



Macon County  
Public Health

MACON COUNTY BOARD OF HEALTH  
MINUTES  
6/14/2022

- Members:** Mitchell Bishop, Engineer and Chair; Vacant, Pharmacist; Nathan Brenner, Dentist; Paul Higdon, County Commissioner; Ellen Shope, Nurse Representative; Michael Dupuis, Physician; Roy Lenzo, Veterinarian; Vacant, Optometrist; Members of General Public Teresa Murray, Jerry Hermanson, Jennifer Knoepp
- Members Absent:** Paul Higdon, County Commissioner; Nathan Brenner, Dentist
- Staff Present:** Kathy McGaha, Jennifer Garrett, Charles Womack, Jimmy Villiard, Tara Raby, Haley Arriaga, Sean Sullivan, Sam Morris, Mitch Modlin, Sharon Roper, Angie Bodnar
- Guests:** None
- Media:** None
- Call to Order:** Mitchell Bishop called the meeting to order at 6:18 p.m.
- Welcome/Intro:** Kathy McGaha welcomed new employees. Jimmy Villiard introduced Sam Morris which is the newest Animal Control Officer. Kathy then introduced Sean Sullivan which is the Preparedness Coordinator and the Agency Accreditation Coordinator. Sharon Roper, and Angie Bodner are in Clerical with Melissa Setzer's team. Mitchell Modlin, Jeremy Pless are the new Environmental Health Specialist and Tiffany Radecki is the Supervisor for the Front office in Environmental Health. Mrs. McGaha informed the Board, Kaitlynn Roper has put in her notice and Tara is continuing to help in Environmental Health section.
- Public Comment:** None
- Agenda Approval:** Michael Dupuis made a motion to approve the agenda. Jennifer Knoepp seconded the motion. Motion passed unanimously.
- Presentations:** None
- Approval of Previous Meeting Minutes:** Jerry Hermanson made a motion to approve the minutes. Michael Dupuis seconded the motion. Motion passed unanimously.

## Old Business

### Environmental Health Update

Charles Womack shared with the Board they have an interview tomorrow. They are looking to get an Environmental Health Tech, and this person is planning to start in September. In the meantime they are currently training Mitch and Jeremy. Jeremy is currently in CIT General Online Module. Mitchell and Jeremy will both be in training in July for the Waste Water Module. It generally takes about 6 months to be certified to do permits. They both are very enthusiastic and ready to get started.

They currently have 244 total applications, out of these amounts there are 63 completed, 24 assigned, 109 unassigned, and 48 in site requirements. Charles explained site requirements mean we have made the site visit, but are still waiting on property lines marked, pits, or additional information. They are averaging 50 applications per month, but then in March they had 80. They currently have 2 active contractors from Jackson County. They are helping a great deal. They work weekends, and sometimes during the week and have been very efficient. Mitchell asked if there is an overall trend like last year. Charles says he had not been able to compare to last year, but does believe it's similar. Kathy stated our counties is hoping for it to slow down, but it has not. We do know several counties around us seen a decrease, but not ours. Teresa Murray stated we may see a new trend soon, and some change because of the interest rates.

Mrs. McGaha shared the 2 new positions are in the budget and the Board of Commissioners will be voting on this tonight. These positions are more like an assistant. They are here to work with the Inspector and they will do more of the physical part, measurements, and assist with paperwork. Charles shared one of the Technician's will be qualified once he graduates. The Environmental Technicians are not eligible for the main positions because of the education.

Ellen Shope had a question regarding Due Diligence she would like some clarification on what it means. Teresa shared it's when someone is making an offer there is period where there is an investigation on the land. The buyer wants to know if the land will be able to get a Septic and Well on the property. The Offer to Purchase contract is usually within a period of time, which is called the Due Diligence period. Ellen asked if it's a requirement before purchasing or the buyer request. Charles stated it is not a requirement, it's a request. Kathy shared the Due Diligence, was prioritized before she had become Health Director. It was decided to encourage the economy and support the realtors so they could process the application in a timely manner. It is not a policy, it's something they put into practice, as a procedure. Mitchell says once they have a fully staff, hopefully the Due Diligence will work itself out.

