

MINUTES OF BOARD OF HEALTH MEETING
July 1, 2013

Meeting was called to order by Chair Kraft at 6:00 p.m.

Board of Health Members Present: Chair Kraft, Supervisor Peer, Supervisor Bostwick, Supervisor Rundle, Dr. Peterson, Dr. Best, Ms. Wade, and Eric Gresens, R.P.H.

Board of Health Members Absent: Dr. Winter

Staff Members Present: Karen Cain – Health Officer; Timothy Banwell – Environmental Health Director; Janet Zoellner – Public Health Nursing Director; Sancee Siebold – Nursing Supervisor South Office; and Elizabeth LaBelle-Administrative Secretary

Guests: Craig Knutson-County Administrator

Adopt Agenda

Supervisor Bostwick and Ms. Wade made a motion to adopt the agenda. MOTION APPROVED.

Approval of Minutes 6/5/13

Dr. Peterson and Supervisor Peer made a motion to approve the minutes of the 6/5/13 Board of Health meeting. MOTION APPROVED.

Citizen Participation

None at this time.

New Business

Administrative Division

Approval of Bills/Transfer of Funds

Ms. Wade and Supervisor Bostwick made a motion to approve the bills. MOTION APPROVED.

Chair Kraft inquired what WDNR stands for. Health Officer Cain informed the board WDNR is abbreviation for Wisconsin Department of Natural Resources.

Health Department Report

Health Officer Cain informed the board of the headlines in the Janesville Gazette regarding the well testing article. The newspaper clipping was passed around for viewing. During the Town of Harmony collection, 141 samples were tested in our lab. Prior to that sampling, the most samples tested at the Health Department at one time were 50 well water samples. There is an increasing concern for high nitrates found in well water. Our overall total of well water testing this year is already higher than last year.

Supervisor Peer inquired if there is a difference in amount of testing before and after the high amount of rain when it comes to bacteria and nitrates. Environmental Health Director Banwell stated this depends on location because the rain can cause the water table to push down or raise and push bedrock closer to the surface.

Ms. Wade inquired if the Health Department enforces non-use of private well for drinking because of high nitrates. Environmental Health Director Banwell stated that we recommend people do not drink their water with high nitrates. However, we can't enforce it but can simply advise this to people who have private wells. We have WDNR (Wisconsin Department of Natural Resources) contract w/ over 20 public wells that require alternate water supply due to high nitrates.

Currently, there are 4 cases of pertussis in Rock County, not as severe as last year or as the TB outbreak in Sheboygan County; however, the Health Department will continue to recommend the TDAP vaccine. Nursing Director Zoellner stated that the most recent pertussis case involves a 2-month year old.

Health Officer Cain shared the security risk findings after a walk thru assessment by the Sherriff's Department. The purpose of this walk thru was to assess the building for risks and recommendations. The Health Department will receive a write up of the findings and this will be presented to the County Board. County Administrator Knutson mentioned that they are in the process of developing active shooter drills for staff.

An email directed to Health Officer Cain from Louis Smit at the Rock County Coroner's Office requesting a presentation at the Board of Health regarding proposal was shared with the Board. At this time, the Board of Health decided not to proceed with this presentation.

Health Officer Cain gave an update on her four projects for 2013.

Project updates:

1. *Community Health Improvement Plan*

- a. This is based on the community needs assessment.
- b. University of Wisconsin Population Institute (UWPI) is interested in our county improvement plan after reviewing our website. They were very complimentary of our website posting of the Annual Report.
- c. UWPI stated our Annual Report has several components of a Community Health Improvement Plan; it is just in a different format.
- d. This coming year, we are adding charter objectives section that addresses needs found in the Community Needs Assessment.

2. *Preparedness Summit*

- a. Summit with Rock County community partners.
- b. The Local Emergency Planning Committee (LEPC) is interested in helping plan and prepare for the summit.
- c. Right now, we are looking at a date in October 2013 with a theme of Cyber Security.
 - i. "Emergency is not the time to exchange business cards."
- d. We are looking at having a state office speaker at the summit.

3. *Quality Improvement Plan*

- a. Projects in the department we are working on.
- b. Charter objectives are out come focused.

4. *Increase Grant Opportunities*

- a. Recently submitted a letter of intent to receive an invite to write for the following grants:
 - i. Nitrate study grant from the Center for Disease Control (CDC).

- ii. STI (sexually transmitted infection) implementation grant.
 1. Rock County is in the bottom 10% of the nation for STIs.
 2. This grant will focus on what to do (action) to improve STI rate.
- b. The Health Department will hear later this month if we have been invited to write for either of these grants.

