Commissioner’s Update

Brenda Fitzgerald, MD
Commissioner, DPH
Legislative Update

David Bayne
Government Relations Director
FY 2017 Budget Update

Kate Pfirman, CPA
Chief Financial Officer, DPH
FY 2017
Total Budget: $654,042,326

- Federal Funds: $397,247,775 (61%)
- State General Funds: $229,069,632 (35%)
- Tobacco Funds: $13,717,860 (2%)
- Other Funds: $14,007,059 (2%)

Attached agencies not included
FY 2017 Budget Highlights

- Provide funds for merit-based pay adjustments & employment recruitment & retention initiatives effective July 1, 2016 - $7,300,606

- Additional salary increase for **registered nurses** to address recruitment & retention issues in the highest turnover classes - $3,687,332

- Additional salary increase for **licensed practical nurses** to address recruitment & retention issues in the highest turnover classes - $526,875

- Increase funds for the sixth year phase-in of the new general grant-in-aid formula to hold harmless all counties - $1,388,991

- Replace federal funds for Women’s Health program - $651,897
FY 2017 Salary Adjustments

**Merit Based Pay Adjustments**
- Three percent (3%) increase effective July 1, 2016
- Separate GIA 001 allocation to lead county

**Special Allocation for Nurses**
- Compensation distribution based on nursing series jobs & pay grades
- Criteria to include tenure and distance from market rate
- Separate GIA 001 allocation to lead county with funding identified by position
## FY 2017 Budget by Program

### STATE GENERAL FUNDS

<table>
<thead>
<tr>
<th>Statewide Changes</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merit-based pay adjustments and employment recruitment and retention initiatives</td>
<td>$7,981,602</td>
</tr>
<tr>
<td>Increase funds to provide for an additional salary increase for registered nurses</td>
<td>$3,737,277</td>
</tr>
<tr>
<td>to address recruitment and retention issues in the highest turnover classes</td>
<td></td>
</tr>
<tr>
<td>Provide for an increase in the employer share of the Employees' Retirement</td>
<td>$166,595</td>
</tr>
<tr>
<td>System contribution rate to provide a one-time benefit adjustment of 3% to</td>
<td></td>
</tr>
<tr>
<td>retired state employees</td>
<td></td>
</tr>
<tr>
<td>Adjustment to premiums for DOAS administered self insurance programs</td>
<td>($144,672)</td>
</tr>
<tr>
<td>Adjustment in TeamWorks billings</td>
<td>$55,158</td>
</tr>
<tr>
<td>Increase funds to reflect an adjustment in merit system assessments</td>
<td>$12,182</td>
</tr>
</tbody>
</table>

### Departmental Administration

| Provide funds for telehealth maintenance and infrastructure                       | $122,196      |

### Adolescent & Adult Health Promotion

| Replace federal funds                                                           | $651,897      |
| Increase funds for the Positive Alternatives for Pregnancy and Parenting Grant  | $2,000,000    |
| Program                                                                         |               |
| Increase funds for the Biomedical Prevention Clinic                            | $100,000      |
## FY 2017 Budget by Program

<table>
<thead>
<tr>
<th>STATE GENERAL FUNDS</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epidemiology</strong></td>
<td></td>
</tr>
<tr>
<td>Increase funds for the Georgia Poison Center to support additional staffing needs</td>
<td>$150,000</td>
</tr>
<tr>
<td><strong>Infant &amp; Child Essential Health Treatment Services</strong></td>
<td></td>
</tr>
<tr>
<td>Increase funds to provide therapies for individuals with congenital disorders</td>
<td>$1,722,240</td>
</tr>
<tr>
<td>Transfer the Maternal and Infant Early Childhood Home Visitation (MIECHV) grant funds from the Department of Human Services to the Department of Public Health for home visiting services (Federal funds: $1,089,366)</td>
<td>YES</td>
</tr>
<tr>
<td>Increase funds for the Medical College of Georgia Sickle Cell Center at Augusta University</td>
<td>$117,178</td>
</tr>
<tr>
<td><strong>Infant &amp; Child Health Promotion</strong></td>
<td></td>
</tr>
<tr>
<td>Eliminate one-time funds for the Rally Foundation for Childhood Cancer Research</td>
<td>($25,000)</td>
</tr>
</tbody>
</table>
## FY 2017 Budget by Program

