

# CITY OF MARLBOROUGH

## BOARD OF HEALTH POSTING

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CITY OF MARLBOROUGH

Meeting Name: Board of Health Regular Monthly Meeting

Date: Tuesday, October 7, 2014

2014 OCT -3 P 4:10

Time: 6:00 pm

Location: City Hall – 3<sup>rd</sup> Floor – Memorial Hall – 140 Main Street

Agenda Items to be addressed:

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**New Business:**

1. Chairman's Message
2. EXECUTIVE SESSION, pursuant to M.G.L.c.30A, Sec.21(a)(3), to discuss the discipline of a member of the Health Department
3. Master Wok – Violation Hearing – **7:00 pm**
4. Recommendation from the Mayor re: Health Department supervision & oversight

**Old Business:**

5. Proposed Board of Health Regulations Regarding Food Establishments
6. Minutes Previous Meetings - September 9, 2014, September 18, 2014

**Enclosed for Informational Purposes Only:**

7. Assistant Sanitarian Monthly Reports – September, 2014
8. Public Health Nurse Monthly Reports – September, 2014
9. Contract Food Inspectors Monthly Report – September, 2014

THE LISTING OF TOPICS THAT THE CHAIR REASONABLY ANTICIPATES WILL BE DISCUSSED AT THE MEETING IS NOT INTENDED AS A GUARANTEE OF THE TOPICS THAT WILL HAVE BEEN DISCUSSED. NOT ALL TOPICS LISTED MAY IN FACT BE DISCUSSED, AND OTHER TOPICS NOT LISTED MAY ALSO BE BROUGHT UP FOR DISCUSSION TO THE EXTENT PERMITTED BY LAW.



*City of Marlborough  
Board of Health*

Frank D. Walker Building  
255 Main Street, Room 101  
Marlborough, MA 01752  
(508) 460-3751 ~ Fax (508) 460-3625

September 23, 2014

Master Group  
701 Montrose Ave.  
South Plainfield NJ 07080

Attn: Donald Wong

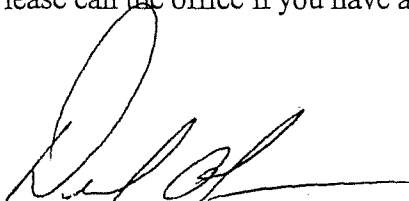
RE: Master Wok  
Solomon Pond Mall  
591 Donald Lynch Blvd.  
Marlborough, MA 01752

Pursuant to an inspection of the above referenced property on 9/22/14, violations of the State Sanitary Code, 105 CMR 590.00, Chapter X, Minimum Sanitation Standards for Food Establishments were revealed.

The continuing occurrence of these violations is such that it must be deemed a condition which may endanger or impair the health and/or safety and wellbeing of a person or persons consuming food from your establishment.

As such, you are requested to attend the October 7<sup>th</sup> meeting of the Board of Health. The meeting begins at 7:00 PM, and is held on the 3<sup>rd</sup> floor of City Hall, in the Memorial Hall room.

Please call the office if you have any questions.



Deirdre O'Connor  
Assistant Sanitarian



*City of Marlborough*  
*Office of the Mayor*

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*Arthur G. Vigeant*  
MAYOR

*Michael C. Berry*  
EXECUTIVE AIDE

*Patricia Bernard*  
EXECUTIVE SECRETARY

October 3, 2014

James H. Griffin  
Chairman  
Marlborough Board of Health  
140 Main Street  
Marlborough, MA 01752

**Re: Board of Health Operations**

Dear Chairman Griffin and Fellow Board Members:

As you know, the Health Department has operated since July without a full-time Department Head. The workload has been shared between my Executive Aide, Michael Berry, and Dr. Sam Wong from the Town of Hudson.

Given the success of our arrangement with Dr. Wong thus far, I believe that it is in the Department's and city's best interest to recommend your voting to grant full administrative authority and personnel supervision in the Health Department to Dr. Wong until such time that we are able to address the stability and status of the position of Health Director.

My office will continue to work with Dr. Wong and supplement his efforts where necessary.

Thank you in advance for your consideration.

