



Macon County
Public Health

MACON COUNTY BOARD OF HEALTH
MINUTES
8/23/2016

- Members** Chris Hanners, Engineer and Chair; Teresa Murray, General Public and Vice-Chair; Emily Porter-Bowers, Nurse; Dr. Carole Peterson, Physician; Melissa Bell, Pharmacist; Dr. Jeff Todd, Veterinarian; Dr. Nathan Brenner, Dentist; Paul Higdon, County Commissioner; and Molly Phillips, General Public.
- Members Absent** Dr. Carole Peterson
- Staff Present** Jim Bruckner, Tammy Keezer, Jimmy Villiard, Kyle Jennings, Jennifer Garrett, Kathy McGaha, Darice Davis, Cheryl Ramey
- Guests** Ms. Stephanie Almeida; Full Circle Recovery Center
- Media** Mr. Ryan Hanchett; The Franklin Press, Ms. Brittany Raby; Macon County News, Ms. Kristen Karcher; WNCC Radio, Mr. Bobby Coggins; Independent Journalist
- Public Comment** Ms. Almeida is here to talk about the legalization of syringe exchange in NC and beginning a program in Macon County. She is looking for funding for a mobile unit to use in all the southwestern counties and is looking into starting a coalition. She had some handouts about the program, information from case study in Scott County Indiana.
- Call to Order** Meeting was called to order at 6:18 pm by Mr. Hanners.
- Approve Agenda** Mr. Bruckner requested to add Agent Vaccination Policy to 3A and noted that Rabies Compendium 3B will require a vote from the board, so it should be red on the agenda. Molly Phillips made the motion to approve the agenda with requested changes. **Dr. Todd** seconded the motion. The motion passed unanimously.
- Welcome/Intro./Departures/Recognition** Mr. Hanners welcomed and thanked everyone for attending the meeting today.

Presentations

Customer Satisfaction Survey Results Ms. McGaha gave a Power Point presentation on the results of the 2016 Customer Satisfaction Survey results, including customer demographics and comparisons to the 2015 Customer Satisfaction Survey results. To encourage more participants, anyone who filled out a survey was entered into a raffle for a \$50 gift card. We had a total of 79 surveys completed. She explained that MCPH

holds the annual survey as part of the accreditation process. The survey was conducted throughout the month of May in the Health Department, Animal Services and Adult/Child Dental. Once the survey was complete, the results were reviewed by leadership and an improvement plan was built based on the findings. This year's improvement plan will focus on MCPH staff introductions to the clients. Section Leaders asked staff for improvement suggestions and the following ideas were decided upon; Employees will focus on introducing themselves to the clients upon initial meeting, MCPH will be purchasing name plaques for employee desks and doors, and introduction reminders will be placed around the building in an effort to keep introductions a top priority.

Approve Minutes of Previous Meeting Mr. Higdon made a motion to amend the July minutes to show that he was present at the meeting not absent. Ms. Phillips seconded the motion. The motion passed unanimously.

Old Business

A. Needle Exchange Ms. Baker reviewed a handout on House Bill 972 (Needle Exchange Program). She explained the bill in detail and the state requirements that must be met for the program.

Mr. Bruckner explained that MCPH is asking for the Board to approve, by a motion, to partner with Ms. Almeida of Full Circle Recovery Center to begin a needle exchange program in Macon County. Mr. Higdon asked what the cost would be to MCPH. Mr. Bruckner explained that no public funds may be used to purchase syringes and that the state is looking for grant sources at this time. He also noted that there is a program through the state that will offer 600 free syringes to health departments and we would share those with Ms. Almeida.

Mr. Higdon asked how we would properly dispose of needles and syringes. Ms. Almeida said that she is already working with people to educate them on proper needle disposal in Macon County, the NC Harm Reduction Coalition will partner with us to help dispose of needles, and there is also a program at Haywood County that she participates in.

Dr. Todd asked if used needles are allowed to go to the dump without being in a biohazard container. Ms. Almeida said that is correct. She currently instructs her clients to put used needles in an old laundry detergent bottle. Dr. Brenner raised some concerns about the safety of this process and the possibility of soil contamination.

