

A Regular Meeting of the Durham County Board of Health, was held May 12, 2016 with the following members present:

James Miller, DVM; Teme Levbarg, PhD, MSW; F. Vincent Allison; DDS; Rosemary Jackson, MD, MPH, CCHP; Mary Braithwaite, MD, MSPH; Stephen Dedrick, R.Ph, MS; Dale Stewart, OD; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Commissioner Brenda Howerton; and Spencer "Spence" Curtis, MPA, BS.

Excused Absence: Arthur Ferguson, BS

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, Dr. Arlene Sena, James Harris, PhD; Chris Salter, Melissa Martin, Marcia Johnson, Hattie Wood, Attorney Bryan Wardell, Dr. Miriam McIntosh, Mel Downey-Piper, Eric Nickens, Michele Easterling, Will Sutton, Jenny Mauch, Citricia Key and Cheryl Scott.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:05pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:

Ms. Harris requested the following additions:

- Update-340B Compliance Pricing Issues-old business
- HB 1005/SB779-new business

Dr. Fuchs made a motion to accept the additions to the agenda. Mr. Curtis seconded the motion and the motion was approved unanimously.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Fuchs made a motion to approve the minutes for April 14, 2016. Mr. Curtis seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITIONS:

**Citricia Key, BSN, RN, NCSN, Public Health Nurse Supervisor
School Health Program Middle & High School Program, Community Health Division**

Citricia Key, BSN, RN, NCSN Public Health Nurse Supervisor has been officially recognized for her expertise in school health nursing practice by earning certification as a Nationally Certified School Nurse (NCSN) on April 8, 2016.

This certification represents a national standard of competence in school health nursing knowledge, preparation and practice.

Congratulations to Citricia Key, Nationally Certified School Nurse! We are proud of your motivation and desire to earn this credential and to excel in public health services!

Eric Nickens, MA, Communications and Public Relations Manager

On April 16, 2016, Eric received a 40 Under 40 Leadership Award by East Carolina University during its 2nd Annual Division of Student Affairs Corporate and Leadership Awards Banquet.

Established in 2015, the 40 Under 40 Leadership Award was created in an effort to recognize 40 former ECU students under 40 deemed emerging leaders making an impact in certain professional arenas.

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Congratulations Eric Nickens!

Women's Empowerment 2016

A special thank you to the team of DCoDPH staff and provider partners who supported the Triple P program during Women's Empowerment April 15-16, 2016.

Friday, April 15 2016 - 10:30 am - 4 pm

Hilton Garden Inn Raleigh / Crabtree Valley--3912 Arrow Drive

1. Kim Surlles - DCoDPH staff
2. Teresa Cotton - DCoDPH staff
3. Patience Mukelabai – DCo Welcome Baby staff/*Accredited Triple P Provider*

Women's Empowerment Main Event

Saturday, April 16, 2016 – 7:30 am – 8 pm

PNC Arena Raleigh--1400 Edwards Mill Rd

1. Cheryl Scott - DCoDPH staff
2. Fantasia Johnson – Structured Family Interventions/*Accredited Triple P Provider* (all day)
3. Teka Dempson – Alliance Behavioral Healthcare/*Accredited Triple P Provider*
4. Jameshia Dixon - DCoDPH staff (all day)
5. Erica Noel Fluckas - World Overcomers Christian Church/*Accredited Triple P Provider*
6. Elaine Matthews - Marriage Still Works LLC/*Accredited Triple P Provider*
7. Sherri Starks - Community member/*Accredited Triple P Provider*
8. Portia Maynor - Consensus for Constructive Community/*Accredited Triple P Provider*

Retirements

Anne Milligan Barnes who worked as a PHN Specialist in the Women's Health Program in the Centering program retired on April 22, 2016 after 23 years of service.

Vickie White who was the Women's Health Program Manager retired on April 30, 2016 after 35 years of service.

The Board applauded the staff being recognized.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **ZIKA UPDATE** (*Activity 14.2*)

Dr. Sena discussed the clinical aspects of the Zika Virus Disease:

- Zika is considered a global public health emergency
- The flavivirus is primarily transmitted by mosquitoes, but sexual transmission has been reported
- There have been over 500 travel associated cases reported in the US. In Durham, we have investigated and approved testing of 23 cases to date, of which 4 were positive.
- Most infected persons are asymptomatic. Although symptoms tend to be mild, there is a concern regarding infections in pregnant women that can lead to microcephaly and poor birth outcomes.
- DCoDPH has been distributing information to healthcare providers and the public about Zika including travel advisories and prevention messages

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

QUESTIONS/COMMENTS:

Dr. Stewart: Where is the viral reservoir coming from...the mosquitos themselves?

Dr. Sena: They're not sure of the reservoir, if any.

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Dr. Allison: Being that this was discovered and first detected in humans in 1952, is it safe to assume that probably between now and then there have been a lot of cases that just were not detected and we're just kind of focusing on it now because we're seeing a lot more cases...because the way the symptoms are, a lot of people can have it and not realize.....

Dr. Sena: I think the symptoms are very similar to chikungunya and West Nile. First of all, the fact that there is an overlap.....symptoms could be attributed to other mosquito borne viruses.

You never heard of the infectious disease until recently and it is sort of amazing if not scary that you have all of these viruses that you don't think are really infectious and then they cycle through and the next thing you know we have a public health emergency.

Ms. Harris: If any of you want materials for your offices, we can provide them for you. Just let us know.

Chris Salter, Environmental Health director provided the Board an update on the vectors and vector control practices associated with Zika virus.

- Aedes albopictus is capable of transmitting viruses
- It is a container breeder (tip the containers & toss the collected water, clean up)
- Does not travel far (usually stays within 500 feet)
- Very aggressive (may bite up to 10 times, is very quick/nervous and hard to kill)
- Active in daytime so traditional nighttime ULV spraying is not an option

Two (2) mosquito species *Aedes aegypti*, and *Aedes albopictus* (Asian tiger mosquito), are responsible for Zika virus transmission, Up to this point, the primary vector of Zika has been *Aedes aegypti*, a species not currently believed to be found in North Carolina. Zika virus is of concern in Durham. It has recently been detected in Asian tiger mosquitos in the Western Hemisphere. The Asian tiger mosquito *is* prevalent across North Carolina as well as Durham County during warm weather months.

DCoDPH responses and education activities include:

- Sending letters & educational flyers to tire dealerships
- Working on "Tip and Toss" PSA with Boys & Girls Club
- Placing information on department's lobby screens
- Delivering educational materials to child care centers
- Placing brochures in septic system packets
- Providing larvicide & repellent Public Health Day & after
- Purchasing hand fogger & pesticides
- Obtaining quotes from private mosquito control companies
- Soliciting suggestions from staff during the April Staff Development Day
- Sending flyers to City's Neighborhood Improvement Services & Solid Waste (Code Enforcement)
- Working with the City on the Clean Sweep Initiative
- Sending information to home owners associations

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

QUESTIONS/COMMENTS:

Commissioner Howerton: How do you identify which one bit you?

Mr. Salter: Well, if you don't know what to look for you can't...If your eyes are good enough to see it, it's very dark black with white markings.

Dr. Stewart: If it rains tonight, how long do you have before the mosquitos start to appear?

Mr. Salter: There is no standard answer to that question. When it really warms up good and we get rain showers and thunderstorms that blow through.....when conditions are right you can see mosquitos within five days after it rains. Mosquitos may lay their eggs on dry ground and when it rains it floods up and the breeding cycle begins.

Dr. Stewart: Is BTI pretty effective?

Mr. Salter: BTI, a natural larvicide, is effective but the only disadvantage to BTI is that if you try to use it in an area that has a high level of organic matter already in the water it lessens the effectiveness of BTI. BTI granules are made by grinding cornhusks into a paste then BTI bacteria is sprayed on and the granules are formed.

Dr. Stewart: But they have to eat it?

Mr. Salters: Yes, they do have to eat it. The big advantage of BTI is that it's not toxic, you can throw it in your bird baths and you don't have to worry about it. It doesn't hurt plants or the other stuff.

Dr. Allison: Is there concern about the areas in the county where there is no curb and gutter and you have open drainage ditches?

Mr. Salter: No. Not in relation to Asian Tiger mosquitos but they will breed other species.

Attorney Wardell: Is permethrin just for cloths and not your skin?

Mr. Salter: Yes, only your cloths. Never use it on your skin. You can use a repellent containing DEET for your skin.

- **Literature Review-Vaccinations for Inmates in Local Jails (Activity 22.2)**

Ms. Hattie Wood, director of Community Health/Nursing provided the Board with an overview of the results of a literature review on vaccinations for inmates in local jails.

Objectives:

- Inform the Board of Health of the literature review on inmate vaccinations
- Explain the difference in local jail inmate vaccinations and prison inmate vaccinations
- Present the current vaccinations provided in the Durham County Detention Facility (DCDF)
- Explain the resources required to develop and implement an immunization program for inmates in the DCDF

Ms. Wood highlighted information from two articles on vaccinations of inmate populations.

The National Alliance of State and Territorial AIDS Directors (NASTAD) lists the Denver Public Health Department as providing free STD/HCV/HIV screening to inmates at Denver County Jail. All of the inmates tested there are offered both Hepatitis A and B vaccines.

Another review was of a pilot project in August of 2007 which lasted for 13 months in the Los Angeles County Jail. This pilot project was on a specific unit of inmates with 100% men having sex with men (MSM) or men having sex with men and women (MSM/W) and 25% intravenous drug use (IDU). LA County Jail is the largest municipal jail system in the world, with nine jail facilities across LA County and 20,000 inmates with approximately 1/2 of the inmates on regular pill call. All inmates in the pilot were at high risk of Hepatitis A and B and tested for STDs before entering the unit. The inmates were given Twinrix, the combined HAV/HBV vaccine.

Challenges:

- Limited lab resources for checking impunity and carrier status;
- Limited Sheriff Department staff;
- Limited nursing staff;
- Staff safety concerns with inmates arriving in batches;
- Shortage of secure space;
- Limited Jail and STD program staff;
- Documentation on the immunization registry;
- Issues with continuing the vaccine series on released inmates;

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- Inmates accessing other areas such as court hearings, work programs, transferred, lock-up or lock –down; and
- Inmates released without medical staff being aware

There was also a reminder that the priority for the jail is custody, not preventative health. Findings revealed that vaccinations can be accomplished. A universal program was not feasible.

