



# Health Commissioner / Medical Director Report

## Public Health - Dayton & Montgomery County

**August 3, 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

### **Lead Screening Clinic at Mini University**

As part of the investigation regarding lead in the drinking water at Miami Valley Hospital, Public Health, along with assistance from Clark County Combined Health District, held a lead screening clinic at the Mini University Preschool program located on the hospital campus. The clinic was held on July 21 from 1:45 to 4:00 p.m. The screening was completed as a precautionary measure only as previous water samples from the Preschool facility documented that lead levels were within acceptable limits. Both health departments provided staff to assist with testing and Clark County provided the analyzer equipment used for screening. There were a total of 44 individuals tested: 10 adults, 34 children. **None of the 44 individuals tested had elevated blood lead levels.** Screening results will be mailed out to all individuals and/or the guardian of those who were tested.

### **Statewide Public Health Quality Indicators Annual Report**

The 2016 Public Health Quality Indicators Annual Report was released by the Ohio Department of Health (ODH) on July 6. Ohio Revised Code 3701.98 requires a standardized data collection process by which all Ohio local health departments (LHDs) must report on measures related to public health outcomes, capacity, and how they are addressing public health issues and implementing evidence-based programs in their communities.

The statute requires that these data be shared with payers, providers, local health districts and public health professionals. The 2016 report is posted on the ODH website at <http://www.odh.ohio.gov/localhealthdistricts/Futures/Quality%20Indicators.aspx>. LHDs are required to submit data on fourteen quality indicators: two outcome related measures, eight related to capacity and four related to practice.

## Outcome Indicators

- infant mortality rate by race
- increasing the percentage of children entering kindergarten who are fully vaccinated

## Capacity Indicators

- access to birth and death records: measured by the access and usage of the secure Ohio Public Health Data Warehouse
- *ability to receive and respond within one hour to an emergency preparedness on-call drill initiated by the department of health, twenty-four hours per day, seven days per week*
- meeting the annual required inspection frequency and providing verification of registered sanitarian or sanitarian-in-training conducting inspections for food safety, public swimming pools and campground programs
- participation in the Medicaid Administrative Claiming program to promote access to healthcare.
- expanding the use of electronic data management systems in the administration of public health programs (e.g., clinical, environmental and/or administration)
- demonstrating one full-time equivalent epidemiologist per 300,000 population

Completeness and timeliness for nine reportable diseases:

- meeting the median number of days between date of diagnosis and report to the health department in the Ohio Disease Reporting System
- *increasing the percent completeness for reportable infectious diseases in the Ohio Disease Reporting System by age, race, ethnicity, and gender*

## Practice-based Indicators

- reporting engagement with the community (clinical and non-clinical) about policies and/or strategies that will promote the public's health
- reporting of at least one evidence-based injury prevention intervention
- reporting of at least one evidence-based tobacco prevention or control intervention
- reporting of at least one evidence-based healthy eating and/or active living intervention for children birth to 18 years of age

This is the second year that we have submitted data and information to ODH. Public Health scored well in 12 of the 14 areas in 2015 and again in the same areas in 2016. Indicators with potential for improvement are italicized. Our new Performance Management Steering Committee and our Quality Council will be meeting to review the report results and will identify opportunities for quality improvement projects.

## Prevent the spread of diseases

### **Local Investigations**

Gastrointestinal illness (GI) continues, as often happens in the warmer months. There were five cases of Campylobacter reported in July (through July 22), 5 cases of Shigella, 3 cases of Salmonella, 3 cases of Giardia, and one case of E coli. The majority of cases were in adults (11 cases); the age ranges were 2 years to 65 years among the reported Campylobacter cases, and 4

months to 55 years among the Shigella cases. Two of the cases of GI were associated with travel outside the U.S.; 4 children who are in daycare; none involved with restaurants or other sensitive occupations.

There were 4 cases of Lyme Disease reported during July. Three of these individuals developed symptoms after travel to a Lyme endemic area. The other individual was diagnosed with Lyme based on a macular rash, history of tick exposure, and positive IgM Western Blot (which is nonspecific).

## Protect against health threats

### High Heat and Food Festivals

Food festivals that occurred in the midst of high outdoor air temperatures had a few challenges. Food service operators at the events faced challenges of managing refrigeration temperatures as well as keeping themselves cool. Operators at Ribfest in Huber Heights had access to electricity and all temporary and mobile vendors had mechanical refrigeration that was able to maintain appropriate food temperatures. Ice was not relied on due to the heat. Measures were also taken to prevent profuse perspiration from reaching food and food contact surfaces by means of working further back from food and or changing clothes frequently with equal amounts of hand washing.

### Level One Food Training

Food service operators have had many opportunities to learn about safe food handling through the Level One Food Safety class offered by Environmental Health staff. There have been six classes both on-site and off-site during the months of June and July with over 100 operators certified during this timeframe. Food workers are required to be certified if they are a new operation, implicated in a foodborne outbreak or are a recalcitrant operation. Facilities must have one person on each shift certified. The classes are held monthly at the Reibold building and as requested at facilities in the county.

