

Georgia Board of Public Health

April 9, 2019

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

2019 Legislative Session

Board of Public Health Meeting / Megan Andrews, J.D. / April 9, 2019

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:

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Amended FY 2019 & FY 2020 Budget Update

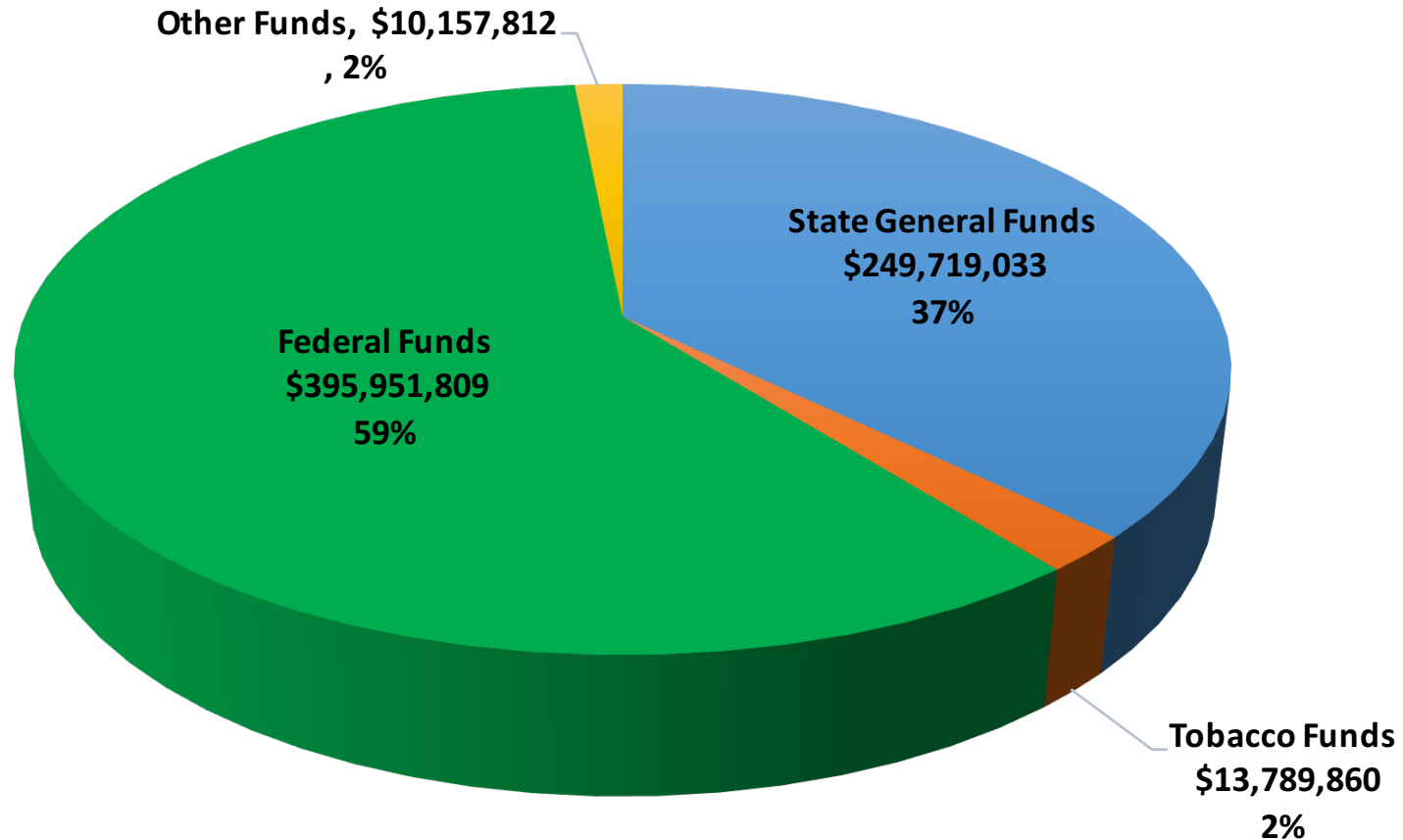
Board of Public Health Meeting / Kisha Wesley, Deputy CFO / April 9, 2019

