

## **GEORGIA PUBLIC HEALTH SERVICES AVAILABLE FOR MEDICAID MEMBERS**

### **Introduction**

Georgia employs a hybrid public health model dependent on both a state Department of Public Health and individual County Boards of Health. The Commissioner of the Georgia Department of Public Health (DPH) serves as the State Health Officer and reports to the Governor. The state public health system is divided into 18 public health districts to provide support and management for public health services and programs in all 159 counties across Georgia. The public health districts are administrative entities rather than legal entities. This document includes sections that describe each of these as they relate to the Medicaid population.

### **Local Health Department Services**

Public Health in Georgia operates as an in-network provider of Medicaid Services through the 159 County Boards of Health established in each county through the Official Code of Georgia Annotated (OCGA) §31-3-2. County Boards of Health are in compliance with Medicaid Part 1 Policies and Procedures. Each has met the HIPAA Requirements with NPI Numbers, Compliant Coding Standards, and Privacy and Security Safeguards. All County Boards of Health have also met the Medicaid Provider Enrollment Requirements for Medicaid Programs. Public Health utilizes the CMS 1500 Claim Submissions process for billing and has a Place of Service Code.

Clinical and case management services are primarily provided by registered professional nurses serving in an expanded role pursuant to OCGA §43-34-23 and DPH maintained nurse protocols. Advanced Practice Registered Nurses (APRN) working in public health also have prescriptive authority. In some locations physicians and/or other specialty providers are available as well. Oral health services are provided by dentists and public health hygienists working under protocols approved by the Georgia Board of Dentistry.

The local presence of Public Health in each county allows for the provision of culturally competent clinical and case management services that enhance the Medicaid member's health and ability to better utilize services in a cost effective manner. Public Health is well-positioned to serve Medicaid members driven to County Health Departments for access to WIC, immunizations, and Presumptive Eligibility determination for Pregnancy Medicaid and Women's Health Medicaid.

### **DPH Services**

In addition to programmatic oversight, grant administration, and data analysis, the DPH state office plays a role in providing statewide access to key services. This is done either through direct service provision (e.g., laboratory services), contracted services (e.g., Georgia Tobacco Quit Line), or facilitation of infrastructure (e.g., Telehealth). These services are further described in Table 2.

### **Guidelines, Recommendations, and State Plans for Priority Health Conditions**

DPH is Georgia's lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective. In fulfilling this mission, the department collaborates with other state agencies, subject matter experts, and key stakeholders in developing guidelines, recommendations, and state plans to address the health needs of the state (Table 3).

**Recommendation**

Respondents to this RFP must indicate how they will:

- Contract with each County Board of Health and reimburse for the services described in Table 1.
- Reimburse the Department of Public Health for laboratory services and collaborate with DPH on the statewide services described in Table 2.
- Participate in the development and implementation of DPH state plans described in Table 3.
- Incorporate best practices and guidelines described in Table 3 into the CMO(s) programs and services.

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\*The terms "County Boards of Health" and "County Health Departments" are used interchangeably throughout this document.

**Table 1. Local Health Department Services**

Program Area	Description	Services & Guidelines
Women's Health		
Family Planning	Family Planning services are provided in all 159 counties by county health departments and contracted agencies utilizing various combinations of federal, state, and local support staff. Services are provided in a private, customer-friendly atmosphere. Confidentiality of clients is respected and protected.	<p>Clinical services provided in accordance with <a href="#">DPH Standard Nurse Protocols for Women's Health</a> and <a href="#">Part II Policies and Procedures for Family Planning Services &amp; Family Planning Waiver Services</a>.</p> <p>Educational and/or counseling services include:</p> <ul style="list-style-type: none"> <li>▪ Reproductive Life Planning</li> <li>▪ Abstinence, pregnancy postponement, pre-conceptual, reproductive and preventive health education</li> <li>▪ Adoption awareness</li> <li>▪ Counseling on risk factors associated with sexually transmitted diseases and HIV, on substance abuse, and on tobacco cessation</li> <li>▪ Violence and sexual abuse counseling and referral</li> <li>▪ Counseling on risks and benefits of contraceptive methods</li> <li>▪ Problem-specific counseling and referral</li> </ul>
Perinatal Health Partners (PHP)	PHP provides in-home nursing case management for medically diagnosed high-risk pregnant women referred by a PCP. Public Health providers partner closely with local physicians and the appropriate <a href="#">Regional Perinatal Center</a> . The program is available in 11 rural counties. Goals include reduction of pre-term birth and improved birth outcomes.	<p>Clinical services provided in accordance with <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services</a>.</p> <p>Services include clinical assessment, care coordination, case management, health education, and resource linkage.</p> <p>Additional information regarding eligibility, service locations, and program evaluation are available at: <a href="http://www.sehdph.org/perinatal-health.htm">http://www.sehdph.org/perinatal-health.htm</a></p>

Program Area	Description	Services & Guidelines
Centering Pregnancy Program	CenteringPregnancy®, a group model of prenatal care, offers families a dynamic atmosphere of empowerment and learning in a comfortable setting. The program is currently operating in one rural county (Dougherty), with implementation under consideration in other counties. Goals include reduction of pre-term birth and improved birth outcomes.	<p>Services provided in accordance with <a href="#">Part II Policies and Procedures for Physician Services</a>.</p> <p>Services are delivered through 10 centering sessions, where a group of 8 to 10 women due to deliver at approximately the same time, meet one-on-one with their healthcare provider, have refreshments, and then circle-up to share thoughts, discuss concerns and suggest solutions within the group.</p> <p>Additional information about the Centering Pregnancy model: <a href="http://centeringhealthcare.org/pages/centering-model/pregnancy-overview.php">http://centeringhealthcare.org/pages/centering-model/pregnancy-overview.php</a></p> <p>View a brief video about the goals and outcomes of the Dougherty County Pilot <a href="#">here</a>.</p>
Perinatal Case Management (PCM)	PCM services are available to assist Medicaid eligible pregnant women in gaining access to needed medical, nutritional, social, psychosocial, educational and other services in order to improve maternal and infant health outcomes.	<p>Clinical services provided in accordance with <a href="#">Part II Policies and Procedures for Perinatal Case Management Program</a>.</p> <p>Services also include linkage with other Public Health services, including: Presumptive Eligibility for Pregnancy Medicaid, WIC Supplemental Nutrition Program, Health Check (EPSDT) and other infant services.</p>
Women’s Health Case Management	The Women’s Health Medicaid (WHM) program provides coverage to <a href="#">eligible</a> women with breast or cervical cancer. Women enter the program through the Breast and Cervical Cancer Program administered by local health departments. Women with abnormal screening results are referred to participating health care providers for diagnostic and treatment services. Following diagnosis and enrollment in WHM, public health providers continue case management.	<p>Services provided in accordance with <a href="#">federal law, Part II Policies and Procedures for Family Planning Services &amp; Family Planning Waiver Services</a>, and <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services</a>.</p> <p>Additional Information:  <a href="#">Breast and Cervical Cancer Program</a>  <a href="#">Women’s Health Medicaid Program</a></p>

