City of Appleton

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

Meeting Agenda - Final

Board of Health

Wednesday, November 14, 2018 | **7:00 AM** | **Council Chambers, 6th Floor**

1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

18-1661 October 2018 Minutes

Attachments: October 2018 Minutes.pdf

4. Public Hearings/Appearances

5. Action Items

18-1418 Resolution #12-R-18 Medical Marijuana

Attachments: #12-R-18 Medical Marijuana.pdf
NASEM Report - Health Effects of Cannabis and Cannabinoids - SUMMARY.pd
WPHA Resolution-Access to Therapeutic Marijuana-Cannabis.pdf

Legislative History

10/10/18	Board of Health	presented

6. Information Items

18-1662 Third Quarter 2018 Report

Attachments: Third Quarter 2018 Executive Summary.pdf
Third Quarter 2018 Report.pdf

18-1663 Third Quarter 2018 Budget Performance Review

Attachments: Performance Review-Third Quarter 2018.pdf
Summary Budget Review-Third Quarter 2018.pdf

18-1664 Octoberfest 2018 Inspection Summary

Attachments: Octoberfest 2018 Summary.pdf

18-1665 Noise Variance Requests

Attachments: Noise Variance Requests 11.14.18.pdf

18-0162 Other Business

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
Appleton, WI 54911-4799
www.appleton.org

Meeting Minutes
Board of Health

Wednesday, October 10, 2018 | **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 Dr. Nelson, seconded by Sally Mielke, to approve the August minutes. Motion carried by the following vote:

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

Excused: 1 - Vogel

18-1421 August BOH Minutes

Attachments: August 8, 2018 BOH Minutes.pdf

4. Public Hearings/Appearances

5. Action Items

6. Information Items

18-1418 Resolution #12-R-18 Medical Marijuana

Attachments: #12-R-18 Medical Marijuana.pdf
NASEM Report - Health Effects of Cannabis and Cannabinoids - SUMMARY.pdf
WPHA Resolution-Access to Therapeutic Marijuana-Cannabis.pdf

This Report Action Item was presented

18-1415 July 2018 Monthly Report

Attachments: July 2018 Monthly Report.pdf

This Report Action Item was presented

18-1423 August 2018 Monthly Report

Attachments: August 2018 Monthly Report.pdf

This Report Action Item was presented

18-1416 Public Health Accreditation: Board of Health Update

Attachments: PHAB Standards- An Overview.pdf
PHAB Self Assessment.pdf

This Report Action Item was presented

18-1417 WI Healthy Communities Designation

Attachments: WI Healthy Community-Bronze.pdf
Healthy Communities Designation.pdf

This Report Action Item was presented

18-1420 2019 Health Budget Update

This Report Action Item was presented

18-1419 WI DATCP Bureau of Retail Food & Recreational Business Evaluation

This Report Action Item was presented

18-1422 Noise Variance Approvals

Attachments: Noise Variance Requests 10.10.18.pdf

This Report Action Item was presented

18-0162 Other Business

7. Adjournment

A motion was made by Dr. Nelson, seconded by Spears, that the meeting be adjourned. Motion passed by the following vote:

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

Excused: 1 - Vogel

Resolution # 12-R-18
Medical Marijuana

Submitted by:
Alderperson Christine Williams – District 10, and Alderperson Patti Coenen – District 11
September 19, 2018

Referred to: Board of Health

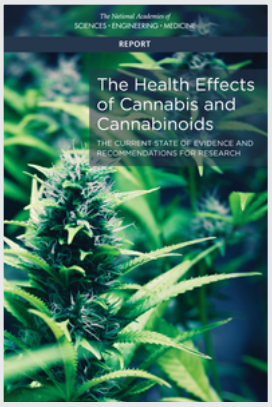
Whereas medical marijuana can be used to ease chronic pain, reduce nausea and increase appetite in patients receiving chemotherapy, can help control epileptic seizures, improve symptoms in patients with multiple sclerosis, treat glaucoma, soothe tremors in those with Parkinson's, treat anxiety along with many other diseases, and

Whereas 31 states, the District of Columbia, Guam and Puerto Rico allow comprehensive medical marijuana use, and

Whereas 16 Wisconsin counties and two Wisconsin cities have advisory referendums on the November 6 ballot regarding the use of marijuana for medical or recreational uses, and

Whereas Outagamie County is discussing the future of an advisory referendum on medical marijuana,

Now therefore be it resolved that the City of Appleton supports Wisconsin legislation allowing the use of medical marijuana in the State of Wisconsin.



The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research

DETAILS

486 pages | 6 x 9 | PAPERBACK
ISBN 978-0-309-45304-2 | DOI 10.17226/24625

CONTRIBUTORS

Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda; Board on Population Health and Public Health Practice; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine

Summary

Over the past 20 years there have been substantial changes to the cannabis policy landscape. To date, 28 states and the District of Columbia have legalized cannabis for the treatment of medical conditions (NCSL, 2016). Eight of these states and the District of Columbia have also legalized cannabis for recreational use. These landmark changes in policy have markedly changed cannabis use patterns and perceived levels of risk. Based on a recent nationwide survey, 22.2 million Americans (12 years of age and older) reported using cannabis in the past 30 days, and between 2002 and 2015 the percentage of past month cannabis users in this age range has steadily increased (CBHSQ, 2016).

Despite the extensive changes in policy at the state level and the rapid rise in the use of cannabis both for medical purposes and for recreational use, conclusive evidence regarding the short- and long-term health effects (harms and benefits) of cannabis use remains elusive. A lack of scientific research has resulted in a lack of information on the health implications of cannabis use, which is a significant public health concern for vulnerable populations such as pregnant women and adolescents. Unlike other substances whose use may confer risk, such as alcohol or tobacco, no accepted standards exist to help guide individuals as they make choices regarding the issues of if, when, where, and how to use cannabis safely and, in regard to therapeutic uses, effectively.

Within this context, in March 2016, the Health and Medicine Division

BOX S-1
Statement of Task

The National Academies of Sciences, Engineering, and Medicine (the National Academies) will appoint an ad hoc committee to develop a comprehensive, in-depth review of existing evidence regarding the health effects of using marijuana and/or its constituents.

The committee will develop a consensus report with two primary sections: (1) a section of the report will summarize what can be determined about the health effects of marijuana use and, (2) a section of the report will summarize potential therapeutic uses of marijuana. The report will also provide a background overview of the cannabinoid/endocannabinoid system, history of use in the United States, and the regulation and policy landscape. In addition, the report will outline and make recommendations regarding a research agenda identifying the most critical research questions regarding the association of marijuana use with health outcomes (both risks and therapeutic) that can be answered in the short term (i.e., within a 3-year time frame) as well as any steps that should be taken in the short term to ensure that sufficient data are being gathered to answer long-term questions (e.g., appropriate questions on large population surveillance surveys, clinical data collection or other data capture, and resolution of barriers to linkage between survey data and death/morbidity registries to enable population-level morbidity and mortality effects estimates). The committee should focus on questions and consequences with the potential for the greatest public health impact, while shedding light on the characteristics of marijuana use that impact both short- and long-term health.

In conducting its work, the committee will conduct a comprehensive review of the evidence, using accepted approaches of literature search, evidence review, grading, and synthesis. Studies reviewed regarding health risks should be as broad as possible, including but not limited to epidemiology and clinical studies, and toxicology and animal studies when determined appropriate by the committee. The committee will provide summary determinations regarding causality based on strength of evidence. Both U.S. and international studies may be reviewed based upon relevance and methodological rigor.

(formerly the Institute of Medicine [IOM][1]) of the National Academies of Sciences, Engineering, and Medicine (the National Academies) was asked to convene a committee of experts to conduct a comprehensive review of the literature regarding the health effects of using cannabis and/or its constituents that had appeared since the publication of the 1999 IOM report

[1] As of March 2016, the Health and Medicine Division continues the consensus studies and convening activities previously carried out by the Institute of Medicine (IOM).

