

Health Protection Services:

Tuberculosis Control Program:

The TB Control Program's main objective is to detect TB, both active and inactive. Prevention therapy for inactive cases of TB is an important role, as well as educating health care workers and the general public about tuberculosis.

TB Skin Tests..... 245

TB Investigations..... 4

Immunizations:

Childhood and adult immunizations are given at our agency. Protection against childhood diseases is a primary concern of the agency. Adult immunizations include Tetanus, Influenza, Hepatitis B, and HPV (up to age 26).

Childhood Immunizations..... 560

Adult Immunizations (including Influenza)..... 365

Environmental Health Services:

The Environmental Health Division is responsible for the preservation and improvement of the environment. This includes safety of food products, proper disposal for waste products, protection of potable water supplies and elimination of nuisances and environmental hazards in the community. Each year in the U.S. it is estimated that foodborne diseases alone cause approximately 76 million illnesses, 325,000 hospitalizations and 5000 deaths. Because these diseases can affect so many people, it is important to ensure that the food and water we consume are safe, and that sewage is disposed of properly.

Private Sewage Program:

Permits Issued..... 71

Sewage System Inspections..... 80

Sewage Complaints Received..... 7

Food Sanitation Program:

Temporary Food Establishments..... 126

Permanent Food Establishments..... 187

Routine Inspections..... 226

Complaints Investigated..... 17

Potable Water Program:

Well Permits..... 43

Abandoned Wells Sealed..... 13

Nuisance Complaints..... 22

Financial Report

Revenues:

Taxes: \$346,979

Grants: \$443,950

Service Fees: \$418,014

Prev. Yrs. Inc.: \$89,127

Interest: \$239

Total: \$1,298,309

Expenses:

Pers. Services: \$895,024

Contractual: \$157,336

Supplies: \$51,690

Travel: \$34,369

Equipment: \$89,001

Land/Bldg: \$31,208

Total: \$1,258,628

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ANNUAL REPORT



July 2012—June 2013

Threats to Public Health include Infections and Funding

Each year that goes by, each decade, we see new and re-emerging infections that we either had never known, or had previously thwarted. Infections know no boundaries, so careful communication must occur between medical institutions and within and across public health jurisdictions. Just to name a few examples of the more well-known re-emerging infections occurring over the last few decades include multi-drug resistant Tuberculosis, Staphylococcus aureus (MRSA), West Nile Virus, and the 2009 pandemic of H1N1 influenza; while some of the more well-known emerging infections over the last few decades include Hantavirus, Bovine Spongiform Encephalopathy (otherwise known as 'mad cow disease'), Sudden Acute Respiratory Syndrome (SARS), E. Coli, and hemorrhagic diseases such as Marburg and Ebola. What's concerning is that the World Health Organization warned in its 2007 report that infectious diseases are emerging at a rate that has not been seen before.

So when the reports came out earlier this March about a new superbug referred to as CRE (carbapenem-resistant Enterobacteriaceae), my thoughts returned to the earliest beginnings of public health interventions and how this latest emerging infection might be effectively dealt with. The Director of the Centers for Disease Control and Prevention, Dr. Thomas Frieden, referred to CRE as "nightmare bacteria that present a triple threat. They are resistant to nearly all antibiotics. They have high mortality rates, killing half of people with serious infections. And they can spread their resistance to other bacteria." Unfortunately this new disease threat comes at a time when our public health system has already been compromised by budget shortfalls due to the economic climate of the past several years. By one report, by 2009, 55 percent of all Local Health Departments – the front line protecting the public's health - had made cuts to important public health programs including emergency preparedness and almost half had lost key staff. When such diseases effect some remote corner of the world, we are little concerned. But with the current capacity of the front line public health workforce being limited by daunting state fiscal constraints, there is an increasing likelihood of infectious disease spread occurring much closer to home.

