

# Georgia Board of Public Health

May 14, 2019

# Agenda

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- Call to order  
Cynthia Mercer, M.D., Board Chair
- Roll Call  
Judy Greenlea Taylor, D.D.S., Board Secretary
- Approval/Adoption of Minutes  
Judy Greenlea Taylor, D.D.S., Board Secretary
- Commissioner's Update  
Kathleen E. Toomey, M.D., M.P.H., Commissioner

# Bond Resolution

Board of Public Health / Kathleen Robinson, Acting Chief Financial Officer / May 14, 2019

# Approval of Bond Resolution

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- FY2020 Capital
- General Obligation Bonds
- \$2,300,000

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
<b>TOTAL</b>		<b>\$ 2,300,000</b>



# Tattoo or Body Art?

## Rules and Regulations

Board of Public Health/ Dr. Chris Rustin, Interim Director, Health Protection/ May 14, 2019

# Tattoos

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- 12,000 year old tools; France, Portugal, Scandinavia
- Once a sub-culture; now more mainstream
  - 36% of Americans ages 18-29 have at least one tattoo
    - 70% have >1 tattoo; 20 percent have >5 tattoos
  - 30% of U.S. college graduates have tattoos
  - Nearly 50% of Americans ages 21-32 have at least one tattoo or piercing in a body part other than the ear

# Legal History

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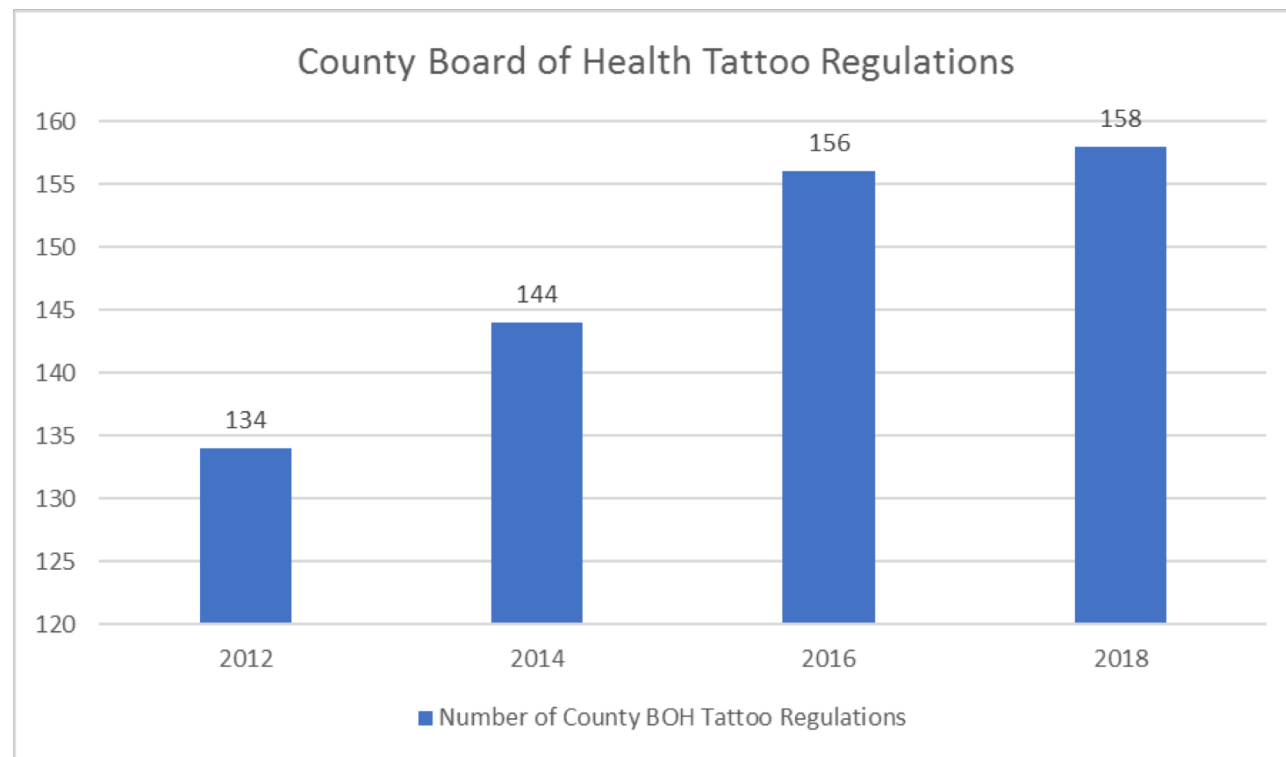
## O.C.G.A. 31-40

- 1981 - First tattoo and criminal laws
- 1994 - Updated tattoo and criminal laws, basis for **local** boards of health tattoo rules and regulations
  - Authority to develop rule and regulations
  - All regulatory oversight to the local Boards of Health
  - State EH program worked with local EH on model tattoo rules and regulations for BOHs to adopt
- 2012 - DPH started tracking the number of County Boards of Health with local rules and regulations

# Local Rules and Regulations

## Issues

- Tattoo vs. Body Art
- DPH has oversight, but no statewide rules and regulations
- Lack of consistency
  - Inspections
  - Forms
  - Licensure
  - **Tattoo/Body Art**
- Minimal surveillance
- Several county BOHs had no rules and regulations in place
- Are rules protective of all risks



# Is it Tattoo or Body Art?

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Body Art - the practice of physical body adornment

- Body piercing
- Tattooing
- Cosmetic Tattooing
- Branding/Scarification

Current statute 25 years old, only covers traditional tattooing

- Many local BOHs updated rules to include body art
- Current law prevents DPH from adopting a modern statewide body art regulation

# Current Tattoo Only Law Structure

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- Definitions
- Permit issuance and revocation
- Rules and Regulations
  - Location and cleanliness
  - Sterilization and OSHA guidelines for Infectious Disease
  - Informed consent
  - Aftercare of tattoo
  - Use and maintenance of tattoo equipment, dyes and pigments
- Inspections/Enforcement
- Penalties
- Public education

# Tattoo and Piercing Criminal Statutes

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**§ 16-12-5** - It shall be unlawful for any person to tattoo the body of any person within any *area within one inch of the nearest part of the eye socket*

**§ 16-5-71** - It shall be unlawful for any person to tattoo the body of any person *under the age of 18*, except that a physician or osteopath licensed under Chapter 34 of Title 43, or a technician acting under the direct supervision

