

Georgia Board of Public Health

November 8, 2022

Agenda

- Call to order
- Roll Call
- Approval/Adoption of Minutes
- New Business
 - Commissioner's Report
 - Epidemiology Updates
 - Influenza
 - Early Hearing Detection and Intervention; Cytomegalovirus
 - Viral Hepatitis Prenatal Testing Requirements
- Board Comments
- Adjournment

Influenza Update

Board of Public Health / Cherie L. Drenzek DVM, MS, State Epidemiologist / Nov. 8, 2022

Introduction

- Flu is ever-changing, complex, and difficult to predict
- It remains a significant cause of morbidity and mortality globally
- Unlike COVID-19, individual influenza infections are not reportable to Public Health (not feasible--most are not lab confirmed)
- But flu surveillance is critical to inform prevention and control
- Flu “season” traditionally is October through May (but we can see flu all year round)

Goals of Influenza Surveillance

NOT to document every case of influenza, but to:

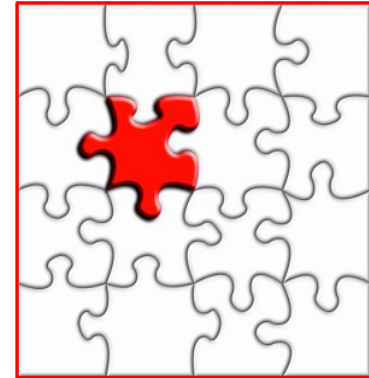
- Determine when and where influenza activity is occurring
- Determine what influenza viruses are circulating
- Determine the severity of influenza virus infections and who is most at risk
- Detect novel viruses or changes in influenza viruses

TO INFORM CONTROL AND PREVENTION EFFORTS!

What Does Flu Surveillance Entail?

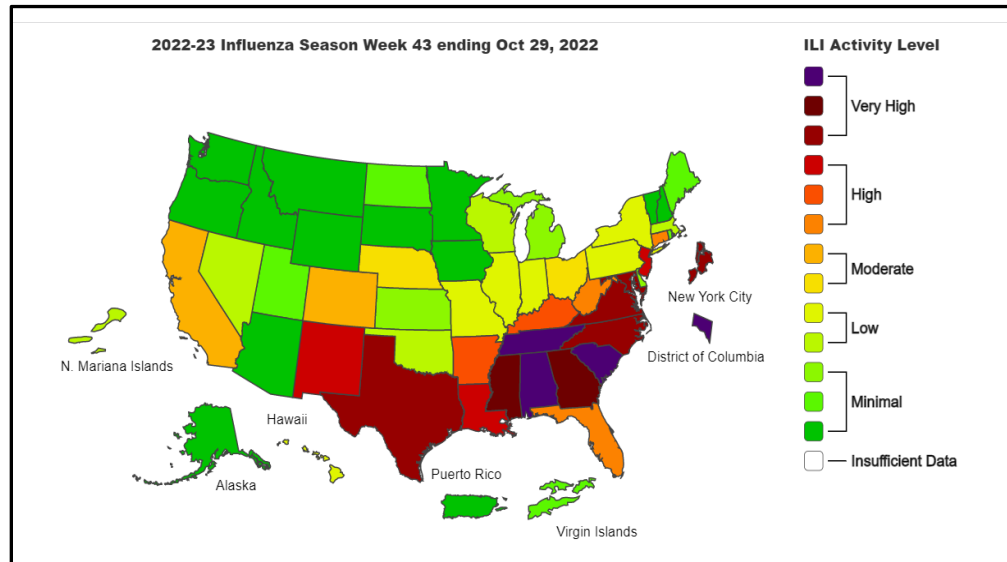
Pieces of the Puzzle:

- Virologic surveillance (lab characterization of what flu viruses are circulating)
- Proportion of outpatient visits for ILI (influenza-like illness-- fever, cough, sore throat)
- Proportion of outpatient visits for ILI in Emergency Departments
- Comparing the level of ILI to baseline levels (non-flu season)
- Percent of flu tests that are positive
- Influenza hospitalizations (metro Atlanta only)
- Influenza-associated deaths (all ages)
- Influenza outbreaks



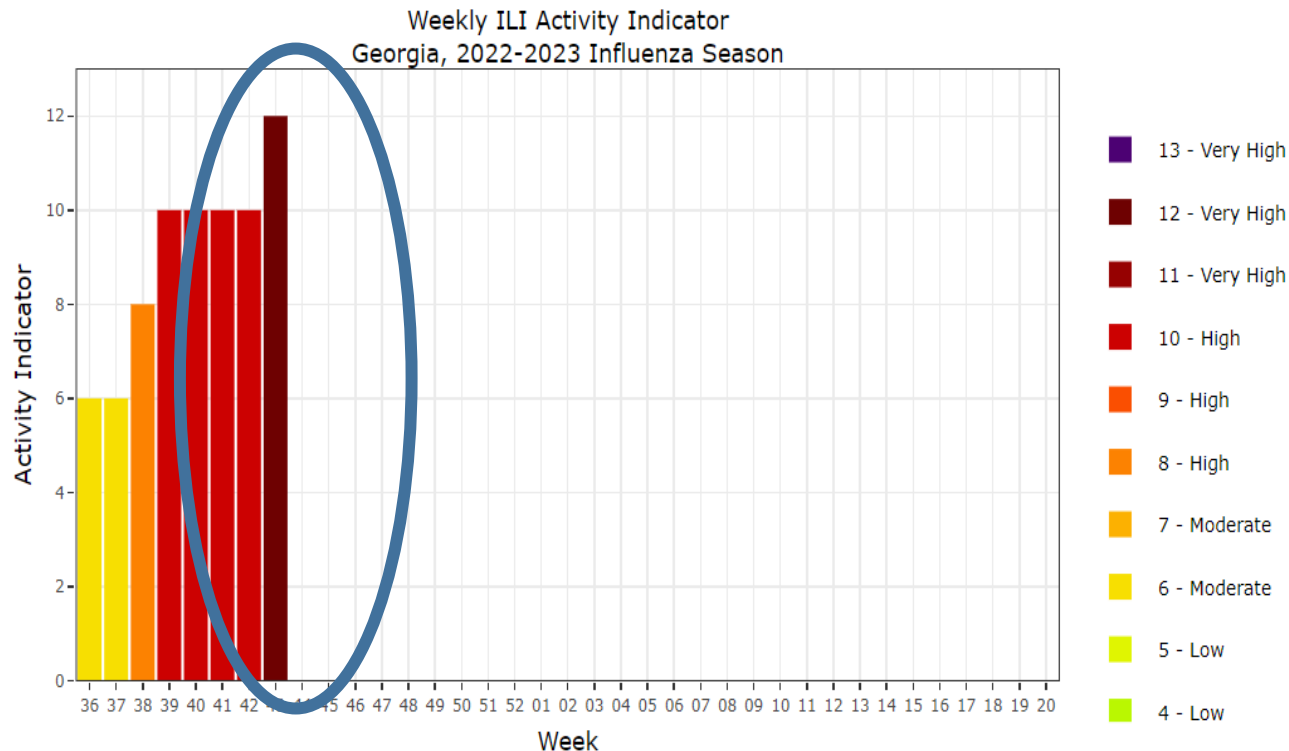
“Picture” of Flu Activity

National Flu Snapshot



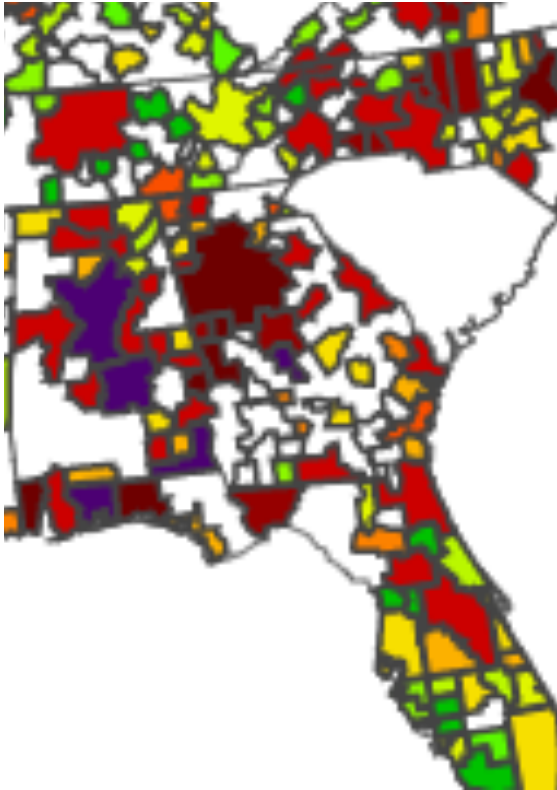
- The South and mid-Atlantic areas have the highest flu activity in the nation (this compares proportion of visits for ILI to non-flu season)
- This is very early and has been rising for two months
- About 75% of flu viruses have been Influenza A H3N2
- 4.3% of outpatient visits were for ILI (national baseline is 2.5%)
- About 9% of all tests for flu were positive (the week before was 6%)
- Hospitalization rate (3/100K) hasn't been this high this early since 2010

