



Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, August 11, 2015



We Protect Lives.

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner, DPH

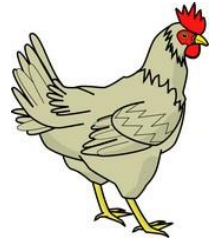


Avian Influenza Update

Cherie L Drenzek, DVM, MS
State Epidemiologist, DPH

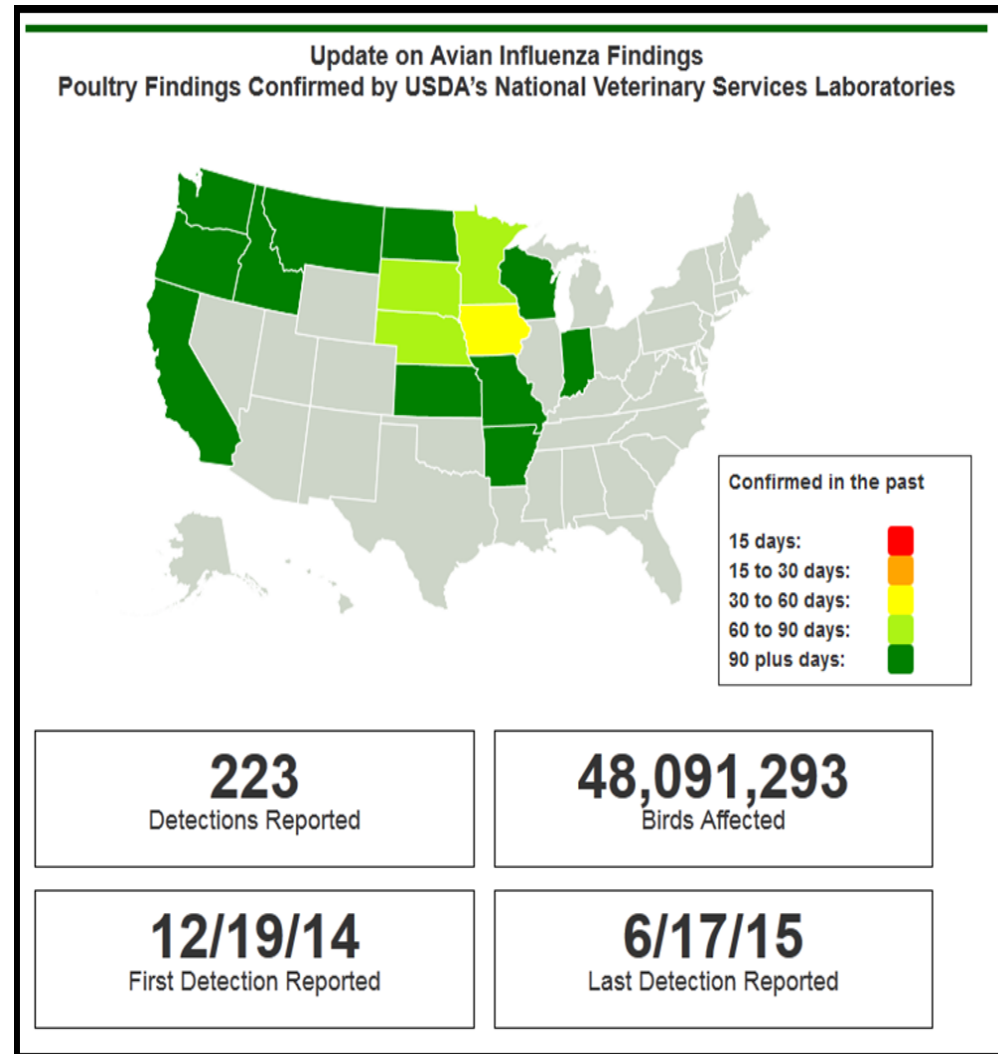
Overview

- Avian Influenza in the U.S.: Current Situational Awareness
- DPH Role
- Influenza: No Complacency
- Closing Comments



Avian Influenza: Current Situational Awareness

- Since December 2014, several outbreaks of highly pathogenic avian influenza (HPAI) have occurred among domestic poultry flocks in the U.S. (mostly commercial turkeys and chickens).
- Fifteen states affected (NOT Georgia).
- Several influenza A subtypes involved (H5N2, H5N8, H5N1)
- Most recent outbreak reported in Iowa in mid-June.
- Will we see resurgence with Fall wild bird migration along Eastern Flyway—maybe even in Georgia?



Avian Influenza: Current Situational Awareness



Risk to Human Health

- We are always concerned that these avian viruses might change and acquire the ability to infect people exposed to infected poultry or contaminated environments.
- Human infections with avian flu viruses may be severe, and may lead to further changes in the virus, even sparking a pandemic.
- Good news so far: No human infections with these avian H5 viruses have been identified.
- Perhaps even better news: A new experimental study by CDC determined that the H5N2 and H5N8 avian flu viruses are unlikely to easily infect people or spread between people and are likely to be associated with mild illness.

<http://jvi.asm.org/content/early/2015/07/24/JVI.01438-15.abstract>

Avian Influenza, 2015: DPH Role

Routine:

- Ongoing influenza surveillance: detect novel influenza viruses or changes in influenza viruses, identify persons at risk & risk factors for severe outcomes

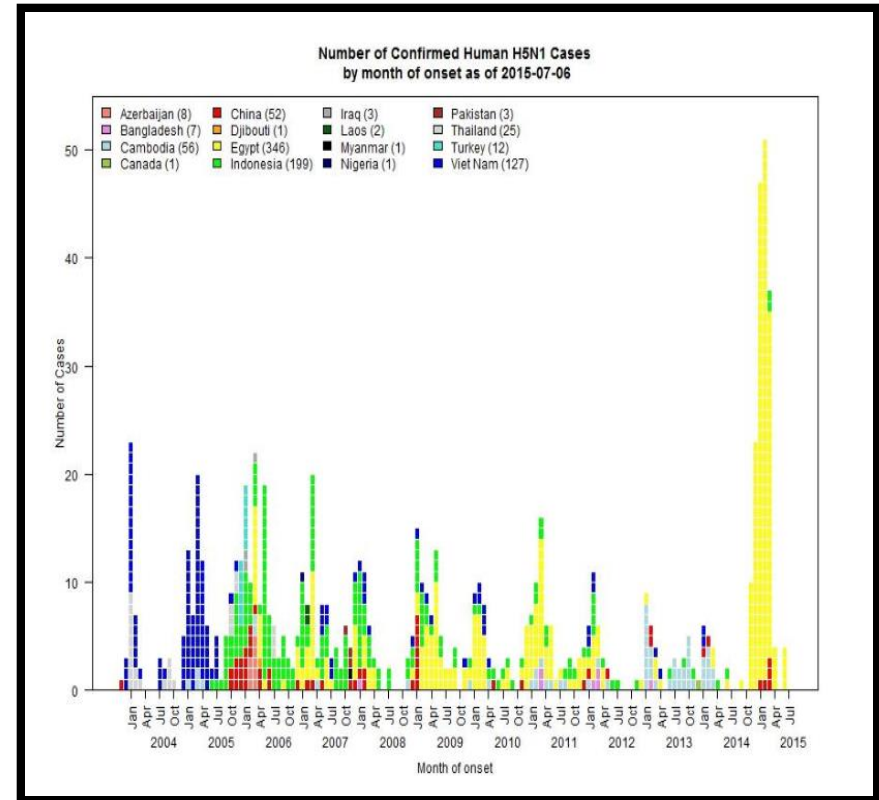
If HPAI comes to Georgia:

- Work closely with Georgia Department of Agriculture (lead agency); weekly meetings
- Surveillance for human infections with H5 flu viruses if they occur, and detect early changes in transmissibility or infectivity of the virus.
- Monitoring exposed poultry workers and facilitating antiviral chemoprophylaxis if appropriate.
 - This month CDC and USDA will release official guidance for states in monitoring responders and poultry workers who are potentially exposed as well as recommendations about antiviral prophylaxis.

Influenza: No Complacency

Avian Influenza in Other Parts of the World (with resultant human infections)

- From 2003 through July 2015, 844 confirmed human cases of avian influenza A (**H5N1**) virus infection have been reported from 16 countries (449 were fatal).
- Since early 2013, 677 confirmed cases of human infection with avian influenza A(**H7N9**) viruses have been reported from China (275 were fatal).
- All associated with exposure to infected live poultry or contaminated environments.
- Doesn't transmit easily from person to person, but risk of travel-associated cases to U.S.

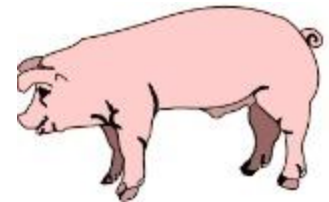


Influenza: No Complacency

In the U.S., Human Infections with Other Novel (Animal) Influenza A Viruses

- **Four** human infections with swine influenza A viruses occurred in the U.S. during 2014-15 (called variant viruses, denoted with "v")

Date	Flu A Virus	State	Exposure
Oct. 2014	H3N2v	Wisconsin	Swine
Oct. 2014	H1N1v	Minnesota	Swine
April 2015	H1N1v	Ohio	Swine
July 2015	H3N2v	Minnesota	Swine



- No sustained human-to-human transmission was identified

Influenza: No Complacency

Seasonal Prevention

- Annual vaccination remains the best method for preventing seasonal flu and is **recommended for all persons aged 6 months and older**.
- Flu vaccine is available soon!
- 2015-2016 Northern Hemisphere Vaccine Components:
 - **A/California/7/2009-like (H1N1)**
 - **A/Switzerland/9715293/2013-like (H3N2)***
 - **B/Phuket/3073/2013-like (B/Yamagata lineage)***
 - **B/Brisbane/60/2008-like (B/Victoria lineage)**

***change from the 2014–15 influenza vaccine components**

Closing Comments



1. Influenza: Ever-changing and unpredictable!
2. Influenza surveillance (global, local, animal, human) is the cornerstone of prevention and control recommendations.
3. Healthcare providers should consider novel flu virus infections in persons with ILI and swine or poultry exposure, or with severe acute respiratory infection after travel to areas where avian influenza viruses have been detected. **Call 1-866-PUB-HLTH for triage/testing.**

State of Georgia Executive Summary of Selected Measures of Health Status

Scott Uhlich
Accreditation Coordinator, DPH

PHAB Accreditation Prerequisites

- State Community Health Assessment
- State Community Health Improvement Plan
- DPH Strategic Plan



Georgia CHA and CHIP Development

- Health Status Measures Presentation – Broad look at population based health statistics.
 - OASIS, Vital Records, Reportable Diseases, Hospital Discharge, Environmental Health, Census, Surveys.
- Involvement of Partners – Regional Focus Group Sessions
 - Carrollton, Statesboro, Macon, Albany and Athens

Georgia CHA and CHIP Development

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Regional Focus Group Session

- What are the top health issues facing Georgia?
- How should the Department of Public Health address these health issues?
- What local assets are available to assist the Department of Public Health?

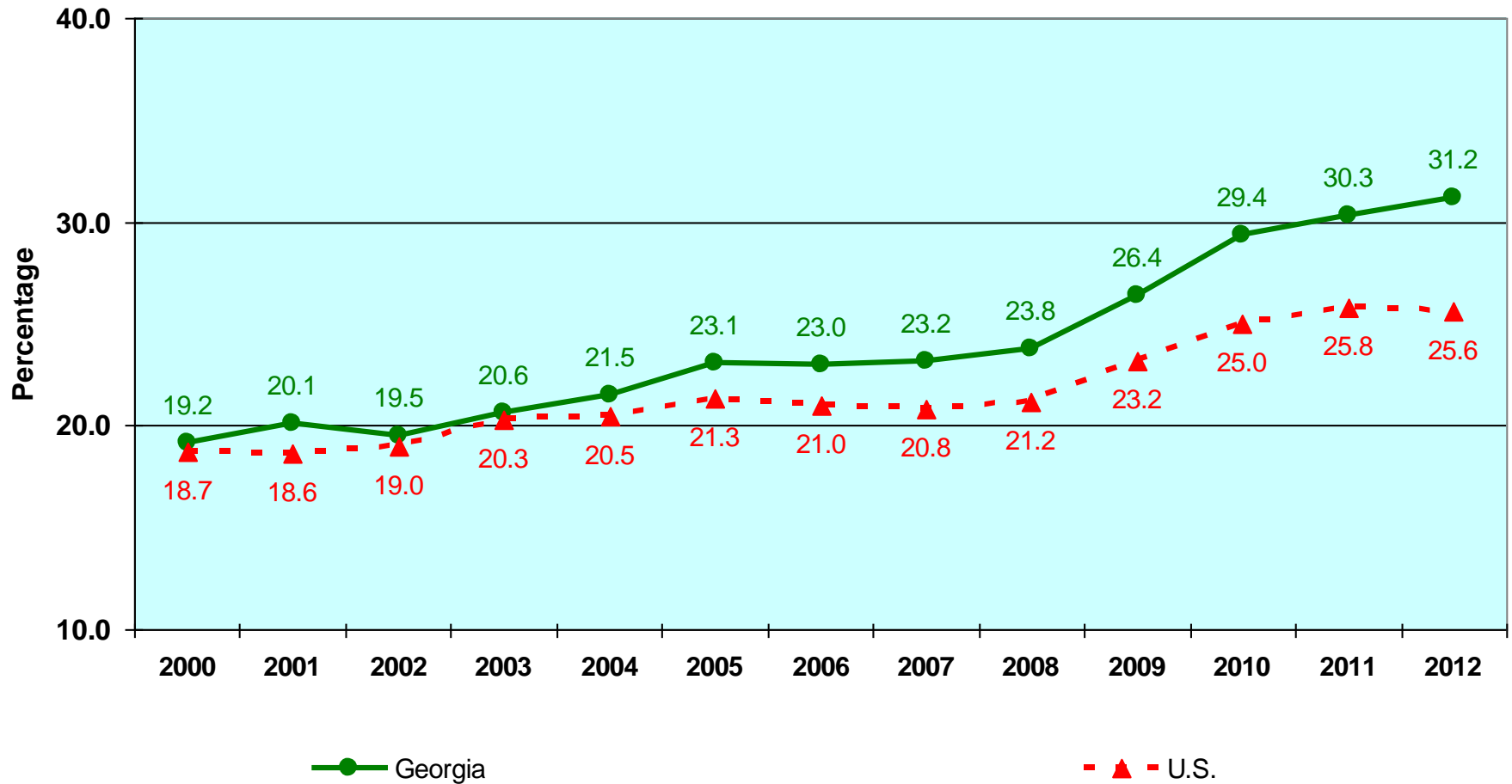
Health Status Measures Presentation

- Health Indicators - Trends over time, comparison to US and/or benchmark (Healthy People).
- Demographic – Associated with health condition.
- Behaviors – Associated with health condition; focus of interventions to improve health.

