

AGENDA
GEAUGA PUBLIC HEALTH
May 22, 2024

- 1.0 Call to Order
- 2.0 Opening of Meeting
 - 2.01 Pledge of Allegiance
 - 2.02 Declaration of Quorum
 - 2.03 Certification of Delivery of Official Notices of Meeting
- 3.0 Board of Health
 - 3.01 Minutes, Regular Meeting April 24, 2024
- 4.0 Health District Staff Reports
 - 4.01 Population Health Report
 - 4.02 Environmental Health Report
 - 4.03 Administrator's Report
 - 4.04 Health Commissioner's Report
- 5.0 Old Business

No Reports
- 6.0 New Business
 - 6.01 Resolutions
 - 6.01.01 Financial Reports, Resolution 24-05-06-01-01
 - 6.01.02 Permission to Approve Appropriations for Increase/Decrease
 - 6.02 Request For Legal Action Against Russell Nelson
- 7.0 Citizens' Remarks
 - Session to last 20 minutes unless Board moves to extend.
 - 2 minutes per speaker to make comments and ask questions.
 - The Board will answer questions after having an opportunity to investigate responses following the meeting. This is not a press conference where answers should be expected on the spot.
 - Board responses will be recorded and publicly filed with meeting minutes.
- 8.0 Executive Session
- 9.0 Adjournment

4.01

Population Health Report

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4.01.01

Safe Communities

A coalition meeting was held on April 4th with representatives from the Geauga County Sheriff's Office, Engineer's Office, ODOT District 12 and the Ohio Traffic Safety Office present. Planning for upcoming events continues.

The Coalition Coordinator attended the Lifesavers Conference on Roadway Safety in Denver, Colorado from April 7-9. The purpose of this conference is to connect with other traffic safety professionals and learn about the latest highway safety research, best practices, and cutting-edge initiatives; and to explore innovative technology and strategies used to combat risky driving behaviors and save lives. The coalition coordinator attended seminars and educational breakout sessions on the topics of distracted driving, child passenger safety, occupant protection/seat belt safety, traffic safety communication strategies, and vehicle technology.

The Coalition Coordinator set up an interactive display at Berkshire High School on April 18th to educate students on safe decisions before prom. Students participated in traffic safety trivia, used the fatal vision goggles, received traffic safety materials, and participated in a banner signing. Ohio Traffic Safety Office, ODOT District 12, Lake Geauga Recovery Centers, Ohio State Highway Patrol Chardon Post and AAA assisted with the display.

The Coalition Coordinator set up an interactive display at the Geauga Maple Festival on April 25, 26, and 27. Over 700 people participated in traffic safety trivia, used the fatal vision goggles, and received traffic safety materials and education. AAA assisted with the display.

4.01.02

Ohio Buckles Buckeyes Program (Car Seat Program)

The Health Educator distributed two convertible car seats to eligible families in Geauga County, and two convertible car seats to eligible families in Lake County. The Health Educator conducted an educational session with each legal guardian on child passenger safety best practices, Ohio's child passenger safety law, the proper way to install a car seat, and the correct way to harness the child in the car seat. The Health Educator then assisted each guardian with installing the car seat properly into their vehicle.

The Health Educator assisted a caregiver for a car seat check. The Health Educator explained and demonstrated how to properly install an infant car seat into their personal vehicle. The certified technician checked that the seat was properly installed, was correct for the child's height and weight, was in the proper direction, and was not recalled or expired.

The coalition coordinator attended the Ohio Child Passenger Safety Conference on April 24th in Columbus, Ohio. The coalition coordinator attended plenary and breakout sessions on the latest updates from car seat manufacturers, CPS programming and communication, rotating car seats, and special transportation for children.

4.01.03

Other Population Health Activities

The Health Educator distributed two Project DAWN Naloxone kits to the community in April, and attended the ICS-400 course at the Northeast Ohio Regional Sewer District in Cuyahoga Heights, Ohio, from April 22-23rd.

4.01.04

Get Vaccinated Ohio-Public Health Initiative (GVO)

Grant period: 7/1/2023-6/30/2024

The following deliverables have been completed and/or are in progress:

D1- Immunization Reminder and Recall System: 13 Recalls & 9 Reminders sent out.

D2- Immunization Coverage Disparities: Due April 2024—Completed

D3- Immunization Provider List: Completed

D4- Immunization Quality Improvement for Providers: No IQIP sessions this month.

D5- Provider Education-MOBI and TIES: Complete for grant year due to no ODH MOBI/TIES education session being offered until next grant cycle.

D6- Infant Perinatal Hepatitis: No current cases this month.

D7a, b, c- School Immunization Assurance: Completed

4.01.05

Vaccines for Children

Clinics

Mobile Clinic 4/29/24

DTaP- 4

Vaxelis- 11

Pediarix- 1

Hep A- 1

Hep B- 1

Kinrix- 2

ProQuad- 4

Polio- 2

MMR- 4

Rotateq- 3

PCV- 10

Varicella- 3

Tdap- 1

GPH Adult Clinic –

Rabies prophylaxis vaccine administered to Lake Farm Parks employee.

DDC Clinic Center for Special Needs Children 4/10/24 and 4/24/24

TB Clinic – No TB testing performed this month.

4.01.06

Public Health Emergency Preparedness (PHEP)

During the month of April, Emergency Response Coordinator Lydia Castner partnered with the Northeast Ohio Regional local health departments (Lake, Ashtabula, Cuyahoga, Lorain, and Medina counties and City of Cleveland), the Cleveland Hearing of Speech Center, and the Cuyahoga County Office of Emergency Management Media Team to produce a video with an American Sign Language (ASL) interpreter for individuals who are deaf or hard of hearing to explain the concept of Points of Dispensing (PODs), their stations, how they operate, Name, Address, and Personal History forms, that are completed at the POD, etc. This was submitted as the Equitable Medical Countermeasure Project deliverable to ODH. The idea for this came from After-Action Reports from past exercises and real-world events. The video will be placed on the GPH website and used in future POD activations/POD exercises. [ASL Video](#)

As part of another deliverable for ODH, Ms. Castner worked with LCGHD to develop an Incident Command System (ICS) Refresher training for staff. With administration's approval, all staff who had not already been trained on intermediate and advanced ICS attended ICS 300 and ICS 400 in March and April. All GPH staff is now trained on the Incident Command System and will be able to serve in the ICS structure if an emergency occurred that would require GPH to respond. As a result, GPH is now compliant with the National Incident Management System (NIMS), allowing GPH to receive federal reimbursement if/when a declared emergency occurs requiring a response by GPH. The impetus for this project also came from After-Action Reports from past exercises and real-world events.

