

Georgia Board of Public Health

July 12, 2022

Agenda

- Call to order
- Roll Call
- Approval/Adoption of Minutes
- New Business
 - Epidemiology Updates
 - COVID
 - Monkeypox
 - Monkeypox Vaccination
 - COVID Campaign – It's That Simple
- Board Comments
- Adjournment

Commissioner's Report

Board of Public Health / Kathleen E. Toomey, M.D., M.P.H. / July 12, 2022

Epidemiology Update

Board of Public Health / Cherie L. Drenzek, DVM, MS, State Epidemiologist / July 12, 2022

Introduction

Infectious diseases are ever-changing and unpredictable!

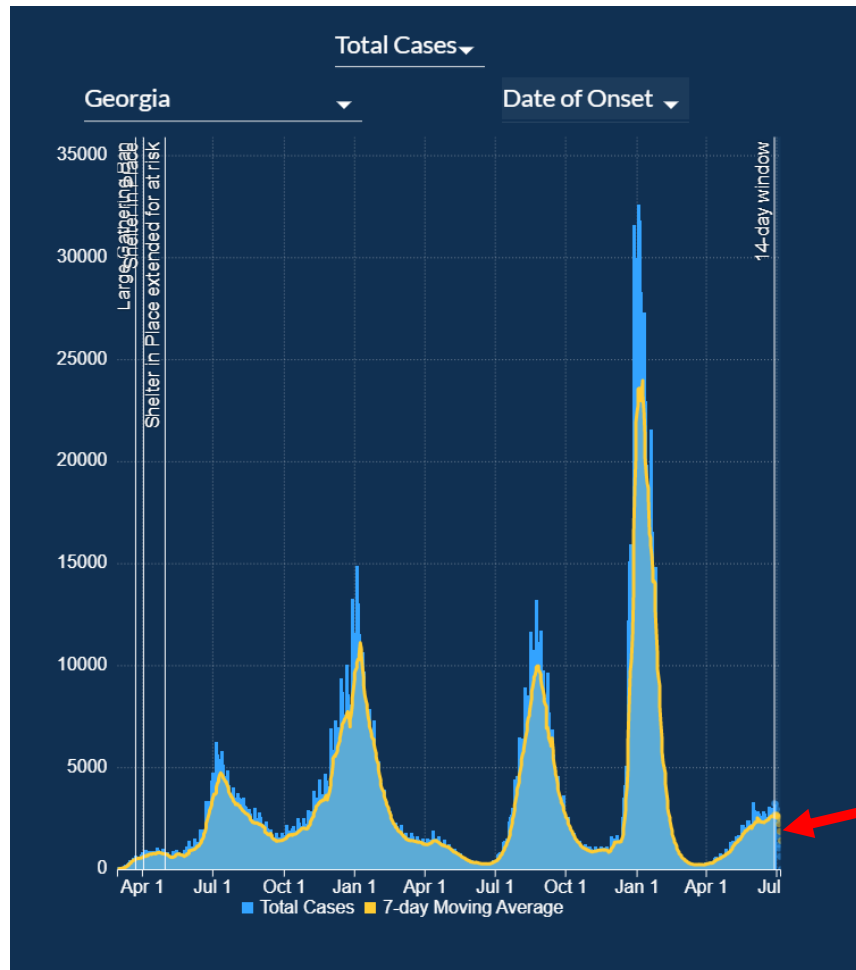
Surveillance and epidemiologic investigation are the cornerstones of prevention and control recommendations.

Illustrated by: COVID and Monkeypox global outbreaks

Snapshot of COVID-19 (7/12/22): “BA.5 Rising”

