



*Georgia Department of Public Health*

# **Board of Public Health Meeting**

Tuesday, June 14, 2016



*We Protect Lives.*

# Commissioner's Update

Brenda Fitzgerald, MD  
Commissioner, DPH

# Public Health Champion Award

Brenda Fitzgerald, MD  
Commissioner, DPH

# Safe to Sleep Campaign

Terri Miller, MPH CHES  
Safe to Sleep Campaign Coordinator, DPH

# GEORGIA SAFE TO SLEEP CAMPAIGN

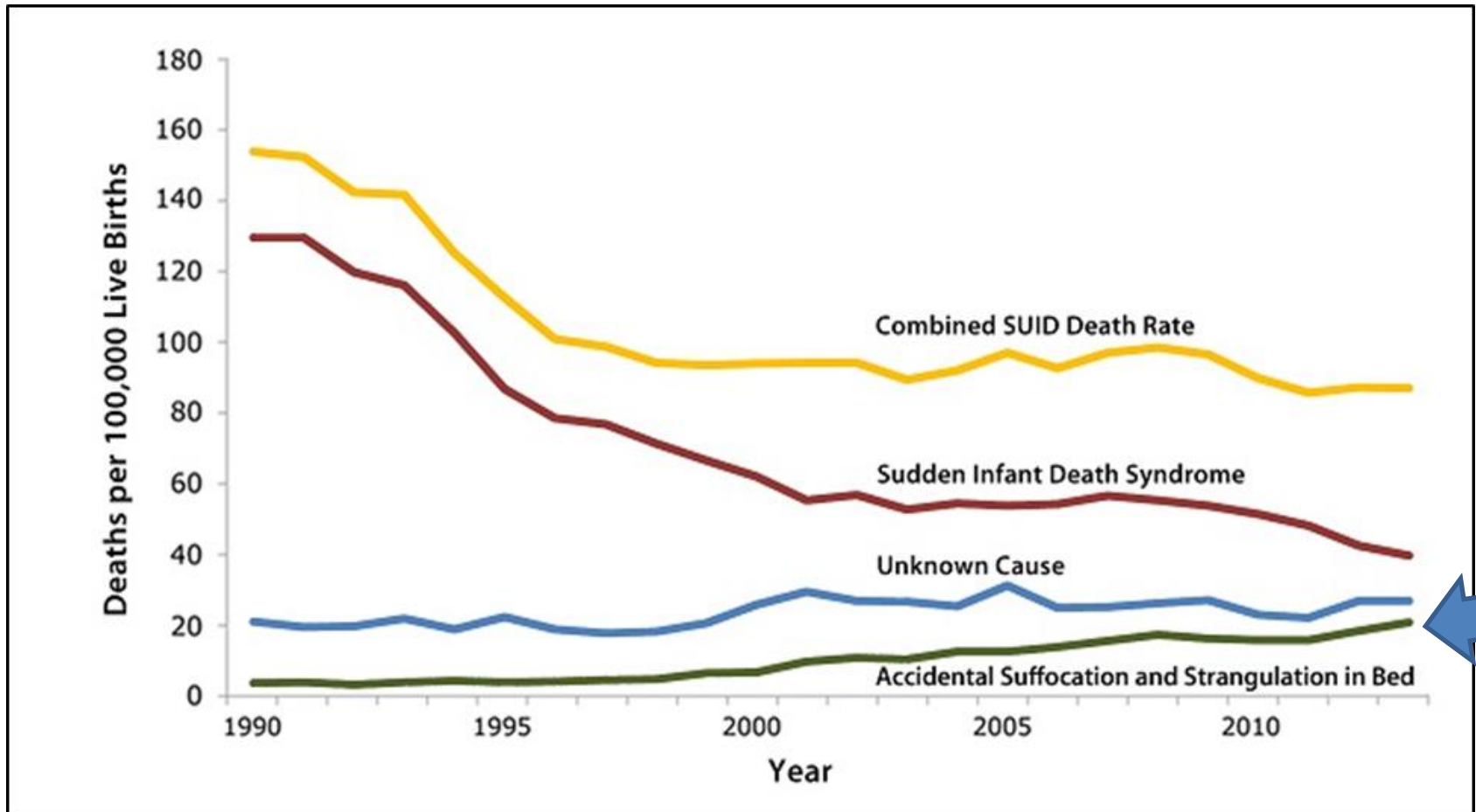


As of 2014, Georgia averaged  
**3 infant deaths per week**  
due to sleep-related causes.

