

STATE HEALTH COUNCIL

October 16, 2020

A special meeting of the State Health Council was called to order by Chairman Duane Pool at 1:00 p.m. on Friday, October 16, 2020 via teleconference.

Members present:

Duane Pool, Bismarck, Chairman (*teleconference*)
Dennis Wolf, Dickinson, Vice Chairman (*teleconference*)
Darrold Bertsch, Beulah, Secretary (*teleconference*)
James Brosseau, Grand Forks (*teleconference*)
Genny Dienstmann, Bismarck (*teleconference*)
Tyler Lannoye, Churchs Ferry (*teleconference*)
Kristin Roers, Fargo (*teleconference*)
Torey Sayler, Bismarck (*teleconference*)

Members absent:

Mike Fedorchak, Bismarck

Staff members present:

Dirk Wilke, Interim State Health Officer (*teleconference*)
Tara Brandner, Assistant Attorney General (*teleconference*)
Nicole Brunelle, Research & Response Section (*teleconference*)
Kirby Kruger, Disease Control & Forensic Pathology Section (*teleconference*)
Grace Njau, Office of the State Epidemiologist Section (*teleconference*)
Tracy Miller, North Dakota State Epidemiologist (*teleconference*)
Tim Wiedrich, Health Resources & Response Section (*teleconference*)
Kim Mertz, Healthy & Safe Communities Section (*teleconference*)
Dr. Joshua Wynne, North Dakota's Chief Health Strategist (*teleconference*)
Pamela Thompson, Recording Secretary (*teleconference*)

Role & Responsibility of the State Health Council

Tara Brandner, Assistant Attorney General with the Office of the Attorney General who is assigned to the North Dakota Department of Health (NDDoH) as their general council discussed the roles & responsibilities of the State Health Council as defined by North Dakota Century Code Chapter 23-01 and answered their questions.

At the previous meeting, Ms. Brandner provided an overview of the statutory requirements that outlined the roles and responsibilities of the State Health Council. The majority of the State Health Council statutory requirements or obligations relate to the implementation of the administrative rules as to how NDDoH will operate.

Updates on testing and how testing is currently designed to inform COVID response strategies

Nicole Brunelle, Chief Nursing Officer with the Research & Response Section within the NDDoH gave updates on testing and how testing is currently designed to inform COVID response strategies and answered their questions.

NDDoH testing consists of: 1) Community outreach with static mobile testing events including local public health, tribal, homeless and frontline businesses; 2) Congregate living which includes long-term care facilities, corrections, group homes, and universities/colleges; and 3) Diagnostic Testing which includes hospitals, critical access hospitals, clinics, and federally qualified health centers.

NDDoH testing strategies are in collaboration with the following: 1) Disease control/epidemiology help identify community outbreaks and causes and smart restart county levels (positivity rates); 2) VP3 Team/Long-Term Care Association help identify facility outbreaks and prioritization (residents and staff); 3) State public health lab with lab capacity and new testing capabilities; and 4) Local public health (8 regional leads) help with identifying community's testing needs based off reported hot spots and LPH community knowledge.

Updates on contact tracing and how these inform COVID response strategies

Kirby Kruger, Chief of Disease Control and Forensic Pathology Section within the NDDoH gave updates on contact tracing and how these inform COVID response strategies and answered their questions.

NDDoH's team of contact tracers include some individuals directly employed by NDDoH and others who are employed with contracts. There is a program manager that oversees all the COVID activity in conjunction with NDDoH regular staff. There are sixteen case managers split within eight regions in the state of North Dakota. A team of health care associated infection experts are responsible to reaching out to the healthcare facilities and long-term care facilities when they have identified cases and providing guidance to those facilities. NDDoH also has a team of subject matter experts which includes eight full time or part time individuals that help work with businesses, K-12 schools, universities, travel related cases and homeless individuals within shelters. Actual case workers that are on the front line doing the work are 163 employees that NDDoH has hired directly. The NDDoH has contracts with UND (82 individuals but want to be at 109 individuals), NDSU (49 individuals), Minot State University (15 individuals), and a private company called Rose International (10 individuals). Seventeen individuals within the NDDoH that work on the school team that help schools when they have cases and contact tracing within the school system. Local public health especially in Cass County and Grand Forks County have continued to do their own case investigation and contact tracing. The smaller health units do help with case investigation and contact tracing as they have time. The Nation Guard has 50 individuals that are doing contact mapping which is similar to contact tracers.

