

Georgia Board of Public Health

June 14, 2022

Agenda

- Call to order
- Roll Call
- Approval/Adoption of Minutes
- New Business
 - Epidemiology Updates
 - COVID
 - Monkeypox
 - Hepatitis of Unknown Etiology in Children
 - Avian Influenza
 - Infant Formula Shortage - WIC
 - Commissioner's Closing Remarks
- Board Comments
- Adjournment

Epidemiology Update

Board of Public Health / Cherie L. Drenzek, DVM, MS, State Epidemiologist / June 14, 2022

Introduction

Infectious diseases are ever-changing and unpredictable!

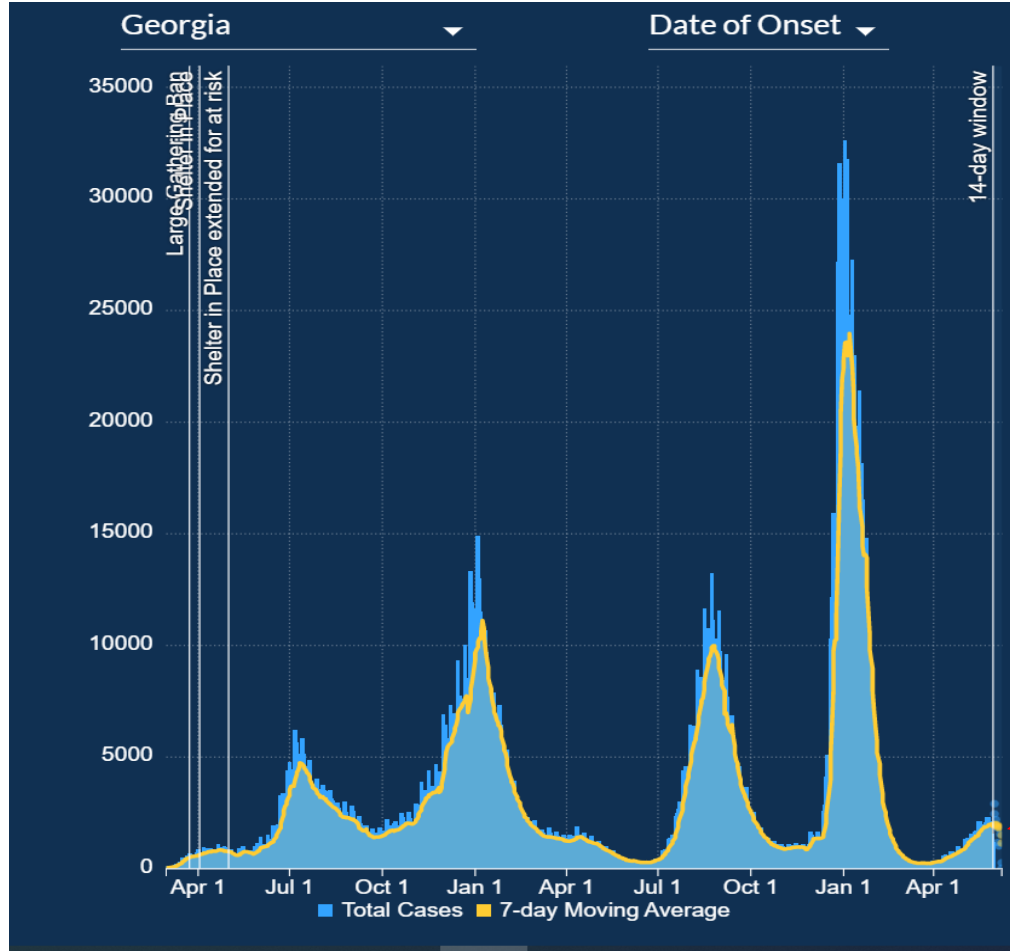
Surveillance and epidemiologic investigation are the cornerstones of prevention and control recommendations.

