



Cumberland District Public Health Council
Full Council Meeting
September 21, 2012
10:00 a.m. — 12:00 p.m.
South Portland Community Center
50 Nelson Rd, South Portland

Present: Jim Budway, Deb Deatruck, Steve Fox, Becca Matusovich, Bernice Mills, Karen O’Rourke, Cathy Patnaude, Emily Rines, Lucie Rioux, Pamela Smith, Toho Soma, Peter Stuckey, Ted Trainer, Anne Tricomi; Shane Gallagher; Kate Colby, Caity Hager, Joan Ingram

Absent: Neal Allen, Anita Anderson, Faye Daley, Megan Hannan, Colleen Hilton, Paul Hunt, Valerie Landry, Dianne North, Helen Peake-Godin, Erica Schmitz, Ashley Soule, Julie Sullivan, Helen Twombly, Eileen Wyatt, Carol Zechman

Topic	Discussion	Actions
Health Equity and Disparities Work Group	<p>Toho Soma and Becca Matusovich provided an update on the progress of the work group.</p> <p>The Executive Committee recently approved funding to help support the activities of the Health on the Move pilot project.</p> <p>The Health on the Move project has scheduled two pilot sites. The first site is at the Riverton Housing Complex in Portland. The second site will be in the</p>	<p>The next meeting of the work group is Friday, September 28, 2012 from 9:00 a.m. — 11:00 a.m. at Portland City Hall. Anyone interested in participating is welcome to attend.</p>

Topic	Discussion	Actions
	<p data-bbox="772 293 1310 326">town of Naples with Crosswalk Outreach.</p> <p data-bbox="772 370 1230 483">Midcoast Hospital and Opportunity Alliance have expressed interest in partnering for additional pilot sites.</p>	
Pertussis Presentation	<p data-bbox="772 529 1310 675">Kate Colby, Cumberland District Epidemiologist, presented information on pertussis, commonly known as whooping cough (see appendix A).</p> <p data-bbox="772 719 1247 784">In addition Kate also brought several handouts.</p>	<p data-bbox="1354 529 1850 634">Anyone interested in the materials on Pertussis should contact Kate Colby at Kate.Colby@maine.gov.</p>
Grant Opportunities	<p data-bbox="772 800 1318 946">There were no grant opportunities presented. However, the Council did briefly discuss several grants that member organizations recently received.</p> <p data-bbox="772 990 1318 1177">University of New England recently received the SNAP ED grant from the ME CDC and a HRSA grant for nurse leadership, inter-professional practice and community partnerships.</p> <p data-bbox="772 1221 1310 1367">The MaineHealth/CarePartner in partnership with the Greater Portland Refugee & Immigrant Health Care Collaborative submitted a proposal to the</p>	

Topic	Discussion	Actions
	<p>DentaQuest Foundation for a project called Smile Partners. Smile Partners is based on the CarePartners model but focuses on dental care.</p>	
<p>Membership Work</p>	<p>Emily Rines provided an update on the progress of the Membership Committee.</p> <p>Emily sought interested members of the Council to participate on the committee and received responses from several people.</p> <p>A committee meeting has been scheduled and Shane Gallagher has set up a call in line for individuals who cannot attend in person.</p>	<p>The next meeting of the Membership Committee is scheduled for Thursday, September 27, 2012 from 2:00 p.m. — 3:00 p.m. in the Baxter Conference Room at the United Way of Greater Portland Office.</p>
<p>Flu Work Group</p>	<p>Becca Matusovich updated the Council on the activities of the work group.</p> <p>The group recently finished its planning for the upcoming flu season.</p> <p>A thank you letter from the Council recently went out to the Superintendents of all school districts that held a flu immunization clinic last year.</p> <p>Cassie Grantham and Becca Matusovich</p>	<p>Shane will include a copy of the flu poster pdf with the meeting minutes.</p> <p>Anyone interested in copies of the Flu Poster can contact Becca Matusovich at Becca.Matusovich@maine.gov.</p>

