



SAINT PAUL – RAMSEY COUNTY  
**COMMUNITY HEALTH SERVICES**

ADVISORY COMMITTEE TO THE SAINT PAUL CITY COUNCIL AND THE RAMSEY COUNTY BOARD OF COMMISSIONERS

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**MINUTES**  
**COMMUNITY HEALTH SERVICES ADVISORY COMMITTEE**  
**OCTOBER 1, 2008**

**Operation Seek and Find** – Robert Einweck

For the past several months Public Health has been working with Community Corrections and Occupational Health to investigate a tuberculosis (TB) outbreak in the Ramsey County Correctional Facility (Workhouse). This continues to be a wide spread investigation which has involved inmates, families, contractors and employees.

As of this date, we have confirmed 4 cases of active TB. This includes the index case, a close family member, and two inmates. All are on appropriate treatment.

We have screened over 300 close family members, inmates and employees who were exposed to the index case. One hundred four individuals have tested positive for latent tuberculosis infection (LTBI). All are being monitored and are currently receiving appropriate treatment to prevent active tuberculosis disease.

One of our greatest challenges has been to find those individuals who were exposed to TB while in the Workhouse, but were released prior to the start of the investigation. We had 160 individuals, living in the community, to find and test for TB. Currently 90% of all targeted individuals have been found and offered screening. Among this group, we are seeing a high rate of people testing positive for LTBI. Sixty three percent of screened individuals have converted to positive for latent tuberculosis infection (LTBI). This rate is greater than typical TB, which has an average conversion rate of 35% among close contacts.

Due to this high conversion rate and the extent of the investigation, we have been consulting with Minnesota Department of Health and last week had a consultation call with Centers for Disease Control (CDC) to assure that everything possible is being done to contain this outbreak. CDC staff will give us their final recommendations soon, but the initial response was one of congratulations on the phenomenal amount of work that has been done to address this public health concern. According to CDC, finding 90% of targeted individuals living in the community is a very high success rate. The CDC consultant was very impressed with the effort that has gone into this difficult

work. Public Health and Community Corrections are continuing to attempt contact with the remaining individuals who still need TB screening.

This investigation will continue for some time yet and additional updates will be provided if the situation significantly changes.

### **Public Health Emergency Preparedness Cities Readiness Initiative (CRI)**

**Grant** – Robert Einweck and Emily Brennan

CHSAC members will review components of the emergency response plan, learn about upcoming initiatives in Public Health Preparedness, and offer feedback to Public Health staff – Emily Brennan and Robert Einweck. A requirement in the Cities Readiness Initiative Grant is that a Multidiscipline Planning/Advisory Group meets at least annually to update and sustain the Strategic National Stockpile (SNS) Plan.

### **Overview of Public Health Preparedness**

-Public Health emergency preparedness is the act of coordinating, planning, and communicating with the community to understand potential threats and effective responses to Public Health Emergencies.

-The threat of bioterrorism, along with the recognition that many common occurrences like foodborne illness outbreaks, chemical spills and natural disasters have public health impacts, has driven the need for local public health departments to prepare responses to a wide variety of events.

-In a public health emergency, the Saint Paul - Ramsey County Department of Public Health (SPRCDPH) may organize and conduct the mass dispensing of medicines to the community. SPRCDPH will share accurate and up-to-date information and resources before, during and after a public health emergency.

-Specific example of 35W bridge collapse – pediatric influenza deaths.

### **Program highlights**

- Integrating public health and public and private medical capabilities with other first responder systems;
  - Example – metro coordination Metropolitan Medical Response System (MMRS)
- Developing and sustaining essential state, local, and tribal public health security capabilities, including disease situational awareness, disease containment, risk communication and public preparedness, and the rapid distribution and administration of medical countermeasures;
  - Examples – 2000 plus hours of staff training in the Roadmap to Preparedness, TB public communication (revisit mass dispensing as next part of talk)

- Addressing the public health and medical needs of at-risk individuals in the event of a public health emergency;
  - ADM plan – nursing homes
- Minimizing duplication and assuring coordination among state, local, and tribal planning, preparedness, and response activities (including Emergency Management Assistance Compact). Such planning shall be consistent with the National Response Framework or any successor plan, the National Incident Management System, and the National Preparedness Goal;
  - High level of coordination –Public Health Emergency Coordination ( PHEC), Association of Mn Emergency Managers (AMEM)
- Maintaining vital public health and medical services to allow for optimal federal, state, local, and tribal operations in the event of a public health emergency;
  - Integration with 555 Cedar clinical services, and epidemiologists
- Developing and testing an effective plan for responding to pandemic influenza.
  - Planning (written plans and supply purchasing) and partner education around pandemic influenza (talk to 1000+ city employees)

### **SNS/CRI Responsibilities- Specifically Mass Dispensing**

-Main goal of dispensing - an efficient way to quickly dispense medication or administer vaccine to a very large community of people. Ramsey County population in 72 hours.

-Example of when we would use mass dispensing – anthrax release.

-Main dispensing sites are at Ramsey County high schools (Map of primary locations – will have on laptop)

-Other methods could include Alternate Dispensing Modalities (ADM and drive through dispensing.