Illustrated by: COVID, Monkeypox, Avian Influenza, Hepatitis

Snapshot of COVID-19 (6/14/22): “BA.2 Wave”

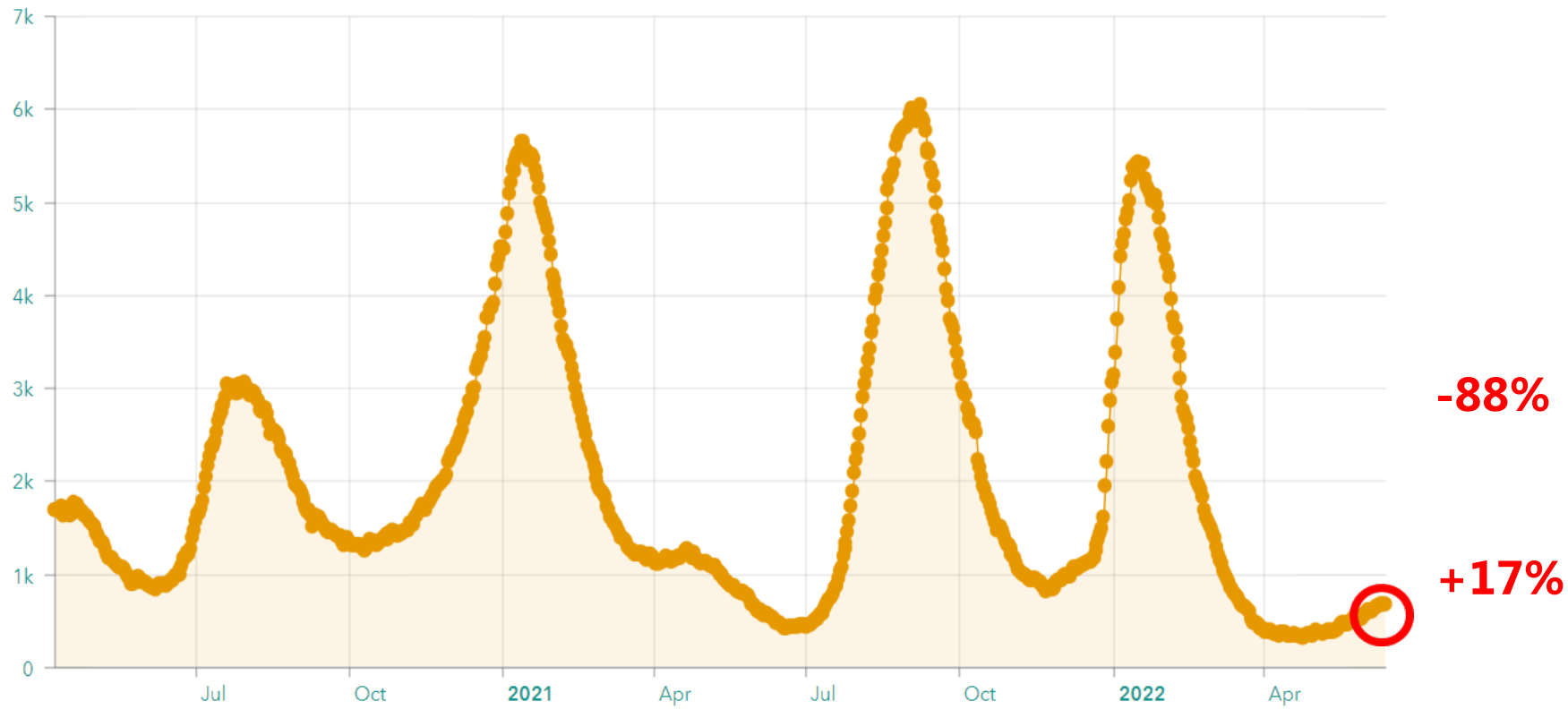
- In the US, COVID case numbers have been **flat** even though the BA.2.12.1 subvariant has increased to 62% of all circulating virus. Hospitalizations are slightly up; deaths are slightly down.
- Some areas of the country, however, are still experiencing case surges (Wyoming, Oklahoma, Arkansas, South) and CDC community transmission levels are increasing in many places.
- In Georgia, case numbers have increased by about 20% in the last week. Hospitalization and death numbers are also increasing slightly.
- Is the BA.2 wave receding or not? Actually, the magnitude of the wave is likely greater than surveillance numbers show because of home tests and other factors, **so caution and prevention are prudent (including vaccination/boosters)**

