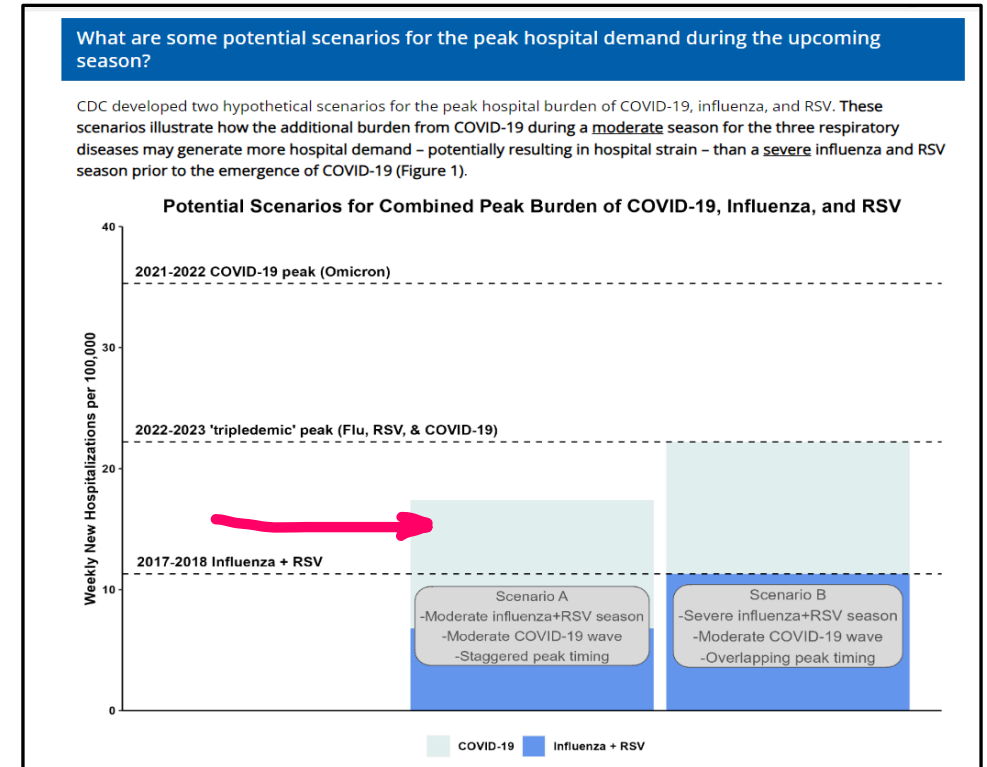
Infectious diseases are ever-changing and unpredictable!

Surveillance (particularly genomic) and epidemiologic investigation are the cornerstones of prevention and control recommendations.

What will respiratory virus season look like this year?

COVID, RSV, Flu Season: Another “Tripledemic”?

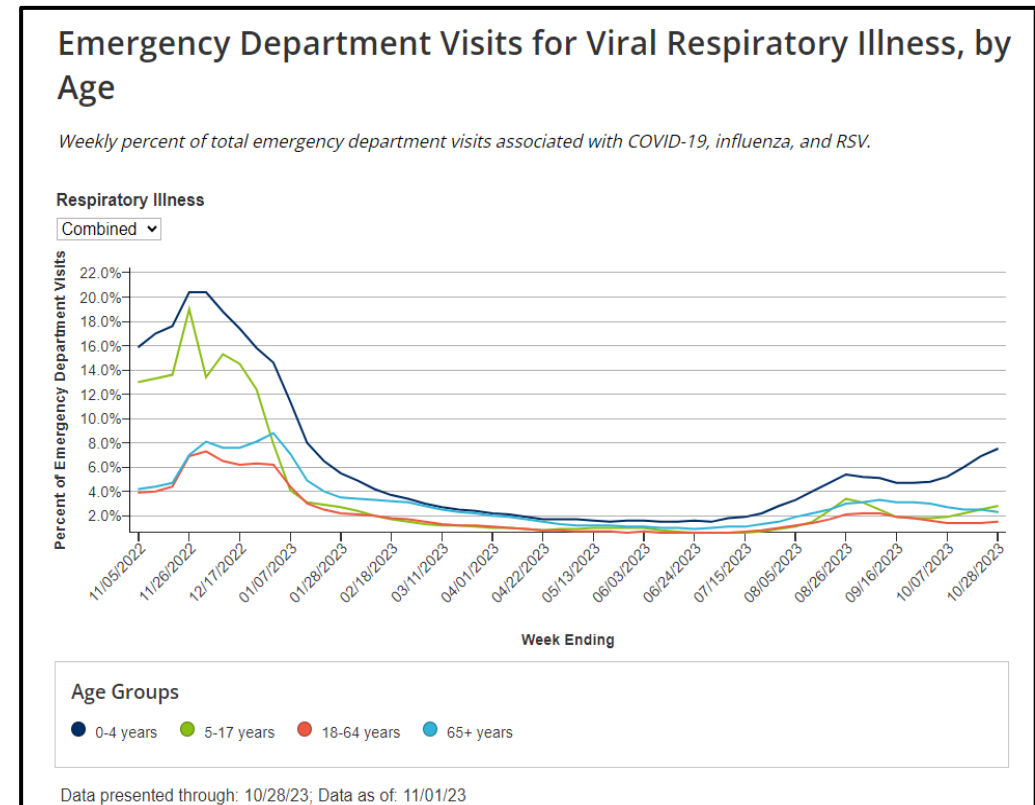
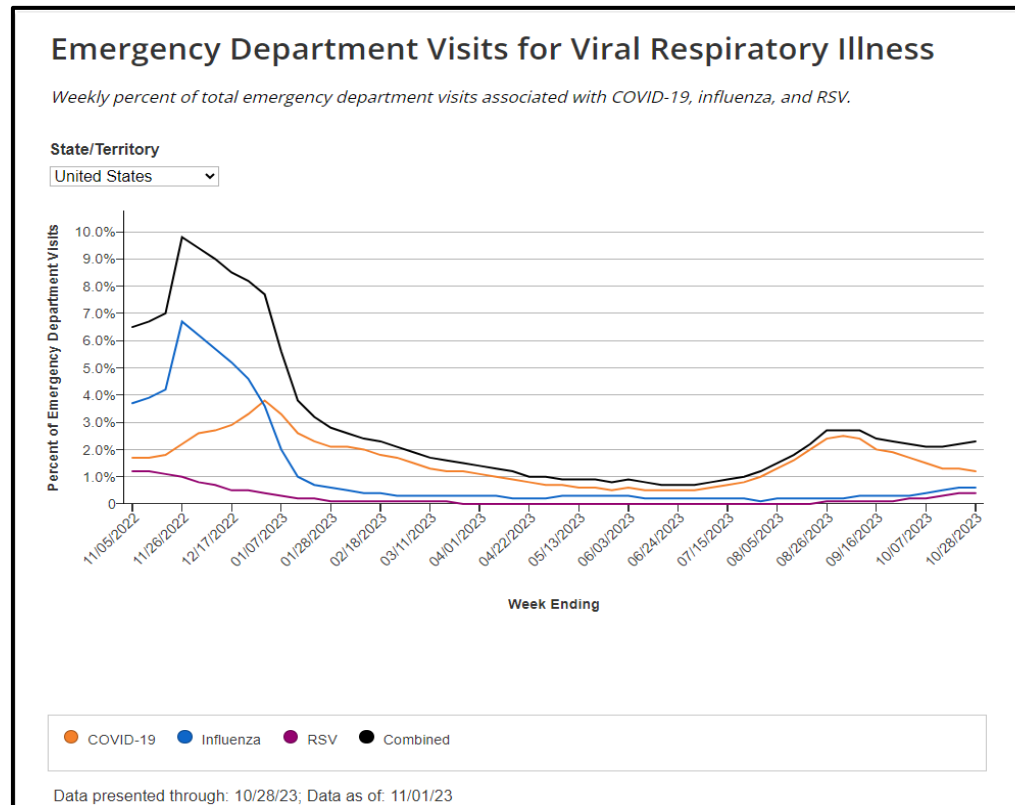
- CDC forecasting models point toward:
 - A moderate COVID winter season without large surges (due to widespread population immunity)
 - A moderate, “typical” influenza season (back to pre-pandemic characteristics)
 - A moderate, “typical” RSV season (back to pre-pandemic characteristics)
- Co-circulation of these viruses impacts each other and outcomes such as healthcare capacities
- Pan-respiratory virus surveillance (for all 3 viruses) is critical for prevention and control



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

Pan-Respiratory Virus Surveillance and Prevention

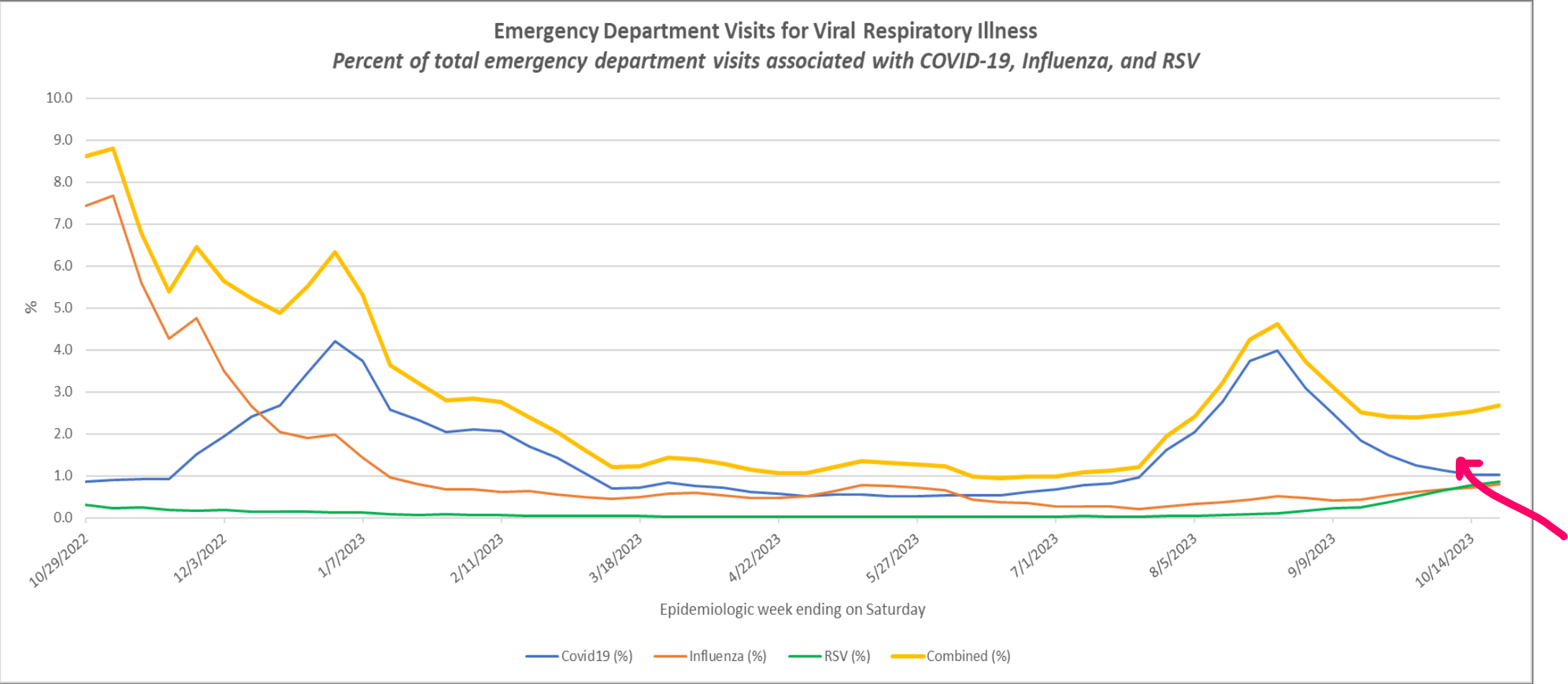
A New “View” (National)



