Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, April 12, 2016

We Protect Lives.

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner, DPH

Legislative Update

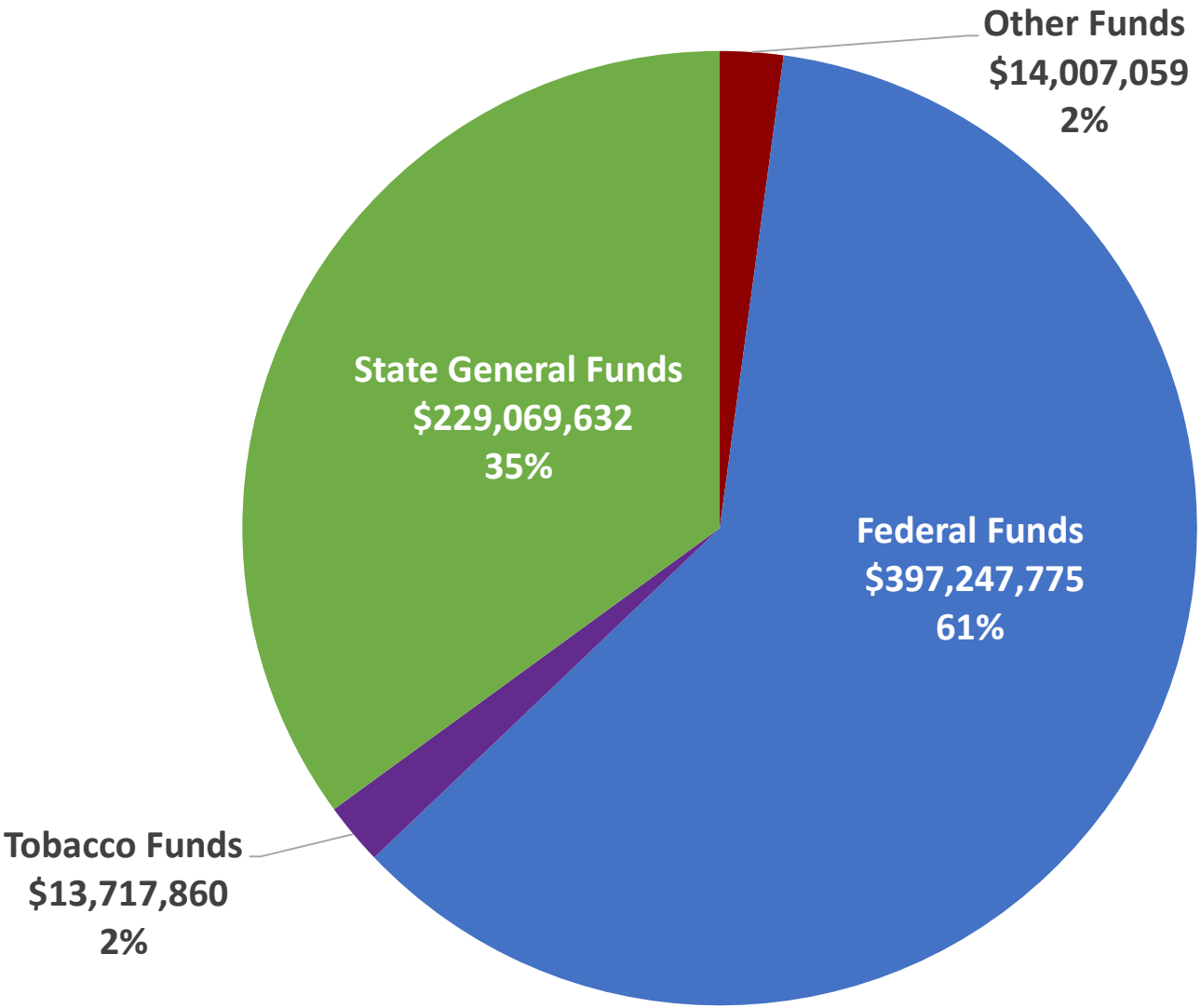
David Bayne
Government Relations Director

FY 2017 Budget Update

Kate Pfirman, CPA
Chief Financial Officer, DPH

FY 2017

Total Budget: $654,042,326



Attached agencies not included

We Protect Lives.

FY 2017 Budget Highlights

- *Provide funds for merit-based pay adjustments & employment recruitment & retention initiatives effective July 1, 2016 - $7,300,606*

- *Additional salary increase for **registered nurses** to address recruitment & retention issues in the highest turnover classes - $3,687,332*

- *Additional salary increase for **licensed practical nurses** to address recruitment & retention issues in the highest turnover classes - $526,875*

- *Increase funds for the sixth year phase-in of the new general grant-in-aid formula to hold harmless all counties - $1,388,991*

- *Replace federal funds for Women's Health program - $651,897*

FY 2017 Salary Adjustments

Merit Based Pay Adjustments

- Three percent (3%) increase effective July 1, 2016
- Separate GIA 001 allocation to lead county

Special Allocation for Nurses

- Compensation distribution based on nursing series jobs & pay grades
- Criteria to include tenure and distance from market rate
- Separate GIA 001 allocation to lead county with funding identified by position

FY 2017 Budget by Program

STATE GENERAL FUNDS	FY 2017
Statewide Changes	
Merit-based pay adjustments and employment recruitment and retention initiatives	$7,981,602
Increase funds to provide for an additional salary increase for registered nurses to address recruitment and retention issues in the highest turnover classes	$3,737,277
Provide for an increase in the employer share of the Employees' Retirement System contribution rate to provide a one-time benefit adjustment of 3% to retired state employees	$166,595
Adjustment to premiums for DOAS administered self insurance programs	($144,672)
Adjustment in TeamWorks billings	$55,158
Increase funds to reflect an adjustment in merit system assessments	$12,182
Departmental Administration	
Provide funds for telehealth maintenance and infrastructure	$122,196
Adolescent & Adult Health Promotion	
Replace federal funds	$651,897
Increase funds for the Positive Alternatives for Pregnancy and Parenting Grant Program	$2,000,000
Increase funds for the Biomedical Prevention Clinic	$100,000

FY 2017 Budget by Program

STATE GENERAL FUNDS	FY 2017
Epidemiology	
Increase funds for the Georgia Poison Center to support additional staffing needs	$150,000
Infant & Child Essential Health Treatment Services	
Increase funds to provide therapies for individuals with congenital disorders	$1,722,240
Transfer the Maternal and Infant Early Childhood Home Visitation (MIECHV) grant funds from the Department of Human Services to the Department of Public Health for home visiting services (Federal funds: $1,089,366)	YES
Increase funds for the Medical College of Georgia Sickle Cell Center at Augusta University	$117,178
Infant & Child Health Promotion	
Eliminate one-time funds for the Rally Foundation for Childhood Cancer Research	($25,000)

FY 2017 Budget by Program

STATE GENERAL FUNDS	FY 2017
Office for Children and Families	
Transfer funds for supporting Georgia's children and families from the Governor's Office for Children and Families to the Department of Public Health	$824,505
Public Health Formula Grants to Counties	
Increase funds for the sixth year phase-in of the new grant-in-aid formula to hold harmless all counties	$1,388,991
Increase funds to provide for an additional salary increase for Licensed Practical Nurses (LPN) to address to recruitment and retention issues in the highest turnover job classess	$526,875
Vital Records	
Increase funds to provide for new Vital Records facility real estate rent	$522,725
TOTAL STATE GENERAL FUNDS	**$ 19,909,749**

FY 2017 Bonds

GENERAL OBLIGATION (G.O.) BONDS	FY 2017
Clinical Billing Information Technology System	$4,800,000
Facility Repairs and Maintenance (Waycross & Decatur laboratories)	$400,000
TOTAL G.O. BONDS	**$ 5,200,000**

QUESTIONS?

Bond Sale Resolution

Kate Pfirman, CPA
Chief Financial Officer, DPH

Overview of Georgia PRAMS

(Pregnancy Risk Assessment Monitoring System)

Nicole M Kosacz, MPH
MCH Epidemiologist III Manager, DPH

In 2014, there were:

130,776 live births in Georgia

Source: https://oasis.state.ga.us/

We Protect Lives.

PRAMS Provides Context

- Experiences
- Behaviors
- Attitudes

PRAMS Survey Topics

- Content and source of prenatal care
- **Maternal alcohol and tobacco consumption**
- Physical abuse before and during pregnancy
- **Pregnancy-related comorbidity**
- Contraceptive use
- **Maternal knowledge of pregnancy-related health issues such as adverse effects of tobacco and alcohol, benefits of folic acid, and risks of HIV**

What is PRAMS?

- Surveillance system
- Mixed-mode
- Weighted
- High response rate

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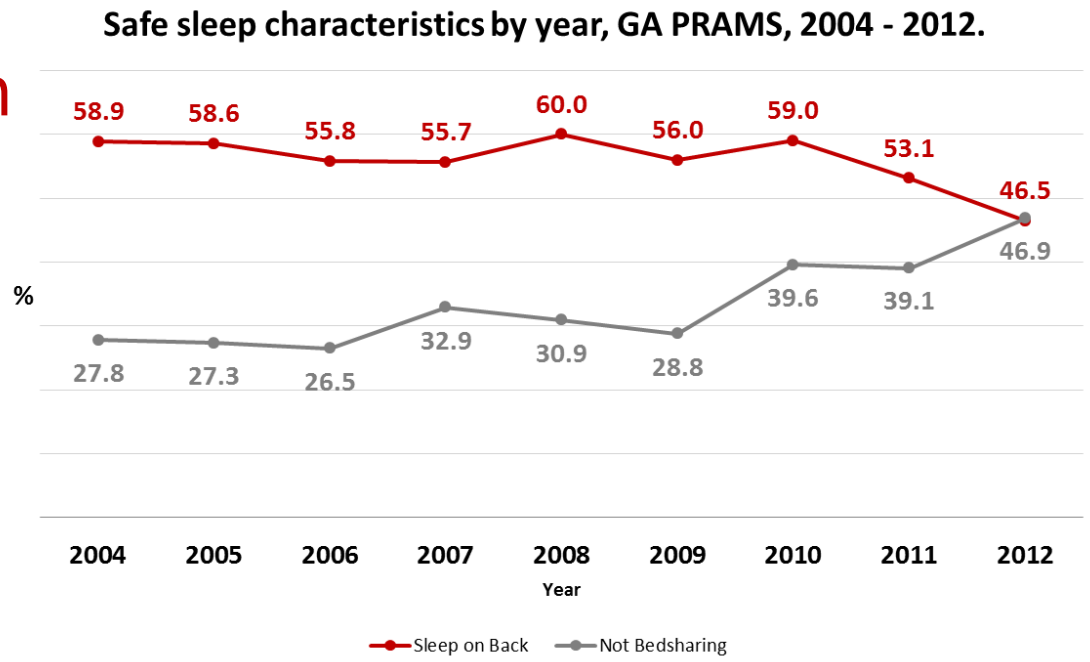

What is PRAMS?