The following Preparedness/ Cities Readiness Initiative deliverables were submitted to ODH in April:

- CRI 6.1 - CRI Self Assessment
- PHEP 4.1 - Epidemiology or Biostatistics Training
- CRI 8.2 - Equitable MCM Project

The following Deliverables were approved by ODH in April:

- CRI 6.1 - CRI Self Assessment
- PHEP 4.1 - Epidemiology or Biostatistics Training

Ms. Castner attended the following Meetings/Trainings during the month of March:

- Weekly PHEP Team Meetings
- Regional PHEP Meeting (April 2)
- Northeast Ohio Regional Healthcare Coalition General Meeting (April 5)
- Solar Eclipse Response (April 8)
- Responder Safety and Health Plan Reviews (April 9)
- 2024 Solar Eclipse Hotwash for Northeast Ohio Health Departments (April 10)
- ODH Site Security Form Review (April 16)
- Local Health District Radiological Emergency Preparedness Workgroup (April 18)
- ICS 400 – Advanced Incident Command System Course (April 22-23)
- Regional Responder Safety and Health Plan Review Workgroup (April 30)

4.01.07

Epidemiology

To date for the current flu season, a total of 75 Geauga County residents have been hospitalized for influenza. One long term care facility in Geauga County reported cases of COVID-19, including a total of 1 staff and no residents during the month of April. All long-term care facilities were provided with the most recent COVID-19 resources from the CDC and ODH. The epidemiology team worked in conjunction with the Ohio Department of Health (ODH), Bureau of Infectious Disease, Healthcare-Associated Infectious/Antimicrobial Resistance (HAI/AR) Program to conduct CPO screening at a nursing home in Middlefield to identify potential carriers of multidrug-resistant organisms (MDROs) after an outbreak of Klebsiella was reported affecting 2 residents. During the month of April there were no EpiCenter anomalies in Geauga County. On April 23-24 Ms. Priyanka Parikh attended training for ICS 400 at the Lake County EMA.

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Communicable Diseases Reported by Month Ohio Disease Reporting System (ODRS)

Communicable Disease Report	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Year to Date (1/1/24 to current)	2023 Year End Totals
Anaplasmosis	0	0	0	0									0	1
Babesiosis	0	0	0	0									0	0
Campylobacter	1	0	0	2									3	21
C. auris	0	0	0	0									0	0
CPO	0	0	1	0									1	3
CPO - Colonization Screening	0	0	0	1									1	0
Chikungunya	0	0	0	0									0	0
Chlamydia	11	11	9	2									33	83
COVID-19	260	135	64	45									504	2,068
Coccidioidomycosis	0	0	0	0									0	0
Creutzfeldt-Jakob Disease	0	0	0	0									0	0
Cryptosporidiosis	0	0	0	2									2	1
Cyclosporiasis	0	0	0	0									0	0
E. Coli 0157:H7	0	0	1	0									1	0
Giardia	0	0	0	0									0	3
Gonorrhea	4	1	1	0									6	19
Haemophilus Influenza	0	0	0	0									0	2
Hepatitis A	0	0	0	0									0	0
Hepatitis B (acute)	0	0	0	0									0	0
Hepatitis B (chronic)	0	1	0	0									1	5
Hepatitis B (perinatal)	0	0	0	0									0	0
Hepatitis C (acute)	0	0	0	0									0	1
Hepatitis C (chronic)	2	0	2	0									4	18
Hepatitis C (perinatal)	0	0	0	0									0	0
Hepatitis E	0	0	0	0									0	0
Influenza-Hospitalized	22	21	8	3									54	27
La Crosse Virus Disease	0	0	0	0									0	0
Legionnaires Disease	0	0	1	0									1	4
Leptospirosis	0	0	0	0									0	0
Listeriosis	0	0	0	1									1	0
Lyme Disease	0	0	2	1									3	9
Malaria	0	0	0	0									0	0
Meningitis-aseptic/viral	0	0	0	0									0	2
Meningitis, Bacterial not Neisseria	0	0	0	0									0	0
MIS-C associated with COVID-19	0	0	0	0									0	0
Mpox	0	1	0	0									1	0
Mumps	0	0	0	0									0	1
Mycobacterium Tuberculosis	0	0	0	0									0	0
Pertussis	1	0	1	0									2	83
Rocky Mountain spotted fever	0	0	0	1									1	0
Salmonellosis	1	0	0	1									2	10
Shigellosis	0	0	1	0									1	2
Staph Aureus VRSA	0	0	0	0									0	0
Streptococcal Group A (GAS)	1	1	1	1									4	16
Streptococcal Group B Newborn	0	0	0	0									0	0
Streptococcus Pneumoniae(ISP)	2	3	1	0									6	3
Syphilis	0	0	0	0									0	5
Tetanus	0	0	0	0									0	0
Varicella	0	0	0	1									1	1
Vibriosis	0	1	0	0									1	0
West Nile Virus	0	0	0	0									0	0
Yersiniosis	0	0	0	0									0	1
Totals	305	175	93	61	0	0	0	0	0	0	0	0	634	2,389

4.02

Environmental Health Report

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4.02.01

Director's Report

No report.

4.02.02

Food Safety

The food staff attended an Ohio Department of Agriculture training on April 2. This training covered Microbreweries, Bulk Water Machines, and Ethnic Food Establishments.

4.02.03

Program Inspections

Environmental Health staff conducted the following program inspections in April:

Program	Inspections
Private Water Systems (wells)	10
Camps	0
Swimming Pools/Spas	6
*Food	193
Sewage Systems	106
For Sale of Property	8
HB 110 (Semi-Public) Systems	0
Plumbing	68
Schools	19
Nuisance Complaints	0
Animal Bites	2
Solid Waste	1

*Includes routine inspections, reinspections, mobiles, temporaries, plan reviews, pre-licensing inspections, food-related nuisance complaints, and consultations.

4.03

Administrator Report

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4.03.01

Administrator

1. GPH staff continues to hold Operation & Maintenance meetings throughout the County.
 - a. In the month of May the following meetings are scheduled/have occurred:
 - i. Hambden Township
 - ii. Burton Township
 - iii. Montville Township
 - iv. Middlefield Township
 - v. Thompson Township
2. On May 3rd Dr. Hendrickson, Mrs. Brakey, and Mr. Litke participated in the fishing event at Walter C. Best Wildlife Preserve for certain Geauga students.
3. Submitted necessary reports to Ohio Department of Health.
4. Received a new records requests related to Environmental Health. This request will be handled by Geauga Public Health (GPH) staff. This is related to two properties and any inspections, violations, etc., that were documented. Geauga Soil and Water as well as the Geauga Building Department received the same request. These files do not include HIPAA information and are thus able to be handled by GPH staff.
5. Attended the Association of Ohio Health Commissioner's spring meeting in Columbus. Ohio Department of Health will be providing \$25,000 to each Health Department to assist with Accreditation costs.
6. Held discussions with County Commissioner or their representatives regarding space for the ADP team.

