



**Final Minutes of the State Board of Health  
November 12, 2014**

Department of Health, Point Plaza East, Rooms 152/153, 310 Israel Road S.E., Tumwater, WA 98501

**State Board of Health members present:**

The Honorable John Austin, PhD, Chair  
Fran Bessermin  
Keith Grellner, RS, Vice-Chair  
Stephen Kutz, BSN, MPH  
Thomas Pendergrass, MD, MSPH

James Sledge, DDS, FACD, FICD  
John Wiesman, DrPH, MPH  
The Honorable Donna Wright  
Diana T. Yu, MD, MSPH  
Donna Wright

**State Board of Health members absent:**

**State Board of Health staff present:**

Michelle Davis, Executive Director  
Melanie Hisaw, Executive Assistant  
Christy Hoff, Health Policy Advisor  
Timothy Grisham, Communications Manager  
David DeLong, Health Policy Advisor  
Sierra Rotakhina, Health Policy Analyst

Tara Wolff, Health Policy Advisor  
Jamilia Sherls, Health Policy Intern  
Robert Amy, Health Policy Intern  
Lilia Lopez, Assistant Attorney General

**Guests and other participants:**

Bradford Zakes, Zakes Foundation  
Lindsay Hovind, American Heart Association  
Ann Clifton, Mercury Awareness Team  
Margaret Barrette, Pacific Coast Shellfish Growers Association (PCSGA)  
Miranda Ries, National Fish & Oyster

Cheryl Christian, Labor & Industries (DOSH)  
Jeff Killip, Labor & Industries (DOSH)

John Austin, Board Chair, called the public meeting to order at 9:34 a.m. and read from a prepared statement (on file).

**1. APPROVAL OF AGENDA**

Chair Austin directed members to review the draft agenda under Tab 1 and entertained a motion to approve the agenda.

***Motion:** Approve November 12, 2014 agenda*

***Motion/Second:** Member Sledge/Member Pendergrass. Approved unanimously.*

**2. ADOPTION OF OCTOBER 8, 2014 MEETING MINUTES**

Chair Austin directed members to review the meeting minutes under Tab 2 and entertained a motion to approve the agenda.

***Motion:** Approve the October 8, 2014 minutes*

***Motion/Second:** Member Bessermin/Member Grellner. Approved unanimously.*

**3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS**

Michelle Davis, Board Executive Director welcomed the Board and audience. She indicated that Washington state just had its 125<sup>th</sup> birthday and that the Board was created in the state constitution.

She highlighted the work Timothy Grisham, Board staff member, has been doing in honor the state's birthday, some of which has been posted on the Board's website

Ms. Davis introduced Jamilia Sherls, Board Intern, and Robert Amy, Board Intern. She announced that she is continuing to work with Governor's Office staff to recruit new board members. She indicated that Chair Austin did not seek reelection for County Commissioner, so his term as an elected county official and Chair of the Board of Health will expire at the end of the year.

Ms. Davis highlighted some of the work that the Governor's Interagency Council on Health Disparities is doing. She indicated that the Council is currently providing training on Culturally and Linguistically Appropriate Service (CLAS) Standards to state agencies. Ms. Davis mentioned that she would be presenting to the University of Washington Community Oriented Public Health Practice (COPHP) class next week to share information about the Board and rule making. She indicated that she would be attending the State of Reform health policy conference in January.

Dr. Diana Yu, Board Member, announced that the Health Promotion Subcommittee would be meeting during the lunch break

Keith Grellner, Board Vice-Chair, mentioned that the Environmental Health Subcommittee met via telephone last week.

#### **4. DEPARTMENT OF HEALTH UPDATE**

John Wiesman, Board Member and Secretary of the Department of Health provided updates on Ebola, the Department of Health's legislative agenda, and the state budget. He indicated that one of his priorities as Secretary is to ensure that the Department embraces its role in emergency response. He indicated that the Department has fully adopted an Incident Management team structure in the organization and trained over 100 staff in the Department in various roles in the Incident Command structure. One area of focus has been identifying and preparing quarantine locations in the state. He also highlighted that they are contracting with a hazardous waste company to ensure that the state is prepared for cleanup if needed.