-Explain unique nature of postal plan.

### **Questions for Group**

-Ideas for back-up sites?

-Considerations for dispensing medications to particular populations?

-Other ideas/opinions about public health preparedness and/or mass dispensing?

## **Conclusion**

-Show people where to sign up for Preparedness updates

[www.co.ramsey.mn.us/ph/ei](http://www.co.ramsey.mn.us/ph/ei)

-Thanks

## **Directors Report** – Rob Fulton

First, I want to welcome our two new members—Dorii Gbolo and Mark Garnett to the Advisory Committee.

We have had a very busy time the past two months. Robert Einweck will be presenting to you on the Cities Readiness Initiative. He can fill you in on the intensive effort that we carried out before and during the Republican National Convention. You have all read or heard about all of the activities and incidents that occurred during the event. One thing you did not hear was any incidents of food poisoning, bed bugs, or pool related injuries and illnesses. When public health does its job and does it well, we go unnoticed. Our staff and the staff of every other Environmental Health entity in the metro area carried out daily inspections on hotels, restaurants, and caterers beginning on Friday, August 29, and continuing daily through September 5. Not only did we assist the 100% full hotels and the busy restaurants and caterers to assure high quality product, we developed and sent out to all of these entities in the metro area just-in-time training materials for large events. Dick will have a copy of the materials for you to see. I'm proudest that we had pictures of where to look for bedbugs!

We have also been dealing with a large scale tuberculosis incident. A case of active TB was in the Ramsey County Correctional Facility (Workhouse) for almost two months before he was identified with TB. We have tested all of the employees of the Workhouse to date through our Occupational Health services in Human Resources. Public Health took the responsibility of locating over 170 persons who had been in the dorm area with the index case. To date, we have found all but 12 of these folks and offered them full testing. The conversion rate among the people who were exposed to the index case is 59%. This means that these people have been exposed to TB and have developed antibodies to it. We refer to these cases as Latent TB Infection. Without treatment, about 1 in 10 will someday convert to active TB. This can be prevented by taking medication daily for about 9 months. We have tracked about 14 cases of Active TB from this index case. These are all receiving treatment and are no longer communicable. Tuberculosis is a risk factor in work settings such as jails, workhouses, and prisons. OSHA recognizes this and all staff in these facilities receive annual training on TB and are tested annually for TB infection. Because of the size of this outbreak, we have called up our Department Operations Center and using the skills of Incident Command System, we are carrying out what we call "Seek and Find", an operation to seek, find, test, and treat these 170 or so persons for TB.

At the next meeting, we are going to share with you the department's strategic plan for 2009 forward. Following our community health assessment last year and input from community and this advisory committee, we have set our priorities moving forward. There are not any real surprises in this document, but it does give us a written plan to refer to as we develop our 2010-11 budget in early 2009.

The County is currently operating with an interim County Manager. Dave Twa, who had been with us for about five years has taken a similar position in Contra Costa County, California. Pat O'Connor, a former Hennepin County department head is now the interim. We anticipate a new County Manager right after the first of the year. Change is always both exciting and challenging. It means establishing new relationships that are so important to our department heads.

The Department also lost one of our key section managers. Mary Sonnen retired after 35 years with public health. Mary was one of the outstanding managers who joined us eleven years ago when the City and County departments came together. She managed family planning going back over 30 years and in the early 1990's she became Director of Nursing for all of the clinic services at 555 Cedar. She was a very strong supporter of the coming together of the two entities and was critical in making this coming together a success. She will be missed. We will be rearranging some of our components in the organization since we have lost one manager position in the 2009 budget. I hope to have these changes in place before the end of year.

I am also excited about moving to an electronic system of communication with all of you. Reduction of paper usage is an important value in our department and this is one way that we are achieving this. I am also excited about your meeting in the Plato Building this month. We will be moving our staff out of Government Center West to the second floor of this building in May or June, 2009. Design of the space has been completed and bids are due back shortly. We hope that construction can start before the end of the year.

Tonight, I am at the Community Health Services Annual Conference at Breezy Point Resort. Tomorrow, I will be presenting on the Public Health Accreditation process with a representative from our National Association of City and County Health Officers, NACCHO (pronounced with a long A).

Councilmember Lee Helgen has asked the CHSAC to look at the possibility of an ordinance prohibiting trans fat in restaurant meals and a second ordinance requiring that fast food restaurants post calorie information on their menu boards. New York City has successfully passed these two ordinances and both have been upheld in court actions. I am working with City Council staff and staff from Minneapolis that is looking at similar ordinances. We can expect that this will be challenged by the restaurant industry especially as it relates to the menu board posting of calories.

Again, I'm excited about the coming year of the advisory committee. We have a full agenda of items to address and to make recommendations to the Mayor, City Council, and County Commissioners.

**Reminder: Annual Joint Community Health Services Advisory Committee**  
with Hennepin and Minneapolis - Wednesday, December 3, 2008, 6:00-8:30  
p.m., Division of Indian Work, 1001 East Lake St., Minneapolis, MN 55407  
Topic: Multicultural Health Storytelling Project.