

**TOWNSHIP OF DENNIS
BOARD OF HEALTH
REGULAR MEETING AGENDA
October 25, 2022
5:30 P.M.**

1. **CALL TO ORDER:** Frank L. Germanio, Jr., Chairperson
2. **MEETING NOTICE PURSUANT TO N.J.S. 10:4-6 to 10:4-21.**
3. **ROLL CALL:** ____ Z. Matalucci, ____ F. Germanio, ____ S. Turner, ____ T. VanArtsdalen
____ M. Cox, ____ J. Justice

4. **PLEDGE OF ALLEGIANCE FOLLOWED BY MOMENT OF SILENCE**

5. **ITEMS THAT ARE PENDING:**

A. **CORRESPONDENCE:**

1. 10/25/2022 – Cape May County Health Department – Vaccine Clinics Dates, Information and Consent Form.

Approved by: ____ Z. Matalucci, ____ F. Germanio, ____ S. Turner,
____ T. VanArtsdalen, ____ M. Cox, ____ J. Justice

B. **COUNTY INSPECTIONS/VIOLATIONS:**

1. 10/18/2022 Notice of Violation – 37 Doe Drive, Dennisville.

C. **DOG REPORT:**

1. There have been 305 dog licenses issued to date for 2022.

D. **NOTICE OF CONFINEMENT OF DOMESTIC ANIMAL(S) WITH KNOWN OR SUSPECTED EXPOSURE TO RABIES:**

None.

E. **SUSPECTED HAZARDOUS SUBSTANCE DISCHARGE NOTIFICATION:**

None.

F. APPROVAL OF BOARD OF HEALTH REGULAR MEETING MINUTES:

September 27, 2022 regular meeting minutes.

Approved by: _____ Z. Matalucci, _____ F. Germanio, _____ S. Turner,
_____ T. VanArtsdalen, _____ M. Cox, _____ J. Justice

6. COMMENTS:

7. MOTION TO ADJORN MEETING:

Cape May County Vaccine Clinics

Vaccine Clinic Paperwork:

1. [COVID-19 Spanish Consent Form](#)
2. [COVID Vaccination Consent Form English](#)

Types of Vaccine Offered: Cape May County Department of Health will be offering Moderna and Johnson & Johnson (as supplies last). Johnson & Johnson is approved for ages 18 years and older. Moderna is approved for ages 6 months and older. **There will be designated clinics for children 6 months-17 years old. Pop-up clinics are for 18 years and older only. Please be mindful of age category under vaccine clinic information.** No appointment is needed. For additional information call (609) 465-1187.

Third Dose: CDC recommends that individuals who are moderately to severely **immunocompromised** (have a weakened immune system) receive third dose of an mRNA COVID-19 vaccine (Pfizer-bioNTech or Moderna). Individuals with a weakened immune system should receive a third dose 4 weeks after original series and then two boosters for added protection. Cape May County Department of Health is offering a third dose to those who qualify. Please talk to your health care provider about your medical condition, and if getting an additional dose is right for you. We ask that you bring your vaccine card and ID. Please note the third dose is separate from the booster that has been released for the general population. For additional information on third dose, boosters and timing visit [COVID-19 Vaccines for People who are Moderately or Severely Immunocompromised | CDC](#)

COVID-19 Bivalent Booster: The CDC recommends individuals who received [Pfizer or Moderna series wait at least 2 months before booster](#). If you received a booster, it is also recommended to wait 2 months before receiving the Bivalent Booster. For those who received [J&J single dose wait at least 2 months before booster](#). Recommendations also allow individuals to mix and match dosing for booster shots.

Individuals must bring their vaccine card and identification to receive their booster.

Cape May County Department of Health **does not offer** Pfizer vaccine. Vaccines will only be given to children 6 months -17 years old at designated vaccine clinics.

No appointments are needed for any COVID-19 clinics.

Vaccine Clinic Information

Type: Adult Vaccine Clinic

Age: 18 years and older

Date: October 25, 2022

Time: 11:00 a.m.-1:00 p.m.

