Winnebago County Health Department Leadership Team

- Cheryl Floyd, MSEd – Center Director, Health Promotion and Wellness
- Cynthia Hall, MPH – Director, Strategic Initiatives
- Melinda Idell, RN, MSN – Center Director, Personal Health Services
- Theresa James, CHEC III – Center Director, Public Health Preparedness
- Todd Kisner, MPH – Center Director, Health Protection
- Patrick Madigan, BA – Finance Director
- Todd Marshall, BS, LEHP – Center Director, Environmental Health Improvement
- Katherine O’Toole, MPH, CPH-Center Director, Communication

Domain I – Monitor Health

Environmental Health Improvement (EHI) continues to monitor for critical violations for all EHI programs to identify areas where more education is needed for food operators, contractors, landlords, and the general public.

Indoor Air Monitoring Month of February 2018

<table>
<thead>
<tr>
<th></th>
<th>February 2019</th>
<th>Fiscal Year to Date</th>
<th>February Last Year</th>
<th>Last Fiscal Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Quality</td>
<td>Inspections Performed</td>
<td>2</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>CO₂ (PPM)</td>
<td>Average</td>
<td>656</td>
<td>809</td>
<td>754</td>
</tr>
<tr>
<td></td>
<td>Max</td>
<td>1461</td>
<td>1461</td>
<td>881</td>
</tr>
<tr>
<td>Temperature (F)</td>
<td>Average</td>
<td>71.8</td>
<td>70.3</td>
<td>67.3</td>
</tr>
<tr>
<td></td>
<td>Max</td>
<td>78.9</td>
<td>78.9</td>
<td>73.8</td>
</tr>
<tr>
<td>Humidity (%RH)</td>
<td>Average</td>
<td>29.9</td>
<td>39.8</td>
<td>37.9</td>
</tr>
<tr>
<td></td>
<td>Max</td>
<td>46.2</td>
<td>78.4</td>
<td>56.9</td>
</tr>
<tr>
<td>CO (PPM)</td>
<td>Average</td>
<td>0.6</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td></td>
<td>Max</td>
<td>0.9</td>
<td>1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

| Homes with at least one reading CO | 1 | 7 | 0 | 2 |
| Exceeding guideline: | 0 | 0 | 0 | 0 |
| Homes with at least one reading CO₂ | 0 | 1 | 0 | 1 |
| Exceeding guideline CO₂ | 0 | 0 | 0 | 0 |

Table 1.0
Radon

<table>
<thead>
<tr>
<th></th>
<th>February 2019</th>
<th>Fiscal Year to Date</th>
<th>February Last Year</th>
<th>Fiscal Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radon Screenings</td>
<td>2</td>
<td>15</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Average (pCi/L)</td>
<td>3.4</td>
<td>3.7</td>
<td>4.8</td>
<td>3.6</td>
</tr>
<tr>
<td>Max (pCi/L)</td>
<td>4.8</td>
<td>11.9</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Radon Test Kits Purchased</td>
<td>9</td>
<td>33</td>
<td>5</td>
<td>21</td>
</tr>
<tr>
<td>Average (pCi/L)</td>
<td>3.4</td>
<td>3.9</td>
<td>3.3</td>
<td>5.9</td>
</tr>
<tr>
<td>Max (pCi/L)</td>
<td>7.2</td>
<td>10.9</td>
<td>6.5</td>
<td>17</td>
</tr>
<tr>
<td>Phone Calls</td>
<td>5</td>
<td>31</td>
<td>6</td>
<td>31</td>
</tr>
<tr>
<td>Units Reported as mitigated</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 1.1

The Illinois Youth Survey (IYS)

The substance abuse prevention specialist (SAPS) is working with WCHD Director of Strategic Initiative to provide superintendents of county school districts information about the IYS tool, why the survey tool is important for county schools and organizations, and how to sign up for the upcoming 2020 survey. Many state and federal grants for communities and schools require local, reliable statistics on youth substance use. Administrators will review and determine how the survey tool can help with school and community prevention program planning needs.

Retail Licensing for Tobacco & Nicotine Products

The Standardized Tobacco Assessment for Retail Settings (STARS) assessments will be continued through June 30, 2019. STARS is a tool to gather information among tobacco retailers including electronic delivery systems or e-cigs. Results will provide information on product, placement of advertisement and product in the store, and price of product. Results will be provided to local municipal leaders to assist in the review and future development of tobacco product retail licensing within their community.

Restricting Indoor E-cigarette Use

The Tobacco Control Specialist has been gathering data on current municipality ordinances outside Winnebago County that have implemented a restriction on indoor e-cigarette. A survey of local businesses in Winnebago County will be conducted to identify current e-cigarette policies with employees and visitors to the business.

