



Mission: To protect and promote the health, the environment and the well-being of Clark County residents and visitors.

MINUTES

CLARK COUNTY HEALTH DISTRICT DISTRICT BOARD OF HEALTH MEETING

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room - 8 A.M.

Thursday, July 25, 2002 - 8:00 A.M.

Chairman Crowley called the meeting of the District Board of Health to order at 8:00 a.m. and the Pledge of Allegiance was held. She noted that she had been provided with the Affidavits of Posting and Mailing of Agenda meeting notices, as required by Nevada's Open Meeting Law. The Affidavits will be incorporated into the Official Minutes.

Board Members

Present:

Susan Crowley	Chair, Appointee, Henderson
Gary Reese	Vice-Chair, Councilman, Las Vegas
Jim Christensen, MD	Secretary, Physician Member At-Large
Sherry Colquitt, RN	Appointee, Las Vegas
Robert Eliason	Councilman North Las Vegas
Donna Fairchild	Councilwoman, Mesquite
Joseph Hardy, MD	Councilman, Boulder City
Paul Henderson	Councilman, Mesquite
Erin Kenny (telephonically)	Commissioner, Clark County
Donalene Ravitch, RN	Appointee, Boulder City

Absent:

Steven Kirk	Councilman, Henderson
Chip Maxfield	Commissioner, Clark County
Stephanie Smith	Councilwoman, North Las Vegas

Executive Secretary:

Donald S. Kwalick, MD, MPH

Legal Counsel:

Stephen Minagil, Esquire

Staff: Clare Schmutz; Karl Munninger; Jane Shunney, RN; Dr. Joe Heck; Angus MacEachern; Ed Wojcik; Rose Bell; Maureen Fanning; Jeanne Palmer; Jennifer Sizemore; Sandra Schulz; Shannon Randolph; Eddie Ridenour; Forrest Hasselbauer; Darrell Irick; Leo Vega; and Recording Secretaries Diana Lindquist and Montana Garcia

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Mike J. VanderHeiden	Self
Tammy M. VanderHeiden	Self
Mike M. VanderHeiden	Self
Tammy L. VanderHeiden	Self

I. CONSENT AGENDA

These are matters considered to be routine by the District Board of Health and may be enacted by one motion. Any item, however, may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

Member Ravitch moved for approval of the following Consent Agenda. The motion was seconded by Member Reese and carried unanimously:

1. **Approve Minutes/Board of Health Meeting** - 06/27/02
2. **Approve Payroll/Overtime for Periods of:** - 05/11/02 – 05/24/02 & 05/25/02 - 06/07/02
3. **Approve Accounts Payable Register** - **#833:** 05/21/02 - 06/07/02; **#834:** 06/10/02 – 06/24/02
4. **Petition #32-02** - Correction to Title on Classification Specification from Assistant Public Information Officer that was Presented to the Board at the June, 2002 District Board of Health Meeting, to Public Information Specialist
5. **Petition #33-02** - Redefinition of the Senior Epidemiologist Classification Specification – No Salary Change – Schedule 23 (\$46,452.64 - \$64,798.24)
6. **Petition #34-02** – Renewal of Contract with Nevada Health Division for Special Supplemental Food Program for Women, Infants and Children (WIC)

II. PUBLIC HEARING/ACTION

NO PUBLIC HEARINGS SCHEDULED

III. REPORT/DISCUSSION/ACTION

No items to discuss

IV. CITIZEN PARTICIPATION

Citizen participation is a period devoted to comments by the general public about matters relevant to the Board's jurisdiction. Items raised under this portion of the Agenda cannot be acted upon by the Board of Health until the notice provisions of Nevada's Open Meeting Law has been complied with. Therefore, no vote may be taken on a matter not listed on the posted agenda and any action on such items will have to be considered at a later meeting.

Chairman Crowley asked if any member of the public wished to be heard on subjects that are relevant to the Board's jurisdiction.

Tammy VanderHeiden, citizen, expressed concern that the mobile ice cream vendors were being treated unfairly and unjustly by the Environmental Health Department. They are being cited for violations for which Environmental Health will not identify the laws or codes that are being violated. Also, they have been mobile ice cream vendors for over 9 years and previously have never had to give their exact routes to the Health District. Now if the exact route is not given, a permit will not be issued. It is very difficult for the ice cream trucks to pin point their exact locations as they change on a daily basis and the trucks are not at any particular stop for long periods of time.