Semi-Annual Report-attendance at Conventions/Conferences

No staff at the Health Department has attended any conferences over \$10,000 this year.

Environmental Health

Environmental Director Banwell gave a summary on the HUD Lead Grant received by the Planning Department and what the Health Department's responsibility will be.

Purpose:

- Removal of lead paint hazards in residential housing units
- Reduction of housing related hazards in residential units

How much is the Grant?

The grant is funded for \$2.5 million. Lead Hazard Control is funded for \$2 million and Healthy Homes is funded for \$500,000.

What is the length of the grant?

The length of the grant is 3 years.

How many housing units will be impacted by the grant?

Lead paint hazards will be removed from 120 housing units; 40 in Beloit, 40 in Janesville, 40 in Rock County.

Healthy Home visits will be conducted in 135 homes that apply for the Lead Hazard Control grant.

What agencies are involved in the grant?

The Rock County Lead Hazard Control grant is a cooperative effort between the City of Beloit, City of Janesville, Rock County Planning and the Rock County Health Department. The cities and county will be coordinating this grant with other housing rehabilitation programs that address non-lead housing issues.

What is the involvement of the Rock County Health Department?

Environmental health staff will be conducting all the lead risk assessments and when the work is completed, all the lead clearance inspections. Nursing staff will have case management of lead exposed children. Healthy Homes visits will also be the responsibility of nursing staff that will be coordinating their findings with the lead risk assessments and other building rehab findings. Each housing unit completing a lead hazard control project will have a 6-month follow up visit.

What are the financial reimbursements for work completed by the health department staff?

135 Lead Risk Assessments X \$250	= \$33,750
120 Clearances X \$165	= \$19,800
150 Child Lead Case Managements X \$150	= \$22,500
<u>135 Health Homes Visits X \$250</u>	<u>= \$33,750</u>
Total	\$109,800

How will the projects be prioritized?

The projects will be prioritized as follows:

- (a) Unit with a child under the age of 6 with an elevated blood lead level
- (b) Unit with a child, regardless of age, with an elevated blood lead level
- (c) Unit with a child under the age of 6
- (d) Vacant units to be marketed to households with children less than 6 years of age, including homes with prior poisoning history.
- (e) Unit with a child, regardless of age

Health Officer Cain explained that the Health Department is already doing a birth certificate lead program, which is where referrals for this grant will come from. The birth certificate lead program allows review of the birth certificates of children (6 months or older) in older homes and makes contact with the parents to do a lead hazard assessment. If parents are interested their child can have a blood lead test taken.

Health Officer Cain mentioned that we know where targeted children are located and the Public Health Nurses know how to educate parents. This will help remediate lead problems before crawling age of a child is reached.

Are rental properties eligible?

Yes, projects will be targeted as follows:

- Owner Occupied- 60
- Rental – 60
- Vacant – 14
- Single-Family Units – 60
- Multi-Family Units – 60

Ms. Wade inquired if this grant will be to identify lead and/or remove it. Environmental Director Banwell stated that this grant would be to identify and remove lead in the home. Registered Sanitarians will write up a report to send to the home owner on what works needs to be done to remediate or remove the lead source from the home. The homeowner will select the contractor and the grant will pay for remediation/removal of lead source(s). Contractors will need to be certified in lead removal and there is training available for this.

Supervisor Peer inquired if owner can purchase own equipment needed and do the remediation him self or her self. Environmental Director Banwell stated that the owner must be certified in removing lead. Mr. Gresens, R.PH. asked how many homes have lead paint? Environmental Director Banwell said 40,000 (2/3 of units) have lead paint and the Health Department currently has been able to inspect about 4% of those homes.

Public Health Nursing

Nursing Director Zoellner gave a power point presentation on the shingles (Zoster) vaccine.

Supervisor Bostwick inquired how long the vaccine lasts. Nursing Director Zoellner stated that there is no recommendation for a booster at this time. It continues to be studied.

