Jefferson County Public Health: Community Health
2009 Performance Measures Report: Communicable Disease

BUDGET/PROGRAM: Community Health Communicable Disease
TB, Communicable Diseases, Immunization, Travelers Immunization, Sexually Transmitted Disease, HIV, Syringe Exchange Program.

MISSION: Communicable Disease (CD)
The purpose of the Communicable Disease Health program is to protect Jefferson County residents from serious communicable diseases by providing disease surveillance, investigation and reporting, along with education, screening, treatment and immunization services. The program interacts with community members, medical providers, the Washington State Department of Health, Region 2 Emergency Management partners and other agencies while working toward this purpose.

GOALS FOR 2009:

1. Maintain the low rates of active TB in Jefferson County. (TB)
2. Timely investigation of reportable conditions. (CD)
3. Medical providers will be informed about current communicable disease trends and new communicable disease control recommendations. (CD)
4. Support universal access to vaccines for all children. (Imm)
5. Continue to support immunization registry in Jefferson County, promoting use by all immunization providers. (Imm)
6. Assess childhood immunization rates for children served by Primary Care Clinics receiving State supplied vaccines. (Imm)
7. The Family Planning and STD clinics will assist in controlling Chlamydia transmission in Jefferson County. (STD)
8. Federally funded HIV testing and counseling clinic resources are focused on persons at risk for HIV infection. (HIV)
9. Prevent the spread of blood borne communicable diseases among injecting drug users and their partners. (SEP)
10. Annual report to BOH for CD, TB, Immunization Programs. (STD)
11. Maintain and enhance Public Health Emergency Preparedness and Response (PHEPR) capacity.

OBJECTIVES (INTERVENTIONS) FOR 2009:

1. Encourage appropriate screening and treatment for latent TB infection. (TB)
2. Develop & update protocols as needed for investigation of notifiable conditions using electronic reporting systems, Public Health Issue Management System (PHIMS), PHIMS-STD, Public Health Reporting of Electronic Data (PHRED). (CD)
3. Provide updates, outreach and training to providers about local, state and national communicable disease outbreaks and disease control recommendations. Provide reminders about reporting notifiable conditions and using the Regional Duty Officer for after hours contact. (CD)
4. Maintain an efficient system for supplying vaccine and vaccine recommendation up-dates to private Health Care Providers in Jefferson County, including training for ordering vaccines through the Vaccine Ordering Module (VOM) in the Child Profile system. (Imm)
5. Continue to provide private Health Care Providers support and education on the Child Profile Immunization Registry. (Imm)
6. Perform an assessment of childhood immunization rates, using Co-CASA software where applicable, every other year, for each clinic receiving State supplied vaccines. (Imm)
7. Clients seen in Family Planning and STD clinics who are at higher risk for Chlamydia (age criteria) will be screened for Chlamydia. (STD)

8. 75% of clients who receive HIV testing through the Washington State Public Health Lab will be high risk. (HIV)
9. Promote utilization of syringe exchange program services. (SEP)
10. Develop and update regional Public Health Emergency Preparedness and Response Plan, coordinating with Region II partners Clallam and Kitsap Health Departments, local emergency response agencies, Jefferson Healthcare, local health care providers and agencies. (PHEPR)

PERFORMANCE INDICATORS	2007 Actuals	2008 Actuals	2009 Planned	2009 Actuals
(TB) Number of clients started on preventive therapy for latent TB infection	3	3	3	1
(CD) Number of communicable disease reports confirmed, interventions applied and processed for reporting to the State	103	164	90	123
(CD) Number of alerts/updates/newsletters faxed or mailed to providers about communicable disease outbreaks or other urgent public health information.	New for 2008	13	10	24
(Imm) Number of doses of publicly funded vaccine, administered by private health care providers and Public Health clinics, supplied and monitored through Public Heath's immunization program	4,604	5,167	3,500	6,100
(Imm)Number of visits to clinics to provide vaccine education and vaccine recommendation up-dates for clinic staff (not including H1N1 vaccine)	New for 2008	6	5	13
(Imm)Number of providers trained in VOM, vaccine ordering and receiving module through Child Profile	New for 2009	New for 2009	4	Module remains in development
(Imm) Number of providers participating in the statewide Child Profile Immunization Registry	2	6	4	5
(Imm) Number of Jefferson County children <6 with 1 or more immunization in Child Profile system	84%	88%	88%	90%
(Imm) Number of Jefferson County children <6 with 2 or more immunization in Child Profile system	74%	82%	80%	86%
(Imm) Number of clinic site visits, to assess childhood immunization rates in each clinic, using CO-CASA software, if applicable	1	1	2	1
(STD) Percent of at risk FP clinic clients at risk for Chlamydia screened at exam(age criteria 14 - 24). Number of clients in risk group screened for Chlamydia, Ahlers report.	100% 272	100% 312	100% 275	100% 287
(HIV) Number of persons counseled and tested for HIV infection	DOH Lab:59 Quest Lab:72 Total: 131	DOH Lab:73 Quest Lab:52 Total: 125	90	DOH Lab:31 Quest Lab:64 Total: 95
(HIV) Percent of persons tested for HIV infection through the Public Health Lab that were in high-risk category	85% tested through DOH	90% tested through DOH	80%	95% tested through DOH
(SEP) Number of visits to SEP	65	70	50	65
(SEP) Number of syringes exchanged	24,585	21,330	15,000	14,044
(PHEPR) Develop and update Public Health Emergency Preparedness and Response Plan	1	1	1	1

