

**MINUTES  
CLARK COUNTY BOARD OF HEALTH  
SEPTEMBER 23, 2009, 9:00 A.M.**

The Board convened in the Commissioners' Hearing Room, 6th Floor, Public Service Center, 1300 Franklin Street, Vancouver, Washington. Board members Mielke, Stuart, and Boldt, Chair, present.

**PLEDGE OF ALLEGIANCE**

The Commissioners led the Pledge of Allegiance.

**PUBLIC COMMENT**

None

**CONSENT AGENDA**

None

**POLICY ISSUE: H1N1 UPDATE**

**Staff Contact:** John Wiesman, Jennifer Vines

**Staff Summary:**

*Wiesman* reported they provided a full briefing last month, so he is only going to provide some updates today. They are not aware of any large outbreaks of H1N1 in Clark County, although they are sure they have residents with H1N1 flu. He stated schools have been fully briefed by the Office of Superintendent of Instruction and local public health. Again, their strategies with schools are to keep them open and keep children healthy. This relies very heavily on parents keeping ill children home. Businesses had a briefing on Tuesday by Dr. Melnick and other public health staff. He stated they learned that only one dose of the H1N1 vaccine will be required for persons 10 and older rather than the two for which they were planning. He stated in terms of their response, they are now entering the fourth week of being in Regional incident command with Wahkiakum, Cowlitz, and Skamania Counties and the Cowlitz Indian Tribe to manage this incident. The team has been focusing on planning and pre-positioning our resources to respond. They have updated educational materials with the latest guidelines and information. A new web site specific to H1N1 in SW Washington has been created. The web address is: [www.flunewsswashington.org](http://www.flunewsswashington.org). The team is preparing for the arrival of H1N1 vaccine. At this time they are anticipating vaccine to start arriving in mid-October, although that date is not yet firm. They anticipate being able to order vaccine starting the end of this month. It appears that the very first shipments of vaccine will be the nasal mist version, not the injection version. The state is anticipating about 60,000 doses in its first shipment with weekly shipments with larger numbers of doses to follow. The nasal mist vaccine contains live, weakened virus (although one can't get H1N1 from the vaccine) so it is limited to healthy persons and non-pregnant women between the ages of 2 years through 49 years of age. They will first focus on vaccinating health care workers and first responders with direct patient contact. That will then be followed by children. As soon as the injection version, which is dead virus, arrives they will be encouraging pregnant women to get their H1N1 vaccine as they are at risk for more complications from H1N1 flu.

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As a reminder, the persons who will be first prioritized for vaccine are:

- Pregnant women
- Health care workers
- Persons taking care of children or living with children under the age of 6 months (because these children are not able to receive the vaccine)
- Persons 6 months of age through 24 years of age
- Persons 24 years of age through 64 years of age with chronic disease (such as diabetes, asthma, heart disease, etc)

*Wiesman* stated some teachers fall into the prioritization scheme. After they get those populations vaccinated and there is plenty of vaccine for anyone else. Right now, the response team is planning for two ways of persons getting vaccination. One is through their regular medical providers, if they have one or through the free clinic and Sea Mar, or through pharmacies—just like season flu vaccine. The second will be through special vaccination “clinics” that will be set up in various places in the community. When they know of those sites and as vaccine becomes available, they will let the public know about those clinics. In terms of managing the response, the complexity will increase dramatically as we receive vaccine and prepare for vaccine clinics. Therefore, the health directors have authorized that the team managing this incident start bringing in members from the SW Washington Type III Incident Management Team. This will bring in persons with greater experience managing large responses and will allow them to use our public health staff in positions where their public health skills are most needed, versus management skills. He stated he would anticipate our creating within the next two weeks a formal delegation of authority for that team to manage the response, and that is a delegation they would be bringing to the Board for approval.

*Wiesman* stated last Friday the Region had an opportunity to brief the Governor on our region’s combined delegation of authority and our single response team. In addition to the four county health departments and the Cowlitz tribe, they had representatives from business, emergency management, fire/ems, law enforcement, schools, hospitals, community clinics, and boards of health there to brief the Governor. He said the Governor was very impressed with our single, combined response and sharing of resources. He stated he got a report back are that she discussed this with her full cabinet on Monday and at a statewide tabletop exercise yesterday.

**Discussion:**

*Commissioner Stuart* asked if they could include teachers in the category to first get the vaccine.

*Commissioner Stuart* inquired if there were other resources where the parents could go if they wanted to learn more about the vaccine. He stated Evergreen College sent out three notices to make him aware what was going on at his son’s school. *Wiesman* stated the school’s normal communication channels are being used but also mentioned the website [www.flunewsswashington.org](http://www.flunewsswashington.org)

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*Commissioner Mielke* confirmed they can't get the vaccine until October. *Wiesman* stated they haven't received it yet since they are still producing it and each week they will get more batches, so they are currently looking at the middle of October.

