



# JEFFERSON COUNTY PUBLIC HEALTH

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## Jefferson County Syringe Exchange Program (SEP)

### Annual Report 2012

Jefferson County has provided a Syringe Exchange Program (SEP) since 2000 as part of a state and regional effort to reduce the risk of HIV infection in our communities. This program, also, reduces the risk of Hepatitis A, B and C infections through risk reduction education and referrals, an important part of each visit. Education includes verbal and printed information on hepatitis, HIV, STDs, health alerts (for example, wound botulism and recent heroin overdoses/deaths), care of abscesses, street drugs, tattoo safety, intravenous drug use safety (encouraging one time use of needles), and immunizations. Internal referrals include STD, HIV, Hepatitis B & C screening and counseling, tuberculosis screening, family planning and immunizations. External referrals include drug and alcohol treatment, medical care, mental health care, domestic violence, food, clothing and shelter.

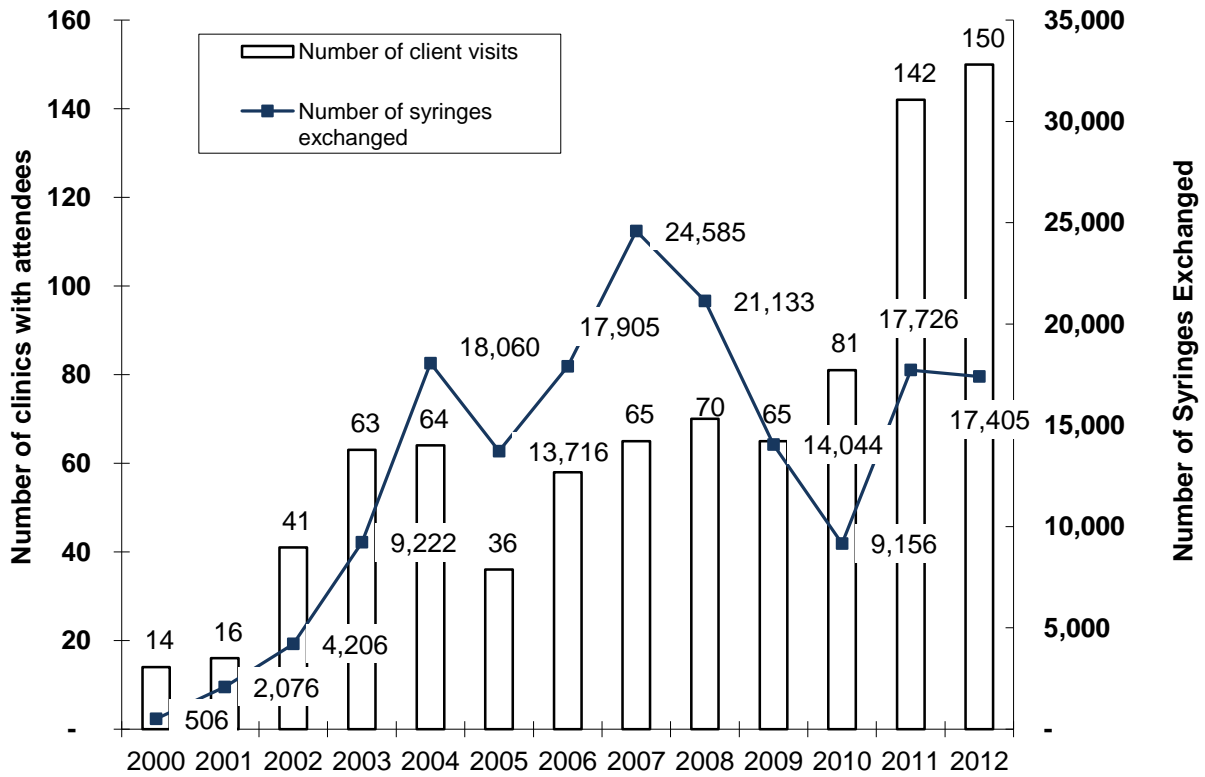
HIV services have been funded in the past by the state and federal government and HIV case management services have been provided by Clallam County Health Department in recent years. CDC guidelines focus on funding HIV Prevention Programs for high risk populations based on HIV prevalence in the local area. Jefferson County is classified as a low prevalence county; thereby, not qualifying for federal funding. There was no state funding available for 2012 and there is none for 2013.

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. SEP continues to be well utilized with 142 visits in 2011 and 150 visits in 2012. The number of syringes dispensed in 2012 was 17,405, down very slightly from 17,726 in 2011. The number of IDU prevention materials dispensed increased from 11,024 to 11,535. See tables and graphs on following pages.