**The majority of these deaths were  
preventable.**

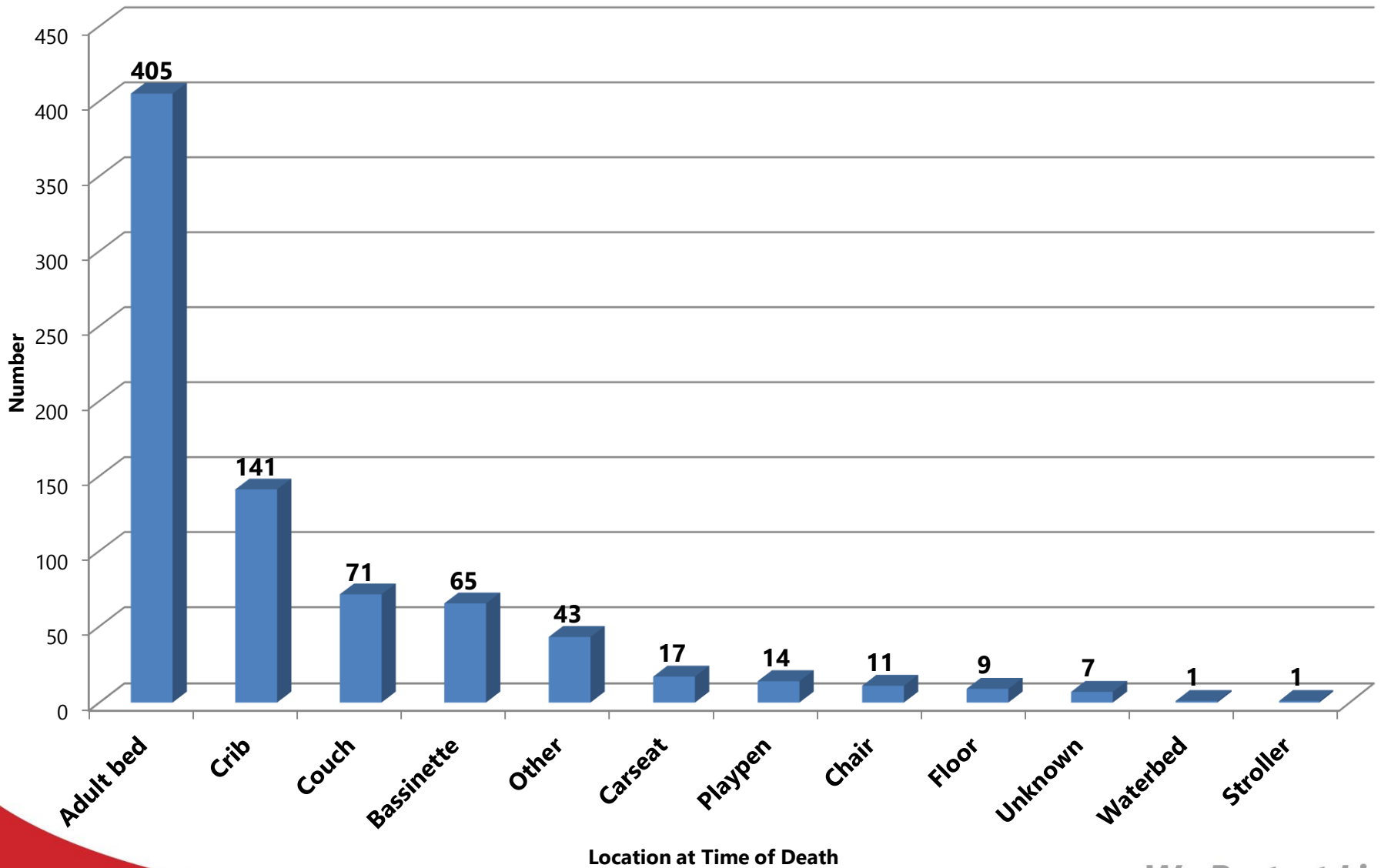


# Trend Over Time



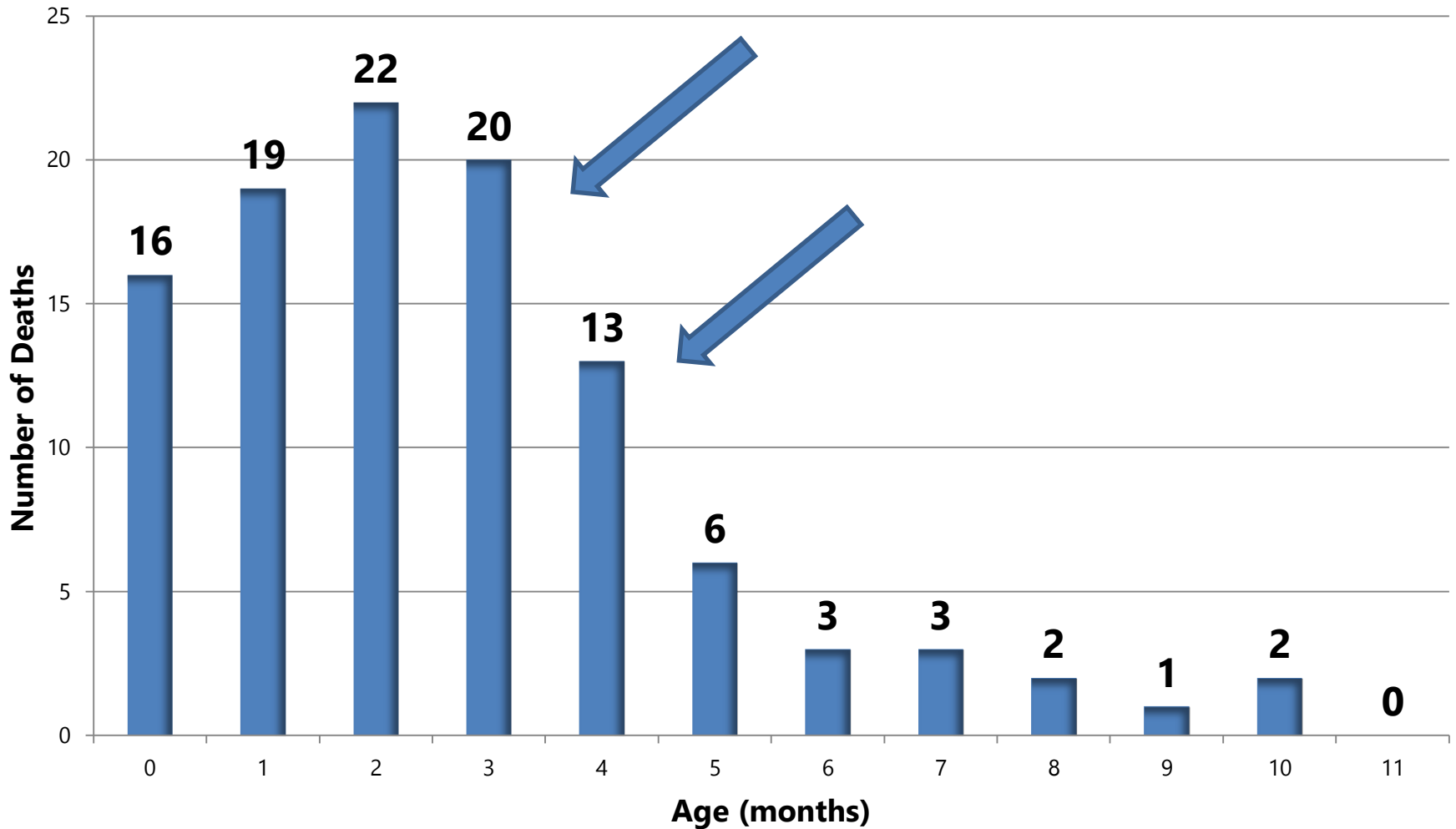
Source: CDC WONDER, Mortality Files

## Location at time of Infant Sleep-related Death 5 Year Totals 2009-2013





# Sleep-Related Deaths by Age in Months, GA, 2013



Source: GA Death Certificate File, 2013

# **Georgia Safe to Sleep Campaign**

## **Hospital Initiative**

My Baby Sleeps Safe –  
Please follow these guidelines.



**Alone** – My baby should always have his or her own safe sleep space. Close by but, separate. No sharing of the sleep space with others, including children.



**Back** – My baby is placed on his or her back for every sleep, every time, even naps.

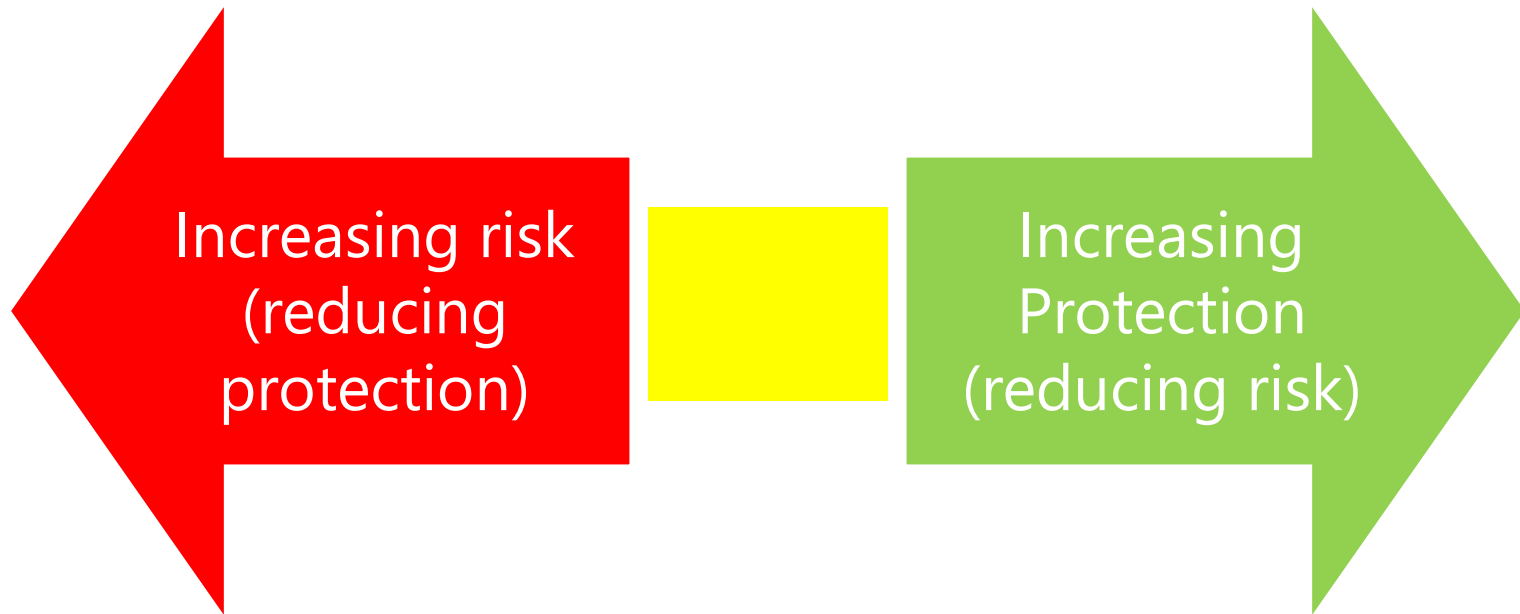


**Crib** – My baby needs a crib without blankets, quilts, crib bumpers or other items. Please no couches or adult beds.

For more Information on Safe Sleep for Babies – visit [www.dph.ga.gov/safetosleep](http://www.dph.ga.gov/safetosleep)

