

NASSAU COUNTY  
DEPARTMENT OF HEALTH



2014  
ANNUAL REPORT

Edward P. Mangano  
Nassau County Executive

Lawrence E. Eisenstein, MD, FACP  
Commissioner of Health

# Nassau County Department of Health • Annual Report 2014

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## **Nassau County Board of Health**

### **Role and Responsibilities**

The Nassau County Board of Health and the Nassau County Department of Health were created in 1938 by the Nassau County Charter.

Members of the Board of Health (hereafter referred to as the “Board”) are appointed by the County Executive to five-year terms. The Board enforces the New York State Public Health Law as well as New York State and local sanitary codes.

The Board:

- Prescribes the duties of and directs the Commissioner of Health.
- Makes and publishes orders and regulations for the preservation of life and health.
- Creates orders and regulations for the supervision of nuisances and other matters detrimental to the public health.
- Restrains by injunction violators of its orders and regulations.
- Issues subpoenas, compels the attendance of witnesses, and administers oaths and compels testimony.
- Issues warrants to peace officers to enforce the law.
- Prescribes and imposes penalties for violations of, or failure to comply with, its orders or regulations or any of the regulations of the state sanitary code.

**Inquiries to the Nassau County Board of Health can be addressed to:**

**Ellen J. Braunstein, MD, Chair  
Nassau County Board of Health  
c/o Nassau County Department of Health  
200 County Seat Drive, Mineola, NY 11501**

## **Board of Health Membership Biographies**



**Anthony Battista, MD, FAAP**, attended Chaminade High School, earned a BS in Biology at St. John’s University, and received his medical degree from SUNY Brooklyn Health Science Centers. He did his training in Pediatrics at the Steven & Alexandra Cohen Children’s Medical Center in New Hyde Park. He practiced Pediatrics in Mineola for 24 years before moving his practice to Garden City in 2008. He has served as President of the Nassau Pediatric Society and President of the American Academy of Pediatrics New York Chapter 2.

**Ellen J. Braunstein, MD, FAAP**, is the present chair of the Nassau County Board of Health. She is a board-certified Neurologist practicing in Woodmere, Long Island. Dr. Braunstein is a Hofstra University Alumna and a graduate of Chicago Medical School. She spent her internship year in New York City at the Mt. Sinai Hospital/City Hospital Center at Elmhurst and continued her Neurology Residency training at North Shore University Hospital and the Memorial Sloan Kettering Cancer Center, where she attained Chief Residency status. Dr. Braunstein is involved in many medical community affairs. She is a fellow in the Nassau Academy of Medicine and past president of the Nassau County Medical Society. Through the Medical Society of New York State, she is a member of the House of Delegates and Budget and Finance Committee. She is an active member of the American Academy of Electrodiagnostic Medicine, the American Academy of Clinical Electrophysiology, and the former director of the Multiple Sclerosis Outpatient center sponsored by the National Multiple Sclerosis Society. Dr. Braunstein is an active participant of the American Academy of Neurology where she sits as a section member of multiple committees.



**Abby Greenberg, MD, FAAP**, has been a member of the Board of Health since December 2009. She was previously with the Department of Health for over 40 years, where she served as Acting Commissioner of Health in 2006 - 2007; 2000 - 2001; and 1993 - 1994. She began her career with the Department in 1968 as a pediatric clinician working in the Department's Community Health Centers. She then became, in subsequent order, Medical Director of the Plainview Health Center, Director of the Quality

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Assurance Program, Director of Special Children's Services, Director of the Bureau of Health Centers, Director of the Bureau of Infectious Disease Control, Director of the Division of Epidemiology, Director of the Division of Disease Control, Appointed Early Intervention Official for Nassau County, and Director of the Center for Public Health. She continues to be a member of the Medical Reserve Corps. Dr. Greenberg is also a pediatric medical expert for Social Security Administration pediatric disability and is currently the Immediate Past President of the Nassau Pediatric Society.

**Paul A. Pipia, MD**, graduated from Archbishop Molloy High School, earned a BS and MS degree from Fordham University, and received his medical degree from SUNY Downstate Medical Center in Brooklyn. His internship training was at Staten Island University Hospital, and his residency in Physical Medicine and Rehabilitation was at NYU Medical Center. He is an attending physician at Nassau University Medical Center, where he was a member of the Board of Managers for eight years and served as Medical Director. Dr. Pipia is board-certified in Physical Medicine and Rehabilitation as well as Sports Medicine. He is currently an Assistant Professor and Division Chief of Physical Medicine and Rehabilitation at SUNY Downstate Medical Center. He is also the Residency Program Director and is the Co-Director of the Muscular Dystrophy Association Clinic at Downstate Medical Center. He is a fellow in the Nassau Academy of Medicine and past President of the Nassau County Medical Society. Through the Medical Society of New York State, he is a member of the House of Delegates and Chair of the State Legislation and Physician Advocacy Committee. He is an honorary Vice-Chairman for the Toys for Tots program which is run by the United State Marine Corp.



## **Department of Health Vision**

### **Vision**

The Nassau County Department of Health will lead a public health system that works to create healthy communities.

### **Values**

- Integrity
- Professionalism
- Respect
- Dedication
- Innovation

## **Department of Health Mission**

### **Mission**

Nassau County Department of Health promotes and protects the health of all who live, work, and play in Nassau County.