- Surveillance system
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What is PRAMS?

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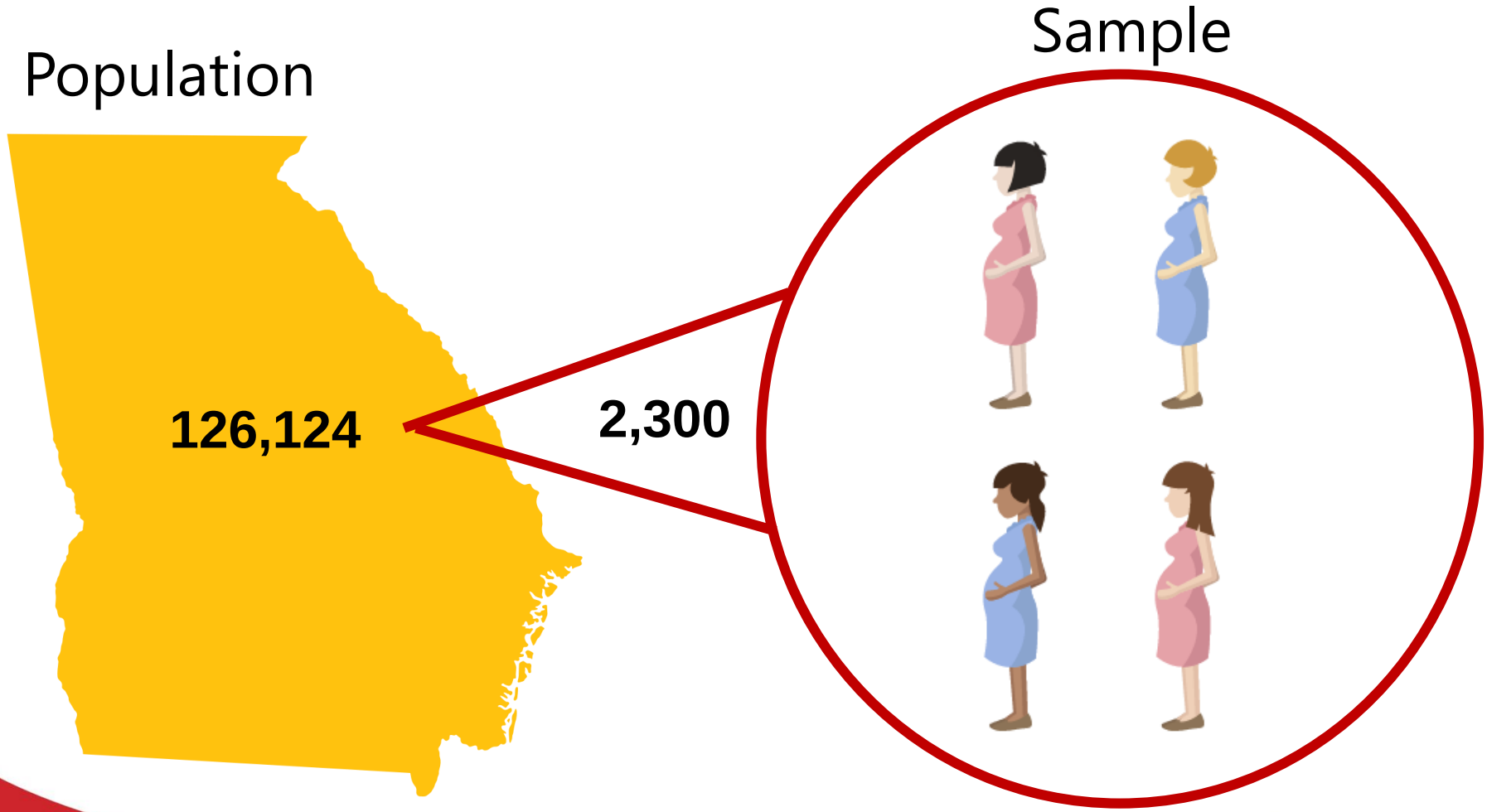
- Mixed-mode
- Weighted
- High response rate

Why Weight Data?

Population

Why Weight Data?



