

A Regular Meeting of the Durham County Board of Health, held October 9, 2014 with the following members present:

James Miller, DVM; Stephen Dedrick, R.Ph, MS; Teme Levbarg, MSW, PhD; and Heidi Carter, MSPH.

Excused Absence: Bergen Watterson, MSCP, BA; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Commissioner Brenda Howerton Dale Stewart, OD;

Absent: F. Vincent Allison, DDS.

Others present: Gayle Harris, Becky Freeman, Rosalyn McClain, Dr. Arlene Sena, Dr. Miriam McIntosh, James Harris, PhD; Chris Salter, Melissa Downey-Piper, Melissa Martin, Eric Nickens, Attorney Bryan Wardell, Michele Easterling, Marcia Johnson, Hattie Wood, Will Sutton, Jennifer Mauch, Michael Scott and Jannah Bierens.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:15pm without a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: There were no adjustments to the agenda.

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: The minutes were tabled for approval at the November 13, 2014 Board Meeting.

PUBLIC COMMENTS: There were no public comments.

The Board recognized Dr. John T. Daniel for his dedication and contributions as a long standing member of the Board of Health and the citizens of Durham County. The Board of County Commissioners will present a resolution to Mrs. Beverly Daniel and family at the October 27, 2014 Board of County Commissioners Meeting at 7pm. All Board of Health members were asked to attend if available. The Board of Health will also present the family with a plaque for Dr. Daniel's service on the Board of Health.

Ms. Harris stated that she will e-mail the Board the Teenage Pregnancy rates that were released on October 7, 2014 with the links embedded in the press release. Durham rates were number 36 in the state. Overall 35.5 per 1,000 15-19year olds, the white (non-Hispanic) rate was 11 per 1,000; African-American (non-Hispanic) rate 46.1 per 1,000; and Hispanic rate was 87.8 per 1000. Ms. Harris stated that we need to continue to work to address those rates especially the Hispanic rates.. Ms. Harris stated that we received notification of a grant and she has talked to staff about collaborating with Lincoln Community Health Center and El Centro staff to develop a project to respond to the grant notification.

The Board received copies of the "The Health Consequences of Smoking—50 years of Progress" Executive Summary and "Let's Make the Next Generation Tobacco-Free." Ms. Harris stated that the Acting Surgeon General Rear Admiral Boris Lushniak spoke at NCPHA. He was very dynamic and will be at Hillside High School on November 7, 2014 at 8:30am. Ms. Harris stated that Michael Scott has worked with LT Commander Brown to create an interactive activity for the teens (trivia contest). At 10:45am there will be a walk with the Rear Admiral Lushniak at the American Tobacco Trial.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

• **COMMUNICABLE DISEASE UPDATE (*Activity 2.3*)**

Ms. Harris stated the health department was invited by Eisteria Wood to conduct an Ebola outreach training on Saturday, October 11, 2014 for the Liberian community at St. Phillips Episcopal Church from 11am-3:30pm.

Dr. Arlene Sena, Medical Director provided the Board an update on Ebola Education and Enterovirus D68.

The overview provided information on:

- 1) Ebola virus disease and the current outbreak in West Africa
- 2) Recommendations provided by the Centers for Disease Control and Prevention and the N.C. Department of Public Health
- 3) Durham County Ebola planning activities

Summary Information:

- On September 30, 2014, the Centers for Disease Control and Prevention (CDC) confirmed the first travel-associated case of Ebola in the United States from Liberia.
- In the current outbreak, new cases continue to be reported from Guinea, Liberia, and Sierra Leone.
- Ebola virus disease is transmitted through direct contact with the blood or secretions of an infected person, or exposure to objects (such as needles) that have been contaminated with infected secretions
- Several new guidance documents have been provided from the CDC and the N.C. Department of Public Health regarding risk assessment for Ebola, disease recognition, and infection control.
- The Durham County Department of Public Health has initiated communication and collaborative planning activities with local hospitals, healthcare providers, emergency management and other partners in local public health preparedness.
- Health Department staff will provide information (on Ebola and other communicable diseases) to members of the West African community in Durham County on October 11, 2014 in collaboration with Diaspora Alliance.

Enterovirus D68

Summary Information:

- Seven cases of EV-D68 infection have been confirmed in North Carolina. All were in children <10 years of age with respiratory illness. These cases were not limited to any particular region of the state.
- Healthcare professionals are reminded to consider EV-D68 as a cause of severe respiratory illness, and sudden onset of limb weakness (accompanied with gray matter spinal cord lesions on MRI) in any patient \leq 21 years of age.

(A copy of the Ebola Education PowerPoint Presentation/handouts are attached to the minutes.)

COMMENTS:

Dr. Levbarg: Did you say that we do have EMS that is outfitted with the right gear for this?

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Dr. Sena: I don't know if Gayle knows a little bit more but Kevin Wilson sent information out about how he had figured out how to outfit an ambulance in case it is necessary. Clearly they would need lead-time.

Ms. Harris: Kevin's son is an engineer and he has developed a tighter seal for the back door of an ambulance.

Dr. Sena: I have already reached out to the Infectious Control Nurse at UNC to provide staff training on donning and doffing personal protective equipment.

STAFF/PROGRAM RECOGNITION:

Ms. Harris recognized Jennifer (Jenny) Mauch, RN, for receiving the North Carolina Public Health Association (NCPHA), Women and Children's Health Section Scholarship at the NCPHA Fall Conference banquet on September 18, 2014. One recipient is selected annually to receive this scholarship.

This scholarship is awarded to individuals employed in a Child Health, Family Planning, Maternal Health or BCCCP Program of a public health department in North Carolina. It is available for individuals pursuing a certification, an undergraduate or graduate degree with application towards public health practice, in order to advance the individual's competence in his or her public health position in serving women and children. Jenny is attending American Sentinel University with a target completion date of July 2015.

CHAPP UPDATE (Activity 22.1)

Ms. Harris stated that in talking with our partners at Duke one of their unmet needs or an issue in the community was that many of the children that are eligible for Health Check screening for preventive services are not receiving the services. In talking about the types of skill sets that public health nurses have, it was decided that we could collaborate to address the issue. In rural counties in particular, where there are limited resources, Public Health Nurse III (Enhanced Role Nurses) are used to practice in an enhanced role almost like a mid-level provider without prescribing privileges. This is a function that's only designated to health departments. In the Well-Child program, Public Health Nurses can do assessments, vaccinations, bill Medicaid and other payers for eligible customers making sure that the results of visits are sent back to the primary care provider. These services will be provided at school-based locations. Through a grant, Duke Community and Family Medicine received money to renovate space in the selected schools and provide some equipment. Ms. Wood is going to tell you about the program we are going to launch on December 1, 2014.

Hattie Wood, Community Health/Nursing Director provided the Board with an overview of the Child Health Assessment and Prevention Program (CHAPP).

Objectives:

- Define CHAPP and the CHAPP Nurse
- Describe the CHAPP Services
- Differentiate between the CHAPP Nurse and School Health Nurse Role
- Explain the duties of the CHAPP Administrative Support Staff
- Present the Benefits of CHAPP Planning and Implementation
- Present the Challenges and Opportunities of CHAPP Planning and Implementation

Summary Information:

CHAPP is a child health assessment and prevention program which will provide health assessments and preventive health care services to students and their siblings ages 0-18. The program will be held in 5 elementary schools. The services will include detection of physical or mental

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problems with the use of a comprehensive medical assessment, dental, vision and hearing evaluations, as well as developmental, Autism, lead, and hemoglobin screenings. All of the services will be provided by the Enhanced Role Registered Nurse (ERRN). Age appropriate immunizations and education will be provided as well as referrals for services for identified problems or concerns. The CHAPP nurse does not replace the traditional school health nurse at the school site. There are distinct roles and responsibilities for each position. CHAPP school sites will continue to have a school health nurse. CHAPP will have administrative support staff assigned specific duties. CHAPP experienced challenges and opportunities during the planning phase and this continues moving forward toward implementation.

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

COMMENTS:

Ms. Carter: This is so exciting. We were just talking at the School Board meeting about what would it cost to have 1 nurse for every 750 students; what would it cost to have 1 counselor for how ever many the recommendation is on that and the same thing for social workers etc. So thank you all. This is really going to be a huge help and there are so many educationally relevant health disparities that really feed the academic disparities. One question I do have is that I notice that the locations seem to overlap with some of the school based health clinics.

Ms. Wood: Yes, they are school- based clinic sites which were staffed by Duke. Those clinics will now become CHAPP which will be a collaboration between Duke Community and Family Medicine, DPS, and the health department

Ms. Mauch: There is one at George Watts, E.K. Powe where all of them are transitioning to health prevention programs where the Enhanced Role Nurse will be there to do assessments and they will still have the traditional school nurse one day a week. The Enhanced Role Nurse will provide well-child assessments to those students and their siblings.

Ms. Carter: That's wonderful. One other question I have and this may involve some attorney input. I have some interest in having the medical staff at our health clinics be able to write prescriptions for contraceptives for students who need it and so does the director for Lincoln Community Health Center who is running these health clinics. Apparently the law is somewhat of a stumbling block. The law says something along the lines that contraceptives will not be made available on school campuses. To me that doesn't mean you can't prescribe them on school campuses. What do you think?

Ms. Harris: I had that conversation with Howard Eisenson, Medical Director at Lincoln Community Health Center. Dr. Eisenson said that four attorneys interpreted the law the same way and said that's basically saying that you won't win that argument about the interpretation. . It would have to be a legislative act.

Ms. Carter: I think that should be added to the Mayor's Anti-poverty Initiative Health Task Force.

Ms. Harris: We can certainly look into how we put it on the legislative agenda. We certainly can push for that since the Pediatric Society is saying that long-acting contraceptive methods should be the method of choice for teenagers.

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

The Durham County Board of Health received a copy of the September 2014 vacancy report which included a total of 35.0 FTEs (*4 new positions, 11 resignations, 2 transfer, 4 dismissal, 8 promotions, 1 demotion and 5 retirements*). *(A copy of September 2014 vacancy report is attached to the minutes)*

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

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report for September 2014. The report documented notices of violations issued to property owners who are

noncompliant with the “Laws and Rules for Sewage Treatment and Disposal Systems.” *(A copy of the September 2014 NOV report and status update is attached to the minutes)*

**Health Director’s Report
September 2014 Activities**

Division / Program: Dental Division/ Head Start Health Fair and Registration Day

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

Program description

- On September 9th and 10th, the Department’s Dental Division, in collaboration with Durham Head Start, hosted the first annual Head Start Health Fair and Registration Day.

Statement of goals

- To provide a “one-stop location” to conduct health screenings, as well as academic and fine motor skills assessments for children, ages three and four.
- To provide families information on additional services offered through the Health Department, such as nutrition education and Triple P (Positive Parenting Program).
- To enable eligible families to schedule continued health services, such as making future appointments for dental treatment.