Location:

Cape May County Department of Health

Vaccine Clinic Information

6 Moore Road
CMCH, NJ 08210

Type: Mobile Clinic

Age: 18 years and older

Date: November 1, 2022

Time: 11:00 a.m.-1:00 p.m.

Location:

United Methodist Communities at Wesley by the Bay
24th and Simpson Ave
Ocean City, NJ 08226

Type: Mobile Clinic

Age: 18 years and older

Date: November 15, 2022

Time: 11:00 a.m.-1:00 p.m.

Location:

Cape Hope
1304 NJ-47 Unit L
Rio Grande, NJ 08242

Type: Adult Vaccine Clinic

Age: 18 years and older

Date: November 22, 2022

Time: 3:00 p.m.-5:00 p.m.

Location:

Cape May County Department of Health
6 Moore Road
CMCH, NJ 08210

Type: Mobile

Age: 18 years and older

Date: November 29, 2022

Time: 11:00 a.m.-1:00 p.m.

Location:

Seaville Fire Department
36 NJ-50
Ocean View, NJ 08230



Cape May County COVID-19 Patient Vaccination Form

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Moderna Primary/Immuno	<input type="checkbox"/> J&J Primary
<input type="checkbox"/> Booster	<input type="checkbox"/> Booster

Name: _____ DOB: ___/___/___ Age: _____ Sex: Male Female

Home Address: _____ City: _____ State: _____ Zip: _____

Print Guardians Name (if under 18yr.) _____ Cell Phone: _____ Child's Stated Weight: _____

Race: (Circle one)

American Indian or Alaska Native/ Asian/ Black or African American/ Native Hawaiian or Other Pacific Islander/ White/ Other/ Prefer not to Specify

Ethnicity: (Circle one)

Hispanic/Latino/ Non-Hispanic/ Prefer not to Specify

Historical Shot Information:

Verified Card

1st Dose-Date _____
 2nd Dose-Date _____
 3rd Dose-Date _____
 4th Dose-Date _____
 5th Dose-Date _____

Brand: _____
 Brand: _____
 Brand: _____
 Brand: _____
 Brand: _____

Lot #: _____
 Lot #: _____
 Lot#: _____
 Lot#: _____

I am electing to receive a vaccination against Coronavirus. I am taking this vaccine voluntarily and consent to the vaccination being given to me. I have read / received the most current EUA Fact Sheet for Moderna or Janssen. I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions which have been answered to my satisfaction. I hereby waive any claim for damages that I or anyone claiming on my behalf may have against the County, Health Department, clinic, employees and/or agents on account of any injury or misfortune I may suffer as a result of this vaccination. I further understand information will be entered into the New Jersey Immunization Information System.

Today's Date ___/___/___

Patient / Guardian Signature _____

Today's Date ___/___/___

Vaccine Administrator Signature _____

Medical staff use only: Site: <input type="checkbox"/> LD <input type="checkbox"/> RD <input type="checkbox"/> L Thigh <input type="checkbox"/> R Thigh	MODERNA J&J
	AFFIX STICKER HERE

Prevaccination Checklist for COVID-19 Vaccination



Name _____

For vaccine recipients (both children and adults):

The following questions will help us determine if there is any reason COVID-19 vaccine cannot be given today. If you answer "yes" to any question, it does not necessarily mean the vaccine cannot be given. It just means additional questions may be asked. If a question is not clear, please ask the healthcare provider to explain it.

