1. **CALL TO ORDER:**

   Dr. Horwitz called the meeting to order at 3:08 pm.

   Attendance was as follows:

   Mr. An - absent
   Mr. Elías
   Mr. Emich
   Mr. Gastelum - absent
   Mr. Geoffrion
   Ms. Gonzales
   Dr. Horwitz
   Ms. McComb-Berger
   Mr. Rojas - absent
   Dr. Smith
   Ms. Trowbridge

   A quorum was established.

2. **PLEDGE OF ALLEGIANCE**

   Dr. Horwitz led the Board in the Pledge of Allegiance.

3. **MINUTES ADOPTION**

   - Adopt Board of Health October 22, 2014 Minutes

   The motion was made and seconded (Geoffrion/Trowbridge) that the October 22, 2014 Minutes be adopted as written. The motion carried 8-0.

4. **COMMUNICABLE DISEASE UPDATE**

   Dr. Francisco García, Health Department Director, addressed the Board to give an update on Ebola Virus disease and planning efforts. He informed the Board his team is working on a report of their findings and will have a draft ready by the end of December 2014. International travel is being tracked to make sure events where lots of individuals attend, like the gem show, are monitored and a plan of action is put into effect.

   Dr. García stated the county had their first pediatric influenza death of the season and also a statement will be given to the public to inform them to get the flu shot. Dr. Garcia stated there are now a total of 207 cases of Syphilis with no new cases. Only four of the 207 cases are in women; and the overwhelming majority of the cases are among men ages 20-45 years old that have sex with men. The Pima County Health Department has treated about 90% of these cases. The
Department is working with health partners to raise awareness; has purchased bus stop advertising; and is utilizing non-traditional outreach and advertising methods to reach the outbreak’s target demographics. Approximately one out of three of the syphilis cases also have a preexisting HIV infection.

5. CLIMATE CHANGE AND HEALTH IN PIMA COUNTY

Health Department Deputy Director Marcy Flanagan introduced Dr. Michele Manos, Pima County contractor to discuss Climate Change and how it affects the County. Dr. Manos informed the Board that Arizona has the largest, most consistent temperature increases which are related to drought and decreased air quality and Dr. Mano is monitoring the affects that heat has on the county, like the increase in theft in the community, heat waves, mild winters, larger summers, heat illness and death. Arizona has the highest number of heat related deaths. There have been a total of 14 deaths within 2012-2014 related to heat. The goal is to review individual cases to identify the most common circumstances leading to HRI, engage key stakeholders to help create prevention strategies and inform key stakeholders of projected increases given various temperature patterns.

Dr. Manos also states the increase of heat causes more vector borne diseases. Mosquitos are the current focus because of West Nile Virus is endemic. Vector surveillance is under revision to better respond to changes in climate, vector ecology and disease patterns. In 2015 Dr. Manos plans on discussing the methods the county uses to trap mosquitos. She wants to start trapping a variety of different types of mosquitos and also expanding the trapping season due to the increase of climate change. She will be working on a report of her findings which will be shared to staff by the end of June 2015.

6. BIDS – BORDER INFECTIOUS DISEASE SURVEILLANCE

Health Department Deputy Director Marcy Flanagan introduced Nicolette Dent to address the Board regarding BIDS and dengue. BIDS is a program housed within the State Health Department, office of Border Health. BIDS is a national collaboration to enhance surveillance of emerging infectious diseases – Valley Fever, Hepatitis, influenza, etc. In 1997 the Council of State and Territorial Epidemiologists and the US Mexico Border Health Association support surveillance of infectious disease in the border region. Also in 1999 the CDC, Secretariat de Salud de Mexico, and border health officials begin to develop BIDS along all Border States.

Ms. Dent informed the Board about Dengue which clinical presentations range between unapparent infections, mild fever, to hemorrhagic form. Dengue is a vector borne disease transmitted through insect bites which means no human-to-human transmission can occur. Dengue mosquito species, which are different than mosquitos that transmit West Nile, have a different habitat. More than half a million cases of Dengue Hemorrhagic Fever (DHF) occur each year and at least 12,000 deaths a year by DHF.

