

**Jefferson County Public Health – Performance Measures Report 2015**  
**Community Health – Communicable Disease Program**

**PROGRAMS:** Tuberculosis, Communicable Disease (CD), 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.

<b>Goals</b>	<b>Objectives</b>	<b>Performance Indicators</b>	<b>2011 Actual</b>	<b>2012 Actual</b>	<b>2013 Actual</b>	<b>2014 Actual</b>	<b>2015 Planned</b>	<b>2015 Actual</b>
<b>Goal 1:</b> Maintain the low rates of active Tuberculosis (TB) in Jefferson County	Encourage appropriate screening and treatment for latent TB infection.	Number of clients tested for TB infection with PPD or QFT test	201	198	165	149	160	148
		Number of positive PPD and QFT TB tests evaluated	+PPD: 2 +QFT: 2 -QFT: 1	+PPD: 0 +QFT: 0 -QFT: 0	+PPD: 3 +QFT: 0 -QFT: 0	+PPD: 2 +QFT: 0 -QFT: 0	+PPD: 2	+PPD: 2 +QFT: 0 -QFT: 0
		Number of clients started on preventive treatment for latent TB infection	3	2	1	2	2	1
<b>Goal 2:</b> Timely investigation of reportable conditions.	Develop & update protocols and forms as needed for investigation of notifiable conditions using DOH electronic reporting systems PHIMS, PHIMS-STD, and PHRED.	Total number of communicable disease reports confirmed, interventions applied and processed for reporting to the State	117	150	143	180 (21 gonorrhea)	160	201 (42 pertussis)
		Number of Cryptosporidiosis cases reported to the State	7	7	2	2	2	3
		Number of Giardiasis cases reported to the State	7	9	6	7	5	3
		Number of STD cases reported to the State	52	57	83	103 (21 gonorrhea)	80	69
<b>Goal 3:</b> Inform medical providers about current CD trends and new CD control recommendations.	Provide updates, outreach and training to providers about local, state and national CD outbreaks and disease control recommendations. Provide reminders about reporting notifiable conditions and using the after-hours reporting number.	Number of alerts/updates/newsletters faxed or mailed to providers (not including DOH Influenza Updates)	13	14	15	23	15	8

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<b>Goal 4:</b> Support universal access to vaccines for all children through the federal and state funded Vaccines for Children Program (VFC).	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.	Total number of doses of publicly funded vaccine (pediatric), administered by private health care providers and JCPH clinics, supplied and monitored through JCPH immunization program	5,574	5,403	5,067	4613	4800	4724
		Number & % of doses of publicly funded vaccine (pediatric) administered by private health care providers	5,001 89.7%	4,855 89.9%	4,545 89.7%	3967 86%	4160 87%	4222 89.4%
		Number & % of doses of publicly funded vaccine (pediatric) administered by JCPH	573 10.3%	548 10.1%	522 10.3%	646 14%	640 13%	502 10.6%
		Number of visits to clinics to provide vaccine education, updates and technical support for clinic staff	19	20	24	34	24	15
<b>Goal 5:</b> Maintain access to vaccines for international travel.	Provide travel immunization clinics (includes all disease prevention recommendations, including for malaria and other insect borne diseases).	Number of clients immunized in travel immunization clinic: Adults Age 18 and under Total	NA	NA	Adults: 162	Adults: 140	Adults: 140	Adults: 152
					0 – 18 yr: 23	0 – 18 yr: 31	0 – 18 yr: 31	0 – 18 yr: 55
					Total: 185	Total: 171	Total: 171	Total: 207
		Number of private supply vaccinations (routine and travel) administered by JCPH (primarily for adults)	944	1,057	819	600	700	781
<b>Goal 6:</b> Assure quality of immunization services in clinics providing State supplied vaccines, as required by DOH.	Perform vaccine quality assurance visits for 50% of clinics. Assess childhood immunization rate for pediatric patients in 25% of clinics receiving State supplied vaccines.	Number of clinics visited for VFC Program Quality Assessment and/or to assess childhood immunization rates in clinic patients.	2	2	2	2	2	2
					+ 1 visit by DOH	+ 1 visit by DOH	+ 1 visit by DOH	+ 1 visit by DOH
					Total = 3 clinics	Total = 3 clinics	Total = 3 clinics	Total = 3 clinics