• Domain 2 – Diagnose and Investigate

CLSR (Creating a Lead Safe Rockford) 2016 Objectives

<table>
<thead>
<tr>
<th></th>
<th>Goal</th>
<th>Actual</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Units Enrolled</td>
<td>175</td>
<td>150</td>
<td>86%</td>
</tr>
<tr>
<td>Inspections</td>
<td>165</td>
<td>135</td>
<td>82%</td>
</tr>
<tr>
<td>Mitigated Units</td>
<td>150</td>
<td>107</td>
<td>71%</td>
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Table 2.0
## Testing Lead in Water

<table>
<thead>
<tr>
<th></th>
<th>February</th>
<th>FY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samples Taken &amp; Analyzed</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Number Exceeding EPA/IL lead hazard level</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Average Lead Content</td>
<td>2.5</td>
<td>2.25</td>
</tr>
<tr>
<td>Maximum Lead Content</td>
<td>3</td>
<td>3</td>
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</tbody>
</table>

Table 2.1

## Food Complaints

<table>
<thead>
<tr>
<th></th>
<th>February</th>
<th>FY 2019</th>
<th>Last Fiscal YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Foodborne Illness Complaints</td>
<td>2</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td># of Foodborne Illness Investigations</td>
<td>2</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td># of Non-foodborne Illness Complaints</td>
<td>7</td>
<td>71</td>
<td>81</td>
</tr>
</tbody>
</table>

Table 2.2

## Housing Complaints

<table>
<thead>
<tr>
<th></th>
<th>February</th>
<th>FY 2019</th>
<th>Last Fiscal YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Housing Complaints</td>
<td>61</td>
<td>265</td>
<td>298</td>
</tr>
<tr>
<td># of Nuisance Complaints</td>
<td>14</td>
<td>76</td>
<td>73</td>
</tr>
<tr>
<td># of Survey Complaints</td>
<td>19</td>
<td>204</td>
<td>97</td>
</tr>
<tr>
<td># of Received Complaints</td>
<td>108</td>
<td>605</td>
<td>512</td>
</tr>
<tr>
<td># of Re-check on Complaints</td>
<td>532</td>
<td>2739</td>
<td>1613</td>
</tr>
</tbody>
</table>

Table 2.3

## Wells & Septic Complaints

<table>
<thead>
<tr>
<th></th>
<th>February Original Complaints</th>
<th>February Recheck Complaints</th>
<th>FY19 Original Complaints</th>
<th>FY19 Recheck Complaints</th>
<th>FY18 Original Complaints</th>
<th>FY18 Recheck Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>21</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Septic</td>
<td>0</td>
<td>4</td>
<td>11</td>
<td>28</td>
<td>9</td>
<td>4</td>
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</tbody>
</table>

## Communicable Diseases Reported in Winnebago County

<table>
<thead>
<tr>
<th>Vaccine Preventable Diseases (Reporting timeframe)</th>
<th>February 2019 Cases</th>
<th>2019 YTD Investigated &amp; Determined &quot;Not a Case&quot; **</th>
<th>2019 YTD Cases *</th>
<th>2018 Year Total Cases</th>
<th>2017 Year Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox (Varicella) (24h)</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Diphtheria (immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Haemophilus influenzae, invasive (24h)</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Hepatitis A (24h)</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis B-Acute Infection (7d)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Condition</td>
<td>7d</td>
<td>22</td>
<td>39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B-Chronic (7d)</td>
<td>0</td>
<td>7</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis D (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
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<tr>
<td>Influenza deaths in &lt; 18 yrs old (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
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<tr>
<td>Influenza A, variant (immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza, ICU admissions (24h)</td>
<td>8</td>
<td>2</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (rubeola) (24h)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neisseria meningitidis, invasive (24h)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis (whooping cough) (24h)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis (immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. pneumoniae - non-drug resistant invasive disease (&lt;5yrs)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexually Transmitted Infections</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS (7d)</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chancroid (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia (7d)</td>
<td>120</td>
<td>6</td>
<td>341</td>
<td></td>
<td></td>
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<tr>
<td>Gonorrhea (7d)</td>
<td>50</td>
<td>4</td>
<td>111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV infection (7d)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis (7d)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
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</tr>
<tr>
<td><strong>Other Communicable Diseases</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaplasmosis (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any suspected bioterrorist threat (immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any unusual case or cluster of cases that may indicate a public health hazard (immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td></td>
</tr>
<tr>
<td>Anthrax (immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
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<tr>
<td>Arboviruses (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
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<tr>
<td>Babesiosis (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botulism, foodborne (immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botulism, infant, wound, other (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brucellosis (24h unless bioterrorism suspected, then immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campylobacteriosis (Became Reportable in 2016)</td>
<td>3</td>
<td>0</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chikungunya Non-neuroinvasive Disease (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>Week 1</td>
<td>Week 2</td>
<td>Week 3</td>
<td>Week 4</td>
<td>Week 5</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Chikungunya Neuroinvasive Disease (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cholera (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cryptosporidiosis (7d)</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>Cyclosporiasis (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Dengue (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Drug-resistant organism, extensively (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ehrlichiosis (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Enteric E. coli infections (STEC,O157:H7) (24h)</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>29</td>
<td>12</td>
</tr>
<tr>
<td>Foodborne or waterborne outbreaks (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hantavirus pulmonary syndrome (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hemolytic uremic syndrome, post diarrheal (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis C-Acute (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis C-Chronic (7d)</td>
<td>10</td>
<td>161</td>
<td>22</td>
<td>201</td>
<td>198</td>
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<tr>
<td>Histoplasmosis (7day)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Legionellosis (7d)</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Leptospirosis (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Listeriosis (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lyme disease (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Malaria (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ophthalmia neonatorum (gonococcal) (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outbreaks of public health significance (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Plague (immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psittacosis (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Q fever (24h unless bioterrorism suspected then immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rabies, animal case (24h)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rabies, human case (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rabies, potential human exposure (24h)</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>36</td>
<td>19</td>
</tr>
<tr>
<td>Reye syndrome (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salmonellosis, other than typhoid (7d)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>68</td>
<td>44</td>
</tr>
<tr>
<td>Severe Acute Respiratory Syndrome (SARS) (immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Shigellosis (7d)</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Disease Description</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Smallpox (immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Smallpox vaccination, complications of (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Spotted fever rickettsioses (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>S. aureus infections with intermediate or high level resistance to vancomycin (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Streptococcal infections, Group A, invasive including STSS and necrotizing fascitis (24h)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>13</td>
<td>10</td>
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<tr>
<td>Toxic shock syndrome due to S. aureus (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Trichinosis (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tuberculosis (7d)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Tularemia (24h unless bioterrorism suspected then immediate)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Typhoid fever (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Typhus (24h)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vibrios (non cholera) (7d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>West Nile Fever (7d)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Zika Virus</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* The above table represents the diseases reported this month and year to date in comparison to the previous two year totals. Note: All data are preliminary and may change as more reports are received.

