

Georgia Board of Public Health

April 8, 2025

Agenda

- Call to Order
- Roll Call
- Approval/Adoption of Minutes
- New Business
 - Opening Remarks – Kathleen E. Toomey, M.D., M.P.H.
 - Epidemiology Update – Cherie Drenzek, DVM, MS
 - Legislative Updates - Graham Segrest
 - Environmental Health/Food Service Inspection Program - Galen Baxter, REHS, LSSGB
- Board Comments
- Adjournment

Commissioner's Remarks

Board of Public Health Meeting / Kathleen E. Toomey, M.D., M.P.H. / April 8, 2025

Epidemiology Update: Measles

Board of Public Health Meeting / Cherie L. Drenzek, DVM, MS / April 8, 2025

Measles Background

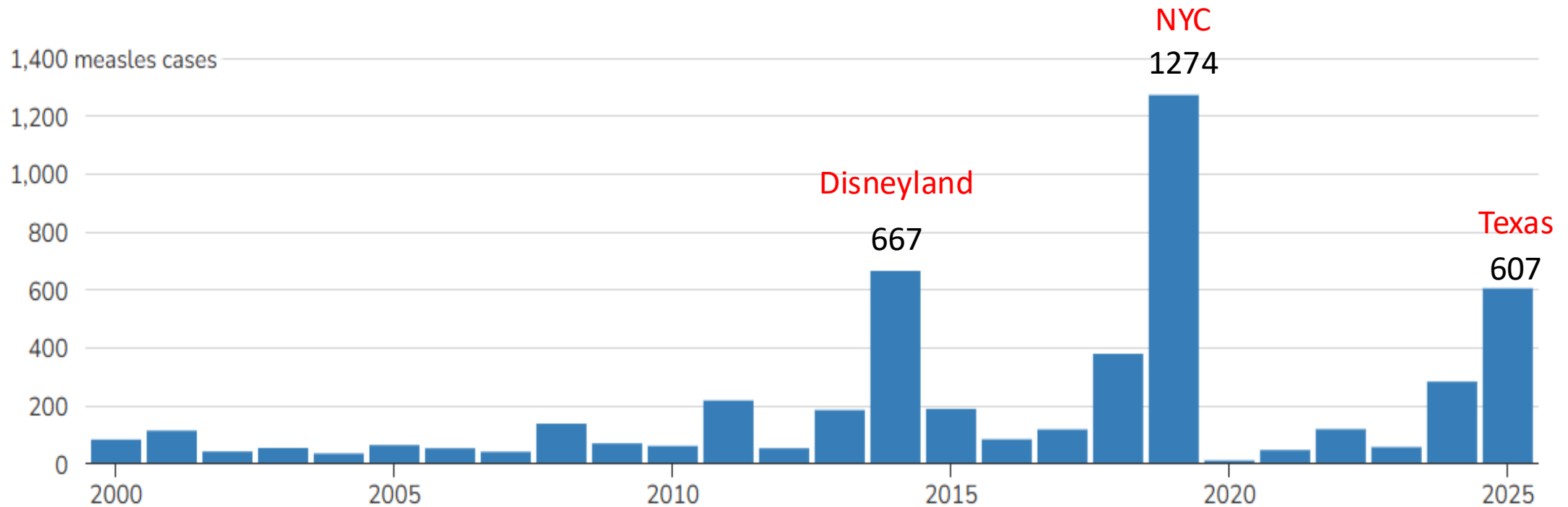
- Measles is viral illness characterized by fever, rash, and the 3 Cs (cough, coryza, and conjunctivitis)
- Unique among infectious diseases in that it is considered one of the most **highly contagious** of all.
 - Spreads when an infected person coughs or sneezes
 - Contagious 4 days before through 4 days after rash develops
 - Remains in the air or on surfaces for up to 2 hours
 - Attack rate **90%** among susceptible contacts
 - Incubation period 7-21 days
- However, is also **highly preventable** with MMR vaccine (2 doses are 97% effective)



