



**Final Minutes of the State Board of Health  
January 13, 2016  
WA State Department of Labor and Industries  
7273 Linderson Way SW  
Tumwater, WA 98501**

**State Board of Health members present:**

Fran Bessermin  
Keith Grellner, RS, Chair  
James Sledge, DDS, FACD, FICD  
The Honorable Donna Wright  
Thomas Pendergrass, MD, MSPH

Diana T. Yu, MD, MSPH  
The Honorable Jim Jeffords  
John Wiesman, DrPH, MPH  
Dennis Worsham, DOH Secretary's Designee

**State Board of Health members absent:**

Angel Reyna  
Stephen Kutz, BSN, MPH

**State Board of Health staff present:**

Michelle Davis, Executive Director  
Melanie Hisaw, Executive Assistant  
Kelie Kahler, Communications Manager  
David DeLong, Health Policy Advisor

Tara Wolff, Health Policy Advisor  
Christy Hoff, Health Policy Advisor  
Sierra Rotakhina, Health Policy Analyst  
Lilia Lopez, Assistant Attorney General

**Guests and other participants:**

John Austin, Representing Self & Former WSBOH Chair  
Brad Zakes, Ethan Zakes Foundation  
Rachel Fordham, ALD  
Gerald Steel, WASW & KCCAF  
Audrey Adams, WASW & KCCAF  
Carl Buher, Self & National Meningitis Association  
Lori Buher, Self & National Meningitis Association  
Kristin Peterson, Department of Health  
Clark Halvorson, Department of Health  
Lain Knowles, Department of Health  
John Thompson, Department of Health  
Michele Roberts, Department of Health  
Lauren Jenks, Department of Health  
Hana Oltean, Department of Health  
Kelly Cooper, Department of Health  
Vicki Bouvier Department of Health  
Ellie McMillan, Department of Health  
Liz Dykstra, Department of Health  
Linda Barnhart, Department of Health  
Trang Kuss, Department of Health  
Danny O'Neill, Department of Health

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Keith Grellner, Board Chair, called the public meeting to order at 9:04a.m. and read from a prepared statement (on file).

### 1. APPROVAL OF AGENDA

*Motion: Approve January 13, 2016 agenda*

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

### 2. ADOPTION OF November, 19 2015 MEETING MINUTES

*Motion: Approve the November 19, 2015 minutes*

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

### 3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director welcomed the Board to Tumwater. She mentioned that Angel Reyna accepted a new position as Vice President at Renton Technical College. She directed the Board's attention to materials under Tab 3, including Tara Wolff's formal retirement letter, Board correspondence denying Gerald Steel's petition for rulemaking as well as Governor's office correspondence regarding Mr. James Deal and Mr. Gerald Steel appeals of the Board's denials to their petitions for rulemaking. She noted that last fall the Board submitted comments to the Building Code Council with regard to their proposed pool rules, and based on the Board's input, the Council would be revising their rule to improve consistency between the Board's rules and the Council's rules. Ms. Davis mentioned the Governor's recent executive order on firearm safety and suicide prevention. She noted that Legislative session started January 11 and will end on March 10.

She indicated that the Board received a Health Impact Review this week on HB 2307 (providing reasonable accommodations for pregnant women in the workplace). She noted that HB 1295 (breakfast after the bell) and HB 1865 (vision screening) were both heard in committee this week as well. Ms. Davis noted that Senator Roach contacted Board staff to learn the Board's position on changing the list of statutory list of exemptions to allow teachers in public schools to carry firearms. The Board discussed Senator Roach's concept, and noted a lack of strong data and evidence to support this type of approach. Members discussed the need to keep firearms secure and some of the possible challenges in the school environment. The Board indicated a desire to support the approach in the Governor's Executive Order, and supported crisis event training for school personnel and students. Ms. Davis said she would respond to the Senator. Ms. Davis reported that the Board's strategic planning steering committee met on January 12, to review Goal 3, Reduce Health Disparities.

### 4. DEPARTMENT OF HEALTH UPDATE

John Wiesman, Secretary of Health and Board Member

Secretary Wiesman updated the Board on the Department's Anencephaly outreach, and reported there was no single cause that they could identify for the increase of anencephalic births in the Yakima, Benton and Franklin counties. He shared efforts for promoting folic acid use among young women, and mentioned that the Health Care Authority (HCA) has clarified their rule that all women on Medicaid ages 11-49 would be eligible for prenatal vitamins/folic acid. He said the Department is working with local health jurisdictions and HCA, to inform the public that folic acid deficiency is associated with anencephaly and that Medicaid covers parental vitamins. These efforts also included the Commission on Hispanic Affairs and local health care providers. They continue to work with the national advisory group and review data.

Member Pendergrass noted that folic acid supplements need to be started before pregnancy in order to effectively prevent anencephaly and other spinal closure disorders. Women often do not realize that they are pregnant until important development stages have passed. He noted that many food products are fortified but that maize flour is not, advancing this issue at the national level is important.

Secretary Wiesman said that December 11, China started holding high value seafood product including geoducks for Arsenic testing. The challenge is when the product is held, it isn't a ban and the delay damages the product value. The Department is working with the federal government including National Oceanic and Atmospheric Administration to try to resolve the issue. They have been implementing the protocols that were agreed to several years ago.

