Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, September 13, 2016

We Protect Lives.

Commissioner's Update

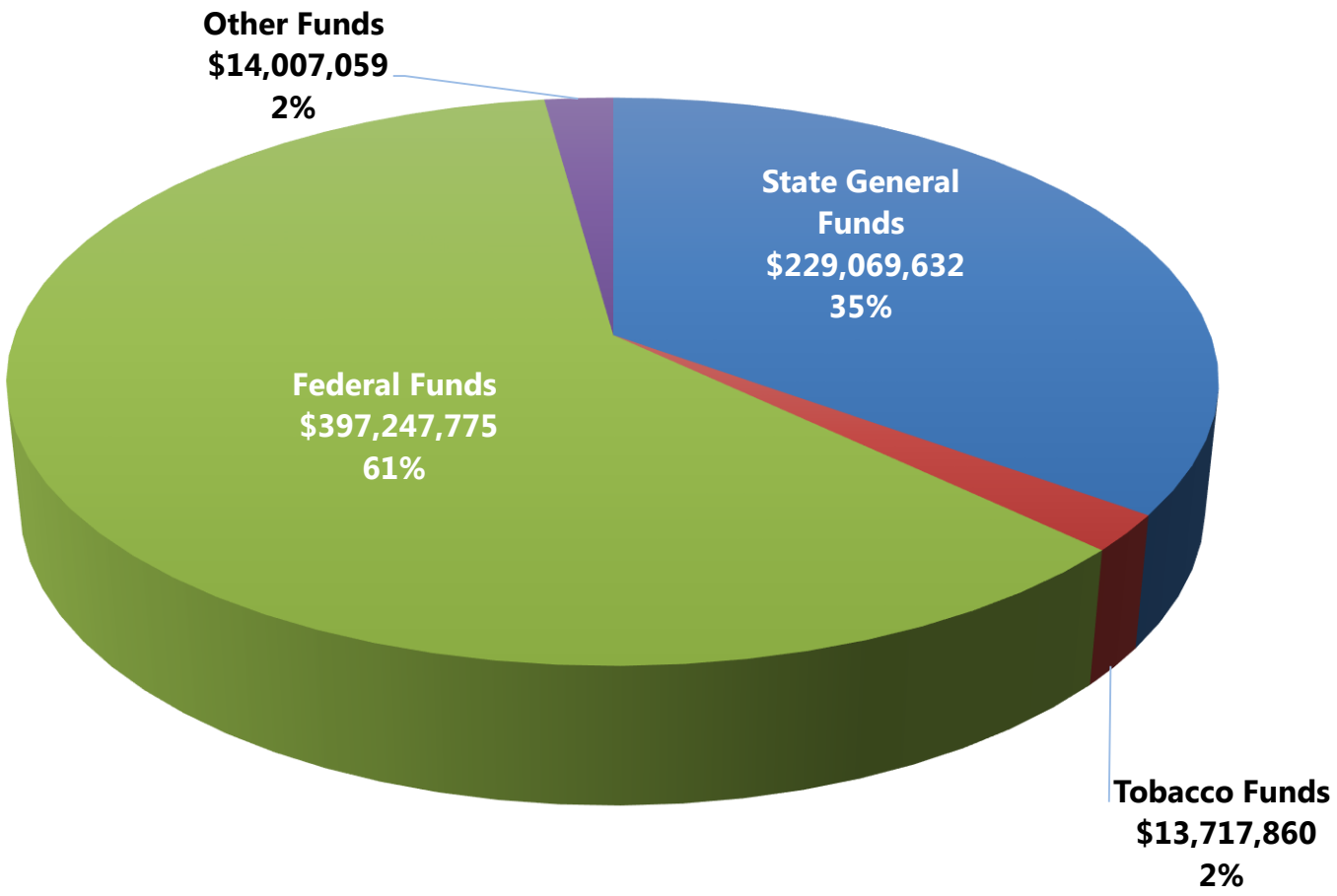
Brenda Fitzgerald, MD
Commissioner, DPH

Budget Update

Kate Pfirman, CPA
Chief Financial Officer, DPH

FY 2017 DPH Budget

Total Funds: $654,042,326



AFY17 & FY18 Budget Instructions

- **Governor's Office Planning & Budget (OPB) Instructions:**

  - Agencies request same level of funding for FY 2017

  - Notified agencies identified for workload request
    - *Women's Health ($651k in AFY17 & FY18)*

  - Bond Planning Amount: $5,000,000
    - *Clinical Billing System = $4,215,000*
    - *Facility Needs @ GPHL = $785,000*

Facility Needs

PROJECT		COST ESTIMATE
Decatur Lab		
• Steam Coil and Humidifier Replacement	$	200,000
• Replace Smoke Detectors and Lamps	$	105,000
• Increase Electrical Capacity	$	300,000
Waycross Lab		
• Replace five Autoclaves	$	180,000
TOTAL REQUEST	**$**	**785,000**

GEORGIA SHAPE

Emily Anne Vall, PhD
Georgia Shape Project Manager

2015-2016 Fitnessgram Assessment

- New platform
- Cooper currently cleaning data

Physical Activity Updates

Shape Grantees

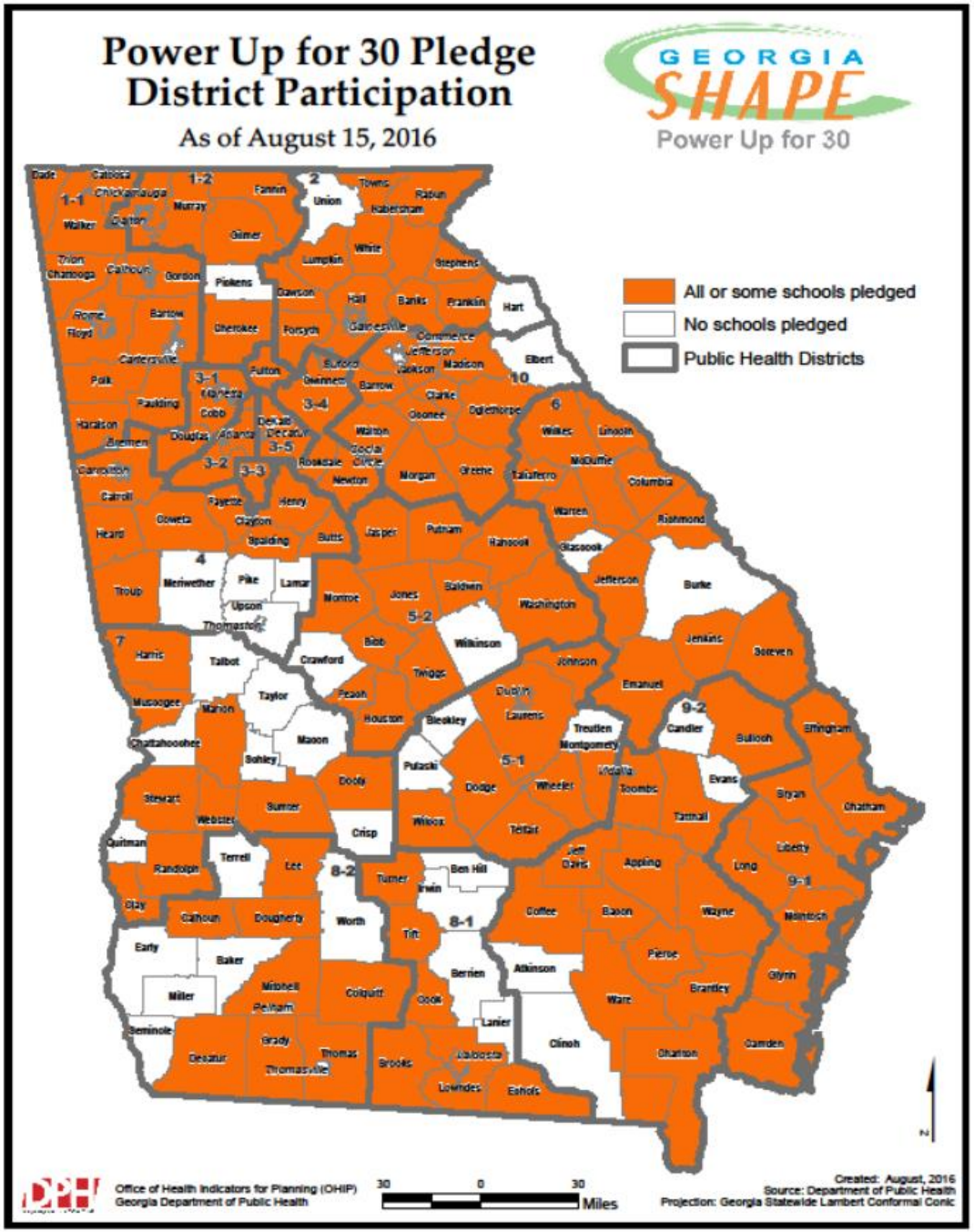
- 26 awarded in Spring 2016
- Summit on October 5th, 2016

Shape Quality Rated Recognition

- 91 Early Care Centers Awarded to Date

Shape Honor Role 2014-2015

- 217 K-12 Schools Awarded
- Large increase from 2015 to 2016 (+31)



Power Up for 30 Pledge Status

881 Schools Pledged

Power Up for 30- Sustainability Efforts

Electronic K-5 PU30 Training

6-8 Middle School Pilot

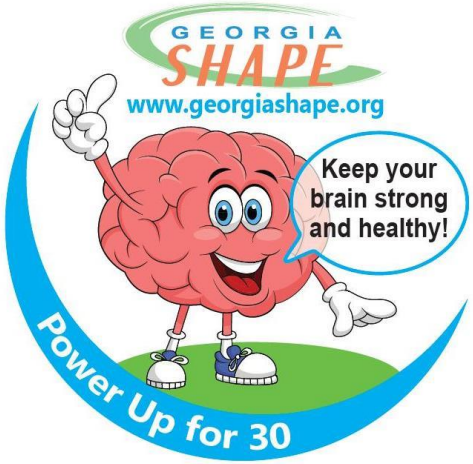
- Centene/Peach State Funded 6 Schools
- 3 trained, 3 this month
- New Resource Guide and Teacher Training

DFCS Afterschool Training

- 200+ Trained

Pre-Service Teacher Certificate

- University of West GA and GSU



Data and Evaluation Updates

Post K-5 survey

HMP, Emory, UGA, GSU Coordinated Effort

Childhood Obesity Systems Model

- Model intervention strategies show impact on obesity specific to Georgia
- Created 2009; Updated 2015
- Helped get S.H.A.P.E bill passed
- Part of Legislator Certificate Program at GHPC
- Presentations available for meetings/events

Statewide Nutrition Survey

- Pilot Data being analyzed
- 86 Schools, 90% response rate

Power Up for 30 Studies and Publications

PU30 Pilot Data:

- BMI and AC Improvements (Accelerometer)*
- Relationship b/t AC and School Demographics
- Impact of Intervention on Changes in Fitness and Academic Outcomes

Year 1 PU30 Survey Data: >70% Statewide Response Rate

- Facilitators & Barriers: Qualitative Teacher Report*
- Opportunities Across Race/Ethnicity, Geography & School Size
- Relationship b/t PA opportunities for Students & Staff
- Characteristics of Non-Responders

PU30 Training Evaluation

- Impact on BMI, MVPA, AC
- Virtual vs In-Person

Year 2 PU30 Follow Up Survey Data

- PA Environment Improvements
- Trained vs Untrained Academic Achievement

Nutrition Updates

Strong4Life Cafeteria Project

- 2500+ School Cafeteria Staff Trained

Golden Radish Farm to School Awards

- DPH, DAg, DOE, Governor's Office
- 30 Districts Awarded October 2015, 53 in 2016!