Secretary Wiesman updated the Board on the status of the Department's legislative agenda. He indicated that the Governor is likely to have request legislation to address youth access to vaping devices and to regulate that market, including a purchase age of 21 for tobacco and vaping devices. Secretary Wiesman expressed that they are also working on topics such as scope of practice for health professions and on-site septic fees.

Secretary Wiesman shared a document relating to the 2015-2017 operating budget, and said that an updated forecast will be out later in November. He outlined the projected additional revenues and spending needs. The shortfall in revenue is 2.5 billion dollars and it could increase by 2 billion if I-1351 passes. The Secretary identified the Governor's five main priorities:

1. Keeping the commitment to children's education for pre-K through higher education.
2. Protecting children and the most vulnerable adults.
3. Growing and strengthening the middle class.
4. Investing in Washington's infrastructure and economy.
5. Protecting the environment.

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Stephen Kutz, Board Member, clarified that when the Secretary was talking about quarantine for Ebola in Washington he was referring to individuals who were exposed to Ebola and may be at risk for infection not patients who are infected with Ebola.

Member Wiesman indicated that when they think about isolating individuals at risk of developing Ebola that they also need to ensure that they have wrap-around services such as food services and that all other needs are also met.

Thomas Pendergrass, Board Member, applauded the Department of Health's move toward Incident Management. He is currently taking National Incident Management System training.

Chair Austin asked Secretary Wiesman inquired whether the state is developing contracts in advance with sites that can quarantine individuals.

Member Wiesman indicated that the state is doing this work in addition to taking other preventive and screening measures.

Member Yu thanked the Department for the work and leadership on Ebola preparedness and said this work has made local health's work easier. She indicated that in many cases the Department has helped local health get ahead of recommendations that were coming down from the Centers for Disease Control. Department of Health leadership helped to establish early guidance for local health when there was none available. Member Yu indicated that all of the Ebola planning is emergency planning, and although we may never see a case of Ebola in Washington, these efforts help prepare for other outbreaks. She highlighted the higher national death rate from influenza compared to the very low death rate in the US from Ebola.

Member Wiesman emphasized the importance of the relationship with local health, and indicated that much of the monitoring and screening is being done at the local level.

Member Yu said that the Ebola outbreak and preparation has also provided an opportunity to reflect on the loss of local public health infrastructure. It has become clear that there is not many staff left at local public health.

Member Wiesman shared that the department has also created an epidemiology taskforce team that can be deployed to local health departments, if they ask for that resource, to help monitor or do contact investigations of travelers who might become ill. He supported Dr. Yu's statement about the need to get a flu shot.

Chair Austin commented that Member Yu was likely asking them to do more than just reflect on the impact of the budget cuts to local health. Member Wiesman said that the department has prioritized funding for the Communicable Disease Control System, as well as the gap in funding for the cross-cutting capabilities that support emergency preparedness communication.

Member Pendergrass highlighted that the University of Nebraska was able to secure funding for a ten bed class four unit for 10 years that never had a patient—but they were able to run regular simulations and trainings with this resource.

## **5. NEWBORN SCREENING UPDATES INCLUDING ALD LETTER**

Member Yu introduced the topic of newborn screening as an important statewide program that saves lives. The Board determines what conditions to include on the newborn screening (NBS) panel. She recapped the two requests to add new conditions under the newborn screening rules, Adrenoleukodystrophy (ALD) and Critical Congenital Heart Disease (CCHD). Member Yu reminded the Board that at its October meeting the Board decided to review the current criteria used to evaluate conditions. She mentioned that Mr. Zakes has been an advocate for adding ALD to the panel and that he has provided great resources for the Board to aid their decision-making. She said the Board recently received a letter from Mr. Zakes (under Tab 5). She introduced Tara Wolff, Board staff.