Amended FY 2019 Budget

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

Amended FY 2019 Budget

Total Funds: \$693,629,791



FY 2020 Budget

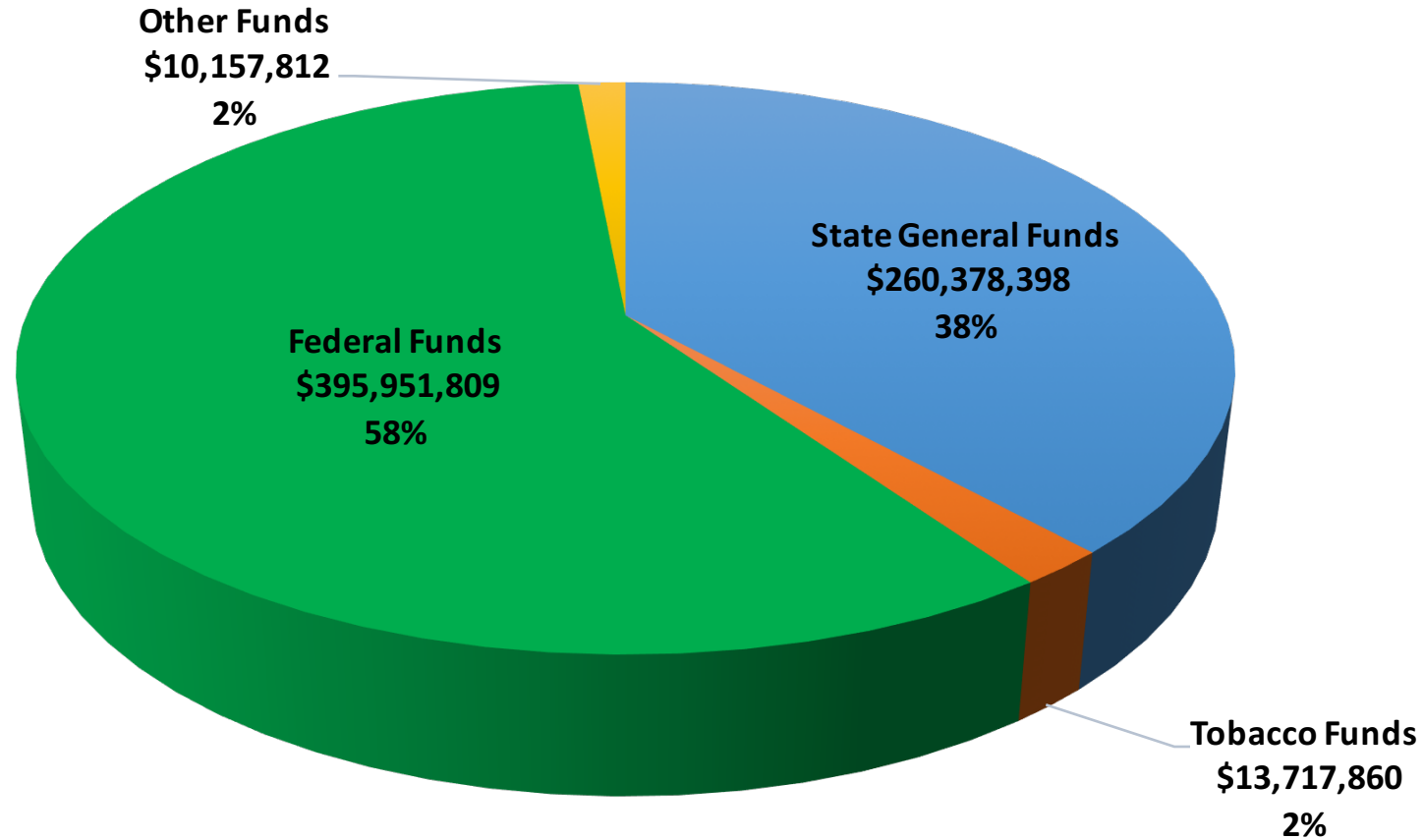
	Conference Committee
Maternal Mental Health	\$1,047,540
Increase funds for maternal health to screen, refer, and treat maternal depression and related behavioral disorders in rural and underserved areas of the state	
Maternal Mortality	\$200,000
Increase funds for the Maternal Mortality Review Committee	
Nurse Peer Assistance	\$150,000
Increase funds for a nurse peer assistance program to support nurses recovering from substance abuse	
Regional Cancer Coalitions	\$300,000
Increase funds for regional cancer coalitions to enhance screening, awareness, prevention education, care coordination, and navigation	
Feminine Hygiene Products	\$500,000
Increase funds for feminine hygiene products to be provided to low-income clients at county health departments	
Stroke Readiness Grants	\$275,000
Increase funds for five Coverdell-Murphy Act remote stroke readiness grants	
Trauma	\$40,000
Increase funds to enhance the delivery and access to emergency trauma care in rural Georgia by adding five new Level IV trauma centers	
Sickle Cell	\$150,000
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	

