

**MEETING NOTES OF THE GENERAL MEETING
OF THE PEABODY BOARD OF HEALTH**

Thursday, January 23, 2025

Peabody City Hall, Lower Level Conference Room

In Attendance: Chairperson Thomas J. Durkin III; Members Anthony Carli and Julia Fleet, D.O.; Health Department Director Sharon Cameron; and Clerk Lisa Greene

Mr. Durkin opened the meeting at 4:38 pm, read the hearing notice, and welcomed everyone.

Mr. Durkin noted that Dr. Fleet was running late and suggested they discuss approving the last two month's minutes.

Mr. Carli made a **motion** to approve the November and December minutes as presented. Mr. Durkin seconded. A vote was held and both agreed to accept the minutes. Dr. Fleet arrived shortly after.

HEARINGS

Subject: 4:30 pm – Hearing re: Application for Permit to Perform Body Tattooing (micropigmentation only) submitted by Livian Gomes. Vote anticipated to grant or deny permit.

Discussion: At 4:41 pm Mr. Durkin opened the hearing, read the hearing notice, and welcomed Ms. Gomes via Zoom. He invited Ms. Gomes to tell a little about herself. Ms. Gomes explained that she has been a permanent makeup artist since 2021, and now has completed more than 3000 procedures. She explained that her mentor overseeing her apprenticeship Adrianna liked the way she worked and hired her to teach. She worked for 2 years in Wilmington on a license there, and since she speaks three languages, they decided to hire her, and she is now looking forward to working with her at Adrianna's Academy on Cross Street in Peabody.

Ms. Cameron asked about the supervision given to apprentices in the shop. Ms. Gomes replied that there is good supervision, adding that she attended four years of medical school in Miami and Brazil. She said they supervise for safety, they use sanitizer, they use cavicide to clean surfaces, and everything they use is disposable. She explained that she assists other staff when dealing with non-Spanish or non-Portuguese speakers. She said she helps students with procedures, adding that there is one supervisor for every two students, and she said they watch and listen to what the students are doing. Ms. Cameron asked what instructions she gives to students on when not to perform a procedure on a client. Ms. Gomes replied that she tells them to analyze the person, talk to them, and that things like diabetes can impact the healing process. She said she will call the models, talk to them, see if they are prepared for the procedure, explain how it works, and how aftercare is important. She said to give clients the aftercare brochure is important but said it is more important to talk to clients, look them in the eyes to see if they are ok. Ms. Cameron asked if Ms. Gomes had been the subject of any disciplinary action anywhere against her permit. Ms. Gomes replied that she had not.

Mr. Durkin asked what is the menu of services that are being performed. Ms. Gomes replied: eyebrows, lips and eyeliner, but said eyeliner is only allowed for students with at least 2 years of experience; beginners can only do eyebrows and lips.

Mr. Durkin asked if anyone on the call or present wished to speak on the matter. No responses were received. Ms. Cameron noted that Ms. Gomes' application was all in order. Ms. Gomes asked the maximum number of students that they can oversee at once, specifically can they take five students with two people? Ms. Cameron replied no, adding that they agreed that for students to work on live models they can each have no more than two people working under them, and said the formal apprenticeship with someone with an apprentice permit must be one to one supervision. During the classroom period when you are demonstrating to students each instructor can have two students each. When doing apprenticeship with the apprentice doing hands on work it can only be one to one supervision. Ms. Gomes said she had one more question. She said in this class there are 60 students who are not practicing. By the time they graduate each needs to do one live model, so in order to do the live model do they need to get a license in Peabody. Ms. Cameron replied that if students are working on live models it is your procedure as the instructor. She added that they can't be permitted until all of their required classroom work is done. Ms. Gomes thanked her. At 4:43 Mr. Durkin closed the hearing.

Mr. Carli made a **motion** to approve a tattoo permit for Livian Gomes to perform body tattooing, micropigmentation only. Dr. Fleet seconded the motion. A vote was taken and it was unanimously agreed to grant the permit.

Subject: 4:35 pm – Hearing re: Application for Permit to Perform Body Tattooing submitted by Monique Law. Vote anticipated to grant or deny permit.

