



**MERCER COUNTY  
CELINA CITY**  
*Health Department*  
**PREVENT • PROMOTE • PROTECT**



# Mercer County-Celina City Health Department 2009 Annual Report



**Annual Health Department Drive through Flu Clinic**

## Table of Contents

<b>TOPIC</b>	<b>PAGE</b>
<b>Health Department Staff</b>	<b>3</b>
<b>Year-End Message from the Health Commissioner</b>	<b>4</b>
<b>Administrator's Report</b>	<b>5</b>
<b>Vital Statistics (Death &amp; Birth) Report</b>	<b>6</b>
<b>Environmental Report</b>	<b>10</b>
<b>Public Health Nursing Report</b>	<b>13</b>
<b>Annual Financial Report</b>	<b>20</b>

**Philip R Masser, MD**  
**Mercer County-Celina City Health Commissioner and Medical Director**

---

---

**STAFF MEMBERS OF MERCER CO-CELINA CITY HEALTH DEPARTMENT FOR 2009**

- Health Commissioner – Philip R Masser, MD
- Public Health Administrator – Dale F. Palmer
- Director of Environmental Health – Michelle Kimmel, RS
- Director of Nursing / Communicable Disease Coordinator – Joyce Jansen, RN
- Director of Emergency Response - Jason Place
- Registered Sanitarian – Chris Miller, RS
- Public Health Nurse / CFHS Project Coordinator – Sara Beiler, RN
- Public Health Nurse – Julia Shaffer, RN
- Public Health Nurse – Amy Eblen, RN
- Public Health Nurse - Judy Weaver, RN
- Local Registrar/Fiscal – Denise Brown
- Administrative Clerk – Kristi Timmerman
- Administrative Clerk - Heather Marbaugh

## **2009 YEAR END MESSAGE FROM THE HEALTH COMMISSIONER**

Without a doubt, 2009 has been a very historic year for public health in Ohio and around the nation. On the national stage, we experienced the movement of H1N1 from Mexico into the United States and around the globe in just a few short months. This public health pandemic totally encompassed local health departments (LHD's) time and resources for eight grueling months.

Here in Ohio, LHD's began mobilizing in the spring, awaiting for and then responding to the arrival of H1N1 in Mercer County and the subsequent declaration of a national public health emergency by the Secretary of Health and Human Services on April 26<sup>th</sup>. We knew what we were tasked with carrying out. Thankfully, the tax payers and the federal government wisely provided the resources to assure that public health could deliver in communities across America.

Although the H1N1 vaccines were delayed, we still managed to dispense vaccine in our schools, daycares, and to the disabled populations. We served our first responders, the chronically ill, pregnant women and caregivers of infants. We often acted as brokers in our health districts to assure that the vaccine load and types of doses were properly balanced among providers so that clients were served in a timely manner. Many health districts activated their Point of Dispensing (POD) plans to reach large numbers of people over short time periods in an admirably organized manner. We utilized our staff and a range of dedicated community volunteers over long periods of sustained service and suffered the common symptoms of any extended disaster i.e., exhaustion, stress and anxiety. We took on the responsibility of receiving strategic national stockpiles of Antivirals and personal protective equipment, and are ready to replenish healthcare providers with these assets that are necessary to meet public health needs. We stayed the course in dispensing vaccines according to CDC's targeted priority groups first; followed by availing these same vaccines to the general public. This decision was not always popular within our community, but the public health outcomes thus far have been beneficial for our community.

As is often the case, this H1N1 Virus presented tremendous challenges and learning opportunities for our local public health department. However, It also strengthened our frontline defenses in our community as well as with our regional and state partners. Countless editorials in local newspapers, emails, weblogs, and phone calls have been received at health departments across the state from citizens expressing their gratitude for our service. Many of the general public didn't know much about the operations and services that local public health provided before this H1N1 pandemic, but many hopefully have seen the benefit of mitigating the spread of this deadly virus through public health education and vaccine immunizations.

Looking back in retrospect, I sincerely hope that these H1N1 campaigns will open doors for collaboration among a wide range of partners in order to address other important public health issues within our community.

Let's take advantage of this opportunity in 2010. Happy New Year!