Ms. Wolff said the board proposes to retain the five current criteria used to determine which conditions to add to the NBS panel but it would also like to consider adding additional criteria, assumptions, and an ethical framework. She explained that at the last meeting the Board passed a motion to convene advisory committees to review ALD and CCHD for inclusion but that they Board did not indicate when these committees should be convened and that today's motion would allow review of the board's current five criteria against these two conditions to begin.

Member Yu added noted the importance of the amount of work done by the Department when the Board convenes advisory groups. Member Pendergrass commented on the complexity of the issue, and called attention to the budget document that Member Wiesman shared. He reminded the Board of the need to consider the infrastructure that is in place when deciding which conditions to include as they most consider both the morally and fiscally responsible decision. Member Yu indicated that the last condition that they added to the newborn screening panel required an increase in the fee and that they had to take that factor into consideration.

Chair Austin entertained a motion.

Member Kutz commented that these two conditions can be used as an example of how to improve the criteria so that the board is prepared for conditions that may not fit the typical mold. Ms. Wolff clarified that the Board would need to convene three committees as some point, one to review the NBS criteria, one to review ALD, and one to review CCHD. Member Yu reminded the Board that they have already agreed to review these two conditions so this motion is to begin to work with the Department of Health to gather information on ALD and CCHD in tandem to the review of the NBS criteria.

Member Pendergrass further clarified the motion on the floor.

***Motion:** The Board requests that Board staff work with DOH staff to examine ALD and CCHD research pertaining to the five existing NBS criteria in parallel with the Board's project to evaluate the NBS criteria adding other and updating their background.*

***Motion/Second:** Member Pendergrass/Member Sledge. Approved unanimously.*

## 6. OPEN PUBLIC MEETINGS ACT TRAINING

Ms. Davis indicated that during the 2014 legislative session the Legislature amended the Open Public Meetings Act (OPMA), requiring members of Boards subject to the Open Public Meetings Act to receive training on this act at least once every four years. Ms. Davis introduced Lilia Lopez, Board Counsel, to provide this training.

Lilia Lopez, Assistant Attorney General, Board Counsel reviewed the law, highlighting components that apply to the Board (Tab 6). She reminded the Board that the law applies to full Board meetings as well as subcommittee meetings. She indicated that email, phone, and other remote conversations are also subject to the law. Ms. Lopez highlighted circumstances where the law allows a body to enter into executive session. She outlined penalties for violation of the law.

Member Pendergrass thanked Ms. Lopez for the orientation. He indicated that he is still trying to sort out what constitutes an action in a public forum, he inquired about the legislative caucuses that frequently meet privately, and how that differs Board subcommittee meetings. Ms. Lopez indicated that the Legislature is exempt from the OPMA. Member Pendergrass indicated that at subcommittee meetings they discuss who should speak at the Board meetings, etc. He asked if these are considered decisions that would require these meetings to be open.

Ms. Lopez emphasized the need to regularly monitor committee activities to assure they comply with the Open Public Meetings Act. She indicated that if the subcommittee conducts public hearings, takes public testimony and/or comment, or acts on behalf of the Board the subcommittee meetings must be open.

Chair Austin indicated that sitting on a local Board with three members, two of them cannot meet to discuss business without violating OPMA. Ms. Davis reminded the Board that a quorum is six members and that they try to limit subcommittee to four members. She also indicated that when she emails the full Board she always reminds Board members not to reply all as this could be a violation of the OPMA.

Member Yu expressed that the only time that she would worry is if they were to invite people outside of the subcommittee to come and discuss issues. She indicated that this is not something that they have done with the Health Promotions Subcommittee. Ms. Davis indicated that it is being aware of the difference between gathering information as opposed to developing recommended Board actions.

Member Bessermin indicated that they stay under a quorum in their subcommittee meetings. Ms. Lopez indicated that the quorum is very important, but the actions of the subcommittee are also important. She also reminded the Board that they are also subject to the public records act. She recommended that Board Members copy Board staff on Board related materials so in the case of a public disclosure request staff can respond to a disclosure request.