Georgia PRAMS Staff

Director

Coordinator

Operations/Data Manager

2 Interviewers

Data Collection

Data Collection

Baby is born

Data Collection

Baby is born

Birth Certificate Clerk Enters & Submits the BC to Vital Records

Data Collection

Baby is born

Birth Certificate Clerk Enters & Submits the BC to Vital Records

Receive data from Vital Records

Data Collection

Baby is born

Birth Certificate Clerk Enters &
Submits the BC to Vital Records

Receive data from Vital Records

Create sample

Data Collection

Sample is drawn

Team enters the data into PIDS & sends Pre-letter

Data Collection

Sample is drawn

Team enters the data into PIDS & sends Pre-letter

3 – 7 days

Send Mail 1

Data Collection

Sample is drawn

Team enters the data into PIDS & sends Pre-letter

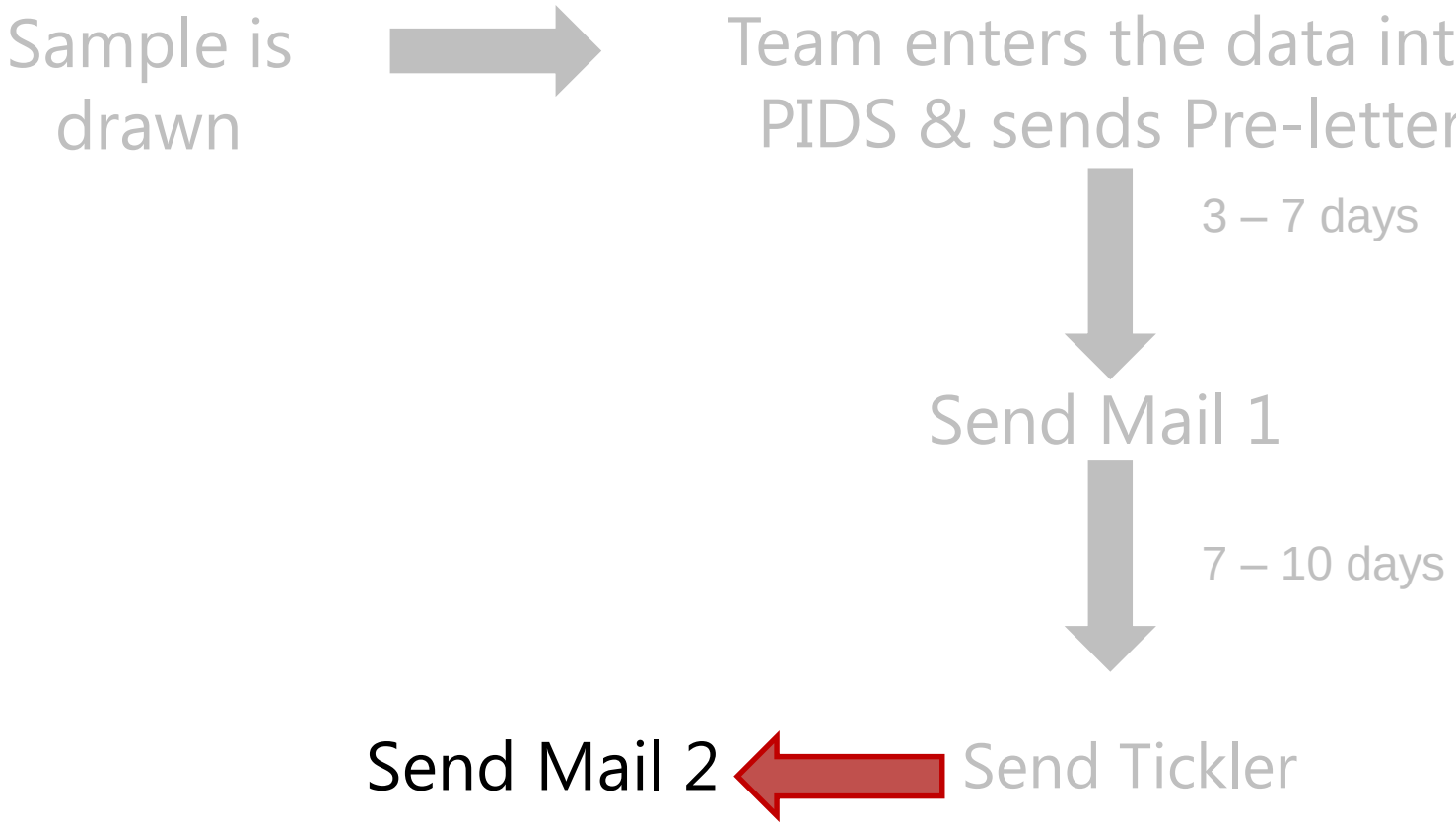
3 – 7 days

Send Mail 1

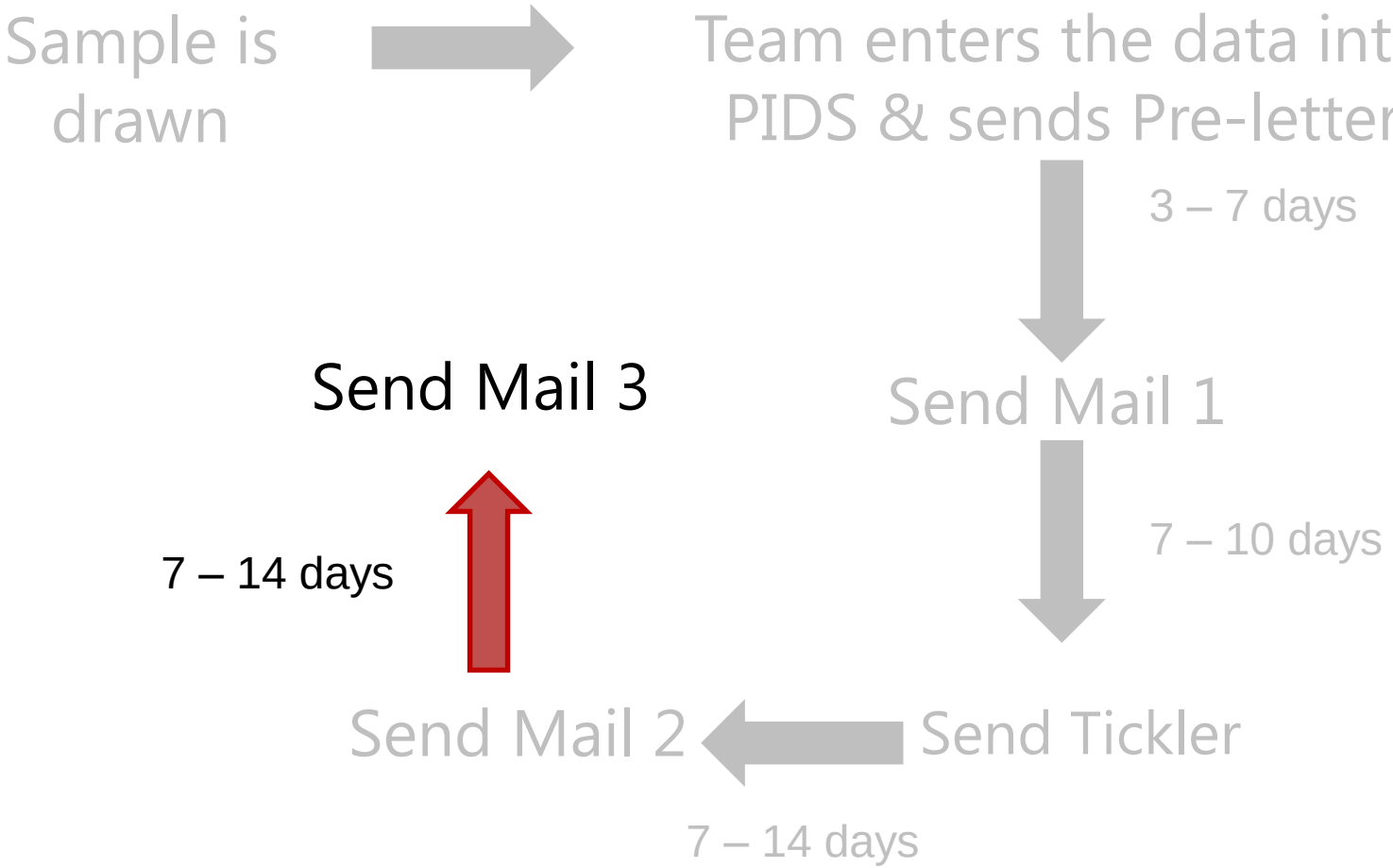
7 – 10 days

Send Tickler

Data Collection



Data Collection



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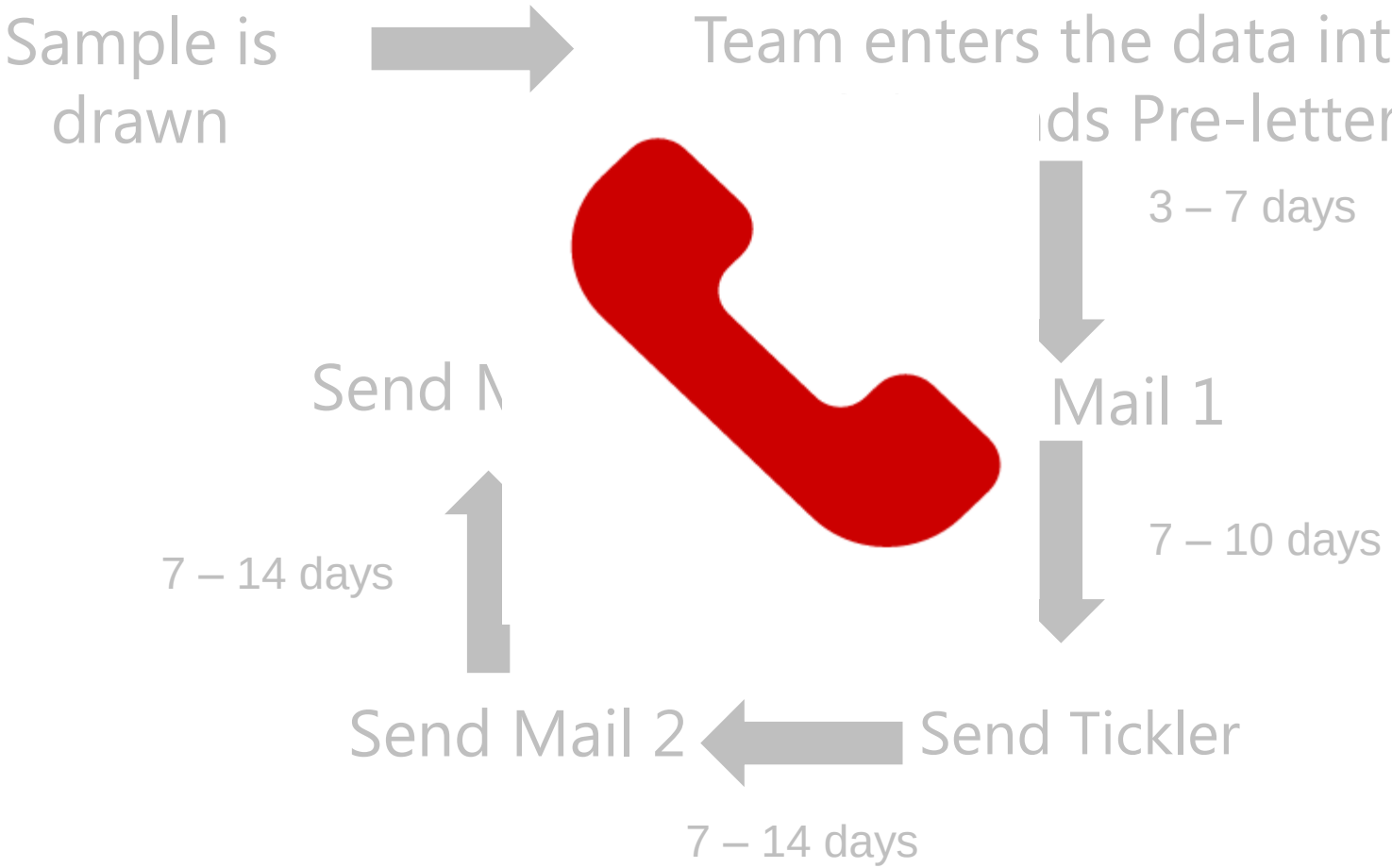