Marijuana and Medicine. The resulting Committee on the Health Effects of Marijuana consisted of 16 experts in the areas of marijuana, addiction, oncology, cardiology, neurodevelopment, respiratory disease, pediatric and adolescent health, immunology, toxicology, preclinical research, epidemiology, systematic review, and public health. The sponsors of this report include federal, state, philanthropic, and nongovernmental organizations, including the Alaska Mental Health Trust Authority; Arizona Department of Health Services; California Department of Public Health; CDC Foundation; Centers for Disease Control and Prevention (CDC); The Colorado Health Foundation; Mat-Su Health Foundation; National Highway Traffic Safety Administration; National Institutes of Health/National Cancer Institute; National Institutes of Health/National Institute on Drug Abuse; Oregon Health Authority; the Robert W. Woodruff Foundation; Truth Initiative; U.S. Food and Drug Administration; and Washington State Department of Health.

In its statement of task, the committee was asked to make recommendations for a research agenda that will identify the most critical research questions regarding the association of cannabis use with health outcomes (both harms and benefits) that can be answered in the short term (i.e., within a 3-year time frame), as well as steps that should be taken in the short term to ensure that sufficient data are being gathered to answer long-term questions. Of note, throughout the report the committee has attempted to highlight research conclusions that affect certain populations (e.g., pregnant women, adolescents) that may be more vulnerable to potential harmful effects of cannabis use. The committee's full statement of task is presented in Box S-1.

STUDY CONTEXT AND APPROACH

Over the past 20 years the IOM published several consensus reports that focused on the health effects of marijuana or addressed marijuana within the context of other drug or substance abuse topics.[2] The two IOM reports that most prominently informed the committee's work were *Marijuana and Health,* published in 1982, and the 1999 report *Marijuana and Medicine: Assessing the Science Base.* Although these reports differed in scope, they were useful in providing a comprehensive body of evidence upon which the current committee could build.

The scientific literature on cannabis use has grown substantially since the 1999 publication of *Marijuana and Medicine.* The committee conducted an extensive search of relevant databases, including Medline, Embase,

[2] See https://www.nap.edu/search/?year=1995&rpp=20&ft=1&term=marijuana (accessed January 5, 2017).

BOX S-2
Health Topics and Prioritized Health Endpoints
(listed in the order in which they appear in the report)

Therapeutic effects

- Chronic pain; cancer, chemotherapy-induced nausea/vomiting; anorexia and weight loss; irritable bowel syndrome; epilepsy; spasticity related to multiple sclerosis or spinal cord injury; Tourette syndrome; amyotrophic lateral sclerosis; Huntington's disease; Parkinson's disease; dystonia; dementia; glaucoma; traumatic brain injury; addiction; anxiety; depression; sleep disorders; posttraumatic stress disorder; schizophrenia and other psychoses

Cancer

- Lung cancer; head and neck cancer; testicular cancer; esophageal cancer; other cancer

Cardiometabolic risk

- Acute myocardial infarction; stroke; metabolic dysregulation, metabolic syndrome, prediabetes, and diabetes mellitus

Respiratory disease

- Pulmonary function; chronic obstructive pulmonary disorder; respiratory symptoms (including chronic bronchitis); asthma

Immunity

- Immune function; infectious disease

the Cochrane Database of Systematic Reviews, and PsycINFO, and they initially retrieved more than 24,000 abstracts that could have potentially been relevant to this study. These abstracts were reduced by limiting articles to those published in English and removing case reports, editorials, studies by "anonymous" authors, conference abstracts, and commentaries. In the end, the committee considered more than 10,700 abstracts for their relevance to this report.

Given the large scientific literature on cannabis, the breadth of the statement of task, and the time constraints of the study, the committee developed an approach that resulted in giving primacy to recently published systematic reviews (since 2011) and high-quality primary research for 11 groups of health endpoints (see Box S-2). For each health endpoint,

Injury and death

- All-cause mortality; occupational injury; motor vehicle crash; overdose injury and death

Prenatal, perinatal, and postnatal exposure to cannabis

- Pregnancy complications for the mother; fetal growth and development; neonatal conditions; later outcomes for the infant

Psychosocial

- Cognition (learning, memory, attention, intelligence); academic achievement and educational outcomes; employment and income; social relationships and other social roles

Mental health

- Schizophrenia and other psychoses; bipolar disorders, depression; suicide; anxiety; posttraumatic stress disorder

Problem cannabis use

- Cannabis use disorder

Cannabis use and abuse of other substances

- Abuse of other substances

systematic reviews were identified and assessed for quality using published criteria; only fair- and good-quality reviews were considered by the committee. The committee's conclusions are based on the findings from the most recently published systematic review and all relevant fair- and good-quality primary research published after the systematic review. Where no systematic review existed, the committee reviewed all relevant primary research published between January 1, 1999, and August 1, 2016. Primary research was assessed using standard approaches (e.g., Cochrane Quality Assessment, Newcastle–Ontario scale) as a guide.

The search strategies and processes described above were developed and adopted by the committee in order to adequately address a broad statement of task in a limited time frame while adhering to the National

Academies' high standards for the quality and rigor of committee reports. Readers of this report should recognize two important points. First, the committee was not tasked to conduct multiple systematic reviews, which would have required a lengthy and robust series of processes. The committee did, however, adopt key features of that process: a comprehensive literature search; assessments by more than one person of the quality (risk of bias) of key literature and the conclusions; prespecification of the questions of interest before conclusions were formulated; standard language to allow comparisons between conclusions; and declarations of conflict of interest via the National Academies conflict-of-interest policies. Second, there is a possibility that some literature was missed because of the practical steps taken to narrow a very large literature to one that was manageable within the time frame available to the committee. Furthermore, very good research may not be reflected in this report because it did not directly address the health endpoint research questions that were prioritized by the committee.

This report is organized into four parts and 16 chapters. Part I: Introduction and Background, Part II: Therapeutic Effects (Therapeutic Effects of Cannabis and Cannabinoids), Part III: Other Health Effects, and Part IV: Research Barriers and Recommendations. In Part II, most of the evidence reviewed in Chapter 4 derives from clinical and basic science research conducted for the specific purpose of answering an a priori question of whether cannabis and/or cannabinoids are an effective treatment for a specific disease or health condition. The evidence reviewed in Part III derives from epidemiological research that primarily reviews the effects of smoked cannabis. It is of note that several of the prioritized health endpoints discussed in Part III are also reviewed in Part II, albeit from the perspective of effects associated with using cannabis for primarily recreational, as opposed to therapeutic, purposes.

Several health endpoints are discussed in multiple chapters of the report (e.g., cancer, schizophrenia); however, it is important to note that the research conclusions regarding potential harms and benefits discussed in these chapters may differ. This is, in part, due to differences in the study design of the reviewed evidence, differences in characteristics of cannabis or cannabinoid exposure (e.g., form, dose, frequency of use), and the populations studied. As such, it is important that the reader is aware that this report was not designed to reconcile the proposed harms and benefits of cannabis or cannabinoid use across the report's chapters. In drafting the report's conclusions, the committee made an effort to be as specific as possible about the type and/or duration of cannabis or cannabinoid exposure and, where relevant, cross-referenced findings from other report chapters.

REPORT CONCLUSIONS ON THE ASSOCIATION BETWEEN CANNABIS USE AND HEALTH

From their review, the committee arrived at nearly 100 different research conclusions related to cannabis or cannabinoid use and health. Informed by the reports of previous IOM committees,[3] the committee developed standard language to categorize the weight of evidence regarding whether cannabis or cannabinoid use (for therapeutic purposes) is an effective or ineffective treatment for the prioritized health endpoints of interest, or whether cannabis or cannabinoid use (primarily for recreational purposes) is statistically associated with the prioritized health

[3] *Adverse Effects of Vaccines: Evidence and Causality* (IOM, 2012); *Treatment of Posttraumatic Stress Disorder: An Assessment of the Evidence* (IOM, 2008); *Veterans and Agent Orange: Update 2014* (NASEM, 2016).

