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

A motion was made by Richard Ragan and seconded by Thomas Kottke to approve the minutes for August 7, 2019. Motion passed by affirmation of the committee.

| Agenda item: Hepatitis A and Homelessness: Ramsey County Public Health Work Lynne Ogawa (Medical Director) and Laura Andersen (Division Manager), Saint Paul – Ramsey County Public Health | Speaker/Discussion: Please see attached handout describing the Hepatitis A Outbreak in MN. The following questions were answered by Dr. Ogawa and Laura Andersen:

- Question: What was the outbreak cause in the Northern MN area? When MDH adds cases to the state map, they don’t necessarily state what the cause of the case was.
- Question: What did you learn from the outbreak in San Diego? The routine closing of public restrooms and the correlation of an outbreak was interesting. They were really working on prevention. The State of California asked the municipality for a Hep A response plan as part of their After Action. After the San Diego outbreak, the CDC added new high-risk populations to the vaccine recommendation list. See handout.

Lynne and Laura have worked with Environmental Health to provide education to food handlers. They are not listed as an “at risk” population in the current outbreak.

Cost of vaccine: $2,000 for 20 doses in our jails without insurance. Insurance typically covers the cost, based on how CDC wrote the recommendations. For Hep A vaccine to be effective, you should get the vaccine before exposure. Otherwise, we offer Hep A vaccine and Immunoglobulin. Correctional Health will be offering Hep A vaccine at intake within our correctional facilities. Hep A Vaccine Strike Team is being organized for the population at Higher Ground and Mary’s Place at Catholic Charities for the week of September 16th. We have nurses from Correctional Health, Family Health and Clinical Services helping with the clinic. |
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<th>Agenda item:</th>
<th>Speaker/Discussion:</th>
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<td>Thinking about putting up posters in the Food Shelves for education and prevention.</td>
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<td><strong>Homelessness in Ramsey County and Saint Paul:</strong></td>
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<td>o There has been a series of meetings hosted by the City of Saint Paul about people who are homeless and tenting in various places around the City. Saint Paul Department of Safety and Inspections receives the complaints. This year, Saint Paul is working more comprehensively with Police, outreach workers from People, Inc and Radius Health to assess where people are and their referrals into permanent housing.</td>
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<td><strong>Question:</strong> Do the workers who go out and connect with people who are homeless have access to the County System? Yes, but not on-site.</td>
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<td><strong>Question:</strong> What do you see as possible solutions? A suggestion that members would like to see churches provide assistance. A church group is working to provide tiny houses. They’ve built a prototype but need the zoning rules to change within the cities. Churches house families through Project Home. Many children show up. (Tiny house is a project of University of Minnesota.) The Carpenters Union would also like to invest in Tiny Houses. The city would need to be willing to change zoning.</td>
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<td>Specific asks of the Committee:</td>
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<td>o As we do more strike team events members could help by volunteering.</td>
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<td>o Need to connect with homeless youth and LBGTQ youth in regards to Hep A. Check into Safe Zone and Oasis. Safe Zone sees many people each day. We need to change our systems as we respond to homelessness.</td>
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<td>o Partner with landlords to advocate for the removal of criminal backgrounds. Recruit landlords who will do the right thing. The government funding is so specific and creates barriers to the resources we can provide.</td>
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<td>o The work on prevention needs to be improved to keep families together so they do not end up homeless.</td>
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<td>o Expungement fairs are important to make sure people are aware. Immigration and resettlement workers could partner to help us work on housing. How can we connect?</td>
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<td>o How does government provide incentives to help landlords do the right thing? Ramsey County can imitate measures that Minneapolis is using to help with landlords and property values.</td>
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<td>o What would/does supportive housing look like?</td>
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| Updates and Announcements, All | None. |

Minutes taken by: Cathy St. Michel

Motion to adjourn (7:30PM) passed by affirmation of the committee.

