Georgia Board of Public Health

January 9, 2024

Agenda

- Call to Order
- Roll Call
- Approval/Adoption of Minutes
- New Business
 - Opening Remarks Kathleen E. Toomey, M.D., M.P.H.
 - \circ Election of Board Officers
 - Respiratory Virus Season: A Tale of 3 Viruses Cherie L. Drenzek, D.V.M., M.S.
 - Lead Contamination, Case Updates Galen Baxter, R.E.H.S.
 - 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. / January 9, 2024

Election of Board Officers

Board of Public Health Meeting / James Curran, M.D., M.P.H., Chairman / January 9, 2024

Respiratory Virus Season: A Tale of 3 Viruses

Board of Public Health Meeting / Cherie L. Drenzek, D.V.M., M.S. / January 9, 2024

Introduction

Infectious diseases are ever-changing and unpredictable!

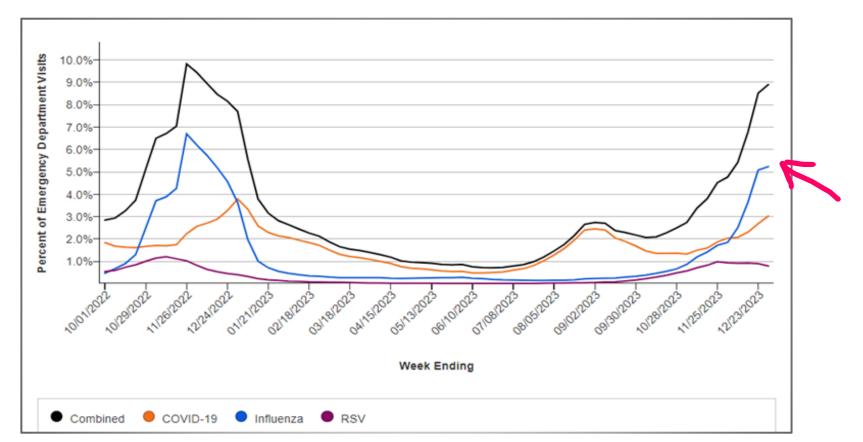
Surveillance and epidemiologic investigation are the cornerstones of prevention and control recommendations.

Co-circulation of respiratory viruses impacts both populations and healthcare capacities.

What is respiratory virus season like this year? "A Tale of 3 Viruses"