Program Area	Description	Services & Guidelines
Children's Well Care and Preventive Health		
Health Check / EPSDT	The Health Check Program is Georgia's well child or preventive health care program for Medicaid-eligible children birth to twenty-one years of age and Peach Care for Kids-eligible children birth to nineteen years of age. Public Health is a participating Health Check provider in each of the 159 counties.	Clinical services provided in accordance with <a href="#">Part II Policies and Procedures for Health Check Services (EPSDT)</a> .
Developmental and Social Emotional Assessment	Outside of a regular Health Check visit, staff may administer the age appropriate Ages and Stages Questionnaire-3 (ASQ-3) and Ages and Stages: Social Emotional (ASQ:SE) as a screening tool for developmental and social emotional delays in children. Children identified as in need of follow up are referred to Children 1 <sup>st</sup> (see below).	An age appropriate <a href="#">ASQ-3</a> is administered to children 0-5 years of age who are at risk for developmental delay.  An age appropriate <a href="#">ASQ:SE</a> is performed on children with concerns of social emotional delays &/or those children who have been identified as having developmental delays, but only after a current ASQ-3 is completed.
Childhood Immunizations	Local health departments provide the full range of recommended childhood immunizations with financing through Medicaid and the Vaccines for Children Program.	Public Health providers follow the <a href="#">Recommended Childhood Immunization Schedule</a> , <a href="#">Vaccines for Children Programmatic Guidelines</a> , and <a href="#">Part II Policies and Procedures for Health Check Services (EPSDT)</a> .
Hearing, Vision, Dental and Nutrition Screening (Form 3300)	Children must complete Hearing, Vision, Dental (Oral), and Nutrition Screenings prior to school entry.	Services provided in accordance with DPH policies and DPH Office of Nursing guidelines. A public version of these guidelines used for School Registered Nurses is available at: <a href="http://dph.georgia.gov/form-3300-school-nurse-trainings">http://dph.georgia.gov/form-3300-school-nurse-trainings</a> .  More information regarding approved screening providers may be found on the <a href="#">Form 3300: Certificate of Vision, Hearing, Dental, and Nutrition Screening</a> .

Program Area	Description	Services & Guidelines
<b>Children with Special Health Care Needs</b>		
Children’s Intervention Services (CIS)	CIS are provided to eligible Medicaid members with physical disabilities or a developmental delay, who have been prescribed rehabilitative or restorative intervention services by a physician.	Clinical services provided in accordance with <a href="#">Part II Policies and Procedures for Children’s Intervention Services</a> , <a href="#">Babies Can’t Wait programmatic guidelines</a> , and <a href="#">IDEA Part C</a> .
Early Intervention Case Management/Services Coordination	Service coordination assists parents with access to early intervention services, related family support services, and advocacy for the rights and procedural safeguards that are authorized under the Part C of the Individuals with Disabilities Education Act (IDEA).	Service coordination provided in accordance with <a href="#">Part II Policies and Procedures for the Early Intervention Case Management Program (Service Coordination Services)</a> , <a href="#">Babies Can’t Wait programmatic guidelines</a> , and <a href="#">IDEA Part C</a> .  Services include assessment of service needs, development of a care plan, referral to needed services, and monitoring effective care plan implementation.
<b>Dental Services</b>		
Oral Health Services	The dental program provides diagnostic, preventive and basic dental treatment for children. Basic dental care for adults is provided in a limited number of locations. Some Public Health Dental Programs also provide more complex services including oral surgery and anesthesia. Oral health programs are located in all of the 18 health districts.	Oral health services are provided by dentists and public health hygienists working under protocol as approved by the Georgia Board of Dentistry. Referrals are made as indicated to private dentists and any dentist-patient relationships that already exist are actively identified and preserved.  Additional Information and a list of services: <a href="http://dph.georgia.gov/oral-health">http://dph.georgia.gov/oral-health</a>

Program Area	Description	Services & Guidelines
Public Health Specialty Services		
Presumptive Eligibility (PE) Determination	PE determination for Pregnancy Medicaid and Women’s Health Medicaid is provided in every health department. PE enrollment allows women in need to quickly access services, and provides an opportunity for timely connection to other Public Health and healthcare services. PE services are closely linked with the Women’s Health Case Management and Perinatal Case Management programs.	PE determination provided in accordance with <a href="#">Part II Policies and Procedures Affordable Care Act for Presumptive Eligibility Pregnant Woman Medicaid</a> and <a href="#">Part II Policies and Procedures Affordable Care Act for Presumptive Eligibility Women’s Health Medicaid</a> .
Diagnostic, Screening & Preventive Services (DSPS)	Exclusive to Public Health, DSPS reimburses health department providers for a broad range of diagnostic, screening and preventive services. These services include a combination of case management and clinical services which public health is uniquely positioned to provide in a statewide capacity. Services may be provided in a clinic, school-based clinic, home, or other facility.	<p>Clinical services provided in accordance with <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services</a>.</p> <p>At a minimum, the Diagnostic, Screening and Preventive Services provider must provide the following services:</p> <ul style="list-style-type: none"> <li>▪ antepartum and postpartum care</li> <li>▪ newborn follow-up services</li> <li>▪ immunizations for adults</li> <li>▪ diagnosis and treatment of sexually transmitted diseases</li> <li>▪ Hepatitis B management</li> <li>▪ hypertension diagnosis and referral</li> <li>▪ screening, diagnosis, treatment, and case contact investigation in the management of tuberculosis</li> <li>▪ nutritional counseling</li> <li>▪ case management services</li> <li>▪ Children 1st</li> </ul> <p><b>Note:</b> Further descriptions of services follow below.</p>

