

58-SOF-EJE
RETYPE FROM ORIGINAL

Faribault State School and Hospital
April 30, 1958

Mr. Morris Hursh, Commissioner
Department of Public Welfare

E.J. Engberg, M.D.
Superintendent

Superintendent's Monthly Report

The Superintendent's Report for the month of March is being submitted, together with the reports of the Medical, engineering, construction, Farm, director of Administrative Services, In-Service Training, of personnel changes, of the School Principal, a list of visitors to the institution during the month, as well as a Personnel Report for the Ramsey County Preventorium Annex. There is no report for the Psychology Department, as Mr. Madow did not return until April 3 from the University of Indiana, Bloomington, Indiana, where he was completing arrangements to complete the work required for his PhD Degree.

During the month representative of the Group Insurance Program, available to employees of the State of Minnesota, completed interviewing all employees to determine whether they wished to make any changes in their insurance coverage. The Personnel Office worked out with the representatives the plan to be followed and which proved to be efficient and expeditious. On February 13 Mr. Johnson sent each employee a memorandum with the information that the representatives would come on February 24, 25, 26, 27, 28 and the week of March 3 until every employee had been contacted; that the representatives would cover every building once during the early shift and once during the late shift and had also set aside the night of February 28 for covering every building to take care of those who worked on the night shift. On Wednesday, February 26 and March 3 one representative was in the Personnel Office all day to discuss this insurance program with anyone who was not able to see them at any other time. On March 8 the Legislative Building Commission made their official visit here, which has been covered by a special report immediately following the visit.

The only two building populations that escaped the Asian Flu epidemic last fall had massive outbreaks of influenza during March. Grandview Cottage, some five miles from the main institution, with a population of 70 elderly men, had 52 moderately severe cases with onset March 4 and termination March 12. All recovered except one patient with chronic heart disease who developed broncho pneumonia and expired. West Cottage, a locked building on the grounds, with a population of 65 young to middle-aged men, had

26 moderate cases with onset March 12 and termination March 20. All these patients recovered without complications.

We are sorry to report that on March 13 it became necessary to place the Spruce Building in the Green Acres Division in quarantine when laboratory reports from the State Department of Health revealed that cases of diarrhea developing there March 7 were caused by Shigella, Sonne I and II. The Department of Health was informed of this outbreak and are cooperating in the treatment and control of this situation. It has not been possible to determine definitely the cause of this outbreak, but we are more inclined to believe that it was brought in by one of the new patients, rather than that the disease became active in some carrier from one of the earlier outbreaks. Dr. Barton Nelson of the Department of Health and I have urged Dr. Bruhl to prepare for publication on a paper on our experience with this condition, as this is the third outbreak that has occurred here. Between outbreaks there have been no sporadic cases. In the Thirteenth Biennial Report of the State Division of Public Institutions for the period ended June 30, 1950, we described the first outbreak as follows:

"In July, 1948, several patients in a building occupied by about 100 female infants and young children became ill with diarrhea, and six were found to be due to Shigella Flexner W. Specimens of stools of all patients living or working as helpers and of all employees working in the building were sent to the Department of Health laboratories. Twenty-three additional stool specimens of patients were found to be positive, but about half of these patients had not had recent diarrhea and became negative without developing symptoms. The stool specimen of one psychiatric aide employed in the building also came back positive and she gave a history of a recent slight diarrhea. One additional case of diarrhea due to the Shigella organism occurred in October, and three in November of 1948. No other cases occurred until April, 1950, when one female patient admitted to the institution in December, 1949, in poor physical condition developed diarrhea. Her stools showed presence of Shigella Flexner W. Four other cases occurred in the same hospital ward and are still in isolation awaiting three consecutive negative stool reports following treatment. Two deaths occurred in patients reported positive to Shigella. Both were idiots and had been in poor physical condition from the time of their admission. In addition to the positive Shigella stool specimens reported in the building referred to, two patients were found to be positive to Proteus Morganii and one to salmonella Montevideo bacilli in August, 1948, all of whom became negative. Two patients were found to be positive to E. Typhosus but there had been no recent illness. One was a patient in the same building where the cases of Shigella were found. The other was a patient helper working in that building but residing elsewhere. One of these continues to be positive in spite of medical treatments, while the other became negative and was released from isolation in November, 1949."