CDC recognized Washington for improving immunizations rates for 13-17 year olds, particularly for HPV vaccinations for males. Washington was also recognized for having the highest vaccination rates for shingles vaccination for adults over 65 years of age. We still have work to do to reach national targets in other areas. He noted that influenza is still characterized as sporadic in Washington. He expressed that it is important to get your flu vaccine, wash your hands, cover your cough, and stay home when sick. There have been 8 lab confirmed deaths, and one of these was a person who had no previous health complications.

Secretary Wiesman noted that the Governor's executive order on firearm safety takes a public health approach. The order directs the Department to work with other state agencies and entities to collect data available in the state on firearm death, and note the gaps in available data. The Department has received a grant from the CDC to be part of the National Violent Death Reporting System. The Department will put together recommendations on how to reduce firearm deaths in the state-- the report is due to the Governor by October 2016. Data collection will be ongoing. They plan on an inclusive, community-based process. He remarked that eighty percent of firearm deaths are suicides. Forty-nine percent of suicide deaths are by firearm. The Department will work with health care providers to improve screening and identification of risk factors. There will be social marketing on warning signs, focused on the populations at highest risk for suicide (American and Alaskan Native, middle-aged white men, LGBTQ youth and veterans). Governor's budget includes \$290,000 for a suicide prevention campaign. OFM is also leading the effort to assure that data collected for background checks doesn't have gaps, is shared appropriately and quickly, when someone is buying a firearm.

Member Yu noted shared her involvement in the child death review process, which includes firearm deaths. She said the reviews are a rich data source, but not all communities do child death review. For communities that do, there are excellent processes in place for bringing communities together. She remarked that as a health officer, she reviews death certificates it always sad to see the number of deaths among veterans.

Secretary Wiesman reiterated that firearm suicides are successfully carried out more often than other types of attempts. Member Pendergrass expressed that the executive order statement that firearm deaths have surpassed motor vehicle deaths. He noted that the public health method used to reduce motor vehicle deaths can provide a model. This is an opportunity for public health to begin to look at this issue, as they did with motor vehicle deaths, to figure out how to reduce suicides by firearm.

Member Jeffords asked how the Governor plans to assemble a team to work on this issue. Secretary Wiesman noted that he will be meeting with the Governor tomorrow to determine how they will develop a community-based approach and develop partners. Member Jeffords noted his interest in being involved. Member Yu asked if there is anything in the plan or the order around the root causes of depression that focuses on bringing more resources to this area. Secretary Wiesman noted that there are many components of the suicide prevention plan, which do address mental health and ACES across the lifespan.

Secretary Wiesman noted that Maryanne Guichard will be retiring in March, and that Clark Halvorson was selected to fill her position.

## 5. BRIEFING: COMMUNITY WATER FLUORIDATION RULE UPDATE; WAC 246-290-460

Keith Grellner, Board of Health Chair and Dave DeLong, Board Staff, introduced Clark Halvorson, Director of the Office of Drinking Water at Department of Health. Mr. DeLong provided a history of the Board's fluoride rule, and Mr. Halvorson provided an update on the Department's work to update the rule (presentation on file). He highlighted the importance of working with partners, including community members, to improve the health of all people in Washington. Mr. Halvorson's presentation outlined background information on fluoridation, reviewed the HHS recommendation, described the rule development process and the informal comment period along with the department's recommended handling of those comments. He discussed the preliminary significant analysis and outlined the next steps in the rule adoption process. The Department plans to file the CR-102 January 20<sup>th</sup>, 2016, the official written comment deadline is February 23.

Member Sledge asked how the Board's proposed rule compares to other states. Mr. Halvorson said that many states require all water systems to fluoridate, and that not all small water systems have the capacity to fluoridate and sufficiently monitor. He noted that the optimization program and the public notification piece that are included in the proposed rule strengthens the rule and are not present in all other states. Member Pendergrass asked to whom the rule applies, and what proportion of the state of Washington this covers. Mr. Halvorson noted that Group A water systems have the ability to add fluoride (these serve about 90% of the population). Member Pendergrass noted that there are water systems where the local region has not decided to fluoridate, and that the rule does not mandate fluoridation, but rather sets standards for systems that choose to fluoridate. Ms. Davis mentioned that the draft rule is posted on the Board's website.

*The Chair suggested that the Board delay its break and move into Public Testimony.*

## 6. PUBLIC TESTIMONY

*The Chair read a prepared statement (on file)*

John Austin, Citizen and former chair of the State Board of Health, and current Jefferson County Board of Health member. Mr. Austin noted that the price of freedom is eternal vigilance and education. So is the price of public health; vigilance and education. He said the City of Port Angeles almost discontinued fluoridation, and that the Board would soon hear emotional testimony asking to roll back public health measures that are science based. He thanked the Board for its emphasis on science in light of testimony. Mr. Austin noted he was pleased to hear interest in suicide reduction. As a psychologist, he reflected that there were often problems with family members and guns kept in house. He said that suicide remains a taboo topic, and commended the Secretary on efforts to prevent suicide and the Board's attention to science in public health measures.

