

The Infection

LAWRENCE-DOUGLAS COUNTY
Health Department
www.ldchealth.org

Connection

Vigilance needed to stop foodborne illness



Health Department employee Andrew Stull performs a food inspection at a local school cafeteria.

Since its inception, the Lawrence-Douglas County Health Department has led investigations of foodborne illness in Douglas County.

And beginning in May 2008, the Health Department has been responsible for another area of key importance to the dining public – restaurant inspections.

Recent Kansas Department of Agriculture (KDA) budget cuts have prompted the termination of the Health Department's food inspection program, as well as several other county food inspection programs.

Two staff members were responsible for the in-

spection of approximately 435 Douglas County food establishments, which included restaurants, schools, caterers and mobile vendors. The inspectors also worked closely with the department's communicable disease (CD) nurses during foodborne illness investigations.

From the start of the contract, the Health Department inspected each facility a minimum of twice a year. State law requires annual inspections of food establishments.

The department often learns of illness from

See "Budget" on page 2

Health Department continues H1N1 vaccination effort

H1N1 by the numbers:

- The Health Department has held or assisted with **40** H1N1 vaccination clinics.
- To date, **19,952** people in Douglas County have received the H1N1 vaccine at our clinics, private providers and pharmacies.
- **2,900** clinic hours have been worked by HD staff, temporary nurse staff, paid interpreters, contracted LMH staff, Medical Reserve Corps and other volunteers.

After 40 clinics, nearly 20,000 people have been vaccinated against H1N1 in Douglas County. And it couldn't have been done without volunteers.

Approximately 2,900 clinic hours have been worked by HD staff, temporary nurse staff, paid interpreters, contracted LMH staff, Medical Reserve Corps and other volunteers. Some of those volunteers have included our own Douglas County physicians.

With the need for vaccinators great and the holiday season in full swing, several Douglas County doctors and dentists volunteered their time at the Lawrence-Douglas County Health Department's H1N1 immunization clinics in December. **Drs. Phillip Godwin, Ed Manda, Susan Hall and Dr. Lori Hougham**, the department's medical consultant and Douglas County Health Officer, have assisted in the H1N1 vaccination campaign.

Currently, state law only allows medical technicians (with a doctor's oversight), LPNs, RNs, doctors and dentists to administer vaccine.

"People offering their time helped take pressure off of our limited public health staff," said **Kim Ens**,



Dr. Phillip Godwin vaccinates Robert Freeman Dec. 15. Godwin is one of several local physicians who have donated their time at H1N1 clinics.

RN, Preparedness Coordinator. "We will continue to vaccinate in the next few months and can use assistance of medical as well as non-medical volunteers."

Many of the department's clinics are in the evening. If you or your staff can assist in this community-wide public health effort, please contact Kim at (785)843-3060.

Contingency planning important now and in future

It seems like we may have missed the “big one” with the current state of the 2009 H1N1 pandemic, but it is not over yet and we may still see another wave of illness. Health care providers and facilities still need to be prepared for the possibility of a significant increase in demand for services, whether it’s H1N1 this winter, a possible H5N1 pandemic another other emergency in the future.

1. **Develop a Business Continuity Plan** – Identify your office/ clinic’s essential functions and the individuals who perform them. Make sure you have trained enough people to properly work in these essential functions and allow for potential absenteeism.

A great resource is the Seattle-King County (Wa.) Business Resiliency Workbook for Health Care Providers: http://www.kingcounty.gov/healthservices/health/preparedness/hccoalition/-/media/health/publichealth/documents/hccoalition/br_workbook.ashx

2. **Inform employees about your plan for coping with additional surge during a pandemic.** Explain any policies and procedures that will be used to protect staff and your patients and to manage a surge of patients. Make sure your staff have a pandemic family or individual plan.

3. **Plan to operate your facility if there is significant staff absenteeism.** Are you ready for 20-40 percent of your employees not able to come to work?

4. **Protect your workplace by asking sick employees to stay home.** Develop sick leave policies with this in mind.

5. **Plan for a surge of patients and increased demands for your services.** Consider using your phone system to deliver messages to callers about when to seek care at your facility, when to seek emergency care and where to go for information about caring for a person with flu at home.

6. **Care for patients with H1N1 or any other flu in your facility.** If you haven’t already done so for H1N1, make plans to screen patients for signs and symptoms of febrile respiratory illness as they enter your facility.

Offer surgical masks to symptomatic patients and use separate waiting and exam rooms for symptomatic patients, provide tissues, waste baskets for their disposal and hand hygiene products in waiting areas and exam rooms.

7. **Take steps to protect the health of your workforce during a flu outbreak.** All health care personnel who come in close contact with ill patients should take precautions to include use of respiratory protections for all patient care. Plan now to stockpile sufficient protective equipment for your staff.

8. **Provide influenza immunizations at no cost to your staff.**

9. **Make sure you know about pandemic planning and response activities in your community.** Actively seek information from and coordinate with key medical, clinical facilities and public health departments in your community to learn about how they will manage patients during a pandemic.

10. **Know where to turn to for reliable, up-to-date information in your community** – www.ldchealth.org, www.kdheks.gov, www.cdc.gov and www.flu.gov.

You can also register for health alerts sent out by the state health department (KDHE) by going to: www.kshealth.kdhe.state.ks.us

Laughter is the best medicine



Budget cuts force elimination of food inspection contract

Continued from page 1

the public, but also when local providers or private labs report positive results.

We encourage you to remain vigilant about foodborne illness and report any concerns to us. The Health Department’s CD nurses will help determine the source of the outbreak, report the issue to KDA (if necessary) and provide any required follow-up to your patients.

KDA will take over the food establishment inspections beginning Jan. 9, 2010.

Douglas County Disease Report

Disease category	Disease name	Aug. 09	Sept. 09	Oct. 09	Nov. 09	Total
Enteric	Campylobacter	0	2	0	0	2
	Giardiasis	3	1	0	1	5
	Salmonellosis	4	2	1	0	7
	Cryptosporidiosis	0	0	1	0	1
General	Meningitis, other bacterial	1	0	0	0	1
	Hepatitis A	2	0	1	1	4
	Hepatitis B, chronic	1	0	2	2	5
	Hepatitis C	6	4	3	5	18
	Strep pneumo. invasive	0	0	2	1	3
	H1N1 (incl. cases confirmed by KDHE and those deemed not a case)	7	3	13	12	35
Vector	Lyme disease	1	5	1	2	9
Vaccine-preventable diseases	Pertussis	2	2	1	2	7
	Varicella	8	8	4	2	24
STDs (tested at HD only)	Gonorrhea	3	5	1	3	12
	Chlamydia	9	7	10	6	32

This report includes the number of cases investigated by the Lawrence-Douglas County Health Department. Case classifications include: Confirmed, probable, suspect and those determined to not be a case.