

JEFFERSON COUNTY HEALTH DEPARTMENT BOARD OF TRUSTEES MEETING

405 Main Street, Hillsboro, MO 63050

LIVE BROADCAST AVAILABLE VIA – YouTube

@<https://www.youtube.com/channel/UCACuytmq2kUAI65z3AYsmYw>

March 28, 2024, 4:00 PM TENTATIVE AGENDA

NOTICE TO BOARD AND ALL ATTENDEES:

The Board's meeting will be open for physical attendance by the public and the public may virtually attend the meeting via the above-referenced link. In addition, anyone wishing to have a comment read to the Board during the meeting should email same to the attention of the Chair at least twenty-four (24) hours in advance to communications@jeffcohealth.org. Requests for information contained in records may be referred by the Chair to the Custodian of Records to process as a Sunshine Law request.

i. Call to Order – Mr. Timothy Pigg, Chair

ii. Roll Call – Ms. Jennifer Pinkley, Recording Secretary

iii. Reading of the JCHC Mission, Vision and Purpose – Mr. Dennis Diehl, Trustee

1. Mission: JCHD will champion positive health outcomes and behaviors through innovative programs and community engagement.
2. Vision: Advancing the health and safety of Jefferson County
3. Purpose of the Health Center – RSMO 250.050 - The JCHD is established, maintained, and operated for the improvement of health of all inhabitants of Jefferson County.

iv. Call for the Orders of the Day – Mr. Timothy Pigg, Chair

1. Approval of Agenda
2. Welcome of Guests

v. Approval of Minutes and Expenditures – Mr. Timothy Pigg, Chair

1. Approval of February 20, 2024 Special Meeting Minutes
2. Approval of February 22, 2024 Meeting Minutes
3. Approval of February 2024 Expenditures
4. Approval of February 2024 Electronic Payments
5. Pre-Approval of April 2024 Electronic Payments

vi. Public Health Report

1. Clinical Services Report – Ms. Melissa Parmeley, Clinical Services Manager
2. Community Services Report – Ms. Jeana Vidacak, Community Services Manager
3. Health Communications Report – Ms. Brianne Zwiener, Health Communications Manager

vii. Public Comments – "Pursuant to Resolution 05-15-01, any person who desires to make public comment shall, prior to the meeting, submit a speaker's request to include the speaker's name, address and subject matter to the Board. Upon being recognized by the Board Chair, such person may speak on any topic relevant to the business of the JCHC as set forth on the speaker request form. In the interest of fairness to other persons wishing to speak and to other individuals or groups having business before the Board, each speaker shall limit comments to five (5) minutes; however, if a large number of people wish to speak, the speaking time may be shortened by the Board Chair to no less than three (3) minutes per speaker. Each speaker may only speak once and may not yield/credit his/her time to another speaker. The Board Chair shall let the speaker know that their time has expired, and the speaker shall stop speaking. Each person who desires to make a public comment shall do so in an orderly manner and shall not engage in conduct that disrupts, disturbs, or otherwise impedes the orderly conduct of the Board

meeting. Any person who so disrupts, disturbs, or otherwise impedes the meeting, shall, at the discretion of the Board Chair, be subject to the removal from that meeting."

viii. Old Business – Mr. Timothy Pigg, Chair

1. New Building Updates

ix. Closed Session –

A part of the meeting with closed meeting, closed record and closed vote may be conducted by the Board of Trustees relating to legal action, causes of action or litigation involving the Jefferson County Health Department [610.021 (1)], any confidential or privileged communications between the Board of Trustees of the Jefferson County Health Department or its representatives and its attorneys [610.021 (1)], Hiring, firing, disciplining or promoting of particular employees by a public governmental body when personal information about the employee is discussed or recorded [610.021 (3)] and records which are protected from disclosure by law [610.021 (14)].

1. Approval of February 20, 2024, Closed Special Meeting Minutes

x. New Business – Mr. Timothy Pigg, Chair

1. Presentation of 2023 Annual Report
2. Act on Recommendation to Approve Temporary Pay increase for Deputy Director, retroactive to February 1, 2024
3. Entertain topics for next agenda by Trustees (limit to 3 topics, requires a second to place item on next agenda)

xi. Adjournment

***Underlined items will require a vote** ANY ITEMS MAY BE TAKEN OUT OF SEQUENCE AT THE DISCRETION OF THE BOARD OF TRUSTEES. ANY AGENDA ITEMS NOT PREVIOUSLY RESOLVED MAY BE BROUGHT UP FOR DISCUSSION AND APPROPRIATE ACTION AT THE DISCRETION OF THE BOARD. IN THE CASE OF AN EMERGENCY OF THE JEFFERSON COUNTY HEALTH DEPARTMENT AND WHERE A VOTE IS REQUIRED AND A QUORUM OF THE BOARD IS PRESENT, LESS THAN A QUORUM OF THE BOARD MAY ALSO PARTICIPATE IN THE VOTE VIA TELEPHONE, FACSIMILE, INTERNET, OR ANY OTHER VOICE OR ELECTRONIC MEANS.



STRATEGIC UPDATES

- New Interim Executive Director: I have been working with the administration team to help with this transition. Staff seem to be accepting of the change and we are moving forward with projects. We are working to ensure our vendors and community partners are aware of the change. There is an extensive list of services that require the executive director's name which must be changed. Offices have been moved to take advantage of all the space available.
- New Building update: Excavation continues at the new building site. The contractor is working on providing a cost for the excavation of the rock and dirt and the compaction of the fill area. Working to complete Ameren easement for utilities. We have a "Future Home of Jefferson County Health Department" sign at the site.
- Hillsboro Satellite office: We are no longer leasing this office next to our main office as of February 1st. Owner allowed partial use of the lower parking lot until April 1st.

CURRENT CHALLENGES OR COMMUNITY UPDATES IMPACTING JCHD

- Working through the challenges of new executive director. There are many projects that need to be completed, such as Strategic Planning, Pay Plan and Job Descriptions.

PUBLIC RELATIONS

- Tim Pigg, Dennis Diehl, Jennifer Pinkley, Brianne Zwiener and Steve Sikes attended the Jefferson County Growth Association State of the County Breakfast on February 9th at the Herculaneum High School.



Jefferson County Health Department will champion positive health outcomes and behaviors through innovative programs and community engagement.

Health Communications Board Report- March 2024

(Analytics will be presented on a quarterly basis)

Grant/Contract Deliverables: Community awareness, education, and marketing are part of most contract and grant funds received by the health department. The Health Comms team plays a vital role in developing campaigns, creating and disseminating content, and implementing services and programs related to agency contract/grant funding.

- **Overdose Data to Action Grant**

- Jefferson County Drug Prevention Coalition meeting (42 In attendance)
- Overview/reveal of JCHD's Overdose Data Dashboard during JCDPC meeting with partners. Conversation regarding ongoing dashboard review by workgroup to help determine needs/priorities for areas identified in Jeffco.
- Updated Substance Use Disorder Resource Sheet (created by JCDPC members) was emailed to community partners for distribution.
- Worked with PEERS who have established membership with JCDPC & JCCU groups to help with linkage to care.
- Met with Atlas Youth Outreach to learn more about their program and encourage collaboration with JCDPC membership.
- Narcan doses distributed: 17 boxes (34 doses)- zip codes: 63050 & 63052

- **Maternal Child Health Contract**

- Submitted amendments to this year's activities on the work plan.
- Compiled and submitted a mid-year report.
- Began work on website resource page and communications toolkit.
- Planned out programs and offerings for upcoming community events.

- **Adult Immunization Grant**

- Finished the last segment of the newspaper ad education campaign.

Foundational Areas: Injury Prevention, Maternal, Child, & Family Health, Linkage to Resources, Communicable Disease Prevention

Foundational Capabilities: Communications, Emergency Preparedness & Response, Organizational Administrative Competencies, Assessment and Surveillance, Community Partnership Development, Accountability & Performance Management

Health Communications Report (cont'd)

Community Engagement: Health Comms team members are often out in the community at various events and locations, providing services and education, learning more about population needs, and developing partnerships.

- Jefferson County Drug Prevention Coalition meeting (42 In attendance)- presentation was the reveal/overview of JCHD's Overdose Data Dashboard.
- Meeting with a representative from Faith Community Church in High Ridge to discuss JCHD/church programs, gaps in services, connection with community partners, and potential involvement with the Unhoused Coalition.
- Substance Use Prevention Advocacy Day in Jefferson City. Jillian and JCDPC members visited Representatives Casteel, Bonacker, Reuter & Amato about issues we are facing in Jeffco and encouraged them to get involved with JCDPC.
- Car Seat Program: 9 car seats were provided and installed, and 9 additional car seats were checked by our certified car seat technician.