Issues

- **Opportunities**
 - Children were able to have assessments and screenings completed prior to the timeframe mandated by the state (by 30 days after the first day of school).
 - Children were assessed and screened prior to the start of school – eliminating disruption to the instructional school day.
 - Parents were able to meet Head Start staff prior to the start of school.
 - Head Start and Public Health staff were able to collaborate in an effort to assist families. The County’s General Services Department was also instrumental in readying the conference rooms and common space for the event.
- **Challenges**
 - ❖ More providers would have helped prevent minor delays in screening of children.
 - ❖ Academic assessments were initially conducted in another part of the building, which led to some confusion.

Implication(s)

- **Outcomes**
 - ❖ Public Health and Head Start staff worked expeditiously to move children through screenings and assessments. Parents expressed their appreciation for the event and the fact that it was held at one site.
 - ❖ The Department and Durham Head Start enhanced their partnership and provided a model for other communities in the state – and country. (Mercer County Head Start in Ohio has reached out for information on the partnership.)
- **Service delivery**
 - ❖ The event was held from 10 a.m. – 6 p.m. each day and provided services to 200 children.
- **Staffing**
 - ❖ Seventeen (17) Public Health staff members participated on September 9th; 11 Public Health staff participated on September 10th. Services offered by the Public Health team

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included dental, vision, and hearing screenings; lead testing; immunizations review; and measuring height and weight. There were also information tables for nutrition, Triple P, WIC, family planning, and environmental health.

Next Steps / Mitigation Strategies

- The collaborative planning committee (including members of the Department and Durham Head Start) is in the process of meeting to discuss the event and to establish a date for 2015.
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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.

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**

- ❖ As of September 24, three (3) media advisories/releases (1) were disseminated. Staff also responded to four (4) direct (unsolicited) inquiry from reporters. A total of 25 media pieces featuring or mentioning the Department were aired (television), printed in the news, or were posted to the web by local media during the month. This included coverage of activities including our monthly *My Carolina Today* segment, the last minute rush for 6th Grade students to meet the Tdap vaccination requirement (1), Enterovirus D-68, community forums on health priorities for the Community Health Assessment, the opening of another Healthy Mile Trail in McDougald Terrace, a new screening partnership between Public Health and Durham Head Start, staff quote and discussion of Durham's smoking rule in *The Fayetteville Observer* (1), restaurant inspection scores, and another Durham-specific RWJF piece on their website (September 5 blog post) (1). **(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)**
- ❖ The department Communications Manager and the Information and Communications Specialist presented during the North Carolina Public Health Association's Fall Educational Conference in Wilmington on September 18. The Communications Manager was one of three panelist for a 90-minute session entitled "Information at the Speed of NOW: Balancing Information and Media Needs in Breaking News Situations." The department's Information and Communications Specialist presented a 45-minute session on "Take 2 for Type 2: Creating and Implementing a Media Campaign." Both sessions were well attended, with some conference participants standing during each session. **(Accreditation Activity 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: Community Health Division/ School Health Program

(Accreditation Activity 12.3-Participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- Public Health School Nurses participate in the management of health care in Durham Public Schools (DPS). Students identified with special health care needs are often of particular concern for parents/guardians.
- Public Health School Nurses monitor and collaborate in care coordination activities to address the physical and mental health of students. Partnerships are developed with parents/guardians, school staff and community partners throughout the year to facilitate optimal student health and the achievement of academic success.

Statement of goals

- To provide school health services which include emergency care assessments and interventions, management of acute and chronic health conditions, referral and support to access primary care, communicable disease control measures, counseling for health promotion and identification and management of barriers to student learning.
- To collaborate with counseling, guidance and social work staff to identify student psychosocial problems. Services focus on cognitive, emotional, behavioral, and social needs of students and families aimed at improving students' mental emotional and social health through assessment, intervention and referral.
- To take a leadership role in collaborating with parents/guardian and community agencies to identify and provide services to meet the physical and mental health needs of children and families.

Issues

- **Opportunities**
 - Public Health School Nurses provided first time summer 2014 training offerings for DPS staff. Directors and support staff in 9 elementary DPS' "Read to Achieve" reading camps attended two (2) medication administration trainings.
 - Public Health School Nurses will provide three Medication Administration and Diabetes Care Management classes for all DPS staff (designated by DPS principals) a minimum of 3 times a year. These trainings total 6 hours each. Training content includes information on NC statutes that guide school site Medication Administration and Diabetic Care Management practices and DPS policies and procedures, and also trains staff to provide physician ordered, skilled nursing procedures for students. These training opportunities are offered for the first time ever, onsite in the Health and Human Services building.
 - Individual school staff trainings are planned and will be provided for school staff who provide health services for students during the school day. These trainings include, but are not limited to, skilled procedure trainings associated with the care of: Asthma (inhalers, nebulizers), Seizure Disorders, (emergency administration of Diastat), Diabetes (Carbohydrate counting, Insulin administration, Glucagon administration), Severe allergies,(for anaphylaxis- Epi Pen), G-tube feedings, Bladder Catheterizations for some students with Spina Bifida and Emergency injection trainings include Solu-Cortef for adrenal insufficiency crisis due to sudden onset of illness or severe injury
 - Public Health School Nurses partnered with Durham Parks and Recreation to provide medical trainings for before and after school staff and for summer camps in elementary schools.
- **Challenges**
 - The recommended nurse student ratio recommended by the state of NC and the National Association of School Nurses is 1:750. The current ratio is approximately 1:1225 in Durham County. Fifteen (15) Public Health School Nurses provide general school health services for fifty-five (55) Durham Public Schools.
 - Every year Pre-Kindergarten classes increase in number in DPS. Currently, there are thirty-nine (39) Exceptional Children's pre-kindergarten classrooms. Teachers in these classrooms will receive trainings for medication administration and skilled procedures for children as young as 3 years old who are diagnosed with multiple medical issues. Public Health School Nurses provide Exceptional Children's services for children placed in the general population.

Implication(s)

- **Outcomes**
 - Public Health School Nurses facilitated health promotion, early intervention and remediation of health problems within DPS schools through early identification of health concerns/issues, the provision of health services and care coordination discussions on chronic and acute health conditions.
- **Service delivery**
 - ❖ The School Health Program works closely in collaboration with DPS, families and community partners to implement and manage student school health services.
 - ❖ During the 2013-2014 school year, Public School Nurses :
 - ✓ Provided 576 health presentations/programs for groups of parents, students and/or school staff.
 - ✓ Provided one-to-one health counseling sessions to 5241 elementary school students, 1083 middle school students and 698 high school students. (A health counseling session is defined as a formal discussion with a student or parent regarding a health issues that requires documentation of the encounter.)
 - ✓ Identified health conditions in elementary school aged students (2422), middle school aged students (593) and high school students (392) which required some degree of action at school, such as medication available, emergency and/or individual health care plan, health related accommodations, etc. The number of related plans of care (Nursing Care Plans, Individual Health Plans and Emergency Action Plans) totaled 930 and the number of health related 504 plans was 95.

Next Steps / Mitigation Strategies

- The School Health Program staff will continue to provide and participate in services/activities that promote the health and well-being of students, their families and school staff.

Division / Program: Community Health / Pregnancy Care Management (PCM)

(Accreditation Activity 22.2- Comply with laws, rules and contractual requirements for programs and services provided pursuant to the local health department's consolidated agreement and agreement addenda, including requirements for corrective action.)

Program description

- Women who are pregnant or immediately postpartum and who are enrolled in Medicaid are eligible to receive Pregnancy Care Management services.
- Funding for PCM comes from the state Division of Medical Assistance (DMA) through Community Care of North Carolina (CCNC)
- CCNC determines if county PCM programs are meeting program goals using data from DMA and the Case Management Information System (CMIS). CMIS is the state on-line health record into which care managers document PCM services provided.

Statement of goals

- To improve birth outcomes by providing PCM services to eligible women
- To reach, maintain and/or exceed targeted service levels set and measured by CCNC.

Issues

- **Opportunities**
 - PCM affords public health the opportunity to provide services which are aimed at promoting healthy outcomes to low wealth, at-risk pregnant women
 - CCNC has access to state-wide birth outcomes of Medicaid-covered women
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- **Challenges**
 - Current data on the extent to which public health has reached set service targets has not been readily available due to issues with NC Tracks

Implication(s)

- **Outcomes**
 - ❖ New reports were released by CCNC in September 2014
 - ❖ Durham County made improvements in reaching set service targets in 4 out of 5 categories. In the 5th category—Pregnant/Postpartum Patients Engaged in Active Care Management—although Durham’s percent decreased slightly, it decreased at about the same rate as the state’s percent decrease.
- **Service delivery**
 - ❖ Durham County PCM program needs to increase its contacts with women during the postpartum period.
 - ❖ PCM providers are collaborating with Durham Connects, the Women, Infants and Children program and public health’s Family Planning Clinic to utilize more avenues/community resources in reaching the women eligible for pregnancy care management.
- **Staffing**
 - ❖ PCM staffing includes public health nurses and social workers
- **Revenue**
 - ❖ Funding is based on the number of females with Medicaid between the ages of 14 and 44 who live in Durham County.

Next Steps / Mitigation Strategies

- Continue to strengthen working relationships that will enable care managers to obtain correct patient contact information.

Division / Program: Nutrition Division /DINE for LIFE--Packing a Healthy Lunch Segment on WNCN TV’s *My Carolina Today*
(Accreditation Activity 10.1 -Develop, implement, and evaluate population-based health promotion/disease prevention programs and materials for the general public.)

Program description

- DINE staff presented a nutrition program on *My Carolina Today* that is part of the ongoing monthly collaboration between the Durham County Department of Public Health and WNCN TV.

Statement of goals

- To provide ideas for adults so they can pack fun, healthy lunches for their children.
- To help facilitate increased consumption of healthy packed school lunches in Durham County and in the WNCN TV viewing area.
- To emphasize the importance of food safety when packing school lunches.

Issues

- **Opportunities**
 - ❖ The ongoing partnership with WNCN TV provides the Durham County Department of Public Health an opportunity to expand its reach throughout the county and also into the surrounding areas.
- **Challenges**
 - ❖ Estimating the actual reach that a live telecast has in the Durham County community.

Implication(s)

- **Outcomes**
 - ❖ The segment aired on September 8, 2014.
<http://www.wncn.com/story/26476915/healthy-and-fun-school-lunch-ideas?autoStart=true&topVideoCatNo=default&clipId=10561824>
- **Service delivery**
 - ❖ Used “My Plate” to show the components of a healthy packed lunch
 - ❖ Featured food displays to demonstrate ways to prepare a variety of new and classic school lunch ideas such as Taco pinwheels, cookie cutter sandwiches, vegetables with hummus, and fruit with yogurt dip.
 - ❖ Gave practical tips on school lunch and food safety to keep “hot foods hot and cold foods cold.”
- **Staffing**
 - ❖ DINE nutritionist staff wrote the script and presented the show.

Next Steps / Mitigation Strategies

- Continue building a relationship with *My Carolina Today* and WNCN TV to expand the reach of DINE and the Durham County Department of Public Health

Division / Program: Nutrition / DINE for LIFE--Participation in Head Start Health Fair

(Accreditation Activity 10.2 –Carry out or 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

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.

Statement of goals

- To collaborate with local agencies in efforts to promote health and well-being for Durham County residents.
- To increase the nutrition knowledge of Durham families.
- To encourage simple behavior changes towards healthier eating habits and lifestyles.

