West Virginia Association of Sanitarians

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SANITARIANS' NEWS

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Any photos, stories, or any good news? Share in the next issue by reaching out to Nick King,

Nicholas.B.King@wv.gov

WVAS SANITARIANS MID-YEAR CONFERENCE SPRING 2024

Canaan Valley Resort

May 15-17, 2024



You can registration and room block information at wvaos.org/training

GET INVOLVED WITH WVAS!

Nominate!

Know anyone that deserves

recognition for their contribu-

Committee Chair, Gillian



Run for Office!

Elections of Executive Council occur once a year during WV Public Health Conference in the Fall. Serve your fellow sanitarians for a two year term as Member at Larger or run for Vice President and serve a year as VP and a year as President. If you are interested in running reach out to Cara Harding

at charding@berkelevwv.org.

Join the AOS (or Renew Membership)!

For 2024, the WVAS is doing a test run of a new membership policy that would make joining the WVAS free for all sanitarians in WV. Fees are covered in conference attended to WVAS Mid-year and the WV PHA conferences.

News Liaison Committee

The purpose of the Sanitarian Liaison Committee is to provided a forum for issues to be discussed by Local Health Department and Bureau for Public Health representatives.

The Liaison Committee last met on February 13, 2024. During this meeting we had a special guest, Brad Cochran, present about the CEH Policy that the West Virginia Board of Sanitarians recently put out. This policy was made to help clarify training topics that would be considered eligible for CEHs, what needs to be submitted when applying for CEH approvals and overall streamline the process. The new policy can be found on the WV Board of Sanitarians website.

The committee also discussed the removal of the section about local health departments from 64 CSR Fees for Service Rule and that 64 CSR 30 would no longer be in effect as of April 1, 2024. When the legislature passed SB 12 in 2021, it was the intent of the legislature that any rule that the health department created would be approved by the county commission. This includes the fees for permits rule. Members discussed going through the process of developing their fee schedules and presenting them to their boards of health and talking with their county commissions about the process.

Region Representatives

JJ Rose–ROC (Beckley) Region Steve Hinerman–PACT (Fairmont)Region Gillian Beach–EPHRT (Kearneysville) Region Rodney Melton –BUNDLE (St. Albans) Region Nicole Needs–MID-OHIO VALLEY Lock Johnson– NORTHERN (Wheeling) Region Vacant–SPHERE Region

If you have an issue you wish to have addressed by this committee, please send that information to your District Representatives.

Sanitarian Liaison Committee webpage:

https://oehs.wvdhhr.org/phs/publ ic-health-sanitation/state-localnvironmental-health-liaison-group/

Tip: Cottage vs. Manufactured Food

While it is true that cottage food producers are exempt from obtaining a food establishment permit from their local health departments, they may not be exempt from being permitted and inspected by the state Department of Health as a food manufacturer under 64CSR43, the Food Manufacturing facilities rule. The key difference between food manufacturers between cottage food producers and food manufacturers is that food manufacturers distribute their products wholesale to other food establishments and manufacturers for sale or use as an ingredient in other products.; cottage food producers exclusively sell their products through direct sales to the general public.

However, if the cottage food producer is engaged in interstate commerce, it will fall under FDA jurisdiction and in turn the state's due to our contract with FDA and require a permit from us even if they only do direct sales.

Therefore, it is important to check with cottage food producers not just what type of food they are making but also what type of commerce they are engaged in. Any questions about this subject can be addressed by food manufacturing program coordinator and inspector Jimmy Casdorph and Nick King respectively.

House Bill ends Mobile Food Reciprocity Permits

Pending the governor's signature, House Bill 5017 will end Mobile Food Unit reciprocity permits. What the new bill will do is make mobile food unit permits issued by the vendor's county of residence viable statewide. However, it will still be required for vendors to notify other counties outside of their residence at least 72 hours in advance before they operate at an event. The bill also prohibits local health departments from charging any fees including reinspection to any mobile food unit operators except for the vendor's county of residence.

When inspecting mobile food units outside the home county, Except for an Imminent Health Hazard, if a local health department outside of a vendor's county of residence finds an item out of compliance and that item was out of compliance at the time of the initial inspection and permit issuance in the vendor's county of residence, the local health department may not take any enforcement actions related to that item and may not prohibit the vendor from operating due to that specific item. For example, if the home county issued a variance for something normally not allowed by the FDA Food Code than health departments outside the county must recognize it as well.

Out of state vendors will still be required to obtain temporary or annual permits from each WV county they operate in.

LEGISLATION AFFECTING ENVIRONMENTAL HEALTH

- Senate Bill 17: Strikethrough of state regulations for local permit and service fees. See article on page 6 to learn more. Passed, awaiting Governor's signature
- House Bill 5017: Strikethrough of reciprocity permit requirements for mobile food establishments, making mobile unit food service permits statewide (with exception to out of state vendors). See article on page 2. Passed, awaiting Governor's signature.
- House Bill 4911: Expanding legal sales of raw milk. Passed, pending Governor's signature.

