



Board of Public Health Meeting

Tuesday, June 13, 2017



We Protect Lives.

Call to Order

Phillip Williams, PhD
Chair

Roll Call

Judy Greenlea Taylor, DDS
Secretary

Approval/Adoption of Minutes

Judy Greenlea Taylor, DDS
Secretary

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner, DPH

Board Elections

Phillip Williams, PhD
Chair

Braves Stadium Tobacco-Free Policy

Kenneth Ray, MPH
Office of Tobacco, Policy, System and
Environmental Change Deputy Director, DPH

GTUPP Mission

To reduce disease, disability, and death related to tobacco use by—

1. Preventing initiation of tobacco use among young people;
2. Promoting quitting among adults and young people;
3. Eliminating non-smoker's exposure to second-hand smoke; and,
4. Identifying and eliminating tobacco-related disparities.



Georgia Department of Public Health

We Protect Lives.

Prevent Tobacco Use Initiation Among Youth and Young Adults

Tobacco-free youth-serving places—

- 121/181 school districts
- 14/115 charter schools
- 28/43 park and recreation associations
- 46/128 colleges and universities



Promoting Quitting Among Adults and Young People through Systems Change



Healthcare providers using an Ask, Advise, Refer model, including a fax or EMR referral to the Georgia Tobacco Quitline—

- Health Districts: 9
- Hospitals/Health Systems: 6
- Mental Health Facilities: 5
- Pharmacy: 1
- Primary Care Clinics: 5

English: 1-877-270-STOP

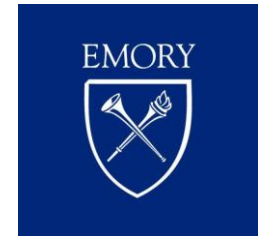
Spanish: 1-855 DEJELO-YA

Hearing Impaired: 1-877-777-6534

Eliminating Exposure to Second-Hand Smoke

Tobacco and Smoke-Free Places—

- Many partners statewide
- 17/189 public housing authorities has adopted smoke-free policies
- 5 out of 443 cities and 1 out of 159 counties has a model smoke-free ordinance protecting all workers and citizens
- Now, SunTrust Park is tobacco-free, too!



THE USG IS TOBACCO-FREE



We Protect Lives.

**"Never doubt that a small group
of thoughtful, committed
citizens can change the world.
Indeed, it is the only thing that
ever has."**

Margaret Mead, Anthropologist

Contributors to the Tobacco-Free Braves Stadium Policy Initiative

Braves and SunTrust Park

Rex Hamre, VP Sustainability Director, Jones Lang LaSalle Incorporated or JLL
Jim Allen, VP Corporate Partnerships, The Atlanta Braves
Drew King, Corporate Partnerships Manager, The Atlanta Braves
Mike Plant, President of Development, The Atlanta Braves

Cobb-Douglas Public Health

Jack Kennedy, District Health Director
Lisa Crossman, Deputy Director
Jazmyn McCloud, Tobacco & Asthma Policy Specialist

Department of Public Health Chronic Disease Prevention

Jean O'Connor, Chronic Disease Prevention Director
Andrea Wimbush, Chronic Disease Deputy for Administration
Kenneth Ray, Tobacco Program Manager
Colleen Commons, Quitline Coordinator
Yomi Fabayo, Tobacco-Free Places Coordinator
Alina Chung, Tobacco Epidemiologist
Anne-Marie Coleman, Youth Tobacco Use Prevention Coordinator
Alesia Gales, Administrative Assistant
Emma Bicego, Tobacco Program Evaluator

Department of Public Health Executive Leadership and Communications

Brenda Fitzgerald, Commissioner
Nancy Nydam, Communications Director
J. Patrick O'Neal, Health Protection Division Director
Connie Smith-Lindsey, Communications Manager

