Georgia Board of Public Health

June 10, 2025

Agenda

- Call to Order
- Roll Call
- Approval/Adoption of Minutes
- New Business
  - Opening Remarks – Kathleen E. Toomey, M.D., M.P.H.
  - FY 2026 Appropriations Act – Will Bell, Chief Financial Officer
  - Epidemiology Update – Cherie Drenzek, DVM, MS
  - Maternal Child Health Updates – Diane Durrence, WHNP, MSN, MPH
- Board Comments
- Adjournment

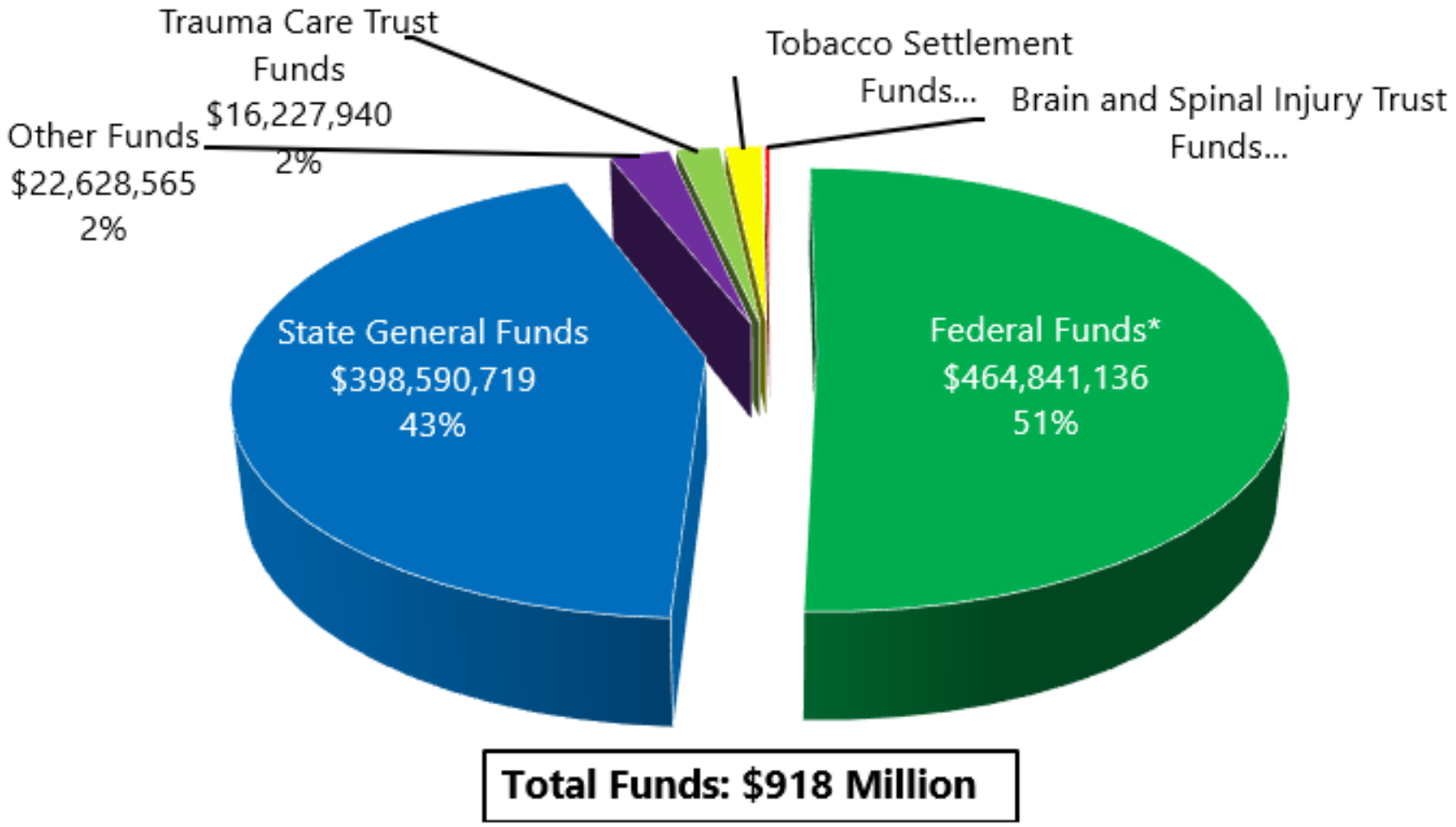
Commissioner's Remarks

Board of Public Health Meeting / Kathleen E. Toomey, M.D., M.P.H. / June 10, 2025

FY 2026 Appropriations Act

Board of Public Health Meeting / William E. Bell, Chief Financial Officer / June 10, 2025

FY 2025 Budget By Funding Source



***Budgeted Federal Funds does not include Federal Funds for COVID-19 Response**

FY 2026 Budget – Summary

Program Budget	Continuation Budget	Changes	FY 2026 (HB 68)
Adolescent and Adult Health Promotion	$24,770,355	$423,921	$25,194,276
Adult Essential Health Treatment Services		301	
Departmental Administration (DPH)	32,204,400	44,662	
Emergency Preparedness/Trauma System Improvement		(2,838,722)	
Epidemiology		1,278	
Immunization		393	
Infant and Child Essential Health Treatment Services		5,899,371	
Infant and Child Health Promotion		51,244	
Infectious Disease Control		254,844	46,149,968
		2,315	
Public Health Formula Grants to Counties		(18,377)	
		1,968	
TOTAL	**$400,242,573**	**$3,823,198**	**$404,065,771**

FY 2026 Budget Highlights

- ✓ $3 million to provide home visiting in at-risk and underserved rural communities during pregnancy and early childhood to improve birth outcomes, reduce preterm deliveries, and decrease infant and maternal mortality.

- ✓ $778,239 and existing funds of ($97,701) for a cardiac obstetric program to increase access to maternal fetal medicine.

- ✓ $600,000 to support quality improvement at birthing facilities and additional funding to increase the number of birthing facilities with verified maternal and neonatal levels of care.

FY 2026 Budget Highlights (Cont'd.)

- ✓ $437,000 for the cost of mailing Low THC Oil Patient registry cards pursuant to SB 495 (2024 Session).
- ✓ $1.2 million for one-time funding for improvements and renovations to district offices and public health laboratories, statewide.

Questions

For more information, please contact:

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Epidemiology Update

Board of Public Health Meeting / Cherie L. Drenzek, DVM, MS / June 10, 2025

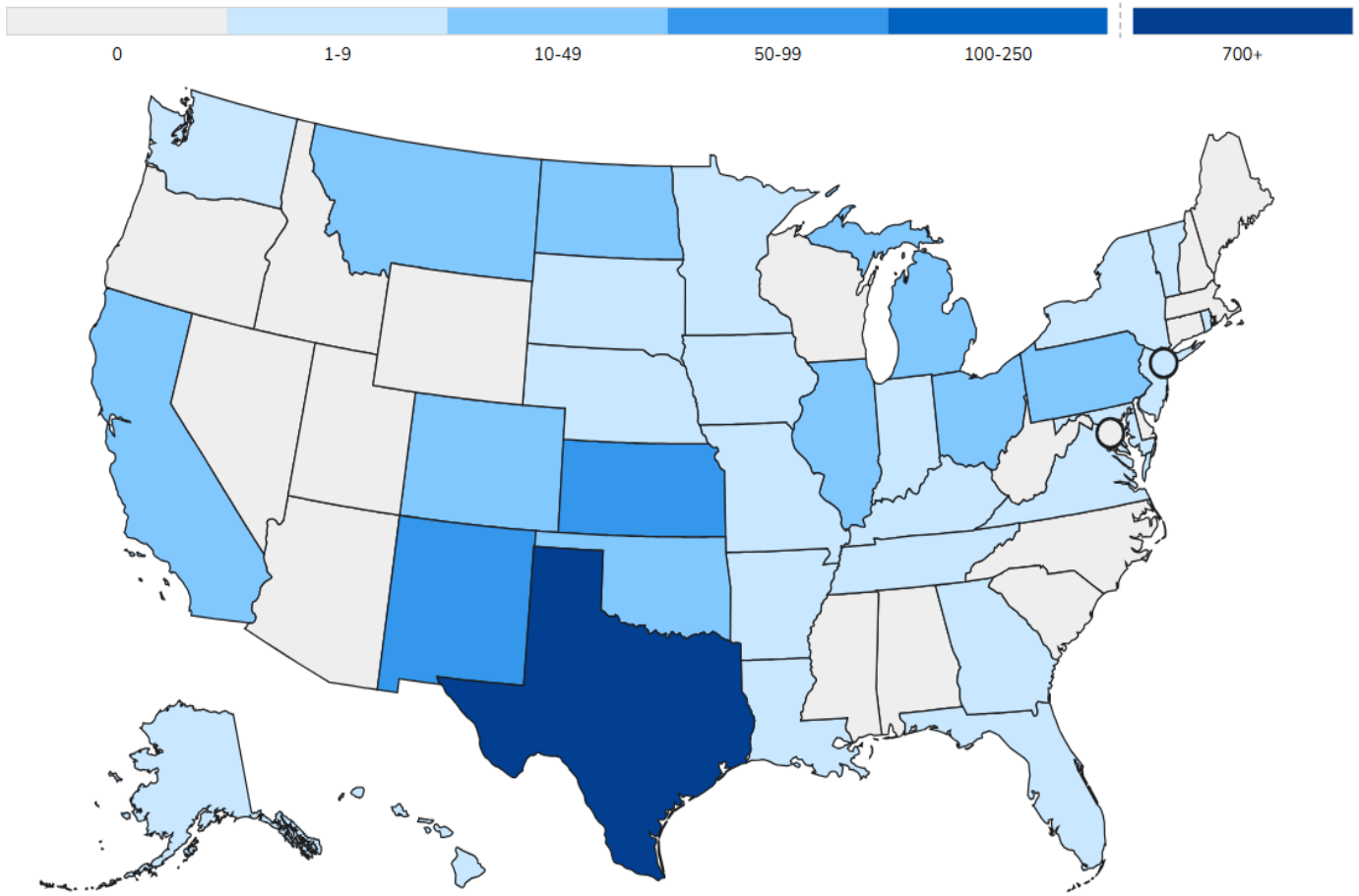
Introduction

Infectious diseases are ever-changing and unpredictable!

Surveillance and epidemiology are the cornerstones of prevention and control recommendations.

- Measles
- Seasonal respiratory viruses/COVID

Measles in 2025: National Data



As of June 5, 2025

National Cases: 1168

Age

Under 5 years: **339 (29%)**

5-19 years: **439 (38%)**

20+ years: **381 (33%)**

Age unknown: **9 (1%)**

Vaccination Status

Unvaccinated or Unknown: **95%**

One MMR dose: **2%**

Two MMR doses: **3%**

Hospitalizations: 137 (12%), most under 5 years of age

Deaths: 3

https://www.cdc.gov/measles/data-research/index.html

Measles Outbreak in Ontario, Canada

2,009 cases, including **40 in unvaccinated pregnant women** that resulted in
6 cases of congenital measles

Figure 1: Number of Measles Outbreak Cases by Week of Rash Onset and Case Classification: Ontario, October 28, 2024 – June 3, 2025

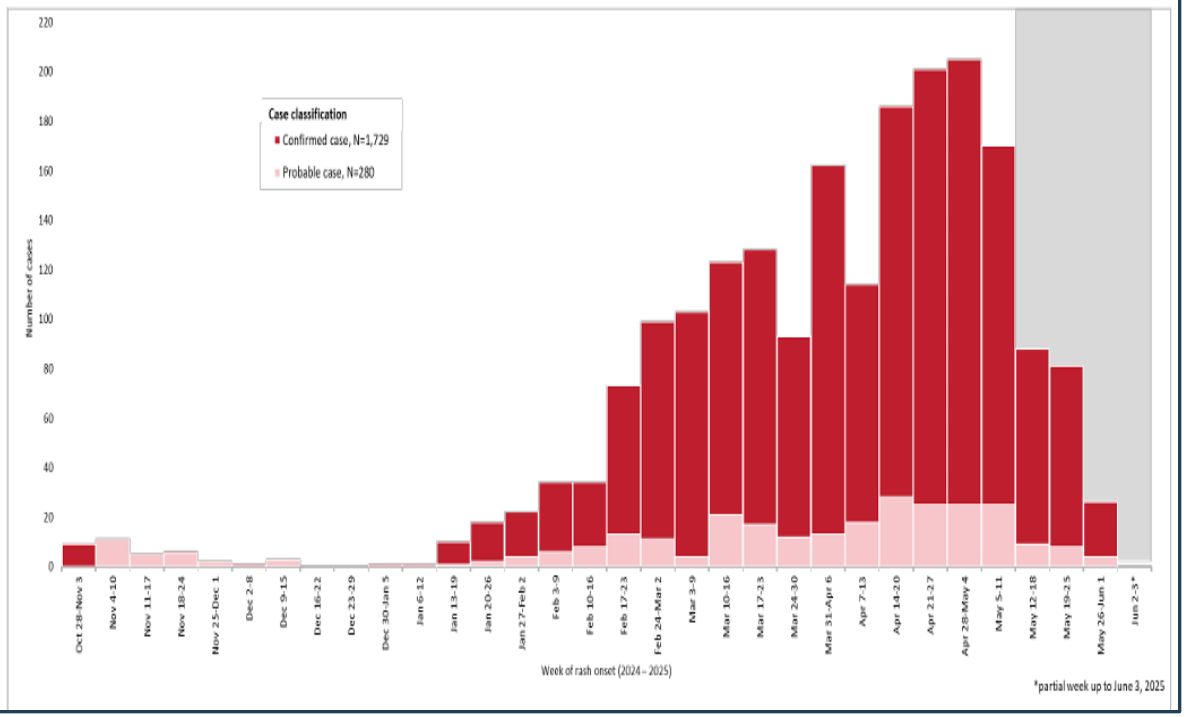
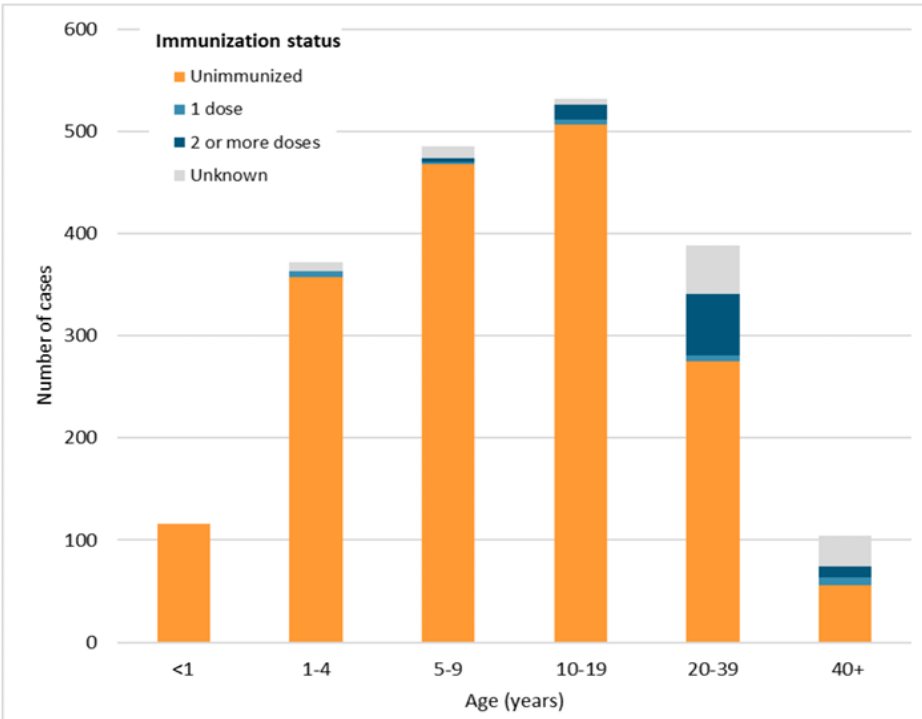
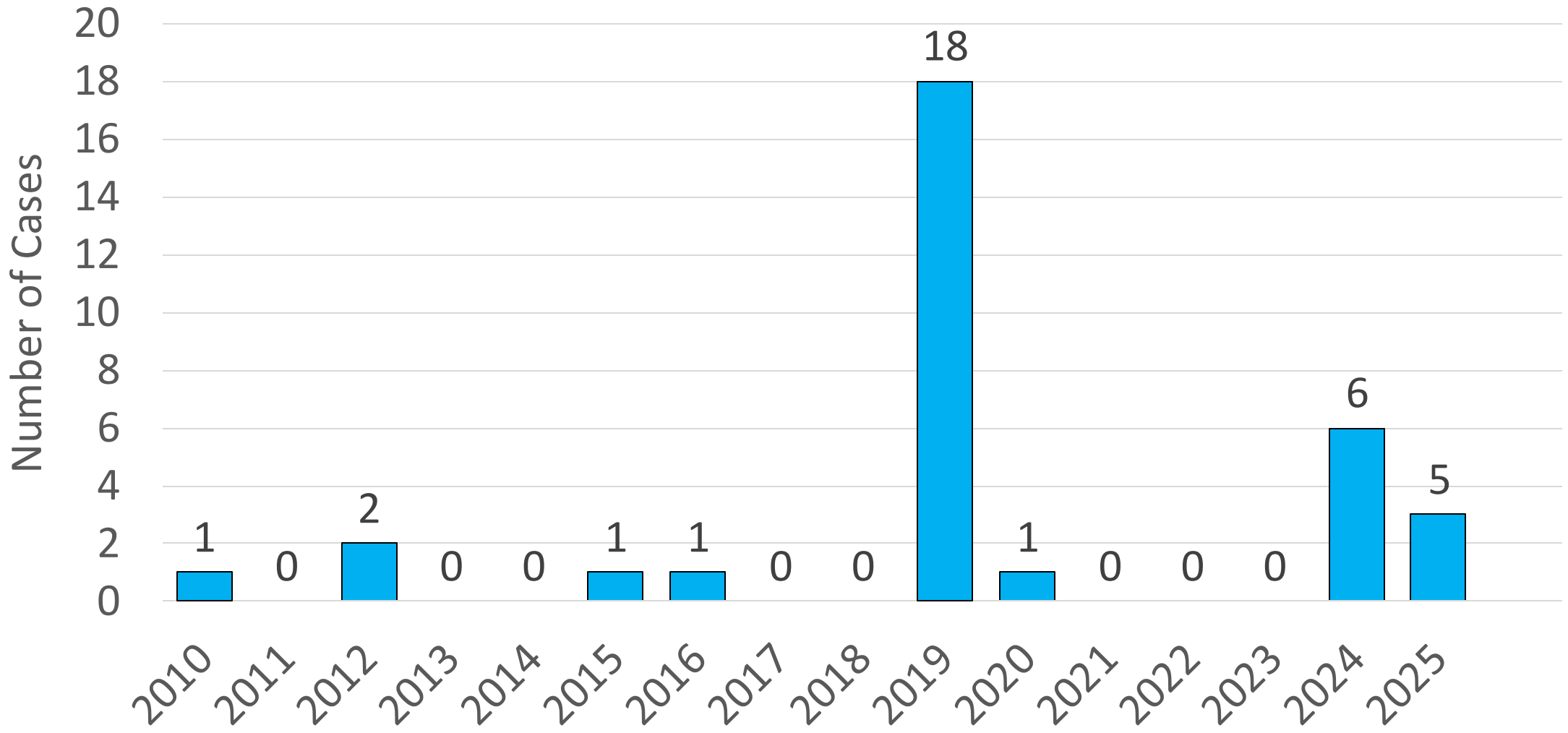


