

# Georgia Board of Public Health

January 8, 2019

# 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

# Newborn Screening

Arthur F. Hager, PhD, HCLD / Director of Chemistry and Hematology  
Judith Kerr, MPH / Child Health Screening Program

# Newborn Screening

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Preventative, population-based, public health program

Conditions likely to cause severe intellectual disability, or death, prior to the onset of clinical symptoms

Testing for a panel of conditions to include:

- Metabolic, endocrine, hematologic, immunologic disorders
- Cystic fibrosis
- Congenital hearing loss
- Critical congenital heart disease (CCHD)



# Goal of Newborn Screening

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The goal of the NBS Program is to test all babies born in Georgia for conditions that can cause major illness, serious intellectual disability, or even death if not identified and treated early.

# NBS Screening Panel

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## Endocrine

- Congenital Hypothyroidism
- Congenital Adrenal Hyperplasia (CAH)

## Hemoglobinopathy

- Sickle Cell Disease (SS)
- Sickle Cell/C Disease (SC)
- Sickle Cell/ $\beta$ -Thalassemia

## Cystic Fibrosis (CF)

## Metabolic

- Galactosemia (Classical)
- Biotinidase Deficiency
- Amino Acidopathies (6)
- Organic Acidemias (9)
- Fatty Acid  $\beta$ -Oxidation Defects (5)

## SCID

## Point of Care

- Hearing
- CCHD

# NBS Laboratory Summary

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- Specimens Received (2018)
  - 147,971
- Laboratory Staff
  - Manager, 3 Supervisors, 10 Technologists, 2 Administrative Assistants
- Turnaround Time
  - Average = 2.3 days; 98% in 3 days
- Positive Screens Reported to Follow-up Contractor
  - Emory Dept. of Human Genetics, CHOA, Augusta University
- Fee: \$63/specimen
  - No charge for repeats due to a positive initial screen
  - NICU infants get two repeat screens at no cost

# Addition of New Disorders

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## Recommended Uniform Screening Panel (RUSP)

- HHS advisory committee accepts nominations from medical professionals and general public
  - Reviews data on incidence, test availability, treatment options
  - Can approve, reject, request further information

HHS Secretary can accept or reject recommendation for addition to RUSP

# Recent RUSP Additions

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2015: Pompe Disease

2016: Mucopolysaccharidosis Type 1 (MPS1)

2016: Adrenoleukodystrophy (X-ALD)

NIH-funded pilot projects completed 2017

Approved for addition to Georgia NBS panel in May 2018 by  
Commissioner O'Neal

# Spinal Muscular Atrophy (SMA)

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Treatment approved by FDA in December 2016

Cost: \$750,000 in first year; \$375,000 in subsequent years

Added to RUSP in July 2018

NIH-funded pilot project to start in January 2019

Approved for addition to Georgia NBS panel in December 2018 by  
Commissioner O'Neal

# Georgia Newborn Screening Advisory Committee

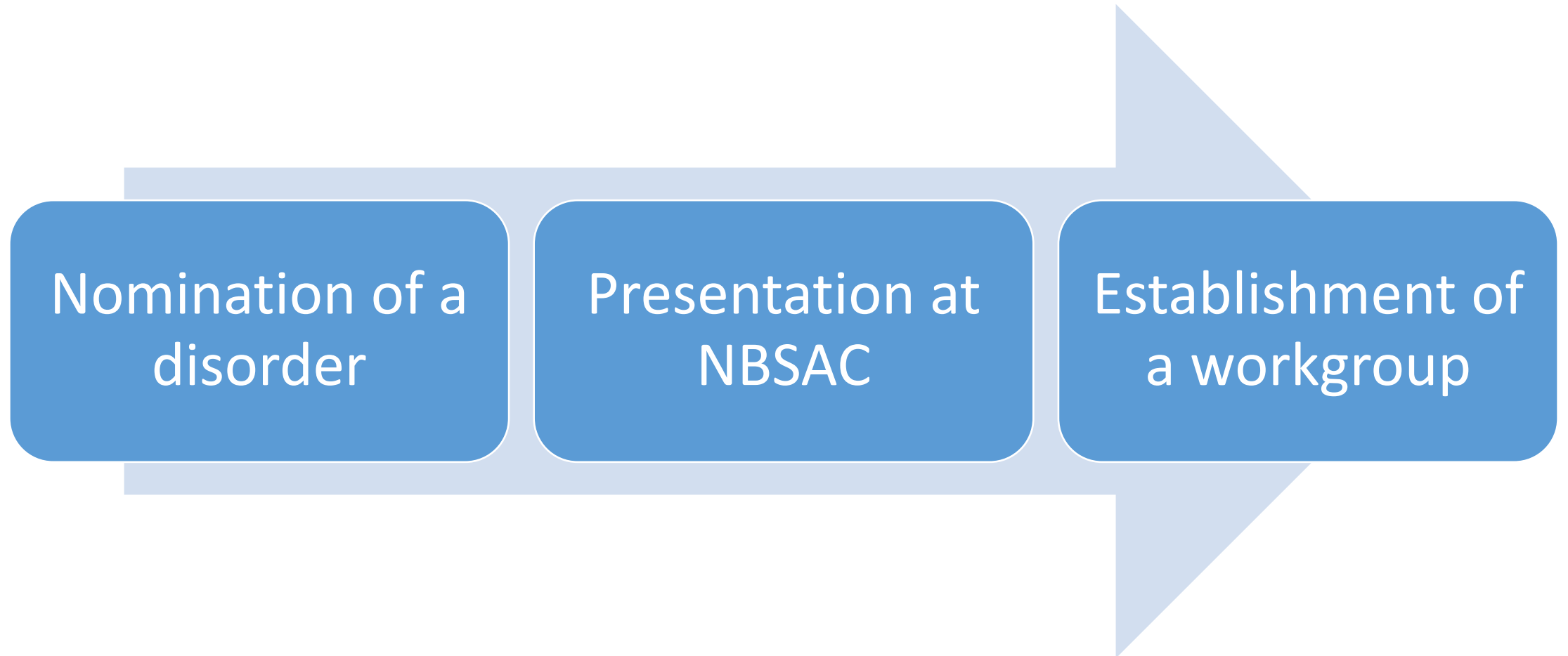
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- Advise DPH on standards, protocols, and guidelines
- Champion the NBS healthcare system
- Ongoing contribution of specific expertise to the NBS system
- Provide advice and recommendations for strategic planning and evaluation of the NBS system
-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



