



MINUTES

Southern Nevada District Board of Health Meeting

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room

Thursday, December 13, 2007 - 8:00 A.M.

Chair Steven Kirk called the meeting of the Southern Nevada District Board of Health to order at 8:02 a.m. Stephen Minagil, Legal Counsel confirmed the meeting had been noticed in accordance with Nevada's Open Meeting Law and that a quorum was present. Chair Kirk led the Pledge of Allegiance.

Board Members Present:

Steven Kirk	Chair, Councilman, Henderson
Chris Giunchigliani	Vice Chair, Commissioner, Clark County
Gary Reese	Secretary, Councilman, Las Vegas
Ricki Barlow	Councilman, Las Vegas
Jim Christensen, MD	At-Large Member, Physician
Susan Crowley	At-Large Member, Environmental Specialist
Robert Eliason	Councilman, North Las Vegas
Joseph Hardy, MD	At-Large Member, Physician
Tim Jones	At-Large Member, Regulated Business/Industry
Mary Jo Mattocks, RN	At-Large Member, Registered Nurse
Bubba Smith	Councilmember, Mesquite
Linda Strickland	Councilmember, Boulder City
Lawrence Weekly	Commissioner, Clark County

Absent:

Travis Chandler	Councilmember, Boulder City Alternate
Tom Collins	Commissioner, Clark County Alternate
Frank Nemecek, MD	Alternate At-Large Member, Physician
John Onyema, MD	Alternate At-Large Member, Physician
Steven Ross	Councilman, Las Vegas Alternate
Gerri Schroder	Councilwoman, Henderson Alternate
Stephanie Smith	Councilwoman, North Las Vegas Alternate
Debra Toney, RN	Alternate At-Large Member, Registered Nurse

Executive Secretary:

Lawrence Sands, DO, MPH

Legal Counsel:

Stephen R. Minagil

Other SNHD Board of Health Members/Alternates Present:

Lonnie Empey
Jimmy Vigilante

Alternate At-Large Member, Environmental Specialist
Alternate At-Large Member, Regulated Business/Industry

Staff: Mike Walsh; Dennis Campbell; Rory Chetelat; Angus MacEachern; Deborah Williams; Patricia Rowley; Ann Markle; Bonnie Sorenson; Bob Gunnoe; Nancy Gerken; Maria Teresa Johnson; Dan LaRubio; Maria Azzarelli; Jorge Viote; Ed Larsen; Jo Alexander; Nikki Burns-Savage; Angela Jones; Clayton Sellers; Tammie Easterday; Cara Evangelista; Lorraine Oliver; Veronica Morata-Nichols; Glenn Savage; Mary Ellen Harrell; Patty O'Rourke-Langston; Gwen Osburn; Jennifer Sizemore; Stephanie Bethel; Leo Vega; Lance Johnson; Recording Secretaries: Shelli Clark and Valery Klaric

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Joseph Roche	American Shredding
Rob Vincent	American Shredding
Milen Mitchevi	Rebond and Foam Recycling
Silvia Georgieva	Rebond and Foam Recycling
Terry Montgomery	Redrock Engineering for Elizabeth Caruso
Fredrick Gregoryan	Self
Dale Martin	Hardin & Sons, Inc. (Gregoryan Res.)
Lex Anderson, RN	Self (former nursing employee)
Linda Anderson	Attorney General's Office / Health Division
Stephanie Bruning	City of North Las Vegas
Katie Fellows	Jones Vargas
Melissa Moyer	Touro University – PA student
Annette Wells	Review Journal
Jim Wadhams	Jones Vargas
Seon Higgins	Herbst Gaming
Trevor Hayes	Lionel Sawyer & Collins
Valerie Miller	Las Vegas Business Press
Don Lyle	KVVU Fox

I. CONSENT AGENDA

These are matters considered to be routine by the Southern Nevada 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.

