Agenda

- Call to order      Cynthia Mercer, M.D., Board Chair
- Roll Call
- Approval/Adoption of Minutes
- Election of Board Secretary
- Proclamation J. Patrick O’Neal, M.D.
- Commissioner’s Update      Kathleen E. Toomey, M.D., M.P.H., Commissioner
House Bill 186

Creates the Office of Health Strategy and Coordination housed in the Governor’s office

• The goal of this office is to better coordinate the state’s health care system under a single strategic vision
• Facilitates collaboration among several state agencies
• Reporting requirements for various Commissions/Boards
• Georgia Data Access Forum
House Bill 197

• Establishes the Georgia Data Analytic Center housed within the Office of Planning and Budget (OPB)

• This center will receive, maintain, and transmit data from state agencies/departments and will analyze such data to inform policy

• State agencies are only required to share data after the execution of an enforceable data use agreement

• Agencies can submit policy concerns to this Center that are best studied in an integrated information environment in order to identify evidence based solutions
House Bill 217

Authorizes DPH to promulgate rules and regulations to oversee and register syringe services programs

Syringe service programs must provide the following:
- Substance abuse and harm reduction counseling
- Education/referral to services for substance abuse disorder treatment
- Training & provision of naloxone
- Screening for HIV, viral hepatitis, STDs, and TB
- Referral to HIV, viral hepatitis, STDs, and TB prevention, treatment, and care
- Safer injection supplies
- Evidence based interventions
House Bill 228

Calls upon DPH to prepare a fact sheet in conjunction with the Georgia Commission on Family Violence that is publicly available that includes information about:

- The legal rights/responsibilities of parties to a marriage
- Dating violence, Sexual assault, Stalking, Domestic violence, Human trafficking
- Warning signs/behaviors of an abusive partner
- Dynamics of domestic violence and coercive control
- Rights of victims of such violence and resources available
House Bill 290

- Calls upon DPH to conduct a 3 year pilot program to provide PrEP assistance/services
- Counties are to be selected by DPH
- Data should be collected at the beginning and end of the pilot program to measure the effectiveness of the program
- Participants in the program will be subject to clinical guidelines established by DPH
- DPH should submit a detailed report on effectiveness of the program by December 31, 2022
- *Contingent on funding*
House Bill 324

• Creates the Georgia Access to Medical Cannabis Commission which is assigned to the Secretary of State for administrative purposes
• This Commission is authorized to enter in contracts for the purchase of Low THC oil
• Allows for 2 university licenses for the production and research of Low THC oil
• Calls upon the State Board of Pharmacy to develop specialty dispensing licenses
• Allows for 2 Class 1 licenses (100,000 sq/ft cultivation space) and 4 Class 2 licenses (50,000 sq/ft of cultivation space)
House Bill 551

- Allows state regulatory boards governing prescribers to rescind consent orders that were entered into for failure to register to the PDMP
- The regulatory board should consider whether the prescriber is now in compliance with the requirements of the PDMP and whether the prescriber had other infractions
- The authority granted under this section expires on December 31, 2019
Senate Bill 121

• Increases the amount of time that information is retained within the PDMP from 2 years to 5 years
• Allows the Attorney General’s Medicaid Fraud Control Unit to obtain PDMP information through an administrative subpoena
Senate Bill 214

- Modernization of the tattoo laws - updating to “Body Art”
- Allows DPH to issue Body Artist Permits and establish statewide regulations of body artists
- Requires each body art studio to display a sign that warns that any body art on the face, neck, forearm, hand, or lower leg of an individual may automatically disqualify such individual from military service
House Resolution 421

- Creates a House Study Committee on Infant and Toddler Social and Emotional Health to study the full continuum of services needed to best support babies and young children
- Committee will be composed of 5 members of House appointed by the Speaker
- This committee is abolished as of December 1, 2019
House Resolution 589

Creates a House Study Committee on Maternal Mortality to develop strategies and institute systematic changes to decrease maternal deaths in Georgia

Members shall include:

• 7 members of House (at least 2 of which are African American females)
• 2 members of the Georgia Maternal Mortality Review Committee to be appointed by the Speaker

This committee is abolished as of December 1, 2019
Questions?

