

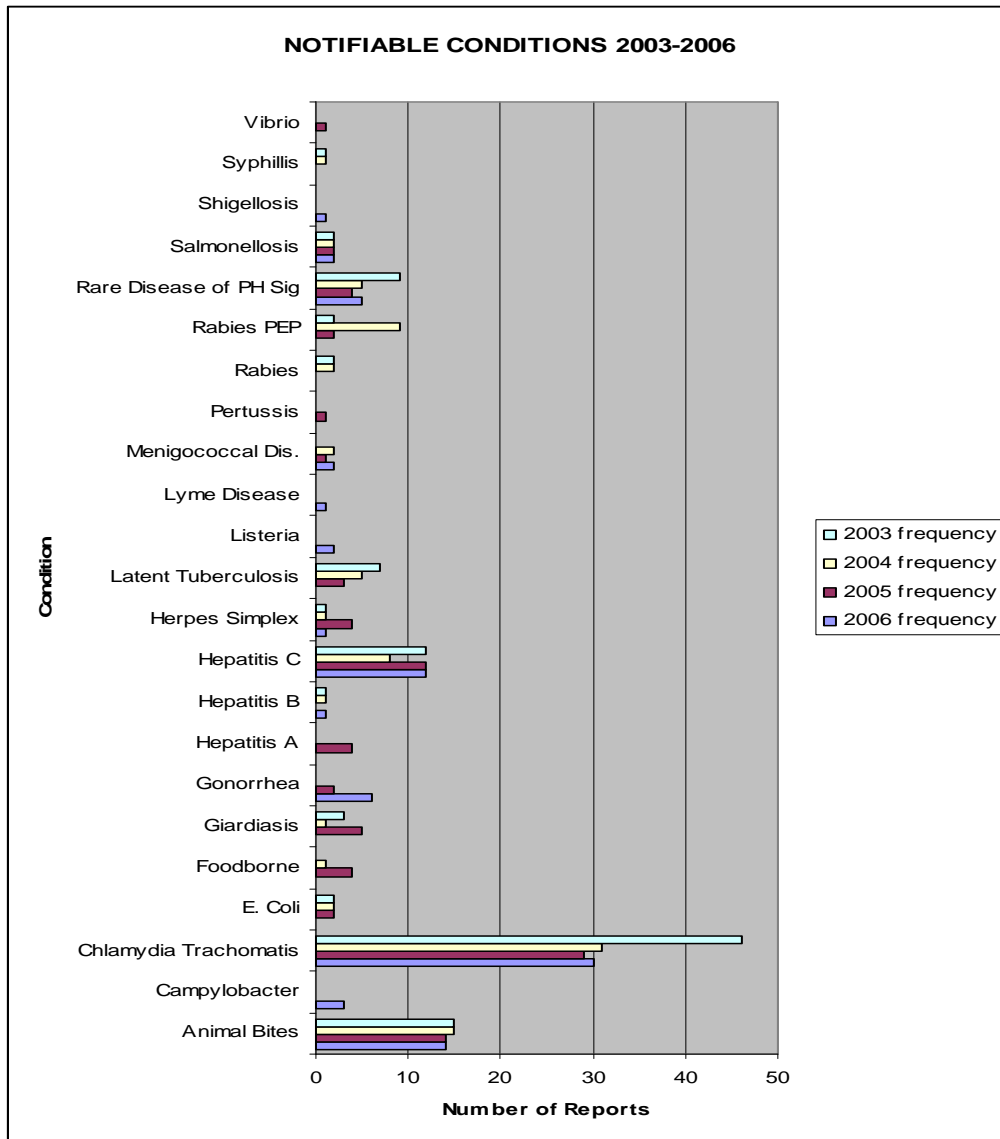
Summary Report to the Board of Health July 2007

I. Communicable Diseases 2006

A. 80 case investigations generating 75 notifiable conditions reports. (95 case reports for 2005, 86 for 2004, 101 for 2003, 46 for 2002)

