# Georgia Board of Public Health

May 8, 2018

Georgia Department of Public Health

# Agenda

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|---|---|
| • Call to order | Cynthia Mercer, M.D., Board Chair |
| • Roll Call | Robert Harshman, M.D., Board Secretary |
| • Approval/Adoption of Minutes | Robert Harshman, M.D., Board Secretary |
| • Commissioner's Update | J. Patrick O'Neal, M.D., Commissioner |

# Bond Resolution

Dionne Denson, MSA/Chief Financial Officer

Georgia Department of Public Health

# Georgia Commission on Women

Julianna McConnell/Vice Chair Georgia Commission on Women

Georgia Department of Public Health

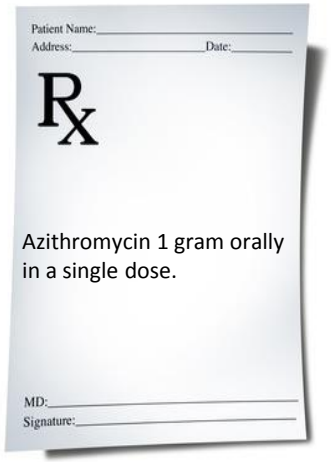
# Expedited Partner Therapy

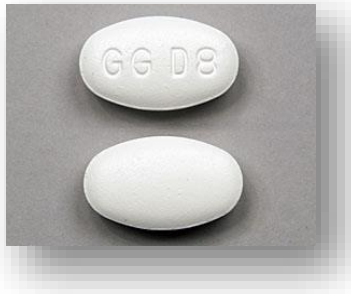
Michelle Allen/Infectious Disease Director
Latasha Terry, MPA/STD Director

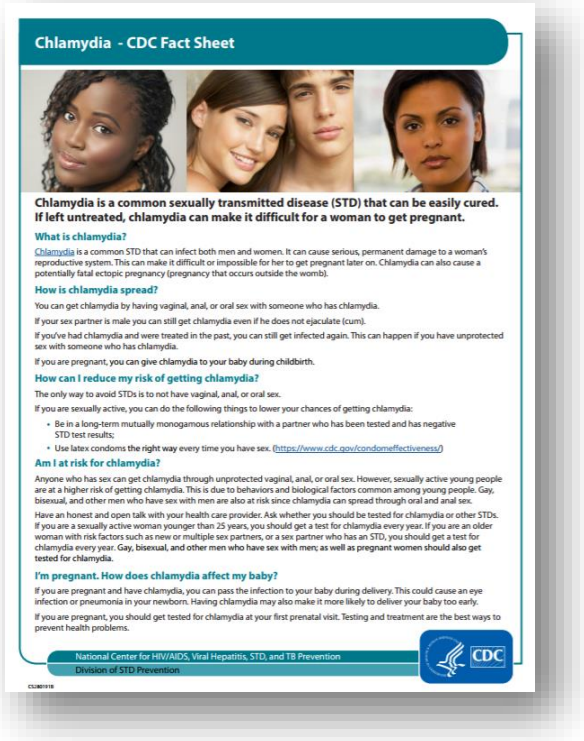
Georgia Department of Public Health

# What is EPT?

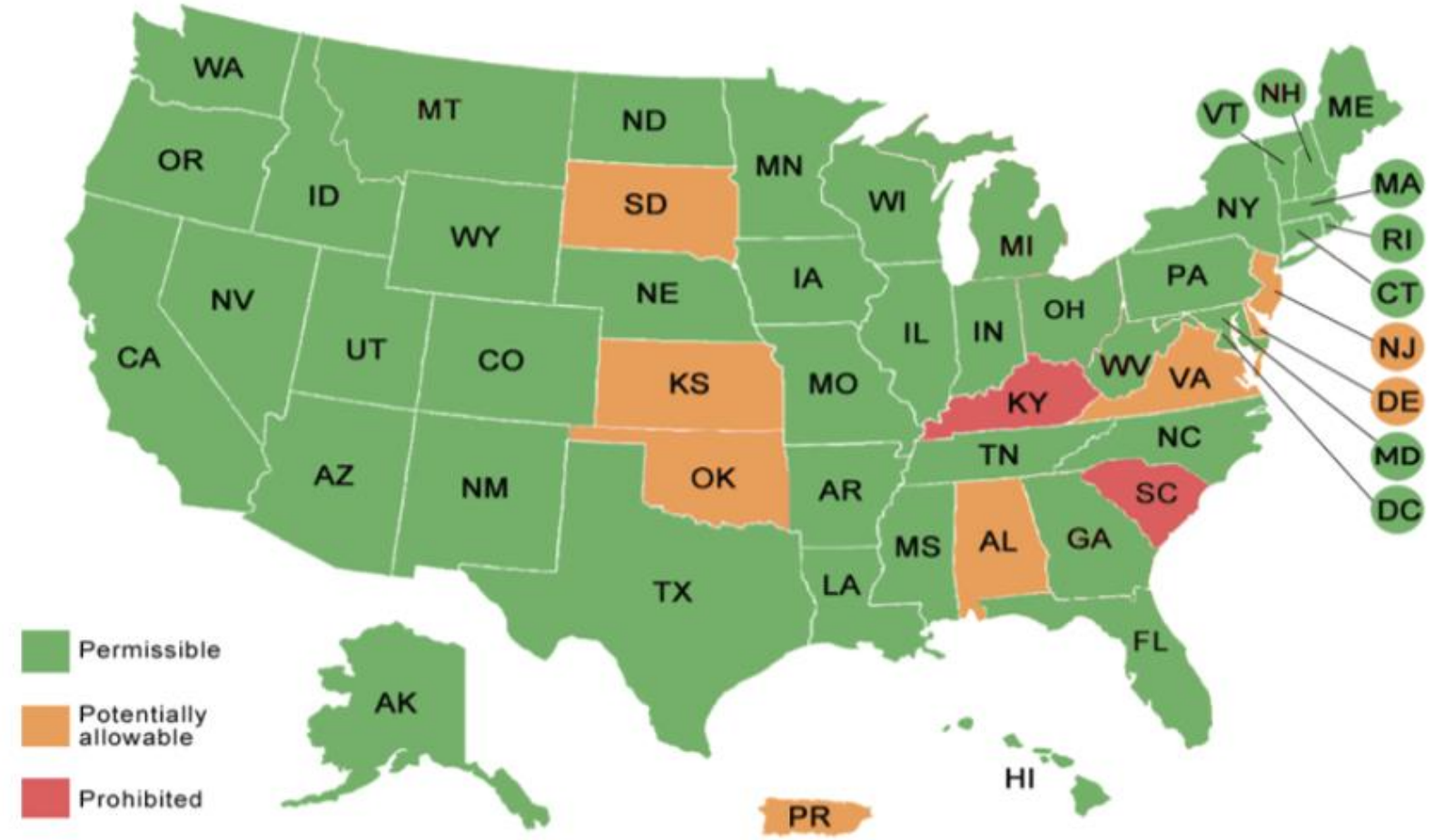
Expedited partner therapy (EPT) is the practice of treating the sex partner(s) of persons with sexually transmitted diseases (STD) without a medical evaluation or STD prevention counseling



# Legal Status of EPT




Source: Centers for Disease Control and Prevention; Updated July 2017
https://www.cdc.gov/std/ept/legal/default.htm

# Partner Management Strategy

## Traditional

All partners should have an STD clinical evaluation, testing, counseling, and treatment

## EPT

Index patients are dispensed antibiotics or given a written prescription along with educational information intended for his/her sexual partner(s)