<https://www.cdc.gov/respiratory-viruses/data-research/dashboard/snapshot.html>

Pan-Respiratory Virus Surveillance and Prevention

A New "View" (Georgia)

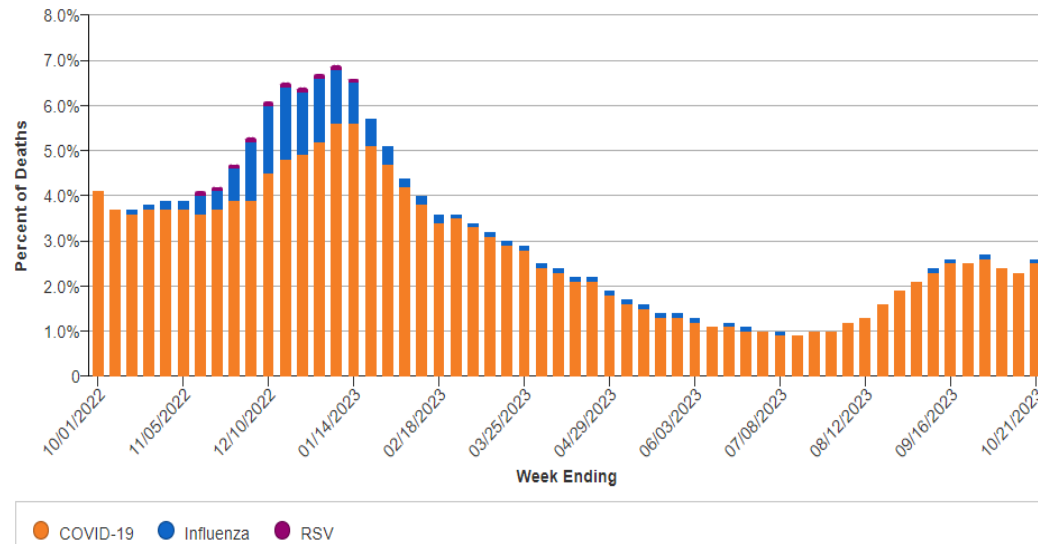


Pan-Respiratory Virus Surveillance and Prevention

A New "View": Severe Outcomes

Trends in Viral Respiratory Deaths in the United States

Weekly percent of total deaths associated with COVID-19, influenza, and RSV.



One or more data points are based on death counts between 1-9 and have been suppressed in accordance with National Center for Health Statistics confidentiality standards.

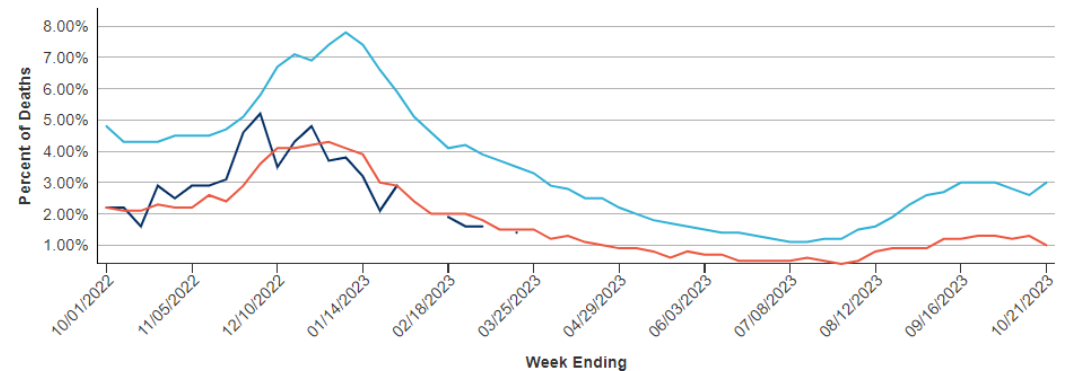
Data presented through: 10/21/23; Data as of: 10/31/23

Trends in Deaths for Viral Respiratory Illness, by Age

Weekly percent of total deaths associated with COVID-19, influenza, and RSV.

Respiratory Illness

Combined



Age Groups

0-17 years 18-64 years 65+ years

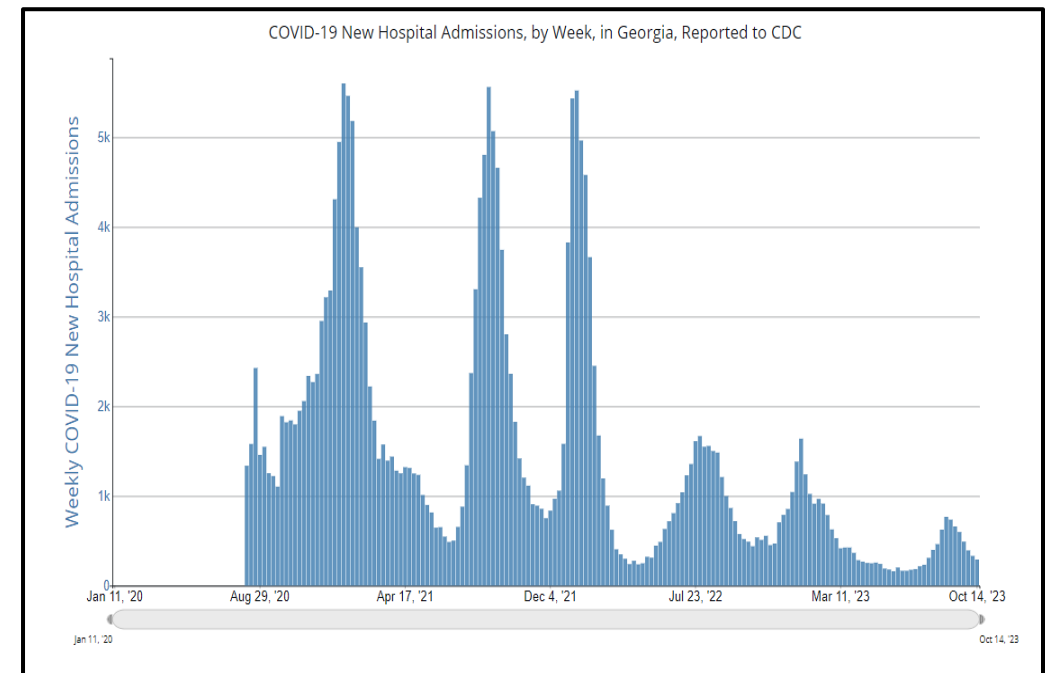
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<https://www.cdc.gov/respiratory-viruses/data-research/dashboard/snapshot.html>

Snapshot of COVID-19 (11/13/23)

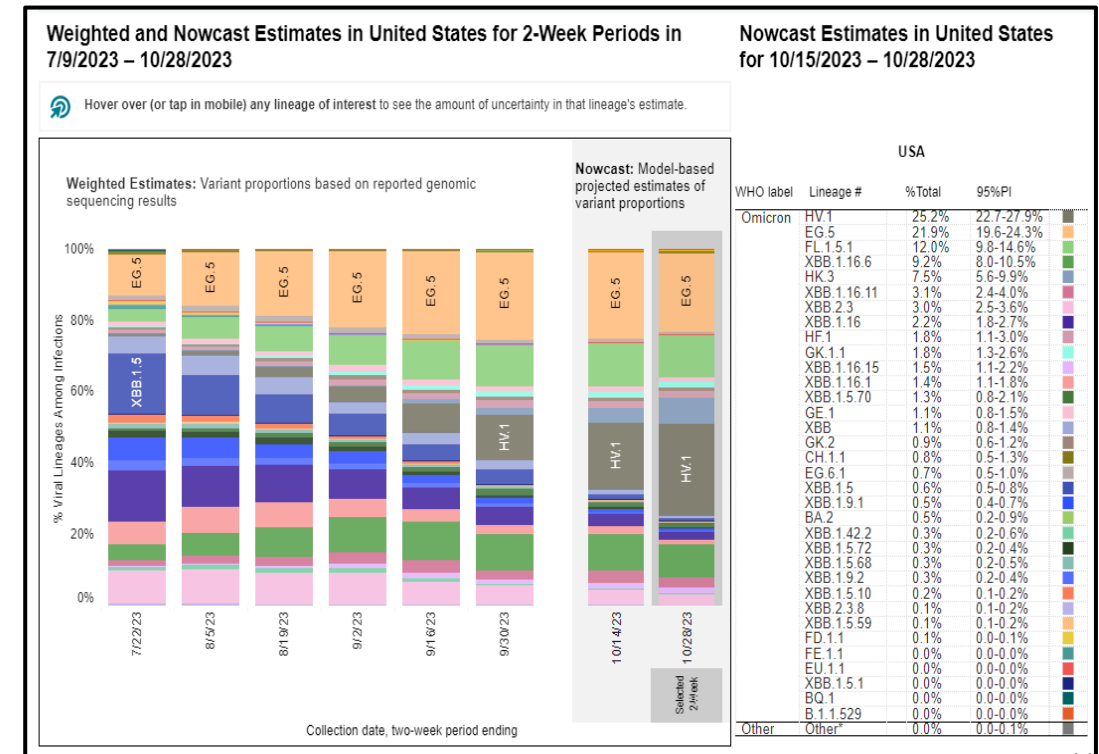
- In the US, since the end of the Public Health Emergency in May, COVID hospitalizations and deaths are the primary surveillance indicators that are tracked.
- Over the past week, nationally, COVID hospitalizations decreased slightly (about 16,000 total) and deaths were flat (about 600 total).
- In Georgia, we have been seeing low and flat case numbers (<400 daily), about a 20% decrease in hospitalizations (NHSN data to CDC), about 25 deaths/week, downward trends in ED visits, & decreases in wastewater SARS-CoV-2.



Circulating COVID Variants

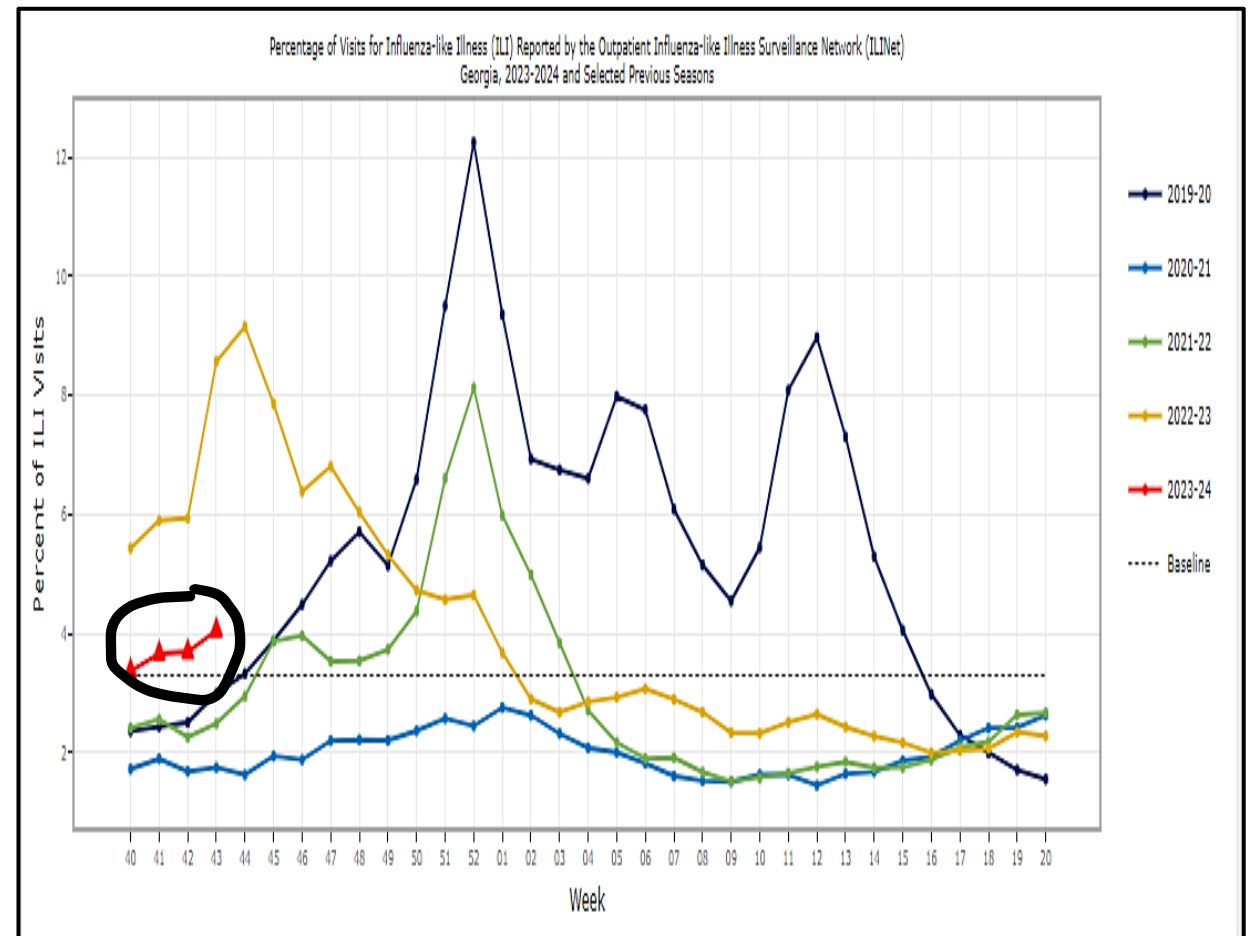
Overarching theme:

- A group of closely-related **Omicron XBB** variant descendants are driving virtually all COVID infections in the US now (EG.5, HV.1, FL1.5.1, XBB.1.16, XBB.1.16.6, XBB 2.3, etc.)
- These sublineages have nearly identical spike sequences and evolved convergently.
- The good news is that the newly approved COVID “booster” is against XBB.1.5
- Newly-emerging mutated subvariants like BA.2.86 and now JN.1 so far do not seem to be evading immunity or driving surges (but can change, genomic surveillance is necessary)



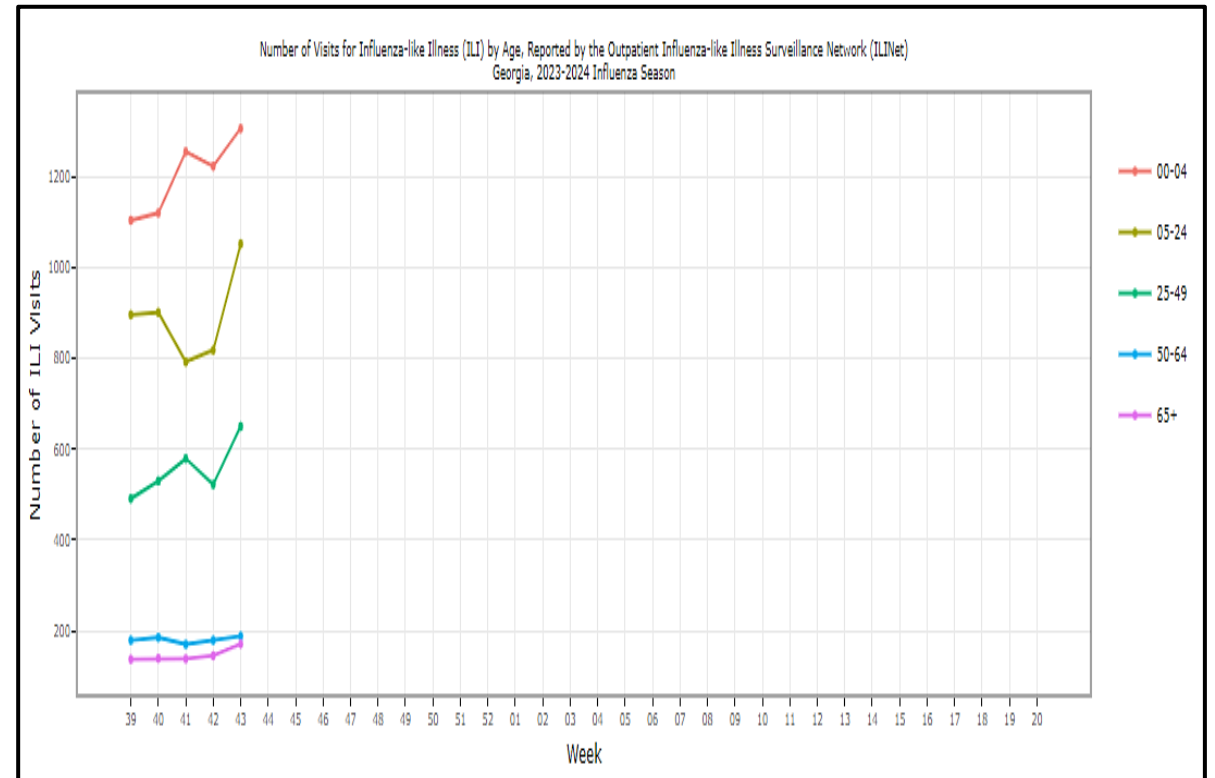
Georgia Flu Snapshot ("Moderate" Activity)

- Flu activity in Georgia is increasing slightly and has been above baseline levels for 3 weeks (red line, black circle).
- Last year at this time, flu activity was much higher (yellow line).
- The proportion of outpatient visits for ILI in GA was 4.1% last week (compared to 3.7% the previous week and 2.7% nationally).
- So far in GA, we are seeing equal proportions (50-50) of Flu A and B viruses, and about half of the Flu A viruses are A (H1N1)
- 3.3% of flu tests were positive in GA last week (about the same as the week before).

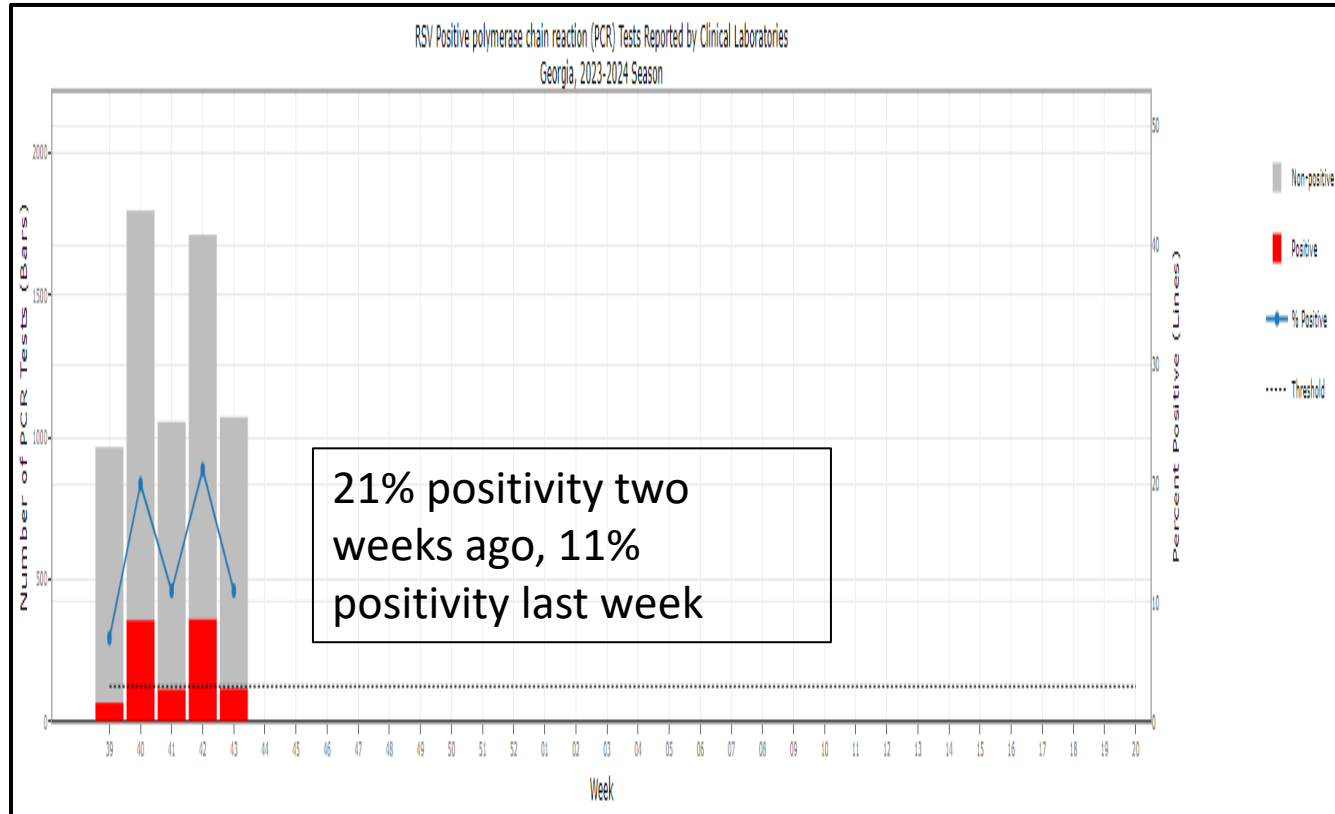


Georgia Flu Snapshot, 2023-2024 (continued)

- So far this season, the number of outpatient visits for ILI has been highest (40% of total) among those 0-4 years (red line), but the number among those 5-24 is rising sharply (now up to 31% of the total).
- We see only 5% of outpatient visits among those >65.
- We have only documented 40 total flu hospitalizations (metro Atlanta) so far, 40% were among those 18-49 and 32% among >65 years (may point toward an H1N1 season which affects younger adults, but early to say)
- We have not documented any flu deaths this season.

