

Georgia Board of Public Health

Feb. 11, 2020

Agenda

- Call to order
- Roll Call
- Approval/Adoption of Minutes
- Commissioner's Update

James Curran, M.D., Board Chair

Mitch Rodriguez, M.D., Secretary

Mitch Rodriguez, M.D., Secretary

Kathleen E. Toomey, M.D., M.P.H., Commissioner

Epidemiology Update: Novel Coronavirus COVID-19

Board of Public Health / Cherie L. Drenzek, DVM, MS / State Epidemiologist / Feb. 11, 2020

Outline

Background: Coronaviruses

2019 Novel Coronavirus (COVID-19) Outbreak

Epidemiology

Clinical Picture

Georgia's Outbreak Response

Take-Home Messages

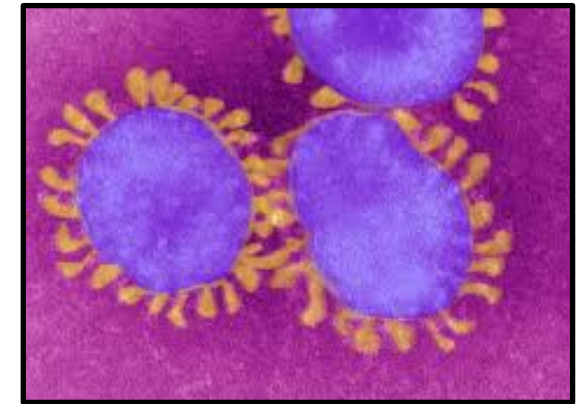
Background: Coronaviruses

Large family of viruses that infect animals and humans; first recognized in the 1960s

Coronaviruses have a crown-like appearance under the electron microscope, leading to their name

Seven coronaviruses have been shown to infect humans

- **Four** types (229E, NL63, OC43, HKU1) commonly infect people worldwide and cause (mostly mild) symptoms of a common cold.
- Since 2002, **three** animal coronaviruses evolved to be able to infect people (with resultant large outbreaks of illness): SARS in 2002, MERS in 2012, and COVID-19 in 2019.
- Animal reservoirs/hosts may include bats, civet cats, camels, and others



Novel Coronavirus (COVID-19) Outbreak

On December 31, 2019, a cluster of about 25 cases of pneumonia with unknown etiology was detected in Wuhan City, China. All case-patients reported visiting a large seafood and live animal market in Wuhan.

On January 7, 2020, Chinese authorities identified a novel coronavirus (COVID-19) as the etiologic agent.

During January, the outbreak spread rapidly and extensively in Wuhan (via person-to person transmission), but travel-associated cases also resulted in spread to other parts of China and many other countries as well.

The first case of travel-associated nCoV infection in the United States was documented on January 21, 2020

On January 30, 2020, the World Health Organization declared COVID-19 outbreak a “Public Health Emergency of International Concern” (PHEIC).

