Georgia Board of Public Health

September 9, 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
  - Georgia EMS System – Megan Andrews, JD
  - Georgia Public Health Laboratory - Ellen Kersh, PhD, MS, D(ABMM)
- Board Comments
- Adjournment

Commissioner's Remarks

Board of Public Health Meeting / Kathleen E. Toomey, M.D., M.P.H. / September 9, 2025

Epidemiology Update

Board of Public Health Meeting / Cherie L. Drenzek, DVM, MS / September 9, 2025

Introduction

Infectious diseases are ever-changing and unpredictable!

Everything Old is New Again!

- New World Screwworm (a parasitic infestation)
- Seasonal respiratory viruses like influenza

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

FOR IMMEDIATE RELEASE
August 26, 2025

Contact: HHS Press Office

202-690-6343

Submit a Request for Comment

HHS and USDA Confirm Singular Traveler-Associated New World Screwworm Case; Precautionary a… Proactive Surveillance Ongoing

(Washington, D.C., August 25, 2025) – U.S. Department… Disease Control and Prevention (CDC) recentl… screwworm (NWS) in the United S… …ce and trapping strategy, confi…

Und… …rtners have led a robust government wide …prepare for all scenarios if it enters the United States. …epartment of Health, investigated a confirmed case of travel- …ravel to El Salvador. As this is a human case, CDC is the lead response agency …assessment in coordination with local health authorities. Currently, the risk to public …from this case is very low. In support of CDC's activities and out of an abundance of caution, USDA …ed surveillance for NWS within a 20-mile radius of the affected area, encompassing portions of the District of …lumbia, Maryland, and Virginia. To date, all trap results have been negative for NWS. There have been no detections of NWS in the U.S. in livestock or other animals since the last outbreak of NWS in the Florida Keys was resolved in 2017. There have been previous instances of traveler-associated cases of NWS in the United States in years past. In all cases, these instances were isolated and designated as closed after precautionary targeted surveillance in the vicinity was negative. We may continue to see traveler-associated cases of NWS and USDA, in coordination with HHS and CDC, will conduct targeted

Human Case of Flesh-Eating Screwworm Reported in Maryland

What is New World Screwworm?

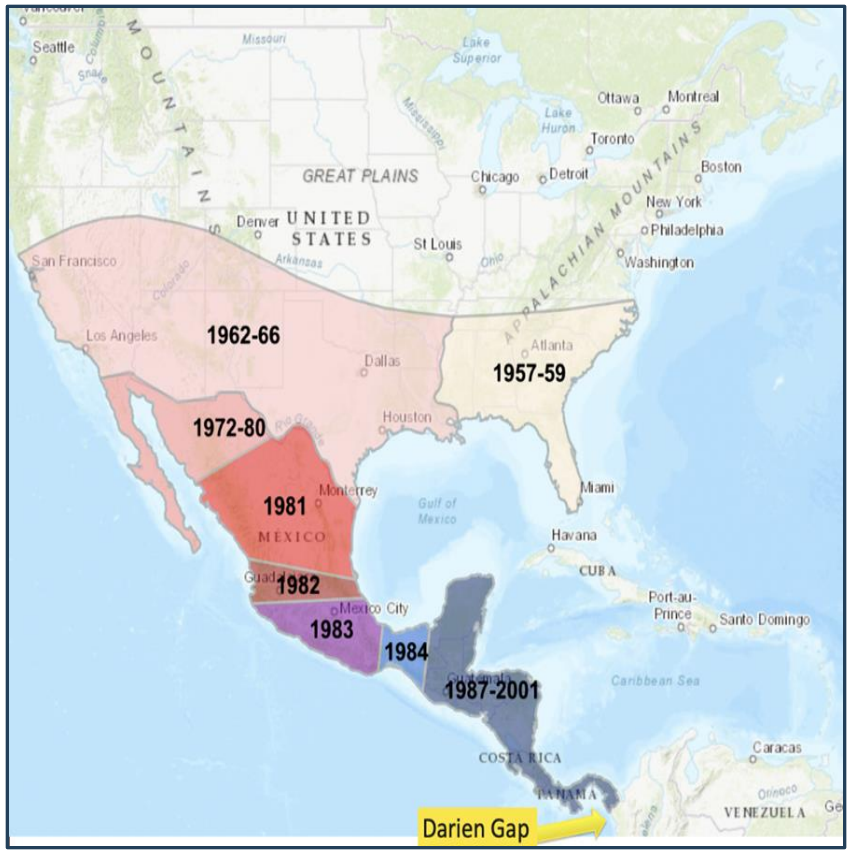
Parasitic infestation of historic importance in the Americas, primarily affecting livestock (but can affect humans and other animals)

The disease is called a **myiasis** and refers to infestation of tissue or wounds with larvae (maggots) from *Cochliomyia hominivorax* flies.

The larvae have a "screw-like" appearance and burrow into living flesh. Hundreds of fly eggs are laid into the tissue, causing severe damage and even death.

Where is New World Screwworm Found?

- Historically, New World Screwworm has been found throughout the Caribbean, Central, and South America.
- First recognized in the US in Texas in 1842 and translocated to Florida in 1933.
- Because of the economic losses, in the 1950s, the USDA developed the **Sterile Insect Technique,** in which radiation was used to sterilize male flies and then release them ('biological barrier").
- **This successfully eradicated** NWS in the US in the 60s, in Mexico in the 80s, and in Central America in the early 2000s.



Resurgence of New World Screwworm

The last detection of NWS in the US was in 2017 among Key Deer in the Florida Keys.

Human Infestations with NWS: U.S. Travelers

3 travelers returned to the US with screwworm infestations in the last 10 years

- 2014: traveler returned to WA after vacation in the Dominican Republic
- 2023: traveler returned to AR from Argentina and Brazil
- 2024: traveler returned to FL after vacation in the Dominican Republic

Risk factors included existing wounds, sleeping outdoors, lack of bite protection/coverings, and immune compromise.

All had extensive tissue destruction (ear, face, cheek) and required surgical removal and disposal of all live screwworm larvae (in 70% ethanol).

New Human Case of NWS: Maryland

On August 4, 2025, the CDC confirmed a case of NWS in a Maryland resident who returned from travel to El Salvador.

Diagnosis based on larvae morphology. The case-patient had surgical removal of **all** larvae followed by appropriate disposal.

Out of an abundance of caution, USDA initiated targeted surveillance for NWS within a 20-mile radius of the affected area in Maryland.

All fly trap results were negative for NWS; no livestock transmission detected.