Kathy shared that even though the application checklists have been signed they are still getting several sites that are not done correctly. They have tried everything to for the applicants understand the process. Applicants will be put to the back of the line, if the work is not completed. They have a month or 2 to complete the process, so the things should be done. Teresa Murray stated she is all for it, and she completely understands the process. Mitchell stated that if applicants would do what is expected, they can get to the next applicant in a timely manner. Charles says he does call the applicant when he's on the property if they are not able to be there. He communicates with them, and does what they can to get the permit done.

## **New Business:**

Annual Communicable Disease Report Jennifer Garrett shared the Annual Communicable Disease Report and Monkey pox information. (see handout)

Fee Plan Update Kathy introduced Haley Arriaga, which is here in place of Melissa Setzer. Hailey shared the Fee Plan update handout (see attached). The top boxes are the current CPT Codes, and they are for vaccines, IUD and the lab test we currently offer. They have noticed there has been a slight increase in price for those, so they are asking to increase the price as well.

The 2<sup>nd</sup> box are new vaccines, they currently do not have on the fee plan, which they are wanting to be able to offer to the public, and the bottom two in that box are 2 lab tests we currently do not have, and would like to add them as well.

The bottom box are all the COVID vaccines, all the different doses, and are asking to raise the \$50 to \$65, since Medicaid is reimbursing that amount for those shots. The fees have increased for supplies, syringes, and things they need. Jennifer says everything has gone up, and we will need to raise them to be able to recoup the fees. Mitchell asked about one of the labs, and wanted clarification. Jennifer contacted Dr. Dewhurst, and she stated it is "Compliment Protein - CH100", which is a test that outside people have requested for labs. It's for an Autoimmune disease. Ellen Shope asked about the Maternil21 Plus Core test. Haley shared it was a genetic test, that now has to be done. It is a requirement for the Maternal Health Program. Mitchell asked how these figures are created. Kathy we add a small administrative fee, and then the Finance Committee meets to discuss changes. The Committee keeps the fees as reasonable as possible. Mitchell asked if this is something we will have to look at each year. Kathy stated you could have one each Board of Health Meeting, Then the information has to get the approved by the Board of Commissioners.

Michael Dupuis made a motion to approve the Fee Plan Update. Jennifer Knoepp seconded the motion. Motion passed unanimously.

Debt Set off Kathy shared we won't have anything to vote on. We contract with Data Max, and every few years we gather up the accounts we know we will not collect on. We then bring them to the Board for you all to vote on for you to allow us to write off those accounts. At this time, Data Max hasn't finished getting the things together for the meeting. They hope to have this information for you at the next meeting.

## Community Health Assessment (CHA)

Kathy shared the Community Health Assessment (CHA), by law the Health Departments are required to do the Community Health Assessment every 4 years. In the West Region, they decided to coordinate and do our Community Health Assessment with the hospitals, which is done every 3 years. We were due to have assessment completed in 2021, because of the pandemic they gave us an extension until May 31, 2022. We haven't had any Health Ed staff, Jimmy has taken a lead in the agency to coordinate what we have to do internally, but we contract with WNCIP. They do a big portion of it already with the hospitals. There is a

randomized phone survey, and there is a lot of gathering of health data. Then there is a process that some of you attended, where we narrow out down the short list of what are the priorities. Then the community members help us to decide what are areas the Health Department will make priority. Since we have an extension, we are just now completing this. Jimmy will be presenting the Community Health Assessment to the Board at our next meeting.

**Discussion:** None

**Announcements:** None

**Next Meeting Date:** July 26, 2022

**Adjournment:** Michael Dupuis made the Motion to adjourn. Jennifer Knoepp seconded that motion. Motion to adjourn passed unanimously at 7:21 p.m.

