

Due to the ongoing social distancing restrictions in response to the coronavirus (COVID-19) pandemic, the Durham County Board of Health Meeting was conducted virtually. The virtual option aligns with social distancing requirements which ensure the safety of citizens who wish to participate as well as Board members and Durham County Government staff.

The agenda, weblink and access code were posted to DCoDPH website and provided to the Clerk to the Board office 48 hours prior to the meeting for citizens to join by computer or phone.

A Regular Meeting of the Durham County Board of Health was held June 10, 2021 with the following members present:

Eric Ireland, MPH, RS; Rosemary Jackson, MD; Spencer "Spence" Curtis, MPA, BS; Victoria Orto, DNP, RN, NEA-BC; Mary Braithwaite, MD, MSPH Josh Brown; James Miller, DVM; Roger McDougal, DDS and Gene Rhea, PharmD, MHA;

Absent: Commissioner Nida Allam

Others Present: Rod Jenkins, Rosalyn McClain, Kristen Patterson, Liz Stevens, Attorney Bryan Wardell, Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Jim Harris, Katie Mallette, Lindsey Bickers-Brock, Marcia Richardson, Marissa Mortiboy

**CALL TO ORDER:** Chairman Eric Ireland called the virtual meeting to order at 5:00 p.m. with a quorum present and the board was instructed on how the attendance would be taken and agenda items would be voted upon that require "board action".

**DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:** Chairman Ireland requested the following addition:

1. FY 21-22 Fee Schedule Update (*old business*)

Mr. Curtis made a motion to accept the agenda. Dr. Rhea seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

**REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:**

Mr. Curtis made a motion to approve the minutes for April 8, 2021. Dr. Jackson seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

**PUBLIC COMMENTS:** There were no public comments.

**STAFF/PROGRAM RECOGNITION:**

Mr. Jenkins, Public Health Director for Durham County Department of Public Health recognized the following Board members for their outstanding COVID efforts.

Dr. Rosemary Jackson for her continued support and hard work with COVID vaccinations and testing. Dr. Jackson participated at the Mt Calvary Baptist Church COVID vaccination event in Bahama.

**Vice-Chairman Jackson:** Thank you. I would like to give kudos to your staff for their professionalism, enthusiasm and efficiency.

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Dr. Mary Braithwaite for her continued collaborations with Durham County Department of Public Health, W.A.R.4LIFE and Durham Public Schools on COVID vaccination and testing response events.

**Dr. Braithwaite:** Thank you. I have enjoyed working with you and you guys have affected me with the urge to get the vaccines out in the community. I am grateful to be on your team.

The Durham County Department of Public Health received the following awards for our COVID 19 vaccination and surveillance response:

- Unsung Hero Award Presented to Durham Recovery and Renewal Task Force in recognition and appreciation for outstanding community service—presented by Durham Alumnae Chapter Delta Sigma Theta Sorority, Inc
- Making A Difference Award in recognition of your dedication in helping individuals, families and children succeed in our community—presented by Alliance Health
- Certificate of Appreciation for dedicated support to Meals on Wheels Durham—“You are a Community Champion and an inspiration to others.”

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

Mr. Ireland called for administrative reports/presentations:

**FY 21-22 EPIC UPDATE (Activity 32.1)**

Ms. Richardson, Information Technology Division Director provided the board with an EPIC Implementation update.

**Summary Information:** Public Health has completed the EPIC Implementation on February 23, 2021. The presentation covered the following information.

- Background on EPIC Community Connect
- Project Phases
- Accomplishments

*(A copy of the PowerPoint Presentation is attached to the minutes.)*

**QUESTIONS/COMMENTS:**

**Mr. Jenkins:** I am very grateful to our staff, particularly the leadership of Marcia Richardson and team. As you know going through any PHR implementation is not easy but to do it through a pandemic is even more complicated. The staff did benefit from a revised schedule and time to train staff in “Elbow to Elbow”. We are one of very few health departments in the North Carolina that has implemented EPIC. It’s a huge accomplishment and the envy of other health departments because to have that connectivity to a major hospital is huge.

**Dr. Jackson:** I’m just curious why the pharmacy couldn’t be a part of EPIC?

**Ms. Richardson:** Great question Dr. Jackson. One of the reasons is that we can’t do any more EPIC roll-outs at this time due to UNC staff shortages.

