

Shawn McElmurry

From: Shawn Patrick McElmurry
Sent: Wednesday, August 31, 2016 9:55 AM
To: Paul Evan Kilgore
Subject: RE: preview of specific suggestions based on recent events in GC/Flint

need to run to lab. Can you please start call (Dial-in Number [REDACTED] Access Code [REDACTED] Post PIN [REDACTED])

From: Paul Evan Kilgore
Sent: Wednesday, August 31, 2016 9:06 AM
To: Shawn Patrick McElmurry <s.mcelmurry@wayne.edu>; Matthew Wayne Seeger <matthew.seeger@wayne.edu>; Marcus Zervos <MZERVOS1@hfhs.org>; Joanne Lynn Sobeck <ab1350@wayne.edu>; Laura Sullivan <dr.laura2@gmail.com>; bpauli@kettering.edu
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Subject: preview of specific suggestions based on recent events in GC/Flint

Some items for discussion during call this AM; I am sure I have left off some items; please amend or make edits/comments:

Abbreviations: PO = protective order; GC = Genesee County; LD = Legionnaires' disease; GCHD = Genesee county health department; GCMS = Genesee county medical society

Assumptions:

1. Communications between FACHEP, GCHD, GCMS, MDHHS, US CDC (Atlanta) and City of Flint are important yet currently sub-optimal or non-existent with respect to important health issues we are dealing with (especially Legionnaires' disease and Shigellosis; both water related to important extent)
2. FACHEP is in an important leadership position to make these communications happen on a regular basis with benefit to residents of Flint.
3. Despite recent events and the PO, there is great urgency to improve the public health response and responsiveness with respect to LD and Shigellosis within Flint and GC.
4. Although LD cases continue to occur in Flint and GC, and despite FACHEP outreach to the community, more effort in community engagement, education and outreach is required (and we have been holding back to some extent due to delays in contracting, hiring and more recently the protective order).
5. With continued cases of LD and Shigellosis occurring in Flint and GC and with little information on these cases, we need dramatically enhanced awareness of LD and Shigellosis among key staff in the above-mentioned institutions as well as the community.
6. Although the focus of FACHEP in the MDHHS contract is on LD, changes in water may be associated with increased cases of other water-related/waterborne illness including potentially Shigellosis. Thus, a discussion

if water related diseases such as LD would naturally lead to inclusion of other potentially water-related diseases such as Shigellosis.

2. Health literacy among the Flint population who is at risk for LD, Shigellosis or other water-related disease is likely sub-optimal and may be insufficient to aid health authorities in providing optimal disease recognition in the community as well as facilitation of measures that may mitigate disease acquisition in the community and/or institutions such as health care facilities.

3. Active case investigation (including more labor intensive activities such as case-control studies) and household environmental and social determinants of health surveys are urgently needed to fully elucidate the risk factors associated with LD, Shigellosis and other waterborne diseases in Flint/GC. This requires timely communication among the above organizations who are working on LD and other diseases in Flint.

Specific action recommendations:

1. Initiate weekly teleconference in week after Labor Day holiday with invitation from FACHEP to GCHD, MDHHS, City of Flint (for the new Health liaison starting next week), US CDC, and GCMS. The focus of these teleconferences will be to review new trends in cases or reported cases of LD and Shigellosis, provide a forum for discussion and collaboration in specific activities and to provide updates on findings from FACHEP activities.

2. Develop briefing document for FACHEP staff as well as new staff joining the above mentioned organizations who may not be familiar with the history or current landscape of LD and water-related diseases in Flint/GC.

3. Identify Data Use/Data Sharing Agreement template for GCHD that will be signed by WSU as well as GCHD; this agreement would cover data sharing of environmental testing and sampling results as well as data on human cases of LD and Shigellosis (LD cases not related to McLaren as noted in PO and our discussion yesterday).

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