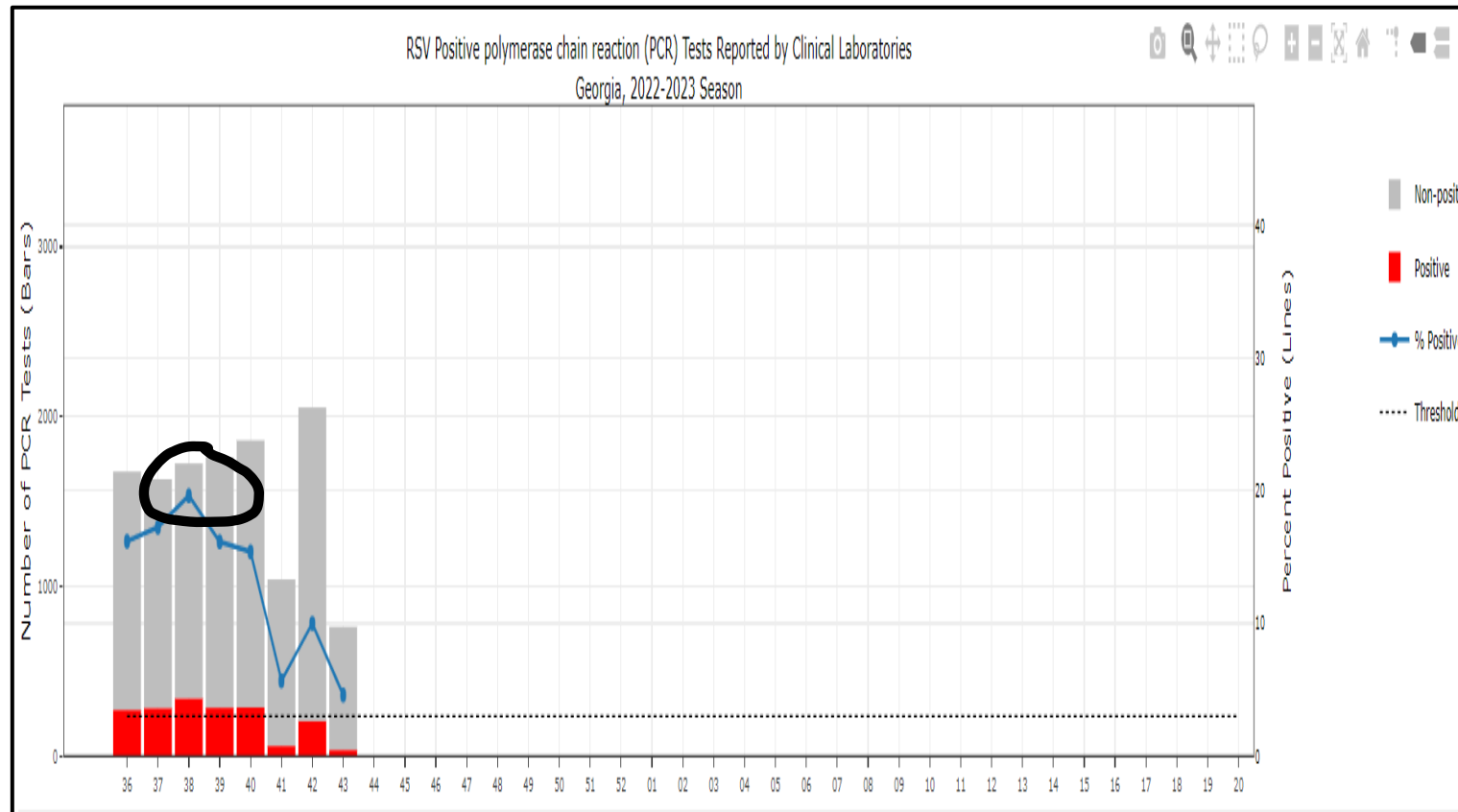


Respiratory Syncytial Virus (RSV) in Georgia



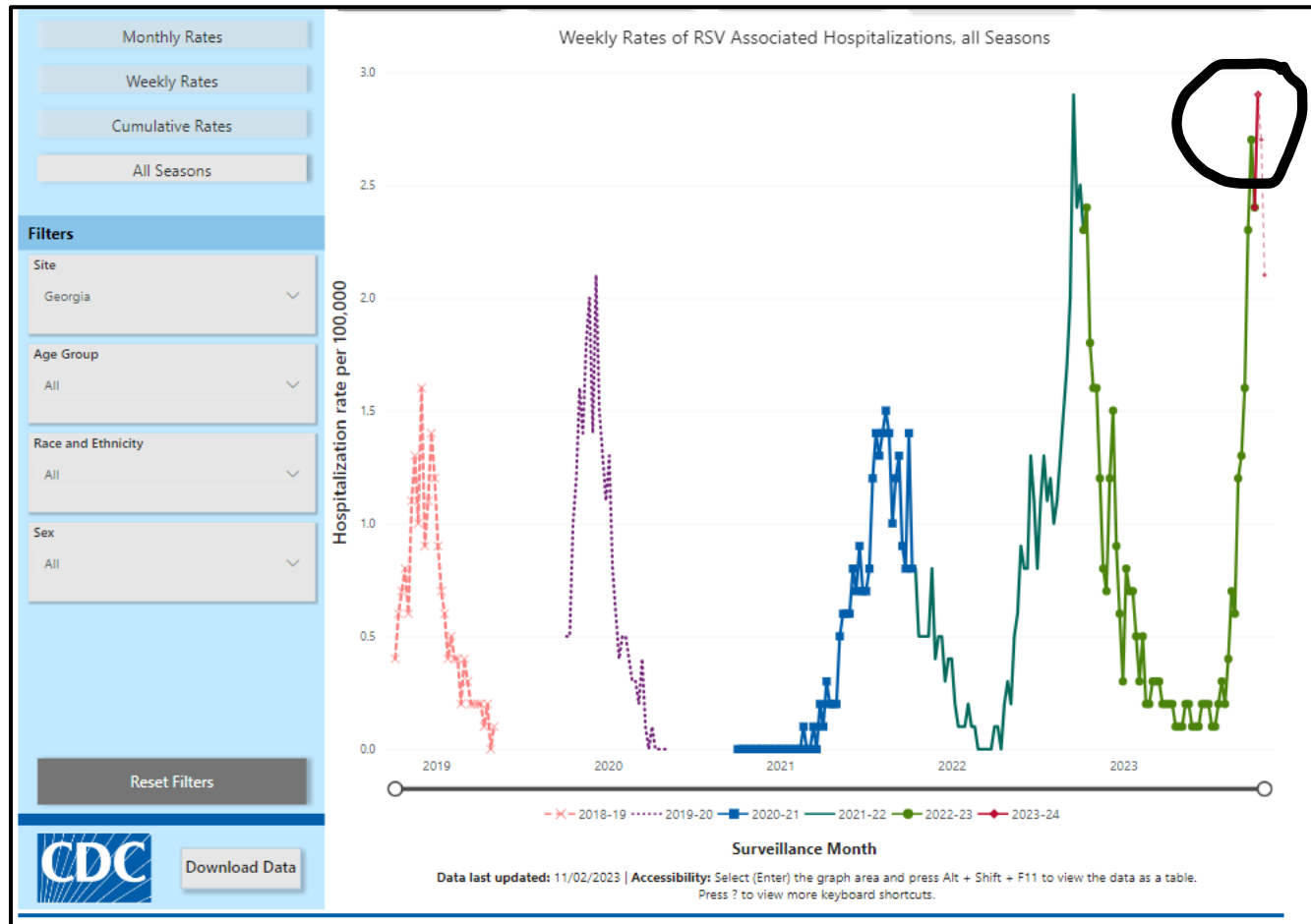
- RSV infection can be very serious or even deadly in young children; those under 12 months are most at risk for hospitalization.
- Like last year, we are having an early and high start to RSV season
- We have been above threshold levels for weeks now, but over the last two weeks, activity levels dropped from 21% of all RSV PCR tests being positive to 11% being positive.
- Most southeastern states are experiencing high RSV levels.

RSV Activity in Georgia One Year Ago



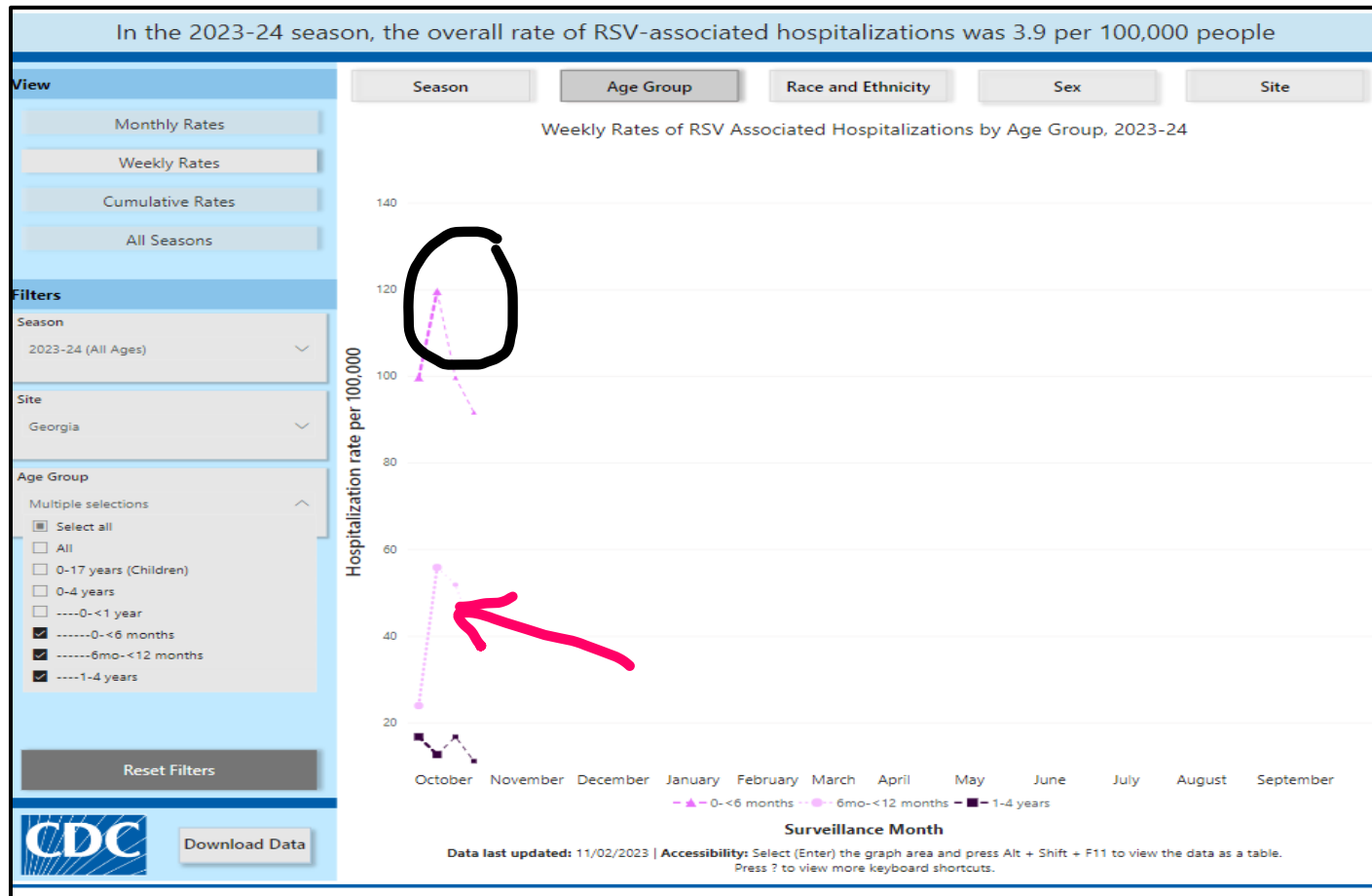
- Last year, RSV activity peaked even earlier-- 20% positivity on September 19 (black circle), then decreased significantly in October.
- During this week last year, only 4.6% of RSV tests were positive in GA (compared to 11% this year).

RSV Interactive Dashboard



- Another source of RSV data for Georgia is through the Emerging Infections Program (EIP). These data can be viewed at [RSV-NET Interactive Dashboard | CDC](#).
- There are 10 EIP sites across the US and the default view is national, but on the interactive dashboard, you can limit to GA data by selecting GA from the drop-down box.
- To the left, we see that in GA, RSV hospitalizations this year (black circle) are as high as last year's (green line), both very early and high seasons compared to other years.

RSV Hospitalizations in GA: Who is Most Affected?



[RSV-NET Interactive Dashboard | CDC](#)

- Most RSV hospitalizations this season in GA have been among **those 0-6 months old** (black circle), but the rate among those 6-12 months old is rising sharply (pink arrow).
- For comparison, the RSV hospitalization rate last week among GA infants 0-6 months old was 120/100,000 people versus 3.9/100,000 overall (all ages).

Bottom Line

- No matter the forecasts, COVID and seasonal respiratory viruses have tremendous impact on populations and health care capacities but are PREVENTABLE!
 - New COVID monovalent (XBB1.5) “booster”, as recommended
 - RSV biologics and vaccines, as indicated
 - Influenza vaccine for EVERYONE over 6 months of age
- Ongoing surveillance with a “pan-respiratory virus” view (including genomic surveillance) are critical for prevention and control recommendations.

Questions

For more information, please contact:

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Animal Bites and Rabies Control

An Environmental Health Perspective

Board of Public Health Meeting / Galen C. Baxter, REHS / November 14, 2023

Rabies

- Preventable viral disease most often transmitted through the bite of a rabid animal.
- Infects the central nervous system of mammals, ultimately causing disease in the brain and death.
- Majority of rabies cases reported to the Centers for Disease Control and Prevention (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
- 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 collecting and shipping specimens to the Georgia Public Health Laboratory.