** “Investigated & Determined Not a Case” Column indicates an investigation was completed on a “suspect” case of the disease noted. As the final diagnosis was not the specified disease, then the investigation work falls in this reporting category.

Communicable Disease Activities

*Hepatitis A Vaccination for the Homeless:*

WCHD continues its work with IDPH to prevent the transmission of Hepatitis A in individuals who have the following risk factors: men who have sex with men (MSM), illicit drug use (both IV and non-IV), or homeless/insecure housing, and/or determined to be infected with the known circulating HAV outbreak strain. The CD Team, along with several WCHD public health nurses, have been out in the community providing Hep A vaccination to the high risk individuals. The Team provided an immunization clinic on February 7 at the Rockford Rescue Mission where 35 homeless individuals were vaccinated. As of February 28, seventy-five (75) individuals have been vaccinated for Hep A through these efforts.
Vaccine for Children Compliance Program:
Congratulations to Jennifer Dehmlow and Rebecca Ramsey of the CD Team for completing their training on the VFC Compliance Program. Jennifer and Rebecca are responsible for conducting site-monitoring visits with the VFC providers in Winnebago County to ensure safe handling of the vaccine along with ensuring that children receiving the vaccine are eligible for the program.

Influenza Surveillance:
The CD Team continues to conduct influenza surveillance with our health care partners. As part of the surveillance activities, the Team publishes the weekly Influenza Surveillance Report, sends it to our partners through email, and it is located on the WCHD website. For the CDC Week 9, which ended on March 2, a total of 1,164 cases of influenza have been reported as noted in the graph below.

- Domain 3 – Inform, Educate, and Empower

“Protecting Your Sexual Health” Presentations in the Community
The Communicable Disease (CD) Team delivered their new sexual health presentation to local agencies/educational institutions to provide education on sexually transmitted infections (STI). The presentation includes the signs/symptoms of an STI, the importance of seeking treatment and ways to prevent getting an infection. In addition, participants learned about the Ryan White Program for persons living with HIV and the services available to them. Each participant received an informational pamphlet on STI facts to take with them for reference in the future.
The presentations occurred on:

- February 7, 2019 – Robin Long and Charaine Boyd provided a presentation to 29 college students (ages ranging 18-22 years) at Rockford University.
- February 19, 2019 - Robin Long and Todd Kisner provided a presentation to 41 young adults (ages ranging 16-18 years) at Rosecrance Griffin Williamson Campus, a substance abuse treatment facility.

**Tobacco Free Communities**

*Quitline Referral Partners:*

There were 0 referrals for the month of February. The number of referrals to the Illinois Tobacco Quitline (ITQL) remains very low. There are 7 current referral partners in Winnebago County. The Tobacco Control Prevention Specialist will begin working with a small committee from the Winnebago County Substance Abuse Prevention Coalition to develop an outreach plan to connect with potential partners including the healthcare systems and other organizations that focus on healthy pre and post-partum women.

**Electronic and Social Media Stats**

![Media Icons]

February 2019

<table>
<thead>
<tr>
<th></th>
<th>WCHD Website Page</th>
<th>12K Pages Views</th>
<th>4.2K Sessions</th>
<th>3.2K Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>485 Avg. Weekly Reach</td>
<td>26 Weekly Engagements</td>
<td>932 Total Likes</td>
<td></td>
</tr>
<tr>
<td>Twitter</td>
<td>4.6K Tweet Impressions</td>
<td>0 New Likes 114 Total Likes</td>
<td>841 Followers</td>
<td></td>
</tr>
<tr>
<td>Intranet Page</td>
<td>0 Page Views</td>
<td>0 Sessions</td>
<td>0 Users</td>
<td></td>
</tr>
</tbody>
</table>

Table 3.1

**National Prevention Week**

National Prevention Week, sponsored by the Substance Abuse and Mental Health Administration (SAMSHA) will occur from May 12-18, 2019. The SAP Specialist continues to encourage participation among local schools and community organizations. The Youth Leadership Council (YLC) students will contact local school principals to promote NPW awareness focusing on the prevention of underage drinking. The SAPS will develop materials to post throughout the schools. The SAPS has notified school principals throughout the year with scheduled email blasts highlighting the week in May as an opportunity to remind students and parents about the importance of healthy lifestyles without alcohol, tobacco and other drugs. Information will be given to the various media outlets.
YLC will attend the opening night of the City Market to provide educational materials about Opioid and Prescription Drug Misuse, how and where to dispose of prescription medications and treatment resources available to individuals with opioid use disorders.