- 1. Approve Minutes / Board of Health Meeting: 11/15/07**
- 2. Approve Payroll / Overtime for Periods: 10/20/07 – 11/02/07 & 11/03/07 – 11/16/07**
- 3. Approve Accounts Payable Registers: #1102: 11/01/07 – 11/07/07; #1103: 11/08/07 – 11/14/07; #1104: 11/15/07 – 11/29/07**
- 4. Petition #42-07: Approval of New Classification Specification for Community Health Nurse I/II, Recommended Schedule 20 (\$48,072 - \$67,002) / Schedule 22 (\$53,216 - \$74,195) and Case Manager, Recommended Schedule 23 (\$55,974 - \$78,081)**

5. **Petition #43-07:** Approval of Revised Classification Specification for Environmental Health Training Officer, Recommended Schedule 23 (\$55,974 - \$78,081)
6. **Petition #44-07:** Request Delegation of Authority from State Board of Health to Develop a System of Data Collection Concerning Waiting Times of Patient Transfer from Emergency Medical Services to Hospital Pursuant to Senate Bill No. 244

Chair Kirk asked Dr. Sands if there were changes to the agenda. Dr. Sands confirmed there were no changes. Chair Kirk called for a motion to approve the Consent Agenda as presented.

A motion was made by Member Reese to approve the Consent Agenda as presented; seconded by Member Mattocks and was unanimously approved.

II. PUBLIC HEARING / ACTION

1. **Memorandum #33-07:** Application for Approval for Abbie's Recycling to Operate a Solid Waste Management Facility – Recycling Center, Located at 6351 Vegas Valley Drive, Las Vegas, NV 89142 (APN 161-10-701-003)

Chair Kirk declared the public hearing open.

Dennis Campbell, solid waste compliance manager spoke relative to this item. Mr. Campbell stated that Abbie's Recycling has met all requirements to function as a recycling center as specified in section 4 of the Recycling Center Regulations. At this time, staff recommends approval for this permit based on final inspection with the conditions as outlined in the memorandum. David Christensen, owner and president of Abbie's Recycling, was present to answer questions of the Board.

Member G said the program was fine. If someone is functioning without a permit, how would staff verify. Obtain information and send staff member to verify. I foperating w/o permit, issue C&D and ask to apply for permit. Construction waste – same type. MRF fac – take back and process and take to another site, apply for MRF. Green building rebate required to recycle, check to ensure using permitted facilities. Campbell – check to see. Check projects and G will follow up. Campbell – update site on website yesterday.

Chair Kirk asked Mr. Christensen if he understood the conditions as outlined. Mr. Christensen responded affirmatively.

Chair Kirk declared the public hearing open and asked if anyone from the public wished to speak to this matter. No one came forward to speak and Chair Kirk closed the public hearing.

A motion was made by Member Giunchigliani to approve the application as submitted with the conditions outlined in the memorandum; seconded by Member Jones and was unanimously approved.

III. REPORT / DISCUSSION / ACTION

1. **Formation of Southern Nevada District Board of Health Audit Committee**

Michael Walsh, director of administration, spoke relative to this item. In binders, some information of audit committees. Purchase toolkit, has not arrived. Make copies for all BOH

members once arrives. Audit Committee – TOC – kinds of things in toolkit 1) create charter, 2) assess members' financial experience, 3) select public auditors for next audits, as three-year contract expired – go to bid for another audit; at direction of audit committee.

Called to other entities to ascertain what is occurring. Boulder City and CLV are only entities with audit committees. CLV has 5 members appointed by mayor created in 1998 – meet quarterly, (list from Val). Boulder City just created – meetings will meet regularly but not less than monthly.

Member Reese – audit team that works for the city. Go over every department and function. Audit committee oversees team. Auditor is an employee that works for city council. Save time and money for city. Boon to city when created.

Kirk – more than just financial. Procedures and departments. Kirk – kind that we are considering. Walsh – at Board's pleasure. Most pertains to publicly traded organizations. Helpful to make distinction between financial and other audit committee. Reese – multi-task. 5 or 6 auditors that work in department. Walsh – familiar with internal audit staff. Not on staff at SNHD – could be done if requested.

Jones – no audit committee, choice or not considered. Does Board have audit committee. Did not pursue why as to no. County – look into and find out how to establish. At state, separate committee, want to look at county level. Independent group to find out what is going on. County has active internal audit committee.

Jones – internal different from audit committee. Internal are employees – report to Board. Typical of private and public areas. Reports are to commissioners at county level.

Hardy – look at creating audit committee. Not a sub-committee of the BOH, but involves both civilian and BOH members. Walsh – sub-committee of BOH and report to BOH. Hardy – be a sub-committee, but not preclude interested parties. Decide and have audit committee meet and decide direction and come back to BOH with presentation. Walsh – not presume to tell BOH but important to decide at BOH level create charter and rules and instructions to give committee on go forward basis.

Hardy – not ready to do charter. Behoove to appoint sub-committee who would likely know how to proceed with charter.

Kirk – as part of sub-committee, define boundaries and objectives. Hady – anticipate and likely participants.