SUMMARY OF KEY FUNDING/SERVICE ISSUES (*from plan written 7/2008 for 2009 budget*):

These programs address locally identified and defined local public health problems. Communicable disease prevention is a locally funded program, county milage was returned from the state to counties for TB control. Immunization funds from the state have been primarily in the form of vaccine, this vaccine is provided to primary care clinics that care for children. County funding provides a professional staff that prevent, identify and respond to disease outbreaks and immunization staff that work with health care providers, the schools and local groups sponsoring trips abroad for students. Immunization staff provides routine immunization clinics and international travelers clinics. Substantial staff time is spent on responding to public requests for information about communicable diseases and screening for reportable illnesses in the process.

A funding increase in 2008 from Washington State is specifically for Communicable Disease surveillance and improving immunization uptake in children. The two performance measures being reported to the DOH are:
1. Increase the uptake of new and under-used child and adolescent vaccines; specifically focusing improvement efforts and reporting on Varicella, Rota Virus, HPV, and Pediatric Influenza.
2. Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.

HIV services are funded by the state and federal government to provide basic communicable disease prevention, testing and counseling to high-risk community members, and focused high-risk interventions. HIV case management services are provided by Clallam County Health Department. Program funding is based on formulas re-negotiated with Region VI AIDSNET every year. The syringe exchange program success is not easily measured in disease numbers but the number of clients seen and syringes exchanged reflects the disease transmission prevention capacity of this program.

Federal funding originally for developing capacity to respond to bioterrorism threats is now for all hazards emergency response. Response capacity is developed in coordination with Region 2 PHEPR partners Kitsap and Clallam Counties, our local emergency response agencies, Jefferson Healthcare and other health care providers. For 2009 projects involve participating in drills to test the appendices and procedures that go with the local Public Health Emergency Preparedness and Response Plan that was first drafted in 2003. This involves continuing to update the basic plan, the Strategic National Stockpile plan and the Pandemic Flu plan. Public Health staff have been trained in and use National Incident Management System protocols during communicable disease outbreaks. The roles, responsibilities and training have been invaluable for managing communicable disease outbreaks.

JCPH participates in the Regional Duty Officer 24/7 contact system for Public Health with Kitsap and Clallam Counties' staff, responding to after hours calls and triaging them to the appropriate Public Health professional if necessary. This allows JCPH to share call time and standardizes regional response to Public Health issues. Federal funding for emergency preparedness activities is expected to decrease in 2009.

Decreased funding for any program would result in scaling back on services. The Board of Health would decide which services would be impacted.

2009 STUDY/ANALYSIS OF RESULTS:

The Communicable Disease team continues to share important information with Jefferson Healthcare and the medical providers, ideally sharing what they need to know without sending information that is not useful. In August 2009 the CD team developed a new fax system for collecting the information needed from providers for notifiable conditions investigation and reporting. This system was initiated in 9/09 to assist in timely reporting from the providers.

Increased funding was received in 2008, for 2008-2009, from the Washington State Department of Health (DOH), specifically for Communicable Disease surveillance and improving immunization uptake in children. A separate report on these performance measures is sent to DOH. This funding for 2010-2011 has been reduced by 20%.

In July 2009 the Washington State Universal Vaccines for Children distribution system changed so those with private insurance no longer qualify for State supplied HPV vaccine. This required clinics to stock privately purchased HPV vaccine and it reduced our use of State supplied HPV vaccine by about 50%. This change affected JCPH, and the four clinics currently administering State supplied vaccines.