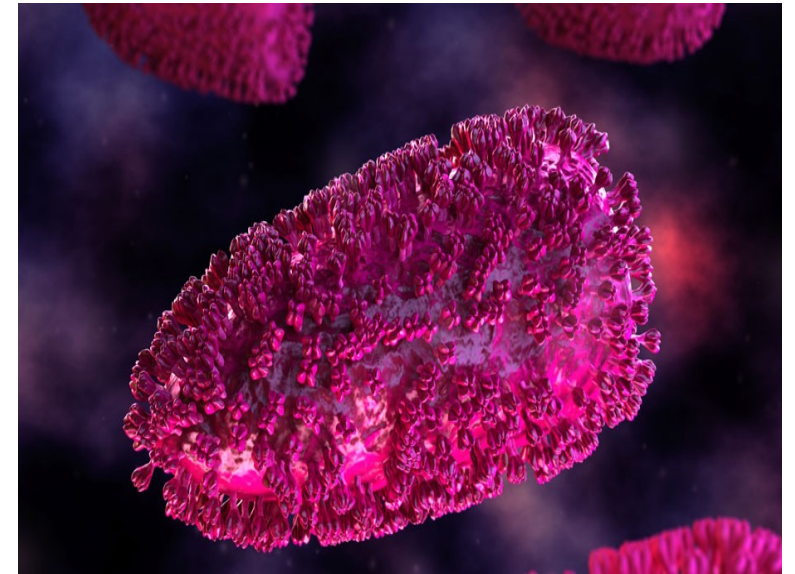
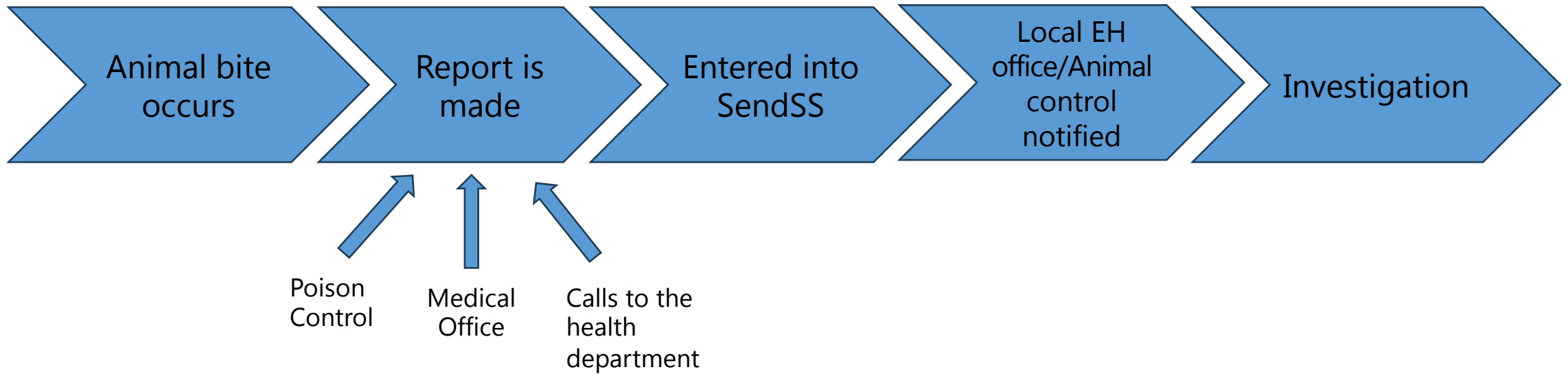


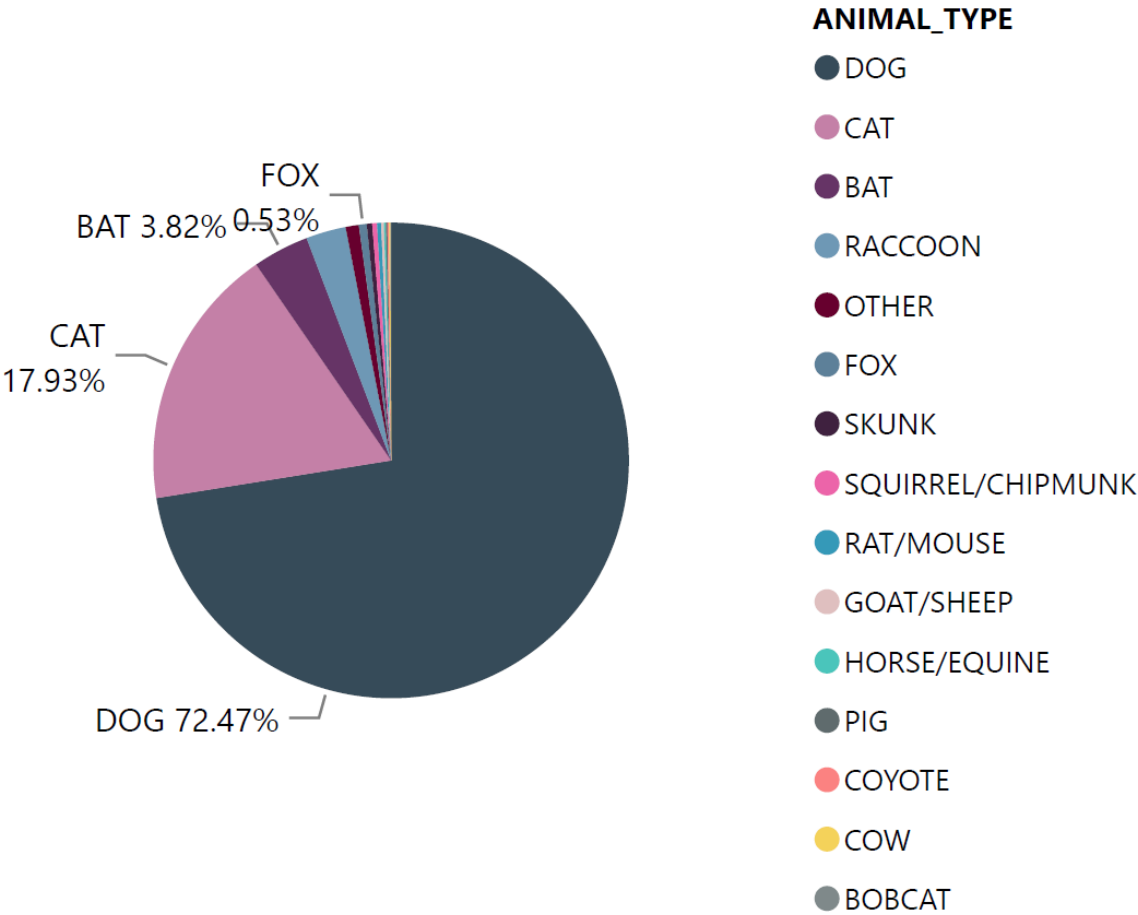
Photo Courtesy: CDC

Animal Bites

ALL animal bites are immediately reportable to Public Health.



Animals in Date Range by ANIMAL_TYPE

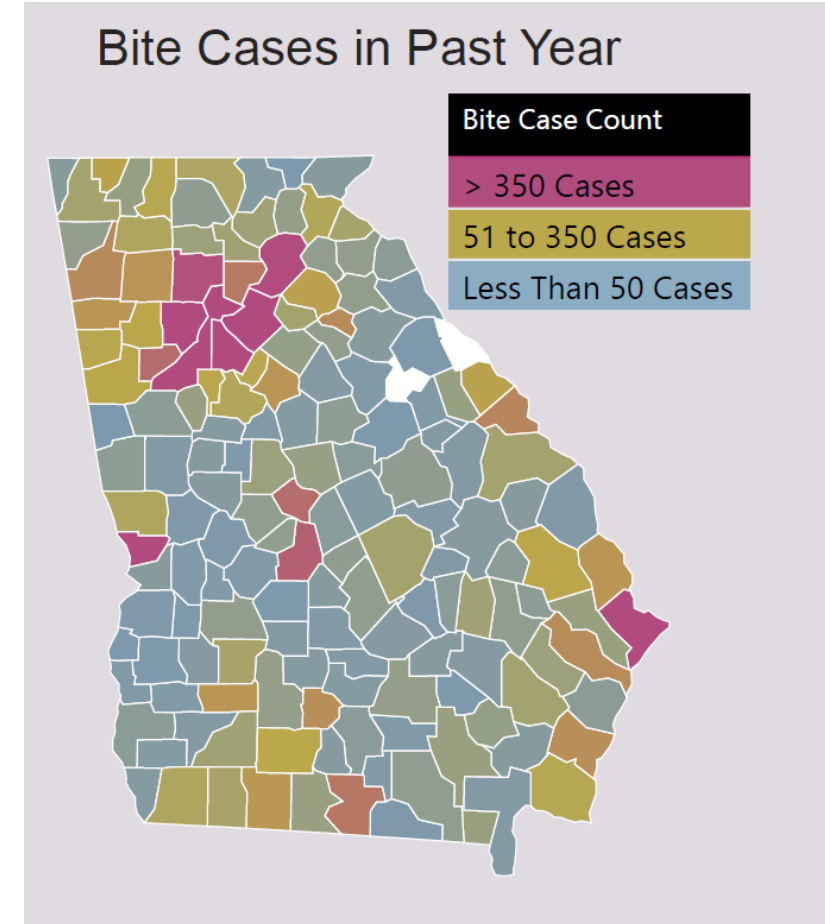


Animal Type	PET/LIVESTOCK	STRAY	UNKNOWN	WILD/FERAL	Total
DOG	39,736	4,428	2,832	26	46,769
CAT	6,065	4,719	688	698	12,136
BAT	8	22	24	2,468	2,521
RACCOON	15	38	9	1,816	1,878
OTHER	169	6	179	277	631
FOX	2	2	3	365	372
SKUNK	2			259	261
SQUIRREL/CHIPMUNK	4	4	6	210	224
RAT/MOUSE	24	5	19	153	201
GOAT/SHEEP	108		3		111
HORSE/EQUINE	88		1		89
COYOTE	2	3	3	66	74
PIG	59	1	1	13	74
COW	56	1			57
BOBCAT	2			32	34
Total	46,101	9,226	3,765	6,373	71,715

All Districts with a date range from
07/01/2018 to 10/31/2023

Animal Bite Investigations

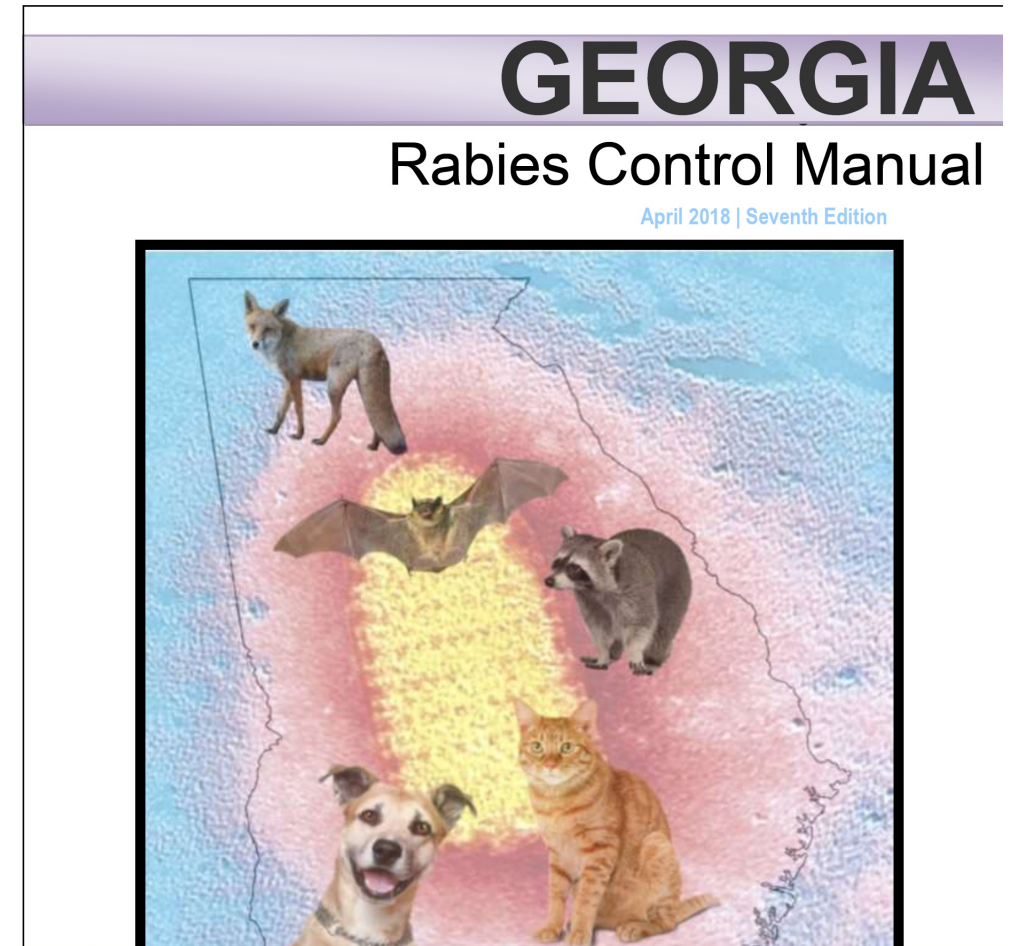
- Animal bite investigations include:
 - Animal-to-animal
 - Animal-to-human
- Bite reports come from medical providers, Poison Control and individuals.
- Investigations are crucial:
 - Inconsistent/Incomplete data
 - Not clear from the victim what they were told from medical provider



