Georgia Board of Public Health

January 8, 2019
Agenda

- 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

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

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

Endocrine
- Congenital Hypothyroidism
- Congenital Adrenal Hyperplasia (CAH)

Hemoglobinopathy
- Sickle Cell Disease (SS)
- Sickle Cell/C Disease (SC)
- Sickle Cell/β-Thalassemia

Cystic Fibrosis (CF)

Metabolic
- Galactosemia (Classical)
- Biotinidase Deficiency
- Amino Acidopathies (6)
- Organic Acidemias (9)
- Fatty Acid β-Oxidation Defects (5)

SCID

Point of Care
- Hearing
- CCHD
NBS Laboratory Summary

• Specimens Received (2018)
  o 147,971

• Laboratory Staff
  o Manager, 3 Supervisors, 10 Technologists, 2 Administrative Assistants

• Turnaround Time
  o Average = 2.3 days; 98% in 3 days

• Positive Screens Reported to Follow-up Contractor
  o Emory Dept. of Human Genetics, CHOA, Augusta University

• Fee: $63/specimen
  o No charge for repeats due to a positive initial screen
  o NICU infants get two repeat screens at no cost
Addition of New Disorders

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

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)

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

• 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

1. Nomination of a disorder
2. Presentation at NBSAC
3. Establishment of a workgroup
Disorder Nomination Process

- Workgroup review; presentation to NBSAC
- NBSAC votes to recommend for inclusion on or exclusion from panel
- Recommendation letter to DPH Commissioner
- Integration into the NBS system
Disorder Review Process

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

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<tr>
<th>Review Criteria</th>
<th>Incidence</th>
<th>Screening Method(s) Available</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Diagnostic Testing Method(s)</td>
<td></td>
<td></td>
<td>Overall Outcomes</td>
</tr>
<tr>
<td>Availability of Care/Resources in Georgia</td>
<td></td>
<td></td>
<td>Cost</td>
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<tr>
<td>Follow-up Requirements</td>
<td></td>
<td></td>
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<tr>
<td>Laboratory Requirements</td>
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Non-RUSP Conditions

Krabbe
  • Education

Guanidinoacetate Methyltransferase Deficiency (GAMT)
  • Workgroup
  • NBSAC update

Congenital Cytomegalovirus (cCMV)
  • Workgroup meetings start in January 2019
Questions?

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Office of Government Relations

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

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

Weekly Influenza Activity Estimates of Geographic Spread, Georgia, 2018-19 Influenza Season
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

Percentage of Visits for Influenza-like Illness (ILI) Reported by the Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly Georgia Summary, 2018-19 and Selected Previous Seasons

7.4%
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

<table>
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<tr>
<th>Age Group in Years</th>
<th>Number of Deaths</th>
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<tr>
<td></td>
<td>2009-10</td>
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<tr>
<td>0 - 4</td>
<td>5</td>
</tr>
<tr>
<td>5 - 17</td>
<td>3</td>
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<tr>
<td>18 - 49</td>
<td>27</td>
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<tr>
<td>50 - 64</td>
<td>18</td>
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<tr>
<td>65+</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>58</td>
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Take Home Messages (Emphasize Flu Prevention!)

• 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

- 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

• 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
  o Nick Annan, DHS is our Federal Coordinator
Preparations to Date (State and Local)

• 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

• 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?

For more information, please contact:

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Food Service Program

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

**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

- 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
Support and Training

• 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

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?

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