

Georgia Board of Public Health

February 14, 2023

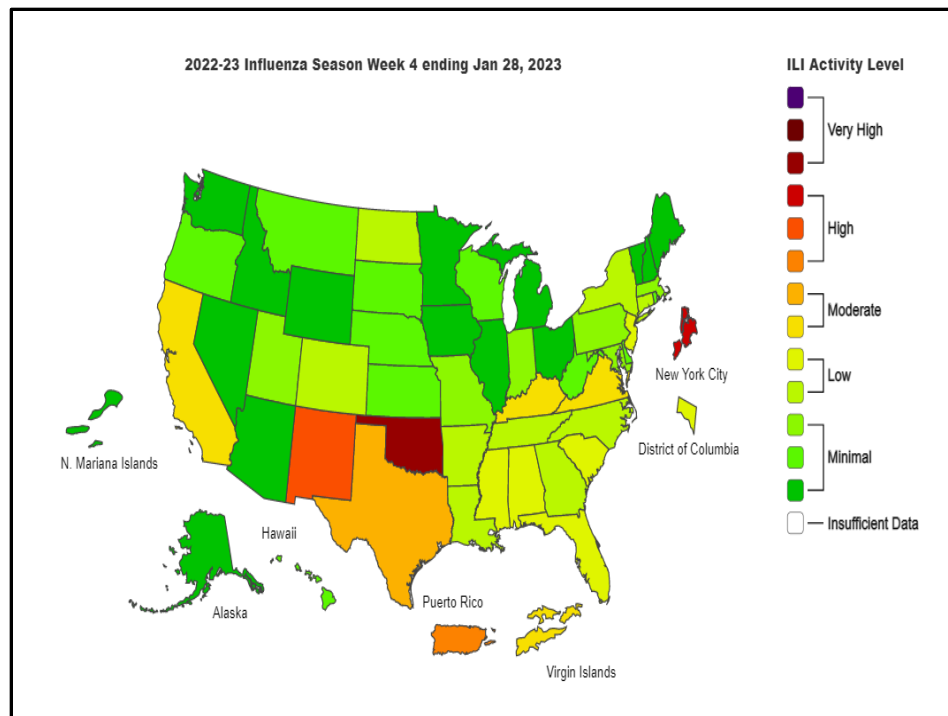
Agenda

- Call to order
- Roll Call
- Approval/Adoption of Minutes
- New Business
 - Opening Remarks - Commissioner Kathleen E. Toomey M.D., M.P.H.
 - Epidemiology Updates – Influenza, COVID-19, and Respiratory Syncytial Virus (RSV) - Cherie L. Drenzek D.V.M., M.S.
 - Legislative Update - Megan Andrews, J.D.
 - Award Presentation –
 - Newborn Hearing Screening Data - Cherie L. Drenzek D.V.M., M.S.
 - Closing Remarks - Commissioner Kathleen E. Toomey M.D., M.P.H.
- Board Comments
- Adjournment