Novel Coronavirus (COVID-19) Outbreak

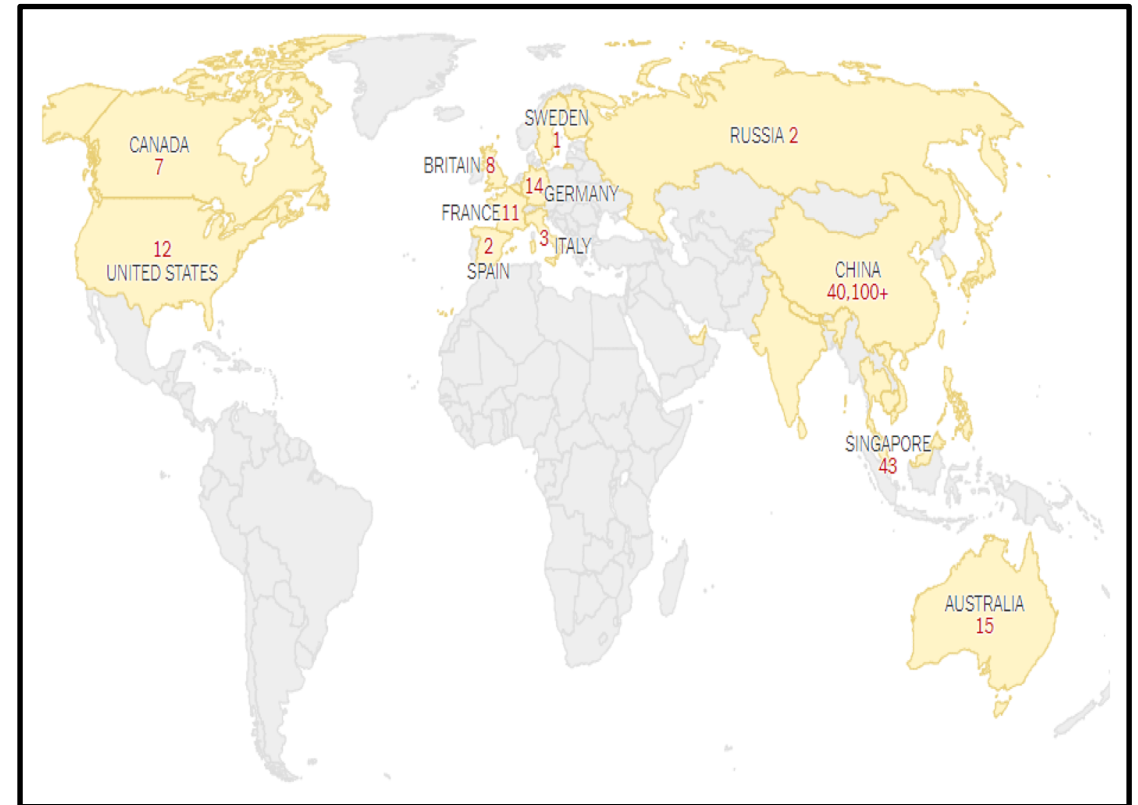
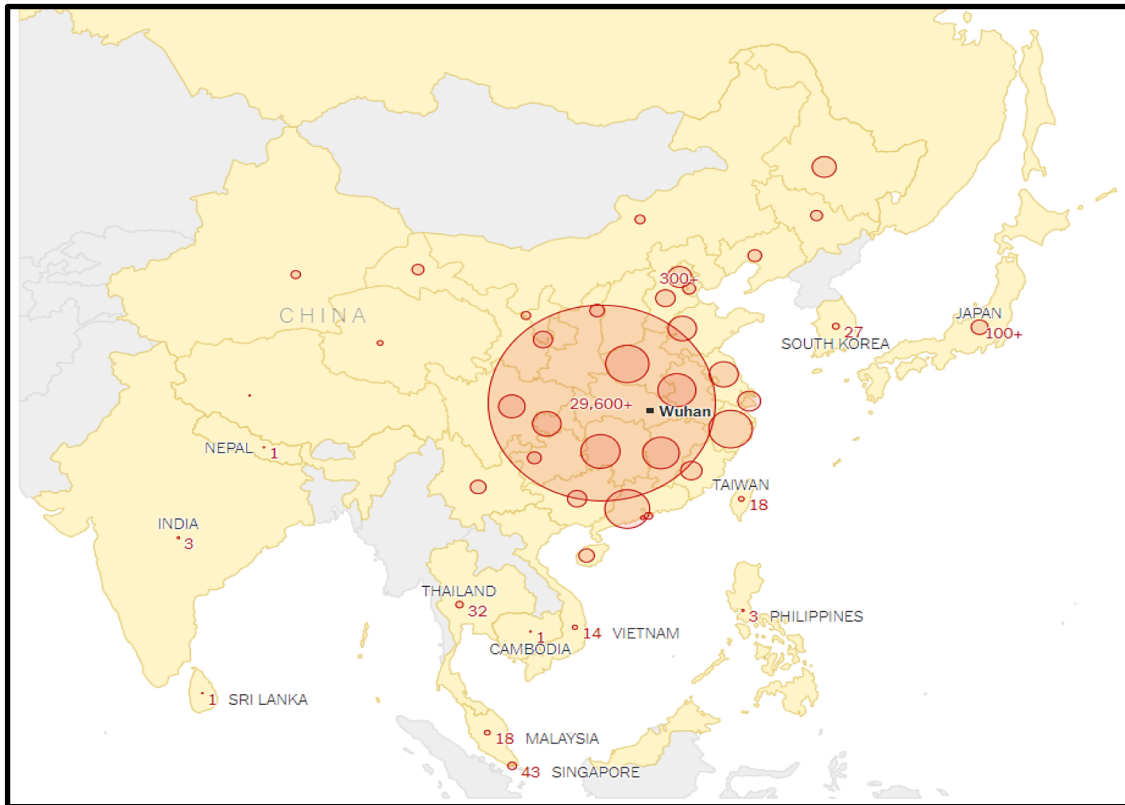
To slow the potential spread of nCoV to the United States, on January 31, the HHS Secretary declared the outbreak to be a national **Public Health Emergency** and the President of the United States issued a federal proclamation regarding “Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus.”

