



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

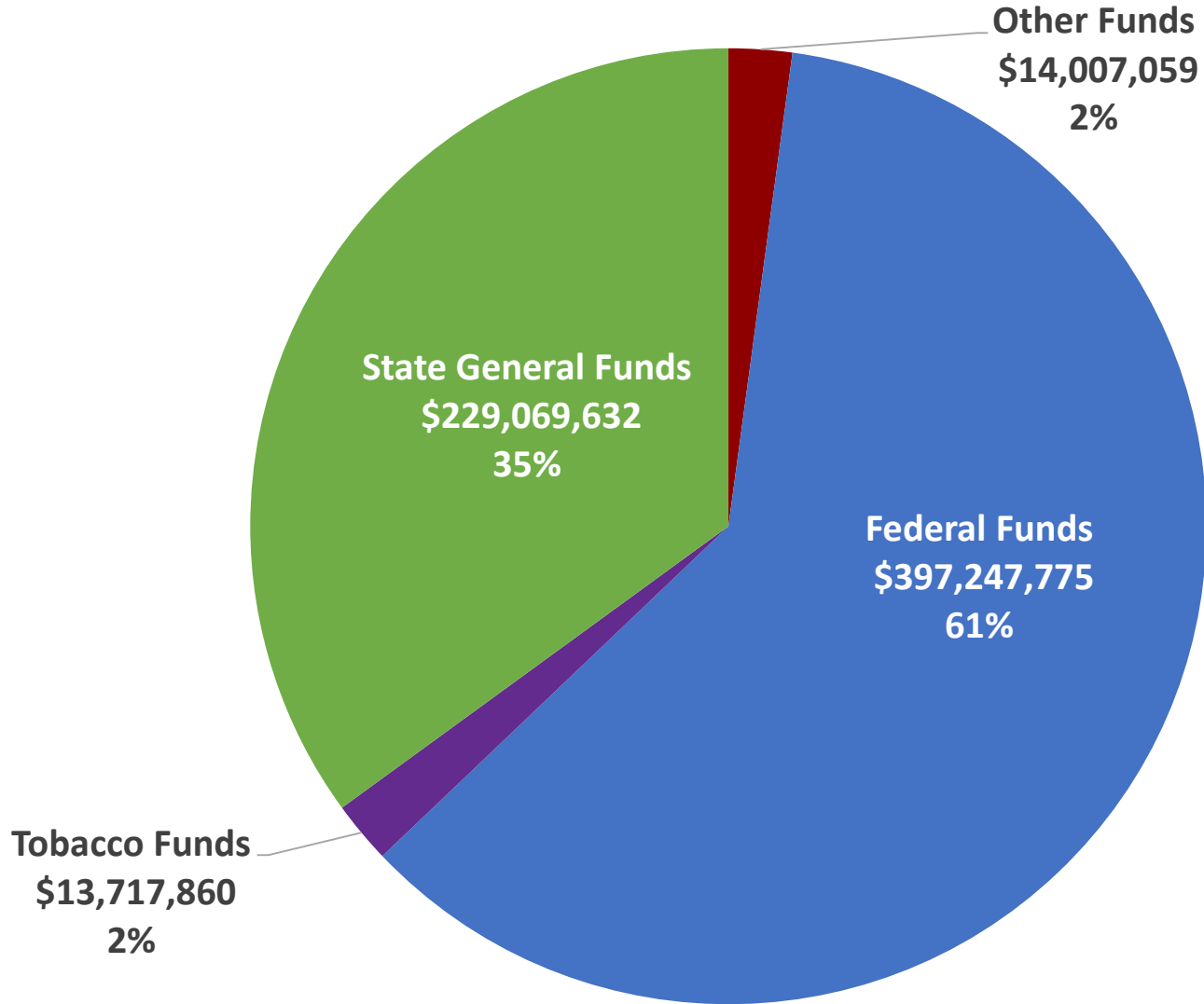
David Bayne
Government Relations Director

FY 2017 Budget Update

Kate Pfirmman, 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
<i>Statewide Changes</i>	
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
<i>Departmental Administration</i>	
Provide funds for telehealth maintenance and infrastructure	\$122,196
<i>Adolescent & Adult Health Promotion</i>	
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
<i>Epidemiology</i>	
Increase funds for the Georgia Poison Center to support additional staffing needs	\$150,000
<i>Infant & Child Essential Health Treatment Services</i>	
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
<i>Infant & Child Health Promotion</i>	
Eliminate one-time funds for the Rally Foundation for Childhood Cancer Research	(\$25,000)

FY 2017 Budget by Program

STATE GENERAL FUNDS	FY 2017
<i>Office for Children and Families</i>	
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
<i>Public Health Formula Grants to Counties</i>	
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
<i>Vital Records</i>	
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



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**

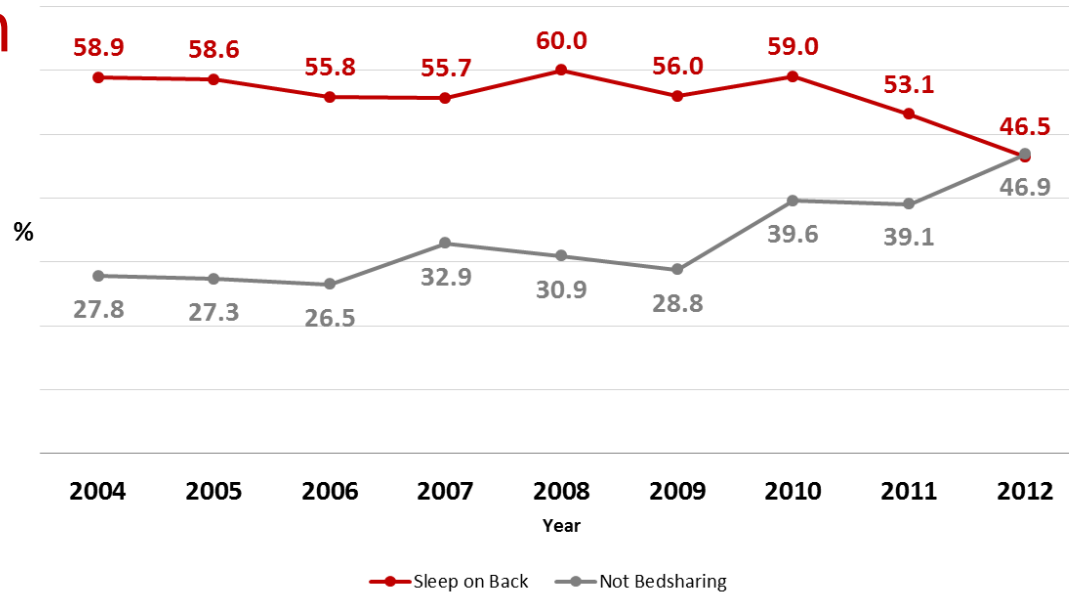
What is PRAMS?

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

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Safe sleep characteristics by year, GA PRAMS, 2004 - 2012.



What is PRAMS?

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



Image: cleverwebpro

What is PRAMS?

