

THE FORT WAYNE-ALLEN COUNTY DEPARTMENT OF HEALTH



2004



ANNUAL REPORT

ANNUAL REPORT **2004**

DEPARTMENT MISSION

To promote and monitor a healthy community by providing effective public health services and working toward a hazard free environment.

Fort Wayne-Allen County Department of Health

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“The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.”

-Disraeli

TABLE OF CONTENTS

BOARD OF HEALTH	3
ELECTED OFFICIALS	4
ORGANIZATIONAL STRUCTURE	5
WEB PAGE INFORMATION	6
Communications and Informatics	7
<u>DIVISION REPORTS</u>	
Finance	8-11
Environmental/General Services	12-13
Food Protection	14-15
HIV/STD Prevention Programs and STD Clinic	16-19
Laboratory Services	20-21
Pollution Control	22-23
Public Health Nursing	24-25
Tuberculosis Control	26-27
Vector Control	28-29
Vital Records	30-32

For over 164 years, the Fort Wayne-Allen County Department of Health has provided the citizens of Allen County with the very best public health services possible. Today, those services have expanded into areas our predecessors never imagined, challenging us to keep pace with the demands of an ever-changing environment and population.

The Fort Wayne-Allen County Department of Health has continued in the successful tradition established under the leadership of its Board of Health. Members of the Board of Health have roots in medicine, law, business, industry, labor and social services. Maintaining constant communication between the governing body and staff members has been instrumental in relating regulation and procedures that best serve the community.

The Fort Wayne-Allen County Board of Health is appointed by elected officials in order to represent the needs of the community. The Mayor of Fort Wayne appoints three (3) members, while the Board of Commissioners of Allen County appoints four (4) members.

Members of the Board for 2004

Gregory Schmitt, MD (President)

Richard Magley (Vice President)

Terri Farr, RN

Anna Lambertson, MD

Janet Paunwar

Philip Schubert, MD

Joseph Steensma, CIH, MPH

Dr. Philip Schubert resigned from the Board effective December 31, 2004. We'd like to extend a special thank you to him for 19 years of dedicated service.





Commissioners of Allen County

Marla J. Irving
Linda K. Bloom
Edwin J. Rousseau

Allen County Council Members

Darren Vogt, President
*Margaret Ankenbruck, Vice President
Cal Miller
Paula Hughes
Herb Hernandez
Roy Buskirk
Michael Cunegin II
**Paul Moss

* Resigned mid-year

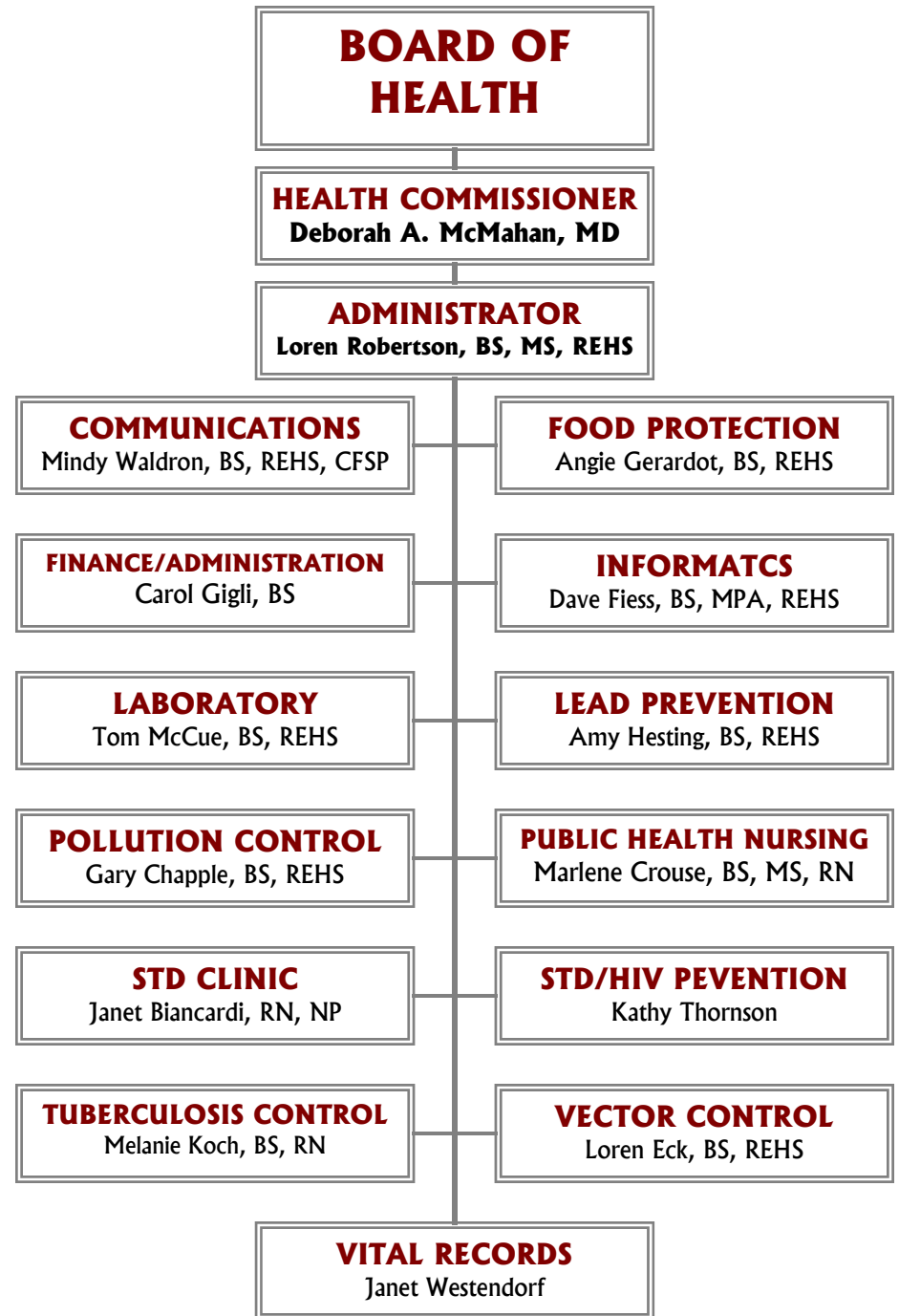
** Completed Ankenbruck's term; Buskirk VP position