FY 2020 Budget (continued)

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

FY 2020 Annual Operating Budget

Total Funds: \$698,359,291



FY2020 Capital- \$2,300,000 G.O. Bonds

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

Questions?

For more information, please contact:

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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)

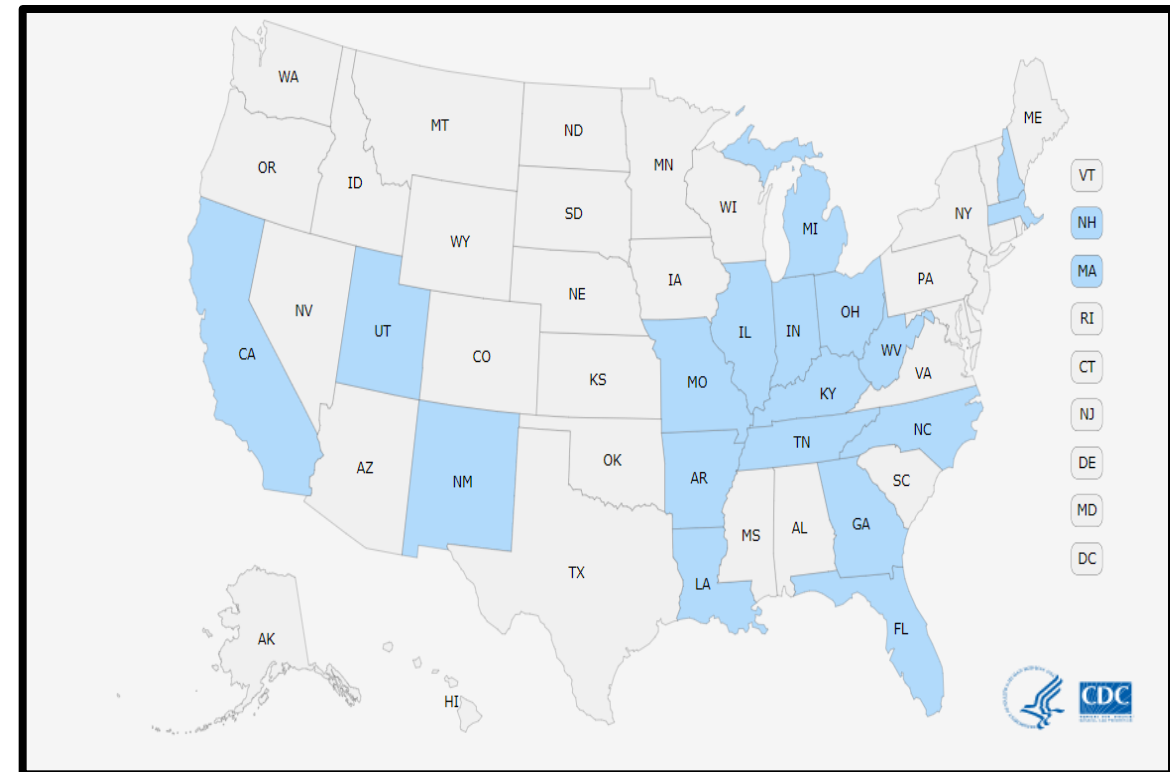
Background: Hepatitis A

- 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.