Farm to Pre-School Coalition

- Georgia Organics Organizing and Building
- Quarterly Meetings
- Strategic Plan 2016

Growing Fit Early Care Training and Toolkit

- 200+ Early Care Directors/Staff Trained

Healthcare Updates

Collective Impact WIC Work Group Formed

- Partners from across Georgia engaged
- Attended National WIC Conference
- Identifying innovative ways to increase participation and fruit and vegetable consumption/redemption rates

WIC Strong4Life Motivational Interviewing Provider Program

- 100% WIC Staff trained
- Champion program and continued MI training in 2017
- Gwinnett County provider pilot with FHIR technology

Georgia 5-Star Hospital Initiative

- 37 Birthing Hospitals formally engaged
- https://dph.georgia.gov/georgia-5-star

Children's Healthcare of Atlanta Obesity Coding Training

- Available to Providers as of early 2016

Communication and Marketing Updates

Healthy Georgia Awards

- First annual award ceremony on October 10th
- Co-Hosted by LT Governor's office and Georgia Shape
- 4 Categories: Community, Non-Profit, School Districts, Corporate
- To learn more visit **Georgiashape.org**

Georgia Shape Social Media

- Follow us on Instagram, Facebook, Twitter

Power Up for 30 Day: September 30, 2016

- New pledges and success stories
- Visit social media pages for photos!

QUESTIONS?

EmilyAnne.Vall@dph.ga.gov

GEORGIA SHAPE

GeorgiaShape.org

TeleDermatology
Public/Private Telemedicine Initiative

Suleima Salgado, MBA
Telehealth & Telemedicine Director, DPH

Jean O'Connor, JD, DrPH
Chronic Disease Prevention Director, DPH

Skin Cancer

- 2 + million new cases in 2012
- All age groups are getting more
- The most common cancer of the body
- Basal cell carcinomas > Squamous cell carcinoma >> Melanoma (MM)

Melanoma

- Accounts for 4% cases
- The only cancer that is so small (less than a size of a dime) that can kill a person
- If caught early, curable (>90%)
- If caught late, there is virtually no cure

Basal & Squamous Cell Carcinomas

- Rarely kills
- Grows slowly but relentlessly
- Can invade important structures of the body
- May need more expensive procedures to remove

Emory's Role in Skin Cancer

Winship Cancer Center- Only National Cancer Institute (NCI)–designated cancer center in Georgia; multi-disciplinary cutaneous oncology groups

Department of Dermatology's vision to expand access

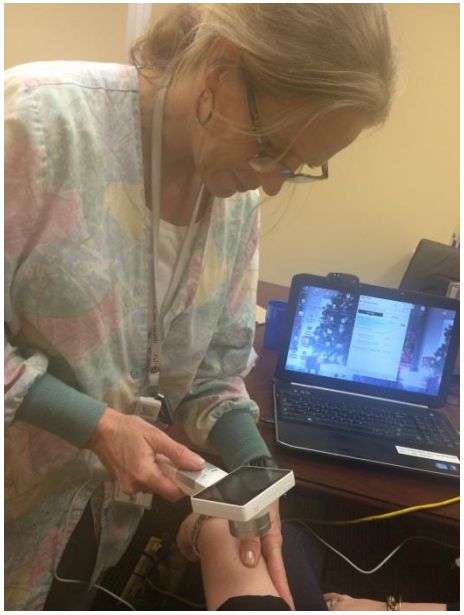
- Teledermatology (Store-and-forward model)

TeleDermatology: Atlanta VA Medical Center

- Gives veterans access to dermatology
- 400 consults per month
- 1 business day turn-around
- 57% do not need to come in (Saves on unnecessary worry, time off from work, expense in getting to specialist)

TeleDermatology

- DPH partnership with Emory University and Employers Like Me to conduct a pilot project offering telehealth consultations with a Board Certified Dermatologist (4/13 & 4/14, 2016)
  - **Demonstrate innovation & collaboration**
    - Increase access to medical care for all Georgians
    - Collaboration between large employers, public health, and academic medical center has not been demonstrated to date
    - Enable large employers to help their employees take preventative measures
  - **Pilot Data for:**
    - Establish feasibility
    - Identify training needs
    - Preliminary outcomes
    - Apply for funding (PCORI, NIH, AHRQ)



TeleDermatology

Eligible patient presents with skin lesion of concern

Public Health nurse submits a teledermatology consult via DPH mobile telehealth platform

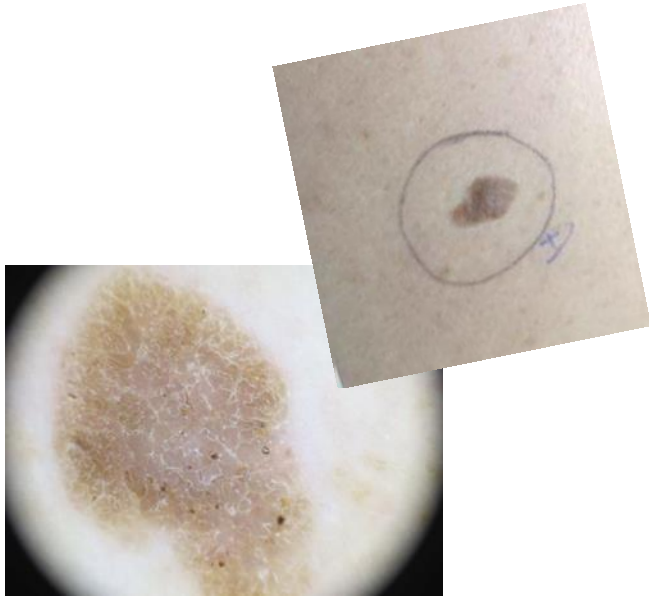
Remote dermatologist reviews images and sends findings and recommendations electronically to NP or PA for consultation with patient via DPH mobile telehealth device

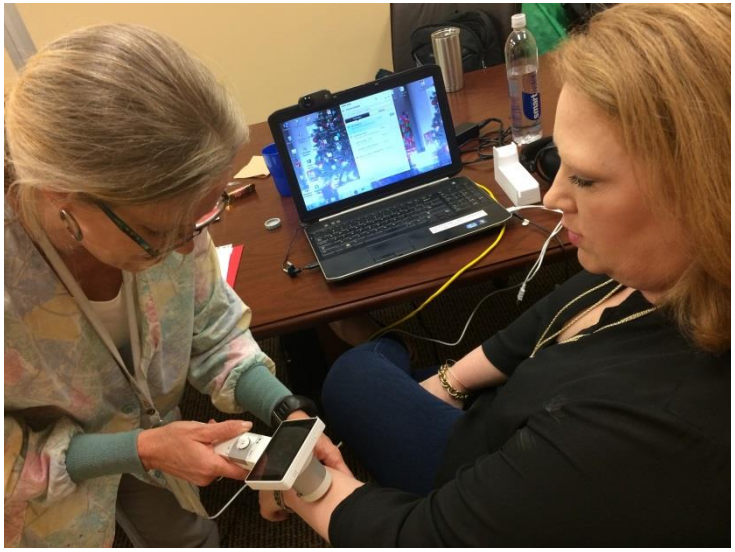
Licensed NP or PA utilizes video to discuss dermatologist findings with pt and develops a treatment and follow up plan for the patient

New questions, responses, and updates

TeleDermatology

- **Langdale Industries** and **Lowndes County Government** were the employers selected to participated in the project.
- **44** individuals (Lowndes County: 20; Langdale: 24) received a worksite Telehealth dermatology consultation
- Chronic Disease and Cancer nurses staffed clinic along with Telehealth team
- **92%** (N=36) of participants were **first time Telehealth consultation recipients**





TeleDermatology Partners

LANGDALE FOREST PRODUCTS CO.

Georgia Institute of Technology

EmployersLikeMe.org
HEALTH INNOVATIONS

LOWNDES COUNTY, GEORGIA
1825
BOARD of COMMISSIONERS

DPH
Georgia Department of Public Health

EMORY

We Protect Lives.