4.03.02

Notes to Financial Statements

Accounts Payable by G/L Distribution Report. This is the day-to-day or current expenses report.

Notes on Chart 1

As of April 30, 2024, 33.3% of the year is complete. This percentage is a point of reference for what percentage of revenue and expense you might expect to see received/expensed at this point in the year.

The following are explanations for revenues and/or expenses that are significantly over budget or under budget from that reference point.

REVENUE:

This is the fourth month of the year and the food service revenue is ahead of budget this is normal as food service licenses renew every March. Solid waste fees are in at 100% but that is revenue earned last year that was received this year.

EXPENSES:

This is the fourth month of the year and expenses are under budget in part due to timing of invoice payments.

Notes on Chart 2

Chart 2 is a comparison of the beginning cash balance of each fund to the current cash balance of each fund.

Notes on Chart 3

The bar graph compares the revenue and expenses by each month for all funds combined.

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CHART 1

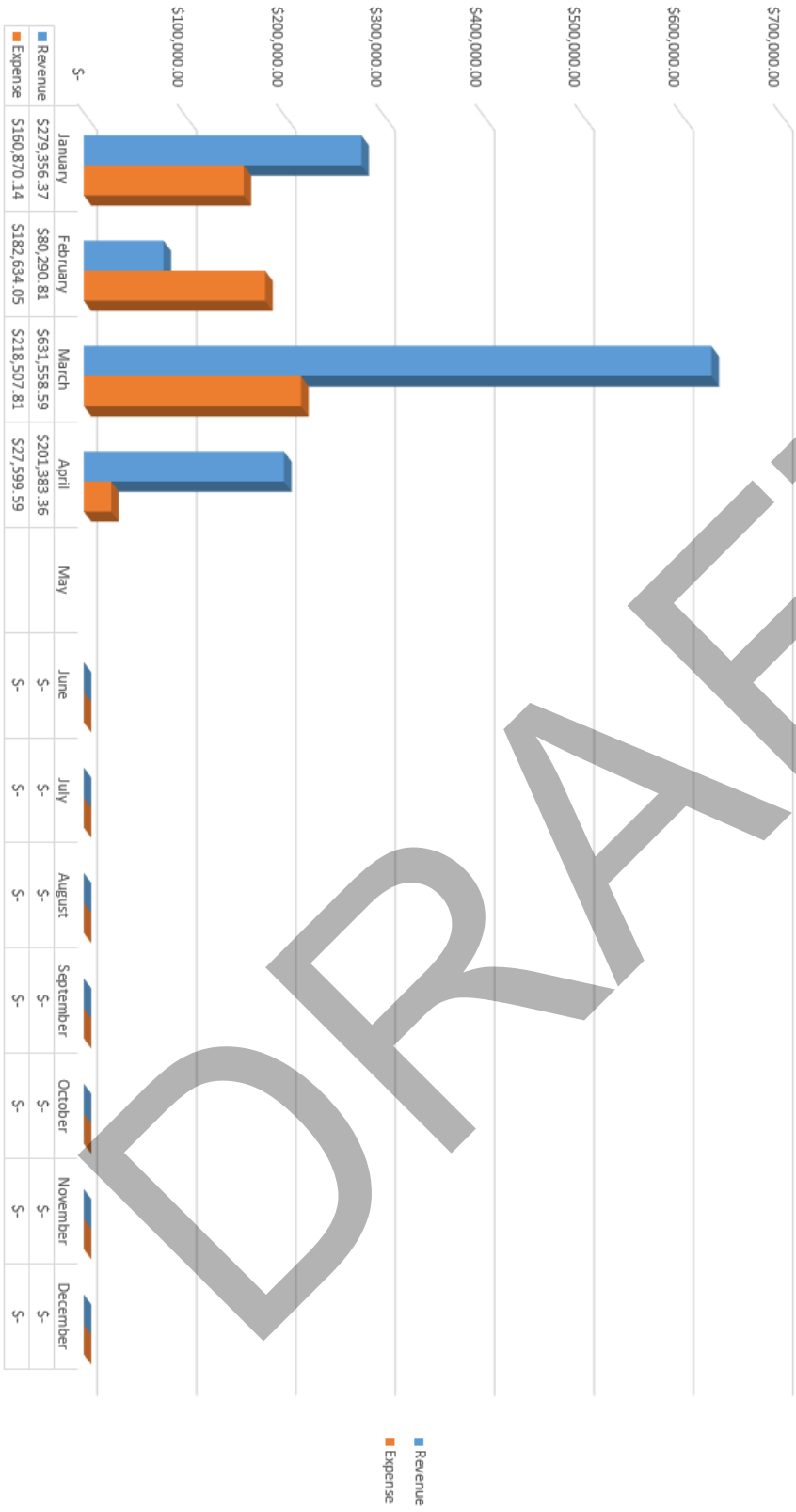
MONTH OF : APRIL

Revenue Type	Revised Budget	YTD Revenue	% of Budget Received
Property and Other Taxes	\$ 570,680.00	\$ 319,345.21	55.96%
State Reimbursement-Real Estate	\$ 76,350.00	\$ 138,962.52	182.01%
State Revenues	\$ 401,000.00	\$ 113,926.41	28.41%
Local Government Tax	\$ -	\$ -	
Permits	\$ 586,000.00	\$ 135,588.75	23.14%
Inspection Fees	\$ 527,000.00	\$ 22,845.00	4.33%
Fees	\$ 236,650.00	\$ 93,286.00	39.42%
Licenses	\$ 164,000.00	\$ 242,569.03	147.91%
Fines	\$ 4,900.00	\$ 4,013.00	81.90%
Fees Infectious Waste Fees	\$ -	\$ -	#DIV/0!
Fees Solid Waste Fees	\$ 15,750.00	\$ 15,750.00	100.00%
Foundation Revenue	\$ -	\$ -	
Water Testing Fee	\$ 12,000.00	\$ 4,154.00	34.62%
Federal Grants	\$ 169,000.00	\$ 55,114.47	32.61%
Local Match	\$ -	\$ -	
Reimbursements	\$ 1,146,286.62	\$ -	
Other Revenue	\$ 2,500.00	\$ 1,863.20	74.53%
Other Revenue Other Receipts	\$ 27,000.00	\$ 3,665.19	0.00%
Other Revenue Other Revenue	\$ 60,700.00	\$ 41,506.35	68.38%
Other Revenue Real Estate Fee Refund	\$ -	\$ -	
Transfers In	\$ 160,000.00	\$ -	0.00%
Total Revenue	\$ 4,159,816.62	\$ 1,192,589.13	28.67%
Percentage of year Completed			33.33%
Expense Type	Revised Budget	YTD Expense	% of Budget Used
Salaries	\$ 1,144,600.16	\$ 20,727.66	1.81%
OPERS	\$ 163,925.57	\$ 3,330.68	2.03%
Medicare	\$ 16,592.50	\$ 288.23	1.74%
Workers Compensation	\$ 28,609.58	\$ -	0.00%
Hospitalization	\$ 317,647.63	\$ 9,515.92	3.00%
Unemployment	\$ 5,000.00	\$ 73.54	1.47%
Contract Services	\$ 3,179,159.71	\$ 445,211.80	14.00%
Travel	\$ 47,070.09	\$ 4,676.93	9.94%
Vehicle Expense	\$ -	\$ -	
Legal Fees	\$ 14,421.52	\$ 588.16	4.08%
Advertising	\$ 5,485.50	\$ 705.25	12.86%
State Remittance	\$ 65,512.00	\$ 4,519.00	6.90%
State Remittance Ohio Permit Fee	\$ 21,208.00	\$ 3,680.00	17.35%
State Remittance Ohio Water Test Fee	\$ -	\$ -	0.00%
Materials and Supplies	\$ 21,989.53	\$ -	0.00%
Materials and Supplies Supplies	\$ 23,391.44	\$ 1,970.92	8.43%
Materials and Supplies Vaccine Supply	\$ 13,062.54	\$ 93.34	0.71%
