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Wake County Human Services Board
June 25, 2015
AGENDA
Room 2132, Swinburne Human Services Center
220 Swinburne Street, Raleigh, NC 27620
Standing Time: 7:30AM – 10:00AM

Dr. James Smith III, Chair
Mr. John Myhre, Vice Chair
Ms. Margaret Raynor, Treasurer

Purpose: Advocacy, Policy, Advisory, Accountability

7:30 am Meeting Called to Order

Reflections: Ms. Leila Goodwin

Approval of Minutes: May 28, 2015

Next Board Meeting: July 23, 2015
Northern Regional Center, Room 163
350 E. Holding Ave.
Wake Forest, NC 27587

Regular Agenda

7:45 am Human Services Board Input into Human Services Director’s Performance Evaluation [PH Accreditation Benchmark # 37.5] – Dr. Jim Smith

8:00 am Public Health Quarterly Report: Communicable Diseases [PH Accreditation Benchmark # 2.4] – Dr. Edie Alfano-Sobsey

8:15 am Energy Programs Outreach Plan - Ms. Janny Flynt, Ms. Felicia Downing

8:30 am Environmental Services Rabies Update – Dr. Jennifer Federico

8:45 am 2015 Summer Food Service Program (SFSP) Launch [PH Accreditation Benchmark # 9.1] – Ms. Vielka Maria-Gabriel on behalf of Ms. Margaret Raynor

9:00 am Board Committee Chairs’ Reports

- Dr. Sharon Foster, Chair, Public Health Committee
- Ms. Angie Welsh, Chair, Social Services Committee

9:10 am Environmental Services Director’s Report – Dr. Joseph Threadcraft

- 9:20 am Human Services Director's Report – Ms. Regina Petteway**
- 9:30 am Human Services Board Chair's Report – Dr. Jim Smith**
- 9:40 am Participation in Community Events**
- 9:45 am Public Comments**
- 10:00 am Adjournment**

Human Services Mission Statement

Wake County Human Services, in partnership with the community, will facilitate full access to high quality and effective health and human services for Wake County residents.

March, 2014

Environmental Services Mission Statement

To protect and improve the quality of Wake County's environmental and ensure a healthy future for its citizens through cooperation, education, management and enforcement.

Environmental Services combines:

- **Water quality**
 - **Air quality**
 - **Solid waste (recycling, landfills, etc.)**
 - **Environmental health and safety (sanitation inspections, pest management, swimming pool regulations, animal control)**
-

2014-2015 Board Priorities (as of January, 2014)

- **Healthy Behaviors – Public Health Committee is developing this work plan**
- **Human Capital Development – Social Services Committee is developing this work plan**

**Wake County Human Services Board
Regular Meeting Minutes
May 28, 2015**

Board Members Present

Frank Eagles, Pablo Escobar, Dr. Sharon Foster, Kent Jackson, John Myhre, Margaret Raynor, Dr. Rosine Sanders, Dr. Paul Scruggs, Dr. James Smith, Dr. Jacqueline Tavarez, Stephanie Treadway, Angie Welsh, Commissioner James West, McKinley Wooten.

Staff Members Present

David Ellis, Regina Petteway, Ken Murphy, Dr. Joseph Threadcraft, Amina Shah, Katherine Williams, Dr. Sue Lynn Ledford, Dr. Kim McDonald, Bob Sorrels, Paul Gross, Rosena West, Caroline Harper, Ginny Satterfield, Vielka Maria-Gabriel.

Guests Present

Andi Curtis, Utica Cason, Septina Florimonte, David Cottengim, Jennifer Bohlander.

Call to Order

Dr. Jim Smith called the meeting to order at 7:35 am. He thanked the Board and staff for their commitment as Wake County aims to become the healthiest county.

Reflections

Dr. Foster shared her reflections about the honor and privilege to serve the Human Services (HS) Board. It serves those who don't have a voice including the poor, orphaned, disabled, and children who do not have access to resources.

Approval of Minutes

Motion was made, seconded, and approved unanimously to approve the April 23, 2015 meeting minutes. Mr. Pablo Escobar commended Ms. Amina Shah for doing an excellent job on the minutes.

Next Board Meeting

The next Board meeting will be held on June 25, 2015 from 7:30-10:00 am in Swinburne Human Services Center, Room 2132.

Wake County Human Services Agency 3rd Quarter Data Report

Ms. Caroline Harper presented the 3rd Quarter Data Report and also referred to the 2nd Quarter Data Report included in the May agenda packet for the Board's review, because it was never presented.

3rd Quarter Report includes numbers from 2nd Quarter Report. The last column of the report has a year-to-date (YTD) count, which counts the number of events based on the indicators tracked.

Some of the indicators highlighted in the report include:

- Adult Medicaid – YTD count: 22,037 individuals
- Family and Children's Medicaid – YTD count: 85,212 individuals
- Child Welfare, Child Protective Services (CPS) Assessment – YTD count: 2,980 unique reports
- Food and Nutrition Services (FNS) – YTD count: 9,427 households
- Syphilis Services – YTD count: 96 new cases

A discussion was held about the increase in STD's including syphilis, gonorrhea, and chlamydia. Dr. Sue Lynn Ledford stated that the Department has a very intentional plan that crosses into different demographics to address the steep incline in STDs. Presently, they have an incident command structure in place and they are working with community partners, State, Communications office, and Regional Centers.

Ms. Regina Petteway stated the HS Board will receive the County Manager's report on Medicaid cases, which is more detailed and the Board will also receive data (presented in this report) from comparable counties.

Mr. Escobar requested Ms. Harper to show the percent increase or decrease for each case in future reports.

Mr. Frank Eagles made the motion to accept the 2nd and 3rd Quarter Data Reports, which was seconded by Ms. Stephanie Treadway, and approved unanimously by the Board.

*Presentation included in May agenda packet.

Public Health Fee Collection Policy Changes [PH Accreditation Benchmark # 33.7]

Mr. Paul Gross stated that Human Services is required to update its policies annually, by accreditation standards. He presented the updated Public Health Fee Policy and asked for the Board's endorsement. If endorsed, it will be included in the FY 16 Budget Ordinance that will be presented to the Board of Commissioners (BOC) in June. The Public Health (PH) Committee has already endorsed it, as presented.

The changes are mostly technical and they were suggested by the County Attorney's Office, County's Finance Office, and State's Public Health Division.

Mr. Gross noted that the Department is not raising or lowering the actual fee for any of the services. There is not adequate data from the State at this time.

Commissioner James West asked if sexual orientation is factored into the policy statement to which Mr. Gross replied that it is factored and this language was suggested by the State's Public Health Division and also reviewed by the County Attorney's office.

Dr. Rosine Sanders questioned about Item # 18 under II B (Fee Collection), which states "Third party payers shall be billed, unless confidentiality is a barrier. Any remaining balances after insurance has paid shall be billed to the client. This may include copays, coinsurance, deductibles and non-allowed charges". She raised concern about billing clients for non-allowed charges. Mr. Gross stated that there has not been an issue with this, but if there is, the Department will review the policy. The policy is not meant to adversely affect the clients. The Department is very cognizant of keeping services affordable and accessible.

Mr. Escobar commented on Item # 1 under C (Title X Exceptions), which states "For purposes of determining consumer liability for Family Planning services, individuals, regardless of age, requesting confidential services shall be considered a family of one based on income. He said this is a good idea because there are situations where people are seeking services, but do not want to get their families involved.

Mr. Escobar also asked for clarification on the second part of II (Policy Statement), which states "WCHS provides services without regard to religion, race, national origin, creed, gender, parity, marital status, age or contraceptive preference." Mr. Gross decided that this should have been "gender parity" as one term.

There was a question about what happens when clients do not make their payments. Mr. Gross stated that the payment plans are flexible. Clients can make minimum payments to keep their accounts active. However, if there are issues with payments, then there are other options such as collection agencies and debt write-off.

Dr. Foster made the motion to accept the amended Policy, which was seconded by Mr. McKinley Wooten, and approved unanimously by the Board.

*Document included in May agenda packet.

Human Capital Development (HCD) Update [PH Accreditation Benchmarks # 41.2 A, 41.3 A]

Ms. Ginny Satterfield presented the HCD Update on behalf of Ms. Ann Godwin. The presentation included information about the history, progress, and future plans for HCD.

The HCD Initiative started in 2008. Human Capital refers to the abilities, knowledge, and skills an individual develops through education and experience that can be utilized to achieve personal and economic goals.

Human Capital Development refers to strengths based approach for engaging individuals and families in their own development in the 8 core areas, called tracks, which are key to sustainable success.

There are 8 tracks or core areas of HCD:

1. Employment
2. Financial literacy and entrepreneurship
3. Formal education
4. Training and skill sets
5. Attitude and mindset
6. Access and utilization of resources
7. Healthy lifestyle
8. Family, community & civic engagement

The 3 basic areas of HCD are:

1. Internal capacity
2. Data & measurement
3. Partnerships & external capacity

HCD was embedded in the 2014 Strategic Plan. There are 3 specific objectives in the Strategic Plan.

1. Individuals engaged: 5,576
2. Baseline data: 1,798 individuals
3. Individuals with document progress: 811

80% of HCD participants made progress in at least one area.

HCD outcomes

- Stable employment
- Earned income
- Stable housing
- Preventative health care
- Educational attainment

Commissioner West expressed concern about a scattered approach to HCD and Healthiest Capital County (HCC). He stated there are many different initiatives underway and talk about collective impact and shared agendas. However, these programs need to be coordinated better and money and resources should be used appropriately.

Ms. Petteway responded that there is a very good team in place for HCD and Middle Class Express (MCE). People need to understand the fact that HCD is not a program, so it will not be in the budget. This is a philosophy that the Department would like to embed in all its programs.

Commissioner West still showed concern about receiving inconsistent information.

Ms. Satterfield next presented the HCD Summit Update. The Summit was organized by the Social Services (SS) Committee and held on March 27, 2015. 106 individuals attended and 81 individuals participated in regional breakout sessions.

An HCD Core Team came together and has been tracking data over time. It has decided to focus on common indicators and core data elements across initiatives that will be tracked beginning July 1, 2015.

Commissioner West said that it is important to relook at HCD and the proper use of resources. Wake County is an excellent County, but there are still many people living in poverty.

Ms. Treadway made motion to accept this report, which was seconded, and approved unanimously by the Board.

Economic Services Update

Ms. Patricia Baker presented the Economic Services Update. The Medicaid recertification deadline for NCFAS is June 30, 2015. At the beginning of May, there were over 20,000 cases. Staff processed about 10,000 cases, then the June cases were added and the number came up to 17,000 cases. Staff is working to process about 15,000 cases in June.

HS Department is developing a model to bring in outside workers to process applications, which is based on Durham County's model. The County Manager's Office authorized additional funding to bring in experienced workers out of County to work on the weekend. This weekend, the Department is aiming to process 1,500-2000 cases. The Department will do this weekend work again in mid-June. By mid-July, the cases will have to be manually extended.

With regards to Medicaid applications, there are currently 2000 applications over due. Staff will process another 1000 by beginning of June.

HS Department received notification last week that U.S Department of Agriculture (USDA) is proposing to sanction the State for untimely applications.

HS Department is recruiting for about 22 staff members, as it continues to have vacancies.

Mr. Kent Jackson asked how the Department receives Medicaid applications to which Ms. Baker replied that most of applications come through mail and e-Pass.

Summer Food Service Program (SFSP) Update [PH Accreditation Benchmark # 9.1]

Ms. Margaret Raynor presented the SFSP Update. The presentation included a brief overview of SFSP, reasons for the initiative, planning process, stakeholders, current and potential sites.

SFSP is a federally funded, state administered program by the USDA that provides reimbursement to providers who serve healthy meals to children in low income areas at no charge to the child during summer months.

In Wake County, the National School Lunch Program served free/reduced priced meals each day to 55,000 children. Only 6,060 (11%) of those children received meals through SFSP in the summer. So, 49,000 children did not get access to meals last summer. Wake County did not access over \$9 million in 2014 to provide summer meals to children.

The planning process for SFSP included:

- Human Services Board's Public Health Committee created a planning committee to study high need areas and set strategies for implementation.
- The Planning Committee identified 2 pilot zip-codes: 27610 and 27601.
- For these sites, the Planning Committee recruited sponsors and sites and enlisted support of CACs.
- Staff is working to publicize the information by working with the Communications Office.

23 school sites were invited to participate in SFSP. Presently, there are about 24 sites of which 7 are not confirmed.

A Kick-off event will be held on July 16, 2015 at Gethsemane Church, which is an open feeding site.

Motion was made, seconded, and approved unanimously to accept the SFSP Report.

Board Committee Chairs Reports

Dr. Sharon Foster gave an update on the PH Committee. She and other Committee members participated in the PH Accreditation Mock Site Visit Team (SVT) meeting. The Committee is working on these main objectives:

- Improve food insecurity through the SFSP.
- Continue to work on low birth weight and prenatal care--expecting to see results soon from the prenatal care budget proposal to the County Manager's office.