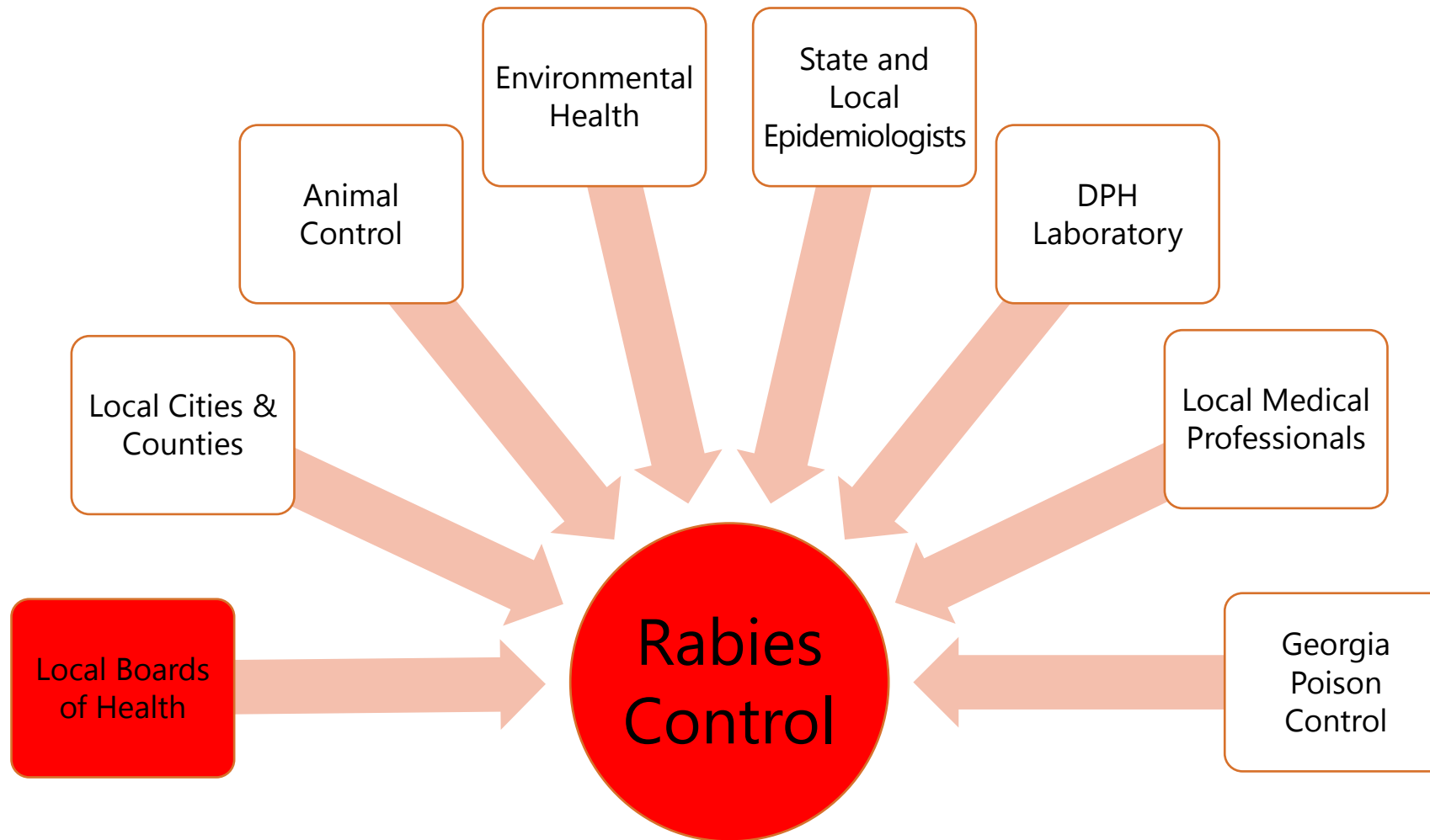
All Districts with a date range from
07/01/2018 to 10/31/2023

Animal Bite Investigations

- State Epidemiology & State PH Vet creates and maintains the GA Rabies Control Manual.
- Environmental Health Specialists use the manual to guide investigations.
- Management of animals potentially exposed to rabies (wild and domestic) and management of animals that bite humans:
 - Quarantine vs. Observation
 - Booster vaccination
 - Euthanize for laboratory testing



Collaborative Partnerships



Questions

For more information, please contact:

Galen C. Baxter, REHS

State Environmental Health Director

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Julie Gabel, D.V.M., M.P.H.

Medical Epidemiologist/State Public Health Veterinarian

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Childhood Injury Prevention

Board of Public Health Meeting / Lisa Dawson, MPH / November 14, 2023

Program Overview

Mission

- Prevent injuries by empowering state and local coalitions through data, training, and leadership, and leveraging resources for prevention programs.

Program Implementation

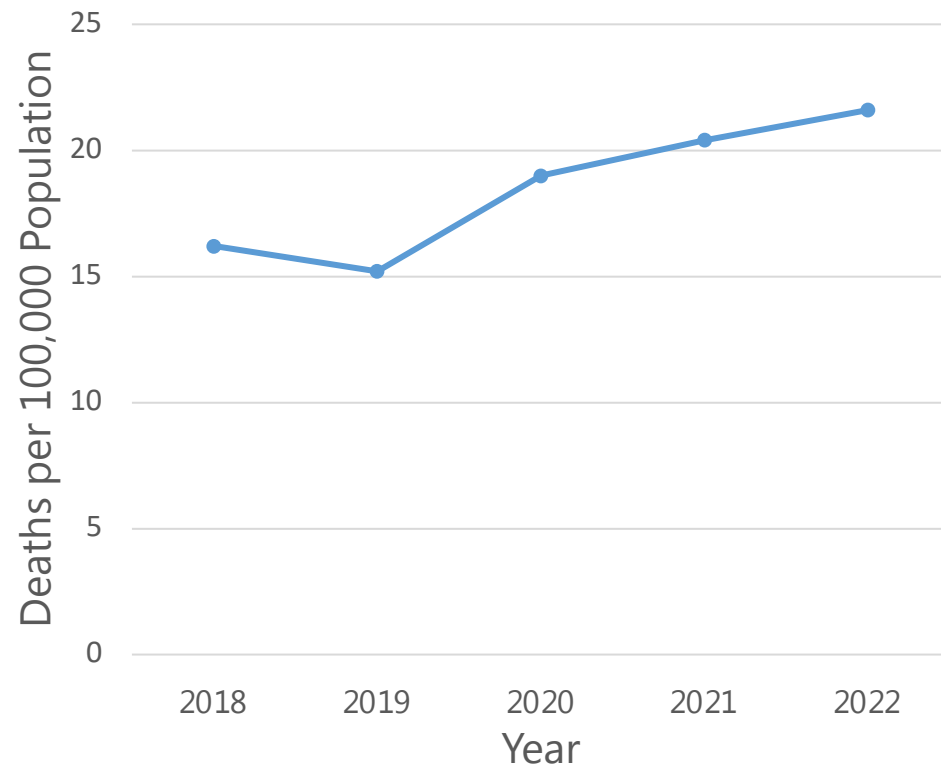
- 100% grant funded

Funders

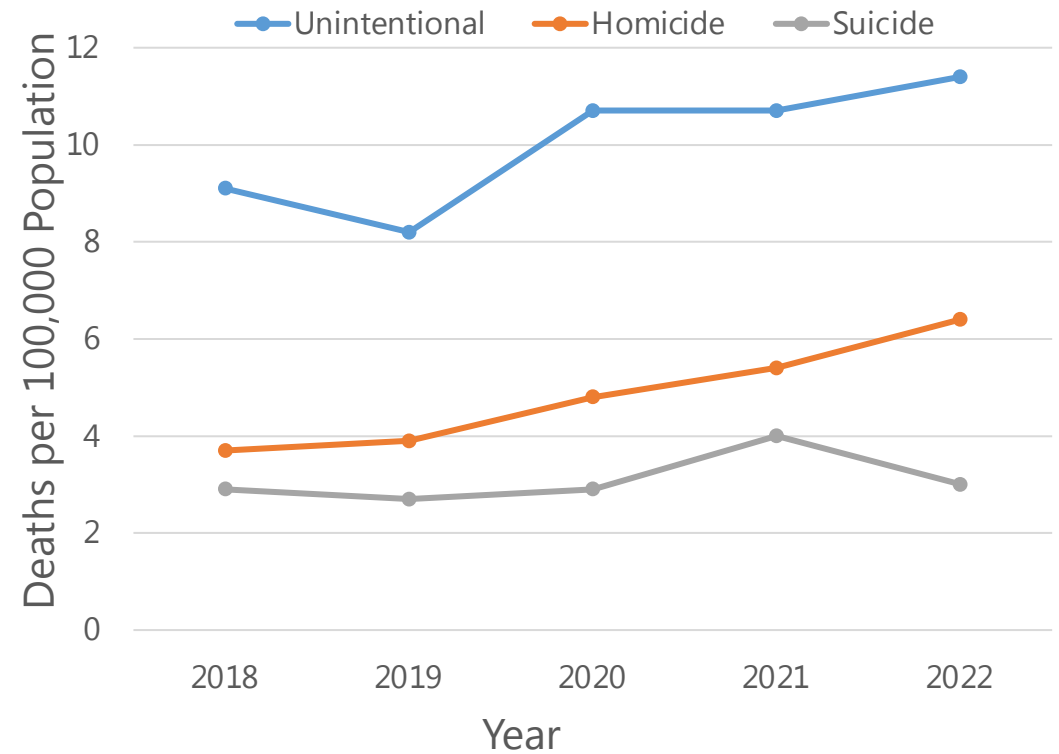
- Governor's Office of Highway Safety
- Centers for Disease Control and Prevention
- Preventive Health & Health Services Block Grant
- Maternal Child Health Block Grant
- CDC Foundation