Issues

- **Opportunities**
 - Durham’s Head Start program collaborated with the Department to host a Head Start Registration and Health Fair event on September 9 and 10th.
 - The event brought together many services that were required for children to register and participate in the Head Start

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program and provided the DINE program the opportunity to offer nutrition information to participants.

- **Challenges**
 - Only a small percentage of the attending families approached the DINE table. In general, they were often busy filling out the necessary paperwork for the essential screening needed for Head Start participation. Also, the children were often escorted around by Head Start staff rather than their parents. Therefore, when the children participated in the “kid-friendly” activities DINE nutritionists were not able to engage the parents in conversation at the same time because they were not with their children.

Implication(s)

- **Outcomes**
 - ❖ DINE nutritionists provided a table at the event that provided information to the families on the following topics: Eating Healthy on a Budget, Durham Moms Know Best website, Durham Farmers Markets’ Double Bucks Program, Healthy Recipes to try with kids, and contact information for the Nutrition Clinic.
 - ❖ Activities for the children were also provided which included: coloring station with fruit & vegetable coloring books and a fruit & vegetable sorting station.
- **Service delivery**
 - ❖ 130 reusable grocery bags printed with the message, “Healthy Eating Starts with You” were distributed. The bags included information on Eating Healthy on a Budget, Durham Moms Know Best website, Durham Farmers Markets’ Double Bucks Program, Healthy Recipes to try with kids, and contact information for the Nutrition Clinic. DINE staff hand delivered the bags to the families while they were in the waiting area and provided a quick greeting and explanation of the bag’s contents.
- **Staffing**
 - ❖ DINE nutritionists worked in shifts to cover the two day 8 hour event.

Next Steps / Mitigation Strategies

- The DINE program will continue to collaborate with Head Start in upcoming health fairs to reach and serve Head Start families in Durham. In the future DINE will explore more time-efficient ways to provide this service with the use of fewer staff hours.

Division / Program: Nutrition Division / Durham Diabetes Coalition – Collaboration in Taping of Healthy Living TV show.

(Accreditation Activity 10.2-Carry out or 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 Durham Diabetes Coalition (DDC) is a partnership of Durham County health and community organizations, faith-based groups, local government, and universities and community members.
- The DDC produces Living Healthy, a 30 minute TV show.
- Registered Dietitians from the Nutrition Division of DCoDPH and the Durham Diabetes Coalition (DDC) prepared a script and appeared in a *Stretching Your Food Dollar* segment of a Healthy Living television show.

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Statement of goals

- To decrease death and injury from type 2 diabetes.
- To provide reliable health and nutrition information to Durham's residents.
- To collaborate with Departmental and community professions to provide expert and best practice advice on the TV shows.

Issues

- **Opportunities**
 - ❖ Food insecurity affects about 19.7% of Durham County residents.
 - ❖ Type 2 diabetes affects almost 12% of Durham County residents.
 - ❖ The Healthy Living show has multiple broadcast avenues to reach Durham residents with information on nutrition and diabetes.
 - ❖ DCoDPH/DDC registered dietitians are available to provide their expertise in nutrition for the shows including writing the script and appearing in the TV segments.
- **Challenges**
 - ❖ Residents with limited access to technology due to financial constraints may be less likely to see *Healthy Living* episodes when aired on websites such as YouTube.

Implication(s)

- **Outcomes**
 - ❖ The first airing of the *Stretching Your Food Dollar* segment will be in mid-October.
 - ❖ The *Healthy Living* television series is available to a wide and varied audience through broadcasts on the Durham Television Network as well as the Durham Diabetes Coalition website <http://durhamdiabetescoalition.org/tv-show> and the Coalition's YouTube channel. It also airs in patient lobbies throughout Durham County Government
- **Service delivery**
 - ❖ The segment discusses the myth that it is expensive to eat healthy and gives budgeting strategies such as planning meals ahead of time, making shopping lists, taking advantages of sales, coupons, seasonal items and trying meatless meal options.
- **Revenue**
 - ❖ The Access to Healthy Living series is funded through the Durham Diabetes Coalition grant. Access to the Healthy Living television series is provided free of charge to the public.

Next Steps / Mitigation Strategies

- Registered Dietitians from DCoDPH/DDC will continue to provide expertise in nutrition related topics that appear in episodes of Healthy Living.

COMMITTEE REPORTS:

There were no committee reports discussed.

OLD BUSINESS:

- **E-CIGS-PUBLIC HEALTH DOCUMENT:** (*Activity 34.5*)

Ms. Harris stated that information was sent to the Board on what has been done in other communities regarding e-cigarettes and local smoking rules. A letter was sent by the Health Director of Pitt County to restaurant owners letting them know that they can regulate e-cigarettes by telling people they can't use them. Ms. Harris stated that she has started to notice people in front of the building with e-cigarettes as well, and is aware that the signage needs to change to include e-cigarettes for this particular

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campus. A letter from Sally Herndon and Ruth Peterson supporting local jurisdictions making changes to their rules to cover the inclusion of e-cigarettes. If you have a tobacco-free campus, the nicotine in e-cigarettes would be included in the ban. That would be easy to do on this property. We would need to make the change before we replace the signage.

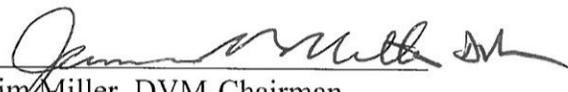
Dr. Levbarg suggested that if there is new signage created to think about how we can have a clearer message about the property.

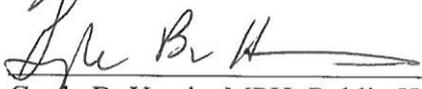
AGENDA ITEMS-NOVEMBER 2014 MEETING

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- ❖ Board received an updated copy of the Public Health Service Brochure.

The meeting was adjourned at 6:41pm.


Jim Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director

Benchmark Activity: 2.3

The local health department shall collect reports of communicable diseases and other reportable health conditions from community health care providers and transmits them to the division.

**Durham County Board of Health
Agenda Item Summary**

Meeting Date: October 9, 2014

Agenda Item Subject: Ebola and Enterovirus D68 Update

Attachment (s): Powerpoint Presentation and handouts

Staff or Board Member Reporting: Dr. Arlene Sena, MD, MPH

Purpose: Action
 Information only
 Information with possible action

Objectives:

To provide an overview of the:

- 1) Ebola virus disease and the current outbreak in West Africa
- 2) Recommendations provided by the Centers for Disease Control and Prevention and the N.C. Department of Public Health
- 3) Durham County Ebola planning activities

To provide a brief update of:

1. Enterovirus D68 cases and clinical presentations nationwide and in the state

Summary Information:

Ebola

- On September 30, 2014, the Centers for Disease Control and Prevention (CDC) confirmed the first travel-associated case of Ebola in the United States from Liberia.
- In the current outbreak, new cases continue to be reported from Guinea, Liberia, and Sierra Leone.

- Ebola virus disease is transmitted through direct contact with the blood or secretions of an infected person, or exposure to objects (such as needles) that have been contaminated with infected secretions
- Several new guidance documents have been provided from the CDC and the N.C. Department of Public Health regarding risk assessment for Ebola, disease recognition, and infection control.
- The Durham County Department of Public Health has initiated communication and collaborative planning activities with local hospitals, healthcare providers, emergency management and other partners in local public health preparedness.
- Health Department staff will provide information (on Ebola and other communicable diseases) to members of the West African community in Durham County on October 11, 2014 in collaboration with Diaspora Alliance.

Enterovirus D68

- Seven cases of EV-D68 infection have been confirmed in North Carolina. All were in children <10 years of age with respiratory illness. These cases were not limited to any particular region of the state.
- Healthcare professionals are reminded to consider EV-D68 as a cause of severe respiratory illness, and sudden onset of limb weakness (accompanied with gray matter spinal cord lesions on MRI) in any patients ≤ 21 years of age.

Recommended Action:

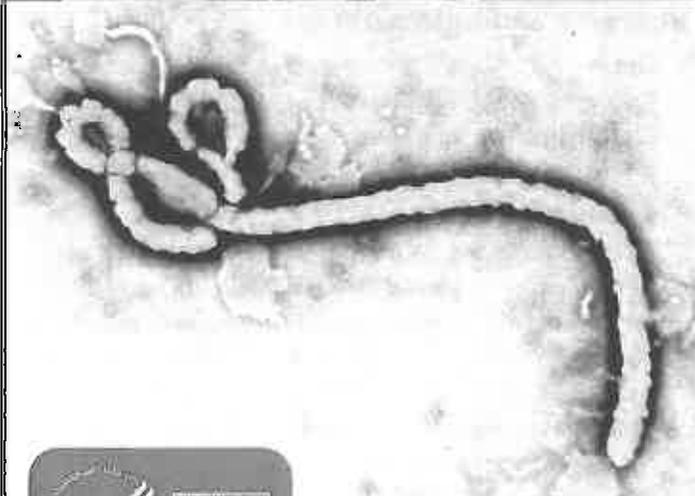
- | | |
|--------------|--|
| _____ | Approve |
| _____ | Approve & forward to Board of Commissioners for action |
| _____ | Approve & forward to _____ |
| <u> X </u> | Accept as information |
| _____ | Revise & schedule for future action |
| _____ | Other (details): _____ |

What You Need to Know about Ebola

The 2014 Ebola epidemic is the largest in history

The outbreak is affecting multiple countries in West Africa and CDC has confirmed the **first travel-associated case of Ebola to be diagnosed in the United States**. About half the people who have gotten Ebola in this outbreak have died.

Although the risk of Ebola spreading in the United States is very low, CDC and its partners are taking actions to prevent this from happening.



A person infected with Ebola can't spread the disease until symptoms appear

The time from exposure to when signs or symptoms of the disease appear (the incubation period) is 2 to 21 days, but the average time is 8 to 10 days. Signs of Ebola include fever (higher than 101.5°F) and symptoms like severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.

Ebola is spread through direct contact with blood and body fluids

Ebola is spread through **direct contact** (through broken skin or mucous membranes) with

- Blood and body fluids (like urine, feces, saliva, vomit, sweat, and semen) of a person who is sick with Ebola.
- Objects (like needles) that have been contaminated with the blood or body fluids of a person sick with Ebola.

Ebola is **not** spread through the air, water, or food.

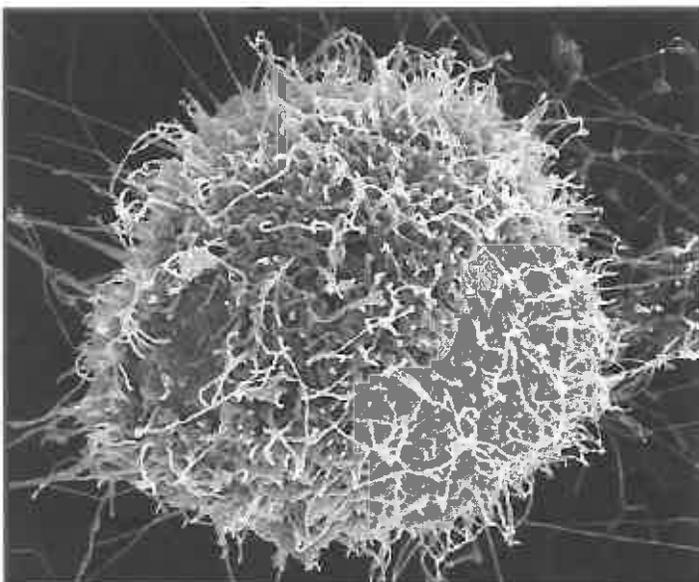
Protect yourself against Ebola

There is no FDA-approved vaccine available for Ebola. Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness.