1. As of January 2006 converted to Public Health Issue Management System (PHIMS) for all but sexually transmitted illnesses (STI), TB, and HIV
2. Intra-department tracking continued on MS ACCESS database during 2006 for STI, TB, HIV, Others not resulting in reports

B. Frequency of case reports, year 2005, by condition (years 2003 for comparison):



C. Noteworthy for 2006:

1. Sexually Transmitted Infections

a) Chlamydia

- a. Screened for in routine gynecologic exams in young women
- b. STI screening on all admissions to NYC
- c. Stable overall count for three years,
- d. 20% north, 30% south, 43% Naselle Youth Camp, 7% out of county address (50% total not Pacific County residents)
- e. Represents a decrease in Pacific County cases (non NYC) compared to 2005
- f. 75 cases/100,000 in Pacific County residents (non NYC) compared to 297/100,000 statewide for **2005**

b) Gonorrhea – four cases in Ocean Park late summer and early fall. Two Ocean park cases were known to be related. Unrelated cases: one in Naselle, one in Raymond – 100% increase.

c) Herpes – Dropped back to one case this year.

2. Food borne

- a) Giardia – none
- b) Salmonella – two cases,
- c) Hepatitis A – none
- d) Shigelloses - one

3. Others new on the graph

- a) Campylobacter – three isolated cases
- b) Listeria – 2 cases only one with evidence of systemic infection, that in a multiply ill patient with cancer. Exposure uncertain.
- c) Lyme disease – Likely out of area exposure (Minnesota)

D. No “outbreak” 2006

E. PHIMS and PHRED

1. DOH sponsored secure web-based database of notifiable conditions information
2. PHIMS (Public Health Issue Management System) – web-based database of notifiable conditions reports
 - a) Entry of notifiable conditions directly into statewide data base done locally by secure web-based program (one step process)
 - b) Enter, edit, modify, analyze data at local level

- c) Pacific County went live January 2006
 - d) Not all notifiable conditions are covered by the database yet – excludes TB, STI, HIV
 - e) Does not capture work done on cases that are not ultimately reportable
3. PHRED (Public Health Reporting of Electronic Data) – Laboratory reported data on notifiable conditions maintained centrally at DOH
- a) Provides notification back to local health departments of laboratory identified reportable conditions cases.
 - b) Entry of case into PHIMS and investigation of case is the responsibility of local public health
4. Staff training, security key registration, qualification all accomplished during 2005

II. Immunization Program 2006

- A. 2006 was the fourth full year that all Pacific County childhood immunizations were given in provider offices
- B. In the infant and childhood immunization program, vaccine continues to be provided to all Washington residents less than 18 y/o by the state.
- C. During 2006 those vaccines were distributed through and monitored by county health departments. A change occurring in 2007 is that vaccines will no longer be distributed by Health Department staff, rather shipment will be sent directly to providers' offices. Vaccine personnel in the health department will continue to participate in ordering vaccines and in monitoring vaccine storage, administration and use in providers' offices.
- D. **The total annual number of infant/childhood vaccines by 1.) Type and 2.) Clinic.**

1. Annual Vaccine Numbers for Pacific County by Type for 2006*

	Total
DTaP	487 {475} [552] (496)
Td	143 {272} [441] (307)
Tdap	73
HIB	388 {344} [346] (365)
PCV-7	369 {320} [255] (271)
IPV	469 {503} [660] (562)
MMR	312 {376} [585] (499)
HBV	347 {397} [640] (551)
HAV	91 {75} [76] (69)
Flu	135 {123} [77] (37)
Varicella	224 {90} [53] (37)
Menactra	24

* Previous years : {2005} [2004], (2003)

