

**CLALLAM COUNTY BOARD OF HEALTH  
REGULAR MEETING MINUTES  
BOARD OF COMMISSIONER'S MEETING ROOM  
AUGUST 16, 2005**

**I. ROLL CALL TO ORDER**

The meeting was called to order at 1:34 p.m. by Mike Chapman, Chair.

Present: Michael C. Chapman, Chair  
Jeanette Stehr-Green, M.D., Vice Chair  
Howard "Mike" V. Doherty, Jr.  
Stephen P. Tharinger  
Jim Leskinovitch

Excused: John Beitzel  
Camille Scott

**II. AGENDA REVIEW AND APPROVAL**

Mr. Tharinger moved that the agenda be approved as written. Dr. Stehr-Green seconded and the motion carried.

**III. APPROVAL OF MINUTES**

Dr. Stehr-Green moved to approve the minutes of August 16, 2005. Mr. Tharinger seconded and the motion carried.

**IV. PUBLIC COMMENT**

None.

**V. OLD BUSINESS AND INFORMATIONAL ITEMS**

- A. School STD Awareness. Dr. Locke reported he and Lyell Fox, Community Health Nurse, have made contacts with all of the school districts and are scheduling meetings with each. Next week they will meet with the Cape Flattery and Port Angeles School District Boards and dates for the Crescent and Forks Boards are in the works. Sequim School District requested that an information packet be provided for review by their staff. A meeting with the School Board would then be scheduled after staff review the packet. Dr. Locke said these initial meetings are the first steps in a long process. We want to start by determining what is currently being done in terms of STD prevention education in the schools. We will then work with school officials to see what additional things can be done to reduce STD risk and improve appropriate screening among students. Agreed upon interventions will then need to be implemented and monitored to determine their effectiveness.

Dr. Stehr-Green asked what the department will do when Lyell Fox leaves (leaving County employment as of August 30<sup>th</sup>). Dr. Locke said that our senior Community Health Nurse, Ann Johnson, who is serving as acting program manager will cover that program until the position is filled.

- B. Washington Immunization Rate Update. Dr. Locke reviewed a State Department of Health press release reporting that some of Washington State's immunization rates are among the lowest in the Country, but are improving. The state's vaccination program is getting a lot of attention. The new governor has a goal of bringing the immunization rates up. The Board will be hearing more about this issue in the late fall when exemption rates for children entering school in September will be available. In the past, exemption rates have been about 3% statewide. They have been as high as 6% in Clallam County. The three types of immunization exemptions are: medical (which is rare), religious (also rare), and personal (which constitutes the overwhelming majority of exemptions).

A child does not have to be fully vaccinated to start the school year, but their parents/guardians do need a plan to have them vaccinated. The policy goal of public health programs is to target "convenience exemptions", i.e. parents who do not oppose vaccination on philosophical grounds but seek exemptions because it is easier than pursuing needed immunizations. By making it easier to obtain vaccinations and educating parents on their importance, it is hoped that exemption rates can be reduced to the 2-3% of "hard core" exemptions, i.e. parents who oppose vaccination.

- C. Menactra Vaccine Shortage. Dr. Locke said Menactra is a new vaccine against invasive meningococcal disease. This is a rare bacterial disease that invades the bloodstream or central nervous system and can cause a rapidly progressive, life-threatening infection. A vaccine against meningococcal disease has been available for a number of years, but it doesn't provide long lasting immunity or eradicate the carrier state for the bacteria. Menactra is a "conjugate" vaccine and is more effective in eradicating the carrier state and appears to provide long-lasting immunity. The national Advisory Committee for Immunization Practices has recommended this vaccine for college bound students living in dormitories as well as kids 11-18 years of age. The manufacturer has promoted the new vaccine heavily in Washington state and successfully lobbied the Legislature to require that schools notify all parents of the availability of the new vaccine and its benefits. The problem is that the manufacturer's production system won't be able to meet the projected vaccine demands for 3-5 years.