Figure 3: Immunization Status of Measles Outbreak Cases by Age Group: Ontario, October 28, 2024 – June 3, 2025

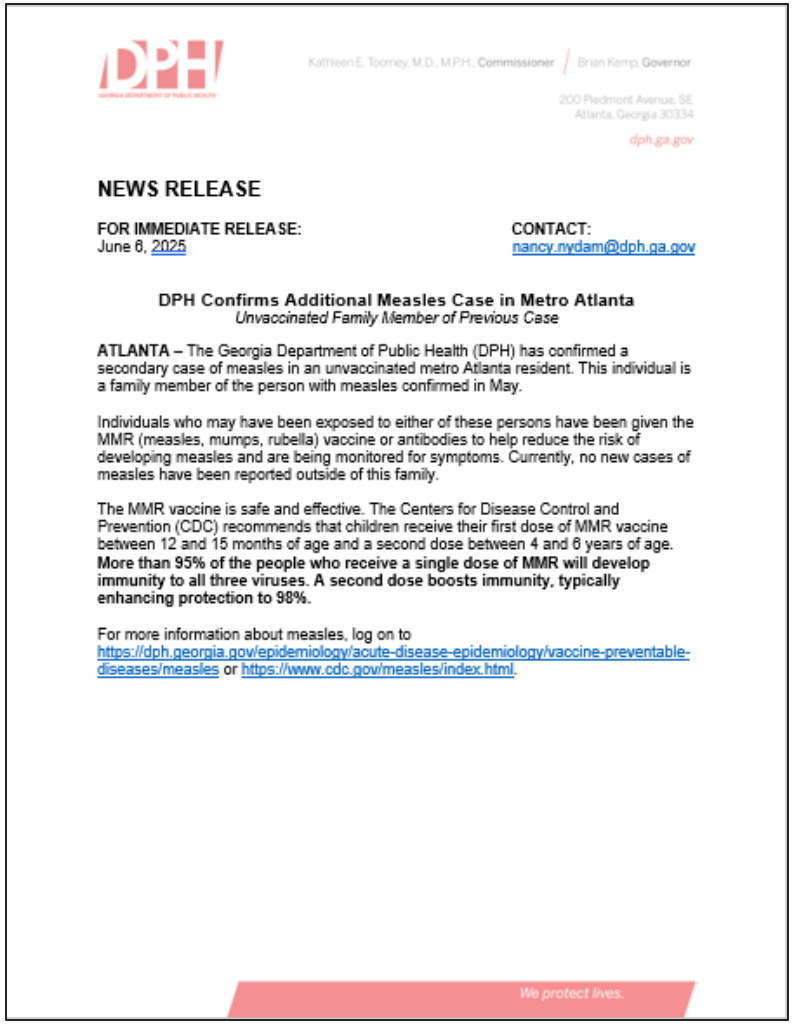


Measles Cases, Georgia 2010-2025*



Measles in Georgia, 2025

- In January 2025, we confirmed three measles cases among unvaccinated family members who had all traveled within the United States.
- In May and June, we confirmed two new measles cases (for a total of 5), also among unvaccinated household members, including one who had traveled internationally.
- The goals of the ongoing investigation are to identify and monitor contacts, offer MMR or IG to those who are susceptible, and prevent the **spread**.



DPH

Kathleen E. Toomey, M.D., M.P.H., **Commissioner** / Brian Kemp, **Governor**

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Atlanta, Georgia 30334

dph.ga.gov

NEWS RELEASE

FOR IMMEDIATE RELEASE:
June 6, 2025

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DPH Confirms Additional Measles Case in Metro Atlanta
Unvaccinated Family Member of Previous Case

ATLANTA – The Georgia Department of Public Health (DPH) has confirmed a secondary case of measles in an unvaccinated metro Atlanta resident. This individual is a family member of the person with measles confirmed in May.