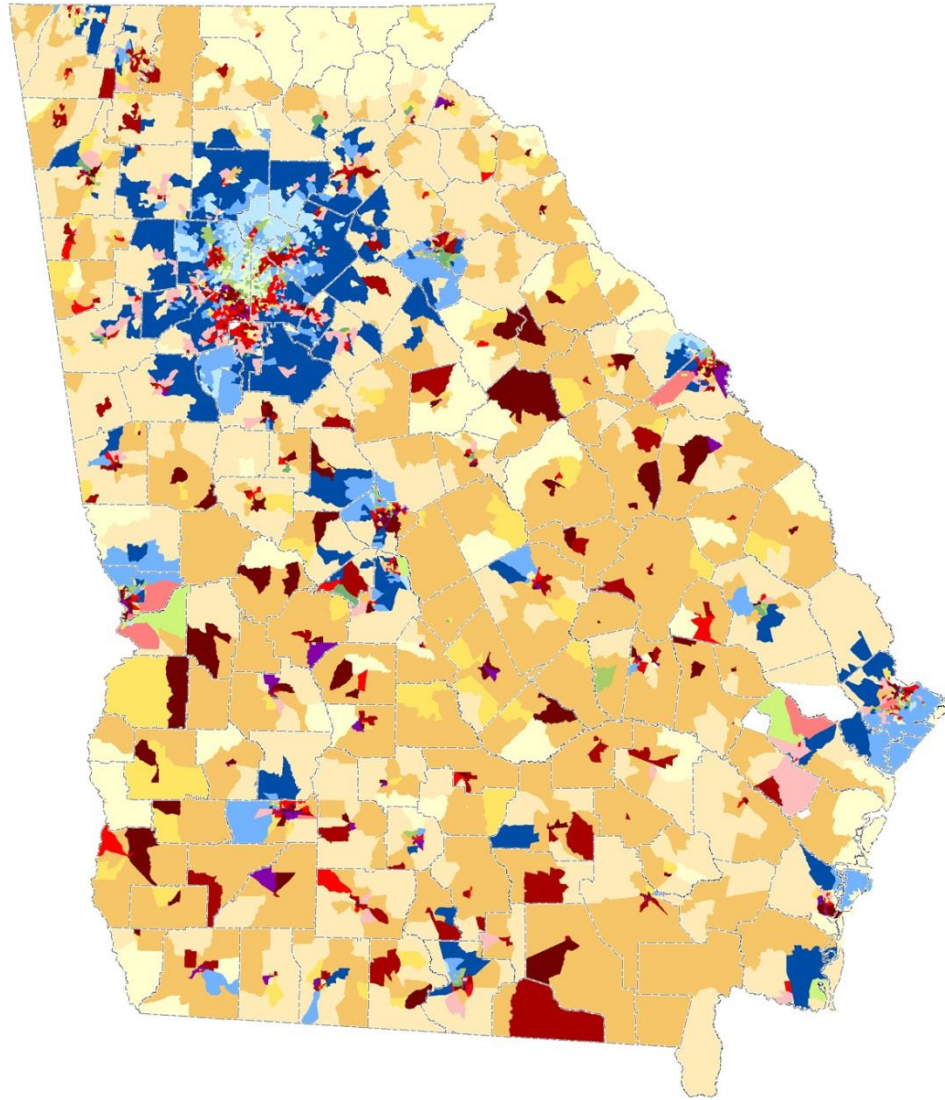
Presentation Team

- Subject Matter Experts
 - Dr. Jean O'Connor
 - Daniel Thompson
 - Tiffany Fowles
 - Dr. Chris Rustin
 - Michelle Allen
 - Elizabeth Head

Poverty Rates of Children <5 years old, U.S. and Georgia, 2000-2012

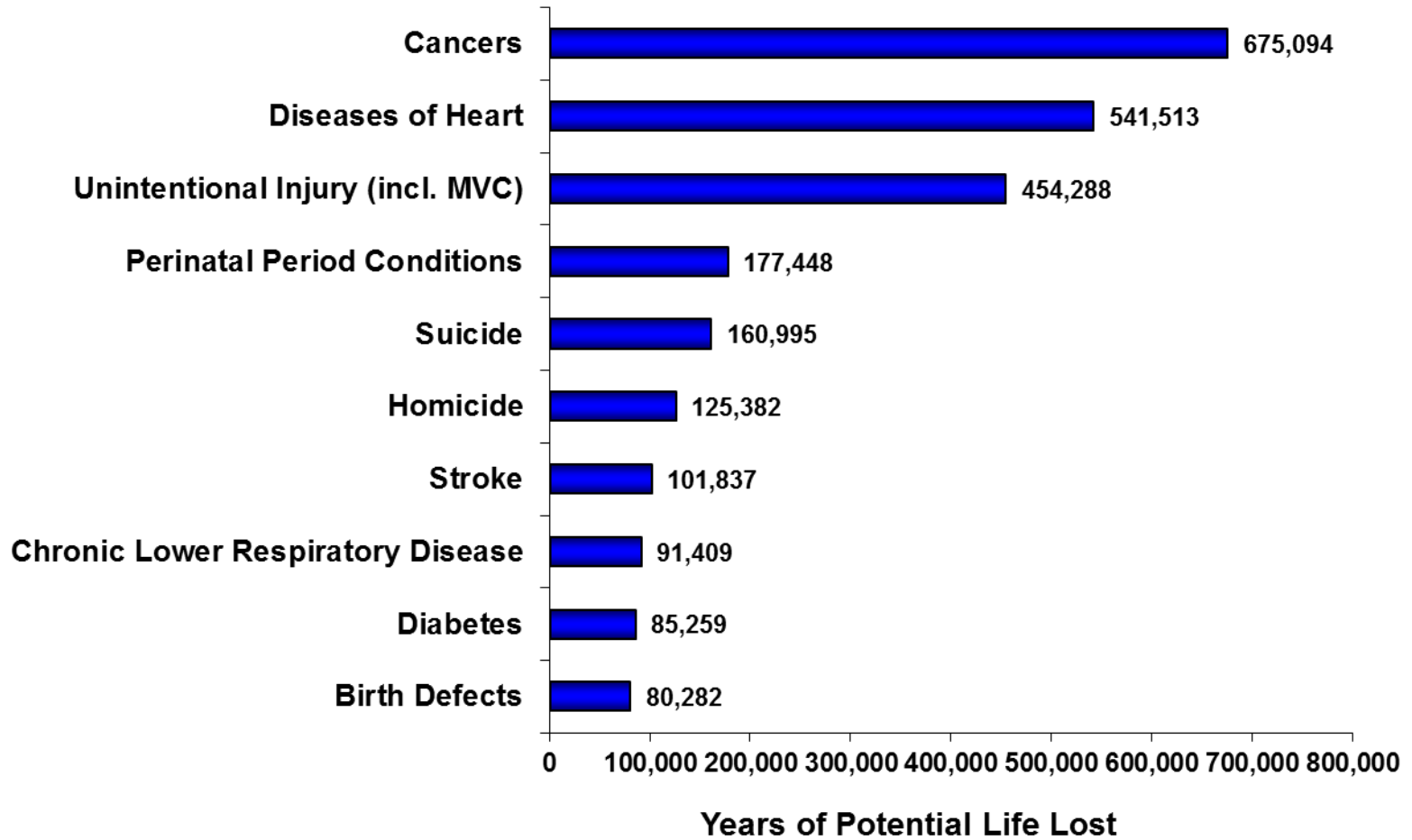


Demographic Clusters Socio-economic Status

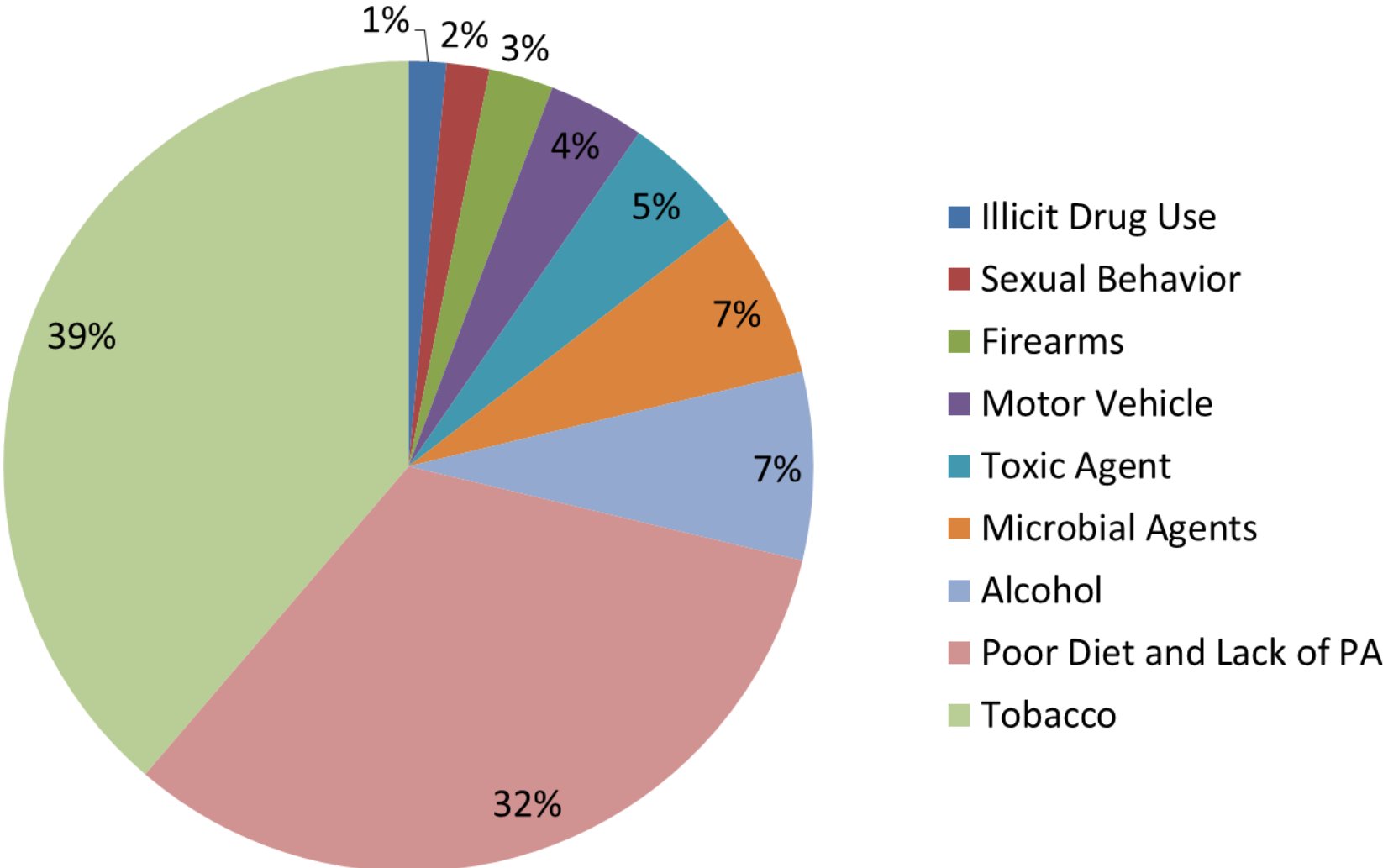


Leading* Causes of Premature Deaths (before age 75), Georgia

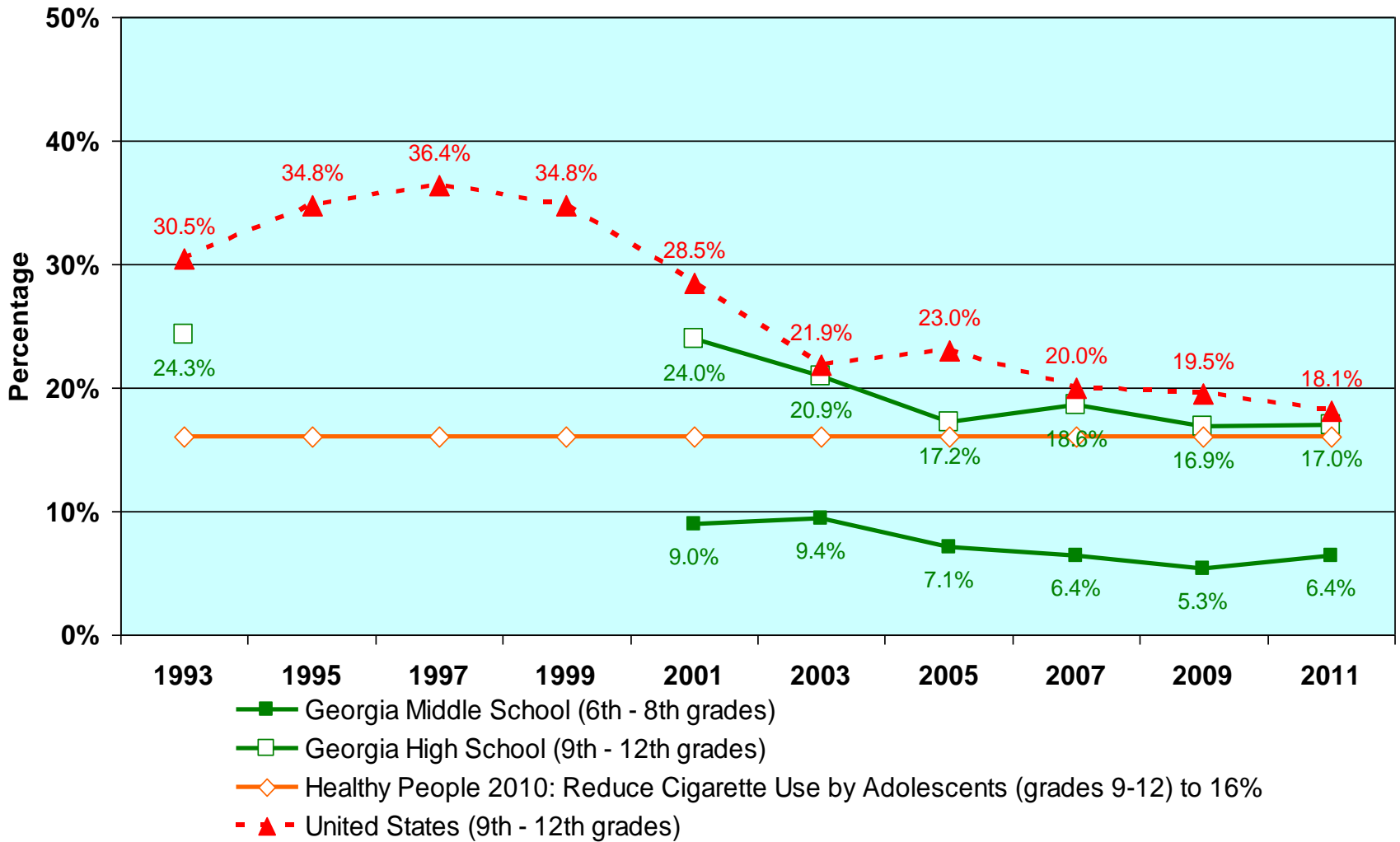
Years of Potential Life Lost 2009-2013



Leading Contributors to Premature Death, Georgia



Percentage of Middle and High School Students Who Smoke,¹ U.S. and Georgia, 1993-2011