### STATE GENERAL FUNDS

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office for Children and Families</strong></td>
<td></td>
</tr>
<tr>
<td>Transfer funds for supporting Georgia's children and families from the Governor's Office for Children and Families to the Department of Public Health</td>
<td>$824,505</td>
</tr>
<tr>
<td><strong>Public Health Formula Grants to Counties</strong></td>
<td></td>
</tr>
<tr>
<td>Increase funds for the sixth year phase-in of the new grant-in-aid formula to hold harmless all counties</td>
<td>$1,388,991</td>
</tr>
<tr>
<td>Increase funds to provide for an additional salary increase for Licensed Practical Nurses (LPN) to address to recruitment and retention issues in the highest turnover job classes</td>
<td>$526,875</td>
</tr>
<tr>
<td><strong>Vital Records</strong></td>
<td></td>
</tr>
<tr>
<td>Increase funds to provide for new Vital Records facility real estate rent</td>
<td>$522,725</td>
</tr>
<tr>
<td><strong>TOTAL STATE GENERAL FUNDS</strong></td>
<td>$19,909,749</td>
</tr>
</tbody>
</table>
## FY 2017 Bonds

<table>
<thead>
<tr>
<th>General Obligation (G.O.) Bonds</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Billing Information Technology System</td>
<td>$4,800,000</td>
</tr>
<tr>
<td>Facility Repairs and Maintenance (Waycross &amp; Decatur laboratories)</td>
<td>$400,000</td>
</tr>
<tr>
<td><strong>Total G.O. Bonds</strong></td>
<td><strong>$5,200,000</strong></td>
</tr>
</tbody>
</table>
QUESTIONS?
Bond Sale Resolution

Kate Pfirman, CPA
Chief Financial Officer, DPH
Overview of Georgia PRAMS

(Pregnancy Risk Assessment Monitoring System)

Nicole M Kosacz, MPH
MCH Epidemiologist III Manager, DPH
In 2014, there were: 130,776 live births in Georgia

Source: https://oasis.state.ga.us/
PRAMS Provides Context

- Experiences
- Behaviors
- Attitudes

**PRAMS Survey Topics**

- Content and source of prenatal care
- Maternal alcohol and tobacco consumption
- Physical abuse before and during pregnancy
- Pregnancy-related comorbidity
- Contraceptive use
- Maternal knowledge of pregnancy-related health issues such as adverse effects of tobacco and alcohol, benefits of folic acid, and risks of HIV
What is PRAMS?

• Surveillance system
• Mixed-mode
• Weighted
• High response rate
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• Surveillance system
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What is PRAMS?

• Surveillance system
• Mixed-mode
• Weighted
• High response rate
Why Weight Data?

Population

126,124
Why Weight Data?

Population 126,124

Sample 2,300
Georgia PRAMS Staff

Director

Coordinator

Operations/Data Manager

2 Interviewers
Data Collection
Data Collection

Baby is born
Data Collection

Baby is born

Birth Certificate Clerk Enters & Submits the BC to Vital Records
Data Collection

Baby is born

Birth Certificate Clerk Enters & Submits the BC to Vital Records

Receive data from Vital Records
Data Collection

Baby is born

Birth Certificate Clerk Enters & Submits the BC to Vital Records

Receive data from Vital Records

Create sample
Data Collection

Sample is drawn → Team enters the data into PIDS & sends Pre-letter
Data Collection

Sample is drawn

Team enters the data into PIDS & sends Pre-letter

3 – 7 days

Send Mail 1
Data Collection

Sample is drawn

Team enters the data into PIDS & sends Pre-letter

Send Mail 1

Send Tickler

3 – 7 days

7 – 10 days
Data Collection

Sample is drawn

Team enters the data into PIDS & sends Pre-letter

Send Mail 1
3 – 7 days

Send Mail 2
7 – 10 days

Send Tickler
7 – 14 days

We Protect Lives.
Data Collection

Sample is drawn

Team enters the data into PIDS & sends Pre-letter
3 – 7 days

Send Mail 1
7 – 10 days

Send Mail 2
7 – 14 days

Send Mail 3
7 – 14 days

Send Tickler
Data Collection

Sample is drawn

Team enters the data into PIDS & sends Pre-letter

Send Mail 1

3 – 7 days

Send Tickler

7 – 10 days

Send Mail 2

7 – 14 days

Send Mail 3

7 – 14 days
Data Collection

Survey Completed!
Send Gift Card
What is PRAMS?

