

Georgia Board of Public Health

Feb. 13, 2018

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



Budget Update

Dionne Denson/CFO

DPH Initiatives

Prescription Drug Monitoring Program
(PDMP)

Cardiac Care

Early Brain Development

Maternal Mortality

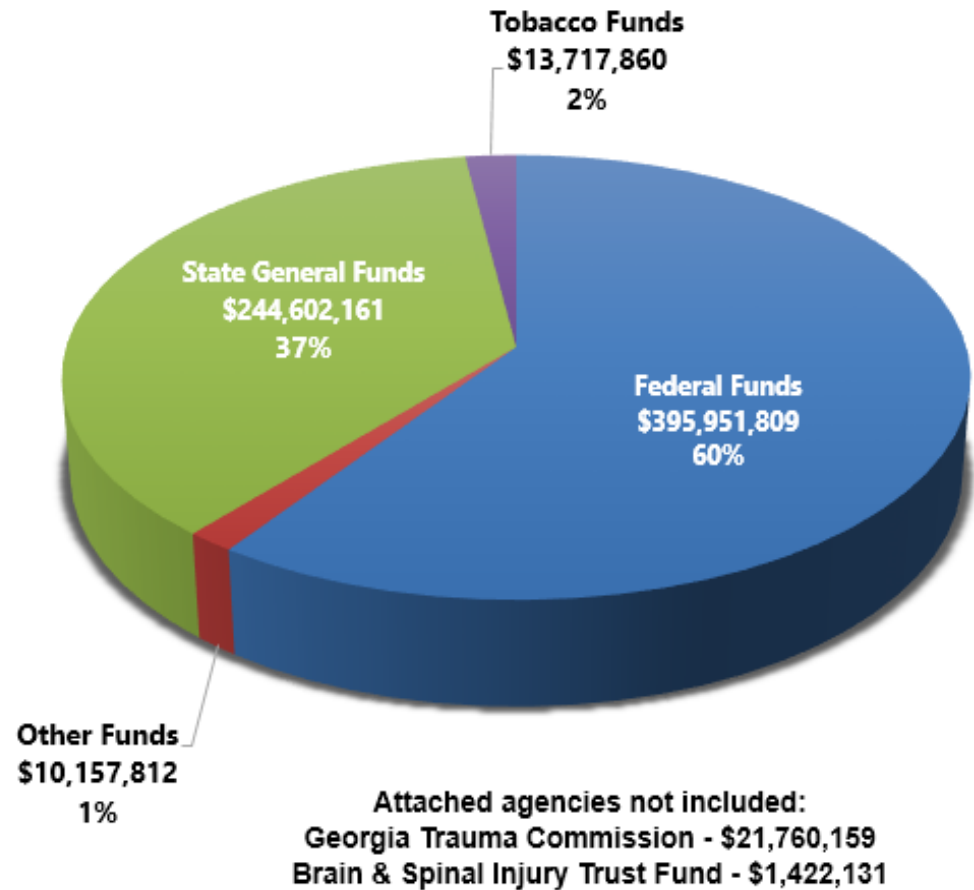
Academic Health Department

AFY 2018 Governor's Budget Recommendation

Increase funds for the Office of Cardiac Care pursuant to Senate Bill 102 (2017 Session)	\$193,500
Increase funds for the prescription drug monitoring program pursuant to House Bill 249 (2017 session)	\$582,892
Utilize \$159,105 in existing funds for telehealth infrastructure and one program support coordinator position to provide behavioral health services to children under 21 who are diagnosed as autistic	Yes
Total DPH Changes	\$776,392
Statewide Changes:	
Adjustment in agency premiums for Department of Administrative Services administered self-insurance programs	\$83,844
Reflect adjustment in merit system assessments	(\$20,283)
Reflect adjustment in cyber insurance premiums	(\$79,077)
Total Statewide Changes	(\$15,516)
Total Changes	\$760,876

