Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, July 14, 2015

We Protect Lives.

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner, DPH

Emerging Infectious Disease Update: Ebola, MERS, and Avian Influenza

Cherie Drenzek, DVM, MS
State Epidemiologist, DPH

Emerging Infectious Diseases: Recurring Themes

1. Infectious diseases are only a plane ride away (Ebola, MERS)

2. Infectious diseases may be only a migratory bird ride away (Avian Influenza)

3. Epidemiology points our way to mitigation and prevention (travel history, exposure to sick poultry, etc.)

Global Ebola Situation: July 2015

- As of July 10, a total of 27,636 cases of EVD have been reported cumulatively, with 11,268 deaths.
- Thirty (30) total new EVD cases were reported last week in West Africa, up from 20 during the prior week. Weekly case incidence has been between 20 and 30 cases for 6 consecutive weeks.
- On May 9, the Ebola virus outbreak in Liberia was declared over after 42 days had elapsed since the last confirmed case.
- However, unfortunately, over the last two weeks, a cluster of 6 new Ebola cases emerged in a coastal village in Liberia.
- The source of this cluster is not known, but genetic sequencing of the virus from the index case matches Ebola viruses circulating in Liberia last July and August and does not match currently-circulating viruses in Sierra Leone and Guinea.

Post-Arrival Monitoring for Ebola in the U.S.

- Active monitoring of travelers from West Africa facilitates early detection of Ebola symptoms, rapid isolation, and appropriate medical evaluation--ultimately to prevent spread.
- DPH developed an electronic Ebola Active Monitoring System (EAMS) in late October 2014.
- On June 17, 2015, CDC recommended a “step-down” in monitoring for Liberian travelers—they still arrive at one of the 5 designated U.S. airports, but instead of active monitoring, they self-monitor and report any Ebola symptoms to DPH.
- In Georgia, we still enter the names of Liberian travelers into EAMS as “self-monitoring”.

Georgia Post-Arrival Ebola Monitoring

- From October 24, 2014 – July 13, 2015:
  - 1,889 travelers have been monitored
  - We are currently actively monitoring 81 travelers from Sierra Leone and Guinea, and 72 travelers from Liberia are self-monitoring (~50% total CDC employees)
  - 105 children have been monitored
  - Cumulatively, 34 travelers have been medically evaluated for fever or symptoms. They were diagnosed with flu, URI, gastroenteritis, and malaria.
  - We have directly (in-person) monitored 32 healthcare workers with risk of Ebola exposure, including 6 with high-risk exposures. All remained asymptomatic.

Morbidity and Mortality Weekly Report

Ebola Active Monitoring System for Travelers Returning from West Africa — Georgia, 2014–2015

Mary Parham[1], Laura Edison[2,3], Karl Soetebier[2], Amanda Feldpausch[2], Audrey Kunkes[2], Wendy Smith[2], Taylor Guffey[2], Romana Fetherolf[4], Kathryn Sanlis[3], Julie Gabel[2], Alex Cowell[2], Cherie Drenzek[2] (Author affiliations at end of text)

The Ebola virus disease (Ebola) epidemic in West Africa has so far produced approximately 25,000 cases, more than 40 times the number in any previously documented Ebola outbreak (*1*). Because of the risk for imported disease from infected travelers, in October 2014 CDC recommended that all travelers to the United States from Ebola-affected countries receive enhanced entry screening and postarrival active monitoring for Ebola signs or symptoms until 21 days after their departure from an Ebola-affected country (*2*). The state of Georgia began its active monitoring program on October 25, 2014. The Georgia Department of Public Health (DPH) modified its existing, web-based electronic notifiable disease reporting system to create an Ebola Active Monitoring System (EAMS). DPH staff members developed EAMS from conceptualization to implementation in 6 days. In accordance with CDC recommendations, "low (but not zero) risk" travelers are required to report their daily health status to DPH, and the EAMS dashboard enables DPH epidemiologists to track symptoms and compliance with active monitoring. Through March 31, 2015, DPH monitored 1,070 travelers, and 699 (65%) used their EAMS traveler login instead of telephone or e-mail to report their health status. Medical evaluations were performed on 30 travelers, of whom three were tested for Ebola. EAMS has enabled two epidemiologists to monitor approximately 100 travelers daily,* and to rapidly respond to travelers reporting signs and symptoms of potential Ebola virus infection. Similar electronic tracking systems might be useful for other jurisdictions.

other symptoms of illness. In Georgia, travelers categorized as having "some risk" for exposure (i.e., had contact with Ebola patients while wearing appropriate personal protective equipment) must be observed taking their temperatures each day by an epidemiologist via video direct active monitoring. "High-risk" travelers (i.e., had contact with an Ebola patient without adequate personal protective equipment) are quarantined upon arrival in their homes, or other location designated by DPH, if nonresidents, and also are observed via video connection for daily temperature checks. Active monitoring for Ebola can be labor intensive and costly (*4*). To reduce the burden of monitoring large numbers (>30 each week) of travelers arriving from Ebola-affected countries, DPH developed an automated system to assist with monitoring and data management.

Development and Implementation of EAMS

DPH used the infrastructures of its State Electronic Notifiable Disease Surveillance System (SendSS) and its Public Health Information Portal to rapidly develop and deploy the web-based EAMS. Through close collaboration between DPH information technology development staff and epidemiologists responsible for initiating the active monitoring program, the core functions of EAMS were developed and deployed in 6 days. EAMS's flexibility enables rapid updates for new data collection as surveillance needs are better understood.

EAMS consists of four components: 1) an online query capability designed to enable emergency departments to search EAMS by name and date of birth to quickly determine whether

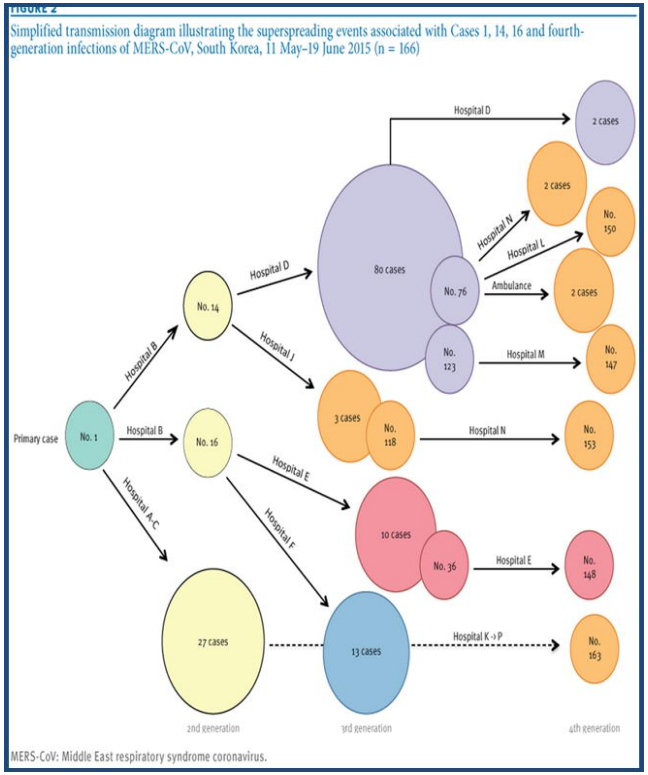
http://www.cdc.gov/mmwr/index2015.html

Global Outbreak of MERS-Coronavirus Infections, 2012-2015

- In April 2012, a novel coronavirus called MERS-CoV was identified as the cause of severe respiratory infections and deaths among persons in the Arabian Peninsula.
- Since then, 1,368 confirmed cases of MERS-CoV infection (and 489 deaths) have been reported from 26 countries
- 17 countries have had travel-associated cases, including 2 cases in the U.S. during May 2014.
- What's new with MERS? Very large outbreak occurring in the Republic of Korea since May 20, 2015 (186 cases, 34 deaths)

MERS Outbreak, South Korea, 2015

- 68 year-old male with history of recent travel to the Arabian Peninsula developed respiratory symptoms on May 11, sought care at four different hospitals, and was finally diagnosed with MERS-CoV on May 20.
- All 186 current MERS cases epidemiologically linked to this index case; all healthcare-associated.
- Secondary and tertiary transmission chains documented among healthcare workers, other patients, and visitors—in ward, clinic, and Emergency Department settings.
- Median incubation period about 6 days; median age among cases is 55 years.
- More than 16,000 contacts identified (quarantined/monitored for symptoms)
- No evidence of community transmission



http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=21163

MERS Outbreak, South Korea: Contributing Factors

- WHO determined the main factors contributing to the spread of MERS-CoV in South Korea were:
  - Lack of awareness leading to delayed recognition/isolation of the index case
  - Suboptimal infection prevention measures in hospitals
  - Close and prolonged contact with MERS-infected patients in crowded emergency rooms
  - The practice of seeking care at multiple hospitals
  - The custom of many visitors or family members staying with infected patients in hospital rooms

17 June 2015

Implications for DPH and Healthcare Facilities

MERS cases will continue to be exported to other countries by travelers, healthcare workers, etc.