Zoster: It's Now a Vaccine Preventable Disease

Janet Zoellner, RN MS
Rock County Health Department

Presentation to the Board of Health
July 1, 2013

Adapted from: Rafael Harapz, MD, MPH, Jane Seward, MBBS, MPH, Aisha Jumaan, PhD, MPH
National Center Immunization & Respiratory Diseases (proposed)
Centers for Disease Control and Prevention

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Outline

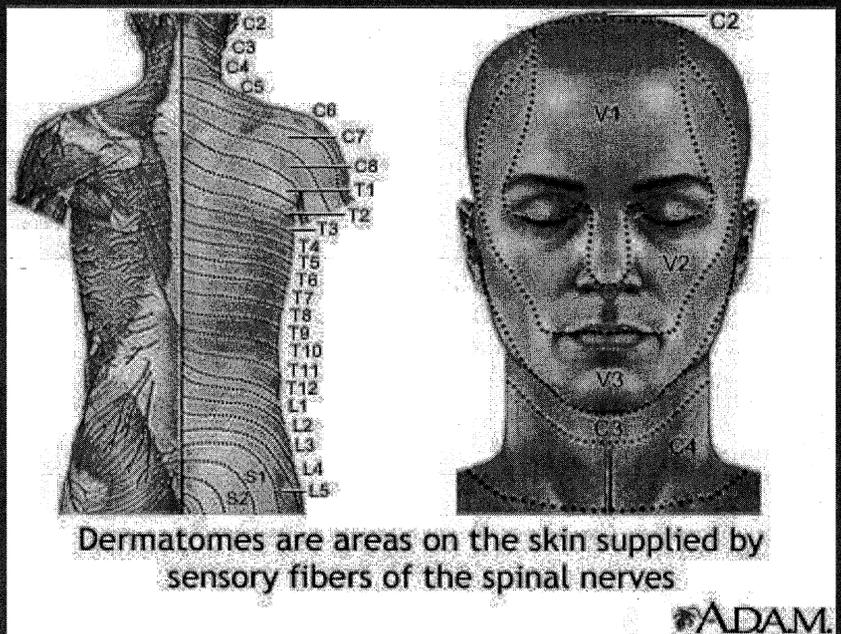
- ⇒ Symptoms of zoster (Shingles)
- ⇒ Zoster vaccine study
- ⇒ Vaccine Recommendations

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Zoster Clinical Presentation

- ⇒ One-sided rash in dermatomal distribution
- ⇒ Dermatome: area of skin supplied by sensory nerve fibers coming from one nerve root



ADAM



Zoster (Shingles) Disease: What is the Cause?

➔ **Shingles arises from varicella-zoster, the same virus that causes chickenpox. Following a bout of chickenpox, the virus lies dormant in the spinal nerve cells. But it can be reactivated years later when the immune system is suppressed by:**

- **Physical or emotional trauma**
- **A serious illness**
- **Certain medications**

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Zoster Symptoms

Key symptom is pain

- ⇒ Excruciating (e.g., like renal colic, childbirth)
- ⇒ Aching, burning, stabbing, shock-like
- ⇒ Associated with:
 - painful sensitivity to touch
 - Provoked by trivial things like bed sheets or a breeze
 - Exaggerated, prolonged response to pain
 - Unbearable itching

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Zoster Symptoms

- ⇒ Pain prior to rash : ~84%
- ⇒ Some degree of pain during rash: ~89%
- Can transmit VZV to susceptible children, causing chickenpox
 - Zoster perhaps 1/5th as contagious as chickenpox

Zoster Complications

Post Herpetic Neuralgia (PHN)

- Prolonged, sometimes incapacitating, pain after resolution of rash
- May persist months or even years
- Prevention and treatment have partial and inconsistent efficacy
- Negative impact on quality of life

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Impact on Quality of Life

Physical

- ⊖ Chronic fatigue
- ⊖ Anorexia & weight loss
- ⊖ Physical inactivity
- ⊖ Insomnia

Social

- ⊖ Limits social activities

Psychological

- Change in Anxiety
- Difficulty concentrating
- Depression

Functional

- Interferes with activities of daily living

Schmader KE. Clin Infect Dis 2001;32(10):1481-6

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Warning: Gross picture coming up...

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Herpes Zoster Ophthalmicus



- ~ 15% of zoster cases involve the ophthalmic division of the trigeminal nerve
- Keratitis, conjunctivitis, scleritis, iritis, anterior uveitis, retinitis
- Without antiviral therapy, 50-70% of patients with HZO develop ocular complications
- Can result in chronic ocular complications and reduced vision, blindness

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McPherson R. J Am Optom Assoc. 1997;68:527-538.



Herpes Zoster Epidemiology

→ Lifetime risk

- ▣ ~ 20% to 30% of all people
- ▣ 50% of individuals living until 85 years of age

Gnann J et al. N Engl J Med. 2002; Katz J et al. Clin Infect Dis. 2004; Ragozzino M et al. Medicine 1982.