Our Public Health Department receives 20 doses of Menactra per month and will likely be limited to this amount for the foreseeable future. Accordingly, we will have to prioritize use of this vaccine to those who will benefit the most. College bound students, people with certain medical conditions, and foreign travelers to high-risk areas are at the top of the priority list. Children ages 11-18 years are not.

## **VI. PUBLIC HEALTH ADVISORY COMMITTEE (PHAC) REPORT**

Dr. P. Stehr-Green noted the Advisory Committee's unanimous support of the department's proposal to update their Fee Schedule. In addition, he reported the Committee continues with efforts on the initiative for promoting improved nutrition and exercise among all ages.

Mr. Doherty suggested having a tobacco cessation representative on the Advisory Committee. Dr. P. Stehr-Green noted the suggestion and will bring it back to the Committee.

Dr. P. Stehr-Green conveyed an open invitation to any Board member who would like to attend the Advisory Committee meetings. The meetings are held the first Friday of every month 12:00-2:00 p.m. in the Health & Human Services Conference Room in the basement of the Courthouse. Dr. Locke offered to have the Board receive the Advisory Committee's electronic packet each month prior to the scheduled meetings. The Board agreed.

## **VII. ENVIRONMENTAL HEALTH DIRECTOR'S REPORT**

Dr. J. Stehr-Green noted that the Board has recently been receiving copies of letters to home owners from the Environmental Health Department regarding septic concerns. Dr. Locke said the documents are being routed to the Board members as informational items only.

## **VIII. HEALTH DIRECTOR'S REPORT**

Dr. Locke referred to a letter from JoAnne Dille dated August 1, 2005. JoAnne suggested in the letter that a copy of the 2004 Draft Preliminary Report of DHHS accomplishments (with recommendations for review and implementation) be placed in the Board's packet. Dr. Locke explained that he discussed this proposal with JoAnne and they agreed that it would be better to distribute specific sections of the report when the Board is considering issues or policies related to those sections. Dr. Locke invited Board members to review the draft report if they so desired and offered to make copies as requested. Some sections of the report, such as the Public Health Standards assessment are preliminary. An independent third party assessment of Clallam

County's performance relative to these standards was conducted in May. A final report should be available in October or November.

## IX. HEALTH OFFICER'S REPORT

- A. Vaccination and Traveler Consultation Fees. Dr. Locke said the Board of Health is responsible for setting fees for the Public and Environmental Health Departments. As we look at our mid-year expenditures, the immunization program is not covering its costs.

Dr. Locke is proposing a cost-plus system for adult vaccination in which charges are based on the actual cost of the vaccine. The vaccine administration charge would be set by the Board. The goal is to avoid subsidizing vaccine costs for adults and travelers who can afford to pay the true cost of these immunizations. Dr. Locke would like the Board to act on this soon because we are currently losing money on this program.

Traveler consultation fees are for persons traveling to foreign countries where exotic diseases might be encountered. These consultations need to be customized for each traveler. We research the trip itineraries provided by the traveler and make immunization recommendations based on specific risks associated with each travel destination. It can be a time-consuming process and we are trying to make it as efficient as possible and recoup the program costs. The draft fee schedule proposes a three-tier fee: 1) for travelers who submit travel itineraries in advance, 2) for travelers who request a last minute consultation, and 3) for travelers who request a last minute consultation that is more complicated. Submission of travel itineraries in advance allows batch processing of requests and timely scheduling of immunizations (multiple visits are often necessary). This is the most cost-effective strategy. Last minute ("walk-in") consultations can be very time consuming, travelers may be undecided about their destinations, and fully immunizing them may be impossible given the short time remaining before their departure. The three-tier fee is designed to provide incentives for travelers to plan ahead and recover the full cost of delivering services for those who fail to do so.