- Epidemiology Informs Mitigation:
  1. DPH will continue enhanced surveillance for cases among travelers
  2. Clinicians should have raised index of suspicion for MERS-CoV among patients with appropriate symptoms and travel history. **Call DPH for triage/testing at 1-866-PUB-HLTH**
- Outreach/education to healthcare and community partners
  - On June 12, 2015, DPH sent an electronic health alert about MERS-CoV to all licensed physicians in Georgia

Georgia Department of Public Health

Important Message from the Commissioner

We Protect Lives.

Brenda Fitzgerald, M.D.
Commissioner, Georgia Department of Public Health

Follow Us!

Dear Dr. Tobin-D'Angelo,

The Centers for Disease Control and Prevention (CDC) and the Georgia Department of Public Health (DPH) are monitoring the current outbreak of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in the Republic of Korea.

This is the largest outbreak of MERS-CoV outside of the Arabian Peninsula. As of today, there are 126 confirmed MERS cases and 11 MERS deaths. The World Health Organization (WHO) has confirmed one travel-associated case of MERS-CoV in China. To date, no other countries have reported any cases of MERS-CoV infection linked to this outbreak.

Early symptomatic recognition and reporting are critical to infection control. Healthcare professionals should routinely ask their patients about their travel history and consider a diagnosis of MERS-CoV infection in persons who have:

- Fever and pneumonia or acute respiratory distress syndrome (based on clinical or radiologic evidence) AND one of the following:
  - A history of travel from countries in or near the Arabian Peninsula within 14 days before symptom onset, or close contact with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula, OR
  - **A history of being in a healthcare facility (as a patient, worker, or visitor) in the Republic of Korea within 14 days before symptom onset,** OR
  - A member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia

Avian Influenza

- Since December 2014, several outbreaks of highly pathogenic avian influenza (HPAI) have occurred among domestic poultry flocks in the U.S. (mostly commercial turkeys and chickens). Georgia not affected.
- Several influenza A subtypes involved (H5N2, H5N8, H5N1)
- HPAI viruses transmitted to poultry by migrating waterfowl along flyways
- Clinically severe infections in poultry, 90% mortality, very contagious
- HPAI has been confirmed in 211 commercial poultry farms in nine states
- Response included depopulation of all birds on premises
- Economic impact over $3 billion

Avian Influenza

- No human infections with these avian H5 viruses have been detected; however, similar viruses have infected people, especially after close and prolonged contact with infected birds
- The HPAI outbreaks in the Midwest appear to have stopped since mid-June with hot weather
- Experts think we may see resurgence with Fall migration, especially along Eastern Flyway—will HPAI come to Georgia then?

Implications for DPH if HPAI comes to GA

- Reassortment and mutation of these avian H5 viruses may lead to human infections, which is always a concern.
- Human infections with avian flu viruses may be severe, and may lead to further changes in the virus, even sparking a pandemic.
- DPH Role:
  - Surveillance for human infections with H5 flu viruses
  - Monitor people exposed to affected poultry for ILI symptoms for a 10 day period (will use similar electronic system as for Ebola monitoring)
  - May facilitate antiviral prophylaxis for exposed people exposed t with bird contact
  - Encourage seasonal flu vaccination among poultry workers

Closing Comments

1. Travel-associated emerging infectious diseases are the “new normal”. What’s next?

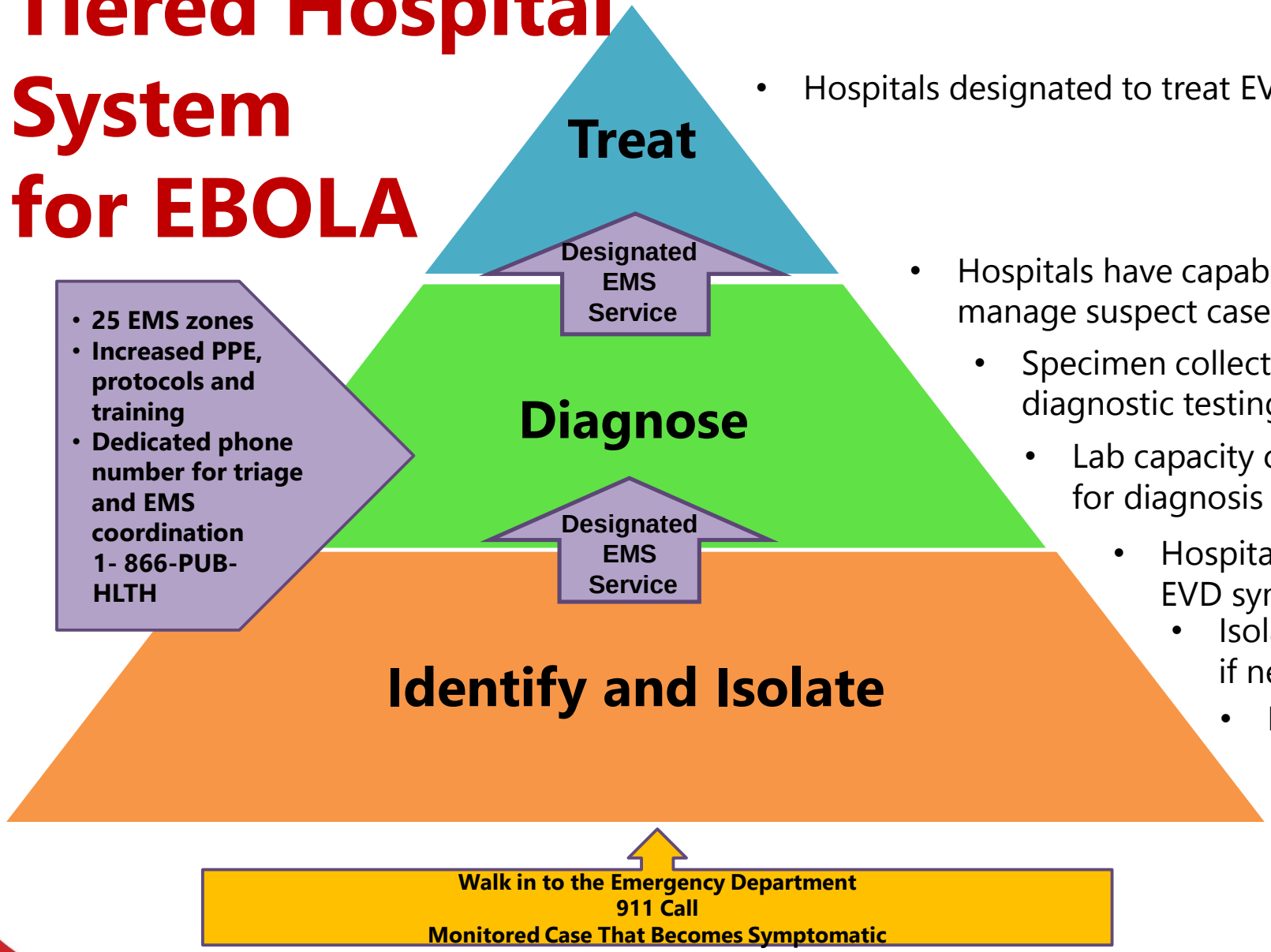
2. Epidemiology points our way to mitigation and prevention (history critical: travel history, exposure to sick poultry, etc.)

3. Our collective mission to **protect lives** requires collaboration to rapidly identify, triage, and manage emerging infections to, ultimately, prevent further transmission.

Hospital System for Infectious Disease

Pat O'Neal, MD
Health Protection Director, DPH

Tiered Hospital System for EBOLA



- Hospitals designated to treat EVD
- Hospitals have capability to manage suspect case of EVD
  - Specimen collection for diagnostic testing
    - Lab capacity complete for diagnosis
      - Hospitals identify EVD symptoms
        - Isolate patients if needed
          - EMS transport to hospitals for diagnosis

REGIONAL EBOLA PLAN

Unified Planning Coalition meeting in Ashville, NC July 28th, 29th, 30th

Further work on concept of Operations

MOST IMPORTANT TAKE-AWAY

- Change Ebola preparedness to infectious Disease (ID) preparedness

- We are building a far more robust ID system for the Southeast!