Geographic Trends in Obesity

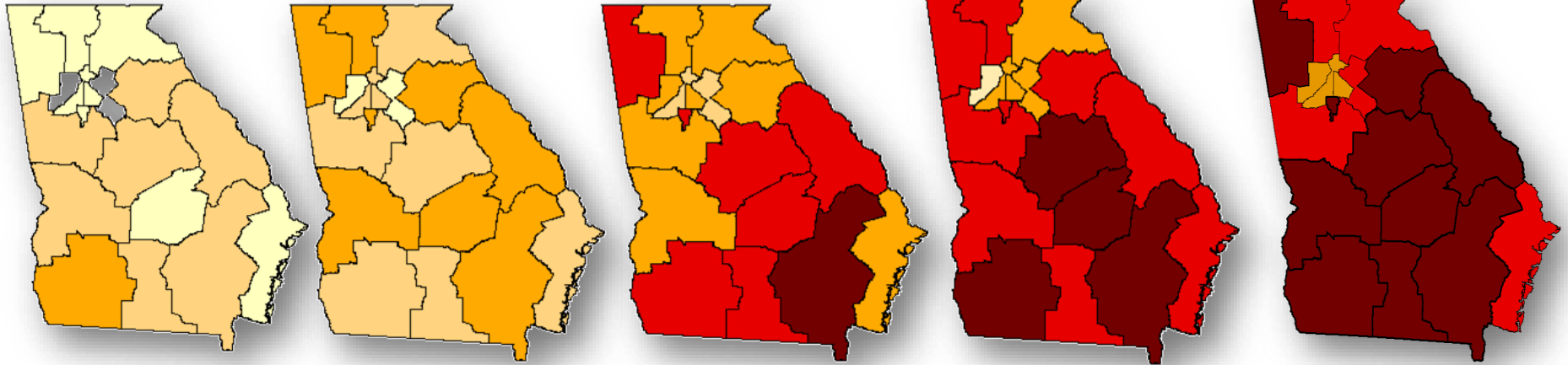
1993-1996

1997-1999


2000-2003


2004-2006


2007-2009





Percent of obese adults:

 < 10%

 10-14%

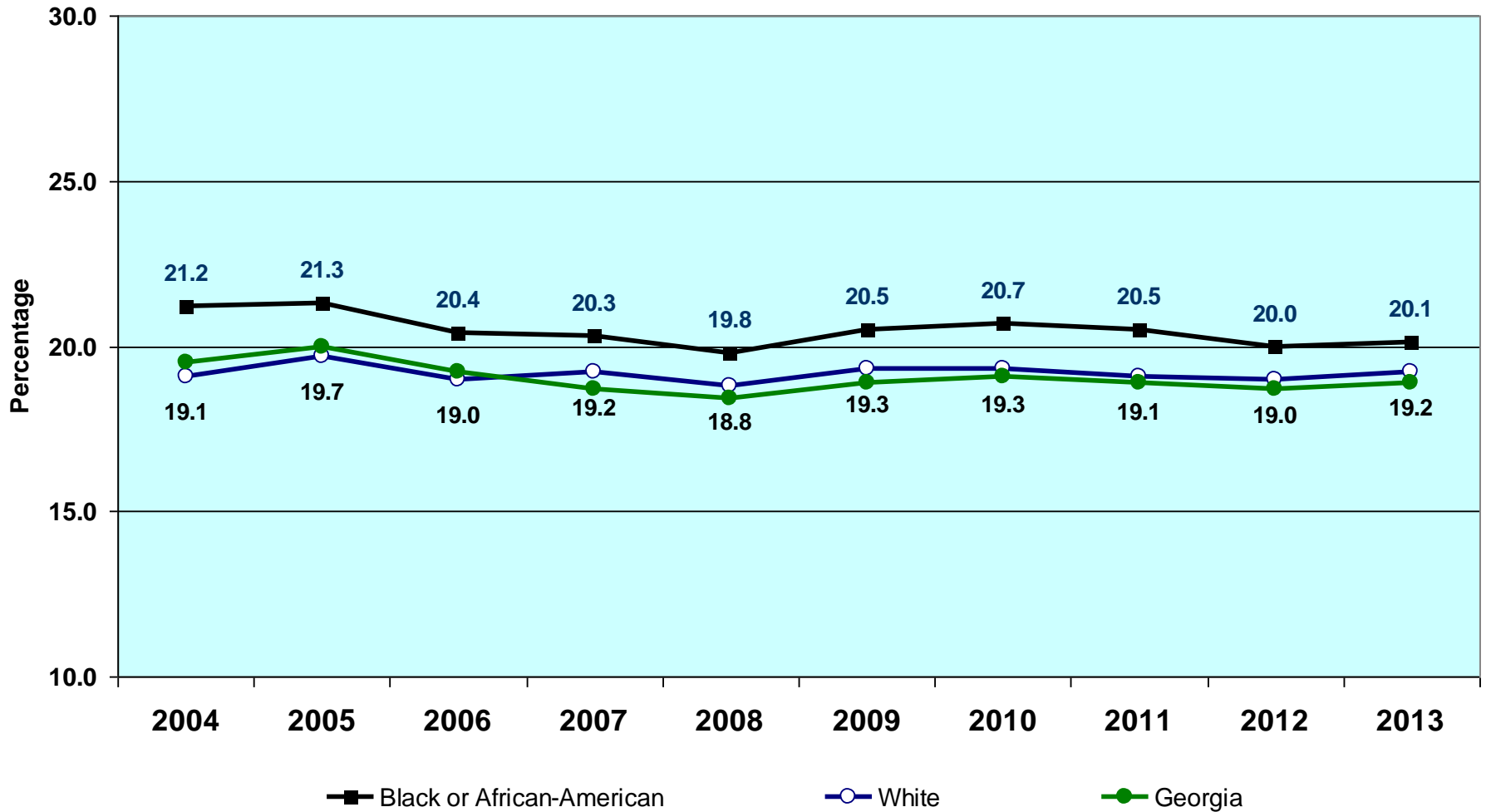
 15%-19%

 20-24%

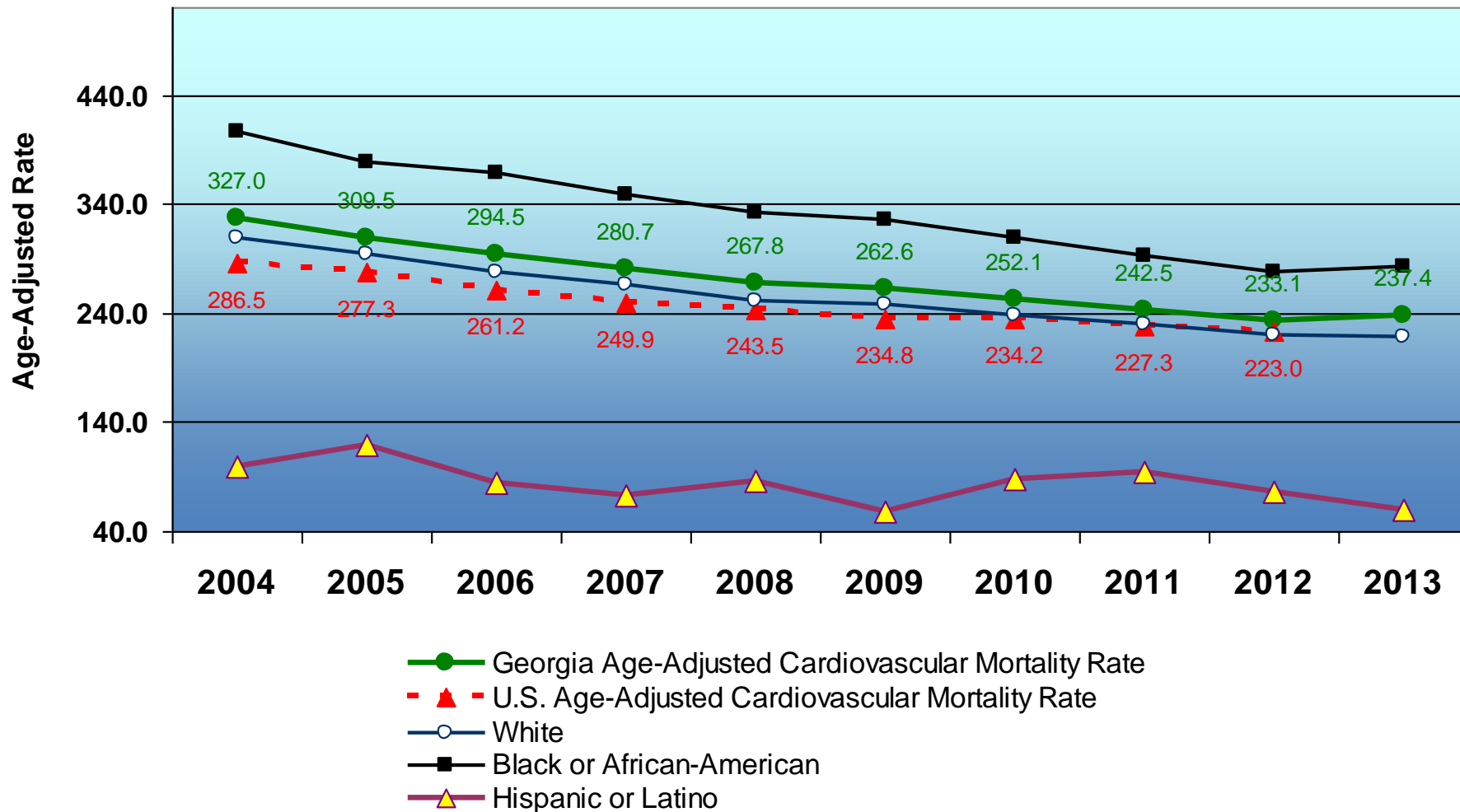
 25-29%

 30%+

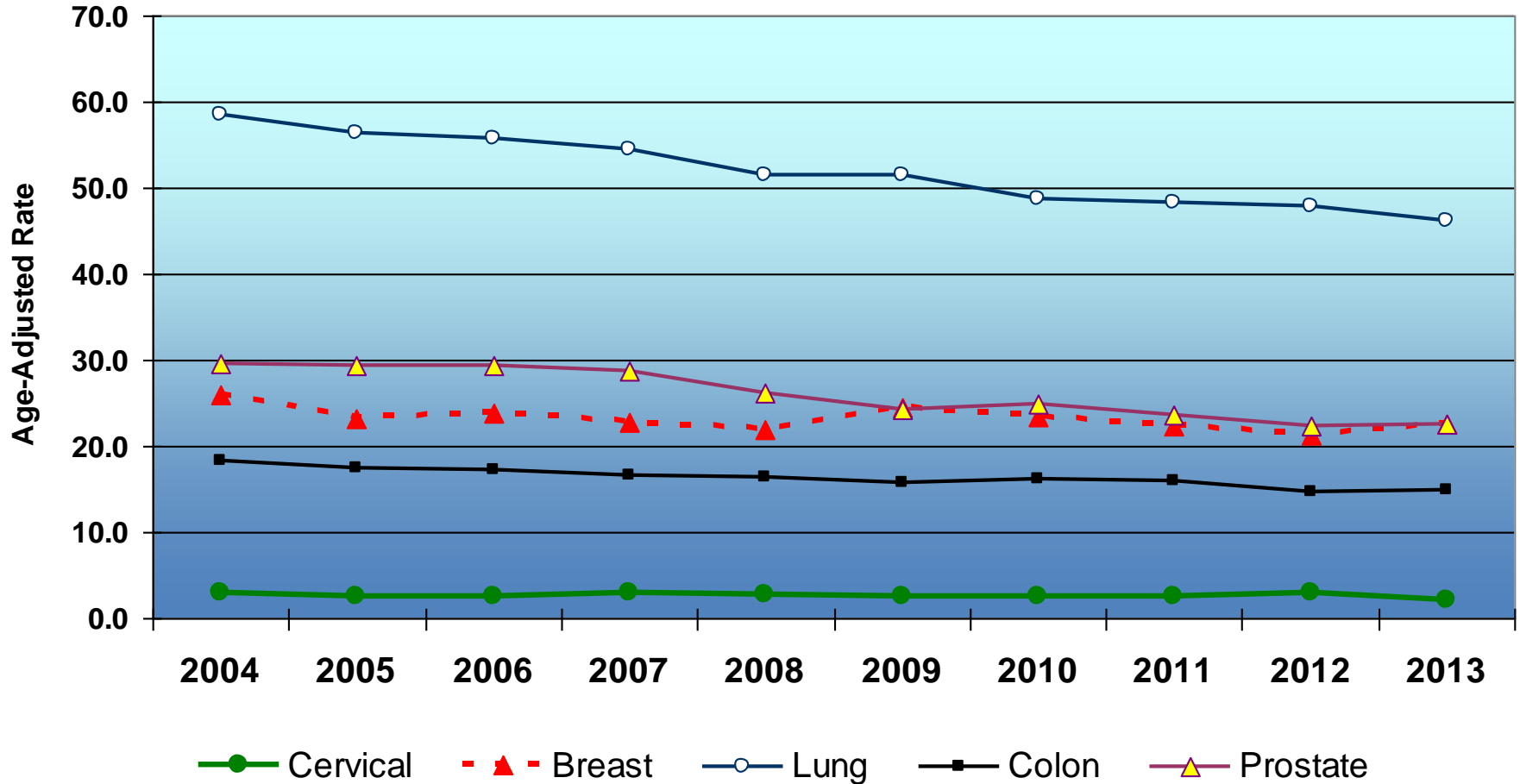
Percent of Hospitalizations that were Avoidable*, Total and by Race, Georgia, 2004-2013



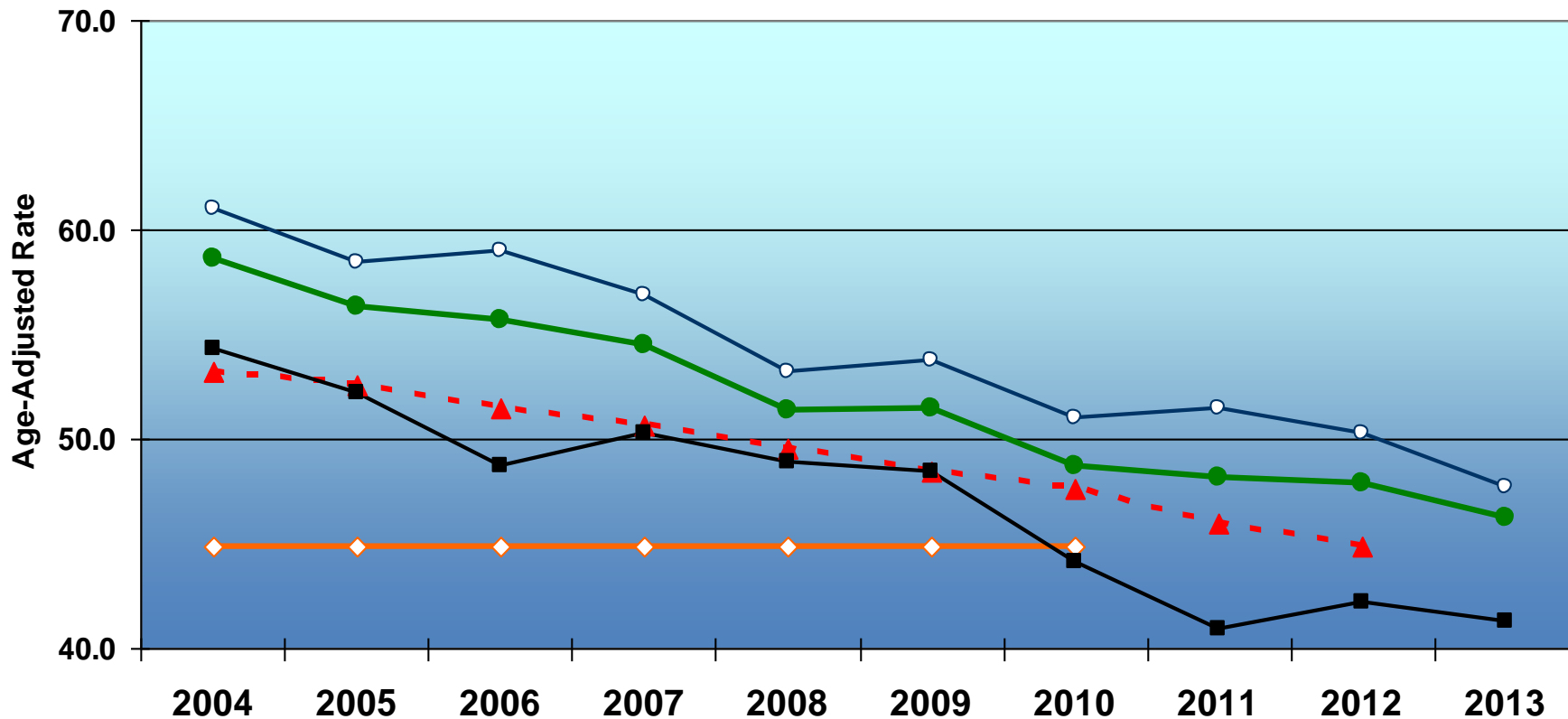
Age-Adjusted Cardiovascular Mortality Rates, U.S. and Georgia, by Race, 2004-2013



