



Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, March 14, 2017



We Protect Lives.

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner, DPH

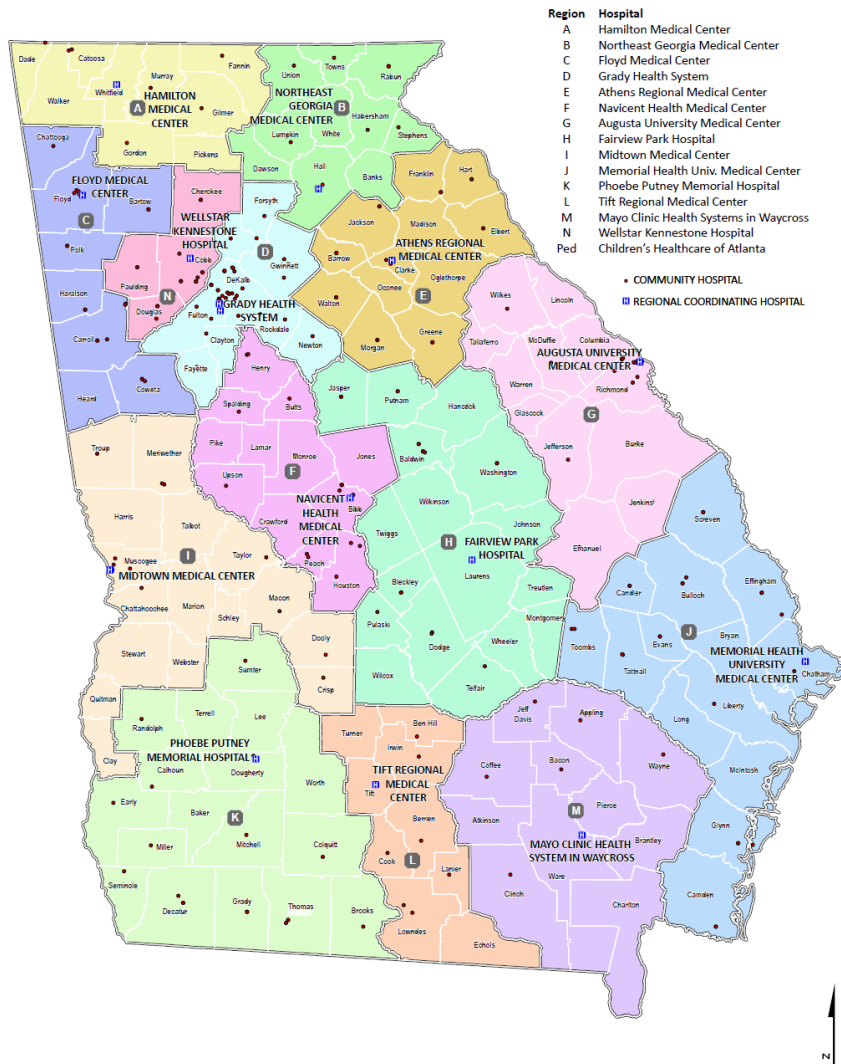
Regional Coordinating Hospital Activity

Kelly Nadeau, RN, MN, EMHP
Healthcare Community Preparedness
Program Director, DPH

Health Care Coalition

- A coordinating body that incentivizes diverse and often competitive health care organizations and other community partners with differing priorities and objectives and reach to community members to work together to prepare for, respond to, and recover from emergencies and other incidents that impact the public's health
- Must ensure partnership with local public health and coordinate with ESF8 lead agencies
- Objectives:
 - Surge management
 - Continuity of operations planning
 - Information sharing

REGIONAL COORDINATING HOSPITALS



- 14 Coalitions
- 1 Specialty Coordinating Hospital
- Coalition Leadership
 - Coalition Coordinators at RCHs
 - Health Care Liaison/ Facilitator at PH District

Questions or Suggestions?

Kelly Nadeau, MN, RN

Healthcare Preparedness Program Director

678-618-4906

Kelly.Nadeau@dph.ga.gov

Project LAUNCH

Michelle Allen
Maternal Child Health Director, DPH

Semilla Neal
Project LAUNCH Local Coordinator, DPH



PROJECT LAUNCH Overview



Long-term goal: For all children to reach social, emotional, behavioral, physical, and cognitive milestones – to thrive in school and beyond

Population of focus: Children from birth to 8

- Funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)
- Great model for helping communities connect resources and families to appropriate services!