For more information, please contact:

MEGAN ANDREWS  
Director of Government Relations  
Georgia Department of Public Health  
P: (404) 657-2728  C: (470) 707-4455  
megan.andrews@dph.ga.gov
Amended FY 2019 & FY 2020 Budget Update

Board of Public Health Meeting / Kisha Wesley, Deputy CFO / April 9, 2019
# Amended FY 2019 Budget

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia CORE</td>
<td>$72,000</td>
</tr>
<tr>
<td>Increase tobacco settlement funds for an online genetic screening tool for hereditary breast and ovarian cancers</td>
<td></td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>$350,000</td>
</tr>
<tr>
<td>Provide funds for an Alzheimer's disease public awareness campaign</td>
<td></td>
</tr>
<tr>
<td>Departmental Administration</td>
<td>($366,858)</td>
</tr>
<tr>
<td>Reduce funds for personal services</td>
<td></td>
</tr>
<tr>
<td>Regional EMS Training Positions</td>
<td>($546,934)</td>
</tr>
<tr>
<td>Reduce funds to recognize one-time savings due to delayed implementation dates</td>
<td></td>
</tr>
<tr>
<td>Federal Medicaid Assistance Percentage</td>
<td>($247,231)</td>
</tr>
<tr>
<td>Reduce funds for the federal Medicaid assistance percentage (FMAP) adjustment</td>
<td></td>
</tr>
<tr>
<td>Statewide Changes</td>
<td>$117,051</td>
</tr>
<tr>
<td>Agency premiums for DOAS administered self-insurance programs</td>
<td></td>
</tr>
<tr>
<td><strong>Total Changes</strong></td>
<td>$621,972</td>
</tr>
</tbody>
</table>
Amended FY 2019 Budget

Total Funds: $693,629,791

- Federal Funds: $395,951,809 (59%)
- State General Funds: $249,719,033 (37%)
- Tobacco Funds: $13,789,860 (2%)
- Other Funds: $10,157,812 (2%)
## FY 2020 Budget

<table>
<thead>
<tr>
<th>Program</th>
<th>Conference Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mental Health</td>
<td>$1,047,540</td>
</tr>
<tr>
<td>Increase funds for maternal health to screen, refer, and treat maternal depression and related behavioral disorders in rural and underserved areas of the state</td>
<td></td>
</tr>
<tr>
<td>Maternal Mortality</td>
<td>$200,000</td>
</tr>
<tr>
<td>Increase funds for the Maternal Mortality Review Committee</td>
<td></td>
</tr>
<tr>
<td>Nurse Peer Assistance</td>
<td>$150,000</td>
</tr>
<tr>
<td>Increase funds for a nurse peer assistance program to support nurses recovering from substance abuse</td>
<td></td>
</tr>
<tr>
<td>Regional Cancer Coalitions</td>
<td>$300,000</td>
</tr>
<tr>
<td>Increase funds for regional cancer coalitions to enhance screening, awareness, prevention education, care coordination, and navigation</td>
<td></td>
</tr>
<tr>
<td>Feminine Hygiene Products</td>
<td>$500,000</td>
</tr>
<tr>
<td>Increase funds for feminine hygiene products to be provided to low-income clients at county health departments</td>
<td></td>
</tr>
<tr>
<td>Stroke Readiness Grants</td>
<td>$275,000</td>
</tr>
<tr>
<td>Increase funds for five Coverdell-Murphy Act remote stroke readiness grants</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>$40,000</td>
</tr>
<tr>
<td>Increase funds to enhance the delivery and access to emergency trauma care in rural Georgia by adding five new Level IV trauma centers</td>
<td></td>
</tr>
<tr>
<td>Sickle Cell</td>
<td>$150,000</td>
</tr>
<tr>
<td>Increase funds for the Sickle Cell Foundation of Georgia for sickle cell outreach offices to improve access to care, reduce unnecessary emergency room costs, and expand physician training and community education in underserved areas</td>
<td></td>
</tr>
</tbody>
</table>
## FY 2020 Budget (continued)