Georgia Flu Snapshot



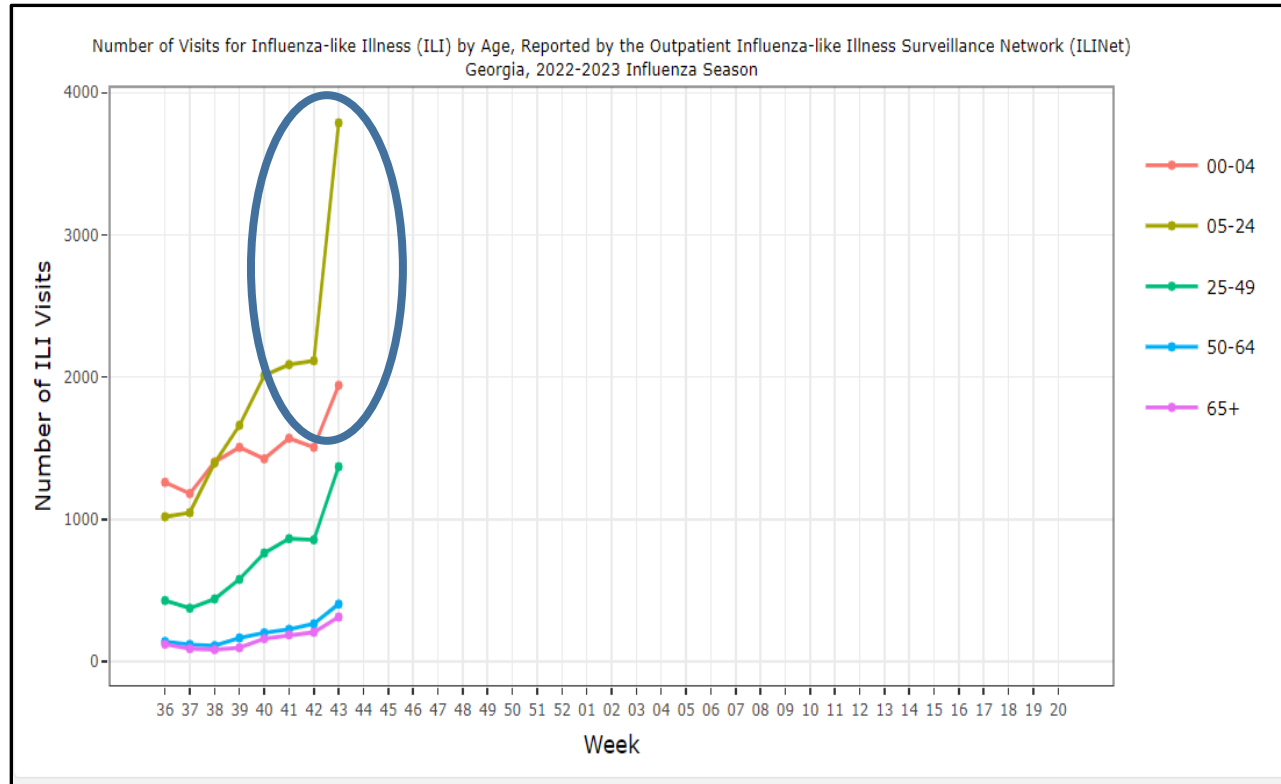
- Flu activity has been rising in Georgia since mid-August, was HIGH for 5 weeks, and now is VERY HIGH.
- 100% of viruses are Influenza A, and most are A (H3N2)
- The percent of positive flu tests is 18% (9% nationally)
- The proportion of outpatient visits for ILI is 10% (baseline is 3%, the earliest it has been this high since the 2009 pandemic)

Georgia Flu Snapshot



- We see flu activity all around Georgia, but have VERY HIGH activity in large areas of metro Atlanta, Macon, and Columbus (see maroon, purple areas)

Georgia Flu Snapshot



- The vast majority of outpatient visits for ILI have been among the “young” (25% among 0-4 years, 50% among 5-24 years old)
- Underscores importance of flu vaccination in this population
- “H3N2” seasons tend to disproportionately affect children and the elderly

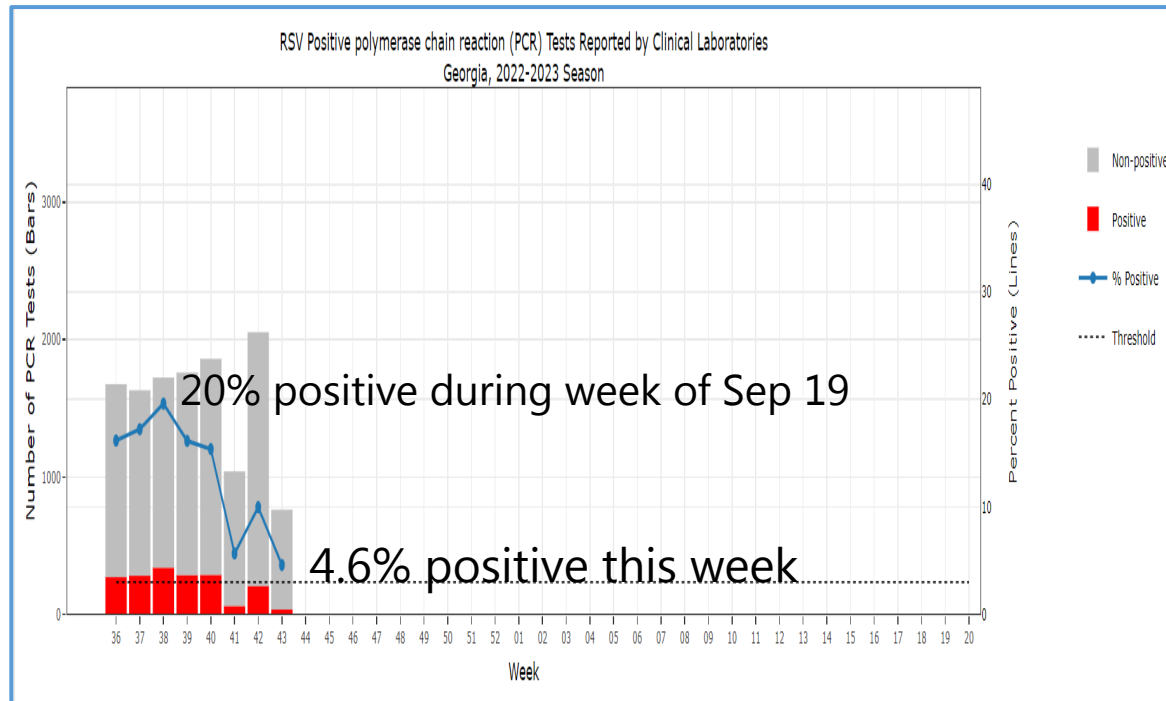
Georgia Flu Snapshot

- Flu-related hospitalizations (metro Atlanta) nearly doubled over the last two weeks; **30% were in those older than 65**; our overall hospitalization rate is 10/100K.
- We have confirmed **2** flu-related deaths so far this season and **31** last season (both this season occurred in those >50 years).
- We documented **58** flu outbreaks in institutional settings in the last week—about half in K-12 schools and half in LTCFs. This was up from 5 outbreaks each in the previous two weeks.
- Again, underscores particular importance of flu vaccination in old and young (but certainly for everyone!!)

