

Date: April 23, 2021

To: Board of Health Members

From: Kevin Hughes

Re: Board of Health Meeting – Friday, April 30

The next regular meeting of the Board of Health scheduled for Friday, April 30, will be held at the same location as last month -- the Evergreen Resort, 7880 Mackinaw Trail, Cadillac. Please note the meeting start time for next week and for the spring and summer months will be at **9:30 a.m.** – or 30 minutes earlier.

The resort is now in full operations so the entrance should be open when you arrive. Seating in the meeting room is limited in order to maintain required social distancing. Mask wearing will be required in the meeting room and other indoor areas of the resort.

As you may know, the Open Meetings Act amendments to allow virtual public meetings expired on April 1. We will not create a platform for the public to attend the meeting virtually. The Board bylaws do allow for members to attend a meeting virtually, but votes will not be counted for anyone doing so. If you want to attend the meeting virtually, please contact Jane Drake at jdrake@dhdh10.org or 231-519-1127 at least 24 hours before the meeting start time and we will make arrangements with you. Please also let Jane know if you expect to be absent.

If you have any questions for our staff, let me know before the meeting so we can be sure to give you a thorough and prompt response. Please feel free to contact me at khughes@dhdh10.org, or at (231) 876-3839.

I'm looking forward to seeing you in person next Friday, on the 30th.



HEALTH OFFICER
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www.dhdh10.org



DHD10



BOARD OF HEALTH

Monthly Meeting: April 30, 2021 – 9:30 a.m.

Evergreen Resort

7880 Mackinaw Trail, Cadillac

All attendees are required to wear masks and follow safe social distancing

A G E N D A

- I. Call to Order Jim Maike, Chair
- II. Roll Call
- III. Review and Approval of the Agenda
- IV. Review and Approval of Board of Health Meeting Minutes March 26, 2021
 - 1. Ratify and Amend March Action Items Action Item
- V. Public Comment
- VI. Committee Reports
 - A. Executive Committee..... Jim Maike
 - B. Finance Committee..... Ray Steinke
 - 2. Approve March Accounts Payable and Payroll Action Item
 - C. Personnel Committee..... Hubert Zuiderveen
 - D. Legislative Committee..... Shelley Pinkelman
- VII. Administration Reports
 - A. Medical Director Dr. Jennifer Morse, MD
 - B. Deputy Health Officer Sara Oleniczak
 - C. Health Officer Kevin Hughes
- VIII. Other Business
- IX. Next Board of Health Meeting: Friday, May 21, 2021 at 9:30 a.m.

// NOTE 3rd week of the month due to holiday //
- X. Adjournment

Please arrange for the alternate to attend the meeting if you cannot. If the alternate is not available, notify Jane Drake, at 231-355-7533 or jdrake@dhd10.org to be excused.



BOARD OF HEALTH

Meeting Minutes

March 26, 2021

To comply with social distancing requirements, meeting was held at Evergreen Resort, 7880 Mackinaw Trail, Cadillac, Michigan; with option to attend via online meeting platform or teleconferencing.

Forward/Handout (Documents forwarded via email after meeting materials were sent. Copies available at the meeting): (1) Email and attachment from Dr. Jennifer Morse concerning quarantine guidance from CDC; (2) Final Audit Report for fiscal year 2020; (3) Fiscal year 2021 amended budget; (4) FOIA Appeals memo and documents.

I. **Call to Order:** Jim Maike, Chair, called the meeting to order at 10:02 a.m.

II. **Roll Call**

Members Present – In Person: Ron Bacon, Robert Baldwin, Betty Dermeyer, Paul Erickson, Bran Kolk, Jim Maike, Dawn Martin, Judy Nichols, Tom O'Neil, Roger Ouwinga, Richard Schmidt, Ray Steinke, Gary Taylor, Hubert Zuiderveen

Members – Online: Pauline Jaquish, Nick Krieger, Phil Lewis, Martha Meyette, Shelley Pinkelman

Member Absent: James Sweet

Alternate – In-Person: Wendy Nystrom (*guest attendee*)

Staff – In-Person: Jane Drake, Kevin Hughes, Christine Lopez, Dr. Jennifer Morse, Sarah Oleniczak

Associates Online: Vicki Crouch, CPA, Clark-Schaefer-Hackett; Catherine D. Jasinski, attorney, The Running Wise Law Firm

III. **Approval of the Agenda.** Motion by Ray Steinke, seconded by Ron Bacon to approve the meeting agenda. Motion carried.

IV. **Approval of the Meeting Minutes.** Motion by Judy Nichols, seconded by Betty Dermeyer, to approve the minutes of the February 26, 2021, meeting. Motion carried.

V. **Public Comment:** None

VI. **Committee Reports**

A. Executive Committee. No report.

B. Finance Committee. Did not meet. Vicki Crouch, CPA, presented the final audit report of the fiscal year 2020 financial statements. She said the report was submitted with an unmodified opinion letter. She highlighted financial statements included with the report and noted the agency saw an increase in working capital during the year. She said the agency was in a good current position and able to meet all liabilities for the next year. Crouch also commented the audit was conducted virtually and went smoothly.

1. *Accept FY 2020 Audit Report as Presented.* Motion by Richard Schmidt, seconded by Hubert Zuiderveen, to accept audit report.

Roll Call Vote

Ron Bacon	Yes	Phil Lewis	Yes	Roger Ouwinga	Yes
Robert Baldwin	Yes	Jim Maike	Yes	Shelly Pinkelman	Yes
Betty Dermeyer	Yes	Dawn Martin	Yes	Richard Schmidt	Yes
Paul Erickson	Yes	Martha Meyette	Yes	Ray Steinke	Yes
Pauline Jaquish	Yes	Judy Nichols	Yes	Gary Taylor	Yes
Bryan Kolk	Yes	Tom O'Neil	Yes	Hubert Zuiderveen	Yes
Nick Krieger	Yes				

Motion carried.

Christine Lopez, Administrative Services Director, reviewed the financial report for the month ended February 28, 2021. The balance sheet showed a total fund balance of \$8.1 million. Total revenues for the month were almost \$2.1 million, with expenses just under \$1.6 million.

2. *Approve Accounts Payable and Payroll.* Motion by Ray Steinke, seconded by Betty Dermeyer, to approve the February accounts payable and payroll total of \$1,456,110.83.

Roll Call Vote

Ron Bacon	Yes	Phil Lewis	Yes	Roger Ouwinga	Yes
Robert Baldwin	Yes	Jim Maike	Yes	Shelly Pinkelman	Yes
Betty Dermeyer	Yes	Dawn Martin	Yes	Richard Schmidt	Yes
Paul Erickson	Yes	Martha Meyette	Yes	Ray Steinke	Yes
Pauline Jaquish	Yes	Judy Nichols	Yes	Gary Taylor	Yes
Bryan Kolk	Yes	Tom O'Neil	Yes	Hubert Zuiderveen	Yes
Nick Krieger	Yes				

Motion carried.

Lopez stated the audit report showed the agency's pension program was funded at 61.5% or above the State's required minimum threshold. She said she would submit the required summary pension report to the State. As no corrective action was required, Board approval was not needed.

Lopez next highlighted the amended budget distributed at the meeting. She summarized various adjustments to revenue sources and expenses. Potential state and federal funding sources for COVID-19 vaccination clinics and contact tracing were discussed in response to questions.

3. *Approve Amended Budget.* Motion by Richard Schmidt, seconded by Ron Bacon, to approve the FY 2021 amended budget.