Kirk – get toolkit and perhaps take recommendations from staff as to which members of BOH and those working for SNHD as to who may service. Financial function primarily.

WSalsh – do not require 5 CPA – few to guide and chair have financial experience. Access to staff and seek information. Staff come to committee for clarification.

Kirk – not ready to adopt bylaws and charter at this point. Over next month, interested parties contact Dr. Sands and find out background. How to appoint using blue-print of other organizations and come back next month and do progressively.

G – good sense. January might take action. Review toolkit. Delineation of audit committee of those with internal and those without. Look at size 3-5 plenty as general rule.

Recommendations for size and look at just sub-committee by interest. Some groups include employees, union, outside, look at composition for BOH to review.

Kirk – gather information, get toolkit, and item for January to appoint members.

A motion was made by Member Reese to approve the petition as submitted; seconded by Member Giunchigliani and was unanimously approved.

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 have 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 subsequent meeting.

Chair Kirk invited any individuals wishing to address the Board on matters under their jurisdiction to come forward.

No one spoke.

V. HEALTH OFFICER & STAFF REPORTS

Chief Health Officer

Dr. Sands memo in front of staff – HAN. Participate in with MSHD funded by CDC – rapid information to critical partners in emergency. Recruit staff for defining roles, include BOH members as part of network. May get contacted by HAN Coordinator to register in system.

Update on Mumps Outbreak – Brian Labus, Senior Epidemiologist

Dr. Sands invited Brian. No PowerPoint. Few weeks ago cases of mumps in close knit social community. Independently additional reports in community. No link yet – mumps around country. 2006 in Midwest. Swelling of salivary glands – cheek and jawline. Neck swollen and many docs not seeing. Educate docs and how to diagnose and treat. Testing is not great. Focus on symptoms treat as mumps. Vaccination is best way – vaccinate population but 5% susceptible. Lot of people in close contact – respiratory transmission.

Vaccination rates are low. School-aged rates are in line with US rates. Surveillance and working with docs and labs. If case, contact EPI. Take from school or work 6-9 days. Labs – as soon as ordered let us know. Find all cases and keep infected individuals home. Get message out to community. No source at present. In community nation-wide. Not eradicated yet.

Jones – Iowa outbreak – adults? Newborns to 90. not particular – seen mostly in college-age. Born before 1957 – immune. Get vaccinated anyway. If immunized as kids, show record. Two doses. Adult recommendations just came out. Majority of cases will be in vaccinated individuals. IZ not perfect.

Hardy – side effects. Minor – soreness, redness.

Christensen – foreign travel most cases.

Labus – most in foreign countries. Autism not component.

Childhood Lead Poisoning Prevention Project – Dr. Lawrence Sands, Chief Health Officer; Dr. Sands asked Glenn Savage to join him for review of CLPPP and provide brief overview and history of current grant program and progress of program in 1st year of federal grant, and future plans for sustainability.

Lead is a toxic substance. Neurological development in children primary concern. No safe levels of exposure. No treatment for lead exposure – effects irreversible. Practice primary prevention.

Candy with lead – FDA. Respond to recalls as issued. OC Registry published toxic treat posters in 2004 – valuable resource to identify candies in community. 2004 – lead surveillance program – subgrant from CDC. Pilot program with HealthInsight to provide education about CLPPP and use epi to conduct surveillance. IN 2005 worked with UNLV SPH to test products suspect of lead. Lead hazards present in Clark County. 6/05 grant to urban housing and development. One of 40 applicants. Not one of 5 grants awarded. In 2006 another opp arose and awarded 5-year grant from CDC with CLPPP, approved by NSHD as bona fide agent with partner UNLV SPH.

Elimination plan goal of year 1. Expand program to include entire state at end of grant cycle. Program staff made great progress during first year. Adopt charter, plan to elimination CLPPP, screening plan and Medicaid eligiel, high risk areas based on pre-1978 housing, brochures and education in English and Spanish. Developed regs to report positive BLL passed in BOH in November and State BOH in December. Trainings as lead risk assessors. CEU to physicians and child care providers to raise awareness. Proclamation and NSMA resolution supporting development of program and reporting, as well as education.

Screen 10,000 in 2-yr period. Underreporting done. Less than 1% show level of lead. Began as surveillance, evolved to eh investigation and to work towards long-term sustainability – management transferred to EH from EPI.

