



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
www.appleton.org

Meeting Agenda - Final Board of Health

Wednesday, February 13, 2019

7:00 AM

Council Chambers, 6th Floor

1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting

[19-0113](#) January BOH Minutes

Attachments: [January BOH Minutes.pdf](#)

4. Public Hearings/Apearances

5. Action Items

[19-0108](#) Pheifer Brothers Noise Variance Request

Attachments: [Pheifer Brothers Noise Variance Request.pdf](#)

[19-0109](#) Schmidt-Groggel Wedding Noise Variance Request

Attachments: [Schmidt-Groggel Wedding Noise Variance Request.pdf](#)

[19-0001](#) Resolution #14-R-18: E-Cigarettes

Attachments: [Resolution #14-R-18 E-Cigarettes.pdf](#)

[Surgeon General's Advisory on E-cigarette Use Among Youth.pdf](#)

[Xtreme Vape, LLC Email.pdf](#)

[WI Department of Health Services E-Cigarette Public Health Advisory.pdf](#)

[Public Health Consequences of E-Cigarettes-Conclusions by Level of Evidence](#)

[Perio-Implant Advisory- Vaping and Oral Health.pdf](#)

Legislative History

1/9/19 Board of Health presented

[19-0185](#) Resolution #1-R-19: E-Cigarettes

Attachments: [Resolution #1-R-19 E-Cigarettes.pdf](#)

6. Information Items

[19-0110](#)

Fourth Quarter 2018 Report

Attachments: [Fourth Quarter 2018 Executive Summary.pdf](#)[Fourth Quarter 2018 Report.pdf](#)[19-0111](#)

Fourth Quarter 2018 Budget Performance Review

Attachments: [Performance Review-Fourth Quarter 2018.pdf](#)[Summary Budget Review-Fourth Quarter 2018.pdf](#)[19-0112](#)

Noise Variance Approvals

Attachments: [Noise Variance Requests 2.13.19.pdf](#)

7. Adjournment

Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.

Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.



City of Appleton

100 North Appleton Street
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Meeting Minutes Board of Health

Wednesday, January 9, 2019

7:00 AM

Council Chambers, 6th Floor

1. Call meeting to order

2. Roll call of membership

Present: 5 - Nelson, Hanna, Mielke, Spears and Baker

Excused: 1 - Vogel

3. Approval of minutes from previous meeting

A motion was made by Sally Mielke, seconded by Cathy Spears, to approve the minutes. Motion carried by the following vote:

Aye: 5 - Nelson, Hanna, Mielke, Spears and Baker

Excused: 1 - Vogel

[19-0054](#)

November 2018 BOH Minutes

Attachments: [November 2018 BOH Minutes.pdf](#)

4. Public Hearings/Appearances

5. Action Items

[19-0053](#)

AT&T Noise Variance Request

Attachments: [AT&T Noise Variance Request.pdf](#)

A motion was made by Mayor Hanna, seconded by Cathy Spears, to approve this noise variance request. Motion carried by the following vote:

Aye: 5 - Nelson, Hanna, Mielke, Spears and Baker

Excused: 1 - Vogel

6. Information Items

[19-0004](#)

October 2018 Monthly Report

Attachments: [October 2018 Monthly Report.pdf](#)

This item was presented.

[19-0005](#)

November 2018 Monthly Report

Attachments: [November 2018 Monthly Report.pdf](#)

This item was presented.

[19-0003](#)

2018 Environmental and Weights & Measures Survey Results

Attachments: [2018 Environmental Survey Results.pdf](#)
[2018 Weights and Measures Survey Results.pdf](#)

This item was presented.

[19-0015](#)

Update on School-Age Active TB

This item was presented.

[19-0001](#)

Resolution #14-R-18: E-Cigarettes

Attachments: [Resolution #14-R-18 E-Cigarettes.pdf](#)
[Surgeon General's Advisory on E-cigarette Use Among Youth.pdf](#)
[Xtreme Vape, LLC Email.pdf](#)
[WI Department of Health Services E-Cigarette Public Health Advisory.pdf](#)
[Public Health Consequences of E-Cigarettes-Conclusions by Level of Evidence.pdf](#)

This item was presented.

[19-0002](#)

2019 Community Health Needs Assessment Update

Attachments: [Appleton Community Health Needs Assessment 2019.pdf](#)

This item was presented.

7. Adjournment

A motion was made by Cathy Spears, seconded by Bob Baker, to adjourn the meeting. Motion carried by the following vote:

Aye: 5 - Nelson, Hanna, Mielke, Spears and Baker

Excused: 1 - Vogel

From: Kurt Eggebrecht
Sent: Friday, February 01, 2019 2:09 PM
To: Melissa L. Suttner
Subject: FW: Oneida Street Bridge Replacement Project - Noise Ordinance Variance Request

From: Kurt Eggebrecht
Sent: Friday, February 01, 2019 2:09 PM
To: 'Tyler Volkmann' <tyler.volkmann@pheifer.com>
Cc: Chad Weyenberg <Chad.Weyenberg@Appleton.org>; Tim Groeschel <tim.groeschel@pheifer.com>
Subject: RE: Oneida Street Bridge Replacement Project - Noise Ordinance Variance Request

Tyler,

Ok thanks. I will place this on the agenda for the next Board of Health meeting which will take place on February 13th at 7am. We meet in room 6A of the City Center located at 100 N. Appleton Street. Although not a requirement it is helpful if you and/or another representative can be present to answer any questions of the Board.

Please let me know if you have any additional questions or concerns.

Thanks,
Kurt

Kurt Eggebrecht
Health Officer
Appleton Health Department
920-832-6429
www.appleton.org

From: Tyler Volkmann [<mailto:tyler.volkmann@pheifer.com>]
Sent: Friday, February 01, 2019 2:01 PM
To: Kurt Eggebrecht <kurt.eggebrecht@appleton.org>
Cc: Chad Weyenberg <Chad.Weyenberg@Appleton.org>; Tim Groeschel <tim.groeschel@pheifer.com>
Subject: RE: Oneida Street Bridge Replacement Project - Noise Ordinance Variance Request

Kurt,

Please see the attached revised letter, which includes the dates requested. I included that the project duration is from 2/4/2019 – 10/15/2019. Clearly we will not begin starting equipment prior to 7:00AM until this requested has been accepted/approved, regardless of the project start date on 2/4/2019. Also, and I did not include this verbiage in the letter, but clearly we will not need this variance once the project is completed. If we finish before 10/15/2019, clearly we aren't going to be making any noise in the mornings any longer.

Let me know if there is anything else you need me to include in the request. Thanks again.

Respectfully,

TYLER VOLKMANN
Project Manager
C. (970) 216-8536
599 Bondow Dr.,
Neenah, WI 54956



From: Kurt Eggebrecht <kurt.eggebrecht@appleton.org>
Sent: Friday, February 1, 2019 11:47 AM
To: Tyler Volkmann <tyler.volkmann@pheifer.com>
Cc: Chad Weyenberg <Chad.Weyenberg@Appleton.org>; Tim Groeschel <tim.groeschel@pheifer.com>
Subject: RE: Oneida Street Bridge Replacement Project - Noise Ordinance Variance Request

Tyler,

Thanks for your e-mail. It is unclear in your request as to the dates you are requesting a noise variance. Can you please include this in your request?

Thanks,
Kurt

Kurt Eggebrecht
Health Officer
Appleton Health Department
920-832-6429
www.appleton.org

From: Tyler Volkmann [<mailto:tyler.volkmann@pheifer.com>]
Sent: Friday, February 01, 2019 11:42 AM
To: Kurt Eggebrecht <kurt.eggebrecht@appleton.org>
Cc: Chad Weyenberg <Chad.Weyenberg@Appleton.org>; Tim Groeschel <tim.groeschel@pheifer.com>
Subject: Oneida Street Bridge Replacement Project - Noise Ordinance Variance Request

Kurt,

Please see the attached Noise Ordinance Variance Request for the Oneida Street Bridge Replacement project. It is my understanding that a meeting will be held next week, where this will be one of the topics that will be discussed. Please let me know when and where the meeting is, and whether or not I should attend the meeting to answer questions or clarify anything. Thanks in advance.

Respectfully,

TYLER VOLKMANN



TYLER VOLKMANN
Email: tyler.volkmann@pheifer.com
Cellular: 970.216.8536
Facsimile: 920.729.4314
Address: 599 Bondow Dr.
Neenah, WI 54956

February 1, 2019
Project: Oneida Street Bridge Over Jones Park Project
RE: Noise Ordinance Variance Request

Mr. Eggebrecht,

Pheifer Brothers Construction Company would like to request a noise variance for the Oneida Street Bridge Replacement Project. In lieu of the starting at 7:00AM, as currently required by the noise ordinance, it is PBC's request to be allowed to start equipment at 6:30AM so that everything is warmed up and ready to start working right away at 7:00AM. No work should be taking place prior to 7:00AM, and equipment will just be started but not moving (to eliminate backup beepers and screeching). This noise variance is being requested throughout the duration of the project (2/4/2019 – 10/15/2019), or as soon this request is accepted/approved. However, as the weather warms up, the equipment will take far less time to warm up in the mornings.

The only other specific times where a noise variance may be requested would be when we are setting the beams for the new bridge and when we are pouring the new bridge deck. When setting beams, we try to avoid times of the day when there is heavy traffic. Sometimes we find that setting the beams at night works the best to avoid traffic issues. Also, when pouring the bridge deck, we must avoid the high temperatures that come with the summer months. Many times, we will pour bridge decks early in the morning (i.e. 4:00AM), as it is much cooler. With these two items still being months away, it is currently unclear whether a noise variance will be needed. We will make sure to give plenty of advanced notice if we do need the noise variance for these items.

Thank you for your time and consideration on this request.

Respectfully,

A handwritten signature in black ink, appearing to read 'Tyler Volkmann', written over a white background.

TYLER VOLKMANN
Project Manager
C. (970) 216-8536
Tyler.volkmann@pheifer.com

From: Kurt Eggebrecht
Sent: Monday, February 04, 2019 9:35 AM
To: Chelsea Schmidt
Cc: Greg Groggel; Schmidt, John
Subject: RE: Noise Ordinance for 6/8/19 Schmidt-Groggel wedding

Chelsea,

I understand the importance. This item will be placed on the February 13th Board of Health agenda. We meet at 7a.m. in room 6A of the City Center located at 100 N. Appleton Street.

Although it is not a requirement to attend it is often helpful to answer any questions the Board might have regarding this request. The information you provided within your request is sufficient.

