



Macon County
Public Health

**MACON COUNTY BOARD OF HEALTH
MINUTES
5/28/2024**

Members: Garrett Higdon, Engineer; Paul Higdon, County Commissioner; Vacant, Optometrist; Dr. Roy Lenzo, Veterinarian; Vacant, Pharmacist; Dr Matt Corbin, Dentist; Ellen Shope, Nurse Representative and Vice Chair; Dr. Michael Dupuis, Physician; Members of General Public, Jerry Hermanson Chair, Dr. Charlie Vargas; Vacant, General Member

Members Absent: Paul Higdon

Staff Present: Kathy McGaha, Amanda Cowart, Kirstyn Smotherman, Jen Germain, Jimmy Villiard, Jamie Waldroop, Jennifer Garrett , Jeremy Pless

Guests: None

Media: Will Woolever, Franklin Press

Call to Order: Jerry Hermanson called the meeting to order at 6:15 p.m.

**Welcome/Intro/
Departures/
Recognition/
Announcements:** Kathy McGaha introduced new employees: April Blanton, Health Information Coordinator; Skylyn Myers, Dental Coordinator; Cedar Lannon, School Nurse

Public Comment: None

Agenda Approval: Garrett Higdon made a motion to approve the Agenda. Dr. Matt Corbin seconded the motion. Motion passed unanimously.

Presentation:

2nd Annual Duck Hunt Kirstyn Smotherman presented information on the 2nd Annual Duck Hunt. During the Community Health Assessment, obesity was identified as a primary concern for Macon County residents. The Duck Hunt was created last year as a means of addressing this issue by increasing physical activity.

What is the Duck Hunt? Rubber ducks are hidden along various walking and hiking trails in Macon County. All areas in Macon County are included; Franklin, Nantahala and Highlands.

Three separate Facebook Events were created, one for each area. Clues were posted on Facebook as to the location of the rubber ducks.

What happens when you find a duck? Last year, MCPH collaborated with all three libraries within Macon County along with FROG Headquarters. When an individual finds a duck, they can bring it to MCPH, the three libraries or FROG Headquarters. They will then be entered into a raffle. Last year Highlands Aerial Park donated Half Mountaintop Zipline Tour vouchers and Highlands Outpost Mountain Coaster tickets.

This year, a few things will be done differently. First, MCPH is increasing the amount of ducks from 35 to 100 ducks. Second, MCPH is creating a Facebook Group rather than an event. The benefit of a Facebook Group is being able to track and collect numerical data. Previously, story data was collected. Kirstyn gave examples of two stories. In both cases, the Duck Hunt inspired an increase in physical activity and health. A Facebook Group will ask individuals to answer a few questions about physical activity before becoming a member. These individuals will be asked the same question at the end of the Duck Hunt. This will allow a comparison of activity before and after the event. More vendors have donated prizes this year: Highlands Outpost, The Fun Factory and Walmart.

 Macon County Public Health

2nd Annual

"Duck" Hunt

June 3rd-July 6th 2024

Rubber Ducks hidden on walking & biking paths in Macon County

Join the MCPH "Duck" Hunt Facebook Group for more information!



Show your duck to Macon County Public Health, your local library, or Frog Quarters to enter our raffle for prizes!

**Please Hike safely!
Bring sunscreen, insect repellent & remain vigilant of wildlife!**

**Prizes sponsored by
The Factory, Highlands Outpost, and more!**

1 duck/entry per individual

Swain Macon Produce Rx

Jen Germain began by showing a plaque received from the 7th Day Adventist Church. MCPH received this plaque for participating in their Good Neighbor Clinic.

Ms. Germain then went on to present the Swain Macon Produce Rx Program. She explained MCPH received a grant from the Duke Endowment Fund to work with community partners to help with hunger in Macon County (joint with Swain County). Studies were done with WCU and Dr. Patrick Barren regarding food insecurity. How often to can people eat, how often they have to give up food, do they have access to fresh produce? One thing the grant can do is offer Produce Rx. If low-income families qualify, they can be prescribed to eat fresh produce. Macon County looked at families in WIC. Ms. Germain noted, if families qualify for WIC, they would also qualify for Produce Rx.

Please see the handout below.



What we did:

The Swain Macon Produce Rx Program is addressing food insecurity and hunger in Swain and Macon counties by providing locally grown healthy food boxes to 100 families with lower incomes every week for 6 months from January to July 2024. We also provide healthy recipes based on the box contents, cooking equipment, and monthly gatherings featuring live cooking demonstrations and other community resources. Roughly, 85-100% of the box contents are sourced directly from WNC farmers and artisans at fair market value. It is a team effort that involves MountainWise, Darnell Farms, the Appalachian Sustainable Agriculture Project, the Swain and Macon County Health Departments, EmPOWERing Mountain Food Systems, and many resource partners.

Why it is exciting:

"I deeply appreciate having been included in this program...It is a blessing for me and my grandson." -Current participant in the Produce Rx Program, January 11th and May 9th, 2024

This program appears to be very successful so far, based on ongoing feedback from participants. Moderate-severe food insecurity and hunger was affecting at least a third of our

participants at the time of enrollment in this program. For example, 29% of adults were cutting/skipping meals because they could not afford to buy food and 15% of these adults experienced this *15 or MORE days per month*. As we near the end of this current series and conduct a post-program survey and health screenings in July, we hope to find both improved food security and health for these participant families. Ultimately, as we continue to confirm this program's success, we strive to expand this program to 12 months for 140 families, including families with young children AND elders (based on input from our participants and partners) so that households and farmers can continue to be supported.



What we did:

In addition to the Swain Macon Produce Rx Program, we have been working with MountainWise and other local partners to improve our farmer's market in Franklin, further address rising food insecurity, and improve the health of Macon County citizens. We sent out surveys to local area vendors and customers to find out what they desired in an improved or new farmers market. Vendors requested Wi-Fi access to process debit and credit cards, easily accessible restrooms and better parking. Customers overwhelmingly requested the ability to use SNAP/EBT benefits. With cooperation from the town of Franklin, we were able to find a better location that suits everyone's needs. Our partners from MountainWise had the experience to set up and manage a farmers market that accepts SNAP/EBT benefits.

Why it is exciting:

Our new Macon County Farmer's Market got off to a great start on May 4th with over \$8,000 sold by participating vendors. Each week the market has a variety of vendors that sell

food, plants, natural products, and arts and crafts. There is also a food truck and music. All vendors are from the WNC area, and opportunities for education and *Rising Star Vendors* (kids) are available. Customers are able to use their SNAP/EBT cards at the manager's tent where they receive tokens to use at the market in exchange for food and edible plants that they can grow at home.

