

AGENDA
GEAUGA PUBLIC HEALTH
April 16, 2025

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 February 26, 2025

3.02 Minutes, Regular Meeting March 26, 2025

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

5.01 Resolution to Establish Certain Fees, Operation & Maintenance Program, Second Reading

6.0 New Business

6.01 Resolutions

6.01.01 Financial Reports, Resolution 25-04-06-01-01

6.02 Permission to Purchase Public Access Service to SC Strategic Solutions Program, \$1,000.00 Per Year

6.03 Resolution to Award the 2025 Clean Inspection Award to the Qualifying Food Services and Food Establishments

- 6.04 Permission to Suspend or Revoke the Food License for Pari Indian Cuisine, 12775 Chillicothe Rd, Chesterland, OH 44026
 - 6.05 Request for Legal Action Against Food Service Operators for Failure to Renew Food License and Operating Without a License
 - 6.06 Permission to Start Geauga Resident Assistance for Maintenance and Service Program
 - 6.07 Permission to Fund Geauga Resident Assistance for Maintenance and Service Program
 - 6.08 Emergency Resolution Authorizing Political Subdivision to Participate in the State of Ohio Cooperative Purchasing Program
- 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 Adjournment

1.0 Call to Order

The regular meeting of the Geauga County Board of Health was called to order at 5:00 p.m. on Wednesday, April 16, 2025, by President Ashley Jones. The meeting was held at the Geauga County Office Building located at 12611 Ravenwood Drive, Chardon, Ohio.

2.0 Opening of Meeting

2.01 Declaration of Quorum

The following members were present constituting a quorum:

Melissa DeBoth
Dr. Mark Hendrickson

Ashley Jones, Pharm D
Lynn Roman

Christine Sutter

Minutes were recorded by Gina Parker/Heather Bushek.

Also present from the Health District staff:

Dan Lark, Administrator
Adam Litke, Deputy Health Commissioner

Cady Stromp, Environmental Health Supervisor
Paul Stromp, Environmental Health Sanitarian

Others Present: Members of the public were in attendance.

2.03 Certification of Delivery of Official Notices

Certification of delivery of the official notices of the regular meeting of the Board of Health was made by Adam Litke, Deputy Health Commissioner.

3.0 Board of Health

3.01 Approval of Minutes

Dr. Mark Hendrickson moved and Ashley Jones seconded a motion to approve the minutes of the February 26, 2025, Board of Health regular meeting; motion carried. Lynn Roman and Christine Sutter abstained.

3.02 Approval of Minutes

Dr. Mark Hendrickson moved and Lynn Roman seconded a motion to approve the minutes of the March 26, 2025, Board of Health regular meeting; motion carried.

4.0 Health District Staff Reports

4.01 Population Health

4.01.01 Safe Communities

A coalition meeting was held on March 13th at 12:30pm at the Ravenwood building. The representatives in attendance were from Lake Geauga Recovery Center, Ohio Department of Transportation, and the Geauga County Sheriff's Office. The current Health Educator told the people in attendance that there will be a new person taking over the role and more details will be provided later in the month.

We discussed the one fatal accident that had occurred on February 28th during the daytime involving one vehicle that due to speed lost control of the vehicle on Thwing Road and hit multiple trees as well as a telephone pole. The victim was a 24-year-old male from Lake County. Drugs and alcohol are not thought to be a factor, texting and speed are thought to be the main causes of the crash. The Health Educator also discussed that the Maple Festival is June 4, 11am-3pm and Chardon Family Market is the Click It or Ticket kick off event on May 17, 8am-1pm.

4.01.02 Other Population Health Activities

Social Media content this month focused on St. Patrick's Day sober driving as well as food recalls and the Seatbelt check event being held in Lake County. Some other content focused on International Epilepsy Awareness Day, National Kidney Health Awareness Day, Healthy Eating Awareness, Child safety around cleaning supplies, and Suicide Coalition Awareness content. During the month of March, GPH distributed 1 naloxone kit to a resident of Geauga County and 12 kits to Thompson Law Enforcement.

4.01.03 Grants

No grants at this time.

4.01.04

Programs

Immunization Clinics

1. Mobile Clinics

We saw 14 individuals at the 3/3/2025 vaccine clinic.

ProQuad-1
Hib-1
MMR-3
Rotateq-2
Tdap-1
Vaxelis-4
MenACWY-1
PCV-5
Varicella-2
Polio-2
Kinrix-1
DTaP-4

27 total vaccines administered.

We saw 20 individuals at the 3/12/25 vaccine clinic.

DTaP-2
Kinrix-2
Vaxelis-13
Polio-1
MMR-1
PCV-13
Varicella-3

35 total vaccines administered.

We saw 13 individuals at the 3/24/25 vaccine clinic.

DTaP-2
Pentacel-2
Vaxelis-4
Hib-1
ProQuad-1
Polio-1

MMR-3
PCV-2
Rotateaq-1
Tdap-2
Varicella-1

20 total vaccines were administered.

We saw 14 individuals at the 3/26/25 vaccine clinic.

DTaP-3
Kinrix-1
Vaxelis-5
Hep B-2
MMR-1
PCV-4
Varicella-1

17 total vaccines were administered.

2. Adult Clinic

One vaccine administered.

3. TB testing

Four tests administered.

Children with Medical Handicaps (CMH)

- No new information.

Community Events

- No community events.

Trainings and Meetings

- Melissa Kimbrough RN participated in Lake and Geauga Health Department Point-of-Dispensing trainings in Mentor and Kenston.
- Melissa Kimbrough RN participated in the Child Fatality Review Board.

4.01.05

Public Health Emergency Preparedness (PHEP)

During March, Ms. Castner continued to work on various FY25 grant deliverables. On March 26 – 27, GPH held its annual medical countermeasure (MCM) dispensing drills, with a white powder scenario. These included a staff notification and assembly drill to test the staff call down procedure and whether they can report timely for emergency duty; a site activation drill to ensure one of GPH’s point of dispensing (POD) locations could be secured and ready for operations; and a POD setup drill to test the amount of time for staff to set up a POD for operations. In addition, this year’s deliverable also required a POD throughput exercise to determine whether GPH could process at least 200 people in an hour through a POD. GPH worked with Kenston schools for the drill, which was held at the Kenston Gardiner Center gymnasium. Most of the GPH staff were involved, with a few clerical and environmental health staff remaining in the office to ensure continuity of service. Nursing staff from Lake County as well as volunteers from the Lake and Geauga County Medical Reserve Corps (MRC) units assisted with screening, and staff from Lake County, and volunteers from the Geauga Board of Health, the Lake and Geauga MRC units, Auburn Fire Department, Geauga County Department on Aging, Leadership Geauga, and West Geauga Schools assisted as POD attendees. GPH exceeded its goal and was able to process 250 people through the POD in 31m:31s. Feedback from the drill will be incorporated into GPH’s plans and corrective action tracker to better prepare for a real-life public health emergency. The Preparedness Team wishes to extend our thanks to everyone involved in helping make the drill possible and run smoothly. Thanks in particular to Board of Health President Ashley Jones for stepping in with short notice to assist in the screening process.

The following deliverables were submitted to the Ohio Department of Health (ODH) for review during March:

- PHEP CORE 14.1 - Epidemiology Training
- PHEP CORE 9.2 - Regional Chemical Spill Tabletop Exercise After Action Report/Improvement Plan
- CRI 1.3 - Q3 MCM Action Plan and Technical Assistance Call
- CRI 3.1 - Annual MCM Dispensing Drills
- PHEP CORE 1.2 - Volunteer Deployment and Information Sharing Performance Measures
- PHEP CORE 10.1 - Administrative Preparedness Plan

The following deliverables were approved by the Ohio Department of Health (ODH) during March:

- PHEP CORE 14.1 - Epidemiology Training
- PHEP CORE 9.2 - Regional Chemical Spill Tabletop Exercise After Action Report/Improvement Plan
- CRI 1.3 - Q3 MCM Action Plan and Technical Assistance Call

Ms. Castner attended the following meetings and trainings during the month of March:

- PHEP Program Office Hours (March 3)
- Chemical Spill Tabletop Exercise Regional After Action Meeting (March 3)
- Geauga Emergency Management Hazard Mitigation Plan Review/Update Meeting (March 6)
- Bimonthly NEO Regional Epidemiology and Public Health Meeting (March 14)
- G191: ICS/EOC Interface Course - (March 18)
- Lake County Point of Dispensing Drill (March 21)
- Administrative Preparedness Plan Team Meeting (March 24)
- GPH Kenston POD Drill (March 27)
- Cleveland BioWatch Public Information Officer After Action Meeting (March 31)

4.01.06

Epidemiology

In March, one long-term care facility reported an outbreak of COVID-19. The outbreak involved a total of 23 cases, 18 residents and 5 staff members. Current influenza activity is moderate and during this influenza season which started on 9/29/2024 there have been a total of 135 influenza associated hospitalizations. There was one Epicenter anomaly in March which did not require further follow up.

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 (1/1/25 to current)	2024 Year End Totals	2023 Year End Totals
Anaplasmosis	0	0	0										0	0	1
Babesiosis	0	0	0										0	0	0
Campylobacter	0	1	1										2	25	21
C. auris	0	0	0										0	2	0
CPO	0	0	1										1	8	3
CPO - Colonization Screening	0	0	0										0	1	0
Chikungunya	0	0	0										0	0	0
Chlamydia	5	8	5										18	91	83
COVID-19	138	89	56										283	1,445	2,068
Coccidioidomycosis	0	0	0										0	0	0
Creutzfeldt-Jakob Disease	0	0	0										0	0	0
Cryptosporidiosis	1	0	0										1	9	1
Cyclosporiasis	0	0	0										0	0	0
Dengue	0	0	0										0	1	0
E. Coli 0157H7	0	0	0										0	7	0
Giardia	1	0	0										1	5	3
Gonorrhea	1	1	1										3	26	19
Haemophilus Influenza	0	0	0										0	2	2
Hepatitis A	0	0	0										0	1	0
Hepatitis B (acute)	0	0	0										0	0	0
Hepatitis B (chronic)	0	1	1										2	5	5
Hepatitis B (perinatal)	0	0	0										0	0	0
Hepatitis C (acute)	0	0	0										0	0	1
Hepatitis C (chronic)	0	1	2										3	13	18
Hepatitis C (perinatal)	0	0	0										0	0	0
Hepatitis E	0	0	0										0	0	0
Influenza-Hospitalized	37	70	21										128	62	27
La Crosse Virus Disease	0	0	0										0	0	0
Legionnaires Disease	1	0	0										1	6	4
Leptospirosis	0	0	0										0	0	0
Listeriosis	0	0	1										1	2	0
Lyme Disease	0	0	0										0	12	9
Malaria	0	0	0										0	0	0
Meningitis-aseptic/viral	0	0	0										0	1	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	0	0										0	1	0
Mumps	0	1	0										1	0	1
Mycobacterium Tuberculosis	0	0	0										0	0	0
Pertussis	0	1	0										1	4	83
Rocky Mountain spotted fever	0	0	0										0	0	0
Salmonellosis	0	0	1										1	20	10
Shigellosis	0	0	0										0	2	2
Staph Aureus VRSA	0	0	0										0	0	0
Streptococcal Group A (GAS)	0	2	0										2	12	16
Streptococcal Group B Newborn	0	0	0										0	0	0
Streptococcus Pneumonia(ISP)	0	0	0										0	8	3
Syphilis	0	0	0										0	3	5
Tuberculosis	0	0	0										0	1	0
Varicella	0	0	0										0	1	1
Vibriosis	0	0	0										0	1	0
West Nile Virus	0	0	0										0	0	0
Yersiniosis	0	0	0										0	1	1
Totals	184	175	90	0	0	0	0	0	0	0	0	0	449	1,778	2,389

Adam Litke provided the following highlights:

- *Discussed information about measles, working with school superintendents regarding recommendations for measles cases at schools, and the state exclusion rule.*
- *The Point of Dispensing drill went very well.*

Discussion:

Ashley Jones stated that the health department should be cautious about measles recommendations for schools.

Lynn Roman asked for an update on grants. Adam Litke explained the status of grants currently. He said that a number of grants have been paused and some have been cut without notice.

Lynn Roman asked for an update on the mobile clinics. Adam Litke said there has been a significant increase in attendance compared to clinics in the office.

4.02

Environmental Health

4.02.01

Director's Report

Public meetings were held to review the Operation and Maintenance program. Meetings for Munson Township homeowners were held on March 19th and 20th. A meeting for county-wide licensed service providers was held on March 24th. Approximately 90 homeowners and 25 service providers attended the respective meetings.

4.02.02

Food Safety

P. Stromp conducted a Site Evaluation for a proposed Geauga Parks campground on 3/5/25. M. Kruggel and A. O'Brien attended the Northeast Ohio Food Safety Round Table meeting on 3/20/25. An administrative hearing was conducted with Pari Indian Cuisine of Chesterland on 3/25/25. All staff attended the Point of Dispensing (POD) drill on 3/27/25.

