

Metropolitan Board of Health of Nashville and Davidson County July 11, 2019 Meeting Minutes

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington at 4:00 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville, TN 37209.

Present

Carol Etherington, MSN, RN, Chair
Thomas Campbell, MD, Member
Tené H. Franklin, MS, Member
Margreete Johnston, MD, MPH, Member
Sanmi Areola, PhD, Deputy Director
Jim Diamond, MBA, Director, Finance and Administration Bureau
Rachel Franklin, MBA, Interim Director, Communicable Disease and Public Health Emergency Preparedness Bureau
Alex Dickerson, JD, Metropolitan Department of Law

Director's Report

Dr. Areola referred to Dr. Long's update provided in the Board packet (Attachment I). Dr. Long was attending the National Association of City and County Health Officials' Annual Conference in Orlando, FL.

Dr. Areola also provided brief update on the process of Accreditation and advised that the Public Health Accreditation Board Site Visit would occur September 18-19.

Notifiable Disease Update

Rachel Franklin presented an overview of the Notifiable Disease program's processes in investigating foodborne outbreaks (Attachments II & III).

Approval of Grant Applications

There were no grants applications.

Approval of Grants and Contracts

Jim Diamond presented 12 items for approval.

- 1. Contract with Neighborhood Health - Homeless Healthcare**
Term: July 1, 2019-June 30, 2020
Amount: \$355,200
- 2. Endowment Grant from the Tennessee Department of Health – Grant in Aid**
Term: July 1, 2019-June 30, 2020
Amount: \$725,200
- 3. Grant from the Tennessee Department of Health – HIV, STD & Viral Hepatitis Amendment #1**
Term: January 1, 2019-December 31, 2019
Amount: NA
- 4. Grant from MPHD to the Mental Health Cooperative's Mental Health Crisis Treatment Center**
Term: July 1, 2019-June 30, 2020
Amount: \$440,400
- 5. Grant from MPHD to the Best Friends Animal Society – Safe Coalition**
Term: July 1, 2019-June 30, 2020
Amount: \$100,000
- 6. A Community Partnership Fund Grant from MPHD to the Oasis Center – Urban Cycling Project**
Term: July 1, 2019-June 30, 2020
Amount: \$50,000

- 7. A Community Partnership Fund Grant from MPHD to the Nashville Food Project- Mill Ridge Community Farm Project**
Term: July 1, 2019-June 30, 2020
Amount: \$50,000
- 8. A Community Partnership Fund Grant from MPHD to Trevecca Nazarene University – TreeCycle Project**
Term: July 1, 2019- June 30, 2020
Amount: \$50,000
- 9. A Community Partnership Fund Grant from MPHD to Martha O’Bryan Center – Healthy Families Forward Project**
Term: July 1, 2019- June 30, 2020
Amount: \$25,000
- 10. A Community Partnership Fund Grant from MPHD to Siloam Health – Advancing Health Equity in Nashville’s Immigrant and Refugee Populations Project**
Term: July 1, 2019- June 30, 2020
Amount: \$25,000
- 11. Contract with the Department of Human Services – Childcare Agency Immunization Audits**
Term: October 1, 2019-September 30, 2020
Amount: \$28,300
- 12. Grant from Friends of MACC – Metro Animal Care and Control’s Safety Net, Spay/Neuter and Emergency Medical Fund**
Term: July 1, 2019-completion
Amount: \$30,500

Dr. Johnston made a motion to approve the grants and contracts as presented. Dr. Campbell seconded the motion, which passed unanimously.

Dr. Johnston requested additional information on item 7.

Approval of the June 13, 2019 Meeting Minutes

Dr. Campbell made a motion to approve the minutes of the June 13, 2019 Board of Health meeting as written. Dr. Johnston seconded the motion, which passed unanimously.

Report of the Chair

Chair Etherington noted that the item regarding the Immunization Resolution had been published in *The Tennessean* recently.

Chair Etherington also noted that several staff had been featured in media interviews.

Chair Etherington offered congratulations to Dr. Michelle Pardue, who had recently been promoted to Community Health bureau director.

Review of Board Requests

Ms. Franklin asked to be informed if Dr. Long has had conversation with Mayor Briley regarding the recent power failure at Woodbine.

An overview of the process for identifying Community Partnership Fund grantees will be presented at the October 10, 2019 regular meeting. Information about the location and ownership of the Mill Ridge property referenced in the Grants and Contracts Summary item #7 will be provided prior to the meeting.