Mayor of the City of Fort Wayne

The Honorable Graham A. Richard

Fort Wayne City Council Members

Sam Talarico, Jr., President
John Shoaff
John N. Crawford, MD
Tom Smith
Thomas Didier
Thomas E. Hayhurst, MD
Glynn Hines
Donald J. Schmidt
Tim Pape



	<u>2003</u>	<u>2004</u>
MISCELLANEOUS REVENUE (ADDENDUM 2)		
Training Fees/Fines/Travel Reimb./ Refunds/West Nile Virus/Flood	\$ 4,211.78	\$ 9,459.62
TOTAL	\$ 4,211.78	\$ 9,459.62

DISBURSEMENTS

Department of Health	\$ 2,824,708.24	\$ 3,763,380.99
Bank Bond Payment	-0-	114,007.00
Mosquito Control	92,233.42	76,389.95
HIV Substance Abuse Grant	69,953.49	71,366.70
S.T.D. Grant	146,662.53	146,324.80
Tuberculosis Clinic	166,637.15	152,071.88
HIV Education Grant	113,193.95	142,122.14
Community Immunization Grant	75,598.85	27,105.33
Tobacco Master Plan	84,148.85	90,825.36
Positive Project	3,960.00	5,597.63
Purdue University Soil Study Grant	4,915.48	-0-
Mini Lead Grant	4,193.85	-0-
Nurse Survey	-0-	4,999.98
St. Joe Community Health Foundation Grant	37,804.57	39,064.66
TB Education Grant	-0-	9,272.57
Pocket of Needs Grant	12,885.77	16,273.79
Bioterrorism Grant	<u>2,982.80</u>	<u>17,108.60</u>
TOTAL	\$ 3,639,878.95	\$ 4,675,911.38

MISCELLANEOUS GRANTS

TB Emergency Grant	27,605.64
Immunization Outreach Grant	12,086.54
Public Health Coordinator	10,773.27
TB Block Grant	40,699.84
Tobacco Master Plan Fund	123,518.23

FINANCIAL REPORT

LOCAL HEALTH MAINTENANCE FUND

	<u>2003</u>	<u>2004</u>
Beginning Balance, January 1, 2004	\$ 240,605.81	\$ 203,568.94
Receipts		
<i>State Fund</i>	50,000.00	50,000.00
<i>Tobacco Settlement Monies</i>	**	34,008.00
<i>(** Deposited in 2002)</i>		
<i>Interest</i>	3,724.18	3,545.51
<i>Fees – Food Permits</i>	+ <u>69,394.79</u>	+ <u>73,358.35</u>
	\$ 363,724.78	\$ 364,480.80
Disbursements	- 160,155.84	- 151,767.72
Investments	-0-	-0-
Balance, December 31, 2004	\$ 203,568.94	\$ 212,713.08

IMMUNIZATION DONATION FUND

Balance, January 1, 2004	\$ 9,402.44	\$ 5,331.35
Donations Received	+ <u>6,640.69</u>	+ <u>5,933.82</u>
	16,043.13	11,265.17
Disbursements	- <u>10,711.78</u>	- <u>4,881.05</u>
Balance, December 31, 2004	\$ 5,331.35	\$ 6,384.12

STD CLINIC DONATION FUND

Balance, January 1, 2004	\$ 12,975.81	\$ 12,491.89
Donations Received	+ <u>2,819.46</u>	+ <u>3,394.46</u>
	15,795.27	15,886.35
Disbursements	- <u>3,303.38</u>	- <u>4,718.49</u>
Balance, December 31, 2004	\$ 12,491.89	\$ 11,167.86

SMALLPOX FUND

Receipts	\$ 8,400.00	\$ 4,489.08
Disbursements	- <u>3,910.92</u>	- <u>4,350.27</u>
Balance, December 31, 2004	\$ 4,489.08	\$ 138.81

Childhood lead poisoning is a serious environmental health threat to young children in Allen County. In order to address this problem, the Allen County Department of Health, in collaboration with the St. Joseph Community Health Foundation, has created the **Allen County Childhood Lead Poisoning Prevention Program**. The Allen County Department of Health’s portion of the Program is responsible for providing program management, case management and environmental services to children with blood lead levels above 15 µg/dL. In addition, the Program works in tandem with Adult Protective Services and Child Protective Services to investigate cases of adult and child endangerment.