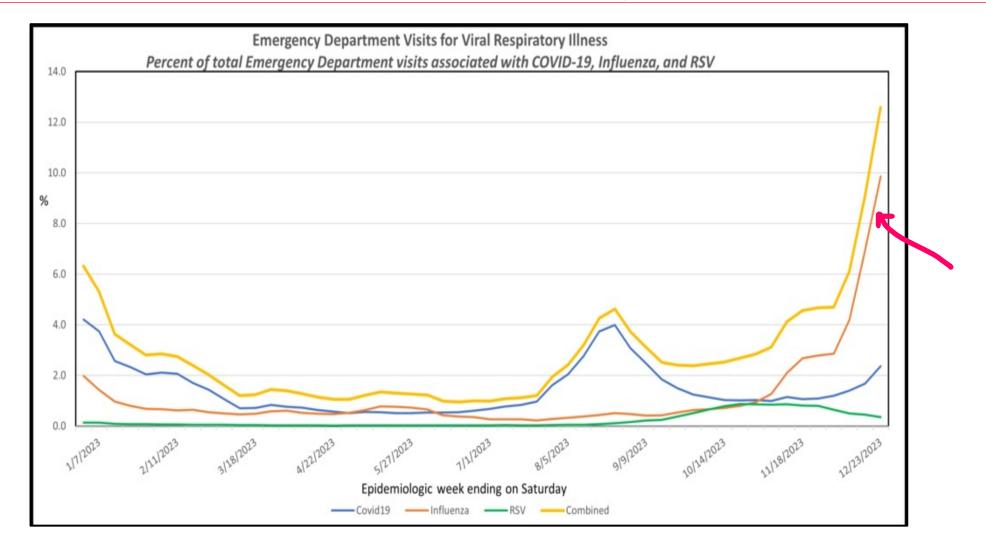
A Tale of Three Viruses: United States

Emergency Department Visits for Viral Respiratory Illness

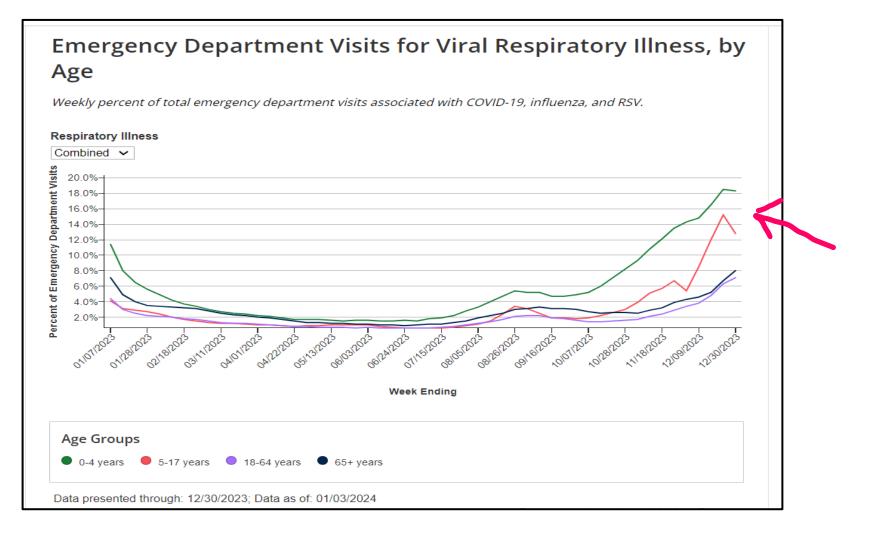


Weekly percent of total emergency department visits associated with COVID-19, influenza, and RSV.

A Tale of Three Viruses: Georgia

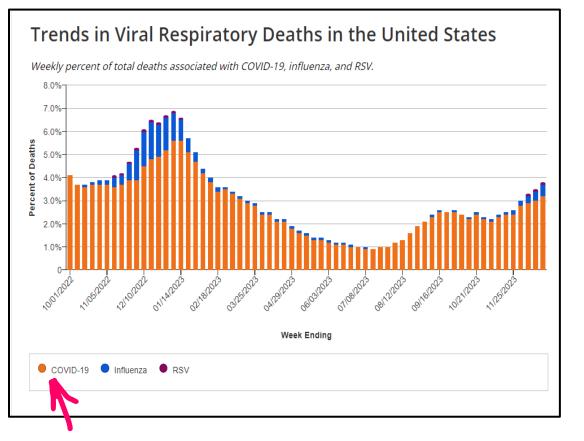


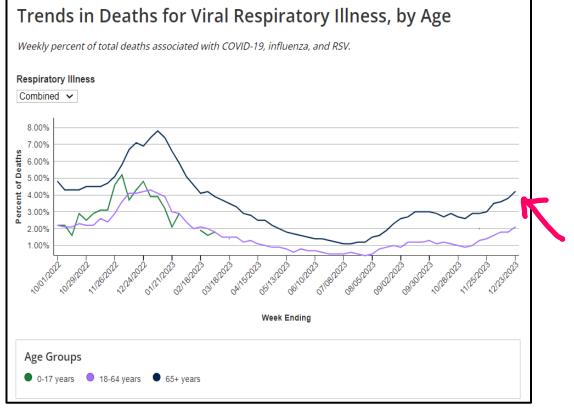
ED Visits for Respiratory Illness - Most Impacted?