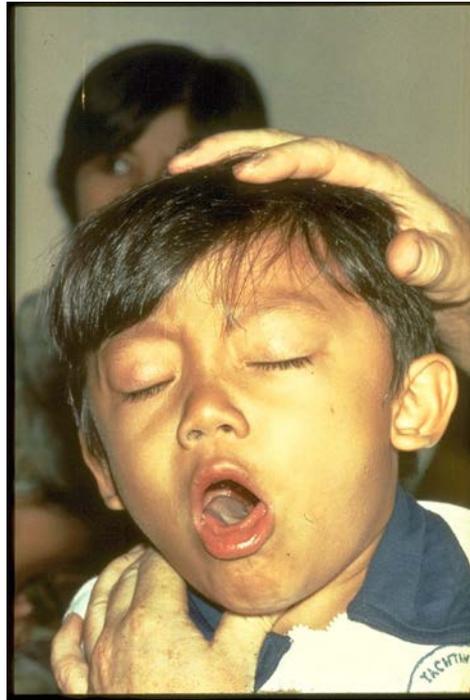
Topic	Discussion	Actions
	<p>put together a schedule of all school flu clinics in Cumberland County, which were sent out to all pediatric and family practices in the county.</p> <p>All public flu clinics are listed in the 211 database. We are grateful to 211 for the extra effort they put into improving the user friendliness of the flu clinic search results on www.211maine.org .</p> <p>The poster for this year is available for anyone interested in copies. It will also be translated into at least three foreign languages (Spanish, Somali, and Arabic).</p>	
November CDPHC Meeting	<p>Toho Soma compiled a list of all the candidates whose districts are in or partly in Cumberland District.</p> <p>The Council discussed ideas for the breakfast to be held at 9:00 a.m. before the November meeting. Topics for discussion included Public Health 101, Pertussis, the Healthy Maine Partnerships, and other possible hot topics.</p> <p>Peter Stuckey suggested sending out the invitation email as soon as possible to</p>	<p>A group of members interested in helping plan the legislator breakfast will meet to refine the plans for the meeting.</p> <p>Shane Gallagher will send out an electronic version of the candidates document.</p> <p>Shane Gallagher will send out a copy of the funding letter sent to Commissioner Mayhew.</p> <p>The Executive Committee will determine</p>

Topic	Discussion	Actions
	<p>increase attendance.</p> <p>Toho Soma and Becca Matusovich also led the Council through the tentative agenda for the November Council meeting (10:00 a.m. — 12:00 p.m. on 11/16/12), which will include presentations on the State Health Assessment and discussing selection of District Public Health Improvement Plan (DPHIP) priorities for the next two year plan.</p>	<p>the DPHIP prioritization process at the October 22, 2012 meeting.</p>
Miscellaneous Updates	<p>Several Council Members made announcements of upcoming meetings that may be of interest to other members.</p> <p>Deb Deatrick reminded the Council of the discussion round table concerning health rankings on October 15, 2012 from 3:30 p.m. — 5:00 p.m.</p> <p>Toho Soma and Emily Rines reminded the membership of the Maine Public Health Association’s Annual Meeting on October 17, 2012 at the Augusta Civic Center.</p> <p>Jim Budway will be meeting with the fifteen largest childcare centers in the Cumberland District. Anyone interested is</p>	<p>Shane Gallagher will forward the MPHA Annual meeting reminder to the Council listserv.</p>

Topic	Discussion	Actions
	welcome to attend. In addition, Jim will be meeting with the ten largest long-term care facilities as well.	

Next Meeting: Full Council— November 16, 2012 from 10:00 a.m. — 12:00 p.m. (Legislative Breakfast at 9:00 a.m., all CDPHC members and Interested Parties are invited to attend) at MaineHealth 110 Free Street, Portland; Executive Committee— October 22, 2012 from 1:00 p.m. — 3:00 p.m. at Portland City Hall, 389 Congress Street.

