

WHEELING BOARD OF HEALTH
WORKSHOP MEETING

January 28, 2020

I. CALL TO ORDER

The meeting was called to order at 7:04 p.m. by Chairperson Shannon.

II. ROLL CALL

Present: Commissioners Birnbaum, Engel, Freed, Melone and Shannon. Health Officer, Serena Ivaldi was also present.

III. MINUTES – November 26, 2019

Commissioner Melone moved, seconded by Commissioner Engle to approve the minutes dated November 26, 2019 as corrected. The motion was approved by a voice vote.

- Corrected the motion to adjourn the meeting by Commissioner Melone and seconded by Commissioner Freed.

IV. CHANGES TO THE AGENDA

Chairperson Shannon asked for a vote for approval to add a presentation about the Coronavirus.

Commissioner Birnbaum: in favor

Commissioner Engel: in favor

Commissioner Freed: in favor

Commissioner Melone: in favor

Chairperson Shannon: in favor

The vote was 5:0 in favor of adding the Coronavirus presentation.

V. CITIZENS CONCERNS AND COMMENTS - None

Chairperson Shannon read the following statement.

Members of the general public may address the Board of Health with concerns or comments regarding issues relevant to the Board of Health's agenda or topics that the Board of Health has the authority pursuant to the Village Code to address. The Chairperson or his or her designee shall strictly restrain comments to matters that are relevant to the Board of Health's business and shall not permit repetitious comments or arguments. Members of the general public who wish to address the Board of Health must sign the request to speak prior to the commencement of the public meeting. The person submitting a petition, concern or other comment shall be allotted 5 minutes to present their points.

Commissioner Engel offered to talk about the Coronavirus. He explained Coronaviruses were all over the place and were extremely common and most commonly they cause symptoms of the common cold. People that tend to have issues with the Coronavirus are the very young, very old, people who are immunocompromised and people that have underlying diseases. The primary reservoir for Beta Coronaviruses are the ones that have the potential to cause pandemics. SARS

was a Coronavirus and was in the Beta subgroup and MERS was a Coronavirus that in 2012 caused an outbreak and was also in the subgroup. The primary reservoir for those subgroups is bats. Bats don't tend to exhibit any symptoms, but when a bat comes in contact with a pig and the pig is put into a market and then a lot of humans come in contact with it, there is a potential for the viruses to mutate and then there is animal to human spread. If the virus mutates within the human, then there is human to human spread and that is what has caused this to be a big deal. It is not uncommon to have animal to human spread of some of these viruses, but what is uncommon and gives the potential for epidemics and pandemics is when there is significant human to human spread.

There was an initial group of about 40 individuals (mostly men from 40-60 year olds) in a fish market in Wuhan, China in late December who contracted the virus in the initial subgroup. The most recent numbers show China reporting 4,500 individuals infected with between 100-200 fatalities. The mortality rate is about 3%. It has spread beyond China, which is understandable since there is a lot of international travel. It has also spread into the Western countries that include France, Canada, Germany and the United States. As of right now, there are about 110 suspected cases in testing in the United States with 5 being confirmed which includes a 60 year old female in a hospital in Hoffman Estates, two in California, one in Arizona and one in Washington State. 32 individuals have been tested negative and 77 remaining tests.

Ms. Ivaldi questioned the difference between alpha, beta and the rest. Commissioner Engel explained the only two that show animal to human transmissions were alpha and beta. The delta and gamma don't demonstrate it. The alpha viruses are not of interest because they don't have the pandemic strains in them. In history, SARS and MERS all came from Beta.

Bats come in contact with pigs and cattle and the cattle end up being a reservoir and humans end up being a host.

Commissioner Melone questioned if bats could transmit it to other animals. Commissioner Engel confirmed they could, but explained the difference between a reservoir and host is that a reservoir has the virus within it, but doesn't exhibit symptoms and humans make a good host for the viruses which means the virus gets into humans and then replicates and then the humans exhibit symptoms of the virus.

Commissioner Freed questioned how it was being tested at the airports. Commissioner Engel explained that based on country of origin of the aircraft they are examining certain individuals for high risk travel and based on that screening for fever and respiratory symptoms. It is mainly a questionnaire about respiratory symptoms and then a simple head scan thermometer for fever. There is no swab or specific testing done at the airport.