Another literature review was related to vaccinations in the prison population. The article states that the prison population is an easily accessible population for vaccinations, are in close contact with the general population, and are high risk of acquiring vaccine preventable diseases. In the article, “Vaccination in the Prison Population. A review” by Sequera VG, Bayas JM in 2012 recommended that vaccine status of imprisoned population should first be updated by providing the necessary vaccines such as Tdap, MMR, Hepatitis B, Hepatitis A, seasonal influenza, Varicella and HPV.

The local jail inmate population is usually a short-stay or transient population. With the prison population there is a longer stay and most series of vaccinations such as Twinrix can be completed.

Currently at the DCDF, inmates are provided seasonal influenza and a TB Test. To develop an immunization program for inmates in the DCDF, the State requires that DCDF complete the same procedures as health departments and other medical entities which receive state supplied or private vaccine. This includes having access to the NC Immunization Registry (NCIR) and the ability to document in NCIR and following the required protocol for storage of vaccines. It would require an increase in nursing staff to staff an immunization program and develop policies and procedures for the program.

References:

The Role of Vaccination in Prisoners' Health

Víctor G Sequera; Alberto L Garcia-Basteiro; Jose M Bayas
Expert Rev Vaccines. 2013; 12(5):469-471.

Vaccination in the prison population. A review

Sequera VG, Bayas JM, 2012

www.immunizeca.org/wp-content/uploads/2011/05/GarrettCox

www.hepprograms.org/adult/ Hepatitis Prevention Programs for adult corrections facilities

QUESTIONS/COMMENTS:

Dr. Jackson: Thank you. I was interested in that because in the prison system right now we only give pertussis and we want to start to give Tdap and we have had many discussions about giving Gardasil. I know in other states where local health departments have been very instrumental in providing vaccines particularly for Hep. A & B through local and federal grants down in Florida. It worked pretty well but I think some of the regulations aren't quite the same.

Ms. Wood: We use to transport the vaccines to the schools; go to the site and setup and provide vaccines to the people who qualified for them and take the information back to health department and enter it into NCIR but the state has said, “No, you can't do that.”

Ms. Harris: It took us 18months to get approved to provide vaccines at the five school sites.

Ms. Wood: Cheryl Scott, school health program manager did a lot of work in setting up each school as a separate vaccination site. Each nurse had to be trained on NCIR; documentation had to be correct and each chart had to be entered separately.

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Ms. Harris: This doesn't preclude us from saying that this will never be done but I think what we need to do is look at what kind of resources are needed and understand the at-risk population and the associated cost. So we can start to look at that and perhaps a proposal for next budget cycle.

Dr. Sena: I did want to add that I did specifically ask if we could give Twinrix to the inmates and it was the same issues that Ms. Wood raised; accountability for vaccine; who could administer and the issue of NCIR.

Dr. Jackson: Yes. The accountability for the vaccine was pretty tough.

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

The Durham County Board of Health received a copy of the vacancy report for April 2016 prior to the meeting. There were 18 vacant positions. There were no questions from the Board.

(A copy of the 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 through the end of April 2016 prior to the meeting. There were no questions from the Board.

(A copy of the NOV report is attached to the minutes.)

COMMENT:

Attorney Wardell: I will say we were in court for a NOV. The defendant was very cooperative when he received our complaint but I think we will get this resolved and hopefully we won't have to file anymore. Most people are pretty cooperative after they receive a demand letter from the attorney's office and some aren't.

Health Director's Report

Division / Program: Nutrition Division / National Nutrition Month Activities

(Accreditation Activity 10.1 - The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational material for the general public.)

Program description

- March was National Nutrition Month. The 2016 theme for National Nutrition Month was "Savor the Flavor of Eating Right." The Nutrition Division decided to focus on mindful eating and how it plays a role in the foods we eat.
- The Nutrition Division observed National Nutrition Month through school, community, and health department initiatives detailed in the Implications section below.

Statement of goals

- To increase awareness about National Nutrition Month and the importance of eating mindfully.
- To provide students, the community, and DCo staff with basic tips and information to help them to eat healthier.

Issues

- **Opportunities**
 - National Nutrition Month provides another opportunity to emphasize the role healthy eating plays in overall health.
 - DCoDPH Nutritionists were able to strengthen partnerships with other organizations including County Wellness, DSS, and DPS elementary schools and were able to provide nutrition information to DCoDPH staff.

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- **Challenges**

- National Nutrition Month activities took a lot of up front planning and there were many moving parts that all needed to be coordinated.

Implication(s)

- **Outcomes**

- Community:
 - ❖ PSAs on the NCCU and Duke student radio stations
 - ❖ Press release: “Mindful eating: Gourmet vs. Gourmand” printed in the Herald-Sun on March 27th, 2016.
 - ❖ Durham Moms Know Best Facebook Posts: 13 posts for the month of March.
 - ❖ DCoDPH Facebook Posts: 13 posts for the month of March
 - ❖ Conducted one grocery store tour at Food Lion: 6 participants.
 - ❖ Taste Test and Mindful Eating trivia in the DCoDPH lobby in conjunction with DSS outreach: 74 contacts.
 - ❖ Time Warner Cable Spotlight: Aired March 24th, 2016
- Schools:
 - ❖ Daily PA announcements in DINE elementary schools: 18 PA announcements about healthy eating read at 6 DINE elementary schools.
 - ❖ Mindful Eating Bulletin board: Posted in 6 DINE elementary schools.
- DCoDPH (for DCoDPH and DCo government staff)
 - ❖ Write up in The Pulse- DCoDPH staff monthly newsletter
 - ❖ Nutrition Trivia Challenge in partnership with County Wellness conducted through the Wellness Newsletter: Emailed weekly nutrition trivia challenge (5 weeks) to all DCo staff. Sent weekly follow-up emails with answers to the trivia questions, recipes, and more nutrition tips.
 - ❖ March DCoDPH Quarterly Staff meeting: Mindful Eating/Portion Distortion presentation and activity: Played Kahoot! with DCoDPH staff to demonstrate portion distortion and mindful eating.

- **Service delivery**

- Nutrition division nutritionists wrote PA announcements, PSA's, press releases, articles, trivia questions, and Facebook posts.
- One nutritionist conducted the grocery store tour.
- Nutritionists prepared and offered taste tests, and developed Kahoot! game, and presentation for DCoDPH staff.
- One nutritionist wrote questions for Time Warner Cable Spotlight and appeared in the spotlight.

- **Staffing**

- The 2016 National Nutrition Month activities were a nutrition-division-wide effort.

- **Revenue**

- No revenue was generated by this activity.

Next Steps / Mitigation Strategies

- Develop a plan to observe National Nutrition Month 2017 to include many similar activities and others in efforts to reach more people.
 - Begin planning earlier to minimize schedule conflicts.
-

Division / Program: Nutrition / DINE for LIFE / Glenn Elementary Nutrition Education

(Accreditation Activity 10.2 - The local health department shall 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.
- The DINE School Team provides nutrition education, taste tests, cooking demonstrations and/or cooking classes to qualifying DPS schools (those with 50% or more of their students receiving free/reduced lunch).
- Throughout the 2015-2016 school year, a DINE nutritionist worked with Glenn Elementary to plan and execute a wellness night for students and their families. The event, “Glenn Family Fun and Fitness Night,” was held on March 22, 2016.
- On March 21 and March 22, before the event, DINE nutritionists led nutrition and cooking classes with Glenn 1st and 3rd graders. The 1st graders learned about eating a rainbow of fruits and vegetables, and made black bean mango salsa. The 3rd graders learned about whole grains, and made whole grain pumpkin mini-muffins. The students tasted these foods after making them; the rest of the food they made was given as a taste test to attendees at the Family Fun and Fitness Night.

Statement of goals

- To increase the nutrition knowledge of students and their families.
- To engage parents along with their children in conversations and activities focused on nutrition, physical activity, and health.
- To encourage increased daily consumption of fruits and vegetables among students and their families.
- To increase students’ basic culinary skills and self-efficacy.
- To reduce obesity, overweight and chronic disease risk in Durham’s at risk youth and their families.

Issues

- **Opportunities**
 - The DINE nutritionist at Glenn does not normally work with the 1st and 3rd grades, so this was a chance to provide nutrition education and a cooking experience to students who did not receive nutrition education this year.
 - Having students engaged in the making of healthy snacks may increase their willingness to try those new foods, and the likelihood that they will make those foods again at home.
 - An evening event, at which a free dinner was provided, allows DINE to reach parents directly. This provides an opportunity to give parents nutrition information and recipe, and it also builds connections between the DINE program and the community.
- **Challenges**
 - Finding staff availability of two DINE nutritionists or a DINE nutritionist and a volunteer to lead the cooking groups.
 - Teachers must take time out of the school day to have DINE nutritionists lead a nutrition and cooking class. Not all teachers were able or willing to do so.

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Implication(s)

- **Outcomes**
 - On March 21st, DINE nutritionists worked with three 3rd grade classes, for a total of 63 students that day.
 - On March 22nd, DINE nutritionists worked with five 1st grade classes, for a total of 112 students that day.
 - At Family Fun and Fitness Night on March 22nd, the DINE nutritionist spoke with 93 attendees, who tried a taste test and/or received nutrition information.
 - In total, DINE reached 268 individuals with nutrition education and taste tests.
- **Service delivery**
 - Each classroom session began with a nutrition lesson, either “Grains” (learning about which foods are in the Grains group, and what it means to be whole grain) or “Fruits and Vegetables” (learning about eating a rainbow of fruits and vegetables, and why it’s important to get different colors of fruits and vegetables).
 - DINE nutritionists next discussed and demonstrated safe cooking techniques. For the 3rd grade classes, the nutritionists also discussed fractions as they relate to measuring ingredients, tying in to a recent topic in the students’ math curriculum.
 - Next, students prepared the recipe and tasted the results.
 - At the Family Fun and Fitness night, the DINE nutritionist had a table with nutrition information, recipes, and taste tests of the pumpkin whole grain muffins and the black bean mango salsa. The signs on the table highlighted the students’ work in making the food.
 - The DINE table was one of six stations at the event that all attendees rotated among at the Family Fun and Fitness night. Other stations included a fitness class led by the Principal and line dancing led by students.
- **Staffing**
 - The nutrition and cooking classes were staffed by DINE Nutritionists.
 - Classroom teachers and a volunteer provided support during the cooking activities.
- **Revenue**
 - No revenue is generated by this activity.

