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The Politics of Environmental Health



IEHA DIGEST

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Issue Editor/Publisher: Robert Jue, REHS, 707 N. Armstrong Pl, Boise, ID 83704

President's Message

A FEW WORDS FROM STEVE PEW

Excerpted from Dec 2008 Newsletter

After serving four years as Secretary/Treasurer the IEHA Executive Council appointed me as *acting* President for the next year. During the next Annual Education Conference (AEC) members will get the opportunity to vote to keep me for another year or get another president for 2009-2010.

Hopefully this isn't the only change that members will see during the next year.

We are currently looking at a way to make registration easier for members and less of a headache for the secretary/treasurer, as well as, some other changes to the AEC. Since nothing is final I won't say more but keep your eyes open for new 'stuff' in the future. I'm really excited about it!



President-Elect's Message

Hello everyone, I've chosen "Politics and Environmental Health" as the theme of our 2009 Conference. We've

all encountered the political realities of our jobs at one time or another - regardless of job description, title, or program - and, for whatever reason, it rarely seems to have a good connotation. In fact, it often appears to be a roadblock to whatever we're trying to accomplish. It's not going to go away, so... the question is "how best to deal with it"?

On that note, I am excited to have Doug Farquhar, J.D. as our keynote speaker. Doug is the Environmental Health Program Director for the National Conference of State Legislatures, in Denver, CO. He has consulted for state legislatures from around the country (all 50 states, to be exact) on environmental health-related issues for the

past 20 years. I heard him speak at the NEHA Conference in Tucson last June, and was impressed by his topic, presentation and delivery. He is a wealth of knowledge and once you hear him I think you'll agree.

As you've come to expect, our Conference will be covering a wide array of topics and, once again, we'll be partnering with the Idaho Public Health Association and the Idaho Solid Waste Association. Check out the agenda and hopefully you'll find something to suit your interest; everything from mold to rabies to solid waste, recreational water issues, and food safety. I'm especially pleased to have the support of the Idaho Department of Environmental Quality to present the fascinating and emerging issue of pharmaceutical waste. You'll learn what role politics plays in all of these topics and how vari-

(Continued on page 4)



EDITOR'S CORNER

Robert Jue, CDHD

Politics and Environmental Health: There is never a separation of these two worlds. This Digest issue features articles that address the theme of the AEC. I don't even have to address the Salmonella—peanut butter outbreak. (There is a link to the FDA inspection report later in these pages.)

So many topics to chose from: There is a story of a court ruling that impacts use of aquatic pesticide; the Virginia Grahame bill for pool safety, a story from the Tulsa World, 1/25/09 regarding food safety uniformity and from Bill Marler's website—irradiation and spinach..

And with the permission of the author -a special editorial on page 5. Hope you enjoy the reading and can attend the annual meeting.

###

As some of you know, I have been Editor/Publisher long enough and tried to pass on the job before for a short year or so. Again, I have given notice to IEHA that though not yet retired from a salaried job, I am turning this project over to someone else. At the moment, Bonnie Christensen, at SEDHD and area correspondent, has offered to give it a try, as long as I stay around to advise and show her how I did this no matter if I'm retired or not! I am sure she would appreciate any assistance from other members. Thanks,

Bob

(PRES- ELECT Continued from page 3)

ous outcomes and compromises have been reached.

We're also going to try something a bit different this year; rather than an after-hours business meeting and evening awards banquet, we'll instead do it all at a mid-day luncheon (Thursday) to better accommodate everyone's schedule, and leave your evening free to attend NCAA Tournament Basketball or whatever you choose.

I realize budgets are tight, but I think

you'll get a "big bang for your buck", and, as always, the valuable opportunity to network with your colleagues. Please support IEHA as a viable in-state educational opportunity. Hope to see you there.

Bob Erickson

Special Editorial

Public Health and the Menace of Markets

Posted 01/26/2009

Anthony Robbins, MD, MPA

Entrepreneurs deliberately added melamine to powdered milk and infant formula. The public was shocked; not we in public health.

We are familiar with deadly actions taken with full knowledge of harmful consequences. Melamine is a common chemical, available in bulk, known to be toxic.^[1]

They added it to food and animal feed to increase protein content readings in assays. The adulterated products fetched higher prices. So the feed and food producers poisoned children in China to increase their profits.

Those who know the health consequences frequently pursue deadly market tactics. The tobacco industry sells cigarettes, fully aware that they kill. To increase profits, the industry went further, adjusting nicotine levels to make cigarettes more addictive. They marketed the addictive, lethal product to youth.

Similarly, food industry marketing creates

today's obesity epidemic.^[2] The industry has sold more and more food -- tasty, convenient, and inexpensive -- knowing that overconsumption will cause disease and death. Others have added lead^[3] or asbestos^[4] to consumer products, long after dangers to human health were known.

We must not rely on individual morals or societal ethics to protect the public. Rules, regulations, and enforcement must be one step ahead of those willing to harm people for financial gain.

We in public health do not wait to count the bodies. We act to protect, making it against the law to endanger people.

Should we have expected anything less from those who might have regulated financial markets: mortgages, derivatives, credit swaps, insurance, etc? If you doubt the potential for harm, consider the 10 years of global misery from the 1929 crash until World War II pulled the world out of the Great Depression.^[5]

The take-home lesson: public health caution is required whenever we expose people to markets.

That's my opinion. I'm Dr. Anthony Robbins, Co-Editor of the *Journal of Public Health Policy*



RABI ES

Dr. Leslie Tenglesen, Office of Epidemiology and Food Protection, will give an update on Idaho rabies control Wednesday afternoon, March 18 at the IEHA annual education conference. (See agenda in back.)

Need Guidance for Animals at School, Petting Zoos, Ag-Days??? Check out: Animal Control in the Public Setting



www.cdc.gov/mmwr/preview/mmwrhtml/rr5605a1.htm





Definitions of special IEHA awards, in addition to the environmental health specialist of the year award (discussed in 2006)

Lifetime Achievement Award

This award is given to those individuals who have made outstanding contributions to the profession and/or to the Association throughout the years". It is more than just longevity on the job and years with IEHA. The candidate needs to have gone "above & beyond", and made special or significant contributions to the field.

This award would be on the level of the NEHA Mangold Award - for "someone who has been an innovative forward thinker, a person of action who has been an inspiration to environmental health professionals; it is designed to recognize outstanding contributions to the preservation of the environment by the environmental health professional; someone who has performed professional duties in the field of environmental health above and beyond the usual employment requirements so as to elevate the professional status of the environmental health professional".

The application could be submitted by anyone, but would need to be submitted to the awards committee chair, and must be approved by all executive committee members.

Service Award

This award is for an EHS that is retiring that has at least 20 years of service and has been a long time member of IEHA. It would be a special award recognizing years of service, and their commitment to public health and the profession.



An application would be submitted by any member of IEHA to the awards committee chairman and be approved by the awards committee.

EXECUTIVE COUNCIL

January 2009

Interim President

Steve Pew, Southeastern District Health Department,
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FAX: 208-528-0857
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IEHA OFFICERS & COMMITTEES

IEHA COMMITTEES

IEHA has nine standing committees that offer an opportunity for you to participate in guiding environmental health in Idaho. The following is a list of the chairs of each committee and a short description of the duties.

Audit Committee Appointed at Annual Conference

Reviews the activities of the budget committee and the treasurer and reports findings to the general membership.

Awards Committee, vacant???,

Evaluates nominations for IEHA awards including the EHS of the Year.

Budget Committee **Steve Pew,**

Southeastern District Health Dept
1901 Alvin Ricken Dr., Pocatello ID 83201
Phone: (208) 233-9080
Fax: (208) 234-7169

email: spew@phd6.idaho.gov

Plans the expenditures of the association and maintains relevant records.

Constitution and Bylaws **Bob Erickson,**

South Central District Health
P.O. Box 162

Hailey, ID 83333-0162

Phone: 208-788-4335

Fax: 208-788-0098

Email: berickso@phd5.idaho.gov

Keeps a current copy of the IEHA constitution and advises the council of necessary changes.

Legislative Committee , **Jami Delmore,**

Southwest District Health Department
920 Main St.

Caldwell, ID 83605

Phone: 208-455-5400

Fax: 208-455-5405

Email: jdelmore@phd3.idaho.gov

Keeps up-to-date on legislative activities to allow for comments from IEHA on activities that affect public health.

Membership Committee , **VACANT**

Responsible for increasing the visibility and membership of IEHA.

Nominations and Elections **Paul**

Guenther,

North Central District Health

215 10th St.

Lewiston, ID 83501

Phone: 208-799-3100

Fax: 208-799-0349

Email: pguenthe@phd2.idaho.gov

Solicits nominees for position of the IEHA Executive Council..

Professional Promotion, Nancy Becker,

North central District Health

333 E. Palouse River Dr.

Moscow, ID 83843

Phone: 208-882-7506

Fax: 208-882-3494

Email: nbecker@phd2.idaho.gov

Program & Education Committee, Bob Erickson,

South Central District Health Department
117 E. Ash St, Bellevue ID 83313

Phone: 208-788-4335

Fax: 208-788-0098

Organizes and produces the annual conference.

DIGEST Committee Publish the DIGEST and NEWSLETTER semi-annually.

Bob Jue - Editor/Publisher, Central District

Health, 707 N. Armstrong PL, Boise, ID 83704

Area B (D-3 & 4)

PH: (208) 327-7499

FX: (208) 327-8553

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Area Correspondents

Paul Guenther, No. Central District

215 - 10th St., Lewiston ID 83501

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FX: 208-799-0349

Email: pguenthe@phd2.idaho.gov

Bonnie Christensen, Southeastern District Health Dept

412 W. Pacific, Blackfoot, ID 83221

Area C (D-5, -

6 & 7)

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FX: 208-785-6372

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Idaho Environmental Health Association

SPECIAL ELECTION:

IEHA President

After organizing two great AECs as the President-elect, Dee Johnson resigned her position as President to pursue a new career. The Executive Board selected Steve Pew to act as Interim President until the 2009 business meeting's special election for President.

The term will be for one year.

Nominations must be from active members of active member willing to serve. Nominations can be made at the business meeting.

Constitutional amendment See Page 9

At the 2007 business meeting a motion was made to remove the pronoun "his" from Article VII of the IEHA constitution. The proposed changes are on the next page in bold black to delete and bold red to insert.

Interesting Web Links

Interesting Web Links

Long Term Effects of Food Borne Illnesses

From a story in the news media.

http://news.yahoo.com/s/ap/20080122/ap_on_he_me/healthbeat_food_poisoning;_ylt=AmuCnem3PBd8Hzy9OA3w6ajVJRIF

World Clock

Shows births, deaths from disease, injury on our planet with other interesting life facts.

<http://www.peterrussell.com/ODDS/WorldClock.php>

What We Eat in 1 Week

Pictures of families and the food they consume.

www.gather.com/viewARTICLE.jsp?articleid=281474977247098

Article VII

Nominations and Elections

- Section 1. A. Officers shall be elected by written ballot at the annual meeting which falls in even numbered years, shall take office at the close of that annual meeting, and shall serve until replaced by their successors.
- B. If any area named in Article V, Section 1 has not designated a representative to the Executive Council prior to the annual meeting, that position shall be vacant and shall be filled by election procedures as outlined in Article VII, provided that only members from an area shall be entitled to vote for the representative of that area
- Section 2 A. The Nominating and Election Committee shall notify the general membership of their nomination for each office 30 days before the annual meeting. Any Active member may make nominations for each office from the floor.
- B. An affidavit signed by each nominee indicating a willingness to accept office if elected and to resign any other elected office then held in the Association, must be in the possession of the Nominating Committee prior to **his the member's** name appearing on the ballots.
- Section 3. An absent member may delegate an attending member to vote by proxy when written authority has been presented to the Secretary-Treasurer. Proxy voting is only authorized for issues made in the form of a motion and printed in the Digest, or for nominations and elections.
- Section 4. All ballots shall be preserved by the Secretary-Treasurer for a period of 60 days after the announcement of the election results and immediately thereafter shall be destroyed if the election results are not then in dispute.
- Section 5. The Nominating and Elections Committee shall meet in the presence of the Secretary-Treasurer or **his the** designated delegate and at least one (1) other member of the Executive Council to open and tally the ballots. The Nominating and Elections Committee shall immediately certify the results of the election in writing to the President, declaring as elected the candidates for each office receiving a majority of valid votes. In case of a tie vote, the office shall be decided by vote of the Executive Council.
- Section 6. No member shall be nominated who has not been an Active member of the Association for at least two years prior to **his the member's** nomination and be otherwise qualified. Questions regarding the qualifications of a nominee shall be determined by the Executive Council.
- Section 7. A. If a vacancy in one of the offices of the Association should occur such that an annual meeting is held before the next regular Association election of officers, as provided in Section 1. of this Article, an election shall be held at the annual meeting to fill the remainder of the term of office vacated.
- B. If the office vacated is President-Elect, an election shall be held at the next annual meeting. An appointee of the Executive Council shall not progress from President-Elect to President, unless elected. The appointee shall be a nominee for President.
- C. If a vacancy on the Executive Council shall occur, the vacancy shall be filled until either the next annual meeting, or a representative is elected as provided in Article V Section 1.



Ballot example:

Instructions: All members may vote for President and Constitutional changes. Members may vote for only their Area Representative. If you are casting

proxy to the Secretary. Nominations may be made from the floor during the meeting.

President Steve Pew?

Constitutional Amendment to neutral gender Article VII

For _____
Against _____

ballots for proxies please use a separate ballot for each proxy and you must provide the



PROXY: If IEHA members are unable to attend the AEC business meeting, be sure to fill out a proxy form (make copy) and give to a member who is attending OR mail to Ken Keller, Secty-Treasurer by February 20, 2008.