Thanks,
Kurt

From: Chelsea Schmidt [mailto:chelseasschmidt@gmail.com]
Sent: Monday, February 04, 2019 9:01 AM
To: Kurt Eggebrecht <kurt.eggebrecht@appleton.org>
Cc: Greg Groggel <ggroggel@gmail.com>; Schmidt, John <jschmidt@usventure.com>
Subject: Re: Noise Ordinance for 6/8/19 Schmidt-Groggel wedding

Good Morning Kurt,

Thank you for explaining our options moving forward. Going until midnight is important to us, so I would like to go forward with the Board of Health.

Please let me know if there is anything else that I can help with or provide.

Best regards,
Chelsea

Please excuse any typos or brevity; this message was sent from my iPhone.

On Feb 4, 2019, at 7:48 AM, Kurt Eggebrecht <kurt.eggebrecht@appleton.org> wrote:

Chelsea,

Thanks again for your request of a noise variance for your upcoming celebration. As Health Officer I have been empowered by the Board of Health and Common Council to approve such requests within certain parameters, one of which is permitting events until 11:00 p.m.

Your request is to go until midnight so you have two options to consider. If you modify your request to end and 11:00 p.m. I could grant your request and mail it to you today. If on the other hand it is

important to go until midnight then I will place your request on the next Board of Health agenda as an action item where they will discuss and vote. The board of health report will then appear on the following common council agenda for final approval.

Please let me know how you would like to proceed.

Thanks,
Kurt

Kurt Eggebrecht
Health Officer
Appleton Health Department
920-832-6429
www.appleton.org

From: Chelsea Schmidt [<mailto:chelseasschmidt@gmail.com>]
Sent: Sunday, February 03, 2019 3:14 PM
To: Kurt Eggebrecht <kurt.eggebrecht@appleton.org>
Cc: Greg Groggel <ggroggel@gmail.com>; Schmidt, John <jschmidt@usventure.com>
Subject: Noise Ordinance for 6/8/19 Schmidt-Groggel wedding

Dear Kurt,

I hope this email finds you well! I am planning my wedding in June, and my father John Schmidt has requested that I submit to you a Noise Ordinance request so that our celebration will not be cut short. I greatly hope that you will consider and kindly grant this request.

What: Schmidt-Groggel Wedding
When: Saturday, June 8, 2019
Where: The Refuge Foundation for the Arts in Appleton, WI
Music Source: The Chicago Players, a live Chicago, IL-based band

The Refuge Foundation for the Arts is located at the former Monte Alverno monastery, on 11 acres of land adjacent to the Fox River. Its neighboring establishments and landmarks include Riverside cemetery to the west, St. Fidelis Friary to the north, a residential neighborhood hundreds of feet away to the east, and the Fox River to the south. Given that potential disturbances would only be to those in the north and east of the Refuge, the outdoor wedding tent will be positioned southwest of the building to cause minimal disruption and increase privacy. Additionally, speakers will be positioned in the direction of the cemetery and Fox River to further ensure no noise pollution to neighbors.

Live music is extremely important to the Schmidt family, and we request a Noise Ordinance allowing us to extend the outdoor music until 12:00am.

Thank you for your time and consideration.
Best Regards,
Chelsea Schmidt

Resolution # 14-R-18
E-Cigarettes

Submitted by:

Alderperson Cathy Spears – District 12

Referred To: Board of Health

Whereas, e-cigarettes are known by many different names. They are sometimes called “e-cigs”, “e-hookahs”, “mods”, “vape pens”, “vapes”, “tank systems”, and “electronic nicotine delivery systems”; and

Whereas, some e-cigarettes are made to look like regular cigarettes, cigars, or pipes. Some resemble pens, USB sticks, and other everyday items; and

Whereas, e-cigarettes produce an aerosol by heating a liquid that usually contains nicotine – the addictive drug in regular cigarettes, cigars, and other tobacco products, - flavorings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air; and

Whereas, e-cigarettes can be used to deliver marijuana and other drugs; and

Whereas, the CDC Report on e-cigarettes and electronic nicotine delivery systems reports that vaping clouds contain high levels of two chemicals known to cause permanent and sometimes fatal lung disease: diacetyl and its chemical cousin, 2,3-pentanedione; and

Whereas, e-cigarettes aerosol ingredients include: nicotine, ultrafine particles, flavorings such as diacetyl; a chemical linked to lung disease, volatile organic compounds such as benzene; which is found in car exhaust and heavy metals such as nickel tin and lead; and

Whereas, diacetyl destroys the lungs’ tiniest airways, leading to scar tissue buildup which blocks airflow. Its damage is irreversible; and

Whereas, Appleton has a smoke free workplace ordinance that was enacted to protect workers and the public from secondhand smoke;

Now, Therefore Be it Resolved, that the definition of smoke free workplaces be modified to include the prohibition of electronic smoking devices.

Surgeon General's Advisory on E-cigarette Use Among Youth

*I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of protecting our children from a lifetime of nicotine addiction and associated health risks by immediately addressing the epidemic of youth e-cigarette use. The recent surge in e-cigarette use among youth, which has been fueled by new types of e-cigarettes that have recently entered the market, is a cause for great concern. **We must take action now to protect the health of our nation's young people.***

KNOW THE RISKS. TAKE ACTION. PROTECT OUR KIDS.

The E-cigarette Epidemic Among Youth

Considerable progress has been made in reducing cigarette smoking among our nation's youth.¹ However, the tobacco product landscape continues to evolve to include a variety of tobacco products, including smoked, smokeless, and electronic products, such as e-cigarettes.² E-cigarettes are designed to deliver nicotine, flavorings, and other additives to the user via an inhaled aerosol.²

E-cigarettes entered the U.S. marketplace around 2007, and since 2014, they have been the most commonly used tobacco product among U.S. youth.² E-cigarette use among U.S. middle and high school students increased 900% during 2011-2015, before declining for the first time during 2015-2017.³ However, current e-cigarette use increased 78% among high school students during the past year, from 11.7% in 2017 to 20.8% in 2018.⁴ In 2018, more than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, currently use e-cigarettes.⁴

E-cigarette aerosol is not harmless.² Most e-cigarettes contain nicotine – the addictive drug in regular cigarettes, cigars, and other tobacco products.² Nicotine exposure during adolescence can harm the developing brain – which continues to develop until about age 25.² Nicotine exposure during adolescence can impact learning, memory, and attention.^{1,2} Using nicotine in adolescence can also increase risk for future addiction to other drugs.^{1,2} In addition to nicotine, the aerosol that users inhale and exhale from e-cigarettes can potentially expose both themselves and bystanders to other harmful substances, including heavy metals, volatile organic compounds, and ultrafine particles that can be inhaled deeply into the lungs.²

Many e-cigarettes also come in kid-friendly flavors. In addition to making e-cigarettes more appealing to young people,⁵ some of the chemicals used to make certain flavors may also have health risks.² E-cigarettes can also be used to deliver other drugs, including marijuana.² In 2016, one-third of U.S. middle and high school students who ever used e-cigarettes had used marijuana in e-cigarettes.⁶

For adults, e-cigarettes may have the potential to reduce risk for current smokers if they completely transition from cigarettes to e-cigarettes; however, a majority of adults who use e-cigarettes also smoke cigarettes.⁷ For youth, the use of multiple tobacco products puts youth at even greater risk for addiction and tobacco-related harms.^{1,2} Moreover, a 2018 National Academy of Sciences, Engineering, and Medicine report concluded that there was moderate evidence that e-cigarette use increases the frequency and intensity of cigarette smoking in the future.⁷ But any e-cigarette use among young people is unsafe, even if they do not progress to future cigarette smoking.²

E-cigarettes Come in Many Shapes and Sizes

E-cigarettes are a rapidly changing product class, and are known by many different names, including "e-cigs," "e-hookahs," "mods," and "vape pens."² Recently, a new type of e-cigarette has become increasingly popular among our nation's youth due to its minimal exhaled aerosol, reduced odor, and small size, making it easy to conceal.⁸ Many of these new e-cigarettes look like a USB flash drive, among other shapes. One of the most commonly sold

USB flash drive shaped e-cigarettes is JUUL, which experienced a 600% surge in sales during 2016-2017, giving it the greatest market share of any e-cigarette in the U.S. by the end of 2017.⁹ Other companies are now also starting to sell e-cigarettes that look like USB flash drives.

All JUUL e-cigarettes have a high level of nicotine. A typical JUUL cartridge, or “pod,” contains about as much nicotine as a pack of 20 regular cigarettes.¹⁰ These products also use nicotine salts, which allow particularly high levels of nicotine to be inhaled more easily and with less irritation than the free-base nicotine that has traditionally been used in tobacco products, including e-cigarettes. This is of particular concern for young people, because it could make it easier for them to initiate the use of nicotine through these products and also could make it easier to progress to regular e-cigarette use and nicotine dependence. However, despite these risks, approximately two-thirds of JUUL users aged 15-24 do not know that JUUL always contains nicotine.¹¹

You Can Take Action

We must take aggressive steps to protect our children from these highly potent products that risk exposing a new generation of young people to nicotine.^{2,7} The bad news is that e-cigarette use has become an epidemic among our nation’s young people. However, the good news is that we know what works to effectively protect our kids from all forms of tobacco product use, including e-cigarettes.^{1,2,12} We must now apply these strategies to e-cigarettes, including USB flash drive shaped products such as JUUL. To achieve success, we must work together, aligning and coordinating efforts across both old and new partners at the national, state, and local levels. Everyone can play an important role in protecting our nation’s young people from the risks of e-cigarettes.

Information for Parents

- **You have an important role to play in addressing this public health epidemic.**
- Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use for young people at <https://e-cigarettes.surgeongeneral.gov/>.
- Set a good example by being tobacco-free. If you use tobacco products, it's never too late to quit. Talk to a healthcare professional about quitting all forms of tobacco product use. For free help, visit smokefree.gov or call 1-800-QUIT-NOW.
- Adopt tobacco-free rules, including e-cigarettes, in your home and vehicle.
- Talk to your child or teen about why e-cigarettes are harmful for them. It's never too late.
- Get the Surgeon General's tip sheet for parents, [Talk With Your Teen About E-cigarettes](https://e-cigarettes.surgeongeneral.gov/), at <https://e-cigarettes.surgeongeneral.gov/>. Start the conversation early with children about why e-cigarettes, including JUUL, are harmful for them.
- Let your child know that you want them to stay away from all tobacco products, including e-cigarettes, because they are not safe for them. Seek help and get involved.
 - Set up an appointment with your child’s health care provider so that they can hear from a medical professional about the health risks of tobacco products, including e-cigarettes.
 - Speak with your child’s teacher and school administrator about enforcement of tobacco-free school policies and tobacco prevention curriculum.
 - Encourage your child to learn the facts and get tips for quitting tobacco products at Teen.smokefree.gov.

