

# Cat A Agents: Public Health Perspective

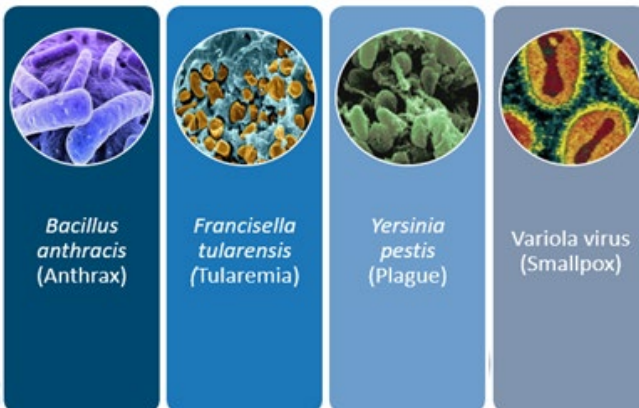
ECHO/Cherie Drenzek, DVM, MS/3.26.2026

# 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<sup>1</sup>**

A All reported cases   
 I Send invasive<sup>2</sup> 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)		measles (rubeola)	<span style="color: red;">A</span>
unusual occurrence of disease of public health concern*		melioidosis ☠	<span style="color: red;">A</span>
		meningitis (specify agent when reporting)	<span style="color: blue;">7</span>
		meningococcal disease, invasive infections**	<span style="color: red;">A</span>
		novel influenza A virus infections	<span style="color: red;">A</span>
		novel respiratory virus infections (SARS, MERS, etc.)	<span style="color: red;">A</span>
all acute arboviral infections		orthopoxvirus infections (i.e., smallpox, mpox) ☠	<span style="color: red;">A</span>
• California serogroup viruses (California encephalitis, Jamestown Canyon, keystone, La Crosse, snowshoe hare, tritattatus)		pertussis	<span style="color: red;">A</span>
• chikungunya virus	<span style="color: green;">✓</span>	plague ☠	<span style="color: red;">A</span>
• dengue virus		poliomyelitis	<span style="color: red;">A</span>
• equine encephalitis viruses (eastern, Venezuelan, western)		Q fever ☠	<span style="color: red;">A</span>
• Powassan virus		rabies (human and animal infections)	<span style="color: red;">A</span>
• St. Louis encephalitis virus		<i>Staphylococcus aureus</i> infections with vancomycin MIC ≥ 4 mcg / mL	<span style="color: blue;">7</span>
• yellow fever virus		Shiga-toxin producing <i>E. coli</i> infections (including O157)	<span style="color: red;">A</span>
• Zika virus		syphilis	
amebic (free living) infections ( <i>Acanthamoeba</i> spp., <i>Balamuthia mandrillaris</i> , <i>Naegleria fowleri</i> , <i>Sappinia</i> spp., etc)		• positive non-treponemal or treponemal test	<span style="color: red;">A</span>
animal bites		• during pregnancy	<span style="color: red;">A</span>
anthrax ☠	<span style="color: red;">A</span>	• congenital	<span style="color: red;">A</span>
botulism ☠	<span style="color: red;">A</span>	tuberculosis (TB)	
brucellosis ( <i>Brucella</i> spp. including <i>B. abortus</i> , <i>B. canis</i> , <i>B. melitensis</i> , <i>B. suis</i> ) ☠	<span style="color: red;">A</span>	• confirmed or presumed active TB disease, any age	<span style="color: red;">A</span>
<i>Cronobacter</i> , Invasive (infants under 1 year of age)	<span style="color: red;">A</span>	• latent TB infection (inactive TB) in children <6	<span style="color: red;">A</span>
cholera (toxigenic <i>Vibrio cholerae</i> )	<span style="color: red;">A</span>	tularemia ☠	<span style="color: red;">A</span>
diphtheria	<span style="color: red;">A</span>	viral hemorrhagic fevers ☠	<span style="color: red;">A</span>
<i>Haemophilus influenzae</i> , invasive infections**	<span style="color: red;">A</span>		
hantavirus pulmonary syndrome (HPS)	<span style="color: green;">✓</span>		
hemolytic uremic syndrome (HUS)	<span style="color: green;">✓</span>		
hepatitis A ****			
• reactive anti-HAV IgM			

Report cases electronically through the state electronic notifiable disease surveillance system at [sendss.state.ga.us](http://sendss.state.ga.us)

For more information:  
[www.dph.ga.gov/disease-reporting](http://www.dph.ga.gov/disease-reporting)



# Category A Agents: Surveillance and Detection

## Relies upon clinician awareness and reporting to Public Health

**THINK HIGH CONSEQUENCE INFECTIOUS DISEASE (HCID)**  
Guidance for Early Recognition and Containment of HCIDs

**STEP 1 IDENTIFY**

**Ask about travel history and symptoms**

- Travel to areas with current outbreaks or endemic disease in the last 30 days OR have had contact with sick persons who recently traveled.
- Use **Travel Clinical Assistant**<sup>1</sup> to help identify which diseases are present in traveled areas.

**AND**

- Have symptoms of illness, including fever, severe headache, fatigue, vomiting, diarrhea, abdominal pain, or muscle aches.

**IF NO**

The risk of a HCID is low and you can follow routine Standard Precautions.

**IF YES**

**STEP 2 ISOLATE**

**Isolation is recommended for patients who have both exposure and symptoms**

1. Place the patient in a private room with a private bathroom or an airborne isolation room.
2. Wear appropriate personal protective equipment when entering the room.
3. Limit the number of healthcare personnel who enter the room and post appropriate isolation signage.
4. Only perform necessary tests and procedures and limit aerosol-generating procedures.

**STEP 3 INFORM**

**Notify Internal Infection Prevention and Control and the Georgia Department of Public Health**

- Call **1-866-PUB-HLTH (1-866-782-4584)**
- Provide HCID of concern, patient demographics and ask for a Medical Epidemiologist (Med Epi).

Healthcare Providers

**Think High Consequence Infectious Diseases**

1. Identify
2. Isolate
3. Inform

**Make Travel History Part of Your Routine**

Travel History + Symptoms = **1-866-PUB-HLTH**  
(1-866-782-4584)  
Follow prompts to ask for med epi

Scan for Travel Clinical Assistant



# Category A Agents: Surveillance and Detection

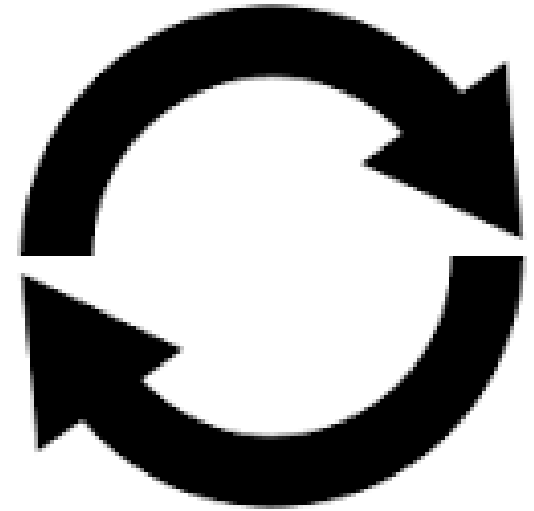
---

- 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, prophylaxis, 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>