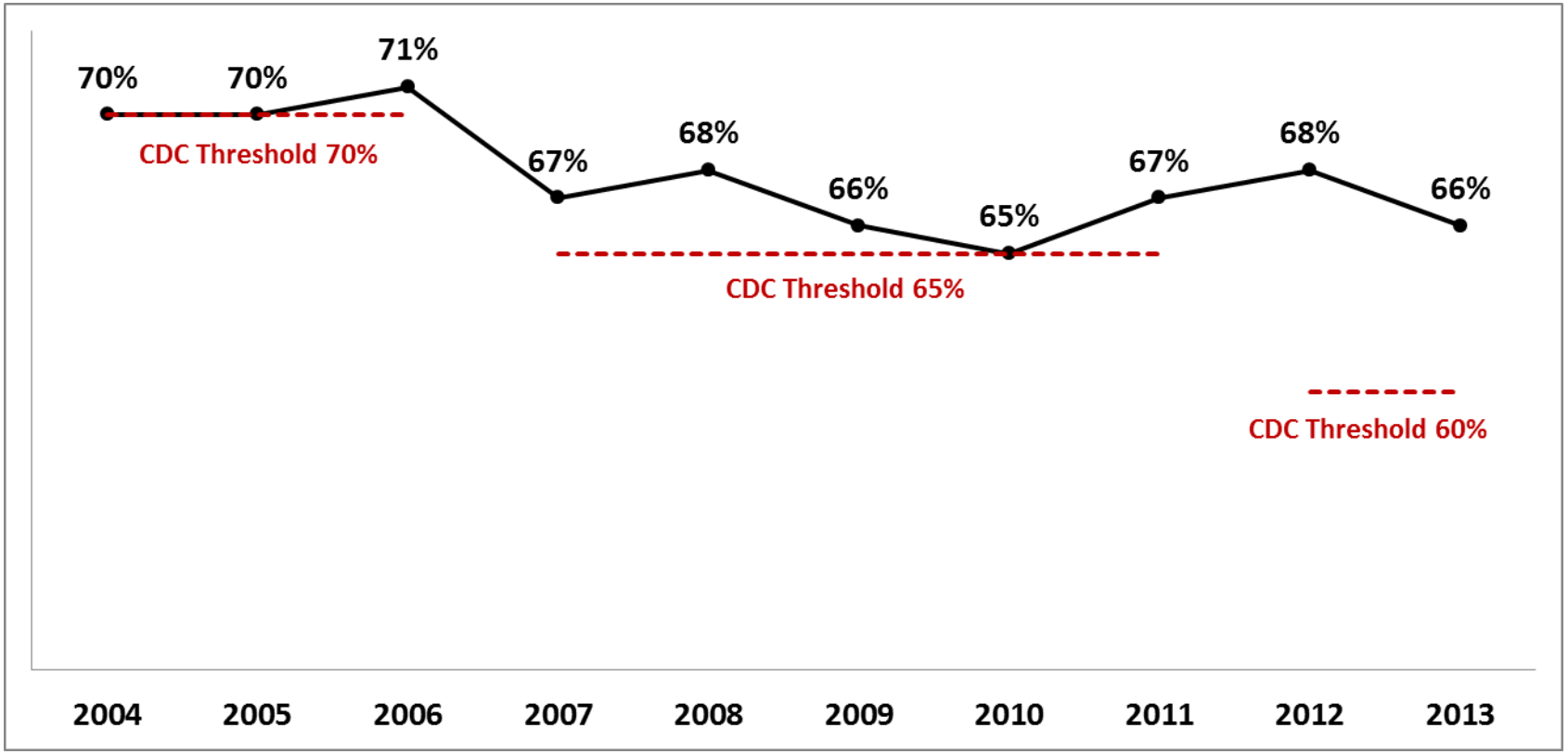
Data Collection

Survey Completed!
Send Gift Card

What is PRAMS?

- Surveillance system
- Mixed-mode
- Weighted
- High response rate

Georgia PRAMS Response Rate



We Have Data, Now What?

- Sole source for several MCH indicators
- Monitor changes in MCH indicators over time
- Measure progress towards goals
- Evaluate policies and program activities
- Provide state-level data specific to Georgia
- Allow for comparisons to other states
- Identify groups at high risk
- Investigate emerging issues

Data-to-Action

Georgia Maternal Tobacco Media Campaign

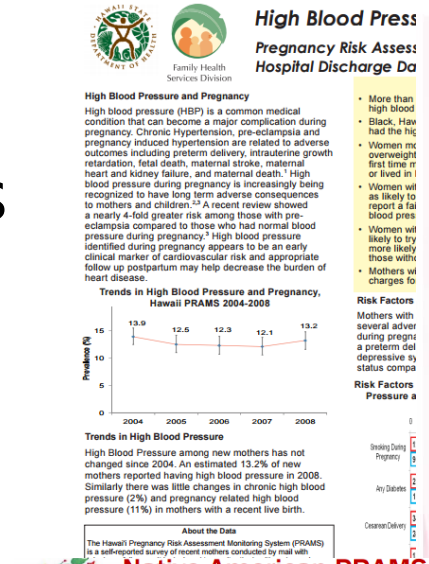
- Source: PRAMS data 2008-2011
- Variables: Maternal demographics, Smoking during pregnancy
- Results: About 6% (10,000) of Georgia mothers smoke during pregnancy, Tend to be young, very low income, non-Hispanic, White
- Outcome: Media Awareness Campaign

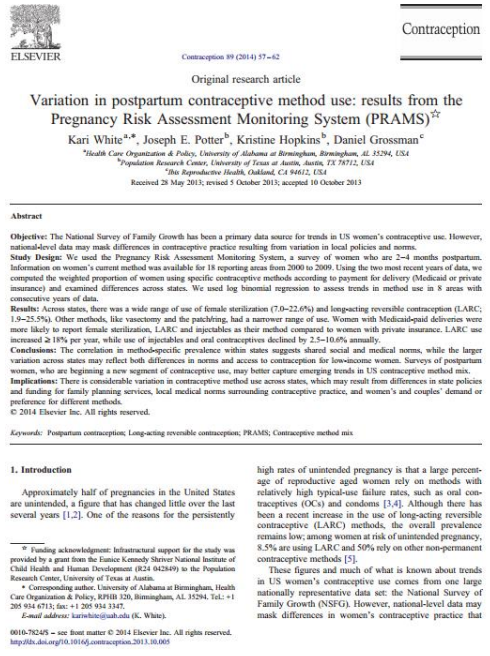
Media Buy in April of 2014

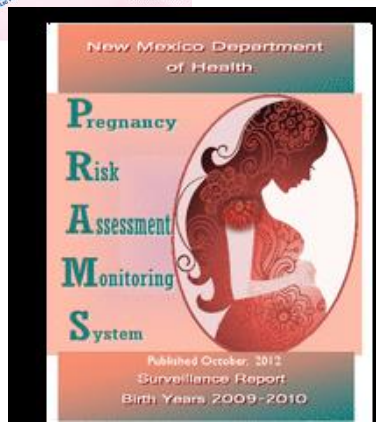
- Radio from May 5-24, 2014
- Existing, retagged TIPS messages
- Amanda message
- Target women 15-29
- Columbus, Rome, and Waycross Media Markets
- Ran 10-20 messages per week in each location

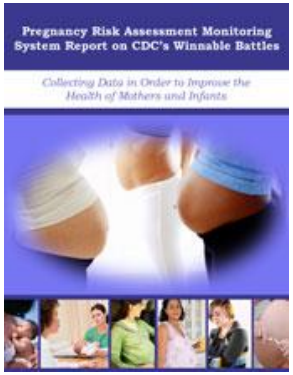
Disseminating PRAMS Data

- Fact Sheets
- Data Reports
- Journals
- Social Media
- Newsletters
- Podcasts









We Protect Lives.

THANK YOU

Nicole Kosacz
Nicole.Kosacz@dph.ga.gov

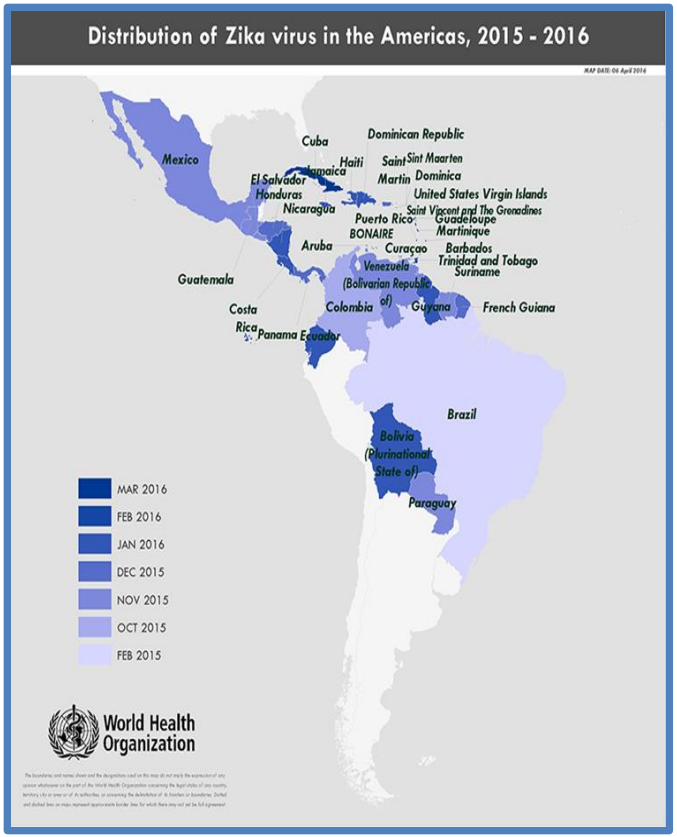
Zika Virus Updates

Zika Virus: Epidemiology Update

Cherie L Drenzek, DVM, MS
State Epidemiologist, DPH

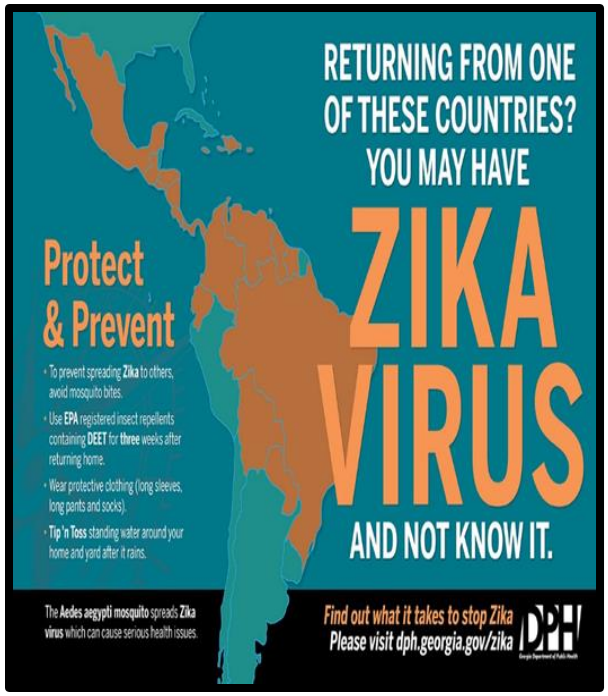
Introduction: Zika Virus Outbreak

- Zika is an unprecedented public health emergency that poses significant risks to pregnant women.
- This is the first time in >50 years that a virus has been linked to birth defects and poor pregnancy outcomes (first-ever mosquito-borne cause).
- Since May 2015, Zika virus has spread from Brazil to 33 countries in the Americas, and 41 worldwide.
- No local transmission currently in the continental U.S., but 346 travel or sexually-associated cases have been reported, including 11 in Georgia (none in pregnant women).



DPH Roles

1. Human Surveillance
2. Laboratory Testing (GPHL approved for all Zika testing on April 8)
3. Inform Prevention and Control Strategies
4. Environmental Health: Vector Surveillance/Control
5. Communication/Outreach



Feb. 10, 2016: DPH Board Meeting...

What Does the Future Hold for Zika Virus?