*We Protect Lives.*





**Risk reduction is a behavioral change concept.**

- **Individuals make their own choices about what they are willing/able to change.**
  - **Informed choice is our goal.**

# Why Focus on Hospitals?

- We want every parent with a newborn to hear correct, consistent messaging and to also, see it being modeled while in the hospital.
  - Interventions not costly  
Burd et al. (2007), Moon et al. (2008), Issler et al. (2009)
  - Educating professionals increases their comfort in educating parents  
Price et al. (2007), Shaefer et al. (2010), Mason et al. (2013)

# Why Focus on Hospitals?

- Increased compliance, by parents, in using safe sleep environments after discharge correlated with:
  - Safe Sleep education prior to discharge
  - Role modeling of a proper sleep environment by staff while in the hospital

# What we see matters...

- *2001 study: Parents who saw exclusive back sleeping in nursery more likely to put baby on back at home.*

# Do we practice what we preach?

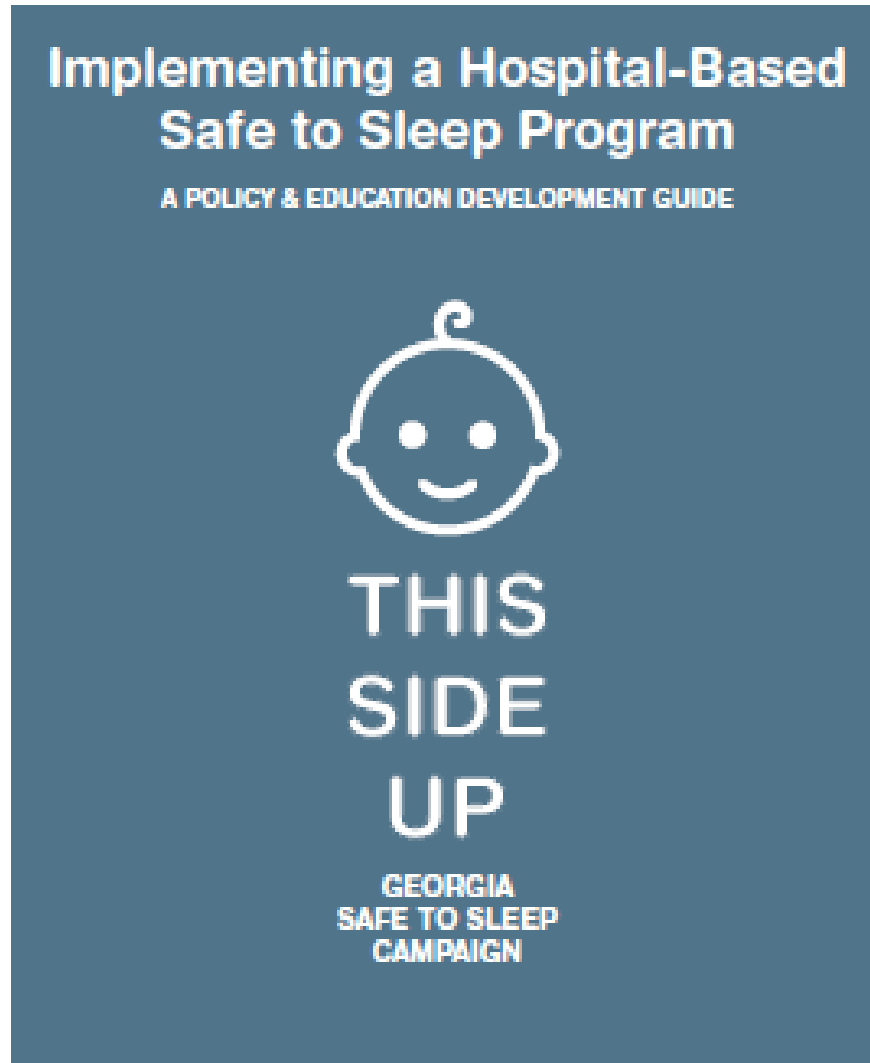
- *2009 Study showed that although 72% of nurses knew back sleeping was protective of SIDS; only 30% regularly placed infant on their backs.*
- *2006 study: Only 52% of NICU nurses provided discharge instructions for exclusive back sleeping.*



# An Example from a Georgia Hospital, 2015

<u>Status of the Infant</u>	<u>Pre</u>	<u>Post</u>
Sleeping on Back in Crib	54%	76%
Sleeping on Side in Crib	20%	3%
Sleeping on/in Caregivers Bed	10%	0%

# 1 -Policy & Education



# 2 - Infant "This Side Up" Gown



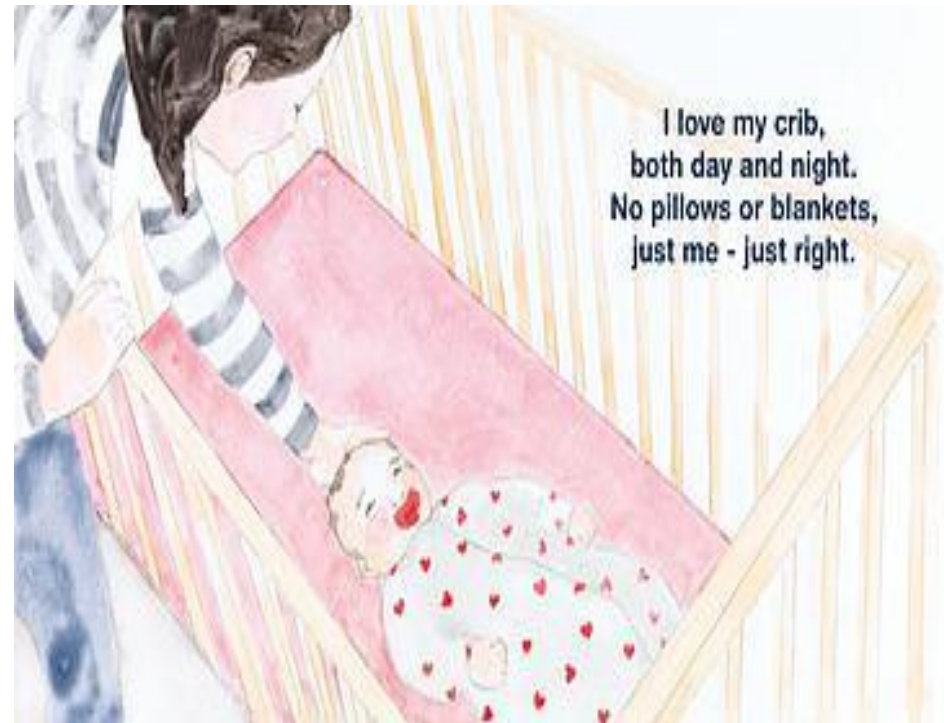
THIS  
SIDE  
UP



PLEASE  
TURN ME  
OVER

GEORGIA SAFE TO SLEEP CAMPAIGN  
[dph.ga.gov/safetosleep](http://dph.ga.gov/safetosleep)

# Safe and Snug Board Book



# Travel Bassinet



# Additional Resources Available



Educational Flipchart for Patient Education and/or training for staff on effective Safe Sleep education.

## Create a **Safe Sleep** Environment for Baby

Did you know that the features of your baby's sleep area can affect his/her risk for **Sudden Infant Death Syndrome (SIDS)** and other sleep-related causes of infant death, such as suffocation? **Reduce the risk of SIDS and other sleep-related causes of infant death by creating a safe sleep environment for your baby.**

How can you make a **safe sleep environment**?



► Always place baby **on his or her back** to sleep for all sleep times, including naps.



► Have the baby **share your room, not your bed**. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else. Try room sharing—keeping baby's sleep area in the same room next to where you sleep.



► Use a **firm sleep surface**, such as a mattress in a safety-approved crib, covered by a fitted sheet.



► Keep soft objects, toys, pillows, crib bumpers, and loose bedding **out of your baby's sleep area**.