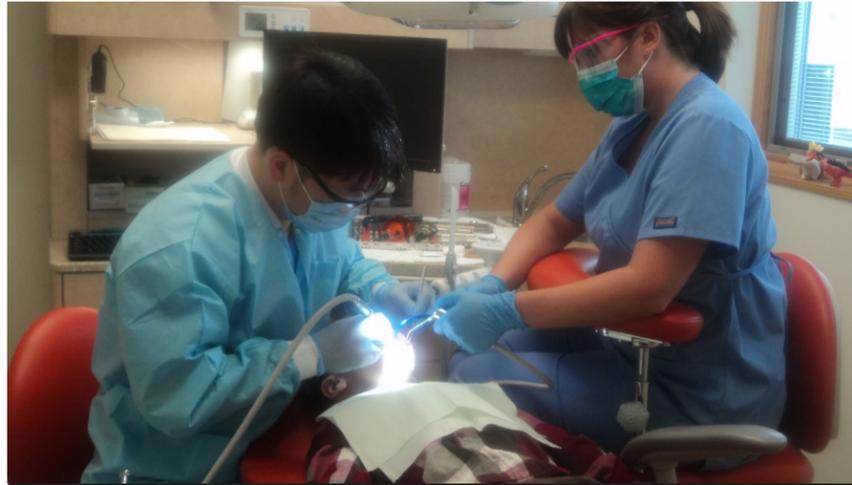
"While the Health Department has struggled in recent years under the economic hardships brought about by the state fiscal crisis, we remain steadfast in ensuring the mission of public health focused around the great aims of Prevention, Promotion, and Protection. This report provides a brief record of our work this past year."
David M. Remmert, M.P.H., Ph.D.,
Administrator



Sunrise over the DeWitt/Piatt Bi-County Health Department

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Dr. C.J. Yoon with Assistant Elise Robison

Dental Clinic Services:

The DeWitt/Piatt Community Dental Clinic initiated services in July 2010. Based on results discovered as part of our community-wide health assessment, the Dental Clinic was developed to target underserved populations without access to dental care. The Clinic predominately serves Medicaid populations, but serves others on a sliding fee scale that is based on income to make services more affordable to those in need. Unfortunately, due to economic hardship, our Dental Clinic was closed temporarily in May 2013. An abbreviated summary of services provided is noted as follows:

Total Number of procedures completed.....	7003
Number of exams provided.....	1453
X-Rays.....	1212
Flouride treatments.....	515
Cavities filled.....	1378
Prophylaxis.....	1007
Extractions.....	647
Sealants.....	386
Other Services.....	405
School Based Dental Program:	
Patients seen.....	525
Number of sealants provided.....	429

Disease Trends

There are roughly 70+ reportable diseases that require constant surveillance. Many of these diseases require reporting within a 24-hour time period because of the threat they represent to public health. Communicable disease surveillance involves such things as filing of disease reports, partner notification constant communication with the medical community, and in some cases restriction from work and other personal freedoms.

Confirmed Cases	'11-12	'12-13
Chickenpox	6	4
Chlamydia	45	45
Giardiasis	2	1
Gonorrhea	1	4
Haemophilus Flu/ Meningitis, etc.	1	1
Hepatitis A	0	1
Hepatitis B	1	1
Hepatitis C	14	7
Histoplasmosis	5	6
Lyme Disease	1	3
Rocky Mtn Fever	0	1
Mumps	2	2
Pertussis	5	2
Rabies (pot exp)	1	0
Salmonellosis	5	4
Strep A	2	1
Latent TB	4	2
E. Coli	1	1
Enteric Disease	0	1
Influenza ICU	0	1

Overview

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.

Why Are Maternal, Infant, and Child Health Important?

Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

- Hypertension and heart disease
- Diabetes
- Depression
- Genetic conditions
- Sexually transmitted diseases (STDs)
- Tobacco use and alcohol abuse
- Inadequate nutrition
- Unhealthy weight

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Maternal and Child Health Services

Women, Infants and Children (WIC):

The WIC program provides supplemental food and nutrition information for low-income women, infants and children in Piatt and DeWitt Counties. Eligible participants include women during pregnancy, postpartum, and lactating periods; and children under the age of five. Participants must meet the financial guidelines established by the USDA and have an identified medical or nutritional risk. Breast feeding support is also available. Current caseload:

Women.....	110
Infants.....	140
Children.....	224

Family Case Management:

The goal of the Family Case Management program is to create healthy, self-sufficient families by working with women prenatally and throughout the perinatal period. Current caseload:

Pregnant Women.....	63
Infants.....	141
Children.....	25

Other Maternal and Child Health Services:

Pregnancy Tests.....	30
Car Seats Issued.....	30
Car Seats Checked.....	33
New Baby Packets Sent.....	35
Head Lice Checks.....	29