2. Annual Vaccine Numbers for Pacific County by Clinic for 2006 *

	Buben	Lush	Hill	Shoal-water	NYC	Naselle Clinic	North Beach	Ocean Beach	Pac Co
DTaP	37 {26} 21	147 {200} [156](185)	44 {53} [109](68)	20 {29} [35](23)		26 {21} [28](17)	177 {87} [88](43)	36 {55} [115](134)	0 {4}
Td	18 {9} [22](18)	27 {58} [22](9)	16 {15} [23](24)	5 {4} [10](18)	46 {144} [328](220)	11 {10} [20](8)	16 {13} [19](0)	4 {16} [8](10)	0 {3}
Tdap	0	10	4	9	41	8	1	0	0
HIB	28 {17} 11	119 {143} [116](151)	28 {36} [60](46)	15 {13} [18](12)		19 {11} [11](9)	150 {79} [51](23)	29 {45} [82](109)	
PCV-7	33 {21} [6](7)	96 {174} [88](94)	24 {37} [40](53)	11 {16} [19](13)		20 {13} [12](6)	149 {46} [37](7)	36 {13}[53](89)	
IPV	29 {25} [20](16)	125 {154} [104](140)	41 {34} [88](52)	19 {18} [23](16)	47 {122} [241](173)	22 {23} [28](21)	144 {79} [74](37)	42 {43} [82](103)	0 {5}
MMR	22 {14} [14](29)	87 {100} [109](86)	33 {30} [55](43)	21 {22} [18](21)	41 {113} [230](179)	15 {22} [24](17)	{77} 46 [65] (36)	16 {24} [70](83)	0 {5}
HB	15 {16} 8	74 {84} [97](109)	21 {30} [44](39)	10 {8}[22](16)	98 {180} [361](256)	13 {14} [14](11)	99 {41} [35](19)	17 {24} [59](71)	
HA	0 {0} [2](1)	38 {44}[27](1)	3 {2} [4](1)	9 {13}[20] (31)	0 {0} [11]	11 {8} [6](0)	18 {2} [3](12)	12 {5} [13](19)	0 {1}
Flu	1 {8} [7](9)	41 {49} [26](12)	3 {2} [9](4)	9 {7} [15](8)	54 {34}[17]	6 {19}[0] (1)	15 {0} 0	0 {4} 3	
Varice l	20 {4} [1]	77 {51} [0](4)	33 {9} [5](1)	21 {3}0		15 {0} [0]	46 {9} [26]	12 {14} [21](31)	
Mena ctra	0	0	2	10	8	1	0	0	3

* Previous years :{2005} [2004], (2003)

1. Varicella (chickenpox) vaccine added to required vaccines (or documentation of chickenpox infection) for school entry autumn 2006 resulted in marked increase in vaccination rates.
2. Hepatitis A vaccine has been expanded to all counties in 2005– we did not see the anticipated increase in use during 2006-2007. Providers need education.
3. Are we vaccinating all children at risk for Influenza? Rates remain low – this vaccine is underutilized, requires provider education.
4. New vaccine – Adult pertussis (whooping cough) as part of tetanus diphtheria booster (Tdap) – utilization should pick up.
5. New vaccine – Menactra – conjugated meningitis recommended for adolescents and college bound. In short supply this year, should see increasing utilization
6. New vaccine – Human papilloma virus (prevents genital warts and cervical cancer in women). It is recommended for all young

teens, controversial (seen by some constituencies to condone early sexual behavior), not on state-provided vaccine list due to cost (expensive).

E. Immunization rates determined by school districts *at the time of entry to school* will be systematically gathered and compared annually and to the Healthy People 2010 goal of 80% coverage.