Program Area	Description	Services & Guidelines
Adult Immunizations and Travel Immunizations	County health departments operate adult immunization clinics. Travel immunization clinics are provided in a limited number of locations. Clinics provide educational materials and services for culturally diverse populations as needed. Reminder and recall systems are used to improve compliance with vaccine schedules.	Public Health providers follow the <a href="#">Recommended Adult Immunization Schedule</a> and <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services</a> .  Availability of travel immunizations vary by location. Additional information: <a href="http://dph.georgia.gov/travel-immunizations">http://dph.georgia.gov/travel-immunizations</a> .
Tuberculosis Screening & Treatment	Public Health nurses provide services to control transmission, prevent illness and ensure treatment of disease due to TB. Primary functions include: (1) identifying and treating persons who have active TB disease (2) finding, screening and treating contacts to active cases, and; (3) screening high-risk populations.	Services provided in accordance with the DPH <a href="#">Tuberculosis Policies and Procedures Manual</a> , <a href="#">Standard Nurse Protocols for TB</a> , and <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services</a> .
Nutrition Counseling/Medical Nutrition Therapy	Nutritional Counseling/Medical Nutrition Therapy involves the assessment of the nutritional status of child and adult patients with a condition, illness or injury that puts them at nutritional risk.	Services provided in accordance with billing codes and policies stated in <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services</a> .  Services include the review and analysis of medical and diet history, laboratory values and anthropometrical measurements. Based on the assessment, nutrition modalities most appropriate to treat or manage the condition are implemented.
Sexually Transmitted Infections (STI) Screening and Treatment	Local health departments provide screening and treatment of Syphilis, Gonorrhea, Chlamydia, Herpes Simplex, genital warts and Trichomoniasis. Public Health staff also conduct contact investigations.	Services provided in accordance with <a href="#">DPH Standard Nurse Protocols for Sexually Transmitted Diseases</a> and <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services</a> .

Program Area	Description	Services & Guidelines
Children 1st	Children 1 <sup>st</sup> serves as the single point of entry for child health programs; identifies children who are at risk for poor health and developmental outcomes; and links to needed intervention services.	<p>Core functions include:</p> <ul style="list-style-type: none"> <li>▪ Identification of all births in Georgia</li> <li>▪ Screening of all births and children five and under</li> <li>▪ Assessment of children and families at risk</li> <li>▪ Referral/Linkage of children and families to appropriate services</li> <li>▪ Monitoring and follow-up of individual children five and under</li> </ul> <p>Additional Information: <a href="http://dph.georgia.gov/children-first">http://dph.georgia.gov/children-first</a></p>
1 <sup>st</sup> Care	A sub-component of Children 1 <sup>st</sup> , 1 <sup>st</sup> Care is provided in a limited number of locations, and provides support to families with premature or low birthweight infants after discharge from the hospital. Program staff ensure that infants receive appropriate medical screening and treatment, and that families are able to access needed services.	<p>Services include case management, nursing assessments, and intervention through clinic visits and nurse home visiting.</p> <p>Additional Information: <a href="http://dph.georgia.gov/services-childrens-first">http://dph.georgia.gov/services-childrens-first</a></p>
Universal Newborn Hearing Screening (UNHSI)	UNHSI includes screening for hearing loss in the birthing hospital; referral of those who do not pass the hospital screening for rescreening; for newborns who do not pass the rescreening referral for diagnostic audiological evaluation; and, linkage to appropriate intervention for those babies diagnosed with hearing loss.	<p>Service coordination is provided through district UNHSI Coordinators.</p> <p>Local Public Health nurses perform repeat hearing screening on infants and refer as appropriate. Services are billed in accordance with <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services</a>.</p> <p>Additional Information: <a href="http://dph.georgia.gov/universal-newborn-hearing-screening-unhsi">http://dph.georgia.gov/universal-newborn-hearing-screening-unhsi</a></p>

Program Area	Description	Services & Guidelines
Laboratory Services	County Health Departments provide CLIA compliant laboratory services in conjunction with other essential programmatic services.	At a minimum, services include: <ul style="list-style-type: none"> <li>▪ Pregnancy tests</li> <li>▪ Glucose screening</li> <li>▪ Hemoglobin</li> <li>▪ Urinalysis / Dipstick Urine</li> <li>▪ Specimen collection and handling</li> </ul>
<b>Healthy Homes</b>		
Healthy Homes Program		
Lead Investigation	Lead Investigation provides follow up, investigation, and case management of children with elevated blood lead levels identified through testing financed by the EPSDT program, and in partnership with the Children 1 <sup>st</sup> program.	Services provided in accordance with Appendix E of <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services, DPH Lead Screening Guidelines for Children</a> , and <a href="#">DPH Lead Screening, Case Management, Lab Submission, and Reporting Guidelines</a> .
Asthma Case Management	Asthma Case Management is intended to increase knowledge and self-management skills of asthmatic patients, improve adherence to health guidelines and work/ school attendance, and reduce hospitalizations and asthma related morbidity and mortality.	Services include assessment and linkage to support services through collaboration with other agencies, programs, and resources.
<b>Primary Care and Disease Management</b>		
Primary Care	In some counties, primary care is provided on site, either by Local Health Department clinical staff, or through contractual or collaborative agreement with primary care providers and Federally Qualified Health Centers. All health departments also refer patients to primary care providers as needed for services not offered at clinic locations.	

