

To the Council members of South Pasadena:

My name is Michael Gutierrez and a resident of our community for 14 years.

The topic I'd like to speak of is the hired gardeners **leaf blower**.

Besides the annoying noise level, there are more important health issues to consider.

If you see gardener using a leaf blower most likely he or she is wearing a dust mask. Why is that?

We must all agree, that the speed of the air coming out of a leaf blower is relative to the size of dust cloud it creates.

What is in the dust cloud or plum?

- Materials that causes allergies in individuals such as pollen, animal hair, dust, etc.
- Materials carrying organism that cause disease such as particles of animal feces and even flea feces. Bacteria found in flea feces has caused several human cases of **Murine typhus/ Flea-borne typhus** in South Pasadena residents, including a documented outbreak in 2005. The Bacteria is shed by fleas found on possums and cats. It is known that South Pasadena has a significant possum population that carry numerous fleas.
- Small particles that can cause respiratory problems.

The reason why most leaf blowers are at full tilt (max. rpms) is so they get done faster and move onto their next job. But in doing so we pay with our health for their actions.

What can the city do to restrict the leaf blowers being used at maximum rpms?

Based on my question to the Planning and Building Department of "What are the requirements for a gardener to work in the city", the answer I received is "All you need is a business license. No permit is needed"

#### 19A.12.4 Leaf blowers —Regulation of use.

(b) Commencing October 1, 2010, all CARB approved gasoline leaf blowers shall prominently display a city issued decal/seal verifying its approved status.

How does the gardener get a "city issued decal"? Does the gardener bring in their leaf blower to get inspected?

CC: Council; CM; CA; CU; REFERENCE BINDER; ORIG TO 7/18/18 ADDL DOCS

GUTIERREZ  
Additional Material  
AGENDA ITEM # PC  
7/18/18 City Council Mtg.

If so maybe the city could have them sign agreements of what the the city allows and does not allow. Like restricting rpms on leaf blowers, or blowing leafs into busy streets and let the traffic move the debris down the road.

(d) The full blower nozzle extension shall be used for maximum efficiency and to minimize the spread of dust.

How does the city know if the “full blower nozzle extension” is being used?

Maybe from this more conversations will continue and we the community can come together with a solution for all.

This may be a pipe dream of mine but it doesn't hurt to ask. Right?

Thank you for you time Council members.

Michael Gutierrez

Below is the special report from 2005:

Acute Communicable Disease Control 2005 Special Reports

## **A SUBURBAN NEIGHBORHOOD OUTBREAK OF MURINE TYPHUS SOUTH PASADENA, MAY 2005**

### **BACKGROUND**

Murine typhus is an acute febrile illness resulting from infection with *Rickettsia typhi*—a small Gram- negative, obligate intracellular bacterium. It is transmitted to humans by flea bites and contamination of the bite site or skin abrasions with *Rickettsia typhi*-containing flea feces. Murine typhus is known to be endemic in southern California and Texas—most cases in these two regions have occurred in the absence of the classical transmission cycle; i.e., the flea vector (*Xenopsylla cheopis*, and the oriental rat flea) and the rodent host (*Rattus norvegicus*, the brown rat). However, peridomestic opossums and their fleas have shown to play an important role in murine typhus transmission—especially in urban and suburban areas of Los Angeles County (LAC). Annually, approximately 8 to 17 murine typhus cases are reported in LAC. Most cases are residents of central LAC foothills. Transmission of infection is most likely due to reservoir animals such as opossums and rats that live in these areas with heavy foliage.

In mid-May 2005, ACDC investigated an outbreak of murine typhus involving residents a single street block in South Pasadena. The index case was hospitalized on May 14 at a medical center in the San Gabriel Valley with a febrile-rash syndrome and was initially suspected of having West

Nile virus (WNV) infection. Subsequent serologic laboratory studies supported the diagnosis of murine typhus. Further investigation was prompted when ACDC subsequently received telephone calls from the index case's neighbors experiencing similar compatible symptoms. Ultimately, two confirmed, two probable and two possible cases were documented (see case definition below).

