



Health Commissioner / Medical Director Report

Public Health - Dayton & Montgomery County

May 6, 2015

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

Step Up To Success!

We are making good progress on our actions to embrace and promote cultural diversity and inclusion. Our Workforce Development Team, in conjunction with Dr. Linda Burrs of Step Up To Success! and our Executive Team, has developed our definitions for diversity and inclusion.

Diversity

At PHDMC diversity means we are a workforce made up of individuals whose differences include but are not limited to values, lifestyles, backgrounds, cultures, and experiences.

Inclusion

At PHDMC inclusion means all individuals are treated fairly and respectfully, have equal access to opportunities and resources, and are able to fully participate and contribute to our success.

Our next steps will be to select our Diversity and Inclusion Champions and to create a Diversity and Inclusion Committee. Our Workforce Development Team is currently establishing the process for selecting our champions. Following selection of our champions, our team will then develop a process for creating our Diversity and Inclusion Committee. We will be communicating this information agency-wide within the next few weeks to make sure that all employees are informed and understand the roles of our champions and committee members.

Our Workforce Development Team members are listed in the table below.

Employee	Title	Representing
Kathy Blossom	Accreditation Coordinator	OHC
Mike Carey	Senior Systems Analyst	Administration
Chris Clinefelter	Workforce Development Coordinator	OHC
Joyce Close	Supervisor, Bureau of Communicable Disease	Disease Prevention
Jeff Cooper	Health Commissioner	OHC
Tom Hut	Supervisor, Bureau of Special Services	Environmental Health
Lois Jernigan	Interim Supervisor of Human Resources	Administration
Terri Parrott	Supervisor, Information Services	Administration
Cheryl Scroggins	Coordinator, Dayton Council on Health Equity	OHC
Andrea Young	HIV/AIDS Program Supervisor	Disease Prevention

FCFC and United Way Strategic Planning

Montgomery County’s Family and Children First Council (FCFC) and United Way of the Greater Dayton Area are conducting a joint strategic planning process from March through November 2015 across three interdependent focus areas:



The purpose is to develop a 3-5 year Strategic Plan which will include priorities and indicators for tracking progress. This process is intended to improve alignment and partnership opportunities among community partners who provide intervention, prevention-based and core safety net services.

Included in this process are five Community Panel Discussions designed to provide further understanding and perspectives on topics that were identified in the 2014 FCFC / United Way Community Needs Assessment. A copy of the assessment is available at

http://www.mcoho.org/Montgomery/2014_Community_Needs_Assessment_Report.pdf

Panel	Date	Time	Location	Topics
1	Thursday, May 14	7:30-10 am	Sinclair Bldg 12	transportation, access, navigation
2	Thursday, May 14	3-5:30 pm	Sinclair Bldg 12	income, public assistance, housing, homelessness
3	Monday, May 18	3-5:30 pm	Sinclair Bldg 12	poverty, discrimination, culture, stigma, fear
4	Tuesday, May 19	3-5:30 pm	Sinclair Bldg 12	health, healthcare, crime, violence, drugs, nutrition
5	Thursday, May 21	3-5:30 pm	National Composite Center, Kettering	education, employment, jobs, wages

Jeff Cooper and Dr. Sara Paton, Epidemiologist, will serve as Public Health panelists for Panel 4. Information gleaned from each panel discussion will be used by FCFC and United Way leadership to guide priority setting and selection of appropriate indicators for evaluation.

Navigating Partnerships in Population Health Planning

Public Health representatives attended an April 29 statewide forum on *Navigating Partnerships in Population Health Planning*. The forum was sponsored by the Health Policy Institute of Ohio, the Ohio Department of Health, the Ohio Hospital Association and the Association of Ohio Health Commissioners. The purpose of the forum was to identify opportunities for greater collaboration among hospitals and local health departments in improving population health.

Federal regulations require hospitals to complete Community Health Needs Assessments and Improvement Strategies (CHNA / IS) on a three year cycle. The Public Health Accreditation Board requires local health departments to complete Community Health Assessments and Community Health Improvement Plans (CHA / CHIP) on a five year cycle.

Moving forward, it is important for Public Health and our local hospital systems to align our efforts and resources to improve population health. Aligning our respective CHNA / IS and CHA / CHIP cycles assures shared ownership, diverse community engagement, transparency, evidence-based best practices, shared metrics, continuous quality improvement and pooling and sharing of data to improve health outcomes.