- **Domain 4 – Mobilize Community Partnerships**

**Trauma Informed Community**

The Public Awareness Workgroup is outreaching to local partners regarding opportunities to inform and educate the community on Trauma Informed Care. One theme they are developing is - “Your Story Matters, Our Community Cares.”

They are also looking to host an event on May 15, in recognition of Trauma Awareness Day.

The Collective Impact Workgroup has been promoting the Trauma Informed Community proclamation. The proclamation has been signed by the Winnebago County Board of Health, City of Rockford, Winnebago County, Northern Illinois Center for Nonprofit Excellence, United Way, Durand, Rockford Health Council, Early Learning Council of the Rockford Area, and others.

The Public Awareness Workgroup has worked with V2 Marketing to develop a logo that can be used by those who have supported the proclamation. The media attention generated by the signings has sparked additional interest from businesses and community members.

The Training Workgroup is finalizing their Trauma Informed presentation and is gearing up for an increase in requests for their program as awareness builds and additional groups sign on to the proclamation.

Cynthia Hall and Tracy Box attended a meeting regarding the Family Justice Center being developed by the Mayor’s Office for Domestic Violence and Human Trafficking. The meeting highlighted the need for victims to be able to access services via a “one stop shop” as opposed to traveling to agencies across the city.

**System of Care – Youth Mental Health**

The Northern Illinois Center for Not-for-Profit Excellence (NICNE) received funding through the Community Foundation of Northern Illinois to develop a plan for the System of Care Addressing Mental Health in Youth and had their initial meeting on February 13, 2019. Dr. Martell was invited to participate representing the Winnebago County Health Department. This planning group is working to establish a comprehensive, integrated system of mental health care for the pediatric population in Winnebago County. This is an opportunity to incorporate the recommendations from the work of the Mental Health Advisory Committee and to ensure that strategies identified through the
Wellness Focused Winnebago County Health Improvement priority regarding mental health are incorporated. This group under NICNE’s leadership will be meeting monthly.

**Substance Abuse Prevention Coalition: (WCSAPC)**

The Coalition will be assisting with the Tobacco Free Communities grant to research local tobacco ordinances and issues surrounding tobacco control. The coalition discussed the Mayor’s and Chairman’s Youth Leadership Council projects and how the Coalition may assist in promoting projects. Next WCSAPC meeting is scheduled for April 16, 2019.

**Substance Abuse Prevention Awareness Campaigns**

The underage drinking awareness campaign for parents of middle school students continues the implementation phase for school year 2018-2019. The youth attend Harlem MS or participate in local organizations such as Harlem Community Center, Park Lanes, Forest Hills Lanes, Boys & Girls Club, Stateline Sports Group, and NetLynx Sports Warehouse. The SAP Specialist delivered the 4th theme of materials to all participating organizations on February 1st. The SAP Specialist attended Harlem MS on February 14th during Parent Teacher conferences to conduct a survey with parents. The goal of the survey was to identify if parents were actually seeing the materials and if so, where; and what do the materials mean. The SAP Specialist was able to obtain feedback from 13 parents.

Upcoming awareness campaigns for SAPS Grant includes the Guard and Discard Prescription Medication Awareness (series of 5 themes in 5 months).

**My Generation RX**

*My Generation RX* is a “mid-year” initiative through the Substance Abuse Prevention Program Grant that will take place during the months of May and June. *My Generation RX* is an evidenced-based educational curriculum developed by the University of Ohio, School of Pharmacology. The curriculum will provide information regarding safe practices with prescription medications for preteens and teens. WCHD will seek assistance from UIC School of Pharmacy students to facilitate the curriculum for a minimum of 250 youth.
Chairman and Mayor’s Youth Advisory Council
During the YLC Advisory meeting held on February 13th, YLC members were given a training on Substance Use Disorders. YLC discussed their role in the prevention of substance use disorders among their peers. This discussion will assist in the understanding and planning for National Prevention Week activities along with advocating for local prevention programming and policy development in future projects from YLC.

Opioid Task Force
On February 12, 2019, Dr. Martell participated on a panel discussion with Pastor Dan Herman from Hope Over Addiction at Katie’s Cup on potential roles the Faith Based Community can play in addressing the Opioid Crisis. Discussion focused on sponsoring naloxone/Narcan training, recognizing addiction as a disease and not a moral character/spiritual flaw, reducing stigma, and supporting peer recovery groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). This is part of an ongoing series sponsored by WREX on the Opioid Crisis.

The Opioid Task Force workgroups have been working throughout the month on their activities. The Safer Prescribing and Dispensing continues planning efforts for the 2nd Opioid Summit on May 23, 2019 at the University of Illinois College of Medicine. This summit will include information on the current state, advancement of opioid stewardship, medically-assisted therapy (MAT) training and integration into primary care, medical cannabis as an alternative to opioids. The Treatment Workgroup continues its work on MAT prescribing through the Emergency Departments and funding of the Rosecrance Triage Center to divert individuals needing intervention for substance use disorders from emergency departments and the criminal justice system unnecessarily. The Education and Reducing Stigma Workgroup has outlined a year-long calendar to bring attention to the issue of opioid abuse including prevention and intervention. The Justice Involved Populations Workgroup is looking at naloxone/Narcan training for incarcerated individuals and families through “video” which would be made available on the tablets available in the Winnebago County jail system.