Tobacco-Free SunTrust Park/Braves Stadium Recognition



Zika Update

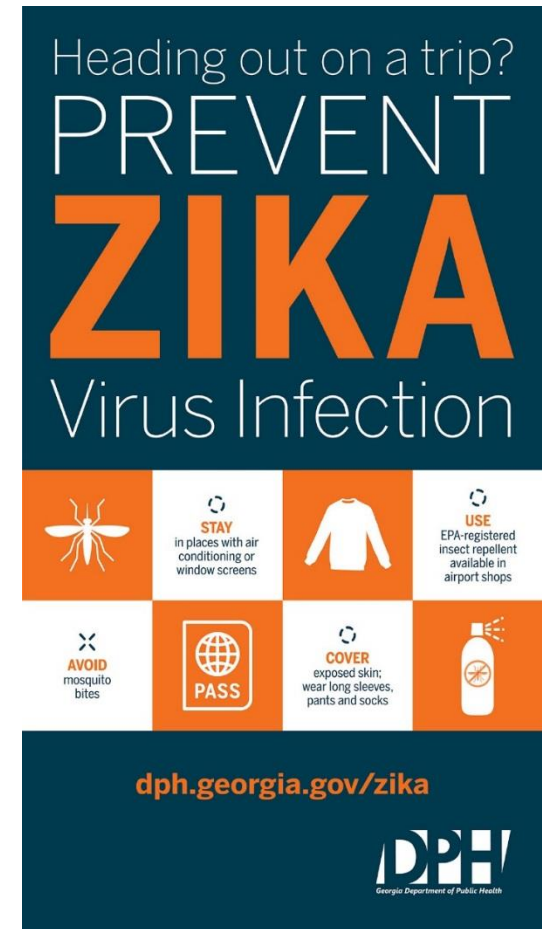
Cherie Drenzek, DVM, MS
State Epidemiologist, DPH

Overview

Zika is still an unprecedented public health threat, in both geographic scope and clinical impact.

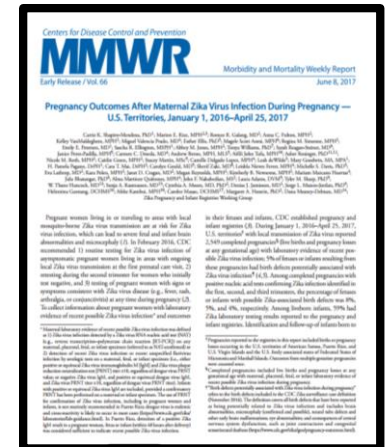
The top priority for the Zika public health response is still to protect pregnant women and their fetuses.

- Science Update
- Global Epidemiology
- National Epidemiology
- Georgia Epidemiology
- Other DPH Zika Activities



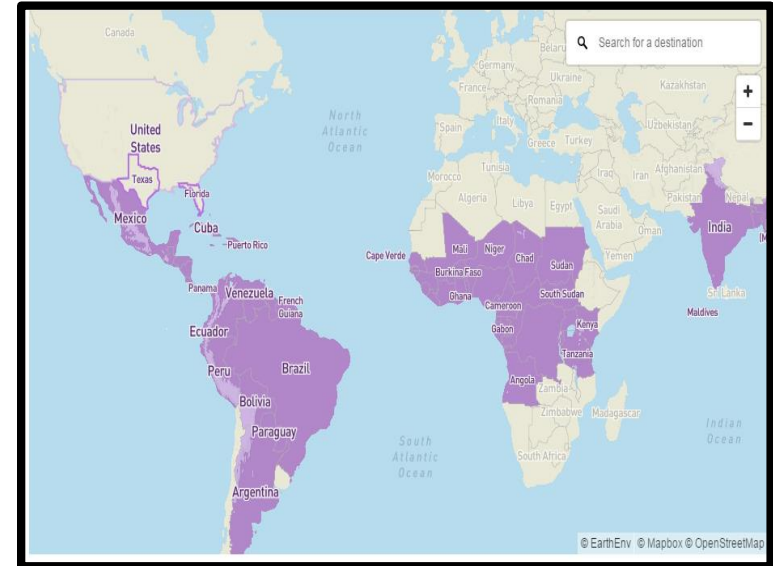
Zika Science Update

- Zika infection during pregnancy can lead to severe fetal and infant brain abnormalities and microcephaly.
- The largest study (so far) of pregnancy outcomes among women infected with Zika during their pregnancy was published in the CDC *MMWR* on June 9, 2017 (<https://www.cdc.gov/mmwr/volumes/66/wr/mm6623e1.htm>)
- The study followed 2,549 pregnant women with laboratory evidence of Zika infection during January 1, 2016–April 25, 2017 in the U.S. territories of American Samoa, Puerto Rico, U.S. Virgin Islands, Federated States of Micronesia, and Marshall Islands.
- Overall, 5% (122) of fetuses or infants resulting from these pregnancies had Zika-related birth defects; 108 had microcephaly.
- Zika infection during the **first** trimester had a slightly higher risk of birth defects (**8%**) than if infected during the second (5%), and third trimesters (4%).
- Identification and follow-up of infants born to women with lab evidence of Zika infection during pregnancy is critical for timely referral to clinical intervention services.



