

A Regular Meeting of the Durham County Board of Health, held April 10, 2014 with the following members present:

James Miller, DVM; Teme Levbarg, MSW, PhD; John Daniel, Jr., MD; Bergen Watterson, MSCP, BA; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; F. Vincent Allison, DDS; Heidi Carter, MSPH; and Dale Stewart, OD.

Excused Absence: Commissioner Brenda Howerton; Michael Case, MPA; and Stephen Dedrick, R.Ph, MS.

Others present: Gayle Harris, Eric Ireland, Becky Freeman, Rosalyn McClain, Dr. James Harris, Dr. Arlene Sena, Dr. Miriam McIntosh, Chris Salter Melissa Downey-Piper, Melissa Martin, Eric Nickens, Attorney Bryan Wardell, Michele Easterling and Will Sutton.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:09pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: Ms. Harris requested the following revisions to the agenda.

1. Letter of Support-Triangle J Council
2. Budget Ratification
3. Approval of additional service fees
4. Attorney Bryan Wardell requested the Board to adjourn into closed session pursuant to G.S. 143-318.11(a) (3) to consult with an attorney in order to preserve the attorney-client privilege.

Dr. Fuchs made a motion to accept the additions/adjustments to the agenda. Dr. Levbarg seconded the motion and the motion was unanimously approved.

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Dr. Fuchs made a motion to approve the minutes for March 13, 2014 meeting. Ms. Watterson seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Harris recognized Lee Lichtenwalter, MPH, RD, LDN, Clinical Nutritionist, who was selected as “Dietitian of the Year” by the Durham-Chapel Hill Dietetic Association. Lee was nominated for this honor by a peer outside of DCoDPH. Her nomination was supported by many with whom she has worked. Lee was selected to be the district representative for the “Outstanding Dietitian of the Year” award, and her nomination will

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now go forward to the state level competition where the NC Dietetic Association will announce the state award. Lee's practice specialty has been children with special health needs, and in that capacity, has spoken at local and state meetings as well as provided consultation to agencies providing services to children with special needs. Several years back, Lee was recruited to work at the state level, but chose to stay in Durham where she has devoted much of her expertise to working with many families and service providers of children. Congratulations on this well deserved recognition, Lee!

BUDGET RATIFICATION:

The Department of Public Health received \$13,000 from the National Association of /County and City Health Officials. Ms. Harris requested the Durham County Board of Health recognize and approve \$6, 500 of the \$13,000 that will be added to this year budget and used by the end of the fiscal year. The remaining \$6500 will be added to FY14-15 budget.

Dr. Allison made a motion to recognize and approve the budget ratification in the amount of \$6500 from NACCHO. Dr. Fuchs seconded the motion and the motion was unanimously approved.

LETTER OF SUPPORT (Accreditation Activity 41.2):

Ms. Harris stated that the department has been working on health impact assessments. Staff members were sent to training last fiscal year; attended an additional conference and are currently working with the School of Public Health on a health impact assessment regarding placing a Farmer's Market in the northern part of the county. Ms. Harris stated the department has an opportunity to partner with several counties on a CDC grant application that is being developed by Triangle J Council of Governments. Board member Bergen Watterson, who is employed at Triangle J, is also working on the application. Eric Ireland, Deputy Health Director and Mel Downey-Piper, Health Education Director joined Ms. Watterson and staff on Tuesday, April 8, 2014 to develop components of the grant. In the letter of support, the department commits to representing Durham County on a regional steering committee for the HIA program; providing guidance and ideas for HIA topics; assisting in planning and/or marketing; attending two HIA trainings per year; representing Durham County on a task force for any HIA conducted in the county; providing local health expertise and pertinent data; assisting with public outreach and any surveys/interviews/public meetings necessary for the HIA.

Ms. Harris reminded the board that Durham County's strategic plan includes an initiative to study the feasibility of requiring HIAs as part of the Unified Development Ordinance. This is an excellent opportunity for the department. It will enhance the staff's knowledge, skills and abilities

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and provide the opportunity to work collaboratively with others in the region on health impact assessments.

FY 14-15 PROPOSED FEE SCHEDULE-ADDITIONAL FEE APPROVAL:

Mr. Ireland provided the Board with an overview of additional fees for the FY14-15 Proposed Fee Schedule. The fees were related to added billing codes. (*A list of the additional fees for FY14-15 Proposed Fee Schedule is attached to the minutes*).

Comments/Questions:

[Related to fees associated with the vaccine for Human Papillomavirus (HPV)]

Dr. Allison: How receptive are parents and young folks about getting the HPV?

Dr. Sena: In general most of the clients coming into the STD clinic are not coming with their parent. I think the protection among women is decreasing. In other words, we are offering it but it is not in demand. It has been available to young men also but I am surprised it's really not taking off.

Ms. Wood: When we started offering the vaccine, we had a lot of women requesting it but that has changed.

Dr. Allison: In your education or discussion, have you added the oral cancer piece saying that HPV is now the leading cause of oral cancer? It is not smoking and tobacco.

Dr. Sena: Yes, we use descriptive messages.

Ms. Harris: We are showing a video about HPV in the sub-lobbies as part of a research project conducted by the Practice Based Research Section of the North Carolina Public Health Association. Across the state, selected local health departments chose one educational strategy to implement in order to determine which strategy will increase the requests for the vaccine.

Dr. Fuchs made a motion to accept and approve the additional fees for FY14-15 Proposed Fee Schedule. Ms. Watterson seconded the motion and the motion was unanimously approved.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **2014 COMMUNICABLE DISEASE REPORT (Activity 2.3)**

Dr. Sena provided the Durham County Board of Health an overview on the 2014 Communicable Disease Report

- 1) The DCoDPH Communicable Disease Control Program
- 2) Communicable disease cases and rates for past 5 years in Durham County

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- Gonorrhea, chlamydia, early syphilis
 - HIV, AIDS
 - Tuberculosis
 - Other communicable diseases
- 3) Challenges with STD, TB and Communicable Disease programs
- Staffing Shortages-STD Clinic

Dr. Sena stated that several patients are being turned away in the STD clinic due to limited provider capacity. Beginning Monday, April 14, 2014 an express clinic will allow patients to come in and get tested without an examination by a provider. This process will lessen the volume in the clinic and get patients tested and through the clinic without waiting.

Summary Data:

- Durham County rates of gonorrhea and chlamydia have decreased slightly in 2013. However, the number of cases and rates of early syphilis nearly doubled in 2013, and is being investigated by the State.
- Rates of HIV and AIDS reported per year of diagnosis continue to decline in the county.
- The number of confirmed TB cases in the county is at its lowest over 6 years, but the number of suspected cases requiring evaluation has remained high.
- In general, the number of communicable diseases reported in the county has declined; however, this may be due to under-reporting from local healthcare providers.

(A copy of the PowerPoint presentation is attached to the minutes).

Comments/Questions:

Dr. Stewart: Why is there a large drop off in [sexually transmitted diseases in] the 20-25 age group? It's 2000 something and then it drops off to 200.

Dr. Sena: That's a great question. I forgot to point that out. You remember I didn't do ages 25-29. It is all lumped up in those ages.

Dr. Stewart: 25 and over?

Dr. Sena: Yes. This was all taken from a grant because I was focusing on the adolescents and young adults and so probably in 25-29 you're not going to see a large decline if looking at the age group separately for the grant, the age group was added in with others including the 70-80's group.

Dr. Allison: How do you define a refugee?

Ms. Wood: A refugee is someone seeking asylum in the United States, usually as a result of civil unrest in his/her native country. This is different from someone seeking a green card and an eventual citizenship.

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Dr. Miller: The rabies number, is that statewide or just Durham?

Dr. Sena: Durham.

Dr. Miller: That is a lot.

Dr. Levbarg: More and more it use to be a big deal if there was a case of rabies and this is the norm.

Dr. Sena: Well, let me clarify. I don't think we have confirmed rabies here these are just suspected and the 76 people with rabies exposure I would say the majority are those who reported a bat in their homes.

Dr. Allison: Is it mandated by the state or county for healthcare providers to report communicable disease?

Dr. Sena: Yes. There are requirements for reporting. Some diseases are reportable within 24-hours and some are reportable within 7-days but it's mandated that laboratories and physicians report communicable diseases. However, there has been no action against physicians who fail to report. There is a major institution that is still not sending us their lab reports but there is really nothing we can do legally. Communication and encouragement is all we are able to do.

Dr. Fuchs: And has that occurred...a conversation about that?

Dr. Sena: Yes. There has been conversation. It's not an easy answer. It is a complicated matter between technology and having dedicated staff that can support particular data and transmit reports into the system. I was told it had to do with funds and resources. We just started to re-approach that issue.

Attorney Wardell: Who is it?

Dr. Sena: Duke

Attorney Wardell: It's not a secret, right.

Ms. Harris: It's not a secret.

Ms. Fuchs: May I ask, since I'm the Chief Nurse at Duke in my real job, can I help facilitate something - a discussion? Maybe you can tell me who you have been talking with and I can try to help.

Dr. Sena: Sure. Let me get a little bit more background. I have been talking with Cameron Wolfe, MD but I know he's not really the person. He was trying to help us communicate with the person in the laboratory.

Dr. Stewart: And there might be information on the ICD code or the diagnosis.

Dr. Sena: That would just be diagnosis. What we are looking for is the laboratory-based reporting. Our Communicable Disease nurse is telling me that they're not getting STD reports. That's sort of a big deal when you look at our numbers. They could significantly change from the data that we are getting out of the emergency room.

Dr. Allison: I'm still concerned about the reporting issue. If it's mandated by the State how is the statute actually written? Are there any teeth in the statute to make them comply? As you said, that could raise the numbers if a large organization is not reporting. How long has this been an issue?

Dr. Sena: I can probably look it up on the internet. How long has this been an issue Hattie? Do you have any idea?

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Ms. Wood: It just started occurring in the last year. I think that we get the laboratory results that are sent to the state into our workflow in NC EDDS but we do not receive notification from the physician.

Dr. Fuchs: So they are reporting to the state but not to the county is that it?

Dr. Sena: This is what I need to verify because we should see it in our workflow. It is not coming from the State lab. I would have to contact the State to be absolutely certain but I am pretty sure Susan Thompson has been investigating this for a while.

Ms. Wood: She brought everybody to the table in addition to having a dedicated person go to the providers to let them know what the statute is and how to report.

Dr. Sena: Okay the statute says even if the physician suspects that a person has a communicable disease **shall** report...it doesn't say may report...it says **shall** report. I don't know how liberally you can interpret that. (*An electronic version of the North Carolina General Statutes was consulted: NCGS 130A-135 – “A physician licensed to practice medicine who has reason to suspect that a person about whom the physician has been consulted professionally has a communicable disease or communicable condition declared by the Commission to be reported, shall report information required by the Commission to the local health director of the county or district in which the physician is consulted.”*)

Attorney Wardell: It seems to be pretty straight forward.

Staff will clarify the issue and report findings to the Board at the next meeting.

- **NC FOOD CODE PRESENTATION** (*Activity 36.3*)

The General Inspections section of the Environmental Health Division provides regulatory inspections as mandated by state and local laws/regulations for all types of food services, institutions (e.g., hospitals and nursing homes, public & private schools, child and adult daycares, lodging facilities, group homes), and others. Education is provided to operators, staff and owners as well as the general public.

Mr. Chris Salter, Environmental Health Director provided information related to the NC Food Code in order to raise awareness of the changes in the inspection process that have taken place since its adoption.

(A copy of the PowerPoint presentation and a mock copy of the Food Establishment Inspection Report are attached to the minutes).

Comments/Questions:

Dr. Levbarg: You just described daycares and nursing home facilities. Would those be considered a level 4?

Mr. Salter: No, child care centers must have two inspections a year (one in each six month period) as other institutions including hospitals and

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nursing homes. Adult day care centers are inspected once a year. When I say once in a six month period could the inspections could occur in the first month of the year and the last month and be deemed having met the requirement.