## **7. Review Statement of Policy on 2014 Legislative Issues**

Michelle Davis, Executive Director said staff are preparing for the upcoming legislative session. She referred members to the meeting materials, including last year's statement of likely legislative issues. The 2015 session will be a long session, focused on building the biennial budget, and to see larger policy issues. She said the legislature would pre-file bills in December, which will provide a glimpse of some priorities. She suggested that there will likely be legislation around e-cigarettes and a lot of discussion around the budget. The session will begin on January 12 and is scheduled to conclude in April, though there may be special sessions through June. She mentioned that agencies have been asked to limit their agency-request legislation. She discussed the different ways that the Board provides guidance to staff on when and how to weigh in on legislation, including the statement of policy, strategic plan, etc. She asked members to review the 2014 Sense of the Board between now and December 16 and to send suggestions to her via email so she can make modifications and bring a revised documents to the Board at its January meeting. She also asked project sponsors to look

closely at the statement and identify areas that may be missing. As she receives other organization's legislative statements she will forward them on.

## 8. APPROVAL OF 2015 MEETING SCHEDULE

Chair Austin noted that the Board was ahead of schedule and moved Item 11 up – Approval of 2015 Meeting Schedule. Ms. Davis said the Board publishes the anticipated meeting dates for the upcoming year with the Office of the Code Reviser, to allow for public notice to interested parties. The next meeting will be January 14 in Tumwater. She said the Board typically meets the second Wednesday of the month – she read the proposed dates for 2015. Ms. Davis indicated that she is looking to identify areas where they have not met in a while – and proposed future meeting locations include Kitsap County and eastern Washington.

Member Yu asked how many times they met this year. Ms. Davis said she believes they met seven times this year. Member Yu mentioned that she likes meeting in conjunction with WSPHA or WSALPHO or other partner groups, so that the Board has a greater opportunity to share. Ms. Davis indicated that Board staff also supports the Governor's Interagency Council on Health Disparities and they meet in February, May, September, and December. Ms. Davis said as we learn about association meeting dates, we can make changes to the schedule with Board approval.

*Motion: The Board Approves the Proposed 2015 Meeting Schedule*

*Motion/Second: Member Yu/Member Kutz. Approved unanimously.*

## 9. RECOGNIZING MEMBER CONTRIBUTIONS

Chair Austin asked for suggestions to move items up on the agenda. Member Kutz suggested moving up Item 12 – Recognizing Member Contributions. Ms. Davis referred members to the resolution under Item 12 in their packets. Vice Chair Grellner said Chair Austin is completing his term and he read from Resolution 14-02 (on file). Chair Austin thanked Board members, past and present, for serving. He said his service has been one of the most interesting and pleasant experiences and reflected on how he learned from past Chairs and his work to hire the Executive Director position. Secretary Wiesman thanked him for his skillful service and for his work testifying at hearings, serving on the Public Health Improvement Partnership, and for his thoughtful public policy guidance. Member Yu commented on his listening skills and thoughtful comments and said she admires his quiet leadership. Member Kutz thanked Chair Austin for the opportunity to serve with him. Member Bessermin thanked him for his leadership as well as his graciousness and for making her feel welcome. Member Wright said she enjoyed serving as an elected official with him and will miss him. Member Pendergrass also noted that he would miss his graciousness. Vice Chair Grellner thanked him for his friendship and mentorship and stated that he has learned a lot.

*Motion: The Board Approves Resolution 14-02 recognizing Mr. John Austin's dedicated and outstanding service to the citizens of Washington.*

*Motion/Second: Member Sledge/Member Kutz. Approved unanimously.*

The Board recessed for lunch at 11:25 a.m. and reconvened at 1:01 p.m.

## 10. PUBLIC TESTIMONY

Chair Austin announced the Board would be transitioning into public testimony. He said Board members often do not engage in dialogue but they will ask staff to follow up as needed. He asked members of the public to hold comments to about 4 minutes.