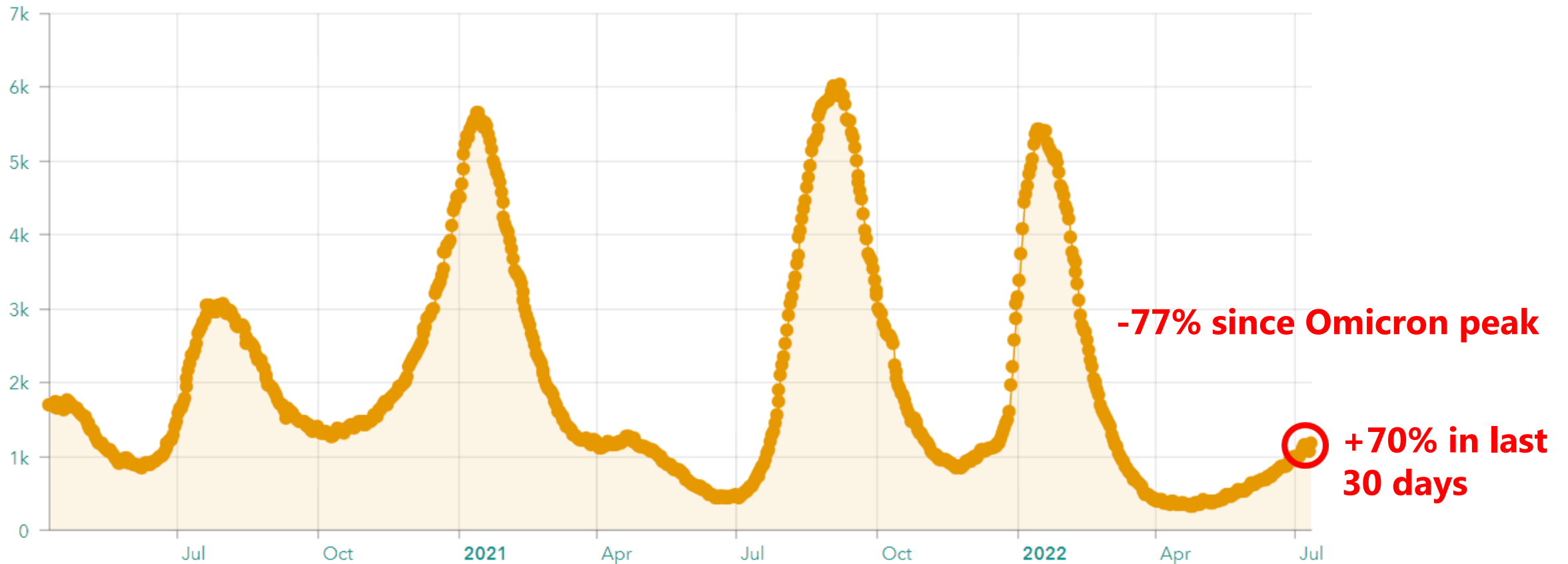
- In the US and Georgia, COVID case numbers have been mostly **flat** even though the BA.5 subvariant has risen rapidly and is now the predominant virus (58% of total). The BA.2 wave has receded.
- The BA.5 subvariant is more transmissible and has increased ability to evade immunity, so future case increases may be expected.
- Hospitalizations are steadily up by about 20% in the last two weeks, and deaths are down by about the same.
- Actually, the magnitude of the BA.5 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