Prevent the spread of diseases

Local Investigations

There were eight cases of Salmonella reported during April. Ages ranged from 8 months to 62 years. The infant was attending daycare; there were no sensitive occupations among adults. Reported risk factors included eating raw eggs, exotic pet (bearded dragon), and eating undercooked chicken. Two cases were contacts with each other. No other links were noted. One patient was hospitalized with bacteremia. She was treated and recovered.

Other gastrointestinal infection illnesses reported during the month of April included E coli (2), Campylobacter (2), Shigella, and Cryptosporidium. No common factors were identified.

STD Awareness Month April 2015

April was STD Awareness Month, an annual observance to raise public awareness about the impact of STDs (sexually transmitted diseases) on the lives of Americans and the importance of discussing sexual health with their health care providers and their partners.

STDs are a major public health issue in the United States. CDC estimates that there are approximately 19 million new cases of STDs in the U.S. each year, almost half of them among young people ages 15 to 24. In 2014, 40 cases of syphilis, 968 cases of gonorrhea and 3,182 cases of chlamydia were reported to Public Health. Many of those who are infected do not know it because many STDs do not have symptoms. The only way to know if you have an STD is to get tested.

Throughout the month of April, Public Health STD staff participated in many community events to promote prevention messages and to offer testing services. Nursing staff participated in the Levin Family Foundation Celebrating Life Health Fair on April 18 at Sinclair Community College. Our staff provided educational materials on STDs to attendees and provided testing for syphilis. The health fair was very successful in educating and testing at-risk individuals. A total of 80 individuals were successfully tested who otherwise would not have known their status.

A table was set up in the main lobby of the Reibold Building with valuable learning resources and condoms. During the month, our staff distributed over 5,000 condoms to the public. STDs are preventable and treatable. Working together to build awareness will help us prevent the spread of STDs in our community.

Protect against health threats

Ozone Season Begins in the Miami Valley

The 2015 ozone pollution season began on April 1. Ozone is formed when pollution from cars, trucks, and factories mix in the sky on hot sunny days. Our Regional Air Pollution Agency (RAPCA) measures ozone in Clark, Greene, Miami, Montgomery and Preble County. RAPCA also provides daily ozone forecasts and issues Air Pollution Advisories (APA) when ozone is expected to be at unhealthy levels.

People affected can include children, elderly, and people with asthma or lung disease. Ozone pollution can worsen the effects of asthma and lung disease, causing more medicine to be used and more emergency room visits, and it can lead to respiratory infections. Anyone who is outside should limit outdoor activities when ozone pollution is expected to be high.

There are actions people can take to reduce ozone. These include waiting until after 6 p.m. to refuel vehicles and mow lawns, using electric lawn equipment, car pooling, using public transportation, combining errands to avoid extra driving, and keeping vehicles tuned up.

There are several ways to get up-to-date air quality conditions and air quality forecasts: visit the RAPCA website at www.rapca.org, sign up for daily forecasts via email or text messaging at www.enviroflash.info, or download the U.S. EPA AirNow app in the Apple App Store or Google Play store.

Spring Allergies

In early April, RAPCA began measuring high levels of tree pollen. These high pollen levels can trigger allergies, and if not properly treated, can lead to other chronic conditions such as asthma. RAPCA recommends working with a medical doctor who can conduct tests to determine exactly what is triggering your symptoms. Your doctor will then develop a management plan, which may include medication and certain environmental controls, such as avoiding the pollen and mold that make you sneeze and wheeze.

Daily pollen and mold readings are available at www.rapca.org or by calling the AirLine at (937) 223-3222.

If you have any questions about pollen and mold please contact RAPCA at (937) 225-4435.

Sanitarians conducted Training

Sanitarians conducted a public swimming pool seminar at the Greater Dayton Apartment Association. There were approximately twelve people in attendance from multiple counties. Topics covered during the presentation were why pools are a public health concern, the equipment and chemicals required to operate a public swimming pool, and expectations of the operator and public health. Handouts and posters were available to those in attendance. The presentation was well received.

Sanitarians presented the Level 1 Food Safety Course to eleven of Rooster's staff located at 3501 N. Main Street, Dayton at the request of the person-in-charge. The training was requested to ensure food service employees were maintaining food safety standards. This course was presented in addition to the one offered once a month in our Environmental Health conference room. The Level 1 Food Safety Course teaches food service employees basic food safety and the requirements of the Ohio Uniform Food Code. Just over 1,200 food handlers have gone through our Public Health training since 2011.