AFY 2018 DPH Budget

Total Funds: \$664,429,642

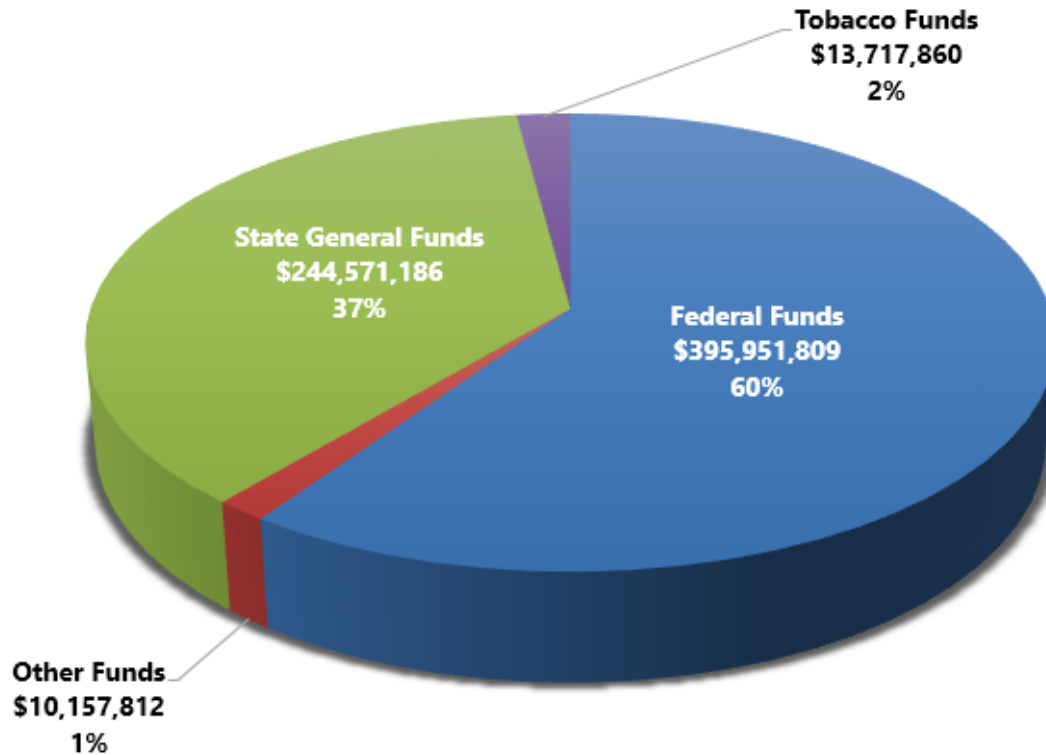


AFY 2019 Governor's Budget Recommendation

Increase funds for the Office of Cardiac Care pursuant to Senate Bill 102 (2017 Session)	\$355,406
Increase funds for the prescription drug monitoring program pursuant to House Bill 249 (2017 session)	\$626,545
Provide funds to develop capacity for children under 21 who are diagnosed as autistic	\$100,000
Utilize \$50,700 in existing funds for one program support coordinator for children under 21 who are diagnosed as autistic	Yes
Total DPH Changes	\$1,081,951
Statewide Changes:	
Adjustment in agency premiums for Department of Administrative Services administered self-insurance programs	(\$137,478)
Reflect adjustment in merit system assessments	(\$2,009)
Reflect adjustment in cyber insurance premiums	(\$102,522)
Reflect adjustment in <u>TeamWorks</u> billings	(\$113,299)
Reflect adjustment in the employer share of the TRS System from 16.81% to 20.90%	\$3,258
Total Statewide Changes	(\$352,050)
Total FY 2019 Changes	\$729,901

AFY 2019 DPH Budget

Total Funds: \$664,398,667



Attached agencies not included:
Georgia Trauma Commission - \$16,744,079
Brain & Spinal Injury Trust Fund - \$1,445,857

Questions?

