**CLHO - Communicable Disease Meeting Minutes**

 **TB, STD, CD, HIV, Immunizations**

**Date: October 14th, 2022**

**Time: 10:00 am - 11:00 pm**

**Committee Attendees:**

Gerald Dyer, Andrea Krause, Tyra Jansson, Rachel Posnick, Gretchen Kellermann, Amy Manchester Harris, Kathleen Rees, Abigail Gray, Bailey Burkhalter, Vikas Reddy, Rita Bacho, Sirisha Botta, Cindy Rettler, Kellie Hansen, Laura Turpen, Lisa Ferguson, Michelle Ashby, Trish Elliott, Kathy Christensen, Brian Leon, Callie Lamendola-Gilliam, Stephanie O’Neal,

**OHA Attendees:**

Zints Beldavs, Richard Leman, June Bancroft, Lex Zhang, Adelina Mart, Kelly Cogswell, Meagan McLafferty, Evelyn Donahoe, Amanda Faulkner, Alessandra Karson-Whitehorn, Michael Nugent

**Other:**

Laura Daily, Carolee Asher, Renee Jenkins, Ivette Torres, Sue Liong, Wendy Taylor, Kyra Pappas, Rebecca Chavez, Debbie George, Sarah Zia, Tessa Friason, Macehenzie Collin

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| **Agenda Item**  | **Lead** | **Detail** | **Action and Responsible Party** |
| Welcome and approval of minutes | Kathleen | Quorum in attendance  | Gerald (Benton) moves to approve, Union County also approves |
| COVID Investigative Guidelines | OHA: Amanda | Review and update on investigative guideline changes for COVID-19. Goal is to have draft sent out prior to the meeting for LPHA review | -Draft IGs went out 10/13 to counties-Lots of changes-removal of things no longer relevant, changed formatting to tabular-No more “up-to-date” vaccine status as well as “vaccine breakthrough”—just reporting cases with vaccine status-Biggest change around health care—OHA masking rule for health care settings remains and is not in alignment with CDC-OAR references included-Testing info after exposure, quarantine for health care workers and isolation -Recommendations for contact tracing versus widespread testing-No more managing of close contacts-Moderately or severely immunocompromised definition-to align with CDC definition**-You can email direct feedback to Amanda, Lee or Kathleen by close of business Monday October 17th** -Lisa Ferguson-testing at OSPHL-is combined covid and flu testing still available? (Yes) |
| COVID/Outbreak Workgroup Update | Kathleen | Update on what has been discussed and next steps from the workgroup. | August meeting regard fall capacity—anticipating fall surge-Met four times, Benton, Clatsop, Lane, Linn, Marion, Multnomah and Washington Counties with OHA partnersDuring our workgroup meetings, we primarily focused on the following:1. How to operationalize mixed and unknown respiratory outbreaks, with an emphasis on simplifying data entry
2. Guidance for counties to use to prioritize CD and outbreak work in the fall
3. County support for staffing challenges and bringing awareness to LPHA priorities for COVID-19, especially in the context of changing capacity and funding

**How to operationalize mixed outbreaks?** County and OHA conversations—all **non-reportable** respiratory outbreaks will be in Opera Outbreaks -GI and Covid must go in both systems—can be matched on OBK numbers (likely same with reportable respiratory illness and covid i.e. pertussis, legionella, etc.)-OHA working to get other pathogens in Opera-Respiratory Outbreak IGs need to be updated-this allows counties to open outbreaks themselvesGerald-training about what goes in Opera and what goes in Orpheus from OHA would be great. **Meagan at OHA realizes this and it is a priority. Dr. Lehman also states this will be a priority in IG updates****How to provide guidance and prioritize CD and COVID work?**1. Reportable diseases
2. Outbreaks in high-risk facilities for COVID and seasonal pathogens
3. Cessa to work with Danna on formal process-counties will work with administrators to communicate with OHA about capacity levels and follow up loop with LHDs