• Surveillance system
• Mixed-mode
• Weighted
• High response rate
Georgia PRAMS Response Rate

- 2004: 70%
- 2005: 70%
- 2006: 71%
- 2007: 67%
- 2008: 68%
- 2009: 66%
- 2010: 65%
- 2011: 67%
- 2012: 68%
- 2013: 66%

CDC Threshold 70%

CDC Threshold 65%

CDC Threshold 60%
We Have Data, Now What?

• Sole source for several MCH indicators
• Monitor changes in MCH indicators over time
• Measure progress towards goals
• Evaluate policies and program activities
• Provide state-level data specific to Georgia
• Allow for comparisons to other states
• Identify groups at high risk
• Investigate emerging issues
Data-to-Action

Georgia Maternal Tobacco Media Campaign

• **Source:** PRAMS data 2008-2011

• **Variables:** Maternal demographics, Smoking during pregnancy

• **Results:** About 6% (10,000) of Georgia mothers smoke during pregnancy, Tend to be young, very low income, non-Hispanic, White

• **Outcome:** Media Awareness Campaign
Media Buy in April of 2014

- Radio from May 5-24, 2014
- Existing, retagged TIPS messages
- Amanda message
- Target women 15-29
- Columbus, Rome, and Waycross Media Markets
- Ran 10-20 messages per week in each location
Disseminating PRAMS Data

- Fact Sheets
- Data Reports
- Journals
- Social Media
- Newsletters
- Podcasts
THANK YOU

Nicole Kosacz
Nicole.Kosacz@dph.ga.gov
Zika Virus Updates
Zika Virus: Epidemiology Update

Cherie L Drenzek, DVM, MS
State Epidemiologist, DPH
Introduction: Zika Virus Outbreak

• Zika is an unprecedented public health emergency that poses significant risks to pregnant women.

• This is the first time in >50 years that a virus has been linked to birth defects and poor pregnancy outcomes (first-ever mosquito-borne cause).

• Since May 2015, Zika virus has spread from Brazil to 33 countries in the Americas, and 41 worldwide.

• No local transmission currently in the continental U.S., but 346 travel or sexually-associated cases have been reported, including 11 in Georgia (none in pregnant women).
DPH Roles

1. Human Surveillance
2. Laboratory Testing (GPHL approved for all Zika testing on April 8)
3. Inform Prevention and Control Strategies
4. Environmental Health: Vector Surveillance/Control
5. Communication/Outreach
Feb. 10, 2016: DPH Board Meeting...
What Does the Future Hold for Zika Virus?

- Virus will likely continue to spread in areas with competent vectors
- Travel-associated cases may result in some local transmission and outbreaks
- Dengue spread may serve as a model?
- We may gain answers to the unknown questions about congenital transmission, the causal link between infection and microcephaly, the role of sexual transmission, whether and how long couples should delay conception after zika exposure, and the role of other mosquito vectors.
- Learning more every day!
April 12, 2016: What Have We Learned About Zika Since Then?

1. Pathogenesis of Virus
2. Spectrum of Clinical Course: Severe Outcomes of Infection
3. Role of Sexual Transmission

1. Zika Pathogenesis
   - Neurotropic virus; infection causally associated with Guillain-Barre Syndrome (400 cases of Zika-related GBS have been reported in 13 countries, including 1 in the U.S.).
   - Associated with other Central Nervous System disease: acute myelitis, meningoencephalitis, acute disseminated encephalomyelitis
   - Zika virus remains in blood for a week; recent case report of a pregnant women with Zika viremia at 4 weeks and 10 weeks after illness?
   - Unknown how long Zika persists in other body fluids (recent report in semen up to 62 days).
What Else Have We Learned about Zika?
Severe Outcomes in Pregnant Women

1. Microcephaly:
   
   • WHO Zika Situation Report, April 7, 2016: “Based on a growing body of preliminary research, there is scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barré syndrome”

   • More than 1,000 cases of microcephaly linked to Zika have been reported in 6 countries

2. Range of adverse pregnancy outcomes:
   
   • Fetal death, placental insufficiency, intrauterine growth restriction, CNS injuries, eye abnormalities

Recommend that pregnant women with Zika infection be handled as high-risk pregnancy. **On April 8, CDC rolled out a new national registry to track Zika-infected pregnant women and their infants (up to 12 months after delivery).**
What Else Have We Learned About Zika?