# Eligibility Criteria for EPT

Laboratory-confirmed diagnosis of Chlamydia in the index patient

# Limitations of EPT

- EPT should not be provided for any partner(s) when the index patient is **coinfected** with gonorrhea, syphilis or HIV
- EPT is not recommended for men who have sex with men (**MSM**) due to lack of study regarding EPT effectiveness in MSM partnerships and risk of STD/HIV co-infection among partner(s)
- EPT is not appropriate for use in cases of **child abuse, sexual assault, sexual abuse** or in cases where the patient's safety is in doubt
- EPT should only be provided to sex partner(s) of the index patient in previous 60 days or most recent sex partner(s) if none reported in the previous 60 days

# Recommended Drug Regimen

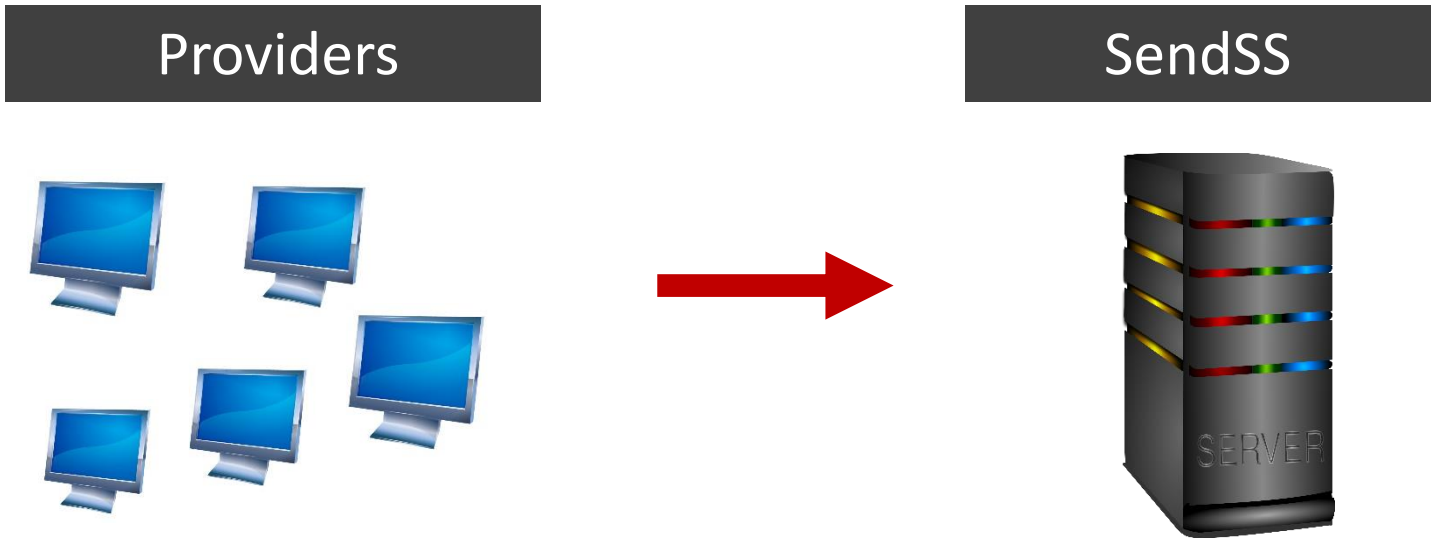
Azithromycin 1 gram orally in a single dose

# Public Health Nurses

A registered professional nurse employed by the Department, or by a county board of health, may order and dispense EPT drugs to a partner, or to an index patient for delivery to a partner

# Reporting of EPT

All prescriptions and dispensed medications given to an index patient for his/her partner(s) should be reported through the index patient's record in SendSS (State Electronic Notifiable Disease Surveillance System) within seven (7) days



# Educational Materials

An EPT drug shall be dispensed with a written warning that contains, at a minimum, the following information:

- The drug should be taken as soon as possible and in accordance with the directions
- The partner should consult a licensed practitioner or local health department before taking the EPT drug if the partner is already taking prescription medication, is allergic to any drug, has ever had an adverse reaction to a drug, or has a serious health condition
- The partner should abstain from sexual activity until at least a week after taking the drug
- The partner should seek testing after three months to ensure that the infection has been successfully treated

# Liability

Health care providers and/or pharmacists who prescribe or dispense EPT in accordance with the law (O. C. G.A 31-17-7.1) shall not be subject to liability or accusations of unethical conduct

# Next Steps

- Continue working on protocols or guidelines for public health
- Develop tracking tool in SendSS
- Develop educational materials

# Questions

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# Newborn Screening

Emily Paynter, MPH/Team Lead, Newborn Screening

Georgia Department of Public Health

# Newborn Screening Program

The Georgia Newborn Screening (NBS) program screens all babies born in Georgia for 31 disorders:

- 29 heritable disorders are detectable through blood
  - Optional screening for Krabbe disease
- Hearing loss (Early Hearing Detection and Intervention)
- Critical congenital heart disease (CCHD)

# NBS System Includes

- Education - for parents and health care providers
- Screening - testing and reporting of results in a timely manner
- Follow-up - rapid referral of screen positives
- Medical diagnosis - confirmatory testing
- Management - entering child into appropriate care
- Evaluation - includes consideration of other disorders and validating testing procedures

# Federal Advisory Committee

- Advisory Committee on Heritable Diseases in Newborns and Children (ACHDNC)
  - Health Resources & Services Administration (HRSA)
- Recommended Uniform Screening Panel (RUSP)
  - List of all NBS disorders that are recommended for every state
  - A ***recommendation***, not a mandate
  - Nominated disorders undergo rigorous review process
- The Georgia Newborn Screening Advisory and Genetics Committee (NBSAC) processes are set-up similar to the national committee

# Georgia NBSAC

- In 1999, a review team from Maternal and Child Health recommended that Georgia implement an advisory council with oversight and advisory responsibility for NBS
- The committee is tasked with providing advice to DPH regarding Georgia's statewide system for NBS and genetics

