Cat A Agents: Public Health Perspective

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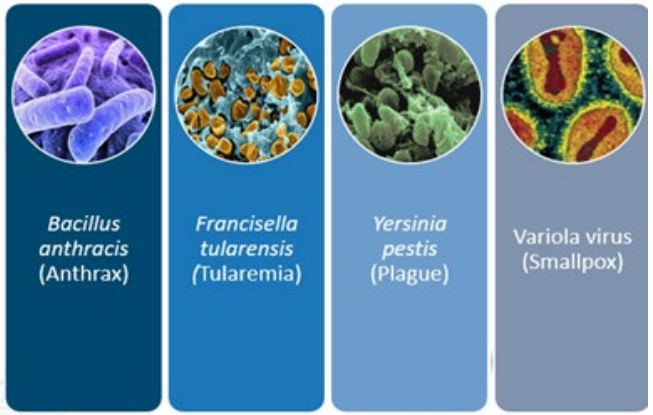
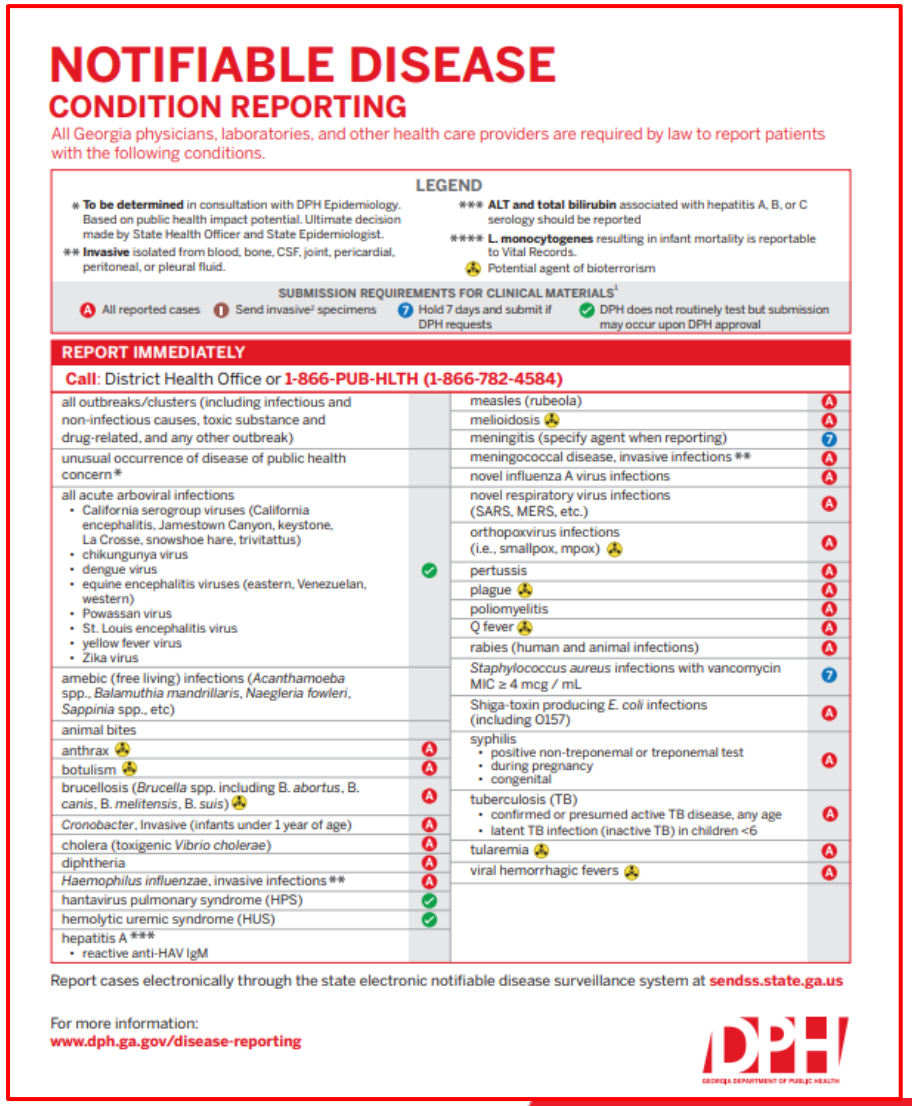
Category A Agents: Public Health Role

- Surveillance and Detection
- Laboratory Confirmation (Laboratory Response Network)
- Rapid Response (investigation, containment, prophylaxis, treatment)
- Public Information/Risk Communication
- Goal: Mitigation



Surveillance and Detection



NOTIFIABLE DISEASE
CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

LEGEND

* **To be determined** in consultation with DPH Epidemiology. Based on public health impact potential. Ultimate decision made by State Health Officer and State Epidemiologist.