BOX S-3
Weight-of-Evidence Categories

CONCLUSIVE EVIDENCE

For therapeutic effects: There is strong evidence from randomized controlled trials to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is strong evidence from randomized controlled trials to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are many supportive findings from good-quality studies 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

For therapeutic effects: There is strong evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is strong evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are several supportive findings from good-quality studies with very 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.

continued

BOX S-3 Continued

MODERATE EVIDENCE

For therapeutic effects: There is some evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is some evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are several supportive findings from good- to fair-quality studies with very 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

For therapeutic effects: There is weak evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is weak evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of 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.

NO OR INSUFFICIENT EVIDENCE TO SUPPORT THE ASSOCIATION

For therapeutic effects: There is no or insufficient evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is no or insufficient evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are mixed findings, a single poor study, or health endpoint has not been studied at all. No conclusion can be made because of substantial uncertainty due to chance, bias, and confounding factors.

endpoints of interest. Box S-3 describes these categories and the general parameters for the types of evidence supporting each category. For a full listing of the committee's conclusions, please see this chapter's annex.

REPORT RECOMMENDATIONS

This is a pivotal time in the world of cannabis policy and research. Shifting public sentiment, conflicting and impeded scientific research, and legislative battles have fueled the debate about what, if any, harms or benefits can be attributed to the use of cannabis or its derivatives. The committee has put forth a substantial number of research conclusions on the health effects of cannabis and cannabinoids. Based on their research conclusions, the committee members formulated four recommendations to address research gaps, improve research quality, improve surveillance capacity, and address research barriers. The report's full recommendations are described below.

Address Research Gaps

***Recommendation 1*: To develop a comprehensive evidence base on the short- and long-term health effects of cannabis use (both beneficial and harmful effects), public agencies,[4] philanthropic and professional organizations, private companies, and clinical and public health research groups should provide funding and support for a national cannabis research agenda that addresses key gaps in the evidence base. Prioritized research streams and objectives should include, but need not be limited to:**

Clinical and Observational Research

- Examine the health effects of cannabis use in at-risk or under-researched populations, such as children and youth (often described as less than 18 years of age) and older populations (generally over 50 years of age), pregnant and breastfeeding women, and heavy cannabis users.
- Investigate the pharmacokinetic and pharmacodynamic properties of cannabis, modes of delivery, different concentrations, in various populations, including the dose–response relationships of cannabis and THC or other cannabinoids.
- Determine the harms and benefits associated with understudied cannabis products, such as edibles, concentrates, and topicals.
- Conduct well-controlled trials on the potential beneficial and harmful health effects of using different forms of cannabis, such

[4] Agencies may include the CDC, relevant agencies of the National Institutes of Health (NIH), and the U.S. Food and Drug Administration (FDA).

as inhaled (smoked or vaporized) whole cannabis plant and oral cannabis.
- Characterize the health effects of cannabis on unstudied and understudied health endpoints, such as epilepsy in pediatric populations; symptoms of posttraumatic stress disorder; childhood and adult cancers; cannabis-related overdoses and poisonings; and other high-priority health endpoints.

Health Policy and Health Economics Research

- Identify models, including existing state cannabis policy models, for sustainable funding of national, state, and local public health surveillance systems.
- Investigate the economic impact of recreational and medical cannabis use on national and state public health and health care systems, health insurance providers, and patients.

Public Health and Public Safety Research

- Identify gaps in the cannabis-related knowledge and skills of health care and public health professionals, and assess the need for, and performance of, continuing education programs that address these gaps.
- Characterize public safety concerns related to recreational cannabis use and evaluate existing quality assurance, safety, and packaging standards for recreational cannabis products.

Improve Research Quality

***Recommendation 2*: To promote the development of conclusive evidence on the short- and long-term health effects of cannabis use (both beneficial and harmful effects), agencies of the U.S. Department of Health and Human Services, including the National Institutes of Health and the Centers for Disease Control and Prevention, should jointly fund a workshop to develop a set of research standards and benchmarks to guide and ensure the production of high-quality cannabis research. Workshop objectives should include, but need not be limited to:**

- The development of a minimum dataset for observational and clinical studies, standards for research methods and design, and guidelines for data collection methods.

- Adaptation of existing research-reporting standards to the needs of cannabis research.
- The development of uniform terminology for clinical and epidemiological cannabis research.
- The development of standardized and evidence-based question banks for clinical research and public health surveillance tools.

Improve Surveillance Capacity

Recommendation 3: **To ensure that sufficient data are available to inform research on the short- and long-term health effects of cannabis use (both beneficial and harmful effects), the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the Association of State and Territorial Health Officials, National Association of County and City Health Officials, the Association of Public Health Laboratories, and state and local public health departments should fund and support improvements to federal public health surveillance systems and state-based public health surveillance efforts. Potential efforts should include, but need not be limited to:**

- The development of question banks on the beneficial and harmful health effects of therapeutic and recreational cannabis use and their incorporation into major public health surveys, including the National Health and Nutrition Examination Survey, National Health Interview Survey, Behavioral Risk Factor Surveillance System, National Survey on Drug Use and Health, Youth Risk Behavior Surveillance System, National Vital Statistics System, Medical Expenditure Panel Survey, and the National Survey of Family Growth.
- Determining the capacity to collect and reliably interpret data from diagnostic classification codes in administrative data (e.g., *International Classification of Diseases-10*).
- The establishment and utilization of state-based testing facilities to analyze the chemical composition of cannabis and products containing cannabis, cannabinoids, or THC.
- The development of novel diagnostic technologies that allow for rapid, accurate, and noninvasive assessment of cannabis exposure and impairment.
- Strategies for surveillance of harmful effects of cannabis for therapeutic use.

Address Research Barriers

***Recommendation 4*: The Centers for Disease Control and Prevention, National Institutes of Health, U.S. Food and Drug Administration, industry groups, and nongovernmental organizations should fund the convening of a committee of experts tasked to produce an objective and evidence-based report that fully characterizes the impacts of regulatory barriers to cannabis research and that proposes strategies for supporting development of the resources and infrastructure necessary to conduct a comprehensive cannabis research agenda. Committee objectives should include, but need not be limited to:**

- Proposing strategies for expanding access to research-grade marijuana, through the creation and approval of new facilities for growing and storing cannabis.
- Identifying nontraditional funding sources and mechanisms to support a comprehensive national cannabis research agenda.
- Investigating strategies for improving the quality, diversity, and external validity of research-grade cannabis products.

REFERENCES

CBHSQ (Center for Behavioral Health Statistics and Quality). 2016. Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf (accessed December 5, 2016).

IOM (Institute of Medicine). 2008. *Treatment of postraumatic stress disorder: An assessment of the evidence*. Washington, DC: The National Academies Press.

IOM. 2012. *Adverse effects of vaccines: Evidence and causality*. Washington, DC: The National Academies Press.

NASEM (National Academies of Sciences, Engineering, and Medicine). 2016. *Veterans and agent orange: Update 2014*. Washington, DC: The National Academies Press.

NCSL (National Conference of State Legislatures). 2016. State medical marijuana laws. November 9. http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx (accessed November 21, 2016).

ANNEX

Report Conclusions[5]

Chapter 4 Conclusions—Therapeutic Effects of Cannabis and Cannabinoids

There is conclusive or substantial evidence that cannabis or cannabinoids are effective:

- For the treatment of chronic pain in adults (cannabis) (4-1)
- As antiemetics in the treatment of chemotherapy-induced nausea and vomiting (oral cannabinoids) (4-3)
- For improving patient-reported multiple sclerosis spasticity symptoms (oral cannabinoids) (4-7a)

There is moderate evidence that cannabis or cannabinoids are effective for:

- Improving short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnea syndrome, fibromyalgia, chronic pain, and multiple sclerosis (cannabinoids, primarily nabiximols) (4-19)

There is limited evidence that cannabis or cannabinoids are effective for:

- Increasing appetite and decreasing weight loss associated with HIV/AIDS (cannabis and oral cannabinoids) (4-4a)
- Improving clinician-measured multiple sclerosis spasticity symptoms (oral cannabinoids) (4-7a)
- Improving symptoms of Tourette syndrome (THC capsules) (4-8)
- Improving anxiety symptoms, as assessed by a public speaking test, in individuals with social anxiety disorders (cannabidiol) (4-17)
- Improving symptoms of posttraumatic stress disorder (nabilone; a single, small fair-quality trial) (4-20)

[5] Numbers in parentheses correspond to chapter conclusion numbers.