Total COVID-19 Cases

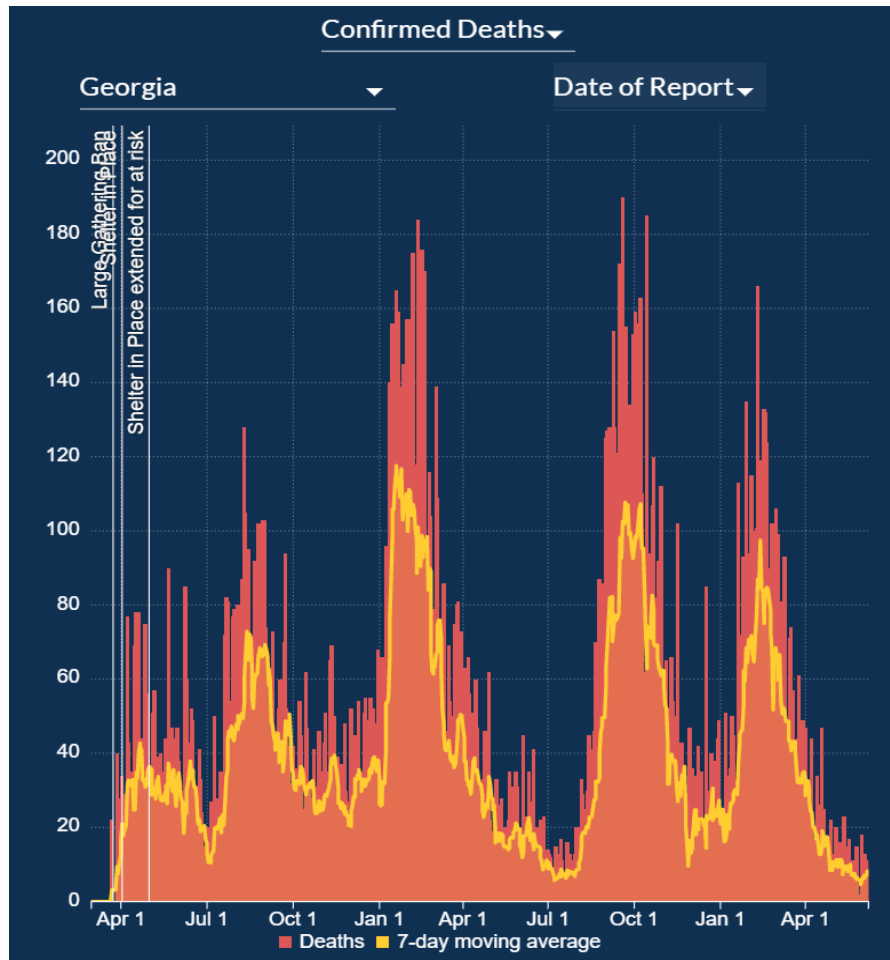


COVID-19 Hospitalizations

Daily Counts of COVID-19 Patients

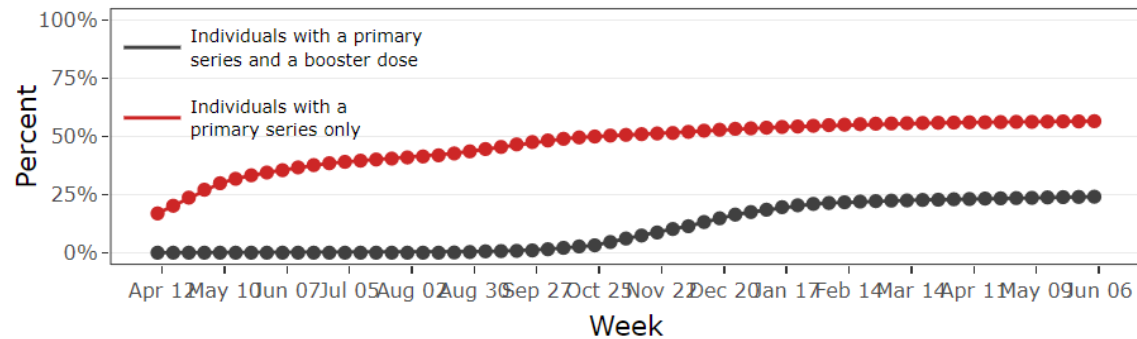


COVID-19 Deaths

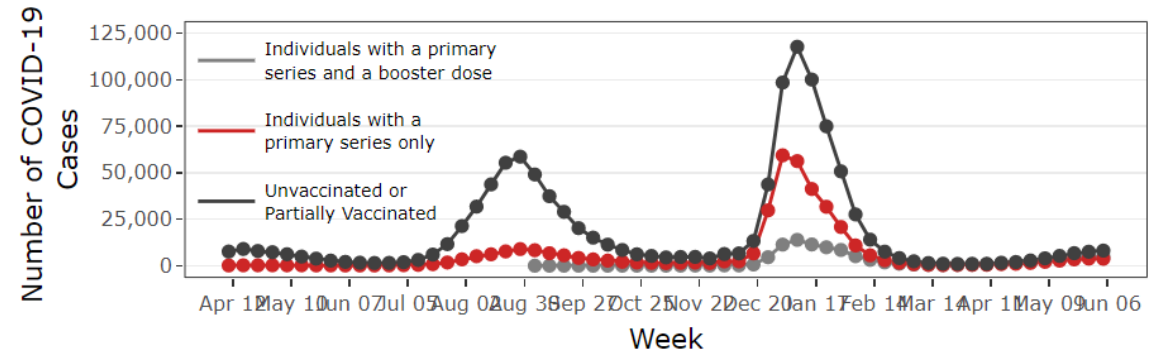


Cases, Hospitalizations, and Deaths by Vaccine Status

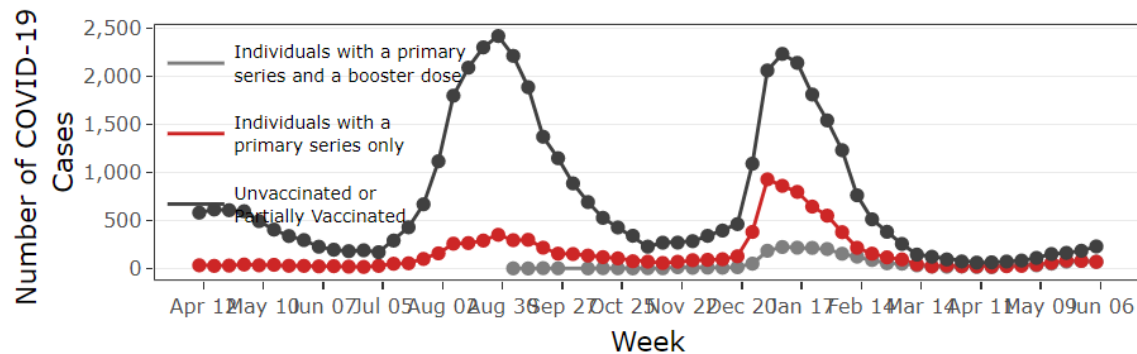