Foundational Areas: Chronic Disease Prevention, Injury Prevention, Maternal, Child, & Family Health, Linkage to Resources,

Foundational Capabilities: Communications, Community Partnership Development, Emergency Preparedness & Response, Organizational Administrative Competencies, Policy Development & Support, Assessment & Surveillance

Organization & Workforce Development: The Organizational Development Specialist works on all aspects of developing the agency and our workforce through assessments, training, and quality improvement.

- Completed staff survey results analysis and summary sheets including comparison of PHP questions from 2018 to 2023.
- Continued to update JCHD Workforce Development Plan with information gathered from Core Competency survey.
- Planned the March Professional Development Day agenda, trainings, and staff accommodations.
- Facilitated JCHD Leadership Meeting Training topic on 'Shaping Organizational Culture'.
- Updated job postings and continued to work through recruitment process for open positions.

Foundational Capabilities: Communications, Organizational Administrative Competencies, Accountability & Performance Management, Assessment and Surveillance, Policy Development & Support



Jefferson County Health Department will champion positive health outcomes and behaviors through innovative programs and community engagement.

Community Services Board Report- March 2024 (Analytics and Updates from February 2023)

The Community Services Department consists of our Communicable Disease Prevention Team, Environmental Public Health Team, Public Health Preparedness Planner and the Special Healthcare Needs Team. This department manages non-clinical public health programs.

Foundation of Public Health Module Areas of Capability and Expertise:

Communicable Disease Prevention:

Communicable Disease Monthly Report: February notable cases include a travel-related Dengue Fever case and a Tularemia case from an exposure to a wild animal carcass.

Dengue Fever: Dengue viruses are spread to people through the bite of an infected Aedes species mosquito. These types of mosquitoes also spread Chikungunya and Zika viruses. Almost half of the world's population, about 4 billion people, live in areas with a risk of dengue. Dengue is often a leading cause of illness in areas with risk. Most dengue cases reported in the 49 continental US states occur in travelers infected elsewhere. The best way to protect yourself from dengue is to protect yourself from mosquito bites.

Tularemia: Tularemia is a highly infectious disease of animals and humans caused by the bacterium *Francisella tularensis* (F. tularensis). Humans may be infected by several different routes including tick and deer fly bites (and possibly other biting insects), skin contact with infected animals, ingestion of contaminated water, laboratory exposure, or inhalation of contaminated dusts or aerosols. Exposure may also be the result of bioterrorism. Transmission of tularemia from person to person has not been reported. In the United States, ticks that transmit tularemia to humans include the dog tick, the wood tick, and the lone star tick. The bacterium that causes tularemia is highly infectious and can enter the human body through the skin, eyes, mouth, or lungs. Symptoms vary depending on how the person was infected. Tularemia can be life-threatening, but most infections can be treated successfully with antibiotics. Tularemia can be difficult to diagnose. It is a rare disease, and the symptoms can be mistaken for other, more common, illnesses. For this reason, it is important to share with your health care provider any exposures, such as tick and deer fly bites, or contact with sick or dead animals.

Communicable Disease Prevention continued:

Mission: Capacity to prevent and stop the spread of disease through strategies such as surveillance, investigation, education, and interventions.

Programs: Communicable Disease Investigation, Vector Control, Animal Bite Investigations

Funding Sources: Public Health Emergency Preparedness (PHEP) MDHSS Contract, Epidemiological and Laboratory Capacity Enhancing Detection Expansion (ELC-EXP) MDHSS Contract.

Communicable Disease Surveillance Summary Report

Communicable Disease Surveillance Summary Report - Febraury 2024

Jefferson County, Missouri

NOTES ON THE DATA:

- All data and information are conditional and may change as more reports are received.
- Case definitions are established by the Missouri Department of Health and Senior Services' (DHSS) Communicable Disease Investigation Reference Manual. The totals reflect the number of confirmed and probable cases reported; suspect cases are not included.
- Data is reported in epidemiologic weeks established by the CDC's Morbidity and Mortality Weekly Report (MMWR). The MMWR week starts on a Sunday and ends on Saturday. Values for MMWR week range from 1 to 53, although most years consist of 52 weeks. The 2024 MMWR calendar began on December 31, 2023.
- Case date may be based on the onset date, diagnosis date, specimen date, or test date.
- Excluded from this report are Sexually Transmitted Diseases, Influenza, and COVID-19.
- Jefferson County Health Department monitors all reportable disease cases year-round. Figures 1. and 2. include detailed views of diseases or conditions that may be of importance during the time of year this report is published. Variables such as outbreaks or the seasonality of communicable diseases may affect the number of cases per month and call for a more in-depth look. Seasonal change in the incidence of infectious diseases is common.

Additional Sources of Information:

Jefferson County Health Department's Respiratory Illness page

- <https://www.jeffcohealth.org/respiratory-illnesses>

Missouri Department of Health and Senior Services Influenza Surveillance Report

- <https://health.mo.gov/living/healthcondiseases/communicable/influenza/dashboard.php>

Missouri Department of Health and Senior Services, Communicable Disease Investigation Reference Manual

- <https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/cdmanual/index.php>

Table 1. Number of Enteric Cases by Month, Jefferson County, Missouri

Disease or Condition	Five Previous Months					Year to Date Comparison		
	October 2023	November 2023	December 2023	January 2024	February 2024	YTD 2024	YTD 5 Previous Year Mean	YTD Alert ¹
Campylobacteriosis	0	2	1	0	2	2	3.2	
Cryptosporidiosis	0	0	0	0	0	0	0.2	
Cyclosporiasis	0	0	0	0	0	0	0	
E. Coli O157:H7	0	0	0	1	0	1	0	
E. Coli Shiga Toxin +	0	0	0	1	0	1	0.8	
Giardiasis	1	0	1	2	0	2	0	*
Hepatitis A Acute	0	0	0	0	0	0	0.8	
Listeriosis	0	0	0	0	0	0	0.2	
Salmonellosis	2	4	2	1	0	1	3.6	
Shigellosis	0	2	0	0	1	1	0	
Yersiniosis	0	0	1	0	0	0	0.4	
Enteric Totals	3	8	5	5	3	8	9.2	

¹ Year- to- Date alerts represent an increase of at least one standard deviation for total cases in the current year compared to the same time period in the five previous years.

**Table 2. Number of Respiratory and Systemic Disease Cases by Month,
Jefferson County, Missouri**

Disease or Condition	Five Previous Months					Year to Date Comparison		
	October 2023	November 2023	December 2023	January 2024	February 2024	YTD 2024	YTD 5 Previous Year Mean	YTD Alert
Coccidioidomycosis	0	0	0	0	0	0	0	
Haemophilus Influenzae, Invasive	0	1	2	1	0	1	1.6	
Legionellosis	2	2	0	0	0	0	0.2	
Measles	0	0	0	0	0	0	0	
Pertussis	0	0	1	1	0	1	4	
Staph Aureus, VISA	0	0	0	0	0	0	0.2	
Streptococcus Pneumoniae, Invasive	0	1	3	3	3	6	4.8	
Streptococcal Toxic Shock Syndrome	0	0	0	0	0	0	0	
Varicella	0	0	0	0	0	0	1	
Respiratory and Systemic Totals	2	4	6	5	3	8	11.8	

**Table 3. Number of Vector-Borne Cases by Month,
Jefferson County, Missouri**

Disease or Condition	Five Previous Months					Year to Date Comparison		
	October 2023	November 2023	December 2023	January 2024	February 2024	YTD 2024	YTD 5 Previous Year Mean	YTD Alert
Anaplasma Phagocytophilum	0	0	0	0	0	0	0	
Babesiosis	0	0	0	0	0	0	0	
Dengue Fever	0	0	0	0	1	1	0	
Ehrlichia Chaffeensis	0	0	0	0	0	0	0	
Ehrlichia Ewingii	0	0	0	0	0	0	0	
Ehrlichiosis Anaplasmosis Undetermined	0	1	0	0	0	0	0	
Lyme	0	0	0	0	0	0	0	
Malaria	0	0	0	0	0	0	0	
Q Fever	0	0	0	0	0	0	0	
Rocky Mountain Spotted Fever	0	0	0	0	0	0	0.2	
Tularemia	0	0	0	0	1	1	0	
Vector-Borne Totals	0	1	0	0	2	2	0.2	