Sincerely,

**Arthur G. Vigeant**  
Mayor



## Proposed Regulation Concerning Food Establishments in the City of Marlborough

### I. Authority

The Marlborough Board of Health, pursuant to the authority granted to them under Massachusetts General Laws Chapter 111, Sections 31 and 127A hereby adopts the following regulations to protect the public health of the community in accordance with Chapter X of the State Sanitary Code, **105 CMR 590.000 Minimum Standards for Food Establishments** and further authorizes its agents and inspectors to enforce this regulation on their behalf.

### II. Purpose

The Marlborough Board of Health believes that an ideal food protection program is supported by a partnership effort between industry and food regulatory officials. Together, educated food handlers and effective inspection programs can reduce the incidence of high risk practices which can lead to foodborne disease outbreaks.

We further believe that consistent, evenly enforced health inspections will lead to a more cooperative, educational approach to food safety that will, in turn, improve communication with local businesses and increase overall consumer confidence while protecting the welfare of the dining public.

The Board of Health declares that the purpose of this regulation is to enhance and improve the general sanitation conditions in Marlborough's food establishments and provide all food establishments with a defined policy to adhere to.

Additionally, the Board of Health recognizes the need for a risk based inspection strategy that allows the Board of Health and its authorized agents to conduct more frequent and prioritized inspections based upon its assessment of a food establishment's history of repeated noncompliance with the state sanitary code.

### III. Definitions

The following word and phrases, whenever used in this regulation shall be construed as defined in this section. The information contained in this section is provided from two documents, the 1999 Federal Food Code and 105 CMR 590.000.

**"Board"** refers to the City of Marlborough Board of Health.

#### **"Food Establishment"**

(a) Such as a restaurant; satellite or catered feeding location when these locations are equipped with facilities to prepare, store or serve food; catering operation if the operation provides food directly to a consumer or to a conveyance used to transport people; market; retail bakery; vending location; institution; food bank; residential kitchens in bed and breakfast homes and bed and breakfast establishments; residential kitchens for retail sale and,

(b) That relinquishes possession of food to a consumer directly, or indirectly through a delivery service such as home delivery of grocery orders or restaurant takeout orders, or delivery service that is provided by common carriers. (FC)

(c) An element of the operation such as a transportation vehicle or a central preparation facility that supplies a vending location or satellite feeding location unless the vending or feeding location is permitted by the regulatory authority; and (FC)

(d) An operation that is conducted in a mobile, stationary, temporary, or permanent facility or location; where consumption is on or off the premises; and regardless of whether there is a charge for the food.

**“Food establishment”** does not include:

- i. A produce stand that only offers whole, uncut fresh fruits and vegetables;
- ii. A food processing plant;
- iii. A kitchen in a private home if only food that is not potentially hazardous is prepared for sale or service at a function such as a religious or charitable organization's bake sale;
- iv. A kitchen in a private home that prepares food for distribution to a charitable facility in accordance with M.G.L c. 94, § 328;
- v. An area where food is prepared as specified in 105 CMR 590.002: Food
- vi. A kitchen in a private home, such as a family daycare provider; or a bed and breakfast home that serves only a continental breakfast; or,
- vii. A private home that receives catered or home-delivered food. (FC)

**“Potentially hazardous food”**

(a) shall mean a food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting:

- i. The rapid and progressive growth of infectious or toxigenic microorganisms;
- ii. The growth and toxin production of *Clostridium botulinum*; or
- iii. In raw shell eggs, the growth of *Salmonella Enteritidis*.
- iv. This includes an animal food (a food of animal origin) that is raw or heat-treated; a food of plant origin that is heat-treated or consists of raw seed sprouts; cut melons; and garlic-in-oil mixtures that are not modified in a way that results in mixtures that do not support growth as specified under Subparagraph (a) of this definition.

