



PUBLIC HEALTH DEPARTMENT

2006

FULL ANNUAL REPORT

ANNUAL REPORT INDEX

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**2006 ANNUAL REPORT
EXECUTIVE SUMMARY
January 1 thru December 31
OZAUKEE COUNTY PUBLIC HEALTH DEPARTMENT**

TO THE HONORABLE BOARD OF SUPERVISORS OF OZAUKEE COUNTY, WISCONSIN

Dear Ladies and Gentlemen,

Mission Statement: *The Mission of the Ozaukee County Public Health Department is to prevent disease and to promote and protect the safety and health of all county residents.*

Introduction:

The work of public health is to improve the health and well being of residents in Ozaukee County. The intention of this executive summary is to provide highlights of public health activities and services that have addressed the public health mission and state and local health priorities. These activities and services have enabled individuals and community organizations to improve the health and safety of Ozaukee residents. I am pleased to present the 2006 Annual Report of the Ozaukee County Public Health Department. Congratulations to everyone who has contributed to a healthier Ozaukee County.

The following Executive Summary will provide highlights of 2006. The full report is available on the internet at: <http://www.co.ozaukee.wi.us/AnnualReports/2006/PublicHealth.htm>

Summary:

During the first part of the year, the Health and Human Services Committee/Board submitted a resolution to the County Board on behalf of the Health Department to contract with the DNR for implementation of the Transient Non-Community Well Program. Although this is a revenue-generating program for the county, it also provides a service to the community and assures safer drinking water. The Federal Safe Water Drinking Act funds the well contract. It has been a positive experience.

Efforts are ongoing to strengthen Ozaukee County's preparedness skills to enable an effective response to a bioterrorism or a natural disaster event. Mass clinics and Pandemic plans have been developed and continue to be a work in progress. In September the public health department, along with community partners, participated in a functional exercise to test the process for activating the EOC (Emergency Operations Center), to operate within the ICS (Incident Command System) and to execute our Mass Clinic plans. It was an excellent exercise that revealed our strengths and weaknesses, while at the same time enhancing our proficiency. An after action report is available for review. As recommended by the CDC (Center of Disease Control), an 'Administrative Pandemic Panel' was established that represents relevant stakeholders in Ozaukee County. This committee will address critical issues related to our planning efforts. These include distribution of vaccine in case of a shortage, containment challenges, how to coordinate best practice in social distancing, quarantine and isolation for our community, how to address special needs populations, what to do to effectively communicate with citizens, community partners and with each other. Purchase of supplies and equipment necessary to execute plans were a primary focus in 2006.

The influenza season brought another new challenge. Distribution of vaccines for many health providers was slow and fragmented. But in spite of that, the health department had a very successful year. We received adequate vaccine, thanks to community partnerships. We offered the vaccines to high-risk individuals at public clinics and group homes the first few weeks in

October. Greater than 8,300 total doses of flu vaccine were administered by the health department, including 115 doses given free to low-income adults and 670 doses given free to children. The Wisconsin Division of Public Health provided the free vaccine.

Our department participated with other Southeast Region Health Departments to develop a regional pandemic plan and to provide a public forum to outreach to area businesses. Ozaukee has also been part of an on-going planning effort with the CRI (Cities Readiness Initiative, funded by the CDC) to develop plans for distribution of antibiotics within 48 hours in case of an Anthrax release. Ozaukee has participated in the UASI (Urban Area Surveillance Initiative) to work on regional planning and purchase of equipment for improved response in time of disaster.

The Wisconsin Public Health and Health Policy Institute published the “Wisconsin County Health Rankings” report for the fourth year. Ozaukee County was ranked number one for two years and number two for one year. Now we are ranked number three. Ozaukee County is number one in health determinates, which is an indicator for high capacity for future healthy outcomes. Even though we dropped to number three, actual health status most likely has not changed. Rather, it is due to fluctuations year to year with revisions in methodology as the institute strives to improve their study. Our goal is to maintain health status in the top quartile.

The full report is located on this web site:

<http://www.pophealth.wisc.edu/uwphi/research/mainRankingsPage.htm>

The Health Department, along with the Ozaukee Health Initiative, continues to address the county health priorities. A report card was developed and is available on the public health web page. This report indicates which areas the county is moving in the right direction. These include access to health care, environmental health, communicable disease, high-risk sexual behavior, injuries/violence, mental health, and social/economic factors. Areas of concern are physical activity and obesity, alcohol abuse, and tobacco use/secondhand exposures.

OZAUKEE COUNTY HEALTH PRIORITIES DETERMINED FOR 2002-2007

- Reduction in overweight / obese adults and children
- Reduction in alcohol and drug use
- Reduction in tobacco use and environmental tobacco exposure
- Increase participation in preventative health screenings
- Increase use of home carbon monoxide detectors

The remainder of the summary addresses highlights from each core public health function.

COMMUNICABLE DISEASE CONTROL: WI PH statutes 251.05(2) and 252; HFS 140.04(b); 144; 145.

- 290 infectious diseases were investigated with 253 confirmed.
- Pertussis was a major challenge in 2004 at 100 cases. The 2006 rate slowed to 5 cases.
- Of the reported diseases in 2006, there was one active TB case and two suspect cases. Higher rates were seen in Campylobacter, Hepatitis C, Chlamydia and Genital Herpes. See the full report for details.
- Birds continued to test positive for West Nile Virus in Ozaukee County. The first Ozaukee County human case was diagnosed in 2003. There have been no human cases from 2004 through 2006.
- Ozaukee County, along with other areas in the USA, had individuals diagnosed with E Coli 0157 due to contaminated spinach. Ozaukee County had seven confirmed cases.
- In June, an outbreak of campylobacter caused by cheese curds produced privately with unpasteurized milk was identified in northern Wisconsin. A number of Ozaukee County residents were exposed to the cheese. Subsequently, five people developed illness consistent with campylobacter.

- A food service worker was diagnosed with Hepatitis A, which can be spread through food, water, direct or indirect contact. The Ozaukee County Public Health Department investigated, increased surveillance and took actions to contain further exposures.
- Several Norovirus outbreaks were reported in a variety of institutional settings. The health department provided information on containment practices, hygiene, disinfection, and follow-up. Norovirus has been identified throughout the state of Wisconsin.
- 38 animal bites were reported compared to 31 in 2005. No bats tested positive for rabies in 2006. One bat each tested positive for rabies in 2004 and 2005.
- In 2006, 251 Meningococcal vaccinations were given to college students and travelers, compared to 141 in 2005.
- A new Tdap (Tetanus, Diphtheria, Pertussis) vaccine for ages 11 to 65 was initiated in 2006, with 443 doses given. Pertussis was added to the vaccine for this age range due to the recent outbreak.
- Rotavirus vaccine returned to the childhood recommended schedule in the fall. It is designed to help prevent illness that causes diarrhea, vomiting and fever in babies and young children.

MATERNAL CHILD HEALTH: Chapter 253 of the WI Public Health Statutes, HFS 140.04(1)(a)

- Ozaukee County Public Health presented 22 nutrition/healthy lifestyle educational activity sessions to address our health priority of childhood obesity. Success was measured by greater than 80% of participants in each group demonstrating an increase in knowledge.
- Through a grant, the health department addressed postpartum depression. Ninety postpartum women were screened. Eight were referred for physician evaluation.
- According to the SPHERE Database System, a total of 515 visits were made with families in Ozaukee County compared to 323 in 2005.
- Ozaukee County WIC Program served an average of 410 participants each month, an increase of 0.9 % from 2005. WIC drafts generated \$225,791.00, which could be used at 12 local vendors.

CHRONIC DISEASE AND INJURY PREVENTION: WI PH statutes 255;(2)(a)&HFS 140.04(1)(c)

- Screenings for prevention of chronic health problems include: blood pressure, near and distance vision, visual field analysis, hearing, diabetes, total cholesterol and HDL (good) cholesterol. In 2006, 1340 people were screened and counseled. 297 of them were referred for follow-up medical care.
- The Ozaukee 100 Fund, managed through the Columbia St. Mary's Foundation, provides financial assistance for full or partial payment of women's health screenings. Twenty-seven women were assisted through the Ozaukee 100 Fund.
- Seventy-three women participated in the Wisconsin Well Woman Program screenings. Twenty one women had abnormal screenings and needed evaluation and follow-up. Four Ozaukee County women are now enrolled in the Well Women Medical Assistance program that covers the cost of their treatment for breast or cervical cancer.
- The Migrant Health program addresses health needs of migrant workers and their families. Approximately 120 Latino workers and their families came from southern Texas this year to work at the Lakeside Foods Cannery in Belgium and their produce freezing plant in Random Lake. Services provided include health teaching, communicable disease follow up, assistance with scheduling medical care, and coordination of care with other community agencies.