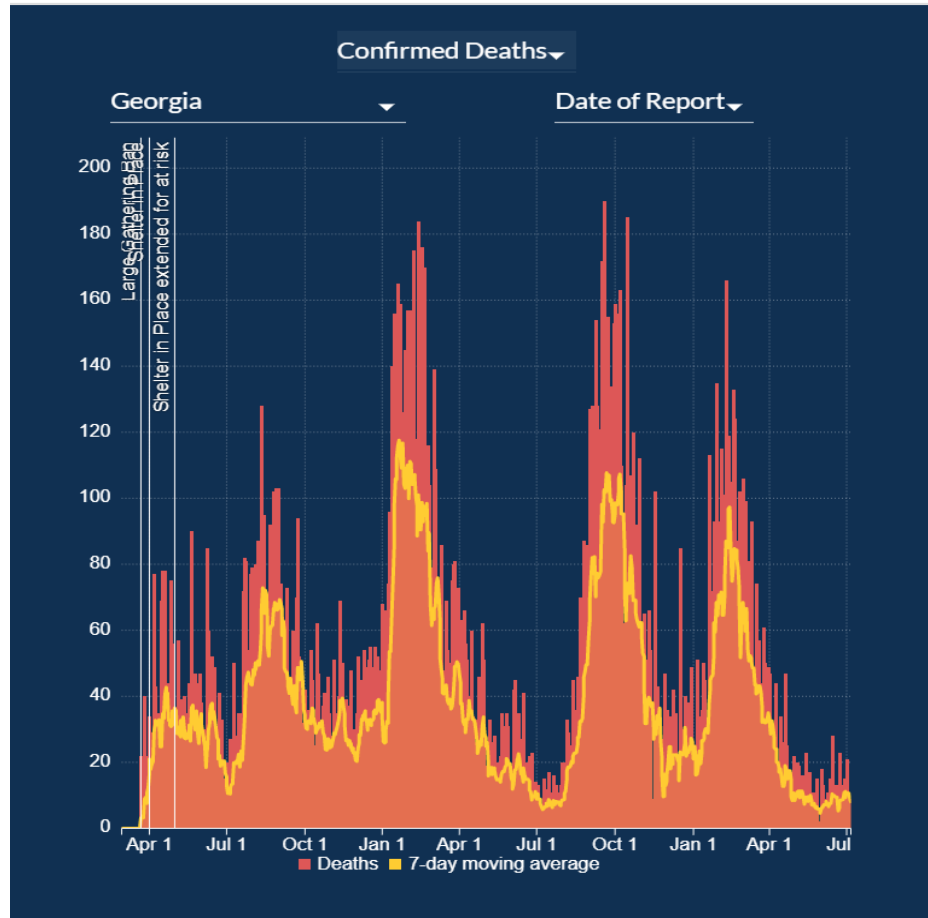


COVID-19 Hospitalizations

Daily Counts of COVID-19 Patients

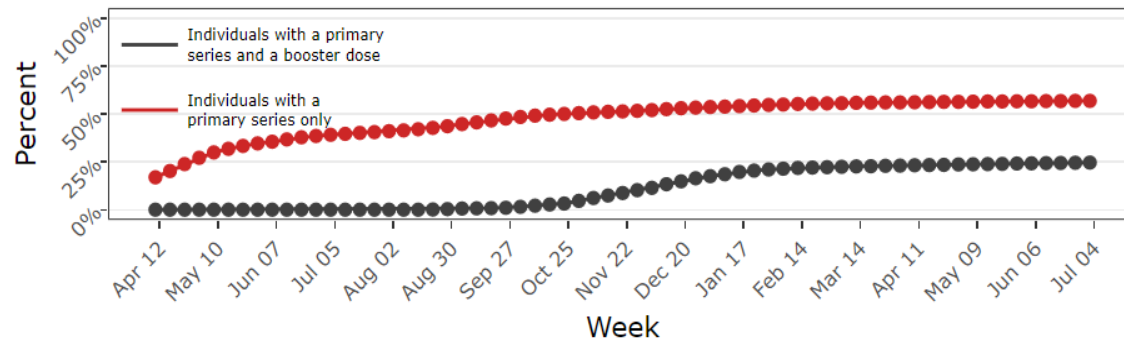


COVID-19 Deaths

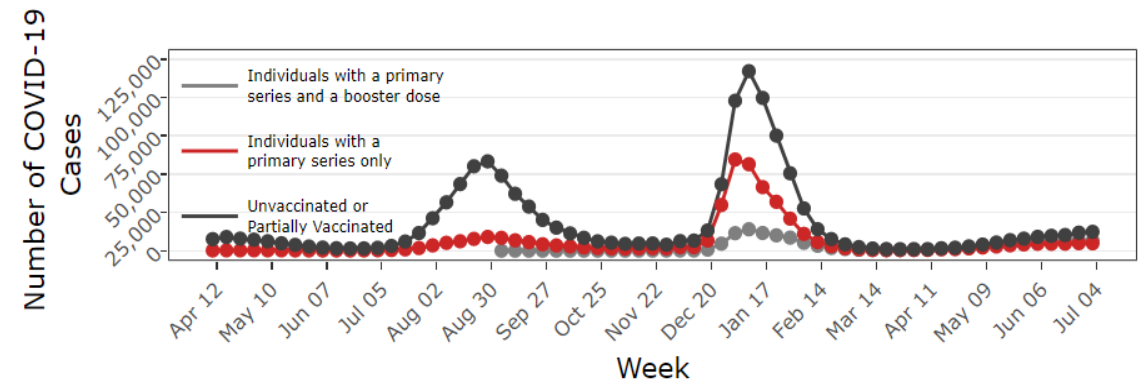


Cases, Hospitalizations & Deaths by Vaccine Status