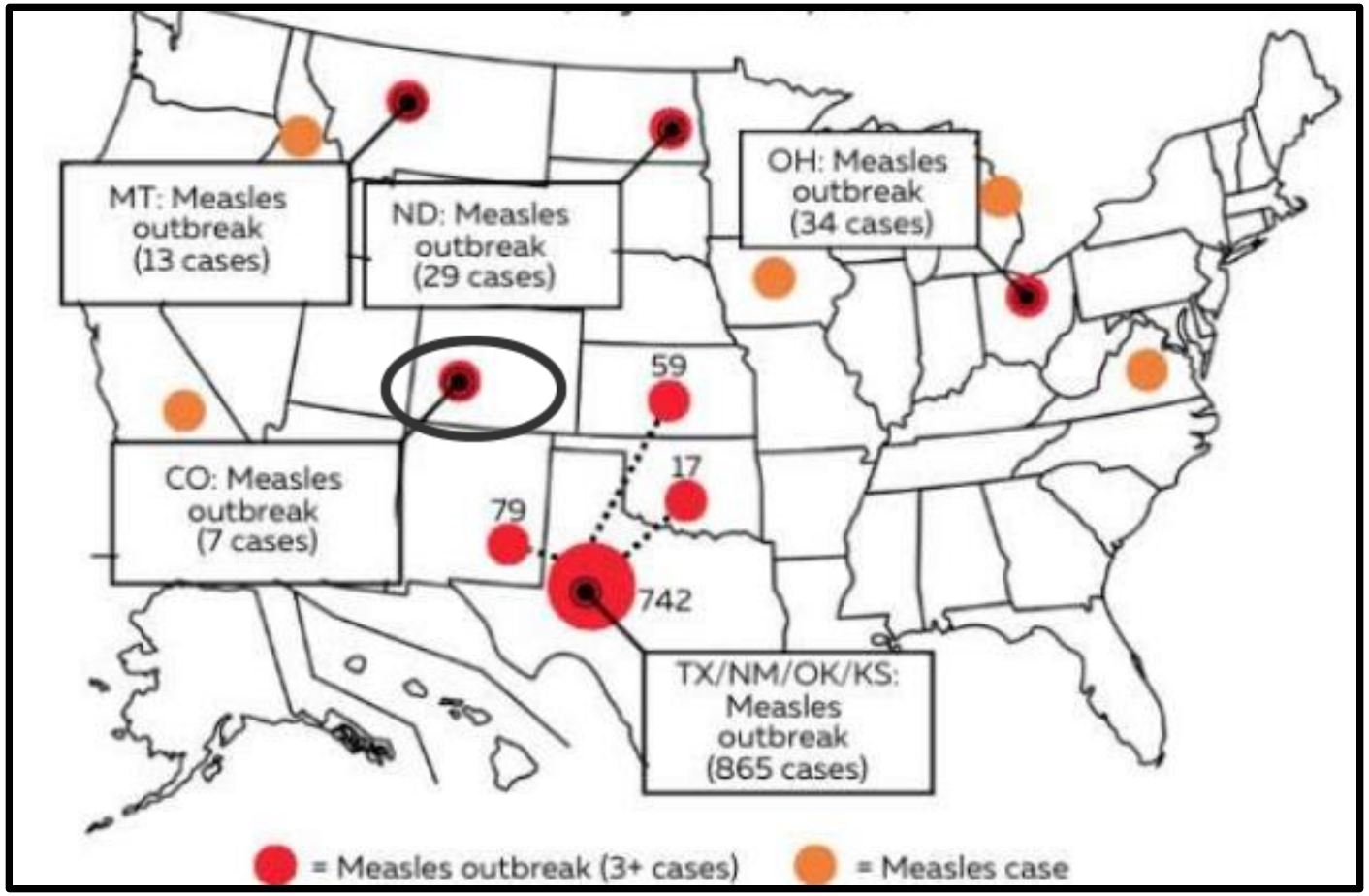
Individuals who may have been exposed to either of these persons have been given the MMR (measles, mumps, rubella) vaccine or antibodies to help reduce the risk of developing measles and are being monitored for symptoms. Currently, no new cases of measles have been reported outside of this family.

The MMR vaccine is safe and effective. The Centers for Disease Control and Prevention (CDC) recommends that children receive their first dose of MMR vaccine between 12 and 15 months of age and a second dose between 4 and 6 years of age. **More than 95% of the people who receive a single dose of MMR will develop immunity to all three viruses. A second dose boosts immunity, typically enhancing protection to 98%.**

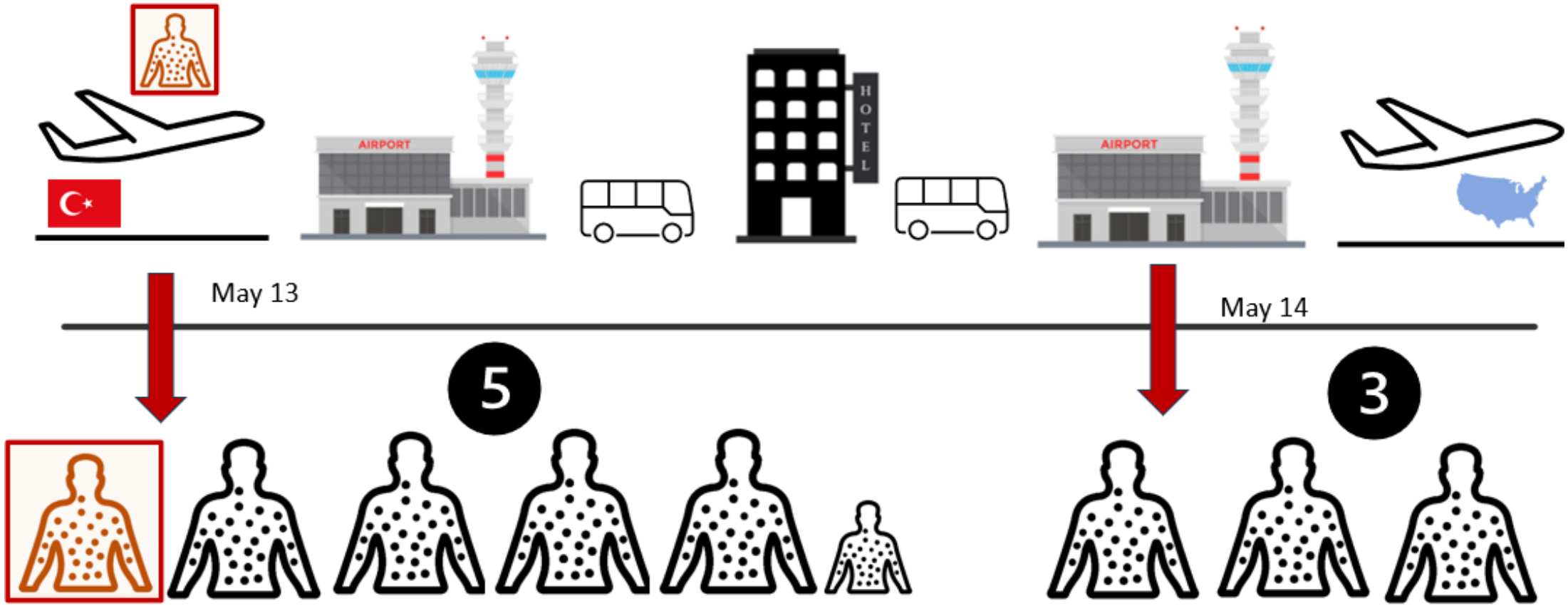
For more information about measles, log on to https://dph.georgia.gov/epidemiology/acute-disease-epidemiology/vaccine-preventable-diseases/measles or https://www.cdc.gov/measles/index.html.

We protect lives.