What's the Big Whoop? Pertussis in Maine - 2012



Kate Colby, MPH
Maine CDC

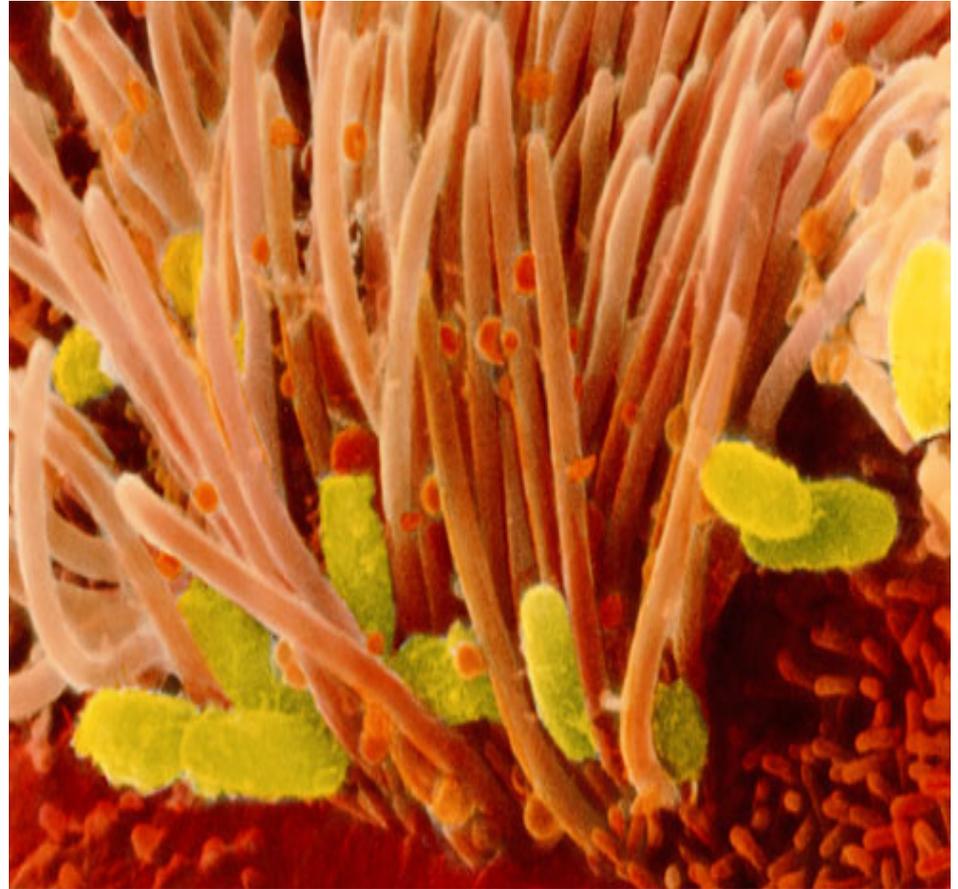
CDPHC Meeting - September 21, 2012

Pertussis

- Respiratory illness commonly known as “whooping cough”
- Caused by *Bordetella pertussis*
- Very contagious: 80-90% of susceptible close contacts become infected
- Occurs only in humans
- Person-to-person spread by infected person coughing or sneezing in close contact with others

Bordetella pertussis

- Bacteria
- Slow growth in culture (3-6 days)
- Attach to cilia of upper respiratory system
- Release toxins which damage cilia
- Coughing is reaction to damaged cilia



Symptoms

- Catarrhal Stage
 - Watery eyes, low-grade fever, malaise, mild eye inflammation, runny nose, nonproductive cough
- Paroxysmal Stage
 - Paroxysms (bursts of coughing during a single exhalation) sometimes followed by a "whooping" sound, post-tussive cyanosis, and vomiting
 - In infants younger than six months (especially those younger than four weeks): apnea, bradycardia, prolonged cough, poor feeding, no paroxysms

<http://www.cdc.gov/pertussis/pubs-tools/audio-video.html#pertussis-sounds>
- Convalescent Stage
 - Paroxysms gradually improve but recur with respiratory infections



Clinical Course

Communicable period
(onset to 3 weeks after
start of paroxysmal cough)

Incubation period
(typically 5-10 days;
max 21 days)

Catarrhal stage
(1-2 weeks)

Convalescent stage
(weeks to months)



Onset

Paroxysmal stage
(1-6 weeks)

Diagnosis

- Clinical case definition: cough illness ≥ 2 weeks with at least one of the following: inspiratory whoop, paroxysms of coughing, or posttussive vomiting, without other apparent cause (as reported by a health professional)
- Testing via nasopharyngeal swab
 - PCR
 - Culture

Treatment

- Early macrolide antibiotic treatment if identified <21 days after onset
 - Symptoms may be modified if tx begin early (catarrhal stage)
 - If begun later, will decrease infectious period but may not decrease duration or severity
- Supportive: fluid, rest, cough suppressant, etc.
- Hospitalized cases: droplet precautions in separate room until completion of 5d of tx
- Treatment and isolation not recommended if >21 days since symptom onset