Zika Virus: Global Epidemiology

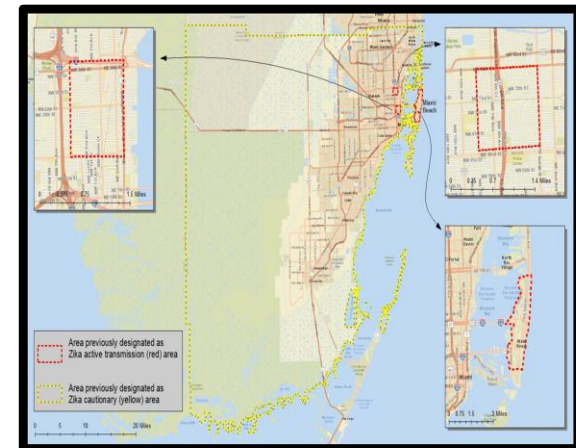
- Zika is considered a risk for close to 100 countries worldwide, including countries in South America, Central America, the Caribbean, India, Asia, and Africa.
- CDC and WHO recommend that pregnant women **not travel to any area where there is a risk of Zika virus**, including areas with active local transmission and areas with previous or interrupted transmission (endemic).



<https://wwwnc.cdc.gov/travel/page/world-map-areas-with-zika>

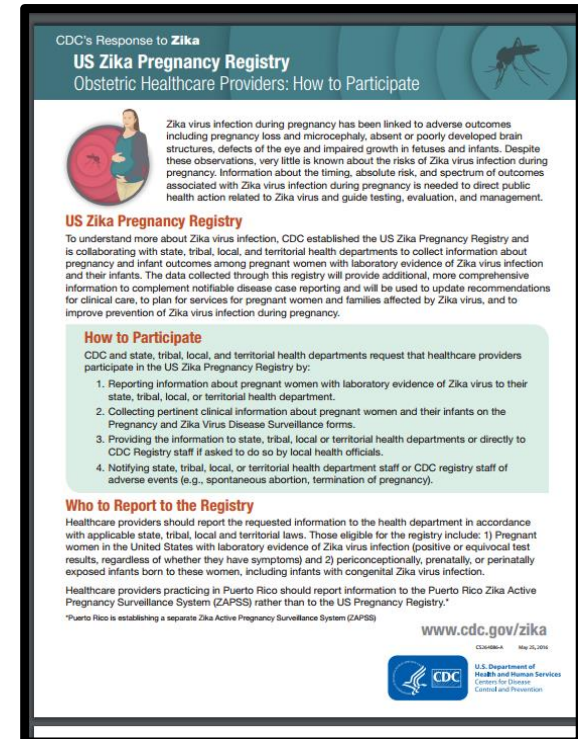
Zika Virus: National Epidemiology

- On June 5, Puerto Rico declared the peak of its Zika epidemic to be over; only 10 locally-acquired cases have been reported each month since April (down from 8,000 per month last year).
- CDC has not lifted its travel warning, though, noting that pregnant women should still not travel to Puerto Rico.
- No ongoing local transmission in the continental U.S.
- On June 2, CDC lifted the Zika “cautionary” (yellow) designation for Miami-Dade County since no new cases of local transmission for more than 45 days.
- Cumulatively, over 5,000 travel-associated Zika cases have been reported in the continental U.S. since January 2016 (124 total in 2017), including 46 via sexual transmission.



U.S. Zika Pregnancy Registry

- Cumulatively, since January 2016, **1,883** 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 **72** live-born infants with Zika-related birth defects and **8** pregnancy losses.







Zika Epidemiology/Response in Georgia

- In Georgia, since last January, DPH Epidemiology has triaged about 2,800 Zika clinical inquiries.
- Facilitated Zika testing at our Georgia Public Health Laboratory for about 2,015 persons (~75% among pregnant women).
- No local Zika transmission in Georgia.
- Cumulatively, since January 2016, we have documented **118** travel-related Zika infections. In 2017, we have had only 4 travel-associated Zika cases in Georgia (most recent one was May 4, 2017).
- Cumulatively, we have documented ten pregnant women with Zika, two congenital infections, and two instances of sexual transmission.