CIVIL SERVICE BOARD

Personnel Changes

Jim Diamond presented the Personnel Changes. He noted that two of the three employees who had been on the Layoff List the Board approved at the May 9 Board meeting had activated their service pension, and the other had been placed in a position which resulted in a promotion.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, August 8, 2019, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 4:54 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

Director's Update to the Board of Health July, 2019

Protecting Health – Preventing the Spread of Infectious Disease

Danny Ripley, EHS with the Food and Public Facilities division, gave a presentation entitled “Kick Starting Foodborne Outbreak Investigations” at the National Environmental Health Association Annual Educational Conference yesterday. The focus of the presentation was the investigation into a salmonella outbreak at Milk and Honey restaurant that led to the discovery of contaminated eggs from Gravel Ridge Farms in Alabama. The investigation was a collaborative effort involving MPHD, TDH, Tennessee Department of Agriculture, USDA, and FDA.

Improving Health - Services to Individuals & Families

Back to School Immunizations

We are currently planning for back-to-school season at our preventive health clinics. East, Lentz and Woodbine will all add extended hours to accommodate students who need immunizations before beginning or returning to school. Students enrolling in MNPS must show documentation of vaccination prior to starting kindergarten and before entering the 7th grade.

Improving Health – Community Partnerships

In your Grants and Contracts packet you will see the second year of the Community Partnership Fund grants that move through this department. The Mayor's office began this process last fiscal year to build some structure and strategic focus around the money Metro provides to local non-profit organizations, to try to ensure they aligned with various plans of work. The CPF fund totals \$1 million, with \$200,000 allotted through MPHD. All the grants are for one year and are directed to policy, systems and environmental change. They are managed by Dr. Areola and Dr. Larson.

This year's recipients are:

1. The Oasis Center for a project focused on creating a safe, off-road space for bicycling in North Nashville (\$50,000).
2. The Nashville Food Project for activities at the Mill Ridge Community Farm to allow sustainable community farming and training (\$50,000).
3. Trevecca Nazarene University to fund its Treecycle Project, which seeks to engage teens in the Chestnut Hill, Napier and Sudekum neighborhoods by teaching them to plant gardens and trees and providing them with bicycles for local travel.
4. Martha O'Bryan Center grant for its Healthy Families Forward Project, which seeks to train, implement and disseminate family-centered coaching to MBOC employees, partners and providers.
5. Siloam Health grant for its Advancing Health Equity in Nashville's Immigrant and Refugee Populations Project. The project will expand the community health workers' reach to immigrants and refugees to work toward equal access and quality of care for all.

Organizational Updates

Accreditation

For many of us the last month has seen an intense focus on our document submissions to the Public Health Accreditation Board, which were due last Friday. We previously had received comments from the

site visitors, who will be here in mid-September, about our initial document submission in November. Some of the issues were readily fixed (we had misnamed a document, for instance, or filed one twice) while others pushed us back to square one if we had misinterpreted the requirements and submitted documents that did not answer the question. I appreciate the efforts of everyone who pushed this to the top of their priority list over the past few weeks to respond to as much of the feedback as possible over a short time.

Woodbine

A power outage at Woodbine last month caused the loss of a substantial amount of vaccine. As a result, the entire department is on “vaccination probation” from our contract monitors at TDH for six months, meaning we have to submit additional reports; however, due to our excellent track record we are not being discouraged from doing any mobile vaccination clinics such as for hepatitis A.

The storms, abetted by a leaky roof, also damaged workstations.



Photo by Laura Varnier

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

IMPORTANT NOTES FOR THE BASIC DATA MATRIX**Introduction to the Basic Matrix:**

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

Tracking by Species and Age:

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

Determining Age:

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf or contact the National Federation of Humane Societies for a copy of the document.

Beginning and Ending Shelter Counts:

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

Defining Owner Requested Euthanasia:

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as "at the request of the owner", or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of "owner requested" euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

Live Admissions Only

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

What is Possession?

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

Where are the "Others"?

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

Why a Basic Matrix?

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

Species By Age	Canine		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 06/01/2019)	91	7	53	48	199
Intake					
Stray at large	227	36	45	185	493
Relinquished by owner	52	16	30	9	107
Owner requested euthanasia	4	0	2	0	6
Transferred in from agency	1	1	0	0	2
Other Intakes	16	0	4	13	33
TOTAL INTAKE	300	53	81	207	641
Outcomes					
Adoption	113	24	31	88	256
Returned to owner	85	2	4	8	99
Transferred to another agency	46	12	26	54	138
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	244	38	61	150	493
Died in care	0	1	0	1	2
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	27	1	11	16	55
Owner requested euthanasia	2	0	2	0	4
TOTAL OUTCOMES	273	40	74	167	554
Ending Shelter Count (date: 10/31/2018)	99	8	54	64	225
SAVE RATE:	90.94%	96.23%	86.08%	91.79%	91.05%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

