A SNAPSHOT OF THE GEORGIA DEPARTMENT OF HEALTH'S ZIKA PREPAREDNESS AND RESPONSE ACTIVITIES (2016-2017)

Impact Point: Clear Communication and Messaging

Strategy Used: Maternal and Child Health (MCH) and Infectious Disease Messaging

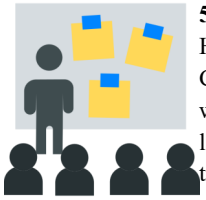
Implementation Activities

1. Zika Preparedness Coordination Activities: Weekly statewide coordination calls between Public Health (state and local leadership) and external partners (ex. OB/GYN society) were held throughout mosquito season in 2016 and 2017. Additionally, special topic Zika webinars were conducted once a month through mosquito season (April-August) in 2017. Webinar topics included vector surveillance and control, pregnancy and birth defects, epidemiology, laboratory considerations, and best practices for utilizing public-private partnerships. An updated DPH Zika Preparedness and Response Plan and State-District Zika Action Plan was disseminated to the 18 Public Health Districts in April 2017.

2. Family Planning: Georgia MCH/STD program developed a creative way to promote family planning in the era of the Zika virus – Zika condom kits. The Kits are comprised of condoms and instructions for proper use, lubricant, DEET wipes, and a Zika virus informational sheet. The condom kits are widely available and distributed to various sites across Georgia, including family planning clinics, all public health districts, and even to the environmental groups who engage with communities on mosquito collections and use that opportunity to discuss the condom kits. More than 1,000 condom kits were utilized by STD clinics in Georgia that provide women's health services. The idea to repurpose the condom kits specifically for Zika came from a conference that Georgia public health employees attended. Someone at the conference made a comment that we know how to prevent STDs and we know how to prevent unintended pregnancies – so why not bring the two together.

3. Medicaid- insect repellent: In August 2016, the DPH Commissioner sent a letter to providers that everyone, especially pregnant women and women planning to become pregnant, are advised to protect themselves from mosquito bites. In order to reach all segments of the population of women of childbearing age in the state, Georgia Medicaid began offering mosquito repellants as a covered benefit to members. The letter to providers included a reference guide and instructions for obtaining benefits, including a prescription from their physician or health care provider for insect repellent. Additionally, a Public Health Nursing protocol for mosquito repellant was developed for Medicaid clients seeking care through a local public health clinic. Public health clinics were provided with Zika risk assessment screening tools and providers began counseling to at-risk pregnant women or women who are considering pregnancy.

4. Georgia's Zika Active Monitoring System: In an effort to better serve the districts and streamline communications regarding Zika virus testing in Georgia, the DPH State Zika Epidemiology Team and the SendSS IT Team created the Zika Active Monitoring System (ZAMS). ZAMS is a module housed in the State Electronic Notifiable Disease Surveillance System (SendSS) and was created in response to Zika virus. The goal was to enhance tracking of women with laboratory evidence of Zika and infants with birth defects of interest. These registries track and maintain information on all patients approved for testing in Georgia in a secure manner. The epidemiology team worked closely with commercial laboratories and blood donation centers to ensure rapid reporting of all Zika results to public health and therefore can have the proper follow up. These efforts created a larger network of systems to capture the true picture of Zika cases in Georgia. Pertinent information gathered from ZAMS was also shared with the US Pregnancy and Birth Defects Registry for Zika.



5. <u>Zika Preparedness and Response workshop</u>: A 1-day workshop for local and state Public Health responders, including Environmental health, Epidemiology, Emergency Preparedness, Communications, and Maternal and Child Health clinicians was held on March 24, 2017. This workshop included a playbook and scenario-based discussions to guide local public health leaders in developing a phased action plan for preparing for and responding to local transmission of Zika virus in Georgia.

6. <u>Comprehensive (159 county) mosquito surveillance and control assessment</u>: Several environmental health initiatives were pursued in order to gain a better understanding of the types and abundance of mosquito species across the state of Georgia. DPH hired and trained 5 Vector Surveillance Coordinators that worked at the regional level to perform routine vector surveillance, respond to nuisance complaints, and respond to imported and local transmission of Zika virus. The State Office hired an Assistant Entomologist to assist with vector surveillance data collection and reporting (April 2017). All 18 Public Health districts received chemicals and supplies to conduct vector surveillance and control, including larvicide and barrier spray (April 2017). DPH Environmental Health team performed a full-scale exercise and deployment of 10 mosquito trailers, to be used at regional level during local transmission (May 2017). The State Office also offered several mosquito and larval identification trainings. Ultimately these efforts led to the completion of the most detailed and comprehensive statewide mosquito surveillance assessment.