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

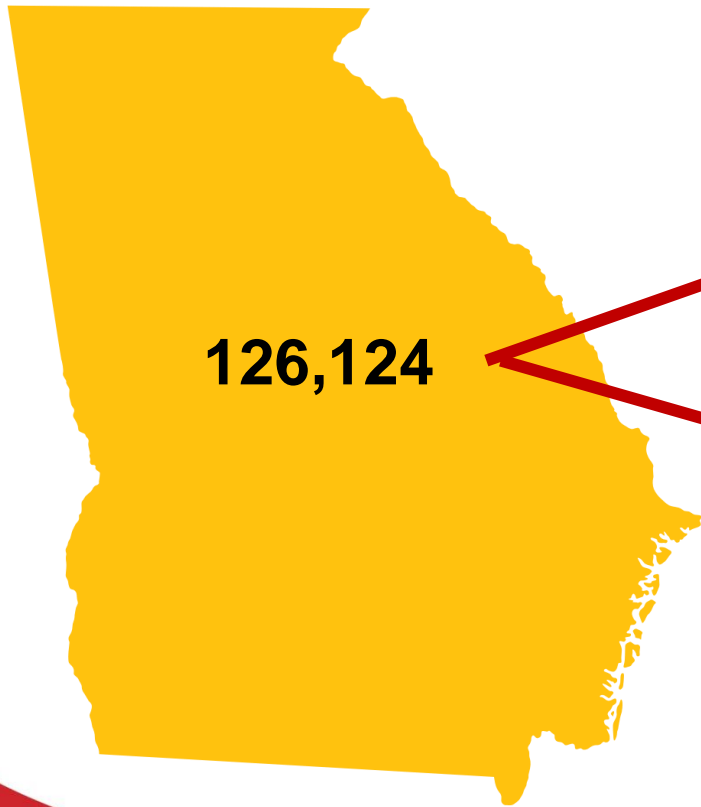
Why Weight Data?

Population



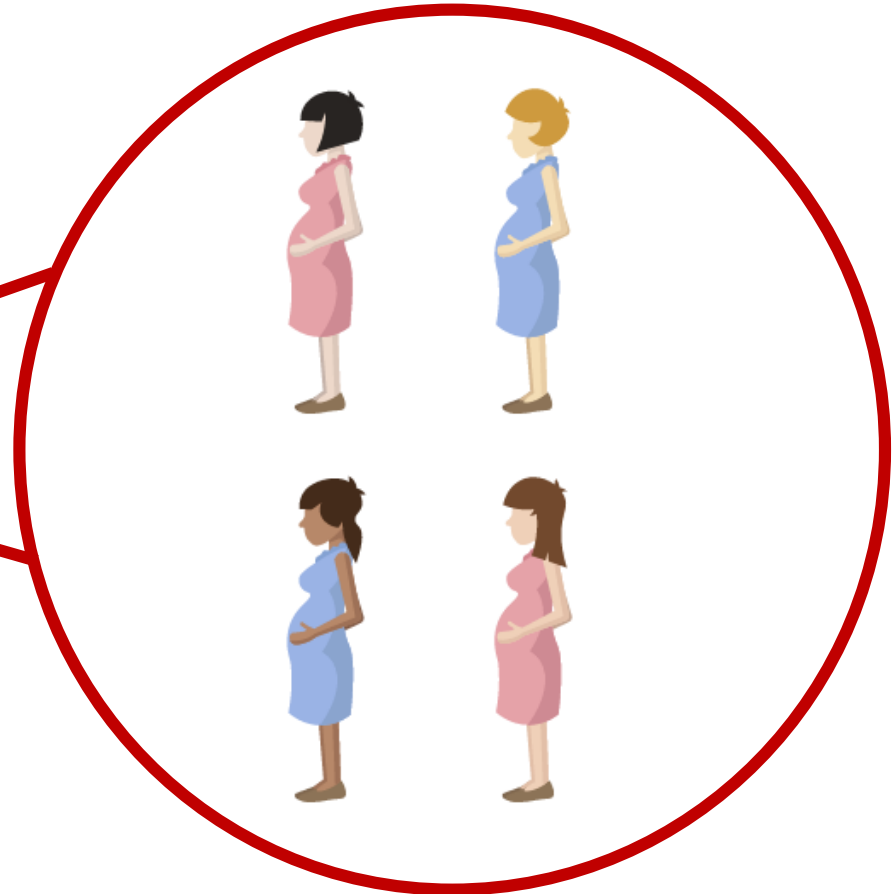
Why Weight Data?

Population



2,300

Sample



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



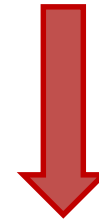
Team enters the data into
PIDS & sends Pre-letter

