Board of Public Health Meeting
Tuesday, August 9, 2016
Commissioner’s Update

Brenda Fitzgerald, MD
Commissioner, DPH
Election of Board Officers
Asthma – Friendly School District Award

Francesca Lopez, MSPH, AE-C
Georgia Asthma Control Program Manager, DPH
National Breastfeeding Month

LaToya Osmani, MPH
Interim Health Promotion Director, and
Health Promotion Deputy Director, DPH
Objectives

• Provide updates
  – DPH Strategic Plan
  – Breastfeeding Activities

• Showcase Collaborative Efforts
  – Chronic Disease Prevention
  – Maternal and Child Health (MCH)
  – Women Infants and Children (WIC)
  – Worksite Wellness
  – Georgia SHAPE
The DPH Plan

Goal 1: Provide population-based programs and preventive services to prevent disease, injury, and disability by advocating and promoting health, leading change in policies and systems, and enabling healthy choices.

Strategy 1.1.4 – Improve the Georgia Breastfeeding 6mo duration rate by 20% over 4 years, according to the CDC report card. The 6month duration rate would improve from 40%-48% by 2019.
GEORGIA’S INITIATION RATES

Percent of Infants Who Were Ever Breastfed By Year, National Immunization Survey 2007 - 2012

- Georgia:
  - 2007: 61.2%
  - 2008: 67.4%
  - 2009: 66.1%
  - 2010: 72.3%
  - 2011: 70.3%
  - 2012: 73.7%

- Nation:
  - 2007: 75.0%
  - 2008: 74.6%
  - 2009: 76.1%
  - 2010: 76.7%
  - 2011: 79.2%
  - 2012: 80.0%

We Protect Lives.
GEORGIA’S DURATION RATES

Percent of Infants Who Were Breastfed At 6 Months By Year, National Immunization Survey 2007 - 2012
SUPPORTING BREASTFEEDING THROUGH MATERNAL AND CHILD HEALTH
Supporting Breastfeeding through Maternal and Child Health

Renee Johnson, Perinatal Health – Project Director
Maternal and Child Health Section
Current MCH Breastfeeding Activities

• Georgia 5-STAR Hospital Initiative
• Internal partnership with WIC to:
  – Provide VICS trainings
  – Develop a statewide breastfeeding plan
• External partnership with Georgia Academy of Pediatrics (GA-AAP)
Georgia 5-STAR Overview

• Georgia SHAPE Initiative

• Purpose: to recognize and award birthing hospitals for implementing evidence-based maternity care practices that promote and support breastfeeding

• One star is awarded for every two steps implemented of the Ten Steps to Successful Breastfeeding, as defined by WHO and Baby-Friendly USA
Baby Friendly/5-STAR Designated

- DeKalb Medical: Dec 2014
- Emory University Midtown: Jan 2015
- Doctor's Hospital: March 2015
- Grady Health System: Sept 2015
- Piedmont Henry Hospital: Oct 2015

We Protect Lives.
Participating Birthing Centers

- Athens Regional Medical Center
- Augusta University Medical Center
- Cartersville Medical Center
- Clearview Regional Medical Center
- Crisp Regional Medical Center
- Fairview Park Hospital
- Floyd Medical Center
- Gwinnett Medical Center
- Hamilton Medical Center
- Liberty Regional Medical Center
- Memorial Health University Center
- Midtown Medical Center
- Navicent Health
- Northside Hospital - Atlanta
- Northside Hospital – Cherokee Campus
- Northside Hospital - Forsyth
- Phoebe Putney
- Piedmont Newnan
- Piedmont Newton
- Rockdale Medical Center
- Southeast Georgia Health Center
- St. Francis Health, LLC
- St. Joseph Candler
- Tanner Medical Center
- Tift Regional Medical Center
- Trinity Regional Medical Center
- Upson Regional Medical Center
- WellStar Cobb Hospital
- Martin Army Community Hospital
- Winn Army Community Hospital
Looking Ahead

• Expansion of 5-STAR Initiative
• More collaborative work with WIC and Worksite Wellness
• Partnering with more external stakeholders to promote breastfeeding friendly worksites
SUPPORTING BREASTFEEDING THROUGH WORKSITE HEALTH
Supporting Breastfeeding through Worksite Health

Carmen Daniel, Worksite Wellness Coordinator
Office of Chief of Staff

Georgia Department of Public Health
We Protect Lives.
Internal Worksite Lactation Support

**History**

- Policy: May 15, 2013
- Ribbon Cutting: July 31, 2013

**Purpose**

- To encourage and support
- Support of DPH mission
- Maintain a flexible schedule
Internal Worksite Lactation Support

**Current Success**
- District Adoption
- Usage and Aggregate Data
  - 82% increase in breastfeeding time
  - 84% felt supervisors and co-workers helped increase confidence in ability to successfully pump at work
  - 75% breastfed seven months or longer

**Looking Ahead**
- Internal National Breastfeeding Month Recognition
- Middle Management Worksite Wellness Training Integration
- Interagency collaborations
Georgia. Working on Health.