Ms. Almeida said that her goal with the needle exchange program is to partner with all seven westernmost counties of NC and form a coalition. Ms. Phillips asked if the grant covers all of Macon County or all of the seven western counties. Ms. Almeida said the grant ends in two weeks, but she has been working in several of the counties not just Macon. Mr. Bruckner said we might be able to assist with the other health departments.

Mr. Bruckner said that he has been talking with Chris Stahl, Director of Solid Waste Management, about disposing needles/syringes at the county landfill. Mr. Stahl has some concerns about disposal of needles and syringes and the potential risks to employees. Ms. Almeida said disposal at the landfill would look like a very large container with an opening at the top that would allow a person to dispose of his/her own needles.

Mr. Hanners asked for the Board to support Ms. Almeida in the needle exchange program. Ms. Phillips made a motion for MCPH to partner with Ms. Almeida in the Needle Exchange program. Ms. Porter-Bowers seconded the motion. Mr. Hanners asked for any more discussion. Dr. Brenner mentioned that he had some reservations about the disposal of needles/syringes. Ms. Almeida said she is willing to work with the Board to figure out the best way of disposal. The motion passed unanimously.

Rabies Compendium Mr. Bruckner said that once the Board had heard the information being shared this evening, in order for the Board to take action at their next meeting, he would require a motion and vote allowing him to post a notice 10 days prior to the meeting at which the rule would be adopted by the Board. The rule

would be, to adopt the recommendations and guidelines for rabies post-exposure management of dogs and cats specified by the National Association of State Public Health Veterinarians in the 2016 edition of the Compendium of Animal Rabies Prevention and Control (part I.B.5: Postexposure Management). These provisions of the Compendium shall be the required control measures pursuant to N.C.G.S. 130A-197.

Mr. Hanners asked if this rule was independent of the county. Mr. Bruckner said yes, a rule of a local board of health differs from that of a county ordinance in that it is a board of health rule. He said that board of health rules were applicable within all municipalities within the local board's jurisdiction meaning each municipality would not have to adopt the rule as they do an ordinance for the rule to be applied within that municipality.

Dr. Villiard explained the latest revision of the Rabies Compendium. He said, the National Association of State Public Health Veterinarians (NASPHV) in the 2016 edition of the Compendium of Animal Rabies Prevention and Control is considered the Gold Standard and Standard of Care for the management of rabies in animals. The current NCGS regarding rabies management are based off of the 2011 NASPHV Rabies Compendium. The Compendium was updated on March 2016, but the state was unable to pass new legislation adopting the Compendium in the short session. The main change in new compendium includes reducing quarantine of non-vaccinated animals exposed to a rabid animal from 6 months to 4 months; boosting a previously immunized animal that has a documented expired rabies vaccine and quarantine for 45 days (previously, animals with expired rabies vaccine were considered unvaccinated); allowing owner's with previously vaccinated animals, but no proof of vaccination, the option to have paired rabies titers to prove previous vaccination and reducing quarantine from 4 months to 45 days. These changes were based on research from Kansas State University College of Veterinary Medicine. Another more subtle change is the requirement to seek veterinary care after the animal is exposed. This allows a veterinary medical profession to assess the current health of the animal and to the extent possible, evaluate the rabies risk posed from the exposure. The Compendium is based on the current science and gives a scientific basis to make recommendation on the management of animals exposed to rabies; it gives owners more options beside the current options of euthanasia or six months quarantine. Dr. Todd said that the change from 6 months to 4 months is financially better for owners. Dr. Villiard closed by saying, we would like for you to adopt a standard that goes along with the national standard.

Mr. Bruckner explained the Boards rule making authority. He said the general statutes allow a local board of health to adopt a rule which protects and promotes the public health. He said that a local board of health may adopt a more stringent rule in an area regulated by the Commission for Public Health or the Environmental Management Commission where, in the opinion of the local board of health, a more stringent rule is required. He said after consultation with the County Attorney Chester Jones and the attorney at the State Division of Public Health Chris Hoke that this rule would effectively and efficiently promote and protect the public health by:

1. utilizing the most current science;
2. providing more definitive guidance for Local Health Directors actions; and
3. providing for a quicker response by the Local Health Director regarding rabies issues.

Mr. Bruckner also said that not less than 10 days before the adoption of any local board of health rule, the proposed rule shall be made available at the office of each county clerk within the board's jurisdiction, and a notice shall be published in a newspaper having general circulation within the area of the board's jurisdiction.