(b) **“Potentially hazardous food”** does not include:

- i. An air-cooled hard-boiled egg with shell intact;
- ii. A food with an  $a_w$  value of 0.85 or less;
- iii. A food with a pH level of 4.6 or below when measured at 24°C (75°F);
- iv. A food, in an unopened hermetically sealed container, that is commercially processed to achieve and maintain commercial sterility under conditions of non-refrigerated storage and distribution; and
- v. A food for which laboratory evidence demonstrates that the rapid and progressive growth of infectious or toxigenic microorganisms or the growth of *S. Enteritidis* in eggs or *C. botulinum* cannot occur, such as a food that has an  $a_w$  and a pH that are above the levels specified under Subparagraphs (c)(ii) and (iii) of this definition and that may contain a preservative, other barrier to the growth of microorganisms, or a combination of barriers that inhibit the growth of microorganisms; and
- vi. A food that does not support the growth of microorganisms as specified under Subparagraph (a) of this definition even though the food may contain an infectious or toxigenic microorganism or chemical or physical contaminant at a level sufficient to cause illness.

#### IV. Inspections

- A. Except as specified in subsection (B) of this section, all food establishments shall receive a ***routine health inspection*** at least once every 6 months by an authorized agent or contract inspector of the Board of Health.
- B. ***Risked Based Inspections:*** Establishment's that meet the following criteria shall receive a routine inspection no greater than once every eighteen (18) months:
- i. Is a retail liquor establishment, package store, or gas station convenience store selling only prepackaged snack foods and nonperishable items including but not limited to soft drinks, coffee, candy, chips, nuts, popcorn, and pretzels.
  - ii. Establishments that meet the above criteria but also sell hot foods such as prepackaged sandwiches, hot dogs, or unpackaged muffins or donuts are not eligible for reduced inspections.
- C. Routine inspections that generate excessive critical violations may be subject to the additional inspections listed below:
- i. ***First Re-inspection:*** If warranted, a reinspection will occur approximately fourteen (14) days after a routine inspection. The establishment will be assessed an administrative reinspection fee of \$50.00. Effective July 1, 2015, this fee shall increase to \$100.00.
  - ii. ***Second Re-inspection:*** If critical violations remain after the first re-inspection, a second re-inspection will follow approximately 48 hours thereafter. If the noted violations are not yet in compliance, the establishment may be subject to administrative fines up to \$500.00 and/or be subject to a temporary suspension of the food service permit.
- D. Establishments will not be charged for inspections caused through the investigation of a foodborne illness complaint. However, should the investigation require a reinspection, the establishment may be subject to the administrative fines outlined in this section.
- E. A food establishment will have ten (10) days to appeal in writing any assessed fees to the Board of Health. Upon receipt of such appeal the Board of Health shall set a time and a place for such hearing and shall inform the petitioner thereof in writing.

#### V. Severability

If any provision, clause, sentence or paragraph of this regulation or the application thereof to any person or circumstances shall be held invalid, such invalidity shall not affect the remaining provisions of this regulation and to this end the provisions are declared to be severable.

#### VI. Effective Date

This regulation shall take effect upon passage by the Board of Health to occur no earlier than August 1, 2014.

## **Marlborough Board of Health Meeting**

September 9, 2014

Call to order: 6:38 pm

**Members Present:** Robin Williams, Acting Chair; Dr. John Curran

**Others Present:** Public Health Nurse Nancy Cleary; Dr. Sam Wong, Board Adviser; Mike Berry, Mayor's Office (taking the minutes of the meeting in the absence of Linda Goodwin).

### **NEW BUSINESS**

#### **1. Maureen Lee introduced herself to the Board of Health**

As a contract inspector, Ms. Lee stated that she has completed 110 routine inspections and 92 reinspections since her arrival in April. Ms. Lee discussed with the Board members her approach to food establishment inspections and how she puts together her inspectional report.

Dr. Curran asked Ms. Lee if restaurants are informed and aware of the food code prior to an inspection. Ms. Lee stated that most have knowledge of the code but often do not know the level of detail necessary for best practices. Ms. Lee stated that inspections provide an important tool to educate restaurant personnel help them better understand the food code. She often will provide handouts directly to managers at the time of inspection to provide further code guidance.

Ms. Williams stated that the easier we can make it for restaurants to understand the food code the better compliance we will have.

#### **2. Post Road Pantry – Discussion of Ongoing Violations; Apu Patel, Post Road Pantry Owner**

The Board of Health received an anonymous pest complaint at the Post Road Pantry. Dr. Wong investigated this personally and found sufficient evidence of bug/pest infestation. The establishment was then directed to develop an Integrated Pest Management Plan.