# Disorder Nomination Process

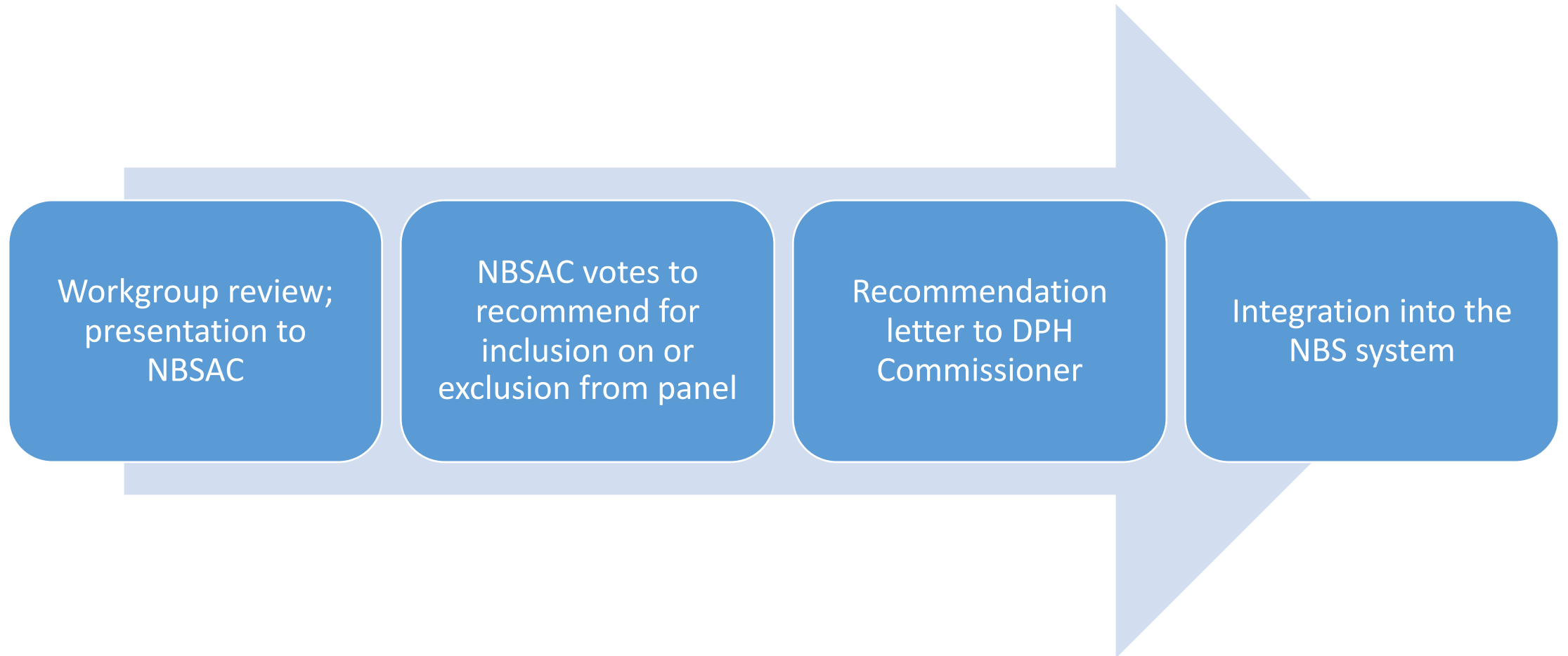
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# Disorder Nomination Process

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# Disorder Review Process

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## New condition workgroup

- Members include NBSAC members and key experts
- Standard domains of review
- Recommendation to NBSAC

Review Criteria		
Incidence	Diagnostic Testing Method(s)	Availability of Care/Resources in Georgia
Screening Method(s) Available	Follow-up Requirements	Laboratory Requirements
Treatment	Overall Outcomes	Cost

# Non-RUSP Conditions

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## Krabbe

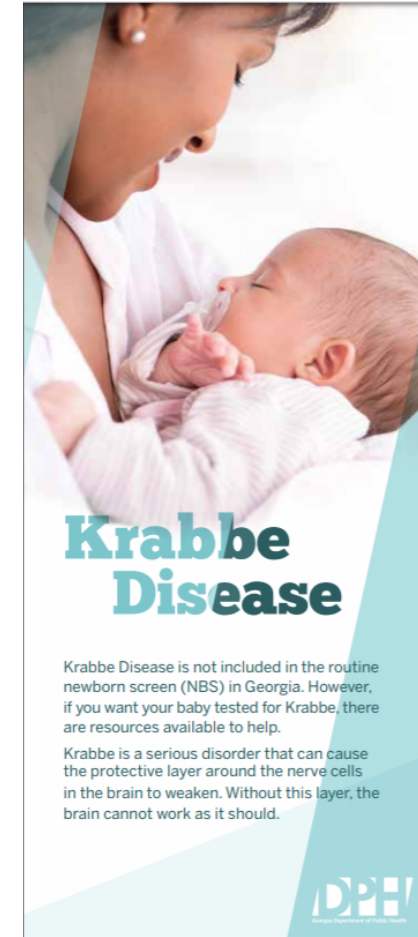
- Education

## Guanidinoacetate Methyltransferase Deficiency (GAMT)

- Workgroup
- NBSAC update

## Congenital Cytomegalovirus (cCMV)

- Workgroup meetings start in January 2019



# Questions?

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For more information, please contact:

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# Legislative Update

Sheila Pierce / Director Division of Strategic Partnership and Policy  
Megan Andrews / Director Government Relations

# Office of Government Relations

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Government Relations Office Overview - **Sheila Pierce**

2019 Legislative Session - **Megan Andrews**

- Agency Bill Tracking
- Communicating with the Department
- Session Monitoring

# Influenza Update

Cherie L. Drenzek, DVM, MS / State Epidemiologist

# Introduction

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

Last year's exceptionally severe flu season was a somber reminder of how flu will always remain a significant public health challenge.

Let's look at a snapshot of the 2018-2019 influenza season so far (both nationally and in Georgia).



# Snapshot of Current Flu Season: Nationally

Nationally, influenza activity has been sharply increasing over the past several weeks.

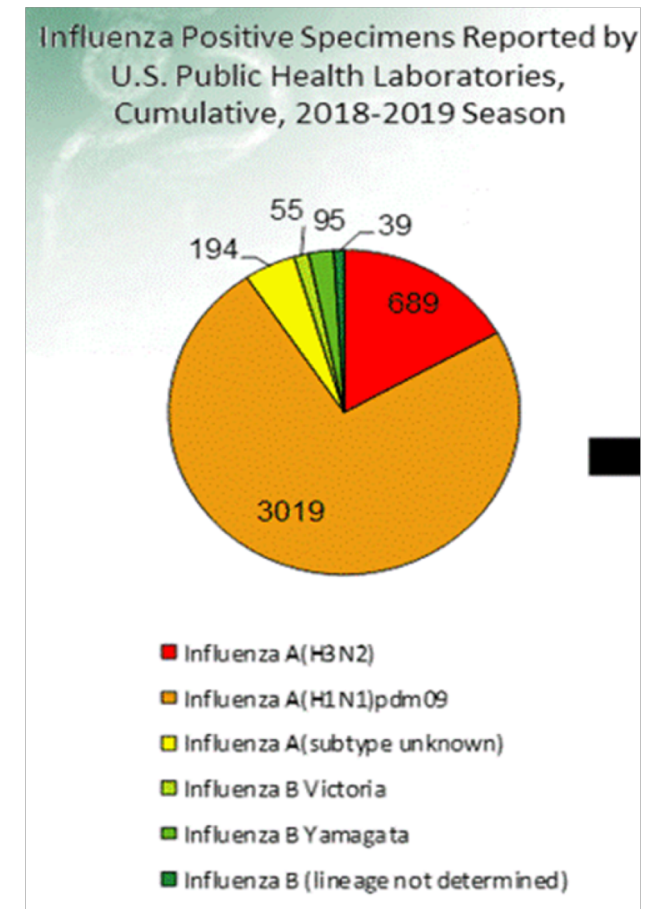
**Influenza A (H1N1)** has, so far, been the predominant virus circulating this season, although influenza A(H3N2) viruses have predominated in the southeastern US (including Georgia).

The majority of flu viruses that have been characterized antigenically are similar to the viruses in the 2018–2019 Northern Hemisphere vaccine.