1. Pacific County vaccine rates from 1998 to 2005 compared to State of Washington:

PACIFIC SCHOOL Year	COUNTY Total Enrolled For School Entry	<u>Percent Adequately Immunized</u>														
		<u>Complete</u>		<u>Exempt</u>		<u>Conditional</u>		<u>Non-Compliant</u>		<u>DTaP/Td</u>	<u>Polio</u>	<u>Measles</u>	<u>Mumps</u>	<u>Rubella</u>	<u>HepB</u>	
		#	%	#	%	#	%	#	%							
1997-98	237	129	54.4%	8	3.4%	99	41.8%	1	0.4%	95.8%	97.5%	98.7%	98.7%	98.7%	55.7%	
1998-99	267	242	90.6%	5	1.9%	20	7.5%	0	0.0%	97.4%	97.4%	99.6%	99.6%	99.6%	92.9%	
1999-00	181	173	95.6%	2	1.1%	5	2.8%	1	0.6%	97.2%	97.2%	98.9%	98.9%	98.9%	98.3%	
2000-01	241	226	93.8%	6	2.5%	8	3.3%	1	0.4%	96.7%	97.1%	96.3%	96.3%	96.3%	97.9%	
2001-02	177	166	93.8%	5	2.8%	5	2.8%	1	0.6%	95.5%	95.5%	95.5%	95.5%	95.5%	96.0%	
2002-03	378	345	91.3%	20	5.3%	4	1.1%	9	2.4%	93.1%	93.1%	92.3%	92.3%	92.3%	94.7%	
2003-04	385	351	91.2%	14	3.6%	20	5.2%		0.0%	93.2%	93.2%	91.9%	97.9%	97.9%	96.9%	
2004-05	313	287	91.7%	13	4.1%	10	3.1%	3	1.1%	93.9%	93.9%	93.2%	95.2%	95.2%	95.9%	
2005-06	299	238	79.6%	29	9.7%	6	2.0%	26	8.7%	89.6%	89.6%	96.3%	95.3%	95.3%	95.0%	
STATE																
1998	84,647	74,907	88.5%	2,735	3.2%	4,514	5.3%	2,380	2.8%	95.3%	95.5%	97.7%	97.7%	97.7%	91.9%	
1999	79,488	71,392	89.8%	2,375	3.0%	2,203	2.8%	3,518	4.4%	93.7%	93.8%	96.9%	96.9%	96.9%	94.3%	
2000	81,687	71,955	88.1%	2,816	3.4%	1,940	2.4%	5,022	6.1%	93.4%	93.6%	91.9%	94.9%	94.9%	94.4%	
2001	78,824	70,237	89.1%	3,173	4.0%	1,543	2.0%	3,840	4.9%	94.0%	93.7%	92.9%	95.2%	95.2%	95.1%	
2002	75,224	64,822	86.2%	3,055	4.1%	3,127	4.2%	4,161	5.5%	90.7%	92.5%	92.4%	95.0%	95.0%	95.1%	
2003	75,680	67,612	89.3%	3,210	4.2%	1,682	2.2%	3,157	4.2%	93.3%	93.3%	91.2%	95.7%	95.7%	95.2%	
2004	78,762	68,766	87.3%	3,441	4.4%	1,327	1.7%	4,890	6.2%	92.0%	91.8%	94.8%	95.8%	95.8%	93.7%	
2005	77,440	67,121	86.7%	3,914	5.1%	1,256	1.6%	5,149	6.6%	91.0%	90.9%	93.8%	95.4%	95.4%	92.7%	

**2. Pacific County vaccine rates at school entry by school district
2002 to 2005:**

2002 School Entry

District	Enrolled	Complete	Exempt	Conditional	Out of compliance	DTP	POL	MEA	MUM	RUB	HEP
101 LB	153	141	9	3	0	95.4%	96.1%	92.8%	92.8%	92.8%	97.4%
116 Ray	44	33	2	0	9	77.30%	75.00%	81.80%	81.80%	81.80%	77.30%
118 SB	45	42	3	0	0	93.3%	93.3%	93.3%	93.3%	93.3%	93.3%
155 Nas	20	20	0	0	0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
160 WV	23	22	0	1	0	100.0%	100.0%	95.7%	95.7%	95.7%	100.0%

2003 School Entry

District	Enrolled	Complete	Exempt	Conditional	Out of compliance	DTP	POL	MEA	MUM	RUB	HEP
101 LB	149	129	4	16	0	91.3.4%	91.9%	89.9%			97.3%
116 Ray	35	34	1	0	0	97.1%	97.1%	94.3%	97.1%	97.1%	97.1%
118 SB	45	43	2	0	0	95.6%	95.6%	95.6%	97.8%	97.8%	97.8%
155 Nas	23	22	0	1	0	95.7%	95.7%	91.3%	95.7%	95.7%	95.7%
160 WV	39	34	2	3	0	89.7%	87.2%	84.6%	94.9%	94.9%	94.9%

