



1.1 MISSION MOMENT: As we close out 2023 and reflect on the guiding principles that have been guideposts for our work these past four years, it is important to reflect not only what we have done, but also on how and why we have done it that way. The following strategic priorities were set during the 2019-2023 strategic plan:

JCHD Strategic Priorities

1. Organizational Excellence
2. Enhance the agency culture
3. Establish the organizational brand
4. Collaborate and innovate to provide service needs to the community

JCHD Culture

JCHD has an internal culture supportive of a positive work-life balance, flexible environment and good benefits. We promote internal collaboration and teamwork through our skilled, competent and accountable workforce. We strive for clear communication and methods to innovate in public health.

JCHD Values

Adaptability: flexible, open-minded and agile in order to adjust to changing conditions in the environment.

Integrity: do the right thing (even when no one is watching), be honest, reliable and trustworthy

Passion: exhibit a sincere love for what we do and dedication to continue doing it in the face of extreme challenges

Accountability: act with transparency and responsibility in fulfilling our commitments to each other and the community.

In order to accomplish our priorities, it is imperative that we cultivate a supportive culture and live our JCHD values. The two stories reflected in this month's mission moment are just two examples of the exemplary service our staff provide to residents every day. I encourage those reading this report online to view the videos on our Youtube channel: @<https://www.youtube.com/channel/UCACuytmq2kUAI65z3AYsmYw>.

1.2 STRATEGIC UPDATES

- Internal planning continues on the following strategic priorities: update the strategic plan, review and revise job descriptions, review and revise performance appraisal documents, workforce compensation study, annual report development, building partner annual contract reviews, data modernization planning, HIPAA privacy and security policy review and new building work with architect, general contractor and financial lender.
- Executive Director reached out to Ashley Fears at County Administration to investigate virtual archival record retention systems in use by the County. Ms. Fears reported that County currently uses Laserfiche and eCode 360. They are currently investigating switching to include CivicClerk as another meeting archive option. Director Vollmar will follow up with internal staff to investigate the systems and alternatives available for potential use of JCHD. The 2024 Budget does not currently have a line

item for data archival hardware, software or personnel to process agency historical documents. Additional funding opportunities to support the work will be explored once options are vetted and ready to present to the Board.

1.3 STATUTORY AND REGULATORY COMPLIANCE UPDATES

- JCHD submitted the Board Approved Preliminary 2024 Budget for Jefferson County Health Department to the County Auditor on October 26, 2023 in compliance with statutory requirements.
- JCHD submitted the Annual Filers List for Personal Financial Disclosure to the Missouri Ethics Commission on November 14, 2023 in compliance with MEC requirements.
- The Missouri Adult Brain Injury Program (ABI) conducted a contract monitoring process at the beginning of November. JCHD has two service contracts with the MO ABI Program. This process is an improvement opportunity for both ABI and its contracted service providers. The services provided by Jefferson County Health Department-Region F and Region G were found to meet the minimum requirements as outlined in the Scope of Work for July 1, 2023 to June 30, 2024. The monitoring did not reveal any areas of concern. (letters attached)
- Missouri's PDMP is scheduled to go live on December 13, 2023. The Missouri Joint Oversight Task Force (JOTF) for Prescription Drug Monitoring was created in 2021 after passage of [SB 63](#) which was sponsored by Senator Holly Thompson-Rehder and signed by Governor Michael L. Parson. The JOTF is authorized to supervise the collection and use of patient dispensation information for prescribed Schedule II, III, or IV controlled substances as submitted by dispensers. The Joint Oversight Task Force is comprised of six members serving terms not to exceed four years. JOTF members are appointed by their respective state regulatory boards and include two licensed physicians or surgeons from the Board of Healing Arts; two licensed pharmacists from the Board of Pharmacy; one advanced practice registered nurse from the Board of Nursing; and one licensed dentist from the Dental Board. The full language of SB63 is linked above and available as an attachment at the end of this report.

1.4 ED PUBLIC RELATIONS ACTIVITIES

- The Jefferson Foundation invited Jefferson County Health Department to be highlighted in an upcoming Agency Spotlight featuring current grantees. Kelley and Brianne have been in contact with their agency representative and will update the Board once the project is complete.
- JCHD Executive Director Vollmar met with Jefferson County Council Chair, Charles Groeteke, on November 8, 2023 at the Hillsboro JCHD office. The meeting invite was extended to explore ways to open future dialogue with the County Council, to introduce JCHD services and resources and to explore ways we can improve and expand communication between County Administration and the department. At the completion of the meeting, Mr. Groeteke took a tour of the facility. Follow up will include outreach by Director Vollmar to County Council Executive Assistant, Cheryl Lynn Boyer, regarding future opportunities to meet with Council members, sharing of monthly minutes and reports.
- JCHD Executive Director Vollmar and Covid Incident Commander/Community Services Manager, Jeana Vidacak were part of a panel of four health departments across the state chosen to present our Covid Response efforts to a panel of Centers for Disease Control (CDC) and Missouri Department of Health and Senior Service representatives evaluating how individual jurisdictions operationalized funds designed to enhance capacity of local departments during the pandemic response.

1.5 ITEMS OF INFORMATION:

- CDC Health Advisory, number 500, dated 11.13.2023, entitled, "*High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches*" (attached) was distributed to retailers, consumers and health providers. JCHD Environmental Public Health Specialists completed all follow up inspections by 11.14.23. The product was sent to Dollar Tree's and Schnucks. The EPHS visited five Dollar Tree's and four Schnucks. Recall notices were sent to the stores the week prior. All of the stores had correctly pulled the product and sent it back, or had it boxed up and ready to be sent back. No product was found on the shelves for sale.
- UMSL's Missouri Institute of Mental Health is offering free Mental Health First Aid or Youth Mental Health First Aid courses. Mental Health First Aid teaches you to recognize signs and symptoms of mental health and substance use challenges. It will prepare you to help a family member, friend, co-worker, or neighbor. This interactive training is valued at \$170 per person but is being brought to Missourians at no charge by Missouri's Department of Mental Health and other sponsors. For those who are interested, please see the attached flyer for information on adult mental health first aid courses, youth mental health first aid course and registration.

1.6 AGENCY RECOGNITION AND OPPORTUNITIES FOR BOARD ENGAGEMENT

- The 2023 Jefferson County Rotaries Golf Tournament was a great success providing support for both the JCHD Wellness Van services and for service projects for each of the five Jefferson County Rotary Clubs (Arnold, DeSoto, Festus/Crystal City, Hillsboro, High Ridge). The tournament grossed \$14,300 dollars with 50% going to support care on the JCHD Wellness Van. Several familiar friends and colleagues rallied their support for JCHD by sponsoring the tournament and/or participating as teams. On behalf of JCHD and the Wellness Program I want to express our gratitude to the following for their dedicated donation to JCHD:
 - Chestnut Health Systems
 - Shelter Insurance - Scott Cappozzo
 - Drury Hotels
 - Energy Petroleum Company
 - Wieland Insurance Group
 - Dennis Diehl, JCHD Trustee
 - LiUNA Local 110
 - CMIT Solutions of Metro East STL
 - Archimages, Inc
 - Home Service Oil / Express Mart
 - Enterprise Bank & Trust
 - Lewis Brisbois
 - Blue Chip Consortium
 - Provident Behavioral Health
 - Scott-Lee Heating & Cooling
 - Matthews Specialty Vehicles
 - Compass Health



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 | Phone: 573-751-6400 | FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Paula F. Nickelson
Director

Michael L. Parson
Governor

11/9/2023

Jefferson County Health Department
Attn: Kelly Vollmar
PO Box 437
Hillsboro, MO 63050

Ms. Vollmar:

Thank you for your recent participation in the Adult Brain Injury Program (ABI) contract monitoring process. This process is an improvement opportunity for both ABI and its contracted service providers. The services provided by Jefferson County Health Department-Region G were found to meet the minimum requirements as outlined in the Scope of Work for July 1, 2023 to June 30, 2024. The monitoring did not reveal any areas of concern that would require a written plan of action at this time.

Your continued collaboration with ABI staff to ensure program compliance and delivery of services is essential to ensuring that participants and their families receive the necessary services and supports to increase health care options and their level of independence.

Thank you for your continued partnership. If you have any questions, please contact me at (573) 751-6246.

Sincerely,

Amy Moffett, Adult Brain Injury Program Manager
Bureau of Special Health Care Needs

PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.



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11/9/2023

Jefferson County Health Department
Attn: Kelly Vollmar
PO Box 437
Hillsboro, MO 63050

Ms. Vollmar:

Thank you for your recent participation in the Adult Brain Injury Program (ABI) contract monitoring process. This process is an improvement opportunity for both ABI and its contracted service providers. The services provided by Jefferson County Health Department-Region F were found to meet the minimum requirements as outlined in the Scope of Work for July 1, 2023 to June 30, 2024. The monitoring did not reveal any areas of concern that would require a written plan of action at this time.

Your continued collaboration with ABI staff to ensure program compliance and delivery of services is essential to ensuring that participants and their families receive the necessary services and supports to increase health care options and their level of independence.

Thank you for your continued partnership. If you have any questions, please contact me at (573) 751-6246.