**Dr. Jackson:** Okay. Thank you.

**PUBLIC HEALTH VACANCY REPORT (Activity 37.6)**

The board received a copy of the vacancy reports through the end of April and May 2021 prior to the meeting. The vacancy rate for April 2021 was 16.3% and 17.6% for May 2021.

*(A copy of April 2021 & May 2021 Vacancy reports is attached to the minutes.)*

**QUESTIONS/COMMENTS:**

At the last Board meeting Dr. Jackson asked the question “I do have one question concerning the vacancy report. Rod, I think the overall turnover

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rate was about 15% or something but I would be interested in knowing what the vacancy rate is for our nursing staff ?”

**Mr. Jenkins:** The total number of vacant nursing positions since March 2020 was about 40% a total of 30 nurses. The departures were due to a number of things such as resignations, retirements and promotions. Just like Duke, Lincoln Community Health Center and other places we did feel the brunt of this COVID response where many staff felt they were not in favor of it and retirement is looking really good right now and decided to go on to greener pastures. Since March 2020 I continue to be very proud of them. Out of seventy-five, we only have fifteen vacancies right now. I am very grateful to county management throughout the entire pandemic they didn't hold our positions and allowed us to fill the positions and from an organization perspective we have a very vibrant and active leadership team and the first agenda item on our leadership team meeting is HR updates to include position tracking to see where we are in filling vacant positions.

**Dr. Jackson:** Yes. Thank you for the update and yes this is similar to what has been happening in other places, particularly Duke and Lincoln, the two I'm most familiar with but what's amazing about that to me is that in spite of not having all those nurses there, that the mission never suffered. Everything continued to get done with the staff that was there. I'm glad to hear that things are back on the upswing.

- **NOTICES OF VIOLATIONS (NOV) REPORT** (*Activity 18.2*)

The board received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of May 2021 prior to the meeting.

*(A copy of the April 2021 & May 2021 NOV reports is attached to the minutes.)*

**QUESTIONS/COMMENTS:**

**Mr. Curtis:** Yes. As I look through the report, it alarms me because the first three violations are still on-going and they're five or six years old. I really think we need to take some action because we are well beyond the time where we have been working with the people and trying to get a positive outcome.

**Mr. Jenkins:** Attorney Wardell is not here tonight but we are more than happy to take that information back to him. I will say, of course five to six years pre-dates me but I know the activity that I have seen lately, between him and environmental health is one of aggression. Attorney Wardell works extremely well and is very responsive. I would love to research these first three to bring information back to the board and I'm pretty sure it's a complicated situation.

**Mr. Curtis:** Yes. Most of them have a 2020 date and they're working with them and I understand all that but once it gets to be five or six years old; you're like "what's going on here?"

**Mr. Jenkins:** We will be more than happy to follow-up.

**Mr. Curtis:** Thank you.

**Mr. Salter:** I can weigh in a little bit on this one. I can't say much about the first one on the list; but you notice there was a request for the attorney to file a lawsuit. That one I can't say a lot about but the other two if you notice the violations actually are for a "no subsurface operator", there is really not an effluent problem per say, they don't have an operator for the system which is required by law and some counties do and some counties don't; but we have never received a straight answer as to whether or not we want to do that.

**Mr. Curtis:** Okay, then let's focus on the first one.

**Chairman Ireland:** Chris if you would let put that item you just mentioned on the agenda for the future so we can have a real good discussion about it and see which way the board wants to go instead of leaving it up in the air.

**Health Director's Report  
June 10, 2021**

**Division / Program: Dental Division / Oral Health Screenings in Durham Public Schools**

**Accreditation Activity 20. 1-** The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

**Program description**

- Per an MOU with Durham Public Schools, the Dental Division conducts dental screenings for children in Kindergarten and 5<sup>th</sup> grades during the school year. For schools visited by the Tooth Ferry, the hygienist will screen 1<sup>st</sup> – 4<sup>th</sup> graders as well.
- The Division also screens in Head Start programs and provides exams with fluoride in Early Head Start Programs.
- Parents are provided letters detailing the screening, and they have the option to opt-out. After the screening, parents receive a letter with the results immediately after screening is completed. The letters state whether the child has or does not have caries and explains that if the child does not have a dental home the parent can call the Health Department Dental Clinic to schedule an appointment.

**Statement of goals**

- Annual dental screenings provide indications of the prevalence of dental disease in school aged children in the County- and how Durham compares with other counties within the state.
- The State Oral Health Section sends their hygienist to screen two schools, and this data is used in their report.