3 out of 10 Georgia mothers breastfeed for 6 months.

Breastfeeding Friendly

- Breastfeeding is acceptable
- All staff members are made aware
- Allowance of breastfeeding in premises open to the general public
External Worksite Lactation Support

History

• Inception: January 28, 2016

• Outreach:
  – **Primary** District Health Promotion Coordinators
  – **Secondary** Tobacco-free schools, Early Childcare and Education Centers

Looking Ahead

• Redesign Worksite Wellness Toolkit
Looking Ahead
Future Collaboration

• Bridging the gap between external and internal Worksite Wellness initiatives in lactation support and programming
  – To increase adoption of Breastfeeding Friendly pledge across district/county/local health departments
  – To increase collaboration among District Worksite Wellness Ambassadors and District Health Promotion Coordinators
  – Strengthening external partnerships
SUPPORTING BREASTFEEDING THROUGH SUPPLEMENTAL NUTRITION PROGRAM, WOMEN, INFANTS AND CHILDREN (WIC)
Support Statement

Both the American Academy of Pediatrics & the World Health Organization recommends exclusive breastfeeding for a child’s first six months. Thereafter they should continue breastfeeding with the introduction of complementary foods, up to one (1) to two (2) years or beyond.
Videoconference Trainings

- Joint Collaboration with MCH
- Used community partners and subject matter experts as trainers
- Offered approximately six trainings to over 500 WIC & District Public Health Staff statewide
- Topics ranged from:
  - Promoting Exclusivity
  - Breastfeeding: A Public Health Issue
  - Workplace Pumping: Interpreting the Affordable Health Care Affordability Act
- Two upcoming sessions:
  - 8/17 Creating a Culture for Breastfeeding
  - 9/21 Flexible Schedules to Maximize Productivity for Breastfeeding Mothers
Peer Counseling
124 Breastfeeding Peer Counselors in the State
Peer Counselor Database

- Enhance the Peer Counselor Program
- Secure web-based application
- Assists with organization of caseload activities
- Facilitates referral process to WIC lactation consultants
Breast Pumps

• Increased access to breast pumps
• Implemented a statewide breast pump policy in February 2016
• Created a statewide inventory system
Loving Support Award of Excellence

- Developed by USDA
- Recognize and celebrate local WIC agencies that provide exemplary breastfeeding programs and support services
- Encouraged all 19 health districts to apply
- Seven (7) health districts will be recognized with awards
District Loving Support of Award Excellence Winners

• Clayton County Board of Health
• Cobb & Douglas Public Health WIC Program
• North Central Health District WIC Program
• North Georgia Health District 1 & 2 WIC Program
• South Central Health District
• Southeast Health District WIC Program
• West Central Health District 7 WIC
Cobb Douglas Health District
Express Your Super Power 5K

10.01.16
Canton, GA

expressyoursuperpower5k.com

Dalton Health District
American Academy of Pediatrics

“...Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice.”
Thank you!
Adolescent and School Health
Sexual Violence Prevention Program

Mosi Bayo, M.Ed.,
Sexual Violence Prevention Program Manager, DPH
Public Health

Why we focus on youth.

The CDC-Kaiser Permanente Adverse Childhood Experience (ACE) Study (1998) showed that “Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration...” as well as the development of risk factors for disease, and well-being throughout the life span.
Public Health

Why we focus on youth.

Perpetration

- The National Center for Victims of Crime reports that 23% of reported cases of child sexual abuse are perpetrated by individuals under the age of 18.

- The *Juvenile Justice Bulletin*, a newsletter from the DOJ Office of Justice Programs, reported that youth who commit sex offenses against other children are more likely than adult sex offenders to offend in groups and at schools and to have more male victims and younger victims.

- The number of youth coming to the attention of police for sex offenses increases sharply at age 12 and plateaus after age 14. Early adolescence is the peak age for offenses against younger children. Offenses against teenagers surge during mid to late adolescence, while offenses against victims under age 12 decline.
Public Health
Why we focus on youth.