4.02.03

Program Inspections

Environmental Health staff conducted the following program inspections in March:

Program	Inspections
Private Water Systems (wells)	25
Camps	0
Swimming Pools/Spas	10
*Food	113
Sewage Systems	52
For Sale of Property	3
HB 110 (Semi-Public) Systems	4
Operation and Maintenance Samples	156
Plumbing	62
Schools	20
Tattoo & Body Piercing	0
Nuisance Complaints	0
Solid Waste	0

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

Dan Lark provided the following highlights:

- *No update.*

Discussion:

Board members shared their concerns about the employees' safety who go out in the field. Adam Litke and Dan Lark shared safety precautions for employees.

Administrator Dan Lark began his presentation regarding the Operation and Maintenance (O&M) Program at approximately 5:25 p.m.

Septic Operation & Maintenance (O&M) Program

ADAM LITKE, MPH (HEALTH ADMINISTRATOR)

DAN LARK, REHS (EH DIRECTOR)

CHRIS LOXTERMAN, REHS (EH SUPERVISOR)

KRISTI PINKLEY, REHS (O&M PROGRAM LEAD)



GEAUGA PUBLIC HEALTH
Promoting and Protecting Community Health

What is the O&M Program?

- The Operation & Maintenance program is a statewide initiative to ensure proper ongoing system maintenance of **ALL** Home Sewage Treatment Systems (HSTS) to protect public health and minimize pollution of Ohio waters
- **Unfunded mandate** by Ohio Department of Health (ODH) in the 2015 rule update



Requirement in Laws & Rules

- **Law**

- ORC 3718.02 (A)7
- “The Director of Health [...] shall [...] require each board of health to develop a program for the administration of maintenance requirements established in rules adopted under division (A)(3)(c) of this section.

- **Ohio Sewage Rules**

- OAC 3701-29-09 (I)
- “No person shall operate a STS or a type 2, 3 or 4 GWRS without an approved and valid operation permit from the board of health. The owner and/or a responsible management entity when applicable, shall comply with the terms and condition of the permit.”



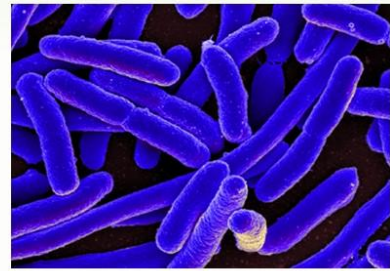
Why were O&M rules passed?

- “Approximately **31%** of all household sewage treatment systems throughout the state of Ohio are experiencing some degree of failure.” – ODH 2012 Clean Watersheds Needs Survey Report
- For Northeast Ohio, was estimated at **38%**
- Although several factors affect system performance (age, water usage, soils, etc.), ongoing maintenance is a significant factor we *can* control



Reasons to Maintain your HSTS

- Safe, Effective, & Enduring Operation
- Protection of individual and community investments
- Decreased impact on water quality and the environment



Basic Overview

- It is estimated that there are approximately **30-40,000** Household Sewage Treatment Systems (HSTS) in Geauga County
- **ALL** are projected to be enrolled in program by 2030
- Program is enrolling systems in order of risk:
 - **NPDES & Spray Irrigation**
 - **Systems with Aerators, Drip, or Peat**
 - **Everything else**



Phased Roll-Out

- Spreading out enrollment for consistent workload, revenue, and expenses to keep costs down for residents
- About 5,000 systems will be enrolled each year (2025-2030)
- Enrolled by location (consistency among neighbors, efficiency, and ability to target communications)



Operation Permit Basics

- New enrollees get postcard invite for public meetings ~2 weeks before bill is mailed
- Notified by mail at least 1 month prior to fee due date
- 2 weeks before deadline - send reminder post card if unpaid
- Late fee is 25%, per state code
- Unpaid fees will be assessed to property taxes each year
- Host 4 public evening meetings for each new group



Operation Permit Requirements

- Permit requirements and lengths differ based on system design (found on permit)
- Compliance judged based upon review of maintenance records submitted by sewage contractors
 - Pump Reports
 - Service Reports
- Tracking compliance administratively (as opposed to via inspection) keeps costs down



Discussed how service and pumping reports are received and stored.

Permit Types

System Design	Permit Term	Permit or Sample Cost per Term	Permit Conditions / Service Requirements per Term
NPDES Discharging Systems	1 Year	\$155 – Sample	<ul style="list-style-type: none"> • 2 Service Reports / year under a current Maintenance Contract • Annual Sample collected by GPH
Spray Irrigation Systems	1 Year	\$150 – Sample	<ul style="list-style-type: none"> • 2 Service Reports / year under a current Maintenance Contract • Annual Sample collected by GPH
Aeration, Drip, and Peat Systems	1 Year	\$30 - Permit	<ul style="list-style-type: none"> • 1 Service (or Pumping Report)
On-Lot Septics	5 Years	\$100 – Permit	<ul style="list-style-type: none"> • 1 Pumping (or Service Report)
Off-Lot Septics	5 Years	\$100 – Permit	<ul style="list-style-type: none"> • 1 Pumping (or Service Report) • System must be evaluated by GPH in 10 years to verify treatment performance



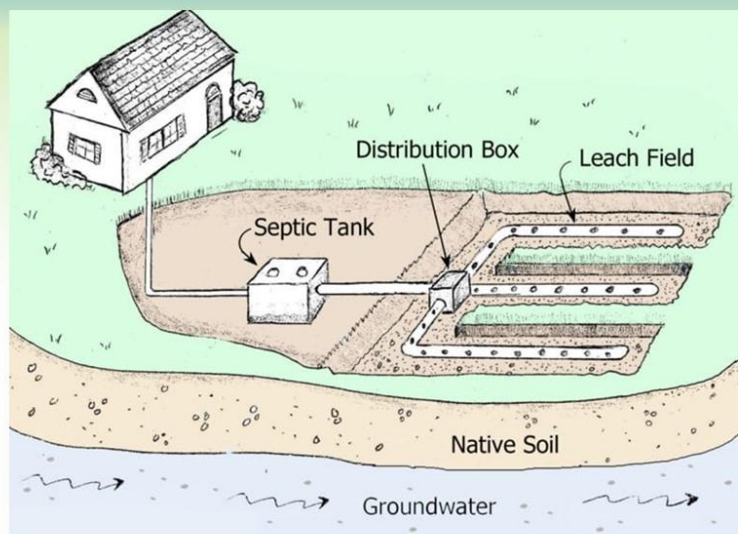
Operation Permit Compliance

- As the deadline approaches, GPH will make various attempts to reach out to owners that are not showing proof of maintenance on record
- **Systems that do not receive at least one pumping, service, or inspection during the permit term, will be subject to a Non-Compliance inspection from GPH at an additional cost**
- Systems will be evaluated to determine if they pose a public health hazard/nuisance, and will be issued orders if found to be failing

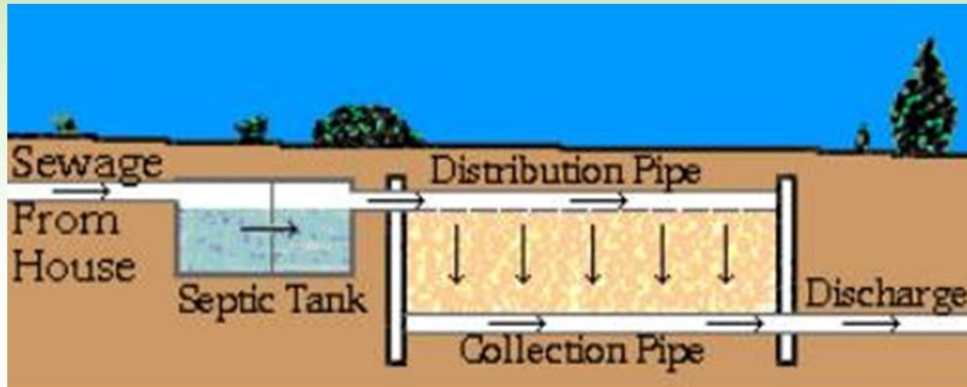


We are legally required to follow up to make sure systems are not creating a public health nuisance.

On-Lot Systems (Leach Lines/Mounds)



Off-Lot Systems (Sub-Surface Sand Filter Bed)



WPCLF

- Water Pollution Control Loan Fund
- Program to assist homeowner with repair or replacement of failing HSTS
- Funded through the state
- Eligibility is based on household income
- Homeowner must be the primary resident



QUESTIONS?



CONTACT INFORMATION

Geauga Public Health
12611 Ravenwood Dr, Suite 300
Chardon, OH 44024



GEAUGA PUBLIC HEALTH
Promoting and Protecting Community Health

Dan Lark, REHS
EH Director
(440) 279-1915
dlark@geaugacountyhealth.org

Adam Litke, MPH
Health Administrator
(440) 279-1900
alitke@geaugacountyhealth.org

Chris Loxterman, REHS
EH Supervisor
(440) 279-1919
cloxterman@geaugacountyhealth.org

Kristi Pinkley, REHS
O&M Program Lead
(440) 279-1941
kpinkley@geaugacountyhealth.org

The presentation ended at approximately 5:58 p.m.

Discussion:

Lynn Roman asked how enrollment is chosen. Dan Lark said enrollment is based on address and system type.

4.03

Administrator's Report

4.03.01

Administrator

1. Working with the Prosecutor's office to continue roll out of the Operation & Maintenance program.
2. Fees are continuously being reviewed for reasonableness. Fee adjustments are based on actual and expected costs to operate programs. Fees are meant to pay for the expense related to services provided and not generate additional "extra" revenue.
3. Working with the Geauga County Auditor's Office pertaining acquiring 5 vehicles.

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 March 31, 2025, the year 25.0 % 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:

With March being the third month, revenues are underestimated budget. The first half settlement will occur in April.

EXPENSES:

This is the third month of the year and expenses are under budget in part due to timing of invoice payments. We continue to work with the Geauga County Auditor's Office to reimburse Lake County for the worked performed.

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.

