

ENVIRONMENTAL SUMMARY OCTOBER 2022 REPORTED AT NOVEMBER BOARD MEETING

PROGRAM/GRANT	DELIVERABLE	OUTCOME/IMPACT				
Vector Program Vector/Mosquito Control: Jefferson County Missouri Code Chapter 260 Mosquito Control and Eradication	Protect the public health by controlling mosquitoes and other vectors that spread disease (i.e., Mosquitoes and ticks)	 JCHD 2022 Adulticide Treatments Concluded on 10/13/22. Preventative adulticide treatment spraying: 37 targets treated. Those targets include subdivisions and largely populated geographical areas. 2 requests handled in October. 				
Animal Bite/Rabies Investigations Missouri Laws and Statues Chapter 322 Protection Against Rabies	322.140 Upon receipt of an incident report where an animal bites or otherwise possibly transmits rabies or any zoonotic disease, the department of health and senior services shall investigate the incident. Animal Bite Investigation: investigation after a known bite. Animal Testing: The receipt of a MDHSS Rabies Laboratory Result Reports. This can include an unsatisfactory, negative, or positive result. Confirmed Animal Rabies: This is a confirmed positive case from a MDHSS Rabies Laboratory Result Report.	Animal Bite Investigations: 17 Animal Testing: 5 Confirmed Animal Rabies: 0				



Jefferson County Health Department 405 Main Street, Hillsboro, MO 63050 Phone: 636-797-3737 Fax: 636-797-4631 www.jeffcohealth.org



-Core Public Health Functions -Jefferson County Food Code -Food Sanitation Order -Jefferson County Food Service and Retail Food Service Sanitation Rules and Regulations	Safety of food is a combined effort provided by the state health department and local health departments. Complaints concerning food safety and regular food establishment inspections are handled by the local health department.	-Routine Inspections: 145 -Re-inspections: 10 -Temporary Food Stand Inspections: 100 -Boil order advisory: 58 facilities contacted to discuss proper operating procedures3 facilities contacted for food recall regarding falafels.				
LeadEPA Lead Grant	Provide lead resources, education and connection to testing when needed. This is a collaboration between clinical, education and environmental programs.	 -In progress of compiling the first draft of the VICP for Jefferson County as outlined in the EPA Superfund Grant. -Working with Health Education Department on community readiness survey/interview. 				
-Lodging Rule, 19-CSR 20-3.050	DHSS: Inspections are conducted by local health agency or department staff. These inspections fall under lodging rule 19-CSR 20-3.050	-Lodging complaints: 1 -Annual lodging inspection approvals: 0 -2 facilities have been turned over to the state for non-compliance.				
Childcare -MODHSS/DESE	Both licensed and license-exempt facilities are required to have annual sanitation and health inspections.	Routine Inspections: 4 Re-Inspections: 1				
Missouri Department of Natural Resources Certification for Microbiological Laboratory Services of Public Drinking Water	Ensures public health for citizens and guests of the state/county by providing information regarding private water and public water supplies through water testing to homeowners and businesses	Ice Samples: 27 -Satisfactory: 26 -Unsatisfactory: 1 Public Water Samples: 200 -Satisfactory: 199 -Unsatisfactory: 1 Private Water Samples: 19 -Satisfactory: 9 -Unsatisfactory: 8 -Unacceptable: 2				



HEALTH NETWORK SERVICES SUMMARY October 2022 REPORTED AT November 2022 BOARD MEETING

PROGRAM/GRANT	DELIVERABLE	OUTCOME/IMPACT
-Children's Health Insurance Program (CHIP) -Maternal Child Health (MCH) Grant	MCH (Strengthen Individual Knowledge and Skills): By FFY 2026, increase in regular adolescent and family engagement in wellness habits through before/after school programs, family engagement programs, virtual programs, etc.	The Health Education team this month focused on furthering work with the stress and coping kits that were funded by the MCH grant. This is in conjunction with the stress reduction seminars that can be held for school staff or other community members as a continued effort to support healthy coping skills and improve mental health.
-Disparities Grant		Several members of this team took part in a conference held by Washington University - Health As A Human Right. This conference looked specifically at members of our communities that are facing health inequities and discussed an approach to ensuring our agency is providing healthcare equitably to our most vulnerable and highest need citizens.
Drug	Overdose Data to Action (OD2A)	Teen Coalition – The Teen Coalition continued
Prevention/Health	supports jurisdictions in utilizing data	work on the Vaping Disposal Boxes and education
Education	to inform substance use prevention	campaign. The Prevention Specialist over the
	and response efforts. This is funded	Teen Coalition presented to the county Food
Jefferson County Drug	through CDC and is comprised of 66	Safety Task Force to discuss possible partnerships
Prevention Coalition	state, county and city health	of using placemats to educate about the effects
(JCDPC)	departments.	of vaping in local restaurants.
Overdose Data to		
Action (OD2A) Grant		Prevention Specialists – A successful annual drug education conference was held this month for the community. Both specialists were in attendance for National Night Out in Byrnes Mill to promote drug awareness and prevention, targeting proper medication disposal and linkage to resources for those in active addiction.

Special Health Care Needs

--Children & Youth

The CYSHCN Program provides assistance statewide for children and youth with special health care needs from birth to age 21. The program focuses on early identification and service coordination for children and youth who meet medical eligibility guidelines.