DOPP (Drug Overdose Prevention Program) Community Partnerships

- Hope Over Addiction continues to offer trainings every Tuesday and Thursday evenings and Saturday morning. This month Hope Over Addiction has trained Harlem Roscoe Fire Department, Metro Enforcement, RVC nursing students, West Gateway Coalition, Rockford Public Library Leadership, and the Jubilee Center.
- The DOPP Partnership continues to meet monthly to discuss training updates, review current data on overdose calls and area “hot spots”, and discuss outreach opportunities and strategies.
• SwedishAmerican Hospital and WCHD will be moving forward to provide Narcan training in the ER for patients who are being treated for an opioid overdose. Family members of these patients will also be given the opportunity to receive training.
• Crusader Health’s Community Connections department received supplies to begin providing Narcan training to clients and family members.
• 650 community members have received Narcan training in FY’19.

DOPP Community Outreach:

<table>
<thead>
<tr>
<th>DOPP Community Outreach: Locations</th>
<th># Training Sessions Provided</th>
<th># Training Participants</th>
<th>#NARCAN Kits Provided at Trainings</th>
<th># NARCAN Kits Provided to Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>6</td>
<td>40</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>August</td>
<td>12</td>
<td>89</td>
<td>84</td>
<td>84</td>
</tr>
<tr>
<td>September</td>
<td>13</td>
<td>69</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>October</td>
<td>23</td>
<td>99</td>
<td>96</td>
<td>96</td>
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<tr>
<td>November</td>
<td>10</td>
<td>23</td>
<td>25</td>
<td>25</td>
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<tr>
<td>December</td>
<td>15</td>
<td>114</td>
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<tr>
<td>January</td>
<td>12</td>
<td>92</td>
<td>89</td>
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<tr>
<td>February</td>
<td>18</td>
<td>124</td>
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<td>124</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>650</td>
<td>615</td>
<td>615</td>
</tr>
<tr>
<td>Grant Goal</td>
<td></td>
<td>1250</td>
<td>1250</td>
<td>0</td>
</tr>
</tbody>
</table>

• Domain 5 – Policies and Plans
  Strategic Initiatives
  All of the Strategic Workgroups have been engaged in the Strategic Refresh and are providing input and feedback.

  The Policy Makers, in cooperation with the Assessors, are developing a tool to measure staffs’ knowledge and awareness of mental and behavioral health issues. Once a baseline has been determined, they will collaborate with the Workforce Development group to put some trainings in place to help WCHD employees improve understanding of mental and behavioral health and develop best practices for interacting with clients. In conjunction with that, the Workforce Development team is preparing a program for the next All-Staff regarding self-care in the workplace, including information on post-traumatic stress disorder and WHCD’s Employee Assistance Program.

  The Policy Makers have drafted a Healthy Homes Resolution that is being reviewed and revised by the Assessors and the Reporters.

  Workforce Development has created a new employee orientation program that includes information on our strategic initiatives, CEMP, and WCHD policy and procedure. It was rolled out in February and will be held for new employees on a monthly basis.
The Assurance Workgroup is finalizing their efforts to identify grant deliverables specific to our health priorities.

In preparation for IPLAN 2025, the Organizers presented a “Mr. Rogers-style” skit at All-Staff regarding the MAPP (Mobilizing for Action through Planning and Partnerships) process.

The Collaborators are continuing their outreach with community partners, promoting engagement with our health priorities as well as involvement in developing our IPLAN 2025.

Reporters are developing slides regarding each health priority that can rotate on the electronic monitors in the WIC/Clinic waiting room.

- Domain 6 – Enforce Laws

<table>
<thead>
<tr>
<th></th>
<th>February Inspections</th>
<th>FY 2019 Inspections</th>
<th>FY 2018 (YTD) Inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foods</td>
<td>304</td>
<td>1414</td>
<td>1404</td>
</tr>
<tr>
<td>Liquor Inspections</td>
<td>20</td>
<td>175</td>
<td>286</td>
</tr>
<tr>
<td>Wells</td>
<td>12</td>
<td>52</td>
<td>53</td>
</tr>
<tr>
<td>Septic</td>
<td>1</td>
<td>42</td>
<td>26</td>
</tr>
<tr>
<td>Loan Inspection</td>
<td>14</td>
<td>129</td>
<td>177</td>
</tr>
</tbody>
</table>

Table 6.0

<table>
<thead>
<tr>
<th></th>
<th>Administrative Hearings February</th>
<th>In-House Hearings February</th>
<th>Administrative Hearings (FY19)</th>
<th>In-House Hearing (FY2019)</th>
<th>FY 2018 Administrative Hearings</th>
<th>FY 2018 In-House Hearings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>17</td>
<td>34</td>
<td>128</td>
<td>185</td>
<td>76</td>
<td>89</td>
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<td>Foods</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Well/Septic</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 6.1

Report of food facility in-house hearings
None

Illinois Tobacco Free Communities/Smoke Free Illinois Act (SFIA)
One compliance check was received and completed for the month of February. Random compliance checks have decreased due to the Tobacco Control Specialist’s leave of absence. Random checks will resume in March.