Ms. Angie Welsh asked the Board to approve the appointment of 4 new members to the SS Committee. Their names are: David Cottengim, Utica Cason, Jennifer Bohlander, and Cecile Williams.

Dr. Smith made the motion to approve the appointment of these aforementioned members to the Committee, which was seconded by Mr. Escobar, and approved unanimously by the Board.

Environmental Services Director's Report

Dr. Joseph Threadcraft presented the Environmental Services Director's Report.

Budget:

60% of Environmental Services budget request is included in the County Manager's recommended budget.

- Environmental Health & Safety will receive 3 FTE's
- Water Quality
 1. Increase in well sample supplies and testing
 2. Increase in lab supplies
 3. Upper Neuse River Basin annual membership fee increase
- Administration
 1. Customer Support Center 1 FTE
 2. On call professional services contract
 3. Land Desk Solutions license and maintenance fee

Growth Land Use and Environment Committee

The following topics will be discussed in the Committee

1. Establishment of a Water Commission
2. Modifications to the Memorandum of Agreement with the state

2015 World Environment and Water Resources Congress

1. Dr. Threadcraft presented at the above congress. The title of the presentation was "Significant Environmental Factors and Their Impact to Wake County's Hydro Climate
2. The paper was published in the Conference Proceedings
3. Dr. Threadcraft was elected to serve as Secretary of the Sustainability Committee for one year, followed by vice chair for a year and finally as chairman for the final year of a 3 year commitment.

Human Services Director's Report

Ms. Andi Curtis presented the Medicaid Reform. The presentation explained Medicaid reform and presented reasons for involving businesses.

Medicaid is a joint federal and state program that provides health coverage (insurance) for low-income children, pregnant women, elderly people, and persons with disability.

1.8 million people in NC are covered by Medicaid. 53% of the covered patients are children. Medicaid is a significant part of the State's budget (30%) and continues to grow.

There are 3 main hospitals in the Triangle Area including WakeMed Health & Hospitals, Duke Medicine, and Rex/UNC Healthcare.

These Triangle hospitals provide care for all, but they are under-reimburse for the cost of 74% of patients in the areas of Medicare, Medicaid, and Uninsured/Self Pay.

She asked the Board for its support through the following ways:

- Tell legislators that they support provider led solutions for Medicaid reform
- Tell legislators that they don't support taxing hospitals or other non-profits in NC
- Consider adopting the resolutions, which will be sent electronically to the Board
- Help educate other business and community leaders

Participation in Community Events

The Board recognized Ms. Rosena West on her retirement. .

Adjournment

The meeting was adjourned at 10:00 am.

Action Items

Ms. Regina Petteway stated the HS Board will receive the County Manager's report on Medicaid cases, which is more detailed. She said the Board will also receive data (presented in the Quarterly Report) from comparable counties.

Board Chair's Signature: _____ **Date:** _____

Public Health



Prevent



Promote



Protect



Wake County Human Services Public Health Quarterly Report April–June 2015

Special Edition:
Communicable Diseases 2010-2014

Wake County Human Services
Public Health Division
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June 19, 2015



Regina Petteway, Human Services Director
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Introduction

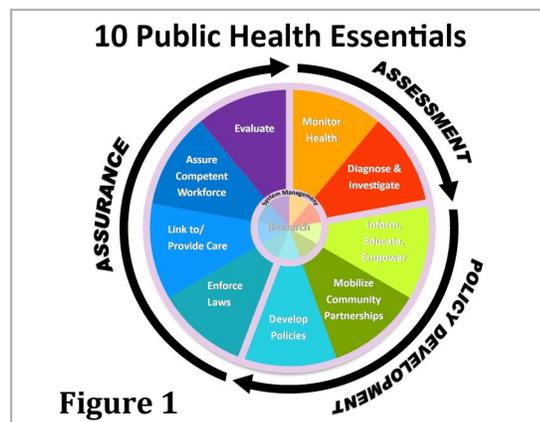
Wake County Human Services (WCHS), an accredited health department, strives to perform the three core Public Health functions of assessment, policy development and assurance and to deliver the 10 public health essential services (Figure 1). Reports are provided on a quarterly basis about health and safety trends for Wake County residents, providers, policy makers and the community to better inform decision making.

These reports help fulfill public health essential services:

- Number 1: Monitor health status to identify community health problems and
- Number 3: Inform, educate, and empower people about health issues

This report also fulfills in part North Carolina Public Health Accreditation requirements including :

- Analysis and tracking of reportable events occurring in the community and reporting unusual occurrences to the NC Division of Public Health and local board of health (Benchmark activity 2.4)
- Provision of reports on the health of the community to the local board of health (Benchmark activity 38.1)



Surveillance for Reportable Communicable Diseases in Wake County

Communicable diseases are illnesses caused by infectious agents (bacteria, viruses, parasites, fungi and prions) or their toxins that are transmitted from an infected person, animal, plant or from the environment. Because communicable diseases can have so much impact on populations, they are tracked and the information analyzed (called surveillance) so that measures can be put in place for protecting the public's health. Certain communicable diseases are required by law to be reported to local health departments by:

- physicians
- school administrators
- child care center operators
- medical facilities
- operators of restaurants and other food or drink establishments and
- persons in charge of laboratories (G.S. § 130A-135 through 130A-139).

There are 72 reportable diseases and conditions specified in the N.C. Administrative Code rule 10A NCAC 41A .0101 (<http://epi.publichealth.nc.gov/cd/index.html>).

After initial notification about a case or cases of a communicable disease, an investigation begins to collect details such as demographic, clinical, and epidemiological information. A case, meeting the reporting requirements in the standardized case definitions, is reported electronically to the N.C. Division of Public Health via the North Carolina Electronic Disease Surveillance System (NC EDSS) and then to the Centers for Disease Control and Prevention's (CDC) National Notifiable Diseases Surveillance System.

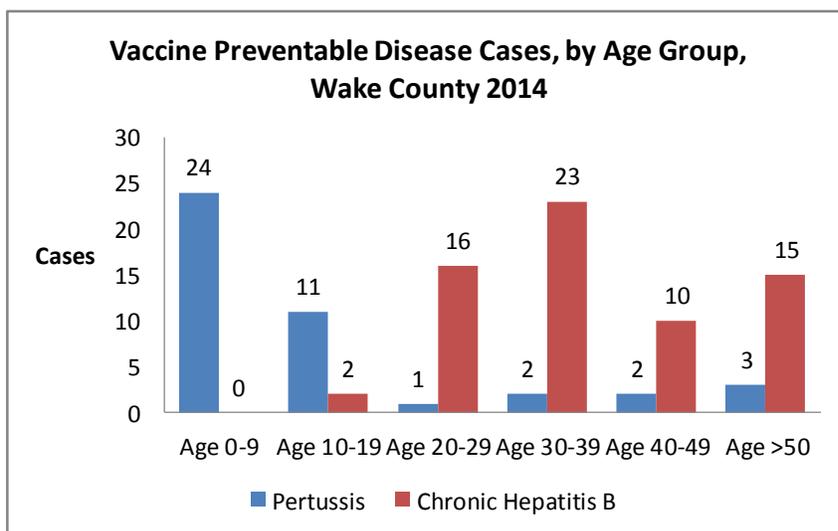
This report focuses on all diseases that have been reported in Wake County from 2010 through 2014 along with other information about selected communicable diseases of public health significance for Wake County. For a list of all reportable communicable diseases see Table 4 (pages 18-21).

Vaccine Preventable Diseases

Wake County's rate of pertussis (whooping cough) decreased during 2013. This was likely a result of a vaccination campaign to immunize those at risk and those who care for infants that followed a nationwide outbreak of pertussis in 2012. However, the case rate for pertussis began to rise again in 2014 (4.3 per 100,000 population) compared to 2013 (2.3 per 100,000 population) (Table 4, page 20). During 2014, over half of the cases were in children 0-9 years of age (Figure 2) and 67% of cases of affected the white population (Figure 3).

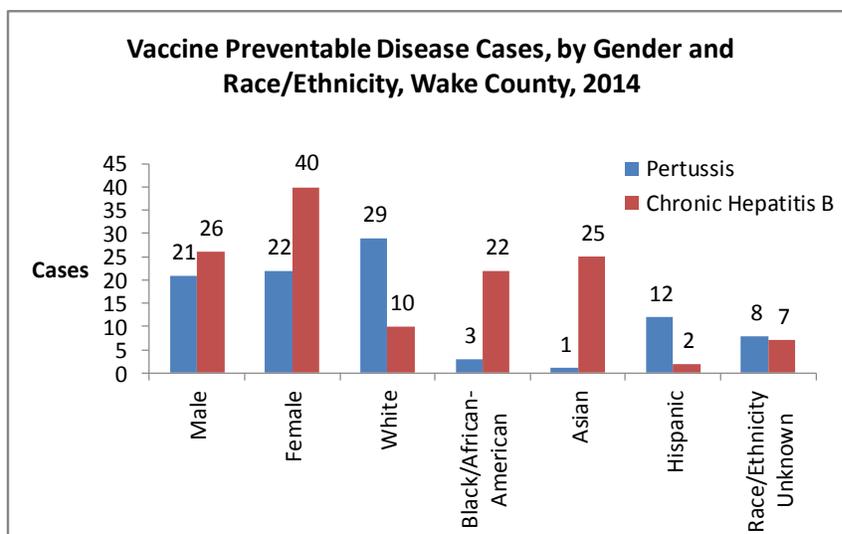
Reported cases of chronic hepatitis B have decreased steadily from a high of 21.7 per 100,000 population in 2011 to a low of 6.6 per 100,000 population in 2014 (Table 4, page 19). During 2014, more than half of the cases were in the 20-39 age group (Figure 2) and 1.5 times as many cases were female compared to male cases (Figure 3). Seventy-one percent of all cases were among African Americans and Asians (Figure 3).

Figure 2



Data Source: North Carolina Electronic Disease Surveillance System, 4/28/15

Figure 3

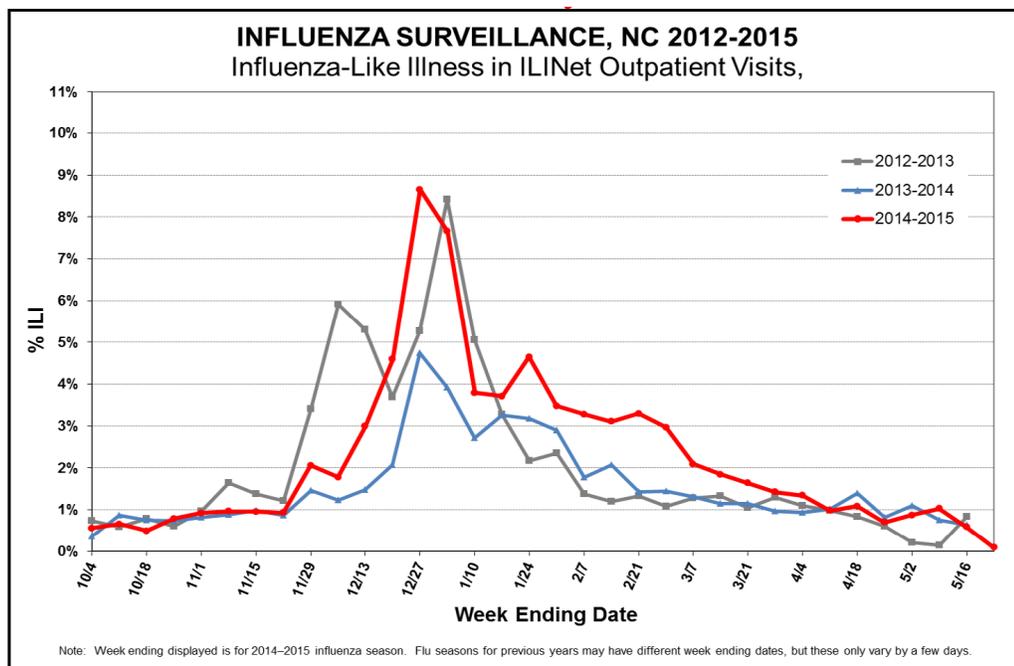


Data Source: North Carolina Electronic Disease Surveillance System, 4/28/15

Influenza

No novel influenza viruses have been reported since the H1N1 outbreak in 2009 (Table 4, page 19). Because of the mismatched vaccine against the predominately circulating H3N2 viruses, the 2014-2015 flu season was particularly severe. In North Carolina, flu peaked during the December holidays and the percent of influenza-like-illness (ILI) in outpatient settings was higher than the preceding two flu seasons (Figure 4).