**Table 4. Number of Other/Miscellaneous Cases by Month,
Jefferson County, Missouri**

Disease or Condition	Five Previous Months					Year to Date Comparison		
	October 2023	November 2023	December 2023	January 2024	February 2024	YTD 2024	YTD 5 Previous Year Mean	YTD Alert
Animal Bites	20	21	19	14	18	32	26.8	*
MOTT	1	1	2	0	1	1	3.8	
Rabies Animal	0	0	0	0	0	0	0	
Rabies Post Exposure Prophylaxis	0	2	1	0	0	0	1.4	
TB Disease	0	1	0	0	0	0	0.4	
TB Infection	2	3	1	3	0	3	5.2	
Other/Miscellaneous Totals	23	28	23	17	19	36	37.6	

Figure 1. Strep Pnuemoniae, Invasive

Jefferson County, Missouri

Strep Pneumoniae, also called pneumococcus, is a bacterium that causes acute infection. Strep pneumoniae bacteria can cause many types of infections, such as pneumonia, meningitis, sinusitis, and bacteremia. Some of these infections can be life-threatening. Some pneumococcal infections are considered "invasive" when the infection occurs in areas of the body that are normally sterile. Two pneumococcal vaccines are available in the United States to help protect against pneumococcal disease. There were 3 cases of Strep Pneumoniae, Invasive reported during February 2024 in Jefferson County. During the previous 5 years, the number of cases has ranged from 0 to 8 per month.

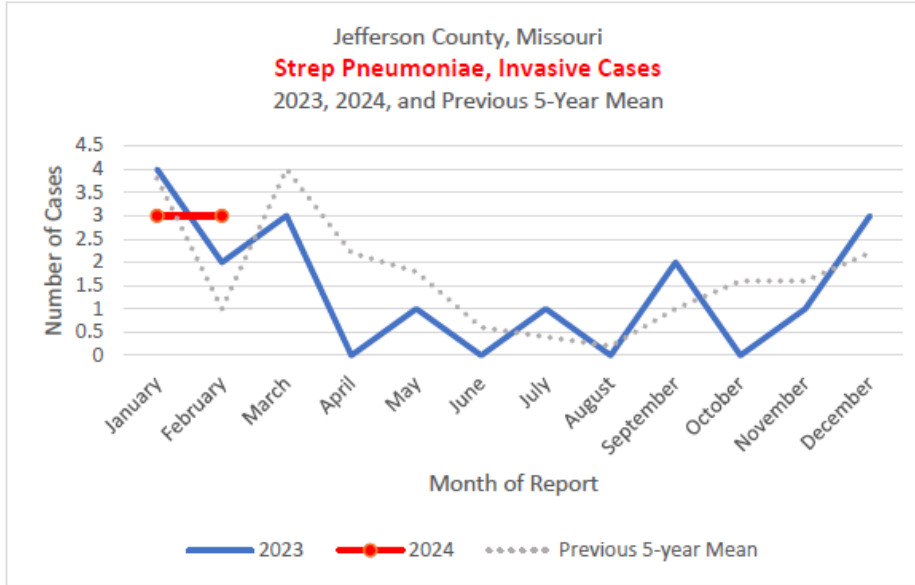
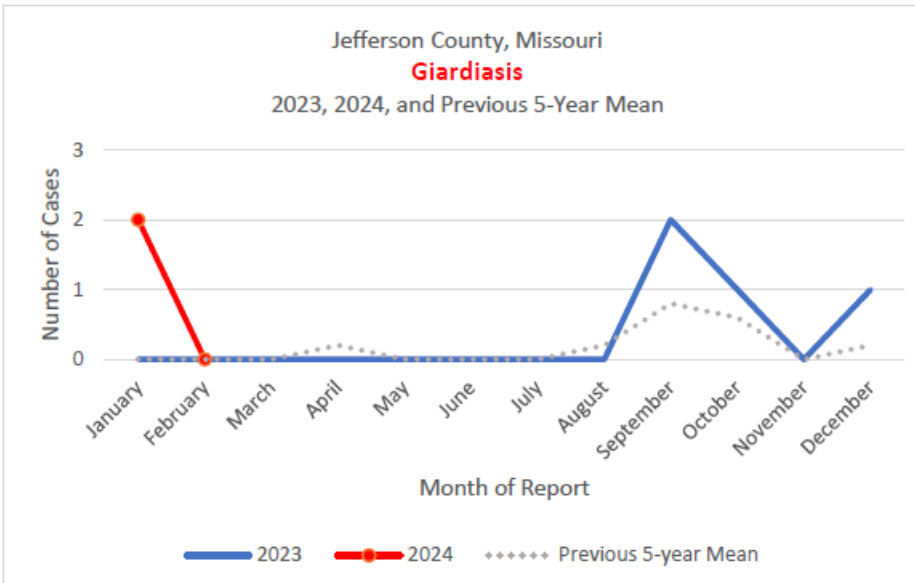


Figure 2. Giardiasis

Jefferson County, Missouri

Giardia is a tiny parasite that causes the diarrheal disease giardiasis. Giardia is found on surfaces or in soil, food, or water that has been contaminated with feces from infected people or animals. You can get giardiasis if you swallow Giardia germs. Giardia spreads easily and can spread from person to person or through contaminated water, food, surfaces, or objects. The most common way people get sick is by swallowing contaminated drinking water or recreational water (for example, lakes, rivers, or pools). Healthcare providers can prescribe the proper antiparasitic medications to help reduce the amount of time symptoms last. Asymptomatic infection is also common. There were 0 cases of Giardiasis reported during February 2024 in Jefferson County. During the previous 5 years, the number of cases has ranged from 0 to 2 per month. A year-to-date alert has been noted for Giardiasis. Year-to-date alerts are present when the total cases in the current year are more than one standard deviation above the mean for the same time period in the previous five years.



Increase in Global and Domestic Measles Cases and Outbreaks

As of March 22, 2024

Overview of Measles: Measles is an acute viral illness caused by a virus in the family paramyxovirus, genus Morbillivirus.

