

**Western U.P. Board of Health
Health Department Office
540 Depot Street Hancock, MI 49930
Monday, June 24, 2024**

Minutes

Opening

Chair Byrns opened the meeting at 6:00 p.m. (EST). Present were G. Anderson, R. Britz, J. Byrns, B. Dakota, G. Eilola, J. Keranen, R. Nousiainen, and D. Rajala. Absent was J. Cane, R. DeMarois, and D Siirila. Also, in attendance were Kate Beer, Health Officer/Administrator; Pete Baril, Deputy Health Officer; Dr Robert Van Howe, Medical Director; and Julie Heikkinen, Administrative/HR Assistant. There were 2 people present virtually in attendance as audience.

Chair Byrns requested action on the agenda. This action followed:

Motion: Eilola/second Anderson to approve the agenda as presented. Motion carried on voice vote, all ayes.

Chair Byrns asked for public comment, no one spoke.

Minutes of the May 20, 2024 meeting were reviewed. This action followed:

Motion: Dakota/second Anderson to approve the minutes of the May 20, 2024 Board of Health meeting. Motion carried on voice vote, all ayes.

The board reviewed expenditures for the period: 05/10/2024 to 06/06/2024, leading to this action:

Motion: Nousiainen/second Britz to approve the general expenditures for the period 05/10/2024 to 06/06/2024, voucher # 17 and voucher # 18 in the amount of \$258,050.40. Carried on roll call vote, all voting yes.

Reports

Kate Beer, Health Officer:

Beer updated the Board on the search for a Finance Director and an Environmental Health Director. Beer also reviewed the agency's financial statements through May 2024.

The Board was updated on the benefits provided to the community through the WIC program.

Dr Robert Van Howe, Medical Director:

Increasingly, especially in the counties the border Wisconsin, we are seeing an increase in diseases spread by the bite of the black-legged tick (or deer/bear tick, *Ixodes scapularis*). The black-legged tick is the second most commonly encountered tick in Michigan. The tick is small, with adult females measuring up to 5 millimeters, and are active when the outdoor temperatures are above 40°F. People who spend time outdoors in wooded areas are most likely to be bitten by these ticks. The tick is indigenous to the western portion of the Upper Peninsula, while the diseases the tick carries and transmits have spread from northern Wisconsin. The tick is responsible for spreading Lyme disease, anaplasmosis, babesiosis (also known as Nantucket Fever), and Powassan virus. Fortunately, Powassan virus are rarely seen in Michigan, but we are starting to see more cases of babesiosis.

Human granulocytic anaplasmosis, the second most common tick-borne disease in Michigan following Lyme disease, is caused by the rickettsia *Anaplasma phagocytophilum*. It was first recognized as a disease in humans in the 1994 by physicians in Duluth, Minnesota, who identified this pattern of disease in 20 men from northwestern Wisconsin. It is currently a reportable infection. Cases have been increasing in the Upper Peninsula, and, following the same pattern as Lyme disease and COVID-19, most of the initial cases are in the Michigan counties that share a border with Wisconsin. Infections are primarily seen between April and August when the ticks are nymphs and difficult to detect as they are only 2 to 3 millimeters in size. Symptoms are typically seen within one to two weeks following tick exposure, but 25% of those diagnosed with anaplasmosis will report no exposure to ticks. The symptoms include a non-specific fever, sweating, rigors, headache, myalgia (muscle aches), and arthralgia (painful joints) and are often similar to a viral infection. Laboratory findings included a drop in the white blood cell and platelet counts and a mild to moderate elevation in the liver function tests. Diagnosis is based on specific findings in a peripheral blood smear examined under a microscope, a PCR test for DNA specific to *Anaplasma phagocytophilum*, or a four-fold increase in the antibody (IgG) titers over time. One study found that 14% of men in northwestern Wisconsin had evidence of a previous infection, suggesting that most infections go undetected. About 2% to 11.7% of those with Lyme disease will also have had anaplasmosis. Of those who become infected, 36% may need hospitalization, of which 17% will require intensive care. Fortunately, the case fatality rate for these infections is low (<1%). The treatment is oral doxycycline. While our counties have seen 12 cases in the past three years, in Dickinson County the number of human cases has increased from 4 in 2017 to 23 cases in 2021, 27 cases in 2022, and 57 cases in 2023. The number of cases can vary from year to year because of dependence on the severity of the winter, the population of white-footed mice, white-tailed deer, and the ticks. As the ticks move further north and east, we can expect to see more of these infections.

Old Business

The board discussed the Financial Audit – Year Ending 9/30/2023, leading to this action:

Motion: Rajala/second Eilola to approve the Financial Audit – Year Ending 9/30/2023 as discussed.
Carried on voice vote, all ayes.

New Business

The board discussed the Fiscal Year 2025 County Allocation Schedule & Budget Process, leading to this action:

Motion: Anderson/second Dakota to approve the Fiscal Year 2025 County Allocation Schedule & Budget Process as discussed. Carried on roll call vote, all voting yes.

Other

With no other business, Chair Byrns set the next meeting for 6:00 pm (EST), June 24, 2024, in person at the health department office in Bessemer and also available via Google Meet.

Chair Byrns then asked for public comment and heard from one person.

Karen Timonen, Chassell – commented on COVID injections

Chair Byrns called for additional comments and heard none.

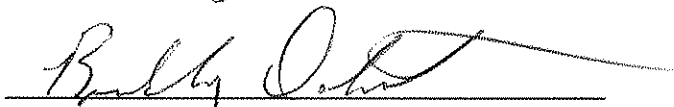
Adjourn

The final motion occurred at 6:49 p.m.

Motion: Eilola/second Rajala to adjourn at 6:49 p.m. Carried on voice vote, all ayes.

Respectfully submitted,


James Byrns, Chair


Brad Dakota, Secretary

Prepared by Kate Beer
KB/jh