**§ 16-5-71.1** - Piercing of the body

- a) It shall be unlawful for any person to pierce the body, with the exception of the ear lobes, of any person under the age of 18...unless the prior written consent of a custodial parent or guardian of such minor is obtained

# Microblading-2018

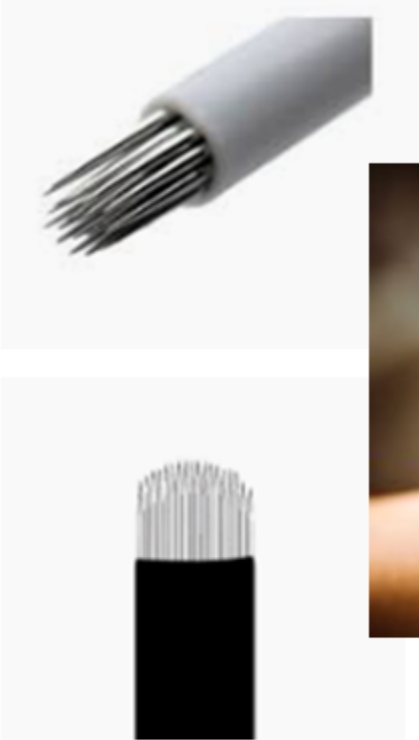
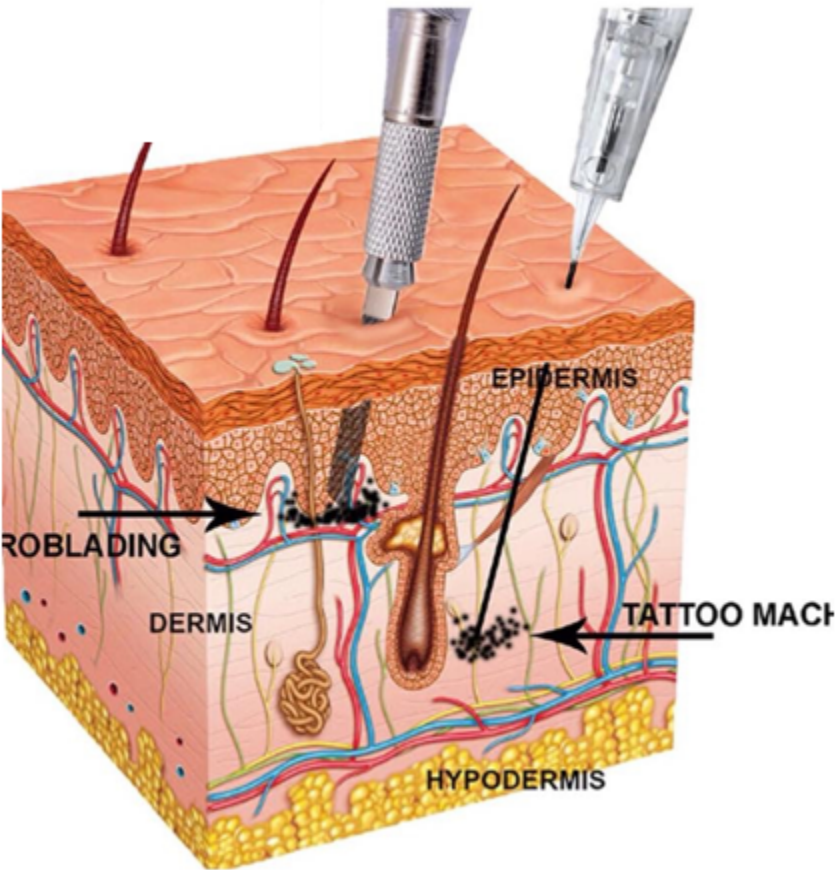
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## Additions to current law

- "Microblading of the eyebrow" a form of cosmetic tattoo artistry where ink is deposited..... using a handheld tool made up of needles known as a microblade to improve or create eyebrow definition, to cover gaps of lost or missing hair, to extend the natural eyebrow pattern, or to create a full construction if the eyebrows have little to no hair.
- "Tattoo" means to mark or color the skin by pricking in, piercing, or implanting indelible pigments or dyes under the skin. **Includes microblading of the eyebrow.**
- § **31-40-10**. Criminal law not repealed
  - ...code section 16-12-5 shall not apply to microblading of the eyebrow.



# Microblading vs. Traditional Tattooing



# 2019-Body Art Law

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- Senate Bill 214 **Body art law**
  - Tattoo verbiage replaced with body art
  - New definitions of body art
    - Tattoo, cosmetic tattoo, piercings
- Licensure of body artist at state DPH and inspection/enforcement of studios by the local EH staff
- DPH has authority to adopt a statewide body art regulations
- Requires notification that tattooing may impact a persons ability to join the military

# Next Steps

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- Body art committee (local/district/state EH staff) developing Rules and Regulations, inspection forms
- DPH developing a body artist licensure program
- Communication, education, and feedback from the industry
- Formal adoption of rules and regulations
- 12-18 month implementation plan

# Questions?

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For more information, please contact:

**CHRIS RUSTIN, DrPH, M.S., R.E.H.S.**

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Director, Environmental Health Section

Georgia Department of Public Health

(404) 657-6534

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# Infectious Disease Update

## Hepatitis A, Measles & E.coli O103 Outbreaks

Board of Public Health/Cherie L. Drenzek, DVM, MS/State Epidemiologist & Chief Science Officer/ May 4, 2019