DEMONSTRATION

Contact Information

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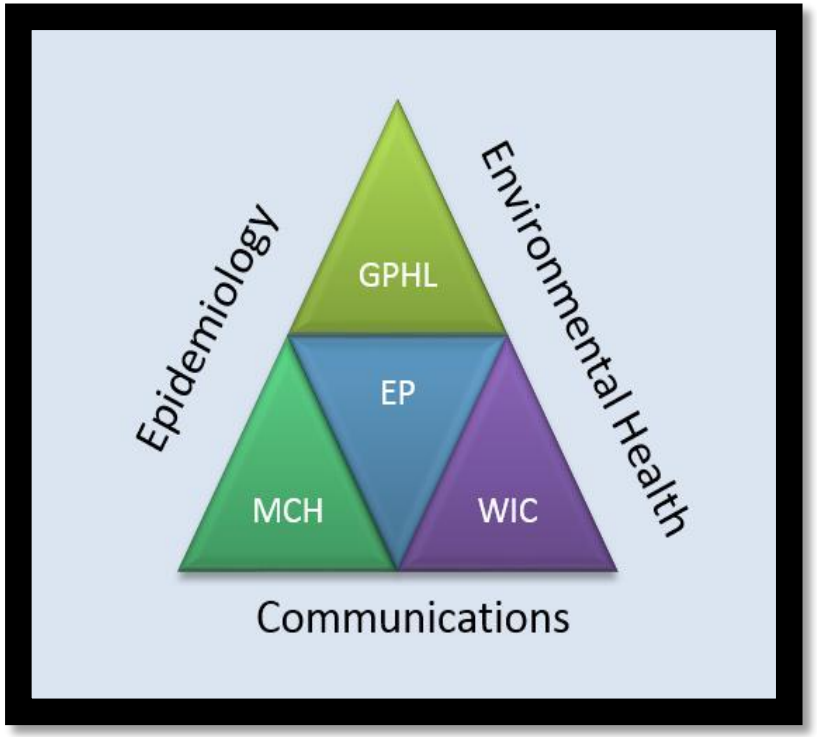
Zika Concept of Operations

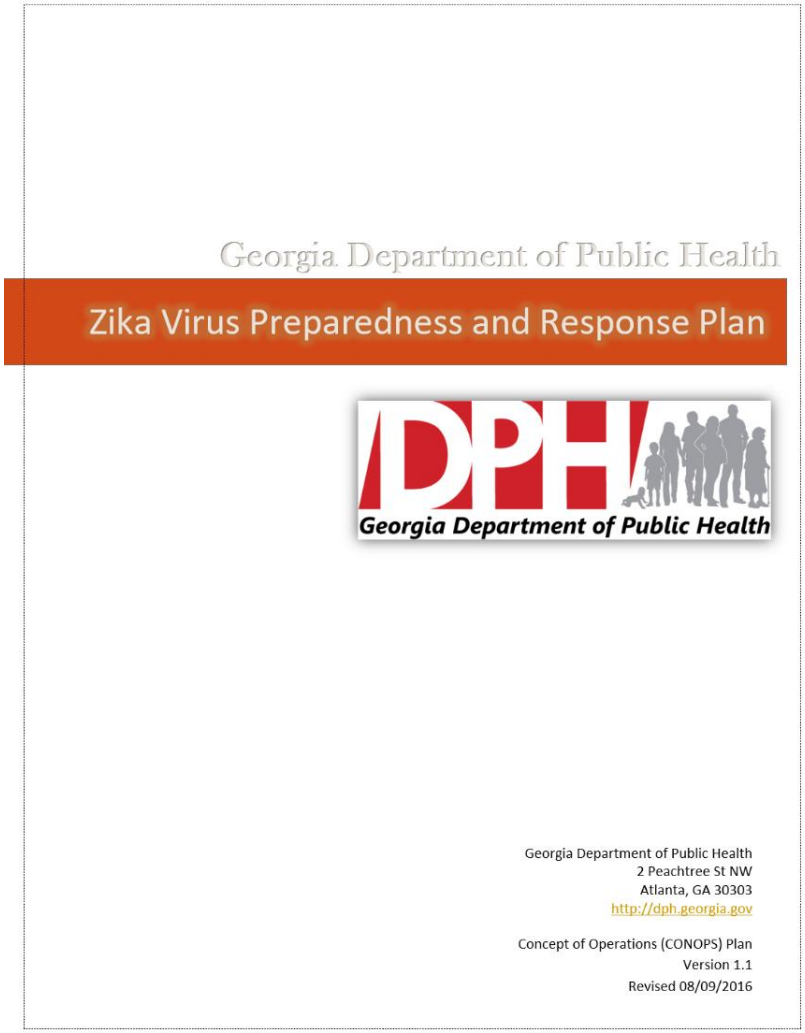
Jennifer Burkholder, RN, MSN, MPH
Zika Response Coordinator, and
Deputy Chief Nurse of Emergency Preparedness, DPH

DPH ZIKA RESPONSE
INVOLVES NEARLY ALL PROGRAMS

- Communications
- Emergency Preparedness
- Environmental Health
- Epidemiology
- Laboratory
- Maternal Child and Health Programs (MCH)[1]
- Refugee Health
- Women, Infants, and Children (WIC)



[1] MCH Programs at DPH include: Family Planning, Children First, Sexually Transmitted Diseases, and Perinatal Health.



ZIKA CONCEPT OF OPERATIONS

GOING THROUGH CLEARANCE PROCESS

Will be published on DPH website soon.

Departmental Planning for Zika

- Pregnancy and Birth Defects Registry
- Linkage to Vital Records
- Family Planning Considerations
- Zika Pregnancy Kits

Medicaid Coverage for Insect Repellent

FFS Medicaid
(404) 656-4044

One prescription for insect repellent per month, **purchased at a pharmacy.**

OFF Deep Woods 98% DEET Spray	REPEL Sport 40% DEET Liquid Assorted Sizes	Coleman 100 Max 98.11% DEET Liquid Assorted Sizes	Coleman Skinsmart IR3535 Liquid
OFF Deep Woods 25% DEET Spray Assorted Sizes	REPEL Sport 25% DEET Aerosol Assorted Sizes	Coleman Dry Insect Repellent 25% DEET	Coleman Skinsmart IR3535 Spray
OFF Deep Woods 25% DEET Aerosol Assorted Sizes	REPEL 100 98.11% DEET Liquid Assorted Sizes	Coleman Sport Insect Repellent 40% DEET Spray	Coleman Botanicals Oil of Lemon Eucalyptus Liquid
OFF Deep Woods 30% DEET Aerosol	REPEL Hunter 25% DEET Aerosol	Ultrathon Insect Repellent 34.34% DEET Spray	NATRAPEL 12H 20% Picaridin Liquid
Maxi DEET Spray 98.11% DEET Assorted Sizes	REPEL Insect Repellent 20% DEET Spray	Ultrathon Insect Repellent 34.34% DEET Lotion	NATRAPEL 12H 20% Picaridin Spray
Cutter Backwoods 25% DEET Liquid	REPEL Insect Repellent 30% DEET Aerosol	OFF Deep Woods 25% DEET Wipes	Cutter Oil of Lemon Eucalyptus Liquid
Cutter Backwoods 25% DEET Aerosol Assorted Sizes	REPEL Insect Repellent 20% DEET Lotion	REPEL Insect Repellent 30% DEET Wipes	

Amerigroup
1-800-600-4441
1-800-855-2880(TTY)

One bottle of insect repellent at no cost **with a prescription** once every 30 days, purchased at a pharmacy.

Product	Ounces
Cutter Backwoods 25% DEET Spray	6.0 oz.
OFF! Deep Woods Dry 25% DEET Spray	4.0 oz.
OFF! Deep Woods 25% DEET Spray	6.0 oz.
Repel Sportsmen 25% DEET Spray	6.5 oz.
Repel Sportsmen Max 40% DEET Spray	6.5 oz.
Natrapel 20% Picaridin	5.0 oz.
Sawyer Insect Repellent 20% Picaridin	4.0 oz.

Peach State Health Plan
770-543-8791

One bottle of insect repellent per transaction, up to twice a month **with a prescription, purchased at a pharmacy.** The pharmacy fills the prescription under the retail pharmacy benefit and member pays applicable copay.

Product	Ounces
Ultrathon 23.75% DEET Aerosol	6.0 oz.
Ultrathon 34% DEET Lotion	2.0 oz.
OFF! Deep Woods 25% DEET Spray	4.0 oz.
OFF! Deep Woods Dry 25% DEET	4.0 oz.

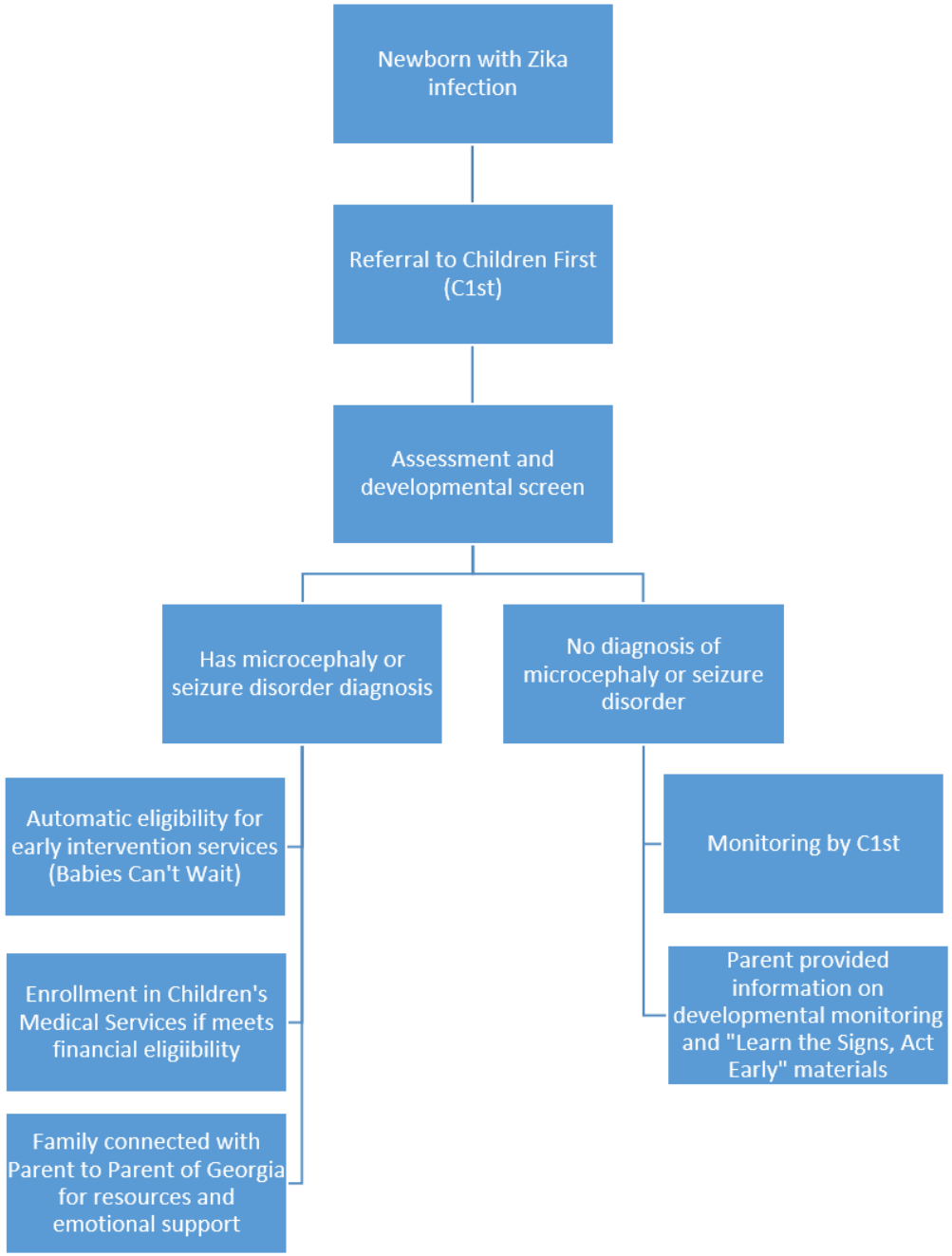
WellCare
1-866-231-1821
1-877-247-6272 (TTY)