--Adult Brain Injury

The **ABI** Program assists **Missouri** residents, ages 21 to 65, who are living with a traumatic brain injury (TBI). Through service coordination, the program links participants to resources to enable each person to obtain goals of independent living, community participation and employment.

CYSHCN Monthly Report region 10 and 11

combined:

SCAs completed: 9

PA completed: 1

Referrals: 79

Eligible referrals: 18

ABI Monthly Report Region G and F combined:

SCAs completed: 4

Referrals: 5

Eligible referrals: 3

Members of the Health Education team, throughout the month, spent time working with many different community organizations and creating new partnerships. Relationships continue to be built with the city libraries throughout the county, including DeSoto Public Library. Library staff are facing an increase in the members of the community coming into their facilities in need of resources to address issues like housing insecurity and mental health needs. This is an area of focus for the Health Education team in November to establish more communication and understanding of their concerns and begin to work with community partners to offer support.

Our team also attended a Jefferson College Staff Employee Wellness Fair where staff were given information on our dietitian services, Wellness Walks, Stress Reduction Seminar, and other programs that are accessible to the staff and their students. A health fair was held at a new location, Pony Bird, to provide services for the staff working in a high stress environment that was run by the dietitian. The Health Education Supervisor and Prevention Specialist presented on JCHD services at the most recent 40-hour Crisis Intervention Team class for Jefferson County first responders. This is an ongoing partnership and JCHD will be presenting at all future 40-hour CIT classes.

JCDPC and the Prevention Specialists organized and ran the annual Jefferson County Drug Education Conference on 10/18. 48 people were in attendance for the event that was comprised of 4 presenters. The topics covered were the DEA's One Pill Can Kill and Drug Trends presentation, Medicated Assisted Treatment, Maternal Health and Substance Use, and Missouri Poison Control presenting on Cannabis.



CLINICAL SERVICES SUMMARY OCTOBER 2022

PROGRAM/GRANT	DELIVERABLE	OUTCOME/IMPACT
IMMUNIZATIONS Adult Immunization Contract Vaccines For Children (VFC) Health Disparities Contract	Increase vaccination capacity across the jurisdiction, including among high-risk and underserved populations	Back to school immunizations continued to be provided during the month of October. A total of 270 back to school immunizations were provided in the JCHD office setting during the month. JCHD provided community-based flu clinics in October through school systems, events, and organizations with a total of 842 doses provided in the community. JCHD also provided Flu vaccines through in-office appointments and provided 185 Flu vaccines in this manner. JCHD held 4 COVID-19 vaccine clinics in October that included a JCHD staff combined Flu and COVID-19 offering, 2 homebound clinics and an in-office clinic in Hillsboro. JCHD offered Monkey pox vaccines in October through office clinics and held 3 separate clinics throughout the month and
FAMILY PLANNING Title X (MFHC) The Right Time Initiative (MFHC) ShowMe Healthy Women Wise Woman	Provide family planning services in accordance with the Title X program priorities.	provided a total of 13 doses. Family Planning clinic saw 117 unduplicated clients in October. Annual training requirements have been completed and submitted to MFHC. The JCHD Title X Non-compete application is nearing completion. This is a large undertaking for Nursing staff to complete the application by November 15th. Family Planning staff are continuing to work on the closure of the High Ridge office completing documentation for MFHC and 340B.



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PROGRAM/GRANT	DELIVERABLE	OUTCOME/IMPACT			
		MFHC is now implementing a Funding Formula which will now more closely match work plan goals that program staff work toward throughout each project year.			
		Our Family Planning team continues to plan for updated data reporting requirements for Title X and TRT through the Missouri Family Health Council (MFHC). The updated data reporting (FPAR 2.0) will be implemented in January 2023.			
EPA/MDHSS—Superfund Lead Children's Health Insurance Program (CHIP) & Health Services Initiatives (H.S.I.)	Provide health assessments, in- home and/or office interventions for children with a detection of lead in their blood	In October JCHD did a total of 20 lead screenings in Jefferson County. JCHD was awarded an extension to the Superfund Lead Health Education and Voluntary Institutional Controls Program that began 10/01/22. JCHD is still currently awaiting a new contract from MDHSS for this extension.			
MOBILE WELLNESS Health Disparities Contract	Utilize the currently established mobile health center to provide community-based healthcare focusing on individuals who have challenges with transportation, health disparities, and vulnerable populations in Jefferson County.	The Mobile Wellness Van saw a total of 102 patients in October and visited a total of 8 locations during the month. The Wellness Van visited many of the routine monthly locations and spent a week at the Hillsboro School campus. The mobile staff performed well visits with Point-of-care testing on 40 of the Hillsboro School District employees. This service is provided to make it convenient for the school district staff and to help keep the cost of the health insurance down for the district. We offer education to each patient during the visit.			
DENTAL Missouri DHSS Improving Oral Health Teledentistry Sealants	Develop, implement, educate, operate, provide services and report on a Teledentistry Sealant and Education Program in Jefferson County.	The dental program spent a large portion of the month of October providing services to the students at the Festus School system and Grandview School system. The mobile dental program saw 183 patients and performed 1,345 procedures during the month of October.			