Percent of Georgians with a primary series completed 2021-04-10 to 2022-06-08



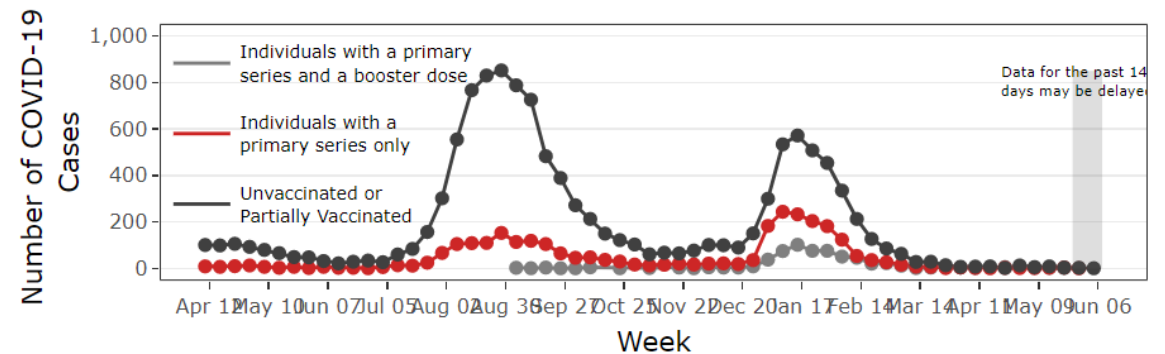
COVID-19 Cases by Date of Positive Test and Vaccination Status 2021-04-10 to 2022-06-08



Any Hospitalization by Date of Positive Test and Vaccination Status 2021-04-10 to 2022-06-08