Recommendations for Contacts

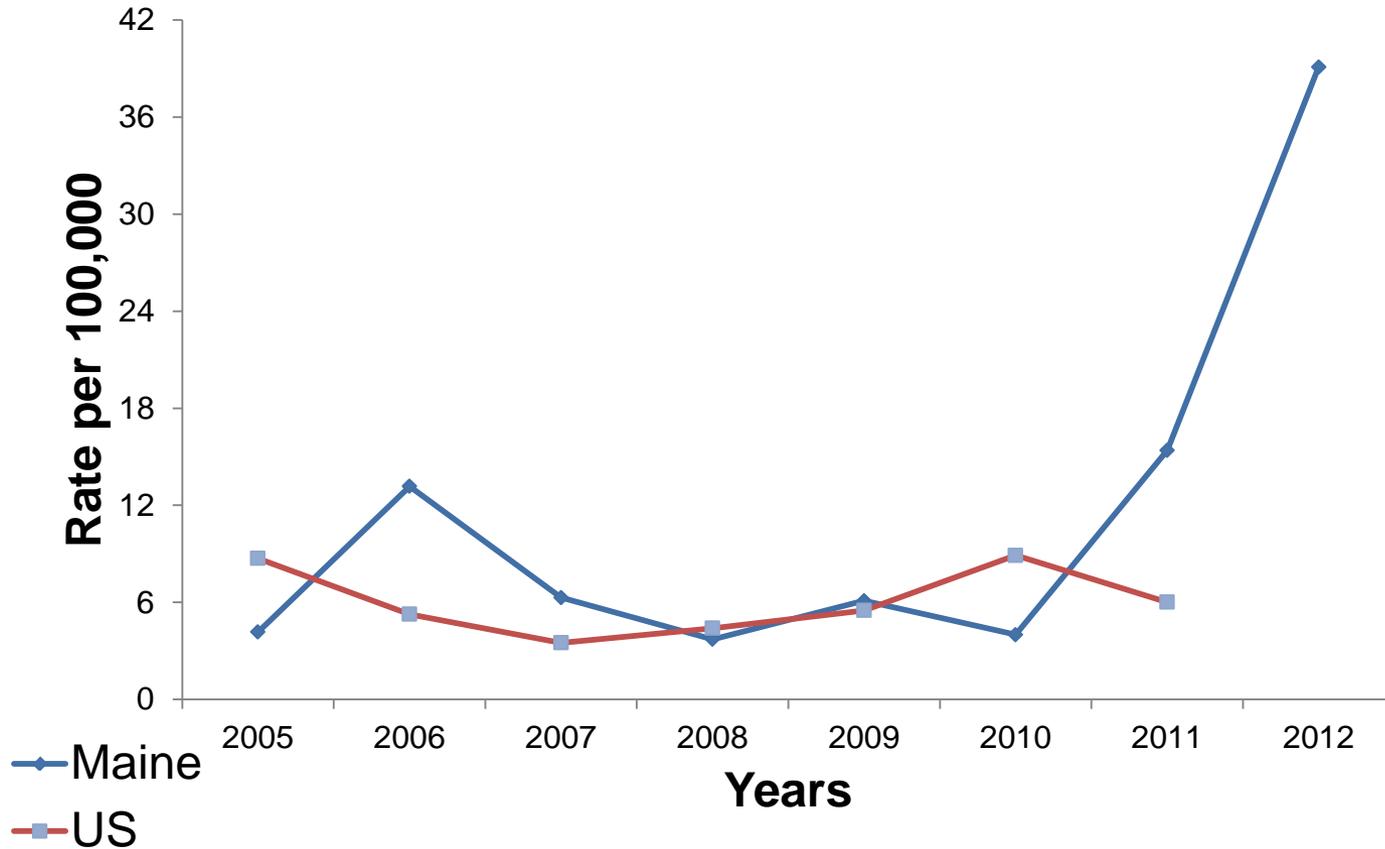
- Case considered infectious for 21 days after onset or until 5 days of abx completed
- In general, close contacts are defined as persons who:
 - Had face-to-face exposure within 3 feet (includes all household contacts)
 - Had direct contact w/ respiratory or nasal secretions (cough, sneeze, sharing food/eating utensils, suctioning, etc.)
 - Shared same confined space in close proximity for ≥ 1 hour
- If symptomatic, treat as a case
- If not symptomatic, consider chemoprophylaxis (same dosing regimen as for disease)
 - Especially if potential for secondary exposure to persons at high risk (e.g., infants <12 mos, pregnant women)

Reported NNDSS pertussis cases: 1922-2011*



*2011 data have not been finalized and are subject to change. 2011 data were accessed on July 5, 2012.

