



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

Community Services Board Report- September 2023

(Analytics and Updates from Auguts 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 team manages the non-clinical public health programs.

Foundation of Public Health Module Areas of Capability and Expertise:

Communicable Disease Prevention:

- October 1, 2023, begins the Centers for Disease Control and Prevention (CDC) Respiratory Season. We will begin posting weekly respiratory reports on the second week of October as well as publish a respiratory dashboard on our website. This dashboard will include influenza and COVID-19 data.
- There was one confirmed Lyme Disease case investigated in August. The individual did report traveling when they were bit by a tick. There is no concern this was a locally acquired infection.
- Malaria is now a listed condition on the Communicable Disease report due to the recent US cases. To date there have been 7 locally acquired cases in Florida, 1 in Texas and 1 in Maryland. At this time, Jefferson County, MO does not have any suspected or confirmed cases.
 - https://emergency.cdc.gov/han/2023/han00496.asp?ACSTrackingID=USCDC_511-DM111659&ACSTrackingLabel=HAN%20496%20-%20General%20Public&deliveryName=USCDC_511-DM111659
- Respiratory Syncytial Virus (RSV)
 - RSV is not a reportable condition in Missouri; therefore, providers and laboratories do not send positive results to Missouri Department of Health and Senior Services or JCHD.
 - Hospital data does show an increase in case in southwestern US, if the virus follows previous trends cases are expected to increase through the northwest within the next 2-3 months.
 - CDC estimates RSV causes approximately:
 - 58,000-80,000 hospitalizations and 100-300 deaths in children under 5 each year.
 - 60,000-100,000 hospitalizations and 6,000-10,000 deaths in adults 65 years and older.
 - **RSV is PREVENTABLE!** Talk to your medical provider to determine the best preventive options for you and your family.

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) MO DHSS Contract, Epidemiological and Laboratory Capacity Enhancing Detection Expansion (ELC-EXP) MO DHSS Contract.

Communicable Disease Surveillance Summary Report

Communicable Disease Surveillance Summary Report - August 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 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>

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

Disease or Condition	Five Previous Months					Year to Date Comparison		
	April 2023	May 2023	June 2023	July 2023	August 2023	YTD 2023	YTD 5 Previous Year Mean	YTD Alert ¹
Campylobacteriosis	6	3	2	8	4	28	19	*
Cryptosporidiosis	0	0	0	0	0	0	4.4	
Cyclosporiasis	0	0	0	2	0	2	3.2	
E. Coli O157:H7	0	0	0	0	0	0	1.2	
E. Coli Shiga Toxin +	0	0	0	0	0	0	0	
Giardiasis	0	0	0	0	0	0	0.8	
Hepatitis A Acute	0	0	0	0	0	0	3.4	
Listeriosis	0	0	0	0	0	0	0.4	
Salmonellosis	1	8	2	3	2	21	21.6	
Shigellosis	0	0	0	1	0	1	0.4	
Yersiniosis	0	0	0	1	0	2	1.8	
Enteric Totals	7	11	4	15	6	54	56.2	

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

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

Disease or Condition	Five Previous Months					Year to Date Comparison		
	April 2023	May 2023	June 2023	July 2023	August 2023	YTD 2023	YTD 5 Previous Year Mean	YTD Alert
Coccidioidomycosis	0	0	0	0	0	0	0	
Haemophilus Influenzae, Invasive	0	0	0	0	0	3	4.2	
Legionellosis	0	0	0	0	1	1	2.4	
Measles	0	0	0	0	0	0	0.2	
Pertussis	0	0	0	0	0	1	11	
Staph Aureus, VISA	0	0	0	0	0	0	1.6	
Streptococcus Pneumoniae, Invasive	0	1	0	1	0	11	17.4	
Streptococcal Toxic Shock Syndrome	0	1	0	0	0	1	0.2	
Varicella	0	0	0	0	0	2	1.6	
Respiratory and Systemic Totals	0	2	0	1	1	19	38.6	

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

Disease or Condition	Five Previous Months					Year to Date Comparison		
	April 2023	May 2023	June 2023	July 2023	August 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	
Ehrlichia Chaffeensis	1	1	6	4	6	18	18.2	
Ehrlichia Ewingii	0	0	0	0	0	0	0.8	
Ehrlichiosis Anaplasmosis Undetermined	0	1	1	0	0	2	1.2	
Lyme	0	0	0	0	1	1	0	
Malaria	0	0	0	0	0	0	0	
Rocky Mountain Spotted Fever	0	0	2	1	0	3	7	
Tularemia	0	0	0	0	0	0	0	
Vector-Borne Totals	1	2	9	5	7	24	27.4	

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

Disease or Condition	Five Previous Months					Year to Date Comparison		
	April 2023	May 2023	June 2023	July 2023	August 2023	YTD 2023	YTD 5 Previous Year Mean	YTD Alert
Animal Bites	24	22	12	16	3	142	102.6	*
MOTT	2	1	4	2	5	22	14.8	*
Rabies Animal	0	0	0	0	0	0	0.6	
Rabies Post Exposure Prophylaxis	2	5	0	1	1	13	5.6	*
TB Disease	0	0	0	0	1	1	0.6	
TB Infection	2	3	3	3	3	18	30.4	
Other/Miscellaneous Totals	30	31	19	22	13	196	154.6	

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 4 cases of Campylobacteriosis reported during August 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.

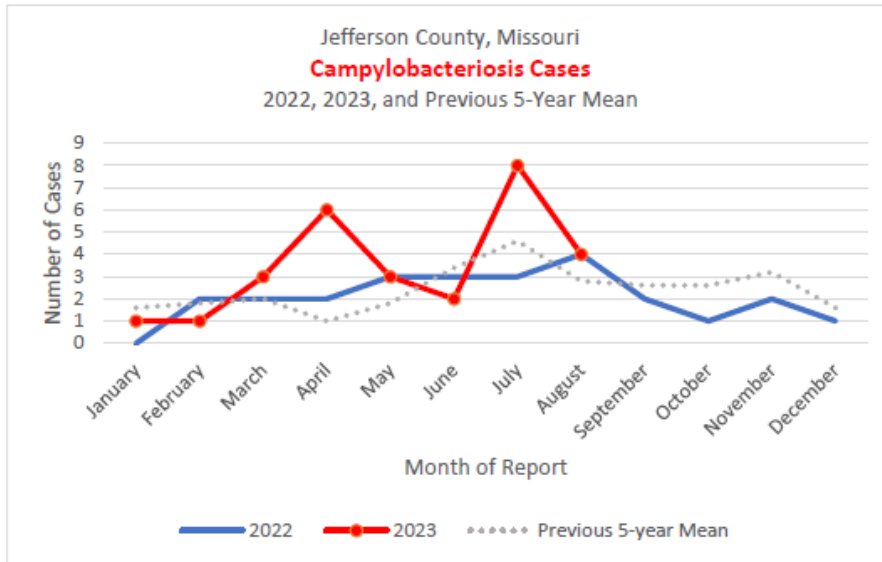
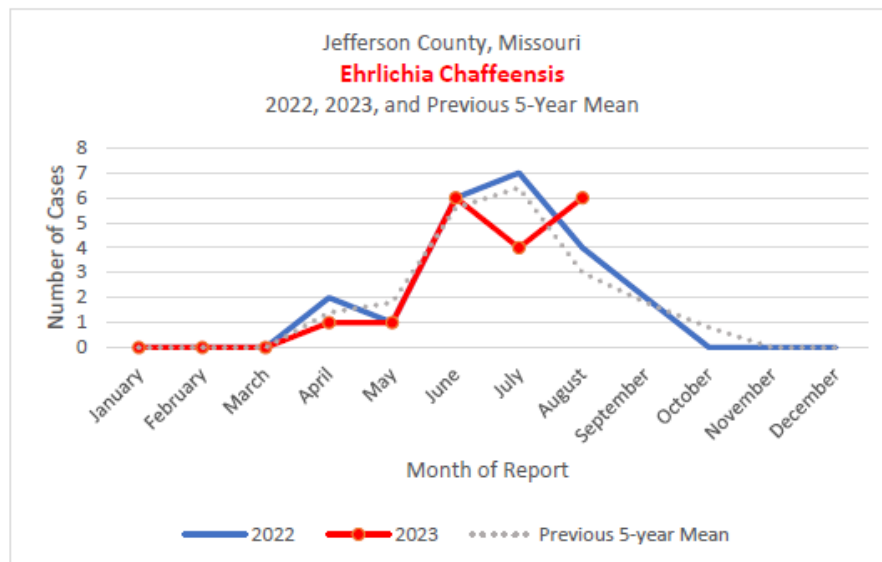


Figure 2. Ehrlichiosis

Jefferson County, Missouri

Ehrlichiosis is a tick-borne illness caused by the bacteria Ehrlichia chaffeensis and E. ewingii. These bacterial zoonotic pathogens infect animal reservoir hosts and require a tick to be transmitted to humans. The majority of reported cases are due to infection with E. chaffeensis. In Missouri, E. chaffeensis and E. ewingii are carried by the lone star tick. In rare cases, Ehrlichia species have been spread through blood transfusion and organ transplant. There were 6 cases of Ehrlichiosis reported during August 2023 in Jefferson County. During the previous 5 years, the number of reported cases has ranged from 0 to 13 per month.



Environmental Public Health

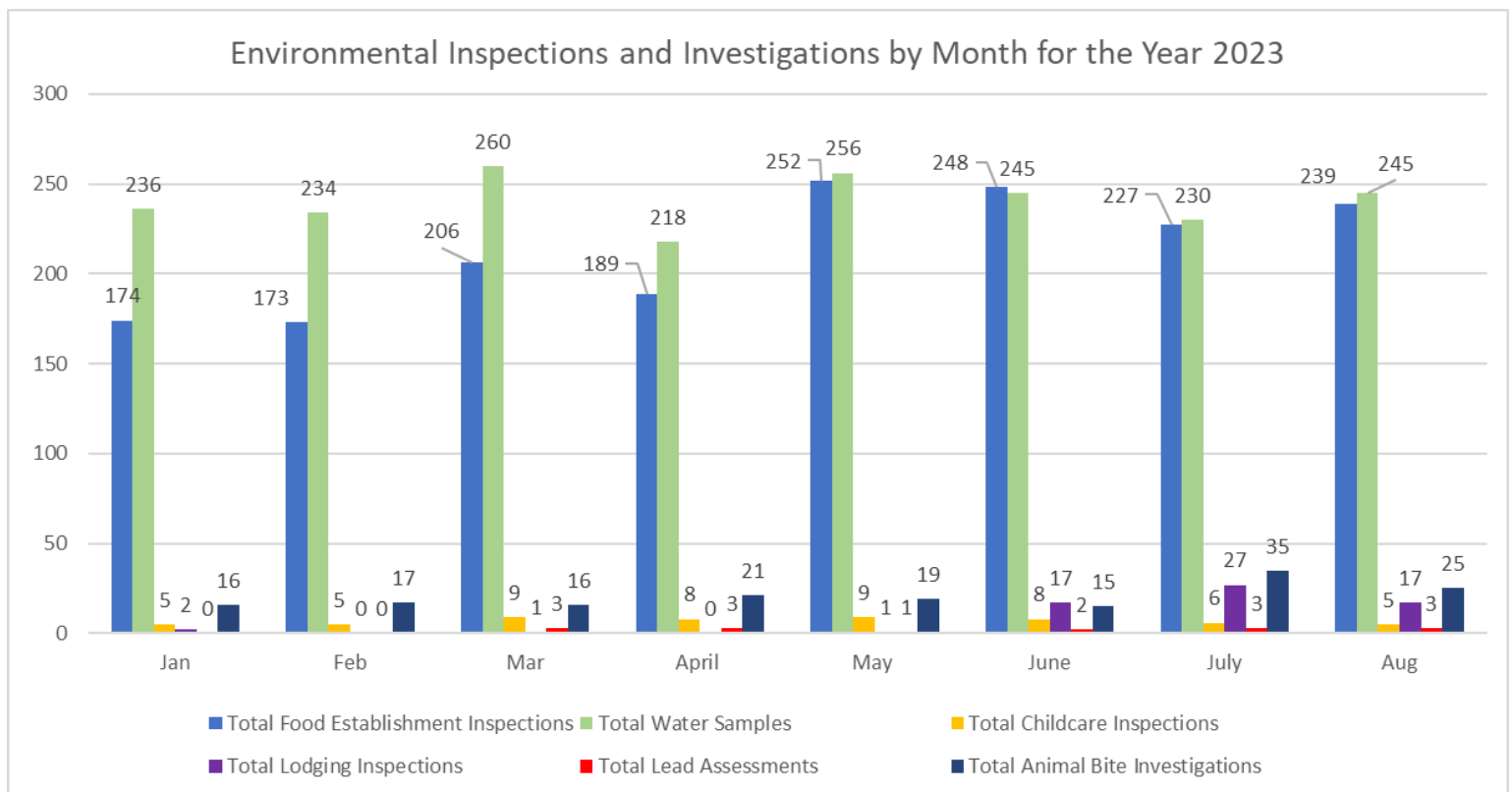
Environmental Public Health:

- 5 mosquito sampling tests were positive for West Nile Virus. A press release was issued after the original positive test was performed. All areas with a positive test are immediately treated with adulticide to reduce the mosquito population. JCHD mosquito control program sprays unincorporated Jefferson County along with the Jefferson County Parks. Any positive tests collected within a municipality are reported to the city for treatment.
- Animal Bite reporting clarification- The reported animal bite numbers within the Environmental report are accurate. Once the investigations are completed, the information is updated in WebSurv, Missouri DHSS Communicable Disease Reporting Software, as either an individual case or an aggregate number. Case investigation can take weeks to complete.

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

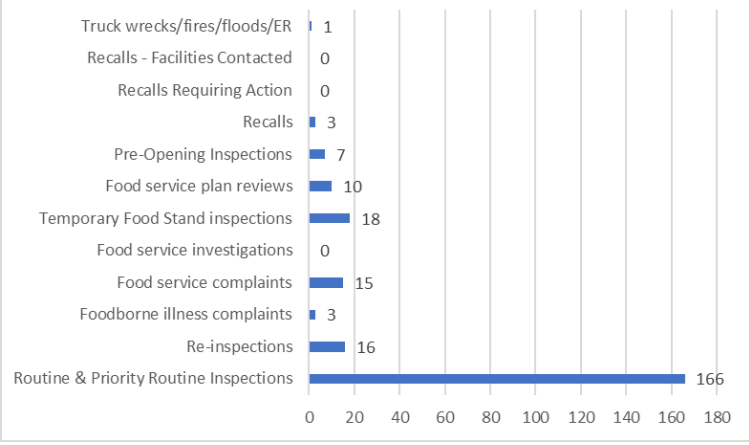
Programs: Food Program (Jefferson County Food Code, Food and beverages Permits, Temporary Permits, Farmers Market Master Training, and ServSafe Certifications), Water Sample Laboratory Services (Private and Public Water and Wells), Childcare Sanitation Inspections (CCSI), Lead Assessment and Education,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

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

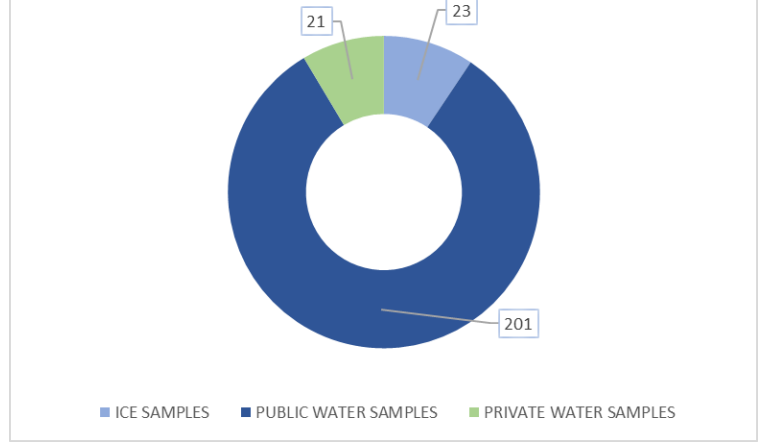


Environmental Public Health

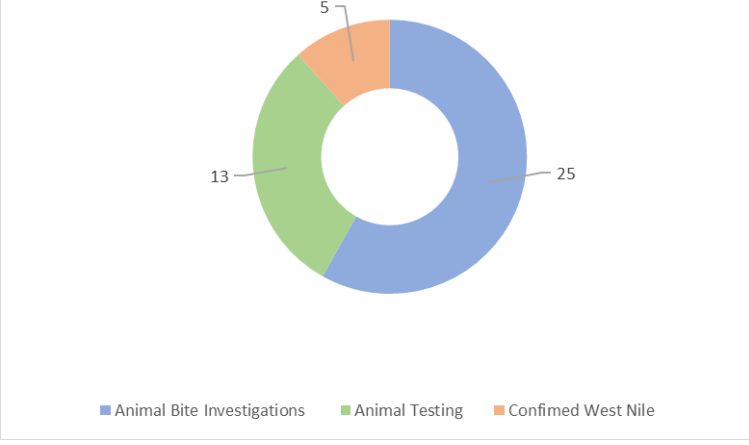
Total Food Establishment Inspections - August 2023



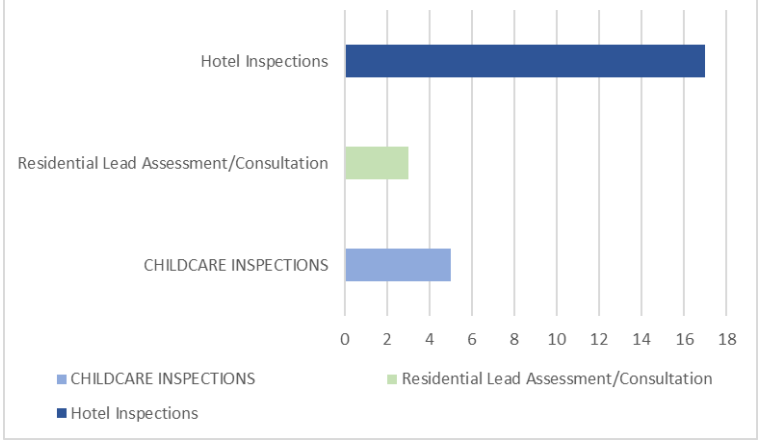
Total Ice and Water Samples Tested - August 2023



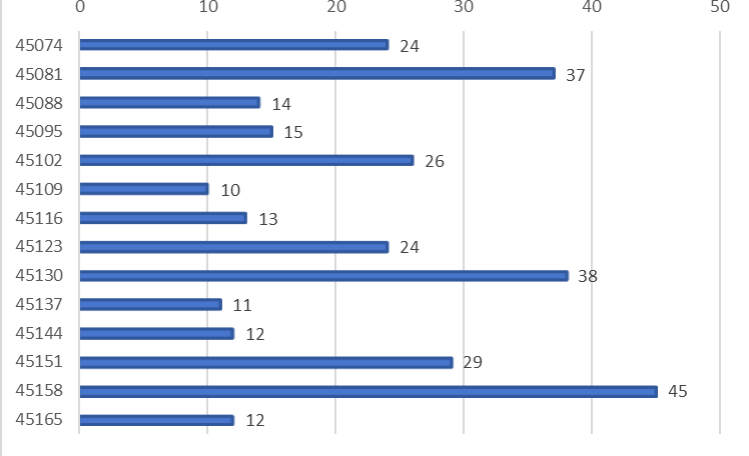
Total Animal Bite Investigations - August 2023



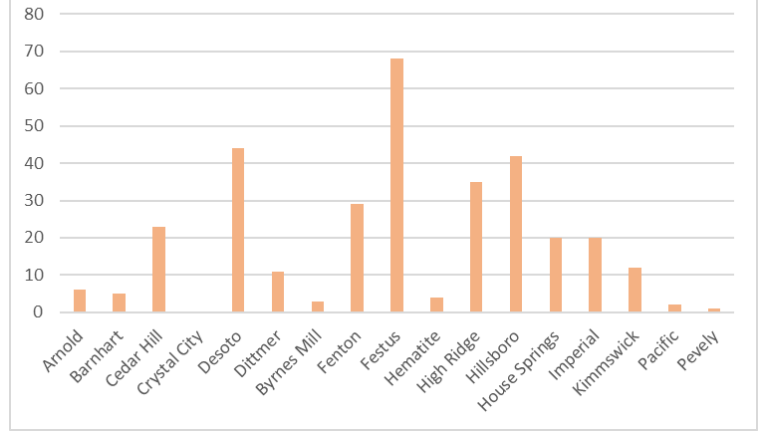
Total Additional Inspections - August 2023



Completed Mosquito Spray Requests by Week - 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 August 2023, the JCHD Planner participated in the following:
 - Homeless and Essential Needs Outreach Event
 - Crisis Intervention Team (CIT) International Conference.
 - The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other partners to improve community responses to mental health crises.
 - Missouri State Emergency Management Conference
 - Overdose Awareness Activates and Walk

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) MO DHSS Contract, Cities Readiness Initiative (CRI) MO DHSS Contract, Epidemiological and Laboratory Capacity Enhancing Detection Expansion (ELC-EXP) MO DHSS Contract.

Linkage to Medical, Behavioral, and Community Resources: Examples of resource navigation and case management provided to participants for both programs in the month of August:

- A Mom called to say her child's intense physical therapy is working he is now able to walk a few steps and they are now able to stand for short periods of time. We are continuing to find additional physical therapy equipment for this family.