Sexual Transmission

- Sexual transmission is more common than expected (7 cases documented so far in the U.S.).
- Spread from infected men who had traveled to Zika-affected areas to their sexual partners.
- All men had symptoms of Zika infection (fever, rash, conjunctivitis, etc.)
- The virus can be spread before symptoms start, when the man has symptoms, and after symptoms resolve.
- To date, we have not seen zika transmission from a woman during sex.
Epidemiology Informs Prevention and Control

Strategies for three priority populations

1. Travelers to Zika-affected areas
2. Pregnant Women (and their sexual partners)
3. Infected (or Unknown) Travelers Returning Home to Georgia
Zika Virus Prevention + Control

For Travelers to Affected Areas:

• Travelers should check CDC travel advisories for their destinations

• Primary prevention measure is to reduce mosquito exposure there (DEET repellents, sleeves, screens, etc.)

• New: More Targeted Risk: Minimal Likelihood for Mosquito-Borne Zika Virus Transmission at Elevations Above 2,000 meters (6500 ft)

• Asymptomatic male travelers and their partners should delay conception for 8 weeks after return.
For Pregnant Women

- Pregnant women should not travel to areas with ongoing Zika virus outbreaks (particularly areas <6,500 ft elevation)
- Use precautions to reduce chance of sexual transmission if partner has traveled
- If trying to conceive, should delay for 8 weeks after symptoms or travel (for either partner). Men with zika infection/symptoms should not have unprotected sex for 6 months.
Zika Virus Prevention + Control

For Infected (or Unknown) Travelers Returning Home

• Most important is to reduce risk of infecting local mosquitoes

• Zika-infected (or suspect) persons should guard against additional mosquito bites during first week of illness if symptomatic or 3 weeks after travel if not symptomatic to prevent further transmission.

• Practice mosquito reduction techniques around the home.

• Delay blood donation for one month; FDA guidelines for screening, deferral.
Zika Epidemiology: What We Still Don’t Know

- How often are fetuses infected by Zika virus?
- What proportion of fetuses with Zika virus will have birth defects?
- When during a woman’s pregnancy is the fetus most vulnerable?
- What is the full range of poor pregnancy outcomes associated with Zika?
- How long does Zika persist in urine and semen?
- Is it shed intermittently or steady?
- Can women transmit Zika during sex?
- Can Zika viremia be longer in pregnant women?
- Which U.S. states, with certainty, may be affected by local transmission of Zika?
1. Zika is a serious public health problem requiring urgent action

2. Epidemiology points our way to practical mitigation and prevention (travel history, identification of population at highest risk, most serious risk is to developing fetus, how to prevent sexual transmission, etc.)

3. KEY IS REDUCING RISK IN PREGNANT WOMEN

4. We will continue to learn more every day!
Zika Virus: Environmental Health Update

Chris Rustin, DrPH, MS, REHS
Environmental Health Section Director, DPH
Georgia is a big state!

159 COUNTIES
18 HEALTH DISTRICTS

Eggs  Larvae  Pupae  Adults
Mosquitoes & the EXOTIC Diseases they Transmit

**Mosquito Species**

- *Aedes aegypti*
- *Aedes albopictus*

**Disease Organism**

- Chikungunya
- Dengue
- Zika

Transmission:

1. Mosquito bites and sucks blood containing the virus from an infected person.
2. Virus is carried in its body and the virus multiplies in the gut.
3. And passes the virus to healthy people when it bites them.

Manifestation of illness between 1 to 12 days.
**Aedes (Stegomyia) spp: Container Breeders**

**Ae aegypti**
- Associates closely with people
- Primary vector of a number of viruses
- Urban mosquito
- Daytime biting mosquito

**Ae albopictus**
- Aggressive, daytime biting mosquito
- Associated with used automobile tires
- Native to the tropical and subtropical areas of Southeast Asia
- Broader host selection
Importance of Surveillance

*Ae aegypti and Ae albopictus*

- Limited surveillance data for Georgia
- Georgia has the habitat and climate to support *Ae aegypti* (primary vector)
- Mosquito surveillance drives decision making when compared to locations of known human travel related cases
- Data is useful with potential emergence of other novel arboviral diseases
- The goal of mosquito-based surveillance is to quantify human risk by determining local vector presence and abundance
Mosquito Species Associated with Zika Virus

- At least nine *Aedes* species have been found infected with Zika virus in Africa and the Pacific. These include:
  - Species from the Stegomyia group: *Ae. africanus*, *Ae. aegypti*[^1], *Ae. albopictus*[^1], and *Ae. luteocephalus*[^1], *Ae. hensilli*[^1] and *Ae. polynesiensis*
  - A species from the Aedimorphus group: *Ae. vittatus*[^1]
  - Species from the Diceromyia group: *Ae. furcifer*, *Ae. taylori*
  - *Aedes* species currently known to be most important in the transmission of Zika to people are species from the Stegomyia group: *Ae. aegypti*, *Ae. albopictus*, *Ae. hensilli* and *Ae. polynesiensis*[^1].
  - Researchers found evidence that *Aedes albopictus* was responsible for carrying the disease in Gabon in 2007, and scientists in Singapore have been able to infect *Aedes albopictus* with Zika in a lab.

