

## Jefferson County Public Health – Performance Measures Report 2014

### 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.

Goals	Objectives	Performance Indicators	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Planned	2014 Actual
<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	244	201	198	165	200	149
		Number of positive PPD and QFT TB tests evaluated	+PPD: 8 +QFT: 2 -QFT: 4	+PPD: 2 +QFT: 2 -QFT: 1	+PPD: 0 +QFT: 0 -QFT: 0	+PPD: 3 +QFT: 0 -QFT: 0	+PPD: 2 +QFT: 0 -QFT: 1	2
		Number of clients started on preventive treatment for latent TB infection	2	3	2	1	2	2
<b>Goal 2:</b> Timely investigation of reportable conditions.	Develop & update forms and protocols 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	132	117	150	143	120	180
		Number of Cryptosporidiosis cases reported to the State	8	7	7	2	5	2
		Number of Giardiasis cases reported to the State	9	7	9	6	6	7
		Number of STD cases reported to the State	71	52	57	83	60	103
<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 Regional Duty Officer.	Number of alerts, updates and newsletters faxed or mailed to providers (not including weekly DOH Influenza Updates)	13	13	14	15	13	23

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Goals	Objectives	Performance Indicators	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Planned	2014 Actual
<b>Goal 4:</b> Support universal access to vaccines for all children.	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	5,389 Not including H1N1	5,574	5,403	5,067	5400	4613
		Number & % of doses of publicly funded vaccine (pediatric) administered by private health care providers	4,741 88%	5,001 89.7%	4,855 89.9%	4,545 89.7%	4800	3967 86%
		Number & % of doses of publicly funded vaccine (pediatric) administered by JCPH	648 12%	573 10.3%	548 10.1%	522 10.3%	540	646 14%
		Number of adult vaccinations administered by JCPH	1,037	944	1,057	819	1040	600
		Number of visits to clinics to provide vaccine education, updates and technical support for clinic staff	8	19	20	24	15	34
<b>Goal 5:</b> Promote more extensive use of Washington State Immunization Information System (WAIS) functions by the provider clinics.	Continue to provide training and support to provider clinics for ordering vaccines using the Economic Ordering Quantity (EOQ) system to place orders through WAIS.	Number of providers using EOQ to place on-line vaccine orders through WAIS	N/A	N/A	5	5	5	5
		Number of providers using WAIS to track monthly vaccine inventory	N/A	N/A	2	4	5	5
	Provide training and support to provider clinics for use of all WAIS vaccine management functions to accurately and efficiently track vaccine supply, administration and client records.	Number of providers using WAIS to track monthly vaccine doses administered	N/A	N/A	2	4	5	5
		Percent of Jefferson County children < age 6 with two or more immunizations in WAIS system	87% WA = 88%	89% WA = 89%	87% WA = 89%	88% WA = 89%	89%	89% WA = 90%

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Goals	Objectives	Performance Indicators	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Planned	2014 Actual
<b>Goal 6:</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.	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).	3%	29%	54%	53%	54%	56%
	(Some children are not in the registry and some providers in WA don't enter immunizations into the registry).	4 DTaP, 3 Hep-B, 3 HIB, 1 MMR, 3 Polio. <i>(PCV and VAR not included, DOH uses this report along with full series report. Report generated by DOH, includes immunizations administered by out of county providers).</i>	53% State = 52%	53% State = 52%	57% State = 57%	56% State = 58%	57%	61% State = 61%
<b>Goal 7:</b> Assure quality of immunization services in clinics providing State supplied vaccines.	Perform vaccine quality assurance visits for 50% of clinics and childhood immunization rate assessment for 25% of clinics receiving State supplied vaccines, as required by DOH.	Number of clinics visited, to assess childhood immunization rates and/or do VFC Program Quality Assessment	2	2	2	2 + 1 visit by DOH Total 3 clinics	2 + 1 visit by DOH Total 3 clinics	2 + 1 visit by DOH Total 3 clinics
<b>Goal 8:</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	N/A	6	7	9	4

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Goals	Objectives	Performance Indicators	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Planned	2014 Actual
<b>Goal 9</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) will be screened for Chlamydia annually	Total # female FP clinic clients at high risk for Chlamydia (age 24 and under) screened for Chlamydia	379	388	301	368	340	320
		% of female FP clinic clients at risk for Chlamydia (age 24 and under) screened for Chlamydia	49.0%	62.2%	56.5%	60.4%	60%	63.4%
<b>Goal 10:</b> Maintain access to federally funded HIV testing and counseling for high risk persons with no medical insurance.	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.	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	DOH Lab:27 Quest Lab:75 Total: 102	DOH Lab:19 Quest Lab:75 Total: 94	90	DOH Lab:5 Quest Lab:135 Total: 140
<b>Goal 11:</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	81	142	150	185	140	350
		Number of syringes exchanged	9,156	17,726	17,405	24,596	17,000	42,809
<b>Goal 12:</b> Annual report to BOH for CD, TB, SEP, Immunization Programs.	Complete Annual Report	Pass/Fail	PASS	PASS	PASS	PASS	PASS	PASS
<b>Goal 13</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 Depts., local DEM, Jefferson Healthcare, local health care providers and agencies.	Develop and update Public Health Emergency Preparedness and Response Plan	1	1	1	1	1	1

