Public Health Nurses-Essential Role Before, During and After COVID

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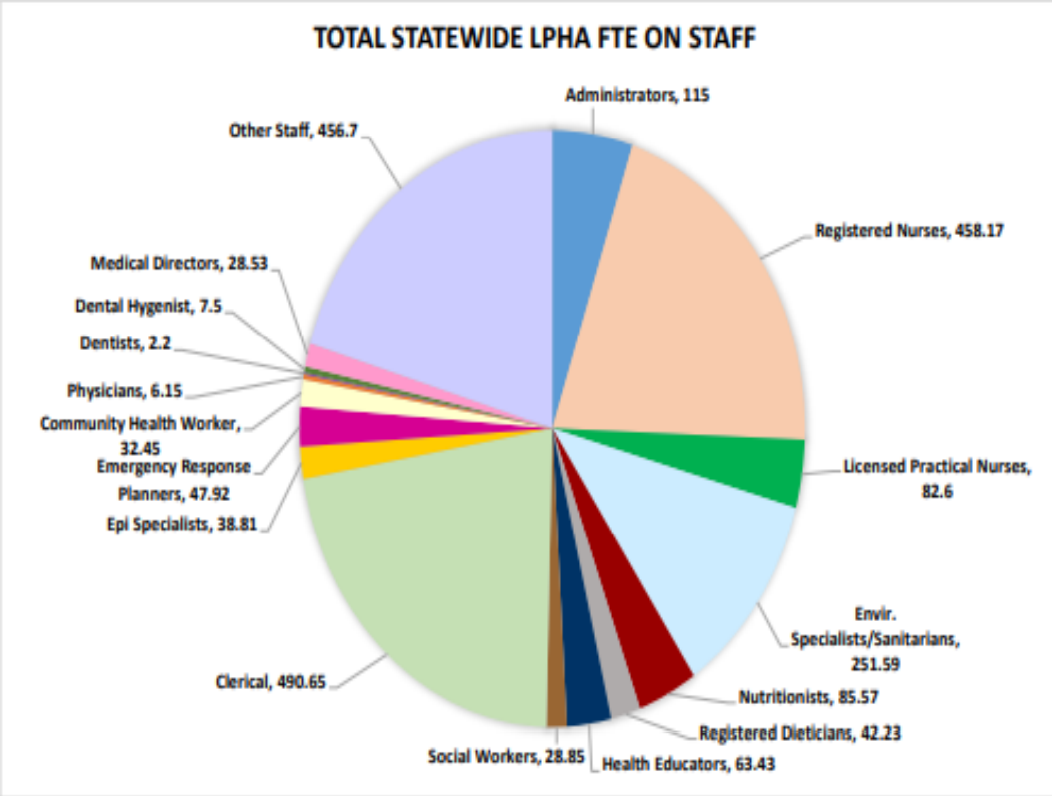
Who are we?

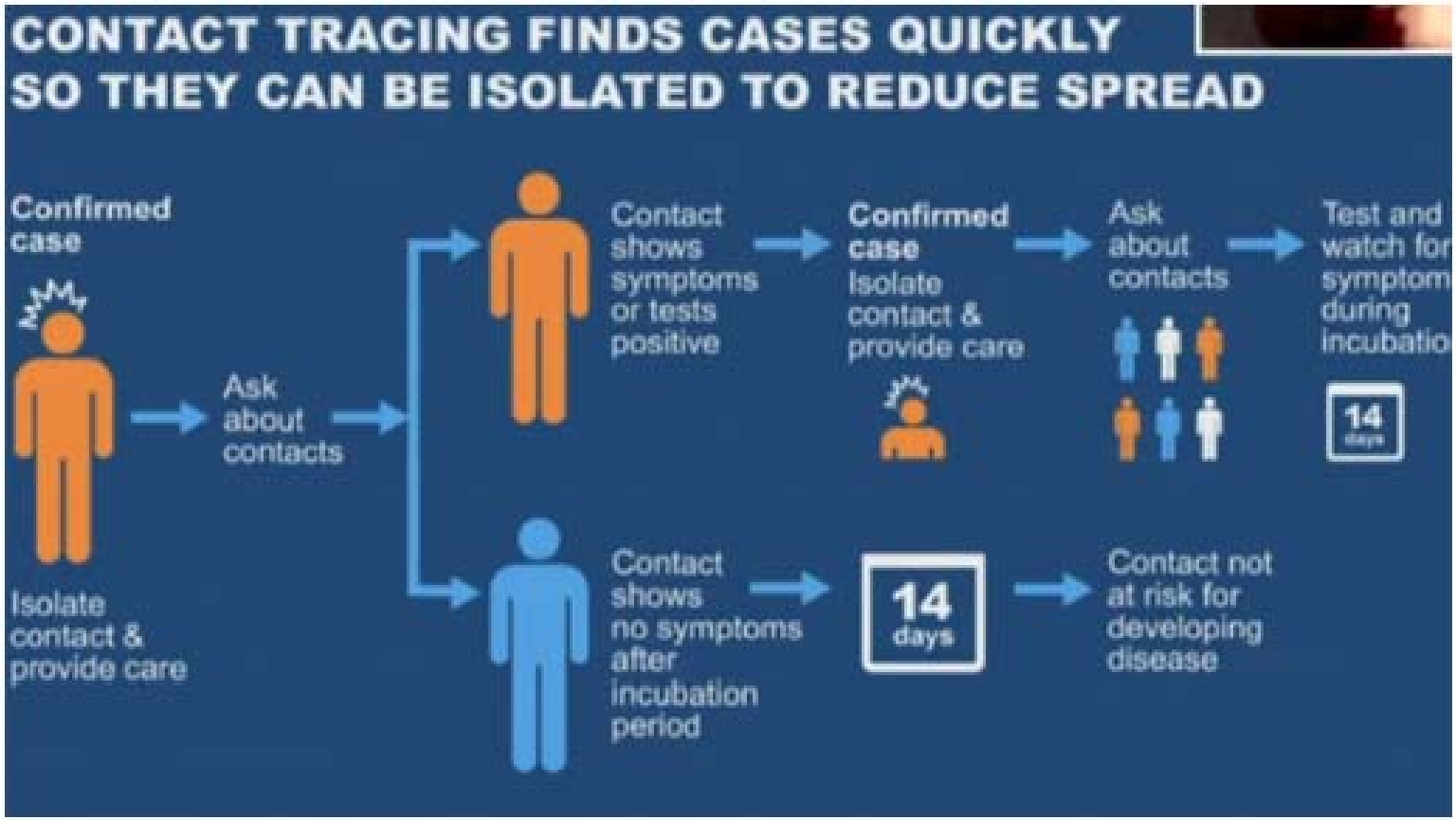


https://health.mo.gov/living/lpha/report17/Infrastructure%202018.pdf

Role of Pandemic “PHN heroes”

- Case investigations and contact tracing
- Vaccinations
- Education and strategic communication
- Future of PHNs

Case investigations and contact tracing



PUI and faxes!

Human Infection with 2019 Novel Coronavirus Case Report Form

Reporting Jurisdiction		Case state/local ID	
Reporting Health Department		CDC 2019-nCoV ID	
Contact ID[a]		NNDSS loc. rec. ID/Case ID[b]	

[a]Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. [b]For NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer Information

Name of Interviewer: Last: First:	Telephone: Email:
Affiliation/Organization:	

Case Classification and Identification

What is the current status of this person?
☐ Lab-confirmed case* ☐ Probable case

If probable, select reason for case classification:
☐ Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing*
☐ Meets presumptive lab evidence± AND either clinical criteria OR epidemiologic evidence
☐ Meets vital records criteria with no confirmatory lab testing

*Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test

± Detection of specific antigen in a clinical specimen, OR detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection

Under what process was the case first identified? (check all that apply)
☐ Clinical evaluation ☐ Routine surveillance
☐ Contact tracing of case patient ☐ Other, specify: _____
☐ EpiX notification of travelers. If yes, DGMQID: _____
☐ Unknown

Report date of case to CDC (MM/DD/YYYY):
___/_____/_____

Date of first positive specimen collection (MM/DD/YYYY):
___/_____/_____ ☐ Unknown ☐ N/A

Hospitalization, ICU, and Death Information

Was the patient hospitalized?
☐ Yes ☐ No ☐ Unknown

If yes, admission date 1 ___/___/_____ (MM/DD/YYYY) discharge date 1 ___/___/_____

If hospitalized, was a translator required?
☐ Yes ☐ No ☐ Unknown

If yes, specify which language: _____

Was the patient admitted to an intensive care unit (ICU)?
☐ Yes ☐ No ☐ Unknown

If yes, admission date 1 ___/___/_____ (MM/DD/YYYY) discharge date 1 ___/___/_____

Did the patient die as a result of this illness?
☐ Yes ☐ No ☐ Unknown If yes, date of death (MM/DD/YYYY): ____/_____/_____ ☐ Unknown date

Case Demographics

Date of birth (MM/DD/YYYY): ____/_____/_____
Age: _____ Age units (yr/mo/day): _____
State of residence: _____ County of residence: _____
Does this case have any tribal affiliation? ☐ yes
Tribe name(s): _____ Enrolled member? ☐ yes

Sex:
☐ Male ☐ Other
☐ Female ☐ Unknown

If female, currently pregnant?
☐ Yes ☐ No ☐ Unknown

Ethnicity:
☐ Hispanic/Latino
☐ Non-Hispanic/Latino
☐ Unknown

Race (check all that apply):
☐ Black ☐ White ☐ Asian
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ Unknown ☐ Other, specify: _____

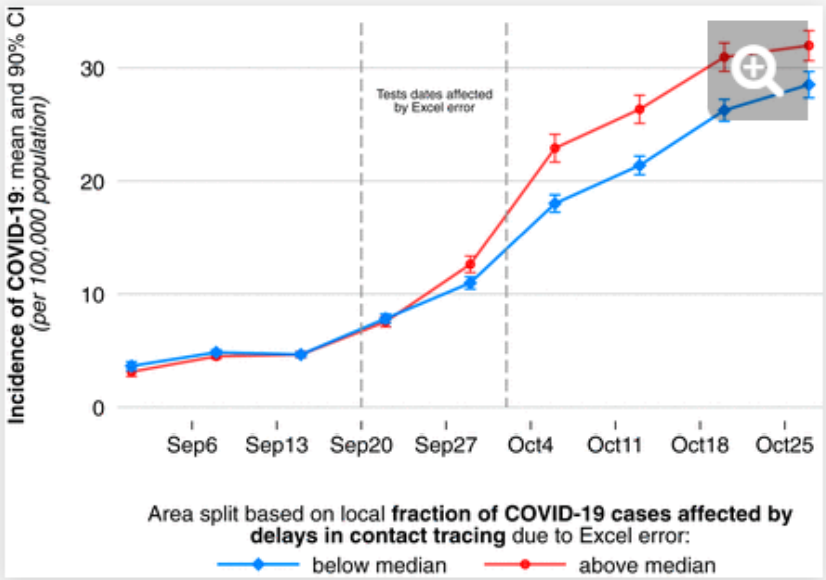


Fig. 2.