Pertussis in Maine and U.S. 2005-2012



*2012 data preliminary as of 9/20/12

States with Pertussis Incidence the Same or Higher than U.S. Incidence (7.36/100,000)

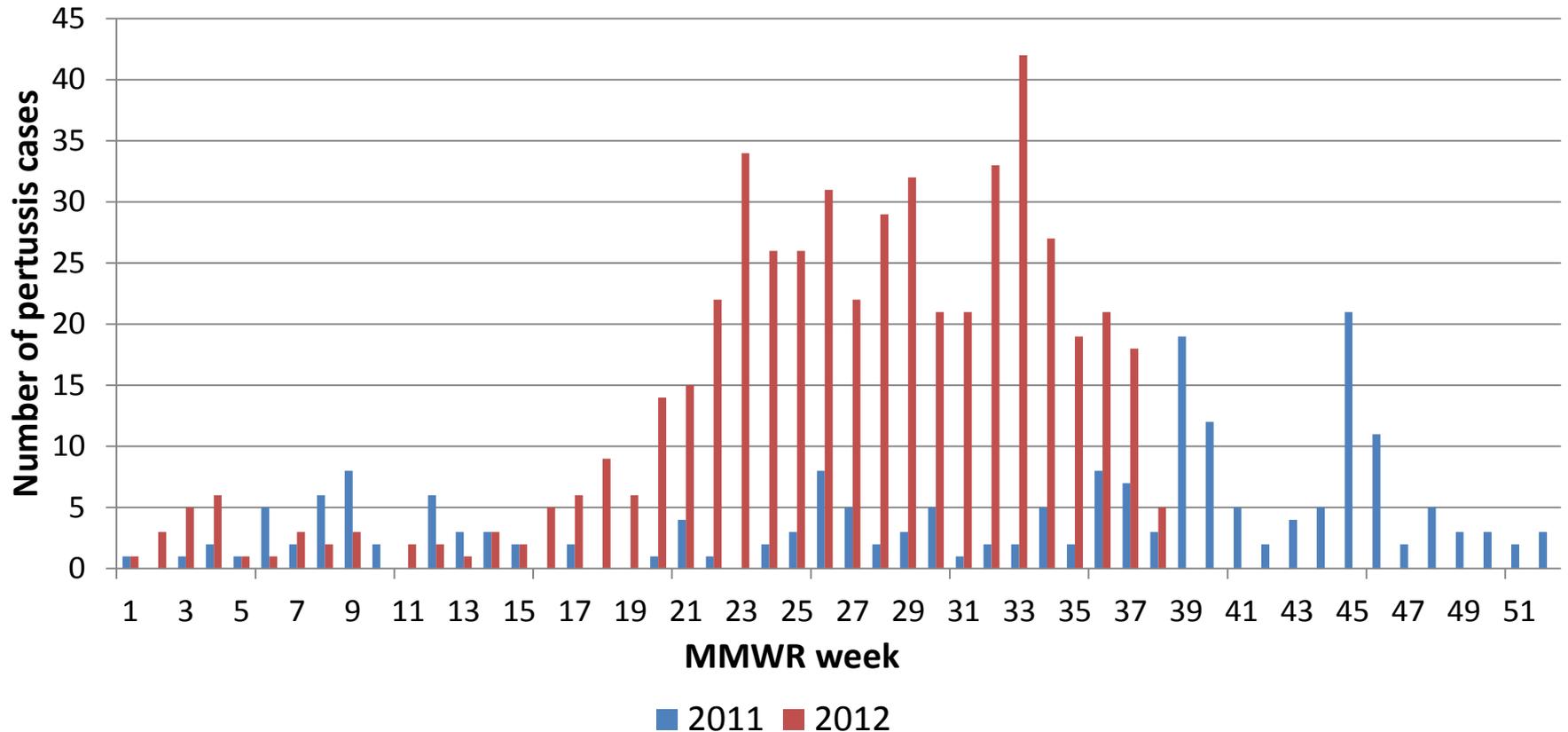
data as of August 11, 2012

Wisconsin	67.5	Utah	22.7	New York State	10.2
Washington	49.2	New Mexico	17.1	Kansas	9.4
Montana	39.5	Oregon	16.3	Pennsylvania	9.2
Minnesota*	38.4	North Dakota	15.9	Missouri	8.9
Iowa	31.4	Alaska	12.5	Illinois	8.2
Vermont	31.3	Colorado	10.5	Idaho	8.0
Maine	25.9	Arizona	10.3	New Hampshire	7.4

<http://www.cdc.gov/pertussis/outbreaks.html>

Pertussis in Maine

Number of Pertussis Cases Reported by Week, Maine 2011 vs. 2012 (09/20/2012)



