WHATCOM COUNTY COUNCIL

SPECIAL COUNCIL MEETING
AS THE
HEALTH BOARD

10:30 a.m. Tuesday, August 1, 2017
Council Chambers, 311 Grand Avenue

A G E N D A

<table>
<thead>
<tr>
<th>Meeting Topics</th>
<th>Pages</th>
<th>Time</th>
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<tbody>
<tr>
<td>1. Public Session</td>
<td>no ppr</td>
<td>10:30-10:40</td>
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<tr>
<td>2. Director/Health Officer Report</td>
<td>no ppr</td>
<td>10:40-11:00</td>
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<tr>
<td>3. Proposal for ACH Board Member</td>
<td>1 - 3</td>
<td>11:00-11:05</td>
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<td>4. Public Health Advisory Board (PHAB) Update</td>
<td>4 - 11</td>
<td>11:05-11:20</td>
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<td>• Access to Child Care in Whatcom County</td>
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<tr>
<td>5. Communicable Disease Control in Whatcom County</td>
<td>12 - 32</td>
<td>11:20-noon</td>
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<td>• Whatcom County Trends and Gaps</td>
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AGENDA ITEM #3: North Sound Accountable Community of Health (NSACH) Board Representation

PRESENTER: Regina Delahunt

BOARD ACTION:  x Action Item  Discussion  FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

At the May Health Board meeting, the North Sound Accountable Community of Health (NSACH) requested that the Health Board nominate someone to represent Whatcom County on the ACH board. The NSACH presents an opportunity for a multi-sector voice for health and health care system reform, strengthening clinical-community linkages, and identifying innovative solutions to lower costs while increasing the quality of care. The NSACH is a critical partner with the Health Care Authority in the Medicaid Transformation Demonstration Project, focused on improving health for people on Medicaid across the state. The board is made up of approximately 20 leaders across our five county region from a variety of stakeholder groups including: Behavioral Health, Business, Consumers, Education, public and private Health Plans, Hospitals, Primary Care, Public Health, Social Services & Supports, and Philanthropy as well as federally recognized Tribal Nations from the North Sound Region. The Board meets monthly.

It would be ideal if a Health Board member was able to serve on the NSACH Board. Commissioners from Skagit, Island, and San Juan have recently joined the Board. Elected officials bring a voice and perspective that will be very important as the region decides the best use of more than $100 million in funding associated with the Medicaid Transformation Demonstration Project over the next 5 years. A second option would be to nominate Anne Deacon, Human Services Manager, to represent the county. Many of the project areas that the ACH is considering relate to the work Anne is involved in at the county and the regional level (behavioral health integration, opioid treatment, care transitions, and diversion). Snohomish is represented by their Human Services Manager. I currently serve on the board representing Public Health for the region.

BOARD ROLE / ACTION REQUESTED

Nominate a Whatcom County representative for the NSACH Board.

ATTACHMENT

ACH Fact Sheet
Accountable Communities of Health

An Accountable Community of Health (ACH) is a group of leaders from a variety of sectors in a given geographic area with a common interest in improving health. ACHs address health needs where they occur—at the local level. ACHs are based on the notion that health is more than health care, and will focus on issues that affect health, such as education, income, housing, and access to care.

How can an ACH lead to a healthier Washington?

By increasing community-based, cross-sector collaboration, ACHs better align resources and activities, which will improve whole person health and wellness. ACH participants promote health equity across the state and address the broader issues that affect health through regional health improvement plans. As Healthier Washington continues to expand, ACHs will serve a key role in supporting regional and statewide initiatives such as practice transformation, value-based purchasing and the alignment of performance measures.

Where are the ACHs located and whom do they serve?

ACHs contribute to health system transformation, and as such, the nine ACH regions identified in this map align with each of the state’s Medicaid regional service area boundaries.

Okanogan and Klickitat are transitional counties based on Medicaid regional service areas.
Are all ACHs the same?