Thank You

Patrick O'Neal, M.D.
Director of Health Protection
Georgia Department of Public Health

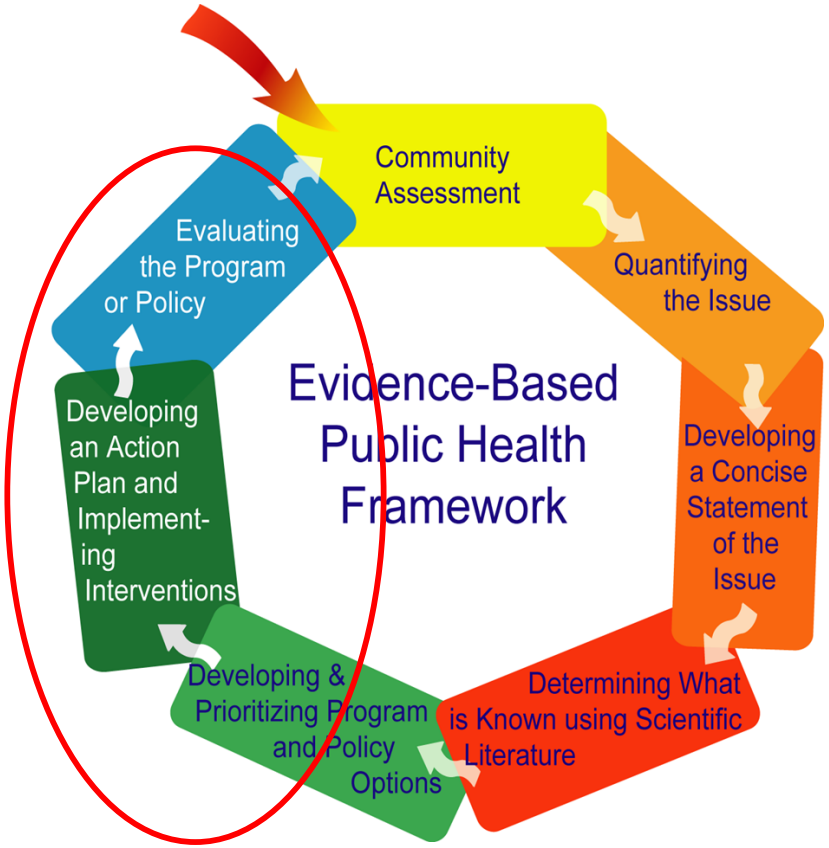
Heart Disease and Diabetes Program

Jean O’Connor, JD, DrPH
Chronic Disease Prevention Director, DPH

Heart Disease Initiatives

Initiative/Project	Emphasis	Funding Source	Geographic Area
Million Hearts/National Quality Forum Measure 18 Project Y1	Hypertension and Quality Improvement	ASTHO	5 Health Districts and 4 Private PCPs
State Public Health Actions to Prevent and Control Heart Disease and Diabetes and Improve School Health "1305" Cooperative Agreement	Worksite Nutrition and PA, Team Based Care, and Quality Improvement	CDC Categorical Funding	Statewide, with an emphasis on high risk Health Districts
Hypertension Management Outreach Program (HMOP)	Hypertension Service Delivery	Preventive Health Block	5 Health Districts
Cardio Metabolic Syndrome Intervention & Research Initiative	Develop and test interventions across Heart Disease, Diabetes, and Obesity	TBD (new)	Statewide

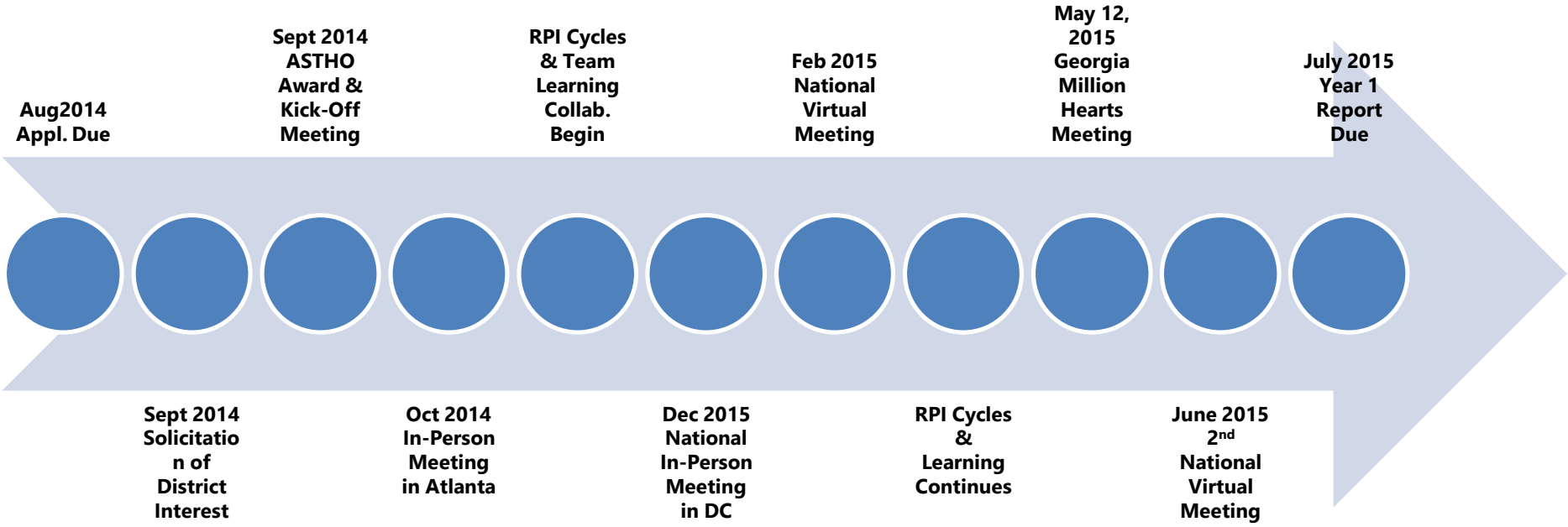
Million Hearts/National Quality Forum Measure 18 Project



- Georgia one of 17 sites across the U.S.; one of 6 in current cohort
- National learning collaborative
- Partnerships across sectors including clinical, community, and public health partners
- Implement quality improvement initiatives and evidence-based policies
- Goal to rapidly identify, control, and improve blood pressure

Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: a fundamental concept for public health practice. Annu. Rev. Public Health. 2009;30175–201.

Million Hearts Project Timeline



Key Partners/Participants

Local/Clinical

South Health District (Valdosta) & Clinical Partners

Gwinnett, Newton, Rockdale Health District & Clinical Partners

Coastal Health District & Curtis V. Cooper FQHC

East Central Health District (Augusta)

Northwest Health District (Rome)

DPH

Chronic Disease Prevention Section

Office of Nursing

Epidemiology Section

Office of Health Indicators and Planning

Office of Health IT

Statewide Organizations

Georgia Hospital Association

Georgia QIO (Alliant GMCF)

Georgia Academy of Family Physicians

Georgia Chapter of the American College of Physicians

Georgia Medical Association

Georgia OBGYN Society

Cahaba GBA (Medicare)

Georgia's Proposed Aim Statement

In the target patient population—

1) Increase the percentage of patients age 18 to 85 who have diagnoses of hypertension who are adequately controlled by 10 percentage points (above the baseline within 9 months; NQF 18);

2) Decrease the number of patients who have two or more BP readings within 12 months at or above 140/90 and who have not been diagnosed with HTN by 10%; and

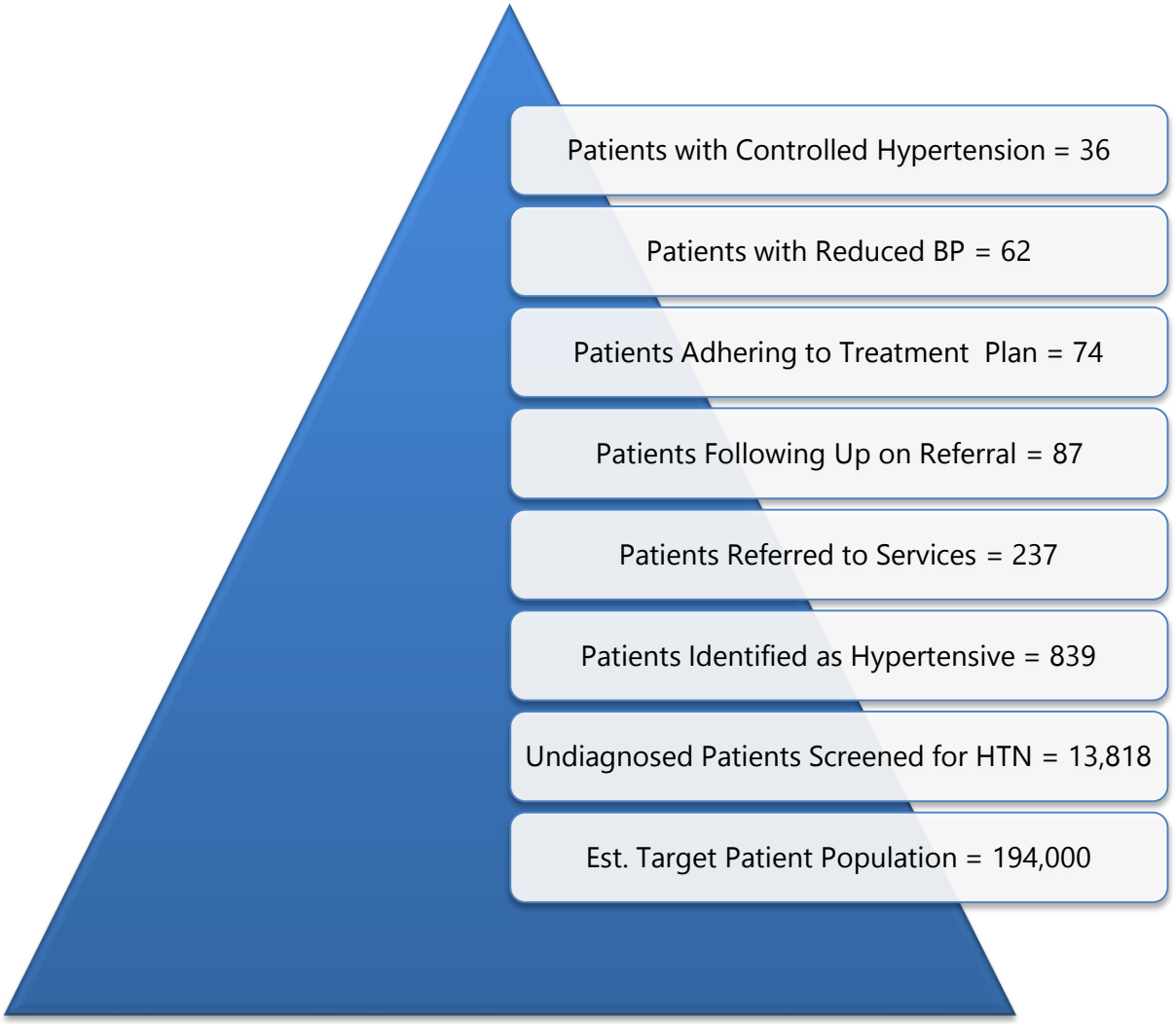
3) Reduce ER visits for hypertension by 5%.