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Amy Moffett, Adult Brain Injury Program Manager
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FIRST REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE SUBSTITUTE FOR
SENATE BILL NO. 63

101ST GENERAL ASSEMBLY
2021

0510S.02T

AN ACT

To repeal section 338.710, RSMo, and to enact in lieu thereof two new sections relating to the monitoring of certain prescribed controlled substances, with penalty provisions.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 338.710, RSMo, is repealed and two new
2 sections enacted in lieu thereof, to be known as sections
3 195.450 and 338.710, to read as follows:

**195.450. 1. As used in this section, the following
2 terms shall mean:**

3 (1) "Controlled substance", as such term is defined in
4 section 195.010;

5 (2) "Dispenser", a person who delivers a Schedule II,
6 III, or IV controlled substance to a patient, but does not
7 include:

8 (a) A hospital, as such term is defined in section
9 197.020, that distributes such substances for the purpose of
10 inpatient care or dispenses prescriptions for controlled
11 substances at the time of discharge from such facility;

12 (b) A practitioner or other authorized person who
13 administers such a substance; or

14 (c) A wholesale distributor of a controlled substance;

15 (3) "Health care provider", as such term is defined in
16 section 376.1350;

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

17 (4) "Patient", a person who is the ultimate user of a
18 drug for whom a prescription is issued or for whom a drug is
19 dispensed, not including a hospice patient enrolled in a
20 Medicare-certified hospice program who has controlled
21 substances dispensed to him or her by such hospice program;

22 (5) "Schedule II, III, or IV controlled substance", a
23 controlled substance that is listed in Schedule II, III, or
24 IV of the schedules provided under this chapter or the
25 Controlled Substances Act, 21 U.S.C. Section 812.

26 2. (1) There is hereby established within the office
27 of administration the "Joint Oversight Task Force for
28 Prescription Drug Monitoring", which shall be authorized to
29 supervise the collection and use of patient dispensation
30 information for prescribed Schedule II, III, or IV
31 controlled substances as submitted by dispensers in this
32 state under this section. The joint oversight task force
33 shall consist of the following members:

34 (a) Two members of the state board of registration for
35 the healing arts who are licensed physicians or surgeons;

36 (b) Two members of the state board of pharmacy who are
37 licensed pharmacists;

38 (c) One member of the state board of nursing who is an
39 advanced practice registered nurse; and

40 (d) One member of the Missouri dental board who is a
41 licensed dentist.

42 (2) The task force members shall be appointed by their
43 respective state regulatory boards and shall serve a term
44 not to exceed their term on such regulatory board, but in no
45 case shall any term on the joint oversight task force exceed
46 four years. Any member shall serve on the joint oversight
47 task force until his or her successor is appointed. Any
48 vacancy on the joint oversight task force shall be filled in

49 the same manner as the original appointment. A chair of the
50 joint oversight task force shall be selected by the members
51 of the joint oversight task force.

52 (3) Members shall serve on the joint oversight task
53 force without compensation, but may be reimbursed for their
54 actual and necessary expenses from moneys appropriated to
55 the office of administration. The office of administration
56 shall provide technical, legal, and administrative support
57 services as required by the joint oversight task force;
58 provided, that the office of administration shall not have
59 access to dispensation information or any other individually
60 identifiable patient information submitted and retained
61 under this section. The joint oversight task force shall be
62 authorized to hire such staff as is necessary, subject to
63 appropriations, to administer the provisions of this section.

64 (4) The joint oversight task force shall be considered
65 a public body and shall be subject to the provisions of
66 chapter 610.

67 3. (1) The joint oversight task force shall enter
68 into a contract with a vendor, through a competitive bid
69 process under chapter 34, for the operation of a program to
70 monitor the dispensation of prescribed Schedule II, III, and
71 IV controlled substances. The vendor shall be responsible
72 for the collection and maintenance of patient dispensation
73 information submitted to the vendor by dispensers in this
74 state and shall comply with the provisions of this section
75 and the rules and regulations promulgated by the joint
76 oversight task force.

77 (2) In addition to appropriations from the general
78 assembly, the joint oversight task force may apply for
79 available grants and shall be able to accept other gifts,
80 grants, and donations to develop and maintain the program.

81 (3) The joint oversight task force shall be authorized
82 to cooperate with the MO HealthNet division within the
83 department of social services for the purposes of applying
84 for and accepting any available federal moneys or other
85 grants to develop and maintain the program; provided, that
86 the joint oversight task force shall retain all authority
87 over the program granted to it under this section and the MO
88 HealthNet division shall not have access to the program or
89 the information submitted to the program beyond such access
90 as is granted to the division under this section.

91 4. Dispensation information submitted to the vendor
92 under this section shall be as follows for each dispensation
93 of a Schedule II, III, or IV controlled substance in this
94 state:

95 (1) The pharmacy's Drug Enforcement Administration
96 (DEA) number;

97 (2) The date of the dispensation;

98 (3) The following, if there is a prescription:

99 (a) The prescription number or other unique identifier;

100 (b) Whether the prescription is new or a refill; and

101 (c) The prescriber's DEA or National Provider
102 Identifier (NPI) number;

103 (4) The National Drug Code (NDC) for the drug
104 dispensed;

105 (5) The quantity and dosage of the drug dispensed;

106 (6) The patient's identification number including, but
107 not limited to, any one of the following:

108 (a) The patient's driver's license number;

109 (b) The patient's government-issued identification
110 number; or

111 (c) The patient's insurance cardholder identification
112 number; and

113 (7) The patient's name, address, and date of birth.

114 The addition of any further information to the list of
115 dispensation information required to be submitted in this
116 subsection shall be the sole purview of the general assembly.

117 5. Each dispenser shall submit the information to the
118 vendor electronically within twenty-four hours of
119 dispensation. Beginning January 1, 2023, the vendor shall
120 begin phasing in a requirement that dispensers report
121 patient dispensation information in real time, with all
122 dispensation information to be submitted in real time by
123 January 1, 2024. The joint oversight task force may
124 promulgate rules regarding alternative forms of transmission
125 or waivers of the time frame established under this
126 subsection due to unforeseen circumstances.

127 6. Beginning August 28, 2023, the vendor shall
128 maintain an individual's dispensation information obtained
129 under this section for a maximum of three years from the
130 date of dispensation, after which such information shall be
131 deleted from the program.

132 7. (1) The vendor shall treat patient dispensation
133 information and any other individually identifiable patient
134 information submitted under this section as protected health
135 information under the federal Health Insurance Portability
136 and Accountability Act of 1996 (HIPAA), P.L. 104-191, and
137 the regulations promulgated thereunder. Such information
138 shall only be accessed and utilized in accordance with the
139 privacy and security provisions of HIPAA and the provisions
140 of this section.

141 (2) Dispensation information and any other
142 individually identifiable patient information submitted

143 under this section shall be confidential and not subject to
144 public disclosure under chapter 610.

145 8. (1) The patient dispensation information submitted
146 under this section shall only be utilized for the provision
147 of health care services to the patient. Prescribers,
148 dispensers, and other health care providers shall be
149 permitted to access a patient's dispensation information
150 collected by the vendor in course of providing health care
151 services to the patient. The vendor shall provide
152 dispensation information to the individual patient, upon his
153 or her request.

154 (2) The patient dispensation information submitted
155 under this section shall be shared with any health
156 information exchange operating in this state, upon the
157 request of the health information exchange. Charges
158 assessed to the health information exchange by the vendor
159 shall not exceed the cost of the actual technology
160 connection or recurring maintenance thereof. Any health
161 information exchange receiving patient dispensation
162 information under this subdivision shall comply with the
163 provisions of subsection 7 of this section and such patient
164 dispensation information shall only be utilized in
165 accordance with the provisions of this section. For
166 purposes of this subdivision, "health information exchange"
167 means the electronic exchange of individually identifiable
168 patient information among unaffiliated organizations
169 according to nationally-recognized standards as administered
170 by a health information organization, which shall not
171 include an organized health care arrangement, as defined in
172 45 CFR 160.103, or a research institution that oversees and
173 governs the electronic exchange of individually identifiable

174 information among unaffiliated organizations for research
175 purposes only.

176 9. The dispensation information of MO HealthNet
177 program recipients submitted under this section may be
178 shared with the MO HealthNet division for purposes of
179 providing the division and MO HealthNet providers patient
180 dispensation history and facilitating MO HealthNet claims
181 processing and information retrieval; provided, that no
182 patient dispensation information submitted under this
183 section shall be utilized for any purpose prohibited under
184 this section.

185 10. The joint oversight task force may provide data to
186 public and private entities for statistical, research, or
187 educational purposes only after removing information that
188 could be used to identify individual patients, prescribers,
189 dispensers, or persons who received dispensations from
190 dispensers.

191 11. No patient dispensation information shall be
192 provided to local, state, or federal law enforcement or
193 prosecutorial officials, both in-state and out-of-state, or
194 any regulatory board, professional or otherwise, for any
195 purposes other than those explicitly set forth in HIPAA and
196 any regulations promulgated thereunder.

197 12. No dispensation information submitted under this
198 section shall be used by any local, state, or federal
199 authority to prevent an individual from owning or obtaining
200 a firearm.