The presidential proclamation includes:

- 1) A travel ban for non-U.S. citizens traveling to the U.S. from China
- 2) Funneling flights from China to one of 11 airports in the US (including ATL)
- 3) A mandatory 14-day quarantine for returning travelers who have been in the Hubei Province (high risk)
- 4) 14 days of supervised self-monitoring for returning travelers from anywhere else in China (medium risk)

COVID-19 Outbreak: Epidemiology

As of Feb. 10, about 41,000 cases of nCoV infection with over 900 deaths have been documented globally (vast majority in China; 200 cases in 28 other countries)



COVID-19 Outbreak: Natural History & Epidemiology

Initially, all nCoV case-patients were linked to a large animal market (zoonotic origin of virus), but spread is now **driven by person-to-person transmission**.

Transmission is primarily via droplets from coughing and sneezing.

Very rare instances of asymptomatic transmission have been documented.

The median incubation period of this virus has been reported to be **5.2 days**, although it may range from 2-14 days.

Most case-patients are male, the median age is between 49 and 56 years, and cases among children have been rare.

For now, compared to SARS and MERS, COVID-19 seems to have **greater infectivity** and **lower case fatality rate** (although we don't really have good denominators yet).

Genetically, the COVID-19 virus is very similar to bat coronaviruses, but it is not yet known which animal is the intermediate species between bats and humans.

Novel Coronavirus Infection: Clinical Picture

Clinical presentation varies in severity from asymptomatic infection or mild illness to severe or fatal illness.

The clinical syndrome is nonspecific and characterized by fever and dry cough in the majority of patients, with about a third experiencing shortness of breath.

The fever course may be intermittent yet prolonged. Clinical signs can seem to worsen in the second week of illness.

Patients requiring hospitalization have all had pneumonia with infiltrates on chest x-ray. About a third of these patients subsequently developed acute respiratory distress syndrome and required care in the ICU.

Risk factors for severe illness are not yet clear, although older patients and those with chronic medical conditions may be at higher risk.

To date, the management of infection has been largely supportive (with appropriate infection prevention precautions!)

Novel Coronavirus: Diagnostic Testing/Criteria

At this time diagnostic testing for COVID-19 is conducted only at CDC, but state public health labs (including GPHL) will have the capacity in the coming weeks.

Patients **MUST** meet the following criteria for lab testing (called Patient Under Investigation, or PUI criteria) and **MUST** be coordinated through DPH.