Victimization

- 1 in 4 girls and 1 in 7 boys will be victimized by the age of 18

- More than one-third of women who report being raped before age 18 also experience rape as an adult

- According to a 2012 Centers for Disease Control study, Georgia ranks first in the nation for teen dating violence. WGCL-TV, Georgia, March 2, 2013, Television/Radio

- "In Georgia, more than 100 teens and young adults lost their lives in 2010 to intimate partner violence, and one in three Georgia teens have experienced dating violence." Fulmer, M., WGCL-TV, Georgia, March 2, 2013, Television/Radio (written statement)
Public Health

Why we focus on youth.

- The Georgia Department of Public Health’s (DPH) 2013 YRBSS data for physical dating violence show that 12.9 percent of females and 11.6 percent of males in high school reported intentionally being physically hurt by someone they were dating or going out with one or more times during the past 12 months.

- Georgia is ranked tenth in the United States in domestic violence lethality.

- Approximately 50 percent of victims began their relationship with their killer in high school.
Public Health

What does sexual violence prevention look like in Georgia?

(FY 2013-14)
Safe Dates, Good Touch Bad Touch
- Target group (4-18)
- Scattered focus
- Low capacity
- No sustainability
- Outcomes not realized

(FY-2015-Present)
Safe Dates, Step Up. Step In., Coaching Boys Into Men, 1 in 4 and Beyond
- Target group (10-19)
- Focus on evaluation and outcomes
- Increased capacity
  - Rape Crisis Centers
  - Athletic programs
  - Colleges/Universities (<15k)
  - Health Districts
Public Health Issue

Building capacity, implementing evidence-based and research-informed programs, and increasing reach

1. Engaging males
   - Colleges/Universities – 1 in 4 and Beyond
   - Athletic departments – Coaching Boys into Men

2. Partnering with schools
   - Rape Crisis Centers – Safe Dates
   - Health Districts – Step Up. Step In.
Georgia SVP Partners

**Step Up. Step In.** (Health Districts/14 schools)
- Northwest – Rome High School
- Clayton – Forest Park and Mundy’s Mill Middle Schools
- East Metro – Meadowcreek, Discovery, and Salem High Schools
- LaGrange – Smokey Road, Coweta, and Lee Middle Schools
- West Central – Dooly County Middle and Dooly County High
- South – Valdosta and Brooks County High Schools, and Horne Learning Center

**Safe Dates, Hotline, Community Awareness**
- RCC of the Coastal Empire, Savannah
- The Cottage, Athens
- WINGS, Dublin
- SAC Northwest GA, Rome
- Southern Crescent SAC, Jonesboro
- West GA (PARC) Prevention and Advocacy Resource Center, Carrollton
Georgia SVP Programs cont’d

1 in 4 and Beyond (Colleges & Universities)
- Fort Valley State University
- Georgia College and State University
- University of West Georgia

Coaching Boys Into Men (Athletic Departments)
- Riverwood High School
Billboards Near Metro Atlanta Campuses
Step Up. Step In. Awareness
Questions?
Resources

Mosi Bayo, M.Ed.
Program Manager-SVPP
Chronic Disease Prevention Section/ Adolescent & School Health
Georgia Department of Public Health
Phone: 404-657-6607
Fax 404-657-4338
Mobile: 404-626-4253
Email: Mosi.Bayo@dph.ga.gov

Georgia DPH (https://dph.georgia.gov/SexualViolence)
Georgia Network to End Sexual Assault (www.gnesa.org)
CDC (http://www.cdc.gov/violenceprevention/sexualviolence/prevention.html)
Zika Update

Cherie Drenzek, DVM, MS  
State Epidemiologist, DPH

Chris Kumnick  
Interim Environmental Health Section Director, DPH

Jennifer Burkholder, RN, MSN, MPH  
Deputy Chief Nurse of Emergency Preparedness, and  
Zika Response Project Coordinator, DPH
Zika Virus: Epidemiology Update

Cherie L Drenzek, DVM, MS
State Epidemiologist
Overview

- Zika Science Update
- Global Epidemiology
- National Epidemiology
- Georgia Epidemiology/Epi Response
- Epidemiology Informs Control
  - Travel Clinical Assistant: New DPH Web Tool
Zika: Science Update

- Sexual transmission of Zika initially seen to be spread from symptomatic men who had traveled to Zika-affected areas to their sexual partners.