**Issues**

- **Opportunities**
  - The screenings serve as a positive dental experience for students, assisting in collecting vital information to help improve children's dental health programs.
  - Those children without a dental home may have the opportunity to begin dental treatment when the Tooth Ferry visits their school and/or complete treatment plan in the clinic if needed.
  - The screenings provide education to the students and includes oral health presentations at the school.
  - The Division works with Durham Head Start and Early Head Start to provide dental screening and presentations.

**Challenges**

- Some schools have been hesitant to supply classroom rosters, promote the screenings, etc. which led to additional conversations with school leadership.
- Some schools had been allowing the Smiles Van to screen children.

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- There are often last-minute adjustments to the screening schedule when arriving at the schools, including finding space for the hygienist and assistant.

**Implication(s)**

- **Outcomes**

After being unable to screen for the past eighteen months, the Division completed a dental screening in May at Merrick Moore Elementary School. The State Oral Health Section sent their hygienist for two half-days during this period.

- **Service delivery**

The Division screened 247 students at Merrick Moore Elementary Schools. The Dental Division's PH hygienist also provided three presentations to Kindergarten classes.

- **Staffing**

- Fariba Mostaghimi, Public Health hygienist, completed the screening, assisted by a dental team member.

- **Revenue**

- N/A

- **Other**

- N/A

**Next Steps / Mitigation Strategies**

- The Division will continue to meet with school administrators to establish a screening and presentation schedule for the 2021-22 school year. The Division will also train a second Public Health hygienist to help with screening and presentation.

**Division / Program: Pharmacy & Health Education / Safe Syringe Program**

**Accreditation Activity 10.1** -The local health department shall develop, implement, and evaluate population-based health promotion/disease prevention programs and materials for the general public.

**Program description**

- On April 2, 2018, the DCoDPH Pharmacy launched the Safe Syringe Program based on the guidance and program requirements from the NC Division of Public Health.

**Statement of goals**

- To offer new needles, syringes, and injection supplies to reduce the transmission of HIV and Hepatitis C in the community.
- To offer free HIV and Hepatitis C testing and follow-up care.
- To offer education, treatment information, and referrals to community members.
- To provide a safe method of disposal for used needles and syringes.

**Issues**

- **Opportunities**

- Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.
- Reduce the risk of bacterial infections (i.e. endocarditis) that occur when injection supplies are reused.

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- Connect participants with community resources including treatment options, health care, and housing assistance.
  - The following items are provided in the Safe Syringe Kit:
    - 10 sterile 1.0mL syringes with fixed needles
    - Alcohol swabs
    - Tourniquet
    - Condoms
    - Sharps Container
    - Additional injection supplies
    - Participant ID card
    - Printed material for harm reduction and ancillary services
  - Fentanyl testing strips and Naloxone kits are also offered with each SSP Kit.
- **Challenges**
    - Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP Kits and participants are encouraged to use of them and return the container to the DCoDPH Pharmacy.
    - Ensure that used needles and syringes are not deposited in the medication drop box in the HHS lobby.

**Implications**

● **Outcomes**

- The following statistics have been collected for March-April 2021:
  - New participants: 7
  - Total contacts: 22
  - Syringes dispensed: 740
  - Syringes returned\*: ~500
  - Sharps containers dispensed: 12
  - Fentanyl strips dispensed: 65
  - Naloxone kits distributed (with SSP): 23
  - Naloxone kits distributed (non-SSP): 83
  - Naloxone reversals reported: 0
- Year-to-date statistics, FY20-21:
  - New participants: 25
  - Total contacts: 96
  - Syringes dispensed: 2,480
  - Syringes returned\*: ~5000
  - Sharps containers dispensed: 45
  - Fentanyl strips dispensed: 224
  - Naloxone kits distributed (with SSP): 93
  - Naloxone kits distributed (non-SSP): 452
  - Naloxone reversals reported: 1

\*“Syringes returned” metric includes needles/syringes returned directly to staff regardless of usage (i.e. substance use, medical use, prescription use)

● **Service delivery**

- Planning and implementation were completed by the Opioid Response Committee with guidance and support from the NC Division of Public Health, Injury and Violence Prevention Branch.