	Yes	No	Don't know
1. How old is the person to be vaccinated? _____			
2. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever received a dose of COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, which vaccine product was administered?			
<input type="checkbox"/> Pfizer-BioNTech <input type="checkbox"/> Janssen (<i>Johnson & Johnson</i>) <input type="checkbox"/> Another Product			
<input type="checkbox"/> Moderna <input type="checkbox"/> Novavax			
• How many doses of COVID-19 vaccine were administered? _____			
• Did you bring the vaccination record card or other documentation?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the person to be vaccinated have a health condition or undergoing treatment that makes them moderately or severely immunocompromised? <i>This would include, but not limited to, treatment for cancer, HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T-cell therapy, hematopoietic cell transplant (HCT), or moderate or severe primary immunodeficiency.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person to be vaccinated received COVID-19 vaccine before or during hematopoietic cell transplant (HCT) or CAR-T-cell therapies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the person to be vaccinated ever had an allergic reaction to: <i>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</i>			
• A component of a COVID-19 vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A previous dose of COVID-19 vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the person to be vaccinated ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? <i>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Check all that apply to the person to be vaccinated:			
<input type="checkbox"/> Have a history of myocarditis or pericarditis			
<input type="checkbox"/> Have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)?			
<input type="checkbox"/> History of an immune-mediated syndrome defined by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia (HIT)			
<input type="checkbox"/> Have a history of thrombosis with thrombocytopenia syndrome (TTS)			
<input type="checkbox"/> Have a history of Guillain-Barré Syndrome (GBS)			
<input type="checkbox"/> Have a history of COVID-19 disease within the past 3 months?			

Form reviewed by _____

Date _____

JEFFREY L. PIERSON
County Commissioner

KEVIN L. THOMAS
Public Health Coordinator

ALOYSIUS ONWUKA, M.D.
Medical Director

CAPE MAY COUNTY
DEPARTMENT of HEALTH
4 Moore Road Cape May Court House, N.J. 08210-1601
(609) 465-1209 after hours (609) 465-1190
Fax: (609) 465-6564



NOTICE OF VIOLATION

Date: 10/18/2022

Owner: Henry Khounh & Sarah Phim
2139 S. 20th Street
Philadelphia, PA 19145

Municipality: DENNIS TOWNSHIP

Inspection #: DA0259522

Complaint #: CO0008514

Telephone:

Location: 37 Doe Drive Dennisville

Block: 120 **Lot:** 213

37 Doe Drive
Dennisville, NJ 08214

You are herewith notified of the following conditions:

In response to a complaint, this Department conducted an investigation at the above address on 9/23/22 and 10/18/22. Approx. 25-30 bottles of motor oil observed in yard and at street. Some of the bottles were stored without lids.

Inspection Violations

NJ Public Health Nuisance Code 2.1(c) Pollution of Water

Violation Code Detail:

Pollution, or existence of a condition or conditions which cause or threaten pollution, of any waters in this municipality in such manner as to cause or threaten injury to any of the inhabitants of this municipality either in their health, comfort or property.

Inspector Comments:

Dennis Twp. Ch. 201 - Used motor oil containers shall be disposed of properly to prevent contamination of groundwater. Several bottles stored without lids, while others observed to be leaking.

NJAC 5:28-1.10(g) Maintenance

Violation Code Detail:

Every building, dwelling, dwelling unit and all other areas of the premises shall be clean and free from garbage or rubbish and hazards to safety. Lawns, hedges and bushes shall be kept trimmed and shall not be permitted to become overgrown and unsightly. Fences shall be kept in good repair.

Inspector Comments:

Dennis Twp. Ch. 118 - Used motor oil containers shall be disposed of properly to prevent contamination of groundwater. Bottles will not be picked up during municipal trash collection.

You are herewith ordered to correct this condition:

Within 2 weeks of this Notice, all used motor oil containers shall be removed from the property. Oil must be disposed of at an authorized location, such as the Dennis Twp. Public Works yard or the Cape May County MUA. See separate sheet for more details regarding local disposal options. A receipt/invoice of disposal shall be provided to this Department. Failure to address this matter will result in a court summons. For questions regarding this Notice, contact Honey Pron at 609-465-6842.

NOTICE OF VIOLATION

(Continued)

Owner: Henry Khounh & Sarah Phim

Inspection #: DA0259522

Complaint #: CO0008514



Honey McLaughlin Pron
PRINCIPAL REG. ENV. HEALTH SPECIALIST B-2258