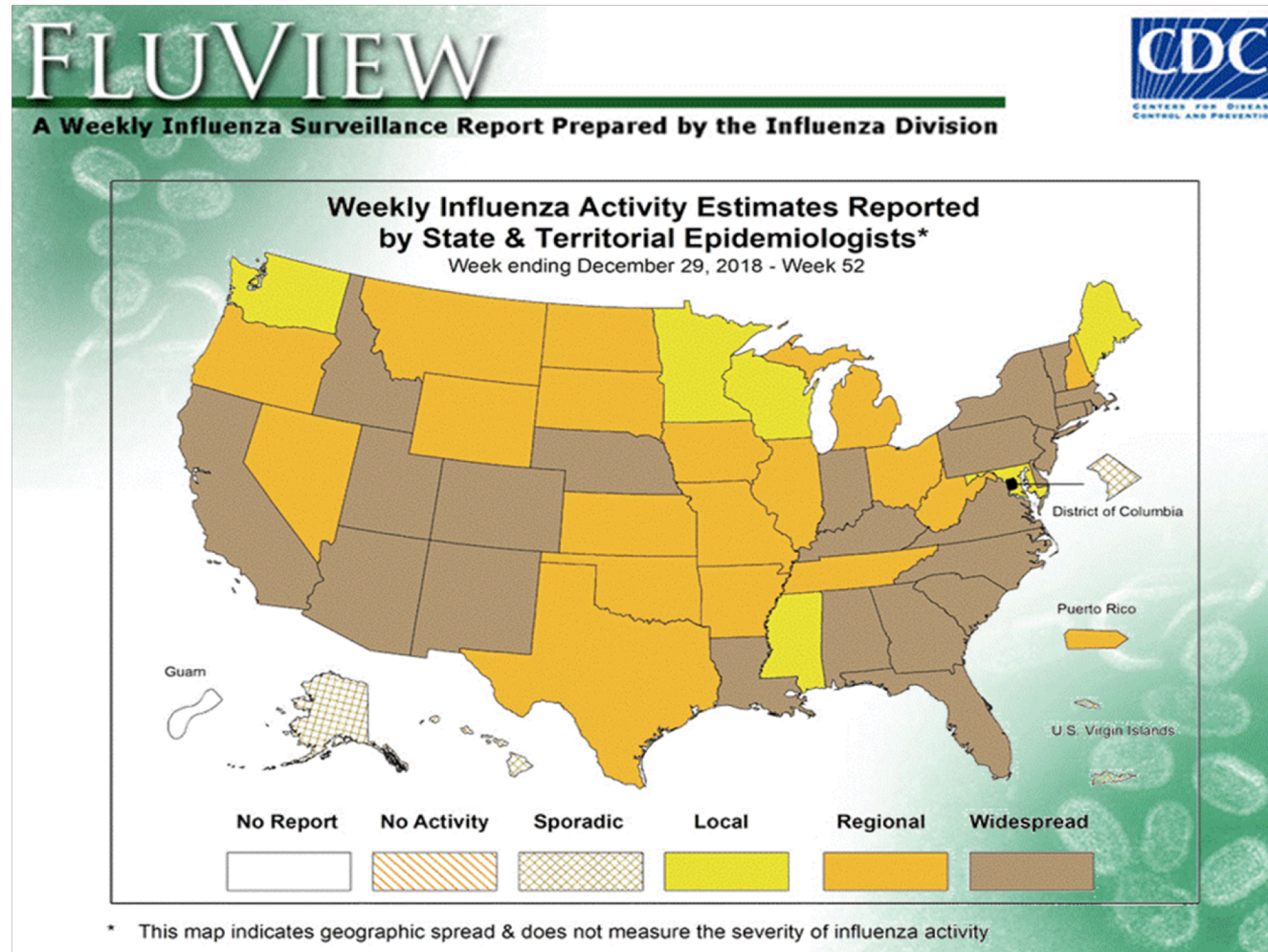
Twenty-four (24) states have reported **widespread** geographic spread of influenza, and 19 states have reported **high** ILI activity.

The highest hospitalization rates are among **children younger than 5 years** (14.5 hospitalizations per 100,000 population).

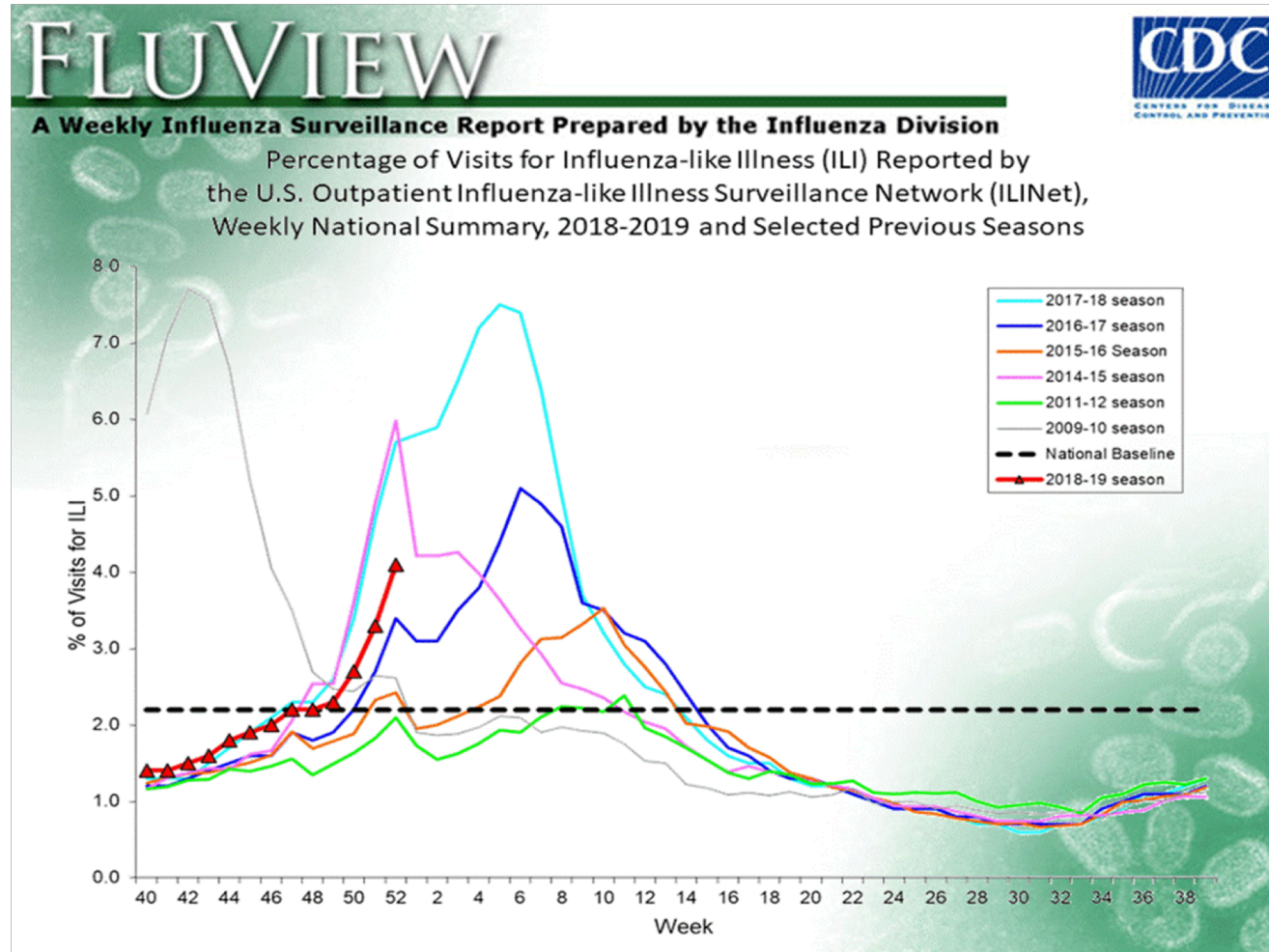
Nationally, there have been **13** pediatric flu deaths reported so far.



