

Jefferson County Public Health – Performance Measures Report 2012

COMMUNICABLE DISEASE

PROGRAMS: Tuberculosis, Communicable Disease, Immunizations, Travelers Immunizations, Sexually Transmitted Disease, HIV, Syringe Exchange Program.

MISSION: 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 (DOH), Region 2 Emergency Management partners and other agencies while working toward this purpose.

GOALS FOR 2012:

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. Promote more extensive use of all Washington Immunization Information System (WAIIS) functions by the provider clinics. (Imm)
6. Assess childhood immunization rates for children served by private health care provider clinics receiving State supplied vaccines. (Imm)
7. The Family Planning and Sexually Transmitted Disease (STD) clinics will assist in controlling Chlamydia transmission in Jefferson County. (STD)
8. Maintain access to federally funded HIV testing and counseling for persons at high risk for HIV infection who have no medical insurance. (HIV)
9. Prevent the spread of blood borne diseases among injecting drug users and their partners. (SEP)
10. Annual report to BOH for CD, TB, SEP, Immunization Programs.
11. Maintain and enhance Public Health Emergency Preparedness and Response (PHEPR) capacity.

OBJECTIVES (INTERVENTIONS) FOR 2012:

1. Encourage appropriate screening and treatment for latent TB infection. (TB)
2. Develop & update forms and protocols as needed for investigation of notifiable conditions using DOH electronic reporting systems PHIMS, PHIMS-STD, and PHRED. (CD, STD)
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 recommendations, up-dates and information on changes in the State vaccine program to provider clinics in Jefferson County. (Imm)
5. Continue to provide training and support to provider clinics for ordering vaccines using the Economic Ordering Quantity (EOQ) system to place orders through WAIIS. (Imm)
6. Provide training and support to provider clinics for use of all WAIIS vaccine related functions to more accurately and efficiently track vaccine supply, administration and client records. (Imm)
7. Perform vaccine quality assurance and childhood immunization rate assessment for 50% of clinics receiving State supplied vaccines, as required by DOH. (Imm)
8. Assess Jefferson County childhood immunization rate using the new WAIIS County View Reports. (Imm)

9. Women seen in Family Planning clinic who are at higher risk for Chlamydia (age 24 and under) will be screened for Chlamydia annually. (STD)
10. Clients at high risk for HIV and without medical insurance will be tested through the Washington State Public Health Lab, others requesting testing will be tested through the Quest Lab and charged for testing. (HIV)
11. Promote utilization of syringe exchange program services. (SEP)
12. Update and test regional Public Health Emergency 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	2010 Actual	2011 Actual	2012 Planned	2012 Actual
(TB) Number of clients tested for TB infection with PPD or QFT test	244	201	New for 2012	198
(TB) Number of positive PPD and QFT TB tests evaluated	+ PPD: 8 +QFT: 2 -QFT: 4	+ PPD: 3 +QFT: 2 -QFT: 1	New for 2012	+ PPD: 0 +QFT: 0 -QFT: 0
(TB) Number of clients started on preventive treatment for latent TB infection	2	3	2	2
(CD) Total number of communicable disease reports confirmed, interventions applied and processed for reporting to the State	132	117	115	150
(CD) Number of Cryptosporidiosis cases reported to the State	8	7	8	7
(CD) Number of Giardiasis cases reported to the State	9	7	8	9
(CD) Number of STD cases reported to the State	71	52	65	57
(CD) Number of alerts/updates/newsletters faxed or mailed to providers about communicable disease outbreaks or other urgent public health information	13 + DOH Influenza Updates	13 + DOH Influenza Updates	10	14 + DOH Influenza Updates
(Imm) Total number of doses of publicly funded vaccine, administered by private health care providers and Public Health clinics, supplied and monitored through Public Health's immunization program	5,389 Not including H1N1	5,574	5,200	5403
(Imm) Number of doses of publicly funded vaccine (pediatric) administered by private health care providers	4741	5001	4600	4855
(Imm) Number of doses of publicly funded vaccine (pediatric) administered by Public Health	648	573	600	548
(Imm) Number of adult vaccinations administered by Public Health	1037	944	1030	1057
(Imm) Number of visits to clinics to provide vaccine education, updates and technical support for clinic staff	8	19	14	20
(Imm) Number of providers placing on-line vaccine orders through WAIS	New for 2012	New for 2012	5	5
(Imm) Number of providers using WAIS to track monthly vaccine inventory	New for 2012	New for 2012	5	2
(Imm) Number of providers using WAIS to track monthly vaccine doses administered	New for 2012	New for 2012	5	2
(Imm) Number of Jefferson County children <6 with 2 or more immunizations in WAIS	87%	89%	88%	87%
(Imm) Number of clinic site visits, to assess childhood immunization rates in clinic patients and/or do VFC Program Quality Assessment	2	2	2	2
(Imm) Jefferson County childhood immunization rate, using Child Profile County View Report	New for 2012	New for 2012	Assess options & baseline	Carried over to 2013
(STD) Assess total # and % of female FP clinic clients age 24 and under screened for Chlamydia.	379 49%	388 62.2%	350 50%	301 56.5%
(HIV) Number of persons counseled and tested for HIV infection	DOH Lab:38 Quest Lab:69 Total: 107	DOH Lab:19 Quest Lab:63 Total: 82	100	DOH Lab:27 Quest Lab:75 Total: 102
(SEP) Number of visits to SEP	81	142	90	150
(SEP) Number of syringes exchanged	9,156	17,726	10,000	17,405
(PHEPR) Update/test Public Health Emergency Response Plan	1	1	1	1