2004 Highlights:

The Program formed a strategic planning committee consisting of local businesses, social service agencies and government entities to develop a comprehensive plan to eliminate childhood lead poisoning as a public health threat by 2010. The Plan was successfully written and has been applauded by the Indiana State Department of Health and the Centers for Disease Control and Prevention (CDC). The funding received from the CDC in 2003 was extended into 2004. Part of the money was used to hire an Implementation Coordinator and a Lead Education Aide. Both positions serve the Program well and have helped to increase community awareness about lead poisoning.

Lead Case Management:

Provides case management services to Allen County children identified with blood lead levels above 15 µg/dL including medical referrals and identifying developmental delays.

Environmental Services:

The Program’s lead risk assessors worked to identify lead hazards in lead poisoned children’s environments. By collecting and analyzing dust, soil, water and paint samples, they determine which sources are contributing to a child’s elevated blood lead level and work with the family to eliminate the hazards.

STATISTICAL SUMMARY

	<u>2003</u>	<u>2004</u>
Lead Risk Assessments, Inspections, Re-Inspections & Samplings	48	54
Lead Clearance Examinations	10	5
Lead Complaint Investigations	3	1
Environmental Lead Work (hours)	N/A	112.25
General Lead Work (hours)	N/A	748.50
STELLAR work (hours)	N/A	192
Primary Prevention Activities	N/A	53
Outside Referrals Made	N/A	44
Lead Education & Outreach (Hours)	19	11.25
Developmental Assessments	23	15
Health Fairs (Hours)	3	13
Home Visits	N/A	122
Family Assistance (Hours)	N/A	86.5
Requests for Lead Information	N/A	31
Environmental Complaints & Recalls	66	48
Adult Endangerment & Child Endangerment inspections	30	23
Indoor Air Quality Inspections, Assessments and Tests	35	6
Indoor Air Quality—Requests for Information	69	2
Indoor Air Education and Outreach	22	43

The **Food Protection Division** is responsible for licensure and inspection of all annual, mobile and temporary retail food establishments. The Division also conducts food-related consumer complaint investigations, responds to vehicle accidents involving food products, and follows up on possible foodborne illness outbreaks including all necessary food and specimen sampling. A significant amount of time is also spent on food employee training and architectural plan review for establishments under construction or those engaged in remodeling projects. **Tattoo & Body Piercing Establishments** are also regulated by this Division.

2004 HIGHLIGHTS:

- Two ServSafe® Food Protection Manager Certification Courses were presented to approximately 100 key food protection personnel from area food establishments.
- The existing state food code was replaced with a new rule. Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-24, went into effect and enforcement on November 13, 2004. In-house educational sessions were conducted and documentation changes made to reflect the code changes.
- The Schedule of Civil Penalties Rule went into effect on November 13, 2004. This rule sets a range of monetary civil penalties that may be assessed for violations of state food rules and statutes and prohibits local health departments from establishing separate civil penalties.
- The Division continued educating food establishment operators regarding the Food Handler Certification Rule which is scheduled to go into effect on January 1, 2005.
- The Food Division is working with the Indiana State Department of Health (ISDH) to develop a web-based permit and inspection program called the Food Inspection Regulatory Management System (FIRMS). Once development is complete, the ISDH will provide our inspectors with laptop computers and printers for inspectional use. This system will provide improved data access and handling, improved inspection consistency and documentation, improved report generation and will allow for information sharing between other counties within the state.
- Angie Gerardot assumed the role of Division Director in October.

STATISTICAL SUMMARY

FOOD Licenses Issued

	<u>2003</u>	<u>2004</u>
Food Service Establishments	1,153	1,156
Food Market Establishments	458	411
Mobile Food Units	99	120
Temporary Food Establishments	663	604
Vending/Hidehouse/Rendering	37	34

FOOD Inspection Activity

	<u>2003</u>	<u>2004</u>
Food Service/Mobile Food Service Estab.	2,373	2,275
Food Market/Mobile Food Market Estab.	965	863
Temporary Food Establishments	1,121	1,083
Follow-Ups/Recalls	160	164
Consumer Food Complaints	377	392
Preliminary Inspections	361	389
Opening Inspections	240	239
Plan Reviews Conducted	82	37

TATTOO/BODY PIERCING

	<u>2003</u>	<u>2004</u>
Inspections and Re-Inspections	35	38
Complaint Investigations	14	4

The mission of the **HIV/STD Prevention Program and the STD Clinic** is to intervene in the spread of HIV and other sexually transmitted diseases (STDs) and to reduce the complications of these diseases. Prevention activities include intervening in disease spread through contact tracing, screening, and providing education in a timely manner. Intervention systems include: a.) surveillance b.) case detection through screening c.) treatment of known cases d.) case follow-up and e.) education.

