

# Georgia Board of Public Health

May 14, 2024

# Agenda

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- Call to Order
- Roll Call
- Approval/Adoption of Minutes
- New Business
  - Opening Remarks – Kathleen E. Toomey, M.D., M.P.H.
  - Avian Influenza – Cherie L. Drenzek, D.V.M., M.S.
  - Child Health – Melanie Morris, Au.D., CCC-A
  - HR Recruitment Campaign – Chris Rustin, Joel Frushone, Cora Currieo
- Board Comments
- Adjournment

# Commissioner's Remarks

Board of Public Health Meeting / Kathleen E. Toomey, M.D., M.P.H. / May 14, 2024

# Bird Flu: Not Just for Birds Anymore

DPH Board Meeting / Cherie L. Drenzek, DVM, MS / 5.14.2024



# Overview

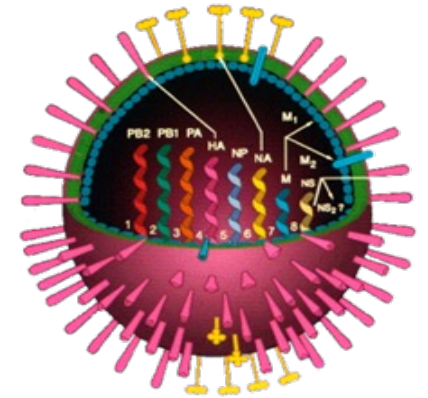
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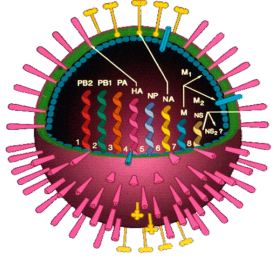
1. Setting the Stage/Background
2. Overarching Concerns
3. Current Situation in the US
4. Preparedness/Response Efforts

# Natural History of Flu Viruses

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- Influenza A virus subtypes are named by two surface proteins, H and N
- These subtypes are adapted to and usually stay within certain species
  - Human (H1, H3)
  - Avian (H5, H7, H9)
- However, when flu viruses replicate, they can reassort or acquire changes that occasionally allow them to “jump species”; for example, bird flu viruses may get transmitted to humans.
- Because these “jumping” flu subtypes are “new” to humans, they can potentially cause more severe infections or change even further, resulting in sustained spread.

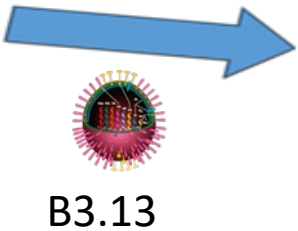
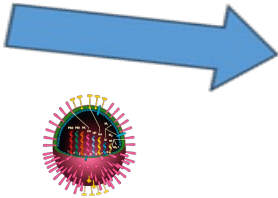
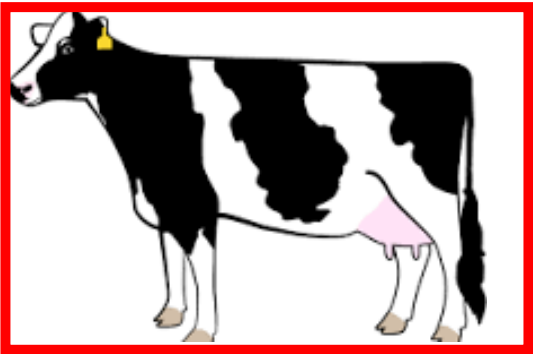




2022: HPAI H5N1, Clade 2.3.4.4b



Wild birds =  
Asymptomatic  
Reservoir



# Bird Flu H5N1: What are the overarching concerns?

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- **ECONOMIC**

- Agriculture industries, poultry depopulation, testing costs, food safety/perception, food prices, etc.



- **PANDEMIC**

- For Public Health, our concern “big picture” is that any animal flu virus that develops the ability to infect people can further evolve to a novel virus, spread from person-to-person, and cause a pandemic (this is not likely, but is the worst-case scenario)





# Current Situation in the U.S.

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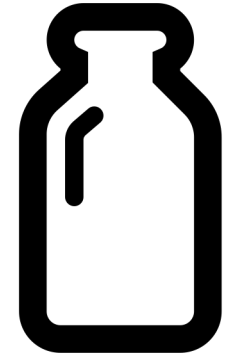


- So far, H5N1 has been confirmed in **42 dairy cattle herds in 9 states** (CO, ID, KS, MI, NM, NC, OH, SD, TX) and in 1 dairy farm worker (with severe conjunctivitis), but the scope is likely much broader.
- Genomic sequencing of cattle H5N1 viruses showed clade 2.3.4.4b, but with 2 mutations forming a new genotype B3.13 within the clade.
- Sequencing also showed that H5N1 was initially transmitted from wild birds to dairy cattle in Texas in late December 2023.
- No human-to-human transmission has been detected.
- HPAI H5N1 has NOT been confirmed in beef cattle nor swine, but farm cats have been affected.