How are these programs possible?

Both of these exciting new programs were made possible by a grant from the Duke Endowment and cooperation from community partners.

Shown below: Example of beautiful produce in a Healthy Food Box from Week 19



Ellen Shope asked how often individuals receive boxes. Ms. Germain replied, once a week. Kathy McGaha mentioned Darnell Farms sells packages and offers similar boxes that are available once a week. She added they will also deliver.


Jerry Hermanson asked how many people from the WIC program signed up. Jen replied Macon County and Swain County both had 50 each for a total of 100. Ms. Shope asked if the grant only allowed for 50 people. Ms. Germain answered yes. She added they are hoping to improve the program from 6 months to 12 months, 140 families instead of 100 families between two counties and expand it to seniors.

Ms. McGaha suggested reaching out to Jennifer Hollifield about grant potential for Senior Services. Ms. Germain agreed to put Ms. Hollifield in touch with MountainWise.

Jimmy Villiard added any unclaimed boxes are donated to CareNet. He also mentioned an anonymous benefactor who will purchase up to \$500 of unused produce from the farmers market each week and donate to CareNet. He noted MountainWise is the lead on both programs (Produce Rx and Macon Co Farmers Market) and both support local agriculture. Ellen Shope added these programs help foster local farming.

Garret Higdon asked if there is an opportunity to sponsor a box. Ms. Germain said that was an excellent question and she would ask. Adding, other sponsorship would have to be written into the grant. Jerry Hermanson asked about the grant limitations. Mr. Villiard answered that the grant had stipulations, but he would take these great suggestions to their next MountainWise meeting.

See recipes below.



Swain Macon
https://mountainwise.org/producerx/

PRODUCE RX PROGRAM
Facebook: Swain-Macon Produce Rx Program

SAUTÉED BOK CHOY & TURNIPS

4-6 SERVINGS

INGREDIENTS	4-6 SERVINGS
• 1 bunch salad (hakurei) turnips, tops trimmed and cut into 1/4-inch thick wedges	• 1 Tbsp olive oil or butter
• OR other turnips, peeled	• 2 Tbsp minced fresh ginger
• 1 ½ lbs baby bok choy, halved lengthwise	• OR 2 tsp ground ginger
• OR 1 large head bok choy, stems chopped on a diagonal into ¾" pieces and leaves chopped	• 1 Tbsp minced garlic
• 1 red bell pepper, chopped	• 1 hot pepper, thinly sliced (optional)
	• 1 tsp toasted sesame oil (optional)

DIRECTIONS

- Heat oil/butter in a large skillet over medium heat.
- Add ginger and garlic; cook, stirring constantly, until fragrant, about 1 minute.
- Add bok choy, turnips, bell pepper, hot pepper (if using), 2 Tbsp of water, and a big pinch of salt. Cook, stirring frequently, until the bok choy and turnips are tender, 5 to 7 minutes.
- Season to taste. Drizzle with sesame oil before serving (if using).

● Vegetarian ● Vegan ● Gluten-free ● Dairy-free

STIR-FRY IMRPOV

4-6 SERVINGS

INGREDIENTS
• 2 Tbsp oil
• 1 onion
• Any 2-5 vegetables or greens of choice/ whatever is in the fridge
• 3-4 cloves of garlic, minced
• 2 cups of a grain of choice/whatever is in the cabinet
• try rice, quinoa, farro, barley, grits, etc
• Spices of choice
• try ginger, 5-spice, curry, harissa, etc
• 2-3 Tbsp soy sauce (GF if needed)
• Vinegar
• 1-2 Tbsp sugar, maple syrup, molasses, or honey
• Sriracha hot sauce (optional)


DIRECTIONS

- Start cooking grains as per their instructions.
- Chop ALL vegetables (including onion but not the garlic) to the roughly the same size (big chunks or smaller slices/medallions, based on your preference). Keep separated.
- Heat a large pan or wok over medium heat. Add oil and chopped onion. Stir occasionally until just starting to brown and soften, 3-5 minutes.
- Add any longer cooking vegetables (such as celery, carrots, cabbage, broccoli, cauliflower, collards, turnips, etc). Stir occasionally until just starting to brown and soften, 5-10 minutes.
- Add quicker cooking vegetables and greens (such as mushrooms, fennel, snap peas/snow peas, kale, chard, bell peppers, green beans, zucchini, etc). Add a pinch of salt, pepper to taste, and garlic. Stir frequently until garlic is browning, about 3 minutes.
- Add spices of choice and stir constantly until fragrant, about 1 minute.
- "Deglaze" pan with a splash of vinegar or water. Stir and scrape any browned bits off the bottom of the pan.
- Add sweetener of choice and soy sauce. Stir and simmer until vegetables are cooked to your liking and the sauce is a consistency you like (add a little water if not saucy enough, add a sprinkle of potato starch or cornstarch if too thin).
- Season to taste with more soy sauce, salt, and pepper. Serve over the grain with a drizzle of sriracha (if you like).

TIP: add marinated tofu, shrimp, or meat (cut to the same size as the vegetables) to the pan before the onion. Cook without stirring until brown on one side and releases easily from the pan, then add the onion, flip sides, and continue with the remaining steps.

TIP: experiment with timing of adding vegetables, using a lid to strategically steam, or even pre-cooking some vegetables by blanching or "micro-steaming" (covered with a wet towel in the microwave) to master the art of stir-fry. In China, meats are browned and vegetables are cooked just to 断生 ("break the rawness"). Some prefer it saucier (don't just keep adding soy sauce though, water mixed with a little cornstarch does wonders).

● Vegetarian ● Vegan ● Gluten-free ● Dairy-free



APPLE-BERRY SAUCE

4 CUPS

INGREDIENTS	4 CUPS
• 16 ounce container or 4 cups strawberries (fresh or frozen), rinsed and de-stemmed	• 1-2 tsp lemon juice (optional)
• 4 apples, peeled	• 1 Tbsp honey or sugar (optional)

DIRECTIONS

- Roughly dice apples and strawberries to be about the same size.
- Add to a pot with 1 cup of water and heat over high to bring to a boil. Then lower heat to medium-low and simmer for 30 minutes.
- Use a slotted spoon to carefully drain any excess liquid into a bowl or cup (chill and drink excess liquid as juice!).
- Immersion blend or blend fruit until smooth.
- Add sweetener and lemon juice to taste.
- Serve on its own, on pancakes or waffles, on yogurt, with oatmeal, or with roast chicken/turkey.