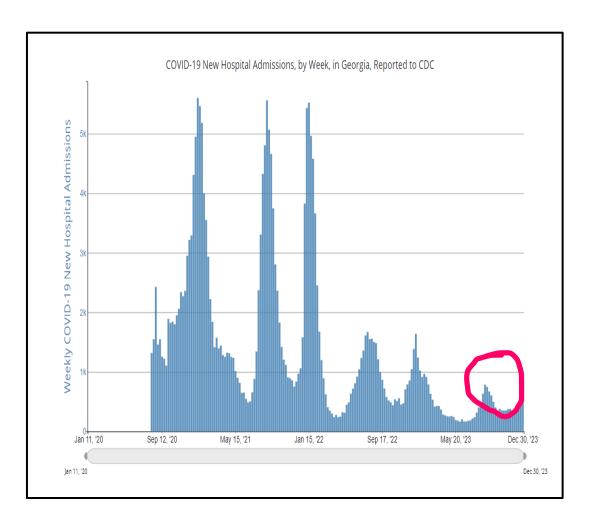
Severe Outcomes and Who is Most Affected?

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



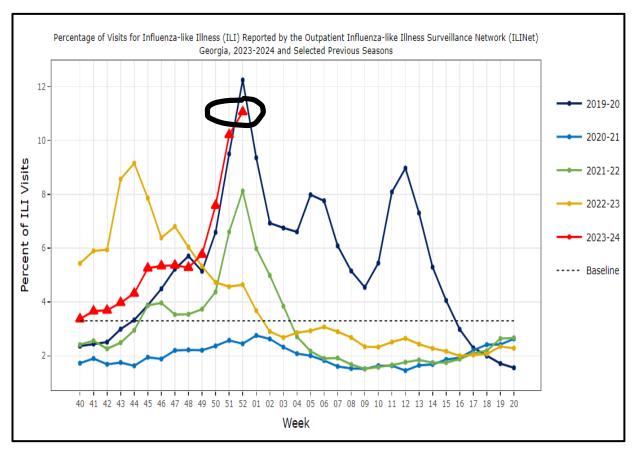


Snapshot of COVID-19 (Rising)



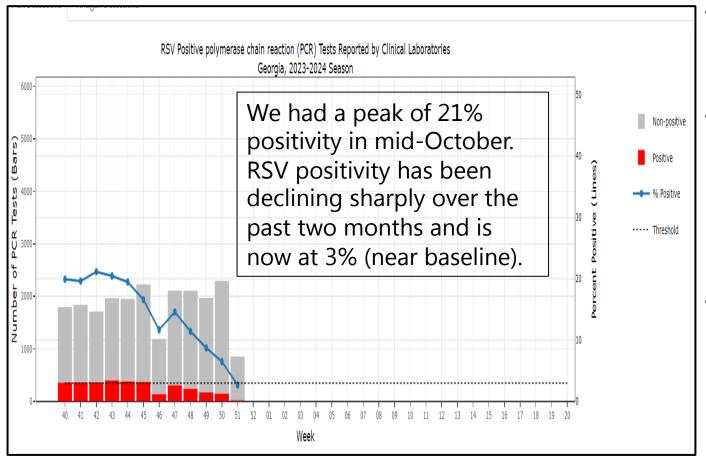
- Nationally, last week, COVID hospitalizations (35,000) and deaths (1,000) both increased by more than 20%.
- In Georgia last week, COVID cases increased by about 50% (1,000/day), deaths increased by 10%, hospitalizations increased by 75%, and we saw increases in wastewater SARS-CoV-2.
- <u>The highly mutated subvariant JN.1 has</u> <u>rapidly jumped from 0% to 62% of all</u> <u>cases nationally in a month.</u> JN.1 is either more transmissible or better at evading our immune systems, but not more severe. In good news, the updated monovalent XBB "booster" should be effective against it.