## **METHODS**

**Case Finding:** Murine typhus is on the list of reportable communicable diseases within LAC. The index case was diagnosed and reported from a large medical center in the San Gabriel Valley on May 14, 2005. Following this report, the LAC Department of Health Services (DHS) Communication Office drafted and disseminated a press release that: 1) described the ongoing investigation of murine typhus, 2) advised clinicians to report suspect cases to Public Health, and 3) recommended that individuals with signs and symptoms consistent with murine typhus seek medical care. The press release was circulated to local newspapers in known typhus endemic areas and posted on the LAC DHS website. In addition, a health alert network (HAN) communication summarized the press release and was disseminated to emergency rooms and clinicians. Residents of households within three blocks were notified of the ongoing investigation, provided with health information, and were requested to seek medical attention should they develop compatible symptoms. Finally, since an elementary school was located across the street from the investigation site, a letter was sent to all parents and students of this school that advised them of the outbreak investigation and recommended that they seek medical attention should they develop consistent symptoms of infection.

**Investigation:** An ACDC public health nurse interviewed each suspected case, completed a standardized case history report and reviewed hospital or clinic medical records if available. The Alhambra district public health nursing unit assisted with obtaining specimens for confirmation of these suspected cases.

**Laboratory Testing:** Free serological testing by immunofluorescent antibody (IFA) was provided through the LAC Public Health Laboratory (PHL) for diagnosis and confirmation of cases. In addition, serum already tested at commercial laboratories were also sent to LAC PHL for additional confirmatory IFA testing.

**Environmental Investigation:** On May 25, LAC DHS sent an environmental health specialist, an epidemiologist, and a public health nurse to conduct interviews and inspect the homes and yards of three of the four suspect households. The environmental health specialist inspected the properties for

Typhus, Murine Suburban Outbreak of Murine Typhus page 43

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## Acute Communicable Disease Control 2005 Special Reports

overgrown foliage, rats, and opossums. Educational materials on murine typhus was distributed to the households within three surrounding blocks of the suspected households and to the local elementary school located across the street of the index case.

Case Definitions: • *Confirmed*: Laboratory confirmation of murine typhus infection plus consistent clinical signs and

symptoms including at least two of the following: fever, headache, myalgias, rash or fatigue with supporting. Confirmation was defined as paired serological specimens showing at least a four-fold rise in IgG antibodies between acute and convalescent sera.

• *Probable*: At least two clinical signs and symptoms consistent with murine typhus infection without a supporting alternative diagnosis, but only a single supportive positive serological test suggesting recent infection (IgM > 4 times and/or IgG > 4 times normal).

• *Possible*: At least two clinical signs and symptoms consistent with murine typhus infection without supporting alternative diagnosis, but no laboratory results to support the diagnosis.

## RESULTS

Surveillance for cases revealed a total of six cases (Table 1), two female (including the index case) and four male. The average age of the cases was 46.7 years (median 49 years). Of the six cases, illness was confirmed in two cases (the index case and her son), probable in two cases and possible in two cases. Onset of symptoms occurred within roughly 2 weeks of each other during March 2005.

Index Case (Case 1): The index case was a previously healthy 49 year-old female who reported symptom onset on May 6, 2004. She reported a history of fevers up to 104<sup>0</sup> F, nausea vomiting, fatigue, muscle pain and a faint macular-papular rash on her chest and abdomen. She sought medical care and was diagnosed with a viral syndrome by her primary care physician. After eight days of persistent symptoms, she was admitted to a local medical center with a diagnosis of fever and dehydration. Her treatment revealed elevated transaminases five times normal values; however, a viral hepatitis panel was negative. Her blood and urine cultures were negative and radiological studies were normal. During her hospitalization, an infectious disease consultation was completed where animal, mosquito, travel, and flea exposures were queried. She reported she had recently found three dead possums on her property and has two indoor/outdoor cats with recent histories of flea bites. Both murine typhus and WNV serologies were subsequently ordered. Acute murine typhus serology revealed borderline positive IgM and negative IgG. Convalescent serology drawn two weeks later was strongly positive—both IgM and IgG had increased 16-fold since her acute serology (Table 1). Her WNV serology was IgG positive but IgM negative. The case was treated with a short course of doxycycline and improved quickly.

Case 2: Approximately 10 days after her symptom onset, her 10 year-old son also reported

experiencing fevers, fatigue, and muscle weakness without rash. He was seen by his pediatrician and was diagnosed with a “viral syndrome.” Upon request, murine typhus serologies were obtained, but did not support the diagnosis of acute infection. Convalescent titers, obtained two weeks later, were strongly positive (1:1024 IgM and IgM), thus supporting the diagnosis of murine typhus. The son’s symptoms resolved on without treatment.