Discussion: At 4:44 pm Mr. Durkin read the hearing notice and welcomed Ms. Law who attended in person and asked her to tell a little about herself. Ms. Law said she had been working for the past year under an apprenticeship license under the supervision of her mentor. Ms. Cameron asked Ms. Law to tell about the procedures she will use to prevent cross contamination. Ms. Law replied that she will wash her hands, wrap the bed with plastic, and said that she uses green soap wrapped in a bag, and she will then wrap her machine. Once the procedure is all done, she will take the machine out and clean it well, she will wrap all disposable parts up and place into the trash and she will place the needles in the sharps container, wipe down the chair and tray with madacide. When gloves are changed she removes one from under and rolls it so she is not touching the contaminated side. She will wash her hands whenever she gets up for the bathroom or for water, or anytime she touches anything outside the procedure. Ms. Cameron asked how she handles her inks. Ms. Law replied that the inks are stored in bottles and are poured into disposable ink caps, and that she would never put a needle in anywhere other than the disposable ink cap. Ms. Cameron asked if the studio performs piercings. Ms. Law replied that she is not applying for that. Ms. Cameron thanked her. Mr. Durkin asked if First Street was going well. Ms. Law replied that it is. Mr. Durkin asked how long are their work days? Ms. Law replied that the shop is open from 12:00-8:00, but they are sometimes there later if a tattoo goes longer.

Mr. Durkin asked if anyone present or on the Zoom call wished to speak on the matter. No responses were received. Mr. Durkin closed the hearing at 4:58 pm.

Mr. Carli made a **motion** to approve a permit for Monique Law to perform body tattoo at Intricate Ink tattoo. Dr. Fleet seconded the motion. A vote was taken and it was unanimously agreed to grant the permit.

Subject: 4:40 pm – Hearing re: Application for Permit to Perform Body Tattooing submitted by Wanjenimary Fanini. Vote anticipated to grant or deny permit.

Discussion: At 4:59 pm Mr. Durkin read the hearing notice and asked if Ms. Fanini was present. She was not present, so Mr. Durkin deferred the hearing until later. At 5:36 Ms. Fanini joined on zoom but with no camera on and Mr. Durkin opened the hearing. He asked Ms. Fanini to tell about her plans and background. She explained that she had worked at Timeless for a little over 2 years, first as an apprentice and then she got licensed a little over a year ago, and her mentor thinks she is ready to take the next step. Ms. Cameron asked Ms. Fanini to turn on her camera and Ms. Fanini complied. Ms. Cameron asked Ms. Fanini to tell how she plans to prevent cross contamination. Ms. Fanini replied that she will wash her hands, put on gloves, washes down surfaces with madacide before and after procedures, and reapplies clean gloves. She clarified that she washes hands before reapplying gloves, and that she washes her hands again when she takes off her gloves. Ms. Cameron asked Ms. Fanini if she provides clients any after care information. Ms. Fanini replied yes and said she applies Techaderm and instructs clients to leave it on for 2-3 days, and she also gives an aftercare sheet that also describes the steps for aftercare. Ms. Cameron noted that the Inspector had tried to contact her about needing updated training certificates for blood borne pathogens and cpr/first aid. Ms. Fanini said she will get on it right away. Mr. Durkin asked about her hours. Ms. Fanini replied that she is there 5 days a week from 11:30-8:30, and she accepts walk-ins and appointments, so she sometimes has a rotating schedule. Mr. Durkin asked how many chairs there are at Timeless. Ms. Fanini replied that there are 6 rooms, but then clarified that they are not rooms, but each station has curtains to close if the client wants privacy, but she said they leave them open most of the time. Mr. Durkin asked if anyone present or on Zoom had any comments or questions. None were put forth, so Mr. Durkin closed the hearing at 5:42 pm

Mr. Carli made a **motion** to approve a tattoo permit for Wanjenimary Fanini to perform body tattoo at Timeless pending the submittal of updated health certificates. Dr. Fleet seconded the motion. A vote was taken and it was unanimously agreed to grant the permit pending receipt of the certifications.

Subject: 4:45 pm – Hearing re: Application for Permit to Perform Body Tattooing (micropigmentation only) submitted by Josina Kane. Vote anticipated to grant or deny permit.

