



Health Commissioner / Medical Director Report

Public Health - Dayton & Montgomery County

April 6, 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

Employee Recognition Celebration

Our Employee Recognition Celebration was held on March 17 at Sinclair's Charity Earley Auditorium. Approximately 140 employee's attended along with two Board members. Attendees had the opportunity to socialize and also enjoyed a sit-down dinner. Retirees were honored along with employees receiving awards for 5, 10, 15, 20, 25 and 30 years of service.

Since the event was held on St Patrick's Day, we celebrated in the spirit of the occasion. Decorations included the typical Irish motif such as shamrocks, leprechaun hats and lots of green. Employees also got in the spirit by wearing green. It was a great turn out! Attendees were treated to a lively Irish dance performance by the McGovern Ceili Dancers. It was a great way to start the evening! After an evening of socializing, eating and recognizing employees, we took the next big step toward accreditation.

Accreditation has touched everyone in Public Health. Preparing for accreditation has given us many opportunities to work as a team. At last year's Employee Recognition, we collectively submitted our Statement of Intent notifying PHAB of our intention to submit our application. This year's Employee Recognition was the perfect venue to continue our journey towards becoming accredited.

We have made great progress this year, and we continue to meet our goals. At the end of the evening, we collectively submitted our application to PHAB. This is an exciting time for Public Health as the application is our agreement we will abide by the current and future rules of PHAB's accreditation process to achieve and maintain accreditation status for the five-year accreditation period. This is not only a commitment to PHAB but to our community. So for employees that were not able to attend, we thank you for everything you do to improve the health of our community. What a GREAT TEAM!

Diversity and Inclusion Update

We continue to make progress on becoming a more culturally diverse and inclusive organization. Our Steering Committee, along with the Champions, completed our Diversity and Inclusion Plan that focuses on four main topics; Recruitment and Retention, Employee Development, Cultural Change, and Community Impact. The Board of Health approved the plan on February 3, 2016.

Currently, we are finishing the first of three, required for all staff, training sessions that started on March 28 and will be completed by May 20. All training is provided by Dr. Linda Burrs, with *Step Up To Success!* and her associates. A Diversity and Inclusion Council will be formed and meet by April 30, 2016. The Council will work closely with our Champions to carry out the plan and to finalize a Diversity and Inclusion work plan for 2016 and 2017. We will use this work plan to report our progress.

District Advisory Council Annual Meeting

The District Advisory Council (DAC) annual meeting was held on March 23. The DAC meets annually in March for the purposes of electing its officers, appointing Board of Health members, and receiving updates and special reports from the Board of Health. The DAC consists of a representative from each jurisdiction (city and township) in Montgomery County.

John Applegate (Union) and Jesse Lightle (Washington Township) were elected to serve as officers of the DAC for the 2016 – 2017 term. Public Health updates included a financial update and our 2016-2019 Community Health Improvement Plan.

National County Health Rankings

On March 16, the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation released the 2016 County Health Ranking Report. The report, which began in 2010, lists overall health rankings for nearly every county in all fifty states. Five health outcomes and 30 health factors were used to develop the rankings. Health outcome rankings are based on length and quality of life, while health factors rankings are based on health behaviors, clinical care, social and economic factors, and the physical environment.

Out of 88 total Ohio counties, Montgomery County currently ranks 80th for health outcomes and 56th for health factors. Montgomery County's overall rankings from 2010 to 2016 are provided in the following table.

Focus Areas	Rank						
	2010	2011	2012	2013	2014	2015	2016
Overall Health Outcomes Rank	68	68	70	74	72	70	80
Length of Life	67	68	71	75	75	74	75
Quality of Life	64	59	57	62	59	59	76
Overall Health Factors Rank	65	45	46	50	50	51	56
Health Behaviors	74	54	33	33	45	45	55
Clinical Care	6	5	12	15	19	27	17
Social and Economic Factors	78	68	65	66	66	73	73
Physical Environment	74	9	29	52	35	33	30

In Overall Health Outcomes, Montgomery County has moved down 10 spots from 70 in 2015 to 80 this year. This decline can be attributed to the measures of Quality of Life. Quality of Life is based on the measures: poor or fair health, average poor physical and mental health days and low birth weight.

Montgomery County's ranking for Overall Health Factors fell from 51 in 2015 to 56 in 2016. The county improved in the area of clinical care (10 spots). The ranking remained the same in the area of social and economic factors. The biggest decline in rankings occurred in the health behaviors measure (45 to 55).

Prevent the spread of diseases

Local Investigations

On Monday, February 29, a Montgomery County resident called Environmental Health to report her gastrointestinal illness, and subsequent emergency room visit. She also reported that a friend who had dined with her at a local restaurant was admitted to the hospital and diagnosed with Salmonella. Later that day, Public Health received a second Salmonella report on an individual who was also hospitalized and had eaten at the same restaurant, but had not dined with the initial caller or her companion. This prompted an extensive investigation. Eventually, there were 87 individuals identified with illness after eating or working at this restaurant. Five of these individuals were hospitalized; four were confirmed to have Salmonella. Stool samples were collected from a total of 32 individuals; 30 of these were positive for Salmonella. Food samples were also collected and tested; the mayonnaise sample tested positive for Salmonella, but samples of avocado and goat cheese tested negative. Eggs from the farm where the restaurant had purchased the eggs used in the mayonnaise (and multiple dips and dressings) were tested and were also positive for Salmonella. Typing done on these eggs matched the typing on the clinical specimens, confirming the link between the farm and the outbreak. Infected employees are being screened and are required to be negative before returning to work. The farm has permanently stopped selling eggs.

