

MINUTES
Board of Health Meeting
February 29, 2016

Present: Robert Carangelo, Esq.; Dr. Marilyn Ross Cahn; Dr. Andrew Bronin; Kurt Schaffir;
Caroline C. Baisley, Director

Absent: Dr. Robert Ailleo; Julia Chiappetta; Dr. Michael Franco

Guests: Dan Warzoha, Emergency Management Director; Evan Triantafilidis, Greenwich Sentinel

Staff: Ann Augustine; Robin Clark-Smith; Deborah Travers

Chairman called the meeting to order at 6:35 PM.

MINUTES

The minutes of the January 28, 2016 meeting were approved unanimously.
(Motion: Bronin / Second: Schaffir / Vote: – 4 in favor - 0 opposed)

LOCAL EMERGENCY MANAGEMENT PLANNING

Dan Warzoha reviewed the details of the February 24, 2016 storm. He noted that Greenwich received the most damage in the state. Wind speed was recorded at 70 miles per hour which resulted in much tree damage. There was only one injury which was related to clean-up work. He reported that the First Selectman is very concerned about the inadequate response by Eversource. An after action report is due to be completed by mid-March.

Other activities:

- President Obama significantly reduced the budget for homeland security activities and as a result, federal grant funding will not be increased.
- Port Security grant is very good
- Board of Selectman approved the National Mitigation Plan which will enable the Town to receive FEMA funding after a disaster event
- Region 1 Communication and Disaster plans are being updated
- A Region 1 Public Health State Drill is planned for April to exercise the Strategic National Stockpile. All local health departments and hospitals will participate in the drill **(reported by the Director of Health)**
- A local tabletop exercise in Greenwich is contingent upon release of funding from the Federal government
- Greenwich's School Planning and Preparedness planning is excellent within the state

Brief discussion about funding ensued and Chairman thanked Mr. Warzoha for his report.

OFFICE OF SPECIAL CLINICAL SERVICES

Chairman introduced Robin Clark-Smith who replaced recently retired Tom Mahoney as the new Director of Special Clinical Services. Ms. Clark-Smith noted that she ran a similar HIV/AIDS program in Bridgeport as well as a syringe exchange program. She participated with Yale and Columbia on Research grant applications and worked for an AIDS service organization which provided comprehensive counseling from New Haven to Waterbury. Ms. Clark-Smith worked for the Department as a fill-in for Tom Mahoney when he was out of the office.

Program and clinic activities include:

- Fourth generation HIV testing which takes 4 – 6 weeks for test results
- Routine Hepatitis C testing for at-risk populations
- Working on Division's customer service goal which is to reduce by 10% the number of clients in the STD clinic who do not get their test results – made changes to improve numbers of clients getting their test results and knowing their status
- In an effort to increase the number of clients coming into the clinic, flyers in English and Spanish are being sent to schools in Greenwich and surrounding towns and provided to clients to post in their neighborhoods
- Education program continues for 8th and 10th grade students
- New CDC pamphlets and posters which are more appealing to younger people are being circulated
- Working on revising the Town's Bloodborne Pathogen Plan

Brief discussion ensued about strategies to reach a larger population and Chairman thanked Ms. Clark-Smith for her report.

ZIKA VIRUS UPDATE

Director Baisley reported that the Zika virus is a mosquito-borne flavivirus transmitted primarily by the *Aedes aegypti* mosquito. The *Aedes aegypti* mosquito is not found in Connecticut; however, a related mosquito species *Aedes albopictus* (Asian Tiger Mosquito) may be capable of transmitting the virus. *Aedes albopictus* has been identified in some areas of southwestern Connecticut in low numbers. At this time according to the State and Connecticut Agricultural Experiment Station (CAES) in New Haven, the *Aedes albopictus* mosquito is not likely to present a risk of Zika virus infection to people in Connecticut. The CAES conducts routine mosquito trapping and testing for viruses such as West Nile Virus (WNV) from June to October and will be looking for the Zika virus this year.

Key Zika facts include:

- As of February 29, 2016, the virus has spread to many countries and territories. There is no available vaccine to prevent Zika virus infection and no specific treatment for Zika virus related

illness except for supportive care. Antiviral treatment is not currently available for Zika virus disease. The best prevention at this time is avoiding mosquito bites in countries/territories where the Zika virus and other related viruses (Dengue virus, Chikungunya virus) are in the mosquito population. Most Zika virus infections exhibit no symptoms (estimated in 80% of cases) and when illness does occur, it is usually mild and can go unnoticed. Symptoms usually appear 2 to 7 days after getting bitten by an infected mosquito, with low grade fever (less than 38.5°C), rash, muscle pain, joint pain with possible swelling (usually joints of hands and feet), headache and conjunctivitis (red eyes).

Dr. Bronin stated that Zika virus infection has been associated with Guillain-Barré syndrome (a rare disorder where a person's own immune system damages the nerve cells, causing muscle weakness and sometimes paralysis). Although a causal link has not been established between the Zika virus infection and the Guillain-Barré syndrome, evidence suggests a strong relationship.

- Recent information about 9 U.S. pregnant travelers with Zika virus and some of the reported adverse outcomes (2 early pregnancy losses and 1 live birth with severe microcephaly) suggests that the evidence linking maternal Zika virus infection with congenital microcephaly and other adverse reproductive health outcomes is growing.
- Sexual transmission of the Zika virus is possible and is of particular concern during pregnancy. Recent reports from the CDC suggest that sexual transmission from symptomatic men to women may be more common than first thought. Men who reside in or who have traveled to countries or territories where there is Zika virus transmission and who have a pregnant partner, should abstain from sexual activity or consistently and correctly use condoms during sex.
- After infection, Zika virus might persist in semen when it is no longer detectable in blood. The length of time the virus might persist in semen is unknown. As more information becomes available, recommendations will be made by the CDC.
- The Centers for Disease Control and Protection (CDC) has issued a travel alert advisory to all women who are pregnant and planning to travel to areas where there is Zika virus transmission. The CDC advises that pregnant women postpone their travel plans to these areas. Women who are planning to become pregnant are encouraged to talk to their health care providers about their travel plans.
- On February 1, 2016, the World Health Organization (WHO) declared the Zika virus outbreak in countries and territories where there is Zika virus transmission a Public Health Emergency of International concern.

OTHER BUSINESS

Dental Program: Chairman noted that the Dental Hygienists will be offering a special program to show kids the importance of good dental health. The Program, *The Whole Tooth and Nothing But the Tooth*, is for children ages 6 to 11 and scheduled for Wednesday, March 2, 2016, 3:30 PM at the Boys and Girls Club of Greenwich.

Pesticides: Chairman distributed copies of studies referred to in a letter from the group **Greening Our Children** as well as State regulations on pesticides and stated that the group will attend the May 23rd meeting to present their point of view.

Community Health Myth Busters: Director Baisley distributed a flyer advertising a community health program series on myths related to legal and illegal drugs. She noted that in light of the heroin and opioid overdose epidemic in the country, it is being offered by the Greenwich Hospital Health Improvement Partnership.

There being no further regular business, Dr. Ross Cahn moved to adjourn the regular meeting at 7:50 PM.

(Motion: Ross Cahn/ Second: Schaffir /Vote: Unanimous - 3 in favor - 0 opposed [Dr. Bronin left the meeting at 7:45 PM])

Respectfully submitted,



Marilyn Ross Cahn, M.D.
Secretary Pro Tem