COVID-19-Related Deaths by Date of Positive Test and Vaccination Status 2021-04-10 to 2022-06-08



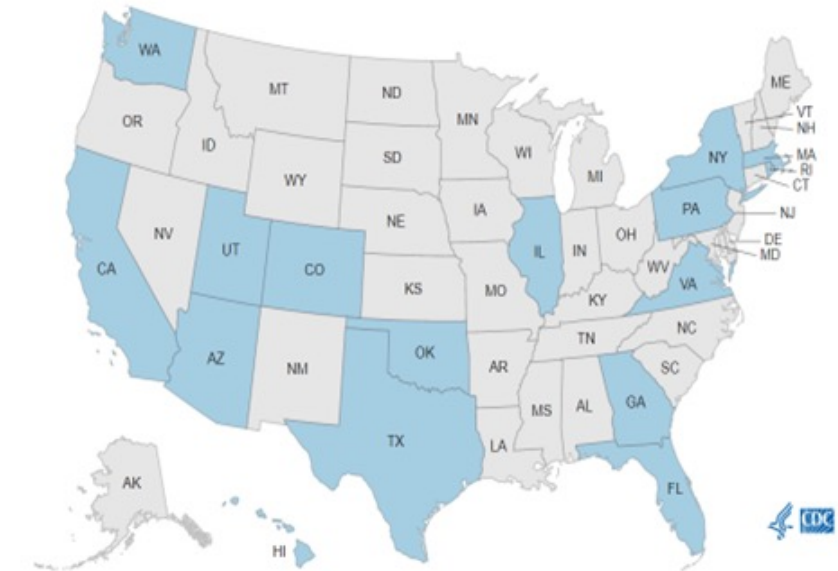
Summary

- Still no complacency: SARS-CoV-2 is still with us, has proven very adept at changing, and has myriad opportunities with so many unvaccinated and immune-compromised people. We expect additional waves this year.
- Vaccination, boosters, **surveillance**, testing, and traditional mitigation are critical to control this wave and WHEN we face other variants that emerge and result in surges over the next several years.

Global Monkeypox Outbreak, 2022

- Monkeypox is not new: it is a rare disease caused by ***Monkeypox virus***, was discovered in 1958, and is endemic in Central and West Africa.
- Usually, cases in persons outside Africa occur sporadically and have been linked to international travel or imported animals.
- Since May, CDC and WHO are tracking almost 1,500 monkeypox cases in 33 countries without endemic monkeypox and with no known travel links to an endemic area. No deaths.
- In the US, there are now 65 cases in 18 states.
- Current epidemiology suggests person-to-person community spread

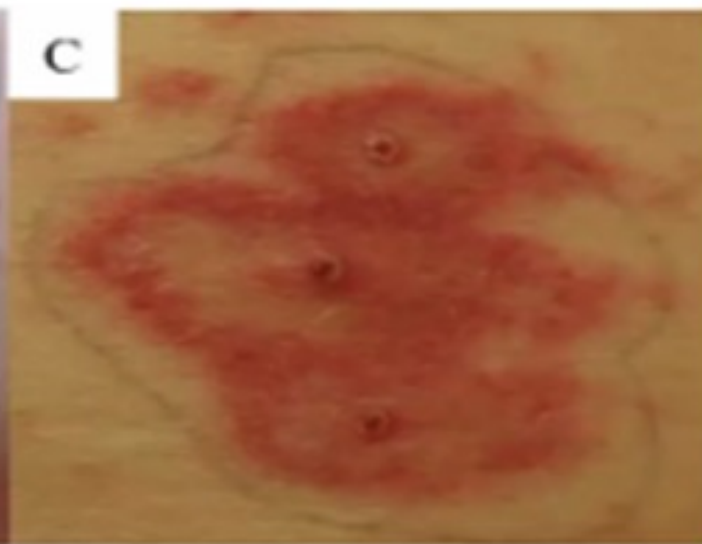
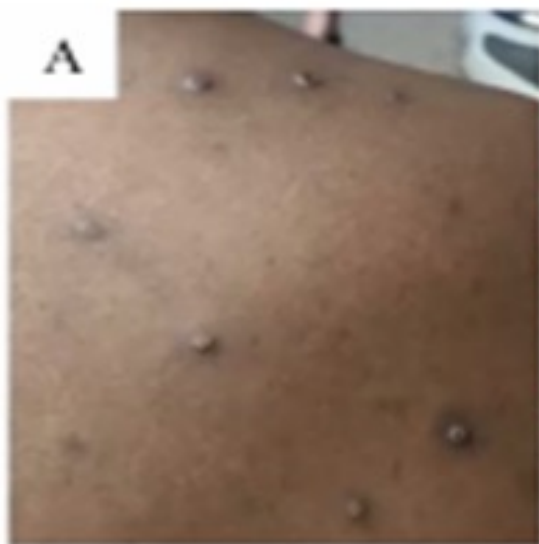
2022 U.S. Map & Case Count