U.S. Measles Alerts Last Week



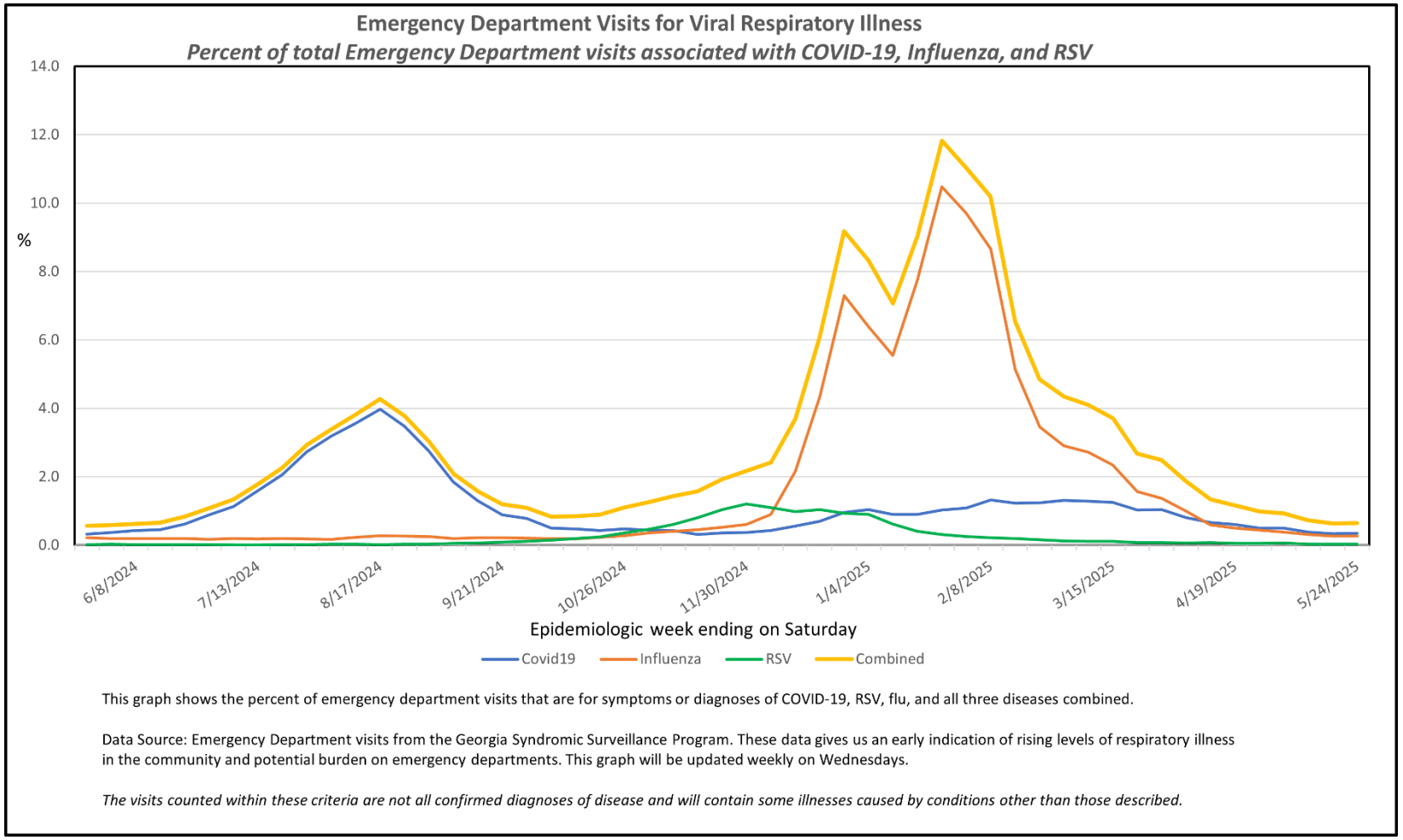
Denver Airport Measles Outbreak



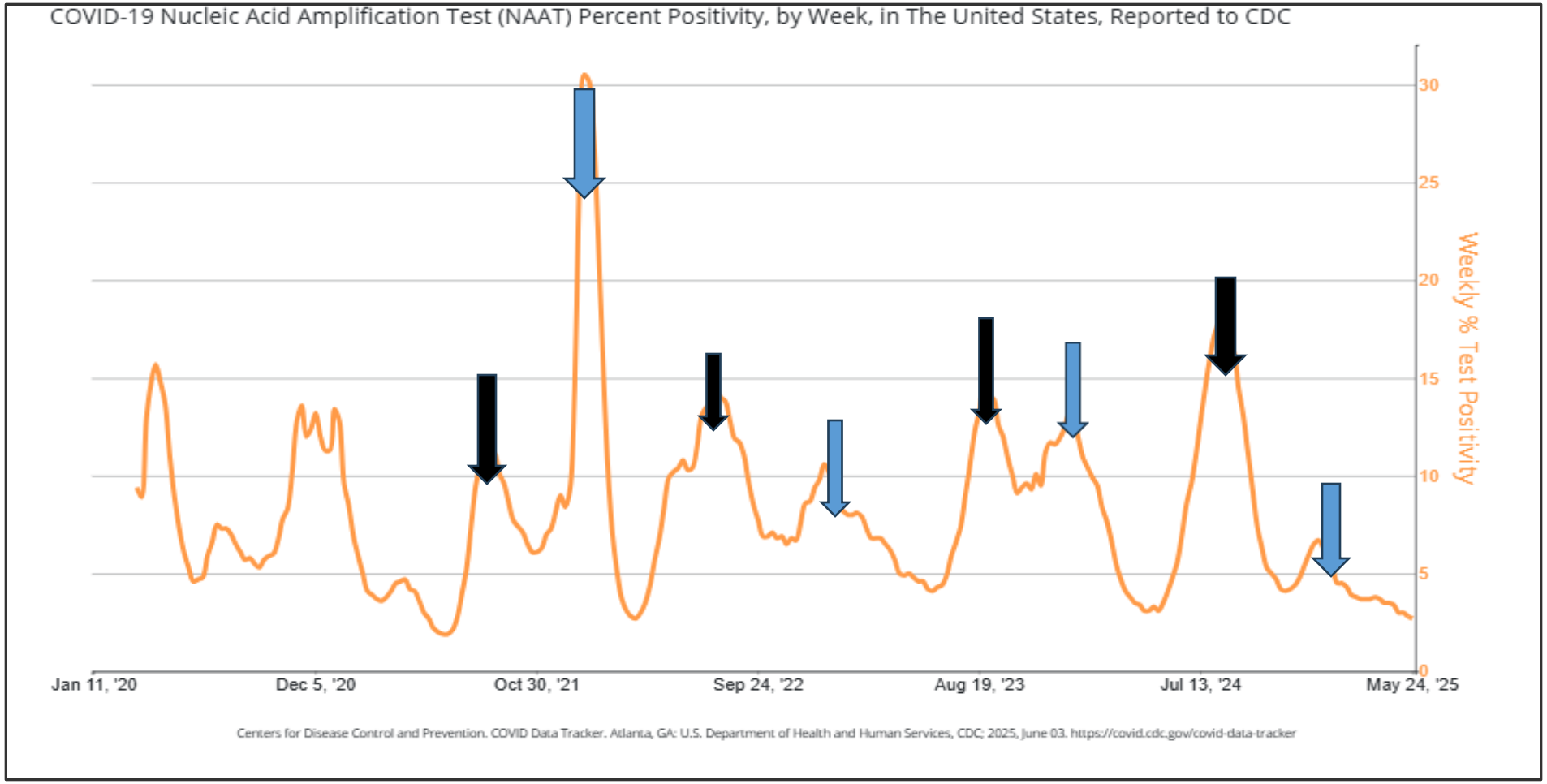
New CDC Travel Recommendation

- As of June 5, 2025, the CDC now recommends that **all US residents (over 1) traveling internationally (any destination!) should be fully vaccinated against measles.**
- This includes two doses of the MMR vaccine at least 28 days apart
- Infants 6-11 months old should also get an early dose of MMR if they are traveling.