Cases 3 through 6: Four additional suspected cases were investigated—all residing in households on the same street as the index case. Two of the four cases (Case 3 and Case 6) were classified as *probable* since both had clinical signs and symptoms consistent with infection and a single supportive serological specimen; these cases were not hospitalized, but treated with doxycycline and improved rapidly. Both had convalescent serologic evaluation taken 10 and 18 days after symptom onset. Case 3 had IgG and IgM titers 16 times the normal value and Case 6 had IgM two times normal and IgG eight times above the cut off.

Two additional cases (Cases 4 and 5) had symptoms suggestive of murine typhus without any other explanation. In both cases, serologic testing either did not support the diagnosis or was not obtained. As such, both were classified as *possible* cases. Because of his age (81 years), Case 4 was hospitalized to

Typhus, Murine Suburban Outbreak of Murine Typhus page 44

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Acute Communicable Disease Control 2005 Special Reports

rule out sepsis and was found to be hypotensive. His onset date was 17 days after the index case. An acute murine typhus serology was obtained during his hospitalization, but being within the normal cut off values this did not support the diagnosis of murine typhus infection. Unfortunately, Case 4 would not consent to convalescent serologic laboratory testing. Case 4 was presumptively treated with doxycycline and recovered. Case 5 was the nephew of Case 4 and also resided in the same household. He reported fever and chills for seven days—nine days after index case’s onset. Case 5 refused any offers to have serologic testing. He recovered without treatment.

Environmental Investigation: A site investigation conducted May 24 did not reveal any opossums (live or dead) on the four properties of the six cases; however, the cases of three of the households (representing Cases 1, 2, 3, and 6) self-reported the presence opossums. Most notably, the index case reported that three dead opossums had been removed by animal control a few weeks earlier—this is significant considering the index case and her son (Case 2) were the only cases with confirmed infection in this investigation.

In addition, during the environmental investigation tree rats were noted on the property of the index case and her son (Case 1 and Case 2) and on one of the neighboring households (Case 3).

In addition, significant overgrown vegetation was noted on all four properties. No additional trapping for opossums or rats, cat serological testing, or flea collection was completed during this investigation.

## DISCUSSION

Murine typhus is an established endemic vector-borne disease in LAC. Surveillance has demonstrated it is localized to hillsides and adjoining communities of Pasadena, Alhambra, South Pasadena, and Los Feliz. Fortunately many clinicians, especially infectious disease clinicians, in these endemic areas are aware of the risks and order appropriate diagnostic testing.

Despite extensive outreach to find additional murine typhus cases, only two definite, two probable, and two possible cases were found on one street block of adjacent houses—no additional cases were found on adjoining streets. Although small clusters of murine typhus cases have been documented in past years, this is the largest outbreak of cases that ACDC has documented. It is interesting that the outbreak involved four households within one city block in South Pasadena. Cases occurred within a 17-day period in May after a large opossum die-off was noted by the index case. Three of the four households (representing four of the six cases) reported seeing opossums in their yards and also had indoor/outdoor cats. It is possible that cat fleas (*Ctenocephalides felis*) were infected with *R. typhi*. Since, none of the domestic cats or neighborhood cats was tested for evidence murine typhus infection, it is unknown whether cat fleas were the source of the human infection.

Murine typhus is generally benign but may cause severe disease including hepatitis, pneumonia, meningitis, and rarely death. Two of the cases in this investigation (Case 1 and 4) required hospitalization. The index case, Case 1, appeared to have the most severe disease with evidence of hepatitis. And Case 4, the elderly neighbor, had a septic picture with mental status changes. A thorough infectious disease work-up could not pinpoint an etiology; acute serological specimens were in normal range, but the patient refused convalescent blood testing.

For both Cases 1 and 2, convalescent titers were available to confirm the diagnosis of murine typhus. Most infectious disease and public health specialists recommend convalescent titers when the diagnosis is suspected. Currently, there is no established national or state case definition for murine typhus; however, in many serologically diagnosed viral diseases, both acute and convalescent serologies are required to make the diagnosis. In our index case, Case 1, although she experienced compatible symptoms for at least 10 days, she had normal IgG with a strongly positive IgM acutely, and her convalescent test demonstrated a four-fold rise in IgG with a four-fold decline in IgM. Interestingly, her son (Case 2) had normal IgG and IgM acutely, but his convalescent tests were both strongly positive (> 4 fold rise). It is possible that many cases in LAC are missed because clinicians obtain only an acute serology, which can be negative early in infection.