SUMMARY OF KEY FUNDING/SERVICE ISSUES *(updated from plan written 8/11/2011 for 2012):*

Communicable Disease/Immunizations

JCPH CD programs address locally identified and defined public health problems. Communicable disease prevention is primarily a locally funded program, county milage was returned from the state to counties for TB control. Immunization funds from the state are 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 the hospital, health care providers, the schools and local groups sponsoring trips abroad for students. Immunization staff provide routine immunization clinics and international travelers clinics. Staff also responds to public requests for information about communicable diseases, screening for reportable illnesses in the process. The CD team continues to work on strengthening the notifiable conditions reporting system through outreach to the Jefferson Healthcare Lab, ER, Infection Control Committee and local health care providers.

Increased funding was received for 2008-2009, from the Washington State Department of Health (DOH), specifically for improving Communicable Disease surveillance and immunization uptake in children. This funding was reduced by \$21,000 for 2010-2011 and by another \$22,000 for 2012 - 2013.

The Jefferson County rates for Cryptosporidiosis and Giardiasis, both waterborne diseases, are frequently above the State average. We have been following these, looking for trends, and have added these to our PM indicator table this year.

The number of doses of publicly funded vaccine administered to children in Jefferson County has been fairly stable over the past 3 years after increasing from 2005-2009. A new meningococcal vaccine for infants may be added to the schedule in the upcoming year. The number of infants seen in the JCPH immunization clinic has been decreasing as more infants are seen for immunizations by their primary care providers in their medical homes. The Immunization team will continue to monitor vaccine usage across the County. The new County View reports module in the Washington State Immunization Information System (WAIIS) will provide more information on county wide immunization rates. Staff training will be required before using this report.

The July 2011 State law requiring most parents wishing to exempt their children from the required school immunizations to get risk/benefit information from a medical provider may have an effect on our school exemption rates and our vaccine usage. This law is especially designed to reduce "convenience exemptions". The Immunization team consults with the school secretaries to assist them in using WAIIS to get immunization records for those students who do not have a complete Certificate of Immunization Status on file. The immunization team participates in the annual school secretary orientation discussing updates in school immunization requirements.

The JCPH Immunization Program staff provides technical assistance to the clinics, immunization updates, vaccine refrigeration incident follow-up, training of new vaccine coordinators in the clinics, assessment of immunization rates for clinic patients and vaccine program quality assurance assessment. The clinic visit numbers do not reflect the daily work with the clinics. Many contacts are by phone and information is faxed or mailed to clinics.