Figure 4



Data Source: NC Division of Public Health <http://flu.nc.gov/data/documents/flu1415.pdf>

Over 200 deaths were attributed to seasonal influenza disease in North Carolina, twice the number reported during the 2013-2014 flu season. As of 5/20/15, 17 deaths were reported in Wake County.

Wake County Human Services provided seasonal flu immunization to 8,525 children and adults at clinics around the County.

A flu immunization mandate was adopted in 2014 for Wake County Employees working in Emergency Medical Services (EMS) as well as the Health Clinics and Public Health Divisions of Wake County Human Services.

Flu Doses Administered by WCHS September 15, 2014 to March 31, 2015

- Total: 8,525
- 5,095 (60%) to children ages 6 months through 18 years
- 3,430 (40%) to adults 19 years and older

Changes to Immunization Laws in North Carolina

There will be changes and updates to the NC Immunization Law that will become effective on July 1, 2015. They include:

- Changes to school entry requirements to include a booster dose of polio vaccine on or after the 4th birthday and a requirement for a 2nd dose of varicella vaccine

- A new requirement for children born on or after July 1, 2015 to receive pneumococcal conjugate vaccine
- A requirement that rising 7th grade students have a dose of Tdap vaccine if they have not already had one (previously a 6th grade requirement)
- A new requirement for 7th grade students to receive a dose of meningococcal conjugate vaccine

Effective August 2020, high school students 17 years of age or entering their senior year of high school (whichever comes first) will be required to have a booster dose of meningococcal conjugate vaccine.



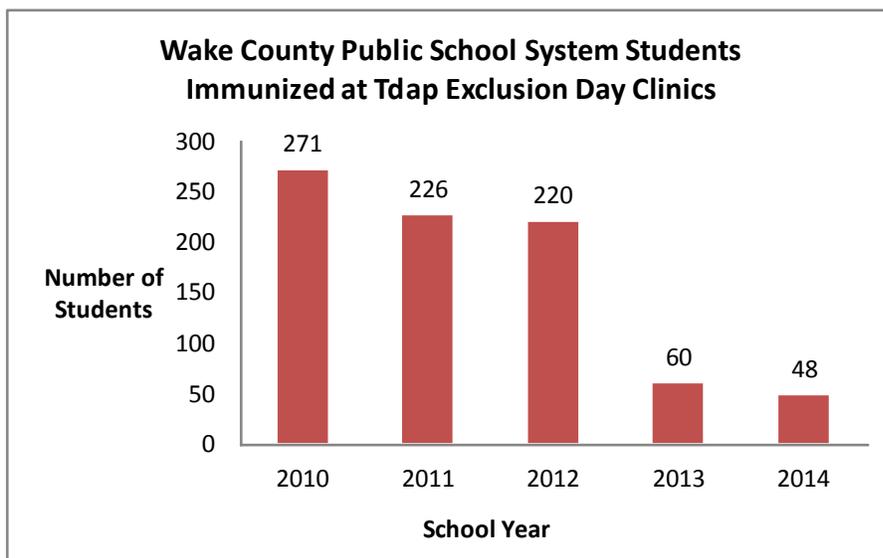
WCHS is providing information and resources in English and Spanish to medical providers, public and private schools, childcare centers and parents regarding the upcoming changes. The Immunization Tracking Team has provided training, developed and distributed information in a host of venues, sent information to the media and updated their website to encourage early compliance with the upcoming changes.

Information table at “New Year, New Law” training held in February, 2015.

Tdap Immunization Project

The 6th grade Tdap Immunization Project at WCHS plans and executes targeted Tdap immunization clinics to reduce the numbers of students excluded from middle school for immunization non-compliance. Exclusion Day clinics are a resource for school administrators to refer students that risk exclusion. The success of the project is measured through the reduction in numbers of students being referred for services on Exclusion Day (Figure 5).

Figure 5



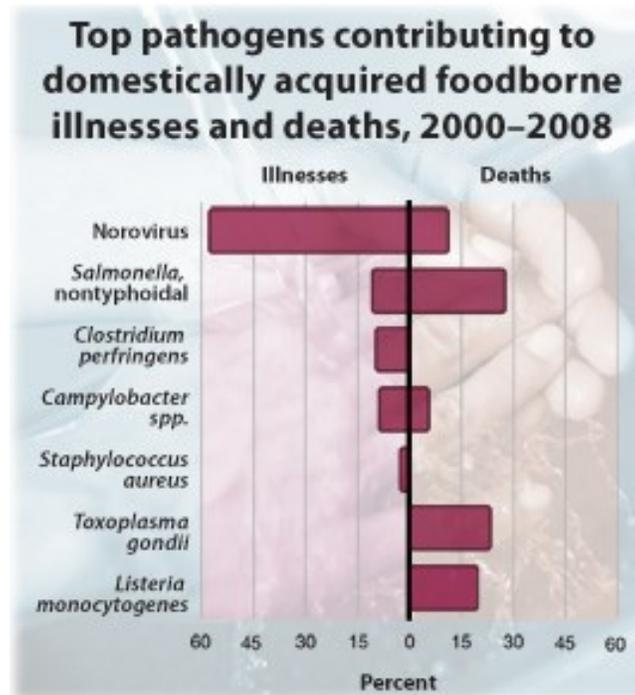
Data Source: “NC School Summary Report of the Immunization Status of 6th Grade Students”, NC DHHS

Foodborne Diseases

The Centers for Disease Control and Prevention (CDC) estimates that each year roughly 1 in 6 people in the US (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. While not all agents of foodborne disease are known, among the 31 known foodborne pathogens:

- Nontyphoidal Salmonella, Toxoplasma, Listeria, and norovirus caused the most deaths
- Nontyphoidal Salmonella, norovirus, Campylobacter, and Toxoplasma caused the most hospitalizations and
- Norovirus caused the most illnesses. Although norovirus usually causes a mild illness, norovirus is a leading cause of foodborne deaths because it affects so many people (Figure 6).

Figure 6

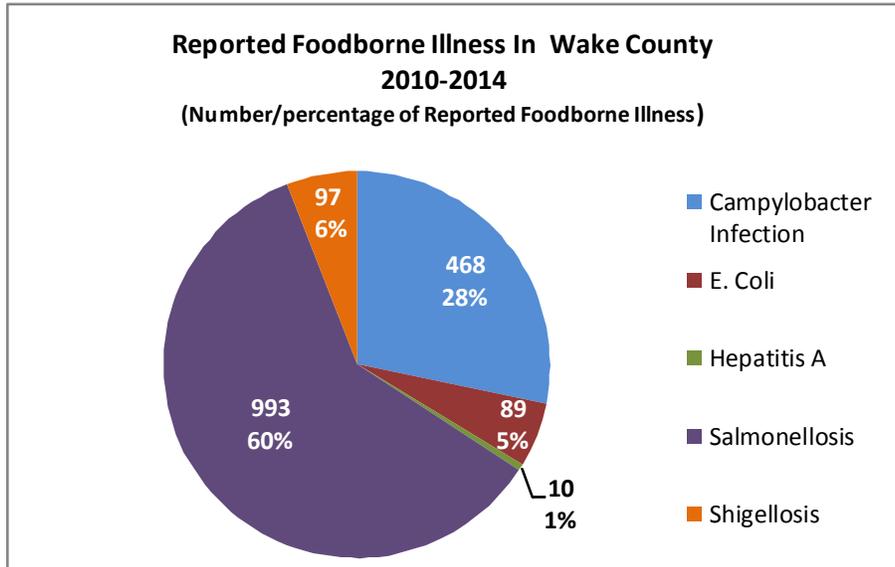


Source: CDC, <http://www.cdc.gov/dsFoodborneEstimates/>, 5-17-2015

In Wake County, from 2010 through 2014, *Salmonella spp* non-typhoidal and *Campylobacter spp* accounted for 88% of all reported food-borne diseases (Figure 7). While the rate of Salmonella has generally decreased (28.8 per 100,000 population in 2010 to 18.2 per 100,000 in 2014), the rate of Campylobacter has increased over the past 4 years (5.3 per 100,000 population in 2011 to 12.5 per 100,000 population in 2014) (Table 4, pages 18 & 20).

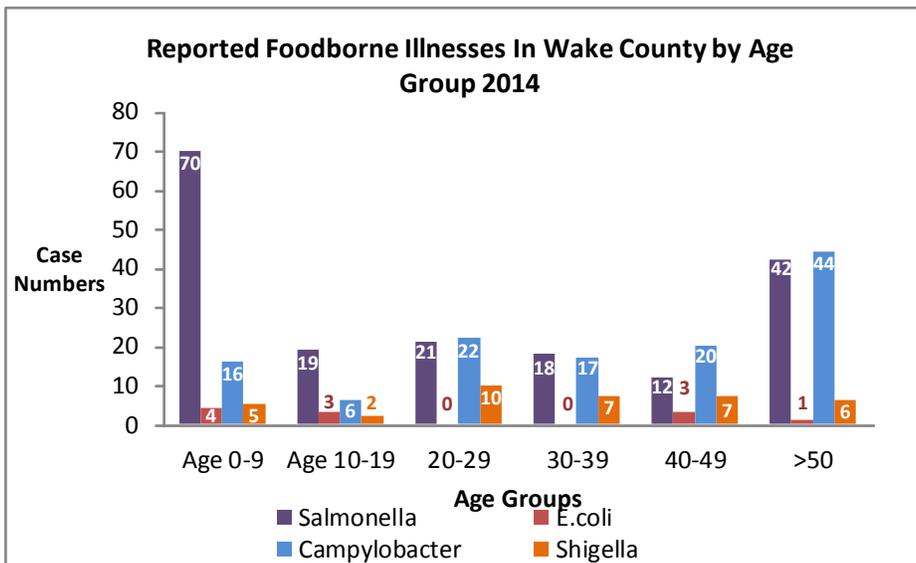
During 2014, more than half of the cases of Salmonellosis reported were in children ages 0-9 and older adults (> 50 years of age) and in the white population (Figures 8 and 9). More than one-third of the cases of Campylobacter were reported in older adults and whites during 2014 (Figures 8 and 9). Laboratory testing to confirm the cause of some reportable diseases, for example *Clostridium perfringens* food poisoning, is not routinely available except under special circumstances during outbreaks; therefore these numbers are likely underreported.

Figure 7



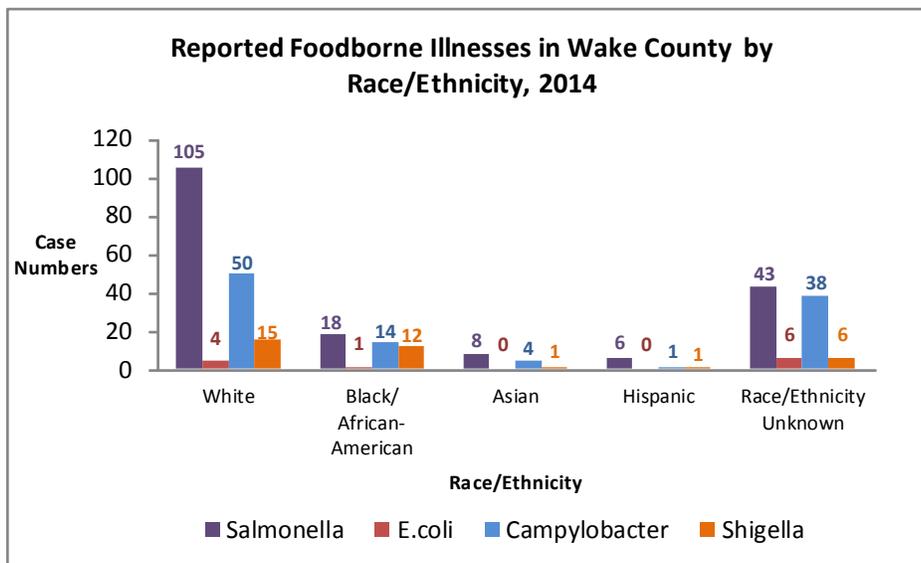
Data Source: North Carolina Electronic Disease Surveillance System, 4/28/15

Figure 8



Data Source: North Carolina Electronic Disease Surveillance System, 4/28/15

Figure 9



Data Source: North Carolina Electronic Disease Surveillance System, 4/28/15

In addition, cases of some food-borne diseases caused by other microorganisms are not required to be reported under NC communicable disease law. However, all foodborne outbreaks are required to be reported to local health departments and the NC Division of Public Health. During 2014, suspect norovirus outbreaks were predominately associated with long term care and other facilities. The sources (such as person to person, environmental or foodborne) of the outbreaks were not determined. However, during early 2015, clusters of norovirus illness were associated with attending 7 different events throughout Wake County where food was served.

Food Safety

In 2014, Environmental Services inspected, re-inspected or verified nearly 6000 establishments that serve or sell food (Table 1). Environmental Services also provided 1286 hours of training, including certified manager training (ServSafe) for nearly 100 managers. Topics included food safety risks associated with contamination, employee hygiene, holding temperatures, approved food sources and final cook temperatures. Environmental Services staff also reached out to 135 food workers regarding rule updates and food safety risk factors as well as providing outreach through events, fairs and the media.