There is limited evidence of a statistical association between cannabinoids and:

- Better outcomes (i.e., mortality, disability) after a traumatic brain injury or intracranial hemorrhage (4-15)

There is limited evidence that cannabis or cannabinoids are *ineffective* for:

- Improving symptoms associated with dementia (cannabinoids) (4-13)
- Improving intraocular pressure associated with glaucoma (cannabinoids) (4-14)
- Reducing depressive symptoms in individuals with chronic pain or multiple sclerosis (nabiximols, dronabinol, and nabilone) (4-18)

There is no or insufficient evidence to support or refute the conclusion that cannabis or cannabinoids are an effective treatment for:

- Cancers, including glioma (cannabinoids) (4-2)
- Cancer-associated anorexia cachexia syndrome and anorexia nervosa (cannabinoids) (4-4b)
- Symptoms of irritable bowel syndrome (dronabinol) (4-5)
- Epilepsy (cannabinoids) (4-6)
- Spasticity in patients with paralysis due to spinal cord injury (cannabinoids) (4-7b)
- Symptoms associated with amyotrophic lateral sclerosis (cannabinoids) (4-9)
- Chorea and certain neuropsychiatric symptoms associated with Huntington's disease (oral cannabinoids) (4-10)
- Motor system symptoms associated with Parkinson's disease or the levodopa-induced dyskinesia (cannabinoids) (4-11)
- Dystonia (nabilone and dronabinol) (4-12)
- Achieving abstinence in the use of addictive substances (cannabinoids) (4-16)
- Mental health outcomes in individuals with schizophrenia or schizophreniform psychosis (cannabidiol) (4-21)

Chapter 5 Conclusions—Cancer

There is moderate evidence of *no* statistical association between cannabis use and:

- Incidence of lung cancer (cannabis smoking) (5-1)
- Incidence of head and neck cancers (5-2)

There is limited evidence of a statistical association between cannabis smoking and:

- Non-seminoma-type testicular germ cell tumors (current, frequent, or chronic cannabis smoking) (5-3)

There is no or insufficient evidence to support or refute a statistical association between cannabis use and:

- Incidence of esophageal cancer (cannabis smoking) (5-4)
- Incidence of prostate cancer, cervical cancer, malignant gliomas, non-Hodgkin lymphoma, penile cancer, anal cancer, Kaposi's sarcoma, or bladder cancer (5-5)
- Subsequent risk of developing acute myeloid leukemia/acute non-lymphoblastic leukemia, acute lymphoblastic leukemia, rhabdomyosarcoma, astrocytoma, or neuroblastoma in offspring (parental cannabis use) (5-6)

Chapter 6 Conclusions—Cardiometabolic Risk

There is limited evidence of a statistical association between cannabis use and:

- The triggering of acute myocardial infarction (cannabis smoking) (6-1a)
- Ischemic stroke or subarachnoid hemorrhage (6-2)
- Decreased risk of metabolic syndrome and diabetes (6-3a)
- Increased risk of prediabetes (6-3b)

There is no evidence to support or refute a statistical association between *chronic effects* of cannabis use and:

- The increased risk of acute myocardial infarction (6-1b)

Chapter 7 Conclusions—Respiratory Disease

There is substantial evidence of a statistical association between cannabis smoking and:

- Worse respiratory symptoms and more frequent chronic bronchitis episodes (long-term cannabis smoking) (7-3a)

There is moderate evidence of a statistical association between cannabis smoking and:

- Improved airway dynamics with acute use, but not with chronic use (7-1a)
- Higher forced vital capacity (FVC) (7-1b)

There is moderate evidence of a statistical association between *the cessation* of cannabis smoking and:

- Improvements in respiratory symptoms (7-3b)

There is limited evidence of a statistical association between cannabis smoking and:

- An increased risk of developing chronic obstructive pulmonary disease (COPD) when controlled for tobacco use (occasional cannabis smoking) (7-2a)

There is no or insufficient evidence to support or refute a statistical association between cannabis smoking and:

- Hospital admissions for COPD (7-2b)
- Asthma development or asthma exacerbation (7-4)

Chapter 8 Conclusions—Immunity

There is limited evidence of a statistical association between cannabis smoking and:

- A decrease in the production of several inflammatory cytokines in healthy individuals (8-1a)

There is limited evidence of *no* statistical association between cannabis use and:

- The progression of liver fibrosis or hepatic disease in individuals with viral hepatitis C (HCV) (daily cannabis use) (8-3)

There is no or insufficient evidence to support or refute a statistical association between cannabis use and:

- Other adverse immune cell responses in healthy individuals (cannabis smoking) (8-1b)
- Adverse effects on immune status in individuals with HIV (cannabis or dronabinol use) (8-2)
- Increased incidence of oral human papilloma virus (HPV) (regular cannabis use) (8-4)

Chapter 9 Conclusions—Injury and Death

There is substantial evidence of a statistical association between cannabis use and:

- Increased risk of motor vehicle crashes (9-3)

There is moderate evidence of a statistical association between cannabis use and:

- Increased risk of overdose injuries, including respiratory distress, among pediatric populations in U.S. states where cannabis is legal (9-4b)

There is no or insufficient evidence to support or refute a statistical association between cannabis use and:

- All-cause mortality (self-reported cannabis use) (9-1)
- Occupational accidents or injuries (general, nonmedical cannabis use) (9-2)
- Death due to cannabis overdose (9-4a)

Chapter 10 Conclusions—Prenatal, Perinatal, and Neonatal Exposure

There is substantial evidence of a statistical association between maternal cannabis smoking and:

- Lower birth weight of the offspring (10-2)

There is limited evidence of a statistical association between maternal cannabis smoking and:

- Pregnancy complications for the mother (10-1)
- Admission of the infant to the neonatal intensive care unit (NICU) (10-3)

There is insufficient evidence to support or refute a statistical association between maternal cannabis smoking and:

- Later outcomes in the offspring (e.g., sudden infant death syndrome, cognition/academic achievement, and later substance use) (10-4)

Chapter 11 Conclusions—Psychosocial

There is moderate evidence of a statistical association between cannabis use and:

- The impairment in the cognitive domains of learning, memory, and attention (acute cannabis use) (11-1a)

There is limited evidence of a statistical association between cannabis use and:

- Impaired academic achievement and education outcomes (11-2)
- Increased rates of unemployment and/or low income (11-3)
- Impaired social functioning or engagement in developmentally appropriate social roles (11-4)

There is limited evidence of a statistical association between *sustained abstinence from* cannabis use and:

- Impairments in the cognitive domains of learning, memory, and attention (11-1b)

Chapter 12 Conclusions—Mental Health

There is substantial evidence of a statistical association between cannabis use and:

- The development of schizophrenia or other psychoses, with the highest risk among the most frequent users (12-1)

There is moderate evidence of a statistical association between cannabis use and:

- Better cognitive performance among individuals with psychotic disorders and a history of cannabis use (12-2a)
- Increased symptoms of mania and hypomania in individuals diagnosed with bipolar disorders (regular cannabis use) (12-4)
- A small increased risk for the development of depressive disorders (12-5)
- Increased incidence of suicidal ideation and suicide attempts with a higher incidence among heavier users (12-7a)
- Increased incidence of suicide completion (12-7b)
- Increased incidence of social anxiety disorder (regular cannabis use) (12-8b)

There is moderate evidence of *no* statistical association between cannabis use and:

- Worsening of negative symptoms of schizophrenia (e.g., blunted affect) among individuals with psychotic disorders (12-2c)

There is limited evidence of a statistical association between cannabis use and:

- An increase in positive symptoms of schizophrenia (e.g., hallucinations) among individuals with psychotic disorders (12-2b)
- The likelihood of developing bipolar disorder, particularly among regular or daily users (12-3)
- The development of any type of anxiety disorder, except social anxiety disorder (12-8a)
- Increased symptoms of anxiety (near daily cannabis use) (12-9)

- Increased severity of posttraumatic stress disorder symptoms among individuals with posttraumatic stress disorder (12-11)

There is no evidence to support or refute a statistical association between cannabis use and:

- Changes in the course or symptoms of depressive disorders (12-6)
- The development of posttraumatic stress disorder (12-10)

Chapter 13 Conclusions—Problem Cannabis Use

There is substantial evidence that:

- Stimulant treatment of attention deficit hyperactivity disorder (ADHD) during adolescence is *not* a risk factor for the development of problem cannabis use (13-2e)
- Being male and smoking cigarettes are risk factors for the progression of cannabis use to problem cannabis use (13-2i)
- Initiating cannabis use at an earlier age is a risk factor for the development of problem cannabis use (13-2j)

There is substantial evidence of a statistical association between:

- Increases in cannabis use frequency and the progression to developing problem cannabis use (13-1)
- Being male and the severity of problem cannabis use, but the recurrence of problem cannabis use does not differ between males and females (13-3b)

There is moderate evidence that:

- Anxiety, personality disorders, and bipolar disorders are *not* risk factors for the development of problem cannabis use (13-2b)
- Major depressive disorder is a risk factor for the development of problem cannabis use (13-2c)
- Adolescent ADHD is *not* a risk factor for the development of problem cannabis use (13-2d)

- Being male is a risk factor for the development of problem cannabis use (13-2f)
- Exposure to the combined use of abused drugs is a risk factor for the development of problem cannabis use (13-2g)
- Neither alcohol nor nicotine dependence alone are risk factors for the progression from cannabis use to problem cannabis use (13-2h)
- During adolescence the frequency of cannabis use, oppositional behaviors, a younger age of first alcohol use, nicotine use, parental substance use, poor school performance, antisocial behaviors, and childhood sexual abuse are risk factors for the development of problem cannabis use (13-2k)

There is moderate evidence of a statistical association between:

- A persistence of problem cannabis use and a history of psychiatric treatment (13-3a)
- Problem cannabis use and increased severity of posttraumatic stress disorder symptoms (13-3c)

There is limited evidence that:

- Childhood anxiety and childhood depression are risk factors for the development of problem cannabis use (13-2a)

Chapter 14 Conclusions—Cannaabis Use and the Abuse of Other Substances

There is moderate evidence of a statistical association between cannabis use and:

- The development of substance dependence and/or a substance abuse disorder for substances, including alcohol, tobacco, and other illicit drugs (14-3)

There is limited evidence of a statistical association between cannabis use and:

- The initiation of tobacco use (14-1)
- Changes in the rates and use patterns of other licit and illicit substances (14-2)

Chapter 15 Conclusions—Challenges and Barriers in Conducting Cannabis Research

There are several challenges and barriers in conducting cannabis and cannabinoid research, including

- There are specific regulatory barriers, including the classification of cannabis as a Schedule I substance, that impede the advancement of cannabis and cannabinoid research (15-1)
- It is often difficult for researchers to gain access to the quantity, quality, and type of cannabis product necessary to address specific research questions on the health effects of cannabis use (15-2)
- A diverse network of funders is needed to support cannabis and cannabinoid research that explores the beneficial and harmful health effects of cannabis use (15-3)
- To develop conclusive evidence for the effects of cannabis use on short- and long-term health outcomes, improvements and standardization in research methodology (including those used in controlled trials and observational studies) are needed (15-4)

Part I

Introduction and Background

ACCESS TO THERAPEUTIC MARIJUANA/CANNABIS

BEING AWARE that cannabis/marijuana, etc. has been used medicinally for centuries and that cannabis projects were widely prescribed by physicians in the United States until 1937 [1 & 2]; and

BEING FURTHER AWARE that the Controlled Substances Act of 1970 completely prohibited all medicinal use of marijuana by placing it in the most restrictive category of Schedule I, whereby drugs must meet three criteria for placement in this category: 1) have no therapeutic value, 2) are not safe for medical use, and 3) have a high abuse potential [3] ; and

KNOWING that 36 states have passed legislation recognizing marijuana's therapeutic value [4 & 5]; and

UNDERSTANDING that marijuana has been reported to be effective in: a) reducing intraocular pressure in glaucoma [6], b) reducing nausea and vomiting associated with chemotherapy [7], c) stimulating the appetite for patients living with AIDS (acquired immunodeficiency syndrome) and suffering from the wasting syndrome [8], d) controlling spasticity associated with spinal cord injury and multiple sclerosis [9]; and

UNDERSTANDING that marijuana seems to work differently from many conventional medications for the above problems, making it a possible option for persons resistant to conventional medications [10]; and

REALIZING that patients not helped by conventional medications and treatments may find relief from their suffering with the use of marijuana if their primary care providers were able to prescribe this as a treatment medication for specific diseases such as those cited above; and

THEREFORE, WPHA urges the Governor of Wisconsin and the Wisconsin Legislature to move expeditiously to make cannabis available as a legally prescribed medicine where shown to be safe and effective.

REFERENCES:

1. Abel EA.Marihuana: The First Twelve Thousand Years. New York: McGraw-Hill Book Company, 1982.
2. Mikuriya TH, ed. Marijuana: Medical Papers 1839-1972. Oakland, CA: Medic-Comp Press, 1973.
3. Controlled Substances Act of 1970 (Pub. L. 91-513, October 27, 1970, 21USC801 et seq.).
4. Alliance for Cannabis Therapeutics. No accepted medical value?? ACT News. Spring, 1995;
5. Grinspoon L, Bakalar JB. Marihuana as Medicine: A plea for reconsideration. JAMA. 1995; 273(23:1875-1876.
6. Colasanti BK. Review: Ocular hypotensive effect of marihuana cannabinoids: Correlate of central action or separate phenomenon. J Ocular Pharmacol. 1986;2(3):295-304.
7. Sallan Se, Zinberg NE, Frei III E. Antiemetic effect of delta-9-tetrahydrocannabinol in patients receiving cancer chemotherapy. New Engl. J. Med. 1975;293(16):795-797.
8. Nelson K, Walsh D, Deeter P, et al. A phase II study of delta-9-tetrahydrocannabionol for appetite stimulation in cancer-associated anorexia. J Palliative Care. 1994;10(1):14-18.
9. Clifford DB. Tetrahydrocannabinol for tremor in multiple sclerosis. Ann Neurol. 983:13:669-671.
10. Mechoulam R, ed. Cannabinoids as Therapeutic Agents. Boca Raton, FL; CRC Press, 1986.

Cost to WPHA to implement: $20.00 for correspondence to Governor and Wisconsin Legislators.

APPLETON HEALTH DEPARTMENT
QUARTERLY REPORT
July 1-September 30, 2018

Executive Summary

The Health Department's day-to-day activities for the third 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.

"Plays a vital role assessing and assuring the health needs and trade practices in the community"

August 22: Weights and Measures Specialist, Keith Verhagen, inspected the Appleton Downtown, Inc. Farm Market. Of the 112 vendors inspected, there were five vendors found to have labeling issues.

September 29: Keith Verhagen, Weights & Measures Specialist, conducted Weights and Measures inspections at the Octoberfest celebration. There were 28 vendors inspected for Weights and Measures compliance of product labeling and trade practice regulations. Booths selling various items such as prepacked retail food products, herbal soaps and honey products were inspected. These items must be fully labeled and sold either by weight or measure, depending on the product type. There were three minor violations found that were fixed at the time of inspection.