## Promote healthy behaviors

### Healthy Corner Store Kick-Off Event

On July 22, Public Health held a kick-off event at a local corner store to highlight the latest addition to the *Good Food Here – Healthy Corner Store* initiative. The event was held at Food Mart on 1413 North Main Street in Dayton and emphasized the store's commitment to offering healthier food to residents in the community. To promote the initiative and the healthy food choices offered to residents, Public Health offered taste testing of fresh produce and healthy snacks, along with distributing various resources. Customers completed surveys so Public Health could gain feedback on the store's changes and learn what kind of healthy options they would like to see in the store. Channel 2, Fox45 News, and the Dayton Daily News covered the event.

A "healthy corner store" is a corner store or convenience store offering healthier foods such as fresh fruits and vegetables, low-sodium canned goods, low-fat dairy options, and whole grains. This can help low-income communities and neighborhoods with limited access to public and private transportation that often rely on corner stores as their main grocer.

The *Good Food Here - Healthy Corner Store* initiative is funded by the Communities Preventing Chronic Disease grant from the Ohio Department of Health and Centers for Disease Control and Prevention.

## Mobilize community action through partnerships

### **GetUp Summer Challenge Providing Healthy Fun for Kids**

This summer, GetUp Montgomery County is partnering with the Junior League of Dayton and Dayton Metro Libraries for the Summer Challenge. GetUp is offering free physical activity opportunities for children of all ages at the Northwest Library Branch following their summer lunch program, every Tuesday at 1pm, June 7 through July 26. GetUp has partnered with a Wright State University graduate student and Soccer Shots Miami Valley Region to offer a variety of activities – soccer, kids yoga, team building, obstacle courses, relay races and lots more.

## Prepare for and respond to PH emergencies

### **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, a possible association between Zika and microcephaly was reported. On January 15, 2016 the CDC began requesting providers report suspected Zika virus disease. Through July 27, there have been 1,658 travel-associated cases reported in the United States (26 in Ohio). This total includes 15 who contracted it through sexual transmission. There was one additional case acquired through laboratory exposure and there is one case being investigated in Utah in a family member of a travel-related case (without sexual exposure).

As of July 29, 2016 the Florida Department of Health has gathered enough information as part of ongoing Zika investigations to conclude that a high likelihood exists that four cases are the result of local transmission in Miami-Dade Broward counties. Based on the information from the Florida Department of Health, the CDC has issued guidance for travel and testing of pregnant women / women of reproductive age for Zika virus infection related to the investigation. This information can be found at <http://www.cdc.gov/zika/intheus/florida-update.html>.

Through the U.S. Zika Pregnancy Registry, there have been 433 pregnant women with laboratory evidence of possible Zika virus infection. Through July 27, there have been 13 live born infants with Zika-related birth defects and 6 pregnancy losses with birth defects.

As of August 2, 2016 the CDC is awarding \$16 million to states and territories to fight Zika and the share for Ohio will be \$560,000.

### **Ebola Vaccine**

Merck announced that its investigational Ebola vaccine, V920, was granted breakthrough therapy designation by the FDA. V920 targets the Zaire ebolavirus species, which was responsible for the 2014 Ebola outbreak in West Africa. The live-attenuated vaccine was initially

engineered by scientists at the Public Health Agency of Canada's National Microbiology Laboratory. According to the FDA, a breakthrough therapy is a drug that is "intended alone or in combination with one or more other drugs to treat a serious or life-threatening disease or condition" and one in which "preliminary clinical evidence indicates that the drug may demonstrate substantial improvement over existing therapies on one or more clinically significant endpoints." Under the designation, the FDA will expedite the development and review of V920.

## Serve as a public health information resource

### **National Decline in Preterm and Early Term Birth Rates**

Between 2006 and 2014, late preterm and early term birth rates decreased in the United States, along with decreasing clinician-initiated obstetric interventions. A study published in the Journal of the American Medical Association included 25,788,558 U.S. births from 2006-2014 (6.0% late preterm; 26.9% early term) as well as birth data from Canada, Denmark, Finland, Norway and Sweden. Late preterm birth rates decreased in Norway (3.9% to 3.5%) and the U.S. (6.8% to 5.7%). Early term birth rates decreased in Norway (17.6% to 16.8%), Sweden (19.4% to 18.5%), and the U.S. (30.2% to 24.4%). In the U.S., early term birth rates decreased from 33.0% in 2006 to 21.1% in 2014 among births with clinician-initiated obstetric intervention, and from 29.7% in 2006 to 27.1% in 2014 among births without clinician-initiated obstetric intervention.

Clinicians have been urged to delay the use of obstetric interventions (eg, labor induction, cesarean delivery) until 39 weeks or later in the absence of maternal or fetal indications for intervention. Although the U.S. late preterm birth rates and early term birth rates both declined, U.S. rates remained higher than the other countries studied. Research has shown that key developmental processes take place between 37-39 weeks and there are short-term as well as long-term risks associated with babies being born before 39 weeks.

### **Mass Media Interactions**

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

The following are a few examples:

- Interviews with DDN, Channels 2 and 7 about Zika traps
- Interview with Channel 7 about Zika mosquito identification
- Interview with Channel 7 about heat effects on homeless population
- News Release and coverage from DDN, Channels 2 and 22/45 on the Healthy Corner Store Kickoff
- News Release and interviews with DDN and Channel 2 on Public Health Excessive Heat Outlook
- Interview with Channel 7 about compressed natural gas (CNG) station
- News Release on National Breastfeeding Month
- News Release on National Immunization Month

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