Each ACH shares the same general purpose, has a formal governance structure and bylaws, and includes representation from a diverse and broad cross-section of entities. Each ACH will also play a similar role in projects implemented statewide, such as the Practice Transformation Support Hub. ACHs are different based on regional preference and priorities, such as the details of their governance structure, the particular entities participating, and the projects each undertakes in response to the unique health concerns of their region.

Who governs the ACHs?

In many cases, the organization that stepped forward to apply for the initial “Community of Health” planning grant beginning in July 2014 continues to be the sub-awardee providing the ACH with staff and administrative support. For some ACHs, this entity is a local public health agency. For others, it is a non-profit organization with a history of health reform activity in the region.

While the sub-awardee may help develop the governance structure, in most regions, it does not itself govern the ACH. In two regions, the sub awardee is itself the ACH entity and retains decision-making authority and multi-sector representation according to the contractual guidelines. The governance structure of the ACH typically involves a board or committee, made-up of a subset of these participants, with whom final decision-making authority rests.

What is the best way to become involved with ACHs?

Because each ACH is structured differently and is at a different stage of development, contact the ACH in which you have an interest. Contact information for the ACH backbone leads and administrative support team is on the Healthier Washington web page provided below.

Learn more about Accountable Communities of Health:

Website: www.hca.wa.gov/hw/Pages/communities_of_health.aspx
Email: CommunityTransformation@hca.wa.gov
AGENDA ITEM #4: Focus on Young Children and Families: Access to Child Care

PRESENTER: Sue Sullivan, Vice Chair, Public Health Advisory Board

BOARD ACTION: ✓ Action Item Discussion FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

As a continuation of our 2017 focus on the needs of young children and families in Whatcom County, child care access was the main topic at the July Public Health Advisory Board (PHAB) meeting. Health Department staff and community partners from Early Learning and Family Services at Opportunity Council, Whatcom Community College, and the Child Care sector provided information about the current challenges for families seeking care for young children, as well as economic and social challenges for the child care workforce and businesses. The discussion highlighted recent reductions in the number of available child care slots in Whatcom County, cost barriers, low pay for child care workers, and other key challenges.

After presentation and discussion, the Public Health Advisory Board determined that the current crisis in child care access is a public health issue that impacts the well-being of children, families, and child care providers. Ultimately this also affects employers, schools, and other community sectors. The PHAB recommends the County take further action to engage partners and stakeholders, to research the issue, and to identify possible local solutions.

BOARD ROLE / ACTION REQUESTED

1) Recommend bringing child care access forward as a critical economic issue to Whatcom County economic development partners (e.g., Northwest Economic Council or other appropriate entity). Opportunities exist to build on work in Snohomish County and throughout North Sound region.

2) Recommend advocating for reducing child care barriers for military veterans who are using GI bill to advance education (see letter to Veteran’s Administration)

ATTACHMENT(S)

Draft Letter to VA
Child Care Fact Sheet from PHAB Packet
The Whatcom County Health Board’s 2017 policy agenda focuses on issues related to the health of children and families. Recently, our advisory board began to explore the impact of the lack of quality affordable child care on our young families. It was noted that our veterans, returning to school after service, are especially impacted.

Whatcom County, Washington is home to one university and two technical colleges. Many young veterans return to Whatcom County with the intent to use their military service earned GI Bill benefits to obtain a college degree. However we are finding that some are unable to complete their education due to financial challenges of securing childcare.

While the GI Bill provides a monthly housing stipend, a student veteran’s family cannot live on this allowance and must seek additional income. When the burden of childcare is added, many parents with young children are forced to leave school to work full time at low skill/low wage jobs. This results in a loss of the tax payer funded education benefits that have already been used and a loss to the community of future middle and higher income earners and tax payers.