Their permit was pulled because their 14 year old son was aboard without a health card. However, they were not aware that their son needed a health card. Also, the Health District pulled their permit for three days, instead of directing that their son remain off the truck until he had a health card. She explained that if the Health District goes into a food establishment and finds an individual working without a health card they make the individual leave and do not shut down the establishment. Also, they were cited for having dill pickles which are high acid food and therefore are not a high risk item. The toys were prepackaged and posed no danger to the public health or safety.

Staff had promised to provide something in writing as to appropriateness of selling toys and pickles by July 15th but to date nothing has been received. The codes for the mobile food catering trucks should not be used to inspect the ice cream trucks since the latter are simpler units. Hot item foods or foods that need to be prepared are not sold on the ice cream trucks. The ice cream trucks sell prepackaged foods that are completely sealed and individually wrapped making cross contamination difficult. Ms. VanderHeiden requested that this issue be placed on the next Board of Health agenda to address the problem of ice cream truck vendors being requested to follow all the rules and regulations for mobile food catering trucks.

V. HEALTH OFFICER & STAFF REPORTS

Dr. Kwalick introduced Fran Courtney, RN, Director of Clinics and Nursing, to give an update on the Immunization Program and Linda Kern, Computer Systems Manager to review the recent technology improvement to the program.

Fran Courtney, RN gave an overview of the Immunization Program. Since the fall of 2001 there has been a nationwide vaccine shortage:

Vaccine Shortages:

Tetanus Diphtheria (Td): Morbidity and Mortality Weekly Report (MMWR) published its first paper in November 2000 informing the public of a nationwide shortage. This was because the leading manufacturer stopped production and the remaining manufacturer did not have enough stock on hand to meet the demand. Wound management clients were given first priority for receipt of the vaccine. The vaccine was in short supply during calendar year 2001 through mid-July 2002. The

sole manufacturer notified consumers of the availability of the vaccine at the end of June. The Health District resumed its vaccination program of Td on July 15, 2002. Per the State's request, Staff will not be conducting an active recall of missed immunizations until the first of the year due to budgetary reasons. The manufacturer notified Staff that the shortage is over.

Diphtheria, Tetanus, Acellular Pertusis (DTaP): Due to the State's control over the ordering process, they never had to alter their immunization schedule in a time when other states were experiencing severe problems. The manufacturers have assured the Centers for Disease Control and Prevention that production is on schedule and there should not be any further delays in vaccine shipments.

Varicella (Chickenpox): According to information received from the manufacturer, the shortage of this vaccine should be over by mid-August 2002. This is good news since this vaccine will be required for students new to a Nevada school commencing July 1, 2003.

Prevnar (PCV7): protects children from streptococcus pneumoniae, the most frequent cause of bacteremia, sinusitis, meningitis, and otitis media. According to the latest CDC bulletin, this vaccine should be off shortage status by early 2003.

New School Requirements

During 2001 the State Board of Health adopted changes to the requirements for school admission (NAC 392.105 and 394.190). These amendments now require Hepatitis A and Hepatitis B vaccinations for all students new to a Nevada School commencing July 1, 2002. Varicella (chickenpox) vaccination will be required for all students new to a Nevada School commencing July 1, 2003. Guidelines have been drafted and approved for the Clark County School District. Local child care facilities and private schools have also been notified of these changes.

Kindergarten Round-ups

Elementary Schools have invited the Health District staff be on site to provide immunizations during registration in the months of April, May and June. The round-up will provide audio, visual, fine motor development testing, hygiene awareness as well as immunizations.

During 2002, approximately 92 Elementary Schools participated compared to 67 during 2001. In 2001 there were 1,929 children seen, and 5,085 immunizations given compared to 883 children seen and 2,405 immunizations given in 2001.

Fran introduced Linda Kern to review the new web enabled WebIZ Immunization registry that was implemented on July 15, 2002.