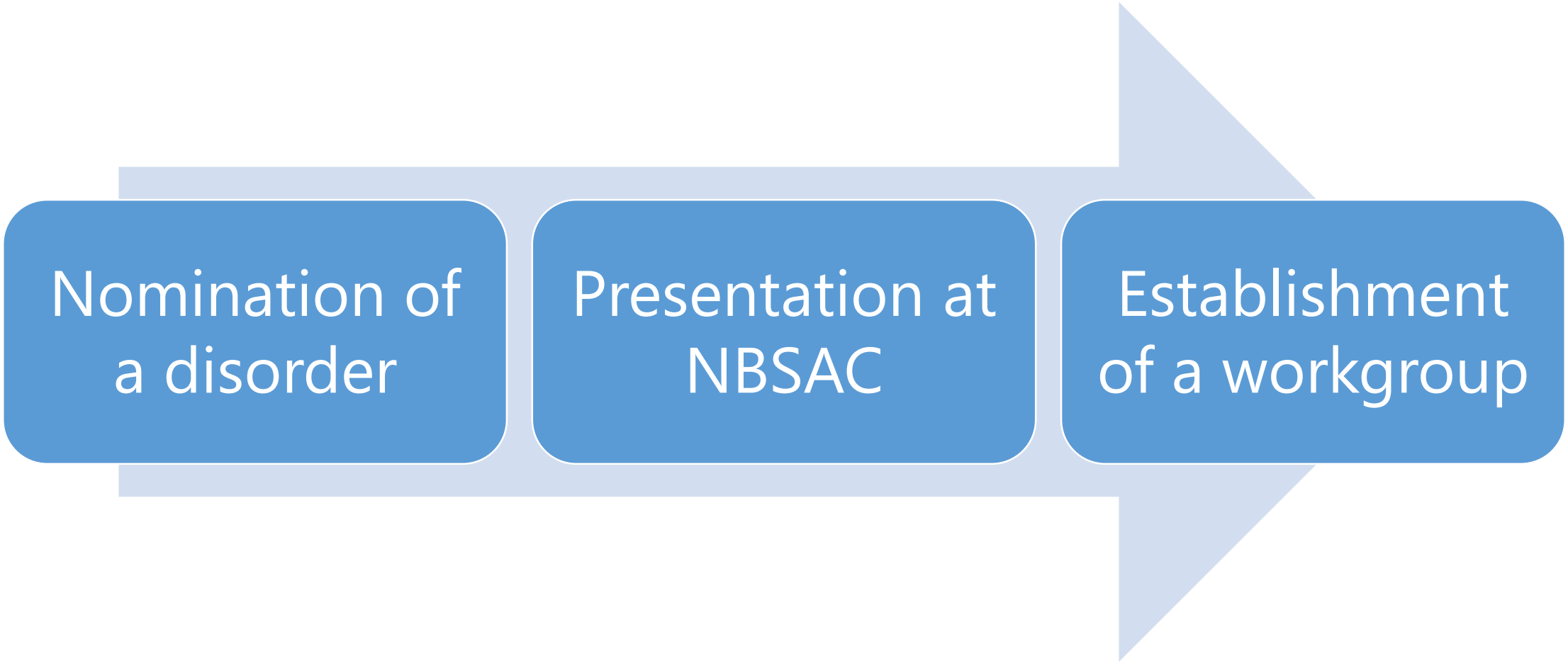
# Georgia NBSAC Definition

- A multidisciplinary group of professional and consumer representatives with knowledge and expertise in Newborn Screening (NBS) programs
- 15 to 20 members, meet at least twice a year
- Mixture of stakeholders including:
  - Parents/consumers
  - Laboratory experts
  - Specialists (geneticists, hematologists, neonatologists)
  - Non-profit organizations (March of Dimes, Sickle Cell Foundation of Georgia, Inc.)
  - Medical society representation (Georgia Hospital Association, Georgia Chapter of the American Academy of Pediatricians)

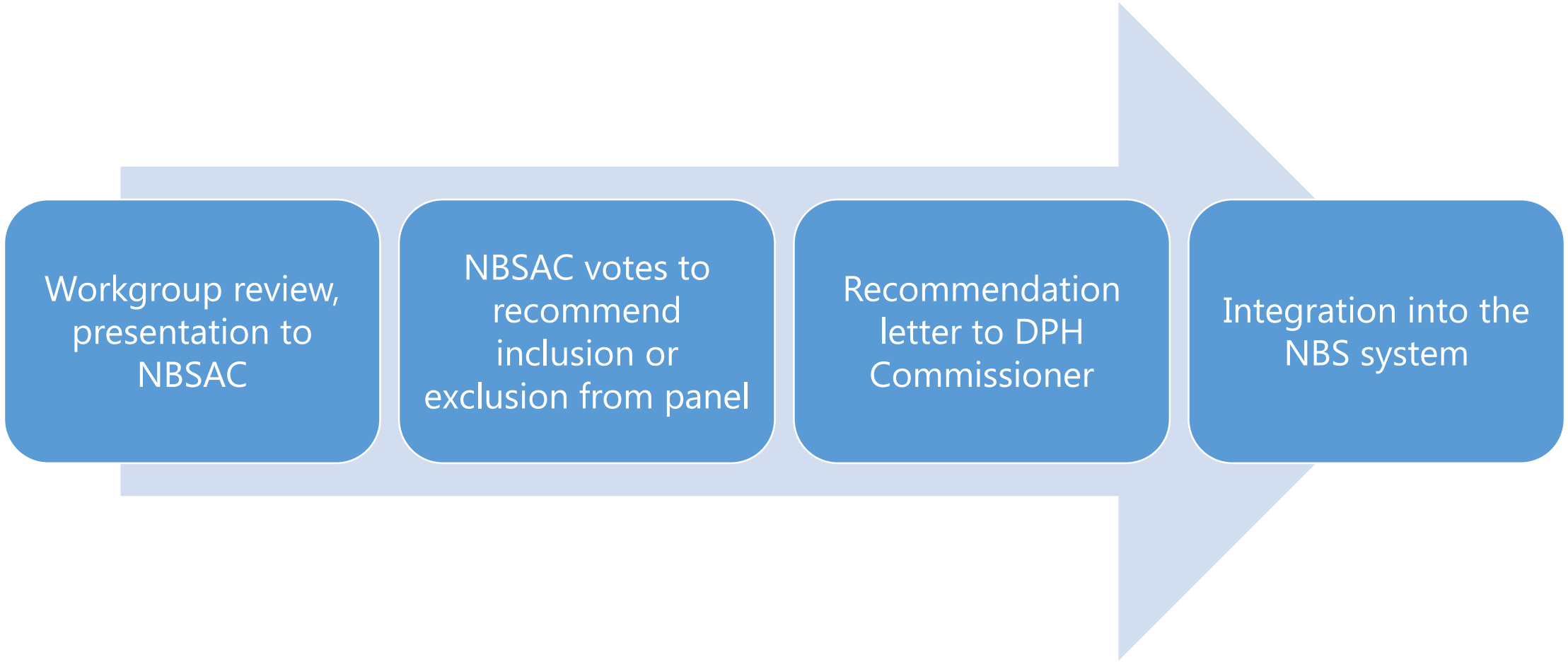
# Georgia NBSAC Activities

- Advise DPH on standards, protocols, and guidelines
- Champion the NBS healthcare system
- Ongoing contribution of specific expertise to the NBS system
- Provide advice and recommendations for strategic planning and evaluation of the NBS system
- Advise and guide the Commissioner when determining which disorders should be added or removed from the NBS panel

# Georgia NBSAC Disorder Nomination Process



# Georgia NBSAC Disorder Nomination Process



# Georgia NBSAC Accomplishments

- Finalized a standardized packet to nominate disorders for inclusion to the Georgia screening panel in 2016
- Fully reviewed three disorders for the Georgia panel
- Provided input on applying for projects to pilot NBS for disorders not on the RUSP

# Georgia NBSAC Current Projects

| Disorder | Progress | Next Steps |
|---|---|---|
| Muccopolysaccharidosis Type I (MPS-I) | Recommended for inclusion on the panel | Recommendation letter |
| Pompe Disease | Recommended for inclusion on the panel | Recommendation letter |
| X-linked Adrenoleukodystrophy (X-ALD) | Recommended for inclusion on the panel | Recommendation letter |
| Guanidinoacetate Methyltransferase (GAMT) Deficiency | Workgroup presentation | Voting |
| Spinal Muscular Atrophy (SMA) | Establishment of workgroup | Workgroup review |

- Creating standardized outline for the review of all nominated disorders

# Conclusion

- The NBSAC serves to guide and evaluate the NBS system in Georgia
- There is a defined process to nominate a disorder for inclusion to the Georgia screening panel
- The NBSAC is responsible for reviewing nominated disorders and recommending inclusion on or exclusion from the panel
- The NBSAC is currently in the nomination/recommendation process for 5 disorders
- The NBSAC is creating a standard review outline for future disorders

# Questions

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# Influenza Update

Cherie Drenzek, DVM, MS/State Epidemiologist

Georgia Department of Public Health

# Introduction

Flu is ever-changing, complex, and difficult to predict.