The mission is accomplished through direct services and community partnerships in the following areas:

- Development and maintenance of individual and community preparedness for public health hazards and events.
- Investigation, prevention, and control of communicable diseases.
- Prevention of environmental health hazards through assessment, regulation, and remediation.
- Promotion of healthy lifestyles through outreach and education.
- Provision for evaluation and services to individuals, children, and families that have developmental delays and concerns.

## **Division Highlights**

### **Environmental Health**

The Division of Environmental Health promotes safe drinking water, food, air quality, and recreational, commercial, and residential environments through regulation, inspection and enforcement of the New York State Public Health Law, State Sanitary Code and the Nassau County Public Health Ordinance. It protects the community from adverse effects resulting from environmental pollution, unsanitary conditions, or unsafe practices. The Division is comprised of four bureaus that regulate the safe and sanitary conditions of public water systems, food service establishments, commercial and residential environments, recreational facilities and investigates complaints of conditions that may be hazardous to public health. The Division monitors the abatement of lead hazards, prevents the sale of tobacco products to minors, investigates complaints of rodent and insect infestations, and conducts mosquito and rabies surveillance.

During the year, the Environmental Health Division conducted activities in the following bureaus:

- The Bureau of Environmental Engineering reviewed 64 toxic and hazardous material storage plans, 69 swimming pool plans, 100 realty subdivision projects and 499 public water supply plans.



***Public Health Engineer, Jinu George, collects water samples from a Public Water Treatment System***

- The Bureau of Environmental Protection collected and analyzed 2,933 public water samples, reviewed 239,582 water quality test results from public water systems, conducted comprehensive sanitary surveys at 27 public water systems; assessed the groundwater impact and threat to public water supply wells from 141 federal and state regulated sites; conducted 922 hazardous material storage inspections, monitored 78 tank removals and 9 tank abandonments and certified 1,354 tank removals and 1,651 abandonments.



***A Nitrate Removal Ion Exchange Treatment System***

- The Bureau of Environmental Investigation collected 855 mosquito pools with 107 testing positive for West Nile Virus, conducted 1,098 animal bite investigations for rabies, conducted 1,898 community sanitation investigations, conducted 1,244 tobacco sale compliance checks with 56 illegal sales (95% compliance rate), conducted 83 investigations for air quality hazards and investigated 26 facilities for lead with 20 facilities receiving clearance after lead hazard abatement.



***Lead Curtain Sash Weight***

***Import Spices sent to NYS Wadsworth Labs  
for Lead Content Analysis***

- The Bureau of Environmental Sanitation issued 5,851 food service permits and conducted 12,604 inspections and investigated 759 complaints; trained and certified 2,115 food managers; issued permits to and inspected 128 children’s camps, 56 beaches, 784 swimming pools, and 56 temporary residences. The bureau collected 2,126 beach water samples for quality analysis and reviewed water quality results from 3,396 samples.
- The Division prosecuted 207 formal enforcement cases resulting in a total fine assessment of \$264,390.

## **Communicable Disease Control**

This Division protects the public from the spread of communicable diseases through education, surveillance, investigation, and intervention. Some of the actions taken to prevent outbreaks include: education, post-exposure prophylaxis, immunization, recommendations, isolation, and quarantine. In 2014 the Division of Communicable Disease Control:

- Investigated 23,054 laboratory reports with case confirmation of 4716 communicable diseases, including botulism, dengue fever and dengue viral hemorrhagic fever, encephalitis, meningococcal disease chikunguna, acute hepatitis A, acute hepatitis B, acute hepatitis C, typhoid fever, shigellosis, pertussis, legionellosis, mumps and vibrio non O1 cholera.
- Investigated and confirmed 4 human cases of west Nile virus disease with no deaths.
- Investigated 53 instances of vaccine preventable illness and responded to 728 calls on the immunization hotline.
- Outbreak control activities included Ebola direct and active monitoring, meningococcal disease with post exposure prophylaxis, shigellosis multi-jurisdictional outbreak, mumps, botulism, hepatitis A with post exposure prophylaxis, vibrio, varicella and legionellosis. Other outbreak control activities include Influenza and gastrointestinal illness in assisted living facilities, schools and group homes.

Communicable Disease Control maintains a 24-hour public health consultation service for reporting of notifiable diseases (see Appendix B) and physician consultation.

## **Tuberculosis Control**

Nassau County's Division of Tuberculosis (TB) Control successfully monitors and manages the spread of tuberculosis, one of the world's deadliest diseases, through case management, Directly Observed Therapy (DOT), Skype Observed Therapy (SOT), contact investigation, the immigrant program, education, consultation, isolation and quarantine.

Three metro area counties, Nassau, Suffolk, and Westchester, report approximately half of the cases of TB in the state, exclusive of NYC. Seventy eight percent of Nassau County

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cases are foreign born, comparable to NYS. In 2014, this Division:

- Managed and provided DOT to 33 confirmed cases, including 3 multidrug resistant cases.
- Investigated and followed up nearly 300 identified contacts.
- Referred 19 immigrants for evaluation from the B1B2 program. This program identifies immigrants with potential TB infections and follows their treatment.

## **STD Control and HIV Partner Services**

Activities of this Division focus on a comprehensive approach to disease intervention including risk reduction, counseling and education, early identification, and partner notification. These activities are done in partnership with health care providers, community organizations, schools, and other county agencies.