Information for Teachers

- **You have an important role to play in addressing this public health epidemic.**
- Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use, including JUUL, for young people at <https://e-cigarettes.surgeongeneral.gov/>.
- Develop, implement, and enforce tobacco-free school policies and prevention programs that are free from tobacco industry influence, and that address all types of tobacco products, including e-cigarettes.

- Engage your students in discussions about the dangers of e-cigarette use. To help you, the Food and Drug Administration (FDA), and Scholastic, developed free resources for teachers. These materials can be found at www.scholastic.com/youthvapingrisks.

Information for Health Professionals

- **You have an important role to play in addressing this public health epidemic.**
- Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use, including JUUL, for young people at <https://e-cigarettes.surgeongeneral.gov/>.
- Ask about e-cigarettes, including small, discreet devices such as JUUL, when screening patients for the use of any tobacco products.
- Educate patients about the risks of all forms of tobacco product use, including e-cigarettes, for young people.
- Encourage patients to quit. For free help, patients can visit smokefree.gov or call [1-800-QUIT-NOW](tel:1-800-QUIT-NOW).

Information for States, Communities, Tribes, and Territories

- **You have an important role to play in addressing this public health epidemic.**
- Implement evidence-based population-level strategies to reduce e-cigarette use among young people, such as including e-cigarettes in smoke-free indoor air policies, restricting young peoples' access to e-cigarettes in retail settings, licensing retailers, implementing price policies, and developing educational initiatives targeting young people.
- Implement strategies to curb e-cigarette advertising and marketing that are appealing to young people.
- Implement strategies to reduce access to flavored tobacco products by young people.

KNOW THE RISKS. TAKE ACTION. PROTECT OUR KIDS.

References

1. Office of the Surgeon General. *The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention (US), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014. <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.
2. Office of the Surgeon General. *E-cigarette Use among Youth and Young Adults: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016. https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_sgr_entire_report_508.pdf.
3. Wang TW, Gentzke A, Sharapova S, et al. Tobacco Use Among Middle and High School Students - United States, 2011-2017. *MMWR Morbidity and Mortality Weekly Report*. 2018;67(22):629-633.
4. Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. Notes from the Field: Increase in use of electronic cigarettes and any tobacco product among middle and high school students – United States, 2011-2018. *MMWR Morbidity & Mortality Weekly Report* 2018; 67(45):1276-1277.
5. Ambrose BK, Day HR, Rostron B, et al. Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014. *Jama*. 2015;314(17):1871-1873.
6. Trivers KF, Phillips E, Gentzke AS, Tynan MA, Neff LJ. Prevalence of Cannabis Use in Electronic Cigarettes Among US Youth. *JAMA pediatrics*. 2018;172(11):1097-1099.
7. National Academies of Sciences, Engineering, and Medicine. 2018. Public Health Consequences of E-Cigarettes. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24952>.
8. Ramamurthi D, Chau C, Jackler RK. JUUL and other stealth vaporisers: hiding the habit from parents and teachers. *Tob Control*. 2018. Epub ahead of print. doi: 10.1136/tobaccocontrol-2018-054455.
9. King BA, Gammon DG, Marynak KL, Rogers T. Electronic Cigarette Sales in the United States, 2013-2017. *Jama*. 2018;320(13):1379-1380.

10. Willett JG, Bennett M, Hair EC, et al. Recognition, use and perceptions of JUUL among youth and young adults. *Tob Control*. 2018. Epub ahead of print. doi: 10.1136/tobaccocontrol-2018-054273.
11. Truth Initiative. JUUL e-cigarettes gain popularity among youth, but awareness of nicotine presence remains low. <https://truthinitiative.org/news/juul-e-cigarettes-gain-popularity-among-youth>.
12. US Department of Health and Human Services. *Preventing tobacco use among youth and young adults*. Atlanta, GA: US Department of Health and Human Services, CDC;2012. https://www.cdc.gov/tobacco/data_statistics/sgr/2012/index.htm.

January 2 - New Years

May 29 - Memorial Day

July 4 - Independence Day

September 4 - Labor Day

November 23 & 24 - Thanksgiving

December 22 & 25 - Christmas

Email Address * carguy53714@yahoo.com
First Name: George
Last Name: Packard
Address: 1375 Cooke Road
City: Neenah
State: Wisconsin
Zip Code: 54956
Phone Number 2178361979
Fax Number: Not answered

Comments/Questions

Hello Mayor Hanna,

I am writing you today to voice opposition about your recent move to list electronic cigarettes (vapes) in the definition of a smoke-free workplace. Though I am not a constituent, I would like to offer my story as too frequently the information provided to elected officials is flawed or one-sided. Electronic Cigarettes are a touchy subject as they are gaining a lot of publicity lately for underage use, something that I agree needs to stop.

I smoked for over a decade and was only able to finally quit for good when I found e-cigs. I have since opened a retail vape shop in Antigo and will be opening one in Rhinelander next month. We have an active customer base of over 500 adult former smokers that frequent our small shop. While many of them simply stop in to grab what they need and leave we have an estimated 70% that like to stay and sample the newest flavors before making a purchase, a practice that will no longer be legal if your revised definition does not carve out exceptions for dedicated vape shops.

Our ability to let adult customers try the products before they buy them helps our businesses two-fold; we can let our existing customer's experience the new flavors before purchase, a selling point that our online competition doesn't offer, and it allows us to help newer customers (former smokers) to find an appealing flavor that will help them along their journey to quitting. Restricting adult access to these products WILL result in fewer people quitting smoking.

As someone that is well versed in and active in this industry I have several strategies to reduce the use of these products by minors that won't effect the use by adult former smokers. I would like to schedule a meeting with you at your convenience to discuss these.

Respectfully,

George Packard
Xtreme Vape, LLC

Thank you,
Appleton, WI

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

Tobacco Prevention and Control Program: E-Cigarette Public Health Advisory



PUBLIC HEALTH ADVISORY

This health advisory is being issued by the State Health Officer to inform the public about the alarming statistics on current e-cigarette use among youth in Wisconsin. In Wisconsin, current e-cigarette use among Wisconsin high school students increased 154% between 2014 and 2018. In 2014, just under 8% of Wisconsin high school students were using e-cigarettes. In 2018, that number has skyrocketed to 20% (or one out of every five students^[i]).

As Surgeon General Jerome Adams recently described in his [Advisory Report](#), nicotine exposure during adolescence can harm the developing brain, which continues to develop until around age 25,^[ii] and can impact learning, memory, and attention.^[iii]

The e-cigarette aerosol that users inhale and exhale can expose both the user and those around the user to other harmful substances, including heavy metals, volatile organic compounds, and ultrafine particles that can be inhaled deep into the lungs.^[iv]

E-cigarettes now take many forms. Some e-cigarettes resemble flash drives, while others are about the size of a credit card. E-juice bottles resemble eye droppers and vape pens come in a variety of colors and resemble pens or lip gloss. E-cigarettes can also be used to deliver other drugs, like marijuana.^[v] In 2016, a third of U.S. middle and high school students who had ever used e-cigarettes reported using them for marijuana.^[vi]

JUUL, a flash drive look-a-like tobacco product popular with teens, comes in kid-friendly flavors like Mango, Fruit, Creme, and Mint. There are also over 15,500 unique e-cigarette flavors available online.^[vii] In Wisconsin, 89% of high school students say they would not try tobacco

products that were not flavored.^[viii] Even more concerning, the chemicals used to make certain flavors—diacetyl and 2,3-pentanedione—have been shown to cause irreparable lung disease.^[ix]

The epidemic use of e-cigarettes is a complicated problem which requires a cooperative effort between partners, organizations, and communities. Many are already working on efforts to combat this crisis, and we now ask for redoubled efforts and increased coordination. We are all in this together. Below are recommended actions that different groups can take to address this issue.

Parents

- Visit www.tobaccoischanging.com to learn about the new tobacco products that are tempting teens into a lifelong addiction. The site also provides tips for talking to your kids about these products and allows you to contact the tobacco-free coalition in your area.
- Go tobacco-free and set a good example for your kids. You and your kids can get free help to quit by calling [1-800-QUIT NOW](tel:1-800-QUIT-NOW) (784-8669). If you're enrolled in Medicaid, talk to your doctor about how the Medicaid Cessation Benefit can help you quit.
- Make your home and vehicles tobacco-free, including e-cigarettes.

Teachers

- Contact the tobacco-free coalition in your area to learn more about the products and the risk they pose. You can find contact information at www.tobaccoischanging.com.
- Develop, implement and enforce comprehensive tobacco-free school policies.
- Update substance use prevention curriculum to include e-cigarettes and other tobacco products.

Health Professionals

- Visit www.tobaccoischanging.com to learn more about e-cigarettes and other tobacco products, and the health harms they pose.
- Ask about e-cigarettes, including devices like JUUL, when screening patients for tobacco use.
- Tell patients about the risks of all forms of tobacco use, including e-cigarettes, for young people.
- Encourage your patients to seek help to quit. Refer them to the Wisconsin Tobacco Quit Line at [1-800-QUIT NOW](tel:1-800-QUIT-NOW) (784-8669), or if they're on Medicaid, let them know about the free support provided through the Medicaid Cessation Benefit.

Community and State Leaders

- Update definitions in local smoke-free workplace ordinances to include e-cigarettes and other nicotine smoking devices.
- Implement strategies to curb e-cigarette advertising and marketing that appeal to youth.
- Implement strategies to reduce youth access to flavored tobacco products.

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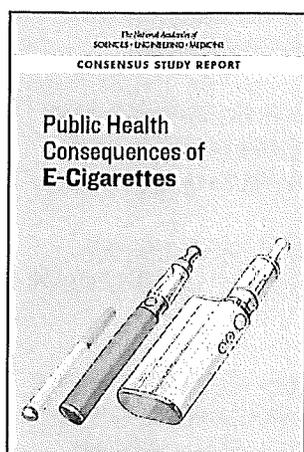
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Last Revised: January 4, 2019

PUBLIC HEALTH CONSEQUENCES OF E-CIGARETTES

CONCLUSIONS BY LEVEL OF EVIDENCE

January 2018



In the report *Public Health Consequences of E-Cigarettes*, an expert committee of the National Academies of Sciences, Engineering, and Medicine presents 47 conclusions related to outcomes of e-cigarettes, including their key constituents, human health effects, initiation and cessation of combustible tobacco cigarette use, and harm reduction.

The conclusions below are organized by level of evidence (with each level of evidence defined on page 2).

To see the conclusions organized by outcomes and to read the full report and related resources, please visit nationalacademies.org/eCigHealthEffects.