In addition, this year, there were 86 food stand inspections and 10 re-inspections conducted by the Health Department during License to Cruise and Octoberfest. Three food stand inspections were conducted at License to Cruise. Eighty three (83) non-profit food stand inspections were conducted at Octoberfest. Of the 86 stands that were inspected this year, 67 food stands had *no violations* at the time of the inspection (78%). There were a total of 27 violations recorded at 17 food stands during Octoberfest and 3 violations found at 2 food stands at License to Cruise.

"Provides services to protect and promote the health and well-being of the citizen and consumer"

The State Environmental Health license year runs from July 1 through June 30. This year, Environmental Supervisor Tim Mirkes, RS, made a courtesy contact with all 51 establishments on our late fee list, notifying them that they are delinquent in paying for the Health license by the deadline of June 30, and they now also owe a late fee of $95.00 on or before July 14 in order to remain open for business. Mirkes also made courtesy contacts to the 31 establishments that were on the Finance HOLD list. This year, no establishments were closed on July 15 for operating without a valid license.

Environmentalists, Michelle Roberts, RS and Steve Kihl, RS have had a busy summer working with the farm markets held Sundays at Festival Foods on Northland; Wednesdays at Long Cheng's Market Place; and Saturdays at ADI downtown Appleton. They have had numerous consultations with vendors that were added to the markets after the annual spring training session was held.

"Communicates with the public on health and consumer related issues"

July 10: Health Officer, Kurt Eggebrecht presented to second year medical students from the Medical College of Wisconsin-DePere campus. He shared how public health and the medical community work to resolve communicable disease outbreaks.

July 16: Becky Lindberg, RN, presented at the Mom and Me group at ThedaCare Regional Medical Center. Four moms and their babies were in attendance and the topic was Safe to Sleep.

August 24: Becky Lindberg, RN and Jess Moyle, RN, trained 38 providers of the Fox Cities YMCA on Breastfeeding Friendly Childcares. This presentation was held at the Appleton Alliance Church and presented in partnership with Outagamie County Public Health department staff.

September 21: Health Officer, Kurt Eggebrecht presented at the Healthiest State Conference. This event was held in Green Bay. Eggebrecht spoke on the Health in All Policy ordinance and related work that has resulted from this effort.

"Provides services in a cost effective and efficient manner"

This quarter, the department applied and successfully secured a State Health Mini-grant to advance our health equity work in the community. These funds were used to support the planning for a key leader lunch and conversation, as well as facilitator training for staff to conduct listening sessions throughout the community from targeted residents who often don't have a voice with traditional community health needs assessments. Those sessions will be conducted in 2019.

"Develops and evaluates departmental programs, policies and procedures based on community needs and collaborate with community agencies and providers to assess those needs and ensure high quality services"

This quarter, we hosted an outstanding student intern from Lawrence University, by the name of Anna Pell. Anna worked on several projects, including compiling Lyme's Disease identification kits. She then presented informative sessions to City staff whose occupation takes them into the natural environment. These included staff from Facilities, Park and Recreation, Department of Public Works and the Golf Course. She also put together an educational display to celebrate World Breastfeeding Week. Breastfeeding is an important public health issue that promotes health, prevents disease and helps contribute to reducing health inequalities. The display was on the 6th floor of City Hall, in the display case by council chambers, throughout the month of August.

August 4: The 7th Annual Breastfeeding Walk, hosted by the Breastfeeding Alliance Network of Northeast Wisconsin (BFAN), took place. This year's walk started at First United Methodist Church in Appleton. The walk is held to celebrate World Breastfeeding Week and to raise awareness about the importance of breastfeeding. Public Health Nurses Becky Lindberg and Jess Moyle, along with Student Intern Anna Pell, worked with BFAN members to help make the walk a success. There were 118 participants at the walk.

Public Health Nurses Becky Lindberg and Jess Moyle redesignated 4 Appleton childcare centers as Breastfeeding Friendly during the months of July, August and September 2018. Faith Childcare, Kindercare on Ballard, Kindercare on Oneida and ThedaCare Learning Center all achieved this level of recognition.

"Professional staff works together as a cohesive team by cooperating, communicating and supporting each other to achieve departmental and individual goals"

July 31-August 1, public health nurses Jena McNiel and Kathleen Sprangers attended the 2018 WPHA Public Health in Practice Conference in Stevens Point. The theme for the conference was, "Better Together".

August 8, public health nurse Becky Lindberg attended the Quarterly Consultation with the State Refugee Coordinator's Office at Fox Valley Technical College Campus in Oshkosh. Food and nutrition were main topics at this consultation.

August 14, public health nurse Ashley Rankin attended a WEDSS (Wisconsin Electronic Disease Surveillance System) training at UW Green Bay.

September 18: The department held its annual off-site team building/learning day. These annual events have generated a better understanding and relationship building amongst the staff. Appreciation to Human Resources staff who assisted in the planning and support for this event.

September 25, public health nursing supervisor Sonja Jensen attended the 2018 Wisconsin Clinical Laboratory Network annual regional meeting at Liberty Hall in Kimberly.

Earlier in 2018, we submitted an application on behalf of our Appleton community, highlighting our collaborative health prevention work. September 20th, Health Officer Eggebrecht accepted the award, titled "Wisconsin Health Communities Designation" on behalf of our community, titled "Wisconsin Health Communities Designation Award". Appleton was on of 31 communities to receive this inaugural designation.

September 26-27, public health nursing supervisor Sonja Jensen attended a Behavioral Change Workshop at the Pyle Center in Madison. This training was sponsored by the Wisconsin Department of Health Services Tuberculosis (TB) Program, and is the first step towards a work plan for a statewide TB Prevention Coalition. This coalition of local health departments will work together to bring about positive changes in four main focus areas in the area of TB prevention.

This quarter, the Appleton Health Department hired a new Public Health Nurse, Krista Waterstradt, who started on August 21.

"Encourages the individual to share the responsibility for their health and the health of their family"

Public health nursing staff worked with World Relief Fox Valley and various partners in the Appleton community to welcome 14 refugees during the months of July, August and September, 2018.

Respectfully submitted,

Kurt Eggebrecht, M.Ed., MCHES
Health Officer

Health Department
Quarterly Report

July - September 2018

I. Preventing Disease

Community Education Sessions	Quarter	Year to Date	Last Year to Date
Group Education Sessions	6	13	24
Number of Attendees	105	314	412

Immunization Clinics	Current Month	Quarter	Year to Date	Last Year to Date
Persons Immunized	5	15	65	86
Immunizations administered	11	33	169	231

Vaccine Type/Number of Doses	Quarter	Year to Date	Last Year to Date
PCV13 (Prevnar)	1	11	8
DTP/HIB (See DTP and HIB)	0	0	0
DtaP (Diptheria, Tetanus, Acellular Pertussis)	0	6	3
Td (Tetanus diptheria)	2	7	8
MMR (Measles, Mumps, Rubella)	4	14	13
HIB (Haemophilus Influenzae b)	1	9	10
IPV (Inactivated Polio Vaccine)	0	5	12
HBV (Hepatitis B)	0	2	15
Flu (Influenza)	4	23	21
VZV (Varicella)	5	17	18
Heb B/Hib Comvax	0	0	0
Hep A	4	13	13
Dtap/IPV/Hep B	0	7	6
MCV4 (Meningococcal)	3	8	12
Tdap	4	11	16
Flu Nasal	0	0	0
HPV (Human Papillomavirus)	3	23	20
Rotavirus	0	4	3
Dtap/IPV	1	3	1
H1N1	0	0	0
Hep A/Hep B	1	7	1
MenB	0	0	6
Dtap-IPV / Hib	0	0	0

Communicable Disease Cases	Current Month	Quarter	Year to Date	Last Year to Date
Gastroenteric				
Campylobacter	2	5	15	11
Cyclosporiasis	0	1	6	0
Giardiasis	1	3	4	9
Salmonellosis	1	5	13	8
Amebiasis	0	0	0	0
Balantidium Coli	0	0	0	0
Hook Worm	0	0	0	0
Vibriosis	0	1	2	0
Shigellosis	0	1	2	2
Yersinia	0	0	1	1
Strongyloides	0	0	0	0
Cryptosporidiosis	3	5	5	7
E. Coli	8	33	49	12
Listeriosis	0	0	0	0