OTC items are available as part of member's $12 monthly benefit. **(No prescription necessary.)**

Order online or by phone

Product	Ounces	Value
Cutter Backwoods 25% DEET	6.0 oz	$11
Bug X Repellent 30% DEET	2.0 oz.	$5
Bug X Repellent 30% DEET	4.0 oz.	$8
Bug X Repellent 30% DEET	6.0 oz.	$12

Medicaid clients who receive benefits through AmeriGroup, Peach State Health Plan and Fee-for-Service-Medicaid (FFS) **will need a prescription from their physician or health care provider for insect repellent. The prescription must be presented to a pharmacist for purchase at a pharmacy.**


Newborn with Zika infection
Referral to Children First (C1st)
Assessment and developmental screen
Has microcephaly or seizure disorder diagnosis
No diagnosis of microcephaly or seizure disorder
Automatic eligibility for early intervention services (Babies Can't Wait)
Enrollment in Children's Medical Services if meets financial eligiibility
Family connected with Parent to Parent of Georgia for resources and emotional support
Monitoring by C1st
Parent provided information on developmental monitoring and "Learn the Signs, Act Early" materials

WE ARE CURRENTLY IN PHASE 1: MOSQUITO SEASON

Stage	Phase Level	Transmission Risk Category
Pre-incident	**0**	**Preparedness:** Vector present or possible in the state
	1	**Mosquito Season:** *Aedes aegypti* or *Aedes albopictus* mosquito biting activity. Introduced travel-related, sexually, or other bodily fluid transmitted cases.
Suspected/Confirmed Incident	**2**	**Confirmed Local Transmission:** Single, locally-acquired case, or cases clustered in a single household and occurring < 2 weeks apart.
Incident/Response	**3**	**Confirmed Multiperson Local Transmission:** Zika virus illnesses with onsets occurring ≥ 2 weeks apart but within an approximately 1 mile (1.5 km) diameter.

Stage	Phase Level	Transmission Risk Category	CDC Recommended Activities	Action Steps and Notes
Zika Preparedness Phase 0-1	0	**Preparedness:** Vector present or possible in the state	1. The governing officials should appoint a senior representative to coordinate Zika response efforts. 2. Pre-identify an incident manager. 3. Secure surveillance and control resources necessary to enable emergency response if needed.	✓ ✓ ✓
	1	**Mosquito Season:** Aedes aegypti or Aedes albopictus mosquito biting activity. Introduced travel-related or sexually transmitted cases	4. Ensure coordination with state public health officials so vector control and human surveillance activities can be linked. 5. Review state and local mosquito control programs and assess capacity and capability. 6. Review (or develop as needed) the state vector-borne disease preparedness and response plan, and tailor as appropriate for Zika. 7. Review preparedness plans to ensure emergency rapid hiring and contracting processes are in place, e.g. vector control surveillance and response. 8. Review plans with relevant response partners, identify gaps in preparedness, and develop a plan for improvement. **COMMUNICATION** 9. Prepare a communication campaign for pregnant women, travelers, healthcare providers, and the public to raise awareness of Zika virus. Include messaging on the risk for sexual transmission, and steps persons can take to prevent it. 10. Update scripts for state call centers to include Zika messaging **SURVEILLANCE** 11. Enhance surveillance for travel-associated Zika cases and possible sexual transmission from travel cases. 12. Reach out to clinicians in the state and provide guidance for management and testing of possible cases.	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓

STATE ACTION PLAN PHASE 0-1 (CURRENT PHASE)

LABORATORY TESTING

13. Review state and commercial laboratory capacity to rapidly test specimens for Zika virus. ✓

VECTOR CONTROL

14. Plan preparedness and mitigation activities to reduce the likelihood of transmission from mosquitoes, including: reduce habitat/potential breeding sites, initiate community clean-up efforts, initiate public information campaigns encouraging yard clean up, use of insecticides, encourage placement of window screens etc. ✓
15. Review (and as necessary, conduct) mosquito surveillance activities to assess whether historic maps of Aedes aegypti and Aedes albopictus distribution are accurate. ✓

PREGNANT WOMEN OUTREACH

16. Plan enhanced surveillance for suspected Zika virus infections, including for pregnant women through OB/GYN clinics, etc.). ✓
17. Identify resources that could be used for interventions for pregnant women (products to develop Zika prevention kits for pregnant women, resources for communications campaigns, etc.). ✓
18. Prepare a registry to collect information on Zika cases during pregnancy that could be used for future monitoring and follow-up of birth outcomes. This will be used to report cases to the National Zika Birth Registry. ✓

BLOOD SAFETY

19. Reach out to local blood collection centers, and consult with them on blood safety contingency plans. ✓

(The action items below should occur at the beginning of mosquito season):

RESPONSE ACTIVITIES

20. Organize regular meetings between the pre-identified Incident Manager and state vector preparedness and response partners to discuss plans and progress. ✓

COMMUNICATIONS

21. Initiate a communications campaign, with primary messaging focusing on awareness, personal protection against mosquitoes, and residential source reduction. ✓
22. Deploy messages encouraging travelers returning from to areas with Zika transmission to take precautions upon return (actively take steps to prevent mosquito bites for at least three weeks) to reduce the risk of spread to local mosquito populations. ✓

SURVEILLANCE

23. Rapidly follow up suspected cases through laboratory testing. Take a complete patient history; establish lack of travel, no transfusion or tissue transplantation, no sexual exposure to a traveler. Assess patient's geographic area of risk for exposure (i.e., Where were they likely exposed? Home? Other place?) mosquito reduction activities around home). ✓
24. Encourage healthcare providers to immediately reports results for any positive or equivocal cases. ✓

LABORATORY TESTING

25. Ensure public health laboratory is prepared for potential surge in testing and has engaged clinical laboratories, providing guidance on specimen collection, transport and reporting of results. ✓

VECTOR CONTROL

26. Explore focused community interventions to disrupt breeding grounds, such as tire collections and waste removal in at-risk areas. Leverage partnerships with local governments and non-profits for support. ✓

STATE ACTION PLAN PHASE 0-1 (CURRENT PHASE)

Stage	Phase Level	Transmission Risk Category
Pre-incident	0	**Preparedness:** Vector present or possible in the state
	1	**Mosquito Season:** *Aedes aegypti* or *Aedes albopictus* mosquito biting activity. Introduced travel-related, sexually, or other bodily fluid transmitted cases.
Suspected/Confirmed Incident	2	**Confirmed Local Transmission:** Single, locally-acquired case, or cases clustered in a single household and occurring < 2 weeks apart.
Incident/Response	3	**Confirmed Multiperson Local Transmission:** Zika virus illnesses with onsets occurring ≥ 2 weeks apart but within an approximately 1 mile (1.5 km) diameter.

Suspected/Confirmed Incident	2	**Limited Local Confirmed Transmission:** Single, locally-acquired case, or cases clustered in a single household.	*In addition to activities in the previous phases, additional actions include:* **RESPONSE ACTIONS** 27. Activate the state incident management structure. 28. Determine if there is a need for assistance from a CDC field team (e.g., Epi Aid or rapid response team) to provide on the ground technical, risk communication, vector control, and/or logistical support. **COMMUNICATION** 29. As appropriate, issue press release/media statement and intensify visible activities in the county to increase attention to Zika virus transmission risk and personal protection measures (flyers, community leaders, and social media). 30. Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and make adjustments to communications as needed. **SURVEILLANCE** 31. Intensify surveillance for human cases in a 150-yard radius (or other boundary, as deemed appropriate) around home or other likely sites of exposure). Consider conducting household and door-to-door surveillance for clinically compatible cases. 32. Recommend cases stay in air-conditioned/screened accommodations and use personal precautions to reduce mosquito bites. 33. Enhance local surveillance for human cases (consider local clinician outreach, syndromic surveillance in nearby hospitals, etc.). **VECTOR CONTROL** 34. If not previously done, conduct a rapid insecticide resistance study for local mosquito populations.	

35. Conduct intensified larval and adult mosquito control in a 150-yard radius (or other boundary, as deemed appropriate) around case-patient home, including residential habitat reduction (trash cleanup, etc.) and outdoor space spraying. Although likely not needed in most areas, in areas where A/C and screens aren't widely available, consider offering homeowners indoor residual spraying (IRS).

PREGNANT WOMEN OUTREACH

36. Deploy targeted communication, surveillance, and monitoring programs for pregnant women in the county/jurisdiction.
37. Deploy the registry of Zika cases during pregnancy for monitoring and follow-up of birth outcomes.

BLOOD SAFETY

38. Notify local blood collection agencies for awareness.
39. Review CDC toolkit for investigation of transfusion-transmitted infection.