In reply to Commissioner Freed's question, Commissioner Engel confirmed it could be passed on without any symptoms.

Commissioner Engel referred to the 60 year old female in Hoffman Estates that appears to be in

stable condition.

Commissioner Engel reported there has been no human to human spread in the United States. All the cases in the United States are associated with high risk travel from the country of origin. There has been no spread in the United States.

Commissioner Engel explained the signs and symptoms were non-specific. From the initial cluster of cases, 73% were male within the age of 49 years old. The age of 49 years old is concerning since the severity of symptoms is typically seen in the 65+ or the sub 2 year old range. These are younger, healthier individuals.

The symptoms include fever (98% individuals), the only ones without a fever were very young, coughs were present (76%) and myalgic fatigue (44%) which are symptoms that resemble the flu. The symptoms need to be matched with travel and exposure history. The airports are screening passengers specifically coming from Asian countries (primarily China and the specific regions). There is no longer travel from those cities, the cities have been locked down. 55% developed severe dyspnea within 8 days of the illness. Typically, with flu the peak is around day 4 or 5 and with other similar respiratory viruses, the peak is around day 5. Day 8 is late to develop severe symptoms. 30% developed a condition called ARDS and 10% of those patients had to be mechanically ventilated. 1 out of 10 of the patients in the initial cluster, ended up on a ventilator.

Commissioner Engel reported the basic transmission of this virus was estimated to be 2.5-2.6 with a range of 1-3.5. He thinks the number will be refined overtime. If it's 2.5, the Spanish flu in 1918 was predicted to be between 1.4 and 2.8 so it's on par with that flu. Ebola has a basic transmission rate of 1.5-2 so it's a little late. SARS and HIV were 4 and measles is 12-18 so measles is significantly more infective than this and Ebola is less infective. The Spanish flu was predicted to be 1.4-2.8 and was one of the worst flu pandemics ever seen, so his estimation is the standard flu would be 0.5 or less.

Seasonal flu has a mortality rate of about 0.1% in developed countries. The 1918 Spanish flu had a 2.5% mortality rate. SARS was 11%, Ebola is 40-70% and varies greatly based on the country where you get it. The fatality rate in America is 0%. The mortality of this disease is around 3%. Most mortality is seen in the young, old, immune compromised or people with underlying respiratory conditions. The incubation period is currently unknown. The precaution he is getting is that any person under investigation should be isolated for 14 days. Flu is 24 hours after fever and typically it is a week or less.

The onset of symptoms in one study was 3-6 days after exposure, but they have seen individuals who had high risk travel come back and the longest window period was 14 days which is scary. The transmission is not known at this time. The best resources are that it is mostly droplet precautions which means it is like flu. If someone is within 6' and has a big cough or sneeze it would be possible to contract it. If a person with measles touches surfaces and shares the same air for too long, the likelihood of someone contracting measles is significantly higher since it is

an airborne disease. They don't suspect Coronavirus is airborne, but is droplet spread. Healthcare providers taken care of persons under investigation are just advised to wear full personal protective equipment, which is droplet and airborne precautions. The patients are put in a negative pressure room until they understand the motor transmission. The care for this disease is fully supportive. Fluids are provided, ventilate patients who are in respiratory failure, use good pulmonary clearing devices to keep mucus and all the secretions clear from the lungs and then take care of any underlying disease processes. Commissioner Engel didn't think there would ever be a disease shortening therapy developed for coronavirus.

A person under investigation is a person that has a fever and lower respiratory symptoms with the following exposure history: Travel from Wuhan City, China or close contact with a person under investigation during the last 14 days while that person was ill. Alternatively, fever or lower respiratory symptoms and close contact with a confirmed case.

Once a case walks into the emergency room, they will get a good history, do a swab for other known respiratory viruses. They will also do a swab for this virus and it will be sent directly to the CDC who is the only person currently doing testing. They also advise not only getting a nasal swab, they have the patient cough and spit in a cup and are sent for a surgical procedure called a bronchial lavage to get a sample from the lungs. The CDC takes about 24-48 hours to get a result.

Commissioner Engel noted that some places in China are sending their patients home. There is some talk in the US, that if Coronavirus gets widespread, the patients would be sent home if they were stable and would be told to isolate themselves. They would likely get over it, if they kept themselves hydrated. If they got worse, they would be admitted to the hospital.