Georgia Flu Snapshot ("Highest" Activity)



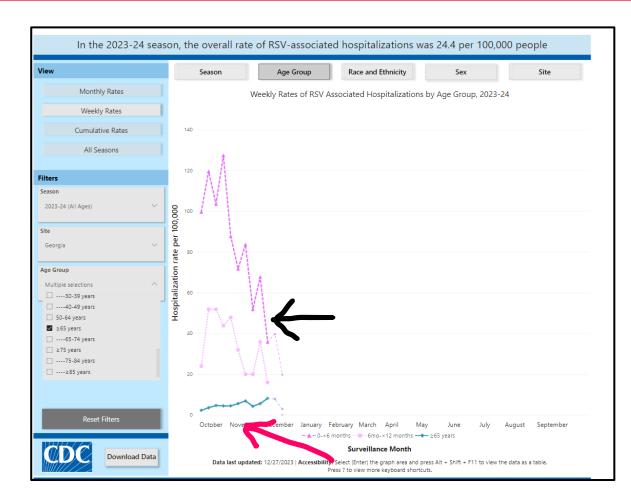
- Flu activity in Georgia is at **the highest** level and increased sharply (doubled) over the last 4 weeks.
- The proportion of outpatient visits for ILI was 11% last week, higher than all last year and 60% higher than the national level of 7%.
- Most of the influenza A viruses subtyped were A (H1N1)
- Flu hospitalizations jumped by 50% since last week and the cumulative rate is high at 38/100K.
- We have had 10 flu deaths so far this season, 8 (80%) in those >65 years.

Respiratory Syncytial Virus (RSV) in Georgia



- RSV infection can be very serious or even deadly in young children.
- Since the peak of 21% positivity in mid-October, we have seen consistent declines over the last two months and are at 3% positivity last week (near baseline level).
- Nationally, about 12% of RSV PCR tests are positive. RSV activity began early in the Southeast and now has spread to the rest of the country.

RSV Hospitalizations in Georgia this Season: Who is Most Affected?



- Hospitalizations due to RSV have declined significantly (by 70%) over the last few weeks, but when they do occur are still most likely among **those 0-6 months old** (black arrow).
- The RSV hospitalization rate among infants 0-6 months is 33% higher than for the overall population (about 36/100K vs 24/100K).
- The rate of RSV hospitalization among those >65 (pink arrow) has doubled over the last 2 weeks but is only 8/100K.

RSV-NET Interactive Dashboard | CDC

A Tale of Three Viruses: Does it Matter to Know Which One I Have?

- Although for surveillance and healthcare capacity planning, we focus on the timing and interaction of the three viruses together, for individuals it still is important to TEST to determine the viral etiology (particularly for those at higher risk of complications).
- Mitigation and treatment decisions are founded on this.
- For example, COVID and influenza antivirals (timing, product), period of infectiousness to others, duration of isolation, etc.

Bottom Line

- COVID and flu are increasing, RSV is decreasing
- COVID and seasonal respiratory viruses have tremendous impact on populations and health care capacities but are PREVENTABLE!
- It is NOT TOO LATE FOR VACCINE!
 - COVID monovalent (XBB1.5) "booster", as recommended
 - RSV biologics and vaccines, as indicated (infants, pregnant women)
 - 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:

Cherie Drenzek, DVM, MS

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Multi-State Applesauce Lead Poisoning

Board of Public Health Meeting / Galen C. Baxter, REHS / January 9, 2024

DPH Lead Poisoning Prevention Program

- The Georgia Healthy Homes and Lead Poisoning Prevention Program (GHHLPPP) falls under the Environmental Health Section.
- Staff collect and review lab results from lead tests of children between 0-5 years old statewide.
- Cases are created for children with confirmed blood lead levels of 3.5µ/dl or higher. Lab results are reported to the CDC and entered into our SENDSS platform.
- Cases are investigated by our District Lead Coordinators with assistance from our Regional Lead Coordinators when needed.
- Investigations consist of home assessments, parent interviews, nutritional assessment, and testing materials in and around the home environment for the presence of lead.