STATE ACTION PLAN PHASE 2: CONFIRMED LOCAL TRANSMISSION

Considerations for Determining Geographic Areas

for Zika Virus Interventions

Human factors

- Number of cases identified and whether the incidence of cases is increasing or decreasing
- Known or suspected links between cases (e.g., multiple infections in a household, which may reflect a single prior transmission episode, are of less concern than cases scattered in a neighborhood), including ruling out sexual or other bodily fluid associated transmission
- Geographic distribution of cases in an area (e.g., clustered cases in an area would suggest a higher intensity of transmission)
- Population density
- Privacy concerns (i.e., ensuring that individual case patients cannot be identified)

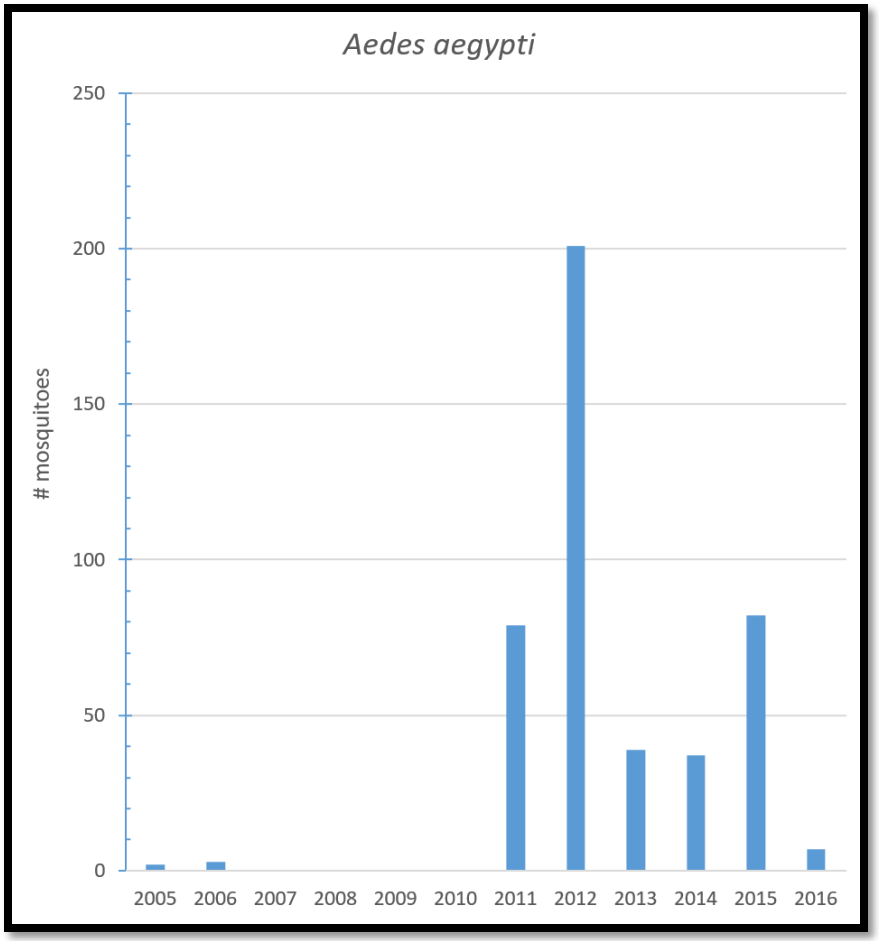
Mosquito surveillance and control factors

- Current vector surveillance data
- History of *Ae. aegypti or Ae. albopictus* in the area
- Presence of *Ae. aegypti* (greater concern) or *Ae. albopictus* (less concern)
- Mosquito breeding season remaining
- Vector control interventions of sufficient intensity likely to eliminate infection incidence in areas where case exposure likely occurred

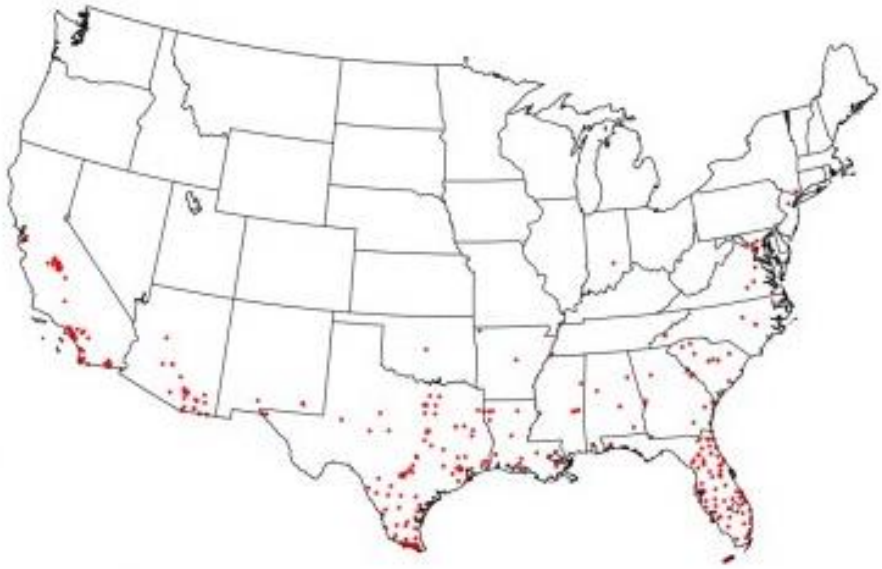
Environmental and ecologic factors

- History of local dengue or chikungunya virus transmission in the area
- Area is within estimated geographic range of *Ae. aegypti* or *Ae. albopictus*
- Area is below 2000 meters in elevation (elevation above which conditions are not conducive to transmission)
- Current or projected temperature supports vector activity
- Cases identified early (which are of more concern) or late (which are of less concern) in mosquito season