WebIZ Immunization Software Program

Linda Kern, Computer Systems Manager, announced that the implementation of the new immunization registry was successful. She reviewed and explained some of the key features and benefits of the registry and future steps with immunization. The immunization registry is web based which means that no software had to be installed on any immunization computer throughout the District. With a secure log on and use of a web based browser anyone can access the system with proper authorization. During the training and development process this feature enabled computer staff to provide remote site training on usage. Also, it afforded outside providers the opportunity to use the system without staff going physically to each site to install software on their work stations. At present, there is a dial up capability into the immunization system. Computer staff is working on a secure internet connection to allow any private provider with proper authorization to access immunization records.

The data base we are using is Microsoft SQL Server 2000. Some key features of the system are the reporting capabilities which are different from the old VAX system. For example, Nursing requested the number of age appropriate vaccinations for a specific cohort based on race and ethnicity. The computer staff were able to provide that data within 5 minutes. In the past it used to take one programmer one full day to reprogram and get that information out. The Computer Section is working with the Nursing Division to provide training that will allow immunization staff to acquire the information on a real time basis for themselves. Additionally, this system is going to serve as the basis for a district-wide patient registry. The registry will allow staff to access all services provided to a particular client. Demographic information based on new federal requirements and HIPPA regulations will also be available.

Core teams were designated to work with Envision on program reports, billings and other items. The first conversion test was completed at the end of June. The test was successful. Staff were trained during the first two weeks of July. Phase one of the new program was implemented successfully on July 15, 2002. Staff was able to convert over 500,000 patient records and 5 million vaccination records. The VAX system is no longer in use.

Next month Computer Staff plan on adding the inventory control module and an automated billing module that will allow the District to do electronic billing. Also, we have budgeted dollars this fiscal year to upgrade to the Tuberculosis (TB) patient registry, maternal child health and home health applications, and implement a new environmental health database, accounting software and a human resources system.

Vaccinations Rates in Clark County

The overall rate of 2 year old children given age appropriate immunizations; at the end of June 2002 is 83.12% compared to 71.63% in 2001. The rate increase was due to a 4th DTaP campaign which concentrated on those areas of Clark County with the worst rates. Staff had learned from looking at the rates for individual doses of vaccine that families were getting the first through third immunizations at 2, 4 and 6 months but coming back after the child was a year old, was not a high priority for them. The campaign involved McDonalds, going door-to-door, and visiting schools in those neighborhoods inviting entire families to get immunized and media contacts. Also, staff has been working with volunteers on a recall program, Hope for Healthy Kids. Phone contact is initiated to remind families to get their child immunized. For those families that were not reachable by phone, a public health nurse was sent to their home to talk to them about the importance of coming in to complete their immunization schedule. Approximately 1/3 of the families visited had moved, 1/3 had forgotten or thought that their children were appropriately immunized and 1/3 had been age appropriately immunized.

Immunization Program Future Plans

- Identify new "pocket of need" areas;
- Recall middle school, high school and college students and adults who were not able to receive Td vaccine during the nationwide shortage;
- Expand the Hepatitis A and Hepatitis B program to Family Planning and STD Clinics. The program is already available in our HIV/AIDS Program.
- The Hope for Healthy Kids volunteers will start to remind families of needed immunizations versus recalling families.
- Advertising campaign for varicella vaccine before next summer when children need to come in and get vaccinated to start school next year
- Cooperate with State Health Division on the Statewide Immunization Registry.

VI. INFORMATIONAL ITEMS

Duly Noted

A. Chief Health Officer & Administration:

1. Mid June 2002 - Mid July 2002 Monthly Activity Report
2. Financial Data - Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of June 2002
3. Emergency Medical Services Medical Advisory Board Annotated Agenda, June 2002
4. Health Education June 2002 Monthly Report
5. Epidemiology June 2002 Monthly Report
6. Public Information June 2002 Report
7. Clark County Department of Air Quality Management Monthly Activity Report, June 2002

B. Environmental Health:

1. June 2002 Monthly Activity Report
2. Listing of Food Establishments in Plan Review for the Period of 06/01/02 to 06/30/02
3. Letter of Appreciation

C. Nursing and Clinics:

1. June 2002 Monthly Activity Report
2. Letters of Appreciation

VII. ADJOURNMENT

There being no further business to come before the Board, Chairman Crowley adjourned the meeting at 8:30 a.m.

SUBMITTED FOR BOARD APPROVAL

Donald S. Kwalick, MD, MPH, Chief Health Officer
Executive Secretary

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