Proposed Major Strategies/Approaches

1. Statewide, convene stakeholders to identify a statewide strategy for improving hypertension management and control; and,
2. Locally, award 4-5 local health departments to select activities for systems change within their programs around Georgia's selected strategies
   - Mining of electronic health records and recall of patients with undiagnosed hypertension
   - Self-monitoring of blood pressure;
   - Patient and provider education;
   - Clinical protocol/policy development

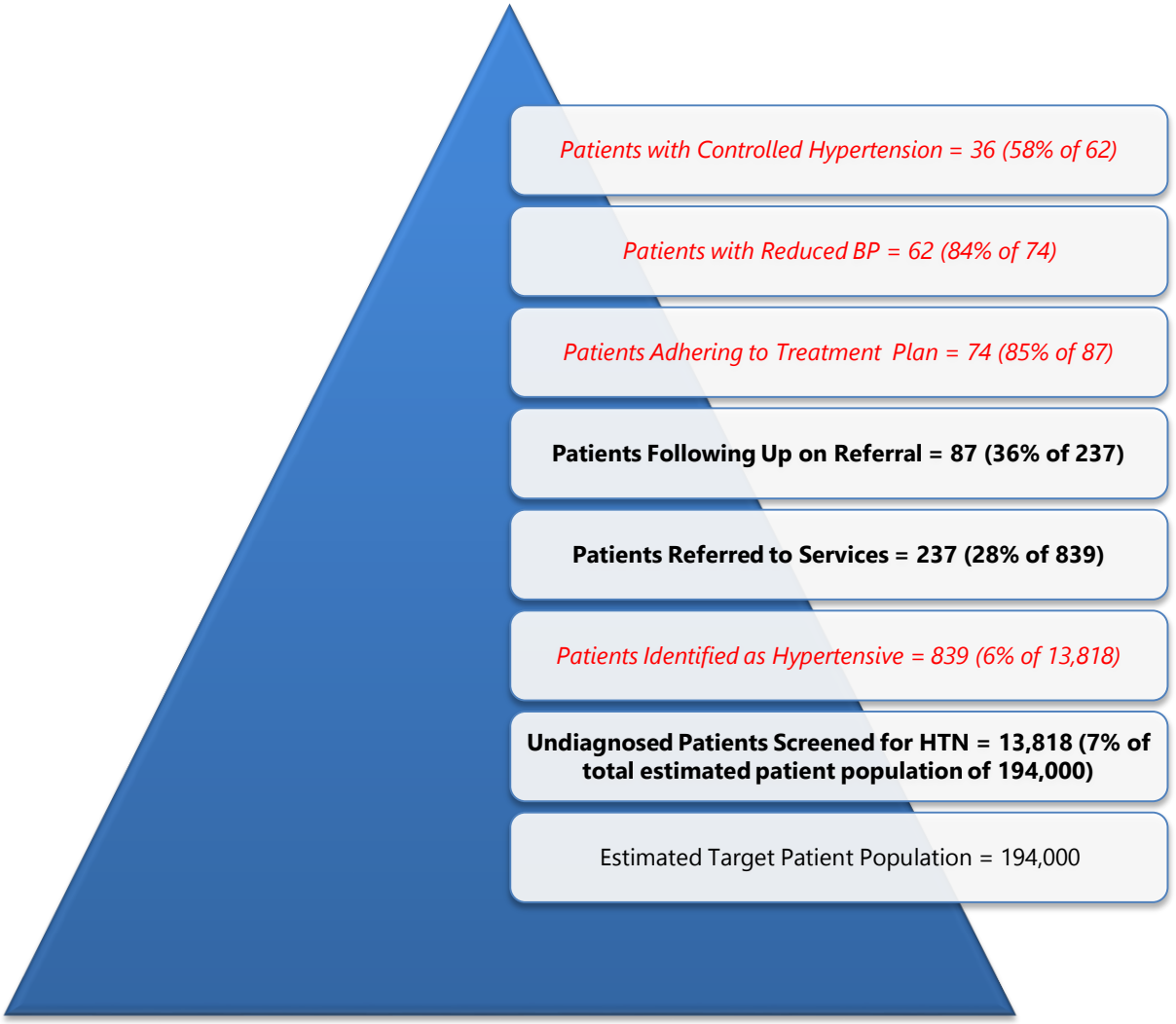
Georgia Y1 MH Initiative Outcomes

as calculated by ASTHO as of June 30, 2015



Georgia Y1 MH Initiative Outcomes

as of June 30, 2015



Additional Year 1 Key Successes

- ✓ Successful use of a District-State Learning Collaborative and RPI approach
- ✓ Partnerships forged between public health and private healthcare
- ✓ Identified 1,594 patients in the Coastal Health District as smokers and have successfully counseled 81% of these patients on tobacco cessation
- ✓ Conducted a sodium media interview with WABE reaching approx 1M
- ✓ Created a PSA that reached over 85k listeners on "knowing your numbers" and encouraged listeners to visit their Health Department's webpage and the Million Hearts webpage to learn more
- ✓ Partnered with Alliant Quality to train over 115 public health nurses statewide on *Improving the Diagnosis and Treatment of Hypertension*
- ✓ Created a tool to collect and track blood pressure control data from existing patients in patient settings without an EHR or EMR
- ✓ Hosted a Million Hearts Assembly on May 12, 2015 in Macon, Georgia with 61 clinical and public health partners attending
- ✓ Created a Hypertension Nurse Protocol for public health nurses to use in the health districts statewide

Next Steps

- Georgia has been awarded an extension on Year 1 and Year 2 basic continuation funding from ASTHO
  - Continue participating in learning collaborative
  - Complete Year 1 work, including RPI and data collection in 4 private practices in partnership with the College of Physicians
- Replicate successes, particularly in finding undiagnosed hypertension
  - Applying for an innovation award to expand reach of project in new areas of the state and with new partners
  - In partnership with UGA, explore other existing data sources, including all DPH clinical data
- Tie lessons learned to other heart disease initiatives, diabetes initiatives, and cardio metabolic syndrome research collaborations
  - Georgia Clinical Transformation Team
  - Implementation of new DPH Nurse Protocol
  - 1305 work with additional practices

Newborn Hearing Screening Update

Kelly Hermanns, Au.D.
UNHSI Program Consultant, DPH

Outline

- Background & history
- Universal newborn hearing screening rational
- Georgia's newborn screening program
- Program improvement strategies and performance improvement