ASPEN BOARD REPORT OCTOBER 2022 REPORT

NOVEMBER 2022 BOARD MEETING

PROGRAM/GRANT	DELIVERABLE/FOUNDATION	OUTCOME/IMPACT			
	CAPABILITY				
ASPEN: Community Resource Directory	Public Health Capacity; Linkage to medical, behavioral and community resources:	October 2022 the ASPEN Coordinator and JCHD PIO began working on a communication plan to share information regarding the Community			
Missouri Foundational Public Health Services Model: -Linkage to medical, behavioral and community resourcesCommunity Partnership Development Jefferson Foundation Transformative Grant Missouri DHSS Health Disparities Grant	 Identify statewide, regional, and local medical and behavioral healthcare community partners and their capacities. Develop and implement a prioritized plan for increasing access to quality health care. Support community-based initiatives that increase access to quality medical and behavioral healthcare. Ability to create and maintain strategic, non-program specific relationships with key community partners. 	Public Facing ASPEN Resource Directory. Community Related Presentations: November 9 th , 2022, Missouri Coalition for Children			
ASPEN: School Behavioral Health	Public Health Capacity; Linkage to medical, behavioral and community	In October of 2022 several school administrators worked closely with the ASPEN Coordinator and			
Portal Missouri Foundational Public Health Services Model: -Linkage to medical, behavioral and community resources.	Provide timely, accurate, and locally relevant education to the community on the behavioral health care system.	 attorney's regarding ASPEN agreements for implementation. (Additional reports below) Schools Waiting on School Board Approval for Agreement: As of 10/31/22 Dunklin Crystal City 			

-Injury Prevention Jefferson Foundation Transformative Grant Missouri DHSS Health Disparities Grant	Injury Prevention: Identify statewide, regional and local injury prevention community partners and their capacities Work with partners to implement evidence based and populations-based interventions that mitigate suicide risk.	 St. Louis MAP Farmington ASPEN Coordinator is working with each of the participating schools to schedule a staff meeting, parent engagement opportunities and student communication. Each school is approaching communication to meet their individual school needs and demographics.
		Upcoming School Related Presentations: November 4 ^{th,} 2022, the Missouri School Board Association Conference in Kansas City
ASPEN: First Responder and Health Care Worker Portals Missouri Foundational Public Health Services Model: -Linkage to medical, behavioral and community resourcesInjury Prevention Jefferson Foundation Transformative Grant Missouri DHSS Health Disparities Grant	Public Health Capacity; Linkage to medical, behavioral and community resources: • Identify statewide, regional and local medical and behavioral healthcare community partners and their capacities. • Advocate and seek funding for policies and initiatives that increase access to quality medical and behavioral healthcare.	Departments in communication with ASPEN Coordinator and waiting for feedback and administration meetings. • Jefferson County Sherriff's Department • North Jefferson Ambulance District • Eureka Fire Protection District

ASPEN School Program Progress as of 10/31/22						
Signed Agreement	Progress	#Students to Date				
Sunrise School	Agreement Signed 9/21/22: Staff	0				
	an Parent Communication In-					
	Progress					
Jefferson R-VII	Agreement Signed 10/20/22	<u>13</u> Completed				
		7 Low Risk				
		3 Moderate Risk				
		3 High Risk				

Grandview School	Agreement Signed 10/21/22: Staff and Parent Communication In- Progress	Parent Meeting Scheduled for November 17 th
De Soto #73	Agreement Signed 10/25/22: Staff and Parent Communication In- Progress	2_Completed
Hillsboro R-III	Agreement Signed 10/31/22: Staff and Parent Communication In- Progress	2 Completed 2 Low Risk

ASPEN First Responder Program Progress as of 10/31/22						
Department	Agreement Progress	Staff Progress				
Hillsboro Fire Protection District	Agreement Signed 10/14/22	Staff Trainings Scheduled				
		November				
Saline Valley	Agreement In Review	Staff Demonstrations Scheduled				
		November				
Mapaville Fire Protection District	Agreement In Review, Waiting	Staff Demonstrations Scheduled				
	Board Approval	November				
Goldman Fire Protection District	Agreement In Review	Staff Demonstrations Scheduled				
		November				
De Soto Rural Fire Protection	Agreement In Review	Scheduling Staff Demonstrations				
District						

Development In-Progress as of 10/31/22			
Platform Progress Update			
24/7 Crisis Counselor Portal	Complete 10/31/22		
Incident Response Portal	Design In-Progress		
Spanish Translation	Waiting for bids and information from Translation agencies		
Health Care-Worker Portal	Development In-Progress		







Champion positive health outcomes and behaviors through innovative programs and community engagement

Communicable Disease Surveillance Summary Report

Jefferson County, Missouri

October 2022

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 2022 MMWR calendar began on January 2, 2022.
- 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.

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

	Five Previous Months				Year to Date Comparison			
Disease or Condition	June	Иnt	August	September	October	YTD 2022	YTD 5 Previous Year Mean	YTD Alert ¹
Campylobacteriosis	3	3	4	2	1	22	25	
Cryptosporidiosis	0	0	2	0	2	5	5	
Cyclosporiasis	0	2	0	0	0	2	3.2	
E. Coli O157:H7	0	1	1	0	0	2	0.8	
E. Coli Shiga Toxin +	0	0	0	0	0	0	0	
Giardiasis	0	0	0	0	1	1	1.8	
Hepatitis A Acute	0	0	0	0	0	0	4.2	
Listeriosis	0	0	1	0	0	1	0.6	
Salmonellosis	3	5	11	6	2	36	29	*
Shigellosis	0	0	0	0	0	0	1.2	
Yersiniosis	0	0	0	0	0	1	2.6	
Enteric Totals	6	11	19	8	6	70	73.4	

