

Prevent Infectious Disease

Activities to prevent the spread of infectious diseases that are spread person to person. Activities include policy development, system development, prevention, surveillance and control.

Outcomes and Activities

- Worked with Regional MDH Epidemiologist to assure adequate infectious disease management, monitoring and disaster response.
- Infectious diseases of concern in 2009 included :
 1. Continued Pertussis (whooping cough) outbreak in the Midwest, especially Central MN
 2. Increasing rates of Chlamydia, a sexually transmitted infection
 3. H1N1 influenza
- H1N1 influenza outbreak was first identified as swine flu in Mexico in April 2009. Our staff kept apprised of current scientific information about this unusual influenza which was gaining momentum worldwide in summer months. Information was disseminated to the health care system and our community partners through use of the Health Alert Network. The public was informed via local news media reports provided by the county public health departments.

Messages about hand washing, covering coughs, social distancing, stay home when sick, and how to care for an ill person, all provided effective tools for the public in decreasing the spread of H1N1 within our counties.

Our public health staff discussed with the health care providers the concept of 'flu centers' and explored a variety of options to operate a flu center, in the event H1N1 would become a severe illness and a separate clinic would be needed for those ill with H1N1. Medical clinics were very busy with persons ill with H1N1, but opening flu centers was not needed.

Antiviral medications were distributed by the PH departments to our pharmacies, for use by the under and uninsured. Our counties completed this distribution within 24 hours of receiving the antiviral medications.

Small amounts of H1N1 vaccine became available in Oct 2009, and our staff assured that the EMS responders and hospital staff providing direct cares were the first to be vaccinated. This influenza caused a higher than expected rate of severe disease in pregnant women and infants, children and young adults, so they were the next target groups for vaccination as supplies increased.

As the months passed, the local public health departments assisted with redistribution of H1N1 vaccine doses amongst health care providers and counties.

Schools were supported with information from the local public health contact staff, and vaccination clinics conducted. Public Health was supported by schools with quick distribution of information sent home with students.

County public health departments worked with their county emergency managers, and set up National Incident Management System roles within the public health department for an organized approach to this pandemic. Ongoing work is being done as this virus continues to circulate.

- Vaccines now available to public health in 2009 through MNVAC are Gardasil for males, and H1N1. Vaccine shortages in 2009 were ActHib and MMRV.
- In our CHIC NE regional immunization collaborative, 100% of medical clinics, all the 18 public health agencies and all the 6 tribal groups in the region are now inputting immunization data to the state immunization software called MIIC.

This made it possible to have all H1N1 vaccinations documented in MIIC. This provided for communication between health care providers for the children needing 2 doses who may have received vaccine from different providers for each dose.

- Public Health continues to work with medical clinics to assure reporting of infectious diseases, and to provide education on immunization practices and vaccine handling.
- Our local Public Health offices monitored supply and distribution of seasonal influenza vaccine to assure that special populations at greatest risk of complications from influenza received vaccine.