ENVIRONMENTAL HEALTH: WI PH Statutes 254, 251.05(2) and HFS 140.04(1)(e) and (f)

- The Environmental Health Specialists addressed over 280 citizen environmental concerns. These concerns included housing, home safety, lead, indoor air quality (mold), food safety, drinking water, beach water quality, pest and animal control, sewage, solid and hazardous waste, radon, asbestos, West Nile Virus, occupational health, and emergency preparedness.
- The Beach Monitoring program, supported through a DNR grant, continued at Lake Michigan. Sampling and testing was done Thursday-Monday for 16 weeks from May-September. Lion's Den Beach was identified as a low priority beach in 2006 and subsequently sampled once a week.
- In 2006, 5 homes have safer environments due to the Ozaukee County Housing Rehab grant.
- The Transient Non-Community Well Sampling and Inspection Program, which was initiated this year, completed a total of 186 wells sampled for bacteria and nitrates and 49 wells that were sanitary surveyed. This program promotes public safety while generating revenue that reduces the tax levy for public health programs.
- 548 county children were screened for lead poisoning. Six cases had high lead levels.

PUBLIC HEALTH NURSING AND HEALTH PROMOTION: WI PH Statutes 251.04(8) & HFS 140-04(1)(a); WI PH Statutes 251.05(2)(a) & 253.06 & HFS 140.04 (1)(c)

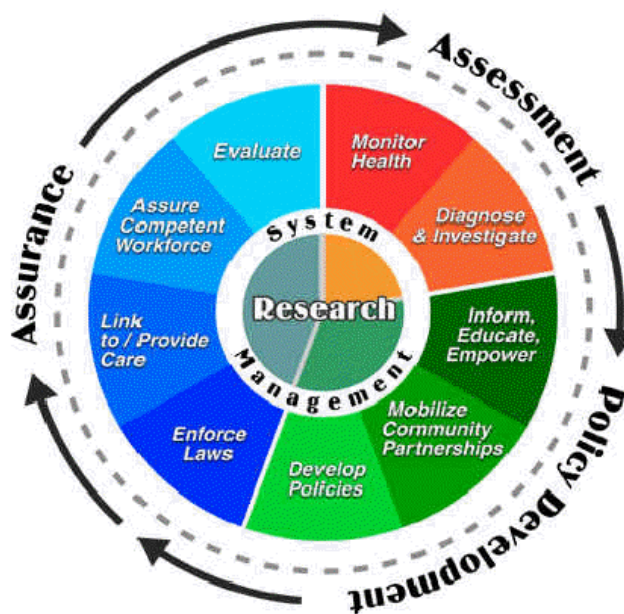
- The Ozaukee Health Initiative, which consists of community health partners, meets regularly to address the county's five health priorities determined from the 2002 and 2003 community health surveys.
- Ozaukee County Community Health and Emergency Preparedness survey was completed. This revealed that only 6% of the population is well prepared for a disaster. 83% stated they would volunteer in a disaster. The full report is found on the public health web page.
- Aurora Health Care completed the second round of community assessments for the region that includes Ozaukee County; results of 2005 were released in 2006.
- An April luncheon was given to honor volunteers who provided 1,576.5 hours of service.
- The Health Department maintains current health information and links on their web page. <http://www.co.ozaukee.wi.us/PublicHealth/index.html>

OZAUKEE COUNTY BOARD OF HEALTH: WI PH Statutes 2512.03(1), 251.04(1)(2)7(5)

The Health and Human Services Board met monthly in 2006 to set health policy for Ozaukee County residents. Members include County Board Supervisors Joe Dean, Chair, Janice Klemz, Vice Chair, Kathlyn M. Callen, Cindy Bock and John Hilber. Community members are Carol A. Lueders Bolwerk, RN, C. Perez, M.D. and Ron Yokes.

Respectfully Submitted,

Glenda S. Madlom, BS, BSN
Director / Health Officer



OZAUKEE COUNTY PUBLIC HEALTH DEPARTMENT

PUBLIC HEALTH STAFF:

ADMINISTRATION:

Glenda S. Madlom, RN, BS, BSN Director / Health Officer
Mary B. DeLuca, RN, BSN Assistant Director / Deputy Health Officer
Dawn Woda Administrative Services Coordinator

PUBLIC HEALTH STAFF

Kathy Bleau, RN, BSN
Caralee Jacque, RN, BSN
Jeannine Kitzerow, RN, BSN
Jan Koeppen, RN, BSN
Diana Noack, RN, BSN
Abbie Povletich, RN, BSN
Debra Schmidt, RN BSN
Jane Schulz RN, BSN
Donna Ubbink, RN, BSN
Joanne Viesselmann, RN, BSN
Patty Ruth, BA
Daniel Ziegler, BS, RS

PROGRAM MANAGEMENT:

Communicable Disease
Immunization Program, Healthy Child
MCH* / Scoliosis / Pre-K Screenings / CYSHCN*
Flu/Pneumonia/Hepatitis B / MCH team
Migrant Health, Lead, Women's Health
Adult Health Services / MCH team
PNCC*/ MCH team /P.E.*, TCM*
School Health Services, Immunization Program, MCH team
Women's Health / Student Nurse Preceptor
WIC*, MCH team
Bioterrorism Project Manager
Environmental Health Specialist, Lead, Beach Monitoring,
Transient Non-Community Well Program

CERICAL STAFF:

Marsha Ingamells Office Assistant
Mary Johnson Account Clerk
Wendy Schwab Office Assistant
Cindy Kapp Office Assistant / WIC

OTHER (Contracted):

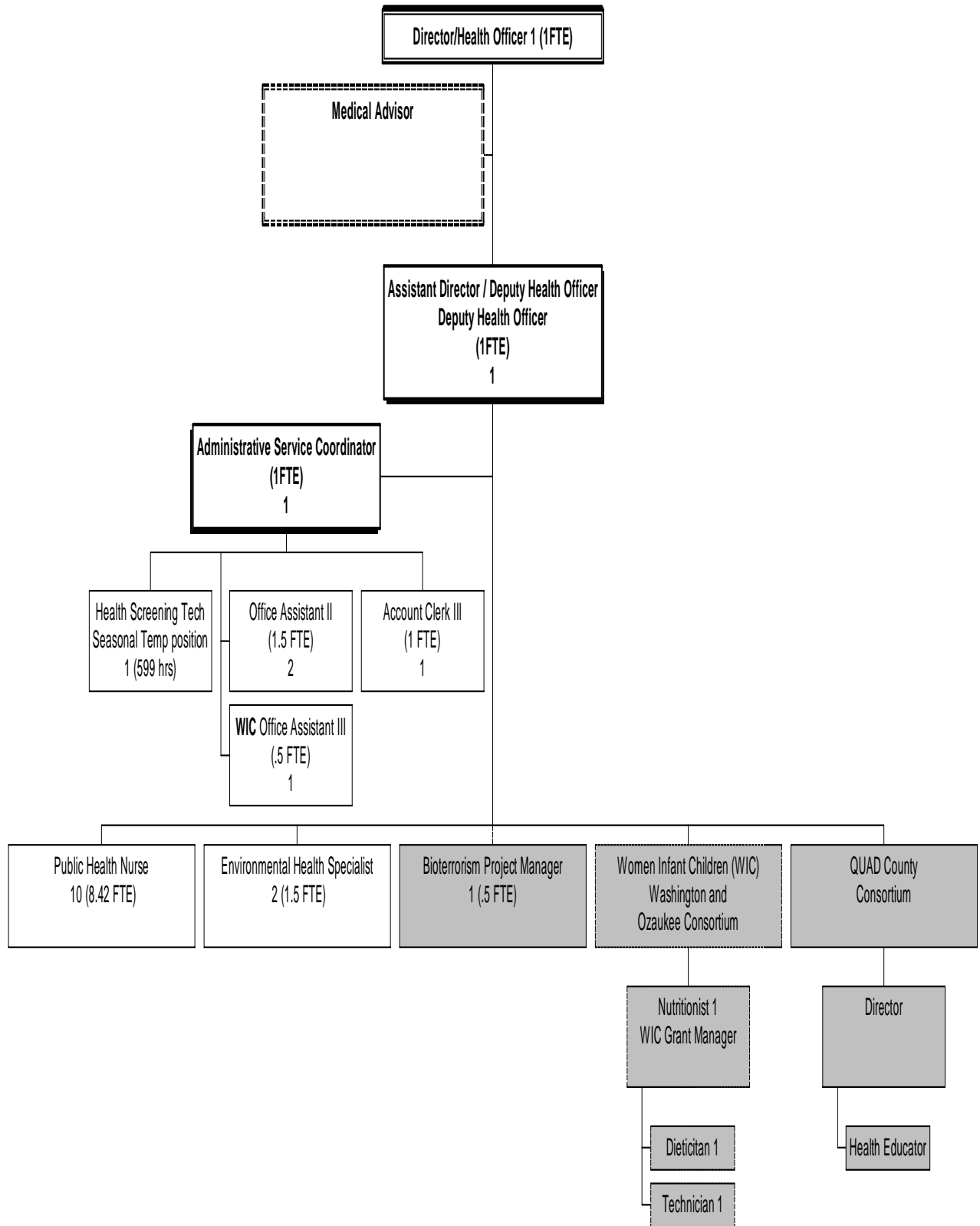
WIC: Carol Birkeland, Director/Registered Dietician
Quad County Consortium Staff: Kathy Riehle, Director; Ann Grundahl, Health Educator