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, and Epidemiological and Laboratory Capacity Enhancing Detection Expansion (ELC-EXP) MO DHSS Contract



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AUGUST CLINICAL BOARD REPORT

Month Reporting: AUGUST 2023

Date: 09/25/23

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)	<p>The JCHD Family Planning Clinic saw 94 unduplicated patients during the month of August.</p> <p>Title X requires a Cost Analysis to be completed at specified intervals by the Missouri Family Health Council (MFHC). JCHD completed the cost analysis for the Family Planning clinic and assessed impacts associated with the cost analysis. Changes to the fee schedule because of this cost analysis will be placed into effect in October.</p> <p>The TRT (The Right Time) Education and Outreach RN position has been filled and the new RN started in September.</p>
GENERAL CLINIC - Immunizations - Tuberculosis (TB) - Lead - Wellness Labs	Vaccines for Children (VFC/317) Adult Immunization Contract (AIG) EPA Superfund Lead Health Education	August was a an extremely busy month for our Tuberculosis Program: <div style="text-align: right;"> Active Cases: 2 Rule out TB: 2 </div>

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<ul style="list-style-type: none"> - 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>CHIP CORE Public Health Program Support 23-24</p>	<p>Potential LTBI with investigation: 5 LTBI: 10 Current Rule Out Active TB: 7 Historical investigations: 3 Annual Statements: 1 Closed Cases: 9</p> <p>A new active case in August led to contact investigation for 250 contacts that needed TB (PPD or QFT testing). Numbers continued to increase through discovery throughout the month. Case investigation began on 08/17/23 and continues into September. From this contact investigation so far, we have had 7 positive results, 4 of which will start with DOT (Direct Observation Therapy), 1 was ruled out, and 2 under further evaluation. This was a massive response by the clinical team that led to numerous additional clinics being held both off-site and at the Hillsboro office location to be able to test 153 people for TB during the month. The clinical teams including mobile wellness, testing, community, Office Support, and Nursing all worked together to complete this enormous task. Education material on TB is attached to this report.</p>
<p>COMMUNITY CLINIC</p> <ul style="list-style-type: none"> - Mobile Wellness - Communicable Disease Testing - Prevention - Community Clinics - Project Life Saver <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>Local Public Health Disparities; Program Support 23-24 ELC; AIG Missouri Mini Grant Prevent Ed</p>	<p>The JCHD Mobile Wellness Program saw 100 patients in the month of August. The program was out 18 out of 19 workdays and visited 3 residential facilities, 2 homeless events, 5 school registrations, and attended the Drug Overdose Awareness event at the Jefferson County Justice Center. We provided the usual lab services, POC testing, treated individuals for hypertension, UTI's and performed a total of 37 physicals. August can be a very busy month with school starting up again and the team was super flexible and willing to put in the work to get things done. The program is still working from one of the Sprinter vans, it is a very small space, but they are doing a great job of making it work. As previously mentioned, the prior mobile Wellness RV is being prepared to be sold and the team is evaluating funding needs for a new RV for the program.</p>



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

		<p>August was a very busy month for our teams with many community events and Back To School Fairs. The JCHD Nursing and community teams attended the following community-based events in August:</p> <ul style="list-style-type: none">• Grace Day Back To School Festival at Zion Lutheran Church on Saturday 08/05/23. There were 250 families and 1,249 people who attended the event. We provided information on the Mobile Wellness Program, Dental Program, Lead Program, and Immunizations.• Northwest School District Back to School Fair on Tuesday 08/08/23.• Grandview School District Back to School Fair on Thursday 08/07/23.• Cedar Hill Peace Pantry Back to School Event on Saturday 08/12/23.• Provided Rabies Vaccines to Jefferson College students in the Veterinary Technician program on 08/14/23 and 08/21/23.• Senior Expo on 08/23/23 and provided 46 blood pressure checks at the event. <p>The JCHD mobile team prepared a poster for the annual Mobile Healthcare Conference that was held in Pittsburgh on September 9 – 12th. The report for that conference and review of the poster will be on next month's board report.</p>
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<p>DENTAL</p> <ul style="list-style-type: none">- Pediatric Mobile Dental- Sealant- Adult Mobile Dental <p><i>Maternal, Child & Family Health</i> <i>Access to Care</i></p>	<p>Sealant and Tele dentistry CHIP CORE Public Health</p>	<p>The pediatric Dental Program prepared for return to the school systems in August. The teams attended several back-to-school festivals to provide dental education during the month. The first on-site dental services for the school year will be provided at the Sunrise school system after Labor Day in September.</p> <p>The Dental Program saw 114 patients in August and provided 404 procedures during the month.</p>
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What You Need to Know About

TB Infection

TUBERCULOSIS

For more information on TB, call your local health department at

or visit the CDC Division of Tuberculosis Elimination website at <http://www.cdc.gov/tb>

Produced 2005





What's Inside:

Take steps to make sure TB infection does not turn into TB disease. Read this booklet to learn how you can take control of your health.

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What it means to have TB infection

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Get your questions answered

“I just found out I have TB infection. I was relieved to find out that TB infection means I have only dormant TB germs in my body. This means the TB germs are sleeping, so they are not making me sick, and I cannot pass them to anyone else. My doctor told me that sometimes the TB germs wake-up and multiply. This is called TB disease, and if I get it, I can become very sick and can pass TB germs to others. I don't want that to happen, so I'm doing what my doctor told me, and starting on the TB medicine right away.”

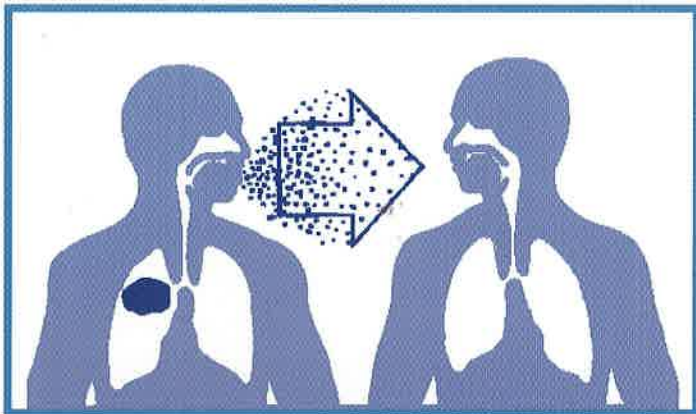
—Eddie

Eddie has TB infection. This means that:

- He has only dormant (sleeping) TB germs in his body, so the germs are not making him sick.
- He cannot pass these TB germs to others.
- Yet—if he doesn't take medicine to kill the TB germs now, he can get sick with TB disease in the future. And if he gets TB disease, he can pass TB germs to others.

How did I get TB infection?

- TB is spread through the air from one person to another. The TB germs are passed through the air when a person who is sick with TB disease coughs, laughs, sings, or sneezes.
- Like Eddie, if you breathe air that has TB germs, you may get TB infection.
- You will not know you have TB infection unless you have a TB skin test.
- If left untreated, TB infection can turn into TB disease.



TB germs are passed through the air when a person who is sick with TB disease coughs, laughs, sings, or sneezes.

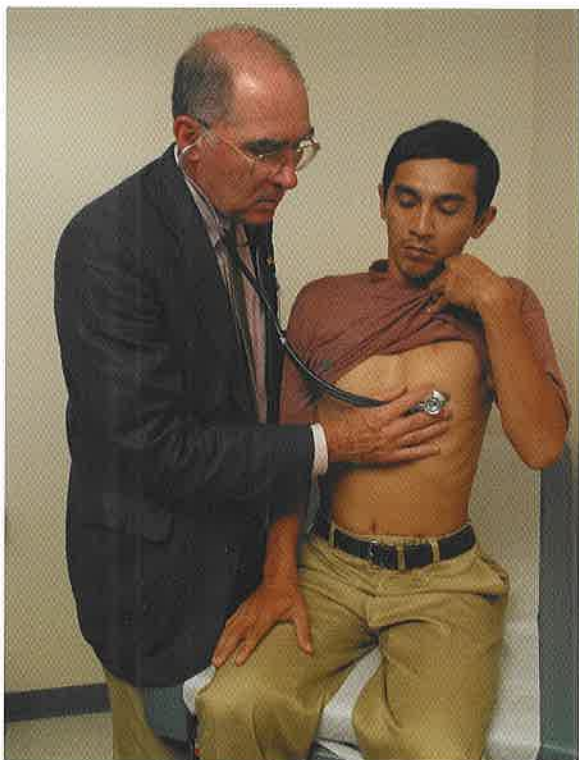


You should have a TB skin test if:

- You have spent time with a person who has TB disease.
- You have HIV infection or another health problem, like diabetes, that makes it harder for your body to fight germs.
- You inject illegal drugs.
- Your doctor suggests you should be tested.
- Your workplace says you need to be tested.
- You are from a place where TB disease is more common. This includes most countries in Latin America and the Caribbean, Africa, Asia, Eastern parts of Europe, and Russia.
- You spend a lot of time where TB is more common. This includes homeless shelters, drug treatment centers, health care clinics, nursing homes, jails, or prisons.

Your healthcare provider said you have TB infection.

A person with TB infection will usually have a positive TB skin test. If your TB skin test is positive, your healthcare provider may also do a chest x-ray to look for signs of TB disease. If your x-ray did NOT show signs of TB disease, you will be diagnosed with TB infection.



Your healthcare provider may have also asked if you have HIV infection. That's because having HIV infection and TB infection together can make you very sick. If you don't know, ask your healthcare provider to give you an HIV test.

Take your pills the right way, as your healthcare provider tells you.



“At first, I could not understand why I had to be on the TB pills for 9 months. That seemed like a long time. And I didn't even feel sick! But now I know that these TB germs are strong and they can take a long time to die. I made a plan to finish this medicine because I want to stay healthy for my family. I don't want to take the chance of getting sick with TB disease someday.”

If you have TB infection, follow these good tips:

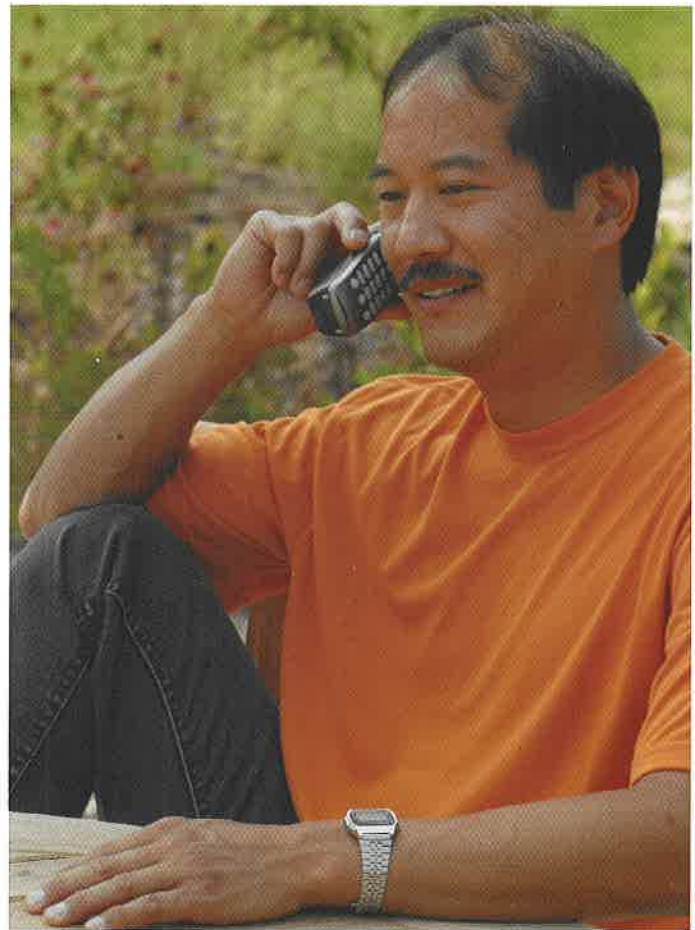
- Protect your health by taking medicine for TB infection.
- Take all your pills, even though you don't feel sick.
- Stay on the medicine to kill TB germs so you won't get TB disease.

Why should I take medicine if I don't feel sick?

Even though the TB germs in your body are dormant (sleeping), they are very strong. Many germs are killed shortly after you start taking your medicine, but some stay alive in your body a long time. It takes longer for them to die. As long as you have TB germs in your body, they can wake-up, multiply, and make you sick with TB disease. The only way to get rid of TB germs is by taking TB medicines. You will need to stay on TB medicine for 6-9 months.

Talk to your healthcare provider if your medicine is making you feel sick.