This exceptionally severe flu season was a somber reminder of how flu will always remain a significant public health challenge.

So, is this flu season finally over? Mostly, but we never officially declare flu season "**over"** since flu circulates always (low levels even in the summer).

Let's look at a snapshot of the 2017-18 Influenza Season in the U.S. and Georgia.

# Snapshot of Current Flu Season: Nationally

- The 2017-18 influenza season was **"record-breaking"** in terms of morbidity and mortality.
- Influenza A (H3N2) was the predominant virus circulating this season. "H3N2" seasons are typically associated with more severe illness, especially among young children and the elderly.
- Nationally, there were **163** pediatric flu deaths reported (highest number in 8 years).
- A unique feature of this season was the **very high rate** of influenza-associated **hospitalizations** (also higher than ever), mostly among those over 65 years of age.
- The proportion of outpatient visits for ILI was as high than the 2009-10 H1N1 pandemic.

# Snapshot of Influenza Activity
## Week 17, 2017-2018 Season, U.S.

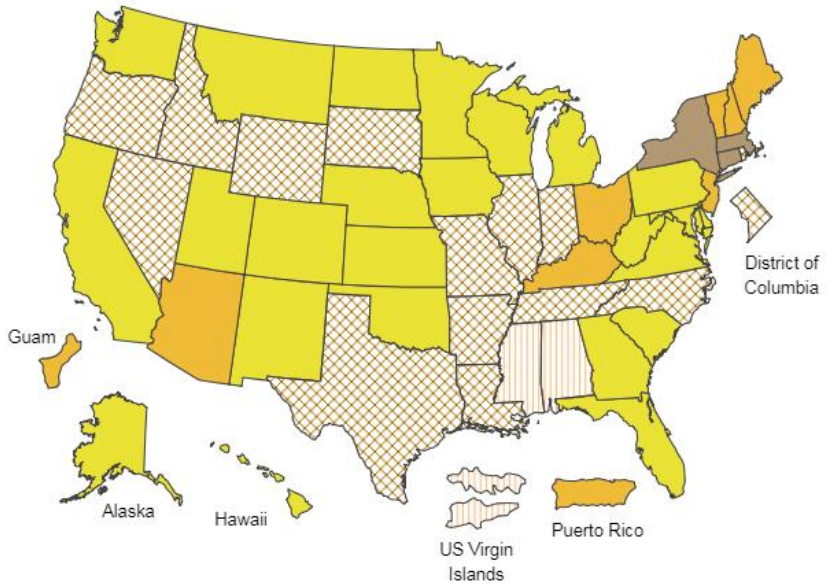
FLUVIEW

CDC

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending Apr 28, 2018 - Week 17




Influenza Activity Estimates

- No Activity
- Sporadic
- Local Activity
- Regional
- Widespread
- No Report

*This map indicates geographic spread and does not measure the severity of influenza activity.

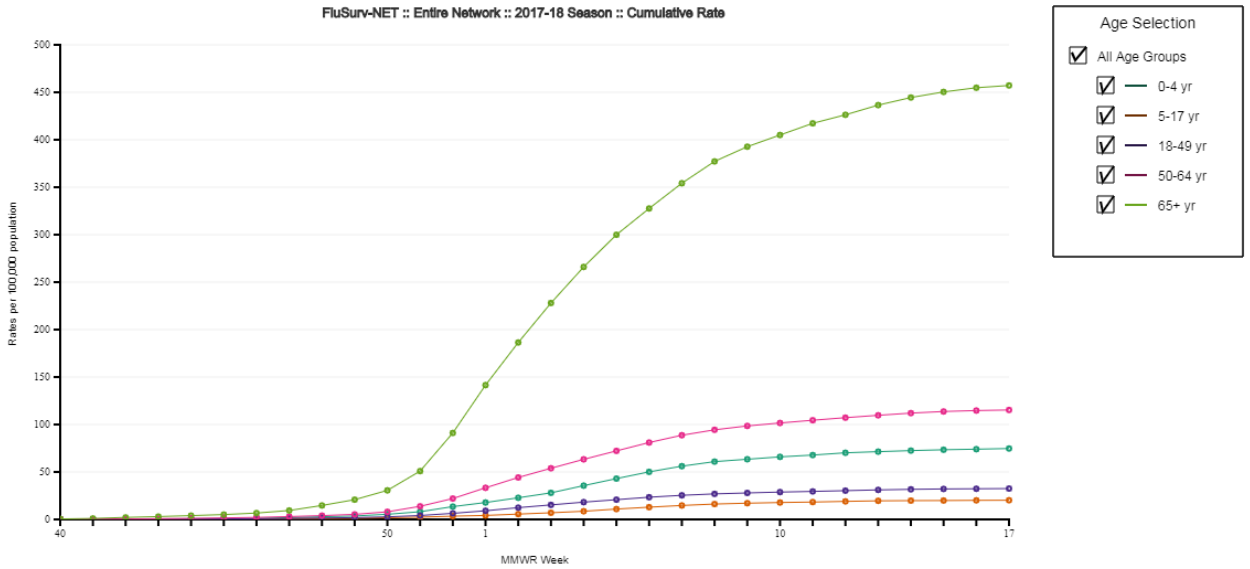
# Snapshot of Influenza Hospitalizations
## 2017-2018 Season, U.S.

FLUVIEW

CDC

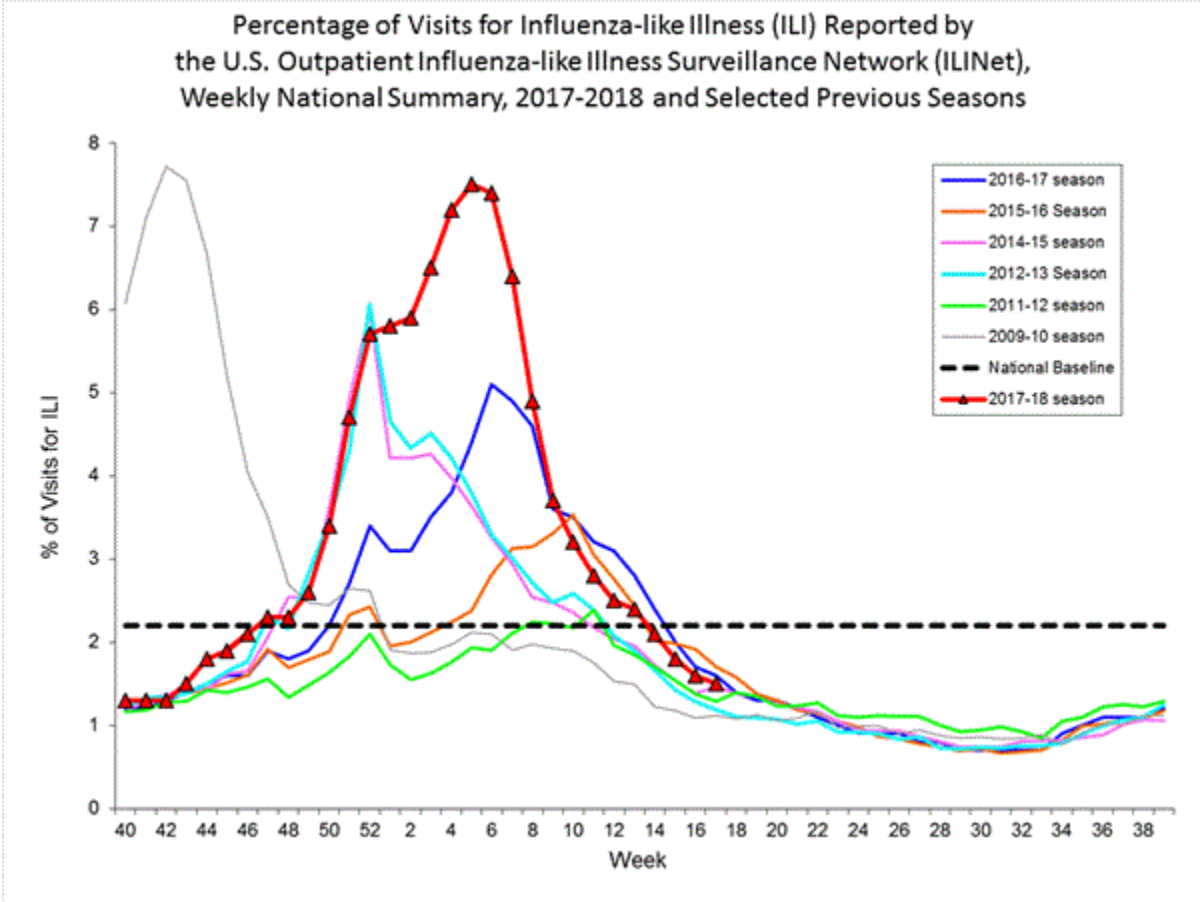
### Laboratory-Confirmed Influenza Hospitalizations