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

	Five Previous Months					Year to Date Comparison		
Disease or Condition	June	АInr	August	September	October	YTD 2022	YTD 5 Previous Year Mean	YTD Alert
Coccidioidomycosis	0	0	0	0	0	0	0	
Haemophilus Influenzae, Invasive	0	0	2	1	0	6	4.2	*
Legionellosis	1	0	1	0	1	3	3.8	
Pertussis	0	0	0	0	0	0	15.2	
Staph Aureus, VISA	1	1	0	0	1	4	1.8	*
Streptococcus Pneumoniae, Invasive	0	0	0	0	0	9	22.6	
Streptococcal Toxic Shock Syndrome	0	0	0	0	0	1	0	
Varicella	1	0	0	0	0	3	2.2	
Respiratory and Systemic Totals	3	1	3	1	2	26	49.8	

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

	Five Previous Months					Year to Date Comparison		
Disease or Condition	June	July	August	September	October	YTD 2022	YTD 5 Previous Year Mean	YTD Alert
Anaplasma Phagocytophilum	1	1	0	0	0	2	0	*
Babesiosis	1	0	0	0	0	1	0	
Ehrlichia Chaffeensis	9	7	5	2	0	26	20.4	*
Ehrlichia Ewingii	0	1	0	0	0	1	0.6	
Ehrlichiosis Anaplasmosis Undetermined	0	0	0	0	0	0	1.4	
Rocky Mountain Spotted Fever	2	2	3	1	2	10	12	
Tularemia	0	0	0	0	0	0	0	
Vector-Borne Totals	13	11	8	3	2	40	34.4	

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

	Five Previous Months					Year to Date Comparison		
Disease or Condition	June	Иnt	August	September	October	YTD 2022	YTD 5 Previous Year Mean	YTD Alert
Animal Bites	6	10	4	21	19	136	104.4	*
Infant Botulism	0	0	0	0	0	0	0	
MOTT	2	2	1	3	1	13	21.6	
Rabies Animal	1	0	0	0	0	1	1	
Rabies Post Exposure Prophylaxis	2	0	0	0	0	9	8	
TB Disease	0	0	0	0	0	0	1.2	
TB Infection	6	8	6	4	2	43	30.4	*
Other/Miscellaneous Totals	17	20	11	28	22	202	166.6	

Figure 1. 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 2022 in Jefferson County. During the previous 5 years, the number of cases reported has ranged from 0 to 9 per month. According to the CDC, two outbreaks of Salmonella have been reported recently. An outbreak of Salmonella linked to pet bearded dragons was updated October 18, 2022 and includes cases that have been reported in 15 states. An outbreak of Salmonella linked to fish was updated October 25, 2022 and includes cases that have been reported in 3 states. So far, no cases linked to either of the two current outbreaks have been reported in Missouri. A recent outbreak of Salmonella linked to backyard poultry (updated November 10, 2022) has been closed. A year-to-date alert has been noted for Salmonellosis. 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.

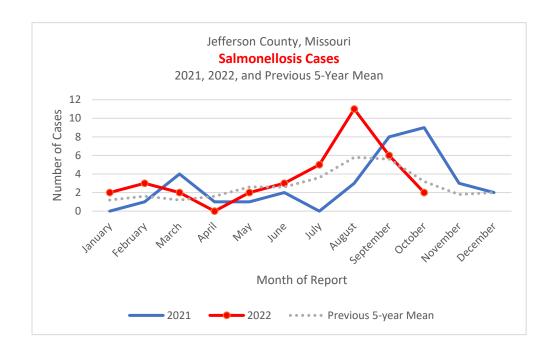
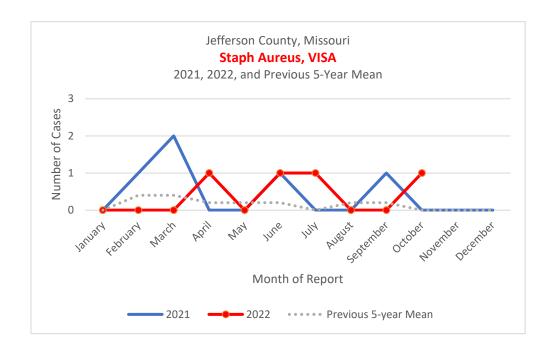


Figure 2. Staph Aureus, VISA Jefferson County, Missouri

Staphylococcus aureus (S. aureus), often referred to simply as "staph", are bacteria that are commonly carried on the skin or in the nose of healthy people. Staph is one of the most common causes of skin infections in the United States. Most of the time, staph does not cause any harm. These infections can look like pimples, boils, or other skin conditions and most are able to be treated. However, staph can also cause serious infections such as blood stream infections, surgical wound infections, and pneumonia. They can produce a toxin, which can cause gastrointestinal symptoms when ingested. Staph bacteria classified as VISA (Vancomycin-intermediate *Staphylococcus aureus*) is a specific type of antimicrobial-resistant bacteria. Currently, both VISA and VRSA (Vancomycin-resistant *Staphylococcus aureus*) are reportable diseases/conditions in Missouri.

There was 1 case of Staph Aureus, VISA disease reported during October 2022 in Jefferson County. During the previous 5 years, the number of reported cases has ranged from 0 to 2 per month. A year-to-date alert has been noted for Staph Aureus, VISA. 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.



