

**Community Health Services Advisory Committee
CHIP | Health in All Policies Action Team
Meeting Minutes
September 4, 2019**

Members Present/Representation

Richard Ragan | Co District 1
 Amina Abdullahi | Co District 3
 Carol Thunstrom | Co District 4
 Eugene Nichols | County at Large
 Alyssa Fritz | County at Large
 Eugene Nichols | County at Large
 Ayah Mohammed | County at Large
 Pa Vang | County at Large
 Kerri-Elizabeth Sawyer | City of Saint Paul
 Regina Rippel | City of Saint Paul
 Thomas Kottke | City of Saint Paul

SPRCPH Staff:

Kathy Hedin | Interim Director
 Lynne Ogawa | Medical Director
 Michele VanVranken | Assistant Medical Director
 Laura Andersen | Health Protection Division Manager
 Tommi Godwin | Planning Manager

Guests:

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.

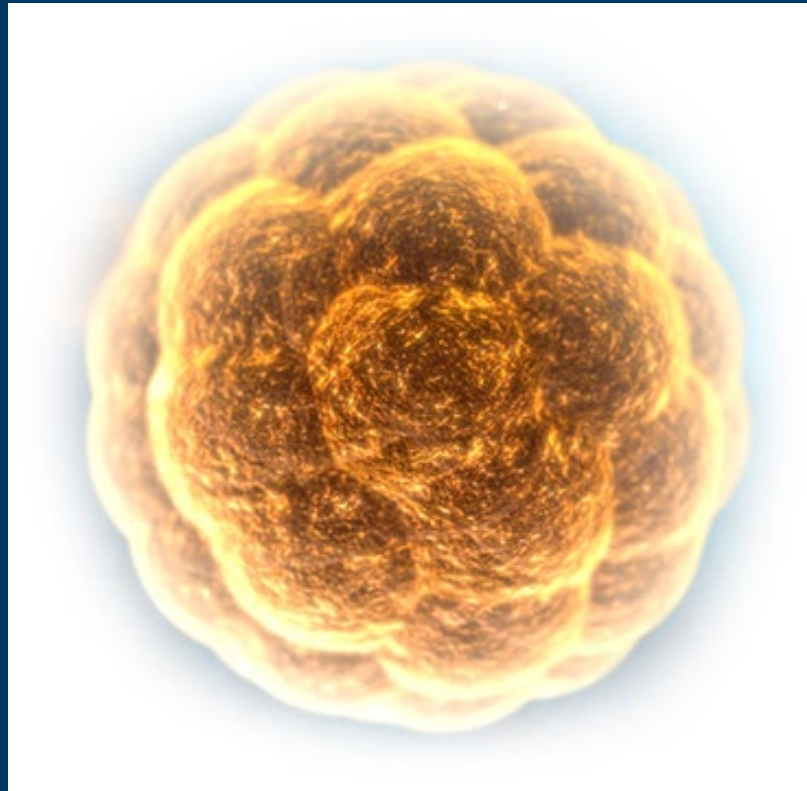
Agenda item:	Speaker/Discussion:
Hepatitis A and Homelessness: Ramsey County Public Health Work Lynne Ogawa (Medical Director) and Laura Andersen (Division Manager), Saint Paul – Ramsey County Public Health	Please see attached handout describing the Hepatitis A Outbreak in MN. The following questions were answered by Dr. Ogawa and Laura Andersen: <ul style="list-style-type: none"> • 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.

Agenda item:	Speaker/Discussion:
	<p>Thinking about putting up posters in the Food Shelves for education and prevention.</p> <ul style="list-style-type: none"> • Homelessness in Ramsey County and Saint Paul: <ul style="list-style-type: none"> ○ 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 with their referrals into permanent housing. • Question: Do the workers who go out and connect with people who are homeless have access to the County System? Yes, but not on-site. • Question: 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. <p>Specific asks of the Committee:</p> <ul style="list-style-type: none"> • As we do more strike team events members could help by volunteering. • Need to connect with homeless youth and LGBTQ 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. • 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. • The work on prevention needs to be improved to keep families together so they do not end up homeless. • 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? • 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. • What would/does supportive housing look like?
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



