

HAMILTON BOARD OF HEALTH

MINUTES OF MEETING

November 29, 2018

Members Present: Walter Row and David Smith (Chairman)

Others Present: Leslie Whelan (Health Agent).

This meeting was called to order at 7:00 pm at the Hamilton Senior Center by David Smith.

**Health agent update**

Leslie Whelan had been backlogged with work and the delay had caused some people to feel neglected. Ms. Whelan was considering how to inform people with the proper tone that she was working on their plans and proposals. Ms. Whelan would work with Nancy Stevens to develop a proper process.

**Letter from the Wenham Board of Health to discuss HWRSD's request to add language to smoking regulations.**

The Schools were hoping to add language wherein they would be able to levy fines for violators of the smoking policy. Three pages of e-mails between the Bryan Menegoni (Hamilton Wenham Regional High School Assistant Principal), David Smith, and Leslie Whelan had been reviewed.

Leslie Whelan summarized the course of action that the Board should consider taking. Ms. Whelan said she and Bryan Menegoni had discussed another community's adopted by-law, which Ms. Whelan thought looked good. Ms. Whelan was unsure if the Schools had spoken with the Interim Town Manager the previous summer. Wenham had been contacted and had reached out to Hamilton this fall. Ms. Whelan suggested Hamilton reply to Wenham to let them know the Town had addressed the request of the Schools and responded by saying they could have the Town pass a By-law that allowed the Schools to fine students for smoking. The process would begin with the Town Manager who would bring the topic to the Selectmen as it was not under the purview of the Board of Health. Walter Row and David Smith agreed it was the correct posture and they would be supportive of the proposed By-law in an effort to reduce teenage smoking.

Dr. Andrew Ting (Wenham Board of Health) would receive a reply. Joe Domelowicz had reportedly suggested using the reply as an opportunity to coordinate with the Wenham Board of Health as the two Boards shared a common school district as well as mosquito issues. David Smith would draft a response, circulate it to the Board, and issue the reply. Leslie Whelan recalled that the two Boards of Health had coordinated flu clinics for years, which were run in Hamilton with residents of Wenham invited. Wenham paid for a portion of the vaccine. As the regional preparedness group preferred to do separate town drills, a flu clinic was now held in Wenham as well. The staff coordinated the flu clinics. Walter Row suggested coordinating a

solution for the vaping epidemic in the high school. Mosquito control policy should be coordinated as well.

### **Mosquito Control Policy Draft**

Leslie Whelan had discovered the Mosquito Control Draft Policy of 2015. David Smith had issued comments. Ms. Whelan was concerned about receiving an alert late on a Friday when alerts were issued and wondered how to notify the community. Mr. Smith said the policy would spell out the standardize course of action when the Town received a report from the Department of Public Health that a disease had been found in mosquitoes in Hamilton or Wenham. Currently no standard procedure existed. It had been a few years since an alert had been issued. Residents had taken personal protections and removed standing water from their yards. Walter Row wondered about the liability if the Town had inadequately alerted the public. While reverse 911 was considered, Ms. Whelan cautioned against the overuse of the option. Joe Domelowicz would be asked to make an executive decision on how to handle the issuance of an alert. Giselle Perez reportedly said Wenham had alerted residents and some residents questioned why Hamilton had not issued an alert. Ms. Whelan noted that Wenham sprayed for mosquitoes, which surprised her. Ms. Whelan and Mr. Row discussed that studies that indicated spraying might cause more resistant mosquitoes after spraying had been completed.

Chris Lee had just joined the group but did not have an opinion. Ms. Lee noted that mosquitoes appeared to be of minimal concern especially when sports were played. Ms. Lee did not want to cause hysteria but thought education was valuable. Wenham would be contacted to determine if they had a policy to review for the implementation of the Hamilton policy.

### **Unanticipated items/announcements/updates.**

David Smith referred to the leaflets describing engine idling as a cause of releasing pollutants. Mr. Smith had discovered that many people had remote car starters in his neighborhood. Cars were left idling for ten to thirty minutes. Mr. Smith wondered what could be done when people wanted to sit in their warm cars rather than listen to arguments against idling. Leslie Whelan said some remote car starters shut off after ten minutes even though five minutes was long enough. Ms. Whelan thought the solution was education. Mr. Smith noted that Giselle Lougee was a specialist in public health education.

David Smith commended Chris Lee for her effort to have the Superintendent of Schools approve the ALICE program. Mr. Smith said he had thanked the Superintendent.