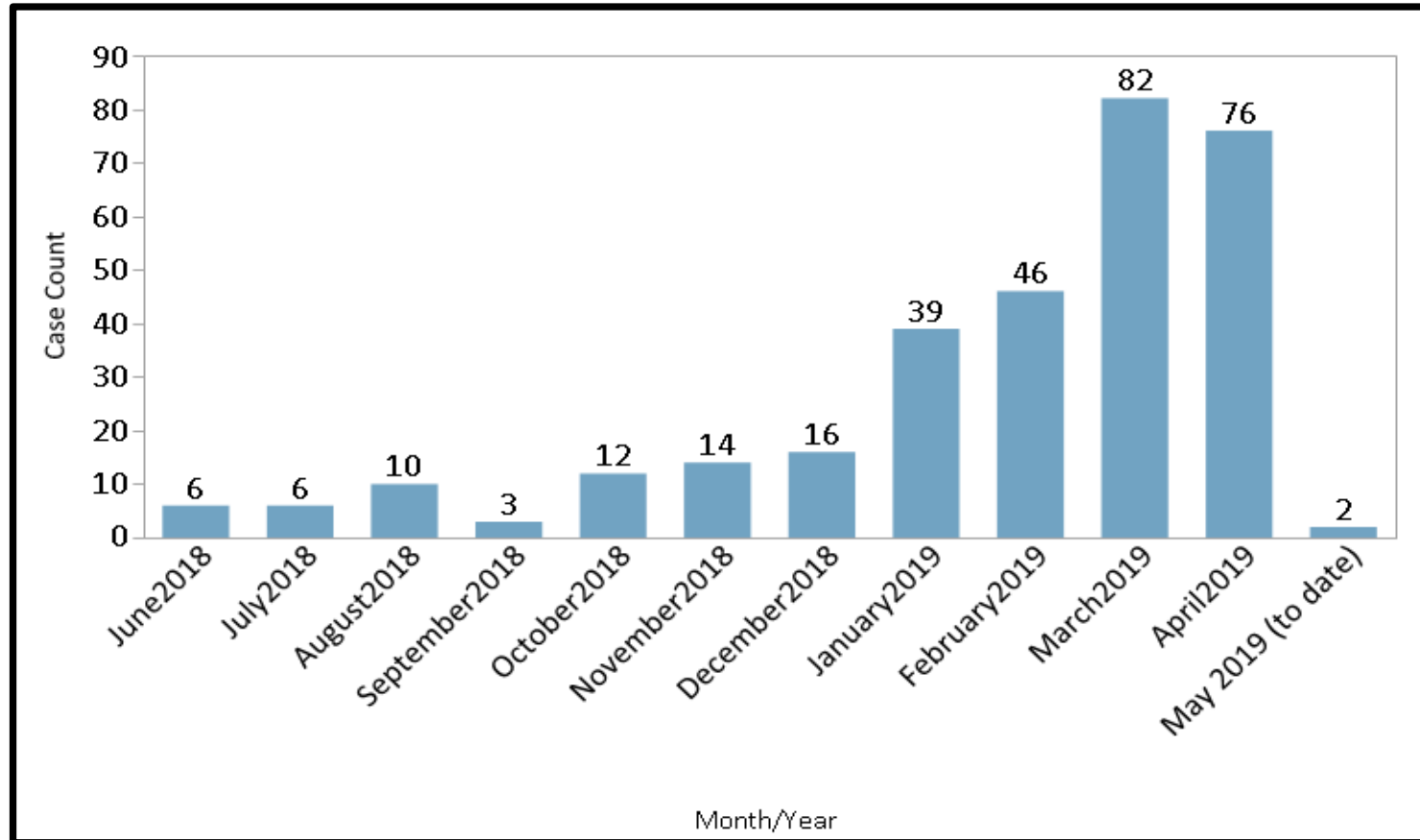
# Overview

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- Update: Hepatitis A Outbreak in Georgia
- Measles Outbreaks (National and Georgia)
- Multi-State Outbreak of *E.coli* O103 Infections
- Questions

# Hepatitis A Outbreak, Georgia

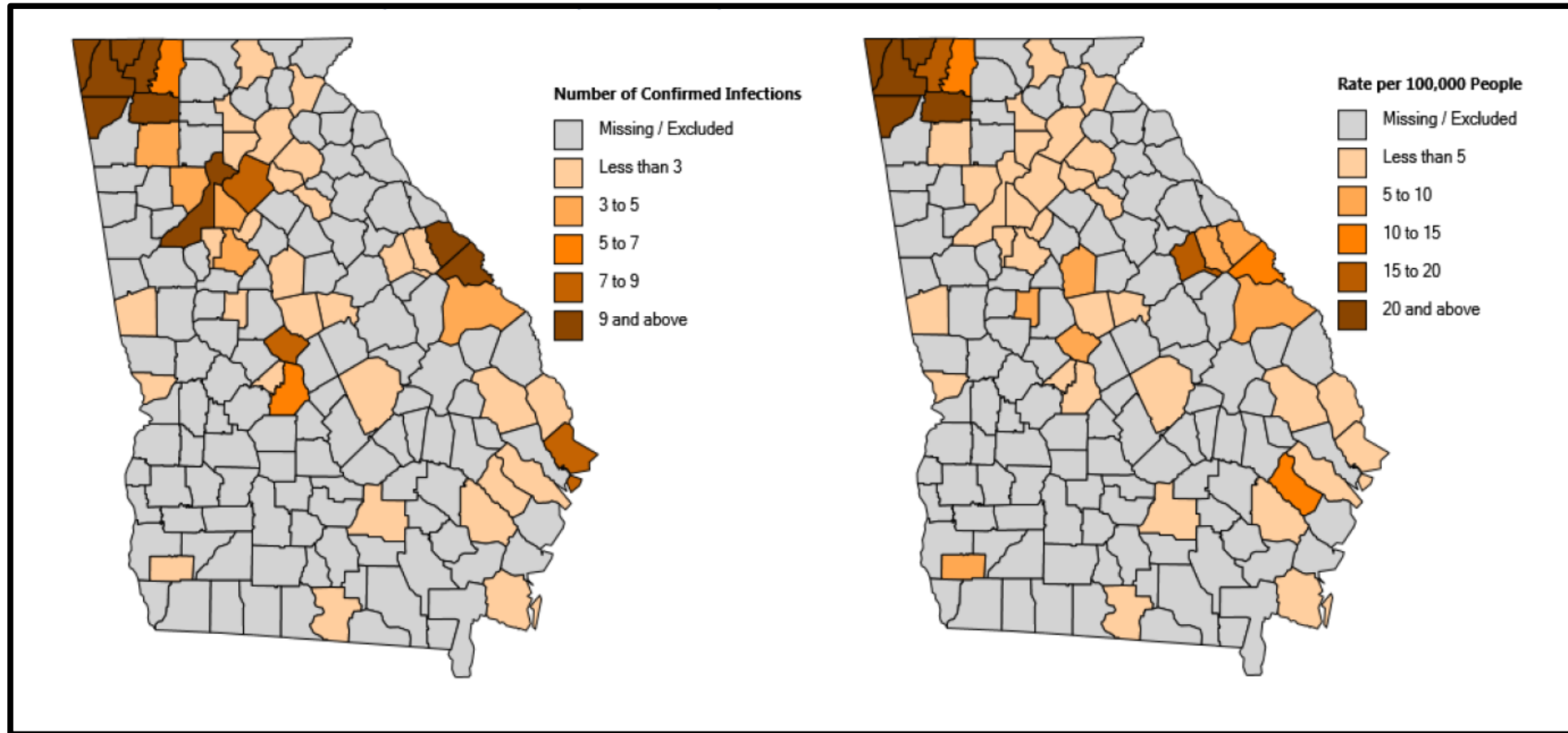
# Hepatitis A Virus (HAV) Infections in Georgia, June 1, 2018-May 3, 2019\* (n=312)