Disease Characteristics

- 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



Complications

- 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

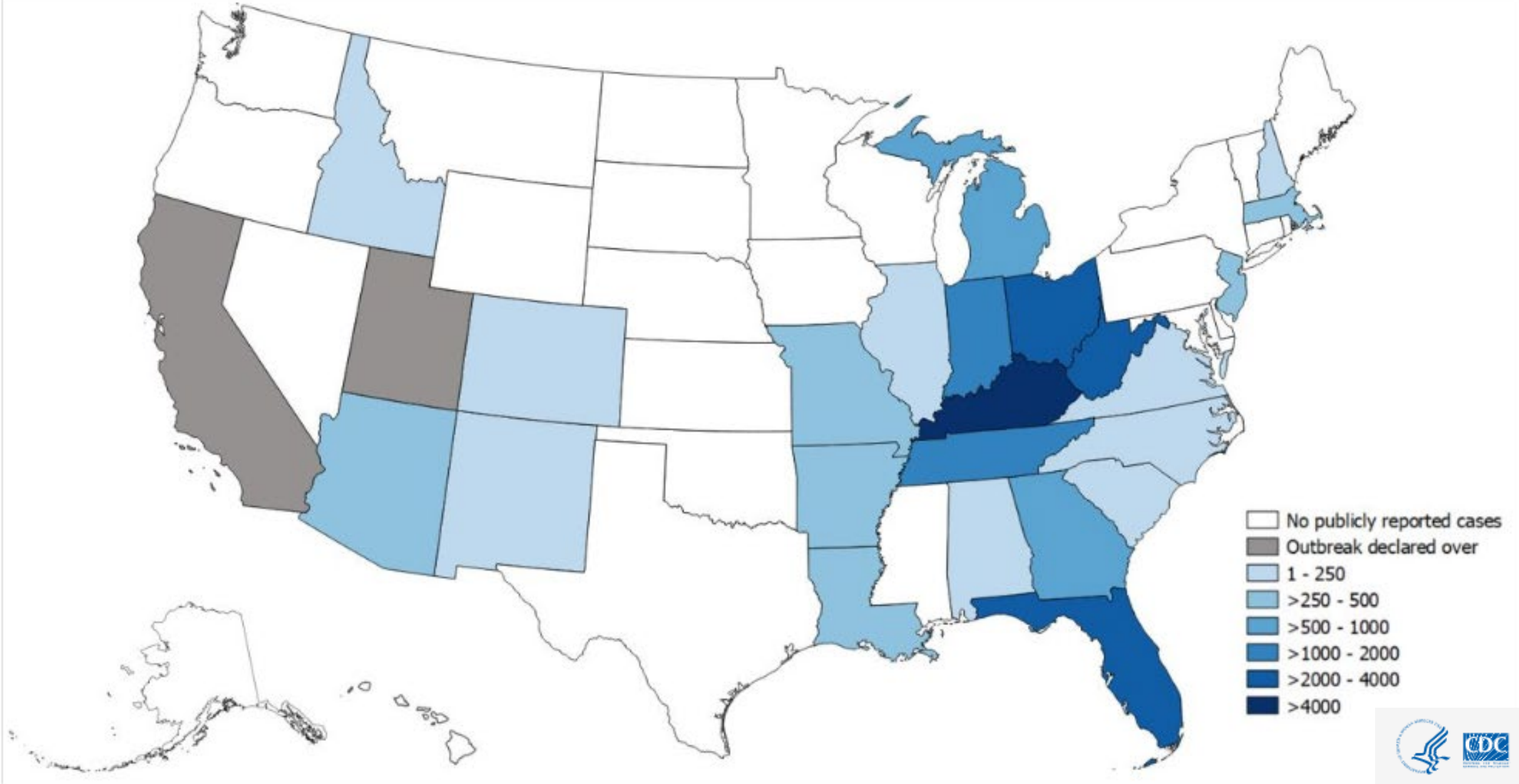


Outbreaks

Beginning in late 2016, there have been:

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

State-Reported Hepatitis A Outbreak Cases as of July 19, 2019



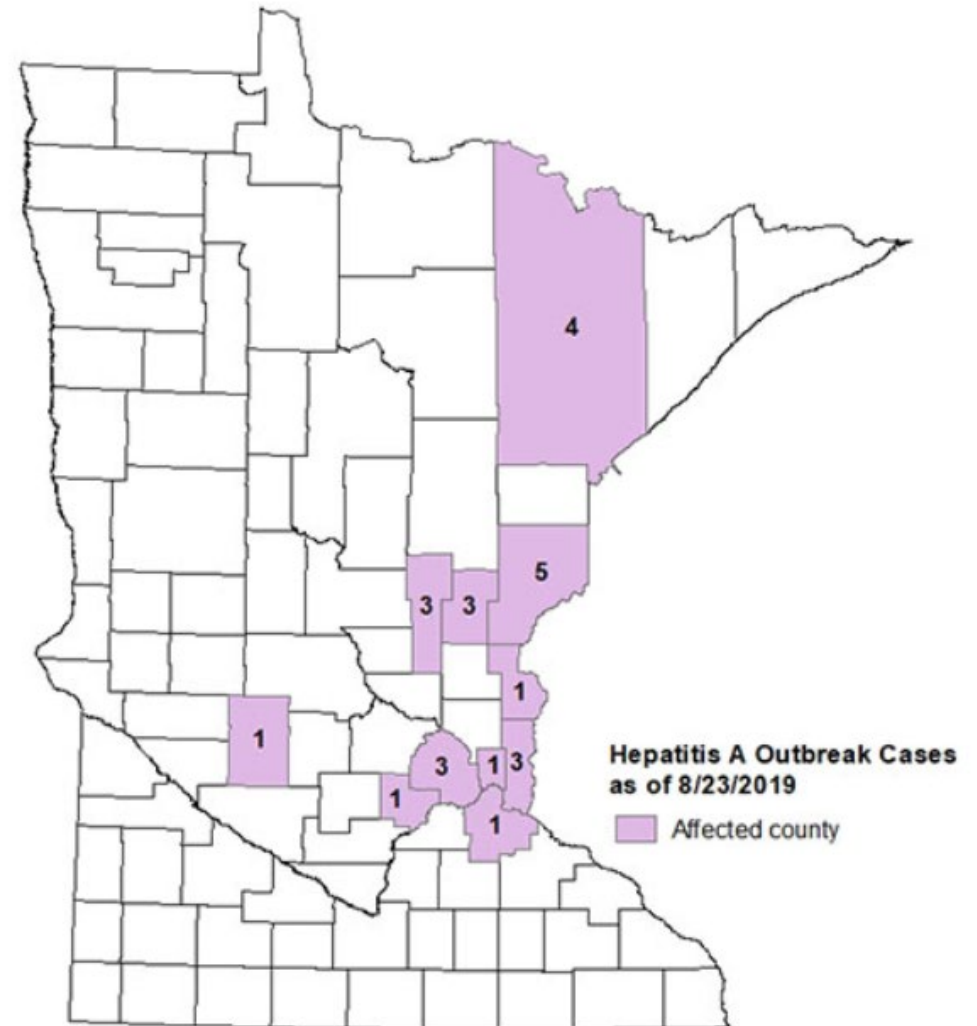
What about Minnesota?