- Virus will likely continue to spread in areas with competent vectors
- Travel-associated cases may result in some local transmission and outbreaks
- Dengue spread may serve as a model?
- We may gain answers to the unknown questions about *congenital transmission, the causal link between infection and microcephaly, the role of sexual transmission, whether and how long couples should delay conception after zika exposure, and the role of other mosquito vectors*.
- **Learning more every day!**

April 12, 2016: What Have We Learned About Zika Since Then?

1. Pathogenesis of Virus
2. Spectrum of Clinical Course: Severe Outcomes of Infection
3. Role of Sexual Transmission

1. Zika Pathogenesis

- Neurotropic virus; infection causally associated with Guillain-Barre Syndrome (400 cases of Zika-related GBS have been reported in 13 countries, including 1 in the U.S.).
- Associated with other Central Nervous System disease: acute myelitis, meningoencephalitis, acute disseminated encephalomyelitis
- Zika virus remains in blood for a week; recent case report of a pregnant women with Zika viremia at 4 weeks and 10 weeks after illness?
- Unknown how long Zika persists in other body fluids (recent report in semen up to 62 days).

What Else Have We Learned about Zika? Severe Outcomes in Pregnant Women

1. **Microcephaly:**
   - WHO Zika Situation Report, April 7, 2016: "*Based on a growing body of preliminary research, there is scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barré syndrome*"
   - More than 1,000 cases of microcephaly linked to Zika have been reported in 6 countries
2. **Range of adverse pregnancy outcomes**:
   - Fetal death, placental insufficiency, intrauterine growth restriction, CNS injuries, eye abnormalities

Recommend that pregnant women with Zika infection be handled as high-risk pregnancy. **On April 8, CDC rolled out a new national registry to track Zika-infected pregnant women and their infants (up to 12 months after delivery).**

What Else Have We Learned About Zika? Sexual Transmission

- Sexual transmission is more common than expected (7 cases documented so far in the U.S.).
- Spread from infected men who had traveled to Zika-affected areas to their sexual partners.
- All men had symptoms of Zika infection (fever, rash, conjunctivitis, etc.)
- The virus can be spread before symptoms start, when the man has symptoms, and after symptoms resolve.
- To date, we have not seen zika transmission from a woman during sex.

Epidemiology Informs Prevention and Control

Strategies for three priority populations

1. Travelers to Zika-affected areas
2. Pregnant Women (and their sexual partners)
3. Infected (or Unknown) Travelers Returning Home to Georgia

Zika Virus Prevention + Control

<u>For Travelers to Affected Areas:</u>

- Travelers should check CDC travel advisories for their destinations
- Primary prevention measure is to reduce mosquito exposure there (DEET repellents, sleeves, screens, etc.)
- New: More Targeted Risk: Minimal Likelihood for Mosquito-Borne Zika Virus Transmission at Elevations Above 2,000 meters (6500 ft)
- Asymptomatic male travelers and their partners should delay conception for 8 weeks after return.

Zika Virus Prevention + Control

For Pregnant Women

- Pregnant women should not travel to areas with ongoing Zika virus outbreaks (particularly areas <6,500 ft elevation)
- Use precautions to reduce chance of sexual transmission if partner has traveled
- If trying to conceive, should delay for 8 weeks after symptoms or travel (for either partner). Men with zika infection/symptoms should not have unprotected sex for 6 months.

Zika Virus Prevention + Control

For Infected (or Unknown) Travelers Returning Home

- **Most important is to reduce risk of infecting local mosquitoes**
- Zika-infected (or suspect) persons should guard against additional mosquito bites during first week of illness if symptomatic **or 3 weeks after travel if not symptomatic** to prevent further transmission.
- Practice mosquito reduction techniques around the home.
- Delay blood donation for one month; FDA guidelines for screening, deferral.

Zika Epidemiology: What We Still Don't Know

- How often are fetuses infected by Zika virus?
- What proportion of fetuses with Zika virus will have birth defects?
- When during a woman's pregnancy is the fetus most vulnerable?
- What is the full range of poor pregnancy outcomes associated with Zika?
- How long does Zika persist in urine and semen?
- Is it shed intermittently or steady?
- Can women transmit Zika during sex?
- Can Zika viremia be longer in pregnant women?
- Which U.S. states, with certainty, may be affected by local transmission of Zika?

Closing Comments

1. Zika is a serious public health problem requiring urgent action

2. Epidemiology points our way to practical mitigation and prevention (travel history, identification of population at highest risk, most serious risk is to developing fetus, how to prevent sexual transmission, etc.)

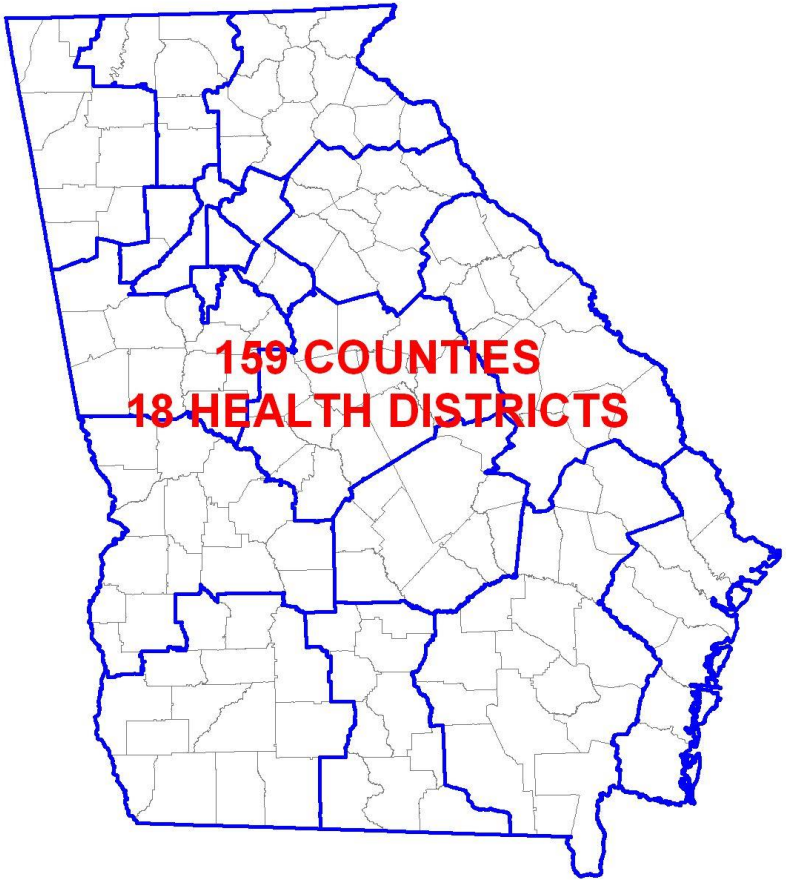
3. KEY IS REDUCING RISK IN PREGNANT WOMEN

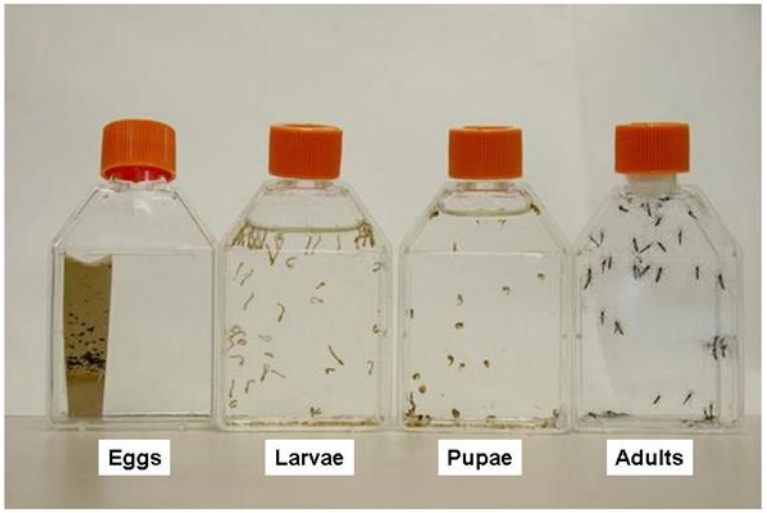
4. We will continue to learn more every day!

Zika Virus:
Environmental Health Update

Chris Rustin, DrPH, MS, REHS
Environmental Health Section Director, DPH

Georgia is a big state!





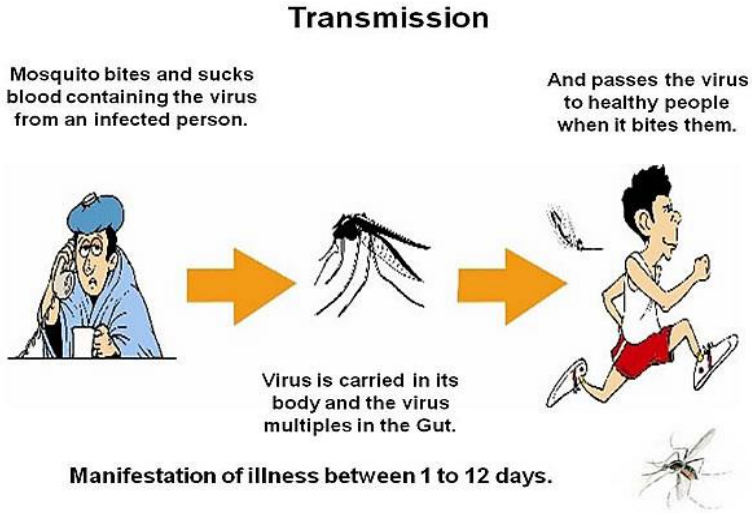
Mosquitoes & the EXOTIC Diseases they Transmit