Dr. Fuchs: Do you have trouble filling your vacancies?

Mr. Salter: We do.

Dr. Fuchs: So what is the reason for that?

Mr. Salter: The biggest issue is salary. You can't put all this extra work on somebody and say I am not going to give you any more money but this is what you have to deal with. Years before the new Food Code was implemented, we had staffing issues. Now, work is just piled on and a lot of people are extremely frustrated. There are fewer and fewer Registered Environmental Health Specialists out there. So, we often have to hire interns. Interns don't have the authorizations from the state that are required to do the job independently; so, we have to train them. We have to pair them up with authorized inspectors who have to teach them and take them out. They are spending all of their time with the assigned intern. In the time it takes to do two inspections with the intern, they could have gotten more done if they were on their own. Recently, we were lucky to get to Registered Environmental Health Specialists for two of the vacant positions. We just hired one. The second one has every authorization you can possible get plus a FDA standardization credential but HR has not approved the higher salary for this candidate.

Ms. Harris: During the budget presentation to the Interim Manager, Lee Worsley, Deputy County Manager, Marqueta Welton and the Budget Officer, I told them about only completing 52% of the inspections because of the staffing issue. We talked about the salaries. I stressed the importance of Environmental Health Specialists having some additional consideration so that we won't lose staff to Orange County for \$10,000 more a year for the same job. In the past, the County conducted benchmarking surveys. In the last survey, Environmental Health salary grades were lower than those of peer counties. The Commissioners didn't implement the recommendations from that survey. Hopefully, when the Evergreen Classification and Compensation Study is implemented, individuals' experience and training will be considered in determining salaries. The Commissioners have seen the study results and recommendations. They're waiting for the supporting documentation from the consultants before they make a decision about how they will respond. We will wait to see what happens.

Dr. Miller: When do you think that will possibly happen?

Ms. Harris: The plan is to implement the study results at the beginning of the next fiscal year.

- **PUBLIC HEALTH VACANCY REPORT (Activity 37.6)**

Ms. Harris requested feedback on the vacancy report to see if the report was providing the Board with the information they needed. Ms. Harris

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stated that she wants to develop a quality improvement project to see where the lags are in the process from the time the position becomes vacant to the initial recruitment date to the official hiring date.

The Durham County Board of Health received a copy of the March vacancy report which included information on the vacant positions from July 1 through March 31, a total of 35.0 FTEs (*5 new positions, 5 resignations, 3 transfer, 5 dismissal, 4 promotions, 3 demotions, 1 grant ended and 9 retirements*). (*A copy of the March 2014 vacancy report is attached to the minutes*)

- **NOTICES OF VIOLATIONS (NOV) REPORT** (*Activity 18.2*)

The Durham County Board of Health received a copy of the Environmental Health Onsite Water Protection Section NOV report for March 2014. The report documents notices of violations issued to property owners who are noncompliant with the “Laws and Rules for Sewage Treatment and Disposal Systems.” There were no questions from the board. (*A copy of the March 2014 NOV report is attached to the minutes*)

- **HEALTH DIRECTOR’S REPORT**
April 13, 2014

Division / Program: Administration / Information and Communications

Program description

- The Information and Communications program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

Statement of goals

- To increase the public’s awareness and understanding of important health information and the Department of Public Health’s programs and services availability
- To increase the public’s utilization of the Department of Public Health’s programs and services.
- To become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

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Issues

- **Opportunities**
 - With staff dedicated to information and communications, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
 - **Prioritizing the topics to publicize**
 - **Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.**

Implication(s)

- **Outcomes**
 - Information and communication about health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - Disseminated three (3) media releases/advisories during the month of March and staff responded to 4 direct (unsolicited) inquiries from reporters. A total of 12 unique media postings/airings (television), printed in the news, or were posted to the web during the month. These included coverage of activities including A Healthier Durham challenge between the city, county and DPS; as well as the release of the County Health rankings. (**Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion – Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)
 - Health Department staff members continued to meet to solidify purchases and plans for *Public Health After Hours*, to observe Public Health Month and the end of our centennial celebration. The event is scheduled for Friday, April 25, from 4 p.m. until 7 p.m. in the Human Services Building. (**Accreditation Activity 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)
 - Staff have been involved with communications liaisons from the City of Durham and Blue Cross and Blue Shield of North Carolina to develop publicity plans for this year's *Bull City*

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PlayStreets series, with the first event scheduled for April 12 along Fayetteville Street and around W.G. Pearson Elementary, coinciding with the Lisa P Foundation 5K walk for diabetes
(Accreditation Activity 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)

Next Steps / Mitigation Strategies

- Continue building/developing various communication channels as well as the Department of Public Health’s delivery of information and communications.

Division / Program: Administration / Durham Diabetes Coalition Communications - Diabetes Alert Day

(Accreditation Activity 10.1- Develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)

Program description

- The American Diabetes Association Alert Day, which is held every fourth Tuesday in March, is a one-day, “wake-up call” asking the American public to take the Diabetes Risk Test to find out if they are at risk for developing type 2 diabetes.

Statement of goals

- To increase awareness about type 2 diabetes in Durham County residents.
- To encourage residents to take the American Diabetes Association risk test to measure their risk for type 2 Diabetes.
- To increase awareness of the Durham Diabetes Coalition.

Issues

- **Opportunities**
 - To provide Durham residents the opportunity to assess their risks for type 2 diabetes by completing a simple test that provides a total risk factor score.
 - To have professional staff available to the public to answer questions about diabetes prevention and referral resources.
 - To provide blood sugar (A1c) screenings to individuals who score high on the risk test.
 - To encourage individuals who scored “at risk” for diabetes to contact their primary care provider to discuss their risk factors.

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- **Challenges**

- Diabetes is a serious disease that strikes nearly 26 million children and adults in the United States. A quarter of these individuals—7 million—do not even know they have diabetes.
- An additional 79 million, or one in three American adults, have pre-diabetes, which puts them at high risk for developing type 2 diabetes.
- People who are overweight, under active (living a sedentary lifestyle) and over the age of 45 should consider themselves at risk for the disease. African Americans, Hispanics/Latinos, Native Americans, Asian Americans, Pacific Islanders, and people who have a family history of the disease also are at an increased risk for type 2 diabetes.
- Unfortunately, diagnosis often comes 7 to 10 years after the onset of the disease, after disabling and even deadly complications have had time to develop. Therefore, early diagnosis is critical to successful treatment and delaying or preventing some of its complications such as heart disease, blindness, kidney disease, stroke, amputation and death.

Implication(s)

- **Outcomes**

- The Durham Herald-Sun published a story on the Durham Diabetes Coalition Alert Day activities on March 15.
- The News and Observer mentioned DDC activities on the bottom of the front page, March 17 edition.
- The number of Durham Diabetes Coalition website visits increased 159% from March 17-25 compared to the eight-day period immediately preceding it. The number of page views increased by 106% from March 8-16 to March 17-25.

- **Service delivery**

- Justin Thomas with the American Diabetes Association and Durham Diabetes Coalition Health Educator, Chasity Newkirk appeared on My Carolina Today, March 10 to promote Diabetes Alert Day activities.
- The Durham Diabetes Coalition and American Diabetes Association received an Alert Day proclamation from Durham County Board of Commissioners at the March 24 meeting.
- The Take 2 for Type 2 campaign kicked off on March 17 with Spanish and English ads on all DATA buses, English and Spanish radio ads on WNNL (103.9) and WLEY (101.1), RDS messaging (message that scrolls across car stereo screen) on WNNL and posters and flyers posted at various Durham County locations.
- The bimonthly #AskDDC chat in March featured nutrition specialists Heidi Schoeppner and Ellen Daley giving information about nutrition and diabetes. The chat was on

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March 20 and allowed for about eight questions and answers along with some general nutrition information.

- Social media efforts:
 - An Instagram account was started on March 19 to make it easier to post pictures to social media accounts during this active month. So far, there are three followers and 18 posts
 - March 17-18, a Twitter ad campaign with a budget of \$40 was posted. The campaign netted 8,099 total impressions
 - A Facebook boost was also purchased for March 17-18 with a budget of \$40 and yielded 11,064 total impressions.
- **Staffing**
 - Durham Diabetes Coalition staff staffed the Diabetes Alert display booth, provided information, answered questions, and referred resources at various Alert Day events.

Next Steps / Mitigation Strategies

- The Health Department will complete the Diabetes Alert Day post event survey overseen by the Durham Diabetes Coalition. Results of the survey will be used to assess the success of the event and provide guidance for future community event planning.
- The Diabetes Risk Test will be available at community programs and on the Durham Diabetes Coalition website at www.DurhamDiabetesCoalition.org to increase awareness of risk factors of type 2 diabetes.

Division / Program: Dental Division / Dental Screenings for Home-Based Early Head Start

(Accreditation Activity 20.1- Collaborate with community health care providers to provide personal and preventative health services.)

Program description

- Dental screening for children of families receiving home-based Early Head Start (EHS) services was hosted at the Department on March 20, 2014. The Dental Division provided the screening and, together with the Nutrition Division, provided a presentation, answering questions of participants.

Statement of goals:

- To promote good oral health for children ages 0-3 by providing dental screenings
- To provide oral health and nutritional instruction to pregnant mothers and parents of young children.

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Issues

- **Opportunities**
 - Collaboration of the DINE Community Nutritionist and the Dental Hygienist offered supportive information to one another with the common goal of improving and/or maintaining overall health of our community participants.
 - Oral and nutrition health tips were offered to families who did not know the importance of oral health beginning at an early age as well making better nutritional choices for their families.
 - Families were given the opportunity to speak with a Hygienist and Nutritionist after the presentation.
- **Challenges**
 - Participant transportation.
 - Service time offered.
 - Low participation from parents.

Implication(s)

- **Outcomes**
 - Numerous parents as well as the EHS staff expressed their appreciation to the staff.
 - The Early Head Start Program Leaders expressed their interest for future presentations for the families as well as for the staff.
- **Service delivery**
 - The presentation was held from 11:00 a.m. – 12:00 p.m.
 - Twelve families participated in the event.

Next Steps / Mitigation Strategies

- Host a second dental screening/presentation at the Department this fall.
- Continue to work with the DINE Community Nutritionist to promote healthy nutrition and oral health habits.
- At the request of the Early Head Start Program Director, explore ways to provide educational segments for Early Head Start teachers and staff so they can promote and reinforce good oral health habits for children and their families.

Division / Program: Nutrition Division / DINE - Junior Iron Chef Durham Program Recognition

(Accreditation Activity 10.2- Assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

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Program description

- Junior Iron Chef Durham (JICD) is a culinary and nutrition program that is designed to improve the health of middle and high school students and their families.
- JICD program was recognized on February 26, 2014, as a valuable community partner by Citizen Schools North Carolina.

Statement of goals

- JICD aims to increase health and nutrition knowledge and self-efficacy of students to prepare healthy meals at home and make healthy food choices while eating away from home.
- To reduce overweight, obesity and chronic disease risk in Durham's at-risk youth and their families.
- To partner with Durham Public Schools to provide interactive nutrition education.

Issues

- **Opportunities**
 - Citizen Schools works with Durham middle schools to expand the learning day for low income youth by providing after school "apprenticeships" where students engage in hands-on projects.
 - The "Junior Iron Chef Durham" apprenticeship has participated in the Citizen Schools program at Lowe's Grove and Neal Middle Schools since 2009.
- **Challenges**
 - The school facility (often a classroom) may have limited space and access to the necessary food preparation requirements, such as a sink and electrical outlets.
 - Each nutrition session requires significant time to prepare materials, gather cooking equipment and purchase groceries.
 - The nutritionist position that conducts this program is currently vacant and in recruitment.

