

**Community Health Services Advisory Committee  
 CHIP | Health in All Policies Action Team  
 Meeting Minutes  
 October 3, 2018**

**Members Present/Representation**

Aisha Ellis | Co District 2  
 Carol Thunstrom | Co District 4  
 Jill Stewart | County at Large  
 Kerri-Elizabeth Sawyer | City of Saint Paul  
 Regina Rippel | City of Saint Paul

**SPRCPH Staff:**

Kathy Hedin | Interim Director  
 Laura Andersen | Division Manager  
 Mary Beth Grimm | Epidemiologist  
 Lynne Ogawa | Medical Director  
 Cathy St. Michel | Administrative Support

**Guests:**

Diki Diki | Metro State University Student

The meeting was called to Order at 5:30 pm by Kathy Hedin. Everyone was welcomed to the meeting and introductions were made.

Kathy Hedin proposed that the agenda for tonight be modified to table the second topic for a future meeting. This change to the agenda was accepted by the committee.

A motion was made by Jill Stewart and seconded by Regina Rippel to approve the minutes as written for 9/5/18. Motion passed by affirmation of the committee.

Agenda item:	Speaker/Discussion:
Vaccine Preventable Diseases, Laura Andersen (Health Protection Division Manager) and Mary Beth Grimm (Epidemiologist), Saint Paul – Ramsey County Public Health	<p>Mary Beth presented an update on measles in Ramsey County. Although in the United States measles is well-controlled by vaccinating, around the world thousands of people die from measles every year. Measles follows a predictable progression and is identified by the typical symptoms of fever, cough, red and watery eyes, rash, and especially white spots in the mouth called Koplik spots. The incubation period is ten days from exposure. Children can spike a fever between 103 and 104°F. Measles is particularly dangerous for the very young. Complications occur in about 30% of measles cases and about 0.2% of people will die from measles. Most children who are hospitalized for measles are suffering from dehydration because they do not want to eat or drink and can suffer from diarrhea because of the disease.</p> <p>The measles vaccine is very effective, and historically has been 99% effective when two doses are administered. The first dose is typically given at 12 months and the second dose between four and six years of age before the child starts kindergarten. If a child does not have immunization records, they can be given the vaccine again. There are no documented cases of adverse effects from receiving additional vaccine.</p> <p>In the 1950s there were on average 500,000 cases of measles per year in the United States. The measles vaccine was licensed in 1963 and by 1969 the number of cases decreased to less than 50,000. When a resurgence of measles occurred in the 1980s a second dose of vaccine was recommended to strengthen immunity. Measles cases have since dropped to fewer than 150 cases per year.</p> <p>Vaccines have been found to be more effective when administered for multiple diseases at once. The body develops a stronger immunological response to all the</p>

Agenda item:	Speaker/Discussion:
	<p>diseases in the vaccine. That is why the vaccine for measles also contains vaccine for mumps and rubella, and is known as MMR. Manufacturers no longer make single-disease vaccines.</p> <p>Most outbreaks occur when travelers bring measles back to the United States from other parts of the world. There are groups of people who choose not to vaccinate for a variety of reasons. Due to misinformation that was published in 2005 linking the MMR vaccine to autism some parents are reluctant to vaccinate their children. Even though this study was proven fraudulent and a retraction printed in 2011, many people are still fearful of a link between vaccine and autism. There are also social media figures who discourage vaccinating as well as many other modern medical practices.</p> <p>There is a disparity among people of Somali descent. Rates of unvaccinated children of Somali descent is around 60%. 80% of the cases in the 2016 outbreak of measles were in the Somali community, and concentrated in child care centers and home settings.</p> <p>Schools allow unvaccinated children to attend if the parent files a conscientious objector form, but some child care settings refuse unvaccinated children altogether and a few health care providers are starting to refuse to take on unvaccinated patients.</p> <p>Laura presented a 2018 update. So far in 2018 there has been one travel-related case of measles. The family is currently on symptom watch, which means that any persons who were exposed to measles needs to be excluded from school/work/child care for 21 days. Because measles is relatively rare many people are not aware of the 21-day exclusion, which can place a huge stress on families. Children cannot attend school or day care and adults cannot leave the house to work, shop or be in any public setting. Health Protection is working across several Ramsey County departments and with community partners to educate parents about vaccinating, access resources for families in exclusion, and strengthen trust and understanding between residents and public health staff.</p>
Announcements and Updates	All action teams will be invited to the November meeting. We are looking for a meeting location that will be large enough to accommodate the additional people.

Motion to adjourn (6:30PM) passed by affirmation of the committee.

Minutes taken by: Cathy St. Michel

**Next meeting:** November 7, 2018 – All Action Teams (location TBD)

December 5, 2018 - Community Health Services Advisory Committee