They are before the Board because Dr. Wong believes the plan sufficiently satisfied his order.

Ms. Williams stated that Mr. Patel needs to become more involved beyond hiring a company to perform pest control.

Dr. Curran asked for future updates on the progress of the pest control.

Dr. Wong seeks a written plan from the pest management company to address the long term need. The company will provide a plan to the board within two weeks.

### **3. Halfway Café – Stephen Allegro, Vice President of Operations; Fabrizio Silva, Marlborough Head Chef**

Ms. Lee stated that all the violations on their original inspection report have been corrected. They have purchased new refrigeration but remains concerned about the replacement of the in-line flip top unit. She has spoken to them regarding her concerns. A new three bay hand sink has been replaced in the basement.

Dr. Curran asked Ms. Lee if she was satisfied with the replacement of the in-line unit with a two door unit. A hood was replaced which may help reduce the heat in the vicinity of the refrigeration unit. Over time, we can assess the success over a period of time.

Vice President stated they are considering the installation of an air conditioning unit and increasing the use of circulatory fans.

Ms. Lee stated that food thermometers should be one of the most frequently used tools in a restaurant to ensure consistent temperatures of foods.

Dr. Curran commended the Halfway Café on their commitment to improving their performance.

### **4. Marlborough Super Buffet Progress Report**

Dr. Wong stated that the outside consultant, Pamela Ross-Kung, has been working very well with the establishment. A written report summary was provided in the members' packet. He did not see a need to have them come in before the Board again.

### **5. Master Wok Progress Report**

Dr. Wong held an administrative meeting with Master Wok management personnel, who operate at the Solomon Pond Mall. Master Wok's internal audits of this specific establishment show that it consistently underperforms.

The agreement established with Master Work resulting from their administrative meeting will include weekly unannounced audits. Thus far, they are progressing positively and the weekly audits will remain in place indefinitely. The Board will continue to monitor their progress and review their reports.



## **6. Election of Officers**

Item tabled as members wished to wait until the full board was present. Board member Jim Griffin was unable to attend tonight's meeting.

## **7. Discussion of Board of Health Rules and Responsibilities**

Item tabled as members wished to wait until the full board was present. Dr. Wong mentioned that there is training provided by the Mass. Association of Health Boards on November 15<sup>th</sup> for new members. He encouraged members to attend.

## **8. Strategic Discussion for the Health Department**

Dr. Wong stated that he will hold off on larger discussion until there is a full board present. He did state that a part-time nurse has been hired and will begin next week. Dr. Wong hopes to have this position look at the greater health needs of the community.

## **OLD BUSINESS**

### **9. Approval of Minutes – Item tabled until full board is present.**

Dr. Wong stated that Ms. Williams will need to abstain from voting to approve minutes prior to her becoming a member of the Board of Health.

**10. Public Health Nurse – Ms. Cleary updated the Board on her management of tuberculosis (TB) cases. Dr. Wong stated that funding to address the increased cost of flu vaccination has been addressed with the assistance of the Mayor's office.**

**Motion to adjourn at 7:42 pm**

## Marlborough Board of Health Special Meeting

September 18, 2014

### REGULAR MEETING MINUTES ONLY

Call to order: 6:45 p.m.

**Members Present:** Robin Williams, James Griffin, Dr. John Curran

**Others Present:** Mike Berry, Mayor's Office (taking the minutes of the meeting in the absence of Linda Goodwin), Nicholas Anastasopoulos, Labor Counsel