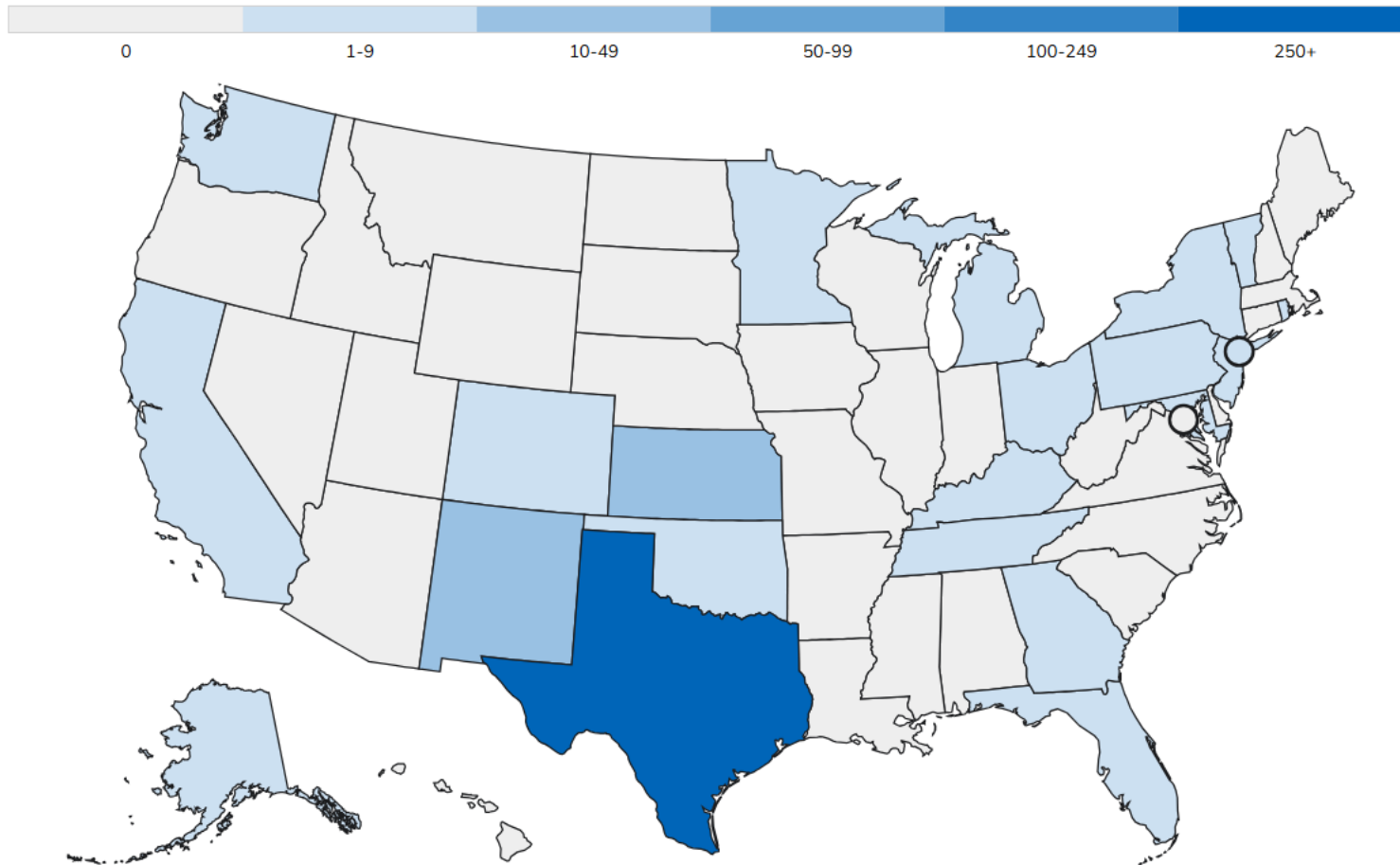
Current Measles Landscape

- Considered “eliminated” from the United States in 2000
- The epidemiology of measles is changing drastically, sharply increasing both globally and in the U.S.
- Nationally, the first quarter of 2025 had more measles cases (607) than all of 2024 (285), with 3 deaths.
- **Driven by a huge outbreak among an unvaccinated religious community in western Texas (481 cases) that has spilled over to New Mexico (54 cases) and Kansas (24 cases).**
- Epi pattern: Most cases and outbreaks in the US now are related to international travel/travelers, followed by further spread in the U.S. among pockets of under- or unvaccinated people.

Measles Cases in the US, 2000-2025



Measles in 2025: National Data



As of April 4, 2025

National Cases: 607

Age

Under 5 years: **196 (32%)**

5-19 years: 240 (40%)