Roll Call Vote

Ron Bacon	Yes	Phil Lewis	Yes	Roger Ouwinga	Yes
Robert Baldwin	Yes	Jim Maike	Yes	Shelly Pinkelman	Yes
Betty Dermeyer	Yes	Dawn Martin	Yes	Richard Schmidt	Yes
Paul Erickson	Yes	Martha Meyette	Yes	Ray Steinke	Yes
Pauline Jaquish	Yes	Judy Nichols	Yes	Gary Taylor	Yes
Bryan Kolk	Yes	Tom O'Neil	Yes	Hubert Zuiderveen	Yes
Nick Krieger	Yes				

Motion carried.

- C. Personnel Committee: The committee met March 15, 2021. Hubert Zuiderveen, chair, reported the committee met to review staff recommendations. Kevin Hughes said the committee considered options to address the accumulation of Paid Days Off (PDO) and exempt compensatory time-off (comptime) by agency staff. He explained many staff had been working more than 40 hours in a workweek on a consistent basis due to the additional workload created by the pandemic. He summarized current policies and rules related

comptime for exempt employees. He also reviewed proposed changes to the rules to address the accumulation of comptime hours, and an imbalance in compensation between exempt and nonexempt staff. Christine Lopez explained the agency would be eligible for reimbursement if staff received payment for excess comptime hours. Hughes said the agency also instituted mechanisms to reduce potential overtime hours going forward. To ensure fair treatment of employees with excess accumulated time-off hours, and to reduce the liability to the agency for these hours, the committee recommended approval of the option to buy down accumulated hours, and institute “Pandemic Time” or payment at time-and-a-half for hours worked by exempt staff in excess of 40 hours in a workweek.

4. *Approve Changes to Compensatory Time for Exempt Employees (Option #2.)* Motion by Hubert Zuiderveen, seconded by Betty Dermeyer, to pay down balance of compensatory time for exempt employees to 100 hours, and pay “Pandemic Time” hours at 1.5 times the regular hourly rate for hours worked in excess of 40 hours in a workweek. Change to be in effect from March 15, 2021, through the end of the fiscal year.

Roll Call Vote

Ron Bacon	Yes	Phil Lewis	Yes	Roger Ouwinga	Yes
Robert Baldwin	No	Jim Maike	Yes	Shelly Pinkelman	Yes
Betty Dermeyer	Yes	Dawn Martin	Yes	Richard Schmidt	Yes
Paul Erickson	Yes	Martha Meyette	Yes	Ray Steinke	Yes
Pauline Jaquish	Yes	Judy Nichols	Yes	Gary Taylor	Yes
Bryan Kolk	Yes	Tom O’Neil	Yes	Hubert Zuiderveen	Yes
Nick Krieger	Yes				

Motion carried.

[Hubert Zuiderveen left the meeting.]

Hughes next explained current rules allowed staff to accumulate PDO up to a maximum of 240 hours. In the last year, in order to keep up with regular job duties and additional work resulting from the pandemic response, several staff were not able to take time off, and had accumulated excess PDO. The committee considered two options to equitably address the issue of excess PDO.

5. *Approve Continued Accumulation of Paid Days Off (Option #1.)* Motion by Ron Bacon, seconded by Robert Baldwin, to allow employees to continue to accumulate PDO beyond the current cap of 240 hours, through September 30, 2001. Employees would then have one year to use excess accumulated hours and reduce their balances below the cap. Motion carried.

Hughes next informed the Board he shared with the Personnel Committee that the agency would be cutting back on scheduling clinics on Saturdays and would be scheduling large clinics at offsite locations during the Monday-Friday workweek. Arrangements are in place to ensure calls to the offices are answered during clinics, but it may not be possible to keep a staff in each office to be available to walk-ins. He suggested offices would be closed on those occasions when staff coverage could not be maintained, with appropriate notices posted.

Hughes reported the Personnel Committee also discussed keeping the current Board officers and committee assignments in place through the end of the calendar year. The Board previously agreed at the January meeting to continue the Board organization the same through April.

6. *Approve Keeping Board Organization Through December 31, 2021.* Motion by Tom O’Neil, seconded by Betty Dermeyer, to suspend Board Rules and keep current Board organization of officers and committee memberships through December 31, 2021. Motion carried.

Roll Call Vote

Ron Bacon	Yes	Phil Lewis	Yes	Roger Ouwinga	Yes
Robert Baldwin	No	Jim Maike	Yes	Shelly Pinkelman	Yes
Betty Dermeyer	Yes	Dawn Martin	Yes	Richard Schmidt	Yes
Paul Erickson	Yes	Martha Meyette	Yes	Ray Steinke	Yes
Pauline Jaquish	Yes	Judy Nichols	Yes	Gary Taylor	Yes
Bryan Kolk	Yes	Tom O'Neil	Yes	Hubert Zuiderveen	---
Nick Krieger	Yes				

Motion carried.

VII. Administration Reports

- A. Medical Director. Dr. Jennifer Morse discussed trends of increasing cases of COVID-19 disease, the rise in positivity rates for COVID-19 tests, and reports of several large and rapid outbreaks. In response to questions, she offered factual and scientific information that could be used in refuting misinformation and false claims related to COVID-19 and vaccines.

- B. Deputy Health Officer. No report.

- C. Health Officer. Kevin Hughes noted a packet of documents from the agency attorney had been provided via email prior to the meeting, and copies were also made available at the meeting. He said the documents concerned FOIA requests and two FOIA appeals received from Tom Rotta, Ludington Torch; and also included copies of the DHD#10 FOIA policy and Public Summary. Per the FOIA policy, the FOIA appeals were being presented to the Board for final decision. Rotta made two FOIA requests for documents. Fees were estimated and assessed for labor time required to fulfill the requests. Rotta appealed the fees.

As explained in the attorney memo, and summarized by Hughes, the Board response could be to either: Waive the fee; Reduce the fee and issue a written determination indicating the specific basis that supports the remaining fee; Uphold the fee and issue a written determination indicating the specific basis that supports the required fee; or Issue a notice extending the Board response for not more than 10 business days.

7. *Uphold FOIA Fees.* Motion by Bryan Kolk, seconded by Ray Steinke, to deny the appeal and uphold the fees assessed for the two FOIA requests. Discussion in favor indicated the fees assessed were not unusual or unreasonable, and it was important to be consistent and “follow the rule.” Motion carried.

Rotta also submitted a FOIA request for all meeting materials of the October 20, 2020, Board of Health meeting. The request was granted in part and denied in part. A portion of the document provided was redacted as exempt from disclosure. Rotta appealed the determination that the redacted portion is exempt. The redaction concerned the Health Officer’s self-assessment and opinion of progress achieved in meeting his annual performance goals. The attorney memo referenced relevant laws and legal decisions concerning the question of whether the information redacted is exempt.

Options for the Board response were: Reverse the denial; Issue a written notice to the requester upholding the denial; Reverse the denial in part and issue a written notice to the requested upholding the denial in part; or Issue a notice extending for not more than 10 business days the period to respond.

8. *Uphold FOIA Denial.* Motion by Bryan Kolk, seconded by Ray Steinke, to deny the appeal and uphold the denial. Discussion in favor indicated the redacted material concerned the Health Officer’s opinion and self-assessment; and it is not factual and is preliminary to the Board’s final determination of the Health Officer’s performance. Following voice vote, request for Roll Call made by Robert Baldwin.

Roll Call Vote

Ron Bacon	Yes	Phil Lewis	No	Roger Ouwinga	Yes
Robert Baldwin	No	Jim Maike	Yes	Shelly Pinkelman	Yes
Betty Dermeyer	Yes	Dawn Martin	Yes	Richard Schmidt	Yes
Paul Erickson	Yes	Martha Meyette	No	Ray Steinke	Yes
Pauline Jaquish	Yes	Judy Nichols	Yes	Gary Taylor	Yes
Bryan Kolk	Yes	Tom O'Neil	Yes	Hubert Zuiderveen	---
Nick Krieger	No				

Motion carried.