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact ² with a laboratory-confirmed ^{3,4} COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province , China within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ⁴	AND	A history of travel from mainland China within 14 days of symptom onset

Novel Coronavirus Outbreak Response: Georgia

Overarching strategy is to detect/identify any possible cases of nCoV early so that they can be appropriately managed and isolated to prevent spread in Georgia.

DPH Activities (with our federal, healthcare, and other partners):

- Identify **those at risk** (travelers from China or contact with confirmed cases anywhere)
- Quantify risk
- Implement the Presidential Proclamation, as appropriate
 - Mandatory 14-day quarantine for high risk travelers (travel from Hubei)
 - Supervised 14-day self-monitoring for medium risk travelers (from China mainland)
- Triage calls from healthcare providers about risk/possible cases (>210 calls!)
- Coordinate laboratory testing
- Developed guidance documents for healthcare providers, EMS, schools, universities, etc.

Medium Risk Travelers from Mainland China



2019 nCoV CORONAVIRUS

HEALTH ALERT: *Travelers from China*
There is an outbreak of respiratory illness in China.

Travelers are required to be monitored for up to 14 days after leaving China.

Travelers should stay home and monitor their health within this 14-day period.
A health official will contact you to give additional instructions.

Take your temperature with a thermometer 2 times a day and watch your health.

If you develop a fever (100.4°F/38°C or higher), cough, or have difficulty breathing:

- Call your health department for advice before seeking care.
- If you can't reach your health department, call ahead before going to a doctor's office or emergency room.
- Tell them your symptoms and that you were in China.



For more information: www.cdc.gov/nCoV

CS 314423-D 02/03/2020

Lists of travelers in Georgia are sent daily to DPH Epidemiologists

For “Supervised Self-Monitoring of Medium Risk Travelers”: Electronic Monitoring System

HomeApplications

2019-NCOV Active Monitoring Search

Last Name:

First Name:

Status:Active

In Monitoring Period:All

District:All

Age:All Ages

Date of Birth:

Traveler Id:

DGMQ ID:

Care Id:

Is Traveler:All

In Notes:

Search

Clear Form

Add New Person

Show Summary

Export Linelist

Query Users

Show CDC Weekly

Summary

2019-NCOV Active Monitoring Summary for:All DistrictsStatus:In Monitoring Period

⊙ = No Syptoms for the Day

● = Syptoms indicated for the Day

= No data recorded for the Day

- T = Person has indicated planned travel - R = Travel Reported to CDC - D = Person needs direct monitoring - NT = Not a traveler, other exposure risk - Blue = CDC Employee


■ = In Monitoring Period ■ = Travel outside Georgia ■ = Travel in Georgia ■ = Direct Active Monitoring

Summary as of 02/01/20 22:10:19 Symptomatic:0 Not Compliant:0 Ok:1 Needs Contact:0 Attempted To Contact:0 Needs Home Visit:0 Complete:0 Complete - Out Of Jurisdiction:0 Complete - Unable To Reach:0 Deleted:0 New:0 Self-Monitoring:0 Self-Monitoring (In Monitoring Period):0 Visiting From Out Of State:0 Visiting From Out Of State (In Monitoring Period):0 Cdc Employees Under Self Monitoring (In Monitoring Period):0 Cdc Employees Under Active Monitoring:0

ID	Name:	Status:	District Assigned:	Date Arrived	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
236024		Ok			0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0

Print

DPH Communications



Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor
2 Peachtree Street, NW, 15th Floor
Atlanta, Georgia 30303-3142
dph.ga.gov

Feb. 4, 2020

Dear Dr. Edison:

The Georgia Department of Public Health is working with the Centers for Disease Control and Prevention (CDC) to identify and prevent the spread of novel coronavirus (nCoV) in Georgia. To date, there are no confirmed cases of novel coronavirus in Georgia.

Currently, there are thousands of confirmed human infections with nCoV in China with a growing number of cases in other international locations, including the United States. On Jan. 30, 2020, the World Health Organization declared the outbreak a public health emergency of international concern. On Jan. 31, 2020, a public health emergency was declared in the United States to aid the nation's healthcare community in responding to nCoV.