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<b>Goal 7:</b> Promote more extensive use of all Washington State Immunization Information System (WAIS) functions by the provider clinics.	Continue to provide training and support to provider clinics for use of all WAIS vaccine related functions to accurately and efficiently track vaccine supply, administration, and client records.	Number of clinics using Economic Ordering Quantity (EOQ) to place appropriate vaccine orders through WAIS	5 (100%)	5 (100%)	5 (100%)	5 (100%)	4* (100%)	4 (100%)
		Number of clinics using WAIS to track monthly vaccine inventory	0	2 (40%)	4 (80%)	5 (100%)	4 (100%)	4 (100%)
		Number of clinics using WAIS to track monthly vaccine doses administered	0	2 (40%)	4(80%)	5 (100%)	4 (100%)	4 (100%)
		Number of clinics trained to use WAIS vaccine return module	0	0	0	0	4 (100%)	4 (100%)

\*Total number of clinics decreased to four in 2015 when two Jefferson Healthcare Clinics merged into one clinic.

<b>Goal 8:</b> Assess childhood immunization rates for Jefferson County children.	Assess Jefferson Co. childhood immunization rate trends, for children seeing Jefferson County providers, using immunizations recorded in WAIS.  (Some children are not in the registry and some providers in WA state don't participate in the registry).	Completeness of <b>full</b> immunization series for children seeing Jefferson County providers, at age 19-35 months: 4 DTaP, 3 Hep-B, 3 HIB, 1 MMR, 4 PCV, 3 Polio, 1 Var. (Report generated by JCPH, includes only immunizations administered by providers in Jefferson County)	29%	54%	53%	56%	57%	59%
		Percent of children seeing Jefferson County providers having 1 dose of MMR by age 19-35 months		WA = 65%	WA = 71%	WA = 67%		WA = NA
		Percent of children seeing Jefferson County providers having 4 doses of DTaP by age 19-35 months			75%	77%	79%	81%

<b>Goal 9:</b> Assist schools in increasing student compliance with Washington State immunization requirements.	Provide training and assistance for school secretaries to access WAIS records for students who are out of compliance with State immunization requirements so that the school can notify parents of missing immunizations.	2014 +: Number of schools that received a training visit this year  2010-2013: Cumulative number of schools with secretaries trained in use of WAIS	N/A	6	7	4	4	0 - Staff focused on three student groups traveling. Will include in CHIP work.
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Goals	Objectives	Performance Indicators	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Planned	2015 Actual
<b>Goal 10:</b> The Family Planning and STD clinics will assist in controlling Chlamydia transmission in Jefferson County.	Women seen in Family Planning clinic who are at higher risk for Chlamydia (age 24 and under, CDC) will be screened for Chlamydia annually.	Number of female FP clinic clients age 24 and under screened for Chlamydia	388	301	368	320	320	311
		Percent of female FP clinic clients age 24 and under screened for Chlamydia	62.2%	56.5%	60.4%	63.4%	64%	60.3%
<b>Goal 11:</b> Maintain access to federally funded HIV testing and counseling for high risk persons with no medical insurance.	Clients at high risk for HIV, without medical insurance, will be tested through the State Public Health Lab, others requesting testing will be tested through the Quest Lab and charged for testing.	Number of persons counseled and tested for HIV infection	DOH Lab:19	DOH Lab:27	DOH Lab:19	DOH Lab:5	110	DOH Lab:13
			Quest Lab:63	Quest Lab:75	Quest Lab:75	Quest Lab:135		Quest Lab:112
			Total: 82	Total: 102	Total: 94	Total: 140		Total: 125
<b>Goal 12:</b> Prevent the spread of blood borne communicable diseases among injecting drug users and their partners.	Promote utilization of syringe exchange program (SEP) services.	Number of visits to SEP	142	150	185	350	350	238
		Number of syringes exchanged	17,726	17,405	24,596	42,809	42,000	35,328
<b>Goal 13:</b> Annual report to BOH for CD Programs.	Complete Annual Report	Pass/Fail	PASS	PASS	PASS	PASS	PASS	PASS
<b>Goal 14:</b> Maintain and enhance Public Health Emergency Preparedness and Response (PHEPR) capacity.	Update regional PHEPR Plan, coordinating with Region II partners Clallam and Kitsap Health Departments, local emergency response agencies, Jefferson Healthcare, local health care providers and agencies.	Update Public Health Emergency Preparedness and Response Plan	1	1	1	1	1	1