3 – 7 days



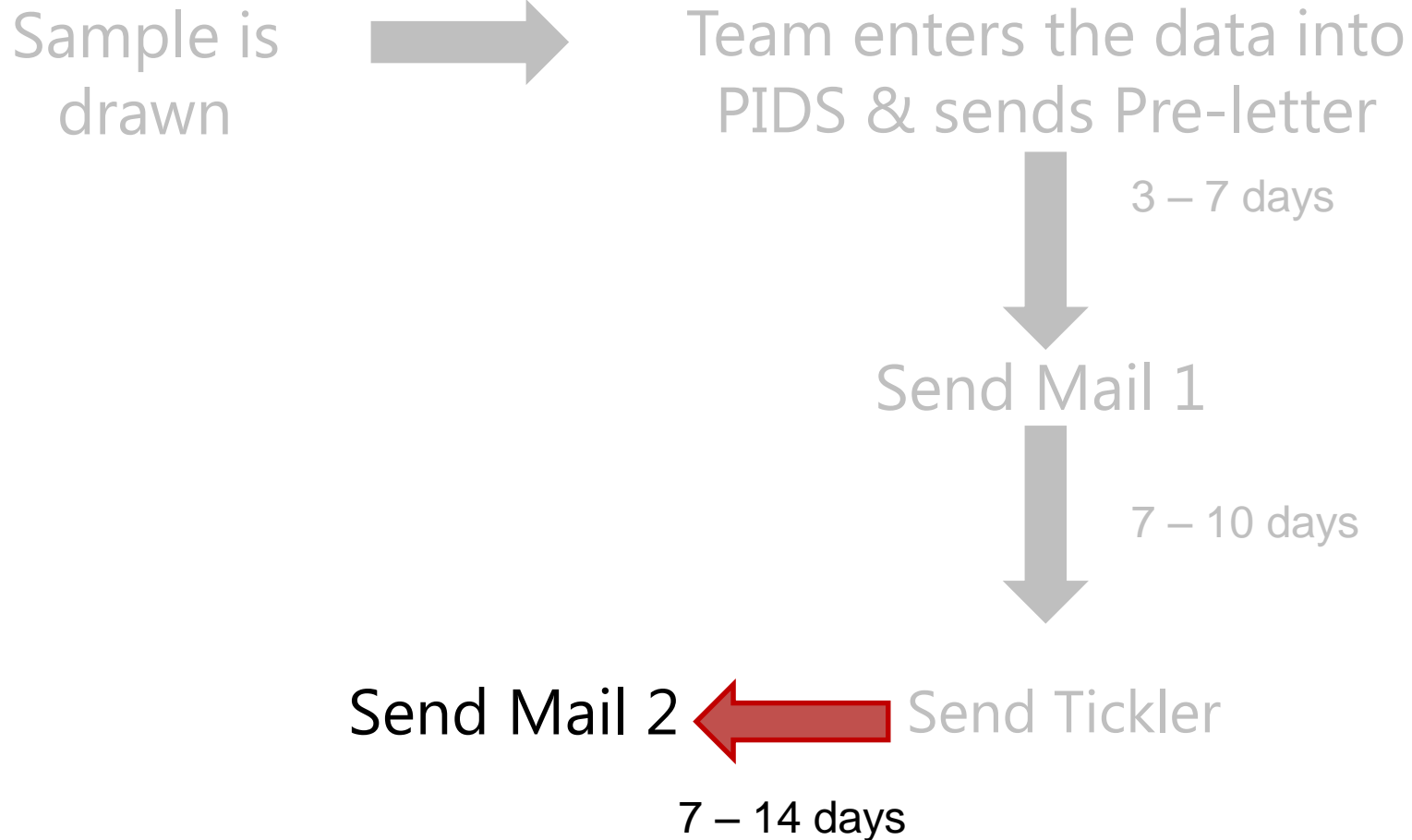
Send Mail 1

7 – 10 days

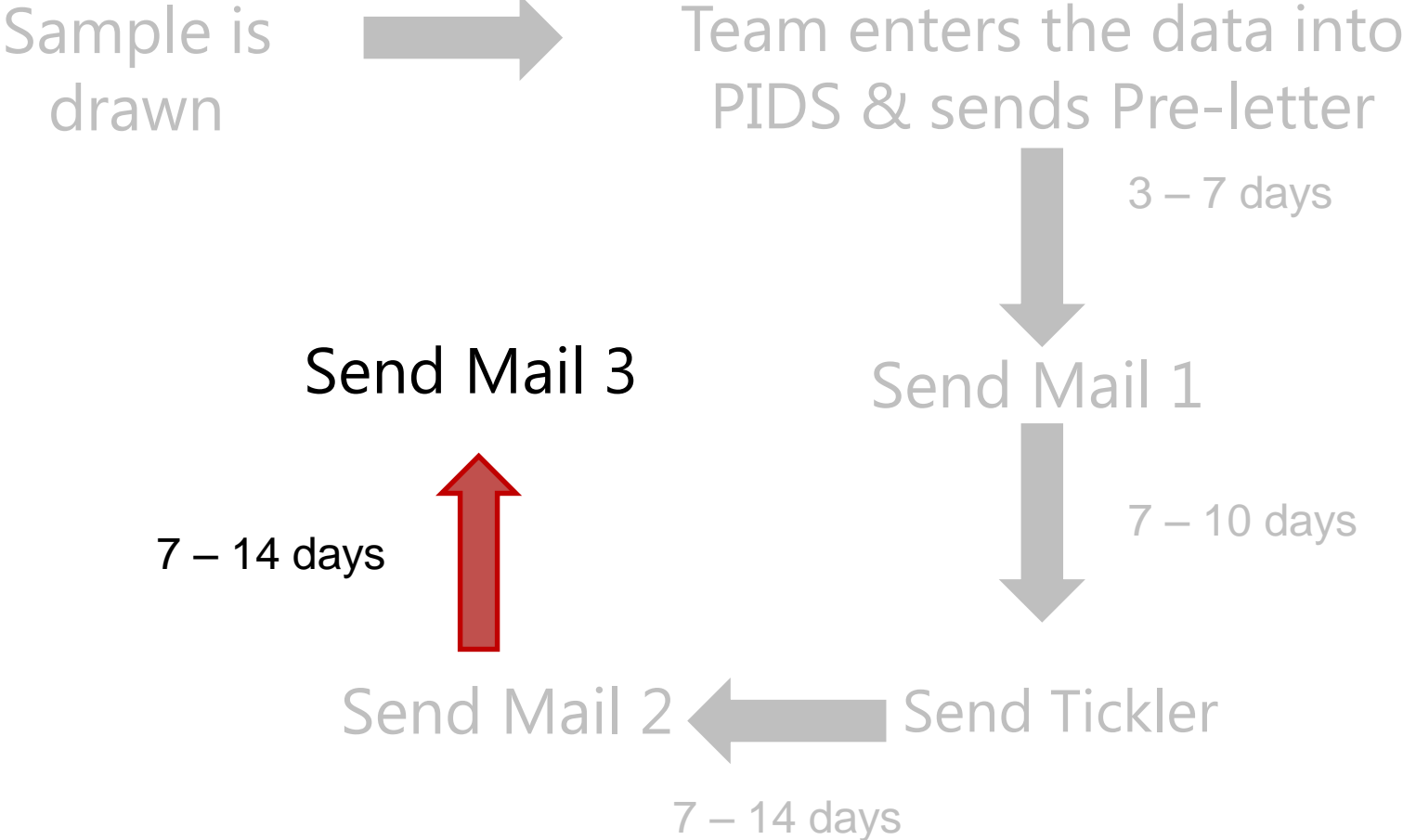


Send Tickler

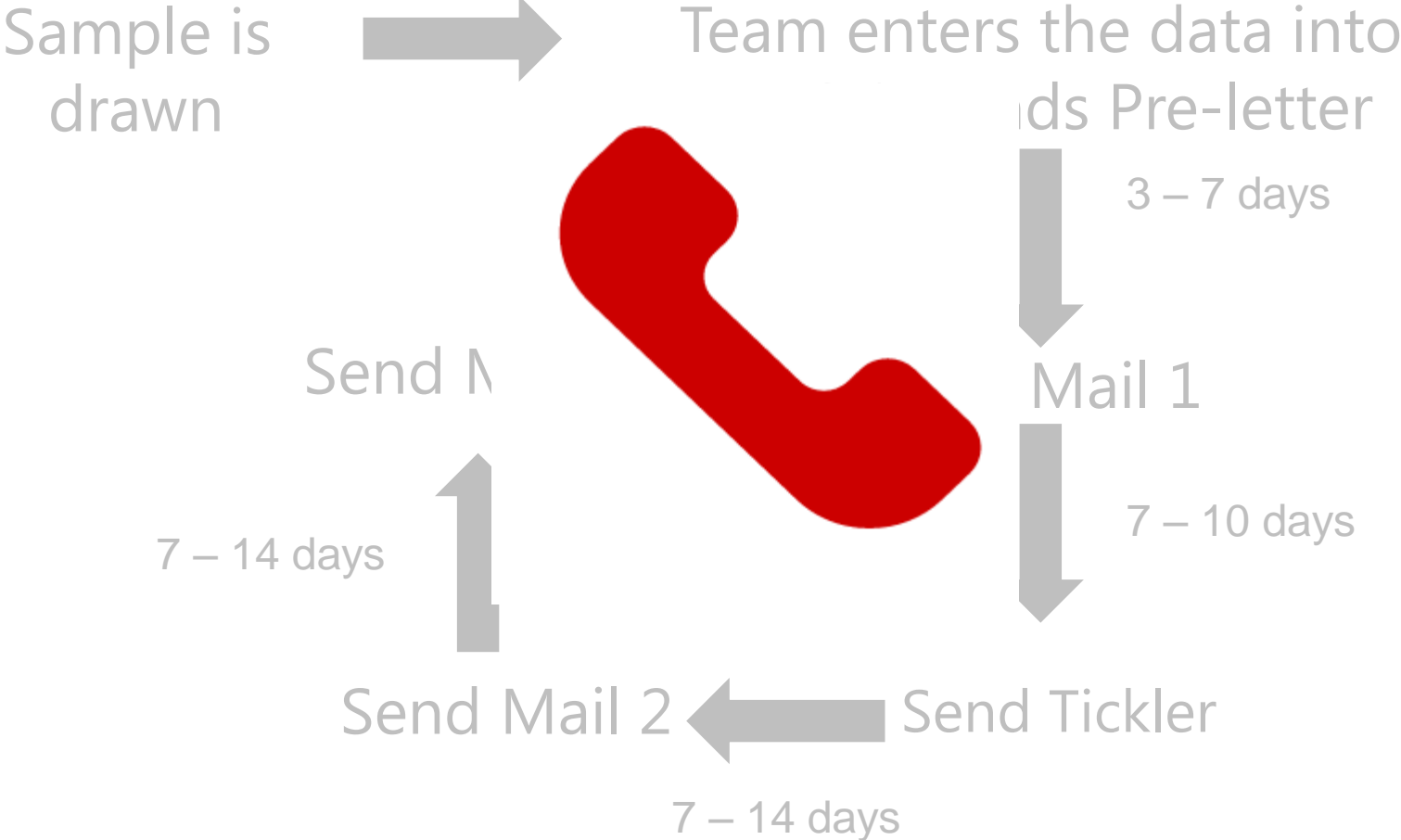
Data Collection



Data Collection



Data Collection



Data Collection



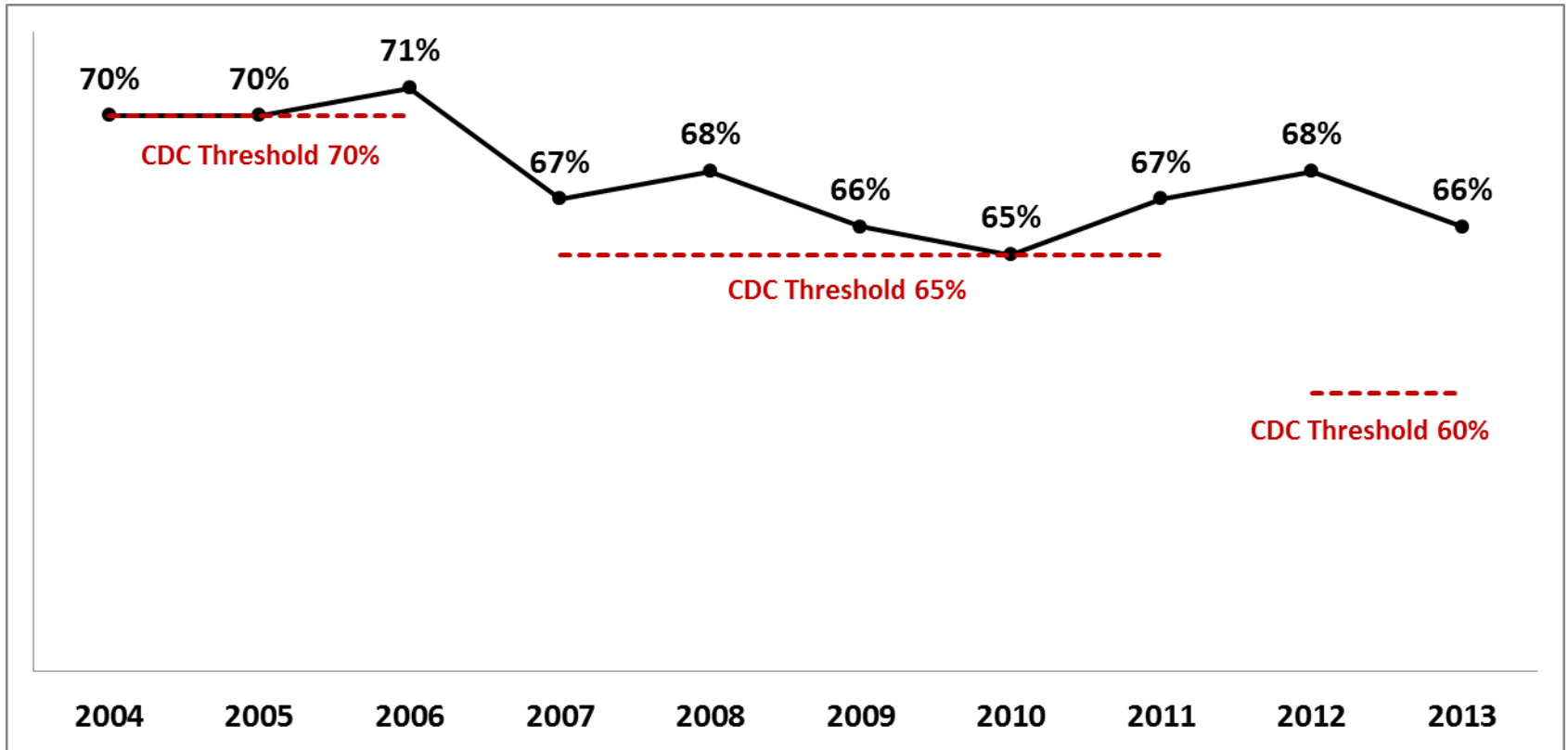
Survey Completed!
Send Gift Card



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

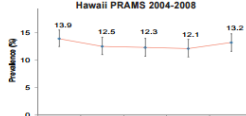
- Fact Sheets
- Data Reports
- Journals
- Social Media
- Newsletters
- Podcasts



High Blood Pressure Pregnancy Risk Assessment Hospital Discharge Data

High Blood Pressure and Pregnancy
High blood pressure (HBP) is a common medical condition that can become a major complication during pregnancy. Chronic hypertension, pre-eclampsia and pregnancy induced hypertension are related to adverse outcomes including preterm delivery, intrauterine growth retardation, fetal death, maternal stroke, maternal heart and kidney failure, and maternal death. High blood pressure during pregnancy is increasingly being recognized to have long term adverse consequences to mothers and children.^{1,2} A recent review showed a nearly 4-fold greater risk among those with pre-eclampsia compared to those who had normal blood pressure during pregnancy.³ High blood pressure identified during pregnancy appears to be an early clinical marker of cardiovascular risk and appropriate follow up postpartum may help decrease the burden of heart disease.

Trends in High Blood Pressure and Pregnancy, Hawaii PRAMS 2004-2008



Trends in High Blood Pressure
High Blood Pressure among new mothers has not changed since 2004. An estimated 13.2% of new mothers reported having high blood pressure in 2008. Similarly there was little changes in chronic high blood pressure (2%) and pregnancy related high blood pressure (11%) in mothers with a recent live birth.

About the Data
The Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS) is a self-reported survey of recent mothers conducted by mail with



Native American PRAMS

Infant Safe Sleep Report, 2012

Volume 1 Issue 1

Michigan Department of Health and Human Services

Infant Safe Sleep Practices: Introduction