There have been outbreaks in the USA in the past but Dengue in the United States is generally travel related. There have been 143 cases of Dengue reported in the United States of which 13% were hospitalized, 1 DHF case and 96% come from Florida and Texas. There are 22,166 confirmed cases of classic dengue and 8,221 confirmed cases of hemorrhagic dengue between 2013- 2014. Also there have been 72 confirmed cases in Arizona of which 45% of the cases are in Yuma County.
7. **UPDATE ON MATERION CERAMICS PERMITTING AND OZONE AIR QUALITY**

Health Department Deputy Director Marcy Flanagan introduced Ursula Nelson, Director and Deputy Director, Richard Grimaldi of the Pima County Environmental Quality who teamed up to present on Materion and Ozone. The Federal Clean Air Act requires standards be reviewed every 5 years. EPA last updated the ozone standard in 2008 to 75 parts per billion (ppb). There are several benefits for the EPA to propose a new standard: Reducing air pollution delivers better health benefits; Ozone standard in the proposed range of 65-70 ppb has public health benefits worth an estimated: $6.4 to $13 billion for a standard of 70 ppb, or $19 to $38 billion for a standard of 65 ppb, reduced deaths, asthma attacks, acute bronchitis and emergency room visits, and fewer missed school and work days. People most at risk include those with asthma, children, older adults, and people who are active outdoors, especially outdoor workers. EPA will take final action on the proposed standards by Oct. 1, 2015. Ozone is not emitted directly but is a combination of two pollutants reacting with strong solar radiation in stagnant air.

Richard Grimaldi stated Materion has evaluated the use of the TRIBO particulate detection system manufactured by Auburn and have installed in Materion’s stack since 2010. They will be detecting the functions by processing and analyzing electrical currents generated when particles pass by sensors which are measured in pico amps. They will not measure BeO but will measure particulates (such as BeO). Mr. Grimaldi indicates they require particulate detection system to be operating when manufacturing is taking place and continuous record keeping of the system. They also require notification to PDEQ within 24 hours of a reading above the alert (alarm) level established at 100 pico amps. Normal operating levels are approximately 10 pico amps. Testing done by Auburn (Mfg.) and Materion shows 1 gram of talc recorded 4,000 pico amps. Mr. Grimaldi informed the Board that a Open House at Sunnyside High School is held on January 22, 2015 to communicate with Board of Supervisors, Board of Health, Sunnyside Unified School District School Board, and other interested parties also there will have 30-day public notice in newspapers and will place documents on PDEQ website which is tentatively scheduled to cease ambient monitoring at the end of February 2015.

8. **ENVIRONMENTAL EXPOSURE ON BERYLLIUM**

Health Department Deputy Director Marcy Flanagan introduced Dr. Philip Harber, who is a Professor of Public Health at Mel and Enid Zukerman, College of Public Health, University of Arizona, to inform the Board of the effects of Beryllium. Dr. Harber states that Beryllium is a type of metal which is a very light specialized metal and the main uses are in nuclear physics, space programs, X-Ray tubes and dental work. Chronic Beryllium Disease (CBD) is a disease that primarily affects the lungs, causing granulomas, inflammation and sometimes scarring. CBD is immune-mediated, meaning that CBD can develop only in individuals who have developed an immune response or “allergy” to the metal beryllium, termed beryllium sensitization. Beryllium sensitization occurs after a person that is susceptible, or breathes beryllium dust or fumes, or possibly if beryllium penetrates the skin through an open cut or from a beryllium splinter.

Dr. Harber informed the Board that Beryllium sensitization is where an individual has cells in their blood that might react but they don’t produce any symptoms; however, the individual may have to leave the work area to prevent getting worse and become ill with Chronic Beryllium Disease. Dr. Harber states about 3 out of 5 people are exposed to beryllium at the work place. Some cases are stable with little abnormality; others progress to become very serious. The disease was more common and severe in early history due to poorly controlled exposures. Workers should receive a Lymphocyte Proliferation Test to diagnosis allergic sensitization and
also lung function tests, CAT scan, and often a biopsy. Early treatment of CBD may prevent worsening.

9. CALL TO AUDIENCE

There were no speakers from the audience.

11. SUMMATION OF ACTION ITEMS AND PROPOSED AGENDA ITEMS

There was no summation given or action items presented.

12. ADJOURNMENT

The meeting adjourned at 5:19 p.m.