Because the nCoV outbreak is a rapidly evolving situation, CDC is updating clinical guidance for healthcare providers as they learn more about this emerging infection.

As of Feb. 4, 2020, clinicians evaluating patients for nCoV should:

1. Obtain a detailed travel history for any patients being evaluated with fever and acute respiratory illness. The Travel Clinical Assistant (TCA) can help identify current outbreaks and endemic diseases of concern around the globe.
(<https://dph.georgia.gov/TravelClinicalAssistant>)
2. Patients who meet the following criteria should be considered a patient under investigation (PUI) for novel coronavirus (nCoV) infection. The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure). Note that this information will be updated frequently - the most current PUI criteria can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.
 - a. Fever AND Lower respiratory symptoms AND Severe enough symptoms to require hospitalization AND Travel to mainland China within 14 days of symptom onset.
 - b. Fever AND Lower respiratory symptoms AND Does not require hospitalization but has been to Hubei Province within 14 days of symptom onset.
 - c. Fever OR Lower respiratory symptoms AND Any person, including healthcare workers, with close contact with a laboratory-confirmed 2019-nCoV patient within 14 days of symptom onset.

Clinicians who suspect 2019-nCoV infection in a patient should report them immediately to the Georgia Department of Public Health at 1-866-PUB-HLTH (1-866-782-4584) and ask for a Medical Epidemiologist.

Please refer to the complete updated clinical guidance for healthcare providers attached to this letter.

We protect lives.



GEORGIA DEPARTMENT of
PUBLIC HEALTH

▼ About DPH ▼ Health Topics ▼ Vital Records ▼ Women and Children ▼ Immunization


Novel Coronavirus

The Georgia Department of Public Health (DPH) is closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus first identified in Wuhan, Hubei Province, China in December 2019, and regularly coordinating with the Centers for Disease Control and Prevention (CDC). The outbreak continues to grow in China and cases have been identified in a growing number of other international locations, including the United States. There are ongoing investigations to learn more about the virus, how it is transmitted, and how to prevent the spread of disease. DPH has not confirmed any novel coronavirus cases in Georgia to date; however, this is an emerging, rapidly evolving situation so that could change.

Clinician Resources

[Interim Guidance for healthcare professionals](#)

[Interim Recommendations for Managing patients with known or suspected 2019-nCoV](#)



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February 3, 2020

UPDATED Guidance for Clinicians to Report Possible Cases of 2019 Novel Coronavirus (2019-nCoV)- GUIDANCE SUBJECT TO CHANGE AS OUTBREAK UNFOLDS

Summary

- An expanding global outbreak of respiratory infections due to a novel coronavirus (2019-nCoV) is being closely monitored by the WHO, CDC, and state public health officials.
- As of February 3, there have been thousands of confirmed human infections with nCoV in China with a growing number of cases in other international locations, including the United States.
- Clinical presentation varies from in severity from asymptomatic infection or mild illness to severe or fatal illness. Symptoms include fever and signs of lower respiratory illness (e.g., cough, shortness of breath); case-patients can also develop pneumonia and some reports suggest the potential for clinical deterioration during the second week of illness although the full spectrum of clinical illness remains unknown.
- As of February 2, travelers returning to the U.S. who have history of travel in Hubei Province or who have been in close contact with a confirmed nCoV case in the last 14 days will be quarantined upon arrival into the U.S. for 14 days post-exposure. Travelers returning from mainland China will be subject to 14 days of at home supervised monitoring post-exposure. THIS ONLY APPLIES TO TRAVELERS RETURNING ON OR AFTER FEBRUARY 2.
- Clinicians who suspect 2019-nCoV infection in a patient should report them immediately to the Georgia Department of Public Health (DPH) at 1-866-PUB-HLTH (1-866-782-4584) and ask for a Medical Epidemiologist.