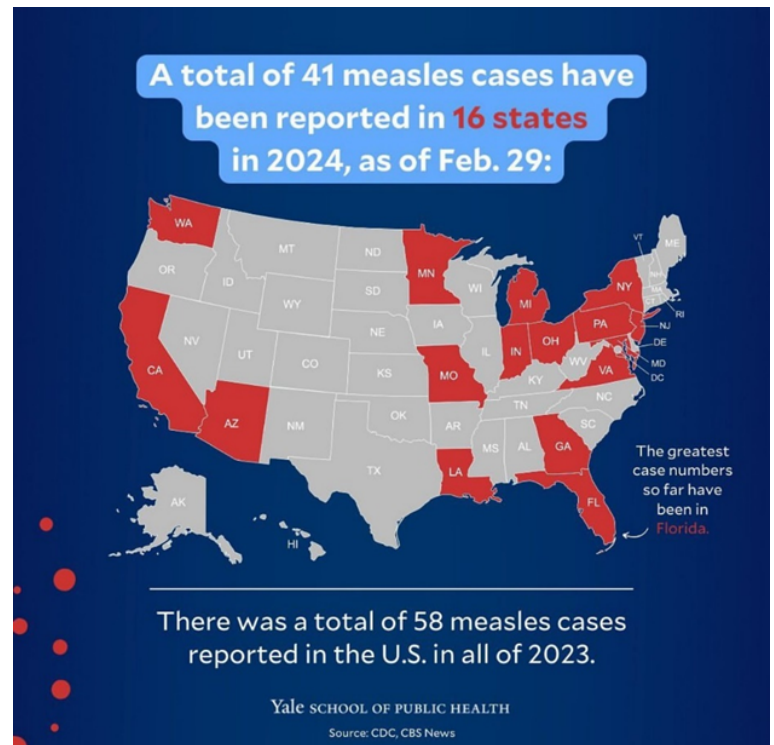
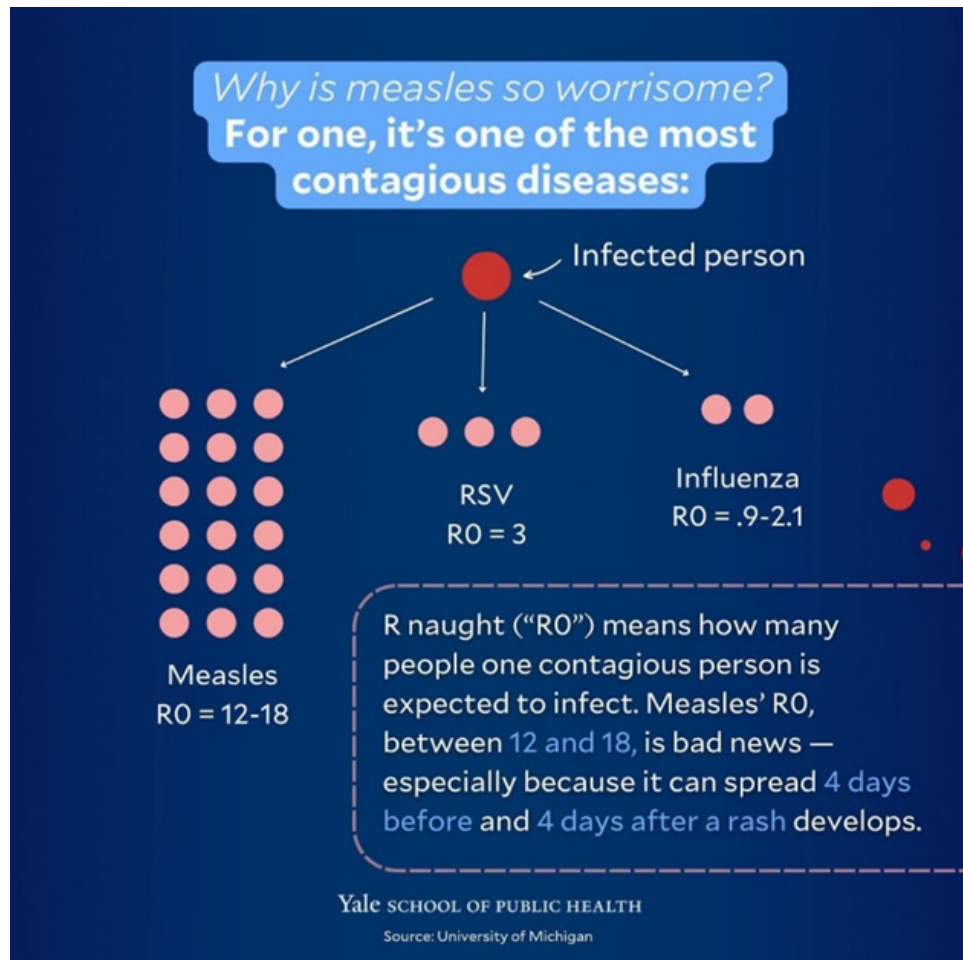
- Measles is characterized by fever (as high as 105°F) and malaise, cough, coryza (runny nose), and conjunctivitis (red, watery eyes), followed by a maculopapular rash.
- The rash spreads from the head to the trunk to the lower extremities.
- The incubation period for measles from exposure to fever is usually about 10 days (range 7 to 12 days), while rash onset is typically around 14 days (range 7 to 21 days) after initial exposure.
- Individuals infected with measles are contagious from 4 days before the rash starts through 4 days afterward.
- The virus is transmitted through direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes.
- The measles virus can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area.
- Measles is so contagious that if one person has it, up to 90% of the people close to that person who are not immune will also become infected.
- Animals do not get or spread measles.
- Measles is usually a mild or moderately severe illness. However, measles can result in complications such as pneumonia, encephalitis, and death.
- Approximately one encephalitis and two to three deaths may occur for every 1,000 reported measles cases.
- **The best thing you can do to protect yourself and your community is to make sure you and all of your loved ones get vaccinated on time according to the CDC's routine immunization schedule.**

History of Measles in MO: From January 2013- March 2024, one confirmed case of Measles was reported in Jefferson County, MO. Data before January 2013 is not available. The only measles cases from the current 2024 outbreak come from the Northwest District of MO (Clay County).

Overview of the current US Measles outbreak: The CDC has been notified of 58 confirmed U.S. cases of measles across 17 jurisdictions (Arizona, California, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York City, Ohio, Pennsylvania, Virginia, and Washington), including seven outbreaks in seven jurisdictions compared to 58 total cases and four outbreaks reported the entire year in 2023. Among the 58 cases reported in 2024, 54 (93%) were linked to international travel. Most cases reported in 2024 have been among children 12 months and older who had not received the measles-mumps-rubella (MMR) vaccine. Many countries, including travel destinations such as Austria, the Philippines, Romania, and the United Kingdom, are experiencing measles outbreaks. To prevent measles infection and reduce the risk of community transmission from importation, all U.S. residents traveling internationally, regardless of destination, should be current on their MMR vaccinations.

Jefferson County Public Health Emergency Operations Center (PHEOC): The Jefferson County Public Health Emergency Operations Center was activated on March 22, 2024, at Level 1 for awareness and event planning. The Communicable Disease team are reviewing policy and procedures in preparation for an active case in Jefferson County.

Increase in Global and Domestic Measles Cases and Outbreaks continued





MEASLES

More than just a rash

Current situation

As vaccine uptake continues to decrease, measles cases have emerged in several states, including Missouri.

Updated: March 2024

JEFFERSON COUNTY

**KINDERGARTEN
VACCINATION RATE**
STATE OF MISSOURI (2023)

90.50%

PRELIMINARY, SELF-REPORTED DATA FOR FULLY VACCINATED STUDENTS

**KINDERGARTEN
VACCINATION RATE**
JEFFERSON COUNTY (2023)

92.67%

PRELIMINARY, SELF-REPORTED DATA FOR FULLY VACCINATED STUDENTS

**KINDERGARTEN
EXEMPTION RATE**
JEFFERSON COUNTY (2023)

3.07%

PRELIMINARY, SELF-REPORTED DATA FOR FULLY VACCINATED STUDENTS

What you need to know

- 1. Measles is a very contagious disease. One person with measles can easily pass it on to 9 out of 10 people around them who are unvaccinated or do not have natural immunity.**
- 2. Measles can be very dangerous, especially for babies and immunocompromised adults, and a significant proportion of measles cases will need hospitalization.** One in 5 infected persons develops pneumonia, which could be fatal. In some cases, a brain infection may occur and result in swelling, brain damage or death.
- 3. Herd immunity** is crucial for preventing disease outbreaks in the community and protecting vulnerable populations who cannot receive vaccines. It can be achieved by 95% of a community being fully vaccinated by two doses of the MMR vaccine.
- 4. Missouri's measles vaccination rate of 90.5% is too low to protect our kids from outbreaks** based on preliminary school-reported data.
- 5. Two doses of the MMR vaccine provides 97% lifetime protection against measles.**

<https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html>

According to the CDC vaccine data report, the 2022-2023 national vaccination rate for MMR is 93.1%, with the highest percentage rate in 2019-2020 with 95.2% of kindergarteners being vaccinated.

Measles Quick Facts



Fever
(103-105°F)



Red Blotchy
Rash



Red Inflamed
Eyes



Runny
Nose



Cough and
Sore Throat



White Spots

Symptoms



- Most measles cases are among preschool children, adolescents and young adults.
 - Anyone who isn't vaccinated is at risk of getting measles, regardless of age.
- Measles symptoms usually appear in two stages, starting 1 – 2 weeks after a person has been exposed to the virus.
 - The first stage starts with a runny nose, cough, a rising fever and eyes may become red and sensitive to light.
 - The second stage begins about 3 – 7 days later and includes a high temperature and a red blotchy rash that begins on the head and works its way down the body.
- A person with measles is contagious from 4 days before the rash appears until 4 days after the rash appears.
 - It spreads through the air when a person with measles coughs or sneezes and can live in the air for up to 2 hours.
 - It can also live on surfaces.

Severe Complications



Pneumonia



Severe Diarrhea



Brain Infection



Blindness



Ear Infection

Vaccination: Safe and Effective

Two doses lasts a lifetime, providing 97% protection



Vaccination offers the best protection against measles. Children should be vaccinated against measles at 12 – 15 months old and again at 4 – 6 years old.