A fee change requires a public hearing and opportunity for public comment. Dr. Locke requested the Board call for a public hearing at the September 20, 2005 Board of Health meeting.

After a discussion by the Board, the following changes are proposed for the Public Health Fee Schedule. The fee for an office visit will increase from \$12 to \$15. "Traveler Consultation" will be one set fee of \$90 for "walk-in" services. Medical Nutrition Therapy will be deleted from the Fee Schedule. The Board requested that staff consider tracking their time to see if it is necessary to charge more for last minute, more complex travel consultations.

Mr. Tharinger moved to call for a Public Hearing. Mr. Leskinovitch seconded and the motion carried.

- B. Olympic Hot Springs Water Quality Update. Dr. Locke was unable to call the Olympic National Park about their water quality monitoring policies. He did research their website and gave the Board copies of the public information provided by the Park regarding Olympic Hot Springs' health risks. The problem is not unique to the Olympic Hot Springs. Other western states and British Columbia have exceedingly popular hot springs accessible to the public. A newspaper article was provided that described their programs and concerns about water quality.

Dr. Locke plans to contact the park in the near future for possible collaboration on public education.

- C. 2004 PHIP: Information Technology – Reliable Information for Better Health. Dr. Locke said this section of the 2004 PHIP gives the Board an overview of the many new electronic data systems being introduced in public health, each with its distinctive acronym. Several of the new systems offer potential benefits in terms of efficiency. They also impose

significant training costs. These systems will have powerful new features once implemented. Washington Secure Electronic Communication and Urgent Response System (WaSECURES) is one that has just gone live and seems to be working. The system, which provides urgent communications for public health emergency response partners, requires users to respond that they have received messages, thus determining who has been contacted and who has not. Other systems are in process and will be implemented as they are completed.

- D. Puget Sound Joint Board of Health Meeting – Public Health Codes and Marine Water Quality. Under the new State Board of Health On-Site Codes adopted last month, there has been an increased focus on marine water quality. Most of the Legislature's attention has been on Hood Canal but the new standards apply to all counties with marine shorelines. Efforts are underway to organize a joint BOH meeting for Kitsap, Jefferson and Mason Counties in early November in Bremerton about marine water quality, mainly focused on Hood Canal. At a recent planning meeting, it was asked if Clallam's Board would like to attend.

Dr. Locke said Clallam's marine water quality issues are similar to those of Jefferson and Kitsap Counties, but very different from those of Mason County and south Hood Canal. Several Board members expressed interest in attending.

Dr. Locke will e-mail Board members to check their calendars and see if they would be available. If the Board cannot attend as a group, individual members would be welcome.

**X. OTHER**

Mr. Leskinovitch reported Olympic Medical Center's recent audit went well. He said Dr. Locke's presentation as chair of the infection control subcommittee was referred to as "bedazzling". Mr. Leskinovitch pointed out that Dr. Locke is a very important person to this community.

**XI. ACTIVITIES CALENDAR UPDATE**

Environmental Health/Public Health staff will be at the Clallam County Fair 18<sup>th</sup> – 21<sup>st</sup>.

**XII. NEXT MEETING AGENDA ITEMS**

Public Hearing – Updated Fee Schedule.

**XIII. PUBLIC COMMENT**

None.

**XIV. ADJOURNMENT**

Dr. Stehr-Green moved to adjourn the meeting of August 16, 2005 at 2:55 p.m. Mr. Chapman seconded and the motion carried.

APPROVED AND ACCEPTED THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_ 2005.

CLALLAM COUNTY BOARD OF HEALTH

\_\_\_\_\_  
Michael C. Chapman, Chair

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Jeanette Stehr-Green, M.D., Vice Chair

ATTEST:

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Rene A. Leonard, Clerk of the Board

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Stephen P. Tharinger

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Howard V. Doherty, Jr.

Jim Leskinovitch

Excused

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John Beitzel

Excused

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Camille Scott