Table1

Inspections by Wake County Environmental Services, 2014			
Type	Activities*	Verifications **	Totals
Bed and Breakfast Home	1		1
Bed and Breakfast Inn	3		3
Elderly Nutrition Sites (catered)	21	1	22
Food Stand	852	101	953
Hospitals	4		4
Institutional Food Service	80	11	91
Limited Food Service	14	1	15
Meat Market	207	16	223
Mobile Food Units	63	15	78
Private School Lunchrooms	29	2	31
Public School Lunchrooms	399	33	432
Pushcarts (carts that sell only)	65	2	67
Restaurants	3426	588	4014
Grand Total	5164	770	5934
*Activities—Inspections and re-inspections			
**Verifications—Follow up visits for critical violations observed at inspections/re-inspections			
Additional information about types of health inspections can be found:			
http://www.wakegov.com/food/healthinspections/facilities/Pages/default.aspx			

Data Source: Wake County Environmental Services Database 4/15/15.

Sexually Transmitted Diseases

In Wake County during 2014, the most commonly reported sexually transmitted diseases were chlamydia and gonorrhea followed by HIV, and non-gonococcal urethritis.

The rates per 100,000 population for both chlamydia (from 534 in 2011 to 438.6 in 2014) and gonorrhea (from 152.9 in 2011 to 121.5 in 2014) have declined since 2011. However, while the number of cases have remained high compared to peer counties over the last 5 years, Wake County's rates per 100,000 population are lower (Table 2).

Healthy North Carolina 2020 Sexually Transmitted Disease Objectives

- Reduce the percentage of positive results among individuals aged 15-24 years tested for chlamydia (Objective 2)
- Reduce the rate of new HIV infection diagnoses (per 100,000 population) (Objective3)

<http://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf>

Table 2

CHLAMYDIA, GONORRHEA, EARLY SYPHILIS⁺, HIV AND AIDS CASE COUNTS AND RATES NC COMPARED TO NC'S SIX LARGEST COUNTIES (BY POPULATION) 2010—2014

CHLAMYDIA										
County	2010		2011		2012		2013		2014	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Cumberland	1,730	540.3	3,593	1,111	3,589	1,107	3,610	1,114	3,043	932.5
Durham	1,642	611.7	1,923	702.7	2,329	832.9	2,002	715.9	2,057	698.6
Forsyth	2,503	712.3	2,688	758.3	2,704	755	2,508	700.3	2,253	616.8
Guilford	2,398	489.7	5,010	1,011	3,949	788.4	3,748	748.3	3,374	658.8
Mecklenburg	4,627	501.2	7,456	788.8	6,287	648.8	6,087	628.2	6,289	621.1
Wake**	4,531	499.6	4,963	534	4,668	490	4,212	432	4,380	438.6
NC TOTAL	42,167	441.1	53,854	558	50,621	519.1	48,417	496.5	46,594	468.6

GONORRHEA										
County	2010		2011		2012		2013		2014	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Cumberland	733	228.9	1,479	457.5	1,170	361.1	1,196	369.1	1,060	324.8
Durham	680	253.3	747	273	820	293.2	758	271.1	727	246.9
Forsyth	774	220.3	854	240.9	712	198.8	742	207.2	874	239.3
Guilford	871	177.9	1,981	399.9	1,473	294.1	1,344	268.3	1,224	239
Mecklenburg	1,516	164.2	2,269	240	1,848	190.7	1,775	183.2	2,248	222
Wake**	1,252	138.1	1,421	152.9	1,342	140.9	1,206	123.7	1,213	121.5
NC TOTAL	14,153	148	17,158	177.8	14,324	146.9	13,665	140.1	14,000	140.8

⁺(Primary, Secondary and Early Latent stages)

*Rate per 100,000 population.

**Case counts from NC EDSS 4/28/15.

Source for 2009-2013 data: <http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf>, accessed 5/28/15.

Source for 2014 data: <http://epi.publichealth.nc.gov/cd/stds/figures/vol14no4.pdf>, accessed 5/28/15. Rates calculated using 2014 population estimates found at <http://factfinder.census.gov/faces/>

Sexually Transmitted Diseases

Table 2 continued

CHLAMYDIA, GONORRHEA, EARLY SYPHILIS ⁺ , HIV AND AIDS CASE COUNTS AND RATES NC COMPARED TO NC'S SIX LARGEST COUNTIES (BY POPULATION) 2010—2014										
EARLY SYPHILIS										
County	2010		2011		2012		2013		2014	
	Cases	Rate*								
Cumberland	40	12.5	32	9.9	31	9.6	47	14.5	81	24.8
Durham	23	8.6	25	9.1	24	8.6	45	16.1	69	23.4
Forsyth	89	25.3	37	10.4	40	11.2	50	14	50	13.7
Guilford	81	16.5	102	20.6	58	11.6	51	10.2	86	16.8
Mecklenburg	168	18.2	174	18.4	125	12.9	151	15.6	234	23.1
Wake	79	8.7	70	7.5	81	8.5	102	10.7	171	17.1
NC TOTAL	708	7.4	708	7.3	561	5.8	677	6.9	1,065	10.7
HIV										
County	2010		2011		2012		2013		2014	
	Cases	Rate*								
Cumberland	80	25	97	30	69	21.3	87	26.8	98	30
Durham	86	32	68	24.8	71	25.4	75	26.8	82	27.8
Forsyth	59	16.8	80	22.6	54	15.1	69	19.3	65	17.8
Guilford	113	23.1	128	25.8	100	20	123	24.6	114	22.3
Mecklenburg	312	33.8	323	34.2	270	27.9	300	31	362	35.8
Wake**	270	29.8	233	25.1	206	21.6	162	16.6	181	18.1
NC TOTAL	1,463	15.3	1,490	15.4	1,347	13.8	1,525	15.6	1,631	16.4
AIDS										
County	2010		2011		2012		2013		2014	
	Cases	Rate*								
Cumberland	37	11.6	48	14.8	32	9.9	36	11.1	45	13.8
Durham	36	13.4	23	8.4	25	8.9	19	6.8	45	15.3
Forsyth	26	7.4	40	11.3	26	7.3	34	9.5	25	6.8
Guilford	48	9.8	51	10.3	38	7.6	45	9	32	6.2
Mecklenburg	128	13.9	134	14.2	212	21.9	259	26.7	190	18.8
Wake**	111	12.2	87	9.4	61	6.4	76	7.8	66	6.6
NC TOTAL	797	8.3	815	8.4	789	8.1	894	9.2	817	8.2

⁺(Primary, Secondary and Early Latent stages)
 *Rate per 100,000 population.
 **Case counts from NC EDSS 4/28/15.
 Source for 2009-2013 data: <http://epi.publichealth.nc.gov/cd/stds/figures/std13rpt.pdf>, accessed 5/28/15.
 Source for 2014 data: <http://epi.publichealth.nc.gov/cd/stds/figures/vol14no4.pdf>, accessed 5/28/15. Rates calculated using 2014 population estimates found at <http://factfinder.census.gov/faces/>

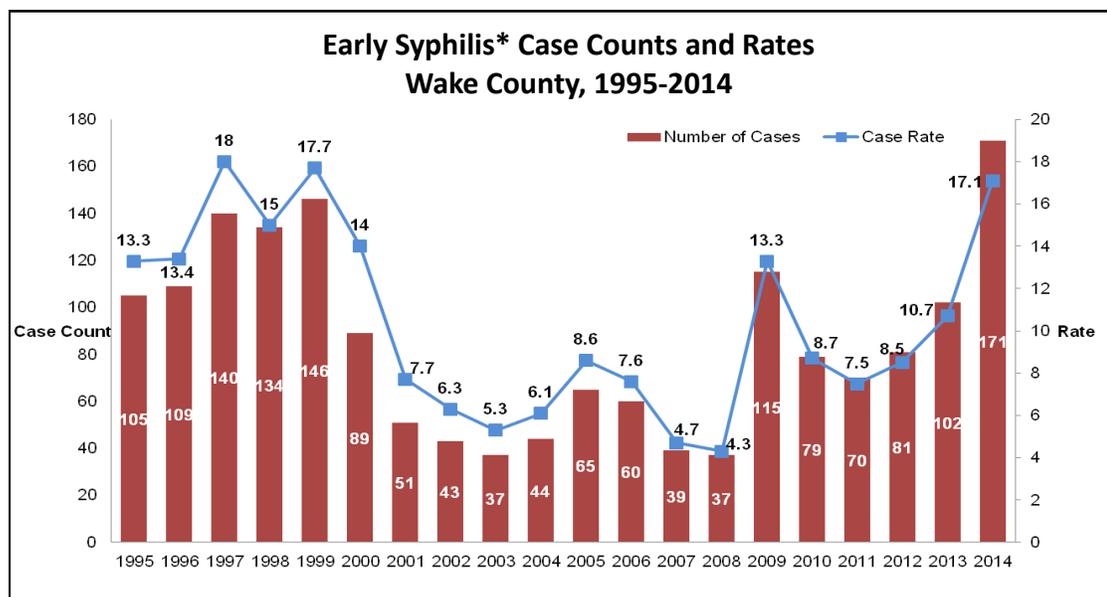
Sexually Transmitted Diseases

Wake County Syphilis Outbreak

The number of residents of Wake County with early syphilis (infected in the last 12 months) is at a 20 year high. Recently, early syphilis case rates more than doubled from 2011 (7.5/100,000) to 2014 (17.1/100,000) with a 68% increase in number of cases from 2013 to 2014 (Figure 10).

From January through March of 2015, 49 cases of early syphilis were reported, a 53% increase in the number of cases (32) reported during the same time in 2014. Other counties are also experiencing a syphilis outbreak with high case numbers and rates (Table 2).

Figure 10

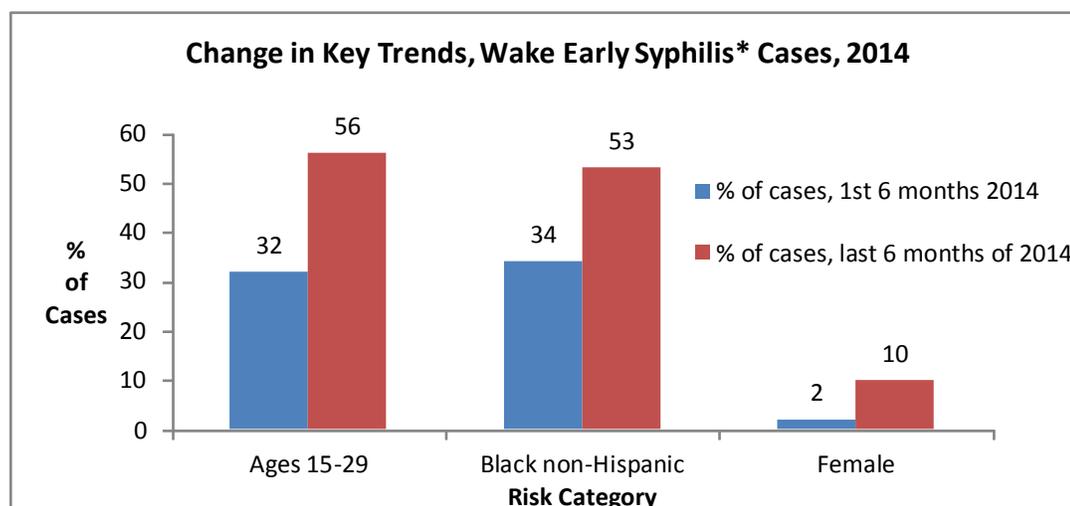


*Primary, Secondary and Early Latent stages

Data Source: NC Division of Public Health <http://epi.publichealth.nc.gov/cd/stds/figures.html>

Affected populations have shifted rapidly. In July 2014, the outbreak centered around older (40+) white men having sex with men (MSM); in January 2015, the outbreak shifted to younger (15-29) black heterosexual males and females (Figure 11).

