



LLHD Quarterly

Winter 2012

Keeping you updated on your local health department

Letter from the Director of Health

Dear readers,
I hope you all had a wonderful holiday season and are enjoying the start of the new year. I am pleased to tell you all that Ledge Light Health District ended the year 2011 on a good note after providing hundreds of flu shots and celebrating 10 years of success for our Groton Adolescent Substance Abuse Prevention (GASP) Coalition.

To kick off 2012, we are proudly presenting the Francis "Sam" Crowley Public Service Award to an outstanding gentleman from

Waterford named J.W. "Bill" Sheehan. We thank Bill for his dedication to improving public health as a volunteer with the Medical Reserve Corps, Community Emergency Response Team and American Red Cross. His years of service have no doubt made a difference in the lives of many local residents within and beyond our District.

Sincerely,

Baker Salsbury
Director of Health
Ledge Light Health District

GASP Coalition Celebrates 10 Years



Groton Town Councilor Harry Watson and Mayor Marian Galbraith speak at GASP 10 Years of Success event

Ledge Light staff and board members, local government officials and interested members of the community gathered together in November at a special event to show their support for the Groton Adolescent Substance Abuse Prevention (GASP) Coalition. Since receiving funding from the Substance Abuse and Mental Health Services Administration in 1999, the GASP Coalition has been hard at work, educating Groton youth and parents about the dangers of substance abuse. Initiatives of the GASP Coalition have included sticker shock campaigns at liquor stores to remind patrons that you must be at least 21 to purchase alcohol, social norms campaigns at Fitch High School to remind students that the majority of their classmates do not use illegal substances, Groton Family Nights to encourage parents to sit down and have dinner with their kids, and many more initiatives
cont'd on page 2, "GASP's"

Hundreds get Vaccinated at Flu Clinics



LLHD Supervisor of Communicable Disease Prevention Kris Magnussen gives a flu shot at the Old Lyme VNA Health Fair

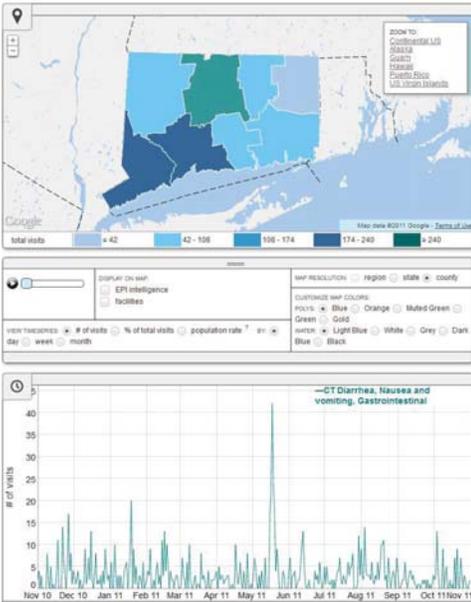
Did you get your flu shot? Over 600 people who came to our fall flu clinics did!

In October and November, our Supervisor of Communicable Disease Prevention Kris Magnussen and the Ledge Light Medical Reserve

Corps (MRC) provided flu vaccinations at dozens of public and private flu clinics at schools, day cares, churches, community centers and other locations throughout Southeastern Connecticut.

Everyone 6 months of age and older is urged to get an annual flu shot. We still have vaccines available. If you would like to schedule an appointment to get your flu shot or if you are interested in joining the MRC, please contact Kris Magnussen at (860) 448-4882 ext. 331 or kmagnussen@ledgelighthd.org. Cost of the flu shot is \$15 or we accept Medicare Part B, Anthem Blue Cross and Connecticutare.

Ledge Light Epidemiologist Tests CDC Surveillance System



Screenshot of BioSense

What if your local health department had the capability to monitor trends in reported symptoms at hospitals and emergency departments, county-wide, statewide and nationally with the click of a mouse?

The Centers for Disease Control (CDC) may soon make this technology available to local and regional health departments across the country. The system, now in its beta stage, is called BioSense and Ledge Light Health District's Epidemiologist Russell Melmed is one of 12 people in the country who have been selected to be part of its Advanced Users Panel.

Melmed said BioSense is a syndromic surveillance system, which means that its purpose is to track pre-diagnostic measures such as reported symptoms, hospital admissions and ER visits.

"Typical surveillance in epidemiology involves laboratory diagnoses and official physician diagno-

ses and that takes time," he said. "By going pre-diagnostic, BioSense uses chief complaint data, emergency department visits, or data that comes from admissions to hospitals before an official diagnosis is released."

Rather than organizing data by diagnosis, BioSense organizes data by symptom. "It loosely classifies different chief complaints into categories, things like nausea, vomiting, diarrhea, or gastrointestinal instead of acute Salmonellosis," Melmed said.

"In one sense, it's less specific.

For example, if somebody is reporting bloody diarrhea, you don't know if it's Salmonellosis or Campylobacter because you don't have the lab results yet," he said. "But it's actionable because you know that there's an increase in people showing up to emergency departments in your region with bloody diarrhea. It increases your situational awareness and it moves up your time frame."

Though BioSense is less specific than typical surveillance, Melmed said health departments can use the information they get from the system to help their partners in the community prepare and prevent further spread of symptoms. He cited a spike in GI-related symptoms as an example.

"What you do with that information is the real key," he said. "You can send emails out to your partners, to schools, long-term care facilities, or hospitals to give them feedback on their own data," he said. "When you look out in your population, you know this is a good opportunity to emphasize

hand washing and glove use in kitchens."

For now, we are only monitoring data at the county level. In New London County, reports are entered into BioSense from L&M Hospital, Backus Hospital and the Naval Submarine Base. Melmed said once more facilities start using the program, health departments will be able to examine trends at the town level.