Mosquito Species

- *Aedes aegypti*
- *Aedes albopictus*

Disease Organism

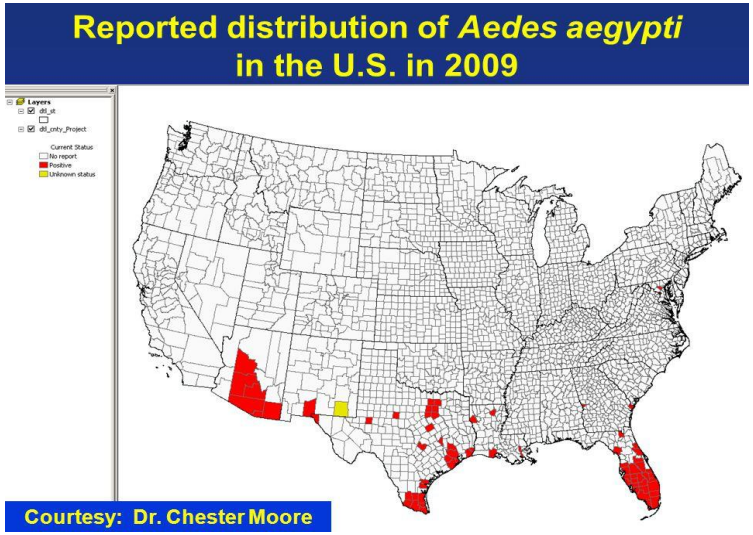
- Chikungunya
- Dengue
- Zika



Aedes (Stegomyia) spp Container Breeders

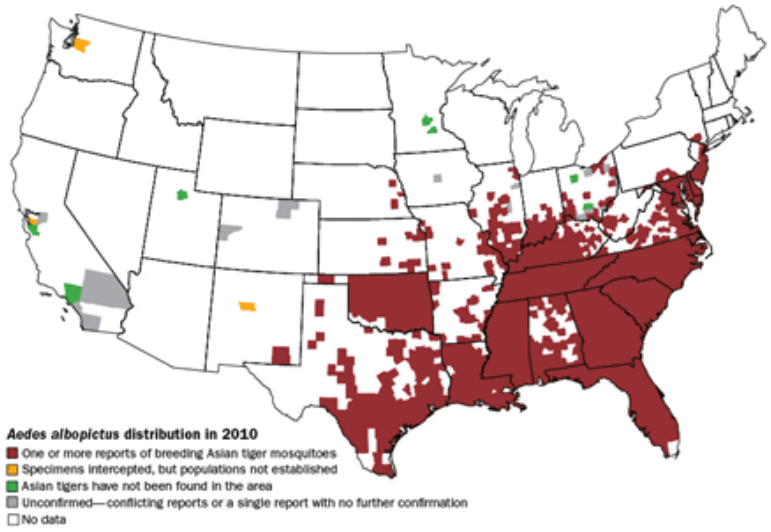
Ae aegypti

- Associates closely with people
- Primary vector of a number of viruses
- Urban mosquito
- Daytime biting mosquito



Ae albopictus

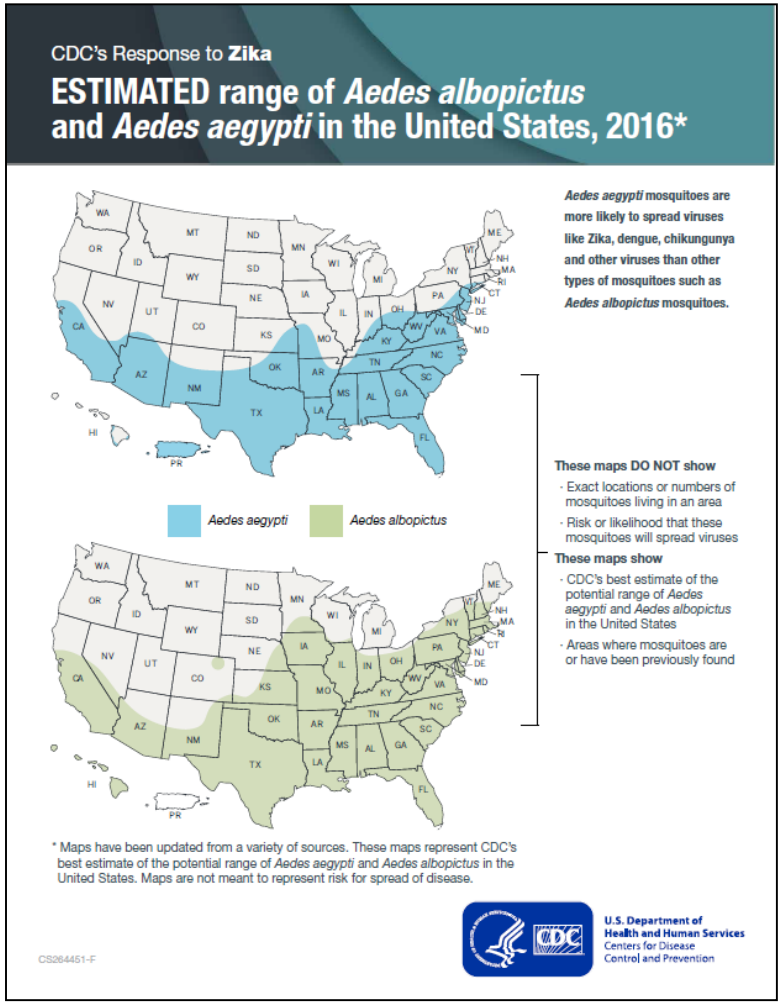
- Aggressive, daytime biting mosquito
- Associated with used automobile tires
- Native to the tropical and subtropical areas of Southeast Asia
- Broader host selection



Importance of Surveillance

Ae aegypti and Ae albopictus

- Limited surveillance data for Georgia
- Georgia has the habitat and climate to support *Ae aegypti* (primary vector)
- Mosquito surveillance drives decision making when compared to locations of known human travel related cases
- Data is useful with potential emergence of other novel arboviral diseases
- The goal of mosquito-based surveillance is to quantify human risk by determining local vector presence and abundance



Mosquito Species Associated with Zika Virus

- At least nine *Aedes* species have been found infected with Zika virus in Africa and the Pacific. These include:
  - Species from the Stegomyia group: *Ae. africanus,* ***Ae. aegypti****, *Ae. albopictus**, and *Ae. luteocephalus* *, *Ae. hensilli* * and *Ae. polynesiensis*
  - A species from the Aedimorphus group: *Ae. vittatus**
  - Species from the Diceromyia group: *Ae. furcifer, Ae. taylori*
- *Aedes* species currently known to be most important in the transmission of Zika to people are species from the Stegomyia group: ***Ae. aegypti****,* ***Ae. albopictus****, *Ae. hensilli* and *Ae. polynesiensis* ^.*
- Researchers found evidence that *Aedes albopictus* was responsible for carrying the disease in Gabon in 2007, and scientists in Singapore have been able to infect *Aedes albopictus* with Zika in a lab.

*Species with proven salivary transmission of the Zika virus.

^ *Aedes aegypti and Ae. albopictus* are the only members of the Stegomyia group found in the Americas, but there is also a member of the Aedimorphous group that is common in the US, the floodwater species *Aedes vexans*.

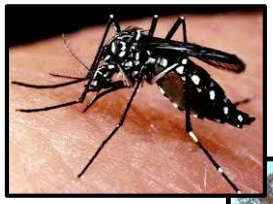
Controlling Asian Tiger Mosquitoes

- The Asian tiger mosquito, *Aedes albopictus*, has a life cycle that is closely associated with human habitat, and it breeds in any type of container that is holding water, including:
  - Tires
  - Flowerpot saucers
  - Rain barrels
  - Fallen magnolia (and other large) leaves
- It is a daytime feeder and can be found in shady areas where it rests in shrubs near the ground.
- *Aedes albopictus* feeding peaks in the early morning and late afternoon
  - It is an opportunistic and aggressive biter
  - It has a wide host range including man, and domestic and wild animals.

Where is the Highest Risk?

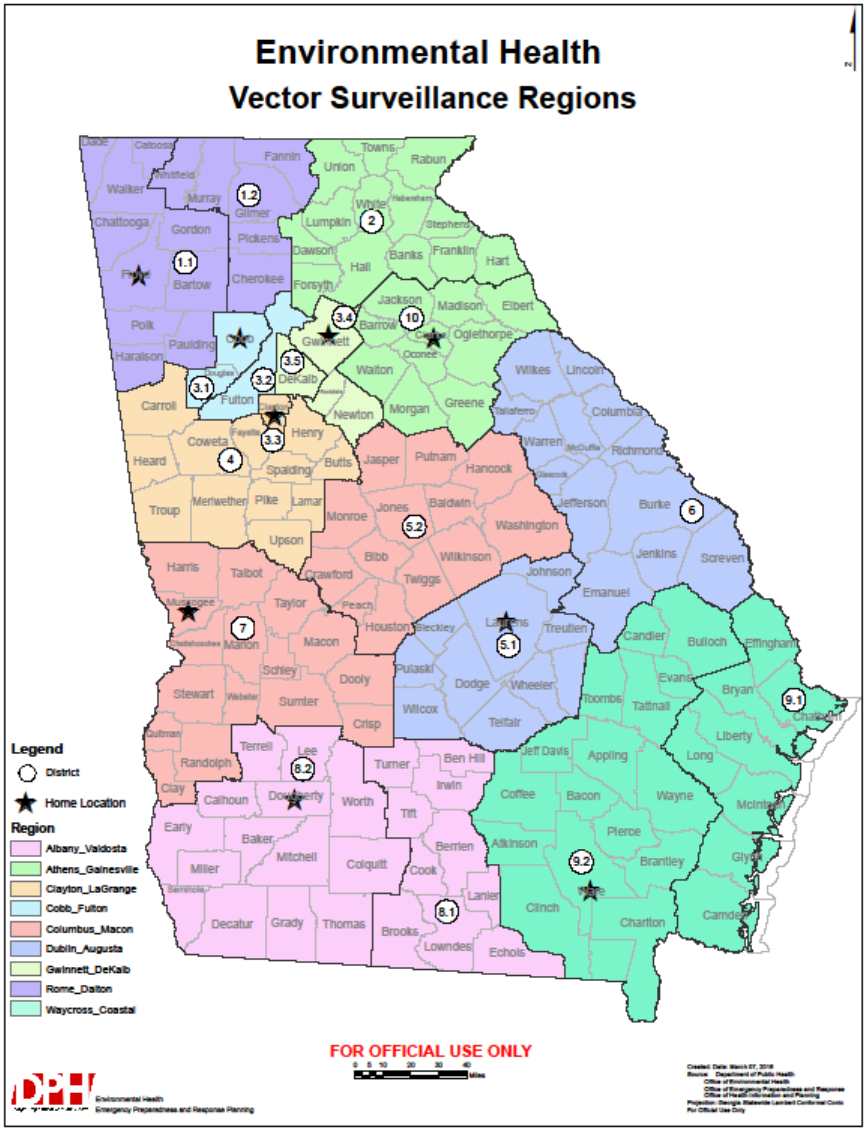
- *Aedes albopictus* is found everywhere in Georgia
- This is one of Georgia's top pest species after the saltmarsh mosquitoes
- Because it feeds on a variety of hosts, the greatest risk of disease transmission occurs in urbanized areas where humans are the most abundant host

