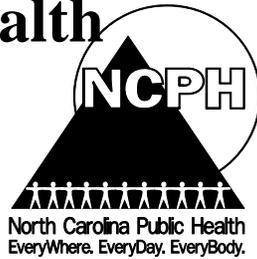


Forsyth County Board of Health



- Dr. Linda L. Petrou, PhD, Chair
- Dr. James K. Doub, OD, Vice Chair
- Ms. Judy Briggs
- Mr. John Davenport, Jr., PE
- Dr. Calvert B. Jeffers, Jr., DVM
- Dr. Charles F. Massler, DDS, M.Ed.
- Dr. Willard L. McCloud, Jr., MD
- Ms. Jane Bradner Mosko, RN, CRNA
- Mr. J. Phil Seats, R.Ph., MBA
- Dr. P. Lee Salisbury, III, DDS
- Dr. Ricky Sides, DC
- Ms. Gloria D. Whisenhunt, County Commissioner

BOARD OF HEALTH MINUTES October 2, 2013

MEMBERS PRESENT

Dr. Linda Petrou, Chair
Ms. Judy Briggs
Mr. John Davenport
Dr. Calvert Jeffers
Dr. Willard McCloud
Dr. Charles Massler
Ms. Jane Bradner Mosko
Mr. J. Phil Seats
Dr. Ricky Sides

MEMBERS ABSENT

Dr. James Doub
Ms. Gloria Whisenhunt

OTHERS PRESENT

None

Call to Order:

On Wednesday, October 2, 2013, the Forsyth County Board of Health held its regularly scheduled monthly meeting in the Board Room at the Forsyth County Department of Public Health (FCDPH). Dr. Linda Petrou, called the meeting to order at 5:36 p.m. and welcomed Board members and guests.

Consideration of Minutes:

The minutes of the September 4, 2013 Board of Health Meeting were reviewed by the Board. Dr. Petrou asked for a motion to approve the minutes. Dr. Willard McCloud made a motion to approve and Mr. John Davenport seconded. The minutes were approved by the Board.

STAFF PRESENT

Mr. Marlon Hunter
Ms. Ayo Ademoyero
Ms. Glenda Dancy
Ms. Lynne Mitchell
Ms. Quintana Stewart
Mr. Robert Whitwam
Ms. Lorrie Christie
Ms. Sheila Bogan
Ms. Sheryl Emory
Ms. Caren Jenkins
Ms. Linda Means
Ms. Rebecca Thompson

Public Comment Section:

Board Members and staff introduced themselves. Dr. Petrou commended the members of the board who are on Step Up Forsyth. She encouraged others who have not signed up to please do so and added any kind of physical activity counts.

Health Director's Comments:

Mr. Marlon Hunter started out by letting everyone know he had his flu shot. He added he has tried to send out a message to everyone in the community and tried to set a positive example as our Health Director.

Mr. Hunter gave the following update regarding the government shutdown and the programs at the health department that may be adversely affected (e.g., Healthy Start/Health Beginnings) - these programs are federally funded. We have not received any information yet from Mr. Danny Staley, our Deputy Director and Chief Operating Officer for Public Health, about the programs. He reported that the Women, Infants and Children (WIC) program and the Community Transformation Grant (CTG) project will suffer as a result of the shutdown. Mr. Staley will give us more information, as they hear more. Mr. Hunter added our health department is a member of the National Association of City and County Health Officials (NAACHO), stationed in Washington, DC and they wanted us to know that depending on how federal funding is, our State Dept. may be able to draw down reimbursement for federal programs. For grants awarded to you directly, you should have received notice of whatever federal funding comes through the State Dept. and will be notified as to whether federal funds can still be drawn down by them or both themselves and through them for continuing operations. You should not assume that a federal shutdown means that you can not be reimbursed for ongoing operations for federally funded programs. Federal programs in the current federal fiscal year October 1, 2013 – September 30, 2014 may be funded in part or wholly with FY13 appropriations. Those funds may already be loaded into the federal reimbursement system and bank accounts.

He continued, as it relates to Center for Disease Control (CDC), the CDC will continue mental support to protect the health and well-being of U.S. Citizens here and abroad through a significantly reduced capacity to respond to outbreak investigation, processing of laboratory samples and maintaining the 24/7 emergency operation. CDC will also continue activities supported through mandatory funding, including the world trade center health program, the U.S. President's emergency plan, the CDC global aids program, the energy employees occupational illness compensation program act and vaccines for children and certain childhood obesity activities and asbestos exposure in Libby, Montana. The CDC will be unable to support the annual seasonal influenza program, outbreak detection and linking across state boundaries using genetic and molecular analysis, continuous updating of disease treatment and prevention recommendations (e.g., flu, HIV, TB, Hepatitis) and technical assistance, analysis, and support to state and local partners for infectious disease surveillance (for more detailed information go to the following link): http://www.hhs.gov/budget/fy2014/fy2014contingency_staffing_plan_rev2.pdf. Mr. Hunter added we will have to be careful here locally if we find ourselves in a situation where we have to respond to any other outbreaks like pertussis. Dr. Petrou asked if there are any employees that are directly paid by the federal government and Mr. Hunter responded the CDC Public Health Associates are directly paid - we have three of them and they have been furloughed. He reiterated he will keep everyone informed as he receives information from Mr. Staley.