VIII. Other Business

Jim Maike reminded the members the April 30 meeting will start 30 minutes earlier at 9:30 a.m.

IX. Next Meeting

The next regular meeting of the Board of Health is scheduled for Friday, April 30, at 9:30 a.m. Meeting location to be determined.

X. Adjournment

Jim Maike adjourned the meeting at 11:48 a.m.

Jim Maike, Chair

Date

Judy Nichols, Secretary

Date

District Health Department #10Balance Sheet
March 31, 2021Prepared by:
Christine Lopez, MBA
Administrative Services Director**ASSETS**

Current Assets

Cash	9,218,166.19
Due from State	2,300,297.31
Due From Others	<u>988,117.73</u>
Total Current Assets	12,506,581.23

Other Assets

Inventory	273,153.00
Prepaid Expense	<u>211,458.91</u>
Total Other Assets	<u>484,611.91</u>

Total ASSETS	<u>12,991,193.14</u>
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LIABILITIES

Current Liabilities

Accounts Payable	123,806.04
Payroll Taxes/Deductions Due	369,550.26
Accrued Wages	<u>548,126.57</u>
Total Current Liabilities	1,041,482.87

Other Liabilities

Deferred Revenue	<u>4,562,669.81</u>
Total LIABILITIES	5,604,152.68

FUND BALANCE

Fund Balance	7,366,273.80
Increase in Fund Balance	<u>20,766.66</u>
Total FUND BALANCE	<u>7,387,040.46</u>

LIABILITIES AND FUND BALANCE	<u>12,991,193.14</u>
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District Health Department #10
Statement of Revenues and Expenditures
From 03/01/2021 Through 03/31/2021

	Current Month	YTD Actual	Budget	Percent Budget Remaining	Total Budget Variance
Revenues					
State & Federal Funding					
Adolescent Health Center - Lake City Clinical	13,968.28	47,019.59	135,000	(65.17)%	(87,980.41)
Adolescent Health Center - Mason County	4,531.77	12,506.54	135,000	(90.74)%	(122,493.46)
Beach Monitoring	348.94	523.23	11,500	(95.45)%	(10,976.77)
Breast Cervical Cancer Control Program	4,209.89	49,773.13	114,400	(56.49)%	(64,626.87)
Brethren High School Mental Health Grant	508.59	37,356.75	100,000	(62.64)%	(62,643.25)
Childrens Special Health Care Services	18,630.35	110,573.35	208,393	(46.94)%	(97,819.65)
Chippewa Hills School Mental Health Grant	2,747.64	32,619.14	100,000	(67.38)%	(67,380.86)
CJS Alliance	2,374.65	7,760.21	23,466	(66.93)%	(15,705.79)
Communicable Disease	18,212.86	89,839.03	359,030	(74.98)%	(269,190.97)
Community Health	-	-	10,000	(100.00)%	(10,000.00)
COVID MI Supplemental Funding	243,316.87	922,704.00	922,704	0.00%	-
COVID Vaccination Clinic	-	178,133.00	178,133	0.00%	-
COVID19 Influenza Vaccination Supplemental	-	33,018.87	81,311	(59.39)%	(48,292.13)
CRF Immunizations COVID Response CRFIMM	-	85,713.00	85,713	0.00%	-
CRF LHD Contact Tracing CRFLCT	-	180,556.00	180,556	0.00%	-
CRF LHD Testing CRFLT	-	150,007.00	150,007	0.00%	-
Cross Jurisdictional Sharing Admin	-	144.72	44,530	(99.68)%	(44,385.28)
CSHCS Care Coordination Case Mgmt	3,062.12	15,727.12	50,000	(68.55)%	(34,272.88)
Dental Partnering for Heart Health	11,222.00	68,239.00	138,000	(50.55)%	(69,761.00)
Dental Sealants	26.94	4,179.00	30,000	(86.07)%	(25,821.00)
Drinking Water	34,855.29	194,006.43	448,757	(56.77)%	(254,750.57)
ELC COVID Contact Tracing Testing	85,735.69	518,481.24	850,556	(39.04)%	(332,074.76)
ELC COVID Infection Prevention - CELC	-	90,000.00	90,000	0.00%	-
Emergency Preparedness	16,001.50	83,435.88	160,591	(48.04)%	(77,155.12)
Family Planning	7,963.00	304,455.00	382,235	(20.35)%	(77,780.00)
Food Service	-	270,791.00	370,791	(26.97)%	(100,000.00)
General EH - Campgrounds	-	-	5,950	(100.00)%	(5,950.00)
General EH - DHHS Inspection	2,895.00	15,485.00	55,900	(72.30)%	(40,415.00)
General EH - Pools & Spas	-	-	5,400	(100.00)%	(5,400.00)
Grayling Water Recovery	(134.45)	8,011.44	70,233	(88.59)%	(62,221.56)
Harm Reduction	136.93	14,803.89	50,000	(70.39)%	(35,196.11)
Harm Reduction Support	-	41,480.42	70,000	(40.74)%	(28,519.58)
Hart High School Mental Health Grant	(258.43)	26,450.21	100,000	(73.55)%	(73,549.79)
Hearing	(1,079.55)	31,358.77	74,143	(57.71)%	(42,784.23)
HIV Prevention	146.44	1,845.59	45,000	(95.90)%	(43,154.41)
Imms VFC/INE	-	8,250.00	17,800	(53.65)%	(9,550.00)
Immunizations	23,643.34	61,025.50	307,484	(80.15)%	(246,458.50)
Immunizations IAP	6,494.04	39,263.94	108,280	(63.74)%	(69,016.06)
Immunizations Vaccine Quality Assurance	2,305.73	28,819.69	54,660	(47.27)%	(25,840.31)
Lead Home Visiting	-	-	500	(100.00)%	(500.00)
MCH Women	2,453.86	16,661.98	78,000	(78.64)%	(61,338.02)
MCIR	10,476.54	62,320.76	175,000	(64.39)%	(112,679.24)
Medicaid Outreach	-	227,164.25	463,728	(51.01)%	(236,563.75)
MI Home Visiting IRE (HFA)	26,940.60	194,660.74	569,651	(65.83)%	(374,990.26)
Non Community Water	15,041.00	90,246.00	230,492	(60.85)%	(140,246.00)
On-Site Sewage - Septic Systems	(5,579.81)	128,452.96	387,374	(66.84)%	(258,921.04)
PFAS Rothbury	-	3,639.76	18,982	(80.83)%	(15,342.24)
Prosperity Grant/CLPP	1,798.45	11,806.33	40,000	(70.48)%	(28,193.67)
Rural Health Network - CHIR	2,349.00	32,248.00	90,000	(64.17)%	(57,752.00)
STI Clinics	4,883.79	37,432.11	45,000	(16.82)%	(7,567.89)
Tobacco Grant	1,382.97	8,507.58	40,000	(78.73)%	(31,492.42)
Vision	(1,058.19)	36,751.12	75,808	(51.52)%	(39,056.88)
WIC Migrant	9,836.03	68,405.15	98,000	(30.20)%	(29,594.85)
WIC Peer Counselor	16,525.30	113,260.01	297,969	(61.99)%	(184,708.99)
WIC Resident	93,021.94	680,197.50	1,570,745	(56.70)%	(890,547.50)

District Health Department #10
Statement of Revenues and Expenditures
From 03/01/2021 Through 03/31/2021