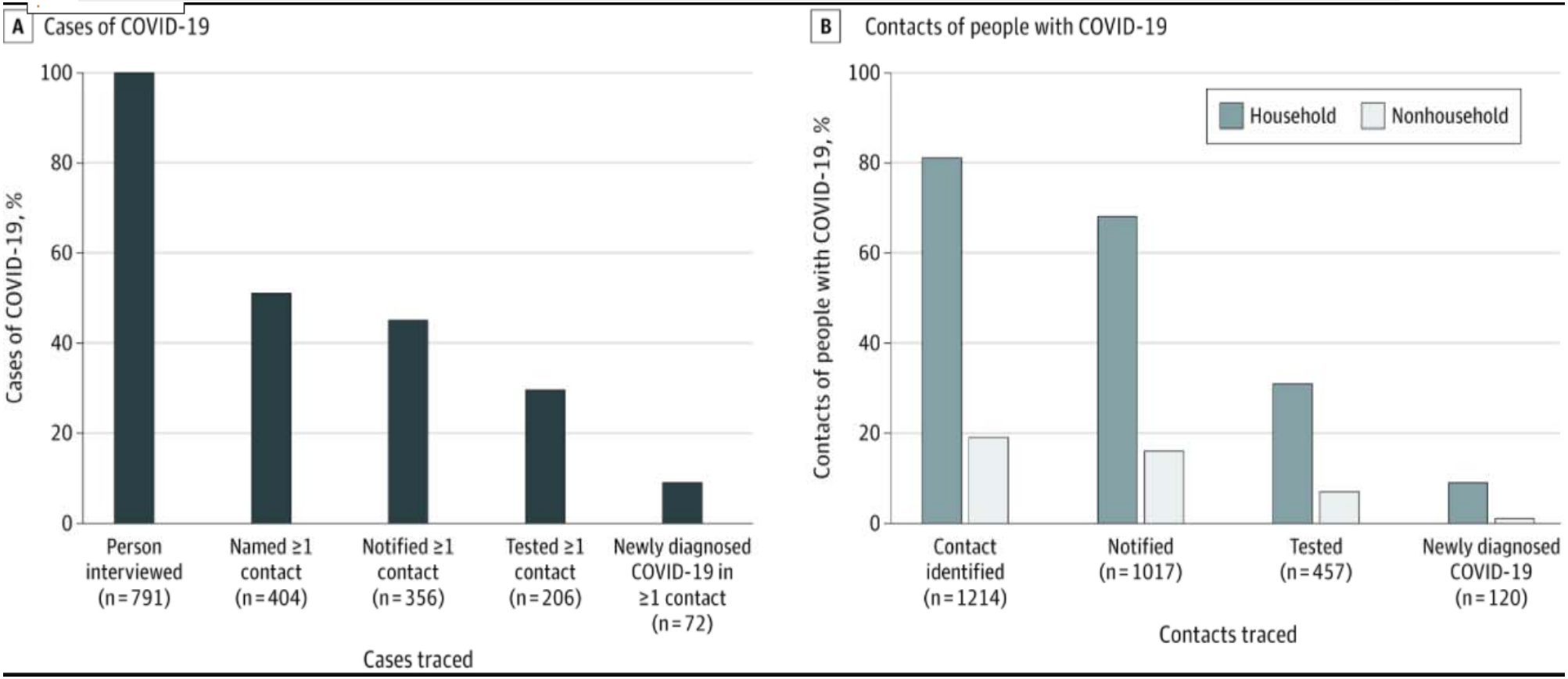
Download figure | Open in new tab | Download powerpoint

Evolution of local COVID-19 incidence in areas with above median versus areas with below median exposure to delays in contact tracing due to the Excel error. For each of the 315 LTLA in England, we calculate the share of positive COVID-19 tests taken between September 20 and September 27 that were referred to contact tracing with an unusual delay of 6 to 14 d due to the Excel error. We create two equally sized groups of areas based on whether they—by chance—experienced above median or below median exposure to unusual delays in contract tracing. We plot the average incidence of COVID-19 for each group by test date. We observe virtually identical pretreatment trends across groups but a substantive and persistent divergence in COVID-19 spread at the onset of the period during which the Excel error occurred, which is highlighted by the dashed lines; 90% CIs are displayed.

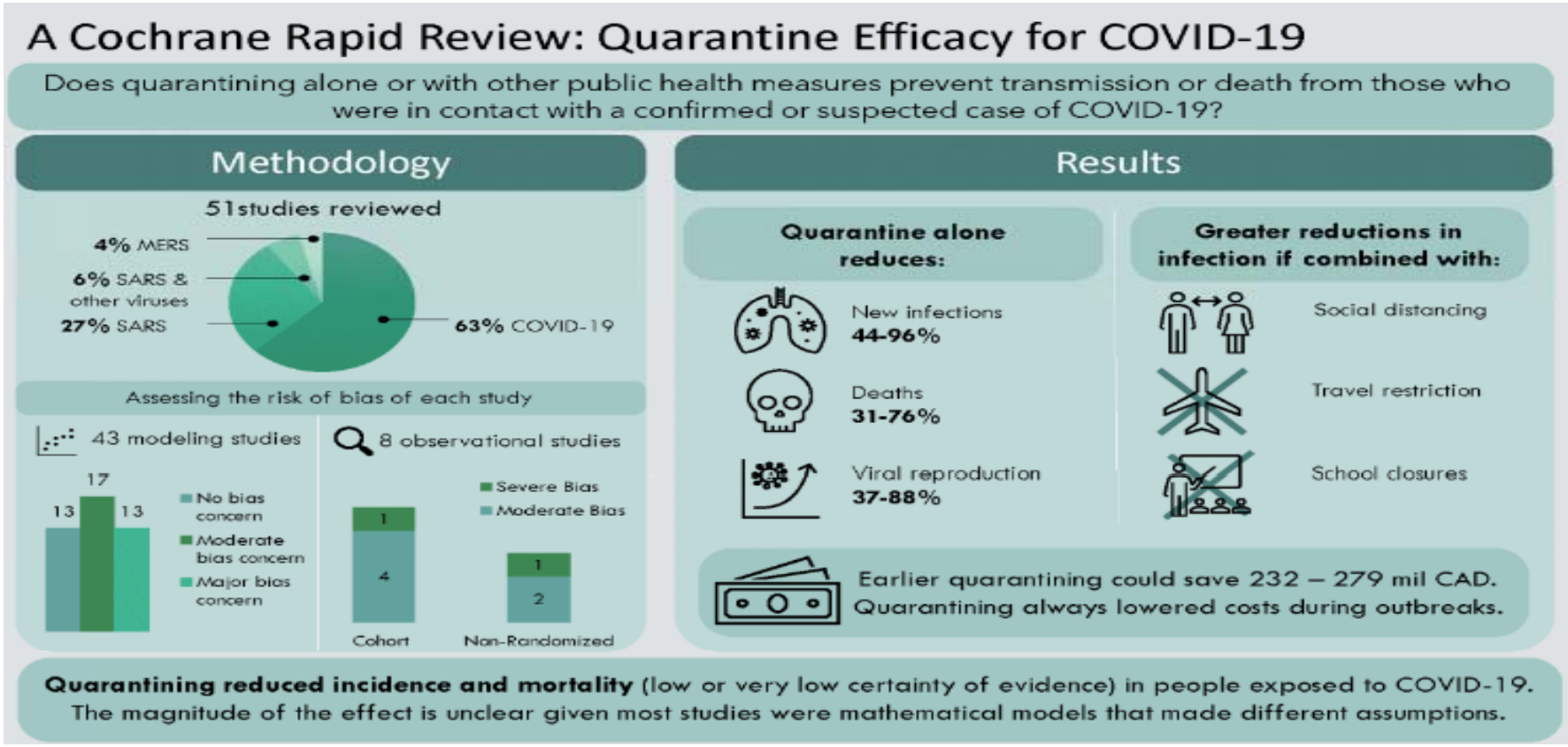
JAMA Network

From: Outcomes of Contact Tracing in San Francisco, California—Test and Trace During Shelter-in-Place