- Michael Berry, Executive Aide to the Mayor, opened the meeting to conduct the Annual organization of the Board of Health by electing a chair, pursuant to M.G.L. c. 111, § 27.
- Prior to beginning the organizational process members expressed a desire to turn over the position of Chair on an annual basis and to operate the meeting at a more inclusive level.
- Mr. Berry then opened the floor for nominations for Chairman.
- Motion by Dr. Curran to nominate James Griffin as Chair, seconded by Robin Williams.
  - **Roll Call Vote:** Robin William – YES; Dr. Curran – YES; James Griffin – YES.  
**Approved 3-0**
- Board members expressed a desire to have a Vice-Chair to run a meeting in the absence of the Chair.
- Motion by Chairman Griffin to nominate Dr. John Curran as Vice-Chair, seconded by Robin Williams.
  - **Roll Call Vote:** Robin William – YES; Dr. Curran – YES; James Griffin – YES.  
**Approved 3-0**
- Chairman Griffin then stated that, pursuant to M.G.L. c. 30A, § 21(a)(3), an Executive Session may be held “[t]o discuss strategy with respect to . . . litigation, if an open meeting may have a detrimental effect on the government’s . . . litigating position, and the Chair so declares.” He then asked for member a motion to move into Executive Session for that purpose, declaring that an open meeting may have a detrimental effect on the City’s litigating position. The Board will return to open session for the sole purpose of adjourning the meeting.
- Motion by Robin Williams to move into Executive Session, seconded by Dr. Curran.
  - **Roll Call Vote:** Robin William – YES; Dr. Curran – YES; James Griffin – YES.  
**Approved 3-0**
- **Motion to adjourn at 8:15 pm**

Deirdre O'Connor

Assistant Sanitarian Report -9/2/14- 9/30/14 ( working days)

**Food Establishments**

**R, NV = Routine, no violations (critical)**

- 9/2/14 **Chapa Quente**, reinspection after consultant training. Interior ambient temp throughout = 90<sup>0</sup>F. Contact landlord, not open for business.  
**Mama's Pizza, 505 BPRW**, no permit or plans, set off ansul system  
8/31/14 Cease & Desist
- 9/3/15 **Chapa Quente**, reinspection, open for business
- 9/4/14 **Santa Cruz Creamery**, final inspection, open for business
- 9/5/14 Unpermitted food establishment, **181 Boston Post Road E, #19, J's**  
Wedding & Events, Cease & Desist  
**Sully's First Edition**, called by consultant, walkin down, many violations, report only.
- 9/9/14 **Marlboro House of Pizza**, closed after electrical fire. Overloaded circuits.
- 9/10/14 **Holiday Inn**, guidance after Maureen's inspection  
**Marlboro House of Pizza**, Discussions with wiring inspector and owner.  
Opened by Sam Wong  
**Family Meat Market (former Marlborough Brazilian Market)**, 192 Main St. Blight call, flies, odor from dumpster. Unpermitted, many violations, emergency closure. Inspection of seamstress business in basement with Code Enforcement. Cease & Desist. Referred to MFD
- 9/15/14 **Japan One**, in office sushi rice HACCP and Ph testing info.  
**Family Meat Market** Meeting with Code Enforcement and landlord, waiting for basement business to Cease & Desist, MFD, then opening inspection.
- 9/16/14 **Funky Murphy**, contractor in office with plans
- 9/17/14 **Japan One**, in office sushi rice HACCP and Ph testing results - pass  
**Family Meat Market**, consultant direction\
- 9/18/14 **Family Meat Market** not open, call consultant  
**Nexdine @ 200 DLBlvd**, in for plan review, info lacking  
**Master Wok**, inspection, voluntary closure  
**Vitamin World**, new build, plan review  
**Japan One**, Sushi rice testing discussion
- 9/22/14 **Nexdine @ 200 DLBlvd**, contractor  
**Family Meat Market** open for business
- 9/23/14 **Master Wok**, gas leak w/ MFD. Left message for Ken Brown @ mall
- 9/24/14 Conversation with Ken Brown @ mall  
**Japan One** Received lab results and HACCP  
**Mama Rosa's**, final inspection, not ready
- 9/25/14 **Richer Elementary school caf,** **R, NV**
- 9/29/14 **Master Wok**, reinspection

**Housing**

- 9/2/14 **2 Adams St. #3**, voucher inspection, not ready, no window locks  
**160 Broad St.**, exterior cockroach complaint. Filth surrounding house. owner occupied. None observed.