Any medicine can cause side effects, including TB pills. Most people can take their TB medicine without any problems.



Call your healthcare provider right away if you have:

- Less appetite or no appetite for food.
- An upset stomach, nausea, or stomach cramps.
- Vomiting.
- Yellow skin or eyes.
- A fever.
- Aches or tingling in your fingers or toes.

Try these **tips** to help you remember to take your TB medicine.

Check off the tips you will try:

- Take your medicine at the same time everyday.
- Use a pillbox and put a week's worth of pills in the box.
- Keep your medicine in one place, where you can't miss it.
- Write yourself a note. Put it on your bathroom mirror or on your refrigerator.
- Wear a watch to keep track of time. Set your watch alarm for the time you need to take your pills.
- Ask a family member or friend to help you remember.
- Use a calendar to check off the days you have taken your medicine.

Your healthcare provider will make sure the medicine is working for you.

While on your TB medicine, you may see your healthcare provider at least one time a month. If you have other health problems, like HIV infection or hepatitis, you may need to see your healthcare provider more often.

You may also need to have some blood tests along the way to make sure your body is handling the medicine well.



Your questions answered here!

Here are answers to common questions from people who have TB infection.

Once I complete treatment for TB infection, does that mean I will not get TB disease?

The medicine does not work for everyone, but it works really well for most people. Most people who complete treatment for TB infection will not get TB disease.

After I finish treatment for TB infection, can I get TB infection again?

Yes. The treatment you receive for TB infection only treats the TB germs in your body now. There is the possibility that you can be around someone else with TB disease and get new TB germs. Yet—most healthy people won't need to be treated ever again.

I've heard that once I have a positive TB skin test, I will always have a positive TB skin test, even after I complete the treatment. Is this true?

Yes, this is true. Even after you finish taking all of your TB medicine, your TB skin test will still be positive. Ask your healthcare provider to give you a written record that says your test was positive and that you finished treatment. This will be helpful in case you are asked to have another TB skin test in the future.

What is the best way to explain my TB infection to my family, friends, classmates, or co-workers?

There is no right way or wrong way. Below are some suggestions, but do what feels right for you.

- Explain that people with TB infection cannot spread TB germs. In other words, no one can get TB germs from you.
- Explain that you are taking medicine to make sure you don't get TB disease.
- Share this booklet and information you have learned about TB infection with your friends, family, and others.
- Ask your healthcare provider any questions that you, your family, friends, classmates, or co-workers may have.

Get the facts on the BCG vaccine:

Some people from countries other than the United States have had the BCG vaccine for TB. The BCG vaccine will not always protect you from TB. Even if you had the BCG vaccine, you can still go on to get TB. If you have a positive TB skin test, your healthcare provider will decide if you need treatment for TB.

“I always thought that my BCG vaccine would cause my TB skin test to be positive. My healthcare provider said that some people who have had a BCG vaccine have positive TB skin tests and some have negative TB skin tests. I learned that a positive test often means a person has TB infection.”



Remember—TB can be prevented, treated, and cured.

All of this information is a lot to take in at once. Take each day—one day at a time as you work toward treating your TB infection.

Follow your plan to take TB medicine so you don't go on to get TB disease. Stay healthy for yourself, your friends, and your family!



1.1 MISSION MOMENT

1.2 STRATEGIC UPDATES

- **Internal Updates**

- Mobile Wellness Unit: The wellness unit will be placed on GovDeals next month. JCHD staff are currently working to ensure an appropriate appraisal for asking price and are removing equipment from van. Representatives from GovDeals are coming 9.28.23 to meet Operations staff and determine the best strategy for sale. Planning has started to acquire a new full-size unit. Wellness Team staff attended the Mobile Healthcare Conference in September and will report findings at the October Board meeting.
- Staff Recruitment follow-up: The Clinical team has been able to hire two registered nurses since last meeting but are still trying to fill an opening for a medical assistant. Work has started on a compensation study to determine market rates for JCHD positions. It is anticipated that the process will take 6-8 weeks to complete.
- Finance Committee Meeting: The Finance Committee met with the Executive Director, Comptroller and Deputy Director of Administration on September 5th to review accounting processes and procedures as well as individual budget tracking of contracts and grants. The creation of a revenue dashboard was requested by the committee for presentation to the full Board. The Comptroller will present the new resource at the 9.28.23 meeting.
- Personnel Committee Meeting: The Personnel Committee met on September 6th to review requested updates to the Executive Director's contract that runs through June 30, 2024. The committee will take requests under review and bring committee recommendations to the full Board for review prior to the contract renewal vote.

1.3 STATUTORY AND REGULATORY COMPLIANCE UPDATES

- Vaccines for Children Program VFC Site Visit on 09/06/2023 – see attached.

1.4 ED PUBLIC RELATIONS ACTIVITIES

- Missouri Public Health Conference (in Columbia) – attendee and co-presenter.
- MOALPHA Board Meeting (virtual)
- Jefferson County Community Partnership (at JCCP in Festus)
- Guest of Sue Curfman (Compass) at Jefferson County Growth Association 35th Anniversary Celebration (Villa Antonia, Hillsboro)

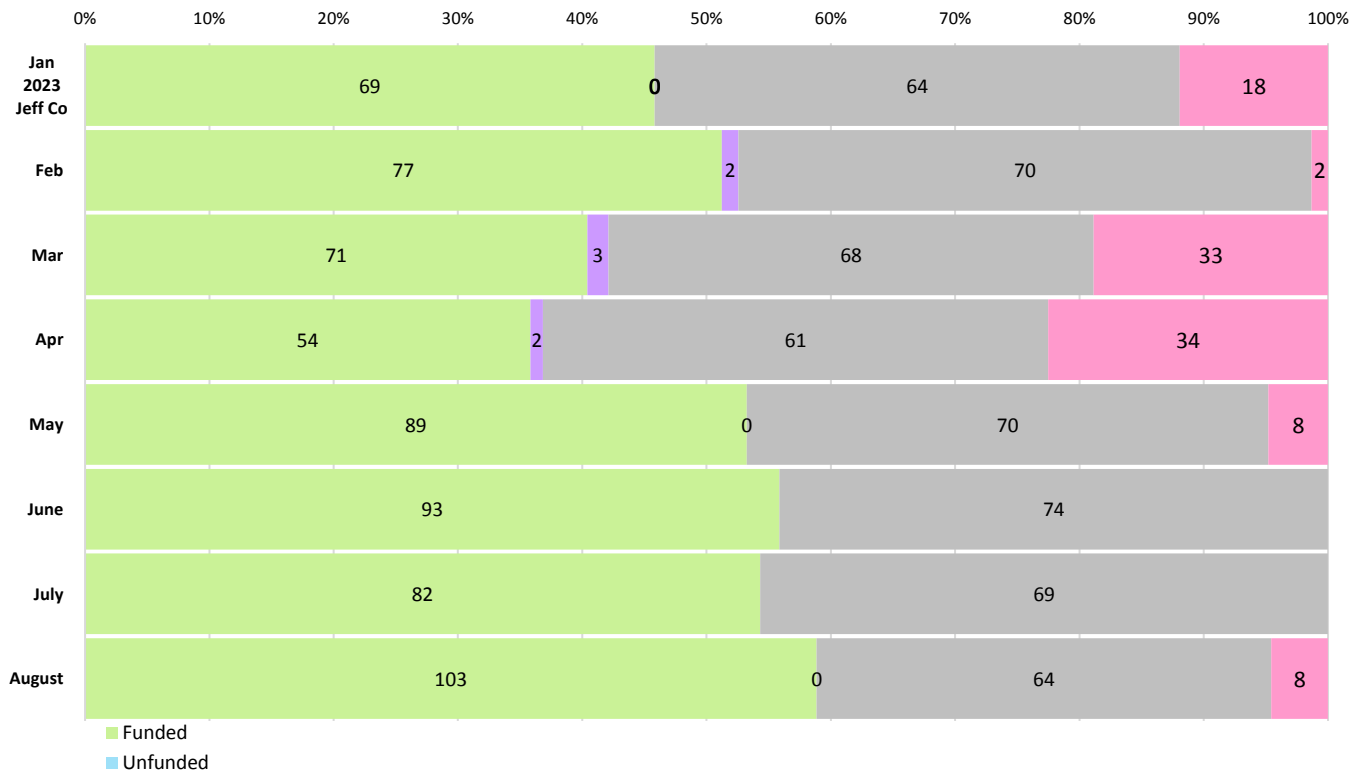
1.5 ITEMS OF INFORMATION:

- See attachments for August 2023 Clinical Services Report for services provided by our in-house mental health partner, Provident. Provident provides office hours at both our Hillsboro and Arnold locations, as well as telemedicine to assist Jefferson County residents in need of mental health services.
- See attachments for flyers from Compass Healthcare regarding resources for Survivors of Suicide, Virtual Grief Support Groups, EMS Support Groups, Mobile Crisis Response and Crisis Line Services available to Jefferson County residents.
- JCHD ED will present with Jaci McReynolds at plenary session of the Missouri State Public Health Conference in September regarding JCHD's integration of the State's Foundational Public Health Model.

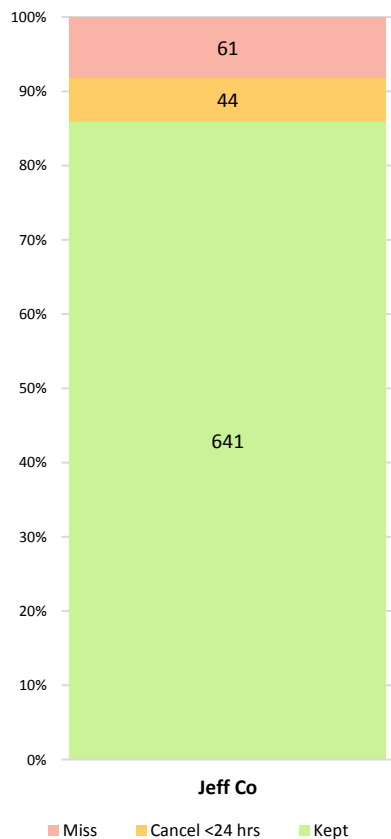
1.6 AGENCY RECOGNITION AND OPPORTUNITIES FOR BOARD ENGAGEMENT

- Fifth Annual Jefferson County Rotary Clubs Benefit Golf Tournament, Friday, October 13, 2023 at Crystal Highlands Golf Club. We are looking for sponsors, teams and silent auction baskets. For more information visit: www.jeffcorotary.org. Proceeds support low cost and no cost healthcare services from JCHD's Mobile Wellness Team.