TIP: make a big batch and freeze it in airtight plastic containers or bags.

● Vegetarian ● Vegan ● Gluten-free ● Dairy-free



WEEK 19

FEATURED
FARMERS

&

PRODUCT
SPOTLIGHTSFind many of these farms and more at <https://appalachiangrown.org/>

WARCRY PEPPER COMPANY

Matt and Carlos Bryant
Bryson City, NC<https://www.warcrypeppers.com/>

At Warcry Pepper Company, we love hot sauce and creating it to share with others. We make small, handcrafted batches of our hot sauce using 25 varieties of organically grown "Super-Hot Peppers," the hottest in the world, and fire-roasted local tomatoes. We farm raise all the peppers at the sacred mother town, Kiltawah, in Cherokee, NC, to honor our farming and family heritage. We also grow a variety of microgreens. We are proud to be Native American owned and operated.



SPROUT CULTURE FARM

Jesah Segal
Asheville, NC<https://www.sproutculturefarm.com/>

Sprout Culture is one of the region's largest indoor vertical farms growing organic microgreens. More than a business, we are a cultural change movement working to shift our society from a "fast food culture" to a "living food culture." We're bringing one of the healthiest, sustainably grown foods to tables across the region.



BACKWOODS BAKERY

Whittier, NC

<https://www.backwoodsbakery.com/>

"Thoughtfully-sourced, lovingly-crafted." We are a NCDA-certified microbakery nestled in the backwoods of Western NC. A true "mom and pop" shop, we work together to bake the finest the area has to offer. With no "frick-and-morlar," our public offerings can be found at area farmers markets and events as well as local retailers and restaurants.



DARNELL FARMS

The Darnell Family
Bryson City, NC<https://darnellfarms.com/>

A fun, family-friendly, Appalachian-style farm and fruit stand, specializing in u-pick strawberries, pumpkin picking, food trucks, ice cream, monthly festivals, and a giant playground, all nestled on the beautiful Tuckasee River. All are welcome. Come make our family farm your family farm!



STILL WATERS LANDING

Andrew Jones

Hayesville, NC

<https://www.stillwaterslanding.org/>

Still Waters Landing is a model of rural renewal. We are a local pasture raised pig and produce farm with a mission to restore the community through farming, food, fellowship and faith while ensuring that everyone in the community, regardless of income, can access to high quality food.



UNCLE HENRY'S ORGANICS

Owen and Vernon Rouse

Rose Hill, NC

Uncle Henry's is one of the most premier certified organic produce farms in the South East. It is family owned and operated, offering a wide variety of fruits such as muscadine grapes and blueberries, and vegetables year-round. Owen and his brother Vernon have been growing vegetables their whole lives. Originally they called themselves Rouse Brothers, but now they are Uncle Henry's, named after their grandfather's brother who was like a father, and who loved eating fruits and vegetables.



FIDDLER'S GREEN FARM

Ryan Clark & Julie Douglas
Marshall, NC<http://www.fiddlersgreenncc.com/>

Fiddler's Green Farm humbly occupies 29 acres of East Cherokee (OWUS26 Teadogwetty) land. We cultivate about 5 acres of land for organically grown produce, culinary and medicinal herbs, and pasture-raised chicken. Soil health is very important to us, so we use sustainable and regenerative practices to ensure nutrients are put back into the soil. We offer CSA shares for produce, chicken, and seasonal wellness items, host plant ID walks, grow for wholesalers and restaurants, and farmers markets.



SOUTH WIND PRODUCE

Miles Okal & Angie Raines

Rougemon, NC

<https://www.southwindproduce.com/about-us>

We are a 47-acre family owned and operated farm that is a diverse ecosystem of fruits, vegetables, orchard, pasture, wetlands and woods. In 2014, we created South Wind Produce on land that was formerly a tobacco farm after spending 10+ years learning and working on organic and sustainable farms in North Carolina, Virginia and Maryland. Building nutrient-dense soil is our primary focus, and we use methods like cover cropping, compost application and minimal tillage to support living organic soils. In 2023 we became officially Certified Organic. We believe small farming is a productive and beautiful way of life and is how we seek to contribute to our community and to build meaningful lives for ourselves.



TROSLY FARM

Kadi & Amos Nidiffer

Elk Park, NC

<https://www.troslyfarm.com/>

Trosly Farm is a "real, small farm" that started in 2007. Our farming begins and ends in gratitude. Our goal is to honor the values of our Appalachian heritage: self-sufficiency, property, land stewardship, and low impact/input agricultural practices. Trosly Farm continually walks a fine line between innovation and tradition.



COTTLE ORGANICS

Herbie Cottle & Family

Rose Hill, NC

https://local.freshpoint.com/store_page/cottle-organics/

Cottle Organics is a family farm that started in 1975 with Herbie Cottle's great grandfather. Herbie's innovation and quality crops helped him become named the CSA 2016 Farmer of the Year.



ESTRADA FARMS

Ignacio Estrada Sr. & Ignacio Estrada Jr.

Pickens, SC

<https://www.facebook.com/EstradaFarms/>

Estrada Farms is located in the heart of Pumpkintown, SC along the beautiful mountains of Pickens and Greenville, SC. We grow a variety of seasonal produce including strawberries, sweet corn and hot peppers.



청경채白菜 BOK CHOY 青菜 青梗菜

Bok choy (or pak choi) a Chinese cabbage in the big, happy Brassica family with broccoli, cauliflower, cabbage, rutabagas, turnips, collards, kale, Brussels sprouts, and mustard. It originated in China in the 5th century, more than 1,600 years ago.

Bok choy is **high in fiber, vitamins, minerals, and antioxidants**. The stems are often sweet and juicy while the leaves are akin to spinach.

Using bok choy.

- try bok choy stems sliced thin in a salad
- spread peanut butter or hummus on a stem
- add into any stir-fry or sauté
- halve or quarter a head of bok choy, leaving the root intact, and grill them

in the box

GREEN ONIONS

DARNELL FARMS

BOK CHOY

DARNELL FARMS

SUGAR SNAP PEAS

SOUTH WIND PRODUCE

BELL PEPPERS

ESTRADA FARMS

SALAD TURNIPS

TROSLY FARM

CARROTS

COTTLE ORGANICS

SPINACH

UNCLE HENRY'S ORGANICS

COLLARDS

STILL WATERS LANDING

CHARD

STILL WATERS LANDING

MICROGREENS

SPROUT CULTURE FARM, WARCRY PEPPER CO.