- Total confirmed HAV infections: **312**
- Median Age: 45 (4-86 Years)
- 68% male, 80% White
- Hospitalizations: 211 (**68%**)
- Deaths: 1 (0.32%)

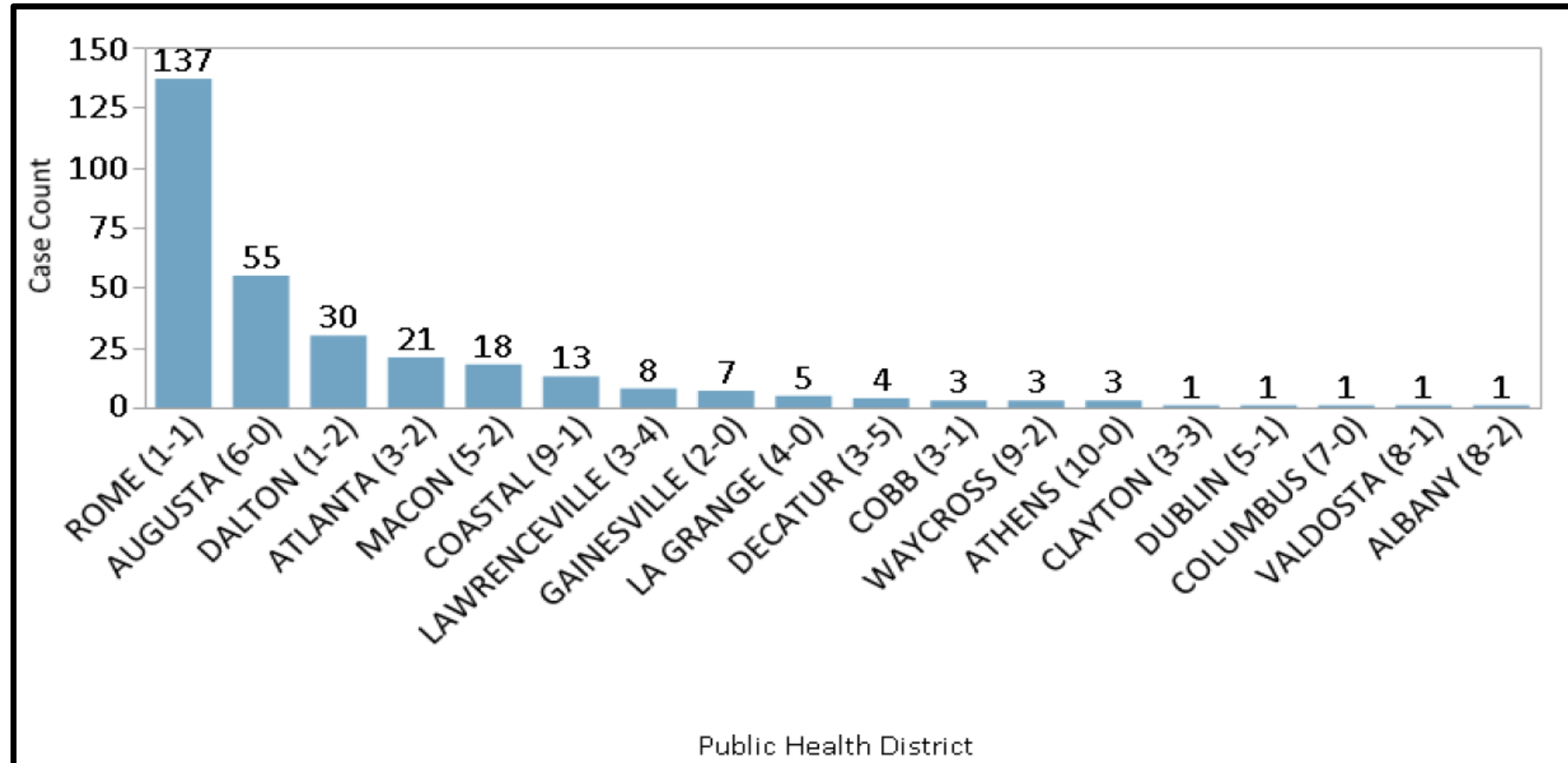


# Geographic Distribution of Confirmed HAV Infections, Georgia, June 1, 2018-2019\* (n=312)



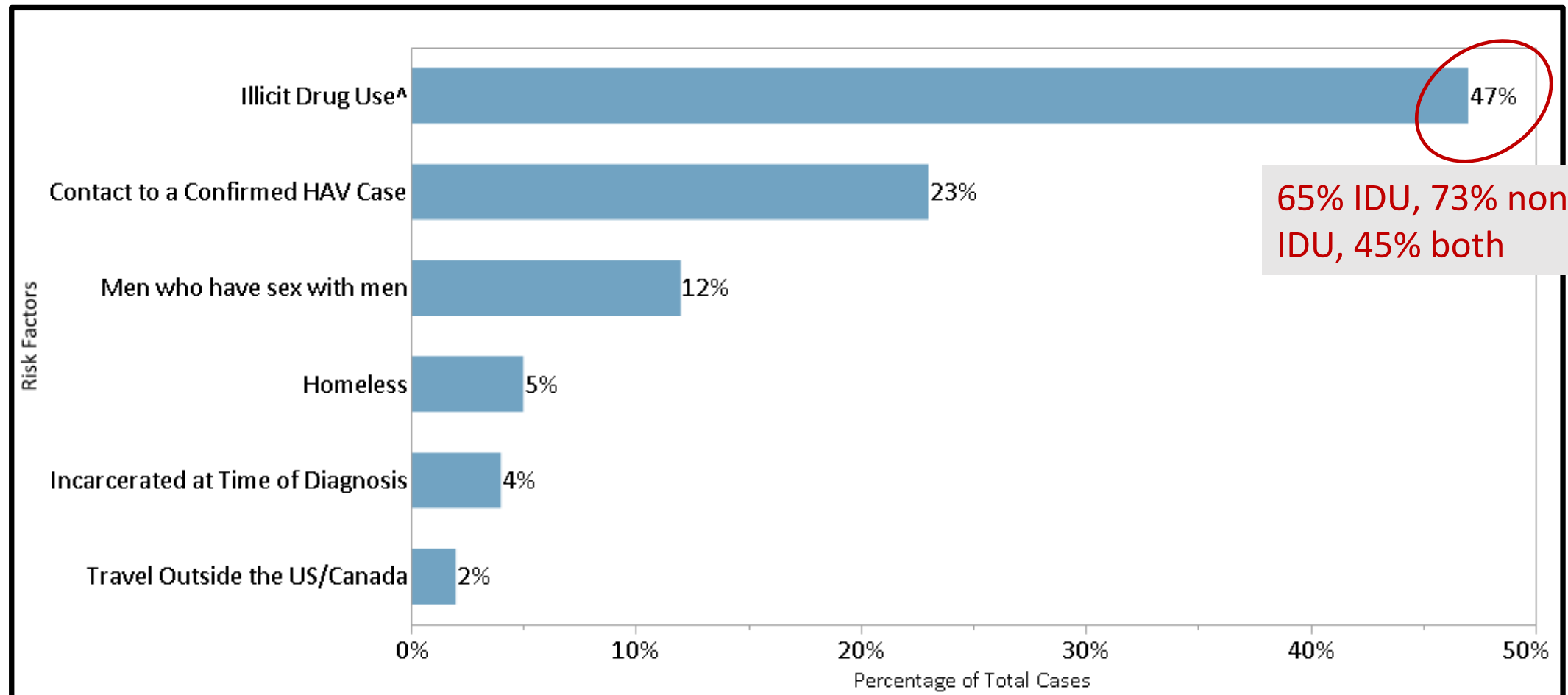
\* through May 3, 2019

# Confirmed HAV Infections, by Public Health District, Georgia, June 1, 2018-2019\* (n=312)



\* through May 3, 2019

# Identified Risk Factors, Confirmed HAV Infections, Georgia, June 1, 2018 -2019\* (n=312)



\* through May 3, 2019

- Overarching response strategy: target hepatitis vaccination to populations at risk.
- DPH health departments have administered more than 2,800 Hep A vaccines (also to contacts of infected foodhandlers as well)
- Parallel response strategy is education for healthcare providers about vaccination and reporting (focus on EDs)



# DPH Communications

**DPH**  
Georgia Department of Public Health

Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

2 Peachtree Street, NW, 15th Floor  
Atlanta, Georgia 30303-3942  
dph.ga.gov

April 19, 2019

Dear Healthcare Provider:

Georgia is currently experiencing a large hepatitis A (HAV) outbreak. Since June 1, 2018, the Georgia Department of Public Health (DPH) has identified over 250 infections statewide - more than nine times higher than the total of 24 infections identified in 2017. The HAV outbreak in Georgia mirrors the large outbreaks that have been occurring in other states, primarily among people who use drugs and people experiencing homelessness.

In Georgia, 69% of the identified HAV cases have been hospitalized, 32% were associated with injection drug use, 39% were associated with non-injection illicit drug use, 13% have been among men who have sex with men (MSM), and 24% were among close contacts of a confirmed hepatitis A case. We are also beginning to see increases in HAV infections among food handlers.


Hepatitis A is a vaccine-preventable disease. The best protection against HAV infections and outbreaks is through widespread vaccination, particularly among the populations most at risk: injection and non-injection drug users, homeless persons, MSM, people incarcerated or who were recently incarcerated, and people with chronic liver disease, including cirrhosis, hepatitis B or hepatitis C. Vaccination should not be postponed if a vaccination history cannot be obtained.