# Snapshot of Influenza Activity, Week 52, 2018-2019 Season, U.S.



# Snapshot of Outpatient Visits for ILI, 2018-2019 Season, U.S.

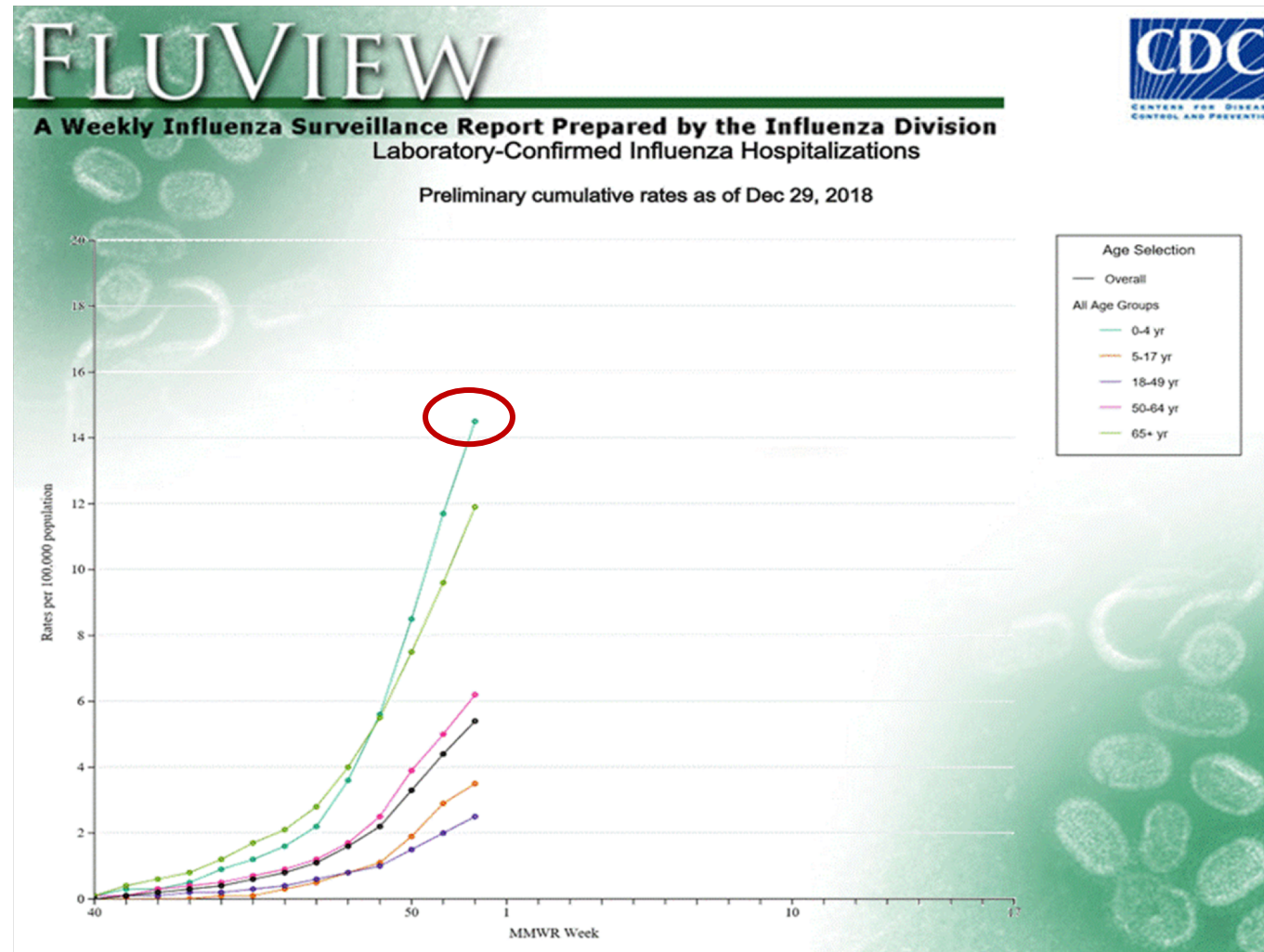


Nationwide during week 52, **4.1%** of outpatient visits were due to influenza-like illness (ILI).



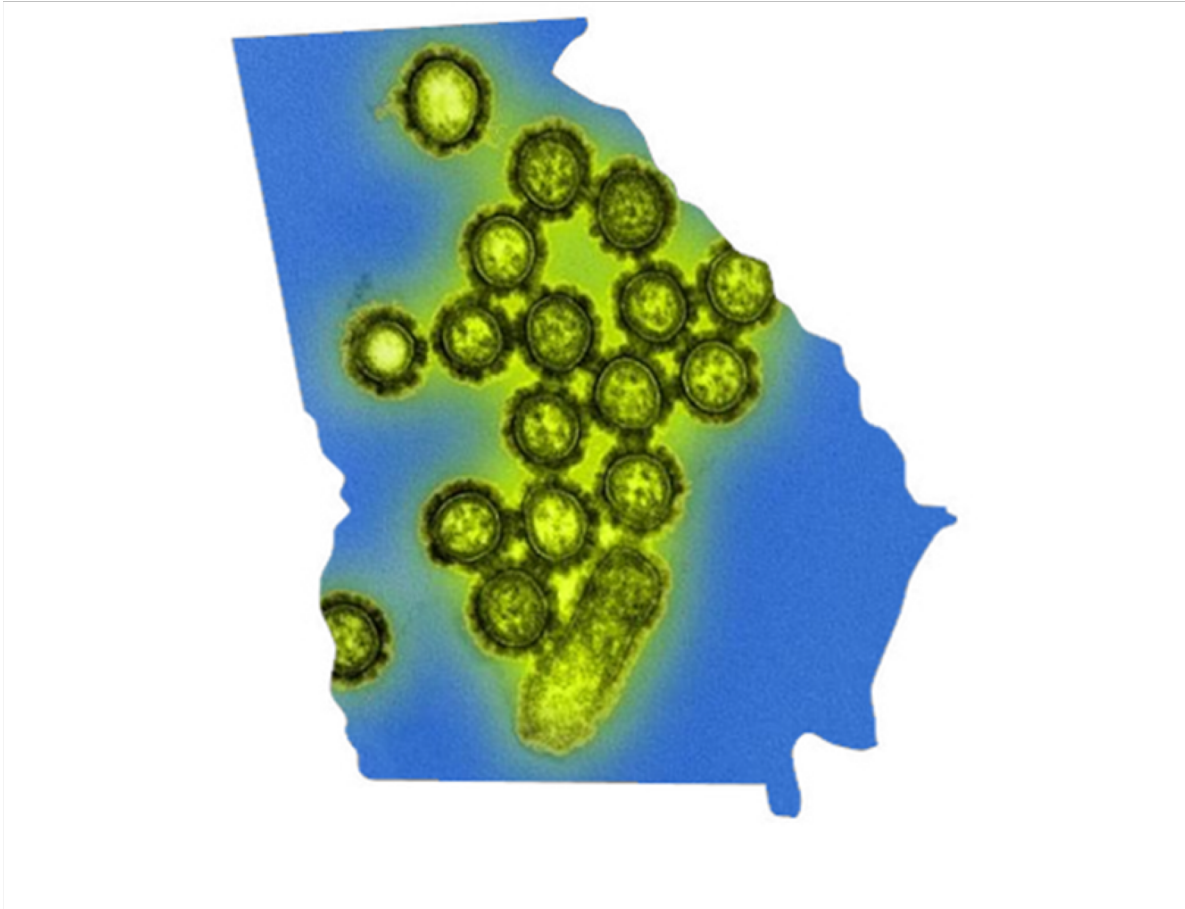
# Snapshot of Influenza Hospitalizations, 2018-2019 Season, U.S.