20+ years: **159 (26%)**

Age unknown: **12 (2%)**

Vaccination Status

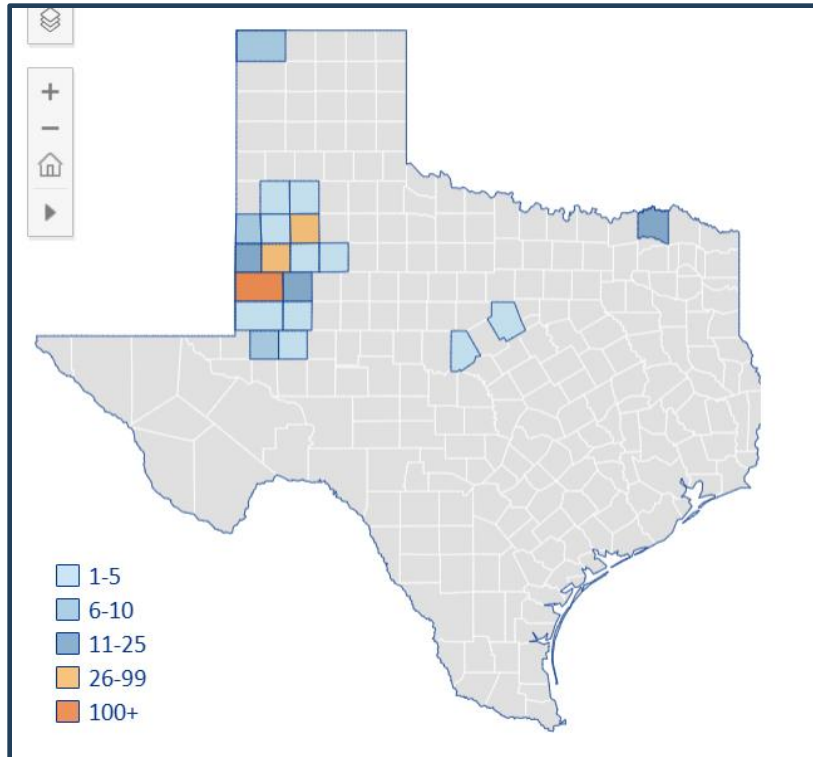
Unvaccinated or Unknown: 97%

One MMR dose: **1%**

Two MMR doses: **2%**

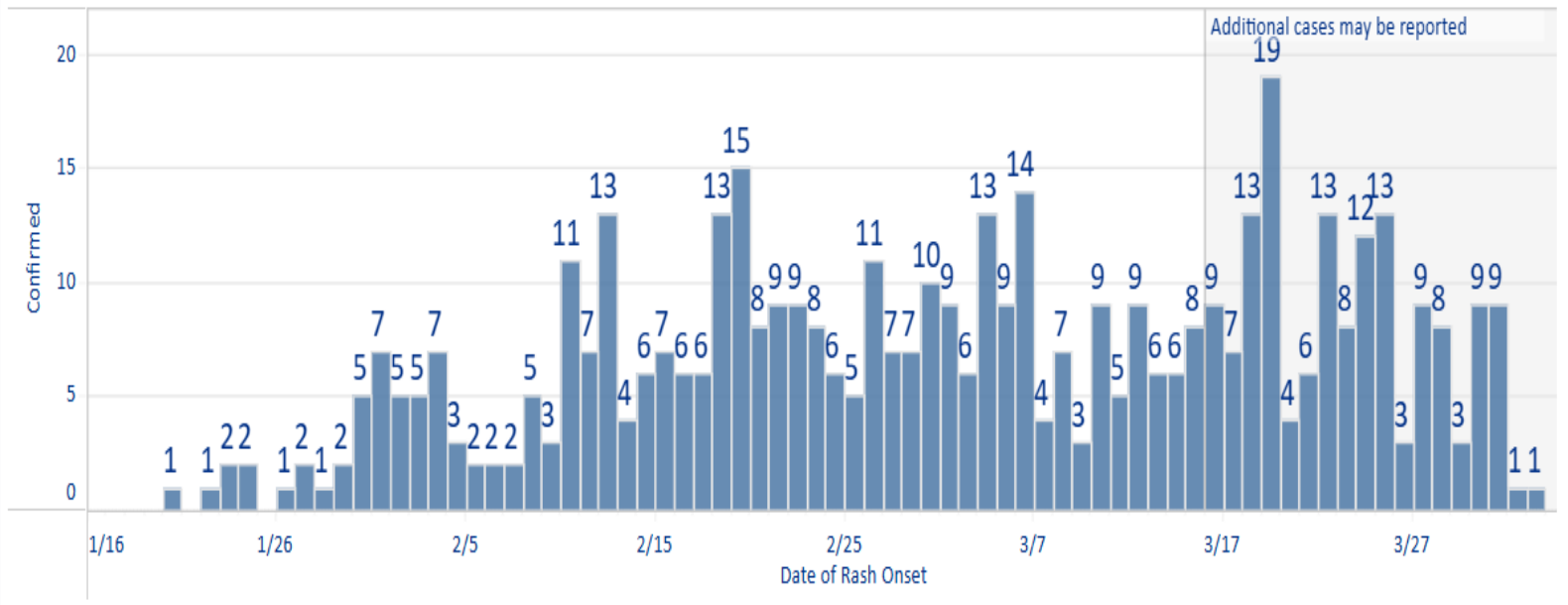
Deaths: 3

Texas Measles Outbreak, 2025

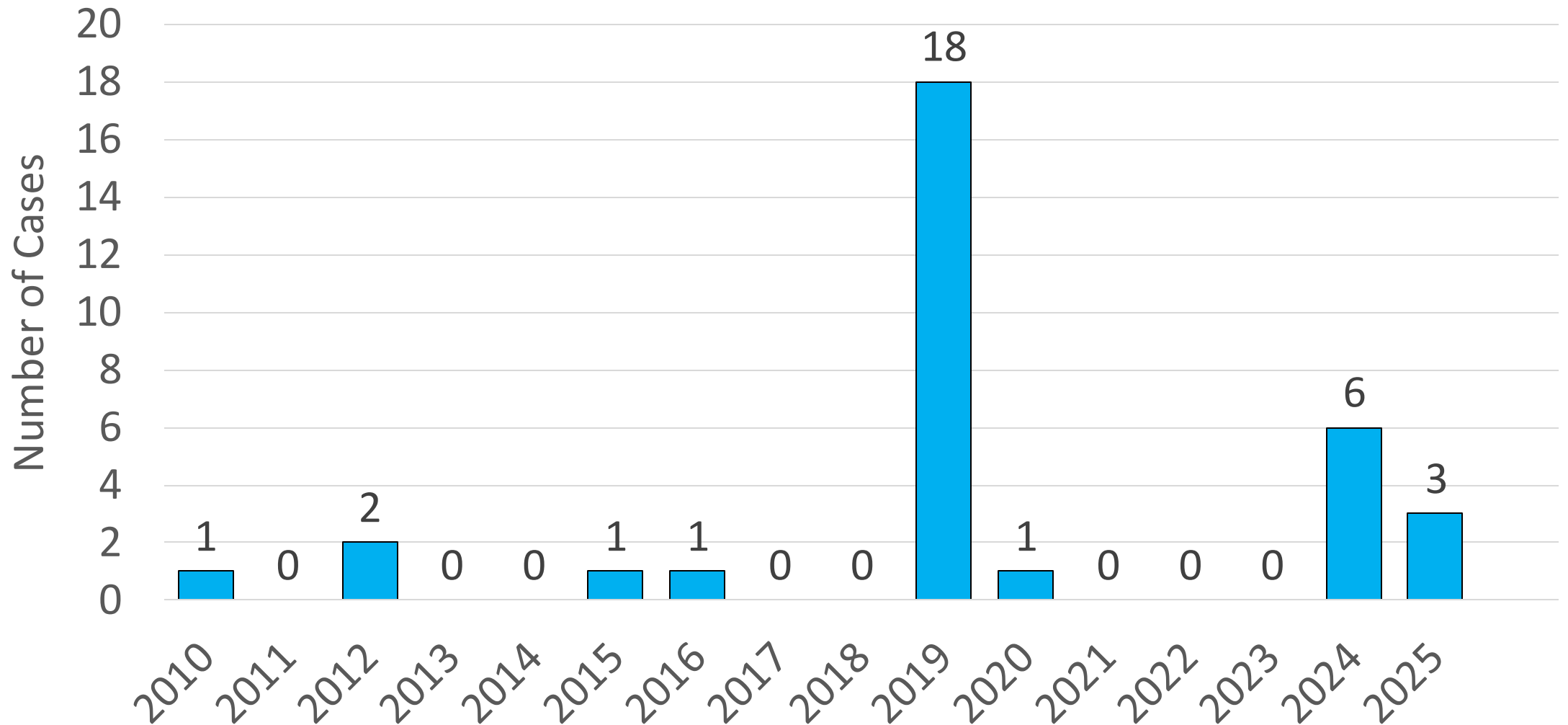


Outbreak Cases by Date of Rash Onset

If date of rash not available, the following hierarchy is used for date: symptom onset date, specimen collection date, hospital admission date, or date reported to the region. People with measles are contagious from four days before rash onset to four days after.