**Preliminary cumulative rates as of Apr 28, 2018**




The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-associated hospitalizations in children (persons younger than 18 years) and adults. The current network covers over 70 counties in the 10 Emerging Infections Program (EIP) states (CA, CO, CT, GA, MD, MN, NM, NY, OR, and TN) and three additional states (MI, OH, and UT). The network represents approximately 9% of US population (~27 million people). Cases are identified by reviewing hospital, laboratory, and admission databases and infection control logs for patients hospitalized during the influenza season with a documented positive influenza test (i.e., viral culture, direct/indirect fluorescent antibody assay (DFA/IFA), rapid influenza diagnostic test (RIDT), or molecular assays including reverse transcription-polymerase chain reaction (RT-PCR)). Data gathered are used to estimate age-specific hospitalization rates on a weekly basis, and describe characteristics of persons hospitalized with associated influenza illness. Laboratory-confirmation is dependent on clinician-ordered influenza testing. Therefore, the unadjusted rates provided are likely to be underestimated as influenza-associated hospitalizations can be missed if influenza is not suspected and tested for. FluSurv-NET hospitalization data are preliminary and subject to change as more data become available. All incidence rates are unadjusted. Please use the following citation when referencing these data: "FluView: Influenza Hospitalization Surveillance Network, Centers for Disease Control and Prevention. WEBSITE. Accessed on DATE".