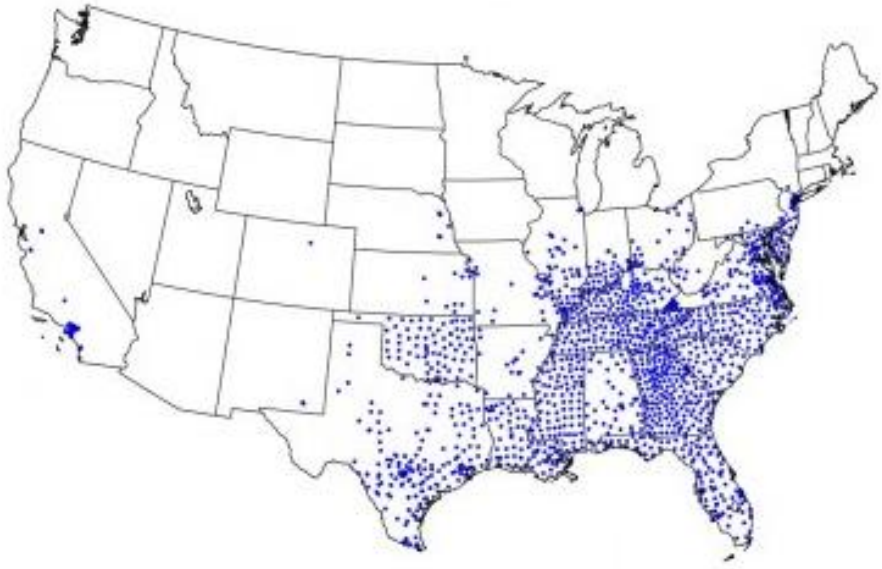
Mosquito Surveillance



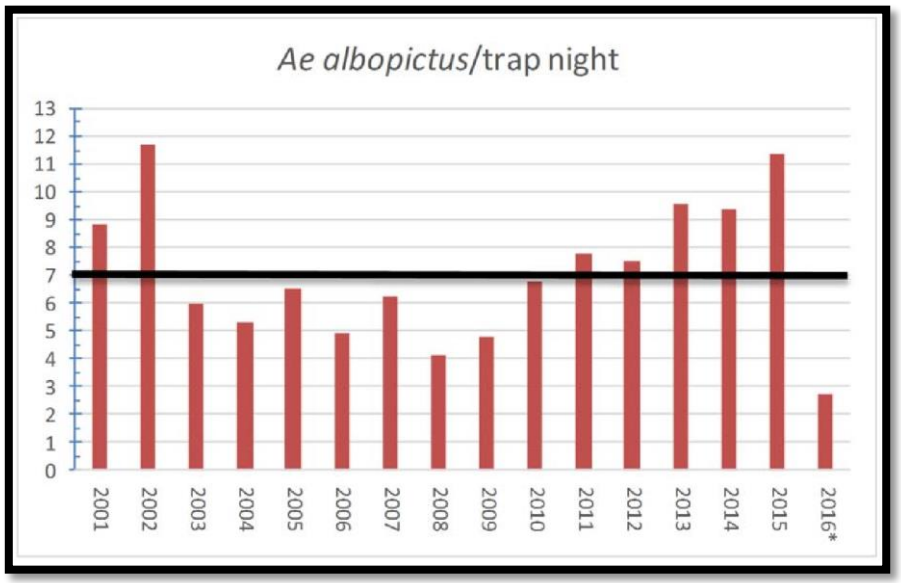
Ae aegypti

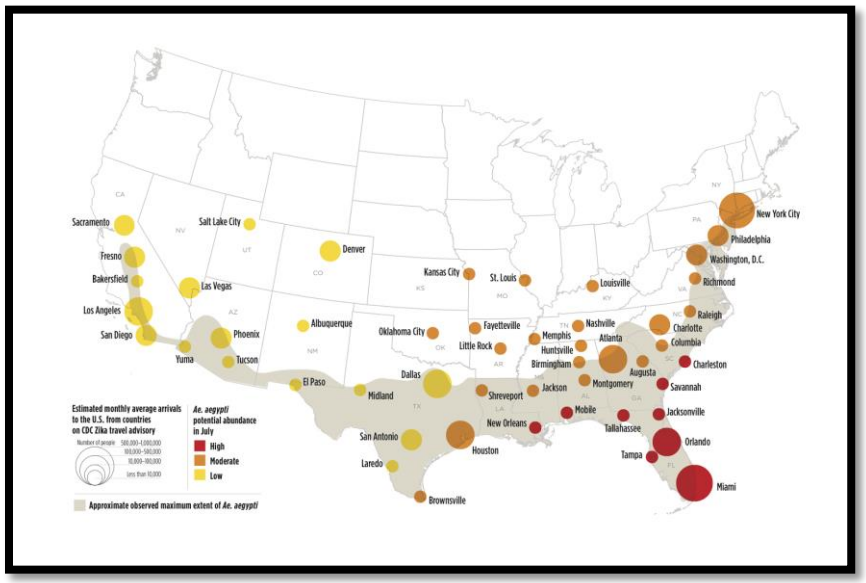


Ae. albopictus

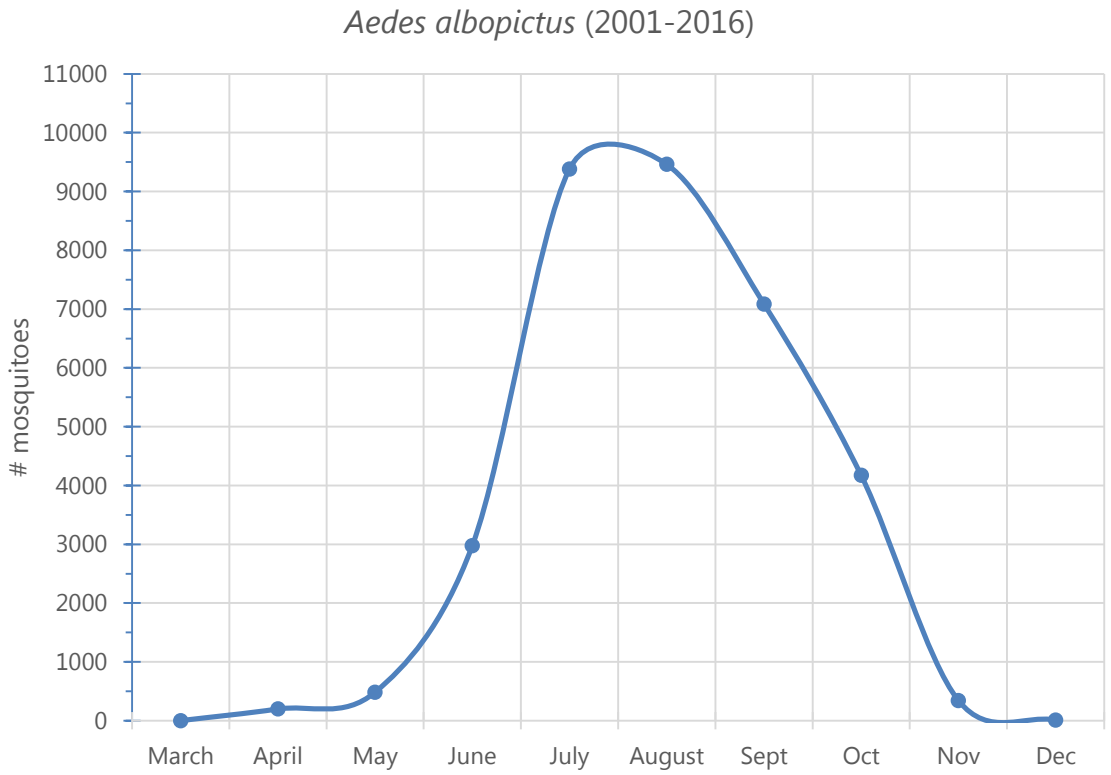


Aedes albopictus Population





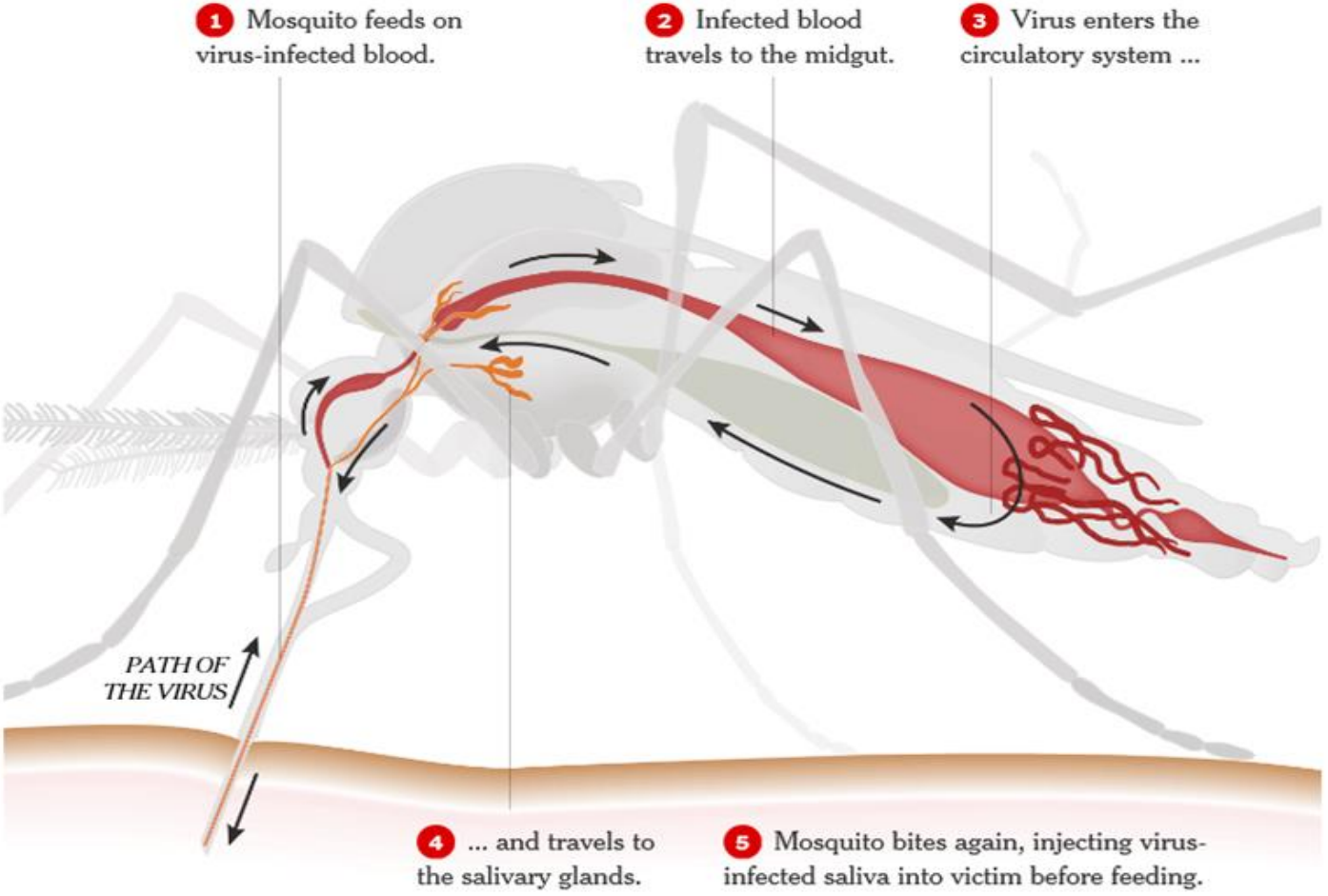
Georgia has the competent mosquito vectors.



Month	# Mosquitoes	Average # Mosquitoes
March	1	0.1
April	199	12.4
May	484	30.3
June	2977	186.1
July	9384	586.5
August	9461	591.3
Sept	7086	442.9
Oct	4171	260.7
Nov	343	21.4
Dec	10	0.6
Grand Total	**34116**	**2132.3**

How Mosquitoes Spread Zika

The Aedes aegypti mosquito is thought to be responsible for most of the spread of Zika. The virus is carried by female mosquitoes (males do not bite) that have fed on infected blood.



By Sarah Almukhtar and Mika Gröndahl | Sources: Dr. W. Augustine Dunn; Oxitec; The Anatomical Life of the Mosquito, R. E. Snodgrass

ZIKA Transmission-Ae. aegypti

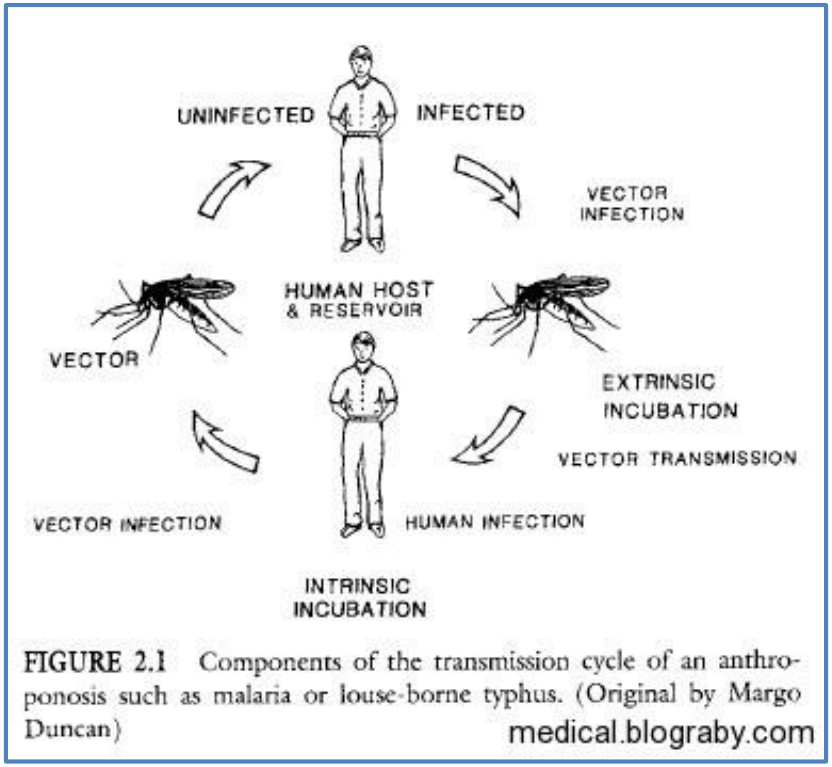
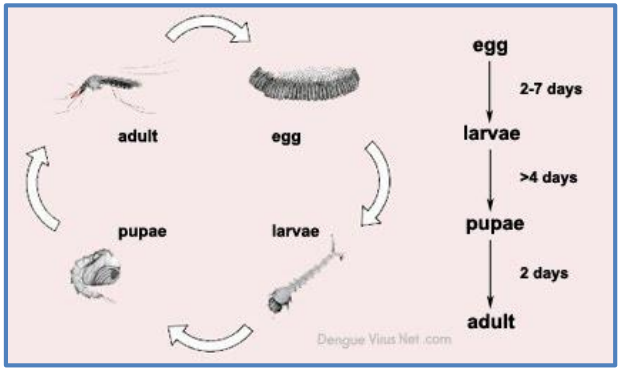


FIGURE 2.1 Components of the transmission cycle of an anthroponosis such as malaria or louse-borne typhus. (Original by Margo Duncan)

medical.blograby.com



Vertical transmission **does not seem to be a component to the spread of ZIKV, primary protection comes from avoiding mosquito bites**

Environmental Health (EH)

Zika Virus Prevention + Control

- **Public Health Entomologist**
  - Complaint Response
  - Mosquito Surveillance
  - Public Education
- **New Vector Surveillance Staff**
  - Communication
  - Regional Approach
  - Surveillance
  - Education
  - Emergency Vector Control

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Centers for Disease
Control Prevention (CDC)
Atlanta, GA 30341-3724

August 22, 2016

Jennifer Burkholder, RN, MSN, MPH
Deputy Chief Nurse of Emergency Preparedness
Zika Response Project Coordinator
Georgia Department of Public Health
2 Peachtree Street, NW
9th Floor, Suite 9-292
Atlanta, Georgia 30303

Dear Ms. Burkholder,

We would like to thank you for your cooperation in support of the Migrant Farm Workers Project. We appreciate the assistance that you and your staff provided in organizing and coordinating interviews with key staff and farm workers. The focus group and key informant interviews conducted in southern Georgia will provide important insights into migrant farm workers understanding and use of measures to prevent Zika transmission.

We are also grateful for the work of Napolean Butler, Vector Surveillance Coordinator, for setting mosquito traps near the farms we visited in Colquit and Decatur Counties.