PROXY

I, being an IEHA member in good standing, do hereby authorize

(print name of proxy) _____, who is also a member in good standing, to act as my proxy in any voting matter at the IEHA March 2009 business meeting.

Member Name (PRINTED) _____

Member Signature _____

Dated _____

MEET THE ENVIRONMENTAL HEALTH STAFF of North Central



Main office — Lewiston, ID

District Health Department

We have a new crew at North Central District Health Department. The only ones left from the “old crew” are **Paul Guenther**, environmental health director, who’s been here forever, and



Nancy Becker

Nancy Becker who’s in our Moscow office, since 2002. Nancy is our Sr. EHS for the food program.

Vito Palazzolo

Vito started in the Grangeville office November 2007, when Don Sokolowski retired. He has a B.S. degree in Environmental Health from Ferris State University, and an M.S. in Public Administration from Central Michigan Univer-



Vito Palazzolo

sity. Over the years he has worked as an environmental health specialist with local health departments in Michigan and Wyoming, has been a food program evaluation officer with the State of Michigan, and an administrator of two health departments in Michigan and Illinois.

Angela Scott

Angie is in our Lewiston office, and started February 2008. She coordinates the ICCP contract program. Angie has a B.S. degree in Environmental Health from Oregon State University, and worked as an EHS in Klamath County Health Department, Klamath Falls, Oregon, for 9 years prior to coming to NCDHD.



Angela Scott

Sherise Jurries

Sherise is also in the Lewiston office and begin work in March 2008, filling Rich Gabriel’s position when he retired. Sherise has a B.S. degree in Biology from Washington State University. Previous to coming to NCDHD she worked 9 years for Potlatch Corporation, Lewiston as the assistant greenhouse manager. Sherise coordinates the District’s solid waste program.



Sherise Jurries

Andy Helkey

Prior to coming to NCDHD, in the Orofino office, Andy worked for 3 years with South Central District Health. Andy replaced Dale King when he retired. Andy has a B.S. degree in Environ-



Andy Helkey

(Continued on page 12)

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mental Science from the University of Idaho.

Andy and Sherise started the same day, in March 2008.



Bruce Koliba

Bruce Koliba

Bruce is our newest EHS, starting in September 2008, in the Lewiston office, taking Trevor

Anderson's place. Bruce manages the PWS contract program. He has a B.S. degree in Animal Science from Texas A&M University. He brings excellent experience in sales and marketing for janitorial and ware washing products for various companies, and quality control for private food and meat companies.



Official: Bill may jeopardize food safety program

By [KIM ARCHER](#) World Staff Writer
Published: 1/25/2009 2:26 AM
Last Modified: 1/25/2009 2:44 AM

A Tulsa County program that trains food handlers on how to keep restaurant patrons safe from food-borne disease may be jeopardized if proposed legislation becomes law, a county official says.

Sen. Brian Crain, R-Tulsa, has introduced a bill that would standardize the health code for restaurants across the state, citing some restaurant chains' difficulty in complying with various ordinances across the state.

"Oklahoma law right now says nobody can do anything inconsistent with state law," he said. "Some local municipalities go beyond what current state law is. It adds another layer of bureaucracy, and it is difficult for restaurants to have a clear understanding of what to do."

Elizabeth Nutt, director of the county health department's Consumer Protection Environ-

mental Health Services Division, was surprised by the legislation.

"I'm in full support of uniformity. But we've already got it, in my opinion," she said.

Nutt surmised that Crain's bill may be aimed at inspection inconsistencies. But the department is working to minimize those differences through additional training, she said.

"There is this perception that Tulsa has a different code and we do not," Nutt said.

The only difference is that the city of Tulsa and most towns within Tulsa County require restaurant employees to take a food safety class and pass a test to get a food handler's permit, she said.

She fears that Crain's legislation, because it does not specifically address food safety training, may threaten the county's 30-year-old permit program.

"We've gotten nationwide recognition for our program. Other cities have modeled their program after ours," Nutt said.

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Crain said his legislation arose out of complaints by restaurant owners hiring in the Tulsa area.

"Tulsa has a reputation that makes it difficult for restaurants. But Tulsa is just an example. Tulsa is not the target," he said.

More than 300 people in northeastern Oklahoma were sickened — some 70 of whom were hospitalized — and one person died after contracting a rare and virulent strain of E. coli last summer. State health officials linked the outbreak to the Country Cottage restaurant in Locust Grove. It is considered the largest E. coli O111 outbreak in the nation.

"We know that foodborne infections, like salmonella, campylobacter or E. coli, can be spread by insufficient hand washing by food handlers or by cross-contamination of ready-to-eat foods," said state epidemiologist Dr. Kristy Bradley.

Mayes County does not require restaurant employees to get food handling permits. Among other things, such classes teach proper temperatures for foods and stress the importance of hand washing.

The restaurant re-opened in November. In addition to a number of new procedures, state health officials required that the restaurant implement a hand-washing monitoring system. Each employee also was required to complete a food safety class, state health officials said.

Crain said the food handling requirement was not the reason behind his legislation.

"If this (food safety training) provides a greater level of safety, why don't we turn around and make this part of the regulations statewide?" he asked.

Crain said members of the Oklahoma Restaurant Association reported having problems in some counties with other health code standards.

"I'm not interested in eliminating what is good for the population. All we're doing is assuring we don't have a problem in the future," he said.

If approved by the Legislature, the bill will go into effect in November.

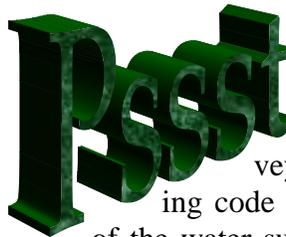
Crain said he has been surprised by the stir this legislation has raised.

"I've worked on health care issues for the last three or four years, but I've never gotten such attention as I have on this," he said.

Kim Archer 581-8315

kim.archer@tulsaworld.com

By KIM ARCHER World Staff Writer



Cross-connection control is mandatory for water purveyors. Generally, the plumbing code has references for protection of the water supply. EPA Clean Water Act recommends protection to meet water microbial standards. Bob Jue will give a presentation of this subject at the AEC.

Community Acquired MRSA (CA-MRSA) Outbreaks

www.medscape.com

NOTE: To view the article with Web enhancements, go to:

<http://www.medscape.com/viewarticle/582253>

CA-MRSA: How Should We Respond to Outbreaks?

Robert B. Stroube, MD, MPH

Medscape Infectious Diseases. 2008;

©2008 Medscape

Posted 11/05/2008

Introduction to MRSA

Methicillin-resistant *Staphylococcus aureus* (MRSA) was first reported decades ago in the United States and was related to exposures in the healthcare system. These staphylococcal (Staph) bacteria are resistant to beta-lactam antibiotics, including methicillin, oxacillin, penicillin, and amoxicillin.

CA-MRSA vs. HA-MRSA

Over the past 10 years, MRSA has emerged in the community with clinical, epidemiologic, and bacteriologic characteristics distinct from healthcare-associated MRSA (HA-MRSA).[1] Community-associated MRSA (CA-MRSA) has its onset in the community in an individual lacking the established MRSA risk factors, such as a recent hospitalization, surgery, residence in a long-term care facility, receipt of dialysis, or the presence of an invasive medical device.[2] Additionally, there is molecular evidence that CA-MRSA strains evolved spontaneously rather than from migration out of hospitals. The methicillin resistance is coded in the chromosome type

IV, which had not been characteristic of healthcare-associated strains. Furthermore, CA-MRSA produces several toxins that aren't commonly found in the nosocomial strains, such as the Panton-Valentine leukocidin, which causes leukocyte destruction and tissue necrosis. The MRSA strain, USA 300, is most associated with CA-MRSA. CA-MRSA:

Clinical Presentation and Disease Burden

CA-MRSA most often presents as a skin or soft-tissue infection, such as a boil, pimple, or abscess, in an otherwise healthy person. Patients frequently recall a "spider bite." The lesions are often red, swollen, and painful and may have pus or a discharge. They are commonly found in cuts and scrapes and in hairy areas of the body, such as the back of the neck, groin, buttocks, armpits, and the inner thigh. By 2007, CA-MRSA was the most frequent cause of skin and soft-tissue infections seen in emergency departments in the United States.[3]

Although most MRSA cases are skin and soft-tissue infections, some are more serious with septicemia and pneumonia. In 1999, four children in Minnesota and North Dakota were reported to have died from fulminant CA-MRSA infections.[4] It was reported in 2005 that previously healthy adolescents without any predisposing risk factors presented more frequently with severe Staph infections (mostly the USA 300 strain) since 2002.[5] CA-MRSA has been associated with necrotizing pneumonia and empyema; sepsis syndrome; musculoskeletal infections, such as pyomyositis and osteomyelitis; necrotizing fasciitis; purpura fulminans; and disseminated infection with septic emboli. A recent editorial speculated that the number of deaths from MRSA would exceed the total number of deaths attributable to HIV/AIDS in the United States in 2005.[6]

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CA-MRSA: Disease Transmission and Risk Factors

CA-MRSA infections can be spread by contact with infected skin or personal items, such as towels, bandages, or razors, that have been in contact with infected skin. It is more likely to spread in places where there is close contact, such as locker rooms or correctional facilities. The bacteria get into the skin through scrapes or cuts or small openings in the skin, particularly around hair follicles. Investigations have shown transmission through the sharing of common objects, such as athletic equipment, towels, benches, and personal items contaminated with MRSA.[7,8] Outbreaks have been reported in football, wrestling, rugby, soccer, fencing, canoeing,[9-11] and groups with close person-to-person contact, such as day care center attendees, jail and prison inmates, and the military.[2,12] There have also been CA-MRSA cases in tattoo recipients.[13] A study conducted at 3 emerging infection program sites by the US Centers for Disease Control and Prevention (CDC) found between 18.0 and 25.7 cases of CA-MRSA per 100,000 population, with 75% being skin and soft-tissue infections.[13]

Risk factors include:

- Close skin-to-skin contact;
- Openings in the skin, such as cuts and scrapes;
- Contaminated items and surfaces, such as soap and towels;
- Crowded living conditions;
- Poor hygiene, skipping showers before using communal whirlpools;
- Improper wound care; and
- Poor hand hygiene -- lack of access to handwashing facilities.

CA-MRSA: Diagnosis and Treatment

The criteria for the diagnosis of CA-MRSA are that the diagnosis is made by culture in an outpatient setting or within 48 hours of hospi-

tal admission; there is no medical history of MRSA infection or colonization; there is no history in the past year of hospitalization, admission to a nursing home, admission to a skilled nursing facility or hospice, dialysis, or surgery; and there are no permanent indwelling catheters or medical devices that pass through the skin. The treatment of skin and soft-tissue infections includes incision and drainage and antibiotic therapy, if indicated, on the basis of the susceptibility profile of the culture.

CA-MRSA: Prevention and Control

There are several strategies that healthcare providers should take to prevent and control CA-MRSA infections. Clinicians should culture suspect lesions and provide targeted antimicrobial and surgical therapy.

Healthcare workers must maintain the appropriate infection control precautions during wound care of patients with skin infections. Patients and families should be provided simple instructions to prevent the transmission of skin infections to family members or other contacts with education on appropriate wound management, hand and body hygiene, and eliminating the sharing of potentially contaminated items.[14] The CDC convened a meeting of experts in March 2006, and issued the following recommendations for controlling CA-MRSA:

- Keep draining wounds covered with clean, dry bandages.

- Stress good hand hygiene; wash regularly with soap and water or alcohol-based gel if not visibly soiled. Always wash hands immediately after any contact with infected skin or items in direct contact with drainage.

- Bathe regularly.

- Don't share items that may be contaminated from a wound, such as towels, clothing, bedding, bar soap, razors, and athletic equipment.

- Launder clothing that comes into con-

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tact with the wound and dry thoroughly.

No participation in athletic events and other activities with skin contact with other people unless the wound can be kept covered with a clean, dry bandage.

Clean equipment and other environmental surfaces if multiple people have skin contact with it.[1] MRSA can survive on some surfaces for a long time (hours to months) depending on the temperature; humidity; the amount present; the type of surface, such as those that are porous; and if nutrients are present.

Effective disinfectants registered with the US Environmental Protection Agency (EPA) are available at retail stores and should be used according to their directions. Contact time is critical.[8]

There are not enough data available to assess the association between MRSA colonization and infection in the community. MRSA is frequently colonized in the nose. Colonization can also occur in the pharynx, axilla, rectum, and perineum. The CDC reports that 25% to 30% of the US population are colonized with Staph at any time, but that only about 1% is colonized with MRSA.[15] Colonization may be important in the development and transmission of infection and the persistence or reappearance of colonization after the use of decolonization agents. A combination of topical and systemic antimicrobial agents and antiseptic body washes have been used. Mupirocin used intranasally has been effective in the short term, but decolonization has been common.[1]

Response at the Community Level

Public health agencies have a critical role to play in the prevention and control of CA-MRSA. One role is surveillance. Public health needs to know what is going on in their state and in their communities. Until

recently, most states had not made CA-MRSA a reportable condition where health-care practitioners and laboratories report cases to their local and/or state health departments. Tennessee made it reportable in 2004 and showed that it was a major public health problem. MRSA was the third most common of the reportable conditions in Tennessee. Case reporting allows public health authorities to know what the trends are in their area of responsibility so that they can take appropriate actions and alert their healthcare community, particularly on drug susceptibility. Case reporting will also allow outbreaks to be identified earlier so that appropriate investigations can be done. More knowledge is needed on the epidemiology of CA-MRSA, and it should be a vital part of the mission of public health agencies to ascertain as much about the epidemiology as possible.

CA-MRSA: Leadership and Education From Public Health Agencies

Public health also has a key leadership function. They [i.e., public health agencies] should provide essential information on CA-MRSA to their healthcare community and work with them to improve diagnosis, treatment, and control efforts. Public health agencies should also work with their healthcare providers and the public to reduce the spread of antibiotic resistance. Efforts should focus on ensuring that the appropriate antibiotics are used for the appropriate conditions. These efforts can help reduce the growing antibiotic resistance in organisms, such as MRSA.

