

Jefferson County Public Health –Performance Measures Report 2016
Community Health – Communicable Disease Program

PROGRAMS: Communicable Disease (CD), Tuberculosis, Immunizations, Travelers Immunizations, Sexually Transmitted Disease, HIV, Syringe Exchange Program, Public Health Emergency Preparedness

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	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Planned	2016 Actual
Goal 1: Timely investigation of notifiable conditions.	Investigate reports of notifiable conditions per DOH disease specific guidelines. Develop & update protocols and forms as needed. Use DOH electronic reporting systems PHRED, PHIMS, and PHIMS-STD, to receive reports and send completed reports to DOH.	Total number of communicable disease reports confirmed, interventions applied and processed for reporting to the State	150	143	180 (21 gonorrhea)	201 (42 pertussis)	160	178
		Total number of STD cases reported to the State	57	83	103	69	80	73
		Number of chlamydia cases reported to the State: female, male, total	Fe: 36 M: 13 T: 49	Fe: 68 M: 13 T: 81	Fe: 59 M: 18 T: 77	Fe: 42 M: 15 T: 57	60	Fe: 41 M: 15 T: 56
		Number of gonorrhea cases reported to the State: female, male, total	Fe: 0 M: 1 T: 1	Fe: 2 M: 1 T: 3	Fe: 13 M: 8 T: 21	Fe: 5 M: 4 T: 9	9	Fe: 4 M: 7 T: 11
Goal 2: Inform medical providers about current CD trends, outbreaks, 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, emailed, or mailed to providers (not including DOH Influenza Updates)	14	15	23	8	15	17
Goal 3: Maintain the low rate of active Tuberculosis (TB) in Jefferson County	Encourage appropriate screening and treatment for latent TB infection and active TB disease.	Number of clients tested for TB infection with PPD or QFT test;	198	165	149	148	160	180
		Number of positive tests	0	3	2	2	2	1
		Number of clients started on preventive treatment for latent TB infection.	2	1	2	1	1	0
		Number of cases of active TB reported	0	0	0	0	0	0

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Goal 4: Work with local clinics and DOH to 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, and VFC program up-dates to VFC provider clinics in Jefferson County. Monitor VFC vaccine usage 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	5,403	5,067	4613	4724	4800	4627*
		Number & percent of doses of publicly funded vaccine (pediatric) administered by private health care providers	4,855 89.9%	4,545 89.7%	3967 86%	4222 89.4%	4200 88%	4198* 90.7%
		Number & percent of doses of publicly funded vaccine (pediatric) administered by JCPH	548 10.1%	522 10.3%	646 14%	502 10.6%	600 12%	429 9.3%

*Issues with the reporting function of the WA State Immunization Information System (IIS) have caused errors in the monthly Doses Administered reports, therefore the number for this report, for the Jefferson Healthcare clinics, is taken from the IIS Doses Ordered report.

Goal 5: Assure quality of immunization services in clinics providing VFC vaccines, as required by DOH.	Perform vaccine quality assurance visits for 50% of clinics annually. Assess childhood immunization rate for pediatric patients in 25% of clinics annually.	Number of clinics visited for VFC Program Quality Assessment and/or to assess childhood immunization rates in clinic patients.	2	2	2 +1 visit by DOH Total = 3 clinics	2 +1 visit by DOH Total = 3 clinics	1* +1 visit by DOH Total = 2 clinics	1* +1 visit by DOH Total = 2 clinics
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*Total number of clinics decreased to four in 2015 when two Jefferson Healthcare Clinics merged into one clinic, reducing required number of clinic assessments per year.

Goal 6: 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. Train on new modules as they become available.	Number of clinics using WAIS to order vaccine, track monthly vaccine inventory, 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	Clinics trained but module not functioning correctly.	4 (100%)	4 (100%)