DPH in the Environment

- Lead paint (mostly before 1978)
- Soil
- Batteries
- Water (lack of corrosion controls if lead piping or lead solder is present in the pipes)
- Toys & Candy
- Traditional Folk Medicines and Cosmetics
- Spices
- Plates or other dinnerware
- Parents may work in an environment where lead is present

Health Effects of Lead Exposure

- Lead is dangerous to both children and adults
- Children under 6 are more susceptible to lead poisoning
- Symptoms of lead poisoning are hard to detect but effects of lead poisoning can result in things such as:
 - \circ Lower IQ
 - Learning disabilities
 - Nervous system damage
 - Convulsions
 - o Coma
 - o Death

Background

- Environmental Health worker in NC discovered the link between the applesauce and elevated blood lead levels in October 2023
 - Two siblings with elevated blood lead levels
 - Investigation indicated no potential environmental lead sources
 - Interviews with parents revealed common food source Wanabana
 Apple Cinnamon Fruit Puree Pouches
 - Pouches sent for testing results indicated high lead levels
- Joint investigation between FDA and NC Department of Health and Human Services
- October 28, 2023 FDA issued a safety alert after a North Carolina investigation identified 4 children with acute lead toxicity poisoning

Applesauce Pouch Brands



Source: https://www.fda.gov/food/outbreaks-foodborne-illness/investigation-elevated-lead-levels-cinnamon-applesauce-pouches-november-2023

Situation

- Products were sold at Sam's, Amazon and Dollar Tree
- Wanabana has voluntarily recalled all WanaBana Apple Cinnamon Fruit Puree Pouches regardless of expiration date and lot code
- Two additional products sold under store names were recalled:
 - Schnucks brand cinnamon applesauce pouches (sold in Midwest states)
 - Weis brand cinnamon applesauce pouches (sold in Mid-Atlantic states)

Source: <u>https://www.fda.gov/food/outbreaks-foodborne-illness/investigation-elevated-lead-levels-cinnamon-applesauce-pouches-november-2023</u>

Situation

- Cinnamon was identified as the contaminated ingredient
- Contaminated products manufactured in Ecuador at Astrofoods
- FDA on-site investigation at the plant
- The FDA is gathering information from Negasmart supplies cinnamon to Astrofoods
- The investigation is on-going
- The FDA has identified 65 total Adverse Events so far from October 17, 2023 – December 8th, 2023, in 27 States and 1 unknown
- GA is listed as having 2 Adverse Events

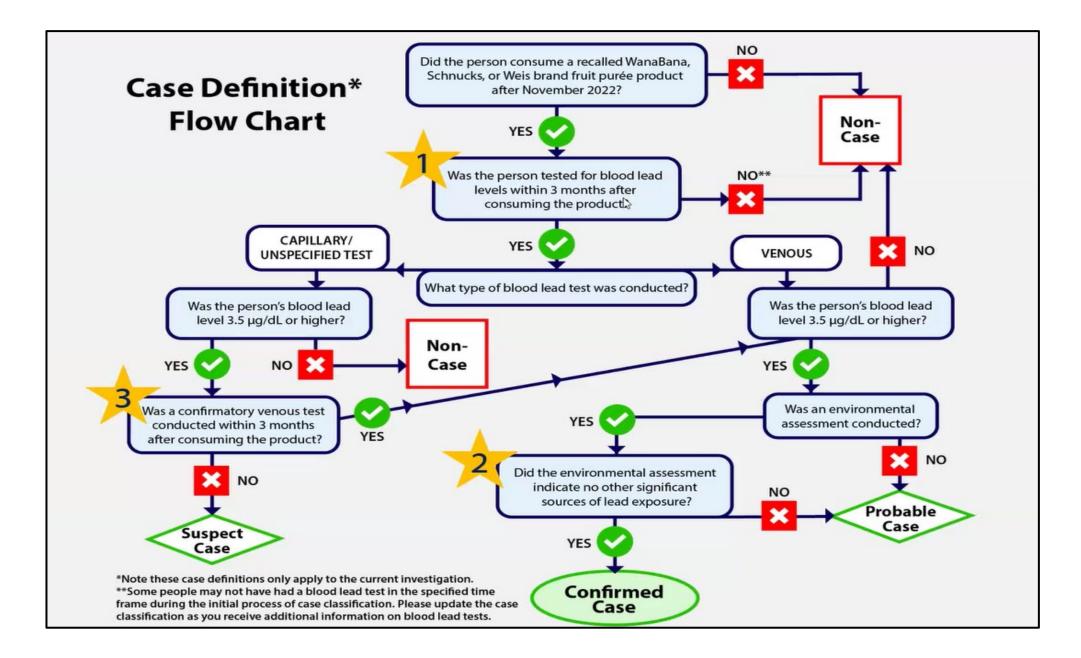
Source: https://www.fda.gov/food/outbreaks-foodborne-illness/investigation-elevated-lead-levels-cinnamon-applesauce-pouches-november-2023