Philip R. Masser, M.D.  
Health Commissioner

## ADMINISTRATOR'S REPORT

2009 was filled with many challenges and opportunities. As Dr. Masser stated previously; the past year activities were primarily focused on preparing for and responding to this new H1N1 Virus. This new virus spread rapidly up from Mexico last April which prompted federal, state and local public health officials to activate their emergency operation plans (EOP's) and carry out practiced procedures that public health has practiced and prepared on for years, through numerous local and regional training exercises.

The first initial national challenge centered on the added time and delays in developing and distributing this new H1N1 vaccine. The vaccine delays created a supply and demand shortage, which prompted the Center of Disease Control (CDC) to prioritize specific targeted population groups that were considered the most vulnerable in contracting and combating this new strain of influenza.

During the height of this recent worldwide pandemic, Mercer County-Celina Health Department (MCCCHD) collaborated with many county, regional and state partners to garner the necessary resources to respond to this virulent new virus.

Based upon our county's population, MCCCHD ordered ample quantities of H1N1 vaccines, only to receive very small initial quantities of vaccines that were too few to schedule preferred large H1N1 Community Clinics. MCCCHD was placed in a no-win situation and was subsequently subjected to harsh community frustration.

In review of our actions and capabilities both during and after this public health event; your county health department determined that we exhibited several service delivery limitations:

- Communications: Phone System & Email Overload, Interoperability and Community Broadcasting Updates.
- Temporary Staffing Shortages For; Clerical, Nursing and Non-Medical Support.
- Mass Vaccination Equipment.
- Health Department Equipment Transport Vehicle.

This same review also denoted several strengths that are worthy of mentioning:

- Health department staff that were more than willing to flex their time to accommodate the demands of scheduling and standing up over forty H1N1 community immunization clinics.
- Community & regional partners who activated and supported the mass vaccination efforts that reduced the overall virus outbreak.
- Taxpayer funded federal public health emergency response grants; which will greatly increase MCCCHD's future emergency response capabilities and strengthen the earlier noted service delivery limitations.

In closing, the events and actions that transpired this past year have been both humbling, yet rewarding. Our lessons learned after a significant event will always drive initiatives that lead to efficient and effective customer service.

Dale F. Palmer  
Public Health Administrator

## VITAL STATISTIC REPORT

### Vital Statistics:

- **Senate Bill 175: The Grieving Parents Act:** Effective Sept. 12, 2008. Regarding fetal death certificates for, and burials of, the product of human conception that suffers a fetal death. Parents may request a fetal death certificate for an under 20 week gestation fetal death; which previously only available for gestations of at least 20 weeks or greater.
- **Guidelines for Disposition & Registration of Death without Funeral Home:** A list of document evidence for a death certificate processed outside of a funeral home must be faxed to ODH/VS for approval of burial before a death record shall be created in the Electronic Death Registration System. A burial permit must be issued for any/all burials.
- **Ohio Administrative Code 3701-40-08:** Boards of Health responsibility include: Distributing the ODH brochure, A Sound Beginning...Parent information about Universal Newborn Hearing Screening, to each family who registers a Home Birth; collecting a signature from that family for receipt of the brochure, and reporting to the Ohio Department of Health the number of brochures distributed.
- **Foundling Report:** "Foundling" is a living infant of unknown parentage. Whoever finds this child must report the finding to the registration district in which the child was found. This foundling report can only be used in conjunction with Amended Substitute House Bill 660 for children under 72 hours old at time of surrender.

Records of births and deaths occurring within Mercer County are submitted by funeral directors, hospitals, or individuals involved. The Local Registrar of Vital Statistics then reviews the documents for completeness and accuracy before filing the record.

By ORC3705.23, upon written request and receipt of the proper fee, the Local Registrar issues certified copies of the documents on record at the local agency. These fees, reflected in Section 3109.13-.18, are paid into the local Health Department's General Fund with a portion being forwarded to the State's Child Abuse Prevention Fund. This fee change is reflected in Section 3705.24 (A) (1) of the Ohio Revised Code. The fee reflected in section 3705.24 (B) is in addition to the fees prescribed under division (A) of this section or section 3709.09 of the Revised Code. The office of Vital Statistics or the board of health of a city or general health district shall charge a nine-dollar fee for each certified copy of a vital record and each certification of birth.