Campaigns have shown success in educating the public not to demand antibiotics for conditions, such as pharyngitis, that do not normally require antibiotics.

Education of the public about CA-MRSA is critical. People need to know what it is and how to prevent it. Public health authorities have a lead role in working with the media,

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community groups, and healthcare providers to get this information to the public. There is a need to stress the hygiene message. Handwashing is something that the public needs to do more frequently and more effectively. Improved hygiene and improved wound care by the public must be stressed. It is also important that the health authorities work with their school systems, correctional facilities, athletic teams, day care centers, and other places where there is close interpersonal contact to make them aware of CA-MRSA and what steps they should or should not take to prevent or control the disease.

Public health agencies at the state and local level are responsible for the control of outbreaks of communicable disease in their jurisdictions. This includes CA-MRSA. Early recognition and reporting allow the health department to make epidemiologic investigations and quickly implement control measures to stop the spread of CA-MRSA. Much of what is known about CA-MRSA has come from epidemiologic investigations of clusters by public health agencies.

CA-MRSA: Rapid Response Lessons Learned in Virginia

In October 2007, the Virginia Department of Health faced a major crisis with CA-MRSA or at least the public's fear of it. A teenager in central Virginia became ill and went to the local hospital. He was promptly transferred to a tertiary care hospital, diagnosed with CA-MRSA, and treated aggressively. He did not improve and died. Word of the teenager's death created fear and concern among parents and students at the public high school that he attended. Students held protests outside the school and refused to enter the building. Local school officials received a high volume of calls from concerned parents, and local and national media provided extensive coverage of his death. The local school superintendent, responding to intense pressure from parents, students, and staff, decided to close all of the

schools in the county and hired a contractor to "disinfect" the schools. The timing of the child's death coincided with the publication of a report from the CDC that estimated that there were as many as 90,000 MRSA infections annually, and the publication of an editorial stressed the growing problem of antibiotic-resistant infections, such as MRSA, and speculated that there could be as many deaths occurring due to MRSA as from HIV.[3,6] This created the "perfect storm" within the state with intense concern from the media, the public, and elected officials demanding that "something be done" to stop the "outbreak." Concern bordered on panic. The mention of a possible MRSA case created pressure for local officials to close schools or cancel sporting events. A number of schools and colleges were closed and events postponed unnecessarily. Community concerns were not limited to parents and students. A local motor vehicle agency closed when an employee was thought to have a MRSA lesion on her arm despite the advice of the physician and local health department. Media interest reached a fever pitch not seen since the anthrax attacks of 2001.

Local media carried a MRSA feature with a count of suspected cases on each broadcast. The state health department, however, was slow to react to the crisis and took several days to develop a program to get information effectively to the public, schools, and government officials to calm the panic, and spent incredible amounts of time and effort to respond to the media and others.

It was quickly learned that it is critically important to respond immediately and consistently with the basic information about the disease and what is needed to prevent and control it at the individual, institutional, and community levels. Once health department information was shared with the school systems at the local and state levels, most schools responded rationally. Eventually, one television manager personally appeared on his station to apologize for his staff's contribution to the panic and

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stopped the sensationalism of CA-MRSA there.

It was important that information be made available in multiple ways to reach multiple audiences -- the media, healthcare providers, schools, governmental officials, and concerned and frightened citizens. Staff investigated reported outbreaks and cases and were able to provide assurances and appropriate guidance. Governmental officials from the governor down became involved. Among the most frequently asked questions was how many MRSA infections occurred in

Virginia each year. MRSA was not a reportable condition in Virginia, and the health department could provide little data on numbers of cases and trends in the state. There was intense interest at all levels of government to introduce legislation to address the public's concern. The governor began to draft legislation along with a number of state legislators to have schools report all cases of MRSA to health authorities. Ensuing discussions showed that this was not workable, but the state health commissioner, using his emergency powers, issued an emergency order requiring all laboratories serving Virginia to report to the health department all cultures, from a normally sterile site, positive for MRSA. Because MRSA requires laboratory confirmation, it was decided that this was the most effective way to get information on MRSA quickly and efficiently.

It is extremely important that public health authorities and healthcare providers work cooperatively to combat the increasing numbers of CA-MRSA infections. It is also critical that work continues to combat the increase in antibiotic resistance generally.

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Disclosure: Robert B. Stroube, MD, MPH, has disclosed no relevant financial relationships.

ETHYLENE GLYCOL POISONING, FATAL - NIGERIA: TEETHING SYRUP

A ProMED-mail post
<<http://www.promedmail.org>>
ProMED-mail is a program of the International Society for Infectious Diseases
<<http://www.isid.org>>

Date: 6 Feb 2009
Source: BBC News [edited] <<http://news.bbc.co.uk/2/hi/africa/7874723.stm>>

Nigeria baby poison deaths rise

- -----

The death toll from a contaminated baby medicine sold in Nigeria has risen from 34 -- recorded in early December 2008 -- to 84, the health ministry has said. There have been 111 reported cases of children who have fallen ill after being given teething syrup "My Pikin."

The poisonous syrup was discovered last November when babies began dying of

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organ failure across the country. Authorities have called on private pharmacies to turn over stocks of the paracetamol-based syrup to regulators. The Nigerian-made mixture was found to contain engine coolant.

The National Agency for Food, Drug Administration and Control (Nafdac) shut down the Lagos-based manufacturer and the main supplier of the medicine last year [2008]. Nafdac has also appealed to parents to not treat their children with any type of teething syrup until it can find all the remaining stocks.

The dead children are aged between 2 and 7, Health Minister Babatunde Osotimehin said. "Government will leave no stone unturned to find answers to the many questions being asked by Nigerians and also ensure that such unfortunate incidents do not occur again," he said.

The name My Pikin means my baby in Nigerian pidgin.

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Communicated by: ProMED-mail Rapporteur Mary Marshall

[Engine coolant is another name for antifreeze. Regardless of the name it is a cryoprotectant used by the internal combustion engine and other heat transfer mechanisms. It protects against freezing as well as overheating of the engine. The most common coolant is ethylene glycol.

Ethylene glycol as an engine coolant is

often a yellow-green syrup appearing fluid. It seems to have a sweet taste and is part of the reason animals may consume it. Being in a medication for teething, the sweet taste would have been pleasant to the suffering child and not noticed by the parent.

The article specifies organ failure. Ethylene glycol can cause kidney failure. Ethylene glycol is metabolized by alcohol dehydrogenase to form glycoaldehyde, which is eventually metabolized to glycolic acid. This causes acidosis. Glycolate is transformed into glyoxylic acid which may become oxalate crystals. These crystals accumulate in the kidney. The precipitation of calcium oxalate in the renal cortex results in decreased glomerular filtration and renal insufficiency. Consequently, the kidneys often fail. While this is a much simplified explanation of the actual toxic pathway, it nevertheless allows for a brief glance at the pathway from ingestion to renal failure. - Mod.TG]

[This incident is very reminiscent of the diethylene glycol contamination of expectorant in Panama in 2006, resulting in over 100 deaths due to multiorgan failure (see prior ProMED-mail postings below and a New York Times article <<http://www.nytimes.com/2007/05/06/world/americas/06poison.html>> on the event.) In that event, the Social Security system pharmacy regularly prepared the elixir from imported propylene glycol used as an additive. Investigations revealed that diethylene glycol had been in the vats that supposed contained the propylene glycol. One

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can't help but wonder if a similar event occurred, where the pharmaceutical company imported "propylene glycol" for use in the preparation of the teething syrup, but the actual imported product was the engine coolant/ethylene glycol. - Mod.MPP]

[A map showing the location of Nigeria, in Africa, is available at:

<<http://www.worldatlas.com/webimage/countrys/africa/ng.htm>>

- -CopyEd.EJP]

Digest Editor's Note: This error of glycols I found first hand during an inspection of an Idaho ice making operation. The facility made blocks of solid ice (as opposed to a block of pressed-together ice cubes) using a stainless steel form open on the top into which water was placed and then these were placed

into a long trough of circulating coolant. Having experience with coolant water in a large bakery I knew that only propylene glycol was allowed near food. As I went out to the loading dock I saw a 55-gallon drum with a label that read "Ethylene glycol." I asked to see invoices to see if this had been ordered regularly or the wrong glycol was sent in error by the chemical supplier.

What probably kept this from being a major incident of chemical poisoning (for the glycol had been in use for an unknown time) was the method of taking the ice blocks out of the molds. They were dipped in water to slightly melt the ice, inverted onto rails to slide to the bagging station. During this time they were usually melting and that may have removed any splashed-on glycol. Or the dose was not enough to cause acute symptoms. This firm closed after several more years.

Is Information Correct? Why or Why Not? — (A Quiz)

Ceviche.....Is It Safe Because It Was "Cooked" in Lime Juice?

Ceviche is raw fish or shellfish that has been marinated in citrus, usually lime juice. The acid in the lime juice changes the protein in the fish much like cooking does. Thus the fish is often described as being "cooked" in lime juice.

This marinating does not eliminate the risk of bacteria and parasites as cooking with heat can. The FDA recommends that any fish that is going to be eaten raw first be frozen to below 31 degrees for 15 hours to eliminate the risk from

parasites that may be present in the fish.

In addition to freezing raw fish before it is served, general food safety principles such as proper storage, thawing, handling and preparation must be applied to prevent bacterial contamination. If you eat raw fish, be aware of how it is handled and prepared, and exercise caution in situations where there are concerns about food (or fish) safety.



Answer: There is an error in paragraph two. The temperature information should have been written "...frozen to 31 degrees below zero for 15 hours ...". (an error of 62 degrees!)

Pros and Cons of Commercial Irradiation of Fresh Iceberg Lettuce and Fresh Spinach: A Literature Review

Posted on October 1, 2008 by Bill Marler
Source of Article: <http://www.marlerblog.com/>

This is the first part of a multi-part series on the Pros and Cons of Commercial Irradiation of Fresh Iceberg Lettuce and Fresh Spinach. Given the recent outbreaks, hopefully this is timely. On August 22, 2008, FDA published a final rule for the safe use of ionizing radiation (also termed irradiation, irradiation pasteurization, cold pasteurization) of fresh iceberg lettuce and fresh spinach for control of foodborne pathogens, and extension of shelf-life. A few weeks later, the US Government Accountability Office (GAO) released a report entitled, "Improvements Needed in FDA Oversight of Fresh Produce." This report states that FDA's intervention efforts for reducing the risk of contamination during the processing of fresh-cut produce have been limited. Interestingly, the GAO reviewers only briefly mention irradiation, and brought little context to the implications of introducing irradiation as a potential control ("kill") step during produce processing. Currently, a serious outbreak of *E. coli* O157:H7, possibly linked to iceberg lettuce, is unfolding in Michigan and other parts of the United States. Since 1995, the FDA has documented at least 22 other *E. coli* O157:H7 outbreaks traced to leafy greens likely contaminated before retail distribution, including a number of outbreaks involving fresh iceberg lettuce and spinach. Clearly, there is a need for improved methods to prevent contamination of produce before it reaches the consumer.

Most food safety experts would agree that there is no silver bullet (defined by Webster's dictionary as "a magical weapon ; especially : one that instantly solves a long-standing problem") to guarantee protection of any food from contamination. The use of comprehensive "farm-to-table" approaches is well accepted as the best way to combat the complex problems in food safety.

Where does irradiation of food fit into this evolving continuum including the new rule in the

United States for lettuce and spinach? Irradiation is probably the most studied, and the most controversial, food processing method in history. Several years ago, two renowned food safety leaders, Drs. Robert Tauxe (2001) and Michael Osterholm (2004), published elegant summaries describing the role of irradiation in food safety and protecting the public health. They did not promote irradiation as a silver bullet, but their commentaries suggested the process is one tool in the toolbox, and may be a silver lining (defined as "a hopeful side of an otherwise desperate or unhappy situation") in the burgeoning problem of foodborne disease.

To better understand the implications of FDA's new rule, I hit the books with the goal to examine the "pros and cons," (perhaps more appropriately described as "advantages and limitations") of using irradiation as a control step during fresh lettuce and spinach processing. The following is the first in a series summarizing the findings.

Part I. Historical Perspective and Definitions

Irradiation as a processing method for food is not a new technique. Indeed, research into using ionizing radiation to improve food quality and shelf-life began in the late 1800's. In 1905, scientists received the first patents for application of ionizing radiation as a food preservation process to kill bacteria. In the 1940's, the term "irradiation" was first used in the literature, but some have since questioned using this language to describe the technology. Molins (2001a), an expert in the field of radiation, characterized the term as: "a most unfortunate occurrence because it brought a direct and conceptually misleading association of a food processing technique with the nuclear establishment." He suggested use of the word "irradiation" was inappropriate because "it does not describe the actual process of applying ionizing radiation in ways that would set it apart from other processes used in the food industry. Thus, microwaves and infrared light both of which generate heat are also forms of radiation, and their use in cooking, heating foods in a microwave oven, or simply keeping the food warm under infrared light as is customary in many restaurants could just as properly be termed "food irradiation."

Fifty years ago, the FDA defined food irradiation as a "food additive" in the Food, Drug, and Cos-

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(Continued from page 22) **Food Safety**

metic Act. Tauxe (2001) made this comment on the classification in his review paper: "By an historical quirk, the use of irradiation on food was formally approved as though it were something added to food, rather than a process to which the food is subjected."

Regardless of the potential pros and cons of food irradiation, poor terminology is a disservice to the scientific community, industry, and the public; furthermore, the "mystery" surrounding food irradiation has potentially lead to unnecessary controversy and miscommunication. Before beginning this review into the potential advantages and limitation of food irradiation, it seems critical to review some definitions and basic chemistry behind the process.

How does food irradiation work?