Childhood Injury in Georgia

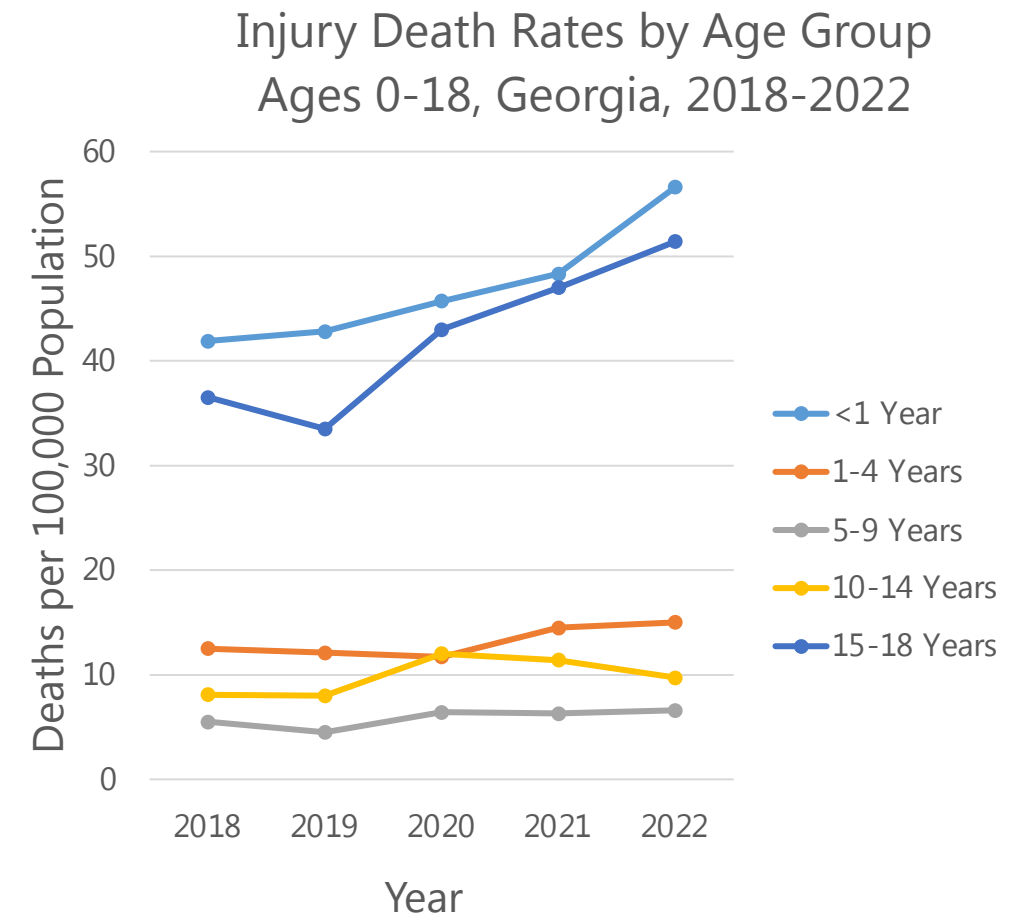
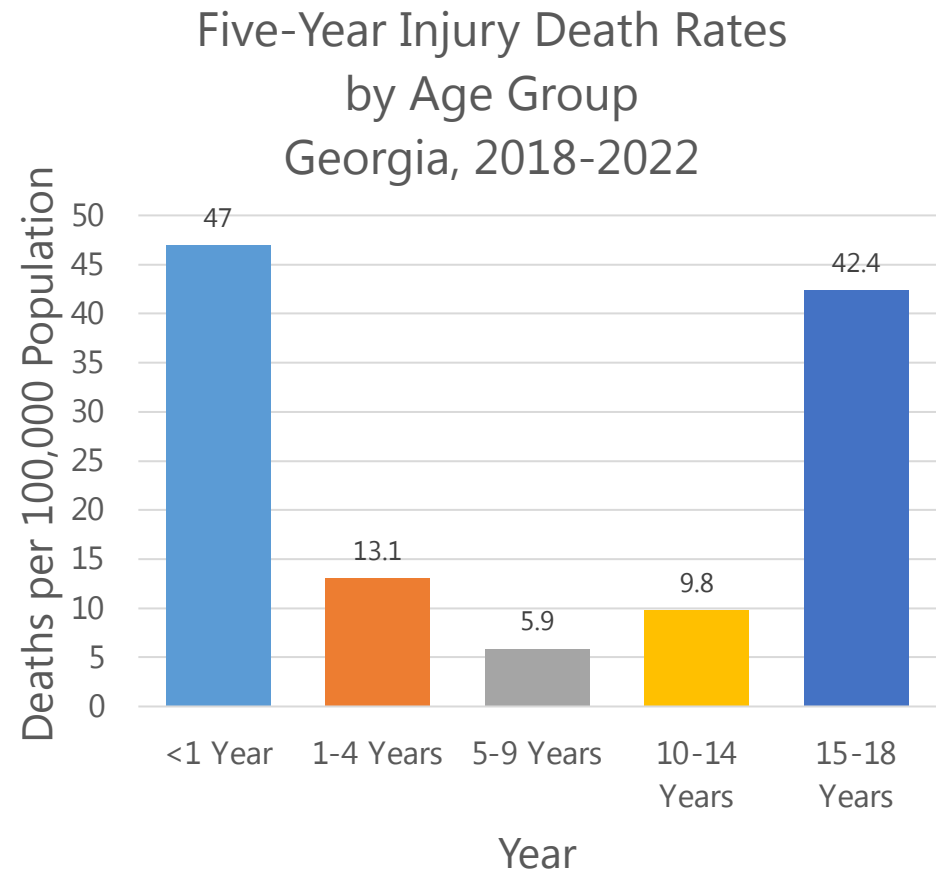
Injury Death Rate, Ages 0-18
Georgia, 2018-2022



Injury Death Rate by Intent, Ages 0-18
Georgia 2018-2022



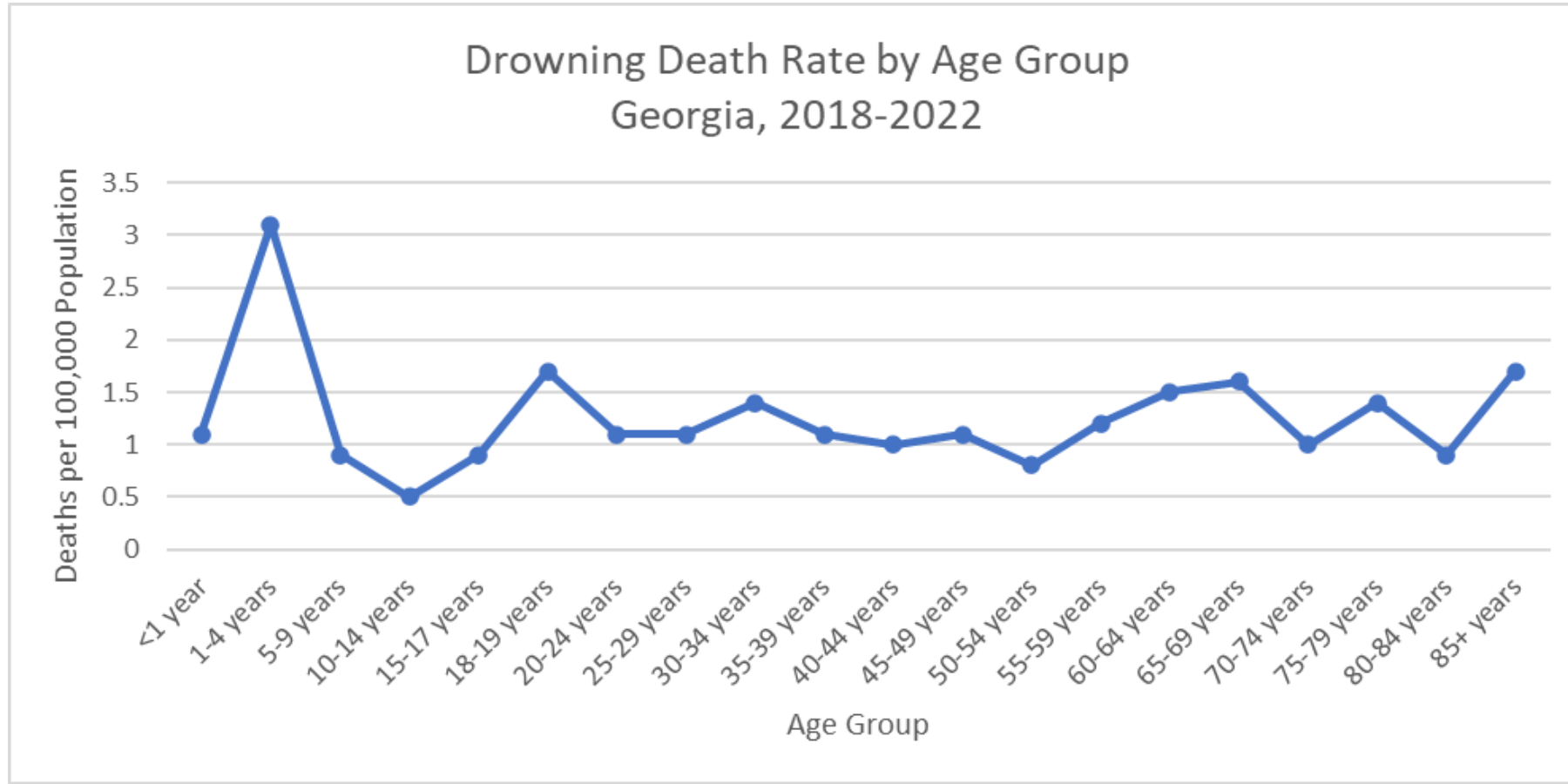
Injury Death Rates by Age Group



Leading Causes of Injury Death, Georgia 2018-2022

Rank	<1 Year	1-4 Years	5-9 Years	10-14 Years	15-18 Years
1	Suffocation	Drowning (tied 1st)	Motor Vehicle Crashes	Suicide	Homicide
2	Homicide	Motor Vehicle Crashes (tied 1st)	Homicide	Motor Vehicle Crashes	Motor Vehicle Crashes
3	Motor Vehicle Crashes	Homicide	Drowning	Homicide	Suicide

Georgia Drowning Death Rate by Age Group

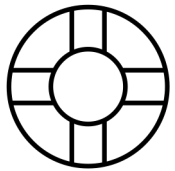


OASIS, 2018-2022 morbidity data

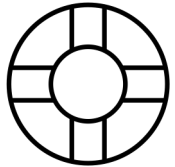
Strengthening Drowning Data and Surveillance

- CDC Foundation
- Objectives:
 - Identify opportunities to strengthen drowning data (fatal and non-fatal) collection and surveillance in Georgia
 - Describe burden and circumstances of drowning in Georgia using new and existing data sources
 - Lifespan approach
 - Eighteen months of funding - \$100,000

Izzy's Law



Named for Israel "Izzy" Scott who died by drowning during a swim lesson in 2022

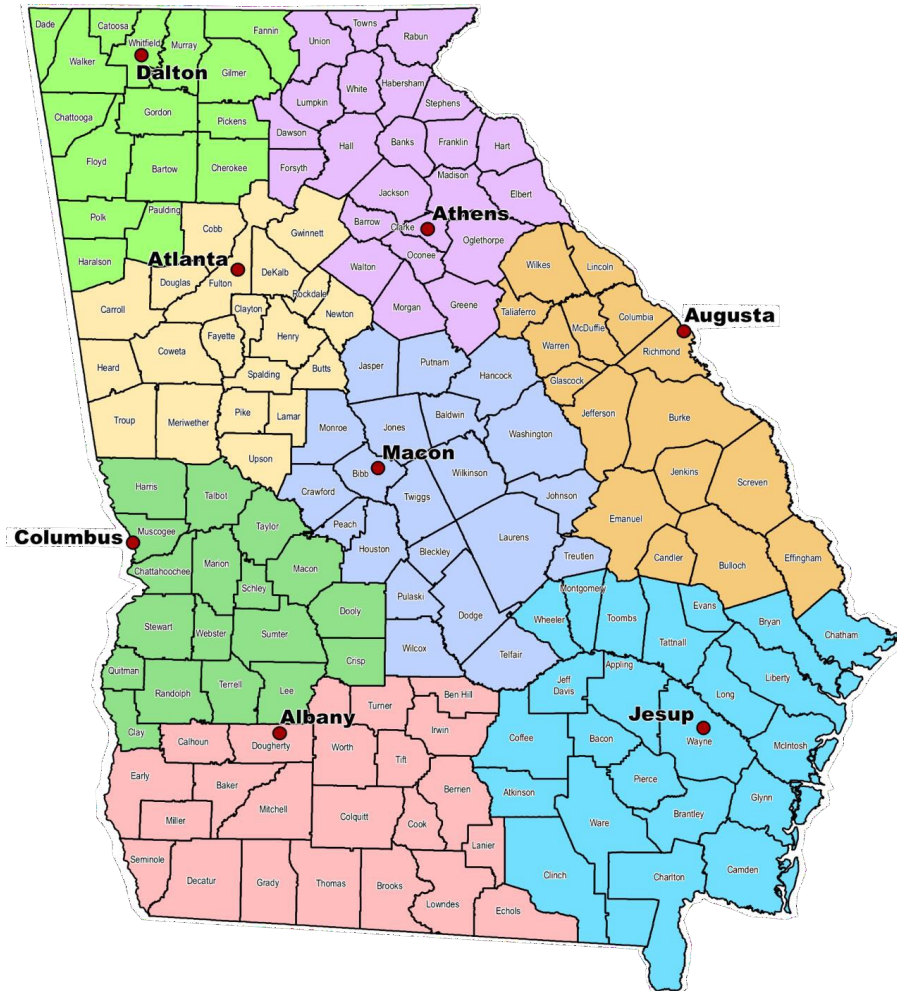


Requires the Department of Public Health to develop a model aquatic safety plan based on national standards for private swim instructors