Influenza: Prevention

- Annual vaccination remains the best method for preventing seasonal flu (and protecting against serious outcomes like hospitalization and death) and is recommended for **all persons aged 6 months and older**.
- The flu vaccine is quadrivalent—it protects against **four** flu strains: Influenza A H3N2, Influenza A H1N1, Influenza B/Victoria, Influenza B/Yamagata
- For this flu season, individuals **over 65** are recommended to get one of the 3 **high-dose** or adjuvanted vaccines
- With this early flu activity, important to get vaccinated now (takes a few weeks for max immunity)
- In addition, flu prevention also relies on the pillars of handwashing, staying home if you're sick, and respiratory etiquette.

Respiratory Syncytial Virus (RSV) in Georgia



- RSV infection can be very serious or even deadly in young children, those under 12 months most at risk for hospitalization.
- No vaccine for RSV
- The RSV season has also been severe and early this year (usually peaks late winter)
- Similar to flu in that we don't count individual cases, but use percent of lab specimens that are positive for RSV to look at trends
- RSV activity was very high in Georgia during September and October, with a peak of 20% positive on Sep 19, but appears to be declining

Closing Comments

1. Infectious diseases are ever-changing and unpredictable!
2. **Surveillance and epidemiologic investigation are** the cornerstones of prevention and control recommendations.

Questions

For more information, please contact:

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Early Hearing Detection and Intervention

Board of Public Health Meeting / Tina Turner, MPA / Nov. 8, 2022

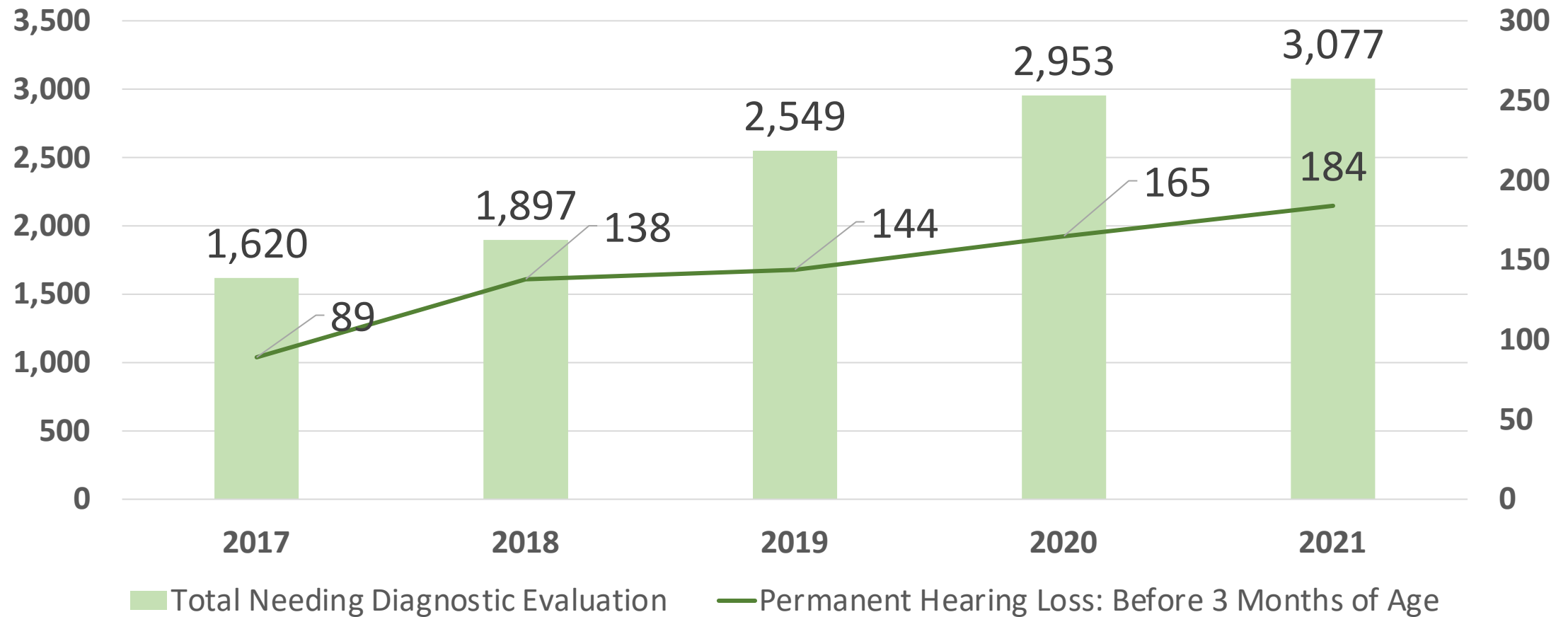
Georgia EHDI Program

- Public health program since 2001
- 2014 hearing screening added to Newborn Screening Rule 511-5-5
 - Mandated hospital screening and reporting for every infant
- Purpose of the program:
 - Statewide screening and referral system
 - Linkages to appropriate intervention
 - Technical assistance and training for hospitals, physicians, audiologists, early intervention and public health

General EHDI Protocols in Georgia

- Initial hearing screening prior to discharge
- ONE follow up screen as an outpatient (well baby nurseries)
- Diagnostic Evaluation
- Early Hearing Orientation Specialist (EHOS) visit
- Enrollment in Early Intervention and Support Services
- Transition to educational services / support

Number of Babies Identified with Hearing Loss Before 3 Months of Age is Increasing



Source: 2018-2021 HSFS Data for PHIP Request as of 8-17-2022

Achieving Goals

- Babies are screened at birthing hospitals prior to discharge
 - Automated screen result: pass/fail/refer
 - Technicians, nurses or audiologists perform screen
 - Only two screens allowed before discharge
- Final screen/hearing screening status at discharge is reported to public health through SendSS

District Follow Up Coordinators

- A designated coordinator in every health district as of 2009
 - Work with birthing facilities, families, primary care physicians, and audiologists
- Enhance service delivery to meet the overall goals of the program in a timely manner
- Provide technical assistance, when needed

Diagnostic Evaluations

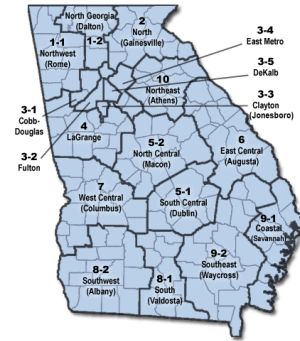
- Diagnostics are completed by a licensed Audiologist, either in a natural sleep “nap study” or with sedation
- Providers are mandated to report results to DPH within 7 days of testing
 - Web-based reporting directly into the SendSS via the Audiology Portal
 - Paper surveillance form or report

Early Intervention Referrals

Permanent Hearing Loss: YES



District EHDI Coordinator
Care coordination – BCW, CMS



Automated
referrals via
encrypted
email*

*If you need to share additional information – please
comment in the notes section. EHDI reads your notes!

State EHDI Team Lead
GTID number request

Georgia PINES – EHOS visit

Georgia Hands & Voices

Congenital Cytomegalovirus

Cytomegalovirus

- Cytomegalovirus (CMV) is a virus that infects people of all ages
- If you are pregnant, CMV is cause for concern because the infection can be passed on to the baby
- If a baby is born with a CMV infection, it is called congenital CMV (cCMV)
- 1 in 5 children with congenital CMV will have a permanent disability, such as hearing loss or developmental delay

Goals for cCMV Training and Education

Goal 1: Train all applicable hospital providers and screening personnel and district staff on how to educate families and care givers of infants who fail/refer their newborn hearing screening for one or both ears prior to hospital discharge regarding cCMV as a potential cause for not passing. December 2022 – August 2023.