The Role of Environmental Health (EH)
Zika Virus Prevention + Control



- **Public Health Entomologist**
  - Vector Control and SME
  - Mosquito Surveillance for Arboviruses
  - Public Education and Enhanced Communication

- **Surveillance**
  - Workforce:
    - Dr. Rosmarie Kelly, PhD, MPH
    - DPH Vector Surveillance Coordinators
      - Hiring process
      - Training
    - EH EP Strike Teams, 6 teams of 6 EH
  - Equipment
    - Mosquito Surveillance Trailer
    - Traps, Microscopes, Backpack Sprayers, etc.



Vector Surveillance Coordinator

Position has primary responsibility to conduct and coordinate mosquito surveillance for arborviral diseases such as West Nile Virus, Eastern Equine Encephalitis, Lacrosse Encephalitis, Zika and other arboviral diseases in a multi-county region. Duties will include

- establishing surveillance locations throughout the PH Districts,
- setting up traps and collecting mosquitos,
- mosquito identification,
- community assessments, and
- education programs.
- When necessary, coordinate mosquito control activities with existing city/county/contracted mosquito control agencies and assist with localized control efforts.


I CAN'T FIGURE OUT WHY THERE ARE SO MANY SKEETERS THIS YEAR...
SMACK!

Environmental Health Education

- Home/Community Clean up and Personal Prevention Campaign
  - Tip ‘n Toss
  - Personal Prevention
  - Banners

- Partners
  - Public Health Districts and local EHS
  - ACCG and GMA
  - Media: Radio, Print, TV
  - GEMA
  - GMCA

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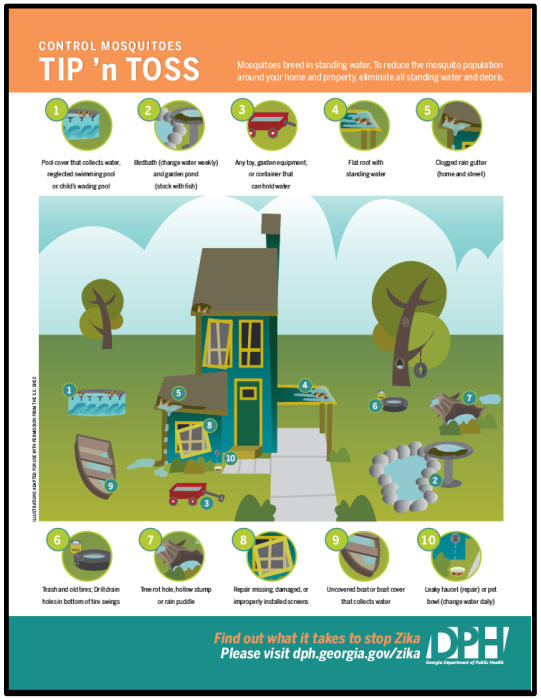


Message for the Public

Practice the 5 Ds

1. **Dispose** - get rid of anything you don't need that can hold water
   a. Cleanup containers around your house
   b. Cleanup containers in your neighborhood (Community clean up)
2. **Drain** - dump out containers after every rain
   a. Tip and Toss containers after each rainfall
   b. Don't put saucers under your outdoor plants
   c. Use larvicides (Mosquito Dunks© or Mosquito Torpedoes©) where you can't dump out water
3. **DEET** - wear repellent when outdoors
   a. Follow label directions
   b. Apply when outdoors
4. **Dress** – wear light-weight long sleeves and long pants
5. **Daytime** - be aware of mosquitoes that bite during the day
   a. Asian tiger mosquitoes bite during the day
   b. They also bite at dawn and dusk

Environmental Health Localized Response

Work Directly with Local Partners with Controlling *Aedes* Species (*albopictus and aegypti)* in a Focused Area

Action Triggers: Locally-acquired Zika

CDC Guidelines for Risk Based Zika Action Plans

Focus on a positive sample location (Local Transmission) or other area of concern and provide elevated control and education radiating out 150-yard radius and approximately 5 or more blocks or possibly county wide if Widespread Local Transmission.

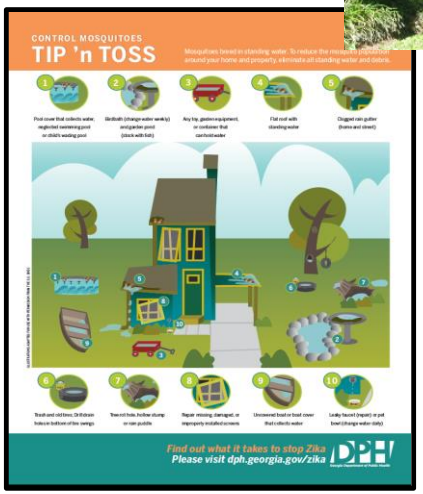
These Elevated Controls Include:

- Inform Local Mosquito Control
- Surveillance and Testing
- Public Education TIP 'n TOSS
- Door-to-Door Inspections and Education

Other Control Measures Would Include Mosquito Population Suppression

- Larviciding (backpack and dunks)
- Barrier sprays for adults
- Possible ULV spraying if wide spread

Note: ULV adulticiding is not very effective for *Aedes albopictus*

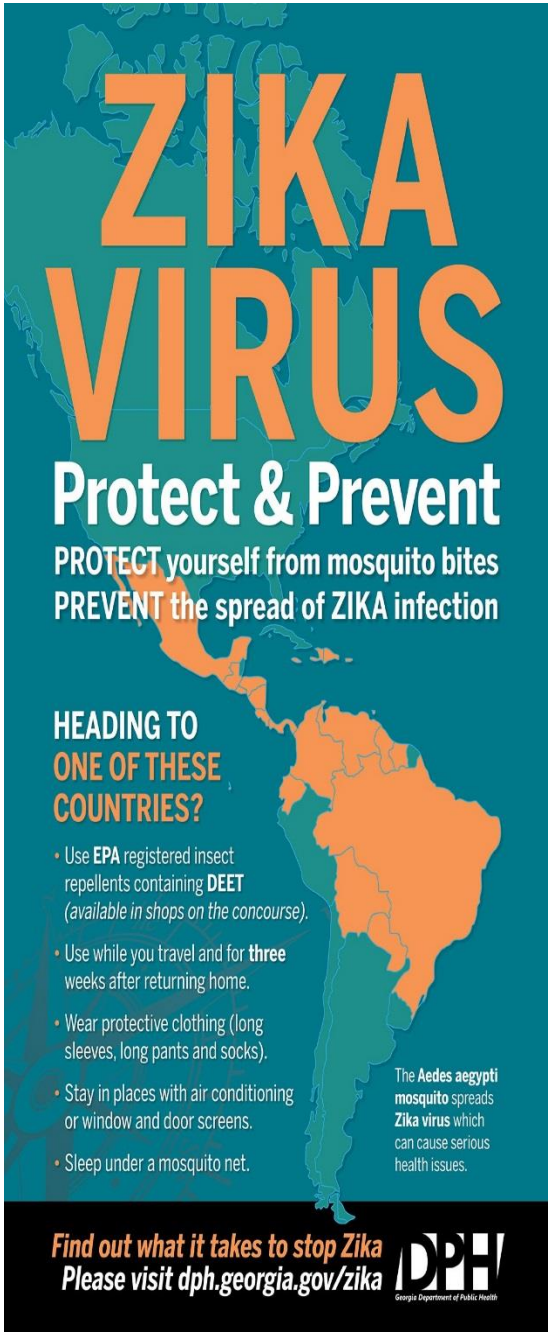


Zika Virus: Communications Update

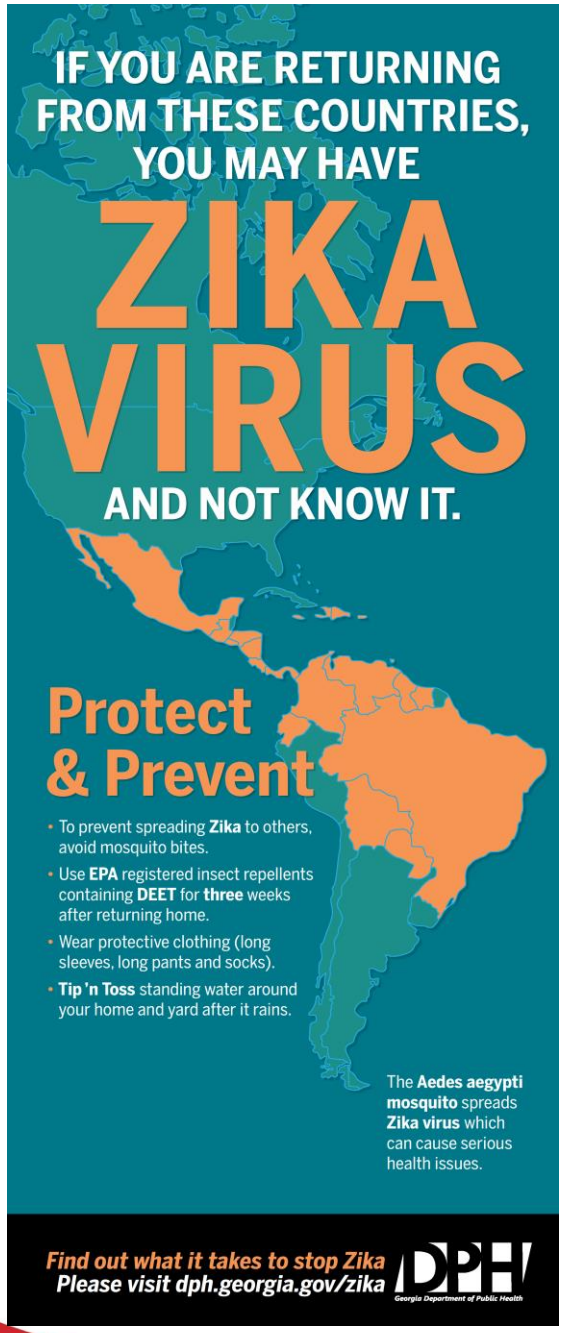
Nancy Nydam
Communications Interim Director, DPH