Program Area	Description	Services & Guidelines
HIV/AIDS Care (Ryan White)	Public Health provides HIV testing and counseling, laboratory monitoring, health screenings, immunizations, comprehensive primary care, medical consultation, and case management through the Ryan White HIV Care Program.	<p>Services provided in accordance with <a href="#">State of Georgia Statewide Comprehensive HIV Service Plan</a>, <a href="#">DPH Standard Nurse Protocols for HIV/AIDS</a>, <a href="#">federal clinical guidelines</a>, <a href="#">federal law</a>, and <a href="#">Part II Policies and Procedures for Targeted Case Management for Adults with AIDS Services</a></p> <p>Clinical Services include:</p> <ul style="list-style-type: none"> <li>▪ Initial and annual physical examinations</li> <li>▪ Initial and periodic laboratory assessment</li> <li>▪ Screening for sexually transmitted infections</li> <li>▪ Primary care and specialized care for HIV</li> <li>▪ Medication management</li> <li>▪ Nutritional assessment and follow up</li> <li>▪ Immunizations according to CDC guidelines for Adults with HIV/AIDS.</li> <li>▪ Education regarding prevention of opportunistic infections, prevention of the spread of infection, medication adherence, and general health topics.</li> </ul>
Hypertension Management & Outreach	Provided in a limited number of locations, the hypertension management program provides screening, assessment, referral, and disease management services in order to reduce cardiovascular risks for heart attack and stroke.	<p>Disease management services are provided through office visits in accordance with <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services</a>.</p> <p>Free or discounted medications may also be provided in some counties subject to funding availability.</p> <p>Additional Information: <a href="http://dph.georgia.gov/georgia-hypertension-management-and-outreach-hmo-program-services">http://dph.georgia.gov/georgia-hypertension-management-and-outreach-hmo-program-services</a></p>

Program Area	Description	Services & Guidelines
Diabetes Program	<p>Provided in a limited number of locations, the Diabetes Program offered at the county health department level is an education, screening and referral program for low-income adults who are diagnosed with diabetes. The purpose of the program is to reduce associated risks of diabetes complications by improving healthy behaviors and increasing access to care.</p>	<p>Disease management services are provided through office visits in accordance with <a href="#">Part II Policies and Procedures for Diagnostic, Screening and Preventive Services</a>.</p> <p>Free or discounted medications and treatment of diabetes may also be provided in some counties.</p> <p>Additional Information: <a href="http://dph.georgia.gov/diabetes-prevention-and-control-program-0">http://dph.georgia.gov/diabetes-prevention-and-control-program-0</a></p>

**Table 2. Department of Public Health Services**

Program Area	Description	Services & Guidelines
Georgia Tobacco Quitline	<p>The Georgia Tobacco Quit Line (GTQL) offers effective, evidence-based interventions to help Georgians quit smoking and using any other smokeless tobacco products (i.e., dip or snuff). DPH partners with a national tobacco cessation vendor to provide telephone and web-based counseling to individuals 13 years or older living in Georgia. Services are available 24 hours a day, 7 days a week, and interpreter services are available.</p>	<p>Services include telephone and web-based counseling, referral to community resources, and free nicotine replacement therapy (subject to availability).</p> <p>Additional Information:  <a href="https://dph.georgia.gov/georgia-tobacco-quit-line">https://dph.georgia.gov/georgia-tobacco-quit-line</a></p>
Telehealth/Telemedicine	<p>DPH has established a Telehealth network to facilitate healthcare access in underserved, rural areas through local county health departments, saving time and money for patients, providers and public health staff. Every local health department has infrastructure in place to provide Telehealth (video conferencing) Services.</p> <p>DPH is working with each Public Health District to implement telemedicine services to meet specific needs of their communities. Telemedicine connects patients with health care providers anywhere in the state, reducing cost to the patient and increasing access to care. Telemedicine sites are provided carts equipped with a stethoscope, otoscope and a general exam camera. Additional peripherals such as ultrasounds and colposcopes are also provided based on the type of telemedicine clinic being conducted.</p>	<p>Services provided in accordance with <a href="#">DPH Guidelines for Georgia Public Health Nurses Practicing in Telehealth/Telenursing/Telemedicine</a>.</p> <p>Telehealth Services may include: nutrition counseling, breastfeeding education, HIV consultation, technical assistance, translation services, and training and professional development for Public Health staff.</p> <p>Telemedicine Services may include: teledentistry, pediatric neurosurgery, endocrinology, asthma clinics, monitoring of high-risk pregnancies,</p>
Georgia Public Health Laboratories	<p>The Georgia Public Health Laboratories (GPHL) provide a broad range of laboratory testing, in support of other Public Health services, including universal newborn metabolic screening, infectious disease control, environmental health, and emergency preparedness. GPHL operates locations in Decatur and Waycross.</p>	<p>Laboratory services are provided in accordance with <a href="#">state</a> and <a href="#">federal</a> clinical laboratory licensure requirements.</p> <p>Additional Information:  <a href="http://dph.georgia.gov/lab">http://dph.georgia.gov/lab</a></p>

**Table 3. Guidelines, Recommendations, and State Plans for Priority Health Conditions**

Focus Area & Burden	Guidelines, Recommended Practices, and Applicable State Plans
<p>Infant Mortality</p> <p>Georgia has one of the highest rates of infant mortality in the country, with our state losing approximately three babies per day before they reach their first birthday. Our rural communities experienced a rate of 8.1 deaths per 1000 live births, compared to a rate of 7.2 deaths per 1000 live births for non-rural communities. For the same time period, African-Americans experienced a rate of 12.3 deaths per 1000 live births, nearly double the rate of deaths for White, non-Hispanic babies. For more than a decade, the primary cause of death has consistently been preterm or low birth weight babies. This is a departure from the national trend where most babies die due to birth defects. This statistic is of significance to Georgia, where more than 60% of babies born are covered through Medicaid, and the average medical cost for a premature baby is \$54,194. According to 2010 commercial payor data from Milliman, neonates represent only 0.15% of the patient population, yet 9% of the actual healthcare dollar spend.</p> <p>By taking a life course approach to the risk factors contributing to the current infant mortality rate in Georgia, opportunities exist to make significant improvements and prevent infant death by focusing on the health of the mother during key periods, including:</p> <ul style="list-style-type: none"> <li>• Prenatal Period—addressing maternal comorbidities, access to specialized care and supporting a full 39-week gestation</li> <li>• Post-Partum Period—addressing healthcare-associated infections, breastfeeding, injury</li> </ul>	<p>Regionalization of Perinatal Care</p> <ul style="list-style-type: none"> <li>• American Academy of Pediatrics (AAP) Guidelines on Levels of Neonatal Care, from the Committee on the Fetus and the Newborn (2010) <a href="http://pediatrics.aappublications.org/content/130/3/587.full.pdf">http://pediatrics.aappublications.org/content/130/3/587.full.pdf</a></li> <li>• Institute for Healthcare Improvement evidence-based recommendations for the delivery of ideal perinatal care (2015): <a href="http://www.ihl.org/resources/Pages/IHIWhitePapers/IdealizedDesignofPerinatalCareWhitePaper.aspx">http://www.ihl.org/resources/Pages/IHIWhitePapers/IdealizedDesignofPerinatalCareWhitePaper.aspx</a></li> <li>• Health Management Associates assessment and recommendations on the Georgia Regional Perinatal System (2012): <a href="http://www.healthmanagement.com/assets/Publications/DeliveryofVeryLowBirthWeightInfantsGeorgiaHMARReport.pdf">http://www.healthmanagement.com/assets/Publications/DeliveryofVeryLowBirthWeightInfantsGeorgiaHMARReport.pdf</a></li> </ul> <p>Safe Sleep</p> <ul style="list-style-type: none"> <li>• AAP Expanded recommendations on a safe sleeping environment from the Task Force on Sudden Infant Death Syndrome (2011) <a href="http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html">http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html</a></li> </ul> <p>Newborn Screening</p> <ul style="list-style-type: none"> <li>• Georgia Amended Newborn Screening Policy (May 2014) <a href="http://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/Chapter%20511-5-5.pdf">http://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/Chapter%20511-5-5.pdf</a></li> <li>• AAP Expanded Recommendations on Newborn Screening, from the Newborn Screening Authoring Committee, (2008) <a href="http://pediatrics.aappublications.org/content/121/1/192.full">http://pediatrics.aappublications.org/content/121/1/192.full</a></li> </ul> <p>Prevention of healthcare-associated infections (HAIs)</p> <ul style="list-style-type: none"> <li>• US Department of Health and Human Services: Roadmap to the prevention of healthcare-associated infections: <a href="http://www.health.gov/hai/prevent_hai.asp#hai_plan">http://www.health.gov/hai/prevent_hai.asp#hai_plan</a></li> <li>• AAP Guidelines on preventing HAI in the neonatal intensive care unit, from the Committee on the Fetus and the Newborn:</li> </ul>