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perinatal Health</strong></td>
<td>$152,826</td>
</tr>
<tr>
<td>Provide funds for perinatal facility designation pursuant to the passage of HB 909 (2018 Session)</td>
<td></td>
</tr>
<tr>
<td><strong>Child Health Programs</strong></td>
<td>$70,336</td>
</tr>
<tr>
<td>Increase funds to reflect a reduction in the Federal Medical Assistance Percentage (FMAP) from 67.62% to 67.30%</td>
<td></td>
</tr>
<tr>
<td><strong>Perinatal Support Sites</strong></td>
<td>$600,000</td>
</tr>
<tr>
<td>Increase funds for three satellite perinatal support sites in Jenkins, Randolph, and Wilcox counties, and encourage co-location with other providers.</td>
<td></td>
</tr>
<tr>
<td><strong>Newborn Screening</strong></td>
<td>$2,349,649</td>
</tr>
<tr>
<td>Increase funds for newborn screening to include four additional disorders that have been approved by the Georgia Newborn Screening Advisory Committee</td>
<td></td>
</tr>
<tr>
<td><strong>Georgia Public Health Laboratory</strong></td>
<td>$149,520</td>
</tr>
<tr>
<td>Increase funds for one laboratory technician position and equipment maintenance for tuberculosis testing at the Georgia Public Health Laboratory</td>
<td></td>
</tr>
<tr>
<td><strong>Statewide Changes</strong></td>
<td>$3,973,303</td>
</tr>
<tr>
<td>Provide funds from merit-based pay adjustment, employee recruitment, or retention initiatives effective July 1,2019</td>
<td>$6,215,472</td>
</tr>
<tr>
<td>Reduce funds to reflect an adjustment in the employees hare of the State Health Benefit Plan form 30.454% to 29.454%</td>
<td>($1,919,730)</td>
</tr>
<tr>
<td>Adjustment to agency premiums for Department of Administrative Services administered self insurance programs</td>
<td>($273,406)</td>
</tr>
<tr>
<td>Decrease funds to reflect an adjustment in cyber insurance premiums for the Department of Administrative Services</td>
<td>($24,644)</td>
</tr>
<tr>
<td>Reflect an adjustment in TeamWorks billings</td>
<td>($24,389)</td>
</tr>
<tr>
<td><strong>Total Changes</strong></td>
<td>$9,158,174</td>
</tr>
</tbody>
</table>
FY 2020 Annual Operating Budget

Total Funds: $698,359,291

- Federal Funds $395,951,809 (58%)
- State General Funds $260,378,398 (38%)
- Tobacco Funds $13,717,860 (2%)
- Other Funds $10,157,812 (2%)
## FY2020 Capital- $2,300,000 G.O. Bonds

<table>
<thead>
<tr>
<th>Project</th>
<th>Location</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhaust Fan Replacement</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$240,000</td>
</tr>
<tr>
<td>HVAC Mechanical &amp; Plumbing Repairs</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$200,000</td>
</tr>
<tr>
<td>Replacement of the Deaerator Water system</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$138,000</td>
</tr>
<tr>
<td>Increase Electrical Capacity</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$300,000</td>
</tr>
<tr>
<td>Replace 24 Hard Ducted Biosafety Cabinets</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$262,000</td>
</tr>
<tr>
<td>Chemical Threat Building - HVAC Upgrades</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$50,000</td>
</tr>
<tr>
<td>HVAC Building Automation Upgrade</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$75,000</td>
</tr>
<tr>
<td>Reclaimed Water System Addition</td>
<td>Decatur- Clairmont Road Lab</td>
<td>$50,000</td>
</tr>
<tr>
<td>Card Reader System</td>
<td>Waycross Lab</td>
<td>$50,000</td>
</tr>
<tr>
<td>Security - Monitoring A/B</td>
<td>Decatur and Waycross Labs</td>
<td>$40,000</td>
</tr>
<tr>
<td>Security - Fence/Gate A/B</td>
<td>Decatur and Waycross Labs</td>
<td>$500,000</td>
</tr>
<tr>
<td>Security - Barrier A/B</td>
<td>Decatur and Waycross Labs</td>
<td>$395,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$2,300,000</strong></td>
</tr>
</tbody>
</table>
Questions?