	Current Month	YTD Actual	Budget	Percent Budget Remaining	Total Budget Variance
Wisewoman Coordination	2,200.66	23,644.94	25,000	(5.42)%	(1,355.06)
Zika Virus Mosquito Surveillance	-	-	18,000	(100.00)%	(18,000.00)
Total State & Federal Funding	682,137.58	5,499,755.88	10,549,772	(47.87)%	(5,050,016.12)
Other Funding					
Administration	-	-	5,055	(100.00)%	(5,055.00)
Administrative Leave	2,747.33	34,977.43	-	0.00%	34,977.43
Adolescent Health Center - Crawford	10,731.00	54,119.00	135,000	(59.91)%	(80,881.00)
Adolescent Health Center - Wexford	15,189.00	67,542.00	195,000	(65.36)%	(127,458.00)
Adolescent Health Center Oceana	15,233.00	76,145.00	195,000	(60.95)%	(118,855.00)
Agnes Taylor Fund	-	-	2,321	(100.00)%	(2,321.00)
AHC Imms Cadillac	27,232.00	27,232.00	-	0.00%	27,232.00
AHC Imms Grayling	32,830.00	32,830.00	-	0.00%	32,830.00
AHC Imms Mesick/Manton	35,744.00	35,744.00	-	0.00%	35,744.00
AHC Imms Shelby	40,000.00	40,000.00	-	0.00%	40,000.00
Beach Monitoring - Other	-	3,000.00	3,000	0.00%	-
Building Lease Cadillac	8,600.00	51,600.00	103,200	(50.00)%	(51,600.00)
Building Lease Hart	5,300.00	31,800.00	63,600	(50.00)%	(31,800.00)
CATCH Grant	58.69	3,749.12	26,287	(85.74)%	(22,537.88)
CCL HUB	4,099.00	63,214.00	95,000	(33.46)%	(31,786.00)
CD Billing Counties	-	286.98	2,500	(88.52)%	(2,213.02)
Census Grant	-	2,125.19	-	0.00%	2,125.19
CHA Needs Assessment	-	-	30,000	(100.00)%	(30,000.00)
CHIR - Communications	462.00	7,708.00	11,227	(31.34)%	(3,519.00)
CHIR BBO EVEN	-	2,500.00	2,500	0.00%	-
Community Health	-	6,000.00	6,000	0.00%	-
CSHCS Thorton Fund Kalkaska	-	100.00	6,498	(98.46)%	(6,398.00)
Dental Outreach	5,974.04	6,726.37	30,000	(77.58)%	(23,273.63)
Early On Oceana	174.72	216.72	250	(13.31)%	(33.28)
Finance	-	118,443.36	118,444	(0.00)%	(0.64)
Gambling Disorder Prevention Project Grant	1,065.00	9,424.00	24,300	(61.22)%	(14,876.00)
Grayling School Mental Health	1,928.40	15,836.99	30,000	(47.21)%	(14,163.01)
Healthy Families America - Manistee/Missaukee	6,059.00	61,241.00	154,146	(60.27)%	(92,905.00)
Immunizations	-	225.00	305,500	(99.93)%	(305,275.00)
LiveWell for your Heart	614.58	8,636.59	100,000	(91.36)%	(91,363.41)
MCDC	15,210.00	212,802.63	800,000	(73.40)%	(587,197.37)
Medical Marijuana Operations and Oversight	7,178.00	7,648.00	5,938	28.80%	1,710.00
Oceana LEADS	5,507.00	14,693.00	-	0.00%	14,693.00
PFS Mason	207.00	10,506.00	42,500	(75.28)%	(31,994.00)
PFS Oceana	522.00	5,835.00	42,500	(86.27)%	(36,665.00)
Prevention	2,158.00	39,341.00	112,518	(65.04)%	(73,177.00)
Prevention Grant Missaukee	1,137.00	7,885.00	20,854	(62.19)%	(12,969.00)
Prevention Grant Wexford	2,385.00	16,836.00	43,472	(61.27)%	(26,636.00)
Rotary Charities	-	14,478.00	25,000	(42.09)%	(10,522.00)
Rx for Health	7,839.52	50,234.38	250,000	(79.91)%	(199,765.62)
School Wellness Center	13,359.00	78,820.00	150,000	(47.45)%	(71,180.00)
SH Coalition Support Missaukee	546.00	706.00	8,230	(91.42)%	(7,524.00)
SH Coalition Support Wexford	807.00	1,202.00	19,215	(93.74)%	(18,013.00)
Snap Ed Full-Year	5,532.84	20,278.87	92,710	(78.13)%	(72,431.13)
State Opioid Response (SOR) Lake	-	1,862.00	10,000	(81.38)%	(8,138.00)
State Opioid Response (SOR) Mason	213.00	4,318.00	20,000	(78.41)%	(15,682.00)
State Opioid Response (SOR) Oceana	95.00	4,548.00	15,000	(69.68)%	(10,452.00)
WIC Resident	-	200.00	200	0.00%	-
Total Other Funding	276,738.12	1,253,616.63	3,302,965	(62.05)%	(2,049,348.37)
Billing Revenue					
Adolescent Health Center - Crawford	10,441.00	34,204.78	35,754	(4.33)%	(1,549.22)
Adolescent Health Center - Lake City Clinical	4,350.00	4,350.00	5,000	(13.00)%	(650.00)
Adolescent Health Center - Mason County	-	-	5,000	(100.00)%	(5,000.00)

District Health Department #10
Statement of Revenues and Expenditures
From 03/01/2021 Through 03/31/2021

	Current Month	YTD Actual	Budget	Percent Budget Remaining	Total Budget Variance
Adolescent Health Center - Wexford	6,043.32	45,403.57	51,555	(11.93)%	(6,151.43)
Adolescent Health Center Oceana	12,332.42	60,999.25	57,463	6.15%	3,536.25
BCCCP Direct	1,425.22	4,157.51	7,500	(44.57)%	(3,342.49)
Breast Cervical Cancer Control Program	0.04	4,632.04	5,000	(7.36)%	(367.96)
Brethren High School Mental Health Grant	8,890.00	18,089.82	10,000	80.90%	8,089.82
CCL HUB	14,633.00	86,787.00	150,000	(42.14)%	(63,213.00)
Chippewa Hills School Mental Health Grant	5,152.70	21,541.34	10,000	115.41%	11,541.34
Communicable Disease	11.29	-	-	0.00%	-
COVID MI Supplemental Funding	252,724.68	252,724.68	400,000	(36.82)%	(147,275.32)
COVID Vaccination Clinic	(375,665.45)	22,738.80	200,000	(88.63)%	(177,261.20)
Dental Varnish	-	49.00	-	0.00%	49.00
Family Planning	11,172.45	84,522.95	91,110	(7.23)%	(6,587.05)
Hart High School Mental Health Grant	9,325.00	26,260.20	10,000	162.60%	16,260.20
Healthy Families America - Manistee/Missaukee	3,883.00	3,883.00	-	0.00%	3,883.00
Hearing	4,160.00	7,641.60	3,500	118.33%	4,141.60
Immunizations	(2,969.01)	264,639.86	400,000	(33.84)%	(135,360.14)
Lead Hemoglobin	2.93	671.60	-	0.00%	671.60
Maternal Infant Health Program	30,200.80	230,406.80	502,500	(54.15)%	(272,093.20)
MCH Women	-	318.30	-	0.00%	318.30
School Wellness Center	10,793.81	44,047.47	47,132	(6.54)%	(3,084.53)
STI Clinics	1,179.20	3,444.05	5,400	(36.22)%	(1,955.95)
Vision	4,530.00	7,910.80	3,500	126.02%	4,410.80
Wisewoman Coordination	(500.00)	460.00	5,000	(90.80)%	(4,540.00)
Total Billing Revenue	12,116.40	1,229,884.42	2,005,414	(38.67)%	(775,529.58)
Medicaid Cost Settlement					
Medicaid Cost Report	-	-	1,800,000	(100.00)%	(1,800,000.00)
Total Medicaid Cost Settlement	-	-	1,800,000	(100.00)%	(1,800,000.00)
Environmental Health Revenue	201,866.77	614,090.33	1,374,040	(55.31)%	(759,949.67)
Appropriations	247,873.36	1,487,240.16	2,974,480	(50.00)%	(1,487,239.84)
Other Revenue					
MMRMA Distribution	-	39,642.00	39,642	0.00%	-
Workers Compensation Dividends	-	23,564.00	23,564	0.00%	-
Other	8,961.94	61,707.01	128,500	(51.98)%	(66,792.99)
Total Other Revenue	8,961.94	124,913.01	191,706	(34.84)%	(66,792.99)
Total Revenues	1,429,694.17	10,209,500.43	22,198,377	(54.01)%	(11,988,876.57)
Expenses					
Wages	1,156,747.19	5,309,189.75	11,308,821	53.05%	5,999,631.25
Fringes	503,399.86	2,451,216.46	5,175,812	52.64%	2,724,595.54
Travel	25,306.31	136,938.82	546,174	74.93%	409,235.18
Supplies	59,806.52	359,067.29	1,389,883	74.17%	1,030,815.71
Contractual	106,377.56	273,259.32	899,938	69.64%	626,678.68
Communications	26,378.82	141,038.40	393,391	64.15%	252,352.60
Printing/Publishing	17,222.62	58,239.28	81,143	28.23%	22,903.72
Education/Training	77.29	7,223.50	47,125	84.67%	39,901.50
Liability Insurance	8,428.17	51,277.98	90,491	43.33%	39,213.02
Maintenance	30,282.39	176,745.81	430,009	58.90%	253,263.19
Space	107,726.96	654,211.76	1,302,704	49.78%	648,492.24
Capital Outlay	23,058.34	274,122.77	258,528	-6.03%	(15,594.77)
County DSH/Dental	29,110.00	296,202.63	966,800	69.36%	670,597.37
Total Expenses	2,093,922.03	10,188,733.77	22,890,819	55.49%	12,702,085.23
Increase (Decrease) Fund Balance	(664,227.86)	20,766.66	(692,442)		