To protect yourself from Ebola

- **DO** wash your hands often with soap and water or use an alcohol-based hand sanitizer.
- Do **NOT** touch the blood or body fluids (like urine, feces, saliva, vomit, sweat, and semen) of people who are sick.
- Do **NOT** handle items that may have come in contact with a sick person's blood or body fluids, like clothes, bedding, needles, or medical equipment.
- Do **NOT** touch the body of someone who has died of Ebola.





“We recognize that even a single case of Ebola in the United States seems threatening, but the simple truth is that we do know how to stop the spread of Ebola between people.” – Beth Bell, MD, MPH, Director of the National Center for Emerging and Zoonotic Infectious Diseases

What to do if you are exposed to Ebola
If you have traveled to an area with an Ebola outbreak or had close contact with a person sick with Ebola, you may be at risk if you

- Had direct contact with blood or body fluids or items that came into contact with blood or body fluids from a person with Ebola.
- Touched bats or nonhuman primates (like apes or monkeys) or blood, fluids, or raw meat prepared from these animals.
- Went into hospitals where Ebola patients were being treated and had close contact with the patients.
- Touched the body of a person who died of Ebola.

You should check for signs and symptoms of Ebola for 21 days

- Take your temperature every morning and evening.
- Watch for other Ebola symptoms, like severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.
- Call your doctor even if you do not have symptoms. The doctor can evaluate your exposure level and any symptoms and consult with public health authorities to determine if actions are needed.

During the time that you are watching for signs and symptoms, you can continue your normal activities, including going to work.

If you get sick after you come back from an area with an Ebola outbreak

- Get medical care right away if you have a fever (higher than 101.5°F), severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bruising or bleeding.
- Tell your doctor about your recent travel to West Africa or contact with a person who was sick with Ebola and your symptoms **BEFORE** you go to the doctor’s office or emergency room. Calling before you go to your doctor’s office or emergency room will help the doctor or emergency room care for you and protect other people who may be in the office or emergency room.

EBOLA



Arlene Sena, MD, MPH
Medical Director, Durham County Department of Public Health
Board of Health Meeting
October 9, 2014

EBOLA: MICROBIOLOGY

- Ebola hemorrhagic fever (Ebola HF) is one of numerous viral hemorrhagic fevers.
- Ebola was first discovered in 1976 in what is now the Democratic Republic of the Congo near the Ebola River.
- Five identified subspecies of which 4 cause disease in humans: Ebola virus (*Zaire ebolavirus*); Sudan virus (*Sudan ebolavirus*); Tai Forest virus (*Tai Forest ebolavirus*, formerly *Cote d'Ivoire ebolavirus*); and Bundibugyo virus (*Bundibugyo ebolavirus*). The fifth, Reston virus has cause disease in nonhuman primates but not humans

EBOLA: EPIDEMIOLOGY

- Transmission can occur through:
 - Direct contact with the blood or secretions of an infected person
 - Exposure to objects (such as needles) that have been contaminated with infected secretions
- Ebola HF are often spread through families and friends through close contact when caring for ill persons.
- During outbreaks, Ebola HF can spread quickly in health care settings where hospital staff are not wearing appropriate protective equipment, such as masks, gowns, and gloves.

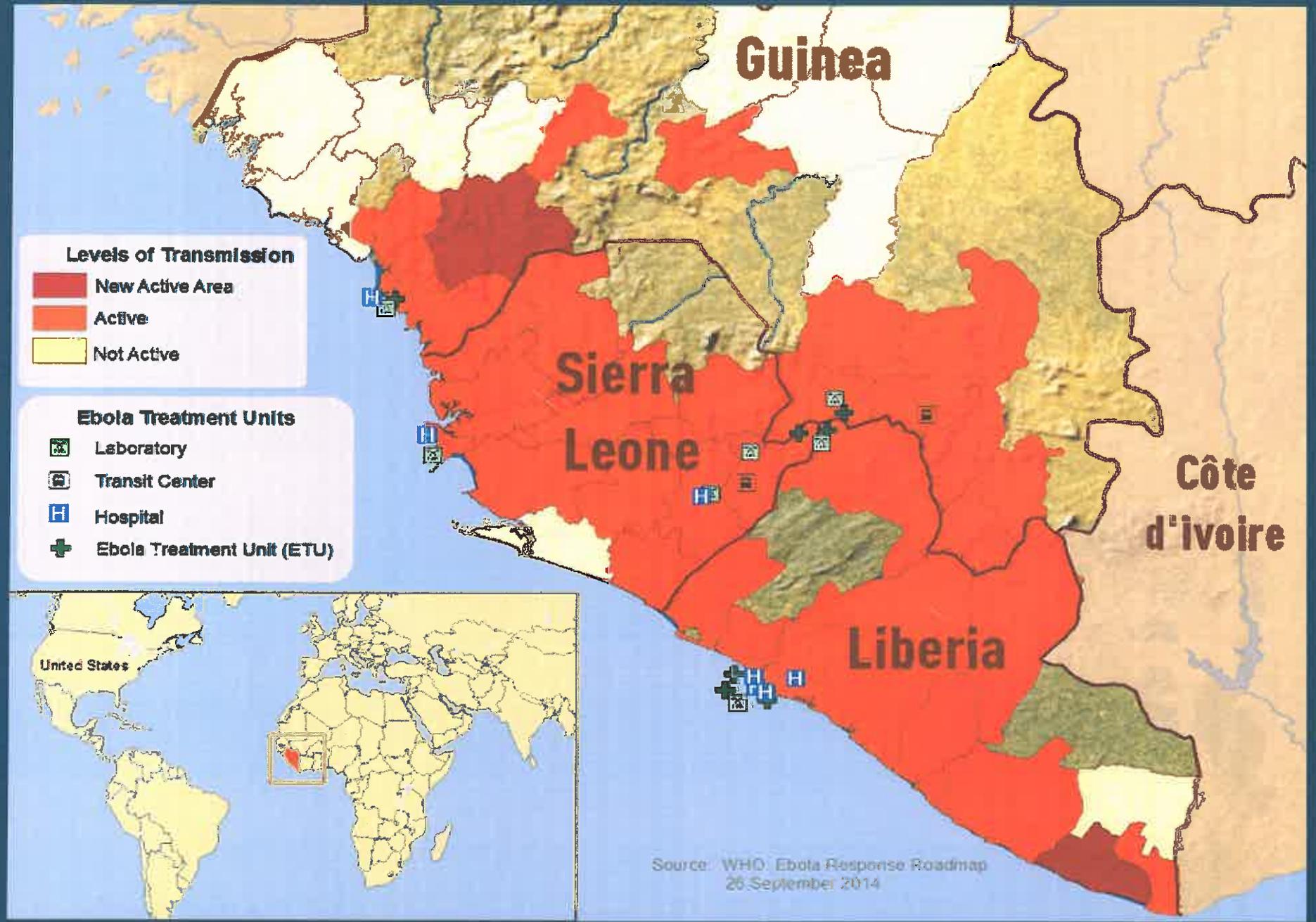
EBOLA: KEY FACTS

- Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever
- EVD outbreaks have a case fatality rate of up to 90%.
- Fruit bats of the *Pteropodidae* family are considered to be the natural host of the Ebola virus.
- Current outbreak strain = *Zaire ebolavirus* (97% identical)
- Severely ill patients require intensive supportive care. No licensed specific treatment or vaccine is available for use in people or animals.

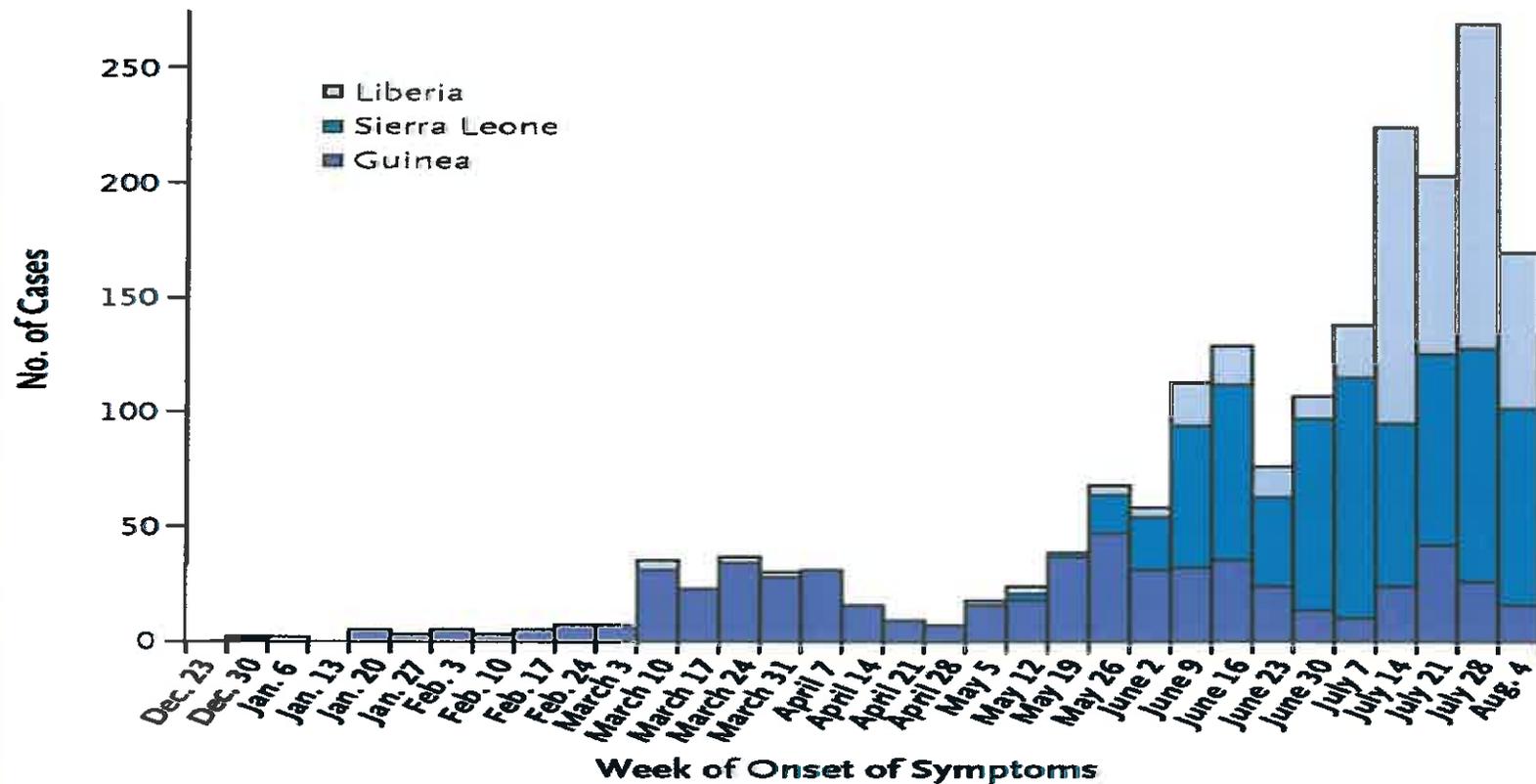
CURRENT EBOLA OUTBREAK: (AS OF SEPT. 23, 2014)