Respiratory Viruses: Georgia (Minimal Activity)



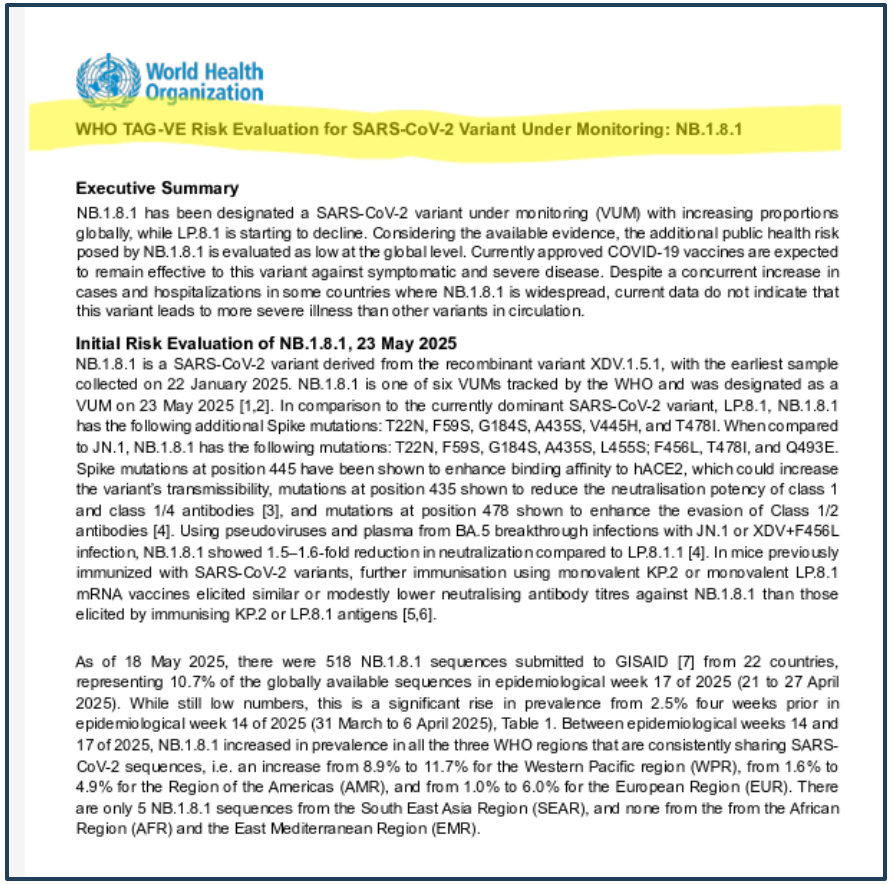
COVID Activity: Seasonal Patterns



We have typically seen COVID spikes during August and January

Genomic Surveillance for New COVID Subvariants

- Last week, the WHO designated the new COVID subvariant called **NB.1.8.1** to be a "variant under monitoring".
- Rapid spread globally since January, especially in China, Hong Kong, India.
- New to the US, but may increase and be the "driver" of this summer's COVID wave?



World Health Organization

WHO TAG-VE Risk Evaluation for SARS-CoV-2 Variant Under Monitoring: NB.1.8.1

Executive Summary

NB.1.8.1 has been designated a SARS-CoV-2 variant under monitoring (VUM) with increasing proportions globally, while LP.8.1 is starting to decline. Considering the available evidence, the additional public health risk posed by NB.1.8.1 is evaluated as low at the global level. Currently approved COVID-19 vaccines are expected to remain effective to this variant against symptomatic and severe disease. Despite a concurrent increase in cases and hospitalizations in some countries where NB.1.8.1 is widespread, current data do not indicate that this variant leads to more severe illness than other variants in circulation.

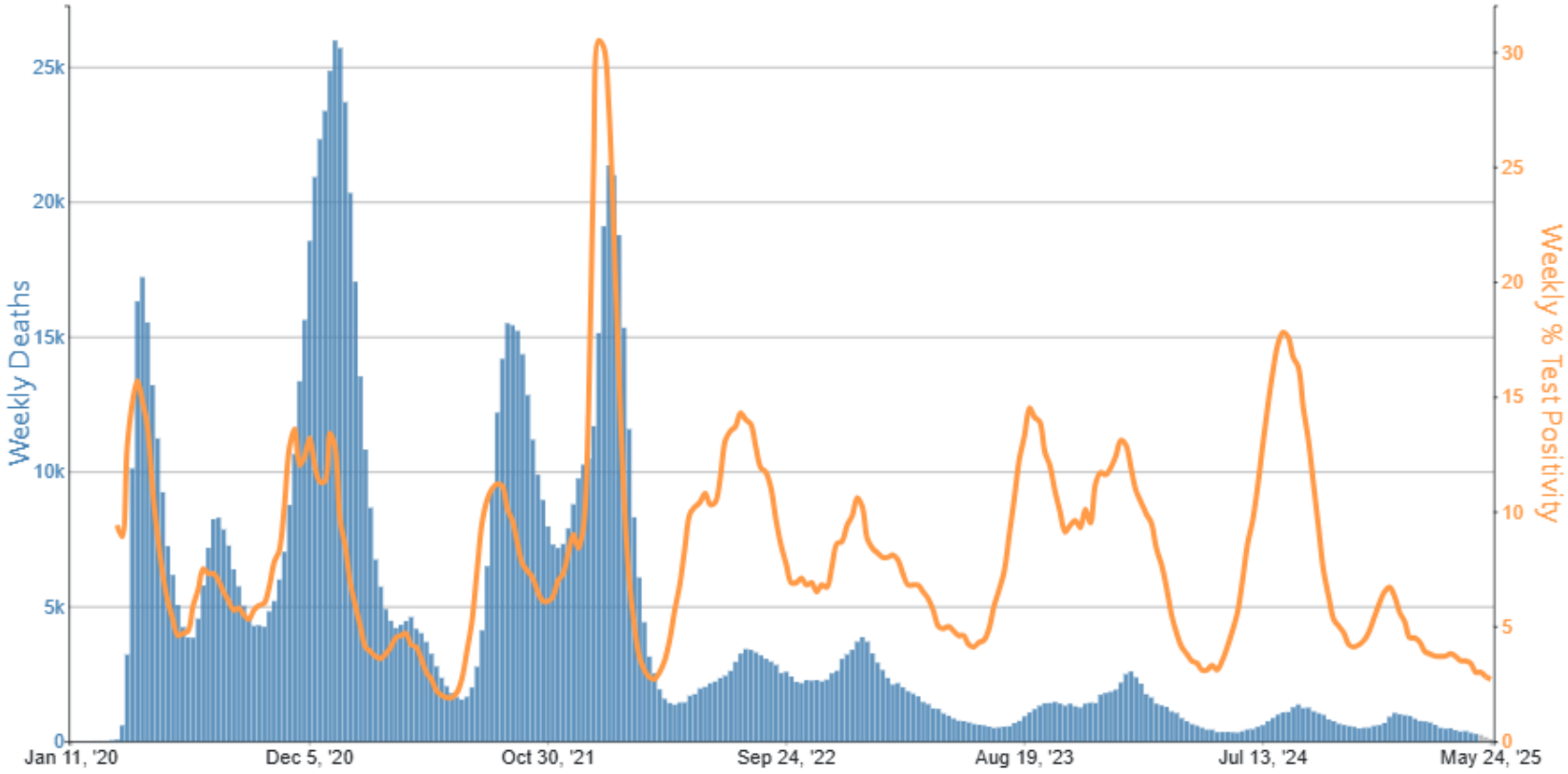
Initial Risk Evaluation of NB.1.8.1, 23 May 2025

NB.1.8.1 is a SARS-CoV-2 variant derived from the recombinant variant XDV.1.5.1, with the earliest sample collected on 22 January 2025. NB.1.8.1 is one of six VUMs tracked by the WHO and was designated as a VUM on 23 May 2025 [1,2]. In comparison to the currently dominant SARS-CoV-2 variant, LP.8.1, NB.1.8.1 has the following additional Spike mutations: T22N, F59S, G184S, A435S, V445H, and T478I. When compared to JN.1, NB.1.8.1 has the following mutations: T22N, F59S, G184S, A435S, L455S; F456L, T478I, and Q493E. Spike mutations at position 445 have been shown to enhance binding affinity to hACE2, which could increase the variant's transmissibility, mutations at position 435 shown to reduce the neutralisation potency of class 1 and class 1/4 antibodies [3], and mutations at position 478 shown to enhance the evasion of Class 1/2 antibodies [4]. Using pseudoviruses and plasma from BA.5 breakthrough infections with JN.1 or XDV+F456L infection, NB.1.8.1 showed 1.5–1.6-fold reduction in neutralization compared to LP.8.1.1 [4]. In mice previously immunized with SARS-CoV-2 variants, further immunisation using monovalent KP.2 or monovalent LP.8.1 mRNA vaccines elicited similar or modestly lower neutralising antibody titres against NB.1.8.1 than those elicited by immunising KP.2 or LP.8.1 antigens [5,6].