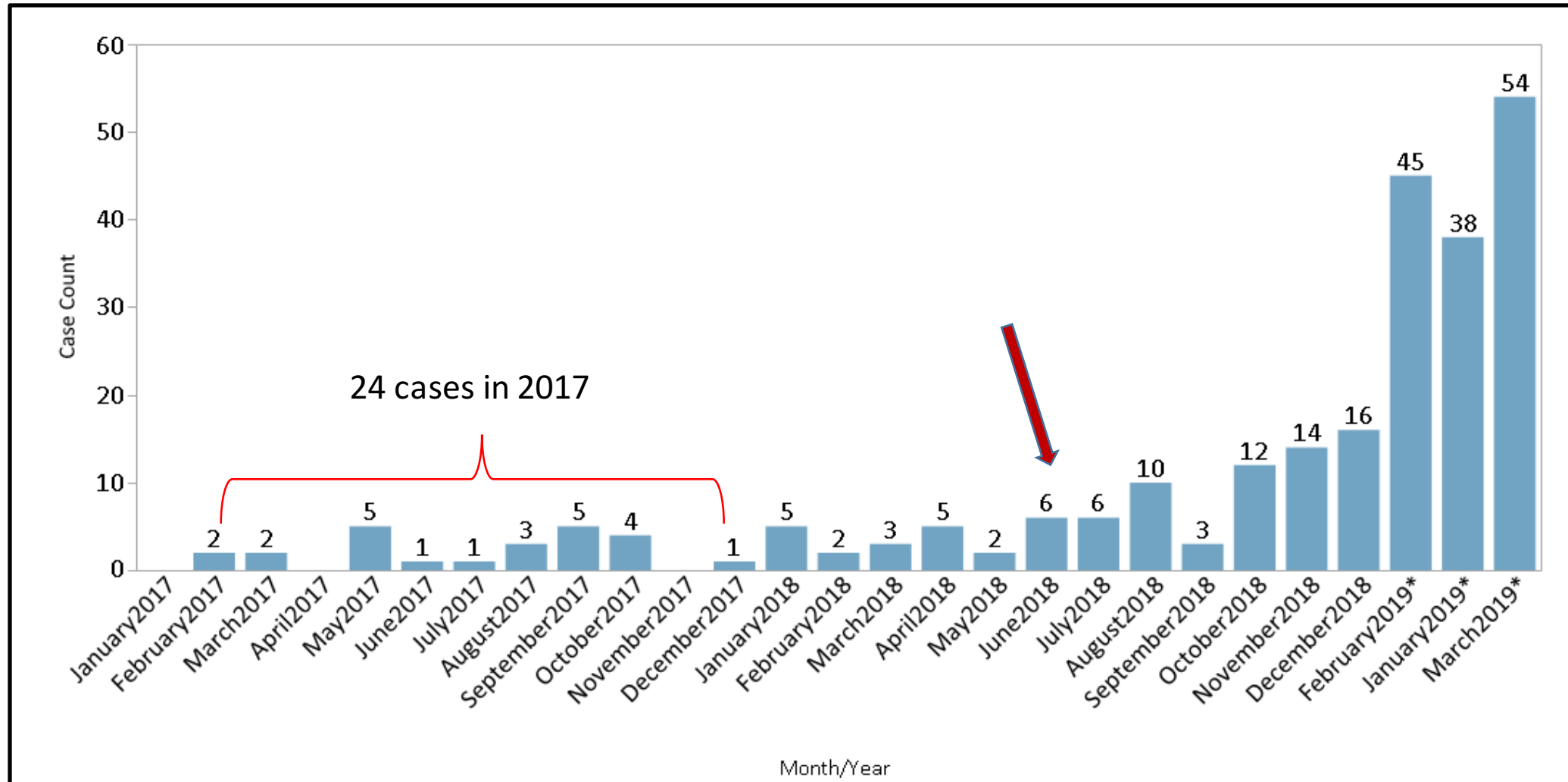
Multi-State HAV Outbreaks, 2016 -2019

- 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)