PARSLEY

FIDDLER'S GREEN FARM

STRAWBERRIES

DARNELL FARMS

SOURDOUGH BREAD

BACKWOODS BAKERY

EGGS

Approval of
Previous Meeting
Minutes:

Ellen Shope made a motion to approve the previous minutes. Dr. Matt Corbin seconded the motion. Motion passed unanimously.

Old Business:

Update on Environmental Health

Kathy McGaha gave an update on Environmental Health. She spoke of attending a Commissioners Meeting in support of the proposed EH fees. The County Commissioners have requested more time to review the proposed fees and noted Paul Higdon's displeasure with the fees presented. She added he would like the fees to be lower. The County Commissioners then expressed concern about the backlog for septic and wells. Acknowledging the backlog, Ms. McGaha spoke on the comparison often made between Macon and Jackson counties and went on to give examples of the differences. She continued saying, the County Commissioners asked if additional positions would help the EH department. Ms. McGaha recommended adding positions, contracting with EH Specialist from other counties and overtime. She let them know funds have been found in the budget to support overtime. The County Commissioners decided to allocate additional money to cover contracting expenses and asked Ms. McGaha to come back with a plan. After the Commissioners Meeting, she met with Derek Roland, County Manager. During that meeting, it was decided there would be an addition of two new positions proposed in the budget. Adding that currently, the backlog is down to about one week.

Jerry Hermanson asked if the County Commissioners would reconsider the proposed EH fees. Ms. McGaha replied that she was not sure; however, she believes that County Commissioners were more in favor of reducing fees than increasing them. Garrett Higdon said the proposed fees were a combination of increased and reduced fees. Ms. McGaha agreed, but said Paul Higdon would like Macon County's fee schedule be structured like Jackson County. Garrett Higdon asked if we have information on Jackson County's workload. Ms. McGaha answered the two counties were neck and neck. However, she added, they have two more staff and everyone is trained. They also have another layer of positions in their program.

Dr. Matt Corbin mentioned overtime and contracting work is not sustainable. Ms. McGaha agreed, noting the physicality of the work and eventual burnout.

Garrett Higdon asked if it would be beneficial for members of BOH to attend the next commissioners meeting. Ms. McGaha replied it would not be necessary. She believes the matter has been tabled and does not anticipate a vote on the EH fees. Dr. Corbin interjected saying he did not see an issue with the proposed EH fees and feels good about the BOH's recommendation. Adding, the decision was based on data. Mr. Hermanson agreed saying there was a lot of work that went into determining the fees. He continued stating it was well thought-out and it was discouraging that it was not voted on. Ms. McGaha assured the group if the proposed EH fees come back up, she would be sure to let them know.

Ms. McGaha moved on to the EH work management system. She reminded the group of discussion in previous meetings regarding computer software that would benefit both EH and Building Inspections. Mr. Roland, County Manager has added it to the proposed budget. Ms. McGaha added that staff from EH and Building Inspections are planning a visit to Catawba County to observe the system being considered. Garrett Higdon asked if the group could have a demonstration of the system. Ms. McGaha answered yes; suggesting she could notify them when the next demo is scheduled.

New Business:

Annual Child Fatality Prevention Report

Jennifer Garrett presented the Annual Child Fatality Prevention Report. See below.

Macon County Child Fatality Task Force 2023 Report

Macon County Commissioners and Macon County Board of Health

I. Introduction

In 1993, the North Carolina General Assembly established a network of local Child Fatality Prevention Teams (CFPT's) across the state to confidentially review medical examiner reports, death certificates and other records of deceased residents under age 18. Each local team consists of representatives of public and nonpublic agencies in the community such as law enforcement, Guardian Ad Litem, health departments, among others, that provide services to children and their families.

The purpose of this report is to give a summary of the causes of death, the number of cases reviewed, recommendations for prevention, if any, that have been made and to share local team activities and accomplishments.

II. Role of the MACON County Commissioners and Board of Health

- Receive annual reports which contain recommendations and advocate for system improvements and needed resources, if requested.
- Appoint members of the local team as identified by the membership.

III. Child Deaths by Cause, System Problems Identified, Recommendations for Prevention & Proposed Action

In 2022, the Macon County Child Fatality Task Force reviewed 0 deaths.

The Child Fatality Prevention and Review Team reviewed one death. The North Carolina Division of **Social Services'** On-Site Review Team will review all child fatalities of children who are either in the custody of a County. No recommendations were found.

Cause of Death	System Problem Identified	Recommendation	Proposed Action
N/A	N/A		
N/A	N/A		

IV. Macon County CFPT Activities and Accomplishments

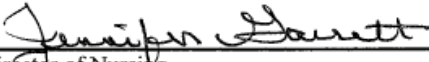
Examples:

- Continued to support Case Management of High Risk Children case worker to be able to purchase car seats and pack and plays. The case worker is trained in installing car seats and if a parent completes the CMARC program they may get a car seat- which the case worker installs and gives education about. The case worker also works with Care Management of High Risk Pregnancies- and in that program parents are provided pack and plays and given safe sleep education.

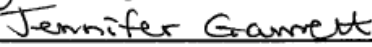
- Discussed partnership with Sheriff's Department to begin a gun lock give away at community events. Researching ways obtain gun locks and what events to do giveaways.

V. Conclusion

Thank you to the members of the Macon County Commissioners/Board of Health for the opportunity to share with you the successes and dedicated work of the local team as we continue to review child fatalities, make recommendations, and take actions to prevent future child deaths. Please feel free to contact the Child Fatality Chairperson, Jennifer Garrett, at 828-349-2466, respectively, should you have any questions about this report.



Director of Nursing



Chairperson

5/24/24

Date

Annual Communicable Disease Report

Jamie Waldroop presented the Annual Communicable Disease Report. See below.

Macon County Public Health

2023 Communicable Disease Report to Macon County Board of Health

May 28, 2024

Presented By: James Waldroop, RN, BSN

What is a Communicable Disease?

Communicable diseases are illnesses caused by viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air. There are over 80 reportable Communicable diseases in North Carolina that when suspected have to be reported to the Health Department for investigation.