Food irradiation is based on the principle of using energy to ionize a material, in this case food. Ionizing irradiation treatment involves chemical reactions with microbes, but these reactions are not dissimilar to chemical reactions induced by cooking, canning, curing, drying, freezing, or other food processing techniques. There are pros and cons to every food processing technique. In food irradiation, high speed particles or rays are harnessed by a machine. The particles used for this purpose are common in nature, and part of the energy that comes from the sun. These particles are focused in the process to penetrate the food, and result in the creation of free radicals that damage the DNA of organisms, especially microbial contaminants at the doses used for food. Depending on the organism and irradiation dose, this process is capable of enhancing food safety and quality of the food (the nature of this process as it applies to food safety and comparison with other food processing methods such as cooking, and effects on food quality such as nutrients, are described in subsequent parts of this review).

There are 3 sources of ionizing radiation approved in the context of food processing:

1. Gamma rays
2. X-rays
3. Electronic beams (E-beams)

Only gamma rays require the use of radioactive material (Cobalt 60), but the levels required are too low for creation of "radioactivity" in the food or

packaging. Thus, the food or packaging are not radioactive. In contrast, X-ray and electronic beam applications do not involve the use of radioactive material. For example, with E-beam technology, electricity is the source for generating electrons that damage DNA of certain microbes that contaminate food. Photons are generated by gamma and x-ray technology, and these methods provide deeper penetration into the food compared with E-beam, but the difference in penetration is not significant in the context of fresh lettuce and spinach. None of these methods for food irradiation create neutrons, the particles associated with nuclear technologies.

The "dose" applied to the food is an important consideration in understanding the chemistry of food irradiation. There are three general categories for irradiation dose in food processing. The dose of ionizing radiation is measured in units called gray.

1. Low (< 1kGy) is used mostly to kill insects that infest foods
2. Medium (1-10 kGy) is used primarily to reduce pathogens and prolong shelf-life of foods
3. High (>10 kGy) is used to reduce organisms resistant to low-medium doses, or to sterilize food

FDA currently permits food irradiation in the "medium" dose range to control pathogens (primarily bacteria and parasites) for the following foods:

- Fresh, non-heated processed pork
- Fresh or frozen, uncooked poultry products
- Refrigerated and frozen, uncooked meat products
- Fresh shell eggs
- Seeds for sprouting
- Fresh or frozen molluscan shellfish
- Fresh iceberg lettuce and spinach

The susceptibility of organisms to different doses of irradiation varies based on the biology of the organism. Damage is greatest in more complex organisms that may be a problem in food. The required dose to reduce or eliminate pests, pathogens, or spoilage organisms is generally in decreasing order as follows:

Insects < parasites < molds/yeasts < vegetative (non-spore forming) bacteria < spore forming bac-

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teria < viruses < prions

Implications for the Lettuce and Spinach Industry

The new FDA rule for food safety and quality in fresh lettuce and spinach allows a maximum dosage of 4 kGy, which has been shown to be effective at reducing or eliminating the major pathogens linked to produce outbreaks (for example, *E. coli* O157:H7 and other STECs, *Salmonella*).

In Part II of this review, the pros and cons (advantages and limitations) of commercial irradiation of fresh iceberg lettuce and spinach relating to microbial contamination and food safety will be explored. Part III examines the food quality and food security considerations. Part IV concludes with an overview of the cost-benefit considerations that both industry and consumers must face in deciding how food irradiation fits into the big picture of prevention and control of foodborne illness.

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From: "Delmore, Jami" ,
<Jami.Delmore@phd3.idaho.gov>

To: IEHA

Date: 2/11/2009 4:52 PM

Subject: FW: Latest on 6th Circuit Court Decision on CWA [Clean Water Act]& Aquatic Pesticides

Here is some information concerning aquatic pesticides and CWA. This would have a serious impact on the mosquito abatement districts to treat for mosquito breeding sites. As a consequence, we could be faced with larger mosquito populations and increased risk of WNV infections. I've heard the permitting process is brutal and it would seriously hamper a quick response to handle an emergency situation. They are including bacterial larvicides like Bti in their definition of pollutant discharges to waters of the state. Jami

From the AMCA (American Mosquito Control Association) Legislative & Regulatory Committee Chair, Karl Malamud-Roam, Ph.D.

A. WHAT THE COURT DID & SAID

1. In late 2006 the U.S. Environmental Protection Agency (EPA) issued a rule that held that pesticides applied to, over, or near "waters of the U.S." in accord with their FIFRA labels were not "pollutants" under the Clean Water Act (CWA), and therefore that their application did not require CWA permits. Within 10 days the rule was challenged in all of the US appellate courts except the 11th (Atlanta) -- "environmental" plaintiffs sued in the 1st, 2nd, and 9th Circuits, and "industry" plaintiffs in the others. The exception of the

11th was apparently unintentional, and probably has little real significance.

2. On January 7, 2009, a three-judge panel of the 6th Circuit Court of Appeals in Ohio rejected the rule, siding with environmental plaintiffs that had challenged EPA's authority to issue the rule. In addition, the Court rejected arguments by industry parties which had also sued EPA hoping to broaden the scope of the exemption to CWA permit requirements.

3. The Court did not determine that all pesticide applications are necessarily pollutant discharges, but it did discern three situations in which it believes CWA permits are required:

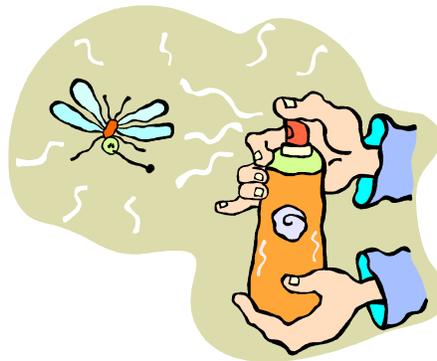
A. The Court found that biological pesticides are "biological materials" and hence "pollutants" under CWA, and will always require permits for applications to waters of the US. This would cover bacterial larvicides, insect growth regulators, and probably

pyrethrin or other botanical adulticide products.

B. The Court found that applications of chemical pesticides that result in "excess" chemical being applied to waters of the US constitute discharges of "chemical wastes" to the water, and therefore will require CWA permits. This would potentially cover any adulticide application with detectable deposition in waters of the US.

C. The Court found that direct aquatic applications of chemical pesticides that result in "lasting residues" in waters of the US are also discharges of "chemical wastes" and therefore require CWA permits.

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4. The Court determined that pesticide applications are, at the moment of application, "point source discharges," and therefore require permits, unlike "non-point-source" discharges such as runoff. The Court was not persuaded by our argument that we do not discharge wastes, and that if the chemicals at some stage result in residues, this conversion from useful product to waste is not a point source discharge.

5. The Court essentially determined that pesticide applications are pollutant discharges under CWA if either 1) they are biological materials; 2) they are not applications directly to water but result in pesticide in water; or 3) they are applications to water which result in "lasting residuals."

6. The Court did not discuss "de minimus" standards for tests 2 or 3, nor did they give any meaningful guidance on what constitutes a "lasting residual." They did acknowledge previous case law which held that aquatic pesticide applications without residues are NOT pollutant discharges, and do NOT require CWA permits.

7. The Court claimed, incorrectly, that pesticides have long required CWA warnings on their labels - while this is true for concentrated product that may result in accidental effluent, it is not true for end-use pesticides.

8. The Court also claimed incorrectly that existing aquatic pesticide permits in WA and CA are evidence that the CWA permit scheme can work in a reasonable way for pesticides applied to or over water. In fact, the CA permit does NOT provide permission for the use of any adulticides, which are almost certainly the highest

risk of litigation.

B. APPEALS

1. Crop Life America is appealing the 6th Circuit decision on behalf of industry, and AMCA is joining this appeal as a "friend of the court." CLA is making two requests of the Court:

A. They are filing a Motion for Reconsideration by the full Court (an "en-banc rehearing") on the grounds both of errors of law by the by three-judge panel, and of significant unintended adverse consequences of the opinion if left standing.

B. CLA is also filing a Motion to Stay the Decision for 18 months as an alternative, if the Court is unwilling to undertake an en-banc rehearing. This would give time primarily for EPA to develop guidance documents on how to reconcile the demands of CWA and FIFRA.

C. These motions will be accompanied by Statements or Declarations on the potential adverse impacts of the rulings.

2. AMCA intends to file documents in support of the industry motions:

A. AMCA will file an Amicus Brief addressing points of law and adverse consequences.

B. In support of this, AMCA President Major Dhillon will submit a Declaration on the potential adverse consequences for our members.

C. We plan to also submit Declarations by MAD Managers that have been sued under CWA, describing the difficulties they have had with Citizen suits under CWA while attempting to protect public health.

3. The Deadline for filing these appeal motions is now Feb 23, and CLA and AMCA plan to file appeals and supporting documents on Feb 20.

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4. EPA also has standing to appeal, but with a new Administrator working for a new President (and with both of them having a few other things on their plates), it is not clear yet whether EPA will appeal to defend their regulation or not.

Some environmental groups are convinced that the new administration wants to repudiate Bush administration environmental rules, but it may be that EPA will defend their rule to avoid setting a precedent that will cause them massive new work load and potentially onerous requirements on many discharges that were not previously regulated under CWA.

In either case, it appears certain that EPA will file a Motion for Extension of Time with the court, either today or Monday, requesting an additional 45 days to decide how to respond to the Court's Opinion. Given the timing of the decision relative to the change in Administration, it seems almost certain that the Court will agree to this extension, which will give until mid-April for appeals to be filed. Finally, it appears that this extension would apply to all parties with standing. Since this paragraph includes a lot of "it appears," we will continue for now working as though our documents are still due 2/20.

5. An appeal to the US Supreme Court is also a possibility, and is more likely to succeed if the appeal of the 6th has been made. The normal deadline for an appeal to the Supreme Court would be 90 days after the Circuit decision (i.e. April 6, 2009); I do not know what effect, if any, an extension at the 6th would have on this deadline.

C. WILL WE GET SUED?

1. It seems unlikely that any lawsuits on this issue will be filed before the end of the appeals

period(s). If one is filed, it is extremely unlikely to be acted on by a court until that time has passed.

2. It is, however, possible that one of us could be served with a CWA "Notice of Intent to Sue" at any time. This would start a 60-day clock during which the formal filing would have to wait. If an appeal is not filed and accepted by mid-April (or possibly a few months later if an extension with the 6th also creates an extension with the Supreme Court), then I expect that one or more mosquito control programs will be served with a defendant in a CWA suit regarding the use of pesticides to or over or near water.

3. A lawsuit would essentially claim that a defendant was discharging a pollutant from a point source to waters of the U.S. without an NPDES permit. A suit could probably ask the judge for several results:

A. Declarative relief = the judge will rule that the law does require a permit for our actions, and that continuing to discharge without a permit is unlawful;

B. An injunction = the judge will be asked to prohibit spraying without a permit, or at least to ensure that pesticide applications are conducted so that they cannot result in "excess material" or "lasting residuals" in waters of the U.S.;

C. Damages or other environmental compensation = money (this seems unlikely for us, unless there is a really egregious mistake made by somebody);

D. Legal fees = money.

4. Under the Clean Water Act, essentially anyone has standing to file a "citizens' suit" against either an alleged discharger or against the federal or state agency that they think should have required the permit. For some laws with citizen suit provisions (esp. Endangered Species Act), the norm has been to sue

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the agencies lately, but we should expect that a mosquito control program itself may be sued under the CWA.

5. To the claim that somebody is discharging a pollutant to waters of the US without a permit, defenses in the past have generally replied A) our material is not a pollutant; B) these are not "waters of the US"; C) we have a permit; and/or D) we have to use the pesticide to protect public health but no permit is available. To date, AMCA has focused on supporting argument (A), by seeking legislative, legal, or regulatory statements that mosquitocides applied in accord with their labels are not CWA pollutant discharges. We will continue to make this argument, but it seems prudent to look at the other options.

6. If there is not a successful appeal, and if one of us is sued under CWA, we will not be able to use the 2006 EPA Rule as a defense (i.e. "We don't have a permit because EPA says we don't need one.") We may still have other defenses (we need to spray to protect public health; no harm from the spraying has been demonstrated; and/or no permit is available), but our case is weaker.

7. Arguments about the scope of "waters of the US" are not often fruitful. Courts have increasingly and consistently held that many places where mosquitocides are applied or drift onto are within US court jurisdiction.

8. Arguments relying on the need to spray will probably be persuasive for the short term (i.e. avoiding an injunction for a spray season) but are unlikely to work indefinitely.

9. Arguing that no permit is available, and that a District should not be liable for the fail-

ures of others to issue permits may also be persuasive for a while, but will not resolve the issue indefinitely. Sooner or later in this case, the responsible agency will issue a permit, and MAD's will have to determine whether they can live with it or not. If not, they probably need to work with their state water quality agency to negotiate an acceptable permit.

10. Defending lawsuits can be expensive, and Districts should check the extent to which their reserves or insurance would left with environmental litigation. Also, state associations should consider joint legal defense funds.

D. REGULATORY RESPONSES - FEDERAL

1. The "pollutant" question is not dead. The courts have not determined that all pesticide applications are pollutant discharges, but have instead found that applications that result in "excess pesticide" or "lasting residuals" in water are "chemical wastes" and therefore "pollutants" requiring permits. Thus, even if appeals are unsuccessful, we can argue that we do not need CWA permits because our particular pesticide applications do not result in "excess pesticide" or "lasting residuals" in waters of the U.S.

2. This argument probably distinguishes larvicides, where it will be very difficult for plaintiffs to show that we apply an excess, from adulticides, where potentially any detectible product in water could be considered "excess."

3. Therefore, the legal argument for larvicides is based on using good science and persuasive rhetoric to demonstrate that the products we use breakdown quickly and com-

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pletely without toxic byproducts. I think the literature is pretty good on this, but we still need to pull together a good review.