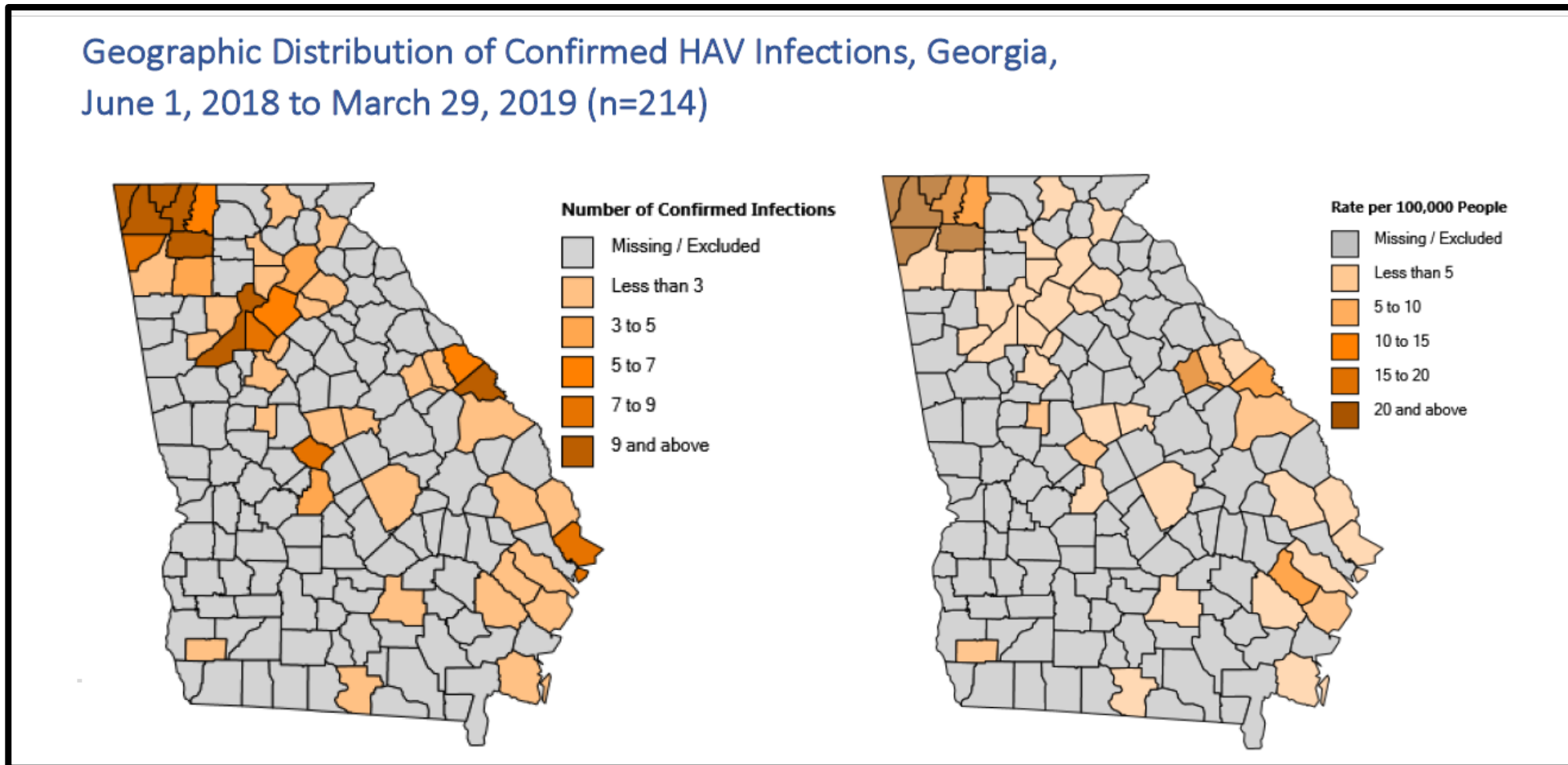


Snapshot of Hepatitis A Virus (HAV) Infections in Georgia, June 1, 2018-2019*

- 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)