CHART 1

MONTH OF : MARCH

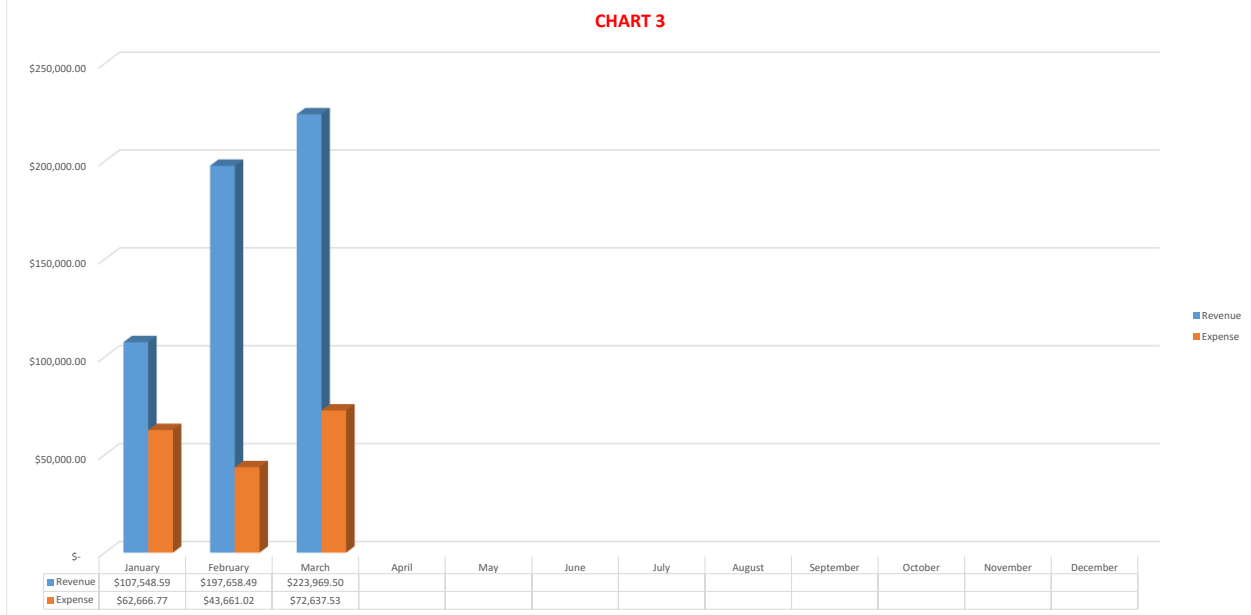
	Revised	YTD	% of Budget
Revenue Type	Budget	Revenue	Received
Property and Other Taxes	\$ 575,748.00	\$ 805.73	0.14%
Donations	\$ 5,000.00	\$ -	0.00%
State Reimbursement-Real Estate	\$ 77,028.00	\$ -	0.00%
State Revenues	\$ 461,063.00	\$ -	0.00%
Local Government Tax	\$ -	\$ -	
Permits	\$ 343,000.00	\$ 87,433.00	25.49%
Inspection Fees	\$ 787,000.00	\$ 56,798.00	7.22%
Fees	\$ 223,250.00	\$ 16,583.50	7.43%
Licenses	\$ 225,000.00	\$ 200,888.31	89.28%
Fines	\$ 3,500.00	\$ 3,613.50	103.24%
Fees Infectious Waste Fees	\$ -	\$ -	#DIV/0!
Fees Solid Waste Fees	\$ 4,000.00	\$ 650.00	16.25%
Foundation Revenue	\$ -	\$ -	
Water Testing Fee	\$ 5,000.00	\$ 1,705.00	34.10%
Federal Grants	\$ 172,000.00	\$ -	0.00%
Local Match	\$ -	\$ -	
Reimbursements	\$ -	\$ 12,218.00	
Other Revenue	\$ 3,900.00	\$ 3,891.60	99.78%
Other Revenue Other Receipts	\$ 104,000.00	\$ 67,947.12	0.00%
Other Revenue Other Revenue	\$ 67,500.00	\$ 76,642.82	113.54%
Other Revenue Real Estate Fee Refund	\$ -	\$ -	
Transfers In	\$ 1,269,450.00	\$ -	0.00%
Total Revenue	\$ 4,326,439.00	\$ 529,176.58	12.23%
	Percentage of year Completed		25.00%
	Revised	YTD	% of Budget
Expense Type	Budget	Expense	Used
Salaries	\$ 95,929.00	\$ 19,778.81	20.62%
OPERS	\$ 17,267.00	\$ 2,708.78	15.69%
Medicare	\$ 1,390.00	\$ 275.56	19.82%
Workers Compensation	\$ 2,398.00	\$ -	0.00%
Hospitalization	\$ 45,137.00	\$ 7,719.54	17.10%
Unemployment	\$ 5,000.00	\$ -	0.00%
Contract Services	\$ 2,775,305.27	\$ 17,494.77	0.63%
Travel	\$ 35,903.90	\$ 3,111.93	8.67%
Vehicle Expense	\$ -	\$ -	-
Legal Fees	\$ 18,674.81	\$ -	0.00%
Advertising	\$ 2,000.00	\$ 441.00	22.05%
State Remittance	\$ 89,694.00	\$ 3,860.00	4.30%
State Remittance Ohio Permit Fee	\$ 20,382.00	\$ 3,496.00	17.15%
State Remittance Ohio Water Test Fee	\$ -	\$ -	0.00%
Materials and Supplies	\$ 73,239.91	\$ -	0.00%
Materials and Supplies Supplies	\$ 20,000.00	\$ 5,203.71	26.02%
Materials and Supplies Vaccine Supply	\$ 11,222.75	\$ -	0.00%
Equipment	\$ 58,000.00	\$ 1,136.45	1.96%
Equipment Equipment	\$ 7,490.28	\$ -	0.00%
Equipment Equipment Maintenance	\$ 5,899.41	\$ -	0.00%
Other	\$ 582,468.33	\$ 59,419.87	10.20%
Other County RE Tax Expenses	\$ 11,000.00	\$ 86.60	0.79%
Other Health Emergency	\$ -	\$ -	0.00%
Other Other Expenses	\$ 80,000.00	\$ 29,348.05	36.69%
Other State RE Tax Expenses	\$ -	\$ -	#DIV/0!
Other VS Remit to State	\$ 105,000.00	\$ 23,046.00	21.95%
Refunds	\$ 9,974.00	\$ 1,838.25	18.43%
Repair Services	\$ -	\$ -	0.00%
Transfers Out	\$ 1,259,450.00	\$ -	0.00%
Total Expense	\$ 5,332,825.66	\$ 178,965.32	3.36%
	Percentage of year Completed		25.00%

CHART 2

MONTH OF : MARCH

Fund Number	Fund name	Beginning Cash Balance	YTD Revenue Per Budget Performance	YTD Expense Per Budget Performance	Ending Cash Balance	Percentage Increase/Decrease
6002	Board of Health	\$ 878,286.92	\$ 164,781.14	\$ 109,351.71	\$ 933,716.35	4.12%
6004	Trailer Park	\$ 18,013.75	\$ -	\$ -	\$ 18,013.75	0.00%
6005	Food Service	\$ 544,969.96	\$ 205,451.81	\$ 550.89	\$ 749,870.88	21.39%
6008	Infectious Waste/ Solid Waste	\$ 124,907.06	\$ 650.00	\$ -	\$ 125,557.06	0.52%
6011	Private Water Systems	\$ 300,917.14	\$ 10,182.50	\$ 3,595.54	\$ 307,504.10	0.31%
6018	Swimming Pools	\$ 45,798.21	\$ -	\$ -	\$ 45,798.21	0.00%
6021	Public Health Infrastructure	\$ 619,676.45	\$ -	\$ 2,178.92	\$ 617,497.53	-0.35%
6023	Sewage Treatment Systems	\$ 580,892.99	\$ 51,203.00	\$ 4,905.91	\$ 627,190.08	5.94%
6025	Immunization Action Plan	\$ 27,587.13	\$ -	\$ -	\$ 27,587.13	0.00%
6030	Emergency Response Fund	\$ 26,140.00	\$ -	\$ -	\$ 26,140.00	0.00%
6036	Environmental Health Assistance	\$ 64,369.16	\$ -	\$ 5,309.10	\$ 59,060.06	-0.93%
6037	For Sale of Property	\$ 449,465.34	\$ 81,873.53	\$ 52,693.25	\$ 478,645.62	2.34%
6039	Alcohol, Tobacco & Other Drugs	\$ 52,879.66	\$ -	\$ -	\$ 52,879.66	0.00%
6040	Injury Prevention	\$ 84,188.45	\$ 2,624.60	\$ 380.00	\$ 86,433.05	2.67%
6041	Workforce Development	\$ 319,629.34	\$ 12,218.00	\$ -	\$ 331,847.34	0.00%
6042	Population Health Fund	\$ 175,191.90	\$ 192.00	\$ -	\$ 175,383.90	0.03%
Total		\$ 4,312,913.46	\$ 529,176.58	\$ 178,965.32	\$ 4,663,124.72	

CHART 3



Adam Litke provided the following highlights:

- No update

Discussion:

Lynn Roman asked what the fines are. Dan Lark said the fines are for system installations that are done prior to receiving the permits.

4.04

Health Commissioner's Report

4.04.01

Ohio House Overhauls Governor's Budget Proposal

The Ohio House Finance Committee accepted a substitute bill for House Bill 96, the state operating budget. The bill makes significant changes to the Administration's budget proposal.

Unfortunately, the Association of Ohio Health Commissioners' (AOHC) priorities did not fare well in the substitute bill:

- **Public Health Lab**—The source for additional funds for the public health lab was the Governor's proposed increase in the marijuana tax. The additional tax—and the corresponding funds for the lab—were removed.
- **Home Visiting**—The House substitute bill removed the Governor's proposed increase of \$22.5 million for Help Me Grow in FY 2027. The House did maintain an increase in the line item from \$56 million in FY25 to \$63 million in FY26 and FY27.
- **Solid Waste and Construction and Demolition Debris (C&DD) Fees**— The amended language in ORC 3734.57 that would provide new funding to local health districts to improve regulatory oversight of delegated solid waste and infectious waste facilities was removed.

In addition, the substitute bill also made changes to public health programs including tobacco and lead poisoning prevention:

- **Tobacco**—**The bill decreased the funding for Tobacco Use Prevention, Cessation, and Enforcement Fund by \$4 million each fiscal year, removed restrictions on the sale of flavored e-cigarettes, removed the creation of a Vape Retailer registry, and removed the proposed tax increase on traditional cigarettes and other tobacco products.**
- **Lead**—The bill eliminated Ohio Department of Health's (ODH's) Lead Safe Home Program which included \$1 million for lead hazard control and Lead Abatement program which included \$7 million for payments for lead investigations, contracts for lead-safe housing, match to receive federal U.S. Department of Housing and Urban Development (HUD) funding for lead, middle-income housing lead abatement and demolition, workforce development for lead abatement testers and contractors, IT support for program and media campaigns around lead.

A comparative document against the governor's proposed budget can be viewed [here](#).

<https://associationdatabase.com/aws/AOHC/ctrb/265211/29573/1116283?c=https%3A%2F%2Fwww.lsc.ohio.gov%2Fassets%2Flegislation%2F136%2Fhb96%2Fphc%2Ffiles%2Fhb96-comparison-document-as-pending-in-house-committee-136th-general-assembly.pdf&i=10>

4.04.02

MMWR Synopsis

- Human metapneumovirus (hMPV) infections, which cause respiratory diseases similar to respiratory syncytial virus (RSV), have no specific antiviral therapies or vaccines that exist; but antibody products are available to protect against severe RSV disease. According to analysis of data from the National Respiratory and Enteric Virus Surveillance System (NREVSS), the annual interval from peak RSV to peak hMPV circulation increased from a pre-Covid-19 pandemic median of 11.5 weeks to 19 weeks during and after the pandemic. Less than 5 weeks of co-circulation of RSV and hMPV occurred in most regions during the 2022–23 and 2023–24 seasons. Because RSV seasonality is returning to typical patterns, (following a disruption caused by the pandemic), a higher degree of co-circulation of RSV and hMPV in 2024–25 and future seasons is expected.
- Data from surveys and nasal swabs from 3,549 participants aged 6 months–49 years who were enrolled in the CASCADIA community-based cohort study in Oregon and Washington between June 2022 and March 2024 showed that 306 (8.6%) had symptomatic human metapneumovirus (hMPV) infection. Cases averaged an incidence rate of 7.5 per 100 people per year, highest during January-March and among 2- to 4-year-olds. Cough (80.4%) and nasal congestion (71.9%) were the two most frequently reported symptoms. 27% missed work, school, or child care facility attendance.
- In October 2024, Iowa had a case of Lassa fever (caused by a virus transmitted by rodents, endemic to western Africa) in a construction worker returning from Liberia, representing the first U.S. case in 8 years and the 9th since 1969. The patient died. 180 contacts were identified, with only 5 of 105 classified as high-risk feeling that their exposure warranted prophylaxis. 4 of them stopped the prophylaxis due to nauseous reaction, with only one completing the 10-day course. 43 (27%) of 158 monitored contacts reported any signs or symptoms, with 5 of these being potentially consistent with Lassa fever. Laboratory testing results for these 5 all were negative.
- According to an assessment of case data from the National Electronic Disease Surveillance System, between 2016 and 2023, there were 5,352 confirmed chronic hepatitis C in adults in Alaska, with an average annual rate of 121 cases per 100,000 population. The rate decreased from 142 during 2016-2019 to 99 during 2020-2023. Higher average rates were observed among males, those aged 18 to 39, rural residents, and American Indians or Alaska Natives.
- Arkansas had a fatal case of primary amebic meningoencephalitis (PAM) infection, caused by *Naegleria fowleri*, in a young child in September 2023, which was attributed to exposure

at a splash pad with inadequately disinfected water. An investigation revealed multiple violations at the splash pad including malfunctioning equipment, improper chlorination and filtration, and no daily operational records maintained. It was shut down.

- A review of 2022 overdose death data from the National Vital Statistics System revealed that of 69,893 fatal synthetic opioid overdoses, 53.6% involved stimulants. Higher percentages of synthetic opioid overdose deaths co-involving psychostimulants were seen in people working in more physically demanding jobs such as construction, mining, farming, and recreation; whereas higher cocaine co-involvement was seen in people with less physically strenuous jobs such as business, financial, and healthcare work.
- In late 2023, a 66-year-old in New Mexico died from amebic Encephalitis caused by infection with *Acanthamoeba*. Testing confirmed the source of infection to be from the use of tap water in an electronic nasal irrigation device and a continuous positive airway pressure (CPAP) machine used at the patient's home. Inadequate cleaning and drying of these devices may have also been a contributing factor. Distilled, sterile, or boiled and cooled tap water should be used instead of regular tap water in nasal irrigation devices; and users should follow manufacturer recommendations for using and cleaning all medical devices.
- In response to gaps in household contact screening and treatment of people with tuberculosis, the International Union Against Tuberculosis (TB) and Lung Disease, the Uganda Ministry of Health, and the Centers for Disease Control and Prevention (CDC) initiated a pilot program at six health facilities in Uganda. From November 1, 2023, through September 30, 2024, home visits to 521 index patients with TB identified 1,913 household contacts, 1,739 (91%) of which were screened at home. 321 (18.5%) reported TB symptoms, and 284 (91.9% of those who were further evaluated) provided a sputum specimen for lab testing, while 214 (69.3%) underwent chest radiography. 80 TB cases were diagnosed. And, among 1,496 household contacts eligible for TB preventive treatment, 1,239 (82.8%) initiated it and 1,178 (95.1%) completed it.
- An analysis of data from the 2022 Eswatini Violence Against Children and Youth Survey found that 14% of adolescent girls and young women aged 13 to 24 had a reported functional disability. These girls were more likely to have experienced lifetime sexual, physical, or emotional violence; and were more likely to know of a place to go for help for these experiences; than those without a functional disability. However, having a functional disability was not associated with higher prevalences of sexual risk behaviors, HIV testing, HIV infection, HIV risk factors, or HIV treatment and prevention services.
- In August 2024, a U.S. traveler returning from Zimbabwe was diagnosed with Human African trypanosomiasis (HAT), also known as sleeping sickness, transmitted by the bite of a tsetse fly. His fever quickly progressed to multisystem organ failure, requiring dialysis and intubation. He was discharged after 10 days with only mild renal dysfunction. After this and by January 2025, the World Health Organization (WHO) received reports of 3 other cases in people from non-endemic countries who traveled to the same area, marking the first 4 such cases reported from this area since 2019.