What is Project LAUNCH?

- *Connecting* community organizations, local government, schools and physicians
- *Empowering* parents to be vocal
- *Linking* families to appropriate resources



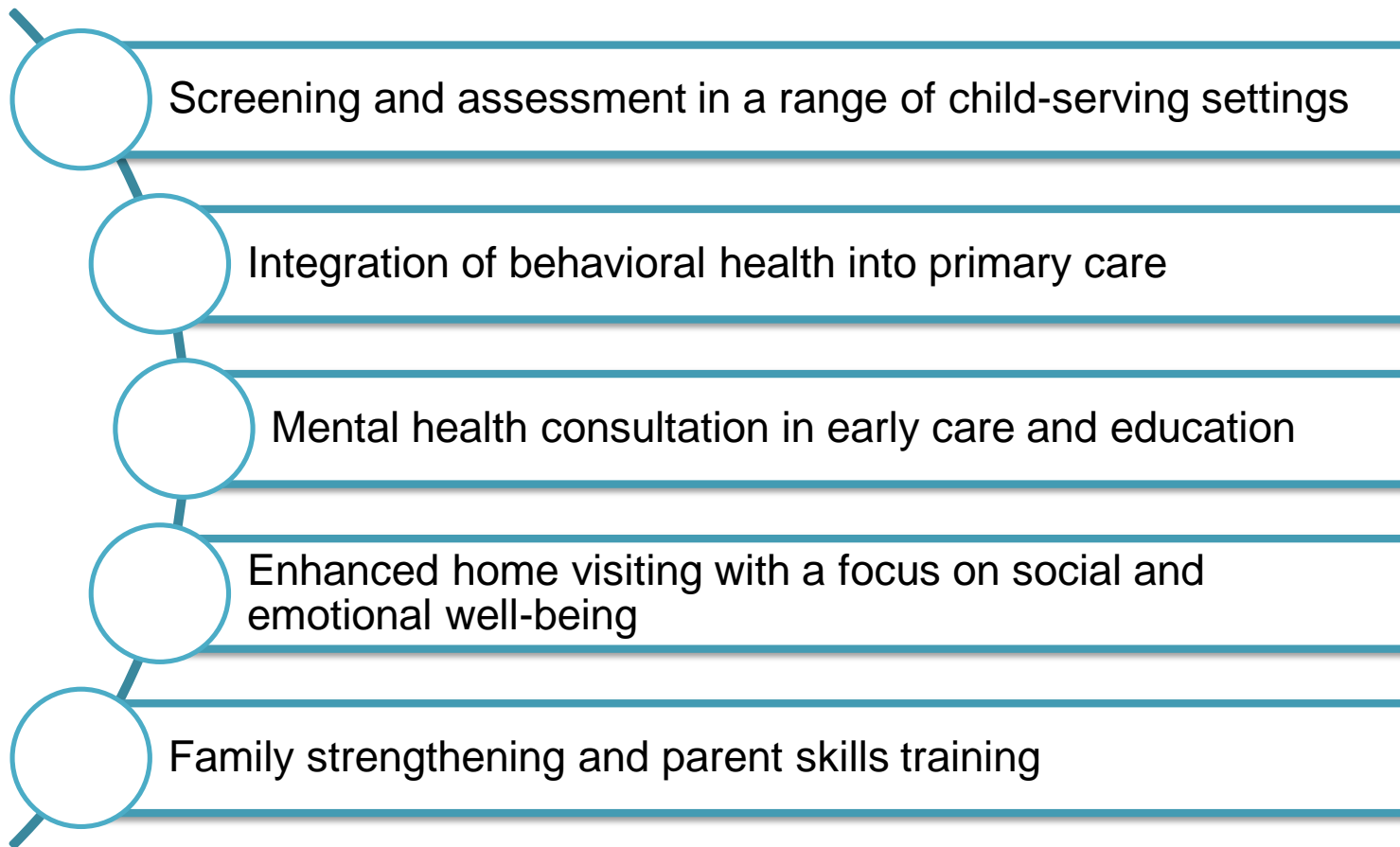
What is Project LAUNCH?