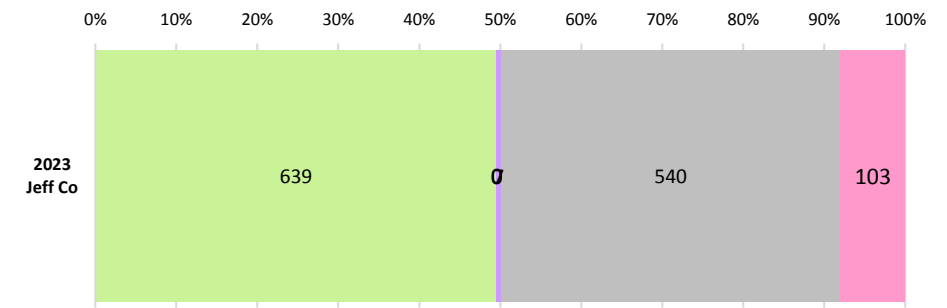
Impact Hours by Month



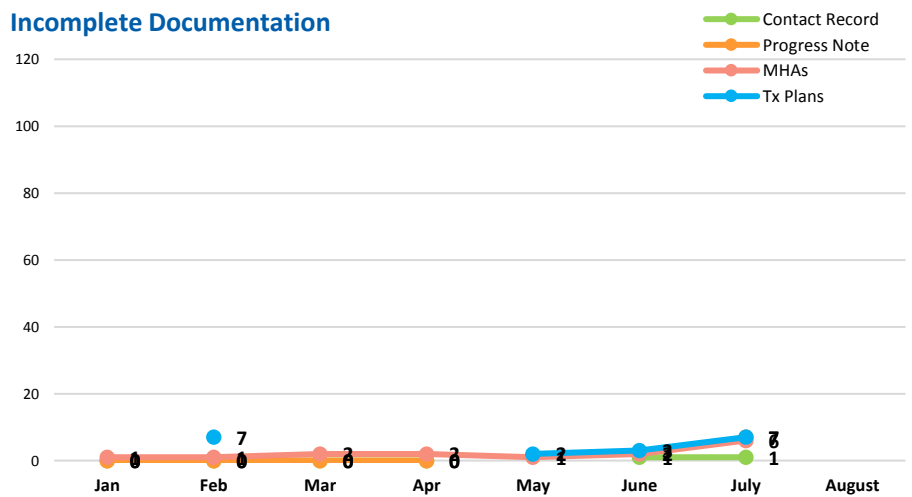
Session Attendance



YTD Impact Hours



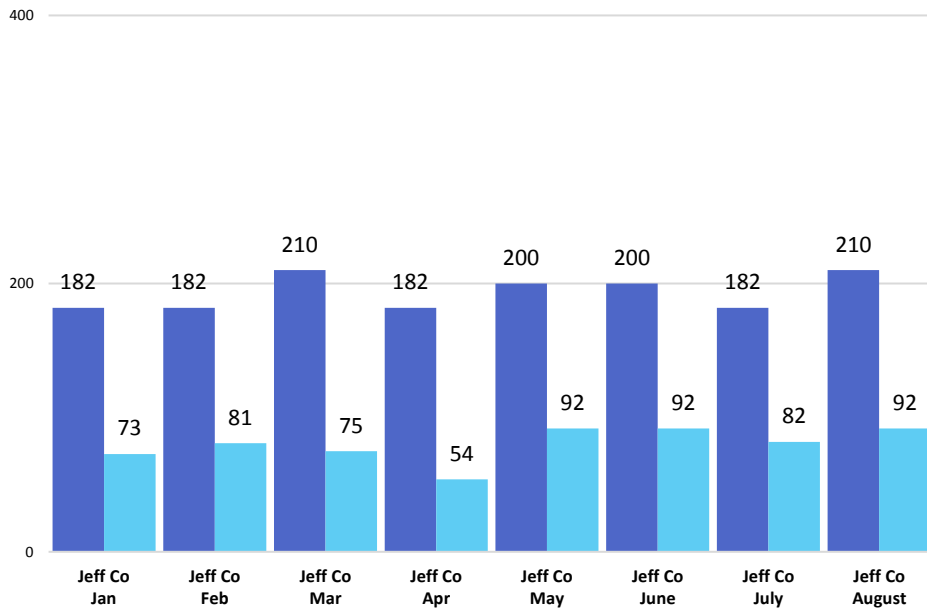
Incomplete Documentation



Impact Appointments

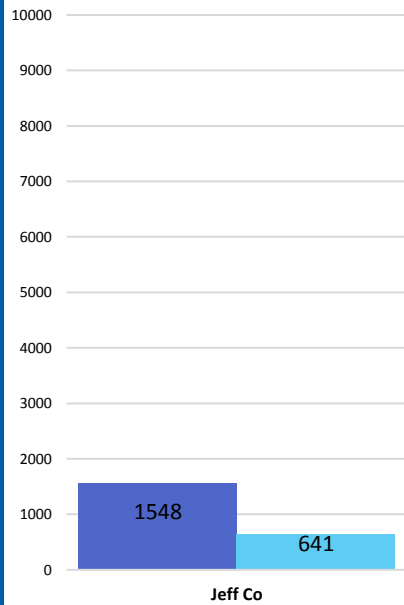
Psychiatric Services Only

■ Target # Appts
■ # Appts Achieved



YTD Impact Appointments

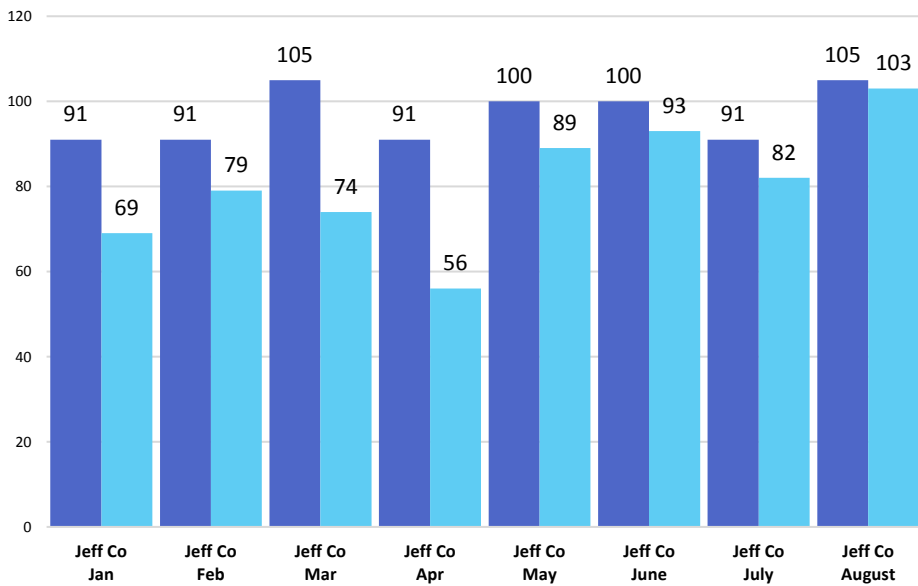
Psych Services Only



Impact Hours

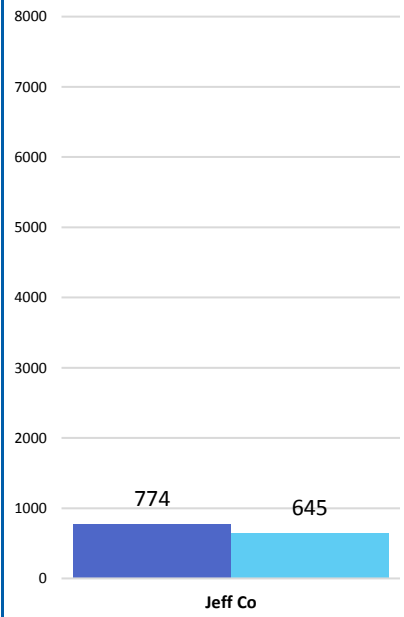
Counseling Only

■ Impact Hour Target
■ Impact Hours Achieved



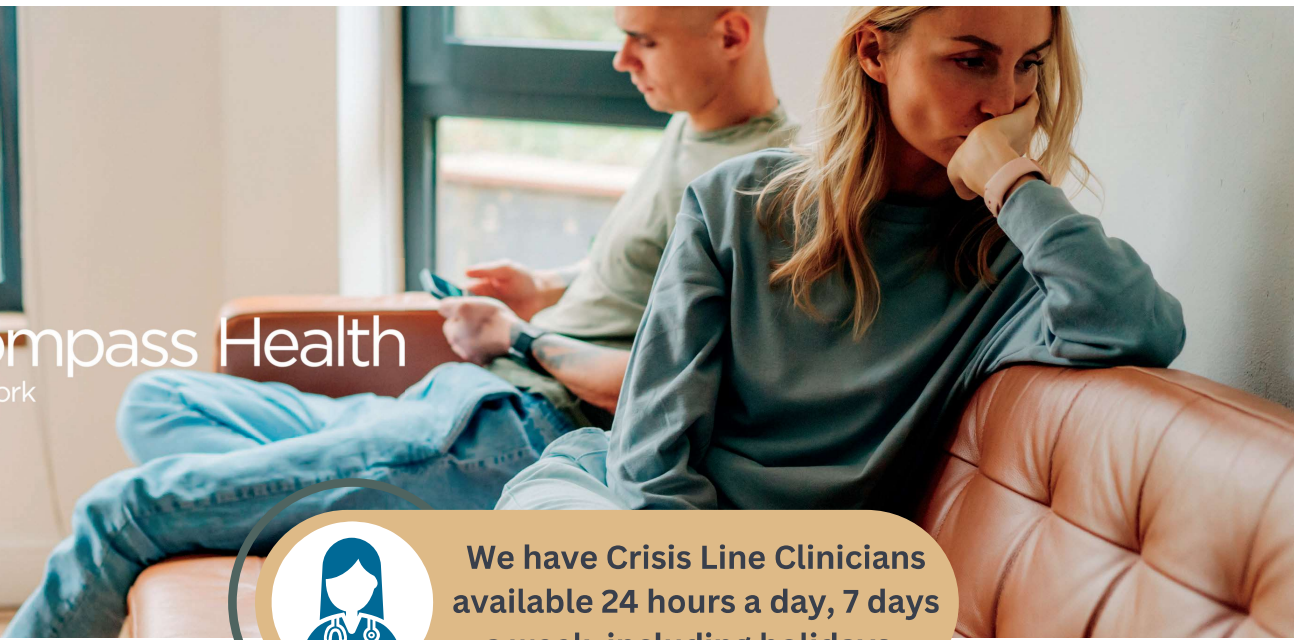
YTD Impact Hours

Counseling Only





Compass Health
Network



We have Crisis Line Clinicians available 24 hours a day, 7 days a week, including holidays.



We can follow up with clients in need of extra support in the evenings, weekends, or over the holidays.



Clinicians are trained in de-escalation, risk assessment, safety planning, and care coordination.



The crisis line can dispatch a Mobile Crisis Clinician to a caller's location if needed.