Monkeypox in the U.S.

Epidemiology and Clinical Picture

- All US cases are among adults, most male, most identify as MSM
- Median age 38 years (range 23-76 years)
- Most reported international travel, but not to central or West Africa
- Main risk factor reported was close physical contact with someone who had lesions
- Many had co-infections with STIs like ***Chlamydia***, Syphilis, HSV
- Monkeypox usually has a characteristic prodrome, including fever, followed by a characteristic painful rash--deep seated, rounded that progresses from macules to papules to vesicles and typically has a centrifugal distribution
- **In this outbreak, a few notable clinical differences:** no fever or prodrome, with fewer lesions in general, and beginning often in the genital and perianal region and progressing rapidly through the stages

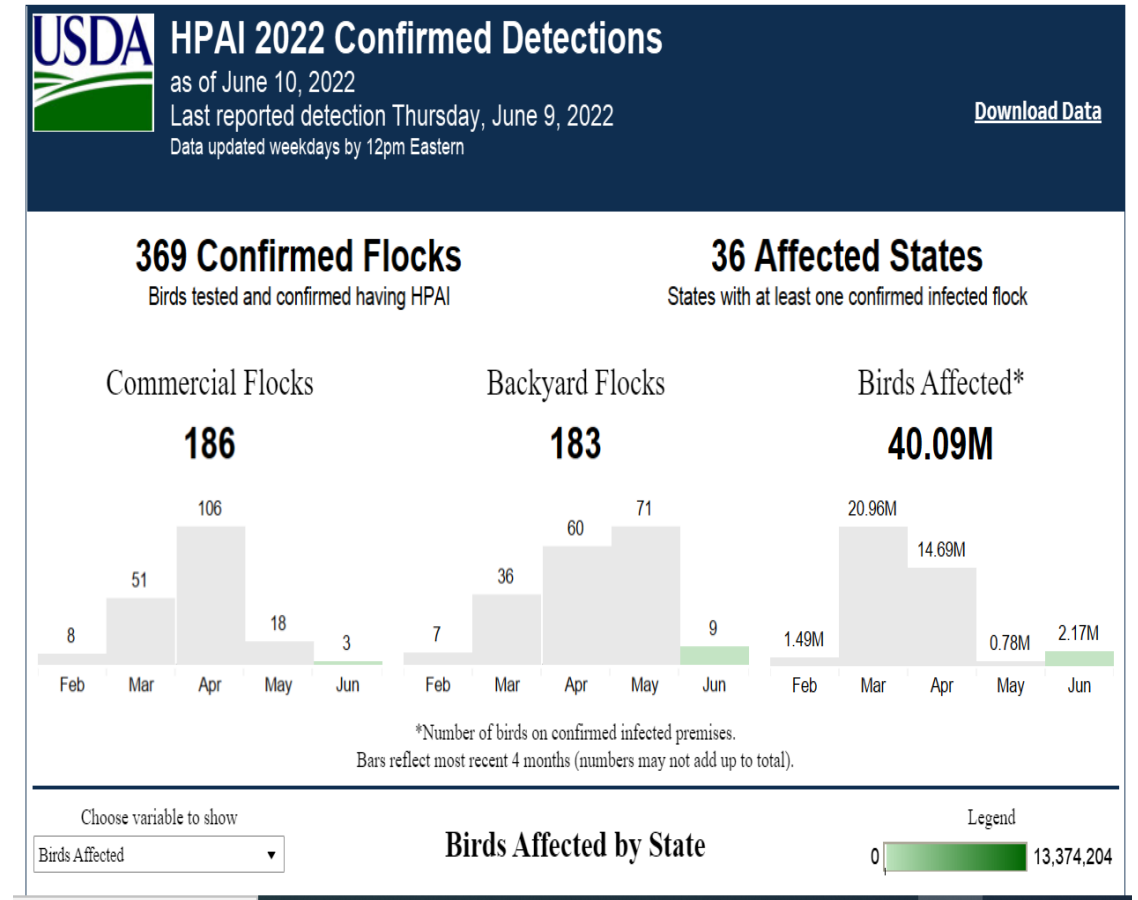


Public Health and Clinician Response: Monkeypox

- **Tried and true public health interventions to prevent spread:**
case isolation, contact tracing, risk assessment, contact monitoring, medical countermeasures if appropriate (e.g. smallpox vaccine under IND)
- Raise index of suspicion among clinicians and educate about testing at GPHL
- If a clinician has a concern about a rash, should call 1-866-PUB-HLTH to consult about monkeypox testing. Note co-infections with common STIs as well.
- Anyone can get and spread monkeypox.
- Like all other outbreaks, epidemiology drives control and prevention recommendations.

Highly Pathogenic Avian Influenza (H5N1)

- HPAI is carried by wild migratory birds and can spread to commercial flocks
- Huge economic impact (depopulation)
- USDA has a strong surveillance program to detect HPAI (2022 has been a huge year!)
- Any animal flu virus that develops the ability to infect people can evolve, spread, and theoretically cause a pandemic



HPAI in Birds in Georgia



Highly Pathogenic Avian Influenza (HPAI) Confirmed in a Backyard Flock in Georgia



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Find us on Facebook • Follow on Twitter: @GDAFoodSafety • @GeorgiaGrown

Press Release
FOR IMMEDIATE RELEASE
Thursday, June 2, 2022
Office of Communications
404-656-3689

Highly Pathogenic Avian Influenza (HPAI) Confirmed in a Backyard Flock in Georgia

The Georgia Department of Agriculture (GDA) and the U.S. Department of Agriculture's Animal & Plant Health Inspection Service (USDAAPHIS) have confirmed Highly Pathogenic Avian Influenza (HPAI) in a non-commercial, backyard flock (non-poultry) located in Toombs County, Georgia. This is the first confirmation of HPAI in Georgia. Avian influenza does not pose a risk to the food supply, and no affected animals entered the food chain. The risk of human infection with avian influenza is very low.