Children under 5 years of age had the highest flu hospitalization rate (14.5/100,000 pop.); 60% had no underlying medical conditions.

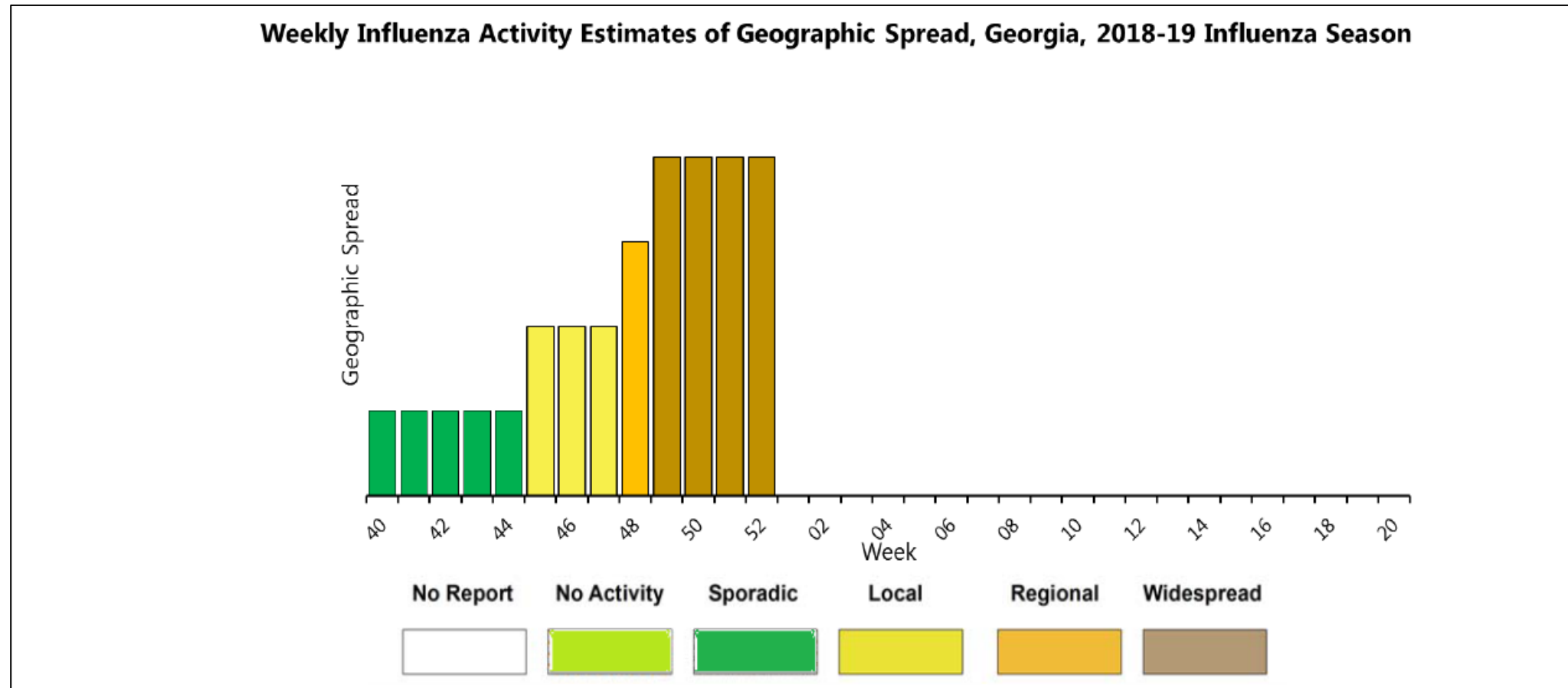


# What about Flu Season in Georgia?

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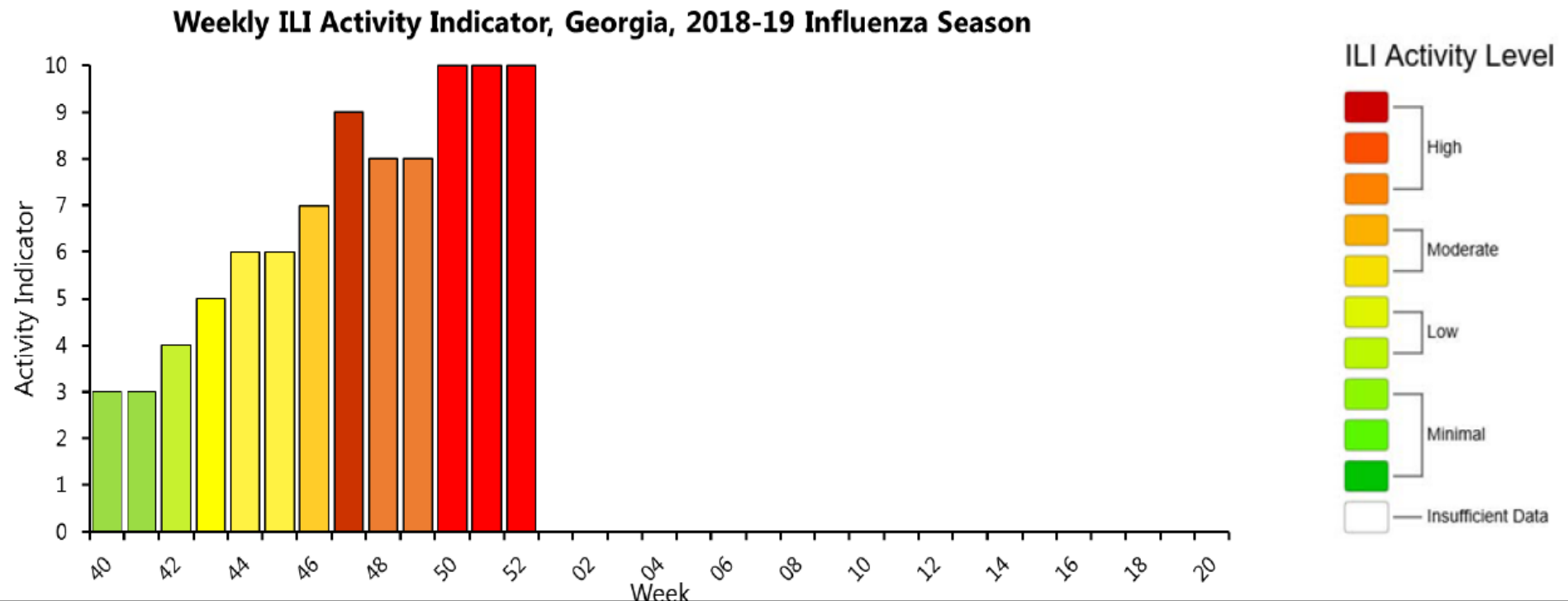