Discussion: At 5:00 pm Mr. Durkin read the hearing notice and welcomed Ms. Kane via Zoom. He asked her to tell a little about her plans and background. Josie explained that she is currently an aesthetician and has been doing permanent makeup for about a year and

apprenticed one year in Northborough, has taken lots of courses at Prettyology and hopes to now work with them.

Ms. Cameron asked Ms. Kane to tell about the procedures she uses to prevent cross contamination . Ms. Kane replied that she uses PPE including gloves, does handwashing, and puts barriers on everything she will touch. She said after skin is open everything is considered contaminated, take off gloves and washes hands, cleans with cavacide and Sani wipes, and puts needles into the sharps container. She said all inks are placed into single-use containers. Ms. Cameron asked if there are any conditions that might cause you to decide not to perform a procedure on a client. She replied yes: If they are pregnant or nursing, have skin lesions or rashes, high blood pressure, cancer, or going through radiation, she would require a doctor's note before performing on them. Ms. Cameron reported that the application was all in order.

Mr. Durkin asked what types of services she performs. Ms. Kane replied eyebrows and lips, and will eventually do eyeliner but does not yet. Mr. Durkin asked if the clients repeat. She replied yes, and said that the ink fades over time so they come in for touch ups, after two appointments to start.

Mr. Durkin asked if anyone present or on the Zoom call wished to speak on the matter. No responses were received. Mr. Durkin closed the hearing at 5:06 pm.

Mr. Carli made a **motion** to approve a permit for Ms. Kane to perform body tattoo - micropigmentation only- at Prettyology. Dr. Fleet seconded the motion. A vote was taken and it was unanimously agreed to grant the permit.

BUSINESS

1. Infectious Disease Updates - Regional Epidemiologist Laura Nash

Discussion: Ms. Cameron thanked Ms. Nash for coming and explained that she invited Ms. Nash to speak to the board today because there were some questions that came up last month about recent trends in infectious disease. Ms. Nash thanked everyone for having her and she said that regional epidemiologist Steven Kahn was also present. She explained that she was here today because of some things she had presented at a recent regional meeting, and because of recent reports of avian influenza in the news. Vaccines are available to prevent the diseases pertussis and influenza, whooping cough and chicken pox. Some diseases are still common, others are not because we vaccinate, and if we stop vaccinating we could very likely have an outbreak. Examples are measles, mumps, rubella, meningococcal pertussis, hepatitis, tetanus, diphtheria, polio, etc. Before Covid these diseases were very much on the decline. From 2020 the most frequent disease we got was influenza, then the most common became Covid and some other diseases were falling off. Varicella numbers are complicated as they don't tease apart the number of shingles cases versus chicken pox cases as the test only checks for the virus and cannot differentiate.

Ms. Nash showed a chart with data on occurrences across the North Shore and explained that we are now seeing things in the top ten list that we didn't have before. One is Pertussis, also called whooping cough, and people can have coughing fits for months on end before it will eventually begin to gradually lessen. She explained that Pertussis lives in the nose and mouth and air and spreads when people sneeze, cough or talk, and 7-10 days after exposure symptoms appear. DTAP is a 5 series vaccine administered at 2, 4 and 6

months, 15-18 months, and 4-6 years. Pregnant women are also immunized as well to pass immunity to their infant in utero, and they advise older adults to receive the vaccine every ten years. The DPH says if someone tests positive for pertussis they should be given antibiotics like the Z-Pac for 5 days and to isolate for 5 days, and advise that household members take antibiotics prophylactically. She explained that the Varicella zoster virus, which is the virus that causes chicken pox, spreads easily, looks like a rash then turns into blisters, is very uncomfortable, causes fever, tiredness, body discomfort. Anyone who hasn't had chicken pox can get it, but it affects mostly children and can be vaccinated against. The disease is present in blisters, fomites, and can be transferred on bedding, sheets or any utensils that someone may come in contact with. People are contagious 1-2 days before symptoms appear. After appearing, the blisters must heal over which takes 5 days. The CDC says no aspirin should be given to kids with chicken pox because it is associated with Reyes syndrome. Vaccines are available but not for kids under 12 months. The first dose is given between 12-15 months, and the second between 4-6 years old. For those with a higher risk for disease, providers may prescribe antiviral medications. For treatment they advise homecare, oatmeal baths and lotions, and to wash hands very well in warm water and soap for at least 20 seconds. Massachusetts has the highest vaccination rate in the country for varicella. DTAP coverage was 96% last year for kindergarteners. Varicella trends in the last 10 years in the region show peaks in 2014, 2019, 2023.