Medical Advisor:

Celestino Perez, MD

- *MCH = Maternal Child Health
- *CYSHCN=Children and Youth with Special Health Care Needs
- *PE = Presumptive Eligibility
- *TCM=Targeted Case Management
- *WIC = Women, Infant, Children
- *PNCC=Prenatal Care Coordination

Ozaukee County Public Health Department



Gray boxes indicate contracted services/or grant funded

MISSION STATEMENT

The mission of the Ozaukee County Public Health Department is to prevent disease and to promote and protect the safety and health of all county residents

PHILOSOPHY

Public Health services with a focus on the entire population include enforcement of health regulations, community health education regarding disease prevention, health promotion and community disease control activities. Services with a focus on sub-populations aim to improve the health status of that population in order to improve the health of all. Public health nurses have expertise in the collaborative interdisciplinary process of assessment, policy development, assurance activities, as well as health education and evaluation to promote healthy outcomes in a community. Health outcome indicators of public health nursing intervention include reductions in family violence, poor pregnancy outcomes, communicable disease, morbidity and premature mortality. Our cost-effective outreach, intervention and care coordination efforts result in disease prevention and health promotion. This is accomplished through managing and facilitating departmental and community efforts for the ongoing assessment of the community's health status, advancing a safe and healthful environment, promoting healthful behavior and providing or arranging for the provision of health services for the early diagnosis and treatment of disease and promoting an improved quality of life.

GOALS AND CORE FUNCTIONS OF PUBLIC HEALTH

1. Community **ASSESSMENT** of health risk factors and disease indicators in the community.
 - a. Evaluate data to identify risks and patterns of morbidity and mortality.
 - b. Evaluate health behaviors and patterns that identify potential people at risk.
2. Development of **POLICIES** to reduce health problems.
 - a. Analyze assessment data to identify potential and actual health problems.
 - c. Collaborate with other community programs / services addressing identified health problems.
 - d. Develop health policies for the needs of children, families, groups and communities.
3. **ASSURANCE** activities to ensure implementation of policies at the service delivery level.
 - a. Monitor service delivery to achieve targeted health care outcomes.
 - b. Monitor access, utilization and appropriateness of health services for the community, including under-served and targeted populations.
 - c. Participate in systems building needs assessment and other programs to promote positive health outcomes for the community.

Wisconsin Twelve Essential Services for Local Public Health Include:

1. Monitor health status to identify community health problems.
2. Identify, investigate, control and prevent health problems and environmental health hazards in the community.
3. Inform, educate and empower people about current and emerging health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individuals and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services.
8. Assure diverse, adequate and competent workforce supporting public health systems.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Conduct research to seek new insights and innovative solutions to health problems.
11. Assure access to primary health care.
12. Foster the understanding and promotion of social and economic conditions that support good health.

COMMUNICABLE DISEASE CONTROL AND INVESTIGATION

Chapter 252 of the Wisconsin Statutes and HFS 140 and 145

IMMUNIZATION PROGRAM AND CLINICS:

The immunization program, through two grant supported objectives, reached a vaccination coverage level of 91% for two year olds served by the Health Department and 85.7% of two month olds receiving their first series of vaccinations by three months. The goal of healthy people 2010 is for 90% of children aged two, to be completely vaccinated. The second grant objective was a new goal for 2006 and the outcomes exceeded our expectations for the county. These objectives were accomplished through continuous monitoring of data using the CDC CASA (Clinical Assessment Software Application) program, new WIR (Wisconsin Immunization Registry) reports and review of the WIR database. To maintain this high level of coverage, the Health Department partnered with area physicians and the county WIC program to document all doses of vaccines given to our clients by comparing and combining individual vaccine records into the Wisconsin Immunization Registry (WIR). The registry, utilized by the department since August of 2000, has continued to improve levels of complete records and decrease chances of duplicate or invalid immunizations being provided. Each year, county and statewide, medical providers have signed on to use the WIR enabling the public and private sector providers to increase their ability to share and use the new data. Since mid-year the WIR has also enabled parents to obtain their child's records by logging into their website. By doing so, parents are becoming better informed regarding those vaccinations recommended for their children and are helping to keep their child's record more complete by assisting private providers and the Health Department to update childhood records. This also assists schools with WIR access to improve student vaccine law compliance.

Sincere thanks goes to the Mequon Police Department, for use of their building for one of our monthly clinics. At each of the regularly scheduled immunization clinics, vaccines for all ages are offered. Immunizations were also provided in public and worksite Adult Health Screenings, Healthy Child Wellness Clinics, Flu/Pneumonia clinics, WIC clinics, and special university and school clinics.

The Meningococcal vaccine campaign continued strong at many of our county school districts. In cooperation with the area high schools, letters and information was disseminated to high school seniors, in spring of 2006, to promote Meningococcal vaccination for those attending college. Newspaper advertising was done several times during the year to encourage vaccination of both college-aged and 11-12 year old individuals. Early in 2006, the new Menactra™ vaccine was in short supply at the manufacturing level. Due to unavailability, late in June, the Wisconsin Immunization Program began offering VFC (Vaccines for Children) supplied vaccine to those children 15-18 years of age. Between our early campaign and the new VFC offered vaccine, the health department provided a total of 251 Meningococcal vaccinations, more than 100 doses more than the prior year. If VFC continues to provide Meningococcal vaccine in 2007, the number of vaccinations is anticipated to rise.

The National Immunization Program indicated this year that health departments may now provide the new Tdap (Tetanus, Diphtheria, Pertussis) vaccine for ages adolescent, age 11 to 65. A dose of this vaccine is recommended as a booster at least once in an adolescent/adult lifetime. All further booster doses will continue to be Td (Tetanus, Diphtheria). With the rise in Pertussis cases across the country, this vaccine was developed to reduce the amount of cases in adolescent children. Adolescents accounted for more than 8,000 Pertussis cases nationwide with up to 2 in 100 being hospitalized or having complications. The Ozaukee County Health Department first began providing this vaccine in December 2005, with a total of 4 doses given. This year 443 doses were provided for those in the recommended age groups.

Rotavirus vaccine has returned to the childhood immunization recommended schedule this past fall. The new Rotateq™ oral vaccine is a three dose series for children starting at two months of age. This vaccine is designed to help prevent Rotavirus, a virus that causes severe diarrhea, vomiting and fever in babies and young children. Rotavirus is not the only cause of severe diarrhea in children, but it is one of the most serious. In 2006, the health department provided a total of 5 doses.

The following table indicates the number and kinds of vaccine administered:

<u>Vaccine Type</u>	<u>2005</u>	<u>2006</u>	<u>Increases/Decreases</u>
Injected Polio	229	211	-8
DTaP	280	260	-20
Td	659	294	-365
TdaP	4	443	+439
MMR	168	221	+53
Hib	27	28	+1
Hib/Hep B	112	121	+9
Hepatitis B - Child	53	44	-9
Hepatitis B - Adult	199	241	+42
Hepatitis A - Adult	116	146	+20
Hepatitis A - Child	75	114	+39
Immunoglobulin (Ig)	----	11	+11
Meningococcal	141	251	+110
Rotavirus (Rotateq)	----	5	+5
Pneumococcal			
Poly (Pneumovax)	299	221	-78
Pneumococcal			
Conjugate (Prevnar)	215	198	-17
Typhoid	74	36	-38
Varicella(Chicken Pox)	63	101	+38
TOTALS	2714	2827	+113
	<u>2005</u>	<u>2006</u>	<u>+19</u>
TB Skin Tests	319	338	
	<u>Unduplicated Clients</u>	<u>Immunizations</u>	<u>%Change Given</u>
	<u>Served 2006</u>	<u>Given in 2006</u>	<u>from 2005 by site</u>
Mequon Site:	140	266	+9.4%
Port Washington:	296	694	-6.9%
Office: (WIC clinics and walk ins)	568	978	+17.5%
Other Sites: (Work sites, Health Screenings, etc.)	691	747	-15.8%

<u>School Immunizations</u>	<u>Audit 12/31/2005</u>	<u>Audit 12/31/2006</u>
Cedarburg	99.75% Completely Immunized	98.59% Completely Immunized
Grafton	98.17% Completely Immunized	98.38% Completely Immunized
Mequon-Thiensville	99.11% Completely Immunized	97.59% Completely Immunized
Northern Ozaukee	99.88% Completely Immunized	98.38% Completely Immunized
Port Washington	99.21% Completely Immunized	96.67% Completely Immunized
-Saukville		

ADULT IMMUNIZATIONS:

Public Health was able to offer tetanus/diphtheria (Td) and pneumococcal vaccines at our flu clinics. The numbers have increased over the last year because we received the flu vaccine early and were able to have more open flu clinics, as well as offer these vaccines in industries. Overall, throughout the year we gave 659 Td vaccines (473 of those were given at the flu clinics) and 270 Pneumonia vaccines.