► Dress your baby in **no more than one layer of clothing more than an adult would wear** to be comfortable, and leave the blanket out of the crib. A one-piece sleeper or wearable blanket can be used for sleep clothing. Keep the room at a temperature that is comfortable for an adult.



Patient Education handouts and other resources.

As of today we have,  
77 out of 77 birthing centers  
voluntarily participating.



GEORGIA SAFE TO SLEEP  
[dph.ga.gov/safetosleep](http://dph.ga.gov/safetosleep)

*We Protect Lives.*

# Any Questions or Concerns?

terri.miller@dph.ga.gov



*We Protect Lives.*



# Enterprise Systems Modernization

Paul Ruth  
Chief Information Officer, DPH

# ESM Update

To be *THE* trusted source of information

# ESM Update

## Background

- An incomplete view of the person based on program specific requirements
- Fragmented data – to gain a Statewide view, we must send manual data requests and aggregate
- Disparate data – individual approaches to the same effort
- Other business drivers/mandates
  - WIC/EBT 2020
  - Billing & Revenue



# ESM Update

## Background

- DOLCE' – A Strategy Session designed to:
  - Identify the Issues
  - Develop Guiding Principles for IT and Data:
    - Eliminate Duplicate Data Entry
    - Administer Locally
    - Share Appropriately
    - Track Globally

# ESM Update

## The Opportunity

- Create an Enterprise Strategy – a Roadmap
  - Care Management
  - Claiming & Payment
  - Reporting & Analytics
  - Managing the Gaps

# ESM Update

## The Opportunity - Care Management

- Determine system requirements based on the needs of the *person* – not the *program*
- Follow a simple “life of the case” approach – Intake, Assessment, etc.
- Provide a complete view of the person
  - It is currently limited by program and by *county* – not just district.

# ESM Update

## The Opportunity - Claiming & Payment

- Approach the solution as a service – transaction based
- Quicker Payment for Services
- Uniform Billing throughout the State
- Claims are managed at the District



# ESM Update

## The Opportunity - Reporting & Analytics

- Common set of tools and a common data set
- Ability to “reach in” instead of “push up” to the State
- Ability to combine information from multiple data sources

# ESM Update

## The Opportunity - Managing the Gaps

- Assess remaining applications and business services to make sure we have each appropriately covered
- Examples:
  - SENDSS – some aspects will be migrated to the clinical care solution
  - District Payroll – some districts use their current clinical care solution to manage HR and payroll

# ESM Update

## The Result

- A Consolidated View of the Person
- A Consistent View of the Population
- The Opportunity to Take Action Based on the Data

To be *THE* trusted source of Information

QUESTIONS?

# Georgia Tobacco Quit Line

Kayla Lloyd, MPH, CHES  
Chronic Disease Program, DPH

# Georgia Tobacco Quit Line



# Georgia Tobacco Quit Line

- Evidenced based, tobacco cessation service available to Georgia residents aged 13 years and older
- 5-call program
- 10-call specialty program
- Addresses the use of *ALL* tobacco products, including smokeless tobacco and ENDS
- Qualified interpreters for over 300+ languages

# GTQL Participant Experience

## Registration

- Demographics collected
- Descriptions of service provided
- Ship stage-based Quit Guide
- Direct transfer to Quit Coach



### Quit Guides

- Mail within 24 hours direct
- Stage-based materials
- Low literacy level
- Includes Ally Guide

## Initial Intervention

- Tobacco use history
- Develop personal profile
- Develop Quit Plan
- Set Quit Date
- Decision support for medication



### NRT/Medication

- Enrollment in Multiple Call Program
- Sent Directly to Eligible Participants

## Follow Up Sessions

- Proactive session scheduled near quit date & after to prevent slips & relapse
- Medication use support
- Unlimited inbound support



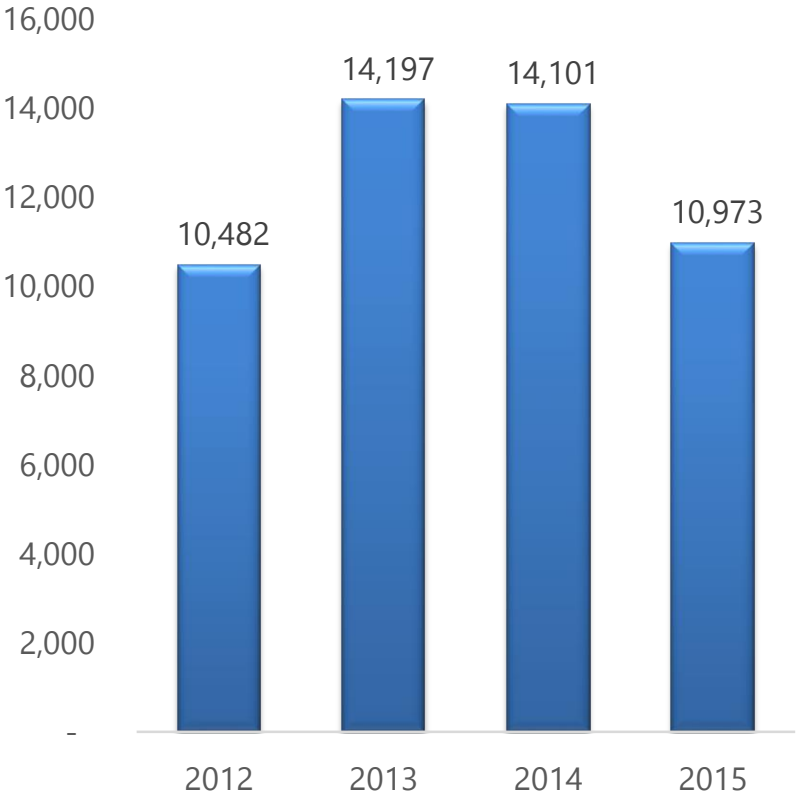
### End of Program Call

- Outbound call 7 months post-enrollment by non-quit coach to assess quit status and satisfaction with program