The Macon County Public Health Communicable Disease Program's objectives include

- Prompt investigation of all reportable communicable diseases in order to prevent possible outbreaks and to implement control measures to help minimize the spread of disease
- Information and education for the public and providers on communicable diseases and how to prevent them
- Routine surveillance to detect trends and assess the public health impact of the disease
- Investigation of and intervention in responding to disease outbreaks
- To provide a source of communication with local medical providers to help control and prevent diseases

Macon County Public Health maintains regular communication with medical providers throughout the county in order to keep up to date on communicable diseases and the appropriate reporting of these communicable diseases. Medical providers are required to report all communicable diseases to Macon County Public Health.



NC Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch

ATTENTION HEALTH CARE PROVIDERS:
Please report relevant clinical findings about this
disease event to the local health department.

CONFIDENTIAL COMMUNICABLE DISEASE REPORT – PART 1

NAME OF DISEASE/CONDITION

Patient's Last Name		First	Middle	Suffix	Maiden/Other	Alias
Birthdate (mm/dd/yyyy) / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans.		Parent or Guardian (of minors)		Medical Record Number
Patients Street Address			City	State	ZIP	County Phone () -
Age <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days	Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Ethnic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Was patient hospitalized for this disease? (>24 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No Date / /	Did patient die from this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient is associated with (check all that apply): <input type="checkbox"/> Child Care (child, household contact, or worker in child care) <input type="checkbox"/> School (student or worker) <input type="checkbox"/> College/University (student or worker) <input type="checkbox"/> Food Service (food worker) <input type="checkbox"/> Health Care (health care worker) <input type="checkbox"/> Migrant Worker Camp <input type="checkbox"/> Correctional Facility (inmate or worker) <input type="checkbox"/> Long Term Care Facility (resident or worker) <input type="checkbox"/> Military (active military, dependent, or recent retiree) <input type="checkbox"/> Travel (outside continental United States in last 30 days) <input type="checkbox"/> Other				In what geographic location was the patient MOST LIKELY exposed? <input type="checkbox"/> In patient's county of residence <input type="checkbox"/> Outside county, but within NC - County: <input type="checkbox"/> Out of state - State/Territory: <input type="checkbox"/> Out of USA - Country: <input type="checkbox"/> Unknown		

CLINICAL INFORMATION

Is/was patient symptomatic for this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If a sexually transmitted disease, give specific treatment details	
If yes, symptom onset date (mm/dd/yyyy): / /	1. Date patient treated:(mm/dd/yyyy) / / Medication: Dosage: Duration:	2. Date patient treated:(mm/dd/yyyy) / / Medication: Dosage: Duration:
SPECIFY SYMPTOMS:		

DIAGNOSTIC TESTING

Provide lab information below and fax copy of lab results and other pertinent records to local health department.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name –City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

LOCAL HEALTH DEPARTMENT USE ONLY

Initial Date of Report to Public Health: / /	Is the patient part of an outbreak of this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Source of Report to Public Health: <input type="checkbox"/> Health Care Provider (specify): <input type="checkbox"/> Hospital <input type="checkbox"/> Private clinic/practice <input type="checkbox"/> Health Department <input type="checkbox"/> Correctional facility <input type="checkbox"/> Laboratory <input type="checkbox"/> Other	Outbreak setting: <input type="checkbox"/> Household/Community (specify index case): <input type="checkbox"/> Restaurant/Retail <input type="checkbox"/> Child Care <input type="checkbox"/> Long term care <input type="checkbox"/> Healthcare setting <input type="checkbox"/> Migrant Worker Camp <input type="checkbox"/> Adult care home <input type="checkbox"/> Assisted living facility <input type="checkbox"/> Adult day care <input type="checkbox"/> School <input type="checkbox"/> Prison <input type="checkbox"/> Other
Name of facility: Address of facility:	

DISEASES AND CONDITIONS REPORTABLE IN NORTH CAROLINA

Physicians must report these diseases and conditions to the county local health department, according to the North Carolina Administrative Code: 10A NCAC 41A.0101 Reportable Diseases and Conditions (see below). Contact information for local health departments can be accessed at www.ncalhd.org/directors. If you are unable to contact your local health department, call the 24/7 pager for NCDHHS, Communicable Disease Branch (919) 733-3419.

For diseases and conditions required to be reported within 24 hours, the initial report shall be made by telephone to the local health department, and the written disease report be made within 7 days. The reporting rules and disease report forms can be accessed at: <http://epi.publichealth.nc.gov/cd/report.html>

Disease/Condition Reportable to Local Health Department Within a Specific Timeframe

Acquired immune deficiency syndrome (AIDS) – 24 hours	Malaria – 7 days
Acute flaccid myelitis – 7 days	Measles (rubeola) – immediately
Anaplasmosis – 7 days	Meningitis, pneumococcal – 7 days
Anthrax – immediately	Meningococcal disease, invasive – 24 hours
Arboviral infection, neuroinvasive (WNV, LAC, EEE, other, unspecified) – 7 days	Middle East respiratory syndrome (MERS) – 24 hours
Babesiosis – 7 days	Monkeypox – 24 hours
Botulism – immediately	Mumps – 7 days
Brucellosis – 7 days	Nongonococcal urethritis – 7 days
Campylobacter infection – 24 hours	Novel coronavirus infection causing death – 24 hours
Candida auris – 24 hours	Novel coronavirus infection – immediately
Carbapenem-Resistant Enterobacteriaceae (CRE) – 24 hours	Novel influenza virus infection – immediately
Chancroid – 24 hours	Ophthalmia neonatorum – 24 hours
Chikungunya virus infection – 24 hours	Plague – immediately
Chlamydial infection (laboratory confirmed) – 7 days	Paralytic poliomyelitis – 24 hours
Cholera – 24 hours	Pelvic inflammatory disease – 7 days
COVID-19: see Novel coronavirus	Pertussis (whooping cough) – 24 hours
Creutzfeldt-Jakob disease – 24 hours	Psittacosis – 7 days
Cryptosporidiosis – 24 hours	Q fever – 7 days
Cyclosporiasis – 24 hours	Rabies, human – 24 hours
Dengue – 7 days	Rubella – 24 hours
Diphtheria – 24 hours	Rubella congenital syndrome – 7 days
Escherichia coli, shiga toxin-producing infection – 24 hours	Salmonellosis – 24 hours
Ehrlichiosis – 7 days	Severe acute respiratory syndrome (SARS) – 24 hours
Foodborne disease, including Clostridium perfringens, staphylococcal, Bacillus cereus, and other and unknown causes – 24 hours	Shigellosis – 24 hours
Gonorrhea – 24 hours	Smallpox – immediately
Granuloma inguinale – 24 hours	Spotted fever rickettsiosis (including RMSF) – 7 days
Haemophilus influenzae, invasive disease – 24 hours	Staphylococcus aureus with reduced susceptibility to vancomycin – 24 hours
Hantavirus infection – 7 days	Streptococcal infection, Group A, invasive disease – 7 days
Hemolytic-uremic syndrome (HUS) – 24 hours	Syphilis, primary, secondary, early latent, late latent, late with clinical manifestations, congenital – 24 hours
Hemorrhagic fever virus infection – immediately	Tetanus – 7 days
Hepatitis A – 24 hours	Toxic shock syndrome, non-streptococcal or streptococcal – 7 days
Hepatitis B – 24 hours	Trichinosis – 7 days
Hepatitis B carriage or perinatally acquired – 7 days	Tuberculosis – 24 hours
Hepatitis C, acute – 7 days	Tularemia – immediately
Human immunodeficiency virus (HIV) infection confirmed – 24 hours	Typhoid fever, acute (Salmonella typhi) – 24 hours
Influenza virus infection causing death – 24 hours	Typhoid carriage (Salmonella typhi) – 7 days
Interferon-gamma release assay (IGRA), all results – 7 days	Typhus, epidemic (louse-borne) – 7 days
Legionellosis – 7 days	Vaccinia – 24 hours;
Leprosy – 7 days	Varicella (chickenpox) – 24 hours
Leptospirosis – 7 days	Vibrio infection (other than cholera & vulnificus) – 24 hours
Listeriosis – 24 hours	Vibrio vulnificus – 24 hours
Lyme disease – 7 days	Yellow fever – 7 days
Lymphogranuloma venereum – 7 days	Zika virus – 24 hours