Vignette

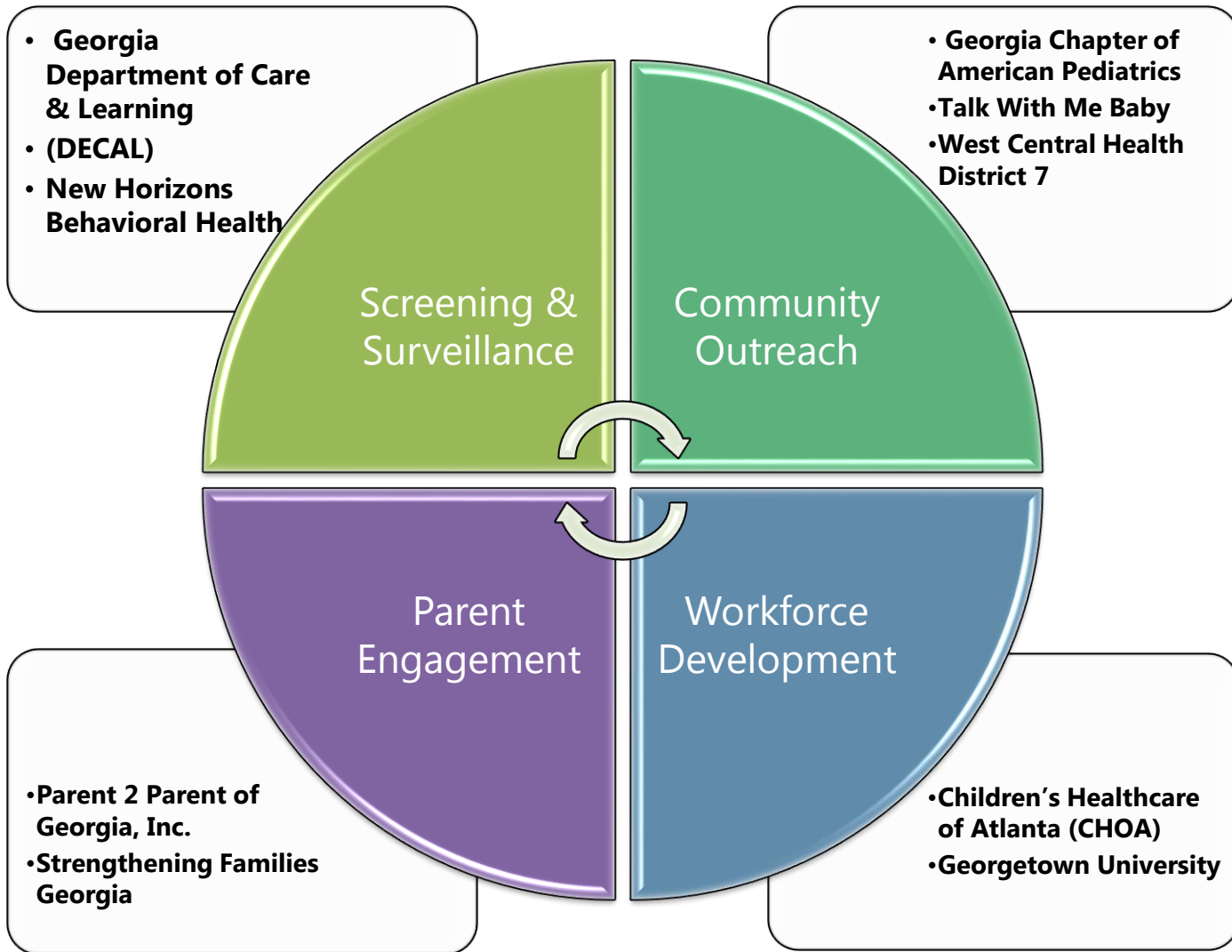
- A mother is referred by her pediatrician
- A Project LAUNCH Screener completes a developmental screening and assesses mom's needs
- Resources are provided:
 - CDC's Learn the Signs. Act Early materials
 - Contact information for a developmental psychologist
 - Georgia's Part C- Babies Can't Wait program
 - List of therapists for mom
- Physician follow-up



Prevention and Promotion Strategies



Grant Activities



Muscogee County

Fiscal Year 1

- Professionals: 20
- Screenings: 41
- Child Referrals: 35
- Adult Referrals: 5

Fiscal Year 2

- Professionals: 431
- Screenings: 555
- Child Referrals: 135
- Adult Referrals: 96