Closing Comments

Don't forget about Zika!

- Zika remains a significant public health threat, particularly to pregnant women and their fetuses.
- Be aware of travel warnings and areas with previous Zika transmission (such as South Florida), and take appropriate precautions.
- Practice strict mosquito-bite prevention while traveling and when you return back to Georgia (for 3 weeks after travel) AND prevent sexual transmission of Zika.
- WHO (and DPH) recommends that both women and men who are returning from Zika-affected areas abstain or practice safe sex for 6 months.

AVOID mosquito bites, use EPA-registered insect repellent with DEET		USE insect repellent as directed for breastfeeding and pregnant women
	USE of DEET is not recommended for babies under 2 months	
APPLY sunscreen before applying insect repellent		USE insect repellent during travel and 3 weeks after returning

Acknowledgments

Zika Epidemiology Team

- Amanda Feldpausch
- Ashton Thompson
- Skyler Brennan
- Jersuha Barton
- Shawna Feinman
- Teri Graham
- Dr. Julie Gabel

District Epidemiologists

Georgia Public Health Laboratory

Other DPH Zika Activity Updates

Dr. Pat O'Neal

Traveling?
**PREVENT
THE SPREAD OF
ZIKA**
Virus Infection

FIND OUT WHAT IT TAKES TO STOP ZIKA

	 AVOID mosquito bites	
 STAY in places with air conditioning or window screens		 COVER exposed skin; wear long sleeves, pants and socks
	 USE EPA-registered insect repellent for 3 weeks after returning	 PASS

