

From: Wells, Eden (DHHS) [mailto:WellsE3@michigan.gov]

Sent: Friday, January 06, 2017 4:42 PM

To: Shawn McElmurry; Nancy Love

Cc: Zervos, Marcus; LyonCallo, Sarah (DHHS); Paul Kilgore; Matthew Seeger; Cupal, Suzanne (scupal@gchd.us); Valacak, Mark; Henry, James; Laura Carravallah

Subject: Re: Questions regarding UM Filter Study Community Risk Communications

Hi there,

I m looping in Dr. Laura C on this email as she was on a call to prep for Chicago and Flint meetings next week as well.

I have a question for all: based on the fact studies are still ongoing for WSU and for UM....do you have any thoughts for talking points for people who may be worried about bacteria on filters or Legionella in their homes?




Since we do not have any data that informs a change in PH recommendations at this time, that does not mean we cannot suggest actions such as GCMS/CHD/FACHEP/MDHHS did last year for Legionella.


I don't have any new suggestions regarding Legionella as the FACT sheet produced is still pretty comprehensive. For the UM study, what about referencing the current EPA study for flushing the filter for 30 seconds if someone is concerned about the bacterial issues of their filters? (I am still struggling to state why we wouldn't do this for all filter users in the state...?)

Laura, would there be anything else or something more or less?

Ede

From: Wells, Eden (DHHS)
Sent: Saturday, January 07, 2017 12:00 PM
To: Zervos, Marcus
Cc: Laura Carravallah; Shawn McElmurry; Nancy Love; LyonCallo, Sarah (DHHS); Paul Kilgore; Matthew Seeger; Cupal, Suzanne (scupal@gchd.us); Valacak, Mark; Henry, James; Pete Levine; Lawrence Reynolds; gdn2@aol.com; McFadden, Jevon (DHHS-Contractor)
Subject: Re: Questions regarding UM Filter Study Community Risk Communications

I wasn't arguing with anyone, Dr. Zervos. From what I can tell it appears Dr. C's to be the same recommendations as espoused by the local medical Society and public health in May 2016. Dr. Reynolds was concurring with what apparently is the current EPA recommendations about reducing bacteria in filters at this time in the United States. 

This email was to ask if there was any additional thoughts for talking points given the interim status of such studies. And I agree with you that how we counsel our individual patients based on their immune system status will be different from an overall, all-encompassing general public health recommendation. Again, whether something becomes a public health recommendation requires much more evidence and work with the Centers for Disease Control, among others, but that is for a time when more evidence is obtained. 


Thank you for your thoughts,

Eden

Sent from my iPhone, please excuse typos

Eden V. Wells, MD, MPH, FACPM
Chief Medical Executive
Michigan Department of Health and Human Services
Tel: 517-335-8011

On Jan 7, 2017, at 11:13 AM, Zervos, Marcus <MZERVOS1@hfhs.org> wrote:

Laura and Eden, there remains a lot of work that needs to be done, and much isn't known. I am speaking as an infectious disease physician who has practiced for 35 years in all types of settings, and not speaking as a public health official. One of the first guiding principles in medicine is the precautionary principle, which recognizes inherent errors will be made, however we should err on the side of caution. 

In relation to legionella, I will not accept the argument that culturable legionella in potable water, and not just biofilms 'is safe'. Earlier reports have shown legionella colonizing water, in both hospitals, other buildings and homes without illness. Many of these reports are old studies, have limited sample size and have limited concomitant clinical or epidemiologic information. However, Flint is unique in a variety of ways; there is evidence there was an abnormally large amount of legionella thought the drinking water system (as reported by Marc Edwards group DOI: 10.1021/acs.estlett.6b00192) that coincides with cases, and there have been limitations in the investigation performed, as I have mentioned earlier. Since disease can be caused by inhalation or possible aspiration of contaminated water, I think we need to continue evaluation and mitigation strategies for all potential routes of acquisition. I am very happy

that cases are down this year in GC, how much of the current numbers are related to increase in testing also needs to be determined, however continued surveillance and precaution is also needed. Continued work including control populations is of course needed.

In relation to the filter study, having enterobacter or klebsiella or atypical mycobacteria or other known pathogens that are amplified across a filter is a concern. I don't know why we would say this is any different than having e coli. To say this is 'safe' is also something that should not be accepted. These are organisms that have been well established as causing serious infection, and are of particular concern for immune compromised individuals, we often do not have the source of the organism. Just using one example, If an atypical mycobacteria from water makes its way into hospital equipment as has happened with Mycobacterium chimaera in cardiac devices, has devastating consequences.

With all of this said, I support the GCMS recommendation of bottled water for immune comprised patients. Also, continued work on mitigation strategies in buildings where there were cases, and more work on the home surveillance as we have discussed. Eden, I have great respect for what you and the CDC and other health officials do and have worked with public health groups for years. However as a physician who cares for immune compromised patients, the GCMS recommendations are what I would recommend to my patients.