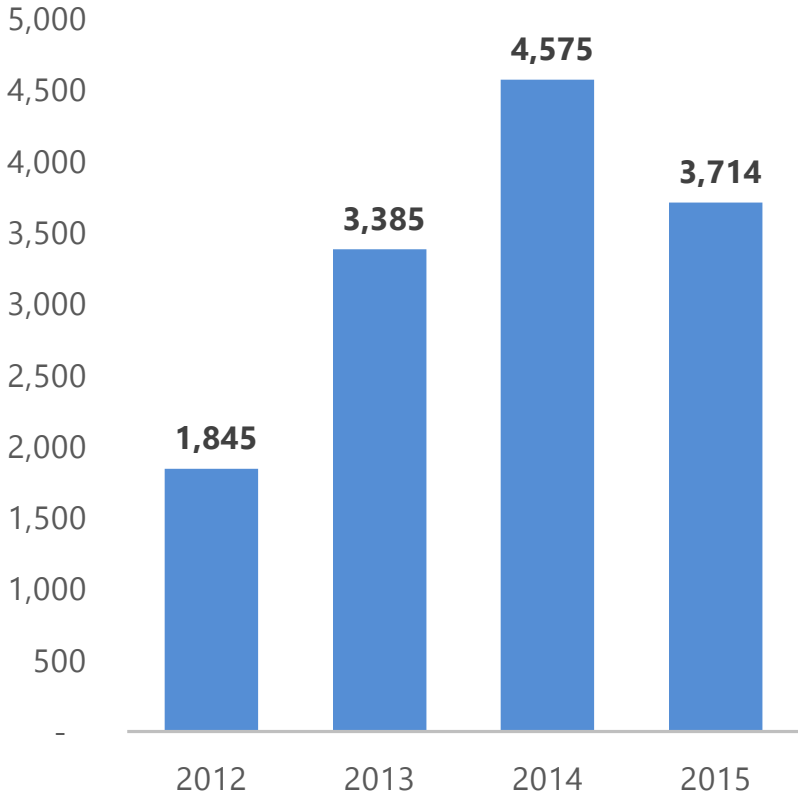


# GTQL Services Utilization

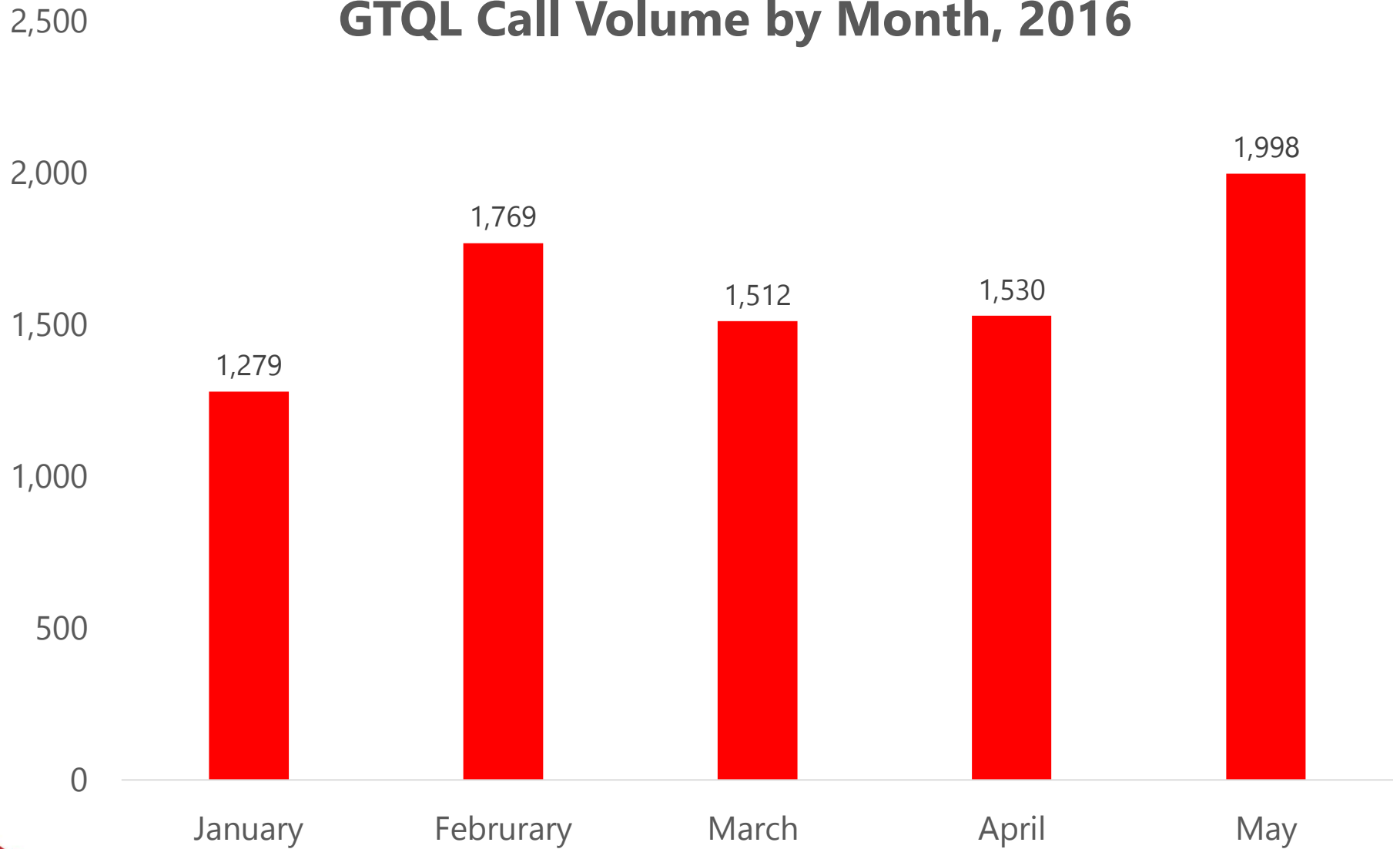
## Call Volume to the GTQL, Tobacco Users



## NRT Packages sent



## GTQL Call Volume by Month, 2016



# Georgia cAARds: Ask, Advise and Refer with Follow-up



# Georgia cAARds:

## Ask, Advise, and Refer with Follow-up

### *Ask.*

- *Ask, all* patients about tobacco use during each visit.

### *Advise.*

- *Advise,* them about the benefits of tobacco use cessation

### *Refer.*

- *Refer,* your patient to an evidence-based resource (i.e. the Georgia Tobacco Quit Line to obtain a free "Quit Kit", individualized plan and behavioral counseling support. 1-877-270-STOP



# GEORGIA TOBACCO QUIT LINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114

FAX SENT DATE: \_\_\_\_\_

## Provider Information:

CLINIC NAME:	CLINIC ZIP CODE:	
HEALTH CARE PROVIDER:		
CONTACT NAME:		
FAX NUMBER:	PHONE NUMBER:	
FAX A REFAX COVERED ENTITY (PLEASE CHECK ONE)		
YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Patient Information:

PATIENT NAME:	DATE OF BIRTH:	SEX:
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS:	CITY:	ZIP CODE:
PRIMARY PHONE NUMBER:	SECONDARY PHONE NUMBER:	
<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	
LANGUAGE (PLEASE CHECK ONE)		
ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____		
<input type="checkbox"/> I am ready to quit tobacco and request the Georgia Tobacco Quit Line contact me to help me with my quit plan. <small>(NOTE: By not initiating, you are giving your permission for the quitline to leave a message.)</small>		
<input type="checkbox"/> I DO NOT give my permission to the Georgia Tobacco Quit Line to leave a message when contacting me. <small>(NOTE: By not initiating, you are giving your permission for the quitline to leave a message.)</small>		
PATIENT SIGNATURE:	DATE:	
The Georgia Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.		
<input type="checkbox"/> 8AM - 9AM	<input type="checkbox"/> 9AM - 12PM	<input type="checkbox"/> 12PM - 3PM
<input type="checkbox"/> 3PM - 6PM	<input type="checkbox"/> 6PM - 9PM	
WITHIN THIS 3-HOUR TIME FRAME (PLEASE CONTACT ME AT) (CHECK ONE) <input type="checkbox"/> Primary # <input type="checkbox"/> Secondary #		

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# Steps to Implementing Georgia cAARds

- Make contact to GTUPP or GTUPP makes outreach to entity
- Determine method of referral, fax back or EMR
- Participate in 1 on 1 training with the Cessation Coordinator and through the Online Provider Training
- Begin Asking, Advising and Referring patients to the GTQL
- Follow up with patients on quit attempt(s)
- Evaluate Patient Outcome Reports



## Engaging Tobacco Users: Tips for Health Care Providers in Georgia Tools for Helping Your Patients | Quit

**Free online training and CME credits at:**

[www.GAtobaccointervention.org](http://www.GAtobaccointervention.org)

Training provided for free by the Georgia Tobacco Use Prevention Program.



*We Protect Lives.*

# GTQL Promotional Materials

**GEORGIA TOBACCO QUIT LINE**

**Benefits of Tobacco Cessation**  
Tobacco use is a major cause of various forms of cancer, chronic obstructive pulmonary disease (COPD) and heart disease.

**Health improves within minutes of quitting:**

- 2 Weeks to 3 Months After Quitting**  
Heart attack risk begins to drop. Lung function begins to improve.
- 1 to 9 Months After Quitting**  
Coughing and shortness of breath decreases.
- 1 Year After Quitting**  
Added risk of coronary heart disease is half that of a smoker's.
- Within 5 Years of Quitting**  
Risk of cancer of the mouth, throat and bladder is cut in half.
- 10 Years After Quitting**  
Risk of dying from lung cancer drops by half.