District Health Department #10
Aged Receivable Report 03/01/2021 - 03/31/2021

	Balance	Current	31-60 Days	61-90 Days	91+ Days
Due From Billing					
Due From Adolescent Health Cadillac Billing	46,902.25	46,902.25	-	-	-
Due From Adolescent Health Grayling Billing	33,859.91	33,859.91	-	-	-
Due From Adolescent Health Shelby Billing	62,146.81	62,146.81	-	-	-
Due From BCCCP Billing	8,340.59	8,340.59	-	-	-
Due From Dental Varnish Billing	-	-	-	-	-
Due From Diabetes Prevention Program Billing	-	-	-	-	-
Due From Family Planning Billing	96,108.82	96,108.82	-	-	-
Due From Hearing Billing	4,704.00	4,704.00	-	-	-
Due From Hemoglobin Billing	140.61	140.61	-	-	-
Due From Immunizations Billing	-	-	-	-	-
Due From Lead Billing	51.49	51.49	-	-	-
Due From MIHP Billing	136,879.79	136,879.79	-	-	-
Due From School Wellness Billing	44,550.20	44,550.20	-	-	-
Due From STD Billing	2,905.14	2,905.14	-	-	-
Due From Vision Billing	4,861.60	4,861.60	-	-	-
Due From Wisewoman Billing	975.00	975.00	-	-	-
Due From School Mental Health Billing	61,122.91	61,122.91	-	-	-
Due From Billing Sum	503,549.12	503,549.12	-	-	-
Due From County	111,343.48	46,381.18	32,481.14	32,481.16	-
Due From Other	296,207.85	182,110.78	86,174.37	21,547.70	6,375.00
Due From State	2,377,314.59	1,460,837.75	833,669.43	82,477.93	329.48
Grand Total	3,288,415.04	2,192,878.83	952,324.94	136,506.79	6,704.48
Percentage Outstanding		66.68%	28.96%	4.15%	0.20%

District Health Department #10

Cash Flow Analysis

April 22, 2021

	April	May	June	July
Beginning Cash Balance	8,859,023	8,312,917	7,110,709	5,908,501
Receipts:				
State Funding	-	489,829	489,829	489,829
Billing Revenue	75,000	50,176	50,176	50,176
EH Fees	50,000	100,000	100,000	100,000
Appropriations	150,000	-	-	397,002
Other	<u>150,000</u>	<u>150,000</u>	<u>150,000</u>	<u>150,000</u>
Total	425,000	790,005	790,005	1,187,007
Expenses:				
Wages	484,293	968,586	968,586	1,452,879
Benefits	192,147	434,293	434,293	434,293
Other	<u>294,667</u>	<u>589,334</u>	<u>589,334</u>	<u>589,334</u>
Total	971,107	1,992,213	1,992,213	2,476,506
Total Cash & Investments	<u><u>8,312,917</u></u>	<u><u>7,110,709</u></u>	<u><u>5,908,501</u></u>	<u><u>4,619,002</u></u>

DISTRICT HEALTH DEPARTMENT #10
Board of Health Listing

Accounts Payable

	Amount	Date
20726 - 20839, 508034 - 508087	\$1,762,254.56	March - April
1267 - 1269		
Total Accounts Payable	\$1,762,254.56	

Payroll

63732 - 64441	\$1,093,351.99	March - April
Total Payroll	\$1,093,351.99	

Total Expenditures \$2,855,606.55

REPORT TO THE BOARDS OF HEALTH

Jennifer Morse, MD, MPH, FAAFP, Medical Director

Mid-Michigan District Health Department, Wednesday, April 28, 2021
Central Michigan District Health Department, Wednesday, April 28, 2021
District Health Department #10, Friday, April 30, 2021



Monitoring for Adverse Events after Vaccine

Worldwide, vaccines prevent 2 to 3 million deaths every year and continue to prevent hundreds of thousands of cases of illness, complications, and disability in the United States each year (see table, right). Vaccinations are one of the most successful public health developments to extend and improve our lifespan. A vaccine is a medical product and just like any other medication, there can be side effects. Most side effects from vaccines are mild, and resolve quickly and completely. There are chances for rare but severe events after vaccination, such as severe allergic reaction (anaphylaxis). Other adverse events can follow an immunization, but they are not necessarily caused by the vaccine. As more people are vaccinated and the disease becomes less common, there is less tolerance to any potential side effects.

An adverse event following vaccination is any unexpected medical situation that happens after a vaccine is received but is not necessarily caused by the vaccine. Adverse events following vaccination are grouped into five categories:

1. **Vaccine reaction.** In a vaccine reaction, the person getting the vaccine had a response to something in the vaccine. It could be due to how our bodies naturally respond to the vaccine. It usually happens within minutes to hours of getting the vaccine. They can be minor reactions, such as pain, swelling or redness at the site of injection, fever, muscle pain, headache, or loss of appetite. These events usually pass quickly and pose little danger. There can also be more severe reactions, like allergic reaction or seizure, which are rare, and typically do not result in any long-term problems. However, severe reactions like anaphylaxis can very rarely be fatal, especially if proper treatment is not available.
2. **Vaccine quality/defect reaction.** These types of reactions are due to a defect with the vaccine product itself. There could be contamination in the vaccine that causes illness or infection.
3. **Immunization error.** One of the most common causes for reactions, this is due to errors in preparation, storage, handling, or administration of a vaccine. These errors can lead to reactions, infections, or injuries at the injection site, ineffective vaccine, missing a contraindication which leads to a severe allergic reaction, etc.