Epidemiology Updates

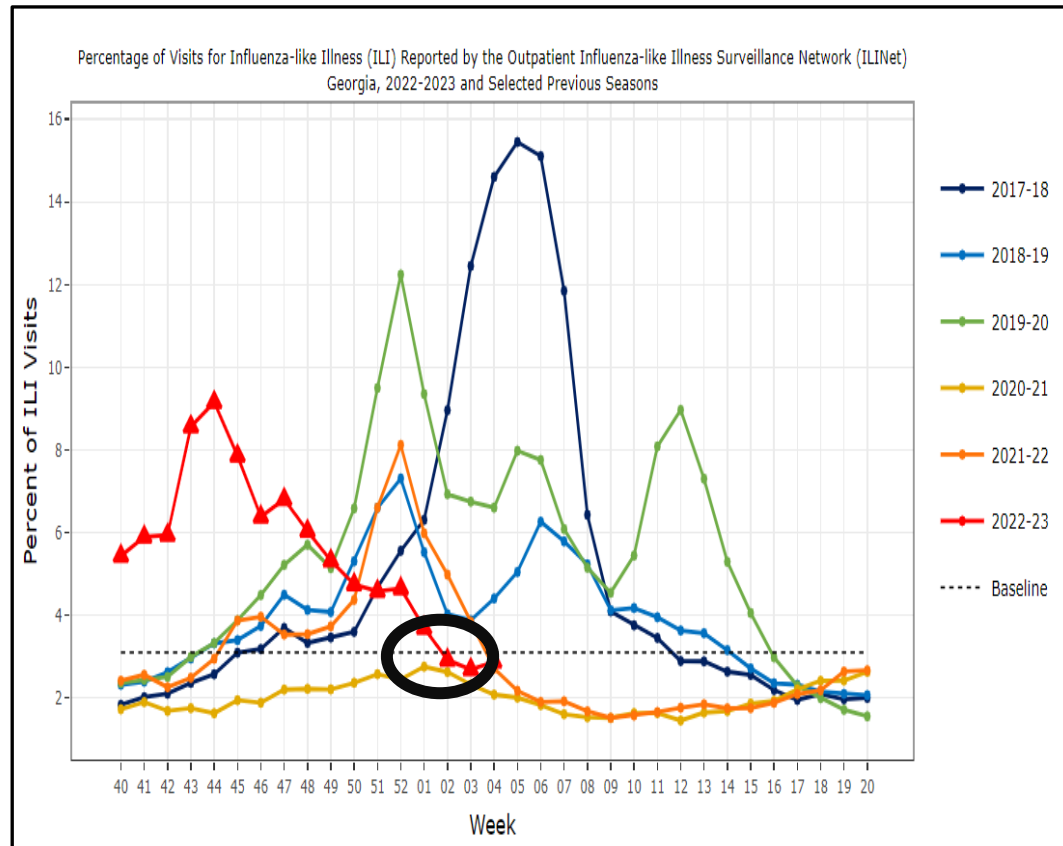
Board of Public Health / Cherie L. Drenzek DVM, MS, State Epidemiologist / February 14, 2023

National Flu Snapshot (Low Activity Now)



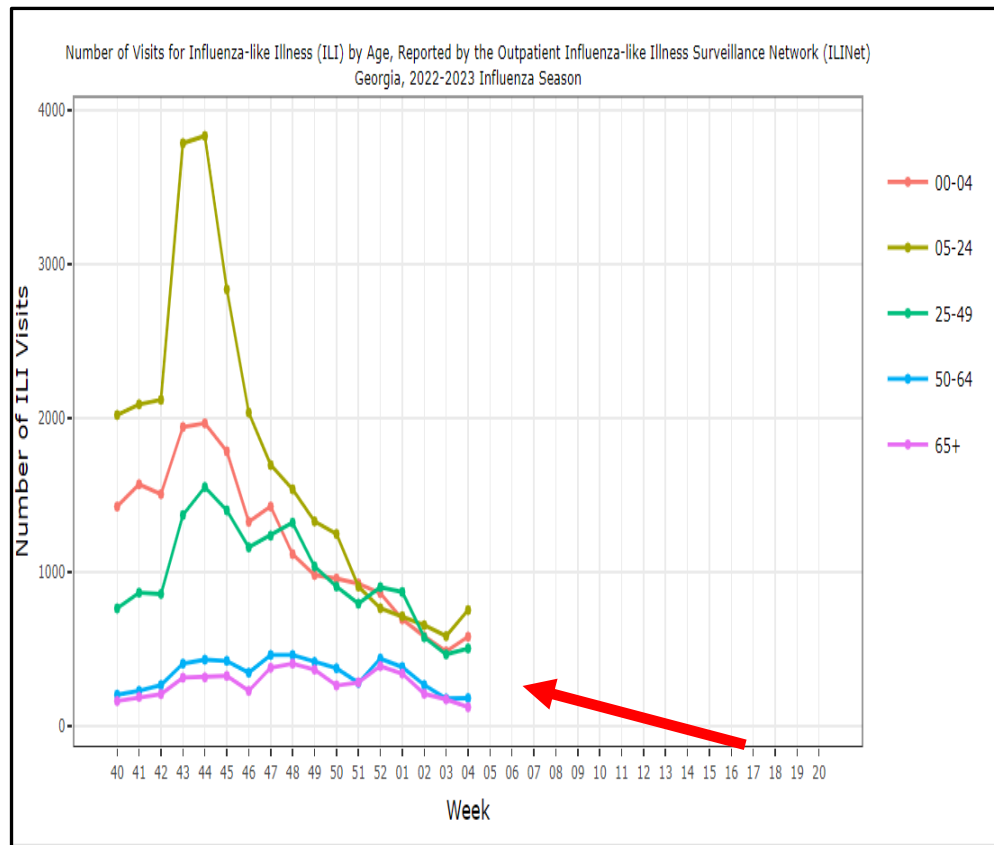
- After a very early start and an October peak, flu activity continues to decline across the country.
- Influenza A H3N2 has been the predominant strain but recently, **H1N1 is growing** in circulation (38% of total now), and <1% are Flu B.
- Most surveillance indicators are declining to baseline levels (outpatient visits for ILI, test positivity, hospitalizations), except deaths.
- 6 pediatric flu deaths were reported this week, for a total of 97 so far this season (very high).
- So, although activity is declining, severe outcomes like deaths are not--typical of severe H3N2 years.