Equipment	\$ 93,060.24	\$ 2,873.02	3.09%
Equipment Equipment	\$ 3,490.28	\$ -	0.00%
Equipment Equipment Maintenance	\$ 4,399.41	\$ -	0.00%
Other	\$ 389,884.71	\$ 47,292.33	12.13%
Other County RE Tax Expenses	\$ 11,000.00	\$ 5,571.31	50.65%
Other Health Emergency	\$ -	\$ -	0.00%
Other Other Expenses	\$ 110,689.25	\$ 13,232.38	11.95%
Other State RE Tax Expenses	\$ 1,000.00	\$ -	0.00%
Other VS Remit to State	\$ 172,200.58	\$ 23,949.12	13.91%
Refunds	\$ 15,020.00	\$ 1,312.00	8.74%
Repair Services	\$ -	\$ -	0.00%
Transfers Out	\$ 170,789.30	\$ -	0.00%
Total Expense	\$ 6,039,209.54	\$ 589,611.59	9.76%
Percentage of year Completed			33.33%
Revenue Less Expense	\$ (1,879,392.92)	\$ 602,977.54	
Beginning Cash Balance		\$ 4,300,063.66	
Total Cash on Hand		\$ 4,903,041.20	
Cash on Hand Per Cash Position Report		\$ 4,903,041.20	

MONTH OF : APRIL

CHART 2

Fund Number	Fund name	Beginning Cash Balance	YTD Revenue Per Budget Performance	YTD Expense Per Budget Performance	Ending Cash Balance	YTD Cash Per Cash Position Report	Difference	Percentage/Decrease
6002	Board of Health	\$ 1,320,485.79	\$ 522,727.52	\$ 497,571.68	\$ 1,345,641.63	\$ 1,345,641.63	\$ -	1.91%
6004	Trailer Park	\$ 15,776.25	\$ 2,498.00	\$ 1,100.00	\$ 17,174.25	\$ 17,174.25	\$ -	8.86%
6005	Food Service	\$ 297,963.06	\$ 247,518.53	\$ 1,946.94	\$ 543,534.65	\$ 543,534.65	\$ -	82.42%
6008	Infectious Waste/ Solid Waste	\$ 105,443.93	\$ 15,750.00	\$ 136.87	\$ 121,057.06	\$ 121,057.06	\$ -	14.81%
6011	Private Water/ Systems	\$ 77,461.13	\$ 23,670.00	\$ 35,799.29	\$ 65,331.84	\$ 65,331.84	\$ -	-15.66%
6018	Swimming Pools	\$ 34,132.40	\$ 8,610.00	\$ 120.44	\$ 42,621.96	\$ 42,621.96	\$ -	24.87%
6019	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6021	Public Health Infrastructure	\$ 541,376.44	\$ 48,143.00	\$ 2,419.00	\$ 587,100.44	\$ 587,100.44	\$ -	8.45%
6023	Sewage Treatment Systems	\$ 1,209,695.49	\$ 105,668.25	\$ 6,864.19	\$ 1,308,499.55	\$ 1,308,499.55	\$ -	8.17%
6024	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6025	Immunization Action Plan	\$ 28,520.03	\$ -	\$ 93.34	\$ 28,426.69	\$ 28,426.69	\$ -	-0.33%
6026	Women, Infants, and Children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6027	Child & Family Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6030	Emergency Response Fund	\$ 25,000.00	\$ -	\$ -	\$ 25,000.00	\$ 25,000.00	\$ -	-
6036	Environmental Health Assistance	\$ 51,276.89	\$ 33,752.07	\$ 14,500.00	\$ 70,528.96	\$ 70,528.96	\$ -	37.55%
6037	For Sale of Property	\$ 218,533.08	\$ 96,654.25	\$ 28,534.84	\$ 286,552.49	\$ 286,552.49	\$ -	31.13%
6038	Not Used	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
6039	Alcohol, Tobacco & Other Drugs	\$ 52,879.66	\$ -	\$ -	\$ 52,879.66	\$ 52,879.66	\$ -	0.00%
6040	Injury Prevention	\$ 81,737.58	\$ 9,018.86	\$ -	\$ 90,756.44	\$ 90,756.44	\$ -	11.03%
6041	Workforce Development	\$ 65,156.08	\$ 77,751.95	\$ -	\$ 142,908.03	\$ 142,908.03	\$ -	119.33%
6042	Population Health Fund	\$ 124,625.85	\$ 926.70	\$ 525.00	\$ 125,027.55	\$ 125,027.55	\$ -	0.23%
Total		\$ 4,300,063.66	\$ 1,192,589.13	\$ 589,611.59	\$ 4,903,041.20	\$ 4,903,041.20	\$ -	
			\$ 1,192,589.13	\$ 589,611.59	Check Figure	\$ 602,977.54		