Prevention of New World Screwworm

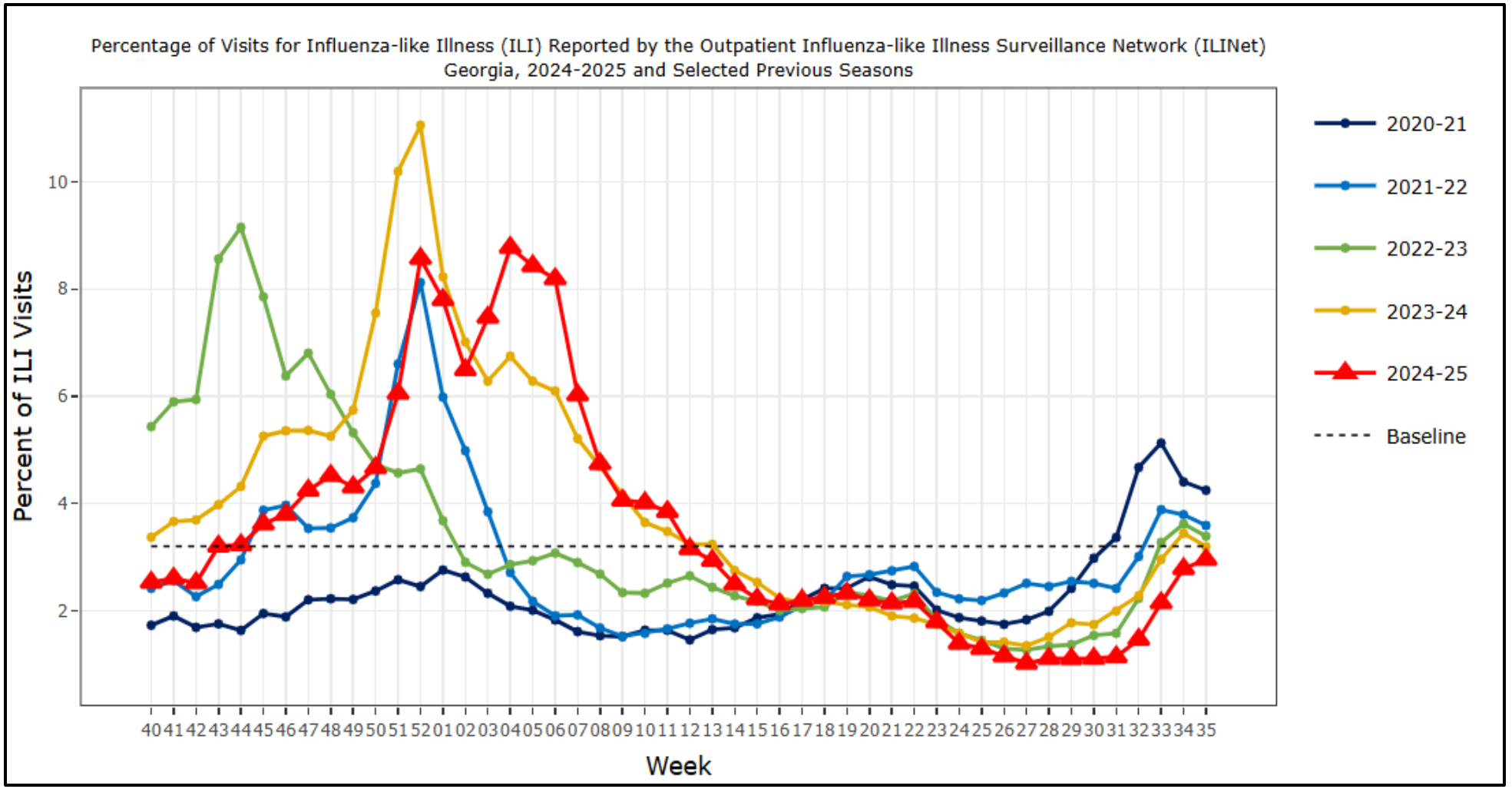
The recent detection of NWS in the US serves as a reminder for healthcare providers, livestock owners, and travelers to **maintain vigilance**.

Travelers to screwworm-endemic/outbreak areas should keep wounds covered, wear long-sleeved shirts, pants, and socks, use EPA-registered insect repellents, avoid sleeping outdoors, and use bed nets.

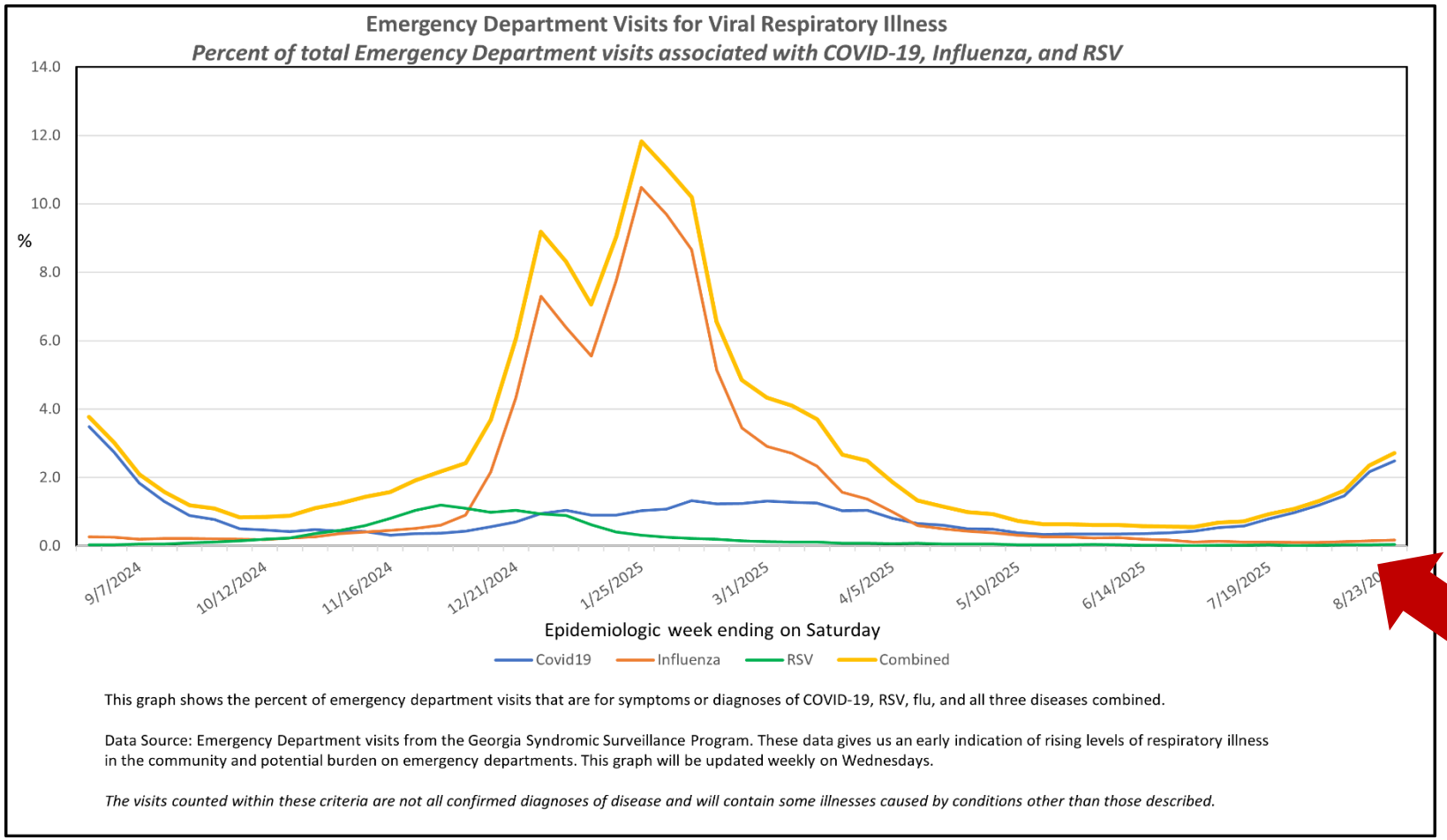
Among human cases, surgical removal of **all** live larvae and appropriate disposal is key to preventing spread to livestock.

In June, the USDA announced an initiative to prevent NWS infestation in the US by building a $8.5 million sterile insect dispersal facility at an inactive air base in Texas.