JAMA Intern Med. 2021;181(3):381-383. doi:10.1001/jamainternmed.2020.5670

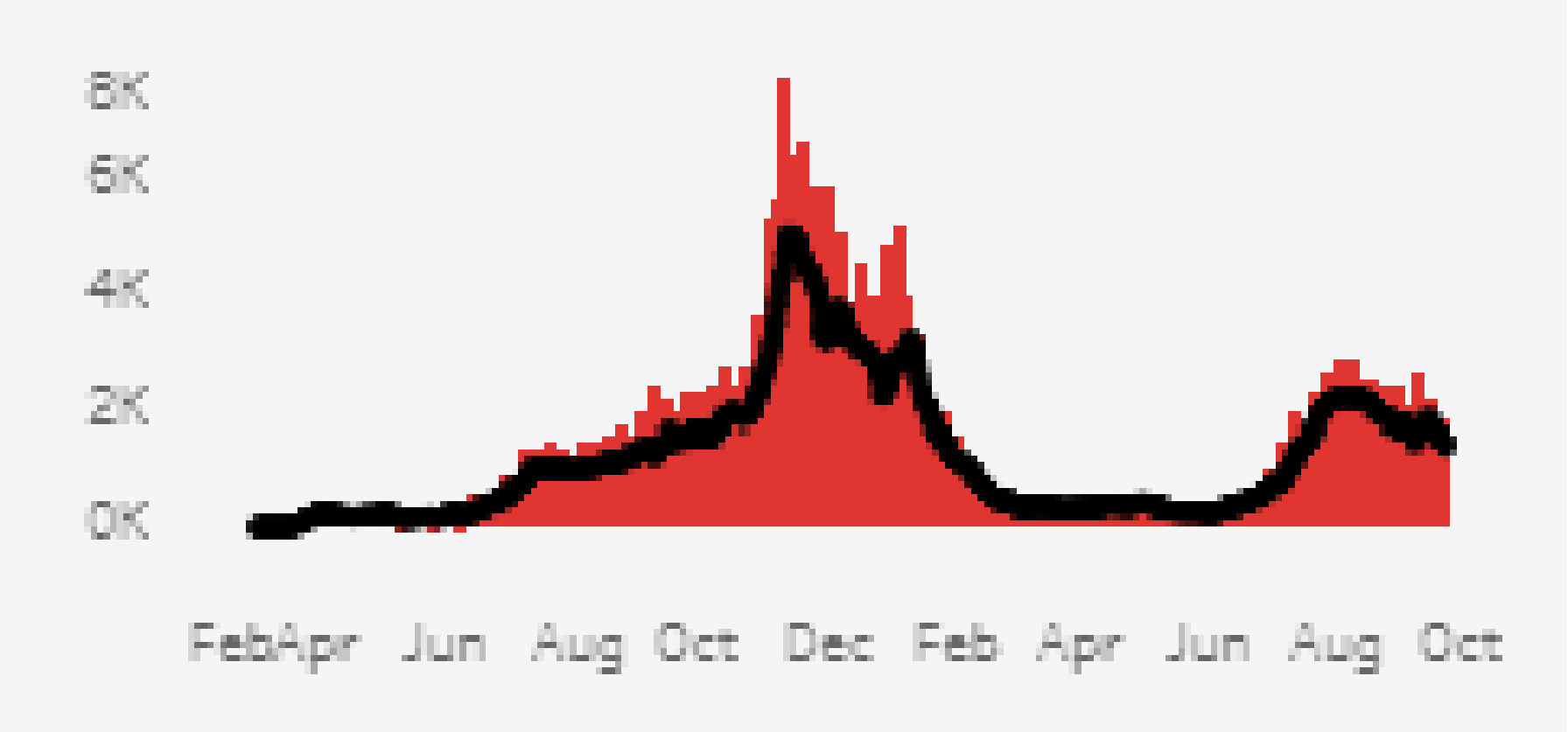


Quarantines work!



https://www.cochrane.org/news/updated-cochrane-rapid-review-assesses-effectiveness-quarantine-during-covid-19-pandemic

Confirmed cases to date – Missouri 9/24



Health Education

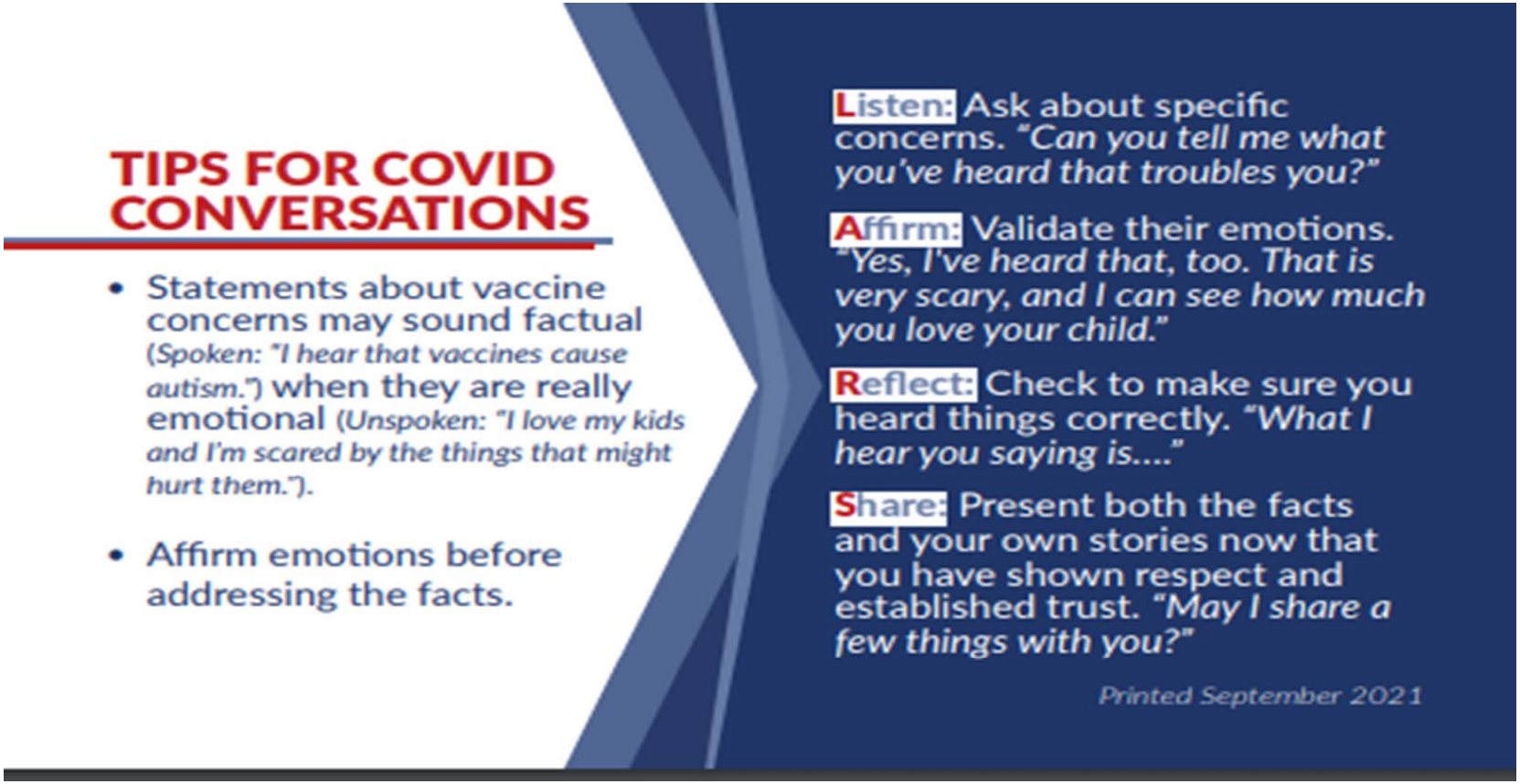
Nurses Ranked Most Trusted Profession 19 Years in a Row

By: Kathleen Gaines MSN, RN, BA, CBC

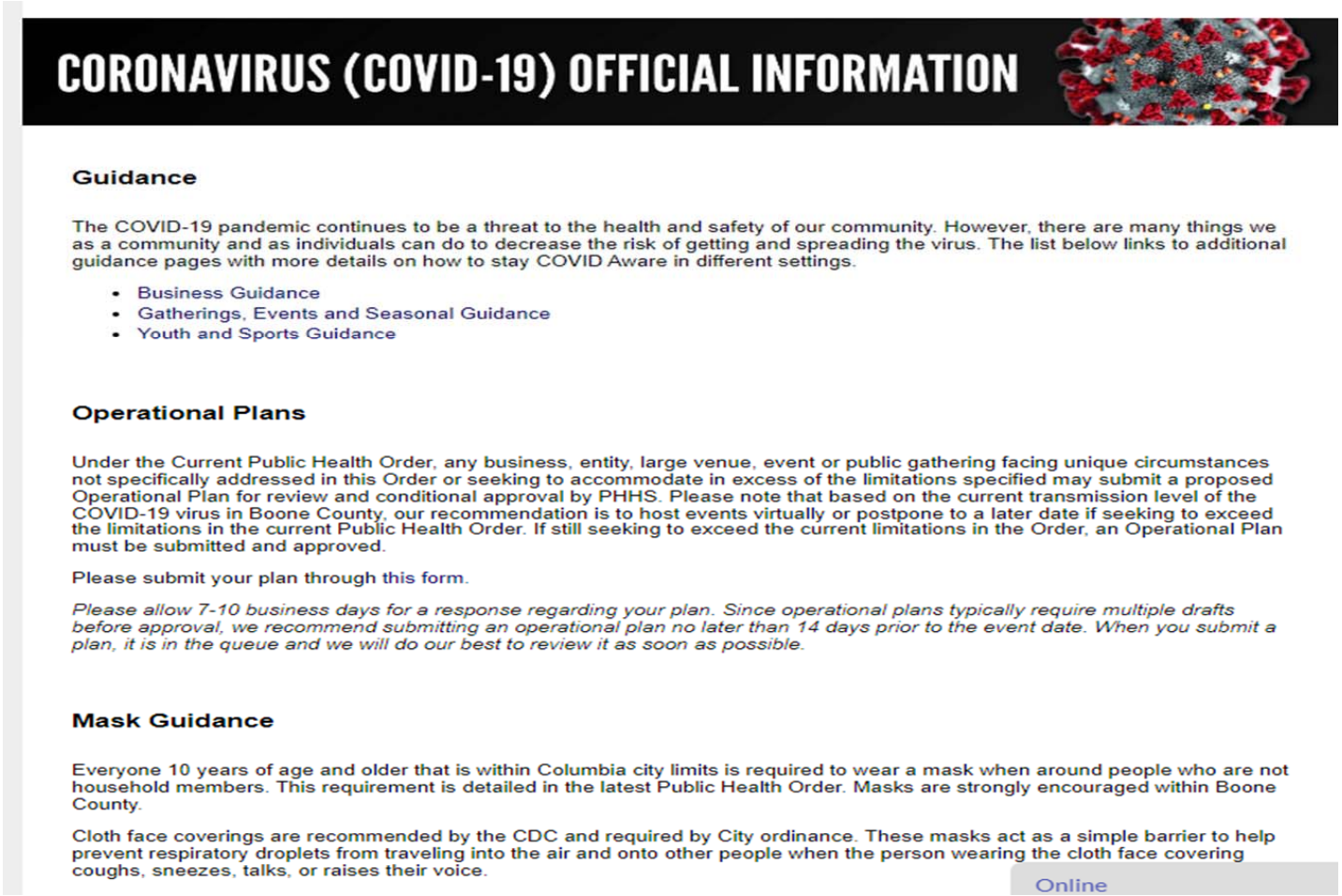
In an impressive 19 year running streak, Americans have rated nurses as the #1 most ethical and honest profession, according to the most recent Gallup poll.