# Differences between Poultry and Bovine H5N1

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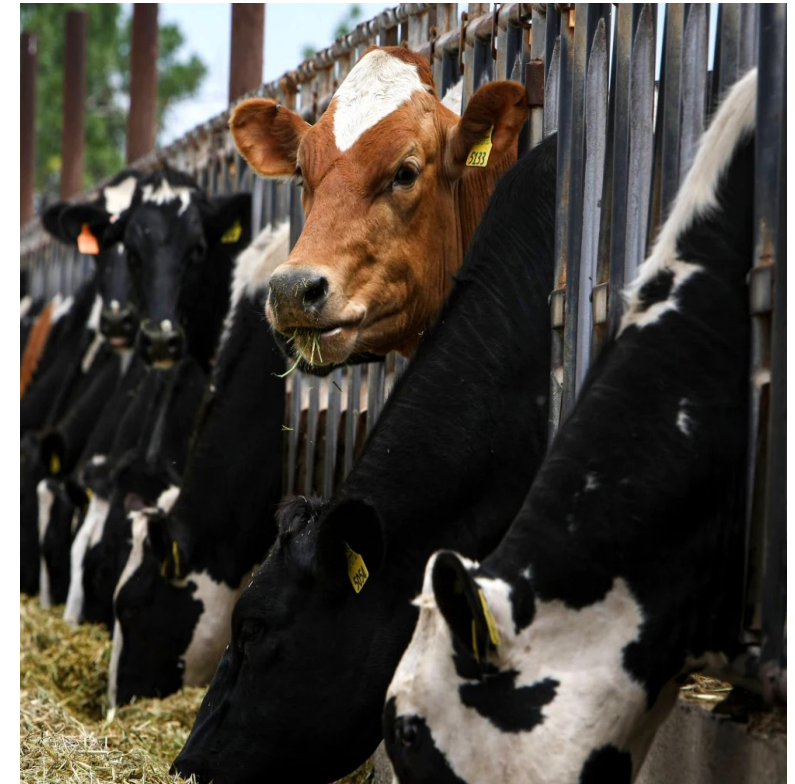
- H5N1 spreads rapidly in poultry/severe respiratory infections/fatal/whole herd is depopulated
- Not fatal in infected dairy cows (they recover in a few weeks), herds are not depopulated
- Cow symptoms develop slowly over weeks, but also can have asymptomatic infections
- Cow symptoms are not respiratory--primarily anorexia, decreased milk production, thick/yellow milk
- Virus shed in milk (high levels)--**raw milk is a risk**
- Cows can transmit to each other--by milking equipment??
- H5N1 killed by pasteurization (commercial milk is safe)



# Federal Response

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- To demonstrate the safety of commercial milk, FDA tested 297 samples of retail milk and dairy products and did NOT find any live H5N1 virus.
- On April 29, a new USDA Federal Order required **negative H5N1 testing** before any dairy cattle can be moved interstate AND mandatory reporting of any positive test results.
- On May 10, USDA announced over \$100 million in incentives for dairy farms to test cows and farm workers, as well as cover costs for lost milk production, etc.
- On May 10, HHS/CDC announced another \$100 million for “bird flu” surveillance efforts, including **molecular sequencing** of H5N1 viruses, **wastewater testing for influenza A**, and **monitoring/testing exposed farm workers**.



# Should We Worry about a Pandemic?

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The human health risk remains low for the general public, but farm workers with close, prolonged exposures to infected animals or their environments are at higher risk (and need PPE).



**Sustained spread** in mammals and humans has **not occurred** (but we need ongoing testing of animals/workers AND genomic sequencing to monitor for changes in virus).









We can be prepared and plan!

# HPAI Response Planning in Georgia: Multi-Agency

- Years of planning for HPAI with many partners
  - Georgia DPH
  - Georgia Poultry Laboratory Network
  - State and Federal Agriculture (GDA, DNR, USDA)
  - Industry, UGA
- Surveillance infrastructure (human/animal) in place.
- DPH's primary role is to monitor persons or workers exposed to affected poultry or cows for ILI (SendSS electronic system), provide testing for H5N1 infections (GPHL), and promote farm worker protection.