ADDITIONAL DATA SOURCES AND INFORMATION

Jefferson County Health Department's Covid-19 Data Dashboard https://www.jeffcohealth.org/covid19-data

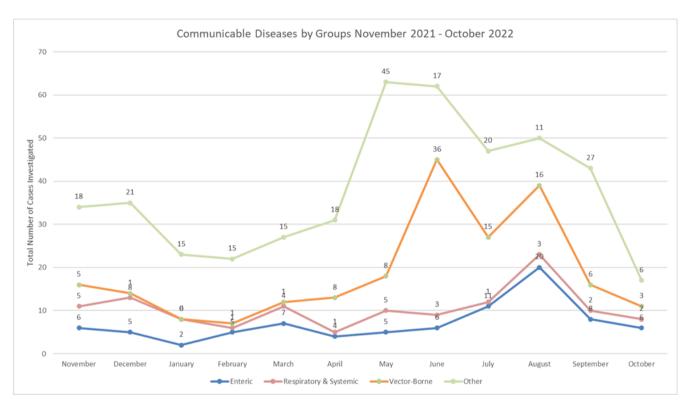
Jefferson County Health Department's Influenza Data Dashboard https://www.jeffcohealth.org/flu-season-info

Missouri Department of Health and Senior Services, Communicable Disease Investigation Reference Manual: https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/cdmanual/index.php

PUBLIC HEALTH PREPAREDNESS

Monthly Newsletter of the JCHD PHP Team

OCTOBER 2022 COMMUNICABLE DISEASE SUMMARY OF ALL INVESTIGATIONS



This chart represents the range of reportable conditions investigated by the team. Not all cases will meet the MDHSS case definition to be considered either "Confirmed" or "Probable." Many cases are considered "Suspect." One example of a suspect case would be a condition that a provider diagnoses and treats based on symptoms but did not collect a lab: such as Chickenpox. Some cases are considered "No Case" when investigated if they do not meet the case definition for the condition. All cases are fully investigated, and education is provided to the individual. When viewing the chart: add vertically the case counts above each month to provide you the total of all "Confirmed," "Probable," "Suspect," and "No Case." For example, October 2022 has 6+3+2+6=17 Conditions Investigated.

Enteric

- 1 Campylobacteriosis
- 2 Cryptosporidiosis
- 1 Giardiasis
- 2 Salmonellosis

Respiratory and Systemic:

- 1 Legionellosis 1 Suspect/No Case
- 1 Stapf Aureus, VISA

Vector-Borne:

3 Rocky Mountain Spotted Fever - 1 Suspect/No Case

Other:

- 2 Animal Bites
- 1 MOTT
- 3 TB Infection 1 Suspect/No Case

Reportable Conditions Investigated: 17 Open LTBI Cases (not active disease): 11 (Not represented on the chart)

Monkeypox is not a listed condition in Websurv. It is being tracked in Epitrax, along with COVID-19, which is not represented on this chart.

2022 MONKEYPOX UPDATES

CDC Outbreak Data Updated 11.17.22

MISSOURI

174

U.S. CASES

29.055

U.S. DEATHS

GLOBAL CASES

80,064

JEFFERSON COUNTY, MO

5

JCHD OUTBREAK DATA UPDATED 11.17.22

JCHD VACCINE ADMINISTERED

11-1ST DOSES

JCHD OUTBREAK DATA UPDATED 11.17.22

- Jefferson County is partnering with the St. Louis regional health departments to provide PEP and PEP++ (Post-Exposure Prophylaxis) to county residents.
 - To submit your request for post-exposure vaccination, please complete the JCHD survey at
 - https://forms.office.com/r/uXv9u2WxjA
 - The criteria to be considered for the PEP++ (Post-Exposure Prophlaxys without a confirmed positive exposure)
 - Gay, bisexual, a man who has sex with men, and transgender or nonbinary people who in the past 6 months have had...
 - A new diagnosis of one or more nationally reportable sexually transmitted diseases (i.e., acute HIV, chancroid, chlamydia, gonorrhea, or syphilis) and/or
 - More than one sex partner
 - People who have had any of the following in the past 6 months:
 - Sex at a commercial sex venue
 - Sex in association with a large public event in a geographic area where monkeypox transmission is occurring (this currently includes the St. Louis metro region)
 - Sexual partners of people with the above risks
 - People who anticipate experiencing the above risks
 - People who have known one of their sexual partners in the past 2 weeks have been diagnosed with monkeypox

COMMUNICABLE DISEASE SPOTLIGHT: EBOLA

Ebola Virus Disease (EVD) is a rare and deadly disease in people and nonhuman primates. Located mainly in sub-Saharan Africa.

Transmission

The virus spreads through direct contact (such as through broken skin or mucous membranes in the eyes, nose, or mouth) with:

- Blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, and semen) of a person who is sick with or has died from Ebola virus disease (EVD).
- Objects (such as clothes, bedding, needles, and medical equipment) contaminated with body fluids from a person who is sick with or has died from EVD.
- Infected fruit bats or nonhuman primates (such as apes and monkeys).
- Semen from a man who recovered from EVD (through oral, vaginal, or anal sex). The virus can remain in certain body fluids (including semen) of a patient who has recovered from EVD, even if they no longer have symptoms of severe illness. There is no evidence that Ebola can be spread through sex or other contact with vaginal fluids from a woman who has had Ebola.