Mr. Hanners said the 2016 compendium makes things easier on the owner and financially benefits the owner as well. Mr. Hanners asked if there was any further discussion, being none, Dr. Todd made a motion that the Secretary of the Board post 10 days prior the next Board meeting in the office of the county clerk and a local newspaper the intent of the Board of Health to adopt a rule. The rule will be, to adopt the recommendations and guidelines for rabies post-exposure management of dogs and cats specified by the National Association of State Public Health Veterinarians in the 2016 edition of the Compendium of Animal Rabies Prevention and Control (part I.B.5: Postexposure Management). These provisions of the Compendium shall be the required control measures pursuant to N.C.G.S. 130A-197. Commissioner Higdon seconded the motion. The motion passed unanimously.

Agent Vaccination Policy: Mr. Bruckner handed out the policy and requested the Board consider revising the policy. He said there were two changes.

Mr. Bruckner first referred the Board members to the suggested changes in section 3.0.

Mr. Bruckner then referred the Board to the TB testing section 6.7.5 of the current policy. He said we currently test employees at hire for TB; however, the CDC recommends a Two-step method for testing health care workers. Mr. Bruckner said Dr. Dewhurst the Department Medical Director is in support of this change. He said, Dr. Dewhurst and Cheryl Ramey Communicable Disease Nurse recommend we test all current employees now and all new hires in specific occupational settings in the future using the Two-step testing method. The employees who would be required receive the Two-step test are: Staff working in clinical settings (i.e. clinicians, nurses, nutritionists, dental, and laboratory) and front line clerical staff. Ms. Phillips asked how nutrition people are at risk of getting TB. Ms. Ramey said their jobs are similar to those performing direct patient care. Ms. Ramey explained what direct contact or direct patient care is, and the risk to MCPH staff and clients. Ms. Phillips asked what the added cost to doing a Two-step test was. Mr. Bruckner said that we have not calculated that out yet, but we can find out exactly what the cost will be if you would like. Ms. Ramey said that the cost test is \$20. Mr. Bruckner said that \$20, but that includes the administrating fee and that the average cost for the vaccine was around \$8 dollars per test. Mr. Bruckner asked Ms. Bowers if her agency performed the Two-step test and Ms. Bowers replied yes. Mr. Villiard asked what the difference was between the Two-step test and what we currently do. Ms. Ramey explained that our ability to react to the TB solution decreases. She explained that repeated TB skin testing can cause a reaction called booster effect where an initial TB test result is negative, but a second TB test performed within 2 – 3 weeks, but could be as much as 12 months could result in a positive test result, which would mean the person was exposed to TB before they came to work for us. Ms. Ramey said that if we did serial Two-step testing in our building where their initial Two-step test was negative and we tested them again 12 months later and they were positive that maybe they were exposed in our building. Ms. Ramey went on to inform the Board that we do TB risk assessment in our building an annual that identifies us as a low risk facility which makes serial Two-step testing at this point is not indicated, but Dr. Dewhurst has recommended doing a questionnaire vs. actually placing a skin test. The questionnaire would be administered by a nurse to assess their risk change in the last year. Ms. Ramey said we have not had any active pulmonary TB cases in Macon County in recent years; but, we have had patients referred to us with TB, but according to her smears she was not infectious and we have had a couple of suspected cases referred to us, but they were all ruled out. Mr. Hanners asked if there were any other questions on the TB section, being none he ask Mr. Bruckner to move on to the next section.