Glenn – PI – Dr. Sands; many staff members involved and passionate about project. SNHD participants and consultant – HealthInsight provides education to hc providers. Worked with AHEC for online course. UNLV SPH very involved with project and provide advocacy group, data collection, and research.

In lead grant, provides different work groups. Strategic Advisory Committee- primary prevention (education for providers and community.) Messages targets to at-risk population including various languages. Screening & case management. Surviellance – data collection sna dreporting. Legislative Affairs – improve legislation in community to eliminate CLPPP as concern state-wide. Evuaation – provides ongoing eval gprogram and how are we doing. Get info to community in undestandble manner.

USEPA, SWIC, NSHD, Washoe, Caron City, Clark County, CLV, CNLV – varios upartners. Colde enforcement, inspectors, community outreach, AHEC, Anthem, SHS, NHC< CCMS< cathold charities, LUCES, CCCU.

Goals and objectives – maintain SAC; expand elimination program stateside; legislation for 2009; increase BLL screenings; provide case management.

Provide community education; investigations; remediation plans to eliminate sources of lead; share with partners.

Future plans – started with lead candy. Evaluate child care facilities to assess for lead. Work with unlv for provide free home evaluations. Regs for sanitation of rental dwellings. Host western regional lead conference in June – invite other states and share info. NvEHA conference together and train EHS to conduct healthy homes evaluations. Healthy homes: “verbatim”

Tgrain staf and work with community to try and help dwellers to improve livelihood. Enter into meditation plans and programs. Housing and sub-standard to higher level.

Protect children and family from ealth and safety hazards.

Lead in general. Read articles and sites about lead. Toys, jewelry, and sunglasses, poker chips. Could be OSHA issue. Is a concern and EH and SNHD is very involved and passionate.

Crowley – situation hard to address and doc sees lead poisoning, try to evaluate home, including older homes with lead, any resources available? Grant rds working on finding foundations and grant to tap to assist. We can evaluate but need next steps to help. Difficult and we may find sources that can be removed if simple and identifiable, others are not.

Christensen – signs and symptoms and difficult to recognize. Need a background of patient to assess. Most docs miss it until very obvious.

Dr. Sands – look at future legislation where kids are routinely screened for lead. Provide more education for providers to be more sensitized and know what to look for. Scrrerings are unfunded mandate and doesn't happen.

Jones – exposure really homes, candies, toys, etc. Came from other community and may have been previously exposed. Lot of resources to insdpect homes.

Savage – home remedies and personal remedies. Sue of heavy metals cause issues. Look at other models – Buffalo, homes and socio-economic, apply here. Churcdh with cc facility with peeling paint. Take samples and work with church to assist children in facility. Swho pays for BLL scrrering?

Barlow – what is process to check for lead paint? XRF machine – range of PPM lead in materials. Soil, jewelry, screening manner. Samples of objects in concern and run through lab and get more specific analysis and determine of level. Barlow – turn around time. Saveage – scrrering in moment's notice and within hour have vel. Lab – several days to weeks.

Kirk – our lab? Glenn – outside.

Barlow – older portions of city. Provide to constituents to educate community and older homes. Savage – build trust. Faith-based outreach and partnerships, neighborhood service, build trust between citizens and government. Get information to them to help. Demonstrate passion that we are interested. Provide solutions and resources. Identify structure but no resources, what can families do in meantime? Precautionary measures? US DOH – built before 1978, wipe down flat surfaces with damp papertowel, take off shoes, vaccum, mop, pick up loose paint with paper towels. Simple info to convey to community to negate issue. Work with government to get information out. Old Henderson has same issues. Targeted areas based on age and work toegher.

Barlow – PSA, media outlet. Spoke with HDtv and work with other media to get information ut. Languages critical. Ask for help and we can answer questions. Copy of website to get info.

Weekly – take personal. Called CDC and asked for history. Origin of grant and purpose of grant. Redirect program. Committees dissolved due to lack of meeting. Raise questions and issues from constituents. Contacted BOH members to brief (Sands). No report on how money administered. Get money and what to do? Did not contact to ask for info and no back up information.

Giunchigliani – not aware of amount of grant. SWhere do we list our grant allocations and hwat are they used for?

Walsh – not provide list of grants to BOH per say, reporting obligation to grantors. Progress reports and billings. G – see what grants are in place, expenditures and need to know where energies are focused. How to mitigate for people? Explore other venues to assist. Issue – change in staffing. Not deal publicly with personnel matters. Deserves answers as to how grant came about and why change? Urge to work with BOH to avoid issues.