Amanda-Danna will have discussion with internal leadership at OHA and discuss with administrators—hoping for process in the next monthJune—level of investigation that occurs vs reporting outbreaks? Amanda-best thing for now is to be open about capacity with administrator who can interface with OHA about workload and needs. Upcoming process will help formalize this interaction and needs requestsTyra-hopeful that process includes “level of ask” short term solutions vs long term solutionsAmanda-likely the process would cover immediate long-term needs but continue to go to regional epis and such for help nowLaura-Is there any process that should be taken to request coverage for smaller counties when the CD epi takes time off? Amanda says that’s a bigger ask and should go up the chain (administrator to OHA)**Staffing capacity issues-**-Regional epis-funding through December 2022**-If you use your regional epi-notify your administrator to let OHA know. Also notify Kathleen by next Wednesday, October 19, so she can tell CHLO board**-Highlight pieces of OHA support that are benefitting your response-We are also looking at formalizing county recommendations and priorities for CLHO-CD to bring to the CLHO board. This would help summarize county needs and support advocacy for additional funding. Conversations to continue with this group.Gerald-Benton appreciates and depends upon regional epi-Annual summary coming to group**-Co-Chair Committee spot opening-email Kathleen if interested, will discuss in November** |
| Ebola | Richard Leman | Review current Ebola situation in Uganda and what OHA anticipates moving forward. | -Ebola Sudan-reproduction number 1.5-2.5 -Infectivity begins at onset and continues until clinical resolution-No vaccine; supportive treatment-OSPHL cannot detect Sudan type at this time—working to make sure we can get timely testing-5 of 111 districts in Uganda have cases-none on international borders-no US cases-Ebola treatment centers set up and surveillance in Uganda, screening at ports of departure in Uganda, CDC directing all travelers through 5 US airports, symptom screening and risk factor screening (high risk routed toward quarantine near to Ebola treatment Centers)-Oregon risk low-Estimated travelers 150 per day-local public health monitor new arrivals for 21 days after last exposure (low risk exposures only)-OHA updating IGs and monitoring guidance and plans for medical evaluation should it be necessary-PUM module in Orpheus needs to be checked and updated if neededGerald—PUMs in ARIAS? Dr. Lehman says not that he’s considered. June- Rachel Harper evaluating ARIAS—not sure that’s been considered for other diseaseTrish-case creation difficult from ARIASGerald-low risk folks—automated text message available in ARIAS—may increase local capacity via automated systemAmanda-ARIAS going into “hibernation”—contracts and costs associated vs utility and ability to supportAmanda-County need via administrators if interest at the local levelKathleen-measles; other infectious disease outbreaks—tool evaluation for the future. Email went to administrators about hibernation and concerns associated and to communicate these with administrators. |
|  MDO investigations | Evelyn Donahoe | Discuss CRE investigations and requirements/expectations for LPHA follow-up. What updated resources are available and what materials should counties be sharing with facilities? |  -CRE and CP-CRE and MDRO deep dive at Orpheus special topics meeting 11/2-New IGs (updated 9/22)-likely to meet or exceed highest case count in Oregon this year-nationwide increase in cases especially during hospitalization-CP CRE is associated with higher morbidity-on track to meet or exceed highest level of CP CRE this well this year-LPHA notify facility of case (if at facility) and make sure facility understands necessary precautions, LPHA to do extended CP CRE interview if needed-CP CRE-OHA will do on-site infection control consult, convene stakeholders-outbreak to on-call epi-lpha will typically lead (OHA can if needed or multiple counties are involved) -onsite investigation and call with facility (2 or more with common health care encounter, same organism, and similar resistance profile) for CP CRE, same carbapenamase-OHA to update toolkit soonPlease feel free to reach out to Evelyn if you have questions. |
| HBV Follow-Up | Rachel Posnick | Discuss what LPHAs are doing for chronic HBV follow-up as counties, per guidelines, are responsible for reminding individuals they are still infectious. Are LPHAs sending letters annually or calling? |  Moved to next month |
|  |  | November Meeting November 4th First Friday of Month  |  |

**Facilitator: Kathleen Rees Note Taker: Rachel Posnick Next Meeting: November 4th**