Focus Area & Burden	Guidelines, Recommended Practices, and Applicable State Plans
<p>prevention and environmental factors, such as exposure to secondhand smoke.</p> <p>Georgia accepted the ASTHO challenge to address its preterm birth rate and has made exceptional improvements—dropping from 12% in 2009 to 10.9% in 2013 according to preliminary data; however, the state still ranks towards the bottom nationally for this measure. Addressing the many factors that contribute to preterm birth requires a multi- pronged approach including:</p> <ul style="list-style-type: none"> <li>• Routine use of 17-hydroxyprogesterone caproate in pregnancies at high-risk for preterm labor</li> <li>• Antenatal corticosteroid use for pregnancies at high risk of preterm labor (part of the Georgia Perinatal Quality Collaborative)</li> <li>• Birth spacing and family planning for women at high risk for pregnancy-related complications including chronic disease and patient demographics</li> <li>• Tobacco Cessation</li> </ul>	<p><a href="http://www.ncbi.nlm.nih.gov/pubmed/22451712">http://www.ncbi.nlm.nih.gov/pubmed/22451712</a></p> <p>Prevention of necrotizing enterocolitis</p> <ul style="list-style-type: none"> <li>• Evidence-based care guideline for necrotizing enterocolitis (NEC) among very low birth weight infants. <a href="http://www.guideline.gov/content.aspx?id=24815">http://www.guideline.gov/content.aspx?id=24815</a></li> </ul> <p>Use of 17P:</p> <ul style="list-style-type: none"> <li>• ACOG revised recommendations on the use of 17-hydroxyprogesterone for the reduction of risk of premature birth: <a href="http://www.acog.org/~media/Announcements/20111013MakenaLtr.pdf">http://www.acog.org/~media/Announcements/20111013MakenaLtr.pdf</a></li> <li>• <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3218546/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3218546/</a></li> </ul> <p>Birth Spacing and Family Planning</p> <ul style="list-style-type: none"> <li>• National clinical practice guidelines from Endocrinology Society for the management of pregnant women with diabetes: <a href="http://www.endocrine.org/~media/EndoSociety/Files/Publications/Clinical%20Practice%20Guidelines/120513_DiabetesPregnancy_FinalD_2013.pdf">http://www.endocrine.org/~media/EndoSociety/Files/Publications/Clinical%20Practice%20Guidelines/120513_DiabetesPregnancy_FinalD_2013.pdf</a></li> </ul> <p>ACOG Guidelines on the management of hypertension and pregnancy:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.acog.org/Resources-And-Publications/Task-Force-and-Work-Group-Reports/Hypertension-in-Pregnancy">http://www.acog.org/Resources-And-Publications/Task-Force-and-Work-Group-Reports/Hypertension-in-Pregnancy</a></li> </ul> <p>Tobacco Cessation:</p> <ul style="list-style-type: none"> <li>• US Public Health Services Guidelines for Treating Tobacco Use and Dependence (includes utilization of Quitlines) <a href="http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html">http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html</a></li> </ul> <p><a href="http://www.astho.org/prevention/tobacco/smoking-cessation-pregnancy/">http://www.astho.org/prevention/tobacco/smoking-cessation-pregnancy/</a></p> <p>State Plans and Guidelines</p> <ul style="list-style-type: none"> <li>• Georgia Amended Newborn Screening Policy (May 2014) <a href="http://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/Chapter%20511-5-5.pdf">http://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/Chapter%20511-5-5.pdf</a></li> <li>• <a href="http://www.georgiashape.org/home">http://www.georgiashape.org/home</a></li> <li>• Infant Mortality Reduction Initiative (part of Dept. of Public Health’s Strategic Plan)</li> <li>• Regional Perinatal Center Core Requirements and Guidelines <a href="#">Part 1</a> and <a href="#">Part 2</a>. (<a href="http://dph.georgia.gov/documents/mch-brochures-and-general-information">http://dph.georgia.gov/documents/mch-brochures-and-general-information</a>)</li> </ul>