**Action Steps for Healthcare Providers**

1. Screen patients for risk factors.
2. Recommend and administer hepatitis A vaccine to at-risk patients, regardless of the original presenting complaint or the type of clinical facility.
3. Record immunizations in the Georgia Registry for Immunization Transactions and Services (GRITS).
4. Consider hepatitis A as a diagnosis in anyone with jaundice or clinically compatible symptoms; serologic testing for HAV is available through commercial laboratories.
5. Immediately report patients diagnosed with hepatitis A to your local health department or by calling 1-866-PUB-HLTH to ensure timely case investigation and follow-up of contacts.

Thank you for all that you do, and for your commitment to keeping Georgians healthy and safe.

Sincerely,

  
Kathleen E. Toomey, M.D., M.P.H.  
Commissioner & State Health Officer

  
Cherie L. Drenzek, D.V.M., MS  
State Epidemiologist & Chief Science Officer

## HEPATITIS A SCREEN / VACCINATE / INFORM

### EMERGENCY DEPARTMENT EVALUATION + MANAGEMENT OF PATIENTS AT HIGH RISK FOR HEPATITIS A


**SCREEN**

Do any of these risk factors apply to the patient?

- Homelessness
- Men who have sex with men
- Injection + non-injection drug use
- Recent incarceration
- Chronic liver disease

**YES?** SCREEN for signs and symptoms of hepatitis A + OBTAIN vaccine history

**SIGNS + SYMPTOMS**



**OBTAIN VACCINE HISTORY**

- Check EHR + GRITS for vaccine history
- Ask if the patient has recently received the hepatitis A vaccine
- Ask the patient if they have recently been diagnosed with hepatitis A

If patient **has received one dose** of hepatitis A vaccine, provide second dose (if first dose was given more than 6 months prior).

If the patient **has not received any** hepatitis A vaccine and has no known history of hepatitis A infection, **administer vaccine.**

**TEST**

- If patient has signs or symptoms, confirm diagnosis with serum IgM anti-HAV testing
- Follow appropriate infection control practices, including proper hand hygiene

**VACCINATE**

The most effective way to reduce the spread of hepatitis A is to **vaccinate at risk populations.**

**INFORM**

Report suspected + confirmed cases **immediately** to hospital infection control and local health department or **1-866-PUB-HLTH**. Patients are infectious for one week after symptom onset.