Currently, the Veterans Administration (VA) does not provide childcare assistance to veterans. We believe that a childcare stipend for student veterans would greatly benefit young families and children. The Health Board requests that the VA consider the following to help veterans with young children complete their education:

- Initiate a VA pilot program where student veterans may apply for a child care stipend through the VA to help defray childcare costs while they are enrolled in school. Administration of this pilot could be similar to the VA's successful Aid and Attendance Program.
- Begin tracking the reasons veteran students drop out of their GI Bill funded schooling. In March 2017, Whatcom County, in conjunction with Western Washington University, began collecting information about the reasons student veterans do not complete school. This will then be used to determine the type of assistance that would help our veterans succeed. We recommend that the VA also collect this information.

Thank you for considering our suggestions to assist student veterans and their families.

Sincerely,

Barry Buchanan  
Chair, Whatcom County Health Board
Child Care in

Whatcom County

Trends in Child Care

In most parts of Washington, the number of child care providers and capacity for children declined several years ago, but since 2013 the number of providers has become more stable.

In Whatcom County, the number of child care providers has dropped from 147 with capacity for 3555 children in 2012, to 110 providers with capacity for 3367 children in December of 2016.*

Early Achievers

Early Achievers is Washington’s Quality Rating and Improvement System (QRIS), which gives training, technical assistance, coaching, awards, scholarships, and other benefits to child care providers to improve the quality of their care.

Statewide, 3,998 child care providers participate in Early Achievers.

Approximately 74% of licensed child care providers in Whatcom County are enrolled in Early Achievers. Early Achievers provides families with valuable child care program quality information so they can make informed child care choices.
Child Care Aware of Washington County Profiles

Demographics
Population
- Total Population in 2016: 212,540
- Change since 2012: 9,040
- Children under 5 yrs: 11,467
- Children under 15 yrs: 35,312
- K-12 Enrollment: 27,223

Economics
- % of children under 18 living in poverty: 14.5%
- % of children under 6 w/ all parents working: 56.3 to 63.3%
- Median Household Income: $53,481
- Unemployment Rate: 5.7%

Compensation in 2014
Comparison of Average Annual Salary/Income

- Child Care Center Teacher: $26,316
- Child Care Center Director: $35,964
- Family Child Care Provider (Gross Earnings): $41,154
- K-12 Teacher (Statewide): $57,822

Helping Families Find Child Care in 2016
In 2016, Child Care Aware of Washington programs helped 15,753 families find child care providers matching their unique needs.

In Whatcom County alone, we helped 471 families with 660 children in need of child care to search for matching providers 588 times.

Children Using Subsidies

Referral Demand by Child Age

Monthly Cost of Child Care in 2016

<table>
<thead>
<tr>
<th>Centers</th>
<th>Median Cost</th>
<th>75th Percentile Cost</th>
<th>State Subsidy Rate</th>
<th>Median Cost as a % of Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>$988</td>
<td>$997</td>
<td>$930</td>
<td>22%</td>
</tr>
<tr>
<td>Toddler</td>
<td>$858</td>
<td>$911</td>
<td>$775</td>
<td>19%</td>
</tr>
<tr>
<td>Preschool</td>
<td>$745</td>
<td>$845</td>
<td>$670</td>
<td>17%</td>
</tr>
<tr>
<td>School Age</td>
<td>$650</td>
<td>$755</td>
<td>$650</td>
<td>15%</td>
</tr>
</tbody>
</table>

Family Child Care

<table>
<thead>
<tr>
<th>Centers</th>
<th>Median Cost</th>
<th>75th Percentile Cost</th>
<th>State Subsidy Rate</th>
<th>Median Cost as a % of Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>$856</td>
<td>$910</td>
<td>$910</td>
<td>19%</td>
</tr>
<tr>
<td>Toddler</td>
<td>$758</td>
<td>$867</td>
<td>$770</td>
<td>17%</td>
</tr>
<tr>
<td>Preschool</td>
<td>$672</td>
<td>$758</td>
<td>$770</td>
<td>15%</td>
</tr>
<tr>
<td>School Age</td>
<td>$618</td>
<td>$650</td>
<td>$624</td>
<td>14%</td>
</tr>
</tbody>
</table>

Data Sources:
Most data is from Child Care Aware of Washington. More data and full citations are available at [http://wa.childcareaware.org](http://wa.childcareaware.org).