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<b>Family Planning and Teen Pregnancy Prevention</b>	
<p>In 2012, the pregnancy rate for all teenagers aged 15-17 was 21.3 births per 1000 females the lowest level ever reported; still, 4,301 teens are affected. In the same year 17.2% were repeat pregnancies. However, over the last ten years, Georgia has seen an impressive 89% reduction in teen pregnancies; from 40.3% in 2003 to 21.3% in 2012. A similar decline has been noted in all racial and ethnic groups. Nonetheless, racial and ethnic disparities still exist. In 2012, the teen pregnancy rates were 12.5 per 1,000 females for White/Caucasian, 28.1 for Black/African Americans and 29.8 for Hispanics.</p> <p>Preventing teen pregnancy is an effective strategy for improving child well-being in the state as many of the indicators of child well-being are highly interrelated with teen pregnancy.</p>	<p>Guidelines and Recommended Practices</p> <ul style="list-style-type: none"> <li>• Trussell J. Contraceptive efficacy. In: Hatcher, RA, Trussell, J, Nelson AL, Cates W, Kowal, D, Policar Meds. Contraceptive technology: 20<sup>th</sup> revised ed. New York: NY: Ardent Media.</li> <li>• Providing Quality Family Planning (QFP) Services <a href="http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf</a></li> <li>• CDC Office on Adolescent Health <a href="http://www.cdc.gov/teenpregnancy/preventteenpreg.htm">http://www.cdc.gov/teenpregnancy/preventteenpreg.htm</a></li> </ul> <p>Advocacy and Education Resources</p> <ul style="list-style-type: none"> <li>• Georgia Campaign for Adolescent Power and Potential <a href="http://www.gcapp.org/fast-facts">http://www.gcapp.org/fast-facts</a></li> <li>• National Campaign to Prevent Teen and Unplanned Pregnancy <a href="http://thenationalcampaign.org/data/state/georgia">http://thenationalcampaign.org/data/state/georgia</a></li> </ul>
<b>Asthma</b>	
<p>Asthma is the most common chronic disease in children and is the leading cause of emergency department visits, hospitalizations and missed school days in this population. The prevalence of asthma in Georgians 0-17 years of age is 10.8% as compared to a national average of 6.5%. In Georgia, Asthma prevalence was higher among boys (12.6%) than among girls (8.9%), higher among non-Hispanic black children (15.6%) than among non-Hispanic white children (8.2%) and is significantly higher among children whose family annual household income was less than \$25,000 (11.7%) than among children from families making \$75,000 or more per year (4.9%). According to 2012 BRFSS roughly 60% of Georgia’s asthmatic children are experiencing asthma that is not well controlled or</p>	<p>Guidelines and Recommended Practices</p> <ul style="list-style-type: none"> <li>• National Heart, Lung, and Blood Institute (NHLBI) Expert Panel Report 3— Guidelines for the Diagnosis and Management of Asthma (EPR-3) <a href="http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/full-report.htm">http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/full-report.htm</a></li> </ul> <p>State Plans and Guidelines</p> <ul style="list-style-type: none"> <li>• 2013-1018 Strategic Plan to Address Asthma in Georgia</li> <li>• <a href="http://dph.georgia.gov/asthma-strategic-priorities-and-plan">http://dph.georgia.gov/asthma-strategic-priorities-and-plan</a></li> </ul>

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<p>poorly controlled. 2012 Georgia recorded 29,035 asthma-related ER visits among children 0-17 years of age. These ER visits represent an overall asthma-related ER visit rate of 1164 per 100,000. The total charges for asthma-related ER visits among children amounted to more than \$44.2 million. This was \$11.4 million higher in total charges (unadjusted) compared to total charges in 2010. The asthma-related ER visits among children decreased as age increased. Children 0-4 years had the highest asthma ER visit rate at 1486 per 100,000.</p>	
Cancer	
<p>Cancer is the second leading cause of death in Georgia. Lung, colorectal, breast, and prostate cancer account for 51 percent of all cancer deaths in Georgia. Lung cancer is the leading cause of cancer deaths representing 29% of all cancer related deaths with Colorectal at 9% and breast cancer at 8%. Lung and prostate cancer mortality rates in Georgia are nearly 16 percent higher than the national average (Georgia Comprehensive Cancer Registry, 2013). Other types of cancer resulting in death are pancreatic cancer, ovarian cancer, leukemia, and lymphoma. Cancer incidence and mortality rates vary between men and women. Males are 43 percent more likely to be diagnosed with cancer than females. Among men in Georgia, prostate, lung and bronchus, and colorectal cancers accounted for 55 percent of all new cancer cases. The rate of prostate cancer in Georgia is higher than the national average (568 versus 542 per 100,000). Lung cancer and melanoma rates among Georgia males are also higher than the national average. Breast, lung and bronchus, and colorectal cancers accounted for 54 percent of all new cancer cases among females in Georgia. Unlike prostate</p>	<p>Breast Cancer</p> <ul style="list-style-type: none"> <li>American Cancer Society recommendations for early breast cancer detection in women without breast symptoms  <a href="http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-ac-recs">http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-ac-recs</a></li> </ul> <p>Cervical Cancer</p> <ul style="list-style-type: none"> <li>U.S. Preventive Services Task Force Recommendation Statement: Screening for Cervical Cancer  <a href="http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancers.htm">http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancers.htm</a></li> </ul> <p>Hereditary Breast and Ovarian Cancer (HBOC)</p> <ul style="list-style-type: none"> <li>U.S. Preventive Services Task Force Recommendation Statement: Risk Assessment, Genetic Counseling, and Genetic Testing for BRCA-Related Cancer in Women  <a href="http://www.uspreventiveservicestaskforce.org/uspstf12/brcatest/brcatestfinals.htm">http://www.uspreventiveservicestaskforce.org/uspstf12/brcatest/brcatestfinals.htm</a></li> </ul> <p>Lung Cancer</p> <ul style="list-style-type: none"> <li>U.S. Preventive Services Task Force Recommendation Statement: Screening for Lung Cancer  <a href="http://www.uspreventiveservicestaskforce.org/uspstf13/lungcan/lungcanfinalrs.htm">http://www.uspreventiveservicestaskforce.org/uspstf13/lungcan/lungcanfinalrs.htm</a></li> </ul>