The Public Health Department continues to offer Adult Hepatitis B vaccine to personnel who may be at risk for exposure to Hepatitis B. These could be individuals with the police departments, fire departments, schools and safety team members in industry, as well as individuals who may be traveling to areas where Hepatitis B may be a risk. We gave a total of 199 adult Hepatitis B vaccines this year. The numbers of this vaccine given has been gradually decreasing yearly because the vaccine is now required for all infants and school age children. The infant/children Hepatitis B program has now been in effect since 1993. This gives most young adults Hepatitis B protection.

COMMUNICABLE DISEASE INVESTIGATIONS: (Exhibit I)

Communicable disease control is a major function of the Public Health Department, as required by state statutes. Approximately 80 different diseases are mandated as reportable to the local public health department for investigation and follow-up. The focus of the health department investigation is to stop the transmission of the infectious disease. The first priority is to take whatever actions are needed to prevent spread from the infected individual to others in the community. Efforts also involve attempts to locate the source of the infection and to identify any outbreaks or community wide increases in illness.

In 2006, Ozaukee County was actively involved in investigating several disease outbreaks. In April, multiple cases of mumps or exposure to mumps were reported in Ozaukee County. There had been a large ongoing outbreak in a neighboring state, and the disease had spread into Wisconsin. Ozaukee Public Health investigated 13 cases. Six were found to be probable or suspect cases of mumps. The rest were ruled out or were exposed without becoming ill.

In September, an increase in E.Coli O157 cases was noted. It was quickly determined that the increase was not limited to Ozaukee county, but was part of a rise seen throughout the region. These cases were subsequently determined to be part of the national outbreak of E.Coli O157 associated with packaged raw spinach. In total, seven cases were confirmed in Ozaukee county residents.

In June, an outbreak of campylobacter caused by cheese curds was identified in northern Wisconsin. The cheese curds were produced privately with unpasteurized milk. A number of Ozaukee County residents were exposed to the cheese, and subsequently five of them developed illness consistent with campylobacter.

A food service worker was diagnosed with Hepatitis A, which can be spread through food, water, or direct or indirect contact. The Ozaukee County Public Health Department investigated, initiated increased surveillance and took actions to contain further exposures.

Several Norovirus outbreaks were reported in a variety of institutional settings. The health department provided information on containment practices, hygiene, disinfection, and follow-up.

Throughout the year, intestinal infections that can be caused by such organisms as E.Coli O157, salmonella, campylobacter, cryptosporidium, and giardia were reported. An important piece of any investigation into these illnesses is evaluating whether the person is involved in a high-risk occupation (such as food handling, day care, or health care) and to take measures to protect the public from possible exposure and infection.

Please review Exhibit I for statistical data.

TURBUCULOSIS PREVENTIVE TREATEMENT PROGRAM:

Tuberculosis (TB) can pose a major public health threat. The health department investigates and does follow up on all suspected cases until they are proven to be free of TB. There was one case of active tuberculosis reported in 2006. There were also two cases of suspect TB that were closely followed.

The Public Health Department also provides medication for latent TB infection to persons who may have a positive skin test, but have negative chest x-rays and do not have active tuberculosis. These individuals show signs of exposure to TB, but have not developed infectious cases. In order to prevent them from going on to active disease in the future, six to twelve months of medication is often prescribed by the physician. The medication is supplied by the Wisconsin Division of Public Health to the Ozaukee County Public Health Department at no cost to the client. The medications are then issued to the client on a monthly basis. At medication pick up, the public health nurse evaluates for compliance and side effects at each visit. Tuberculin Skin testing is offered on both a routine and a post-exposure basis throughout the year. The nurses also provide education on tuberculosis prevention and treatment.

ANIMAL BITES/RABIES TESTING:

Some animal bites pose the potential to transmit rabies to humans. When such cases are identified, the animal may need to be tested for rabies. The testing is performed at the Wisconsin State Lab of Hygiene in Madison. The Ozaukee County Public Health Department's role is to assist in coordinating the testing with local animal control officers, local veterinarians, and the lab. A nurse also contacts the bite victim, and offers recommendations about appropriate medical follow-up, and updating vaccines.

An "Animal Bite" brochure was developed this year. It is intended as an educational handout for the public, and discusses prevention of bites and what to do if bitten by an animal. It has been distributed to medical clinics and public libraries in the community. It can be accessed and printed from our website at <http://www.co.ozaukee.wi.us/PublicHealth/index.html>

Animals Tested for Rabies

	2006	2005	2004
Cat	18	11	13
Dog	11	7	10
Cow	0	0	0
Horse	1	0	0
Donkey	0	1	0
Bat	6	*7	*2
Raccoon	2	0	2
Woodchuck	0	0	0
Goat	0	1	0
Llama	0	1	0
Rabbit	0	2	0
Chipmunk	0	1	0
Prairie Dog	0	0	1
Sugar Glider	0	0	1
Total	38	31	29

*One bat was positive for rabies in each of these years

HIV PARTNER REFERRAL PROGRAM:

The Ozaukee County Public Health Department is notified of anyone who is newly diagnosed with HIV infection. The public health nurse contacts those individuals and assists them in identifying anyone who may have been exposed to their infection. Those exposed persons are then notified of possible exposure to HIV and are counseled on risk reduction and to get tested. Strict confidentiality is maintained throughout all aspects of these investigation follow-ups.

INFLUENZA AND PNEUMONIA PROGRAM:

This year due to some flu ordering complications, there was a possibility that we would not receive any vaccine until later in the flu season. Fortunately because of our community collaborations in the past with Columbia St Mary's Hospital, we were able to start our flu clinics on schedule in early October.

The influenza recommendations from the CDC this year were expanded to include:

Children ages 6-59 months.

Health-care workers.

Persons aged > 50 years.

Any child, adolescent, or adult with a chronic health condition.

Persons who live with or care for persons at risk for influenza-related complications.

With these expanded recommendations, the timing of the arrival of our vaccine was critical. Over the course of the flu season we received all of the inactivated flu vaccine we needed. We were able to provide vaccine to individuals in group homes, senior meal sites, industries, open clinics through out the community as well as at the office of the Public Health Department. The Public Health Department administered 7675 reimbursable doses of flu vaccine, and we are still providing the vaccine as clients come into our office.

Again this year there was an overproduction of vaccine by manufacturers later in the season. The Health Department received 150 doses of free flu vaccine from the State of Wisconsin Dept of Health & Family Services. We were able to use this vaccine for some of the WIC parents of high-risk children and Well-Woman clients who could not afford to purchase vaccine. We also shared 100 doses of this vaccine with the Huiras Community Health Clinic at St. Mary's Hospital.

The State of Wisconsin Department of Health & Family Services also provides Public Health Departments with flu vaccine for infants & children through the Vaccine for Children (VFC) program. We received & administered 700 doses of this vaccine and are continuing to administer this flu vaccine as it arrives throughout January/February.

MATERNAL CHILD HEALTH

Chapter 253 of the Wisconsin Public Health Statutes

MCH POSTPARTUM DISCHARGE PROGRAM:

The Ozaukee County Public Health Department's Maternal Child Health Program has continued to emphasize collaboration with community agencies in the year 2006 in an ongoing effort to strengthen families in Ozaukee County. We assist uninsured pregnant women to apply for insurance through the presumptive eligibility program. Pregnant women are also screened to see if they qualify for the prenatal care coordination program. If they are identified as high risk a public health nurse will offer to follow them throughout their pregnancy to insure a healthy birth outcome. Surrounding hospitals refer postpartum women to the Public Health Department.

The Postpartum Discharge Program collaborates with Columbia-St. Mary's-Ozaukee Hospital and other surrounding hospitals for the purpose of identifying at risk families to support a smooth transition from hospital to home. New mothers who have agreed to a contact will receive a phone call from a public health nurse who will complete a screening to identify their needs. The nurse will offer a free home visit. Those families that refuse are offered a mailing of educational materials and community resources. Families are also offered through collaboration with UW-Extension a monthly mailing for parenting the first year newsletter and a bi-monthly mailing for parenting the second and third year. This service is available to all families who live in Ozaukee County. Family Preservation and Cedarburg Women's Club have given financial assistance for the educational materials. The feedback from families as well as health care providers and hospital staff has continued to be very positive.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS:

The Children and Youth With Special Health Care Needs (CYSHCN) project is through the Division of Public Health-WI Maternal and Child Health Program. This is the second cycle of the 5-year grant cycle. The target is families with youth and children ages 0-21yrs with special health care needs. The long-range goal is to better coordinate delivery of resources to families at the local level. Ozaukee County Public Health Department continues to work closely with grant administrators through Children's Hospital of Milwaukee. The most frequent diagnosis in 2006 continued to be that of premature and low birth weight. Many of these infants were referred by surrounding hospitals. The childbirth records are reviewed weekly to identify CYSHCN. Early intervention and referral to specialty services is the key in helping these families make a successful transition from hospital to home. Public Health, Human Services, and Port Washington-Saukville school system provided a countywide resource night for all families. **In 2006, 37 clients were served. 37 received referral and follow-up. Five were followed under case management.**

MCH CONSOLIDATED GRANTS:

In 2006 the MCH program identified two objectives that addressed 2010 health priorities in Ozaukee. The first objective was in the area of childhood obesity. The Community Assessment of 2004 showed our county shares in the nationwide epidemic of childhood obesity. In 2006 the program focused on the new food pyramid, fast food, label reading, healthy food choices, and the importance of increase physical activity. The program was designed to educate groups of children ages 3-17. This year the nutritional program was repeated with a continued goal to motivate change in lifestyle and behaviors in our maternal child population.