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Brad Zakes, Ethan Zakes Foundation. Mr. Zakes provided testimony regarding Adrenoleukodystrophy (ALD), saying that he lost his young son, Ethan Zakes, to ALD at the age of 10. He said that symptoms develop in children at about 4 years of age. Symptoms mimic ADHD, and most children are misdiagnosed. This leads to months and years of lost treatment time. Stem cell transplant therapy provides a cure, but ALD must be detected early. If a child is diagnosed after becoming symptomatic, the disease is almost always fatal. A newborn screening test is available now. He noted that the Board will receive the advisory committee's recommendations today. He said that the review was thoughtful and scientific, and thanked Board members and staff for their thoughtful work on this issue. He requested the Board approve the recommendations.

Gerald Steele, Attorney, Washington Action for Safe Water and King County Citizens' Against Fluoridation, thanked the Board members for work they do. He indicated he has worked on fluoridation for over ten years, and noted that it was a very controversial and emotional issue. He said that most people don't read the research. Mr. Steele mentioned that Mr. Halvorson said that current evidence shows that water consumption is consistent across temperature zones, that sources of fluoride have increased since 1960s. Mr. Steele said that according to EPA, small children are getting more than reference (safe) dose of fluoride. He said that Mr. Halvorson did not mention why they chose .7 ppm, they found that for people born in 1990, 42% had dental fluorosis. He said most were in mild range, but 12% with fluorosis at esthetic concern. He said that dental fluorosis is recognized by dentists and is a result of too much fluoride, but dentists are unable to see harms inside of peoples' bodies. He focused his comments on cognitive and other brain problems and noted in 1995, rat studies found that rats drinking fluoridated water developed cognitive problems. He said that pregnant women drinking fluoridated water will have children with a lower IQ than pregnant women who don't drink fluoridated water and indicated that the problem occurs in the later part of gestation. He asserted that there have been over 100 animal studies and over 40 human studies showing lower IQ in fluoridated areas.

Audrey Adams, Washington Action for Safe Water and King County Citizen's against Fluoridation testified that HHS chose to reduce to .7 ppm because they intended to minimize dental fluorosis. She stated that they are admitting that there is harm and that there is a point at which you can have too much fluoride in your system. Half of our children, 42% have too much fluoride already. She questioned why HHS is just looking dental fluorosis without considering skeletal fluorosis too. She questioned why one should assume that this toxin only affects teeth, and asserted that it is also bad to rest of body. Like sugar, it is bad for teeth but it is also bad for the rest of body. She said that when a person drinks water, it goes to the whole body, and everything is affected in the body. She stated that HHS neglected to address that issue and indicated that Dr. Bill Osmunson made a nomination to the National Toxicology Program this summer. She said that the National Toxicology Program was so compelled by the amount of scientific evidence of harm to the developing brain that they have accepted fluoride research for neurodevelopment and are conducting additional research now.

Carl Buher, National Meningitis Association encouraged the Board to implement the vaccine requirements for school entry to protect adolescents in WA State from meningococcal disease. His goal is to prevent stories like his own. He related how he contracted meningococcal disease when he was 14 years old and a HS Freshman. At that time he was 6'4", 185 lbs, and a very healthy, active and focused teenager. One night after a football game, he went home and felt like he a very bad case of the flu. He was up all night vomiting, nauseous, had a high fever and purple splotches on arms and legs. He went to his physician, then emergency room, and a spinal tap confirmed the diagnosis of meningococcal meningitis. He remembers little else over the next 2.5 months. He was airlifted to Children's Hospital in Seattle, placed in a drug induced coma for 3 weeks. During that time his heart

stopped three times. Over the next 5 months at Harborview Hospital, he had 11 surgeries, skin grafts to 60% of his body, and amputations on both his feet and three fingers. He returned home after 5 months of hospitalization, weighing 70 pounds less. Over the next 4 years, he had to relearn how to walk, talk, feed himself and write. He had physical therapy three times per week and spent the rest of his HS career in a wheelchair. He graduated on time as Valedictorian, went onto Gonzaga University and got his degree in Engineering. He said he was “one of the lucky ones.” Up to 20 percent of survivors end up with permanent disability such as his own and 10 to 15 percent who get the disease will die. It is a devastating, fast moving disease. A healthy son or daughter could die within hours of contracting this disease. He urged the Board to require the vaccine that protects against meningococcal meningitis; however this vaccine that protects against the 4 of the 5 strains of meningitis; A,C,W & Y. A 5<sup>th</sup> strain, B, which is what he had survived, leads to one third of the cases in the US and is most prevalent in adolescents. He said that there is now a vaccine that protects against strain B, and urged the Board to require the vaccine so that families won’t be victim to this devastating disease.

Ms. Lori Buher, National Meningitis Association.& Mom of Carl Buher, shared her story last time before the Board (Aug 2015). She reflected that she wasn’t sure she should have Carl testify, because today he looks successful, tall and handsome, has a beautiful wife and life. She reflected back on her son’s care while he was ill and the intense amount of time and care it took to shower, change bandages and get ready each day. She recalled hearing a story of one of Carl’s classmates who had gotten into trouble for drinking and was suffering the consequences. Ms. Buher said she was so disgusted that the kid had chosen to risk his life, and in a moment of despair, she said to Carl, “why couldn’t that have been him that got sick instead of you”, and Carl said, “Mom, he would not have survived.” She agreed that not every child has the resilience to survive. She said her son’s intelligence, strength, faith and courage helped him survive, and not everyone has the community and family that Carl had. She spoke of the support they received but noted the impact to their family—financially and emotionally. She appreciates the “Cost Benefit and Cost Analysis” work that was done however she felt that it overlooked the cost to families. She shared how they had to sell their home, borrow money from family to purchase a home that was wheel chair accessible. She requested the Board help protect the kids. She said she testified at ACIP as they went through fiscal considerations, and asked the Board to also consider the fiscal and emotional costs to families.