What Will 2025-2026 Flu Season Look Like?



Georgia: Minimal Flu Activity So Far



This is a good time for flu vaccine!

Vaccination is key to preventing severe outcomes of flu infection.

Take Home Messages

- In the world of infectious and parasitic diseases, **what is old can be new again** (eradicated diseases like New World Screwworm, measles, even one flu season to the next!).
- Epidemiology and surveillance point the way to effective prevention and control recommendations (precautions when traveling, insect surveillance, vaccination, etc.).

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

EMS System in Georgia

Board of Public Health Meeting / Megan Andrews, JD / September 9, 2025

Office of EMS and Trauma

Statute

- O.C.G.A. §§ 31-11 Emergency Medical Services

Rules and Regulations of the State of Georgia

- 511-9-2 Emergency Medical Services

MISSION

The mission of the Georgia Office of EMS and Trauma is to reduce death and disability by providing regulation, guidance, and leadership to enable the assessment, planning, development, and promotion of statewide Emergency Medical Services and time-sensitive Systems of Care.

History of EMS in Georgia

Georgia: O.C.G.A. § 31-11-1

- The General Assembly declared that, to safeguard and protect the public health and general well-being of its citizens, it is the public policy of this state to encourage, foster, and promote emergency medical systems communications programs and that such programs shall be accomplished in a manner that is **coordinated, orderly, economical**, and without unnecessary duplication of services and facilities as defined.
- The administration of an emergency medical system is the responsibility of the Department of Public Health, acting upon the recommendations of the local coordinating entity, which coordinates based primarily on the considerations of **economy, efficiency, and benefit to the public welfare**.

EMS Licenses / Hospital Specialty Designations

EMS Agency Licenses

- Medical First Responder
- Ground Ambulance
- Neonatal Transport
- Air Ambulance License

EMS Provider Licenses

- EMT-Responder (EMT-R)
- Emergency Medical Technician (EMT)
- EMT-EMT-Intermediate (EMT-I)
- Advanced EMT (AEMT)
- Cardiac Technician (CT)
- Paramedic
  - Critical Care Endorsement

Hospital Specialty Designations

- Trauma Center Designation (4)
  - Pediatric Trauma Center Designation
- Burn Center Designation
- Stroke Center Designation (4)
- Cardiac Center Designation (3)
- Pediatric Ready Center Designation (3)

Service Delivery Models

Governmental (County or Fire Department), Private, Hospital-based Ground Ambulance Service

- Direct service provider
- Contracted Services with a licensed ambulance service

Georgia's EMS System

DPH is responsible for ensuring a designated EMS Agency is responding to 911 calls in every Emergency Response Zone in Georgia

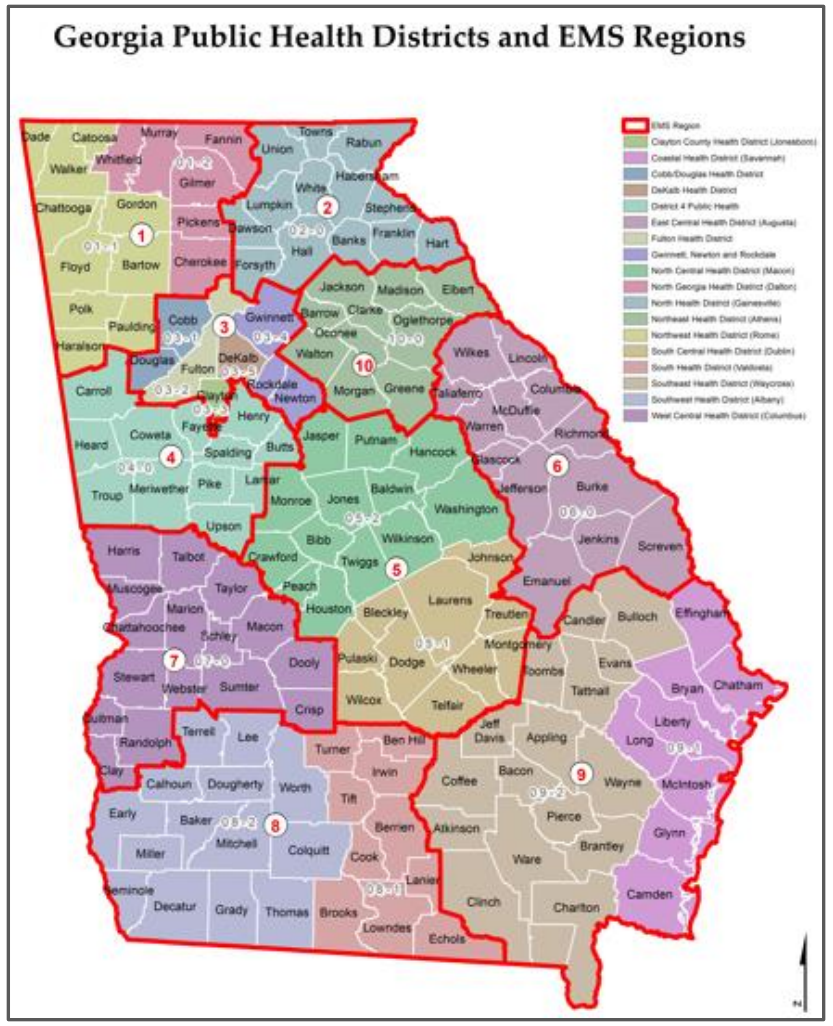
159 Counties and 175 Emergency Response Zones

- 147 Counties with 1 zone
- 10 Counties with more than 1 zone
  - Floyd (2), Clayton (3), Cobb (2), Fulton (5), Fayette (2), Troup (2), Bibb (2), Harris (2), Chatham (4), Glynn (2)
  - Multiple zones within a single county can be due to population, geography, or in the best interests of the public welfare
- 2 Counties (Oconee & Clarke) share 1 zone; 2 designated zone providers
- Every zone has a Designated EMS Zone Provider-both the provider and the zones themselves are established through a zoning process

Regional EMS Advisory Councils (REMSAC)

Each of the regions (10) has a Regional EMS Advisory Council.

The REMSAC evaluates/recommends changes to the Regional Ambulance Zoning Plan, which dictates how emergency calls are distributed among ambulance providers.



Regional EMS Advisory Councils (REMSAC)

Objectives

- Promote training programs to personnel involved with the delivery of EMS;
- Establish a forum where the concerns of public and private organizations related to the EMS system can be voiced; and
- Recommend to the Commissioner the designation of one or more 911 Zone Provider(s) for each Emergency Response Zone (ERZ) within the EMS Region (procedures O.C.G.A. §§ 31-11-3 and 31-11-4).
    - REMSACs are beginning to conduct a quarterly review of several key data points to monitor for potential challenges in the region and identify areas for improvement.

Regional EMS Advisory Councils (REMSAC)

Membership

- One member appointed by the county Board of Commissioners from each county within the Region
- One representative from each system of care: Cardiac, Stroke, Trauma, Pediatrics, and Perinatal Care/Obstetrics
- An EMS Medical Director from a designated zone provider in a county served by the REMSAC
- A representative of EMS education; fire/rescue service; an emergency management agency
- One representative from each of the following EMS agency license types, if present: Air Ambulance, Ground Ambulance, Neonatal Ambulance, Medical First Responder
- One representative from each of the following EMS agency ownership types, if present: Government, Private, Hospital
- Consumers or experts in the field of EMS

EMS Zoning Process

Each REMSAC has the responsibility to coordinate, facilitate the improvement of, and maintain a quality EMS system within the region. Once presented with a request to evaluate an Emergency Response Zone (ERZ), a defined process is in place to determine if modifications need to be made.