Georgia Flu Snapshot (“Low” Activity)



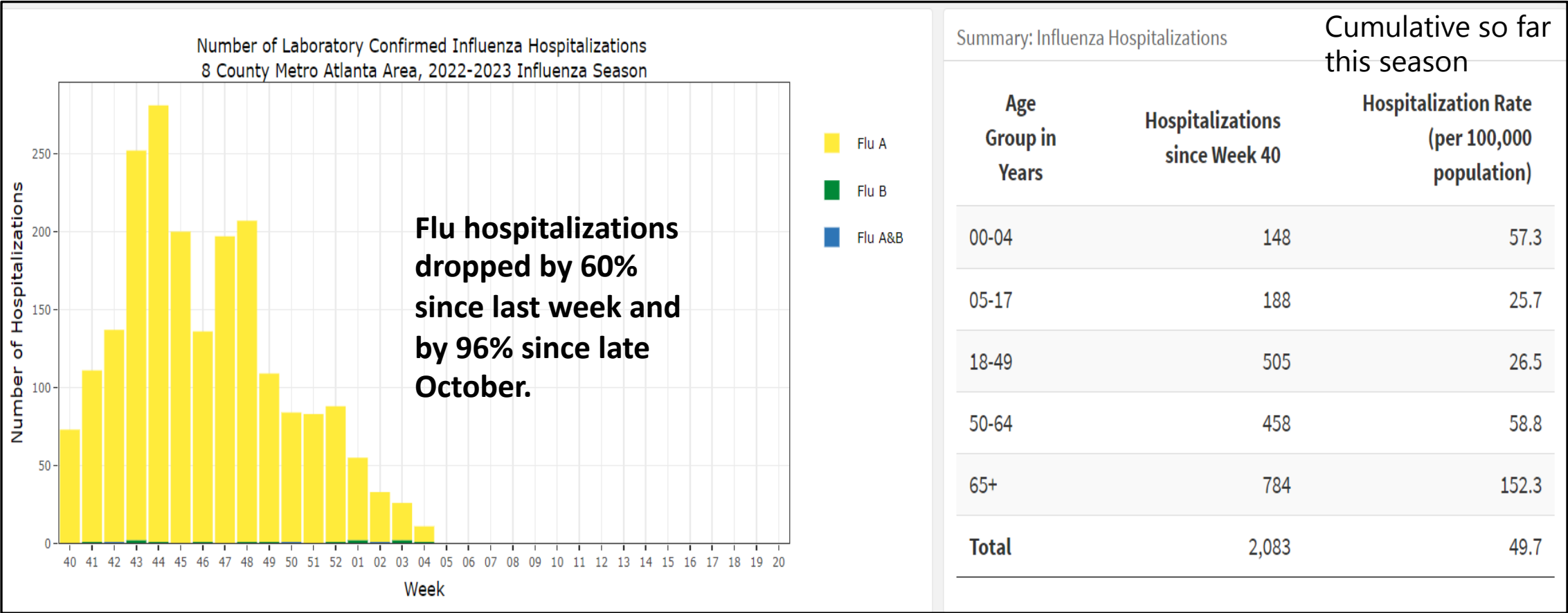
- Flu activity rose in Georgia very early and had “winter” peak levels in October.
- Flu activity declined steadily over the last two months and has been “LOW” for the last 3 weeks (4 on a scale of 1-13)
- The proportion of outpatient visits for ILI in GA has been about 3% (below baseline levels) for several weeks. This is unusual for February (and the opposite of most recent seasons).
- 92% of viruses are Flu A, most (65%) are H3N2; Flu B (8%) higher in GA than nationally, where A H1N1 is rising (but not here).

