



Health Commissioner / Medical Director Report

Public Health - Dayton & Montgomery County

November 2, 2016

This report provides a monthly update for the Board of Health, staff and the community. Our key activities are listed for the seven pillars that support our vision for improving the health of our community.

- Prevent the spread of disease
 - Protect against health threats
 - Promote healthy behaviors
 - Reach out to vulnerable populations
 - Mobilize community action through partnerships
 - Prepare for and respond to public health emergencies
 - Serve as a public health information resource
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Special items

CHIP Progress Report

Implementation of the 2016-2019 Montgomery County Community Health Improvement Plan (CHIP) began in April 2016. A six-month progress report is now available on Public Health's website and will be shared with all stakeholders. The first few months of implementation focused on capacity building. Our county continues to align our respective efforts to achieve collective impact. Through a common agenda, shared data and measures of success, mutually reinforcing activities, continuous communication and backbone support we expect to see an improvement in birth outcomes, preventable chronic diseases, and access to behavioral health services.

Several activities have been completed as outlined in the health improvement priority action plans. Those accomplishments include:

- securing funding from the Ohio Department of Medicaid to reduce the Black infant mortality rate
- expanding evidence-based models of prenatal care
- adding healthy food options in convenience stores located in food deserts
- increasing the number of 100% smoke-free locations
- increasing the number of communities with local Complete Streets policies
- establishing a Community Overdose Action Team to decrease unintentional drug overdose deaths

In addition to reporting accomplishments, the report outlines the organizational structure of the implementation process and lists the expected roles and responsibilities of the participants at the different levels of implementation. The report also presents the CHIP implementation timeline and outlines the process to report progress and reevaluate the plan on an annual basis.

The CHIP is a community-driven and collectively owned health improvement plan. Public Health is charged with providing administrative support, tracking and collecting data, and preparing progress reports as well as an annual report.

Prevent the spread of diseases

Clinical Laboratory Improvement Amendment (CLIA) Inspection

The Federal government through The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). CLIA requires that all laboratories comply with specific guidelines that were established in order to assure quality laboratory results while protecting the safety of those who perform the testing.

CLIA covers approximately 254,000 laboratory entities. The Division of Laboratory Services, within the Survey and Certification Group, under the Center for Clinical Standards and Quality (CCSQ) has the responsibility for implementing the CLIA Program.

Quality control, quality assessment, proficiency testing, testing procedures, personnel records, safety information, and equipment maintenance records are all examined every two years by a CLIA surveyor in order to verify compliance to all guidelines. This includes the STD Laboratory, 3 WIC locations, 2 HIV locations, Community Nursing, Home Care and Addiction Services. Public Health received and passed its CLIA inspection for certification for the coming two-year period as of October 4, 2016. The next inspection will take place in the spring of 2018.

Refugee Health Screenings Grant

Public Health's Refugee Health Screenings Program, which serves approximately 250 refugees a year, is funded through a grant from the Ohio Department of Job and Family Services (ODJFS). Public Health has offered refugee health screening services since 2007, but this is the first time the program has been funded by a competitive grant. In order to provide these services, the Refugee Health Screenings Program works closely with Dayton's local refugee resettlement agency, Catholic Social Services of the Miami Valley (CSSMV). In addition to servicing refugees, the program also provides services for asylees, victims of human trafficking, and those on special immigrant visas.

Once the refugee is resettled to the area, the health screening process is initiated within their first 30 days of arrival. The refugee comes to Public Health's clinic for their first appointment with the program's Refugee Nurse to begin the screening process: review overseas medical documents; obtain a health history; complete a vision screening; arrange for lab testing; complete a mental health screening; receive immunizations; and watch an educational video on the health care system in the United States. The refugee returns to the clinic for a final visit with the physician or nurse practitioner: review lab results; obtain vital signs; receive a physical exam; and coordinate referrals to primary care providers and/or specialty providers. The entire process is designed to be completed within 90 days of the refugee's arrival. At each visit, Public Health schedules an interpreter for the refugee in their primary language. When the refugee has been in the United States for one year, they may return to Public Health for assistance with completing paperwork to apply for permanent residence.

Local Investigations

With the return to school and cooler weather, there has been an increase in the number of pertussis cases in Montgomery County. Since September 1, 2016, Public Health has investigated six confirmed cases of pertussis, ages ranged from 1 month to 8 years. Three of these children were infants less than 6 months old and one child was enrolled in school. Only one child was in day care at the time of diagnosis. All children were up to date on vaccinations. There were no common exposures between any of the children and household contacts received appropriate prophylaxis. Reports of gastrointestinal illness have decreased from the numbers seen during the summer. Cryptosporidium cases have tapered off to pre-summer levels.

Protect against health threats

Local Sports Bar Experiences Fire

Environmental Health Sanitarians responded to a local sports bar that suffered a kitchen fire over a recent weekend. The fire was confined to an area above the deep fryers in or behind the hood system. The built in fire suppression system did not trigger as the fire was above it. A cook attempted to extinguish the fire with a hand held unit but failed. The local fire department was called to extinguish the blaze. The proprietor had already discarded all exposed food prior to the arrival of the Sanitarians. The gas had been turned off and the lines were to inspect by a local plumbing contractor prior to Vectren turning the gas back on. The electric was out for only two hours and all foods in reach in refrigerators had been transferred to the walk in cooler where temperatures were properly maintained. The Sanitarians instructed the owner to ensure all exposed foods had been discarded; wash-rinse-sanitize all food contact surfaces including dishes, glasses, and cutting boards; wash and rinse all other surfaces; and partition off the area of the kitchen will undergo refurbishing. Once the cleanup was complete the operator was authorized to reopen.