According to Centers for Disease Control and Prevention (CDC), each year in the United States, there are about 3,500 Sudden Unexpected Infant Deaths (SUID). The CDC defines SUID as "the death of an infant less than 1 year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before investigation" (1). Three common causes of SUID include: Sudden Infant Death Syndrome (SIDS), unknown cause, and accidental suffocation and strangulation in bed (1). National studies have shown that placing infants on their back while they sleep is associated with a lower prevalence of infant mortality due to SUID. As such, the American Academy of Pediatrics (AAP) recommends that babies be placed in a back-sleeping position, rather than on their belly or side (5). The AAP also recommends against the use of pillows and loose blankets in a baby's sleep environment and against bed-sharing with adults

due to the risk of accidental infant suffocation, entrapment or strangulation (2,5).

Nationwide SUID awareness campaigns have been successful in promoting safe sleep practices. In 2009, 74% of American babies slept on their backs, compared to 27% in 1994. SUID-related deaths during this time period dropped by 50%, though the risk for Native American babies has remained higher than for other population groups as measured in national samples (4). SUID death rates per 100,000 live births for American Indian/Alaska Native (213.3) and non-Hispanic black infants (180.9) were more than twice those of non-Hispanic white infants (88.1)(1).

This summary reports on the prevalence of safe sleep habits among the mothers of Native American babies in Michigan using data collected from the 2012 Michigan Native American Pregnancy Risk Assessment Monitoring Survey (referred to as "Native American PRAMS" throughout).

Native American PRAMS is administered in several states, such as South Dakota, Washington, New Mexico, Oregon, Wyoming and Michigan. Michigan is the first state in which the PRAMS survey was sent to the mother of every American Indian/Alaska Native baby born in the state. The Michigan Native American Pregnancy Risk Assessment Monitoring System project is collaborative and endorsed by the Inter-Tribal Council of Michigan, the Great Lakes Inter-Tribal Epidemiology Center, and the Michigan Department of Health and Human Services.