Background and History

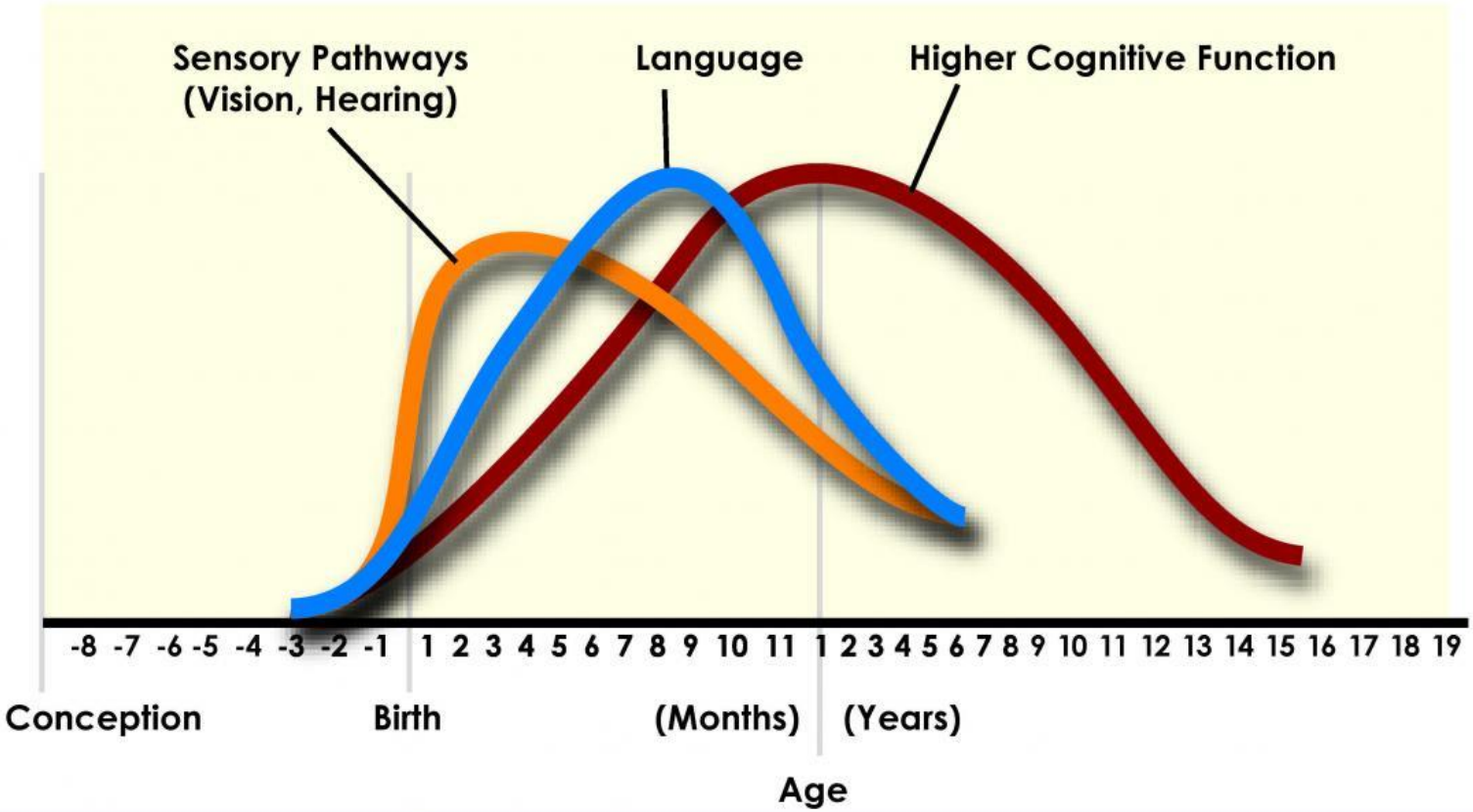
- First programs in the 1990's were limited to screening babies on the high risk registrar
  - Missed majority of cases of congenital hearing loss
- 1993 - NIH Consensus Development Conference report recommending universal hearing screening
- Today - Standard practice and majority of states have legislation related to newborn hearing screening

Why Universal Screening?

- Hearing loss is one of the most common birth defects
  - Approximately 3 out of every 1,000 babies are born with hearing loss
- Over 90% of children with permanent hearing loss are born to two hearing parents
- The greatest growth in language and cognitive development takes place during the first 18 months of life

Human Brain Development

Experience-Dependent Synapse Formation



Nelson, C.A., in From Neurons to Neighborhoods (2000). Shonkoff, J. & Phillips, D. (Eds.)

Accessed from: Center on the Developing Child at Harvard University (2007). A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children . http://www.developingchild.harvard.edu

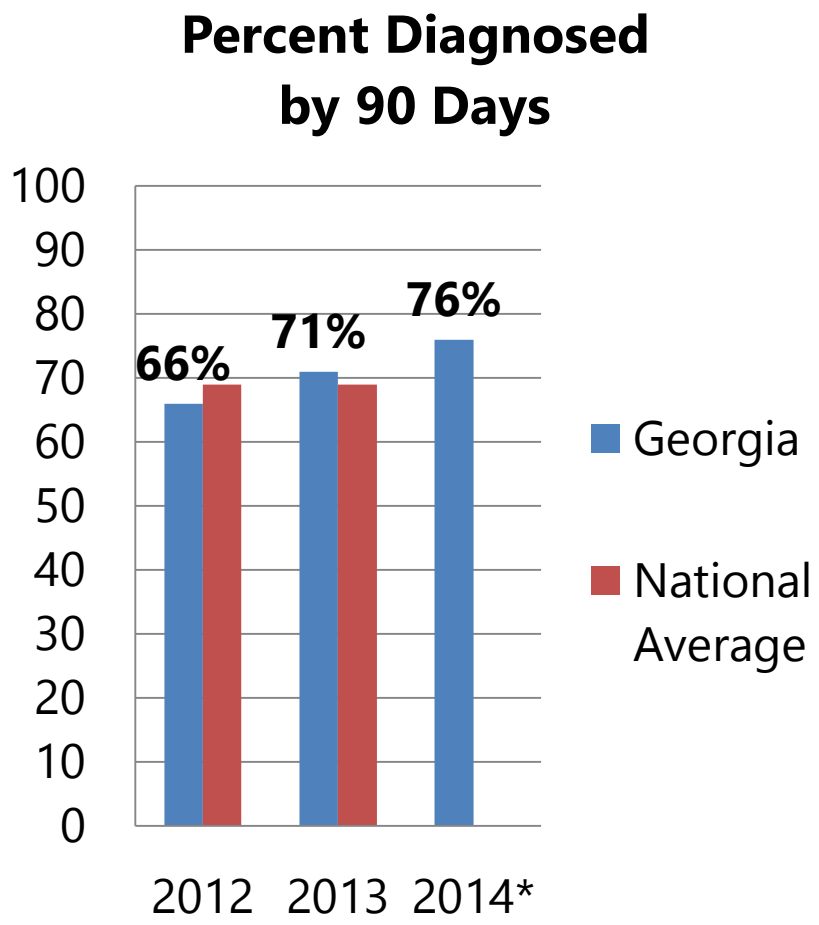
Georgia's Program

- Official public health program in 2001
- Purpose of the program:
  - Maintains and supports a comprehensive, coordinated, statewide screening and referral system
  - Linkage to appropriate intervention for babies diagnosed with hearing loss
  - Technical assistance and training about implementing newborn hearing screening to hospitals, physicians, audiologists, early intervention (Part C), and public health

Programmatic Goals: 1, 3, 6

- **1**: All infants are screened for hearing loss by **1** month (30 days)
- **3**: All infants not passing screen receive a diagnostic evaluation by **3** months (90 days)
- **6**: All infants diagnosed with hearing loss are enrolled in intervention by **6** months

Diagnosis by 3 Months

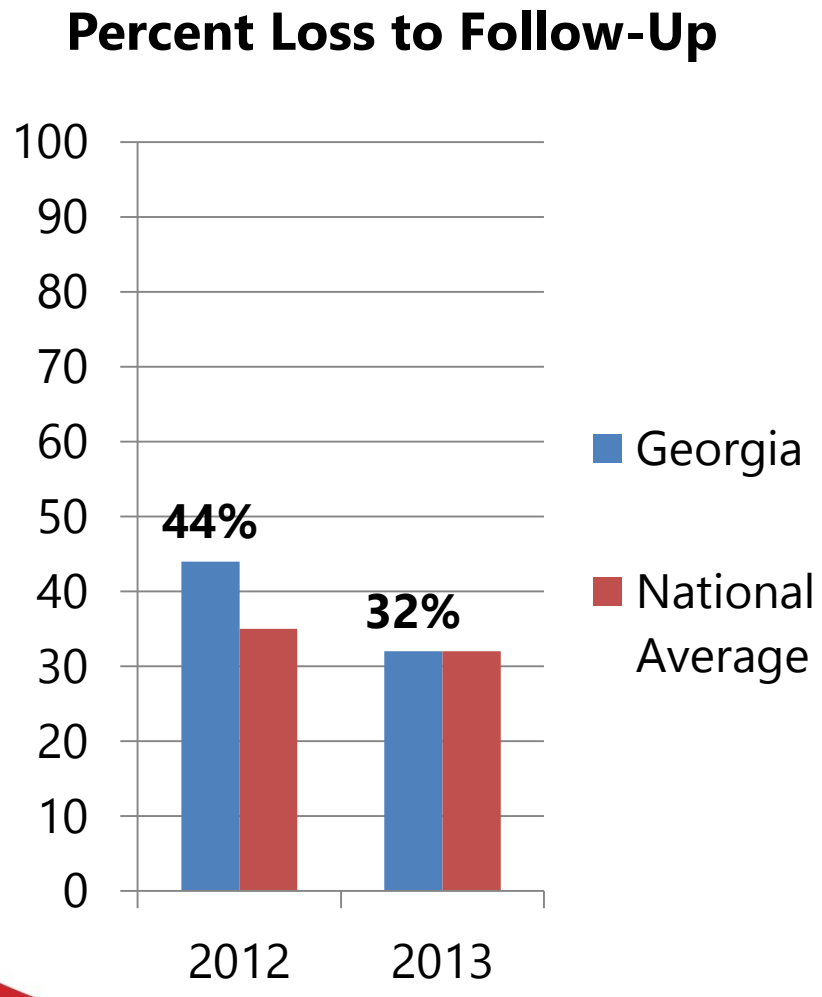


Strategy:

- Strategic placing of equipment
  - 3 diagnostic machines (Ringgold, Valdosta, Albany)
  - 11 screeners
- Revised and standardized letters sent to families and physicians
- Audiology facility finder
  - https://sendss.state.ga.us/sendss/!audiologist_locator.search

*Preliminary Data; 2014 CDC Data Not Available

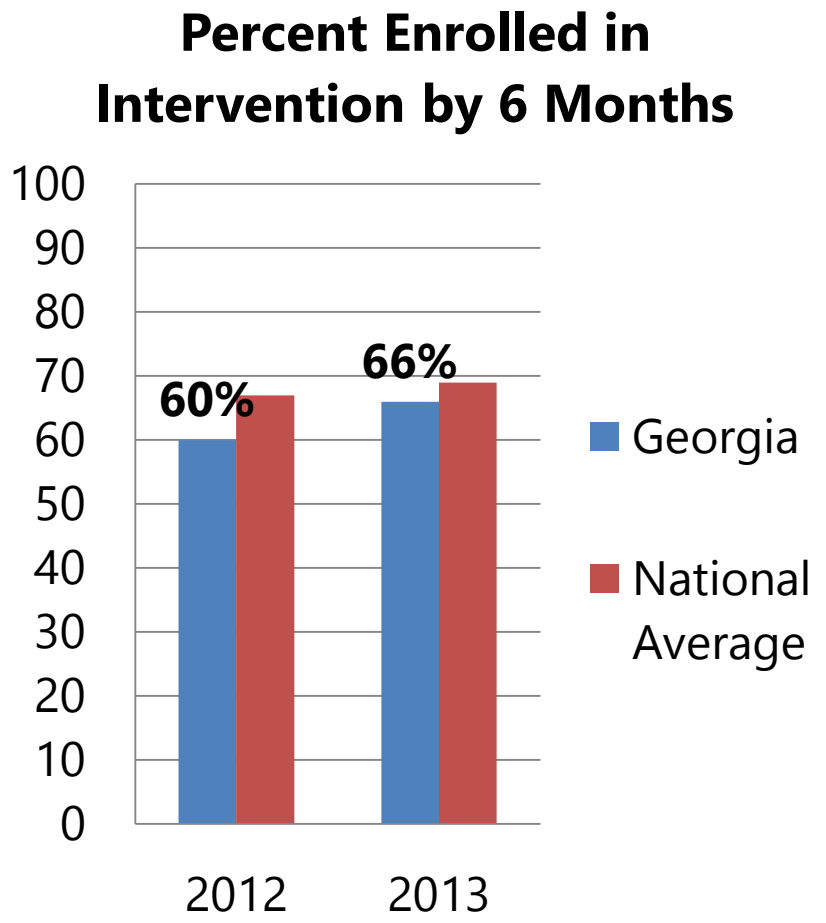
Loss to Follow-Up



Strategy:

- Communication to audiologists
- Follow-up protocol built into SendSS
  - Minimum 13 steps before closing
- Fully staffed
- Created notifications in SendSS

Enrolled in Intervention by 6 Months



Strategy:

- Monthly logs from Georgia PINES with intervention enrollment status
- Three private intervention providers documenting intervention enrollment in SendSS

National Ranking for 2013

- 19th overall for percent diagnosed by 3 months
  - 26th in 2012
- 26th overall for percent loss to follow-up
  - 34th in 2012
- 27th overall for percent enrolled in intervention by 6 months
  - 30th in 2012

Moving Forward

- Individualized reporting of hearing screening results
- Purchasing two additional hearing screeners for health districts without screening capacity
- Electronic reporting by providers
- Scripting for improved communication
- Expanded facility finder
  - Include health departments with screening capabilities

Universal Newborn Hearing and Screening Intervention (UNHSI) is moving to...

EHDI

Early Hearing Detection and Intervention

In an effort to create alignment and maintain continuity with the national program for newborn hearing screening, the Georgia Department of Public Health's Universal Newborn Hearing Screening and Intervention (UNHSI) program is announcing a program name change to "**Early Hearing Detection and Intervention (EHDI)**" effective immediately. Rebranding the program to EHDI will facilitate cohesive messaging and create common language across resources for the families of Georgia.

DPH

We Protect Lives.

QUESTIONS?

Kelly Hermanns, Au.D.
Program Consultant
Maternal and Child Health Section
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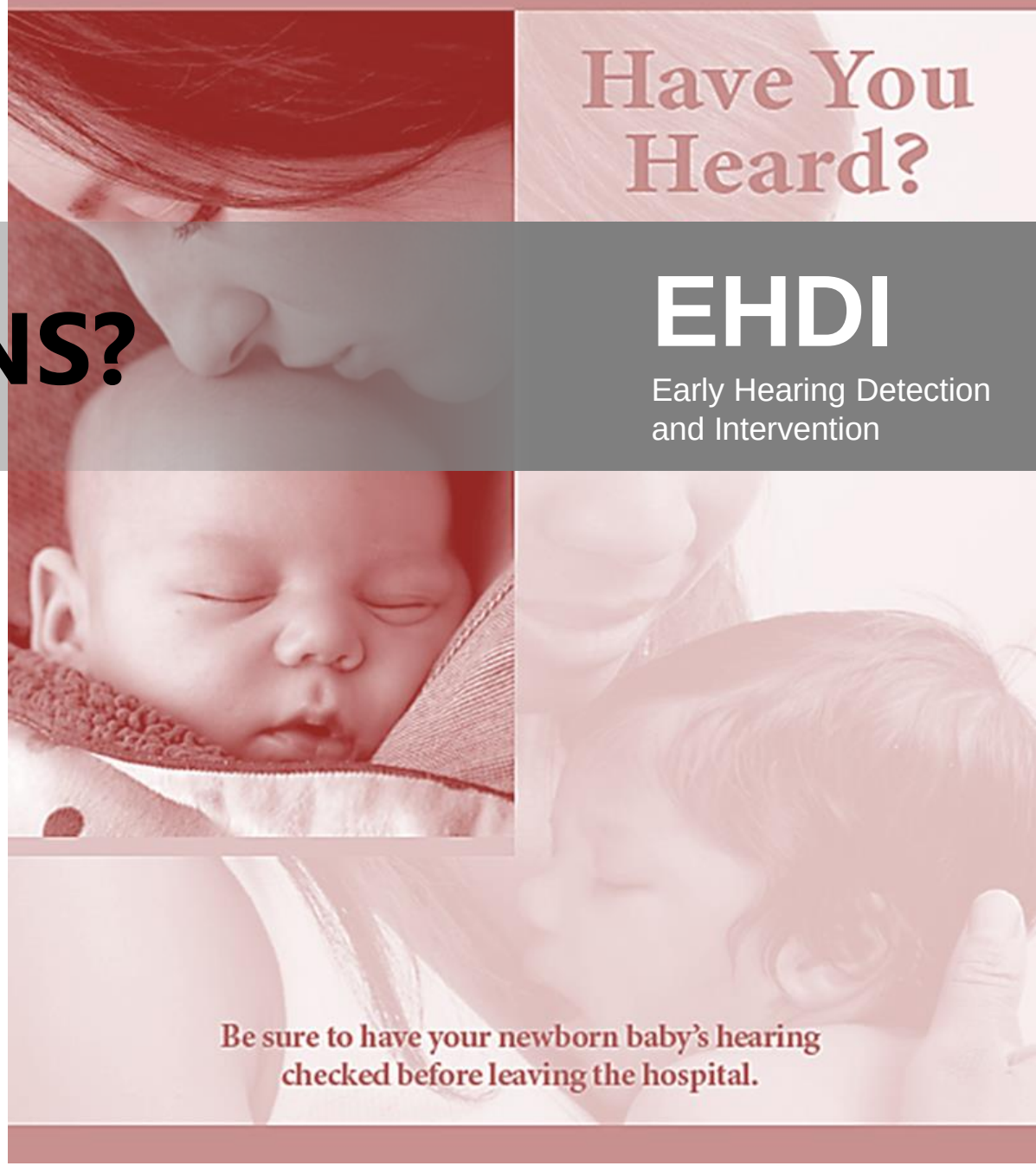