Age-Adjusted Cancer Mortality Rates, Georgia, 2004-2013

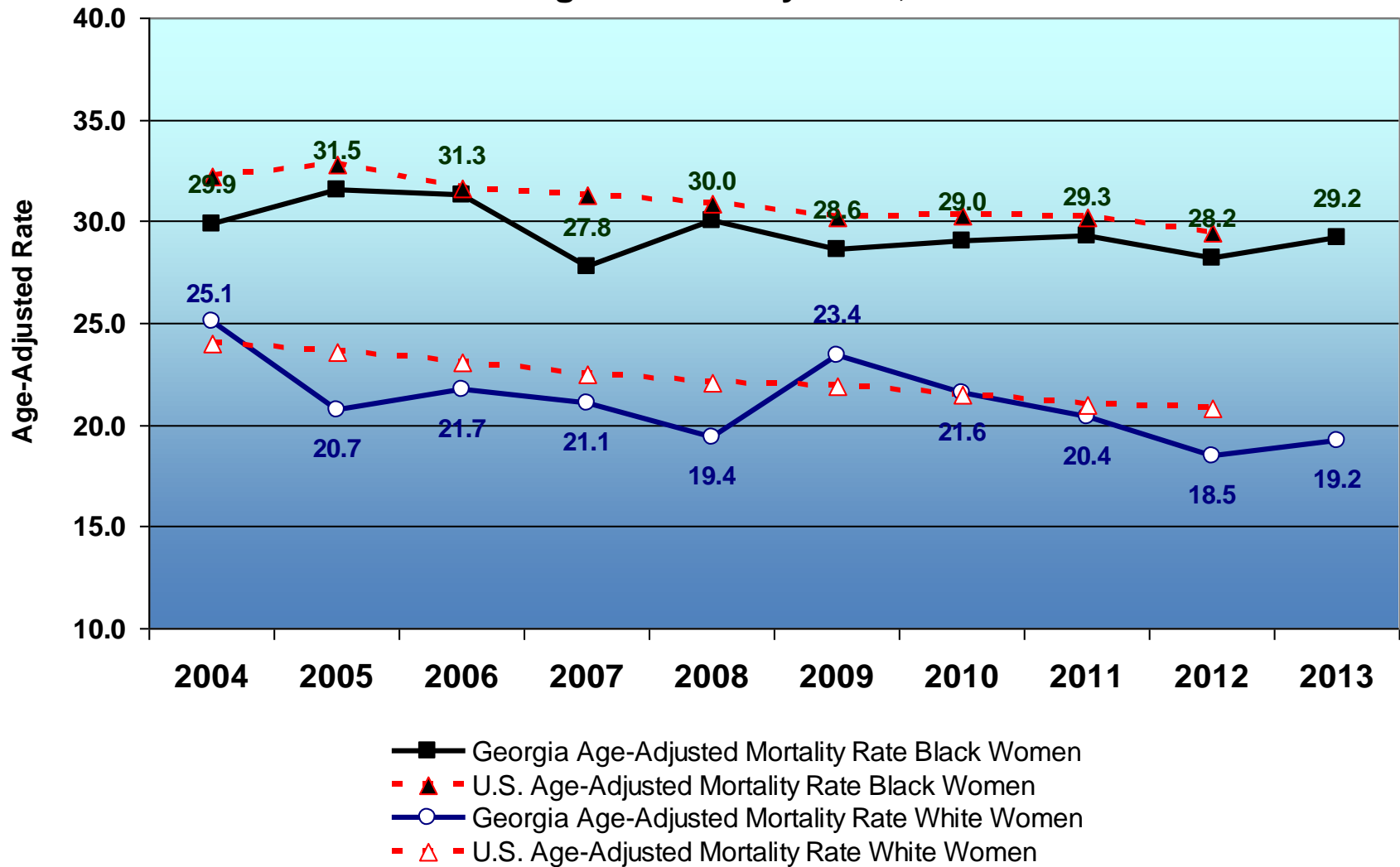


Age-Adjusted¹ Lung Cancer Mortality Rates, U.S. and Georgia, by Race, 2004-2013

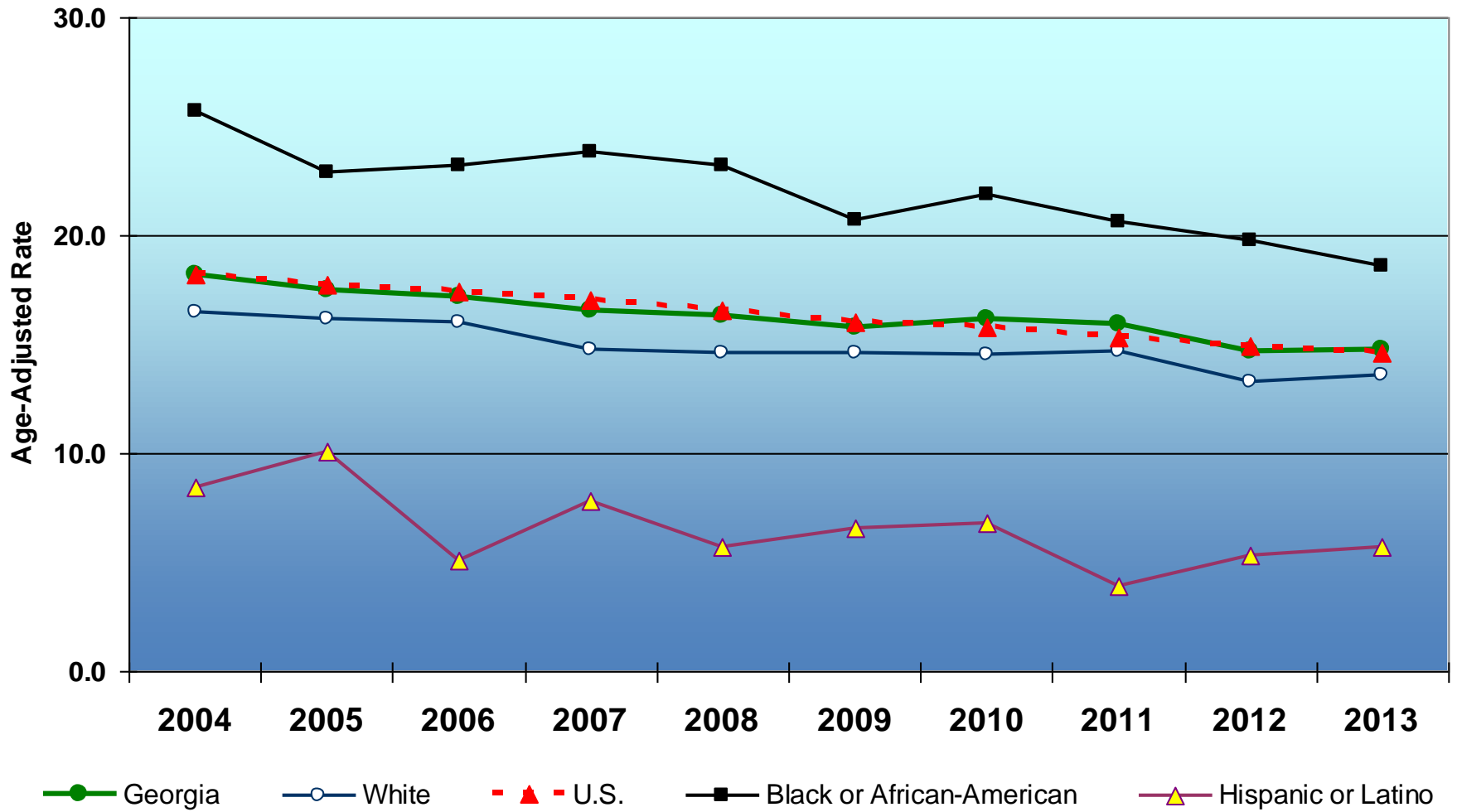


- Georgia Age-Adjusted Lung Cancer Mortality Rate
- ◇ Healthy People 2010: Decrease the Rate of Lung Cancer to no More than 44.9 per 100,000 (age adjusted rate).
- White
- ▲- U.S. Age-Adjusted Lung Cancer Mortality Rate
- Black or African-American

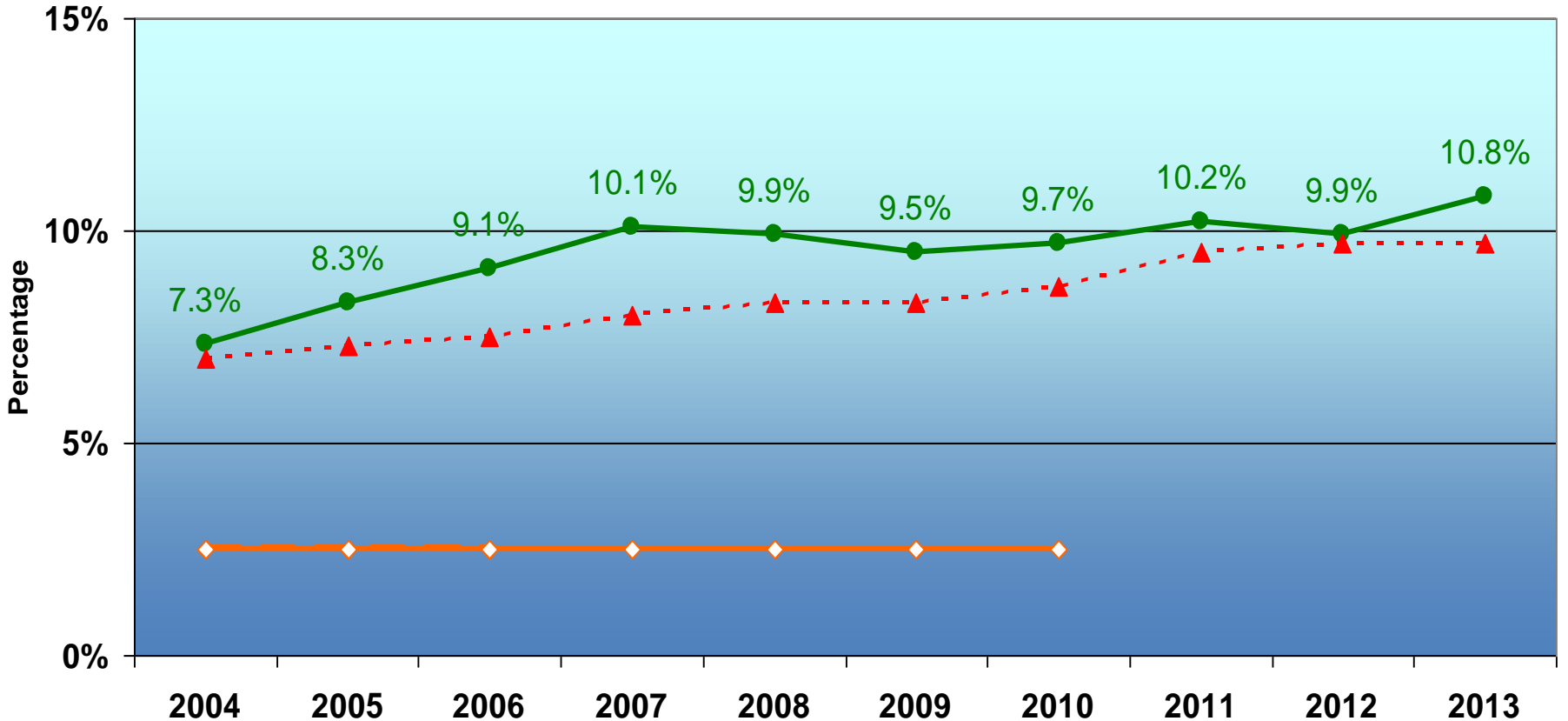
Age-Adjusted Breast Cancer Mortality Rates, U.S. and Georgia Women by Race, 2004-2013



Age-Adjusted¹ Colon Cancer Mortality Rates, U.S. and Georgia, by Race, 2004-2013



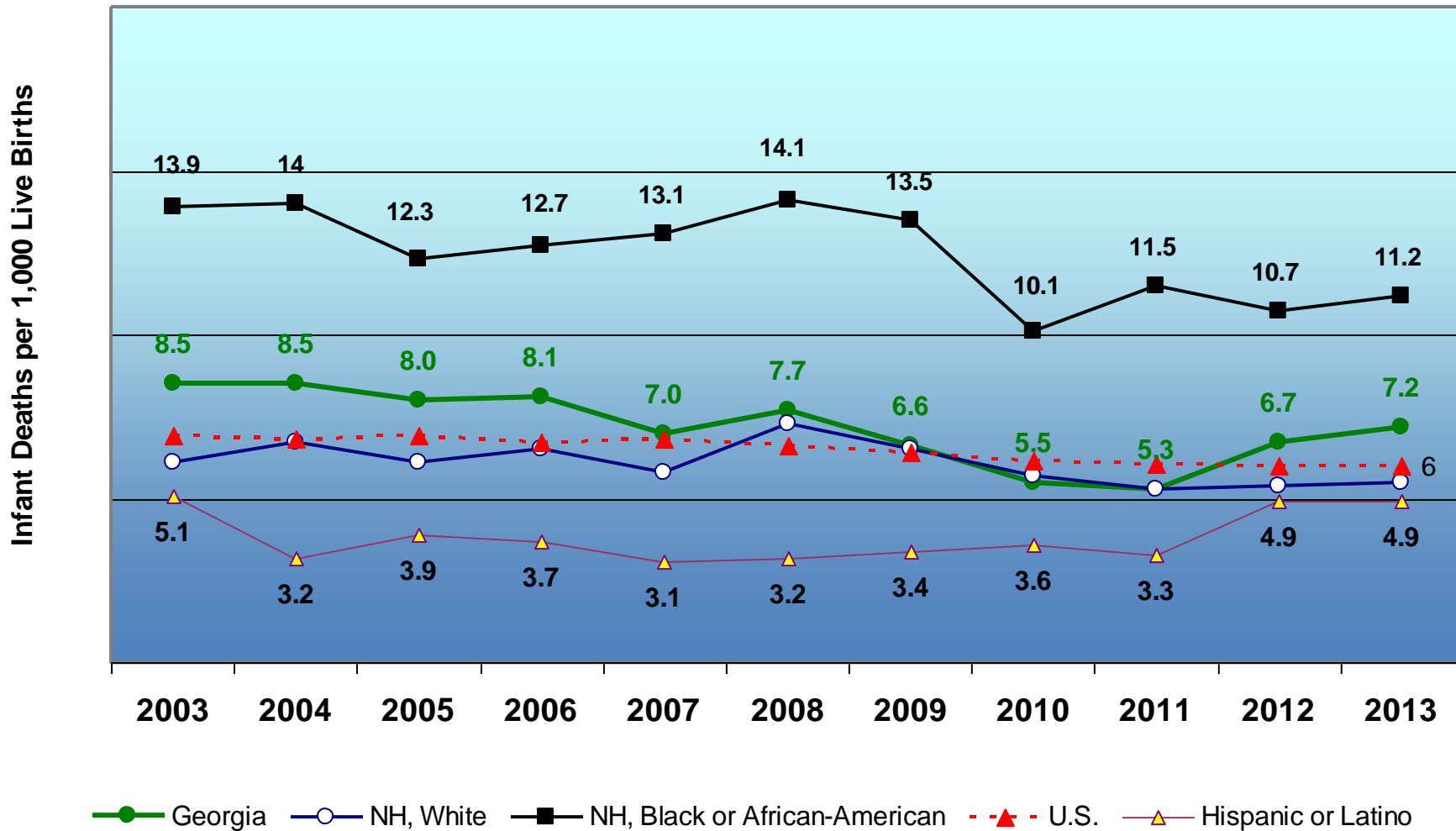
Percentage of Adults 18 Years of Age and Older who have Diabetes, U.S. and Georgia, 2004-2013



- ◆ Healthy People 2010: Reduce the overall rate of diabetes that is clinically diagnosed no more than 25 per 1,000 people (2.5%)
- Percentage Georgia Adults 18+, Who Have Ever Been Told by a Doctor They Have Diabetes (self reported)
- ▲ U.S.