Situation

- FDA and CDC have different reporting definitions:
 - FDA is counting ALL consumer complaints
 - CDC is using a case definition and classifying as confirmed, probable, and suspect
- The CDC has received a total of 287 combined cases so far from state health departments (as of Dec 29, 2023)
- As of January 5, 2024, GA has 10 confirmed cases, 8 probable, and 2 suspected according to CDC's definition

Case Definition

- Cases are reported to the CDC through state health departments, who receive reports of potential cases from various sources, and follow up to determine whether the case definition is met
- To meet the case definition, the person must have had a blood lead level of 3.5 ug/dL or higher measured within 3 months after consuming a recalled WanaBana, Schnucks, or Weis brand fruit purée product after November 2022
- Based on the amount of information available, cases are further classified as "suspect", "probable", and "confirmed"



Current National Case Count



*Note that the FDA tracks cases differently, from "complaints" that are reported directly to them. At this time, FDA lists 82 "complainants" from 30 states. These may be included in the CDC totals.

Georgia Investigation

- Currently staff are retroreviewing cases going back to November 2022.
- Investigations consist of parent interviews primarily because none of the recalled products have been found in the homes.
- Investigators also consider other possible means of exposure for the children.



Photo: Viken XRF



For more information, please contact:

Galen C. Baxter, REHS State Environmental Health Director Galen.Baxter@dph.ga.gov

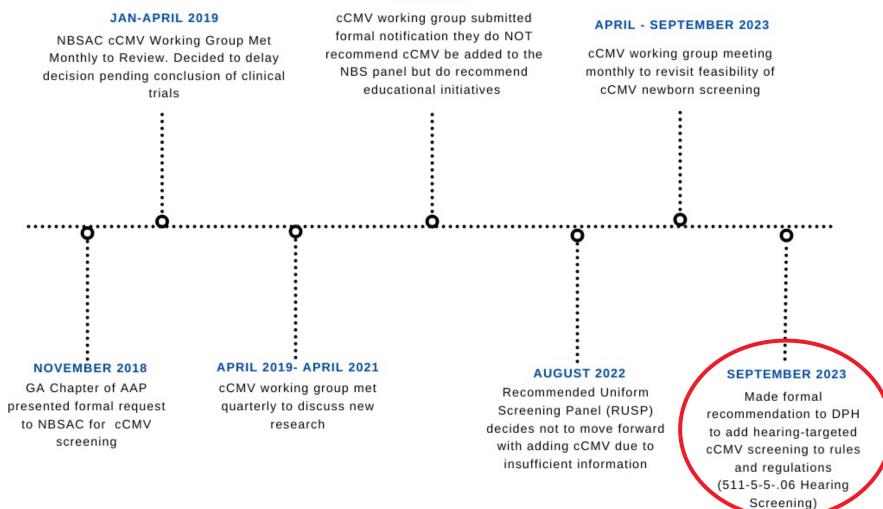
Christy Kuriatnyk, MSPH, REHS/RS Director, GHHLPPP Christy.Kuriatnyk@dph.ga.gov