2004 HIGHLIGHTS: (for the STD Clinic)

The Sexually Transmitted Disease (STD) clinic continues to offer vital public health services to Allen County residents. Patient visits increased by 12% in 2004 from 2003. To accommodate client needs, clinic hours were extended to 5:00 pm. The Clinic continues to perform community outreach through participation in the Healthy Cities program, where 31 indigent women were provided a reproductive health exam in 2003. Outreach activities also include a partnership with area health-care education institutions which offer clinical internships with their students.

In the area of prevention, the Clinic quadrupled the number of persons immunized against Hepatitis B and made Meningococcal vaccine available to college freshman.

Our goals for 2005:

- Implement an electronic medical record to improve quality assurance measures.
- Expand clinical outreach activities.

STATISTICAL SUMMARY (STD Clinic)

	<u>2003</u>	<u>2004</u>
TOTAL STD VISITS	4,916	5,502
TOTAL HIV ONLY VISITS	780	394
TOTAL CLINIC VISITS	5,696	5,896
FEMALE	49%	49%
MALE	51%	51%

AGE GROUP:

15-19	18.20%	16.80%
20-24	30%	32.60%
25-29	17.50%	18.50%
30-34	11%	10.11%
35-44	15.15%	13.55%
>44	7.10%	7.78%

STATISTICAL SUMMARY (for STD Clinic, continued)

RACE		
WHITE	50.60%	51.69%
BLACK	42.22%	39.54%
OTHER	7.18%	8.77%
GENITAL WART TREATMENT		
CRYOTHERAPY	230	129
TCA	346	948
HERPES-POSITIVE CULTURES		
	56	53
HEPATITIS B TESTS		
POSITIVE TESTS	0	3
HEPATITIS B VACCINATION		
FIRST VACCINE	106	406
SECOND VACCINE	105	204
THIRD VACCINE	55	81
BACTERIAL VAGINOSIS		
	453	641
TRICHOMONIASIS		
	291	398
HEPATITIS C TESTS		
HEPATITIS C POSITIVE	180	367
	26	23
CHLAMYDIA		
TOTAL TESTS	2,682	2,857
TOTAL POSITIVE	452	506
POSITIVITY RATE	16.90%	17.10%
GONORRHEA		
TOTAL TESTS	2,713	2,862
TOTAL POSITIVE	304	174
POSITIVITY RATE	11%	6.10%
SYPHILIS		
TOTAL TESTS	2,943	2,636
CONFIRMED POSITIVE	9	4
POSITIVITY RATE	0.31%	0.15%
HIV		
TOTAL TESTS	1,078	1,729
POSITIVE TESTS	12	15

2004 HIGHLIGHTS: (for HIV/STD Prevention)

- **“Twenty Minute HIV Test” (OraQuick) implemented into all twenty satellite and clinic testing sites.** Tested 2,698 clients with over 82% of the clients choosing the “twenty-minute HIV test”.
- **HIV/STD and Hepatitis integration strategy progressed.** Currently, Hepatitis B is the only STD preventable by vaccination. Over 800 doses of hepatitis vaccine were given to clients seeking other HIV/STD services in 2004.
- **Electronic data collection expanded.** Web-based collection of HIV counseling and testing data marked its’ first anniversary. We became a pilot site for Indiana State Department of Health’s STD Data Centralization project the later part of the year.
- **Competitive Grant year for HIV and STD Prevention.** Received grants for HIV Counseling, Testing, Partner Notification Services, STD Prevention and Prevention Case Management for the 2005 programs.
- **Chlamydia rates for our district continue to climb.** Implemented strategies to increase awareness, prevention and testing. 74% of the reported 2004 chlamydia cases were from private practices, of which 89% were female and 11% male. The other 26% of the reported 2004 chlamydia cases were from the STD clinic, of which 37% were female and 63% were male. Chlamydia urine testing began this year.

**Surveillance for ALLEN COUNTY:
2004 Total Cases and Rates**

DISEASE	2003	2004	% Change
Chlamydia	1289	1505	+15%
Rate/ 100,000 pop.	388.4	453.5	
Gonorrhea	653	495	-24%
Rate/ 100,000 pop.	196.8	149.2	
HIV	20	26	+30%
Rate/ 100,000 pop.	6.0	7.8	
Syphilis	1	2	+100%
Rate/ 100,000 pop.	.3	.6	

Surveillance for District 03: Northeast Indiana*
2004 Age Distribution by Disease

*District 03 is the HIV/STD Prevention Programs surveillance jurisdiction and is comprised of the following counties: Lagrange, Steuben, DeKalb, Noble, Kosciusko, Whitley, Allen, Wabash, Huntington, Wells, Adams, and Jay.

AGE	CHLAMYDIA	GONORRHEA	HIV	P&S SYPHILIS
0 -14	19	3	0	0
15-19	766	162	4	1
20-24	723	183	2	0
25-29	266	95	3	0
30-34	82	42	6	0
35-39	32	28	2	1
40-44	14	12	10	0
45 +	13	19	5	0
UNK	8	1	0	0
2004 TOTAL	1,923	545	35	2
% Change 2003-2004	+17%	-23%	+6%	+100%

The **Department of Health Laboratory** routinely conducts dairy product, water sample, and cultural and serological analyses. Additionally, the Laboratory provides services to other Divisions such as performing mosquito assays for Vector Control, product complaint determinations for Food Protection, and blood lead assays for Childhood Lead Poisoning Prevention Program.