Next Steps / Mitigation Strategies

The DINE nutritionist will continue to work with the Glenn School Wellness Committee to encourage healthy policies and events at Glenn Elementary School.

- The DINE nutritionist will provide the full, 8 class DINE curriculum to the 1st and 3rd grade students next year, when they are in 2nd and 4th grade.
- The Family Fun and Fitness Night may become an annual event.
- DINE will continue to seek out ways to engage parents and the wider school communities.

Division / Program: Administration / Communications and Public Relations

(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)

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Program description

- The Communications and Public Relations 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 communications and public relations, 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**
 - Communication surrounding various 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**
 - A total of six (6) general public health media releases/advisories were disseminated during the month of April. Communications staff also responded to four (4) direct (unsolicited) inquiries from reporters. A total of 15 media pieces featuring or mentioning the Department aired (television and/or radio), were printed in the news, or were posted to the web by local media during the month. Topics and issues covered include:
 - ❖ Activities and participant insight on the Department's Public Health Day celebration on April 28;
 - ❖ Leadership reorganization within Durham County Government, include the appointment of Public Health Director Gayle Harris as general manager of Public Health and Community Well-Being;
 - ❖ A drop in Durham County diabetes death rates;
 - ❖ April's *My Carolina Today* segment, focusing on Operation Medicine Drop;

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- ❖ Partnership for a Healthy Durham column in the Durham Herald-Sun, focusing on the Double Bucks Program; and
- ❖ Weekly restaurant inspection scores.
- The Communications Team released the April edition of *Community Connections*.
- A radio campaign promoting the Durham County Triple P Program's involvement with Women's Empowerment, including workshops, parenting tips, and event presence, aired during most of the month of April on Radio One Raleigh's K97.5, The Light 103.9, and Foxy 107.1-104.3.
- The Communications Team coordinated logistics and execution of the Healthy Futures program grand opening at Oak Grove Elementary on April 27 and Public Health Day at the Human Services Building on April 28. Approximately 30 people attended the Healthy Futures grand opening, while Public Health Day reached approximately 275 people.

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/Parenting Program-Triple P

(Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- The Triple P-Positive Parenting Program, widely recognized as one of most effective evidence-based parenting programs, was a vendor at the 2016 Women's Empowerment Event on April 15 and April 16, 2016.
- The opportunity to provide information to parents and other caregivers promoted increased awareness, and initial understanding, of the clinical and practical benefits of this evidence-based parenting program.
- Christian Adams, BSW, MSW, Triple P Coordinator for Durham County Department of Public Health, coordinated the program's participation as a vendor and also provided 2 Triple P, Level 3 seminars entitled, 'Raising Competent, Confident Children' and 'The Power of Positive Parenting'.

Statement of goals

- To promote education and to provide resources for the development of effective parenting skills necessary to raise confident, healthy children, and to building strong or stronger, family relationships.
- To offer an overview of the program and contact information to individuals throughout North Carolina, and from surrounding states by accredited Durham County Triple P providers.

Issues

- **Opportunities**
 - To continue implementation of the Triple P Stay Positive Media campaign.
 - To promote and/or increase awareness of the program through radio ads in the two weeks prior to the event; and during the event, inclusion on the large electronic banner located in the

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- entertainment and speaker presentation area, joining a list of prominent Durham businesses and health care providers.
 - To provide a forum to showcase this population-based approach to parenting throughout the Triangle (Raleigh, Durham and Chapel Hill) and surrounding counties and states, (i.e., South Carolina, Virginia and Florida).
 - To demonstrate Durham County Department of Public Health's ongoing commitment to making meaningful changes in family resilience, family functioning, and emotional and behavioral outcomes for children throughout the Durham community and beyond.
 - To provide a total of ninety-five (95) patrons the opportunity to attend program seminars.
 - Approximately 2500 patrons visited the Triple P booth. Most individuals received a brief overview of the program, pamphlets, tip papers, totes and hand sanitizers, each item prominently displaying the Triple P logo.
 - Triple P Australia contracted with a Raleigh based videographer to record the Triple P program seminars. The Australia team will view the video and determine if it will be used as a universal Triple P parent teaching tool.
- **Challenges**
 - Accredited Triple P providers staffing the program's vendor area were overwhelmed by the number of visitors to the area, creating challenges in providing education and materials to parents.

Implication(s)

- **Outcomes**
 - Triple P's presence at the 2016 Women's Empowerment generated interest from parents and providers in the community at large, and across state lines. The Durham program coordinator and the state Triple P office received several requests for additional information on program interventions and service delivery.
- **Service delivery**
 - Durham County's Triple P Coordinator will continue to work closely with Durham County Public Health's Information and Communications team to continue implementation of the Triple P Stay Positive Media campaign.
- **Staffing**
 - Durham County's Triple P Coordinator (1)
 - Accredited Durham County Triple P providers (7)
 - Durham County Department of Public Health employees (3)

Next Steps / Mitigation Strategies

- Durham County Triple P will continue to support accredited Triple P practitioners who have regular interactions with parents. Accredited family workers, licensed social workers, psychologists, doctors, nurses, school counselors, mental health providers, teachers and clergy continue to use program resources to support parents' learning and their use of Triple P strategies.

COMMITTEE REPORTS:

- **AD HOC SUBCOMMITTEES--ENERGY DRINKS (Activity 40.2)**

The subcommittee will meet on Wednesday, June 8, 2016 at 6:00pm in the health director's conference room on the 3rd floor to learn more about

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energy drinks and the associated health risks that the drink may cause in adolescents. The committee members are Dr. Levbarg, Mr. Dedrick and Dr. Stewart. Dr. Miller will join the committee as Ex-Officio.

- **AD HOC SUBCOMMITTEE-CREDENTIALING BOARD PROCESS FOR COMMUNITY HEALTH WORKERS (Activity 41.2 & 41.3)**

The subcommittee will meet on Tuesday, June 21, 2016 at 6pm in the health director's conference room on the 3rd floor to identify the membership of the credentialing body, develop the overall functions of the body and propose the process by which CHWs will obtain certification.

The committee will have the process in place for consideration by September 2016. The members of the committee are Dr. Allison, Dr. Fuchs and Dr. Braithwaite. Dr. Miller will join the committee as Ex-Officio.

- **AD HOC SUBCOMMITTEE-BOARD OF HEALTH SMOKING RULE (Activity 34.2)**

The subcommittee will meet on Thursday, July 28, 2016 at 6pm in the health director's conference room on the 3rd floor to evaluate the recommendations presented by the UNC Capstone Team.

The committee members are Dr. Fuchs, Art Ferguson and Commissioner Howerton. Dr. Miller will join the committee as Ex-Officio.

OLD BUSINESS:

- **PUBLIC HEALTH AND VIOLENCE PREVENTION ACTIVITIES (Activity 14.1)**

Mr. Ireland, deputy health director provided the Board with an update on the department's continued activities to work with the community to implement a public health model to address violence (shootings and homicides) in Durham.

1. Friday, April 15th, meeting with Mr. Jason Redmond with Omega Psi Phi Fraternity, INC/Beta Phi Chapter (prefer classroom settings for life skills training).
2. Thursday, April 21st, meeting with Major Adam O. Clayton and Captain Ahmed Aleem, Durham Co. Sheriff's Office discuss Cure violence and garnering their support.
3. Wednesday, April 27th, meeting with Michelle Young to begin planning for the Cure Violence Site Assessment visit and discuss partners that need to be at the table.
4. Wednesday, May 11th, Cure Violence presentation to the Durham Crime Cabinet

QUESTIONS/COMMENTS:

Dr. Allison: Do you think it would be a good idea to invite the new police chief to come to the board and give her philosophy/focus on how we can partner to cure violence and what she plan on doing from the police department end.

Ms. Harris: Rosalyn McClain can reach out and make the connection.

Mr. Ireland: Cure Violence is in Phoenix, Chicago, Philadelphia, New York, Baltimore and a couple other cities in the US.

Ms. Harris: Commissioner Reckhow is the chair of the Crime Cabinet so she was part of that discussion. She also invited you to present to another committee, is that right?

Mr. Ireland: Yes, she said that she would reach out to me.

Commissioner Howerton: I have others that I can send you.

While Mr. Ireland was up front, Ms. Harris asked him to share the infographic that was developed regarding sleep patterns and adolescents as a result of the literature review and Board support of changing bell

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schedules for DPS that occurred last year. (*A copy of the Infographic is attached to the minutes.*)

340B COMPLIANCE PRICING ISSUE

Ms. Harris stated that during either the October 2014 or November 2014 meeting, the Board was apprised of the discrepancies in the pricing for the Jail medications. Melissa Martin, director of Allied Health Services would like to provide an update on how the compliance issue is being addressed.

Ms. Martin: 340B is a Medicaid discount program that allows Durham County Department of Public Health to purchase medications at a huge discount for Family Planning, STD and TB clinics. It allows us to use those funds to provide services and is significant to the running of the department. On October 6, 2014 a pricing difference was noticed and Cardinal Health (vendor) was contacted. 340B pricing had been applied to all DCoDPH medication purchases including those for Durham County Detention Center; which are ineligible for 340B discounts.

The following corrective actions have been taken to resolve the issue and comply:

1. Purchase history was requested and reviewed to better understand the compliance issue.
2. That Cardinal Health account was closed and new Cardinal accounts were opened.
3. After working with Attorney Wardell, on March 28, 2016 Ms. Harris sent a letter to the Office of Pharmacy Affairs (OPA) to report this compliance issue.
4. Per recommendations received in the response from OPA, 81 manufacturers affected by this compliance issue were contacted and requested to contact DCoDPH for refunds.
5. Potential repayment to the individual manufacturers range from <\$1-\$76,000 based on purchases between 8/22/13 - 12/9/2014. Total potential repayment is \$425,000.

Additional internal corrective actions taken include:

- Sending 3 staff to *340B University* training offered by Apexus;
- Developing DCoDPH 340B policy and internal audit process;
- 340B training for all DCoDPH staff

Ms. Harris: Will Sutton, Finance Officer is discussing several options to make funds available to resolve the repayment issue with staff in Durham County's Finance Department. A report will be given to the Board at the next meeting.