Rachel Fordham, son has ALD, testified with her son Titus alongside her. She shared how they found out Titus had ALD, but had never heard of the disease before. She described how one day last summer he had a normal stomach bug, as the day went on he lost control of his muscles/bowels and was non-responsive. They rushed him to the hospital and his blood sugar was a 20, which is coma/seizure/life threatening. She said he was first diagnosed with Addison’s disease, which means his adrenal glands were not working properly. If they had been up in the mountains, they would have lost him. Over the course of a month, he was diagnosed with ALD. She said that as she learned more about this disease, she realized they are the lucky ones. She said that Titus must have an MRI every 6 months to detect changes to the brain. So far they haven’t noted any, which has given them time to locate donors. As soon as the changes show, they will make sure he gets a bone marrow transplant and his chances of survival are really great. Had they known when he was a baby, they would have been checking his adrenal glands and his brain periodically his entire life. They are grateful they found out when they did. All little boys should be lucky enough to be saved. She asked Titus on his way there what he’d like to say, and he said to his mom, “Just tell them to save the boys.”

*The Board took a break at 10:48 a.m. and reconvened at 11:00 a.m.*

*The Chair asked whether anyone wanted to provide additional testimony.*

Gerald Steel returned to the table. He indicated that he wanted to bring two points to the Board's attention. First is the graph on declining tooth decay. He remarked that tooth decay is declining all over the world about equally. The graph shows fluoridated and un-fluoridated counties; he said it is impossible to distinguish improvement in oral health by counties that fluoridate over the last 50 years. Mr. Steel said that CDC says that fluoridation is one of the 10 greatest health achievements, but there is no basis for that. Oral health improvement is the achievement, not fluoridation. He said his second point has to do with the proposed rule language stating: "Where fluoridation is practiced, the optimal level is 0.7 mg/l." Mr. Steel asserts that he feels the Board's authority does not allow the Board to make an optimal level. He said the Board could say that the HHS says the optimal is .7 and he wouldn't have a problem with that. He said the Board's authority is only for safe and reliable water.

Ms. Davis reminded the Board that there was written testimony in the packet as well, including a letter from Sanofi Pasteur, a photo of the technical advisory group vote. There is also a letter from the National Meningitis Association.

## **7. ADRENOLUEKODYSTROPHY (ALD) NEWBORN SCREENING ADVISORY COMMITTEE RECOMMENDATIONS**

Dr. Diana Yu, Board Member reminded the Board of the petition that the Board received to add Adrenoleukodystrophy (ALD) to the newborn screening (NBS) panel. Prior to convening the advisory committee, the Board reviewed, refined, and approved the newborn screening criteria in March of last year. The advisory committee met to review and reaffirmed the criteria in October. She co-chaired committee with Dr. Lofy.

Tara Wolff, Board staff, reminded the Board that at its last meeting, the Board voted to dedicate the newborn screening criteria to the late Mike Glass, and pointed to the dedication in the criteria.

Member Yu said that ALD frequency is 1 in about 20,000 births. Some statistics say 1 in 17,000. She described the disease as an X-linked disorder, on one of the genes. The defect is in metabolizing long chain fatty acids, people with ALD have very high long chain fatty acids. She said that the disease predominantly affects boys, because they have only one X, most women with one X affected will not exhibit the disease. She said that there are several phenotypes of this disease. In the cerebral form, it causes changes in brain, nerve cells change and the progressive change effects brain function. Another type, Adrenomyeloneuropathy (AMN) affects women later in life and it causes some neurological problems. The third form is called Addison's disease. In this form, the adrenal glands do not produce needed hormones. Today's presentation primarily focuses on the childhood cerebral form. She reviewed the data on the disease, and said that as soon as symptoms begin, the disease progresses. It is a hard to detect the disease. Addison's disease presents a unique challenge because it isn't not clear whether a child has is Addison's or ALD. Member Yu discussed treatment for ALD. Children with Addison's receive hormone replacement and brain scans (MRI). If changes are noted in the MRI, a stem cell transplant is done. Early treatment is most effective. Another potential treatment is gene therapy. Member Pendergrass described gene therapy and said that gene therapy is treatment we expect to have in the future, we rely on stem cell transplants at this time

Member Yu reviewed the New York data. Member Pendergrass emphasized the importance and value of newborn screening to find the long chain fatty acid and make the diagnosis from the NBS blood spot. He indicated a desire to screen all children and noted that the New York experience is equivalent to about five years in Washington. If we can identify adrenal failure and give hormones, it reduces the likelihood of crisis. ALD is challenging, because while a transplant is curative, it is important to find for a non-related donor and there are complications, which are rare but still represent a real risk.