The flock owners reported sick birds and an increased rate of mortality. Samples taken on May 29 were tested for the presence of H5N1 avian influenza virus in the flock by the Georgia Poultry Laboratory Network (GPLN) and USDA's National Veterinary Services Laboratory (NVSL). This is the first detection of the virus in domestic birds in Georgia in 2022. There are no detections in commercial poultry in the state.







"Poultry is the top sector of our number one industry, agriculture, and we are committed to protecting the livelihoods of the many farm families that are dependent on it," said Georgia Commissioner of Agriculture Gary W. Black. "In order to successfully do that, it is imperative that we continue our efforts of extensive biosecurity."

The official order suspending poultry exhibitions and assembly of poultry, issued by the state veterinarian's office on February 16, remains in effect. This order prohibits all exhibitions, shows, sales (flea markets, auction markets), swaps and meets pertaining to poultry and feathered fowl in the State of Georgia until further

HPAI Response in Georgia

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)**.

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**

- Years of planning for HPAI with many partners
 - Georgia DPH
 - Georgia Poultry Laboratory Network
 - State and Federal Agriculture (GDA, DNR, USDA)
 - Industry, UGA
- Agriculture response includes biosecurity, surveillance and testing of flocks in the control zone
- DPH's primary role is to monitor persons exposed to affected birds (employees, responders) for ILI (modified electronic system) and provide testing for H5N1 infections
- We monitored about 20 persons, all healthy

Hepatitis of Unknown Etiology in Children

- In October 2021, 9 young children in Alabama were diagnosed with severe, acute hepatitis of unknown etiology (several of whom needed liver transplants).
- As of June 8, a total of **275** children with hepatitis are now under investigation in 39 states (including <10 in Georgia) since then, with 9 deaths.
- 89% of the children were hospitalized, 15% needed transplants, the median age was 2 years. None had hepatitis viruses (A-E). About 45% of the children had adenovirus type 41 infections.
- Adenovirus type 41 is not a common cause of hepatitis in children.
- About 700 suspect cases have also been identified in 34 other countries.