Pertussis Cases by Age, Maine

As of 9/20/2012

Age Range	No.	Rate
< 6 months	16	124.3
6-11 months	7	54.4
1-6 years	76	90.4
7-10 years	152	256.9
11-19 years	178	119.4
20-29 years	10	6.5
30-39 years	29	19.5
40-49 years	27	14.0
50-59 years	10	4.6
≥ 60 years	14	4.5
Total	519	39.1

Pertussis Cases by County, Maine

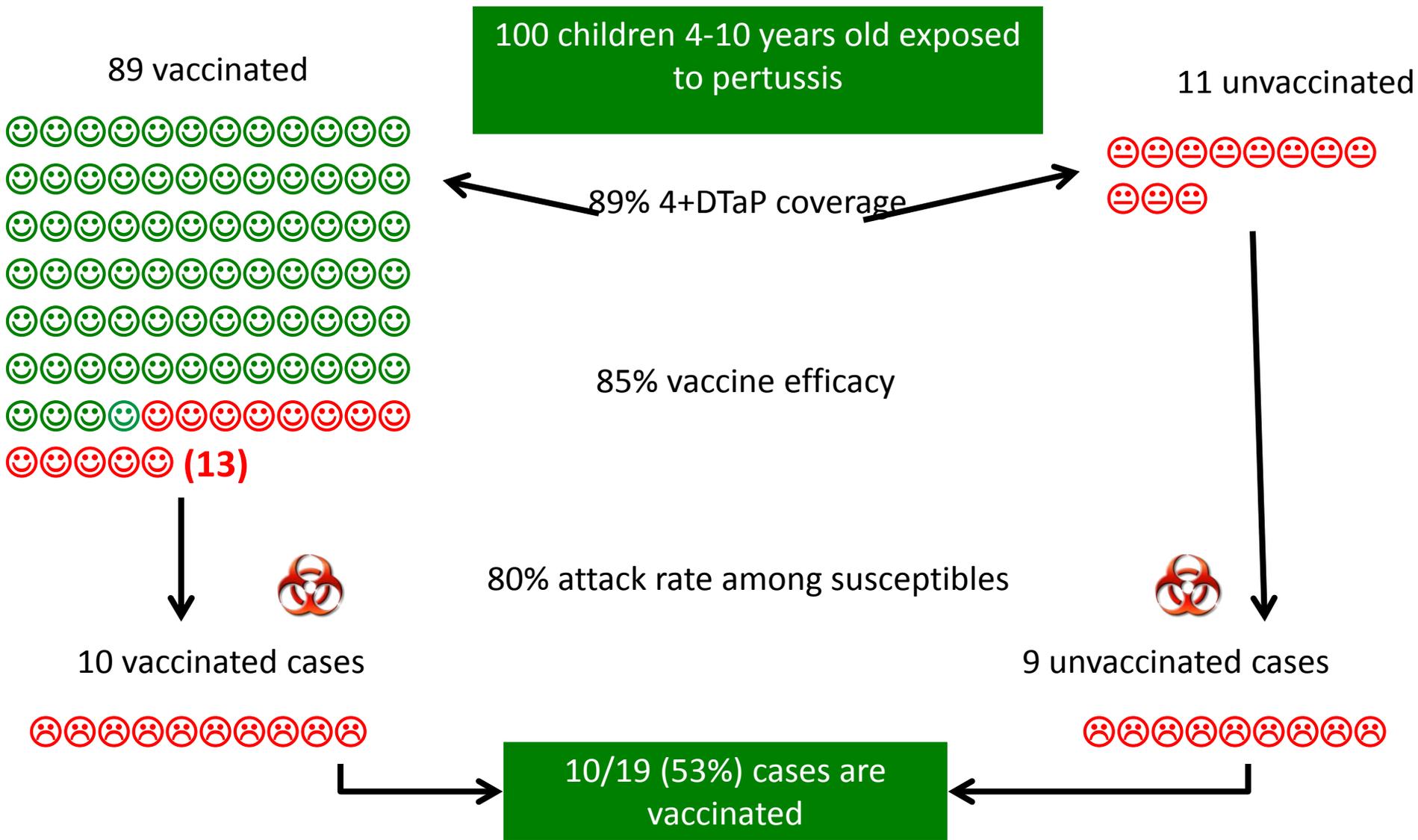
As of 9/20/2012

County	No.	Rate
Androscoggin	47	43.8
Aroostook	5	4.7
Cumberland	165	230.1
Franklin	1	0.4
Hancock	34	110.6
Kennebec	13	23.8
Knox	14	11.5
Lincoln	2	5.0
Oxford	27	78.9
Penobscot	50	86.7
Piscataquis	8	5.2
Sagadahoc	5	28.7
Somerset	95	269.8
Waldo	8	15.4
Washington	2	5.2
York	43	131.8
Total	519	39.1

Why the Rise in Pertussis?