Signs and Symptoms

Symptoms may appear anywhere from 2 to 21 days after contact with the virus, with an average of 8 to 10 days. The course of the illness typically progresses from "dry" symptoms initially (such as fever, aches and pains, and fatigue), and then progresses to "wet" symptoms (such as diarrhea and vomiting) as the person becomes sicker.

- Primary signs and symptoms of Ebola often include some or several of the following:
 - Fever
 - o Aches and pains, such as severe headache and muscle and joint pain
 - Weakness and fatigue
 - Sore throat
 - Loss of appetite
 - Gastrointestinal symptoms including abdominal pain, diarrhea, and vomiting
 - Unexplained hemorrhaging, bleeding or bruising
- Other symptoms may include red eyes, skin rash, and hiccups (late-stage).

Travel Advisory Alert Level 2: Practice Enhanced Precautions

• Uganda-Sudan ebolavirus outbreak (October 4, 2022)

EBOLA (EBOLA VIRUS DISEASE) | CDC

VACCINE

The FDA has approved the vaccine, ERVEBO, for prevention of EVD. The vaccine has been found safe and effective against Zaire ebolavirus.

TREATMENT

Therapeutics

- 2 FDA approved treatments
 - Inmazeb- combination of three monoclonal antibodies
 - Ebanga- a single monoclonol antibody
 - Neither has been evaluated for species other than Zaire ebolavirus
- Supportive Care
 - Whether or not other treatments are available, basic interventions can significantly improve chances of survival when provided early. These are referred to as supportive care, and include:
 - Providing fluids and electrolytes (body salts) orally or through infusion into the vein (intravenously).
 - Using medication to support blood pressure, reduce vomiting and diarrhea, and to manage fever and pain.
 - Treating other infections, if they occur.

SPECIES(STRAINS) OF EBOLA THAT HAVE CAUSED DISEASE IN PEOPLE

- Ebola virus (species Zaire ebolavirus)
- Sudan virus (species Sudan ebolavirus)
- Taï Forest virus (species Taï Forest ebolavirus, formerly Côte d'Ivoire ebolavirus)
- Bundibugyo virus (species Bundibugyo ebolavirus)

COMMUNICABLE DISEASE SPOTLIGHT: RSV

Respiratory Syncytial Virus Infection (RSV)

CDC surveillance has shown an increase in RSV detections and RSV-associated emergency department visits and hospitalizations in multiple U.S. regions, with some regions nearing seasonal peak levels. Clinicians and public health professionals should be aware of increases in respiratory viruses, including RSV.

Transmission

People infected with RSV are usually contagious for 3 to 8 days and may become contagious a day or two before they start showing signs of illness. However, some infants, and people with weakened immune systems, can continue to spread the virus even after they stop showing symptoms, for as long as 4 weeks.

RSV can spread when

- An infected person coughs or sneezes
- You get virus droplets from a cough or sneeze in your eyes, nose, or mouth
- You have direct contact with the virus, like kissing the face of a child with RSV
- You touch a surface with the virus, like a doorknob, and then touch your face before washing your hands.

Signs and Symptoms

People infected with RSV usually show symptoms within 4 to 6 days after getting infected. Symptoms of RSV infection usually include

- Runny nose
- Decrease in appetite
- Coughing
- Sneezing
- Fever
- Wheezing

These symptoms usually appear in stages and not all at once. In very young infants with RSV, the only symptoms may be irritability, decreased activity, and breathing difficulties.

Prevention

There are steps you can take to help prevent the spread of RSV. Specifically, if you have cold-like symptoms you should

- Cover your coughs and sneezes with a tissue or your upper shirt sleeve, not your hands
- Wash your hands often with soap and water for at least 20 seconds
- Avoid close contact, such as kissing, shaking hands, and sharing cups and eating utensils, with others
- Clean frequently touched surfaces such as doorknobs and mobile devices

HTTPS://WWW.CDC.GOV/RSV/INDEX.HTML

CURRENTLY NO VACCINE TO PREVENT RSV

Researchers are working to develop RSV vaccines, but none are available yet. A drug called palivizumab (pah-lih-VIH-zu-mahb) is available to prevent severe RSV illness in certain infants and children who are at high risk for severe disease. This could include, for example, infants born prematurely or with congenital (present from birth) heart disease or chronic lung disease. The drug can help prevent serious RSV disease, but it cannot help cure or treat children already suffering from serious RSV disease, and it cannot prevent infection with RSV. If your child is at high risk for severe RSV disease, talk to your healthcare provider to see if palivizumab can be used as a preventive measure.