Figure 11

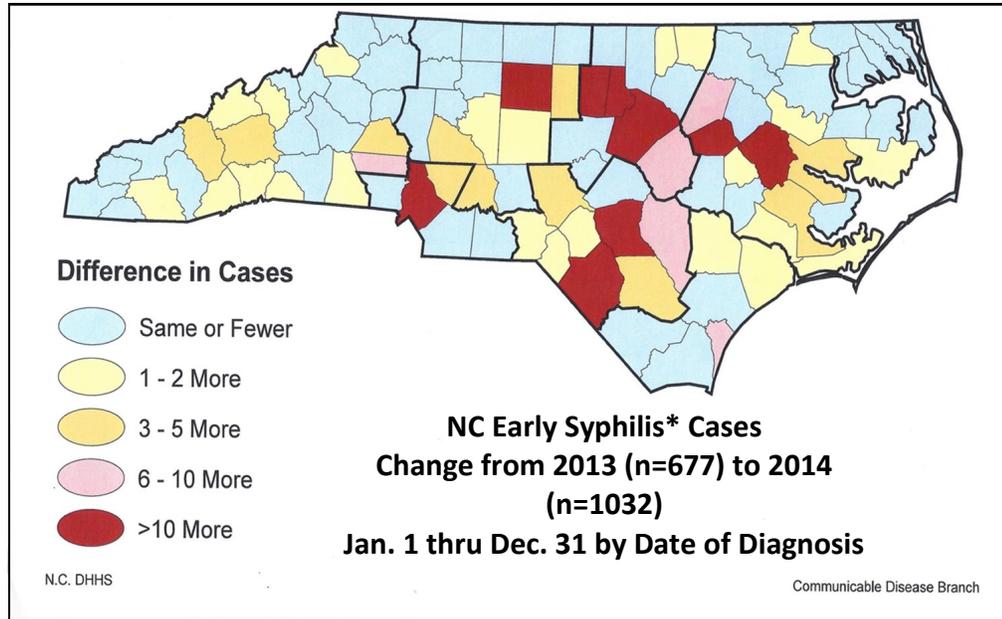


*Primary, Secondary and Early Latent stages

Data Source: North Carolina Electronic Disease Surveillance System, 1/12/15

This rise in syphilis cases is consistent with trends across NC. Thirty one counties saw increased cases in 2014 when compared with 2013 (Figure 12).

Figure 12



*Primary, Secondary and Early Latent stages

Anyone having unprotected sex can get syphilis. However key risk factors include:

- Men having sex with men
- Having HIV or other sexually transmitted diseases
- Having more than one sex partner
- Meeting sex partners on the internet

According to Disease Intervention Specialist interviews, 30 percent of people diagnosed with syphilis from 1/2014 to 4/2015 met sex partners over the internet by using social media or smart phone apps, making it easier to meet sex partners.

Strategies being employed to address this outbreak include:

- Establishing an Incident Management Team as part of an Incident Management Structure to control the spread of the outbreak
- Increasing outreach efforts (prevention education, testing, etc.) by the HIV/STD Community Outreach Team to the eastern part of Wake County where surveillance data has indicated higher rates of syphilis
- Increasing syphilis screening of HIV positive patients in Wake County HIV Clinic from once a year to every 3-6 months
- Treating any questionable syphilis symptoms presumptively in people seeking treatment in Wake County's HIV and STD clinics
- Providing in depth training by DIS on syphilis symptoms and lab test results interpretation for Wake County HIV/STD health educators, outreach workers and counseling and testing staff.
- Reaching out to health care providers in a variety of settings to provide education and resources to help stop the outbreak



HIV/STD Community Program staff providing testing and education.

General Strategies to Reduce HIV/STDs in Wake County

On-going outreach and education is provided by the HIV/STD Community Program in a variety of settings, including but not limited to, area jails, substance abuse programs, and Human Services Regional Centers.

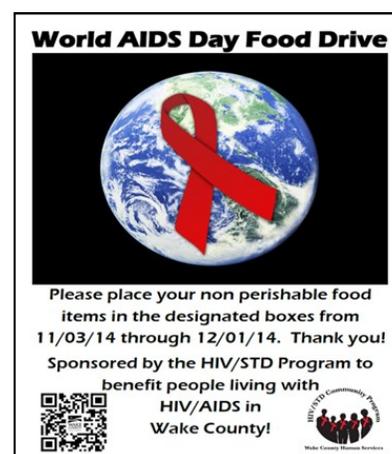
There are 43 condom distribution sites (CDS) across Wake County conveniently located at area barbershops, beauty salons, tattoo parlors, markets, laundromats and other local businesses. These community partners volunteer to display CDS materials free of charge to improve community members' access to condoms, education and testing information.

Ongoing HIV and STD testing is provided regularly in Wake County's regional centers as well as locations that serve those at high risk (substance abuse centers, area colleges and universities, Lesbian Gay Bisexual and Transgender (LGBT) centers, and local jails). Targeted testing and education is also provided in "hot spots" where an increase in cases of STDs has been found.

Under One Roof, Wake County's Bridge Counseling Service, provides case management for HIV positive individuals with the goal of "getting people into HIV care and keeping them there". Keeping HIV positive individuals in care helps to reduce viral loads, which in turn, reduces the risk of transmission of HIV in the community.



Wake County Human Services HIV/STD Educational Display

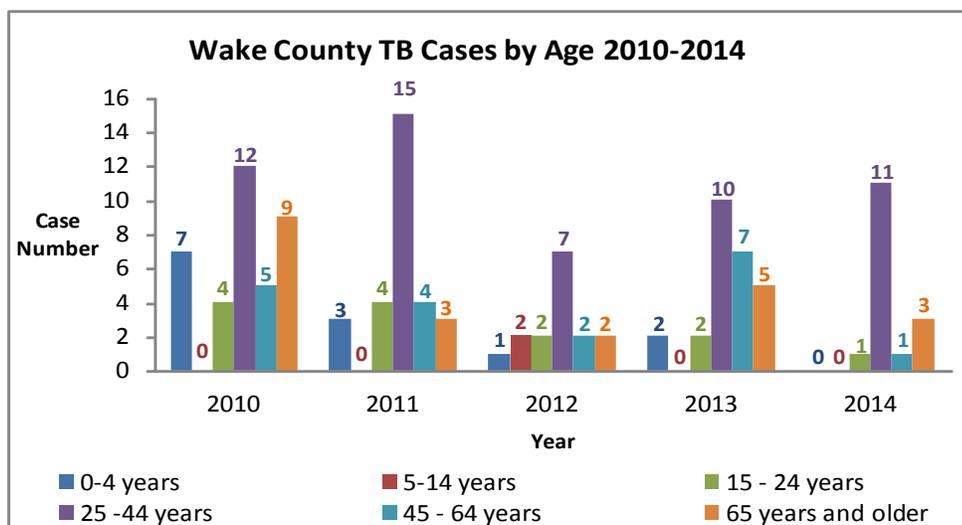


Poster for World AIDS Day food drive.

Tuberculosis

Overall, the case rate for TB decreased from a high of 4.1 per 100,000 population in 2010 to 2.7 in 2013 (Table 4, page21). From 2010-2014, the highest number of cases were reported in the 25 -44 year age group (Figure 13). There is no significant difference in cases by gender (data not shown).

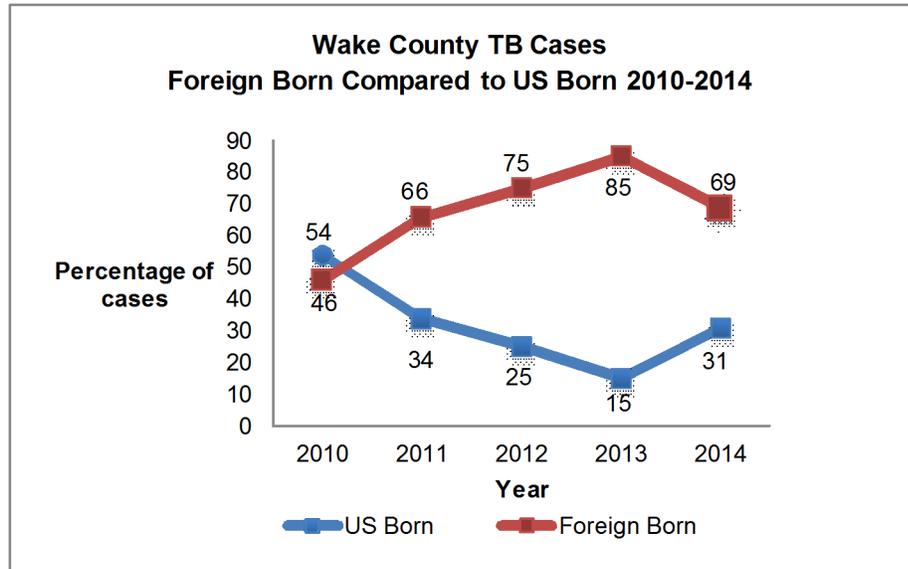
Figure 13



Data Source: Wake County Human Services TB Control Program

The proportion of foreign born TB patients compared to US born has shifted significantly from 2010 to 2014. In 2010, the percentage of foreign born TB patients to non-foreign born TB patients was about equal; whereas from 2011 to 2014 the percentage of foreign born TB patients was higher compared to those born in the US. In 2014, 69% percent of TB patients were foreign born (India, Mexico, Africa and Mongolia), and 31% were born in the US. (Figure 14).

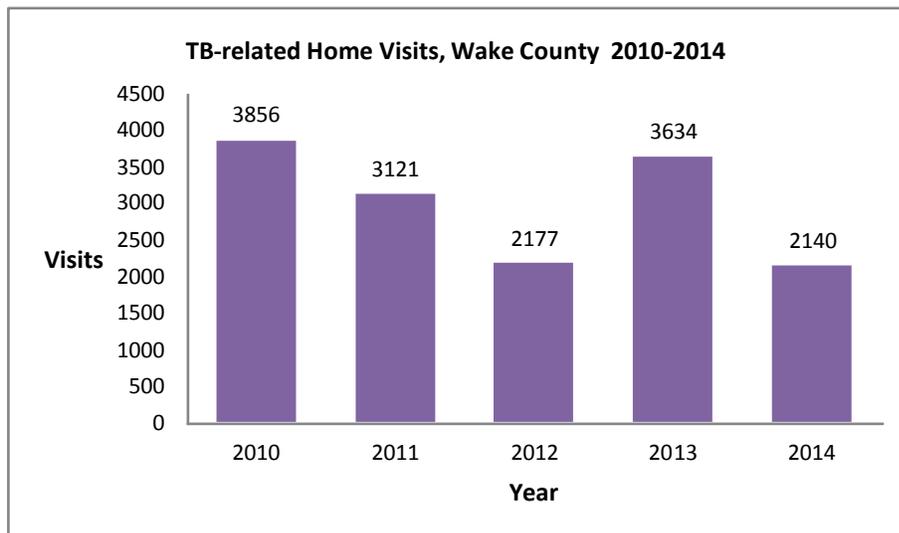
Figure 14



Data Source: WCHS TB Control Program

To treat and prevent further spread of disease, TB patients need to take all of one or more prescribed medications for up to a year. If the medication is not taken as prescribed, drug-resistant TB can occur. This in turn requires longer treatment. Nurses conduct TB screening, directly observe patients with TB disease take their medication, monitor medications and assess for side effects. Figure 15 shows the number of TB related home visits conducted by staff from the Wake County Human Services TB Control Program.

Figure 15



Data Source: WCHS TB Control Program

Vector-borne Diseases

Vector-borne diseases are caused by microbes that are spread to people by arthropods like ticks and mosquitoes that feed on human blood. The vector-borne diseases that occur most often in Wake County are transmitted by ticks. Table 3 shows confirmed as well as suspect and probable cases of tickborne disease (ehrlichiosis, Lyme disease and Rocky Mountain spotted fever) . For tickborne diseases, many more cases are suspected and investigated than can be confirmed. This is due to the difficulty in getting clinical and/or laboratory information needed to meet the confirmed case definition.

Table 3

Tickborne Disease Reported in Wake County 2010—2014										
Disease	2010		2011		2012		2013		2014	
	Case Count*	Confirmed								
Ehrlichia	0	0	0	0	1	0	0	0	0	0
Ehrlichia, HGE	5	0	14	0	10	0	11	0	8	0
Ehrlichia, HME	44	3	64	2	61	1	17	2	11	1
Lyme disease	111	5	55	3	32	2	58	7	53	7
Rocky Mountain Spotted Fever	91	2	110	1	170	0	73	0	101	0
*Suspect, probable, and confirmed cases										

Data Source: NC Electronic Disease Surveillance System 4/28/2015

In the fall of 2014, Chikungunya was added to the list of reportable diseases. Chikungunya virus is transmitted to people by mosquitos, predominantly by *Aedes aegypti* and *Aedes albopictus*, both aggressive daytime biting mosquitoes. Chikungunya virus has periodically caused outbreaks in Africa for decades.

In late 2013, Chikungunya virus was found for the first time in the Americas on islands in the Caribbean and now over 1.2 million cases have been reported (<http://www.paho.org/chikungunya>). Imported cases have been identified in residents from North Carolina and other states returning from endemic areas. Since surveillance began in 2014, only one case was reported in a Wake County resident. Although transmission in the United States has only been documented in Florida to date, local transmission within North Carolina is possible, as the mosquito vector (*Aedes albopictus*) is found throughout North Carolina.

Prevention Efforts

Communicable disease health educators address the issue of vector-borne diseases in a variety of ways. Over the past year, they have:

- Presented a “Fight the Bite” educational program in 6 libraries across the county addressing ticks, mosquitos, wildlife and pet bites.