**Jefferson County Public Health – Performance Measures Report 2015**  
**Community Health – Communicable Disease Program**

**2015 STUDY/ANALYSIS OF RESULTS:**

**Communicable Disease**

There was a pertussis outbreak in Jefferson County in the spring of 2015, with 42 cases reported. Typically, 0 – 2 pertussis cases are reported per year. The only other recent local pertussis outbreak was in 2012, with 25 cases reported. In this instance, the CD/Immunization team was prepared to respond to outbreaks, by working with providers, following up with cases, making sure contacts are identified and treated/educated depending on the disease, and getting information to providers, schools and the public.

In past years the Jefferson County rate for Cryptosporidiosis, a waterborne disease, was frequently well above the State rate, with 5 – 8 cases per year. Since 2013 the number of cases has declined to 1-3 per year, with 3 cases reported in 2015.

**Immunizations**

The value of Federal and State funded vaccines supplied by the State to Jefferson County in 2015 was \$259,869, up from \$254,119 in 2014.

As new vaccine management modules are added to the WA Immunization Information System (WAIIS) the Immunization Program Coordinator has provided the clinics training and ongoing technical assistance on each module. These modules have had frequent technical issues requiring trouble shooting with the clinics and consultation with the WAIIS staff.

Two Jefferson Healthcare clinics merged in 2015, Jefferson Medical and Pediatrics and Jefferson Healthcare Primary Care, now together under the Jefferson Healthcare Primary Care name. There are now 3 Jefferson Healthcare clinics participating in the Vaccines for Children program, in addition to JCPH.

The CDC National Immunization Survey has tracked national and state immunization rates for many years. This is a telephone survey of parents, and immunization records are validated by clinical review. This survey reports 67% of Washington State children age 19-35 months completed the recommended full immunization series in 2014. The WAIIS County View Reports, allow JCPH staff to assess immunization rates for Jefferson County children. The full series completion rate for children age 19-35 months was 59% in 2015, up from 56% in 2014. WAIIS is populated by immunization records entered by health care providers and insurance plans. All children born in WA State are entered in the registry database at birth. Children moving into the state are not in the registry until an immunization record is entered. The records available to JCPH for this assessment are for residents of Jefferson County who received immunizations from providers in Jefferson County. At this time, children who receive immunizations from out-of-county providers are not included in the reports available to local Health Department staff.

Two possible causes for the immunization rate improvement since 2013 are: improved completeness of Jefferson County immunization records in WAIIS; and the evaluation and feedback for individual clinics, provided by the JCPH Immunization Program coordinator, covering clinic immunization rates, resulting in increased efforts to remind parents when children are due for immunizations and to administer all recommended vaccines at every visit.

**Jefferson County Public Health – Performance Measures Report 2015**  
**Community Health – Communicable Disease Program**

The immunization exemption rate for Jefferson County students entering kindergarten decreased from 11.7% for the 2013-14 school year to 8.2% in 2014-15 and 7.5% in 2015-16. The Washington State exemption rate has been 4.5% - 4.6% over the same period. This is the lowest exemption rate recorded for Jefferson County in the past 15 years. The Jefferson County out-of-compliance rate for students entering kindergarten (incomplete immunizations or no records on file) continues to be an issue. This rate was 21.9% for the 2014-15 school year and 30.5% in 2015-16. The corresponding State rates were 10.9% and 8.9%.