Current businesses working to ensure compliance:
Family Manufactured Mobile Home Community: 1418 Sandy Hollow Road, Rockford.
<table>
<thead>
<tr>
<th>Smoke Free Illinois Compliance Enforcement: February</th>
<th>External Referrals</th>
<th>Internal Referrals</th>
<th>Random Checks: Outreach Efforts</th>
<th>Targeted Checks</th>
<th>Citation Issued</th>
<th>Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Food Establishments</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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</tr>
<tr>
<td>Food Establishments</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Month Total</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FY19 Total</td>
<td>22</td>
<td>6</td>
<td>240</td>
<td>29</td>
<td>2</td>
<td>0</td>
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</tbody>
</table>

Table 6.3

**Tobacco Enforcement Program (TEP)**

WCHD in partnership with the City of Rockford Police Department, City of South Beloit Police Department, and the Village of Roscoe Police Department coordinate and conduct underage tobacco compliance checks. One hundred and fifty (150) retail checks completed for Round 2 in February, with 10 retailers closed or out of business.

<table>
<thead>
<tr>
<th>Tobacco Enforcement Compliance Checks</th>
<th># of Retailers to be Checked</th>
<th># of Compliance Checks Conducted</th>
<th># of Sales to Minors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockford Police Department</td>
<td>127</td>
<td>120</td>
<td>7</td>
</tr>
<tr>
<td>South Beloit Police Department</td>
<td>19</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Roscoe Police Department</td>
<td>14</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>160</td>
<td>150</td>
<td>8</td>
</tr>
</tbody>
</table>

- **Domain 7 – Link to/Provide Care**
  
  On February 8, 2019, Dr. Martell attended the Press Conference at Crusader Community Health announcing its commitment and plan to build a new clinic at 1200 West State Street. The new facility on the grounds of the existent facility will support expansion and enhancement of clinical care and provide space for administrative functions including the Crusader Community Health Foundation. This newly designed and built space will have provided needed health services to the west-side neighborhoods most impacted by the negative social determinants of health. For more information, please see [https://www.crusaderhealth.org/crusader-on-west-state-street-2019/](https://www.crusaderhealth.org/crusader-on-west-state-street-2019/).
### iGrow

#### iGrow - Coordinated Intake for Home Visiting

<table>
<thead>
<tr>
<th></th>
<th>January 2019</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td># CIAT Completed (CIAT)</td>
<td>75</td>
<td>101</td>
</tr>
<tr>
<td># Referred to Partner Programs</td>
<td>70</td>
<td>101</td>
</tr>
<tr>
<td># Referred to Outside Agencies</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td># Currently Receiving Services</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 7.0

### Family Planning

#### Table 7.1

<table>
<thead>
<tr>
<th>Family Planning</th>
<th>February</th>
<th>Calendar Year 2019 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients seen</td>
<td>133</td>
<td>286</td>
</tr>
<tr>
<td>New Clients</td>
<td>21</td>
<td>37</td>
</tr>
<tr>
<td>Continuing Clients</td>
<td>112</td>
<td>239</td>
</tr>
<tr>
<td>Pregnancy Tests</td>
<td>51</td>
<td>101</td>
</tr>
</tbody>
</table>

Table 7.1

#### Table 7.1B

<table>
<thead>
<tr>
<th>Month</th>
<th># Dental Sealants Provided with Dental Sealant Grant 2018</th>
<th># Dental Sealants Provided with Dental Sealant Grant 2019</th>
<th># Students Served with Dental Sealant Grant 2018</th>
<th># Students Served with Dental Sealant Grant 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>77</td>
<td>44</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>October</td>
<td>96</td>
<td>331</td>
<td>21</td>
<td>97</td>
</tr>
<tr>
<td>November</td>
<td>124</td>
<td>262</td>
<td>20</td>
<td>66</td>
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<tr>
<td>December</td>
<td>51</td>
<td>357</td>
<td>8</td>
<td>76</td>
</tr>
<tr>
<td>January</td>
<td>71</td>
<td>176</td>
<td>16</td>
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<tr>
<td>February</td>
<td>97</td>
<td>336</td>
<td>22</td>
<td>69</td>
</tr>
<tr>
<td>Total</td>
<td>516</td>
<td>1506</td>
<td>103</td>
<td>368</td>
</tr>
</tbody>
</table>

Table 7.3
### Illinois Breast Cervical Cancer Program (IBCCP)

<table>
<thead>
<tr>
<th>Clients Served by Age</th>
<th>Under 35</th>
<th>35-39</th>
<th>40-49</th>
<th>Over 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Clients</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Grant Year To Date New Clients</td>
<td>5</td>
<td>10</td>
<td>36</td>
<td>24</td>
</tr>
<tr>
<td>Total Enrollment</td>
<td>4</td>
<td>4</td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td>Grant Year Total Enrollment</td>
<td>22</td>
<td>43</td>
<td>228</td>
<td>61</td>
</tr>
</tbody>
</table>

Table 7.4

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Under 35</th>
<th>35-39</th>
<th>40-49</th>
<th>Over 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Breast Exam</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Grant Year Clinical Breast Exam</td>
<td>4</td>
<td>8</td>
<td>134</td>
<td>90</td>
</tr>
<tr>
<td>Mammograms</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Grant Year Mammograms</td>
<td>0</td>
<td>1</td>
<td>127</td>
<td>78</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Grant Year Pap Smear</td>
<td>2</td>
<td>7</td>
<td>31</td>
<td>25</td>
</tr>
</tbody>
</table>

Table 7.5

<table>
<thead>
<tr>
<th>Grant Year Expected Caseload</th>
<th>Actual</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>550</td>
<td>354</td>
<td>64%</td>
</tr>
</tbody>
</table>