CONCLUSIVE EVIDENCE

Conclusion 3-1. There is *conclusive evidence* that e-cigarette use increases airborne concentrations of particulate matter and nicotine in indoor environments compared with background levels.

Conclusion 4-1. There is *conclusive evidence* that exposure to nicotine from e-cigarettes is highly variable and depends on product characteristics (including device and e-liquid characteristics) and how the device is operated.

Conclusion 5-1. There is *conclusive evidence* that in addition to nicotine, most e-cigarette products contain and emit numerous potentially toxic substances.

Conclusion 5-2. There is *conclusive evidence* that other than nicotine, the number, quantity, and characteristics of potentially toxic substances emitted from e-cigarettes are highly variable and depend on product characteristics (including device and e-liquid characteristics) and how the device is operated.

Conclusion 14-1. There is *conclusive evidence* that e-cigarette devices can explode and cause burns and projectile injuries. Such risk is significantly increased when batteries are of poor quality, stored improperly, or modified by users.

Conclusion 14-2. There is *conclusive evidence* that intentional or accidental exposure to e-liquids (from drinking, eye contact, or dermal contact) can result in adverse health effects including but not limited to seizures, anoxic brain injury, vomiting, and lactic acidosis.

Conclusion 14-3. There is *conclusive evidence* that intentionally or unintentionally drinking or injecting e-liquids can be fatal.

Conclusion 18-1. There is *conclusive evidence* that completely substituting e-cigarettes for combustible tobacco cigarettes reduces users' exposure to numerous toxicants and carcinogens present in combustible tobacco cigarettes.

SUBSTANTIAL EVIDENCE

Conclusion 4-2. There is *substantial evidence* that nicotine intake from e-cigarette devices among experienced adult e-cigarette users can be comparable to that from combustible tobacco cigarettes.

Conclusion 5-3. There is *substantial evidence* that except for nicotine, under typical conditions of use, exposure to potentially toxic substances from e-cigarettes is significantly lower compared with combustible tobacco cigarettes.

Conclusion 5-4. There is *substantial evidence* that e-cigarette aerosol contains metals. The origin of the metals could be the metallic coil used to heat the e-liquid, other parts of the e-cigarette device, or e-liquids. Product characteristics and use patterns may contribute to differences in the actual metals and metal concentrations measured in e-cigarette aerosol.

Conclusion 7-1. There is *substantial evidence* that e-cigarette aerosols can induce acute endothelial cell dysfunction, although the long-term consequences and outcomes on these parameters with long-term exposure to e-cigarette aerosol are uncertain.

Conclusion 7-2. There is *substantial evidence* that components of e-cigarette aerosols can promote formation of reactive oxygen species/oxidative stress. Although this supports the biological plausibility of tissue injury and disease from long-term exposure to e-cigarette aerosols, generation of reactive oxygen species and oxidative stress induction is generally lower from e-cigarettes than from combustible tobacco cigarette smoke.

Conclusion 8-1. There is *substantial evidence* that e-cigarette use results in symptoms of dependence on e-cigarettes.

Conclusion 9-2. There is *substantial evidence* that heart rate increases shortly after nicotine intake from e-cigarettes.

Conclusion 10-4. There is *substantial evidence* that some chemicals present in e-cigarette aerosols (e.g., formaldehyde, acrolein) are capable of causing DNA damage and mutagenesis. This supports the biological plausibility that long-term exposure to e-cigarette aerosols could increase risk of cancer and adverse reproductive outcomes. Whether or not the levels of exposure are high enough to contribute to human carcinogenesis remains to be determined.

Conclusion 16-1. There is *substantial evidence* that e-cigarette use increases risk of ever using combustible tobacco cigarettes among youth and young adults.

Conclusion 18-2. There is *substantial evidence* that completely switching from regular use of combustible tobacco cigarettes to e-cigarettes results in reduced short-term adverse health outcomes in several organ systems.

LEVELS OF EVIDENCE DEFINED

Conclusive evidence: There are many supportive findings from good-quality controlled studies (including randomized and non-randomized controlled trials) with no credible opposing findings. A firm conclusion can be made, and the limitations to the evidence, including chance, bias, and confounding factors, can be ruled out with reasonable confidence.

Substantial evidence: There are several supportive findings from good-quality observational studies or controlled trials with few or no credible opposing findings. A firm conclusion can be made, but minor limitations, including chance, bias, and confounding factors, cannot be ruled out with reasonable confidence.

Moderate evidence: There are several supportive findings from fair-quality studies with few or no credible opposing findings. A general conclusion can be made, but limitations, including chance, bias, and confounding factors, cannot be ruled out with reasonable confidence.

Limited evidence: There are supportive findings from fair-quality studies or mixed findings with most favoring one conclusion. A conclusion can be made, but there is significant uncertainty due to chance, bias, and confounding factors.

Insufficient evidence: There are mixed findings or a single poor study. No conclusion can be made because of substantial uncertainty due to chance, bias, and confounding factors.

No available evidence: There are no available studies; health endpoint has not been studied at all. No conclusion can be made.

MODERATE EVIDENCE

Conclusion 8-2. There is *moderate evidence* that risk and severity of dependence are lower for e-cigarettes than combustible tobacco cigarettes.

Conclusion 8-3. There is *moderate evidence* that variability in e-cigarette product characteristics (nicotine concentration, flavoring, device type, and brand) is an important determinant of risk and severity of e-cigarette dependence.

Conclusion 9-3. There is *moderate evidence* that diastolic blood pressure increases shortly after nicotine intake from e-cigarettes.

Conclusion 11-4. There is *moderate evidence* for increased cough and wheeze in adolescents who use e-cigarettes and an association with e-cigarette use and an increase in asthma exacerbations.

Conclusion 16-2. Among youth and young adult e-cigarette users who ever use combustible tobacco cigarettes, there is *moderate evidence* that e-cigarette use increases the frequency and intensity of subsequent combustible tobacco cigarette smoking.

Conclusion 17-2. There is *moderate evidence* from randomized controlled trials that e-cigarettes with nicotine are more effective than e-cigarettes without nicotine for smoking cessation.

Conclusion 17-4. While the overall evidence from observational trials is mixed, there is *moderate evidence* from observational studies that more frequent use of e-cigarettes is associated with an increased likelihood of cessation.

Conclusion 18-5. There is *moderate evidence* that second-hand exposure to nicotine and particulates is lower from e-cigarettes compared with combustible tobacco cigarettes.

LIMITED EVIDENCE

Conclusion 3-2. There is *limited evidence* that e-cigarette use increases levels of nicotine and other e-cigarette constituents on a variety of indoor surfaces compared with background levels.

Conclusion 5-5. There is *limited evidence* that the number of metals in e-cigarette aerosol could be greater than the number of metals in combustible tobacco cigarettes, except for cadmium, which is markedly lower in e-cigarettes compared with combustible tobacco cigarettes.

Conclusion 9-4. There is *limited evidence* that e-cigarette use is associated with a short-term increase in systolic blood pressure, changes in biomarkers of oxidative stress, increased endothelial dysfunction and arterial stiffness, and autonomic control.

Conclusion 10-2. There is *limited evidence* from in vivo animal studies using intermediate biomarkers of cancer to support the hypothesis that long-term e-cigarette use could increase the risk of cancer; there is no available evidence from adequate long-term animal bioassays of e-cigarette aerosol exposures to inform cancer risk.

Conclusion 10-3. There is *limited evidence* that e-cigarette aerosol can be mutagenic or cause DNA damage in humans, animal models, and human cells in culture.

Conclusion 11-2. There is *limited evidence* for improvement in lung function and respiratory symptoms among adult smokers with asthma who switch to e-cigarettes completely or in part (dual use).

Conclusion 11-3. There is *limited evidence* for reduction of chronic obstructive pulmonary disease (COPD) exacerbations among adult smokers with COPD who switch to e-cigarettes completely or in part (dual use).

LIMITED EVIDENCE (CONTINUED)

Conclusion 11-5. There is *limited evidence* of adverse effects of e-cigarette exposure on the respiratory system from animal and in vitro studies.

Conclusion 12-1. There is *limited evidence* suggesting that switching to e-cigarettes will improve periodontal disease in smokers.

Conclusion 12-2. There is *limited evidence* suggesting that nicotine- and non-nicotine-containing e-cigarette aerosol can adversely affect cell viability and cause cell damage of oral tissue in non-smokers.

Conclusion 16-3. Among youth and young adult e-cigarette users who ever use combustible tobacco cigarettes, there is *limited evidence* that e-cigarette use increases, in the near term, the duration of subsequent combustible tobacco cigarette smoking.

Conclusion 17-1. Overall, there is *limited evidence* that e-cigarettes may be effective aids to promote smoking cessation.

INSUFFICIENT EVIDENCE

Conclusion 9-5. There is *insufficient evidence* that e-cigarette use is associated with long-term changes in heart rate, blood pressure, and cardiac geometry and function.

Conclusion 13-2. There is *insufficient evidence* whether or not maternal e-cigarette use affects fetal development.

Conclusion 17-3. There is *insufficient evidence* from randomized controlled trials about the effectiveness of e-cigarettes as cessation aids compared with no treatment or to Food and Drug Administration–approved smoking cessation treatments.

Conclusion 18-4. There is *insufficient evidence* that e-cigarette use changes short-term adverse health outcomes in several organ systems in smokers who continue to smoke combustible tobacco cigarettes (dual users).

NO AVAILABLE EVIDENCE

Conclusion 9-1. There is *no available evidence* whether or not e-cigarette use is associated with clinical cardiovascular outcomes (coronary heart disease, stroke, and peripheral artery disease) and subclinical atherosclerosis (carotid intima-media thickness and coronary artery calcification).

Conclusion 10-1. There is *no available evidence* whether or not e-cigarette use is associated with intermediate cancer endpoints in humans. This holds true for e-cigarette use compared with use of combustible tobacco cigarettes and e-cigarette use compared with no use of tobacco products.

Conclusion 11-1. There is *no available evidence* whether or not e-cigarettes cause respiratory diseases in humans.

Conclusion 13-1. There is *no available evidence* whether or not e-cigarettes affect pregnancy outcomes.

Conclusion 18-3. There is *no available evidence* whether or not long-term e-cigarette use among smokers (dual use) changes morbidity or mortality compared with those who only smoke combustible tobacco cigarettes.