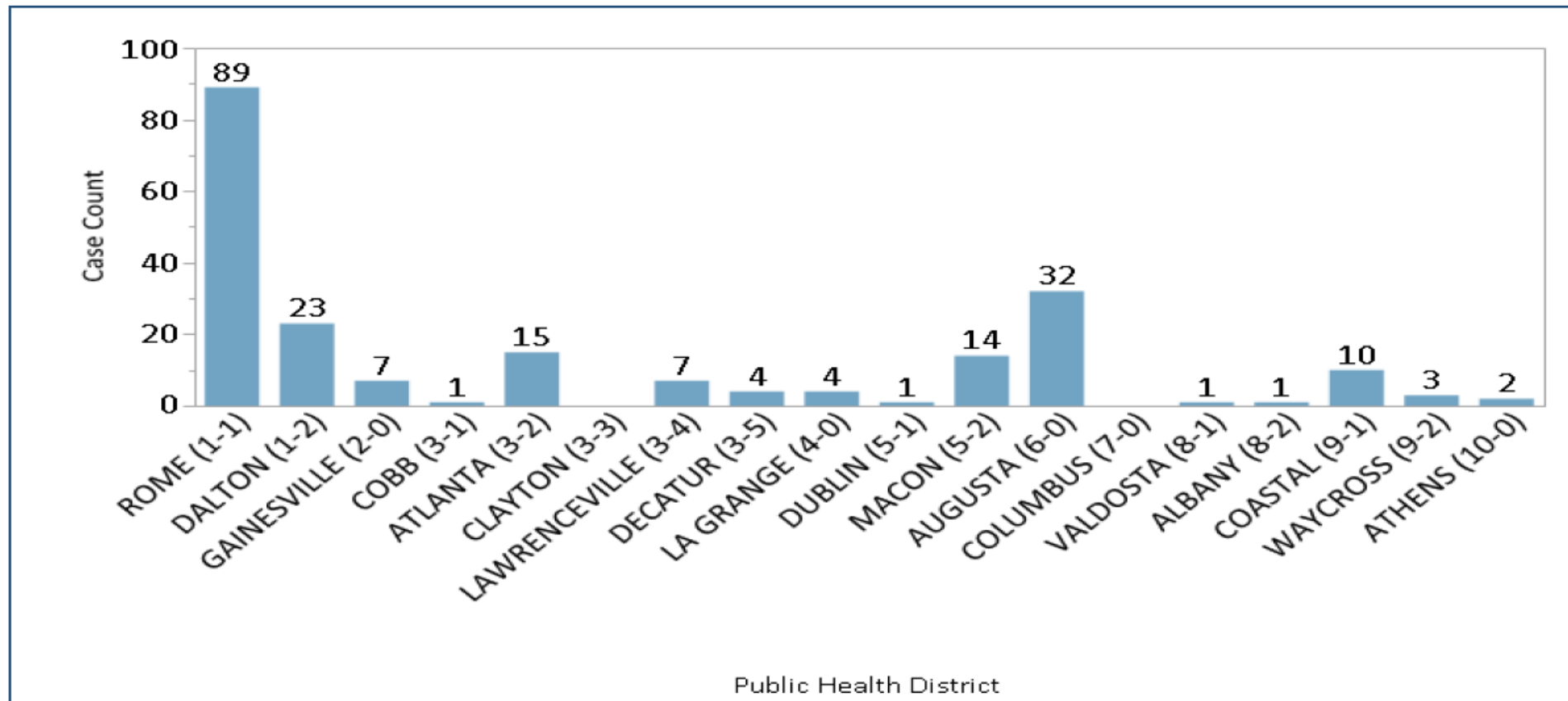
Geographic Distribution of Confirmed HAV Infections, Georgia, June 1, 2018-2019* (n=214)



* through March 31, 2019

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

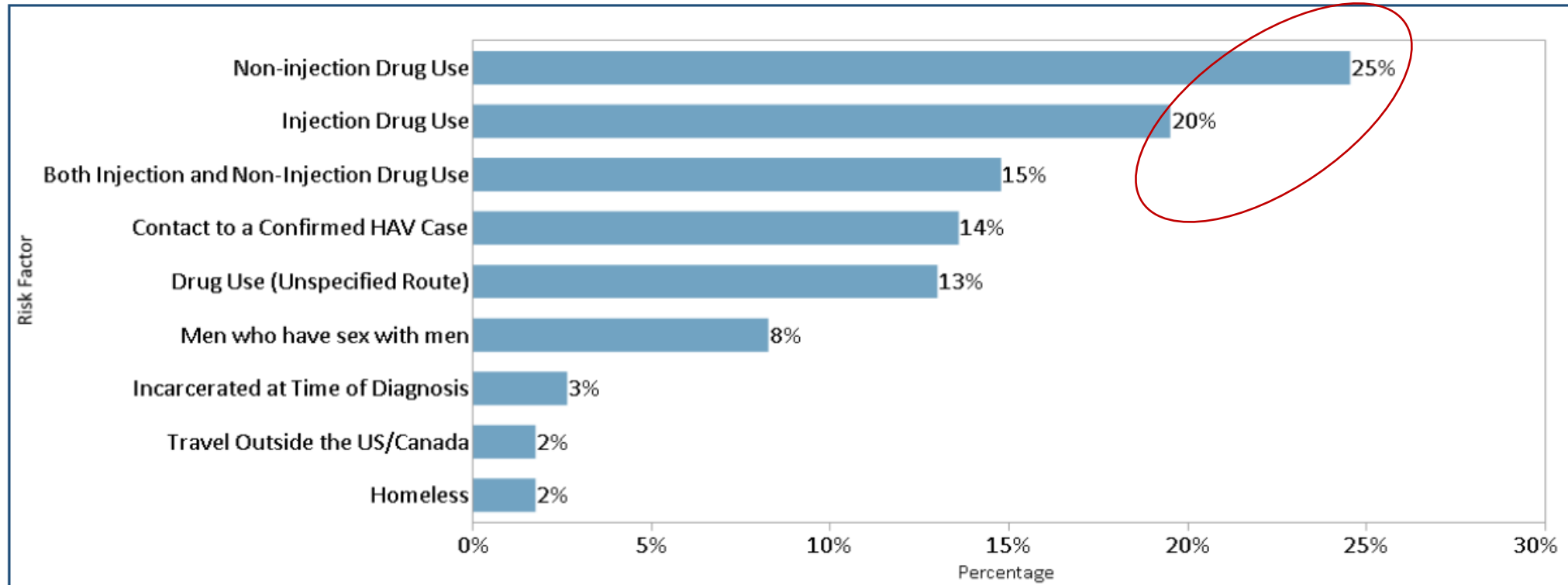
Confirmed HAV Infections, by Public Health District, Georgia, 2018-2019 (n= 214)