	June 2019	Trailing 12 Month Average Ending June 30, 2019
Intake Total	699	570
Stray	502	329
Owner Surrender	113	122
Owner Request Euthanasia	6	16
Wildlife	42	39
Other	16	26
Adopted	273	247
Transfer	150	106
RTO	100	105
ORE Euthanized	4	15
Wildlife Euthanized	35	28
Euthanasia Total	102	90
Euthanasia %	8%	9%

Data Report Key
Intakes
Outcomes

Notifiable Disease Program

Board of Health Meeting

July 11, 2019

Rachel Franklin, MBA, AEMT, CHEP



Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Prompt reporting and investigation of a communicable disease can allow public health officials to locate and treat exposed persons, identify and contain outbreaks, and interrupt disease transmission.

**The MPHD Communicable Disease and
Emergency Preparedness (CDEP) Bureau
investigates reportable diseases.**

Investigation Assignments

STD Outreach  Sexually transmitted diseases

Immunizations  Vaccine-Preventable diseases

TB Elimination  TB infection and disease

Notifiable Disease  EVERYTHING ELSE!

Completed Investigations* (2018)

- Enteric/Foodborne Illnesses – 203
- Vectorborne Illnesses – 146
- Invasive Illnesses - 53
- Outbreaks – 15

*Does not include “Not a Case”; Confirmed, probable or suspect only

Outbreak Investigation Process

Notifiable Disease

Environmental Health

+

Epidemiology

A GREAT TEAM!

Investigation Timeline

- August 9, 2018
 - Case 1 was reported via the foodborne complaint system and interviewed
- August 10, 2018
 - Cases 2-4 were reported (unrelated to Case 1)
 - Epidemiologic link between a common restaurant and foods identified
 - Interviews were conducted for cases 2-4; clinical specimens collected
 - Environmental assessment was conducted at the restaurant
- August 15, 2018
 - *Salmonella* Enteritidis confirmed via TN State Lab
 - MPH D epidemiologist received a contact list from the owner of the restaurant of patrons who reported illness
 - Interviews began with additional patrons who reported eating at the restaurant on August 3-4, 2018

Environmental Assessment Results

- Identified common food through investigation/interview process:
short rib gnocchi
 - Gnocchi rolls that included raw egg were not being adequately cooked to destroy pathogens
 - Portions of raw gnocchi were cooked to 130°F, a cook-kill temp., well below the recommended 165°F to kill foodborne pathogens
 - Invoices collected traced eggs back to a local farm in Alabama that distributes locally sourced, cage-free eggs to restaurants and retail locations in TN, AL and GA.
- Contributing Factors
 - Lack of management oversight (boiling gnocchi did not take place)
 - Lack of employee training to include verifying final cook temps

Epidemiology

- A total of 40 patrons were interviewed
 - 12 confirmed cases
 - 14 probable
 - 14 controls
- Of the 26 cases who reported illness, 19 sought medical attention and five were hospitalized
- All confirmed and probable cases reported exposure to the short rib gnocchi
 - Ordering and consuming the dish
 - Sampling one bite of the dish from another patron's order
 - Using the same utensils as someone who ordered and cut into the dish
- Odds Ratio: 91.67

Public Health Impact

- Implement control measures
 - MPHD recommendation that the short rib gnocchi be temporarily removed from the menu
 - Management and employee training
- Provide evidence to federal partners (FDA) to initiate an investigation into the egg farm
 - Eggs and environmental samples from the farm returned positive results for *Salmonella* Enteritidis
 - Genetically related to the *Salmonella* isolated from the patrons' clinical specimens
 - Farm voluntarily recalled its cage-free large eggs (650,000)
 - Public announcement
 - Depopulation of 15,000 chickens
 - Operations suspended until compliance with FDA Egg Rule

Short Rib Gnocchi



Thank You!

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Metro Public Health Dept
Nashville / Davidson County

Protecting, Improving, and Sustaining Health

2018 List of Reportable Diseases in Tennessee

For Healthcare Providers

Attachment III

The diseases, events, and conditions reportable to Tennessee Department of Health (TDH) by healthcare providers are listed below for 2018. Laboratories in healthcare facilities should refer to Page 2 of this document. The reporting form (PH-1600) and associated documentation may be faxed directly to the local or regional health office (see <https://www.tn.gov/health/health-program-areas/localdepartments.html>) or the Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division at (615) 741-3857. The PH-1600 also is available for completion online at <https://redcap.health.tn.gov/redcap/surveys/?s=XTJTN4MD3D>. More information about reporting is available on the Reportable Diseases website at <https://apps.health.tn.gov/ReportableDiseases>. For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006.