Inside This Issue:
About MI Native American PRAMS
Sleep Position
Sleep Practices
Bed-Sharing
Public Health Implications

- More than High blood
- Black, Haw had the hig
- Women mo overweight first time m or lived in
- Women will as likely to report a fat blood pres
- Women will likely to try more likely those with
- Mothers will charges fo

Risk Factors
Mothers with several adver during pregni a preterm del depressive sy status compa

Risk Factors Pressure a

Smoking During Pregnancy
Any Diabetes
Cesarean Delivery



Massachusetts Pre Assessment Monit (PRAM) 2009/2010 Surveill



Massachusetts Department of Family Health an Office of Data Transk
October 2013



Contraception 99 (2014) 57–62

Variation in postpartum contraceptive method use: results from the Pregnancy Risk Assessment Monitoring System (PRAMS)²⁵

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^bPopulation Research Center, University of Texas at Austin, Austin, TX 78712, USA
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Received 28 May 2013; revised 5 October 2013; accepted 10 October 2013

Abstract

Objective: The National Survey of Family Growth has been a primary data source for trends in US women's contraceptive use. However, national-level data may mask differences in contraceptive practice resulting from variation in local policies and norms. **Study Design:** We used the Pregnancy Risk Assessment Monitoring System, a survey of women who are 2–4 months postpartum. Information on women's current method was available for 18 reporting areas from 2000 to 2009. Using the two most recent years of data, we computed the weighted proportion of women using specific contraceptive methods according to payment for delivery (Medicaid or private insurance) and examined differences across states. We used log binomial regression to assess trends in method use in 9 areas with consecutive years of data. **Results:** Across states, there was a wide range of use of female sterilization (7.0–22.6%) and long-acting reversible contraception (LARC; 1.9–25.2%). Other methods, like vasectomy and the patching, had a narrower range of use. Women with Medicaid/private insurance were more likely to report female sterilization, LARC and injectables as their method compared to women with private insurance. LARC use increased 219% per year, while use of injectables and oral contraceptives declined by 2.5–10.6% annually. **Conclusions:** The variation in method-specific prevalence within states suggests shared social and medical norms, while the large variation across states may reflect both differences in norms and access to contraception for low-income women. Survey of postpartum women, who are beginning a new segment of contraceptive use, may better capture emerging trends in US contraceptive method mix. **Implications:** There is considerable variation in contraceptive method use across states, which may result from differences in state policies and funding for family planning services, local medical norms surrounding contraceptive practice, and women's and couples' demand or preference for different methods. © 2014 Elsevier Inc. All rights reserved.

Keywords: Postpartum contraception; Long-acting reversible contraception; PRAMS; Contraceptive method mix

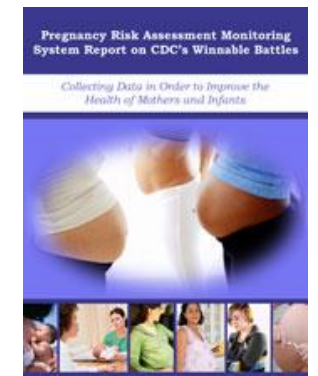
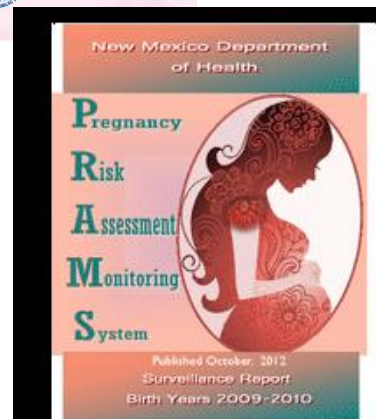
1. Introduction

Approximately half of pregnancies in the United States are unintended, a figure that has changed little over the last several years [1,2]. One of the reasons for the persistently

high rates of unintended pregnancy is that a large percentage of reproductive aged women rely on methods with relatively high typical-use failure rates, such as oral contraceptives (OCs) and condoms [3,4]. Although there has been a recent increase in the use of long-acting reversible contraceptive (LARC) methods, the overall prevalence remains low; among women at risk of unintended pregnancy, 8.5% are using LARC and 50% rely on other non-permanent contraceptive methods [5].

These figures and much of what is known about trends in US women's contraceptive use comes from one large nationally representative data set: the National Survey of Family Growth (NSFG). However, national-level data may mask differences in women's contraceptive practice that

* Funding acknowledgment: Infrastructure support for the study was provided by a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (224 04249) to the Population Research Center, University of Texas at Austin.
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0016-7325/\$ – see front matter © 2014 Elsevier Inc. All rights reserved.
http://dx.doi.org/10.1016/j.contraception.2013.10.005



We Protect Lives.

THANK YOU

Nicole Kosacz

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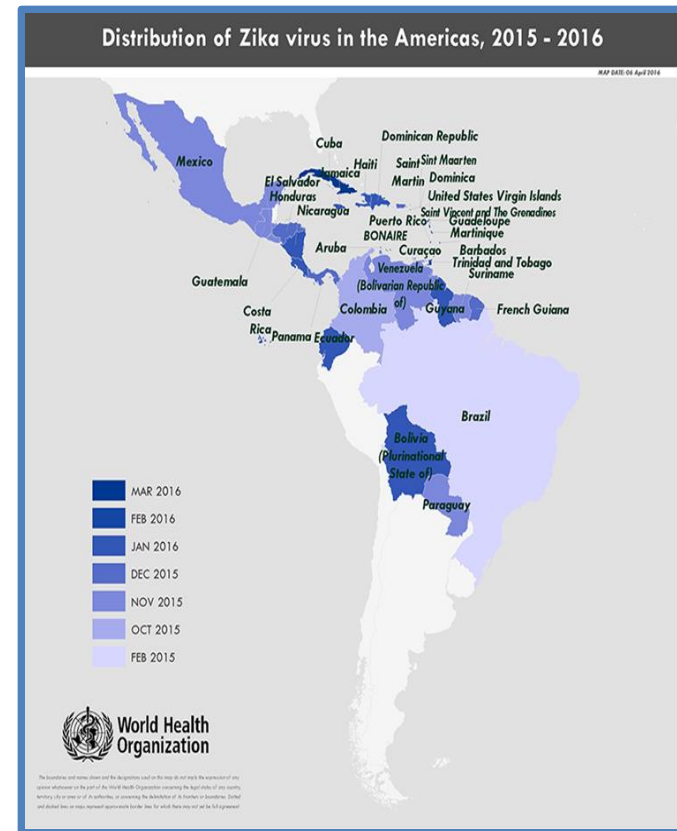
Zika Virus Updates

Zika Virus: Epidemiology Update

Cherie L Drenzek, DVM, MS
State Epidemiologist, DPH

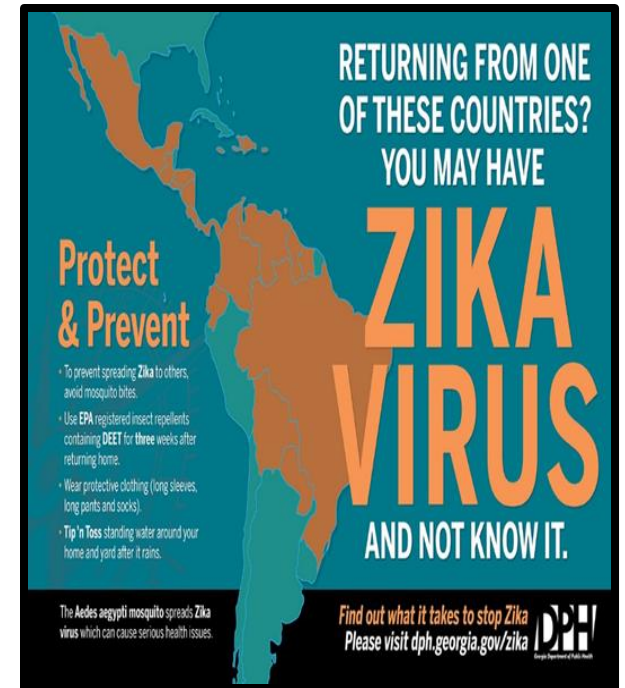
Introduction: Zika Virus Outbreak

- 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



For Travelers to Affected Areas:

- 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

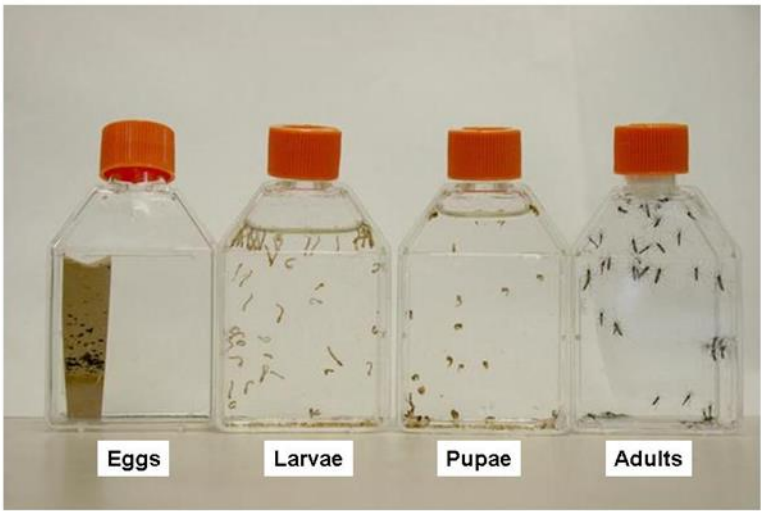
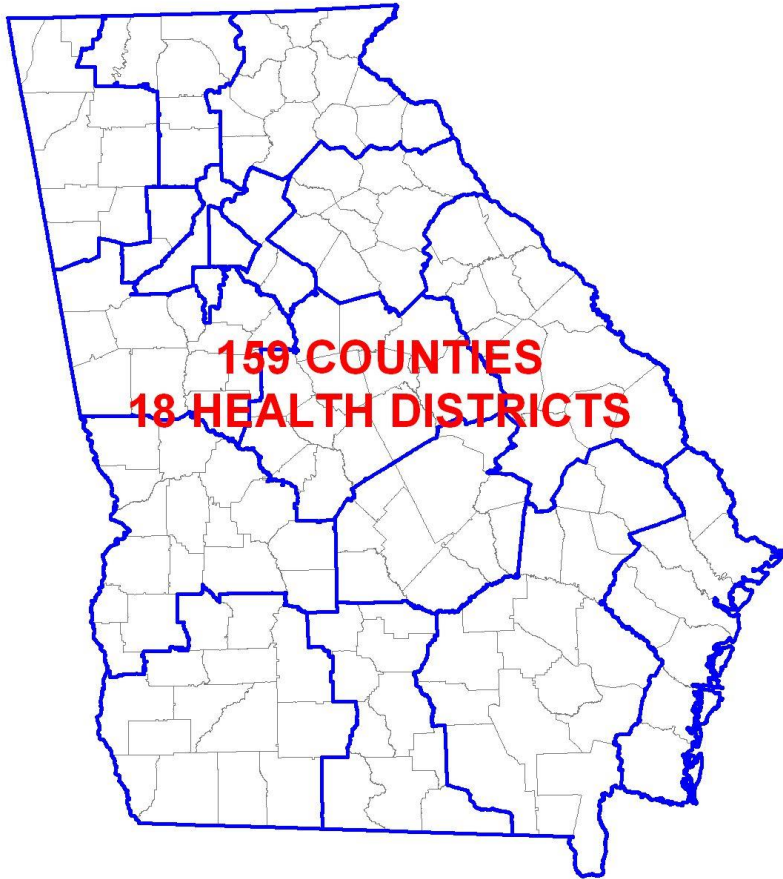


1. Zika is a serious public health problem requiring urgent action
2. Epidemiology points our way to practical mitigation and prevention (travel history, identification of population at highest risk, most serious risk is to developing fetus, how to prevent sexual transmission, etc.)
3. KEY IS REDUCING 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*



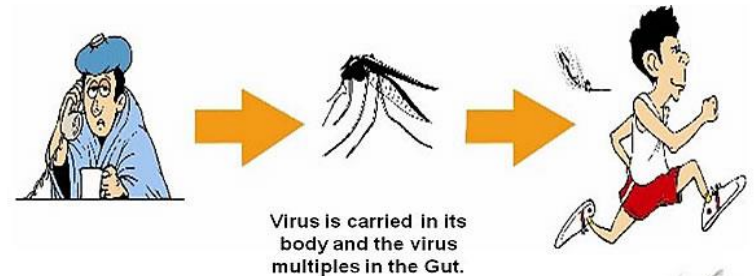
Disease Organism

- Chikungunya
- Dengue
- Zika

Transmission

Mosquito bites and sucks blood containing the virus from an infected person.

And passes the virus to healthy people when it bites them.

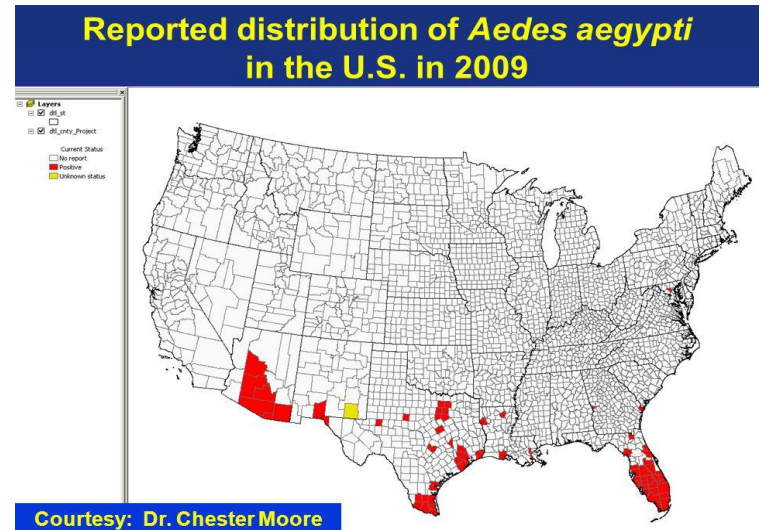


We Protect Lives.