The 2020 poll revealed that 89% of Americans rated nurses' honesty and ethical standards as "high'' or "very high," coming in even higher than last year's record setting number. The honor is an impressive one, as the poll

Principles - LARS



Lots of explaining to do….



CORONAVIRUS (COVID-19) OFFICIAL INFORMATION

Guidance

The COVID-19 pandemic continues to be a threat to the health and safety of our community. However, there are many things we as a community and as individuals can do to decrease the risk of getting and spreading the virus. The list below links to additional guidance pages with more details on how to stay COVID Aware in different settings.

- Business Guidance
- Gatherings, Events and Seasonal Guidance
- Youth and Sports Guidance

Operational Plans

Under the Current Public Health Order, any business, entity, large venue, event or public gathering facing unique circumstances not specifically addressed in this Order or seeking to accommodate in excess of the limitations specified may submit a proposed Operational Plan for review and conditional approval by PHHS. Please note that based on the current transmission level of the COVID-19 virus in Boone County, our recommendation is to host events virtually or postpone to a later date if seeking to exceed the limitations in the current Public Health Order. If still seeking to exceed the current limitations in the Order, an Operational Plan must be submitted and approved.

Please submit your plan through this form.

Please allow 7-10 business days for a response regarding your plan. Since operational plans typically require multiple drafts before approval, we recommend submitting an operational plan no later than 14 days prior to the event date. When you submit a plan, it is in the queue and we will do our best to review it as soon as possible.

Mask Guidance

Everyone 10 years of age and older that is within Columbia city limits is required to wear a mask when around people who are not household members. This requirement is detailed in the latest Public Health Order. Masks are strongly encouraged within Boone County.

Cloth face coverings are recommended by the CDC and required by City ordinance. These masks act as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks, or raises their voice.

Online

Masks work and staying at home

Another study looked at the difference between US states with mask mandates and those without, and found that the daily growth rate was 2.0 percentage points lower in states with mask mandates, estimating that the mandates had prevented 230,000 to 450,000 COVID-19 cases by May 22, 2020

W. Lyu, G. L. Wehby, Community use of face masks and COVID-19: Evidence from a natural experiment of state mandates in the US. Health Aff. 39, 1419–1425 (2020).

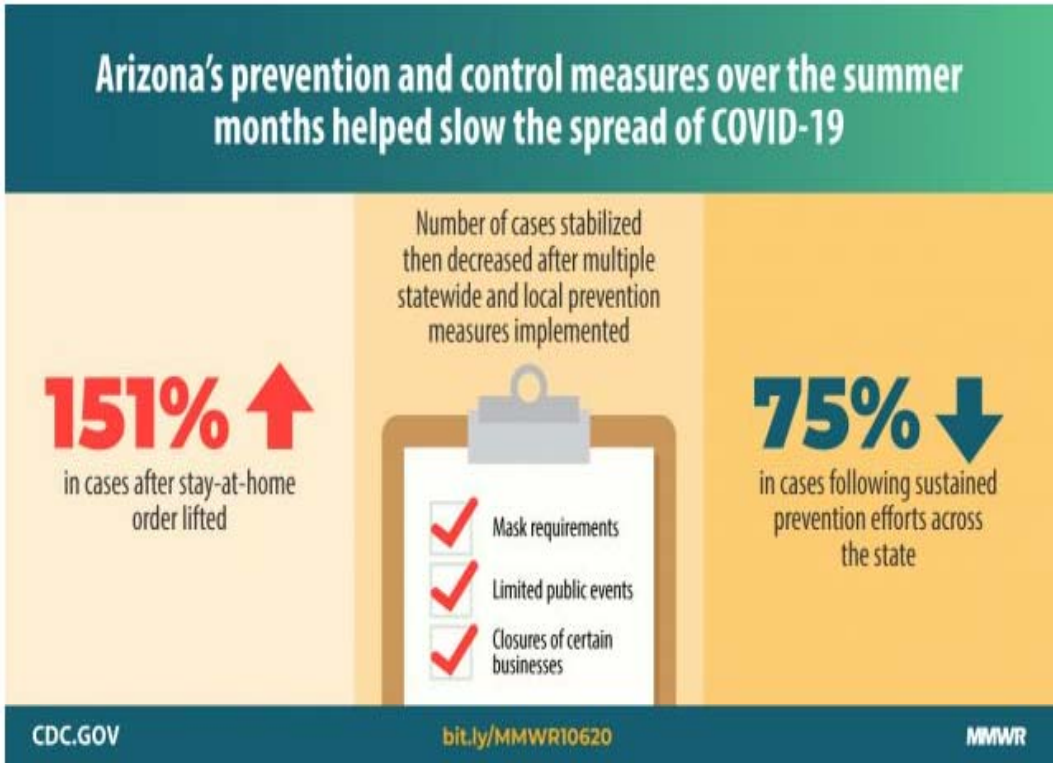
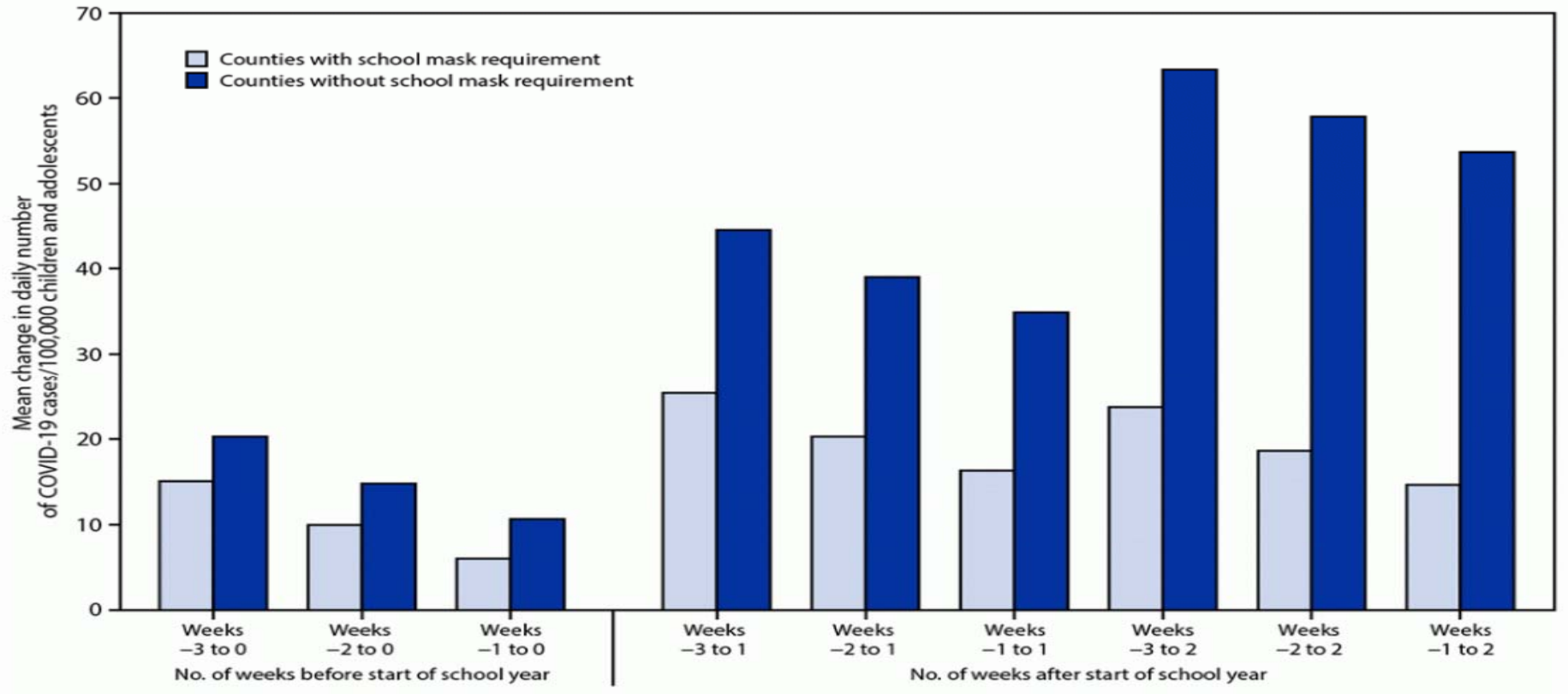
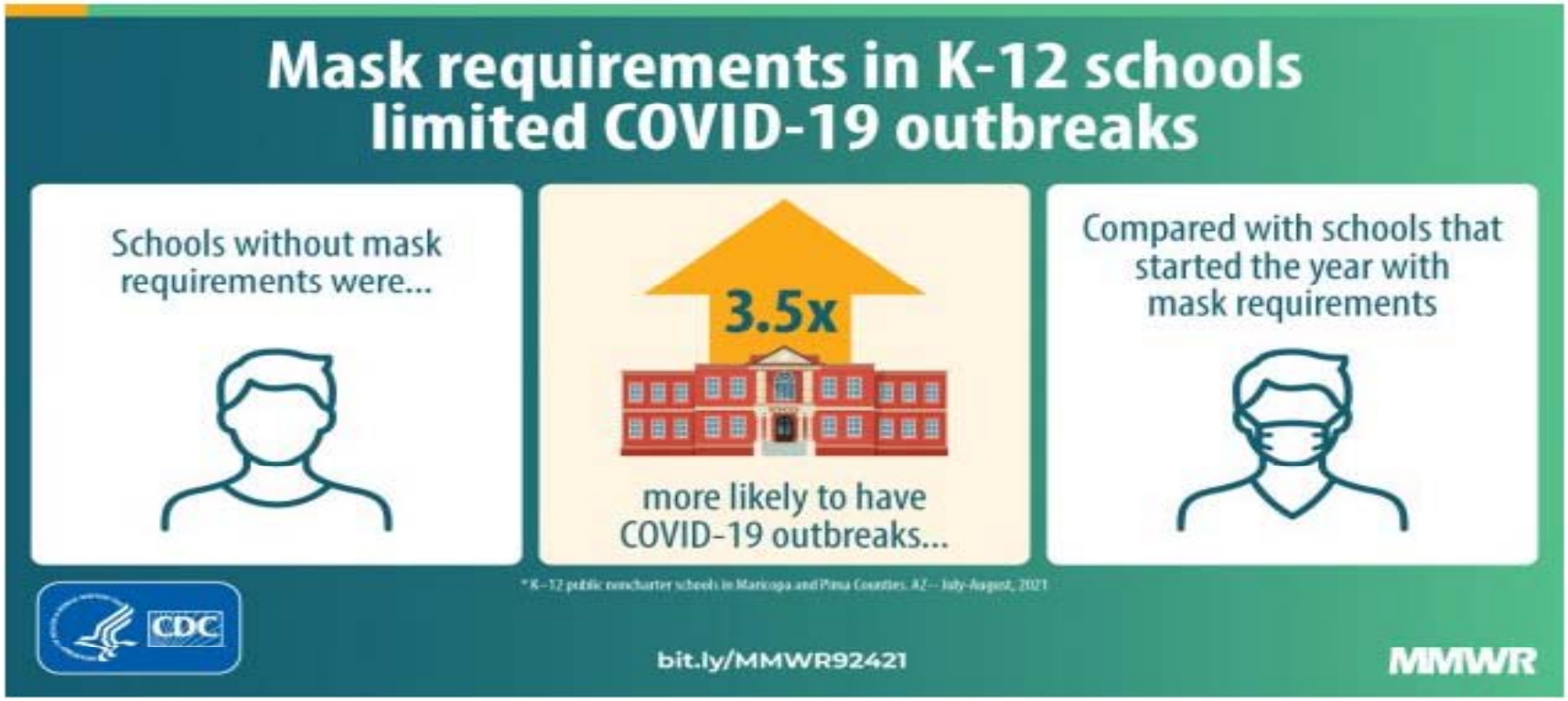


