

**Community Health Services Advisory Committee
 Meeting Minutes
 June 1, 2016**

Members Present/Representation

Michelle Swerin | County District 1
 Michelle Lichtig | County District 2
 Eugene Nichols | County District 4
 Joseph Adamji | County District 5
 Caitlyn Nystedt | County at Large
 Maridee Bain | County at Large
 Jill Stewart | County at Large
 David Nielsen | County at Large
 Amy Harding | County at Large
 Thomas Kottke | City of Saint Paul
 Mee Cheng | City of Saint Paul
 Madonna McDermott | City of Saint Paul
 David Muhovich | City of Saint Paul
 Regina Rippel (Chair) | City of Saint Paul
 Kerri-Elizabeth Sawyer | City of Saint Paul
 Mary Yackley | City of Saint Paul

SPRCPH Staff:

Rina McManus | Director
 Robert Einweck | Division Manager, Health Protection
 Andrew Murray | Epidemiologist
 Emily Huemann | Program Supervisor, SOS
 Kaye Ward | Administration Support

Guests:

Mary Richards | Resident guest of David Nielsen

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

A motion was made by Eugene Nichols and seconded by David Muhovich to approve the minutes from April 6, 2016 as written and passed by affirmation of the committee.

Agenda item:	Speaker/Discussion:
Zika Virus – Update: Robert Einweck (Division Manager) Health Protection, Andrew Murray (Epidemiologist), Saint Paul – Ramsey County Public Health	Robert introduced Andrew Murray (Epidemiologist), Saint Paul – Ramsey County Public Health. Andrew ensures the department is connected to information pertaining to the Zika Virus and its transmission. The information provided will be an update on Zika in an effort to provide a better understanding. <ul style="list-style-type: none"> • Zika virus background <ul style="list-style-type: none"> ○ First discovered in 1947 in the Zika forest of Uganda ○ Outbreaks in tropical areas of Africa and more recently in Southeast Asia, and the Pacific Islands have been detected ○ It’s likely that many cases were not identified because the symptoms are so similar to other vectorborne diseases in those regions (e.g., Dengue and Chikungunya) ○ Current outbreak <ul style="list-style-type: none"> ▪ First alert of Zika virus transmission in Brazil was May 2015 ▪ First regional travel alerts were issued December 2015 ▪ Increased reports of birth defects and other neurological syndromes in areas with Zika transmission in January 2016

- Local transmission of Zika virus quickly spread outside of Brazil. Current areas with active transmission include:
 - Nearly all of South America
 - Nearly all of Central America
 - Nearly all of Caribbean including Puerto Rico (US Territory)
 - Several islands in South Pacific
 - Most recently Cape Verde (Islands off northwest coast of Africa)
 - **No local transmission in continental US to date**
 - **544 travel-associated cases at last update on May 18, 2016**

- Transmission

- Mosquito bite (predominant mode of transmission)
- Sexual transmission (male to partners)
 - Only documented when a man has had a symptomatic infection
 - Unknown if possible when a man is infected with no symptoms
 - Studies underway to determine how long Zika virus persists in semen
- Vertical transmission (mother to fetus or to newborn during birth)
 - Virus persists in blood for 1 week after symptom onset; Zika infections do not pose a risk for a woman's future pregnancies
- Blood transfusions (?)
 - No documented cases of transmission but it is likely possible

- Symptoms:

- 1 in 5 develop symptoms
- Symptoms generally mild and last several days to one week
 - Fever
 - Rash
 - Joint Pain
 - Conjunctivitis (red eyes)
- Immunity developed after an infection is most likely life-long
- The Centers for Disease Control and Prevention (CDC) is investigating a link between Zika infection and Guillain-Barré syndrome

- Microcephaly and other adverse pregnancy outcomes

- Infection during pregnancy can cause certain birth defects
- While the full range of problems Zika may cause during pregnancy is unknown, CDC has concluded that Zika virus infection during pregnancy is a cause of microcephaly and other severe fetal brain defects
- The adverse outcomes for babies can range from mild