7. <u>Zika Outreach and Education to vulnerable populations</u>: Several health education materials were developed in 2016-17 by the Georgia Department of Public Health for specific target populations and at-risk groups. These resources were shared widely with providers and other health care entities across the state via email, the DPH website, and at meetings and conferences. For example, as a part of the contract with the Georgia OBGyn Society, they provided Zika outreach and education to all OBGyn members across the state.

In 2016-17, Georgia was also engaged in efforts to educate vulnerable populations through the Zika Farm Worker Project. In 2016, the CDC conducted three focus groups of Spanish-speaking farm worker communities at family planning clinics in rural South Georgia to assess their knowledge and understanding of Zika transmission. They found significant lack of awareness among male and female farm workers regarding the virus, clinical symptoms of illness, and protective measures individuals can take to prevent transmission. In 2017, Georgia Department of Public Health conducted 8 special outreach and education events at 6 farm worker camps in South Georgia. DPH hired an MD from Guatemala to provide culturally competent education regarding Zika virus prevention, along with more than 500 condoms and mosquito repellent. Ultimately 503 adult farm workers and 155 children (elementary age) were provided with Zika prevention education in Colquitt county. This project was conducted in partnership with Emory University School of Nursing.

8. <u>Zika Hotline/ Call Center</u>: Since 2016, the Zika Epidemiology Team in Georgia has registered over 9000 calls with questions and concerns about the Zika virus. The majority of the calls were regarding pregnancy and concerns related to Zika exposure during pregnancy. Each call was responded to individually with counseling and education. In addition to the Epidemiology triage line, Georgia Department of Public Health (DPH) developed plans to activate a Zika call center to handle the call surge from the general public if multi-person local transmission was confirmed anywhere in the state. The call center would be located in the DPH Emergency Operations Center (EOC) and could be rapidly activated and staffed by state office personnel in the event of a public health emergency. A full-scale exercise of the Zika state call center occurred in May 2017.

9. <u>Travel Clinical Assistant Web Tool</u>: In response to the ever-increasing threat of imported diseases such as Zika, DPH developed a free clinical web-tool called the Travel Clinical Assistant (TCA), accessible on the DPH website dph.georgia.gov/TravelClinicalAssistant. TCA allows clinicians to search for diseases related to international travel for 231 countries and provides timely, easily accessible clinical information for these diseases.

Outcomes

Ultimately, DPH's efforts significantly enhanced the state's preparedness to respond to Zika virus. The State Office and 18 Public Health Districts developed comprehensive written response plans, received supplies and resources, and trained personnel to rapidly deploy vector surveillance and control teams. State and local jurisdictions exercised response plans, including a full-scale activation of the state call center, and a functional exercise to assess laboratory surge needs during a public health emergency. DPH also developed new relationships and enhanced existing partnerships with clinical and business communities across Georgia by including external partners in coordination calls, disseminating messages and health alerts to providers, and presenting Zika-related information at conferences and meetings.

DPH also had more than a 300% increase in vector surveillance performed in 2016, compared to 2015 (before Zika) in Georgia. In 2017, public health staff performed vector surveillance in all 159 counties in Georgia, which remains the most comprehensive vector surveillance program at both the state and local level since West Nile funding was discontinued- and our current capabilities likely exceed the capabilities established at that time.

Funding through the ELC grant and MCH funding also enabled DPH to develop a state birth defects registry (ZAMS) and enhance IT infrastructure and electronic communication between the public health laboratory and epidemiology.

Lessons Learned

The most significant challenge presented by the one-time funding awarded will be the inability to continue funding state and local public health personnel hired in 2016 to prepare for and respond to Zika virus and other emerging arboviral disease threats in Georgia. Substantial effort was put into rapidly hiring and training epidemiology and vector surveillance teams, but activities could not be sustained without continuous funding.