Goal 2: Provide education for families and caregivers of infants who fail/refer their newborn hearing screening for one or both ears prior to hospital discharge regarding cCMV as a potential cause for not passing. April 2023 – August 2023

Questions

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Viral Hepatitis

Updated Prenatal Testing Requirements

Board of Public Health / Tracy Kavanaugh, MS, MCHES; Megan Andrews, J.D. / Nov. 8, 2022

Reportable Conditions – Perinatal Hepatitis B & C

Hepatitis B

- HBsAg(+) pregnant women
- Perinatal HBV exposure

Hepatitis C

- anti-HCV(+) or HCV RNA detected pregnant women
- anti-HCV(+) or HCV RNA detected children ages <3 years

Must be reported within 7 days

NOTIFIABLE DISEASE CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

[illegible]

For more information:
www.dph.ga.gov/disease-reporting

Revised December 2020 | Georgia Department of Public Health



REPORT WITHIN 7 DAYS

AIDS#

- acute flaccid myelitis
- anaplasmosis
- aseptic meningitis
- babesiosis
- blood lead level (all)
- campylobacteriosis
- Carbapenem-resistant
- Enterobacteriaceae (CRE):
 - Enterobacter species,
 - Escherichia coli,
 - and Klebsiella species
- chancroid
- Chlamydia trachomatis (genital infection)
- Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55
- cryptosporidiosis
- cyclosporiasis
- ehrlichiosis
- giardiasis
- gonorrhea
- HIV infection#
- Perinatal HIV exposure#
- hearing impairment (permanent under age 5)##
- hepatitis B
 - acute hepatitis B
 - chronic HBsAg(+) or HBV DNA detected infections
 - HBsAg(+) pregnant women
 - Perinatal HBV exposure
- hepatitis C (past or present)
 - anti-HCV(+)
 - HCV RNA detected
 - HCV genotype detected
 - anti-HCV(+) or HCV RNA detected pregnant women

– anti-HCV(+) or HCV RNA detected children ages <3 years

hepatitis D (Delta virus present with HBsAg); acute and chronic hepatitis E (acute) influenza-associated death

(all ages)

- legionellosis
- leptospirosis
- listeriosis***
- leprosy or Hansen's disease (Mycobacterium leprae)
- Lyme disease
- lymphogranuloma venereum
- malaria
- maternal deaths (during pregnancy or within 1 year of end of pregnancy)##
- MIS-C (multi-system inflammatory syndrome in children)
- mumps
- psittacosis
- Rocky Mountain spotted fever
- rubella (including congenital)
- salmonellosis
- shigellosis
- streptococcal disease, Group A or B (invasive)**
- Streptococcus pneumoniae (invasive)**
- report with antibiotic-resistance information
- tetanus
- toxic shock syndrome
- typhoid
- Varicella (Chickenpox)
- Vibrio infections
- versiniosis