Scan for more

This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
March 18, 2024, 12:30 PM ET
CDCHAN-00504

Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination

***** Missouri healthcare providers please contact your local public health agency or the Missouri Department of Health and Senior Services' (DHSS') Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7) with questions regarding this CDC Health Advisory, to report a patient suspected of having measles, or to request measles testing through the Missouri State Public Health Laboratory. *****

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians and public health officials of an increase in global and U.S. measles cases and to provide guidance on measles prevention for all international travelers aged ≥ 6 months and all children aged ≥ 12 months who do not plan to travel internationally. Measles (rubeola) is highly contagious; one person infected with measles can infect 9 out of 10 unvaccinated individuals with whom they come in close contact. From January 1 to March 14, 2024, CDC has been notified of 58 confirmed U.S. [cases of measles](#) across 17 jurisdictions, including seven outbreaks in seven jurisdictions compared to 58 total cases and four outbreaks reported the entire year in 2023. Among the 58 cases reported in 2024, 54 (93%) were linked to international travel. Most cases reported in 2024 have been among children aged 12 months and older who had not received measles-mumps-rubella (MMR) vaccine. Many countries, including travel destinations such as Austria, the Philippines, Romania, and the United Kingdom, are experiencing measles outbreaks. To prevent measles infection and reduce the risk of community transmission from importation, all U.S. residents traveling internationally, regardless of destination, should be current on their MMR vaccinations. Healthcare providers should ensure children are current on routine immunizations, including MMR. Given currently high population immunity against measles in most U.S. communities, the risk of widescale spread is low. However, pockets of low coverage leave some communities at higher risk for outbreaks.

Background

[Measles](#) is a highly contagious viral illness and can cause severe health complications, including pneumonia, encephalitis (inflammation of the brain), and death, especially in unvaccinated persons. Measles typically begins with a prodrome of fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting 2 to 4 days before rash onset. The incubation period for measles from exposure to fever is usually about 10 days (range 7 to 12 days), while rash onset is typically visible around 14 days (range 7 to 21 days) after initial exposure. The virus is transmitted through direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes, and can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area. Individuals infected with measles are contagious from 4 days before the rash starts through 4 days afterward.

Declines in measles vaccination rates globally have increased the risk of measles outbreaks worldwide, including in the United States. Measles cases continue to be brought into the United States by travelers who are infected while in other countries. As a result, domestic measles outbreaks have been reported in most years, even following the declaration of U.S. [measles elimination](#) in 2000. Most importations come from unvaccinated U.S. residents.

Measles is almost entirely preventable through vaccination. MMR vaccines are safe and highly effective, with two doses being 97% effective against measles (one dose is 93% effective). When more than 95% of people in a community are vaccinated (coverage $>95\%$) most people are protected through community

immunity (herd immunity). However, [vaccination coverage among U.S. kindergartners](#) has decreased from 95.2% during the 2019–2020 school year to 93.1% in the 2022–2023 school year, leaving approximately 250,000 kindergartners susceptible to measles each year over the last three years. Thirty-six states plus the District of Columbia (DC) had less than 95% MMR coverage among kindergartners during the 2022–2023 school year. Of states with less than 95% MMR coverage, ten reported more than 5% of kindergartners had medical and nonmedical exemptions, highlighting the importance of targeted efforts at increasing [vaccine confidence](#) and access.

Recommendations for Healthcare Providers

- Schools, early childhood education providers, and healthcare providers should work to ensure students are current with [MMR vaccine](#).
 - Children who are not traveling internationally should receive their first dose of MMR at age 12 to 15 months and their second dose at 4 to 6 years.
- All U.S. residents older than age 6 months without evidence of immunity who are planning to travel internationally should receive MMR vaccine prior to departure.
 - Infants aged 6 through 11 months should receive one dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should receive two more doses of MMR vaccine, the first of which should be administered when the child is age 12 through 15 months and the second at least 28 days later.
 - Children aged 12 months or older should receive two doses of MMR vaccine, separated by at least 28 days.
 - Teenagers and adults without evidence of measles immunity should receive two doses of MMR vaccine separated by at least 28 days.
- At least one of the following is considered evidence of measles immunity for international travelers: 1) birth before 1957, 2) documented administration of two doses of live measles virus vaccine (MMR, MMRV, or other measles-containing vaccine), or 3) laboratory (serologic) proof of immunity or laboratory confirmation of disease.
- Consider measles as a diagnosis in anyone with fever ($\geq 101^{\circ}\text{F}$ or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis who has recently been abroad, especially in countries with ongoing [outbreaks](#). When considering measles, then:
 - Isolate: Do not allow patients with [suspected](#) measles to remain in the waiting room or other common areas of a healthcare facility; isolate patients with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR) if available, or in a private room with a closed door until an AIIR is available. Healthcare providers should be adequately protected against measles and should adhere to standard and airborne precautions when evaluating suspect cases, regardless of their vaccination status. Healthcare providers without evidence of immunity should be excluded from work from day 5 after the first exposure until day 21 following their last exposure. Offer testing outside of facilities to avoid transmission in healthcare settings. Call ahead to ensure immediate isolation for patients referred to hospitals for a higher level of care.
 - Notify: Immediately notify state, tribal, local, or territorial health departments ([24-hour Epi On Call contact list](#)) about any suspected case of measles to ensure rapid testing and investigation. States report measles cases to CDC.
 - Test: Follow CDC's testing recommendations and collect either a nasopharyngeal swab, throat swab, and/or urine for reverse transcription polymerase chain reaction (RT-PCR) and a blood specimen for serology from all patients with clinical features compatible with measles. RT-PCR is available at many state public health laboratories, through the APHL Vaccine Preventable Disease Reference Centers, and at CDC. Given potential shortages in IgM test kits, providers should be vigilant in contacting their state or local health department for guidance on testing.
 - Manage: In coordination with local or state health departments, provide appropriate measles post-exposure prophylaxis (PEP) as soon as possible after exposure to close contacts without evidence of immunity, either with MMR (within 72 hours) or immunoglobulin (within 6 days). The [choice of PEP](#) is based on elapsed time from exposure or medical contraindications to vaccination.

Recommendations for Health Departments

Measles is an immediately notifiable disease. State, tribal, local, and territorial health departments have the lead in disease investigations and should report measles cases and outbreaks within 24 hours through the state health department to CDC (measlesreport@cdc.gov) and through [NNDSS](#).

- Establish measles case reporting from healthcare facilities, providers, and laboratories to public health authorities.
 - If measles is identified, conduct active surveillance for additional (secondary) cases and facilitate transportation of specimens immediately to confirm diagnosis.
- Record and report details about cases of measles, including adherence to recommended precautions and facility location(s) of index and secondary cases.
- Enhance outreach and communications to under-vaccinated communities through trusted messengers.

Recommendations for Parents and International Travelers

- Even if not traveling, ensure that children receive all recommended doses of MMR vaccine. Two doses of MMR vaccine provide better protection (97%) against measles than one dose (93%). Getting MMR vaccine is much safer than getting measles, mumps, or rubella.
 - Anyone who is not protected against measles is at risk of getting infected when they travel internationally. Before international travel, check your [destination](#) and CDC's [Global Measles Travel Health Notice](#) for more travel health advice, including where measles outbreaks have been reported.
 - Parents traveling internationally with children should consult with their child's healthcare provider to ensure that they are current with their MMR vaccinations at least 2 weeks before travel. Infants aged 6 to 11 months should have one documented dose and children aged 12 months and older should have two documented doses of MMR vaccine before international travel. Depending on where you are going and what activities you plan, other vaccines may be recommended too.
 - After international travel, watch for signs and symptoms of measles for 3 weeks after returning to the United States. If you or your child gets sick with a rash and a high fever, call your healthcare provider. Tell them you traveled to another country and whether you or your child have received MMR vaccine.

For More Information

- Parents and International Travelers
 - [Measles Vaccines for Children | CDC](#)
 - [Plan for Travel – Measles | CDC](#)
 - [Global Measles Situation | CDC](#)
- Health Departments and Public Health Professionals
 - [Measles: Information for Public Health Professionals | CDC](#)
 - [CDC Measles Toolkit for Health Departments](#)
 - [Partnering for Vaccine Equity | CDC](#)
 - [Vaccine Preventable Diseases | APHL](#)
- Healthcare Providers
 - [Measles One-Pager for Healthcare Providers | Project Firstline and AAP](#)
 - [Immunization Schedules | CDC](#)
 - [Safety Information for Measles, Mumps, Rubella \(MMR\) Vaccines | CDC](#)
 - [For Healthcare Professionals – Diagnosing and Treating Measles | CDC](#)
 - [Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC](#)
 - [Measles – Vaccine Preventable Diseases Surveillance Manual | CDC](#)
 - [Rubeola / Measles | CDC Yellow Book 2024](#)
 - [Measles Lab Tools | CDC](#)
 - [Measles Serology | CDC](#)
 - [Measles Specimen Collection, Storage, and Shipment | CDC](#)
 - [Test Directory | Submitting Specimens to CDC | Infectious Diseases Laboratories | CDC](#)

- o [Webinar Thursday, August 17, 2023 - We Must Maintain Measles Elimination in the United States: Measles Clinical Presentation, Diagnosis, and Prevention \(cdc.gov\)](#) (Free CE)

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network Messages

Health Alert Conveys the highest level of importance about a public health incident.