- Between September 30 and December 24, 2024, 38 people tested positive for avian influenza A(H5N1) in California. 37 of them were dairy farm workers exposed to sick cows, with the other being the first U.S. child case (with unknown exposure) identified through routine surveillance. All had mild illness.
 - A CDC analysis of road traffic death data from 2013 to 2022 from the International Transport Forum’s International Road Traffic and Accident Database (IRTAD) and the U.S. Fatality Analysis Reporting System (FARS) revealed that U.S. pedestrian death rates (highest among all countries) increased 50% (from 1.55 to 2.33 per 100,000 population), while other countries generally experienced decreases (median decrease = 24.7%). Overall U.S. traffic death rates increased 22.5% (from 10.41 to 12.76), but decreased by a median of 19.4% in 27 other high-income countries.
 - Neurosyphilis, ocular syphilis, and otic syphilis (NOO syphilis) cases were historically associated with men who have sex with men (MSM) and those with HIV, but recent data has demonstrated a trend away from these associations. Between January 1 and October 31, 2023, Chicago saw 40 reported cases including 14 people with more than one type. 67.5% did not have HIV (compared with 43.8% in 2019), and 54.5% were not MSM (compared with 26.7% in 2019).
-
- This report was accompanied by a supplemental Surveillance Summary: Contributing Factors of Foodborne Illness Outbreaks — National Outbreak Reporting System, United States, 2014–2022. A total of 2,677 (40.5%) foodborne illness outbreaks reported in the Foodborne Disease Outbreak Surveillance System (FDOSS) during 2014-2022 with information on contributing factors were analyzed.
 - The proportion of bacterial outbreaks increased from 41.9% during 2014-2016 to 48.4% during 2020-2022.
 - The proportion of viral outbreaks decreased from 33.3% during 2014-2016 to 23.2% during 2020-2022.
 - The proportion of outbreaks associated with food contaminated by an animal or environmental source before arriving at the preparation site increased from 22.2% to 32.3%, while those associated with contamination from an infectious food worker through barehand contact decreased from 20.5% to 8.9%.
 - The proportion of outbreaks associated with improper time and temperature control decreased from 15.2% to 9.9%.
 - Decreases noted during 2020-2022 may have been impacted by the Covid-19 pandemic.
 - The complete report, including a more thorough breakdown of contributing factor trends, and methods and variables, can be found on the CDC website at: https://www.cdc.gov/mmwr/volumes/74/ss/ss7401a1.htm?s_cid=ss7401a1_w
 - A CDC review and analysis of National Vital Statistics System cause-of-death data between 2020 and 2022 identified 67,843 deaths involving idiopathic pulmonary fibrosis (IPF), a progressive lung disease characterized by scarring and worsening lung function. 59% were male and 41% were female. By industry, the highest proportionate IPF mortality ratios in males were among those employed in utilities (1.15), and in females, were among those employed in public administration (1.12). By occupation, the highest IPF mortality rates

among males were in community and social services workers (1.23) and among females were in farming, fishing, and forestry workers (1.24).

- Medicaid reimbursement claims data and self-reported tobacco use data were analyzed in King County, Washington, between 2016 and 2023 to find that among 511,154 Medicaid members, a total of 101,060 (19.8%) were identified as current tobacco users. 14,163 of these were users identified through the self-reporting data alone. Men, and people with no diagnosed chronic conditions represented a greater proportion of identified tobacco users.
- A CDC analysis of 2017-2023 National Health Interview Survey adult tobacco use data revealed that exclusive cigarette smoking prevalence declined from 10.8% to 7.9%, while exclusive e-cigarette use prevalence increased 1.2% to 4.1%. In adults aged 18 to 24, there were decreases in prevalence of exclusive cigarette (6.5% to 1.2%) and pipe smoking (1.0% to 0.1%); and an increase in exclusive e-cigarette use prevalence (2.7% to 10.3%). For adults aged 25-44, cigarettes decreased from 12.0% to 7.6%, while e-cigarettes increased 1.5% to 6.1%. Overall across all ages, there was a 6.8 million-person decrease in those who exclusively smoke cigarettes, offset by a 7.2 million-person increase in those who exclusively use e-cigarettes.
- Between September 22 and December 22, 2024, type 2 vaccine-derived poliovirus was detected in wastewater samples collected in 16 cities across 5 European countries with high vaccination coverage. No human polio cases or poliovirus infections were reported in association with these detections. The affected countries are actively working to prevent establishment of local transmission by increasing vaccination efforts of targeted populations, and intensifying surveillance.
- Per National Center for Health Statistics, National Health Interview Survey data, in 2023, 25.4% of women and 23.2% of men had chronic pain in the past 3 months. Prevalence increased from 22.2% of women and 18.8% of men in large metropolitan areas, to 31.7% of women and 31.0% of men in nonmetropolitan areas.
- CDC analyzed data from the VISION and IVY networks to estimate vaccine effectiveness (VE) of the 2024-2025 Covid-19 vaccine among adults between September 2024 and January 2025. VE against emergency department or urgent care visits was 33% during the first 7 to 119 days after vaccination. VE against hospitalization for immunocompetent adults 65 or older was 45%-46% during the first 7 to 119 days after vaccination, and was 40% for those with immunocompromising conditions.
- CDC analyzed data from 4 VISION, IVY, and 2 other vaccine effectiveness networks to estimate vaccine effectiveness (VE) of the seasonal influenza vaccine during the flu season from October 2024 to February 2025. For children and adolescents under 18, VE against any flu was 32%, 59%, and 60% in the outpatient setting in three networks, and against flu-associated hospitalization was 63% and 78% in two networks. For adults, VE in the outpatient setting was 36% and 54% in two networks and was 41% and 55% against hospitalization in two networks.

- A CDC analysis of data from the 2010-11 through 2024-25 flu seasons found that among 1,840 pediatric flu-associated deaths, 166 (9%) had influenza-associated encephalitis (IAE), ranging from 0% in 2020-21, to 14% in 2011-12 and 13% in 2024-25. The median age of patients with fatal IAE was 6 years. 54% had no underlying medical conditions, and only 20% had received flu vaccination. Surveillance data is insufficient to determine if IAE cases in the 2024-25 flu season vary from expected numbers.
- Since 2008, CDC has monitored incidence of cervical precancerous lesions detected through screenings to help determine the impact of HPV vaccine, through 5 sites in its Human Papillomavirus Vaccine Impact Monitoring Project. Among women aged 20 to 24, rates of detected lesions decreased 79-80% from 2008 to 2022. For women aged 25 to 29 (those less likely to have been vaccinated), rates decreased 37%.
- Retrospective analysis of 551 influenza A virus–positive wastewater surveillance samples from 20 sites in Oregon during September 15, 2021–July 11, 2024, revealed 21 avian influenza A(H5) subtype detections across 12 communities. Wastewater detections began 6 to 7 weeks before outbreaks found in domestic and wild birds. No association was found between wastewater detections and poultry outbreaks or the presence of dairy farms or facilities within the watershed.
- Per the National Center for Health Statistics, National Vital Statistics System Mortality Data, in 2023 a total of 1,024 deaths were attributed to excessive cold or hypothermia. 19.9% occurred in January, 16.9% in February, 16.7% in December, 14.2% in March, and 11.9% in November.

4.04.03

Newsweek: Trump to Set Tariffs on Pharmaceutical Products

The president revealed his administration's plan at a National Republican Congressional Committee dinner in early April 2025. Trump said at the dinner: "We're going to be announcing very shortly a major tariff on pharmaceuticals. And when they hear that, they will leave China. They will leave other places because they have to sell—most of their product is sold here and they're going to be opening up their plants all over the place." Historically, pharmaceutical drugs have been manufactured in the U.S., but this is no longer the case, with only 28 percent of manufacturers of active pharmaceutical ingredients (APIs) in the country as of August 2019, according to the U.S. Food and Drug Administration (FDA). (King, 4/9)

4.04.04

AP: The Trump Administration Withdrew 11 Pieces of ADA Guidance

President Donald Trump's administration withdrew 11 pieces of guidance last month related to the Americans with Disabilities Act that helped stores, hotels and other businesses understand their obligation to the law. The guidance included tips on how to create accessible parking and fitting rooms, talk to hotel guests about accessible features and decide when a person with a

disability could be assisted by a family member during hospitals' COVID-19 no-visitor bans. Five pieces of guidance were from the pandemic, while the oldest two were issued in 1999. (Hunter, 4/8)



HEALTH ALERT

Measles in Ohio: Recognition, Reporting, and Prevention

March 31, 2025

Summary and Action Items

- The Ohio Department of Health (ODH) recently reported 11 measles cases in March 2025; 10 of which are linked to an outbreak. ODH is working with the Ashtabula County Health Department, Knox Public Health, Allen County Public Health, and other impacted health departments to identify and notify those who may have been exposed and to promote opportunities for vaccination.
- Measles is extremely contagious and declines in measles vaccination rates globally have increased the risk of outbreaks. During 2022, an outbreak centered in central Ohio totaled 85 cases. Most large outbreaks of measles in the U.S. have occurred among close-knit and under-vaccinated communities.
- Many [international locations](#) are reporting ongoing measles transmission, including neighboring [Ontario, Canada](#). The Centers for Disease Control and Prevention (CDC) recently released a [health advisory](#) for an expanding measles outbreak in the U.S. with most cases occurring in Texas and New Mexico.
- ODH is reminding clinicians and public health officials to remain alert for [signs and symptoms of measles](#), particularly among people who have not yet received a measles-containing vaccine (MCV), including those who may have postponed or missed doses. Providers should also consider outreach to patients who are eligible for MCV to encourage routine immunization.
- Measles is a [Class A reportable disease](#). If measles is suspected, facilities should implement appropriate [infection prevention and control measures](#) and report any case, suspected case, or positive laboratory result **immediately via telephone** to the [local public health department](#) in which the patient resides. Prompt recognition, reporting, and implementation of infection prevention and control measures are critical to limiting the spread of disease.

Background

Measles is a highly contagious viral illness that typically begins with a prodrome of fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting two to four days prior to rash onset. Modified measles can occur in infants who still have maternal antibodies and in those who received a measles vaccine or immune globulin soon after exposure. Measles can cause severe health complications, including pneumonia, encephalitis (inflammation of the brain), and death. Complications from measles are more common among children younger than 5, adults older than 20, pregnant women, and people with compromised immune systems. As many as one in 20 children with measles gets pneumonia, the most common cause of death from measles in young children.

The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air and on surfaces for up to two hours after an infected person leaves an area. Infected people are contagious from four days before rash onset to four days after. The incubation period for measles from exposure to fever is usually about 10 days (range seven to 12 days), and from exposure to rash onset is usually about 14 days (range seven to 21 days).

The measles, mumps, rubella (MMR) vaccine is highly protective against measles infection. CDC recommends all children get two doses of MMR vaccine, starting with the first dose at 12-15 months of age, and the second dose at 4 through 6 years of age. MMR vaccine can also be given to adults born after 1957 who are not vaccinated, or whose vaccination status is unknown. For individuals not protected by prior immunization or disease, CDC recommends that all persons older than 6 months receive MMR vaccine prior to travelling internationally or to an area with ongoing measles transmission.

Recognition

Consider measles as a diagnosis in anyone with a febrile illness and clinically compatible symptoms (e.g., a generalized [maculopapular rash](#) with cough, coryza, or conjunctivitis). A clinical history should include assessment for known contact to someone with measles, recent travel to areas with measles transmission, including international travel or travel to outbreak areas within the U.S., and MMR vaccination status.

Collection of virologic and serologic specimens is recommended for confirmation of disease. For patients with suspected measles, collect **both** respiratory (oropharyngeal or nasopharyngeal) and serum specimens for testing. Measles testing can be performed by commercial laboratories.

Testing for measles virus is also available through the ODH laboratory (ODHL) for [eligible clinical specimens](#). To request approval for testing at ODHL:

- Healthcare providers should contact the [local public health department](#) in which the patient resides.
- Local health departments should contact the Bureau of Infectious Diseases Vaccine Preventable Disease Epidemiology program to request specimen approvals using established chains of communication.

For additional clinical information for healthcare providers, please visit the [CDC website](#).

Reporting

Report a case, suspected case, and/or positive laboratory result **immediately via telephone** to the [local public health department](#) in which the patient resides. If patient residence is unknown, report immediately via telephone to the local public health department in which the reporting healthcare provider or laboratory is located. Local public health departments should report immediately via telephone the case, suspected case, and/or a positive laboratory result to ODH.

Prevention

Recommend MMR vaccine for all eligible patients who are unvaccinated or not fully vaccinated. Immunization schedules can be found on the CDC website [here](#).