# Influenza Geographic Spread, Georgia, 2018-2019 (through Week 52)

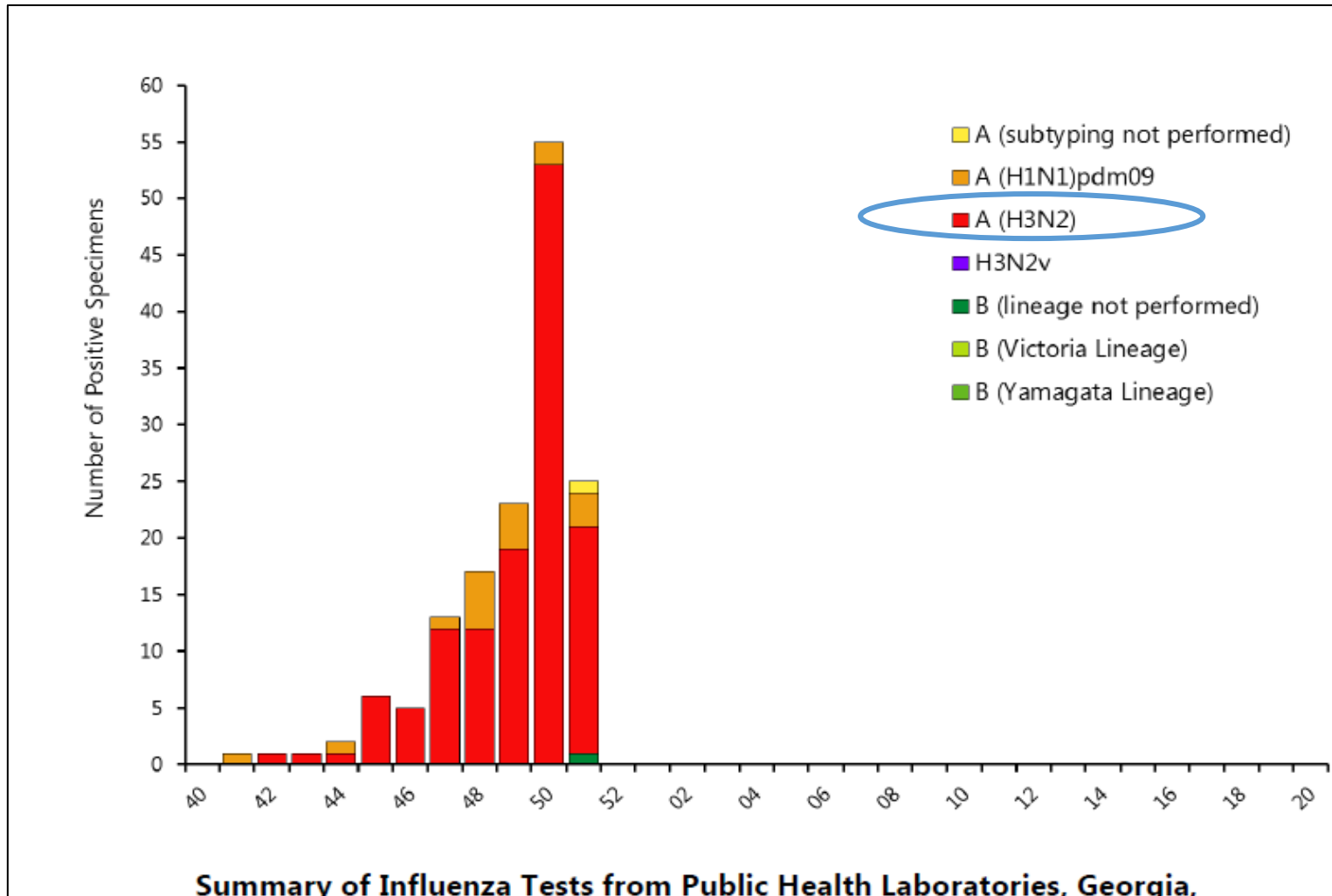


# Influenza, Activity Levels, Georgia, 2018-2019 (through Week 52)

During week 52, the activity level in Georgia was **HIGH = 10**

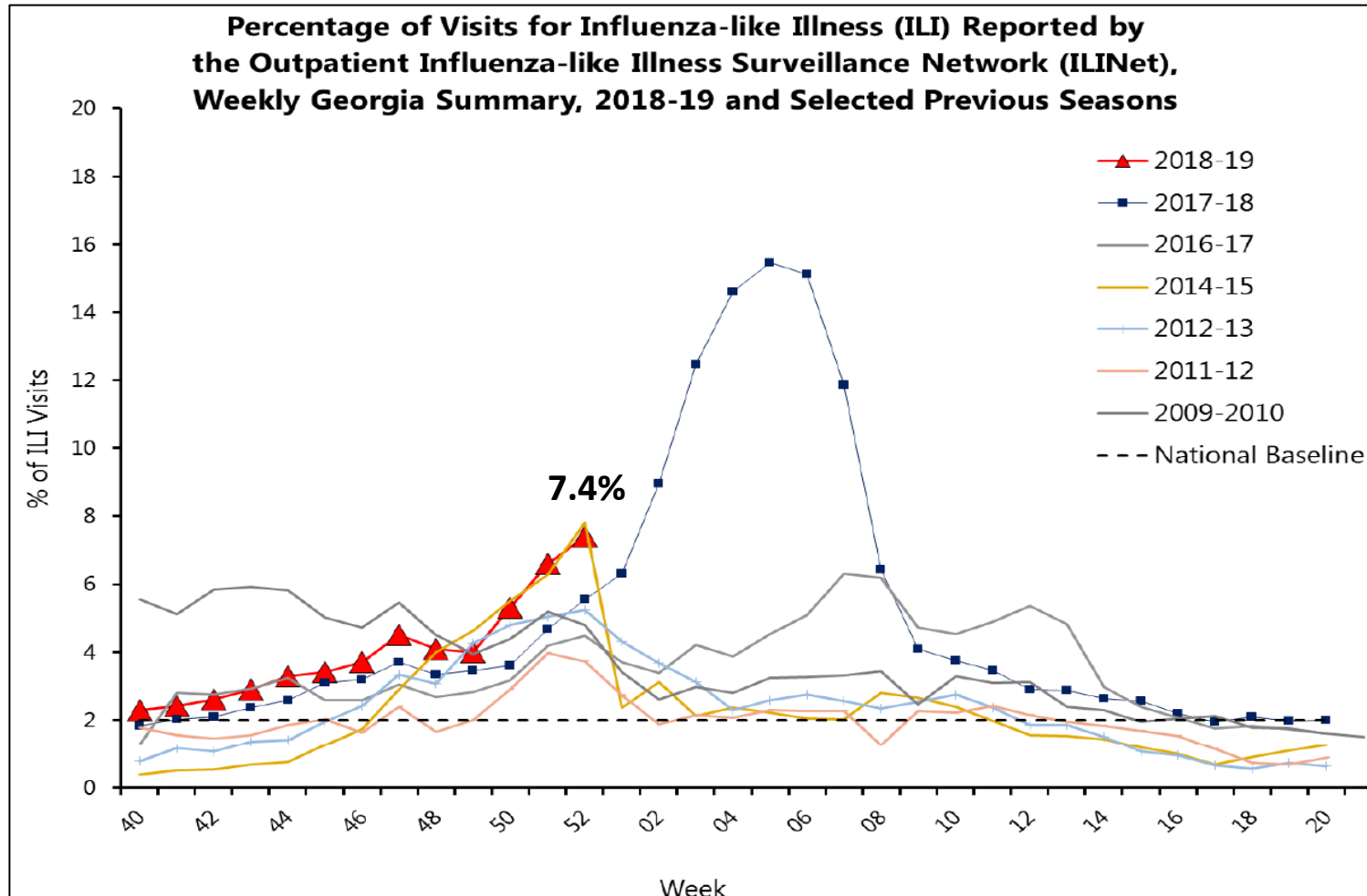


# Influenza Viruses in Georgia, Clinical Laboratories, (through Week 52)

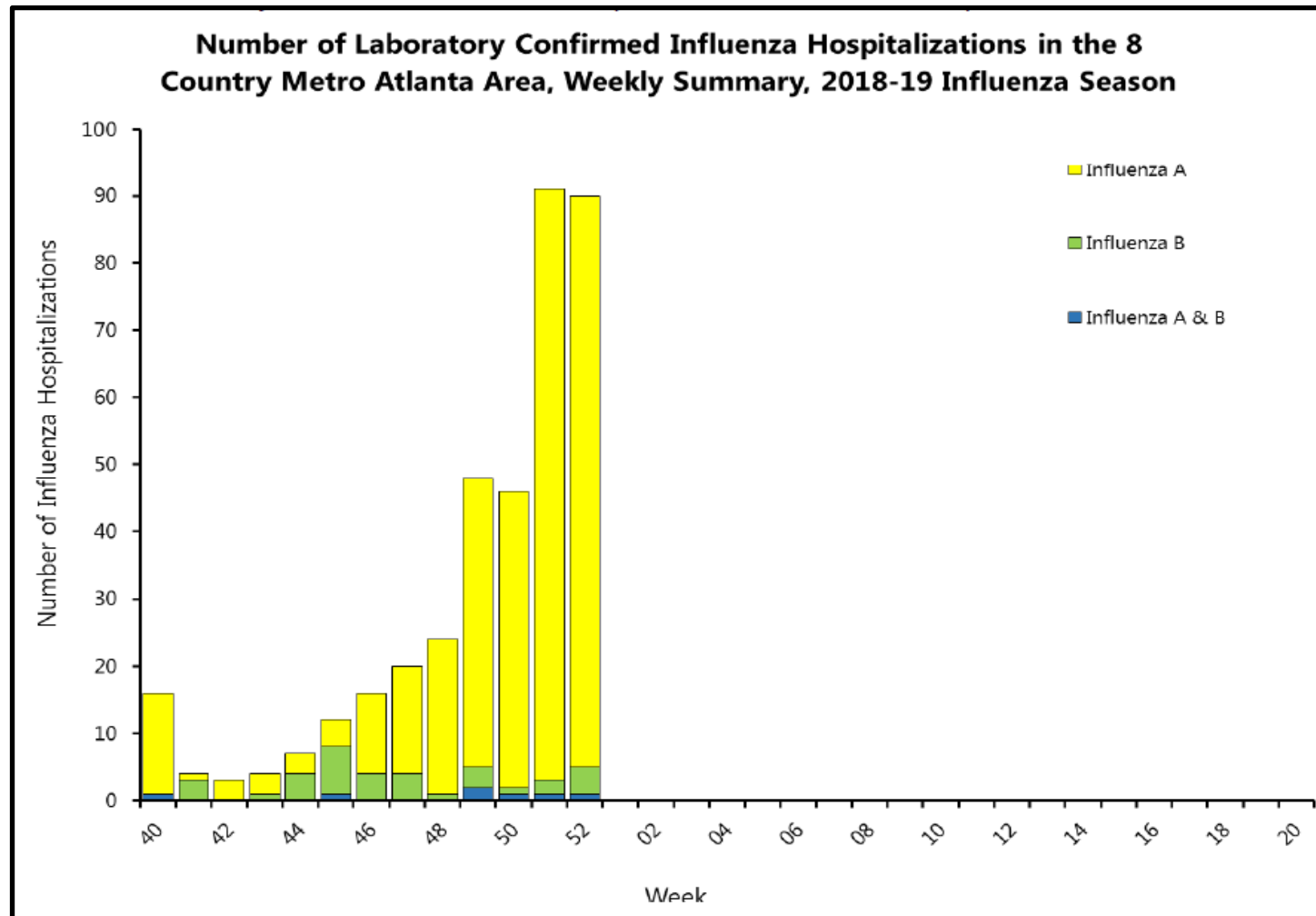




# Percent of Visits for ILI, Georgia, 2017-2018 Flu Season



# Influenza-Associated Hospitalizations, Georgia, 2018-2019 (through Week 52)



We conduct surveillance for laboratory-confirmed influenza hospitalizations only in the 8-County metro Atlanta area (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale Counties)

A total of 440 lab-confirmed flu hospitalizations have been reported so far (versus 193 last season at this time).

Children under age 5 and adults over 65 years of age have the **highest rates** of hospitalizations (both ~28/100,000 pop.)

# Influenza-Associated Deaths by Age Group, Georgia, 2018-19 and Selected Previous Influenza Seasons

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Age Group in Years	Number of Deaths			
	2009-10	2016-17	2017-18	2018-19*
0 - 4	5	1	0	0
5 -17	3	0	5	1
18 - 49	27	0	16	0
50 - 64	18	4	24	0
65+	5	18	109	3
Total	58	23	154	<b>4</b>

# Take Home Messages (Emphasize Flu Prevention!)

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- Influenza: Ever-changing and unpredictable!
- It is too early to know whether this flu season will be as severe as last, but some trends to date seem concerning (recall H3N2 is predominant here in GA).
- It is also too soon to estimate influenza vaccine effectiveness (VE) for this season.
- **Annual vaccination remains the best method for preventing seasonal flu and is recommended for all persons aged 6 months and older.**
- 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).
- In addition, diligently practice the prevention pillars of handwashing, social distancing if sick, and respiratory/cough etiquette.

# Super Bowl LIII

## Public Health Activities and Role

Scott Minarcine / PHEP Director, Emergency Preparedness and Response