Influenza Update

Cherie Drenzek, DVM, MS/State Epidemiologist

Overview

- Introduction
- Influenza Surveillance
- Snapshot of Current Influenza Season in the U.S. and Georgia
- Flu Prevention: Actions We Can Take
- Questions

Introduction

Flu is ever-changing, complex, and difficult to predict. This season is a somber reminder of how flu remains a significant public health challenge.

Goals of Influenza Surveillance

NOT to document every case of influenza, but to:

- Determine when and where influenza activity is occurring
- Determine what influenza viruses are circulating
- Determine the severity of influenza virus infections
- Detect novel viruses or changes in influenza viruses

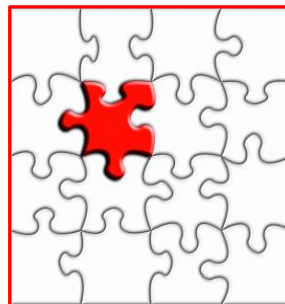
TO INFORM CONTROL AND PREVENTION EFFORTS!

(year-round)

How Do We Conduct Surveillance for Influenza?

- Virologic surveillance (GPHL)
 - Outpatient visits for ILI (sentinel clinics: ILINet)
 - Outpatient visits for ILI in Emergency Departments
 - Influenza hospitalizations (metro Atlanta only)
 - Influenza-associated deaths (all ages)
 - Influenza outbreaks
 - Geographic Dispersion and Intensity
-

= Picture of Flu Activity



Snapshot of Current Flu Season: Nationally

- During January, 49 states had **widespread** flu activity simultaneously, which is unusual. This week, 48 states have widespread activity (small decreases in west).
- Influenza A (H3N2) is the predominant virus circulating this season. "H3N2" seasons are associated with more severe illness, especially among young children and the elderly.
- Nationally, there have been **63** pediatric flu deaths reported so far; like other seasons, only about 20% were vaccinated. All 3 influenza strains--H3N2, H1N1, and B-- have caused these deaths, not only H3N2.
- A unique feature of this season the **very high rate** of influenza-associated **hospitalizations** (higher than ever), mostly among those over 65, but a significant proportion among those 50-64 years as well.
- The proportion of outpatient visits for ILI is higher than during the 2009-10 H1N1 pandemic.
- CDC estimates for this season's flu vaccine efficacy will not be available until later in the season, but initial data from Canada published last week showed less than 20% efficacy against the circulating H3N2 strain.

Snapshot of Influenza **Activity** Week 5, 2017-2018 Season, U.S.