Persons with suspected or confirmed measles infection should be isolated, including exclusion from school or childcare center, for four days following the onset of rash. Contacts who might be susceptible should be immunized with measles vaccine as soon as possible after exposure. Measles vaccine given within 72 hours after exposure may prevent or reduce the severity of disease. Immune globulin (IG) can prevent or modify measles in a susceptible person if given within six days of exposure. IG may be especially indicated for susceptible household contacts less than one year of age, pregnant women, or immunocompromised persons, for whom the risk of complications is increased.

Please see the [Measles Chapter in the ODH Infectious Disease Control Manual](#) and [CDC website](#) for additional guidance on the public health management of cases and contacts and infection prevention and control measures.

To minimize the risk of measles transmission in healthcare settings, healthcare personnel should do the following:

1. Query patients with a febrile rash illness about a history of travel (including international travel or travel to outbreak areas within the U.S.), contact with foreign visitors, transit through an international airport, or possible exposure to a person with measles in the three weeks prior to symptom onset. The possibility of measles should be considered for patients with such a history and symptoms consistent with measles.
2. Mask patients with suspected measles immediately, if tolerated. Encourage respiratory etiquette.
3. Do not allow patients with suspected measles to remain in the waiting room or other common areas; isolate patients with suspected measles immediately in an airborne infection isolation room if one is available. If such a room is not available, place the patient in a private room with the door closed. For additional infection control information, please refer to the [CDC's control measures for measles](#).
4. If possible, allow only healthcare personnel with documentation of two doses of MMR vaccine or laboratory evidence of immunity to measles (i.e., measles IgG positive) to enter the patient's room.
5. Healthcare personnel should wear an N95 or higher-level respirator regardless of presumptive evidence of immunity. A user seal check should be performed each time the respirator is donned.
6. If possible, do not allow susceptible visitors in the patient room.
7. Do not use the examination room for at least two hours after the possibly infectious patient leaves.
8. If possible, schedule patients with suspected measles at the end of the day.
9. Notify the local health department in whose jurisdiction the patient resides immediately by telephone about any patients with suspected measles.
10. Notify any location where the patient is being referred for additional clinical evaluation or laboratory testing about the patient's suspected measles status, and do not refer patients with suspected measles to other locations unless appropriate infection control measures can be implemented at those locations. The patient must wear a mask, if feasible.
11. Instruct patients with suspected measles and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility so appropriate infection control precautions can be implemented.
12. Make note of the staff and other patients who were in the area during the time the patient with suspected measles was in the facility and for two hours after they left. If measles is confirmed, exposed people will need to be assessed for measles immunity.
13. For additional details about prevention measures in healthcare settings, refer to CDC's [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#).

Contact Information

For general questions related to measles, healthcare providers and facilities should contact their [local health department](#). Ohio local health departments should contact the ODH Bureau of Infectious Diseases at 614-995-5599 or VPDEpi@odh.ohio.gov.

Resources

- [ODH Infectious Disease Control Manual Measles Chapter](#).
- [CDC Measles Guidance for Healthcare Providers](#).
- [CDC Manual for the Surveillance of Vaccine-Preventable Diseases Measles Chapter](#).
- [CDC Measles: Plan for Travel](#).

4.04.06

Local Public Health Overview

The Health Policy Institute of Ohio has released a new publication titled Public Health Basics, which offers detailed insights into the state's public health services, workforce and the challenges they encounter. (See below.)

March 2025

health policy institute of ohio

Ohio public health basics

What is public health?

We often think about the decisions we make, like whether we go for our annual medical checkups, brush our teeth or exercise, as being the main contributors to our health. We forget or take for granted everything that makes it possible for us to be healthy and avoid illness, such as whether our food and water are safe, we have access to vaccines and know how to avoid health risks. Clinical care influences just 20% of our health outcomes, while the remaining is shaped by health behaviors (30%) and the social, economic and physical environment (50%). This is where public health plays a vital role.

Public health improves and protects the health of everyone who lives in a community through collective efforts. Examples of public health activities include:

- Inspecting restaurants to prevent foodborne illness outbreaks
- Public health nurses providing services at community health centers and hospitals
- Implementing school-based health centers to make prevention and treatment services more accessible
- Conducting routine and emergency well water testing for contaminants, as was done after the [East Palestine train derailment](#)
- Analyzing health and disease trends by epidemiologists to identify causes, connections and solutions for issues like infant mortality and drug overdoses
- Monitoring disease outbreaks and vaccinating communities to curb the spread of communicable diseases, such as measles, mumps and rubella and human papillomavirus (HPV)¹
- Public health educators teaching diabetes education classes

Public health efforts are led by a wide range of partners in the public and private sectors, including community-based organizations, schools, businesses, healthcare and government agencies.² This brief describes public health at the state and local government levels, which includes the Ohio Department of Health (ODH) and local health departments (LHDs).

3 Key findings for policymakers

- 1 **Public health initiatives deliver a high return on investment**, with every dollar spent yielding an average return of \$14 through improved health outcomes, reduced healthcare costs and increased productivity.
- 2 **Investment in public health contributes to better health outcomes for Ohioans**, such as improved overall health, lower death rates and reduced healthcare spending.
- 3 **Strengthening Ohio's public health workforce** would ensure effective and consistent delivery of public health services statewide.

Public health and health care

Public health and health care are two complementary fields. While health care focuses on treating individual patients, public health is focused on prevention of illness and injury for the entire **population within a community**.³

1

Why is public health important?

Research finds that public health can significantly improve health outcomes, lower healthcare costs and advance equity. For example:

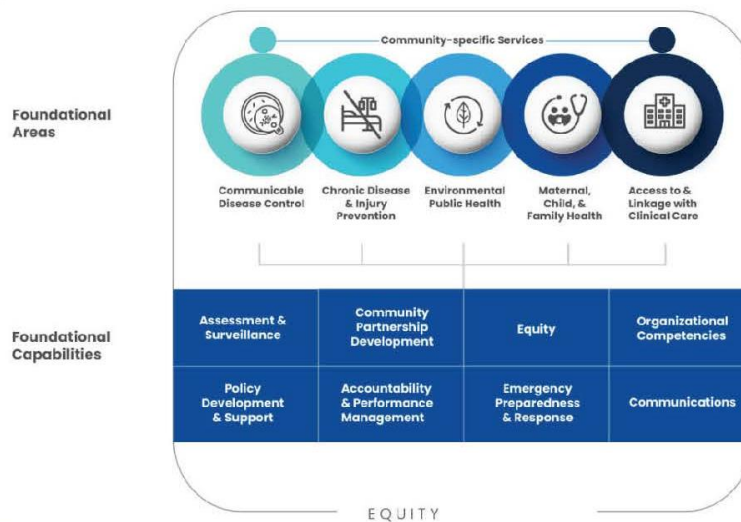
- **High return on investment.** A systematic review of 52 studies found that the median return on investment for public health interventions was 14.3 to 1.⁴ This indicates that for every dollar invested in public health interventions, there is a return of \$14.
- **Increased productivity.** Effective public health interventions can reduce school and workplace absenteeism while increasing economic productivity.⁵
- **Reduced healthcare spending.** Public health spending can reduce Medicare utilization and spending on chronic conditions such as heart disease and diabetes.⁶
- **Longer lives.** Moderate increases in public health spending have been linked to as much as a 7% decrease in mortality rates.⁷
- **Improved health.** Increased spending on the public health system and targeted interventions are linked directly to reductions in low birth weight, foodborne illnesses, rates of sexually transmitted diseases and other health outcomes.⁸
- **Improved community conditions.** Many public health interventions target the social drivers of health, such as housing, healthy food access and economic stability. Action on these community factors is shown to improve population health equity.⁹

What do state and local health departments do?

The primary role of the Ohio Department of Health is surveilling, coordinating and overseeing public health activities across the state. LHDs provide essential public health programs, including inspection for food safety, public swimming pools, campgrounds, sewage systems and water quality. They also manage environmental health initiatives such as programs to reduce secondhand smoke exposure and lead exposure, as well as improve asthma-related outcomes by removing triggers in the home.¹⁰ While their required responsibilities are guided by requirements in the Ohio Revised Code (ORC) and Ohio Administrative Code (OAC), the scope of their activities varies widely depending on the unique needs of their communities and the funding they receive.¹¹

Local health departments in Ohio were leaders in the development of the national Foundational Public Health Services (FPHS) framework (illustrated in figure 1). The framework defines the essential public health programs and capabilities required in every jurisdiction of the U.S.

Figure 1. The Foundational Public Health Services



Source: The Foundational Public Health Services, The Public Health Accreditation Board Center for Innovation, 2022

Public health activities

Figures 2 and 3 provide examples of the variety of activities the Ohio Department of Health and Ohio LHDs engage in to promote population health and well-being. These examples do not cover all activities done by these entities.

Figure 2. Examples of state public health activities in Ohio




Agency	Activity
 <p>Ohio Department of Health</p>	<p>Infant Vitality initiatives, including:</p> <ul style="list-style-type: none"> The Infant Vitality Produce Prescription Program, for pregnant women, infants in the first year of life, and other Ohioans experiencing certain health conditions. The program provides nutrition security to reduce pre-term births, low birth weight, infant deaths, and to improve health through good nutrition. The Group Prenatal Care Initiatives grant, which funds recipients to develop and implement an evidence-based group prenatal care service or enhance an existing service (e.g. through staff training, childcare, transportation, accessibility).
 <p>Ohio Department of Health</p>	<p>Project DAWN (Deaths Avoided with Naloxone), a network of naloxone and fentanyl test strip distribution programs that provide opioid overdose education and harm reduction services. As of October 2024, there are over 221 Project DAWN programs registered in Ohio. There were 20,368 known overdose reversals in 2023 alone, and 84,785 overdose reversals since 2019.</p>
 <p>Ohio Department of Health</p>	<p>Ohio's Child Passenger Safety Law mandates that children under 4 years of age or less than 40 pounds are required to be in a child safety seat. The Ohio Department of Health's Child Passenger Safety (CPS) Program provides child safety seats, booster seats and training to eligible, low-income families in all 88 counties in Ohio.</p>

Figure 3. Examples of local public health activities in Ohio




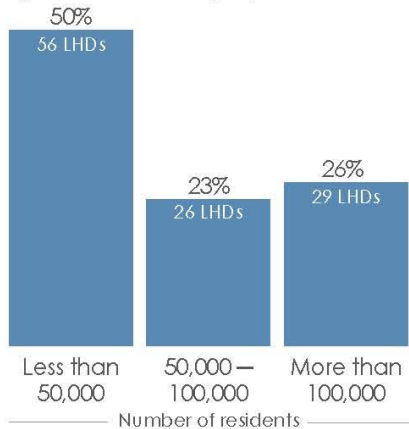
Agency	Activity
 <p>Greene County Public Health</p>	<p>Access & Linkage with Clinical Care services, which include coordinating services at one location, coordinating services between locations and developing ways to refer patients to resources.</p>
 <p>Hamilton County Public Health</p>	<p>The Lead Hazard Reduction Grant Program aims to reduce lead paint hazards in homes built before 1978 and improve healthy housing conditions, such as ventilation and moisture control. The program also provides free paint chip and soil testing.</p>
 <p>Lorain County Public Health</p>	<p>The Communicable Disease Prevention program tracks and identifies trends of communicable diseases in the county, including the flu, measles and ringworm. LCPH also provides COVID-19, flu and travel vaccines (e.g., Hepatitis A, typhoid and tetanus).</p>

Figure 4. Size of population served by LHD jurisdiction (n=111 LHDs)



Note: Population data are from the 2020 U.S. Census. LHD jurisdiction list is from 2023.
Source: Association of Ohio Health Commissioners

Ohio is one of 25 states with a freestanding state health department with a singular focus on public health.¹⁵ In some other states, the public health department is part of a larger umbrella agency that oversees Medicaid and other health and human services functions. As a cabinet-level agency, the director of ODH reports directly to the governor.

ODH manages federal and state grants to local communities and provides technical assistance and other resources to LHDs (e.g., state laboratory, epidemiology expertise, policy guidance). Powers and duties of ODH and the **Public Health Advisory Board** are outlined in **ORC 3701**.¹⁶

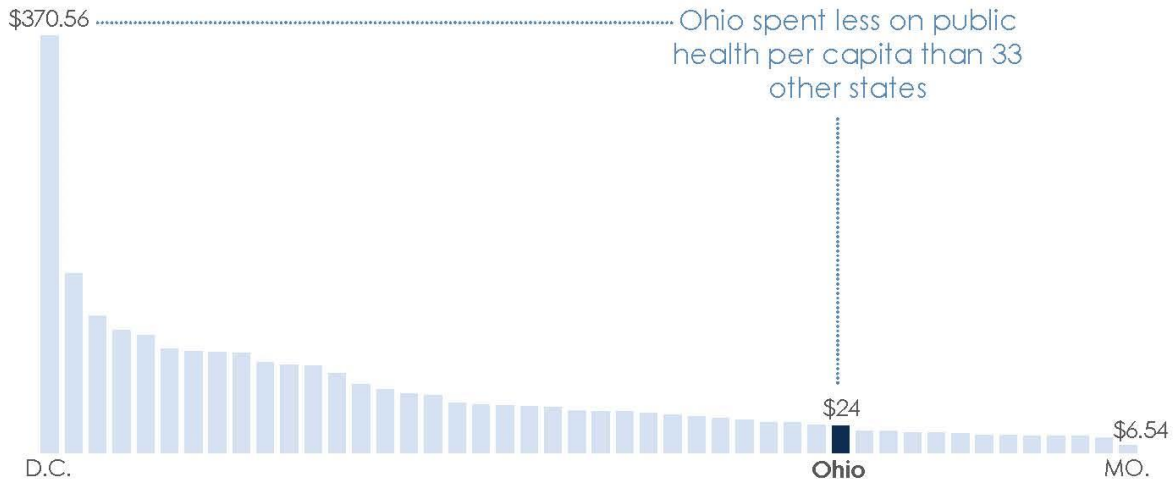
In 2021, the authority of ODH and LHDs was curtailed by the passage of **Senate Bill 22**. The bill resulted in greater legislative oversight of public health officials in a pandemic or other state of emergency. SB 22 was enacted by the 134th General Assembly after overriding a veto from Gov. Mike DeWine.