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<p>cancer, the incidence of breast cancer among women in Georgia is lower than the national average (403 versus 419 per 100,000). BRCA gene mutations cause 5-10% of breast and ovarian cancers. Women with the mutation have a 50-85% risk for breast cancer and 30-47% risk for ovarian cancer.</p>	<p>Colorectal Cancer</p> <ul style="list-style-type: none"> <li>American Cancer Society recommendations for colorectal cancer early detection <a href="http://www.cancer.org/cancer/colonandrectumcancer/moreinformation/colorectalcancerearlydetection/colorectal-cancer-early-detection-ac-recommendations">http://www.cancer.org/cancer/colonandrectumcancer/moreinformation/colorectalcancerearlydetection/colorectal-cancer-early-detection-ac-recommendations</a></li> </ul> <p>State Plans and Guidelines</p> <ul style="list-style-type: none"> <li>Georgia Cancer Plan 2014-2019 <a href="ftp://ftp.cdc.gov/pub/Publications/Cancer/ccg/georgia_ccc_plan_2013_2018.pdf">ftp://ftp.cdc.gov/pub/Publications/Cancer/ccg/georgia_ccc_plan_2013_2018.pdf</a></li> </ul>
<b>Hypertension</b>	
<p>Cardiovascular disease (CVD), including heart disease and stroke, is the nation's and Georgia's leading cause of death and a major cause of disability costing the Georgia economy nearly \$5.5 billion in total hospital charges for CVD in 2010. This is a \$2.1 billion increase from 2003. The cost of CVD in Georgia in 2007 is estimated at \$7.5 billion, which includes direct health care costs and lost productivity from premature mortality. In 2010, 20,661 Georgians died from cardiovascular diseases accounting for 30 percent of deaths in Georgia. Over 70 percent of CVD deaths are due to heart disease. In 2012, there were approximately 87,508 hospitalizations due to heart disease in Georgia and in 2013, 35 per cent of adults reported being hypertensive. Risk factors include in age, race, family history, being overweight or obese, physical inactivity, tobacco use, excess dietary sodium, too much alcohol, stress, and other chronic diseases.</p>	<p>Guidelines and Recommended Practices</p> <ul style="list-style-type: none"> <li>The Journal of the American Medical Association-2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: the Eighth Joint National Committee (JNC 8)</li> <li>USPSTF Behavioral and Diet Interventions <a href="http://www.uspreventiveservicestaskforce.org/uspstf13/cvdhighrisk/cvdhighriskfinalrs.htm">http://www.uspreventiveservicestaskforce.org/uspstf13/cvdhighrisk/cvdhighriskfinalrs.htm</a></li> <li>The Community Guide-Cardiovascular Disease Prevention and Control: Team-Based Care to Improve Blood Pressure Control <a href="http://www.thecommunityguide.org/cvd/teambasedcare.html">www.thecommunityguide.org/cvd/teambasedcare.html</a></li> </ul>

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<b>Diabetes and Pre-Diabetes</b>	
<p>Approximately 9.9% or 734, 800 Georgia adults have diabetes and remain highest among those 45 years of age and older. Among Georgia adults with diabetes, more than ½ also have hypertension (72.8% or 498,650 adults) or high cholesterol (63.9% or 396,498 adults) placing them at higher risk for developing disabling complications and associated emergency room (ER) visits or hospitalizations. Moreover, only 55% reported that they have taken a class to manage their diabetes condition. Although diabetes prevalence is more common among Georgia adults with some form of health insurance coverage, between 2000 and 2011; the overall diabetes hospitalization rate (age-adjusted) increased from 178.8 to 182.8 per 100,000 persons. In Georgia, \$3.3 billion in medical costs is attributable to diabetes. Most current data reveals that approximately 8% of Georgia adults have prediabetes, a precursor to diabetes placing them at higher risk for complications including diabetes and heart disease. Among Georgia adults with prediabetes, prevalence remains highest among adults 45 years of age and older and is most common among those with some form of health insurance coverage. Similar to diabetes prevalence, prediabetes prevalence is more common among Georgia adults who report their weight status as analogous to the obese category.</p>	<p>Guidelines and Recommended Practices</p> <ul style="list-style-type: none"> <li>American Diabetes Association (ADA) Standards of Medical Care in Diabetes-2014 <a href="http://care.diabetesjournals.org/content/37/Supplement_1/S14.extract">http://care.diabetesjournals.org/content/37/Supplement_1/S14.extract</a></li> </ul> <p>In persons with high blood pressure</p> <ul style="list-style-type: none"> <li>U.S. Preventive Services Task Force: Screening for Type 2 Diabetes Mellitus in Adults <a href="http://www.uspreventiveservicestaskforce.org/uspstf08/type2/type2rs.htm">http://www.uspreventiveservicestaskforce.org/uspstf08/type2/type2rs.htm</a></li> </ul> <p>For gestational diabetes</p> <ul style="list-style-type: none"> <li>U.S. Preventive Services Task Force Recommendation Statement: Screening for Gestational Diabetes Mellitus <a href="http://www.uspreventiveservicestaskforce.org/uspstf13/gdm/gdmfinalrs.htm">http://www.uspreventiveservicestaskforce.org/uspstf13/gdm/gdmfinalrs.htm</a></li> </ul>
<b>Obesity</b>	
<p>Georgia SHAPE is a statewide multiagency, multidimensional initiative of Governor Nathan Deal that brings together the governmental, philanthropic, academic and business communities to address childhood obesity in Georgia. The obesity initiative includes strategies for addressing obesity from birth through the</p>	<p>Guidelines and Recommended Practices</p> <ul style="list-style-type: none"> <li>U.S. Preventive Services Task Force Recommendation Statement: Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors <a href="http://www.uspreventiveservicestaskforce.org/uspstf13/cvdhighrisk/cvdhighriskfinalrs.htm">http://www.uspreventiveservicestaskforce.org/uspstf13/cvdhighrisk/cvdhighriskfinalrs.htm</a></li> </ul>

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<p>high school years and it involves state-wide, comprehensive, coordinated efforts backed by strong communication strategies. All strategies are evidence based and data driven and evaluation methodologies insure measurement of progress. The initiative includes overarching strategies that address all age groups as well as age specific strategies. Efforts focus on schools, communities, daycare centers, government and policy, businesses, medical practices and research.</p>	<p>State Plans and Guidelines</p> <ul style="list-style-type: none"> <li>Georgia SHAPE: <a href="http://www.georgiashape.org/home">http://www.georgiashape.org/home</a></li> </ul>
<b>Tobacco Use</b>	
<p>In 2011, approximately 1.5 million or 21% of adult Georgians smoked cigarettes. Approximately 317,000 or 4.4% of adults in Georgia use smokeless tobacco products. In 2013, some 10,000 adult Georgians age 35 and older die every year from tobacco-related illnesses. Of the smoking attributable deaths among Georgians 35 and older, 4,300 (44%) were due to cancer, 2,900 (29%) due to cardiovascular disease, and 2,700 (27%) due to respiratory disease. Compared to nonsmokers, smokers have an increased risk of heart disease, stroke, chronic obstructive lung disease or COPD as well as various forms of cancer. Tobacco costs the State of Georgia approximately \$1.5 billion dollars per year in direct medical costs and \$3.5 billion dollars per year in indirect costs. Youth tobacco use of cigarettes is declining, but boys and girls are increasingly using alternative forms of tobacco products.</p>	<p>Clinical Guidelines and Recommended Practices</p> <ul style="list-style-type: none"> <li>US Public Health Services Guidelines for Treating Tobacco Use and Dependence (includes utilization of Quitlines) <a href="http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html">http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html</a></li> </ul> <p>State Plans and Guidelines</p> <ul style="list-style-type: none"> <li>Georgia Tobacco Strategic Plan: 2015-2019 (pending)</li> </ul>

