**CLHO Communicable Disease Committee Agenda**

**Date: January 13th, 2023**

**Time: 10:00 a.m. – 11:00 a.m.**

**Committee Attendees:**

Members: Gerald Dyer, Anna Summer, Allison Portney, Lisa McClean, Lillia Rodgers, Michelle Ashby, Bob Dannenhoffer, Laura Turpen, Andrea Krause, Bailey Burkhalter, Nicole Pierce, Katharine Carvelli, Nicole Sticka, Callie Lamendola-Gilliam, Tyra Jansson, Rachel Posnick, Robin Canaday, Sara McCall, Russel Barlow, Cindy Rettler, Gretchen Kellermann, Amy Manchester Harris, Kathleen Rees, Abigail Gray;

Additional Non-LPHA Staff: Carolee Asher, Kyra Pappas, Sarah Hickerson, Kim Toevs, Christine Keating, Wendy Taylor

**OHA Attendees:** Zintar Beldavs, Alessandra Karson-Whitehorn, Melissa Sutton, Ann Thomas, Orion McCotter, Amanda Faulkner, Heather Jamieson, Kelly Cogswell, Lee Peters, Madeline LaVasseur, Lex Zhang, Tasha Martin, Andie Hendrik

**Other:** Nora Zimmerman, Laura Daily,

|  |  |  |  |
| --- | --- | --- | --- |
| **Agenda Item** | **Lead** | **Detail** | **Action & Responsibilities** |
| Welcome and roll call | Co-chairs | Quorum met. |  |
| Approve minutes | Co-chairs | Motion to approve: Gretchen Kellermann, Union  Seconded: Andrea Krause, Jackson |  |
| COVID Outbreak Timeframes | Melissa Sutton and Amanda Faulkner | Studies showing decrease in COVID incubation period. (<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795489>) And majority of new cases in outbreaks are within 14 days. **Propose shifting from closing COVID OBs after two 14 day incubation periods to two 7 day incubation periods.** LPHAs still have leeway to keep outbreak open longer. Recommendation is floor not ceiling.  K12/schools outbreaks: **Propose shifting K12/ELD setting COVID/non-reportable respiratory outbreak closure to 0 days** - just initial report and follow-up. Again, recommendation is floor not ceiling.  Questions/Comments:   * When would we (LPHA) close school OBs?   + A: Essentially immediately. Utility of keeping OBs open and continuing to monitor minimal. * What kind of write-up would be required in OB?   + A: An extremely brief one. Simple documentation of what was reported by school and what you told them. Updated if/when anything notable comes up following initial correspondence. * These methods certainly help with regards to LPHA capacity issues. For K12/ELD and/or congregate settings, particularly in terms of modernization: possibility of absenteeism reporting, info system, regulatory oversight by PH. Opportunity for brainstorming to build something to minimize work done and increase yield.   + A: Some legal complexities. Feasibility issues. Have hit a brick wall. Some work at local level. Concerns with absenteeism: balance of what you may find vs work to find it. Even with what’s in place, reality is many schools not doing much even when thresholds are met. Agree that we should push forward and see where we can get funding/support, but biggest challenges are legal (who sees what data, how data is used, etc.). Amanda keeping dream alive.   + Jackson/Josephine/Klamath counties have jointly developed centralized schools reporting system. Currently piloting in Klamath. Jackson working onboarding schools for piloting. * This has always been a problem before schools, so this larger conversation is important. But for immediate impact, this change will be super helpful. * Just to clarify, with incubation at 7 days, cases reported after 14 days would be a new outbreak?   + A: Yes * Also to clarify, ELD includes childcare facilities?   + A: Yes * With regards to congregate settings, does this change include mixed ILI OBs with COVID?   + A: Yes * What are the next steps? Do LPHAS need to wait for IG update to implement?   + A: LPHAs can implement change immediately. Purpose of today’s call was really just to make sure there was no objection from LPHAs. OHA get something out in writing today if that would be useful and will also provide Dr. Sidelinger with update so he can bring up during PHA call later today. Additionally, COVID IGs should be updated quickly. That said, based on what we’ve learned, Respiratory OB guidelines need significant revision which will take some time (lots of different folks involved/with hands on document) – but process is underway. | Amanda/OHA: Send OB closure update out in writing later today  Kathleen: Send out copy of OHA presentation with meeting minutes |