The MVCAC is working on this type of technical review, with Chindi Peavey (CPeavey@smcmad.org) as the lead. Any suggestions or help is welcome.

4. The legal argument for adulticides will have to focus more on the concept of "de minimus," which means that we will have to demonstrate that any incidental drift or deposition of product onto water is so minor that it does not merit legal attention. This will require us to look not only at the fate of A.I. in water, but also synergists and other "other ingredients," which may be challenging as we rarely know the entire composition of a pesticide product.

5. The court explicitly ruled that biopesticides (apparently including plant-derived adulticides) are "biological materials" and therefore regulated without any need to prove excess or lasting residual.

6. There are some unresolved difficult issues that we are still wrestling with. One of these is the difficulty of proving that there are no residual inert ingredients, especially as we do not have the information on what materials we should be looking for after an application. Second is breakdown products, which are not specifically addressed by the court, but which seem a logical extension of the concern about residuals. Third is the status of living biological control organisms -- if biopesticides are considered pollutants because they are "biological materials" discharged into waters, it is hard to see how this argument would not extend to mosquito fish, fungi, etc.

E. REGULATORY RESPONSES - STATE

1. The option of requesting a permit from state

water quality agencies should probably be considered by all MAD's, at least as a contingency measure.

2. California has had a pretty innocuous larvicide permit for the past 5 years, and it looks like it will be renewed this year with little change. It requires record-keeping and reporting of larvicide use, but no routine chemical or biological assays, and the annual cost is around \$100. Many districts in CA have signed on, but many others have not, largely to avoid the legal precedent that we are obligated to have these permits.

3. A particular challenge of the CA permit is its failure to cover adulticides.

4. The state association in CA has recently decided to begin negotiating an updated permit that will cover all mosquitocides, while continuing to appeal the 6th Circuit decision.

F. CONCLUSIONS

1. In summary, we are working to appeal the decision, but we should all consider that the EPA Rule might disappear in another two months. If this happens, we will either need to demonstrate convincingly that our applications do not result in legally significant "excess pesticide" or "lasting residuals" in waters of the U.S., and/or we will need to negotiate acceptable permits, in almost all states with a state agency responsible for issuing CWA permits.

2. There is great potential for collaboration on both of these actions, and AMCA requests that MAD's from around the country begin soon to collect all available information on the fates of mosquitocides and their ingredients in the environment, and especially in natural waters. In addition, we ask that we share information on CWA permits issued for pesticides or biologi-

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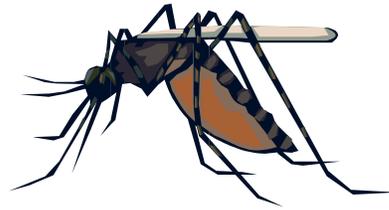
cal control agents in their jurisdiction. Finally, we ask Districts to consider increasing their involvement with AMCA and their state associations.

3. The primary points of contact on this issue with AMCA are the Technical Advisor, Joe Conlon; the L&R Committee Chair, Karl Malamud-Roam; and the L&R Subcommittee on Water Chair, David Brown.

Many thanks to all for comments, suggestions, news, and questions. Please keep them coming, and I'll try to get more frequent updates out to you.

Karl

Karl Malamud-Roam, Ph.D.
Environmental Projects Manager
Contra Costa Mosquito & Vector Control District
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40ccmvcd.net>



Notes from Districts

From **Bonnie Christensen**, Southeastern District Health Dept.

The only feedback I got was from **Mike (Reas)** complaining about the Steelers "almost" losing the Super Bowl and the cold weather and something about our "new" president. Lol

It's just been so slow here..... I guess you could state that we lost **Brigitta Ruggiero** out of the Bingham Co. office. She fell in love and moved away. (I give it a year). And we stole **Jesse Anglesey** from District 1, who is in Caribou County because **Dee Dawson Johnson**, who of course was a long time EHS, is trying out hospital life as a vampire (she takes people's blood). She'll be back. District 6 misses her a lot. hehehe

Pretty much the only thing on everyone's

mind is the economy. Everyone here is grateful to have a job.

PS. Bonnie is finishing up a Master's Degree in Occupational Health and Safety.

From **Jami Delmore**, Southwest District Health Dept.

Don Woolery retired.
Guy Manley will retire in May 2009 after 30 years of service.

Best wishes to both!

What is the Virginia Graeme Baker Pool and Spa Safety Act (the Baker Act)?

The Baker Act became federal law and was signed by the President on December 19, 2007. The Act is named after Virginia Graeme Baker, the daughter of Nancy Baker and the granddaughter of former Secretary of State James Baker. Virginia died in a tragic incident in June 2002 after the suction from a spa drain trapped her under the water.

In the U.S.:

283 drowning deaths happened to children younger than 5 in pools and spas. (2003-2005 data)

2,700 emergency room-treated submersion injuries happened to children younger than 5 in pools and spas. (2005-2007 data)

74 incidents were reported having to do with suction entrapment, including 9 deaths and 63 injuries. (1997-2007 data)

What is the reason for this new law?

The new law is intended to reduce deaths and injuries from incidents caused by suction from pool and spa drains. The intent is to make pools and the places around them safer and to educate consumers and industry on pool safety. Suction entrapment: When a swimmer becomes stuck to a drain or suction outlet in a swimming pool, spa, wading pool, or hot tub, the force of the filtration system can be tremendous. This "suction entrapment" will hold the bather until the vacuum is broken.

What am I required to do by this law?

On or after December 19, 2008 ...

- Swimming pool and spa drain covers must meet specific performance requirements found in the standard titled ASME/ANSI A112.19.9.2007.
- Owners of swimming pools, wading pools, spas and hot tubs must meet specific requirements for correctly installing drain covers.
- In certain instances, pools and spas must have additional devices or systems designed to prevent suction entrapment.

ASME/ANSI A112.19.9.2007 "The Suction Fittings for Use in Swimming Pools, Wading Pools, Spas, and Hot Tubs," is the standard that spells out the requirements for drain covers.

Drain covers that meet this new standard are coming onto the market now.

Is my pool or spa affected by this law?

Yes. It is important to understand that public swimming pools are defined differently under the federal Baker Act than they are under Idaho state law. Although Idaho state law doesn't regulate all swimming pools (for example, those owned and operated by hotels, motels, and apartment complexes), this exclusion does not apply to this new federal law. **Please note that after December 2008, the Consumer Product Safety Commission (CPSC) will have the authority to enforce the Baker Act requirements for all public swimming pools and spas in Idaho.**

This Act does not affect homeowners and private pool operators.

Exception for Pools and Spas with Multiple Main Drains

The CPSC states that pools and spas with multiple main drains are not subject to the requirement for additional layers of protection. These systems include: (1) safety vacuum release systems, (2) suction limiting vent systems, (3) gravity drainage systems, (4) automatic pump shut off systems, (5) drain disablement, or (6) any other system the CPSC determines to be as effective as these systems. **ALL public swimming pools and spas, however, must be equipped with anti-entrapment drain covers that are compliant with the ASME/ANSI A112.19.8 performance standard.** Proper installation and operation of these drains should be certified by a design professional or an inspector following an approved inspection program.

What if I don't comply with the new standards under this law?

Any person who knowingly violates the law is subject to a civil penalty (under Section 20 of the Consumer Product Safety Act).

Where can I get more information?

The Consumer Product Safety Commission staff has prepared a guide to the new law. You can find this guide at:

www.cpsc.gov/phth/vgpsa.pdf

The ASME/ANSI standard can be ordered from this website:

http://catalog.asme.org/Codes/PrintBook/A112198_2007_Suction_Fittings.cfm

Raw Milk Dairy Approved

The Idaho Department of Agriculture has issued a permit for St, Johns dairy in Emmett to operate. As of this printing, it is not known to yet be in production.

Idaho does allow the production and sale of unpasteurized milk as a regulated business. This is the first dairy to operate legally in many years. During the 1980s the cases of Campylobacter peaked until raw milk dairies closed. In the U.S. a recent outbreak of salmonellosis was tied to unpasteurized milk.

Here are references to Idaho rules:

IDAPA 02

TITLE 04

Chapter 13

02.04.13 - RULES OF THE DEPARTMENT OF AGRICULTURE GOVERNING RETAIL RAW MILK

007. LABELING.

01. Requirements. All bottles, containers, and packages enclosing raw milk or raw milk products

defined in Section 002 shall be labeled in accordance with the applicable requirements of this section as follows: (4-8-94)

a. All bottles, containers, and packages enclosing raw milk or raw milk products shall be conspicuously marked with; The word "Raw"; the quantity of contents; the identity of the plant where packaged; the word "goat" shall precede the name of the retail raw milk or retail raw milk product when the product is or is made from goat milk; no grade designation. (4-8-94)

b. All vehicles and milk tank trucks containing retail raw milk or retail raw milk products shall be legibly marked with the name and address of the milk plant or hauler in possession of the contents. (4-8-94)

c. In the case of retail raw lowfat or retail raw skim milk the required nutritional labeling as

required by the FDA is provided on the label. (4-8-94)

d. Labeling for retail raw milk and retail raw milk products may be placed on the cap.

010. STANDARDS FOR RAW MILK AND RAW MILK PRODUCTS AND TABLE.

01. Requirements. All retail raw milk shall be produced to conform with the following chemical, bacteriological, and temperature standards, and the sanitation requirements of Sections 100 through 220. (4-8-94)

02. TABLE 1. Chemical, Bacteriological, And Temperature Standards. (4-8-94)

Temperature: Cooled to forty degrees Fahrenheit (40F or 5C) or less within two (2) hour after milking provided that the blend temperature after the first and subsequent milking does not exceed forty-five degrees Fahrenheit (45F or 7C).

Bacterial Limits: Retail raw milk shall not exceed fifteen thousand (15,000) per ml.

Coliform Limits: Retail raw milk shall not exceed fifty (50) per ml.

Antibiotics: No zone equal to or greater than sixteen (16) mm with the Bacillus Stearothermophilus Disc Assay Method or tests positive by a testing method approved by the regulatory agency.

Somatic Cell Counts Retail raw milk shall not exceed five hundred thousand (500,000) per ml.

Added Water levels: Water content must not raise the freezing point more than three percent (3%) of negative five hundred forty hundredths (-.540)

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Pasteurized milk must meet the Pasteurized Milk Ordinance.

IDAPA 02 TITLE 04 CHAPTER 08

02.04.08 - RULES GOVERNING GRADE A MILK AND MILK PRODUCTS

The Idaho State Department of Agriculture incorporates by reference the U.S. Department of Health and Human Services Public Health Service Food and Drug Administration "Grade 'A' Pasteurized Milk Ordinance," 2003 Revision. Copies of this document may be obtained at the Idaho State Department of Agriculture central office. (4-6-05)

Grade "A" Pasteurized Milk Ordinance (2003 Revision)

GRADE "A" RAW MILK AND MILK PRODUCTS FOR PASTEURIZATION, ULTRA-PASTEURIZATION OR ASEPTIC PROCESSING

Somatic Cell Count. Individual producer milk not to exceed 750,000 per mL.

GRADE "A" PASTEURIZED MILK AND MILK PRODUCTS AND BULK SHIPPED HEAT-TREATED MILK PRODUCTS

Temperature.....Cooled to 7 C (45 F) or less and maintained thereat.

Bacterial Limits.....20,000 per mL, or gm.

Coliform.....Not to exceed 10 per mL. Provided, that in the case of bulk milk transport tank shipments, shall not exceed 100 per mL.

Phosphatase.....Less than 350 milliunits/L for fluid products and other milk products by the Fluorometer or Charm ALP or equivalent.

Drugs.....No positive results on drug residue detection methods as referenced in Section 6 - Laboratory Techniques which have been found to be acceptable for use with pasteurized and heat-treated milk and milk products

<http://www.cfsan.fda.gov/~ear/pmo03-2.html#sec7>

Table Comparing Raw milk for retail and Pasteurized Milk		
	Raw – Retail	Pasteurized - Retail
Temperature	Cooled to 5°C (40°F) within 2 hours of milking	Cooled to 7°C (45°F)
Somatic Cell Count	500,000	
Bacterial Limit	15,000 per ml	20,000 per ml
Coliform	<51	<11 per ml
Drugs		Not detected

IEHA Annual Business Meeting March 4, 2008

Minutes from March 15, 2007

Motion to approve by ***Deb Carney***

Second by ***Bob Jue***

Motion passed unanimously

New Business

Dale King brought up the concept on a money award for EHS of the year. It's felt that if someone wins the award it might be nice to give them a monetary award along with the plaque as a show of appreciation. The amount proposed was \$200.

Motion by ***Cindy Johnson*** to accept the concept and make it effective next year.

Second by Deb Carney

Discussion: there was some discussion on where the funds would come from, i.e. registration; and the status of the budget. At the time of the meeting the budget was looking very good.

Motion passed unanimously

Area Reports

Area A: Dale gave the report for Jesse Anglesey. They held a meeting at Panhandle Health District with around 20 people in attendance.

Area B: Used the LUAU training as their area meeting

Area C: Cindy Johnson reported that Area C held a meeting on February 12, 2008 in Idaho Falls. Nineteen (19) people attended the meeting.

Constitution and By-Laws: Bob Erickson proposed a change to article 7 where the term "his" is used. It was recommended to change "his" to "their". Bob Jue noted that the change was not published in the Digest and will have to be before a change can be made. It will be printed in next years Digest for a vote at the 2009 AEC.

Legislative Committee: ***Jami Delmore*** reported on a few pieces of legislation which had been acted on during the year. SB1376 (childcare) died in committee most likely due to budget issues; SB1384 public health districts are not political subdivisions had passed the senate and was expected to pass the house; HCR42 was started by a concerned citizen about the use of latex in food establishments. It directs Health & Welfare to review studies and come up with suggestions on the issue.

And finally, while not legislation; Norovirus has been added as an excludable condition in the food code.