201 13. No dispensation information submitted under this
202 section shall be the basis for probable cause to obtain an
203 arrest or search warrant as part of a criminal investigation.

204 14. (1) A dispenser who knowingly fails to submit
205 dispensation information to the vendor as required under

206 this section, or who knowingly submits incorrect
207 dispensation information, shall be subject to an
208 administrative penalty in the amount of one thousand dollars
209 for each violation. The penalty shall be assessed through
210 an order issued by the joint oversight task force. Any
211 person subject to an administrative penalty may appeal to
212 the administrative hearing commission under the provisions
213 of chapter 621.

214 (2) Any person who unlawfully and purposefully
215 accesses or discloses, or any person authorized to have
216 patient dispensation information under this section who
217 purposefully discloses, such information in violation of
218 this section or purposefully uses such information in a
219 manner and for a purpose in violation of this section is
220 guilty of a class E felony.

221 15. (1) The provisions of this section shall
222 supercede any local laws, ordinances, orders, rules, or
223 regulations enacted by a county, municipality, or other
224 political subdivision of this state for the purpose of
225 monitoring the prescription or dispensation of prescribed
226 controlled substances within the state. Any such
227 prescription drug monitoring program in operation prior to
228 August 28, 2021, shall cease operation within this state
229 when the vendor's program under this section is available
230 for utilization by prescribers and dispensers throughout the
231 state.

232 (2) The joint oversight task force may enter into an
233 agreement, or authorize the vendor to enter into an
234 agreement, with any prescription drug monitoring program
235 operated by a county, municipality, or other political
236 subdivision of this state prior to August 28, 2021, to
237 transfer patient dispensation information from the county,

238 municipality, or other program to the vendor's program
239 created under this section; provided, that such patient
240 dispensation information shall be subject to the provisions
241 of this section.

242 16. The provisions of this section shall not apply to
243 persons licensed under chapter 340.

244 17. The joint oversight task force shall promulgate
245 rules and regulations to implement the provisions of this
246 section. Any rule or portion of a rule, as that term is
247 defined in section 536.010, that is created under the
248 authority delegated in this section shall become effective
249 only if it complies with and is subject to all of the
250 provisions of chapter 536 and, if applicable, section
251 536.028. This section and chapter 536 are nonseverable and
252 if any of the powers vested with the general assembly
253 pursuant to chapter 536 to review, to delay the effective
254 date, or to disapprove and annul a rule are subsequently
255 held unconstitutional, then the grant of rulemaking
256 authority and any rule proposed or adopted after August 28,
257 2021, shall be invalid and void.

338.710. 1. There is hereby created in the Missouri
2 board of pharmacy the "RX Cares for Missouri Program". The
3 goal of the program shall be to promote medication safety
4 and to prevent prescription drug abuse, misuse, and
5 diversion in Missouri.

6 2. The board, in consultation with the department,
7 shall be authorized to expend, allocate, or award funds
8 appropriated to the board to private or public entities to
9 develop or provide programs or education to promote
10 medication safety or to suppress or prevent prescription
11 drug abuse, misuse, and diversion in the state of Missouri.
12 In no case shall the authorization include, nor the funds be

13 expended for, any state prescription drug monitoring program
14 including, but not limited to, such as are defined in 38 CFR
15 1.515. Funds disbursed to a state agency under this section
16 may enhance, but shall not supplant, funds otherwise
17 appropriated to such state agency.

18 3. The board shall be the administrative agency
19 responsible for implementing the program in consultation
20 with the department. The board and the department may enter
21 into interagency agreements between themselves to allow the
22 department to assist in the management or operation of the
23 program. The board may award funds directly to the
24 department to implement, manage, develop, or provide
25 programs or education pursuant to the program.

26 4. After a full year of program operation, the board
27 shall prepare and submit an evaluation report to the
28 governor and the general assembly describing the operation
29 of the program and the funds allocated. Unless otherwise
30 authorized by the general assembly, the program shall expire
31 on August 28, [2019] **2026**.

✓

This is an official **CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network
November 13, 2023, 2:00 PM ET
CDCHAN-00500

High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches

*****Missouri healthcare providers please contact your local public health agency or the Missouri Department of Health and Senior Services' (DHSS) Bureau of Environmental Epidemiology at 573-751-6102 or 800-392-0272 with questions regarding this CDC Health Advisory.*****

Multiple states have reported potential cases to the U.S. Food and Drug Administration (FDA) of high blood lead levels (BLLs) in children consuming [recalled cinnamon-containing applesauce](#) products that have high levels of lead. The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to advise clinicians and health departments to consider the possibility of illness due to lead exposure and report cases to their local health authorities.

Background

FDA, CDC, and state and local partners are investigating a potential link between high BLLs and consuming certain cinnamon-containing apple purée and applesauce products.

State partners tested multiple lots of the reported products, and test results indicated the products contained extremely high levels of lead. WanaBana, Schnucks, and Weis have initiated voluntary recalls of certain lots of the following products:

- WanaBana brand apple cinnamon fruit purée pouches
- Schnucks brand cinnamon applesauce pouches
- Weis brand cinnamon applesauce pouches

More information about the specific recalled products may be found on the FDA's website: [Investigation of Elevated Lead Levels: Applesauce Pouches \(November 2023\) | FDA](#)

As of November 7, 2023, there are 22 cases, in states including Alabama, Arkansas, Louisiana, Maryland, Missouri, New Mexico, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, and Washington, ages 1 to 3 years, with BLLs ranging from 4 to 29 micrograms per deciliter ($\mu\text{g}/\text{dL}$). Cases experienced signs and symptoms including headache, nausea, vomiting, diarrhea, change in activity level, and anemia.

No safe level of lead in children's blood has been identified. [CDC does not use the term "elevated blood lead levels"](#) when recommending what actions to take based on a child's blood lead level (BLL). CDC uses a [blood lead reference value \(BLRV\)](#) of 3.5 $\mu\text{g}/\text{dL}$ to identify children with BLLs that are higher than most children's levels. The BLRV is based on the 97.5th percentile of the BLLs among U.S. children ages 1–5 years. The BLL can be obtained using a capillary or venous blood draw. Capillary lead levels ≥ 3.5 $\mu\text{g}/\text{dL}$ require confirmatory testing with a venous blood level to rule out contamination. Children who have eaten the recalled products or have other suspected sources of lead exposure should be tested.

[Lead toxicity](#) primarily targets the central nervous system. Children are more vulnerable to lead poisoning than adults because their nervous systems are still developing. Children also tend to absorb a higher fraction of ingested lead than adults. Although children with lead exposure may have no apparent acute symptoms, even low levels of lead have been associated with learning, behavioral, and cognitive deficits. A child who is exposed to large amounts of lead may develop acute lead poisoning, presenting with gastrointestinal, hematological, and neurological effects, including one or more of the following signs and symptoms: anemia, abdominal pain, weakness, and severe neurological sequelae (e.g., seizures,

encephalopathy, and coma), which may result in brain damage. Some effects of lead poisoning in a child may continue into adulthood. Adults who have high BLLs may be at increased risk for high blood pressure, other cardiovascular effects, kidney problems, adverse reproductive outcomes, and gout. More information about adverse effects of lead exposure can be found in the [ATSDR Lead Toxicological Profile](#).

Managing acute lead poisoning includes eliminating the exposure, providing supportive and symptomatic care, and quantifying lead exposure by checking BLLs. Children who are symptomatic with elevated BLLs above 45 µg/dL may require hospital admission for monitoring and chelation therapy using medications such as succimer, dimercaprol, or edetate calcium disodium (EDTA). Healthcare providers can find [recommendations on management of childhood lead exposure](#) and other resources on the [Pediatric Environmental Health Specialty Units website](#).

Recommendations for Clinicians

- 1) Counsel patients or their caregivers and guardians not to eat specific cinnamon-containing apple purée or applesauce products named in the FDA recall announcements.
- 2) Educate patients or their caregivers and guardians about the [health effects of lead exposure](#) in children and the importance of seeking medical care. Most children have no obvious symptoms, but appropriate screening can detect lead in blood. Children who have consumed a recalled applesauce pouch product should be tested for lead exposure. Clinicians may refer to CDC's guidance on [testing children for lead exposure](#). The American Academy of Pediatrics has [also published the clinical guidance for managing lead exposure in children. The regional Pediatric Environmental Health Specialty Unit \(PEHSU\) has additional information on testing recommendations. Missouri specific recommendations for testing are published here at https://health.mo.gov/living/environment/lead/lead-testing.php](#)
- 3) Consider lead exposure in the differential diagnosis of patients presenting with compatible clinical findings associated with lead poisoning, which may include the following:
 - a) Constitutional symptoms such as generalized weakness, fatigue, malaise, arthralgias, myalgias, irritability, anorexia, insomnia, and weight loss.
 - b) Abdominal pain ("lead colic"), constipation, nausea, and other gastrointestinal symptoms.
 - c) Anemia (normochromic or microcytic, possibly with basophilic stippling).
 - d) Central nervous system effects, such as headache, impaired visual-motor coordination, tremor, and, in severe cases, seizure, encephalopathy, and coma.
 - e) Stunted growth, hearing problems, impaired neurobehavioral development, decreased intelligence, and failure to meet expected developmental milestones.
 - f) Impaired kidney function, such as acute tubular dysfunction.
- 4) Obtain a detailed exposure history in patients with suspected lead exposure, including those who consumed a recalled product. Also, ask about household members with known lead exposures and possible [lead sources](#) in and around the home. Parents and caregivers who work in [jobs, hobbies, or other activities that expose them to lead](#) can bring lead-containing dust home with them. Lead-containing dust can be tracked onto carpets, floors, furniture, and other surfaces that a child may touch, and expose other family members without knowing. Known risk-factors for lead exposure include the following:
 - a) Lead paint and dust in homes built before 1978.
 - b) Lead in soil, for example due to prior contamination from leaded gasoline, exterior lead paint, or old home renovations.
 - c) Nearby active or historical lead mines and/or metal smelters, battery recycling plants, or other industries that release lead into the air,
 - d) Certain folk remedies (e.g. Ayurvedic or traditional Chinese herbal medicines, Azarcon, Greta), cosmetics (e.g. kohl, kajal, surma), religious powders (e.g. sindoor), and other [cultural products](#).
 - e) Imported powdered spices, such as turmeric, chili, and curry powders.
 - f) Certain types of jewelry made with lead-containing metal alloys or paints.
 - g) Ceramics made with lead-containing glazes.
 - h) Older toys made with lead-based paint, lead-containing metal alloys, or certain types of plastic.