Fiscal Year 3 Quarter 1

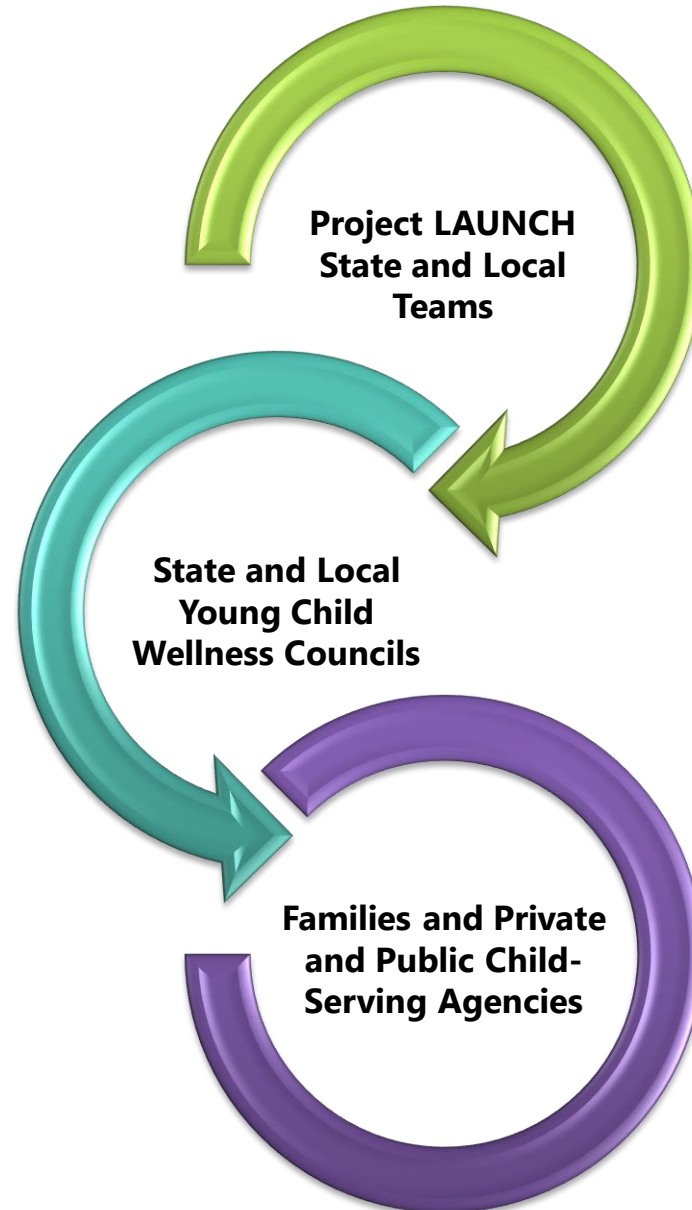
- Professionals: 27
- Evidence-Based Child Referrals: 2
- Screenings: 147
- Child Referrals: 27
- Adult Referrals: 45

Fiscal Year 1: October 2014-September 2015

Fiscal Year 2: October 2015-September 2016

Fiscal Year 3, Quarter 1: October – December 2016

Project LAUNCH Structure



Successes and Lessons Learned

New partnerships
formed

Increased knowledge
about agencies

Successes

Better sustainability
practices

Stronger partnership
with the districts

Let's READ Muscogee

March 7, 2017:
Project LAUNCH Day

1,946 books donated
Including
"Talk With Me Baby"
board books



Learn More about



PROJECT LAUNCH

Visit: www.BigDreamsGA.org



PROJECT LAUNCH

helping children soar

Questions ?



Influenza Update



Cherie L Drenzek, DVM, MS
State Epidemiologist, DPH

Overview

- Influenza Surveillance
- Snapshot of Current Influenza Season
- Avian Influenza: China, Tennessee
- Human Health Impacts and DPH Role
- Closing Comments



Goals of Influenza Surveillance

NOT to document every case of influenza, but to:

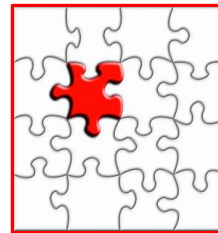
- Determine when and where influenza activity is occurring
- Determine what influenza viruses are circulating
- Determine the severity of influenza virus infections
- Detect novel viruses, animal viruses, or changes in influenza viruses

TO INFORM CONTROL AND PREVENTION EFFORTS! (year-round)

How do we conduct surveillance for influenza?