Crosbies Market had converted 4,000 (900 every three months) chips given for using reusable bags into \$4,000 in non-profit donations. Walter Row added that Beverly was also banning plastic bags as was done in Rockport and Gloucester. Chris Lee mentioned Tendercrop Farm in Wenham, which still offered plastic bags that were not even biodegradable. Mr. Row say the bags were too expensive. Mr. Row added that micro-pieces of plastics were showing up in fish.

**Review Minutes dated, October 24, 2018.**

Motion made by David Smith to approve the minutes of October 24, 2018.

Seconded by Walter Row.

Vote: Unanimous in favor.

**Chris Lee (Public Health Nurse)**

In response to David Smith's question about how many children in the Schools were not vaccinated, Chris Lee said it was in the single digits. Discussion ensued regarding the fear that some parents had that vaccines would cause autism. Measles, mumps, rubella, polio, and chicken pox were suddenly appearing because people were not vaccinating their children. Ms. Lee said legislation was being written to tighten the religious exemption gap and that children must have at least one dose of certain vaccines. If an outbreak were to occur, those unvaccinated children would be removed from school because the child would have a full-blown case of the disease while vaccinated children would have a milder case. David Smith recalled that an Asheville, NC school had 90% of its students with chicken pox because none were inoculated. Ms. Lee said some illnesses were always circulating. Chicken pox was not life threatening but others such as measles, mumps, or rubella was more serious. Different strains of meningitis were noted.

David Smith said he was on the Task Force for the Gordon Conwell Theological Seminary, which was formed in the hopes of finding what the School could offer the Town as a non-monetary compensation for the costs incurred to educate the forty children of their students. Mr. Smith recalled the conversation regarding the student who had tuberculosis and was hoping for an update.

Chris Lee recalled that in 2014, a student was determined to have an active case of tuberculosis. Clinics were held to ascertain what portion of the Gordon Conwell population could have been infected. 108 students were exposed. The Board of Health started testing the students for tuberculosis. Baselines were established and eight to ten weeks later, students were tested again to find if they had changed from their initial negative results. The infected student had a cough but was ready to graduate and break for summer. The student was given antibiotics twice without an x-ray by a doctor not familiar with tuberculosis. After the two rounds of antibiotics over four weeks, the student went to Beverly Hospital Emergency Room before boarding a plane to exit the country. Upon realization that the student had tuberculosis, he was placed in negative isolation. People he had been in contact with for four weeks could have been infected.

Gordon Seminary did not have a nurse on campus so the Board of Health contacted and tested 108 people in three clinics. The student needed to be in close contact with others for a period of about eight hours. Five students were infected after the second test eight to ten weeks later. Drug observation therapy DOT is required in an effort to have a medical professional watch the active TB student indeed take the pills. After two weeks of DOT, the student demonstrated he understood the importance of the medication and no longer need visual supervision. The length

of DOT was two months. Chris Lee described the cultural differences that made DOT difficult for the student, his family, and herself.

Leslie Whelan and Chris Lee worked together to write a regulation but the Seminary needed to hire a nurse to work specifically with the high risk population. They not only have an international student base but they also ask students to go to situations that were high risk such as prisons and homeless shelters where the tuberculosis bacteria was likely. A per diem nurse was hired in 2015/2016 but was not informed that he needed to go through records to determine who had tuberculosis in the past. The two successive nurses were so poorly compensated that they needed to get a second job. David Smith said the Town incurred labor costs responding to the episode.

Chris Lee said the chances the episode would happen again were minimal because the School had adopted regulations with appendices and addendums. In 2015 to 2016, the GCTS School was hesitant to hold clinics but now held clinics when students arrived in spring and fall. The School had become open and understanding that it was a health issue. The School supplied the medical supplies except for purified protein derivative PPD, which the Town purchased. The School paid \$10 for a test, which they charged to the students. CVS would charge \$50 for the test including result reading. Clinics were held four days in a row with the test being planted one day and read 48 hours later. Regulations stated that any high risk student who had been out of the country, born in another country, or live with someone who had active tuberculosis or person who was coughing with night sweats would be tested. Some students answered yes but had been vaccinated with BCG in their country of origin but still tested positive were advised to go to the North Shore Pulmonary Clinic in Salem to have an x-ray and speak with staff as the BCG vaccine efficacy received in childhood waned and it was very likely they no longer had coverage.