The first case of Zika virus in a Montgomery County resident was confirmed on March 10. The individual is a 44 year-old man who contracted the illness while traveling to Haiti. He was ill in January and initially tested (negative) for Dengue and Chikungunya on January 26. These blood samples were eventually sent to ODH for testing for Zika virus, resulting in the subsequent positive test. The greatest concern with the virus is its potential impact upon pregnant women, due to potential links to microcephaly (a birth defect where babies are born with abnormally small heads). Zika virus is transmitted to persons primarily through the bite of an infected mosquito. The primary mosquito that transmits Zika virus is *Aedes aegypti*. This mosquito is found in the tropics and Southern United States.

There were 11 cases of Shigella during March. Ages ranged from 2 years to 47 years old. Six of the children attend the same school. The school sent letters home to alert parents to the problem; the school was closed from March 25 to April 4 for spring break. The school was thoroughly cleaned by a professional cleaning company during the break.

World TB Day

Occurring annually on March 24, World TB Day serves to raise global awareness that tuberculosis (TB) remains one of the leading infectious diseases to cause death worldwide, killing over 4,000

people per day. The date commemorates the day in 1882, when Dr. Robert Koch announced he had discovered *Mycobacterium tuberculosis*, the bacteria that causes TB. The Ohio Department of Health's TB Program held a World TB Day Conference on March 24, 2016, in Columbus, Ohio. The conference agenda included lectures on various TB topics: national and state partnerships; community partnerships; alcohol and TB; isolation and infectiousness; and a case study. Physicians, nurses, and outreach workers from TB programs throughout Ohio attended the conference, including three participants from Public Health's TB Program. In Public Health's clinic, the TB Program made efforts to raise awareness by displaying a bulletin board with information on TB, as well as unique facts and word searches for children.

In addition to raising awareness, World TB Day aims to highlight efforts made to prevent and treat TB. In 2015, Public Health's TB Clinic evaluated 1,310 Montgomery County residents for TB. The TB Outreach staff provided services for seven Montgomery County residents with active TB disease. At a minimal cost, people can be tested and treated for TB; however, the global fight is severely underfunded. A united effort continues to be needed to reach those at highest risk for TB, as well as identify and implement innovative strategies to improve testing and treatment among high-risk populations.

Protect against health threats

RAPCA Hosted Central State University Class for Clean Air Update

RAPCA staff hosted Central State University students in our air monitoring laboratory in the Reibold Building. Professor and students were given a presentation on RAPCA's efforts to measure and improve our area's air quality. The session also included a "show and tell" as staff demonstrated how various air pollution monitors were used to measure ozone, particulate matter and other air pollutants. The students gained an appreciation of the technology and effort required to measure air pollution and to protect the public from the adverse effects of air pollution.

Swimming Pool Seminar Held

On March 8, Sanitarians conducted a public swimming pool seminar at the Greater Dayton Apartment Association. Representatives and operators were in attendance from apartment complexes located throughout Montgomery County. Topics covered during the presentation included why swimming pools are a public health concern, the equipment and chemicals required to operate a public swimming pool, and expectations of the operator and of public health. Handouts and posters on pool safety and safe swimming were available to those in attendance. The presentation appeared to be well received.

Mobilize community action through partnerships

CHIP Implementation Kickoff Meeting

On March 18, Public Health hosted a Community Health Improvement Plan (CHIP) implementation kickoff meeting. This well attended meeting included stakeholders from organizations that participated in every step of the development of the CHIP and well as individuals who wanted to learn how their organization's activities can align with the goals and objectives identified in the CHIP.

After a brief review of process used to arrive at the three health priorities (Birth Outcomes, Chronic Disease Prevention, and Behavioral Health), each priority Workgroup leader briefly walked through the contents of their action plan. Following their presentations, the stakeholders were informed of the role and responsibilities of Public Health in implementing the CHIP. Additionally, Stakeholders learned how they can continue to contribute to the community health improvement planning process. At the conclusion of the meeting, Stakeholders were given two discussion questions to talk over in small groups: Which agencies or community sectors should be involved in implementing the objective and strategies associated with each priority? and What steps can be taken to ensure ongoing engagement and momentum for this work moving forward?

Prepare for and respond to PH emergencies

Ebola Virus Disease

On March 16, Guinean authorities reported to WHO 3 probable Ebola deaths and 2 suspect cases. The following day, both suspect cases tested positive for Ebola. One of these was a child who subsequently died. A total of 816 contacts were identified and placed under observation.