Thanksgiving Turkey Safety

Holiday season is upon us. Environmental Health reminds everyone to be thoughtful in preparing holiday meals. Always wash hands with warm water and soap for 20 seconds before and after handling any foods.

Never defrost turkey or other foods on the counter. The refrigerator method is the safest and will result in the best finished product. Leave the bird in the original packaging and place in a shallow pan and allow refrigerator thawing time at a rate of 4 to 5 pounds per 24 hours. A 15-pound frozen bird will take 3 to 4 full days to thaw in the refrigerator. Ideally, purchase your frozen turkey as far in advance as necessary to safely thaw it in the refrigerator. If buying a fresh turkey, purchase it only 1 to 2 days in advance and keep it refrigerated.

Once thawed, remove neck and giblets from the body cavities and keep bird and parts (if using) refrigerated at 40°F or below until it is ready to be cooked.

Stuffing should be prepared and stuffed into the turkey immediately before it's placed in the oven. Mix the wet and dry ingredients for the stuffing separately and combine just before using. Stuff the turkey loosely, about 3/4 cup stuffing per pound of turkey. Bake any extra stuffing in a greased casserole dish. Cooked inside or outside the bird, all stuffing and dressing recipes must be cooked to

a minimum temperature of 165°F. (For optimum safety and more even cooking, it is recommended to cook the stuffing in a casserole dish.)

Cook to a minimum internal temperature of 165°F as measured with a food thermometer. Check the internal temperature in the innermost part of the thigh and wing and the thickest part of the breast. If the turkey is done and the stuffing is not yet 165°F, remove the stuffing from the turkey and place it in a greased casserole dish to continue cooking to temperature. All foods must be cooked to the proper internal temperature as measured with a food thermometer.

Remove the stuffing and carve the extra turkey meat from the bones. Within two hours, store leftover turkey in shallow containers and put in the refrigerator or the freezer. Do not leave any extra turkey, stuffing or other leftovers out for more than two hours. When using leftovers, reheat the foods thoroughly to 165°F or until hot and steaming; bring gravy to a boil before serving.

Having leftover turkey and other dishes means you can have additional tasty meals the day after your feast, but there are limits on how long you can safely store leftovers. Temperature and time cause bacteria to grow. When refrigerated properly (at 40°F), leftovers should be eaten, frozen or discarded within 3 to 4 days.

Enjoy a safe holiday season keeping these tips in mind when preparing food.

Prepare for and respond to PH emergencies

Influenza Activity

The Centers for Disease Control and Prevention's (CDC) Influenza Division collects and analyzes surveillance data year-round and produces a weekly report on U.S. influenza activity from October through May. During October, overall influenza remained below baseline threshold within the United States. Pneumonia and influenza mortality also remained below the epidemic threshold. For week 41 (ending October 15, 2016), Guam reported widespread influenza activity. In the U.S., no states reported widespread or regional influenza activity, one state (New Hampshire) reported local spread of influenza, 41 states (including Ohio) reported sporadic influenza activity and 8 states reported no influenza activity. In Ohio, regionally (Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby, and Warren counties), there has been one case of influenza A and no cases of influenza B in October, with one influenza-related hospitalization.

Zika Activity

In May, 2015, the World Health Organization reported the first local transmission of Zika virus in the Western Hemisphere (in Brazil). In November, 2015, a possible association between Zika and microcephaly was reported. On January 15, 2016 the CDC began requesting providers report suspected Zika virus disease. Through Oct 19, 2016, there have been 4016 Zika cases reported in the U.S. (53 in Ohio); of these, 3,878 were travel-associated cases, 137 were locally acquired vector borne cases (all in Florida) and 1 laboratory acquired case. Through the U.S. Zika Pregnancy Registry, there have been 899 pregnant women with laboratory evidence of possible Zika virus infection. Through Oct 13, 2016 there have been 23 live born infants with Zika-related birth defects and 5 pregnancy losses with birth defects. The first cases of local transmission via mosquitos identified in Florida occurred in the Miami area in late June/early July. As of Oct 19,

2016 there are two areas of active local transmission – both in the Miami/Miami Beach area. There are travel and testing guidelines in place for this area for pregnant women, women of reproductive age and their partners.

Serve as a public health information resource

Safe Sleep Guidelines for Infants

The American Academy of Pediatrics has updated their recommendations to help parents and caregivers protect infants against unexpected sleep-related death. According to the Centers for Disease Control and Prevention (CDC), while overall rates of Sudden Infant Death Syndrome (SIDS) have fallen since the early 1990s, rates of accidental suffocation and strangulation among infants during sleep have risen, reaching 21.4 deaths per 100,000 live births in 2014. The statement recommends placing a baby on his or her back on a firm sleep surface, such as a crib or bassinet, and the surface should have a tight-fitting sheet. Parents and caregivers should keep the crib or bassinet bare - soft bedding such as blankets and pillows should be avoided, as should soft toys and crib bumpers. Infant exposure to smoke, alcohol, and illicit drugs should also be avoided, as this can raise the risk of SIDS. Supervised tummy time, when a baby is awake, is recommended in order to aid development. The statement also recommends that an infant sleep in the same bedroom as their parents; room-sharing can reduce the risk of SIDS by up to 50 percent.

Mass Media Interactions

During the past few weeks, we have had numerous contacts with TV, radio, and print.

The following are a few examples:

- Dayton Daily News on ragweed
- Channel 2 on the opiate epidemic
- Channel 7 and 45 on influenza • Channel 7 and 45 on restaurant inspections
- Governing Magazine on CarePoint
- Five on 2 on rise in sexually transmitted diseases
- Channel 7 on Lyme disease
- MD Magazine on drug-resistant gonorrhea

Jeff Cooper and Tom Herchline, M.D.