Table 7.6

### Integrated Clinic

<table>
<thead>
<tr>
<th></th>
<th>Clinician Visit CY 2019</th>
<th>Clinician Visit CY 2018</th>
<th>Nurse Visit CY 2019</th>
<th>Nurse Visit CY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>187</td>
<td>183</td>
<td>220</td>
<td>284</td>
</tr>
<tr>
<td>February</td>
<td>161</td>
<td>137</td>
<td>233</td>
<td>245</td>
</tr>
<tr>
<td>3 month Total</td>
<td>348</td>
<td>320</td>
<td>453</td>
<td>529</td>
</tr>
</tbody>
</table>

Table 7.7

### WCHD Clinic Visit Type by Month

<table>
<thead>
<tr>
<th>Visit Type</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Visit</td>
<td>196</td>
<td>140</td>
<td>193</td>
<td>143</td>
<td>164</td>
<td>187</td>
<td>161</td>
</tr>
<tr>
<td>Nurse Visit</td>
<td>363</td>
<td>278</td>
<td>335</td>
<td>289</td>
<td>252</td>
<td>220</td>
<td>233</td>
</tr>
<tr>
<td>TB/Refugee</td>
<td>6</td>
<td>5</td>
<td>10</td>
<td>20</td>
<td>9</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>565</td>
<td>423</td>
<td>538</td>
<td>452</td>
<td>425</td>
<td>412</td>
<td>405</td>
</tr>
</tbody>
</table>

Table 7.8
Refugee Health

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Male</th>
<th>Female</th>
<th>Month</th>
<th>YTD</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td></td>
<td></td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td>5</td>
<td>6</td>
<td>11</td>
<td>16</td>
<td>89</td>
</tr>
<tr>
<td>Cuba</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iran</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iraq</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Ivory Coast</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syria</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ukraine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vietnam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td>5</td>
<td>6</td>
<td>11</td>
<td>16</td>
<td>127</td>
</tr>
</tbody>
</table>

Tuberculosis (TB) Activities

<table>
<thead>
<tr>
<th>Clients Seen</th>
<th>February</th>
<th>Count YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Clients</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Returning Clients</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td>Total Encounters</td>
<td>20</td>
<td>37</td>
</tr>
<tr>
<td>Physician Contact</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Medication (Direct Observation Therapy Visit)</td>
<td>53</td>
<td>101</td>
</tr>
<tr>
<td><strong>Diagnostic Testing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays, CT Scans, etc.</td>
<td>4</td>
<td>29</td>
</tr>
<tr>
<td><strong>Screenings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Skin Test, T-Spot Test</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Positive TB Skin Test/T-Spot</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Total Active Cases in Winnebago County (YTD)</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total Active Cases being Medically Managed Outside of Winnebago County (YTD)</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 7.10
Women, Infants, and Children Supplemental Nutrition Program (WIC)

- WIC caseload for February was 5966, 90% of caseload.
- The 3-month breastfeeding exclusivity rate for January was 5.6%. The state has not yet released February breastfeeding exclusivity rates.
- Katie and Taylor had meaningful breastfeeding contacts with 80 of 117 (68%) pregnant WIC mothers due within 30 days.
- Certified Health Professionals (CHPs) not only reached but exceeded their goal of 660 completed WIC client surveys between 1/8/19 – 2/8/19. A total of 860 surveys were completed by participants and intake staff are in the process of compiling results. Four CHP staff handed out survey’s to 100% of participants they saw during the month. For a job well done, they will each be able to park in the Employee of the Month section. Leia has the month of March, Ahnna has the month of April, Rani has the month of May and Donna has the month of June. They are all excited about their incentive prize!
- All WIC staff completed a “New Food Label” webinar to better understand label changes. Staff will begin educating WIC participants of the changes.
- Interviews have begun for the intake position vacated in January with plans to fill the position in March.

<table>
<thead>
<tr>
<th></th>
<th>FY 19 Caseload Goal = 6613</th>
<th>WIC</th>
<th>February</th>
<th>January</th>
<th>December</th>
<th>November</th>
<th>October</th>
<th>September</th>
<th>Avg Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload Achieved Goal = 90%</td>
<td>5966</td>
<td>5995</td>
<td>6102</td>
<td>6190</td>
<td>6282</td>
<td>6230</td>
<td></td>
<td></td>
<td>6128</td>
</tr>
</tbody>
</table>

Table 7.11

- Domain 8 – Assure Competent Workforce

  February 2018

<table>
<thead>
<tr>
<th>Total Employees</th>
<th>Full Time Employees</th>
<th>Part-Time Employees</th>
<th>Part-Time and Seasonal Employees</th>
<th>Employees Utilizing FMLA</th>
<th>New Hires</th>
<th>Separated Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>85</td>
<td>3</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 8.0

- Domain 9 – Quality Improvement

  In response to a pilot project through the Office of Justice regarding referral of children with elevated blood levels at 5 and above for early intervention, an ad hoc quality improvement initiative involving Environmental Health Improvement Lead Program Staff; Personal Health Services Public Health Nursing; and Health Promotion Staff was convened to ensure that Winnebago County is providing comprehensive, integrated care to children impacted by lead.
• **Domain 10- Evidenced Based Practice**

**Substance Abuse Youth Prevention Education (YPE)**

The SAP Specialist is currently providing the All Stars Booster curriculum sessions to RESA Middle School. Below is a summary of the number of students who are currently participating in All Stars.