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- **Staffing**

- Pharmacy, Health Education, and Bull City United team members have received training from the NC Division of Public Health and the NC Harm Reduction Coalition regarding harm reduction strategies and Safe Syringe Program practices.

**Next Steps / Mitigation Strategies:**

- Statistics from the Safe Syringe Program will be monitored and reported to the Board of Health monthly.
- The Opioid Response Committee will continue to work with the NC Division of Public Health to improve our program and develop strategies to further our goals.

**Division / Program: Health Education & Community Transformation / Communicable Disease and Maternal Child Health Programs**

**Accreditation Activity 10.1:** The local health department shall develop, implement, and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.

**Program Description**

- A team of seven health educators focus on improving lifestyle choices and behaviors for individuals, groups, and communities (from pre-birth to death), relating to a variety of issues, policies, and trends related to communicable diseases and maternal and child health.

**Statement of Goals:**

- Enhancing health outcomes by increasing social equity and reducing disparities related to communicable diseases, maternal health outcomes and child health outcomes, including breastfeeding rates and infant mortality.

**Issues:**

- **Opportunities**

- COVID-19 has necessitated virtual educational opportunities and more policy work. This has been valuable for the focus on several topics (i.e. breastfeeding and PrEP).
- Hiring new staff has brought new skills and experiences to the team.
- Examining different ways to perform regular work priorities during the pandemic has encouraged thinking outside the box.
- COVID-19 response has provided opportunities to utilize skills and knowledge often overlooked. Several health educators have been asked to serve lead roles in Public Health response to COVID.
  - Increased community resources
  - Strengthened bonds with partners
  - Established long-lasting relationships with new partners

- **Challenges**

- COVID-19, and related local and NC executive orders restricting gatherings and face-to-face educational opportunities, severely limited the group's usual ability to do community outreach.
- Effects of the cyber-attack lasted for many months.
- Constant changes without much time to prepare has limited the ability to maximize staff coordination and made it tougher to plan priority outreach efforts that are not related to COVID.

**Implication(s):**

- **Outcomes:** 80% of regular program objectives were met during this unusual programming year.
- **Service delivery:** Work looked different than usual, with staff operating remotely and within the Public Health building. Much planning and community connections occurred virtually.
- **Staffing**
  - Seven full-time program staff have supported this work over the last year: Lakieta Sanders, Dennis Hamlet, Chris Mack, Tim Moore, Ashley Bueno, Aubrey Delaney, and Jamillae Stockett.
  - Annette Carrington has served as the Program Manager, alongside significant COVID-19 response tasks.
- **Revenue:** Three grants and County funding support these programs. Funding for the FY21 fiscal year included:
  - Integrated Targeted Testing Services AA: \$483,246/year, supporting 1.8 FTE
  - Jail testing AA: \$194,164/year, supporting 2.4 FTE
  - Improving Community Outcomes for Maternal and Child Health AA: \$500,000 year, supporting 1.75 FTE

**Next Steps / Mitigation Strategies**

- Resume normal operations in FY22
- Develop a written contingency plan for the team, to address potential future service disruptions

**Division / Program: Health Education & Community Transformation / Health Promotion and Wellness Challenges for Durham County Government Employees**

**Accreditation Activity 10.1:** The local health department shall develop, implement, and evaluate population-based health promotion/disease prevention programs and educational materials for the general public

**Program description**

- The Health Promotion & Wellness team at the Durham County Department of Public Health developed a series of wellness challenges while the organization's fitness centers were closed due to COVID-19. Employees indicated that they are engaged in walking and other cardiovascular activities, the focus was on other dimensions of physic activity. During the third quarter, three challenges were introduced: Squat Challenge, Mindful Moments and the Plank Challenge. All challenges were created in-house and implemented virtually from January – March 2021.

**Statement of goals**

- Health promotion is the process of enabling people to increase control over and to improve their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions. Educational and community-based programs encourage and enhance health and wellness, helping people make informed decisions and attain the tools to make improvements, reduce risks and increase safety.
- The virtual wellness challenges worked to build employees' muscular strength, self-efficacy around strength training, and social supports for regular physical activity.



**Issues**

• **Opportunities**

- Health Promotion & Wellness has a history of successful employee wellness programming.
  - The team built upon those past successes by developing new programmatic offerings that showcased creative talent and flexibility among Health Program & Wellness staff.
- Offering programs virtually affords the opportunity to partner with other organizations in and out of Durham County Government.