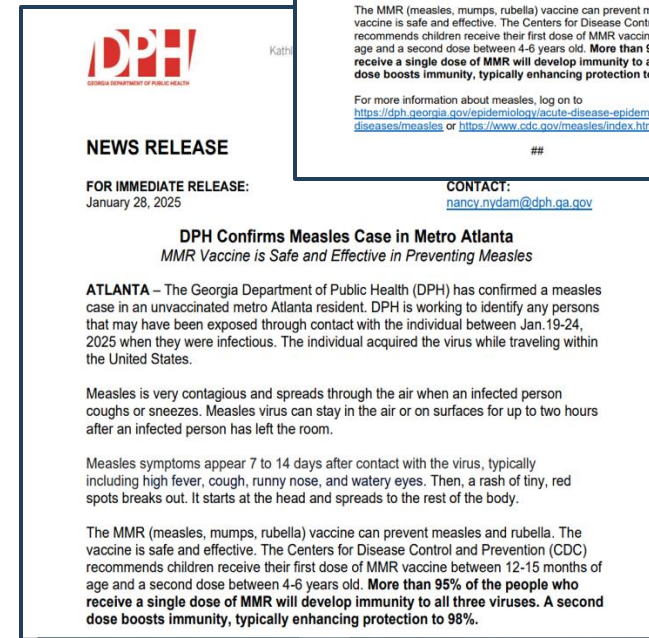


Measles Cases, Georgia 2010-2025*



Measles Cases, Georgia, January 2025

- In January 2025, the Georgia Public Health Laboratory (GPHL) confirmed measles in an unvaccinated resident of metro Atlanta who had traveled within the United States.
- Two unvaccinated family members were also diagnosed with measles (both had also traveled with the first case).
- Measles cases are public health emergencies warranting immediate investigation.
- Goals of the investigation were to identify and monitor contacts, offer MMR or IG if susceptible, and **stop spread. No secondary cases.**



Are there different prevention recommendations during the current Texas outbreak?

- Not different, but unvaccinated persons should be vaccinated
- In general, in the U.S., immunity testing or additional doses of MMR vaccine are not needed for most adults.
- However, “under-vaccinated” residents or travelers to **areas with ongoing, community-wide measles transmission** (like West Texas) may consider an additional or early dose of MMR:
 - A second dose of **MMR vaccine for adults** who received one prior dose
 - A second dose of **MMR vaccine for preschool-aged children aged 1 to 4 years** who received one prior dose
 - An early dose of MMR vaccine for **infants aged 6–11 months**

Measles: Take Home Messages

- Most measles cases and outbreaks in the US are related to international travel/travelers, followed by further spread here among **pockets of unvaccinated people.**
- Because of the changing epidemiology of measles, we will continue to be at risk for measles importations and outbreaks
- Still, the risk of widespread measles is very low in the United States due to high childhood vaccination rates with MMR and adult immunity.
- MMR vaccination remains the best protection against measles.
- Healthcare providers should consider measles in the differential for febrile rash illnesses and should **notify/report to DPH immediately at 1-866-PUB-HLTH.**

Georgia Healthcare Providers

Should I Test For Measles?

A Guide for Georgia Healthcare Providers

Do you suspect your patient has measles? Immediately mask and isolate the patient per airborne precautions* and check immunization status.

STEP 1 IDENTIFY



In the 21 days prior to onset of illness, has patient had any of the following:

- Known exposure to a person with measles?
- International travel, contact with an international traveler, been to an international airport or places popular with international visitors in the US?
- Attended or visited events/places with large gatherings?
- Resided in or visited a US community with measles cases?

Current listings at [cdc.gov/measles/data-research/index.html](https://www.cdc.gov/measles/data-research/index.html)

If **NO** to all, measles is very unlikely, testing is not required.

If **YES** to any, continue

STEP 2 ISOLATE



Has the patient had a combination of:

- **FEVER**
- And one or more of: **COUGH, CONJUNCTIVITIS, or RUNNY NOSE**
- And **RASH!**
 - Red-brown macules or papules, may become confluent patches
 - Begins on face and progresses to the rest of the body
 - Typically appears within a few days after other symptoms begin

If **YES**

STEP 3 INFORM



CALL 866-PUB-HLTH (866-782-4584)

COLLECT specimens for viral and serologic testing:

- Collect 7-10 ml of blood in a red top or serum separator tube
- Urine (10-15 ml) in sterile container
- Throat swabs use viral transport kit, if possible.

DO NOT refer the patient to another facility without first contacting that facility to prevent additional exposures. Contact the facility first, then notify Georgia DPH.

If **NO**

Measles is unlikely, testing is not required.

As needed, call Georgia DPH for consultation.

**Contact Georgia
DPH 24/7
1-866-PUB-HLTH
(1-866-782-4584)**

*Place patient in a negative pressure room when available; if not, examine the patient outside the facility or in a private room with the door closed; minimize the time patient spends in the facility. Other precautions apply.

†Immunization in last month with MMR or MMRV can be a cause of measles-like rash - check immunization history. **Testing is not indicated if immunized against measles in last month and answer is no to all questions in Step 1.**



<https://dph.georgia.gov/epidemiology/acute-disease-epidemiology/vaccine-preventable-diseases/measles>



SCAN ME

Questions?

For more information, please contact:

Cherie Drenzek, DVM, MS

State Epidemiologist & Chief Science Officer

Georgia Department of Public Health

cherie.drenzek@dph.ga.gov

Legislative Update: 2025 Session

Board of Public Health Meeting / Graham Segrest / April 8, 2025

Agency Legislation

House Bill 89

Regional Perinatal Centers

SUMMARY

- Requires healthcare providers, healthcare facilities, and pharmacies to provide the Maternal Mortality Review Committee with psychiatric records;
- Establishes the Regional Perinatal Center Advisory Committee with its composition and duties; and
- Removes the requirement that a medical examiner's inquiry for pregnant female deaths be done through a regional perinatal center.