Aedes (Stegomyia) spp Container Breeders

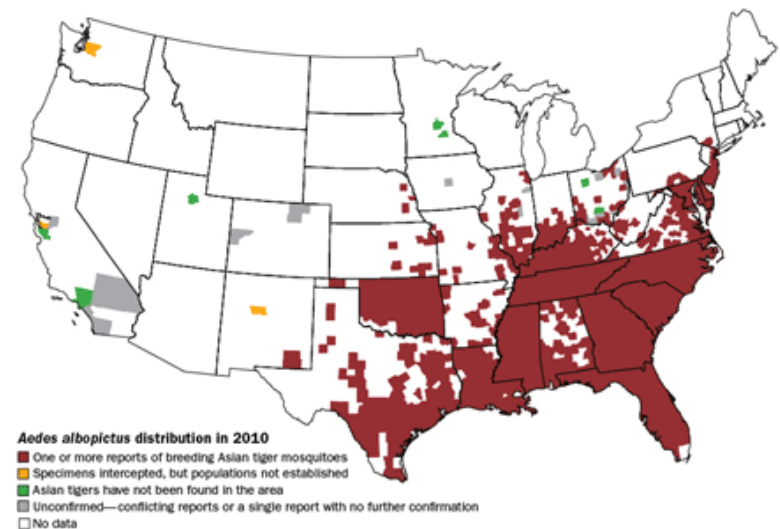
Ae aegypti

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



Ae albopictus

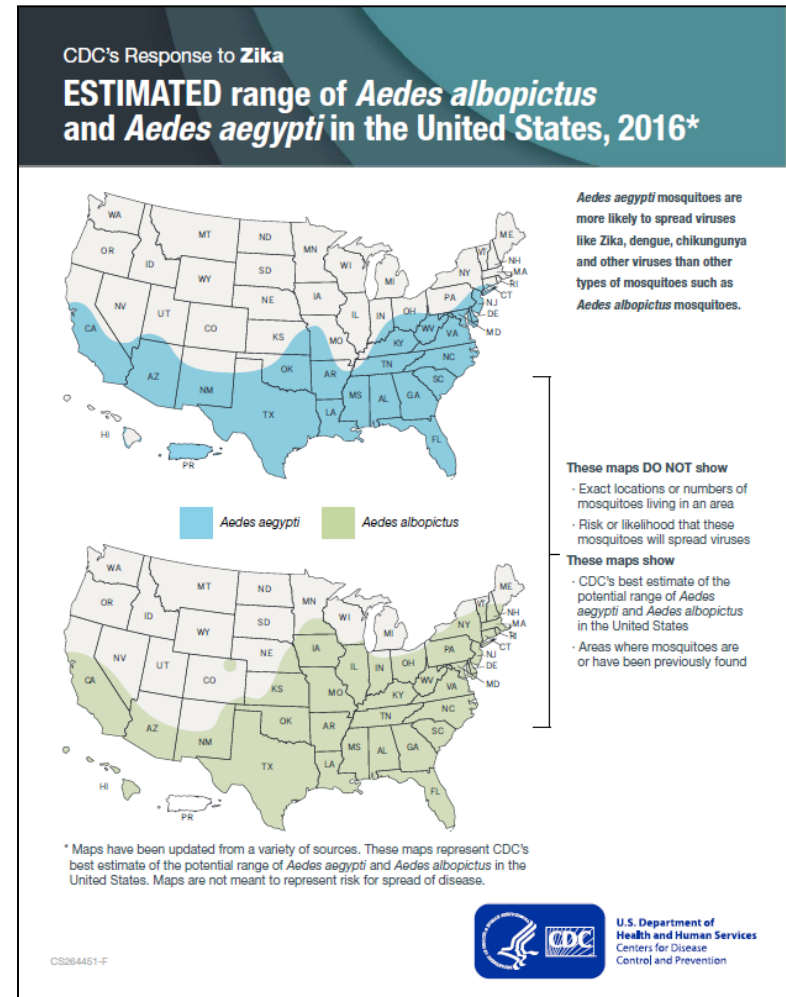
- Aggressive, daytime biting mosquito
- Associated with used automobile tires
- Native to the tropical and subtropical areas of Southeast Asia
- Broader host selection



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

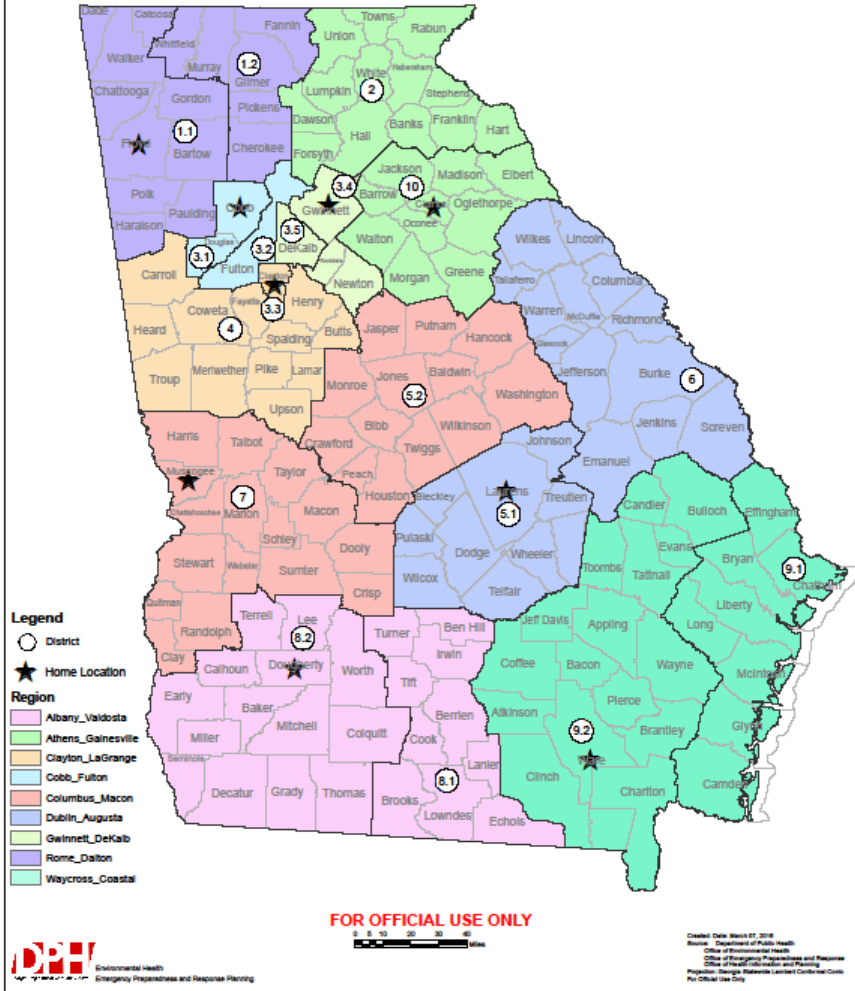


- **Surveillance**

- 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.



Environmental Health Vector Surveillance Regions



Vector Surveillance Coordinator

Position has primary responsibility to conduct and coordinate mosquito surveillance for arboviral 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...



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

WHAT ARE THE FACTS? Zika Virus Infection

PREGNANCY?
Pregnant women should not travel to these countries. These countries have had outbreaks of Zika virus: American, Caribbean, Mexico, Pacific Islands.

HOW IS ZIKA TRANSMITTED?
• Primarily transmitted by infected mosquitoes
• Aedes aegypti (yellow fever mosquito) and Aedes albopictus (Asian tiger mosquito)
• Mosquitoes go from egg to adult in a week to 10 days
• Some mosquitoes transmit dengue, chikungunya, Zika viruses
• Zika is passed from an infected person to a mosquito through a bite, mosquito then bites someone else
• Sexual transmission of Zika cases have been documented

WHAT ARE THE SYMPTOMS?
• fever and headache
• conjunctivitis
• rash
• joint pain
• muscle pain

80% of Zika infected don't know they are sick

NO VACCINE TO PREVENT - NO MEDICINE TO TREAT

HOW DO YOU PROTECT AND PREVENT?

- Use EPA registered insect repellents containing DEET (Eating treated foods after)
- Stay in places with air conditioning or window and door screens
- Wear protective clothing (long-sleeved shirts, long pants and socks)
- Sleep under a mosquito net

The Aedes aegypti mosquito shown is shown. Zika virus is not a blood-borne disease. Health Department

Find out what it takes to stop Zika
Please visit dph.georgia.gov/zika **DPH!**

CONTROL MOSQUITOES TIP 'n TOSS

Mosquitoes breed in standing water. To reduce the mosquito population around your home and property, eliminate all standing water and debris.

1. Pool cover that collects water, neglected swimming pool or child's wading pool
2. Birdbath (change water weekly) and garden pond (check with fish)
3. Any toy, garden equipment, or container that can hold water
4. Flat roof with standing water
5. Clogged rain gutter (clean and shovel)
6. Trash and old tires; Dr. Hidan holes in bottom of tire swings
7. Tree rot holes, hollow stump or rain puddle
8. Repair missing, damaged, or improperly installed screens
9. Uncovered boat or boat cover that collects water
10. Leaky faucet (repair) or pet bowl (change water daily)

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Georgia Department of Public Health

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.