[^1]: Species with proven salivary transmission of the Zika virus.
[^1]: *Aedes aegypti* and *Ae. albopictus* are the only members of the Stegomyia group found in the Americas, but there is also a member of the Aedimorphous group that is common in the US, the floodwater species *Aedes vexans*. 

We Protect Lives.
Controlling Asian Tiger Mosquitoes

- The Asian tiger mosquito, *Aedes albopictus*, has a life cycle that is closely associated with human habitat, and it breeds in any type of container that is holding water, including:
  - Tires
  - Flowerpot saucers
  - Rain barrels
  - Fallen magnolia (and other large) leaves
- It is a daytime feeder and can be found in shady areas where it rests in shrubs near the ground.
- *Aedes albopictus* feeding peaks in the early morning and late afternoon
  - It is an opportunistic and aggressive biter
  - It has a wide host range including man, and domestic and wild animals.
Where is the Highest Risk?

- *Aedes albopictus* is found everywhere in Georgia.
- This is one of Georgia’s top pest species after the saltmarsh mosquitoes.
- Because it feeds on a variety of hosts, the greatest risk of disease transmission occurs in urbanized areas where humans are the most abundant host.
The Role of Environmental Health (EH) Zika Virus Prevention + Control

- **Public Health Entomologist**
  - Vector Control and SME
  - Mosquito Surveillance for Arboviruses
  - Public Education and Enhanced Communication

- **Surveillance**
  - Workforce:
    - Dr. Rosmarie Kelly, PhD, MPH
    - DPH Vector Surveillance Coordinators
      - Hiring process
      - Training
    - EH EP Strike Teams, 6 teams of 6 EH
  - Equipment
    - Mosquito Surveillance Trailer
    - Traps, Microscopes, Backpack Sprayers, etc.
Vector Surveillance Coordinator

Position has primary responsibility to conduct and coordinate mosquito surveillance for arboviral diseases such as West Nile Virus, Eastern Equine Encephalitis, Lacrosse Encephalitis, Zika and other arboviral diseases in a multi-county region. Duties will include

• establishing surveillance locations throughout the PH Districts,
• setting up traps and collecting mosquitos,
• mosquito identification,
• community assessments, and
• education programs.
• When necessary, coordinate mosquito control activities with existing city/county/contracted mosquito control agencies and assist with localized control efforts.
I CAN'T FIGURE OUT WHY THERE ARE SO MANY SKEETERS THIS YEAR...
Environmental Health Education

• Home/Community Clean up and Personal Prevention Campaign
  – Tip 'n Toss
  – Personal Prevention
  – Banners

• Partners
  – Public Health Districts and local EHS
  – ACCG and GMA
  – Media: Radio, Print, TV
  – GEMA
  – GMCA
Message for the Public

Practice the 5 Ds

1. **Dispose** - get rid of anything you don’t need that can hold water
   a. Cleanup containers around your house
   b. Cleanup containers in your neighborhood (Community clean up)

2. **Drain** - dump out containers after every rain
   a. Tip and Toss containers after each rainfall
   b. Don’t put saucers under your outdoor plants
   c. Use larvicides (Mosquito Dunks© or Mosquito Torpedoes©) where you can’t dump out water

3. **DEET** - wear repellent when outdoors
   a. Follow label directions
   b. Apply when outdoors

4. **Dress** – wear light-weight long sleeves and long pants

5. **Daytime** - be aware of mosquitoes that bite during the day
   a. Asian tiger mosquitoes bite during the day
   b. They also bite at dawn and dusk
Environmental Health Localized Response

Work Directly with Local Partners with Controlling *Aedes* Species (*albopictus* and *aegypti*) in a Focused Area

**Action Triggers: Locally-acquired Zika**

CDC Guidelines for Risk Based Zika Action Plans

Focus on a positive sample location (Local Transmission) or other area of concern and provide elevated control and education radiating out 150-yard radius and approximately 5 or more blocks or possibly county wide if Widespread Local Transmission.