This fee shall be deposited in the general operations fund created under section 3701.83 of the Revised Code and be used solely toward the modernization and automation of the system of vital records in the State of Ohio. A board of health shall forward all fees collected under this division to the department of health after the end of each calendar quarter. This fee change is reflected in Section 3705.24 (A) (1) of the Ohio Revised Code. This fee increase is forwarded to the State in full and will benefit Family Violence Shelters. Only certified copies of these documents will be available for issuance. This change is reflected in the repeal of Section 3705.23 (D) of the Ohio Revised Code. As of October 16, 2009 the cost of a certified copy of Birth or Death at the Mercer County Health Department was increased to \$22.00 per copy. As of January 1, 2010 the cost of a certified copy of Birth or Death at the MCHD will be \$26.00 per copy.

## **VITAL STATISTIC REPORT (CON'T)**

The birth and death records on file at our office include December 1908 to the present time. These records are filed by date of the event. Since an alphabetical index is required and is public information, we have the birth index for 1908 to the present time. For deaths, the period completed is from 1909 through the current time. We also have all the births and deaths on database which is searchable by name, by date, or by parent's names.

Certified Birth Certificates	issued in 2009.....	1,832
	issued in 2008.....	1,849
	issued in 2007.....	2,397
	issued in 2006.....	2,302
	issued in 2005.....	2,242
	issued in 2004 .....	2,356
Certified Death Certificates	issued in 2009.....	1,363
	issued in 2008.....	1,262
	issued in 2007.....	1,413
	issued in 2006.....	1,211
	issued in 2005.....	1,455
	issued in 2004.....	1,308

Burial Permits must also be issued by the Local Registrar before final disposition by cremation, interment, or deposit within a tomb or vault. There are Sub-Registrars located in Ft Recovery, Coldwater and Rockford to assist with issuance of Burial Permits after hours, weekends, and for the convenience of out-of-the-area funeral homes. In 2009, we issued 60 Burial Permits at \$3.00 each compared to 2008 when 76 Burial Permits were issued. The State's portion of this fee, which is \$2.50, is used by the Ohio Cemetery Dispute Resolution Committee.

## VITAL STATISTIC REPORT (CON'T)

### REPORT OF BIRTHS FOR 2009

The following births occurred within Mercer County and were filed in 2009. These statistics do not include Mercer county residents who gave birth in other counties.

Total number of births filed in	2009.....	356
	2008.....	344
	2007.....	340
	2006.....	325
	2005.....	317
	2004.....	398

#### **Birth Registration by Sex**

	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
Males	178	154	172	166	164	202
Females	177	181	168	159	153	196
Home Births	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
	1	1	0	0	2	0

---



---

#### **Birth Registration by Mother's Residence**

	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
Mercer Co	293	281	281	291	271	333
Auglaize Co	17	16	11	11	15	19
Darke Co	24	24	22	14	20	28
Shelby Co	4	3	5	1	0	6
Van Wert Co	9	6	7	3	3	0
Jay Co, IN	7	2	7	3	6	8
Others	2	3	7	2	2	4

---



---

## **VITAL STATISTIC REPORT (CON'T)**

### **MORTALITY REPORT FOR 2009**

Statistical information related to the primary cause of death filed in 2009 and occurring in Mercer County, Ohio.

Heart Disease	(43 males/60 females)	103
Malignant Neoplasm's	(27 males/ 26 females)	53
Cerebral Vascular Disease	(10 males/20 females)	30
Accidents		8
Pulmonary Disease		17
Pneumonia/Aspiration		18
Diabetes		0
Arteriosclerosis		1
Suicide	(4 males/ 1 female)	5
Chronic Liver Disease/Cirrhosis		2
Other Causes		20
Infant Deaths		0
SIDS		0
Fetal/Stillbirth		2
Infant - Other Causes		0
Renal		11
Respiratory Arrest		12
Alzheimer/Dementia		10
Total Deaths Filed in 2009		292

### **TITLE VI COMPLIANCE STATEMENT**

This agency will operate in accordance with TITLE VI: No person in this agency shall, on the grounds of race, color, national origin, handicap, (age, sex and/or religion, where applicable), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance.