The Division staff has extensive experience in field epidemiology, case interviews, confirmation of treatment, partner elicitation and notification, counseling and referral services, and has the capacity to use innovative approaches to case and partner investigations.

In 2014, STD Control and HIV Partner Services:

- Investigated 365 Syphilis, 3541 Chlamydia and 502 Gonorrhea cases.
- Investigated 197 cases of HIV. Each case was contacted and was offered assistance notifying his or her partners who might be at risk.

## **Community and Maternal Child Health**

The Division of Community and Maternal Child Health Services provides a combination of direct services and administrative support to community-based programs and facilitates coordination and integration of services to children and families. The Division includes the Office of Children with Special Needs which includes four programs: Early Intervention, Preschool Special Education, the Physically Handicapped Children's Program (PHCP) and Child Find. The Division is also comprised of the Child Fatality Review Team (NCCFRT), the Community Health Worker Program, the Perinatal Services Network, 1 in 9 Hewlett House, the Childhood Lead Poisoning Prevention Program and the Women, Infants, and Children (WIC) Program.

## **Early Intervention (EI)**

The Early Intervention Program offers a variety of therapeutic and support services to eligible infants and toddlers with disabilities and their families. Typical services include speech therapy, physical therapy, occupational therapy, special education, and parent training. To be eligible for services, children must be less than 3 years of age and have a confirmed disability or established developmental delay, in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive. In 2014, the Early Intervention Program received 4,376 referrals, mostly from parents, families, pediatricians, and other providers. A total of 6,984 children were served throughout the year, and 3,817 cases were closed, mostly due to children becoming ineligible for services because of their age.

## **Child Find**

The Child Find Program is responsible for performing developmental tracking of certain at risk infants and toddlers, providing community and primary referral source education regarding the importance of developmental surveillance and the availability of early intervention services. Child Find conducts follow up activities to locate children with failed newborn screening test results as identified by the New York State Department of Health. Referral sources to Child Find include WIC, Early Intervention transfers, Childhood Lead Poisoning Prevention Program, Foster Care, CPS, parents, and healthcare providers. Child Find continues to collaborate with local hospitals regarding referrals to early intervention and has provided field experiences for pediatric residents. Informational materials have been distributed at several community health events throughout Nassau County. Child Find continues outreach at targeted lower socioeconomic communities through the Early Intervention Program-WIC Developmental Screening Collaborative.

## **Preschool Special Education Program**

The Preschool Special Education Program is designed for 3 and 4 year old children who have been determined by their school district to have a disability based on a multidisciplinary evaluation. This program is administered by the child's local school district with oversight and guidance from NYS Education Department. In 2014, the program assumed the responsibility of processing and verifying all transportation request documents for preschoolers requiring bussing or parent mileage

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reimbursement. The Preschool Program meets with the regional division of the NYS Education Department approximately every 2 months to discuss current issues. County presence at school district meetings is routinely accomplished by the attendance of municipal representatives.

## **Physically Handicapped Children’s Program (PHCP)**

The Physically Handicapped Children’s Program (PHCP) provides financial assistance to eligible families of children from birth to age 21 who meet medical and financial guidelines. There are three components to PHCP: the Diagnosis and Evaluation program; the Treatment/Medical program; and the Dental rehabilitation program, which is being phased out. PHCP makes available comprehensive medical, surgical, and rehabilitative services to children diagnosed with a chronic illness or physically handicapping condition.

## **Child Fatality Review Team (NCCFRT)**

The Nassau County Child Fatality Review Team (NCCFRT) is a multidisciplinary team created to review fatalities of Nassau County residents, age 0-17 years, whose death is unexpected or unexplained. The mission of the NCCFRT is to review cases to better understand the causes of these deaths and to make recommendations to reduce future child fatalities based on the team’s findings. In 2014, the team reviewed 15 cases and developed recommendations and interventions based on the reviews conducted. Activities in 2014 focused on infant safe sleep with development of the Cribs for Kids Nassau County, NY chapter with development of a policy and procedures manual, Memorandum of Understanding for partner agencies, recruitment of partner agencies, training of partner agencies, development a website and securing initial funding.

## **Community Health Worker Program**

The Community Health Worker Program (CHWP) is a New York State Health Department grant that provides funding for services to at-risk pregnant women and their families in Roosevelt and the Village of Hempstead. The goal of the CHWP is to improve birth outcomes for at-risk pregnant women. With an annual caseload of approximately 90 families, community health workers conduct outreach in the community, make home visits, and provide education, advocacy and coordination of services to women. During 2014, the Community Health Worker Program made over 500 home visits, and welcomed 69 new babies. The community health workers continue to provide case

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management services for the family during the baby's first year, including developmental screenings three times a year for every baby and child under 5 in the family.

## **Childhood Lead Poisoning Prevention Program (CLPPP)**

The Childhood Lead Poisoning Prevention Program (CLPPP) identified 60 new children with blood lead levels  $\geq 10$  mcg/dl in 2014. Program staff followed a total of 131 (new and ongoing) children with elevated blood levels throughout the year. The CLPPP provided case management services, environmental investigations, and referrals to other services.

## **Women, Infants, and Children Program (WIC)**

The Women, Infants & Children Program (WIC) provides food vouchers, peer breast feeding counseling and nutrition education for eligible pregnant/postpartum women, infants and children. In 2014, WIC served over 11,000 participants who were seen at five community-based WIC sites. The Breastfeeding Peer Counselors were available at each site, for home and hospital visits and contacted 90% of all the women interested in breastfeeding. The program continued to promote early childhood literacy, through its partnership with First Books of Nassau County, providing age-appropriate books for children.