Membership Committee: There is no chair for this committee at this time. Dale King will take care of this in the future.

Promotions Committee: ***Nancy Becker*** reported that the IEHA display board was used at a University of Idaho Career day with good response. If anyone has any pictures they have taken, please email them to her so the board can be updated. Dale King offered to take the board around to events as long as he has enough lead time.

Budget Committee: Audit was performed by ***Jeff Batten*** and reported by

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Mike Reas. Everything was in order at the time of the audit.

Steve Pew presented the FY09 budget. Just prior to the meeting the association had a balance of \$14,949.44. Expenses hadn't really rolled in yet but it appeared that, based on previous years, the final balance would be somewhere around \$10,000. The increase in membership fees has really helped keep the balance up along with the support from Dale Stephenson @ BSU. They have taken care of the rooms for the association with has saved a lot, however, this may change in the future.

For FY09 it was estimated that income and expenses would be approximately \$8420.

Motion to accept the budget by **Bob Jue**
Second by **Rich Gabriel**
Motion passed

Digest. If anyone has anything to print, please send it to **Bob Jue** and next year he will probably feature District 2 since they have so many new people. Anyone who is interested in helping with the Digest please get in touch with Bob as he will be transitioning out of that position. The 2009 edition will be his last (and I'm sure greatest!)

2008 Awards: **Deb Carney** presented the scholarship winner. This year there were 3 eligible EH Students and **Nancy Spinazzola** is the winner of the \$500 scholarship.

Thanks to all who applied for the scholarship and to **Dale Stephenson** for his support of the association.

Elections: Elections were held for Area Representatives, Secretary/Treasurer, and President-Elect. Winners are: Area A **Jesse Anglesey**, Area B **Josh Kriz**, Area C **Nathan Taylor**, Secretary/Treasurer **Ken Keller**, and president-elect **Bob Erickson**.

Other Business:

The silent auction netted \$140 this year.

Dale King passed the gavel to the new IEHA President **Dee Johnson**.

Motion by **Ray Keating** to adjourn
Second by **Nancy Becker**
Motion passed.



Stephenson and scholarship winner Spinazzola

FDA inspection report of Blakely, GA peanut plant.

<http://www.fda.gov/ora/frequent/483s/r_ATL-DO_PCA_Blakely_GA_Form_FDA_483_dtd_Jan_09-27_2009.pdf>.

The FDA inspection report covered the dates of Friday January 9 2009 to January 27, 2009

Observations included the fact that the firm had tested for Salmonella and found it in several lots of peanut butter or paste. These lots were tested several times more and when a negative result was obtained the lot was shipped.

Insanitary conditions are also documented. See the web link above.

Legislative update as of 2/12/2009 from Jami Delmore, SWDHD

The proposed changes to the Subsurface Sewage Rules have died in committee. There was a large delegation of realtors who opposed those changes. One of the issues raised was the lack of data concerning the cause of failures.

The proposed changes to the Daycare Rules and the Food Fees are still in committee.

H0039 by STATE AFFAIRS COMMITTEE

DEPARTMENT OF ADMINISTRATION - GROUP INSURANCE - Amends existing law relating to the Department of Administration and group insurance to revise provisions relating to the use of employee unused sick leave to pay certain insurance premiums; to revise the powers and duties of the Director of the Department of Administration regarding group insurance; and to revise provisions relating to group insurance coverage for certain retirees.

*The web site with the information concerning this bill is located at:

**_http://adm.idaho.gov/insurance/insurance.html_*

Status:

01/29 House intro - 1st rdg - to printing

01/30 Rpt prt - to St Aff

Statement of Purpose

This legislation makes changes to state law regarding

eligibility and management of health insurance for active employees and retirees of state service. It clarifies that the Department of Administration will establish an advisory committee comprising members from all three branches of government, and it will also include an active and retired state employee. This legislation requires the director of the Department of Administration to develop a plan, or plans that include active employees and retirees and their dependents and provides that retirees will be pooled with active employees for rating purposes. This legislation changes the eligibility for access to and defines the state's contribution to any state sponsored health insurance plan or plans for retirees and their dependents. Beginning July 1, 2009, each eligible retiree shall receive \$100 each month or \$1,200 per year toward his/her premiums for health insurance. Any retiree who is currently eligible (whether or not he/she is on the state plan) will remain so until he/she becomes eligible for Medicare. Beginning on January 1, 2010, retired personnel health care coverage will not be available to Medicare eligible retirees and their Medicare eligible dependents. A Non-Medicare eligible spouse will be eligible for coverage on a state sponsored health insurance plan and will receive the monthly subsidy until becoming eligible for Medicare. The Department of Administration is required to provide assistance to those retirees transitioning to a Medicare supplement plan. In the future, an employee will be eligible for health care coverage when he/she retires if he/she meets the following conditions:

1. Was an active employee on or before June 30, 2009;
2. Is eligible for a retirement benefit from a public employee retirement service or a retirement service for educators with at least 20,800 hours of credited state

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service; and 3. Retirees directly from state service. Persons with previous state employment intending to obtain coverage under the state sponsored plan after retirement from another employer will no longer be able to do so. Finally, any employees or elected officials rehired, reelected, or reappointed on or after July 1, 2009, will be eligible for retiree coverage if they had at least 10 years of previously credited state service before June 30, 2009, accumulate an additional 3 years of credited state service, and are otherwise eligible. Section 2 of this bill removes the limitation on the use of the sick leave benefit accrued by state employees from just group plans to also include individual health plans. This will insure that retirees can use unused sick leave for the Medicare supplement plan. Section 3 of this bill declares this an emergency to ensure the law takes effect immediately.

Financial Note

The bill reduces the annual cost by \$5,108,700, of which 50% is General Fund. This will also avoid the requirement to fund an additional \$35.1 million for the GASB liability which is requested in the Department of Administration's budget this session. Passage of this legislation will slow the growth of the State's GASB liability and will eventually begin reducing that liability. The State's GASB liabilities are estimated to be \$514.9 million as of June 30, 2010. This bill reduces that liability to under \$100 million. It is anticipated that if such changes are not made, the State of Idaho's liability will climb to over \$800 million by 2016.

Contact:

Statement of Purpose / Fiscal Note H 39
Name: Dennis Lake
Office:
Phone: (208) 3321000

***H0040* by BUSINESS COMMITTEE**

LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT - Amends existing law relating to the Idaho Life and Health Insurance Guaranty Association Act; to provide that the Idaho Life and Health Insurance Guaranty Association Act applies to structured settlement annuities, to provide that the Idaho Life and Health Insurance Guaranty Association Act does not apply to certain policies or contracts and shall not provide coverage to certain persons who

receive coverage by an association of another state; to revise provisions relating to the duties and liability of the association; and to revise provisions relating to prohibited advertisement in the sale of insurance and to specify that certain written material is not prohibited.

Status:

01/30 House intro - 1st rdg - to printing

02/02 Rpt prt - to Bus

Statement of Purpose

This legislation will more closely align the current chapter of the Idaho Life and Health Insurance Guaranty Association code with the National Association of Insurance Commissioners Life & Health Insurance Guaranty Model, thereby providing Idaho life and health insurance policyholders a greater degree of protection in the event their insurance company should become insolvent.

Financial Impact

Fiscal impact to the State cannot be determined at this time because of the uncertainty of events which would trigger the need to assess member insurance companies. Assessments are offset by member companies against premium tax paid to the State.

Contact:

Name: John Mackey
Office: United Heritage Financial Group
Phone: (208) 2502204
Statement of Purpose / Fiscal Note H 40

***H0056* by COMMERCE AND HUMAN RESOURCES COMMITTEE**

STATE EMPLOYEES - FURLOUGH - Amends existing law relating to the state personnel system to provide for a rule that any incumbent classified employee removed from his or her position because of budget constraints during fiscal years 2009, 2010 or 2011, shall be deemed to be on a furlough and shall be reinstated in the same or similar position if such a position becomes available during a certain time period, to provide for an exception and to define a term.

Status:

02/03 House intro - 1st rdg - to printing

(Continued on page 38)

(Continued from page 37)

02/04 Rpt prt - to Com/HuRes

S1002

by SCHROEDER

Statement of Purpose

Current rules of the Division of Human Resources and the Personnel Commission entitle state employees to reinstatement for a period of one year following a layoff. This legislation will require a new rule providing that incumbents in a classified position, who are removed from that position due to budgetary constraints during fiscal years 2009, 2010, and 2011, will be considered to be on temporary furlough. If the incumbent's position or a similar position becomes available, before the end of the fiscal year 2012, the incumbent will be reinstated, unless the incumbent gives written notice refusing reinstatement.

Fiscal Note

There is no fiscal impact to the General Fund.

H0067 by APPROPRIATIONS COMMITTEE

APPROPRIATIONS - DEPARTMENT OF AGRICULTURE - Appropriates an additional \$108,000 to the Department of Agriculture for fiscal year 2009.

Status:

02/05 House intro - 1st rdg - to printing
02/06 Rpt prt - to 2nd rdg
02/09 2nd rdg - to 3rd rdg
02/10 3rd rdg - PASSED - 69-0-1

Floor Sponsor - McGeachin
Title apvd - to Senate

Statement of Purpose

Current rules of the Division of Human Resources and the Personnel Commission entitle state employees to reinstatement for a period of one year following a layoff. This legislation will require a new rule providing that incumbents in a classified position, who are removed from that position due to budgetary constraints during fiscal years 2009, 2010, and 2011, will be considered to be on temporary furlough. If the incumbent's position or a similar position becomes available, before the end of the fiscal year 2012, the incumbent will be reinstated, unless the incumbent gives written notice refusing reinstatement.

Fiscal Note

There is no fiscal impact to the General Fund.

WATER - Amends existing law relating to appropriation of water to revise the definition of "service area" for a municipality and to revise criteria for domestic water systems.

Status:

01/16 Senate intro - 1st rdg - to printing
01/19 Rpt prt - to Res/Env
02/05 Rpt out - rec d/p - to 2nd rdg
02/06 2nd rdg - to 3rd rdg
02/11 3rd rdg - PASSED - 35-0-0

Floor Sponsor - Coiner
Title apvd - to House

Statement of Purpose

The purpose of this legislation is to add to the definition of a water "service area" by including in the definition areas outside of the State which are adjacent to a municipality. This makes the definition consistent with Chapter 42, Title 4, which regulates appropriations of public waters outside the State. The proposed legislation also strikes language which prohibits cities from providing water outside of city limits through a domestic water system. Currently, Idaho Code Sections 42202B(5) and (9) permit cities to provide public water outside of their city limits and to users other than city inhabitants. Eliminating this prohibition will make Title 42 and Title 50, Chapter 3 consistent with each other.

Financial Impact

The proposed wording would have no fiscal impact to the State general fund and possibly an increase in revenue to local governments that would provide services.

Contact:

Name: Walter Steed
Office:
Phone: (208) 8830123
Statement of Purpose / Fiscal Note S 1002

2009 IEHA Annual Education Conference
THE POLITICS OF ENVIRONMENTAL HEALTH
Boise State University Student Union Building
March 18-20

Keynote Speaker
Doug Farquhar, J.D.

Program Director of Environmental Health & Trade for
National Conference of State Legislatures

Wednesday Morning, March 18
Hatch Room A/B

OPENING SESSION & KEYNOTE ADDRESS		
Moderator: Bob Erickson, SCPHD		
7:00-8:30 Breakfast BSU Table Rock Café Registration in front of the Hatch A/B Ballroom		
<i>TIME</i>	<i>SPEAKER</i>	<i>TOPIC</i>
8:30-8:45	Steve Pew, IEHA President, (David Riggs, NEHA Area Representative?)	Welcome & Opening Remarks
8:45-10:00	Doug Farquhar, Keynote Address	TBA
10:00 - 10:30 Break Bishop Barnwell Room/ Raffle Tickets		
10:30-11:15	Toni Hardesty, Director IDEQ	The Importance of Persuasion
11:15-12:00	Russ Duke, Director, CDHD	Public Health Policy: Science & Logic vs. Politics

Wednesday Afternoon, March 18, Concurrent Session A
Hatch Room D

GENERAL ENVIRONMENTAL HEALTH		
Moderator: Bob Hays, Dept of Agriculture		
<i>TIME</i>	<i>SPEAKER</i>	<i>TOPIC</i>
8:30-12:00	Keynote	
12:00-1:00 Lunch BSU Table Rock Café		
1:00-2:00	Meredith Warren, Kathleen Turner, Blaine County Water Quality Department	Paving the Way for Progressive Water Policy
2:00-3:00	Dr. Dale Stephenson, PhD, CIH, Director of Undergraduate Environmental & Occupational Health Programs, BSU	Carbon Monoxide Poisonings Associated with Recreational Watercraft
3:00-3:30 Break Bishop Barnwell Room/Raffle Tickets		
3:30-4:15	Bob Hays, Dept of Agriculture	Urban Pesticides
4:15-5:00	Dr. Leslie Tengelson, PhD, DVM, Deputy State Epidemiologist	Rabies and Bite Management in Idaho

**Wednesday Afternoon, March 18, Concurrent Session B
Hatch Room A/B**

IDAHO PUBLIC HEALTH ASSOCIATION		
Moderator: Sarah Toevs, President, IPHA		
<i>TIME</i>	<i>SPEAKER</i>	<i>TOPIC</i>
8:30-12:00	Keynote	
12:00-1:00 Lunch BSU Table Rock Café		
1:00-2:00	Joel Kreisberg, DC, MA Exec Director, Teleosis Institute – joining via satellite link	The Environmental Burden of Pharmaceuticals
2:00-2:45	Panel Discussion with Mark Johnston, Idaho Board of Pharmacy, and Representatives from St. Alphonsus, Long-term Care Facility, and a Physician Office	Rules Governing Disposal of Controlled Substances & Handling in Health Care Settings
2:45-3:00 Break Bishop Barnwell Room/Raffle Tickets		
3:00-4:00	Mark Johnston and Representatives from the Meridian, Post Falls, and Coeur d'Alene Police Departments	Innovative Ways to Dispose of Unwanted Controlled Substances – Idaho's Take-back Program
4:00-5:00	Selected Student Presentations	TBA
5:00-5:30	Poster Presentations	
5:30 IPHA Reception at Papa Joe's Restaurant		