# Event Scope

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- 10 day operational period (1/26/2019 – 2/3/2019)
- Estimating over 150,000 out of town guests
- 107 hotels in NFL block
- 20,100 hotel rooms on peak night
- Estimating over one million visitors will come to NFL events
- 10,000 volunteers selected to welcome and assist
- Special Event Assessment Rating (SEAR) 1 Event

# Special Event Assessment Rating

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- Rating determined by Department of Homeland Security and FBI
- SEAR System attempts to quantify several threat, vulnerability and risk factors to determine an event's potential attractiveness as a terrorist target
- National Special Security Event (NSSE) – Inauguration, political conventions, funeral for head of state
- Federal Coordination Team assigned to oversee coordination of federal resources to assist local and state agencies
  - Nick Annan, DHS is our Federal Coordinator

# Preparations to Date (State and Local)

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- Conducted/participated in three large preparedness exercises
- More than a dozen planning meetings
- Multiple training evolutions
- Consistent communication with emergency management and law enforcement communities



# Responsibilities

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- Food Inspection
- Communicable Disease and Public Health Monitoring
- Bioterror Preparations (Mass Dispensing, Biowatch, Other)
- Mass Casualty Planning and Preparedness (Active Shooter, Explosives, Other)
- Participation in the Incident Command Structure/EOC Environment

# Questions?

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For more information, please contact:

**Scott Minarcine**

PHEP Director

Emergency Preparedness and Response

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# Food Service Program

Galen C. Baxter, REHS / Director Food Service Program, Environmental Health

# Food Service Program Overview

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**MISSION:** To minimize food-borne related illnesses.