## **Perinatal Services Network**

The Nassau County Perinatal Services Network (NCPSN) is an organization of more than 40 community-based partners. The Network's ongoing mission is to decrease infant mortality and improve birth outcomes in Nassau County. Through the collaborative efforts of partners, the NCPSN committees addresses issues impacting birth outcomes in the county. In 2014, the Faith Alliance of the NCPSN hosted an event, "A Dialogue with Mario Drummonds: Reducing Perinatal Health Disparities." The Nassau County Perinatal Mood and Anxiety Disorders (PMAD) Task Force of the NCPSN advocated that pregnant women be screened for PMAD by health providers. Its advocacy work culminated with a presentation to the Nassau County Legislators in November 2014 on early screening for PMAD in pregnant and postpartum women. The Advocacy Committee of the NCPSN developed the *Access of Health Care Services Guide* with complete information on the

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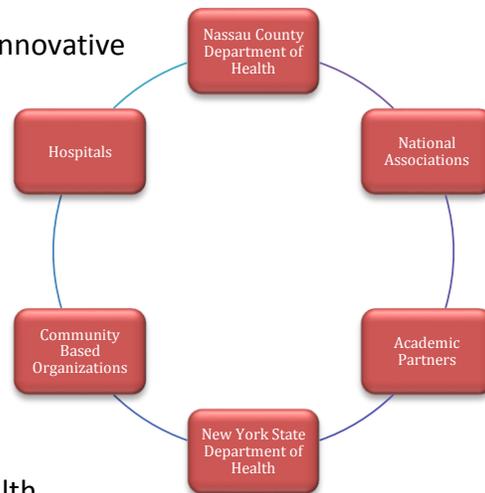
Affordable Care Act. The guide is on the website of the health department and was disseminated to providers.

## 1 in 9 Hewlett House

Hewlett House is an organization that provides services to individuals and families dealing with cancer. Hewlett House conducts support groups, private counseling, and various classes, including a discussion group on insurance and environmental issues. In 2014, Hewlett House participated in and spearheaded many fundraising and awareness events, representing a wide array of creative and athletic activities.

## Quality Improvement, Epidemiology, and Research

In 2014, the Division of Quality Improvement, Epidemiology, and Research employed new and innovative performance management and quality improvement measures for divisions within the Health Department. Quality improvement projects included revised analysis of Skype Observed Therapy for TB patients and TB Track system for large contact investigations. In addition, the Division partnered with hospitals, schools, and other agencies to carry out research, provide trainings, and apply for grants. The Division founded the Long Island Health Collaborative (LIHC) in partnership with Nassau-Suffolk Hospital Council,



community based organizations, Nassau County hospital systems, NuHealth, Adelphi University, Columbia University, Hofstra University, New York Institute of Technology and Stony Brook University. In 2014, LIHC launched its groundbreaking community partnership and became the foundation for the NYS DOH Public Health Improvement Program on Long Island.

This Division is responsible for the Community Health Assessment, the Community Health Improvement Plan, the departmental Strategic Plan, Accreditation, and support and advance ongoing activities related to the New York State Prevention Agenda 2013-2017, PHIP and Delivery Reform System

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Incentive Payment (DSRIP) Program, which builds on the work of the Medicaid Redesign Team.

## Minority Health

This Division continues to focus on health education, outreach, and programming in the underserved communities within the county. In 2014, the Division collaborated with Hofstra University School of Public Health and presented a Minority Health Conference during Public Health Week. Additionally, the Division successfully coordinated a sponsored Health, Sports, and Fitness Expo which served more than 2000 county residents.



## Public Health Emergency Preparedness (PHEP)

The Health Department is invested in developing and maintaining individual and community preparedness for public health hazards and events. The Public Health Emergency Preparedness (PHEP) Division leads and coordinates the department in public health emergency preparedness and response. In 2014, the Office of Public Health Emergency Preparedness:

- Contributed to the 2014 Public Health Preparedness Summit in Atlanta, Georgia presenting “After the Storm/Beyond Evacuations: Critical Partnerships for Public Health Sheltering for Super Storm Sandy 2012”
- Participated in Nassau County Coastal Storm Consortium at Office of Emergency Management
- Facilitated Health and Medical Multi-Agency Coordinating Group meetings to improve healthcare facility evacuation process during disasters and promote public health emergency preparedness.
- Attended and facilitated trainings and exercises with partner organizations and internal health department staff to improve response to potential emergencies
- Improved electronic tracking of clients and medications in through Urban Area Security Initiative grant funding
- Updated the Nassau County Ebola-Specific Isolation and Quarantine Plan

The Division coordinates the Medical Reserve Corps (MRC), a volunteer organization

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through which medical professionals can volunteer their time and expertise in preparing for and responding to public health emergencies. In addition, MRC members work to improve the overall health and well-being of the community throughout the year by engaging in various public health initiatives. In 2014, the MRC:

- Increased membership from 917 to 973.
- Presented Pediatric Disaster Core (PED-COR) curriculum to 71 MRC members, nursing students, and various healthcare professionals from Long Island
- Staffed MRC and public health emergency preparedness education tables at community events
- Volunteered at the Long Island Marathon, providing support to over 8,000 runners at 8 medical stations.
- Provided medical support at Nassau County Senior Picnic and Veteran Event
- Provided medical supervision and first aid at the Empire State Games for the Physically Challenged at Eisenhower Park.
- Facilitated numerous trainings including Advanced Critical Life Support certification, CPR training and recertification, Psychological First Aid, Crime Scene Safety, Fire Suppression and Disaster Triage training



## Communications and Health Information

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The Office of Communications and Health Information is responsible for educating Nassau County residents about health issues to support a safe and healthy community. In 2014, the Nassau County Department of Health held 30 meetings and community events, including public forums, and conferences/summits focused on chronic disease. Educational literature was distributed through health fairs and provided to community based organizations. The Office of Communications and Health Information is dedicated to answering the public’s questions and issued over 80 press releases.

## Human Resources

In 2014, the Health Department experienced a net decrease in staffing of 10 employees. At year end, the Department employed 251 employees, of which 236 were full time and 15 were part time. Overall, 72% of the Department’s employees’ salaries were funded by the County Fund while 28% was funded by various grants.

In 2014, in an effort to reduce expenditures, the County offered a Voluntary Incentive Separation Program to all full-time CSEA employees whereby those that applied would receive an incentive payment of \$1,000 for every year of completed service as defined by the CBA. Nine Department of Health employees took advantage of the program and left by the end of 2014.

In 2014, the Health Department experienced a total of 20 separations – 9 incentive; 1 termination; 1 retired and remainder 9 resigned. In turn, the Health Department hired 10 employees of whom 3 previously worked as seasonal/part-time Public Health Aide IIs.

Lastly, 11 employees were rewarded with promotions for their hard work and dedication.

	2013	2014	Net Change
Total Employees	261	251	-10
Full Time	241	236	-5
Part Time	20	15	-5
General Fund	185	180	-5
Grant Fund	76	71	-5

## **Public Health Laboratories**

The Division of Public Health Laboratory provides essential analytic and diagnostic laboratory services which assesses the status of community health in Nassau County. It maintains the necessary technical expertise and instrumentation to test for the presence of bacterial and chemical contaminants in the environment. The Health Department Laboratory is available to respond to public health emergencies 24 hours a day 7 days a week.

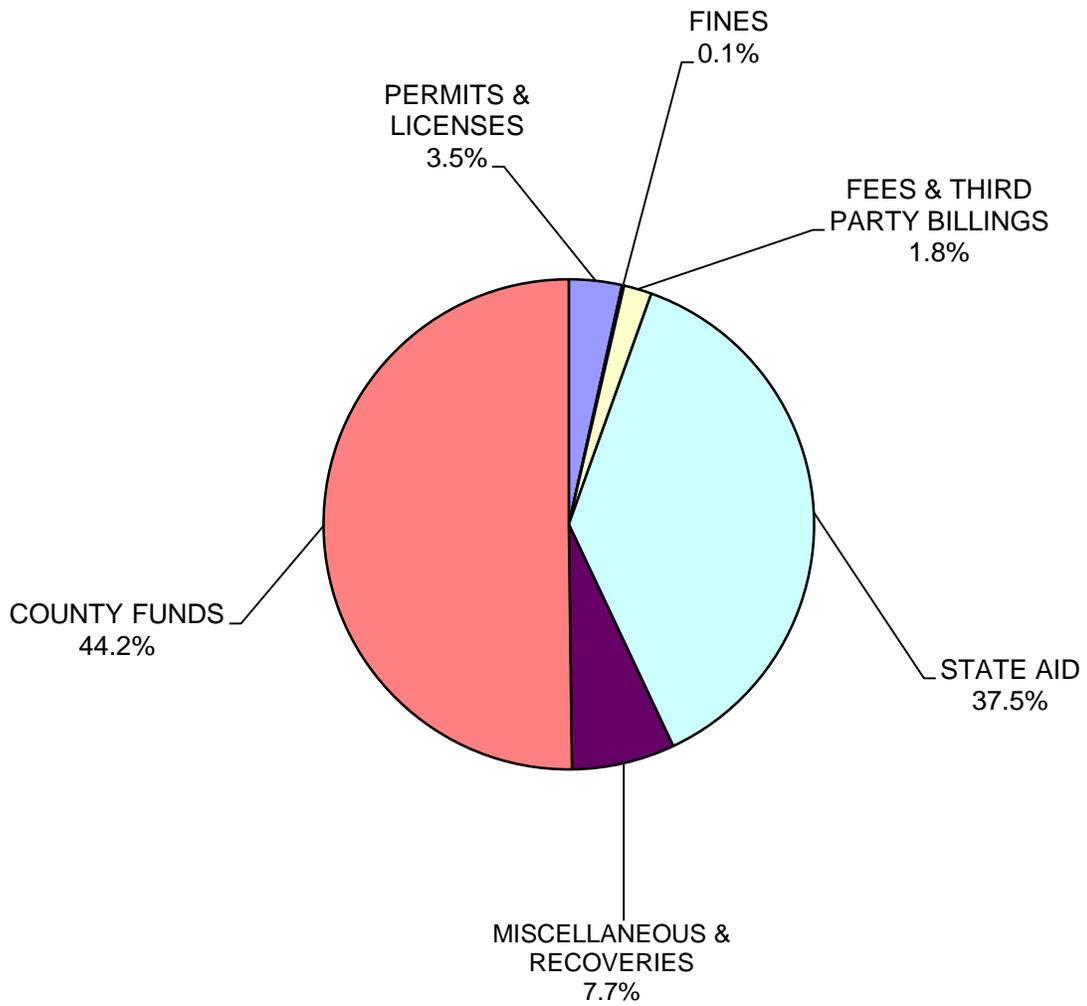
The Public Health Laboratory is comprised of two divisions - Microbiology and Chemistry. The Microbiology division monitors the quality of beach water, the efficacy of waste water treatment and quality of drinking water as well as identifies mosquito species for West Nile Virus testing. The Environmental Chemistry Division performs chemical agent analyses in water, air, soil and dust samples.