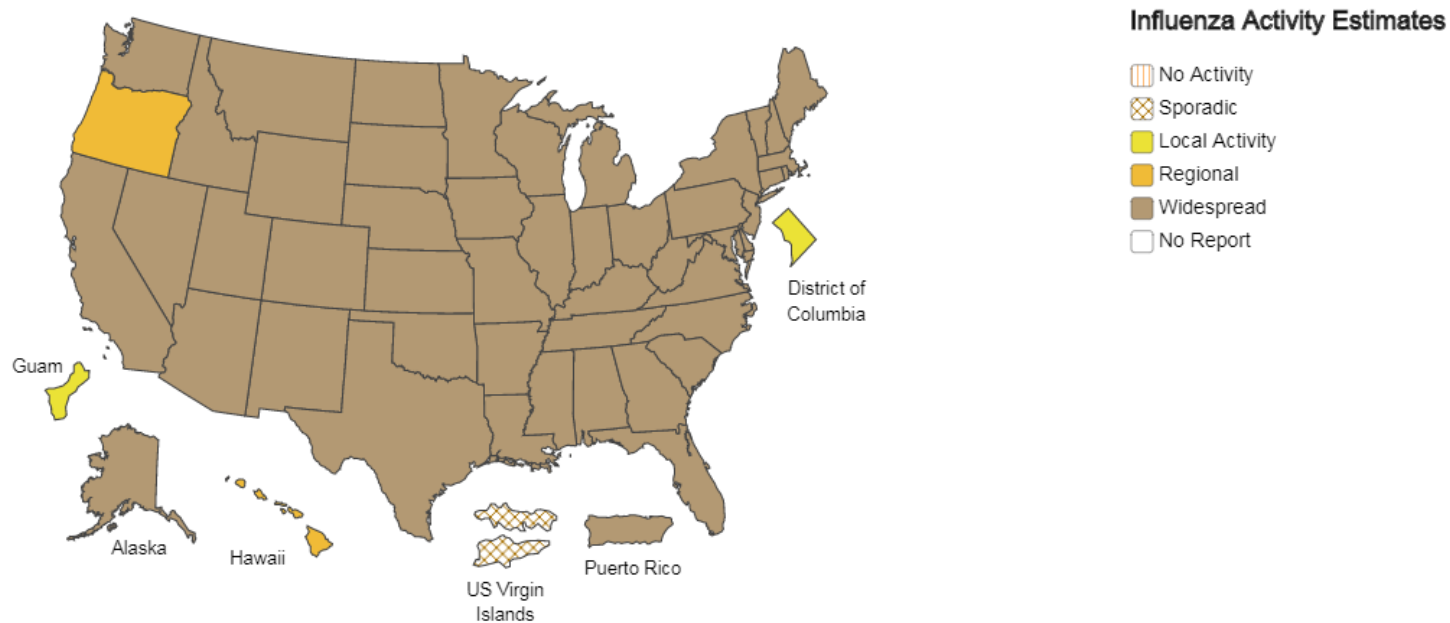
FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