**Upcoming meetings:** October 2, 2019 - Community Health Services Advisory Committee
Hepatitis A

Adapted from materials by Genny Grilli (MDH)
Presented by Laura Andersen and Lynne Ogawa
September 3, 2019
Objectives

• Hepatitis A overview
• Ongoing outbreaks
• Vaccine Recommendations
• What’s next
Hepatitis A
Hepatitis A – Clinical Features

• Incubation period: 15-50 days (usually 4 weeks)

• Infectious period: 2 weeks before symptom onset until 2 weeks after symptom onset

• Signs and Symptoms:
  • Headache, malaise, fatigue, fever, nausea, vomiting, diarrhea, anorexia, abdominal pain, dark urine, clay-colored stools, and jaundice

• Children unlikely to have symptoms
Hepatitis A Transmission

- Fecal-oral
- Close personal contact
  (e.g., household contact, sexual contact, child day care centers)
- Contaminated food, water
  (e.g., infected food handlers)
- Blood exposure (rare)
  (e.g., injecting drug use, transfusion)
- Short-term, acute infection
• Most adults experience sudden onset of symptoms
• Older adults are at high risk for severe disease
• Can cause a severe, sudden, and overwhelming infection of the liver (fulminant hepatitis)
• Persons who have other liver diseases are at highest risk for severe complications
• No specific medications to treat hepatitis A, goal is to help alleviate symptoms
• Average hospitalization rate ~40-50%
• Average mortality rate ~1%
Outbreaks
Risk Factors

Historically, the most common risk factor is international travel

Recent outbreaks have been primarily impacting:
  • Persons experiencing homelessness
  • Persons who use injection and non-injection drugs
  • Incarcerated individuals

Person-to-person transmission, non-traditional settings

Difficult to address, difficult to contain
Beginning in late 2016, there have been:

- 30 states with declared outbreaks
- 24,952 cases
- 14,984 hospitalizations (60%)
- 244 reported deaths
What about Minnesota?

Disease activity
- 30 cases in 2017
- 14 cases in 2018
- 26 cases to date in 2019

Ongoing prevention activities
- Using enhanced surveillance efforts
- Taking steps to prevent hepatitis A transmission
- Preparing, should cases increase
Vaccination
CDC Hepatitis A (HepA) Vaccine Recommendations

Children at age 1 year
- Routinely recommended for infants 12 – 23 months
- Vaccination can be considered for children 2 – 18 years old
- 2 dose series; no additional booster doses after series completion
- MN immunization child care requirement

Persons at increased risk for infection
- Travelers to endemic countries
- Close contacts of new arrival adoptees from endemic countries
  - Persons who use drugs (injection and non-injection)
  - Persons experiencing homelessness
  - Men who have sex with men (MSM)
  - Persons with occupational risk
    - Persons who have direct contact with persons who have hepatitis A

Persons at increased risk for complications from hepatitis A
- Persons who have chronic liver disease
- Persons who have clotting-factor disorders

Persons who want immunity (>1 year)
- Can be given to any patient who wants protection from hepatitis A
- Persons who want immunity (>1 year)
Reference Immunization Schedules and Footnotes

Adult Schedule

Table 1: Recommended Adult Immunization Schedule by Age Group
- United States, 2019

Table 2: Recommended Adult Immunization Schedule by Medical Condition and Other Indications
- United States, 2019
HepA Vaccine Coverage

• Under the Affordable Care Act, ACIP recommended vaccines are fully covered as a preventative care essential benefit (cost of vaccine)
  • Most health insurance plans will cover HepA vaccine when you receive it at an in-network provider
  • Patients concerned about cost can contact their health plan to learn what is covered with no cost sharing

• Uninsured adults and adults whose insurance does not cover hepatitis A vaccine may receive it at low cost at certain clinics in Minnesota
  • More information and a link to a map of clinics can be found on Vaccination Clinics Serving Uninsured and Underinsured Adults (www.health.state.mn.us/uuavsearch)
MDH is providing hepatitis A vaccine free of cost to support prevention efforts.

While national outbreaks are occurring, screening for program eligibility is not required for HepA vaccine, but recommended.

We are utilizing this program to reach our corrections population and homeless populations.
Ramsey County Responses/Plans

- Immunizations Clinic and Syringe Exchange have been offering hep A vaccine to clients that fall in to the risk groups. Ramsey has given twice as many Hepatitis A vaccines in the first 6 months of this year compared to the first six months of last year.

- Increased ordering of hepatitis A vaccine to assure availability for public health activities.

- Correctional Health is screening for at intake for symptoms and will soon be able to offer Hep A immunization at the same time.

- A Public Health Strike Team will be providing vaccine September 16-20 at Higher Ground and Mary Hall.
• Sent out Health Alert Network (HAN) message on 5/20/19 to all clinics/hospitals/ED to notify them of the national outbreak and encourage vaccination.

• Health Care for the Homeless (HCH) has routinely been offering hep A vaccine to persons experiencing homelessness in shelter clinics.

• Outreach to HCH and Catholic Charities locally, as well as Radias Health and People Inc.
Questions?