- 5) Know that individuals with high BLLs may not be symptomatic and are identified through screening. Be familiar with CDC's [testing recommendations for lead](#), indications for confirmatory testing, and [recommended actions based on BLL](#). CDC recommends a blood lead reference value (BLRV) of 3.5 µg/dL to identify children with BLLs that are higher than most.
- 6) Obtain early consultation with or provide a referral to a medical toxicologist or pediatric specialist with expertise in managing lead exposure for medical workup and managing patients with high BLLs.
- 7) Contact your local health authority to report cases of individuals with BLLs above the reference value, including those who have consumed these recalled products.
- 8) Contact your local poison center (1-800-222-1222) for advice on diagnosing and managing lead toxicity.

Recommendations for Public Health Professionals

- 1) Know that individuals with high BLLs may not be symptomatic. Case finding may be mainly from reporting by clinicians who recognize risks of exposure and perform screening.
- 2) Consider conducting case-finding activities that leverage existing data sources such as medical encounter and hospital discharge data, electronic syndromic surveillance systems, your local poison center, and other applicable surveillance systems.

Recommendations for the Public (Parents, Caregivers, Guardians)

- 1) Do not buy, eat, sell, or serve recalled cinnamon-containing applesauce pouch products because they may contain lead.
- 2) Parents and caregivers of children who may have consumed recalled products should contact the child's healthcare provider about getting a blood test for lead.

For More Information

- FDA
 - [Investigation of Elevated Lead Levels: Applesauce Pouches \(November 2023\)](#)
 - [MedWatch Online Voluntary Reporting Form](#)
 - [MedWatch Consumer Voluntary Reporting Form](#)
 - [Consumer Complaint Coordinators](#)
- CDC/ATSDR
 - [Childhood Lead Poisoning Prevention Program](#)
 - [Guidelines and Recommendations](#)
 - [Testing Children for Lead Poisoning](#)
 - [Blood Lead Levels in Children](#)
 - [Toxicological Profile for Lead](#)
 - [Lead ToxFAQs](#)
- America's Poison Centers
 - [U.S. Poison Centers](#)
- Pediatric Environmental Health Specialty Units
 - [About PEHSU / Find an Expert](#)
 - [Recommendations on Management of Childhood Lead Exposure](#)
- American College of Medical Toxicology
 - [About ACMT](#)

References

1. Agency for Toxic Substances and Disease Registry. Toxicological profile for lead. Atlanta, GA: U.S. Department of Health and Human Services, Agency for Toxic Substances and Disease Registry; 2020. <https://www.cdc.gov/TSP/ToxProfiles/ToxProfiles.aspx?id=96&tid=22>
2. CDC. Lead Exposure and Prevention Advisory Committee (LEPAC) meeting [transcript]. Atlanta GA: U.S. Department of Health and Human Services, CDC; 2020. <https://www.cdc.gov/nceh/lead/advisory/docs/LEPAC-transcript-10-30-20-508.pdf>

3. CDC. Recommended actions based on blood lead level. Atlanta GA: US Department of Health and Human Services, CDC; 2021. <https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm>
4. Egan KB, Cornwell CR, Courtney JG, Ettinger AS. Blood lead levels in U.S. children ages 1–11 years, 1976–2016. *Environ Health Perspect* 2021;129:37003. <https://doi.org/10.1289/EHP7932> PMID:33730866
5. Ruckart PZ, Jones RL, Courtney JG, LeBlanc TL, Jackson W, Karwowski MP, Cheng P, Allwood P, Svendsen ER, Breyse PN. [Update of the Blood Lead Reference Value — United States, 2021](#). *MMWR*. 2021; 70(43):1509–1512.

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.



MENTAL HEALTH FIRST AID

Why Mental Health First Aid?

Mental Health First Aid teaches you **how to identify, understand and respond to signs of mental illnesses and substance use disorders**. This training gives you the skills you need to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care. Youth MHFA is also available for adults working with youth (age 12-18).

The course will teach you how to apply the ALGEE action plan:

- Approach, assess for risk of suicide or harm and assist
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

Choose the best option for you:

Adult MHFA Courses:

December 2 | 8:30 am - 3:30 pm | Virtual*
December 8 | 8:30 am - 3:30 pm | Virtual*
December 12 | 8:30 am - 3:00 pm | Virtual*
January 30 | 8:30 am - 3:30 pm | Fulton, MO*

To register for courses, [click here](#)

Youth MHFA Course:

January 12 | 8:30 am - 4:30 pm | St. Louis, MO

*Participants must complete 2-hours of self-paced training prior to the course date.

- Courses require advanced registration. Participants must register 2 weeks in advance (1 month recommended).
- Courses are for Missouri residents only.
- Youth and Adult Mental Health First Aid courses have a significant amount of overlapping content. If you plan to take both, we recommend 3 months between classes.

**For additional classes, visit
www.MHFAMissouri.org/events**

INTERESTED IN HOSTING A COURSE FOR YOUR GROUP OR ORGANIZATION? Email info@mhfamissouri.org or visit <http://mhfamissouri.org/mental-health-first-aider/>





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

Community Services Board Report- November 2023

(Analytics and Updates from October 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:

- On November 1, 2023, the Illinois Department of Public Health issued an update to their original Measles Health Advisory from October 12, 2023.
 - Background: An outbreak of measles has been declared in northern Illinois (suburban Cook County). PCR testing for measles virus performed by the IDPH public health laboratory is positive for measles virus in four individuals; another individual is being evaluated who is showing signs compatible with early measles who is also epi-linked to a PCR positive case. All five of these individuals were unvaccinated. The latest case was identified on October 31st. The Cook County Department of Public Health is investigating the newest two cases to determine all potential exposure locations. The other two cases were known close contacts to the index case, so quarantine limited exposures to the household. Prior to these cases, the last measles case in Illinois was identified in 2019.
 - Prevention: Vaccination is the best protection against measles. Those traveling internationally, especially to countries where there are known measles outbreaks, should ensure they are up to date on all of their vaccinations.
- Update on new conditions listed in our monthly report, both cases were counted in September:
 - Dengue viruses are spread to people through the bite of an infected mosquito. The Jefferson County resident visited a country where there was an active Dengue Fever outbreak at the time. Dengue fever is endemic in many countries, and outbreaks are common. The best way to prevent Dengue Fever is to protect yourself from mosquito bites.
 - Q fever is a disease caused by the bacteria *Coxiella burnetii*. This bacteria naturally infects some animals, such as goats, sheep, and cattle. People can get infected by breathing in dust that has been contaminated by infected animal feces, urine, milk, and birth products. Some people never get sick; however, those who do usually develop flu-like symptoms including fever, chills, fatigue, and muscle pain. You can reduce your risk of getting Q fever by avoiding contact with animals, especially while animals are giving birth. Do not consume raw milk or raw milk products.



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

Communicable Disease Prevention continued:

- The 2023 Mosquito Control Program began in May 2023 and concluded on October 31, 2023.
 - Highlights from the 2023 season:
 - 56 Traps sites were used for the collection of mosquitos for West Nile Virus testing.
 - 2,771 total mosquitos were collected.
 - 2,751 Female Culex were tested.
 - 81 tests were completed.
 - 11% positivity rate for West Nile Virus
 - 9 total positive tests.
 - 388 spray locations were completed for residents in unincorporated Jefferson County
 - Jefferson County Parks, Fairs and Festivals in unincorporated areas were also treated.
 - JCHD contracts with 3 municipalities to provide mosquito control.
 - The Vector Control Specialist met with the Jefferson County Bee Association to discuss the mosquito control and adulticide program, focusing on measures taken to ensure the safety of the honeybee and other pollinators.
 - Thank you to our vector staff, consisting of one full-time technician and one part-time spray truck driver, for another successful season.
- Epidemiology and Laboratory Capability Expansion (ELC-Exp) contract.
 - The Planner and a Communication Health Specialist attended the American Public Health Association Conference. This opportunity was funded through the ELC-Exp contract.
 - The Executive Director and the Community Services Manager, along with three other LPHA Directors, were asked to participate in a meeting with Centers for Communicable Disease and Prevention (CDC) contract funding staff. The CDC visited with Missouri Department of Health and Senior Services (MDHSS) to conduct an audit of the ELC-Exp contract purchases.
 - JCHD received approval from CDC and MDHSS to utilize up to \$210,000.00 of ELC-Exp funds for the purchase of a new wellness van.
 - JCHD has been accepted to submit for Project Public Health Readiness (PPHR) re-recognition in 2024. This is a national preparedness accreditation program; the agency was awarded recognition in 2019 for a 5-year period. JCHD was the only recognized agency in Missouri during that period. Only one other county is working toward their original recognition in 2024. ELC-Exp is providing funding for this project.