	<p>to severe and are often lifelong. In some cases they can be life-threatening</p> <ul style="list-style-type: none"> ○ No vaccine or treatment available ● Vectors <ul style="list-style-type: none"> ○ <i>Aedes aegypti</i> <ul style="list-style-type: none"> ▪ Responsible for the current outbreak ▪ Aggressive daytime biters ▪ Prefers feeding on humans ▪ Reproduces using small amounts of standing water (think tires, coolers, etc) <ul style="list-style-type: none"> ● Best way to control is eliminating these breeding grounds ▪ Well adapted to and thrives in urban areas ▪ Reasons for survival in South/Central America ▪ Cannot overwinter in Minnesota due to low temperatures ○ <i>Aedes albopictus</i> <ul style="list-style-type: none"> ▪ Capable of carrying and transmitting Zika virus, but has not been a major vector in current outbreak ▪ Preferred host is birds ▪ Wooded fringe areas (not urban areas) ▪ Neither species travels far from breeding site ● Comparing risk between US and South/Central America residents <ul style="list-style-type: none"> ○ Tighter structures <ul style="list-style-type: none"> ▪ Screened windows ▪ A/C ○ Better mosquito control ○ Temperate climate (less standing water, colder temps) allows for better mosquito control ○ <i>Aedes aegypti</i> not present in most of the US ○ Considering we've seen very limited transmission of dengue and chikungunya, which are transmitted by the same mosquitoes, it seems likely we will see limited local transmission of Zika in the US ● What's the risk for Ramsey County residents <ul style="list-style-type: none"> ○ Travel to areas with active Zika transmission <ul style="list-style-type: none"> ▪ May include Southern US as mosquito season approaches (Summer-Fall) ● What SPRCPH is doing about Zika <ul style="list-style-type: none"> ○ As the current outbreak was developing we translated materials into Spanish before any other translated materials were developed ○ We will continue to update our external website with information about the outbreak, risks to our residents, and prevention information <ul style="list-style-type: none"> ▪ Much of the prevention information is directed towards travelers to areas of active transmission, especially pregnant women ▪ Messaging around the risk of sexual transmission from males to their female partners is also important ● What is the Minnesota Department of Health (MDH) doing about Zika <ul style="list-style-type: none"> ○ Establishing testing capacity at MDH Public Health Laboratory
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	<ul style="list-style-type: none"> ○ Numerous talks given to providers/specialty providers ○ Working closely w Metropolitan Mosquito Control (MMC) <ul style="list-style-type: none"> ▪ Mosquito surveillance at 100+ catchment areas ▪ Detect viruses being carried by mosquitos ▪ Identify mosquito species ● National pregnancy registry <ul style="list-style-type: none"> ○ Puerto Rico – Zika Active Pregnancy Surveillance System ○ United States – US Zika Pregnancy Registry <ul style="list-style-type: none"> ▪ Will monitor pregnancy outcomes among women with confirmed Zika virus infections ▪ These registries will help inform the risks, clinical care and support for pregnant women and families affected by Zika ● Risk to residents of Minnesota is much higher for other vectorborne diseases <ul style="list-style-type: none"> ○ Mosquito-borne <ul style="list-style-type: none"> ▪ WNV (<i>Culex tarsalis</i>) ▪ LaCrosse virus (<i>Aedes triseriatus</i>) ○ Tick-borne <ul style="list-style-type: none"> ▪ Lyme (Blacklegged tick) ▪ Human anaplasmosis (Blacklegged tick) ● Factsheets to display <ul style="list-style-type: none"> ○ https://www.ramseycounty.us/residents/health-medical/current-health-issues ○ http://www.cdc.gov/zika/geo/active-countries.html ○ http://www.cdc.gov/zika/pdfs/zikapregnancyinfographic.pdf
<p>Sexual Offense Services Overview Start by Believing Campaign Rina McManus (Director), Emily Huemann (Program Supervisor), SOS Sexual Violence Services, Saint Paul – Ramsey County Public Health</p>	<p>Rina introduced Saint Paul - Ramsey County Public Health (SPRCPH) Sexual Offense Services (SOS) program. It is unique in Minnesota, that this program is located in a public health department. This is positive for SPRCPH as it relates to the prevention and response to violence within the community.</p> <p>Emily presented an overview of SOS Sexual Health Violence Services and handed out brochures to committee members. She also talked about the Start by Believing Campaign and the Annual 2016 SOS walk “Out of Darkness into Light” that took place April 24, 2016. Committee members were asked to think about where their attitudes and beliefs might be and to take the information learned back to their specific area of influence. The program relies on volunteers who are available 24/7 every day to respond to incidents of rape or other sexual assault. Volunteers are trained once a year (40-50 hours of training). Details of training will be sent out to committee members for anyone interested in becoming a volunteer. Anyone wishing to obtain additional information may contact Emily Huemann at Emily.huemann@co.ramsey.mn.us.</p> <p>Discussion ensued and stories shared from committee members. Informal data reflects that SOS provides services to twice as many African Americans. There was agreement that more information, awareness and education should be developed for the African American community. Members were asked to complete ‘pledge cards’ for the Start by Believing campaign and share the information within their communities and organizations to raise</p>

	<p>awareness, engage them in the pledge and be a part of the conversation, response, solution and prevention. Information about the Start by Believing Campaign can be found on the website: https://www.ramseycounty.us/residents/assistance-support/intervention-protection/sexual-violence-prevention-response/ramsey.</p> <p>David also recommended the book “Religion and Men’s Violence against Women” by Andy J. Johnson.</p>
Other	<ul style="list-style-type: none"> • Tom Kottke, MD proposed that the committee write a letter to the Pioneer Press to express disappointment about the proposal to repeal the annual tax increase for cigarettes. Tom made a motion to be instructed to create a draft letter to the editor of the Saint Paul Pioneer Press from the Community Health Services Advisory Committee regarding the rolling back of the cigarette tax. The motion was seconded by Regina Rippel and passed by affirmation of the committee. <p>Gene Nichols shared that Clearway has sent a letter to the governor. When received the draft letter along with the information that Gene has from Clearway will be sent to members to review and approve.</p> <ul style="list-style-type: none"> • Rina proposed that the committee discuss safety of drinking water here following the Flint, MI issues. Gene recently attended a statewide presentation by MDH. Discussion ensued and it was agreed this should be an item for the August agenda. • Joseph Adamji noted that the KAYSC received recognition at the Great River Gathering for their presentation to create dialogue around water quality. • Attendance to the CHSAC/SHIP CLT meetings has been inconsistent. A short survey will be sent to all members regarding the most optimal meeting time.
Next Meeting: August 3, 2016	There will not be a meeting in July, 2016.

Minutes taken by: Kaye Ward

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

Next meeting: August 3, 2016