All clinics receiving State supplied vaccines participate in the statewide WAIIS for recording the immunization history of each child. New system functions will allow direct electronic vaccine ordering, receiving and inventory tracking, and monthly doses administered reporting. These functions will more accurately and efficiently track vaccine supply, administration and client records.

STD

The Family Planning and Sexually Transmitted Disease (STD) clinics follow the Center for Disease Control's STD testing recommendations for the high risk age groups. The Family Planning and CD program staff will continue to monitor and explore ways to assure appropriate testing and testing data collection.

HIV Prevention

HIV services are funded by the state and federal government. HIV case management services are provided by Clallam County Health Department. The new CDC guidelines focus on funding HIV Prevention Programs for high risk populations based on HIV prevalence in the local area. Jefferson County is classified as a low prevalence county. The 2012 HIV prevention funding did not include any funding for HIV services in low risk counties. The State Public Health Lab will continue to do a limited number of free tests for high risk clients but there is no funding for staff time for counseling and testing services. JCPH staff will continue to provide free HIV testing services for low income high risk clients with no medical coverage. Others requesting testing will be tested through Quest lab and billed for the cost of testing. JCPH staff will continue to provide SEP services.

Public Health Emergency Preparedness and Response (PHEPR)

Federal funding originally for developing bioterrorism response capacity now includes all hazards emergency response. Response capacity is developed in coordination with Region 2 PHEPR partners Kitsap and Clallam Counties, local emergency response agencies, Jefferson Healthcare and other health care providers. 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. This allows JCPH to share call time and standardizes regional response to Public Health issues. Federal funding for emergency preparedness activities increased in 2010 due to funding for H1N1 influenza response. PHEPR funds were reduced 10% for the 2011-2012 Federal funding cycle.

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

2012 STUDY/ANALYSIS OF RESULTS:

Communicable Disease

The Communicable Disease team shares health alerts and important updates with Jefferson Healthcare and the medical providers by fax and email. The fax system for requesting and collecting notifiable conditions reporting information from providers continues to assist in timely reporting from the providers in 2012.

Jefferson County and Washington State experienced a pertussis outbreak in 2012. In 2006-2011 Jefferson County reported 0-2 cases of pertussis yearly. Twenty cases were reported in the first quarter of 2012, 3 in the second, 3 in the third and 0 in the last quarter. The CD program team prioritized their work and delayed less urgent duties in order to focus on pertussis case investigation and reporting. Recommendations were provided to the hospital and clinics regarding testing, treatment, prophylactic treatment of close contacts and immunization. Cases and families were interviewed and provided recommendations. Information was provided to schools and day care facilities. Outreach to the public recommending Tdap immunization resulted in increased demand for the vaccine (discussed below).

State funding for the JCPH Communicable Disease and Immunization programs was reduced by \$21,000 for 2010-2011 and by another \$22,000 for 2012 - 2013. This funding supports staff positions in these programs. The CD/Immunization program decreased staffing hours by reassigning some staff hours and funding shortfalls were met by using CD carryover funds.

Immunizations

In 2012 the Immunization Program Coordinator continued to evaluate and approve clinic vaccine orders through the new vaccine ordering system in WAIS. The Coordinator provided training and technical assistance for the clinics on the new WAIS modules including ordering, inventory tracking and monthly doses administered reports. The busy schedules and tight staffing in the primary care clinics make finding time to learn new modules challenging. These modules should save time and increase efficiency once incorporated into practice. DOH requests all clinics receiving State supplied vaccine for children use these modules.

One additional clinic began offering State supplied vaccines in 2012, Jefferson Healthcare Walk-in and Internal Medicine clinic. This brings the number of clinics participating in this vaccine program to 5, in addition to JCPH.

The 1/25/13 MMWR (CDC publication) reported a 2011 national rate of 84% for children having 2 or more doses of vaccine recorded in a State Immunization Information System registry. This same rate for Jefferson County for 2011 was 89% and 87% for 2012.