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## Acute Communicable Disease Control 2005 Special Reports

Murine typhus infection can be prevented through flea control measures on pets and in the yard. Foliage in the yard should be kept trim so that it does not provide harborage for small mammals. Screens can be placed on windows and crawl spaces to prevent entry of animals into the house. It is possible that heavy seasonal rainfall in 2005 contributed to overgrowth of plantings and increased populations of opossums.

### REFERENCES

- Dumler, JS, Walker DH. Rickettsi typhi (Murine Typhus). In: Mandell, Douglas, and Bennett's Principles and Practices of Infectious Disease 6<sup>th</sup> edition. 2005; Vol 2: 2306-09.
- Azad AF, Radulovic S, Higgins JA, Noden BH and Troyer JM. Flea-borne Rickettsioses: Ecologic Considerations. *Emerg Infect Dis* 1997;3:319-27.
- Sorvillo FJ, Gondo B, Emmons R, Ryan P, Waterman SH, Tilzer A, Andersen EM, Murray RA, and Barr AR. A Suburban Focus of Endemic typhus in LAC: an association with seropositive domestic cats and opossums. *Am J Trop Med Hyg* 1993;48:269-73.
- Williams SG, Sacci JB Jr, Schriefer ME, et al. Typhus and typhuslike rickettsiae associated with opossums and their fleas in Los Angeles County, California. *J Clin Microbiol* 1992; 30:1758-62.
- General information about murine typhus is available from the ACDC website at [www.lapublichealth.org/acd/vectormurine.htm](http://www.lapublichealth.org/acd/vectormurine.htm)

Information how to avoid Flea- Borne Typhus

CDCP-VPH-0026-01\_BW.pdf ↗

## 4 Tips to Keep Safe from Flea-Borne Typhus

Read the tips below to learn how you can keep your family and pets safe from flea-borne typhus.

### Tip #1:

Stop wild animals, especially opossums and stray or feral cats, from sleeping or hiding near your home.

### Tip #2:

Stop wild animals, especially opossums and stray or feral cats, from finding food near your home.

### Tip #3:

Use flea control products for your pets, yard, and home.

### Tip #4:

Protect yourself when cleaning animal resting and bedding areas.

## Who do I call if I need more information?

If your doctor has questions about Flea-borne Typhus, call:

- Acute Communicable Disease Program: (213) 240-7941

If you have concerns regarding your pets, call:

- Veterinary Public Health: (213) 989-7060

If you think you have an opossum or rodent problem, call:

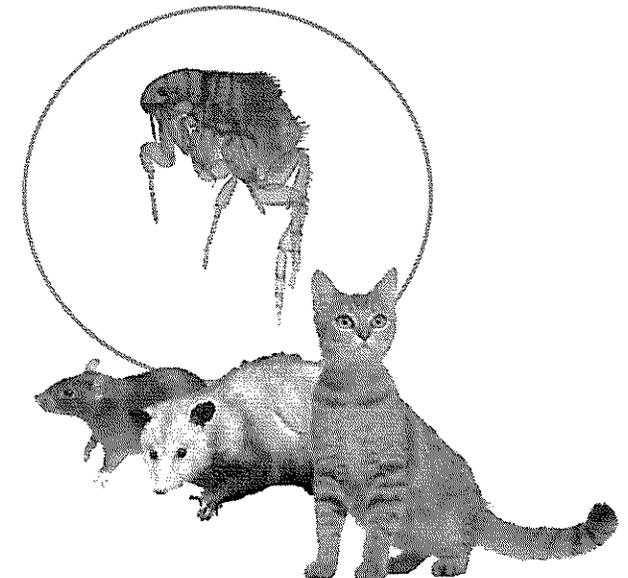
- Environmental Health Vector Management Program: (626) 430-5450

**Los Angeles County,  
Department of Public Health**  
[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)



# Flea-Borne Typhus

4 tips to keep your family and pets healthy.



## What is flea-borne typhus?

Flea-borne typhus is a disease that fleas can spread to humans. Bacteria (germs) found in infected fleas, and their feces (poop) cause typhus. Fleas leave feces on the skin when they bite. The infection happens when the feces are scratched into the bite site or other skin opening. It can also spread when we rub our eyes or breathe in the germs found in the flea feces. Flea-borne typhus happens in Southern California, Texas, and Hawaii.

## How is flea-borne typhus spread?

In LA County, typhus infects the fleas of the Norway rat, roof rat, domestic cat, and opossum. These animals often come into close contact with people. Infected animals don't usually show signs that they're sick. These animals are found in both urban and suburban settings. High numbers of these animals are found when human activities provide a food source. Typhus can spread to other areas when these animals and their fleas move from place to place. That is why you should not move these animals to another area.