Next, Mr. Hunter spoke briefly about the Affordable Care Act saying that our NW Community Care Network (NWCCN) partners (headed by Mr. Jim Graham) responsible for managing Medicaid dollars - Pregnancy Care Management and Care Coordination work in collaboration with NWCCN and with case managers as well through our partnerships to make sure that all the case managers are providing community care and working with clients on various medical needs. The Affordable Care Act (Health Insurance Exchange Program) is now open and the way the information will get disseminated through our community is through a navigator approach. Navigators will have the responsibility and will be strategically placed around the state, geographically to help agencies and private companies access the website and get more information from the main federal website at www.healthcare.gov. The navigators are in major metropolitan areas (Charlotte, Winston-Salem, Greensboro, Asheville, Buncombe County and in Raleigh). He continued there was legislation put in place to privatize Medicaid for the state, that would manage our Medicaid around the state but right now through the Affordable Care Act there are navigators responsible to help agencies with that. Dr. Petrou commented with rolling out any new program there is always going to be some problems.

Lastly, Mr. Hunter mentioned that he and Dr. Petrou attended the Walk a Mile to Save Our Babies campaign and we are about to receive our infant mortality data for Forsyth County - you will hear information about our infant mortality numbers and if you have questions, please let me know. He continued to say they had a great program and the resolution the board approved was read by Dr. Petrou at the event.

Guinness World Record – Ms. Rebecca Thompson, Adult Health Educator, with the department talked about an event they held on May 29, 2013 (National Senior Health and Fitness Day). She added they wanted to do something different so they held the event at the Coliseum Education Building and they competed for a Guinness World Record for the most people doing chair exercise. The previous record was set on September 9, 2012 (262 seniors who exercised for 30 minutes doing chair tai-chi), in Alberta, Canada. Ms. Thompson was glad to say they beat that record – they had 335 participants – exercised for 40 minutes doing a typical chair exercise routine, which consisted of warm-up, aerobic, and strength. She added she had to send in a lot of documentation to the world record office and finally got the word that we officially hold the world record and she showed a certificate stating this. Information will be in the next book and it will be on the Guinness World Record’s website. Ms. Thompson also shared some pictures from the event.

New Business:

Theme: Quality Improvement/Quality Assurance (QI/QA) and Communicable Disease

QI/QA - Ms. Ayo Ademoyero started by explaining that the purpose of QI/QA is to ensure that we do quality work in the health department and we assure this by continuously monitoring and improving the effectiveness of our services. She continued, we have a QI/QA Committee comprised of representation from each division and they are responsible for coordinating the quality improvement/quality assurance activities within the department. We are responsible for the following benchmarks for accreditation (27.1, 27.2, 27.3 and 30.8). Ms. Ademoyero added some of the quality activities we do include: satisfaction survey, orientation process, annual division reports, annual policy review, strategic planning process and accreditation (every 4 years). Ms. Ademoyero ended her report by giving some examples of client suggestions/ comments from the suggestion box and also suggestions from the employee box.

Ms. Ademoyero updated the board on our Strategic Planning Process, saying we have a team who is working on pulling everything together now from each division and will have a document ready for our accreditation.

Ms. Ademoyero talked about our department's mission and vision statements and our values for our strategic planning process. She explained that our expanded staff worked on the mission and vision statement and Ms. Lynne Mitchell compiled the top two from what they came up with and took the top 15 values that staff thought were the most important. Ms. Ademoyero added we would like for the board to give their input. Board members went through the activity and Ms. Ademoyero will let them know what the results are at the next meeting (copy of handout on file in Administration Binder).

2012/2013 Communicable Disease Report – Ms. Ademoyero stated that communicable diseases are highly infectious and are caused by parasites, fungi, bacteria and viruses – they are caught directly, indirectly or airborne. She added the way to prevent some of our communicable diseases is to have good hygiene, a balanced diet, exercise and a good night's sleep. Ms. Ademoyero spoke briefly about some of the required statutes and the policies in place here at the department pertaining to communicable diseases. She talked about the Epi Team, a multidisciplinary committee here at the department that comes together during an outbreak investigation to manage the public health response to a communicable disease outbreak or other public health threat when surge capacity is needed (includes the health director, health department employees from each division and some non-health department employees from key agencies). In the event of an outbreak the CORE Epi Team members (includes the health director, epidemiologist, nursing director, communicable disease nursing supervisor, environmental health director, food & lodging supervisor, public information officer and/or preparedness coordinator) will be contacted with all the details.