**When you are ready, we're here.**

Call the Georgia Tobacco Quit Line today. A free and effective service that helps Georgians quit smoking and using tobacco.  
**1-877-270-STOP (1-877-270-7867)**  
[www.dph.georgia.gov/ready-quit](http://www.dph.georgia.gov/ready-quit)

Funding provided by the Centers for Disease Control and Prevention Office of Smoking and Health

**DPH**  
Georgia Department of Public Health

**Your Reason for Quitting Today**

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**DPH**  
Georgia Department of Public Health

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[www.dph.georgia.gov/ready-quit](http://www.dph.georgia.gov/ready-quit)

Funding provided by the Centers for Disease Control and Prevention Office of Smoking and Health

**Quitting tobacco can lead to a healthier and longer life. Live to enjoy more precious moments with your baby. Live to watch your family grow healthy and thrive.**

**NOW IS THE BEST TIME TO QUIT. TAKE THE FIRST STEP.**

**Georgia Tobacco Quit Line**  
A Free and Effective Telephone Counseling Service That Helps Georgians Quit Smoking and Using Tobacco For Life

**1-877-270-STOP (7867) | 1-877-2NO-FUME (Spanish) Hearing Impaired: TTY services 1-877-777-6534**  
[WWW.LIVEHEALTHYGEORGIA.ORG](http://WWW.LIVEHEALTHYGEORGIA.ORG)

Funding provided by the Centers for Disease Control and Prevention-Office of Smoking and Health

**DPH**  
Georgia Department of Public Health

**Live healthy georgia**

**ELIJA VIVIR LIBRE DE TABACO**  
Dejar el tabaco puede conducir a una vida más saludable. Viva para disfrutar más momentos preciados con sus seres queridos.

**LÍNEA DE AYUDA PARA DEJAR DE FUMAR DE GEORGIA**

Un servicio de consejería telefónica gratuito y eficaz que ayuda a los residentes de Georgia a dejar de fumar y consumir tabaco para siempre

**1-877-2NO-FUME (1-877-266-3863)**  
Personas con problemas auditivos: Servicios de TTY 1-877-777-6534  
[WWW.LIVEHEALTHYGEORGIA.ORG](http://WWW.LIVEHEALTHYGEORGIA.ORG)

Financiado por los Centros para el Control y la Prevención de Enfermedades - Oficina de Tabaquismo y Salud

**DPH**  
Georgia Department of Public Health

**Live healthy georgia**

**DPH**  
Georgia Department of Public Health

**Línea de Ayuda para Dejar de Fumar de Georgia**

ÉSTE ES UN RECURSO GRATIS QUE PROVEE CONSEJERÍA, APOYO Y REMISIONES A TODOS LOS RESIDENTES DE GEORGIA DE 18 AÑOS O MÁS Y A PADRES PREOCUPADOS DE QUE SUS HIJOS ESTÉN FUMANDO

DIRECCIÓN: EN TODO EL ESTADO DE GEORGIA TELÉFONO: 1-877-266-3863

NOBRE \_\_\_\_\_

DIRECCIÓN \_\_\_\_\_ FECHA \_\_\_\_\_

Rx

**1-877-2NO-FUME**

ETIQUETA

Recarrito de medicamento - 1 - 2 - 3 - 4 hasta que deje de fumar

DEJAR DE FUMAR CONLEVA PRÁCTICA

**DPH**  
Georgia Department of Public Health

**Georgia Tobacco Quit Line**

A FREE RESOURCE PROVIDING TOBACCO CESSATION COUNSELING AND SUPPORT FOR ALL GEORGIA RESIDENTS 13 YEARS AND OLDER

ADDRESS: THROUGHOUT GEORGIA PHONE: 1-877-270-STOP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Rx

**1-877-270-STOP**

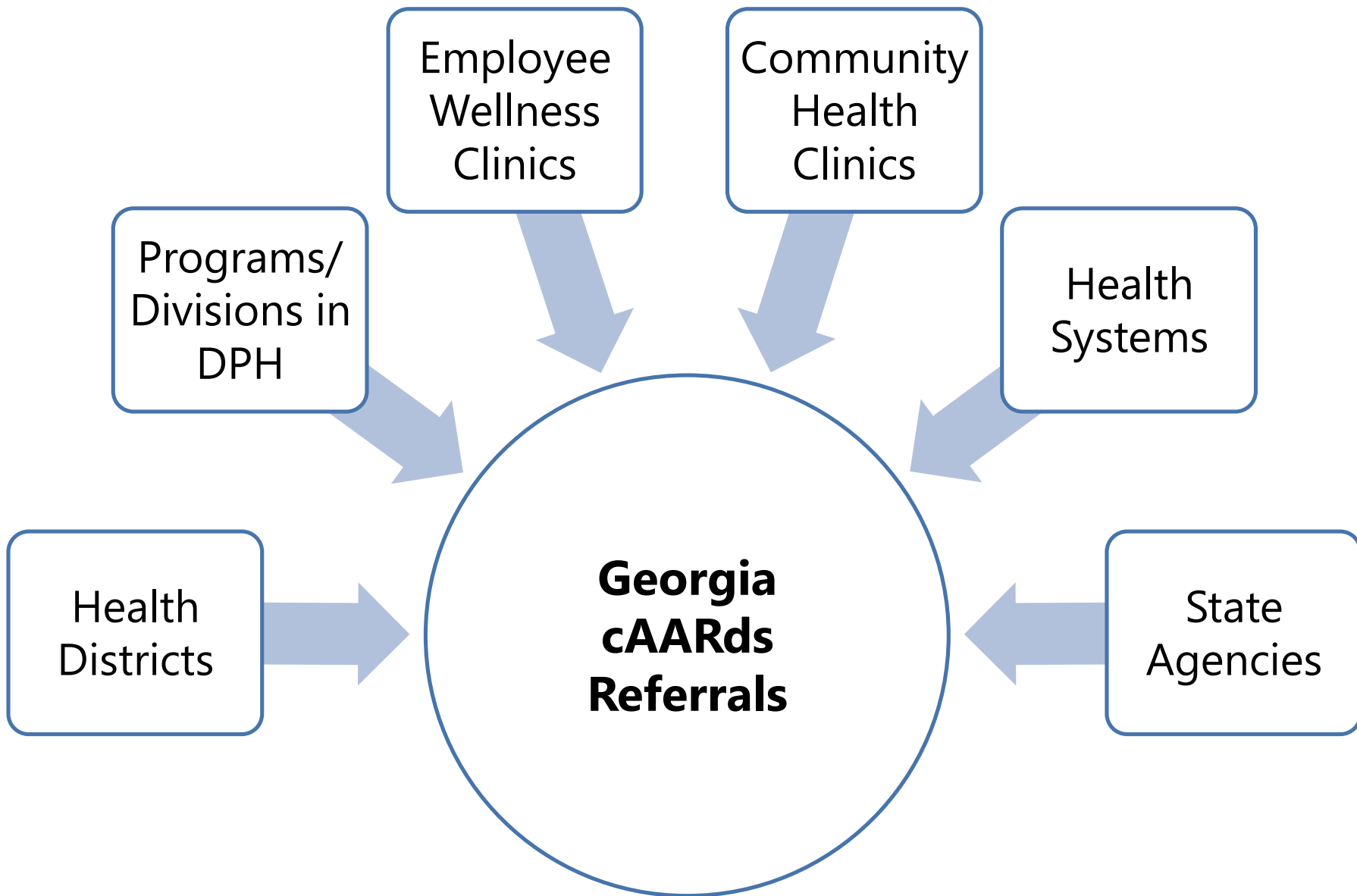
NAME

REFILL - 1 - 2 - 3 - until you stop

QUITTING TAKES PRACTICE

*We Protect Lives.*







GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH



DBHDD

Georgia Department of  
Behavioral Health & Developmental Disabilities



NORTHSIDE HOSPITAL



EMORY  
SAINT JOSEPH'S  
HOSPITAL



FANNIN  
REGIONAL HOSPITAL



Glynn County  
GEORGIA

We Protect Lives.

