Agenda

• Call to order  
  James Curran, M.D., Board Chair
• Roll Call  
  Mitch Rodriguez, M.D., Secretary
• Approval/Adoption of Minutes  
  Mitch Rodriguez, M.D., Secretary
• Commissioner’s Update  
  Kathleen E. Toomey, M.D., M.P.H., Commissioner
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.

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)
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.

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>AND</th>
<th>Epidemiologic Risk</th>
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<tbody>
<tr>
<td>Fever(^1) or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)</td>
<td>Any person, including health care workers, who has had close contact(^2) with a laboratory-confirmed(^3) COVID-19 patient within 14 days of symptom onset.</td>
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<tr>
<td>Fever(^1) and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>A history of travel from Hubei Province, China within 14 days of symptom onset.</td>
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<tr>
<td>Fever(^1) and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization(^4)</td>
<td>A history of travel from mainland China within 14 days of symptom onset.</td>
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</table>
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
  o Mandatory 14-day quarantine for high risk travelers (travel from Hubei)
  o 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

Lists of travelers in Georgia are sent daily to DPH Epidemiologists
For “Supervised Self-Monitoring of Medium Risk Travelers”: Electronic Monitoring System
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 hundreds of confirmed human infections with 2019-nCoV in China with a growing number of cases in other international locations, including the United States.
- Clinical presentation varies from no symptoms, respiratory illness, or 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 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 self-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-PHL-4889 (1-866-745-4889) and ask for a Medical Epidemiologist.

Background
An outbreak of pneumonia due to infection with a novel coronavirus (2019-nCoV) began in Wuhan, China in December 2019. Soon after, 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 spillover is now driven by person-to-person transmission. Thought to be primarily via droplets from coughing and sneezing, some 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/travelforbusiness/traveladvisories/traveladvisories/china-level-4-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 History Questionnaire (THQ) can be found at https://www.cdc.gov/travel/page/questionnaire.htm.

Clinician Resources
- Interim Guidance for Healthcare Professionals with Known or Suspected 2019-nCoV
- Interim Recommendations for Managing Patients with Known or Suspected 2019-nCoV

We protect lives.
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.
Questions

For more information, please contact:

Cherie Drenzek, DVM, MS
State Epidemiologist & Chief Science Officer
Georgia Department of Public Health
(404) 657-2609
cherie.drenzek@dph.ga.gov
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

THC Registry Dashboard

- Registrations Data

- Physicians Registered By Month
- Patients Registered By Month
- Cards Cancelled By Month
- Caregivers Registered By Month

THC Patients by Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
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<tbody>
<tr>
<td>INTRACTABLE PAIN</td>
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<tr>
<td>PERIPHERAL</td>
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<tr>
<td>CANCER</td>
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<tr>
<td>SEIZURES</td>
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<tr>
<td>PTSD</td>
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<tr>
<td>MULTIPLE SCLEROSIS</td>
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<td>AUTISM</td>
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<td>CROMNS</td>
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<tr>
<td>PARKINSONS</td>
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<tr>
<td>MITOCHONDRIAL</td>
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<tr>
<td>SICKLE CELL</td>
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<tr>
<td>SCLEROSIS</td>
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<td>ALZHEIMERS</td>
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<td>TOURETTES</td>
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<td>HOSPICE</td>
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<tr>
<td>AIDS</td>
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<td>EPIDERMA</td>
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Project Totals (Real-Time)

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

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Card Security Concerns

• Card integrity
• Cards printed on standard desktop printer
  o Ink rubbed off the card
  o 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.