NEHA-RFFM Grant News: SAVA course at Mid-Year Conference

At this May's mid-year conference, one of the tracks is devoted to local health departments new to the NEHA-RFFM Grant, the Self Assessment Verification Audit (SAVA) course. The SAVA course will teach you how to complete your department's first self-assessment and verification audit for the Voluntary National Retail Program Standards. The self assessment is a series of worksheets and tables you need to complete along with supplemental documentation that shows how close your program is to meeting all nine Program Standards. The verification audit is an audit by FDA or a designee of theirs to verify the accuracy of your selfassessment. We strongly recommended any departments new to the NEHA-RFFM grant have at least one person attend this course to help ensure a well-completed SAVA.

FIND US ONLINE

WVAS now has a closed group on Facebook to share news and information with members. Request to join at www.facebook.com/groups/263384244100903/

WVAS also has a website at https://wvaos.org/ Our email is wvaos@outlook.com.



The WV Public Health Association also has a website. https://wvpublichealthassociation.org/

Vaccine Exemption Bill Awaits Governor's Signature

In the final hours of the legislative session, HB 5105 had successfully passed both houses. At the time of this writing, it only needs the governor's signature unless the bill is vetoed to become law.

HB 5105 will allow virtual public, private, and parochial schools to exempt themselves from state vaccine requirements.

The passage of the bill has intensified backlash from the state medical community including county health officers such as KCHD's Dr. Stephen Eshenaur and the WV chapter of the American Association of pediatrics. Activism to prevent the bill's passage has continued to pressure the governor to veto the bill.

The passage of similar laws across the state has correlated with increased outbreaks in measles. This is because increased exemptions create pockets in the communities full of unvaccinated people that can start outbreaks, especially because of the extreme infectivity of measles.

Applesauce Lead Investigation leads to Ground Cinnamon Recall



In the fall of 2023, a lead poisoning outbreak occurred, affecting at least hundreds of children in the US. An epidemiological investigation found that the consumption of cinnamon flavored applesauce was shared between cases. A traceback investigation later detected elevated lead levels in a handful of children's applesauce brands, including WanaBana and Weis. The investigation conducted by FDA led to a class 1 recall and had traced the lead to a ground cinnamon producer from Ecuador that all of these brands mutually sourced. After this investigation, the FDA began to audit all ground cinnamon in the united states and detected elevated lead levels in discount retail store brand cinnamon such as La Fiesta, Marcum, and Supreme Tradition.

By the end of February, the FDA confirmed that lead chromate was the source of lead in the outbreak; Ecuador was the common source. Applesauce samples had up to 2000 times the amount of lead considered safe. FDA leaders have believed since then that the contamination of cinnamon with lead was intentional for economic reasons.

Adulterating spices with lead has been found many times before in food manufacturing history. One of the last notable instances of this was in turmeric originating from Bangladesh in 2019. Lead is an exceptionally heavy metal that, when mixed with cinnamon and other spices, can be used to make spices you sell heavier while also having less pure product and rake in more profit from less product. Similar adulteration has been done with chromium as well for the same reasons.

As of this writing, FDA is calling for the general public to discard all brands named in their most recent cinnamon recall and no longer buy these products. Advisory letters are being sent to all food manufacturing firms using this cinnamon to issue a voluntary recall of all affected products.

<u>Mid-Year Confer-</u> <u>ence Schedule</u> <u>Highlights</u>

Tract 1: FDA SAVA Course

The SAVA course will be all three days. Hosted by the Dept. of Health, OEHS, FDA, and WV Retail Food Program Collaborative. This course will help programs new to the VNRPS successfully complete their first self -assessment and verification audit.

Track 2: Environmental Health Tract

Day 1: Environmental Health updates

Day 2: Tattoo inspection program, rabies and tickborne disease, Pest Management in Public Schools, and septic updates.

Day 3: Stop the Bleed, presented by WVU Medicine.

Track 3: Threat Preparedness

Day 1: WV PHEM Business Meeting, Committee Meetings.

Day 2: CTP WV REDI training

Day 3: Same as EH Tract.





It has been documented for years that the practice of nasal rinsing could potentially cause infection by the brain eating bacteria *nagleria fowleri*. However, in March, the CDC publish a new report linking another type of brain eating amoeba infection to this practice, *acanthamoeba*.

Neti pots, as pictured above, while still not broadly popular, have seen increased use in recent years . Neti pots are used to flush out nasal passages. Some people with nasal allergies and/or respiratory disease use this practice to flush out allergens and other contaminants out of their sinus cavity. The solution used in this rinsing is saline, but how does it lead to infection with brain eating bacteria?

Neti pots lead to these infections because most people that practice nasal rising use tap water in their saline solutions. According to a 2021 survey, about 1/3 of US adults incorrectly believe that tap water is completely free of microorganisms. Even though tap water is chlorinated it is only treated to prevent infection from pathogens by drinking the water, not from pathogens that infect you through your sinus cavity like brain eating amoeba. In order to render tap water safe for nasal rinsing, the CDC recommends using boiled sterile, or distilled water. Boiling should be held for at least 1-3 minutes depending on elevation.