- However, recent case reports demonstrated Zika sexual transmission among asymptomatic individuals, from women to men, and by oral sex.

- Among infected individuals, Zika virus remains in blood for a week or so, but longer in pregnant women (maybe even 2-10 weeks).

- Unknown how long Zika persists in other body fluids (recent report in semen from 30-90 days and in female genital tract for 11 days).

- Possible person-to-person transmission is currently being investigated in Utah, perhaps via close contact with infected body fluids during caretaking.

- These findings have informed new practical recommendations about Zika transmission risk and risk periods, as well as laboratory testing timeframes.
Zika Virus: Global Epidemiology

- Since May 2015, Zika virus has spread from Brazil to 51 countries in the Americas and 54 worldwide.
- WHO Situation Report released on August 4 stated there is no evident decline in the overall Zika outbreak.
Zika Virus: National Epidemiology

• On July 29, 2016, the first instance of local Zika transmission in the continental U.S. was documented in a one-square mile area of Miami, Florida (current total number of local cases is 17).

• In addition, 1,818 travel-associated Zika cases have been reported in the U.S. (16 were sexually-transmitted, and 5 had Guillain-Barre Syndrome).

• U.S. Territory of Puerto Rico experiencing explosive local transmission of Zika (more than 8000 cases; 18 cases of GBS).

• 479 pregnant women in the continental U.S. have lab evidence of Zika infection and are being followed in the CDC U.S. Zika Pregnancy Registry, which tracks any adverse pregnancy outcomes and the infants up to 12 months after delivery.
Florida Local Zika Transmission: Epidemiology

- In July, Zika was confirmed in 4 persons in Miami-Dade and Broward Counties; they did not have travel or sexual exposure to Zika, indicating local transmission by *Aedes aegypti* mosquitoes.

- The individuals worked at 2 different places in the Wynwood neighborhood of Miami; epidemiologic investigation found that their Zika exposures occurred near the 2 workplaces in early July.

- A community uro survey was performed to assess magnitude of spread (tested urine of community members within a 150-meter radius of the workplaces); 10 more local infections were documented (6 of them asymptomatic).

- These new cases were centered in a six-block area in Wynwood; Florida health department defined a one-mile radius around that six-block center to be the “transmission zone”.
Florida Local Zika Transmission: Recommendations

- CDC issued a travel advisory warning pregnant women not to visit the one-mile transmission zone in Wynwood, the first ever such advisory in the continental United States.

- Pregnant women who live in this area should be tested for Zika in the first and second trimester of pregnancy.

- Pregnant women who traveled to (or had unprotected sex with a partner that traveled to) this area should be tested for Zika (symptomatic or asymptomatic).

- Women and men who traveled to this area should wait at least 8 weeks before trying to get pregnant.
Zika Epidemiology/Response in Georgia

• Since January, DPH Epidemiology has triaged about 1,100 Zika clinical inquiries

• Facilitated Zika testing for about 700 persons (~65% among pregnant women), including those with travel to Miami area.

• We have documented 51 travel-related Zika infections in Georgia (two in pregnant woman, one sexually-transmitted).

• We counsel suspect and confirmed cases to strictly avoid mosquito bites here in Georgia (for 3 weeks after travel) and to prevent sexual transmission of Zika.

• DPH epidemiologists enroll Zika-infected pregnant women into U.S. Zika Pregnancy Registry and collect all appropriate data from providers.
Zika: Epidemiology Informs Control

Zika?
MERS?
Ebola?
Measles?
DPH Travel Clinical Assistant

http://dph.georgia.gov/TravelClinicalAssistant
There is always a risk of serious infectious disease (like Ebola Virus Disease) coming to the United States from other countries, often through travelers who become infected while visiting those countries. The viruses, parasites, and bacteria that cause infectious diseases are constantly changing and can appear in different places (such as Zika virus) to cause new epidemics.
### Travel Clinical Assistant Web Tool