• **Challenges**

- Some participants did not continue to participate once they missed a few days of activities. Others “doubled up” and stayed on course.
- Engagement must be planned to keep participants interested. After the first series, the health educators built in more engagement opportunities to include a virtual “social” mid-way.
- While participants indicated that four weeks was sufficient, evaluations indicated an interest in a longer challenge period.
- The pre and post assessments were important to gauge progress. While more participated, 62% of squat challenge participants, 37% of plank challenge participants, and 56% of mindful moments participants completed initial assessments.
  - Show rates for educational events are in general are better than face-to-face events. Health educators have used e-mail to remind participants of events, but they have found better response rates via text message. This may be a reminder method that should be considered in the future for both remote and in-person events.
- Post-challenge assessments and post-event feedback surveying yielded poor response rates.

**Implication(s)**

• **Outcomes**

- Squat Challenge: 4 weeks
  - 78 registrants from 16 departments.
  - 55 actively engaged participants
  - 62% average increased improvement between baseline and post-challenge assessment
- Mindfulness Moments: 3 weeks
  - 29 registrants
  - 16 participants actively engaged throughout challenge
- Plank Challenge: 4 weeks
  - 71 registrants across 14 departments
  - 37 actively engaged participants
  - 52% average increased improvement between baseline and post-challenge assessment

• **Service delivery**

- Virtual programs and educational materials were developed and delivered by health educators.

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- Assessments were completed in person in the Public Health Board room to allow for observation and personalized feedback.
- Events are communicated via social media (through the Public Health Communications Officer), marketing and promotions by team members and sometimes community partners.
- **Staffing**
  - Two health educators and Wellness Attendant Contractor
- **Revenue**
  - No revenue is received through this programming.

**Next Steps / Mitigation Strategies**

- The Squat Challenge was modified for a community offering during the month of May 2021. The plank challenge will be considered as well once modified.
- Additional challenges will be offered in the Fall of 2021 but modified using the results from the evaluation of FY21 events implemented.

**Division / Program: Administration / Information Technology**

**Accreditation Activity 32.1:** The local health department shall have computer equipment and software needed to interface with state data management systems.

**Program description**

- DCHD uses information technology to decrease the time it takes to design, deliver, and market the benefits and services it offers, increase access to information, document care, bill for services delivered, and integrate value-added functions. Electronic Medical Record (EMR) is for quality improvement to increase HIPAA compliance, provide quality services to clients, and increase revenue by the adoption of meaningful use programs.
- To increase the overall quality of customer service to both internal and external customers and increase knowledge among staff with the Durham County Health Department.

**Statement of goals**

- To employ expanded use of modern technologies
- To utilize data and information resources to improve service delivery
- To ensure IT planning, integration and effectiveness become a cultural phenomenon throughout the organization
- To ensure customer service standards for internal and external customers.

**Opportunities**

- We have successfully implemented interoperability throughout the Public Health Department. This includes integration of Dental, Lab, all clinical areas including Maternal Health into one system.
- One system provides continuity of care for our patient populations that we serve at Durham County.
- **Challenges**
  - Scheduling training due to the needs of the department for all of Administration due to Covid-19 work scheduling.

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- Due to the pandemic we have change the dates as the Pandemic increased.

**Implication(s)**

- **Outcomes**

- The outcome of the implementation will meet the needs of continuity of care across the department by using one system.

- **Service delivery**

- Completion of the Epic EMR System met 2 goals.
  - Continuity of Care for our Public Health customers
  - Discontinue the use of 4 different EMR systems into 1 system for Durham County Department of Public Health Department.

- **Staffing**

- N/A

- **Revenue**

**Next Steps / Mitigation Strategies**

- Continue working with the providers to streamline process as they become proficient in using the Epic System.
- Continue to provide support with Epic and have weekly calls discussing reporting capabilities and Super-user meetings to discuss processes, and updates to Epic.

**COMMITTEE REPORTS:** There were no committee reports.

**OLD BUSINESS:**

- **FOLLOW-UP PREVIOUSLY HOSPITALIZED DUKE COVID PATIENTS WITH ADVERSE-AFFECTS**

**Per Cam Wolfe:**

The system at Duke is not very well-organized at this point – patients go to the specialty most closely related to the complications they are experiencing (i.e. pulmonary, neuro, rheumatology, etc.). Duke recently submitted a grant to examine long-term complications, but specific plans are TBD.

