

**MINUTES  
CLARK COUNTY BOARD OF HEALTH  
APRIL 28, 2010, 9:00 A.M.**

The Board convened in the Commissioners' Hearing Room, 6th Floor, Public Service Center, 1300 Franklin Street, Vancouver, Washington. Board members Steve Stuart, Tom Mielke, and Marc Boldt, Chair, present.

**PRESENTATION OF PUBLIC HEALTH COMMUNITY AWARDS**

*Commissioner Stuart* thanked our volunteers and introduced *John Wiesman*, Director of Public Health who explained the nomination process. *Commissioner Mielke* recognized the 2010 Honorable mentions: Columbia River Mental Health Services' Nursing Staff, Sheela Choppala Nestor, Marilyn Johnson, Steve Rocerto, Rebound Orthopedics, and Neurosurgery, Rachel Seidel, Children's Medicaid Outreach Coordinator, DSHS. *Commissioner Boldt* recognized the 2010 Organization award winner, Community Services Northwest's Wellness Project. *Commissioner Stuart* presented the 2010 Individual award to Barbe West.

**PLEDGE OF ALLEGIANCE**

The Commissioners led the Pledge of Allegiance.

**PUBLIC COMMENT**

None

**CONSENT AGENDA**

There being no public comment, moved by Mielke to **APPROVE** Consent Agenda items 1 -6. Board members Stuart, Mielke, and Boldt voted aye. Motion carried.

**POLICY UPDATE**

Presentation, discussion, and approval of "Charge Establishing Healthy Community Task Force" for the purpose of developing a preliminary scope of work for a chapter in the next update to the Clark County Comprehensive Plan.

**Staff Contact:** Jonnie Hyde, Public Health & Colete Anderson, Community Planning

**Staff Summary / Discussion:**

*Stuart* commented this discussion originally came about from the Public Health Advisory Council. *Hyde* presented a brief explanation of how they would like to proceed on this project, starting with the request to establish a task force for the purpose of scoping and overseeing the project. **(See master file for additional information presented)**

*Boldt* inquired if we are looking at the existing growth plan for the data. He also mentioned getting Chris Cook involved with the process. *Anderson* said she would extend the invite out to her. *Mielke* commented he thought this was a great idea and a neat way to integrate it in to what we already do with parks and legacy lands. He stated he has a little of concern of this being tied to the comprehensive plan as it is very hard / complex to make all ends meet. He stated he thinks health awareness is wonderful, but does not want to see transportation dollars to paths. *Hyde* commented they are making recommendations that are achievable and feasible for the community. *Stuart* stated he appreciated all the hard work that went into this and looks forward to seeing the recommendation.

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**DIRECTORS REPORT**

*Wiesman* acknowledged our community partners and their staff. He shared more details about the department awards and the winners. *Wiesman* introduced *Alan Melnick*, Public Health Officer to present.

**STRATEGIC INITIATIVE 2 - RESPONDING TO HEALTH THREATS**

**Staff Contact:** Dr. Alan Melnick, Health Officer, Public Health

**E.COLI**

*Melnick* presented a briefing on the recent E.Coli outbreak in an in-home childcare center. He stated 4 children were hospitalized with one tragic death; the other three cases recovered. He stated in addition to the 4 hospitalized cases, they identified 10 other people (staff and children) who had the infection but were not ill. He stated the pattern of onset – the time from one case to the next - indicated that infection was transmitted from person to person rather than from a point source, such as a food or beverage. He stated they did not order the childcare center to close because the cases were no longer at the childcare and their concern was that parents would take their children to other daycares. They heard about the first case on Friday, 3/19/10 and once they heard about the second case on Friday, 3/26/10, they inspected the childcare center and began doing active surveillance, calling parents to tell them about the outbreak and to ask whether their children were ill. After the mother of the third case called to report the case to them on 3/28/10, they re-inspected the daycare, and on 3/30/10 ordered stool samples on all staff and attendees.

Based on the results – at that time and additional 7 people had positive cultures – they decided to close the childcare center for 10 days for two reasons:

- There was a significant number of staff and students with the infection, even though they did not have symptoms, increasing the risk for person to person transmission
- They felt they could monitor the staff and attendees, making sure they did not develop symptoms for at least 10 days (the end of the range for E. coli 0157:H7 incubation); in addition, they made sure that they did not attend or work in a childcare center until they had two negative stool cultures 24 hours apart.