While the number of doses of publicly funded vaccine administered to children in Jefferson County has been fairly stable over the past 3 years the number of doses of influenza vaccine administered has increased in each of the past 5 years. More parents are choosing to follow the CDC recommendation that all children be immunized for influenza.

The new school immunization exemption law may have had an effect on the exemption rate in 2011. The exemption rate for Jefferson County students entering kindergarten decreased from 15.9% in 2010-2011 to 9.5% in 2011- 2012. The Washington State rate decreased from 6% to 4.5% over the same period. It is not known how much of the decrease was due to reduced "convenience exemptions" and how much was due to parents making different choices after having a risk/benefit discussion about immunizations with a health care provider.

JCPH staff provided information to schools about the new DOH website for reporting school immunization data. Staff reminded schools about the reporting deadline, encouraging all schools to report. DOH will publish the 2012-2013 school year report in the summer of 2013.

JCPH participates in several patient assistance programs to make vaccines available to uninsured low income adults. The free "GIFT" tetanus, diphtheria, pertussis (Tdap) vaccine is from Sanofi/AmeriCares for low income uninsured clients who have contact with infants less than 1 year of age, to protect infants from pertussis exposure. JCPH administered 14 doses in 2011 and 35 in 2012. Provider clinics refer family members of pregnant women to JCPH for this program. Additional clients have been identified through our WIC program.

In response to the 2012 pertussis outbreak the Washington State DOH purchased Tdap vaccine for uninsured adults and provided it to local Public Health Departments. JCPH administered this vaccine and distributed it to local clinics. A total of 173 doses were given in 2012, 144 doses by JCPH and 29 doses by other clinics.

Human Papillomavirus Vaccine (HPV) is available to all adolescents age 11-18 through the State supplied vaccine program. This vaccine is also recommended for women through age 26. JCHP provides free HPV vaccine through Merck's Patient Assistance Program. Twenty three doses were administered in 2009, 62 in 2010, 22 in 2011 and 4 in 2012. Demand for this vaccine has decreased as interested young women have completed their immunizations and as more young women have been immunized previously as adolescents. Outreach continues to women seen in Family Planning clinic.

The Washington State Department of Health and CDC have supplied a limited number of doses of free Hepatitis A/B vaccine, Twinrix, for high risk clients since mid 2008. Nine doses of this vaccine were administered in 2008, 73 in 2009, 36 in 2010, 11 in 2011 and 5 in 2012.

STD

The Family Planning and STD clinics follow the Center for Disease Control's STD screening recommendations for the high risk age groups. In 2010, in response to CDC and the Washington State DOH Infertility Prevention Project Chlamydia (CT) screening guidelines, JCPH assessed the CT screening rate for women age 24 and under in our Family Planning Clinic. This included exploring ways to assure appropriate screening and screening data collection. This project continued in 2011, with feedback provided to the Family Planning program. The percent of female Family Planning clients screened for CT increased from 49.9% in 2010 to 62.2% in 2011 and was 56.5% in 2012.

HIV Prevention

The syringe exchange program success is not easily measured in disease prevention numbers but the number of clients seen and syringes exchanged reflects the disease transmission prevention capacity of this program. The number of client visits to the Syringe Exchange Program increased slightly to 150 in 2012 and the number of syringes exchanged decreased slightly to 17,405. Eighteen new clients visited the SEP in 2012. There were 19 new clients in 2011, 13 in 2010, and 12 in 2009. New clients are coming to SEP rather than relying on other exchangers to supply them with clean syringes through secondary exchange. This allows SEP staff to offer other disease prevention services and referrals to more individual SEP clients. The number of visits in which clients reported exchanging for other people as well as themselves (secondary exchange) decreased in 2012 after increasing in 2010 and 2011. Continued education in safer practices during each SEP visit is important for continuing the disease transmission prevention mission of this program.

Public Health Emergency Preparation and Response

The April 2012 emergency response drill allowed JCPH to test the Region 2 Public Health Emergency Preparedness and Response Plan with local and regional partners, the State Department of Health and the State Department of Emergency Management. An updated Plan was published on August 2012.