Impact of Vaccines in the 20th & 21st Centuries

Comparison of 20th Century Annual Morbidity & Current Morbidity: Vaccine-Preventable Diseases

Disease	20 th Century Annual Morbidity*	2017 Reported Cases†	% Decrease
Smallpox	29,005	0	100%
Diphtheria	21,053	0	100%
Pertussis	200,752	18,975	91%
Tetanus	580	33	94%
Polio (paralytic)	16,316	0	100%
Measles	530,217	120	>99%
Mumps	162,344	6,109	96%
Rubella	47,745	7	>99%
CRS	152	5	97%
<i>Haemophilus influenzae</i>	20,000 (est.)	33‡	>99%

* JAMA. 2007;298(18):2155-2163

† CDC. National Notifiable Diseases Surveillance System, 2017 Annual Tables of Infectious Disease Data. Atlanta, GA. CDC Division of Health Informatics and Surveillance. 2018. Available at: www.cdc.gov/nndss/infectious-tables.html. Accessed on December 3, 2018. NNDSS finalized annual data as of November 28, 2018.

‡ *Haemophilus influenzae* type b (Hib) <5 years of age. An additional 10 cases of Hib are estimated to have occurred among the 203 notifications of Hib (<5 years of age) with unknown serotype.

Comparison of Pre-Vaccine Era Estimated Annual Morbidity with Current Estimate: Vaccine-Preventable Diseases

Disease	Pre-Vaccine Era Annual Estimate	2016 Estimate (unless otherwise specified)	% Decrease
Hepatitis A	117,333*	4,000†	97%
Hepatitis B (acute)	66,232*	20,900†	68%
Pneumococcus (invasive)			
All ages	63,067*	30,400†	52%
<5 years of age	16,069*	1,700†	89%
Rotavirus (hospitalizations <3 years of age)	62,500‡	30,625§	51%
Varicella	4,085,120*	102,128††	98%

* JAMA. 2007;298(18):2155-2163

† CDC. Viral Hepatitis Surveillance – United States, 2016

‡ CDC. Unpublished. Active Bacterial Core surveillance. 2016

§ CDC. MMWR. February 6, 2009 / 58(RR02): 1-25

§ New Vaccine Surveillance Network 2017 data (unpublished); U.S. rotavirus disease now has biennial pattern

†† CDC. Varicella Program 2017 data (unpublished)

4. **Immunization anxiety reaction.** Another common cause for reaction, this is not related to the vaccine, but the fear and anticipation of getting an injection. This can include fainting, hyperventilation, vomiting, convulsions, and panic attacks. Injuries, sometimes serious, can occur due to falls from fainting. Fainting may not happen right away and could happen to someone later while driving causing accidents. For this reason, it is important to wait for 15 minutes after vaccinations.

5. **Coincidental event.** When there is a medical problem that happens after a vaccine is given but was not caused by the vaccine, it is a coincidental event. This can include many things, like coincidental death, onset of developmental disorders, autoimmune disorders, etc. It is important to remember that correlation is not the same as causation, or just because you did one thing and another thing happened, it does not mean the one thing caused another thing to happen. It is important to compare how often the medical problem occurs in those getting vaccinated to how often it occurs in the same type of people that did not get vaccinated.



To better understand the concerns about adverse events after vaccination and the systems that we have to watch for possible problems, it is important to look back at some of the side effects, errors, and concerns that have and have not been due to vaccinations over the past one and a half centuries.

Historic Vaccine Safety Issues

- In the late 1800s, the first rabies vaccines were made using animal brains and spinal cords. The vaccine did prevent certain death from rabies, however it caused serious side effects in up to 1 in 230 persons such as seizures, paralysis, and even coma.
- In the 1940s, a yellow fever vaccine was used in the U.S. military which used human serum (a blood product from people) as part of the vaccine. Unfortunately, due to the lack of knowledge and screening at the time, some of the serum came from people infected with hepatitis B. As a result, 330,000 soldiers were infected with hepatitis B, 50,000 developed severe liver disease, and 62 died.
- In the 1950s, several companies were making the life-saving polio vaccine. This vaccine used a polio virus that had been inactivated by formaldehyde. One company, Cutter Laboratories, did not completely inactivate the virus and their vaccine caused mild polio in 40,000 children, leading to permanent paralysis in 200 and death in 10. It is referred to as “the Cutter incident” and is one of the worse biologic incidents in U.S. history.
- In 1976, a swine flu vaccine was developed and rapidly deployed after cases of swine flu were discovered at a U.S. army base in New Jersey. It was noted there was a small increased risk of a serious neurological disorder called Guillain-Barré Syndrome (GBS) following this vaccination, or about one additional case of GBS for every 100,000 swine flu vaccines given. The vaccination was stopped. A review in 2009 showed that no other flu vaccine has been a definite cause of GBS. In fact, infection with influenza was found to put people at a much higher risk of causing GBS.
- In 1998, the first vaccine for rotavirus, RotaShield, was approved. It was noticed that some infants developed intussusception, a rare type of bowel obstruction, after being vaccinated. The Centers for Disease Control and

Prevention (CDC) recommended that the vaccine be suspended and started an emergency investigation. They felt the vaccine was the cause of the intussusception and the vaccine was withdrawn from the market.

False Vaccine Safety Concerns

- In the 1950s, two British doctors found 36 children that had developed neurologic issues after getting a pertussis (whooping cough) vaccination. Several similar reports appeared after this. England and the United States did large studies which confirmed the safety of the pertussis immunization. Pertussis vaccines at that time were made with the whole cell bacteria that was inactivated and was known to cause more reactions like fever, redness, fussiness, crying, and even febrile seizure (a seizure due to a high fever.) Unfortunately, there was continued worldwide concern and controversy over the pertussis vaccine in the 1970s and 1980s. There were television documentaries, and a book published over safety concerns. There were several lawsuits against pertussis vaccine manufacturers. Companies started to pull out of vaccine manufacturing due to the expense. Some countries stopped using the vaccine and many countries saw a decrease in vaccination rates. Whooping cough rates and deaths spiked dramatically from the late 1970s to 1980s. Significant efforts began to find a more acceptable pertussis vaccination, DTaP, which uses an acellular pertussis vaccination. It produces much fewer side effects, however, it also appears to be less effective than DTP.
- Deaths occurring in the time period after any vaccination are often blamed on the vaccine. We see that occurring now with the COVID-19 vaccines. Evidence has never been found to suggest any cause-effect relationship between any vaccination and death except for the very rare exception of anaphylaxis. Otherwise, these deaths are coincidental.
- The most controversial and argued issue in the last several decades has been that vaccines, specifically MMR, cause autism. Autism is a chronic developmental disorder that is currently felt to have genetic causes. Imaging, like MRI and ultrasound, shows changes in an autistic baby's brain about halfway through gestation, or before birth. Since symptoms do not typically appear until around age 1 to 2 years old, which is near the time MMR is given, many parents and doctors have blamed the vaccine. This fear was increased in 1998 when a study was published by Andrew Wakefield, a British gastroenterologist, along with 12 other co-authors. The study evaluated 12 children with colitis and developmental disorders, reporting there was a link between these conditions and receiving the MMR vaccine. As a result, MMR vaccination rates dropped in the U.S. and Britain. Many scientists tried to reproduce Wakefield's study or find supporting evidence and could not. His original research was evaluated and the parents of the 12 children interviewed. It was found much of his data was falsified and discovered he was paid by attorneys that wanted to sue vaccine manufacturers. In 2010, the paper was officially retracted from the Lancet, and Wakefield was banned from practicing medicine in Britain.
- It has been argued that a preservative previously used widely in vaccines, called thimerosal, increased risks of autism. Of note, thimerosal has never been used in MMR. Numerous large studies have found no connection between thimerosal and autism. In fact, Denmark saw an increase in autism several years after they stopped use of thimerosal in 1991. However, as a precaution, thimerosal has not been used in childhood vaccines since 2002. It is only used in some multi-dose vials of flu vaccine.