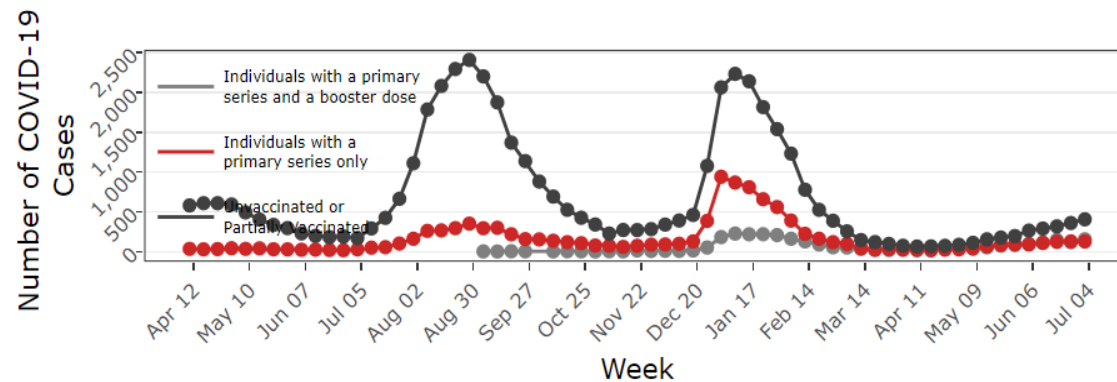
Percent of Georgians with a primary series completed 2021-04-10 to 2022-07-06



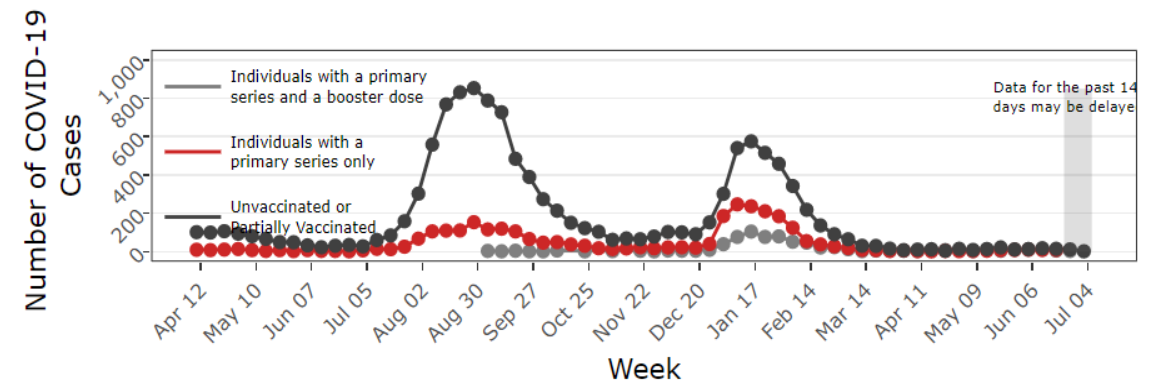
COVID-19 Cases by Date of Positive Test and Vaccination Status 2021-04-10 to 2022-07-06



