

Jefferson County Public Health – Planned Performance Measures 2013

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 2013:

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 Child Profile Immunization Registry functions by the provider clinics.
6. Assess childhood immunization rates for children served by private health care provider clinics receiving State supplied vaccines. (Imm)
7. Assist schools in increasing student compliance with Washington State immunization requirements. (IMM)
8. The Family Planning and STD clinics will assist in controlling Chlamydia transmission in Jefferson County. (STD)
9. Maintain access to federally funded HIV testing and counseling for persons at high risk for HIV infection who have no medical insurance. (HIV)
10. Prevent the spread of blood borne communicable diseases among injecting drug users and their partners. (SEP)
11. Annual report to BOH for CD, TB, SEP, Immunization Programs.
12. Maintain and enhance Public Health Emergency Preparedness and Response (PHEPR) capacity.

OBJECTIVES (INTERVENTIONS) FOR 2013:

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.
5. Continue to provide training and support to provider clinics for ordering vaccines using the Economic Ordering Quantity (EOQ) system to place orders through Child Profile. (Imm)

6. Provide training and support to provider clinics for use of all Child Profile vaccine related functions to more accurately and efficiently track vaccine supply, administration and client records. (Imm)
7. 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. (Imm)
8. Provide training and assistance for school secretaries to access Child Profile records for students who are out of compliance with State immunization requirements so that the school can notify parents of missing immunizations. (IMM)
9. Assess Jefferson County childhood immunization rate using the new Child Profile County View Reports. (Imm)
10. Women seen in Family Planning clinic who are at higher risk for Chlamydia (age 24 and under) will be screened for Chlamydia annually. (STD)
11. 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)
12. Promote utilization of syringe exchange program services. (SEP)
13. 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	2011 Actual	2012 Planned	2013 Planned
(TB) Number of clients tested for TB infection with PPD or QFT test	201	200	200
(TB) Number of positive PPD and QFT TB tests evaluated	+ PPD: 2 +QFT: 0 -QFT: 3	+ PPD: 4 +QFT: 2 -QFT: 2	+ PPD: 4 +QFT: 2 -QFT: 2
(TB) Number of clients started on preventive treatment for latent TB infection	2	2	2
(CD) Total number of communicable disease reports confirmed, interventions applied and processed for reporting to the State	117	110	110
(CD) Number of Cryptosporidiosis cases reported to the State	7	8	8
(CD) Number of Giardiasis cases reported to the State	7	8	8
(CD) Number of STD cases reported to the State	52	65	65
(CD) Number of alerts/updates/newsletters faxed or mailed to providers about communicable disease outbreaks or other urgent public health information	13 + weekly DOH Influenza Updates	10 + weekly DOH Influenza Updates	10 + weekly DOH Influenza Updates
(Imm) Total number of doses of publicly funded vaccine, administered by private health care providers and JCPH clinics, supplied and monitored through JCPH immunization program	5,574	5,400	5,400
(Imm) Number of doses of publicly funded vaccine (pediatric) administered by private health care providers	5001	4800	4800
(Imm) Number of doses of publicly funded vaccine (pediatric) administered by JCPH	573	600	600
(Imm) Number of adult vaccinations administered by JCPH	994	1030	1030
(Imm) Number of visits to clinics to provide vaccine education, updates and technical support for clinic staff	19	10	10
(Imm) Number of providers using EOQ to place appropriate vaccine orders through Child Profile	New for 2012	5	5
(Imm) Number of providers using Child Profile to track monthly vaccine inventory	New for 2012	5	5
(Imm) Number of providers using Child Profile to track monthly vaccine doses administered	New for 2012	5	5
(Imm) Number of Jefferson County children <6 with 2 or more immunizations in Child Profile system	89%	89%	90%
(Imm) Number of clinics visited, to assess childhood immunization rates and/or do VFC Program Quality Assessment.	2	2	2
(IMM) Number of schools with secretaries trained in use of Child Profile	1	8	10
(Imm) Jefferson County childhood immunization rate, using Child Profile County View Report	New for 2012	Assess baseline, & report options	Assess trend
(STD) Assess total # and % of female FP clinic clients at risk for Chlamydia (age 24 and under) screened for Chlamydia.	388 66.2%	380 65%	380 65%
(HIV) Number of persons counseled and tested for HIV infection	DOH Lab:19 Quest Lab:63 Total: 82	90	90
(SEP) Number of visits to SEP	142	100	100
(SEP) Number of syringes exchanged	17,726	14,000	14,000
(PHEPR) Develop and update Public Health Emergency Preparedness and Response Plan	1	1	1

SUMMARY OF KEY FUNDING/SERVICE ISSUES:

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. Substantial staff time is spent on responding to public requests for information about communicable diseases and 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 Communicable Disease surveillance and improving immunization uptake in children. This funding was reduced by 20% for 2010-2011 and by another 30% for 2012. We expect the 2012 funding level to continue in 2013. This has resulted in nurses in the CD program being funded by department carry over funds, an unsustainable funding approach. A separate report on these performance measures is sent to DOH.

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

The number of doses of publicly funded vaccine administered to children in Jefferson County has increased each year, from 3,748 doses in 2005 to 6,100 doses in 2009. The number of doses administered was 5,389 in 2010 and 5,574 in 2011. The increases have been primarily due to new vaccines being added to the immunization schedule and new school immunization requirements. 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 over the past several years as more infants are seen for immunizations by their primary care providers in their medical homes. The number of adults seen in the JCPH clinic has been increasing. The Immunization team will continue to monitor vaccine usage across the County. The ability to run the new County View reports in Child Profile will provide more information on county wide immunization rates.

The 2011 Washington State law requiring parents seeking exemption from school vaccine requirements to have a discussion with their health care provider about the benefits and risks of immunizations and with-holding immunizations may have an effect on our vaccine dose numbers. This law is especially designed to reduce "convenience exemptions". The immunization team participates in the annual school secretary orientation discussing updates in school immunization requirements. This year JCPH nurses will train all elementary and middle school secretaries in using Child Profile to get immunization records for those students who do not have a complete Certificate of Immunization Status on file.

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 clinic immunization program quality assessment. 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.

All clinics receiving State supplied vaccines participate in the statewide Child Profile Immunization Registry. New Child Profile functions will allow direct electronic vaccine ordering, receiving, 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 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 testing in low risk counties, this is unchanged for 2013. 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, however, continue to provide free HIV testing services 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.

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 to 81 in 2010 and to 142 in 2011 after remaining stable over the previous three years. The number of syringes exchanged decreased in 2010 and increased on 2011. A mid-year projection predicts that 2012 will be similar to 2011. The number of new SEP clients increased in 2009 through 2011. This trend appears to be continuing in 2012, with more clients coming to SEP rather than solely relying on other exchangers to supply them with clean syringes through secondary exchange. This allows SEP staff to offer 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) increased in 2011.

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 if necessary. 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 by 15% for the 2011-2012 Federal funding cycle and will remain at that level for 2013.

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.