## **SUMMARY OF KEY FUNDING/SERVICE ISSUES: (From plan written 8/27/13)**

### **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 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 respond to public requests for information about communicable diseases and screen 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.

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, continuing at this level for 2014. Funding supports staff positions in these programs. Due to reduced funding, the CD/Immunization program decreased staffing hours in 2012 and 2013 by reassigning staff hours, funding shortfalls were met by using CD carryover funds. The funding will shift in 2014 from the DOH Consolidated Contract to a State Treasurer's Office block grant.

Jefferson County rates for Cryptosporidiosis and Giardiasis, both waterborne diseases, are frequently above the State average. We are monitoring these, looking for trends, and added these to our PM indicator table in 2012.

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. This shift appears to have stabilized over the past two years. 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.

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 Washington Immunization Information System (WAIIS) registry. New WAIIS functions allow direct electronic vaccine ordering, receiving, inventory tracking and monthly doses administered reporting. JCPH will continue to provide training and technical assistance to all clinics in the use of these functions. DOH requests clinics receiving vaccine for children use these modules.

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 had an effect on the exemption rates. It is difficult to make year to year comparisons on the exemption rates as Jefferson County has not had 100% of schools reporting, and the individual schools reporting each year has varied. JCPH will continue to provide encouragement and information to all schools about the required State report.

The Immunization team will also continue to update the school secretaries' training in using WAIIS to get immunization records for 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.

### **STD**

The Family Planning and STD clinics follow the CDC'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. The new EMR program, EMDs, will be assessed for the types of data reports available.

### **HIV Prevention**

HIV/AIDS case management services are provided by Clallam County Health Department for the two counties. The CDC funding guidelines focus on HIV Prevention Programs for high risk populations, based on HIV prevalence in the local area. Jefferson County is classified as a low prevalence county. Since 2012 HIV prevention funding has not included funding for low risk counties. The State Public Health Lab continues 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. For the past two years DOH has provided a one-time bulk purchase of SEP supplies to supplement our program.

### **Public Health Emergency Preparedness and Response (PHEPR)**

Federal funding includes developing response capacity for 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 if necessary. This allows JCPH to share call time and standardizes regional response to Public Health issues. PHEPR funds were reduced by 15% for the 2011-2012 Federal funding cycle and will remain at that level for 2013-2014.

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.

## **2014 STUDY/ANALYSIS OF RESULTS:**

### **Communicable Disease**

There was an increase in gonorrhea cases in 2014, with 21 cases reported, up from 1-6 cases per year in the previous 10 years. Nurses began offering gonorrhea/chlamydia testing to all clients coming in for syringe exchange. SEP clients were asked to share flyers about the outbreak, and free testing, with their friends. If repeated efforts to encourage partners of a case to come in for testing were not working, medication was provided to the case to be given to the exposed partners. This treatment protocol is through a longstanding DOH STD program called Expedited Partner Therapy, with medication provided by the State.

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, continuing at this level for 2014. This funding supports staff positions. The CD/Immunization program decreased staffing hours in 2012, 2013, and again in 2014.

### **Immunizations**

The number of doses of publicly funded vaccine administered to children in Jefferson County was fairly stable from 2010 – 2012 and decreased in 2013 and 2014 to 4,613 doses. The WAIS doses administered report has had issues with accuracy, so the accuracy of the reported number of State supplied pediatric doses administered in 2014 is not assured. The percent of the pediatric vaccines that were administered at JCPH increased in 2014 while the percent administered in the Jefferson Healthcare clinics decreased. The value of vaccines supplied by the State to Jefferson County in 2014 was \$254,119.

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 affect on the number of adult doses administered by JCPH.

By the end of 2014 all clinics using State supplied vaccines were ordering and receiving vaccines, tracking inventory, and reporting monthly doses administered through WAIS, as requested by DOH. The Immunization Program Coordinator provided the clinics training and technical assistance on these WAIS modules throughout the year. These modules, have had frequent technical glitches requiring trouble shooting and consultation with the WAIS staff.