Bradford Zakes, Zakes Foundation, thanked the Board for taking the initial steps to look at ALD for inclusion in the newborn screening panel. He thanked Ms. Wolff for keeping him informed about the status. He said they are pleased with the progress made to date and thanked the Board for its work this morning to form the advisory committee. He said there were some members of the working group who were concerned about the lack of progress at the federal level. He said administrative factors were holding up progress for external evidence review but they seem to be resolved. He said three states have passed state level legislation to add ALD to panels: Connecticut, New Jersey and California – however, proviso language prevented screening until DHHS adds ALD to the list of newborn screening panels. He said they recommend the same thing– that if the Board adds ALD to the panel in Washington, if there are concerns that it has not been added to the national panel that they recommend the Board hold off on testing until it is added at the national level (similar to process in the other states).

Lindsay Hovind, American Heart Association, thanked the Board for adopting the motion to move forward with reviewing CCHD. She said screening would be different and there would be fewer financial obligations put on the state. More than 30 states have already added CCHD to their newborn screening panels.

Ann Clifton, Mercury Awareness Team, mentioned an article in the Olympian that discussed how chemicals disrupt hormones. She referred Board members to articles she brought (on file). She highlighted some of the health concerns related to mercury in the reports. She also said that a UW study demonstrated air pollution containing high levels mercury from China could come to Washington.

Margaret Barrett, Pacific Coast Shellfish Growers Association, said she was speaking in support of the vibrio control plan efforts. The members of her association are shellfish growers, predominantly in WA and provide 2700 family wage jobs. She has been involved in several rule development processes. She said when the Department asked for their assistance in collaborating on the rule development, and applauded the department's collaborative and honest process. She felt stakeholders were genuinely listened to and the result is a good approach. The new rule will implement a suite of controls that will restrict harvest when illness is likely to occur. Development was grounded in data and implementation will need to be grounded in data. She also extended compliments to the office of shellfish control staff.

Miranda Reese, National Fish and Oyster said she has been involved in the rulemaking process for the past two years. She welcomed the opportunity given to them by the Department of Health. The two years process has improved trust between the industry and Department. She said she is excited that they will be proactive rather than reactive in protecting public health and growing world-class shellfish. She said the new rule would allow farmers to continue to farm while protecting public health.

## **11. FINDINGS: PRELIMINARY INVESTIGATION CLANDESTINE DRUG LAB COMPLAINT**

Chair Austin recused himself and Vice Chair Grellner facilitated the discussion. A complaint filed by Mr. Ellis against the Jefferson County Public Health Department, alleged that the local health jurisdiction failed to follow WAC 246-205, Decontamination of Illegal Drug Manufacturing or Storage Sites regarding posting of a methamphetamine lab. Local Health must post suspected contaminated properties under certain conditions listed in WAC 246-205 and RCW 64.44. These postings protect people who may enter the property and trigger requirements for investigation and clean up. Posting properties has far-reaching implications for property owners and should not be

done lightly but local health must follow the requirements listed in the statute and the code. Because the Board does not have a complaint investigation policy, Vice Chair Grellner conducted the investigation. He reviewed the letters and evidence that Mr. Ellis submitted to the Board and Department of Health. He re-reviewed the statute and administrative code. He interviewed witnesses that Mr. Ellis included in his testimony. He was able to speak with three of the four witnesses. One was the owner of the laboratory that did the sampling of the materials that Mr. Ellis brought in for methamphetamine residue testing. Vice Chair Grellner referred members to the summary report in the board packet. He said he found several inconsistencies in the complaint and inconsistencies when he spoke to the witnesses. When he spoke to the laboratory owner, he learned that the samples submitted to the lab were not collected in accordance with WAC 246-205 and did not meet chain of custody requirements. The lab owner also indicated that the materials tested far below levels typically associated with a meth lab – the meth residues on the tested materials were consistent with possible manufacturing in another room/building or from someone smoking methamphetamine in the vicinity. Vice Chair Grellner also spoke with the Port Townsend police department and Jefferson County Public Health and they both said that if a lab had been reported to them as required, they would have investigated but that never happened. Vice Chair Grellner said that due to the inconsistencies in the case and the lack of credible evidence that there was a lab in the residence, he is recommending that the Board not take further action and close the complaint.