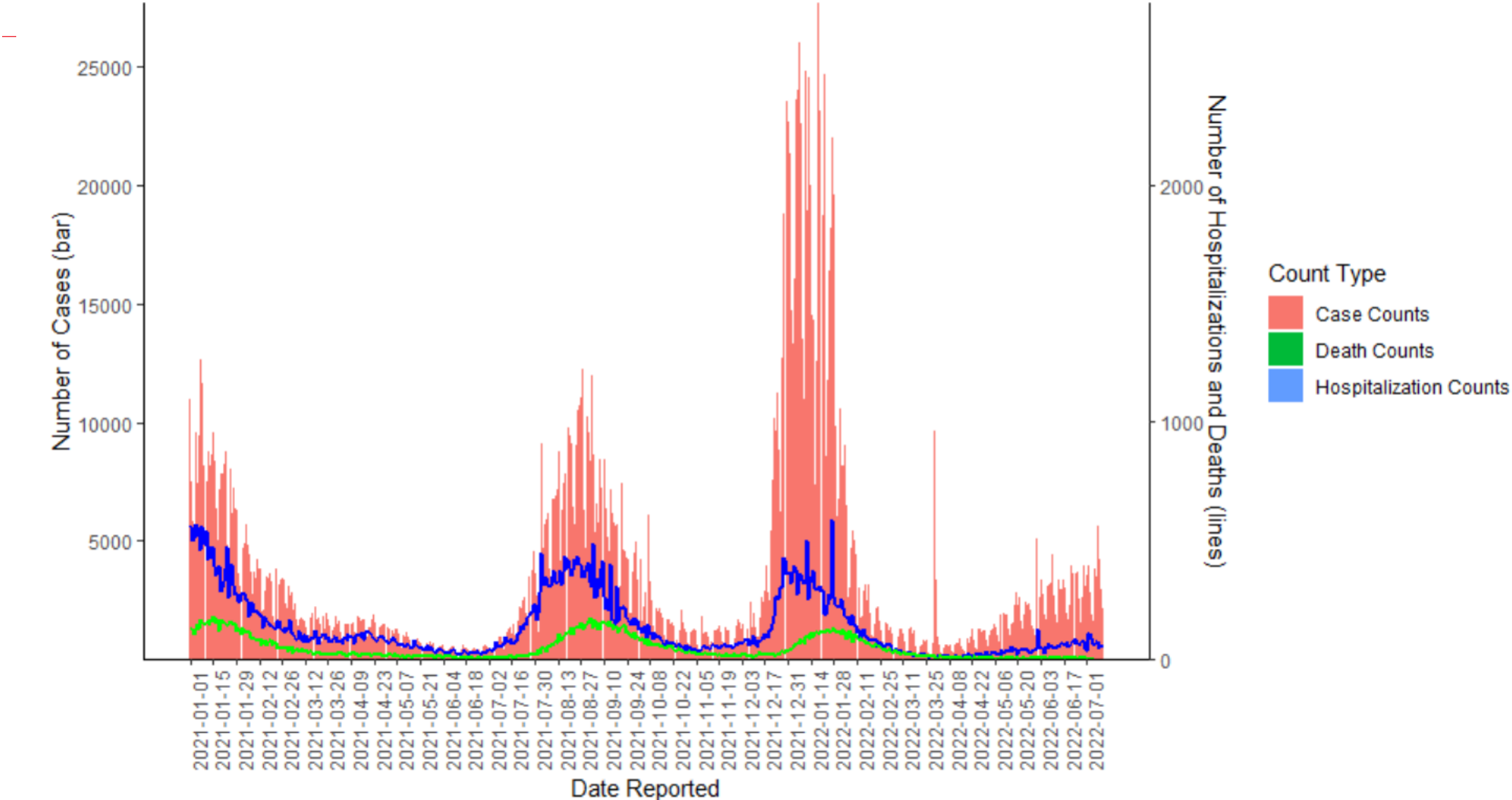
Any Hospitalization by Date of Positive Test and Vaccination Status 2021-04-10 to 2022-07-06



COVID-19-Related Deaths by Date of Positive Test and Vaccination Status 2021-04-10 to 2022-07-06



Cases, Hospitalizations, and Deaths for the State of Georgia
by Day 01/01/2021-07/11/2022



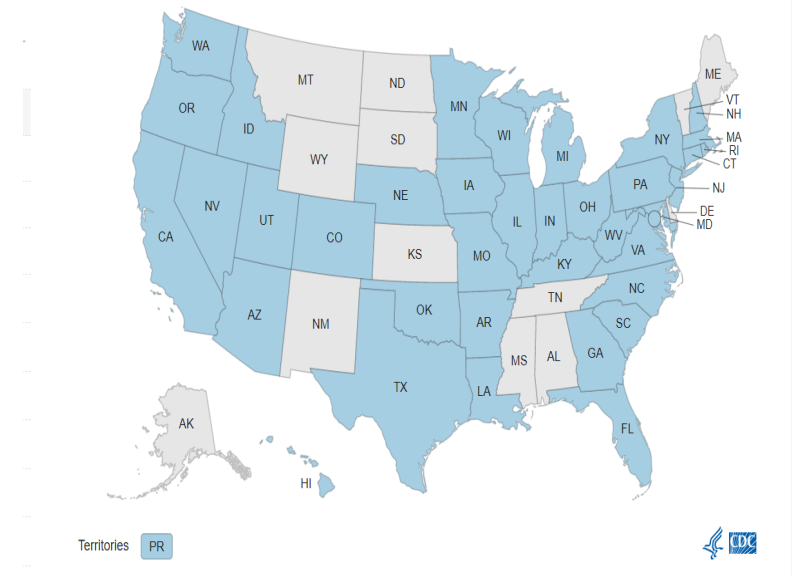
Summary

- 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. BA.5 has the ability to continue to rise and we should expect additional waves as well.
- Vaccination, boosters, **surveillance**, testing, and traditional mitigation are critical to control this BA.5 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, a monkeypox outbreak has exploded to almost 9,600 (up from 1,500 4 weeks ago) cases in 57 countries. No deaths.
- In the US, there are now about 900 cases in 41 states, including 41 in Georgia.
- Current epidemiology suggests person-to-person community spread