Each Regional Zoning Plan is established and based primarily on the statutory (O.C.G.A. §§ 31-11) criteria of

- Economy
- Efficiency
- Benefit to Public Welfare

EMS Zoning Review Process

REMSAC receives a request/complaint regarding an Emergency Response Zone.

- REMSAC determines that the request/complaint is related to economy, efficiency, and the benefit to public welfare;
- REMSAC conducts a detailed examination and assessment of the key performance measures (KPM) of the ERZ.
- KPM's include measures specific to pediatric, trauma, cardiac, stroke, and others, including:
  - Percentage of STEMI alert patients that were transported to a Level I or Level II Cardiovascular Hospital.
  - Percentage of stroke alert events in which the on-scene time is less than or equal to 15 minutes.

EMS Zoning Review Process

KPM Assessment outcome:

- Significant decline or opportunity for significant improvement?
- Can the existing provider address concerns? (If so, provide an opportunity for improvement.)
- Reevaluate KPM, after opportunity for improvement? Open Zone?

EMS Zone Open Process

REMSAC votes to open a Zone:

- DPH gives notice to all Licensed Ground Ambulance Services
  - All relevant dates for the zoning process
  - Important statistical information about the zone
- All Zone Proposal applications and scoring rubric are given to Zoning Committee
- Zoning Committee reviews, scores, and makes recommendations to REMSAC
- REMSAC reviews the recommendation from the Zoning Committee and votes on the recommendation to send to the DPH Commissioner
- DPH Commissioner makes final decision after review

EMS Zoning-Things to Know

- A zoning plan can include changing the zone itself (splitting a zone into 2, combining zones)
- Zone proposals from providers may include a requirement for a subsidy from the county government. This is typically based on the data provided reflecting call volume, payor mix (uncompensated care), the number of ambulances necessary to cover the zone adequately, etc.
- These requirements from the zone proposals are all considered by the REMSAC in making its final decision to select the EMS service/proposal that can provide transport that is economical, efficient, and benefits the public welfare.

Universal Issues Across Georgia

- Increase in “wall times” at hospitals
- Increase in 911 requests
- Reimbursement
  - Not compatible with the cost to provide service
  - Only paid if there is a transport
- Workforce
- Interfacility Transports
  - Time Sensitive Patients
  - Higher-level of Care
  - Discharges/Transfers that meet medical necessity

Future Trends

- Mobile Integrated Health/Community Paramedicine Programs
- Telehealth
- Treat and no transport
- Alternate destinations
- Telephone CPR by 911 answering point
- Tiered response systems
- Decreased use of lights/sirens responses

Questions

For additional information, please contact:

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Assistant Commissioner for Policy
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Georgia Public Health Laboratory

Vision and Future

Georgia Board of Public Health Meeting / Ellen Kersh, PhD, MS, D(ABMM) / September 9, 2025

Introduction Ellen Kersh, PhD, D(ABMM)

- GAPHL Director since July 1, 2025
- BS and MS in Biochemistry from the Free University of Berlin
- Came to the US for a summer internship at Washington University in St. Louis
- PhD in Biomedical Science/ Immunology from WUSTL
- Postdoc/ Faculty at Emory University – 6 years
- CDC HIV Laboratory staff – 8 years
- CDC STD Laboratory branch chief – 10 years
  - Deployed to HHS for COVID-19 Diagnostics and Testing Work Group – 1 year
- Diplomate of the American Board of Medical Microbiology, D(ABMM)

Outline

- Where we come from: Facts about the Georgia State Public Health Laboratory
- Projects we recently started
- Where we are going: How we plan to capitalize on these projects to deliver value for Georgia

Georgia Public Health Laboratories Mission

Our Mission:

- To provide accurate, timely, and confidential clinical and non-clinical laboratory testing, in support of…
- DPH's Mission: To prevent disease, injury, and disability, promote health and well-being, prepare for and respond to disasters
- DPH's Vision: A Safe and Healthy Georgia

Georgia Public Health Laboratories Facts

Decatur Lab: ~ 115 orderable tests to support patient care
Waycross Lab: ~ 10 orderable tests for southern health districts

- Newborn Screening: 35 tests
- Majority: Microbiological testing, e.g., Influenza, Measles, TB, HIV, STDs, COVID-19
- Other testing: Environmental Health and Emergency Preparedness, e.g., chemicals like fluoride, white powders, opioids, etc.

Decatur

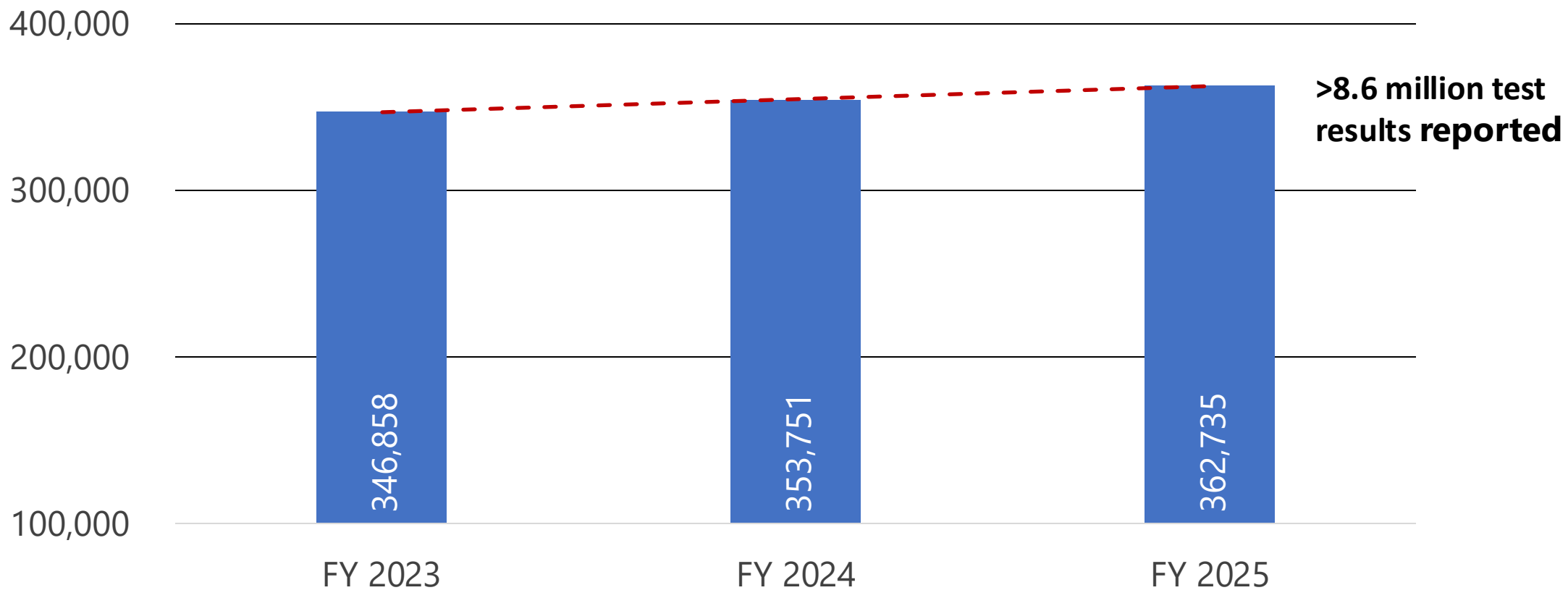
Waycross

Core Functions and Capabilities

- Laboratory Testing for Disease Prevention, Control, Surveillance
- Reference & Specialized Testing
- Emergency Response
- Environmental Health & Protection
- Food Safety
- Laboratory Improvement & Regulation
- Policy Development
- Integrated Data Management
- Public Health-Related Research
- Training & Education
- Partnerships & Communication