Implication(s)

- **Outcomes**
 - Durham middle school students participating in the Junior Iron Chef Durham apprenticeship through Citizen Schools received nutrition education and prepared/tasted healthy recipes.
 - Two JICD classes were taught in the past school year and were the classes that were recognized.
- **Service delivery**
 - Students meet for ten sessions and are taught hands-on nutrition and culinary lessons.
 - At the end of each lesson, students prepare healthy recipes. Often the final session is a "cook-off" allowing the students to

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showcase their new culinary skills and nutrition knowledge. Local “celebrities” may judge the cook off competition. These lessons also reinforce academic subjects like math, reading, and science while teaching leadership and teamwork skills.

Next Steps / Mitigation Strategies

- Continue partnership with Citizen Schools North Carolina and Durham Public School by providing the Junior Iron Chef Durham program in qualifying middle schools.
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Division / Program: Nutrition Division / Farmers Market Promotion for SNAP

(Accreditation Activity 10.2- Assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- The Downtown and South Durham Farmers’ Markets will both start accepting EBT SNAP benefits in April. Electronic Benefits Transfer (EBT) is an electronic system that replaced paper food stamp coupons.
- Fundraising efforts are in process in order to fund a “Double Bucks” program that will double SNAP (Supplemental Nutrition Assistance Program or food stamps) customers’ benefits up to \$10 at each market.
- Efforts are underway to increase transportation options to the market.

Statement of goals

- To increase access to fresh, healthy, affordable, local food to all Durham residents.

Issues

- **Opportunities**
 - This project has forged new partnerships between the two Durham Farmers’ Markets and among the markets, Durham County Government, and community partners.
 - A new DINE healthy environments nutrition position will provide nutrition education and outreach around eating more fruits and vegetables. The nutritionist will refer individuals to the markets as a source of affordable produce.
 - The program will spur economic activity in Durham. Farmers markets have a multiplier effect of 1.6, meaning that every dollar that is spent at a farmers market generates \$1.60 in

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economic activity. The markets' SNAP programs will bring federal dollars into Durham's local economy. A "Double Bucks" program will double this amount.

- **Challenges**
 - The Community Transformation Grant (CTG) is ending in September. This grant paid for the marketing of this project.
 - Changing the widespread community perception that a farmers market is for only a certain segment of our population will take time.
 - The "Double Bucks" program is funded through grants and donations. The markets want to wait to start the program until enough funds are raised to make the project sustainable.

Implication(s)

- **Outcomes (proposed)**
 - Increased fruit and vegetable access and consumption among Durham's lower income population.
- **Staffing**
 - A DCoDPH nutrition program manger has been providing technical assistance and support to both markets for the last year.
 - Regional CTG staff have been providing communications support to the markets for last 6 months.
 - The new DINE nutritionist position will provide outreach and education around fruit and vegetable consumption and the markets.

Next Steps / Mitigation Strategies

- Continue to explore funding sources for the double bucks program.
- Continue to advertise the program.
- Increase the public's knowledge about the program through an article that will be submitted to the Durham Herald Sun by the Partnership for a Healthy Durham at the end of April or May.
- Evaluate the participation rates and success of the program through sales data and customer surveys.

Division / Program: Community Health Division / Maternal Health - Electronic Health Record (EHR) Change

(Accreditation Activity 22.2- Serve as a health care provider when local needs and authority exist, and the agency capacity and resources are available.)

Program description

- Maternity Clinic provides comprehensive prenatal services to women in Durham and surrounding counties.

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- The majority of women receiving prenatal care services in the Maternity Clinic deliver at Duke Medical Center.
- Maternity Clinic staff formerly documented all care in Duke's OB TraceVu EHR but started documenting in Duke's new EHR, Epic Maestro, on March 3, 2014.

Statement of goals

- The goal of Duke Medical Center is to have one chart for each patient rather than different charts for each service.
- The goal of the DCoDPH Maternity Clinic is to implement the new system while continuing to meet the medical needs of the prenatal patients.

Issues

- **Opportunities**
 - Continuity of care is enhanced for our patients
 - Other public health staff will be able to access Duke's medical records of patients they have referred to a Duke Health system member through a new program called MedLink.
- **Challenges**
 - Changing to this new system for documentation has been very time-consuming. One third fewer patients were scheduled for the first two weeks of implementation.
 - Established patients have to be added to Maestro through "abstraction" which is done by a nurse for each patient. This has required that some nurses work longer hours than usual.

Implication(s)

- **Outcomes**
 - Maestro support staff has been very helpful and attentive.
 - The Duke physicians and midwives who staff our Maternity Clinic were already familiar with Maestro, so they could also help when a nurse had questions.
- **Service delivery**
 - Fewer patients were seen during the first two weeks of implementation which required heavier scheduling after those two weeks.
- **Revenue**
 - The only impact on revenue was that fewer patients were seen during those two weeks, but most of that should be made up later in the month.

Next Steps / Mitigation Strategies

- DCoDPH project management plan for implementation of Patagonia EHR in the Department includes specifications for information exchange between Patagonia and Epic Maestro.

Division / Program: Community Health Division / Communicable Disease Program -Outbreak Response Packets

(Accreditation Activity 10.4- Promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations.)

Program description

- The Outbreak Response Packet toolkit was developed collaboratively by Communicable Disease and Environmental Health staff to educate long-term care facilities about the recommended strategies for prevention and control of outbreaks.
- The toolkit provides a variety of written materials and tools to support a prompt and appropriate response by the facility during an actual outbreak situation.

Statement of goals

- To deliver Outbreak Response packets to long-term care facilities in Durham County in order to:
 - Provide targeted, on-site education about communicable disease, disease prevention, outbreak response, and appropriate use of control measures
 - Establish professional and collaborative relationships with facilities through direct outreach (one-on-one visits) by the Communicable Disease nurse

Issues

- **Opportunities**
 - Distribution of Outbreak Response Packets by Communicable Disease (CD) and Environmental Health (EH), with plans to educate staff at designated long-term care facilities in Durham County.
 - Provide long-term care facilities materials that promote their prompt response when an outbreak is suspected and their contact with the Department.
- **Challenges**
 - To create accurate, informative, and user-friendly materials for the packets.
 - To develop a list of healthcare facilities in the county for targeted outreach, with focus on long-term care, independent living, and assisted living facilities. A list of 25 facilities was eventually created.
 - To initiate telephone contact with each facility to determine level of interest in the packet.

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- To schedule a time for the CD nurse to deliver a packet directly to each facility.

Implication(s)

• **Outcomes**

- To date, a total of 21 facilities have been visited by the CD nurse; other visits are currently being scheduled.
- The CD nurse has established direct contact with facility personnel. This face-to-face interaction not only increases the visibility of the health department in the community, but also provides an opportunity for the health department/CD Program to be seen as educator, and not merely enforcer.
- One facility asked if we could provide much needed sex education for the residents. Their request was forwarded to the DCoDPH Health Education program.
- One facility asked if the packet could be reviewed with the 1st and 2nd shift employees. EH staff and the CD nurse can accommodate this request and will provide the training.

• **Service delivery**

- The CD nurse has scheduled and conducted 21 visits, with assistance from EH staff as needed.
- While on-site, the CD nurse assessed the need for/interest in other education that DCoDPH could provide, such as Infection Control, Injection Safety, etc.

• **Staffing**

- EH and CD staff worked collaboratively to develop the packets and to select facilities for targeted outreach.

Next Steps / Mitigation Strategies

- Regular communication and collaboration with the targeted facilities will be enhanced by direct contact with the CD nurse.
- Plans are underway to develop a similar packet with information on communicable disease detection and reporting with planned distribution by the CD nurse to medical providers, medical practices, and medical facilities.

COMMITTEE REPORTS:

There were no committee reports discussed at the April 10, 2014 Durham County Board of Health meeting.

OLD BUSINESS:

- **ENVIRONMENTAL HEALTH SEPTIC SYSTEM FOLLOW-UP DISCUSSION** (*Activity 14.2*)

Ms. Harris stated that the presentation was made at the Board of County Commissioners worksession on April 7. An article highlighting the

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discussion was in The Herald-Sun the next day. Commissioner Reckhow researched the topic and had lots of questions and emphasized the importance of owner-maintenance of the systems. Ms. Harris informed the Commissioners that staff will work with the entire continuum related to septic systems but would need their support in pursuing a public/private partnership to address the issue of financial assistance (including county funding) to repair failing systems. Details of how to assist/support those who don't meet the "means test" for bank/credit union loans will need to be developed. Staff will continue to work on and document the continuum of services and follow-up with Self-Help Credit Union. Mr. Salter is waiting to hear back from Congressman Butterfield office about potential grant opportunities.

- **FY 14-15 BUDGET FOLLOW-UP DISCUSSION** (*Activity 39.3*)

Ms. Harris stated that Will Sutton, Local Finance Officer, Becky Freeman, Deputy Health Director and herself met with the Interim County Manager, Lee Worsley, Deputy County Manager Marqueta Welton and Keith Lane, Interim Budget Officer and Andy Miracle, Budget Analyst. She believes County management supports the work of the department and understands the needs. The County Manager will present the budget to the County Commissioners on May 27, 2014. Her presentation to the Commissioners usually is the budget recommended by the County Manager.

NEW BUSINESS:

- ❖ **AGENDA ITEMS-MAY 2014 MEETING**
- ❖ Community Health Presentation
- ❖ The Downtown Open Space Plan

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- ❖ Public Health Month Celebration-4/25/14 at 4pm
- ❖ PlayStreet Article

Dr. Miller made a motion to adjourn into closed session pursuant to G.S. 143-318.11(a)(3) to consult with an attorney in order to preserve the attorney-client privilege. Dr. Levbarg seconded the motion and the motion was unanimously approved.

The board reconvened into regular session.

Dr. Fuchs made a motion to adjourn the meeting. Dr. Levbarg seconded the motion and the motion was unanimously approved.

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April 10, 2014.

Jim Miller, DVM-Chairman

Gayle B. Harris, MPH, Public Health Director



Public Health

100 Years of Service ★ 1913-2013

Add these to the fee schedule

<u>CPT Code</u>	<u>Description</u>	<u>Fee</u>
54050	Destruction of Genital Warts Male	\$123.55
59025	Fetal Non-Stress Test (FNST)	\$15.27
S0280	Risk Screen – PMH	\$50.00
90281#	IG-Immune Globulin	\$0.00
90473	Oral Nasal Admin only Vaccine given on DOS	\$17.25
90474	Oral Nasal Admin any other vaccine on the DOS	\$0.00
90633	Hepatitis A (ped)	\$19.30
90647	HIB (pedvax)	\$229.00
90744	Hepatitis B (ped)	\$12.75
90670#	Prevnar 13	\$166.40
90700	DTaP	\$18.65
90702	DT Pediatric	\$35.41
90685	Flu (6-35 months)	\$29.00
90649	Gardasil-HPV Females/males 9-26 payor 6	\$158.30
90656	Trivalent Influenza Vaccine	\$29.00
90698	Pentacel (DTaP-IPV Hib)	\$80.43
90696	Kinrix (DTaP-IPV)	\$43.27
90723#	Pediarix (DTaP-HepB-Polio)	\$95.78
99078#	Health Ed. Child/parenting Class	\$8.71
99381	New FP Preventive Age Birth-1year	\$90.00

99382	New FP Preventive Age 1-4 years	\$90.00
99387	New Preventive age 65>years	\$215.00
99391#	Est Preventive age birth -1 year	\$90.00
99392#	Est Preventive age 1-4 years	\$90.00
99393#	Est Preventive age 5-11 years	\$157.50
99397#	Est Preventive age 65>years	\$175.00
99404	Indiv Counseling 60 min.	\$0.00
99412#	Prev. Counseling/Centering Pregnancy	\$16.07
J2790	Rhogam	\$112.14
T1001#	DSV Counseling	\$0.00
T1001#	Behavioral Health Counseling	\$0.00
T1001#	FP Pregnancy Test Counseling	\$0.00
T1001#	Postpartum Visit	\$0.00
J1050	Depo-Provera Injection (use 5 mod. for waiver)	\$148.00/.32cents per unit @ 150 units
97799#	DSV Referral	\$0.00
97799#	BH Referral	\$0.00
96372#	Medication Administration	\$0.00
99429#	AV/Unplanned Pregnancy	\$0.00
3510F#	#PPD Positive	\$0.00
3510F#	#PPD Negative	\$0.00
3510F#	#PPD Not Read	\$0.00
T1002	RN services up to 15 minutesX _____ units	\$19.50
T1002	STD Control Treatment (RN) X _____ units	\$19.50
4450F	Phone Interpretation	\$0.00
36415	Venipuncture	\$3.75
99000#	Specimen Handling	\$0.00