- Virologic surveillance (GPHL)
 - Outpatient visits for ILI (sentinel clinics: ILINet)
 - Outpatient visits for ILI in Emergency Departments
 - Influenza hospitalizations (metro Atlanta only)
 - Influenza-associated deaths (all ages)
 - Influenza outbreaks
 - Geographic Dispersion and Intensity
-

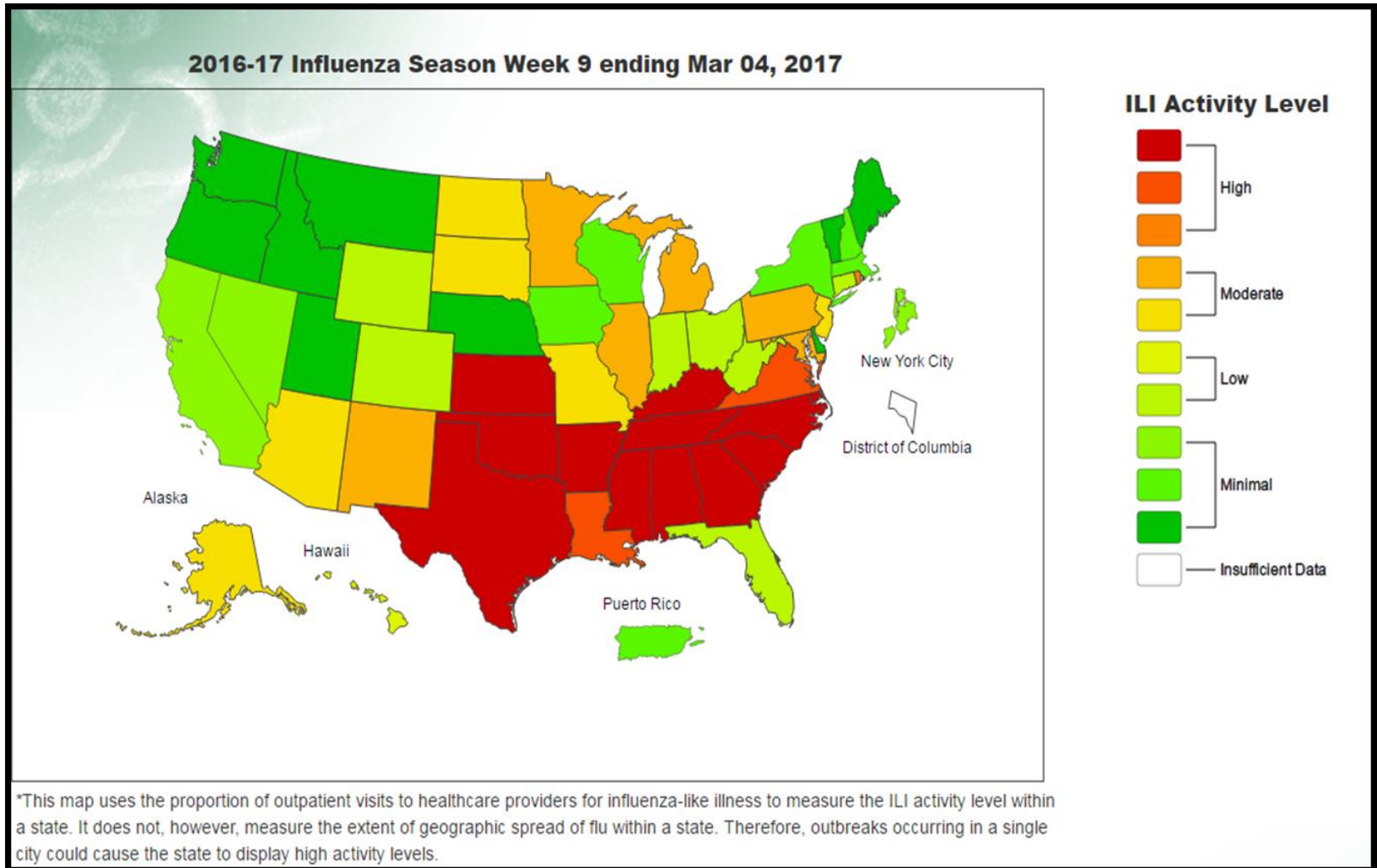
= Picture of Flu Activity



Snapshot of Current Influenza Season Nationally

- Last week, national flu activity remained elevated for the 12th consecutive week, but the season has likely peaked; 39 states reported widespread flu activity (compared to 43 the week before).
- However, the southern US continues to have high flu activity.
- Influenza A (H3N2) is the predominant virus circulating this season. “H3N2” seasons are often associated with more severe illness, especially among those less than 5 years of age and people 65 and older.
- CDC estimates that this season’s flu **vaccine efficacy is 48%** overall (against both influenza A and B viruses); it is 43% effective against influenza A (H3N2) and 73% effective against influenza B viruses.