JCPH staff provide information to schools about the DOH website for reporting school data, and remind schools about the reporting deadline. Eleven out of 14 schools reported in the fall of 2012, 13 out of 14 reported in 2013, and all 14 reported in 2014 and 2015.

JCPH staff work with student groups that are traveling internationally to improve routine immunization coverage and offer additional travel related vaccines. Our goal is to protect the students and also protect the community from the importation of vaccine preventable diseases.

The current Community Health Improvement Plan (CHIP) process for Jefferson County has identified improving immunization rates for children and adults as one of the four priorities to be addressed by the CHIP plan. The planning process is nearly complete and the overall implementation process will begin later this year (2016). Some of the immunization improvement activities have started in the spring of 2016.

The Jefferson Healthcare clinics started stocking more private supply adult vaccines for their patients in 2014. In the past, adults were referred to JCPH for most vaccines. This shift may have an ongoing effect on the number of adult doses administered by JCPH.

The State has supplied a limited number of doses of free adult vaccine for uninsured low income adults. Thirteen doses of free Tdap vaccine were administered in 2015. Clinics refer family members of pregnant women to JCPH for this program, and clients have been identified through our WIC program. The State also supplied a limited number of Hepatitis A/B vaccine doses for high risk clients, 2 doses were administered in 2015. Since most clients are now enrolled in health care insurance the number needing free vaccines has significantly decreased.

**STD Prevention**

The Family Planning and STD clinics follow the CDC screening recommendations for high risk age groups. The percent of female FP clients screened for chlamydia decreased from 63.4% in 2014, to 60.3% in 2015. The WA State screening rate for women seen in all Title X Family Planning or Planned Parenthood clinics in 2014 was 65%. The 2014 national screening rate (all providers), was 47.9% for women covered by commercial health insurance and 51.2% for those with Medicaid (HEDIS data). The WA State rate for 2013, was 39% for women covered by commercial health insurance and 50% for those with Medicaid (WA Health Alliance data).

The number of chlamydia cases reported in 2015 decreased to 54, after an increase over the previous two years, with 76 cases in 2014 and 78 cases in 2013. In the previous 5 years, 48-58 cases were reported per year. The number of reported cases reflects both testing rates for all providers and disease incidence.

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**Community Health – Communicable Disease Program**

The number of gonorrhea cases decreased in 2015 to 9 cases, after an outbreak in 2014 resulted in 21 cases. In the previous 5 years, 1-3 cases were reported per year. JCHP staff continue outreach and testing for both chlamydia and gonorrhea.

**HIV Prevention**

The syringe exchange program (SEP) 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 utilization decreased in 2015 after increasing significantly in 2014, with 238 visits, down from 350 visits in 2014. The number of syringes dispensed was 35,328, down from 42,809 in 2014. While the 2015 SEP utilization decreased from 2014, it remained higher than in all years before 2014. Thirty six new clients visited the SEP in 2015. New clients are coming to SEP rather than relying on other exchangers to supply them with syringes through secondary exchange. This allows SEP staff to offer disease prevention services and referrals to more individuals. Continued education in safer practices during each SEP visit is important for continuing the disease prevention mission of this program. See the 2015 Annual SEP Report for details and more in depth discussion.

The number of free HIV tests sent to the State Public Health Lab has decreased as more clients have been enrolled in health insurance. The number of tests sent to Quest, a commercial lab, has increased.

**Public Health Emergency Preparation and Response**

Staff participated in Regional Healthcare Preparedness meetings, local Healthcare Coalition meetings, JPREP and DEM meetings, and worked with neighborhood preparedness groups. Staff participated in State training webinars and a Region 2 Public Health and Tribal table top exercise. Staff attend the quarterly Jefferson Healthcare Infection Control meetings.

The Regional Duty Officer 24/7 contact system for Public Health was replaced in November 2014 with an answering service serving the 3 counties in the Region. The JCPH main number phone message gives an after-hours option to be connected to the answering service. The answering service calls the JCPH manager on call, who then calls the subject matter expert for the issue prompting the call. This system has been working well for the most part. When issues are identified, Kitsap County is the lead county working with the answering service to improve the service.

5/11/2016