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 - October 2023

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 2023 MMWR calendar began on January 1, 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		
	June 2023	July 2023	August 2023	September 2023	October 2023	YTD 2023	YTD 5 Previous Year Mean	YTD Alert ¹
Campylobacteriosis	2	8	6	4	0	34	24.2	*
Cryptosporidiosis	0	0	0	0	0	0	5.4	
Cyclosporiasis	0	2	0	0	0	2	3.4	
E. Coli O157:H7	0	0	0	0	0	0	1.4	
E. Coli Shiga Toxin +	0	0	0	0	0	0	0	
Giardiasis	0	0	0	2	1	3	1.6	
Hepatitis A Acute	0	0	0	0	0	0	4	
Listeriosis	0	0	0	0	0	0	0.8	
Salmonellosis	2	3	6	4	2	31	30.2	
Shigellosis	0	1	0	0	0	1	0.8	
Yersiniosis	0	1	1	0	0	3	2.2	
Enteric Totals	4	15	13	10	3	74	74	

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

Disease or Condition	Five Previous Months					Year to Date Comparison		
	June 2023	July 2023	August 2023	September 2023	October 2023	YTD 2023	YTD 5 Previous Year Mean	YTD Alert
Anaplasma Phagocytophilum	0	0	0	0	0	0	0	
Babesiosis	0	0	0	0	0	0	0.2	
Dengue Fever	0	0	0	1	0	1	0	
Ehrlichia Chaffeensis	6	4	7	1	0	20	20.8	
Ehrlichia Ewingii	0	0	0	0	0	0	0.8	
Ehrlichiosis Anaplasmosis Undetermined	1	0	0	0	0	2	1.8	
Lyme	0	0	1	0	0	1	0	
Malaria	0	0	0	0	0	0	0	
Q Fever	0	0	0	1	0	1	0	
Rocky Mountain Spotted Fever	1	1	0	0	0	2	9.6	
Tularemia	0	0	1	0	0	1	0	
Vector-Borne Totals	8	5	9	3	0	28	33.2	

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

Disease or Condition	Five Previous Months					Year to Date Comparison		
	June 2023	July 2023	August 2023	September 2023	October 2023	YTD 2023	YTD 5 Previous Year Mean	YTD Alert
Anaplasma Phagocytophilum	0	0	0	0	0	0	0	
Babesiosis	0	0	0	0	0	0	0.2	
Dengue Fever	0	0	0	1	0	1	0	
Ehrlichia Chaffeensis	6	4	7	1	0	20	20.8	
Ehrlichia Ewingii	0	0	0	0	0	0	0.8	
Ehrlichiosis Anaplasmosis Undetermined	1	0	0	0	0	2	1.8	
Lyme	0	0	1	0	0	1	0	
Malaria	0	0	0	0	0	0	0	
Q Fever	0	0	0	1	0	1	0	
Rocky Mountain Spotted Fever	1	1	0	0	0	2	9.6	
Tularemia	0	0	1	0	0	1	0	
Vector-Borne Totals	8	5	9	3	0	28	33.2	

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

Disease or Condition	Five Previous Months					Year to Date Comparison		
	June 2023	July 2023	August 2023	September 2023	October 2023	YTD 2023	YTD 5 Previous Year Mean	YTD Alert
Animal Bites	12	36	26	17	16	218	130	*
MOTT	4	2	5	1	1	24	19.6	*
Rabies Animal	0	0	0	0	0	0	1.2	
Rabies Post Exposure Prophylaxis	0	2	1	0	0	14	8	*
TB Disease	0	0	1	0	0	1	1	
TB Infection	3	3	7	3	2	27	37	
Other/Miscellaneous Totals	19	43	40	21	19	284	196.8	

Figure 1. Campylobacteriosis

Jefferson County, Missouri

Campylobacter infection, or campylobacteriosis, is caused by Campylobacter bacteria. Campylobacteriosis is one of the most common causes of diarrheal illness in the United States. There are 21 Campylobacter species; however, Campylobacter jejuni and Campylobacter coli are the two species that most often infect humans. Almost all persons infected with Campylobacter recover without any specific treatment. Antimicrobial therapy is warranted only for patients with severe disease or those at high risk for severe disease, such as those with immune systems severely weakened from medications or other illnesses. There were 0 cases of Campylobacteriosis reported during October 2023 in Jefferson County. During the previous 5 years, the number of cases has ranged from 0 to 8 per month. A year-to-date alert has been noted for Campylobacteriosis. 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.

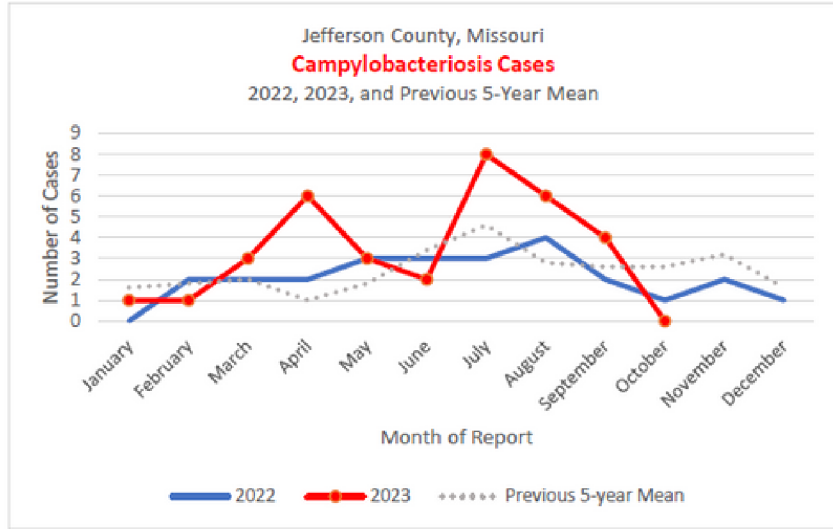
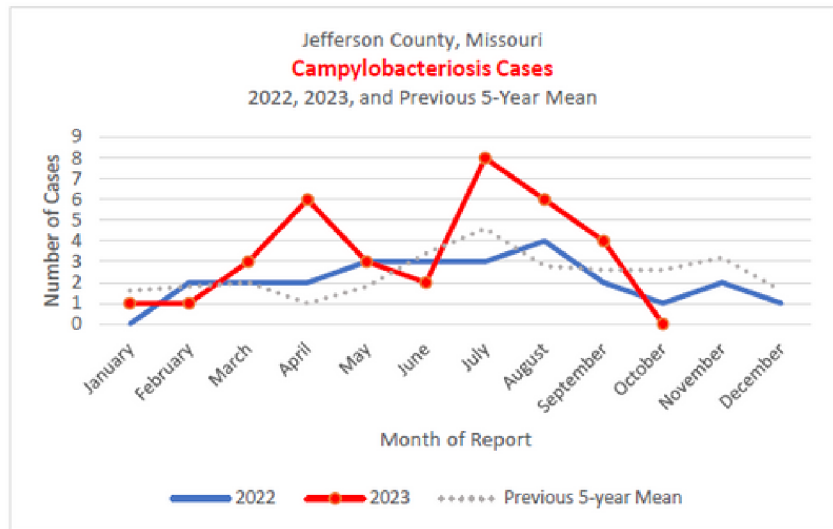


Figure 2. Salmonellosis

Jefferson County, Missouri

Salmonella are a gram-negative, rod-shaped bacteria which can cause illness in both animals and humans. Nontyphoidal salmonellosis (NTS) refers to illnesses caused by all serotypes of Salmonella (S.) except for S. Typhi, S. Paratyphi A, S. Paratyphi B, and S. Paratyphi C. There were 2 cases of Salmonellosis reported during October 2023 in Jefferson County. During the previous 5 years, the number of cases reported has ranged from 0 to 11 per month. One nationwide outbreak of Salmonella linked to small turtles was updated September 29, 2023 and remains active. Cases have been reported in 18 states, including Missouri.



Environmental Public Health

Environmental Public Health:

Justification for the Closure of the JCHD Environmental Laboratory as of December 31, 2023

As a program experiences staff turnover or reduced funding, the agency will evaluate the program for staffing and funding sustainability and the community impact and need. Due to the retirement of the current environmental lab technician in December 2023 and the building of a new JCHD office building that includes an environmental lab facility, it was decided to review the Environmental Laboratory program.