You don't have to be a Compass Health client, and are not required to become one, to utilize the Crisis Line or Mobile Crisis Clinicians

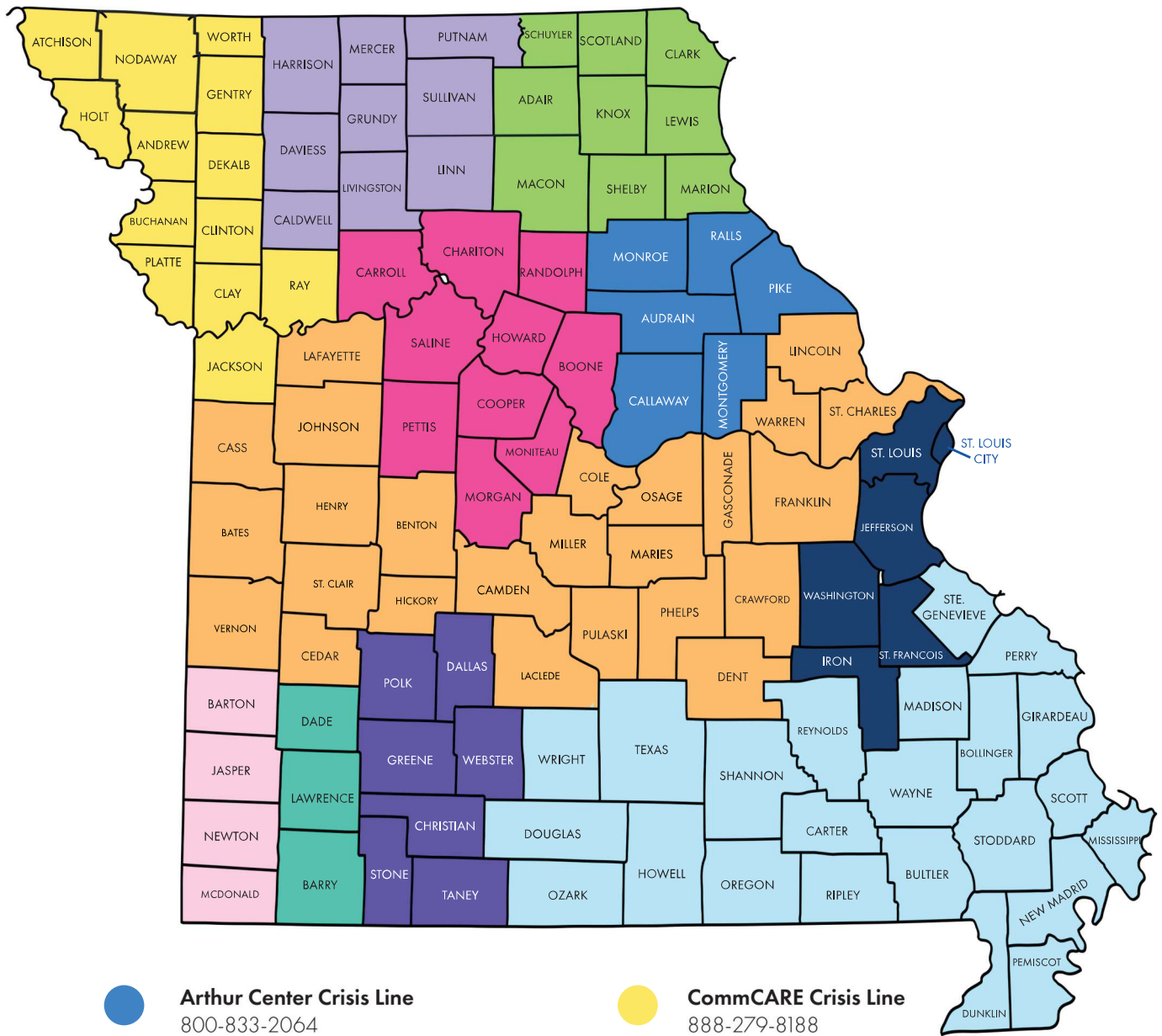


Compass Health
Crisis Line covers
25 counties across
Missouri.

Free of charge for all callers.

Can be reached by dialing 988 or 888-237-4567.

STATE-WIDE 24-HOUR **CRISIS LINE**



- Arthur Center Crisis Line**
800-833-2064
- Behavioral Health Response**
800-811-4760
- Burrell Southwest MO Crisis Line**
800-494-7355
- Burrell Central MO Crisis Line**
800-395-2132
- Clark Center Crisis Line**
800-801-4405
- CommCARE North Central Crisis Line**
888-279-8188
Preferred Family Healthcare Crisis Line
844-341-2390
- CommCARE Crisis Line**
888-279-8188
- Compass Health Crisis Line**
888-237-4567
- MOCARS Crisis Line**
800-356-5395
- MOCARS | Mark Twain Behavioral Health Crisis Line**
800-356-5395
Preferred Family Healthcare Crisis Line
844-341-2390
- Ozark Center Crisis Line**
800-247-0661



988
OR
888-237-4567



Talk with us.



Mobile Crisis Response Services

- **Mobile Crisis Response**
Clinicians available 24/7/365
- **Provides Immediate person-centered assistance**
- **Available to respond to any behavioral health and/or substance use crisis**
- **Person-centered and trauma informed**
- **Debrief Support**
- **Virtual Grief Groups**

There is hope.





SURVIVORS OF SUICIDE ATTEMPTS

You're Invited to Join Us Virtually!

Date To Be Determined

Time: 3PM-5PM

Please call Lisa: 573-612-9069 or Kendall: 816-406-9108

Benefits of the SOSA Group:

- **Comfort of Your Home**
- **Peer Facilitator along with Clinical Facilitator**
 - **Provides Community Resources**
- **Opportunity to Gain Additional Coping Skills**
 - **Provides a Safe Non-Judgmental Zone**
 - **Gives Hope**

SOSA Group is Provided by:



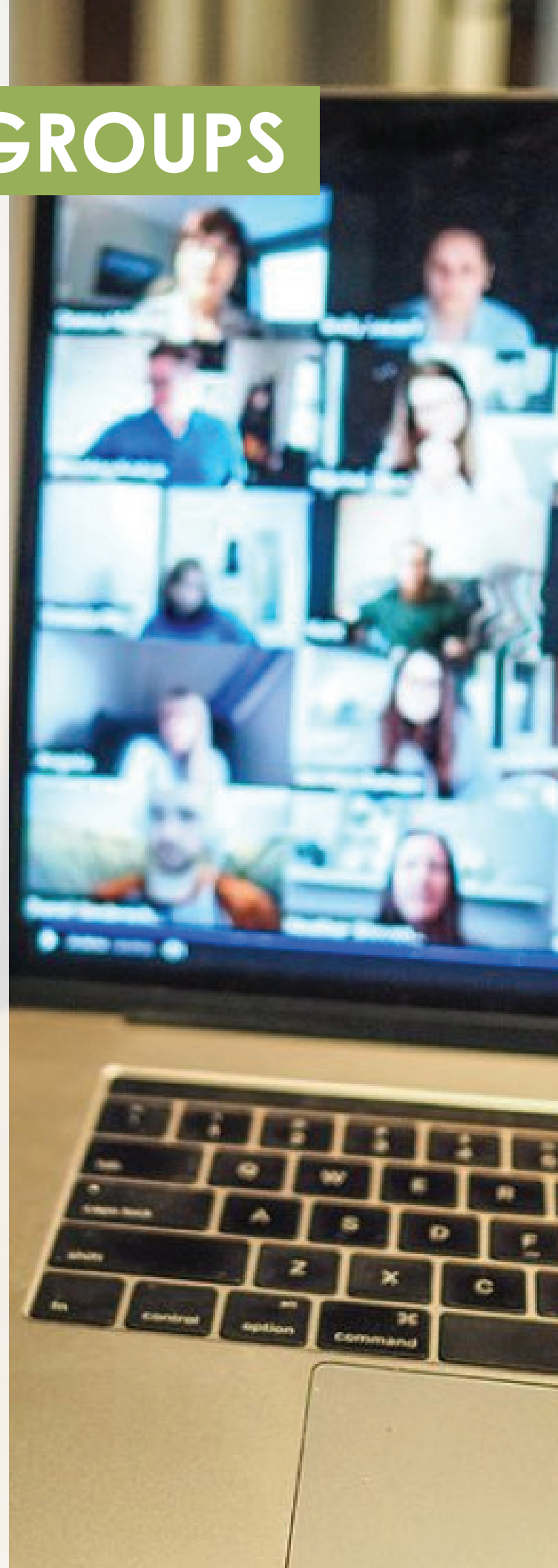
Compass Health
Network

VIRTUAL GRIEF GROUPS

- Free, virtual grief groups
- We hope you can join us for all six sessions, but if you're only able to join for a few that's fine too
- Wednesdays from 12 - 1 pm and 6 - 7pm
- Provided by master's level behavioral health clinicians.
- Topics include: Self-care, positive affirmations honoring loved ones and more
- The zoom link will be provided once you RSVP:

12 - 1 pm cboyer@compasshn.org

6 - 7 pm lmcbride@compasshn.org



Compass Health
Network



SHOW-ME



MISSOURI



EMS OUTREACH

Our goal is to provide immediate support to individuals who are experiencing a behavioral health crisis, or other behavioral health needs. EMS may connect callers directly to the Compass Health Crisis Line where our Crisis Line Clinicians will be able to de-escalate, assess for safety, provide safety planning as needed, and offer in-the-moment support. Crisis Line Clinicians can dispatch Mobile Crisis to callers that will benefit from immediate in-person support.

Crisis Response Clinicians are available 24/7 to co-respond with EMS to provide in-person support, de-escalation, assess for safety, provide safety planning, debriefing as needed, in-the-moment support, and connect individuals to beneficial services and resources. Crisis Response Clinicians can provide ongoing support while working to connect the caller to long-term services.

- *Someone to talk to:* The Compass Health Crisis Line has clinicians available 24 hours a day, 7 days a week, including weekends and holidays. The Compass Health Crisis Line serves 25 counties within our catchment area.
- *Someone to Respond:* Compass Health offers Mobile Crisis Response 24 hours a day, 7 days a week, including weekends and holidays. Crisis Response Clinicians are located in 4 regions within our catchment area.
- *Somewhere to go:* Compass Health has four Behavioral Health Crisis Centers that are open 24 hours a day, 7 days a week, including weekends and holidays. Our BHCCs are located in Wentzville, Rolla, Jefferson City, and Raymore.

BEHAVIORAL HEALTH CRISIS CENTERS
833-356-2427 or dial 988

VACCINES FOR CHILDREN PROGRAM (VFC)

VFC Site Visit Follow-Up Plan

Site Visit #:09062023MOA099002

Provider PIN:MOA099002

Doses Distributed in 2022: 946

Cost of Doses Distributed in 2022: \$71,020.79

PASCAL GUADREAU MD
JEFFERSON COUNTY HEALTH DEPARTMENT
1818 LONEDELL RD
Arnold, MO 63010

9/6/2023

Dear PASCAL GUADREAU MD,

Thank you for taking time to participate in the Vaccines for Children (VFC) Program VFC Site Visit on 09/06/2023. We hope you found the visit to be informative and educational.

Please take a few minutes to review the attached site visit summary, which contains important information on follow-up actions and timelines for completion. Also included is a list of the remaining VFC Program requirements and recommendations assessed during your visit.

All requested documentation should be submitted by Email to Brooke Poskin at Brooke.poskin@health.mo.gov.

On behalf of the Missouri Immunization Program, I thank you for your participation in the VFC Program and your continued efforts to ensure that all children are fully immunized. Please do not hesitate to contact me if you have any questions.

Sincerely,

Brooke Poskin
Missouri Immunization Program
930 Wildwood
PO Box 570
Jefferson City, Missouri 65102
(573) 751-6124
Brooke.poskin@health.mo.gov

REVIEWER'S SITE VISIT NOTES

There are no notes for this visit.

REQUIRED FOLLOW-UP ACTIONS

Below is a list of actions that are required to be taken as a result of your recent site visit. This list, along with a timeline for completion, is intended to support your office/clinic with successfully implementing the VFC Program. Please also review the full list of *2023-2024 VFC Compliance Visit Requirements & Recommendations* at the end of this document.

1. CHANGES TO KEY STAFF

All changes in key staff must be communicated to the immunization program in the manner and timeframe defined by the immunization program. Key staff include: the medical director or equivalent who signed the provider agreement, the vaccine coordinator, and the backup coordinator. VFC providers are required to ensure that all key staff are fully trained on VFC program requirements at all times. All training must be documented.