- Provided educational outreach through area parks, Human Services facilities, Spanish radio and media releases in English and Spanish
- Trained about 200 Raleigh Parks and Recreation staff about tick-borne illness and prevention
- Created a webpage that specifically addresses mosquito-borne illnesses and prevention measures, including Chikungunya
- Updated Wake County's tickborne illness webpage and translated it into Spanish
- Created and distributed posters and pamphlets about ticks through Wake County and City of Raleigh Parks and Recreation
- Updated the tickborne illness pamphlet in English and Spanish which are distributed during educational outreach opportunities and available on the Wake County website



Communicable Disease Nurses providing tick education to Public Health Center visitors.



Tickborne disease prevention educational materials.



Animals and Public Health

Communicable disease nurses followed up on 460 cases of animal bites to humans in 2014. Follow up consists of investigating and evaluating for risk of exposure to rabies. This always includes calling the bite victim and often calling an Animal Control Officer to gather more information about the exposure risk. When appropriate, bite victims are encouraged to receive rabies immune globulin as well as rabies vaccine. Bite victims are called again to ensure compliance with vaccinations.

To address rabies and animal bites in 2014, Wake County provided:

- Education, in English and Spanish, in a variety of ways including through the media (TV, radio and print), Wake County's website and written materials such as posters and pamphlets. Animal Control Officers also provide rabies information to people when picking up strays and other animals.
- Eight low cost (\$5) rabies vaccine clinics were provided for pets of low income residents throughout the county. Through this program a total of 1,479 pets were vaccinated in 2014.

2014 West Africa Ebola Epidemic

The world is experiencing the largest Ebola epidemic in history, affecting multiple countries in West Africa. Wake County Division of Public Health and its partners took precautions to prevent and prepare for Ebola cases that may surface in the county. The Public Health Incident Management Team and the Emergency Operations Center (EOC) were activated to help coordinate technical assistance and control activities. As of 5/28/15, 72 people traveling from Liberia, Sierra Leon, Guinea and Mali to Wake County have been monitored for potential exposure to and symptoms of Ebola since early August 2014.

All Reportable Communicable Diseases and Conditions

Table 4

NOTIFIABLE COMMUNICABLE DISEASES 2010-2014, WAKE COUNTY										
Disease	2010		2011		2012		2013		2014	
	Case Count	Rate [♦]								
AIDS***	111	12.2	87	9.4	61	6.4	76	7.8	66	6.6
Anthrax	0	0	0	0	0	0	0	0	0	0
Arboviral other	0	0	0	0	0	0	0	0	0	0
Botulism - foodborne/wound	0	0	0	0	0	0	0	0	0	0
Botulism - infant	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	0	0	0	1	*	0	0	0	0
Campylobacter infection	64	7.1	49	5.3	95	10.0	135	13.8	125	12.5
Chancroid	1	*	0	0	0	0	0	0	0	0
Chikungunya	0	0	0	0	0	0	0	0	1	0
Chlamydia	4,531	499.6	4,963	534.0	4,668	490.0	4,212	432.0	4,380	438.6
Cholera	0	0	0	0	0	0	0	0	0	0
Creutzfeldt-Jakob disease	1	*	1	*	2	*	2	*	0	0
Cryptosporidiosis	2	*	0	0	4	*	7	*	14	*
Cyclosporiasis	0	0	0	0	0	0	0	0	1	*
Dengue	2	*	2	*	1	*	2	*	1	*
Diphtheria	0	0	0	0	0	0	0	0	0	0
<i>E. coli</i>	11	*	31	3.3	19	*	17	*	11	*
Eastern Equine Encephalitis	0	0	0	0	0	0	0	0	0	0
Ehrlichia	0	0	0	0	1	*	0	0	0	0
Ehrlichia, HGE	5	*	14	*	10	*	11	*	8	*
Ehrlichia, HME	44	4.9	64	6.9	61	6.4	17	*	11	*
Encephalitis, arboviral, LaCrosse	0	0	0	0	2	*	0	0	0	0
Encephalitis, arboviral, West Nile Virus	0	0	1	*	7	*	0	0	0	0
Foodborne <i>Clostridium perfringens</i>	0	0	0	0	0	0	1	*	0	0
Foodborne	0	0	0	0	0	0	0	0	0	0

♦Rate calculated as case count per 100,000 population.

* Number of cases too small to calculate a rate.

***2013 and 2014 case counts for HIV and AIDS obtained from HIV/STD Branch 2013 and 2014 4th Quarter Surveillance

All Reportable Communicable Diseases and Conditions

Table 4 continued

NOTIFIABLE COMMUNICABLE DISEASES 2010-2014, WAKE COUNTY										
Disease	2010		2011		2012		2013		2014	
	Case Count	Rate [†]								
Foodborne other	0	0	0	0	0	0	0	0	0	0
Foodborne poison	0	0	0	0	1	*	0	0	0	0
Foodborne staphylococcal	1	*	2	*	0	0	0	0	2	*
Gonorrhea	1,252	138.1	1,421	152.9	1,342	140.9	1,206	123.7	1,213	121.5
Granuloma inguinale	0	0	0	0	0	0	0	0	0	0
<i>Haemophilus influenzae</i>	11	*	9	*	12	*	19	*	11	*
Hantavirus	0	0	0	0	0	0	0	0	0	0
Hemorrhagic Fever virus infection	0	0	0	0	0	0	0	0	0	0
Hepatitis A	2	*	2	*	2	*	2	*	2	*
Hepatitis B acute	4	*	4	*	4	*	5	*	6	*
Hepatitis B chronic	183	20.2	202	21.7	114	12.0	103	10.6	66	6.6
Hepatitis B perinatally acquired	0	0	0	0	0	0	0	0	0	0
Hepatitis C - acute	1	*	1	*	3	*	5	*	5	*
HIV***	270	29.8	233	25.1	206	21.6	162	16.6	181	18.1
HUS (Hemolytic Uremic Syndrome)	1	*	0	0	0	0	0	0	0	0
Influenza death (<18 years old)	0	0	1	*	0	0	0	0	1	*
Influenza, adult death (18 years of age or more)	0	0	7	*	3	*	2	*	8	*
Influenza, NOVEL virus infection	0	0	0	0	0	0	0	0	0	0
Legionellosis	4	*	8	*	3	*	9	*	8	*
Leprosy (Hansen's Disease)	0	0	0	0	0	0	0	0	0	0
Leptospirosis	0	0	1	*	0	0	0	0	0	0
Listeriosis	1	*	1	*	0	0	3	*	1	*
Lyme Disease	111	12.2	55	5.9	32	3.4	58	5.9	53	5.3
Lymphogranuloma venereum	0	0	0	0	0	0	0	0	0	0
Malaria	15	*	10	*	5	*	8	*	10	*

[†]Rate calculated as case count per 100,000 population.

* Number of cases too small to calculate a rate.

***2013 and 2014 case counts for HIV and AIDS from HIV/STD Branch 2013 and 2014 4th Quarter Surveillance Reports.

All Reportable Communicable Diseases and Conditions

Table 4 continued

NOTIFIABLE COMMUNICABLE DISEASES 2010-2014, WAKE COUNTY										
Disease	2010		2011		2012		2013		2014	
	Case Count	Rate*								
Measles	0	0	0	0	0	0	0	0	0	0
Meningococcal	1	*	3	*	1	*	1	*	1	*
Middle East Respiratory Syndrome (MERS)	0	0	0	0	0	0	0	0	0	0
Monkeypox	0	0	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	1	*	0	0
Non-gonococcal urethritis	372	41.0	514	55.3	742	77.9	702	72.0	597	59.8
Ophthalmia neonatorum	0	0	0	0	0	0	0	0	0	0
Pertussis	19	*	6	*	40	4.2	22	2.3	43	4.3
PID (pelvic inflammatory disease)	192	21.2	273	29.4	246	25.8	265	27.2	284	28.4
Plague	0	0	0	0	0	0	0	0	0	0
Pneumococcal meningitis	2	*	4	*	4	*	0	0	2	*
Polio	0	0	0	0	0	0	0	0	0	0
Psittacosis	0	0	0	0	0	0	0	0	0	0
Q Fever	0	0	1	*	1	*	0	0	0	0
Rabies - human	0	0	0	0	0	0	0	0	0	0
Rocky Mountain spotted fever	91	10.0	110	11.8	170	17.8	73	7.5	101	10.1
Rubella	0	0	0	0	0	0	0	0	0	0
Rubella, congenital syndrome	0	0	0	0	0	0	0	0	0	0
<i>S. aureus</i> with reduced susceptibility to vancomycin	0	0	0	0	1	*	0	0	0	0
Salmonellosis	261	28.8	229	24.6	166	17.4	155	15.9	182	18.2
SARS	0	0	0	0	0	0	0	0	0	0
Shigellosis	14	*	11	*	14	*	21	2.2	37	3.7
Smallpox	0	0	0	0	0	0	0	0	0	0
Streptococcal infection Group A, invasive	13	*	27	2.9	15	*	13	*	26	2.6

*Rate calculated as case count per 100,000 population.

* Number of cases too small to calculate a rate.

All Reportable Communicable Diseases and Conditions

Table 4 continued

NOTIFIABLE COMMUNICABLE DISEASES 2010-2014, WAKE COUNTY										
Disease	2010		2011		2012		2013		2014	
	Case Count	Rate [†]								
Syphilis, congenital	0	0	0	0	0	0	0	0	1	*
Syphilis, early latent	42	4.6	31	3.3	28	2.9	40	4.1	75	7.5
Syphilis, late latent**	34	3.7	58	6.2	42	4.4	53	5.4	103	10.3
Syphilis, late latent with symptoms	0	0	0	0	0	0	0	0	2	*
Syphilis, latent, duration unknown**	19	*	8	*	16	*	12	*	1	*
Syphilis, neurosyphilis	0	0	0	0	0	0	0	0	0	0
Syphilis, primary	2	*	13	*	7	*	18	*	38	3.8
Syphilis, secondary	40	4.4	28	3.0	44	4.6	48	4.9	77	7.7
Tetanus	0	0	0	0	0	0	0	0	0	0
Toxic Shock Syndrome, non-streptococcal	0	0	0	0	0	0	0	0	0	0
Toxic Shock Syndrome, streptococcal	2	*	2	*	0	0	0	0	0	0
Trichinosis	0	0	0	0	0	0	0	0	0	0
Tuberculosis	37	4.1	29	3.1	16	*	26	2.7	16	*
Tularemia	0	0	0	0	0	0	0	0	0	0
Typhoid acute	3	*	1	*	1	*	0	0	3	*
Typhoid carrier	0	0	0	0	0	0	0	0	0	0
Typhus	0	0	0	0	0	0	0	0	0	0
Vaccinia	0	0	0	0	0	0	0	0	0	0
Vibrio infection, other	1	*	1	*	2	*	4	*	2	*
<i>Vibrio vulnificus</i>	0	0	0	0	1	*	0	0	0	0
Yellow fever virus	0	0	0	0	0	0	0	0	0	0

[†]Rate calculated as case count per 100,000 population.

* Number of cases too small to calculate a rate.

**In 2014, CDC retired the disease classification "Syphilis, latent, unknown duration". All cases in that category are subsumed into "Syphilis, late latent" for 2014 and future years.

Data Source: NC Electronic Disease Surveillance System 4/28/15

Acknowledgements

For contributions to this Quarterly Report:

Ramsay Hoke

Carla Piedrahita

Joann Douglas

Andre Pierce

Dr. Jennifer Federico

Gladys Bonilla

Alexis Wyatt

**WAKE COUNTY HUMAN SERVICES BOARD
AGENDA ITEM SUMMARY SHEET**

Agenda Date: *June 25, 2015*

Committee/Item: Wake County DSS Energy Outreach Plan Document

Specific Action Requested: Request Review and Approval of Energy Program Outreach Plan.

List Goal and/or Objective Linked to in the 2012-2014 WCHS Strategic Plan:

- **Department Goal:** In FY 2014 Wake County Human Services will improve accuracy of its budget management such that a) revenues will be at least 98% of the amended budget and b) expenditures will be at least 98% but no more than 100% of the amended budget
- **Division Objective SS16:** By June 30 2014, Economic Services will spend 100% of allocated funds for LIEAP, Child Care Subsidy and Workforce Investment Act (WIA)

Item Summary (Ex: What are major points/data. Is it better or worse.):

The outreach plan must address the following items:

A. Outreach

1. Groups to be contacted to participate on an interagency committee
2. Dates for committee meetings
3. Names of agencies which will assist in outreach (NOTE: Agencies may do outreach and/or take applications.)
4. What outreach activities the agencies will provide
5. How outreach will be coordinated between the county department of social services and these other agencies
6. Newspaper, radio stations, and television stations contacted to publicize the Energy Program

B. Application Process

1. Names of agencies which will assist in taking applications (NOTE: Agencies may do outreach and/or take applications.)
2. How the application process will be coordinated between the county department of social services and these other agencies
3. Outpost sites planned for taking applications

Purpose for Action:

State Policy (200.05) for the operations of the Crisis Intervention Program (CIP) and the Low Income Energy Assistance Program (LIEAP) require an annual Outreach Plan be prepared, approved by the local Human Services Board and submitted no later than August 1st each year.