In 2014, the Public Health Laboratory chemical and microbiological divisions:

- Were visited by the Environmental Laboratory Accreditation Program inspectors in February for its bi-annual inspection review. Twenty deficiencies were observed by the inspectors and the Laboratory responded accordingly. The Laboratory successfully passed the inspection and received certification to continue operating.
- Utilized Auctions International to auction its excess/surplus clinical laboratory equipment which was no longer needed after the January 2012 closure of its clinical laboratory operations.
- Entered into a Use and Occupancy Permit with the Long Island Conservatory (LIC) in order for LIC to utilize available laboratory space on weekends during the school year its student science program.
- Tested 10,954 samples, including beach water, drinking water and waste water.
- Identified 76,769 mosquitoes of 16 different species from 944 mosquito traps and prepared the specimens for West Nile Virus testing by NYSDOH.

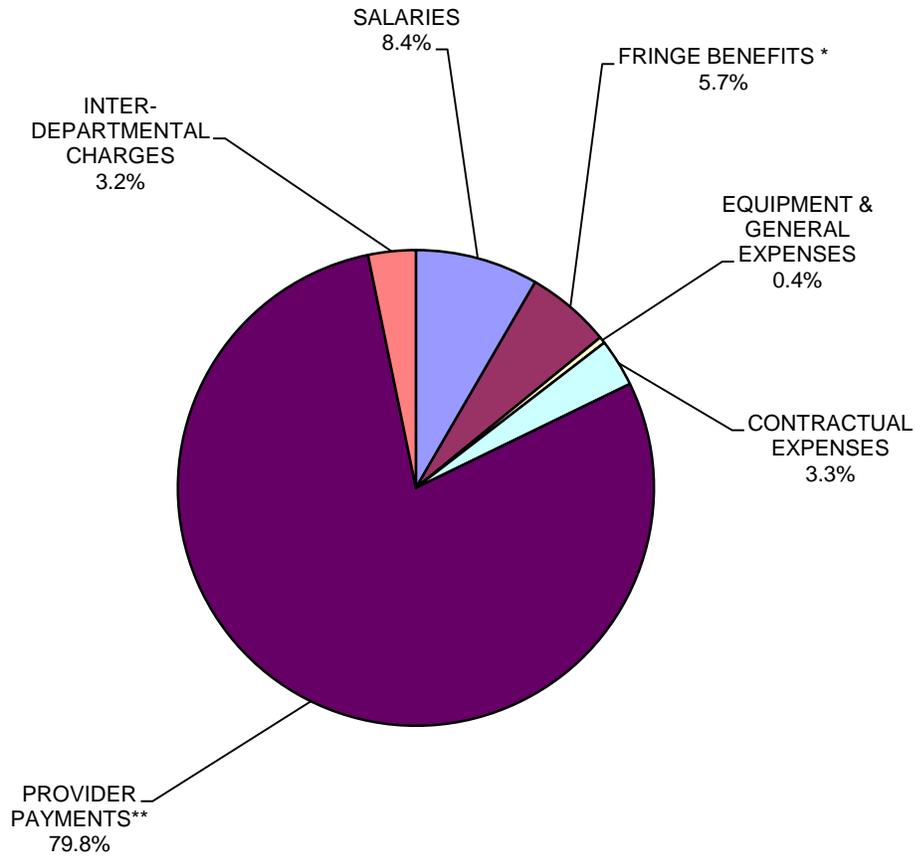
Appendix A: Fiscal Year 2014, Charts

FY2014 REVENUES BY TYPE



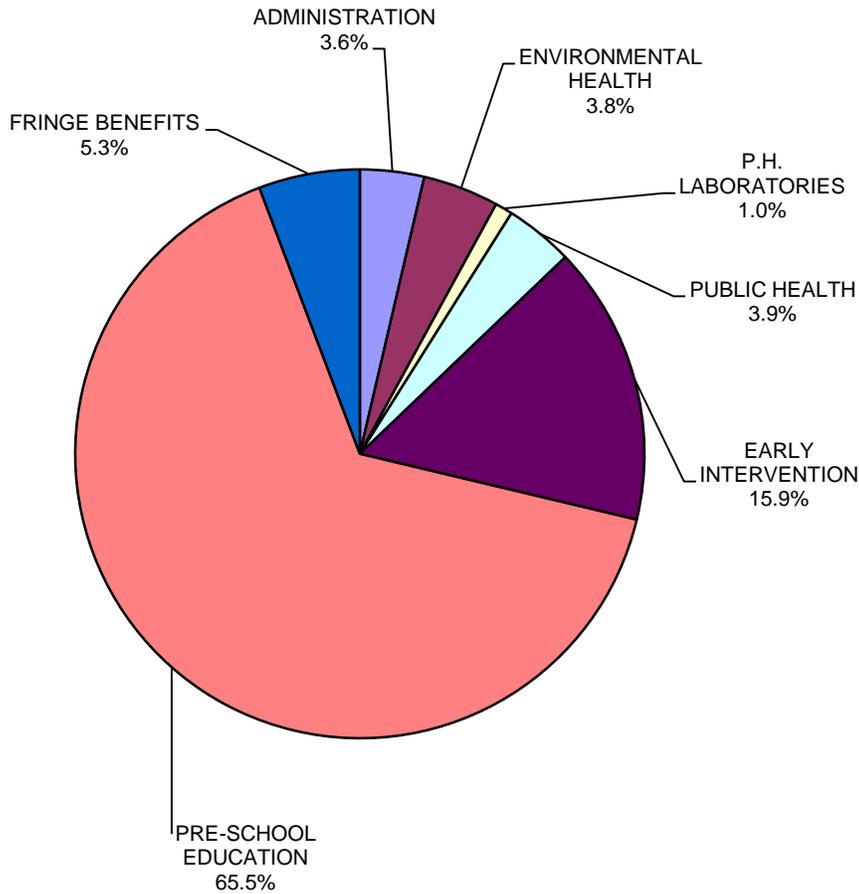
PERMITS & LICENSES				\$5,757,905
FINES				228,397