Direct Impact Legislation

House Bill 567

Teledentistry

SUMMARY

- Authorizes and regulates teledentistry by licensed dentists in this state; and
- Provides for a limited number of dental hygienists to perform teledentistry under certain conditions; and
- Allows for coverage of dental services provided through teledentistry.

House Bill 398

Cottage Foods

SUMMARY

- Authorizes the production and sale of cottage food items with certain exemptions, requirements, and disclosures

Senate Bill 46

Government Serves the People Act

SUMMARY

- Improves government service delivery in the state of Georgia; and
- Establish the heads of each state agency as responsible for the government service delivery of their agency.

Senate Bill 58

Georgia Transporting Life-Saving Organs and Personnel Act

SUMMARY

- Provides for the licensing and operation of emergency organ transport vehicles as ambulance services; and
- Exempts emergency organ transport vehicles from requirements relative to the Emergency Medical Systems Communications Program and a medical adviser.

Senate Bill 96

Removal of Boards and Commissions

SUMMARY

- Modernize and update provisions creating certain boards, panels, authorities, centers, commissions, three committees, councils, task forces, and other such bodies.
- This bill provides for repeal for various Boards and Commissions, including the Georgia Council on Lupus Education and Awareness and the Georgia Palliative Care and Quality of Life Advisory Council.

Senate Bill 100

Andee's Law

SUMMARY

- Provides for the issuance of a copy of the original birth certificate to certain adult persons who were adopted.

House Resolution 847

House Study Committee on Evaluating Funding for Public Health

SUMMARY

- A committee to study how the public health system is structured and funded and to evaluate what services such system currently provides to determine whether additional action by the state is necessary.

House Resolution 72

House Study Committee on Cancer Care Access

SUMMARY

- A study committee to evaluate and make recommendations for the improved access to quality cancer care in Georgia.

Questions

For more information, please contact:

Graham Segrest

Manager, Government Affairs

graham.segrest@dph.ga.gov

Food Service Program

Board of Public Health Meeting / Galen C. Baxter, REHS / April 8, 2025

Food Service Program Overview

MISSION: To minimize food-borne related illnesses.

- Regulation and Routine Inspections of over 42,000 food service establishments
- Investigation of food-borne related complaints and illnesses
- Education and training for Environmental Health Specialists (EHS); food service operators and managers; general public