You may be contacted by the local health department for additional information about this case. Medical record information relevant to the investigation and/or control of a communicable disease is exempt from the HIPAA Privacy Rule (see 45 CFR 164.512(a)) and is permitted as an exception to confidentiality of records in NC State Law GS § 130 A-130.

North Carolina General Statute: §130A-135. Physicians to report. A physician licensed to practice medicine who has reason to suspect that a person about whom the physician has been consulted professionally has a communicable disease or communicable condition declared by the Commission to be reported, shall report information required by the Commission to the local health director of the county or district in which the physician is consulted.

North Carolina Administrative Code: 10A NCAC 41A.0101 Reportable Diseases and Conditions

(a) The following named diseases and conditions are declared to be dangerous to the public health and are hereby made reportable within the time period specified after the disease or condition is reasonably suspected to exist:

DHHS 2124 (Revised July 2020) EPIDEMIOLOGY

Top Communicable Diseases Reported in Macon County in 2023- Total of 186 cases

Chlamydia- 86 cases

STD caused by a bacteria called Chlamydia trachomatis. It can be transmitted during vaginal, anal, or oral sex. About three quarters of infected women and about half of infected men have no symptoms. If symptoms occur, they usually appear within 1–3 weeks after exposure. In women, symptoms may include abnormal vaginal discharge, urethritis, lower abdominal pain, pain during intercourse, and bleeding between menstrual periods. In men, symptoms include penile discharge and urethritis. In up to 40% of untreated women, infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease. Infected women are also up to five times more likely to become infected with HIV, if exposed. Complications among men are rare. Infection sometimes spreads to the epididymis, causing pain, fever, and, rarely, sterility. The CDC estimates around 4 million people in the United States develop new Chlamydia cases every year

Hepatitis C, Chronic- 38 cases-

When someone is first infected with HCV, they can either have a very mild illness with few or no symptoms or a serious condition that could require hospitalization.

Acute hepatitis C (HCV) infection is defined as the 6-month time period following exposure to the hepatitis C virus. After initial infection, the virus clears spontaneously in an estimated 20 to 35% of patients. These patients never develop chronic hepatitis C infection.

Most people who get infected will develop a chronic, or lifelong, infection. Left untreated, chronic hepatitis C can cause serious health problems including liver disease, liver failure, liver cancer, and even death. Chronic hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants in the United States.

Hepatitis C is spread when blood from an HCV-infected person — even microscopic amounts — enters the body of someone who is not infected. Because of how it spreads, certain life circumstances, jobs, and behaviors can increase your risk for hepatitis C.

Medications for treatment include:

- ⌘ Elbasvir/Grazoprevir (Zepatier)
- ⌘ Glecaprevir/Pibrentasvir (Mavyret)
- ⌘ Sofosbuvir/Ledipasvir (Harvoni)
- ⌘ Sofosbuvir/Velpatasvir (Epclusa)

These antiviral medications are extremely good at attacking the virus and preventing it from multiplying.

Cost of treatment without insurance is anywhere from \$23,000 to \$95,000.

Gonorrhea- 13 cases

Gonorrhea is a common sexually transmitted infection (STI) caused by the bacterium *Neisseria gonorrhoeae*. It can infect the genitals, rectum, mouth, throat, and eyes, and is most often spread through vaginal, oral, or anal sex. Individuals who are 15 to 24 are the most commonly infected group.

Symptoms in women

Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. Symptoms in women can include:

- Painful or burning sensation when peeing
- Increased vaginal discharge
- Vaginal bleeding between periods

Symptoms in men

Men who do have symptoms may have:

- A burning sensation when peeing
- A white, yellow, or green discharge from the penis
- Painful or swollen testicles (although this is less common)