For the general public, the CDC is saying is 1) if someone is just sick in the United States and they want to know if they have the virus, it's almost assured that they do not. The chances are virtually zero. If someone has a fever and a cough and had visited the infected China cities 10 days ago, then they would be under significantly more scrutiny. They are telling people to call their doctor if they are sick and have had the exposure. They tell people not to show up unannounced at a doctor's office or emergency room. If someone really thinks they have it, they need to call ahead so they can make arrangements for a safe manner.

The CDC feels this is a serious health threat until it can be figured out if it can be under control. There is a level 3 travel advisory for China. He expects the total number in China to rise to maybe the tens of thousands and if the person-to-person spread begins in the US, he could see hundreds, or thousands infected potentially.

Commissioner Melone questioned if it could come over in a fish from China. Commissioner Engel reported the literature he read has a low suspicion for it because they feel the amount of virus that would be contained on the packaging wouldn't be enough to cause infection.

Commissioner Melone questioned if the U.S. was equipped to handle it if there was an outbreak.

Commissioner Engel explained the CDC takes care of it and then the State authorities.

Commissioner Engel explained that people should always wash their hands and not always depend on hand sanitizer. He thinks masks are a false sense of security because a mask after 20 minutes doesn't work.

Commissioner Melone questioned if the Village of Wheeling had a safety plan. Ms. Ivaldi explained the Fire Department heads it since they are the emergency responders.

Commissioner Freed mentioned he had heard that Johnson and Johnson announced they were currently working on a vaccine. Commissioner Engle was surprised they would be able to develop it since there was never a vaccine developed for SARS or MERS.

Commissioner Freed stated that this respiratory season has been one of the worst he has seen in his career.

Commissioner Birnbaum questioned if there needed to be something on the Village's website. Commissioner Engel felt it would be reasonable to add a link to the CDC's website. Ms. Ivaldi agreed to add it.

In reply to Ms. Ivaldi's question, Commissioner Engel referred to the disease as 2019-NCOV.

Ms. Ivaldi mentioned the Village has had a few cases of norovirus in restaurants. There are strict guidelines on high touch cleaning. Commissioner Engel mentioned the CDC had sent out similar guidelines for the rooms where the infected patients have stayed.

VI. ONGOING BUSINESS

(a) 2020 Board of Health Meeting dates

January 28, March 24, May 26, July 28, September 22 & November 24, 2020.

(b) Blood Drives - March 4, July 8, & November 11, 2020

Ms. Ivaldi announced volunteers were needed for the March 4th blood drive.

(c) Prescription Medication Collection update - January 18, 2020

Commissioner Freed announced the January 18th collection was slow. He felt it was slow because of the cold weather and snow the night before. He collected half a drum of meds and one full container of sharps.

The next collection is on February 15, 2020. The sign-up list was distributed. Commissioner Melone felt having two people at the collections was better. Ms. Ivaldi explained it depended on everyone's schedule, last year it was just one person working each collection. Commissioner Freed offered to work with Commissioner Engel for his first time.

Commissioner Birnbaum questioned if Commissioner Engel was aware if anything could be done with new paraphernalia that gets dropped off. Commissioner Engel agreed to ask a colleague if they were aware of any charity/organization that could use new diabetic supplies.

Commissioner Engel asked about hearing aids recycling. Ms. Ivaldi agreed to investigate it.

(d) Wheeling Walks program

For the benefit of Commissioner Engel, Commissioner Birnbaum explained the Wheeling Walks Program that takes place twice a week, 9:30 a.m. on Saturdays and 10:00 a.m. on Wednesdays. She mentioned the different challenges that were offered throughout the year. She also mentioned the social aspect of the group and how individuals watch out for one another.

VII. OLD BUSINESS

VIII. NEW BUSINESS

IX. VERBAL COMMUNICATION

Ms. Ivaldi asked if anyone wanted to discuss the topic of providing vaccines that had been previously mentioned.

Commissioner Melone believed there are people that don't know where to go for vaccines and felt it would be a nice service to offer in the area. Commissioner Engel asked about the capacity of offering it. Ms. Ivaldi explained there wasn't money available for it, but she could ask for a small amount if needed.

Commissioner Engel thought the Cook County Department of Health might be able to be contacted to determine if they had a stock of flu shots they would be willing to use for a flu clinic.