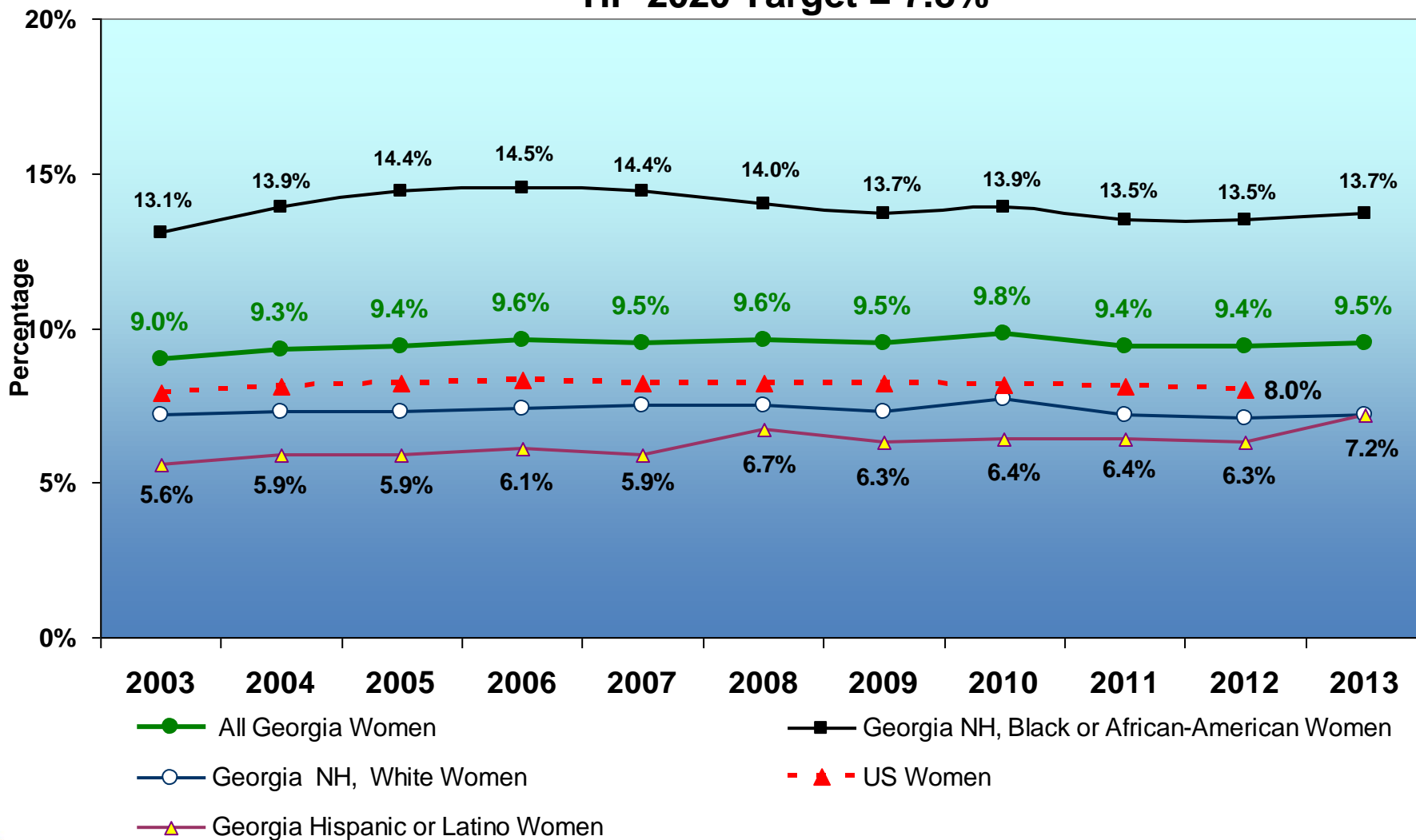
Infant Mortality Rate, Total and by Race Georgia and U.S. Total, 2003 to 2013

HP 2020 Target = 6 deaths per 1,000 live births

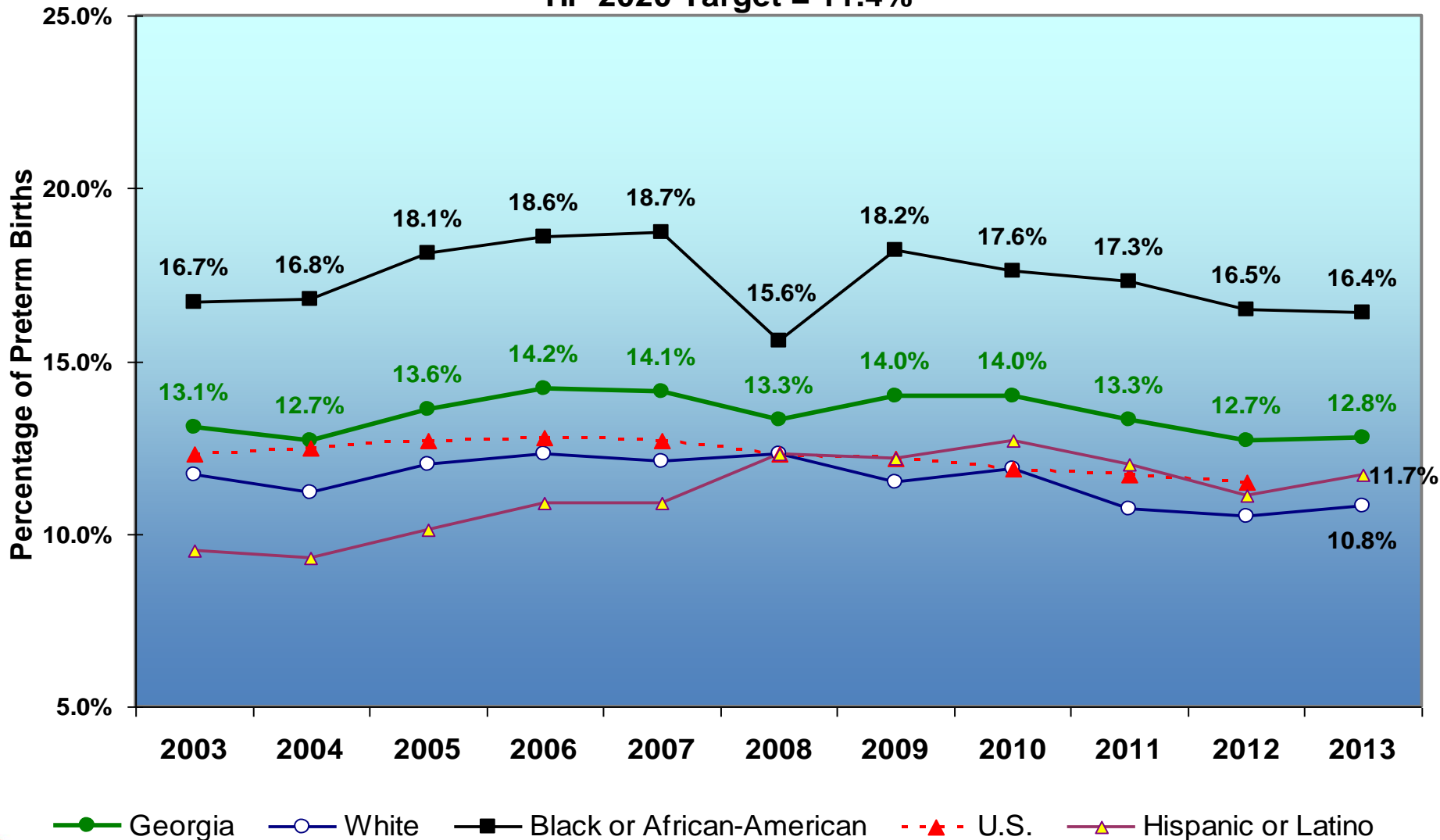


Percentage of Live Births Weighing Less than 2,500 Grams (LBW), U.S. and Georgia, by Race, 2003 to 2013

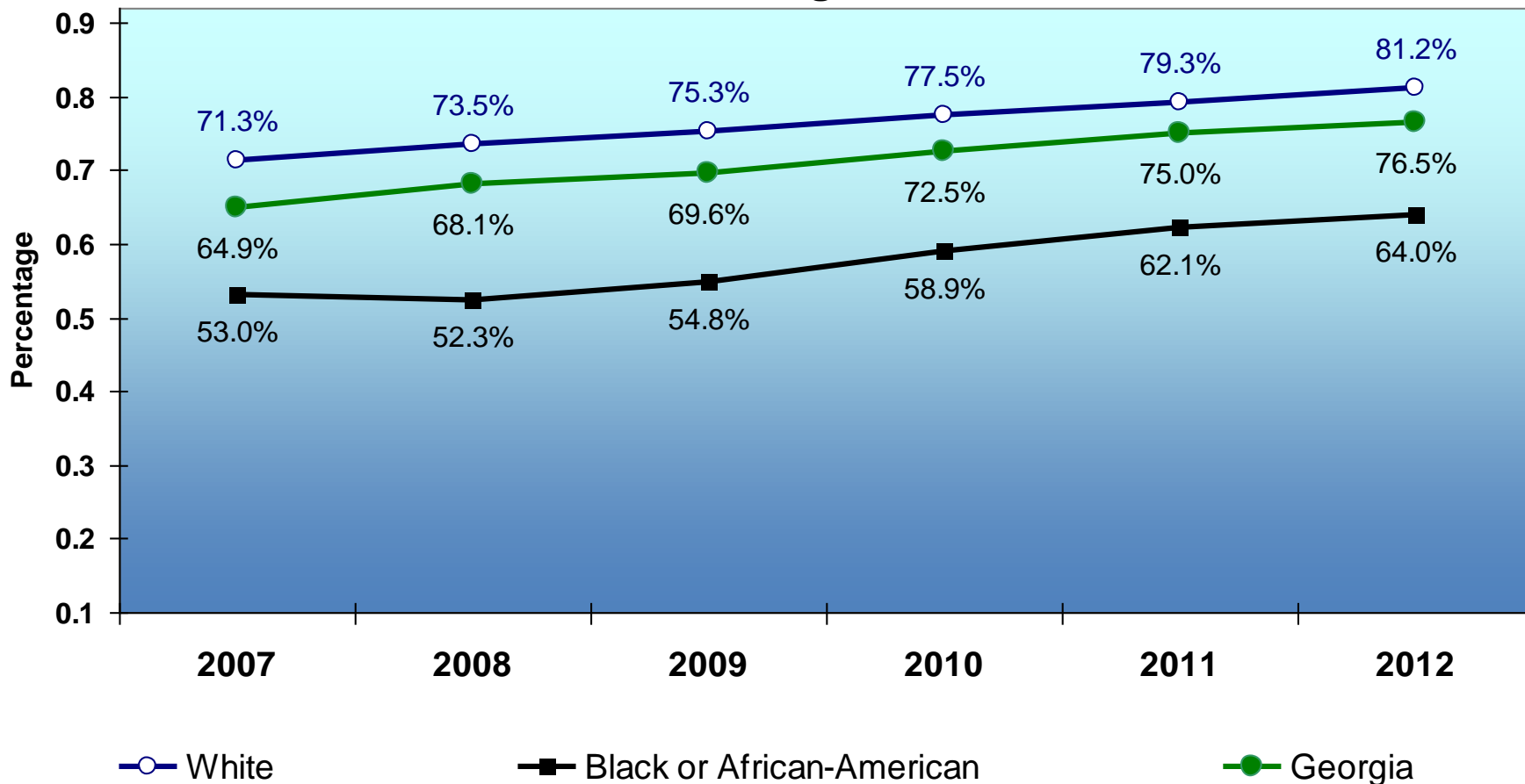
HP 2020 Target = 7.8%



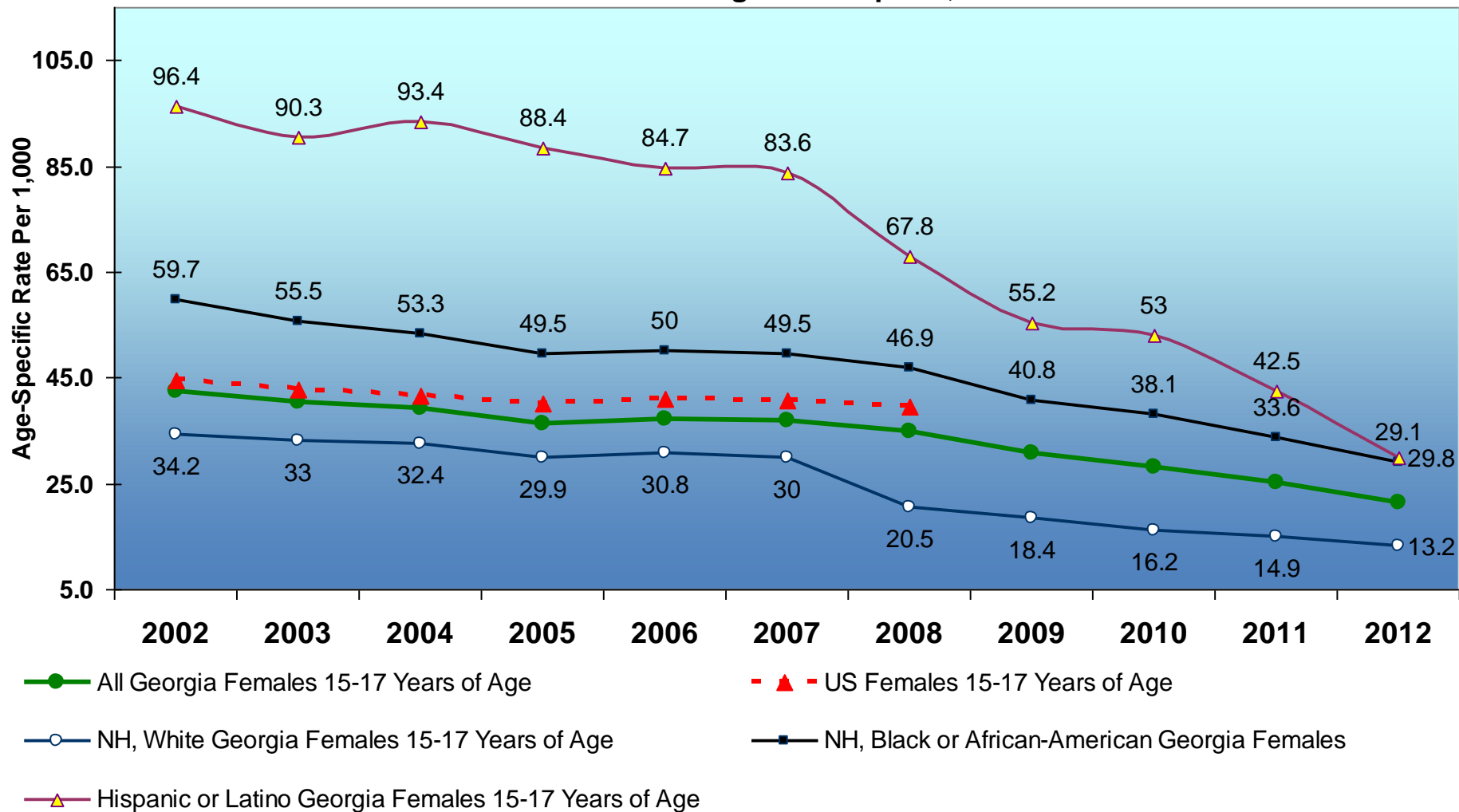
**Percentage of Live Births born Preterm (<37 weeks), Total and by Race,
Georgia, and U.S. Total, 2003 to 2013**
HP 2020 Target = 11.4%