EHDI

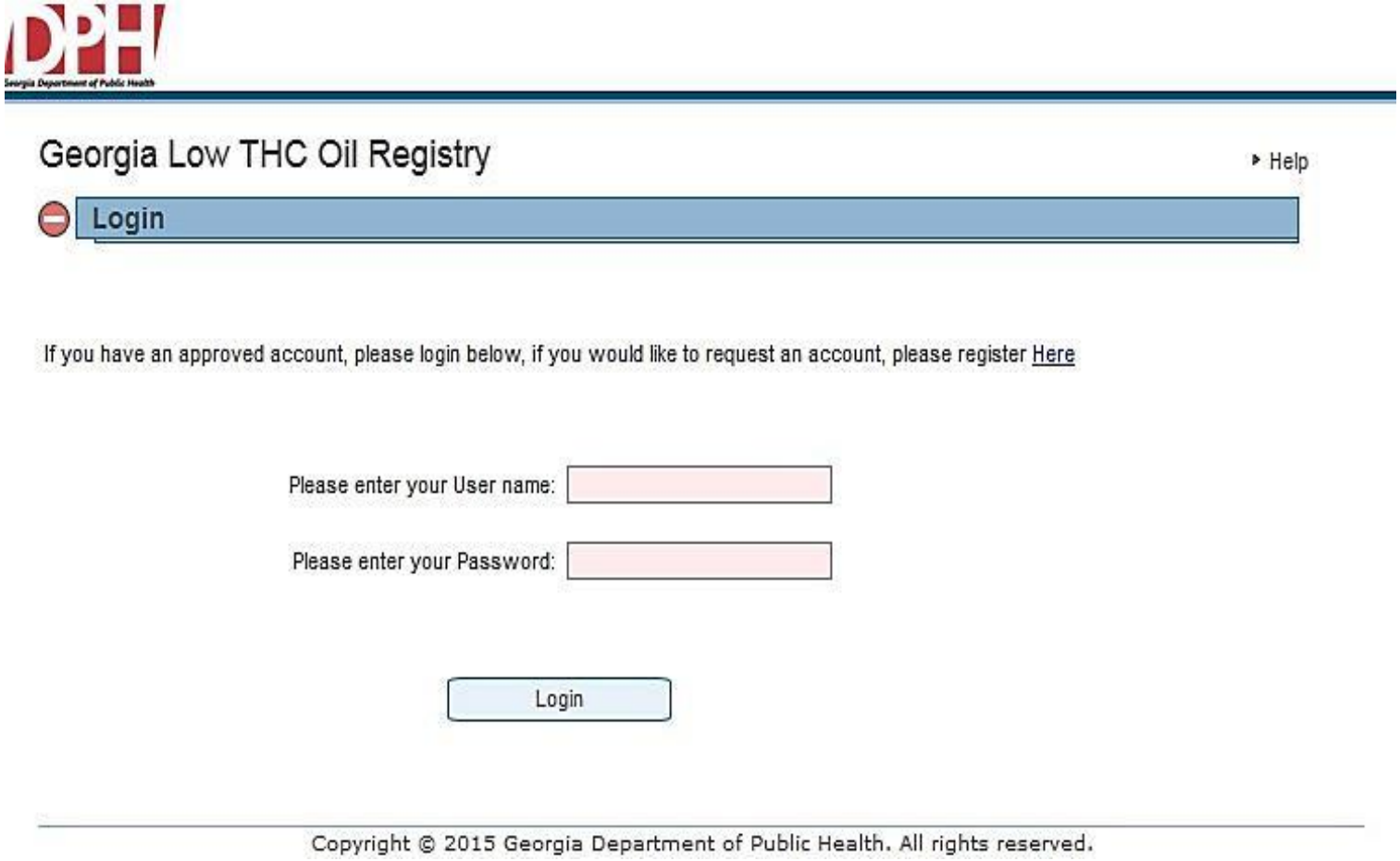
Early Hearing Detection and Intervention

Georgia Medical Marijuana Low THC Oil Registry Update

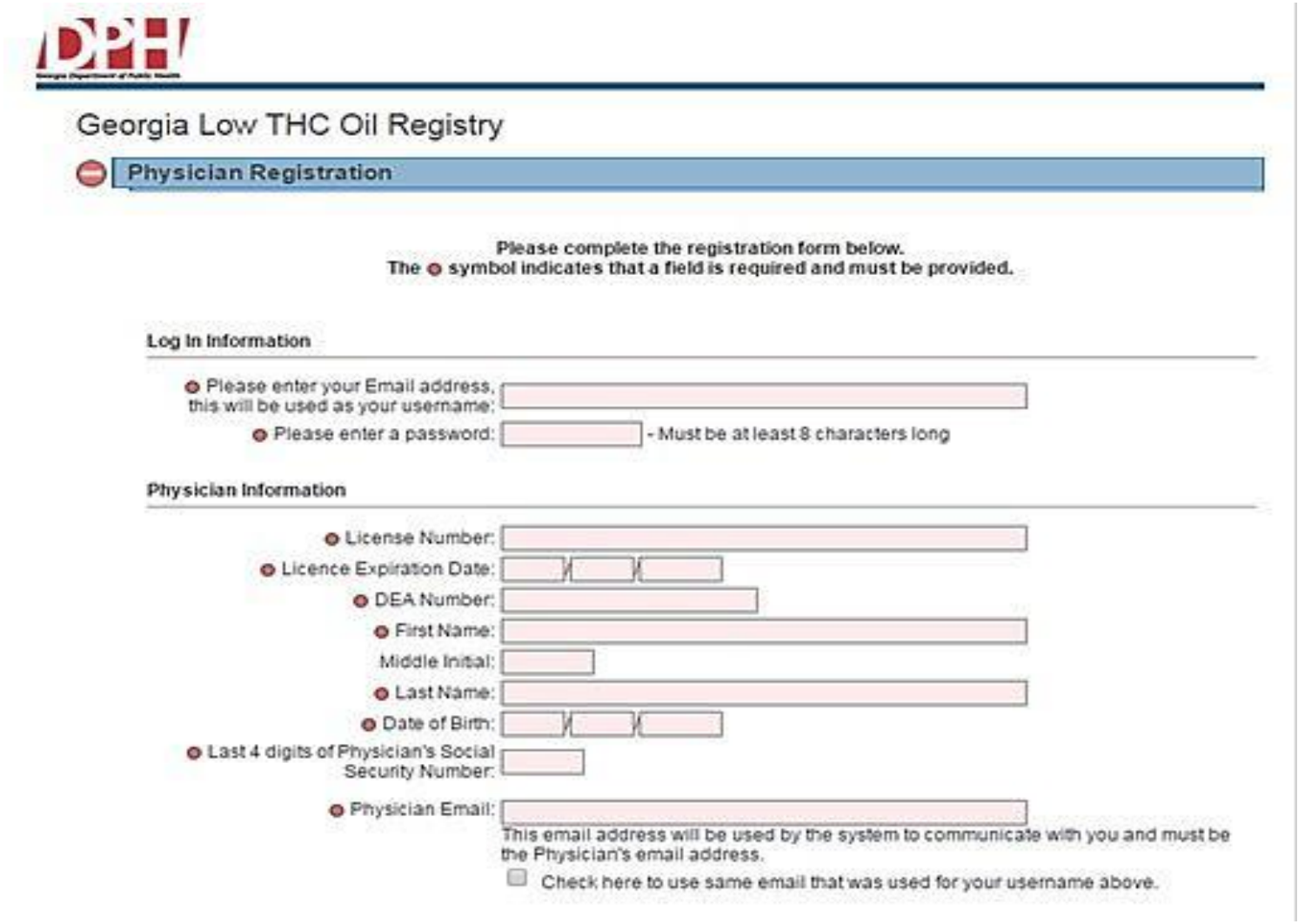
Shawn Ryan
Communications Director, DPH

Donna Moore, MBA,PMP,CLSSGB
State Registrar & Vital Records Director, DPH

Georgia Medical Marijuana Low THC Oil Login



Georgia Medical Marijuana Low THC Oil Registry



DPH

Georgia Low THC Oil Registry

Physician Registration

Please complete the registration form below.
The ● symbol indicates that a field is required and must be provided.

Log In Information

● Please enter your Email address, this will be used as your username:

● Please enter a password: - Must be at least 8 characters long

Physician Information

● License Number:

● Licence Expiration Date: / /

● DEA Number:

● First Name:

Middle Initial:

● Last Name:

● Date of Birth: / /

● Last 4 digits of Physician's Social Security Number:

● Physician Email:

This email address will be used by the system to communicate with you and must be the Physician's email address.

Check here to use same email that was used for your username above.

