

**CLALLAM COUNTY BOARD OF HEALTH
REGULAR MEETING MINUTES
November 16, 2004**

I. ROLL CALL TO ORDER

The meeting was called to order at 1:37 p.m. by Stephen Tharinger, Chair.

Present: Stephen P. Tharinger, Chair (left from 3:00 – 3:15)
Michael C. Chapman, Vice Chair
Camille Scott
Jeanette Stehr-Green, M.D.
Jim Leskinovitch
John Beitzel

Excused: Howard "Mike" V. Doherty, Jr.

II. AGENDA REVIEW AND APPROVAL

Mr. Chapman moved to approve the agenda as written. Dr. Stehr-Green seconded and the motion carried.

III. APPROVAL OF MINUTES

Mr. Beitzel moved to adopt the minutes of September 21, 2004. Mr. Chapman seconded and the motion carried.

Mr. Chapman moved to adopt the minutes of October 19, 2004. Dr. Stehr-Green seconded and the motion carried.

IV. PUBLIC COMMENT

None.

V. OLD BUSINESS & INFORMATIONAL ITEMS

VI. PUBLIC HEALTH ADVISORY COMMITTEE (PHAC) REPORT

Virginia Clark, PHAC representative, reported that Senator Hargrove attended the meeting of November 5, 2004. Members of the committee discussed subjects of importance to Public Health with Senator Hargrove.

JoAnne Dille, Director of HHS, reported that Chandra Houston from Family Planning of Clallam County provided a presentation regarding Family Planning scope of services and outreach to the tribes. Chandra reported on the continuing partnership between Family Planning and Clallam County HHS, including agreements to share clinical space. Clallam County provides clinical space for weekly Family Planning Clinics at the Forks Health Department. In turn, Family Planning provides space for the Syringe Exchange Program. Family Planning provides those family planning services that in other health jurisdictions are provided by the health department. Ms. Houston will complete her presentation at the December PHAC meeting.

Clover Gowing, member of PHAC, commended the cooperative partnership of Family Planning and HHS and sharing each other's facilities to expand their programs in an effective manner.

VII. HEALTH DIRECTOR'S REPORT

- A. Health & Human Services Program Overview: Communicable Disease Surveillance, Immunization, Sexually Transmitted Disease, Syringe Exchange and Travel Medicine.
Kathryn McDaniel, Health Services Manager, gave part 1 of 2 of a PowerPoint presentation

giving the Board an overview of a portion of the services provided through public health. Kathryn distributed brochures describing Public Health programs.

Communicable Disease Surveillance: Beginning in March 2004, the professional nursing staff began cross-training in communicable and infectious disease reporting. The staff also engaged in table-top exercises to keep prepared. Health Services staff are working more closely with Environmental Health staff in some of these situations. Mr. Leskinovitch asked why there is a greater problem with salmonella now than there used to be. Dr. Locke said it is because of industrial food production and cross contamination. He also said that the bacteria are now resistant of multiple antibiotics and harder to treat.

Immunization Program: Kathryn reported that the immunization program is very busy and important. Hundreds of vaccinations are given to adults and children during two scheduled clinics each month. Dr. Locke said that Washington State children through age 2 are at about an 80% coverage rate. Kathryn will find out what Clallam County's coverage is and report back to the Board.

HIV/AIDS Prevention Services: HIV testing involves using an oral test in clinics and is also being used when providing shelter outreach services. The Syringe Exchange Program is exchanging thousands of syringes per year on a one-for-one basis. Assessments for other testing (i.e. Hepatitis) are also done and referrals are given. Expanding the Syringe Exchange Program to include services in the West End area of Clallam County is being explored.

HIV/AIDS Case Management: Provides linkage to medical care, assistance to services and education in risk reduction. Individual Level Intervention is a new way to approach HIV control. Staff are getting trained and ready to begin assessing the potential clients that are currently on the HIV caseload.

STD Program: There are no clinical exams provided in our public health office. Individuals are assessed and referrals sent to Family Planning. We do provide contact tracing and partner notification, urine testing for Chlamydia and Gonorrhea, and blood testing for Hepatitis C or Syphilis. The rates of Chlamydia are high in Clallam County and rates are rising. One in four people in the age group of 15-24 will get one of these STDs.

Mr. Tharinger asked how many people Public Health feels they are not reaching. Kathryn estimated that there are many young people we are not reaching. This is partially due to our lack of active involvement in the school education programs. However, Family Planning of Clallam County does speak to kids in schools about STD protection.

Kathryn reported that all public health services are also provided at the Forks Health Department. All services are provided by a full time public health nurse, part time LPN, part time community health worker and support staff and interpreters. The Peninsula Children's Clinic also uses the department's clinical space in Forks to provide pediatric primary care on a monthly basis. Family Planning also uses this facility on a weekly basis to provide services for West End residents.

Mr. Leskinovitch discussed the issue of who/what school would prevent public health from coming and talking about STDs. He feels that ignorance from kids is not an effective prevention. Kathryn explained that each school district is different and it depends on the school board, the parent-teacher organizations or administration at the school. Mr. Leskinovitch said he would like to see the Board take a stand to support having this education more in schools.