| iGAS Update | Tasha Martin | Update on how LPHAs should handle iGAS cases and clusters in light of CDC HAN.  Presentation with Tri-county Area reporting site iGAS data. 2022 data appears quite data but caveat that data review hasn’t be completed and expected to go down. No deaths <18 since 2017, highest mortality 80+. CDC concerned in incidence, particularly in <18; but we haven’t seen anything much higher than before. Severity: percentage of cases with severe outcomes quite low (TS/NF). Proportion in LTCF relatively low, but are seeing in increase in homeless – some expanded surveillance being done in this group.  County expectation: LPHAs should not be receiving individual reports. Reports come through as ELRs, and ACDP staff conducts chart review/investigation for individual cases. Clusters are pretty rare, but historically ACDP/HAI staff also do this investigation. No expectation for much LPHA involvement. CDC has toolkit for GAS clusters that very intensive. Ultimately, don’t expect much from LPHAs and aren’t really anticipating seeing much in this setting.  Questions/Comments:   * Reason for discussion was prompted by recent HAN from CDC * iGAS is so rare that most providers have never seen it. Has there been any effort related to PCP/ED provider outreach to educate them on what it is/how to detect?   + A: Not really. Long overdue for CD Summary for ACDP pathogens. There’s the opportunity to do that, including iGAS, and summary is sent to providers statewide. |  |
| Charter discussion | Kathleen Rees | Changes made:   * Minor formatting changes * Clarifying language, as workplan template is used by all CLHO Committees). Proposed changes to language include:   + Committee member terms/commitment to participate   + Co-chair appointment   + Committee report process   + Co-Chair responsibilities   + Meeting length (revised from 2hrs. to 1 hr.)   + Agenda item submission timeline   Questions/Comments:   * Would counties like copy before it’s voted on?   + A: No response from attendees.   Motion to approve: Dr. Dannenhoffer, Douglas  Seconded: Amy Manchester Harris, Washington | Members: No interest was expressed in receiving copy prior to vote for approval. However, members can reach out to co-chairs with feedback.  Kathleen: Send out cleaned version of charter with minutes. |
| Accountability Metrics | Kathleen Rees and workgroup members | Process has been happening for a while. Proposal was last brought to group back in October 2022. Really trying to look at process pieces in terms of social determinants framework and moving PH to align better with modernization priorites.  Looking at who’s accountable and for what at all levels: OHA, LPHAs, PHAB, elected officials, etc. What this looks like at PH jurisdictional areas. Have discussed a bit with Big CLHO re: how counties choose metrics (menu of options?), when metrics are revisited.   * Regarding “menu of options”, rationale being that different counties may have different areas of major focus   More specifically looking at who populations are, workforce capacity issues, what counties would be responsible for in terms of data. Other considerations: How to balance what’s achievable now vs where we want to move to/be in future. Who do we compare to? | Kathleen: Share spreadsheet/graphic.  Members: Reach out with any questions about process and/or feedback. (Planning on having update for PHAB in July.) |
| Workplan discussion | Kathleen Rees, Rachel Posnick | Have general framework/idea for workplan for next year. Three projects have been identified as highest priority by LPHAs:   1. Triennial Review    * Improvement project to reevaluate and understand the metrics, understand the goal of triennial metrics, and define how all metrics are measured so that LPHAs are able to reproduce results themselves – increase transparency of the process and ability for LPHAs to understand and explain results    * Look at what data is used in public reporting and align with triennial    * Look at how metrics and changes to metrics would/could impact asks of community partners at a time when the are really struggling and taxed to provide data to LPHAs    * Potentially look at how to better align with modernization and accountability goals    * Ask that a summary of triennial reviews, deidentified, are shared with CLHO-CD annually to encourage Q/A and identify common challenges LPHAs are experiencing to discuss further 2. COVID-19 capacity  * Process started with workgroup in Sept. Looking to restart this work sometime in April.  1. Data panel/review process  * Basic needs at this point. Basic framework, timeline, etc.   Overall next steps for Workplan:   1. Agree on framing and deliverables 2. Pull in OHA and LPHA staff 3. Set timeframes 4. Provide updates to the committee   Questions/Comments:   * How should counties voice interest?   + A: Reach out to Kathleen/Bailey | Members: If interested in any of the projects, let co-chairs know. Hopefully can have some planning meetings, write something up, present to group/OHA to decide next steps/ scheduling. |

**Facilitator: Kathleen Rees Note Taker: Bailey Burkhalter Next Meeting: Friday, February 10th, 10-11AM**