*Commissioner Stuart* asked if they can get both the H1N1 vaccine and the seasonal flu at the same time. *Vines* confirmed it was ok to get both at the same time as long as both weren't the nasal form. *Wiesman* stated you could get the nasal form for one and the injection for the other or two injections

*Commissioner Boldt* asked what happens when there is sick kid at school. *Wiesman* stated last year they did close schools when they had a sick kid at the school, however, this year they are asking parents to keep kids home if they are sick, if they do come to school, they are asking to segregate the sick kids from the healthy kids and then work with the parents on getting the sick kid home, cleaning surfaces, etc. *Wiesman* stated they would work the superintendent if they have to take measure to close the school if the outbreak was so large.

*Commissioner Stuart* stated they have gotten regular reports on where they are at and what the preparations are and mentioned what a good system they have in place. He stated there is a good reason why the governor was impressed by it.

*Commissioner Boldt* commented that he received some news from the USDA that humans can't get the swine flu from swine but it can be given to swine by humans. He stated some farmers are asking people to stay away from there farms in preparations.

**POLICY ISSUE: TRANSITION UPDATE**

**Staff Contact:** John Wiesman

**Staff Summary:**

*Wiesman* stated last month he gave them a detailed briefing on the programs they are transitioning to the community due to budget shortfalls that they approved as part of this biennium's budget for the department. So he will focus on updates from that, they have had additional meetings with Sea Mar in terms of the WIC program. They are confident they will be able to staff up for and train staff in time to begin providing services on November 2<sup>nd</sup>. Therefore, all plans are moving forward as that for the transition date. They have hired a supervisor and are hiring the remainder of their staff. *Wiesman* said they have also asked to have a meeting with the Sea Mar Executive Director. *Wiesman* stated since Sea Mar is required by federal law as a Federal Qualified Health Care (FQHC) system they to have at least 51 percent of their board has to be comprised of consumers.

*Wiesman* said they have given notice to DSHS that they will no longer be accepting new referrals for the EFSS/EIP program which are low-risk referrals from Child Protective

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Services and that they will be ending services on November 2.. DSHS put out a call for applications and should be reviewing those this week and selecting a new provider.

*Wiesman* said in terms of the CSO family planning work, they have determined that even with the new service delivery model going from a nurse to a community worker, the reimbursement rates will not cover their costs. They plan to end services on November 2 and are unsure if a new provider will be identified. Their understanding is that many around the state are telling DSHS that they can't provide the services for the \$29 an hour reimbursement rate, so this service may not continue in our community.

*Wiesman* commented the passport program, which compiles medical records for children in foster care, is still undergoing redesign with no engagement from public health in that redesign. The manager of that program met with state staff yesterday. They agreed that they should stop taking new referrals at this point, and finish their existing work. At this point they plan to end their services on November 2 and have no idea if they will put anything else in place.

*Wiesman* said the HIV/AIDS outreach services RFP is being reviewed by a community panel and they are anticipate having a contract for approval at the October Board of Health meeting.

**Discussion:**

*Commissioner Stuart* inquired if they got representation on their Board. *Wiesman* stated he is still working on that and he will get the draft to them next week.

*Commissioner Mielke* inquired how Sea Mar is funded. *Wiesman* stated they do give them some local funding but Sea Mar gets a lot of federal funding. He explained in further detail.

*Commissioner Boldt* inquired the process if a visiting nurse sees a situation they need to report. *Wiesman* stated if they encounter a situation where they believe child abuse is occurring, they are obligated to report that to Child Protective Services. He went into further detail about the EFSS/EIP program. *Commissioner Mielke* stated he liked the approach to this program.

*Commissioner Boldt* commented about his displeasure for DSHS in regards to taking their services and funds out of the county. *Wiesman* stated Vanessa has been more engaged in that and he will be meeting with her soon to discuss.

*Commissioner Boldt* asked if they were talking about the budget with the State. *Wiesman* stated since public health has been so involved with the H1NI, there hasn't been much conversation.