2004 HIGHLIGHTS:

- **Participated successfully** in performance evaluation surveys of dairy products, potable water, and clinical specimens.
- **Worked** with Pollution Control Division’s swimming pool managers to help implement an amended local pool ordinance.
- **Collaborated with IU-PU**, Fort Wayne, to test for *E. coli* presence in ditches of Allen County.
- **Developed spread sheets** for the Clinical Lab to maximize the accuracy and efficiency of recordkeeping both in the lab and in the STD Clinic.
- **Monitored** mosquito pools with the cooperation of Parkview Health System Labs. The purpose of these tests are to identify virus activity in mosquito samples collected throughout the county and to provide an early warning to citizens of the potential of mosquito-borne disease transmission. Although seemingly not as prevalent as in the past, West Nile Virus remains a potential threat to Allen County residents.

STATISTICAL SUMMARY

	<u>2003</u>	<u>2004</u>
CLINICAL ANALYSES:		
Gonorrhea	7,714	4,571
Syphilis	4,079	4,204
Blood Lead	708	250
Quality Control	2,577	1,722
STD Send Outs/Chlamydia Processing	4,891	4,432
HIV	442	2,273
Additional STD’s	1,590	1,598
MILK ANALYSES:		
Butterfat	481	515
Drug Residue	524	525
Phosphatase	659	557
Coliform	1,297	1,263
Heterotrophic Plate Count	1,184	1,223
Ancillary Tests	184	271
WATER ANALYSES:		
Potable	826	863
Non-Potable	1,789	2,510
Pools	6,032	6,335
Heterotrophic Plate Count	6,337	5,932
Confirmatory Tests	1,065	994
Plated Media Preparation	8,245	11,549
QUALITY CONTROL:	10,814	11,225
FOOD COMPLAINT ANALYSES:	23	23
POLLEN COUNTS:	28	31
MOSQUITO POOLS:	364	215
TOTALS:	61,853	63,081

The **Pollution Control Division** assumes the responsibility for design, review, inspection, and complaint investigation of on-site sewage disposal systems, as well as administration and operation of the public swimming pool program. The Division is responsible for coordinating emergency preparedness activities with other divisions and agencies. In addition, the Division is also actively involved in other environmental protection services such as investigation of underground storage tanks, hazardous materials spills, and outdoor air quality.

2004 HIGHLIGHTS:

Continued the Allen County Water Quality Improvement Initiative. The Water Quality Improvement Initiative, which began in 2000, has involved E. coli samples from ditches throughout the county. We partnered with IPFW to complete our fourth year of testing 20 season-long sampling sites to observe trends and track water quality progress over time. Data collected from one site, where homes with failing systems were connected to public sewer, indicates dramatic water quality improvements. We plan to continue to share water quality data with homeowners and other agencies concerned with water quality in Allen County to bring about projects that lead to water quality improvements in other areas of the county.

Began implementation of the onsite sewage disposal surface discharge system permit program.

Legislation enacted in 2002 was designed to provide an onsite solution for every existing home not connected to a public sewer system. This year, the Department issued the first permit to allow a surface discharge system for an existing home. Surface discharge systems are only approved when no other acceptable private system will work. We also assisted the Allen County Commissioners in the implementation of the Allen County Onsite Wastewater Management District in order to utilize this permit.

Continued mapping onsite sewage disposal systems with Global Positioning System equipment.

Health department personnel can now access information for newly installed onsite systems directly from Geographic Information System maps. This is part of the long term goal to update and streamline the inspection process. The Department has already begun to reap the benefits of improved information, saving trips to the site to verify distances or other conditions. We are over halfway through the county, mapping visible components on all systems installed since 1990.

STATISTICAL SUMMARY

	<u>2003</u>	<u>2004</u>
Construction Permits Issued	263	239
Inspection/New Installs/Initial	164	252
Inspection/New Installs/Re-inspection	440	942
Inspections/Existing Systems	255	236
Operation Permits	134	245
Sewage Complaints/Inspections	111	104
Sewage Complaints/Re-inspection	244	192
Dye Tests	29	25
Orders to Correct Faulty Systems	30	33
Miscellaneous Complaints/Investigations	427	775
Phase I Investigations	195	178
Public Sewer Connections	56	100
Potable Water Samples	52	0
Outdoor Air Samples	4	3
Burning Investigations	3	2
UST's	2	0
Pool / Spa - Education	24	24
Pool / Spa – Inspection	393	251
Pool / Spa – Re-inspection	58	437
Pool / Spa – Complaint	27	17
Pool / Spa – Water Samples	4,603	5,457
Lab samples	693	630
GPS Mapping/Initial visit	1,355	1,179
GPS Mapping/Revisit	93	179
Site Assessments	226	113
Soil Wetness Tests/Initial test	153	334
Soil Wetness Tests/Retest	100	275



The **Public Health Nursing Division** provides this community with a full assessment of community nursing services. The Division's services include childhood lead screening and case management, communicable disease investigation, refugee health screenings in addition to the operation of an adult and childhood immunization clinic. In addition to these programs, the Division coordinates the Community Infectious Disease Network of Allen County (CIDNAC).