FIGURE. Mean county–level change in daily number of COVID–19 cases per 100,000 children and adolescents aged <18 years in counties (N = 520) with and without school mask requirements* before and after the start of the 2021–22 school year — United States, July 1–September 4, 2021



* Among 520 counties, 198 (38%) had a school mask requirement and 322 (62%) did not have a school mask requirement.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e3.htm?s_cid=mm7039e3_e&ACSTrackingID=USCDC_921-DM66537&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20September%2024%2C%202021&deliveryName=USCDC_921-DM66537



https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e1.htm?s_cid=mm7039e1_e&ACSTrackingID=USCDC_921-DM66537&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20September%2024%2C%202021&deliveryName=USCDC_921-DM66537

Vaccines

Health care providers make a difference!

- After initially refusing vaccination, providers influenced nearly half of parents to change their minds. (Opel et al., 2013).

- 8 out of 10 parents report that their decision to vaccinate was directly related to the recommendation of their provider (Kennedy et al 2011).

HCPs make a difference!

- After initially refusing vaccination, providers influenced nearly half of parents to change their minds. (Opel et al., 2013).
- 8 out of 10 parents report that their decision to vaccinate was directly related to the recommendation of their provider (Kennedy et al 2011).

- **HCPs may not fully understand vaccines themselves**
  - Approximately 1 in 10 did not agree with all CDC-recommended vaccines (Gust et al., 2008, p. 580).
  - Some HCPs report lack of training in immunizations and some graduate thinking vaccines do more harm than good. (Mergler et al., 2013).
  - Most recent HCP graduates were 15% less likely to believe that vaccines were efficacious compared to graduates from 5 years prior (Mergler et al 2013)