Background

An outbreak of pneumonia due to infection with a novel coronavirus (nCoV) began in Wuhan, China in December 2019. Since then, Chinese health authorities have confirmed thousands of infections with increasing deaths. Initially, patients had epidemiologic links to a large seafood and animal market, suggesting a zoonotic origin of the virus, but spread is now driven by person-to-person transmission, thought to be primarily via droplets from coughing and sneezing. Rare instances of asymptomatic transmission have also been documented. Exported cases have been found in numerous countries outside of China, also with subsequent person-to-person spread, including in the United States.

The US State Department issued a level 4 travel advisory ("do not travel") for China (<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/china-travel-advisory.html>).

Recommendations for Clinicians

1. Obtain a detailed travel history for any patients being evaluated with fever and acute respiratory illness. The Travel Clinical Assistant (TCA) can help identify current outbreaks and endemic

Take Home Messages: Novel Coronavirus

Outbreaks of novel virus infections are always of public health concern.

The COVID-19 outbreak is evolving rapidly.

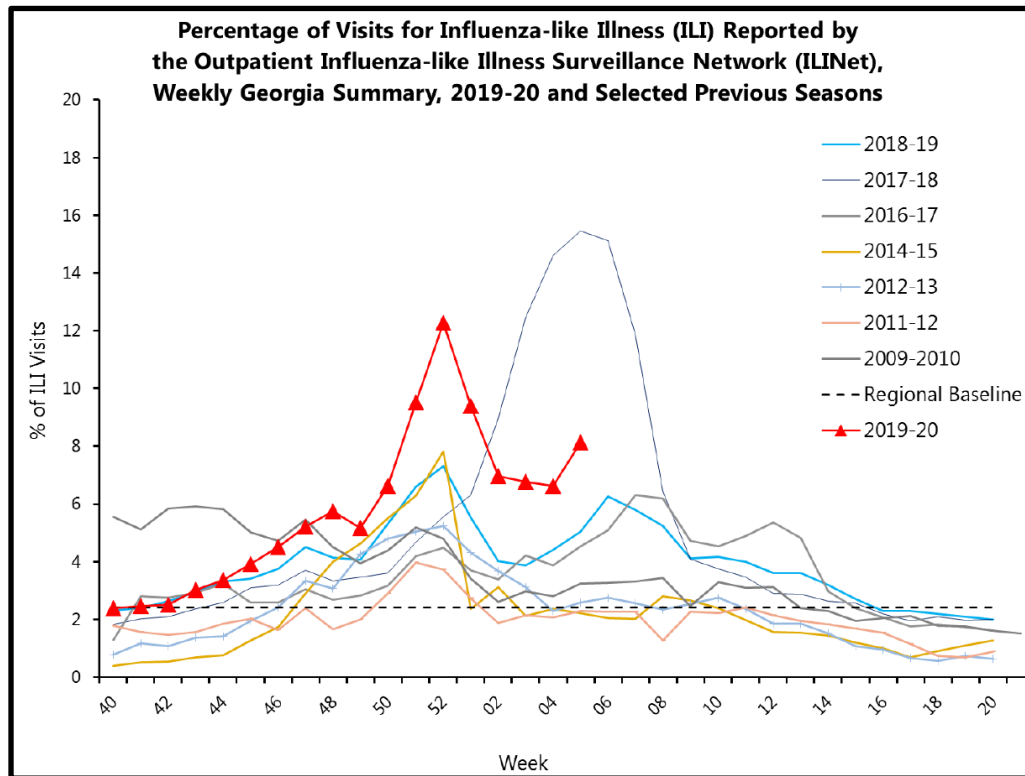
The potential for a global pandemic is high but the risk for most Americans is low.

More cases are likely to be identified in the coming days, including more cases in the United States.