Mr. Bruckner introduced the second requested change to 6.7.6 section of the policy. . Mr. Bruckner referenced section of the policy regarding Intranasal Influenza Vaccine (Flu-Mist). He said that the current policy states Preservative Free and Intranasal Influenza Vaccine will be made available upon agent request. He said they were recommending removal to the intranasal vaccine from the policy. He said APIC voted in June of 2016 that live attenuated influenza vaccine, also known as the “nasal spray or Flu Mist”, should not be used during the 2016-2017 flu season. ACIP’s decision is based on data showing poor or relatively low effectiveness of live attenuated influenza vaccine from 2013 through 2016. He said the U.S. Influenza Vaccine Effectiveness Network showed the estimate for vaccine effectiveness for the live attenuated influenza vaccine against any flu virus was 3 percent (for those 2 to 17 years of age). Also in addition to that the American Academy of Family Physicians has come out in support of the ACIP recommendation. He went on to say, that after consultation with the Dr. Dewhurst, regarding the efficacy of vaccine, it was decided that we will not be offering flu mist to our clients or staff this flu season. It was also decided in consultation with Dr. Dewhurst, that if staff choose to receive flu-mist from another source, they will be considered unvaccinated and be required to wear a mask in accordance with the department vaccination policy. Ms. Phillips asked if the policy could just be changed to include the statement, if the vaccine is available. He said that after consulting with the Medical Director, that based on the CDC recommendation and the efficacy of the vaccine that we would not be offering flu-mist to the clients of the health department, therefore we would not be offering it to staff either. Additionally due to the recommendation and the efficacy of the vaccine any staff member who gets flu-mist else from somewhere else,

will be considered unvaccinated and will be required to wear a mask in accordance with the Departments vaccination policy. Mr. Hanners asked the question, so basically you are taking flu-mist out and leaving preservative free in. Mr. Bruckner said we are leaving preservative free in. Mr. Hanners asked if there was anything that referenced the recommendations. Mr. Bruckner said yes and made reference to where it was in the Board packet. He also made reference to the suggested change in the reference section of the policy where the specific date for the CDC/ACIP recommendation would be changed to just "current recommendations". Ms. Phillips asked so if you have the current recommendations on that one why don't you restate it that the preservative free vaccine or flu-mist if the CDC recommends it would be available it would be offered. Mr. Bruckner said that the county attorney recommended that we take out, but I could take that recommendation back to him if the Board would like me to do that. Mr. Hanners references the change to section 4.2 which say current recommendations which would indicate that each year the recommendations would change. No that is just saying that whatever the current CDC recommendation is we would follow it. Mr. Hanners said so that means that if next year they accepted flu-mist we would have to have the conversation again. Mr. Bruckner said no, we would not have to, that if recommended and we could purchase it than we are going to give it. Ms. Garrett said that next year when we see what is being recommended by the CDC/ACIP we can look at the flu policy again and add flu mist back in if it's available. Ms. Phillips said I thought the reason you were putting the recommendation to use current recommendation was so you wouldn't have to change it every year. Mr. Bruckner suggested that it would be better to remove the entire line form the policy that references a specific vaccination type so the department can offer whatever is available. Mr. Higdon asked in reference to attachment A to the policy what the live attenuated influenza vaccine was. Mr. Bruckner replied that is flu-mist, the live attenuated influenza vaccine. Mr. Higdon asked if that was still the recommendation from the CDC. Mr. Bruckner said that is correct, however, this year they are not recommending the intranasal vaccine. Mr. Higdon asked if attachment A to the policy should even be in there. Mr. Bruckner said yes it should. Ms. Phillips asked so babies were not going to be offered flu mist. Mr. Bruckner said it was not being recommended flu-mist for children 2 years or older. Ms. Garrett said that we have injectable vaccine that we can give to 6 months and up. Mr. Hanners asked if there was any other discussion on the TB or the flu. Mr. Higdon asked if they still have the option to do the mask thing. Mr. Bruckner said yes. Ms. Bowers asked how many employees opted out of the flu vaccination last year. Mr. Bruckner responded: four.

Mr. Higdon asked to see the official recommendation from the CDC. Mr. Bruckner referred him to the page in the Board packet which referenced the CDC/ACIP recommendation. Ms. Phillips asked does that cause problems because there are other people in this building that are not health department employees that are not required because they are county employees to get the flu vaccine or wear a mask. Mr. Bruckner said yes you are correct, but that he could not require other county employees to get the shot or wear a mask, that he could only create policy for health department employees. Ms. Phillips asked again if that caused problem. Mr. Bruckner again replied, yes it does, but most other county employees in this building don't commingle with our staff and don't performing the same functions. Mr. Hanners asked when do we have to have this policy approved by. Mr. Bruckner said it needed to be before October. Ms. Keezer said we like to have our staff begin getting vaccinated before the county fair. Mr. Hanners said that in order to change the policy we have to have a motion. Dr. Brenner asked if we could just strike section 6.7.6.4. Ms. Phillips said that what she would not want to happen is if someone who wanted preservative free that it would be available. Ms. Garrett said we always have to have preservative free for our pregnant women so it would always be available for staff. Mr. Hanners asked again if there was any other discussion. There being no further discussion Mr. Hanners stated that it would remain unchanged.