Accounts Payable Invoice Report

Invoice Date Range 04/01/24 - 04/30/24

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 15655 - ARDEN COURTS OF BAINBRIDGE									
2024-00001194	FSOP Refunds	Paid by Check #1156590		04/03/2024	04/03/2024	04/10/2024			30.00
		Vendor 15655 - ARDEN COURTS OF BAINBRIDGE Totals				Invoices	1		\$30.00
Vendor 8314 - CENTERRA CO-OP									
030124-033024	sewage travel blanket	Paid by Check #1158056		04/24/2024	04/24/2024	05/01/2024		05/01/2024	127.34
		Vendor 8314 - CENTERRA CO-OP Totals				Invoices	1		\$127.34
Vendor 724 - CHARDON OIL CO INC									
033124	BOH - TRAVEL CHARDON OIL	Paid by Check #1158050		04/24/2024	04/24/2024	05/01/2024		05/01/2024	161.40
8442549	Sewage - Travel - gasoline	Paid by Check #1158052		04/24/2024	04/24/2024	05/01/2024		05/01/2024	402.38
8442549a	Food Service - travel - gasoline	Paid by Check #1158051		04/24/2024	04/24/2024	05/01/2024		05/01/2024	150.67
		Vendor 724 - CHARDON OIL CO INC Totals				Invoices	3		\$714.45
Vendor 56273 - CHARDON STORAGE LLC									
5188	Pubic Health Infrastructure - Other	Paid by Check #1156617		04/03/2024	04/03/2024	04/10/2024		04/10/2024	150.00
2024-00001435	Pubic Health Infrastructure - Other	Paid by Check #1158077		04/24/2024	04/24/2024	05/01/2024		05/01/2024	150.00
		Vendor 56273 - CHARDON STORAGE LLC Totals				Invoices	2		\$300.00
Vendor 42013 - CLEVELAND PLUMBING INDUSTRY									
043024	Sewage treatment other	Paid by Check #1158069		04/24/2024	04/24/2024	05/01/2024		05/01/2024	50.00
		Vendor 42013 - CLEVELAND PLUMBING INDUSTRY Totals				Invoices	1		\$50.00
Vendor 15654 - ELEMENTS FITNESS STUDIO									
03272024	FSOP Refunds	Paid by Check #1156589		04/03/2024	04/03/2024	04/10/2024		04/10/2024	102.00
		Vendor 15654 - ELEMENTS FITNESS STUDIO Totals				Invoices	1		\$102.00
Vendor 52264 - GEAUGA COUNTY MAPLE FESTIVAL									
44024	Registration	Paid by Check #1156613		04/03/2024	04/03/2024	04/10/2024		04/10/2024	370.00
		Vendor 52264 - GEAUGA COUNTY MAPLE FESTIVAL Totals				Invoices	1		\$370.00
Vendor 22431 - GEAUGA COUNTY WATER RESOURCES									
490004	FSOP other GC water resources 05	Paid by Check #1156593		04/03/2024	04/03/2024	04/10/2024		04/10/2024	490.00
9180005	FSOP other GC water resources 05	Paid by Check #1156594		04/03/2024	04/03/2024	04/10/2024		04/10/2024	3,895.00
9180005a	6037 Water Samples	Paid by Check #1156595		04/03/2024	04/03/2024	04/10/2024		04/10/2024	5,285.00
		Vendor 22431 - GEAUGA COUNTY WATER RESOURCES Totals				Invoices	3		\$9,670.00
Vendor 6686 - GREAT GEAUGA COUNTY FAIR									
217	BOH - Other - Fair Booth	Paid by Check #1157691		04/10/2024	04/10/2024	04/17/2024		04/24/2024	355.00
		Vendor 6686 - GREAT GEAUGA COUNTY FAIR Totals				Invoices	1		\$355.00
Vendor 15656 - TROY JONES									
032224	FSOP Refunds	Paid by Check #1156591		04/03/2024	04/03/2024	04/10/2024		04/10/2024	350.00
		Vendor 15656 - TROY JONES Totals				Invoices	1		\$350.00
Vendor 56033 - NACCHO									



Accounts Payable Invoice Report

Invoice Date Range 04/01/24 - 04/30/24

Report By Vendor - Invoice

Summary Listing

375879	BOH-Other-memberships	Paid by Check #1157762	04/10/2024	04/10/2024	04/17/2024	04/24/2024	580.00
		Vendor 56033 - NACCHO Totals			Invoices	1	\$580.00
Vendor 3709 - PUBLIC ENTITIES POOL OF OHIO							
04192024	BOH - Other. Other - Liability	Paid by Check #1158054	04/24/2024	04/24/2024	05/01/2024	05/01/2024	1,000.00
		Vendor 3709 - PUBLIC ENTITIES POOL OF OHIO Totals			Invoices	1	\$1,000.00
Vendor 46842 - SANOFI PASTEUR INC							
922391683	IAP/GVO materials & supplies Sanofi	Paid by Check #1158072	04/24/2024	04/24/2024	05/01/2024	05/01/2024	825.35
		Vendor 46842 - SANOFI PASTEUR INC Totals			Invoices	1	\$825.35
Vendor 2725 - SC STRATEGIC SOLUTIONS LLC							
18656	sewage other SC	Paid by Check #1157684	04/10/2024	04/10/2024	04/17/2024	04/24/2024	120.00
		Vendor 2725 - SC STRATEGIC SOLUTIONS LLC Totals			Invoices	1	\$120.00
Vendor 27248 - STAPLES INC DBA QUILL LLC							
37612625	BOH materials & supplies	Paid by Check #1156596	04/03/2024	04/03/2024	04/10/2024	04/10/2024	20.05
37614546	BOH materials & supplies	Paid by Check #1156597	04/03/2024	04/03/2024	04/10/2024	04/10/2024	196.50
37684383	BOH materials & supplies	Paid by Check #1156598	04/03/2024	04/03/2024	04/10/2024	04/10/2024	127.26
37729621	BOH materials & supplies	Paid by Check #1156599	04/03/2024	04/03/2024	04/10/2024	04/10/2024	81.57
37518464	BOH materials & supplies	Paid by Check #1158063	04/24/2024	04/24/2024	05/01/2024	05/01/2024	95.18
37884457	BOH materials & supplies	Paid by Check #1158062	04/24/2024	04/24/2024	05/01/2024	05/01/2024	46.93
		Vendor 27248 - STAPLES INC DBA QUILL LLC Totals			Invoices	6	\$567.49
Vendor 12955 - STATE OF OHIO							
06302023	BOH - other Remit to State	Paid by Check #1156581	04/03/2024	04/03/2024	04/10/2024	04/10/2024	2,680.00
2024-00001436	BOH - OTHER, VS remit to state	Paid by Check #1158058	04/24/2024	04/24/2024	05/01/2024	05/01/2024	24,261.76
		Vendor 12955 - STATE OF OHIO Totals			Invoices	2	\$26,941.76
Vendor 26236 - STERICYCLE							
8006688899	Public Health Infrastructure - waste	Paid by Check #1158061	04/24/2024	04/24/2024	05/01/2024	05/01/2024	525.00
		Vendor 26236 - STERICYCLE Totals			Invoices	1	\$525.00
Vendor 31282 - SUNRISE SPRINGS WATER CO							
318872	BOH - materials and supplies - water	Paid by Check #1157749	04/10/2024	04/10/2024	04/17/2024	04/24/2024	42.50
329101	BOH - materials and supplies - water	Paid by Check #1158065	04/24/2024	04/24/2024	05/01/2024	05/01/2024	31.50
		Vendor 31282 - SUNRISE SPRINGS WATER CO Totals			Invoices	2	\$74.00
Vendor 53449 - TREAS OF STATE-OH DEPT OF HLTH							
04012023	Trailer Park remit to state	Paid by Check #1156615	04/03/2024	04/03/2024	04/10/2024	04/10/2024	1,100.00
03312024	sewage state remittance	Paid by Check #1157760	04/10/2024	04/10/2024	04/17/2024	04/24/2024	3,209.00
		Vendor 53449 - TREAS OF STATE-OH DEPT OF HLTH Totals			Invoices	2	\$4,309.00
Vendor 8784 - TREASURER OF STATE OF OHIO / AOS							
339683	BOH other Treas of State OH / AOS	Paid by Check #1157694	04/10/2024	04/10/2024	04/17/2024	04/24/2024	123.00
		Vendor 8784 - TREASURER OF STATE OF OHIO / AOS Totals			Invoices	1	\$123.00
Vendor 34331 - VERIZON WIRELESS							