Ms. Davis referred members to the rule in their packets. She agreed that the logical next step would be to make a decision on the preliminary recommendation. Secretary Wiesman asked about next steps with developing a policy. Ms. Davis said she hopes to have a draft policy for the Board to review in January. Dr. Yu said she is hopeful the policy provides guidance on who should conduct preliminary investigations in the future and whether or not it is more appropriate to have an external person conduct the investigations. Ms. Davis said she believes that DOH assisted with previous investigations done in the 90's and that SBOH may not have the resources to investigate all complaints. Vice Chair Grellner said timing was also a factor as this complaint was received when we were short on Board staff.

***Motion:** Based on the results of the preliminary investigation of the complaint submitted by Mr. Ellis, the State Board of Health finds that Jefferson County Public Health did not fail to carry-out the applicable statute or the Board's rules and regulations concerning contaminated properties and decontamination of illegal drug manufacturing or storage sites with respect to the property in question, 1507 – 31st Street, Port Townsend, WA, and, therefore, concludes that no further action under RCW 64.44 or WAC 246-205 is warranted at this time.*

***Motion/Second:** Member Sledge/Member Yu. Approved with one abstention.*

## 12. BRIEFING: WC 246-282-006, WASHINGTON STATE VIBRIO PARAHAEMOLYTICUS CONTROL PLAN

Member Grellner introduced David DeLong, Board Staff, and Rick Porso, Department of Health. Mr. DeLong introduced the topic of the *Vibrio parahaemolyticus* (Vibrio) Control Plan Rule Revision. Rick Porso, Office of Shellfish and Water Protection (DOH) outlined the history of the issue, the process that the Department of Health and stakeholders have gone through concerning this issue, the proposed rule revision, and next steps. He indicated that there are between 50 and 80 cases of Vibrio illness each year and that with warming waters the number of cases may increase.

Member Yu asked if this data represents cases reported out of state on shellfish harvested in Washington. Laura Wigand-Johnson, Department of Health, indicated that this does include cases outside of Washington for shellfish harvested in Washington.

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Member Wiesman asked whether the cases were based on recreational or commercial harvest.

Mr. Porso indicated that the rule is directed at commercial harvest. He went on to indicate that the purpose of the revision is to be preventive rather than reactive. He indicated that *Vibrio* is one of the few bacteria on the rise nationally. The FDA and other states are watching Washington to see how this prevention-based plan works as Washington is a leader in this arena. He expressed the process has been inclusive with about 50 partners participating over the past two years. He indicated that they examined risk assessment, environmental monitoring, and environmental triggers, among many other topics.

Member Wiesman asked what ‘landing solutions’ means.

Mr. Porso explained that “landings” is a term used by the industry to measure the volume of shellfish harvested. He went on to explain that the Landing Solutions Committee is coming up with solutions for gathering data to determine harvest volume or “landings” of shellfish.

Chair Austin asked if DNR, as a large landholder, has been involved in this process.

Mr. Porso indicated that they often work with DNR on shellfish issues, but DNR land is mostly involved with geoduck harvests so *Vibrio* is not a major issue and they have been less involved in this process. He went on to explain that the goal is to use relative risk to develop tiered controls based on environmental conditions. These risk assessments are founded on historical data. He outlined a chart on the comparison between the current rule and the proposed rule. The proposal would combine rules for coastal and inland areas, which are currently separate rules. The proposed rule change take into account history of illness associated with shellfish harvested in a particular area, water temperature, time of year, etc.

Member Wiesman asked Mr. Porso how the hour limitations of the proposed rules would be applied. Mr. Porso clarified that a number of factors (time of year, temperatures, etc.) will all be taken into account when determining the time between harvest and the product reaching 50 degrees F.