Congenital Cytomegalovirus (cCMV) Updates

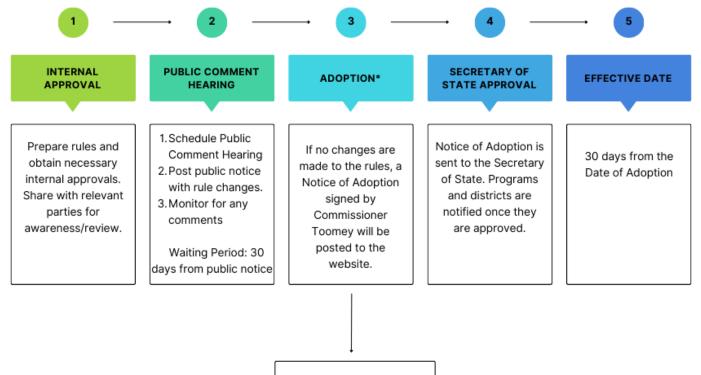
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NBSAC cCMV Working Group Efforts Timeline

APRIL 2021



Rulemaking Process



*If changes are needed based on public comment, the process starts over again at Step 2

Step 1: Finalize Language

Met with Community Partners (Oct. – Dec. 2023)

- Sent drafted rules and regulations to community partners
- Met with each community partner to discuss
- Reviewed comments and feedback

Community Partners:

- Children's Healthcare of Atlanta
- Department of Community Health
- Georgia Academy of Family Physicians
- Georgia Academy of Pediatrics
- Georgia Hospital Association
- Georgia Mobile Audiology (Georgia Department of Education)
- Georgia OBGYN Society
- Wellstar
- Voices for Georgia's Children
- Others

511-5-5-.06. Hearing Screening

(d) If the baby does not pass the initial or second newborn hearing screening test, in cases where a second test is performed, in accordance with Georgia Newborn Screening Program Policy and Procedure Manual, the hospital or birthing center shall conduct cytomegalovirus testing before hospital discharge or 21 days of age, whichever occurs earlier;

(e) In the event that a baby is transferred to another hospital or birthing center before the newborn hearing screening test has been completed, then it is the responsibility of the second facility to assure that a newborn hearing screening test and cytomegalovirus test, as indicated in subsection 3(d), is completed.

4) The results of the hearing test and positive cases of cCMV shall be included in the baby's clinical record, reported to the Department, given to the parents or legal guardians, along with any follow-up recommendations, in accordance with the Georgia Newborn Screening Policy and Procedure Manual.

Rule 511-5-5-.08 Abnormal Test Results

(4) In the event of an abnormal test for cCMV, the Department shall notify the baby's physician or healthcare provider on file, in accordance with the Georgia Newborn Screening Policy and Procedure Manual.

Feedback Received

- Overall positive and supportive
- Request to include notification of primary care physician
- Request for procedures and resources for physicians to assist with followup

Next Steps

- 1. Share updated rules and regulations language with partners
- 2. Schedule Public Comment Hearing; Post public notice with rules changes
- 3. Wait for 30 days to determine if changes are needed

If no changes are required after the Public Comment period, effective timeframe is May/June 2024 (estimate)

Education and Outreach Action Items

- Establish cCMV Sub-Specialty Taskforce *January 2024*
- Finalize cCMV section of the Newborn Screening Policy and Procedure Manual – *May/June 2024*
 - Establish provider resource list for each sub-specialty
 - Establish testing and referral guidelines
- Continued outreach and education **Ongoing**
 - $\circ~$ Webinars and presentations
 - Website updates
 - Newsletters



For more information, please contact:

Melanie Morris, Au.D., CCC-A

Child Health Deputy Director and Referral and Screening Programs Director Melanie.Morris2@dph.ga.gov

Next Meeting

The next Board of Public Health Meeting will be held February 13, 2024