<table>
<thead>
<tr>
<th>Schools-Spring 2019</th>
<th>Grade</th>
<th>Curriculum</th>
<th>Number of students participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESA- Spring</td>
<td>8th</td>
<td>Booster- 9 Sessions</td>
<td>150</td>
</tr>
</tbody>
</table>

**APORS**

<table>
<thead>
<tr>
<th>APORS - High Risk Infant Follow-up</th>
<th>February</th>
<th>January</th>
<th>December</th>
<th>November</th>
<th>October</th>
<th>September</th>
<th>Avg per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload</td>
<td>130</td>
<td>126</td>
<td>126</td>
<td>120</td>
<td>113</td>
<td>103</td>
<td>115</td>
</tr>
<tr>
<td>Referrals Received</td>
<td>22</td>
<td>34</td>
<td>34</td>
<td>51</td>
<td>43</td>
<td>34</td>
<td>37</td>
</tr>
<tr>
<td>Referrals Refused</td>
<td>2</td>
<td>9</td>
<td>5</td>
<td>9</td>
<td>11</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Home Visiting Completed</td>
<td>40</td>
<td>49</td>
<td>48</td>
<td>56</td>
<td>48</td>
<td>43</td>
<td>48</td>
</tr>
<tr>
<td>Office Visits Completed</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>11</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 10.0

**Better Birth Outcomes-High Risk Prenatal Case Management**

<table>
<thead>
<tr>
<th>Better Birth Outcomes</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload</td>
<td>86</td>
</tr>
<tr>
<td>% of Target Caseload n= 80</td>
<td>108%</td>
</tr>
</tbody>
</table>

Table 10.1

**HealthWorks Case Load**

<table>
<thead>
<tr>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Caseload Winnebago County</td>
</tr>
<tr>
<td>Current Caseload Border Counties</td>
</tr>
<tr>
<td>New Cases to DCFS Custody</td>
</tr>
<tr>
<td>Case Closure Winnebago County</td>
</tr>
</tbody>
</table>

Table 10.2
Domain 11 – Administration and Management

An interview panel consisting of Todd Kisner (Health Protection), Todd Marshall (Environmental Health), Molly Terrinoni (Winnebago County), and Dr. Martell (Public Health Administrator) participated in the selection process of the Director of Finance to fill the position created by the retirement of Pat Madigan. It was an opportunity to meet the candidates and identify the skills needed to support their centers in their functions. A candidate has been selected and advanced to Human Resources for processing.

On February 11, 2019, Dr. Martell and Theresa James presented the contingency plan for the Prairie Road Pump Neighborhood Association with Sheriff Gary Caruana and Assistant Mark Karner to members of the Winnebago County Board – Safety Chair, Aaron Booker; Finance Chair – Jaime Salgado; Chairman Frank Haney; and Winnebago County Board Member representing the district Dorothy Redd. A plan of action was agreed upon to address public health, public safety, and the fiscal implications. Dr. Martell will work through the plan of action with the involved parties and individuals.

Key fiscal and administration personnel attended the GATA (Government Accountability and Transparency Act) training for Consolidated Year End Fiscal Reporting (CYEFR) on February 26, 2019. Personnel included Health Department personnel, Dr. Martell and Pat Madigan and Winnebago County personnel, Carla Paschal and Molly Terrinoni. This training was conducted by the Illinois Department of Human Services and sponsored by the Region I Public Health Administrators. GATA CYEFR is required as part of the process in receiving grant funding from state of Illinois entities.

With support from Winnebago County Purchasing, Dr. Martell, Sara Ruud, and Theresa James (Emergency Response Coordinator) met with records management vendors regarding the storage and scanning of health department records. This is a critical step in not only securing records for retention and retrieval but the final decommissioning of the 401 Division Street Location.

Logo Update

The Winnebago County Health Department revealed its new logo to staff at the All Staff meeting held on February 22, 2019. The new logo, designed by GrahamSpencer, represents population and community health with a resemblance of an aerial view of a suburban, urban, rural area to represent the Winnebago County Health Department’s unique population. The consecutiveness of the squares represents collaboration and intersection. The borderless aspect of the logo represents inclusiveness, the concept that public health has no boarders, and that WCHD works with partners across the borders of our community. The borderless aspect in association with the consecutiveness
of the squares represent the leadership role of Winnebago County Health Department. The Winnebago County Health Department is excited to have a new logo that encompassed the meaning of public health and its role in serving our whole community.

The Winnebago County Health Department will announce the new logo to the community on March 18, 2019 and begin using it on materials.

- **Domain 12 – Governance**
  On February 1, 2019, the Winnebago County Health Department hosted Governor Pritzker for his signing of the Executive Order Strengthening the State’s Commitment to Ending the HIV Epidemic. Representative Maurice Walker and Winnebago County Board and Board of Health Member Angie Goral were in attendance as local elected officials. The Board of Health was represented by President Dr. Allen Williams, James Powers, Dr. David Helland, and Luci Hoover. Health Department Directors from Kane and Kendall Counties also attended.

  On February 4, 2019, the City of Loves Park became the first local municipality in Winnebago County to sign on to become a Trauma Informed Community. Dr. Martell provided an overview of the work that the community is currently doing to work through the process. Police Chief Linn and Fire Chief Wiltfang have been instrumental in implementing interventions to address trauma within their jurisdiction.

*Respectfully submitted on behalf of the Leadership Team and Health Department staff by,*

*Sandra Martell, RN, DNP*  
*Public Health Administrator*