*Includes licensed child care (centers and family child care) and exempt school-age programs only
2Office of the Superintendent Public Instruction, October Enrollment Report, 2016-2017
3U.S. Census Bureau Small Area Income and Poverty Estimates, 2015
4U.S. Census Bureau American Community Survey, 2015
5Washington State Employment Security Department; U.S. BLS, Local Area Unemployment Statistics, 2016 (not seasonally-adjusted)
6Department of Early Learning & Washington State University, Washington State 2015 Child Care Survey

For more information, go to [http://wa.childcareaware.org](http://wa.childcareaware.org)
50.3% of single parent income for one child

88.3% of single parent income for two children

In Washington, single parents pay half of their income for infant center care, and 88% of their income for center care for 2 children. Married parents of 2 children living at the poverty line pay 115% of their income for center care. The cost of center care for 2 children in Washington is more than twice the annual cost of college tuition at a four year college.
ALICE IN WHATCOM COUNTY
2013 Point-in-Time Data

Population: 206,353 | Number of Households: 78,330
Median Household Income: $50,186 (state average: $58,405)
Unemployment Rate: 8% (state average: 7.9%)
Gini Coefficient (zero = equality; one = inequality): 0.45 (state average: 0.46)

How many households are struggling?
ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

What are the economic conditions?
The Economic Viability Dashboard evaluates community conditions for ALICE in three core areas. Each is an index with a scale of 1 (worst) to 100 (best).

<table>
<thead>
<tr>
<th>Housing Affordability</th>
<th>Job Opportunities</th>
<th>Community Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>poor (30)</td>
<td>fair (50)</td>
<td>fair (55)</td>
</tr>
</tbody>
</table>

What does it cost to afford the basic necessities?
This bare-minimum budget does not allow for any savings, leaving a household vulnerable to unexpected expenses. Affording only a very modest living in each community, this budget is still significantly more than the U.S. poverty level of $11,490 for a single adult and $23,550 for a family of four.

<table>
<thead>
<tr>
<th>Household Survival Budget, Whatcom County</th>
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<tbody>
<tr>
<td><strong>SINGLE ADULT</strong></td>
</tr>
<tr>
<td>Housing</td>
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<tr>
<td>Child Care</td>
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<td>Food</td>
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<td>Transportation</td>
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<td>Health Care</td>
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<td>Miscellaneous</td>
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<tr>
<td>Taxes</td>
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<tr>
<td>Monthly total</td>
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<tr>
<td><strong>ANNUAL TOTAL</strong></td>
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<tr>
<td><strong>Hourly wage</strong></td>
</tr>
<tr>
<td><strong>SINGLE ADULT</strong></td>
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<tr>
<td><strong>2 ADULTS, 1 INFANT, 1 PRESCHOOLER</strong></td>
</tr>
<tr>
<td>Housing</td>
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<tr>
<td>Child Care</td>
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<td>Food</td>
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</tr>
<tr>
<td><strong>Hourly wage</strong></td>
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</tbody>
</table>

Source: U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA), Bureau of Labor Statistics (BLS), Internal Revenue Service (IRS) and state Treasury, and ChildCare Aware, 2013, American Community Survey, 1 year estimate.

NOTE: Municipal-level data on this page is for Census Places. Totals will not match county-level data; municipal-level data often relies on 3- and 5-year averages and is not available for the smallest towns that do not report income.
How Low Child Care Wages Put All Children at Risk

December 12, 2014 | Maryam Adamu & Katie Hamm

Many parents who have faced the daunting task of finding quality, affordable child care have a list of things they look for when they visit a prospective program. Perhaps that list includes an inviting classroom full of books and educational materials. Maybe a playground and a warm and nurturing teacher. But how many parents look at the
wages of their child care provider? And how many question whether their child care provider is living in poverty?