2022 U.S. Map & Case Count





Monkeypox in the U.S and Georgia: Epidemiology and Clinical Picture

- All cases are among adults, vast majority identify as MSM
- In GA, median age 33 years (range 23-57 years), 57% Black race, 35% White, 92% non-Hispanic ethnicity, all from metro Atlanta.
- Main risk factor reported was close physical contact with someone who had lesions
- Early on, many cases reported travel, but recently most do not (suggests established community spread in social networks)
- Many have co-infections with STIs like ***Chlamydia***, Syphilis, HSV
- **In this outbreak, a few notable clinical differences:** no fever or prodrome, no lymphadenopathy, very few lesions, and beginning often in the genital and perianal region and progressing rapidly through the stages



Public Health and Clinician Response: Monkeypox

- Monkeypox is now notifiable by law nationally and in Georgia.
- **Tried and true public health epi interventions to prevent spread**: case isolation, contact tracing, risk assessment, close contact monitoring, medical countermeasures (vaccine) for high-risk contacts and others exposed.
- Raise index of suspicion among clinicians and educate about testing at GPHL and commercial labs now (Lab Corp, Mayo, others)
- If a clinician has a concern about a rash, should test for monkeypox (either call 1-866-PUB-HLTH or commercial lab). Advise case isolation and Public Health will follow up.

GEORGIA DEPARTMENT of
PUBLIC HEALTH

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 HIV/AIDS Epidemiology Section
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 Zoonotic Vector Borne Infestations

Monkeypox

About Monkeypox




Monkeypox is a rare disease caused by infection with the monkeypox virus. Monkeypox virus belongs to the *Orthopoxvirus* genus in the family *Poxviridae*. The *Orthopoxvirus* genus also includes variola virus (which causes smallpox), vaccinia virus (used in the smallpox vaccine), and cowpox virus. Monkeypox is not related to chickenpox.

Monkeypox was first discovered in 1958 when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research. Despite being named "monkeypox", the source of the disease remains unknown. However, African rodents and non-human primates (like monkeys) may harbor the virus and infect people.

The first human case of monkeypox was recorded in 1970. Since then, monkeypox has been reported in people in several other central and western African countries. Prior to the **2022 outbreak**, nearly all monkeypox cases in people outside of Africa were linked to international travel to countries where the disease commonly occurs, or through imported animals.

Source: <https://www.cdc.gov/poxvirus/monkeypox/about.html>

DPH resources:

-  [Commercial Testing Guidance for GA Providers 07.06.2022](#)
-  [Monkeypox Isolation Guidance 07.06.2022](#)
-  [GA Health Alert Network \(HAN\) 06.13.2022](#)

CDC resources

2022 Outbreak Situational Summary:
<https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>

US Cases in the 2022 outbreak, including GA cases:
<https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>

Sexual Health information:
<https://www.cdc.gov/poxvirus/monkeypox/sexualhealth/index.html>

More information on transmission, prevention, FAQs for clinicians, infection prevention, and other up-to-date information, please see the tabs on the CDC Monkeypox page: <https://www.cdc.gov/poxvirus/monkeypox/about.html>

<https://dph.georgia.gov/epidemiology/acute-disease-epidemiology/monkeypox>

Closing Comments

1. Infectious diseases are ever-changing and unpredictable!
2. **Surveillance and epidemiologic investigation are** the cornerstones of prevention and control recommendations, including medical countermeasures for pre-and/or post-exposure prophylaxis.