NEW BUSINESS:

- **HOUSE BILL 1005 AND SENATE BILL 779**

Prior to the meeting, the Board received the following information about why it is important to oppose HB1005 and SB779.

HISTORY: Currently, the State Health Department, Local Health Departments and Boards of Health have authority under NC GS 87-97, NC GS 130A-315 and by rules issued by the NC Commission for Public Health to issue Health Advisories to owners of private wells and in a public water system whenever there is a concern for the public's health from contaminants found in the water.

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In addition, the State Health Department uses public health assessments and community engagement during investigations of wells and public water supply systems. These assessments are discussed with the federal government before issuing any advisory.

CURRENT: SB 779 will limit or “gag” State and Local Health Departments or Local Boards of Health from issuing health advisories on private wells and public water systems where there is documented contamination levels that have been established by state or federal law or for state-led investigations of contamination that presents a threat to public health. This bill will eliminate public health assessments and/or community engagements for site investigations.

CONCERN: If this bill passes, public health will find itself with a mandated gag regarding issuing a health advisory on private wells and public drinking supply systems. This sets a very bad precedent for public health in NC, which has a mission, focused on protecting the public that includes protection from contaminated water.

Health screening level notifications must continue for well owners for contamination when health effects have been documented in peer-reviewed studies. Notifications must be carefully worded to ensure well owners understand these are NOT enforceable standards but simply advisory notices to help protect their household’s health. Notifications must include the level of risk, comparison with the risk from drinking water with known contaminants in the closest public water supply and advice about measures that can be taken (hooking up to public water, installing a filtration system, minimizing use in drinking and cooking). Public water customers also deserve non-regulatory notification.

TALKING POINTS:

- This bill places a “GAG” on public health and impacts State & Local Health Departments for doing their jobs to protect the public from harmful contaminants found in our water.
- This bill will prevent the State Health Department, Local Health Departments and Local Boards of Health to issue health advisories being issued to both well users and public water customers in the case of documented contamination of their water supply, except for very limited cases.
- This bill will deprive the public of health-protecting knowledge established using their taxpayer dollars.
- Create conditions similar to what has happened in Flint, Michigan.
- If NC passes this bill, our long-standing practice of protecting public health by providing non-regulatory health notifications would become ILLEGAL, meaning that thousands could be poisoned by contaminants in their water that are unregulated or with outdated standards.
- The public deserves to know what is in their water and the potential health effects of any contaminate found in the water.
- This is a Health issue and MUST be discussed and debated in the Health Committees of the Senate and the House.

Ms. Harris discussed the importance of Board support to make it known that these changes will limit what public health do on behalf of protecting the health of the public.

Mr. Salter stated that if this passes it may look like we are hiding something from the people that we are supposed to be protecting. We are limiting their knowledge and preventing them from making informed decisions because they don’t have any information to go on.

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Ms. Harris: The article by Clean Water that was sent to the Board prior to the meeting, has some additional details in it about some of the issues.

Mr. Curtis: That transparency is really important. If you have the data you should be able to give it to people and let them make their own decisions. It's just like not putting information about what's on a food label, giving someone permission to only put on there what they want to.

Dr. Levbarg: There is good information about who to send your letters and e-mails to and I think this is a good time to do it and make a big difference on what happens.

Dr. Levbarg: As we are talking about bills, I want to ask about the Syringe Exchange Bill that we also were supporting. Was that bill actually submitted?

Ms. Harris: The legislator was thinking about not putting it forth...

Dr. Levbarg: And we convinced him to do it?

Ms. Harris: Yes.

- **NALBOH CONFERENCE**

Chairman Miller reminded the Board of the upcoming NALBOH's Annual conference to be held in St. Louis, Missouri August 10-12, 2016. He asked for volunteers to attend the conference. Dr. Miller and Attorney Wardell volunteered to attend. There are funds for one additional person to attend.

Since the August Board meeting is scheduled during the time of the conference, after Board discussion, Dr. Levbarg made a motion to move the Board of Health meeting from August 11, 2016 to August 4, 2016. Dr. Jackson seconded the motion and the motion was unanimously approved.

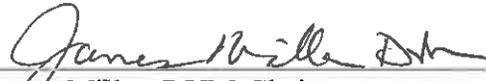
- **AGENDA ITEMS JUNE 2016 MEETING**

No June agenda items were discussed during this meeting.

INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Dr. Allison made a motion to adjourn the regular meeting at 6:46pm. Dr. Jackson seconded the motion and the motion was unanimously approved.



James Miller, DVM-Chairman



Gayle B. Harris, MPH, Public Health Director

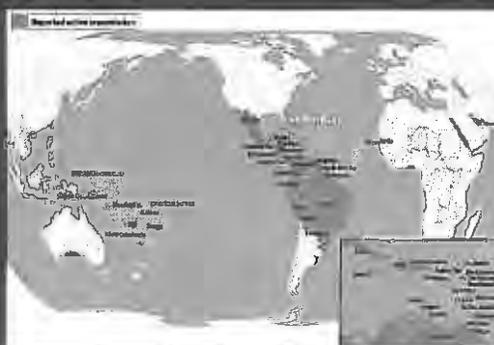
ZIKA VIRUS

Arlene Sena, M.D., M.P.H.
Associate Professor, UNC Infectious Diseases
Medical and Lab Director, DCoDPH

May 12, 2016

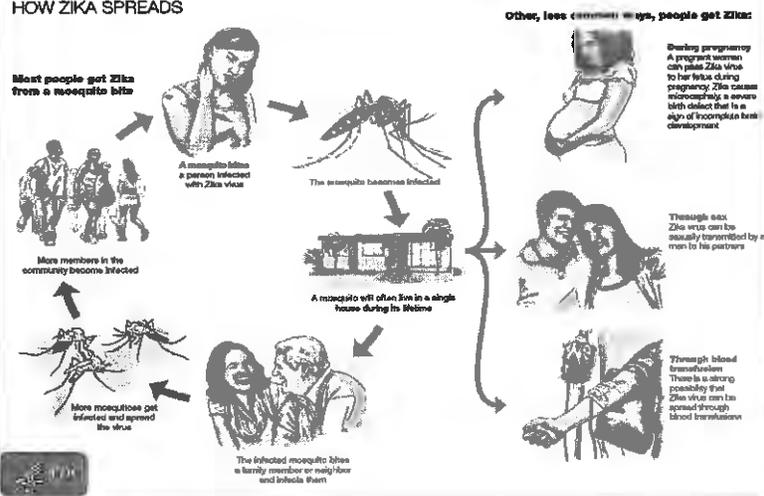
ZIKA VIRUS: EPIDEMIOLOGY

- 1947 - Zika discovered as a flavivirus in rhesus monkeys
- 1952 - first human cases detected
- May 2015 - first case in Brazil
- February 2016 - WHO declares Zika virus a Public Health Emergency of International Significance



ZIKA VIRUS TRANSMISSION

PROTECT YOUR FAMILY AND COMMUNITY: HOW ZIKA SPREADS



ZIKA VIRUS DISEASE, US; May 11, 2016

US States

- Travel-associated Zika cases: 503
 - 48 were pregnant women
 - 10 were sexually transmitted
 - 1 had Guillain-Barré syndrome

US Territories

(Puerto Rico, US Virgin Islands, and American Samoa)

- Locally acquired cases reported: 698



ZIKA VIRUS DISEASE, US

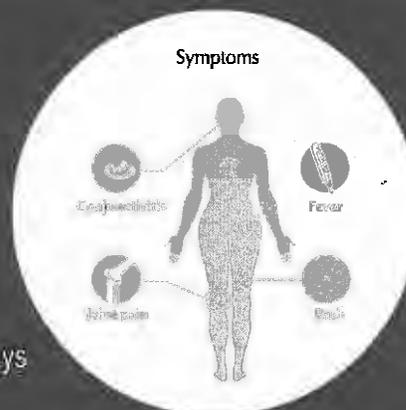
NC cases:
367 tested
11 positives

Durham cases:
23 tested
4 positives



ZIKA VIRUS: CLINICAL MANIFESTATIONS

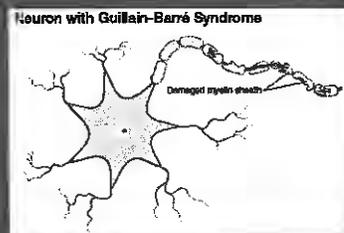
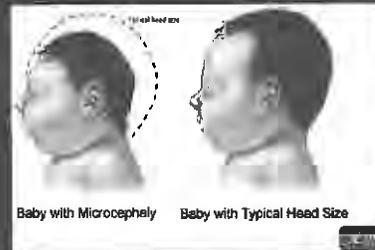
- Clinical illness:
 - Incubation period = 2-12 days
 - Symptoms develop in 20%
 - ◆ Low-grade fever (37.8 to 38.5°C)
 - ◆ Maculopapular rash
 - ◆ Arthralgia
 - ◆ Conjunctivitis
 - Symptoms resolve within 2-7 days
 - Severe infection uncommon



ZIKA VIRUS: COMPLICATIONS

- Perinatal complications
 - Microcephaly in infants born to infected women (>4,000 cases reported in Brazil)
 - Associated with seizures, developmental delays

- Guillain-Barre syndrome
 - Associated with Zika virus infection reported in Americas
 - Weakness or paralysis of legs, arms, face



DIAGNOSIS AND TREATMENT

- Molecular testing (RT-PCR) - during the first week of symptoms
- Virus-specific IgM antibodies - after first week of illness
 - Tests are being sent to State Lab and CDC.

 - Treatment includes rest, fluids, acetaminophen.
 - There are no antiviral therapies for Zika infection.

PREVENTION: TRAVEL ADVISORIES

- Pregnant women should consider postponing travel to areas with Zika transmission
- Healthcare providers should ask all pregnant women about their recent travel and their sexual partners' recent travel.

Zika

PREGNANT? Read this before you travel

What we know about Zika

- Zika can be passed from a pregnant woman to her fetus.
- Infection with Zika during pregnancy is linked to birth defects in babies.
- Zika is spread mostly by the bite of an infected *Aedes* species mosquito.
- These mosquitoes are aggressive daytime biters. They can also bite at night.
- There has been no local transmission of Zika in the continental US.
- There is no vaccine to prevent or medicine to treat Zika.
- Zika can be spread by a man to his sex partners.