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**DIRECTOR'S REPORT**

**STRATEGIC INITIATIVE 1 - STRENGTHENING PH INFRASTRUCTURE**

**Staff Contact:** John Wiesman

**Staff Summary:**

*Wiesman* presented the Board with an article Dr. Melnick recently had published applying the PH code of ethics to ventilator allocation during an influenza pandemic and an article *Wiesman* co-authored on assisting persons who are thinking they want to become health directors with their development in achieving that goal. (Pages 9-11). He also presented the National Association Local Boards of Health magazine. (*See master file for handouts*)

**STRATEGIC INITIATIVE 1 – PROMOTING HEALTHY ENVIRONMENTS**

**Staff Contact:** Jonnie Hyde

**Staff Summary:**

**Lacamas/Round Lake**

*Hyde* stated public health was recently notified by a local veterinarian that a dog he/she was treating died due to symptoms very similar to cyanobacteria toxin (muscle tremors, paralysis, and respiratory distress), which is found in some varieties of what we typically call blue green algae. The dog had been swimming at Round Lake earlier that day.

Public Health immediately responded to the call and tested both Round Lake and Lacamas Lake (@Heritage Park) for toxins. This was a precautionary step that our Health Officer supported due to the potential harm to humans and animals, since exposure to some varieties of blue-green algae can cause liver injury, nervous system damage, muscle tremors and paralysis. Testing for this was paid for by the state Department of Health. Test results from this sample will be announced at a later date.

**Vancouver Lake**

*Hyde* stated public health has been monitoring for these toxins in Vancouver Lake since 2003, through the financial support of the City of Vancouver. She said results from this summer's monitoring found high levels of algae and on week two high levels of toxins that led to the closure of Vancouver Lake for 4 weeks this summer.

**West Nile Virus**

*Hyde* reported as late as September, 18, 2009, three new cases of WNV were confirmed in Washington, bringing the total to 17 people infected in Eastern Washington this year, the highest number yet recorded (3 in 2008). No deaths have been reported. While we remain fortunately untouched in Clark County, even this late in the year the public needs to protect itself through mosquito repellent, long sleeved, shirts, staying in at dusk, and other measures to reduce mosquito habitat on their property, such as emptying any standing water.

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In Washington state this WNV season, there have been: 17 Human WNV cases, 58 cases in horses, 16 dead birds testing positive, and 337 mosquito samples testing positive.

**Robert Wood Johnson Grant**

*Hyde* reported they applied for and just received notice that we have been awarded a highly competitive Robert Wood Johnson Grant that will begin in January 2010. She stated the purpose of this grant is to complete an assessment of the County's evolving 20 year Pedestrian Plan, and provide stakeholders and policy makers input as to which options are likely to produce the most positive health impacts. The grant will also provide a small amount of funding for Community Planning, the GIS department, and Community Choices to assist them in this process.

**Discussion:**

*Commissioner Stuart* inquired if Round lake / Lacamas Lake has ever been closed for blue-green algae. *Hyde* stated not that she knew of. *Commissioner Mielke and Boldt* agreed. *Commissioner Stuart* inquired if there was a way to diminish the risk of the blue-green algae. *Hyde* stated she wasn't aware of any but referenced the water being stagnant. *Wiesman / Hyde* explained further about different causes. *Commissioner Stuart* inquired about the testing process. *Hyde* explained the process. *Commissioner Stuart* suggested they work with Department of Ecology (DOE) to continue the testing since they have the funding and equipment to do so.

*Commissioner Boldt* mentioned in King County that Department of Agriculture did a lot of testing. He stated they can really determine the different causes of it, for example whether it is fertilizer, weed / feed, cow manure, etc. *Hyde* stated she thinks we might see more of this due to longer / hotter summers and she will contact those two agencies in getting their assistance.

*Commissioner Mielke* inquired if motorized boats could help with Vancouver Lake. Further discussion ensued about the problematic lake.

*Commissioner Stuart* asked how they are adapting to the ongoing public health situations. *Hyde* stated they are at the beginning stage in mitigating some of the effects. *Wiesman* stated he could report at another meeting the information they got from the State. The Board stated they would like that.

*Commissioner Mielke* discussed the problems with water retention ponds.

**PUBLIC HEALTH ADVISORY COUNCIL REQUEST**

**Staff Contact:** John Wiesman

Request for a joint work session in January on Health Equity Issues  
Request for a Board of Health member to work with Planning Subcommittee

*(See master file for letter from the Public Health Advisory Council)*

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**Discussion:**

*Commissioner Boldt* said he would assist them on the planning subcommittee and stated the work session in January would be fine.

*Commissioner Boldt* discussed tackling the ongoing problem with meth.

Hearing adjourned

BOARD OF HEALTH

  
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Marc Boldt, Board Member

  
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Steve Stuart, Board Member

  
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Tom Mielke, Board Member

ATTEST:

  
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**Deputy** Clerk of the Board

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Please Note: The Board of Commissioners' minutes are action minutes. Digital recordings can be provided upon request. In addition, the Commissioners' hearings are broadcast live on CVTV, cable channels 21 and 23, and are also videotaped and repeated several times ([www.cvtv.org](http://www.cvtv.org))