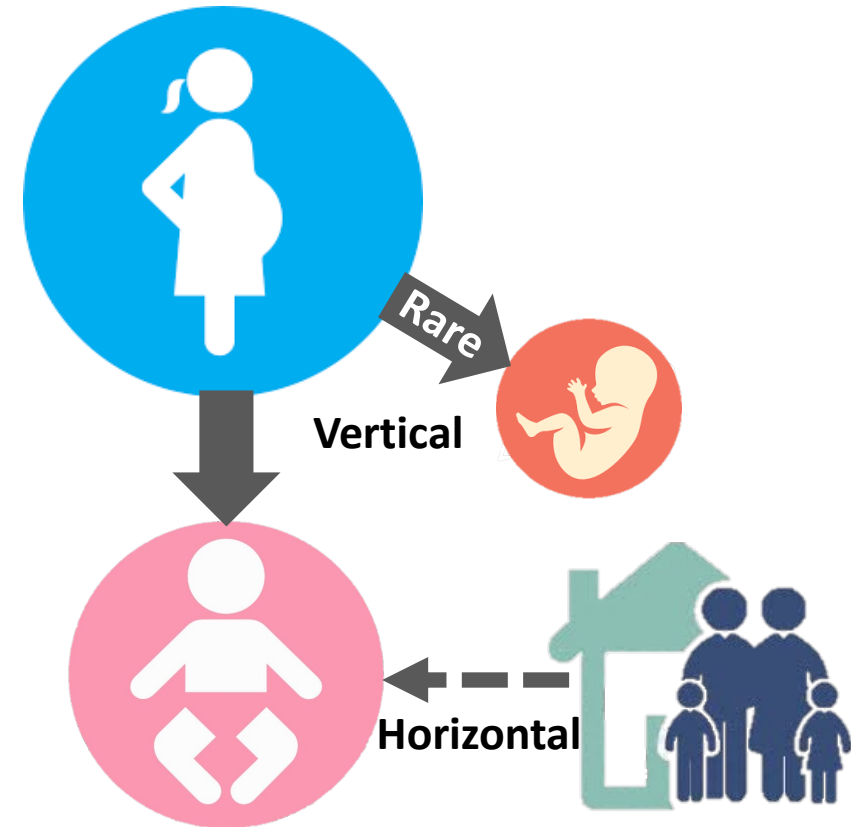
Perinatal Hepatitis Transmission

Vertical

- Contact with infected **blood** or body fluids
- In utero transmission is rare

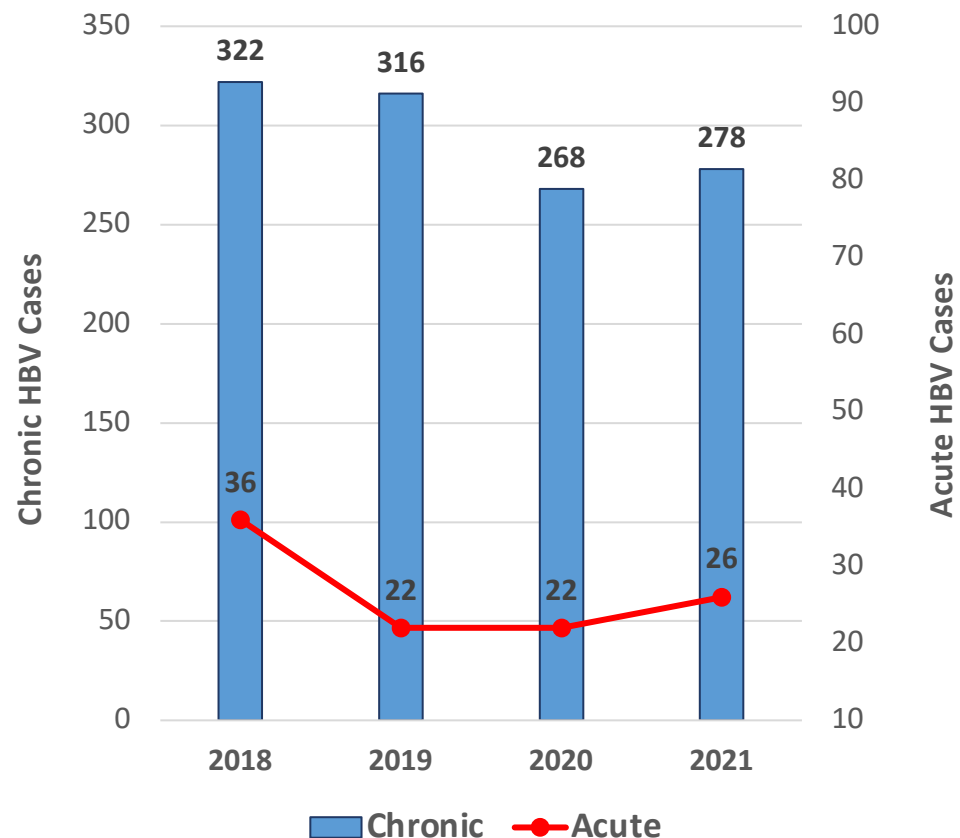
Horizontal

- Interpersonal contact

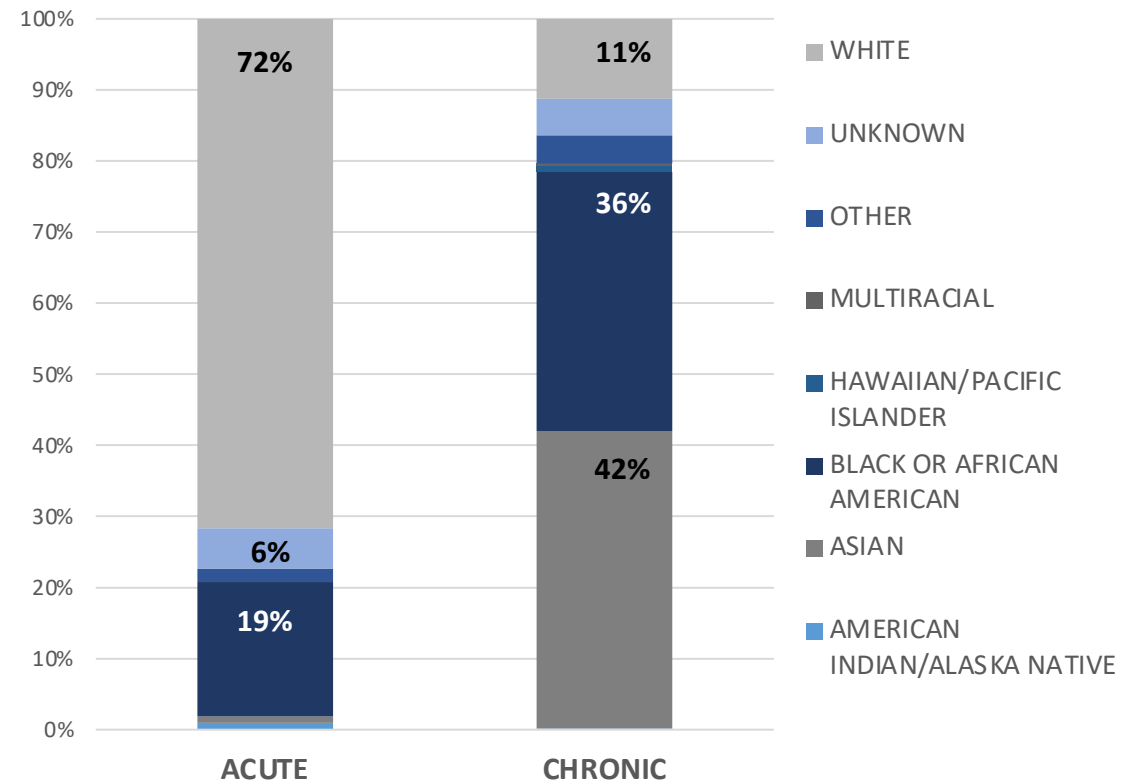


HBV Cases in Females Ages 13-47 Years

Hepatitis B Infections in Females 13-47 Years of Age by Diagnosis, Georgia, 2018-2021



Hepatitis B Infections in Females 13-47 Years of Age by Race and Diagnosis, Georgia, 2018-2021

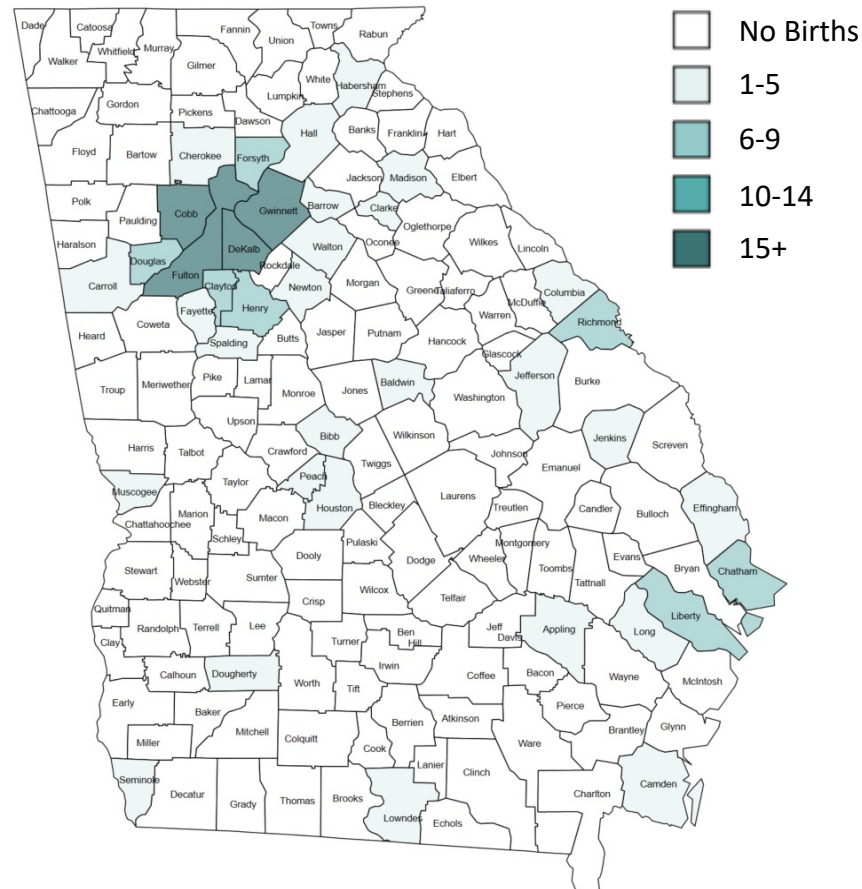


Perinatal Hepatitis B Infection

- **Perinatal Transmission Risk:**
 - 70%-90% HBsAg(+) and HBeAg(+)
 - 10% HBsAg(+) only
- **Perinatal HBV Outcomes:**
 - 90% of infected infants become chronically infected
 - 25% may die prematurely
- **Post-exposure Prophylaxis:**
 - 94% effective in reducing perinatal transmission

Perinatal Hepatitis B Exposures in Georgia

HBV-Exposed Births by Infant's County of Residence, Georgia, 2020



~283 HBV-Exposed Births Identified Annually

75% of HBV-Exposed Infants were born to a Mother Born Outside of the USA in 2020

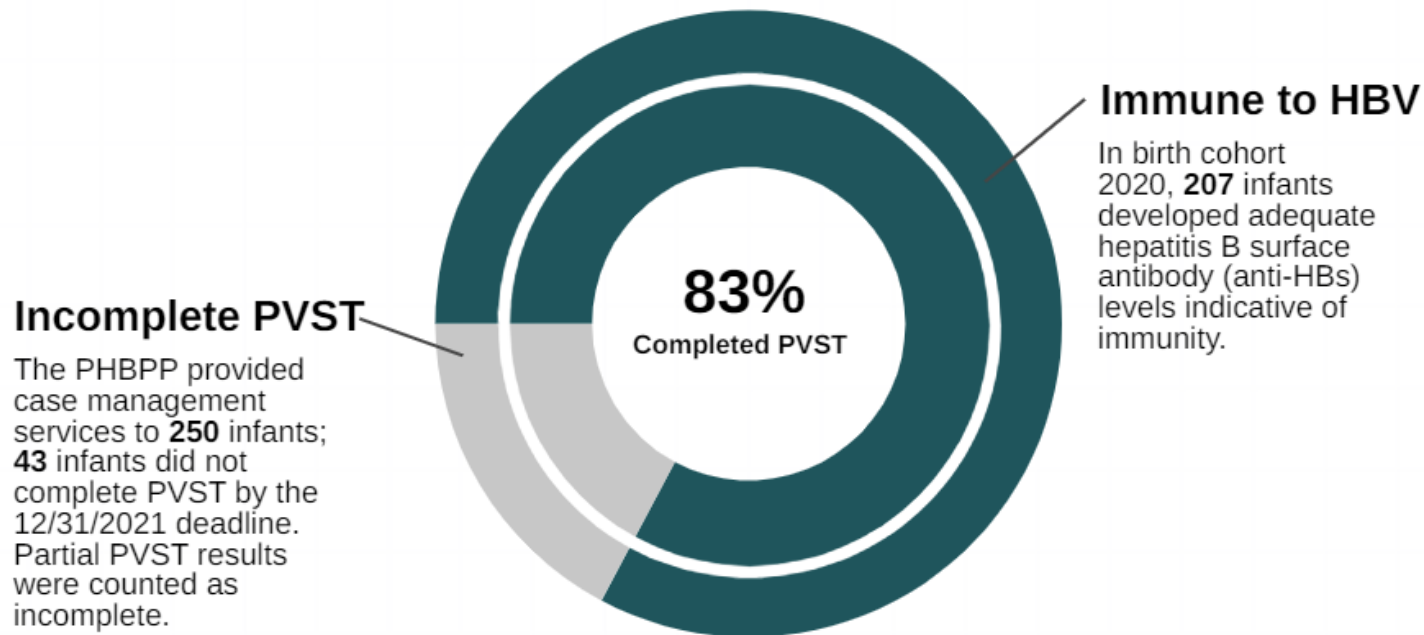
Georgia Perinatal Hepatitis B Prevention Program

- Identify hepatitis B-infected pregnant women
- Ensure hepatitis B immune globulin (HBIG) and hepatitis B vaccine are administered within 12 hours of birth
- Ensure hepatitis B vaccines are administered at the recommended intervals
- Coordinate post-vaccination serologic testing (PVST) at 9-12 months of age

Birth Cohort 2020 Outcomes

Postvaccination Serologic Testing (PVST)

Postvaccination serologic testing (PVST) is recommended for infants and children born to hepatitis B-infected mothers. The PVST must include the hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs). Postvaccination serologic testing confirms whether the child has developed immunity, needs additional vaccine or has been infected with the hepatitis B virus (HBV).