GASP's 10 Years of Success in Groton

Cont'd from page 1.

that have encouraged participation among teens, parents and members of the community.

Many of these initiatives were developed by Ledge Light Program Coordinator Michelle Hamilton, who has headed the GASP Coalition since 2003. According to Hamilton, data show that there has been a 31% decrease in underage drinking among Groton youth since 2000.

"The community has seen a tremendous decrease in underage drinking since initiatives were started in 2000 through Drug Free Communities grant," Hamilton said. "It is important for the coalition to employ policy changes and environmental strategies along with positive youth development strategies to see a decrease in substance abuse."

The GASP Coalition was named "Coalition of the Year" in 2005 by the Connecticut Coalition to Stop Underage Drinking.

How Do You Measure Prevention?

As we begin the new year with new goals and objectives, we think about an incident that happened last year, which reminds us just how important our core value of prevention is for our local communities.

It began when Epidemiologist Russell Melmed received a report of a local teen infected with Salmonella. The health department is required to interview patients in all cases of food borne illnesses to try to identify the source and prevent the disease from further spreading, so he called the patient's mother for an interview. She said her child had eaten at a local restaurant but knew of another student at the same high school as her child that had also been ill. She provided the name of the student, but because the teen lived outside Ledge Light's jurisdiction Melmed called the state health department to see if they had received the report. The state health department notified Melmed that the other teen had been hospitalized and reported eating at the same restaurant as the first patient. With two reported cases of Salmonella connected to one restaurant and the same high school, we decided to look through our records to see if we could find any other recent reports that could lead us in the right direction. We found a report from 10 days before and saw that the patient reported eating at the same restaurant but had no connection to the school. At this time, Melmed began active



surveillance—calling local hospitals and clinics to inquire about pending lab results or patients with the similar illness being admitted for evaluation. While this was going on, we sent two sanitarians to re-inspect the restaurant, interview the food workers and collect food samples for lab testing.

The day of the inspection, we received reports of four more possible cases of Salmonella. After interviewing the four patients, we found that all of them reported eating at the same restaurant within the past week.

We believed this to be an ongoing outbreak and decided to close the restaurant until the investigation was complete and the restaurant was safe to re-open. We then spent several days collecting stool samples from employees, food samples and environmental samples from the restaurant for lab testing. Two days after the first samples were submitted, we were notified by the lab that two employees and two food samples tested positive for Salmonella.

We found that the food samples that tested positive had been prepped and were ready to go on meals that could have potentially sickened more customers had we

not intervened.

Over the next few days, we found that all employees except one had tested positive for Salmonella.

Having interrupted the outbreak, our focus shifted to working with the establishment to ensure that when they re-opened, the outbreak would not continue. To that end, our sanitarians directed that the facility had to be cleaned from top to bottom,

all food preparation equipment had to be disassembled and cleaned with bleach, and all surfaces that contact food had to be cleaned with bleach.

For an employee to return to work, they were required to test negative on two consecutive occasions. In addition, all employees were required to be retrained in safe food handling practices. 16 days after closure, the restaurant re-opened with the staff that had been cleared, but it took an additional two months after re-opening for all remaining employees to test negative and be allowed to return to work.

Overall, the outbreak spanned a period of 26 days. Our response spanned a period of 77 days, during which we identified 11 confirmed cases of salmonella, and several other probable, but unconfirmed cases. What can't be measured is the number of cases, hospitalizations, and perhaps deaths that were prevented.

Budgeting Season

It's that time of year again... our municipal partners are hard at work preparing their town or city budgets for review and approval by the public. The amount they will pay for public health services from Ledge Light is an important component of those budgets; the staff and Board of Directors recognize the difficulty in limiting municipal budget increases and work hard each year to minimize the District's impact.

That work begins each November, when the staff and Finance Committee prepare a draft budget for the following year by looking at current expenses, anticipated grants and contracts, and changes in State mandates and funding. The Finance Committee forwards a



recommendation to the full Board; that body votes on preliminary approval of a municipal member per capita rate. The amount each municipality will pay is calculated by multiplying this per capita rate by the population as reported to us by the Connecticut Department of Public Health.

In November 2011, the Board of Ledge Light approved a flat (no increase) per capita rate of \$6.85

for next fiscal year. Each municipality's total contribution for FY2013 may be higher or lower than the current year, depending on increases or decreases in the population base. Throughout February, March and April, Ledge Light staff will attend budget hearings in our member towns and share information with their governing bodies about our activities and budget. In April, the Board of Directors will hold a Public Hearing and then formally approve the FY2013 budget.

Honoring a Dedicated Public Health Volunteer



L to R: Waterford First Selectman Daniel Steward, Joyce Sheehan, Bill Sheehan, Director of Health Baker Salsbury.

On Thursday, February 9, Ledge Light staff, board members and

local government officials gathered to honor J.W. "Bill" Sheehan as he was presented with the Francis "Sam" Crowley Public Service Award.

Sheehan has done outstanding work as an active member of the Community Emergency Response Team (CERT) for over 5 years. For the last 3 years, he has also been a dedicated member of the American Red Cross and the Ledge Light Medical Reserve Corps (MRC), a group of local medical and non-medical volunteers who assist with

emergency response after a disease outbreak or disaster and non-emergency drills and flu vaccination clinics.

"Whether he's doing work with the Red Cross, CERT, or MRC, he's ensuring the public is healthy and safe," said Kris Magnussen, Ledge Light's Supervisor of Communicable Disease Prevention. "He has a genuine interest in giving back to his community."

Ledge Light Health District

216 Broad Street, New London, CT

(860) 448-4882

www.ledgelighthd.org 