For more information, please contact:

KISHA WESLEY
Deputy Chief Financial Officer
Georgia Department of Public Health
P: (404) 657-2770
kisha.wesley@dph.ga.gov
Hepatitis A Outbreak, Georgia

Board of Public Health Meeting / Cherie L. Drenzek, DVM, MS/ April 9, 2019
Overview

• Hepatitis A Background
• Hepatitis A Epidemiology
  • Multi-State Outbreaks, 2016-2019
  • Georgia Outbreak, 2018-2019
• DPH Outbreak Response
• Immunization Update (Sheila Lovett)
Background: Hepatitis A

• Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus (HAV)

• Usually transmitted person-to-person through the fecal-oral route or via consumption of contaminated food or water.

• **Incubation period:** 15-50 days (average 28 days)

• Symptoms of HAV infection can include fever, jaundice, fatigue, abdominal pain, nausea, vomiting, and diarrhea (young children usually are asymptomatic).

• **Infectious Period:** from 2 weeks before onset of symptoms to 1 week after onset of symptoms/jaundice

• **Hepatitis A is vaccine-preventable;** both pre- and post-exposure protection.
Hepatitis A Epidemiology, U.S.
Multi-State HAV Outbreaks, 2016 - 2019

- Since 2016, 18 states have been experiencing large-scale, protracted hepatitis A outbreaks.
- More than 15,000 HAV cases have been reported nationally.
- Outbreaks have been characterized by explosive spread, primarily due to close person-to-person contact among injection and non-injection drug users, homeless individuals, and MSM.
- Severe infections: 8,500 (57%) hospitalizations have been reported nationally, with 140 deaths.
- These HAV outbreaks have been tremendously challenging and costly to control.
Hepatitis A Outbreak, Georgia
Confirmed HAV Infections, Georgia, 2017-2019 (n=245)

24 cases in 2017
Snapshot of Hepatitis A Virus (HAV) Infections in Georgia, June 1, 2018-2019*

- Total confirmed HAV infections: **214** (64 in March 2019 alone)
- Median Age (Age Range): 45 Years (4-86 Years)
- 67% male, 80% White
- Hospitalizations: 146 **(68%)**
- Deaths: 1 (0.47%)
- Co-Infections: 34 (15.9%) with Hepatitis C Virus, 25 (11.7%) with HIV, 4 (1.9%) with Hepatitis B Virus

* (through March 31, 2019)
Geographic Distribution of Confirmed HAV Infections, Georgia, June 1, 2018-2019* (n=214)

* through March 31, 2019
Confirmed HAV Infections, by Public Health District, Georgia, June 1, 2018-2019* (n=214)

* through March 31, 2019
Identified Risk Factors, Confirmed HAV Infections, Georgia, June 1, 2018 -2019* (n=214)

* through March 31, 2019
Other Epi Patterns in Georgia: Hepatitis A among MSM and Food Handlers

1. Hepatitis A among MSM:
   - Seeing 10-15% of Georgia HAV outbreak cases among MSM; most also co-infected with HIV
   - Primarily in metro Atlanta