**PREPARING FOR HIGHLY PATHOGENIC AVIAN INFLUENZA (HPAI) IN GEORGIA**

**What should I do if I work with birds?**

-  **Get your annual flu shot.**  
The flu shot does not prevent avian influenza, but can protect you against seasonal flu.
-  **If you work with an infected flock,**  
you should monitor your health for 10 days after the last day you came in contact with sick birds.
-  **Public Health will work with you or someone**  
at your facility to provide instructions on how to monitor your health and how to get tested for influenza if you develop symptoms.
-  **If you have been around birds infected with HPAI**  
and you experience any symptoms in the list to the right, you should call Public Health immediately so we can help get you tested. You can reach us 24 hours a day at 866-PUB-HLTH (782-4584).
-  **If you are sick and feel that you need to seek immediate medical treatment,** please let your doctor or healthcare provider know that you are experiencing illness after working with birds with avian influenza. Call Public Health or ask your doctor to call us.
-  **For more information on DPH's planning for avian influenza,** please visit <https://dph.georgia.gov/avian-influenza> or call 866-PUB-HLTH (866-782-4584).

**Signs and Symptoms**




- Fever (≥100°F [38°C])
- Chills
- Cough
- Sore throat
- Runny or stuffy nose
- Sneezing
- Shortness of breath
- Eye irritation
- Diarrhea
- Nausea or vomiting
- Fatigue
- Muscle or body aches
- Rash
- Headaches



**PREPARING FOR HIGHLY PATHOGENIC AVIAN INFLUENZA (HPAI) IN GEORGIA**

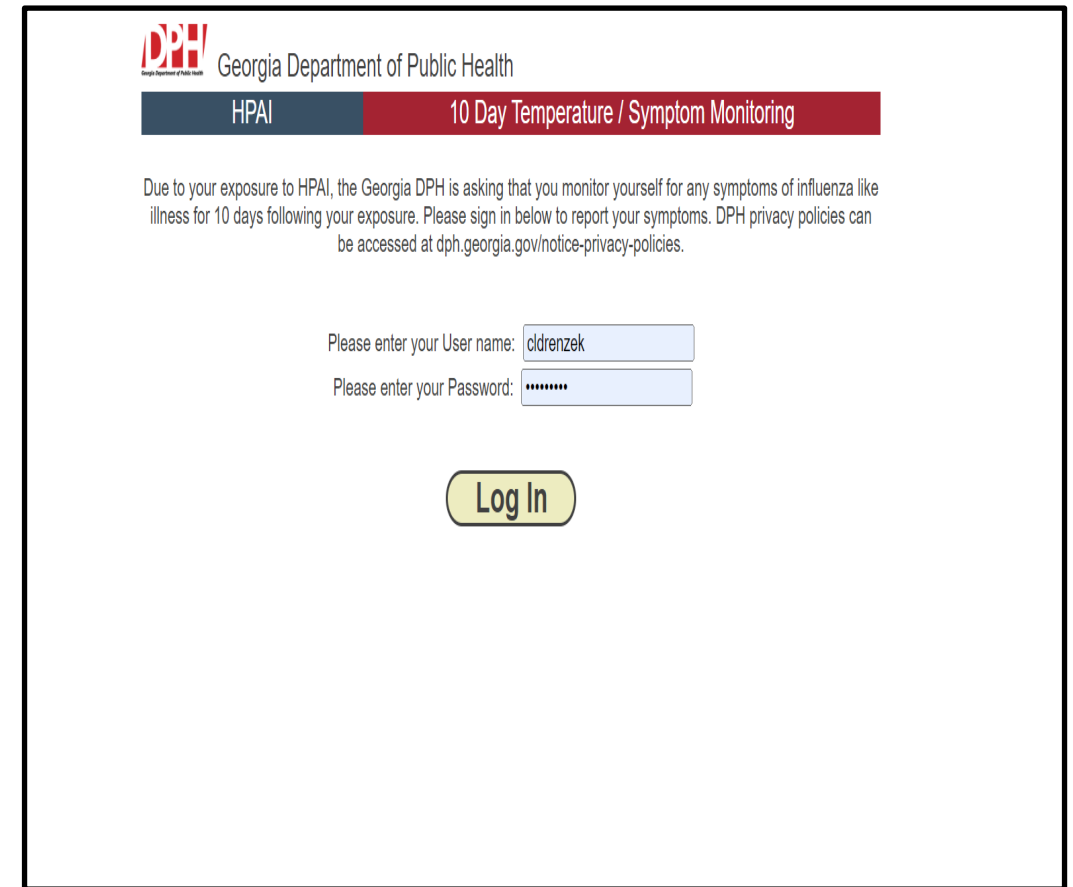
**The risk to humans is low, however it can infect people.**

**HOW HPAI CAN SPREAD TO HUMANS**

 **Direct contact with infected birds** **OR**  **Contact with birds that have died from avian influenza** **OR**  **Contact with bird droppings or litter from infected birds**

# We're Experienced...

- In 2022, Georgia documented two H5N1 outbreaks among backyard poultry flocks.
- We monitored 117 exposed persons (Department of Agriculture responders, farm workers) for 10 days.
- We arranged telemedicine consults and GPHL tested several people who developed ILI symptoms during their monitoring period (both were negative for H5N1 and positive for rhinovirus).