- Regulation and Routine Inspections of over 35,000 food service establishments
- Investigation of food-borne related complaints and illnesses
- Education and training for Environmental Health Specialist (EHS); food service operators and managers; general public

# Standardized Inspection Program

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- Food Rules & Regs science-based (2015 FDA Food Code)
- EHS undergo Standardized training:
  - Focus on five food-borne illness risk factors identified by CDC
  - Obtain 20 hours of CEUs
  - Renew standardization certification every five years
- State EH Office administers and oversees the training program

# Two-Part Inspection Report

Risk Factors & Public Health Interventions

Good Retail Practices

Page 1 of \_\_\_\_\_



**GEORGIA DEPARTMENT OF PUBLIC HEALTH**  
Food Service Establishment Inspection Report

Establishment Name: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ Time In: \_\_\_\_\_ AM / PM Time Out: \_\_\_\_\_ AM / PM

Inspection Date: \_\_\_\_\_ CFSM: \_\_\_\_\_

Purpose of Inspection: Routine  Follow-up  Initial  Last score: \_\_\_\_\_ Grade: \_\_\_\_\_ State: \_\_\_\_\_  
 Issued Provisional Permit  Temporary

Risk Type: 1  2  3  Permit#: \_\_\_\_\_

Risk Factors are important practices or procedures as the most contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

**CURRENT SCORE**

**CURRENT GRADE**

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SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U=69

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

(Mark IN for compliance, OUT for non-compliance, NA for not applicable, CG for corrected on-site during inspection. Repeated violation of the same code provision=2 points)

Compliance Status	Supervision	Compliance Status	Cooking and Reheating of TCS Foods, Consumer Advisory
1 IN OUT NA NO	Supervision	5 IN OUT NA NO	Cooking and Reheating of TCS Foods, Consumer Advisory
<input type="checkbox"/>	1-2A PIC present, demonstrates knowledge, performs duties	<input type="checkbox"/>	5-1A Proper cooking time and temperatures
<input type="checkbox"/>	1-2B Certified Food Protection Manager	<input type="checkbox"/>	5-1B Proper reheating procedures for hot holding
2 IN OUT NA NO	Employee Health, Good Hygienic Practices, Preventing Contamination by Hands	6 IN OUT NA NO	Holding of TCS Foods, Date Marking of TCS Foods
<input type="checkbox"/>	2-1A Proper use of restriction & exclusion	<input type="checkbox"/>	6-1A Proper cold holding temperatures
<input type="checkbox"/>	2-1B Hands clean and properly washed	<input type="checkbox"/>	6-1B Proper hot holding temperatures
<input type="checkbox"/>	2-1C No bare hand contact with ready-to-eat foods or approved alternate method properly followed	<input type="checkbox"/>	6-1C Proper cooling time and temperature
<input type="checkbox"/>	2-2A Management knowledge, responsibilities, reporting	<input type="checkbox"/>	6-1D Time as a public health control: procedures and records
<input type="checkbox"/>	2-2B Proper eating, drinking, or tobacco use	<input type="checkbox"/>	6-2 Proper date marking and disposition
<input type="checkbox"/>	2-2C No discharge from eyes, nose, and mouth	7 IN OUT NA NO	Highly Susceptible Populations
<input type="checkbox"/>	2-2D Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	7-1 Pasteurized foods used: Prohibited foods not allowed
<input type="checkbox"/>	2-2E Response procedures for vomiting & diarrheal events	8 IN OUT NA NO	Chemicals
3 IN OUT NA NO	Approved Source	<input type="checkbox"/>	8-2A Food additives: approved and properly used
<input type="checkbox"/>	3-1A Food obtained from approved source	<input type="checkbox"/>	8-2B Toxic substances properly identified, stored, used
<input type="checkbox"/>	3-1B Food received at proper temperature	9 IN OUT NA NO	Conformance with Approved Procedures
<input type="checkbox"/>	3-1C Food in good condition, safe, and unadulterated	<input type="checkbox"/>	9-2 Compliance with variance, specialized process and HACCP plan
<input type="checkbox"/>	3-1D Required records: shellstock tags, parasite destruction		
4 IN OUT NA NO	Protection From Contamination		
<input type="checkbox"/>	4-1A Food separated and protected		
<input type="checkbox"/>	4-1B Proper disposition of returned, previously served, reconditioned, and unsale food		
<input type="checkbox"/>	4-2A Food stored covered		
<input type="checkbox"/>	4-2B Food-contact surfaces: cleaned & sanitized		

**GOOD RETAIL PRACTICES**

(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark CG or R for each item as applicable. R = Repeat Violation of the same code provision = 1 point)

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Compliance Status	Safe Food and Water, Food Identification	Compliance Status	Proper Use of Utensils
10 OUT	Safe Food and Water, Food Identification	14 OUT	Proper Use of Utensils
<input type="checkbox"/>	10A. Pasteurized eggs used where required	<input type="checkbox"/>	14A. In-use utensils, properly stored
<input type="checkbox"/>	10B. Water and ice from approved source	<input type="checkbox"/>	14B. Utensils, equipment and linens, properly stored, dried, handled
<input type="checkbox"/>	10C. Variance obtained for specialized processing methods	<input type="checkbox"/>	14C. Single-use/single-service articles: properly stored, used
<input type="checkbox"/>	10D. Food properly labeled; original container	<input type="checkbox"/>	14D. Towels used properly
11 OUT	Food Temperature Control	15 OUT	Utensils, Equipment and Vending
<input type="checkbox"/>	11A. Proper cooking methods used: adequate equipment for temperature control	<input type="checkbox"/>	15A. Food and nonfood-contact surfaces cleanable, properly designed, constructed and used
<input type="checkbox"/>	11B. Heat food properly cooked for hot holding	<input type="checkbox"/>	15B. Dishwashing facilities: exhaust, maintenance, used, test strips
<input type="checkbox"/>	11C. Approved thawing methods used	<input type="checkbox"/>	15C. Nonfood-contact surfaces clean
<input type="checkbox"/>	11D. Thermometers provided and accurate	16 OUT	Water, Plumbing and Waste
12 OUT	Prevention of Food Contamination	<input type="checkbox"/>	16A. Hot and cold water available, adequate pressure
<input type="checkbox"/>	12A. Contamination prevented during food preparation, storage, display	<input type="checkbox"/>	16B. Plumbing installed: proper backflow devices
<input type="checkbox"/>	12B. Personal cleanliness	<input type="checkbox"/>	16C. Sewage and waste water properly disposed
<input type="checkbox"/>	12C. Wiping cloths: properly used and stored	17 OUT	Physical Facilities
<input type="checkbox"/>	12D. Washing fruits and vegetables	<input type="checkbox"/>	17A. Color facilities: properly constructed, supplied, cleaned
13 OUT	Pestings and Compliance with Clean Air Act	<input type="checkbox"/>	17B. Color facilities: properly constructed, facilities maintained
<input type="checkbox"/>	13A. Pesticide: Permit/Inspection/Checking/Prohibit/handwashing	<input type="checkbox"/>	17C. Physical facilities installed, maintained, and clean
<input type="checkbox"/>	13B. Compliance with Georgia Smoke Free Air Act	<input type="checkbox"/>	17D. Adequate ventilation and lighting: designated areas used
		18 OUT	Pest and Animal Control
		<input type="checkbox"/>	18A. Insects, rodents, and animals not present

Person in Charge (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Inspector (Signature) \_\_\_\_\_ Follow-up: YES  NO  Follow-up Date: \_\_\_\_\_

# Support and Training

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- Assist local EHS with process review, plans, interpretation of rules and specialized training
- State EH program staff provide assistance with local inspections when needed
- Maintain training records and certifications
- Conduct annual audits of inspection reports
- Assist with identifying areas for improvement

# Examples of Support

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## Assisting understaffed districts:

- Provide on-site/hands-on inspection training
- Conduct routine inspections

## Assisting districts with large events:

- Hurricane/Disaster Recovery
  - Re-opening food service establishments
  - Providing guidance on boil water advisories
  - Reviewing Emergency Operations Plans

- **Super Bowl LIII**

- Partner with Fulton County EH to review proposals for temporary events and catering
- Assist with inspections of temporary food vendors
- Assist with food delivery monitoring



# Questions?

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For more information, please contact:

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The next Board of Public Health meeting is scheduled for  
Tuesday, Feb.12, 2019 @ 1 p.m.

To be added to the notification list for upcoming meetings,  
e-mail: [angelica.mcgrier@dph.ga.gov](mailto:angelica.mcgrier@dph.ga.gov)