Member Yu asked who would take the temperature of the water. Mr. Porso indicated that the industry would be responsible for taking water temperatures. The Department will also be monitoring water temperatures.

Member Yu asked if practices that include wet storage (keeping harvested product in an underwater location) would still be allowed.

Mr. Porso indicated that this is still allowed, but that these rules apply to the product right before it is removed from the water. He went on to outline next steps, which include filing the proposed rules and holding a public hearing on March 11, 2015.

Member Yu indicated that she likes the proposed rule changes because it is preventive and assumes that *Vibrio* is in the water. She inquired whether all of the industry, big and small, have the capacity to chill the product to 50 degrees F so quickly when required.

Mr. Porso answered that this rule is intended to encourage and support industry to get the point where they can get product refrigerated quickly. He said that there has been great cooperation from the industry and that they really do want to prevent outbreaks.

Member Wiesman asked if this commercial rule is transferable in any way to recreational shellfish harvesting. Mr. Porso indicated that their office in the Department of Health conducts outreach and education around recreational harvesting and that the processes developed for this rule may be helpful in this outreach.

Member Yu asked if shellfish harvested for a personal party would fit under “recreational harvest.” Ms. Wigand-Johnson indicated that it would fit under private tideland harvest. The Department has developed maps to show where *Vibrio* is a risk for private harvesters. She indicated that they could bring what they are learning on the commercial side to share with recreational harvesters.

Member Yu asked how many *Vibrio* cases are associated with recreational harvesting. Ms. Wigand-Johnson indicated that very few cases are from recreational harvesting each year, but that this is likely underreported.

Member Grellner indicated that the recreational aspect is something that they struggle with in Kitsap County. He expressed that social media is a good way to let recreational harvesters know when there are areas with commercial restrictions at any point in time. Mr. Porso indicated that they do post information on Facebook but that they need more followers.

### **13. BOARD MEMBER COMMENTS**

Chair Austin, indicated that Clallam County would be expanding the Olympic Discovery trail along the north side of Crescent Lake. He said the trail will go through railroad tunnels and that the trail will provide a good opportunity to be active.

James Sledge, Board Member updated the Board on the oral health symposia and indicated that they will have two of them back-to-back likely in April of 2015. He indicated that they relying on an in-house report from the meeting in July.

Member Yu indicated she and Dr. Pendergrass are meeting with a group to discuss a potential rule change on the vision rule next week. She also said that November is diabetes awareness month and that this Friday she will be participating in an awareness event at the Pacific Science Center to turn the arches blue and raise awareness around how many people are impacted by diabetes. Member Yu will be dancing Zumba with the Seahawks mascot.

*The Board took a break at 2:25 p.m. and reconvened at 2:53 p.m.*

### **14. REQUEST TO UPDATE VARICELLA IMPLEMENTATION PLAN**

Michele Roberts, Director of the Office of Immunization and Child Profile (DOH)

Dr. Yu introduced Michele Roberts, Director of the Office of Immunization and Child Profile from DOH. Michele Roberts indicated that she was asking for approval for a revised varicella implementation plan. Ms. Roberts presented a background of varicella vaccine and infection history, and introduced the Current Varicella Implementation Plan (materials on file). The Department would like to shorten the plan by four years, to speed up the pace of uniform implementation in all schools.

Dr. Yu indicated that it is very difficult to figure out what vaccines a child needs based on grade levels since grade levels do not always accurately reflect a child's age. Dr. Pendergrass said he was excited that the department is attempting to implement the requirements more quickly.

Ms. Roberts agreed and noted that there is not consistency among school districts around vaccinations and reporting. Ms. Roberts acknowledged the important outreach efforts from Trang Kuss, and other DOH staff.

***Motion:** The Board approves Department of Health's modified 2014 varicella plan.*

***Motion/Second:** Member Pendergrass/Member Bessermin. Approved unanimously.*

## 15. EBOLA UPDATE CONFERENCE CALL

Kathy Lofy, State Health Officer, Department of Health participating by conference call.