Shared Food Safety Inspections

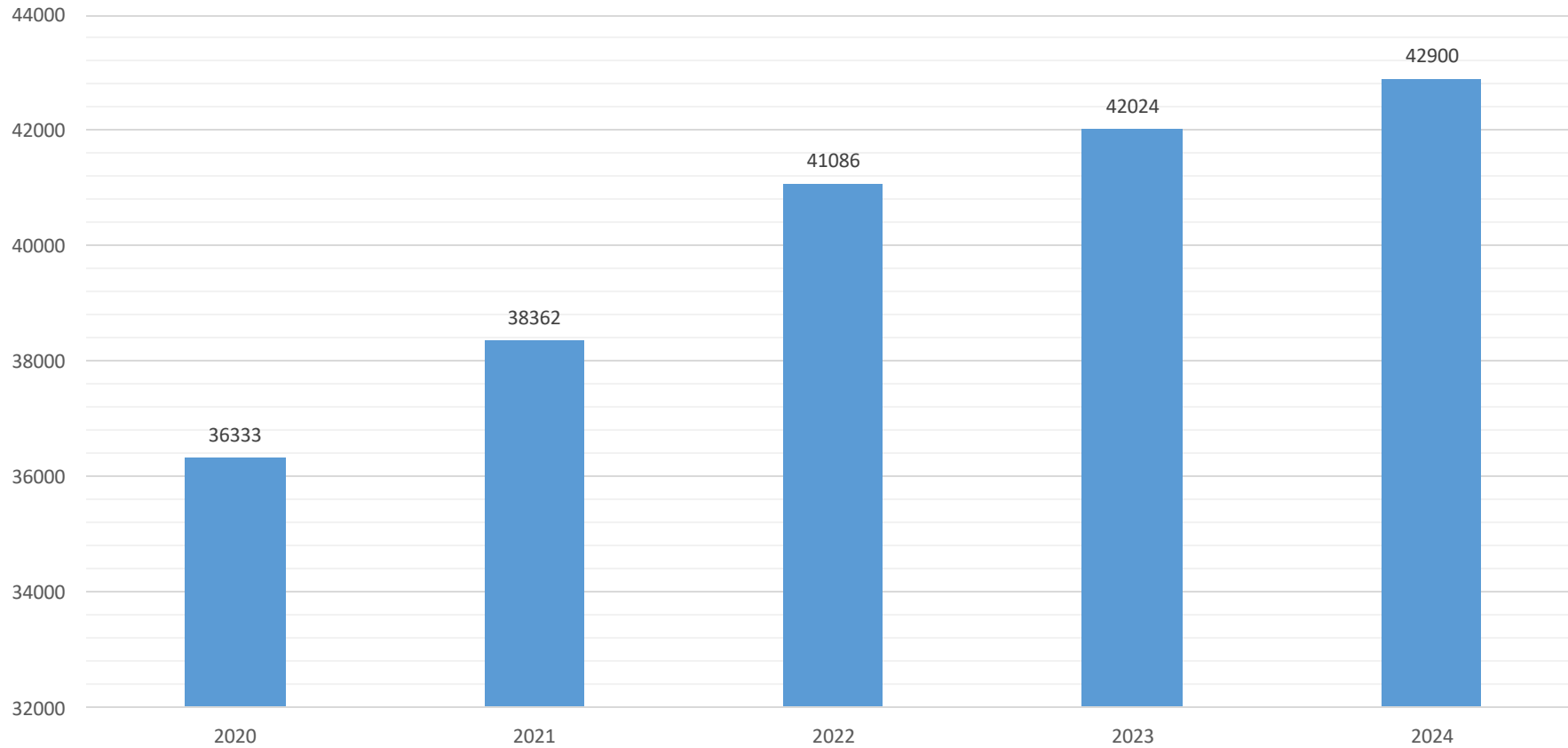
Georgia Department of Public Health

- Foodservice establishments:
 - Restaurants, caterers, mobile food trucks
 - Breweries that do not distribute their products
 - Temporary foodservice operations at fairs and festivals
 - Incubator kitchens

Georgia Department of Agriculture

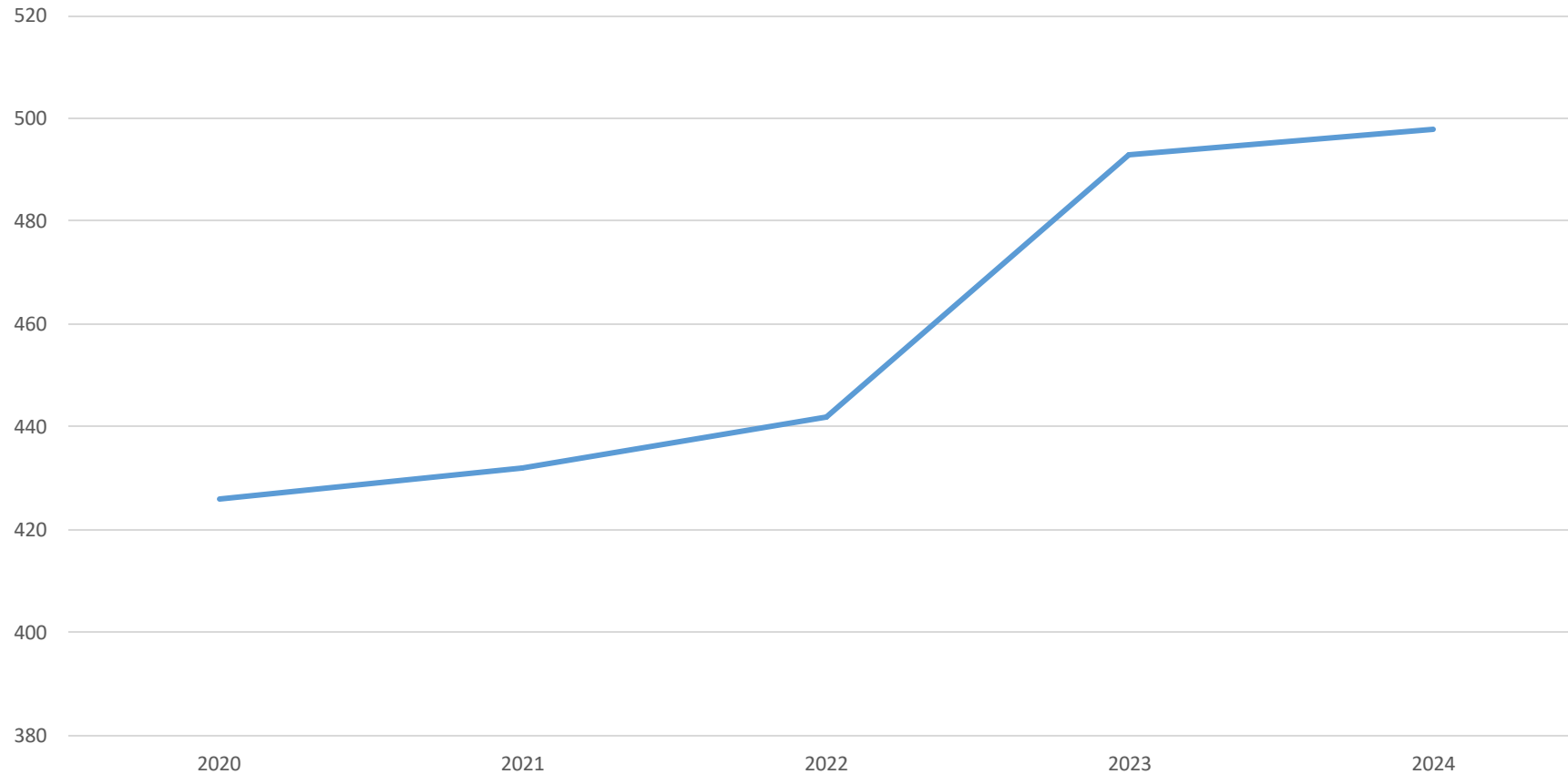
- Food sales establishments:
 - Grocery stores, convenience stores
 - Cottage food operations
- Wholesale food operations:
 - Manufactured foods
 - Breweries/wineries that do distribute their products