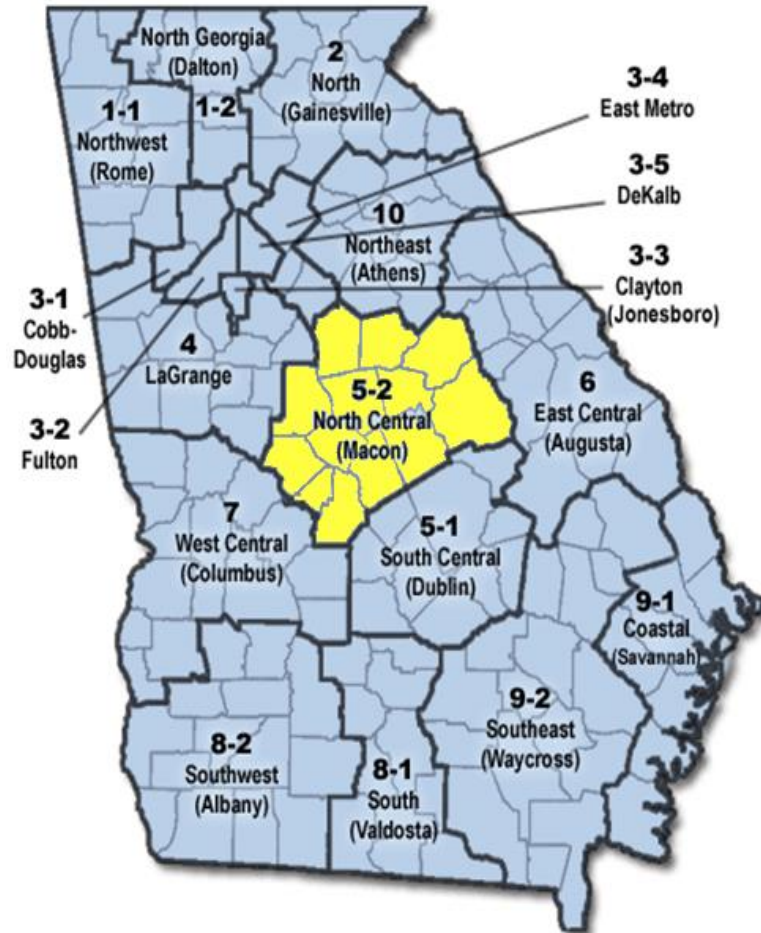
dph.georgia.gov/zika

DPH
Georgia Department of Public Health

Opioid Outbreak

Pat O'Neal, MD
Health Protection Director

Syndromic Surveillance Observations for the Overdose syndrome

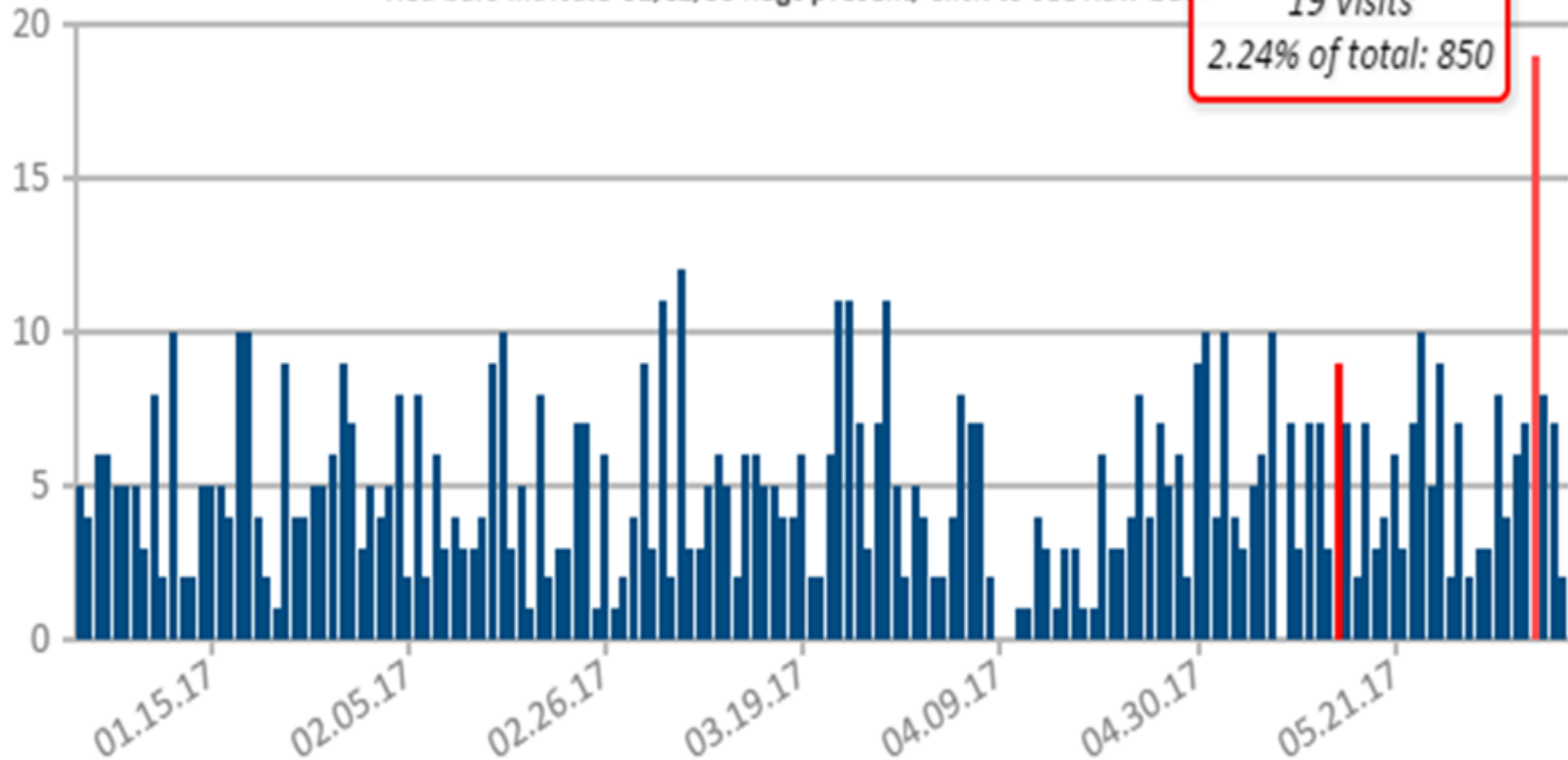


These data are limited to patient visits observed from participating hospitals within the North Central Health District who presented with a chief complaint consistent with overdose.

The time series below represent daily visit counts from Jan 1, 2017 through June 8th, 2017. The most significant day at present is June 5th, with 19 visits meeting the narrow overdose definition.