81025	Pregnancy Test, Urine - Result Positive+	\$10.07
81025	Pregnancy Test, Urine - Result Negative -	\$10.07
82950	Glucose Challenge (GCT)	\$7.55
83718#	HDL	\$10.41
82948#	Blood Glucose - Finger Stick	\$4.03
82951/82952	GTT - 3 hour (bill both CPTs NA	\$20.46
85025	CBC with automated diff. & platlets	\$10.00
81002#	Urine, Specific Gravity	\$3.25
87591	Gonorrhea	\$31.18
87491	Chlamydia	\$31.18
99501	Durham Connects/Post Partum	\$58.29
99502	Durham Connects/Newborn Home Visit	\$60.00
56501	TCA Vulva/Destruction of Genital Warts/Female	\$125.42

Remove this fee from the Fee Schedule

3455F	TB Evaluation/Screening (New Fee)	\$20.00
58605	Post Partum w/Tubal Ligation	\$00.00



ANNUAL REPORT OF COMMUNICABLE DISEASES

**Board of Health
February 6, 2014**

Arlene C. Seña, MD, MPH

Overview

- DCoDPH Communicable Disease Control Program
- Communicable disease cases and rates for past 6 years
 - Gonorrhea, chlamydia, early syphilis
 - HIV, AIDS
 - Tuberculosis
 - Other communicable diseases
- Challenges with STD, TB, and communicable disease control programs



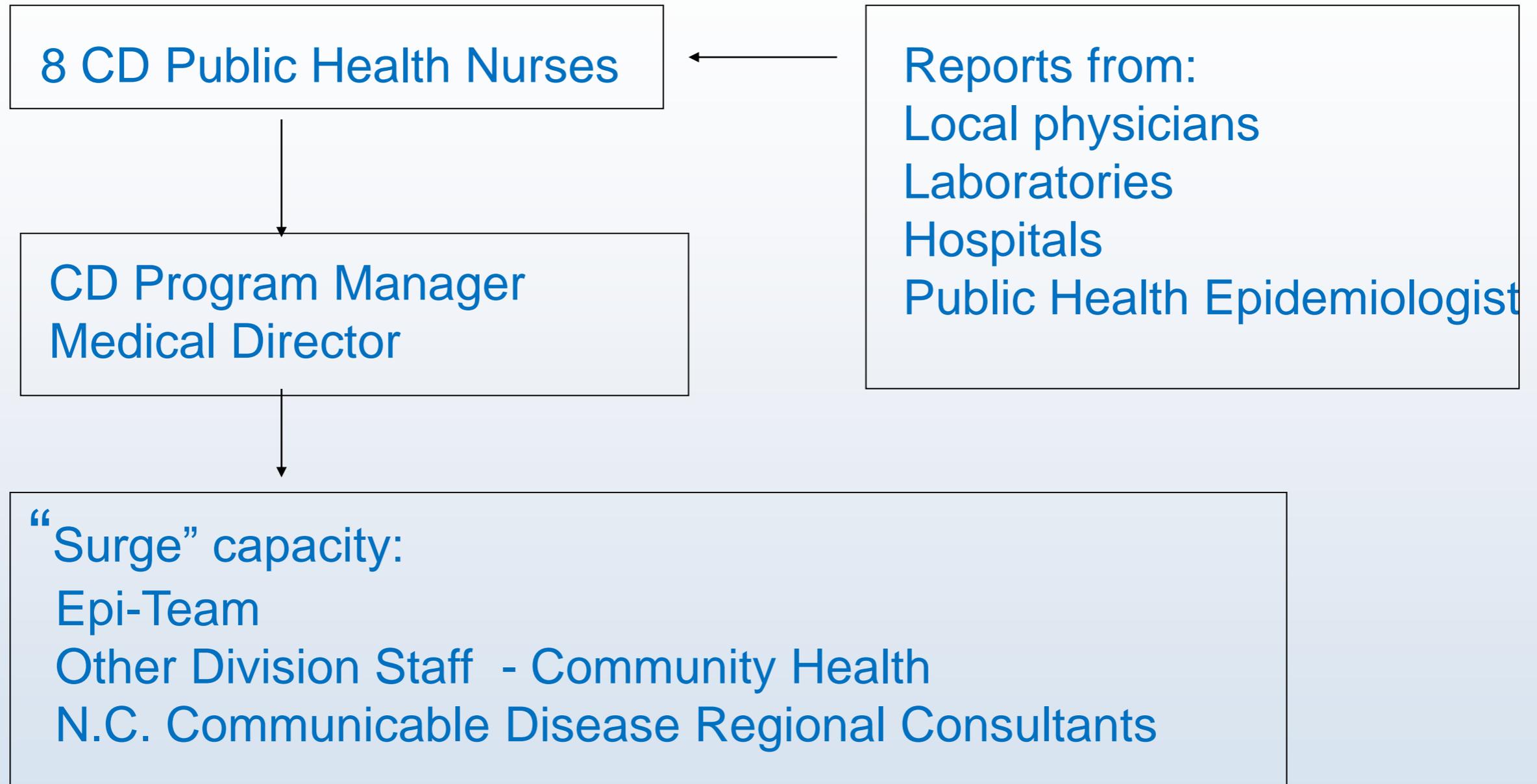
Communicable Disease Control Program

The Communicable Disease Control Program's primary objectives are to:

- investigate and report suspected or confirmed communicable diseases to the N.C. Division of Public Health
- ensure that appropriate control measures have been prescribed in accordance with the N.C. Communicable Disease Law and Rules.



Communicable Disease Capacity



Communicable Disease Reporting

- Reporting forms provided on website.
- Clinicians mail/fax forms to DCoDPH.
- Public health nurses (PHN) contact providers to gather more data as needed to determine if case definitions are met.
- PHNs enter data electronically in the NC Electronic Disease Surveillance System.

NC Electronic Disease Surveillance System

NC EDSS EVENT ID# _____

North Carolina Department of Health and Human Services
Division of Public Health - Epidemiology Section
Communicable Disease Branch




Confidential Communicable Disease Report—Part 1

NC DISEASE CODE
(see reverse side for code)

ATTENTION HEALTH CARE PROVIDERS:
Please report relevant clinical findings about this disease event to the local health department.

Patient's Last Name						First		Middle		Suffix		Maiden/Other		Alias	
Birthdate (mm/dd/yyyy)						Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans.		Parent or Guardian (of minor)				Patient Identifier SSN			
Patient's Street Address						City		State		ZIP		County		Phone (____) _____	
Age		Age Type <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days		Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander				Ethnic Origin <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Was patient hospitalized for this disease? (>24 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No		Did patient die from this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient is associated with (check all that apply): <input type="checkbox"/> Child Care (child, household contact, or worker in child care) <input type="checkbox"/> School (student or worker) <input type="checkbox"/> College/University (student or worker) <input type="checkbox"/> Food Service (food worker) <input type="checkbox"/> Health Care (health care worker)						<input type="checkbox"/> Correctional Facility (inmate or worker) <input type="checkbox"/> Long Term Care Facility (resident or worker) <input type="checkbox"/> Military (active military, dependent, or recent retiree) <input type="checkbox"/> Travel (outside continental United States in last 30 days)				In what geographic location was the patient MOST LIKELY exposed? <input type="checkbox"/> In patient's county of residence <input type="checkbox"/> Outside county, but within NC - County: _____ <input type="checkbox"/> Out of state - State/Territory: _____ <input type="checkbox"/> Out of USA - Country: _____ <input type="checkbox"/> Unknown					

CLINICAL INFORMATION

Is/has patient asymptomatic for this disease? Y N U
If yes, symptom onset date (mm/dd/yyyy): ____/____/____
SPECIFY SYMPTOMS: _____

If a sexually transmitted disease, give specific treatment details:
1. Date patient treated (mm/dd/yyyy) _____ 2. Date patient treated (mm/dd/yyyy) _____
Medication _____ Medication _____
Dosage _____ Dosage _____
Duration _____ Duration _____

DIAGNOSTIC TESTING

Provide lab information below OR attach a copy of lab results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

Reporting Physician/Practice: _____ Health Care Provider for this disease (if not reporting physician): _____
Contact Person/Title: _____ Contact Person/Title: _____
Phone: (____) _____-____-____ Fax: (____) _____-____-____ Phone: (____) _____-____-____ Fax: (____) _____-____-____

LOCAL HEALTH DEPARTMENT USE ONLY

Initial Date of Report to Public Health: ____/____/____
Initial Source of Report to Public Health:
 Health Care Provider (specify):
 Hospital
 Private clinic/practice
 Health Department
 Correctional facility
 Laboratory
 Other

Is the patient part of an outbreak of this disease?
 Yes No
Outbreak setting:
 Restaurant/Retail (name): _____
 Household (specify index case): _____
 Child Care (name): _____
 Other (specify): _____
 Community (specify index case): _____

DHHS 2124 (Revised January 2009) EPIDEMIOLOGY

Information for Health Care Providers

- DCoDPH provides updates to community partners on website, through quarterly newsletters, quarterly Public Health Preparedness Meetings.
- Use blastfax system to distribute N.C. Memos and Health Alerts





Public Health
100 Years of Service • 1913-2013

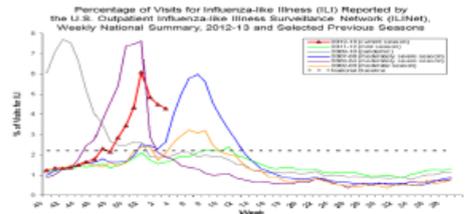
Human Services Building
414 East Main Street,
Durham, North Carolina 27701

Durham County Communicable Disease Update for Healthcare Providers

Issue 8 | January 2013

Seasonal Influenza

- During January 13-19, influenza activity remains elevated in the United States.
- North Carolina continues to have widespread flu activity. There have been 33 flu deaths in N.C. this season, 76% of which have been in persons > 65 years of age.
- According to the Centers for Disease Control and Prevention (CDC), 80.4% of the influenza viruses tested are influenza A, of which 62.8% are H3N2 viruses that are of the same lineage/component included in this year's flu vaccine.
- The majority of the flu viruses are susceptible to



Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillence Network (ILINet), Weekly National Summary, 2012-13 and Selected Previous Seasons

oseltamivir and zanamivir; however, rare sporadic cases of oseltamivir-resistant 2009 H1N1 and A (H3N2) viruses have been detected worldwide.

- Antiviral therapy is most effective when started within 48 hours of illness onset. However, antiviral treatment might still be beneficial in patients with severe or progressive illness and

hospitalized patients, even when started more than 48 hours after illness onset.

- The Immunization Clinic continues to provide free, state-supplied flu vaccines to persons ≥ 6 months of age on a walk-in basis from 8:30 a.m. — 5:00 p.m., Monday — Friday.

Noroviruses

- In 2012, a new strain of norovirus was detected in Australia called GII.4 Sydney. This strain is currently the leading cause of norovirus outbreaks in the U.S.
- Symptoms develop 12 to 48 hours after being exposed to norovirus with acute onset of vomiting, watery, non-bloody diarrhea with abdominal cramps, low-grade fever.

- Durham County has experienced several outbreaks of norovirus infections this fall/winter season already, primarily in long term care facilities.
- Real-time polymerase chain reaction is the most widely used test for detecting norovirus, but is not widely available.
- Health care providers should report all possible outbreaks of acute gastroenteritis including

norovirus, to the Department of Public Health.