**Brazil**

#### Recent Outbreaks (3)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Epi Facts</th>
<th>Infection Control</th>
<th>DPH Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DENGUE 2016</strong></td>
<td><strong>Incubation:</strong> 5d-8d (range 2d-15d)&lt;br&gt;<strong>Clinical hints:</strong> Headache, myalgia, arthralgia, relative bradycardia, leukopenia and macular rash; dengue hemorrhagic (DHF) = dengue + thrombocytopenia and hemoconcentration; dengue shock = DHF + hypotension&lt;br&gt;<strong>Transmission:</strong>&lt;br&gt;<strong>Reservoir:</strong> Human, Mosquito, Monkey&lt;br&gt;<strong>Vector:</strong> Mosquito - Stegomyia (Aedes) aegypti, S. albopictus, S. polynesiensis, S. scutellaris&lt;br&gt;<strong>Vehicle:</strong> Sexual transmission, Blood transfusion</td>
<td>N/A</td>
<td>Testing can be done at commercial labs; report confirmed cases to DPH</td>
</tr>
<tr>
<td><strong>ZIKA 2016</strong></td>
<td><strong>Incubation:</strong> 5d-8d (range 2d-15d)&lt;br&gt;<strong>Clinical hints:</strong> A mild dengue-like illness with conjunctivitis and a pruritic maculopapular rash that starts on the face and spreads to the rest of the body; joint pain is common; myalgia, retroorbital pain and leg edema may occur; may be associated with congenital neurological defect.&lt;br&gt;<strong>Transmission:</strong>&lt;br&gt;<strong>Reservoir:</strong> Human, Mosquito, Monkey&lt;br&gt;<strong>Vector:</strong> Mosquito - Stegomyia (Aedes) species&lt;br&gt;<strong>Vehicle:</strong> Blood, Breastfeeding</td>
<td>N/A</td>
<td>Contact DPH (1-866-PUB-HLTH) for triage and testing</td>
</tr>
</tbody>
</table>
## Travel Clinical Assistant Web Tool

### Diseases Relevant for Travelers (17)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease</th>
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<tbody>
<tr>
<td>BRUCELLOSIS</td>
<td>CHANDIPURA AND VESICULAR STomatitis Viruses</td>
</tr>
<tr>
<td>CONJUNCTIVITIS-VIRAL</td>
<td>ENTEROVIRUS INFECTION</td>
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<tr>
<td>HEPATITIS A</td>
<td>INFLUENZA</td>
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<tr>
<td>LEPTOSPIROSIS</td>
<td>MALARIA</td>
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<tr>
<td>PERTUSSIS</td>
<td>PYTHIOsis</td>
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<tr>
<td>ROCKY MOUNTAIN SPOTTED FEVER</td>
<td>SHIGELLOSIS</td>
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<tr>
<td>SMALLPOX</td>
<td>ST. LOUIS ENCEPHALITIS</td>
</tr>
<tr>
<td>TRACHOMA</td>
<td>TUBERCULOSIS</td>
</tr>
<tr>
<td>TYPHOID</td>
<td></td>
</tr>
</tbody>
</table>
Zika Virus: Environmental Health Update

Chris Kumnick
Interim Director, Environmental Health Section
Environmental Health (EH)
Zika Virus Prevention + Control

• Public Health Entomologist
  – Complaint Response
  – Mosquito Surveillance
  – Public Education
    • Door-to-door Inspection and education
    • Tip n’ Toss and 5 D’s
    • Media

• New Vector Surveillance Staff
  – Communication
  – Out in Regions and Introductions
  – Surveillance
  – Education
  – Emergency Vector Control
## Mosquito Surveillance

<table>
<thead>
<tr>
<th>Species</th>
<th>Total</th>
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<tbody>
<tr>
<td>Ae. aegypti</td>
<td>7</td>
</tr>
<tr>
<td>Ae. albopictus</td>
<td>1057</td>
</tr>
<tr>
<td>Ae. vexans</td>
<td>1879</td>
</tr>
<tr>
<td>Aedes/Ochlerototus spp.</td>
<td>50</td>
</tr>
<tr>
<td>An. crucians</td>
<td>1313</td>
</tr>
<tr>
<td>An. punctipennis</td>
<td>225</td>
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<tr>
<td>An. quadrimaculatus</td>
<td>103</td>
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<tr>
<td>Anopheles spp.</td>
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<td>Cq. perturbans</td>
<td>2197</td>
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<tr>
<td>Cs. inornata</td>
<td>5</td>
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<tr>
<td>Cs. melanura</td>
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<tr>
<td>Culex salinarius</td>
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<tr>
<td>Culex spp.</td>
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<tr>
<td>Cx. coronator</td>
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<tr>
<td>Cx. erraticus</td>
<td>153</td>
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<td>Cx. nigripalpus</td>
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<td>Cx. quinquenectus</td>
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<td>Cx. restuans</td>
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<td>Cx. salinarius</td>
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<td>Oc. canadensis</td>
<td>117</td>
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<td>Oc. japonicus</td>
<td>9</td>
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<tr>
<td>Oc. sticticus</td>
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<tr>
<td>Oc. triseriatus</td>
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</tr>
<tr>
<td>Or. signifera</td>
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<tr>
<td>Ps. ciliata</td>
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</tr>
<tr>
<td>Ps. columbiensis</td>
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</tr>
<tr>
<td>Ps. cyanescens</td>
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<tr>
<td>Ps. ferox</td>
<td></td>
</tr>
<tr>
<td>Ps. howardii</td>
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<td>Tx. rutilus</td>
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<tr>
<td>unknown</td>
<td></td>
</tr>
<tr>
<td>Ur. sapphirino</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1313</strong></td>
</tr>
</tbody>
</table>