Overdose for MACON (5-2)

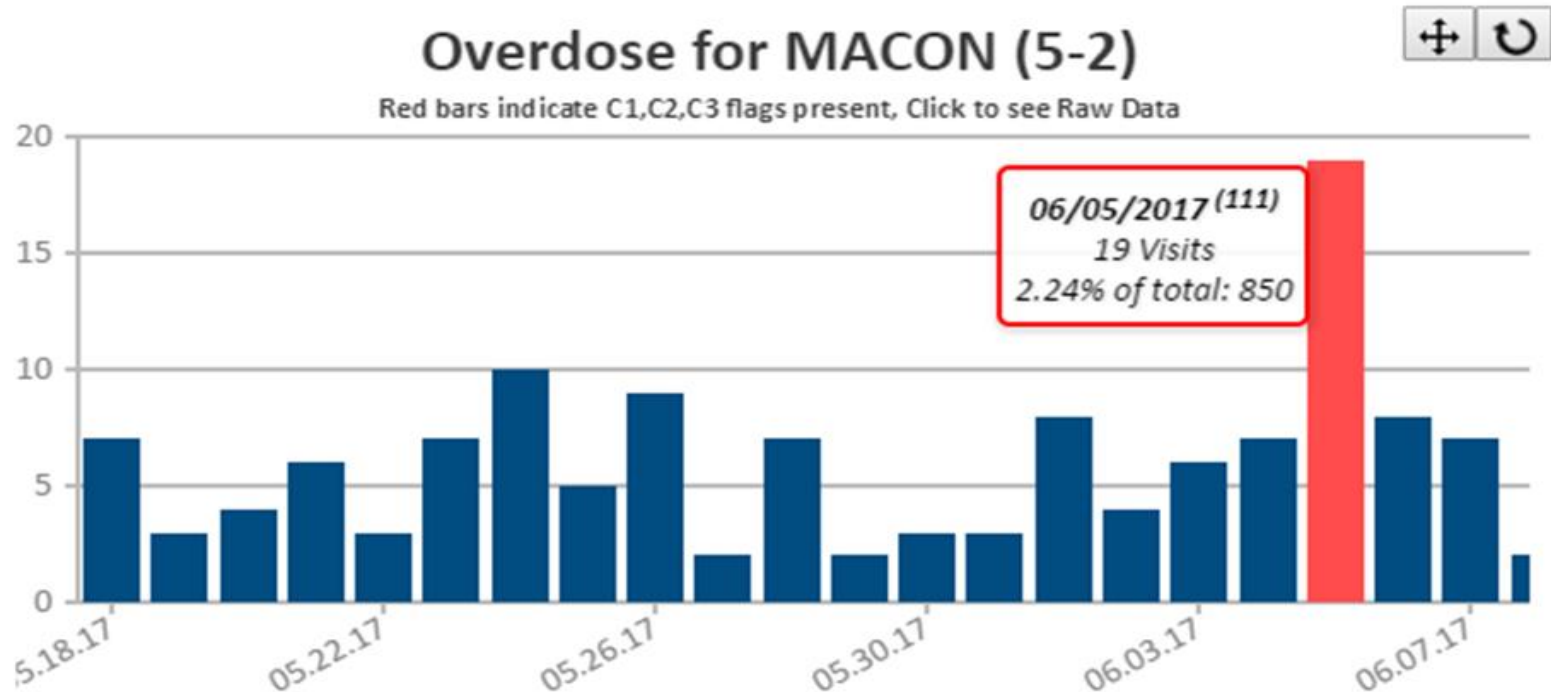
Red bars indicate C1,C2,C3 flags present, Click to see Raw Data



06/05/2017 (111)
19 Visits
2.24% of total: 850

WARNING: These data are based on patient chief complaint records from participating emergency departments. These are pre-diagnostic records that rely on language processing techniques that are imprecise so the actual case counts may be higher or lower. These data are only intended to help identify changes in patient complaint patterns and help public health focus efforts for actual case finding. Please do not reproduce or re-distribute.

Syndromic Surveillance Observations for the Overdose syndrome



WARNING: These data are based on patient chief complaint records from participating emergency departments. These are pre-diagnostic records that rely on language processing techniques that are imprecise so the actual case counts may be higher or lower. These data are only intended to help identify changes in patient complaint patterns and help public health focus efforts for actual case finding. Please do not reproduce or re-distribute.

Closing Comments

Phillip Williams, PhD
Chair

The next Board of Public Health meeting is
currently scheduled on
Tuesday, August 8, 2017 @ 1:00 PM.

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