Disease Outbreaks (e.g., foodborne, healthcare-associated, waterborne) !

Anaplasmosis
 Anthrax !
 Babesiosis
 Birth Defects 
 Botulism: Foodborne !, Wound !
 Botulism: Infant
 Brucellosis 
 California/LaCrosse Serogroup Virus Infection
 Campylobacteriosis
Candida auris (includes rule-out) 
 Carbapenem-Resistant *Enterobacteriaceae*, (all genera)
 Carbon Monoxide Poisoning
 Chagas Disease
 Chikungunya 
 Chlamydia
 Cholera
 Colistin-Resistant (Plasmid-Mediated) Gram Negative Bacteria 
 Congenital Rubella Syndrome 
 Cryptosporidiosis
 Cyclosporiasis
 Dengue
 Diphtheria 
 Ehrlichiosis (including *E. chaffeensis* and *E. ewingii*)
 Equine Encephalitis Viruses: Eastern , Venezuelan , Western
 Gonorrhea
 Group A Streptococcal Invasive Disease (*Streptococcus pyogenes*) 
 Group B Streptococcal Invasive Disease (*Streptococcus agalactiae*)
Haemophilus influenzae Invasive Disease 

Hansen's Disease (Leprosy)
 Healthcare Associated Infections: 
 Catheter-Associated Urinary Tract Infections
 Central Line Associated Bloodstream Infections
Clostridium difficile
 Dialysis Events
 Healthcare Personnel Influenza Vaccination
 Methicillin-Resistant *Staphylococcus aureus*
 Surgical Site Infections
 Ventilator Associated Events
 Hemolytic Uremic Syndrome
 Hepatitis, Viral- Type A 
 Hepatitis, Viral- Type B: Acute
 Hepatitis, Viral- Type B: Perinatal (age ≤24 months), Pregnant Female (each pregnancy)
 Hepatitis, Viral- Type C: Acute
 Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
 Influenza-Associated Deaths: Age <18 Years, Pregnancy-Associated 
 Influenza A: Novel !
 Lead Levels 
 Legionellosis
 Listeriosis
 Lyme Disease
 Malaria
 Measles !
 Meningitis: Other Bacterial 
 Meningococcal Disease (*Neisseria meningitidis*) !
 Middle East Respiratory Syndrome !
 Mumps 
 Neonatal Abstinence Syndrome 
 Nontuberculous *Mycobacteria* Infection (extra-pulmonary only)
 Pertussis 
 Plague 

Poliomyelitis 
 Psittacosis
 Q Fever 
 Rabies: Animal, Human !
 Ricin Poisoning !
 Rubella 
 St. Louis Encephalitis Virus Infection
 Salmonellosis: Typhoid Fever 
 Salmonellosis: All other species
 Shiga toxin-producing *Escherichia coli*
 Shigellosis
 Smallpox !
 Spotted Fever Rickettsiosis
Staphylococcus aureus: Enterotoxin B
 Pulmonary Poisoning !
Staphylococcus aureus: Vancomycin Non-Sensitive (All Forms) 
Streptococcus pneumoniae Invasive Disease
 Syphilis: Congenital 
 Syphilis: Other
 Tetanus
 Toxic Shock Syndrome: Staphylococcal, Streptococcal
 Tuberculosis, infection ("latent")*
 Tuberculosis, suspected or confirmed active disease 
 Tularemia 
 Vancomycin-Resistant Enterococcus Invasive Disease
 Varicella Deaths
 Vibriosis
 Viral Hemorrhagic Fever !
 West Nile Virus Infection: Encephalitis, Fever
 Yellow Fever 
 Yersiniosis
 Zika Virus Disease/Infection 

* Healthcare providers should only report "Tuberculosis, infection" (formerly, "latent" TBI) for a positive tuberculin skin test (TST) for any child or adolescent < 18 years of age, or a positive interferon-gamma release assay (IGRA) for a patient of any age. Refer to the PH-1600 for additional directions on how to report.

Regular Reporting:

PH-1600 only in 1 week (all diseases for Regular Reporting)



Phone immediately + PH-1600 in 1 week



Phone next business day to + PH-1600 in 1 week

Special Reporting:



All blood lead test results must be reported electronically or via fax. For more information, refer to <https://www.tn.gov/health/health-program-areas/mch-lead-for-providers.html> or email UT Extension at leadtrk@utk.edu for assistance.



Report in 30 days. For more information, see <https://www.tn.gov/health/cedep/hai.html>.



Neonatal Abstinence Syndrome in 1 month at <https://www.tn.gov/health/nas.html>
 Birth Defects in 1 week at <https://tdhrc.health.tn.gov/redcap/surveys/?s=TDEYPYCHET>