What we don't know about Zika

- If there's a safe time during your pregnancy to travel to an area with Zika.
- If you do travel you are protected, how likely it is that you will protect your fetus and if your baby will have birth defects from the infection.

Travel Notice

CDC has issued a travel notice Level 2-Practice Enhanced Precaution for people traveling to areas where Zika virus is spreading.

- For a current list of places with Zika outbreaks, see CDC's Travel Health Notices: <http://www.cdc.gov/travel/health-notices>

PREVENTION MESSAGES

Pregnant?
Warning: Zika might be linked to birth defects.
There is no vaccine to prevent Zika virus infection.

Protect yourself from mosquito bites

Wear protective clothing
Wear long-sleeved shirts and long pants. Use light-colored clothing.

Use mosquito repellent
Use EPA-registered mosquito repellents containing DEET, picaridin, IR3535, oil of lemon eucalyptus, or 2-ethylhexyl-3-cyanoacrylate.

Use a mosquito net
Use a mosquito net if you are sleeping in an area with mosquitoes.

Use air conditioning
Use air conditioning or screens on windows and doors to keep mosquitoes out.

[For more information](#)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

DCoDPH RESPONSE

- Distribution of NC Zika memo to healthcare providers
- Links to Zika information on Public Health website
- Travel signage in the Human Services complex
- Facilitation of Zika testing from symptomatic and asymptomatic patients with travel history
- Counseling on preventive measures for cases
- Press release for spring break, Durham County Government Show
- Resources for providers regarding women of childbearing age
- Memo for schools and parents

Zika Virus

A Vector Control Perspective

Chris Salter
May 2016



Pathogens & Vectors

Bacteria, virus, or other disease causing microorganism

Organism/insects/animals that transmits disease from one animal to another

Typically think of ticks & mosquitos (arthropods)

Arthropod Disease / Arbovirus

Ticks/Bacteria

Mosquitos/Virus



2 Mosquitos of Concern

- *Aedes aegypti*
- *Aedes albopictus*

Only females bite, they need a blood meal to produce eggs (oviposition)



Aegypti



Aegypti



1862 Burial Site of Yellow Fever Victims (Oakdale Cemetery)

- Communal burial site of approximately 400 people who died between September and the frosts of November 1862
- Wilmington's population was approximately 10,000
- About half fled the city
- Of the 1,505 reported cases, 654 (43%) died of yellow fever



Albopictus (Asian Tiger)



Albopictus



Asian Tigers

- **Means of Introduction:** Arrived accidentally in used tires imported from Japan in the middle 80's
- **Impact:** Has aggressive daytime human-biting behavior and ability to vector many viruses, including West Nile virus Chikungunya, Dengue Fever, and now suspected Zika Virus



Comparison



Aegypti & Albopictus distribution

Approximate distribution of *Aedes aegypti* in the United States*



Approximate distribution of *Aedes albopictus* in the United States*



*Maps were developed using currently available information. Mosquito populations may be detected in areas not shaded on this map, and may not be consistently found in all shaded areas.



March 22, 2016



Public Health
HEALTH AND HUMAN SERVICES

The mosquitoes responsible for most Zika virus transmission are not believed to be widespread in North Carolina



Washington Post

April 29th, 2016

"There are officials who have been saying we don't have *aedes aegypti*, so we don't need to be worried or have a plan," said Janet McAllister, an entomologist at the U.S. Centers for Disease Control and Prevention. "What CDC is saying is: You need a plan in place because *albopictus* could transmit Zika in your area, and you need to take it seriously."



Washington Post

April 29th, 2016

For the first time in the Western Hemisphere, researchers have detected the Zika virus in *Aedes albopictus*, the mosquito species known as the "Asian tiger," a finding that increases the number of U.S. states potentially at risk for transmission of the disease.



Key Tiger Characteristics

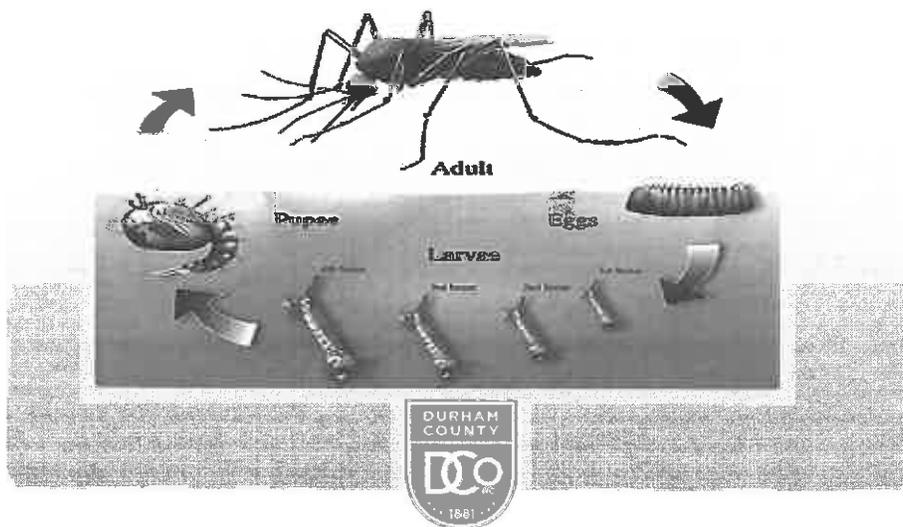
Container breeders/ankle biters

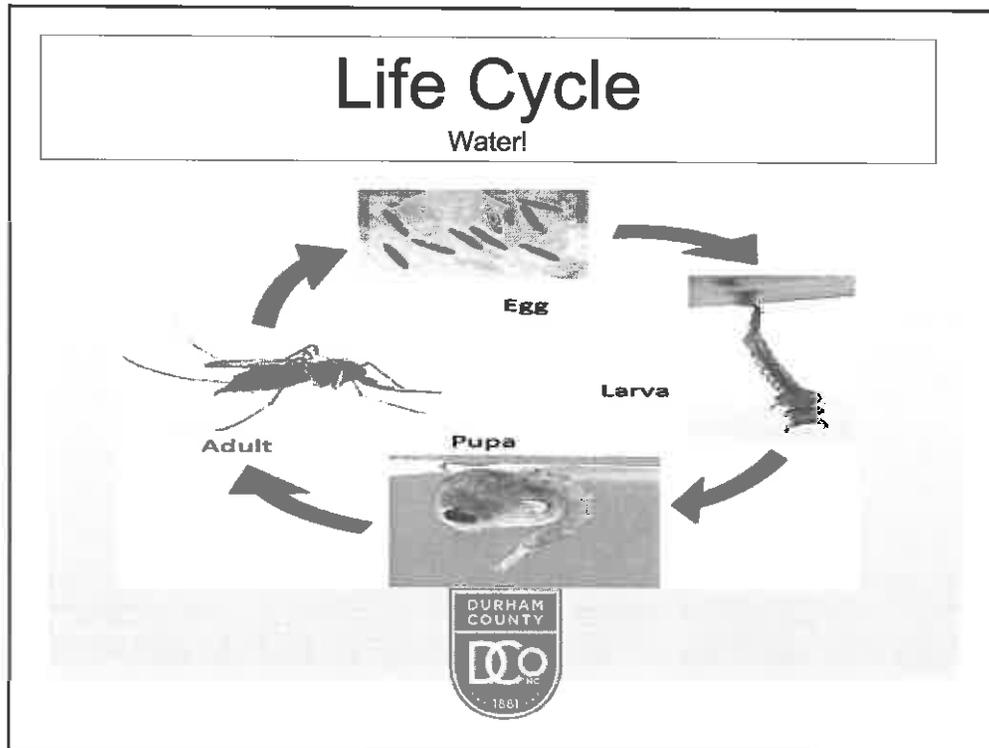
Don't travel far

Active during daylight, not night



Mosquito Life Cycle





NC Vector Control

aka PHPM

- In 1957, the North Carolina General Assembly established the Salt Marsh Mosquito Study
- Mosquito & Vector Control program began / General Statute 130A-346 through 349
- **2011 was abolished and repealed by Session Law 2011-145, s. 13.3(j).**

The Durham County logo is at the bottom center.

County Level

Traditionally falls to ENVIRONMENTAL HEALTH

Integrated Pest Management

Will now be known as

Integrated Vector Management



Vector Control Program Basics

- Education
- Surveillance: Complaints, Trapping, Dipping (larvae collection), Identification
- Larviciding: Surfactants, hormone inhibitors, bacteria like BTI (bacillus thuringiensis)
- Adulthood: Permethrin based spray with ULV spraying equipment



Education: *Tip and Toss*

- Most basic but most effective means of combating Asian Tiger Mosquitos
- Catchy phrase that kids love to repeat



Surveillance

- Complaints
- Dipping
- Trapping



Dipping Larvae



Rearing Chambers



Larviciding

- Surfactants
- Hormone inhibitors
- Bacteria like BTI (bacillus thuringiensis)