** **Invasive** isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.

*** **ALT and total bilirubin** associated with hepatitis A, B, or C serology should be reported

**** **L. monocytogenes** resulting in infant mortality is reportable to Vital Records.

☢ Potential agent of bioterrorism

SUBMISSION REQUIREMENTS FOR CLINICAL MATERIALS[1]

A All reported cases | I Send invasive[2] specimens | 7 Hold 7 days and submit if DPH requests | ✓ DPH does not routinely test but submission may occur upon DPH approval

REPORT IMMEDIATELY

Call: District Health Office or **1-866-PUB-HLTH (1-866-782-4584)**

all outbreaks/clusters (including infectious and non-infectious causes, toxic substance and drug-related, and any other outbreak)	
unusual occurrence of disease of public health concern *	
all acute arboviral infections • California serogroup viruses (California encephalitis, Jamestown Canyon, keystone, La Crosse, snowshoe hare, trivittatus) • chikungunya virus • dengue virus • equine encephalitis viruses (eastern, Venezuelan, western) • Powassan virus • St. Louis encephalitis virus • yellow fever virus • Zika virus	✓
amebic (free living) infections (*Acanthamoeba* spp., *Balamuthia mandrillaris*, *Naegleria fowleri*, *Sappinia* spp., etc)	
animal bites	
anthrax ☢	A
botulism ☢	A
brucellosis (*Brucella* spp. including B. *abortus*, B. *canis*, B. *melitensis*, B. *suis*) ☢	A
Cronobacter, Invasive (infants under 1 year of age)	A
cholera (toxigenic *Vibrio cholerae*)	A
diphtheria	A
Haemophilus influenzae, invasive infections **	A
hantavirus pulmonary syndrome (HPS)	✓
hemolytic uremic syndrome (HUS)	✓
hepatitis A *** • reactive anti-HAV IgM	
measles (rubeola)	A
melioidosis ☢	A
meningitis (specify agent when reporting)	7
meningococcal disease, invasive infections **	A
novel influenza A virus infections	A
novel respiratory virus infections (SARS, MERS, etc.)	A
orthopoxvirus infections (i.e., smallpox, mpox) ☢	A
pertussis	A
plague ☢	A
poliomyelitis	A
Q fever ☢	A
rabies (human and animal infections)	A
Staphylococcus aureus infections with vancomycin MIC ≥ 4 mcg / mL	7
Shiga-toxin producing *E. coli* infections (including O157)	A
syphilis • positive non-treponemal or treponemal test • during pregnancy • congenital	A
tuberculosis (TB) • confirmed or presumed active TB disease, any age • latent TB infection (inactive TB) in children <6	A
tularemia ☢	A
viral hemorrhagic fevers ☢	A