*Recommended by APHL, https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5114a1.htm

Specimens Submitted to GPHL



Newborn Screening

- All newborn babies in Georgia are promptly tested for certain conditions that pose a threat of severe illness, physical or developmental disability, or death.
- Screening for 35 laboratory hereditary disorders is done at the laboratory. In addition, two tests (hearing and Critical congenital heart disease (CCHD) are done as point of care screening at the birth facility.
- All babies in Georgia receive screening. In FY 2025, GPHL performed 150,760* Newborn Screening tests.
- **Only GPHL is authorized to perform and report these tests.**

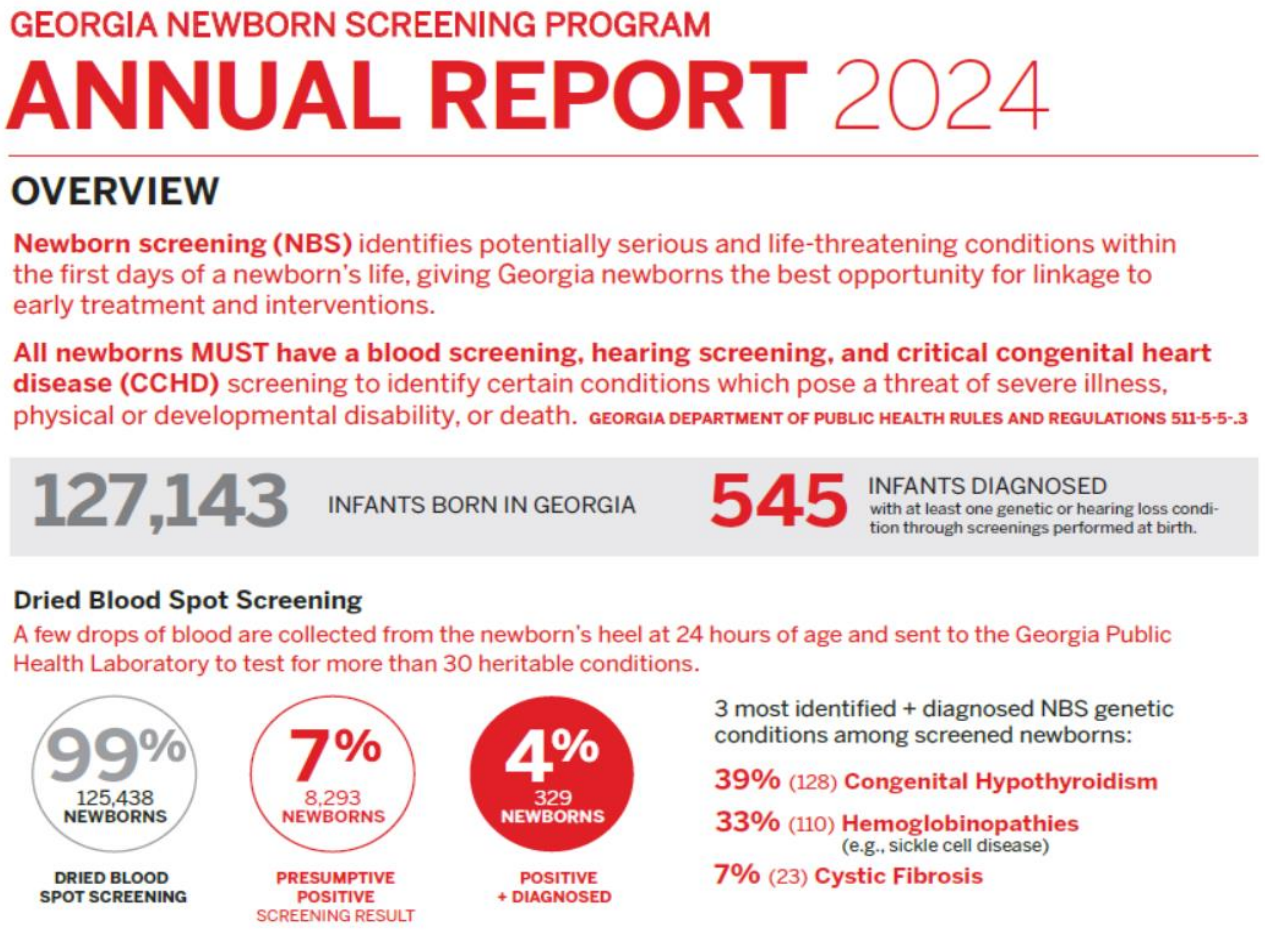
Newborn Screening Tests at GPHL

35 Tests performed on heel-prick, dried blood spots:

- Organic Acid Disorders (9)
- Fatty Acid Oxidation Disorders (5)
- Amino Acid Disorders (6), e.g., Phenylketonuria (PKU)
- Lysosomal Storage Disorders (2)
- Endocrine Disorders (2), e.g., Congenital Hypothyroidism
- Hemoglobinopathy Disorders (4), e.g., Sickle Cell Anemia
- Other Disorders (7), e.g., Cystic Fibrosis, SCID (Severe Combined Immunodeficiency), Krabbe Disease

Photos courtesy of APHL

Lab Services for Every Baby Born in Georgia



GEORGIA NEWBORN SCREENING PROGRAM

ANNUAL REPORT 2024

OVERVIEW

Newborn screening (NBS) identifies potentially serious and life-threatening conditions within the first days of a newborn's life, giving Georgia newborns the best opportunity for linkage to early treatment and interventions.

All newborns MUST have a blood screening, hearing screening, and critical congenital heart disease (CCHD) screening to identify certain conditions which pose a threat of severe illness, physical or developmental disability, or death. GEORGIA DEPARTMENT OF PUBLIC HEALTH RULES AND REGULATIONS 511-5-5-.3

127,143 INFANTS BORN IN GEORGIA

545 INFANTS DIAGNOSED with at least one genetic or hearing loss condition through screenings performed at birth.

Dried Blood Spot Screening

A few drops of blood are collected from the newborn's heel at 24 hours of age and sent to the Georgia Public Health Laboratory to test for more than 30 heritable conditions.