Former Junkyard Remediation Nears Completion

Clean-up activity at 14509 U.S. Route 35 in Perry Township is almost complete. The isolated, partially wooded site, a former junkyard, contained junk vehicles, solid waste and scrap tires scattered over 5 acres. The site was subject to a tire fire in October 2010. Investigation by Public Health Solid Waste Program staff was followed by orders for clean-up of the tires and solid waste. Perry Township trustees pursued removal of the junk vehicles for salvage.

The elderly owner's family members made some efforts to begin clean-up of the solid waste, but their resources were not sufficient for the scope of the problem. Board of Health nuisance abatement orders issued on May 1, 2013 paved the way for a referral to the Ohio EPA on July 8, 2013 asking for escalated enforcement. The OEPA subsequently initiated administrative procedures to affect a state-funded clean-up of the tires.

The OEPA awarded a contract for tire removal in February 2015. The contractor began site work in late February with heavy equipment to clear trees and underbrush. Burned rubber and intact scrap tires were removed by the semi-truckload. Other solid waste material that was associated with the

tires was also removed. Site work lasting six weeks resulted in the following removal totals: tires—334 tons; burned rubber—274 tons; solid waste—146 tons. Final work to remove soil contaminated by the fire is scheduled for late May. The \$160,000 clean-up costs are to be assessed to the property taxes.

Promote healthy behaviors

CADAS earns CARF Accreditation

The Center for Alcoholism & Drug Addiction Services (CADAS) has recently earned its third Commission on Accreditation of Rehabilitation Facilities (CARF) International Accreditation for its Intensive Outpatient, Non-Intensive Outpatient, and Prevention (Adult and Youth) programs. CADAS provides substance abuse treatment, problem gambling treatment, prevention and intervention services to help individuals and families respond to the devastation of alcohol, gambling and chemical dependency.

CARF International is an independent, nonprofit accreditor of health and human services in the following areas:

- Behavioral Health
- Opioid Treatment Programs
- Child and Youth Services
- Aging Services
- Business and Services Management Networks
- Employment and Community Services
- Vision Rehabilitation
- Medical Rehabilitation
- DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies)

The CARF International group of companies currently accredits more than 50,000 programs and services at 23,000 locations. More than 8 million persons of all ages are served annually by 6,800 CARF-accredited service providers.

CARF accreditation extends to countries in North and South America, Europe, Asia, and Africa. CADAS is the proud recipient of this accreditation and has received the highest level of accreditation possible (3 years). CADAS continues to provide the best quality care for the residents of Montgomery County.

WIC Program Has Another Successful Biennial Audit

The WIC program participates in a full program Management Evaluation every two years by the State WIC office at the Ohio Department of Health. The consultant reviews administrative and fiscal operations, clinic procedures, participant charts and implementation of best practices. Only one corrective action in the area of chart documentation was received of the 35 standards and 140 indicators reviewed. The consultant was impressed by the organization and overall day to day operations of the program including the recent implementation of a new 5As of Smoking Cessation toolkit and corresponding quality assurance project, the continued success of the Alcohol Screening

and Brief Intervention (ASBI) process, voter registration, implementation of the revised information sharing process, immunization record screening and Impact SIIS utilization, breastfeeding documentation database implementation, precepting nutrition students and dietetic interns from several local programs, and fostering appropriate community partnerships. Staff was commended for their compassionate and empathetic interactions with all participants.

Reach out to vulnerable populations

School Health Program Awarded Bicycle Helmets

Public Health's School Health Program applied for a free bicycle helmet distribution initiative sponsored by the American Academy of Pediatrics (AAP) in February. This initiative is part of the AAP's Put a Lid on It! Bike Helmet Safety Awareness Program for 2015. During the application process, each applicant was tasked to outline the need in their area and how they would plan on distributing the helmets, if awarded. Our application outlined that the distribution of helmets would be within the community schools that they serve, and at any events that could be scheduled with community partners in the coming months. At the end of March, we were notified that our program was awarded a total of 97 bicycle helmets, in three different sizes. There was one full day of training in Columbus on April 9 that covered strategies for teaching children about bicycle safety, proper helmet fitting, and the importance of outdoor exercise. Upon completion of this training, the helmets were distributed. We are looking forward to providing the children in our community bicycle safety education and free bicycle helmets.