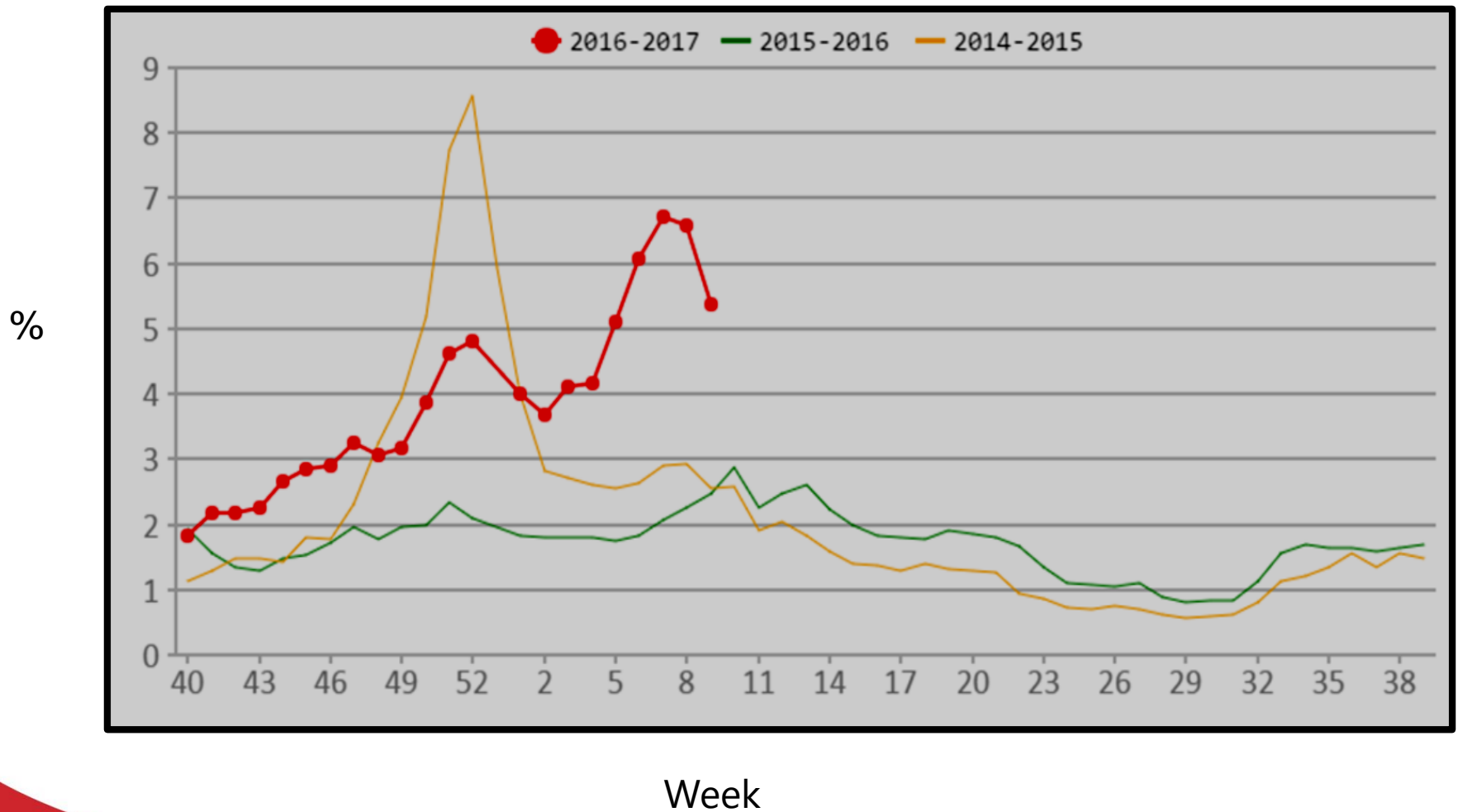
Snapshot of Influenza **Activity** Surveillance, 2016-2017 Season, U.S.