Pertussis Update – Ms. Linda Means reported that from January through today, we had 111 cases of pertussis (August - 17 cases/September – 12 cases/July – 21 cases). She stated that on September 16, 2013, Ms. Susan Sullivan, from the State Communicable Disease Branch, came to try to help us work out some strategies on how we might bring the pertussis outbreak to an end. Ms. Means added they learned from Ms. Sullivan that for every one case of pertussis we know about there is ten we do not know about. To get the word out in the community, Ms. Means stated we have done a press release and Dr. Ohl wrote a letter to all physicians in Forsyth County. Our county manager let us put a few lines on the bi-weekly pay email he sends out and there is an article on FCNet for all county employees regarding pertussis and TDap. Ms. Means told board members that if they had not had their TDap they could do that for them tonight. She added, a flyer was also created in English and Spanish and they have been trying to get it out in the community. Ms. Means mentioned that one of the interpreters and a nurse went out on this past Saturday and passed out flyers to 21 different businesses, one of the communicable disease nurses went out this past Sunday to four different churches to speak about pertussis and one of the communicable disease nurses went out to a job site – she got two positive cultures on two of the workers (afterwards, eight of the workers came back to the health department to get their TDap done). Mr. Hunter added, everyone in Nursing has been doing a great job and have been extremely busy and wanted them to know the public appreciates all the work they are doing, especially with media (see copy of pertussis handout on file in the Administration Binder).

Ms. Ademoyero shared with the board an article written by JoNel Aleccia, NBC News, regarding the effect the government shutdown would have if there was an outbreak of food poisoning or flu surveillance (see copy of handout on file in the Administration Binder).

Before moving on, Ms. Ademoyero spoke briefly about the 2011 and 2012 quarterly reportable communicable diseases (see copy of handout on file in the Administration Binder) and showed a video of what happens during an outbreak investigation.

Salmonella Paratyphi A Outbreak Investigation – Ms. Sheryl Emory reported that with salmonella, for every case that is known, there are 40 cases that are not known. She explained Salmonella itself is a specific type of serotype and there are thousands of types. Cases in the U.S. usually do not cause the problems that typhi and paratyphi cause. If a food handler is confirmed to have salmonella and it is not typhi or paratyphi and as long as they are not exhibiting the symptoms, they can continue to work – it used to be they were sent away from work if they had two negative stool cultures but that changed several years ago. If someone has typhi or paratyphi, they are excluded from work until they have two negative stool cultures. Salmonella is transmitted through consumption of contaminated food or contaminated water. In the case of typhi or paratyphi if they have someone who is a carrier, the incubation period can be much longer than most salmonella cases – it can be over 60 days. Ms. Emory commented, trying to remember where you were 60 days ago and what you had to eat or drink during that time is very difficult to do. Once typhi or paratyphi enters your system, you can continue to infect. Paratyphi is not very common in the U.S. North Carolina typically has less than 10 cases a year of either typhoid or paratyphi. Ms. Emory spoke briefly about the first identified asymptomatic carrier of typhoid, a woman known as Typhoid Mary. This was in the early 1900s. She added, typhi and paratyphi are two different subspecies of salmonella but they act the same and are treated the same as far as an investigation.

Ms. Emory introduced Ms. Caren Jenkins, who spoke about an investigation they started working on June 5, 2013, after receiving a telephone call, involving a suspected case of typhoid fever here in Forsyth County. Ms. Jenkins walked the board members through the timeline, in detail, of the case from start to end (copy of handout on file in the Administration Binder). Ms. Emory commented with this particular case it was the perfect storm for an outbreak and they were holding their breath. Mr. J. Phil Seats confirmed that it was June 4 or 5 that they became aware of this case and then he asked what prompted the testing of this individual. Ms. Jenkins responded, he was in the hospital during the timeline and was admitted on May 25 with some of the symptoms and when they sent his stool sample to the lab it had been 11 days and that is why it took so long. Ms. Emory added initially when a stool sample is done, it is sent to the family doctor – it shows up as salmonella but you do not know what type it is. When they were doing the serotyping, that is when they discovered it looked like typhoid fever and that is when the State called us.

Old Business:

Ms. Judy Briggs thanked Mr. Hunter for agreeing to come speak at the Mental Health Collaboration Meeting on October 16, 2013.

Committee Reports:

None

Adjourn:

The meeting adjourned at 7:15 pm after board members had their flu shots.

Marlon B. Hunter
Secretary to the Board
MBH/lgc