# Georgia cAARds Partnerships

## Internal Partners

### Health Districts

District 1-2-North Georgia  
District 2-North  
District 3-5 DeKalb  
District 4- LaGrange  
District 5-2-North Central  
District 7-West Central  
District 8-1-South  
District 8-2- Southwest  
District 9-2- Southeast  
District 10-Northeast

### Division of HIV

### Women's Infant and Children (WIC)

### Maternal Child Health (MCH)

### Safe Sleep

### Diabetes Program

## External Partners

### Employee Wellness Clinics/Centers

Glynn County Employee Wellness Clinic (Brunswick, GA)

### Community Health Centers

Healing Hands Community Clinic (Blueridge,GA)  
The Health Initiative, Inc. (Atlanta, GA)  
Hispanic Health Coalition (Atlanta, GA)

### Department of Behavioral Health and Developmental Disabilities

Central State Hospital (Milledgeville, GA)  
East Central Regional Hospital (Augusta, GA)  
Georgia Regional Hospital (Atlanta, GA)  
Georgia Regional Hospital (Savannah, GA)  
West Central Georgia Regional Hospital (Columbus, GA)

### Department of Education

School Nurses

# Georgia cAARds Partnerships

## External Partners

### Health Systems/Centers

Memorial Health Hypnotherapy Study

Northside Hospital – Fresh Start Program  
(Atlanta, Cherokee County, Forsyth County)

Coverdell Stroke Registries

Tanner Health System

Fannin Regional Hospital

St Joseph's Hospital of Emory Healthcare

## Awaiting Final Decision

Northside Hospital

Wellstar Hospital

Piedmont Hospital

Community Health Care Systems, Inc.

# Future of the GTQL

- Increase partnerships internally and externally for Systems Change
- CDC's Tips from Former Smokers, Spring 2017
- Text2Quit for Pregnant women aged 18-24

# Questions



# Zika Update

Cherie Drenzek, DVM, MS  
State Epidemiologist, DPH

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

# Zika Virus: Epidemiology Update

Cherie L Drenzek, DVM, MS  
State Epidemiologist



# Let's Set the Stage...

- **Zika is an unprecedented public health emergency**
- Zika outbreak "firsts":
  - First-ever mosquito-borne cause of serious birth defects and poor pregnancy outcomes
  - First mosquito-borne sexually transmitted disease (STD)
- The top priority for the Zika public health response is to protect pregnant women and their fetuses.



# Overview

- Zika Science Update
- Global Epidemiology
- National Epidemiology
- Georgia Epidemiology/Epi Response
- Epidemiology Informs Mitigation/Control

**Zika Virus Infection**

**These countries have had outbreaks of Zika virus:** Americas, Caribbean, Mexico, Pacific Islands

**PREGNANCY?**  
• Pregnant women should not travel to these countries  
• Male sex partners who have traveled to these countries should use condoms during sex

**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  
• Same 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 (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 ANDREW NEWMAN/ISTOCKPHOTO.COM FOR THE GEORGIA DEPARTMENT OF PUBLIC HEALTH

**Find out what it takes to stop Zika**  
Please visit [dph.georgia.gov/zika](http://dph.georgia.gov/zika)

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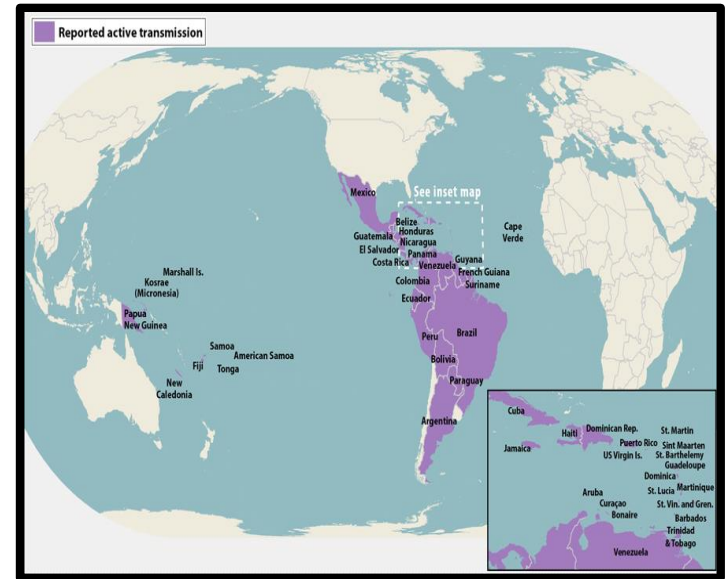
# Zika: Science Update



- **There is scientific consensus that Zika virus is a cause of congenital microcephaly and also post-infection Guillain-Barre Syndrome (GBS).**
- CDC recently estimated the risk of microcephaly to be between 1% to 13% among women infected during their first trimester.
- Besides microcephaly, Zika infection during pregnancy can be associated with a wide range of severe pregnancy outcomes, including fetal death, intrauterine growth restriction, retinal lesions/bleeding, spasticity, seizures, irritability, and brainstem dysfunction.
- On June 3, WHO stated that the constellation of Zika-related birth defects constitutes a new congenital syndrome (still to be defined, collecting surveillance data).
- 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 and also that Zika may be transmitted by oral sex.

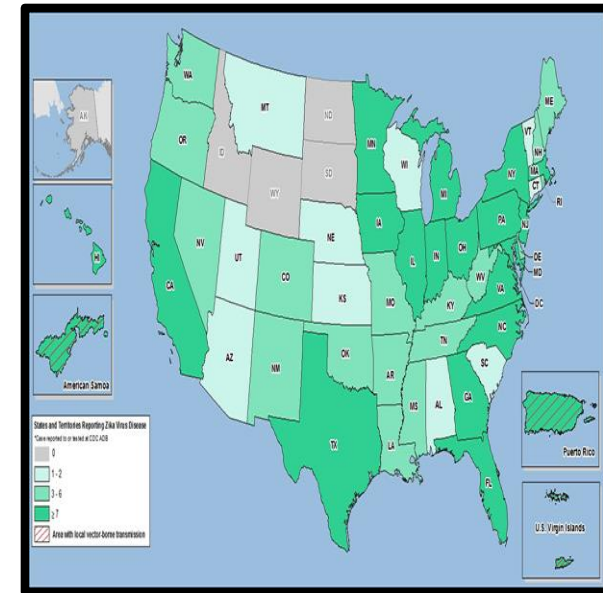
# Zika Virus: Global Epidemiology

- Since May 2015, Zika virus has spread from Brazil to **39** countries in the Americas and **48** worldwide (no new areas within the last 2 weeks).
- Eleven countries have documented congenital microcephaly or other CNS malformations associated with Zika infection (including 3 in the U.S., all with travel).
- Ten countries have reported evidence of sexual transmission of Zika.



# Zika Virus: National Epidemiology

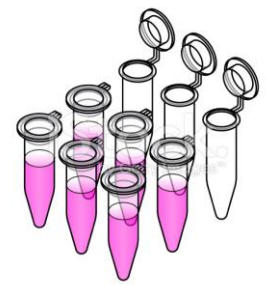
- Currently, no local zika transmission in the continental U.S., but 691 travel-associated cases have been reported (11 were sexually-transmitted).
- 2 cases of Guillain-Barre Syndrome (GBS) (post-Zika infection) have been confirmed in continental U.S.
- U.S. Territory of Puerto Rico experiencing extensive local transmission of Zika (more than 1300 cases; 7 cases of GBS).
- 206 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.



# Zika Epidemiology/Response in Georgia

- Since January, DPH Epidemiology has triaged > 1,450 Zika clinical inquiries
- Facilitated Zika testing for about 430 persons (70% among pregnant women)
- We have documented **20** travel-related Zika infections in Georgia (one in a pregnant woman, one was sexually-transmitted).
- Counsel suspect and confirmed cases to strictly avoid mosquito bites here in Georgia.

# Zika Epidemiology: Laboratory Testing



- The Georgia Public Health Laboratory (GPHL) performs RT-PCR testing to detect Zika genetic material and serology for IgM and neutralizing antibodies.
- Because of extensive cross-reactivity with other flaviviruses like dengue, IgM positives are sent to CDC for Plaque Reduction Neutralization Test (PRNT) confirmation.
- FDA issued an Emergency Use Authorization (EUA) for the first commercial (Quest) PCR test for Zika (serum) on April 29.
- **Urine** recently approved as clinical specimen for Zika testing with PCR up to 14 days after onset of symptoms (at GPHL only, must also test serum concurrently).
- Recommend that healthcare providers still contact DPH Epidemiology to triage/facilitate testing at GPHL and interpretation of results.