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Goal 7: Maintain access to vaccines for international travel, in part to prevent travel associated outbreaks in Jefferson County.	Provide travel immunization clinic (includes all disease prevention recommendations, including for malaria and other diseases).	Number of clients immunized in travel immunization clinic	NA	Adults: 162	Adults: 140	Adults: 152	Adults: 150	Adults: 174
				0 – 18 yr: 23	0 – 18 yr: 31	0 – 18 yr: 55	0 – 18 yr: 35	0 – 18 yr: 36
				Total: 185	Total: 171	Total: 207	Total: 185	Total: 210
	Number of private supply vaccine doses (routine and travel) administered by JCPH (primarily for adults)	1,057	819	600	781	700	701	
Goal 8: 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 IIS registry, and some providers in Washington state don't participate in the registry. The CDC NIS survey is more complete.	Completeness of full immunization series for children seeing Jefferson County providers, at age 19-35 months: 4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hep-B, 1 Var, 4 PCV.	Jeff Co: 54% (IIS)	Jeff Co: 53% (IIS)	Jeff Co: 55% (IIS)	Jeff Co: 58% (IIS)	Jeff Co: 60%	Jeff Co: 63% (IIS)
			WA: 65% (NIS)	WA: 71% (NIS)	WA: 67% (NIS) 56% (IIS)	WA: 77% (NIS) 58% (IIS)		WA: (NIS NA) 59% (IIS)
				Jeff Co: 75%	Jeff Co: 78%	Jeff Co: 80%	Jeff Co: 82%	Jeff Co: 83%
				WA: 79%	WA: 82%		WA: 81%	
	Jeff Co: 69%	Jeff Co: 66%	Jeff Co: 70%	Jeff Co: 71%	Jeff Co: 73%			
	WA: 68%	WA: 68%		WA: 69%				
Goal 9: Participate in CHIP process to assist schools to increase student compliance with Washington State immunization requirements.	Provide training and assistance for school secretaries to access WAIS records for students. Provide schools with immunization information for parents. Link schools to updated State information on submitting annual immunization report.	Percent of Jefferson County kindergarten students out-of-compliance for required immunizations as reported to DOH in school immunization report each fall. *Some schools did not report in 2012 and 2013.	* Jeff Co: 31.9%	* Jeff Co: 11.2%	Jeff Co: 21.9%	Jeff Co: 30.5%	Jeff Co: 15%	Jeff Co: 11.1%
			WA: 7.5%	WA: 10.3%	WA: 10.9%	WA: 8.6%	WA: 8.2%	

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Goals	Objectives	Performance Indicators	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Planned	2016 Actual
Goal 10: 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	301	368	320	311	320	290
		Percent of female FP clinic clients age 24 and under screened for Chlamydia	56.5%	60.4%	63.4%	60.3%	62%	74.2%
		Number of chlamydia cases reported to the State, female, male, total	Fe: 36 M: 13 T: 49	Fe: 68 M: 13 T: 81	Fe: 59 M: 18 T: 77	Fe: 42 M: 15 T: 57	60	Fe: 41 M: 15 T: 56
Goal 11: Maintain access to HIV testing in the community.	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: 27	DOH Lab: 19	DOH Lab: 5	DOH Lab: 13	115	DOH Lab: 4
			Quest: 75	Quest: 75	Quest: 135	Quest: 112		Quest: 148
			Total: 102	Total: 94	Total: 140	Total: 125		Total: 152
Goal 12: 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	150	185	350	238	240	242
		Number of syringes exchanged	17,405	24,596	42,809	35,328	35,000	47,790
Goal 13: Prevent fatal opioid overdoses in Jefferson County.	Provide overdose prevention education to SEP clients. Provide naloxone, for opioid users, families and friends.	Number of naloxone kits dispensed, included training for proper use. New program in 2016.	NA	NA	NA	NA	45	45

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Goal 14: Annual report to BOH for CD Programs.	Complete Annual Report	Pass/Fail	PASS	PASS	PASS	PASS	PASS	PASS
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Goal 15: 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	PASS	PASS	PASS	PASS	PASS	PASS
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2016 STUDY/ANALYSIS OF RESULTS:

Communicable Disease

In each of the previous two years, the communicable disease team was required to respond to outbreaks, in addition to the non-outbreak related reports. There was a gonorrhea outbreak in 2014 and a pertussis outbreak in 2015. There were not any outbreaks in Jefferson County in 2016, however the overall number of notifiable conditions reported did not decrease to pre-2014 levels.

Immunizations

The value of Federal and State funded vaccines supplied to Jefferson County in 2016 was \$242,352.

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.

JCPH Immunization Program staff and County IT staff worked with DOH from mid-2015 through mid-2016 to develop, test, and continue to trouble shoot a data bridge for sending records from our EMR, EMDs, to WAIIS.

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.

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The CDC National Immunization Survey (NIS) has tracked national and state immunization rates since 1994. This is a telephone survey of parents, and immunization records are validated by clinical review. This survey reports 77% of Washington State children age 19-35 months completed the recommended full immunization series in 2015, up from 67% in 2014.

The WA State Immunization Information System (IIS) is a State immunization registry containing immunization records entered by health care providers and insurance plans. All Jefferson County VFC immunization providers submit records to the IIS. All children born in WA State are entered into the registry database at birth. Children moving into the state are not in the registry until an immunization record is entered. Some providers in the state are not yet contributing immunization records to the IIS. At times, the IIS servers are overloaded, both with records being sent from electronic medical record systems, and staff trying to use various modules, such as ordering, inventory, and doses administered. Records sent during these times may not make it into the registry. For all of these reasons, the IIS is missing some immunization records, causing the reported immunization rates from the IIS to be lower than the rates reported in the CDC NIS. WA DOH is planning an upgrade of their server capacity in the fall of 2017.