Health Advisory Provides important information about a public health incident.

Health Update Provides updated information about a public health incident.

Environmental Public Health

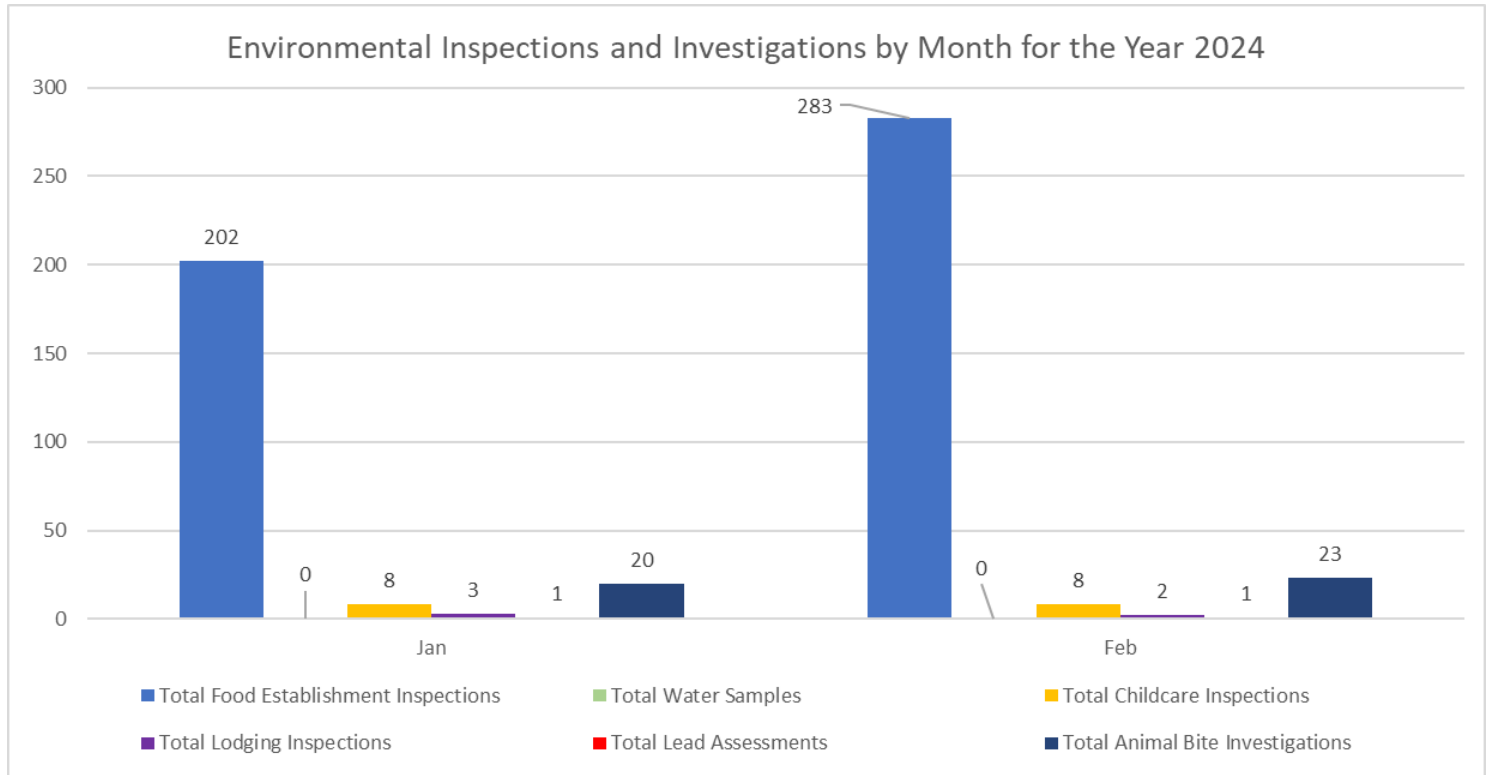
Environmental Public Health:

- Staff worked hard to get all facilities to pay for the 2024 Food and Beverage permits by March 1, 2024. Two facilities were temporarily closed due to non-payment but were re-opened within 24 hours. Over 900 permits were processed for the 2024 Food and Beverage Permits.
- Alicia Donathon will be presenting the JCHD Board of Trustees with an overview of the U.S. Food and Drug Administration (FDA) Voluntary National Retail Food Regulatory Program Standards.

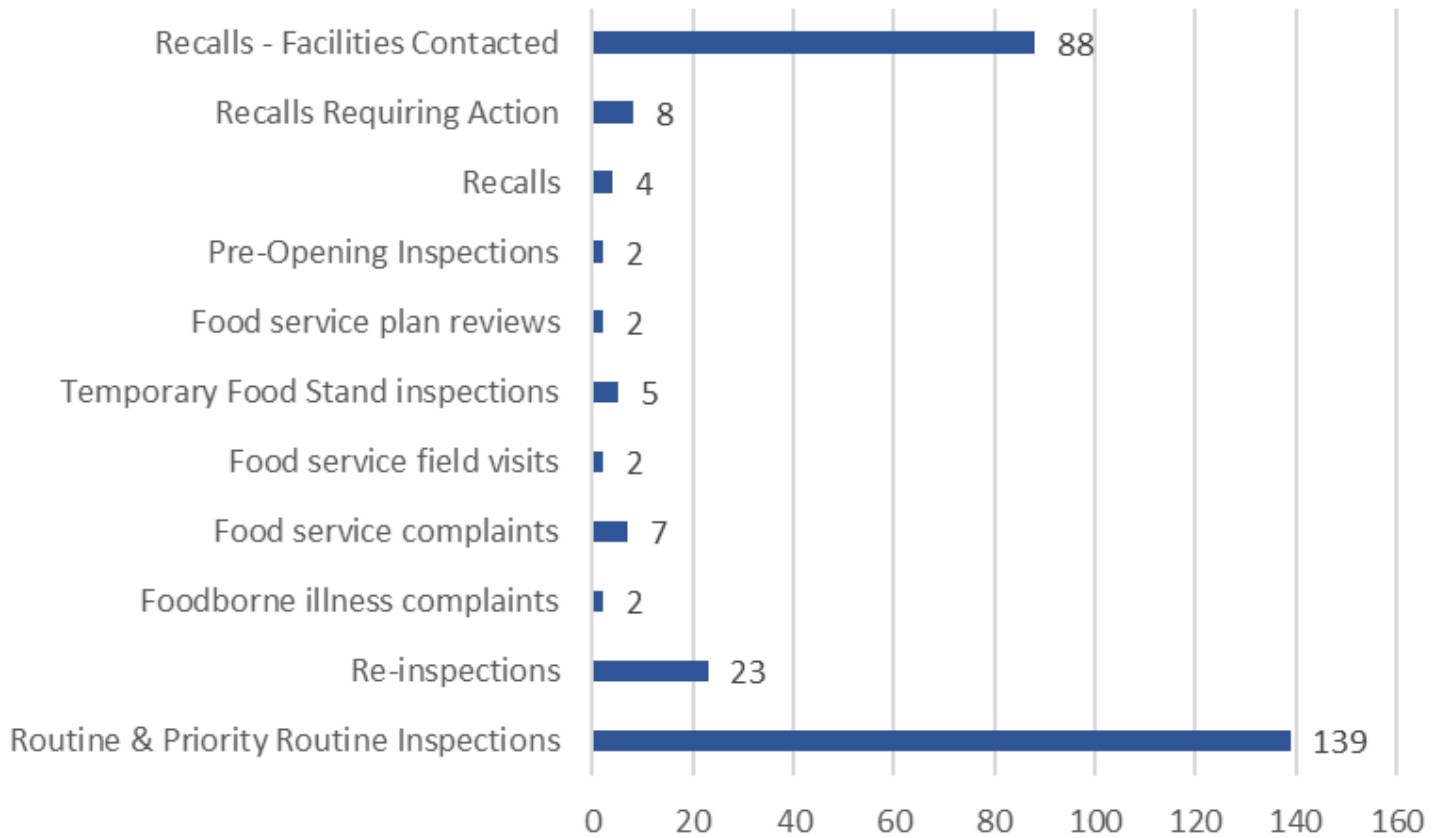
Mission: Capacity to reduce harmful exposures and foster safe and health environments that protect communities.