Next Steps:

Provide feedback and/or approval.

Attachments: Energy Outreach Plan

Opportunities for Advocacy, Policy or Advisory:

- The energy program is under strict guidance of the State and Federal government regarding how the program is administered which clearly defines eligibility criteria.

Connections to Other Committees:

- n/a

WAKE COUNTY HUMAN SERVICES
Energy Outreach Plan
2015-2016

June 25, 2015

The Wake County Human Services, Division of Social Services – Energy Assistance Program presented the 2015-2016 Energy Outreach Plan to the Wake County Human Services Board – Division of Social Services Committee on June 5, 2015.

Program Information:

This annual plan is applicable for the following two energy assistance programs:

- Crisis Intervention Program (CIP)
 - Available annually July 1 until June 30, or funds are exhausted
 - To resolve a heating or cooling related crisis
 - Limited to \$600 during the year per household, one or more applications
- Low Income Energy Assistance Program (LIEAP)
 - Approved households receive a one-time heating assistance payment of \$200, \$300 or \$400 based on household size and heating source
 - Available December 1 – 31 or until funds exhausted
 - Priority population for elderly and/or disabled meeting criteria
 - Available January 1 – March 31 or until funds exhausted
 - Potentially any low income household

Budget & Spending Stats:

FY	Funding	Allocation	Spent	Balance	% Spent
2016	CIP	\$2,053,588.00*			
2015	CIP	\$1,720,535.95	\$1,720,535.95	0	100%
2014	CIP	\$1,982,234.00	\$1,274,341.24	\$707,892.76	64%
2013	CIP	\$3,120,916.92	\$2,311,297.32	\$809,619.60	74%

2016	LIEAP	\$2,053,588.00*			
2015	LIEAP	\$2,724,814.00	\$1,560,100.00	\$1,164,714.00	57%
2014	LIEAP	\$2,704,259.00	\$ 881,500.00	\$1,822,759.00	33%
2013	LIEAP	\$1,410,604.00	\$ 856,600.00	\$ 554,004.00	61%

**Proposed Funding Allocation published by the State*

Administration Funding and Expenditures:

FY	Funding	Allocation	Spent (FYTD)	
2016	Admin	\$337,479.00		County Dollars are budgeted for the difference between allocation and expenditures.
2015	Admin	\$395,570.00	\$746661.93	

WAKE COUNTY HUMAN SERVICES
Energy Outreach Plan
2015-2016

Current NCFast Information:

PROJECT 3: Low Income Energy Assistance Program (LIEAP), Child Care, and Crisis Intervention Program (CIP)

Status:

Project 3 has started, with initial planning tasks and re-assessment of the original requirements. It is planned for October 2013 through April 2016. The order to implement Projects 3, 4 and 5 may be changed as needed.

Scope:

- Screening, intake and assessment for LIEAP, Child Care, and CIP.
- Eligibility determination and benefit delivery for LIEAP, Child Care, and CIP.
- Legacy System replacement: LIEAP, Subsidized Child Care Reimbursement (SCCR), and CIP.

Source:

NCFast Website; however, email sent to request an update and will provide any additional information at the June 25th meeting.

Project Impact and Preparation for NCFast:

Unknown Impacts:

- Unknown if ePass will be available for CIP and/or LIEAP applications.
- Unknown if vendor payments will be paid out of the system or still be handled through the County processes.

In advance of implementation, the Energy Unit has evaluated and streamlined all processes and procedures to facilitate a clean transition into a new system:

- All policies have been reviewed and any necessary revisions to process have been implemented.
- Have eliminated duplication of effort into multiple systems.
- Have aligned processes with system to maximize use of system data to increase accuracy.
- Have reclassified a position specifically to increase the internal capacity for managing the data and vendor payment process.
- Have created a new business process for assisting customers at Swinburne and will be implementing the same system in the regional centers in July.
- Currently the program is compliant with all application processes and vendor payment and positioning the program to maintain compliance during the transition.

Administration/Leadership:

The Energy Program is within Wake County Human Services, under Division of Social Services – Economic Self-Sufficiency. The program is operated under the direction of Division Director, Patricia Baker.

Prepared by:

Janny Flynt, Program Manager, Energy & Employment

Felicia Downing, Energy Supervisor

Cover Sheet Outreach Plan

Wake County
Department of Social Services
ENERGY PROGRAMS OUTREACH PLAN
2015-2016

	LIEAP	CIP
Contact Person:	<u>Felicia Downing</u>	<u>Felicia Downing</u>
Address:	<u>220 Swinburne St</u> <u>Raleigh, NC 27610</u>	<u>220 Swinburne St</u> <u>Raleigh, NC 27610</u>
Telephone:	<u>919-212-7198</u>	<u>919-212-7198</u>

**Please address both CIP and LIEAP where appropriate.
OUTREACH**

1. The following agencies or groups will be contacted to encourage their participation on an interagency committee for CIP and/or LIEAP:

This base list of 81 organizations has been identified and will receive information and invited to participate on the interagency committee. These organizations have been identified to cover a cross representation based on the 16 categories listed Energy Programs Outreach Plan policy (200.02). This list is not intended to be exclusive. Agencies may be added or removed throughout the year. The Energy Supervisor and/or Program Manager is available to meet with any agency/group interested in learning more about the energy assistance programs and have the opportunity to participate in serving the residents in Wake County.

- 211
- Activate Good
- Alice Aycock Poe Center
- Boys & Girls Clubs (Wake County)
- Catholic Charities
- Center for Volunteer Caregiving
- Child Welfare Faith Community Partners
- Christian Communities in Action
- Christian Women's Job Corps
- ChurchNet
- City of Raleigh - Office of Sustainability
- Communities in Schools
- Consumer Education Services, Inc. (CESI)
- Doctor's Making Housecalls
- Dorcas Ministries
- Duke Homecare & Hospice
- Edenton Street United Methodist Church
- EDSI - Tomorrow's Leaders Youth Program
- Environmental Health
- Family Resource Center of Raleigh
- First Presbyterian Church of Raleigh
- Food Bank of Central & Eastern NC
- Fostering Bright Futures
- Garner Area Ministries
- Gold Coalition?
- Habitat for Humanity
- Nurse Family Partnership
- Post Office
- Prevent Child Abuse North Carolina
- Raleigh Baptist Men
- Resources for Seniors
- Resources for Seniors
- Rex Home Care
- Sacred Heart Cathedral
- SAFEchild - Raleigh
- Salvation Army
- Shaw University
- SHIP: Senior Health Insurance Info Prog
- Social Security
- Southern Wake Faith Community in Actio
- St Augustine's University
- St Saviors Church
- Telamon
- Telamon Head Start - NC Head Start
- Triangle Family Services
- Triangle J Area on Aging
- Urban Ministries of Wake County
- Vendor Meeting
- Veteran's Administration
- Wake 4-H Youth Development
- Wake County Libraries
- Wake County PTA

Wake County
Department of Social Services
ENERGY PROGRAMS OUTREACH PLAN
2015-2016

- Health Promotion
- Hope Center at Pullen
- Legal Aid
- Marbles Kids Museum
- Meals on Wheels
- Meredith College
- National Caucus for Black Aged (NCBA)
- NC Baptist Aging Ministry
- NC Cooperative Extension
- NC Division of Vocational Rehab
- NC State University
- NC Works Centers (Swinburne, Tillery, Cary)
- Neighbor 2 Neighbor
- New Bethel Baptist Church
- North Raleigh Ministries
- Wake County Public Affairs Office
- Wake County Public School System
- Wake County Smart Start
- Wake CRC
- Wake Tech Community College
- WakeMed (HR Contact)
- WCHS Adult Services
- WCHS CYF (FCN & Family Services)
- WCHS Supportive Housing
- Western Wake Crisis Ministry
- White Oak Foundation
- William Peace University
- YMCA Triangle / Lighter Y Achiever
- WCHS Regional Advisory Councils
- WCHS Board and DSS Committee

2. Committee meetings will be scheduled for the following dates and times (you may list tentative dates):

The primary meetings will be scheduled for 2015-2016, including: Tuesday, August 25th, Thursday, November 5th, and Thursday May 5th. Additional information sessions and LIEAP application training sessions will be scheduled in October and November.

3. The following agencies or groups will provide outreach services for CIP and/or LIEAP:

All of the agencies above will be invited to participate in outreach services for CIP and/or LIEAP. This can range from providing information and referral to serving as an application site for LIEAP.

a) What outreach activities will each agency provide to those individuals and families with the lowest income and highest relative energy costs and needs?

Agencies have been identified that serve individuals and families meeting this criteria. Training is provided to improve communication and improve access to resources for the community.

b) What outreach activities will each agency provide to households with a member age 60 and over?

Agencies serving the elderly will inform customers of application taking dates for LIEAP and resources available through CIP. Agencies completing the training sessions may opt to facilitate application process with their customers and submit completed applications for LIEAP.

4. Outreach for CIP and/or LIEAP will be coordinated between the county department of social services and each agency listed above in the following ways:

WCHS will use telephone, mailing, internet and information sessions to assist identified partners as needed in conveying information regarding the energy programs. New partners may become engaged in the process at any time during the year. Training will be available to agencies wishing to take applications for the LIEAP program.

5. How will the county department of social services coordinate with aging and adult services to provide outreach that will target the elderly population age 60 and over and/or disabled persons that already receive services through their agency?

Wake County
Department of Social Services
ENERGY PROGRAMS OUTREACH PLAN
2015-2016

WCHS staff will receive timely updates on the Energy Program that can be shared with their customers, signage will be displayed in WCHS buildings where customers are receiving other services, website will be updated, call center staff will be well informed and call center messaging will be adapted for the various energy programs/seasons. Applications will be available for staff making home visits to current clients who may meet the criteria. Frequent communication within and outside of the agency.

6. The following newspapers, radio stations, television stations, towns and associations will be contacted to request that they publicize the energy program:

Will work proactively with the Wake County Communications Office in implementing a marketing strategy to include:

- Filming a segment for Wakegov TV
- Website updates
- Posters for Wake County and Partner locations
- Press Releases will also be distributed to the partner organizations listed in 1.
- Social Media
- Press Releases sent through the communications system to local and regional media contacts (television, radio, print), including:
 - Carolina Parent
 - Cary News/Southwest Wake News
 - Eastern Wake News
 - Garner-Cleveland Record
 - Indy Week
 - La Conexion
 - Le Ley
 - North Carolina News Network
 - North Raleigh News & Midtown
 - Raleigh News
 - Que PASA
 - Raleigh Public Record
 - The News & Observer
 - The Wake Weekly
 - Time Warner Cable News - Greensboro
 - Time Warner Cable News - Raleigh
 - Triangle Business Journal
 - Wake County
 - Wake Public Schools
 - Wake Tech
 - WNCN-TV
 - WNCU-FM
 - WQOK-FM
 - WRAL-TV
 - WSHA-FM
 - WTVD-TV
 - WUNC-TV
 - WXYC-FM
 - WYMY-FM

APPLICATION TAKING:

- 1a. **CIP is a year round program which runs July 1st through June 30th statewide.**
- b. **LIEAP application-taking will be from December 1st through March 31st annually statewide.**
2. **The following agencies or groups will provide application-taking and processing services for CIP and/or LIEAP (please list their addresses, and hours for CIP and/or LIEAP):**
Outside agencies work with their clients and assist in the application process – then completed applications are submitted to Wake County Human Services. Wake County Human Services locations at Swinburne, Southern Regional Center (Fuquay-Varina), Northern Regional Center (Wake Forest), Eastern Regional Center (Zebulon). Hours for Swinburne are 7:30-5:00 and the regional centers are 8:30 – 5:00.
3. **Any additional comments or activities planned for CIP and/or LIEAP:**
 - Will continue the group interview sessions, web access and community partner outreach.
 - Will explore a “virtual” access for applying for LIEAP with centralized staff to increase capacity.

Wake County
Department of Social Services
ENERGY PROGRAMS OUTREACH PLAN
2015-2016

4. **The maximum allowed CIP benefit amount per eligible household is \$600 per fiscal year (July 1 – June 30). This applies to all counties.**

This Outreach Plan applies to LIEAP and CIP only. Energy Neighbor, Share the Warmth, Wake Electric Round Up, and helping Each Member Cope funds are not governed by this Plan. Please refer to the appropriate Energy Manual section for eligibility criteria regarding those funds.