TO READ THE FULL REPORT AND VIEW RELATED RESOURCES, PLEASE VISIT
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PERIO-IMPLANT ADVISORY

Vaping and oral health: It's worse than you think

January 10, 2019

By Scott Froum, DDS, and Alisa Neymark, DDS



Figure 1: Effects of e-cigarette usage

The use of electronic cigarettes (e-cigarettes) represents a significant and increasing proportion of tobacco consumption, posing a tremendous threat to oral health. This article will look at the following aspects of e-cigarettes:

- Overview of e-cigarette usage
- Statistics on the current prevalence of e-cigarettes
- Three chemicals contained in e-cigarettes and their effects on oral health

When compared to traditional tobacco use, an argument that e-cigarette use may be as dangerous to oral health—if not more dangerous—can be made.

Overview

Using e-cigarettes, referred to as vaping, works by heating a liquid to generate an aerosol that the user inhales. The liquid in the e-cigarette, called e-liquid, is usually made up of propylene glycol, glycerin, flavorings, water, and nicotine, although some users will substitute THC for nicotine. In practice, e-cigarette users tend to reach lower blood nicotine concentrations than tobacco smokers, although it is difficult to make a direct comparison because nicotine concentrations in e-cigarettes vary widely.

Reasons individuals vape include the following:

- Smoking cessation
- The thought that vaping is less harmful than cigarettes
- Circumvention of smoke-free areas
- Recreational enjoyment (1)

Prevalence

Researchers and anti-tobacco advocates are especially concerned that irresponsible marketing has made e-cigarettes appeal to a younger population who does not have a history of tobacco usage. Tobacco use among middle and high school students has been steadily decreasing since 2014. However, since the introduction of the e-cigarette, that number is now increasing, and it is estimated that one in five high

school students may now be using tobacco products. (2) E-cigarette use from 2017 to 2018 increased 78% among high school students and 48% among middle school students. (3)

Propylene glycol

The first danger of e-cigarettes is associated with the carrier product known as propylene glycol (PG). PG is primarily used in the production of polymers and in food processing. It can be found in various edible items, such as liquid sweeteners, ice cream, and whipped dairy products. It can also act as a carrier for various inhalant pharmaceutical products, including nicotine. PG is a viscous, colorless liquid that possesses a faintly sweet taste and is one of the major ingredients of the e-liquid used in e-cigarettes. When used orally, the breakdown products of PG include acetic acid, lactic acid, and propionaldehyde, which are all toxic to enamel and soft tissue. (4) In addition, PG is a hygroscopic product, which means water molecules in saliva and oral tissue will bond to the PG molecules, leading to tissue desiccation. (5) The result of this is xerostomia, or "dry mouth," which has been shown to lead to an increase in cavities, gum disease, and other oral health issues.

Vegetable glycerin and flavorings

The second danger of e-cigarettes is due to other major component of e-liquid: glycerin and flavorings. Vegetable glycerin (VG) is a colorless, odorless, viscous, and sweet-tasting liquid. It has a myriad of applications, including medical, pharmaceutical, and personal care. In the food industry, it serves as a humectant, solvent, and sweetener. It is 60% as sweet as sucrose and is not metabolized by cariogenic bacteria, and is therefore thought not to cause cavities. However, studies have shown that the combination of VG with flavorings produces a fourfold increase in microbial adhesion to enamel and a twofold increase in biofilm formation. (6) In addition, a 27% decrease in enamel hardness was demonstrated when flavorings were added to e-liquid as compared to unflavored controls. The viscosity of the e-liquid also allowed *Streptococcus mutans* to adhere to pits and fissures. In other words, e-liquid allows more cavity-causing bacteria to stick to a softer tooth and can lead to rampant decay.

Nicotine

The final danger associated with e-cigarettes has to do with nicotine. Although the percentage of nicotine is much lower (0.3%–1.8%) than traditional tobacco products, one electronic cartridge (200–400 puffs) can equal the smoking of two to three packs of regular cigarettes. The dangerous effects of nicotine on gum tissue are well known. The literature suggests that nicotine affects gingival blood flow as it is a vasoconstrictor. It also affects cytokine production, neutrophil function, and other immune cell function. (7) In addition, nicotine decreases connective tissue turnover. All of this results a much higher chance of developing gum disease and tooth loss.

Bottom line

The bottom line is vaping can be just as dangerous, if not more dangerous, when compared with smoking. The problem is that vaping is thought to be a safer alternative to traditional tobacco products, and companies are adding flavoring products to attract younger generations. According to a 2013–2014 survey, 81% of current youth e-cigarette users cited the availability of appealing flavors as the primary reason for use. (8)

For example, one patient of a general dental practice had a caries-free history for 35 years. He ceased smoking traditional cigarettes and decided to vape as he thought this was a healthier alternative. Within a year, cervical enamel demineralization and interproximal lesions were present on the mandibular anterior sextant, consistent with the primary point of contact of the e-liquid aerosol (figure 1).

In another example, a young patient had been using e-cigarettes for five years. He started vaping as a method to quit smoking traditional tobacco products thinking vaping was a healthy alternative. Because of its ease of use, he smoked a cartridge of one of the more popular vaping products a day. Admittedly, he also drank energy drinks (high sugar content), stating that his mouth was often dry after vaping. This combination led to rampant decay with smooth-surface lesions and future tooth loss (figure 2).

Many advocates of vaping claim that e-cigarette use and vaping poses 5% the health risks of traditional tobacco smoking and claim its use to be helpful in getting people to quit. (9) This particular use does have merit and has helped many individuals quit smoking. Unfortunately, these studies have only analyzed e-cigarette use in former

smokers using vaping as a way to stop smoking. The studies have not looked at the health effects of nonsmokers who start vaping because of the perceived innocuous health effects and because it "tastes yummy." In addition, these studies have not looked at vaping in middle school and high school individuals, the group where e-cigarette use is increasing the most in percentage of use. Because of this, a tidal wave of oral health problems is heading our way.

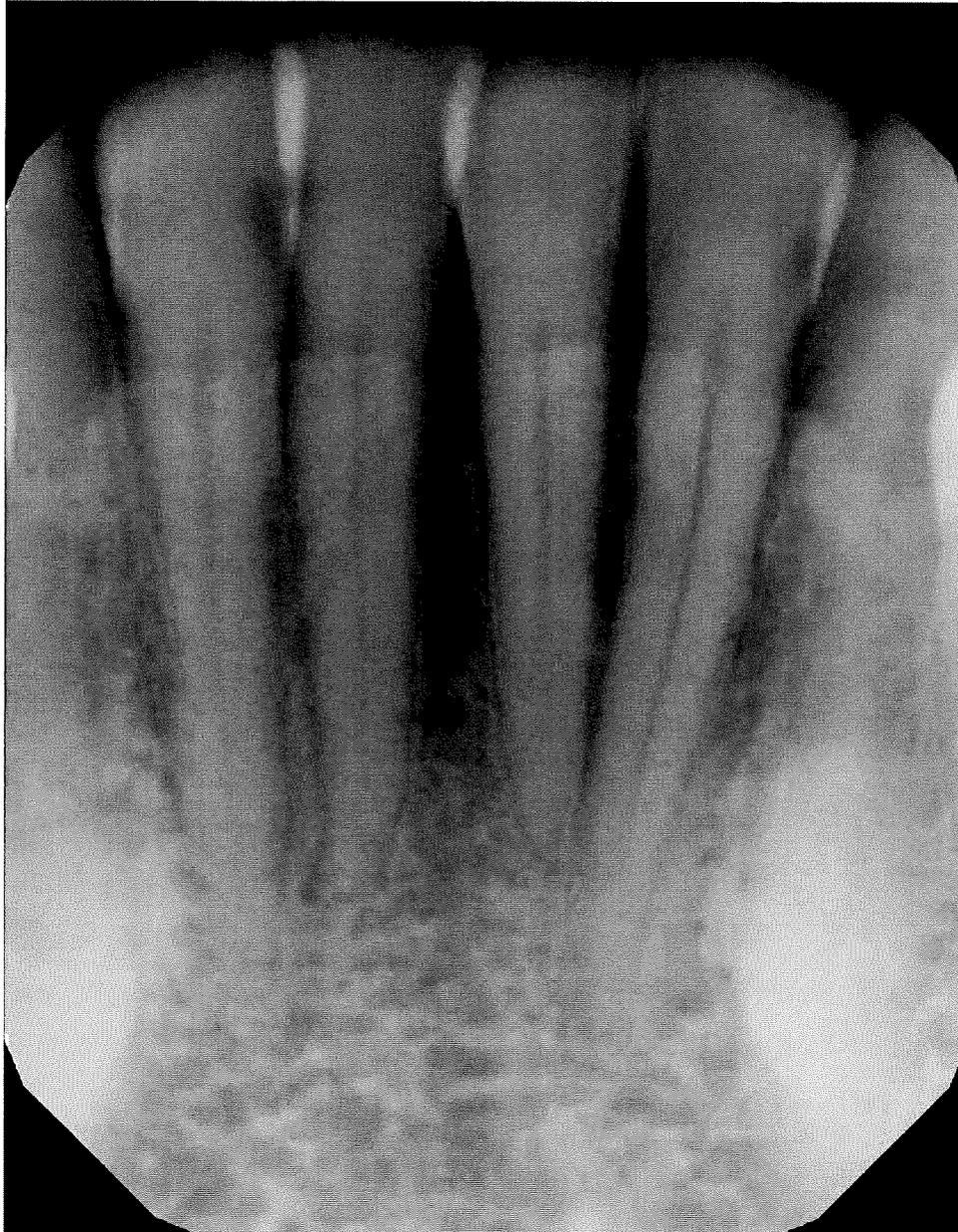


Figure 2: Effects of e-cigarettes

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Editor's note: This article first appeared in the *Perio-Implant Advisory* e-newsletter. To subscribe, visit [this page](#).



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[Additional clinical tips from Dr. Scott Froum](#)



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Also by Dr. Neymark: [An alternative to surgical crown lengthening: Margin elevation using a two-matrix system](#)



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Resolution #1-R-19
E-Cigarettes

Date: 02/06/2019

Submitted by: Alderperson Cathy Spears – District 12

Referred To: Board of Health

Whereas, e-cigarettes are known by many different names. They are sometimes called “e-cigs”, “e-hookahs”, “mods”, “vape pens”, “vapes”, “tank systems”, and “electronic nicotine delivery systems”; and

Whereas, some e-cigarettes are made to look like regular cigarettes, cigars, or pipes. Some resemble pens, USB sticks, and other everyday items; and

Whereas, e-cigarettes produce an aerosol by heating a liquid that usually contains nicotine – the addictive drug in regular cigarettes, cigars, and other tobacco products, - flavorings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air; and

Whereas, e-cigarettes can be used to deliver marijuana and other drugs; and

Whereas, the CDC Report on e-cigarettes and electronic nicotine delivery systems reports that vaping clouds contain high levels of two chemicals known to cause permanent and sometimes fatal lung disease: diacetyl and its chemical cousin, 2,3-pentanedione; and

Whereas, e-cigarettes aerosol ingredients include: nicotine, ultrafine particles, flavorings such as diacetyl; a chemical linked to lung disease, volatile organic compounds such as benzene; which is found in car exhaust and heavy metals such as nickel tin and lead; and

Whereas, diacetyl destroys the lungs' tiniest airways, leading to scar tissue buildup which blocks airflow. Its damage is irreversible; and

Whereas, Appleton has a smoke free indoor air ordinance, outlined in 7-100, that was enacted to protect workers and the public from secondhand smoke;

Now, Therefore Be it Resolved, that the definition of “smoking” be modified to read:

“Smoking” means inhaling, exhaling, burning, or carrying any lighted, heated or ignited cigar, cigarettes, cigarillo, pipe, hookah, Electronic Smoking Device, or any plant product intended for human inhalation.