The WIC Program Excels in Providing Voter Registration to Participants

In March, Massachusetts became the latest state to either settle or lose in litigation over complaints that it was not providing adequate voter registration services at public assistance offices. The settlement is part of a broad effort by voting rights groups to reverse the decline in voter registrations at public assistance offices, which Congress intended to serve as a mechanism for signing up low-income voters. Ohio was successfully sued in 2009. A 1993 law, the National Voter Registration Act (NVRA), required that public assistance agencies offer clients voter registration forms and assistance in completing the forms. After a successfully strong start, the number of people registering to vote through public assistance programs has steadily declined over the years. However, Public Health's WIC program takes its responsibility to facilitate voter registration seriously.

Each time a participant enters the doors of our WIC Program, whether new to the program or returning for recertification, they are offered the opportunity to register to vote, update their address, or give their name change. A person does not have to be a WIC participant to receive a registration form, anyone visiting the clinic can request to register. Each WIC applicant receives the *Designated Voter Registration Agency Notice of Rights* form (explaining the right to register or decline registering) at the same time they receive the Voter Registration Form and WIC application. Our staff is available to assist any person in completing the forms, if requested. All forms are logged and sent to the Board of Elections for processing.

During 2014, our WIC Program received 1,137 voter registration forms, consisting of new registrants and updates. WIC is doing its part to reverse the decline in voter registrations at public assistance offices.

Prepare for and respond to PH emergencies

Ebola Virus Disease

The Ebola outbreak in West Africa continues to decline. The World Health Organization reports that there have been a cumulative total of 26,277 cases (suspect and confirmed) of Ebola virus disease with 10,884 deaths in the countries with widespread transmission, as of April 26, 2015. There had been 23,816 cases with 9652 deaths, as of March 24, 2015. The countries with widespread transmission include:

Guinea – 3,584 cases

Sierra Leone - 12,371 cases

Liberia – 10,322 cases

In Liberia, there were no new reported cases since March 20. There are no other countries with a recent case. Mali (8 cases), the United States (4 cases), Nigeria (20 cases), Senegal (1 case), United Kingdom (1 case), and Spain (1 case) have been declared Ebola free.

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 April, overall influenza decreased below baseline threshold within the United States. Pneumonia and influenza mortality also decreased below the epidemic threshold. For week 15 (ending April 18, 2015), 3 states reported widespread influenza activity, 10 states (including Ohio) reported regional influenza activity, 18 states reported local spread of influenza, 17 states reported sporadic influenza activity and 2 reported no influenza activity. Regionally (Auglaize, Champaign, Clark, Darke, Greene, Miami, Montgomery, Shelby, and Warren counties), there have been 3909 cases of influenza A and 424 cases of influenza B since the beginning of the flu season (through March 21, 2015) with a total of 246 cases and 44 influenza-related hospitalizations since February 21, 2015; influenza B cases outnumbered influenza A 179 to 67.

Highly pathogenic avian influenza (HPAI) H5 infections have been reported in U.S. domestic poultry (backyard and commercial flocks), captive wild birds, and wild birds. HPAI H5 detections began in December 2014 and have continued into March 2015. No human infections with these viruses have been detected to date, however similar viruses have infected people in other countries and caused serious illness or death in some cases. While the public health risk posed by these domestic HPAI outbreaks is considered low at this time, it is possible that human infections with these viruses may occur. Most human infections with avian influenza viruses have occurred after close and prolonged contact with infected birds. CDC has posted guidance for clinicians and public health professionals, and is working with state health departments and animal health colleagues to minimize public health risk.

Canine influenza (also known as dog flu) is a contagious respiratory disease in dogs caused by specific Type A influenza viruses known to infect dogs. No human infections with canine influenza have ever been reported. There are two different influenza A dog flu viruses: one is an H3N8 virus and the other is an H3N2 virus. Canine influenza H3N8 virus originated in horses, has spread to dogs, and can now spread between dogs. The H3N8 equine influenza (horse flu) virus has been known to exist in horses for more than 40 years. Scientists believe this virus jumped species (from

horses to dogs) and has adapted to cause illness in dogs and spread among dogs, especially those housed in kennels and shelters. The H3N2 canine influenza virus is an avian flu virus that adapted to infect dogs. It has reportedly infected some cats as well as dogs. It was first detected in the United States in April 2015. The canine H3N2 virus is genetically different from human seasonal H3N2 viruses. It is not known how canine H3N2 virus was introduced into the United States. The severity of illness associated with canine flu in dogs can range from no signs to severe illness resulting in pneumonia and sometimes death. The percentage of dogs infected with this disease that die is very small. This is a relatively new cause of disease in dogs and nearly all dogs are susceptible to infection.