Sustainability

- Funding: 2023 Environmental Laboratory Program Budget
 - Earned Revenue (Fees) \$46,000
 - **MIL TAX \$38,546 (This is the cost to the agency to run the lab annually)**
 - TOTAL REVENUE \$84,546
 - Personnel Costs \$62,021 (salary and benefits for 1 full-time and 1 part-time staff)
 - Supplies \$22,525
 - TOTAL EXPENSES \$84,546
- Staffing:
 - Our current Lab Technician is retiring in December.
 - She has been in this position for 46 years.
 - A plan was developed for her succession, but the employee that was trained to take the position has since left the agency for another job.
 - As an agency, we are struggling to fill open positions. One major obstacle is that we are not able to compete with other agencies pay scales. If we were able to hire a new technician, the training requirement would be extensive. There are environmental staff who can run the daily operations of the lab, but this takes away from the other job duties as Environmental Public Health Specialists. One core function of Environmental Public Health is to complete food establishment inspections. The Environmental Laboratory is a community resources but not a core function of the agency.

Community Impact and Need:

- The environmental lab provides bacterial water testing for private and public water supplies not only in Jefferson County, but the surrounding counties as well.
 - When the lab was first started, there was not a courier service to the Missouri State Public Health Laboratory (MSPHL). Samples had to be mailed to the (MSPHL) which could result in samples not being received in the proper timeframe to be tested. Our lab provided a huge convenience for public water districts and citizens.
- Currently, there is a courier service ran by the MSPHL that has daily pickups at most county health departments and a few other locations, such as hospitals. Samples can be brought to the JCHD Hillsboro Office or to Mercy Jefferson Hospital for the state courier to pick up for transportation to the MSPHL.
 - Samples would reach the MSPHL the same day they are picked up. The samples are set up at 6 am the next day and read the following day. Results of the tests are recorded in a portal that districts or citizens can log into.
 - This is very close to our own process. The difference would be a new portal to log into, and up to a 24-hour delay for results.
- Most all counties in the state of Missouri use the MSPHL.
 - Missouri is ranked as having one of the top Public Health Laboratories in the nation and performs over 6,000 water sample tests each month with 95% of the samples sent through the courier service.
 - JCHD charges \$14 for in-county and \$17 for out-of-county for private or public water samples.
 - **The State charges \$10 to private citizens and public water districts are free.**
 - Public water districts are already paying into a fund which is partially used to cover the cost of water testing through the MSPHL.

Environmental Public Health

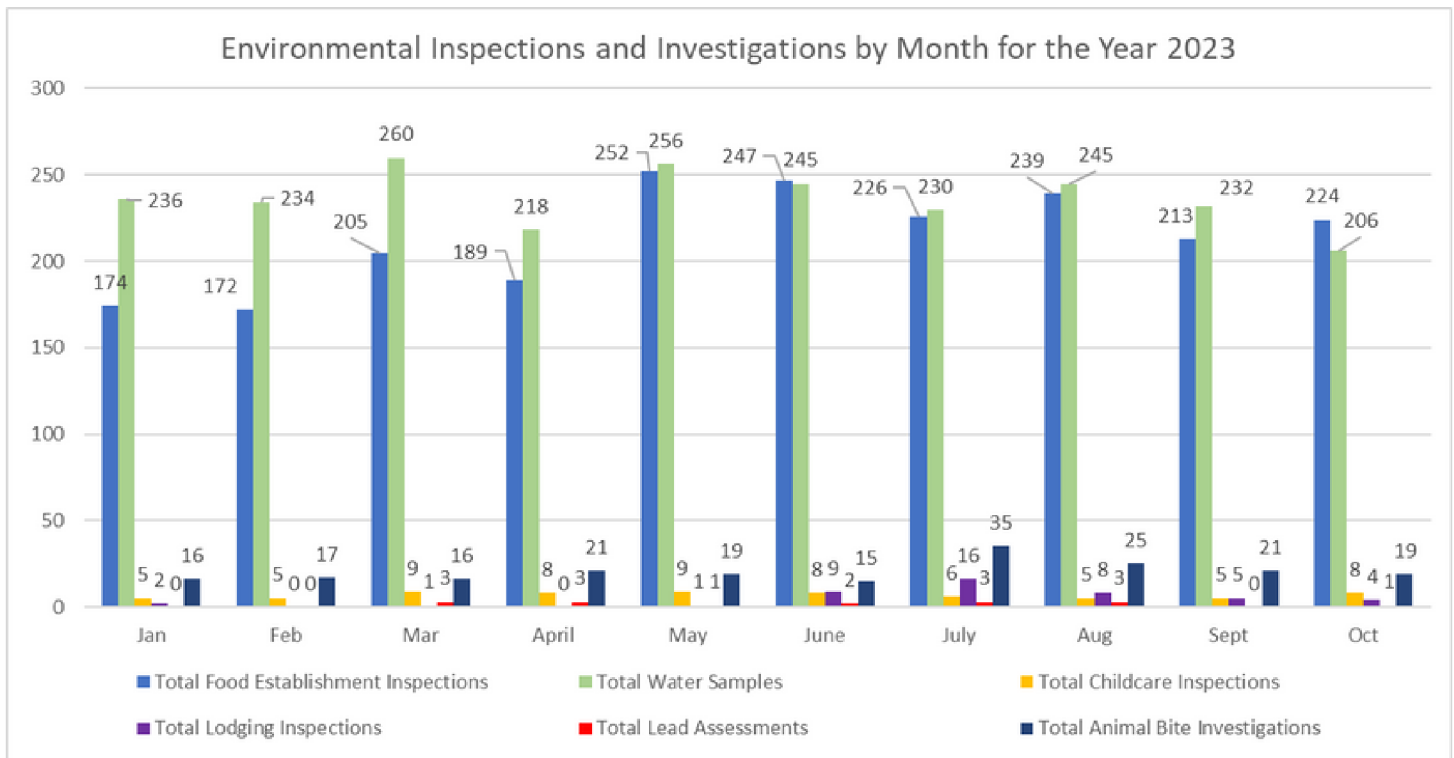
Environmental Public Health:

- **Jeannie Barton, Environmental Laboratory Technician, will be retiring on December 15, 2023, after 46 years of service.**
- High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches, November 13, 2023.
 - <https://www.fda.gov/food/outbreaks-foodborne-illness/investigation-elevated-lead-levels-applesauce-pouches-november-2023>
 - WanaBana brand apple cinnamon fruit purée pouches
 - Schnucks brand cinnamon applesauce pouches
 - Weis brand cinnamon applesauce pouches
 - The Environmental Public Health Specialists have worked with all the county stores that sell packaged foods to ensure all products have been removed from shelves.
 - Individuals should remove any previously purchased items that fall into the recall from their food pantry.

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

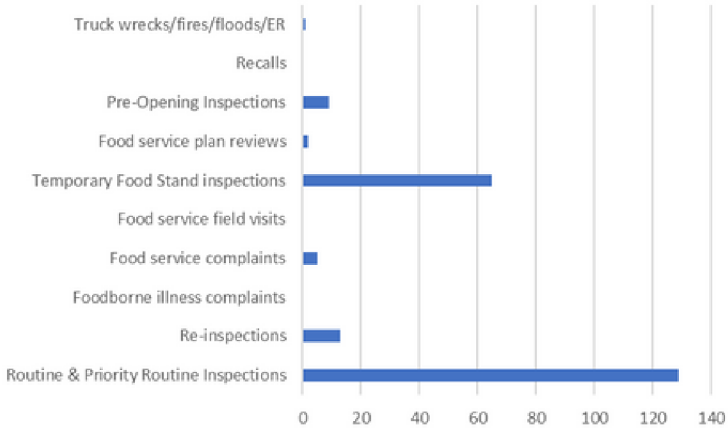
Programs: Food Program (Jefferson County Food Code, Food and beverages Permits, Temporary Permits, Farmers Market Master Training, and ServSafe Certifications), Water Sample Laboratory Services (Private and Public Water and Wells), Childcare Sanitation Inspections (CCSI), Lead Assessment and Education,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

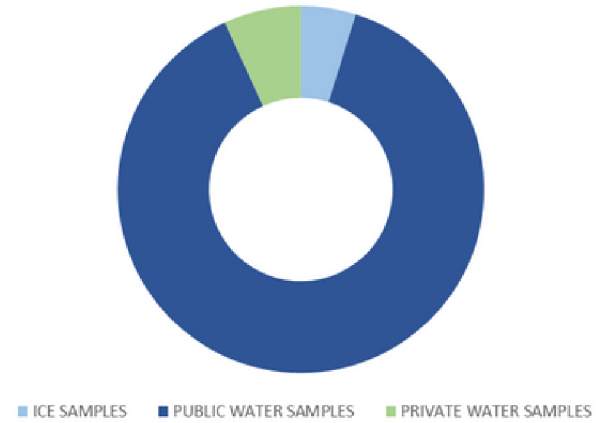


Environmental Public Health

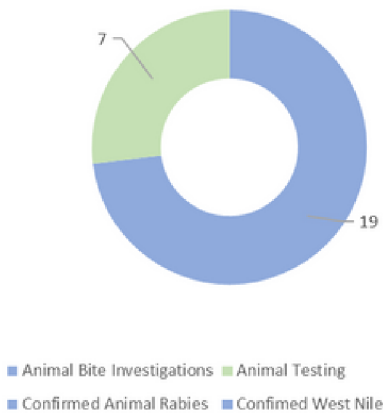
Total Food Establishment Inspections - October 2023