**Minutes Recorded by:** Tara Raby, MCPH Administrative Assistant

## New Vaccine Fee Proposal May 19, 2022

| CPT CODE | Vaccine               | CURRENT FEE | COST TO HD | NEW PROPOSED COST |
|----------|-----------------------|-------------|------------|-------------------|
| 90670    | Prevnar-13            | \$222.00    | \$225.68   | \$231.00          |
| 90632    | Hep A- Adult          | \$60.00     | \$64.88    | \$70.00           |
| 90710    | MMRV (Proquad)        | \$246.00    | \$247.01   | \$253.00          |
| 90717    | Yellow Fever          | \$125.00    | \$165.84   | \$171.00          |
| 90676    | Rabies (Pre-Exposure) | \$352.00    | \$364.12   | \$370.00          |
| 90738    | Japan Encephalitis    | \$296.00    | \$302.95   | \$308.00          |
| 90651    | Gardasil (HPV)        | \$249.00    | \$252.85   | \$258.00          |
| 90750    | Shingrix              | \$171.00    | \$171.40   | \$177.00          |
| J7300    | IUD (Para Gard)       | \$250.00    | \$259.74   | \$265.00          |
| J7307    | IUD (Skyla)           | \$364.00    | \$399.00   | \$405.00          |

### NEW VACCINES TO BE ADDED TO THE FEE PLAN:

|       |           |          |          |
|-------|-----------|----------|----------|
| 90619 | Menquadfi | \$134.12 | \$140.00 |
| 90677 | Prevnar20 | \$248.25 | \$254.00 |

**THE CHANGE FOR COVID VACCINES TO MATCH THE MEDICAID REIMBURSEMENT FEE AND UPDATES;  
NOTICE THE HIGHLIGHTED AREAS, THESE ARE COLORS CORDINANTED WITH THE CAPS ON THE  
VIALS - EACH PFIZER HAS A DIFFERENT COLOR CAP. THE UNDERLINED ONES ARE NEW DOSAGES  
THAT NEED TO BE ADDED**

| CPT CODE     | COVID VACCINE   | CURRENT FEE    | NEW PROPOSED COST<br>BY TENS |
|--------------|---|----------------|------------------------------|
| 0071A        | Pfizer-BioNTech 1st Dose Ages 5 to 11                             | \$50.00        | \$65.00                      |
| 0072A        | Pfizer-BioNTech 2nd Dose Ages 5 to 11                             | \$50.00        | \$65.00                      |
| 0073A        | Pfizer-BioNTech 3rd Dose Ages 5 to 11                             | \$50.00        | \$65.00                      |
| 0001A        | Pfizer-BioNTech 1st Dose ages 12 & up                             | \$50.00        | \$65.00                      |
| 0002A        | Pfizer-BioNTech 2nd Dose 12 & up                                  | \$50.00        | \$65.00                      |
| 0003A        | Pfizer-BioNTech 3rd Dose 12 & up                                  | \$50.00        | \$65.00                      |
| <u>0004A</u> | <u>Pfizer- BioNTech Booster Dose 12 &amp; up</u>                  | <u>\$50.00</u> | <u>\$65.00</u>               |
| 0051A        | Pfizer-BioNTech Ready to Use 1st Dose Ages 12 & up                | \$50.00        | \$65.00                      |
| 0052A        | Pfizer_BioNTech Ready to Use 2nd Dose Ages 12 & up                | \$50.00        | \$65.00                      |
| 0053A        | Pfizer_BioNTech Ready to Use 3rd Dose Ages 12 & up                | \$50.00        | \$65.00                      |
| <u>0054A</u> | <u>Pfizer BioNTech Ready to Use Booster Dose Ages 12 &amp; up</u> | <u>\$50.00</u> | <u>\$65.00</u>               |
| 0011A        | Moderna 1st Dose 18 & up  | \$50.00        | \$65.00                      |
| 0012A        | Moderna 2nd Dose 18 & up  | \$50.00        | \$65.00                      |
| 0013A        | Moderna 3rd Dose 18 & up  | \$50.00        | \$65.00                      |
| <u>0064A</u> | <u>Moderna Booster 18 &amp; up (Red Top)</u>                      | <u>\$50.00</u> | <u>\$65.00</u>               |
| 0094A        | Moderna Booster 18 & up (Blue Top)                                | \$50.00        | \$65.00                      |
| 0031A        | Janssen Single Dose 18 & up                                       | \$50.00        | \$65.00                      |
| 0034A        | Janssen Booster Dose 18 & up                                      | \$50.00        | \$65.00                      |