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

Reference Immunization Schedules and Footnotes

Adult Schedule

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

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) ^{or} Influenza live attenuated (LAIV)	1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) (preferred) ^{or} Zoster live (ZVL)	2 doses ^{or} 1 dose				
Human papillomavirus (HPV) Female	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) Male	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)	1 dose				
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication, then 1 dose				
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
 Recommended vaccination for adults with an additional risk factor or another indication
 No recommendation

Table 2 Recommended Adult Immunization Schedule by Medical Condition and Other Indications
United States, 2019

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 count	Asplenia, complement deficiencies	End-stage renal disease, on hemodialysis	Heart or lung disease, alcoholism ¹	Chronic liver disease	Diabetes	Health care personnel ²	Men who have sex with men
			<200 ≥200							
IIV or RIV ^{or} LAIV	1 dose annually									
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td booster every 10 yrs								
MMR	CONTRAINDICATED		1 or 2 doses depending on indication							
VAR	CONTRAINDICATED		2 doses							
RZV (preferred) ^{or} ZVL	DELAY			2 doses at age ≥50 yrs ^{or} 1 dose at age ≥60 yrs						
HPV Female	DELAY	3 doses through age 26 yrs			2 or 3 doses through age 26 yrs					
HPV Male		3 doses through age 26 yrs			2 or 3 doses through age 21 yrs				2 or 3 doses through age 26 yrs	
PCV13	1 dose									
PPSV23	1, 2, or 3 doses depending on age and indication									
HepA	2 or 3 doses depending on vaccine									
HepB	2 or 3 doses depending on vaccine									
MenACWY	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains									
MenB	PRECAUTION	2 or 3 doses depending on vaccine and indication								
Hib		3 doses HSCT ³ recipients only	1 dose							

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
 Recommended vaccination for adults with an additional risk factor or another indication
 Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
 Delay vaccination until after pregnancy if vaccine is indicated
 Contraindicated—vaccine should not be administered because of risk for serious adverse reaction
 No recommendation



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)



HepA Vaccine through the UUAV Program

- 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.

Educational support

- 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.



Hepatitis A
A HEALTH WARNING FOR PEOPLE LIVING HOMELESS

What is Hepatitis A?
Hepatitis A (Hep A) is a virus that spreads easily between people. The virus **can cause serious liver disease** lasting a few weeks or up to a few months.
Some people don't know they have Hep A and spread it without knowing.

How does it spread?
Hep A spreads when someone:
• Touches objects or eats food that someone with Hep A handled.
• Has sex with someone who has Hep A.
• Shares needles or pipes with someone who has Hep A.

Hep A has been spreading in people who are living homeless in the U.S. **You can die from Hep A.**

What are the symptoms of Hep A?

- High fever & fatigue.
- Yellow eyes & skin.
- Loss of appetite & stomach pain.
- Dark urine & diarrhea.

PREVENTION | It's easy to prevent the spread of Hep A to protect yourself and vulnerable people who may have a hard time recovering from the virus.

Wash your hands.
• After using the restroom.
• Before preparing & eating food.
• When caring for those with Hep A.

Get vaccinated.
Call Saint Paul - Ramsey County Immunization Clinic to schedule an appointment: 651-266-1234.

RAMSEY COUNTY
Saint Paul - Ramsey County Public Health

Questions?