For more information: [dph.ga.gov/hepatitis](http://dph.ga.gov/hepatitis)

**DPH**  
GEORGIA DEPARTMENT OF PUBLIC HEALTH

## DPH Hepatitis A Post-Exposure Prophylaxis (PEP) Decision Guide

• PEP should be administered as soon as possible and within 14 days of exposure.

• Exposed contacts should monitor for signs/symptoms of illness for 50 days after the last exposure, even if they received PEP.

**Did the person have close contact<sup>1</sup> with a confirmed hepatitis A case?**

If NO, no PEP required.

If YES, continue for further assessment.

**Did the close contact occur within the past 14 days?**

If NO, it is now outside the window period of effectiveness and no PEP required. The contact may still receive hepatitis A vaccine to prevent future infections, but should be educated to recognize signs and symptoms.

If YES, continue for further assessment.

**What is the contact's age?**

Contacts < 12 months of age should receive immune globulin (IG) only. MMR and varicella vaccines should not be administered sooner than 3 months after IG administration. Consult with DPH Hepatitis Program and refer to Dosing Instructions resource below.

If contact is ≥ 12 months of age, hepatitis A vaccine should be administered. Continue further assessment to determine if IG is needed.

If contact is > 40 years of age, IG may be administered in addition to hepatitis A vaccine per a provider's risk assessment.

**Is the contact immunocompromised<sup>2</sup> or have chronic liver disease<sup>3</sup>?**

If YES, contact should receive both IG and hepatitis A vaccine. Contacts that are co-infected with HIV should receive both IG and hepatitis A vaccine regardless of vaccine history. Consult with DPH Hepatitis Program and refer to Dosing Instructions resource below.

If NO, continue for further assessment.

**What is the contact's hepatitis A vaccination history?**

Completely vaccinated (2 doses)	No PEP required except in special cases as described above.
Incomplete vaccination history (only 1 dose prior to exposure)	<ul style="list-style-type: none"> <li>• If 1<sup>st</sup> dose was administered &gt; 6 months prior to exposure, the 2<sup>nd</sup> dose should be provided to complete the series.</li> <li>• If 1<sup>st</sup> dose was administered ≤ 6 months prior to exposure, the 2<sup>nd</sup> dose should be provided once &gt; 6 months has passed since the 1<sup>st</sup> dose.</li> <li>• Continue for further assessment to determine if IG is also needed.</li> </ul>
No documented hepatitis A vaccine history	<ul style="list-style-type: none"> <li>• Hepatitis A vaccine should be administered as soon as possible and contact should be instructed to obtain the 2<sup>nd</sup> dose in 6 months.</li> <li>• Continue for further assessment to determine if IG is also needed.</li> </ul>

# Measles

# Everything Old is New Again: Measles Outbreaks, U.S. – 2019

- From January 1 to May 10, 2019, **839** cases of measles were reported from 23 states (with 9 outbreaks), by far the highest number since 1994 (and since measles was declared eliminated in 2000).
- The vast majority of these cases were **unvaccinated**.
- Epi pattern: Most outbreaks here were initiated by travelers returning from parts of the world where measles is common, followed by further spread in the U.S. among unvaccinated groups of people.
- Everything Old Is New Again, Part II: **“Quarantine”**
  - 2 Universities in Los Angeles (UCLA, Cal State LA)
  - Church of Scientology Cruise Ship in St. Lucia





# Georgia Measles Outbreaks – 2019

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- Two measles outbreaks were documented in Georgia during 2019 (each consisted of 3 cases—total of 6), one in January and one in April.
- BOTH outbreaks involved unvaccinated children/siblings in the same family; both resulted from travel.
- Overarching goal was to stop spread by identifying exposed contacts, particularly those who may be **susceptible** to measles and: 1) offer prophylaxis (MMR or IG) as appropriate; 2) educate them about symptoms and infectious period; 3) monitor for development of symptoms; 4) recommend exclusion from venues where spread may occur.
- **No secondary cases were reported in either outbreak**





# Measles Investigations: Public Health Emergencies

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- Extremely labor-intensive, time-sensitive responses!
- Cost Considerations: A recent study in *Vaccine* and by the state of Arkansas showed that the cost of responding to a single measles case was almost \$50,000!

- **Mitigation strategy:**



- **Question: Do adults in U.S. currently need a booster dose of MMR?**
  - CDC/ACIP guidance has not changed: for the most part, no (but is risk-based)