“Electronic Smoking Device” means an electronic device that can be used to deliver an inhaled dose of nicotine, or other substances, including any component part, or accessory of such a device, whether or not sold separately. “Electronic Smoking Device” includes any such device, whether manufactured, distributed, marketed, or sold

as an electronic cigarette, an electronic cigar, an electronic cigarillo, an electronic pipe, an electronic hookah, or any other product name or descriptor.

“Electronic Smoking Device Paraphernalia” means cartridges, cartomizers, e-liquid, smoke juice, tips, atomizers, Electronic Smoking Device batteries, Electronic Smoking Device chargers, and any other item specifically designed for the preparation, charging, or use of Electronic Smoking Devices.



APPLETON HEALTH DEPARTMENT QUARTERLY REPORT October 1-December 31, 2018

Executive Summary

The Health Department's day-to-day activities for the fourth quarter of 2018 are enumerated in the attached report. The Department continues to work toward fulfilling the goals of our Department, keeping in mind the belief statements that support and enhance our mission statement.

“Provide a vital role assessing and ensuring the health needs and trade practices in the community”

City Sealer Eric Maggio and Health Officer Kurt Eggebrecht met with the nine contracted Consortium municipalities of Ashwaubenon, Berlin, Fox Crossing, Kaukauna, Kimberly, Little Chute, New London, Ripon and Waupaca. The yearly meetings provide a chance to have face-to-face meetings about the program and answer any questions about the work we've done during the year, update new contracted fees and learn of new projects within their communities that likely will require Weights and Measures services. This allows us to monitor expected number of service days. The municipalities remain pleased with the work Weights and Measures staff provides and the partnership of sharing services.

“Protect and promote the health and well-being of the citizen and consumer”

Health department nursing staff provided 258 doses of influenza vaccine to elected officials and City of Appleton employees, their spouses, partners and children nine years of age and older.

Health department staff responded to an active TB case in a school-age child. Due to the close contacts for a prolonged time frame, we provided testing on site to determine if any other faculty or students had contracted the illness. This requires a two-step process weeks after, due to the nature of this disease. We collaborated with local medical providers and public health nurses provided testing on site. We also collaborated with Partnership Clinic for those requiring a blood test.

The first round of testing did not reveal any additional cases. The second round of testing will occur in the first quarter of 2019. To inform the medical community and community at large, significant communication was provided by Health Officer Eggebrecht. Physicians in the three county region received emails with the parent notification letters attached. He also utilized print, TV and radio to educate the community of the disease and the low risk of contraction of TB.

Public Health Nurses Ann Steele and Kathleen Sprangers, along with Administrative Assistant Melissa Suttner, created two displays to promote Childhood Lead Poisoning Prevention. These educational displays were available for the community to view at the Appleton Public Library for the entire month of October.

“Communicate with the public on health and consumer related issues”

Department staff provided several education sessions this quarter, including:

Jess Moyle, RN, gave a presentation about breastfeeding to 7 AmeriCorps members on October 2. This training was held at the United Way Fox Cities in Menasha.

Becky Lindberg, RN, and Jess Moyle, RN, gave a presentation to 46 First Grade students at Foster Elementary on October 8. This interactive presentation focused on handwashing and “germs”.

Becky Lindberg, RN, presented at the annual Lawrence University Health Fair on October 9. She partnered with former Appleton Student Intern Anna Pell, and the topic was Breastfeeding Friendly Worksites and other general breastfeeding information. 180 people attended, including students and employees.

Becky Lindberg, RN, presented on the topic of Safe Sleep to 3 students at Appleton Central High School.

Public Health Nurse Jess Moyle was a member of the Breastfeeding Friendly Workplace Panel at the Annual Wisconsin Breastfeeding Coalition’s Annual Summit in Marshfield on November 13.

Kathleen Sprangers, RN, presented to 9 Appleton Health Department employees (public health nurses and administrative assistant) on Vaccine Storage and Handling.

Jess Moyle, RN, and Sonja Jensen, RN, gave a presentation and participated in a discussion with six Mosaic Family Health Faculty and Management staff members on November 15. The topics focused on were Prenatal Care Coordination, Maternal Child Health, Lead Poisoning Prevention and Immunizations.

Public Health Nurses Ashley Rankin, Jess Moyle and Krista Waterstradt met with Appleton Area School District nurses and social workers on October 30. At this meeting they discussed various Public Health services such as Prenatal Care Coordination and Maternal Child Health.

“Collaborate and provide high quality services in a cost effective and efficient manner”

This past semester, the department hosted Alexis Woerishofer, a Master in Public Health candidate from the Medical College of Wisconsin. Health Officer Eggebrecht served as her mentor and she focused her work on promoting the benefits of seasonal influenza vaccine. Alexis outreached to the faith-based community in Appleton with posters promoting vaccine effectiveness and the benefits of proper handwashing. She also updated the showcase outside of Council Chambers while early voting took place.

“Develop and evaluate department programs, policies and procedures based on community needs”

In October, Tim Mirkes, RS, Environmental Supervisor, participated in a Multi-Agency Resource Center (MARC) Exercise.

October 30—Health Department staff hosted a lunch and listening session with community leaders to better learn of the health issues important to the communities they serve. This first meeting will be followed up with several community listening sessions in early 2019. We are seeking input directly from residents that often don’t have a voice in traditional methods of data collection related to health improvement.

This quarter, Health Officer Eggebrecht participated in a series of meetings with other key stakeholders to support and provide input into ThedaCare’s community health needs assessment and prioritization plans.

“Maintain a professional staff that works together as a cohesive team by cooperating, communicating and supporting each other to achieve department and individual goals”

This quarter, department staff attended several training opportunities, including:

In October, Tim Mirkes, RS, Environmental Supervisor, and Michelle Roberts, RS, attended the annual DATCP regional meeting in Waupaca.

In October, Steve Kihl, RS, and Michelle Roberts, RS, participated in a two day FEMA Training in Green Bay. The course was “A Team Approach to Foodborne Outbreak Response”.

October 2, Public Health Nurses Ashley Rankin, Jess Moyle and Krista Waterstradt attended the regional PNCC meeting at the Menasha Library.

October 2, Nursing Supervisor Sonja Jensen attended United Healthcare Community Plan Innovation Day in Howard. The focus of the Innovation Day was, “Wisconsin Children Living Health Lives”, with the intertwining themes of Trauma-Informed Care and Birth Outcomes.

October 8-10—City Sealer Eric Maggio represented Appleton by attending the annual Wisconsin Weights and Measures fall conference in Stevens Point, WI. The conference was administered by the Wisconsin Weights and Measures Association and the National Conference for Weights and Measures. A variety of topics were discussed during this year's training.

October 19, Public Health Nurses Becky Lindberg and Susan Larson attended Refugee Mental Health and Suicide Prevention training. This was sponsored by World Relief Fox Valley and held at United Congregational Church in Appleton.

November 11, Health Officer Eggebrecht attended the State Cancer Summit: Equity in Action, held in Madison.

November 13, Public Health Nurses Becky Lindberg and Jess Moyle attended the Wisconsin Breastfeeding Coalition Annual Summit in Marshfield. This event was sponsored by the Wisconsin Breastfeeding Coalition and Wisconsin Association of Lactation Consultants.

November 16, Public Health Nurses Becky Lindberg and Sonja Jensen attended the Joint Fox Valley Refugee Resettlement Meeting at Miron Construction in Neenah. Topics included the facts and challenges of a refugee's immigration process and a panel-led discussion on the topic of Secondary Migration.

Respectfully submitted,

Kurt Eggebrecht, M.Ed., MCHES
Health Officer



I. Preventing Disease

Community Education Sessions	Quarter	Year to Date	Last Year to Date
Group Education Sessions	7	20	28
Number of Attendees	312	626	566

Immunization Clinics	Current Month	Quarter	Year to Date	Last Year to Date
Persons Immunized	16	57	122	152
Immunizations administered	20	98	267	407

Vaccine Type/Number of Doses	Quarter	Year to Date	Last Year to Date
PCV13 (Prevnar)	0	11	8
DTP/HIB (See DTP and HIB)	0	0	0
DtaP (Diphtheria, Tetanus, Acellular Pertussis)	1	7	3
Td (Tetanus diphtheria)	0	7	8
MMR (Measles, Mumps, Rubella)	2	16	13
HIB (Haemophilus Influenzae b)	0	9	10
IPV (Inactivated Polio Vaccine)	0	5	12
HBV (Hepatitis B)	0	2	15
Flu (Influenza)	14	37	21
VZV (Varicella)	2	19	18
Heb B/Hib Comvax	0	0	0
Hep A	0	13	13
Dtap/IPV/Hep B	0	7	6
MCV4 (Meningococcal)	0	8	12
Tdap	0	11	16
Flu Nasal	0	0	0
HPV (Human Papillomavirus)	0	23	20
Rotavirus	0	4	3
Dtap/IPV	0	3	1
H1N1	0	0	0
Hep A/Hep B	1	8	1
MenB	0	0	6
Dtap-IPV / Hib	0	0	0

Communicable Disease Cases	Current Month	Quarter	Year to Date	Last Year to Date
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Gastroenteric

Campylobacter	2	6	21	20
Cyclosporiasis	0	0	6	1
Hemolytic Uremic Syndrome	1	1	1	0
Giardiasis	0	1	5	13
Salmonellosis	0	3	16	11
Amebiasis	0	0	0	0
Balantidium Coli	0	0	0	0
Hook Worm	0	0	0	0
Vibriosis	0	0	2	0
Shigellosis	0	1	3	2
Yersinia	0	0	1	2
Strongyloides	0	0	0	0
Cryptosporidiosis	0	4	9	8
E. Coli	1	9	58	20
Listeriosis	0	0	0	3