In 2006, Ozaukee County Public Health presented 25 nutrition/healthy lifestyle educational activity sessions. Success was measured by a greater than 80% of participants in each group demonstrating increase in knowledge.

The second objective was in the area of postpartum depression. Depression is a major public health problem affecting 10% to 15% of all women and can affect up to 28% of women living in poverty. The Edinburgh Depression Scale as used to screen new mothers regarding Women's Emotional Health. The screening was either face-to-face, telephone or office visit. The first screening was done within 4weeks post delivery and then again in 4weeks. Women were referred for screening through health department programs such as WIC, community referrals, and hospital birthing programs. The client was informed of the results of the scoring and explained the significance .of the scoring. If the scoring of 10 or greater was determined the client was referred to her Health Care Provider.

In 2006, 90 clients were screened for depression, 62 received two screenings. Referrals were made on eight clients to a physician for further emotional health follow-up.

The Public Health Department continues to collaborate with community partners in the programs listed below:

1. Child Abuse Prevention Committee
2. Southeast Wisconsin Safe Kids Coalition.
3. Birth to Three Advisory Committee
4. Family Support
5. Advisory committee
6. United for Health
7. Jail Health
8. Nutrition Council
9. Regional Prenatal Care Coordination

The SPHERE Data Base Computer Program was used in entering data of daily activities. This allowed the staff to view reports that gave vital information on gaps in services for all populations served. According to the SPHERE Database System, a total of 515 visit sessions were made to families in Ozaukee County in 2006. The following is a summary of the number clients served under each of the specific MCH programs. A visit session is defined as one of the following: a home visit, office, telephone (being at least 15 minutes long), clinic, community, worksite or other.

37	CSHCN (Children with Special Health Care Needs)
205	Postpartum Discharge (up to 60 days postpartum)
68	PNCC (Prenatal Care Coordination)
33	P.E. (Presumptive Eligibility)
25	Nutrition sessions
90	Postpartum Depression women screened, eight were referred on for further physician evaluation.

PRESUMPTIVE ELIGIBILITY:

Presumptive Eligibility (P.E.) is a service that has been provided by the Ozaukee County Public Health Department since 1999. This program targets uninsured pregnant women whose income does not exceed 185% of the federal poverty level. Recipients found eligible for this service receive a temporary Medicaid certification that allows them to receive immediate pregnancy related outpatient services while the application for Healthy Start is being processed. Early prenatal care helps in achieving healthy birth outcomes-an ongoing goal of Ozaukee County for its prenatal population.

This program's goal of initiating early prenatal care was achieved in 2006. Out of the 27 clients receiving this service, 20 (74%) enrollees began prenatal care in the 1st trimester.

PRENATAL CARE COORDINATION:

Prenatal Care Coordination (PNCC) is a service that has been provided to Ozaukee County's pregnant women population since 1993. This Medicaid funded program helps pregnant women and their families gain access to medical, social, educational, and other services related to the pregnancy. These services are available during the pregnancy through the first 60 days following delivery. Services include:

- Outreach
- Initial assessment
- Care plan development
- Ongoing care coordination and monitoring
- Health education and nutrition counseling services

The goal of the program is to improve birth outcomes among women who may be at high risk for poor birth outcomes. Healthy birth outcomes continue to be an ongoing goal of the Maternal/Child Health team of nurses here in Ozaukee County. The main objectives for obtaining this goal include ensuring that women at high risk:

- Are identified as early as possible in the pregnancy so they can begin their prenatal care.
- Receive individual psychosocial support and services.
- Receive early and continuous prenatal care services.
- Receive necessary health and nutrition education.
- Are referred to available community services.
- Receive assistance in accessing and obtaining needed health and social services.

In 2006, 67 referrals were received. 27 of the 67 referrals were women who also received P.E. services through our agency. This pocket of need continues to be addressed and serviced by our department.

TARGETED CASE MANAGEMENT:

Targeted Case Management (TCM) is a benefit available to Medical Assistance (MA) eligible clients who reside in Ozaukee County, and are determined to be eligible under the following target populations:

- Families with children at risk
- HIV infection
- Asthma
- Tuberculosis
- Age 65 or older

The goal of the program is to improve a recipient's access to health care and managing of services received by a recipient including, medical, social, educational, vocational, and rehabilitation services. The program began with a strong start. 192 assessments were completed in 2006. Of those 192 assessments, 81 families were identified with either medical, social, educational, vocational or rehabilitative needs. The assigned Public Health nurse worked with these families to develop a plan of care and access the necessary services to meet their needs. Continued development and modification of the program will take place in 2007 to improve efficiency and implementation of the program.

SCHOOL SCREENING SERVICES: (Exhibit II & III)

Hearing and Vision:

Hearing and vision screening programs are conducted in each school from September through April. If a hearing difficulty is identified a recheck is provided in 4-6 weeks at the school. If a possible deficiency is still detected, a letter of recommendation is sent to parents. A Health Screening Technician with occasional RN assistance, and large volumes of parent volunteers at

each school, performs hearing and vision screenings. Our hearing screening program serves children age four to third grade, and any other referral from parents or school staff.

Our vision screening program serves children age four through the eighth grade and any other referral from parents or school staff. Distance vision screening is performed at each school, if any deficiency is detected, a letter of recommendation is sent to parents. As always, the Public Health department offers free vision and hearing screenings for age 4 through adult in our office throughout the year.

Wisconsin passed a law in 2002-2003 academic year, stating children entering kindergarten in Wisconsin public schools will be encouraged to undergo an eye examination by an optometrist or eye evaluation by a physician.

VISION USA—The Wisconsin Project provides free eye exams to eligible children age 18 and under from low-income working families who have no eye health insurance. Services are donated by volunteer optometrists and may be limited in some areas. Applications are available at schools and our public health office. Eligibility requirements must be met to qualify. Also local Lion's Clubs are very active in vision preservation and will assist with funding vision needs on a case-by-case basis.

Early Childhood and Kindergarten screening registrants:

The Public Health Department's nurses participate in the screening programs, offered by the Cedarburg and Grafton districts. Screenings are for children who will be entering five-year-old kindergarten or children who have been identified by their parents as having a possible delay. Screening is usually done several times during the school year. The goal is to find any physical problems or delays in development and to encourage early medical and educational intervention; public health nurse's offer resources that are available.

WOMEN INFANTS AND CHILDREN: WIC

WIC is a Supplemental Nutrition Program that provides food vouchers and education to women, infants and children who exhibit a nutritional risk and are financially eligible. A grant from the State of Wisconsin fully funds this program.

In 2006 the Ozaukee County WIC Program served an average of 410 participants each month. This number has increased 0.9 % from 2005. The number of food packages issued this year has also increased to 4,920. The following is a breakdown by percentages of clients per program category:

- 23 % were women (either pregnant, or postpartum)
- 26 % were infants under one year
- 51% were children ages one to five (an increase of 0.6%)

WIC foods available with vouchers include milk, eggs natural fruit juices, cheese, iron fortified cereals, peanut butter and infant formula. Ozaukee County has 12 contracted vendors where clients can redeem their vouchers. In 2006 WIC drafts generated \$225,791.00

Each participant receives a nutrition and health assessment at each six-month certification. Lead screening and needed immunizations are offered at each visit. Again this year Flu Vaccine was offered to eligible clients after their WIC visit. A public health nurse assesses every pregnant woman participating in WIC and offers her pregnancy/parenting education along with information on available community resources. Breastfeeding continues to be recommended as the best nutrition for baby to each pregnant participant. This year WIC was able to meet its goal to have more postpartum mothers continue to breastfeed after returning to work. We developed a protocol to inform all pregnant women of the availability of breast pumps through the WIC Program. Early postpartum contact to evaluate success along with evaluation of the need for a breast pump helped with the continuation of breastfeeding. This year 77% of moms initiated breastfeeding post delivery. Of these mothers 72% of these mothers breastfed at least one month and 55% of these mothers were still breastfeeding at three months.

Again this year our WIC Program offered the Farmers Market Nutrition Program. Its major goal is to increase the choice and consumption of fresh fruits and vegetables. WIC participants also have a greater awareness of the local Farmers Markets and utilized this resource even more than last year. In 2006, recipients in Ozaukee County redeemed vouchers worth \$1906.

HEALTHY CHILD WELLNESS CLINIC:

The program previously known as Primary Care Clinic is designed to assist families with children between 0 and 18 years old, living in Ozaukee County who have: no medical insurance, insurance that does not cover well child check-ups, insurance with high deductibles and/or high out-of-pocket costs or families with a low income who do not qualify for Medicaid or BadgerCare. Families can be assisted in signing up for Medicaid or BadgerCare.