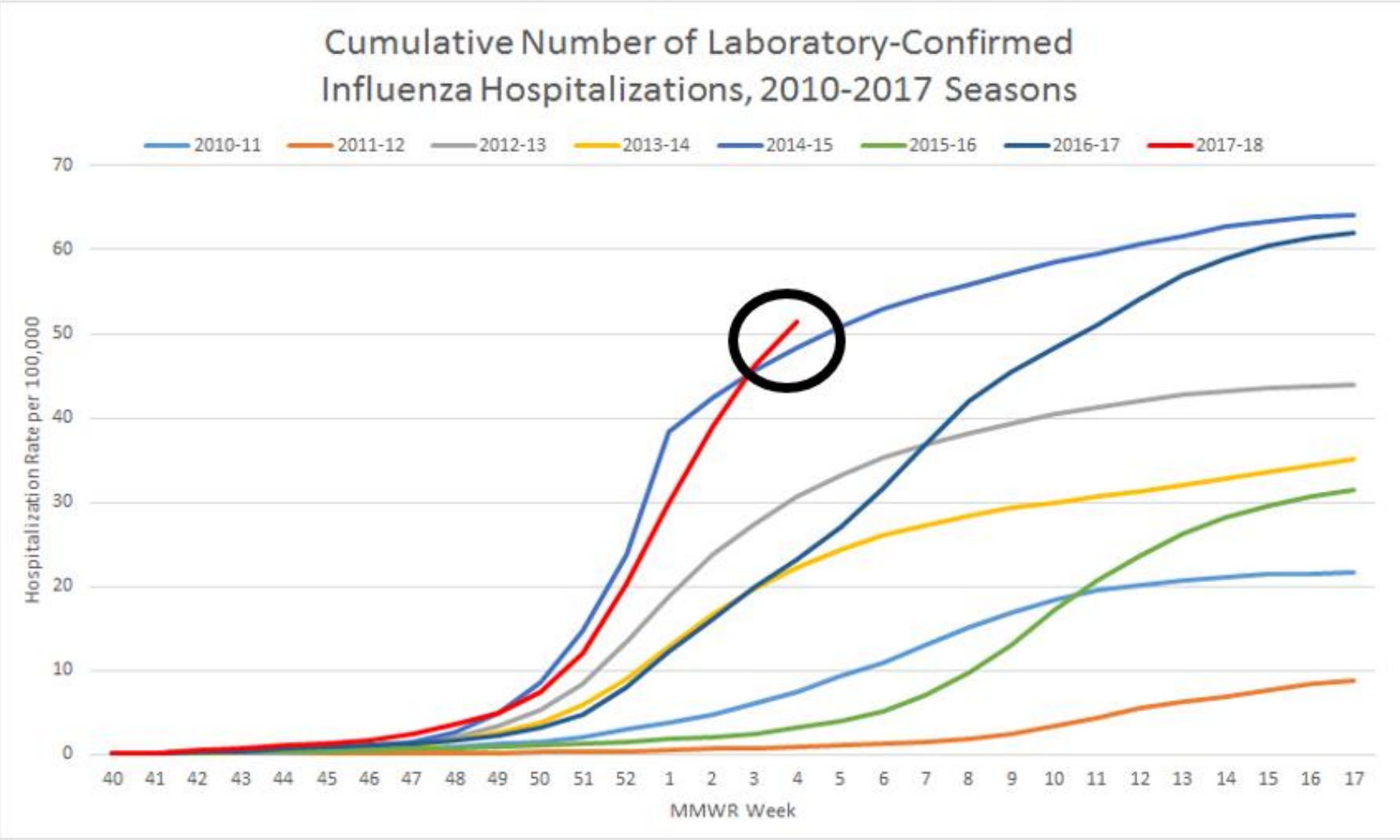
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending Feb 03, 2018 - Week 5