**Thursday Morning & Afternoon, March 19, Concurrent Session A
Hatch Room A/B**

SOLID WASTE		
Moderator: Ted Hutchinson, Idaho Solid Waste Association		
7:00-8:30 Breakfast BSU Table Rock Café		
<i>TIME</i>	<i>SPEAKER</i>	<i>TOPIC</i>
8:30-10:00	Ted Hutchinson	Open Forum & Topics from Members and Attendees
10:00-10:30 Exhibitors break Bishop Barnwell Room/Raffle Tickets		
10:30-12:00	Sam Ross, Kootenai Co Solid Waste Planner/Recycling Coordinator	Development and Operation of a Rural Drop-box Program
12:00-1:30 Lunch BSU Table Rock Café & IEHA Business Meeting and Awards Luncheon, Jordan C		
1:30-2:15	Rodney Burch, P.E.	Dioptra on Automated Routing of Collection Vehicles
2:15-3:00	Rodney Burch, P.E.	Disposal Site Monitoring with 3D Scanning
3:00-3:30 Exhibitors break Bishop Barnwell Room		
3:30-5:00	Terry Schultz, Southern Idaho Solid Waste District, and Ted Hutchinson, Ada County Solid Waste Management	The Impacts of Economic Downturn on Solid Waste Systems

**Thursday Morning, March 19, Concurrent Session B
Hatch Room D**

PHARMACEUTICAL WASTE IN THE ENVIRONMENT		
Moderator: Lisa Kramer, Dept. of Environmental Quality		
7:00-8:30 Breakfast BSU Table Rock Café		
<i>TIME</i>	<i>SPEAKER</i>	<i>TOPIC</i>
8:30-9:15	Jeff Fromm, DEQ	Pharmaceuticals in the Environment
9:15-10:00	Tressa Nicholas, DEQ	Monitoring Groundwater for Pharmaceuticals & Personal Care Products from a Municipal Lagoon Treatment & Land Application Site
10:00-10:15 Exhibitors break Bishop Barnwell Room/Raffle Tickets		
10:15-11:00	Robin Finch, Water Quality Manager, Boise Public Works	Pharmaceuticals & Personal Care Products in the Environment and Lower Boise River
11:00-11:45	Ryan Buzzini, Detective, Boise Police Department	Pharmacy Fraud and Investigations
12:00-1:30 IEHA BUSINESS MEETING & AWARDS LUNCHEON		

**Thursday Afternoon, March 19, Concurrent Session B
Hatch Room D**

RECREATIONAL WATER ISSUES + CHILD CARE IMMUNIZATIONS		
Moderator: Jesse Angelsey, SEDHD		
<i>TIME</i>	<i>SPEAKER</i>	<i>TOPIC</i>
1:30-2:30	Steve Manning, Health & Welfare, Scott Heuser, Custom Pools & Patios	TBA
2:30-2:50	Bob Jue, Tom Schmalz, CDHD	Preventing Future Community-wide Outbreaks of Cryptosporidiosis
3:00-3:20 Exhibitors break Bishop Barnwell Room		
3:05-4:00	Dr. Randy Nett, Epidemic Intelligence Service Officer, Centers for Disease Control and Prevention	Non-hygienic Behavior, Knowledge, and Attitudes Among Interactive Splash Park Visitors – A Behavioral Observation Study
4:00-5:00	Rebecca Coyle & Randi Wallace, Idaho Immunization Program	Childcare Immunization Requirements in Action

**Friday Morning, March 20, Concurrent Session A
Hatch Room C**

FOOD SAFETY		
Moderator: Andy Helkey, NCDHD		
7:00-8:30 Breakfast BSU Table Rock Café		
<i>TIME</i>	<i>SPEAKER</i>	<i>TOPIC</i>
8:30-10:15	Bob Jue, CDHD	Cross Connections between Potable & Non-Potable Water
10:15-10:30 Break		
10:30-11:15	Patrick Guzzle, Health & Welfare	Idaho Food Safety Issues
11:15-12:00	Vito Palazzolo, NCDHD	The Importance of Documentation and Gathering Evidence
Meeting adjourned 12:00		

**Friday Morning, March 20, Concurrent Session B
Hatch Room D**

Water Damage & Microbial Contamination in Buildings - Fact, Fiction, and Policy		
Moderators: Brad Harr, Summit Environmental & Ron Reese, Re-Construction		
7:00-8:30 Breakfast BSU Table Rock Café		
<i>TIME</i>	<i>SPEAKERS</i>	<i>TOPIC</i>
8:30-9:30	Brad & Ron	Defining the Concerns; Health, Property Damage, Re-sale and Liability. The Science of Damage Assessment, and The Details of Correct Remediation
9:30-10:15	Brad & Ron	Every Project is Different; Sick Occupants, Buyer or Seller or Contractor or Insurance Adjuster. How Clean is Clean (or who's paying?)
10:15-10:30 Break		
10:30-11:30	Brad & Ron	Case Studies – It's All Real; Examining Small, Medium and Large Damage Examples
11:30-12:00	Brad & Ron	Summary – The Difference Between Right and Wrong and Policy
Meeting adjourned 12:00		



Take a Look at our Website

www.idahoenvironmentalhealth.org
Now can be found at www.ieha.wildapricot.org

IEHA now has its own website!

Find out who we are and what news and events are going on!

Find out what's going on at the March 18-20 Annual Educational Conference!

Find out who received awards and scholarships!

Find out how to join up!

Moving ahead to promote our Association and our Profession!

**Conference Accommodations: MAKE RESERVATIONS NOW!!
DEADLINE IS FEBRUARY 17. Remember the first round on NCAA
basketball starts March 20 at BSU.**

A block of rooms have been set aside for IEHA at the Safari Best Western in downtown Boise. They will hold them for us until 30 days prior to the conference. Gov't rates are \$71.10 for one person and \$78.30 for two. Phone 1-800-541-6556

SAFARI INN, 1070 W. Grove St, Boise, ID 83702
(208) 344-6556
1-800-541-6556

PARKING INFO. Unfortunately, the parking area that we have been assigned is in the Brady Street garage which is NOT the one right across the street from the SUB. Due to all of the other events on campus that week (basket ball tournament, etc.) the garage right across from the SUB is full. The Brady Street garage is down the road towards Capital Blvd. from the SUB. The distance is probably equivalent to about 3 blocks.

PRINT THE PERMIT found on page 45.



IEHA Annual Education Conference
March 3, 4, and 5, 2008 (Monday – Wednesday)
 Boise State University, Student Union
 Boise, ID

Registration: Make Checks Payable to "IEHA" and mail this form to:

Idaho Environmental Health Association
 C/O Steve Pew
 957 Willow Ln.
 Pocatello, ID 83201
 Ph. (208) 239-5272
 E-mail - <spew@phd6.idaho.gov>

Name: _____
 Representing: _____
 Mailing Address: _____
 E-mail Address: _____

Idaho Environmental Health Association Member? YES NO
 Idaho Public Health Association Member? YES NO
 Idaho Solid Waste Association Member? YES NO

IEHA Full Conference Registration

March 18, 19, and 20
 (Includes Awards Luncheon, all sessions, breakfast & lunch at
 Table Rock Café—Wed—Fri)

IEHA Members \$130.00
 Non-Members \$155.00

IEHA One-Day Registration

(Includes all sessions & meals for one day, does not
 include Awards Luncheon)

IEHA Members \$60.00
 Non-Members \$85.00
Which day? _____

Registration for ISWA Workshop Only

(Thursday, March 19, Includes session and meals for one day,
 does not include Awards Luncheon)

ISWA Members \$60.00
 NON Members \$85.00

IEHA Awards Luncheon

Thursday, March 19, 12-130 PM
 Boise State University, Student Union

IEHA Members & Guests
 \$15.00 # attending _____

IEHA Half-Day Registration

Attendance at half-day does not include meals

All registrants \$30.00
Which day? _____

TOTAL AMOUNT \$ _____

IEHA Membership Application

First Name		Last Name	
Address		City	State
Zip code			
Organization	Work Phone	Home Phone	Fax
E-mail	Signature		Date:

- \$25 Active Member
- \$5 Student
- \$100 Sustaining
- No Dues—Retired or Honorary Member

Submit application and fee (make check payable to IEHA) to: IEHA, Attn: Steve Pew 957 Willow Ln Pocatello, ID 83201 Ph. (208) 239-5272

Read the USE DIRECTIONS on page 43.



Department of Parking & Transportation
1910 University Drive
Boise, ID 83725-1290
208-426-PARK (7275)

Special Event Parking Permit

**Environmental Health
Conference**

Brady Garage Only

March 18 thru 20

All Day

**No Parking in Designated Areas, Meters, or
Residential Area**

(75 Passes)

"For Official BSU Purposes Only"

Must Be Displayed on Driver's Side of Dash

Issued By: T. Skidmore

Speaker Biographies and Abstracts

Keynote Speaker

Doug Farquhar, J.D.
Program Director for Environmental Health
and Trade
National Conference of State Legislatures
7700 East First Place
Denver, CO 80230
720/840-3252
303/364-7800 fax
dfarquha@du.edu

Doug Farquhar is an attorney with over 20 years experience working with policy makers on environmental health issues. Primarily working with state legislatures, he has testified 45 times before legislative committees in 30 states, in addition to consulting with state agency staff in every state on enlightening state policy makers. He has written books and articles on environmental health policy, and has recently been asked to become a columnist for the National Environmental Health Journal.

In 2002, he became a Registered Practitioner with the U.S. Institute for Environmental Conflict Resolution, after receiving his training at CDR Associates in 1994 and teaching conflict resolution skills for the University of Denver from 1996 to 2001.

For the past 17 years, Mr. Farquhar has directed the Environmental Health Program at the National Conference of State Legislatures. This program performs legislative analysis and outreach on state and federal environmental, health and trade laws; focusing on the delegation and authorization of federal and state laws; and

provides legal and technical assistance to state legislators and agency staff on state, federal and international environmental, environmental health, and trade policies. He also provides testimony before state legislative committees and task forces; reviews and comments on legislation and regulations, drafts memos, articles and books on state environmental health policies; and represents state interests before federal and international bodies.

As director of Environmental Health he works closely with federal counterparts at the Centers for Disease Control and Prevention (CDC), U.S. Environmental Protection Agency (EPA), Department of Housing and Urban Development (HUD), and the Commission for Environmental Cooperation (CEC).

Prior to coming to NCSL, Doug worked in the Texas House of Representatives for the Natural Resources and Appropriations Committees and for Congressman Schaefer on Capitol Hill in Washington. He received his law degree from the University of Denver and undergraduate from the University of Texas in Austin, and is an adjunct professor in their graduate school of Environmental Policy and Management.

The Importance of Persuasion

Toni Hardesty is Director for the Idaho Department of Environmental Quality (DEQ). Governor Dirk Kempthorne first appointed her to this position in July 2004. Since then, she has been reappointed by Governors James Risch and C.L. "Butch" Otter. As director, she is responsible for leading efforts to preserve the quality of Idaho's

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air, land, and water for the use and enjoyment today and in the future.

In addition to heading up DEQ, Director Hardesty serves at the request of the governor on a number of state commissions and boards, including the Western States Water Council, the Basin Environmental Improvement Project Commission, the Pesticide Management Commission, the Idaho Rural Partnership, and the Board of Drinking Water and Waste Water Professionals.

Prior to working for DEQ, Toni worked for the U.S. Environmental Protection Agency and as a consultant in the private sector. While working for URS, EMCON, and Radian Corporation, she worked on diverse environmental issues with public agencies, citizens and industry throughout the U.S. and abroad.

Toni lives in Boise with her husband and their two children.

Public Health Policy: Science and Logic vs. Politics

Russell Duke is the Director for Central District Health Department covering the counties of Ada, Boise, Elmore and Valley. The district includes urban, rural and frontier populations with approximately 420,000 residents. Prior to working for Central District, Russ worked for the State Division of Health for 12 years in various capacities including managing the Bureau's of Environmental Health and Safety and Clinical and Preventive Services. He holds a Bachelor of Science from Indiana University of Pennsylvania and a Master of Science from Texas A & M University.

Carbon Monoxide Poisonings Associated with Recreational Watercraft

Dale Stephenson, Ph.D., CIH is the Direc-

tor of the Undergraduate Environmental and Occupational Health Program at Boise State University. Prior to his employment at Boise State University, Dr. Stephenson spent four years at the University of Utah and two years at the University of Idaho in Idaho Falls as an Assistant Professor of Environmental and Occupational Health. From 1991-1997, Dr. Stephenson was employed in the private sector at Los Alamos National Laboratory as an occupational health professional. Dale is certified in the comprehensive practice of industrial hygiene and from 1988-1991 Dale attended Colorado State University where he received his Ph.D. in Environmental Health. Dale's interests in Environmental Health arose from his tenure with the United States Peace Corps in Mali, West Africa where he worked with rural villages to improve water quality. Dale is active in research in the areas of air quality and environmental aerosol monitoring and has garnered extramural funding and published peer-reviewed articles related to these topics. Dale is married and has two boys (ages 15 and 17). Dale is an avid squash player and likes to hunt and fish in the mountains and streams of Idaho.

