

DALLAS COUNTY HEALTH AND HUMAN SERVICES
PUBLIC HEALTH ADVISORY
COMMITTEE

MINUTES
OCTOBER 18, 2012

The meeting was called to order at 9:30 A.M. by chairman, Commissioner John Wiley Price. The minutes were distributed and a motion to approve the minutes was moved by Richard Briley and second by Karen Pettis.

Mr. Zachary Thompson, Director mentioned that Dallas County is now offering *free* flu shots. In addition, he mentioned that a meeting was held with concerned citizens to discuss the West Nile virus.

Dr. Jennifer Edwards, Performance Improvement Manager provided an overview of Dallas County Community Health Needs Assessment (CHNA), which is a collaborate effort with the Parkland Community Health Institute. The supporting workgroup consists of healthcare executives from leading hospital systems in Dallas County, as well as representatives from civic organizations and schools. The needs assessment effort ensures that our entire local public health system continues to effectively and efficiently serve the 2.4 million residents of our county. Dallas County Health and Human Services (DCHHS) is one of seven local health departments in the nation participating in the Centers for Disease Control (CDC) National Public Health Improvement Initiative. Approximately \$40 million in funding—supported by the Affordable Care Act—has been divided among state, tribal, local and territorial health departments and schools of public health to enhance the nation’s public health infrastructure.

The resulting CHNA identifies health issues in Dallas County and makes recommendations that community-based and faith-based organizations, private workplaces, and others can implement in order to improve the health of Dallas County residents. We are all collectively responsible. Based on the data collected through focus groups, interviews, and public health datasets, the CHNA identified the top health issues facing Dallas County residents: 1. Chronic Disease Management, particularly for those with multiple diagnoses, 2. Healthcare Access including limited health insurance coverage and physician shortages, 3. Health Disparities and Resource Deserts, 4. Infrastructure Challenges with the need to unify community prevention efforts and maximize available resources, and 5. Mental and Behavioral Health, particularly the impact on health care access and decision-making. The CHNA found that Dallas County is economically strong, ethnically diverse, excels in immunization services, STD/HIV screening, treatment and support services, maternal and child health resources, among other areas. The full report is available on the DCHHS website, “About Us.”

Commissioner Price asked how does the southern and northern sector different in the color coded maps, and if the map is available on-line for the public to view? Dr. Edwards will provide the requested information to Commissioner Price.

Dr. Christopher Perkins, Medical Director/Health Authority gave a synopsis of the 2012 West Nile virus season. Dr. Perkins began by informing the Committee that West Nile is a bird disease. “West Nile virus is not spread from person to person or by animals to people. The West Nile virus infection can develop in a person after he or she has been bitten by a mosquito that has fed on an infected bird.” Approximately, 20% of people develop moderate flu-like symptoms from the disease and less than one percent go on to develop severe complications such as encephalitis, flaccid paralysis and respiratory difficulties..

Human West Nile virus infection is a Texas Notifiable Condition. As of October 11, 2012, there were 164 patients diagnosed with Neuroinvasive Disease that required hospitalization (97% of all West Nile Neuroinvasive disease patients were hospitalized). Fifty-nine Neuroinvasive patient's were transferred to the Intensive Care Unit (ICU). Forty-eight patients diagnosed with West Nile Fever were admitted into the hospital (22% of WNF cases) and five transferred to the ICU. There have been 18 deaths so far this season.

Advanced age is by far the most important risk factor for developing West Nile neuroinvasive disease. Some other risk factors/conditions that increase the probability for West Nile neuroinvasive disease is a weakened immune system resulting from diabetes, kidney disease, being an organ transplant recipient, experiencing recent chemotherapy, and pregnancy.

Dallas County recommends 1) removing standing water, which is a source for mosquito breeding and habitats; 2) using EPA approved products to eliminate mosquito larva in areas where standing water cannot be removed; and 3) targeting spraying of EPA-approved products from trucks to reduce flying mosquito populations.

Commissioner Price told the committee members that he appreciated all of their participation; we've looked at the plan and each one of the cities had a plan. He continued to mention that in 2006 through 2012, we've always had a plan, and stayed with that plan. However, if we all were applying the plan, we may not have been where we are now. What changed significantly between 2006 and 2012, causing the outbreak?

Bill Alsup asked is there any way to switch the pyramid so that the neuroinvasive will show (-1) less than one? **Dr. Perkins** replied the investigation is still on-going.

Commissioner Price mentioned that the citizens in certain communities are using insecticide which is spraying at a time-release. Therefore, they have created a super monster as our citizens are trying to help us. **Scott** replied the insecticide that is being used is not monitored. The American Association of State Pesticide Environmental Protection Agency recommends not using time-release insecticides. He also indicated that the plan has always been an integrated management mosquito plan. **Richard Briley** asked, if aerial spraying was effective? **Dr. Perkins** said CDC is currently looking at blood samples to determine the effectiveness.

Clay Jenkins, County Judge stated that we don't know how effective the aerial spraying was, but we do know that in areas where the weather was good there was a 93% reduction. **Commissioner Price** said we've never had to spray three (3) times; we've never got to that point.

Zachary Thompson mentioned that the municipalities did a great job of responding to the West Nile virus, given where we were. What is the trigger for aerial spraying? I never got an answer, even from CDC. How many mosquito samples can we accept? The state has a 7 day turn around, which is unacceptable, and Dallas County laboratory is 24 hours. As municipalities, how are we going to get samples tested, and increase trapping? Where are they located? Our mosquito program is year round testing. Each city should revisit their program. We want input, as we enhance spraying. Last year we had zero deaths and the previous year.

Joey Zapata, City of Dallas mentioned that the State of Texas and CDC requested aerial spraying. **County Judge Clay Jenkins** said no, it was me. I take full responsibility.

The cities have a big role in this – cities are spending more money on traps. I would say surveillance is the key. He also mentioned that Dallas County did an excellent job by increasing awareness and educating the public on West Nile Virus. CDC is going to layout the report for us, my suggestion just follow the science where ever it leads us.

Zachary Thompson mentioned that the subcommittee needs to talk about the budget.

Vickie Yeatts, Chairperson, Clinical (absent). Richard Briley mentioned that its time for flu shots.

Jim Cummings, Chairperson, PHP. Dallas County Medical Reserve Corps will be having a practice POD set up at HHS on Saturday, October 27, 2012. The POD will not involve patients; everyone is encouraged to come.

Bill Alsup, Chairperson, Environmental. No Report.

Jason Chessher, Chairperson, Legislative. No Report.

Commissioner Price thanked everyone for their attendance and participation at the meetings.

The meeting adjourned at 10:40 a.m.