WV BOARD OF SANITARIANS UPDATES

The State Board of Sanitarians is pleased to announce that Linda Whaley was chosen at our February 2024 Board Meeting as the new Executive Director . Linda is a retired Sanitarian who began her career in Wayne County and she was the Food Program Manager/Training Officer for the Public Health Sanitation Division when she retired. Linda was also inducted into the WV Public Health Association Hall of Fame several years ago. Linda is replacing Interim Director, Michelle Cochran, who became a great asset for the Board during a time of need when Dave Thornton had announced that he was stepping away. Thank you Michelle for the hard work you put in during your tenure. It was greatly appreciated by the Board Members.

On another note, there were three Bills introduced in the 2024 Legislative Session that, if passed, would affect Chapter 30 Boards. SB411 and House Bill 5117 were the same Bill and HB5117 passed the both the House and Senate and is awaiting the Governor's signature. This Bill will require Chapter 30 Boards to waive initial occupational licensing fees for low-income families and military families within 30 days of receipt of the application. HB4599 did not muster any support and died. If passed, this Bill would have made changes relating to Board's funds on hand.

Due to concerns related to Continuing Education Hours (CEHs), the Board approved a new CEH policy in December 2023 that should help Sanitarians determine what types of courses. classes, in-service meetings and conferences that will be considered for approval. You can access the policy on the Board website. Due to many different types of Continuing Education credits (CEH,CE, CEU), the Board has also posted a Continuing Education Time Conversion chart on our website as well. The Board would consider you using these tools to determine the courses, etc. that you are considering and what type of credits are available. Please submit all CEH requests to

Linda.K.Whaley@wv.gov

Also related to yearly CEHs, in 2023, the Board had three active Sanitarians who did not complete their required 15 hours. In our Rule, 20CSR4, Section 5.6 addresses the penalty for not completing the required hours:

"5.6 A person applying for a renewal of a permit, certificate or license must show proof of having completed 15 hours of Board approved continuing education within the prior calendar year. The applicant may have an additional 60 days to acquire hours but pay an additional \$50.00 late fee. Any hours obtained during the additional 60-day period to meet the prior calendar year requirement shall not be counted toward the current calendar year". I would hope that each and every Sanitarian in the State will make an effort to acquire their required hours by the end of this year. Continuing education hours that have been received in 2024 will be posted on our website after Mid-year, then again sometime in August and more frequently throughout the rest of the year by your classification number. Once you have reached/exceeded 15 hours, additional hours that you have obtained will not be added to your list. Thanks for all you do.

Brad Cochran, R.S., Board Chair

Senate Bill 17 Causes LHD's to reevaluate Permit and Service Fees

After passing the House on March 7th, Senate Bill 17 has caused local health departs to redo fee policies for permits and services. This is because this bill strikes down state regulations on the power of local boards of health to charge for permits and services. However, even though these requirements would be completely stricken through by the bill, counties can still charge for permits and services. But they must be approved by their respective county commissions.

Any fee policies for permits and services effective after March 4th, 2021 would need to be redone and passed by each county commission unless the policies were already formally approved by your county commission; these revisions would have to be done by April 1st to maintain your fee schedule.

This issue is especially complicated for regionalized health departments such as MOV. These bills would cause each County Commission to adopt their own sets of fees; even in a regionalized health department, different counties under their purview can adopt different sets of fees for permits and services.

Even though the bill has not yet been signed by the Governor, a lot of work has already been done to adapt to Senate Bill 17. The Association of Local Health Departments is developing a format for new fees and services that LHDs can adapt for each county if they need to revise their fees; anyone with further questions can contact the Association. Their website is https://www.wvalhd.net/.

UPCOMING WVAS ELECTIONS

Elections for WVAS will not occur this period but in case anyone is interested, there will be elections in the Fall Conference for these positions in the Executive Council:

Vice President

2 Year Member at Large

Anyone interested in these positions can contact Cara at charding@berkeleywv.org.





West Virginia Association of Sanitarians

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> We're on the Web https://wvaos.org/

WVAS Executive Council

Elected Officers

President: Samantha Beaudoin

Vice-President: Vacant

Elected Members at Large: Jimmy Casdorph, David Whittaker, Vacant

Appointed Members

Secretary-Treasurer: VJ Davis

Newsletter: Nick King

Legislative Committee: Brad Cochran

Nominating Committee: Cara Harding

Awards: Gillian Beach

By Laws: Mike Bolen

IEHS: Bill Nestor

Media: AJ Root

Membership: Robert Custard

Event Planning: Mark Hawkins

News Liaison Committee: Stacy King

Credits

Writer/Editor Nick King <u>News Liaison</u> Stacy King WV Board of Sanitarians News: Brad Cochran <u>Additional</u> <u>Assistance/Editing</u> Judy Vallandingham