### Ae albopictus/trap night

![Ae albopictus](image)

*University of Florida*

*We Protect Lives.*
Local Acquired Response

- Miami- Wynwood neighborhood
- CDC Response Guidelines
- DPH Capacity
  - EPI Case Definition
    - Includes surveillance data
  - Contingency Contracts
    - Private mosquito control
  - EH Emergency Strike Teams
Door Hangers - Identifying High Risk Population

- ZIKA kits
  - DEET Repellants
  - Larvicide Dunks
  - Condoms
  - Mosquito Netting
  - Educational Materials

Please visit dph.georgia.gov/zika
Zika Virus:
ZIKA Virus Preparedness and Response Plan Update

Jennifer Burkholder, RN, MSN, MPH
Deputy Chief Nurse of Emergency Preparedness
Zika Response Project Coordinator
Office of Nursing/ Office of Emergency Preparedness
# DPH Zika Concept of Operations Plan

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  - Vector Control Assumptions
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  - Planning
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## 5.1 Pre-Incident Phase 0-1: (8) Preparedness During (1) Mosquito Season

### 5.1.14 Epidemiology
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DPH Zika ConOps Plan, Version 1.1, Revised 08/09/2016
Georgia Department of Public Health
CDC Guidance Change: Response Phases

### June 2016

<table>
<thead>
<tr>
<th>Stage</th>
<th>Phase Level</th>
<th>Transmission Risk Category</th>
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</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>0</td>
<td><strong>Preparedness</strong>: Vector present or possible in the state</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td><strong>Mosquito Season</strong>: <em>Aedes aegypti</em> or <em>Aedes albopictus</em> mosquito biting activity. Introduced travel-related or sexually transmitted cases</td>
</tr>
<tr>
<td>Suspected/Confirmed Incident</td>
<td>2</td>
<td><strong>Limited Local Confirmed Transmission</strong>: Single, locally-acquired case, or cases clustered in a single household.</td>
</tr>
<tr>
<td>Incident/Response</td>
<td>3</td>
<td><strong>Widespread Local Transmission</strong>: Zika virus illnesses with onsets occurring &gt; 2 weeks apart but within an approximately 1 mile (km) diameter</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td><strong>Widespread Multijurisdictional Transmission</strong>: Zika virus illnesses with onsets occurring &gt; 2 weeks apart in &gt; 1 jurisdictional area</td>
</tr>
<tr>
<td>Recovery</td>
<td></td>
<td><strong>Mitigation and After Action Improvement Plan</strong></td>
</tr>
</tbody>
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### July 2016

<table>
<thead>
<tr>
<th>Stage</th>
<th>Phase Level</th>
<th>Transmission Risk Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-incident</td>
<td>0</td>
<td><strong>Preparedness</strong>: Vector present or possible in the state</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td><strong>Mosquito Season</strong>: <em>Aedes aegypti</em> or <em>Aedes albopictus</em> mosquito biting activity. Introduced travel-related, sexually, or other bodily fluid transmitted cases.</td>
</tr>
<tr>
<td>Suspected/Confirmed Incident</td>
<td>2</td>
<td><strong>Confirmed Local Transmission</strong>: Single, locally-acquired case, or cases clustered in a single household and occurring &lt; 2 weeks apart.</td>
</tr>
<tr>
<td>Incident/Response</td>
<td>3</td>
<td><strong>Confirmed Multiperson Local Transmission</strong>: Zika virus illnesses with onsets occurring ≥ 2 weeks apart but within an approximately 1 mile (1.5 km) diameter.</td>
</tr>
</tbody>
</table>
Closing Comments

Phillip Williams, PhD
Chair
The next Board of Public Health meeting is currently scheduled on Tuesday, September 13, 2016 @ 1:00 PM.

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