# Multi-State Outbreak of *E.coli* O103 Infections

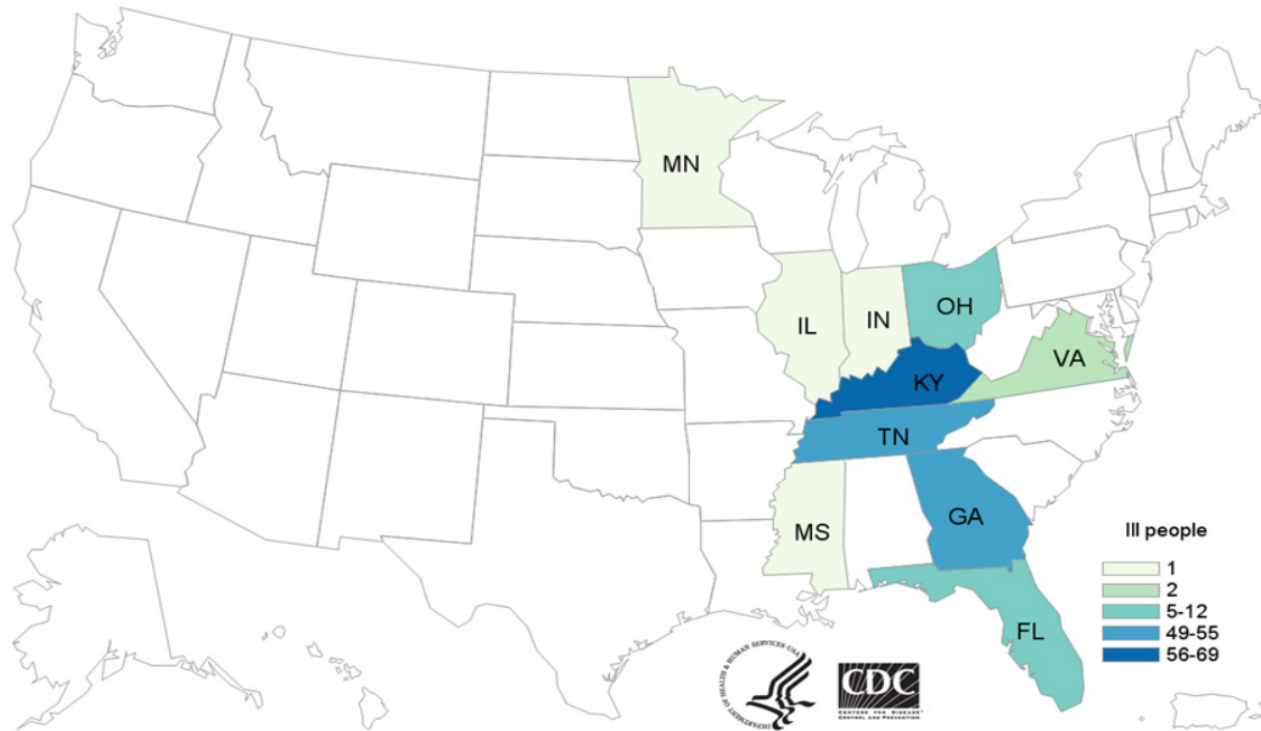
# Introduction

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- At the end of March, DNA fingerprinting performed at public health laboratories detected a multi-state outbreak of Shiga toxin-producing *E. coli* O103 infections [STEC] (initially reported by Georgia and Kentucky).
- Over the next month, CDC confirmed **196** *E. coli* O103 infections in 10 states (**49 in Georgia!**) Largest outbreak ever!
- *E. coli* O103 is a bacterial pathogen similar to *E. coli* O157:H7, but is much less common.
- The animal reservoir for O103 is not well characterized (like O157 in cattle), but has been found in sheep, cattle, deer, other animals.
- STEC infections can cause severe infections in people, including bloody diarrhea and hemolytic uremic syndrome (HUS), resulting in hospitalization or death (but O103 is less severe than O157).
- As such, STEC outbreaks are considered public health emergencies.

# Multi-State Outbreak of *E. coli* O103 Infections, March-April 2019 (n =196)

People infected with the outbreak strain of *E. coli* O103, by state of residence, as of May 10, 2019 (n=196)

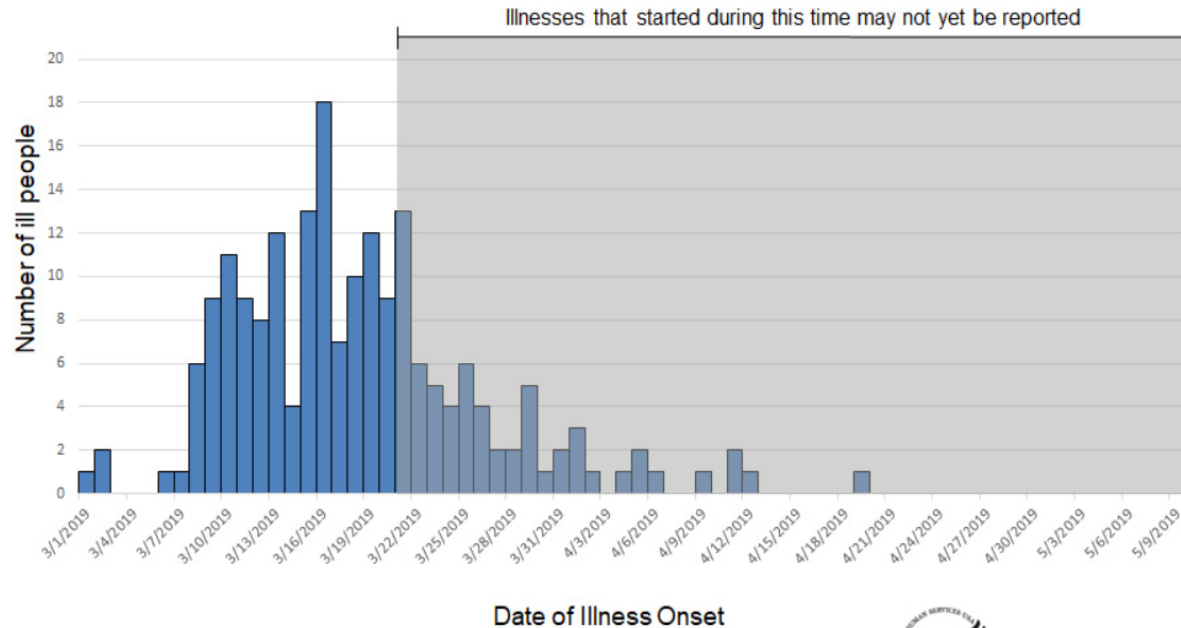


## Epi Snapshot nationally:

- Illness onsets between March 1-April 19, 2019
- Median age: 19 (1-84 years)
- 52% female
- 16% hospitalized
- No deaths
- 2 cases of HUS

# Multi-State Outbreak of O103 Infections, March-April, 2019

People infected with the outbreak strain of *E. coli* O103, by date of illness onset\*



## O103 Infections in Georgia (n =49)

- Onsets ranged from March 12 to April 15
- Median age: 16 years (1-84 years)
- 51% male
- All in metro Atlanta and NW GA
- 12% (6) were hospitalized
- No cases of HUS or deaths



# Investigation, Multi-State Outbreak of O103 Infections, March-April 2019

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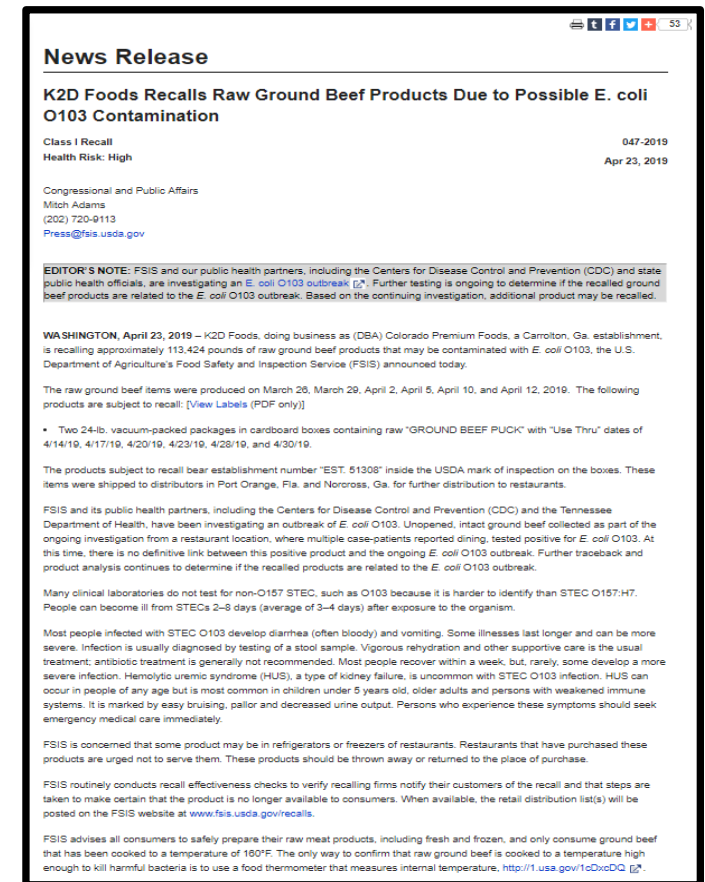
## How to find the culprit?