* through March 31, 2019

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

Identified Risk Factors, Confirmed HAV Infections, Georgia, 2018 -2019 (n=214)



*Risk factors are not mutually exclusive.

* 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

**This is an official
CDC HEALTH UPDATE**

Distributed via the CDC Health Alert Network
March 25, 2019, 13:30 ET (1:30 PM ET)
CDCHAN-00418

**Update: Widespread Outbreaks of Hepatitis A among People Who Use
Drugs and People Experiencing Homelessness across the United
States**

Summary

Multiple states across the country have reported outbreaks of hepatitis A, primarily among people who use drugs and people experiencing homelessness. Since the hepatitis A outbreaks were first identified in 2016, more than 15,000 cases, 8,500 (57%) hospitalizations, and 140 deaths as a result of hepatitis A virus (HAV) infection have been reported. This Health Alert Network (HAN) update recommends that public health departments, healthcare facilities, and partners and programs providing services to affected populations vaccinate at-risk groups against hepatitis A, applying the updated recommendations of the Advisory Committee on Immunization Practices (ACIP).

This is an update to the Health Alert Network (HAN) advisory released on June 11, 2018 titled *Outbreak of Hepatitis A Virus (HAV) Infections among Persons Who Use Drugs and Persons Experiencing Homelessness* (<https://emergency.cdc.gov/han/han00412.asp>).

Background

Multiple states across the country have reported outbreaks of hepatitis A, primarily among people who use drugs and people experiencing homelessness. Since these outbreaks were first identified in 2016, more than 15,000 cases and 8,500 (57%) hospitalizations have been reported. Hospitalization rates have been higher than typically associated with HAV infection.^{1,2} Severe complications have also been reported, sometimes leading to liver transplantation or death; at least 140 deaths have occurred nationwide.

HAV is highly transmissible from person-to-person. States experiencing large-scale outbreaks have reported widespread transmission soon after their jurisdictions first recognized hepatitis A cases among populations being affected by these outbreaks. For many states, this has resulted in an unprecedented number of hepatitis A cases among unvaccinated adults since hepatitis A vaccine became available in 1996, and has led to prolonged community outbreaks that have been challenging and costly to control.