2004 School Entry

District	Enrolled	Complete	Exempt	Conditional	Out of compliance	DTP	POL	MEA	MUM	RUB	HEP
101 LB											
116 Ray	39	35	2	0	2	89.7%	92.3%	97.4%	97.4%	97.4%	97.4%
118 SB	37	32	1	2	2	86.5%	86.5%	86.5%	86.5%	86.5%	91.9%
155 Nas	18	18	0	0	0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
160 WV											

2005 School Entry

District	Enrolled	Complete	Exempt	Conditional	Out of compliance	DTP	POL	MEA	MUM	RUB	HEP
101 LB	68	42 61.8%	14 20.6%	0	12 17.6%	89.7%	89.7%	100%	95.6%	95.6%	95.6%
101 OP*	59	47 79.7%	4 6.8%	0	8 13.6%	93.2%	89.8%	100.0%	100.0%	100.0%	96.6%
116 Ray	40	38 95.0%	2 5.0%	0	0 0.0%	95.0%	95.0%	95.0%	95.0%	95.0%	97.5%
118 SB	44	37 84.1%	3 6.8%	2 4.5%	2 4.5%	90.9%	90.9%	93.2%	93.2%	93.2%	93.2%
155 Nas											
160 WV											

* Long Beach Elementary + Ocean Park Elementary is equivalent to LB alone in previous tables

3. Troubling trends in Pacific County infant and child hood vaccination:
 - a) Increasing rates of requested exemptions in all districts
 - b) South County exemption rates and non-compliance rates are way out of line – investigation has determined a change in nursing personnel has occurred and rates should reflect improvement in record keeping and compliance for entry 2006 (not yet available)
 - c) Long Beach School District’s rates have brought the entire county down in comparison to state rates.
 - d) Naselle and Willapa Valley data are not available for the 2005-06 year.
 - e) Vaccination promotion may become a county public health priority if the rate of complete vaccination does not correct over subsequent years (entry 2006 and entry 2007)

III. Public Health Emergency Planning Update (Formerly Bioterrorism Planning)

A. Reminder

1. Member of Public Health Region 3 (Pacific, Grays Harbor, Mason, Lewis, Thurston)
2. 2002-2007 Have developed and annually updated the following plans:
 - a) **Public Health Emergency Response Plan** Attachment 1 to ESF 8 of the Pacific County Comprehensive Emergency Management Plan (CEMP) (Draft 5.0 updated 4/07)
 - b) **Pacific County Strategic National Stockpile Plan** Attachment 2 to ESF 8 of the Pacific County CEMP (Draft 2.41 updated 8/06)
 - c) **Pacific County Pandemic Influenza Plan** Attachment 3 to ESF 8 of the Pacific County CEMP (Draft 3.1 updated 5/07)
 - d) **Pacific County Health and Human Services Department Emergency Information Communication Plan** Attachment 4 to ESF 8 of the Pacific County CEMP (Draft 1.2 written spring 2007)
 - e) **Public Information Call Center (PICC) Plan** Attachment 5 to ESF 8 of the Pacific County CEMP (Draft 1.2 written spring 2007)

- f) *Pacific County Health and Human Services 24/7 Emergency Communications Plan* (Draft 1.2 updated 5/07)
- g) *Pacific County Policy: Secures Public Health Alerts 11/26/2006*
- h) Pacific County Medical Reserve Core (MRC) – part of and operates under the charter of Region 3 MRC. Planning documents are currently under revision.

B. 2006-07 state and federal contract completed Deliverables:

- 1. Drafts and updates of above plans
- 2. Pandemic Flu Pacific County Summit December 2006
- 3. Pandemic Flu Tabletop March 2007
- 4. Participation in Regional planning
- 5. Engaged medical community, hospitals, public safety, schools, emergency management, business community and Shoalwater Tribe in planning.