## ENVIRONMENTAL DIVISION

The year 2009 started off with an issue that eventually consumed much of the year's Board meeting discussions. Meyer Mobile Home Park, Rockford, had been cited repeatedly over the past few years regarding solid waste issues and lack of control of domestic animals, namely, cats. Increased complaints prompted the sanitarians to bring the issue before the Board for some action, since previous efforts of issuing citations had gone unheeded. The sanitarians presented pictures to the Board of the conditions in the park, and the Board agreed to move forward with Board-ordered deadlines. The first quarter of 2009 saw the deadlines come and go, with no satisfactory results. Hence, the Board suspended the license held by the park owner, Steve Meyer, until solid waste issues, nuisance animals, and street conditions were addressed; as well as submission of a report from a certified electrical inspector documenting the condition of the electrical facilities. The license was eventually reinstated upon completion of these items. However, later in the year, the Miami County Building Department (who is contracted by Mercer County to oversee all aspects of Ohio's Basic Building Code, and who performed the Board of Health's required electrical inspection) notified the Health Department that safety concerns cited in their report had not been repaired by Meyer after significant time had elapsed. The Building Department's concerns were serious enough to cause the Board of Health to again revisit Meyer's license status. Since the license had previously been suspended, the Board moved to revoke Meyer's license if the final deadline requirements of the Building Department are not satisfactorily met. Such deadline is March 8, 2010.

Another major issue that was brought before the Board in early 2009 by the Environmental Division was in regard to several licensed food operations which had repeated violations in regard to cleanliness. In addition to the cleanliness issues, these operations often were found to be harboring mold inside their walk in cooler units because of the type of material that these coolers were covered with. These operations utilized wood, which is considered to be an absorbent material, as an interior covering. In the moist, dark environment of walk in coolers, the Ohio Food Code prohibits the use of absorbent materials. The Board was asked to consider ordering these facilities to upgrade their walk in cooler units to provide interior materials that comply with the Ohio Food Code. In order to apply the order fairly, however, all facilities regardless of their compliance history would be required to make the upgrades if they too were utilizing the wood interiors. The Board agreed that the issue was important and the order was carried through. The deadline for facility upgrades was set for December 31, 2009. As an additional component of this discussion, strategies for increasing compliance for routine violations of the Food Code were contemplated. The sanitarian expressed an interest in having the inspection reports more easily viewed by the public. This led to the eventual computerization of inspections which allowed us to post food facility inspection reports on our website. These postings were started in July 2009, and continue to be updated on a monthly basis.

Administration recognized that many of the Environmental program fees had not been updated for over 5 years, so early in the year we began the process of determining a fair increase to many of our program fees. We began by obtaining the Northwest Ohio Local Health Department fee schedule in order to compare our fees with surrounding counties' fees. We found that we were well under the averages of the counties in our region.

## ENVIRONMENTAL REPORT (CON'T)

After meeting with the Mercer County – Celina City Health Department Licensing Council, we settled on some significant, but not unreasonable fee increases. The increases put us more in line with surrounding county averages. Those fees were set to take effect on January 1, 2010. One of the purposes of increasing Environmental program fees was to raise funding in order to hire a clerical assistant for the sanitarians. We have accomplished that goal, in hiring Heather Marbaugh, who has been a great help in reducing the amount of time spent by the Division processing paperwork such as permits, filing, receiving monies, logging data into our computer database, and serving as a phone contact when sanitarians are out of the office.

During the spring of 2009, local health departments were informed by the Ohio Department of Health that federal monies would become available via the stimulus movement, titled the American Recovery and Reinvestment Act. Five million dollars was set aside for Ohio for the purpose of replacing failing household sewage treatment systems for families who met 300% of the federal poverty level and could provide a 25% match toward the cost of the project. Ohio EPA was given the responsibility of dispersing the monies, and they could only enter into agreements with County Commissioners, Soil & Water Conservation Boards, Regional Planning Commissions. Local Health Departments could not act as the recipients of the federal monies. Therefore, the Mercer County Commissioners agreed to sign the contract with Ohio EPA, while Mercer Soil & Water acted as the administrator of the principal-forgiveness loan monies. Mercer County applied for enough money to replace two systems, and ended up replacing one system utilizing these funds as only one of the families qualified for the funding.

