Georgia EIP: A Collaboration Among
*Centers for Disease Control and Prevention (CDC)
*Georgia Department of Public Health (DPH)
*Emory University School of Medicine
*Atlanta VA Medical Center
Addressing Emerging Infectious Disease Threats: A Prevention Strategy for the United States

Executive Summary
2021 – CDC Funded EIP States

HD3- 8-county Metro Area
MSA- HD3 + 12 additional counties
GOA- 139 additional counties

2019 8-County Health District 3
Population 4.1 million
(39% of state pop.)

2019 20-County Metro Area (MSA)
Population 5.8 million
(55% of state pop.)

2019 State Population 10.6 million
EIP Surveillance Methods

Active, Population-based, Laboratory Surveillance

— Active surveillance
  • Calls/visits twice a week at catchment area laboratories, and isolate pick up as needed
  • Audits/line lists- Reports of all positives for pathogens under surveillance for 100% case ascertainment

— Population-based
  • Cases restricted to residents of a defined geographical catchment area

— Laboratory case finding
  • Rely on laboratory line lists to ensure complete case ascertainment
EIP Surveillance Methods

EIP strengths:

– Able to calculate rates of disease based on the population of the catchment area

– Epidemiologic data is captured via medical record review by EIP staff

– Lab-based surveillance encompasses all healthcare facility types

– Isolate/specimen collection allows combination of epidemiologic and laboratory characterization data
EIP Active Surveillance Pathogens

**ABCs (Sterile Sites)**
- Group A Streptococcus (MSA)
- Group B Streptococcus
  [all ages (MSA), <1yr olds (statewide)]
- *Haemophilus influenzae* (statewide)
- *Neisseria meningitidis* (statewide)
- *Neisseria gonorrhoeae* (statewide)
- *Streptococcus pneumoniae* (MSA)
- Neonatal Sepsis (HD3)
- *Legionella* (HD3)
- Pertussis (HD3)

**FoodNet (All Body Sites)**
- (All statewide)
- *Campylobacter*
- *E.coli O157* or Shiga+
- *Listeria*
- *Salmonella*
- *Shigella*
- *Yersinia*
- *Vibrio*
- *Cyclospora*
- *Cryptosporidium*

**Viral**
- Laboratory confirmed,
  - hospitalized influenza (HD3)
  - hospitalized RSV (HD3)
  - hospitalized COVID-19 (HD3)

**HAIC**
- *Staphylococcus aureus* (HD3)
- Candidemia (HD3)
- *C. difficile* (HD3)
- Mold (select HD3)
- MuGSI (HD3)
  - Carbapenem resistant organisms
  - ESBL
EIP Special Studies

• Risk Factor Studies
• Vaccine Effectiveness Studies
• Carriage Studies
• Prevalence Studies
Collaboration with GDPH

• Reporting of all reportable diseases in SendSS
• Access to Electronic Lab Reporting into SendSS
• Submission of isolates/specimens to GPHL
• Collaboration on all EIP projects
• EIP conference
CDC—data to policy

- EIP surveillance data from all sites is used by the CDC to provide national disease burden estimates

- CDC publishes EIP data in:
  - Morbidity and Mortality Weekly Report (MMWR)
  - Peer-reviewed journal articles
  - Conference presentations
  - Data visualization on CDC websites
CDC- policy in action

- CDC informing policy:
  - Post licensure evaluation of PCV-7 and PCV-13
  - Evaluating strategies for preventing Group B *Streptococcus* disease in neonates
  - Evaluating foods associated with foodborne outbreaks
  - Antibiotic Resistance (AR) Threats Report
  - Tracking progress on national health goals (Healthy People 2020)
EIP and COVID-19

• Population-based surveillance for COVID-19-associated hospitalizations
  – Defining hospitalization rates overall and among subgroups
  – Collecting risk factor, treatment, and outcome data

• Risk factor interviews for COVID+ healthcare personnel
  – Evaluating occupational hazards to inform COVID care best practices

• Post-licensure evaluation of COVID vaccines
  – Evaluating impact on subgroups such as healthcare workers and adults 65yo+ and monitoring “breakthrough infections”
Laboratory-Confirmed COVID-19-Associated Hospitalizations

Preliminary weekly rates as of Mar 27, 2021

COVID-NET :: Entire Network :: 2020 :: Weekly Rate

Rates per 100,000 population

Calendar Week Ending (MMWR Week No.)

Website: https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html
Accessed: 4/8/2021
EIP team (pre-COVID)
Infection Preventionists *many* contributions to the Georgia EIP

- Provide information on healthcare systems
- Complete specific CDC surveys
- Assist with monthly line lists as needed
- Prevalence studies
- Continued GA EIP involvement in the future!

Thank you for all that you do!