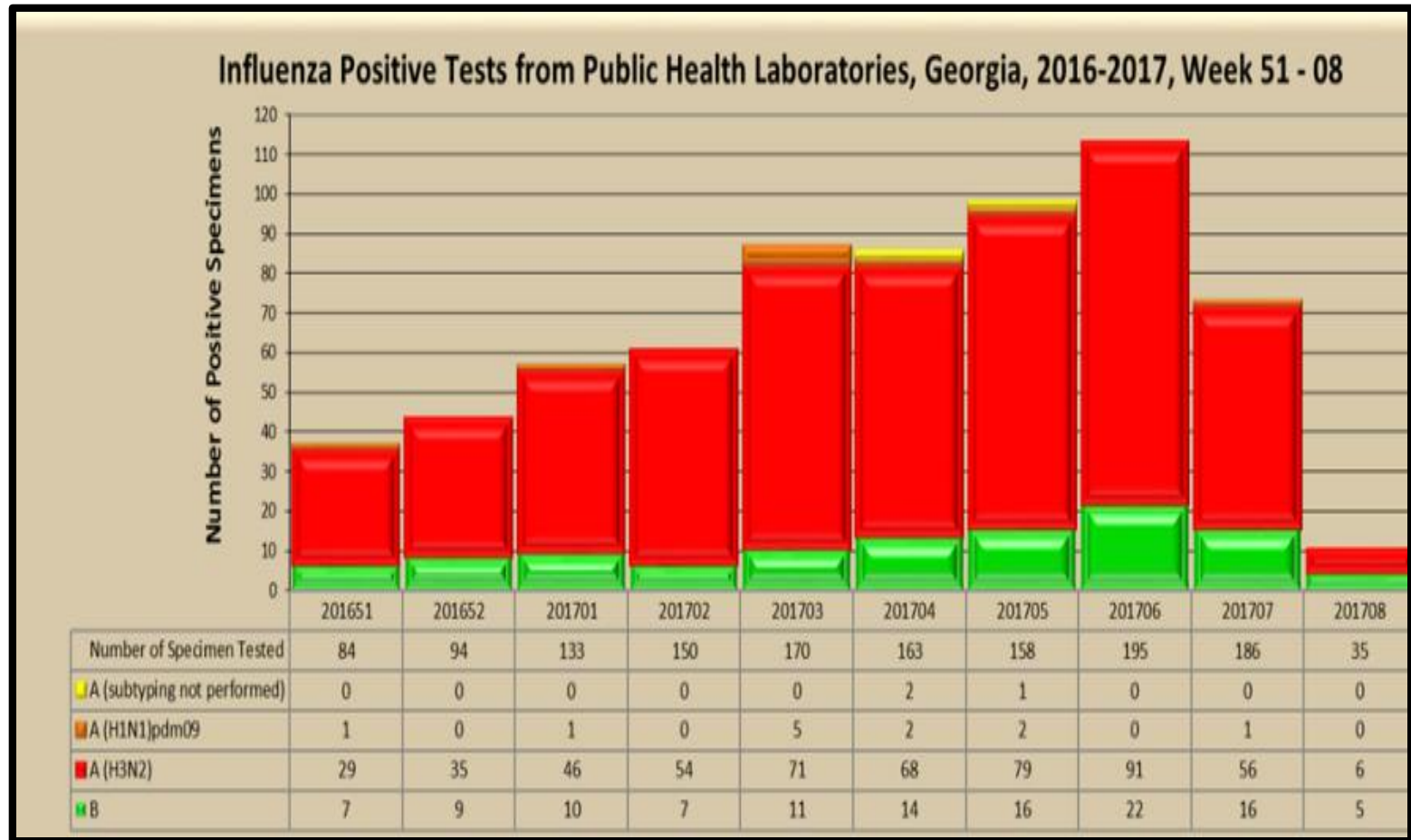
Snapshot of Influenza Activity, 2016-2017 Season, Georgia (So Far)

- In Georgia, the influenza activity level has been deemed “HIGH” for the previous seven weeks, but appears to have peaked in early March.
- Influenza A (H3N2) is the predominant virus circulating in Georgia this season.
- There have been 4 confirmed influenza-associated deaths in Georgia this season; all were 65 years of age and older.
- There have been 20 influenza outbreaks reported to DPH this season; the vast majority occurred in long-term care facilities.