A healthy child clinic visit is designed to:

- keep the child healthy and up-to-date with immunizations against many childhood diseases.
- allow parents to ask questions and to discuss concerns about their child's overall health.
- give the doctor and parents the chance to talk about child safety and developmental issues.
- help identify health problems or growth and development delays and assist in referring children for additional services.

Services Offered

- Physicals provided by volunteer Pediatric, Family Practice, and General Practice Physicians.
- Child Health History review
- Screening and assessment of physical, dental, growth and development, and nutritional needs
- Hemoglobin (blood Iron) for children 1-18 years old and Lead screening for age 6 months through 5 years
- Hearing and Vision Screening
- Immunizations are available and given as needed
- Counseling on illness prevention, good nutrition, injury prevention, parenting and discipline are offered.
- Referrals will be made to other professional services as needed
- Clinics are held 6 to 8 times a year at the Health Department based on physician availability and services are provided by appointment.

Well Child Service Providers: Physician services are provided voluntarily through St. Mary's Hospital Ozaukee and other area physician groups. Nursing services, immunizations, hemoglobin and lead tests are provided by the Ozaukee County Public Health Department. A one-time amount of money was given to the program for medication vouchers for children through a community donation from the Mequon Thiensville Junior Women's Club. The Port Apothecary-Port Washington and Ye Olde Pharmacy – Cedarburg have agreed to accept the medication vouchers for prescriptions provided by our volunteer physicians.

CHRONIC DISEASE AND INJURY PREVENTION

Chapter 255 and HFS 140 (1)(a)(4)

CARDIOVASCULAR RISK REDUCTION/BLOOD PRESSURE CONTROL PROGRAM:

High blood pressure (hypertension) is a major risk factor for both heart attacks and strokes. The Ozaukee County Public Health Department's Blood Pressure Screening Programs can identify people with high blood pressure who are unaware of their problem as well as monitor the effectiveness of individuals receiving treatment.

FREE blood pressure screening is always available at the Health Department during regular business hours. Additionally, FREE blood pressure screening is conducted every month by volunteers at four different Ozaukee County sites in Cedarburg, Mequon, Thiensville and Saukville. This year, the Health Department also provided FREE blood pressure screening at these Ozaukee County events – Breakfast on the Farm, the Senior Conference and the Ozaukee County Fair.

Screening participants receive a pamphlet explaining what their blood pressure means, what action they need to take and lifestyle modifications to lower blood pressure.

In 2006, 1,309 people participated in a Blood Pressure Screening Program. 78 of these individuals were referred for follow-up medical care.

ADULT HEALTH SCREENING: (Exhibit IV)

Providing Preventive Health Screenings is one of the 2002-2007 Ozaukee County Health Initiatives identified by the Ozaukee County Board of Health. The Health Department conducts both public and private adult health screening programs. Each site determines which of the following screenings to offer: blood pressure, cholesterol, diabetes, hearing, vision. Screening participants are counseled by a Public Health Nurse and informed whether their results are normal or not, and instructed what to do about abnormal results.

In 2006, a total of 1340 people were screened & counseled. 297 of them were referred for follow-up medical care.

2006 WISCONSIN WELL WOMAN PROGRAM:

The Wisconsin Well Woman Program (WWWP) provides preventive health screening services to low income, uninsured or underinsured women residing in Wisconsin. Breast and cervical cancer screening has been the primary reason for funding since 1994. The grant is provided by the U.S. Centers for Disease Control and Prevention and administered for the WWWP by the Wisconsin Department of Health and Family Services, Division of Public Health. Women screened and diagnosed with breast or cervical cancer while enrolled in WWWP may be eligible for Wisconsin Well Woman Medical Assistance (WWWMA). WWMA pays for treatment of breast and cervical cancer for these eligible women. WWWP also provides multiple sclerosis (MS) screening and support services. Women who have a high probability of having MS are referred to a primary care provider to start the MS assessment. Women who are determined to need further diagnostic testing are referred to a Regional MS Center. The program's primary focus continues to be breast and cervical screenings, and MS support services.

Eligible women are enrolled through Ozaukee County's WWWP coordinator. The WWWP focuses on women who are age 45 through 64 with a household income at or below 250% of the current federal poverty level.

In 2006, 73 women participated in the WWWP screenings. Twenty-one (21) women had abnormal screenings and needed further evaluation and follow-up. Three (3) Ozaukee County women are currently enrolled in the Wisconsin Well Woman Medical Assistance T-19

(WWWMA) for treatment of breast cancer and one (1) woman is enrolled in WWWMA for the treatment of cervical cancer.

OZAUKEE 100 FUND:

The Ozaukee 100 Fund is managed through the Columbia St. Mary's Foundation and provides financial assistance for full or partial payment of women's health screenings. The breast cancer screening portion of the program encourages 100% of women in Ozaukee County to have routine breast cancer screenings. Eligible women must live in Ozaukee County and would not otherwise be able to get needed breast cancer screenings. Enrollment for this program is through the Ozaukee County Public Health Department. The work of the coalition is supported by donations (tax deductible) to Columbia St. Mary's Foundation Ozaukee. Donation checks can be made out to: CSM Foundation, 4425 N. Port Washington Road, Glendale, WI 53212. In the lower left notes line on your check, please add "Ozaukee 100 Fund".

In 2006, twenty-seven (27) women were screened through the Ozaukee 100 Fund, an increase from the eighteen (18) women screened in 2005.

TOBACCO CONTROL INITIATIVES:

Ozaukee County Public Health Department maintains strong community partnerships in effort to control use of tobacco and decrease exposure to secondhand smoke.

A Tobacco Prevention and Control grant was received by the Health Department to benefit clients served in our Maternal Child Health Program. This grant objective involves implementation of a smoke-free homes campaign. Women of childbearing age, children, or families with children were assessed for tobacco smoke exposures in their homes. Clients with exposure to smoke in their homes were provided education, counseling and cessation resources as needed. The Health Department continues to address our health priority to decrease tobacco use and reduce environmental exposures.

The Health Department maintains representation on the Ozaukee County ATOD Consortium, which continues with increased activity in 2006 and continues to renew a large federal grant for education and prevention efforts with youth alcohol, drug, and tobacco use. To comply with the new federal grant, ATOD Consortium meetings are monthly and must include members from a broad spectrum of community partners. This grant is from the Federal Drug-Free Communities Support Program, and its goal is to reduce or eliminate substance use by youth and eventually reduce use by adults.

MIGRANT HEALTH:

The Migrant Health program addresses health needs of migrant workers and their families. Approximately 120 Latino workers and their families came from southern Texas to work at the Lakeside Foods cannery in Belgium and their produce freezing plant in Random Lake. Most workers lived in one of the two "migrant camps" in Belgium during their five-month stay in Wisconsin, usually July through November. They have low annual incomes; often have no health insurance, and minimal routine or preventive health care. Public health nursing services provided to the migrant population includes health teaching, communicable disease follow-up, assistance with scheduling medical care appointments and coordination of care with other community agencies. There is a federally funded program for migrant workers outpatient health needs administered through Family Health Medical and Dental Center in Wautoma, WI. Public health nurses assist migrant workers to access providers who participate in a discounted voucher reimbursement program with this clinic. Primary care, specialty care, diagnostic testing, dental care, prescription medication, and many more outpatient healthcare needs are coordinated through a public health nurse for the migrant workers. State program immunizations and WIC services are also provided through the Health Department.

Highlights in 2006: Public Health Nurses continue to be involved in tuberculosis TB surveillance and treatment for latent TB infection (not currently infectious, but future infectious TB is possible unless medication is used preventively). Latent TB education, medication procurement, and public health nurse follow-up were provided to these migrants, as well as, coordination of interstate transfers to health departments in Texas for medication continuation. Additional communicable disease surveillance and follow-up continue to increase in this migrant worker population.

Each year we give special thanks to the following healthcare providers who have been very generous in meeting the migrant worker's needs in Ozaukee County and participate in the voucher program with Family Health Medical and Dental Clinic in Wautoma:

- Dr. Celestino Perez and office staff.
- Dr. Salvador del Rosario and office staff
- Dr. Raymond Bauer and Greenlane Family Practice staff.
- Columbia St. Mary's Ozaukee Campus Hospital and Charity Care Program
- Wisconsin Radiology Physicians Group

Without the caring and assistance of these community partners, the Migrant Health Program would suffer, being unable to meet the immediate health needs of these workers and their families.

ENVIRONMENTAL HEALTH SERVICES

Chapter 254 of the Wisconsin Public Health Statutes

ENVIRONMENTAL HEALTH SPECIALIST (EHS):

This year the Environmental Health Specialist addressed over 280 citizen environmental concerns. These concerns included issues of housing and home safety, lead, indoor air quality (mold), food safety, drinking, pond and beach water quality, pest and animal control, sewage, solid and hazardous waste, radon, asbestos, west nile virus, occupational health, and emergency preparedness.

Many of the duties of the EHS have included providing consultation to citizens and staff on environmental issues, investigation of potential human health hazards, writing press releases, maintaining aspects of the department website, presenting monthly reports to the County Health and Human Services Board, grant writing, assisting nursing staff with the follow up and investigation of food and waterborne disease outbreaks, and program development and administration.