How is public health funded in Ohio?

Overall spending

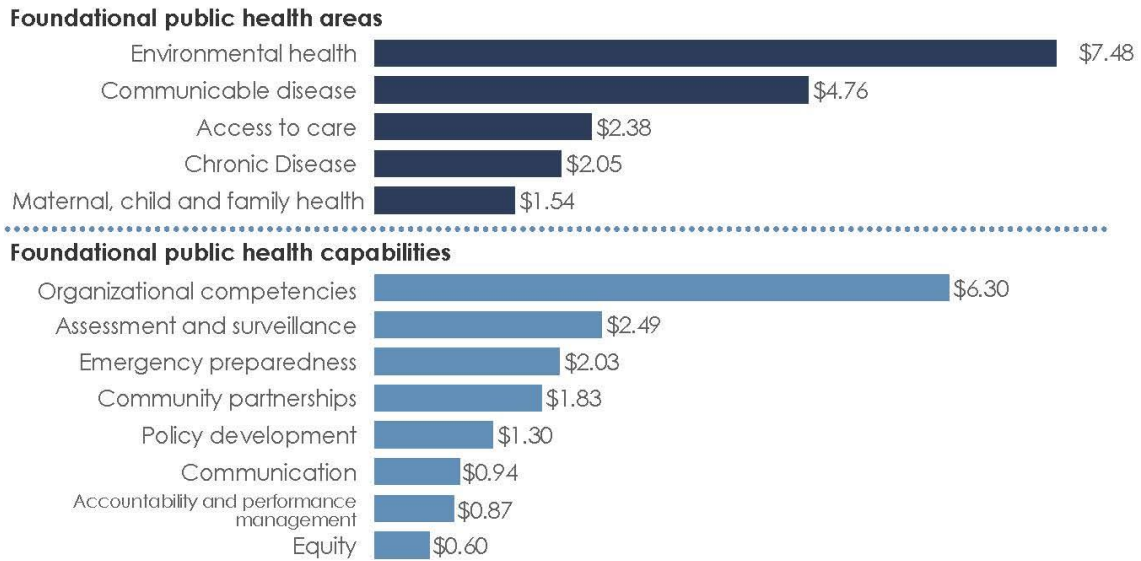
In 2021, ODH spent \$24 per capita on public health, far less than most other states (see figure 5).

Figure 5. State public health funding, per capita, 2021



Source: HPIO analysis of Shortchanging America's Health, Investing in America's Health from Trust for America's Health by the State Health Access Data Assistance Center, as compiled by State Health Compare for the 2024 Health Value Dashboard.

Figure 7 . Average per capita local health department expenditures, by FPHS, SFY 2022



Note: Per capita calculations are based on 2020 population estimates from the U.S. Census Bureau.
Source: Ohio Public Health Institute

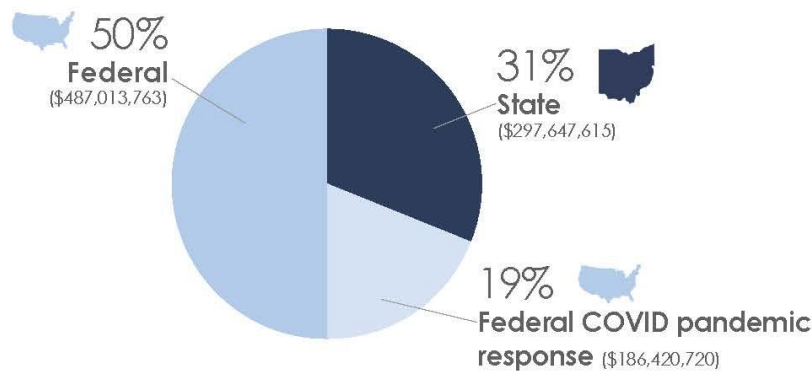
LHD spending increased after the start of the pandemic, largely due to federal COVID-19 response funds. Average per capita expenditures on FPHS among Ohio LHDs rose from \$26.89 in SFY 2019²⁰ to \$34.57 in SFY 2022.²¹

Ohio Department of Health

ODH revenue

As shown in figure 8, most of ODH's funding came from federal sources in SFY 2024. While state funding for ODH has been relatively stable from SFY 2018 to SFY 2024, federal funding rose sharply in 2021 and 2022 after an influx of pandemic response resources. This funding has been a significant portion of ODH's budget, peaking at 44% of the total budget in SFY 2022. From SFY 2022 to SFY 2024, pandemic-specific funding fell by more than 60 % (figure 9).

Figure 8. Ohio Department of Health revenue, SFY 2024



Source: Ohio Department of Health

Notes

1. CDC, "Child and Adolescent Immunization Schedule by Age," Vaccines & Immunizations, November 19, 2024, <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>.
2. Ibid
3. Ibid
4. Masters, Rebecca, Elspeth Anwar, Brendan Collins, Richard Cookson, and Simon Capewell. "Return on Investment of Public Health Interventions: A Systematic Review." *Journal of Epidemiology and Community Health* 71, no. 8 (August 2017): 827–34. <https://doi.org/10.1136/jech-2016-208141>.
5. American Public Health Association. "Public Health and Chronic Disease: Cost Savings and Return on Investment." Accessed October 29, 2024. https://www.apha.org/~media/files/pdf/factsheets/chronicdiseasefact_final.ashx
6. Mays, Glen P., and Cezar B. Mamaril. "Public Health Spending and Medicare Resource Use: A Longitudinal Analysis of U.S. Communities." *Health Services Research* 52 Suppl 2, no. Suppl 2 (December 2017): 2357–77. <https://doi.org/10.1111/1475-6773.12785>; American Public Health Association. "Public Health and Chronic Disease: Cost Savings and Return on Investment." Accessed October 29, 2024. https://www.apha.org/~media/files/pdf/factsheets/chronicdiseasefact_final.ashx
7. Mays, Glen P., and Sharika A. Smith. "Evidence Links Increases In Public Health Spending To Declines In Preventable Deaths." *Health Affairs* 30, no. 8 (August 2011): 1585–93. <https://doi.org/10.1377/hlthaff.2011.0196>.
8. McCullough, J. Mac. "The Return on Investment of Public Health System Spending." *Academy Health*, 2018. https://academyhealth.org/sites/default/files/roi_public_health_spending_june2018.pdf
9. Marmot, Michael, Sharon Friel, Ruth Bell, Tanja AJ Houweling, and Sebastian Taylor. "Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health." *The Lancet* 372, no. 9650 (November 8, 2008): 1661–69. [https://doi.org/10.1016/S0140-6736\(08\)61690-6](https://doi.org/10.1016/S0140-6736(08)61690-6).
10. Information from the Ohio Department of Health. "Local Public Health | Ohio Department of Health," accessed December 12, 2024, <https://odh.ohio.gov/about-us/local-health-departments>.
11. Public-Health-Accreditation-Board, "The Foundational Public Health Services," *Public Health Accreditation Board* (blog), accessed December 2, 2024, <https://phaboard.org/center-for-innovation/public-health-frameworks/the-foundational-public-health-services/>.
12. Jonathon P. Leider et al., "Staffing Up and Sustaining the Public Health Workforce," *Journal of Public Health Management and Practice* 29, no. 3 (June 2023): E100, <https://doi.org/10.1097/PHH.0000000000001614>.
13. Cunningham, M., Patel, K., McCall, T., et al., "2022 National Profile of LHDs Study Report" (National Association of County and City Health Officials, 2024), <https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments>.
14. "Ohio Local Health Districts," Association of Ohio Health Commissioners, accessed November 6, 2024, https://www.aohc.net/aws/AOHC/pt/sp/local_health_districts.
15. "Profile of State and Territorial Public Health," 2022, <https://astho.shinyapps.io/profile/>.
16. "Ohio Local Health Districts."
17. Refers to spending on the Foundational Public Health Services (FPHS). Simone R. Singh, "Costing the Foundational Public Health Services in Ohio: Full Report for Fiscal Year 2022," October 2024.
18. Cunningham, M., Patel, K., McCall, T., et al., "2022 National Profile of LHDs Study Report."
19. Singh, "Costing the Foundational Public Health Services in Ohio: Full Report for Fiscal Year 2022," October 2024.
20. Simone R. Singh, "Costing the FPHS in Ohio: Analysis for FY 2019 Final Report," September 2021.
21. Simone R. Singh, "Costing the Foundational Public Health Services in Ohio: Full Report for Fiscal Year 2022," October 2024.
22. Public-Health-Accreditation-Board, "About," *Public Health Accreditation Board* (blog), accessed December 12, 2024, <https://phaboard.org/about/>.
23. "10 Essential Public Health Services," de Beaumont Foundation, accessed February 4, 2025, <https://debeaumont.org/10-essential-services/>.
24. Public-Health-Accreditation-Board, "Accreditation Activity," *Public Health Accreditation Board* (blog), accessed January 6, 2025, <https://phaboard.org/accreditation-recognition/accreditation-activity/>.

Adam Litke provided the following highlights for Ron H. Graham:

- Reviewed budget cuts, funding, and staffing needs.

5.0

Old Business

5.01

Resolution to Establish Certain Fees, Operation & Maintenance Program, Second Reading

Dr. Mark Hendrickson moved and Melissa DeBoth seconded a motion to hear the second reading of the following resolution to establish certain fees, Operation & Maintenance Program; motion carried. Ashley Jones abstained.

As part of the Operation and Maintenance program, the Health District is obligated to perform compliance inspections if a homeowner does not perform the required maintenance for the system at the house during the permit term. State law allows the Health District to recoup the cost of the compliance inspection. The purpose of this inspection is to confirm that a public health nuisance does not exist at the property.

RESOLUTION OF THE GEAUGA PUBLIC HEALTH BOARD OF HEALTH ESTABLISHING CERTAIN FEES

WHEREAS, the Ohio Revised Code, Section 3709.09, permits the Board of Health to establish by a system of fees to pay the cost of any service provided by the Board of Health for which no fee is prescribed by law; and Ohio Administrative Code 3701-29-05 allows a fee for registration; and

WHEREAS, it has been determined by the Board of Health through a program cost analysis that the fees for certain services are generating sufficient revenues to pay the cost of providing those services; and

WHEREAS, the Board of Geauga Public Health is determined to provide quality Public Health services to Geauga County residents in a cost effective manner.

NOW THEREFORE BE IT RESOLVED That, for the purpose of preserving and promoting the Public Health and Welfare, the foregoing regulations are hereby amended/enacted as follows:

1. Proposed Operation and Maintenance Compliance Inspection Fee: \$300.00

Adopted by the Board of Geauga Public Health on _____, 2025, to become effective June 9, 2025.

Published: _____, 2025
_____, 2025

Dan Lark explained how the amount for the fee was created.

6.0 **New Business**

6.01

6.01.01 **Financial Reports, Resolution 25-04-06-01-01**

Lynn Roman moved and Dr. Mark Hendrickson seconded a motion to approve the Financial Reports for payment of bills, as listed in the recapitulation sheets attached to these minutes; motion carried.

Discussion:

Ashley Jones asked for clarification of the water sampling fees. Adam Litke said that some samples are sent to Geauga County Water for analysis, and some are sent to Lake County General Health District.

6.02 **Permission to Purchase Public Access Service to SC Strategic Solutions Program, \$1,000.00 Per Year**

Dr. Mark Hendrickson moved and Christine Sutter seconded a motion to purchase a Public Facing Limited Access Portal to be added to SC Strategic Solutions program for a yearly cost of \$1000.00. Adding this service will allow the public access to the scanned records Geauga Public Health maintains. The records will become accessible to homeowners and contractors while lessening the amount of time staff spends on public record requests; motion carried.

6.03 **Resolution to Award the 2025 Clean Inspection Award to the Qualifying Food Services and Food Establishments**

Dr. Mark Hendrickson moved and Melissa DeBoth seconded a motion to approve the resolution to award the 2025 Clean Inspection Award to the qualifying food services and food establishments; motion carried.