- Total Case Count: **6574**; Total Deaths: **3091**
- Laboratory Confirmed Cases: **3626**

- **Guinea**: Total Case Count: **1074** ; Total Deaths: **648**; Laboratory Confirmed Cases: **876**
- **Liberia**: Total Case Count: **3458**; Total Deaths: **1830**; Laboratory Confirmed Cases: **914**
- **Nigeria**: Total Case Count: **20**; Total Case Deaths: **8**; Laboratory Confirmed Cases: **19**
- **Senegal**: Total Case Count: **1**; Total Case Deaths: **0**; Laboratory Confirmed Cases: **1**
- **Sierra Leone**: Total Case Count: **2021**; Total Case Deaths: **605**; Laboratory Confirmed Cases: **1816**

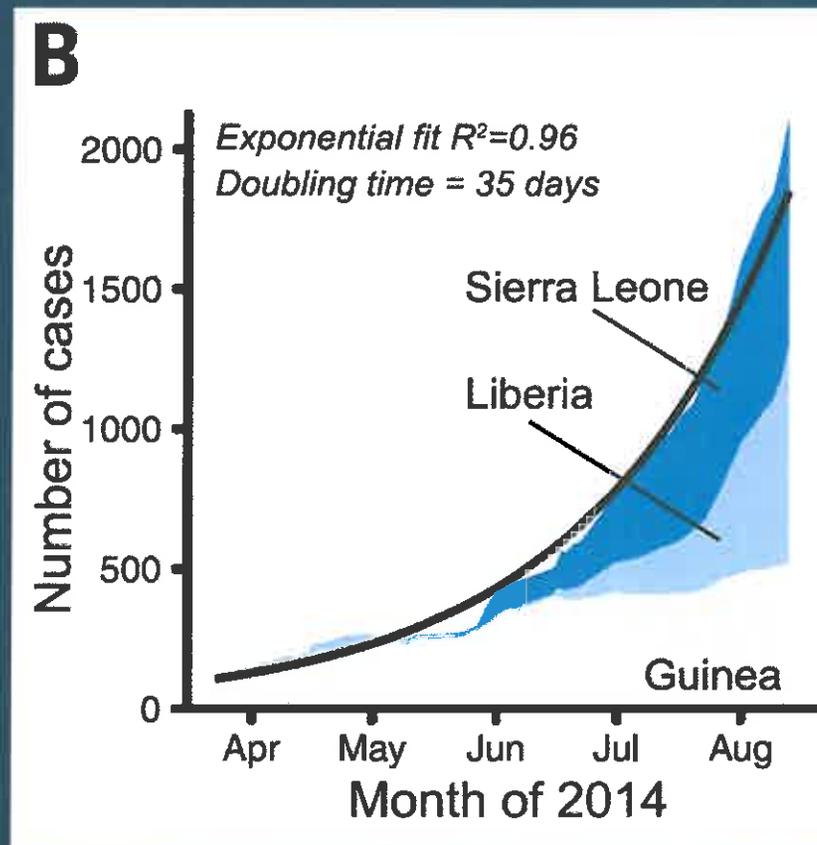


EBOLA OUTBREAK CURVE



Numbers of Confirmed and Probable Ebola Cases Reported Weekly from Guinea, Sierra Leone, and Liberia from December 23, 2013, to August 11, 2014.

EBOLA OUTBREAK CURVE



MMWR ESTIMATIONS

- Cases in Liberia are currently doubling every 15-20 days, and those in Sierra Leone and Guinea are doubling every 30-40 days.
- By September 30, 2014, CDC estimates that there will be approximately 8,000 cases, or as high as 21,000 cases if corrections for underreporting are made.
 - Without additional interventions or changes in community behavior, CDC estimates that by January 20, 2015, there will be a total of approximately 550,000 Ebola cases in Liberia and Sierra Leone or 1.4 million if corrections for underreporting are made.

EBOLA: OUTBREAK UPDATE (SEPT. 30)

- CDC confirmed, the first travel-associated case of Ebola in the United States from Liberia
- New cases have been reported from Guinea, Liberia, and Sierra Leone. Nigeria and Senegal have not reported any new cases since September 5, 2014, and August 29, 2014, respectively.
- HHS has contracted with Mapp Biopharmaceutical Inc. to develop and manufacture ZMapp.
- NIH will begin initial human testing of an investigational vaccine to prevent EVD in early September and is working with a company to develop an antiviral drug to treat Ebola.

EBOLA: SIGNS AND SYMPTOMS

- Typical Symptoms

- Fever
- Headache
- Joint and muscle aches
- Weakness
- Diarrhea
- Vomiting
- Stomach pain
- Lack of appetite

- Less common symptoms

- A Rash
- Red Eyes
- Hiccups
- Cough
- Sore throat
- Chest pain
- Difficulty breathing
- Difficulty swallowing
- Bleeding inside and outside of the body

Symptoms may appear anywhere from 2 to 21 days after exposure to ebolavirus though 8-10 days is most common

EBOLA: DIAGNOSIS

- Lab tests
 - antibody-capture enzyme-linked immunosorbent assay (ELISA)
 - antigen detection tests
 - serum neutralization test
 - reverse transcriptase polymerase chain reaction (RT-PCR) assay
 - electron microscopy
 - virus isolation by cell culture
- Samples from patients are an extreme biohazard risk; testing should be conducted under maximum biological containment conditions.
- Differential diagnosis: Malaria, typhoid fever, shigellosis, cholera, leptospirosis, plague, rickettsiosis, relapsing fever, meningitis, hepatitis and other viral haemorrhagic fevers

THERAPY

- Current therapy
 - Treatment is focused on supportive care.
 - Balancing the patients' fluids and electrolytes;
 - Maintaining their oxygen status and blood pressure; and
 - Treating them for any complicating infections.
 - Corticosteroids, nonsteroidal anti-inflammatory drugs, and aspirin are contraindicated.
- Experimental therapy
 - Zmapp: Combination of 3 different monoclonal antibodies (no human studies available)
 - Antiviral therapy: BioCryst
 - Vaccines in development: GSK, NewLink Genetics, Crucell

US CONTROL MEASURES

- Rapid identification of patients with possible Ebola
- For persons with known or suspected Ebola:
 - Placement in an airborne isolation room (≥ 12 air exchanges per hour, direct out exhausted air, negative pressure) with an anteroom
 - Personal protective equipment for medical staff: Double gloves, isolation gown, N95 respirator, goggles
 - Dedicated equipment
 - Proper handling of lab specimens
 - Proper decontamination and disposal for all disposable equipment and wastes

PERSONAL PROTECTIVE EQUIPMENT

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



- All persons entering the patient room should wear at least:
 - Gloves
 - Gown (fluid resistant or impermeable)
 - Eye protection (goggles or face shield)
 - Facemask
- Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body fluids,), including but not limited to:
 - Double gloving
 - Disposable shoe covers
 - Leg coverings

CDC GUIDANCE DOCUMENTS

- Case definitions (Sept. 4)
- Specimen collection, transport, testing and submission (Aug. 26)
- Guidance for monitoring and movement of persons with EVD exposure (Aug. 22)
- Guidance on air medical transport of patients with EVD
- Guidance for EMS workers (Sept. 5)
- Infection control for US hospitals (Aug. 19)
- Management of human remains (Aug. 25)
- Environmental infection control (Aug 19)
- Hospital checklist for preparedness
- Recommendations for breastfeeding

CDC CASE DEFINITION FOR EBOLA VIRUS DISEASE (EVD) (SEPT. 4)

- Person under investigation (PUI) - Has consistent symptoms and risk factors:
 - Clinical criteria including fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit and additional symptoms (severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage); AND
 - Epidemiologic risk factors within the past 21 days before symptoms, such as contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is active*; or direct handling of bats or non-human primates from disease-endemic areas.
- Probable case: A PUI whose epidemiologic risk factors include high or low risk exposure(s)
- Confirmed case: A case with laboratory-confirmed diagnostic evidence of Ebola virus infection

CDC CASE DEFINITION FOR EBOLA VIRUS DISEASE (EVD) (SEPT. 4)

Exposure Risk Levels (defined as follows)

- High risk exposures (includes any of the following):
 - Percutaneous, e.g. the needle stick, or mucous membrane exposure to body fluids of EVD patient
 - Direct care or exposure to body fluids of an EVD patient without appropriate personal protective equipment (PPE)
 - Processing blood or body fluids of confirmed EVD patients without appropriate PPE or standard biosafety precautions
 - Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring*

CDC CASE DEFINITION FOR EBOLA VIRUS DISEASE (EVD) (SEPT. 4)

- Low risk exposures (includes any of the following):
 - Household contact with an EVD patient
 - Other close contact with EVD patients in health care facilities or community settings:
 - being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment (i.e., standard, droplet, and contact precautions)
 - having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended personal protective equipment.
 - Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact
- No known exposure
 - Having been in a country in which an EVD outbreak occurred within the past 21 days and having had no high or low risk exposures

OCTOBER 1: NEW GUIDANCE DOCUMENTS

Ebola Virus Disease (EVD)

Algorithm for Evaluation of the Returned Traveler



FEVER (subjective or $\geq 101.5^{\circ}\text{F}$ or 38.6°C or compatible EVD symptoms*) in patient who has traveled to an Ebola-affected area** in the 21 days before illness onset

* Includes swollen lymph nodes, vomiting, diarrhea, skin rash, and conjunctivitis

NO

Report asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department

YES

1. Isolate patient in single room with a private bathroom and with the door to hallway closed
2. Implement standard, contact, and droplet precautions (gown, facemask, eye protection, and gloves)
3. Notify the hospital Infection Control Program and other appropriate staff
4. Evaluate for any risk exposures for EVD
5. IMMEDIATELY report to the health department

HIGH-RISK EXPOSURE

Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an EVD patient

OR

Direct skin contact with, or exposure to blood or body fluids of, an EVD patient

OR

Processing blood or body fluids from an EVD patient

LOW-RISK EXPOSURE

Household members of an EVD patient and others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate PPE

OR

Healthcare personnel in facilities with confirmed or probable EVD patients who have been in the care area for a prolonged period of time while not wearing recommended PPE

NO KNOWN EXPOSURE

Residence in or travel to affected areas** without HIGH- or LOW-risk exposure

OCTOBER 1: NEW GUIDANCE DOCUMENTS



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Checklist for Patients Being Evaluated for Ebola Virus Disease (EVD) in the United States

Upon arrival to clinical setting/triage

- Does patient have fever (subjective or $\geq 101.5^{\circ}\text{F}$)?
- Does patient have compatible EVD symptoms such as headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage?
- Has the patient traveled to an Ebola-affected area in the 21 days before illness onset?