No HBV-infected infants were identified in birth cohort 2020.

9 Infected Infants 2011-2020

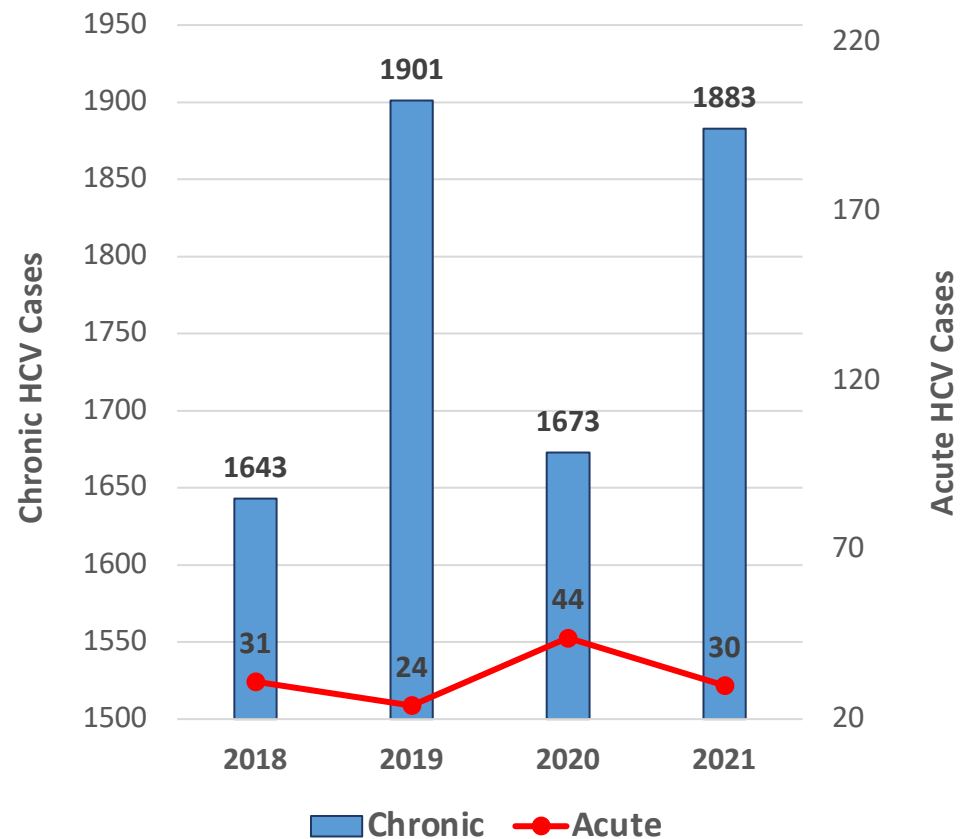
Perinatal Hepatitis C Infection

- **Perinatal Transmission Risk¹:**
 - 7.2%% with no HIV infection
 - 12.1% with HIV co-infection
- **Perinatal HCV Outcomes:**
 - 20%-40% of infected infants spontaneously clear the infection by age 5
 - 50% have chronic asymptomatic infection
 - 30% have chronic active infection
- **Post-Exposure Prophylaxis**
 - None

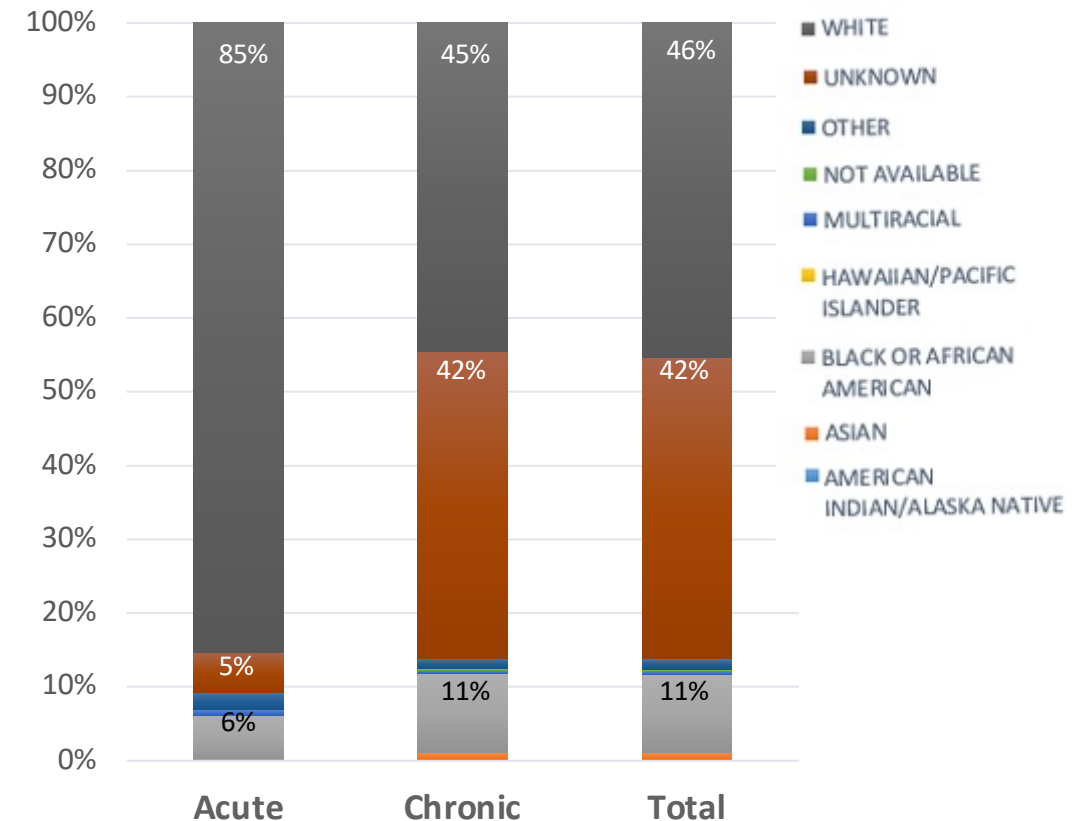
¹Ades, A.E., et al., Overall vertical transmission of HCV, transmission net of clearance, and timing of transmission. Clin Infect Dis, 2022.

HCV Cases in Females Ages 13-47 Years

Hepatitis C Infections in Females 13-47 Years of Age by Diagnosis, Georgia, 2018-2021

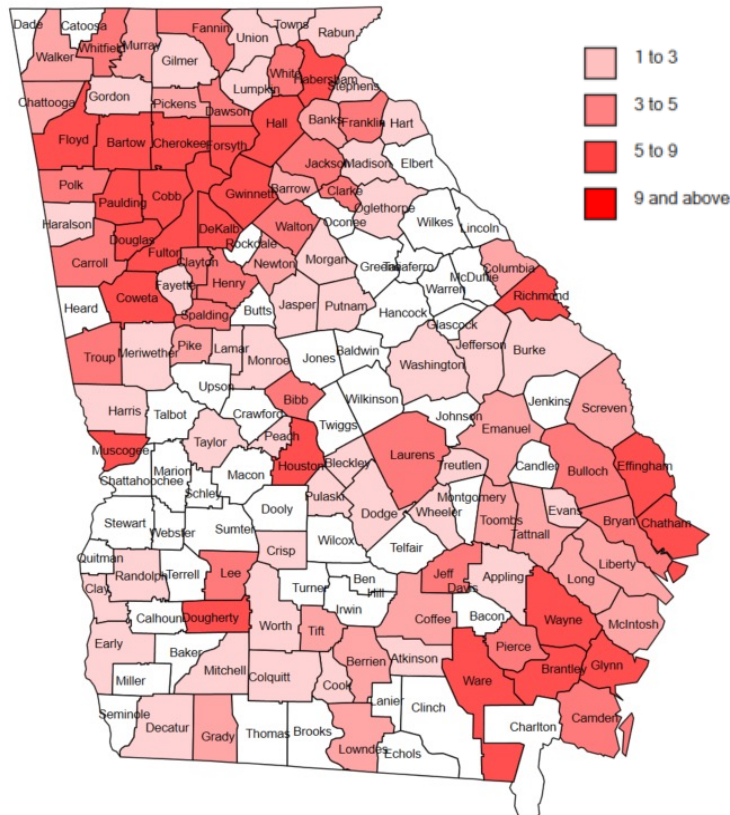


Hepatitis C Infections in Females 13-47 Years of Age by Race and Diagnosis, Georgia, 2018-2021