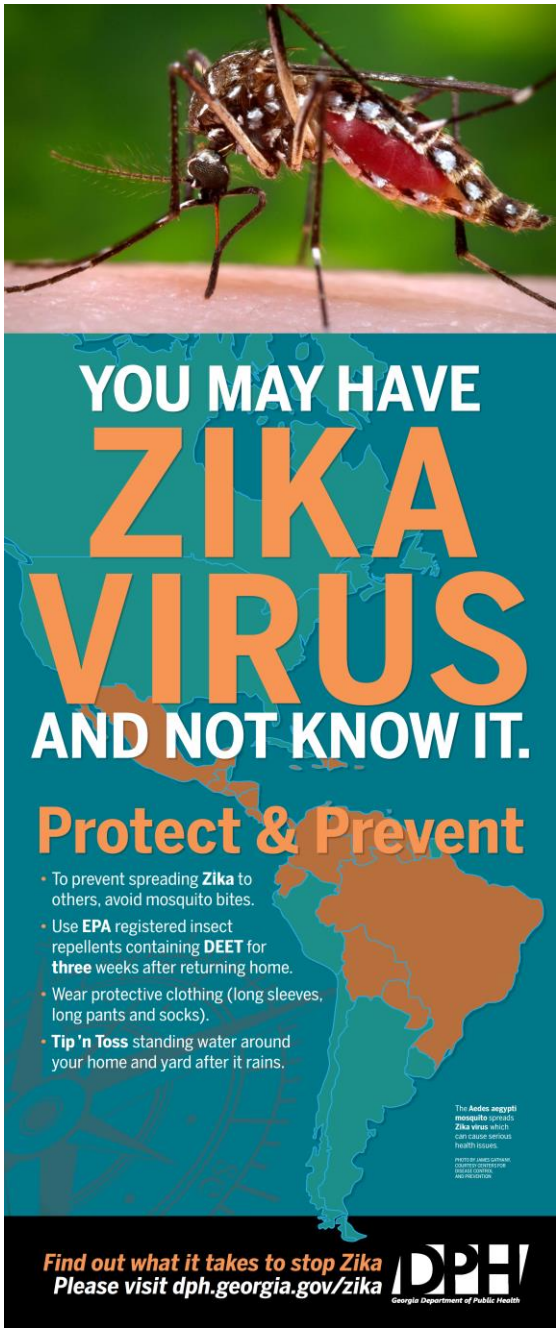
Zika Airport Campaign

- Launch March 18
- Protect and Prevent
- Three-pronged approach
  - Outbound travel
  - Returning travelers
  - Airport shops



- 14 domestic and international concourses
- Countries with ongoing Zika transmission
- EPA registered insect repellents with DEET sold on the concourse
- Wear long sleeves, pants
- Air conditioning or screened in locations
- Use a mosquito net





- You may have Zika and not know it
- Avoid mosquito bites
- EPA registered insect repellents with DEET for 3 weeks
- Wear long sleeves, long pants
- Tip 'n Toss containers that collect water around your home and yard

Zika Airport Campaign

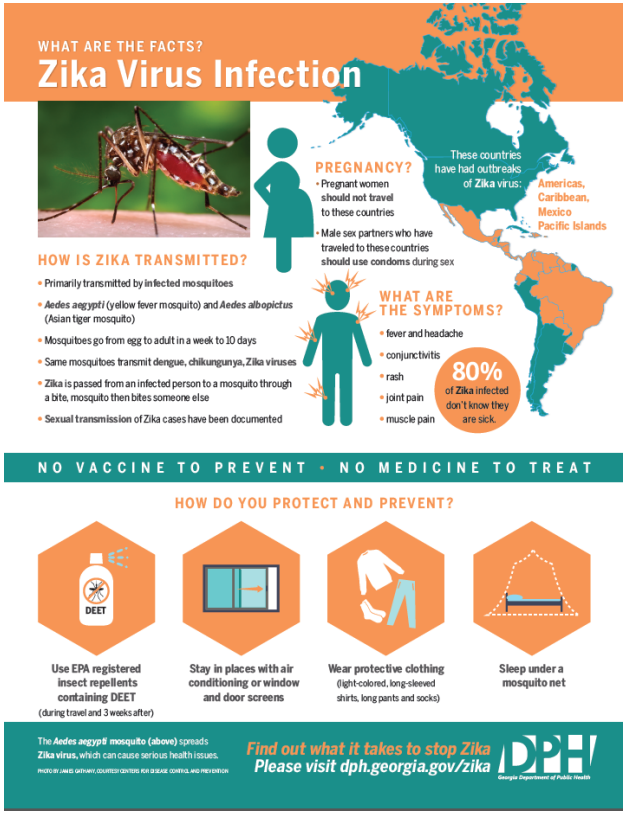
Zika Airport Campaign

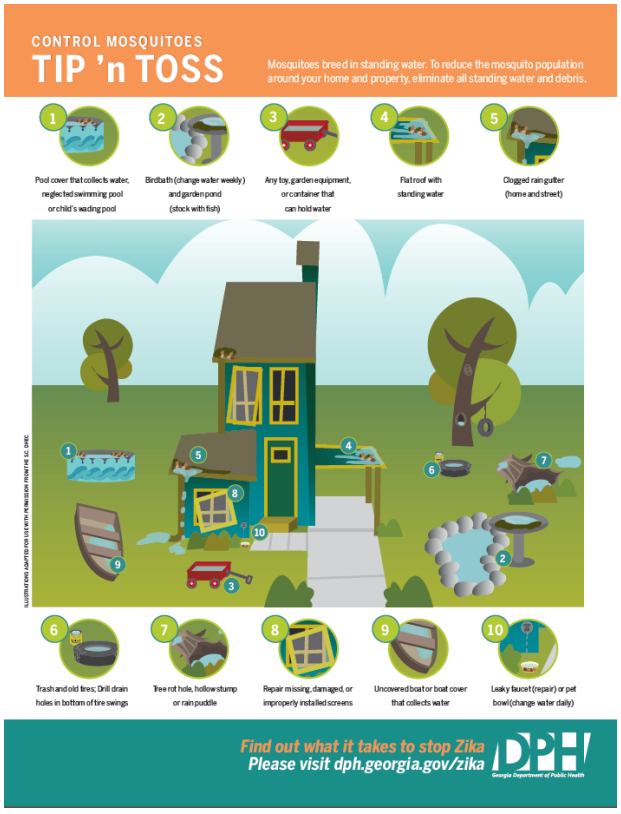
- Store signage 60 shops
- Handout with detailed information about use of EPA registered products with DEET or alternatives

Zika Community Campaign

- Statewide satellite media tour March 29
  - 26 radio and TV stations, 2.1 million people
- Request to radio and TV meteorologists to remind people to Tip ‘n Toss
- Social media messaging for Facebook and Twitter
- Protect and prevent letters
  - Colleges and universities
  - K-12 (DOE)
  - Faith-based community
  - State parks and recreation areas
- Articles for ACCG, GMA, PHInsider
- Keep Georgia Beautiful campaign

Zika Community Campaign





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Georgia Department of Public Health

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Zika Virus FAQ

What is Zika virus? How is Zika virus spread? What are the symptoms of Zika virus? What is the treatment for Zika virus?

Read More

Edit Delete

1 2 3 4 5

Zika Virus Information

The World Health Organization (WHO) has declared Zika virus a Public Health Emergency of International Concern. The Georgia Department of Public Health cautions travelers, especially women who are pregnant, to protect themselves against mosquito bites when heading to countries where Zika virus transmission is ongoing.

There are urgent concerns about Zika virus infection and pregnant women. Zika virus infections have been confirmed in infants with microcephaly and in the current outbreak in Brazil, a marked increase in the number of infants born with microcephaly has been reported. Pregnant women or women trying to get pregnant should not travel to areas where Zika virus transmission is ongoing.

For more information about Zika virus, please review the resources on this page, especially the Frequently Asked Questions (FAQ).

- Zika Virus Infection
- Zika Guidance for Pregnant Women
- Zika Prevention
- EPA Registered Insects Repellents
- Zika FAQ
- DPH Zika Virus Campaign Materials

Zika testing guidance for physicians and laboratories

Zika Guidance for Physicians/Healthcare Providers

Stay Connected

From Twitter

What do we mean when we suggest a baby should sleep alone? It might not be what you think! t.co/IEIOLNF3sN

Events Schedule

APR 12 **Board of Public Health April Meeting**

April 12, 2016

Atlanta, GA

Closing Comments

Phillip Williams, PhD
Chair

The next Board of Public Health meeting
is currently scheduled on
Tuesday, May 10, 2016 @ 1:00 PM.

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