Public Health Nurses Participate in Disaster Health Consortium

The National Disaster Health Consortium is a training program developed and offered by the Wright State University College of Nursing with the support from the National Center for Medical Readiness (NCMR). The overall purpose of the program is to provide standardized disaster preparedness training. The program enables nurses and other professionals to have a common core body of knowledge about disaster preparedness, response, and recovery.

We are happy to share that Wright State University offered a limited number of nursing scholarships for the program and 13 of our nurses have earned scholarships and are currently participating in the program.

Serve as the public health information resource

Botulism Outbreak in Lancaster Ohio

The Centers for Disease Control and Prevention (CDC), Ohio Department of Health and Fairfield County Health Department are working together with hospitals on investigating a suspected botulism outbreak. Eighty people attended a potluck at a church in Lancaster on April 19. Both well and sick people were interviewed about what they did and did not eat. Based on interviews and lab tests, home-canned potatoes have been identified as a source of the botulism. There have been 21 confirmed cases, 10 suspect cases and 1 death. Eleven persons were still hospitalized as of April 28.

The severity of illness for botulism varies depending on how much of the contaminated food was eaten. The time from ingestion of the toxin until clinical signs are observed will also vary with the amount of toxin ingested. The onset of clinical signs may be as short as a few hours or up to 36 hours. The toxin causing botulism initially begins as drooping eyelids (ptosis), blurred or double vision, difficulty speaking or swallowing and trouble holding up one's head. These early signs are followed by symmetrical, generalized weakness and progression to respiratory failure. An antitoxin stored in federal stockpiles can stop the progression of botulism but does not reverse damage already done. All of those sickened in the Lancaster outbreak were treated with the antitoxin. According to the CDC, there were 560 outbreaks of foodborne botulism reported in the U.S. between 1950 and 2008. Of the 48 outbreaks caused by home-prepared foods, 18 of those were from home-canned vegetables.

Many cases of botulism are preventable. Foodborne botulism has often been caused by home-canned foods with low acid content, such as asparagus, green beans, beets and corn. Persons who do home canning should follow strict hygienic procedures to reduce contamination of foods, and carefully follow instructions on safe home canning including the use of pressure canners / cookers as

recommended through county extension services or from the U.S. Department of Agriculture. The botulism toxin is destroyed by high temperatures; therefore persons who eat home-canned foods should consider boiling the food for 10 minutes before eating it to ensure safety. If there is any suspicion that safe canning practices were not followed, do not eat the food item and dispose of it.

CDC Issues Recommendations for Monitoring HIV and HCV Attributed to IVDU

In late 2014, a local disease intervention specialist recognized an ongoing HIV outbreak in Southeastern Indiana. As of April 21, 2015, an on-going investigation by the Indiana State Department of Health with assistance from CDC has identified 135 persons with newly diagnosed HIV infections in a community of 4,200 people; 84% were also HCV infected. Among 112 persons who have been interviewed, 108 (96%) injected drugs; all reported dissolving and injecting tablets of the prescription-type opioid oxycodone using shared drug preparation and injection equipment. The CDC is urging action to investigate and control any similar outbreaks in other communities. Specifically, the CDC is recommending local health departments 1) review the most recent sources of data on HIV diagnoses, HCV diagnoses, overdose deaths, admissions for drug treatment, and drug arrests. 2) ensure complete contact tracing for all new HIV diagnoses and testing of all contacts for HIV and HCV infection. 3) ensure persons actively injecting drugs or at high-risk of drug injection (e.g., participating in drug substitution programs) have access to integrated prevention services, and are regularly tested for HIV and HCV.

Mass Media Interactions

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

The following are a few examples:

- Channel 7 on solid waste violation
- Channel 22/ 45 on HIV prevention
- Journal News / DDN on HIV area testing
- DDN on Riverside vapor intrusion
- DDN/Channel 7 on hotel/motel inspections
- DDN on solid waste violation
- DDN on transient accommodations
- DDN on school vaccination rates
- Channel 7 on HIV prevention
- DDN on food deserts

Jeff Cooper and Tom Herchline, M.D.