Evolution of Immunization Programs

High disease visibility/perceived severity

High vaccine acceptance

Evolution of Immunization Programs

High disease visibility
High vaccine acceptance

Low disease visibility
Drop in vx Rates

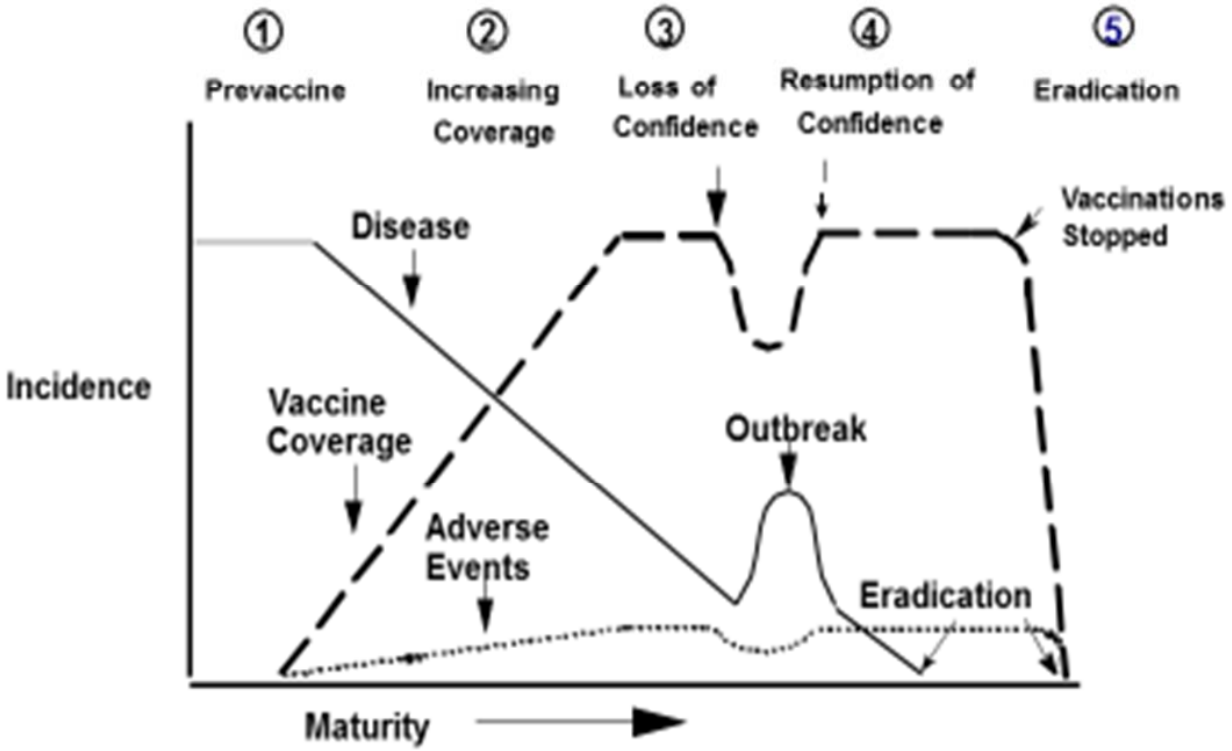
Evolution of Immunization Programs

High disease visibility
High vaccine acceptance

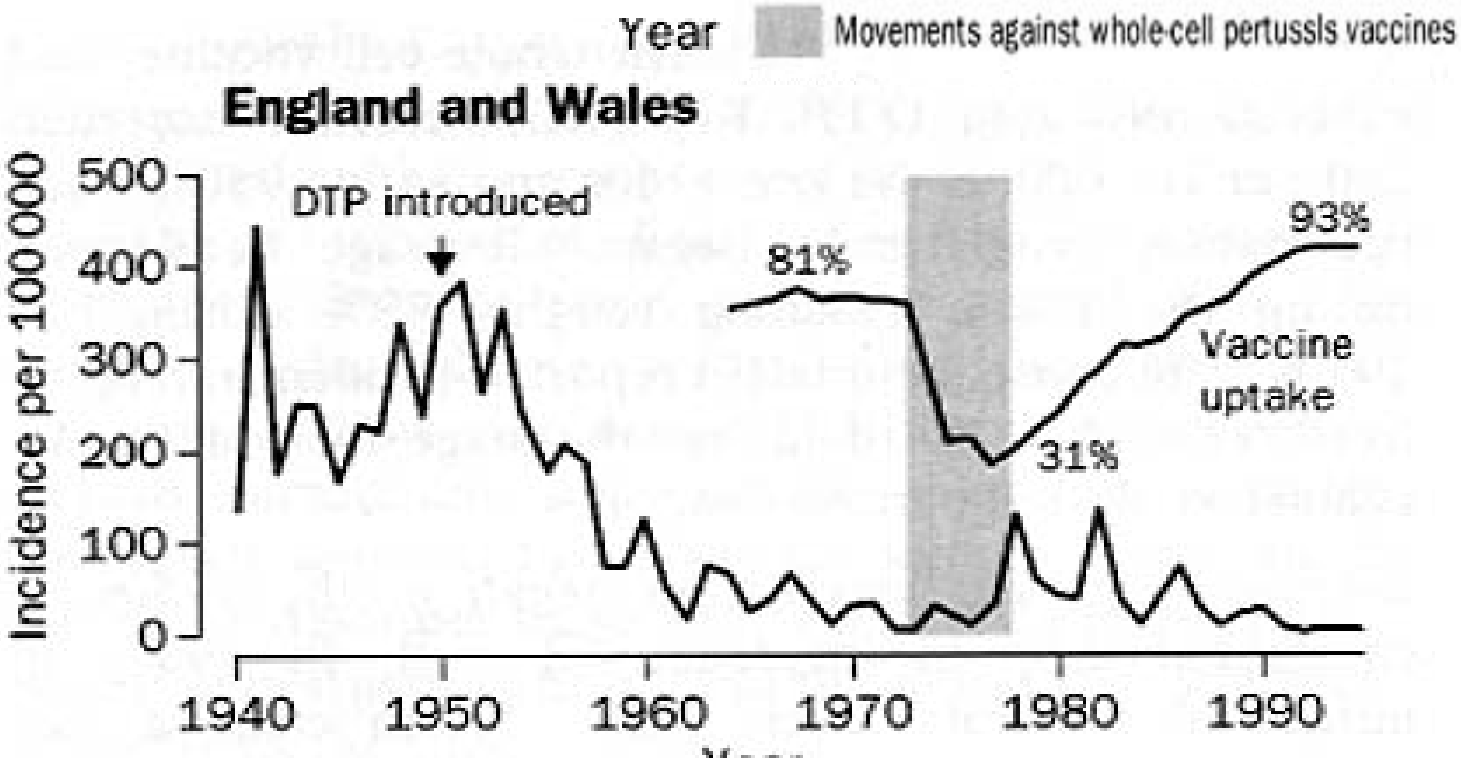
Low disease visibility
Drop in vx Rates

Disease resurgence
Increased vx rates

Evolution of Immunization Program and Prominence of Vaccine Safety



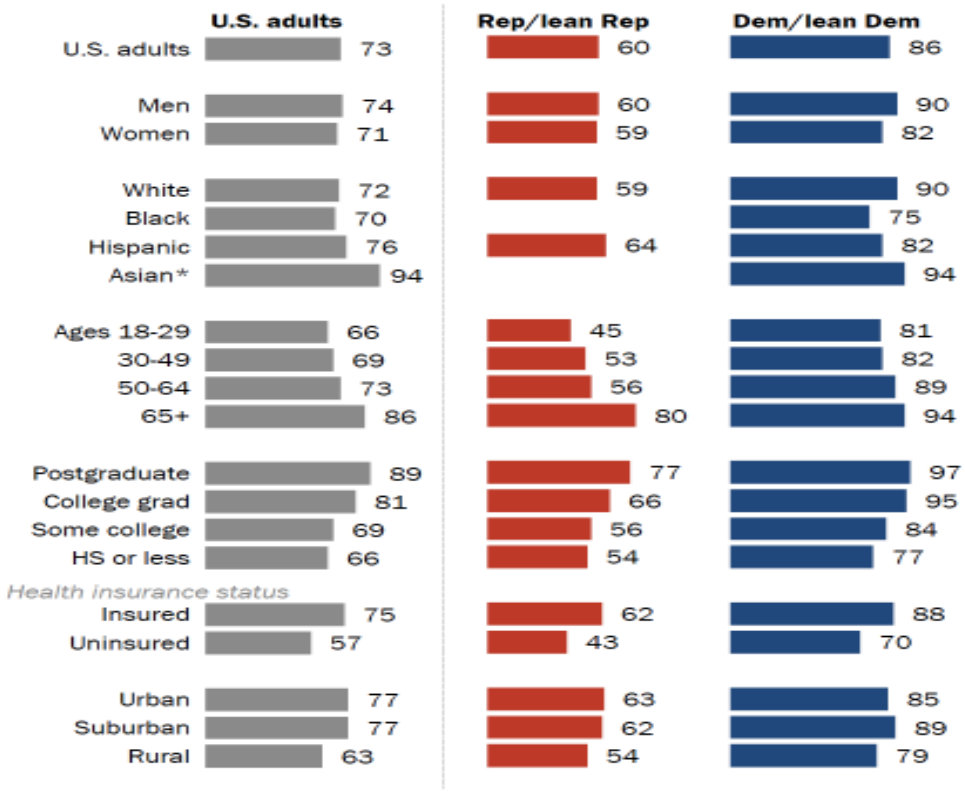
Vaccine policies and exemptions



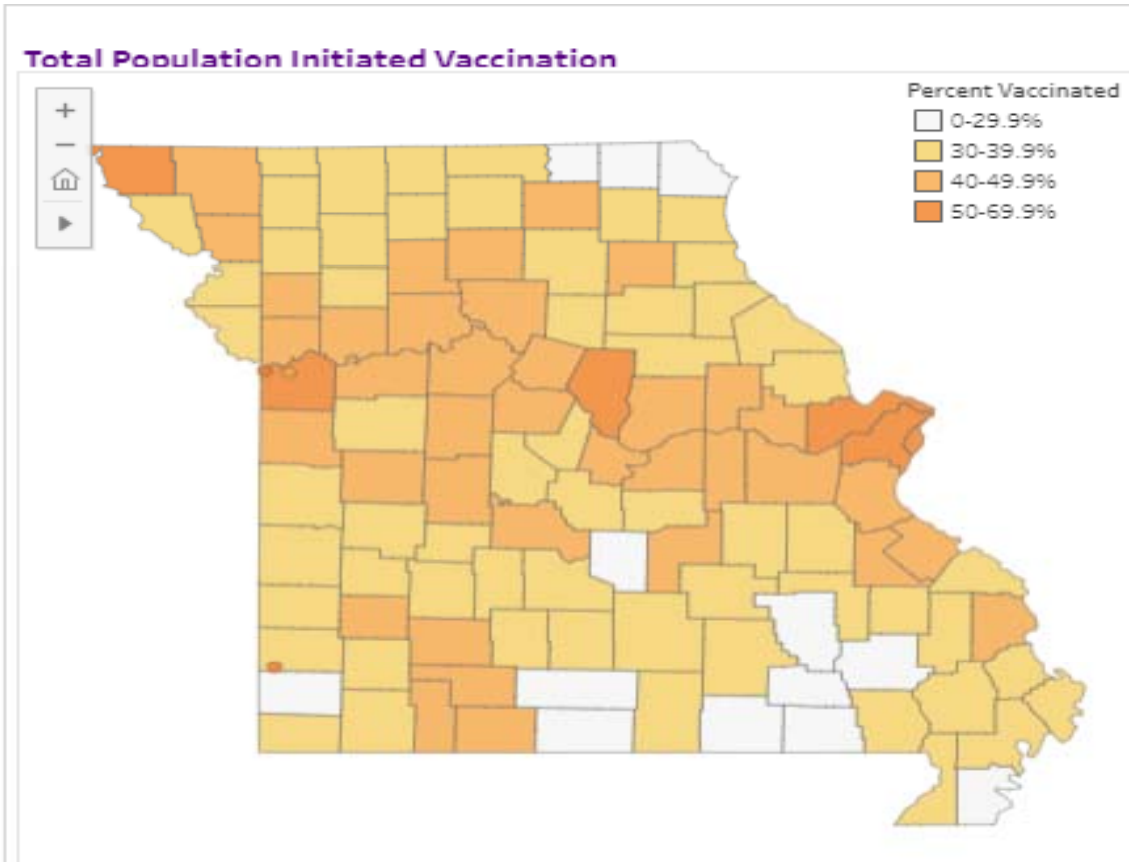
Gangarosa *et al*

Demographics of COVID-19 vaccination status within the Republican and Democratic Party

% of U.S. adults who say they have received at least one dose of a vaccine to prevent COVID-19



Politicization – nurses caught in the cross hairs – vaccination rates in rural MO