Surfactants & Larviciding



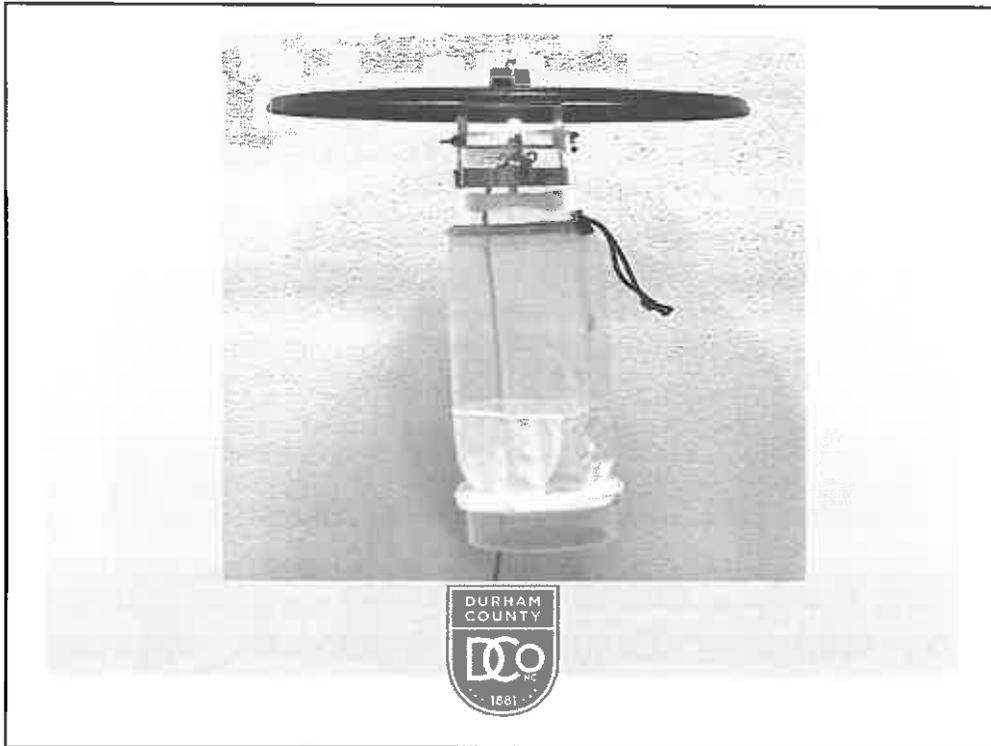
Surface tension



Trapping

- CDD Light Traps
- Gravid Traps

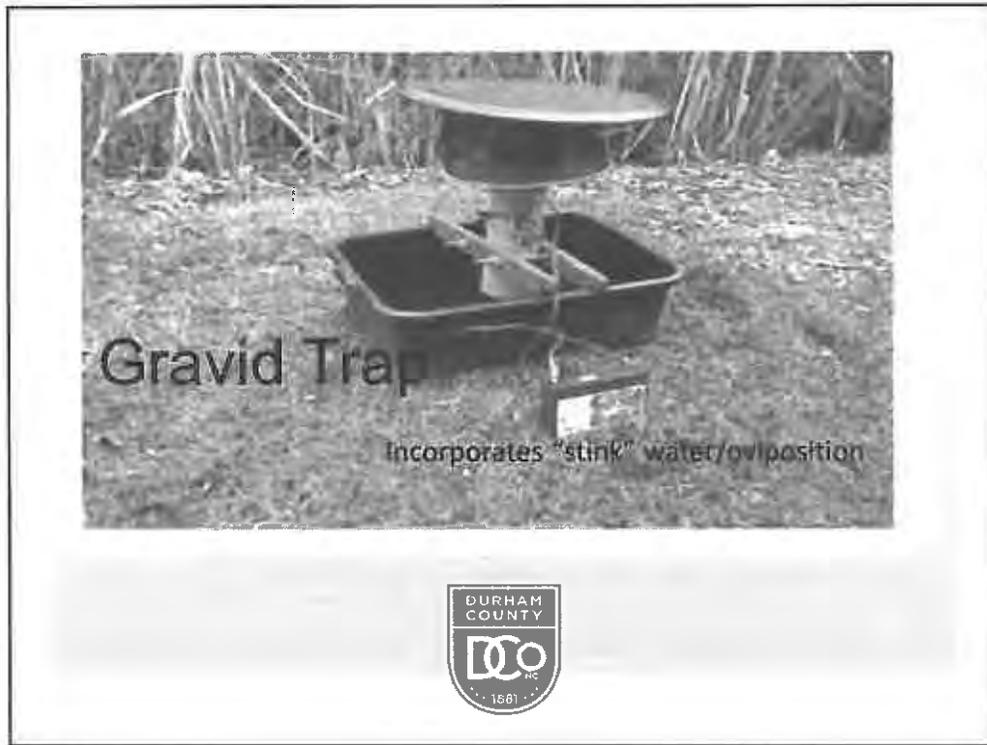




Surveillance

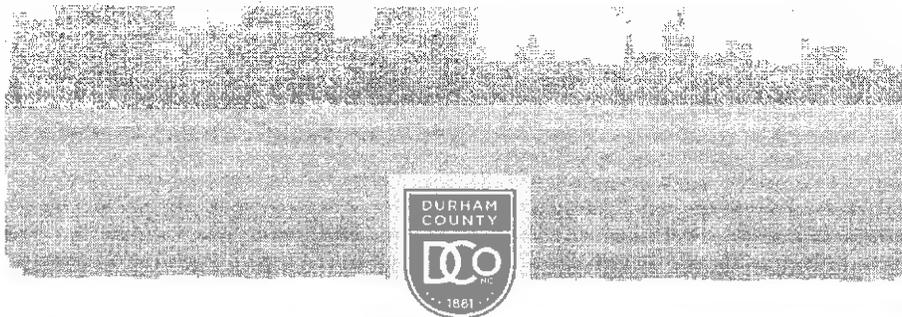
CDC light traps
utilize dry ice
(CO₂) and light
(IR signature)





Why Surveillance?

- Confirm Species of Concern
- Confirm Numbers / Action Threshold Levels



Identification

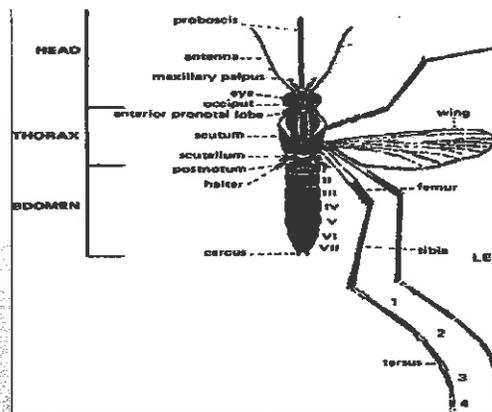
- <http://www.mosquitocatalog.org/files/pdfs/123180-0.PDF>

A Key to the Mosquitoes of North Carolina and the Mid-Atlantic State

Key to the Genera & Species of Adult Females



Anatomy



Traditional ULV Spraying



Re-cap

- **Aedes albopictus is capable of transmitting viruses**
- **It is a container breeder (tip & toss, clean up)**
- **Does not travel far (usually stays within 500 feet)**
- **Very aggressive (may bite up to 10 times & is very quick/nervous so is hard to kill)**
- **Active in daytime so traditional ULV spraying is not an option**



To Date:

- Letter & Educational flyers to Tire Dealerships
- Working on PSA w/Bs&GsC
- Info on HD Lobby TVs
- Info and Education Child Day Cares
- Brochures in Septic System Packets
- Larvicide & Repellent PH Day & After
- Hand Fogger & Pesticides
- Quotes from Private MC Companies
- Public Health Day (staff suggestions)
- Flyers to City NI & Code Enforcement
- Clean Sweep Initiative / city
- Home Owners Association

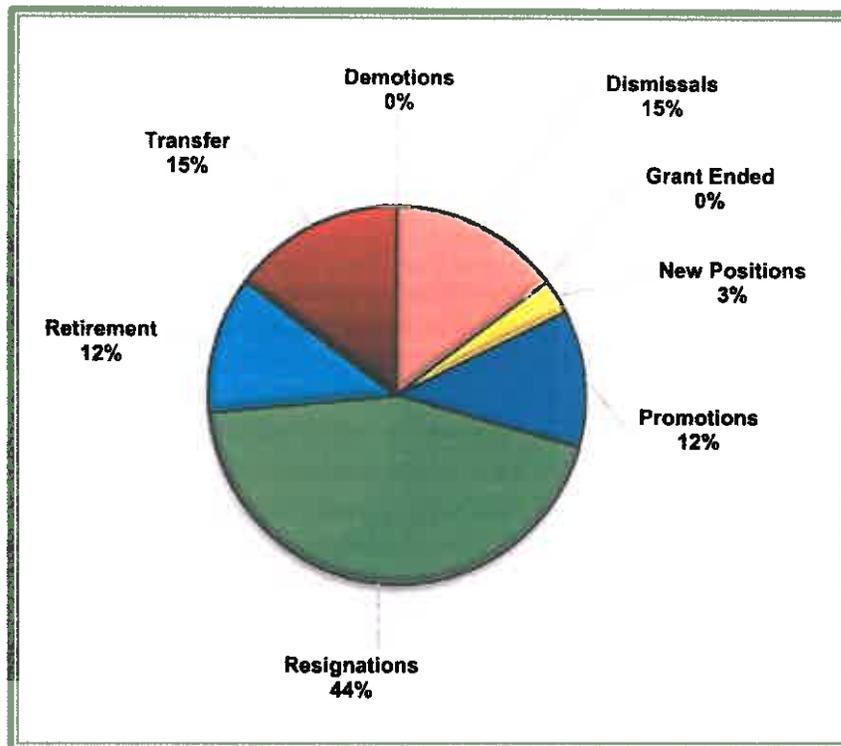


Questions



PUBLIC HEALTH VACANCY REPORT
July 1, 2015 through June 30, 2016
Month Ending 4/30/2016

<u>Vacancy Reasons</u>	<u>FY 14/15 *</u>	<u>FY 15/16**</u>	<u>Total</u>	<u>%</u>
Demotions	0	0	0	0%
Dismissals	0	5	5	15%
Grant Ended	0	0	0	0%
New Positions	0	1	1	3%
Promotions	0	4	4	12%
Resignations	1	14	15	44%
Retirement	0	4	4	12%
Transfer	0	5	5	15%
	1	33	34	100%



*1 positions remain vacant from FY 14/15.