Member Yu directed the Board to the newborn screening criteria and introduced John Thompson and Lain Knowles from the Washington State Department of Health. Mr. Knowles provided a brief history of the review of ALD. He said that nationally, ALD was being discussed for addition to the federal panel. Mr. Knowles reviewed the project schedule, and noted New York's work. The Washington panel was convened in October 2015.

Dr. John Thompson, Department of Health highlighted that the most severe form has a prevalence of 1 in 48,000 births, he said that we could expect a baby to be born in Washington with this severe form every two years. Dr. Thompson described the criteria, and the advisory committee's determination to weigh each of the criteria separately for boys and girls. He described other states actions on ALD. New York is conducting screening. Other states: have laws on books but are waiting for the federal panel to include ALD as a recommended condition. The Federal advisory committee recommended ALD be added to the panel but the Secretary has not formally accepted the recommendation. Member Yu asked if there was a test for ALD. Dr. Thompson said that there is a test available, but it isn't an FDA approved test. He noted that the PHL uses some FDA approved tests, and other assays are created at the lab. Dr. Yu clarified that the Board's criteria does not require that an FDA approved test kit is available. Dr. Thompson said the second criterion is that diagnostic treatment is available. Children's Hospital has a biochemical lab to test for ALD. If a screening test identifies high fatty acids, the results are confirmed at Children's via further screening. Member Yu reminded the Board that the Washington Public Health Laboratories is a front runner in developing tests, which is why requiring a FDA approved test isn't part of the criteria. Dr. Thompson moved to the third criteria, prevention potential and medical rationale. He said there is a good window of opportunity that allows them to identify boys before they are in crisis. He noted that not all committee members agreed that there was a good rationale for identifying carriers (females). Member Pendergrass said that not all genes on all paired chromosomes are activated. If a defective gene is activated in a female, they are at risk in the long term for neurological changes. Member Yu confirmed that girls did not always clearly meet the criteria, but male relatives may also be at risk.

Dr. Thompson said the next criterion was public health rationale, and that ALD very clearly met for boys. Members Pendergrass and Yu talked about the difficulty in sorting gender by name and that boxes on the forms may be checked incorrectly. Dr. Thompson moved to the final criterion, cost benefit. The analysis compares the status quo to screening, and utilized New York data and expert opinions. He reviewed the slides, and said the analysis was complex but estimates that we can save lives – benefit. .32 babies saved per year (one baby every three years). He noted that adding screening increases cost of treatment. For every dollar spent, you net \$4 savings. Total: \$1.8 million benefit per year.

Member Yu asked how this condition compared to others like SCID or CF. Dr. Thompson said it was very similar, and the benefit was is very strong. Member Wiesman asked if the cost benefit analysis was based on mid-range values? This is base model, based on best case scenario. Member

Pendergrass discussed other types of screening, and costs. He said that this is a rare condition with a great test, that gives high value to the state. He expects there to be more requests for diseases in the future.

Mr. Knowles summarized the vote on ALD for meeting criteria. The committee voted separately for males and females, and most of the panel felt that criteria always meet for males but sometimes not for females, but recognized that females will benefit as well. Member Wiesman asked whether one of the votes was unsure. Member Yu discussed some of the challenges within the discussion of whether tests should be conducted for both genders, in the end 15 of 18 members felt it should be done for both genders. Member Wiesman asked about other states. Member Pendergrass indicated that New York screens both genders. Other states may wait to see what the federal government recommends. He reiterated that this discussion was important for the Board to understand the complexity of the dialog. Families may wish to have this information for family planning purposes. It is possible we'll have better treatments in the future. Conversation was rich and challenges are many.

Member Wiesman said that as a Board we need to consider the long term future of newborn screening, and prenatal screening. He noted this may get more complicated moving forward. Member Yu said that the committee has discussed these issues at length, and indicated the Board should periodically review the criteria, perhaps every 10 years. Member Pendergrass reminded the Board that the advisory group was filled with different perspectives, and he was convinced we have done due diligence.

Mr. Knowles summarized the recommendations. The committee believes that ALD meets criteria and should be added and done universally. Cost benefit on all (male and female). Thanks to advisory panel. Chair Grellner expressed his appreciation for an excellent presentation, and asked for discussion.

Member Wiesman asked for next steps in the process, and potential fiscal impact. Mr. Knowles indicated that the fee would go ahead for the next fiscal cycle. This will require fee increase through normal legislative process. The rule technically may not implemented until the revised fee is approved. Mr. Knowles said the rule making only includes newborn screening conditions. Member Wiesman noted the process would take approximately 18 months. Member Pendergrass reminded the Board that legislation sometimes adds to screening process directly. Costs will be incurred if we do not screen. Those with adrenal failure will go to hospital. This is not a cost avoidance. This is another cost but we can have it given proper consideration but leg has to decide what it does for the citizens of Washington. Member Wiesman inquired whether there are more federal screening conditions that we might consider? How do those compare to ALD, how are we prioritizing when other recommendations are out there that aren't on our list?

Member Yu explained that the Board receives requests through petitions, research, and NBS program requests. Requests are reviewed against criteria, and if they don't meet the criteria they are not added. Member Pendergrass indicated that revisiting the criteria is important. It causes us to determine evidence is adequate and whether the disease can be detected, therapy is available, and the cost and benefits to the state. These criteria and review is a dynamic activity. It reflects what we need out of newborn screening program—collaboration, integration, and thoughtfulness. Member Wiesman, said that he wants the Board to consider equity issues, to assure we don't miss groups with a condition that do not have power to bring it forward.