- Cyclical pattern of incidence (periodic epidemics every 3-5 yrs, frequent outbreaks)
- Acellular vaccines, recommended in U.S. in 1992 for 4th/5th doses and the entire series in 1996, are less reactogenic but less effective than whole cell vax
- Waning immunity in adolescents and adults
 - More rapid waning with acellular vaccines?
- Unrecognized infection facilitates spread
- Vaccine refusal
- Vaccination barriers for adolescents and adults
- Genetic changes in *B. pertussis*?

Why are so many cases vaccinated?





Why are so many cases vaccinated?

100 adolescents exposed to pertussis

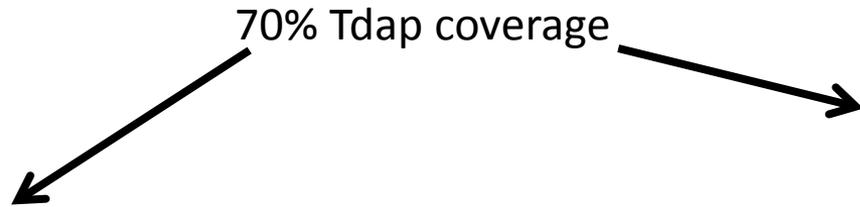
70 Vaccinated



(22)



30 Unvaccinated



80% attack rate among susceptibles



18 vaccinated cases



24 unvaccinated cases



18/42 (43%) cases are vaccinated

Does not take waning immunity into account

Prevention

- Vaccination of susceptible persons is most important prevention strategy
 - Universal childhood vaccination with DTaP
 - Adolescent and adult vaccination with Tdap
- Cocooning immunization
- Rapid and timely diagnosis and treatment of those with disease to prevent spread



Vaccine Recommendations: DTaP

- Diphtheria and tetanus toxoid and acellular pertussis
- Universal vaccination of children ages 2, 4, 6, 15-18 mos and 4-6 yrs
- Accelerated schedule: 1st three doses given at 6, 10 and 14 weeks; 4th dose given 6-12 mos after 3rd dose; 5th dose at age 4-6 years

Vaccine Recommendations: Tdap

- Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis
- General recommendation - single dose routine use for:
 - Adolescents aged 11-18 yrs who have completed childhood series (preferably at 11-12 yr visit)
 - Adults aged 19 and older
- Timing: can be administered regardless of interval since last tetanus- or diphtheria-toxoid containing vaccine

Vaccine Recommendations: Tdap

- Children aged 7-10 years:
 - Those not fully vaccinated against pertussis and who have no contraindications should receive a single dose of Tdap
 - Those never vaccinated against tetanus, diphtheria, or pertussis or who have unknown vaccination status should receive a series of three vaccinations. The first dose should be Tdap.
- Healthcare Workers
 - Healthcare personnel, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not received one previously

Pertussis Vaccination during Pregnancy/Postpartum Period

- Pregnant women who were not vaccinated previously with Tdap should:
 - Receive Tdap during the 3rd trimester or late 2nd trimester (after 20 weeks gestation)
 - Receive Tdap immediately postpartum, if not given during pregnancy
- Cocooning: vaccination of immediate household contacts of infants so that they won't transmit pertussis to the baby

Recommendations/Best Practices

- **Vaccinate**, vaccinate, vaccinate
- Consider pertussis in patients with cough lasting ≥ 2 weeks or cough with paroxysms, whoop, or posttussive vomiting
- **Test** persons with clinically compatible illness
- **Treat** with appropriate abx and **exclude** from school, work, social activities **for 5 days**
- Provide **prophylaxis** for household and high risk contacts (e.g., infants, pregnant women, healthcare or childcare providers that care for infants)
- **Report** all cases of pertussis to Maine CDC 1-800-821-5821

This year, let's **STICK IT** to the flu.

Have you gotten
your flu shot yet?
It PROTECTS
you and those
around you.