Georgia Flu Snapshot, by Age Group

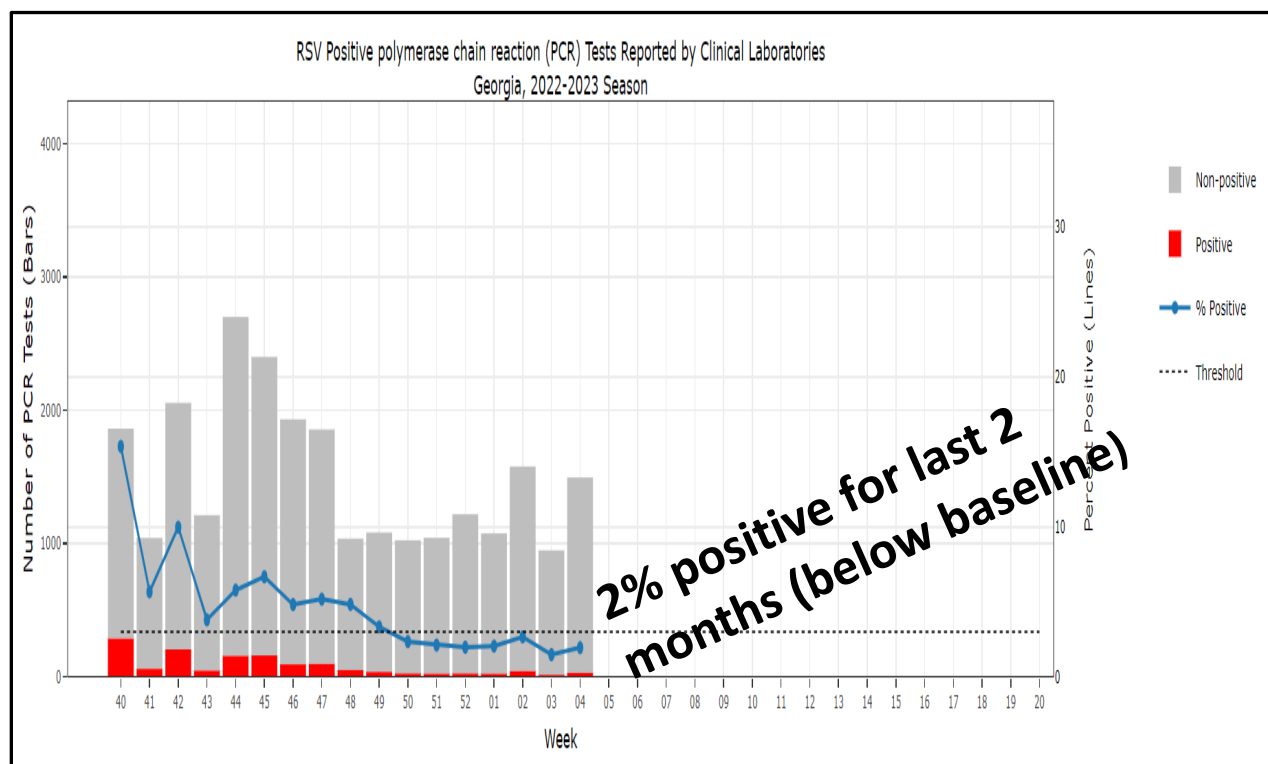


- The number of outpatient visits for ILI has been consistently highest among children and young adults 5-24 years old.
- Even though most visits are still among children, the number has dropped by 80% in the last 3 months.
- We see only 6% of outpatient visits among those >65, but we do see most hospitalizations (38%) and deaths (69%) here (31/45).