From: Laura Carravallah [<mailto:Laura.Carravallah@hc.msu.edu>]
Sent: Friday, January 06, 2017 4:48 PM
To: 'Wells, Eden (DHHS)' <WellsE3@michigan.gov>; Shawn McElmurry <s.mcelmurry@wayne.edu>; Nancy Love <nglove@umich.edu>
Cc: Zervos, Marcus <MZERVOS1@hfhs.org>; LyonCallo, Sarah (DHHS) <lyoncallos@michigan.gov>; Paul Kilgore <paul.kilgore@wayne.edu>; Matthew Seeger <matthew.seeger@wayne.edu>; Cupal, Suzanne (scupal@gchd.us) <scupal@gchd.us>; Valacak, Mark <MVALACAK@gchd.us>; Henry, James <jhenry@gchd.us>; 'Pete Levine' <plevine@gcms.org>; 'Lawrence Reynolds' <lrey52@gmail.com>; gdn2@aol.com
Subject: RE: Questions regarding UM Filter Study Community Risk Communications

Thanks for including me, Eden.

My suggestion would be that we continue to tell people who are at high-risk for legionella morbidity/mortality to use only bottled water. At this point, particularly in the face of uncertainty around both the residential water and the water filters, this seems to be the only safe option. Hopefully, things will improve in the future such that we can recommend unfiltered tap water again.

I have also CC'd this to my other GCMS colleagues (Levine, Reynolds, Natzke), as this is really a question for the Medical Society, I think.

laura

On Jan 9, 2017, at 7:14 AM, Wells, Eden (DHHS) <WellsE3@michigan.gov> wrote:

It is the placement of that information (slide 21) directly in relation to having reported the filter studies, without appropriate context, as I have said numerous times.

You may want to re-read the media articles and the quote from Dr. Z that came out of that event to understand how your information was perceived. I think that Dr. Edwards is also having the same concern in that the way that you are presenting your information is leading many of us, and the public, to perceive that you are make a direct implication of individual and health impacts due to your findings.

As mentioned, Jevon will forward other feedback.

Sent from my iPhone, please excuse typos
Eden V. Wells, MD, MPH, FACPM
Chief Medical Executive
Michigan Department of Health and Human Services Tel: 517-335-8011

On Jan 9, 2017, at 7:38 AM, Zervos, Marcus <MZERVOS1@hfhs.org> wrote:

I stand by my comments, Eden do you have any information that rash incidence is down in Flint.

Begin forwarded message:

From: "Wells, Eden (DHHS)" <WellsE3@michigan.gov>
Date: January 9, 2017 at 7:44:23 AM EST
To: "Zervos, Marcus" <MZERVOS1@hfhs.org>
Cc: Shawn McElmurry <s.mcelmurry@wayne.edu>, "LyonCallo, Sarah (DHHS)" <lyoncallos@michigan.gov>, "McFadden, Jevon (DHHS-Contractor)" <McFaddenJ1@michigan.gov>, Matthew Seeger <matthew.seeger@wayne.edu>, Paul Kilgore <paul.kilgore@wayne.edu>, Nancy Love <nglove@umich.edu>
Subject: Re: Your request for references about enterobacteria as "normal" part of regrowth

Actually I think we can refer to the dermatologist for that and Jevon probably has more information. We certainly not gotten any calls to our 211. And we do monitor 211 calls for sure. Here's the issue Marcus, is that exactly what about bacteria and filters causes rashes for tickly since all the evidence of the rash investigation so that no rashes or bacterial and Harton? Again this is why Dr. Edwards likely got concerned after his discussion with you all on Friday – you're making a leap that somehow Bactrian filters causes rash disease and I would like to know where your information is coming from. Again – anecdotes or not acceptable-

Please provide me the clinical information that shows the bacteria on a filter causes rashes or respiratory diseases. Do you have a concern like that that is absolutely unfounded both clinically and in public health and to raise that in the media is not prudent.

Sent from my iPhone, please excuse typos

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Chief Medical Executive
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From: Wells, Eden (DHHS) [<mailto:WellsE3@michigan.gov>] Sent: Monday, January 09, 2017 7:25 AM
To: Shawn McElmurry <s.mcelmurry@wayne.edu>
Cc: LyonCallo, Sarah (DHHS) <lyoncallos@michigan.gov>; McFadden, Jevon (DHHS- Contractor) <McFaddenJ1@michigan.gov>; Matthew Seeger <matthew.seeger@wayne.edu>; Zervos, Marcus <MZERVOS1@hfhs.org>; Paul Kilgore <paul.kilgore@wayne.edu>; Nancy Love <nglove@umich.edu>
Subject: Re: Your request for references about enterobacteria as "normal" part of regrowth

I should add, however, that your email responses on Thursday afternoon were VERY helpful as we move into this week

where there may be a lot of media interest in Chicago. In fact just heard the story on local NPR.
Sent from my iPhone, please excuse typos Eden V. Wells, MD, MPH, FACPM
Chief Medical Executive
Michigan Department of Health and Human Services Tel: 517-335-8011