G – target child care facilities. All permitted facilities. Group homes – vulnerable. Hispanic and English. Look at other languages. Healthy homes – potential cuts from legislative and database. Federal program. No mitigation funds – long term look at creating fund for PH disasters and how to help others. How to do screenings?

Ch – not paid to do screenings. Tremendous unfunded mandates. Try and serren – high risk clinics try to target and general peds, no routine screening.

G - not routine in BLL. C – heavy metal screened and charged per metal. Additional issues to explore. Happy to participate in work group and how to communicate. Rights. Code enforcement and building need to be involved.

Weekly – building trust. Radio show – received phone calls about seeking help. People interested about exposure. Make publicly known how services are available.

Kirk – CLPPP number of staff. Savage – not a department. 6 FTE paid from grant. Nursing, EPI, EH, need more than 6 FTE to be successful. Taking other monies from EH to fund program. Kirk - \$529K each year. Not a matching – show some amount of in-kind. Savage – EH already piggy-backing with complaints and investigate.

Kirk – worry is that problem is significant and serious. Expand plan to state – focus on certain neighborhoods and not spend resources outside. 6 FTE full-time on lead.

Dr. Sands – point of elimination plan – prioritize where to focus as a community. Need for local health department to proceed. CDC – program in SN as larger part of population. Goal is for every state to have CLPPP.

Barlow – code enforcement team and identify structure. Possible or feasible to reach out to SNHD and check conditions of property and staff assist. Savage – yes. Parnter with CLV Code enforcement with hotels and apartmernts and other facilities. Work with code enforcement.

Christensen – demographic is pre-1978. qucdk epi study and spot it. Aggressively sampling in areas and verify. Godo demographic that is accurate and reliable.

G – copy of original grant proposal and what was approved? Know mission and what was told to qualify. Go back to code enforcement and monthly training. Saveage – coordinate and use equipment ot determine issue.

Dr. S – go out and do home assessments. Track children with elevated BLL; only occupational health and large number of pre-1978 housing and do assessment. G – targeted community. One of activities. UNLV focus on housing assessments. C – numbers of kids with elevated BLL. 25% of those screened (10,000 screened) some have elevated level.

Jones – different reasons for screening. BLL is required under Medicaid. Head start requirement. NV Healthy checkup requirement.

Barlow – possible within grant to purchase home kits to provide for someone in pre-1978 home. Could be option – explore with CDC. Block party with those deemed as trusted. Show willingness to help. Get out there and identify concerns. Involved outreach. Follow up on kit – Barlow work with Glenn.

Kirk – 10,000 children tested positive. EH tracking grant – increase education to do screenings. Lay info on grid and see if high level. Don't wait – have enough data – move forward. Ends in 2010 – map out way to make permanent part of HD.

Jones – have 10,000 children affected, where contaminated. 2,500 affected – 10,000 screened. How on where it's coming from. Do investigations with high levels of exposure, look for sources. May not find obvious source.

Hardy – CLPPP notification of meetings comes online and everyone be included. Open meeting, could be problem. Online notification useful. Grant started when and ends? July 2006 and ends June 2010. Machine – fumes, gas or samples. XRF \$20K. Staff needs a paint chip or object. Bring object to staff and test conducted.

Jones – test shows if lead bearing material. Further testing at lab. 10,000 screened, 2,500 positive for some lead. Percentage requiring treatment. Less than 1%. Appreciate what you're trying to do. Key is more information and education (Hardy).

Bubba – those screened and with level – any follow up? Prioritization basis – highest level first then down. Reports from labs – lab reports may not have enough info to locate children and staff spent time follow-up to make contact. Focus attention on those areas first. What can be done at that point? Resources are issues. Broad community partnership – had some of the resources to address issues.

Bubba – toys and candy. Stop to selling candies. Who sees poster? Still seeing candy in retail. Sands – chart is over 3-years old and many changes. Glenn – recall on certain candies. Two companies threatened to sue and we asked for info about the candies, including lab info. FDA involved and gave go ahead. UNLV helped find candies and got off shelves. Analysis done and candies seen all over community. Since that time, candies decrease in prevalence.

Hardy – water used. Chilis in candy that were contaminated, lead in water to feed plant, chili dried in area where dried, sticks and spoons of candy, wrappers, many different parts.

Kirk – thank you.

Weekly – thank you for agenda. Meeting with chair and Dr. Sands at convenience and findings.