A new study entitled *Worth Work. STILL Unlivable Wages* finds that wages in the child care industry as so low that many providers live in poverty. The mean hourly wage of a child care worker in 2013 was $10.33 an hour or $21,490 annually. This puts child care workers in the Bureau of Labor Statistics’ lowest income tier along with parking lot attendants and dry-cleaners, meaning that most child care workers live in poverty.

The combination of low wages and the rising cost of living means that many child care workers aren’t paid enough to meet their families’ most basic needs. In fact, more than 46 percent of child care workers are in families using one of the four major social support programs—almost double the rate of use in the U.S. workforce overall. Poverty wages for child care workers is a problem in and of itself, but the impact extends well beyond workers. The 12 million children who attend child care are affected as well.

Child care workers who endure the stressors of living in poverty are more likely to experience toxic stress, depression, and chronic health issues. As the number of children spending time in child care settings has increased so too has our knowledge of the link between adult caregiving and early childhood brain development. Study after study has shown the connection between better-paid staff and higher quality care. The instability and stress experienced by caregivers dealing with economic insecurity or poverty shapes their ability to provide enriching and nurturing environments for children. Often, it can result in a decreased ability to provide supportive spaces for children to develop and learn.

Importantly, high quality care is often most powerful in the lives of low-income children and children of color who already enter school behind their wealthy and/or white peers. But we also know that low-income children are more likely to be in low quality child care settings. Research shows that children who attend low quality child care settings—with high turnover or high numbers of stressed out staff—are less competent in language and social development. This means our most vulnerable children are often facing stress from multiple sources,

Ultimately, we must do something to better empower the 2 million women earning a living in this sector. Changing the course is far from impossible. Decades ago, the Department of Defense made major changes to its internal child care system, including paying child care workers on par with other employees with similar education and qualifications. This reform increased pay by about 76 percent over the past 25 years. As a result, they see far less turnover and consistently receive higher quality ratings.

It’s time that we pay those caring for our children a fair wage. And that starts with parents asking the question: how much does my child care provider make? Does caring for my family force her family to live in poverty?
AGENDA ITEM #5: Communicable Disease Control in Whatcom County

PRESENTER: Joni Hensley BSN RN, Public Health Nurse Supervisor, Communicable Disease Program, Whatcom County Health Department

BOARD ACTION: Action Item ☒ Discussion FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

Staff will provide an overview of our Communicable Disease (CD) Program including program activities, disease trends in Whatcom County, case stories, challenges and gaps. CD staff support and protect the community through surveillance of disease trends, disease prevention education, identifying and controlling the sources of infection, preventing the spread of disease through case investigation, and responding quickly to outbreaks (ex. Norovirus, Influenza).

Whatcom County is mandated by State statute to control communicable disease within the county yet minimal state funding supports our efforts. The CD program is currently unable to complete identified investigations, education of community, and other prevention activities due to current staffing levels, especially during outbreak situations.

The recently approved State budget includes new funding to support local health jurisdictions’ ability to address communicable disease monitoring and prevention and/or chronic disease and injury prevention. Whatcom County will receive approximately $100,000. We are proposing to use this funding to support an additional staff position in the Communicable Disease Program.

BOARD ROLE / ACTION REQUESTED

1) Increased understanding of communicable disease issues and response in our community
2) Support for use of new state funding to add needed staff in the CD program

ATTACHMENT(S)

PowerPoint presentation: Communicable Disease Control in Whatcom County
Communicable Disease Control in Whatcom County

Joni Hensley BSN RN, Public Health Nurse
August 1, 2017
Whatcom County Health Board

What Do We Do?