He stated they worked closely with the Department of Early Learning who ordered them to remain closed pending a licensing evaluation.

**ELEVATED BLOOD LEAD LEVELS IN CHILDREN AND ADULTS AT A LOCAL INDOOR SHOOTING RANGE**

*Melnick* stated in early March, they received a report from WA DOH Lead program of three children in the same family with elevated blood lead levels. The parents requested blood lead testing for their children because they participate in a precision gun-shooting club. The children have been participating for about 1 year and mom thought she should get a baseline lead level as they plan to continue to participate for several years.

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Based on the report, and the lack of any other obvious cause of lead exposure of the children, they conducted an investigation of potential lead poisoning in children and adult shooters at the Vancouver Rifle and Pistol Club. The VRPC was completely cooperative with our environmental assessment and helped them recruit children and adult members for testing on site.

Children and adults had blood tests at the VRPR or at healthcare provider offices. By April 6, they had received blood lead levels on 41 VRPC members, including 27 children and 14 adults. At least several adults and children had elevated blood lead levels (5 µg/dL and higher). Melnick reported their findings (**See master file for more information**)

*Mielke* inquired the timeframe it takes for the lead to clear the body. *Melnick* stated it could be years. Their environmental assessment revealed that shooting range participants were at risk from lead exposure through inhalation and ingestion of lead dust. Their analysis found an association between exposure, measured by time spent at the shooting range in the month prior to the blood test, and elevated blood lead levels in children and adults. This association persisted even after they accounted for other lead exposures and shooting at other ranges. Their conclusion was that environmental conditions at the VRPC resulted in lead exposure through ingestion and inhalation. The VRPC is making improvements in their ventilation system and their cleaning processes to eliminate the risk for the exposure. In the mean time, the VRPC has agreed that children should not participate in shooting until the improvements are complete. Children with elevated lead levels are receiving evaluations for their healthcare providers. Their recommendation is that these children can participate in shooting activities once their lead levels are below 5µg/dL and the environmental improvements are complete.

**GROUP B WATER SYSTEM**

Following up on a 4/14/10 complaint about raw sewage, their staff discovered contamination in the drinking water from a home that we thought was connected to a well in Ridgefield. The well is part of a Group B water system that supplies several residences and mobile homes. 15 people, including elderly people and children, in 7 residences, obtain their water from this water system. The well is 10 feet away from a damaged tank receiving waste from a natural pet food processor. The business, Columbia River Natural Pet Foods, processes raw animal meats and byproducts. They have been discharging the waste into the tank - the tank was overflowing near the well.

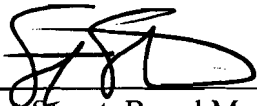
On 4/15, test results on the water from one of the residences revealed coliform contamination. They immediately issued a boil-water advisory to all the homes - if people were not there, they left notices. Later, they learned that other people had gastrointestinal symptoms. They contacted Jim Muir (Community Services) and he has posted the building as a Dangerous Building by order of the Health Officer. There are two separate water systems. They interviewed at least 13/15 people who live in the area and are on one of the water systems. Here is what they have found: 7 people reported having gastrointestinal symptoms, both wells tested negative, 2/7 households tested positive for coliforms, 1/7 households had a positive test followed by a negative test

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They could find no association between illness and drinking tap water. However, we have asked all ill individuals to see their healthcare providers for an evaluation, including stool testing. Two people who have had tests have had negative results so far. They are requiring the operators of both water systems bring them up to standards. They are requiring property owners to correct the problems associated with surfacing sewage and the location of drain fields, and they are requiring them to remove the tank (a grease trap) near one of the wells.

Hearing adjourned

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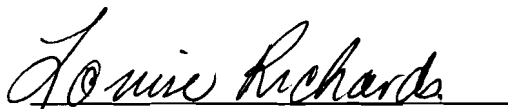
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Steve Stuart, Board Member



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Tom Mielke, Board Member

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Marc Boldt, Board Member

ATTEST:



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~~Deputy~~ Clerk of the Board

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