The Geauga Public Health awards a Clean Inspection Award to food service operations and retail food establishments that exemplify food safety during the prior year licensing period. The facilities have shown through food safety knowledge and training, a clean inspection history, and operating according to state and local regulations that they have met the criteria for the award. Facilities that felt they meet the required standards were encouraged to apply for this award. Applications were mailed with license renewals in February and were also available on the Geauga Public Health website. The award committee reviews all applications received for completeness at the end of the licensing year. The award will be granted annually in April, with recognition at the Geauga Public Health Board of Health April meeting. Winners will receive a copy of the Board of Health resolution, a congratulation letter, and a window cling to notify their customers of their accomplishment. In March 2025, the Geauga Public Health Food Staff Sanitarians reviewed the applications and the following locations were awarded the Clean Inspection Award for the 2024 licensing year:

- | | |
|------------------------------|-----------------------------------------------|
| 1. Congin’s Pizza | 104 South St., Chardon |
| 2. St. Anselm School | 13013 Chillicothe Rd., Chesterland |
| 3. Chardon Senior Center | 470 Center St., Chardon |
| 4. West Geauga Senior Center | 8090 Cedar Rd, Chesterland |
| 5. Bainbridge Senior Center | 17751 Chillicothe Rd, Chagrin Falls |
| 6. Middlefield Senior Center | 15820 Ridgewood Dr., Middlefield |
| 7. Berkshire K-12 Campus | 14155 Claridon Troy Rd., Burton |
| 8. St. Helen School | 12060 Kinsman Rd., Newbury |
| 9. Western Reserve Catering | 15045 Berkshire Industrial Pkwy., Middlefield |
| 10. Victoria’s Bakery | 12725 Woodside Dr., Chesterland |
| 11. Burton Health Care | 14095 E. Center St., Burton |



Public Health
Prevent. Promote. Protect.
Gaugua Public Health

A RESOLUTION AWARDING THE CLEAN INSPECTION AWARD TO THE FOOD SERVICES AND FOOD ESTABLISHMENTS INSPECTED BY THE GEAUGA PUBLIC HEALTH FOR THE 2024 LICENSE YEAR. THE AWARDED FOOD SERVICES AND ESTABLISHMENTS HAVE PROVEN THEY WERE QUALIFIED TO BE CLEAN INSPECTION AWARD WINNERS.

WHEREAS, the following criteria were met by the awarded food services or food establishments for the license year of 2024 and achieved the Clean Inspection Award:

1. The facility had zero critical violations during the last licensing year.
2. The facility had fewer than six non-critical violations during the last licensing year.
3. The facility had no more than one repeat violation.

4. The facility met one of the following food safety educational requirements: (a) Two staff members must have a Level One Food Handler Certificate and/or (b) One staff member must have one of the following: a current ServSafe Certification, a Level Two Certificate, or equivalent, as required by Risk Category. (Documentation must be provided with application.)
5. The facility was in continuous operation for more than one licensing year.
6. The facility was operating under the same license holder for the licensing period being reviewed.
7. The food license was current and had not incurred a late penalty fee.
8. The facility was in compliance with all public or private water and sewage requirements.
9. The facility had not been implicated in a foodborne illness outbreak for the past two licensing years.
10. The facility did not receive any complaints over the past licensing year which were confirmed by inspection and determined to be a public health risk.

NOW, THEREFORE be it resolved that the Board of Health of the Geauga Public Health through this resolution agrees to award the Clean Inspection Award to the qualified food services and food establishments. The Geauga Public Health congratulates all those who were found worthy of receiving this award for 2025 based on meeting the criteria for the 2024 license year.

IN WITNESS WHEREOF, the Board and Geauga Public Health have executed this Award as of the date written below.

Signed this 16th day of April 2025.

Ron H. Graham, MPH
Health Commissioner

Ashley Jones, PharmD
President

Discussion:

Christine Sutter asked if there was a fee to complete the application. Cady Stromp said there are no fees involved for this award.

Lynn Roman asked if any establishments applied that did not receive the award. Cady Stromp said there were some and she had explained to them why they did not.

Paul Stromp shared the CIA recognition video.

6.04

Permission to Suspend or Revoke the Food License for Pari Indian Cuisine, 12775 Chillicothe Rd, Chesterland, OH 44026

Facility complied with Geauga Public Health requests. Action no longer needed.

AGAINST

Pari Indian Cuisine
12775 Chillicothe Rd.
Chesterland, OH
44026

VIOLATIONS

Failure to maintain sanitary conditions.

ORC 3717.49- Licensors may suspend or revoke food service operation license

(A) A licensor may suspend or revoke a food service operation license on determining that the license holder is in violation of any requirement of this chapter or the rules adopted under it applicable to food service operations, including a violation evidenced by the documented failure to maintain sanitary conditions within the operation.

HISTORY

1/22/25- Complaint received regarding cockroach found in dining room.

1/22/25- Complaint inspection conducted. A live cockroach was found in dining area. The inspection report noted that extensive cleaning was required and that a certified pest controller must treat the facility.

1/31/25- Reinspection of the facility occurred. Cockroach activity was found in the kitchen. Pest control every two weeks was ordered. Also noted, was cleaning of the facility and removal of pesticides that are not permitted by law.

2/1/25- Pest control occurred. Report was later submitted to GPH by the license holder.

2/14/25- A reinspection was attempted. Location was not open.

2/14/25- Pest control occurred. Report was submitted to GPH by the license holder.

2/18/25- Reinspection of the facility occurred. Live cockroach activity was noted. Some minor cleaning occurred. Continued violations regarding cleanliness were documented.

3/14/25- Reinspection of the facility occurred. Live cockroach activity was noted. Violations documented regarding cleanliness. Photos were taken. Administrative hearing scheduled for March 24 due to lack of cleaning.

3/19/25- Pest control occurred. Report submitted to GPH by operator.

3/25/25- Administrative hearing occurred with license holder. It was discussed that the facility must be clean to sight and touch and pest control must continue every two weeks. Reinspection to occur on 4/1/25 or within one week after.

4/2/25- Reinspection of the facility occurred. Dead cockroaches and cockroach casing were found on kitchen surfaces. Grease, food, and food debris present throughout. Minor cleaning occurred behind burners at cookline. Unapproved pesticides still present. Photos were taken.

Following OAC 3701-21-26, a written letter was mailed, and hand delivered on 4/4/25 explaining the legal process. A reinspection will take place on 4/15/25 with Board of Health notification at the 4/16/25 Board of Health meeting. The license holder has fifteen (15) days to appeal the suspension process by submitting a written notice of appeal and requesting a hearing.

6.05

Request for Legal Action Against Food Service Operators for Failure to Renew Food License and Operating Without a License

Lynn Roman moved and Christine Sutter seconded a motion to refer food service operators for failure to renew food license and operating without a license to the Geauga County Prosecutor for legal action; motion carried.

AGAINST

Mulligan's Pub

LOCATION

13768 Main Market Rd., Burton

Violations: Failure to renew food license. Operating without a license.

ORC 3717.41

No person or government entity shall operate a food service operation without a license.

OAC 3701-21-02 (A)

Every operator of a food service operation proposing to operate during any part of the licensing year shall apply for a license for that year from the board of health district in which the food service is located.

OAC 3701-21-02 (E)(2)

If a license fee as prescribed under this paragraph is not filed with the licensor or postmarked on or before the date is due, a penalty of twenty-five percent of any such fee is imposed and paid.

Summary:

- 1/30/25 Initial license renewals were sent to all food operations/establishments via regular mail.
- 3/14/25 First late notice letters were sent to all food operation/establishments via regular mail if payment had not been received by that date.
- 3/28/25 Second late notice letters were sent to all food operation/establishments via regular and certified mail if payment had not been received by that date. This notice letter included an Administrative Hearing date of 4/4/25.
- 4/4/25 Administrative Hearing was held at GPH offices at 9:00 am. No one attended.
- 4/4/25 C. Stromp emailed/phoned all current unpaid food license holders.

Action Requested:

Referral of Mulligan's Pub to Prosecutor for legal action.

6.06

Permission to Start Geauga Resident Assistance for Maintenance and Service Program

Dr. Mark Hendrickson moved and Lynn Roman seconded a motion to start a program to assist Geauga County residents with household sewage treatment maintenance. Residents that meet up to 300% of the federal poverty level will be eligible for assistance. Residents who are up to date on their operation permit payments will qualify for 100%, 85% or 50% of the cost of maintenance for their household sewage treatment system. Home must be owner-occupied; motion carried. Ashley Jones abstained.

6.07

Permission to Fund Geauga Resident Assistance for Maintenance and Service Program

Dr. Mark Hendrickson moved and Lynn Roman seconded a motion to use \$10,500 to fund this program. This money was collected from late fees in 2024 in the Operation and Maintenance program. The intent is to use late fees to fund this program; motion carried. Ashley Jones abstained.

6.08

Emergency Resolution Authorizing Political Subdivision to Participate in the State of Ohio Cooperative Purchasing Program

Dr. Mark Hendrickson moved and Ashley Jones seconded a motion to approve the emergency resolution authorizing political subdivision to participate in the State of Ohio Cooperative Purchasing Program; motion carried.

It is recommended that the Board of Health adopt the following emergency resolution authorizing political subdivision to participate in the State of Ohio Cooperative Purchasing Program. Normally the authorization would be conducted in three readings; however we are requesting this be handled through an emergency measure to allow for the purchase of vehicles that was previously approved by the Board of Health on November 20, 2024.



Public Health
Prevent. Promote. Protect.

Geauga Public Health

GEAUGA COUNTY BOARD OF HEALTH

12611 Ravenwood Dr., Suite 301, Chardon, OH 44024-1071

RESOLUTION AUTHORIZING POLITICAL SUBDIVISION TO PARTICIPATE IN THE State of Ohio COOPERATIVE PURCHASING PROGRAM

WHEREAS, Ohio’s Cooperative Purchasing Act. (AM. Sub. H.B. No. 100), as signed into law on December 4, 1985; and WHEREAS, effective March 6, 1986, Ohio’s Cooperative Purchasing Act provides the opportunity for counties, townships, municipal corporations, regional transit authorities, regional airport authorities or port authorities and school districts, conservancy districts, township park districts and park districts and other authorities, to participate in contracts distributed by the state of Ohio, Department of Administrative Services, Office of Cooperative Purchasing for the purchase of supplies, services, equipment and certain materials; now therefore,

BE IT ORDAINED BY THE GEAUGA PUBLIC HEALTH BOARD OF HEALTH

Section 1. That the Board of Health hereby requests authority in the name of the Geauga Public Health to participate in state contracts which the Department of Administrative Services, Office of State Purchasing has entered into and the Office of Cooperative Purchasing has distributed for the purchase of supplies, services, equipment and certain other materials pursuant to Revised Code Section 125.04.

Section 2. That the Health Commissioner is hereby authorized to agree in the name of the Geauga Public Health to be bound by all contract terms and conditions as the Department of Administrative Services, Office of Cooperative Purchasing prescribes. Such terms and conditions may include a reasonable annual membership fee to cover the administrative costs which the Department of Administrative Services incurs as a result of Geauga Public Health participation in the contract. Further, that the Health Commissioner does hereby agree to be bound by all such terms and conditions and to not cause or assist in any way the misuse of such contracts or make contract disclosures to non-members of the Coop for the purpose of avoiding the requirements established by ORC 125.04.

Section 3. That the Health Commissioner is hereby authorized to agree in the name of the Geauga Public Health Board of Health to directly pay the vendor, under each such state contract in which it participates for items it receives pursuant to the contract, and the Health Commissioner does hereby agree to directly pay the vendor.

Signed

Dated

7.0

Citizens' Remarks

Ashley Jones outlined the process and policies for providing public comment. Those who would like to comment but not attend the meeting are invited to email info@geaugacountyhealth.org and their comments will be forwarded to the Board.

A member of the public appreciated the acknowledgement that not everyone can take the MMR vaccine. She also asked if funds can be used to help repair/replace septic systems on the 5-year permit. She suggested a video be created to educate the public on septic systems and the O&M program. Adam Litke said we are looking to create such videos.

A member of the public said they will be replacing two septic systems and understood the expense associated with them.

8.0

Adjournment

With no further business, the meeting was adjourned at 6:54 p.m.

Secretary

President

BOARD OF HEALTH
GEAUGA PUBLIC HEALTH
April 16, 2025

The Board of the Geauga Public Health met this day, April 16, 2025,
in a regularly scheduled meeting with the following members present:

Shelley M. Jones
Sybil R. Raper
[Signature]

[Signature]
Melissa DeBoer

Lynn Roman
Shelley M. Jones

presented the following resolution and named its adoption.

RESOLUTION TO: APPROVE CURRENT BILLS FOR PAYMENT

WHEREAS, the Board of the Geauga Public Health hereby finds and determines that all formal actions relative to the adoption of this resolution were taken in an open meeting of this Board of Health, and that all the deliberations of this Board of Health and of its committees, if any, which resulted in formal actions, were taken in meetings open to the public, in full compliance with applicable legal requirements, including Section 121.22 of the Revised Code, and

WHEREAS, the Board of Health, by this resolution, approves the payment of current bills as indicated on the attached recapitulation sheets.

