

Gallatin County Unified Health Command Meeting Minutes

May 14, 2009

8:00 – 9:00 am

Sapphire Room

Bozeman Deaconess Hospital

Introductions

Mike Layman (Belgrade Urgent Care), Mark Winton, Steph Nelson, Tim Roark, Sid Williamson, Jim Feist, Buck Taylor, Betty Kalakay, Leslie Teachout, Ita Killeen, Pam Shrauger, Patrick Lonergan, Kevin Stickler, Sean Grabbe, Vickie Groeneweg

Review prior minutes

- April 9, 2009
- April 29, 2009

Updates

• H1N1 Update

A DPHHS HAN Update regarding changes in lab testing and Interim Guidelines for Antiviral Drug Use for Influenza Infection were passed out. Answers to questions posed to the state by infectious disease doctors regarding the local cache of state-owned Tamiflu (574 courses are available to Gallatin County); 90% is allocated for community-based distribution and 10% to hospital in-house care. Steph N. suggested that once the question, “For Health Department’s without pharmacies, are there problems with dispensing laws and rules?” is answered the infectious disease doctors could meet again to discuss. Meet next week? Private supply is available at this time.

• MPI Progress Report

Pam reported that some doctors, Central Valley Fire and AMR met and discussed the issues that were slowing the plan’s progress. Ironed out the different views and consensus was achieved on operations for short-term MPI incidents. Draft plan will be put together, reviewed in group and then sent to UHC.

Agency Updates:

Bozeman Deaconess Hospital

Winton discussed that a plan was in place for handling ill patients. The second tier of this plan is to separate the sick from the rest by using a separate room, but no need to implement this tier yet.

Sid discussed that Influenza A is not responding to Tamiflu. So give to prevent H1N1?

Leslie discussed that more masks were ordered.

Feist mentioned the phone calls increased whenever there is an article in the paper about H1N1 and appreciates the handouts and current communication.

DES

Kevin reported from the pre-hospital aspect that there has been no influx of calls and fitted masks are well stocked.

Pat noted that faxed information is hard to forward so he appreciates emailed information.

Sean has masks and noted that dispatch is vigilant about capturing symptoms as emergency staff is being sent out.

Gallatin City County Health Department

Steph N. reported that she met with the superintendents of schools and elected officials of Gallatin County. GCCHD is working on communication – filtering what is coming in and streamlining the communication/distribution to the field.

Surveillance has decreased from daily; free testing is no longer available; the focus is on hospitalized patients. GCCHD will continue to distribute information and work on the Tamiflu cache for treatment of ill persons. How will we know when local Tamiflu supply dries up? Steph N. noted someone is tracking (Mike Bertagnolli) and Dr. Winton will work on a communication procedure. Tamiflu costs \$92, which is cost prohibitive for some. A treatment recommendation is for seriously ill or high-risk factor persons. See handout.

MSU

Most of the students are gone and now summer school. MSU appreciates the communication from GCCHD.

Belgrade Urgent Care

Mike discussed that Belgrade Urgent Care is staying aware of influenza and the appropriateness of testing, exploring how to handle sick patients, and how to get Tamiflu for patients who cannot afford. Steph N. will facilitate an opportunity to discuss the role of the urgent cares in a communicable disease event.

Pam added that other things to consider besides exploring roles and responsibilities during a pandemic is a pandemic call center for communicating with those sick at home and delivering necessities to those sick at home.

H1N1 Treatment

Dr. Winton discussed the timeframe of influenza illness to treatment, treatment strategies, and the availability of Tamiflu and Relenza that is recommended for H1N1 treatment. Dr. Layman added that H1N1 responds quickly to Tamiflu and Tamiflu is a good treatment for influenza B.

H1N1 Communication

Are the hospitalists getting the emails or faxes? Leslie will work on this. She will ensure that the information is posted in their office. They are a new group.

Kevin asked if something is extremely urgent to please mark as appropriate. SN noted this is being discussed. The group continued to discuss the need to highlight what has changed from the last communication. Perhaps an assignment of a person to read all incoming communications and identify what has changed.

Buck asked if the status is hyper vigilant mode or waning? Steph N. discussed being under public health emergency directive and the WHO pandemic alert is at level 5. Vaccine started for H1N1 and decision about mixing trivalent is unknown. Currently, things are calming down.

Steph N. talked with school principals about their plans, if any, to isolate children in the school. With one nurse per district, it is difficult.

Tim noted CAN (Communication Advisory Network) to get the word out.

The group discussed approaching a provider in the community about being a sentinel site. The state lab would work closely with the provider. This is a way to pickup influenza early on. Dr. Layman would be open to the idea. To be discussed.

Next Steps

The technical committee will meet about the Tamiflu cache questions. Currently the committee is waiting for a contact from the state board of pharmacy.

Pull in urgent cares and hospital emergency room regarding how to utilize in an event.