# Snapshot of Outpatient Visits for ILI
## 2017-2018 Season, U.S.

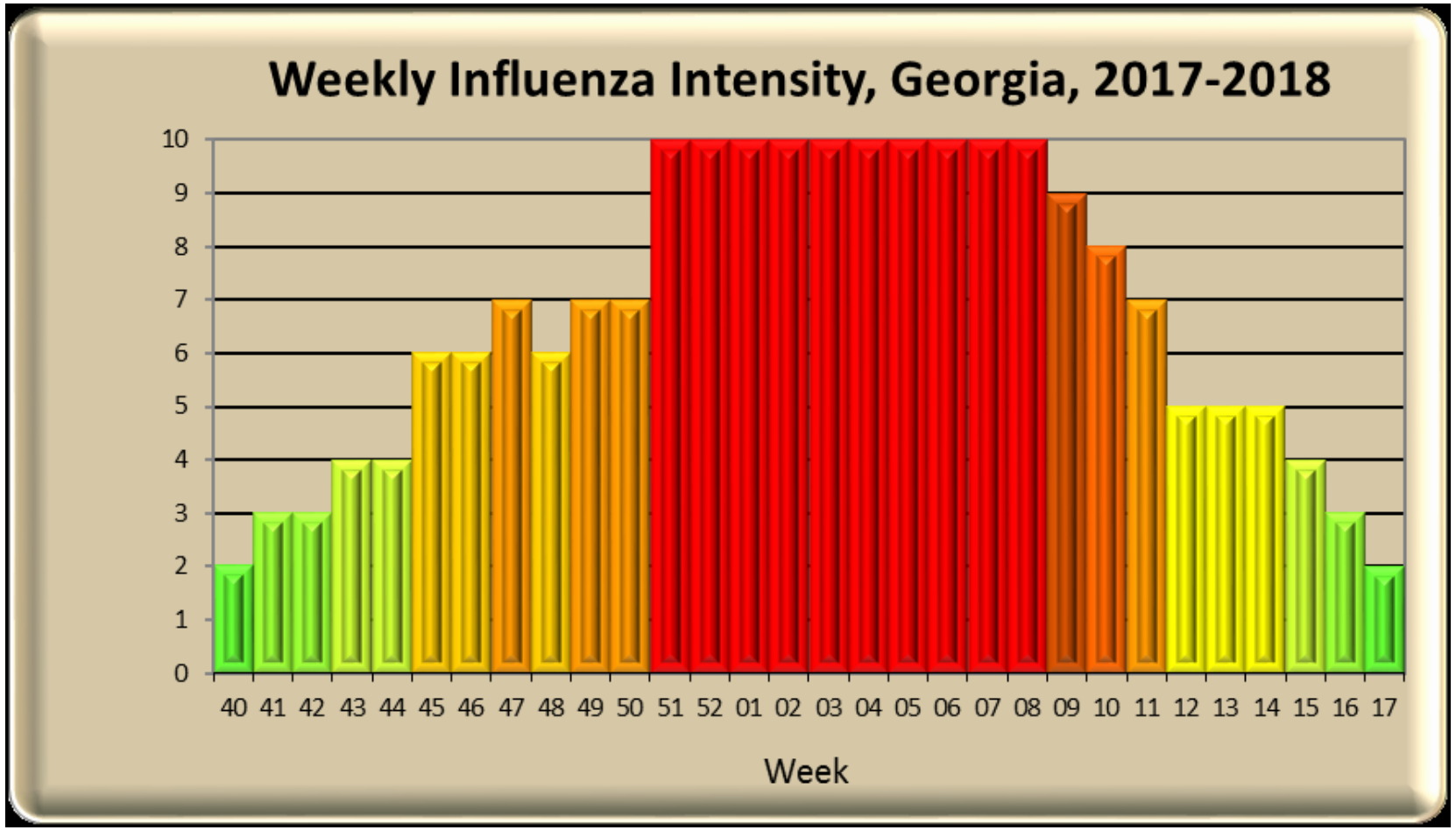


# Snapshot of Influenza Activity
## 2017-2018 Season, Georgia

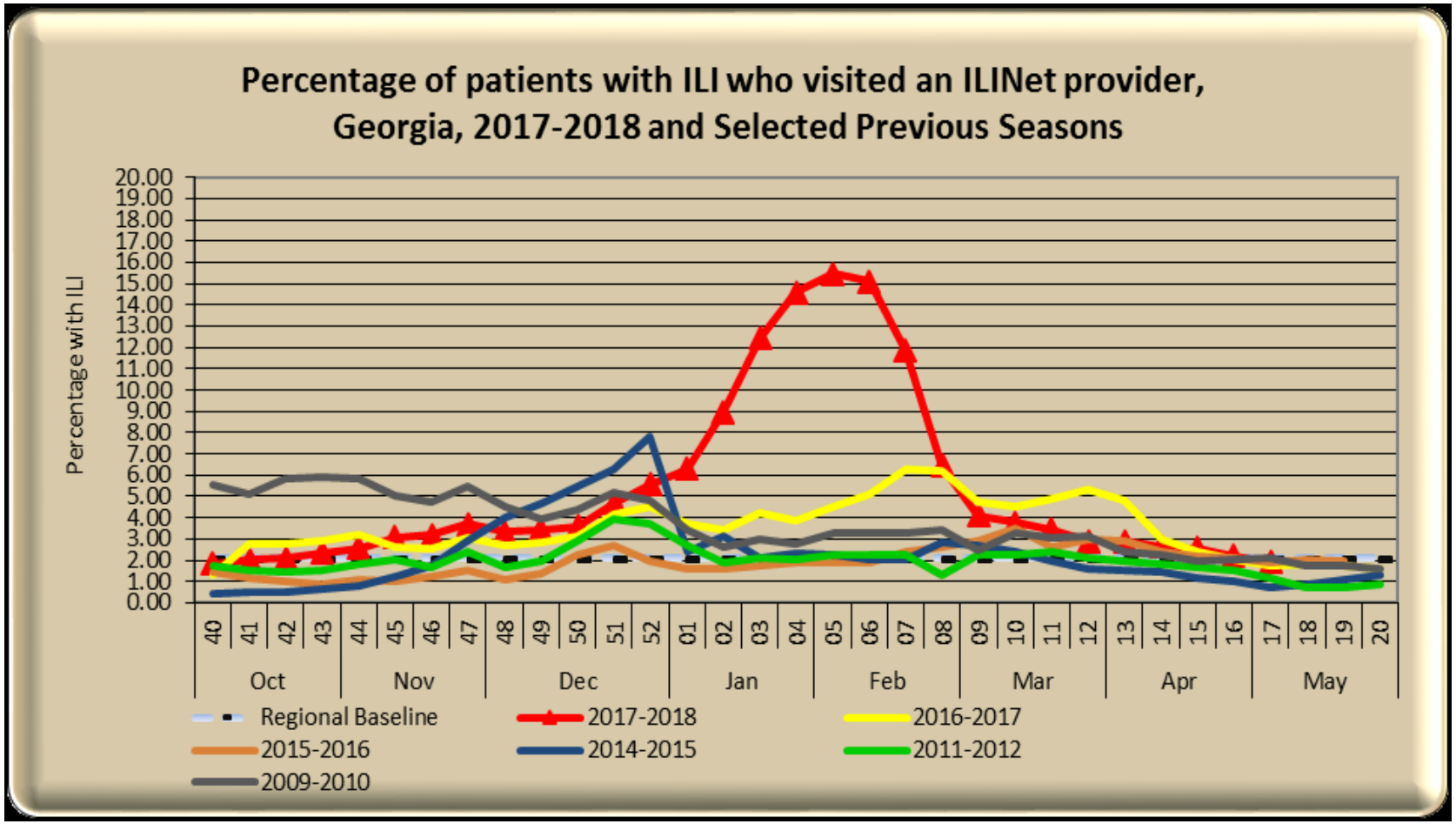
Similar to national picture!

- Influenza A (H3N2) was the predominant virus circulating in Georgia.
- The 2017-18 influenza season was also "record-breaking" in terms of morbidity and mortality.
- In Georgia, the influenza activity level was **high** for 15 straight weeks and peaked in early February.
- The proportion of outpatient visits for ILI was **higher** than the 2009-10 H1N1 pandemic.
- There have been over 3,000 flu-associated hospitalizations in the 8-county metro Atlanta area (also highest ever); majority were above 50 years of age.
- Highest number of flu-associated deaths ever recorded in Georgia (**146**).

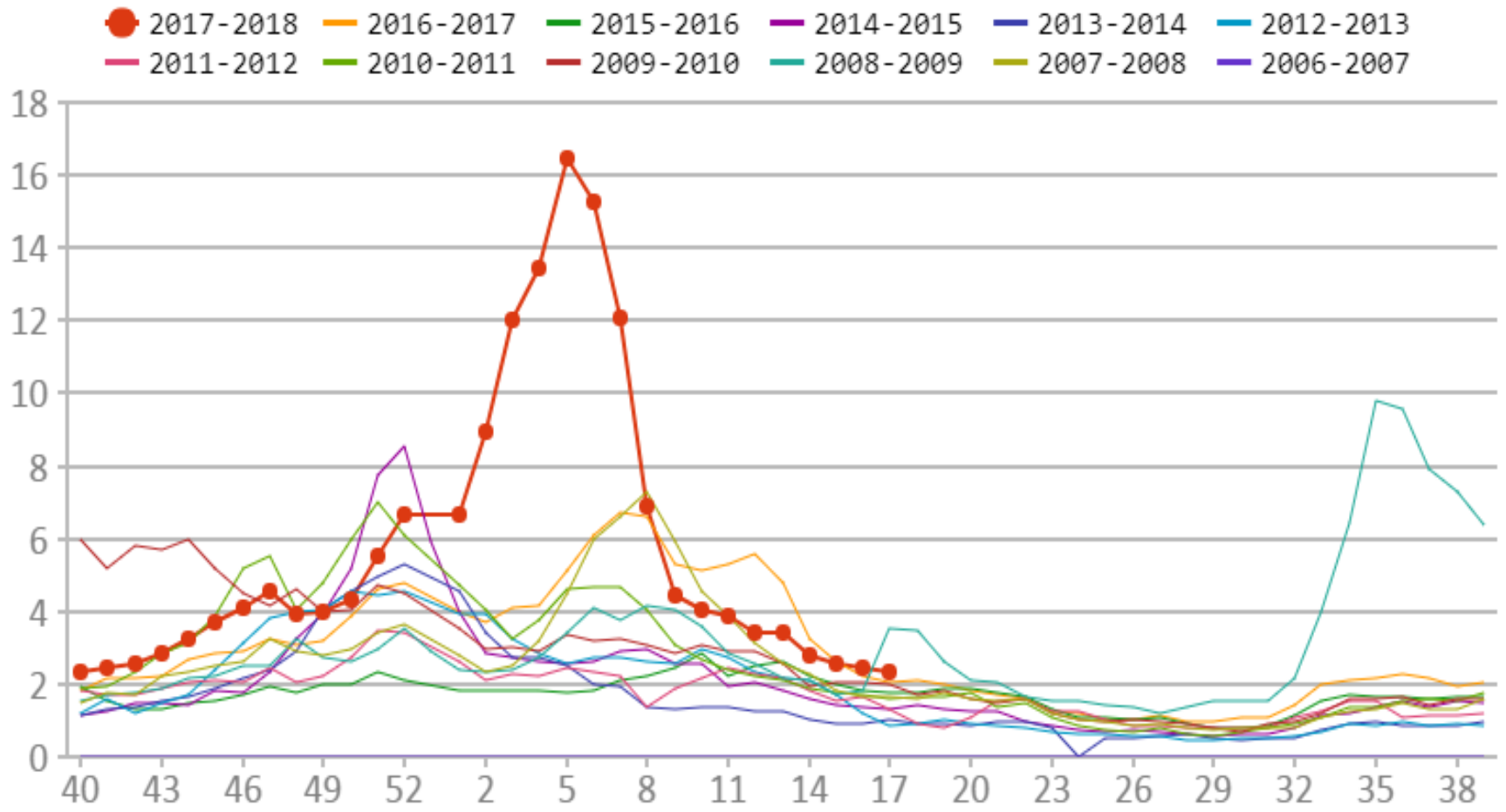
# Influenza Activity Level
## Georgia, 2017-2018