HCV RNA-Exposed Births 2018-2021

Maternal HCV RNA(+) Result ≤ 365 Days of Birth



Perinatal Hepatitis C Exposures, Georgia, 2018-2021

- **2,172** births to persons with an HCV(+) history
- **662** births to persons with HCV RNA(+) lab test ≤ 365 days of birth

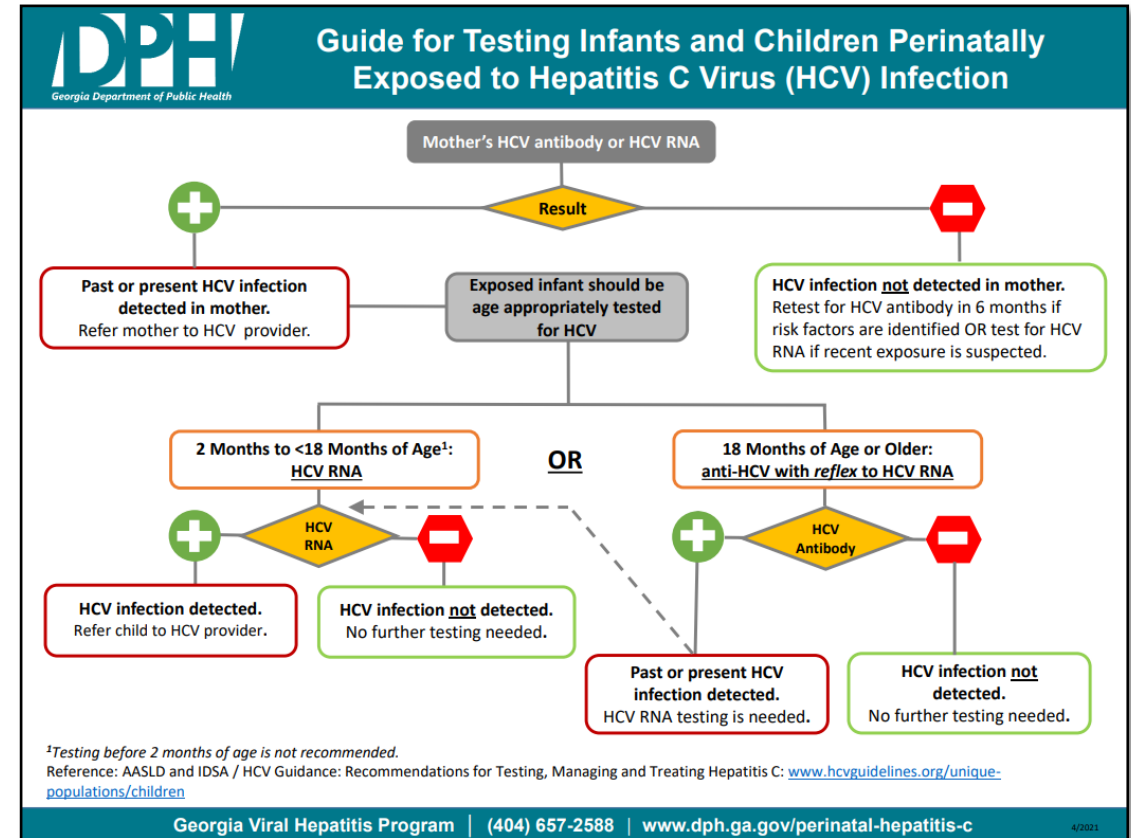


Source: Perinatal Hepatitis C SendSS Data

*Preliminary data and subject to change

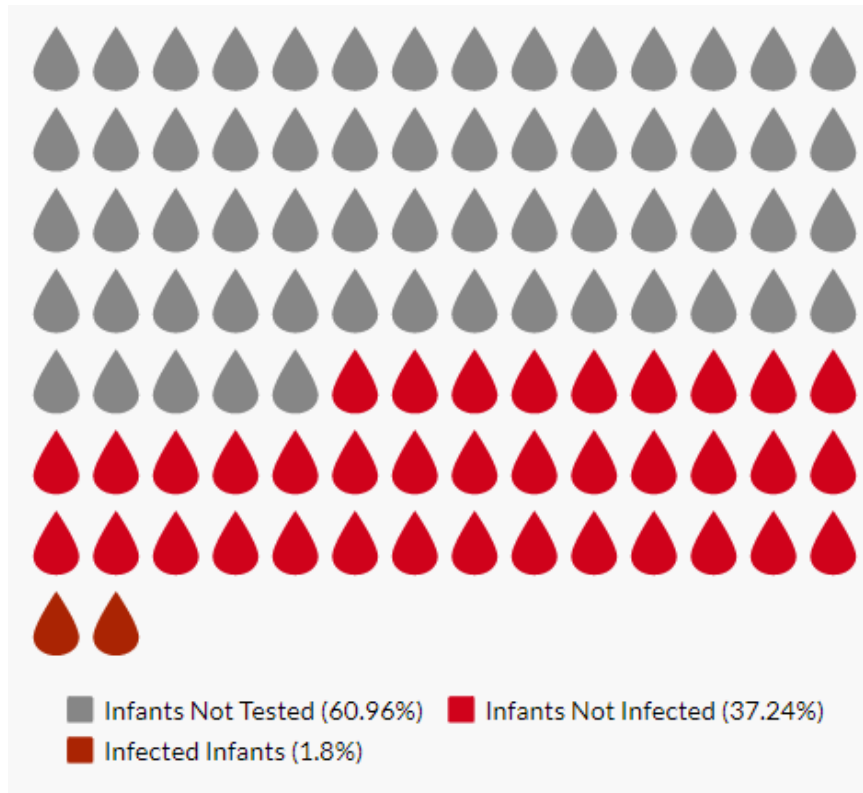
Perinatal Hepatitis C Program

- Identify the birth
- Notify Pediatric Provider
- Coordinate testing
- Verify laboratory results



Case Management Outcomes, 2018-2021

Case Managed Infants/Children Testing Outcomes, Georgia, 2018-2021



Birth Cohort	Case Managed	Not Case Managed
2018	4	5
2019	3	4
2020	3	1
2021	1	0
2022	0	2
Total	11	13

Reported by
Birth Cohort

24

Reported by
Year of Onset

Includes cases that may be in case management database but did not have a maternal HCV RNA+ result within 365 days of infant's birth and were not actively being case managed

Source: Perinatal Hepatitis C SendSS Data
*Preliminary data and subject to change

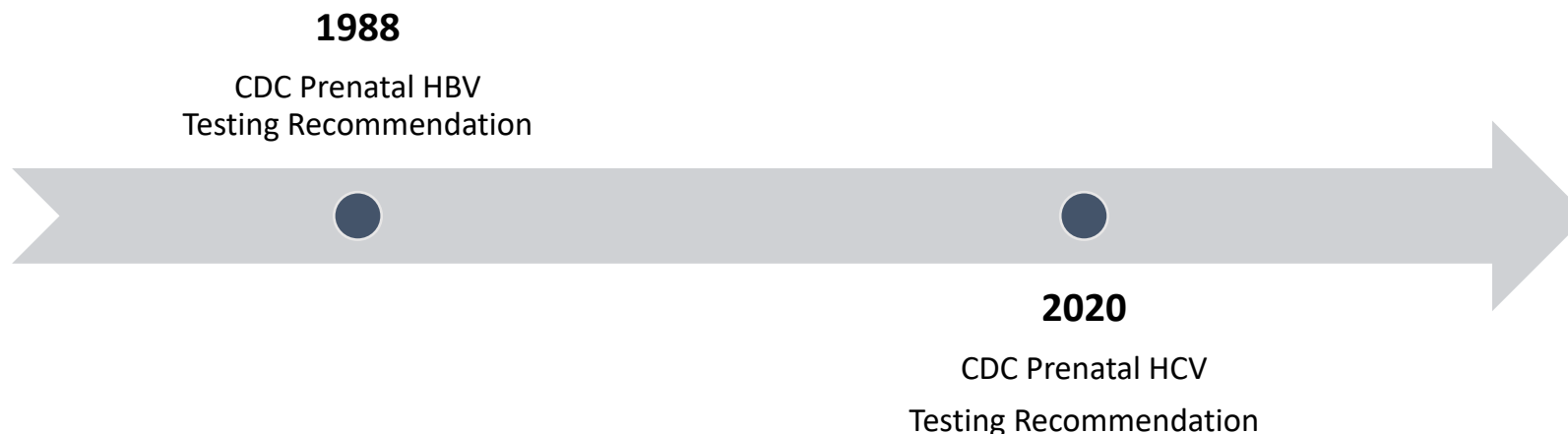
National Testing Recommendations

Prenatal Hepatitis B Testing

- Centers for Disease Control and Prevention (CDC)
- The American College of Obstetricians and Gynecologists (ACOG)

Prenatal Hepatitis C Testing

- Centers for Disease Control and Prevention (CDC)
- The American College of Obstetricians and Gynecologists (ACOG)
- American Association for the Study of Liver Disease (AASLD)



Serologic Tests for Pregnant Women

Chapter 511-5-4 / Authority: O.C.G.A. §§ 31-2A-6, 31-12-3 and 31-17-4.