The number of doses of publicly funded vaccine administered to children in Jefferson County has been increasing every year, from 3,822 doses in 2006 to 6,100 doses in 2009. In the past this increase was primarily due to new vaccine options being added to the schedule and new school immunization requirements. However, in 2009 there were no new vaccines added to the schedule or the school requirements, and the number of babies born each year in Jefferson County has been stable. Jefferson Healthcare providers have been more successful in convincing new parents to immunize their children.

The JCPH Immunization Program staff provide technical assistance to the clinics, immunization updates, vaccine refrigeration incident follow-up, training of new vaccine coordinators in the clinics, and immunization program assessment using AFFIX and CO-CASA software. The visit numbers do not reflect the daily work with the clinics. Many contacts are by phone and information is faxed or mailed to clinics.

The Jefferson Healthcare hospital/clinics' electronic medical records (EMR) system does not allow the downloading of data into the statewide Child Profile Immunization Registry. All clinics receiving State supplied vaccines are now participating in Child Profile even though this requires double entry of immunization data by clinic staff.

The Family Planning and STD clinics follow the Center for Disease Control's STD screening recommendations for the high risk age groups.

Clients tested for HIV are screened for risk factors and the State Public Health Lab is used for those in the high risk category. This allows high risk clients with no medical coverage and low income to be tested. Others requesting this are tested through the Quest lab and the cost of the testing is billed to the client.

The number of client *visits* to the Syringe Exchange Program has remained fairly stable over the past three years while the number of syringes exchanged this year decreased. Twelve new clients visited the SEP in 2009. There were 6 new clients in 2008 and 9 new clients in 2007. The number of visits in which clients reported exchanging for other people as well as themselves (secondary exchange) decreased in 2009. A separate annual SEP report is sent to DOH and is posted at **http://www.jeffersoncountypublichealth.org/index.php?syringe**.

The H1N1 influenza outbreak in the spring of 2009 and returning in the fall required the implementation of our Pandemic Flu Plan for community education, and coordination and communication with our partners. Our Strategic National Stockpile Plan was implemented in order to receive and distribute the federal supply of antiviral medications. These were distributed to local pharmacies to ensure access to treatment. A new federal/state ordering and distribution system for the H1N1 vaccine was developed in the summer. JCPH staff ordered and distributed vaccine to providers and pharmacies administering vaccine.

JCPH staff met with Jefferson Healthcare hospital and clinic leads and pharmacists throughout the late summer and fall to plan and adjust the strategies for providing vaccine to the community. We initially planned to use a combination of mass vaccination clinics and vaccine in the provider clinics. The vaccine shortage

resulted in having vaccine in provider and JCPH clinics only, since the vaccine supply was not adequate for a mass clinic until much later. In early November the four Jefferson Healthcare clinics decided to create a joint H1N1 vaccine clinic to serve their patients. We were invited to a planning meeting for this clinic. Nine medical providers, two pharmacies, one hospital and one long term care facility signed contracts with DOH to provide H1N1 vaccine. JCPH facilitated the signing of these contracts and trained all vaccine providers. JCPH held 2 H1N1 immunization clinics per week from October through January, focusing on those without healthcare insurance or without a local medical provider. See attached report on vaccine numbers.

Dr. Locke gave a H1N1 education presentation to the local medical providers on 9/10/09. He covered the H1N1 vaccine, target groups, H1N1 diagnosis, treatment and infection control.

The changing availability of vaccine and the resulting change in the target groups for immunization required good communication and coordination with our partners. Community strategies for prevention of flu transmission were discussed with the schools and businesses. School absenteeism was monitored. Local and regional updates on the current level of flu activity, trends in morbidity and mortality and updated testing, treatment and immunization recommendations were faxed out to providers starting in the spring and continuing through the rest of the year. Phone calls from providers were prioritized so that they always went to an available nurse and not to voice mail.

Beginning October 1st JCPH Immunization Program nurses made weekly deliveries of H1N1 vaccine to all of the clinics and provided education on the vaccine presentation target groups. For the first several weeks the clinic staff had questions for the nurses, so these face to face visits were helpful. By November we were using support staff to make the deliveries. Since the Jefferson County allocations were very small until late November, we had to have most of the allocations shipped to JCPH. We split the allocations and delivered vaccine to the clinics according to the vaccine presentations available and their patient population.

A separate report on PHEPR activities is submitted to DOH. An After Action Report on the H1N1 response will be completed in April 2010.

3/8/2010