For the first time, in the spring of 2017, the State Department of Health (DOH) published IIS immunization rate reports for the State and all counties, going back to 2014. These reports are more complete than those JCPH staff can run from the IIS, in that children who receive immunizations from out-of-county providers have not been included in the reports available to local Health Department staff. JCPH in-house reports include only doses administered in our county. The ability to use the DOH generated reports provides a more accurate report for Jefferson County. Being able to compare our County rates with the State rates from the IIS report, instead of just the State rates from the CDC NIS, gives a better comparison, in that the rates are produced from the same database, with the same methodology.

Using the IIS reports, the full series completion rate for Jefferson County children, age 19-35 months, was 63% in 2016. This is up from 58% in 2015, and 55% in 2014. The WA State rate was 59% in 2016 and 58% in 2015.

Three possible causes for the immunization rate improvement since 2013 are: improved completeness of Jefferson County immunization records in WAIS; 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; and the beginning of the CHIP Immunization Workgroup efforts.

The Community Health Improvement Plan (CHIP) process for Jefferson County has identified improving immunization rates for children and adults as one of the four health priorities to be addressed. The planning process was completed in 2016 and the overall implementation process will be rolled out in 2017. Some of the immunization improvement activities started in mid-2016, through the work of the CHIP Immunization Workgroup.

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The Jefferson County out-of-compliance rate for students entering kindergarten (incomplete immunizations or no records on file) decreased from 30.5 % in 2015 to 11.1% in 2016. The State rate was 8.2% in 2016. The JCPH Immunization Program staff have been working with the schools, providing training on registering for and using WAIS, to assist parents to get their child’s immunization records. Part of JCPH’s partnership with the schools includes entering immunization records into WAIS for any student with out-of-state records. JCPH has been providing updated fliers for schools to include in the kindergarten registration packets, to help parents understand which immunizations are required for school and where these immunizations are available. JCPH has been working with schools to encourage and support the enforcement of State immunization requirements for school attendance. JCPH also sent an updated flyer, specific to immunizations required for child care, to the Department of Early Learning Child Care Licensor for Jefferson County, to send to all of the child care facilities.

The immunization exemption rate for Jefferson County students entering kindergarten increased in 2016, after having decreased for the past three years. The exemption rate for 2016 was 13.5%, up from 7.5% in 2015, 8.2% in 2014, and 11.7% in 2013. The WA State rate for 2016 was 4.7%. The 2015 exemption rate for Jefferson County had been the lowest recorded in the past 15 years. This is an issue that the CHIP work will continue to address.

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, 2015, and 2016.

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 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.

STD Prevention

The JCPH Family Planning and STD clinic follows the CDC screening recommendations for high risk age groups. The percent of female FP clients under age 25 screened for chlamydia increased to 74.2% in 2016, from 60.3% in 2015 and 63.4% in 2014 (Ahlers data). The 2015 WA State screening chlamydia rate for women in this age group covered by Medicaid was 51%, and was 39% for those with commercial health insurance (WA Health Alliance data). The 2015 national screening rate for all providers was 49.8% (HEDIS data).

The number of chlamydia cases reported in 2016, at 56, remained similar to that in 2015, at 54. The past two years have seen a decrease in the number of cases reported, with 76 cases in 2014 and 78 cases in 2013. In the previous 5 years, 48-58 cases were reported per year. Fifty two percent of 2016 cases were diagnosed through the JCPH clinic, 30% were diagnosed through Jefferson Healthcare clinics, and 18% were diagnosed at other clinics, mostly out of county. The number of reported cases reflects both the disease incidence and the testing rates for all providers. JCPH STD Program staff assure that exposed partners are treated, both for cases diagnosed at the JCPH clinic, and those diagnosed at other provider clinics.

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The number of reported gonorrhea cases has not decreased to the pre-2014 baseline, after an outbreak in 2014 resulted in 21 cases. There were 9 cases reported in 2015 and 11 cases in 2016. In the previous 5 years, 1-3 cases were reported per year. JCPH 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 increased in 2016, with 242 visits, up from 238 visits in 2015. The number of syringes dispensed was 47,790, up from 35,328 in 2015 and 42,809 in 2014. Twenty eight new clients visited the SEP in 2016. 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 2016 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. The total number of HIV tests increased from to 152, from 125 in 2015 and 140 in 2014.

HIV case management services are provided by a regional staff person for Jefferson, Kitsap, and Clallam Counties. In 2016 JCPH arranged for this case manager to use one of our clinic rooms for client visits, to facilitate wrap-around services. The case manager is at JCPH two times per month.

Public Health Emergency Preparation and Response

Staff participated in Region 2 Healthcare Preparedness meetings, local Healthcare Coalition meetings, the Jefferson Healthcare Emergency Operations Committee meetings, JPREP and DEM meetings, and worked with neighborhood preparedness groups. Staff helped plan and participated in the three day statewide Cascadia Rising 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.