Effective: August 31, 2022

First Prenatal Visit:

- HBV and HCV testing

Third Trimester:

- HCV testing for women at continued risk or with exposure to hepatitis C

At Delivery:

- HBV testing for women not tested prenatally, with signs or symptoms of hepatitis, or at high risk for hepatitis B
- HCV testing for delivery for women not tested prenatally

Serologic Testing Requirements for Pregnant Women

The Georgia Department of Public Health requires pregnant women to be tested for **hepatitis B, hepatitis C, HIV, and syphilis** every pregnancy (Rule 511-5-4). Positive test results for these infections must be reported to the Georgia Department of Public Health (Georgia Code O.C.G.A. § 31-12-2).

FIRST PRENATAL VISIT

TEST ALL PREGNANT WOMEN:
Hepatitis B (HBV): HBsAg
Hepatitis C (HCV): anti-HCV with reflex to HCV RNA
HIV: HIV EIA or Rapid Assay (fingerstick preferred)
Syphilis: Non-treponemal (RPR) with reflex to treponemal test

THIRD TRIMESTER

TEST ALL PREGNANT WOMEN:
HIV: HIV EIA or Rapid Assay (fingerstick preferred) before **36 weeks**
Syphilis: Non-treponemal (RPR) with reflex to treponemal test ideally at **28 to 32 weeks** of gestation

TEST SELECT PREGNANT WOMEN AT CONTINUED RISK OR WITH KNOWN EXPOSURE:
Hepatitis C: anti-HCV with reflex to HCV RNA

AT DELIVERY

ASSESS ALL PREGNANT WOMEN:
Hepatitis B, Hepatitis C, HIV, and Syphilis testing

TEST SELECT PREGNANT WOMEN:
Hepatitis B (HBV): HBsAg
• No evidence of screening during pregnancy • Persons at high risk
• Signs or symptoms of hepatitis
Hepatitis C (HCV): anti-HCV with reflex to HCV RNA
• No evidence of screening during pregnancy
HIV: HIV EIA or Rapid Assay (fingerstick preferred)
• No evidence of screening during pregnancy • Persons at high risk
• Persons not tested in the third trimester
Syphilis: Non-treponemal (RPR) with reflex to treponemal test
• No evidence of screening during pregnancy • Persons who deliver a stillborn infant(s)
• Persons at high risk • Persons not tested in the third trimester

Disease reporting requirements can be found at:
www.dph.ga.gov/epidemiology/disease-reporting

Reference: Workowski KA, Bachman LK, Chan PH, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep. 2021;70(Nos. RR-41):1-87. DOI: [www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf](https://doi.org/10.15585/mmwr.mm70nr41)

DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

Serologic Testing Requirements

FIRST PRENATAL VISIT

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Serologic Testing Requirements

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Serologic Testing Requirements

AT DELIVERY

ASSESS ALL PREGNANT WOMEN:

Hepatitis B, Hepatitis C, HIV, and Syphilis testing

TEST SELECT PREGNANT WOMEN:

Hepatitis B (HBV): HBsAg

- No evidence of screening during pregnancy
- Signs or symptoms of hepatitis
- Persons at high risk

Hepatitis C (HCV): anti-HCV with reflex to HCV RNA

- No evidence of screening during pregnancy

HIV: HIV EIA or Rapid Assay (fingerstick preferred)

- No evidence of screening during pregnancy
- Persons at high risk
- Persons not tested in the third trimester

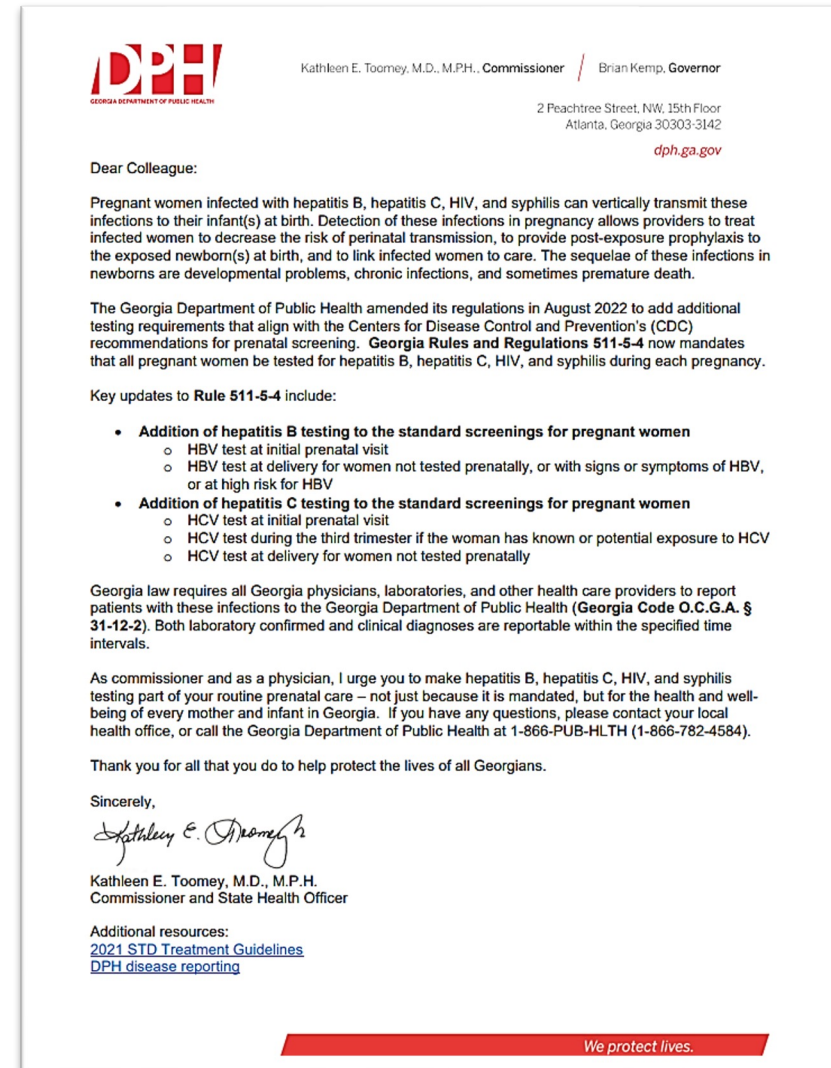
Syphilis: Non-treponemal (RPR) with reflex to treponemal test

- No evidence of screening during pregnancy
- Persons who deliver a stillborn infant(s)
- Persons at high risk
- Persons not tested in the third trimester



Outreach

- Dear Colleague Letter
- Partner organization collaborations
 - Georgia Hospital Association
 - Georgia OB/Gyn Society
 - Georgia Academy of Family Physicians
 - Georgia Chapter of the American Academy of Pediatrics
 - Medical Association of Georgia
 - Department of Community Health
- Webinars
 - Viral Hepatitis Project ECHO sessions in October and November



Questions

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Perinatal Hepatitis B Web Page: www.dph.ga.gov/perinatal-hepatitis-b

Perinatal Hepatitis C Web Page: www.dph.ga.gov/perinatal-hepatitis-c

Next Meeting

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