Member Yu thanked Member Wiesman for the reminder. She indicated that the Board can review a report every year. We need to look again at what RUSP conditions that we are not currently screening.

***Motion:** The Board approves and adopts the recommendations of the ALD NBS Advisory Committee, and asks staff to begin the necessary steps to add ALD to the NBS panel in Chapter 246-650 WAC.*

***Motion/Second:** Pendergrass/Sledge, Approved unanimously*

*The Board recessed for lunch at 12:20p.m. and reconvened at 1:26 p.m.*

## **8. REQUEST FOR DELEGATION OF RULEMAKING ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES RECOMMENDATIONS**

Diana Yu, Board Member announced that DOH has asked the Board to delegate rule making for part of the immunization rules. She indicated that this delegation of authority for a very specific piece of the rule.

Tara Wolff, Board staff noted that the specific change is a reference to ACIP schedule, which outlines the doses and age requirements for immunizations. The date would change to reflect the most recent recommendations, but would have no substantive changes.

Michele Roberts, Department of Health. Described ACIP and the recommend immunization schedule. The ACIP is a national advisory group to CDC that recommends who should get vaccines and when. They publish the annual best practice for immunizations. She noted that the rule must cite a specific schedule, and requests the Board delegate rulemaking to the Department for this technical change. The Department would notify the public, and conduct rulemaking to assure alignment with current recommendations. She noted that the last schedule change was made in 2013 and their request is to change the rule to reflect the most recent version, and will not impact other aspects of the rule.

***Motion:** The Board delegates to the Department of Health the authority to update the ACIP reference in WAC 246-105-040 as long as no substantive changes in number or type of vaccines as expected.*

***Motion/Second:** Pendergrass/Yu. Approved unanimously*

## **9. MENINGOCOCCAL VACCINE TECHNICAL ADVISORY GROUP RECOMMENDATIONS**

Diana Yu, Board Member said that according to statute (RCW 28A.210.080, 28A.210.100 and 28A.210.140), the Board has authority to adopt rules on proof of immunizations for school and day care attendance, which are listed in chapter 246-105 WAC, Vaccine preventable diseases. In 2006, The Board adopted criteria for inclusion of vaccination required for school entry. In August 2015, the Board received a request from Mrs. Buher, Board Member of National Meningitis Association, to include meningococcal vaccine to the list of vaccines required for school entry. The Board directed staff to convene a Technical Advisory Group (TAG). On December 8, 2015, this TAG met and applied criteria to meningococcal vaccine.

Member Yu described the disease (power point presentation on file). Michelle Roberts, Department of Health, explained the TAG's work and described its membership, which included scientists, doctors, school reps, etc. Member Yu said that the Board may decide to take action other than the TAG recommendations.

Member Yu described Meningitis as a devastating illness and bacterial disease that is shared person to person. The disease requires close contact or sharing saliva/secretions with the person who has the disease in their nose or throat. Highest risks are for those living in the same household or having closed contact with the infected person (e.g. kissing). It is not spread by casual contact or through the air.

Approximately 25 percent of the population carry this bacteria in their nose, which means they can colonize the bacteria in their nose and throat, but not necessarily have the disease. In some people, the bacteria can get into their bloodstream, which means the meningitis germ is in their blood. It can be an invasive disease, and can get into the spinal fluid which causes meningitis. Some other bacteria can cause meningitis. This discussion is about *Neisseria meningitidis*.

Member Yu further described risk factors. One can be after a person has a very bad cold. The disease affects specific age groups. Some conditions make you more susceptible to meningitis. There are three age peaks; children/infants under 5, teens ages 15- 19, and adults over 65. Other risk factors include, missing spleen, people with chronic underlying illness, people in crowded housing, smokers/2<sup>nd</sup> hand smoke, health workers, first year college students in dorms, military recruits and those traveling in sub-Saharan Africa.

Once the disease enters the blood stream, there is a 3-4 day incubation period before symptoms occur. Symptoms include; high fever, severe headache, rash (purple splotches), shock, coma, death. Fatality rate is 10-15 percent and up to 40 percent in meningococemia. Of survivors, up to 20 percent may suffer from serious complications, including gangrene. Pre-vaccine, in the early 2000's, cases started to decline and we don't have specific reasons why. Vaccines became available in 2006, and the decrease of disease has continued. The Serogroups being considered for inclusion to the school requirements contain the antigen A, C, W and Y (refer to last page chart in 9b & it will show that the only person that this vaccine would have prevented the disease in would have been the 18 year old male).

Ms. Roberts presented the criteria for reviewing antigens for potential inclusion in school immunization requirements (on file). The TAG group focused their work on three specific areas: 1) An individual's decision could place others' health in jeopardy; 2) The state's economic interests could be threatened by the costs of care for vaccine preventable illness, related disability, or death, and by the cost of managing vaccine preventable disease outbreaks; and 3) The state's duty to educate children could be compromised. She noted that the TAG struggled with fitting the 3 areas above with the 9 existing criteria.

Member Yu re-iterated that number 3, the state's duty to educate children could be compromised, was the reason the TAG group was considering this vaccine inclusion. Ms. Roberts reviewed the 9 criteria, which are broken down into the 3 categories below.