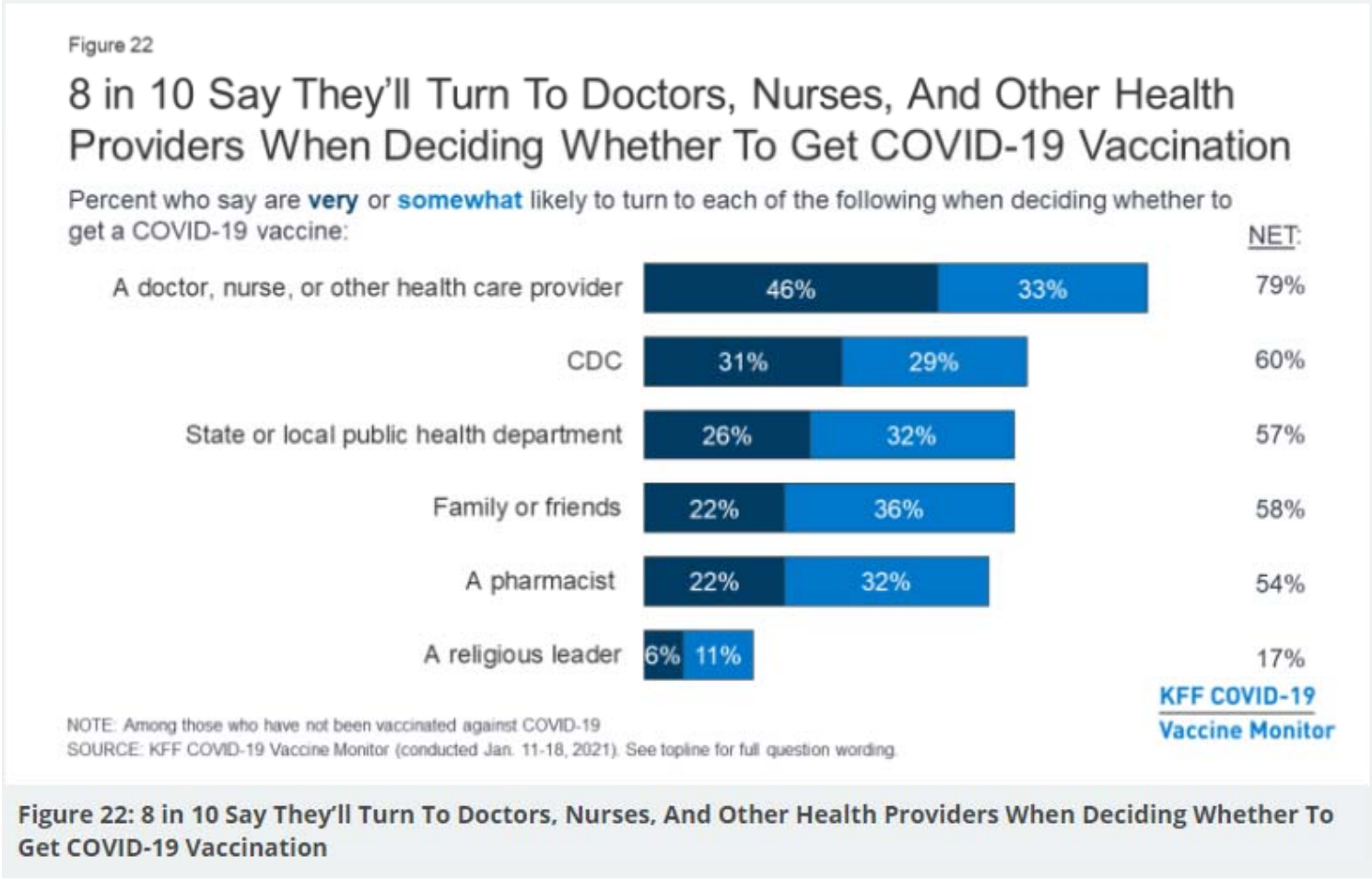


Figure 22: 8 in 10 Say They'll Turn To Doctors, Nurses, And Other Health Providers When Deciding Whether To Get COVID-19 Vaccination

https://www.kff.org/report-section/kff-covid-19-vaccine-monitor-january-2021-vaccine-hesitancy/

Making progress!

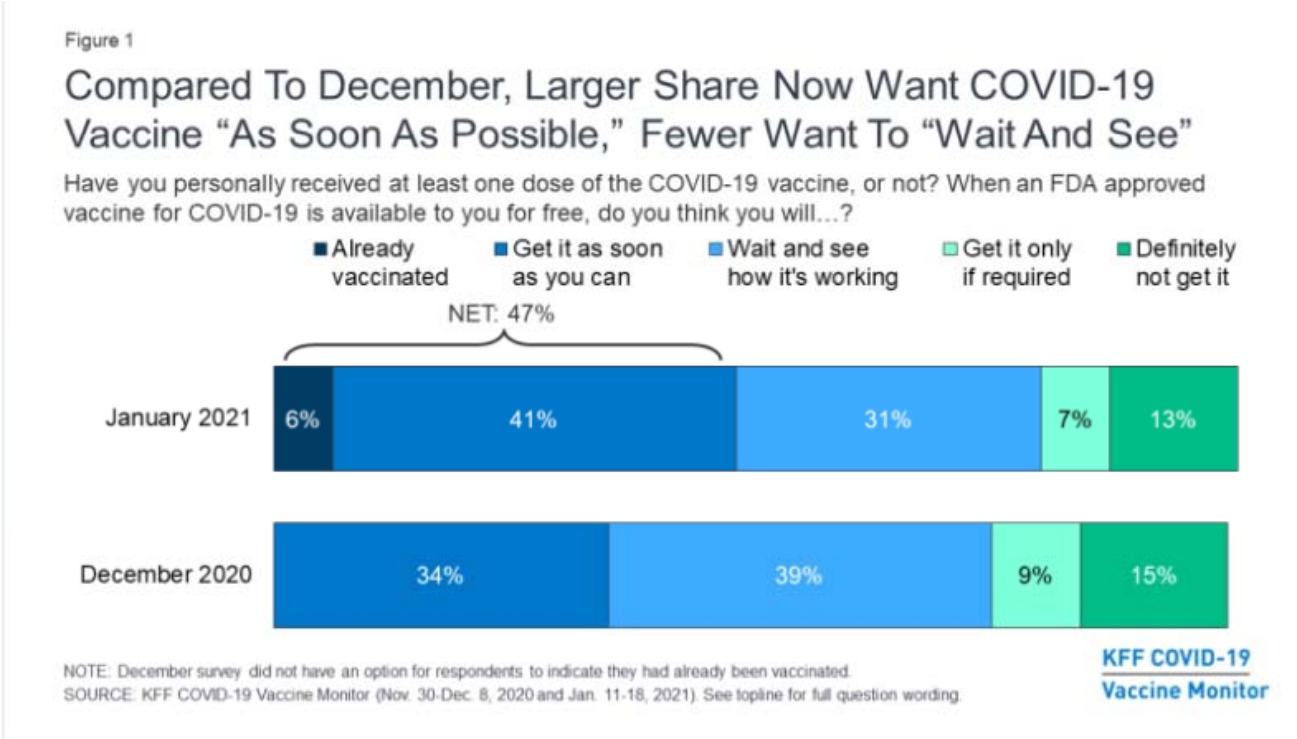
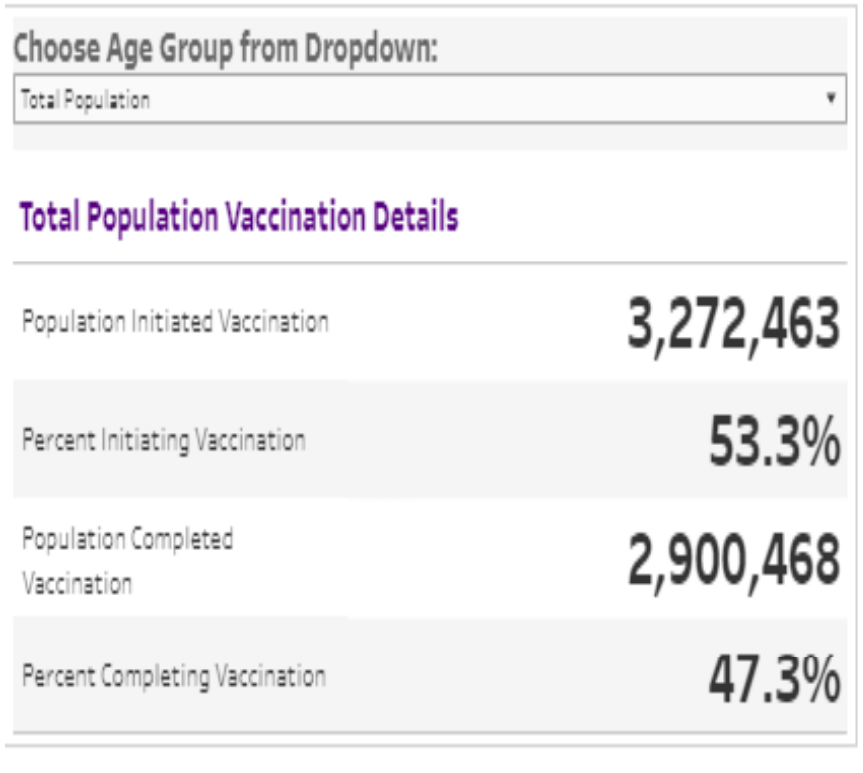


Figure 1: Compared To December, Larger Share Now Want COVID-19 Vaccine "As Soon As Possible," Fewer Want To "Wait And See"

Vaccines (and PHNs that give them) save lives!



- Approximately 740,000 cases prevented
  - 85% VE
  - 30% COVID prevalence
- Approximately 23,000 hospitalizations prevented
  - 32/100,000 hospitalization case rate
- Nearly 12,000 deaths prevented
  - 1.6 case fatality rate

Mental health

- “Among 26,174 respondents, 53.0% reported symptoms of at least one mental health condition in the preceding 2 weeks, including depression (32.0%), anxiety (30.3%), PTSD (36.8%), or suicidal ideation (8.4%)”.

- “Severity of symptoms increased with increasing weekly work hours and percentage of work time dedicated to COVID-19 response activities”.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7026e1.htm

Future of public health nursing – you are not alone!

- GWU report
- State Task Force report
- Advocacy for public health nurses – DHSS Public Health Nurse Council
- University of Missouri – Public Health Nursing ECHO

KEY RECOMMENDATIONS FOR STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE IN MISSOURI

Recommendation:		The State of Missouri Should:
1	Provide financial support and technical assistance for public health accreditation.	Create a special fund to provide technical assistance for LPHAs to assess readiness for accreditation via the Public Health Accreditation Board, identify costs to close gaps, and cover fees associated with the accreditation application process.
2	Prioritize equity.	Expand funding, staff, and other supports to help LPHAs integrate equity principles into data collection and reporting and community engagement (i.e., trust building, links to social services). Increase workforce and funding for the Office of Minority Health.
3	Build a modernized surveillance system.	Build a modernized system and provide LPHAs or regional bodies with hardware and software to manage the system, consistent with federal standards.
4	Create regional coordinating bodies.	Incentivize and support greater formal sharing of staffing and services among smaller LPHAs, with a lead public health agency designated to convene and coordinate, designed to develop and strengthen all foundational public health capabilities.
5	Bolster the public health workforce.	Support workforce development through equitable recruiting, hiring, and promotion practices; new training programs; enhanced salaries for LPHA leaders with advanced training; and deploy skilled staff within regions.
6	Ensure equitable public health funding across the state.	Provide a minimum level of funding for LPHAs, linked to delivery of foundational public health services and an equity analysis incorporating social vulnerability, and ensure that public health money flows directly to LPHAs.
7	Clarify LPHA governance structure and authorities.	Commission legal analysis to create greater consistency in decision making and oversight across LPHA governance and financing.
8	Harmonize policy development.	Ensure consistent policies across jurisdictions for public health prevention and mitigation measures. DHSS should establish and adhere to protocols for consultation with LPHAs on new policies during emergencies.