## Macon County Public Health

2021 Communicable Disease Report to Macon County Board of Health

June 14, 2022

Presented By: Jennifer Garrett, RN, BSN, CPN, CSN

### COVID

Macon County Public Health's (MCPH) focus was Covid- 19 during 2021. December of 2020 ended with 15 active cases, 1154 people recovered and 12 deaths. In January of 2021, NC DHHS rolled out the phases of how the vaccine would be administered to the public, with the caveat that supplies would be limited at first. The phases were as follows:

- Phase 1a: Health care workers fighting Covid 19 and Long-term care staff and residents.
- Phase 1b: Adults 75 years and older and frontline essential workers
- Phase 2: Adults at high risk for exposure and at increased risk of severe illness
- Phase 3: Students
- Phase 4: Everyone who wants a safe and effective COVID 19 vaccination.

he staff was vaccinated on 12/31/2020 in preparation for the onset of vaccination clinics.

In 2021 the following events around Covid 19 occurred:

1. Preparations were in motion for a drive through style vaccination clinic for the first phases of immunizations and staffing for these clinics was being done. It became quickly evident that outside assistance would be needed for the drive through clinics. Macon County Sheriff's Department was asked to do traffic control, and EMS was asked to do observation after vaccination and possibly assist with vaccinations.
2. Training was conducted on storage and handling of the vaccine, along with training on how to administer the Covid 19 vaccine for anyone who could have been a vaccine administrator (EMS, Clinic Nurses, and School Nurses). NC DHHS and the Communicable Disease Branch were sending out copious amounts of information daily on vaccine information, distribution plans, vaccine brands and who was eligible for what brand, etc.
3. A call center was created to take appointments for testing and vaccinations at the Health Department. There were many challenges to working through the high volume of calls that were coming into the system and not crashing the county phone line. On 1/15/21, due to the high call demand a partnership with Drake Enterprises was formed to use a call center at their facility to handle the capacity of calls.
4. Also, during all the flurry of activity around vaccines, the testing call center was notifying cases of their test results and notifying the nurses of the positive cases so they could issue isolation and quarantine orders. There were also outbreaks in nursing homes and businesses that the nurses had to address also.
5. Personal protective equipment was in short supply so procurement staff was busy obtaining appropriate supplies to keep the staff safe.
6. NCDHHS rolled out the CVMS program for Health Departments to enter administered vaccines into and the staff was trained in learning the system. The system also allowed people to be pre-registered for the vaccine and MCPH reached out to people in the phases to send us the persons interested in the vaccine so we could preload them into the system to allow for a more efficient process.

7. NCDHHS created contact-tracing teams (CCTO), MCPH requested assistance and received two case investigators, and two data entry person due to Macon County was now in a surge in a surge status.
8. NC Public Health Preparedness was notified that we needed more surge staffing assistance and a request for staffing was made through WebEOC. On January 16, two strike teams from the National Guard arrived to assist with vaccinations and data entry.
9. EMS coordinated mass testing clinics in Nantahala and Highlands due to the surge.
10. As vaccination demand and expansion increased, it became obvious that the Health Department could not maintain services, meet the demand for testing, vaccination, and contact tracing. It was at this time that it was decided that MCPH would only provide essential services and Dr. Dewhurst would handle primary care clients through Telehealth phone calls as applicable. All personnel was reassigned to Covid duties to fill in needed areas until surge staffing could be located. The highest day of vaccinations given was close to 600 in one day.
11. To support vaccine demand, the Highlands and Cashiers Plateau Covid 19 Vaccine Clinics were started with the oversight of Tom Neal from Highlands Cashiers Hospital. Working through MCPH, they created an appointment system, located a vaccination site and created a schedule for vaccinations to serve their area.
12. The supply and demand for vaccination was extremely frustrating through the winter and spring months. Letters were written to state officials by the county to advocate for more vaccine allocations.
13. At the end of January, the Community Paramedic Program began to go out to homes to deliver vaccinations to homebound individuals in Macon County.
14. Macon County Public Health also partnered with Vecino's to vaccinate the Latin X population and Farm Workers.
15. In the fall of 2021, students returned to school with guidance from the Strong Schools NC: Public Health Toolkit. School Nurses were provided appropriate PPE. Shortly after schools reopened, there was another Covid surge.
16. Vaccine Hesitancy became a reality and people began questioning all of the Covid vaccines.
17. By the end of 2021, Macon County had 5,812 cases of Covid and 88 deaths since the beginning of the Covid outbreak.
18. Macon County Public Health had given 13,222 first dose vaccines, 9,795 second doses and 2,117 Booster doses for immunocompromised.
19. Macon County Public Health had tested 13,864 people for Covid.