Programs: Food Program (Jefferson County Food Code, Food and beverages Permits, Temporary Permits, Farmers Market Master Training, and ServSafe Certifications), Water Sample Laboratory Services (Private and Public Water and Wells), Childcare Sanitation Inspections (CCSI), Lead Assessment and Education, and Lodging.

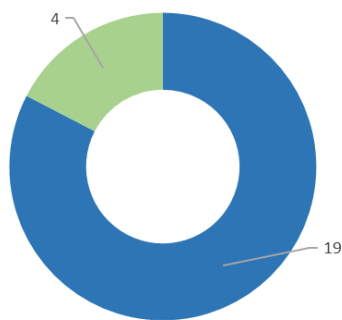
Funding Sources: Childcare Sanitation Inspections (CCSI) MO DHSS Contract, Summer Food Services Program (SFSP) MDHSS Contract, Children's Health Insurance Program (CHIP) Health Services Initiative (HSI)-LEAD MO DHSS Contract, CORE MDHSS Contract, Superfund Lead Health Education and Voluntary Institutional Control Program (VICP) MDHSS contract, Environmental Implementation of Grading System and Advancement on Conformance with Program Standards (GSAC) FDA contract



Total Food Establishment Inspections - February 2024

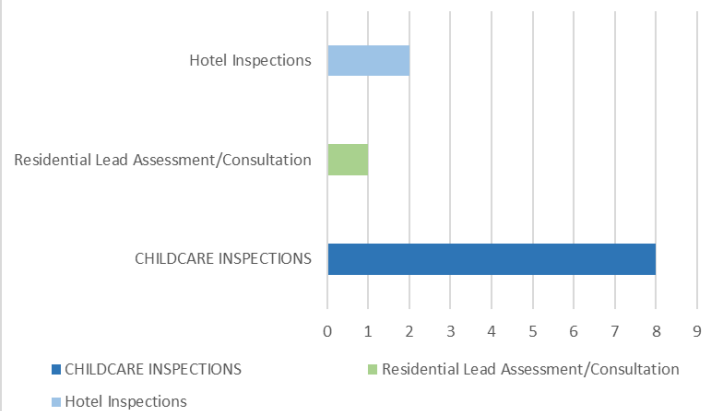


Total Animal Bite Investigations - February 2024



■ Animal Bite Investigations
 ■ Animal Testing
■ Confirmed Animal Rabies
 ■ Confirmed West Nile

Total Additional Inspections - February 2024



Public Health Preparedness and Special Healthcare Needs

Public Health Preparedness (PHP) - Emergency Preparedness and Response:

The Preparedness Planner and the Community Services Manager are continuing to complete the 2020 COVID-19 Pandemic After Action Report/Improvement Plan, the 2023 Tuberculosis Response After Action Report/Improvement Plan and update the 15 Preparedness Capability Plans utilizing lessons learned during those two real-world events. Upon completion of these documents, JCHD will submit the Project Public Health Readiness (PPHR) re-accreditation application. Jefferson County is currently the only county in Missouri to hold this national accreditation. During this re-accreditation year, another county will be applying for its first accreditation. The information and education gained during the initial accreditation process in 2019 was instrumental in coordinating the COVID-19 Pandemic Response for the county.

Mission: Capacity to promote ongoing community resilience and preparedness, issue and enforce public health orders, share information with key partners and the general public, and lead the health and medical response to emergencies

Programs: Public Health Preparedness Planning and Response, Training and Exercises, and Project Public Health Ready (PPHR) Accreditation

Funding Sources: Public Health Emergency Preparedness (PHEP) MDHSS Contract, Cities Readiness Initiative (CRI) MDHSS Contract, Epidemiological and Laboratory Capacity Enhancing Detection Expansion (ELC-EXP) MDHSS Contract.

Linkage to Medical, Behavioral, and Community Resources:

Examples of resource navigation and case management provided to participants and program updates in the month of February:

- The team was able to assist clients connect to services for: b-12 injections, orthodontics, TruConnect, Stand Up Wireless, Lifeline Wireless Assistance Program, Section 8 Housing Choice Vouchers, Local churches with rental assistance, Salvation Army, St. Charles County Homeless Prevention Program, MDHSS Temporary Assistance, Mileage reimbursement from Home State Health, and psychiatric services.
- The team presented or participated in: Sports Seminar and Concussion Training, Childcare Facility awareness training on traumatic brain injuries,

JCHD contracts with MO Department of Health and Senior Services (MO DHSS) to provide resource navigation to connect participants to providers. MO DHSS reimburses providers for services and JCHD for staffing expenses through the ABI and CYSHCN contracts. No JCHD funds are utilized for this program.

Mission: Capacity to develop a strong network of partners with diverse expertise and resources to build a strong foundation for community health.

Programs: Adult Brain Injury and Children and Youth with Special Healthcare Needs Service Coordination and Public Health Preparedness inclusion planning

Funding Sources: Adult Brain Injury Program Service Coordination (ABI) Missouri Regions F and G, Children and Youth with Special Healthcare Needs Service Coordination (CYSHCN) Missouri Regions 10 and 11.



Jefferson County Health Department will champion positive health outcomes and behaviors through innovative programs and community engagement.

2024 Clinical Services Board Report- February

JCHD clinical services section consists of in-house nursing services including general clinical and family planning services, community clinical services, mobile wellness program services, communicable disease testing, Tuberculosis investigations and case management, nutrition services, and dental services.

Foundational Public Health Services Areas: Access to Healthcare, Maternal Child & Family Health, Chronic Disease Prevention, and Communicable Disease

Family Planning:

- The Title X Non-Compete application was submitted to Missouri Family Health Council (MFHC). JCHD is awaiting feedback and confirmation for the Title X contract for April 1 2024 through March 30 2025.
- JCHD has received a no cost extension on The Right Time program through June 2024.
- JCHD will be participating in a clinical efficiency study the week of April 15-17. During this study, a consultant will evaluate the JCHD clinical flow from registration through check-out and provide input and suggestions to improve the clinical efficiency.
- The team is preparing for the annual 340B recertification that will take place in May 2024.
- Total appointments in the Family Planning program in February was 147 for 139 distinct patients.

General Clinic:

- The total General Clinic appointments in February was 207 for 170 distinct patients.
- Total appointments in February for the TB program were 134 for 14 distinct patients.
- Team has been working on the August 2023 TB event After Action Report.
- JCHD continues to participate in the MDHSS Immunization Internal Quality Improvement Project and met with the state lead this past month to review progress.

Community Clinics:

- The mobile team scheduled a visit to the Craftsmen facility on March 7th to tour the facility and review the layout design and options.
- The Chestnut Community Resource Navigator started at JCHD. Tara Lang was introduced to the team and began shadowing the Family Planning and Mobile Wellness teams. An internal referral system has been developed between JCHD and Chestnut.
- Total Community Clinic appointments in February was 103 appointments for 101 distinct patients.

Training and Conferences:

- Three JCHD staff members will be attending a state held training on TB on March 12: TB or Not TB.
- The clinical team will have 2 staff members attending the NACCHO preparedness conference in March.
- Two JCHD staff members will be attending a Public Health billing training in April.