Number of Permitted FS Establishments 2020-2024



18.07%
growth rate
over 4 years

Environmental Health Specialists Staffing Count

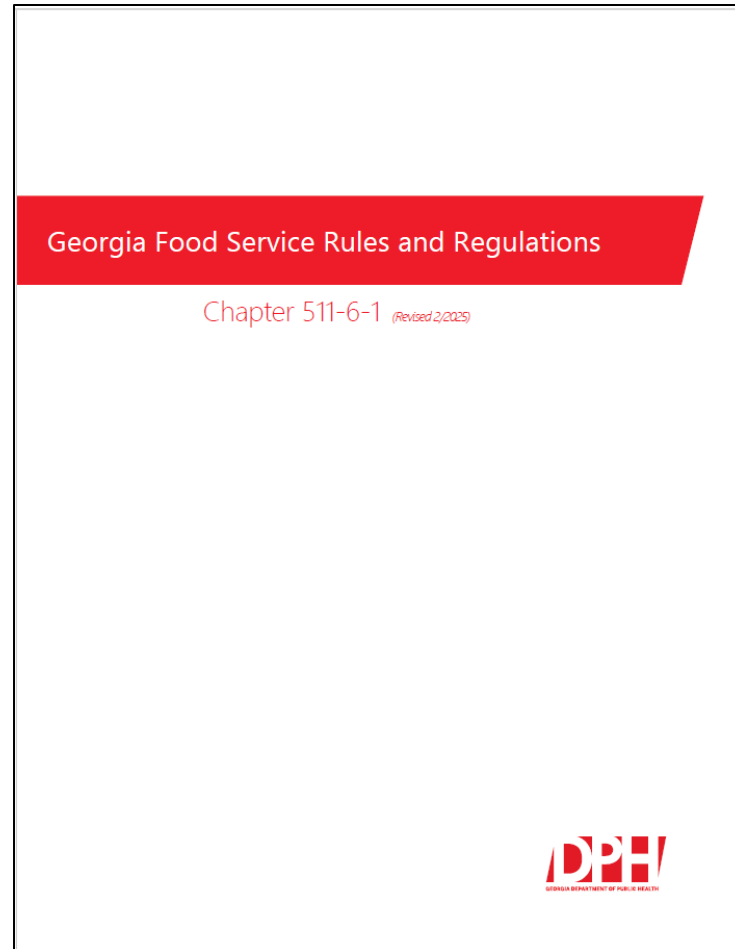


16.9%
increase in
EHS staff in
4 years

Environmental Health Specialists

- Requires completion of a bachelor's degree with at least 40 quarter hours or 27 semester hours of laboratory sciences
 - Undergo an on-the-job training program for up to 2 years
 - Require certification in on-site installations, pool operations and food safety management
- Serve as the local EH professional in the community
 - Provide education to the public and regulated facilities
 - Assist with new openings and changes of ownership of regulated businesses
 - Protect the public's health by enforcing rules and regulations when necessary

Standardized Food Inspection Program



- Adopted the 2022 FDA Food Code this year
- One of 5 states that have adopted the 2022 FDA Food Code (CO, CT, MS, PA & GA)

Innovative Food Operations in Georgia

- Robotic bar tender (ADAM)
- Revolving sushi belts
- Movie catering operations
- “Pop-up” foodservice operations
- Volcanic rock steak house
- Ghost kitchens
- Incubator kitchens
- Nitrogen induced drinks (Dragon’s Breath)
- Cat cafés



Photo source: <https://richtechrobotics.com/solutions/adam>

Questions?

For more information, please contact:

Galen C. Baxter, REHS

State Environmental Health Director

Galen.Baxter@dph.ga.gov

Upcoming Meeting

The next Board of Public Health meeting is scheduled for **June 10, 2025.**

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