Influenza-Associated Hospitalizations (Metro Atlanta)



Respiratory Syncytial Virus (RSV) in Georgia

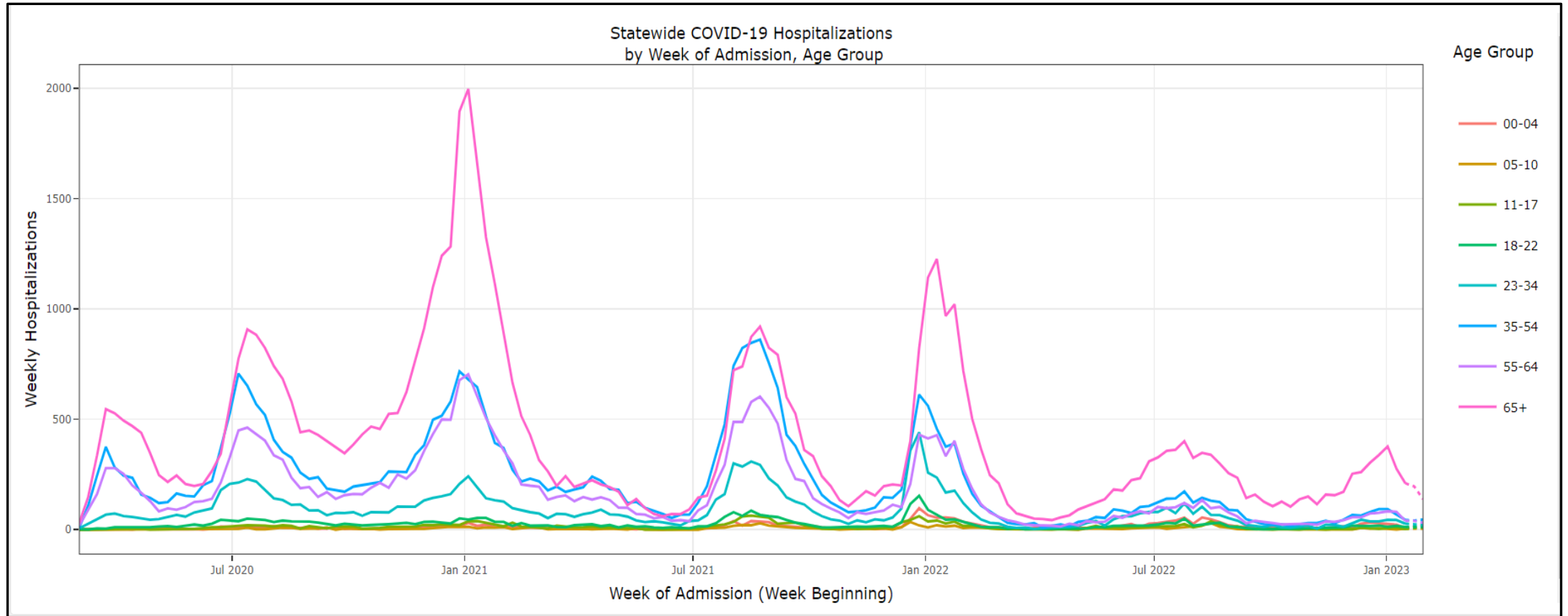


- RSV infection can be very serious or even deadly in young children; those under 12 months most at risk for hospitalization.
- The RSV season also peaked in October this year (usually peaks in January)
- Similar to flu in that we don't count individual cases but use percent of lab specimens that are positive for RSV to look at trends.
- RSV activity peaked at 20% positivity on Sep 19. It has declined to a below-baseline level of 2% for the last 2 months.