The Division continues to support the emergency preparedness of the Department of Health. The Division maintains community involvement with organizations such as First Steps, Step Ahead, Refugee Community Care Services, and the Suicide Prevention Council. The Division is a clinical site for nursing students from Indiana University Purdue University, St. Francis University, Indiana Wesleyan University, and Ball State University.

2004 HIGHLIGHTS:

- Refined the clinic component of the Mass Prophylaxis Plan for Allen County.
- Provided outreach through a Pockets of Need Grant, to parents of 462 children not up-to-date with immunizations by 2 years of age.
- Provided an RN part-time for the TB Clinic, to support efforts to bring the TB outbreak under control.
- Coordinated a community forum for medical providers to inform them about the health concerns of the Somali Bantu refugees resettling in Allen County through Catholic Charities.
- Worked with community partners to coordinate the distribution of flu vaccine to populations identified as most vulnerable.
- Conducted several flu vaccination clinics in schools, clinics, at the Coliseum and the City-County Building.

STATISTICAL SUMMARY

	<u>2003</u>	<u>2004</u>
Immunizations-Health Department		
<i>Children Seen</i>	5,372	4,843
<i>Doses Given</i>	14,032	10,928
Immunization Coverage Levels	52.6	51
Healthy Cities Health Fair		
<i>Flu Vaccine</i>	358	119
<i>Pneumococcal Vaccine</i>	122	151
<i>Tetanus Vaccine</i>	148	110

	<u>2003</u>	<u>2004</u>
City/County Bldg. Flu Clinic		
<i>Flu Clinic (City/County Employees)</i>	244	n/a
<i>Pneumonia Immunizations (Dept. Employees)</i>	53	17
Special Flu Clinics	1,514	631
Hepatitis B-Doses Given		
<i>City/County Employees</i>	191	193
<i>INDOT</i>	n/a	15
<i>Other</i>	211	166
Tetanus—local purchase	n/a	154
Smallpox Immunizations Given	84	n/a
Refugee Program		
<i>Office Visits</i>	84	204
<i>Hep B Blood Draws</i>	59	129
<i>Home Visits</i>	36	0
SIDS home visits	3	0
Newborn Screens	11	6
Lead Screens Clinic	77	132
Lead Screens Target Population	599	18
<i>Levels 10-20 (DOH/Others)</i>	40	29
<i>Levels over 20 (DOH/Others)</i>	21	7
Animal Follow-up Bite Reports	834	897
Reported Communicable Diseases		
<i>Campylobacter</i>	22	29
<i>Chickenpox</i>	2	4
<i>Cryptosporidiosis</i>	6	12
<i>E. Coli, Diarrhea Associated</i>	2	2
<i>West Nile Encephalitis</i>	7	1
<i>LaCrosse Encephalitis</i>	0	1
<i>Haemophilus</i>	4	3
<i>Hepatitis A</i>	2	4
<i>Hepatitis B (Acute)</i>	2	7
<i>Hepatitis B (Chronic)</i>	30	35
<i>Hepatitis C (Acute)</i>	5	4
<i>Hepatitis C (Chronic)</i>	116	132
<i>Histoplasmosis</i>	2	8
<i>Lead, Elevated (confirmed)</i>	47	37
<i>Legionellosis</i>	4	3
<i>Listeriosis</i>	1	2
<i>Lyme Disease</i>	3	5
<i>Malaria</i>	0	0
<i>Meningitis-Aseptic</i>	75	16
<i>Meningitis Bacterial</i>	11*	2
<i>Mumps</i>	1	1
<i>Pertussis</i>	3	21
<i>Rocky Mountain Spotted Fever</i>	1	1*
<i>Salmonella</i>	23	25
<i>Shigellosis</i>	13	6
<i>Strep B. Newborn</i>	4	7
<i>Strep invasive Group A</i>	12	4
<i>Strep Pneu</i>	19	14
<i>Strep Pneu, Drug Resistant</i>	9	5
<i>Toxic Shock Syndrome</i>	2	0
<i>Yersiniosis Enterocolitica</i>	1	0

* Probable cases, not confirmed

The **Division of Tuberculosis Control and Prevention** is responsible for evaluating and treating cases of active tuberculosis (TB) disease, their contacts, and individuals with latent TB infection (LTBI). Services include tuberculin skin testing (TST), chest x-ray referrals, directly observed therapy (DOT), satellite phlebotomy, nurse case management, and medical evaluation and follow up by physicians.