BE IT RESOLVED by the Board of Health in and for the Geauga Public Health, that as evidenced by the Certification of Funds signed by the Geauga County Auditor, the Health Commissioner is hereby authorized to forward a certified copy of this resolution and attached recapitulation sheets to the Geauga County Auditor for payment of current bills during the fiscal year ending December 31, 2025.

Dr. Mark Hendrickson seconded the resolution and the vote being called upon its adoption, the vote resulted as follows:

"AYES" 5

"NAYS" 0

CLERK'S CERTIFICATION

I, Adam Litke, Administrator of the Board of Health do hereby certify that this is a true and accurate copy of a resolution adopted by the said Board on April 16, 2025.

Witness my hand this 16th day of April 2025.

Administrator, Board of Health

[Signature]



Accounts Payable by G/L Distribution Report

Invoice Date Range 03/01/25 - 03/31/25

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund 6002 - Board of Health Fund										
Department 053 - Health Department										
Sub Department 00 - Non Departmental										
Account 701.5301 - Materials and Supplies										
27248 - STAPLES INC DBA QUILL LLC	42749691	MISC MATERIALS & SUPPLIES	Paid by Check # 1176121		03/05/2025	03/05/2025	03/12/2025	03/12/2025	03/12/2025	380.48
31282 - SUNRISE SPRINGS WATER CO	563412	MISC MATERIALS & SUPPLIES	Paid by Check # 1176536		03/11/2025	03/11/2025	03/19/2025	03/19/2025	03/19/2025	43.00
Account 701.5301 - Materials and Supplies Totals										\$423.48
Account 801 - Equipment										
4924 - GEAUGA COUNTY ADP BOARD	Gatekeeper Token	Gatekeeper Token Amanda O'Brien	Paid by Check # 1176108		03/05/2025	03/05/2025	03/12/2025	03/12/2025	03/12/2025	65.00
Account 801 - Equipment Totals										\$65.00
Account 901.5302 - Other Other Expenses										
4924 - GEAUGA COUNTY ADP BOARD	Q 2-3 2023 Q1 24	Gauga Connected Quarterly Billing 2023-2024	Paid by Check # 1176108		03/05/2025	03/05/2025	03/12/2025	03/12/2025	03/12/2025	15,353.65
4924 - GEAUGA COUNTY ADP BOARD	Q2 2024	MISC OTHER EXPENSE	Paid by Check # 1176108		03/05/2025	03/05/2025	03/12/2025	03/12/2025	03/12/2025	1,163.84
1694 - GEAUGA COUNTY COMMISSIONERS	2, 3, 4TH QTR 22	Unpaid Postage from 2022	Paid by Check # 1176107		03/05/2025	03/05/2025	03/12/2025	03/12/2025	03/12/2025	4,347.50
17180 - OHIO DIVISION OF REAL ESTATE	11/24 12/24	Burial Permit Fees	Paid by Check # 1176118		03/05/2025	03/05/2025	03/12/2025	03/12/2025	03/12/2025	167.50
17180 - OHIO DIVISION OF REAL ESTATE	02/01-02/28/2025	MISC OTHER EXPENSE	Paid by Check # 1176534		03/11/2025	03/11/2025	03/19/2025	03/19/2025	03/19/2025	195.00
1694 - GEAUGA COUNTY COMMISSIONERS	2, 3, 4TH QTR 23	Postage from 2023	Paid by Check # 1176517		03/11/2025	03/11/2025	03/19/2025	03/19/2025	03/19/2025	4,559.89
Account 901.5302 - Other Other Expenses Totals										\$25,787.38
Account 902 - Travel										
724 - CHARDON OIL CO INC	684050 2 of 3	BOH travel blanket	Paid by Check # 1176515		03/11/2025	03/11/2025	03/19/2025	03/19/2025	03/19/2025	166.24
724 - CHARDON OIL CO INC	684050 3 of 3	MISC TRAVEL	Paid by Check # 1176516		03/11/2025	03/11/2025	03/19/2025	03/19/2025	03/19/2025	289.90
Account 902 - Travel Totals										\$456.14
Sub Department 00 - Non Departmental Totals										\$26,732.00
Department 053 - Health Department Totals										\$26,732.00
Fund 6002 - Board of Health Fund Totals										\$26,732.00



Accounts Payable by G/L Distribution Report

Invoice Date Range 03/01/25 - 03/31/25

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund 6005 - Food Service Fund Department 053 - Health Department Sub Department 00 - Non Departmental Account 902 - Travel	684050	Food Service Travel blanket	Paid by Check # 1176514		03/11/2025	03/11/2025	* 03/19/2025	03/19/2025		62.92
724 - CHARDON OIL CO INC				Account 902 - Travel Totals				Invoice Transactions 1		\$62.92
				Sub Department 00 - Non Departmental Totals				Invoice Transactions 1		\$62.92
				Department 053 - Health Department Totals				Invoice Transactions 1		\$62.92
				Fund 6005 - Food Service Fund Totals				Invoice Transactions 1		\$62.92
Fund 6023 - Sewage Treatment System Department 053 - Health Department Sub Department 00 - Non Departmental Account 902 - Travel	195.82	Sewage travel gas	Paid by Check # 1176521		03/11/2025	03/11/2025	* 03/19/2025	03/19/2025		195.82
8314 - CENTERRA CO-OP				Account 902 - Travel Totals				Invoice Transactions 1		\$195.82
				Sub Department 00 - Non Departmental Totals				Invoice Transactions 1		\$195.82
				Department 053 - Health Department Totals				Invoice Transactions 1		\$195.82
				Fund 6023 - Sewage Treatment System Totals				Invoice Transactions 1		\$195.82
Fund 6036 - Environmental Health Assistance Department 053 - Health Department Sub Department 00 - Non Departmental Account 901 - Other	94508	WPCLF HSTS Agreement 2024.09	Paid by Check # 1176114		03/05/2025	03/05/2025	03/12/2025	03/12/2025		4,659.10
14208 - GREEN ACRES LAWN SERVICES INC										
7936 - NEOSOILS INC	2753	MISC OTHER	Paid by Check # 1176113		03/05/2025	03/05/2025	03/12/2025	03/12/2025		50.00
				Account 901 - Other Totals				Invoice Transactions 2		\$4,709.10
				Sub Department 00 - Non Departmental Totals				Invoice Transactions 2		\$4,709.10
				Department 053 - Health Department Totals				Invoice Transactions 2		\$4,709.10
				Fund 6036 - Environmental Health Assistance Totals				Invoice Transactions 2		\$4,709.10
Fund 6037 - Health For Sale of Property Department 053 - Health Department Sub Department 00 - Non Departmental Account 901 - Other	2025-00000683	6037 Water Samples	Paid by Check # 1176119		03/05/2025	03/05/2025	* 03/12/2025	03/12/2025		1,840.00
22431 - GEAUGA COUNTY WATER RESOURCES										
52399 - LAKE COUNTY HEALTH DISTRICT Part	GPH-12-2024	GPH-12-2024	Paid by Check # 1176122		03/05/2025	03/05/2025	03/12/2025	03/12/2025		10,735.00
52399 - LAKE COUNTY HEALTH DISTRICT Prt	GPH-12-2024	FSOP - water and sewage testing	Paid by Check # 1176122		03/05/2025	03/05/2025	* 03/12/2025	03/12/2025		140.00



Accounts Payable by G/L Distribution Report

Invoice Date Range 03/01/25 - 03/31/25

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund 6037 - Health For Sale of Property Department 053 - Health Department Sub Department 00 - Non Departmental										
Account 901 - Other										
52399 - LAKE COUNTY HEALTH DISTRICT	GPH6, GPH-7-2024	June/July 2024 Invoices for water samples	Paid by Check # 1176122		03/05/2025	03/05/2025	03/12/2025		03/12/2025	16,725.00
				Account 901 - Other Totals				Invoice Transactions 4		\$29,440.00
16721 - DAVID COSET	Refund Vend Lic	FSOP Refunds	Paid by Check # 1176529		03/11/2025	03/11/2025	* 03/19/2025		03/19/2025	318.00
				Account 917 - Refunds Totals				Invoice Transactions 1		\$318.00
				Sub Department 00 - Non Departmental Totals				Invoice Transactions 5		\$29,758.00
				Department 053 - Health Department Totals				Invoice Transactions 5		\$29,758.00
				Fund 6037 - Health For Sale of Property Totals				Invoice Transactions 5		\$29,758.00
				Grand Totals				Invoice Transactions 20		\$61,457.84

* = Prior Fiscal Year Activity



GEAUGA COUNTY BOARD OF HEALTH

12611 Ravenwood Dr., Suite 301, Chardon, OH 44024-1071

RESOLUTION AUTHORIZING POLITICAL SUBDIVISION TO PARTICIPATE IN THE State of Ohio COOPERATIVE PURCHASING PROGRAM

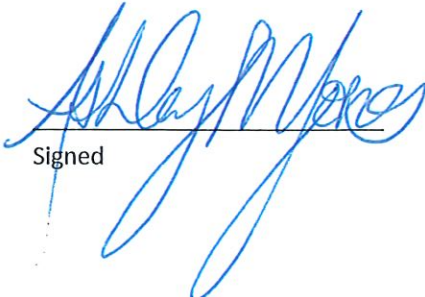
WHEREAS, Ohio's Cooperative Purchasing Act. (AM. Sub. H.B. No. 100), as signed into law on December 4, 1985; and WHEREAS, effective March 6, 1986, Ohio's Cooperative Purchasing Act provides the opportunity for counties, townships, municipal corporations, regional transit authorities, regional airport authorities or port authorities and school districts, conservancy districts, township park districts and park districts and other authorities, to participate in contracts distributed by the state of Ohio, Department of Administrative Services, Office of Cooperative Purchasing for the purchase of supplies, services, equipment and certain materials; now therefore,

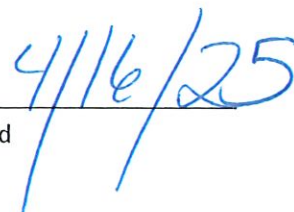
BE IT ORDAINED BY THE GEAUGA PUBLIC HEALTH BOARD OF HEALTH

Section 1. That the Board of Health hereby requests authority in the name of the Geauga Public Health to participate in state contracts which the Department of Administrative Services, Office of State Purchasing has entered into and the Office of Cooperative Purchasing has distributed for the purchase of supplies, services, equipment and certain other materials pursuant to Revised Code Section 125.04.

Section 2. That the Health Commissioner is hereby authorized to agree in the name of the Geauga Public Health to be bound by all contract terms and conditions as the Department of Administrative Services, Office of Cooperative Purchasing prescribes. Such terms and conditions may include a reasonable annual membership fee to cover the administrative costs which the Department of Administrative Services incurs as a result of Geauga Public Health participation in the contract. Further, that the Health Commissioner does hereby agree to be bound by all such terms and conditions and to not cause or assist in any way the misuse of such contracts or make contract disclosures to non-members of the Coop for the purpose of avoiding the requirements established by ORC 125.04.

Section 3. That the Health Commissioner is hereby authorized to agree in the name of the Geauga Public Health Board of Health to directly pay the vendor, under each such state contract in which it participates for items it receives pursuant to the contract, and the Health Commissioner does hereby agree to directly pay the vendor.

 Signed _____

 Dated _____



Public Health
Prevent. Promote. Protect.

Geauga Public Health

A RESOLUTION AWARDING THE CLEAN INSPECTION AWARD TO THE FOOD SERVICES AND FOOD ESTABLISHMENTS INSPECTED BY THE GEAUGA PUBLIC HEALTH FOR THE 2024 LICENSE YEAR. THE AWARDED FOOD SERVICES AND ESTABLISHMENTS HAVE PROVEN THEY WERE QUALIFIED TO BE CLEAN INSPECTION AWARD WINNERS.

WHEREAS, the following criteria were met by the awarded food services or food establishments for the license year of 2024 and achieved the Clean Inspection Award:

1. The facility had zero critical violations during the last licensing year.
2. The facility had fewer than six non-critical violations during the last licensing year.
3. The facility had no more than one repeat violation.
4. The facility met one of the following food safety educational requirements: (a) Two staff members must have a Level One Food Handler Certificate and/or (b) One staff member must have one of the following: a current ServSafe Certification, a Level Two Certificate, or equivalent, as required by Risk Category. (Documentation must be provided with application.)
5. The facility was in continuous operation for more than one licensing year.
6. The facility was operating under the same license holder for the licensing period being reviewed.
7. The food license was current and had not incurred a late penalty fee.
8. The facility was in compliance with all public or private water and sewage requirements.
9. The facility had not been implicated in a foodborne illness outbreak for the past two licensing years.
10. The facility did not receive any complaints over the past licensing year which were confirmed by inspection and determined to be a public health risk.

NOW, THEREFORE be it resolved that the Board of Health of the Geauga Public Health through this resolution agrees to award the Clean Inspection Award to the qualified food services and food establishments. The Geauga Public Health congratulates all those who were found worthy of receiving this award for 2025 based on meeting the criteria for the 2024 license year.

IN WITNESS WHEREOF, the Board and Geauga Public Health have executed this Award as of the date written below.

Signed this 16th day of April 2025.



Ron H. Graham, MPH
Health Commissioner



Ashley Jones, PharmD
President