I. Effectiveness of the Vaccine:

1. Recommended by ACIP: Yes, the vaccine containing the antigen A, C, W, and Y, is recommended for all kids since 2005; one dose at 11&12 years, then in 2010 they recommended a second dose at age 16 (the vaccine was found to wear off over time). This will cover kids through early college. Both Member Yu and Ms. Roberts said that there is a vaccine that contains Serogroup B that is recommended for high-risk individuals. It is hard

to really identify the high risk individuals. Member Pendergrass said that a high risk factor included college students in close quarters in dormitories.

2. Vaccine Efficacy: How well does it work? The vaccine is 80-85% effective, but it wears off over time, thus the recommended booster at 16 years. The vaccine gives about five years of protection and this continues to be studied. Member Yu shared the comparison to other vaccines that are required for school entry (eg. TDAP & Chicken Pox). This vaccine is comparable with 80-85% effectiveness, although it does decline in efficacy over time.

3. Cost effectiveness: TAG struggled with this criteria. Vaccine is expensive for a rare disease. Member Pendergrass said the challenge remains with “who” is affected and “where” is the disease. Is a child who is in K12 at sufficient risk to develop the disease? Will a school requirement catch the people we want to catch? These are some challenges.

4. Safety and Side Effects: This is a safe vaccine. Some minor side effects, but overall a very strong safety record.

## II. Disease Burden Criteria:

1. Disease Prevention: Decline in incidence annually since peak in late 1990’s; most cases we hear are from individual situations, not outbreaks. Member Yu mentioned the other methods to prevent the disease such as prophylactic antibiotic treatment if exposed. The question is, “does the vaccine really help to prevent disease.?” Ms. Roberts mentioned the rarity of the disease.

2. Reduction in transmission: This disease really requires close lengthy contact or exposure to secretions. Vaccinated people can still be carriers and not have the disease. Member Yu mentioned that the vaccine does not kill the bacteria in the nose. The vaccine does not affect the carrier status. Ms. Roberts said there is not a lot of solid data about disease carriers.

## III. Implementation Criteria:

1. The vaccine is acceptable to the medical community and the public: This is a routine vaccination, and the rates are pretty high in Washington (about 80%). Data shows this vaccine is fairly well accepted for both parents and providers.

2. Administrative burdens of delivery and tracking of vaccine are reasonable; WA is a universal vaccine state and there is not a cost to families. Still work to do to get two doses. Another question was how this can be implemented in the school setting, in light of the two doses recommended. Member Pendergrass mentioned that most vaccine tracking efforts are K-5. Moving vaccine to middle school and high school make tracking different and more difficult.

3. The burden of compliance for the vaccine reasonable for the parent/caregiver: No barriers to the cost to family for vaccine. Cost to the system for the vaccine is about \$85.

Ms. Roberts reported that the TAG’s final recommendation to the Board was that the Board should not add the meningococcal vaccine to the rule. The final votes were 2 yes, 8 no and 3 unsure. The TAG felt that the recommendation did not fit the overarching framework. Member Pendergrass mentioned about the burden being more for the middle school and high school. Ms. Roberts said the kids most at risk are those getting the disease and indicated there is support for the vaccination and prevention of the disease, but not for the school requirement in light of the existing criteria. Member Yu said the biggest question is if the vaccination will decrease transmission. Many kids already have a single vaccine. Ms. Roberts said the TAG had a very thoughtful discussion in light of the data, and that WA is one of twelve states that are required by law to provide educational information to K-12 students about the meningococcal vaccine. Educational mandates alone show to be ineffective. Member Yu said there’s also an equity component, because families with medical

coverage are likely to get vaccinated, and those without medical coverage will not. Those are the kids where the school mandate will bring them closer to vaccination. She noted that health care providers recommend the vaccine, but the Board needs to determine whether it should be required for school entry. Member Pendergrass remarked that with 5 years of coverage, the question may be about whether the right people in the right setting are covered. He noted that many universities require the vaccine now, because interactions are different at the college level. Ms. Roberts indicated that there was no standard requirement at colleges. Member Wiesman thanked Ms. Roberts and appreciated the TAGs work. He suggested a future discussion exploring the Board's authority to require vaccinations for colleges. Member Yu remarked about the high level lot of discussion about the criteria, and suggested the criteria should be reviewed and reaffirmed on a regular basis. She noted that the TAG group was asked to review framework prior to final vote, their bottom line was, whether it would make a difference in the school setting. She said there was no question about whether the vaccine was good or the disease was bad. The question is the whether the K-12 school setting the place for to require vaccination.

Member Pendergrass indicated he would not be comfortable dismissing the advice and recommendation of the TAG, given the effort to conduct the review. He suggested the Board should ruminate on the materials and presentation, and continue the decision to a later date. Chair Grellner asked whether the state epidemiologist had an opinion? Member Yu indicated that the state epidemiologist did not provide an official opinion, but felt that given his presentation she thought he would be comfortable with the decision that was made. She suggested that the Board could ask him to render an opinion. Member Wiesman acknowledged that he valued the groups who make recommendations, and reminded the Board that the buck stops here. The Board needs to factor in the recommendation along with other factors. He is personally comfortable with this recommendation at this point, but wants board members to feel confident in their vote and he sees no harm in waiting for the vote if that works for others.