PFIZER'S RSV VACCINE TRIAL

- Vaccine efficacy of 81.8% was observed against severe medically attended lower respiratory tract illness due to RSV in infants from birth through the first 90 days of life with high efficacy of 69.4% demonstrated through the first six months of life
- The RSVpreF investigational vaccine was well-tolerated with no safety concerns for both vaccinated individuals and their newborns
- Results met one of the study protocol's prespecified regulatory success criteria, and Pfizer plans to submitits first regulatory application by end of 2022
- If approved, Pfizer's RSV vaccine candidate could be the first maternal vaccine available to help prevent this common and potentially life-threatening respiratory illness in young infants

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE CAPABILITIES

- 1: Community Preparedness
- 2: Community Recovery
- 3: Emergency Operations
 Coordination
- 4: Emergency Public Information and Warning
- 5: Fatality Management
- 6: Information Sharing
- 7: Mass Care
- 8: Medical Countermeasures Dispensing and Administration (Point of Dispensing-POD)
- 9: Medical Material Management and Distribution
- 10: Medical Surge
- 11: Nonpharmaceutical Interventions
- 12: Public Health Laboratory Testing
- 13: Public Health Surveillance and Epidemiological Investigation
- 14: Responder Safety Health
- 15: Volunteer Management

PHP TEAM UPDATES

• The team will continue with on-call scheduling for nights and weekends in preparation for travelers returning from Uganda to be monitored for Ebola exposures. MODHSS has set expectations of immediate response from us when notified of a new traveler arriving in our county.

CAPABILITY 11: NONPHARMACUTICAL INTERVENTIONS

NOVEMBER 2022 CAPABILTY FOCUS

Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include.

- Function 1: Engage partners and identify factors that impact nonpharmaceutical interventions
- Function 2: Determine nonpharmaceutical interventions
- Function 3: Implement nonpharmaceutical interventions
- Function 4: Monitor nonpharmaceutical interventions

HEALTH ALERTS AND RECALLS

AS OF NOVEMBER 22, 2022 HTTPS://WWW.CDC.GOV/OUTBREAKS/INDEX.HTML

- Update on Ebola Virus Disease (Sudan ebolavirus) Outbreak in Central Uganda (11.7.22)
- Increased Respiratory Virus Activity, Especially Among Children, Early in the 2022-2023 Fall and Winter (11.4.22)
- Increased Respiratory Syncytial Virus (RSV) Activity in Missouri (11.1.22)

ARTICLES OF INTEREST

St. Louis sees surge in childhood RSV hospitalizations | STLPR (stlpublicradio.org)

• https://news.stlpublicradio.org/health-science-environment/2022-10-24/st-louis-doctors-say-hospitalizations-for-childhood-respiratory-virus-on-the-rise

St. Louis moms participate in vaccine clinical trial to protect babies from RSV (kmov.com)

• https://www.kmov.com/2022/05/19/st-louis-moms-participate-vaccine-clinical-trial-protect-babies-rsv/

CDC Confirms Another Human Infection with Flu Virus from Pigs

• https://www.pfizer.com/news/press-release/press-release-detail/pfizer-announces-positive-top-line-data-phase-3-global

Summary of Possible Multistate Enteric (Intestinal) Disease Outbreaks in 2017–2020

https://www.cdc.gov/foodsafety/outbreaks/multistate-outbreaks/annual-summaries-2017-2020.html

EDUCATION AND TRAINING OPPORTUNITIES

CDC Foodborne Outbreaks

Timeline for Identifying and
Reporting Cases in Foodborne
Outbreaks | CDC
https://www.cdc.gov/foodsafety/out
breaks/basics/reportingtimeline.html?
CDC_AA_refVal=https%3A%2F%2Fw
ww.cdc.gov%2Ffoodsafety%2Foutbr
eaks%2Finvestigatingoutbreaks%2Freportingtimeline.html

Prepared4All-Whole Community Emergency Response Planning Training

https://nationalcenterdph.org/ourfocus-areas/emergencypreparedness/prepared4all/onlinetraining/



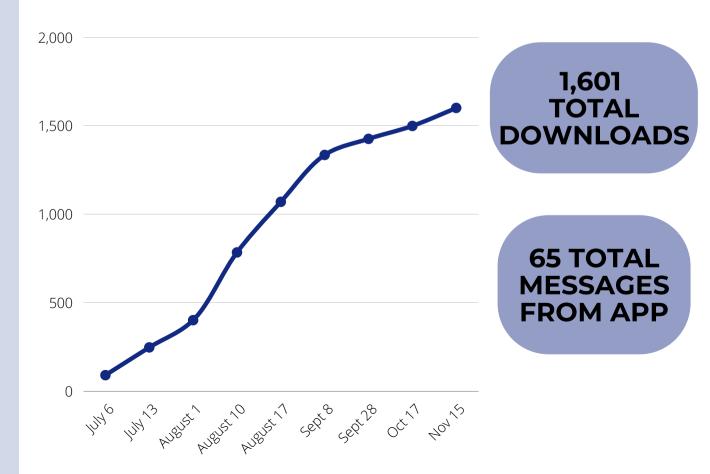
Communications & Marketing

Monthly Report- November 2022 Analytics from October 2022

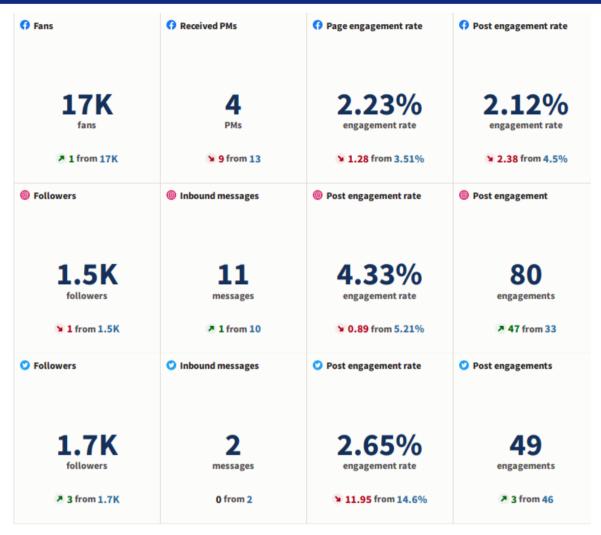
Updates

- Public Communications Officer spoke at the state Health Disparities
 Summit in Springfield about innovative communication strategies
 utilized in Jefferson County
- Monsido Website Accessibility tool has been launched and more analytics regarding compliance of website will be available in future reports
- Communications Liaison positions are anticipated to be filled by end of the year so we should have some bigger projects coming out of communications in 2023!
- Projects communications is currently working on:
 - COVID and Flu Season
 - RSV information
 - 2023 campaign planning
 - Annual Report planning