### **Sexually Transmitted Infections (STD)**

Macon County Public Health's (MCPH) primary mission is closely linked to the mission of the CDC Division of STD Prevention and the NC Communicable Disease Branch. There are specific disease prevention goals which are contextualized in the broad framework of the social determinants of health, promotion of sexual health, and the primary prevention of sexually transmitted disease ( Communicable Disease AA).

MCPH must offer clients seeking an STD evaluation a medical history including sexual risk assessment, a physical examination inclusive of upper and lower body, lab testing, treatment, counseling, and referral necessary for the evaluation of individuals with an exposure to or symptoms suggestive of a sexually transmitted infection. These services are to be offered at NO COST to the client regardless of county of residence.

**Table 1:**

|                                      | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|--------------------------------------|------|------|------|------|------|------|------|------|------|
| <b>STD patient visits (LHD ONLY)</b> | 290  | 272  | 203  | 301  | 216  | 352  | 339  | 210  | 104  |
| <b>Chlamydia</b>                     | 74   | 87   | 95   | 70   | 106  | 99   | 79   | 76   | 88   |
| <b>Gonorrhea</b>                     | 11   | 11   | 17   | 13   | 17   | 31   | 26   | 33   | 31   |

|                                   |   |   |   |   |   |  |   |   |  |
|-----------------------------------|---|---|---|---|---|--|---|---|--|
| Non-gonococcal urethritis (NGU)   | 0 | 0 | 2 | 8 | 7 | 9  | 1   | 2   | 0  |
| Pelvic Inflammatory Disease (PID) | 0 | 2 | 2 | 0 | 0 | 4  | 10  | 0   | 0  |
| HIV                               | 0 | 1 | 0 | 0 | 2 | 0  | 0   | 0   | 4  |
| Syphilis                          | 0 | 1 | 0 | 3 | 2 | 3<br>(2 cases of primary and secondary and 1 case of early, latent Syphilis) | 1 case of secondary and 2 cases of early latent | 1 primary case, No secondary and no early latent. | 1 primary, No secondary and 1 Early Latent and 2 Unknown Duration. |

Gonorrhea, Chlamydia and Syphilis reports must be entered into the North Carolina Electronic Disease Surveillance System (NC EDSS) within 30 days of specimen date. Treatment information must be included on all persons reported with an STD.

#### Reportable Diseases (other than sexually transmitted)

Communicable disease surveillance, investigation, and control are components of the core public health services in North Carolina. The state monitors local health departments for the timeliness of disease reporting and compliance with North Carolina communicable disease laws and management. Currently there are 79 reportable conditions in North Carolina (including sexually transmitted diseases). The Health Department monitors these communicable diseases for the entire county. Not all North Carolina reportable diseases are included within table 2.