Terrorism Injuries: Information, Dissemination and Exchange (TIIDE) Project – Mary Ellen Britt, Regional Trauma Coordinator

Dr. Sands invited Deb Williams forward to discuss the October 18th Open Space & Trails Summit held at the Springs Preserve. He said this was a wonderful opportunity to marry public health with the issues of the built environment and chronic disease. Deb Williams said there were over 200 attendees at this meeting, which was the first of its kind. Representatives from the planning department, developers, elected officials, decision makers, recreation staff, conservation experts, health and safety officials and local, state and federal governmental agencies dealing with land use. Speakers addressed various models which looked at health, economic, social and environmental impacts in how communities are built. With Dr. Sands' assistance the health impact was able to be interjected into the discussions. The community has done a good job in planning, but health has not been a consideration, but as a result it will be. SNHD has been invited to participate in three distinct planning efforts as we move forward. A statement of intent was signed, which reads:

There is broad support for this concept. Staff will continue to update the Board on the progress of this venture. This opened new partnerships and staff participated in the planning efforts. Dr. Sands said this is another direction the District is moving toward in particular to the chronic disease prevention program. Staff looks forward to developing various partnerships as a result.

Status of On-Line Restaurant Inspection Reports – Ed Larsen, Information Technology Manager; Glenn Savage, Director of Environmental Health; and Michael Walsh, Director of Administration

Dr. Sands asked staff for a report on on-line restaurant inspections. Miek said we've look into it. System currently using is very antequated – difficult to get info through web server – does not communicate. Find replacement.

Eddie Larsen – VAX is over 20 years old and has not been updated for code since 1986. Issues – dependable but cannot automate data coming from it. Can be copied – manual process to get online. Unix system different from windows. Take data from VAX in format acceptable to UNIX and data manipulation on their end. Large amount of data from VAX – hold 200,000 records and not just restaurants. Define records line by line to 60,000 and some have more than one permit. Number of issues to get done. Will be manual process. Currnetly looking to migrate from VAX to get to more current and windows-based system.

Kirk – how happens now. Inspector provides report ot supervisor, paperwork is entered into VAX, each week a copy of the downgrades is provided to newspaper. Info is already old by time it gets to print. Always behind.

Mike – investigation of new software system. Wireless connections in field with inspector, write up report and send to main system. More comfortable with putting on line. Worry about downgrade and delay of information.

Kirk – technology not an issue. Walsh – early in process. Too early for a number on project. Not option to replace – must be done. How get through process and ensure system is what we need. Eddie – minimum data requirements – long way to go. Done by end of summer – can't say that we will and unsure of needs.

Kirk – check with other Boards. Ed – Maricopa County to see what they have and use as option.

VI. INFORMATIONAL ITEMS

DULY NOTED

A. Chief Health Officer and Administration:

1. Monthly Activity Report, Mid-November 2007 – Mid-December 2007
 - a. Letter from Dr. Sands to Alex Haartz, Nevada State Health Division Administrator, concerning status of the new state immunization registry positions as well as response from Mr. Haartz dated November 26, 2007
2. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund and Public Health Laboratory Fund for the Month of November 2007
3. Public Information Monthly Report, Mid-November 2007 – Mid-December 2007
 - a. Letter of Appreciation to Susan Eiselt from Spring Valley Hospital Medical Center
 - b. Note of Appreciation to Rosanna Silva-Minnich and volunteer staff from Vickie Swanson, PHN Supervisor

B. Community Health:

1. Monthly Activity Report, November 2007
 - a. November 2007 Influenza Surveillance Newsletter
 - b. November 2007 Communicable Disease Statistics

C. Environmental Health:

1. Monthly Activity Report, November 2007
 - a. SNHD Fall 2007 Urban Rodent Survey Locations
 - b. Email Expressing Appreciation to EH Supervisor Vivek Raman from the University of Nevada Cooperative Extension
 - c. Letter of Appreciation to Steven Goode from AARP Nevada regarding EH Supervisor Mary Hahn
 - d. LVMPD Certificate of Appreciation to Senior EH Specialist Clayton Sellers

D. Clinics and Nursing:

1. Monthly Activity Report, November 2007
 - a. Monthly Statistical Report – November 2007
 - b. In-Service Schedule
 - c. Nevada Homeless Alliance Flyer
 - d. Letter of Appreciation

VII. ADJOURNMENT

There being no further business to come before the Board, Chair Kirk adjourned the meeting at 9:50 a.m.

SUBMITTED FOR BOARD APPROVAL

Lawrence Sands, DO, MPH, Chief Health Officer
Executive Secretary

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