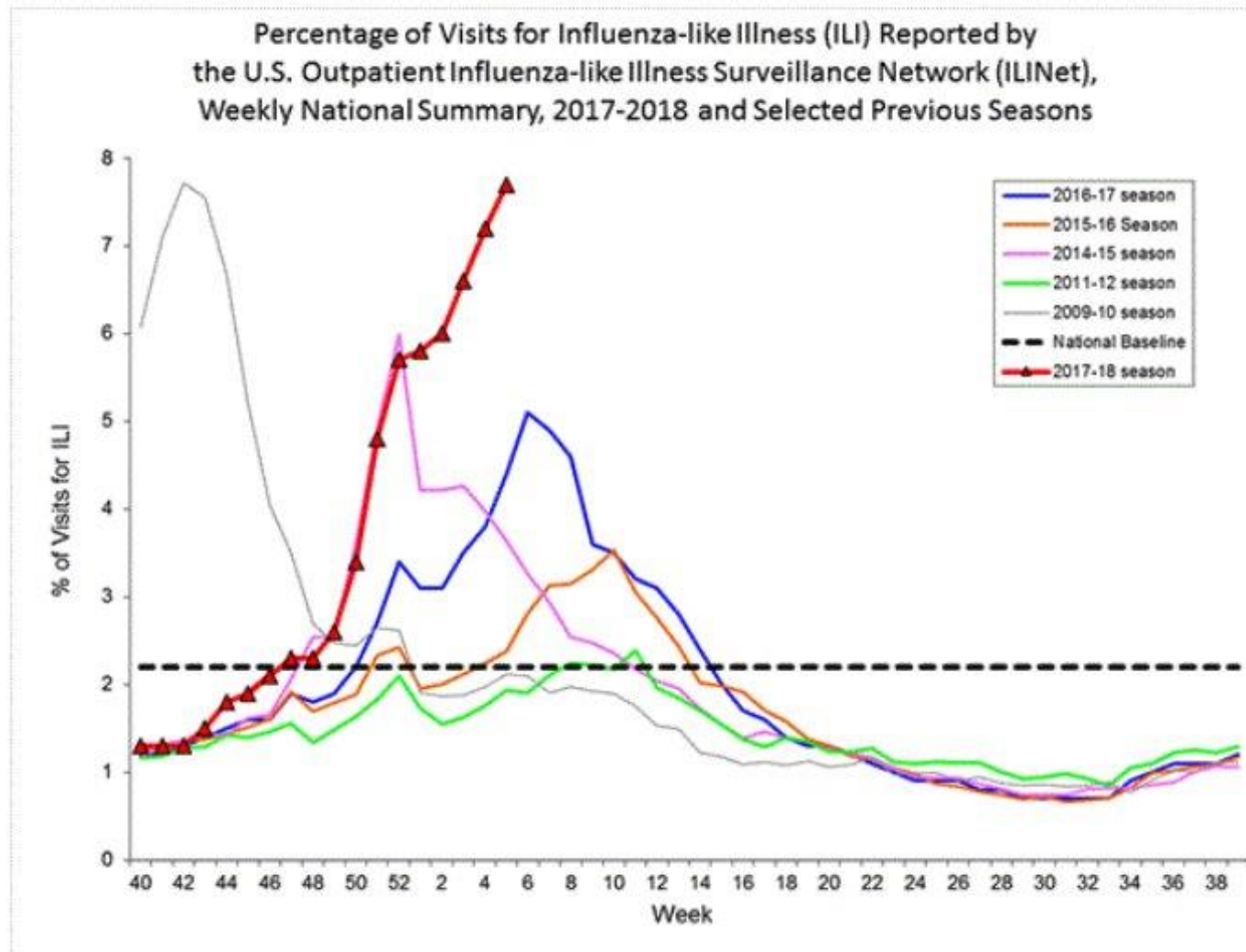


*This map indicates geographic spread and does not measure the severity of influenza activity.