Dr. Yu described the Ebola outbreak in Africa. This is the first time the disease has affected people in the United States. Dr. Yu asked staff to examine the communicable disease rules/notifiable condition rules. Staff found an outdated reference within the rules. Dr. Yu asked Dr. Kathy Lofy to address the Board to assure it has the best information available.

Dr. Lofy provided a brief overview of Ebola and summary of the current outbreak in Africa, and described Washington state policy, emergency preparedness, public health preparedness. She said the name Ebola comes from Ebola River in former Zaire (current DRC). She explained that bats probably carry the Ebola virus, and can infect humans or non-human primates, which can infect humans, which can then infect one another. There is quite a bit of experience with this disease in Africa, but very little in the U.S. Dr. Lofy described Ebola's symptoms, and identified it as a viral hemorrhagic fever. She described the morbidity and mortality associated with the virus and how the virus is spread. Dr. Lofy emphasized that the virus is not spread through the air, food, water, or casual contact. Disease control efforts are easier because individuals are not infectious until they start to show symptoms. The current outbreak in West Africa is the largest outbreak that has ever occurred, and is affecting Sierra Leone, Liberia, and Guinea. Those with the highest risk for infection are healthcare workers and those who are taking care of those who are sick, such as in the same household.

Dr Lofy indicated that the most effective treatment is supportive care (dealing with symptoms). To stop the outbreak, it is necessary to isolate those who are sick to prevent future contamination. In the U.S. there have been four people diagnosed with Ebola, though no one in Washington. Nine asymptomatic travelers are currently being monitored in Washington. The first layer of protection is the level 3 travel warning, meaning they suggest avoiding unnecessary travel to Guinea, Liberia, or Sierra Leone. There is also exit screening in Ebola-affected countries, and entry screening at US airports with enhanced screening at five of them. She referenced the declaration form travelers fill out when returning from these countries, which includes what to be aware of and whom to call if symptoms arise. Travelers are monitored by local health departments in case they do develop symptoms. She referred to monitoring guidelines for those with high risk, some risk, and low risk, including the type of monitoring and the restrictions on movement.

Dr. Lofy described the levels of healthcare facility preparedness, including outpatient/ambulatory care settings, Ebola screening facilities, and Ebola treatment facilities (tertiary hospitals). The Department is collaborating with various healthcare response organizations to make sure their infection control techniques reflect current recommendations. They are also working with EMS providers to assure they are trained and prepared to transport possible Ebola patients. The Department performed validation testing for PCR assay, risk assessment, and staff training to ensure preparedness in case patients do enter the state (materials on file). Member Wiesman referred to one of the pictures on the slide and indicated that Washington uses a full protection hood to assure there is no potential for Ebola exposure in the Public Health Laboratories.

Dr. Yu clarified that only certain counties are equipped to transport the potential patients. Member Wiesman explained that all of the travelers the Department is monitoring have plans in place in case they do start feeling symptoms, including where to go and who to contact. That is one of the advantages to monitoring these travelers, and working closely with facilities.

Dr. Yu referenced WAC 246-100-036. In this rule, if you scroll all the way down, it references a manual that local health officers are supposed to refer to. This particular book is outdated and there is a more current version. Her concern is about referencing a book that is outdated as soon as it is published, and there are more credible sources of information. There is the CDC, the DOH with very up to date and agreed-upon information. These are the actual sources where local health officers get their information, especially with emerging conditions that may not even be in the textbook. Ms. Davis explained that there is rule language that gives health officers flexibility for referring to other information, so they can refer to the most up to date information. This language allows health officers to use the best available information, such as DOH or CDC.

***Motion:** The Board directs staff to prepare, for the Board's consideration, updates to the Board's communicable disease rule to assure references to communicable disease guidance is up to date.*

***Motion/Second:** Member Pendergrass/Member Besserman. Approved unanimously.*

## ADJOURNMENT

John Austin, Board Chair, adjourned the meeting at 3:46pm.

## WASHINGTON STATE BOARD OF HEALTH



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Keith Grellner, Vice Chair