# Zika: Epidemiology Informs Containment

## Risk reduction 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

**KEY: PREVENT INFECTING MOSQUITOES HERE!**

4. Vector surveillance and control
5. Education/outreach





# Zika Virus: Environmental Health Update

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

# Environmental Health (EH)

## Zika Virus Prevention + Control

- **Public Health Entomologist**

- Complaint Response
- Mosquito Surveillance
- Public Education
  - ACCG Conference
  - Solid Waste Conference
  - Media

- **New Vector Surveillance Staff**

- May 16, 2016-Start Date
  - 2-weeks Training
    - » PH 101
    - » Mosquito ID
    - » Surveillance Techniques
    - » CDC Risk Categories
    - » Emergency Vector Control
    - » Communication
- June 1, 2016
  - Out in Regions and Introductions
  - Surveillance
  - Education



*We Protect Lives.*



# Environmental Health Education

## 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.

- Pool cover that collects water, neglected swimming pool or child's wading pool
- Birdbath (change water weekly) and garden pond (stock with fish)
- Any toy, garden equipment, or container that can hold water
- Flat roof with standing water
- Clogged rain gutter (home and street)
- Trash and old tires. Drill drain holes in bottom of fire rings
- Tree rot hole, hollow stump or rain puddle
- Repair missing, damaged, or improperly installed screens
- Uncovered boat or boat cover that collects water
- Leaky faucet (repair) or pet bowl (change water daily)

ILLUSTRATIONS ADAPTED FROM THE CDC WITH PERMISSION FROM THE CDC

Find out what it takes to stop Zika  
Please visit [dph.georgia.gov/zika](http://dph.georgia.gov/zika)

## 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

These countries have had outbreaks of Zika virus: Americas, 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
- Same 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 (during travel and 3 weeks 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 (above) spreads Zika virus, which can cause serious health issues.

Find out what it takes to stop Zika  
Please visit [dph.georgia.gov/zika](http://dph.georgia.gov/zika)

PHOTO BY JAMES GRIFFIN, COURTESY CENTERS FOR DISEASE CONTROL AND PREVENTION

# Door Hangers

**PUBLIC HEALTH NOTICE**

## ZIKA VIRUS

**IN YOUR NEIGHBORHOOD**

FEMALE AEDES AEGYPTI MOSQUITO      FEMALE AEDES ALBOPICTUS MOSQUITO

- **Drain** – containers after every rain, get rid of unnecessary containers
- **DEET** – use EPA-registered insect repellents with 20%-30% DEET
- **Dress** – light-weight clothing, long sleeves, long pants, socks
- **Daytime** – be aware of mosquitoes that bite during the day
- **Doors, windows and screens** – in good repair and fit tightly

## PREVENT ILLNESS

Spread by **MOSQUITOES**

**Zika, Chikungunya, Dengue fever, West Nile Virus**

- **Drain** – containers after every rain, get rid of unnecessary containers
- **DEET** – use EPA-registered insect repellents with 20%-30% DEET
- **Dress** – light-weight clothing, long sleeves, long pants, socks
- **Daytime** – be aware of mosquitoes that bite during the day, most active at dusk and dawn
- **Doors, windows and screens** – in good repair and fit tightly

**TIP 'N TOSS**  
ALL STANDING WATER

- cans and bottles
- buckets
- old tires
- flower pots
- pet dishes
- children's toys
- wading pools
- tarps
- magnolia leaves
- gutters

**NOTES**

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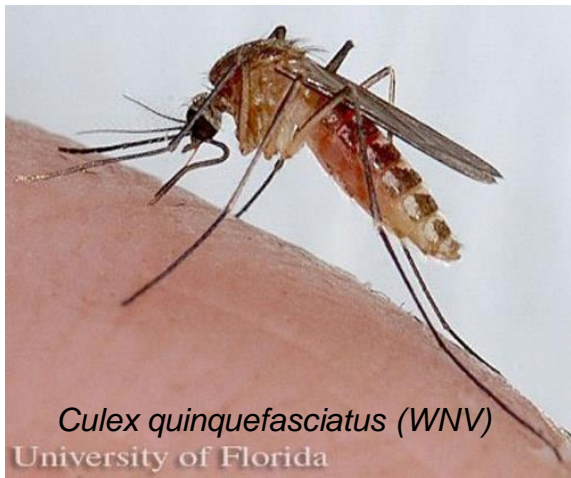
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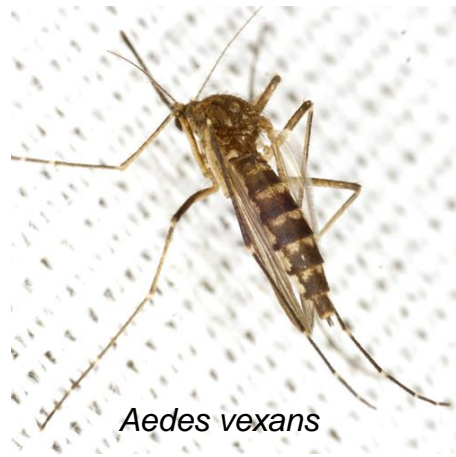
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# Mosquito Surveillance 2016

- Early surveillance around the state via local mosquito control
- Wet spring has led to early emergence, but low counts overall
  - Cooler nights have limited mosquito activity
- New Vector Surveillance Staff conducting surveillance



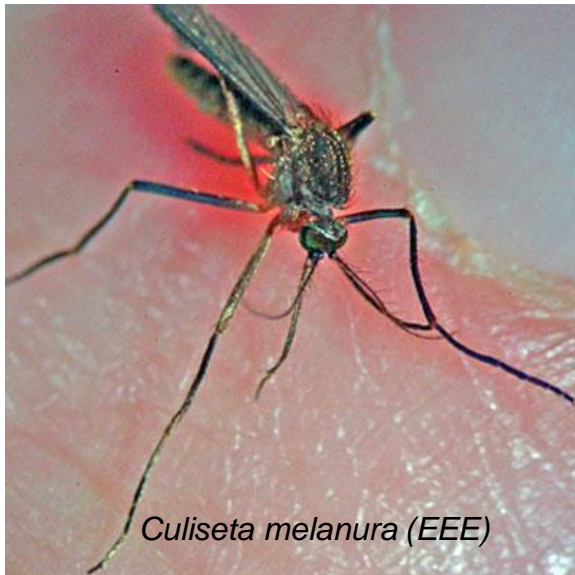
*Culex quinquefasciatus* (WNV)  
University of Florida



*Aedes vexans*



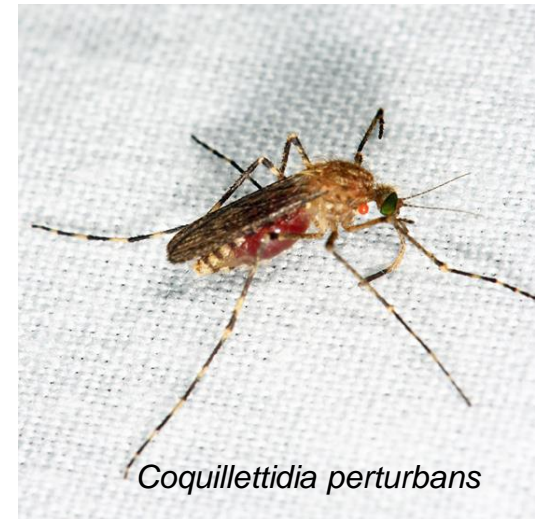
*Aedes albopictus*



*Culiseta melanura* (EEE)



*Anopheles crucians*



*Coquillettidia perturbans*

# Closing Comments

Phillip Williams, PhD  
Chair



The next Board of Public Health meeting  
is currently scheduled on  
Tuesday, July 12, 2016 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send  
an e-mail to [huriyyah.lewis@dph.ga.gov](mailto:huriyyah.lewis@dph.ga.gov)