The Autism Science Foundation, <https://autismsciencefoundation.org/>, is focused on discovering the causes of autism, the importance of early diagnosis and early intervention, and that vaccines save lives. The foundation supports that vaccines do not cause autism.

There have been several very expensive court cases against drug companies. Some were due to legitimate claims, such as polio occurring after the use of the live oral polio vaccine. This was a very rare and known complication, yet parents were not always advised of that possibility (i.e., not being given informed consent). Other lawsuits were due to events never proven to be caused by the vaccine, such as a \$1.1 million verdict for transverse myelitis after

DTP vaccine in *Toner v Lederle Laboratories* in 1986. As discussed above, there was a lot of concern regarding the DTP vaccine at this time and combined with a very litigious atmosphere in the 1980s, and large rewards being granted from juries, many drug companies stopped manufacturing vaccines.

In order to protect the supply of vaccines, Congress passed the National Childhood Vaccine Injury Act (NCVIA) in October 1986, which included requirements to provide informed consent before vaccination, including a Vaccine Information Statement (VIS) with certain vaccines, and required reporting of adverse events (see VAERS, below). It also placed a \$0.75 tax on each vaccine dose, collected from the manufacturer, to fund the National Vaccine Injury Compensation Program (NVICP), which is used to fairly compensate those that suffer a recognized adverse event from certain vaccines that have been properly manufactured. Covered vaccines and recognized adverse events can be found here <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/vaccine-injury-table.pdf>.

Before vaccines are licensed, they go through several phases of study, just like other drugs. The effectiveness and the safety of a vaccine are studied closely in these trials. After vaccines are licensed, there are many ways safety is monitored in several ways. The Vaccine Adverse Events Reporting System (VAERS), which was created as part of the National Childhood Vaccine Injury Act, is a joint project of CDC and FDA implemented in 1990. It is a centralized area for reporting any clinically significant adverse event after vaccination, including those that are mandated by healthcare providers. Anyone can report to VAERS, not just healthcare providers. VAERS data is entered into a database without any personal identifiers by a contractor outside of the CDC and FDA. More information is collected if needed. All this data is available to the public (at www.vaers.hhs.gov and at www.wonder.cdc.gov/vaers.html). Several other countries have similar monitoring systems. The World Health Organization (WHO) compiles data on adverse vaccine events along with other drugs at their Collaborating Center for International Drug Monitoring in Uppsala, Sweden.

VAERS is meant to be a signaling agent, not a scientific database. If the system detects an unusual pattern, more evaluation is needed. An example occurred in 2005 when a new meningitis vaccine (Menactra) was licensed. There was an increased number of Guillain-Barré Syndrome (GBS) cases noted in VAERS shortly after this. There were two large studies that followed, one reviewed data from five health plans with more than 1.4 million vaccinations given and found there was no increased risk of GBS compared to those that did not get vaccinated. A more recent example is the Johnson and Johnson COVID-19 vaccine. The VAERS system was able to detect six reports of rare blood clots in the brain associated with low platelets shortly following vaccination. This is following 7.5 million doses given in the United States. This unusual event signalled concern, and the CDC and FDA have put use of the vaccine on pause while more information can be gathered and evaluated.

Another safety monitoring system is the Vaccine Safety Datalink (VSD) project started in 1990. In this project, the CDC collaborates with 9 large healthcare organizations. Whenever there is a new vaccine or a change in vaccine recommendations, the electronic health data from these healthcare organizations is used to follow information on vaccination as well as any diagnosed medical illnesses to monitor for adverse events and conduct research. More information available here <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vsd/index.html#access>.

The Clinical Immunization Safety Assessment (CISA) Project was established by the CDC in 2001 and is a network of vaccine safety experts from the CDC, research centers, and subject-matter experts. They partner in studies to identify risk factors for adverse events to vaccinations as well as ways to prevent them. They also serve as subject-matter experts as needed when evaluating adverse events. More information available at <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html>.

When a mass vaccination campaign must be held, as in a pandemic such as H1N1 and COVID-19, additional monitoring is needed to be able to detect any potential problems early. Like the VSD, databases from several large

health plans, the Department of Defense, Medicare, and the Veterans Administration are analyzed on a rapid and ongoing basis during these times.

The CDC initiated V-safe, a smartphone-based tool, with the onset of COVID-19 vaccination. This tool uses text messages with web surveys to screen for side effects after vaccination. The screening continues for several weeks past the last dose of vaccination. More information available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>.

All of this monitoring is to help determine if an adverse event following a vaccine was caused by that vaccine. This determination relies on evaluating all the evidence for things like strength of association, consistency of these findings, relationship to vaccination timing, and whether the adverse event makes physiologic and biologic sense. The Institute of Medicine, Agency for Healthcare Research and Quality, and internationally, the World Health Organization, have identified adverse reactions that have strong evidence of being caused by vaccination and are listed in the table below, along with the rate they are estimated to occur.

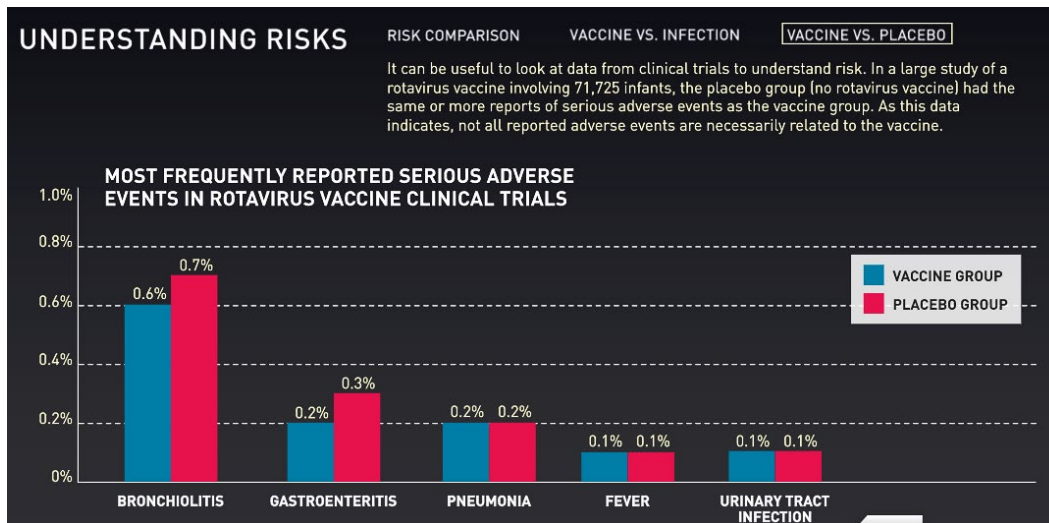
TABLE 82.3 Vaccines and Adverse Events for Which Evidence Favors a Causal Association

Vaccine(s)	Adverse Event	Source	Rate Per Million Doses
Tetanus toxoid, pertussis, measles, mumps, rubella, inactivated polio vaccine, hepatitis B, varicella, influenza, meningitis, human papillomavirus	Anaphylaxis	VIT, IOM2012	1–2 ^a
Pertussis (whole cell)	Encephalopathy/encephalitis	VIT	<1 ^b
Measles-mumps-rubella (MMR)	Encephalopathy/measles inclusion body encephalitis	VIT, IOM2012	Case reports only
MMR	Febrile seizures	IOM 2012	333 ^b
MMR	Transient arthralgia, women & children	IOM 2012	~5% (postpartum women) <1% (children)
Measles	Thrombocytopenic purpura	VIT	33 ^b
Rubella	Chronic arthritis	VIT	Unknown ^c
Varicella	Vaccine strain dissemination	IOM 2012	Case reports
Any vaccine	Injection-related syncope, deltoid bursitis	IOM 2012	Case reports

^aData from McNeil MM, Weintraub E, Duffy J, et al. Risk of anaphylaxis after vaccination in children and adults. *J Allergy Clin Immunol*. 2016;137(3):868–178.