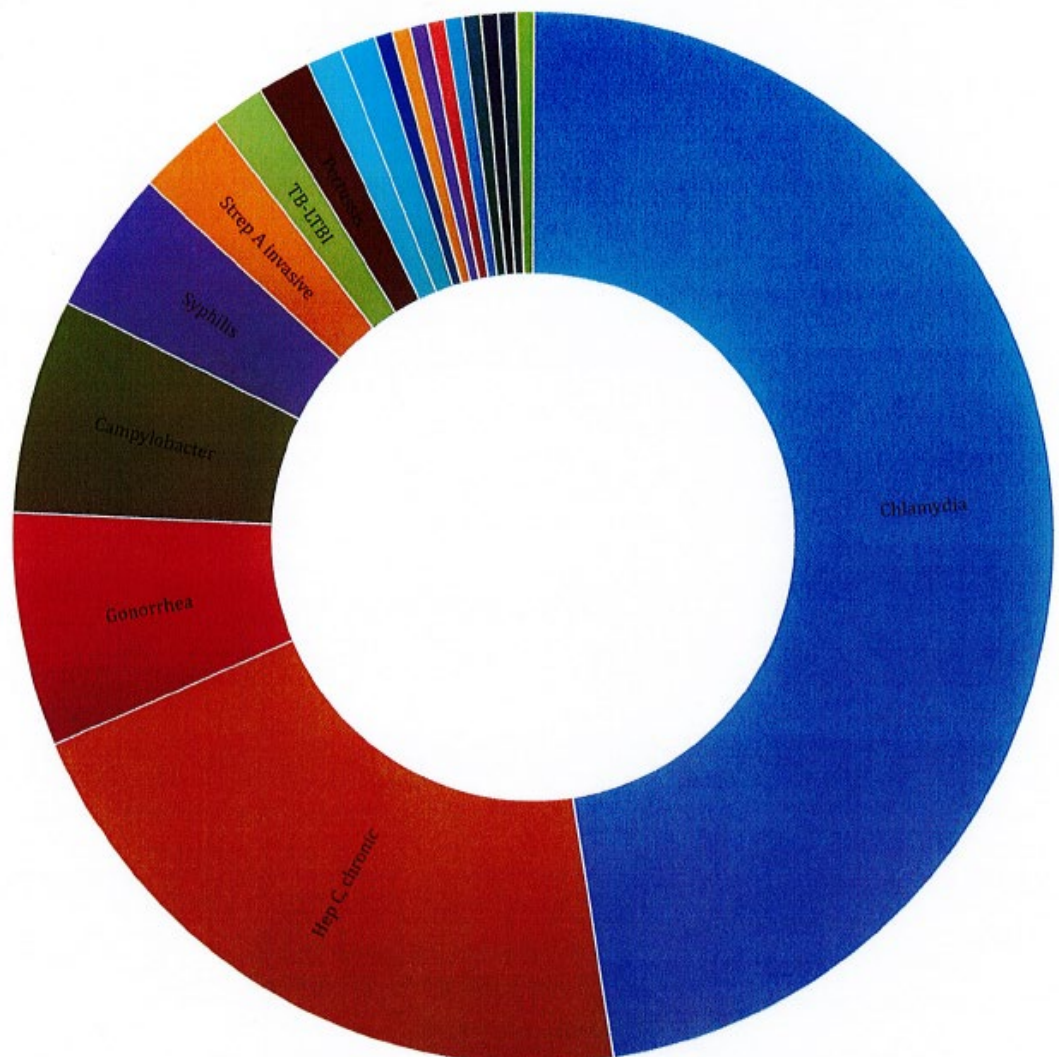
Campylobacter- 12 cases

Campylobacter bacteria are a common cause of diarrheal illness. People most commonly get Campylobacter infection by eating raw or undercooked poultry. Eating other contaminated foods, drinking untreated water, and touching animals that carry Campylobacter can also cause infection.

Groups who are at most risk include:

- ✧ Children younger than 5
- ✧ Adults 65 and older
- ✧ People with a weakened immune system
- ✧ People who work with animals
- ✧ International Travelers

Syphilis –8 cases



- | | | | | |
|---------------------|------------------|-------------|-----------------|-----------|
| ■ Chlamydia | ■ Gonorrhea | ■ HIV | ■ Syphilis | ■ HIB |
| ■ Strep A invasive | ■ Shigellosis | ■ Pertussis | ■ Campylobacter | ■ Hep A |
| ■ Hep B | ■ Hep C, chronic | ■ Varicella | ■ TB | ■ TB-LTBI |
| ■ Cryptosporidiosis | ■ CRE | ■ CJD | ■ Hep B chronic | |

Syphilis

It is an STI that can cause serious health problems without treatment. Infection develops in stages (primary, secondary, latent and tertiary)

Primary Stage: During the primary stage of Syphilis sores may be noticed on the genital area and lips or mouth. Sores are usually firm, round and painless. They last from about 3 to 6 weeks and heal regardless of whether you receive treatment. A patient should still receive treatment even when the sore goes away because if no treatment is received the disease will advance to the secondary stage.

Secondary Stage: During the secondary stage of Syphilis skin rashes may develop on a patient's mouth and genital area. The rash can be on the palms of your hand and/or the bottoms of your feet and look rough, red, or reddish brown. Other symptoms can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, fatigue. The symptoms from this stage will go away whether you receive treatment or not, however if you do not receive treatment then the infection will move to the latent and possibly tertiary stage.

Latent: The latent stage is a period when there are no visible signs or symptoms. Without treatment you can continue to have syphilis in your body for years.

Tertiary Stage: If Syphilis is untreated and gets to the tertiary stage it can affect many different organ systems. These include the heart and blood vessels, the brain and nervous system. It is very serious and can occur 10 to 30 years after your infection began. In this stage the disease damages your internal organs and can result in death.

Treatment for Syphilis is a series of 1 to 3 antibiotic (Bicillin L-A) injections in the gluteal muscle depending on the stage of disease.

Sexually Transmitted Infections (STD)

Macon County Public Health's (MCPH) primary mission is closely linked to the mission of the CDC Division of STD Prevention and the NC Communicable Disease Branch. There are specific disease prevention goals which are contextualized in the broad framework of the social determinants of health, promotion of sexual health, and the primary prevention of sexually transmitted disease (Communicable Disease AA).

MCPH must offer clients seeking an STD evaluation a medical history including sexual risk assessment, a physical examination inclusive of upper and lower body, lab testing, treatment, counseling, and referral necessary for the evaluation of individuals with an exposure to or symptoms suggestive of a sexually transmitted infection. These services are to be offered at NO COST to the client regardless of county of residence.

Table 1:

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
STD patient visits (LHD ONLY)	272	203	301	216	352	339	210	104	140	248
Chlamydia	87	95	70	106	99	79	76	88	89	86
Gonorrhea	11	17	13	17	31	26	33	31	13	13
Non-gonococcal urethritis (NGU)	0	2	8	7	9	1	2	0	0	0
Pelvic Inflammatory Disease (PID)	2	2	0	0	4	10	0	0	1	0
HIV	1	0	0	2	0	0	0	4	0	1
Syphilis	1	0	3	2	3	3	1	4	19	8
					(2 cases of primary and secondary and 1 case of early latent Syphilis)	(1 case of secondary and 2 cases of early latent)	(1 primary case, No secondary and no early latent.)	(1 primary, No secondary and 1 Early Latent and 2 Unknown Duration)	(1, primary 8 Secondary 6 Early Latent 4 Unknown Duration)	(2, primary 2 Secondary 1 Early Latent 3 Unknown)

Reportable Diseases (other than sexually transmitted)

Communicable disease surveillance, investigation, and control are components of the core public health services in North Carolina. The state monitors local health departments for the timeliness of disease reporting and compliance with North Carolina communicable disease laws and management. Currently there are 79 reportable conditions in North Carolina (including sexually transmitted diseases). The Health Department monitors these communicable diseases for the entire county. Not all North Carolina reportable diseases are included within table 2.