This year the Environmental Health Specialist initiated and completed a transient non-community well sampling and inspection program. The program was funded by the Department of Natural Resources (DNR) and the health department was reimbursed for each well sampled. A total of 186 wells were sampled for bacteria and nitrates and 49 wells were sanitary surveyed.

From May through September the EHS assisted the health department with an EPA funded beach monitoring program at Port Washington's Upper Lake Park and at Harrington State Park. The health department sampled beach water and the City of Port Washington Water Utility completed the analysis for E. coli. In 2006 the beach program covered 16 weeks of the summer season from Thursdays through Sunday. New this year however, the beach at Lion's Den was sampled once weekly on a low priority basis. The EHS regularly attended DNR Beach Advisory Workgroup meetings to discuss and share information relative to administration of this field program and reported to the Health and Human Services Board via an end of beach season summary.

The EHS provided assistance to the health department by writing a grant to assess the bacterial impacts on beach water at Upper Lake Park in Port Washington. The DHFS grant

sampled surface water in Upper Lake Park's Valley stream that outfalls into Lake Michigan. The grant sampling activities identified and confirmed high E. coli levels in this surface water. As a consequence of this same grant the Health department did present the results to the City of Port Washington.

The health department continues its effort to reduce childhood lead exposure and to identify children that have been lead poisoned. The department provides free blood lead screening to children ages six months to less than six years at WIC, primary care clinics, and upon request. The total number of children screened in the county in 2006 was 548. This department screened 55 children or 9% of that total. Of the total number of children screened, 6 cases or less than 1% had levels of blood lead that would be a serious health concern. In all cases the PHN's and EHS's work jointly to provide both information and services. Families are provided counseling on proper nutrition and lead hazard reduction techniques. The department provides a no-cost HEPA vacuum to parents for use in the home. Case management by a public health nurse is provided when necessary, as per state protocol. The EHS conducts home risk assessments, which include lead inspection and the collection of lead samples. This year State Division of Health grant funding provided for the lead abatement of two homeowner properties. Windows were replaced in eligible properties in Saukville and in Waubeka.

In 2006 the health department continued to administer the HOME rental and homeowner rehab programs. At years end the health department completed five homeowner projects and submitted a grant application to fund an additional five rehab projects.

The health department distributed 98 radon screening kits to Ozaukee County residents. 60 kits showed levels above the EPA level of concern. 88 kits were distributed free to Ozaukee county residents through the NACCHO (National Association of County and City Health Officials) Grant.

Other duties of the EHS have included creating news articles and public service announcements, participating in educational workshops, career days and committee membership. The EHS is a member of the following committees: the WDNR Beach Advisory Workgroup, the Health Department Emergency Planning Committee, and the Applicant Review Board.

BIOTERRORISM (BT) GRANT PROGRAM:

2006 was a very productive year for emergency planning and preparedness efforts under the Bioterrorism Grant. Ozaukee County continues to be a part of the Quad County Consortium, which includes Washington, Ozaukee, Sheboygan and Fond du Lac Counties. The Consortium staff provides technical support.

As part of the Grant we must meet several preparedness objectives. We accomplished this and have learned a great deal from each of these objectives. Our Plans reflect many changes based on lessons learned and are continuing to develop as we move into 2007.

Some of the highlights based on the objectives include:

- Quad County sponsored a special speaker to address the special needs population in time of disaster on March 31. The Speaker was Hillary Styron from the National Organization on Disabilities at www.nod.org. She spoke on the Emergency Preparedness Initiative (EPI) who are continuing their national outreach, education, and awareness efforts to ensure that people with disabilities take measures to prepare themselves for emergencies; to ensure that preparedness officials across the country are including people with disabilities in the planning, training and exercises, and response activities that are being undertaken at the community level.
- We held a Tabletop Exercise on June 22, 2006, testing preparedness and response during a pandemic specific to special needs populations. There were 18 people from Human Services, 25 in the health and medical field, six from volunteer agencies, four from Emergency Management, one elected official and two of other designation.

- We worked closely with Human Services and Aging Services developing plans for meeting the needs of special populations in the event of a Public Health and other types of emergencies. Our work together is continuing in 2007.
- We also work with many community partners including the Non-Profit agencies that serve the vulnerable population of our county. On September 20, 2006, the Health Officer and the BT Coordinator spoke to this group about current plans and future planning needs. As a result of this and other meetings these groups are working hard on developing their plans to interface with County planning.
- We have hosted several meetings for human service agencies and other partners. January 12, 2006, we hosted a satellite broadcast, 'Planning for the Needs of Special Populations' with 26 people from various agencies attending. September 14, 2006, presented at the Care In the Community Conference to approximately 25 parents of children with special needs and to providers of services on emergency preparedness. September 26, 2006, presented to a group of approximately 50 senior citizens, as part of the Aging in Stride Program, on emergency preparedness.
- We held a Functional Exercise on September 19, 2006. It tested preparedness and response to a smallpox exposure. We activated the EOC and tested our Mass Clinic Plan. This exercise has assisted us in developing our plans for 2007.
- We have worked with the Quad County BT Workgroup on improving our preparedness plans on a monthly basis.
- We have participated in assessments using tools and surveys to assess the needs of our county. These assessments have been done in conjunction with the Quad County Consortium, the Department of Health and Family Services and the Centers for Disease Control. The 2006 'Ozaukee County Community Health Preparedness Survey' can be found on our web page: <http://www.co.ozaukee.wi.us/PublicHealth/index.html> or <http://www.co.ozaukee.wi.us/PublicHealth/Ozaukee%20county%20BT%20survey%20report%2005-06.pdf>
- We established and have met twice with a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community based and faith-based sectors, as well as private citizens) and that is accountable for articulating strategic priorities and overseeing the development and execution of the jurisdictions' operational pandemic plan. This group is called the Administrative/ Medical Review Panel for Pandemic Influenza.
- The epidemiological capacity of our county has increased because of a great deal of work completed by our Public Health Nurses working with the Quad County Contagious Disease Workgroup, the Infection Control Committee from SMO Hospital, DPH and Center for Disease Control.
- Our Department has participated in regional planning efforts with counties in Southeastern Wisconsin working on developing a plan to distribute antibiotics within a 48-hour period of time in the event of an anthrax exposure. This is called the Cities Readiness Initiative.
- Our department participated with the Southeast Region health departments in developing a regional pandemic plan and hosted a regional informational forum for local business that followed up with a tabletop exercise testing a regional response to a pandemic.

In addition to the work that has been related to specific objectives, we have worked hard with many other community partners. Some of the partners include law enforcement, bus companies, Amateur Radio Operators, school districts, MATC, Concordia University, American Red Cross,

Salvation Army, Chambers of Commerce, Fire Departments and EMS, VOAD (Voluntary Organizations Active in Disasters), SMO Hospital and Emergency Management.

Another important component to preparedness planning for us in 2006 was training. Some of the training opportunities included topics on PIO (Public Information Officer); Sheltering Workshops; Emergency Preparedness Planning for Special Needs Populations; The Courts; Public Health & Legal Preparedness; State Conference Public Health Emergency Preparedness; Pandemic Influenza and Businesses and more.

The 2006 Grant has also allowed us to purchase needed supplies for a Mass Clinic and these supplies will also enhance our daily operating procedures. We are looking forward to improving our plan with the purchase of credentialing and identification software made in 2006.

In summary, the 2006 Bioterrorism Grant Program has helped us to move forward with all our plans. We look forward to 2007, working very hard to continue to make improvements and be able to better serve all of Ozaukee County.

OTHER PROGRAMS

COMMUNITY ASSESSMENT: (Regularly and systematically collect, assemble, analyze and make available information on the health status of the community. s. 251.05(3)(a),)

The State of Wisconsin Division of Public Health directs each county health department to perform a community assessment at least every 5 years. In 2005, the fourth health study was completed for Ozaukee County. Community Health Survey results have provided the solid data from which the following five health priorities have been selected:

- Overweight or obese adults and children.
- Alcohol and drug use.
- Tobacco use and environmental tobacco exposure.
- Preventive health screenings.
- Increase presence of Carbon Monoxide detectors in homes.

Aurora Healthcare conducted the 2005 Community Health Survey through their internal grant procurement. We received results of the 2005 survey in 2006. The community Health Surveys conducted by Aurora Healthcare are on a three-year schedule and Ozaukee County will be surveyed next in 2008. These surveys are pursuant to the Wisconsin Division of Health's priority, "Healthiest Wisconsin 2010". The Ozaukee County studies were conducted by JVK Research to gather information on the health practices and health-related behavioral risks of residents. We are fortunate to have the same research company for our recent Community Health Surveys.

The 2003 survey can be viewed via this link on our web page:

<http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/ozaukee.pdf>.

And the recent 2005 survey can be viewed via this link on our web page:

<http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/2005-Ozaukee-County.pdf>

Each year, our public health grants received from the State Division of Health are based on the five priorities selected above. Grant objectives are often based on data gathered from these Community Health Surveys.