Director's Signature

Date

The outreach plan has been reviewed by the Wake County Human Services Board and the Board's Social Services Committee. They have made the following recommendations:

- Continue to build capacity in the community through additional agencies and groups being engaged in sharing information across the County.
- Conduct a study and develop a plan to increase spending of allocated funds with goal of 100%, currently in process.
- Expand application sites to include community agencies and groups to both increase capacity and decrease the number of energy clients having to come to Swinburne.
- Development of electronic application and approval – this is on the horizon via NCFAST; however, actual business process and impact to the “in-person” requirements are not known at this time.

*Wake County Human Services Board Chair
Signature*

Date

**WAKE COUNTY HUMAN SERVICES BOARD & COMMITTEES
AGENDA ITEM SUMMARY SHEET**

Agenda Date: June 19, 2015 Public Health Committee & June 25, 2015 Human Services Board

Item: Environmental Services Rabies Update

PH Accreditation Benchmark #:

Specific Action Requested: Item is presented for information only. No action is required by the Human Services Board.

List Goal and/or Objective Linked to in the 2012-2014 WCHS Strategic Plan:

Item Summary (Ex: What are major points/data. Is it better or worse.):

- ✿ Wake County Animal Center Rabies Clinics
 - NC General Statute 130A-187 – County Rabies Vaccination Clinics advises that the local health director shall organize or assist other county departments to organize at least one countywide rabies vaccination clinic per year for the purpose of vaccinating animals required to be vaccinated under this Part. Wake County is far exceeding this requirement.
- ✿ Review of 10 day quarantine requirements
- ✿ Review of 6 month quarantine requirements
- ✿ Review of some recent cases of animal exposure
- ✿ Discussion of Jurisdictional Boundaries within Wake County
- ✿ Compendium of Animal Rabies Prevention & Control Review
- ✿ Review of the use of titers in rabies control
- ✿ Review of “Comparison of anamnestic responses to rabies vaccination in dogs and cats with current and out-of-date vaccination status” – published in JAVMA, January 15, 2015
- ✿

Purpose for Action (Ex: Proposed Solutions/Accomplishments):

Next Steps (Ex: What is next step for Board or staff): Refer item to Human Services Board for informational presentation.

Attachments: PowerPoint Presentation

Opportunities for Advocacy, Policy or Advisory:

Connections to Other Committees: N/A



Rabies Update 2015

Jennifer Lynn Federico, DVM

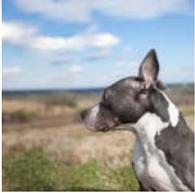


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Spring 2015 Rabies Clinics

5 Clinics Offered (March – May)

- 893 rabies vaccinations administered
- 274 microchips implanted



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Rabies Clinics – Wake County

- Spring / Fall 2013 – 9 clinics
- Spring / Fall 2014 – 8 clinics
- Spring 2015 – 5 clinics

- § 130A-187. County rabies vaccination clinics.** - we exceed this standard

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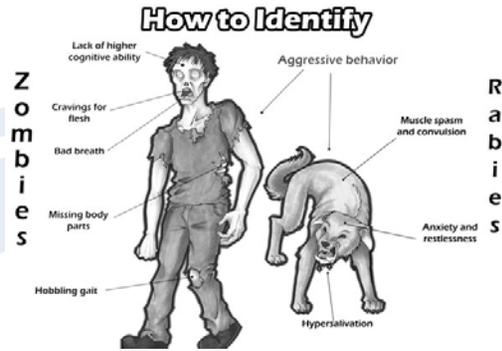
10 Day Quarantine

- If a dog, cat or ferret bites a human
- Not for animal to animal bites
- Held at WCAC, Veterinarian’s office or home
- Vaccinate on intake?



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What are we monitoring for?



6 Month Quarantine

- ❁ Dog, cat or ferret
- ❁ If up to date on rabies vaccination, must receive booster within 5 days (state), 3 days (Wake County)
- ❁ If not up to date, then 6 month quarantine or euthanasia
- ❁ Where? Cost?

Oh, the Stories I Could Tell ...

- ❁ Labrad
- ❁ The Fo
- ❁ Cat vs



Jurisdictional Boundaries

- ❁ Wake County Animal Control
- ❁ Raleigh Animal Control
- ❁ Cary Animal Control
- ❁ Garner Animal Control
- ❁ Holly Springs Animal Control
- ❁ My Role ...

Compendium of Animal Rabies Prevention & Control - 2011

- ✦ Guiding document for rabies laws
- ✦ Currently under review
- ✦ No laws will change until this is updated



But, what about titers??

- ✦ Performed by Kansas State Veterinary Diagnostic Lab
- ✦ Although the presence of antibodies after vaccination is important, a specific level above 0.5 IU/mL does not give complete assurance of protection against the disease *in every individual* because there are other immunological factors which are involved in the protection from rabies infection.
- ✦ Currently, whether an animal requires a rabies booster vaccination is not determined by the level of RVNA in the serum, but by local regulations.



The Recent Article ...

- ✦ *“Comparison of anamnestic responses to rabies vaccination in dogs and cats with current and out-of-date vaccination status”* – published in JAVMA, January 15, 2015
- ✦ **Conclusions and Clinical Relevance**—Results indicated that dogs with out-of-date vaccination status were not inferior in their antibody response following booster rabies vaccination, compared with dogs with current vaccination status. Findings supported immediate booster vaccination followed by observation for 45 days of dogs and cats with an out-of-date vaccination status that are exposed to rabies, as is the current practice for dogs and cats with current vaccination status.



The Final Verdict

- ✦ We are bound by NC General Statutes
- ✦ Laws won't change unless Compendium is updated
- ✦ Owners need to keep their pets up to date on rabies vaccinations
- ✦ Titers don't count
- ✦ Veterinarians need to make rabies vaccination easy and accessible



Great Resource

NC Rabies Control Manual

Available online at:

<http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/toc.html>



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Questions?



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**WAKE COUNTY HUMAN SERVICES BOARD & COMMITTEES
AGENDA ITEM SUMMARY SHEET**

Agenda Date: 6-19-2015 Public Health Committee and 6-25-2015 Human Services Board

Item: Item - A Clean Water Rule
Item - B National Association of Counties (NACo) Achievement Awards

PH Accreditation Benchmark #: To be determined

Specific Action Requested: Items are presented for information only. No action is required by the Human Services Board.

List Goal and/or Objective Linked to in the 2012-2014 WCHS Strategic Plan: To be determined.

Item Summary

Item - A Clean Water Rule

History

The Federal Water Pollution Control Act was passed in 1948 and subsequently established the basis for the 1972 Clean Water Act. The Clean Water Act made it unlawful to discharge pollutants into navigable waters.

Overview of Clean Water Rule

Clean Water Rule (2015) was issued by the Environmental Protection Agency and the U. S. Army Corps of Engineers in May 2015. The EPA and the U. S. Army Corps of Engineers lists the following six action items for the Clean Water Rule:

1. Clearly defines and protects tributaries that might impact the health of downstream waters
2. Provides certainty on how far safeguards extend to nearby waters
3. Protects the nations regional water treasures
4. Focuses on streams, not ditches
5. Maintains the status of waters within Municipal Separate Storm Sewer Systems
6. Reduces the use of case specific analysis of waters

Additionally, the agencies state that “the rule protects clean water without getting in the way of farming, ranching, and forestry.... The rule only protects waters that have historically been covered by the Clean Water Act.”

Implementation

The law will be final 60 days after publication in the Federal Register. There are mixed reviews and litigation is anticipated.

Benchmark Results

The National Association of Counties (NACo) has raised concerns for its members with the following responsibilities.

1. Maintenance of roads and ditches
2. Maintenance of stormwater measures
3. Operation of mosquito spray programs

Mecklenburg County, NC responded during the public comment period to omit stormwater measures and ephemeral streams (streams that flow only after rainfall).

The following organizations did not offer public comments:

1. City of Raleigh
2. Durham County
3. Guilford County
4. Wake County

Applicability

A permit is needed only if waters are going to be polluted or destroyed.

Wake County's perspective

1. No anticipated cost increase
2. No projected construction impacts
3. No road or ditch construction/maintenance responsibilities

Item - B National Association of Counties (NACo) Achievement Awards

Overview

The Environmental Services Department received recognition for four NACo Achievement Awards as outlined:

Administration Division

The National Association of Counties (NACo) is pleased to grant Wake County a 2015 Achievement Award for its program titled "Business Intelligence Solution" in the category of Financial Management.

Animal Services Division

The National Association of Counties (NACo) is pleased to grant Wake County a 2015 Achievement Award for its program titled "'Foster-On-Deck'" in the category of County Administration & Management.

Animal Services Division

The National Association of Counties (NACo) is pleased to grant Wake County a 2015 Achievement Award for its program titled "Shelter Rounds - Key Personnel Discussion for At-Risk Animals" in the category of County Administration & Management.

Water Quality Division

The National Association of Counties (NACo) is pleased to grant Wake County a 2015 Achievement Award for its program titled “Wake County Environmental Services; Water Quality Kaizen Team” in the category of County Administration & Management.

Purpose for Action

Item - A Clean Water Rule

The Clean Water Rule defines the scope of waters protected under the Clean Water Act and the law will become final 60 days after publication in the Federal Register.

Item - B National Association of Counties (NACO) Achievement Awards

Started in 1970, the annual Achievement Award Program is a non-competitive awards program that recognizes innovative county government programs. Each application is judged on its own merits and not against other applications received. Awards are given in 21 different categories including children and youth, criminal justice, county administration, environmental protection, information technology, health, and many more.

Next Steps

These items are presented as information only.

Attachments:

PowerPoint presentation titled “Environmental Services Director’s Report” dated June 19, 2015.

Opportunities for Advocacy, Policy or Advisory: To be determined

Connections to Other Committees: N/A



Environmental Services Director's Report

Joseph Threadcraft, Ph. D., P. E.
June 19, 2015 Revision-1




"Clean Water Rule"

WHY #CleanWaterRules

Clean water upstream means cleaner water downstream.
Our Clean Water Rule protects the streams and wetlands that feed our rivers, lakes, bays and coastal waters. These waters are critical for agriculture, healthy communities, our economy and our way of life.



60% of stream miles in the U.S. only flow seasonally or after rain.

Streams and wetlands filter pollution, reduce flooding and give fish and wildlife a place to live.




2

History

Federal Water Pollution Control Act (1948)

- Established the basis for the Clean Water Act

Clean Water Act (1972)

- Unlawful to discharge pollutants into navigable waters



3

EPA/Corps of Engineers

Clean Water Rule (2015)

- Clearly defines and protects tributaries
- Provides certainty of the extension of safeguards
- Protects regional water features



4

EPA/Corps of Engineers

When is a Clean Water Act permit needed?

- Only needed if a water will be polluted or destroyed

Broad based issue

- Expansion of applicable waters (categorical instead of case specific)



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Implementation

Law final 60 days after Federal Register publication

- Mixed reviews
- Litigation is anticipated



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Benchmark Results

Concerns:

- National Association of Counties (NACo)
 - Maintenance of roads/ditches
 - Maintenance of stormwater measures
 - Operation of mosquito spray programs
- Mecklenburg County
 - Omit stormwater measures and streams that flow only after rainfall (ephemeral)



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Benchmark Results

Did not offer public comments:

- City of Raleigh
- Durham County
- Guilford County
- Wake County



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Applicability

Final Clean Water Rule defines scope of waters protected under the Clean Water Act

A permit is needed only if waters are going to be polluted or destroyed

Wake County's Perspective

- No anticipated cost increase
- No projected construction impacts
- No road/ditch construction/maintenance

Questions



Awards



Animal Services

Foster-On-Deck (S. Strong & J. Federico)





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Animal Services

Shelter Rounds (G. Ceseretti & J. Federico)





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Water Quality

Water Quality Kaizen Team (M. Orbon & E. Green)



Incremental improvement by eliminating waste

.0625 Days

~~1 Day~~
.8955 Days

.01 Days

Application
Made With PPD1
By Customer

➔

ES Staff 1 Retrieves
Application from PPD1


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Administration

Business Intelligence Solution (A. Jones)



Saved 70 hours of data manipulation

May | Jun | Expenditures | Revenues

Actual & Commit by Category



Category	Percentage
Salary	60%
Fringe Benefits	19%
Contractual Services	5%
Supplies / Materials	4%
Drugs & Medical Supplies	3%
Rental & Maint. Of Property	3%
Interdepartmental Charges From	2%
Utilities	1%
Capital Outlay	1%
Others	1%


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Solid Waste



**Solid Waste Association
of North America Award**

SWANA's Excellence Awards Program
86th Anti-Litter Campaign

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Questions

NATIONAL ASSOCIATION of COUNTIES

**2015 NACo
ACHIEVEMENT AWARDS**

CELEBRATING 75 YEARS OF RECOGNIZING COUNTY INNOVATION





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