The Emergency Committee convened by the WHO Director-General regarding Ebola conducted a meeting on March 29. The Committee noted that since its last meeting all three countries had met the criteria for confirming interruption of their original chains of Ebola virus transmission. The Committee observed that, as expected, new clusters of Ebola cases continue to occur due to re-introductions of virus. Twelve such clusters have been detected to date (the most recent of which was reported as noted above). The Committee commented that to date, all of these clusters have been detected and responded to rapidly, limiting transmission to at most two generations of cases. The Committee provided its view that Ebola transmission in West Africa no longer constitutes an extraordinary event, that the risk of international spread is now low, and that countries currently have the capacity to respond rapidly to new virus emergencies. As such, the Ebola situation in West Africa no longer constitutes a Public Health Emergency of International Concern and the Temporary Recommendations adopted in response should now be terminated. The Committee emphasized that there should be no restrictions on travel and trade with Guinea, Liberia and Sierra Leone, and that any such measures should be lifted immediately. Based on the advice of the Emergency Committee, and her own assessment of the situation, the Director-General terminated the Public Health Emergency of International Concern regarding the Ebola virus disease outbreak in West Africa.

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 March, overall influenza decreased slightly and pneumonia and influenza mortality was near the epidemic threshold. For week 11 (ending March 19), Puerto Rico and 39 states (including Ohio) reported widespread influenza activity; Guam and 10 states reported regional influenza activity; 1 state reported local spread of influenza; and no states reported sporadic or no influenza activity. Regionally (Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby, and Warren counties), there were 732 cases of influenza A and 158 cases of influenza B from February 28th through March 26th, with 165 influenza-related hospitalizations.

Serve as a public health information resource

CDC Epidemiologic Investigation into Ohio Fentanyl-related Deaths

Fentanyl, a medication most commonly prescribed for advanced cancer pain management, is a rapidly acting synthetic opioid that is 50-100 times more potent than morphine. The Ohio Department of Health (ODH) reported that 502 fentanyl-related unintentional overdose deaths had occurred in Ohio in 2014, a 500% increase from 2013. Preliminary data indicated that the number of fentanyl-related deaths was continuing to increase in Ohio in 2015. As part of their public health response, ODH requested CDC's assistance in an epidemiologic investigation (EpiAid). The investigation consisted of the collection of a wide range of quantitative and qualitative data. Data was abstracted for all opioid overdose deaths occurring between January 1, 2014 and December 31, 2014 in the 14 highest burden counties for fentanyl-related mortality. The counties chosen were Butler, Clark, Clermont, Cuyahoga, Fayette, Hamilton, Lucas, Miami, Montgomery, Ross, Scioto, Stark, Summit, and Warren counties. In addition, members of the EpiAid team conducted regional and state-level meetings with representatives from public health, medical examiners and coroners, law enforcement, harm reduction programs, emergency medical services, emergency departments, addiction services, and health commissioners.

The majority of the population experiencing fentanyl-related unintentional overdose deaths were male (69%), white (89%), never married (55%), and had some college or less education (94%). The average age of fentanyl decedents was 37.9 years old, with ages ranging from 17 to 71 years old. Although large metropolitan counties (population >1 million) had a higher number and percentage of all fentanyl-related deaths (47%), moderate metropolitan counties (population 250k to 1 million) had the highest rate of fentanyl-related deaths (6.63 per 100,000). A substantial percentage of fentanyl and heroin decedents (40% and 33% respectively) had been prescribed an opioid at high doses (≥ 90 morphine milligram equivalents) at some point in the seven years preceding death.

General recommendations from this EpiAid focus on enhancing public health surveillance for fentanyl morbidity and mortality, targeting of public health response in high-burden counties and for high-risk groups, enhancing and facilitating response to fentanyl-related overdoses by EMS and laypersons, and improving access to naloxone and addiction services. Specific recommendations include: 1) Targeting interventions to address risk factors that are most prevalent in each county. 2) Ensure people have access to integrated prevention services, including access to sterile injection equipment from a reliable source, as allowed by local policy. 3) Improving overdose recognition among laypersons, and highlighting the importance of alerting EMS even when naloxone has been administered. 4) Improvement of prescribing practices for opioid pain relievers paired with referral of patients abusing opioids for addiction services, and public education to reduce stigma of substance abuse and its treatment.

Mass Media Interactions

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

The following are a few examples:

- Multiple interviews with DDN, 2, 7, 22 about Lucky's Taproom foodborne outbreak
- Interview with DDN, 2, 7, 22 about Montgomery County confirmed Zika virus case
- Interview with DDN about superlice
- Interview with DDN about raising legal smoking age

- News Release on Lucky's Taproom foodborne outbreak
- News Release on National Women and Girls HIV/AIDS Awareness Day
- Interview with Channel 2 about pertussis in schools
- Interview with DDN about influenza
- News Release on Healthy Child Care Award Winners
- News Release on Minority Health Month
- Interview with WDAO on Minority Health Month events and minority health issues
- Interview with WCSU – Miami Valley Speaks on Minority Health Month events and minority health issues
- Interview with Athens Post about CarePoint program
- Interview with Channel 2 about updated CDC Zika virus recommendations
- Interview with DDN about health concerns for Montgomery County jail inmates
- Coverage of public meeting for Riverside vapor intrusion

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