Questions

For more information, please contact:

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Monkeypox Vaccination

Board of Public Health / Alexander Millman, M.D., Chief Medical Officer / July 12, 2022

Monkeypox Vaccines

- Use of vaccines is part of the strategy to control the outbreak of MPV
- Two vaccines licensed by the U.S. Food and Drug Administration (FDA) are available for preventing monkeypox infection – JYNNEOS and ACAM2000
- Jynneos is for use in the prevention of smallpox or monkeypox in people 18 years and older
- ACAM2000 is for use against smallpox; allowed for use against monkeypox under an Expanded Access IND, which requires informed consent along with submission of additional forms

Distinction Between Jynneos and ACAM2000

	Jynneos	ACAM2000
Vaccine Virus	Replication-deficient Modified Vaccinia Ankara	Replication-competent vaccinia virus
Administration	Subcutaneously in 2 doses, 28 days apart	Percutaneously by multiple puncture technique in single dose
“Take”	No “take” after vaccination	“Take” occurs (may require up to 6 weeks)
Inadvertent Inoculation and Autoinoculation	No risk	Risk exists
Cardiac Adverse Events	Considered low	Myocarditis and/or pericarditis occur in 1 in 175 adults who get the vaccine for the first time
Contraindications	Allergy to vaccine component	HIV, immunocompromise, cardiac disease, atopic dermatitis/eczema
Effectiveness	Unknown in current outbreak	Unknown in current outbreak

ACAM2000 Specific Considerations

- Adverse events following ACAM2000, including myopericarditis or Vaccinia virus transmission to household contacts, can be serious
- People offered ACAM2000 should be tested for HIV prior to vaccination
- Recipients must keep the vaccination site covered and avoid swimming, sharing of blankets and towels, and contact with people who might be at risk for serious adverse events, especially those with weakened immune systems, atopic dermatitis/eczema, children younger than 12 months, pregnancy
- Providers should advise the vaccine recipient on how to keep the vaccination site clean and covered until the lesion completely heals (up to 6 weeks or more)

Other Vaccine Considerations

- People who receive JYNNEOS are considered to reach maximum immunity 14 days after their second dose (~ 6 weeks from first dose)
- People who receive ACAM2000 are considered to reach maximum immunity after “take” (~ 1 month after their dose). Until full immunity is reached, specific precautions to prevent spread of the vaccine virus to others must be taken
- Since there is currently no data on the effectiveness of Jynneos or ACAM2000 from the current outbreak, people should continue to take steps to protect themselves from infection even after vaccination takes full effect

Vaccine Supply

- As part of an effort to control MPV in the United States, the federal government has allocated the limited supply of Jynneos vaccine to jurisdictions with a phase approached
- HHS made 296,000 doses of Jynneos available in phase 1 and phase 2a
 - Georgia phase 1 allocation: 1248
 - Georgia phase 2a allocation: 4695
- Phase 2a allocation available for ordering on July 11
- First and second doses need to be managed from these allocations
- HHS anticipates that 750,000 doses of Jynneos will be made available over the summer, but the exact timing of availability is unknown

Vaccine Availability

- DPH must request vaccine from the Strategic National Stockpile (SNS)
- Health departments are using contact tracing to identify contacts of MPV cases to assess the risk of exposure and the timing of last contact to determine eligibility for vaccination
- Vaccine requests must be coordinated through health departments, but given the currently limited available supply, vaccine is being prioritized for specific indications

Current MPV Vaccine Priorities

- Postexposure Prophylaxis (PEP)
 - For high-risk exposure to a confirmed MPV case
 - Most beneficial when within 4 days of exposure but some may benefit up to 14 days following exposure
- Expanded Postexposure Prophylaxis (PEP++)
 - For people with certain risk factors that might make them likely to have had high-risk exposure to MPV
 - Used for response to outbreaks in areas where MPV spread is occurring

Vaccine for Pre-exposure Prophylaxis (PreP)

- Indicated for people with certain occupations that may place them at high risk for potential MPV exposure such as laboratory staff working with MPV specimens
- Due to the limited vaccine supply, vaccine is being prioritized for PEP and PEP++ at this time
- Laboratorians should use appropriate BSL precautions when working with specimens sent for MPV evaluation
- Healthcare providers should use standard and recommended isolation precautions when caring for patients with suspected or confirmed MPV

Upcoming Vaccine Activities

- Coordinating with epidemiology and public health districts to ensure that PEP is offered to the eligible individuals
- Coordinating with public health districts to conduct community vaccination events (PEP++) for populations that may have more likelihood to have exposure to MPV cases
- Identifying opportunities to vaccinate at risk individuals for whom ACAM2000 is contraindicated
- Respond to changes in outbreak epidemiology that may require re-evaluating vaccination priorities in the context of the currently limited supply of vaccine