Presentation Title: Paving the Way for Progressive Water Policy

Meredith Warren, Manager and Kathleen L. Turner, Outreach and Communications, Blaine County Water Quality Department

Kathleen L. Turner combines backgrounds in art and science, investing over a decade as an art director and copywriter in the advertising and public relations fields, followed by the study of biology. As the social consciousness of becoming a parent revealed an environment undergoing profound change, Kathleen embraced ways of understanding and broadcasting the im-

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portant messages of scientists researching the impacts of modern lifestyles. A Colorado transplant, she worked for The Wood River Journal in Hailey, ID, for three years, winning first place Idaho Press Club awards for her weekly health and environment column, "Vital Signs," along with other feature article awards. She currently works with the Blaine County Water Quality Department as the Outreach and Communications Coordinator.

Meredith Warren is the Manager of the Blaine County Water Quality Department. Ms. Warren has a Master's Degree in Urban and Regional Planning and a Bachelor's Degree in Environmental Science. Her career has been focused helping communities and individuals understand how our daily actions can affect the environment. She has worked as a consultant to governments, nonprofits, lawyers and citizens providing technical assistance for addressing various sources of nonpoint and point sources of pollution. In her current position she is tasked with establishing the Blaine County Onsite Wastewater Management Program.

Pharmaceutical Waste in the Environment

Ryan Buzzini is a Detective with Boise City Police Dept and has been in law enforcement for over 21 years. He has worked for Ada Paramedics as an advanced EMT for 5 years, in the Idaho Poison Center as a consultant, and assisted MD's with protocols in emergency situations where someone took a lethal dose of a medication or perhaps ingested a toxic plant.

Robin Finch is the Water Quality Manager Boise City Public Works.

Tressa Nicholas received a degree in biochemistry, studying parasites and toxicology. Currently she is completing a master's degree in Civil and Environmental Engineering while working at DEQ. Her thesis work has been on a groundwater and pharmaceuticals, a project that is able to integrate the two fields.

Jeff Fromm has done environmental risk assessment of chemicals and radionuclides at hazardous waste sites, including DOE, DOD, and mining sites for 16 years. He provides technical support in toxicology to DEQ programs and regional offices. Current interests include developing methodology for microbial pathogen risk assessment for water reuse.

Idaho Food Safety Issues

Patrick Guzzle is the Food Protection Program Manager with the Idaho Department of Health and Welfare (IDHW). Patrick holds a Bachelors Degree in Spanish and Masters Degrees in Medical Anthropology and Public Health, all from Idaho State University.

Prior to his employment with IDHW, Patrick was employed in the Environmental Health section of the Southeastern District Health Department in Pocatello, Idaho. During his time in Pocatello, Patrick held the positions of Food Protection Program Coordinator and also Environmental Health Supervisor.

He is a registered Environmental Health Specialist and is also registered with the National Environmental Health Association as a Food Safety Trainer. He has taught numerous food safety and sanitation courses to managers and staff members associated with all types of retail food establishments. He is a member of the Western Association of Food and Drug Of-

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ficials, the National Environmental Health Association, and the Conference for Food Protection.

Patrick and his wife Dianne were both raised in the mountains of Colorado. They and their three boys, Dillon, Ericson, and Hayden now live in Boise.

The Importance of Documentation and Gathering Evidence

Vito Pallozolo is the Environmental Health Specialist II in the Grangeville Office for the North Central District Health Department. He has been involved in Public Health for 30 years and specifically in Environmental Health for 25 years. He has a Bachelors Degree in Environmental Health from Ferris State University and a Masters Degree in Public Administration. His experience ranges from local health department positions to the State of Michigan Evaluation Officer for the food program.

Cross Connections between Potable and Non-potable Water

Robert (Bob) Jue joined Central District Health Dept in 1976. He has had an interest in food safety since then and added plan reviews and epidemiology in the 1980's. Bob is a member of the Conference for Food Protection for 8 years and has been on Council III, the science and technology council, of that organization since joining. Additionally he is a member of the allergen subcommittee. He has presented at IEHA and been a member since 1977 and Editor of the Digest/Newsletter about 15 years. (A longer commitment is his marriage of nearly 42 years.)

His two NEHA conference presentations were on an E.coli outbreak and on cross-connections. His presentation is designed to look at cross-connections from the perspective of the field EHS.

Childcare Immunization Requirements

in Action

Randi Wallace has been a Health Program Specialist with the Idaho Immunization Program – Department of Health and Welfare for the last 3 ½ years. Her expertise lies in school and child care immunizations. Ms. Wallace also has previous experience in infectious disease research and has co-authored several peer-reviewed journal articles.

Randi has Master's degree in Public Health from Idaho State University and is a member of the Idaho Public Health Association.

Rebecca Coyle is the program manager for the Idaho Immunization Program. She oversees the state Immunization program which coordinates the Idaho Vaccines for Children program, operates the immunization registry - IRIS, develops education and outreach activities, and organizes the Perinatal Hepatitis B prevention program. Prior to becoming the program manager of Idaho, she was a Public Health Advisor with the Centers for Disease Control and Prevention in the National Center for Immunization and Respiratory Disease and was placed with the Minnesota Department of Health where she worked in Minnesota's Immunization program.

- Educate day care operators about Idaho's Child Care Immunization Requirements for licensed

(Continued on page 50)

(Continued from page 49)

day care facilities

- Implement strategies to efficiently assess immunization records during a day care licensing inspection Objectives:

By the end of this presentation attendees should be able to:

- Describe the importance of vaccination and maintaining high immunization rates in a child care setting

Water Damage and Microbial Contamination in Buildings – Fact, Fiction, and Policy

Bradley D. Harr, MS, CHMM, CMC, RPIH

Brad has been conducting environmental property assessments for over 30 years. For the last 10 years Brad has worked as a Senior Environmental Scientist at Summit Environmental, Inc. Summit is a small technical environmental consulting firm in Boise.

He worked previously at the University of Montana, the Idaho DEQ and several large private consulting firms including: Century West Engineering, Special Resource Management and Chemical Waste Management.

Brad has a B.S. in Biology and Botany, and an M.S. in Environmental Science from University of Montana.

He is - A Council-certified Microbial Consultant

A Certified Hazardous Materials Manager

A Registered Professional Industrial Hygienist and is the

Director of the Idaho Chapter of the Indoor Air Quality Association

While at the Idaho DEQ he was a Lic. Environmental Health Professional

In the last 10 years he has focused on microbial growth in water damaged buildings. Microbial contamination projects include hospitals, schools, commercial buildings, and residences. He has conducted over 500 mold assessments and served as an expert witness / consultant in over 20 water damaged building cases where serious disputes resulted in legal actions.

Brad has received letters of recognition for participation on public health and safety committees from the Idaho Office of the Governor, the Idaho Department of Environmental Quality, and the American Indoor Air Quality Association.

Ron Reese, CR, WLS, CMR, AMRT

Ronald K. "Ron" Reese, CR founded of REE-Construction in Hailey, Idaho, as a provider of cleaning, emergency, content and structural reconstruction services. He has been actively involved in all aspects of property damage restoration projects since 1983.

Ron is a Certified Restorer (CR #137), a Certified Mold Remediator (CMR) and Accredited Mold Remediation Technician (AMRT). He is recognized as a Water Loss Specialist (WLS) and also holds several other industry designations.

He contributed to the IICRC S-500 Water Damage Standard, the newly released IICRC S-520 Mold Remediation Standards , chairing a subcommittee during the revision of that standards document.

He was a member of the Restoration Industry Association Water Damage Com-

(Continued on page 51)

(Continued from page 50)

mittee that presented the Water Loss Institute concept to the RIA Board for approval in 1995 and was the primary author of the WLI's original Code of Ethics and Conduct. Ron has served on the Advisory Committee of the WLI, as WLI President and as a member of the Restoration Industry Association Board. He helped develop and chaired several of the WLI's Annual Conferences and facilitated discussions on a wide range of subjects both within RIA and for other industry organizations. His restoration firm was designated as a Big 50 Remodeler by Remodeling Magazine in 2001.

In addition to authoring numerous published articles dealing with industry issues, Ron has acted as an industry trainer throughout the United States and Canada.

Preventing Future Community-wide Outbreaks of Cryptosporidiosis

Tom Schmalz started his career with Central District Health Department in 1986. He worked in Ada and Boise Counties as an EHS until 2002. From 1989 -1999 he was the on-site wastewater and land development coordinator for Ada county. Since 2002 he has been the program manager for food safety, child care and the public swimming pool programs.

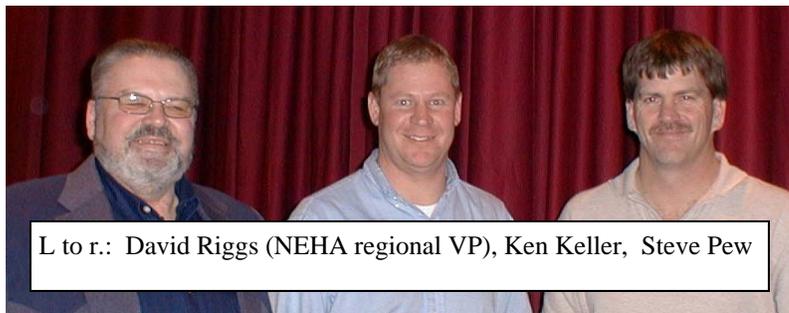
A Behavioral Observation Study of Interactive Splash Park Visitors

Dr. Randy Nett obtained a B.S. in Biochemistry with an emphasis in molecular biology prior to completion of his medical doctorate. He then became a resident of Family Medicine for three years in the United States Air Force. During this time, he obtained supplemental training in public health and sanitation, including water safety for deployed military personnel. Following residency, he spent one year as a military staff family medicine physician,

where he obtained additional water safety training. He later became a flight medicine physician and regularly met with environmental health specialists and discussed water quality issues on base. Additionally, he was involved with the medical care of airmen involved in a unit-wide gastroenteritis outbreak. He then deployed in OPERATION IRAQI FREEDOM, where he was charged with ensuring overall health among deployed Air Force personnel, including prevention of waterborne diseases. During his military service, he also completed his Masters in Public Health, which allowed him the opportunity to explore further issues related to water safety and the impact environmental contamination can have upon water quality. Currently, as an Epidemic Intelligence Service Officer with the Centers for Disease Control and Prevention, he has the unique opportunity to conduct both disease surveillance and outbreak investigations

Stephen M. Manning, CSP. Mr. Manning is a Certified Safety Professional and serves as manager of the Injury Prevention and Surveillance Program, Bureau of Community and Environmental Health, Idaho Department of Health and Welfare. The Injury Prevention and Surveillance Program is charged with gathering and using statewide and local injury data and developing targeted injury prevention interventions for at-risk populations. Part of the role of program staff is to collaborate with local public health districts to enhance the health and safety of public swimming pools and to reduce or eliminate the risk of drowning or injury in Idaho's many recreational aquatic environments.

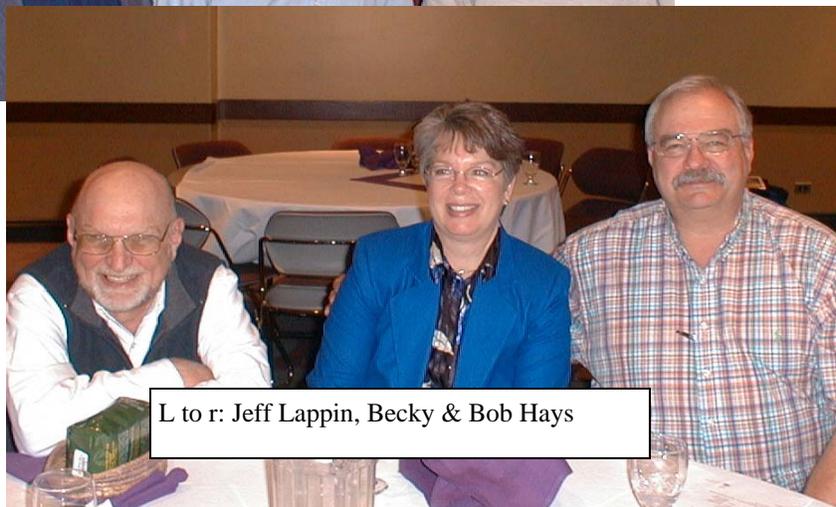
2008 AEC Photos



L to r.: David Riggs (NEHA regional VP), Ken Keller, Steve Pew



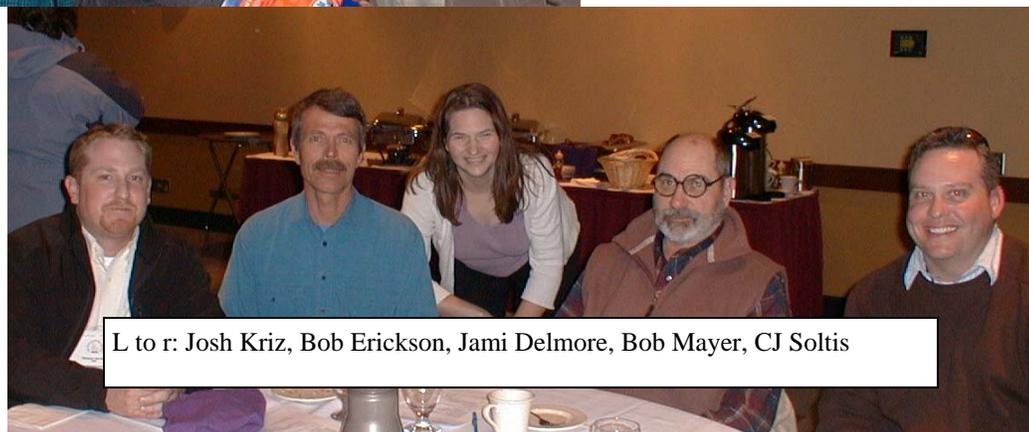
Joe Canning, AEC speaker



L to r: Jeff Lappin, Becky & Bob Hays



Nancy Becker, Dale King, Rich Gabriel



L to r: Josh Kriz, Bob Erickson, Jami Delmore, Bob Mayer, CJ Soltis