FEES & THIRD PARTY BILLINGS				3,033,413
STATE AID				61,940,636
MISCELLANEOUS & RECOVERIES				11,218,525
COUNTY FUNDS				82,848,635
TOTAL				<u>\$165,027,511</u>

**FY2014 EXPENDITURES BY TYPE**



SALARIES	\$13,796,444
FRINGE BENEFITS *	9,472,541
EQUIPMENT & GENERAL EXPENSES	731,606
CONTRACTUAL EXPENSES	5,368,901
PROVIDER PAYMENTS**	130,331,014
INTER-DEPARTMENTAL CHARGES	5,327,005
<b>TOTAL</b>	<b><u>\$165,027,511</u></b>
* Fringe benefits are budgeted centrally by the County. The amount above represents the fringe benefit costs allocated to the Health Department.	
** Provider Payments reflects payments to Early Intervention and Pre-School Education providers.	

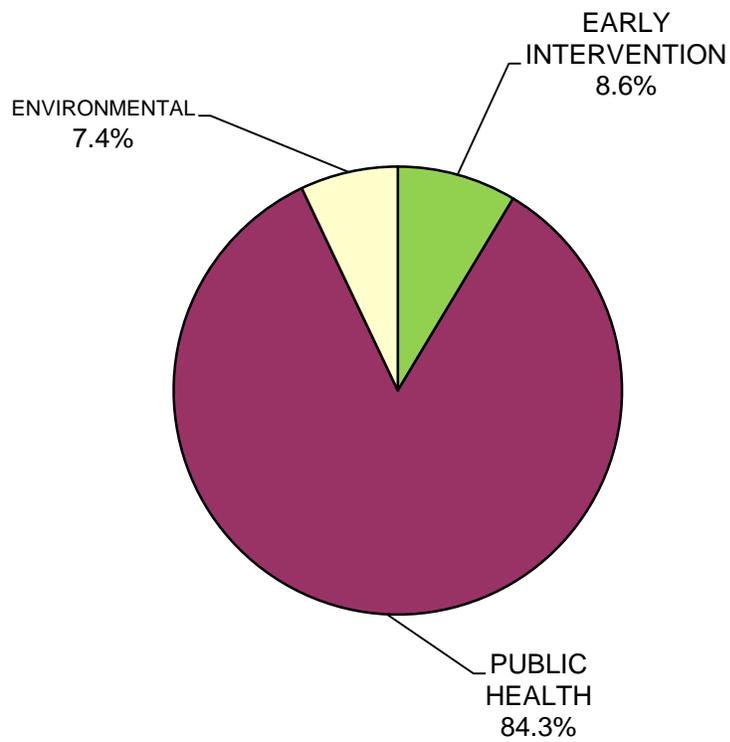
**FY2014 EXPENDITURES BY CONTROL CENTER**



HE10 - ADMINISTRATION				\$6,006,557
HE20 - ENVIRONMENTAL HEALTH				7,116,079
HE30 - P.H. LABORATORIES				1,643,837
HE40 - PUBLIC HEALTH				6,427,848
HE51 - EARLY INTERVENTION				26,201,932
HE54 - PRE-SCHOOL EDUCATION				108,158,716
FB10 - FRINGE BENEFITS				9,472,541
TOTAL				<u>\$165,027,510</u>

Fringe benefits are budgeted centrally by the County. The amount above represents the fringe benefit costs allocated to the Health Department.