## What are the symptoms?

Signs of typhus can start 6 to 14 days after exposure (having contact) to the infected flea. Many people have fever, headache, chills, body aches and pains. A rash can appear on the chest, back, arms, or legs. In rare cases, there may be swelling at the lining of the brain (meningitis) and heart valves (endocarditis). Signs of typhus look

like many other diseases. It is diagnosed with a specific blood test. Contact your doctor if you think you have been infected. This disease is treated only with certain antibiotics (medicine that kills bacteria).

## Learn more about the 4 tips

Learn more about the 4 tips you can follow to keep your family and pets safe from flea-borne typhus.

### Tip #1: Stop wild animals, especially opossums and stray or feral cats, from sleeping or hiding near your home.

Fleas like to live where animals nest. Fix your home to stop rodents, opossums, and stray cats from nesting in crawl spaces, attics, or under decks. Clear your yard of heavy bushes to remove places where wild or stray animals may nest or hide. Call your local animal control office before trapping any wild or stray animals at your home. **Do not release them in another location, as this can spread disease.**

### Tip #2: Stop wild animals, especially opossums and stray or feral cats, from finding food near your home.

Pick up all fallen fruit from your yard. Don't leave pet food outside. **Do not feed wildlife or stray animals.** Store your trash in cans with secure lids.

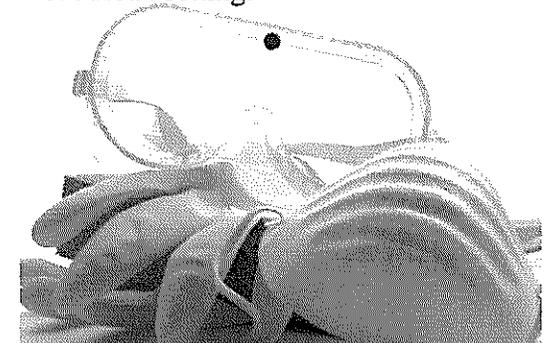
### Tip #3: Use flea control products for your pets, yard, and home.

Keep your pets, home and yard free of fleas. Many products are available for flea control. Use each product safely by following its label. Be aware that some products made for dogs are harmful to cats. Talk to your veterinarian about what flea control product is best for your pet.

### Tip #4: Protect yourself when cleaning animal resting and bedding areas.

Flea feces can collect in these areas. Always wear protective gear, like gloves, goggles, and a mask, when cleaning these areas, especially if indoors. Spray affected areas with a disinfectant. Remove materials while still damp to prevent dust. Wash your hands when you are finished.

In an urban setting, like downtown Los Angeles, typhus infects Norway rats and their fleas. In a suburban setting, typhus infects cats and opossums and their fleas. Most flea-borne typhus cases are reported from the suburban setting.





## City of South Pasadena Library

# Memo

**Date:** July 17, 2018

**To:** The Honorable City Council

**Via:** Stephanie DeWolfe, City Manager *SD*

**From:** Steve Fjeldsted, Director of Library, Arts, and Culture *SFJ*

**Re:** July 18, 2018 City Council Meeting Item No. 13 Additional Document –Adoption of a Resolution Approving the Annual Auditor’s Report and Authorizing the Collection of the Library Special Tax for Fiscal Year 2018-19

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On Page 2 of the Staff Report regarding the Library Special Tax Resolution and Auditor’s Report, the second line from the top of the page has been amended to show \$761,000 as the initial "Required Amount" for maintaining a baseline operational budget (maintenance of effort or MOE) for collection of the special tax.

*FJELDSTED*  
Additional Material  
AGENDA ITEM # 13  
7/18/18 City Council Mtg.

*CC: Council; CM; CA; CCC; LIBRARY; REF BINDER, ORIG TO 7/18/18 ADDL DOC*

**Desiree Jimenez**

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**From:** Betty Emirhanian [REDACTED]  
**Sent:** Monday, July 16, 2018 9:34 AM  
**To:** CCO  
**Subject:** City Council meeting 7/18: UUT Advisory measure  
**Importance:** High

Dear Mayor, Mayor Protem and City Council Members,

I strongly urge you to not add an advisory question regarding the UUT to the ballot in November. (Item 18-2) I believe it will only create confusion and will negatively impact the vote on the repeal. We need to concentrate the message on voting "NO on Repeal".

The wording of the ballot measure already clearly states the ramifications of a yes vote. I believe there is no need for an advisory question.