New Business

A. Flu Plan MCPH will hold the first flu clinic on Friday, Sept. 16 from 1pm to 7pm. Ms. Garrett said that we have started getting some of the flu vaccine in, but only high dose and preservative free. We began vaccinating some prenatal clients today. The state does not have the vaccines ready for distribution yet. The MCPH staff has buttons to wear on their shirts to encourage people to get the flu vaccine this year. Ms. Porter-Bowers asked if we have seen the flu in Macon County yet this year. Ms. Garrett said we have not seen any at the Health Department but, Ms. Bell said they sold their first Tamiflu of the season today at Walgreens. Ms. Phillips asked what the cost of a flu vaccine is. Ms. Garrett said MCPH charges \$30 for Quadra

valent and \$55 for high dose. It was also noted that we do bill insurance even when we are at a flu clinic such as the fair.

B. Billing Guide and Fee Plan Ms. Keener talked about the monitoring of MCPH programs and the new state requirements for billing and coding. She reviewed “MCPH Billing and Collections Policies and Fee schedules FY 16-17” and highlighted the proposed changes. Mr. Hanners asked again for clarification that all of these changes are to comply with state guidelines. Mr. Bruckner confirmed that that is correct.

Mr. Higdon asked if we can take out of county residents if a program is federally funded. Mr. Bruckner said that if a program is federally funded we are required to take out of county residents.

Mr. Higdon then asked why we don't take out of county patients for Dental. Mr. Bruckner said because we have enough need in Macon County and that the objective of the program is to serve Macon County residents. There was discussion on the no show rate in dental. Mr. Villiard said that our no show rate was very low when compared to other clinics. Mr. Bruckner also added that we have attempted to modify the schedule in order to counteract the no shows, but have run into a lot of resistance from the Dental staff. Mr. Higdon asked again why a patient paying cash can't be seen even if they are an out of county resident. Dr. Brenner explained that once patient care is established, they are our patient from that point on. There is a dismissal process that must be followed and there are liability issues that go along with that. Therefore, if we establish care with an out of county patient they are our patient and we do not have the right to deny care based on ability to pay. Ms. Porter- Bowers made a motion to accept the proposed changes to the billing guide to comply with state guidelines. Ms. Bell seconded the motion. The motion passed unanimously.

Fee Plan - Ms. Keener referred to the included “Macon County Public Health Fee Schedule”. She explained that there is new guidance from the state regarding the drug fees we can charge to our patients. She went through the fee plan and explained the proposed fee changes and newly added fees. She also explained that we took an average of the last three drug pricings to determine how much to charge the patient.

Mr. Villiard reviewed the Animal Services Fee Plan handout that was included. He reminded everyone that this is the first time that Animal Services fees have been included in fee schedule, with the exception of Microchipping animal.

When referring to the fee plan, Dr. Todd asked how the money for animal citations is collected and monitored for payment. Mr. Villiard said that Animal Services monitors to make sure citations are paid. There is a log in the Animal Services building that is kept at the front desk. Whenever someone makes a payment it is logged in the book.

Ms. Phillips asked about the citation process. Mr. Villiard said that typically visits to the owner of the animal are made when there is a complaint about an animal, and, if necessary, a citation is written. Dr. Todd asked at what point a citation becomes outstanding. Mr. Villiard said after 30 days, if the citation has not been paid another visit is made to the owner of the animal and they are reminded to go pay the citation. If the citation is not paid it can then be turned over to the magistrate. We are currently working on adding different avenues of payment collection. Molly Phillips made a motion to approve the fee plan as presented. Ms. Bell seconded the motion. The Motion passed unanimously.

Board Training and Information

- A. Macon county Fair Handout
- B. Annual Update of List of Committees
- C. Budget Update

Announcements Mr. Hanners said if anyone would like to add items to the agenda for next month to please see him.

Next Meeting Date 9/27/2016

Adjourn Mr. Higdon made a motion to adjourn the meeting. Ms. Porter- Bowers seconded the motion. The motioned passed unanimously. The meeting adjourned at 7:50 pm.