**FY2014 GRANT SUPPORT BY PROGRAM**



EARLY INTERVENTION				\$639,765
** PUBLIC HEALTH				\$6,272,075
* ENVIRONMENTAL				\$524,181
TOTAL				<u>\$7,436,021</u>

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## Appendix B: Notifiable Communicable Disease Chart

Disease	2014 YTD		2013 YTD		2012 YTD		2011 YTD	
	# cases	Rate	# cases	Rate	# cases	Rate	# cases	Rate
AMEBIASIS	16	1.2	23	1.7	23	1.7	14	1
ANAPLASMOSIS**	2	0.1	4	0.3	5	0.4	5	0.4
BABESIOSIS**	9	0.7	8	0.6	4	0.3	5	0.4
BOTULISM	1	0.1	0	0	0	0	0	0
BRUCELLOSIS**	0	0	1	0.1	0	0	0	0
CAMPYLOBACTERIOSIS**	285	21.1	289	21.4	320	23.7	277	20.5
CHIKUNGUNYA**	47	3.5	NA	0	NA	0	NA	0
CHOLERA	0	0	0	0	0	0	1	0.1
CRYPTOSPORIDIOSIS**	10	0.7	7	0.5	10	0.7	10	0.7
CYCLOSPORA	3	0.2	1	0.1	2	0.1	2	0.1
DENGUE FEVER**	3	0.2	11	0.8	3	0.2	2	0.1
DENGUE-VIRAL HEMORRHAGIC FEVER**	1	0.1	0	0	0	0	0	0
E.COLI 0157:H7	4	0.3	2	0.1	8	0.6	9	0.7
EHEC, SEROGROUP NON-O157	12	0.9	9	0.7	7	0.5	11	0.8
EHEC, NOT SEROGROUPED	5	0.4	0	0	2	0.1	0	0
EHRlichiosis (CHAFEENSIS)**	1	0.1	4	0.3	1	0.1	1	0.1
EHRlichiosis (UNDETERMINED)**	0	0	1	0.1	0	0	1	0.1
ENCEPHALITIS, OTHER	3	0.2	1	0.1	1	0.1	3	0.2
GIARDIASIS	78	5.8	72	5.3	70	5.2	107	7.9
HAEMOPHILUS INFLUENZAE, NOT TYPE B	20	1.5	24	1.8	20	1.5	15	1.1
HEMOLYTIC UREMIC SYNDROME**	0	0	1	0.1	0	0	0	0
HEPATITIS A	6	0.4	14	1	9	0.7	8	0.6
HEPATITIS B,ACUTE	6	0.4	5	0.4	9	0.7	5	0.4
HEPATITIS B,CHRONIC	35	2.6	72	5.3	105	7.8	109	8.1
HEPATITIS C,ACUTE	7	0.5	14	1	2	0.1	1	0.1
HEPATITIS C,CHRONIC	515	38.2	492	36.5	427	31.6	444	32.9
INFLUENZA A, LAB CONFIRMED	1875	139	1666	123.5	1492	110.6	1463	108.4
INFLUENZA B, LAB CONFIRMED	1162	86.1	1074	79.6	207	15.3	625	46.3
INFLUENZA UNSPECIFIED, LAB CONFIRMED	5	0.4	5	0.4	2	0.1	8	0.6

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INFLUENZA PEDIATRIC DEATH	0	0	1	0.1	0	0	1	0.1
LEGIONELLOSIS	77	5.7	35	2.6	30	2.2	71	5.3
LISTERIOSIS	11	0.8	10	0.7	4	0.3	10	0.7
LYME DISEASE** ****	21	1.6	25	1.9	14	1	30	2.2
MALARIA	9	0.7	7	0.5	4	0.3	12	0.9
MEASLES	0	0	2	0.1	0	0	3	0.2
MENINGITIS, ASEPTIC	40	3	49	3.6	60	4.4	63	4.7
MENINGITIS, OTHER BACTERIAL	6	0.4	2	0.1	10	0.7	5	0.4
MENINGOCOCCAL**	1	0.1	5	0.4	2	0.1	1	0.1
MENINGITIS, UNKNOWN	0	0	0	0	1	0.1	3	0.2
MUMPS**	4	0.3	4	0.3	0	0	0	0
PERTUSSIS**	35	2.6	28	2.1	140	10.4	68	5
ROCKY MTN SPOT FEVER**	1	0.1	1	0.1	2	0.1	0	0
SALMONELLOSIS	109	8.1	148	11	166	12.3	150	11.1
SHIGELLOSIS	55	4.1	27	2	98	7.3	39	2.9
STREP, GROUP A INVASIVE	45	3.3	46	3.4	36	2.7	46	3.4
STREP, GROUP B INVASIVE	99	7.3	113	8.4	108	8	105	7.8
STREP, GROUP B INV, EARLY/LATE ONSET	10	0.7	6	0.4	10	0.7	7	0.5
STREP PNEUMONIAE, INVASIVE	81	6	103	7.6	112	8.3	139	10.3
TRICHINOSIS	0	0	1	0.1	0	0	0	0
TYPHOID FEVER	3	0.2	5	0.4	4	0.3	1	0.1
VISA	2	0.1	3	0.2	1	0.1	3	0.2
VIBRIO - NON O1 CHOLERA	7	0.5	19	1.4	15	1.1	6	0.4
WESTNILE VIRUS**	3	0.2	6	0.4	7	0.5	9	0.7
WESTNILE FEVER**	1	0.1	2	0.1	7	0.5	7	0.5
YERSINIOSIS	11	0.8	12	0.9	10	0.7	8	0.6

\*Based on month case created,  
or December for cases created  
in Jan/Feb of following year

\*\*Confirmed and Probable cases  
counted; Campylobacter  
confirmed and suspect

\*\*\*Not official number

\*\*\*\* In 2011, 14 counties  
investigated a sample of positive  
laboratory results. In 2012 -  
2014: 18 counties.