Thank you for your consideration.

Betty Emirhanian

CC: Council; CM; CA; CCC; Reference Binder; Original to 7/18/2018 Addl Docs

EMIRHANIAN  
Additional Material  
AGENDA ITEM # 18  
7/18/18 City Council Mtg.

## Desiree Jimenez

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**From:** Edward Donnelly [REDACTED]  
**Sent:** Monday, July 16, 2018 11:38 AM  
**To:** CCO  
**Subject:** Commenting on Agenda Item #18 in the 7-18-18 agenda packet

Please forward to all City Council Members,

Mr. Mayor and Council Members,

I would like to request that the City refrain from placing an advisory measure on the November ballot regarding Budget and Municipal Service Cuts in the event the UUT is repealed.

My concern is that this advisory measure will create confusion for voters.

While I understand the intention of this advisory measure, it may in fact have the opposite impact of this intention.

Placing this advisory measure alongside the repeal measure will require voters to choose between "Yes" and "No" on two separate aspects of the same issue.

Even with careful consideration unduly muddies the matter.

To ensure sound decisions are made on election day I respectfully request that you do not include this advisory measure on the ballot.

I will be working tirelessly until November to be sure that every voter in South Pasadena understands the impact of the proposed budget cuts and to be sure each and every one of them emphatically votes NO!

Thank you for your consideration of this matter,

Ed Donnelly  
[REDACTED]

South Pasadena, CA 91030

*CC: Council; CM; CA; CCO; Reference Binder; Original to 7/18/18 Addl Docs*

*DONNELLY*  
Additional Material  
AGENDA ITEM # 18  
7/18/18 City Council Mtg.

**Desiree Jimenez**

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**From:** Diana Mahmud  
**Sent:** Monday, July 16, 2018 1:23 PM  
**To:** [REDACTED]  
**Cc:** Desiree Jimenez  
**Subject:** RE: Email for Mayor Mahmud re item #18 on the agenda for this week's meeting

Dear Dean

Thank you for your email. I have copied Desiree from our City Clerk's office on this reply so that she can make sure that all City Council members receive it. We plan to discuss whether to proceed with the advisory measure that appears in the agenda packet.

It's good to hear from you Dean, thanks always for the feedback!

My best,

*Diana Mahmud*  
Councilmember, City of South Pasadena  
Cell: 626.808.2715

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**From:** [REDACTED]  
**Sent:** Monday, July 16, 2018 12:29 PM  
**To:** Diana Mahmud <[dmahmud@southpasadenaca.gov](mailto:dmahmud@southpasadenaca.gov)>  
**Subject:** Email for Mayor Mahmud re item #18 on the agenda for this week's meeting

Dear Councilperson Mahmud,

I have reviewed the proposed Advisory Ballot Measure, item #18 on the agenda for this week's meeting.

Respectfully, it is folly.

The actual wording of the ballot measure already adequately states what the effect of passage will be, i.e., "thereby eliminating \$3.4 million of locally controlled revenue from the City's general fund budget which is used to fund police and fire services, street improvement and maintenance programs, library services and park and recreation programs for youth and seniors"

If anyone looking at the ballot can read that and say yes, adding an advisory question is not going to make a difference and can only serve to create confusion because the seemingly proper answer is both that voting yes is bad (why do we want to take these things away), but voting no is also bad (if I vote no, maybe they wont make those cuts), so the voter is left entirely confused and that can negatively impact the vote on the repeal because it inserts and invites confusion on the issue in general.

Just leave the simple measure of repeal or not, and give ourselves a fighting chance.

CC: Council; CM; CA; CCC; REFERENCE BINDER, ORIG TO 7/18/2018 ADDL DOCS  
SERWIN  
Additional Material  
AGENDA ITEM # 18  
7/18/18 City Council Mtg.

While I admit I have not secured detailed research on the topic, my recollection from past election cycles is that when there are competing initiatives on the same ballot involving the same issue, that studies have shown it does in fact lead to confusion and both initiatives having results counter to what was hoped for.

I am unable to attend the meeting this week due to a prior commitment out of town, however I wished to make my opinion strongly known.

Best

Dean Serwin  


**Serwin Media Group**

Entertainment Consulting

**Dean Sheldon Serwin, Attorney**

1107 Fair Oaks Avenue, #848

South Pasadena, CA 91030-3311

323-394-2526 (M)

323-465-1763 (F)

[www.deanserwin.com](http://www.deanserwin.com)

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