Upon initial assessment

- Isolate patient in single room with a private bathroom and with the door to hallway closed
- Implement standard, contact, & droplet precautions
- Notify the Hospital Infection Control Program at _____
- Report to the health department at _____

Conduct a risk assessment for:

High-risk exposures

- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids from an EVD patient
- Direct skin contact with skin, blood or body fluids from an EVD patient
- Processing blood or body fluids from an EVD patient without appropriate PPE
- Direct contact with a dead body in an Ebola-affected area without appropriate PPE

Low-risk exposures

- Household members of an EVD patient or others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate PPE
- Healthcare personnel in facilities with EVD patients who have been in care areas of EVD patients without recommended PPE

Use of personal protective equipment (PPE)

- Use a buddy system to ensure that PPE is put on and removed safely

Before entering patient room, wear:

- Gown (fluid resistant or impermeable)
- Facemask
- Eye protection (goggles or face shield)
- Gloves

If likely to be exposed to blood or body fluids, additional PPE may include but isn't limited to:

- Double gloving
- Disposable shoe covers
- Leg coverings

Upon exiting patient room

- PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials
- Discard disposable PPE
- Re-usable PPE should be cleaned and disinfected per the manufacturer's reprocessing instructions
- Hand hygiene should be performed immediately after removal of PPE

During aerosol-generating procedures

- Limit number of personnel present
- Conduct in an airborne infection isolation room
- Don PPE as described above except use a NIOSH certified fit-tested N95 filtering facepiece respirator for respiratory protection or alternative (e.g., PAPR) instead of a facemask

Patient placement and care considerations

- Maintain log of all persons entering patient's room
- Use dedicated disposable medical equipment (if possible)
- Limit the use of needles and other sharps
- Limit phlebotomy and laboratory testing to those procedures essential for diagnostics and medical care
- Carefully dispose of all needles and sharps in puncture-proof sealed containers
- Avoid aerosol-generating procedures if possible
- Wear PPE (detailed in center box) during environmental cleaning and use an EPA-registered hospital disinfectant with a label claim for non-enveloped viruses*

Initial patient management

- Consult with health department about "diagnostic EVD RT-PCR testing"
- Consider test for, and treat (when appropriate) other possible infectious causes of symptoms (e.g., malaria, bacterial infections)
- Provide aggressive supportive care including aggressive IV fluid resuscitation if warranted
- Assess for electrolyte abnormalities and replace
- Evaluate for evidence of bleeding and assess hematologic and coagulation parameters
- Symptomatic management of fever, nausea, vomiting, diarrhea, and abdominal pain
- Consult health department regarding other treatment options

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

INTERIM GUIDANCE FOR EMS AND 9-1-1 PUBLIC SAFETY ANSWERING POINTS (PSAPS)

- State and local EMS authorities may authorize PSAPs and other emergency call centers to use modified caller queries about Ebola when they consider the risk of Ebola to be elevated in their community (e.g., in the event that patients with confirmed Ebola are identified in the area).
- When state and local EMS authorities consider the threat to be elevated and the CDC), they may direct EMS personnel to modify their practices as described below.
- Address scene safety:
 - If PSAP call takers advise that the patient is suspected of having Ebola, EMS personnel should put on the PPE appropriate for suspected cases of Ebola before entering the scene.
 - Keep the patient separated from other persons as much as possible.
 - Use caution when approaching a patient with Ebola. Illness can cause delirium, with erratic behavior that can place EMS personnel at risk of infection, e.g., flailing or staggering.

NC HEALTH DEPARTMENT GUIDELINES, RISK ASSESSMENT, AUG 21

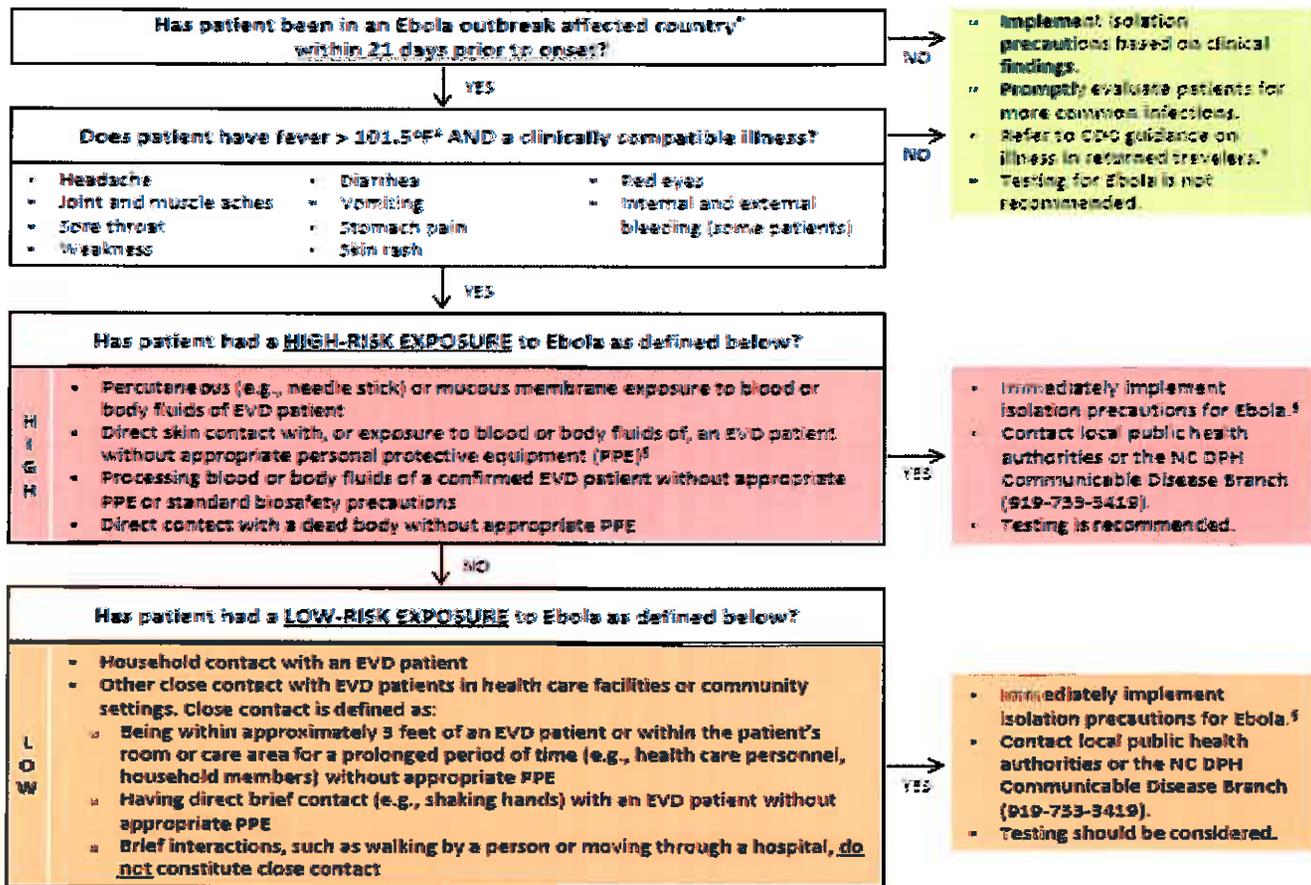
- Any patient with fever and a clinically compatible illness who has been in a country affected by the Ebola outbreak within 3 weeks before fever onset should be placed in appropriate isolation precautions as soon as possible. Precautions should be maintained while a more thorough risk assessment is completed.
- Providers are encouraged to use clinical judgment and contact public health immediately with any questions or concerns.
- Control measures may be recommended by the local health department based on findings of the risk assessment.

N.C. EBOLA ALGORITHM



Evaluation Algorithm for Ebola Risk in Ill Patients Reporting Recent International Travel

This algorithm is intended as general guidance. Providers are encouraged to use clinical judgment and contact public health immediately with any questions or concerns.



DURHAM COUNTY EBOLA PLANNING

- Communication: CDC information for providers, universities and colleges; health alerts; Public Health Preparedness meeting
- Education: health care workers, African immigrant community
- Plans: Notification, referral, isolation and quarantine
- Personal protective equipment: supplies
- Training: Epi-team, EMS and call center
- Containment: Environmental control, proper disposal of wastes

RESOURCES

- Centers for Disease Control and Prevention
<http://www.cdc.gov/vhf/ebola/index.html>
- North Carolina Division of Public Health
<http://publichealth.nc.gov/>
- North Carolina Statewide Program for Infection Control and Epidemiology
Dr. David Weber, University of North Carolina Hospitals
<http://spice.unc.edu/>