Table 2:

	2015	2016	2017	2018	2019	2020	2021	2022	2023
Campylobacter	29	49	47	17	14	8	7	10	12
Salmonella	7	2	6	6	3	2	1	6	0
Legionnaire's Disease	1	-	-	-	-	-	-	-	-
Rocky Mtn. spotted fever	-	-	1	5	2	-	-	-	-
Lacrosse Encephalitis	-	-	-	1	-	-	2	-	-
Hepatitis A	-	-	3	-	2	1	4	-	1
Hepatitis B, Acute	-	-	1	-	-	1	-	2	1
Hepatitis B, chronic, new	2	2	2	3	-	2	-	2	1
Hepatitis B chronic, pregnancy	-	-	-	-	-	-	-	-	-
Hepatitis C, Acute	-	3	1	-	-	1	-	-	-
Hepatitis C, Chronic*	NR	NR	143	79	94	73	44	45	38
Hib invasive disease	-	1	1	-	1	1	1	-	2
Meningococcal invasive disease	-	-	1	-	1	-	-	-	-
Meningitis, pneumococcal	-	1	-	-	1	-	1	1	-
Streptococcal invasive infection, Group A	-	-	3	1	1	4	-	4	5
Shigellosis	-	-	-	2	-	-	-	-	1
E.Coli	1	1	1	1	2	-	1	1	0
Vibrio Vulnificus	1	1	-	-	-	-	-	-	-

Bordetella Pertussis	1	1	1	1	3	1	-	-	3
Cyclosporiasis	-	-	1	-	-	-	-	-	-
Influenza Death (adult)	1	-	-	3	2	-	-	-	-

Key: (-): 0 cases; (NR): Non-reportable

*Chronic Hepatitis C was not a reportable condition in North Carolina until 2017.

Tuberculosis

Tuberculosis was once one of the leading infectious causes of death in North Carolina. Cases continue to decline but elimination has not been reached. The NC TB program uses a community-based system of TB prevention and control. MCPH Communicable Disease nurse along with the clinic medical provider devise individual and programmatic interventions for all new cases in order to increase completion of therapy as well as improve timely completion of therapy. The TB clinician agrees to treat and monitor all active TB cases.

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes ill. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated, TB disease can be fatal. Latent TB Infection is when a person has the Tuberculosis bacteria but their immune system has suppressed it and they are not infectious or ill. LTBI treatment is not mandatory but always encouraged due to the possibility of the infection becoming active if their immune system weakens.

A 12 week combination therapy of Isoniazid (INH) and Rifapentine (RPT) taken once weekly by directly observed therapy (DOT) is offered to LTBI patients for treatment of latent infections. The latent TB therapy offered could change based on certain health conditions. Directly observed therapy is used to ensure adherence to the treatment regimen and to improve the long-term effectiveness of treatment.

1 case of active TB was diagnosed in 2023. 3 cases of LTBI were identified in the county in 2023.

Macon County Public Health had 668 TB placement/read appointments in 2023

Rabies

Rabies is a deadly virus spread to people from the saliva of infected animals. This is usually transmitted through a bite. Once a person begins to show signs and symptoms of rabies, the disease nearly always causes death.

Per NCGS 130A-41 (B) (10) the communicable disease nurse role includes examining, investigating, and control rabies. The CD nurse provides guidance to persons using the NC Rabies Public Health Program Manual pertaining to:

- Rabies pre-exposure immunization
- Human rabies risk assessment
- Rabies post-exposure prophylaxis in persons.

The CD nurse works with Animal Control. Animal Control officers send bite reports to the CD nurse along with any reports of animals submitted to the State Lab for rabies testing in order to ensure that human rabies risk assessments are done in a timely manner by a healthcare professional.

Macon County Public Health offers pre- rabies exposure vaccine for anyone who may be identified as needing the vaccine, but does NOT offer post exposure vaccinations.

No humans were infected with rabies in 2023

A Rabies vaccine bait drop was performed in Macon County in 2023 to help prevent rabies in raccoons.

Over 130 bites were reported to Macon County Communicable Disease from Macon County Animal Services in 2023

Covid- 73 covid vaccines given for 2023

Influenza

Per the CDC, “a 2018 study published in Clinical Infectious Diseases, looked at the percentage of the population who were sickened by the flu using two different methods and compared the findings. Both had similar findings, which suggested that on average, about 8% of the US population gets sick from flu each season, with a range of between 3% and 11% depending on the season.”

In 2022, Macon County Public Health gave 652 flu vaccines. 193 of the flu vaccines were High Dose for persons 65 years of age and older. This is one of the lowest years for flu vaccine uptake at MCPH.

2023 Trends and Likely 2024 Trends

- Syphilis cases have shown a 57% decrease compared to last year’s total number of cases.
- STD visits increase 77% from 2022
- Likely will continue to see an increase in Latent Tuberculosis Infection (LTBI) cases with continued travel to endemic countries and immigration from endemic countries.
- Macon County had its first active TB in many years in 2023. 2024 has already presented a new active TB case. If numbers of active TB keep increasing resources may be limited. An outbreak could eventually be a possibility.
- Pertussis cases seem to be on the rise in the county thus far. It is important to make sure children are vaccinated and for adults who are not up to date on their Tdap vaccine it is important for them to receive the vaccine.

Board of Health Training Item:

2024 NALBOH Annual Conference
Nashville, TN
August 12-14, 2024

Next Meeting Date:

July 23, 2024

Announcements:

Jerry Hermanson informed the group of a request he is preparing to make at the next BOH meeting. He would like the BOH to receive more content regarding things in the community that may overlap some of their responsibilities. He acknowledged the information they have been

receiving is important. However, he believes the BOH should be more aware of what affects the public health in the community besides the health department. Mr. Hermanson requested this be added to the agenda in July.

Adjournment: Garrett Higdon made a motion to adjourn the meeting. Dr. Roy Lenzo seconded the motion. Motion to adjourn passed unanimously at 7:31pm.

**Minutes Recorded
by:** Amanda Cowart