Izzy's Law Implementation

- Creation of an aquatic safety webpage on the DPH website
- Includes a description of Izzy's Law and a downloadable aquatic safety plan for swim instructors
- Additional water safety resources will be linked to the webpage
- Webpage will be shared with stakeholders across the state

Child Occupant Safety Project

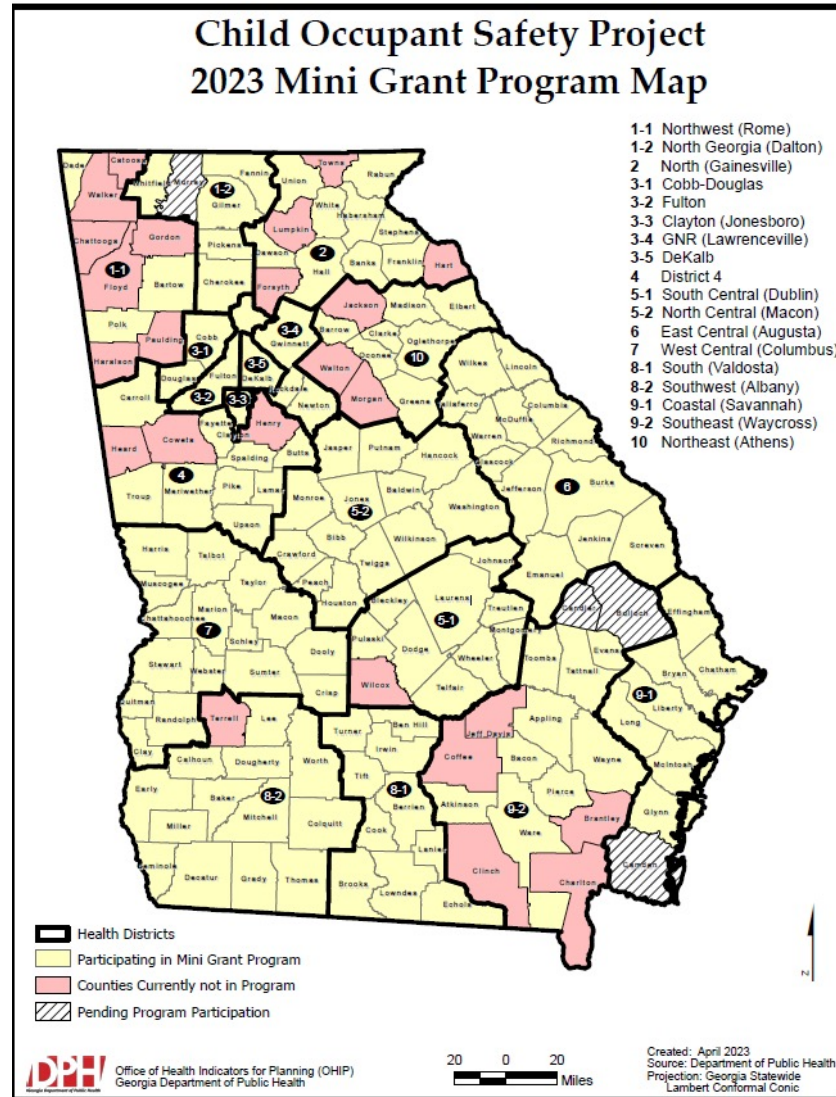


- Funded through the Governor's Office of Highway Safety
- Statewide car seat education and equipment distribution program
- Regional staff in 8 locations across the state

Programmatic Outreach

- Child Passenger Safety Technician
 - Certification course
 - Renewal course
 - Continuing Education course
 - Special Needs certification
- Professional Awareness Training
 - Keeping Kids Safe (hospital-based training)
 - Power in Your Pen and Legal/Not Legal (law enforcement/mandate training)
 - Safe transportation for pediatric patients (EMS)
 - Basic CPS Awareness (fire training)
 - Specific transporter training for DFCS contractors and Head Start/Daycare providers

Mini-Grant Program



- Provides education with equipment distribution to local partners statewide.
- Currently
 - 137 counties covered by local grantees
 - Local sites can receive up to 10 seats per month (6 convertibles and 4 boosters)
 - Supplemental to local programs
 - Provided in English and Spanish

PROPER CHILD RESTRAINT (12 years and younger)

Recommended child passenger restraint system based on the child's height and weight specifications:

	Under 1 year	1-3 years	4-7 years	8-12 years
Less than 20 lbs.	REAR-FACING CAR SEAT			
21-40 lbs.	REAR-FACING CAR SEAT	REAR-FACING CAR SEAT		
		FORWARD-FACING CAR SEAT		
Over 40 lbs. Under 4'9"			BOOSTER SEAT WITH SEAT BELT	BOOSTER SEAT WITH SEAT BELT
Over 4'9"				SEAT BELT



REAR-FACING
CAR SEAT



FORWARD-FACING
CAR SEAT



BOOSTER SEAT
WITH SEAT BELT



SEAT BELT

Outcomes

- Teddy Bear Sticker Program
 - Reporting system for car seats involved in a crash
 - Lives saved to date: 412
- Seats Distributed in FY23
 - Grant Year, October 1, 2022 – September 30, 2023
 - 5,200+ seats distributed

Questions

For more information, please contact:

Lisa Dawson, MPH

Director, Injury Prevention Program

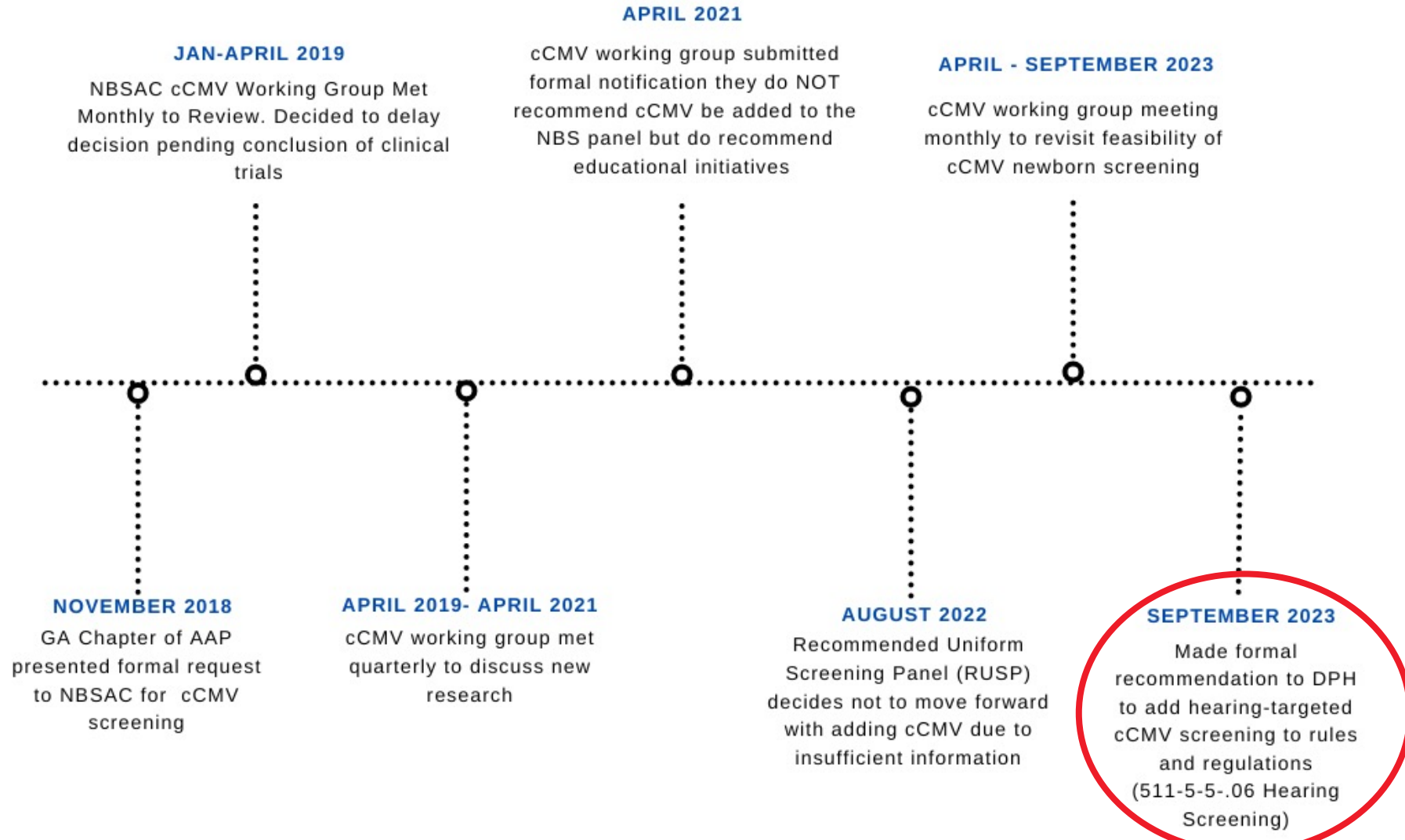
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Congenital Cytomegalovirus (cCMV) Updates

DPH Child Health

Board of Public Health Meeting / Melanie Morris, Au.D., CCC-A / November 14, 2023

NBSAC cCMV Working Group Efforts Timeline



Updates on National cCMV Trends

States with **Universal** cCMV Screening (Bloodspot Panel)

- Minnesota (February 2023)
- Connecticut (to begin 2025)
- New York (NICHD Grant, 2023-2024)

States with **Hearing Targeted** cCMV Screening (Point of Care)

- Florida
- Virginia
- Illinois (to be offered*)
- Iowa
- Kentucky
- Maine
- New York
- Pennsylvania
- Utah
- Texas (began September 2023)
- Louisiana

Improve cCMV Identification for Better Health Outcomes

1. Educate medical providers and caregivers
2. Improve Access to On-time Infant Hearing Testing

cCMV Educational Initiative Updates

- Educational materials distributed:
 - University of Georgia's Pediatric Audiology Symposium
 - Georgia OB GYN Educational Meeting
- Presentations completed:
 - University of Georgia's Pediatric Audiology Symposium (Speaker: Dr. Angela Shoup, Callier Center, Dallas, TX)
 - Georgia Academy of Family Physicians (Speaker: Melanie Morris, DPH)
- Upcoming scheduled events:
 - Webinar hosted by GA AAP "Beyond The Newborn Hearing Screen: Update To Congenital CMV" – February 2024 (Speaker: Dr. Paula Harmon, PENTA)
 - Early Hearing Detection and Intervention Conference – April 2024

Improve Access to On-Time Infant Hearing Testing

- Child Health Audiologist – Candidate selected. (Begins December 1, 2023)
 - Establish newborn hearing screening training protocols for hospitals to include cCMV education
 - Monitor and support hospital performance in newborn hearing screening
- OAE Hearing Screening Project –
 - Selection of equipment – Completed
 - Training and protocol development – In progress
 - Anticipated launch date – July 2024

Questions

For more information, please contact:

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Next Meeting

The next Board of Public Health Meeting
will be held January 9, 2024