Other Communicable Diseases	Current Month	Quarter	Year to Date	Last Year to Date
Haemophilis Influenza	0	0	0	1
Blastomycosis	0	0	0	1
Hep A	0	0	0	0
Hep B	0	0	4	5
Hep C	2	6	47	49
Streptococcus pneumoniae	1	1	4	5
Acute Flaccid Myelitis	0	1	1	0
Carbon Monoxide Poisoning	2	3	4	0
Leprosy	0	0	0	0
Adult Lead Toxicity	0	0	0	0
Legionellosis	0	0	1	1
Lyme Disease	0	0	15	13
Ehrlichiosis / Anaplasmosis	0	0	2	6
Malaria	0	0	0	1
Dengue Fever	0	0	0	0
TB, Latent Infection	7	14	23	0
Neisseria Meningitidis, Invasive Disease	0	0	1	0
Bacterial Meningitis	0	0	1	0
Viral Meningitis	0	0	0	0
Invasive Group A Strep	0	0	1	1
Rheumatic Fever	0	0	0	0
Tetanus	0	0	0	0
Toxic Shock	0	0	0	0
Typhoid	0	0	0	0
Mycobacterium Tuberculosis	0	0	0	1
Mycobacterium - Atypical	0	1	13	14
Viral Encephalitis	0	0	0	0
Cat Scratch Disease (Bartonella species)	0	0	0	0
Streptococcus group B invasive disease	1	5	8	4
Vibrio Cholera	0	0	0	0
West Nile Virus	0	0	0	0
Kawasaki	0	0	2	0
Novel Influenza	0	0	0	0
Hospitalized Influenza	1	2	59	37
Babesiosis	0	0	2	0
Histoplasmosis	0	1	1	2
VISA	0	0	0	2
Rocky Mountain Spotted Fever	0	0	0	0
Jamestown Canyon	0	0	0	0
Burkholderia Pseudomallei	0	0	0	1
Invasive Strep, Other	0	0	9	2
Toxoplasmosis	0	0	0	0

Vaccine Preventable	Current Month	Quarter	Year to Date	Last Year to Date
Measles	0	0	0	0
Mumps	0	0	0	0
Pertussis	0	0	8	11
Rubella	0	0	0	0
Varicella	4	6	9	7

Tuberculosis Prevention and Control	Quarter	Year to Date	Last Year to Date
Number of TB (Chemoprophylaxis Referrals)	4	15	26
Number of TB Skin Tests	73	170	71
Number of Referrals for TB Blood Test	19	27	10
Number of TB positive tests	0	0	0

Sexually Transmitted Disease	Current Month		Quarter		Year to Date		Last Year to Date	
	All Ages	≤18	All Ages	≤18	All Ages	≤18	All Ages	≤18
Chlamydia	28	9	81	17	346	48	339	29
Gonorrhea	4	1	11	1	50	5	55	1
Partner/Referral Program (Contacts)	0	0	0	0	1	0	6	0
HIV	1	0	2	0	3	0	7	0
Other STD	0	0	0	0	0	0	0	0
Syphilis	0	0	2	0	6	0	9	0

Planned Parenthood Contract	Quarter	Year to Date	Last Year to Date
Individuals served	11	65	81
Number of tests	27	157	195
Individuals treated	3	14	17

Lead	Quarter	Year to Date	Last Year to Date
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Elevations

Initial Venous lead levels >19 ug/dl	0	0	1
Repeat Venous lead levels >19 ug/dl	0	0	0
Initial Venous lead levels 10 - 19 ug/dl	0	1	4
Repeat Venous lead levels 10 - 19 ug/dl	0	0	3
Capillary lead levels >10 ug/dl	0	3	7
Venous lead levels 5 - 9 ug/dl	6	22	17
Home Inspections	0	4	3
Education	1	8	19
Formal Enforcement Action	0	3	3

Licensed Establishments	Plan Reviews			Preinspections		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	0	0	1	6	27	17
Retail Food	0	4	0	3	13	4
Hotel/Motel and Tourist Rooming House	0	0	0	0	0	1
Bed and Breakfast	0	0	0	0	0	0
Manufactured Home Communities	0	0	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	0	0	1	0	0	3
Tattoo and Body Piercing	0	0	0	0	4	3
Temporary Restaurants	0	0	0	0	0	0
Non-profit	0	0	0	0	0	0
Rec/Ed Campground	0	0	0	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	0	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	1	0	0	3	0
Chicken Keeping	0	0	0	0	8	0
Total	0	4	2	9	44	28

Licensed Establishments	Inspections			Reinspections		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	43	285	289	3	83	86
Retail Food	9	88	90	1	13	13
Hotel/Motel and Tourist Rooming House	0	7	6	0	0	0
Bed and Breakfast	0	3	3	0	0	0
Manufactured Home Communities	0	1	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	0	18	23	0	0	0
Tattoo and Body Piercing	3	11	6	0	0	0
Temporary Restaurants	0	18	6	0	0	0
Non-profit	0	58	86	0	8	2
Rec/Ed Campground	0	1	1	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	6	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	2	0	0	0	0
Chicken Keeping	0	8	0	0	0	0
Total	55	496	510	4	104	101

Licensed Establishments	Complaints			Complaint Followups		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	7	26	17	4	6	6
Retail Food	0	2	2	0	0	0
Hotel/Motel and Tourist Rooming House	0	0	1	0	0	0
Bed and Breakfast	0	0	0	0	0	0
Manufactured Home Communities	0	0	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	1	4	2	0	0	0
Tattoo and Body Piercing	0	0	0	0	0	0
Temporary Restaurants	0	1	0	0	0	0
Non-profit	0	0	0	0	0	0
Rec/Ed Campground	0	0	0	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	0	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	0	0	0	0	0
Chicken Keeping	0	0	0	0	0	0
Total	8	33	22	4	6	6

Licensed Establishments	Consultations		
	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	43	264	298
Retail Food	15	67	65
Hotel/Motel and Tourist Rooming House	0	1	1
Bed and Breakfast	0	1	5
Manufactured Home Communities	0	1	3
Vending Machines	0	0	0
Swimming Pools	0	6	16
Tattoo and Body Piercing	5	43	68
Temporary Restaurants	1	31	14
Non-profit	1	47	84
Rec/Ed Campground	0	0	3
Campground	0	0	0
Pigeon Permit	0	0	5
Temporary Retail	0	2	2
Special Organization Serving Meals	0	0	0
Apiary	0	8	0
Chicken Keeping	0	34	0
Total	65	463	564

Food Borne-Water Borne Disease	Current Month	Quarter	Year to Date	Last Year to Date
Number of Outbreaks	0	0	0	0
Number of Interviews	1	2	3	4
Number symptomatic	1	2	3	3

Laboratory/Field Tests	Current Month	Quarter	Year to Date	Last Year to Date
WDATCP Random Sampling Program	0	0	0	0

Swimming Pool Water Samples	Current Month	Quarter	Year to Date	Last Year to Date
Total number of pools sampled	20	60	229	242
Total number of pools resampled	0	1	6	3
Total positive HPC	0	0	0	1
Total positive coliform	0	1	6	2

Rabies Specimens

Type of Animal Shipped

Dog	0	0	0
Cat	0	1	0
Bat	0	2	0
Raccoon	0	0	0
Ferret	0	0	0
Skunk	0	0	0
Other	0	0	0
Total shipped	0	3	0
Total positive results	0	0	0

II. Protecting the Environment

Environmental Investigations	Consultations			Complaints		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Community water supplies	0	0	1	0	0	0
School/Day Care	1	1	5	0	0	0
Private water supplies	0	1	0	0	0	0
Surface water pollution	0	2	1	0	0	0
Animal nuisances	3	15	17	0	0	0
Rabies control	2	23	33	0	0	0
Insect control	4	25	36	2	3	6
Rodent control	1	4	11	0	1	1
Hazardous substance control	1	10	8	0	1	1
Air pollution - Indoor	4	12	10	0	0	0
Air pollution - Outdoor	0	1	4	0	0	0
Noise	1	14	19	1	1	4
Radiation	0	1	6	0	0	2
Garbage/rubbish nuisance	0	3	4	0	1	3
Private residence/housing	2	14	32	2	3	0
Lead	1	1	21	0	0	1
Other Programs	1	11	27	0	0	0
Other Business	9	29	19	0	0	3
Mold	9	40	0	1	1	0
Totals	39	207	254	6	11	21

Environmental Investigations	Complaint Followups		
	Quarter	Year to Date	Last Year to Date
Community Water Supplies	0	0	0
School/Day Care	0	0	0
Private water supplies	0	0	0
Surface water pollution	0	0	0
Animal nuisances	0	0	0
Rabies control	0	0	0
Insect control	5	5	8
Rodent control	0	2	5
Hazardous substance control	0	0	0
Air pollution - Indoor	0	0	4
Air pollution - Outdoor	0	0	0
Noise	0	1	4
Radiation	0	0	0
Garbage/rubbish nuisance	0	1	7
Private residence/housing	1	4	16
Lead	0	0	0
Other Programs	0	0	4
Other Business	0	0	0
Mold	0	1	0
Totals	6	14	48

III. Promoting Health

Type of Referrals to Public Health Nurse (PHN)	Quarter	Year to Date	Last Year to Date
Family	2	3	5
Maternal/Child	206	926	861
Adult/Elderly	1	7	7
Total	209	936	873

Community Health Visits	Admissions			Revisits		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date

Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals and case management

MCH	41	145	182	95	359	214
Adult	44	64	77	42	126	109
Elderly	2	5	14	16	118	140
Total	87	214	273	153	603	463

Community Health Visits	Discharges			Phone Calls as Visit		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date

Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals and case management

MCH	3	7	7	8	74	53
Adult	1	7	22	3	13	7
Elderly	1	5	2	0	4	0
Total	5	19	31	11	91	60

Primary Health Problem	Quarter	Year to Date	Last Year to Date
General Health Promotion	70	148	147
Prenatal	30	87	121
Postpartum	57	217	257
Infant and Child Health	54	233	314
Communicable Disease	41	134	429
Endocrine/Nutritional/Immunity Disorders	2	10	10
Nervous system and sense organs	0	0	0
Circulatory system	15	64	63
Respiratory system	10	18	24
Musculoskeletal system and Connective tissue	1	7	2
Other	11	50	51
Total	291	968	1418

Adult/Elderly Clients By Referral Source	Quarter	Year to Date	Last Year to Date
Self	0	1	1
Case Finding	0	1	1
Physician (Unhospitalized)	0	1	4
Hospital	0	0	0
Social Service/Counseling	0	1	3
Community Agency	1	2	0
Other Public Health Agency	0	0	0
Licensed Home Health Agency	0	0	0
State Agency	0	0	0
Carried Over From Previous Year	0	19	20
Other	0	0	0
Total	1	25	29