In 2012, the State Public Health Lab provided a limited number of free HIV tests for high risk clients and will continue to do so in 2013. Though there is no state funding for staff time for HIV counseling and testing services, JCPH staff will continue to provide this service for low income high risk clients with no medical coverage. Others requesting testing will be tested through the Quest lab and the cost of the testing will be billed to the client/insurance.

Funding for the state and federal programs for free Hepatitis C testing and free Hepatitis A & B vaccine for high risk clients ended in 2012. For 2013, we have seven Hepatitis C test kits remaining and vaccine for eight clients.

## Syringe Exchange Utilization, 2000-2012 Jefferson County Washington

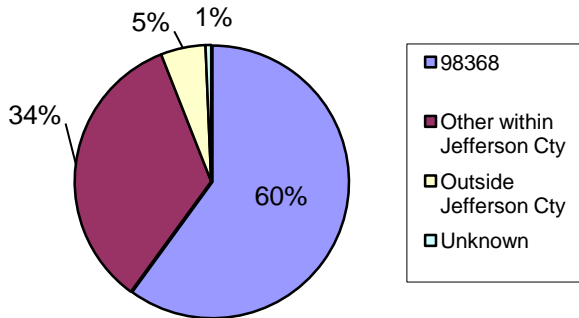


### Jefferson County SEP Clinics/Demographics

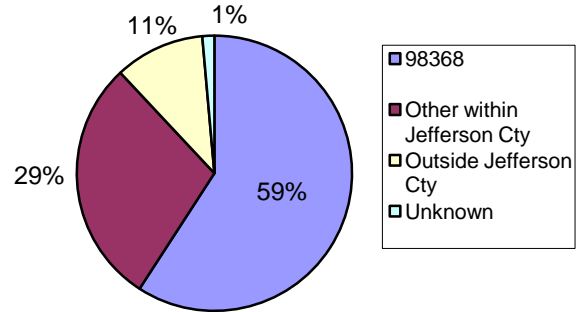
	Clinics Offered	Clinics Visits <sup>1</sup>	Drop-In Visits <sup>1</sup>	New Clients	Returning Client Visits <sup>1</sup>
2012	98	40	110	18	132
2011	100	22	120	19	123
2010	103	6	75	13	68
2009	102	4	61	12	53
2008	99	6	64	6	64
2007	97	4	61	9	56
2006	126	u/k	54 <sup>2</sup>	8	50
2005	119	u/k	35 <sup>2</sup>	6	30
2004	136	u/k	52 <sup>2</sup>	12	48
2003	119	u/k	58 <sup>2</sup>	9	55
2002	108	u/k	33 <sup>2</sup>	11	29
2001	98	u/k	14 <sup>2</sup>	6	9
2000	33	u/k	13 <sup>2</sup>	3	7

Note:  
<sup>1</sup>Represents duplicate clients  
<sup>2</sup>Clinic and drop-in visit

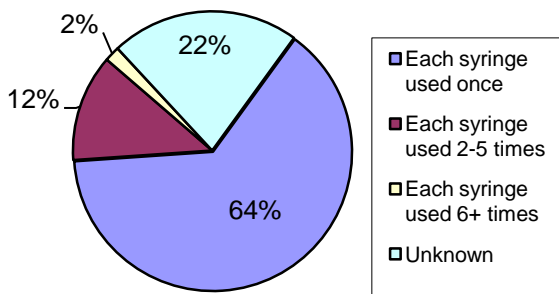
**2012 SEP Clinic Participant Visits by Zip Code**



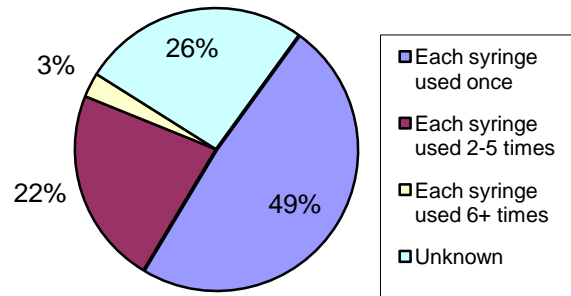
**2011 SEP Clinic Participant Visits by Zip Code**



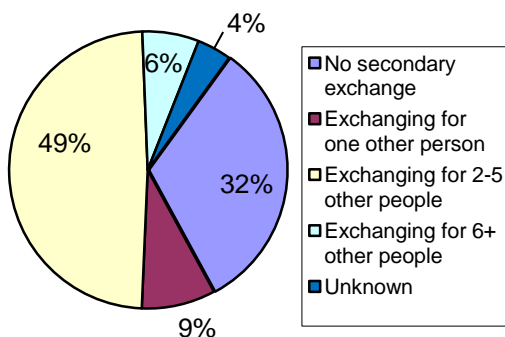
**2012 SEP Clinic Participant Syringe Use**