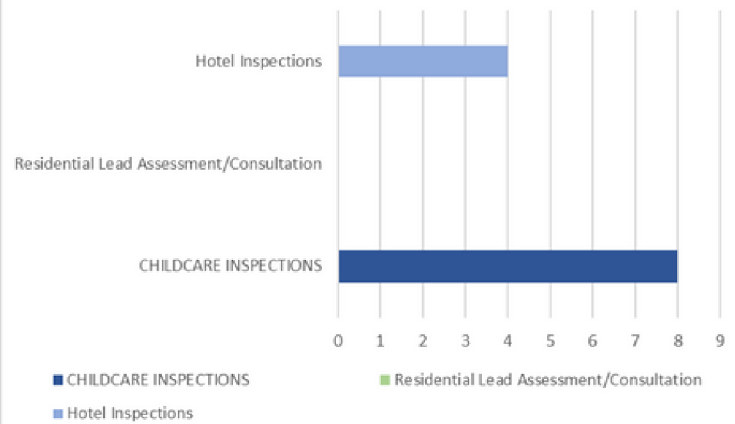
Total Ice and Water Samples Tested - October 2023



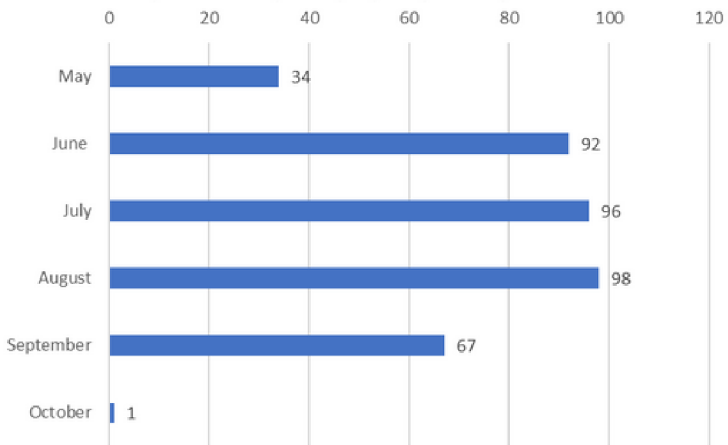
Total Animal Bite Investigations - October 2023



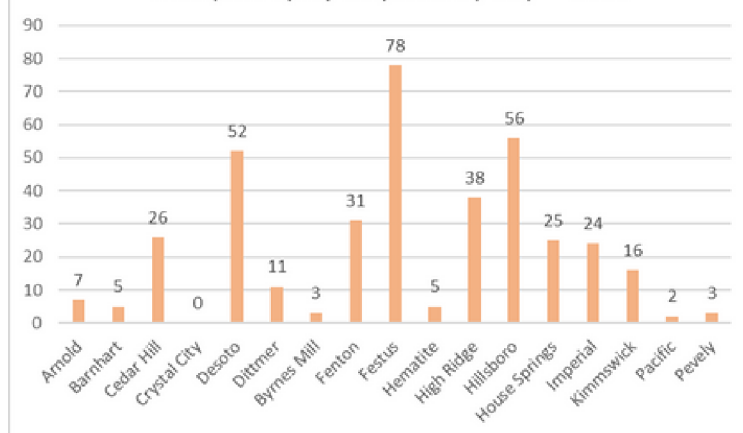
Total Additional Inspections - October 2023



Completed Mosquito Spray Requests by Month - 2023



Mosquito Spray Requests by City - 2023



Public Health Preparedness and Special Healthcare Needs

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

- During the month of November 2023, the JCHD Planner participated in the following:
 - The Planner and Community Services Manager participated in the First Annual Region C (St. Louis Metro Area) Healthcare Coalition (HCC) Summit on November 9, 2023.
 - In preparation for inclement winter weather
 - JCHD staff, and in-house partners, are enrolled in Active911, our emergency notification system. The Planner has been working with staff individually to ensure the App is working correctly on each device.
 - JCHD offices can be used as a warming station, during regular business hours, when weather temperatures remain below 15 degrees or if the wind chill is below -15 degrees.
 - Completed updates to the Jefferson County Health Department Capability 1: Community Preparedness, Capability 2: Community Recovery, and Capability 3: Emergency Operations Coordination.

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 October:

- Annual contract monitoring for Adult Brain Injury (ABI) was conducted on October 26, 2023. Financial reports for the month of July 2023 and 20 individual cases were audited. On November 9, 2023, the program was provided a letter stating there were no areas of concerns found during the contract monitoring.

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.

Health Communications Board Report- November 2023

(Analytics from October 2023)

Community Engagement: Several members of health comms team were out in the community at various events and locations, working with the public directly, providing services and education, learning more about population needs, and developing partnerships.

- **Northwest School District:** Health Communications Specialist provided two presentations to approximately 140 middle school students, one on vaping and another on stress management.
- **Car Seat Program:** 9 car seats were provided and installed, and 10 additional car seats were checked by our certified car seat technician.
- **Community Events:** Health Communications Specialist attended Byrnes Mill National Night Out and Jefferson College Student Wellness Fair distributing 24 boxes of Narcan

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

Community Awareness Survey: Completed the community awareness survey about substance use issues in line with grant deliverables for funding source.

- Final number of community submissions was 815
- Data is being compiled and utilized to inform program creation and education efforts

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

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

Adult Immunization Grant: Continued promoting education and awareness of recommended adult immunizations including flu, covid, and Tdap. Outreach included print ads, social media ads, app notifications, clinical education in office, radio show, and OTT/CTV ads.

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

Foundational Capabilities: Communications

Public Health Core Competencies Project: Finalized the Public Health Core Competencies Staff survey to measure current competency levels among all staff members. Survey launched in November and will be available for staff to complete for 30 days. This information will be utilized to create agency, position, and employee training plans to enhance our workforce.

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

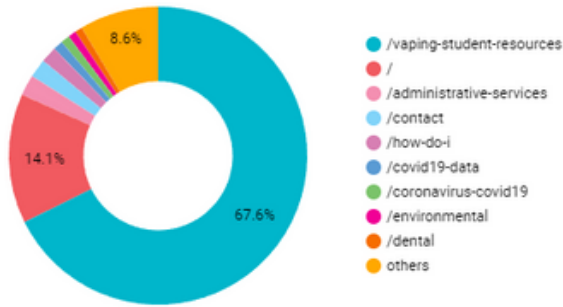
Social Media Analytics



<p>Fans</p> <p>17K fans</p> <p>2 from 17K</p>	<p>Received PMs</p> <p>13 PMs</p> <p>2 from 15</p>	<p>Page engagement rate</p> <p>3.63% engagement rate</p> <p>2.31 from 1.32%</p>	<p>Post engagement rate</p> <p>1.48% engagement rate</p> <p>0.29 from 1.19%</p>
<p>Followers</p> <p>1.5K followers</p> <p>2 from 1.5K</p>	<p>Inbound messages</p> <p>2 messages</p> <p>0 from 2</p>	<p>Post engagement rate</p> <p>0% engagement rate</p> <p>2.61 from 2.61%</p>	<p>Post engagement</p> <p>0 engagements</p> <p>3 from 3</p>
<p>Followers</p> <p>1.7K followers</p> <p>1 from 1.7K</p>	<p>Inbound messages</p> <p>0 messages</p> <p>0 from 0</p>	<p>Post engagement rate</p> <p>0% engagement rate</p> <p>0 from 0%</p>	<p>Post engagements</p> <p>0 engagements</p> <p>0 from 0</p>

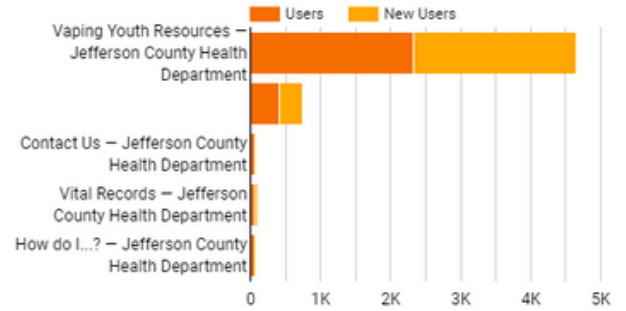
Website Analytics

Which page is the most popular?