2. Infected Food Handlers:
   - During GA HAV outbreak, we have documented several infected food handlers (primarily in restaurant settings)
   - Risk of contaminating food depends on whether/when symptomatic, whether handled ready-to-eat foods, etc.
   - Risk of exposure to patrons generally low, but resource-intensive, time-sensitive response, including offering PEP vaccine to co-workers and sometimes patrons
Hepatitis A Outbreak Response
Recommended Strategies to Control Hepatitis A Outbreaks

• CDC recommends that health departments, healthcare providers, and other partners launch a rapid response with the following strategies:

• **Screen and Offer Vaccination to the Following Groups (target EDs)**
  - People who use drugs (injection or non-injection)
  - People experiencing homelessness
  - Men who have sex with men (MSM)
  - People who are, or were recently, incarcerated
  - People with HIV or chronic liver disease, including hepatitis B or hepatitis C

• **Immediately report** persons with hepatitis A to DPH for timely case investigation and follow-up of contacts

https://emergency.cdc.gov/han/han00418.asp
Ideal
DPH State-Level Hepatitis A Outbreak Response

- **Mission:** Support Districts in Control of Hepatitis A

- Instituted **Incident Command Structure** (ICS) for multi-disciplinary communication and coordination (Dr. Jessica Pavlick is IC)

- DPH Epidemiology, Communications, Immunization Program, Emergency Preparedness, Nursing, Environmental Health, GPHL, etc.

- Activities (not exhaustive): syndromic surveillance/electronic reporting, data analyses, **weekly surveillance reports**, comprehensive provider, partner, and public outreach, provision/tracking of hepatitis A vaccine to health departments

- Initially we focused on “targeted” approach: vaccinate at-risk population (e.g. jails) in the most-affected areas (Rome, Dalton, Augusta), but scope should be expanded now, statewide (dependent on vaccine supply)
Hepatitis A Vaccination Update

Board of Public Health Meeting / Sheila Lovett, Immunization Program Director / April 9, 2019
Hepatitis A Vaccine Supply

While there is currently not a shortage of hepatitis A vaccine, CDC has initiated monthly allocations for all 64 immunization states and territories (adult Hep A supply only)

GA receives a monthly allocation of each hepatitis A vaccine (adult) brand totaling ~1,500 doses

As one of the states experiencing hepatitis A outbreaks, GA submitted an outbreak response plan and received a total of 8,000 additional doses for response activities

• 3,000 doses in March (response in districts 1.1, 1.2, 6)
• 5,000 doses April (response in district 1.1 and 3.2)
Hepatitis A Vaccine Supply (cont.)

April 1 – balance 7,660 (includes: remaining March allocation if any, normal monthly allocation, and additional 5,000 dose request)

April 2 – balance 3,860
• 3,800 doses sent to District 1.1 to respond to their on-going outbreak
• Balance must be distributed to public health clinics and private adult vaccine program clinics for their adult population, with priority given to districts experiencing increases in hepatitis A cases

State immunization funds have been identified and will be used to purchase additional vaccines for outbreak response and prevention throughout GA
How to Receive Additional Supply

Public health clinics request vaccine monthly through their routine reporting (via GRITS)

• Requests up to 30 doses over the GRITS generated amount will be approved based on supply availability
• Requests of 40 doses or more over the allocation will require justification

Districts requesting additional vaccine supply for outbreak response or prevention purposes must:

• Detail outreach or response strategy and include:
  o Location (jail, substance abuse facility, shelter, etc.)
  o Targeted population (IV or non-IV drug users, MSM, homeless, case contact, etc.)
  o Number of doses being requested
Questions?

For more information, please contact:

**CHERIE DRENZEK**  
State Epidemiologist  
Georgia Department of Public Health  
P: (404) 657-2609  
cherie.drenzek@dph.ga.gov

**SHEILA LOVETT**  
Immunization Program Director  
Georgia Department of Public Health  
P: (404) 463-0014  
shelia.lovett@dph.ga.gov
The next Board of Public Health meeting is scheduled for Tuesday, May 14, 2019 @ 1 p.m.