During 2009, local health departments were notified by the Ohio Attorney General that it was his opinion that licensing solid waste haulers was outside of the jurisdictional authority of local health departments. Mercer County Health Department, like most surrounding county health departments, had licensed solid waste haulers for decades. However, we were advised by our local prosecuting attorney's office that it would be unwise to continue such practice in light of the legal opinion of the Attorney General for the State of Ohio. Therefore it was decided that as of 2010, the Mercer County Health Department would no longer license solid waste haulers, and no longer collect those license fees. Our office would, however, continue to investigate nuisances in regard to solid waste haulers and take legal action as allowed through our normal nuisance regulatory process.

With the signing of this year's State Budget Bill by Ohio Legislature, along came a few changes to a couple of Environmental programs. The School Environmental Health and Safety Regulations, known commonly as Jarod's Law, was repealed. This came as quite a shock to local health departments, as much time and expense had gone into putting these rules into place – not only from a health department standpoint, but also from a school standpoint. So, for the remainder of the year, school inspections were performed without strong guidance to follow. Minimal, sanitation inspections were performed in all the school buildings for the remainder of 2009. Time will tell whether 2010 brings about a less extensive version of Jarod's Law to follow for the future.

## **ENVIRONMENTAL REPORT (CON'T)**

The other program affected by the Budget Bill was the Household Sewage Treatment Systems program. The moratorium period for the State Sewage Regulations that had been put into place back in 2007 was set to expire in July 2009. Since there was still much debate and controversy over which of several versions of a replacement bill to vote on, the legislature decided to extend the moratorium until the end of 2009 to allow for more discussion. At the very end of 2009, there were attempts at the Legislature to vote on one of the bills, however, we are unsure as of the time of the writing of this report whether any vote occurred prior to session closing for 2009. We would anticipate that early in 2010, a final version of the decided-on bill will be voted in. From there, Ohio Department of Health will be tasked with re-writing rules to carry out and administer the new law. Such a process takes quite a bit of time. Therefore, we are projecting that possibly March of 2011 – July 2011 we may have a new set of statewide Household Sewage Treatment System Rules.

As seems to be typical of the past years, 2009 was a roller coaster ride of ups and downs. We would like to thank you for assisting us through the past year with your support. Also, we would like to ask you to feel free to contact us at times where a need for our support to you is indicated in return. Best wishes for a prosperous 2010.

## **PUBLIC HEALTH NURSING REPORT**

### **H1N1**

This new virus was first detected in people in the United States in April 2009. On June 11, 2009, the World Health Organization (WHO) signaled that a pandemic of 2009 H1N1 flu was underway.

Our health department started H1N1 education and outreach efforts during the summer months, at which time Mercer County's first H1N1 case was confirmed. Case investigation included 25 local people on a mission trip in North Carolina, involving people from twelve other states.

In September, the rising number of H1N1 cases prompted frequent updates, recommendations and guidelines to be sent to physicians, schools, hospital, Long Term Care Facilities, businesses and other community partners. Meetings, phone conferences, emails, faxes and website updates seemed almost constant.

The new virus brought uncertainty and fear into our community. The volume of phone calls overwhelmed the phone system as well as the staff. Personal cell phones were used to make daily contacts with labs, physicians, Ohio Department of Health and community partners. Phone calls from hospitals, labs and community partners continued seven days a week for about 3 months.

Disease investigation included all confirmed cases, suspect cases and clusters. Many hours of investigation and education were needed to contain, educate, relieve fears and dispel misconceptions.

H1N1 vaccine shipments arrived in unpredictable small allotments. Clinics were scheduled and organized quickly after assessing the weekly shipment. With very short notice, staff re-organized their personal schedules to man the clinics. Work schedules were flexed to prevent overtime. Temporary nursing staff was hired, trained and scheduled to assist with the clinics.

Private physician offices and pharmacies became distributors of the vaccine also. The health department was relied on to inspect, educate and train each office about the vaccine (administration, storage and handling) and data input (new software program).

Maintaining normal business programs was extremely difficult, considering the economy and budget. Nursing staff and administrative clerk overtime had to be monitored, and kept to a reasonable amount. Unfortunately, this limited the ability to lean on competent, dependable staff during a time when the community was relying on the health department to serve them. This dilemma resulted in many hours of work done after normal business hours, seven days a week. Many weeks involved 30-38 hrs/week of unpaid work time for one person.