2004 Highlights:

- There has been a 50% increase in the number of active TB cases diagnosed in Allen County since 2003.
- In March, the Fort Wayne–Allen County Department of Health (DOH) and the Indiana State Department of Health (ISDH) invited the Division of TB Elimination at the Centers for Disease Control and Prevention (CDC) to assist state and local officials with this community TB outbreak.
- A community TB education campaign was launched by the DOH that included presentations to community providers and city hospitals, emergency TB alerts to area providers, and article submissions to both professional and lay publications. A Regional TB Nurse Consultant from ISDH conducted 5 TST certification classes, resulting in certification of 65 individuals, and TB educational seminars to community providers and volunteer organizations.
- The DOH collaborated with the Medical Reserve Corp of Allen County in activating 40 emergency healthcare volunteers to assist the DOH with TST screening.
- In an effort to concentrate DOH resources in controlling the outbreak, the clinic ceased routine TST for the community. Allen County residents in need of a TST or chest x-ray for employment, residential, or educational purposes are being referred to other community agencies including Neighborhood Health Clinics who was awarded a grant from ISDH to assist with this need.
- 100% of all active TB cases identified in Allen County were treated using DOT.
- Collaboration with local public schools has allowed for the implementation of a school based DOT program where the school nurses provide DOT to the student.
- A pilot skin testing program was implemented in the fall at a local homeless shelter and a site that serves individuals with HIV/AIDS. It was found that the local homeless population has a rate of LTBI much lower than the national average.
- Melanie Koch assumed the role of Division Director in April.

Our goals for 2005 are outlined below:

- Identify, effectively treat, and cure patients with active pulmonary tuberculosis.
- Identify contacts of active cases, evaluating, and treating those with LTBI.
- Screen high-risk populations and assure that infected individuals are treated to prevent development of active disease.

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STATISTICAL SUMMARY

	<u>2003</u>	<u>2004</u>
New cases reported	16+2 transfers	24+1 transfer
Physician Visits	N/A	824
Contacts Evaluated	335	836
Other TB Skin Testing		
• Source Investigation	N/A	64
• Refugees	185	199
• Targeted Skin Testing	N/A	113
• Routine Community Testing	2,494	1,113
Satellite Laboratory Services (new service began in November)		
• Client Visits	N/A	81
• Specimens Collected	N/A	25
DOT Visits		
• In Clinic	N/A	774
• In Field	N/A	2,819
• Other	N/A	812
TOTAL	1,190	4,405
• School based	N/A	>700

➤ *This new program has served 28 children in 12 schools in 3 school districts, involving 11 nurses since August-December 2004.*

The Vector Control Division is responsible for mosquito surveillance of arboviral diseases and controlling Norway rats on residential properties. Mosquito surveillance consists of collecting and testing adult mosquitoes for both West Nile virus and St. Louis Encephalitis virus. Larval specimens are collected from standing water and chemical is applied to control larvae. Nighttime spraying to eliminate adult mosquitoes is performed when mosquito tests are positive for the virus(es).

In an effort to control Norway rats, inspectors carry out site assessments of residential properties for signs of rodent infestation. Poison baits are placed at strategic locations and homeowners are educated in methods to avoid reoccurrence. The Division conducts investigations involving flea, tick and roach infestation; human exposure to rabies from animal bites; and discarded refrigerators with doors attached.

Rodent Control

Rodent technicians continued the battle against Norway rats. Property inspection decreased by 18% as did complaints from the public. Inspectors continued to write citations for trash conditions contributing to rodent infestation. Violators were given a written warning before a fine was imposed. In 2004, five hundred-ten warning letters were issued; twenty-five citations with fines were written; and fifteen individuals were summoned into Allen Superior Court for failure to comply with orders.

West Nile Virus

The 2004 summer rainfall pattern was much lower than the previous year's which resulted in area flooding. The absence of a major rainfall event produced a 60% drop in complaints from the public. This pattern was cause for the decrease in larvicide application and allowed inspectors the opportunity to perform more site inspections than the previous year.

The first virus activity was detected on July 2nd when the Indiana State Department of Health identified Allen County's first bird positive for West Nile virus. That same month, one mosquito pool collected in Adams township tested positive for virus activity. In August and September, mosquito pools collected in Washington township were found to harbor the virus. The only human case in Allen County was confirmed on December 28th. Fogging for adult mosquitoes occurred during July in response to the positive pool detected in Adams township. A total of eight miles of ULV fogging was performed by health department staff.

Catch basins and drain inlets were given special attention. City Pollution Control staff placed chemical agents in catch basins throughout the city. New Haven street department staff treated four hundred catch basins in May and June with Altosid. Low areas, ditches with standing water, and combined sewage overflows were addressed throughout the summer and fall.

Mosquito collection and testing started in May and ended on October 1st. A smaller number of mosquito pools were tested due to the decrease in population. Traps were required to run more consecutive nights in order to gain a full complement of specimens for testing. Two Hundred twenty-one pools of mosquitoes were tested in our laboratory. Two additional pools were tested at the state lab.

Rabies Investigations

Investigations of animal bites to humans increased dramatically. One Hundred ninety-eight bite incidents were reported. Two bats tested positive for rabies. Prophylactic treatment was administered to all persons who came in contact with both animals. No human cases resulted from either exposure.