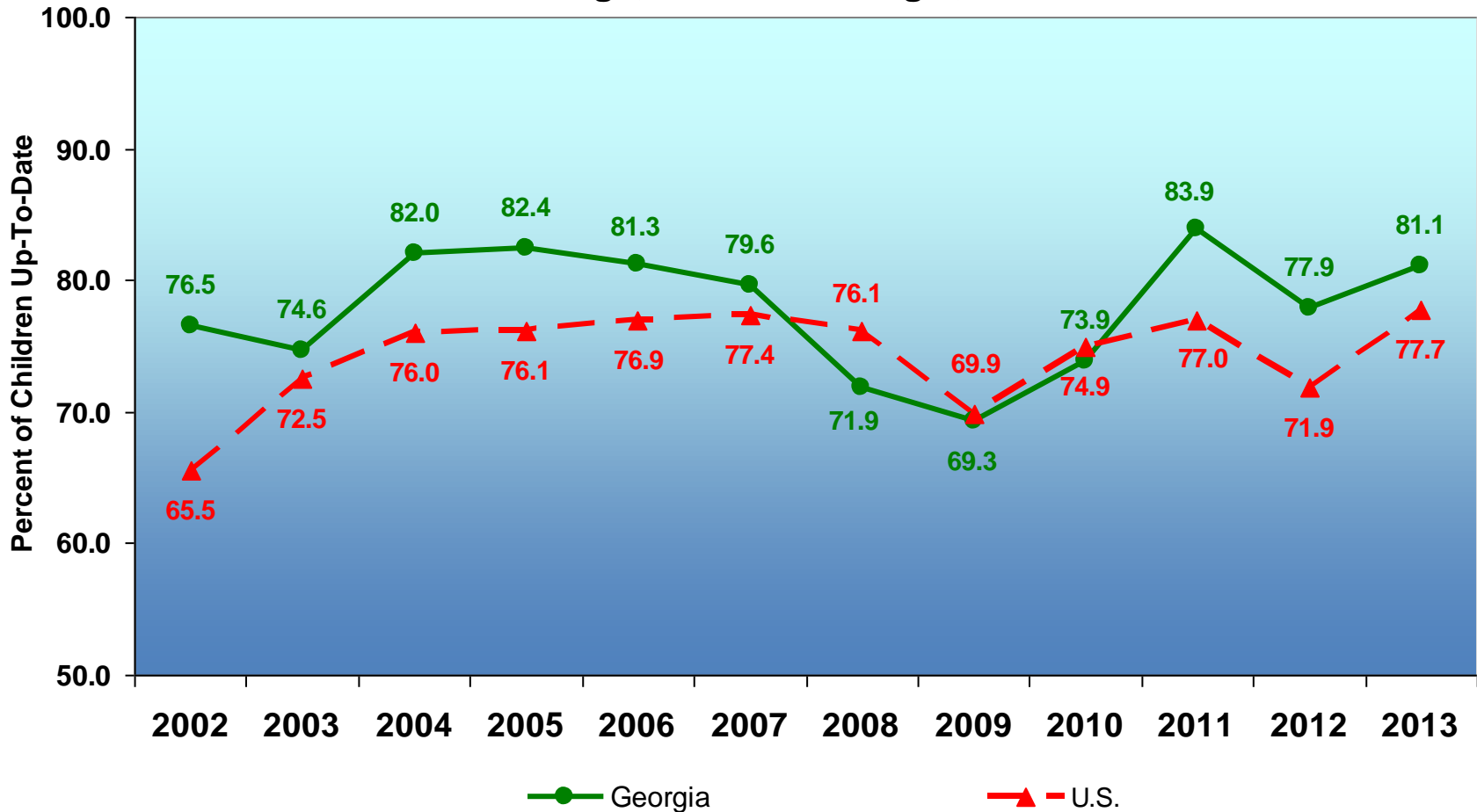
**Percent of Infants Being Breastfed at
the Time of Discharge, Total and by Race,
Georgia, 2007-2012
HP 2020 Target = 82%**



**Age-Specific Pregnancy¹ Rate², Females 15 to 17 Yrs of Age,
U.S. and Georgia, by Race, 2002 to 2012
HP 2020 Target = 36.2 per 1,000**

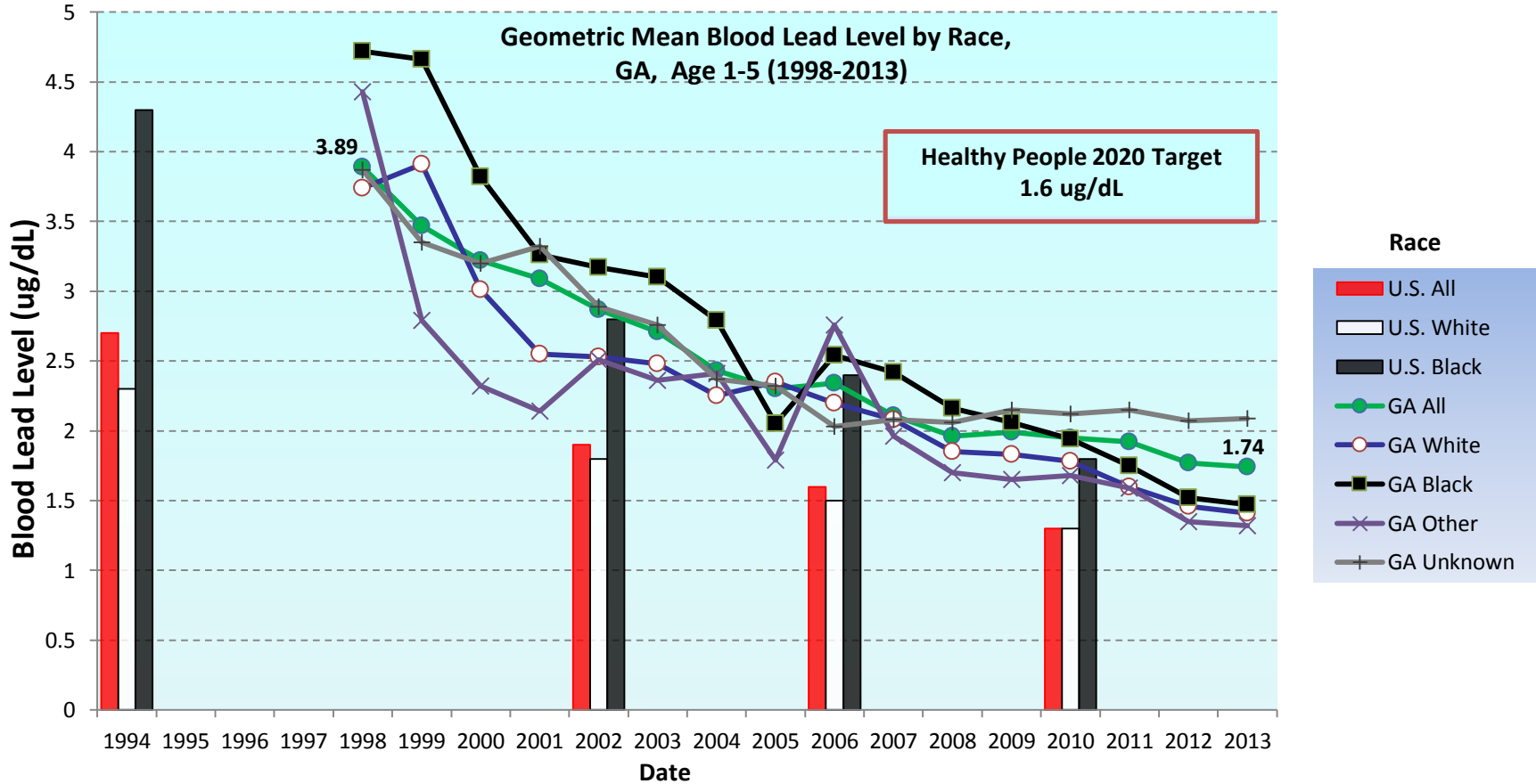


Immunization Coverage 4:3:1:3:3:1 Series, Among Children 19 to 35 Months of Age, U.S. and Georgia, 2002-2013