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Herpes Zoster Risk Factors

➔ Main risk factors

- ▣ Age
- ▣ Cellular immune deficiencies

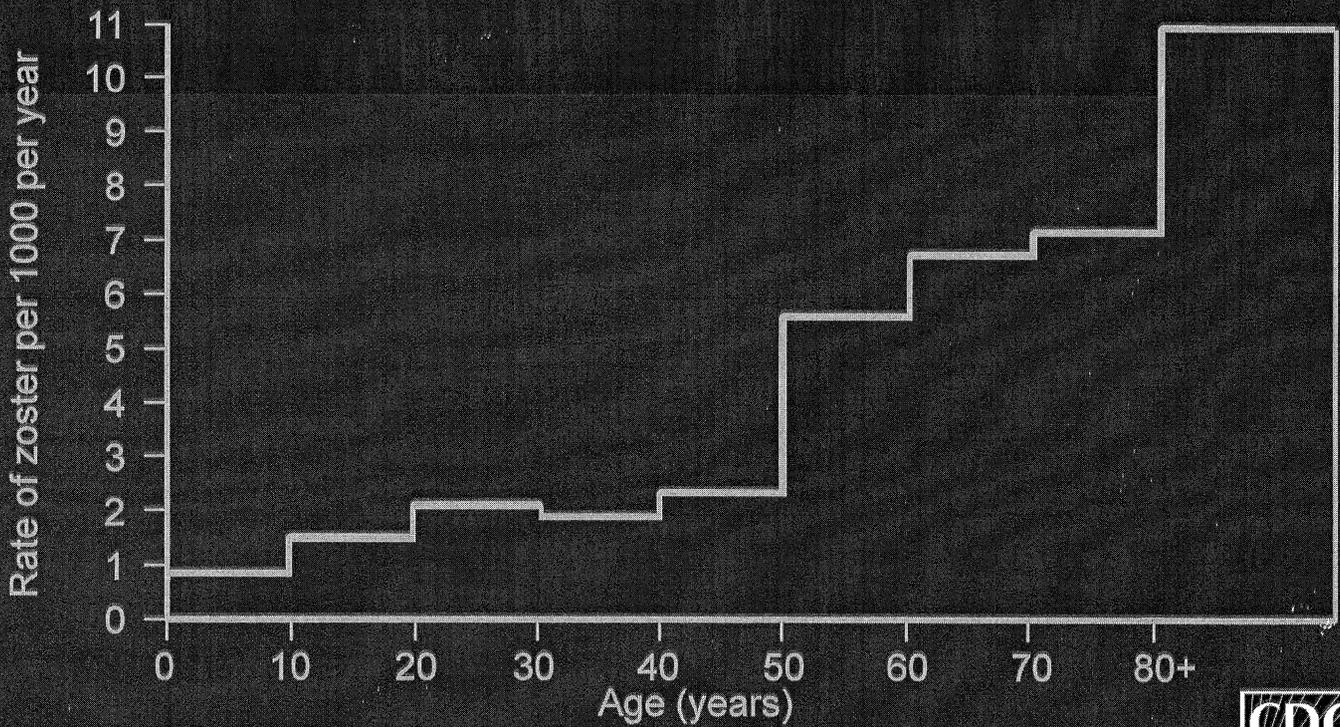
➔ Other risk factors

- ▣ Race
- ▣ Sex
- ▣ Stress
- ▣ Trauma

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Herpes Zoster Incidence by Age



Hope-Simpson RE.