Overall, the effect of the H1N1 virus has thus far been mild. Many lessons were learned and working relationships developed. A considerable amount of work and stress was involved in this mild public occurrence. How a larger, more serious event will be handled will depend on future planning, training and resources. We feel blessed to have shared this experience with a dedicated, conscientious staff and a supportive community.

## **PUBLIC HEALTH NURSING REPORT (CON'T)**

Several months of preparation, education and community outreach preceded the first H1N1 clinic on 10/27/09. Below is the summary of 2009 H1N1 clinics.

### **H1N1 VACCINE REPORT**

- **Total H1N1 Vaccine Received:**
  - 10,761 Total
    - 3,518 Mist
    - 7,243 Inject
- **Total H1N1 Vaccine Transferred:**
  - 759 Total
    - 300 Mist transferred in
    - 102 Mist transferred out
    - 357 Inject transferred out
- **Total Inventory Balance on hand**
  - 10,541 year-to-date
- **Total Vaccine Administered**
  - 3,563
- **Total H1N1 Clinics**
  - 36

### **CDC TARGETED TIER 1 PRIORITY GROUPS**

- **Total Pregnant Women Receiving H1N1 Vaccine:**
  - 99 year-to-date
- **Total Household Members who provide direct care to 0-6 Month Infants who received the H1N1 Vaccine:**
  - 136 year-to-date
- **Total Infants between 6-59 Months Receiving H1N1 Vaccine:**
  - 610 year-to-date
- **Total Healthcare & EMS Providers Receiving H1N1 Vaccine:**
  - 271 year-to-date
- **Total Children 5-18 Years Old With Underlying Health Conditions:**
  - 386 year-to-date
- **Total Individuals aged 18-64 With Underlying Health Conditions:**
  - 133 year-to-date
- **Total Individuals aged 5-24 that are Healthy:**
  - 1,235 year-to-date
- **General Population:**
  - 693 year-to-date

**Percent of County Population Vaccinated to date: 8.7%**

## PUBLIC HEALTH NURSING REPORT (CON'T)

### • Vaccines administered in 2009

#### VFC (Vaccines for Children)

(2 months – 18 years)

<u>Vaccine</u>	<u>#doses</u>
DTaP	778
Td	76
Tdap	381
Hepatitis A	385
Hepatitis B	1147
HIB	349
Gardasil	81
MMR	909
Menactra	205
Pediarix	44
Pentacel	1230
Prevnar	1657
Polio	396
Rotateq	533
Varivax	919
Influenza	499
<b>Total VFC</b>	<b>9589</b>

#### Purchased Vaccines

(19 years and older)

<u>Vaccine</u>	<u>#doses</u>
Tdap	112
Hepatitis A	84
Twinrix	93
Hepatitis B	148
Gardasil	49
MMR	25
Menactra	162
Pneumovax	15
Varivax	3
Zostavax	71
Influenza	374

#### Purchased Vaccines

(2 months – 18 years)

Rotateq	148
Hepatitis A	155
Gardasil	26
<b>Total purchased</b>	<b>1465</b>

#### ODH Adult Vaccine (Grants)

(19 years and older)

Tdap	395
Pneumovax	10
Hepatitis A	32
Hepatitis B	369
Twinrix	35
TB skin tests -	499

Inmate Vaccination - 67 inmates vaccinated

## **PUBLIC HEALTH NURSING REPORT (CON'T)**

### **GENERAL PUBLIC SERVICES**

Blood pressure monitoring	12
Paternity testing -	2
Pregnancy Testing-	32
Lice checks -	16

### **SCHOOL NURSING**

School screenings completed in Fort Recovery & St. Henry Schools include vision, hearing and scoliosis assessments. Preschool, kindergarten, 1, 3, 5, 7, and 8<sup>th</sup> grades are screened.

Vision screenings – 1214	referrals - 111
Hearing screenings – 1210	referrals -
Scoliosis screenings - 595	referrals - 3

Bus/Van Driver Hearing screenings - 42

Advisement on school health curriculum and policy development

Management of communicable diseases associated with schools.