Ebola Key Points – North Carolina Division of Public Health

October 2, 2014

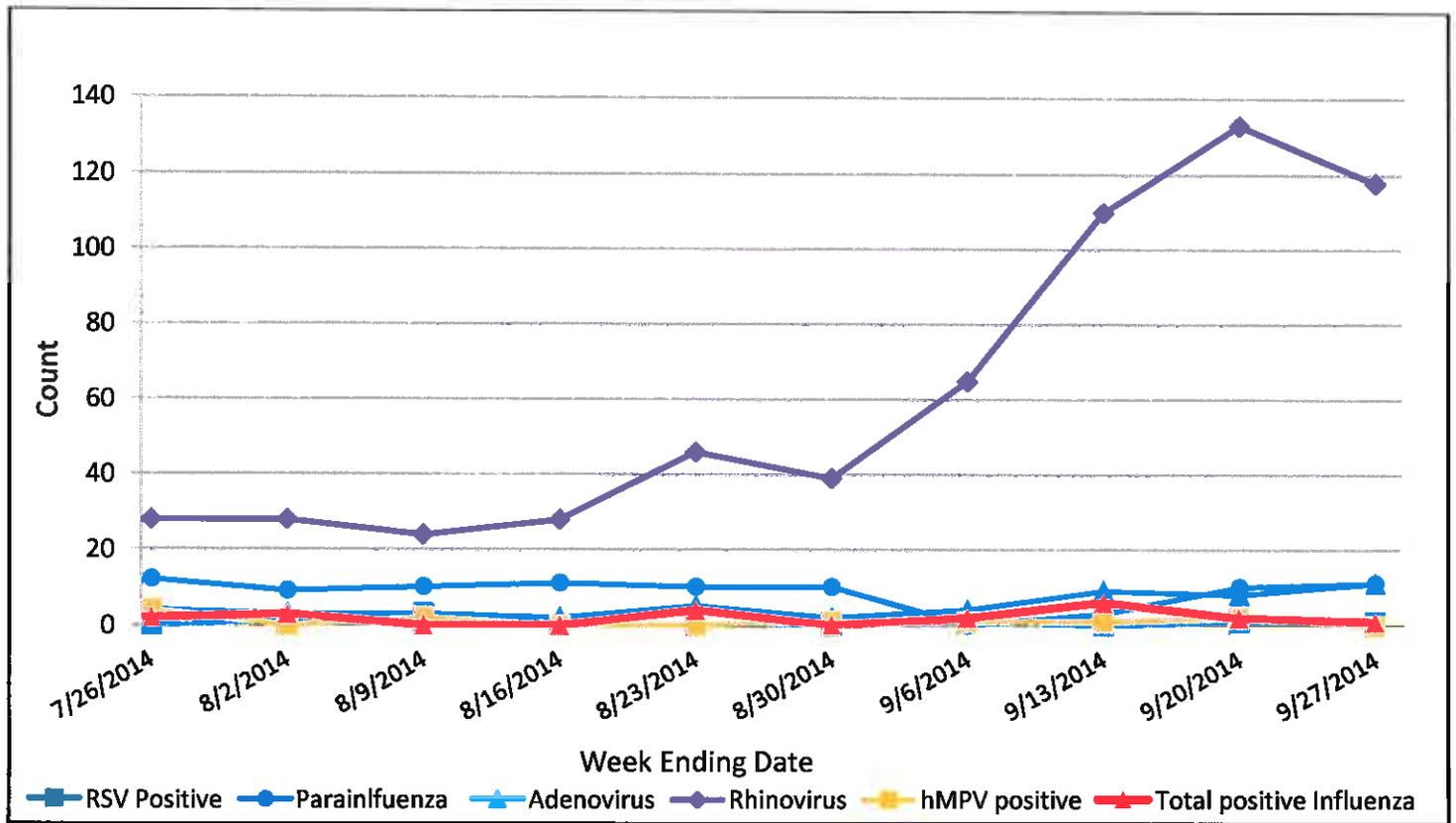
- The North Carolina Division of Public Health has been working closely with public health partners and healthcare providers statewide since July to prepare for the possibility of Ebola virus infections in North Carolina.
- We are actively monitoring for cases using a variety of methods, including real time surveillance of hospital emergency department visits and a network of hospital-based Public Health Epidemiologists in the state's largest hospital systems.
- We have provided extensive guidance to healthcare providers, hospitals and laboratories on evaluation of patients with recent international travel and on management of suspected cases. The Division of Public Health also provides 24/7 consultation for providers with concerns about Ebola or other communicable diseases.
- The Division of Public Health has worked with the Office of Emergency Medical Services to assist local EMS agencies with triage and treatment protocols for potential Ebola patients.
- The State Laboratory of Public Health has successfully established the capability to rapidly detect Ebola infection using procedures and materials provided by the CDC and United States Army Medical Research Institute of Infectious Diseases (USAMRIID). The SLPH continues to provide technical consultation to clinical laboratories on specimen collection, transport, and safety procedures while evaluating patients with recent international travel.
- We have provided guidance and frequent consultation to local health departments on evaluation and management of travelers from affected areas in West Africa. This includes reviewing management of contacts to potentially ill people.
- If a case occurred in North Carolina, state and local public health professionals would rapidly identify everyone who was potentially exposed and take immediate measures to prevent further spread. Our public health professionals have extensive training and experience with this type of investigation and response.

National Updates:

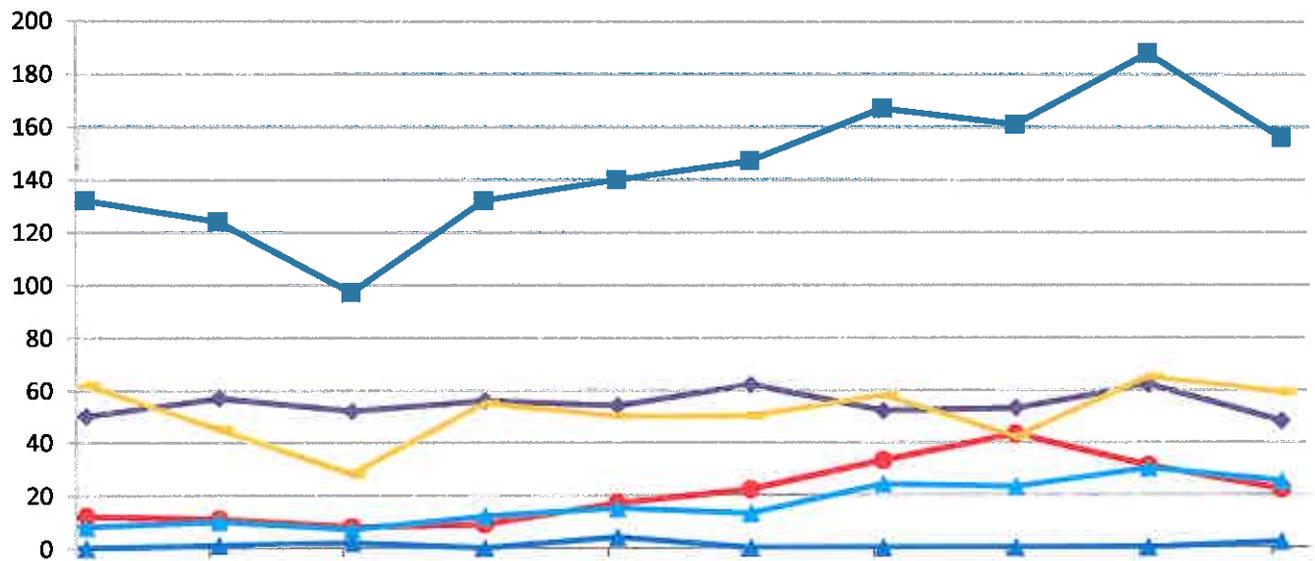
- From mid-August to September 30, 2014, a total of 472 people from 41 states and the District of Columbia were confirmed to have respiratory illness caused by EV-D68.
- So far, all the cases but one have been among children. No deaths have been documented.
- CDC is working closely with the Colorado Department of Public Health and Environment (CDPHE) and Children's Hospital Colorado to investigate reports from August 9 to September 17, 2014 of nine children hospitalized for sudden onset of neurologic illness with limb weakness of unknown cause (<http://emergency.cdc.gov/han/han00370.asp>).
- Health professionals should consider EV-D68 as a cause of severe respiratory illness and also evaluate and report to the state or local public health any patients ≤21 years of age with sudden onset of limb weakness and an MRI showing spinal cord lesions largely restricted to gray matter.

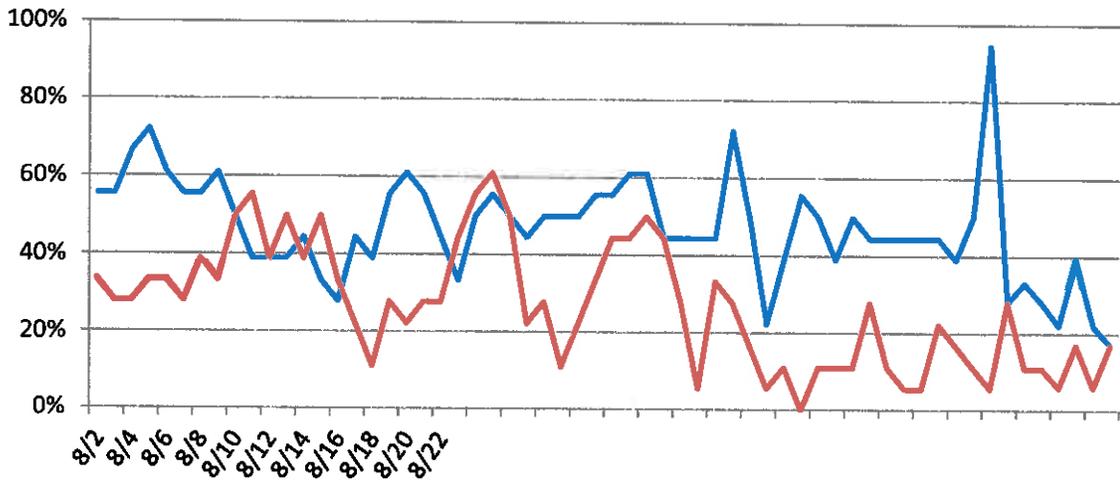
North Carolina Updates:

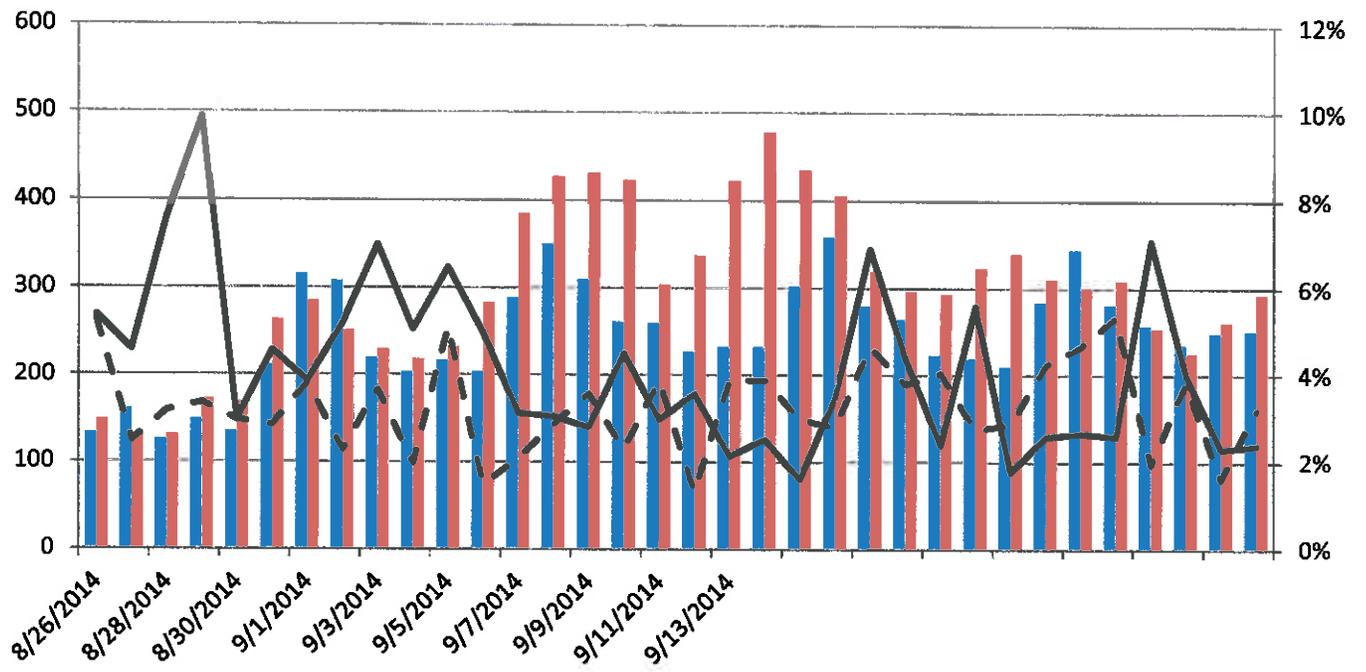
- Seven cases of EV-D68 infection have been confirmed in North Carolina. All were in children <10 years of age with respiratory illness. These cases were not limited to any particular region of the state.
- DPH continues to monitor syndromic surveillance data, laboratory data, and hospital admission data. A summary is below:
 - Hospital-based Public Health Epidemiology (PHE) Network (in 7 large NC hospital systems):
 - The number of specimens testing positive for rhinovirus/enterovirus has remained high since late August. Rhinoviruses/enteroviruses are usually the most frequently identified respiratory viruses at this time of year, but the number of positive results is above expected.
 - The weekly number of admissions for acute respiratory illness decreased slightly during week ending 9/27/2014.
 - Pediatric Intensive Care Unit bed availability (from State Medical Asset Resource Tracking Tool SMARTT):
 - The proportion of pediatric ICU beds available was lower than in previous months in the eastern and western regions of the state, but is currently similar to the same time period in 2013.
 - Hospital Emergency Department visits (from NC Disease Event Tracking and Epidemiologic Collection Tool DETECT):
 - ED visits for respiratory illness and asthma among children increased slightly during the past week but are roughly similar to the number of visits during the same time period in 2013.
 - Specimens submitted for EV-D68 testing:
 - 40 specimens have been submitted through the State Laboratory of Public Health for EV-D68 testing at CDC. Specimens have been submitted from facilities across the state.
 - Results have been received for 20 specimens: 7 positive for EV-D68, 7 positive for rhinovirus, and 6 negative.
- Other activities:
 - DPH has developed and disseminated provider guidance for EV-D68 updated 9/22/2014.
 - DPH has developed an enterovirus website <http://epi.publichealth.nc.gov/cd/diseases/enterovirus.html>
 - DPH has disseminated information about neurologic illness with focal limb weakness to clinical and public health partners.