- Proper hand washing is the best way to prevent norovirus transmission; alcohol based sanitizers.

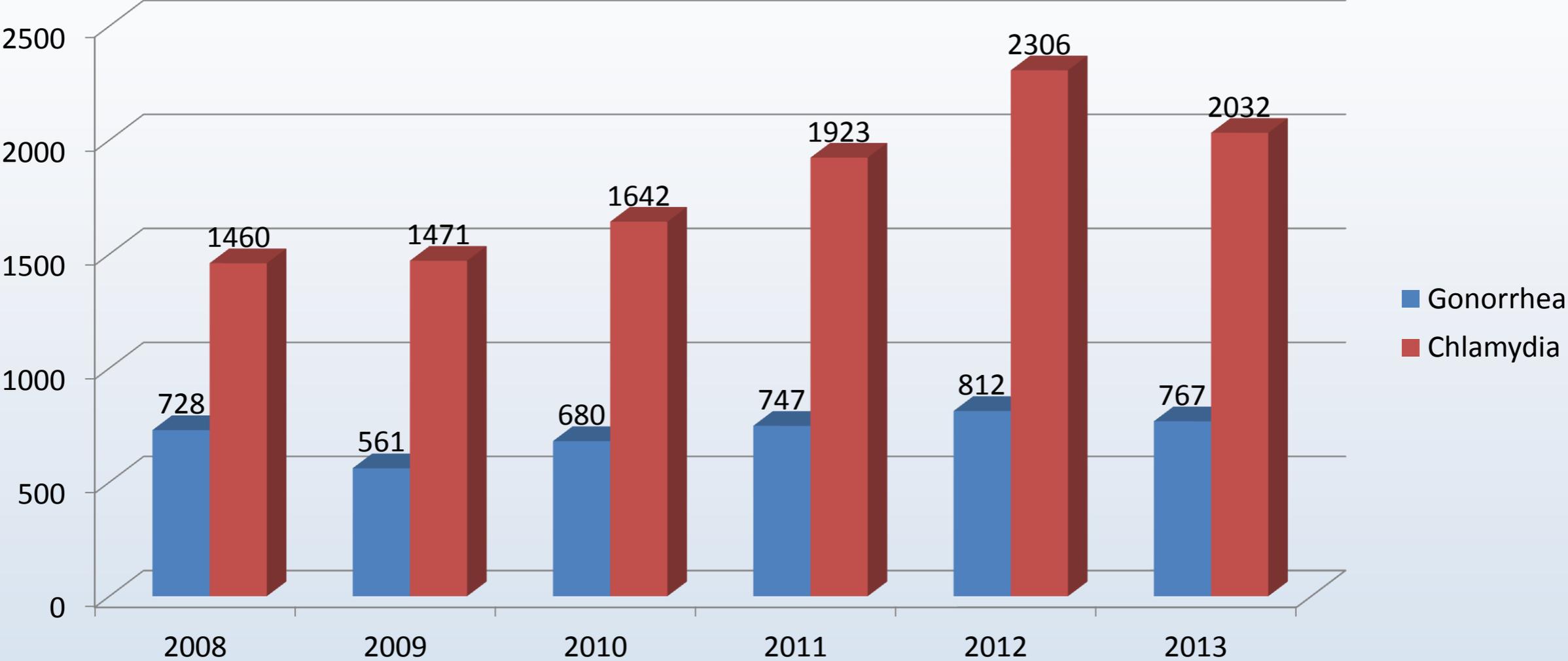


Important Numbers

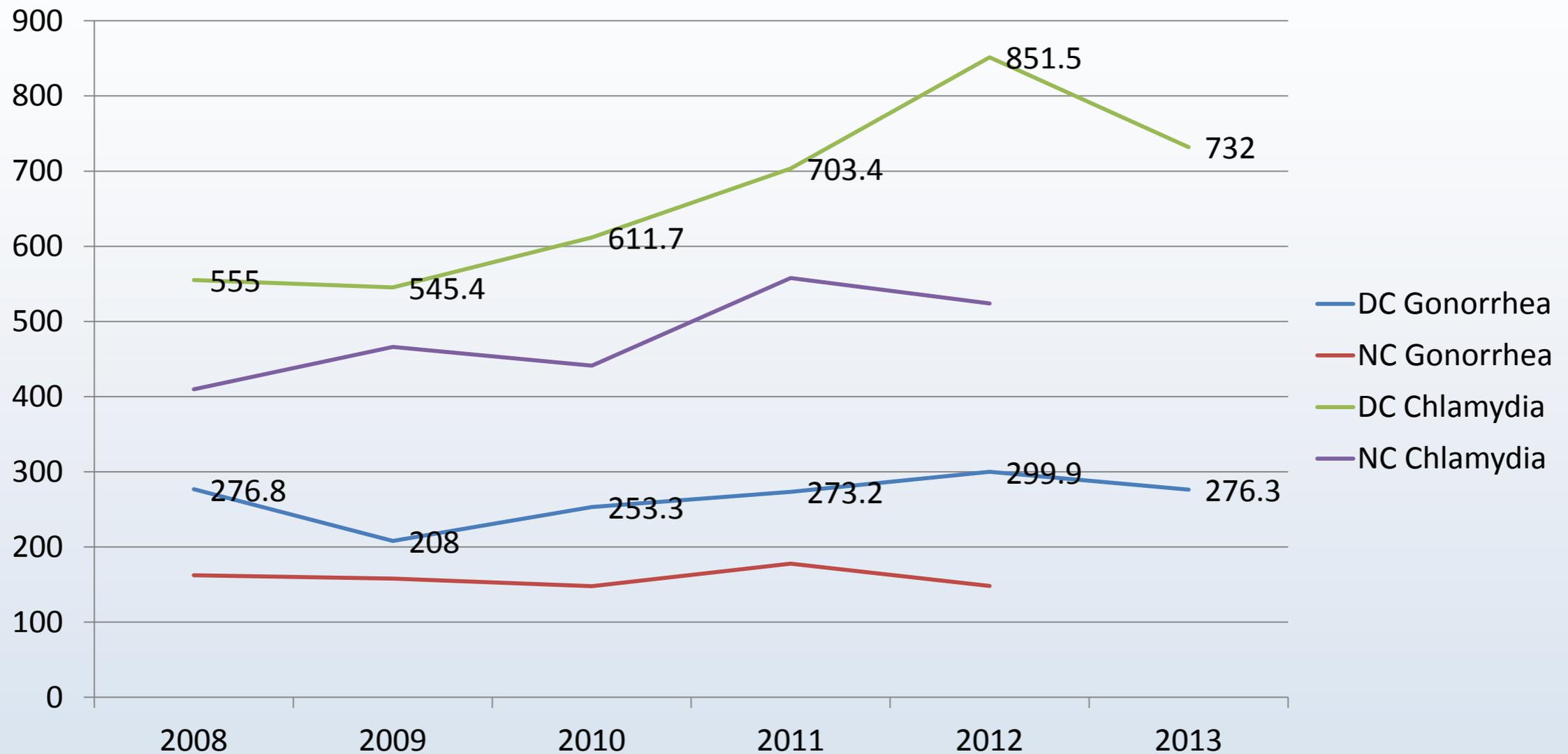
Main Number	(919) 560-7600
Communicable Disease Control Program	(919) 560-7635
Immunization Clinic	(919) 560-7608
Tuberculosis Clinic	(919) 560-7633

Gonorrhea and Chlamydia

Durham County Reported Cases, 2008-2013*



Gonorrhea and Chlamydia, Durham County and NC Rates, 2008-2013*

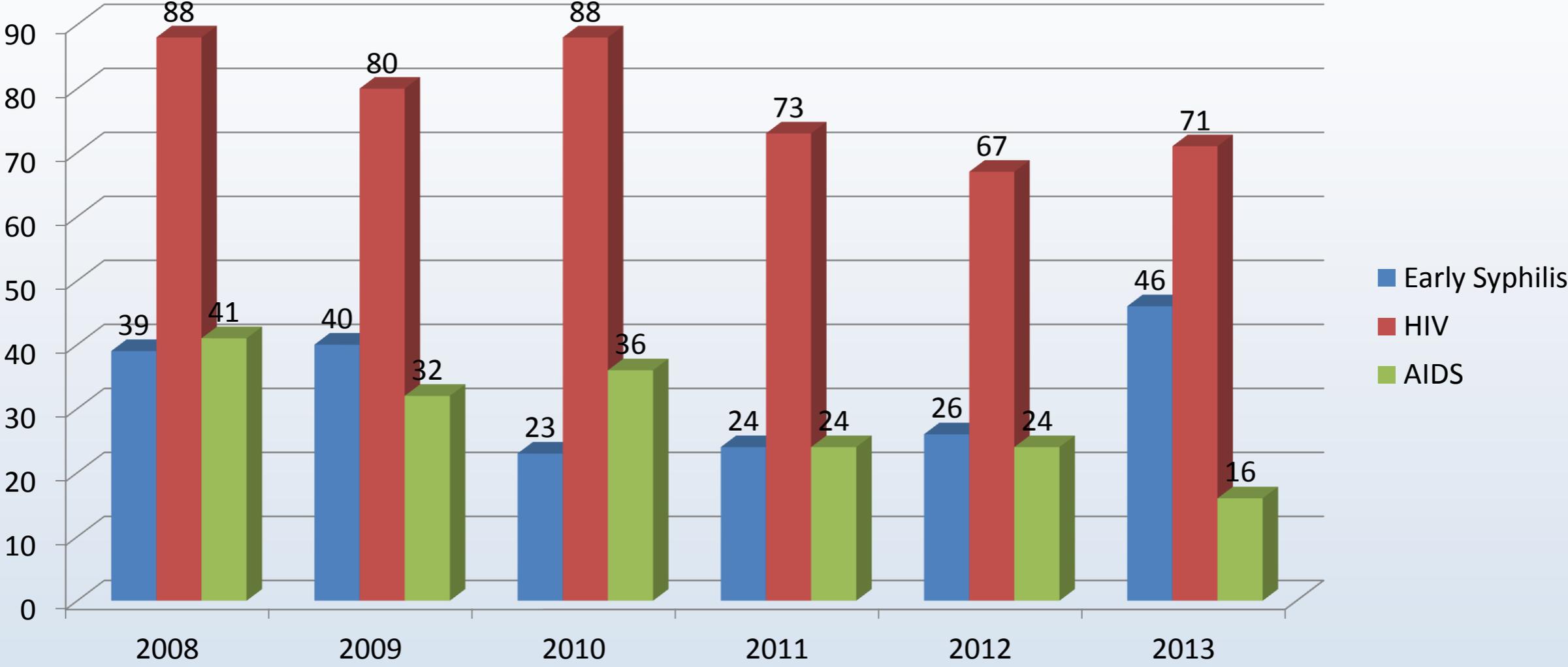


*2013 DC rates are based on preliminary numbers provided by the NC HIV/STD Prevention and Care Branch.