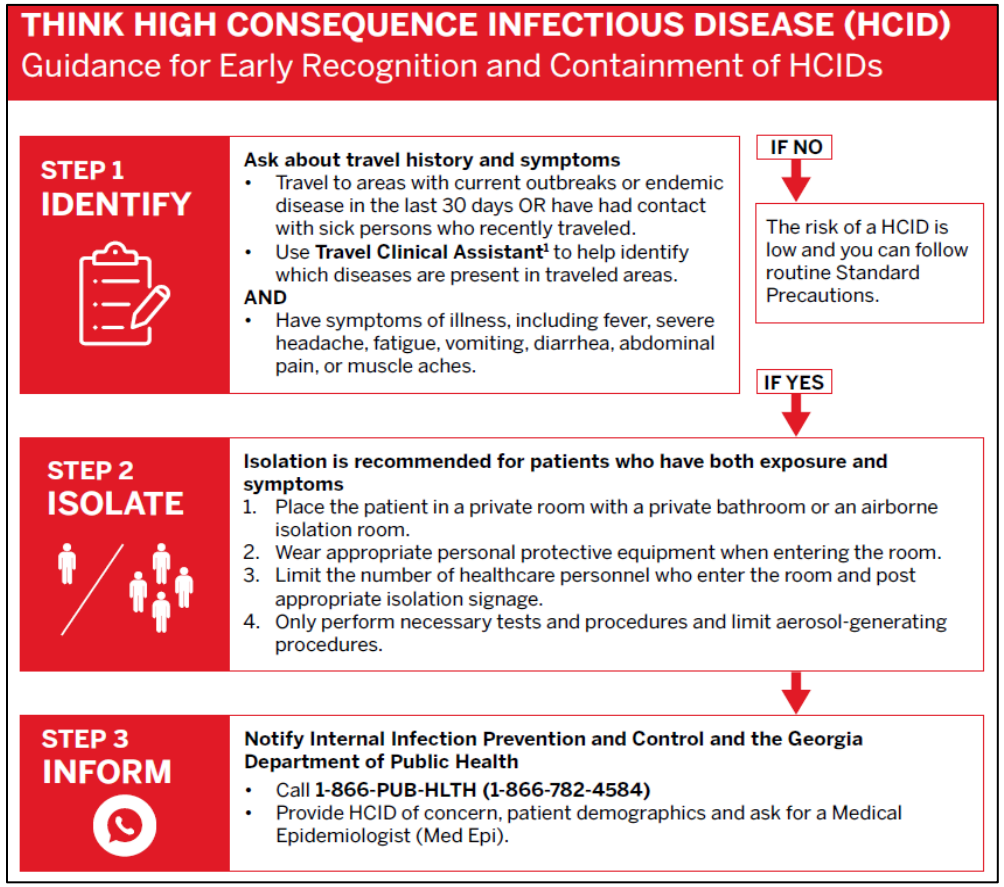
Report cases electronically through the state electronic notifiable disease surveillance system at **sendss.state.ga.us**

For more information:
www.dph.ga.gov/disease-reporting

DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

Category A Agents: Surveillance and Detection

Relies upon clinician awareness and reporting to Public Health



Category A Agents: Surveillance and Detection

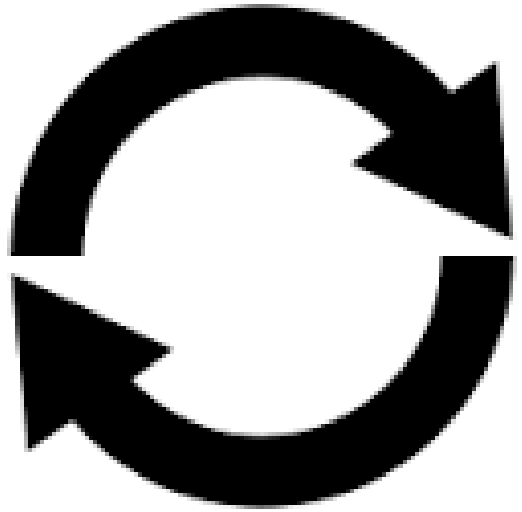
- Laboratory Response Network-B: Rapid diagnostics for Category A agents at the Georgia Public Health Laboratory (and nationally/globally)
  - **Also relies upon Sentinel Clinical labs to refer suspects/isolates**

- Syndromic Surveillance: **Early detection**. Analyzes real-time ED/Urgent Care (167 facilities) chief complaint data to detect unusual disease clusters or Cat A "clinical syndromes" before traditional diagnoses.

- BioWatch Program: **Early detection**. National air monitoring system for Cat A agents routinely and expanded during special events. Federal/State/GPHL/Local.

Once Detected and Confirmed, Then What?

- Partnerships are KEY!
- Multi-agency, multi-jurisdictional, multi-level according to role
- Epidemiologic investigation: source (naturally-occurring, intentional), sporadic/outbreak?, case finding
- Containment Strategies (as appropriate): isolation, contacts/exposures, treatment, prophy, SNS, etc.
- Ongoing communication across all partners and to communities/public.



Bottom Line

Preparedness for and response to health emergency events, both routinely or during large events, relies upon education, planning, and PARTNERSHIPS.

http://dph.georgia.gov