From: "Zervos, Marcus" <MZERVOS1@hfhs.org>
Date: January 9, 2017 at 8:00:34 AM EST
To: "Wells, Eden (DHHS)" <WellsE3@michigan.gov>
Cc: Shawn McElmurry <s.mcelmurry@wayne.edu>, "LyonCallo, Sarah (DHHS)" <lyoncallos@michigan.gov>, "McFadden, Jevon (DHHS-Contractor)" <McFaddenJ1@michigan.gov>, Matthew Seeger <matthew.seeger@wayne.edu>, "Paul Kilgore" <paul.kilgore@wayne.edu>, Nancy Love <nglove@umich.edu>
Subject: RE: Your request for references about enterobacteria as "normal" part of regrowth

As stated in an earlier email we should not accept organisms like klebsiella and Enterobacter, and atypical mycobacteria and enterococcus in potable water amplified by filters as safe. The ability to cause infection is directly related to virulence of bacteria, and dose, and immune status of patients among other things. Enterococcus among other bacteria that nancy found are fecal indicators. As far as the health implications we need a formal study of the health of flint residents, that we have been asking for some time

From: "McFadden, Jevon (DHHS-Contractor)" <McFaddenJ1@michigan.gov>
Date: January 9, 2017 at 8:42:51 AM EST
To: "Wells, Eden (DHHS)" <WellsE3@michigan.gov>
Cc: "Zervos, Marcus" <MZERVOS1@hfhs.org>, Shawn McElmurry <s.mcelmurry@wayne.edu>, "LyonCallo, Sarah (DHHS)" <lyoncallos@michigan.gov>, Matthew Seeger <matthew.seeger@wayne.edu>, Paul Kilgore <paul.kilgore@wayne.edu>, Nancy Love <nglove@umich.edu>
Subject: Re: Your request for references about enterobacteria as "normal" part of regrowth
Hi Marc,

I just wanted to clarify that biopsies and other clinical specimens were taken by the dermatologists from some patients. We also have an abundance of longitudinal data from the Medicaid program (accounting for nearly 50% of the total population of Flint) going back to 2012 and CDC is finishing up the report from that analysis. It doesn't support conclusions that incidence of rash-related diagnoses is elevated.

If you have further questions, feel free to call me anytime.

Jevon
517-763-8247

Sent from my iPhone

On Jan 9, 2017, at 8:02 AM, Wells, Eden (DHHS) <WellsE3@michigan.gov> wrote:
Dr. Zervos-The dermatologists are very clear on evidence of when there's a bacterial infection or eczema. Will re-forward the rash investigative report to you.

Again you're making an unfounded association and implication where there isn't one. What you're essentially saying is that eczema, of which I am a sufferer, can be due to the use of my filter and that people who have been using bacteria filters for the last three decades may likely be getting eczema from their water filters?

Please provide such evidence.
Sent from my iPhone, please excuse typos

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On Jan 9, 2017, at 7:56 AM, Zervos, Marcus <MZERVOS1@hfhs.org> wrote:

Rashes were felt to be exzema, which could have been related to exposure to something in the water, there were no biopsies done, so hard to say if there is any direct infection

From: Wells, Eden (DHHS) [<mailto:WellsE3@michigan.gov>]
Sent: Monday, January 09, 2017 7:53 AM
To: Zervos, Marcus <MZERVOS1@hfhs.org>
Cc: Shawn McElmurry <s.mcelmurry@wayne.edu>; LyonCallo, Sarah (DHHS) <lyoncallos@michigan.gov>; McFadden, Jevon (DHHS-Contractor) <McFaddenJ1@michigan.gov>; Matthew Seeger <matthew.seeger@wayne.edu>; Paul Kilgore <paul.kilgore@wayne.edu>; Nancy Love <nglove@umich.edu>
Subject: Re: Your request for references about enterobacteria as "normal" part of regrowth

I need to scratch dictating while I drive... I'll try to fix this email later. And any rate there's no evidence of any bacterial skin rashes as part of the rash investigation and the local dermatologist corroborate that.

Sent from my iPhone, please excuse typos

Eden V. Wells, MD, MPH, FACPM
Chief Medical Executive
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From: Wells, Eden (DHHS)
Sent: Monday, January 09, 2017 9:01 AM
To: Zervos, Marcus
Cc: Shawn McElmurry; LyonCallo, Sarah (DHHS); McFadden, Jevon (DHHS-Contractor); Matthew Seeger; Paul Kilgore; Nancy Love
Subject: RE: Your request for references about enterobacteria as "normal" part of regrowth

Dr. Zervos,

To whom have you been asking for a formal study of the health of Flint residents? Further, your statement below actually emphasizes the fact that before you imply association or causation, particularly publically, you do need to collect evidence. I would be glad to work with you on developing a study- this is the first that I have heard a request, other than the intensive planning around the Registry that is being conducted.



Several formal studies have been done which have included CDC both for Rash and for Shigella (latter ongoing) which have not shown the associations you have mentioned.

As I drove in (can you tell I am not dictating now?) I was thinking that a pull of data that would capture discharge diagnoses, from not only Genesee County hospitals but other similar areas over time, for particular bacterial infections may assist us in this discussion. I will talk with the State Epi and our cd Unit as well.

E

Eden V. Wells, MD, MPH, FACPM