**These Elevated Controls Include:**

- Inform Local Mosquito Control
- Surveillance and Testing
- Public Education TIP 'n TOSS
- Door-to-Door Inspections and Education

**Other Control Measures Would Include Mosquito Population Suppression**

- Larviciding (backpack and dunks)
- Barrier sprays for adults
- Possible ULV spraying if wide spread

Note: ULV adulticiding is not very effective for *Aedes albopictus*
Zika Virus: Communications Update

Nancy Nydam
Communications Interim Director, DPH
Zika Airport Campaign

- Launch March 18
- Protect and Prevent
- Three-pronged approach
  - Outbound travel
  - Returning travelers
  - Airport shops
- 14 domestic and international concourses
- Countries with ongoing Zika transmission
- EPA registered insect repellents with DEET sold on the concourse
- Wear long sleeves, pants
- Air conditioning or screened in locations
- Use a mosquito net
You may have Zika and not know it
- Avoid mosquito bites
- EPA registered insect repellents with DEET for 3 weeks
- Wear long sleeves, long pants
- Tip ‘n Toss containers that collect water around your home and yard
Zika Airport Campaign
Zika Airport Campaign

- Store signage 60 shops
- Handout with detailed information about use of EPA registered products with DEET or alternatives
Zika Community Campaign

- Statewide satellite media tour March 29
  - 26 radio and TV stations, 2.1 million people
- Request to radio and TV meteorologists to remind people to Tip ‘n Toss
- Social media messaging for Facebook and Twitter
- Protect and prevent letters
  - Colleges and universities
  - K-12 (DOE)
  - Faith-based community
  - State parks and recreation areas
- Articles for ACCG, GMA, PHInsider
- Keep Georgia Beautiful campaign
Zika Community Campaign

**What Are the Facts?**

**Zika Virus Infection**

- **How Is Zika Transmitted?**
  - Primarily transmitted by infected mosquitoes
  - *Aedes aegypti* (yellow fever mosquito) and *Aedes albopictus* (Asian tiger mosquito)
  - Mosquitoes go from egg to adult in a week to 10 days
  - Some mosquitoes transmit dengue, chikungunya, Zika virus
  - Zika is passed from an infected person to a mosquito through saliva, saliva that bites someone else
  - Sexual transmission of the case has been documented

- **Pregnancy?** Pregnant women should not travel to these countries

**WHAT ARE THE SYMPTOMS?**

- Fever and headache
- Joint pain
- Rash
- Nausea

80% of Zika patients don’t know they’re ill

**No Vaccine to Prevent • No Medicine to Treat**

**How Do You Protect and Prevent?**

- Use IRS registered insect repellents containing DEET
- Stay in places with air-conditioning or windows and doors screens
- Wear protective clothing (light colored, long-sleeved shirts, long pants and socks)
- Sleep under a mosquito net

**Tip ‘n Toss**

- Mosquitoes breed in standing water. To reduce the mosquito population around your home and property, eliminate all standing water and drain.

- Disposal of water containers make people sick
  - Wear long sleeves and pants and socks
  - Wear bug spray
  - Don’t let these bugs bite you

**Keep Mosquitoes Away!**

- We protect lives.

Find out what it takes to stop Zika
Please visit dph.georgia.gov/zika
Zika Virus Information

The World Health Organization (WHO) has declared Zika virus a Public Health Emergency of International Concern. The Georgia Department of Public Health cautions travelers, especially women who are pregnant, to protect themselves against mosquito bites when heading to countries where Zika virus transmission is ongoing.

There are urgent concerns about Zika virus infection and pregnant women. Zika virus infections have been confirmed in infants with microcephaly and in the current outbreak in Brazil, a marked increase in the number of infants born with microcephaly has been reported. Pregnant women or women trying to get pregnant should not travel to areas where Zika virus transmission is ongoing.

For more information about Zika virus, please review the resources on this page, especially the Frequently Asked Questions (FAQ).

Zika Virus Infection
Zika Guidance for Pregnant Women
Zika Prevention
EPA Registered Insects Repellents
Zika FAQ
DPH Zika Virus Campaign Materials

Zika testing guidance for physicians and laboratories
Zika Guidance for Physicians/Healthcare Providers

Stay Connected

From Twitter

Events Schedule

April 12
Board of Public Health April Meeting
April 12, 2016
Atlanta, CA
Closing Comments

Phillip Williams, PhD
Chair
The next Board of Public Health meeting is currently scheduled on Tuesday, May 10, 2016 @ 1:00 PM.

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