Accounts Payable Invoice Report

Invoice Date Range 04/01/24 - 04/30/24

Report By Vendor - Invoice

Summary Listing

248.65	Sewage treatment other verizon	Paid by Check #1157752	04/10/2024	04/10/2024	04/17/2024	04/24/2024	248.65
9959934696	BOH - Other - Verizon	Paid by Check #1157750	04/10/2024	04/10/2024	04/17/2024	04/24/2024	359.36
9959934696a	Food Service - other verizon	Paid by Check #1157751	04/10/2024	04/10/2024	04/17/2024	04/24/2024	99.46
		Vendor 34331 - VERIZON WIRELESS Totals			Invoices	3	\$707.47
		Grand Totals			Invoices	36	\$47,841.86

DRAFT

4.04

Health Commissioner's Report

DRAFT

4.04.01

US EPA Announces New PFAS Standards for Drinking Water

The U.S. Environmental Protection Agency (EPA) recently issued the new National Primary Drinking Water Regulation for per- and polyfluoroalkyl substances (PFAS). This is the first-ever national, legally enforceable drinking water standard to control exposure to PFAS, also known as "forever chemicals" that are considered hazardous, long-lasting, and thought to cause cancer. Information on webinars can be viewed below.

The new regulation sets an enforceable Maximum Contaminant Level at 4 parts per trillion for Perfluorooctanoic acid (PFOA) and Perfluorooctane sulfonic acid (PFOS), the two most studied of the PFAS chemical class. The new regulation also sets an enforceable Maximum Contaminant Level at 10 parts per trillion for four other PFAS chemicals and creates an enforceable Hazard Index for four additional PFAS chemicals when they are found together in mixtures.

This final rule will be effective 60 days after publication in the Federal Register, which is expected in the coming weeks.

Water systems have three years to complete the initial monitoring that is required (by 2027). The new regulation also requires local governments and water utilities to inform the public of the measured levels of PFAS in their drinking water beginning in 2027. Water systems have five years to implement solutions to reduce PFAS in their drinking water if they exceed the levels (by 2029). EPA estimates that approximately 4,000-7,000 (of the 66,000) public drinking water systems will have to take action to reduce PFAS to meet these new standards. The EPA has resources on its website, <https://www.epa.gov/sdwa/and-polyfluoroalkyl-substances-pfas#General?tcs-token=38615244d0498a9db0828897016fa0e9356d55f841edbe4b5ca27abdb956bddd>, including fact sheets, a Q&A doc, a tool kit on communicating and educating the public.

Slides from the EPA's post-announcement briefing held last week can be viewed here. https://www.epa.gov/system/files/documents/2024-04/pfas-npdwr-presentation_4.9.24_overview.pdf?tcs-token=38615244d0498a9db0828897016fa0e94cb142b9ea9cc91822da02204b25e14a

4.04.02

Ohio Above Average

The Health Policy Institute of Ohio has released a new toolkit designed to provide partners with information about how to use evaluation to move towards equity. Each section of “Moving Toward Equity: An Evaluation Toolkit,” covers a different element of evaluation, including information on how to tie evaluation into every step of assessment, planning, implementation and continuous quality improvement processes.

https://www.healthpolicyohio.org/our-work/publications/moving-toward-equity?mc_cid=1bcef1429f&mc_eid=e486a55d0c&mc_cid=1bcef1429f&mc_eid=e486a55d0c

The toolkit includes guidance, tools and resources on:

- Setting the stage for evaluation through assessment and planning
- Equitable approaches to evaluation
- Developing an equitable evaluation plan
- Using evaluation results for continuous quality improvement
- Collecting data for evaluation

4.04.03

Morbidity and Mortality Weekly Report (MMWR) Synopsis

- An analysis of emergency department (ED) visit data from Centers for Disease Control and Prevention’s (CDC’s) National Syndromic Surveillance Program from January 2021 to December 2023 revealed that of 301 million visits, 137,325 (45.62 per 100,000) involved a pedestrian injured by a motor vehicle. The proportion of visits were 1.53 to 2.47 times as high among minority groups as compared to Whites, and 1.93 times as high for males as compared to females. Proportions among people aged 15 to 24 were 2.83 times as high as compared to those 65 and older, and among people aged 25 to 34 were 2.61 times as high. Visit proportions were 1.21 times as high during September to November, as compared to during June to August.
- An analysis of data from the 2021 Pregnancy Risk Assessment Monitoring System found that the prevalence of cigarette smoking among women with a recent live birth was 12.1% before pregnancy, 5.4% during pregnancy, and 7.2% during the postpartum period. Percentages were higher among American Indian or Alaskan Natives, Medicaid-insured, lower educated, and those with a history of depression. 56.1% who smoked before pregnancy quit while pregnant. 73.7% reported that a healthcare provider asked about smoking before pregnancy, 93.7% at any prenatal care visit, and 57.3% at a postpartum checkup.
- An analysis of positive childhood experiences (PCEs) using Behavioral Risk Factor Surveillance System data from 4 states [Kansas (2020), Montana (2019), South Carolina (2020), and Wisconsin (2015)] found that prevalence of individual PCEs ranged from 59.5% (enjoyed participating in community traditions) to 90.5% (adult in household made them feel safe). 55.2% of Whites reported 6-7 PCEs, while only 49.2% of Blacks, 38.9% of Hispanics,

and 37.7% of American Indian or Alaskan Natives did so. 54.7% of straight respondents reported 6-7 PCEs, while only 38.1% of gay or lesbian, and 27.4% of bisexuals did so. Those with higher income and education also reported more PCEs. Only 12.2% overall reported 2 or fewer PCEs.