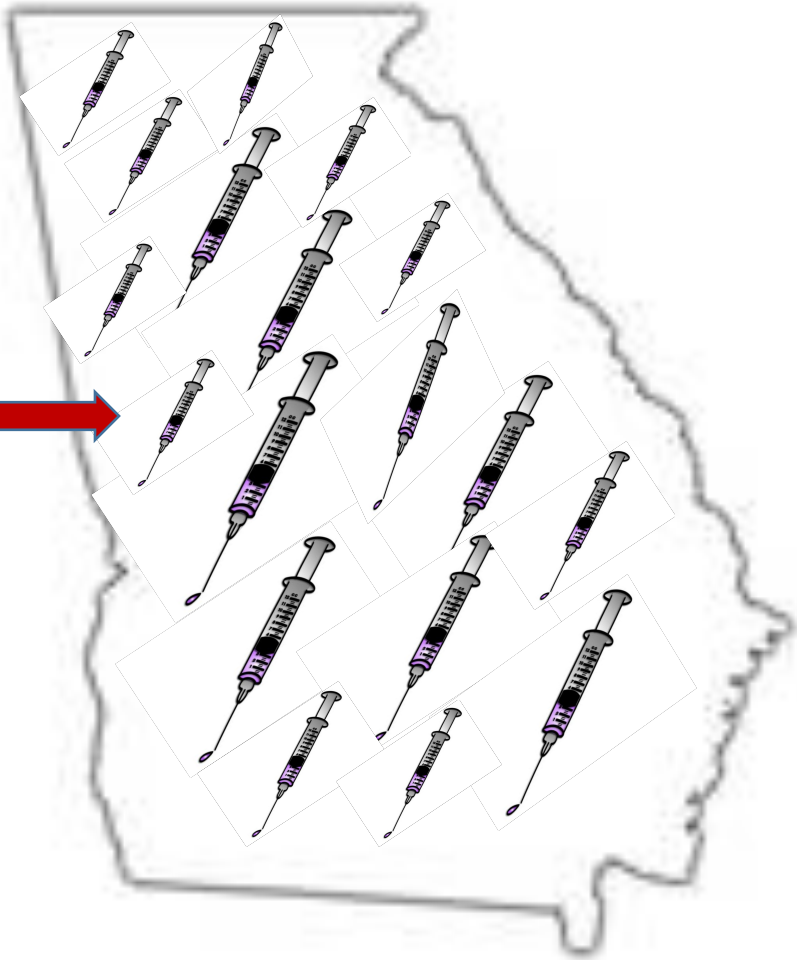
CDC recommends that public health departments, healthcare providers, and other partners serving affected populations launch a rapid and effective public health response with the following strategies.

Recommendations

Offer Vaccination to the Following Groups to Prevent or Control an Outbreak
The best way to prevent HAV infection is through vaccination with the hepatitis A vaccine. The following groups are at highest risk for acquiring HAV infection or developing serious complications from HAV infection in these outbreaks and should be offered the hepatitis A vaccine:

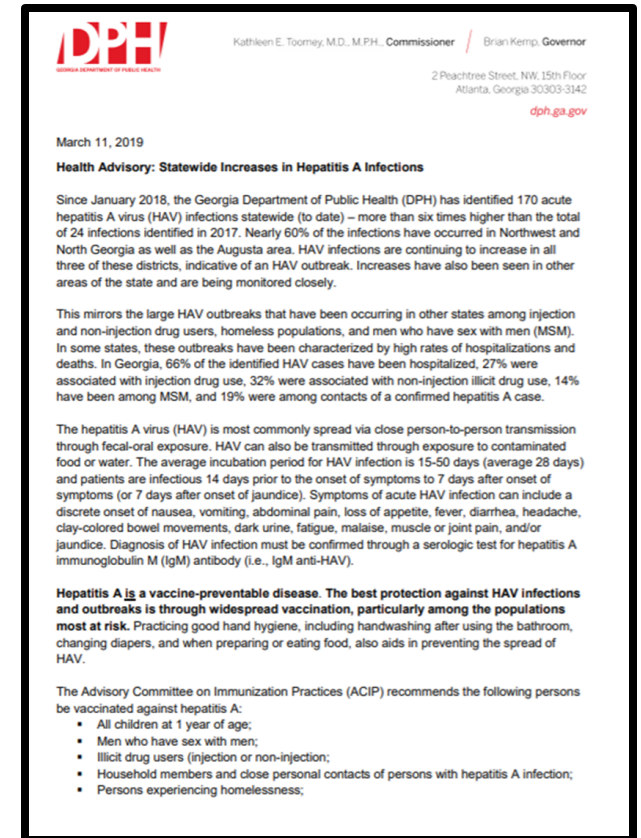
<https://emergency.cdc.gov/han/han00418.asp>

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:
 - Location (jail, substance abuse facility, shelter, etc.)
 - Targeted population (IV or non-IV drug users, MSM, homeless, case contact, etc.)
 - Number of doses being requested

Questions?

For more information, please contact:

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Next Meeting

The next Board of Public Health meeting is scheduled for
Tuesday, May 14, 2019 @ 1 p.m.