One clinic discontinued offering State supplied vaccines in 2014; Jefferson Healthcare Walk-in and Internal Medicine. Another clinic joined the Vaccines for Children program and is now offering State supplied vaccines; Jefferson Healthcare Madrona Family Medicine. There are 5 Jefferson Healthcare clinics participating in this vaccine program, in addition to JCPH.

A 11/7/13 CDC report on the percentage of children under age six having 2 or more doses of vaccine recorded in a State Immunization Information System registry gives a national rate of 86% for 2012. The Jefferson County rate was 87% in 2012, 88% in 2013, and 89% in 2014.

The CDC National Immunization Survey has been used for many years to track national and state immunization rates. This is a telephone survey of parents and immunization records are validated by clinical review. This survey reports 71% of Washington State children under age 3 completed the recommended series in 2013, up from 65% in 2012. The national rate was 70% in 2013, up from 68% in 2012.

The County View Reports, available in WAIS, allow JCPH staff to assess immunization rates for Jefferson County children using the immunization records in WAIS. The full series completion rate for children under age 3 was 56% in 2014, up from 53% in 2013. WAIS 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 children's records available to JCPH for this assessment are those who are residents of Jefferson County and who received immunizations from providers in Jefferson County. At this time, children who receive immunizations from out-of-county providers are not available for the reports run by Local Health Department staff.

Two possible causes for the improvement since 2011, in the Jefferson County immunization rate, are: improved completeness of immunization records in WAIS, and evaluation and feedback given to individual clinics resulting in increased efforts in the clinics to remind parents when children are due for immunizations, and to administer all recommended vaccines at every visit. We will continue to explore options for assessing immunization rates for different populations in Jefferson County.

The 2011 school immunization exemption law may have had an effect on exemption rates. The exemption rate for Jefferson County students entering kindergarten decreased from 15.9% in the fall of 2010 to 9.5% in 2011, 12.4% in 2012 and 11.7% in 2013. The Washington State rate decreased from 5.9% to 4.6% 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. DOH will publish the 2014-2015 school year report in late spring 2015.

In Jefferson County, the number of students who are reported as "Out of compliance" continues to be an issue. These are students that are either not up-to-date on required immunizations, or don't have complete records at the school. This rate for Jefferson County kindergarteners was 36.9% in the fall of 2011, 31.9% in 2012 and 11.2% in 2013.

JCPH staff continued to provide information to schools about the DOH website for reporting school data, and remind schools about the reporting deadline. More schools reported in the fall of 2012 than had in any previous year, 11 out of 14 schools. This increased to 13 out of 14 schools in 2013 and all 14 in 2014.

JCPH participates in several patient assistance programs to make vaccines available to uninsured low income adults. The free tetanus, diphtheria, pertussis (Tdap) vaccine from Sanofi/AmeriCares is for low income uninsured clients who have contact with infants less than 1 year of age, 6 doses were administered in 2014. JCPH also had free State supplied Tdap vaccine for uninsured adults, 17 doses were administered. Clinics refer family members of pregnant women to JCPH for this program and clients have been identified through our WIC program. The State supplied a limited number of doses of free Hepatitis A/B vaccine for high risk clients, five doses were administered. Three doses of Human Papillomavirus (HPV) Vaccine and 4 doses of varicella vaccine were provided to uninsured low income adults through Merck's Patient Assistance Program. Since most clients are now enrolled in health care insurance the number needing free vaccines has significantly decreased.

## **STD**

The Family Planning and STD clinics follow the CDC screening recommendations for high risk age groups. The percent of female Family Planning clients screened for chlamydia increased from 60.4% in 2013 to 63.4% in 2014. In 2012, the national screening rate for women in this age range was 49.2% for those covered by commercial health insurance and 59.9% for those with Medicaid. In WA, in 2012, 44.3% of women in this age range who were covered by commercial health insurance were screened, and in 2011-2012, 48% covered by Medicaid were screened.

The number of chlamydia cases reported has increased over the past two years, with 76 cases in 2014 and 78 cases in 2013, up from 48-58 cases per year in the previous 5 years. The increase in reported cases may partially reflect increased testing but may also be a true increase in incidence.

As discussed above, the number of gonorrhea cases increased significantly in 2014. JCHP staff continue increased 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 increased significantly in 2014, with 350 visits, up from 185 visits in 2013. The number of syringes dispensed was 42,809, up from 24,596 in 2013. Fifty new clients visited the SEP in 2014. 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 2014 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 meetings with Jefferson Healthcare regarding Ebola preparedness.

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 phone message now 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 new system has been working well most of the time, but some issues have been identified by the 3 counties. Kitsap County is the lead county working with the answering service for improvements in service.