



Department of
Public Health

CITY OF PHILADELPHIA

**CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
MEETING OF THE BOARD OF HEALTH**

Thursday, January 11, 2018

The Philadelphia Board of Health held a public meeting on Thursday, January 11, 2018 in the Municipal Services Building, 1401 J.F.K. Boulevard, 14th Floor, Room 1450.

Board Members Present: Tyra Bryant-Stephens, MD; Ana Diez-Roux, MD, PHD, MPH; Thomas Farley, MD, MPH; Marla J. Gold, MD; Jennifer Ibrahim, PhD; John Rich, MD, MPH.

Attendees: Steven Alles, Raynard Washington, Susan Coffin, Caroline Johnson, Jeffrey Hom, Josh Roper, Lauren Ryder.

WELCOME AND INTRODUCTIONS:

Health Commissioner and Board President Thomas A. Farley, MD, MPH called the meeting to order at 4:38 PM, welcoming the Board and guests. Dr. Farley asked for comments and questions on the minutes from the December 2017 Board meeting. Hearing none, he entertained a motion to approve the minutes as submitted. It was moved and seconded. **Motion passed.**

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN

Dr. Farley presented the following key points in the revised Strategic Plan for 2018-2021:

Background: using the premature mortality indicator, Philadelphia is ranked least healthy of the 10 major cities in the US. This is most likely linked to the poverty rate.

The following factors were considered in planning objectives for the Strategic Plan:

Biggest health problems based on mortality statistics in Philadelphia

- Chronic Diseases (heart diseases, lung cancer, stroke)
- Poisonings (increase due to the opioid epidemic)
- Unintentional Injuries

Risk factors attributed to death in Philadelphia

- Smoking causes more than 3500 death per year
- Drug Overdose
- Physical Inactivity & Unhealthy Diet
- Air Pollution

- Alcohol
- Homicides

Five objectives of the Strategic Plan for 2018-2021

1. Infectious Disease Control

- Increase annual influenza immunization coverage rates for children
- Improve emergency preparedness
- Increase hepatitis C treatment
 - Surge in hepatitis C in the younger population is most likely due to injection drug use of opioids

2. Physical Environment

- Establish the Philadelphia Air Quality Survey to identify sources of pollution
- Reduce air pollution levels
- Reduce childhood asthma through home-based services
- Reduce the number of children exposed to lead

3. Health Behaviors

- Reduce smoking prevalence
- Stop increase in adult obesity and decrease obesity in public school children
- Reduce annual opioid overdose death
- Stop the rapid increase of infectious syphilis
- Decrease new HIV diagnosis

4. Clinical Care

- Improve city-wide primary care, identify areas that are poorly served
- Focus on hypertension care
- Certify eight health center as Patient Centered Medical Homes

5. Social Determinants

- Improve and expand home visiting programs for at risk infants
- Implement child health plan, A Running Start – Health’s Safe Sleep campaign

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Raynard Washington presented an overview of the Community Health Improvement Plan (CHIP), which is occurring in tandem with the Strategic Plan, facilitated by the Health Department, vetted and implemented with 100+ community partners.

Highlights:

- Current plan expires in June. New plan should be in place by then.
- List of 10 – 11 priority topic areas were created. This list is similar to the Strategic Plan.
- Goal: come up with 2 or 3 focused topics for the next 3 to 4 years
- Lessons learned from the last iteration: Broad objectives were hard to accomplish with limited resources. Create a short list of tangible objectives that can be accomplished given the restrictions on resources.

MULTIDRUG RESISTANT ORGANISMS REGULATION

Dr. Susan Coffin and Dr. Steven Alles presented an overview of four multi-drug resistant organisms and proposal for mandatory reporting for these diseases Philadelphia.

Notable: 20,000 people die in this country annually because of an infection due to resistant organism. The most vulnerable hospital patients are the ones affected most intensely by these infections. These infections are causing huge excessive hospital expenses. There is a large gap between the rates of rise of infections and the development of antibiotics.

Carbapenem-resistant Enterobacteriaceae (CRE)

- Most common and most potent causes of hospital infections
- Resistant to the most strong and broad antibiotics
- The rate of rise of the resistance to this class of antibiotics is growing exponentially
- Resistance mechanisms (plasmids) drive easy spread
- 49 States have reported problems with the CRE

Pan-Drug Resistant Organisms

- Resistant to all antibiotics tested
- These bacteria are uncommon in the community but very common in some hospital facilities
- Many completely untreatable
- Few retain susceptibility to “retired” antibiotics.

Candida Auris: a resistant fungus

- These fungus are uncommon in the community but very common in hospital facilities
- Difficult to eliminate from healthcare environment using traditional disinfectants
- Majority of isolates are resistant to multiple classes of antifungal antimicrobials
- High case fatality rate
- PA has not detected infections

How mandatory reporting will help:

1. Enhanced Prevention
2. Develop relationship with facilities to help them assess infection prevention gaps, provide infection control training and expanded surveillance
3. Inter-facility notifications, improve the network of communications between healthcare facilities, for example transfer of nursing home patients to hospitals
4. Reduced Burden
5. Five states have demonstrated the benefits of reporting infections when a government entity coordinates a regional approach
6. Slow emergence of resistant bacteria and prevent spread
7. Strengthen National surveillance efforts

8. Advance diagnostic testing capacity
9. Develop new antibiotics
10. Improve international collaboration

Dr. Farley motioned to approve Carbapenem-resistant Enterobacteriaceae (CRE), Candida Auris and Pan-Drug Resistant Organisms as part of the Amendments to Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions: Pan Drug-Resistant Organisms. Motion seconded. **Motion passed.**

WATER QUALITY REGULATION

Dr. Caroline Johnson presented an overview of the Regulation Relating to Water Quality Requirements for Structures in Group E Occupancy and Certain Day Care Facilities. Her presentation focused on the ordinance that requires schools and daycare facilities that serve more than 13 children to test water supplies for lead at every water tap that is used for drinking.

Last year, City Council passed three ordinances regarding water quality and lead.

1. Lead levels should test at 10 parts per billion (ppb) or less
2. Centers must conduct lead level testing at least once every 5 years
3. If the lead level is above 10 ppb, schools and childcare centers must do the following:
 - Take the tap out of service
 - Correct and report the issue to the Health Department
 - Send public notifications to the students

The Health Department created regulations based on the requirements of the approved City ordinance and will oversee testing and results.

Dr. Farley motioned to approve the Regulation Relating to Water Quality Requirements for Structures in Group E Occupancy and Certain Day Care Facilities. Motion seconded. **Motion passed.**

ANNOUCEMENTS

None

Dr. Farley adjourned the meeting at 7:03pm.