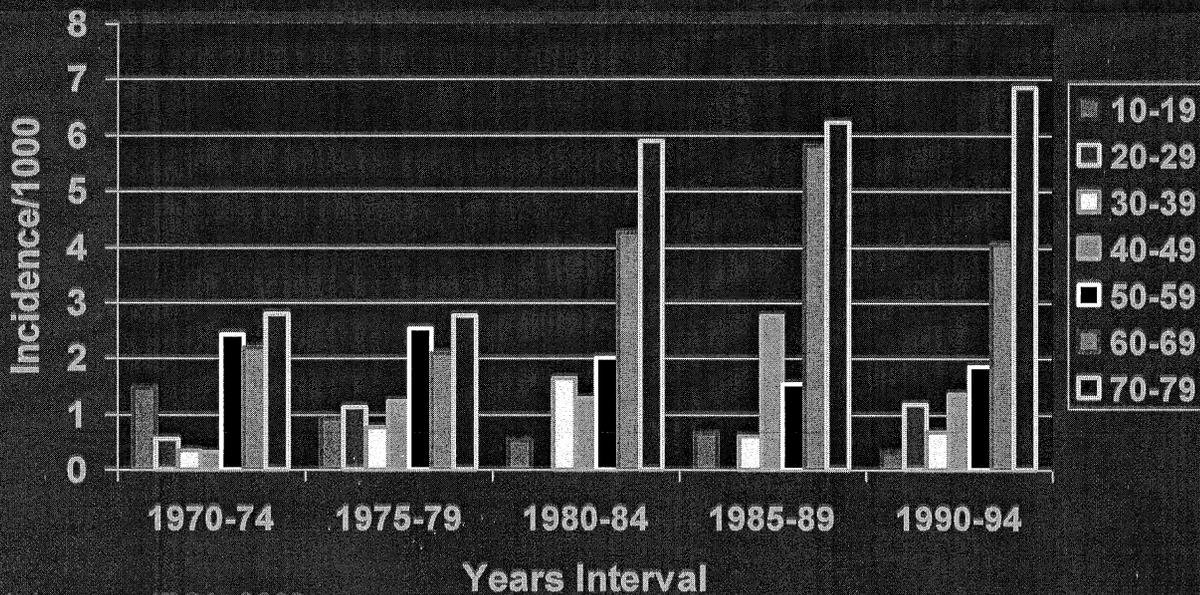
Proc R Soc Med 1965;58:20

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Zoster Incidence by Year Interval, and Age Group, National Health Interview Survey, 1970-1994*



* Jumaan, IDSA, 2003

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Epidemiology of Post Herpetic Neuralgia in U.S.

- ⇒ Proportion of zoster patients that develop PHN:
 - 10% of zoster patients will have ≥ 90 days of pain
 - 18% of zoster patients will have ≥ 30 days of pain
- 100 to 200 thousand new PHN cases per year

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Risk Factors for PHN

- ⇒ Age
- ⇒ Severity of acute pain
- ⇒ Severity of acute rash
- ⇒ Painful prodrome
- ⇒ Female sex

Jung BF. Neurology. 2004;62:1545-1551.

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Zoster (Shingles) Vaccine

Zoster vaccine is 1st live vaccine specifically for the elderly; safety monitoring will be challenging because the high rate of background medical events in older persons.

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Zoster (Shingles) Vaccine

- ⇒ ZOSTAVAX[®], Merck and Co., Inc
- ⇒ Licensed by FDA in May 2006
- ⇒ Live, attenuated Oka/Merck VZV vaccine

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@ Rock County Health Department

- ⇒ Giving since 2008
- ⇒ Cost + \$15 (\$180 at the present time)
- ⇒ Recently billing Medicare Part D
- ⇒ Numbers per year:
 - 2009: 312
 - 2010: 138
 - 2011: 137
 - 2012: 331
 - 2013 (to 7/1): 95

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Why immunize?

- ⇒ Prevention of all shingles disease
- ⇒ Prevention of PHN

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Shingles Prevention Study

- ⇒ Randomized, double blind placebo-controlled trial
- ⇒ 38,546 adults \geq 60 years at 22 study sites
- ⇒ Prospective, active follow up median 3.1 years
- ⇒ 94% cases laboratory confirmed