99% 125,438 NEWBORNS
DRIED BLOOD SPOT SCREENING

7% 8,293 NEWBORNS
PRESUMPTIVE POSITIVE SCREENING RESULT

4% 329 NEWBORNS
POSITIVE + DIAGNOSED

3 most identified + diagnosed NBS genetic conditions among screened newborns:

- **39%** (128) **Congenital Hypothyroidism**
- **33%** (110) **Hemoglobinopathies** (e.g., sickle cell disease)
- **7%** (23) **Cystic Fibrosis**

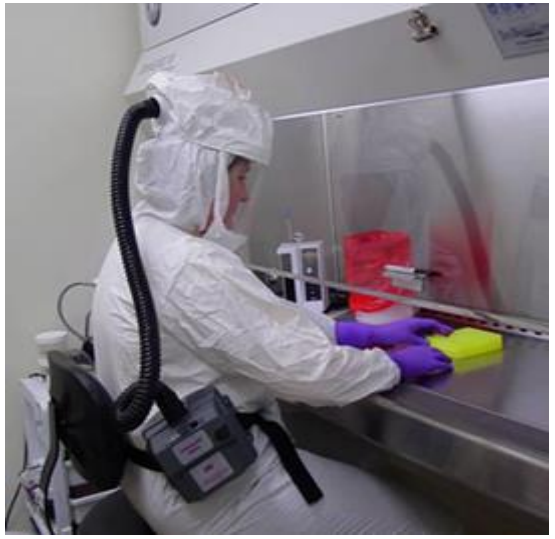
Emergency Preparedness and Microbiology

Emergency Preparedness

- Host of the Biowatch program
- Select Agent/ Bioterrorism program = substantial achievement for preparedness, biosafety, independence from reliance on federal services

Infectious Diseases

- Broad test offering ensures rapid access to highly specialized tests for Georgia's citizens



Both enable DPH's participation in federal grant programs

GPHL and Federal Grants

GPHL receives > 20 federal grants

Selected Grants

- Workforce Development
- Epidemiology & Laboratory Capacity Building
  - Advanced Molecular Detection
- Center for Pathogen Genomics

Workforce - Recruitment

AMERICAN SOCIETY FOR MICROBIOLOGY | Journal of Clinical Microbiology®

MINIREVIEW

The Hidden Crisis in the Times of COVID-19: Critical Shortages of Medical Laboratory Professionals in Clinical Microbiology

Amy L. Leber,[a,b] Ellena Peterson,[c] Jennifer Dien Bard,[d,e] on behalf of the Personnel Standards and Workforce Subcommittee, American Society for Microbiology

[a]Department of Pathology and Laboratory Medicine, Nationwide Children's Hospital, Columbus, Ohio, USA
[b]Ohio State University College of Medicine, Columbus, Ohio, USA
[c]Department of Pathology and Laboratory Medicine, University of California Irvine, Irvine, California, USA
[d]Department of Pathology and Laboratory Medicine, Children's Hospital Los Angeles, Los Angeles, California, USA
[e]Keck School of Medicine, University of Southern California, Los Angeles, California, USA

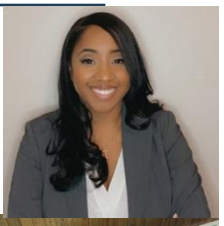
ABSTRACT The COVID pandemic has put a spotlight on laboratory medicine, showcasing how vital diagnostic testing is for society and the health care system. It has also brought to light and accelerated the critical shortage of trained and experienced laboratory personnel that has been felt for decades. The need for laboratory professionals is expected to grow by 11% between 2020 and 2030, a higher rate of growth than the overall average for all other health care occupa-

Lab Leadership Team in January 2025

Vacant
Lab Director

Tonia Parrott
Deputy Director

Marchon Jones
Dir, Lab Operations



Richard Eskridge
Dir, Lab Facilities

Vacant
Dir, Microbiology

Vacant
Dir, Emergency Prep.

Vacant
Dir, Newborn Screening

Lab Leadership Team in September 2025

Ellen Kersh
Lab Director

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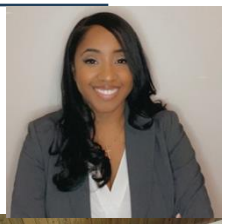
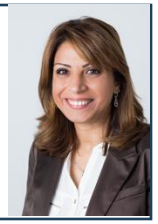


Richard Eskridge
Dir, Lab Facilities

Vacant
Dir, Microbiology

Eduardo Gomez-Saladin
Dir, Emergency Prep.

Shereen Amer
Dir, Newborn Screening



Building Addition in Decatur

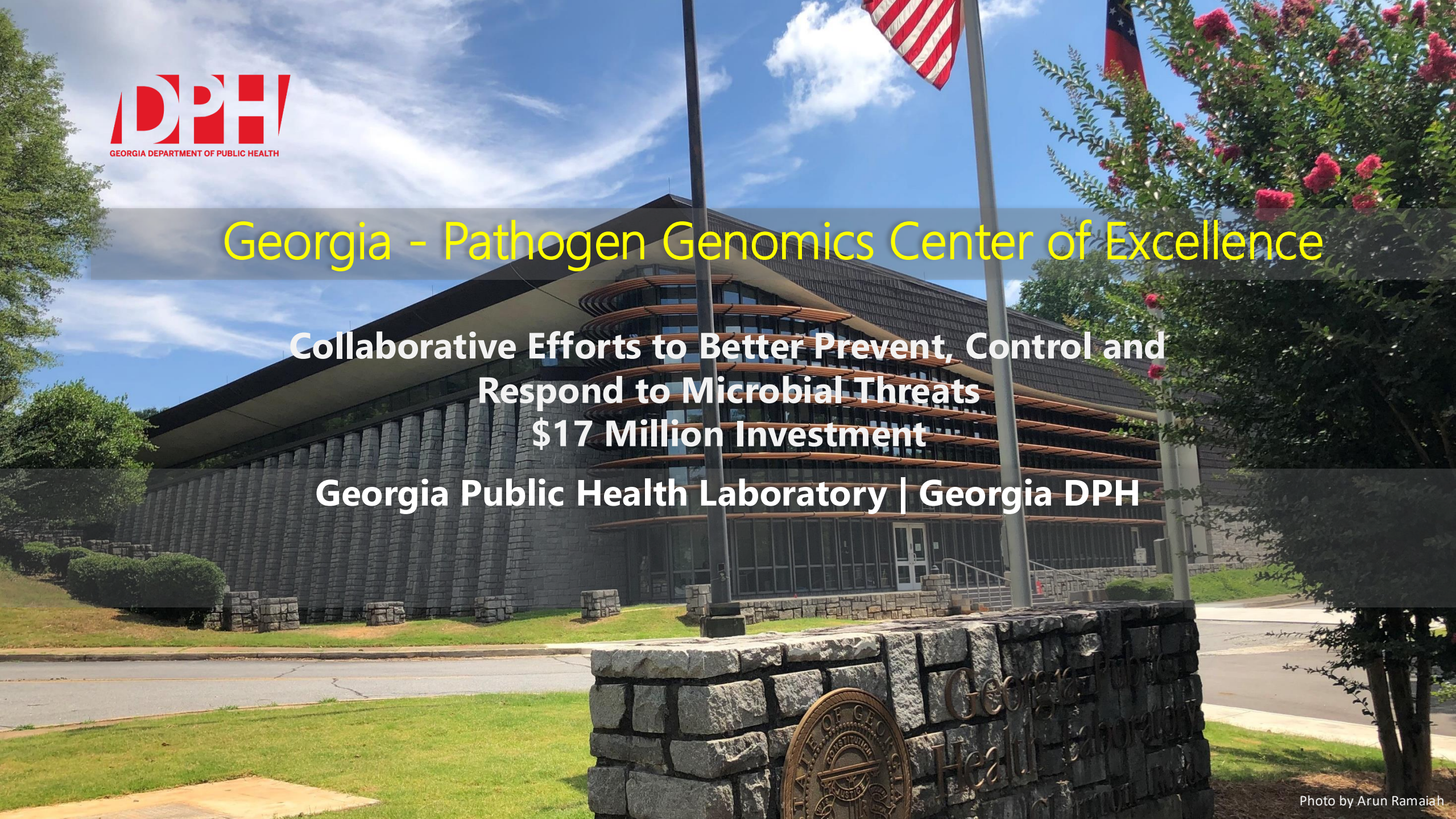
CDC grant funded at $28 million

Completion in 2025

- 11,000 sq ft increased laboratory space
- 2 additional biosafety suites
- 5,000 sq ft for advanced molecular detection (AMD)
- 3,000 sq ft training facility for AMD courses