Updates on data analyses and how analyses inform COVID response strategies

Grace Njau, Director of Special Projects & Health Analytics with the Office of the State Epidemiologist within the NDDoH gave updates on data analyses and how analyses inform COVID response strategies and answered their questions.

The Special Projects and Health Analytics started as the Information and Intelligence at North Dakota Department of Emergency Services in April of 2020 and was moved under the Office of the State Epidemiologist in September of 2020. There are 8 data analyses that work fulltime, and their key responsibilities include: 1) Conduct literature reviews and qualitative research on COVID-19; 2) Conduct data analyses to support the ND COVID-19 response; 3) Provide weekly updates, estimates, and recommendations to the Unified Command; 4) Respond to requests for data and information from internal and external stakeholders; 5) Maintain the ND COVID-19 dashboard/website; 6) Maintain various dashboards for special interest groups, e.g., Smart Restart, NDUS, Tribal; and 7) Collaborate with other state entities to ensure data quality and timeliness.

Ms. Njau explained basic (R_0) versus effective reproductive numbers (R_t). Basic reproductive number (R_0) is the average number of secondary infections produced by a typical case of an infection in a population where everyone is susceptible. Example if the R_0 for measles in a population is 12-18, then we would expect each new case of measles to produce 12-18 new secondary cases. No immunity in population, vaccines, or deliberate interventions. R_0 excludes new cases produced by the secondary cases. 100% susceptibility is incredibly rare, in many circumstances not all contacts will be susceptible to infection. Effective reproduction numbers (R_t) is the average number of secondary infections produced by a typical case over time. When there is some immunity, or some intervention measures are in place. Bayesian model that factors in testing, daily positivity, multiple introductions, incubation period, etc. In general, for an epidemic to occur in a susceptible population, R_0 and R_t but be >1 , meaning the number of cases is increasing. Data that is measured includes: 1) County data measures includes the current hospitalizations per actives, the 12-day rolling daily total tests per 10K, 14-day rolling percentage positivity, long-term care active case percentage and long-term care case count; 2) COVID-19 hospitalizations and deaths among ND residents; 3) COVID-19 active cases due to community spread via county.

Dr. Tracy Miller, State Epidemiologist with the Office of the State Epidemiologist within the NDDoH gave a presentation on wastewater surveillance. The Centers for Disease Control & Prevention (CDC) and the US Department of Health & Human Services (HHS), in collaboration with agencies throughout the federal government, are initiating the National Wastewater Surveillance System (NWSS) in response to the COVID-19 pandemic. Data from wastewater testing is not meant to replace existing COVID-19 surveillance systems, but is meant to complement them by providing an efficient pooled community sample; data for communities where timely COVID-19 clinical testing is underutilized or unavailable; and data at the sub-county level. "Wastewater," also referred to as "sewage," includes water from household/building use (i.e., toilets, showers, sinks) and can contain human fecal waste, as well as water from non-

household sources (i.e., rainwater and industrial use.) Wastewater can be tested for RNA from SARS-CoV-2, the virus that causes COVID-19. While SARS-CoV-2 can be shed in the feces of individuals with COVID-19, there is no information to date that anyone has become sick with COVID-19 because of direct exposure to treated or untreated wastewater.

Dr. Miller reviewed the advantages to wastewater surveillance. Sewage testing has been successfully used as a method for early detection of other diseases, such as polio. SARS-CoV-2 can be shed in the feces of individuals with symptomatic or asymptomatic infection; therefore, wastewater surveillance can capture data on both types of infection. Nearly 80 percent of United States households are served by municipal sewage collection systems. Quantitative SARS-CoV-2 measurements in untreated sewage can provide information on changes in total COVID-19 infection in the community contributing to that wastewater treatment plan (that area is known as the “sewershed.”). Depending on the frequency of testing, sewage surveillance can be a leading indicator of changes in COVID-19 burden in a community. SARS-CoV-2 RNA detection in sewage serves as a COVID-19 indicator that is independent of healthcare-seeking behaviors and access to clinical testing. (*However, at this time, it is not possible to reliably and accurately predict the number of infected individuals in a community based on sewage testing.)