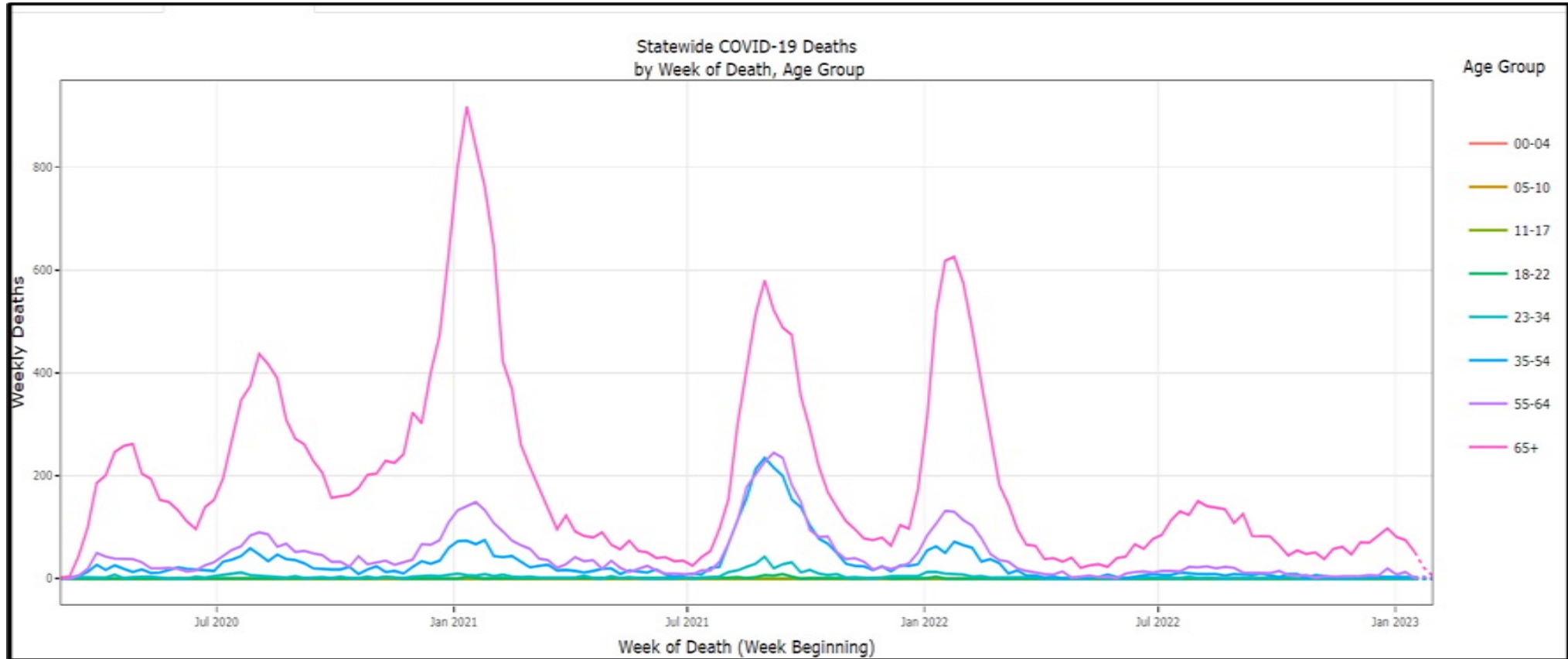
COVID Snapshot

- Overall **COVID case numbers in Georgia decreased by 14% this week**, COVID hospitalizations dropped by 10% and deaths decreased by 23%. National patterns similar—all dropping by about 20%
- Caution is warranted because not all cases are reported, reporting patterns vary, immunity wanes, and new variants continue to gain ground
- For example, nationally, XBB.1.5 is now up to 75% of all cases and 71% in Georgia (3 weeks ago was 30%)
- **Overall, the immunity “wall” appears to be protecting against surges, and especially severe outcomes, so boosting is still critical (effective against XBB.1.5)**

COVID Hospitalizations, Georgia



COVID Deaths, Georgia



Summary

- Although the influenza and COVID landscapes have improved recently, severe outcomes like hospitalization and deaths are still disproportionately being seen among those older than 65.
- More than 3,000 people are dying of COVID in the US each week
- Flu vaccine and bivalent COVID boosters remain critical for those at risk!

Questions

For more information, please contact:

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State Epidemiologist & Chief Science Officer

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Legislative Updates

Board of Public Health Meeting / Megan Andrews, J.D. / February 14, 2023

Legislative Schedule

- Today is Legislative Session Day 18 (of 40)
- Crossover Day is scheduled for March 6
- Sine Die is scheduled for March 29

Bill Tracking

2021 Legislative Session

- 127 Bills
- 35 of these bills were considered direct impact bills

2023 Legislative Session

- 96 Bills (and counting)
- 35 of these bills are considered direct impact bills

Agency Bill- Senate Bill 47

- Smokefree Air Act & Vaping
- Brings parity to the Smokefree Air Act to treat vaping the same as traditional tobacco smoking, including prohibiting vaping in designated smoke-free areas.
- Passed out of Senate Health and Human Services on February 7 with a unanimous vote.
- This bill passed the House Committee, House Floor, and Senate Committee last year as HB 1348, but was not called up on the last day of session on the Senate floor.