As of 18 May 2025, there were 518 NB.1.8.1 sequences submitted to GISAID [7] from 22 countries, representing 10.7% of the globally available sequences in epidemiological week 17 of 2025 (21 to 27 April 2025). While still low numbers, this is a significant rise in prevalence from 2.5% four weeks prior in epidemiological week 14 of 2025 (31 March to 6 April 2025), Table 1. Between epidemiological weeks 14 and 17 of 2025, NB.1.8.1 increased in prevalence in all the three WHO regions that are consistently sharing SARS-CoV-2 sequences, i.e. an increase from 8.9% to 11.7% for the Western Pacific region (WPR), from 1.6% to 4.9% for the Region of the Americas (AMR), and from 1.0% to 6.0% for the European Region (EUR). There are only 5 NB.1.8.1 sequences from the South East Asia Region (SEAR), and none from the from the African Region (AFR) and the East Mediterranean Region (EMR).

Impact of Vaccine on COVID Deaths

Provisional COVID-19 Deaths and COVID-19 Nucleic Acid Amplification Test (NAAT) Percent Positivity, by Week, in The United States, Reported to CDC



Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2025, June 03. https://covid.cdc.gov/covid-data-tracker

Take Home Messages

- Epidemiology and surveillance point the way to effective prevention and control recommendations.
- Most measles cases and outbreaks in the US are related to international travel/travelers.
- MMR vaccination remains the best protection against measles.
- Although flu and RSV seasons have ended, COVID-19 has historically experienced summer waves due to the emergence of newly mutated variants.
- Vaccination is a key component in the prevention of severe outcomes due to respiratory viruses and COVID-19 (risk, shared clinical decision-making).

Questions

For more information, please contact:

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Georgia Perinatal System

Board of Public Health Meeting / Diane Durrence, WHNP, MSN, MPH / June 10, 2025

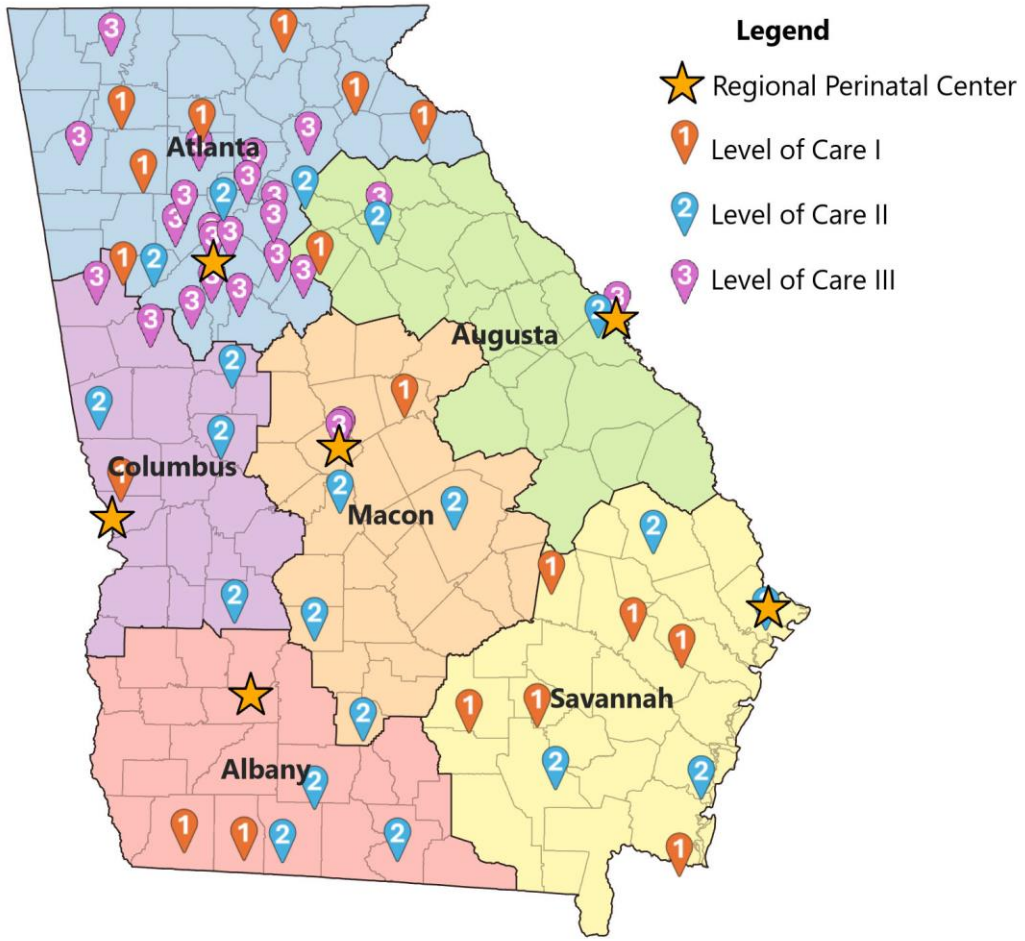
Regional Perinatal System History

- Began in the 1970s
- Six regions by the 1990s
- System in place to ensure that high-risk mothers and infants are delivered at appropriate facilities
- No Georgia Law/Code governing the system
- DCH Rules and Regulations mention RPCs in Rule 111-2-2-.24: *Specific Review Considerations for Perinatal Services*
  - Provide care and transport regardless of ability to pay
- Expectations/requirements are outlined in DPH contracts and the Core Requirements document

Regional Perinatal System Funding

- The Georgia General Assembly appropriates state funds to DPH
- DPH contracts with the six RPCs
  - State funds are matched with Medicaid dollars through DCH
- Neonatal benefits/transport are disseminated directly to each RPC from DCH
- Distribution of funds is done by the National Perinatal Information Center (NPIC)
  - Each RPC contracts individually with NPIC
  - Data submitted by RPCs
  - The formula determines the distribution of the funding