Vision for the Future

- To listen to our customers and stakeholders
- To orient GAPH Laboratories toward meeting the needs of Georgia specimen submitters and DPH
- Currently implementing:
  - Quality improvements: e.g., specimen chain-of-custody, electronic test ordering
  - Budget analysis to find efficiencies & prepare for grant changes
  - Defining a clear role for the Waycross Lab in rural Georgia
  - Modernization – examples
  - Expanding our role in training and customer support



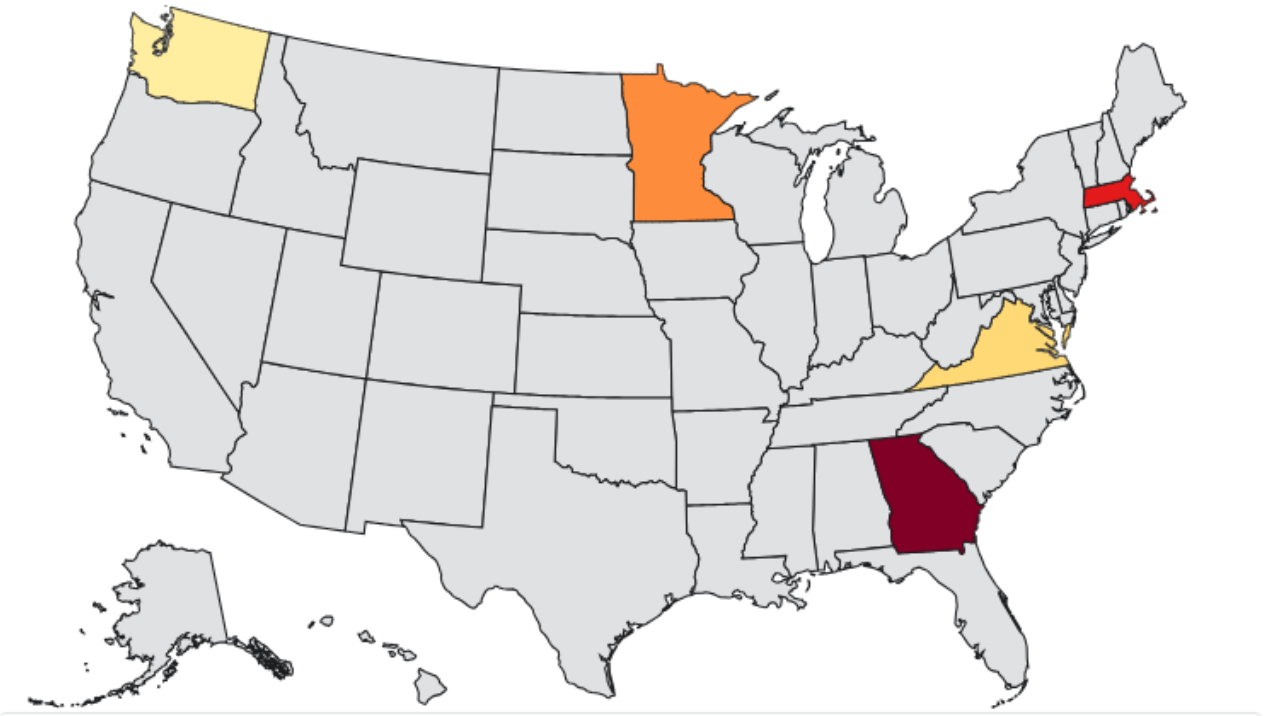
Georgia - Pathogen Genomics Center of Excellence

Collaborative Efforts to Better Prevent, Control and Respond to Microbial Threats
$17 Million Investment

Georgia Public Health Laboratory | Georgia DPH

Photo by Arun Ramaiah

U.S. Pathogen Genomics Centers of Excellence



The US Pathogen Genomics Centers of Excellence (PGCoE) network will foster and improve innovation and technical capacity in the use of pathogen genomics, molecular epidemiology, and bioinformatics in the field of public health.

Principal Investigators

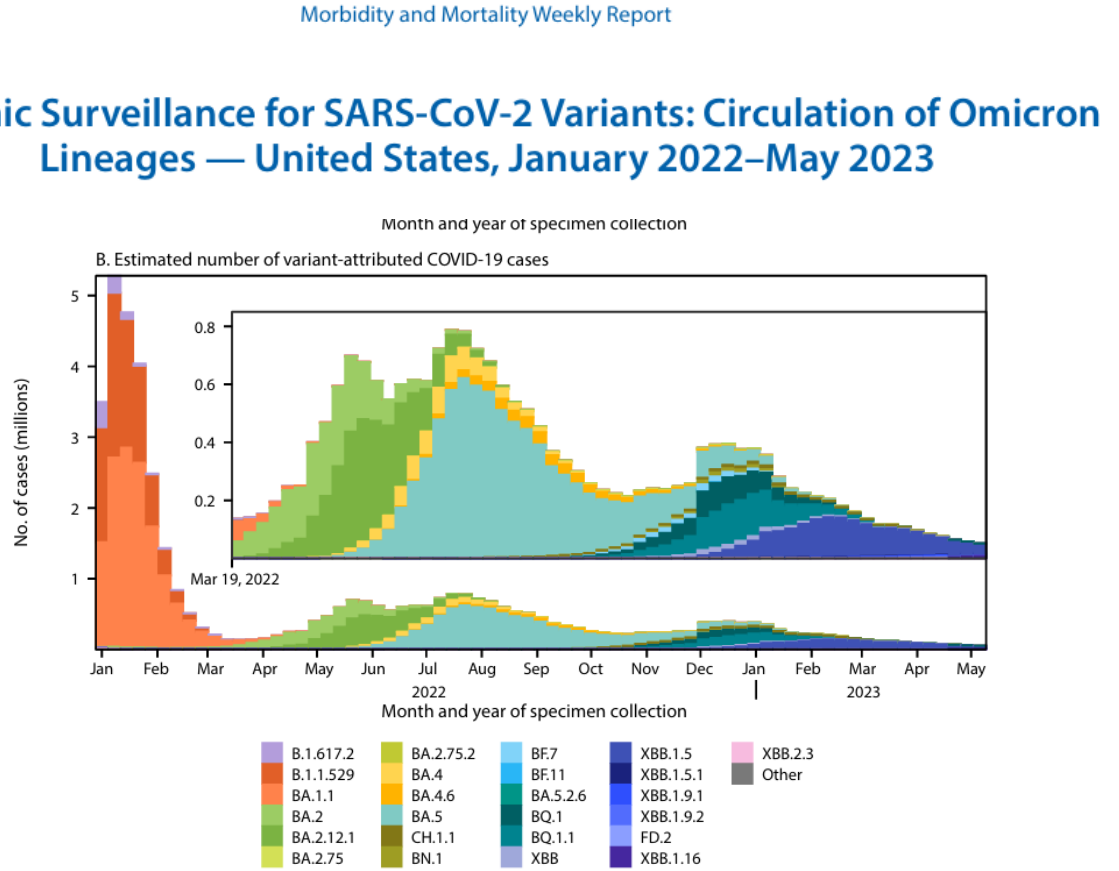
- Georgia Department of Public Health
- Minnesota Department of Health
- Washington State Department of Health
- Massachusetts Department of Health
- Virginia Division of Consolidated Laboratory Services

Source: CDC

Modernization Examples: Genomics in Public Health

Tracking of variant strains during outbreaks, e.g., COVID-19

Allows the state to be prepared with test supplies, hospital beds, etc.