The Ozaukee Health Initiative (OHI) is a group of county and community members who review the health survey results, and continuously monitor community activity relating to the five health priorities. We have continuously broadened our membership base, currently including the chairperson being a County Board Supervisor and previous Board of Health chairperson; both Director and Assistant Director of Ozaukee Public Health Department; an Ozaukee County Public Health Nurse; the Director of Ozaukee Human Services; the Manager of Ozaukee

Community Programs; the UW Extension Family Living Consultant; the Columbia St. Mary's Ozaukee Campus Director of Operations; the Director of Programming at Feith Family YMCA; and the primary programming Specialist at Ozaukee Council, Inc.

Through this Community Assessment process from the State Division of Health, Ozaukee County is able to keep apprised of community needs as they arise, rather than chase a problem, which may have grown too large for effective intervention.

NURSING STUDENT PRECEPTOR PROGRAM:

Ozaukee County public health department participates in providing public health clinical experiences to senior nursing students. In 2006, five students from Concordia University took part in the fall semester clinical experience.

VOLUNTEERS

Our dedicated and caring volunteers made a difference in 2006. Our department program benefited greatly from the numerous hours and talents of our many volunteers. In 2006, 440 volunteers donated 925 hours of service to the school hearing, vision, and scoliosis screening programs. Fifteen volunteers donated 278.5 hours at our blood pressure and adult health screenings; two volunteers donated 180 hours to our Children with Special Health care Needs program and 21 volunteers donated 161 hours of service at our flu/pneumonia clinics and our monthly immunization clinic in Mequon. Five physicians donated a total of 24 hours at our Healthy Child Wellness Clinics and two physicians donated eight hours at our scoliosis re-screens. **Volunteers provided a total of 1,576.5 hours of dedicated service.**

WEB page: <http://www.co.ozaukee.wi.us/PublicHealth/index.html>

The health department maintains current information and links for health issues on their web page.

2006 COMMUNICABLE DISEASE STATISTICS-OZAUKEE COUNTY

REPORTABLE DISEASES- DIAGNOSED CASES	Fred./Belg.	Port/Sauk	Grafton	Cedarburg	Meq/Thien	Total 2006	Total 2005	Total 2004
-	-	-	-	-	-	-	-	-
Blastomycosis	1					1	2	0
Campylobacter		6	4	4	10	24	22	26
Cryptosporidium	1		1			2	7	2
E. Coli 0157		3			4	7	2	1
Encephalitis						0	2	1
Giardia		4	1	2	3	10	11	7
Haemophilus influenza B					1	1	1	1
Hepatitis A	1	2				3	0	3
Hepatitis B	1			6	1	8	10	9
Hepatitis C	1	11	10	2	9	33	21	35
H.I.V.		1			1	2	4	2
Legionairres						0	0	3
Listeria						0	0	1
Lyme Disease				1	2	3	0	1
Measles						0	0	0
Meningitis-bacterial						0	1	3
Meningitis-viral	1	1	1	1		4	5	3
Meningococcal disease						0	1	2
Mumps (confirmed/probable/suspect)	1	1	1	2	1	6	0	0
Mycobacterial disease (non- tubercular)		2	4	1	6	13	14	13
Ova & Parasites (misc.)						0	0	1
Pertussis (confirmed/probable/suspect)			3		2	5	13	100
Rubella						0	0	0
Salmonella	1	3	1	1	2	8	22	19
Shigella						0	2	4
STD's: Chlamydia	3	16	7	10	17	53	64	56
Gonorrhea		1	1	1	6	9	5	9
Genital Herpes	2	7	8	5	10	32	37	31
Syphilis		1				1	4	2
Strep A (invasive)		1	1			2	2	2
Strep B (invasive)		2			4	6	2	4
Strep Pneumo. (invasive)		1		2	2	5	6	12
Toxic shock syndrome						0	0	0
Tuberculosis-Active disease (confirmed/suspect)				1	2	3	1	3
Tuberculosis-Inactive (old TB-inactive-monitored)						0	2	0

EXHIBIT I

Tuberculosis-Latent infection (non-contagious)	2		4	2	3	11	10	7
West Nile Virus						0	0	0
Yersinia	1					1	1	0
Sub-total	16	63	47	41	86	253	274	358
MISCELLANEOUS REPORTABLE DISEASES:	Fred./Belg.	Port/Sauk	Grafton	Cedarburg	Meq/Thien	Total 2006	Total 2005	Total 2004
Cat Scratch Disease			1			1	0	1
Kawasaki Syndrome				1		1	0	0
Sub-total	0	0	1	1	102	2	3	3
EXPOSURES TO REPORTABLE DISEASES	Fred./Belg.	Port/Sauk	Grafton	Cedarburg	Meq/Thien	Total 2006	Total 2005	Total 2004
Chlamydia-exposures to chlamydia	1	3		3	3	10	8	7
Foodborne illness-exposures to foodborne illness					2	2	0	6
Giardia-exposure to giardia (non-household)					1	1	1	0
Mumps-exposures to cases	3				2	5	0	0
Pertussis-exposures					1	1	156	1254
Tuberculosis-exposures to tuberculosis		1	5			6	5	22
Sub-total	4	4	5	3	9	25	172	1289
INVESTIGATION ONLY-NOT CONFIRMED	Fred./Belg.	Port/Sauk	Grafton	Cedarburg	Meq/Thien	Total 2006	Total 2005	Total 2004
E. Coli O157		1				1	0	0
Foodborne illness	1	1			3	5	5	7
Mumps					2	2	1	2
Pertussis					1	1	1	10
Syphillis					1	1	0	0
Sub-total	1	2	0	0	7	10	7	19
TOTAL:	21	69	53	45	102	290	456	1669

EXHIBIT II

2006 Vision Statistics by Grade Level					
Grade	Screened	Rescreened	Referred	% Referred from Rescreen	Treatment Responses
ECH					
PRESCHOOL					
4K	-	-	-	-	
5K	85	8	3	38%	1
1	77	9	3	33%	-
2	88	10	5	50%	-
3	97	8	6	75%	-
4	71	13	6	46%	1
5	75	6	4	67%	1
6	-	-	-	-	-
7	-	-	-	-	-
8	-	-	-	-	-
9	-	-	-	-	-
10	-	-	-	-	-
11	-	-	-	-	-
12	-	-	-	-	-
					-
TOTAL	493	54	27	50%	3

EXHIBIT III

2006 Hearing Statistics by Grade Level					
Grade	Screened	Rescreened	Referred	% Referred from Rescreen	Treatment Responses
ECH	57	9	1	11%	-
PRESCHOOL	657	90	10	11%	-
4K	308	43	2	5%	1
5K	806	94	16	17%	-
1	799	82	19	23%	4
2	847	67	14	21%	5
3	869	62	13	21%	4
4	47	3	1	33%	-
5	32	1	-	0%	-
6	54	1	1	100%	-
7	30	1	-	0%	-
8	37	1	-	0%	-
9	-	-	-		-
10	-	-	-		-
11	-	-	-		-
12	-	-	-		-
	-	-	-		-
TOTAL	4,543	454	77	17%	14

EXHIBIT IV

ADULT HEALTH SCREENING STATISTICS:																			
2006 Totals										Exhibit : IV									
SCREENING DATE: Annual report										BLOOD PRESSURE RECHECK DATE: 3/07									
Age	Sex	Screened	Blood		Vision risk		Distance		Near		Visual		Cholesterol		HDL		Diabetes		Td given
			Pressure		Factors		Vision		Vision		Field test								
			SCR	REF	SCR	REF	SCR	REF	SCR	REF	SCR	REF	SCR	REF	SCR	REF	SCR	REF	
18-29	M	70	67	3	60	19	55	1	55	3	55	3	17		17	8	17		1
	F	31	30		28	11	28	1	28	4	27	1	4		4	2	4		
30-44	M	118	115	10	89	28	81	2	81	2	77	1	60	13	60	30	60	2	
	F	89	86	1	52	23	43		43	4	42	4	23		23	3	23	1	
45-54	M	71	69	4	41	17	32	1	32	9	34	1	29	4	29	7	29		1
	F	93	90	11	37	14	32	1	32	12	30		28	2	28	1	28		1
55-64	M	77	76	2	21	10	12	1	12	4	13	1	22	3	22	7	23		2
	F	121	114	4	22	3	14		14	3	13	1	33	8	33	4	33	1	2
65-74	M	102	100	3	7	2	5	1	5	1	5	1	9	1	9	4	9		1
	F	147	143	7	8	1	5	2	5	3	3		11	4	11		11		4
75+	M	146	146	4	3		1	1	1	1	1		6	1	6	2	6		1
	F	275	273	29	3		2	2	2	2	2	1	8	2	8		8	1	2
TOTALS		1340	1309	78	371	128	310	13	310	48	302	14	250	38	250	68	251	5	15

(screened)

Total Persons referred

297

Male	584	573	26	221	76	186	7	186	20	185	7	143	22	143	58	144	2	6
Female	756	736	52	150	52	124	6	124	28	117	7	107	16	107	10	107	3	3

End of Report