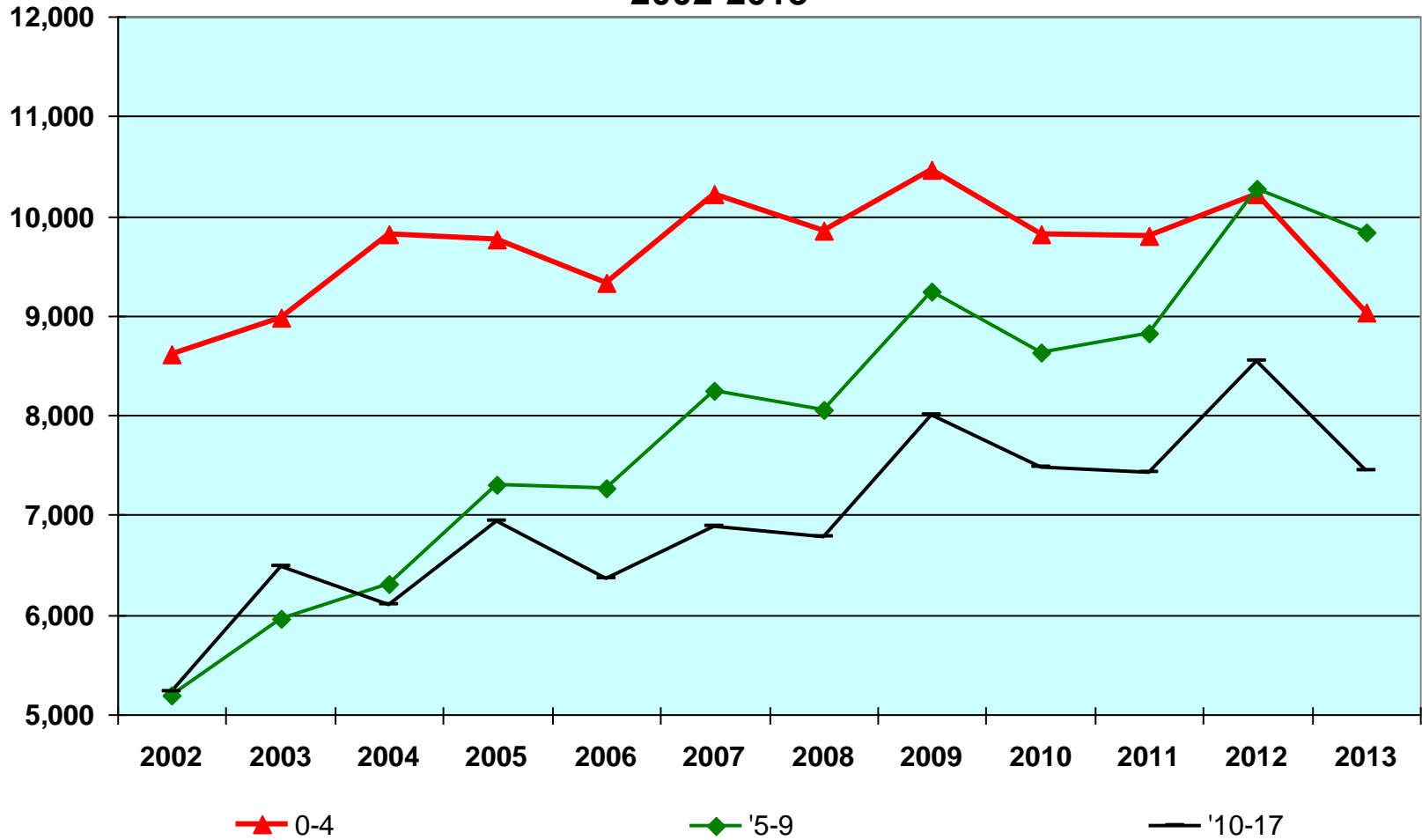


Vaccine	DTaP	Polio	MMR	HIB	Hep. B	Varicella
Recommended Doses	≥4	≥3	≥1	3	≥3	≥1

Blood Lead Geometric Mean

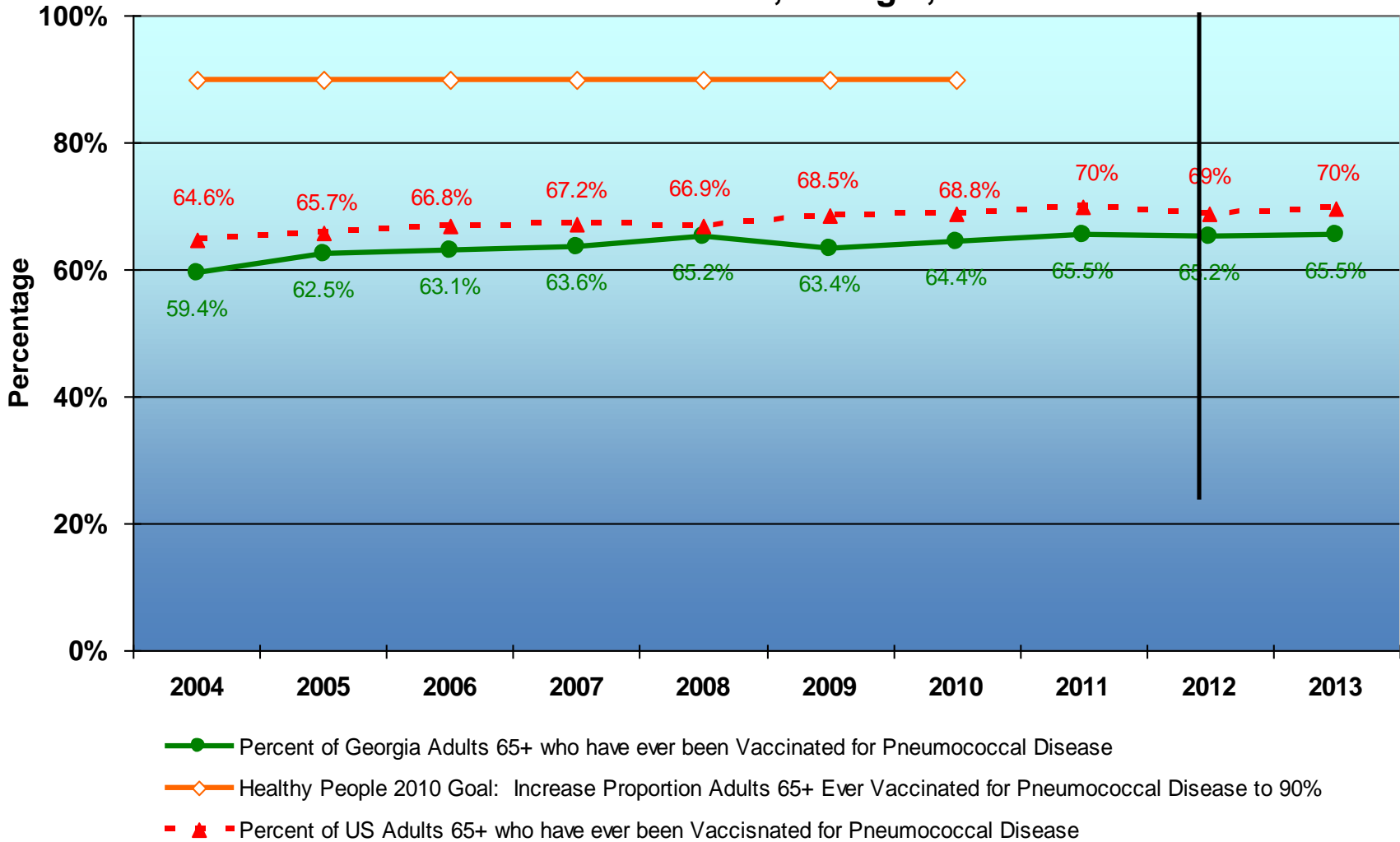


Number of Asthma Emergency Room Visits, Georgia, by Age Group, 2002-2013

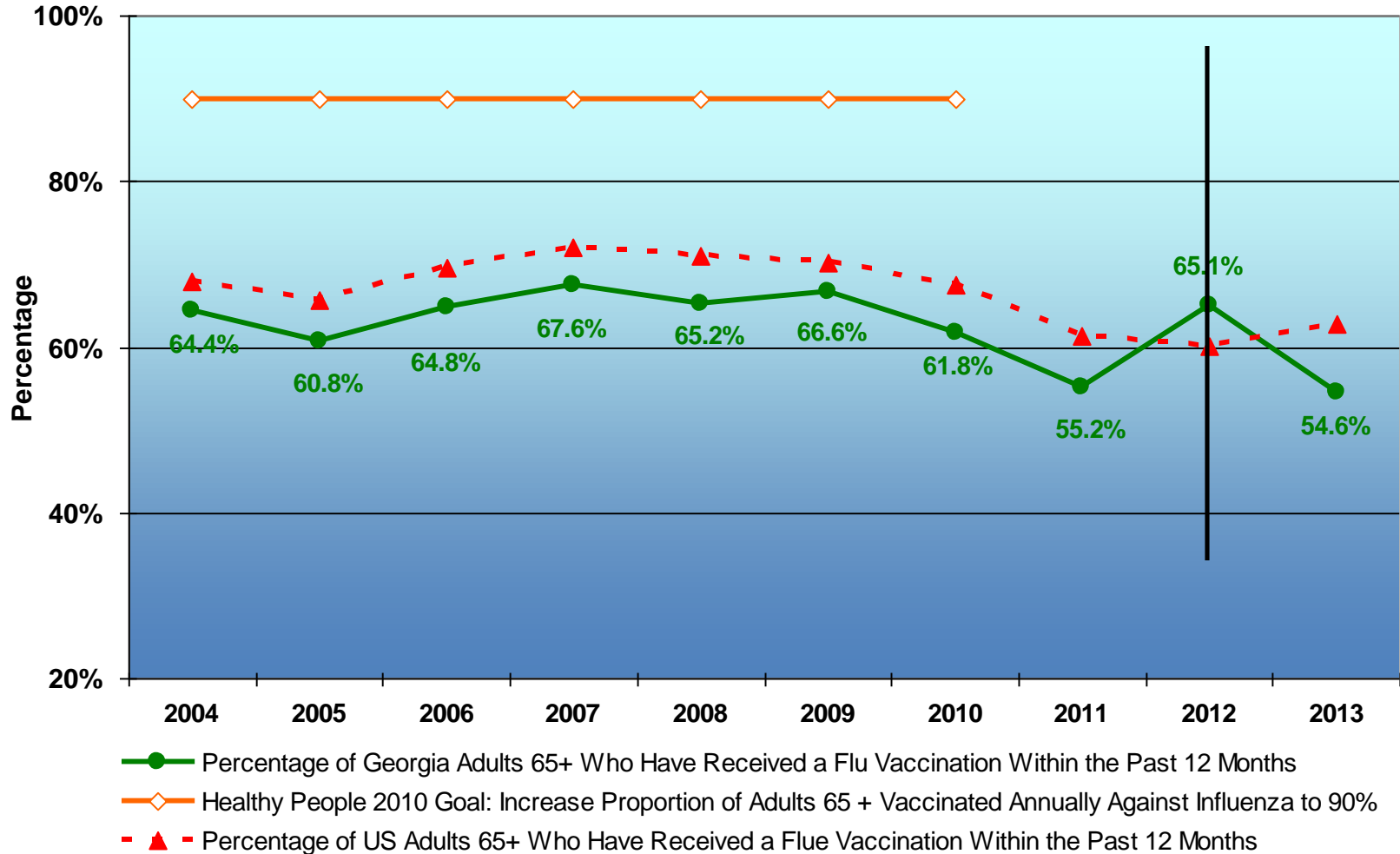


Percent Medicaid	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
0-4	59.2	63.5	64.9	65.6	58.0	54.9	60.4	65.7	70.4	69.0	70.2	69.6
5-9	48.5	57.7	58.9	59.4	52.8	49.5	53.7	61.3	64.4	65.0	65.9	66.5
10-17	46.3	52.5	53.9	53.3	48.8	45.6	49.5	54.9	59.2	59.9	60.6	61.5

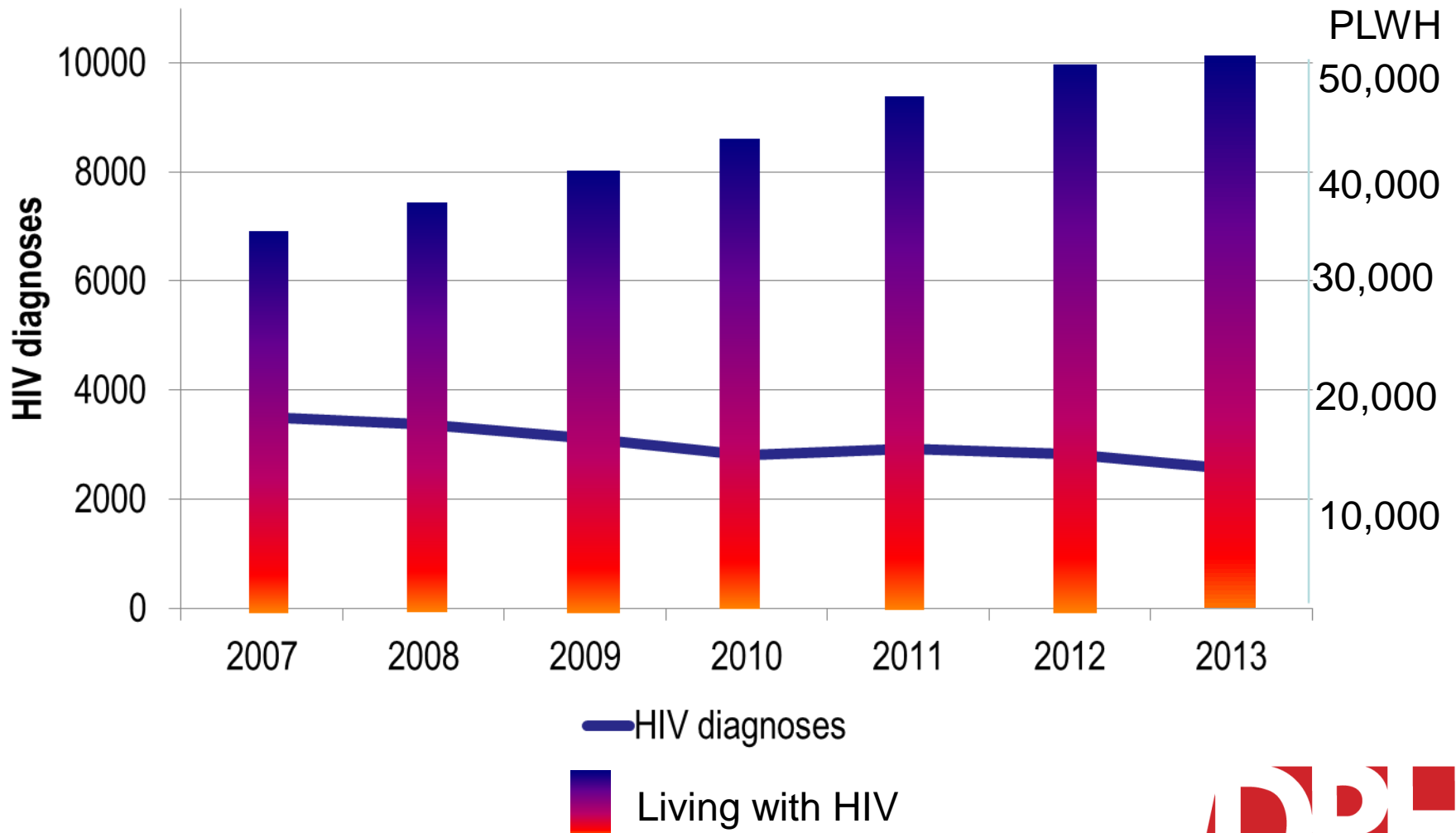
Percentage of Adults 65 Years of Age and Older, Ever Vaccinated for Pneumococcal Disease, Georgia, 2004-2013



Percentage of Adults 65+ Years of Age, Who Have Received a Flu Vaccination within the Past 12 Months, U.S. and Georgia, 2004-2013