Dr. Locke said it is an excellent idea to ask the schools what they are doing. Based on the responses, we could take "best practices" to the next step. Dr. Locke will prepare a presentation to the Board and draft a letter to the school districts asking them what they are currently doing about the STD situation.

VIII. ENVIRONMENTAL HEALTH DIRECTOR'S REPORT

- A. Washington State Food Code Revision (Adopted 9/04, Effective 5/05). Robin Munroe and Janine Reed, Food Safety and Living Environment Program Specialists, gave a PowerPoint presentation of the changes to the Food Codes adopted in September, 2004. The new codes go into effect May 2, 2005.

It's been 12 years since the last revision. There is new science which leads to new rules. It shows the improved research and clears up vague language (examples: hand washing, bare hand contact, hair restraints) and makes the County consistent with national standards. Workshops for inspectors will be held in winter 2005. The state is developing a new inspection form, a new food worker manual and a new food worker class video and exam.

Andy said that it will take more time for staff to do inspections based on the new codes and it will take additional education to turn things around. In the near future, he will be reviewing where we are and what it looks like for the future of this program and discussing this with the board.

IX. HEALTH OFFICER'S REPORT

- A. Influenza Vaccine Shortage. Dr. Locke reported that our efforts of dealing with the influenza vaccine shortage has been very labor intensive. The County has been working with state, federal authorities and local providers to try to identify critical needs. In this past week it is finally paying off. Copies of the most recent "blast fax" bulletins to health care providers were included in the Board's packet. To date, the Health Department has been able to acquire an additional 2,000 doses from Jefferson General Hospital for redistribution to Clallam County providers. Additional vaccine was sold by Jefferson General directly to Olympic Medical Center. Public Health has been vaccinating the nursing home and long term care facility residents out of our initial 1,000 doses and what was left of that was distributed to providers in Port Angeles and Sequim. We are expecting another 1,000 doses at the end of this week from our original purchase.

Federal agencies have refused to set priorities within the list of priority candidates. Priorities are children 6-23 months of age, people over age 65, children and adults with certain chronic illnesses, pregnant women, caretakers of infants under 6 months of age, and health care workers with direct patient care responsibilities. Dr. Locke said he feels we need to follow these priorities.

We have started seeing influenza in Washington State. Seven confirmed cases so far (6 in King, 1 in Skagit), although we are not seeing nearly as much at this time this year as we did last year. Dr. Locke said he feels we are looking at a typical flu year and should see the peak of the season in January or February.

One of challenges this year is that vaccine will keep trickling in through December and January. Normally people are vaccinated through November, so we will need to encourage people to keep getting them.

Dr. Locke handed out the 1999 executive summary from the Institute of Medicine about shortages that occurred during the 1990s and have continued over the last four years. The whole system is in trouble and will need a more active role from government agencies to stabilize vaccine production and increase rates of vaccination. Dr. Locke said that Washington has a good program for distribution of vaccine for children that is received from the Federal Government or purchased directly by the state. All Washington state children, whether insured or uninsured, have access to free vaccine through this "universal distribution" system. The system depends on biennial legislative appropriations, however, and is thus unstable..

Jim Leskinovitch asked if there are only 2 manufacturers of flu vaccine world wide and if not why can't we get the government to get the vaccine since we promote it and then it's not available. Dr. Locke said this is only a problem in the United States. Other countries are not having an

influenza vaccine shortage problem, it has to do with variables that are unique to U.S. system. Partially it is because we have the strictest vaccine licensing requirements in the world and vaccine manufacturers have a relatively low profit margin as compared to other medications produced by the pharmaceutical industry. U.S. law prohibits direct purchase of vaccines from other countries for administration in the U.S. The federal government is negotiating to purchase additional vaccine from Germany and Canada, but will require that those who receive it sign waivers acknowledging that the vaccine is not FDA approved.

Dr. Locke suggested that in the aftermath of this season, taking those issues and other vaccine shortage issues, package them together and adopt resolutions that local and state boards take to our congressional delegation. Vaccine shortages are a problem that can be solved but it will take more organized effort, changes in federal policy and significant political will.

X. OTHER

Dr. Stehr Green commended Dr. Locke on his "Friday Faxes" to the medical community as great communication building.

XI. ACTIVITIES CALENDAR UPDATE

XII. NEXT MEETING AGENDA ITEMS

Part 2 of 2 Public Health Programs presentation – Tour of Public Health facility in Port Angeles

Draft letter to School Districts asking what they are doing regarding STD education

XIII. PUBLIC COMMENT

None.

XIV. ADJOURNMENT

Dr. Stehr-Green moved to adjourn the meeting of November 16, 2004 at 3:43 p.m. Mr. Chapman seconded and the motion carried.

APPROVED AND ACCEPTED THIS _____ DAY
OF _____, 2004.

CLALLAM COUNTY BOARD OF HEALTH

Stephen P. Tharinger, Chair

Michael C. Chapman, Vice Chair

ATTEST:

Rene A. Leonard, Clerk of the Board

Howard V. Doherty, Jr.

Jim Leskinovitch

John Beitzel

Camille Scott

Jeanette Stehr-Green, M.D.