We hope that this formative research will benefit the community you serve with dedication. We anticipate completing a final report by the end of September 2016 and will be happy to provide you with a copy. If you have any questions or concerns, please feel free to contact us at (404) 498-0417.

Sincerely yours,

Holly A. Williams
Holly A. Williams, PhD
Principal Investigator

Kendra Hatfield-Timajchy
Kendra Hatfield-Timajchy, PhD, MPH, MA
Co-Principal Investigator
Centers for Disease Control and Prevention
Zika Global Migration Task Force

cc: Napolean Butler

CDC Migrant Worker Zika Study

We Protect Lives.

Zika State Agency Meeting

August 29, 2016

12:30 PM	**Briefing Room will be open**	
1:00 PM	**Introductions**	
1:15 PM	**Opening Remarks**	**J. Patrick O'Neal, MD** Director of Health Protection
1:30 PM	**Epidemiology Briefing** *Core Zika Activities: Health Surveillance & Epidemiologic Investigation*	**Cherie L. Drenzek, DVM, MS** State Epidemiologist Director, Epidemiology Section
2:00 PM	**Environmental Health Briefing** *Core Zika Activities: Vector Surveillance & Mitigation Planning*	**Chris G. Kumnick** Director, Environmental Health
2:30 PM	**Communications Briefing** *Core Zika Activities: Communication & Community Outreach*	**Nancy Nydam** Director, Communications
2:45 PM	**DPH Zika Response Plan Overview** *Core Zika Activities: Concept of Operations*	**Jennifer Burkholder, RN, MSN, MPH** Deputy Chief Nurse of Emergency Preparedness Zika Response Coordinator
3:00 PM	**Maternal and Child Health Briefing** *Core Zika Activities: Pregnant Woman Outreach and Family Planning in the Context of Zika*	**Seema Csukas, MD, PhD** Medical Director, Maternal and Child Programs Division of Health Promotion
3:15 PM	**Q & A : OPEN DISCUSSION**	
3:45 PM	**Wrap-up**	

DPH Weekly Zika Calls

Every Monday 4:30 – 5:00 PM

DPH Weekly Zika Conference Calls

AGENDA

SEPTEMBER 12, 2016 4:30 – 5:00 PM

CALL IN: 1-888-808-6929
PASSCODE: 3217840#

FACILIATATOR	Jennifer Burkholder, DPH Zika Response Coordinator
STATE PUBLIC HEALTH ATTENDEES:	DPH Commissioner ☐ Director of Health Protection ☐ Chief of Staff ☐ State Epidemiologist ☐ Environmental Health Director ☐ Communications Director ☐ MCH Director ☐ Other State Attendees:
DISTRICT PUBLIC HEALTH ATTENDEES:	District 1-1 ☐ District 1-2 ☐ District 2 ☐ District 3-1 ☐ District 3-2 ☐ District 3-3 ☐ District 3-4 ☐ District 3-5 ☐ District 4 ☐ District 5-1 ☐ District 5-2 ☐ District 6 ☐ District 7 ☐ District 8-1 ☐ District 8-2 ☐ District 9-1 ☐ District 9-2 ☐ District 10 ☐ Other District Attendees:
OTHER AGENCY PARTNERS:	GEMHSA ☐ GMA ☐ Emory ☐ Mosquito Control ☐ ACCG ☐

State Zika Program Leads: Situation Updates

DISCIPLINE: **EPIDEMIOLOGY** CHERIE DRENZEK

DPH UPDATES		
GENERAL		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

DISCIPLINE: **ENVIRONMENTAL HEALTH** CHRIS KUMNICK

DPH UPDATES		
GENERAL		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

DISCIPLINE: **COMMUNICATIONS** NANCY NYDAM

DPH UPDATES		
GENERAL		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

DISCIPLINE: **MATERNAL AND CHILD HEALTH** SEEMA CSUKAS

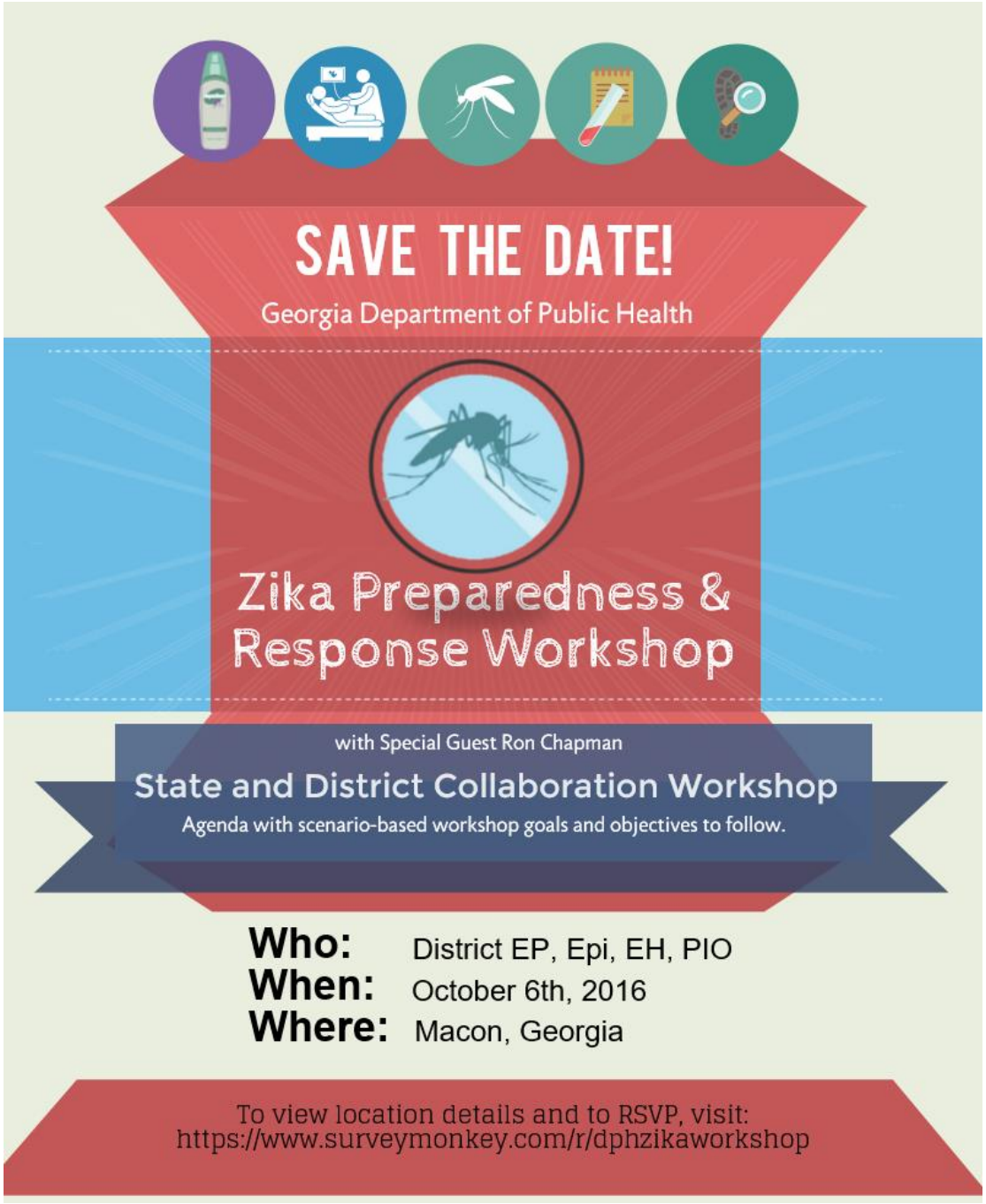
DPH UPDATES		
GENERAL		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

CONOPS: **DPH ZIKA COORDINATION** JENNIFER BURKHOLDER, PAT O'NEAL

DISCUSSION		
CONCLUSIONS		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

ADDITIONAL TOPICS	
ACTION ITEMS:	
SPECIAL NOTES	

We Protect Lives.


SAVE THE DATE!
Georgia Department of Public Health
Zika Preparedness & Response Workshop
with Special Guest Ron Chapman
State and District Collaboration Workshop
Agenda with scenario-based workshop goals and objectives to follow.
Who: District EP, Epi, EH, PIO
When: October 6th, 2016
Where: Macon, Georgia
To view location details and to RSVP, visit:
https://www.surveymonkey.com/r/dphzikaworkshop

Contact

Jennifer Burkholder, RN, MSN, MPH

Zika Response Coordinator

Deputy Chief Nurse of Emergency Preparedness

Georgia Department of Public Health

404-964-5200

Jennifer.Burkholder@dph.ga.gov

Zika Virus: Epidemiology Update

Cherie Drenzek, DVM, MS
State Epidemiologist, DPH

Overview

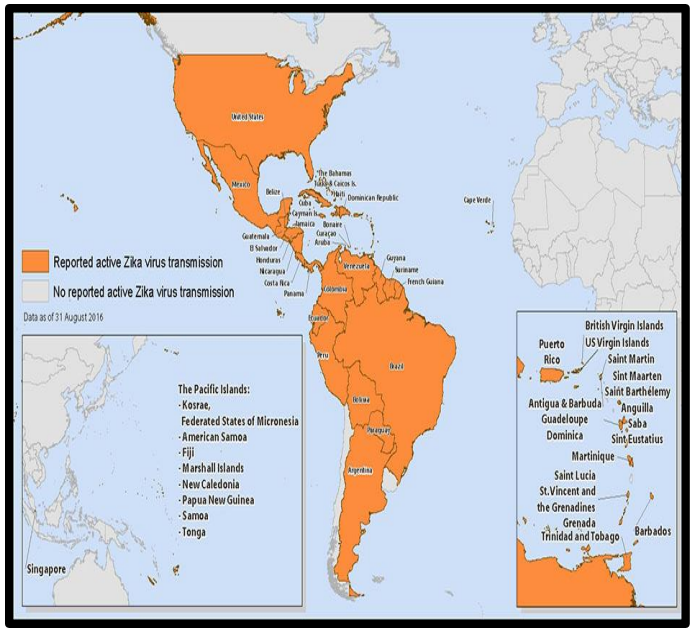
- Zika Science Update
- Global Epidemiology
- National Epidemiology
- Georgia Epidemiology + Surveillance

Zika: Science Update

- A recent case report in Italy demonstrated Zika virus to persist in the semen of a symptomatic male for 188 days; other recent case reports demonstrated Zika sexual transmission among asymptomatic individuals and from women to men.
- These findings have informed new practical recommendations about Zika transmission risk periods. WHO now recommends that both women and men who are returning from Zika-affected areas abstain or practice safe sex for **6 months**, even if they're not trying to conceive and regardless of symptoms (CDC guidance under review).
- A new study has found Zika virus in the eyes and the tears of infected laboratory mice (unknown whether this represents another route of human transmission).
- Recent study in Brazil documented sensorineural hearing loss to be relatively common among infants with congenital Zika infection; all also had microcephaly (loss can be delayed and progressive, so should receive ongoing follow up).