Page	Pageviews
1. /vaping-student-resources	7,212
2. /	1,502
3. /administrative-services	240
4. /contact	216
5. /how-do-i	188
6. /covid19-data	112
7. /coronavirus-covid19	102
8. /environmental	93
9. /dental	86
10. /community-health	69

Most popular pages with title breakdown



Page Title	Keyword	Pageviews
1. Vaping Youth Resour...	(not set)	7,212
2. Jefferson County He...	(not set)	797
3. Jefferson County He...	(not provided)	753
4. Vital Records - Jeff...	(not provided)	189
5. Contact Us - Jeffers...	(not provided)	159
6. How do I...? - Jeffer...	(not provided)	128
7. COVID-19 Data - Jef...	(not provided)	72
8. Environmental - Jeff...	(not provided)	69
9. How do I...? - Jeffer...	(not set)	60
10. COVID-19 - Jefferso...	(not provided)	60

Query	Impressions	Clicks
jefferson county health department	6,524	371
syphilis treatment	1,426	0
use of folic acid	1,163	1
jchd	655	12
aspen jefferson county	568	8
syphilis stages	559	0
jefferson county department of health	554	17
quitting vaping timeline	483	0
jefferson county	405	0
importance of folic acid	394	0
folic acid use	386	1

A Level A Compliance

Issues (154,354 issues affecting 508 pages)



- 5 Errors
- 3 Warnings
- 37 Needs review

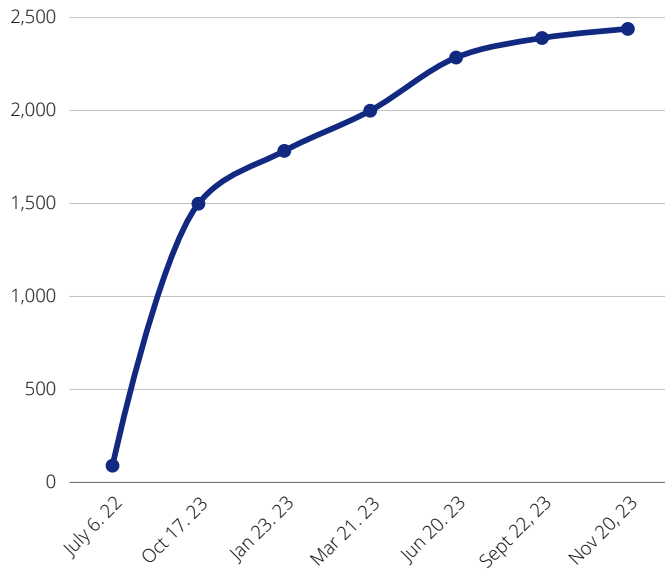
AA Level AA Compliance

Issues (125,450 issues affecting 508 pages)



- 2 Errors
- 1 Warnings
- 21 Needs review

JCHD Mobile App Analytics



**2,439
DOWNLOADS**

**0 PUSH
NOTIFICATIONS**

Google Business Profile Analytics

Hillsboro Office: 937 Interactions

541

calls
-5%

1

message
No change

171

people asked for
directions
-6%

224

website visits from
profile
-4%

2,922

profile views
-5%

1,604

searches
-6%

Arnold Office: 1,267 Interactions

658

calls
No change

6

messages
+20%

257

people asked for
directions
-20%

341

website visits from
profile
-3%

3,868

profile views
-3%

1,901

searches
-12%



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

OCTOBER CLINICAL BOARD REPORT

Month Reporting: OCTOBER 2023

Date: 11/20/23

Reported By: M. Melissa Parmeley, Clinical Services Manager

CLINICAL SECTION - PROGRAMS <i>FPHS</i>	CONTRACT/ GRANT	MONTHLY UPDATE
FAMILY PLANNING - Title X - The Right Time - Show Me Healthy Women - Wise Woman <i>Maternal, Child & Family Health</i> <i>Communicable Disease</i> <i>Access to Care</i>	Title X; The Right Time (TRT) Show Me Healthy Women (SMHW) Wise Woman (WW)	The Right Time (TRT) contract for JCHD is scheduled to end in March 2024. TRT is a Missouri program contracted through the Missouri Family Health Council (MFHC). The focus of this program has been to improve information about, and access to, quality contraceptive services in Missouri. JCHD has been contracted to provide this program in Jefferson County since 2019. JCHD staff will be preparing plans on how to transition patients from this program over the next 5 months. JCHD Family Planning contraceptive methods available may be adjusted once the TRT funding is gone due to supply costs and reimbursement rates for some contraceptive methods. Over the past year, more than 600 patients have participated and received services related to The Right Time Program at JCHD locations.

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<p>GENERAL CLINIC</p> <ul style="list-style-type: none"> - Immunizations - Tuberculosis (TB) - Lead - Wellness Labs - Sexually Transmitted Diseases (STD/STI) - Perinatal Hepatitis B - Child Care Health Consultation (CCHC) <p><i>Maternal, Child & Family Health</i></p> <p><i>Communicable Disease</i></p> <p><i>Access to Care</i></p> <p><i>Injury Prevention</i></p>	<p>Vaccines for Children (VFC/317)</p> <p>Adult Immunization Contract (AIG)</p> <p>EPA Superfund Lead Health Education</p> <p>CHIP CORE Public Health</p> <p>Program Support 23-24</p>	<p>October is Influenza Vaccine time! A total of 908 Influenza vaccines were provided by JCHD in October. See below for the breakdown of Flu vaccines provided by location:</p> <p style="padding-left: 40px;">Hillsboro: 95</p> <p style="padding-left: 40px;">Arnold: 54</p> <p style="padding-left: 40px;">Community Locations: 759</p> <p>JCHD worked to complete all ordering and state requirements to obtain COVID-19 vaccines in October. These vaccines were transitioned to commercialized vaccine offerings in September and the ordering process changed at that point. JCHD completed the Missouri Bridge Access Program for Adults (VFA) Enrollment in October. All providers receiving COVID-19 vaccines for adults ages 19 and older were required to complete the Bridge Access Program enrollment to be able to provide COVID-19 vaccines at no cost to individuals who do not have health insurance or with health insurance plans that do not cover the cost of the vaccine. Children are also eligible for COVID-19 vaccines through the Vaccines For Children (VFC) program offered at JCHD. For more information on these programs, follow the links provided below:</p> <p style="text-align: center;"><u>Bridge Access Program</u></p> <p style="text-align: center;"><u>Vaccines for Children</u></p> <p>The TB program continues to work through an event that began in August 2023. From this event JCDH staff have worked with 258 contacts to an active case. From those contacts, the following actions have been completed:</p> <p style="padding-left: 40px;">168 have been fully tested</p> <p style="padding-left: 40px;">84 still need to be tested and have been contact multiple times</p> <p style="padding-left: 40px;">6 have refused testing at this time</p>
<p>COMMUNITY CLINIC</p> <ul style="list-style-type: none"> - Mobile Wellness - Communicable Disease Testing 	<p>Local Public Health Disparities</p> <p>Program Support 23-24</p> <p>Adult Immunization Grant</p>	<p>The JCHD Community Clinical team collaborated with the Jefferson County school systems to provide Influenza vaccines to staff and students on site in October. To participate and receive a Flu vaccine through these clinic offerings, parents submitted an electronic</p>



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<ul style="list-style-type: none">- Prevention- Community Clinics- Project Life Saver <p><i>Maternal, Child & Family Health</i> <i>Communicable Disease</i> <i>Access to Care</i> <i>Injury Prevention</i></p>		<p>request and provided written consent for their child to be vaccinated. The following school-based flu clinics were provided in October:</p> <ul style="list-style-type: none">10/17/23 Jefferson R7 = 116 vaccine provided10/18/23 Desoto Schools = 76 vaccines provided10/19/23 Hillsboro Schools = 218 vaccines provided10/24/23 Nothwest Schools = 134 vaccines provided10/25/23 Nothwest Schools = 206 vaccines provided <p>A total of 750 Influenza vaccines were provided through the school-based clinics. A huge thank you goes to all the school nurses who collaborated with our team to make these clinics run smoothly!</p> <p>Many of our JCHD programs provided services and outreach at the Jefferson College Student Health Expo on October 3rd.</p> <p>The Mobile Wellness program provided services a total of 12 days and saw 104 patients in October. This program spent 4 days at the Hillsboro School District campus where wellness exams for the school district staff were provided. Services were provided to 43 school system staff during those 4 days on site. The program will be returning to this district again in January along with two other districts.</p> <p>Congratulations to the JCHD Mobile Healthcare team for being awarded funding to purchase a new mobile healthcare vehicle. Jefferson County Health Department received a capital grant award in the amount of \$250,000 from the Jefferson Foundation that will go towards the design, fabrication, and delivery of a new vehicle to house JCHD mobile healthcare</p>
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		<p>services. JCHD also received approval to utilize \$210,000 from the Expanded Laboratory Capacity funding source for this purpose as well. We are currently in the process of drafting a Request for Proposal (RFP) to accept proposals for the design and development of a new mobile healthcare vehicle from vendors. We are anticipating that this RFP will go out in December.</p>
<p>DENTAL</p> <ul style="list-style-type: none"> - Pediatric Mobile Dental - Sealant - Adult Mobile Dental <p><i>Maternal, Child & Family Health Access to Care</i></p>	<p>Sealant and Tele dentistry CHIP CORE Public Health</p>	<p>The JCHD Dental team provided services to 118 patients in October and provided 858 procedures during the month.</p> <p>The pediatric dental program was at the Festus School System in October where services were provided to 93 students.</p> <p>The pediatric dental program will be moving to the Fox School System in November and will be providing services at Meramec Heights Elementary.</p>