2004 HIGHLIGHTS

- **Collected larval specimens from 937 mosquito breeding sites throughout Allen County.**
- **Performed 8 miles of fogging for adult mosquitoes carrying West Nile virus.**
- **Tested 221 pools of mosquitoes for the presence of West Nile virus.**
- **All the catch basins and storm inlets in Fort Wayne (3,350) and New Haven (400) were treated with larvicide.**

Rodent Data	2003	2004
Initial Complaints	1,099	911
Initial Surveys	1,051	861
Recall Inspections	1,475	1,142
Recall Surveys	1,411	1,123
Alley Surveys	1,177	1,187
Door Hangers	535	298
Bait Used	9,323	8,754
Trash Referrals	250	57
Legal Notifications	427	510
Fines	39	25
Court Summons	22	15

Mosquito Data		
Citizen Complaints	1,176	407
Breeding Site Inspections	3,376	3,536
Breeding Sites Treated	1,471	1,250
Mosquitofish Sites	57	125
Catch Basins Treated	3,350	3,350
ULV Fogging (miles)	270	8
Mosquito pools tested	364	221

Rabies Data		
Rabies Investigations	41	198

Tick Data		
Ticks submitted for testing	0	2

The **Vital Records Division** has the responsibility for filing all records of birth and death that occur in Allen County as well as the issuance of all certified birth and death certificates. The Division prepares and files Paternity Affidavits and Paternity Affidavits Upon Marriage and coordinates the receipt of adoption records and court orders for birth record changes. The Division routinely communicates with personnel from numerous governmental and social agencies requesting and/or providing birth and death verification and related information.

Newly-enacted federal regulations will have a large impact on the Vital Records Division by requiring tighter identification controls on who may obtain a certified copy of a document. Minimum standards for birth certificates were mandated in the bill, all of which have been met by The Division.

2004 HIGHLIGHTS:

- The Division continued to work with a local vendor to enhance the quality of the paper documents being transferred to digital image. This project was an extensive undertaking and will be a tremendous asset to the Division when completed.
- Participated with a committee of local health department Registrars and Directors to assist the Indiana State Department of Health efforts to streamline the recording of birth information.
- Attended Spring Conference of Indiana Vital Records in Hammond, Indiana.
- Director recognized by the Indiana Vital Records Association (IVRA) for dedication to and leadership of the organization.
- Participated with several other Division Directors and Health Commissioner in a monthly data sharing meeting to assess community health trends.
- Chosen as a “Pilot County” by Indiana State Department of Health to test a Web-based computer program.
- Work continues on the record preservation and software development program. This effort will enhance the quality of existing records by transferring them to a digital format. Over 1,000,000 records have been converted to date.

STATISTICAL SUMMARY
Hospital and Home Delivery Summary

	<u>2003</u>	<u>2004</u>
Lutheran Hospital	1,732	1,717
Parkview North Hospital	713	791
Parkview Hospital	2,078	1,882
St. Joseph Hospital	479	537
Dupont Hospital	1,700	1,876
Home Births	26	35
In Route to Hospital	1	0
Total Births	6,729	6,838
Twins	*	*
Triplets	*	*
Quadruplets	*	*
Adoptions	*	*
Court Orders Determining Parentage	*	*
Resident Births	5,349	5,221
Non-Resident	1,380	1,618
Paternity Affidavit Upon Marriage	147	103
Correction Affidavits	86	98
<i>Revenue Collected</i>	\$344,633.80	\$359,952.00
<i>Coroner Fund</i>	\$ 22,529.00	\$ 22,173.00
Total Collected	\$367,162.80	\$382,125.00

	<u>2003</u>	<u>2004</u>
<u>Born To Married Parents</u>		
Male white	2,158	2,111
Female white	2,061	1,974
Male non-white	153	207
Female non-white	128	197
<u>Born To Unmarried Parents</u>		
Male white	754	748
Female white	713	751
Male non-white	381	433
Female non-white	381	418

DEATHS
Causes (Medical)

	<u>2003</u>	<u>2004</u>
Heart Disease	688	714
Cancer	759	711
Apoplexy	223	195
Pneumonia	247	205
Diabetes	54	87
Cirrhosis	33	31
Chronic Obstructive Lung Disease	144	140
Premature Infant	32	34
HIV/AIDS	13	11
Influenza	4	2

* cannot be determined at this point using the new software.

DEATHS (cont'd)**Causes (Medical)**

	<u>2003</u>	<u>2004</u>
Tuberculosis	1	1
All Other Non-Listed Causes	656	645

Causes (Coroner)

Accident	205	193
Homicide	21	28
Suicide	46	37
Natural	271	186
Sudden Infant Death	8	7
Undetermined	2	15
Total Deaths	3,407	3,242

Deaths By Age Group

	<u>2003</u>	<u>2004</u>
Under 28 days	48	52
29 days to 1year	18	12
1 year to 14 years	15	22
15 years to 24 years	43	54
25 years to 44 years	183	144
45 years to 64 years	647	650
65 years to 74 years	624	602
75 years to 84 years	997	908
85 years and over	832	798
Resident of Allen County	2,479	2,337
Non-Resident	928	905
Residency Unknown	0	0
Fetal	46	47
Male	1,735	1,606
Female	1,672	1,636

Location of Death

	<u>2003</u>	<u>2004</u>
Lutheran Hospital	520	556
Parkview Hospital	825	767
Parkview North	14	16
St. Joseph Medical Center	145	171
Dupont Hospital	13	14
VA Medical Center	41	32
Hospice Home NE	281	239
Residence, Nursing Home & Other	1,568	1,447

Source: Allen County Planning**Population:**

County 331,849