Modernization Examples: Genomics in Public Health

Source attribution, e.g., in food safety or in hospital infection control

- Allows the state to find the source of an infection
- This can support epidemiologists working to contain the infection

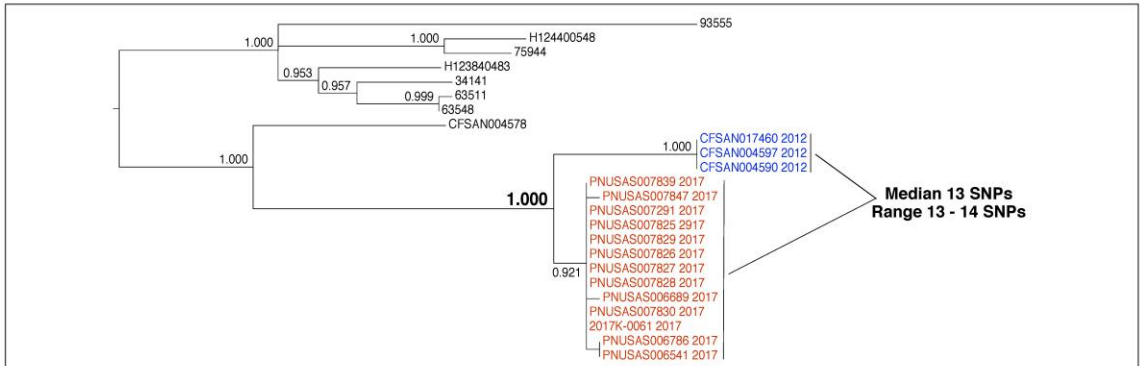


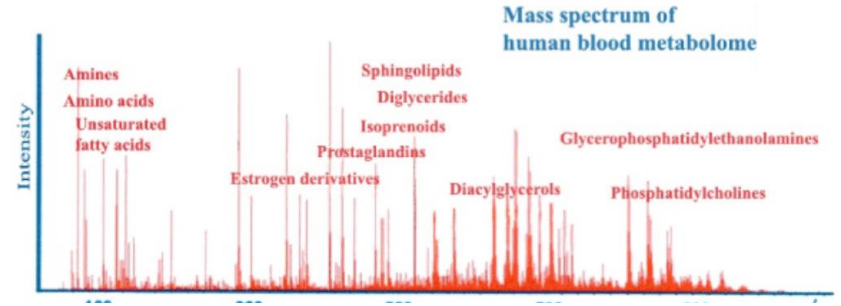
FIGURE 8 | Phylogenetic analysis of genome sequences obtained from *Salmonella enterica* isolates collected from a food processing facility and closely related clinical isolates. A SNP matrix was generated for 24 isolates with the CFSAN SNP pipeline v0.8.0 (Davis et al., 2015). The SNP matrix was phylogenetically analyzed with GARLI v2.01.1067 (Zwicki, 2006), using the K80 and HKY nucleotide substitution models. Branch labels indicate support values for 1000 bootstrap replicates. Bootstrap values less than 0.800 are not shown. Blue labels indicate environmental isolates and red labels indicate clinical isolates. Black labels indicate isolates that are not the focus of this example but are closely related.

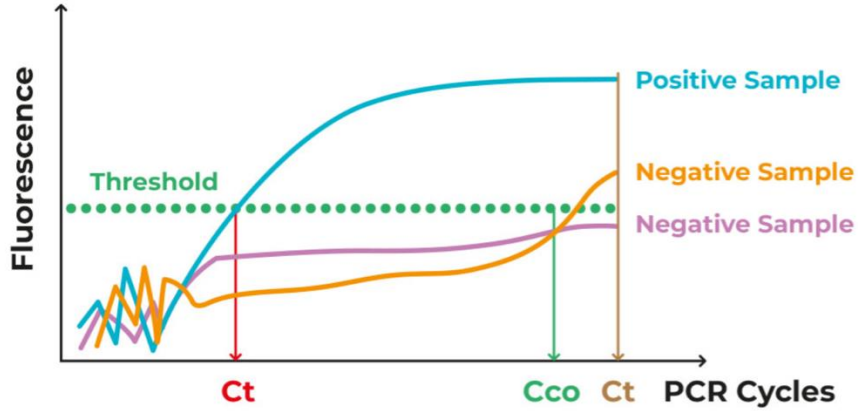
Interpreting Whole-Genome Sequence Analyses of Foodborne Bacteria for Regulatory Applications and Outbreak Investigations

Arthur W. Pightling, James B. Pettengill, Yan Luo, Joseph D. Baugher, Hugh Rand and Errol Strain*

Modernization Examples: Newborn Screening

- Replacing outdated tests with genomic methods will give greater specificity, reduce repeat testing, and false positives
- Currently updating Cystic Fibrosis Testing





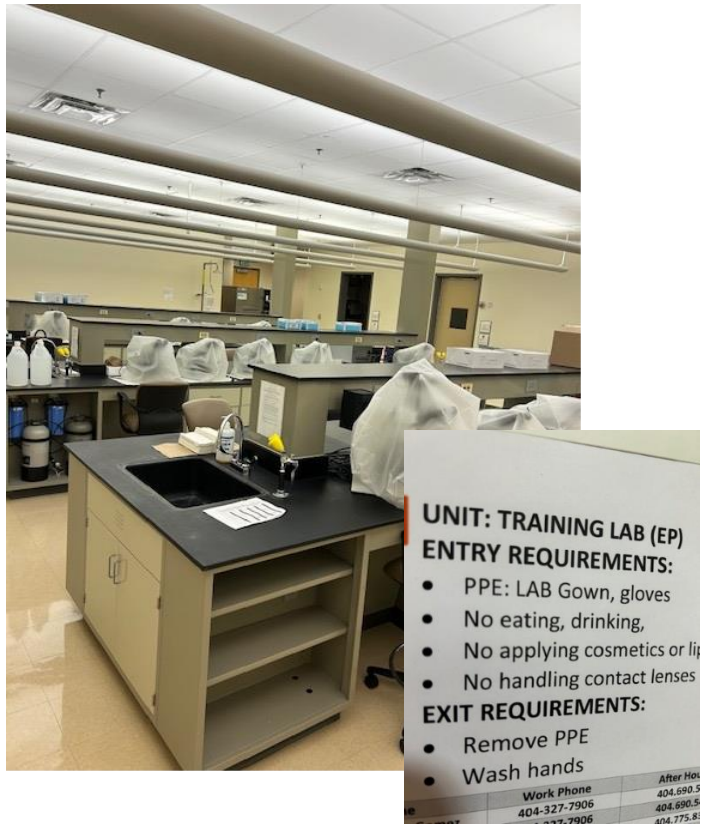
Images courtesy of Midiagnostics.com

Expanded Capacity for Training

GPHL is receiving requests to serve as a training site for

- Public health labs
- CDC courses
- Academic partners

Decatur



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Questions

For additional information, please contact:

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Upcoming Meeting

The next Board of Public Health meeting is scheduled for **November 18, 2025.** (Note this **is not** the second Tuesday of the month due to Veterans Day.)

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