The screenshot shows a web interface for the Georgia Department of Public Health. At the top left is the DPH logo. To its right is the text "Georgia Department of Public Health". Below this is a header bar with two sections: "HPAI" on a dark blue background and "10 Day Temperature / Symptom Monitoring" on a red background. The main content area contains a paragraph explaining the purpose of the monitoring: "Due to your exposure to HPAI, the Georgia DPH is asking that you monitor yourself for any symptoms of influenza like illness for 10 days following your exposure. Please sign in below to report your symptoms. DPH privacy policies can be accessed at [dph.georgia.gov/notice-privacy-policies](https://dph.georgia.gov/notice-privacy-policies)." Below this text are two input fields: "Please enter your User name:" with the value "cldrenzek" and "Please enter your Password:" with masked characters "\*\*\*\*\*". A yellow "Log In" button is positioned below the password field.



# Bottom Line

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- Epidemiology and surveillance (including genomic surveillance) are the foundation of prevention and control recommendations.
- The good news in Georgia is that we already have existing protocols, and very strong partnerships and plans with the Georgia Department of Agriculture.
- Even if this situation does not worsen, bird flu preparedness has **overarching benefits** for seasonal flu, pandemic flu, and emerging infectious disease response.



# Questions

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For more information, please contact:

**Cherie Drenzek, DVM, MS**

State Epidemiologist & Chief Science Officer

(404) 657-2609

[cherie.drenzek@dph.ga.gov](mailto:cherie.drenzek@dph.ga.gov)



# Child Health Updates

Board of Public Health Meeting / Melanie Morris, Au.D., CCC-A / May 14, 2024

# Otoacoustic Emission Hearing Screening Initiative

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***Goal: Improve access to on-time intervention services and to promote age-appropriate language and literacy for children in Georgia.***

- COVID-Relief CDC Grant Funding Received
- Funding provided to all 18 health districts to purchase hearing screening devices
- Hearing screening is required prior to certain evaluations and intervention services (e.g. Speech-Language Services, Autism Spectrum Disorder Services)
- Incidence of hearing loss increases from 1.7 in 1,000 at birth to 5 in 1,000 ages 3-17

Source: National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention

# Otoacoustic Emissions (OAEs)

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- Otoacoustic Emissions (OAEs) can be used when a child cannot reliably complete pure tone audiometry
  - Does not require a behavioral response
  - Quick (30-60 seconds per ear)
- A test of the inner ear (outer hair cells in the cochlea)
- Equipment provides a Pass/Fail result; no interpretation needed
- As of 2022, OAE **screening** can be performed by anyone who has completed training directed by a Georgia-licensed audiologist

# Hearing Screening Training

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- DPH, GaDOE, and Cox Campus partnered to create a free online training module.
- School and public health nurses will utilize the same training, testing protocols, and screening forms.
- District staff will complete the online training module and then receive hands-on competency check-off
  - **April 2024:** 40 individuals received certification.
  - **May-June 2024:** 220 individuals have signed up for certification with representation from every health district.
  - **Babies Can't Wait (BCW) Conference, June 2024:** Training will be provided to BCW providers.

# cCMV and Babies Can't Wait

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- The Babies Can't Wait Category 1 Work Group added cCMV to the list.
- Children with a Category 1 diagnosis automatically qualify for services through BCW.

# Questions

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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

# HR Recruitment Campaign

Board of Public Health Meeting / Chris Rustin, DrPH, MS, REHS, Joel Frushone, Cora Currieo / May 14, 2024

# Overview: “We Protect Lives” Campaign

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The “**We Protect Lives**” campaign promotes a consistent recruitment and perception message **highlighting DPH’s mission and impact of a career** for all positions across Georgia. We incorporated employee sentiment into the development of the campaign and messaging.