- 9/3/14           **192 Bolton St.**, 3 treatments for bedbugs, landlord demand for reimbursement, warning letter.
- 9/9/14           **220 Lincoln St #1** , bedbugs, failure to prepare letter to tenant, heat treatment info to landlord
- 9/17/14          **220 Lincoln St #1** Good Faith letter .
- 9/22/14          **29 Warren Ave #3**, AVHP inspection, conditional pass, Mitrakis
- 9/25/14          **257 Westhill Rd.**, New England Center for Children , conditional pass, kitchen
- 9/29/14          **6 Edinboro #2**, well visit by MFD, unit deemed uninhabitable. Tenant in hospital prior. Contact landlord for OTC, post building.  
**257 Westhill Rd.**, New England Center for Children  
**39 Curtis Ave, K-11**, wasps.

**Septic**

- 9/11/14          **54 Spoonhill Ave**, Title 5 and septic info, needs plans to locate.

**Community Sanitation**

- 9/19/14          D68 conference call from DPH

**Environmental**

- 9/17/14          **50H Brigham St**, AA Cleaning , possible illegal dumping, internal drain, forward to Fire Dept, Conservation
- 9/22/14          Homeless cancer patient living in bedbug infested truck. Contact MPD Chief.

**Administrative**

- 9/9/14           Prepare documents for BOH meeting  
CT – called out to fire, taken by Sam Wong  
Answer questions about FBI and food inspection reports to Karen Boule.
- 9/10/14          CT – closure of Family Meat Market
- 9/11/14          Receipt and storage of vaccine for Public Health nurse.  
No inspections, office coverage  
**Family Meat Market** , documentation for Code Enforcement, landlord
- 9/12/14          DOT for Public Health nurse  
No inspections, office coverage
- 9/15/14          Meeting with interim Building inspector re: process for new builds, permitting by BOH
- 9/16/14          Meeting with interim BOH administrator re: process for new builds, permitting by BOH, fee, HACCP
- 9/19/14          Marlborough Housing Court for 14 Eldorado, subpoenaed by owner.

Respectfully submitted,  
Deirdre O'Connor  
Assistant Sanitarian



- \*CDI           : corrected during inspection
- \*\*LTD         : landlord/tenant dispute
- \*\*\*NO SOLO : police escort required for housing inspection due to criminal activity.

## PUBLIC HEALTH NURSE REPORT FOR SEPTEMBER, 2014

### **TB CONTROL**

#### **MANTOUX TESTING**

11 tests were given: 4 negative; 3 positive and referred to Getchell; 1 pending

#### **CLASS II (Latent TB Infection)**

Currently there are **17** cases being followed for clinic visit and medication compliance.

#### **CLASS III (ACTIVE TB)**

A 33 year old woman from India was not adequately treated for TB in India in 2010. She is a reactivated case and has become multi drug resistant (MDR). After spending some time in Shattuck Hospital in Boston she was started on Levofloxin, Cycloserine, Ethionamide, Ativan & Prilosac and Vitamin B6 through Getchell Clinic in Worcester. She no longer takes Ativan or Prilosac. An endoscopy was done in August and all biopsies were negative. She is now taking Zyvox also. Ethionamide was discontinued and her stomach and sleep issues resolved. She was started on IM injections of Amikacin three times a week in January and completed six months of treatment in July. She continues with DOT 5 times a week with other medication side effects and is followed @ Getchell monthly.

#### **CLASS III (ACTIVE TB)**

A 34 year old male who we have been following for active tuberculosis. He is currently on rifampin and vitamin B6. He has finished two months of pyrazinamide treatment as well. His history dates back to 2012 where he was initially referred to hematology for mediastinal and retroperitoneal lymphadenopathy found in a CAT scan at the MetroWest Medical Center. He had suffered from a pneumonia for about one and half years, at which time he had four episodes. He was initially evaluated by the hematology/oncology service and then the pulmonary clinic in 2012. Sputum AFB at that time and smears for tuberculosis were negative (in 2012). He was diagnosed as having recurrent pneumonia and bronchitis. He underwent further evaluation and