- Washington state mandates reporting of all clinical specimen isolates of *Corynebacterium diphtheria*, and reported nontoxigenic isolates has increased from 17 during 2012-2017 to 179 during 2018-2023. A statewide investigation found that unstable housing and recent illicit drug use were the most prevalent associated risk factors.
- *(This report included an indication of a couple of corrections regarding racial categorizations from a prior report: “Arthritis Among Children and Adolescents Aged <18 Years — United States, 2017–2021”)
- Per the National Center for Health Statistics, National Post-acute and Long-term Care Study, 2018, 2020, and 2022 data; the percentage of residential care communities using electronic health records increased from 36% in 2018 to 48% in 2022. Electronic health record use increased steadily regardless of the size of the facility, but remains more than twice as likely in those with more than 50 beds compared to those with 4 to 50 beds.

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- This report was accompanied by a Surveillance Summary: “Preventable Premature Deaths from the Five Leading Causes of Death in Nonmetropolitan and Metropolitan Counties, United States, 2010–2022.”
 - National Vital Statistics System mortality data was used to calculate preventable premature deaths among people under the age of 80.
 - During 2010 to 2022, the percentage of preventable deaths increased for unintentional injuries such as poisoning/overdoses, traffic crashes, drownings, and falls (38.8% to 63.5%) and stroke (32.4% to 33.9%).
 - The percentage of preventable deaths decreased for cancer (21% to 0.3%) and chronic lower respiratory disease (38.6% to 25.5%).
 - Heart disease deaths remained stable (at approximately 33.5%).
 - Deaths were consistently higher in rural counties than urban counties in all years.
 - The full Surveillance Summary report can be found here: https://www.cdc.gov/mmwr/volumes/73/ss/ss7302a1.htm?s_cid=ss7302a1_w
 - A total of 145,690 doses of Ebola vaccines have been shipped from the International Coordinating Group (ICG) stockpile since 2021. 95% of those have been repurposed for preventative vaccination of high-risk groups (as opposed to outbreak response) given the limited outbreaks during this time.

- A study [of 236 participants with a positive Covid-19 reverse transcription–polymerase chain reaction (RT-PCR) test result] comparing antigen testing to RT-PCR and viral culture testing from November 2022 to May 2023 found that the peak percentage of positive antigen (59.0%) and RT-PCR (83.0%) results occurred 3 days after onset of symptoms, and the peak percentage of positive culture results (52%) occurred 2 days after onset. The sensitivity of antigen tests was 47% using RT-PCR as reference and 80% using culture as reference, and was higher on days when symptoms were reported. Rapid antigen tests can detect potentially transmissible infection, but may miss infections found by more sensitive RT-PCR tests.
- An investigation begun in New Mexico in 2018 into a woman with no known risk factors diagnosed with HIV after receiving cosmetic injection services (a “vampire facial”) at an unlicensed facility that did not follow recommended infection control procedures or maintain client records ultimately identified an HIV cluster involving 4 former spa clients and one sexual partner.
- Because of continued year-round circulation of Covid-19, the increased risk for severe illness in older people, the protection afforded by updated vaccines against currently circulating variants, and the expected waning of that protection; on February 28, 2024, CDC’s Advisory Committee on Immunization Practices (ACIP) recommended that all people age 65 and older receive 1 additional dose of the updated (2023-2024 Formula) Covid-19 vaccine, 4 or more months after the previous dose.
- The University of Vermont Medical Center detected a substantial increase in patient infections with group A Streptococcus in 2022 and 2023. 70% of the 64 cases (up from only 7 throughout 2020-2021) occurred in people known to inject drugs, and 62% of these were homeless. Hospital admission for intravenous antibiotic therapy was recommended for all cases. 51% declined and left. 2 patients died during hospitalization. This increase in infections coincided with an increase in xylazine (which can cause wounding at injection sites and elsewhere) involvement in opioid overdoses, leading to the conclusion that xylazine-related wounds may have facilitated bloodstream infection.
- Per National Center for Health Statistics, National Health Interview Survey data, in 2022, the percentage of employed adults who slept less than an average of 7 hours a day increased with the number of hours worked per week; from 29% among those who worked 40 hours per week or less, to 35% among those who worked 41 to 60 hours, to 48% among those who worked more than 60 hours per week.
- A CDC analysis of heat related illness emergency department (HRI ED) visit data from the National Syndromic Surveillance Program revealed that during the warm season months (May-September) of 2023, daily visit rates peaked in several regions and remained elevated for a prolonged duration, compared to rates during 2018 to 2022 (consistent with record-breaking temperatures during that period.) Males visited the ER for HRI more than twice as much as females, especially those aged 18 to 64. Over 110,000 HRI ED visits were recorded during this time.

- From December 19, 2021, to October 29, 2023, the Overcoming Covid-19 Network evaluated vaccine effectiveness (VE) of 2 or more original monovalent Covid-19 mRNA vaccine doses against hospitalization and critical illness among kids aged 5 to 18. VE against hospitalizations was 52% within 120 days of vaccination and 19% at 120-364 days. VE against critical illness was 57% within 120 days, and 25% at 120-364 days.
- An analysis of CDC’s National Healthcare Safety Network data from October 16, 2023, to February 11, 2024, showed that weekly rates of Covid-19 infection ranged from 61.4 to 133.8 per 10,000 nursing home residents. Weekly percentage of nursing homes reporting any infections ranged from 14.9% to 26.1%. Hospitalizations ranged from 3.8 to 7.1 per 10,000 residents, with the percentage of facilities reporting hospitalizations ranging from 2.6% to 4.7%. 40.5% of nursing home residents had received a dose of the updated 2023-2024 vaccine.
- On October 20, 2023, the FDA approved, and on October 25, 2023, the Advisory Committee on Immunization Practices recommended the use of the Pfizer pentavalent meningococcal vaccine, MenACWY-TT/MenB-FHbp, the first approved for protection against serogroups A, B, C, W, and Y, for people aged 10 to 25. It may be administered when both a quadrivalent meningococcal conjugate vaccine and meningococcal B vaccine are indicated at the same visit. Complete detailed recommendations and clinical guidance can be found in the report.
- **This report included a re-posting of the previously “Early Release” report from April 9, 2024. Here again is that same synopsis previously provided:
 - A review of 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey data revealed that 59.1% of women aged 40-49 and 76.5% of those aged 50-74 had a mammogram within the previous 2 years. Having NO adverse social determinants of health or health-related social needs was associated with higher prevalences of having had a mammogram. Life dissatisfaction, feeling socially isolated, experiencing lost or reduced hours of employment, receiving food stamps, lacking reliable transportation, and reporting cost as a barrier for access to care were all strongly associated with not having had a mammogram within the previous 2 years.
- Per National Center for Health Statistics, National Health Interview Survey data, during 2020-2022, 3.4% of kids aged 3 to 17 had received a diagnosis of autism spectrum disorder. Prevalence increased as family income decrease.
- Following the declaration of measles elimination in the U.S. in 2000, and outbreaks in New York in 2019, the CDC analyzed epidemiologic and laboratory surveillance data and the performance of the U.S. measles surveillance system from January 1, 2020, to March 28, 2024, and found that 338 confirmed cases of measles occurred with 97 (29%) occurring in first quarter 2024. Median patient age was 3 years with 91% of patients unvaccinated or with unknown vaccination status. 326 (96%) were imported cases. The longest transmission chain was 63 days. As of the end of 2023, because of the absence of sustained measles virus

transmission for 12 consecutive months in the presence of a well-performing surveillance system, U.S. measles elimination status was maintained.