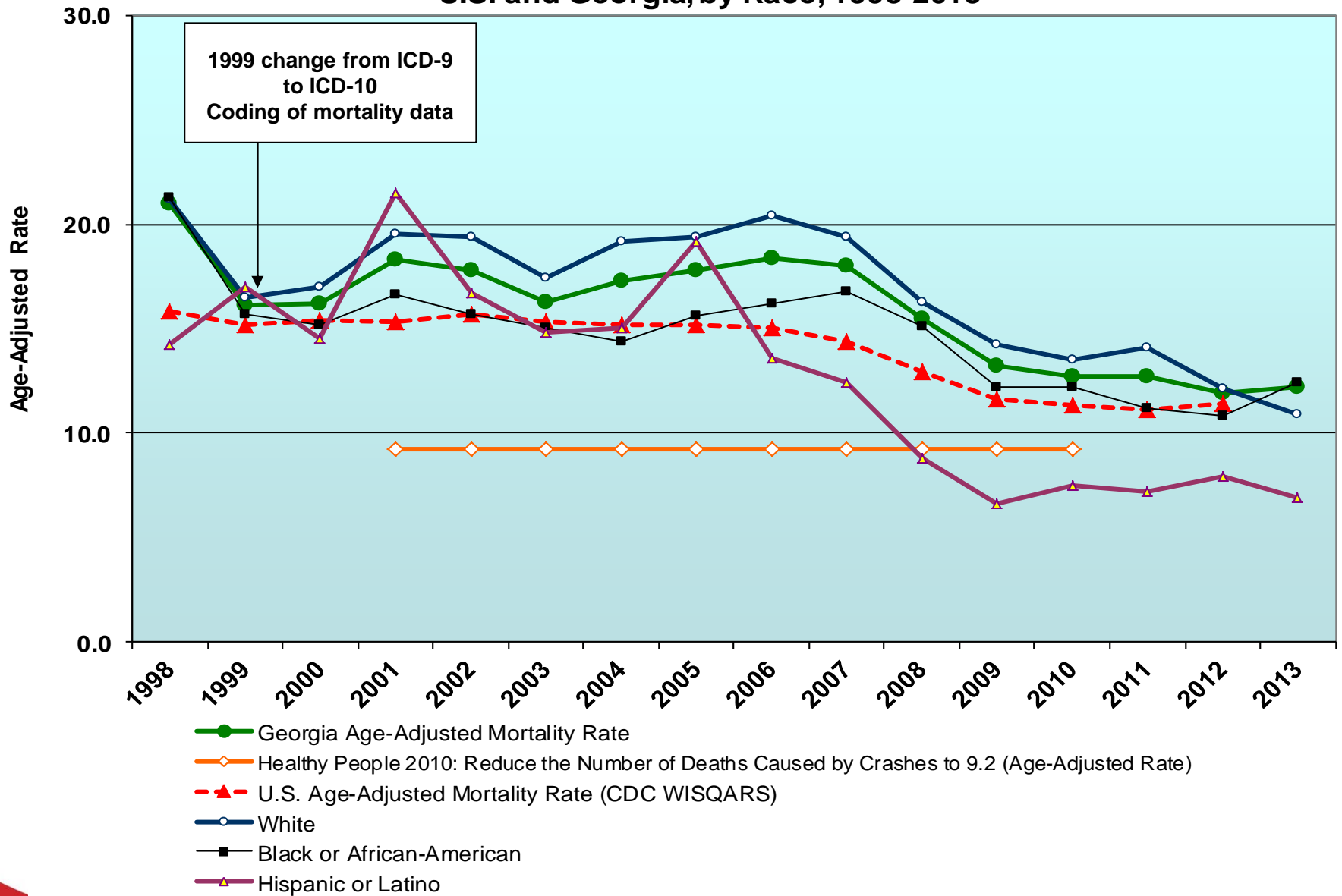


New HIV diagnoses*, and Persons Living with HIV (PLWH), Georgia 2007-2013

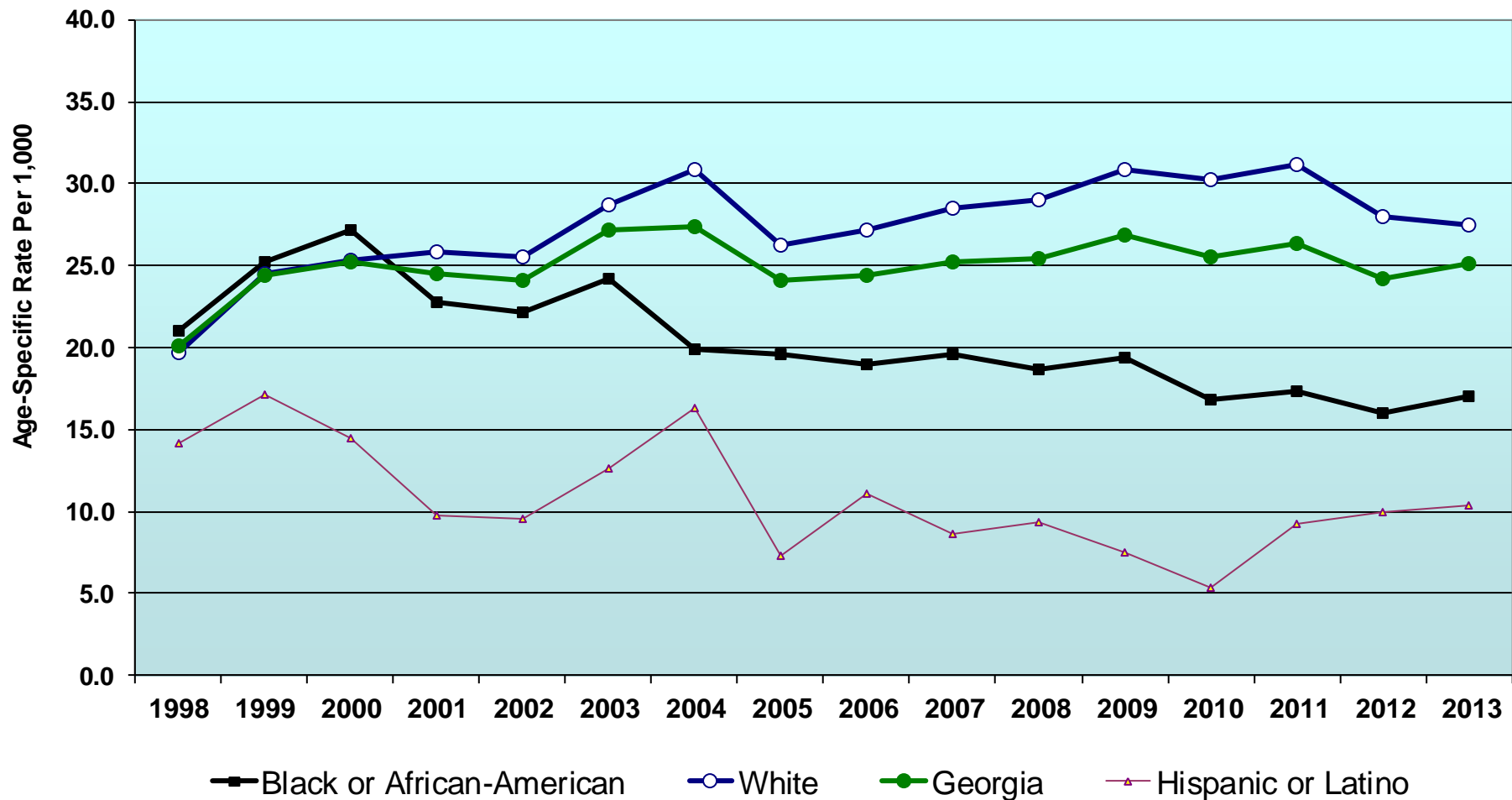


* Stages 1,2, and 3

Age-Adjusted Motor Vehicle Crash Mortality Rates,1 U.S. and Georgia, by Race, 1998-2013

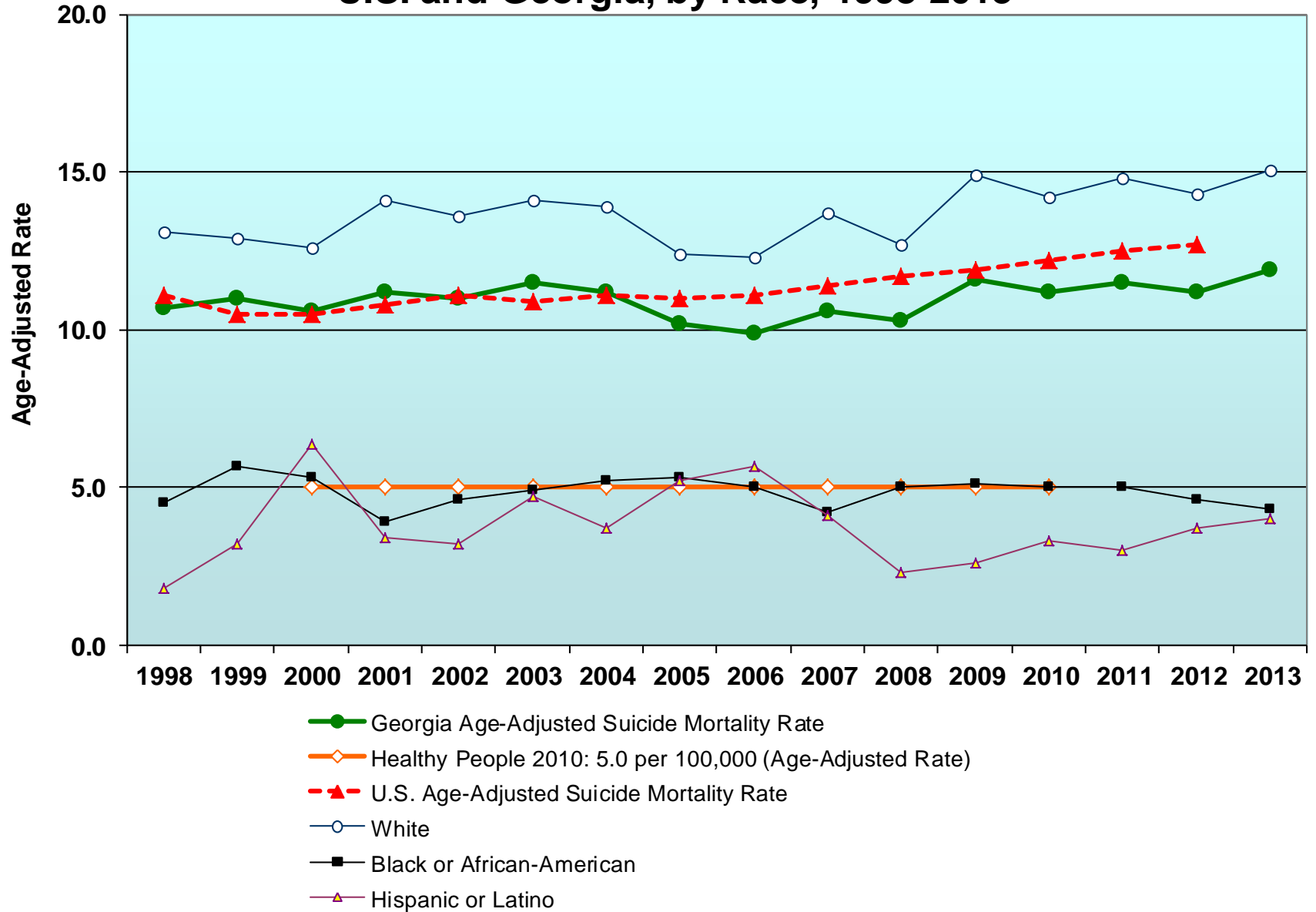


Age-Adjusted All Other* Unintentional Injury Mortality Rates, Total and by Race, Georgia, 1998-2013

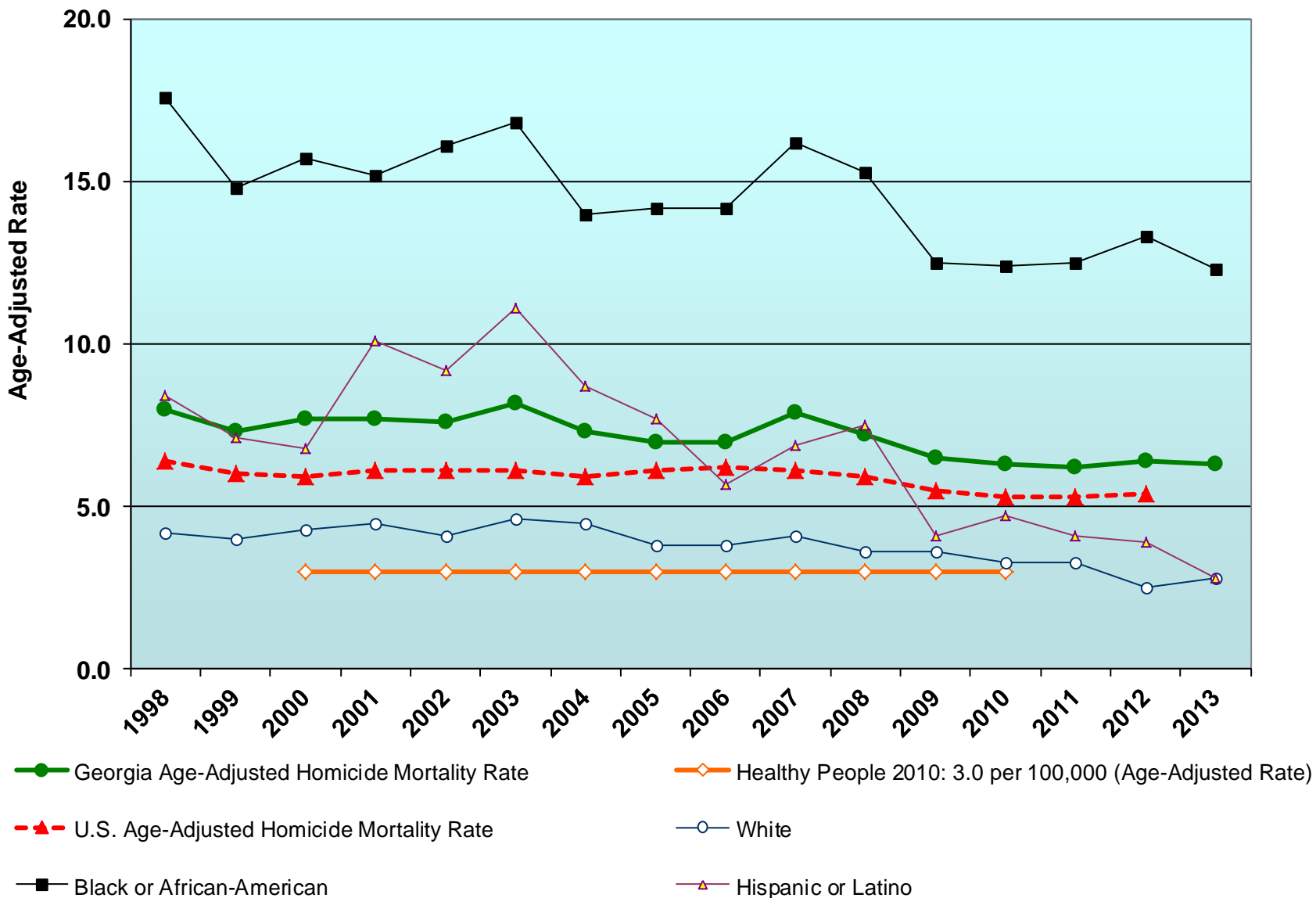


* Falls, Accidental Shooting, Drowning, Fire and Smoke Exposure, Poisoning, Suffocation, All Other Unintentional Injuries .

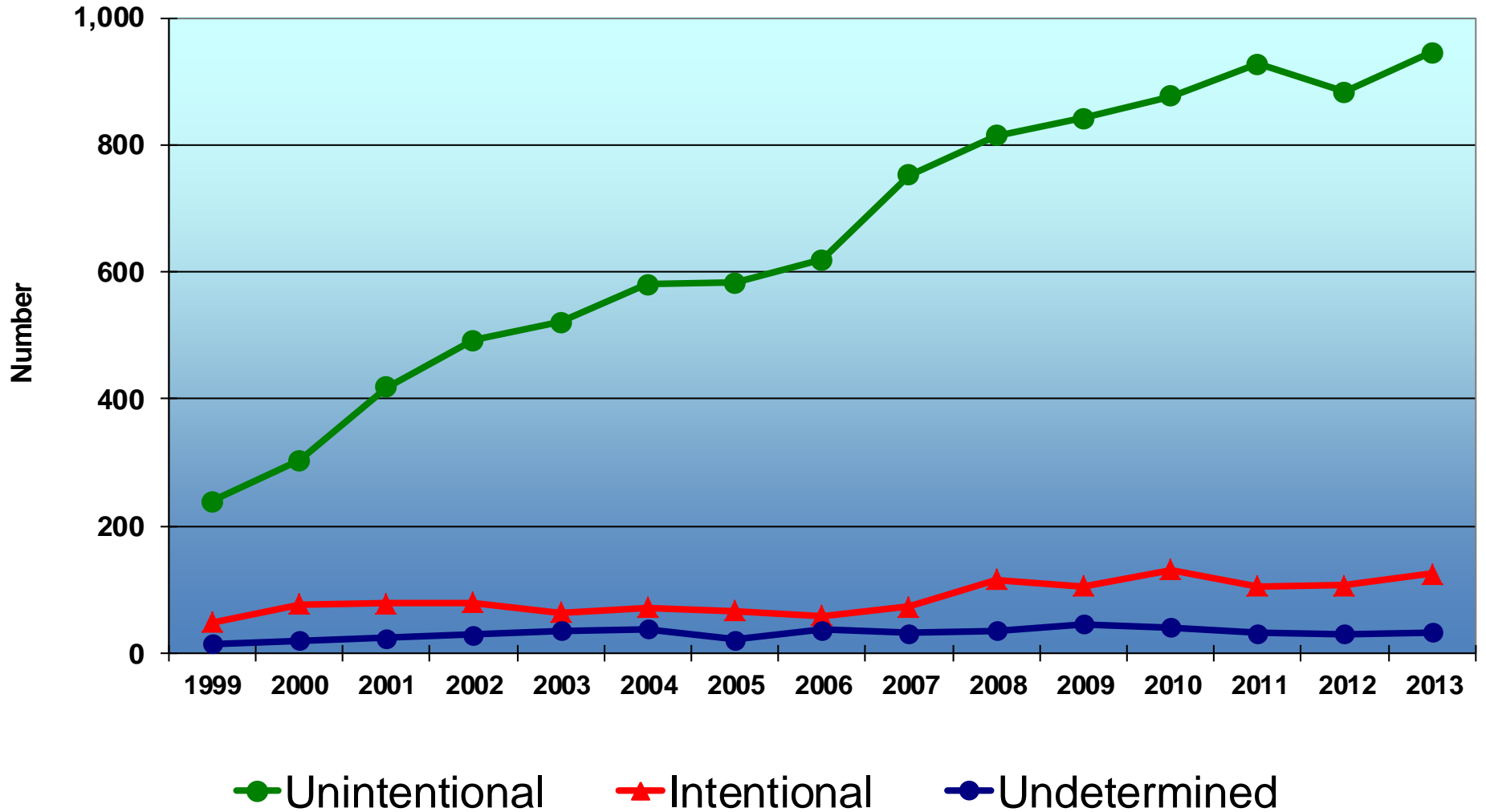
Age-Adjusted Suicide Mortality Rates,¹ U.S. and Georgia, by Race, 1998-2013



Age-Adjusted Homicide Mortality Rates,1 U.S. and Georgia, by Race, 1998-2013



Deaths Related to Drug Overdose by Intent, Georgia, 1999-2013



*Prepared by the Office of Health Indicators for Planning (OHIP),
Georgia Department of Public Health.*

*Many health indicators used in this report reside in the
Department's Health Information Repository, and can be accessed
online via the Online Analytical Statistical Information System
(OASIS): <http://oasis.state.ga.us>*

Please direct questions to (404) 657-2867 or ohip@dph.ga.gov

*Healthy People 2010 information can be found online at
<http://www.healthypeople.gov>*

Updated 1.30.13 with Intercensal Population Estimates v10.3

We Protect Lives.

Closing Comments

Phillip Williams, PhD
Chair

The next Board of Public Health meeting
is currently scheduled on
Tuesday, October 13, 2015 @ 1:00 PM.

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