Member Yu said more materials can be made available to Board members, and the Board could reconsider at a later date even if it decided not to add this vaccine today. Member Bessermin and Chair Grellner indicated they were comfortable waiting.

***Motion:** The Board tables the actions on this issue until the next Board meeting in order to make a decision on this issue.*

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

Secretary Wiesman indicated that he had discussed the committees' recommendation with Dr. Kathy Lofy, WA State Health Officer, who had recommended accepting the recommendation. Member Yu thanked Michelle Roberts and her staff for the hard work on this issue.

## **10. UPDATE: DEPARTMENT OF HEALTH TICK SURVEILLANCE**

Dave DeLong, Board Staff, introduced the issue and Lauren Jenks, Department of Health and Hanna Oltean, Department of Health (Presentation is on file). Ms. Jenks reminded the Board that One Health is a framework that looks at the interaction between human health, animal health, and the environment. She noted that ticks are a vector for Lyme diseases that can transmit the disease between animals and humans making this a good illustration of the One Health model. The Tick Surveillance Project's objectives are to improve our understanding of the distribution of the tick vector and determine the prevalence of *Borrelia burgdorferi* in the vector tick in Washington State. She reported that the project has evaluated over 8000 ticks. Around 1400 are deer ticks and about 2% of

these tested positive for Lyme disease. Lyme disease symptoms are nondescript except that it often has a distinctive, bull's eye rash. Tests to confirm humane disease are not very good. Lyme disease can be effectively treated with antibiotics but some people may experience lingering symptoms of Post-Lyme Disease Syndrome and chronic Lyme disease even after the patient has been effectively cleared of the bacteria. Cases of Lyme disease in Washington are reported annually, but most of these are thought to be exposed outside of Washington. The CDC's recently published paper on Lyme disease in low incidence states (including Washington), concluded that diagnostic tests in these states have a low predictive value and that cases in low incidence states may be often misdiagnosed. It is important that Washington health care providers are aware that there are ticks carrying Lyme disease and in the state and locally acquired Lyme disease is possible.

## 11. SENSE OF THE BOARD 2016

Michelle Davis, Executive Director directed the Board to materials under Tab 11, including policy 2001-001 and a draft of the 2016 Sense of the Board (on file). She said that the 2016 legislative session began on January 11, and that even numbered years are 60-day legislative sessions. She asked members to look at the draft legislative statement. Based on Board policy, members and staff may communicate with the legislature on bills related to Board authority or those directly related to Board priorities outlined in the strategic plan or legislative statement of the Board. She reviewed the edits and suggestions she received from Board members and staff. Member Jeffords thanked staff for adding the funding sustainability and foundational public health components.

Ms. Davis noted that the earlier conversation around the Governor's executive order provided staff with guidance on how to track legislation on these issues. She reminded Board members of the policy on lobbying and that they must report all lobbying activities quarterly. Member Yu asked whether lobbying included those occasions where legislators approached members at a community meeting and asked for an opinion because they know that you are a Board member. Ms. Davis indicated that if Board members provide information (not opinion) that is not lobbying. If board members encounter situations where they are not clear whether a situation would constitute lobbying, we can consult with our legal counsel.

***Motion:** The Board adopts the Statement of Policy on Possible 2016 Legislative Issues as submitted on January 13, 2016.*

***Motion/Second:** Bessermin/Jeffords. Approved unanimously*

## 12. BOARD MEMBER COMMENTS

Keith Grellner, Board Chair, noted that today is Tara Wolff's last Board meeting as staff for the Board and briefly described some of the work that she has done through her career and work with the Board. He noted that, while working for the Board, she focused on outreach and bringing partners to the table. Chair Grellner highlighted Ms. Wolff's many accomplishments in her time as staff to the Board and thanked her for her service.

Thomas Pendergrass, Vice Chair, mentioned federal legislation to put e-cigarette products into childproof containers. He noted that many things are inhaled through vaping devices. Dr. Pendergrass acknowledged Ms. Wolff and thanked her for her support of the Health Promotions Committee.

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James Sledge, Board Member, noted that some people in Port Angeles have been trying to remove fluoridation from the water system. He noted that the city council has voted to continue to fluoridate. Member Sledge also thanked Ms. Wolff for her work and guidance.

***Motion:** The Board shall send a letter of support to the city of Port Angeles city council on their decision to continue fluoridation.*

***Motion/ Second:** Sledge/Pendergrass—approved unanimously.*

Secretary Wiesman whether a letter would create a boundary issue for the Board given that they are in the middle of rulemaking around fluoridation. Ms. Davis noted that the Board had recommended oral health strategies and that include community water fluoridation. Ms. Lopez confirmed that because this is part of the Board's oral health strategies it would be appropriate to write a letter.

Member Yu thanked Ms. Wolff for all of the work that she has done for the Board and the support that she has provided to her personally.

Ms. Davis presented Ms. Wolff with a letter from the Governor and thanked for her service.

Ms. Wolff thanked the Board for the opportunity to work on interesting subjects.

## **ADJOURNMENT**

Keith Grellner, Board Chair, adjourned the meeting at 3:35 p.m.

## **WASHINGTON STATE BOARD OF HEALTH**

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, Chair