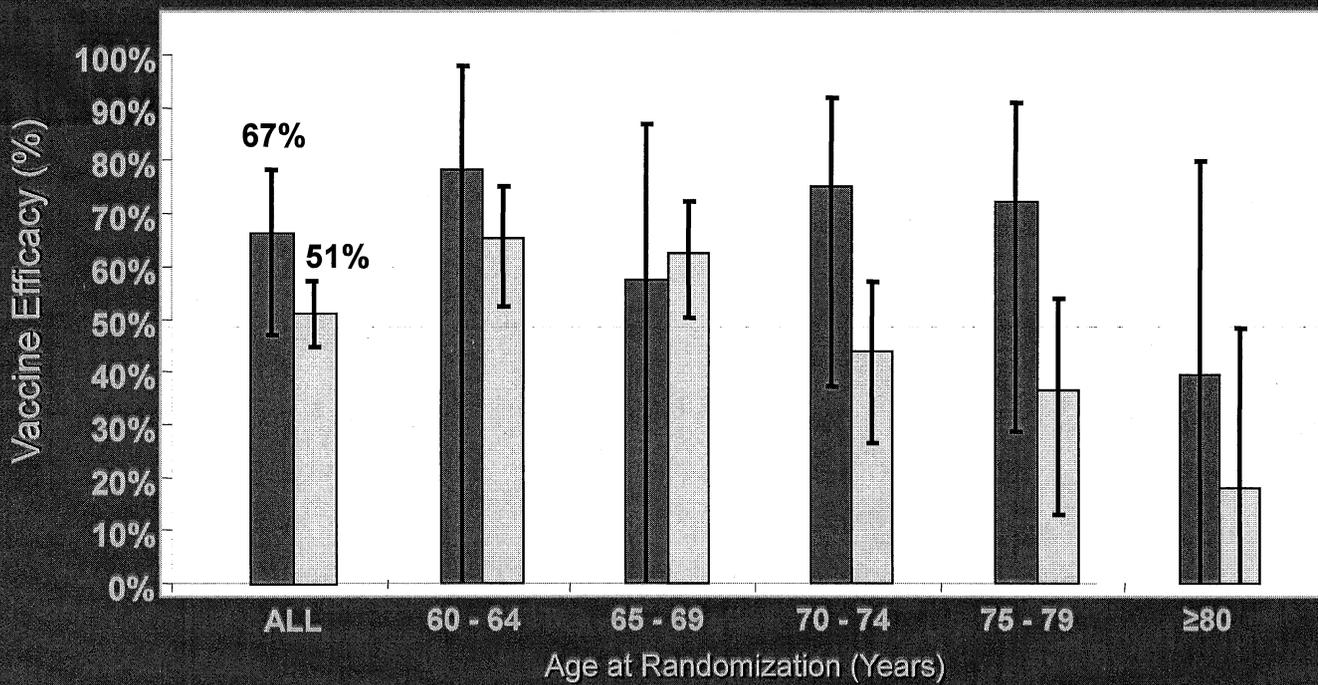
Oxman M et al. N Engl J Med. 2005;352:2271-2284.

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The Shingles Prevention Study: Results

Vaccine Efficacy for PHN (≥ 90 days) and HZ



■ Incidence of PHN ■ Incidence of HZ

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The Shingles Prevention Study: Results

Vaccine Efficacy against PHN of Varying Duration

PHN Defined by Varying Duration (days)	Vaccine Efficacy VE_{PHN} (95% CI)
30	59% (47, 69)
60	60% (44, 73)
90	67% (48, 79)
120	69% (45, 83)
180	73% (42, 89)

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Shingles Prevention Study: Results

Adverse Events

Appears to be safe:

- No pattern suggesting a causal link to serious adverse events
- No cases of HZ caused by vaccine virus
- Mild injection-site reactions in vaccine recipients: 48%

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Role of Varicella Exposure – What Don't We Know Yet?

- ⇒ Evidence that chickenpox exposure (external boosting) can prevent shingles
 - Biologically plausible
 - Risk ↓ 86% in persons with ≥ 5 exposures to varicella
 - Risk ↓ 25-30% in persons living and working with children (surrogate for varicella exposure)
 - Risk ↓ in pediatricians
 - Risk ↓ in leukemic children following household exposure
 - Results of zoster vaccine trial itself: external boosting effective
- ⇒ This makes a strong case varicella exposure can prevent zoster, at least in theory
- ⇒ If so, it is possible that reduced childhood chickenpox due to vaccination could increase the incidence of zoster

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Zoster Vaccine Policy Recommendations

Advisory Committee Immunization Practices

- ⇒ Recommended for adults 60 years of age and older whether or not they report a prior episode of herpes zoster
- ⇒ Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition

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Summary

- ⇒ Herpes zoster causes considerable illness in elderly persons
- ⇒ Herpes zoster and its complications may now be prevented or modified by vaccination
- ⇒ Persons \geq 60 years (and their health care providers) should be educated about HZ and offered vaccine

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Thank You

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Communications and Announcements:

Board Photo rescheduled to August.

EXECUTIVE SESSION

Per Section 19.85 (1) (c), Wisconsin Statutes-Performance Evaluation of Health Officer.

Supervisor Bostwick and Dr. Best made a motion to enter Executive Session. MOTION APPROVED by unanimous roll call vote.

Dr. Best and Supervisor Peer made a motion to exit Executive Session. MOTION APPROVED.

Adjournment

Supervisor Bostwick and Ms. Wade made a motion to adjourn the meeting. MOTION APPROVED. Meeting adjourned at 7:04 p.m.

Respectfully submitted,

Elizabeth LaBelle, Recorder

Not Official Until Approved by the Board of Health