Tim Wiedrich, Chief of the Health Resources and Response Section within the NDDoH gave an update on COVID-19 health and medical support missions. COVID response staffing includes the Medical Reserve Corps and NDDoH temporary staffing. The Medical Reserve Corps has roughly about 1400 medical professionals which include nurses, physicians and EMS personal. The NDDoH temporary staffing includes about 260 staff which includes RNs, LPNs, CNAs, E-CNAs, EMS, couriers and other individuals. The NDDoH temporary staff is involved in five missions where their time is invested: 1) NDDoH Operations Center which has staff, 24 hours a day, 7 days a week to coordinate and respond to missions; 2) Assist local public health with their response tasks; 3) Assist with state level specimen collection for COVID testing; 4) Assist to help fill medical staffing gaps; and 5) provision and distribution of medical materials and supplies.

Mr. Wiedrich also gave an update on the hospital ICU bed capacity data that is being collected daily, the three hospital tiers for surge capacity and hospital surge plans that were submitted in April of 2020.

Update on Health Strategy Development

Dr. Joshua Wynne, North Dakota Chief Health Strategist updated the State Health Council on the health strategy development. Dr. Wynne shared the strategic planning for health for the State of North Dakota with the overall project aimed to make North Dakota the healthiest state in the country. “Do better things, instead of just doing things better.”

Following is the planning process timeline for the Health Strategy Planning Group (HSPG). May of 2020, Governor Burgum's appointment of the HSPG. June - August 2020 the HSPG interviews with national experts and thought leaders in health improvement and innovation. September 2020 HSPG interviews with local health experts and leaders and HMA research on health status. October - November 2020 convenings of HSPG and smaller stakeholder groups (state agencies, health services, legislators, etc.) to determine and refine plan goals and objectives. December 2020 delivery of final plan and future directions to Governor's Office. January 2021 legislative support of plan and roll out of future work.

The guiding principles of the HSPG include: 1) We aim for all North Dakotans to live their best lives as long and as fully as possible; 2) We believe that positive outcomes are best achieved when people, systems, and communities work together; 3) We uphold health as being a broad definition of wellness, rather than just the absence of disease; 4) We support a multi-level perspective that focuses on the individual and the larger community they call home; 5) We priorities targeted, evidence-informed interventions that are measurable and accountable; 6) We recognize that success will require sustained, long-term focus that is with monitored and evaluated.

Mission and goal areas of the HSPG is to make North Dakota the healthiest state in country by using a population health approach to improve the health and wellbeing of all North Dakotan's. This include policy and decision making, leadership and expertise, and collaboration and integration. Policy and decision making includes a health in all policies approach, barriers to healthcare, alignment of policies and benefits with population health priorities and data-driven decision making. Leadership and expertise include expand public health workforce, consistent acculturation, training, and support, combine prevention and acute healthcare and community-driven and empowered leadership. Collaboration and integration include the whole-person care, integration of Tribal Health Services, effective communication between state and local entities, and communication and service delivery across public and private health/human services sector.

Update for the North Dakota Department of Health on communications with the State Health Council

Discussion occurred regarding COVID-19 communications between the NDDoH and the State Health Council.

Discussion occurred about communications regarding masks. The NDDoH has launched the #MaskUpND campaign. Wearing a mask drastically reduces the chance of spreading COVID-19 to those around you, thus helping keep our citizen safe.

Information on the campaign is available on the NDDoH website at:

<https://www.health.nd.gov/maskupnd>.

Council provide direction to the chair with regards to discussion of issues or actions arising from this meeting

Discussion occurred regarding the direction to the chair with regards to discussion of issues or actions from the meeting.

The meeting adjourned at 3:19 p.m.

Submitted,

Darold Bertsch, Secretary