**FY 15/16 vacancies are cumulative

6 position(s) became vacant in April 15/16

22 position(s) were vacant out of 216 permanent positions, 212.52 FTE positions for April, 2016

total # of vacancies for Apr	22
total # of employees	216
% of vacancies	10%

FY 15/16 April -2016

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40007628	Sr PH Nurse	7/25/14	8/11/14, 3/13/15, 6/22, 7/10	8/29/14, 9/5/14, 4/17, 7/24/15	10/12/15	
40006775	Dental Assistant	8/8/14	6/23/14, 10/13, 1/16, 4/6, 8/21	8/1/14, 12/19, 1/30, 4/25, 5/30, 9/18	11/9/15	
40001153	Env Health Specialist	1/15/15	1/12/15, 3/30, 10/28	1/30/15, 2/6/15, 5/15, 11/6	7/20/15	
40006525	PH Epidemiologist	2/16/15	3/16/15, 8/24, 12/10/15, 2/29	3/27/15, 9/4/15, 1/30/16, 3/25		VACANT
40007626	Sr PH Nurse	2/18/15	6/29/15	7/17/2015, 7/31, 8/15/15	9/28/15	
40004426	PH Educator	3/2/15	3/16/15	3/27/15	7/6/15	
40008525	Processing Assistant	3/3/15	3/16/15	3/27/15	8/3/15	
40001161	Processing Assistant	3/27/15	4/16/15	4/24/15	7/6/15	
40001139	Sr PH Nurse	4/24/15	6/29/15	7/17/2015, 7/31, 8/15/15	11/9/15	
40008575	Nutrition Specialist	5/1/15	6/1/2015, 10/5, 10/29	6/12/15, 6/26, 10/24, 12/4	3/14/16	
40000989	Office Assistant	5/6/15	5/11/15	5/15/15	8/17/15	
40003878	Sr PH Nurse	5/8/15	5/6/15	5/22/15	7/6/15	
40001013	Sr Medical Lab Assist	5/18/15	6/1/2015, 7/15	6/12/2015, 7/31, 8/7	10/12/15	
40001010	IT Support Specialist	5/22/15	10/2/15	10/16/15	2/18/16	
40007501	PH Nurse Spec	6/24/15	6/22/15	7/17/15, 8/15/15	9/28/15	
40001082	Sr PH Nurse	7/3/15	7/13/15	7/31/15, 8/7	10/12/15	
40003879	PH Nurse Spec	7/24/15	7/20/2015, 8/28, 11/16, 12/15	7/31/15, 8/7/15, 9/18, 1/15	5/9/16	VACANT
40001011	Medical Lab Supervisor	8/12/15	8/31/2015, 12/21/15	9/11/2015, 9/25, 1/29/16	4/11/16	
40001084	Sr PH Nurse	9/4/15	8/17/15	8/28/15	11/23/15	
40007988	PH Education Spec	9/11/15	9/21/15	10/2/15		VACANT
40001154	Env Health Specialist	9/24/15	10/12/2015, 2/29/16	10/23/2015, 11/13, 3/11		VACANT
40003400	PH Nurse Program Mgr	9/25/15	10/5/15, 12/13/15, 2/29/16	10/16/15, 12/4/15, 2/26/16, 4/11		VACANT
40001048	Sr PH Nurse	9/25/15	10/5/15	10/16/15	12/7/15	
40001119	Physician Extender	10/1/15	11/2/2015, 12/13/15, 2/29	11/28/2015, 1/8/16, 1/22, 3/18		VACANT
40001153	Env Health Specialist	10/15/15	10/12/2015, 10/28	10/23/2015, 11/6		VACANT
40007630	Sr PH Nurse	10/30/15	11/9/2015, 12/15, 2/2, 4/5	11/27/2015, 1/8/16, 2/12, 4/27		VACANT
40001009	Medical Lab Technician	11/6/15	11/16/15	11/27/15	2/15/16	
40001140	Sr PH Nurse	11/17/15	12/15/2015, 1/29, 2/19	1/22/2016, 2/12, 2/26		VACANT
40001083	Sr PH Nurse	11/20/15	10/26/15	11/6/15	1/4/16	
40001052	PH Nurse Supervisor	12/4/15			1/18/16	
40001164	Env Health Specialist	12/15/15	2/15/16, 2/29	2/26/16, 3/18		VACANT
40001014	Sr Medical Lab Assist	12/16/15	1/11/16	1/29/16	4/25/16	
40001165	Env Health Specialist	12/18/15				VACANT
40001156	Env Health Specialist	12/18/15	2/15/2016, 2/29	3/4/2016, 3/11	2/15/16	
40001142	PH Nurse Supervisor	12/31/15	12/15/16	1/8/2016, 2/5	3/14/16	
40001050	PH Nurse	1/15/16	2/3/16, 2/29	2/26/16, 3/11		VACANT
40007600	Sr PH Nurse	2/12/16	4/5/16	4/27/16		VACANT
40005365	Nutrition Specialist	2/29/16	2/29/16	3/18/16		VACANT
40001002	PH Educator	3/9/16				VACANT
40007950	PH Nurse Spec	3/11/16				VACANT
40003878	Sr PH Nurse	3/15/16	4/21/16	4/29/16		VACANT
40005377	Nutritionist	3/24/16				VACANT
40001960	Physician Extender	4/8/16				VACANT
40008251	Env Health Specialist	4/15/16				VACANT
40001089	Sr PH Nurse	4/22/16	4/21/16	5/13/16		VACANT
40001090	Sr PH Nurse Spec	4/22/16	1/11/16	1/29/16	4/25/16	
40001053	PH Nurse Program Mgr	4/29/16			4/11/16	
40001135	Sr PH Nurse		4/5/16	4/27/16		VACANT

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
April 2016

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES	
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	Y	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.	4/20/2015- Public Works Engineering states no application has been received for connection to sewer. 10 day letter needed. 5/20/15 - 10 day demand letter issued by County Attorney's Office. 2/29/2016 - Site visit is scheduled for first week of March to verify system failure, per recommendation of County Attorney's office. 3/1/2016 - EH verified system is still failing and notified County Attorney's office.
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. NOV forwarded to County Attorney's office 8/14/2014	Owner has stated he will not repair the system. 6/4/2015 - 10-day demand letter issued by County Attorney's office. 2/3/2016 - Requested County Attorney's Office file for injunctive relief. 3/22/2016 - Civil suit filed in Superior Court by County Attorney's office. 4/28/2016 - EH Spoke with owner, site visit is scheduled for 5/5/16 to determine repair options.
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2015	N	N		Discharging via a culvert pipe.	3/1/15-Owner is seeking a NPDES permit from NC Div. of Water Resources. 1/19/2016 - EH has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources.
5/5/2015	207 Breedlove Ave	Effluent surfacing and backing up into house	6/5/2015	N	N		Effluent is discharging to the ground surface, sewage is backing up into the basement, septic tank has tree root intrusion. Non-repairable lot. Owners have applied to NC DWR for a discharge system permit.	1/19/2016 - EH staff has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources.
5/7/2015	920 Snow Hill	Surfacing effluent	6/7/2015	N	N		Surfacing effluent. Recommended a course of maintenance procedures in attempt to abate failure. EH will continue to monitor the system.	7/20/2015- Verified water use is within permit design. ENV HLTH continues working with homeowner & contractor to repair existing LPP. 2/4/2016 - NOV reissued.
6/25/2015	5114 Leesville Rd	Surfacing effluent, straight pipe from basement plumbing, and property line setback violation	7/25/2015	Y	N		Existing system crosses property line and is discharging effluent to the ground surface. Basement plumbing is discharging via straight pipe into gutter drain. Repair permit issued same day as NOV.	2/19/2016 - 10-day demand letter issued by County Attorney's Office.
9/28/2015	6101 Cheek Rd	No Subsurface Operator	10/28/2015	Y	N		EH has not received system management reports as required by rule.	2/19/2016 - 10-day demand letter issued by County Attorney's Office.
10/21/2015	4601 West Ave	Surfacing effluent, unpermitted repairs	11/21/2015	Y	N		Municipal sewer is available.	2/19/2016 - 10-day demand letter issued by County Attorney's Office.
10/28/2015	1725 Infinity Rd	No Subsurface Operator	11/27/2015	N	N		EH has not received system management reports as required by rule.	
10/28/2015	3050 Ruth St	No Subsurface Operator	11/27/2015	N	N		EH has not received system management reports as required by rule.	
2/16/2016	6038 Burgundy Rd	Surfacing Effluent	3/17/2016	N	N		System failure discovered during mandated 5-year maintenance inspection.	3/16/2016 - Owners have hired a certified contractor to repair system.
2/16/2016	5 Treadway Ct	Surfacing Effluent	3/17/2016	N	N		System failure discovered during mandated 5-year maintenance inspection.	
2/16/2016	1807 Infinity Rd	Surfacing Effluent	3/17/2016	N	N		System failure discovered during mandated 5-year maintenance inspection.	Owner has hired a certified contractor to repair the malfunctioning pump controls.

2/18/2016	704 Hazelwood St	Surfacing Effluent	3/19/2016	N	N	Issue was discovered during complaint investigation of water discharging onto neighbor's driveway. Water sample was taken from ditch and tested positive for anionic surfactants. Ammonia test was inconclusive due to sample turbidity.	
3/11/2016	8405 NC HWY 751	Surfacing Effluent	4/11/2016	N	N	Previous repair (root removal) in January 2016 was not successful. Owner directed to connect to municipal sewer.	
3/18/2016	7138 Windover Dr	Surfacing Effluent	9/18/2016	N	N	Existing system is failing. Parcel has been classified as Unsuitable for repair. Owner referred to NCDWR for discharging system. 180-day compliance deadline issued to address slow permit turn-around times from NC DWR.	3/28/2016 - Owner has hired a Licensed Professional Engineer to design a discharging system.
3/23/2016	2804 Darrow Rd	Raw Sewage Discharge	4/23/2016	N	N	Sewer line has been plugged by City of Durham Public Works due to delinquent utility bill. Raw sewage is being discharged from the sewer lateral. Repeat violation.	
3/31/2016	809 Lakeview Dr	Surfacing Effluent	5/2/2016	N	N	EH received a complaint of surfacing effluent. Site visit confirmed failing system. NOV directs owner to apply for repair permit.	4/7/2016 - Owner submitted an application for repair permit. House is unoccupied.