# Percent of Visits for ILI
## 2017-2018 Flu Season, Georgia



# ED Visits for ILI
## 2017-18 Flu Season, Georgia




Week 17

# Influenza-Associated Deaths
## Georgia, 2017-2018

| Age Group (years) | Number of Deaths (% total) |
|---|---|
| 0-4 | 0 (0%) |
| 5-17 | 4 (3%) |
| 18-49 | 15 (10%) |
| 50-64 | 25 (17%) |
| 65+ | 102 (70%) |
| **Total** | **146** |

# Influenza Season: Vaccine Efficacy

- CDC estimates that this season's influenza vaccine efficacy (VE) was about **36%** overall.
- VE was about 25% against influenza A(H3N2), 67% against A(H1N1), and 42% against influenza B viruses.
- Even with "lower" efficacy, the vaccine can reduce the severity of symptoms, complications, and avert hospitalizations if you do get flu.
- CDC says this year's vaccine prevented an estimated 5.29 million illnesses, 2.64 million medical visits, and 84,700 hospitalizations https://www.cdc.gov/mmwr/volumes/67/wr/mm6706a2.htm?s_cid=mm6706a2_e.
- A new study published in PNAS reiterated these findings, even with 20% VE. (http://www.pnas.org/content/early/2018/04/24/1802479115)

# Bottom Line Prevention Message

**Make sure you get vaccinated next (and every) season!!**

# Questions

Georgia Department of Public Health

# Multi-State Outbreak of *E. coli* O157:H7 Infections

Cherie Drenzek, DVM, MS/State Epidemiologist

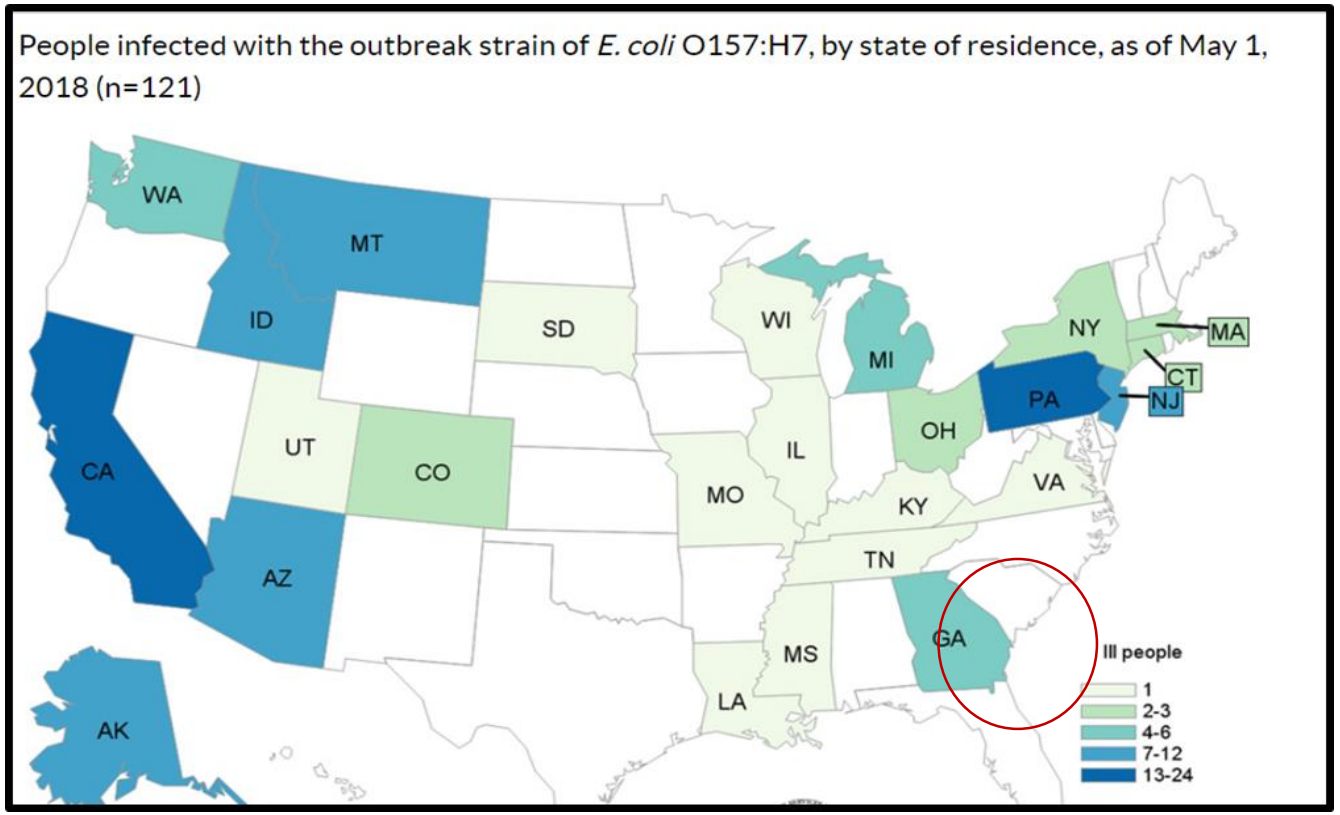
Georgia Department of Public Health

# Introduction

- On April 10, DNA fingerprinting performed at public health laboratories and CDC detected a multi-state outbreak of Shiga toxin-producing *E. coli* O157:H7 infections (initially among 17 persons in 7 states).
- *E. coli* O157:H7 ("O157") is a bacterial pathogen normally found in the intestines of healthy cattle.
- O157 can cause very severe infections in people, including bloody diarrhea, hemolytic uremic syndrome (renal failure), and even death.
- As such, O157 outbreaks are considered public health emergencies. Many have been associated with undercooked ground beef, but recent shift in seeing more fresh produce-related O157 outbreaks.