Commissioner Engel felt children's vaccines outside of a doctor's office needed to be done through the Illinois Department of Public Health or the Cook County Department of Public Health. He felt offering an annual flu shot clinic would be a good idea.

Ms. Ivaldi referred to a previous suggestion about pairing up a vaccine clinic with the blood drive. Commissioner Engel explained that generally the flu shots that are given in September are for high risk individuals and the general public gets them in October so he felt November wouldn't be too late. Commissioner Melone felt the Board of Health should be a service to the community, so she felt they should be made available.

Commissioner Melone questioned the age limit. Commissioner Engel confirmed anyone over the age of 6 months could get it. He also thinks it should be offered only to those people that had already had their first flu shot since they wouldn't have the capacity to have the follow-up that is required.

Ms. Ivaldi questioned if the Commission wanted it offered for free. Commissioner Engel explained the Department of Health offers any vaccination at no charge. He agreed to investigate it.

Commissioner Engel suggested organizing a community CPR training prior to summer and partnering with the Park District and/or the Fire Department to facilitate it. He didn't think it needed to be a certification, but more for an increase awareness.

Commissioner Birnbaum mentioned the Fire Department had a "touch a truck" event held in the parking lot near the family aquatic center in the summer. Commissioner Engel thinks the amphitheater would be a great place to offer CPR training.

Commissioner Engel thought the health fair would also be a good place to offer it. Commissioner Melone disagreed because she felt the health fair was just walking around, and she would prefer that people concentrate on it and not be distracted by their kids or other things. Commissioner Birnbaum mentioned the health fair included demonstrations. Commissioner Melone wants an event just for CPR training. Chairperson Shannon didn't think it would be safe without hands-on training. Commissioner Engel referred to a program that was held in Arlington Heights where everyone had their own dummy and was led by it using a big screen.

Commissioner Engel felt the CPR training should be tied into something else and not offered alone.

Chairperson Shannon agreed it was a good idea, but suggested discussing the topic in more detail at a future meeting. Ms. Ivaldi will contact the Fire Department to find out what they currently offer for CPR training.

Commissioner Melone recalled attending an event at the Park District where the Fire Department was present to show CPR, but she felt there should be somewhere people could get more intense training. She didn't think the Fire Department did it in a class.

Commissioner Birnbaum announced May 9th as the date of the 2020 Health Fair. Ms. Ivaldi agreed to add the health fair discussion to the March 24th Board of Health agenda. She asked the Commissioners to think about ideas to discuss at the next meeting. A special meeting could be added for the health fair after the March meeting.

Commissioner Freed suggested having a rowing machine at the health fair and a contest on who could row the fastest in 10 minutes.

Commissioner Engel mentioned the American Heart Association's push was if you see someone collapsing and not breathing normally, you should push hard and fast. He is interested in an avenue to provide a mass awareness of the importance of doing bystander CPR. Chairperson Shannon suggested having a pamphlet. She also suggested including stroke information.

Commissioner Melone wants to promote healthy living for children.

Chairperson Shannon thought an immunization schedule for children would be helpful to have at the health fair.

Ms. Ivaldi reviewed her to do list before the next meeting.

- Hearing aid donations
- CPR training with Bob
- Link to the CDC website for the coronavirus
- Adding the health fair to the March agenda

Commissioner Birnbaum will provide a list of the previous health fair's participants to make sure the Board of Health doesn't duplicate anything. Commissioner Freed suggested having a list of participants available at the health fair.

Chairperson Shannon agreed with Commissioner Engel's suggestion of having the CPR awareness class at the health fair similar to the Zumba class that was held last year.

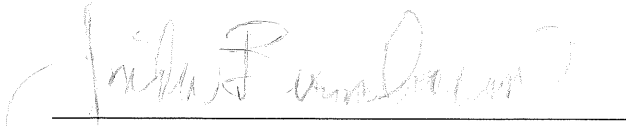
X. ADJOURNMENT

A motion to adjourn the meeting was entered at 8:28 p.m. by Commissioner Engel. Commissioner Birnbaum seconded the motion. The motion received unanimous approval by the Board of Health.

Respectfully submitted,

Approved this 15th day of September, 2020

Respectfully submitted,



Linda Birnbaum, Chairperson