Hepatitis of Unknown Etiology in Children

- At this time, the cause of hepatitis in these children is still unknown. Evidence is accumulating that adenovirus infection plays a role, but there may be other co-factors, too.
- CDC is casting a very wide net to identify affected patients and ask detailed questions about previous infections, other potential exposures, toxins, medications, co-factors, etc.
- An epidemiologic case-control study is beginning nationwide
- Hepatitis remains a very rare illness in young children
- CDC is asking providers to report suspect cases to the state or local health department and consider testing for adenovirus.

Closing Comments

1. Infectious diseases are ever-changing and unpredictable!
2. **Surveillance and epidemiologic investigation are** the cornerstones of prevention and control recommendations.

Questions

For more information, please contact:

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GA WIC – Infant Formula Shortage

Board of Public Health / LaToya Osmani, Director, Health Promotion, Sean Mack, Director, GA WIC / June 14, 2022

Infant Formula Shortage

Prior to February 2022:

COVID-19

- Immediate supply chain issues (including infant formula)

WIC COVID-19 Waivers requested and granted in in 2020

- Food package substitutions
- Minimum stocking requirements

Abbott Recall

As of February 2022:

Abbott is one of three major manufacturers of infant formula in the United States and controls almost half of the market

- Recall Issued February 17, 2022
 - Voluntary - including Similac, Alimentum, and EleCare4
 - Recall came after five children were diagnosed with bacterial infections after consuming products
 - Sturgis, Michigan facility
 - Only 2 Abbott facilities remained operational after the Sturgis shut down

WIC Infant Formula Contract

All WIC Programs, per USDA/Federal Regulations, must contract with an infant formula manufacturer to obtain a rebate to lessen the program's costs.

- GA WIC contracts with Mead Johnson Nutrition (Enfamil), not Abbott
- No Enfamil products were recalled

Formula Shortage Impact on GA WIC

Initially, Georgia WIC was not heavily impacted

- Initiated strategies to address formulas needed for infants with special nutritional needs

Shortage has worsened impacting all formula supplies across all brands, all infants (not just WIC participants)

GA WIC's Response to the Formula Shortage

Waivers requested and approval granted:

- Vendor Exchanges
- Maximum Monthly Allowance
 - Food Package I & II
- Medical Documentation
 - Food Package I & II

GA WIC's Response to the Formula Shortage

Additional changes implemented by GA WIC to help families receive the formula that is available in stores throughout the shortage include:

- Issuing benefits for more sizes of contract formula and fourteen additional contract formula products.
- Authorizing additional formulas – contract and non-contract brand.
- Making even more formula brands and types available to WIC families that can be purchased at the store when approved contract products are not readily available.

GA WIC's Response to the Formula Shortage

Formula supply is an evolving situation. Other strategies GA WIC has undertaken:

- Identifying areas with shortages
- Vouchers – single containers
- Donation of returned formula to local community food programs

Important Reminders

Most families have multiple safe options for their infants even if their usual formula is not in stock.

If you can't find formula or can't find your baby's typical formula, work with your child's health care provider to determine the best feeding plan.

Do **NOT** water down your baby's formula to stretch it out.

Do **NOT** make homemade formula.

Do **NOT** buy formula from online auctions, unknown individuals, or unknown origins. Storage and shipping conditions may impact formula safety.

All women who are medically able, should be strongly encouraged to breastfeed.

WIC eligible families have access to an expert with clinical experience or training in helping breastfeeding mothers with complex breastfeeding problems.

Summary

- GA WIC is working to ensure that the program offers flexibility to WIC participants in obtaining infant formula.
- GA WIC continues to work closely with Mead Johnson to address areas with low stock as we make them aware through reports from participants, local agencies, and authorized WIC retailers
- GA WIC responses to the shortages have included:
 - Adding available formulas for redemption
 - Reducing the number of containers on a single voucher
 - Allowing participants to obtain a non-contract formula
 - Donation of returned formula to local community food programs

Questions

For more information, please contact:

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Commissioner's Closing Remarks

Board of Public Health / Kathleen E. Toomey, M.D., M.P.H. / June 14, 2022

Next Meeting

The next Board of Public Health meeting will be held July 12, 2022.