Clinicians who suspect COVID-19 infection in a patient should report them immediately to the Georgia Department of Public Health (DPH) at 1-866-PUB-HLTH (1-866-782-4584) and ask for a Medical Epidemiologist

Don't Forget About Influenza

Flu activity is still very high and flu has killed at least 10,000 Americans this season



Summary of Influenza-associated Deaths, by Age, Georgia, 2019-20 Influenza Season

Age Group in Years	No. of Flu Deaths (Data Cumulative since Week 40)
0-4	2
5-17	2
18-49	9
50-64	7
65+	24
Total	44

Questions

For more information, please contact:

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State Epidemiologist & Chief Science Officer

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Low THC Oil Program

Board of Public Health / Chris Rustin, DrPH, M.S., R.E.H.S., Director, Division of Health Protection, Karl Soetebier, M.A.P.W. / Director, Office of Public Health Informatics / Feb. 11, 2020

Low THC (tetrahydrocannabinol) Oil Program

Legislative Mandate:

- GA House Bill 1 (2015)
- GA Senate Bill 16 (2017)
- GA House Bill 324 (2019)

Medical Registry

- SendSS Registry
- Physicians self-register
 - List patient(s) with one or more diseases/conditions specified in law
 - List caregivers – parent, guardian, or legal custodian of an individual who is less than 18 years of age or the legal guardian of an adult



Medical Conditions

Intractable Pain

ALS (Amyotrophic Lateral Sclerosis)

Cancer

Peripheral Neuropathy

Seizure Disorders

Multiple Sclerosis

PTSD

Autism Spectrum Disorder

Crohn's Disease

Parkinson's Disease

Mitochondrial Disease

Sickle Cell Disease

Tourette's Syndrome

Alzheimer's Disease

Hospice Patients

AIDS

Epidermolysis Bullosa

Low THC Oil Program

Low THC Oil Staff:

- Approve/verify physicians in the registry
- Contact caregivers and verification
- Print and mail cards
- Duration: 2 years
- Maintain registry/conduct semi-annual report for Composite Medical Board

Public Health Department (County) Vital Records Staff:

- Receive cards
- Contact caregiver and schedule appointment to verify credentials
- \$25.00 fee assessed

Card Pick - Up Locations

- Bibb County Health Department
- Carroll County Health Department
- Chatham County Health Department
- Cherokee County Health Department
- Clarke County Health Department
- Cobb County Health Department
- Colquitt County Health Department
- Decatur County Health Department
- DeKalb County Health Department
- Fulton County Health Department

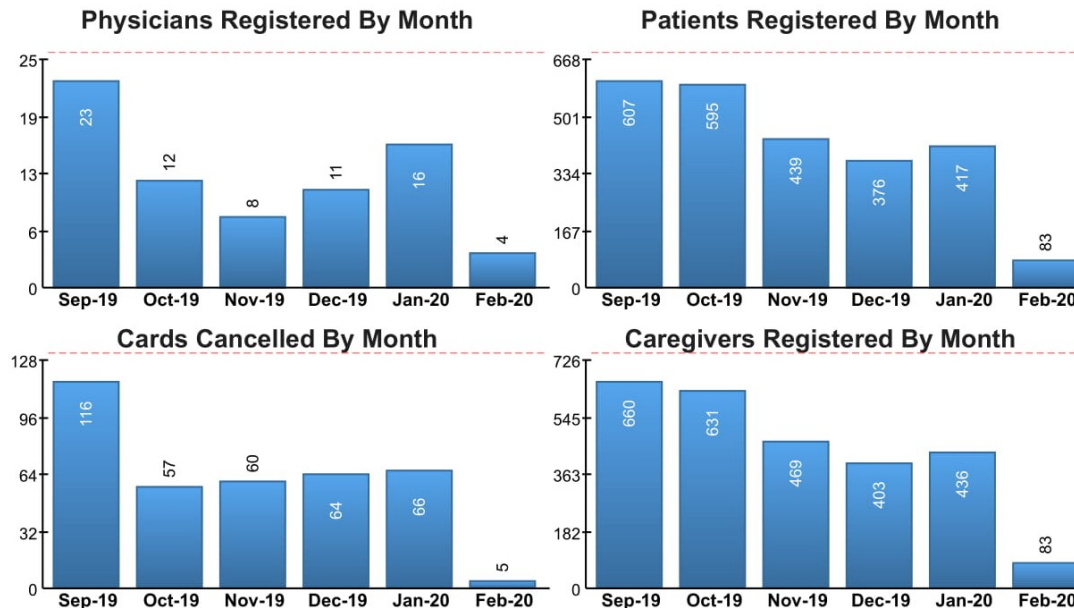
- Hall County Health Department
- Laurens County Health Department
- Lowndes County Health Department
- Muscogee County Health Department
- Richmond County Health Department
- Sumter County Health Department
- Troup County Health Department
- Ware County Health Department
- Whitfield County Health Department
- State Office of Vital Records – Atlanta