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Sexually Transmitted Infections	
<p>Georgia has a high burden of Chlamydia, gonorrhea and Syphilis, which decreased from 68,125 total cases of in 2012 to 63,132 cases in 2013. In 2012, Georgia was ranked first in the U.S. for syphilis case rate, eighth for Chlamydia case rate and fifth for gonorrhea case rate. The CDC recommends all women under 26 to be screened annually for Chlamydia, so women have the highest rates of infection in surveillance data, specifically women 15-24 years old. For Chlamydia cases in years 2010-2013, 42% were in black, non-Hispanics, 9% were in white, non-Hispanics, 3% in Hispanics of any race, and 46% were unknown race/ethnicity. Gonorrhea infections are also more common in those ages 15-24 years, but they are more equal between men (47%) and women (52%). For gonorrhea cases in years 2010-2013, 56% were in black, non-Hispanics, 5% were in white, non-Hispanics, 1% in Hispanics of any race, and 37% were unknown race/ethnicity. Syphilis has multiple stages of infection, but primary and secondary stages are of interest to public health because they are the most infectious stages. For Primary and Secondary syphilis cases 2010-2013, 92% were in men, 46% were in those aged 20-29 years, and 72% of cases were in male, black, non-Hispanics. The most common risk factors for syphilis identified for those interviewed included, men having sex with men (74%), sex with an anonymous partner (42%), and sex while high (32%).</p>	<p>Guidelines and Recommended Practices</p> <ul style="list-style-type: none"> <li>• U.S. Preventive Services Task Force Recommendation for Behavioral Counseling for High Risk Adults <a href="http://www.uspreventiveservicestaskforce.org/uspstf08/sti/stirs.htm">http://www.uspreventiveservicestaskforce.org/uspstf08/sti/stirs.htm</a></li> <li>• CDC STD Treatment Guidelines <a href="http://www.cdc.gov/std/treatment/2010/default.htm">http://www.cdc.gov/std/treatment/2010/default.htm</a></li> <li>• CDC Program Operations Guidelines for STD Prevention <a href="http://www.cdc.gov/std/program/overview.pdf">http://www.cdc.gov/std/program/overview.pdf</a></li> </ul> <p>State Plans and Guidelines</p> <ul style="list-style-type: none"> <li>• STD Program Operations Manual <a href="http://dph.georgia.gov/sites/dph.georgia.gov/files/STDProgram/STD%20Manual%20-%20rev.%20April%20%202007.pdf">http://dph.georgia.gov/sites/dph.georgia.gov/files/STDProgram/STD%20Manual%20-%20rev.%20April%20%202007.pdf</a></li> <li>• 2014 STD Nursing Protocols</li> <li>• <a href="http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/7.0%20STD%20Protocol_FINAL_2014_1.pdf">http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/7.0%20STD%20Protocol_FINAL_2014_1.pdf</a></li> <li>• Internet Partner Notification Protocol</li> </ul>

Focus Area & Burden	Guidelines, Recommended Practices, and Applicable State Plans
<p><b>Human Immunodeficiency Virus (HIV)</b></p> <p>In 2010, Georgia was ranked sixth highest in the nation for total number of adults and adolescents living with HIV infection. As of December 31, 2012, the total number of persons living with HIV infection in Georgia was 50,436. This represents an increase in HIV prevalence of 53% from 2005. Of these Georgians, 45% (23,218) had HIV (not AIDS) and 55% (27,218) had stage 3 disease, or AIDS. Among the 18 Public Health Districts of Georgia, Fulton and DeKalb had the highest numbers and rates of persons living with HIV infection and stage 3, AIDS through 2012 (34,729). Almost two-thirds (64%) of persons living with HIV infection in 2012 resided in the Atlanta, Metropolitan Statistical Area (MSA). The risk factors for contracting HIV are: Male-to-male sexual contact (MSM), Injection drug use (IDU), MSM and IDU (MSM/IDU), Heterosexual contact or HET (contact with a person known to have, or to be at high risk for HIV infection) and Other (includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified). Unprotected sexual contact greatly increases the risk for HIV infection.</p>	<p>Guidelines and Recommended Practices</p> <ul style="list-style-type: none"> <li>• Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm</a></li> <li>• Revised Guidelines for HIV Counseling, Testing, and Referral <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm</a></li> <li>• HRSA's HIV/AIDS Bureau Performance Measures and HHS treatment guidelines <a href="http://aidsinfo.nih.gov/">http://aidsinfo.nih.gov/</a></li> <li>• Guide for HIV/AIDS Clinical Care <a href="https://careacttarget.org/library/guide-hivaids-clinical-care">https://careacttarget.org/library/guide-hivaids-clinical-care</a></li> <li>• Ryan White HIV/AIDS Program Part B Manual <a href="http://hab.hrsa.gov/manageyourgrant/files/habpartbmanual2013.pdf">http://hab.hrsa.gov/manageyourgrant/files/habpartbmanual2013.pdf</a></li> </ul> <p>State Plans and Guidelines</p> <ul style="list-style-type: none"> <li>• Ryan White 2014 Policies and Procedures</li> <li>• Georgia HIV Prevention Community Planning Group <a href="http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/Jurisdictional%20Plan.pdf">http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/Jurisdictional%20Plan.pdf</a></li> <li>• 2012-2015 State of Georgia Statewide Comprehensive HIV Services Plan <a href="http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/Georgia%20Comprehensive%20Plan%20and%20%20SCSN%202012-2015.pdf">http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/Georgia%20Comprehensive%20Plan%20and%20%20SCSN%202012-2015.pdf</a></li> </ul>