JCHD MOBILE APP DATA



Social Media Analytics



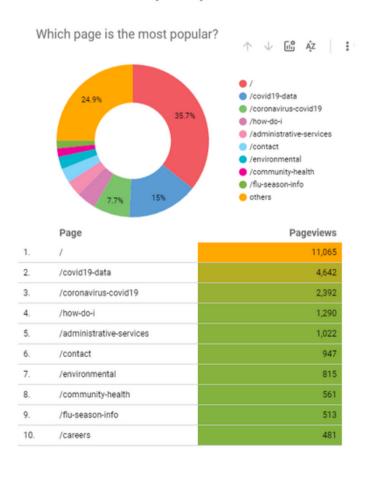


JCHD Google Analytics Behaviors Overview

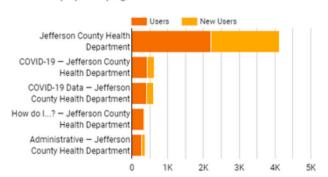
Overview of your user behaviors



What do users see when they are in your website?



Most popular pages with title breakdown



	Page Title	Pageviews
1.	Jefferson County Health Depart	11,186
2.	COVID-19 Data — Jefferson Cou	4,789
3.	COVID-19 - Jefferson County H	2,392
4.	How do I? — Jefferson County $_$	1,290
5.	Administrative - Jefferson Cou	1,037
6.	Contact - Jefferson County Hea	965
7.	Environmental – Jefferson Coun	821
8.	Jefferson County, Missouri CDC	608
9.	Health Education — Jefferson C	561
10.	Flu Season Info - Jefferson Cou	513



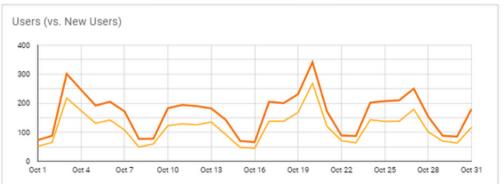
3,896

5,839

Bounce Rate 1.71%

Avg. Time on Page 00:00:17

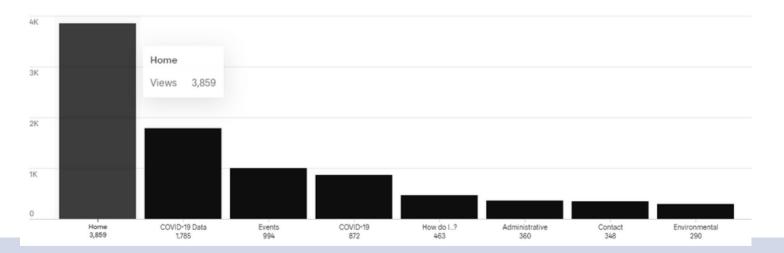




	Sessions 5.8K	Users 3.9K	New Users 3.6K	Bounce Rate 1.7%	Pages / Session 5.3	Avg. Session Duration 01:1:7
Source / Medium	Sessions	Users	New Users	Bounce Rate	Pages / Session	Avg Session Duration
google / organic	2,934	2,148	1,973	2.01%	5.61	00:01:29
(direct) / (none)	1,913	1,086	1,002	2.04%	4.74	00:00:57
bing / organic	275	206	187	0%	7.24	00:02:26
m.facebook.com / referral	184	135	126	0%	4.5	00:00:18
newsbreakapp.com / refe	155	143	142	1.29%	3.09	00:00:14
yahoo / organic	101	60	53	0%	6.53	00:01:29
I.facebook.com / referral	75	34	23	0%	4.16	00:00:18
lm.facebook.com / referral	55	52	42	0%	3.16	00:00:19
t.co / referral	27	10	5	0%	7.22	00:03:40
duckduckgo / organic	27	22	20	0%	6.07	00:02:14

Top Pageviews ②

Oct 1-31, 2022 • 64% of 13,971 Pageviews +14% mo/mo



Google Business Profiles

Hillsboro Office: 1,030 Interactions

© 601

calls

+9%

× 284

profile

-1%

website visits from

E 9

messages

+350%

3,482

-4%

profile views

♦ 136

people asked for directions

+2%

q 1,668

searches

-5%

Direct Messages

Arnold: 1,311 Interactions

2 720

calls

+2%

messages

No change

♦ 241

people asked for directions

-16%

₩ 346

website visits from profile

-5%

5,024

profile views

-1%

Q 2,820

searches

+1%

Direct Messages

High Ridge Office: 290 Interactions

2 151

calls

-22%

messages

-100%

♦ 77

people asked for directions

-19%

· 62

website visits from profile

-34%

2,885 profile views

-3%

q 1,613

searches

-3%

Direct Messages

Monsido: Website Accessibility