103 students were new to GCTS in 2018 of which 36 were high risk. Chris Lee felt that compliance of GCTS staff and students was improving. Missionaries and teachers were being tested yearly, which had not occurred in the past. Of the 36 high risk students only those who were previously positive or tested positive at the clinic would be reported to the state TB program. Some students were previous positive and therefore would not get tested again. Four had past active disease, one latent, and four to five others had known they were positive latent. Positive latent persons have TB in the blood and are not contagious. Once the disease reached the lungs, it became contagious. If the patient did not exhibit tuberculosis or have an active cough while on campus, Chris Lee did not have the right to have the information especially if the person did not live in Hamilton and had not expelled their tuberculosis at the time that other students were present. According to Ms. Lee, the disease was not as infectious as originally believed. Once a person tested positive for tuberculosis, it would arrive via MAVEN from state labs to the Town where the patient had expelled. Walter Row said the possibility of an outbreak was high as the system was aligned against the Town.

Chris Lee said she had been engaged in activities at the Seminary for 12 hours (four days at three hours each) per clinic, twice a year, 24 hours total. Ms. Lee cited the language barrier as an issue in 2015 and 2016. Messages were left in various languages with no ability to translate the messages. Many students went to downtown Hamilton in error rather than town hall. Ms. Lee suggested the Task Force ask the Seminary for a full time nurse as she had worked with two different nurses in three years because no one wanted the job.

David Smith questioned the variation of high risk percentages in the public schools, which varied from zero to 12% at the Winthrop School. Chris Lee responded that there were 283 students in the Schools but only 77 incoming preschoolers and kindergarten students were given the test. Ms. Lee thought the entire school should answer the questionnaire as many vacationed to distant places. Mr. Smith added that the Town was educating 40 children of Seminary students who might be susceptible to their high risk parents. Those students might be concentrated to one elementary school. Of the 36 high risk students 21 were tested. One student had tested positive latent tuberculosis and 7 previously latent students were being seen at the North Shore Pulmonary Clinic. Four students were considered high risk but were previously treated with antibiotic for past active disease. In spring, there were four latent positive tuberculosis students with ten being tested.

High risk students at the high school were monitored for fevers, night sweats, or a cough. Chris Lee said a warning flag should go up if a person came to our country with a BCG vaccine given in the past. Children who had a BCG vaccine would therefore have TB antibodies as infants but the vaccine waned in efficacy in children aged to 10 or 11 years old. Ms. Lee said there are currently no cases of active contagious TB at Gordon Conwell Theological Seminary GCTS. Ms. Lee said there had been one case of brain TB, which was not as likely to be infectious. The Town was not informed because the student did not live in Hamilton. Ms. Lee reiterated that tuberculosis was not easily contagious but had to be breathed in and out for eight hours.

Chris Lee stated that vaping was a problem at the high school and that teachers were frustrated and sickened that companies were allowed to sell products that said they did not contain nicotine when they did because the nicotine contained in the product is just below the amount required to legally label the product. Ms. Lee said the vaping equipment was thinner than a pen (about the size of a flash drive) and did not produce a cloud of smoke making it hard to detect. The Schools had taken the exterior doors to bathrooms off their hinges in an effort to detect use. One senior student said 50% of his friends had become addicted. Marijuana liquid could fill the device. The Schools had a zero tolerance policy but enforcement was impossible. Personal rights laws did not allow for backpack checks without good cause. Ms. Lee spoke about teenage physiology and the opioid receptors, which were wide open and waiting for alcohol or opioids. Once a child reached 21, the receptor area was closed. Early use increased the likelihood of addictive behavior. Police also believed vaping with marijuana was a gateway drug leading to more serious and harmful drugs.

**List of documents and exhibits reviewed.**

E-mail from David Smith to Leslie Whelan, dated October 31, 2018 regarding the Mosquito Control Policy with the Mosquito Control Plan for Hamilton, dated April 5, 2013 and amended by David Smith attached.

Letter to David Smith from Dr. Andrew Ting, dated October 24, 2018 regarding smoking regulations at the high school.

E-mail trail between David Smith, Leslie Whelan, and Bryan Menegoni dating between June 8, 2018 and November 9, 2018 regarding smoking fines at the high school.

Tuberculosis statistics in Hamilton Wenham Schools prepared by Chris Lee.

Minutes dated October 24, 2018.

**Adjournment**

Motion made by David Smith to adjourn at 8:15 pm.

Seconded by Walter Row.

Vote: Unanimous in favor.

Prepared by:

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Marcie Ricker

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Attest