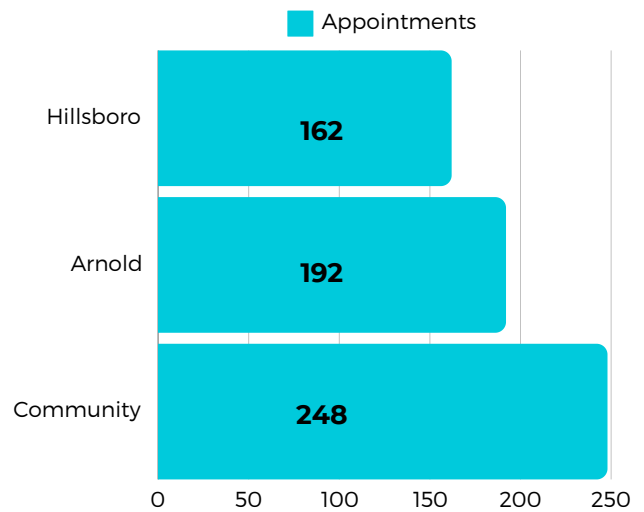
February Medical Appointment Data

Total Appointments

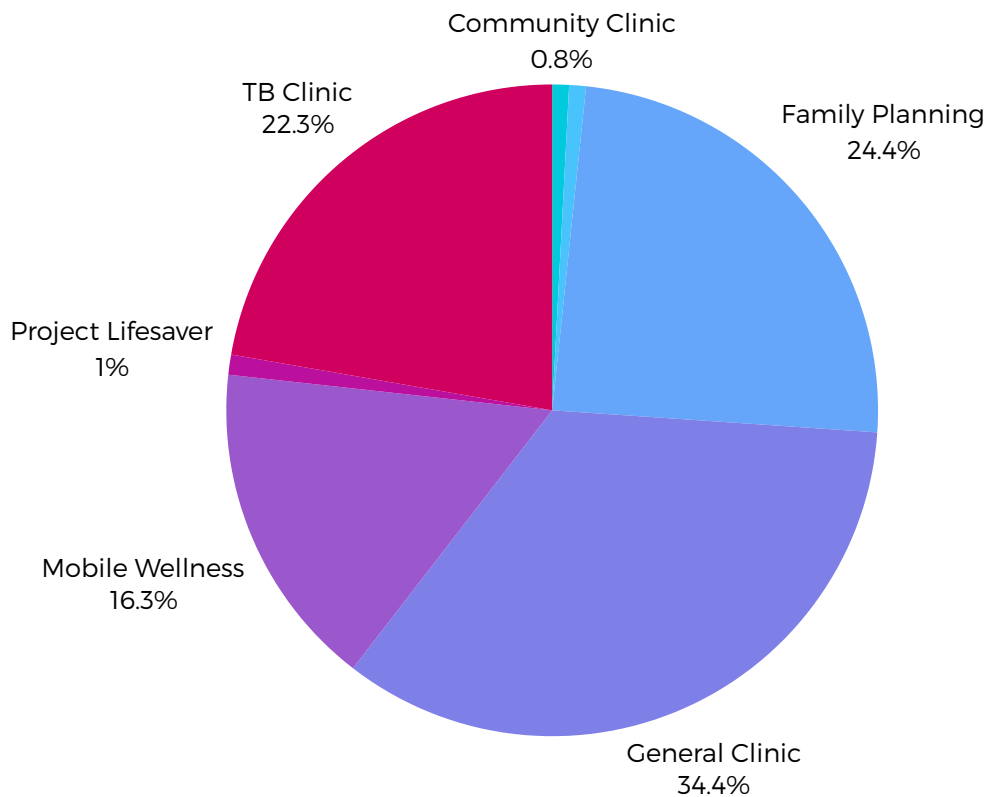


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Appointments by Location



Appointments by Resource



Dental Services:

- The Pediatric Dental team spent February at Clyde Hamrick Elementary and Crystal City Elementary Schools. See below for details of services provided at each school.
- The dental program provided services for a total of 78 unique patients in February. This includes 42 patients in the pediatric dental program and 36 adult patients.
- The graphs depicted below show a production summary for each dental program as well as the combined summary for all dental services. A production summary indicates the number of billable services provided during each month. It does not indicate the actual income from those services.



JCHD Smiles to Go Dental Van Provided Services Report



Clyde Hamrick Elementary
2/7/24-2/20/24

Procedure	#
Exams Completed/Students Seen	24
Cleanings and Fluoride	24
Sealants	28
Fillings	19
Extractions	2
After School Emergencies	3

Amount of Services Provided: \$10,742.78



JCHD Smiles to Go Dental Van Provided Services Report

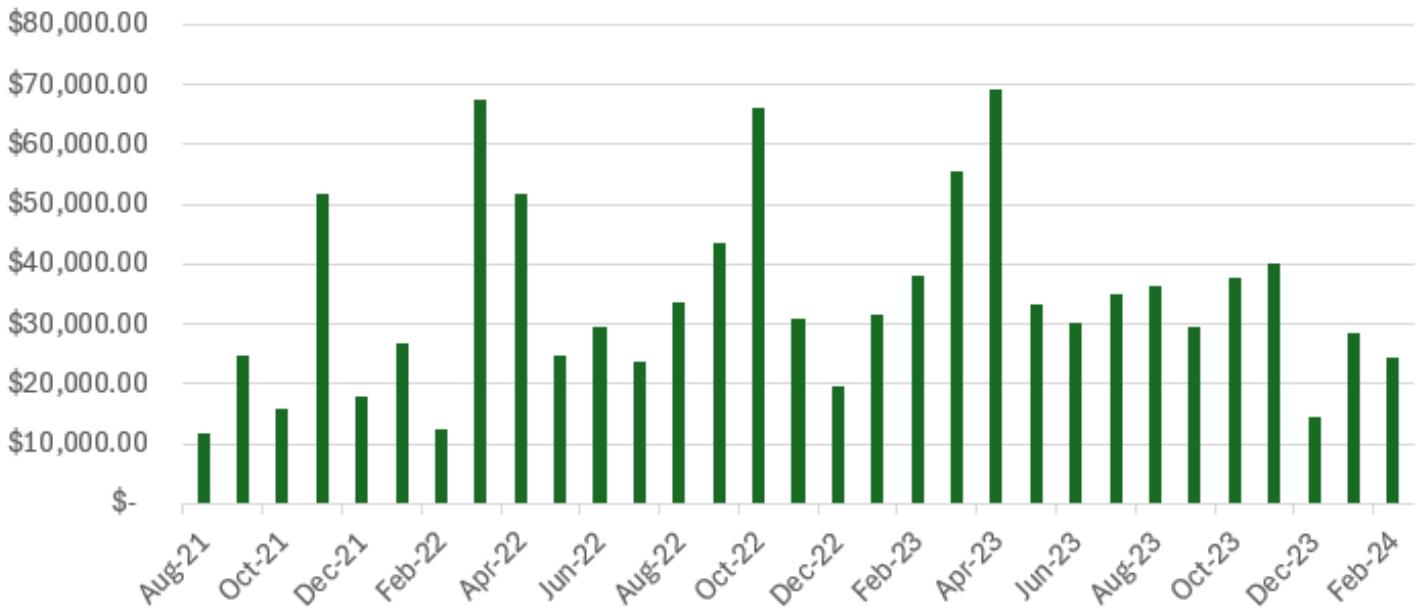


Crystal City School District
2/21/24-2/29/24

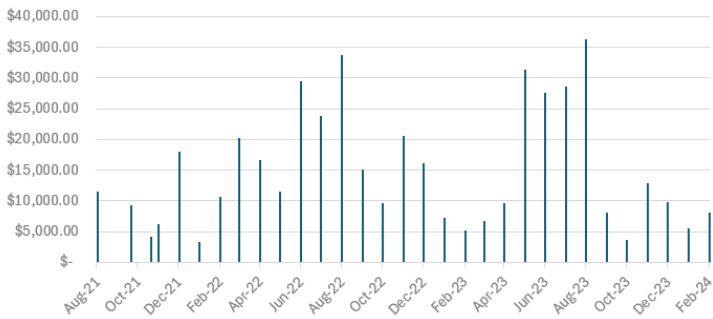
Procedure	#
Exams Completed/Students Seen	9
Cleanings and Fluoride	9
Sealants	21
Fillings	8
Extractions	1
After School Emergencies	0

Amount of Services Provided: \$4,351.89

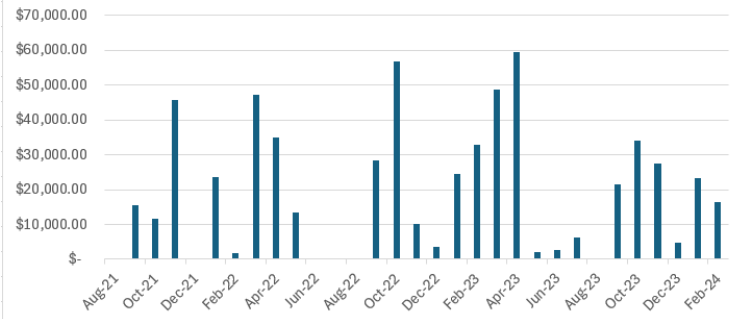
Smiles to Go (Adult & Youth)



Senior Van



Youth Van





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NEW BUILDING REPORT

March 2024

1. Excavation continues on the site. Excavating rock to reach the required depth for utilities. We are still waiting on the cost for the rock removal.
2. Ameren utility easement on the property has been completed and signed.
3. Architect financial report:

Contract amount:	\$719,750.00
Billed against:	<u>\$547,408.59</u>
Remaining:	\$172,341.41

76.6% of the architect contract has been completed.
4. Construction financial report (no payment requests made since last report)

Contract amount:	\$7,942,300.00
Billed against:	<u>\$ 148,320.65</u>
Remaining:	\$7,793,979.35



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Public Health
Prevent. Promote. Protect.