UNC does have a multi-specialty clinic set up, called the UNC COVID Recovery Clinic, led by rehab specialist Dr. John Baratta. Cam Wolfe admitted that he sends some complex patients to this clinic.

- <https://www.dcopublichealth.org/home/showdocument?id=34869>

Our rates of “long-haulers” – our local incidence does not appear to be significantly different that the national rate (around 10%-30%). This is in part due to the high rate of vaccination in our area (with the thought that vaccination post-infection can help to mitigate long-term effects).

- <https://www.nature.com/articles/s41591-021-01283-z.pdf>
- <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776560>

Study from CDC indicates that many NON-hospitalized patients are the ones to experience prolonged symptoms (69% had one or more outpatient visit within 1-6 months after COVID diagnosis, 1/3 of these had a new specialist visit)

- [https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e3.htm?s\\_cid=mm7017e3\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e3.htm?s_cid=mm7017e3_w)

**QUESTIONS/COMMENTS:**

**Chairman Ireland:** Thank you for the update. If you would keep us apprised on the progress Duke makes with regard to the grant and other work they're doing in this area.

• **COVID VARIANTS UPDATE**

The World Health Organization has begun renaming variants based on the Greek letter system:

- Alpha (B.1.1.7/UK variant) – now our more predominant variant in NC (and in the US, doubling every 10 days), roughly 50% more infectious and likely causes more severe illness
- Beta (B.1.351/South Africa variant) – roughly 50% more infectious, some vaccines less effective against this variant
- Gamma (P.1/Brazil variant)
- Delta (B.1.617.2/India variant) is on the rise currently in NC
- Epsilon (B.1.427 and B.1.429 / California variants) – roughly 20% more infectious

CDC – NC stats updated 6/8/21 (*out of 1,681 total available sequences*)

- Alpha B.1.1.7 – 68.0%
- Gamma P.1 – 2.9%
- Beta B.1.351 – 0.8%
- B.1.427 / B.1.429 – 0.2%
- Other lineages – 28.0%

<https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>

<https://www.nytimes.com/interactive/2021/health/coronavirus-variant-tracker.html>

**In Durham County:**

Our first case of B.1.1.7 was identified 2/23/21.

Variant stats for each county haven't been made available to this point.

**QUESTIONS/COMMENTS:**

**Chairman Ireland:** Thank you and we appreciate that great information and again, if you would keep us apprised on any new developments or changes regarding COVID.

• **FY 21-22 FEE SCHEDULE UPDATE (Activity 39.3)**

Mr. Sutton, Local Finance Administrator provided the board with an update on fees that need to be added or removed from FY21-22 Fee Schedule and requested board approval. Mr. Sutton apprised the board effective January 1, 2022 Environmental Health Services application fees will become non-refundable.

*(A copy of the PowerPoint Presentation is attached to the minutes.)*

**QUESTIONS/COMMENTS:**

**Dr. Braithwaite:** On slide three, I see that there were some “no charge” codes here. I wonder about codes “99211-215” those look like they're for billable visits that can be billed in private practice.

**Mr. Sutton:** The code is in conjunction with the CPT code which we are still billing for those.

**Dr. Braithwaite:** Okay. Thank you that answers my question.

Dr. McDougal made a motion to accept and approve the update FY21-22 Fee Schedule. Dr. Braithwaite seconded the motion and the motion was unanimously approved.

**NEW BUSINESS:**

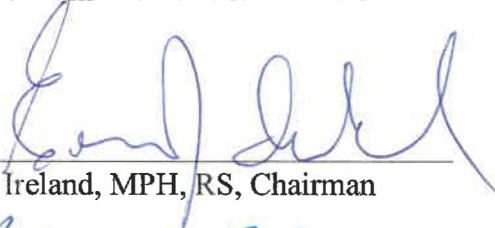
• **AGENDA ITEMS AUGUST 2021 MEETING**

- NOV Violation Update
- BOH meeting schedule (face-to face/monthly meetings)
- Mandated COVID vaccination--employees

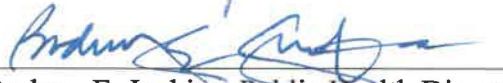
**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

There was no informal discussion.

Dr. Orto made a motion to adjourn the regular meeting at 5:56pm. Mr. Curtis seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.



Eric Ireland, MPH, RS, Chairman



Rodney E. Jenkins, Public Health Director