^bData from World Health Organization (WHO), Department of Vaccines and Biologicals. Supplementary information on vaccine safety, Part 2: Background rates of adverse events following immunization. December 2000. WHO/V&B/00.36. Available at: http://apps.who.int/iris/bitstream/10665/66675/1/WHO_V-B_00.36_eng.pdf

^cIOM 2012 review determined evidence to be inadequate.
IOM, Institute of Medicine; U.S.; VIT, Vaccine Injury Table, U.S.



The History of Vaccines, An Educational Resource by the College of Physicians of Philadelphia <https://www.historyofvaccines.org/>

Healthy Living Recommendations

1. Given the ease of global travel and declining vaccination rates, the risk from vaccine-preventable diseases is higher than ever. Vaccines have an extremely small risk of severe side effects or serious risks and the benefits outweigh the risks.
2. The national and global vaccine safety monitoring systems have proven themselves to be very effective at detecting potential adverse events following vaccination.

Sources

- Global Immunization: Worldwide Disease Incidence, Children's Hospital of Philadelphia (CHOP) <https://www.chop.edu/centers-programs/vaccine-education-center/global-immunization/diseases-and-vaccines-world-view>
- World Health Organization (WHO) Vaccine Safety Basics: Module 3: Adverse Events Following Immunization, <https://vaccine-safety-training.org/classification-of-aefis.html>
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- Plotkin, Stanley A, Walter A. Orenstein, Paul A. Offit, and Kathryn M. Edwards. Plotkin's Vaccines, 2018. Print.
- Morse, J. (2016). Comparison of the Efficacy and Adverse Events of Whole-Cell Pertussis and Acellular Pertussis Vaccine.
- The History of Vaccines, An Educational Resource by the College of Physicians of Philadelphia <https://www.historyofvaccines.org/>

District Health Department #10

BOARD OF HEALTH

Health Officer Report

April 30, 2021

1. **COVID-19 Status Update.** We continue to see additional new positive cases within our jurisdiction. Many of these cases, individuals and outbreaks, are being associated with the B.1.1.7 variant as well as gatherings. Vaccination efforts continue with both first and second dose clinics in each county office as well as some clinics at other locations for targeted populations. An update on vaccination numbers and coverages will be provided at the meeting.
2. **MIOSHA and Epidemic Order Updates.** On April 13 it was announced the MIOSHA Emergency Rules had been extended for at least another six months. These were the rules which dictated that work must be done from home if possible. On April 16 the previous Epidemic Order was extended through May 24. The only change was that children age 2 and up were required to wear masks.
3. **PFAS.** DHD#10 was informed of a new PFAS site within our jurisdiction. Manistee Blacker Airport has now been identified with PFAS levels exceeding the maximum contaminant level (MCL.) Initial data gathering and well installation work continues and more information on this site will be shared when it is available.
4. **Kalkaska HIV.** Representatives from MDHHS met with DHD#10 staff on April 14 to review an increase in HIV cases within Kalkaska County. After nine years of no new diagnoses, there have been eight new cases in the community. Educational and prevention efforts are currently being reviewed and planned.
5. **School Guidance.** On Friday, April 9, Governor Whitmer recommended all schools take a two-week pause and go to virtual classes due to the continued increase in new COVID-19 cases. In previous communications with our schools, we indicated that would make recommendations based upon what was happening in each classroom and in each school building as opposed to making blanket recommendations on school operations. We did have a few schools decide to go virtual but this decision was made in consultation with the individual Superintendents and based upon the unique circumstances for each district or school.
6. **Tencon Endowment Funding.** On March 17 I received notification from the Fremont Area Community Foundation that this year's allocation of funding would be \$53,000. This amount combined with last year's remaining funds totals \$79,800. At this time there are no plans for using this funding.
7. **NCRESA "I Care" Award.** The Newaygo County Regional Educational Service Agency informed Dr. Morse and myself that both of us have been honored as recipients of this year's Newaygo County's "I Care" award. While the awards are for individuals, I accepted mine on behalf of all of DHD#10.
8. **Request to Wave Food License Fees.** I did received a letter, included in the packet, from the Ludington and Scottville Area Chamber of Commerce requesting that DHD#10 consider waiving 2021 food license fees. I replied back that the Board had taken action on this at our November 2020 meeting and decided to keep the 2020 license fees unchanged for 2021 and 2022.
9. **Health Officer Oath of Office.** I had sent out information to all Board members and County Administrators on this issue. A copy of the memo to the Board is included in the packet.

Respectfully submitted:

Kevin Hughes, MA
Health Officer

the CHAMBER

5300 West U.S. 10
LUDINGTON, MI 49431
231.845.0324
WWW.LUDINGTON.ORG

LUDINGTON & SCOTTVILLE AREA CHAMBER OF COMMERCE

April 2, 2021

Kevin Hughes
District 10 Health Department
521 Cobbs Street
Cadillac, MI 49601

Dear Mr. Hughes:

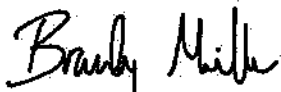
As you are keenly aware, the last year battling COVID-19 has been challenging on all fronts, particularly for our restaurants and hospitality businesses. Recently the Kent County Health Department announced that they waived 2021 food licensing fees from local food establishments, to help alleviate the financial burden those fees may have on the already desperate industry.

On behalf of food establishments in Mason County, we are advocating that the Department of Health District 10 consider doing the same. The Michigan Restaurant & Lodging Association predicted at the end of 2020 that 5,600 establishments would close in Michigan in the next six months. The seasonality of business in lakeshore communities like Ludington and Mason County, means businesses are typically used surviving a very lean period for them financially during the "off season", but continued restrictions limiting their capacity have made restaurants and food establishments the hardest hit sector of our business economy. Waiving these fees shows support for restaurant operators who have struggled to stay in business while working to keep customers and employees safe.

While the finish line may be becoming more visible as we continue to advocate for increased vaccinations in our communities, this action to waive food licensing fees would be another positive step in our recovery of this pandemic. We understand this is a financial decision for the district, but one that I think is worth considering for the economic health of our communities.

Thank you for your consideration of this request. We welcome any further conversation as to how we can be a partner and ally in making this a reality for our food establishments in Mason County.

Sincerely,



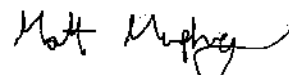
Brandy H. Miller, President / CEO
Ludington & Scottville Area Chamber of Commerce



Jerry Bleau, Supervisor
Pere Marquette Township



Mitchell Foster, City Manager
City of Ludington



Matt Murphy, Interim City Manager
City of Scottville



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

April 15, 2021

Mr. Kevin Hughes
Health Officer
District Health Department #10
521 Cobbs Street
Cadillac, Michigan 49601

Dear Mr. Hughes,

This letter is in response to the question of who must take an oath of office pursuant to the MI constitution.

While there does not appear to be a legal requirement at the state level for a local health officer to take the oath in Article XI Section 1 of the Michigan Constitution, there is no harm in taking an oath generally, and if asked by a Local Governing Entity to take an oath of office, there is no reason to object. The oath as found in Article XI Section 1 of the Michigan Constitution may be used for a customary purpose at the local level, but again is not required for a local health officer.

Sincerely,

A handwritten signature in blue ink that reads "Laura de la Rambelje".

Laura de la Rambelje
Director
Office of Local Health Services
Public Health & Community Services Administration
delarambelje@michigan.gov
(517) 388-7302