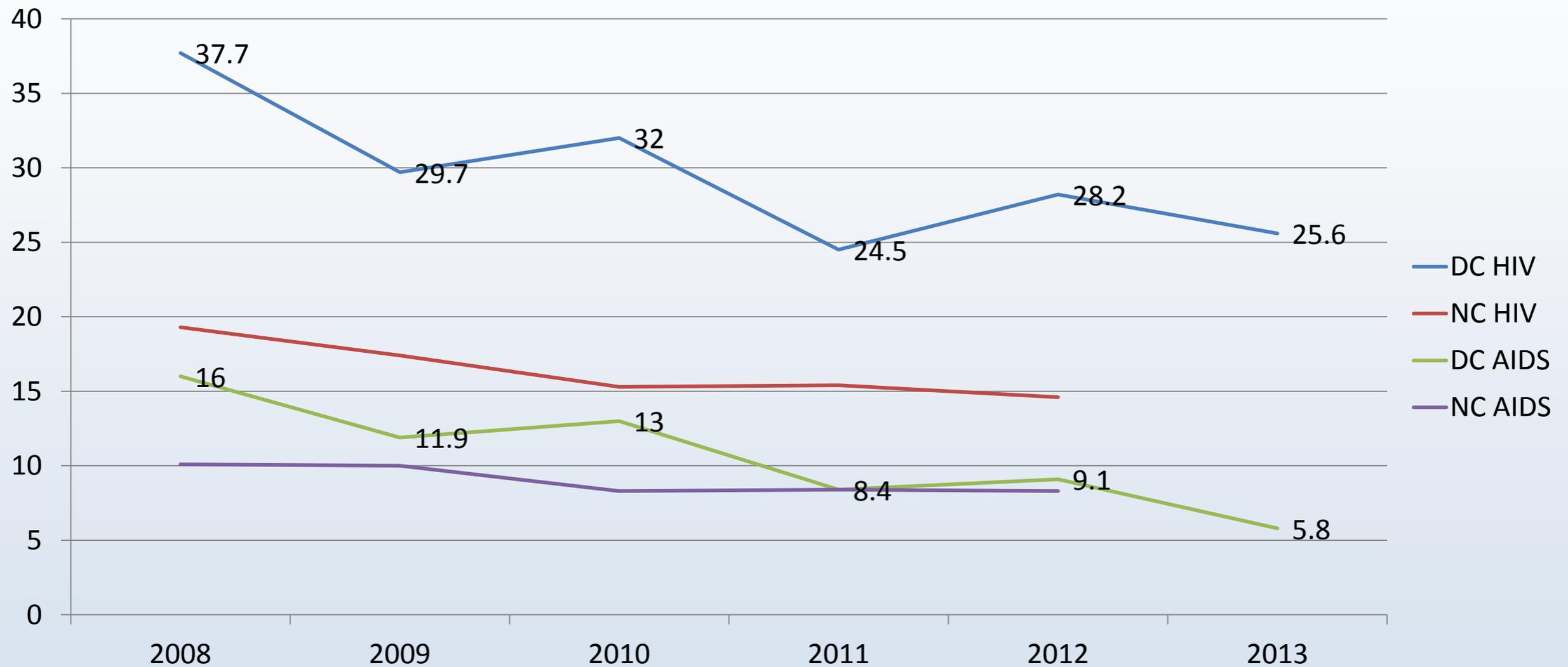
Syphilis, HIV, AIDS

Durham County Reported Cases, 2008-2013*



*2013 DC data are based on preliminary numbers provided by the NC HIV/STD Prevention and Care Branch.

HIV and AIDS by Year of Diagnosis, Durham County and NC Rates, 2008-2013*



*2013 DC rates are based on preliminary numbers provided by the NC HIV/STD Prevention and Care Branch.

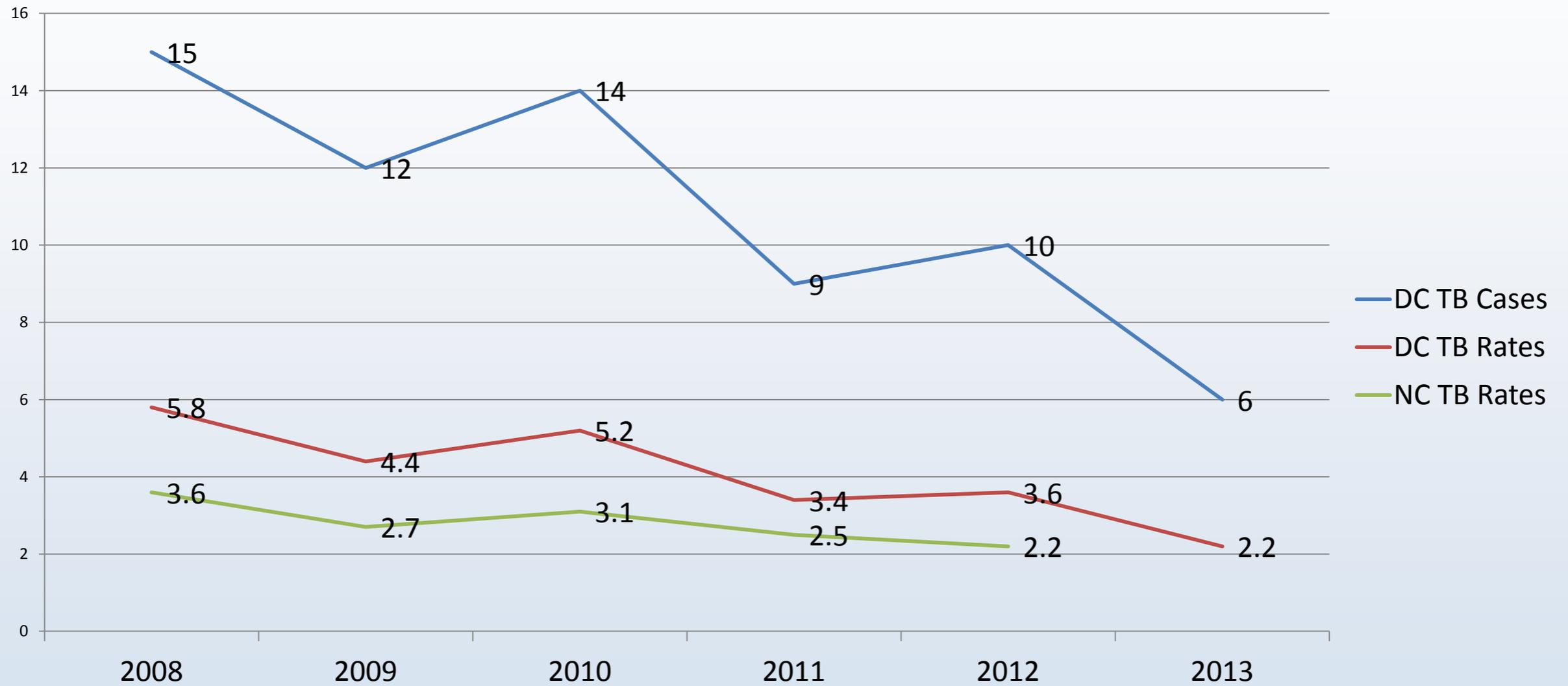
STD Program Challenges

- Persistently high chlamydia rates in the county - expedited partner therapy is used as often as possible; however, DIS assistance with partner tracking would be helpful.
- Clients presenting to the DCoDPH STD Clinic for other medical services not related to sexually transmitted infections.
- Staffing shortages - several patients per day are turned away from the STD clinic, but advised to return the next clinic day.



Tuberculosis

Durham County Cases/Rates and NC Rates, 2008-2013



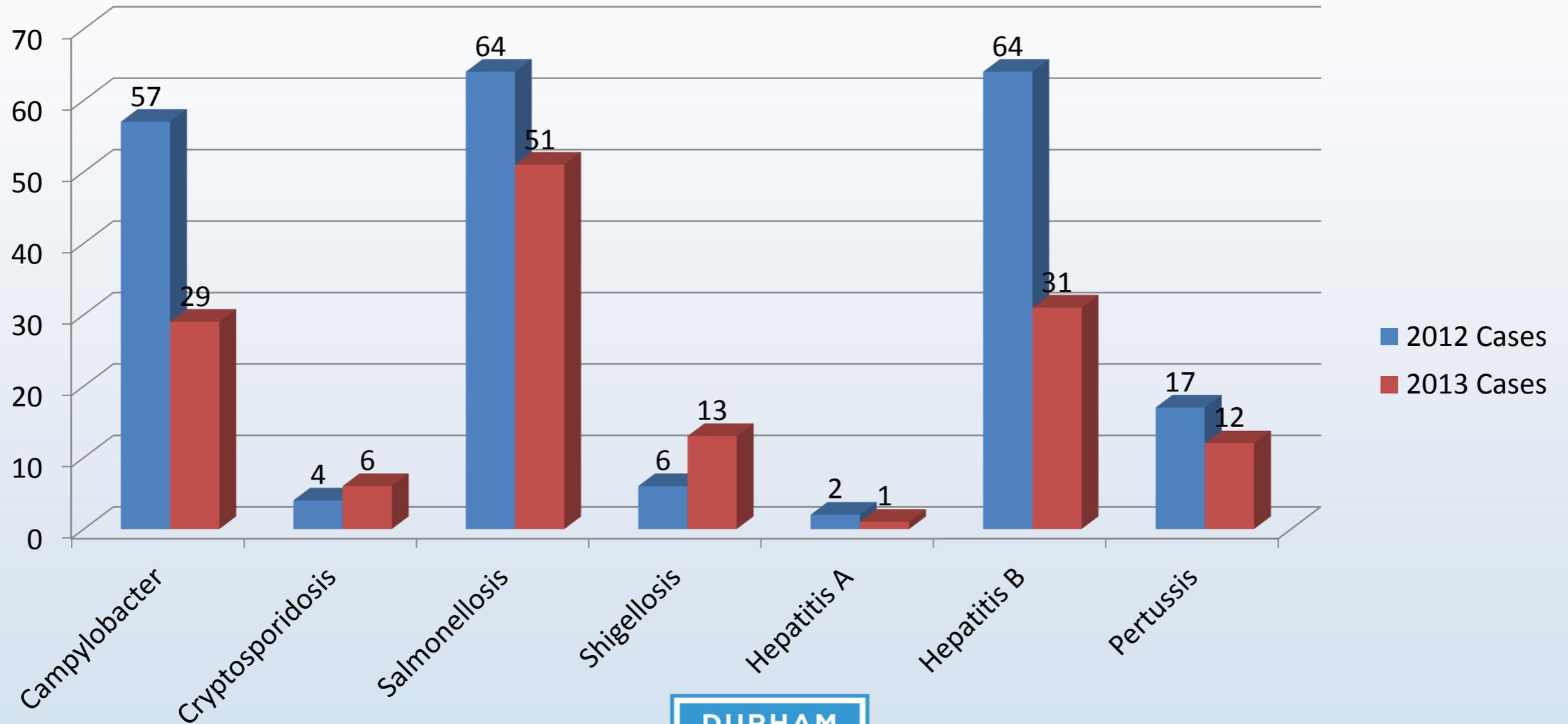
TB Program Challenges:

- Evaluation of suspected and confirmed TB cases (30 clients in 2013) – some needed temporary housing until evaluation was completed.
- Coordination of care for homeless TB health law violator - need of social work services.
- Daily observed therapy for 24 months for one case of multi-drug resistant TB.
- Tubersol shortage – screening has not been available for low risk population (i.e. daycare, college students)