eventually was diagnosed as having possible pulmonary sarcoidosis. He had a mediastinal lymph node aspirate in 06/2012, which showed granulomas that were noncaseating. He continued to be followed and had some trouble obtaining his care. In 2003, he was seen for an episode of pneumonia and bronchiectasis and at that time developed esophageal perforation complicated by an intramural esophageal hematoma for which he saw thoracic surgery. He eventually improved, but continued to have pain, pulmonary infiltrate, and for a while was lost to follow up. By 03/2014, he resurfaced to medical care with dysphagia, kidney stones, rectal pain and painful urination and weight loss. He eventually underwent repeat sputums for AFB and an aspirate of a lymph node. The sputum grew out Mycobacterium tuberculosis at this point. All the AFB smears were negative otherwise. He underwent needle aspirate of lymph node on 05/05/2014, which grew out Mycobacterium TB on 05/27/2014. He has since been started on his TB regimen on 05/22/2014 initially consisting of INH, rifampin, pyrazinamide, ethambutol, and at some point Levaquin. Levaquin was subsequently discontinued on 07/16/2014 and pyrazinamide was completed for two months. Currently, he is maintained by Rifamate two capsules by mouth daily and vitamin B6 50 mg by mouth daily. He is tolerating the medications very well. He sees a nurse weekly at his house by direct observed therapy and is doing six days of pill taking on his own. He states that since he started TB treatment, he has only missed three doses of his medication. He states that in the interim, he has been doing well without any fevers, chills, cough or sputum production. No nausea, vomiting or diarrhea. No headaches and no weight loss.

### **Immunizations**

Given in the BOH office:

Td - 1	MMR – 5
IPV – 3	DTap – 1
Tdap – 10	HepB – 3
VAR - 9	

Total given: 32

9/18/14 High Dose Flu Clinic @ COA – 38 given

Clinics every Tuesday 2:00 pm – 4:00 pm

## **Communicable Diseases**

### Line Lists

Line Lists are reports of diagnosed cases received by the BOH from the Department of Public Health. Case reports are to be completed by the Primary Care Physician. No follow up is required by the BOH.

Line List reports from the Department of Public Health:

Lyme – 9  
Hep B - 1  
Hep C – 6

### Hepatitis C

53 year old homeless man called EMS with a complaint of "my diabetes feels out of control". EMS checked his blood sugar and it was 532. Stated he wasn't taking any diabetes meds presently. He would not give any Past Medical History other than having a "swollen liver" and multiple leg surgeries in the past due to an auto accident. He received IV fluids and Novolog (insulin) in the emergency room. After observation client was discharged. He has no PCP; but is followed at VA.

### Campylobacter

A 20 year old female presented to the emergency room at a local hospital after 3 days of fever, nausea & vomiting. She states other people with whom she works have also been sick. She had shigellosis in 2013. She tested positive for campylobacter. The BOH has called client three times with no response. We specifically asked if she or family members were food handlers.

### Babesiosis

A 25 year old female tested positive for Babesiosis. BOH called the client three times and a letter was sent. We received case report back from client. She was also co-infected with Lyme Disease, however, there was no report of a tick bite.

Haemophilus Influenza

A 85 year old male complained of shortness of breath, cough and increased confusion. He was admitted to the local hospital for 6 days. A chest x-ray was positive for pneumonia. He tested positive for haemophilus influenza. He was discharged and transferred to a rehab facility.

Varicella (chicken pox)

A 49 year old male complaints of rash for seven days, fever, diarrhea and dehydration. He was admitted to local hospital and recovered.

Trainings

9/4/14        MAHPN Meeting  
9/6/14        MRC Shelter Training

Respectfully submitted,

*Nancy Cleary RN*

Nancy Cleary, RN  
Public Health Nurse



# **FOOD SERVICE SOLUTIONS**

Servsafe/Servsafe Alcohol/HACCP Plans/Inspections/Employee Training

18 Shipley Circle, Westford, MA. 01886  
Phone 978-621-2616 Fax 978-692-1096

TO: Marlborough Board of Health  
FROM: Maureen Lee  
RE: September 2014 Report

Routine Inspections : 6  
Complaint Inspections: 0  
Re-inspections: 38  
Second Re-inspections 10

## **Hand Sinks and 3-Compartment Sinks**

Establishments without the required sinks for hand washing and cleaning and sanitizing will continue to be identified during routine inspections.

An efficient method has been developed and implemented allowing establishments to submit the required documents for prior approval and install sinks.