DHSS Governors Task Force

- Policy Development & Support
- Organizational Administrative Competencies
- Accountability & Performance Management
- Assessment & Surveillance
- Emergency Preparedness & Response
- Community Partnership Development
- Communications

Get involved – be a voice at the table

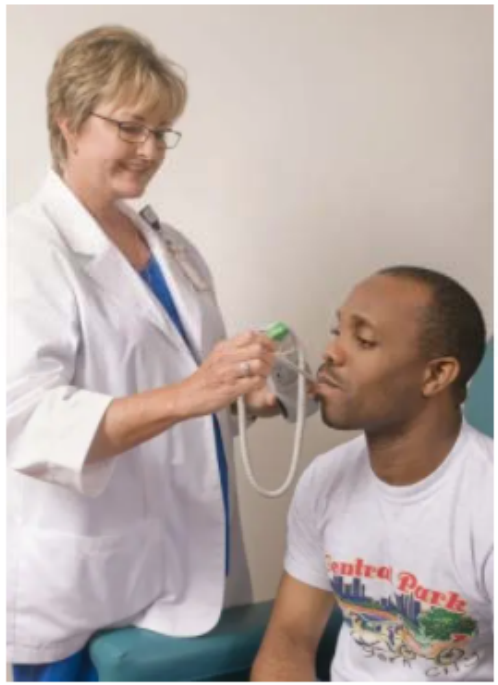
- Missouri Nurses Association
- Missouri Immunization Coalition
- Missouri Public Health Association

⚠ OCCUPATIONAL, ENVIRONMENTAL, & PUBLIC HEALTH HAZARDS

Goal: *Promote the development and enforcement of standards that protect the environment, public health and the workplace.*

MONA supports:

- Resources to increase the capacity of nurses to prepare and respond to disasters (emergency and disaster preparedness)
- Assurance of safe water, air, and food supply
- A unified effort against smoking and substance abuse
- Protection of the public and health care providers from environmental and occupational health hazards, including environmental and medical waste
- Personnel policies that address all aspects of pathogen exposure in the workplace according to OSHA standards and reflect the most current scientific and epidemiological knowledge, while incorporating sound principles of supervision and management
- A confidential post-exposure program to assure employees receive accurate information, guidance, reassurance, and supportive care in accordance with OSHA standards
- Clean indoor air legislation
- Promotion of health and safety programs in the workplace including ergonomics, safe patient handling, infection control, and prevention of workplace violence and work-related accidents
- Appropriate access to substance abuse treatment for impaired nurses
- Bans on texting while driving
- Laws currently in place to protect safe workplace environments



Approved by MONA Board of Directors 12/15/2015

Join the Missouri Immunization Coalition!

Missouri IMMUNIZATION COALITION

Who We Are | What We Do | For Our Healthcare Professionals | For Our Parents and Families | For Our Educators | MIC Media Toolkit | COVID-19 Resources

Moimmunize.org

VIDEOS

Back to School Vaccines

Download

Vaccine Efficacy

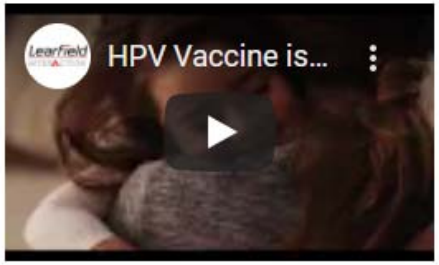
Download

Overall Vaccine Importance

Download

Vaccine Benefits

Vaccines for Communities



HPV Vaccination is Cancer Prevention

TIPS FOR COVID CONVERSATIONS

- Statements about vaccine concerns may sound factual (*Spoken: "I hear that vaccines cause autism."*) when they are really emotional (*Unspoken: "I love my kids and I'm scared by the things that might hurt them."*).
- Affirm emotions before addressing the facts.

Listen: Ask about specific concerns. *"Can you tell me what you've heard that troubles you?"*

Affirm: Validate their emotions. *"Yes, I've heard that, too. That is very scary, and I can see how much you love your child."*

Reflect: Check to make sure you heard things correctly. *"What I hear you saying is...."*

Share: Present both the facts and your own stories now that you have shown respect and established trust. *"May I share a few things with you?"*

Printed September 2021

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in partnership with MU Extension

MYTH:

You may have heard that vaccines can cause you to become magnetic

FACT:

COVID vaccines:

- Do not contain any ingredients that would produce an electromagnetic field contain metals (eg iron, cobalt, nickel, mercury, lithium, etc)
- Do not have a high enough dose to attract magnets to your vaccination site (*even if it were possible*). The dose is only a half of a milliliter.

Printed September 2021 | Reference: CDC 2021

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MYTH:

You may have heard that the trials were rushed and there is not enough safety data

FACT:

- All four clinical trial phases were completed before emergency use authorization. No steps were skipped.
- COVID vaccines are undergoing the most intensive safety monitoring for any vaccine in history.
- Millions of people have been vaccinated against COVID safely and are now protected from a severe disease.
- Nearly all negative effects from vaccines happen immediately or at the latest, within 30 days.
- Long-term negative effects are highly unlikely. Vaccines do their job (generate an antibody response) and then they are done. No ingredients linger in the body.
- Vaccines are evaluated by independent safety monitoring boards and committees of doctors and epidemiologists. These people do not benefit financially from a vaccine getting approved or licensed.

Printed September 2021 | Reference: CDC 2021

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MYTH:

You may have heard that the vaccine causes infertility

FACT:

- There is no evidence that any COVID vaccine causes infertility.
- There was an early claim that COVID vaccines contain Syncytin-1 which is vital to the formulation of placenta in women. No COVID vaccine contains Syncytin-1.
- There is some evidence that being sick with *COVID disease* affects sperm production in men by causing inflammation and micro clotting in men's testicles. This could affect fertility for some couples.

Printed September 2021 | Reference: CDC 2021

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MYTH:

You may have heard that it's more dangerous to get the vaccine than not vaccinating

FACT:

- Some people think their risk for COVID disease or severe disease is very low and the vaccine is risky.
- COVID disease has killed over 600,000 people in the US. The vaccine is safe with little to no fatalities.
- Vaccinating not only protects you but everyone around you.
- Vaccines work against variants. The more people vaccinated the less disease spread and the less risk for the virus to mutate into new variants.
- Nearly all COVID hospitalizations and deaths are unvaccinated patients

Printed September 2021 | Reference: CDC 2021

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MYTH:

You may have heard that the vaccine contains a microchip that tracks movement

FACT:

- There is no microchip in the vaccine. Vaccines come in multidose vials so inserting a microchip in each and every syringe would be impossible.
- You may hear a click when you are vaccinated. This has nothing to do with microchips. That is a feature of modern syringes that protects health care providers from needle sticks. The sound you hear is the needle snapping back into the syringe where it can't poke anyone by accident.

Printed September 2021 | Reference: CDC 2021

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MYTH:

You may have heard the vaccine is not safe for children

FACT:

- COVID vaccination can safely help protect your child from getting COVID.
- Children can become very sick with COVID.
- Some children experience a multisystem inflammatory syndrome from COVID disease which can be deadly.
- Children can spread the virus that causes COVID to others. Getting your child vaccinated helps to protect your child, your family, and people around you.
- COVID vaccination is now recommended for everyone 12 years and older.

Printed September 2021 | Reference: CDC 2021

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MYTH:

You may have heard the vaccine is not safe to take during pregnancy

FACT:

- COVID vaccines have been deemed safe for pregnant and lactating women by the American College of Obstetricians and Gynecologist.
- In fact, COVID vaccines are strongly encouraged. There have been some tragic cases of COVID disease in pregnant women.
- COVID vaccines do not harm the fetus, and in fact may protect babies from COVID disease after they are born.
- Thousands of pregnant women have been safely vaccinated against COVID.

Printed September 2021 | Reference: CDC 2021

MPHA and PHNs!

The Future of Public Health Nursing (PHN): National Advocacy Efforts of the American Public Health Association's PHN Section

Shawn Kneipp, Ph.D., RN, ANP, PHNA-BC, FAANP

Fall Education Conference
October 8, 2020

North Carolina Public Health Association

UNC SCHOOL OF NURSING

APHA PUBLIC HEALTH NURSING SECTION

Nursing students and public health – create pipeline!

- “I was thinking a lot about what I have learned during my time at the health department, and I feel it has really changed my outlook on public health. I have really enjoyed the camaraderie at the health department and the genuine desire to help the people of… County. This has led me to consider working in the public health field, which is not something I had considered before.”

- “I enjoy all of the nurses at the health department as well as the nurse and health educator I work with at the school. I feel as if I am learning so much and really questioning as to what I want to do in the future.”

Public Health Nurse careers

"I like the variety of work responsibilities and the people I interact with, plus the independence to make decisions that impact the community and the ability to expand and grow professionally."

Pam Pittman, BS, RN, CPHA – Nurse Manager
Springfield-Greene County Health Dept.

"I chose public health nursing to make a difference in the community by educating at-risk populations. I especially like the one-on-one relationships on the grassroots level."

Betty Jefferson, RN, MSN – Public Health Nurse Supervisor
St. Louis City Dept. of Health

"I enjoy the opportunity to work with multiple populations and the diversity of activities, including leading communities, advocating for clients and providing hands-on care. Public health nursing is a great opportunity to effect change in communities and individuals."

Lynne Jones, RN, BSN– Regional Response Planner Super visor
St. Louis County Dept. of Health

"Public health nurses connect people and health resources to create healthy communities – one person, one group, one neighborhood at a time."

Donna Bridgman Musser, RN, PhD – Assistant Clinical Professor
University of Missouri-St. Louis

"Public health is silently and constantly working."

Patti Yates, RN – Nursing Supervisor
Newton County Health Dept.

Different kind of heroes!