Birthing Facilities, by Level Care and Perinatal Region, GA, June 2025

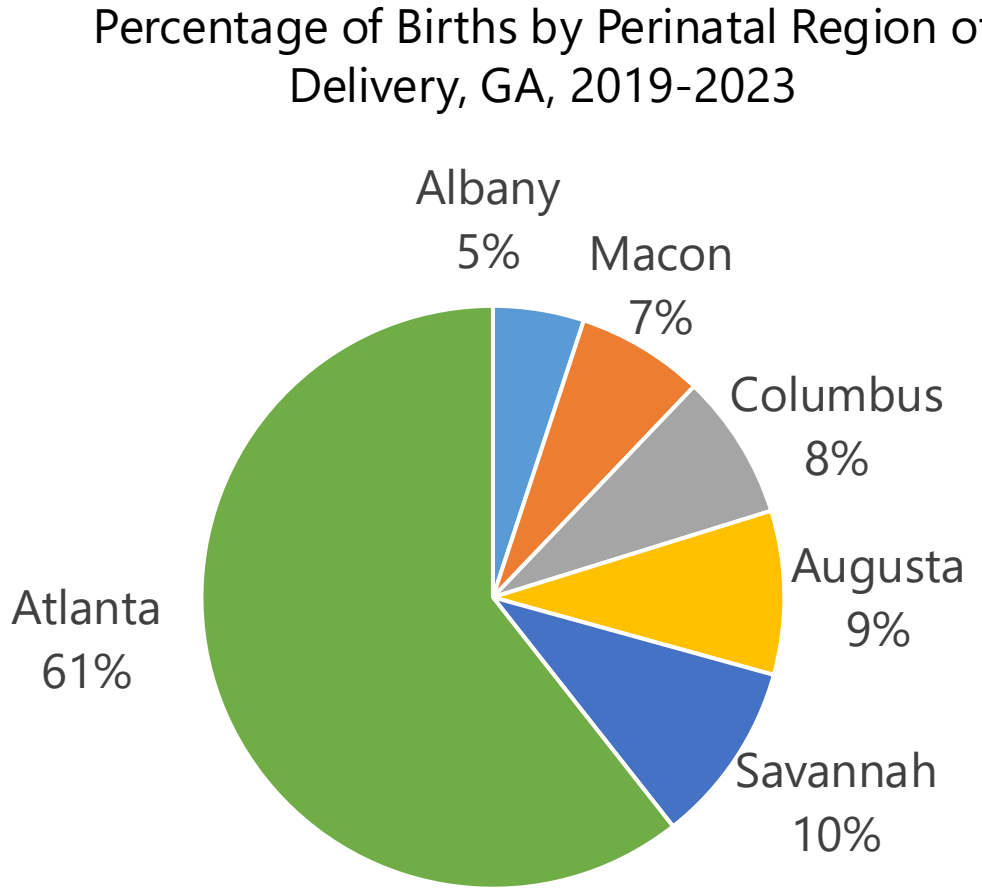


Number of Facilities at Each Level

Perinatal Region	Level I	Level II	Level III	Total
Albany	2	3	1	6
Atlanta	5	5	19	29
Augusta	1	2	3	6
Columbus	2	4	3	9
Macon	0	5	2	7
Savannah	5	4	1	10
Statewide	15	23	29	67

Levels of care refer to the levels of care defined by Georgia's Department of Community Health (DCH) Certificate of Need (CON) program.

Births by Perinatal Region, GA, 2019-2023

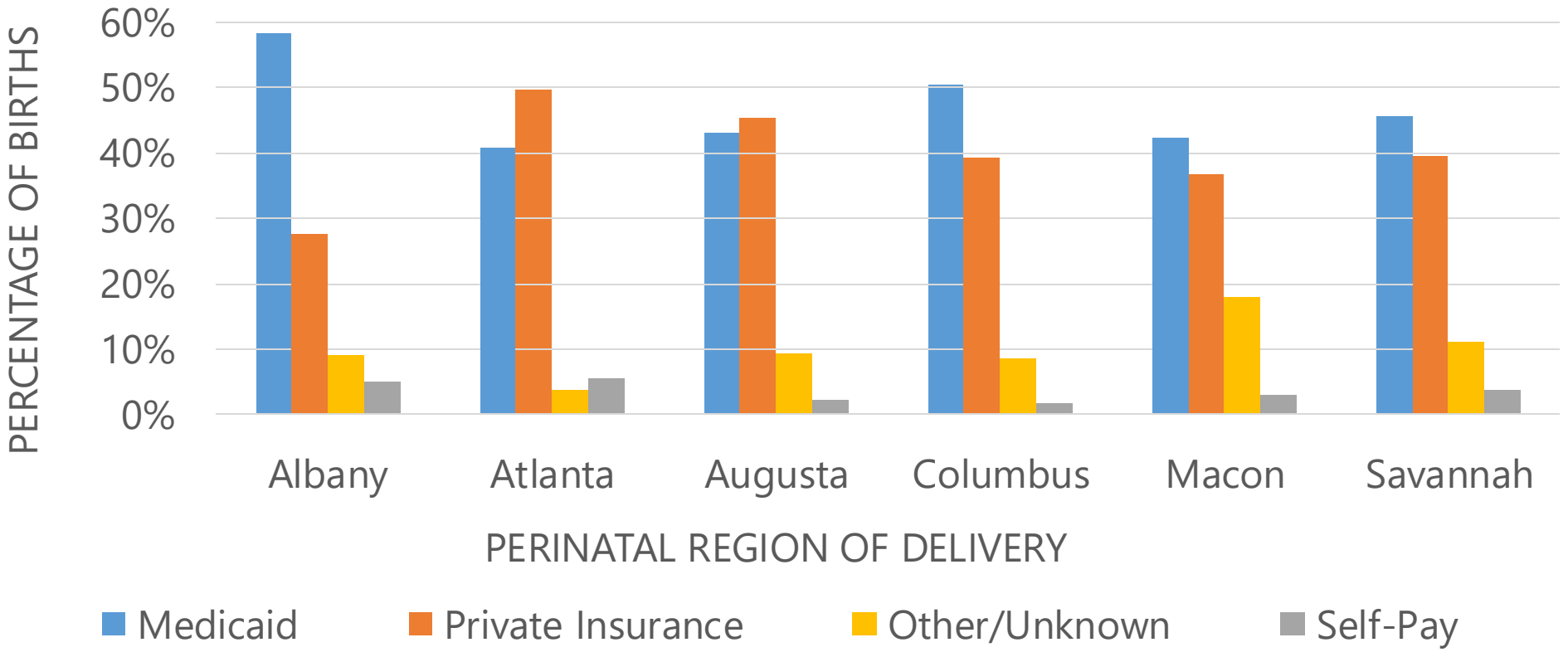


Perinatal Region	Number of Births 2019-2023	2019-2023 % Change
Albany	28,934	-3.7%
Atlanta	363,753	+3.1%
Augusta	55,501	-1.8%
Columbus	49,874	-0.4%
Macon	44,375	-1.0%
Savannah	59,980	+0.4%
Statewide	602,417	1.4%

Includes births at any of Georgia's 68 birthing facilities, including births to non-Georgia residents.

Data Source: Office of Health Indicators for Planning (OHIP) database: birth certificates.

Percentage of Births, by Payor and Perinatal Region of Delivery, GA, 2019-2023



Includes births at any of Georgia's 67 birthing facilities, including births to non-Georgia residents.

Data Source: Office of Health Indicators for Planning (OHIP) database: hospital discharges

Regional Perinatal System

- House Bill 89 was signed into law on May 1, 2025.
- Establishes an Advisory Committee that will make recommendations to the DPH Commissioner regarding:
  - The addition, reduction, or transition of Regional Perinatal Centers in GA
  - The estimated costs to implement recommendations
- Beginning July 1, 2026, and every four years thereafter, DPH will present a plan to the Governor, the Speaker of the House, and the President of the Senate, outlining system adequacy and needs.
- When changes to the regional system are approved by the Commissioner, DPH must submit a budget request to the Office of Planning and Budget before the next legislative session, detailing the costs of implementing these changes.

Regional Perinatal System

- Advisory Committee appointments are underway
- 1st meeting during July 2025
- Regional system assessment: March 2026
- Report of system status and recommendations: May 2026
- Final plan and recommendations to Governor and Legislative leadership: June 30, 2026
- If additional funding need is identified, a funding request submitted to the Office of Planning and Budgets: July 31, 2026

Maternal Mortality Review Committee

- Case review completed for 2012-2022 cases
  - 2019-2021 full report published
  - 2022 Fact Sheet with key findings published
- Committee re-formed with new membership in early 2025
  - 4 case abstractors and 1 LCSW on staff at DPH
- Case review for 2023 cases is underway, with completion by the end of 2025

Questions

For more information, please contact:

Diane Durrence, WHNP, MSN, MPH
Director, Women, Children, and Nursing Services
diane.durrence@dph.ga.gov

Upcoming Meeting

The next Board of Public Health meeting is scheduled for **September 9, 2025**

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