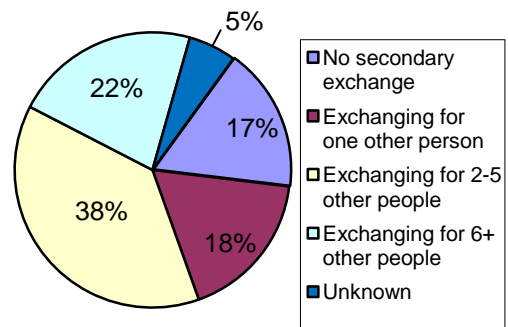
**2011 SEP Clinic Participant Syringe Use**



**2012 SEP Clinic Participant Secondary Exchange**



**2011 SEP Clinic Participant Secondary Exchange**



## Materials Distributed by Jefferson County SEP

	Syringes Exchanged	IDU Prevention Materials <sup>1</sup>	Prevention Kits <sup>2</sup>	Condoms/ Latex Barriers <sup>3</sup>	HIV Tests Offered	Educational Materials <sup>4</sup>	Referral Information <sup>5</sup>	Outreach Education <sup>6</sup>
2012	17,405	11,535	1	406	49	28	128	90
2011	17,726	16,512	1	319	41	10	142	86
2010	9,156	11,024	4	102	36	7	67	29
2009	14,044	7,098	6	271	31	26	51	33
2008	21,330	7,941	0	140	27	32	35	32
2007	24,585	9,988	0	20	22	18	23	N/R <sup>8</sup>
2006	17,905	9,000	0	0	2	3	2	N/R
2005	13,716	7,611	0	20	0	6	11	N/R
2004	18,060	7,265	6	228	N/O <sup>7</sup>	48	11	N/R
2003	9,222	1424	38	800	N/O	42	18	N/R
2002	4,206	1,026	35	427	N/O	50	NA	N/R
2001	2,076	3	9	14	N/O	9	5	N/R
2000	506	11	15	33	N/O	10	2	N/R

### Notes

<sup>1</sup>IDU Prevention Materials include: Tourniquets, cookers, cottons, sterile water, sharps containers, alcohol preps, antibiotic ointment, band aids and sterile pads for wounds, tape, hygiene items (toothbrush, soap, comb, and razor). Individual items are given on an as needed basis.

<sup>2</sup>Prevention Kits include: sample quantity of tourniquets, cookers, cottons, sterile water, sharps containers, alcohol preps, antibiotic ointment, band aids, hygiene items (toothbrush, soap, comb, and razor)

<sup>3</sup>This number is for condoms dispensed in SEP only and does not account for the number of condoms SEP clients pick up in the lobby where there is a free supply available.

<sup>4</sup>Educational Materials include information on hepatitis, HIV, STDs, health alerts (ex. wound botulism), care of abscesses, street drugs, tattoo safety, needle reuse, IDU safety, domestic violence, immunizations

<sup>5</sup>Referrals: Internal referrals include STD, HIV and Hepatitis B & C screening and counseling, tuberculosis screening, family planning and immunizations. External referrals include drug treatment, medical care, mental health care, domestic violence, food, clothing and shelter.

<sup>6</sup>Outreach education is defined as face-to-face education on safe injecting practices, vein care, blood borne pathogens, risk reduction methods, and other as needed

<sup>7</sup>N/O: Not offered

<sup>8</sup>N/R: Not reported

## 2013 Goals

- Continue anonymous, safe services to reduce the risk of HIV infection in our communities by promoting revisits by clients and to encourage clients to tell their friends and contacts about SEP.
- Continue dialog with clients regarding improvement of SEP services.
- Continue to explore options to start a program for overdose prevention and naloxone distribution.
- Continue to inform clients at each visit of resources available at JCPH and in the community.
- Continue to offer free HIV testing and counseling at each visit through the state laboratory for low income high risk clients without medical coverage.
- Continue to offer free Hepatitis C testing and counseling and Hepatitis A & B vaccine at each visit while supplies last.
- Offer free Tdap (tetanus, diphtheria and pertussis) vaccine through the G.I.F.T. or state programs.
- Provide each new client with a prevention kit, condoms, educational materials and referral information.
- Continue to educate clients on the importance and rational of using each syringe one time only.
- Prioritize supplies to be stocked, keeping only those deemed necessary to maintain safe practices among IDU clients. Inform clients of alternative safe materials, such as using pop/soda bottles for the collection of used needles in lieu of sharps containers.