Ms. Nash showed a chart on cases of Pertussis in the region, and explained that Pertussis typically peaks every two years, but declined during the pandemic because of the practices in place for Covid like masking and social distancing, but in 2024 there was a huge spike in cases. She noted that they were also seeing the same trend across the state. She said we are seeing rates of infectious diseases increase post covid, due in part to more people going back to their routines, going new places, and interacting with more people. More preventable diseases are making their way into the workflows. This brings on the question of why, and if people are getting vaccinated, and noted that some who have been sickened are too young to be vaccinated, and some are people who are older who lived abroad.

She said the key take aways are the need to educate, encourage and inform the public. The challenges that the LPH face: vaccine hesitancy, mistrust in public health, and that people were not happy with how things went during covid. Luckily we live in an area that promotes public health. But some still delay in getting vaccinations, in some cases because of lack of insurance coverage (TDAP costs \$95 out of pocket), and for some that cost is astronomical, so it is a barrier that people face. Mr. Durkin noted that the slide said the rate is 96% here, and asked if that was good? Ms. Nash replied yes, and said we are #1 in the nation for vaccine coverage.

Ms. Nash went on to discuss Avian Influenza, aka Bird Flu, and explained that it is highly contagious, mostly seen in poultry and wild birds, and that there are also a number of cases each year in wild animals. In March 2024 influenza was found in cows in a dairy farm in Texas. There have been 67 human cases. Poultry has been affected, and dairy farms have been affected. Back in November we had the 1st case of H5N1 in a pig, which is concerning because pigs have both human and avian receptors, so scientists think that a mutation could happen that could cause it to be transmitted to humans more easily. In California one person was infected who had no known animal contacts. A report in Science Magazine stated that a single mutation in the virus could make it more easy to transmit.

On 1-7-25 the first bird flu death was reported, in a person with existing conditions, and a bald eagle was euthanized when it was determined that it had contracted Avian influenza. There has been an 85% increase in the cost of eggs, animals have been dying in zoos, and they have stopped the practice of the outside rehab of wild birds since outside birds can come into contact with the birds in rehab and can pass on diseases. Also some cats have been passing away and it is suspected that it is due to the feeding of raw foods from Northwest Naturals and Monarch raw foods, which is being warned against, and they are warning people to keep their pets indoors. The CDC issued health advisories to clinicians due to sporadic cases of Avian Influenza. Some geese were found dead at U Mass Amherst, in Plymouth 60 geese, swans, and ducks died. Another concern is that news of these things may not reach us in the future as earlier this week an executive order was signed saying that all documents and notices must be approved before release. Recently seen at the Stone Zoo was a placard saying "We are protecting our flock from fly ins passing on avian influenza." A dozen eggs is now \$7.00 at Stop and Shop, people were wearing hazmat suits at a pond in Plymouth bringing birds inside to protect them from avian influenza. Farmers and dairy workers are most at risk, but people are being warned that if they see a dead bird don't go near it or pick it up. Mr. Durkin asked if they are any closer to a vaccine? Ms. Nash replied that she has heard anecdotally that they are working on it but she said she hasn't seen any data on that yet. Mr. Durkin said this is concerning for sure.

2. Tobacco Control Updates

Discussion: Ms. Cameron reported that they had an excellent meeting including Joyce Redford, Inspector Randy Suckney, a person who owns an independent convenience store, a franchisee of a major chain, a liquor store owner and on adults only tobacco store owner. She reported that there was a lot of cooperation expressed. Ms. Redford and Inspector Suckney were able to share the products they had found being sold in Peabody. She said there was a lot of acknowledgement from the retailers that, even though they have manufacturers letters for some items stating that they are unflavored, that are all flavored products when they open them and smell them. They also told us that most retailers have the technology to scan ids, so they will do a review of our retailers and, if it appears that everyone does have the technology, we may include using it into our requirements. The meeting was centered on products focused on children. All agreed that they shouldn't be sold and that they would take them voluntarily from their shelves. They will look at language on packaging hinting that it might be a flavored product. Ms. Cameron said she had asked for written protocols and received a draft yesterday, and said she feels very confident that we will get to an agreement. She has asked them to come back for the February board meeting to tell what they have proposed to prevent the sales of tobacco products designed to appeal to minors. She noted that in Newton their tobacco ban was approved by city council not their health department. She said she was really happy we got retailer cooperation on this initiative.