- **Due Date:** Not Applicable
Required Action: The Immunization Program will reach out to you in the coming weeks regarding progress with meeting this program requirement

2. BORROWING REASONS

VFC providers are expected to maintain an adequate inventory of vaccine for all patients served. It is the responsibility of the provider to appropriately schedule and place vaccine orders and to rotate vaccine stock properly to ensure timely use of short-dated vaccine. Borrowing of vaccine between private and public inventories must be a rare, unplanned occurrence and CANNOT serve as a replacement system for a provider's privately purchased vaccine inventory. All instances of borrowing must be properly documented and reported, and borrowed doses must be replaced.

- **Due Date:** 10/06/2023
Required Action: In accordance with CDC Requirements, submit new or revised protocols for managing vaccine ordering and inventory and other internal processes to prevent routine borrowing.

3. TEMPERATURE-MONITORING DEVICE TYPE

All VFC providers must use continuous temperature monitoring devices (i.e., digital data loggers) to monitor vaccines administered to VFC-eligible children. Routine review and accessibility of temperature data are critical for determining whether vaccine has been properly stored and for assessing usability of vaccine involved in a temperature excursion. To meet

VFC program requirements, the device must also be equipped with:

- A temperature probe
- An active temperature display that can be easily read from outside of the unit
- The capacity for continuous monitoring and recording the data to be routinely downloaded

Additional recommended features for these devices that may be required by your Immunization Program:

- Alarm for out-of-range temperatures
 - Current, minimum, and maximum temperatures display
 - Low battery indicator
 - Accuracy of +/- 1°F (0.5°C)
 - Memory storage of at least 4,000 readings
 - User programmable logging interval (or reading rate) recommended at a maximum time interval of every 30 minutes
 - Use of a probe that best reflects the temperature of the vaccine (such as a buffered probe)
-
- **Due Date:** 09/20/2023
Required Action: In accordance with CDC Requirements, submit a digital data logger report with at least two weeks of temperature readings. **vfc-helmer 1**
 - **Due Date:** 09/20/2023
Required Action: In accordance with CDC Requirements, submit a digital data logger report with at least two weeks of temperature readings. **private - helmer 2**
 - **Due Date:** 09/20/2023
Required Action: In accordance with CDC Requirements, submit a digital data logger report with at least two weeks of temperature readings. **freezer GE**

Remaining 2023-2024 CDC VFC Compliance Visit Requirements & Recommendations

ELIGIBILITY & DOCUMENTATION

CHANGES TO KEY STAFF

All changes in key staff must be communicated to the immunization program in the manner and timeframe defined by the immunization program. Key staff include: the medical director or equivalent who signed the provider agreement,

the vaccine coordinator, and the backup coordinator. VFC providers are required to ensure that all key staff are fully trained on VFC program requirements at all times. All training must be documented.

VFC ELIGIBILITY CATEGORIES

VFC providers must possess a working knowledge of ALL VFC eligibility criteria and use those criteria to screen children prior to administering VFC vaccines. To receive VFC vaccine, a patient must be under the age of 19 and must be at least one of the following: (1) **Medicaid-eligible**; (2) **uninsured** (i.e., child has no health insurance); (3) **underinsured** (i.e., child has health insurance, but does not have cover for any or certain vaccines— underinsured children may only receive VFC vaccines in any FQHC/RHC or deputized VFC provider offices and may only receive vaccines not covered by insurance; and (4) **American Indian OR Alaska Native (AI/AN)**.

BILLING PRACTICES

VFC providers must adhere to proper billing practices for vaccine administration fees and clearly understand that VFC vaccine is provided at no cost to either the VFC provider or eligible children. At no time should billing occur for the cost of VFC vaccine. When administering VFC vaccine, providers should **never** bill two different “payers” (i.e., patient, Medicaid, insurance) for the same vaccine administration fee amount. For Medicaid-eligible children, Medicaid should be billed for the vaccine administration fee. For all other VFC-eligible populations, the patient may be billed for an amount within the state/territory cap established by the Centers for Medicare and Medicaid Services (CMS); however, patients cannot be turned away or reported to collections for inability to pay the administration fee. Effective January 1, 2020, providers who choose to bill for the vaccine administration fee of a non-Medicaid, VFC-eligible child after the date of service may issue only a single bill to the patient within 90 days of vaccine administration.

VACCINE ADMINISTRATION FEE

The VFC provider’s vaccine administration fee for non-Medicaid, VFC-eligible children must not exceed the state/territory vaccine administration fee cap established by the Centers for Medicare & Medicaid Services (CMS). For current fee caps, refer to www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf.

ELIGIBILITY SCREENING & DOCUMENTATION

VFC providers must screen for and document VFC eligibility at EACH immunization visit. Documentation must include the date of the visit and the child’s specific eligibility category. VFC providers must use screening results to ensure that only VFC-eligible children receive VFC vaccine and that administration fees are billed for as appropriate. Eligibility status must be readily available to staff administering vaccine prior to selecting which vaccine stock to

use. Comprehensive certificates are no longer allowed in the VFC program.

VACCINE DOSE DOCUMENTATION

In accordance with federal law, VFC providers must maintain immunization records that include ALL of the following elements: (1) name of vaccine administered; (2) date vaccine was administered; (3) date VIS was given; (4) publication date of VIS; (5) name of vaccine manufacturer; (6) vaccine lot number; (7) name and title of person who administers the vaccine; (8) address of clinic where vaccine was administered.

RECORD RETENTION

Maintain compliance with all awardee-specific policies and procedures

VACCINE MANAGEMENT PLAN

VFC providers must maintain and implement a Vaccine Management Plan for routine and emergency vaccine management. The plan should consist of clearly written, detailed, and up-to-date storage and handling standard operating procedures (SOPs). The plan must contain the name and contact information for the current vaccine coordinator and backup coordinator; proper storage and handling practices; shipping and receiving procedures; emergency procedures for equipment malfunctions, power failures, or natural disasters; vaccine ordering procedures; inventory control (e.g., stock rotation); procedures for handling vaccine loss and waste; and staff training/documentation on vaccine management, storage, and handling. The plan must be reviewed/updated annually or more frequently if changes occur. A review date and signature are required on all plans in order to validate they are current.

VIS & VAERS

VFC providers are required to distribute the current VIS each time a vaccine dose is administered and to maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). For a list of current VISs, visit: <http://www.cdc.gov/vaccines/hcp/vis/>.

Borrowing Documentation / Reasons

VFC Providers are expected to maintain an adequate inventory of vaccine for all patients served - it is the responsibility of the Provider to appropriately schedule and place vaccine orders and ensure vaccine stock is properly rotated to ensure timely use of short-dated vaccine. Borrowing of vaccine between private and public inventories must be a rare, unplanned occurrence and CANNOT serve as a replacement system for a Provider's privately purchased vaccine inventory. All instances of borrowing must be properly documented, reported and replaced.

STORAGE & HANDLING

STORAGE UNIT GRADE [Recommendation]

CDC recommends the following vaccine storage unit types (in order of preference): pharmaceutical-grade stand-alone or combination units (preferred); household/commercial stand-alone units; household/commercial combination units using the refrigerator section only. Use of the freezer compartment of a household combination unit is discouraged.

TEMPERATURE-MONITORING DEVICE IN THE UNIT

VFC providers **MUST** have a working calibrated temperature monitoring device with a current and valid certificate of calibration testing. All certificates of calibration testing must contain the model number, serial number, date of calibration, and measurement results indicating that the unit passed testing. Documentation that uncertainty is within suitable limits (recommended uncertainty = +/-1 degree Fahrenheit or 0.5 degree Celsius) and the name of the device are recommended but not required.

CERTIFICATE OF CALIBRATION TESTING

Certificates of calibration testing provide confidence that the temperature monitoring device is measuring temperatures accurately. All units storing VFC vaccines **MUST** have a calibrated temperature monitoring device with a current and valid certificate of calibration testing. All certificates of calibration testing must contain the model number, serial number, date of calibration, and measurement results indicating the unit passed testing. Documentation that uncertainty is within suitable limits (recommended uncertainty = +/-1 degree Fahrenheit or 0.5 degree Celsius) and the name of the device are recommended but not required.

TEMPERATURE-MONITORING DEVICE PLACEMENT

The temperature monitoring device (or probe) must be placed in a central area of the storage unit directly with the vaccines to properly measure vaccine temperature. Devices should not be placed in the doors, near or against the walls, close to vents, or on the floor of the unit. For pharmaceutical-grade units with a built-in temperature monitoring device or a dedicated port for a probe that is not in the center of the storage unit, consult your immunization program for guidance on placement.

TEMPERATURE DOCUMENTATION

Vaccines must be stored at appropriate temperatures as described in the manufacturer package inserts at all times. The acceptable temperature ranges vary by vaccine type, and the range is 36° F and 46° F (2° C and 8° C), for refrigerated vaccines and -58° F and +5° F (-50° C and -15° C) for frozen vaccines. Exposure to temperatures outside of the ranges detailed in the

package inserts could affect vaccine viability and, ultimately, leave children unprotected against vaccine-preventable diseases. To maintain awareness of storage unit temperatures and ensure that vaccines are being stored at appropriate temperatures at all times, VFC Providers are required to monitor and document temperatures for all vaccine storage units AT LEAST once per day. Temperature documentation must contain: (1) at least one minimum/maximum temperature readings per day, (2) the date and time of each reading and (3) the name (or initials) of the person who assessed and recorded the readings.

TEMPERATURE EXCURSIONS

The provider must document all excursions and actions taken including the following: (1) Quarantine and label vaccines as "DO NOT USE"; (2) Place vaccines in a unit where they can be stored under proper conditions (3) Contact the Immunization Program to report an excursion; and (4) Contact the vaccine manufacturer to obtain documentation supporting the usability of the vaccine

VACCINE PLACEMENT [Recommendation]

Vaccines should be stored in their original manufacturer (or CDC centralized distributor) packaging. They should be placed in the middle of the pharmaceutical-grade unit with space between the vaccines and the side/back of the unit to allow cold air to circulate. Vaccines SHOULD NOT be stored in the doors, vegetable bins, or on the floor of the unit, or under or near cooling vents, and there should not be any food in the unit. Unless otherwise specified by the manufacturer of a pharmaceutical-grade unit, water bottles (for refrigerators) or frozen water bottles (for freezers) should be placed throughout each storage unit to: (1) stabilize or extend temperatures during a power outage and (2) serve as physical blocks preventing the placement of vaccines in areas of the unit at higher risk for temperature excursions (such as in doors, vegetable bins, floor, or near/under cooling vents).

DISCONNECTION FROM POWER SOURCE

VFC providers must take steps to protect the power source for all vaccine storage equipment by having clear warning labels on both the plug and the circuit breaker associated with all vaccine storage units. Large hospitals and healthcare systems can meet this requirement by demonstrating they have comprehensive policies and standard operating procedures to prevent vaccine storage units from being disconnected from the power supply

DORM-STYLE UNITS

Dorm- and bar-style units are prohibited for vaccine storage. Vaccines stored in dorm-style units are considered nonviable and must be returned to the centralized distributor. CDC recommends the following vaccine storage unit types (in order of preference): pharmaceutical-grade stand-alone or combination units (preferred), household/commercial stand-alone units, or household/commercial

combination units using the refrigerator section only. Use of the freezer compartment of a household combination unit is discouraged.

STORAGE UNIT SPACE AVAILABILITY

VFC Providers must have sufficient storage space to accommodate vaccine stock at the busiest time of year (including anticipated new vaccines) without overcrowding.