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



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

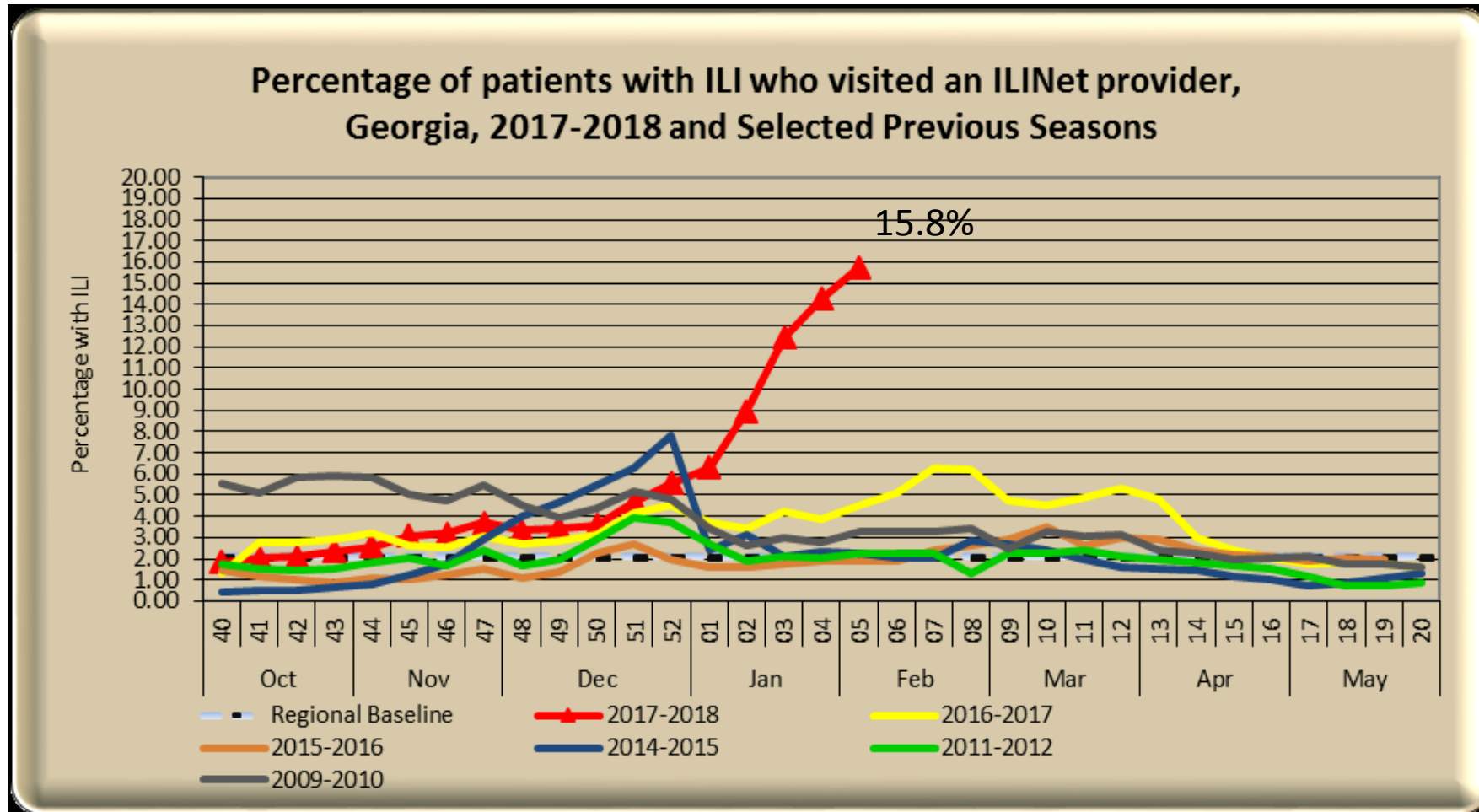


Snapshot of Influenza Activity 2017-2018 Season, Georgia (So Far)