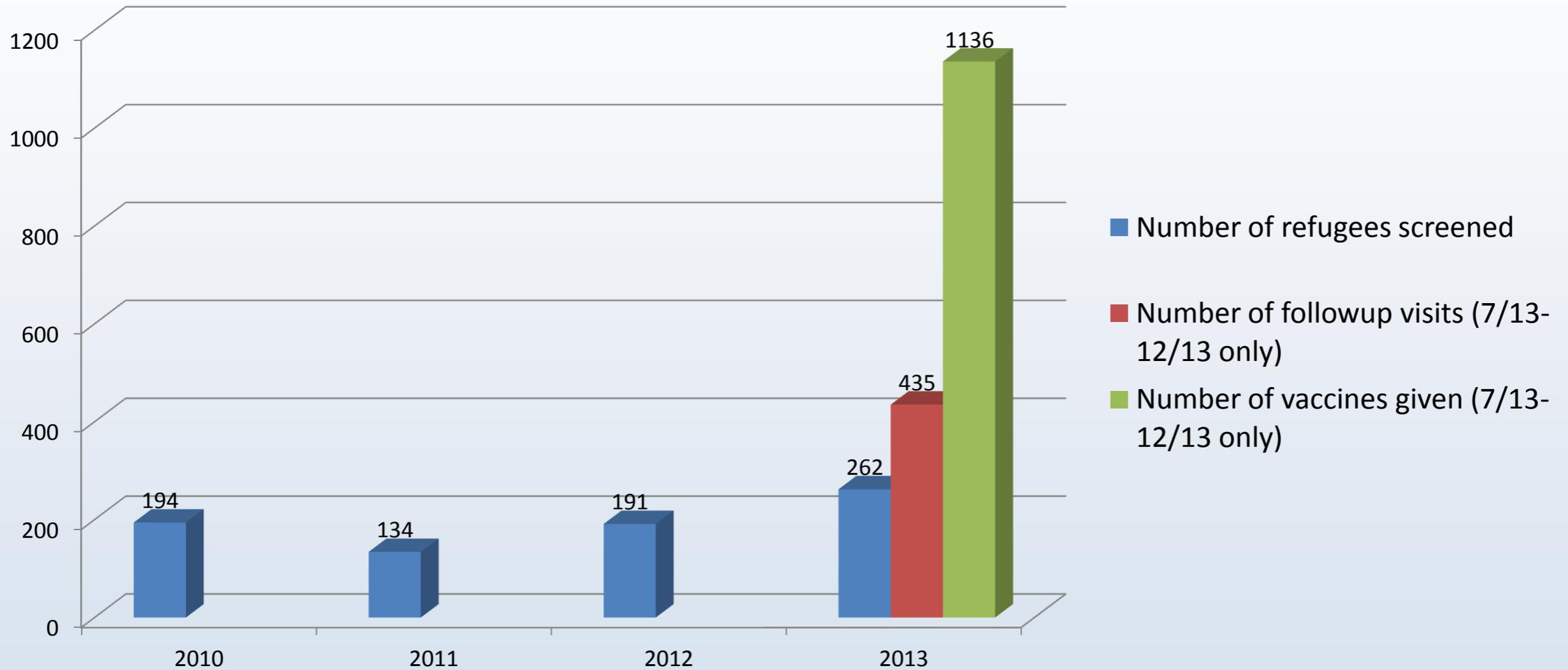


Communicable Diseases

Food-borne and Vaccine Preventable Illnesses*



Communicable Disease Screening and Prevention for Refugees



Rabies Control

- For 2013, DCoDPH Communicable Disease program conducted the following:
 - Reviewed 412 domestic bite reports and recommended confinement at home, with vet or shelter
 - Reviewed 147 wild animal reports and followed up on rabies testing of animals at State Laboratory
 - Made 1152 phone calls regarding rabies management with Animal Control and the public
 - Referred 76 persons for rabies post-exposure prophylaxis



Communicable Disease Program Challenges:

- Lack of adequate reporting by local healthcare providers.
- Developing and implementing effective methods by which to communicate with healthcare providers and others in the community.
- Increase in numbers of refugees in need of CD screening and vaccine-preventable disease prevention.
- The addition of rabies control and prevention (in an organized and meaningful way) as part of CD responsibilities.



Durham County Summary

- Durham County rates of gonorrhea and chlamydia have slightly decreased in 2013. However, the number of cases and rates of early syphilis nearly doubled in 2013, and is being investigated by the State.
- Rates of HIV and AIDS reported per year of diagnosis continue to decline in the county.
- The number of confirmed TB cases in the county is at its lowest over 6 years, but the number of suspected cases requiring evaluation has remained high.
- In general, the number of communicable diseases reported in the county has declined; however, this may be due to under-reporting from local healthcare providers.





GENERAL INSPECTIONS

FOOD SERVICE

NC FOOD CODE

April 10, 2014 / J Christopher Salter

Brief Description

This section of the Environmental Health Division provides regulatory inspections as mandated by state and local laws/regulations for all types of foodservices, institutions like hospitals and nursing homes, public & private schools, child and adult daycares, lodging facilities, group homes, tattoo artists, and others. This section also responds to complaints and communicable disease outbreaks. Education is provided to operators, staff and owners as well as the general public.



North Carolina Food Code Manual

Adoption of the US Food and Drug
Administration's
2009 Food Code
Effective September 1, 2012



"Priority item"

"Priority item" means a provision in this Code whose application contributes directly to the elimination, prevention or reduction to an acceptable level, hazards associated with food-borne illness or injury and there is no other provision that more directly controls the hazard.



"Priority item" is an item that is denoted in this Code with a superscript P-^P.



"Priority foundation item"

"Priority foundation item" includes an item that requires the purposeful incorporation of specific actions, equipment or procedures by industry management to attain control of risk factors that contribute to food-borne illness or injury such as personnel training, infrastructure or necessary equipment, HACCP plans, documentation or record keeping, and labeling;



"Priority foundation item" is an item that is denoted in this Code with a superscript Pf - Pf.



Clearly Explaining through Example Priority-P/Priority Foundation-Pf

- Proper Hand Washing-P



Three foundational items. If one is missing, the Priority item cannot be achieved.

- Soap-Pf
- Paper Towels or Approved drying device-Pf
- Water that's at least 100 degrees-Pf



NC Food Establishment Inspection Report

- 1 through 54 items
- Each and Every item must be Marked IN or OUT of compliance, N/A, NO
- If OUT the inspector must decide based on the severity whether to take points or not, zero or Half-credit.
- If the violation is a repeat “R” the deduction is Full-credit
- P or PF violations must be Corrected During the Inspection
“CDI” or a Verification Visit must be made “VR” (not to exceed 10 days)



Let's Look at 3 Inspection Items

- 6. Hands Clean & Properly Washed

- 8. Handwashing sinks supplied & accessible

- 45. Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used.



#6 Drop down/ five sections

2-301.11 Clean condition-Hands and Arms-P

2-301.12 Cleaning Procedure-P

2-301.14 When to Wash-P

2-301.15 Where to Wash-P

2-301.16 Hand Antiseptics-Pf



#8 Drop Down/eight sections

5-202.12 Hand washing Sinks, Installation-PF

5-203.11 Hand Washing Sinks-Numbers and Capacities-PF

5-204.11 Hand Washing Sinks-Location and Placement-PF

5-205.11 Using a Hand Washing Sink-Operation and Maintenance-PF

6-301.11 Hand Washing Cleanser, Availability-PF

6-301.12 Hand Drying Provisions-PF

6-301.13 Hand Washing Aids and Devices, Use Restrictions-C

6-301.14 Hand Washing Signage-C



#45 Drop Down/Forty-two sections

- 3-304.16 Using Clean Tableware for Second Portions & Refills-C
- 3-304.17 Refilling Returnables-C
- 4-101.11 Characteristics-Materials for Construction and Repair-P
- 4-101.12 Cast Iron, Use Limitations-C
- 4-101.13 Lead, Use Limitations-P
- 4-101.14 Copper, Use Limitations-P
- 4-101.15 Galvanized Metal, Use Limitations-P
- 4-101.17 Wood Use Limitations-C
- 4-101.18 Nonstick Coatings, Use Limitations-C
- 4-101.19 Nonfood-Contact Surfaces-C
- 4-102.11 Characteristics-Single-Service and Single-Use-P
- 4-201.11 Equipment and Utensils Durability and Strength-C
- 4-201.12 Food Temperature Measuring Devices-P
- 4-202.11 Food-Contact Surfaces-Cleanability-PF
- 4-202.12 CIP Equipment-PF
- 4-202.13 "V" Threads, Use Limitations-C
- 4-202.14 Hot Oil Filtering Equipment-C
- 4-202.15 Can Openers-C
- 4-202.16 Nonfood-Contact Surfaces-C
- 4-202.17 Kick Plates Removeable-C
- 4-204.12 Equipment Openings, Closures and Deflectors-C
- 4-204.13 Dispensing Equipment, Protection of Equipment and Food-P
- 4-204.15 Bearings and Gear Boxes, Leakproof-C
- 4-204.16 Beverage Tubing, Separation-C
- 4-204.17 Ice Units, Separation of Drains-C
- 4-204.18 Condenser Unit, Separation-C
- 4-204.110(A) Molluscan Shellfish Tanks-P
- 4-204.122 Case Lot handling Apparatuses, Moveability-C
- 4-205.10 Food Equipment, Certification and Classification-C
- 4-302.11 Utensils, Consumer Self-Service-PF
- 4-401.11 Equipment, Clothes Washers, Dryers and Storage Cabinets, Contamination Prevention-C
- 4-402.11 Fixed Equipment, Spacing or Sealing-Installation-C
- 4-402.12 Fixed Equipment, Elevation or Sealing-PF
- 4-501.11 Good Repair and Proper Adjustment-Equipment-C
- 4-501.12 Cutting Surfaces-C
- 4-501.13 Microwave Ovens-C
- 4-502.11 (A) and (C) Good Repair and Calibration-Utensils and Temperature and Pressure Measuring Devices-C
- 4-603.11 Dry-Cleaning Methods-C
- 4-603.17 Returnables, Cleaning for Refill-P
- 4-902.11 Food-Contact Surfaces-Lubricating and Reassembling-C
- 4-902.12 Equipment-Lubricating and Reassembling-C
- 2663 Outdoor Bars-C



Risk Category Designation of risk level for determining frequency of inspection

Risk Category I applies to food service establishments that prepare only non-potentially hazardous foods.

Risk Category II applies to food service establishments that cook and cool no more than two potentially hazardous foods. Potentially hazardous raw ingredients shall be received in a ready-to-cook form.

Risk Category III applies to food service establishments that cook and cool no more than three potentially hazardous foods.

Risk Category IV applies to food service establishments that cook and cool an unlimited number of potentially hazardous foods. This category also includes those facilities using specialized processes or serving a highly susceptible population.



Inspection Year Comparisons

- The 2009 Manpower Study indicates workload expectation for staff to conduct 6649 inspections and visits associated with 1,613 permitted establishments.
- **Remember this is Pre-Food Code Adoption**
- There were 1,665 permitted establishments requiring inspection in 2013 and 1,671 in 2011, not a significant difference. Inspection compliance was at 85 percent in 2011 and only close to 50 percent in 2013.



While it is impossible to determine the total number of visits and other activities required in a coming year the additional requested employees and filling of the two currently open positions should bring inspection compliance much closer to 100 percent and will definitely have a positive impact on public health and the services we provide to the community.



Food Establishment Inspection Report

Score: 94

Establishment Name: CHEESECAKE FACTORY/DURHAM NC

Establishment ID: 4032011624

Location Address: 8030 RENNISSANCE PARKWAY

Inspection Re-Inspection

City: DURHAM

State: NC

Date: 02/20/2014 Status Code: A

Zip: 27713

County: 32 Durham

Time In: 09:38 am pm Time Out: 12:00 am pm

Permittee: THE CHEESECAFE FACTORY

Total Time: 2 hrs 22 minutes

Telephone: _____

Category #: IV

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: _____

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 2

Foodborne Illness Risk Factors and Public Health Interventions					
Risk factors: Contributing factors that increase the chance of developing foodborne illness.					
Public Health Interventions: Control measures to prevent foodborne illness or injury.					
IN	OUT	N/A	N/O	Compliance Status	
				OUT	CDI R VR
Supervision .2652					
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2 0 0 0 0 0
Employee Health .2652					
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3 1 0 0 0 0
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3 1 0 0 0 0
Good Hygienic Practices .2652, .2653					
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2 1 0 0 0 0
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1 1 0 0 0 0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	1 1 0 0 0 0
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3 1 0 0 0 0
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2 1 0 0 0 0
Approved Source .2653, .2655					
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2 1 0 0 0 0
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	2 1 0 0 0 0
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2 1 0 0 0 0
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2 1 0 0 0 0
Protection from Contamination .2653, .2654					
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3 1 0 0 0 0
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3 1 0 0 0 0
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2 1 0 0 0 0
Potentially Hazardous Food Time/Temperature .2653					
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures	3 1 0 0 0 0
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	3 1 0 0 0 0
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	3 1 0 0 0 0
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3 1 0 0 0 0
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3 1 0 0 0 0
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3 1 0 0 0 0
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records	2 1 0 0 0 0
Consumer Advisory .2653					
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1 1 0 0 0 0
Highly Susceptible Populations .2653					
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used, prohibited foods not offered	3 1 0 0 0 0
Chemical .2653, .2657					
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used	1 1 0 0 0 0
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2 1 0 0 0 0
Conformance with Approved Procedures .2653, .2654, .2658					
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2 1 0 0 0 0