Protect our residents from infectious diseases

Prevent infectious diseases through education, advocacy and action
Our Programs

Communicable Disease Investigations
Case investigations, surveillance and outbreak management

Tuberculosis (TB)
Active TB case investigations, treatment, contact management

Immunizations
Vaccines for Children, promote vaccinations

Syringe Services
Harm reduction strategies, syringe exchanges, Hepatitis C/HIV testing

Protecting our Residents

Monitoring disease trends
• Surveillance
• Data collection and analysis

Investigating cases of disease
• Where did they get it?
• Who else was exposed?
• How can we stop it?

Responding quickly to outbreaks
• How many exposed?
• Who is at risk?
• How do we stop it?
• Work with our partners!
Protecting our Residents

Using Surveillance and Reporting to monitor disease in our community

Syndromic Surveillance

- Electronic monitoring of Hospital Emergency Room visits

Reporting by our valuable partners

- Laboratories*
- Health care providers†
- Childcare providers*
- School nurses*
- The General Public

(*Washington State Law requires that they report to us)

Syndromic Surveillance

PeaceHealth St. Joseph Medical Center participates in a national surveillance system that shares data with us.
July 28, 2013: Norovirus outbreak results in 120 ill in Whatcom County

Feeling sick with a stomach bug? You might have norovirus

BY KELLYSA
Kellysa@blaisdenherald.com

A suspected norovirus outbreak at Blaine Elementary School and elsewhere in Whatcom County prompted the Health Department on Thursday to warn people about the highly contagious illness that’s been moving through the community in recent weeks.

Public health officials want to keep the illness from spreading, even as they said they
Reporting & Case Investigations

- 3 FTE public health nurses
- 0.5 FTE environmental health specialist
- 73 different diseases or conditions + outbreaks + “other rare diseases of public health significance”

FTE = Full Time Equivalent

April 2016:
E. coli outbreak in Lynden, WA

After 22 years, Milk Makers Fest in Lynden called off for 2016
Year 2017 in Review

Influenza A
• Hospital and Long-Term Care facilities were full

Norovirus outbreak on Blaine School Campus
• Visit to school, letters sent, environmental cleaning recommendations

Mumps outbreak in Washington State

Pertussis (whooping cough cases) increase

TB cases increase, again

Syphilis and Gonorrhea on the rise

How Are We Doing?

We are just putting out fires

STD’s are scary
• Gonorrhea rates are rising
  ▪ 59 cases so far this year, 54 in all of 2016
• Syphilis has increased
  ▪ 7 cases so far, 5 cases total in 2016

Vaccination rates are low in areas
• Putting us at risk for more outbreaks
  ▪ Whatcom County completion for K-12: 86.3% (2016: 88%)
  ▪ Washington State completion rate: 87.3% (2016: 89%)

Intravenous drug use is rampant
• Increasing opportunities for spread of Hepatitis C/HIV
• Whatcom County had 11 cases of Acute Hepatitis C in 2014, 2 in 2015; all related to injection drugs.
We need to work upstream.

Focus on Prevention

- Provide outreach & education
- Create better access to care
- Implement supportive policies
**What Can We Do Better?**

**Increase involvement in**
- Childcare settings
- Long-term care settings
- Schools

**Support healthcare partners**
- Visit clinics and provide education
- Establish interdisciplinary taskforces

**Provide outreach to geographical areas or populations not well-served**
- Vaccination clinics
- Testing sites for Hepatitis C, HIV, Sexually Transmitted Diseases (STDs)
- Syringe services program

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**What Do We Need to Do Better?**

More Resources
AND
Your Support
Preventing Diseases & Access to Care

Source: 2017 County Health Rankings

Uninsured Rate
Whatcom: 19%  WA: 16%

Access to Care:

Over $200!
Why Does My Shingles Vaccine Cost So Much?
Preventing Diseases

Access To Care

WHO IS AT HIGH RISK FOR TB?
Persons who have immigrated from areas with high rates of TB, HIV positive, Homeless, Persons using IV drugs

TB treatment and case management services are provided to ALL ACTIVE CASES OF TB

Regardless of ability to pay... protecting the public is OUR PRIORITY

Preventing Diseases

Education

• Healthcare providers
• Schools
• Childcare
• Long-term care
• Our Leaders
• The general public
Preventing Diseases

Education

Healthcare providers

How do you get the Ebola virus?