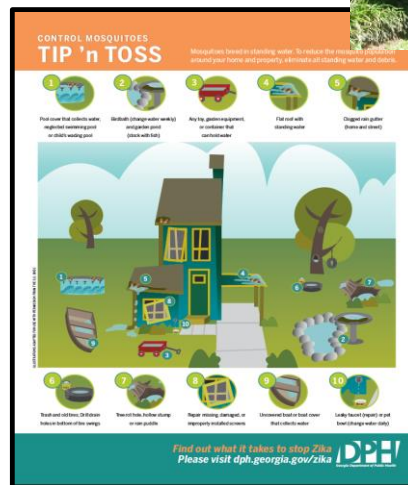
These Elevated Controls Include:

- 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*



We Protect Lives.

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



ZIKA VIRUS

Protect & Prevent

PROTECT yourself from mosquito bites
PREVENT the spread of ZIKA infection

HEADING TO ONE OF THESE COUNTRIES?

- Use EPA registered insect repellents containing DEET (available in shops on the concourse).
- Use while you travel and for **three** weeks after returning home.
- Wear protective clothing (long sleeves, long pants and socks).
- Stay in places with air conditioning or window and door screens.
- Sleep under a mosquito net.

The *Aedes aegypti* mosquito spreads Zika virus which can cause serious health issues.

Find out what it takes to stop Zika
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DON'T LET THIS BAD BUG BITE YOU

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- 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

We Protect Lives.

IF YOU ARE RETURNING
FROM THESE COUNTRIES,
YOU MAY HAVE

ZIKA VIRUS

AND NOT KNOW IT.

Protect & Prevent

- To prevent spreading **Zika** to others, avoid mosquito bites.
- Use **EPA** registered insect repellents containing **DEET** for **three** weeks after returning home.
- Wear protective clothing (long sleeves, long pants and socks).
- **Tip 'n Toss** standing water around your home and yard after it rains.

The *Aedes aegypti* mosquito spreads **Zika virus** which can cause serious health issues.

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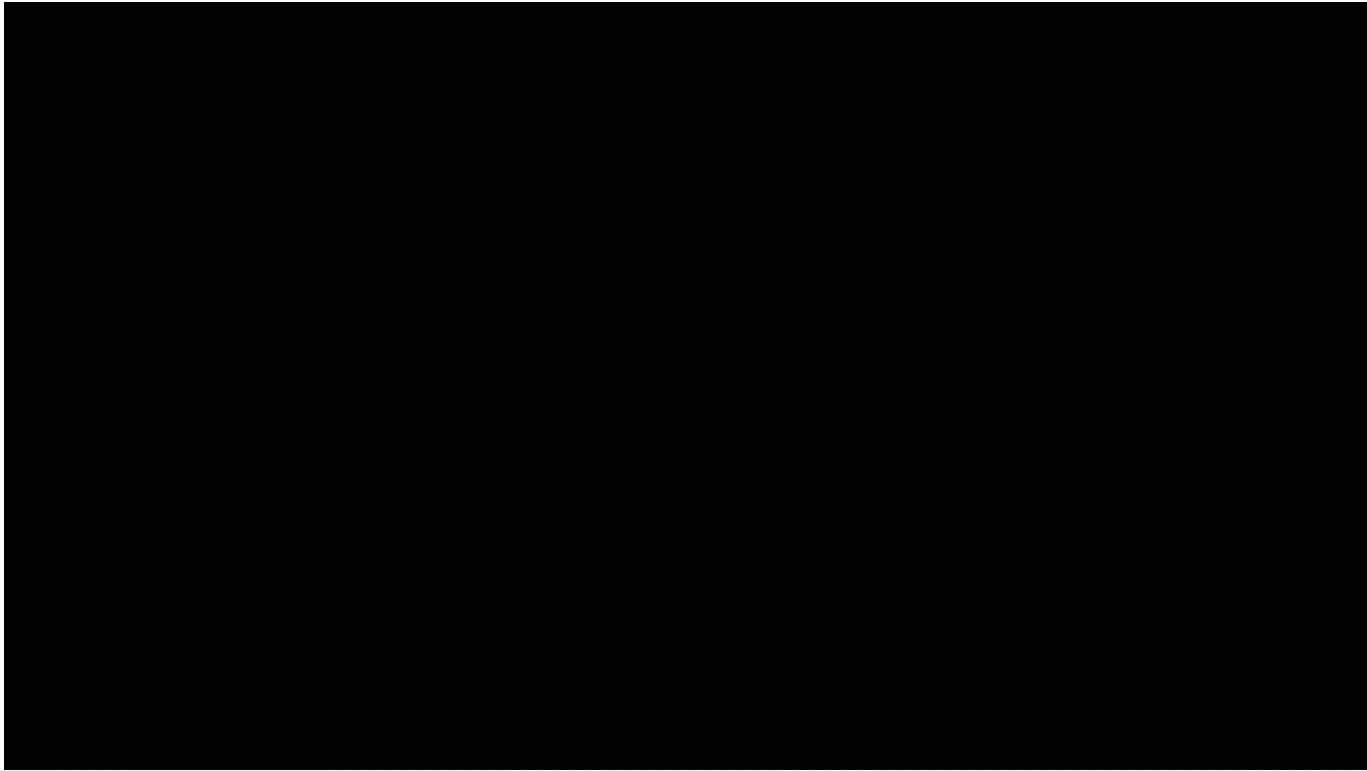
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- You may have Zika and not know it
- Avoid mosquito bites
- EPA registered insect repellents with DEET for 3 weeks
- Wear long sleeves, long pants
- Tip 'n Toss containers that collect water around your home and yard

We Protect Lives.

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

WHAT ARE THE FACTS? Zika Virus Infection



PREGNANCY?

- Pregnant women should not travel to these countries
- Male sex partners who have traveled to these countries should use condoms during sex



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HOW DO YOU PROTECT AND PREVENT?



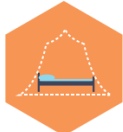
Use EPA registered insect repellents containing DEET (during travel and 3 weeks after)



Stay in places with air conditioning or window and door screens



Wear protective clothing (light-colored, long-sleeved shirts, long pants and socks)



Sleep under a mosquito net

The *Aedes aegypti* mosquito (above) spreads Zika virus, which can cause serious health issues.
PHOTO BY JAMES GATHWAY, COURTESY CENTERS FOR DISEASE CONTROL AND PREVENTION

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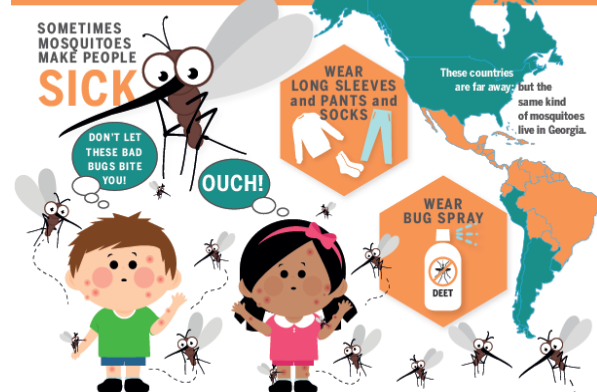
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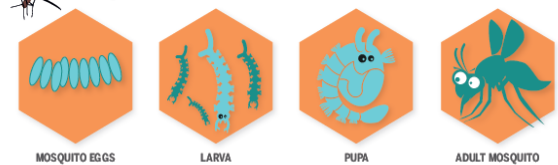
Keep Mosquitoes Away!

SOMETIMES MOSQUITOES MAKE PEOPLE SICK



YOU CAN KEEP MOSQUITOES AWAY FROM YOU

MOSQUITOES GO FROM EGGS TO ADULTS IN ABOUT 10 DAYS



Find out what it takes to stop Zika
Please visit dph.georgia.gov/zika





We Protect Lives

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PHInsider Blog

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