Percent of ED Visits for ILI, 2016-2017 Flu Season, Georgia



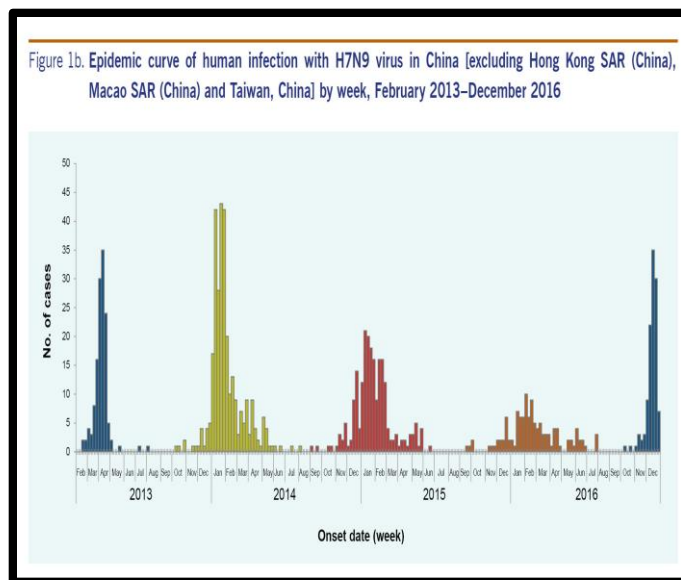
Snapshot of Influenza **Virologic** Surveillance, 2016-2017 Season, Georgia



Avian Influenza

Outbreak of Human Infections with Avian Influenza H7N9 in China

- Any animal flu virus that develops the ability to infect people can evolve, spread, and theoretically cause a pandemic.
- Since March 2013, China has experienced annual epidemics of **human infections** with **avian influenza A H7N9** viruses (a total of 1,258 confirmed cases)
- Cases have been associated with exposure to infected live poultry (including live poultry markets) or contaminated environments (not human-to-human transmission).
- During the first four epidemics, 88% of patients had pneumonia, 68% were admitted to ICU, and 41% died.
- The current (5th) epidemic is particularly concerning— it has been the largest to date and genetic change has now been documented in the H7N9 virus, prompting the WHO to recommend development of new candidate H7N9 vaccines.
- Risk of travel-associated cases to U.S.



<https://www.cdc.gov/mmwr/volumes/66/wr/mm6609e2.htm>

Avian Influenza H7N9 in Tennessee Poultry

- On March 5, the USDA confirmed the presence of Highly Pathogenic Avian Influenza A H7N9 in a commercial poultry flock in Lincoln County, TN.
- This HPAI H7N9 virus was found to be of North American wild bird lineage, and is not the same as the Asian H7N9 virus affecting China.
- On March 9, routine surveillance detected Low Pathogenicity (“Low Path”) Avian Influenza A H7N9 at an unrelated commercial poultry breeder in Giles County, TN.
- These events are considered unrelated to each other (and the difference with LPAI is that the birds are less likely to get sick).
- In both instances, the affected flocks were depopulated, the facilities were quarantined, poultry within a 6.2-mile radius were quarantined and tested, and workers were monitored for flu-like illness.
- Risk of human infections low. In the past, rare human infections with North American H7 virus have been mild.



Avian Influenza: DPH Role



Routine:

- Ongoing influenza surveillance to detect novel or avian influenza viruses in people, and to identify persons at risk.

If HPAI comes to Georgia:

- Work closely with Georgia Department of Agriculture (lead agency)
- Conduct surveillance for human infections (with avian flu viruses)
- Monitor people exposed to affected poultry for a 10-day period (we modified the electronic system used for Ebola monitoring)
- May facilitate antiviral prophylaxis for persons exposed to infected poultry
- Encourage seasonal flu vaccination among poultry workers

Influenza: Seasonal Prevention

- Annual vaccination remains the best method for preventing seasonal flu and is recommended for **all persons aged 6 months and older**.
- Even though we may have seen the peak of influenza activity, unvaccinated persons can still benefit from vaccine now because often influenza B viruses circulate late in the season. It's not too late!
- In addition, prevention pillars of handwashing, staying away from sick people, staying home if you're sick, and respiratory etiquette.



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 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 at GPHL.**

Closing Comments

Phillip Williams, PhD
Chair

The next Board of Public Health meeting is
currently scheduled on
Tuesday, May 9, 2017 @ 1:00 PM.

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