Direct contact with:
1. Body fluids of a person who is sick with or has died from Ebola.
   (blood, vomit, urine, feces, sweat, semen, spit, other fluids)
2. Objects contaminated with the virus (needles, medical equipment)
3. Infected fruit bats or primates (apes and monkeys)

The Fear Factor

Preventing Diseases

Education

- Healthcare providers

Disease Progression: Pertussis

<table>
<thead>
<tr>
<th>Weeks</th>
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<td>12</td>
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</tbody>
</table>

- Stage 1: Coughing Stage
  - May last 3 to 7 weeks
  - Symptoms: runny nose, low-grade fever, mild, occasional cough – highly contagious

- Stage 2: Paroxysmal Stage
  - Lasts from 1-6 weeks, may extend to 20 weeks
  - Symptoms: fits of numerous, rapid coughs followed by “whoop” sound, vomiting and weakness after each cough (classic pertussis)

- Stage 2: Convalescent Stage
  - Lasts about 2-3 weeks, susceptibility to other respiratory infections for many months
  - Recovery is gradual. Coughing lessens but fits of coughing may return.
Preventing Diseases

Education

- 13 cases of salmonella since January
- 40 cases of campylobacter

Emerging Threats

Zoonotic disease spread

Antibiotic resistance
OUR CHANGING CLIMATE
Emerging diseases and changes in disease distribution

Emerging Threats

Range of mosquito carrying Zika

Aedes aegypti
Aedes albopictus
Emerging Threats

Education

Delay travel if planning pregnancy
Use condoms
Avoid mosquito bites

Antibiotic resistance
Emerging Threats

CDC reports first highly resistant gonorrhea in US

The specter of gonorrhea completely resistant to the drugs used to treat it just grew larger.

The US Centers for Disease Control and Prevention (CDC) today reported the first cases involving gonorrhea bacteria with high resistance to azithromycin and reduced susceptibility to ceftriaxone, the two drugs that are currently recommended and are described as the last available effective treatment.

The cases involve seven people in Hawaii. Previous infections with Neisseria gonorrhoeae resistant to azithromycin, which have become more common, have been shown susceptible to ceftriaxone. In recent years gonorrhea has developed resistance to almost every class of antibiotics used to treat it.

"Our last line of defense against gonorrhea is weakening," said Jonathan Mermin, MD, director of the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, in a CDC press release. "If resistance continues to increase and spread, current treatment will ultimately fail and 800,000 Americans a year will be at risk for untreatable gonorrhea."

In a related development, the CDC today also noted promising early clinical findings for a candidate antibiotic intended to treat gonorrhea.

Whatcom County Gonorrhea Cases

Whatcom County has not had any antibiotic resistant gonorrhea identified at this time. (August 1, 2017)
Preventing Diseases

The right dose, of the right antibiotic, for the right amount of time; and only when truly necessary

Preventing Diseases

Advocacy

Harm Reduction Program

Reducing new HIV and Hepatitis C cases

Health Equity lens for policy development
Preventing Diseases

**Action**

Wash your hands
Wash your hands
Wash your hands

Handwashing reminders in every Public venue

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Preventing Diseases

**Action**

Cover Your Cough or Sneeze

Immunization policies; Exclusion policies
Preventing Diseases

*Action*

Stay home when you are sick

Support sick leave policies

Our Financial Resources:

- State Budget Allocations
- General Funds
- Grants
State Budget Allocation

Foundational Public Health Services

State Public Health 2017-2019 request: $60 million
Approved: $11 million
Approximate allocation to WCHD: $100,000

What Do We Need to Do Better?

More Resources
AND
Your Support
AND
Action Steps for Our Community
Thank You

Questions?