ENVIRONMENTAL HEALTH
Onsite Water Protection - Compliant NOVs
FY 2016

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES	
11/30/2015	6448 Guess Rd	Surfacing effluent	12/30/2015	N	Y	5/2/2016	Pressure manifold is damaged. **5/2/2016 - EH site visit, repair verified**	8/19/2015 - USPS returned NOV as non-deliverable. 11/30/2015 - NOV hand delivered.
4/6/2016	1120 Clayton	Surfacing Effluent	5/6/2016	N	Y	4/28/2016	Existing system has failed and a permit has been issued for a repair system. **4/28/2016 Repair system installed**	
2/16/2016	6020 Burgundy Rd	Surfacing Effluent	3/17/2016	N	Y	4/7/2016	System failure discovered during mandated 5-year maintenance inspection. **Malfunctioning pump was replaced.**	3/15/2016 - EH received call from certified contractor stating the owners have retained their services and the work is to be scheduled.
10/22/2015	3817 Cheek Rd	Unpermitted connection to Controlled Demonstration system and graywater straight pipe	11/22/2015	Y	Y	3/30/2016	Residential care facility. Main house has a straight pipe discharging washing machine effluent to ground surface. Office building is served by a Controlled Demonstration System. This system now has a second, unpermitted inlet pipe of unknown origin plumbed into the septic tank. **3/30/2016 - All required work has been completed. System is now compliant.**	11/24/2015 - Unpermitted connection was removed from Controlled Demonstration System. Wash line is being redirected to conventional system.
2/16/2016	111 Stockbridge Pl	Surfacing Effluent	3/17/2016	N	Y	3/16/2016	System failure discovered during mandated 5-year maintenance inspection. **3/16/2016 - Root blockage removed. System now functioning as designed.**	
2/16/2016	3208 Hopkins Rd	Surfacing Effluent	3/17/2016	N	Y	3/4/2016	System failure discovered during mandated 5-year maintenance inspection. **3/4/2016 - Root blockage removed. System now functioning as designed.**	
11/30/2015	1912 Torredge	Surfacing Effluent	12/30/2015	N	Y	3/1/2016	System is discharging to ground surface. **3/1/2016 - Failing washing machine line was connected to main house plumb out into septic tank.**	
1/6/2016	804 Hardscrabble Dr	Effluent backing up into septic and pump tanks.	2/6/2016	N	Y	3/1/2016	System failure discovered during mandated 5-year maintenance inspection. **Malfunctioning pump was replaced.**	

12/23/2015	310 N Fork Lane	Repair area destroyed by construction of pond	1/23/2016	N	Y	2/3/2016	Area reserved for repair has been destroyed by construction of a pond. An intent to revoke Improvement Permit has been issued. **2/3/2016 - Revised Improvement and Operation Permits have been issued by EH.**	
4/9/2015	2515 E Club Blvd	Surfacing effluent	5/11/2015	N	Y	2/3/2016	Surfacing effluent, non-repairable lot. Owner directed to NC DWR. **EH verified that house is vacant and is currently being used as a storage building only. PVC pipe located on ground surface is a sump pump discharge for crawl space water.**	5/7/2015 - Owner contacted EH and stated the house would be vacated on May 30th.
4/16/2015	826 Colonial Height	Surfacing effluent	5/18/2015	N	Y	1/14/2016	Surfacing effluent **EH staff verified that failure has abated, most likely due to reduced water use.**	5/16/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit.
3/10/2015	3912 Swarthmore	collapsing tank	4/10/2015	N	Y	1/13/2016	Old septic tank is collapsing and needs to be properly abandoned. House served by sewer since 1978. **1/13/2016 - EH staff verified tank hole has been backfilled.**	
11/19/2015	102 Hardscrabble Ln	No Subsurface Operator	12/19/2015	N	Y	1/13/2016	EH has not received system management reports as required by rule. **Management reports received by EH**	
11/25/2015	518 Pleasant	Surfacing Effluent & Unpermitted Repair Work	12/26/2015	N	Y	1/13/2016	Failing Low Pressure Pipe system has been excavated without permit. **Repaired by Certified Septic Contractor.**	
12/21/2015	8405 NC HWY 751	Surfacing effluent	1/21/2016	N	Y	1/7/2016	Massive drainfield failure. Municipal sewer is available on the lot. **1/7/16- Drainline blockage removed by certified septic contractor.**	
3/26/2015	6903 Iron Gate	Surfacing effluent	4/27/2015	N	Y	12/16/2015	Surfacing effluent **12/16/2015 - NPDES System has been installed**	3/26/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit. 10/13/2015 - NCDWR has issued an Authorization to Construct for a NPDES system (NCG551667).
12/10/2014	2612 Cooksbury	Sewer disconnection	1/10/2015	N	Y	12/7/2015	Sewer disconnected **12/7/2015 - City of Durham Public Works confirmed house is connected to sewer.**	4/20/2015 - House is unoccupied
10/28/2015	7728 Grace Cove Ln	No Subsurface Operator	11/27/2015	N	Y	12/7/2015	EH has not received system management reports as required by rule. **12/7/2015 - EH has received operation and maintenance reports from the Certified Operator.**	
5/5/2015	715 Hebron	Damaged septic tank	6/5/2015	N	Y	11/30/2015	Septic tank lid has collapsed. 5/19/2015 - Repair permit issued. ** Septic tank replaced**	
11/6/2014	2800 Ferrand	Surface Discharge of effluent & building addition over septic tanks	12/6/2014	N	Y	11/30/2015	Surface discharge of effluent. An unapproved two-story deck addition previously built over septic tanks. Lot is non-repairable, municipal sewer is available. **11/30/2015 - Parcel is connected to municipal sewer. Building Inspections has parcel condition on permit for subsurface analysis due to tank placement.**	2/25/2015-Property has been sold and acquired by a real estate company. Agent has stated they will pursue connection to municipal sewer. 6/2/2015 - Sewer installation is in progress, owner is consulting with Building Inspections for guidance on septic tank abandonment procedures. House remains unoccupied. 7/31/2015 - House is now connected to sewer, awaiting response from City/County Building Inspections regarding septic tank abandonments.
10/28/2015	8307 N Roxboro Rd	No Subsurface Operator	11/27/2015	N	Y	11/27/2015	Little River Community Complex - EH has not received system management reports as required by rule. **11/30/2015 - Report has been received by Environmental Health.**	
10/28/2015	9008 Quail Roost Rd	No Subsurface Operator	11/27/2015	N	Y	11/9/2015	Mangum Elementary School - EH has not received system management reports as required by rule. **11/9/2015-EH has received operation and maintenance reports from the Certified Operator.**	
10/28/2015	3103 Page Rd	No Subsurface Operator	11/27/2015	N	Y	10/30/2015	EH has not received system management reports as required by rule. **10/30/2015 - EH has received operation and maintenance reports from the Certified Operator.**	
10/28/2015	1002 Andrews Chapel	No Subsurface Operator	11/27/2015	N	Y	10/29/2015	EH has not received system management reports as required by rule. **10/29/2015 - Owner notified EH that mobile home was destroyed by fire. System not in use.**	

6/4/2015	4317 Kerley Rd	Surfacing effluent & property line setback violation	7/4/2015	N	Y	10/23/2015	Existing system crosses property line and is discharging effluent to the ground surface. **10/23/2015-New septic system installed.**	6/11/2015 - Repair application received by Environmental Health 6/18/2015 - Repair permit issued. House is unoccupied.
12/31/2014	4129 Guess Rd	Septic tank structurally unsound, building addition over septic tanks	1/31/2015	N	Y	10/22/2015	Heavy root intrusion in tank, deck footing on tank, probable unpermitted gravel conventional line added at some point, sand filter on property. Unoccupied house. Owner referred to NC Div of Water Resources for NPDES permit. **10/22/2015 - House is vacant and existing septic system has been properly abandoned.**	4/20/2015 - House remains unoccupied
2/12/2015	1302 Thompson	Effluent surfacing at start of drainfield	3/12/2015	N	Y	9/29/2015	Surfacing effluent **9/29/15 - Root blockage repaired in existing system**	8/20/2015 - EH staff contacted owner. Owner stated that she will proceed with hiring a septic contractor. 9/10/2015 - EH staff met with septic contractor onsite. Existing system is clogged with tree roots. Owner is cooperating with EH for evaluation of parcel for repair.
12/17/2014	5126 Leesville Rd	Collapsing septic tank	1/19/2015	N	Y	9/23/2015	Collapsed septic tank. Revised NOV 1/28/2015. House is unoccupied, existing system is non-repairable, owner referred to NC Div. of Water Resources for an NPDES permit. **9/23/2015 Property has changed ownership. New owner has obtained an Improvement Permit for pretreated subsurface drip irrigation.**	
8/19/2015	6703 Isham Chambers Rd	No Subsurface Operator	9/19/2015	N	Y	9/15/2015	EH has not received system management reports as required by rule. **9/15/2015 - Owner has contracted with a certified operator.**	
8/19/2015	8116 Willardville Station Rd	No Subsurface Operator	9/19/2015	N	Y	9/2/2015	EH has not received system management reports as required by rule. **9/2/2015 - Owner has contracted with a certified operator.**	
8/20/2015	203 Epperson	No Subsurface Operator	9/20/2015	N	Y	8/26/2015	EH has not received system management reports as required by rule. **8/26/2015 - Owner has contracted with a certified operator.**	
5/21/2015	209 Bacon	Collapsed Tank	6/21/2015	Y	Y	8/20/2015	Collapsed septic tank. NOV forwarded to County Attorney's office 8/14/2014. Has undergone change of ownership, no longer bank owned. **8/20/2015 - Septic tank lid was replaced by owner**	5/21/2015 - New NOV issued to current owner per guidance from County Attorney's Office. 7/14/2015 - EH contacted owner via telephone. Owner stated the original concrete lid for the tank is on the property and that he would reinstall it. EH staff will verify via site visit.
7/15/2015	3518 E. Geer St	Collapsed septic tank, property line setback violations	8/15/2015	N	Y	8/4/2015	House is unoccupied. Existing tank has collapsed, NCOWCICB certified septic inspector report indicates illicit drain field installed across property lines, site has been classified Unsuitable for repair. Owners referred to NCDWR. **8/4/2015 - Septic tank has been properly abandoned and house is vacant**	
6/26/2015	2615 Joe Ellis Rd	Malfunctioning effluent pump	7/26/2015	N	Y	8/24/2015	Effluent pump is malfunctioning and needs to be replaced. **8/24/2015- Proper pump was installed, system repairs have been completed and Leaks corrected. System is functioning properly.	
7/6/2015	325 Latta Rd	System Partially Destroyed	8/6/2015	N	Y	8/27/2015	System was partially destroyed by driveway construction. Repair permit for septic system issued same day as NOV. **8/27/2015- System repairs have been completed and confirmed by ENV HLTH. A pump final will follow but system has been properly installed/repared.	
1/2/2015	2714 Red Valley Dr	Surfacing effluent in 3rd line	2/2/2015	N	Y	7/22/2015	Repair permit issued 1/13/15, no contact from owner since **7/22/2015 - Plumbing leak was repaired and septic tank is properly sealed.**	
5/27/2015	2903 Constance Ave	Surfacing effluent	6/27/2015	N	N/A		System not under DCoDPH Jurisdiction Anonymous complaint received by EH regarding septic system failure at this address. System failure verified during site visit. **7/14/2015 - Staff discovered the system is a discharging sandfilter under NCDENR jurisdiction. NC Division of Water Resources was notified by letter.**	