EXPIRED VACCINES

Vaccines should be rotated weekly and whenever a new shipment arrives so that longer-dated vaccines are stored behind shorter-dated vaccines. If vaccines expire, they can no longer be stored in the same storage unit with viable vaccines. They must be placed in a container or bag clearly labeled "Do not use" and separated from viable vaccines to prevent inadvertent use. Expired vaccine must be returned to the centralized distributor within six months of expiration.

BACK-UP TEMPERATURE MONITORING DEVICE

VFC Providers must have a readily available continuous temperature monitoring backup device (e.g. digital data logger) with a current and valid certificate of calibration testing. To prevent the certificates of calibration testing of the primary and backup devices from expiring at the same time, the date of calibration testing (or issue date) of the backup device should be different from the date of calibration testing (or issue date) of the primary device.

PREPARATION OF VACCINE [Recommendation]

"CDC recommends preparing vaccines immediately prior to administration to assure viability of vaccine and prevent vaccine wastage. Vaccines that are not administered immediately are at risk of exposure to temperatures outside of the required range, which can affect vaccine viability and, ultimately, can leave children unprotected against vaccine-preventable diseases.

EMERGENCY TRANSPORT OF VACCINE [Recommendation]

CDC recommends providers keep on hand or have ready access to the supplies needed for emergency transport. Appropriate materials include:

- Portable vaccine refrigerator/freezer units (preferred option)
- Qualified containers and packouts
- Hard-sided insulated containers or Styrofoam™ (Use in conjunction with the Packing Vaccines for Transport during Emergencies† tool. This system is only to be used in an emergency.)
- Coolant materials such as phase change materials (PCMs) or frozen water bottles that can be conditioned to 4° C to 5° C
- Insulating materials such as bubble wrap and corrugated cardboard—

- enough to form two layers per container
- TMDs for each container

INVENTORY

INVENTORY COMPARISON

VFC Providers must order and stock routine vaccines in accordance with their most recent provider profile in order to prevent missed vaccination opportunities. Having sufficient amounts of all stocks prevents the inadvertent use of VFC vaccines for non-VFC-eligible patients and vice versa.

ACIP-RECOMMENDED VACCINES

VFC providers agree to comply with immunization schedules, dosages, and contraindications that are established by the ACIP for the vaccines identified and agreed upon in the provider agreement and provider profile UNLESS:

1. In the VFC provider's medical judgment, and in accordance with accepted medical practice, the VFC provider deems such compliance to be medically inappropriate for the individual child
2. The particular requirements contradict state law, including laws pertaining to religious and/or other exemptions.

The VFC program entitles children to the following vaccines: DTaP, hepatitis A, hepatitis B, Hib, HPV, influenza, meningococcal, MMR, pneumococcal, polio, rotavirus, Tdap/TD and varicella. VFC providers are also required to ensure that VFC-eligible children have access to nonroutine vaccines as needed.

SEPARATION OF STOCK

To ensure that VFC vaccines are administered only to VFC-eligible children, VFC providers serving both VFC and non-VFC-eligible children must maintain vaccine inventories in such a way that they can clearly differentiate public stock from private stock.

Health Communications Board Report- September 2023

(Analytics from August 2023)

1

- 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, learning more about specific population needs, develop new programs, etc.
- Arnold Senior Expo: Provided 50+ community members with information on how to properly dispose of unused/expired medications, SUD resources, education on Sharps Disposal Program & handed out a few boxes of Narcan.
 - Meeting with the Director of Jefferson County Libraries: Discussed potential partnerships with free period supplies to community and resource navigation to clients that utilize their facilities.
 - Overdose Awareness Week: Manning informational table with SUD resources & Narcan, hand out Narcan kits to event participants & develop relationships with Drug Court members to help brainstorm ways to support/partner with each other.
 - Hillsboro Farmer's Market: Smoothie Bike brought to the market and about 20 adults and kids used the smoothie bike and received education.

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

Foundational Capabilities: Communications, Community Partnership Development, Emergency Preparedness & Response

2

- Homelessness & Essential Needs Outreach Event:** Held at the First Baptist Church of Festus in early August. One of our team members organized the event and coordinated all the services and vendors who attended. Over 30 unhoused individuals attended and were offered resources, a hot meal, clothing, vaccines, dental care, wellness services & overdose education/Narcan.

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

Foundational Capabilities: Communications, Community Partnership Development, Emergency Preparedness & Response

3

- Car Seat Program:** A total of 4 car seats were given out at the offices and at community events. An additional 6 car seats were checked for proper installation by our certified car seat technician.

Foundational Areas: Maternal, Child, & Family Health, Injury Prevention

Foundational Capabilities: Communications, Organizational Administrative Competencies

Updates (continued)

4

Workforce Development: Managed recruiting, interviewing, and onboarding process for new employees. Planning for leadership training series. Organizing staff training and employee licensure tracking.

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

5

Public Health Core Competencies Project: Reviewing updates 2021 Public Health Core Competencies from the Public Health Foundation. Creating the new staff survey to measure current competency levels among all staff members. 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

6

PERKS Employee Engagement Committee: Drafted and finalized the September employee wellness challenge about financial wellness based on evidence based practices.

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

Foundational Capabilities: Communications, Community Partnership Development

7

Community Awareness Survey: Planning and drafting community awareness survey in line with grant deliverables for funding source. Survey is focused on what the community knows about substance use in the community, possible stigma surrounding the issue, and best ways to educate the community about substance use, overdose, and the resources available.

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

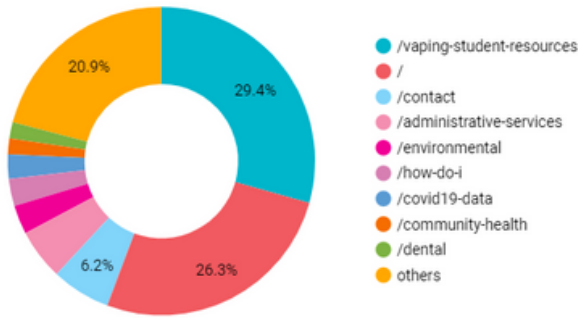
Social Media Analytics



<p>f Fans</p> <p>17K fans</p> <p>↗ 11 from 17K</p>	<p>f Received PMs</p> <p>6 PMs</p> <p>↘ 3 from 9</p>	<p>f Page engagement rate</p> <p>1.67% engagement rate</p> <p>↗ 0.41 from 1.26%</p>	<p>f Post engagement rate</p> <p>2.7% engagement rate</p> <p>↗ 1.73 from 0.98%</p>
<p>@ Followers</p> <p>1.5K followers</p> <p>↘ 4 from 1.5K</p>	<p>@ Inbound messages</p> <p>9 messages</p> <p>↗ 7 from 2</p>	<p>@ Post engagement rate</p> <p>5% engagement rate</p> <p>↘ 0.55 from 5.55%</p>	<p>@ Post engagement</p> <p>18 engagements</p> <p>↗ 6 from 12</p>
<p>t Followers</p> <p>1.7K followers</p> <p>↘ 4 from 1.7K</p>	<p>t Inbound messages</p> <p>0 messages</p> <p>↘ 2 from 2</p>	<p>t Post engagement rate</p> <p>0% engagement rate</p> <p>0 from 0%</p>	<p>t Post engagements</p> <p>0 engagements</p> <p>0 from 0</p>

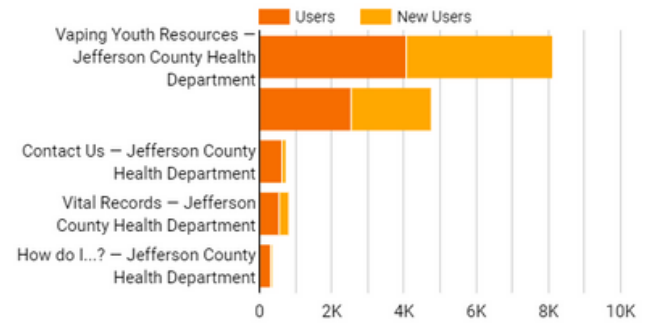
Website Analytics

Which page is the most popular?



Page	Pageviews
1. /vaping-student-resources	12,227
2. /	10,971
3. /contact	2,592
4. /administrative-services	2,225
5. /environmental	1,256
6. /how-do-i	1,194
7. /covid19-data	1,058
8. /community-health	701
9. /dental	698
10. /coronavirus-covid19	565

Most popular pages with title breakdown



Page Title	Keyword	Pageviews
1. Vaping Youth Resour...	(not set)	12,221
2. Jefferson County He...	(not provided)	7,162
3. Jefferson County He...	(not set)	3,968
4. Contact Us – Jeffers...	(not provided)	2,069
5. Vital Records – Jeff...	(not provided)	1,818
6. Vaping Resources – ...	(not set)	1,220
7. Environmental – Jeff...	(not provided)	1,007
8. How do I...? – Jeffer...	(not provided)	907
9. COVID-19 Data – Jef...	(not provided)	898
10. Contact Us – Jeffers...	(not set)	535

Query	Impressions	Clicks
jefferson county health department	9,330	529
aspen jefferson county	1,502	15
use of folic acid	1,383	0
syphilis treatment	1,196	0
jefferson county department of health	1,110	18
jefferson county health center	948	3
jchd	665	15
jefferson county public health	455	1
importance of folic acid	447	1
health department near me	443	1
jefferson health department	429	2

A Level A Compliance
Issues (150,204 issues affecting 507 pages)



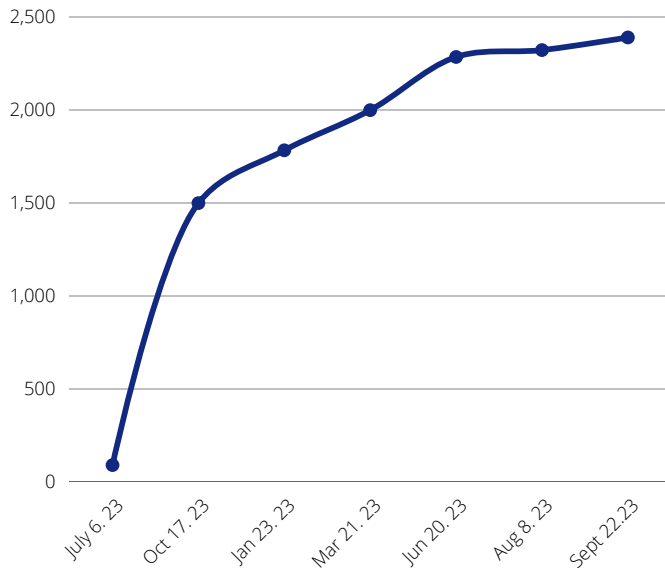
- 5 Errors
- 3 Warnings
- 37 Needs review

AA Level AA Compliance
Issues (126,181 issues affecting 507 pages)



- 2 Errors
- 1 Warnings
- 22 Needs review

JCHD Mobile App Analytics



**2,390
DOWNLOADS**

**2 PUSH
NOTIFICATIONS**

Google Business Profile Analytics

Hillsboro Office: 1,355 Interactions

813

calls
+39%

1

message
-83%

217

people asked for
directions
No change

324

website visits from
profile
+49%

3,956

profile views
+33%

2,399

searches
+48%

Arnold Office: 1,730 Interactions

921

calls
+41%

6

messages
-45%

374

people asked for
directions
+48%

429

website visits from
profile
+10%

5,405

profile views
+34%

3,145

searches
+49%