Sponsors:

- Senator Chuck Hufstetler of the 52nd
- Senator Kay Kirkpatrick of the 32nd
- Senator Shelly Echols of the 49th
- Senator Nan Orrock of the 36th
- Senator Brandon Beach of the 21st
- Senator Carden Summers of the 13th
- Senator Rick Williams of the 25th
- Senator Max Burns of the 23rd
- Senator Frank Ginn of the 47th
- Senator Ben Watson of the 1st

Questions

For more information, please contact:

Megan Andrews, J.D.

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Award Presentation

Kathleen E. Toomey, M.D., M.P.H. & Commissioner Pat Wilson, Georgia Department of Economic Development

Early Hearing Detection and Intervention

Board of Public Health Meeting / Cherie Drenzek, DVM, MS / February 14, 2023

Congenital Cytomegalovirus Infection

- Congenital Cytomegalovirus (cCMV) infection affects about 30,000 babies in the US annually and can cause hearing loss in infants and children.
- Newborns are not universally tested for cCMV infection, but instead we **screen for the outcome of the infection (using the universal hearing screening mechanism)**
- The Joint Committee on Infant Hearing (JCIH) recommends that all infants receive a hearing screening no later than 1 month of age; a diagnosis of hearing loss by an audiologist no later than 3 months of age, and entry into early intervention services by 6 months of age **(the “1-3-6 guidelines”)**.
- Some infants who fail the “1 month or 3 month” hearing screening are then tested for cCMV. **Early identification and intervention are key to improving outcomes.**

Georgia Hearing Screening ("1-3-6") 2021

In 2021, 123,252 infants were born in a Georgia birthing facility



- 117,053 (96%) of infants were screened prior to 1 month of age
- 1,077 (1%) failed the first screen and were referred to a diagnostic audiologist
- 682 (63%) saw the diagnostic audiologist before 3 months of age
- 395 (37%) saw the audiologist after 3 months of age
- 209 infants total were diagnosed with hearing loss (19% referrals; 0.2% screened)
- 28 (2.6%) were diagnosed with cCMV

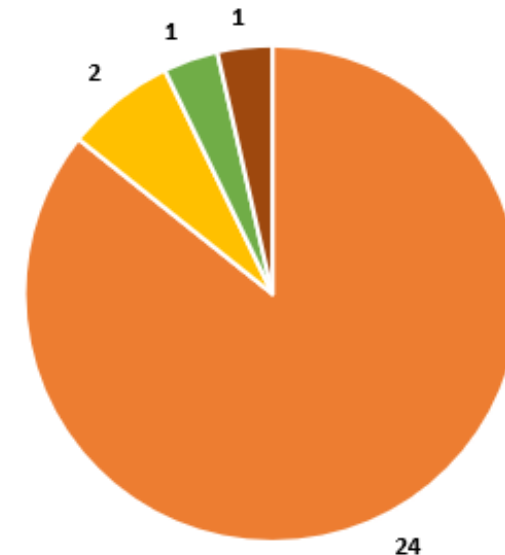
Look Back: GA Infants with cCMV in 2021

Did universal screening catch them in time?

- 24/28 (86%) infants with cCMV had been screened within 1 month of age (one died before, and one was referred directly)
- 4 were referred to a diagnostic audiologist, 3/4 were seen before 3 months of age.
- 3 were diagnosed with hearing loss and entered services.

Georgia Infants with cCMV Who Were Screened for Hearing Loss
Before 1 Month of Age
(Adherent to JCIH Standards)

Adherent Not Adherent Deceased Direct Referral



Summary/Recommendations

- Universal hearing screening guidelines ("1-3-6") capture most infants with hearing loss but improvements can be made.
- There is not a standard surveillance mechanism to detect and test infants with cCMV; UHS as a proxy mechanism is good but can also improve.
- Recommendations include possibly making cCMV infections reportable in Georgia; could add it to our current framework Surveillance of Emerging Threats to Mothers and Babies Network (SET-NET) and develop electronic reporting of hearing screening results.

Questions

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Next Meeting

The next Board of Public Health Meeting
will be held March 14, 2023