- Epidemiologic investigation implicated consumption of ground beef to be associated with illness.
- Ill people bought or ate ground beef from several different grocery stores and restaurants.
- Tennessee collected ground beef from a restaurant where ill people reported eating. Laboratory testing identified the outbreak strain of *E. coli* O103 in this ground beef.
- Traceback revealed that this beef came from K2D Foods (doing business as Colorado Premium Foods) in Carrollton, Georgia.



# Investigation, Multi-State Outbreak of O103 Infections, March-April 2019

- On April 23, K2D issued a recall of 100,000 pounds of raw ground beef products sold to restaurants and institutions.
- On April 24, another meat company in Illinois also recalled 50,000 pounds of raw ground beef due to possible contamination with O103.
- This does not account for all exposures, so USDA regulatory traceback is ongoing to determine the source of ground beef supplied to grocery stores.
- At this time, no one common supplier, distributor, or brand of ground beef has been identified that could account for the whole outbreak.
- Consumers and restaurants should handle ground beef safely and cook it thoroughly.



**News Release**

**K2D Foods Recalls Raw Ground Beef Products Due to Possible E. coli O103 Contamination**

Class I Recall  
Health Risk: High

047-2019  
Apr 23, 2019

Congressional and Public Affairs  
Mitch Adams  
(202) 720-9113  
[Press@fsis.usda.gov](mailto:Press@fsis.usda.gov)

**EDITOR'S NOTE:** FSIS and our public health partners, including the Centers for Disease Control and Prevention (CDC) and state public health officials, are investigating an E. coli O103 outbreak (2). Further testing is ongoing to determine if the recalled ground beef products are related to the E. coli O103 outbreak. Based on the continuing investigation, additional product may be recalled.

**WASHINGTON, April 23, 2019** – K2D Foods, doing business as (DBA) Colorado Premium Foods, a Carrollton, Ga. establishment, is recalling approximately 113,424 pounds of raw ground beef products that may be contaminated with E. coli O103, the U.S. Department of Agriculture's Food Safety and Inspection Service (FSIS) announced today.

The raw ground beef items were produced on March 26, March 29, April 2, April 5, April 10, and April 12, 2019. The following products are subject to recall: [View Labels (PDF only)]

- Two 24-lb. vacuum-packed packages in cardboard boxes containing raw "GROUND BEEF PUCK" with "Use Thru" dates of 4/14/19, 4/17/19, 4/20/19, 4/23/19, 4/26/19, and 4/30/19.

The products subject to recall bear establishment number "EST. 51308" inside the USDA mark of inspection on the boxes. These items were shipped to distributors in Port Orange, Fla. and Norcross, Ga. for further distribution to restaurants.

FSIS and its public health partners, including the Centers for Disease Control and Prevention (CDC) and the Tennessee Department of Health, have been investigating an outbreak of E. coli O103. Unopened, intact ground beef collected as part of the ongoing investigation from a restaurant location, where multiple case-patients reported dining, tested positive for E. coli O103. At this time, there is no definitive link between this positive product and the ongoing E. coli O103 outbreak. Further traceback and product analysis continues to determine if the recalled products are related to the E. coli O103 outbreak.

Many clinical laboratories do not test for non-O157 STEC, such as O103 because it is harder to identify than STEC O157:H7. People can become ill from STECs 2–8 days (average of 3–4 days) after exposure to the organism.

Most people infected with STEC O103 develop diarrhea (often bloody) and vomiting. Some illnesses last longer and can be more severe. Infection is usually diagnosed by testing of a stool sample. Vigorous rehydration and other supportive care is the usual treatment; antibiotic treatment is generally not recommended. Most people recover within a week, but, rarely, some develop a more severe infection. Hemolytic uremic syndrome (HUS), a type of kidney failure, is uncommon with STEC O103 infection. HUS can occur in people of any age but is most common in children under 5 years old, older adults and persons with weakened immune systems. It is marked by easy bruising, pallor and decreased urine output. Persons who experience these symptoms should seek emergency medical care immediately.

FSIS is concerned that some product may be in refrigerators or freezers of restaurants. Restaurants that have purchased these products are urged not to serve them. These products should be thrown away or returned to the place of purchase.

FSIS routinely conducts recall effectiveness checks to verify recalling firms notify their customers of the recall and that steps are taken to make certain that the product is no longer available to consumers. When available, the retail distribution list(s) will be posted on the FSIS website at [www.fsis.usda.gov/recalls](http://www.fsis.usda.gov/recalls).

FSIS advises all consumers to safely prepare their raw meat products, including fresh and frozen, and only consume ground beef that has been cooked to a temperature of 160°F. The only way to confirm that raw ground beef is cooked to a temperature high enough to kill harmful bacteria is to use a food thermometer that measures internal temperature, <http://1.usa.gov/1cDxcDQ>.

<https://www.fsis.usda.gov/wps/portal/fsis/topics/recalls-and-public-health-alerts/recall-case-archive/archive/2019/recall-047-2019-release>

# Questions?

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For more information, please contact:

**CHERIE DRENZEK**

State Epidemiologist & Chief Science Officer

Georgia Department of Public Health

(404) 657-2609

[cherie.drenzek@dph.ga.gov](mailto:cherie.drenzek@dph.ga.gov)



# Next Meeting

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The next Board of Public Health meeting is scheduled for  
Tuesday, June 11, 2019 @1 p.m.