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	3	10	41	33
Streptococcus pneumoniae	1	2	3	4
Leprosy	0	0	0	0
Adult Lead Toxicity	0	0	0	0
Legionellosis	0	0	1	1
Lyme Disease	2	12	15	10
Ehrlichiosis / Anaplasmosis	0	1	2	6
Malaria	0	0	0	1
Dengue Fever	0	0	0	0
TB, Latent Infection	3	9	9	0
Neisseria Meningitidis, Invasive Disease	0	1	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	1	5	12	10
Viral Encephalitis	0	0	0	0
Cat Scratch Disease (Bartonella species)	0	0	0	0
Streptococcus group B invasive disease	0	2	3	2
Vibrio Cholera	0	0	0	0
West Nile Virus	0	0	0	0
Kawasaki	0	1	2	0
Novel Influenza	0	0	0	0
Hospitalized Influenza	0	0	57	30
Babesiosis	0	2	2	0
Histoplamosis	0	0	0	1
VISA	0	0	0	2
Rocky Mountain Spotted Fever	0	0	0	0
Jamestown Canyon	0	0	0	0
Burkholderia Pseudomallei	0	0	0	0
Invasive Strep, Other	0	1	9	0
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	1	8	6
Rubella	0	0	0	0
Varicella	0	0	3	6

Tuberculosis Prevention and Control	Quarter	Year to Date	Last Year to Date
Number of TB (Chemoprophylaxis Referrals)	6	11	21
Number of TB Skin Tests	0	97	69
Number of Referrals for TB Blood Test	0	8	1
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	34	14	92	24	265	31	252	18
Gonorrhea	4	1	13	2	39	4	39	1
Partner/Referral Program (Contacts)	0	0	0	0	1	0	6	0
HIV	0	0	1	0	1	0	6	0
Other STD	0	0	0	0	0	0	0	0
Syphilis	1	0	2	0	4	0	9	0

Planned Parenthood Contract	Quarter	Year to Date	Last Year to Date
Individuals served	11	54	81
Number of tests	31	130	195
Individuals treated	1	11	17

Lead	Quarter	Year to Date	Last Year to Date
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	1	1	4
Repeat Venous lead levels 10 - 19 ug/dl	0	0	3
Capillary lead levels >10 ug/dl	1	3	7
Venous lead levels 5 - 9 ug/dl	13	16	11
Home Inspections	0	4	3
Education	6	7	14
Formal Enforcement Action	0	3	3

	Plan Reviews			Preinspections		
Licensed Establishments	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	0	0	1	6	21	17
Retail Food	2	4	0	6	10	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	5	8	0
Total	2	4	2	17	35	28

	Inspections			Reinspections		
Licensed Establishments	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	10	242	236	19	80	81
Retail Food	7	79	80	2	12	13
Hotel/Motel and Tourist Rooming House	1	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	3	18	20	0	0	0
Tattoo and Body Piercing	0	8	6	0	0	0
Temporary Restaurants	15	18	6	0	0	0
Non-profit	58	58	86	8	8	2
Rec/Ed Campground	1	1	1	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	2	6	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	2	0	0	0	0
Chicken Keeping	8	8	0	0	0	0
Total	97	441	444	29	100	96

	Complaints			Complaint Followups		
Licensed Establishments	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	4	19	14	0	2	6
Retail Food	1	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	2	3	1	0	0	0
Tattoo and Body Piercing	0	0	0	0	0	0
Temporary Restaurants	1	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	25	18	0	2	6

Licensed Establishments	Consultations Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	49	221	229
Retail Food	19	52	53
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	1	6	13
Tattoo and Body Piercing	8	38	53
Temporary Restaurants	17	30	14
Non-profit	18	46	79
Rec/Ed Campground	0	0	3
Campground	0	0	0
Pigeon Permit	0	0	5
Temporary Retail	1	2	2
Special Organization Serving Meals	0	0	0
Apiary	0	8	0
Chicken Keeping	11	34	0
Total	124	398	460

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	0	1	1	2
Number symtomatic	0	1	1	1

Laboratory/Field Tests	Current Month	Quarter	Year to Date	Last Year to Date
WDATCP Random Sampling Program	0	0	0	60

Swimming Pool Water Samples

Total number of pools sampled	22	70	169	184
Total number of pools resampled	2	4	5	1
Total positive HPC	0	0	0	1
Total positive coliform	2	4	5	0

Rabies Specimens

Type of Animal Shipped

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

II. Protecting the Environment

Environmental Investigations	Consultations Quarter	Consultations Year to Date	Consultations Last Year to Date	Complaints Quarter	Complaints Year to Date	Complaints Last Year to Date
Community water supplies	0	0	1	0	0	0
School/Day Care	0	0	5	0	0	0
Private water supplies	0	1	0	0	0	0
Surface water pollution	0	2	1	0	0	0
Animal nuisances	8	12	14	0	0	0
Rabies control	10	21	22	0	0	0
Insect control	11	21	32	0	1	6
Rodent control	1	3	7	0	1	1
Hazardous substance control	2	9	7	0	1	1
Air pollution - Indoor	4	8	10	0	0	0
Air pollution - Outdoor	1	1	4	0	0	0
Noise	2	13	16	0	0	4
Radiation	0	1	4	0	0	2
Garbage/rubbish nuisance	1	3	2	0	1	3
Private residence/housing	6	12	27	0	1	0
Lead	0	0	18	0	0	1
Other Programs	3	10	26	0	0	0
Other Business	9	20	15	0	0	3
Mold	15	31	35	0	0	0
Totals	73	168	246	0	5	21

Environmental Investigations	Complaint Followups Quarter	Complaint Followups Year to Date	Complaint Followups 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	0	0	7
Rodent control	0	2	4
Hazardous substance control	0	0	0
Air pollution - Indoor	0	0	2
Air pollution - Outdoor	0	0	0
Noise	0	1	4
Radiation	0	0	0
Garbage/rubbish nuisance	0	1	6
Private residence/housing	1	3	13
Lead	0	0	0
Other Programs	0	0	0
Other Business	0	0	0
Mold	1	1	4
Totals	2	8	40

III. Promoting Health

Type of Referrals to Public Health Nurse (PHN)	Quarter	Year to Date	Last Year to Date
Family	1	1	4
Maternal/Child	229	720	673
Adult/Elderly	2	6	4
Total	232	727	681

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	38	104	138	116	264	214
Adult	5	20	66	30	84	109
Elderly	1	3	13	28	102	140
Total	44	127	217	174	450	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	0	4	5	27	66	53
Adult	1	6	19	2	10	7
Elderly	2	4	2	2	4	0
Total	3	14	26	31	80	60

Primary Health Problem	Quarter	Year to Date	Last Year to Date
General Health Promotion	34	78	106
Prenatal	29	57	89
Postpartum	67	160	178
Infant and Child Health	75	179	225
Communicable Disease	4	93	311
Endocrine/Nutritional/Immunity Disorders	4	8	9
Nervous system and sense organs	0	0	0
Circulatory system	18	49	50
Respiratory system	2	8	11
Musculoskeletal system and Connective tissue	1	6	1
Other	19	39	36
Total	253	677	1016

Adult/Elderly Clients By Referral Source	Quarter	Year to Date	Last Year to Date
Self	1	1	0
Case Finding	0	1	0
Physician (Unhospitalized)	0	1	3
Hospital	0	0	0
Social Service/Counseling	0	1	3
Community Agency	1	1	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	2	24	26

Adult/Elderly Client Interventions	Quarter	Year to Date	Last Year to Date
Case Management	97	269	220
Consultation	17	38	3
Counseling	57	126	85
Delegated Functions	0	2	1
Disease and Health Event Investigation	0	1	2
Health Teaching	110	244	238
Referral and Follow Up	36	75	43
Screening	81	168	143
Total	398	923	735

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	10	17	13
Client	0	0	0
Community Agency	1	5	2
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	0	2	4
Primary Care Provider	0	0	0
Spouse	0	0	0
Total	11	26	22