Adult/Elderly Client Interventions	Quarter	Year to Date	Last Year to Date
Case Management	59	328	334
Consultation	15	53	10
Counseling	43	169	133
Delegated Functions	0	2	1
Disease and Health Event Investigation	0	1	4
Health Teaching	72	316	381
Referral and Follow Up	11	86	66
Screening	59	227	207
Total	259	1182	1136

Adult/Elderly Non-Client Contacts	Quarter	Year to Date	Last Year to Date
Adult child	0	0	2
Aging & Disability Resource	0	1	1
Citizen	5	22	22
Client	0	0	0
Community Agency	1	6	4
Employer	0	0	0
Faith Community	0	0	0
Friend	0	0	0
Hospital	0	0	0
Human Services	0	1	0
Mental Health Provider	0	0	0
Nurse	0	0	0
Other	0	0	0
Parent/Guardian	3	5	4
Primary Care Provider	0	0	0
Spouse	0	0	0
Total	9	35	33

Adult/Elderly Non-Client Contact Interventions	Quarter	Year to Date	Last Year to Date
Consultation	1	5	3
Counseling	0	3	0
Health Teaching	2	6	5
Referral and Follow Up	6	25	27
Total	9	39	35

IV. Protecting the Consumer

Consumer Complaints	Number Received			Number of Violations Found		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Foods	0	1	1	0	0	0
Liquid foods	0	0	0	0	0	0
Non-food Products	0	0	0	0	0	0
Heating Oil and LP gas	0	0	0	0	0	0
Firewood	0	0	1	0	0	1
Gas station pumps	3	13	8	0	3	1
Gas station service console	0	1	2	0	0	0
Gas station price signage	1	1	2	0	0	1
Gas station gasoline quality	0	2	8	0	0	0
Scales: food	0	1	0	0	0	0
Scales: scrap metal	0	0	0	0	0	0
Scales: other	0	0	0	0	0	0
Scanning	4	13	6	0	2	0
Trade practices	2	5	4	0	1	1
Advertising	1	3	3	1	1	1
Going out of business sales	0	0	0	0	0	0
Temporary sales	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0
Totals	11	40	35	1	7	5

Type of Establishments Inspected	Current Month	Quarter	Year to Date	Last Year to Date
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Food and convenience stores, restaurants, bakery and candy stores, dairy plants and stores, drug stores, hardware stores, variety stores, gas stations, salvage and recyclers, pet shops, garden centers, industrial manufacturing plants, concrete and asphalt plants

Total number inspected	51	104	627	604
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Equipment and Device Examined	Inspected				Number Not in Compliance			
	Current Month	Quarter	Year to Date	Last Year to Date	Current Month	Quarter	Year to Date	Last Year to Date
Scales and Balances	46	137	609	603	0	0	3	16
Measures (Includes gas pumps and fuel oil tr	3	47	1,008	1,122	0	3	35	31
Weights	2	2	14	62	0	0	0	0
Total	51	186	1,631	1,787	0	3	38	47

Commodity Report	Current Month	Quarter	Year to Date	Last Year to Date
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Total units of product investigated	3,188	6,675	131,856	113,422
Random sample size	692	1,756	20,716	17,887
Total products/units found short weight	0	55	1,267	812
Total products/units found mislabeled	29	85	723	1,548

Price Scanning Inspections	Current Month	Quarter	Year to Date	Last Year to Date
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Number of Inspection	13	25	141	125
Number of items scanned	350	700	4,602	4,126
Pricing errors found	4	7	130	99

License Investigations	Quarter	Year to Date	Last Year to Date
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Closeout sales	0	0	0
Secondhand dealers	15	25	31
Commercial solicitation	9	32	29
Taxicab	1	10	8
Pet store	0	4	3
Fire wood	0	20	20

HEALTH DEPARTMENT
Fourth Quarter Review
All Figures Through December 31, 2018

Significant 2018 Events:

See 2018 Quarterly Reports

Performance Data:

Administration 4th Quarter						
Program	Criteria	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Target 2018
ADMIN	Client Benefit					
Train Staff	Benefit #1: Training request/ reviewed/ approved	100%	100%	100%	100%	100%
Safe Work	Benefit #2: # unresolved safety issues	0	0	0	0	0
Level III Health Dept	Outcome #1: # of unresolved issues	0	0	0	0	0
Internal Advancement	Outcome #2: % vacancies filled from within	100%	100%	100%	100%	100%
Training	Output #1: Hours of training/employee	36	41	48	31	40
Staff Assessments	Output #2: % completed on time	100%	100%	100%	100%	100%
Collaboration with Health Care Partners	Output #3: # of meetings	137	151	147	138	140
Prepare Annual Report	Output #4: Complete by 120th day of following year	4/30	4/21	4/18	4/13	4/25

Nursing 4th Quarter

Program	Criteria	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Target 2018
Client Benefits/Impacts						
TB Disease Resolved	Benefit #1: Three negative tests/ complete treatment/ + clinical status	(3 Total) 1 - in treatment 1 - in process 1 - moved out of jurisdiction	(2 Total) 1 - resolved 1 - in treatment	(2 Total) 1 - moved out of jurisdiction 1 - in treatment	1-resolved	100%
Occupational Health	Benefit #2: TB testing and training	100%	100%	100%	100%	100%
Strategic Outcomes						
Epi-linked TB Cases	Outcome #1: # of cases	0	0	0	0	0
Increase Vaccine Coverage	Outcome #2: % school age children vaccinated	100%	99%	99%	99%	99%
COM Regulations	Outcome #3: % of required participants	100.0%	100.0%	100.0%	100.0%	100.0%
Work Process Outputs						
Case Management of TB	Output #1: # of home visits	152	426	207	47	100
TB Skin Test	Output #2: # of TB skin tests	103	101	72	172	90

Environmental 4th Quarter

Program	Criteria	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Target 2018
Client Benefits/Impacts						
Fair and Consistent Inspection	Benefit #1: Positive triennial survey results	98.5	100%	100%	99.5%	97%
Health Hazards	Benefit #2: Identified and corrected inspection reports	100%	100%	100%	100%	100%
Strategic Outcomes						
Voluntary Compliance Improved	Outcome #1: # of critical violations	321	396	371	402	375
Human Cases of Rabies	Outcome #2: # of cases	0	0	0	0	0
Foodborne Outbreaks	Outcome #3: # of outbreaks related to special events	0	0	0	0	0
Foodborne Outbreaks	Outcome #4: # of food establishment linked outbreaks	0	0	0	0	0
Work Process Outputs						
Annual Inspection & Follow-ups	Output #1: # of inspections	548	501	515	506	540
Annual Inspection & Follow-ups	Output #2: # of follow up inspections	112	114	102	104	120
Response to Complaints	Output #3: # of complaints/follow ups	105/43	26/26	78/58	68/20	135/75
Response to Complaints	Output #4: % completed within 3 days	100.0%	100%	100%	97%	99%
Animal Bite Complaints	Output #5: % response within 4 hours	100%	100%	100%	100%	100%
Education Sessions for Non-profits	Output #6: # of vendors participating	368	84	84	60	50

Weights & Measures 4th Quarter

Program	Criteria	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Target 2018
Client Benefits/Impacts						
Reduce Price Scanning Errors	Benefit #1: % error trend reporting compliance (over charges)	99.1%	98.8%	98.5%	98.7%	99.0%
Accurate Product Labeling	Benefit #2: Positive triennial consumer survey	100.0%	100%	88%	100.0%	100.0%
Accurate Measuring Devices	Benefit #3: % of devices that measure accurately	94.2%	96.7%	97.4%	97.7%	95.0%
Strategic Outcomes						
System of Price Control	Outcome #1: % error trend reporting compliance (undercharges)	97.9%	97.9%	99.1%	98.5%	98.0%
Short Weight & Mislabeled Measured Sales	Outcome #2: % error trend reporting compliance	95.8%	95.8%	97.9%	98.5%	96.0%
Public Confidence in System Integrity	Outcome #3: Triennial consumer survey response	100.0%	100.0%	88.0%	98.2%	99.0%
Work Process Outputs						
Price Scanning Inspection	Output #1: # of annual inspections	145	142	125	141	130
Commodity Inspections	Output #2: # of inspections	13,431	12,956	17,887	20,716	13,000
Device Inspections	Output #3: # of inspections	1,794	1,764	1,787	1,631	1,775

FROM ACCOUNTS FOR:	Jan-18 TO		Dec-18	
	ORIGINAL	REVISED		PCT
	APPROP	BUDGET	ACTUALS	USED
12510 Public Health Administration	\$158,037.00	\$158,037.00	\$151,918.63	96.10%
12520 Public Health Nursing	\$477,800.00	\$477,800.00	\$433,950.06	90.80%
12530 Public Health Environmental	\$359,812.00	\$359,812.00	\$347,096.78	96.50%
12540 Public Health Weights/Measures	\$204,668.00	\$204,668.00	\$206,284.57	100.80%
TOTAL EXPENSES	\$1,200,317.00	\$1,200,317.00	\$1,139,250.10	94.90%
GRAND TOTAL	\$1,200,317.00	\$1,200,317.00	\$1,139,250.10	94.90%

ACCOUNTS FOR:	ORIGINAL	REVISED		PCT
	APPROP	BUDGET	ACTUALS	USED
	TOTAL MCH Grant	\$38,677.00	\$38,677.00	\$38,300.47
TOTAL Prevention Grant	\$7,800.00	\$7,800.00	\$20,048.00	257.00%
TOTAL Lead Grant	\$9,808.00	\$9,808.00	\$9,457.52	96.40%
TOTAL Immunization	\$27,531.00	\$27,531.00	\$24,235.10	88.00%
TOTAL Bioterrorism Grant	\$86,004.00	\$86,004.00	\$39,684.40	46.10%
GRAND TOTAL	\$169,820.00	\$169,820.00	\$132,243.50	77.90%

The following noise variance requests have been approved by Health Officer, Kurt Eggebrecht:

Love is in the Air

Houdini Plaza

February 19, 10:00am-4:00pm

McGuinness Irish Pub-

- *St. Patrick's Day Celebrations:*

March 9, 12:00pm-11:00pm

March 15, 2:00pm-11:00pm

March 15, 12:00pm-11:00pm

March 17, 12:00pm-8:00pm

- *Octoberfest:*

September 27, 4:00pm-11:00pm

September 28, 12:00pm-11:00pm

LUaroo Music Festival

Lawrence University Quad

May 25-26, 12:00pm-11:00pm

Apple Creek 50K

2851 E Apple Creek Rd.

April 27, 6:00am-2:00pm

Art in the Park

City Park

July 28, 9:00am-4:00pm