Bankole,
Westbrook

Naomi and Nora,
Gorham

Adam,
South Portland

Nelida and Shawnee,
Windham

Tom,
Cape Elizabeth



Just dial 2-1-1 or visit
www.211maine.org
to find a free or low-cost
flu clinic near you.



2012 State Senate, State House, and County Commissioner Elections Affecting Cumberland County

Race	#	Place(s) in CC	Democrat	Republican	Green	Independent
Senate	6	Gorham, Scarborough, Westbrook	James Boyle	Ruth Summers		
Senate	7	Cape Elizabeth, Scarborough, South Portland	Rebecca Millett	Michael Wallace		
Senate	8	Portland	Justin Alfond		Asher Platts	
Senate	9	Portland, Westbrook	Anne Haskell	Kirsten Martin		
Senate	10	Brunswick, Freeport, Harpswell, Pownal	Stanley Gerzofsky	Ralph Dean		
Senate	11	Chebeague Island, Cumberland, Falmouth, Gray, Long Island, North Yarmouth, Yarmouth		Christopher Tyll		Richard Woodbury
Senate	12	Casco, Frye Island, Raymond, Standish, Windham		Gary Plummer		Martin Shuer
Senate	13	Baldwin, Bridgton, Harrison, Naples, Sebago	Dennise Whitley	James Hamper		
Senate	15	New Gloucester	John Cleveland	Lois Snowe-Mello		
House	63	Brunswick	Charles Priest	John Bouchard		
House	64	Harpswell	Jeremy Saxton	Kimberly Olsen		
House	65	Brunswick	Peter Kent	Jason Warnke		
House	66	Brunswick	Matthea Daughtry	Grant Connors	K. Frederick Horch	
House	98	Bridgton, Harrison	Lisa Villa	Roxanna Hagerman		
House	99	Baldwin, Sebago	Lee Goldsberry	Jonathan Kinney		Elihu Upham
House	101	Casco, Naples	Christine Powers	Laurie Mondville		
House	102	Standish	Michael Shaw	Todd Delaney	Michael Wakefield	
House	103	Frye Island, Raymond, Standish	Leslie Stephenson	Michael McClellan		
House	105	New Gloucester	Nichole Stevens	Eleanor Espling		
House	106	Freeport, Pownal	Sara Gideon	Jody James		
House	107	Yarmouth	Janice Cooper	Mark Hough		
House	108	Chebeague Island, Cumberland, Long Island, North Yarmouth	Stephen Moriarty	Joseph Kumizcza		
House	109	Gray, North Yarmouth, Pownal	Anne Graham	Susan Austin		
House	110	Gray, Windham	Ralph Johnston	Thomas Tyler		
House	111	Windham	Jane Pringle	Stuart Pennels		
House	112	Falmouth	Mary Nelson	John Jones		
House	113	Falmouth, Portland	Mark Dion	Jeffrey Langholtz		
House	114	Portland	Peter Stuckey	Eric Bleicken		
House	115	Portland	Erik Jorgensen		Seth Berner	
House	116	Portland	Denise Harlow			
House	117	Portland	Richard Farnsworth	Frederic Miller		
House	118	Portland	Matthew Moonen	Kevin Casey	Thomas MacMillan	
House	119	Portland	Herbert Adams	Gwendolyne Tuttle		Benjamin Chipman
House	120	Portland	Diane Russell	Davian Akers	Justine Lynn	
House	121	Cape Elizabeth	Kimberly Monaghan-Derrig	Nancy Thompson		
House	122	South Portland	Terry Morrison	Thomas Sarbanis		Christopher Kessler
House	123	Cape Elizabeth, South Portland	Scott Hamann	Kenneth Myrick		Roger Bishop
House	124	South Portland	Bryan Kaenrath	Kevin Battle		
House	125	Westbrook	Ann Peoples	Michael Lawson		
House	126	Westbrook	Andrew Gattine	Matthew Maloney		
House	127	Scarborough	Paul Aranson	Amy Volk		
House	128	Scarborough	Jean-Marie Caterina	Heather Sirocki		
House	129	Gorham	Andrew McLean	Jane Knapp		
House	130	Gorham	Linda Sanborn	Matthew Mattingly		
Comm.	3	Brunswick, Freeport, Gray, Harpswell, New Gloucester, North Yarmouth, Pownal		Stephen Gorden		Mark Grover
Comm.	4	Cape Elizabeth, Portland, South Portland, Westbrook	Thomas Coward			
Comm.	5	Portland	James Cloutier			

Incumbents are bolded and shaded.