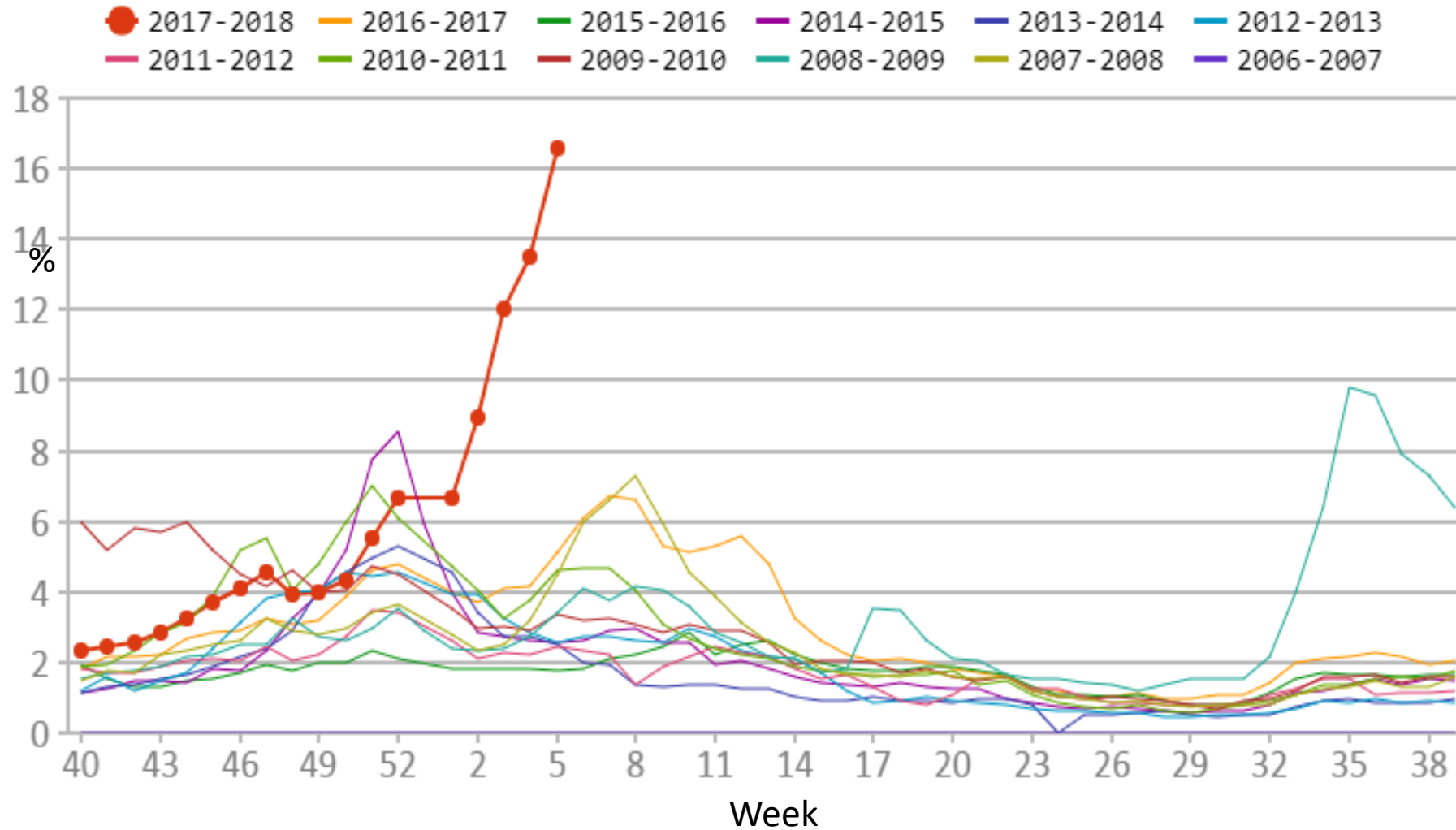
Similar to national picture

- In Georgia, the influenza activity level has been **widespread** and **high** for the previous seven weeks, and still appears to be increasing (has not peaked yet).
- Influenza A (H3N2) is the predominant virus circulating in Georgia.
- The proportion of outpatient visits for ILI (both in clinics and EDs) were the highest ever documented (**16%** last week!).
- There have been about 1,100 flu-associated hospitalizations in the 8-county metro Atlanta area; about half were among those >65 (and 65% were above 50 years of age)
- There have been **66** confirmed influenza-associated deaths in Georgia this season; 74% were 65 years of age and older, and 2 were among children.
- There have been 112 influenza outbreaks reported to DPH this season; the vast majority occurred in long-term care facilities.

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



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



Influenza-Associated Deaths, Georgia, 2017-2018

Age Group (years)	Number of Deaths (% total)
0-4	0 (0%)
5-17	2 (3%)
18-49	7 (11%)
50-64	8 (12%)
65+	49 (74%)
Total	66

Influenza Season: What Actions Can We Take?

- The average duration of a flu season is ~16 weeks (ranging from 11 to 20 weeks), so we still may have many weeks of flu activity to come.
- As such, it is not too late to get a flu vaccine! **All persons > 6 months old should be vaccinated.**
- Even with lower effectiveness against H3N2, the vaccine can provide protection against the other strains and may even reduce the severity of symptoms, complications, and hospitalizations if you do get flu.

Influenza Season: What Actions Can We Take?

- People who are at high risk of serious flu complications should be treated with antiviral drugs as soon as possible (within 48 hrs of onset of flu symptoms).
- Viral infections like flu can make people more vulnerable to secondary bacterial infections; people 65 years and over should also be vaccinated against pneumococcus.
- In addition, diligently practice the prevention pillars of handwashing, staying away from sick people, staying home if you're sick, and respiratory etiquette.

Questions?

Legal Processes for DPH Record Requests

Meredith Grant, J.D. /Associate General Counsel, Privacy Officer



Closing Comments

Cynthia Mercer, M.D., Board Chair



The next Board of Public Health meeting is scheduled for Tuesday, Mar. 13, 2018 @ 1 P.M.

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