C. **Pandemic Flu Planning**

- 1. Next pandemic: impact
 - a) Infected (assuming 50% attack rate)
 - a. USA: 200 million
 - b. Thurston County: 77,000
 - c. Pacific County: 10,000
 - b) Deaths (assuming 0.5% mortality rate)
 - a. USA: 1 million
 - b. Thurston County: 335
 - c. Pacific County: 50
 - c) The 1918 Flu had a mortality rate around 2%!
- 2. Continuation of services and maintenance of infrastructure
 - a) County departments should have plans for continuation of function with flu induced absences up to 50%
 - b) Identify non-essential county services that can be shut down during a flu (or other disease) epidemic
 - c) Businesses are taking planning steps (e.g. banks and large corporations)
 - d) Utilities?
 - e) Food?
- 3. Community Mitigation
 - a) The most effective preventive, influenza vaccine, will take months to develop and distribute, so will not be a factor early in a pandemic. Hence other measures to decrease attack rates become important.

- b) Decreasing attack rates in the community...
 - a. ...lowers the peak number of cases in the first wave.
 - b. ...delays the peak of the first wave.
 - c. ...decreases the chance of overwhelming medical care systems.
 - d. ...potentially saves lives by keeping people from getting sick before vaccine is available.
- c) Social Distancing – decreasing the chance of exposure will decrease the attack rate:
 - a. Close schools and day care
 - b. Cancel large gatherings
 - c. Physical distancing in work places
 - d. Masks

IV. SECURES – Public Health internet alerting system (Federal – State –Local)

- A. 2006 - 07: Operational: Federal – State – Local Department, information moves down the chain. We then use fax and email to pass information on to local medical providers and other local partners.
- B. 2007 and Beyond: We will be able to enroll local partners and staff into SECURES and pass information on directly *and* access SECURES to send information originating locally up or down the communication chain.

V. West Nile Virus Planning (DCD)

- A. Is this the year? Idaho got hit in 2006. Plan is unchanged from last year.
- B. Dead Bird Surveillance
 - 1. To state for testing
 - 2. Mapping
- C. Mosquito trapping – not planned
- D. Animal Surveillance
- E. Human Disease Reporting (PHHS)
- F. Public Education
 - 1. Topics
 - a) Mosquito control education
 - b) Personal protection education
 - 2. Media
 - a) Lectures available as needed
 - b) Newspaper articles
 - c) Pamphlets
 - d) County employee protection
 - e) Physician updates
- G. Vector Control?
 - 1. Possibly in the event of a public health emergency

VI. Public Health Standards

- A. Standards were significantly revised and the revision was published in January 2007
- B. Public Health Indicators were also agreed upon and will be monitored in conjunction with the Standards
- C. Think of the Standards as “Process Evaluation” and results Public health Indicators as “Outcome Evaluation.”
- D. New Standards will not be strictly comparable to the old Standards
- E. New standards make better intuitive sense
- F. We participated in The Standards Review process May 2005
- G. Next Standard Review in 2008 (takes a lot of local time and energy)
- H. Future funding is likely to depend on Standards and Health Indicators performance.
- I. Per the Board report in 2006 the following *Next Steps* were identified as a result of the 2005 Standards evaluation:
 - 1. Steps upon which some progress has been made:
 - a) Develop a panel of health indicators, including access indicators, for use in tracking the county’s public health pulse over time.
 - b) Work on picking the low hanging fruit in Environmental Health by developing written policies and procedures pointed out on the assessment.
 - c) Keep the board involved/engaged (as time and resources permit)
 - 2. Steps upon which not much progress has been made:
 - a) Pioneer an [annual] *public health work plan* to help us plan and keep track of long term goals directed at improvement, growth, and infrastructure development (as opposed to day to day work)
 - b) The *public health work plan* may be made to align with the public health standards to facilitate the global evaluation of the department over time (and easier documentation compliance with the standards review in the future)
 - c) Set a delivery time for the first *public health work plan*
 - d) Keep the first *public health work plan* simple and doable
 - e) Keep all subsequent *public health work plans* simple and doable
 - f) Plug away at bits and pieces of assessment, planning and evaluation as time and resources permit under the framework of a *public health work plan*