Note: Most facilities use tests that do not distinguish rhinoviruses from enteroviruses





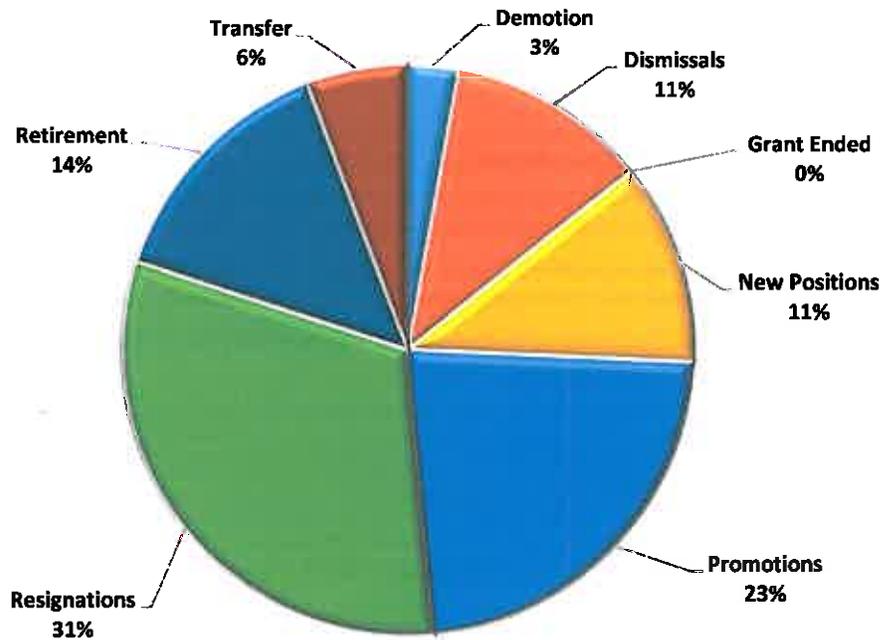


PUBLIC HEALTH VACANCY REPORT
July 1, 2014 through June 30, 2015
Month Ending 9/30/2014

<u>Vacancy Reasons</u>	<u>#</u>	<u>%</u>
Demotion	1	3%
Dismissals	4	11%
Grant Ended	0	0%
New Positions	4	11%
Promotions	8	23%
Resignations	11	31%
Retirement	5	14%
Transfer	2	6%

35

(19 vacancies were from FY 13-14)



VACANT POSITIONS in FY 2014/2015
Month Ending: September 30, 2014

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40007629	Sr PH Nurse	7/20/13	11/25/13 & 4/24/14	2/28/14 & 5/8/14	7/21/14	
40001120	Comm Hlth Assist	8/30/13	10/31/13	on hold		VACANT
40001138	Sr PH Nurse	10/13/13	1/6/14, 8/11/14	2/7/14, 8/29/14		VACANT
40007078	PH Education Spec	10/13/13	11/25/13	12/13/13	7/7/14	
40005377	Nutritionist	10/27/13	12/16/13	2/14/14	7/7/14	
40001119	Physician Extender	10/31/13	4/21/14	5/2/14, 5/16/14	7/21/14	
40001342	Social Worker II	10/31/13	9/16/13	10/4/13	7/7/14	
40007500	PH Nurse Specialist	12/22/13	1/6, 4/18, 5/5/14	2/17, 5/2, 6/13/14	8/18/14	
40001057	Physician Extender	1/22/14	2/17/14, 4/21/14	4/4/14, 5/16/14	8/21/14	
40001031	Processing Assistant	2/21/14	6/30/14	7/11/14		VACANT
40000947	Processing Assistant	3/14/14	5/26/14	6/6/14	8/18/14	
40002020	Office Assistant	4/27/14	5/26/14	6/6/14	9/15/14	
40001042	Pharmacist	4/30/14	5/5/14	5/24/14	9/2/14	
40007632	Sr PH Nurse	5/23/14	5/26/14, 6/23/14	6/6/14, 7/11, 8/1		VACANT
40001100	HS Coord II	5/30/14	6/16/14 internal	6/20/14	8/18/14	
40005361	Nutrition Prog Mgr	5/30/14	5/26/14, 6/23	6/20/14, 7/18	8/18/14	
40001164	Env Health Specialist	6/20/14	7/7/14, 8/11	7/25/14, 8/22		VACANT-Req to HR 7/1/14
40001139	Sr PH Nurse	7/20/14	8/11/14	8/29/14		VACANT
40006525	Med Lab Technician	7/25/14	8/4/14, 9/22/14	8/15/14, 10/10/14		VACANT
40007628	Sr PH Nurse	7/25/14				VACANT
40007577	Clinical Social Wrk	8/4/14	8/7/14			VACANT-temp agency recruit
40006775	Dental Assistant	8/8/14	6/23/14	8/1/14		VACANT
40007576	Comm Hlth Assist	8/13/14	8/29/14			VACANT-temp agency recruit
40005364	Nutrition Specialist	8/15/14	9/8/14	9/26/14		VACANT
40007894	PH Project Manager	8/15/14	8/4/14	8/29/14		VACANT
40001140	Sr PH Nurse	8/15/14	8/11/14	9/28/14		VACANT-Req to HR 8/21/14
40001099	Social Worker II	8/15/14	9/1/14	9/28/14		VACANT-Req to HR 8/21/14
40007828	Info & Comm Spec	8/22/14	9/22/14			VACANT-temp agency recruit
40005378	Nutritionist	8/29/14	9/8/14	9/26/14		VACANT
40007403	Sr PH Educator	9/2/14	8/25/2014 internal	9/5/14		VACANT
40001013	Med Lab Assistant	9/11/14	9/22/14	10/10/14		VACANT-Req to HR 9/16/14
40008051	Nutrition Specialist	new 12/19/13	1/13/14, 6/30/14	4/25/14, 8/15/14		VACANT-Req to HR 1/6/14
40008050	Nutrition Specialist	new 12/19/13	1/13/14	4/25/14	9/1/14	
40008250	Env Health Specialist	new 7/28/14	8/11/14	8/22/14		VACANT
40008251	Env Health Specialist	new 7/28/14	8/11/14	8/22/14		VACANT

ENVIRONMENTAL HEALTH
 Onsite Water Protection Notices of Violation
 August 2014

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
11/26/2013	3823 Hanford Dr	Illicit Straight Pipe	12/26/2013	Y	N		12/6/2013 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. 6/2/2014 - House remains occupied, verified by site visit. NOV forwarded to County Attorney's Office.
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. 3/27/2014 - Owner contacted NC DWR regarding application for discharging permit. 6/2/14 - Verified with DWR that owner has applied, hired and engineer, and is moving forward with the permit process. DWR contacted for status update, awaiting reply 8/4/2014. System design has been approved and a construction authorization has been issued by NC DWR.
8/19/2013	2121 Fletchers Chapel	Damaged septic tank	9/18/2013	Y	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 has contracted with an installer. 30 extension granted by Env. Health to allow ground wetness conditions to improve prior to installation. 4/21/2014 - Contacted by Joel Glass (installer) about requirements for tank installation. No appointment has been scheduled. 6/2/2014 - Owner continues to delay installation of replacement septic tank. Legal action is recommended.
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	N	N		3/10/2014 - Site visit, confirmed surfacing effluent. Municipal sewer available. 6/1/14 Owner has applied for sewer connection and is awaiting tap installation. Property has completed the annexation process.
3/20/2014	913 Cartman	Surface discharge of effluent onto neighbor's yard	4/20/2014	Y	N		3/20/2014 - The complaint is valid. Issued NOV 4/29/2014 - Return visit made by EH, course of action to remedy failure communicated to owner.
4/17/2014	5430 Lake Vista	Back-up of sewage into septic tank	7/17/2014	N	N		Property owners contacted Env. Health for repair evaluation. Parcel does not have sufficient available space for a repair drainfield. Referred owners to NC DWR for NPDES permit. CA has been issued by DWR.

4/29/2014	5677 Kemp	Surface Discharge of effluent	6/29/2014	Y	N		Sewage is ponding over the drainfield. Landscape position has been changed to a toe slope due to significant imported fill. System is serving an office and 2 bedroom trailer, but is permitted only for the office. 5/29/2014 - Owner is deceased. 30 day extension for NOV granted at the request of estate executor. NOV will be forwarded to County Attorney's office.
6/9/2014	4324 Trenton Rd	No Subsurface Operator	7/9/2014	Y	N		No Subsurface Operator. NOV will be forwarded to County Attorney's office
6/11/2014	209 Bacon	Collapsed Tank	7/11/2014	Y	N		Collapsed septic tank. NOV will be forwarded to County Attorney's office. Has undergone change of ownership, no longer bank owned.
7/31/2014	3629 Freeman	Backing up and ponding over septic tank	9/1/2014	N	N		Failing septic system. Non-repairable. Owner is attempting to gain access to municipal sewer line.
8/28/2014	310 N Mineral Spring	Surface Discharge of effluent	9/29/2014	N	N		Sewage discharging due to nonoperational lift pump. House is connected to municipal sewer but is outside the City limits.
9/24/2014	2004 Hamlin	Wash line discharging	10/24/2014	N	N		Noticed a discharging wash line during monitoring visit 9/24/2014
9/24/2014	5000 Glenn	No Subsurface Operator	10/24/2014	N	N		No operator
9/24/2014	7814 Kennebec Dr	No Subsurface Operator	10/24/2014	N	N		No operator
9/24/2014	2008 Patterson	No Subsurface Operator	10/24/2014	N	Y	10/29/2014	No operator
9/29/2014	2120 Olive Branch	No Subsurface Operator	10/29/2014	N	N		No operator