Registry Dashboard

Home	Case Reporting	Analysis	Admin
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THC Registry Dashboard

Registrations Data



THC Patients by Condition

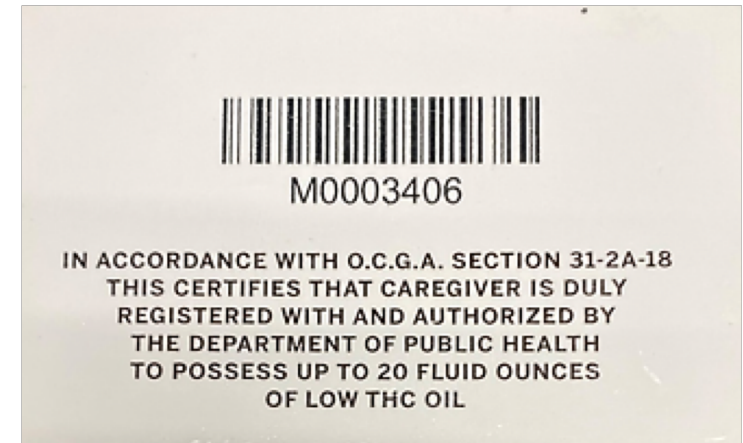
Condition
INTRACTABLE PAIN
PERIPHERAL
CANCER
SEIZURES
PTSD
MULTIPLE SCLEROSIS
AUTISM
CROHNS
PARKINSONS
MITOCHONDRIAL
SICKLE CELL
SCLEROSIS
ALZHEIMERS
TOURETTES
HOSPICE
AIDS
EPIDERM

Project Totals (Real-Time)

Active Physicians: 972	Caregivers Needing to Pick Up Cards: 2190
Active Patients: 14511	Cards Cancelled: 2797
Active Caregivers with Cards: 12093	Caregivers Registered: 17651

Card Security Concerns

- Card integrity
- Cards printed on standard desktop printer
 - Ink rubbed off the card
 - Blanks could be sold on sites like Craig's List
- Security holograph was behind the ink
- Inefficient printing
- Card blank costs



Security Improvements

- New printing system specializes in official government I.D.s, cards now created and printed in-house
- New cards designed by DPH communications with enhanced security features
 - Cards more rigid
 - DPH logo
 - DL number
 - Enhanced color schemes
 - County
 - Location for caregiver and patient
 - Laminates hologram over ink



Future Security Improvements

DPH collaboration with Georgia Division of Driver Services to better facilitate card verification in the field.

Current mechanism:

- Peace officers contact the Georgia Poison Center
- Call center staff perform a manual search of the Low THC Oil registry and confirm status

Proposed mechanism:

- Peace officers scan driver's license barcode
- DDS system queries the Low THC Oil registry directly
- Verification obtained via law enforcement data system

Questions

For more information, please contact:

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Next Meeting

The next Board of Public Health meeting is scheduled for
Tuesday, March 10, 2020 @1 p.m.