MPV Treatment

- Most people with MPV have a self-limiting disease course and recover in 2 to 4 weeks without the need for treatment
- Treatment may be considered for some people such as those with immunocompromising conditions
- The antiviral drug tecovirimat (also known as TPOXX) was developed to fight smallpox, but the U.S. Food and Drug Administration allows its use to treat monkeypox during the current outbreak
- The effectiveness of tecovirimat in treating MPV is unknown, but animal studies have shown it to be effective in treating disease caused by orthopoxvirus
- Clinicians considering using tecovirimat should consult with the health department since the drug must be released from SNS

Questions

For more information, please contact:

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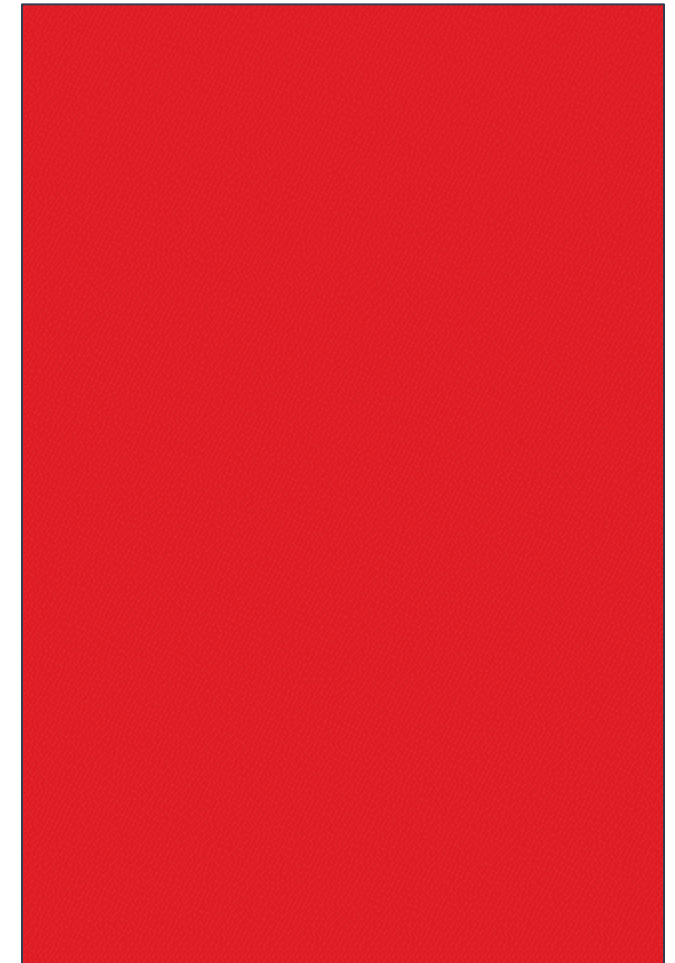
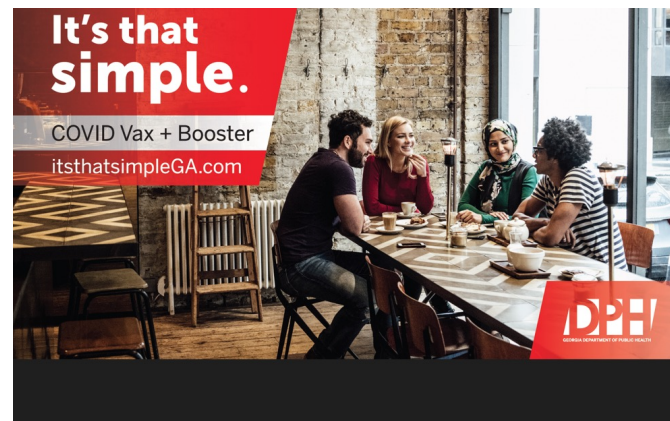
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COVID-19 Communications

Board of Public Health / Nancy Nydam, Director of Communications / July 12, 2022

It's That Simple



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COVID Vax + Booster

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DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

Questions

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Next Meeting

There will be no Board of Public Health Meeting in August.
The next meeting will be held Sept. 13, 2022.