Adult/Elderly Non-Client Contact Interventions	Quarter	Year to Date	Last Year to Date
Consultation	2	4	2
Counseling	1	3	0
Health Teaching	2	4	5
Referral and Follow Up	8	19	17
Total	13	30	24

IV. Protecting the Consumer

	Number Received			Number of Violations Found		
Consumer Complaints	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	4	10	6	1	3	1
Gas station service console	0	1	2	0	0	0
Gas station price signage	0	0	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	3	9	3	1	2	0
Trade practices	0	3	3	0	1	1
Advertising	0	2	2	0	0	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	7	29	28	2	6	5

Type of Establishments Inspected	Month	Quarter	Year to Date	Last Year to Date
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	31	55	523	501

	Inspected				Number Not in Compliance			
Equipment and Device Examined	Current Month	Quarter	Year to Date	Last Year to Date	Current Month	Quarter	Year to Date	Last Year to Date
Scales and Balances	50	72	472	451	0	0	3	9
Measures (gas pumps and fuel oil truck meters)	101	430	961	1,027	2	20	32	30
Weights	0	0	12	29	0	0	0	0
Total	151	502	1,445	1,507	2	20	35	39

Commodity Report	Current Month	Quarter	Year to Date	Last Year to Date
Total units of product investigated	9,308	32,395	125,181	75,394
Random sample size	1,188	4,124	18,960	11,614
Total products/units found short weight	94	468	1,212	427
Total products/units found mislabeled	5	88	638	907

Price Scanning Inspections	Current Month	Quarter	Year to Date	Last Year to Date
Number of Inspection	4	14	116	101
Number of items scanned	125	425	3,902	3,401
Pricing errors found	1	8	123	87

License Investigations	Quarter	Year to Date	Last Year to Date
Closeout sales	0	0	0
Secondhand dealers	0	10	10
Commercial solicitation	2	23	26
Taxicab	0	9	7
Pet store	0	4	3
Fire wood	0	20	20

HEALTH DEPARTMENT
Third Quarter Review
All Figures Through Sept. 30, 2018

Significant 2018 Events:

See 2018 Quarterly Reports

Performance Data:

Administration 3rd 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	27	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	119	140
Prepare Annual Report	Output #4: Complete by 120th day of following year	4/30	4/21	4/18	4/13	4/25

Nursing 3rd 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 - in treatment 1 - resolved	(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	99.7%	99%	In Process	In Process	99%
COM Regulations	Outcome #3: % of required participants	100%	100%	100%	100%	100%
Work Process Outputs						
Case Management of TB	Output #1: # of home visits	152	426	146	47	100
TB Skin Test	Output #2: # of TB skin tests	103	101	69	99	90

Environmental 3rd 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%	TBD	TBD	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	353	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	452	540
Annual Inspection & Follow-ups	Output #2: # of follow up inspections	112	114	102	100	120
Response to Complaints	Output #3: # of complaints/follow ups	105/43	26/26	78/58	56/10	135/75
Response to Complaints	Output #4: % completed within 3 days	100.0%	100%	100%	100%	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	27	50

Weights & Measures 3rd 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%	98.6%	99.0%
Accurate Product Labeling	Benefit #2: Positive triennial consumer survey	100.0%	100%	88%	N/A	100.0%
Accurate Measuring Devices	Benefit #3: % of devices that measure accurately	94.2%	96.7%	97.4%	97.2%	95.0%
Strategic Outcomes						
System of Price Control	Outcome #1: % error trend reporting compliance (undercharges)	97.9%	97.9%	99.1%	98.3%	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%	N/A	99.0%
Work Process Outputs						
Price Scanning Inspection	Output #1: # of annual inspections	145	142	125	116	130
Commodity Inspections	Output #2: # of inspections	13,431	12,956	17,887	18,960	13,000
Device Inspections	Output #3: # of inspections	1,794	1,764	1,787	1,445	1,775

For the Nine Months Ending September 30, 2018

Description	Year to Date Expense	Full Year Amended Budget	Percent of Amended Budget
Health Department			
Health Administration	108,447	158,037	68.6 %
Public Health Nursing	302,039	477,800	63.2 %
Environmental Health	246,915	359,812	68.6 %
Weights & Measures	152,365	204,668	74.4 %
Total	809,766	1,200,317	67.5 %
Health Grants			
2010 Tobacco Control Grant	0	0	.0 %
2011 MCH Grant	31,246	38,677	80.8 %
2012 Primary Care Grant	0	0	.0 %
2013 Prevention Grant	14,548	7,800	186.5 %
2014 Lead Grant	5,937	9,808	60.5 %
2015 Immunization	18,162	27,531	66.0 %
2016 Outrch for Med. Assist.	0	0	.0 %
2017 WWCCP Grant	0	0	.0 %
2018 Bioterrorism Grant	34,577	86,004	40.2 %
2019 TB Lookback Grant	0	0	.0 %
Total	104,470	169,820	61.5 %

CITY OF APPLETON, HEALTH DEPARTMENT

Weights and Measures Inspection Summary

September 29, 2018

TOTAL BOOTHS INSPECTED FOR WEIGHTS & MEASURES – 24

BOOTHS FOUND WITH VIOLATIONS 2

Total Super Lot of Misc Packaged Foods in Compliance 2713

Dandelion Farm Soaps had 24 Soap bars removed from sale. Packages stated a net weight of 4 oz. but weighed in the 3.7 5oz. range. Bars to be relabled to 3.5 oz.

Poppy Apothecary had 13 Soap bars short weight. All bars to be changed from 5 oz. to 4.5 oz.

Booth operators were very easy to deal with and appreciated City of Appleton Health Departments help with keeping the booths open and in compliance.

Keith Verhagen

Weights & Measures Specialist

CITY OF APPLETON, HEALTH DEPARTMENT

Weights and Measures Inspection Report

September 29, 2018

Octoberfest

REPORT OF HEALTH INSPECTIONS AT

OCTOBERFEST 2018 AND

LICENSE TO CRUISE 2018

This year, there were 86 food stand inspections and 10 re-inspections conducted by the Health Department during License to Cruise and Octoberfest. Three food stand inspections were conducted at License to Cruise. Eighty three (83) non-profit food stand inspections were conducted at Octoberfest.

Of the 86 stands that were inspected this year, 67 foodstands had *no violations* at the time of the inspection (78%). There were a total of 27 violations recorded at 17 food stands during Octoberfest and 3 violations found at 2 foodstands at License to Cruise.

For comparison, in 2017 there were 98 food stand inspections and 7 re-inspections conducted during License to Cruise and Octoberfest. Eighty (80) food stands had no violations at the time of the inspection (81%). There were a total of 20 violations recorded at 15 food stands during Octoberfest and 4 violations found at 3 food stands at License to Cruise.

Of the points that are checked during an inspection, some items are critical and some are non-critical, but all have a potential impact on the health and safety of the general public. A breakdown of violations found at this year's events are listed below.

There were:

- 10 notices of non-compliance with hand washing (lack of hand wash facilities or soap and toweling, improper facilities, inadequate hand washing frequency).

- 7 notices of non-compliance with hot food storage temperatures (<135 degrees).
- 5 notices of non-compliance with cold food storage temperatures (>41 degrees).
- 3 notices of inadequate spare utensils on hand.
- 1 notice of non-compliance with food thermometers
- 0 notice of non-compliance with bare hand contact with food
- 3 notices of food stand construction/lack of screening
- 1 notice of miscellaneous violations.

This year, the Octoberfest Board held a vendor-training meeting for new organizations participating in the event and anyone else wishing to attend. All other vendors were required to take an on-line test upon signing up for the event.

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

11th Annual Turkey Trot
Downtown Appleton, starting at the Red Lion Paper Valley Hotel
November 22, 6:30 a.m.

The following exception to Appleton Municipal Code, Section 3-116 has been approved by Health Officer, Kurt Eggebrecht:

Light Up Night
Downtown Appleton
November 9, 4:00pm-8:00pm