### **BUREAU FOR CHILDREN WITH MULTIPLE HANDICAPS (BCMh)**

Clients with special health care needs are linked to a network of providers and services to diagnose a problem (Diagnostic program) and assist with services for an eligible medical condition (Treatment Program). The BCMh nurse also works on a consulting basis for the Help Me Grow Program, to identify children with special health care needs.

Treatment cases -	95	number of contacts-	1029
Diagnostic cases -	8	number of home visits-	77
Help Me Grow-	20		
<u>Service Coordination-</u>	<u>6</u>		
Total cases	129		

## **PUBLIC HEALTH NURSING REPORT (CON'T)**

- **CHILD SAFETY SEATS - OHIO BUCKLES BUCKEYES (OBB)**

Eligible children are provided with safety car seats through this ODH and CDC funded program. The parents are educated on proper seat recommendations and seat installation. Child safety seat inspections are done by appointment. Two local car seat checks were offered. All OBB services are free of charge. Three nurses are Certified Occupant Protection Technicians. MCCCHD distributed 27 Car seats.

- **SAFETY COALITION**

The health dept is a member of a network of county organizations, whose mission is to prevent child injury in vehicles. Safety car seats are provided to eligible children that do not qualify for the OBB Program.

- **CHILD AND FAMILY HEALTH SERVICES (CFHS)**

The health dept. and Mercer Health Hospital collaborate to provide accessible perinatal care to eligible clients. The health dept. is responsible for maintaining the grant and the hospital provides the Perinatal services on a sliding fee scale.

Clients serviced -	51
Deliveries -	26
Encounters-	223

\*242 hours of care regarding medical risk, social services and nutrition were utilized.

- **CHILD FATALITY REVIEW**

Mandated program, consisting of multiple disciplines collaborating with the purpose of reducing the incidence of preventable child deaths. All Mercer County child deaths are researched, and then reviewed before the CFR Board for any preventable measures that could be utilized to prevent further deaths. Eight Mercer County child deaths were reviewed. Although 5 deaths appeared preventable, the board determined there were no realistic prevention measures that could be enforced.

## **PUBLIC HEALTH NURSING REPORT (CON'T)**

### • **LEAD PROGRAM**

Case management including: treatment, education, prevention, identification of lead hazards, safe cleaning and remodeling practices.

### • **COMMUNICABLE DISEASES**

Investigation and reporting of all reportable diseases, in compliance with

The Ohio Administrative Code OAC 3701-3.

- Perinatal Hepatitis B – Any child born to a Hepatitis B mother is followed to ensure preventative care is available. Mother's case is investigated as reportable.
- Adult Hepatitis Vaccine Program (AHVP) – A grant project funded by the CDC, provides Hepatitis B and Hepatitis A vaccine to high risk clients, for \$10.00 (The administration fee) or free to those unable to pay. County inmates and STD clients are among those benefiting from the program.
- Tuberculosis Control – Investigation of all TB cases, suspect cases and positive TB skin tests. A county wide TB policy for all Mercer County School staff and foreign born students was adopted in December.

## PUBLIC HEALTH NURSING REPORT (CON'T)

### Diarrheal Diseases Case Report

Disease	2005	2006	2007	2008	2009
Campylobacteriosis	20	28	31	28	52
Cryptosporidiosis	3	6	7	9	6
Salmonellosis	11	41	39	20	45
Giardia	8	4	7	5	4
Shigellosis	1	0	5	2	*11
E. Coli	6	0	4	4	5

### 2009 Sexually Transmitted Disease Case Report

Disease	2005	2006	2007	2008	2009
Chlamydia	23	32	14	33	45
Gonorrhea	2	6	0	4	3
HIV	0	0	0	0	0
Syphilis	0	1	1	1	0
Hepatitis B	2	1	2	0	2
Hepatitis C	16	5	7	8	16

### 2009 Communicable Disease Case Report

Disease	2005	2006	2007	2008	2009
Pertussis	3	3	14	25	8
Hepatitis A	1	1	0	1	2
Legionella	0	6	0	2	1
Meningitis	0	0	1	1	0
Tuberculosis	0	1	2	0	0
Flu	156	66	44	**	12
H1N1					5
MRSA				12	19

\* Shigella outbreak at entertainment facility

\*\*Starting with the 08-09 season - Flu is only reported in hospitalized patients.