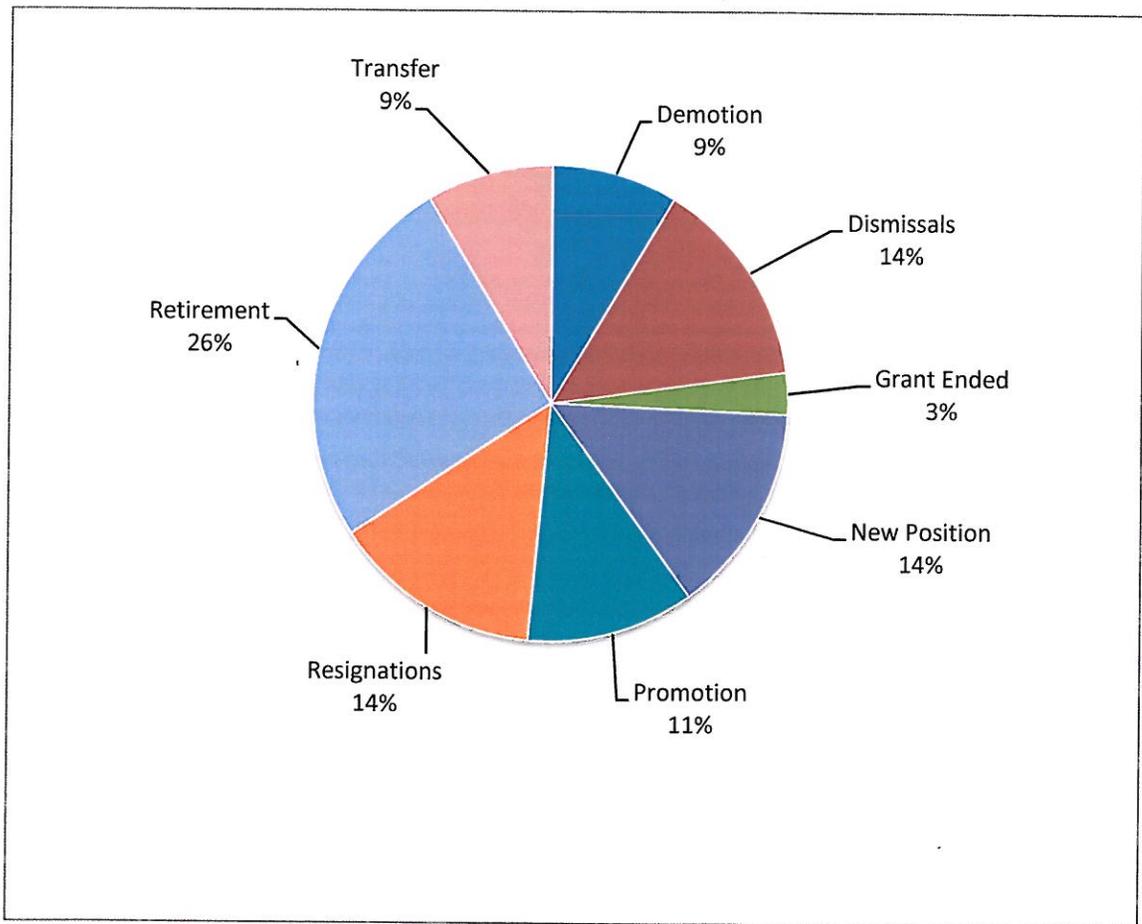
Good Retail Practices					
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
IN	OUT	N/A	N/O	Compliance Status	
				OUT	CDI R VR
Safe Food and Water .2653, .2655, .2658					
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	1 1 0 0 0 0
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2 1 0 0 0 0
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	1 1 0 0 0 0
Food Temperature Control .2653, .2654					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1 1 0 0 0 0
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	1 1 0 0 0 0
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1 1 0 0 0 0
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1 1 0 0 0 0
Food Identification .2653					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2 1 0 0 0 0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2 1 0 0 0 0
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2 1 0 0 0 0
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1 1 0 0 0 0
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1 1 0 0 0 0
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1 1 0 0 0 0
Proper Use of Utensils .2653, .2654					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1 1 0 0 0 0
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1 1 0 0 0 0
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1 1 0 0 0 0
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1 1 0 0 0 0
Utensils and Equipment .2653, .2654, .2663					
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0 0 0 0
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1 1 0 0 0 0
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1 1 0 0 0 0
Physical Facilities .2654, .2655, .2656					
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2 1 0 0 0 0
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2 1 0 0 0 0
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2 1 0 0 0 0
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1 1 0 0 0 0
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1 1 0 0 0 0
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1 1 0 0 0 0
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1 1 0 0 0 0
Total Deductions:					6



PUBLIC HEALTH VACANCY REPORT
FY July 1, 2013 to March 31, 2014

<u>Vacancy Reasons</u>	#	%
Demotion	3	9%
Dismissals	5	14%
Grant Ended	1	3%
New Position	5	14%
Promotion	4	11%
Resignations	5	14%
Retirement	9	26%
Transfer	<u>3</u>	9%

35



Vacancy's Per Month FY 2013/2014

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Administrative Assistant I	1											
Clinical Social Worker	1	1				1	1					
Community Health Assistant	2	1	1	2	3	3	3	3	2			
Data Entry Operator II				1	1	1						
Dental Assistant II	1	1										
Dental Hygienist				1	1	1	1					
Environmental Health Director				1								
Environmental Health Specialist	4	5	2	2	2	2	2	2	2			
Finance Officer	1	1	1	1								
Human Services Coordinator III	1	1	1	1	1	1						
Human Services Coordinator I							1					
Local PH Administrator	1	1	1	1	1	1						
Medical Lab Tech II								1	1			
Nutrition Specialist	1	1	2	1	1	2	2	2	2			
Nutritionist	1					1	1	1	1			
Patient Relations Rep IV	1											
Physician Extender I								1	1			
Processing Assistant III	2	2	1		1	1	1	1	1			
Processing Unit Supervisor	1						1	1	1			
Public Health Education Specialist	2		1	3	3	3	3	2	3			
Public Health Educator I			1									
Public Health Nurse I	1			1	1	1	1	1				
Public Health Nurse II	3	3	2	4	3	2	2	2	2			
Public Health Nurse III	1	1	1		1	2	2	2	2			
Public Health Nursing Supervisor I	1	1										
Social Worker					1		1	1	1			
Spanish Interpreter	1	1										
Van Driver							1	1	1			
Total Vacancies	27	20	14	19	20	22	23	21	20	0	0	0

ENVIRONMENTAL HEALTH

Onsite Water Protection Notices of Violation

March 2014

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
10/1/2012	3903 Hanford Dr	Surfacing effluent and unpermitted modification of the existing system.	10/31/2012	Y	N	11/5/2013	Turned down for a repair on 9/24/2012. Recommended for legal action 11/02/2012 Case has been adjudicated in court. No change regarding site conditions. 10/7/2013 The second trailer has been removed. No further action unless sewage surfaces. Still recommend sandfilter, the system is still aging out and reduced water usage is likely the reson there is not an active failure. 11/26/2013
10/1/2012	3823 Hanford Dr	Surfacing effluent and unpermitted modification of the existing system.	10/31/2012	Y	N		Turned down for a repair on 9/24/2012. House is not occupied, but system has been modified to discharge. Recommended for legal action 11/02/2012. Case has been adjudicated in court. No change regarding site conditions.

11/26/2013	3823 Hanford Dr	Illicit Straight Pipe	12/26/2013	N	N	House was previously unoccupied. Mr. Durham has moved back in. He has been made aware of the straight pipe, informed to keep the tanks pumped until the issue is resolved and instructed to pursue a discharging permit with DWR. 12/6/2013
3/14/2013	2707 Little River Dr	Surface discharge of effluent	4/14/2013	Y	N	Application for repair permit has been received, Met septic contractor onsite 3/12/13. System determined to be non-repairable. New NOV issued directing property owner to pursue permit for discharging system through NC DWQ. 9/30/13 - No application has been received by NC DWR. 2/3/2014 - Site visit verified system is still failing. 3/5/2014 - NOV forwarded to County Attorney's office.

7/17/2013	3038 Tavistock Dr	Surfacing sewage and accessory dwelling build without permit.	8/17/2013	Y	N	9/23/2013 - Violations discovered during monitoring visit. 10/7/2013 - No attempt has been made to correct the situation. 1/6/2014 - File forwarded to County Attorney's office.
8/19/2013	2121 Fletchers Chapel	Damaged septic tank	9/18/2013	N	N	9/4/2013 clarified repair question via email. Still need a repair application to replace the tank. 10/7/2013, application has been received and the repair permit has been issued, waiting for installation. 2/3/2013 - Site visit performed by EH staff. House is occupied and tank has not been replaced. 3/5/2014 - NOV forwarded to County Attorney's office. 3/14/14 - Letter received from owner's attorney stating that owner

9/26/2013	5901 Boylan	Failing Mound LPP	10/28/2013	N	N	<p>Failing LPP. 10/7/2013 - Repair application received. 11/20/2013 - Repair evaluation performed with Kevin Neal, LSS (Regional Soil Scientist , NCDHHS). 12/9/2013 - Repair Permit issued. 2/28/2014 - Owner has contracted with a licensed septic installer. Owner is having tank pumped to prevent sewage discharge. Installation to proceed upon dry weather.</p>
9/5/2013	2804 Darrow Rd	Disconnected Municipal Sewer	10/5/2013	Y	N	<p>House was disconnected from municipal sewer by City of Durham Public Works Dept because of non-payment. Sewer clean out has been shattered causing wastewater/solids to discharge to ground surface. NOV issued citing NCGS 130A-335(a) requiring reconnection to sewer. 11/04/2013 - NOV forwarded to County Attorney's office. 11/21/2013 - Civil suit filed in Superior Court.</p>

11/26/2013	2709 Cooksbury	Disconnected Municipal Sewer	12/26/2013	Y	N	House was disconnected from municipal sewer due to nonpayment. Sewage on the ground, verified via site visit. NOV issued. Also, an email was sent to the property owner. 1/6/2014 - Forwarded NOV to County Attorney's office. 1/14/2014 confirmed sewage is still discharging onto the ground. 1/27/2014 - Received another complaint from neighbor regarding discharge of sewage onto their property. 1/30/2014 - Legal complaint drafted by County Attorney's office.
1/16/2014	Little River Community Complex	No Subsurface Operator	2/16/2014	N	N	Meeting with potential operator 3/3/2014. Meeting rescheduled for 3/10/2014 due to inclement weather. Facility management has been instructed to have tanks pumped and to save receipts. 3/19/2014 - Electrician repaired power control, restored power to effluent pumps. Facility

2/19/2014	20 Fellowship Dr	Surface discharge of effluent	3/20/2014	N	N	visit made 2/17/14. Existing discharging sand filter with effluent surfacing over septic tank. NOV issued, NC DWR notified. NOV issued by NC Division of Water Resources, supersedes local health
2/20/2014	8 Steeplton Ct	No Subsurface Operator	3/21/2014	N	N	No Subsurface Operator. Home owner called 2/24/2014 and was sent a list of Subsurface Operators
2/18/2014	2900 Pervis	Surface discharge of effluent	3/19/2014	N	N	Sewage is surfacing. No repair is available. NC DWR Notified 2/20/2014. 4/2/2014 - Site visit verified houses are vacated. Suspected cause of failure was excessive water use.
2/27/2014	502 Orange Factory	Surface discharge of effluent	3/31/2014	N	Y	Sewage is surfacing, verified 2/25/2014. Repaired and inspected 3/5/2014.