- An American Lung Association analysis of state-level Medicaid coverage information found that as of the end of 2022, 20 state Medicaid programs provided comprehensive tobacco cessation treatments (7 medications and 2 forms of counseling), increased from 15 in 2018. Yet of them, only 3 states had zero access barriers. Ohio (in alignment with 2020 legislation) covers all treatments with minimal barriers (an annual limit on quit attempts, and varied coverage limiting duration of treatments and requiring counseling for medications).
- Following global supply constraints in 2021 limiting Covid-19 vaccine to the African Region, by the end of 2023, coverage with a primary Covid-19 vaccination series increased from 7% to 32% (ranging by country from 0.3% to 89%.) Health care worker coverage was 48% and older population coverage was 52%. Additional outreach is needed.
- After a Rhode Island hospital replaced its external ventricular drain (EVD) systems (for draining excess brain fluid) in September 2023 with Medtronic Duet EVD systems, it saw a threefold increase in cerebrospinal fluid leakage and an eightfold increase in infections. Subsequent review of FDA databases found 326 reports nationwide of disconnection and breaks of components of the Duet EVD system, and the product was recalled in January 2024.
- A review of Oregon resident cardiac or undetermined cause deaths among 16 to 30 year olds from June 2021 to December 2022 and immunization system records revealed that among 1,292 deaths, Covid-19 was cited as the cause for 30. For 101 others, a cardiac cause of death could not be excluded, yet only 3 of those had a record receiving an mRNA Covid-19 vaccine dose within 100 days of death. Of 40 deaths in people who'd received the vaccine, 3 were within 100 days of death, with 2 attributed to chronic underlying conditions and 1 undetermined. No death certificate attributed death to vaccination. This data thus does not support an association between Covid-19 vaccination and sudden cardiac death among healthy young people.
- In 2023, backyard poultry-associated salmonellosis outbreaks involved 1,072 cases of illness including 247 hospitalizations across the U.S. An investigation of a case in a newborn in Oregon infected during the first week of life found that despite no direct exposure, the baby was infected from a poultry flock 150 miles away, presumably by asymptomatic shedding by one of the parents or transmission by fomites.
- A review of 2022 BRFSS survey data revealed that 59.1% of women aged 40-49 and 76.5% of those aged 50-74 had a mammogram within the previous 2 years. Having NO adverse social determinants of health or health-related social needs was associated with higher prevalences of having had a mammogram. Life dissatisfaction, feeling socially isolated, experiencing lost or reduced hours of employment, receiving food stamps, lacking reliable transportation, and reporting cost as a barrier for access to care were all strongly associated with not having had a mammogram within the previous 2 years.

- Per 2022-2023 data from 28 priority countries involved in the polio eradication program, no cases have been detected outside of Afghanistan and Pakistan since August 2022. 20 (71.4%) of the countries met national acute flaccid paralysis (AFP) surveillance indicator targets, and the number of environmental surveillance sites increased. National and subnational AFP surveillance gaps persist and addressing them is crucial to achieve the goal of global polio eradication.
- An evaluation of data on Covid-19 bivalent mRNA vaccine doses administered between September 1, 2022 and September 30, 2023 from the Federal Retail Pharmacy Program (FRPP) and states' jurisdictional immunization information systems revealed that among 59.8 million doses, 40.5 million (67.7%) were administered by FRPP partners; ranging from 5.9% among kids aged 6 months to 4 years, to 70.6% among adults aged 18-49 years. FRPP partners administered 45% or more doses among racial and ethnic minority groups, and 81.6% in urban areas and 60% in rural areas.
- (**This report included a notice that QuickStats (concise data from CDC's National Center for Health Statistics) will now be published in the MMWR reports on a bimonthly basis, in the first and third issues of each month.)
- (**This report included a short notice of a one-sentence language clarification correction in a previous report about trends in gabapentin detection and involvement in drug overdose deaths.)
- Per the National Center for Health Statistics Vital Statistics System Life Tables and Mortality data, life expectancy at birth for the U.S. population in 2022 was 77.5 years, an increase from 76.4 years in 2021. Pre-pandemic life expectancy was 78.8 years in 2019.

5.0 Old Business – NO OLD BUSINESS

DRAFT

6.0 New Business

DRAFT

6.01

6.01.01

Financial Reports, Resolution 24-05-06-01-01

It is recommended that the Financial Reports to approve payment of bills, as listed in the recapitulation sheets attached to these minutes, be adopted.

6.01.02

Permission to Approve Appropriations for Increase/Decrease

Permission is hereby requested from the Board of Health to approve Appropriations for Increase/Decrease.

6.02

Request For Legal Action Against Russell Nelson

Request for permission to refer Russell Nelson to the Geauga County Prosecutor for legal action.

AGAINST

LOCATION

Russell Nelson

18118 Auburn Rd.
Auburn Township, OH

Violation: Failure to abate public health nuisance. Ohio Administrative Code (OAC) 3701-29-06 (E)(3)

OAC 3701-29-06(E)(3)

No STS or GWRS or part thereof shall create a public health nuisance, as defined in section 3718.011 of the Revised Code, or safety hazard.

Investigation

Summary: *April 25, 2019* – Findings and Orders were issued to Russell Nelson, who was present at the April 15th, 2019, Board of Health meeting to cap the end of the septic tank and pump the tank until a new system is installed. Capping was to be done within 30 days and pumping receipts submitted to Geauga Public Health. Ninety (90) days was given to correct or replace the system.

March 8, 2024 – Eric Robb responded to a nuisance complaint at 18118 Auburn Rd. of sewage overflowing the tank. Sewage was observed overflowing a septic crock onto the ground surface and draining towards neighboring property. Record review shows no evidence of a repair or correction from previous 2019 order. No pumping receipts received between these dates.

March 22, 2024 – Regular mail and a Certified mail order to correct was sent with a timeline of 30 days to correct or repair. Violation of Ohio Administrative Code 3701-29-06(E)(3) which states, “No STS or GWRS or part thereof shall create a public health nuisance, as defined in section 3718.011 of the Revised code, or safety hazard.”

May 13, 2024 – No actions have been taken to correct the failing system.

Action

Requested: Referral of property owner Russell Nelson to the Geauga County Prosecutor for legal action.

8.0

Executive Session

Permission is hereby requested from the Board of Health to enter into Executive Session to discuss matters of pending litigation and personnel and compensation of public employees.

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