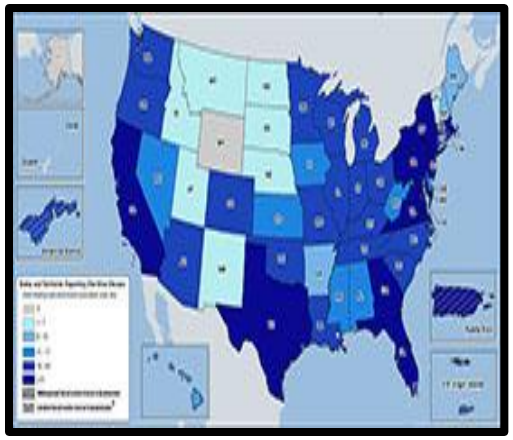
Zika Virus: Global Epidemiology

- Since May 2015, Zika virus has spread from Brazil to **48** countries in the Americas.
- In addition, outside the Americas, active Zika transmission is ongoing in **11** other countries worldwide (recent large outbreak in Singapore).
- On September 2, the WHO announced that the global Zika outbreak will maintain its designation as a "Public Health Emergency of International Concern (PHEIC)" because of the spread and the continued research gaps.



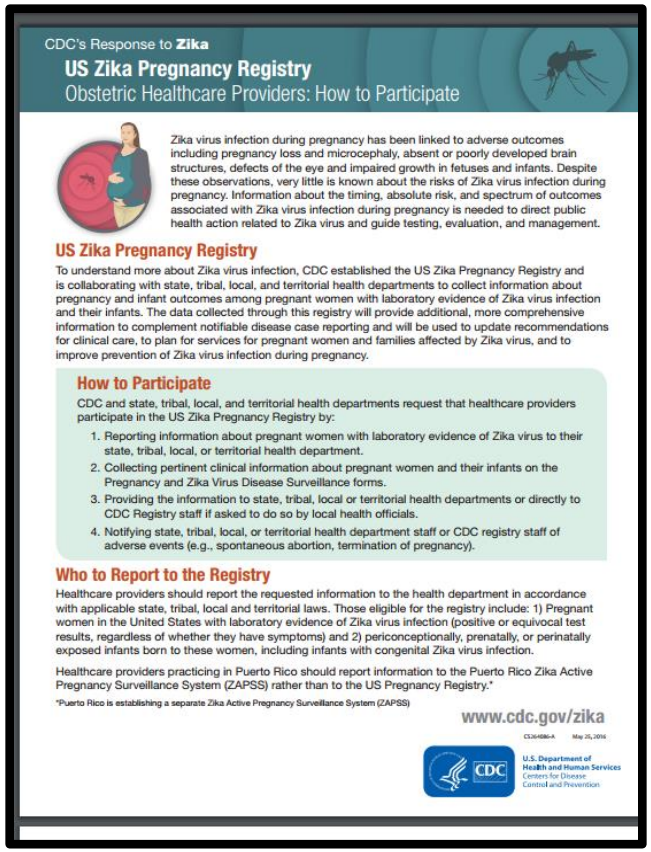
Zika Virus: National Epidemiology

- Currently, 2,920 travel-associated Zika cases have been reported in the continental U.S. and 1 lab-acquired infection.
- 56 **locally-acquired** Zika cases reported in Florida, primarily in Miami's Wynwood area and Miami Beach.
- 7 cases of Guillain-Barre Syndrome (GBS) (post-Zika infection) have been confirmed in continental U.S. and 23 instances of sexual transmission of Zika.
- U.S. Territory of Puerto Rico experiencing extensive local transmission of Zika (about 16,000 cases; 31 cases of GBS).



U.S. Zika Pregnancy Registry

- 671 pregnant women in the continental U.S. have lab evidence of Zika infection and are being followed in the **CDC U.S. Zika Pregnancy Registry**, which tracks any adverse pregnancy outcomes and the infants up to 12 months after delivery.
- So far in continental U.S.,CDC has documented 17 live-born infants with Zika-related birth defects and 5 pregnancy losses involving Zika-related birth defects.



CDC's Response to **Zika**

US Zika Pregnancy Registry

Obstetric Healthcare Providers: How to Participate

Zika virus infection during pregnancy has been linked to adverse outcomes including pregnancy loss and microcephaly, absent or poorly developed brain structures, defects of the eye and impaired growth in fetuses and infants. Despite these observations, very little is known about the risks of Zika virus infection during pregnancy. Information about the timing, absolute risk, and spectrum of outcomes associated with Zika virus infection during pregnancy is needed to direct public health action related to Zika virus and guide testing, evaluation, and management.

US Zika Pregnancy Registry

To understand more about Zika virus infection, CDC established the US Zika Pregnancy Registry and is collaborating with state, tribal, local, and territorial health departments to collect information about pregnancy and infant outcomes among pregnant women with laboratory evidence of Zika virus infection and their infants. The data collected through this registry will provide additional, more comprehensive information to complement notifiable disease case reporting and will be used to update recommendations for clinical care, to plan for services for pregnant women and families affected by Zika virus, and to improve prevention of Zika virus infection during pregnancy.

How to Participate

CDC and state, tribal, local, and territorial health departments request that healthcare providers participate in the US Zika Pregnancy Registry by:

1. Reporting information about pregnant women with laboratory evidence of Zika virus to their state, tribal, local, or territorial health department.
2. Collecting pertinent clinical information about pregnant women and their infants on the Pregnancy and Zika Virus Disease Surveillance forms.
3. Providing the information to state, tribal, local or territorial health departments or directly to CDC Registry staff if asked to do so by local health officials.
4. Notifying state, tribal, local, or territorial health department staff or CDC registry staff of adverse events (e.g., spontaneous abortion, termination of pregnancy).

Who to Report to the Registry

Healthcare providers should report the requested information to the health department in accordance with applicable state, tribal, local and territorial laws. Those eligible for the registry include: 1) Pregnant women in the United States with laboratory evidence of Zika virus infection (positive or equivocal test results, regardless of whether they have symptoms) and 2) periconceptionally, prenatally, or perinatally exposed infants born to these women, including infants with congenital Zika virus infection.

Healthcare providers practicing in Puerto Rico should report information to the Puerto Rico Zika Active Pregnancy Surveillance System (ZAPSS) rather than to the US Pregnancy Registry.*

*Puerto Rico is establishing a separate Zika Active Pregnancy Surveillance System (ZAPSS)

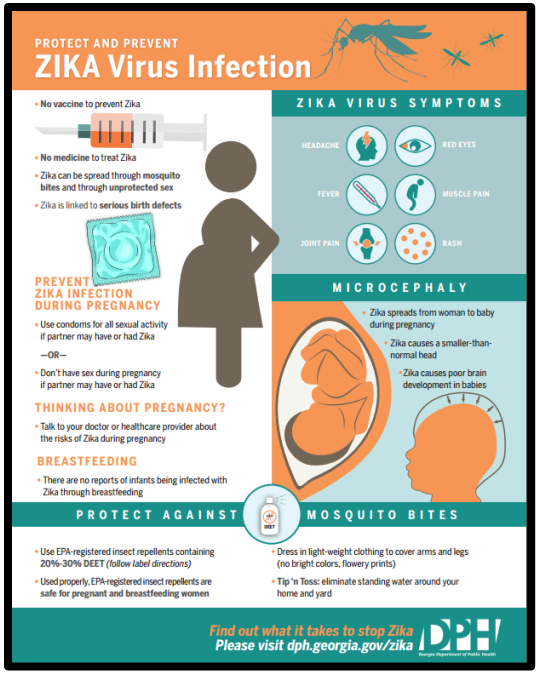
www.cdc.gov/zika

CS264586-A May 25, 2016

CDC U.S. Department of Health and Human Services Centers for Disease Control and Prevention

Zika: DPH Surveillance Goals

- Priority Surveillance Goals
  - Document travel-associated spread to new areas (so local transmission to mosquitoes can be mitigated).
  - **Most important population at risk: identify, test, and evaluate pregnant women who traveled to areas with Zika virus transmission (or whose sexual partners traveled).**
  - Rapid ascertainment of cases of microcephaly and other birth defects potentially associated with Zika virus infection in pregnancy and referral to services.



Zika: Laboratory Testing

- **Priority population for testing**: All pregnant women in the United States should be asked about possible Zika virus **exposure (travel or sex)** during each visit, to see if Zika testing warranted.
- The Georgia Public Health Laboratory performs RT-PCR testing to detect Zika genetic material and serology for IgM.
- Commercial Zika Testing: FDA has issued EUA for 7 commercial PCR tests and 1 IgM serologic assay.
- CDC recently sent guidance to all commercial labs performing Zika serology to remind them that positive IgM results do not confirm Zika infection and must be confirmed by PRNT at CDC (only through DPH).
- **Recommend that healthcare providers still contact DPH Epidemiology to triage/facilitate Zika testing, CDC confirmatory testing, and interpretation of results.**

Zika Epidemiology/Response in Georgia

- In Georgia, since January, DPH Epidemiology has triaged about 1,600 Zika clinical inquiries.
- Facilitated Zika testing at our Georgia Public Health Laboratory for about 980 persons (~65% among pregnant women), including those with travel to affected areas of Miami, Florida.
- We developed an electronic module in SendSS to track Zika testing and case management (adaptation of our Ebola monitoring module)
- No local Zika transmission in Georgia. To date, we have documented **80** travel-related Zika infections; about 65% in metro Atlanta.
- We counsel suspect and confirmed cases to strictly avoid mosquito bites here in Georgia (for 3 weeks after travel), to prevent sexual transmission of Zika, and to practice Tip-N-Toss around their properties.

M.O.R.E. Moms:
Improving Infant Mortality in DeKalb County One Life at a Time

Sandra Ford, MD, MBA, FAAP
DeKalb County District Director

Kassie Bennett
DeKalb County Board of Health

Closing Comments

Phillip Williams, PhD
Chair

The next Board of Public Health meeting is currently scheduled on
Tuesday, October 11, 2016 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send an e-mail to huriyyah.lewis@dph.ga.gov