# Investigation, Multi-State Outbreak of O157 Infections, April 2018

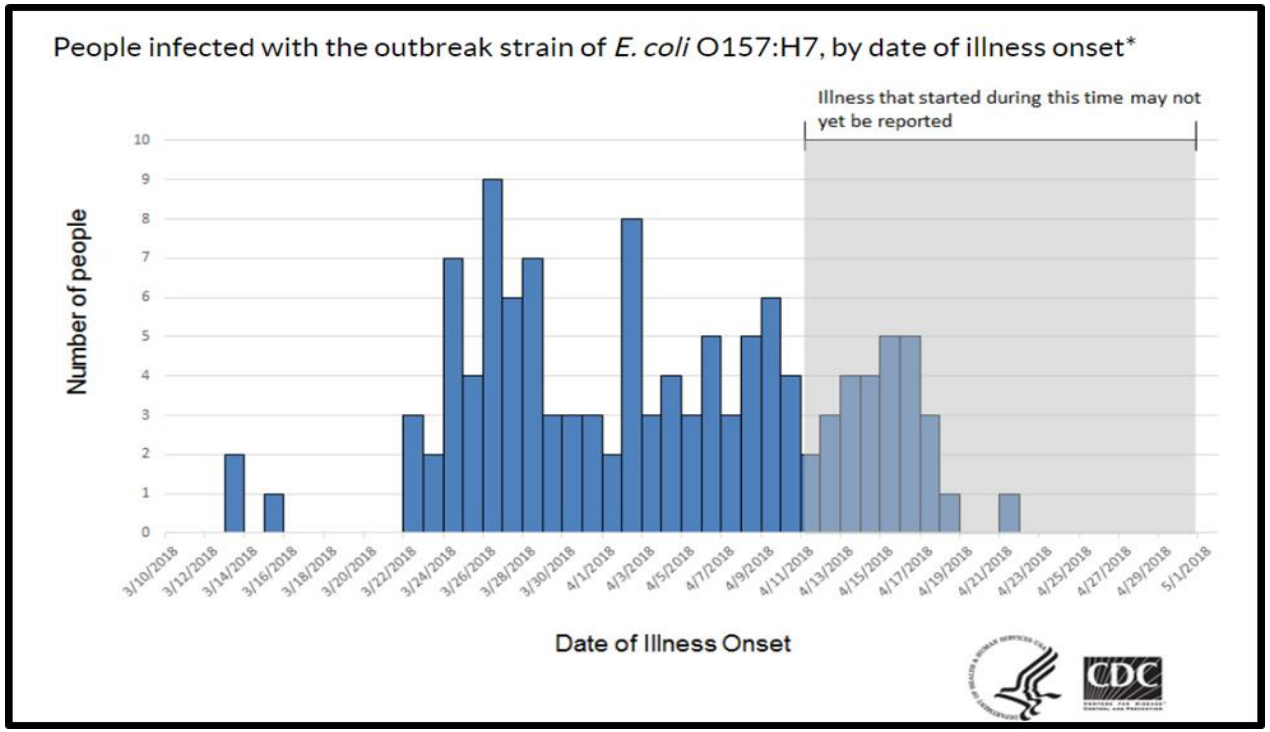
Epidemiologic and laboratory investigation identified a total of 121 cases of O157 infections in 25 states (so far), including 4 in Georgia.



# Investigation, Multi-State Outbreak of O157 Infections, April 2018

Epidemiologic and laboratory investigation identified a total of 121 cases of O157 infections in 25 states (so far), including 4 in Georgia.

- Onsets ranged from March 13 to April 21
- Median age of cases is 29 years; most are female
- **52 (51%) have been hospitalized, 14 people with HUS—STX2 strain of O157**
- 2/4 GA cases hospitalized (both with HUS)
- One death in California



# Investigation, Multi-State Outbreak of O157 Infections, April 2018

How to find the culprit?

- Initial epidemiologic investigation of clusters within the larger outbreak (in NJ and Alaska) implicated consumption of Romaine lettuce to be associated with illness (which was confirmed by the overall investigation).

# Investigation, Multi-State Outbreak of O157 Infections, April 2018

- FDA traceback of the romaine lettuce involved in the clusters identified several farms in the Yuma, Arizona area (but not just one specific farm, hence no official FDA recall)
- Specific mode of contamination has not been determined.
- Yuma romaine season ended April 16 (none shipped afterwards), so with 3-week shelf life, period of risk is just about over. We expect to see more cases, however, due to incubation period and lag in reporting/molecular testing.

# Prevention Messages (Still)

Advice to Consumers:

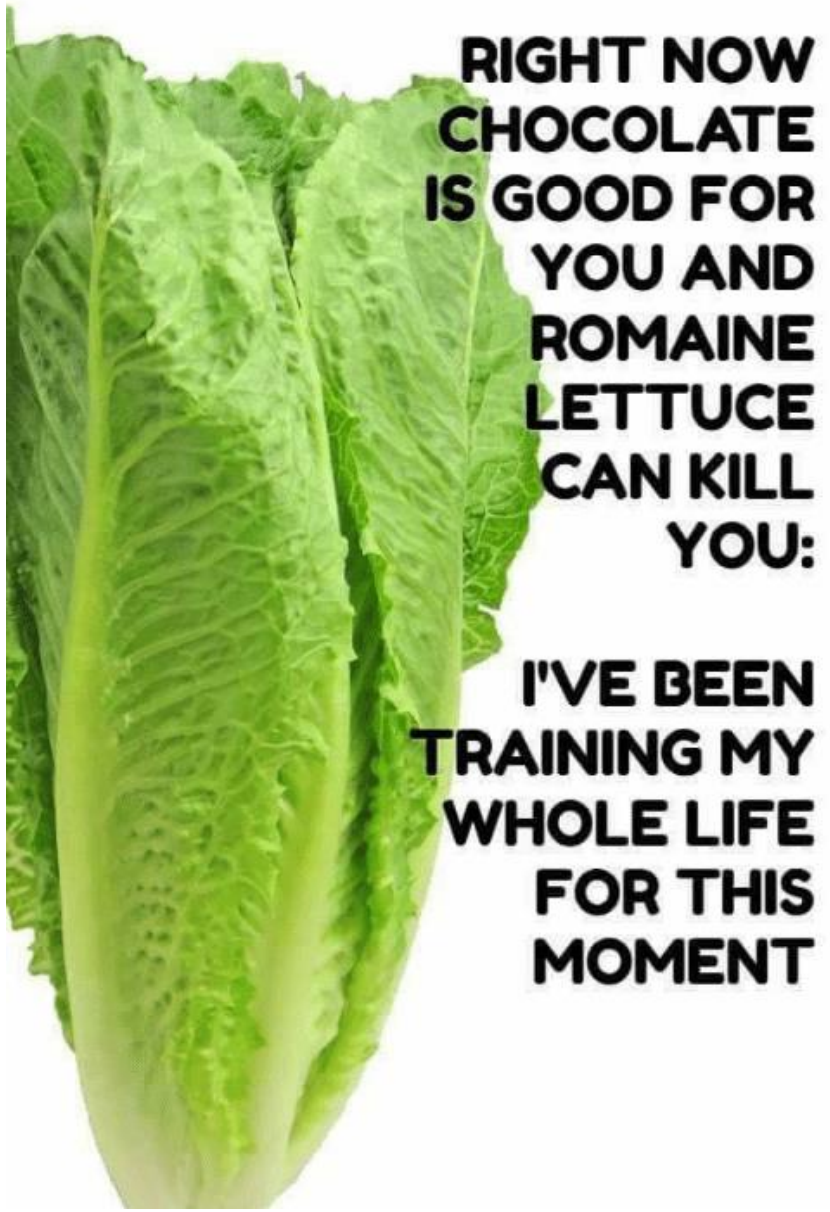
- Do not eat or buy romaine lettuce unless you can confirm it is not from the Yuma, Arizona growing region.
- Product labels often do not identify growing regions; so, do not eat or buy romaine lettuce if you do not know where it was grown.
- Includes all types of romaine—chopped, whole, mixed, etc.

Advice to Restaurants and Retailers:

- Do not serve or sell any romaine lettuce (all types) from the Yuma, Arizona growing region.
- Restaurants and retailers should ask their suppliers about the source of their romaine lettuce.

# Questions?

Georgia Department of Public Health


RIGHT NOW
CHOCOLATE
IS GOOD FOR
YOU AND
ROMAINE
LETTUCE
CAN KILL
YOU:
I'VE BEEN
TRAINING MY
WHOLE LIFE
FOR THIS
MOMENT

# Closing Comments

Cynthia Mercer, M.D., Board Chair

The next Board of Public Health meeting
is scheduled for Tuesday, June 12, 2018 @ 1 p.m.

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