The second outbreak was described as follows in the Fourteenth biennial Report of the State Division of Public Institutions for the period ending June 30, 1952:

"Enteric Diseases. A female patient identified as a typhoid carrier in 1948 remained in the hospital, under careful supervision to avoid infecting others. However, her stools have become free from typhoid germs since a cholecystectomy was performed November 9, 1950, and she soon may cease to be segregated as a carrier.

Bacillary dysentery has continued to be a problem since July, 1948, when it occurred among patients in four new buildings opened for young, severely defective children, many of whom were in poor physical condition when admitted. On July 1, 1950, four females were still in isolation. Twenty-three additional cases, 6 in males and 17 in females, occurred through November of that year. By February, 1951, all had become negative. No other cases occurred until June, 1951, when five cases were discovered, three in males and two in females. These, instead of being of the Flexner-W strain of Shigella that had been previously recognized, proved to be of the Sonne strain, as have all subsequent cases. Up to June 30, 1951, 143 additional cases occurred, of which 47 were in males and 96 in females. During the fiscal year ending June 30, 1952, there were 118 cases, 92 in males and 26 in females. Only nine of these cases still remained positive on June 30, 1952, all of whom were males. Eight patients died, all of whom were severely defective and in poor physical condition at the onset of diarrhea. One of these was a female, who died in September, 1950; three males and one female died in July, 1951; and a male death occurred in August, 1951, and in March and May, 1952.

Stool specimens of all employees and patients who came into contact with ill patients or with those found to have stools positive to shigella were submitted to the State Department of Health for examination. One employee not ill was found to be positive, but became negative after a few days and was released from isolation. Another employee became ill in July, 1951, while on her day off duty and was hospitalized elsewhere. Her symptoms were very pronounced, but she responded to treatment and made a rapid and complete recovery."

The last case Shigella, Sonne, until this latest outbreak occurred in January, 1952, and was discharged the following month.

Our program of monthly milk testing was begun with the first samples taken on March 18. Under the direction of Mr. R. E. Frazier, Chief of the Laboratory Section of the Division of Environmental Sanitation, State Department of Health, the necessary equipment was installed, personnel received training at his laboratory and procedures were outlined. Raw and immediately pasteurized milk samples from both our dairy and the Owatonna State School dairy will be taken routinely each month and four additional samples will be taken at various distribution points in the institution in irregular monthly rotation but to include all areas of handling within the space of a few months. Milk analysis work sheets in detail will be sent to Mr. Frazier on completion of monthly tests.

The results of the March 18 testing were very satisfactory with low counts and good temperature controls except in some serving areas. Laboratory technicians must obtain samples for the first few months but it may be feasible to select and train certain other personnel to do this later on. The laboratory procedures for milk require 40 man-hours per month which, on being added to an already excessive work load, justifies the appointment of an additional technologist.

Dr. Thorsten Smith and four other staff members were assigned to attend the workshop on the Geriatric Patient at the Anoka State Hospital march 21. Three of our recreational staff requested permission to attend on their day off duty and provide their own transportation and did so when Dr. Textor agreed they could be included. All were very much interested and especially impressed by the description of the Willmar Program. Dr. Smith made a report of this meeting at his be-monthly conference with the Directors of Therapy Departments.

The institution was host on March 27 to the Laundry Managers and Chief Housekeepers from all of the institutions with Mr. Chapado and Miss Heaberlin being present from the Central Office, as well as Mr. Conrad Peterson.

The Health of the 104 patients at Lake Owasso remained very good throughout the winter. Activity programs have been carried out only fairly well with one recreational worker; another such person should be appointed in order to extend programs for longer daily periods and for a full week. Consideration is being given to having, eventually, an all-female population at Owasso to facilitate programs there and enable the conversion of some female areas to male at Faribault.

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