

**DALLAS COUNTY HEALTH AND HUMAN SERVICES
PUBLIC HEALTH ADVISORY
COMMITTEE**

Minutes
January 21, 2010

The meeting was called to order at 9:30 a.m. by Commissioner John Wiley Price. The minutes were distributed and approved.

Commissioner John Wiley Price, Chairman thanked the Committee for all their efforts during the H1N1. In addition, Commissioner mentioned that Dallas County continues to be the vanguard during crucial times.

Zachary Thompson, Director thanked all of the cities for their contribution during the H1N1 distribution. All cities were instrumental statewide with H1N1 preventive activities in Dallas County. The residents are really listening. Pharmacies distributed the H1N1 vaccine, not because of the administrative fee, but because they were concerned about the communities.

Commissioner stated that he appreciates the staff collaboration, but there is no substitute for leadership. The staff took on issues best for the region. Commissioner stated, "We owe staff and Zach a debt of gratitude."

Dr. John Carlo, Health Authority thanked everyone involved in the H1N1 distribution. He thanked Commissioner Price for his efforts and support then he thanked Director Thompson. Dr. Carlo recognized the cities for their activities, as well. He indicated that there is still a risk out there but not as bad. H1N1 will probably become part of our flu season.

Dr. Carlo presented an update on the H1N1 pandemic. H1N1 is an occupational vaccine. A new strain of human-to-human transmissible influenza virus emerged early in 2009, southeast of Mexico City. Many cases were discovered in March – April 2009 in the United States. However, identifiable cases gradually became less through the summer. The case rates increased during the fall, to numbers above flu-seasonal levels. In addition, the epidemic decreased by Thanksgiving. The virus continued to circulate at low levels. The Centers for Disease Control (CDC) estimated that there were 39-80 million cases, which represents 15% of the population. There were 173,362,000 hospitalized and 11,160 deaths due to the H1N1 virus. Household attack rates were lower than the seasonal flu rates. The transmission locations included: households (30-40%); schools (20%) workplaces and general community (40-50%).

Based on the CDC estimates and related hospitalizations in the United States H1N1 is an active epidemic. Since, the risk factor for transmitting the virus is unpredictable, the vaccination procedure should continue. Dr. Carlo discussed limitations of antivirals to hospitalized patients that are of high risk for severe influenza. Delivery of the vaccines to healthcare providers is necessary to carry out vaccination procedures within priority groups. Basically, the following priority groups will act as a model for vaccination procedures:

- ♦ pregnant women
- ♦ Children <6 months and 6 months to 4 years of age

- ♦ Children and adolescents 5-18 years with medical conditions
- ♦ healthcare workers, such as nurses and doctors

The older age groups of over 65 years were less susceptible than the other age group. However, 95% of these age groups have not been vaccinated, probably because of the lag between shipments and delivery. As learned from the past, the delay in shipment and delivery of the vaccines has affected those who are of high risk, due to medical conditions. The shipment and delivery system should however, be based on priority groups. For best results, DCHHS partners with health providers and pharmacies. Also, collaborating with postal service agents is an important factor in terms of shipping and handling of the vaccines, to ensure delivery to healthcare providers.

Although the transmission estimates indicated lower H1N1 flu attacks in households than the seasonal flu, the main focus should remain on school-aged children. In the past, and initially, the epidemic rose quickly and fell quickly, but the children's hospital emergency visits for flu-like illness' remained high during the flu-peak season.

There are health control measures that have proven to be effective to minimize the virus: frequent hand washing, environmental cleaning/sanitizing, covering your mouth when coughing/sneezing, and staying at home when you're sick.

Dr. Carlo acknowledged the following agencies/organizations for services rendered: DCHHS' staff, Sheriff Department, Dallas County Security, Medical Reserve Corps volunteers, Red Cross Chapter of North Texas and all area physicians and hospitals. In conclusion he stated that H1N1 still persists; there is a virus, but we need to maintain the interest.

Mr. Thompson mentioned that during the H1N1 pandemic, DCHHS obtained contract personnel, which was approved by the Department of State Health Services (DSHS), and we will encourage the state to continue funding for contract staffing.

Dr. Green mentioned that in case of an emergency, with the small number of ventilators available, hospitals would not be able to handle the task.

Dr. Pepe mentioned that the National Institute of Health has 1,000 deaths per day from cardiac arrests, and no one have survived a cardiac arrest at airports. Dr. Pepe hopes that maybe in the next 6 years funding will be made available for cardiac arrests.

Vikkie Yeatts (clinical) - The HPV is being recommended for males 9 – 18 years of age. They are waiting on information from the state as to when to begin administering. House Bill 1849 – First time students residing on campus must take the meningococcal vaccine. During the H1N1 campaign, Garland vaccinated 1,700 individuals. She also mentioned that the Tamiflu was on backorder, and that it should be arriving, today, January 21, 2010.

Don Hart (public health preparedness), DCHHS is still offering H1N1 vaccine. DCHHS have started school-based H1N1 clinics. The vaccination efforts are ongoing. He thanked everyone for their contribution.

Bill Alsup (environmental) – Briefly mentioned the new emergency rules for interactive water features and fountains.

Jason Chessher (legislative) – The last legislative session from the Department of State Health Services (DSHS) reduced the application (mosquito) licensing fee to \$12, from \$700.

Commissioner Price concluded the meeting by stating how much he appreciated everyone's time and attendance.

The meeting adjourned at 10:46 am.