# The Perception of Public Health

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## OUR UNDERSTANDING

### Why perception of public health matters:

- Increases trust
- Leads to better health outcomes
- Increases employee commitment to public service
- Improves employer brand and recruitment pipeline

### Factors shaping perception of public health:

- Information overload or misinformation
- Mistrust
- Resource constraints
- Evolving health threats

## DPH'S SOLUTION

The **“We Protect Lives”** campaign aims to promote career awareness and improve public health perception in Georgia. Each new full-time hire in a critical role contributes to **delivery of services**, thus **shaping positive public health outcomes for Georgians**.

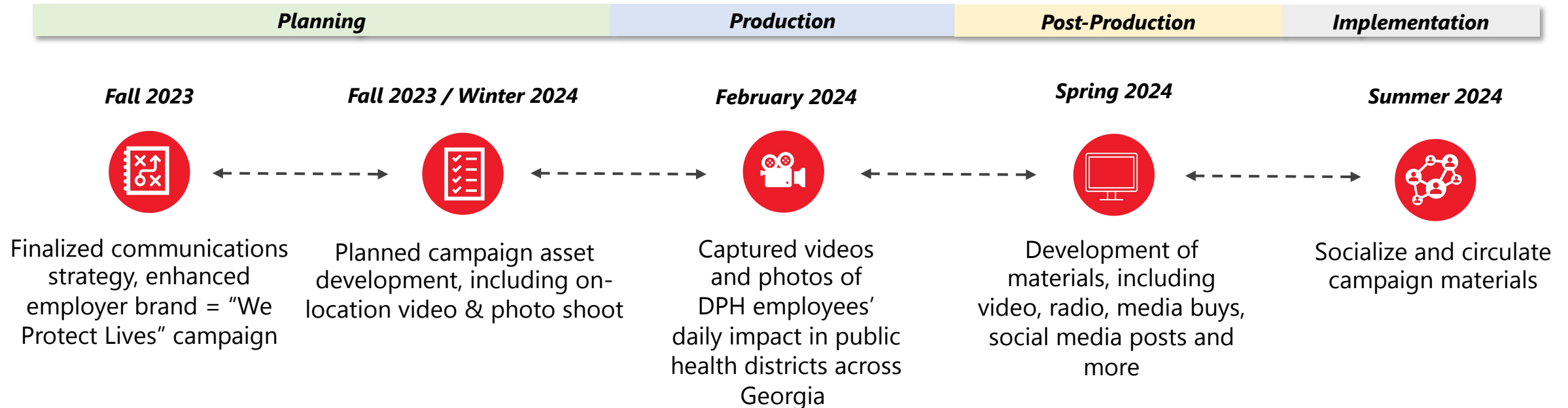
# "We Protect Lives" and the Employer Brand

The enhanced employer brand was developed from insights gathered from current employees and is carried through the entirety of the campaign.



# Campaign Development and Implementation

In 2023, we launched a recruitment campaign based on a communications strategy and enhanced employer brand. This strategy and brand guides the creation of our assets. In February, we spent a week filming a video across four health districts and the DPH office for the "We Protect Lives" campaign.



# Video Spotlight: “We Protect Lives: Everyday Impact”

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# Video Spotlight: “We Protect Lives” Testimonial Series

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**Communications Specialist**



**Epidemiologist**



**Nurse**



# Video Spotlight: “We Protect Lives” Testimonial Series

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# Other “We Protect Lives” Assets

## Social Media



**We Protect Lives Post – Static**



**We Protect Georgia Post – Carousel**

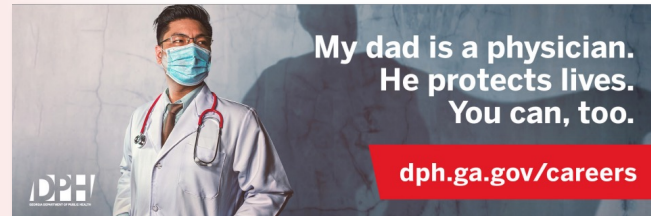


**We Protect Georgia Post – GIF**



**Role Specific Social Post – Static**

## Public Advertisement



**Recruitment Billboards**



**Marta Advertisements**



**Marta Installation**

# Campaign Socialization

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To support socialization and achieve the objectives of the "We Protect Lives" campaign, we have begun distributing materials at both the State and District levels.



## State Level

- DPH Website
- NeoGov Job Portal
- Social Media and LinkedIn
- Employee Communication Sharing Templates
- New Hire Orientation



## District Level

- District Toolkits
- Information Sessions
- Employee Communication Sharing Templates





# Questions

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For more information, please contact:

**Nancy Nydam**

Communications Director

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# Next Meeting

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The next Board of Public Health Meeting  
will be held June 11, 2024