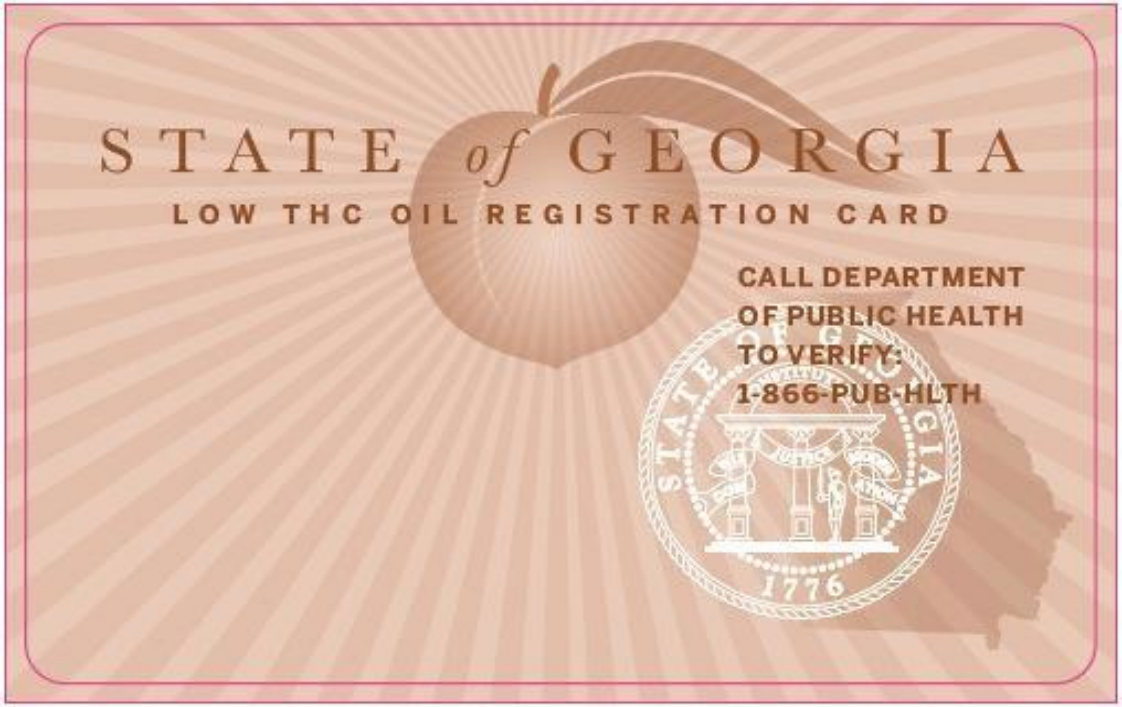
Georgia Medical Marijuana Health Condition Verification

Additonal Patient Information:

1. The above-named patient has been diagnosed with and is currently undergoing treatment for:

- ☐ Cancer, when such diagnosis is end stage or the treatment produces related wasting illness, recalcitrant nausea and vomiting
  - ___/___/___ To the best of your knowledge when patient was diagnosed:
- ☐ Amyotrophic lateral sclerosis, when such diagnosis is severe or end stage
  - ___/___/___ To the best of your knowledge when patient was diagnosed:
- ☐ Seizure disorders related to diagnosis of epilepsy or trauma related head injuries
  - ___/___/___ To the best of your knowledge when patient was diagnosed:
- ☐ Multiple sclerosis, when such diagnosis is severe or end stage
  - ___/___/___ To the best of your knowledge when patient was diagnosed:
- ☑ Crohn's disease
  - 03/04/1990 To the best of your knowledge when patient was diagnosed:
- ☐ Mitochondrial disease
  - ___/___/___ To the best of your knowledge when patient was diagnosed:
- ☐ Parkinson's disease, when such diagnosis is severe or end stage
  - ___/___/___ To the best of your knowledge when patient was diagnosed:
- ☐ Sickle cell disease, when such diagnosis is severe or end stage
  - ___/___/___ To the best of your knowledge when patient was diagnosed:

Georgia Medical Marijuana Low THC Oil Registration Card



Georgia Medical Marijuana Low THC Oil Registry

Low THC Oil Registry Page

Welcome to DPH's Low THC Oil Registry page.

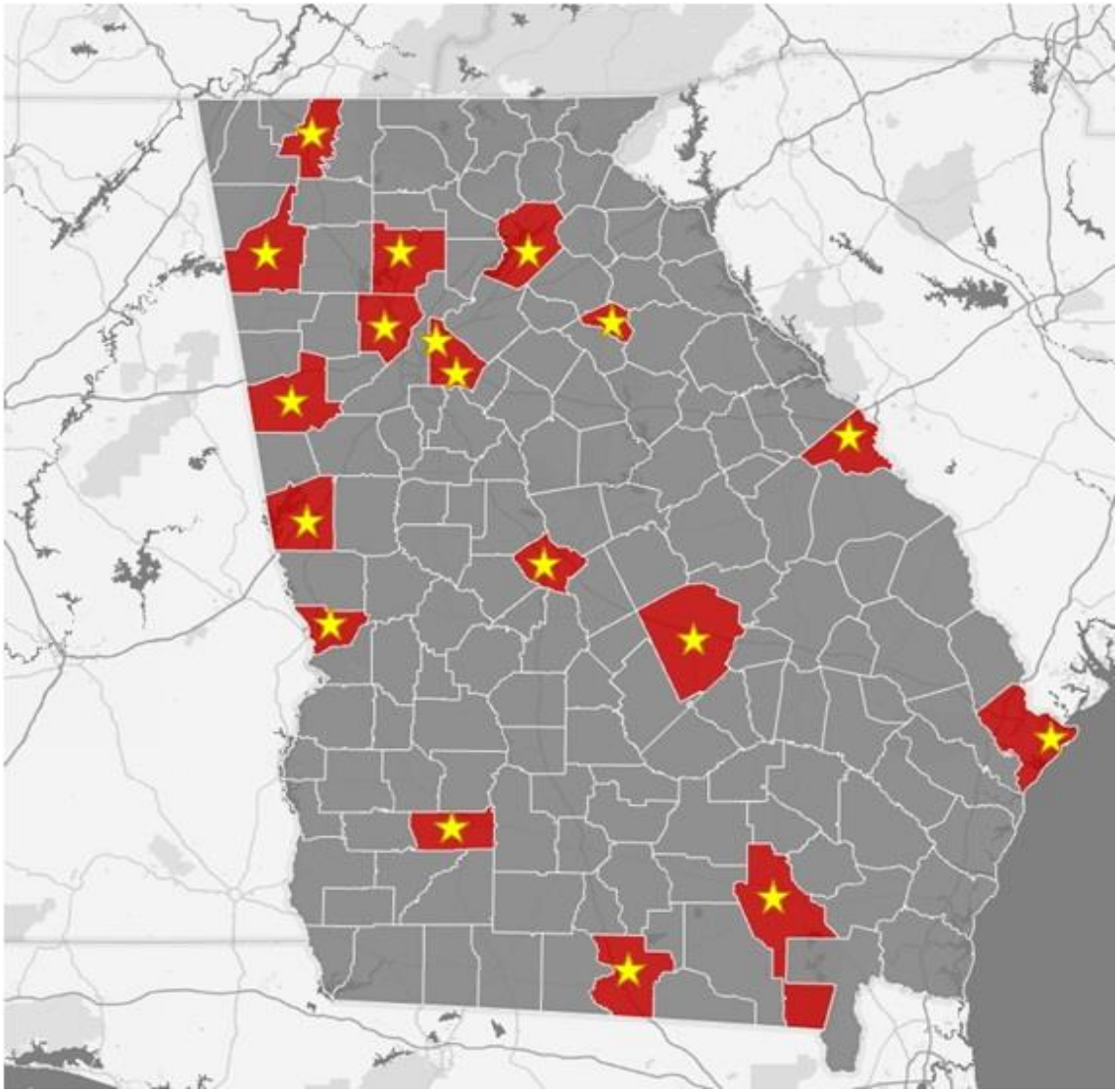
DPH, in close consultation with the Georgia Composite Medical Board, has developed a Low THC Oil Registry for patients and caregivers who qualify to carry an identification card under Georgia House Bill 1.

This page contains information for the general public, physicians and law enforcement. Please take a moment to review all of the resources on this page, especially the **Frequently Asked Questions** (FAQ) sections.

The basic steps to obtaining a card are as follows:

1. Patients and caregivers of patients who believe they may be eligible should consult with their physician about the possibility of obtaining a card allowing them to possess 20 fluid ounces of low THC oil within the state of Georgia.
2. If approved by the physician, the patient or patient's caregivers' information will be entered into DPH's secure "Low THC Oil Registry"

Georgia Medical Marijuana Registrar Locations



QUESTIONS?

Closing Comments

Kathryn Cheek, MD, FAAP
Chair

The next Board of Public Health meeting
is currently scheduled on
Tuesday, August 11, 2015 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send an e-mail to huriyyah.lewis@dph.ga.gov