3.A.) Code Enforcement Updates- Housing: 20 Truman Rd.; 7 Holten St; 10 Holten St; 56 Washington St; 261 Newbury St; 148B Washington St.

Discussion: Ms. Cameron said 20 Truman has been ongoing, they have an arraignment date next week with the property owner. They were in court this week with the owner who owns 56 Washington and 148 Washington Street, and he represented to the court that everything was completed but inspectors found that it was not done. 148 Washington is

concerning because the tenant went without heat for a week, and we had ordered the owner to provide alternative housing and he didn't so that is problematic. Pine Grove mobile home park has also been problematic, and there was a referral made by the tenants to the attorney general's office. She did a joint inspection with the fire department, and while the original concern was about oil tanks, the people doing the sewer pumping are concerned about an imminent failure of the pump station. Ms. Cameron ordered a series of timelines, which were not met and there was no communication from the owner, so we will have to initiate court action. She has not issued the manufactured housing permit for this park.

4. B.) Code Enforcement Updates-Nuisances: 1200 Salem St; 6 Fountain St.

Discussion: Ms. Cameron explained that this was a smoking issue which is something we get from time to time. Property owners provided a satisfactory response in the last few days, so unless we get additional complaints we won't do additional follow up.

5 Permitting Updates-List of permits issued in December 2024

Discussion: Reviewed

6. Public Health Nursing updates- December 2024 surveillance report

Discussion: Ms. Cameron said Chassea Robinson had been offered a position by the state as a regional public health nursing consultant to provide support and to increase the pipeline for public health nurses for the region. She said we will miss her but it will benefit the entire region. Her last day is next Friday. Members said to please tell her good luck and that we will miss her. She said the position has not been posted yet, one of the school nurses is coming in to fill in temporarily, and the epidemiologists can do case follow up as well as the regional public health nurse so we are fortunate we have that covered for now.

7. Social Service updates

Discussion: Ms. Cameron reported that the new staff person hired to do support groups started last week, will work in 7 communities on the North Shore, so everyone is excited. Some of the anticipated changes to housing and homelessness programs that have been put forth are making some people very uneasy, so a lot of need has increased the workload for social services staff .

8. School Safety Taskforce:

Discussion: The State passed a law authorizing stop arm cameras for enforcement. It took ten years, and they credited a pilot program in Peabody and Salem to get it over the finish line. Peabody is going to work with a professor from the Mass School of Health Sciences to do a journal publication of a case study on policy and advocacy, and hopefully down the line an assessment of pre and post data to see if the new law affects behavior, and it is an ongoing project.

9. Request for Quotes - AAR

Discussion: Ms. Cameron release an RFR for an afteraction report on pandemic response. There were no responses to RFP, so they will have follow up conversations to find out the barriers to applying. This AAR is especially important in the event of another pandemic so we have documented the lessons learned. Mr. Durkin agreed that doing a hot wash is always a good idea.

10. Correspondence: From Tighe & Bond re: Peabody Whole Site Landfill; From MA DEP re: 65 Walnut St; From CEC re: Peabody Ash Monofill

Discussion: reviewed

Other Issues:

Ms. Cameron reported that some wells were taken offline on Johnson and Pine Streets at least a decade ago because of contamination, and now there is a potential that the city will look at cleaning them up for use. The wells can help with water supply when we are unable to draw from the Ipswich River. If it is decided to move forward, we want to be involved in the process before those wells are brought back into use. She said she will try to get a synopsis on their history for the Board members so we can express the concerns we need addressed before signing off on it.

Mr. Carli made a **motion to adjourn** the meeting at 5:58 pm. Dr. Fleet seconded the motion. A vote was taken and it was unanimously agreed to adjourn the meeting at 5:58 pm. The next meeting date will be February 27, 2025

*Meeting notes respectfully submitted by
Lisa Greene, Clerk to the Board of Health*