**Table 2:**

|   | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|------|------|------|------|------|------|------|------|------|
| Campylobacter                             | 8    | 1    | 29   | 49   | 47   | 17   | 14   | 8    | 7    |
| Salmonella                                | 6    | 3    | 7    | 2    | 6    | 6    | 3    | 2    | 1    |
| Legionnaire's Disease                     | 1    | 1    | 1    | -    | -    | -    | -    | -    | -    |
| Rocky Mtn. spotted fever                  | 2    | -    | -    | -    | 1    | 5    | 2    | -    | -    |
| Lacrosse Encephalitis                     | -    | -    | -    | -    | -    | 1    | -    | -    | 2    |
| Hepatitis A                               | -    | -    | -    | -    | 3    | -    | 2    | 1    | 4    |
| Hepatitis B, Acute                        | -    | -    | -    | -    | 1    | -    | -    | 1    | -    |
| Hepatitis B, chronic, new                 | 2    | -    | 2    | 2    | 2    | 3    | -    | 2    | -    |
| Hepatitis B, chronic, pregnancy           | 2    | -    | -    | -    | -    | -    | -    | -    | -    |
| Hepatitis C, Acute                        | -    | -    | -    | 3    | 1    | -    | -    | 1    | -    |
| Hepatitis C, Chronic*                     | NR   | NR   | NR   | NR   | 143  | 79   | 94   | 73   | 44   |
| Hib invasive disease                      | 1    | 3    | -    | 1    | 1    | -    | 1    | 1    | 1    |
| Meningococcal invasive disease            | 1    | -    | -    | -    | 1    | -    | 1    | -    | -    |
| Meningitis, pneumococcal                  | 1    | -    | -    | 1    | -    | -    | 1    | -    | 1    |
| Streptococcal invasive infection, Group A | -    | 1    | -    | -    | 3    | 1    | 1    | 4    | -    |
| Shigellosis                               | -    | 3    | -    | -    | -    | 2    | -    | -    | -    |



|                         |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|
| E. Coli                 | - | - | 1 | 1 | 1 | 1 | 2 | - | 1 |
| Vibrio Vulnificus       | - | - | 1 | 1 | - | - | - | - | - |
| Bordetella Pertussis    | - | - | 1 | 1 | 1 | 1 | 3 | 1 | - |
| Cyclosporiasis          | - | - | - | - | 1 | - | - | - | - |
| Influenza Death (adult) | - | - | 1 | - | - | 3 | 2 | - | - |

Key: (-): 0 cases; (NR): Non-reportable

\*Chronic Hepatitis C was not a reportable condition in North Carolina until 2017.

### Tuberculosis

Tuberculosis was once one of the leading infectious causes of death in North Carolina. Cases continue to decline but elimination has not been reached. The NC TB program uses a community-based system of TB prevention and control. MCPH Communicable Disease nurse along with the clinic medical provider devise individual and programmatic interventions for all new cases in order to increase completion of therapy as well as improve timely completion of therapy. The TB clinician agrees to treat and monitor all active TB cases.

Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes ill. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated, TB disease can be fatal. Latent TB Infection is when a person has the Tuberculosis bacteria but their immune system has suppressed it and they are not infectious or ill. LTBI treatment is not mandatory but always encouraged due to the possibility of the infection becoming active if their immune system weakens.

A 12 week combination therapy of Isoniazid (INH) and Rifapentine (RPT) taken once weekly by directly observed therapy (DOT) is offered to LTBI patients for treatment of latent infections. The latent TB therapy offered could change based on certain health conditions. Directly observed therapy is used to ensure adherence to the treatment regimen and to improve the long-term effectiveness of treatment.

**No cases of active TB were diagnosed in 2021.**

**Macon County Public Health saw 191 persons for unduplicated program visits, and 391 duplicated program visits in 2021.**

### Rabies

Rabies is a deadly virus spread to people from the saliva of infected animals. This is usually transmitted through a bite. Once a person begins to show signs and symptoms of rabies, the disease nearly always causes death.

Per NCGS 130A-41 (B) (10) the communicable disease nurse role includes examining, investigating, and control rabies. The CD nurse provides guidance to persons using the NC Rabies Public Health Program Manual pertaining to:

- Rabies pre-exposure immunization
- Human rabies risk assessment
- Rabies post-exposure prophylaxis in persons.

The CD nurse works with Animal Control. Animal Control officers send bite reports to the CD nurse along with any reports of animals submitted to the State Lab for rabies testing in order to ensure that human rabies risk assessments are done in a timely manner by a healthcare professional.

**Macon County Public Health offers Pre- Rabies exposure vaccine for anyone who may be identified as needing the vaccine, but does NOT offer post exposure vaccinations.**

**In 2021, rabies was identified in raccoons and skunks in Macon County.**

### **Influenza and Associated Outbreaks**

Per the CDC, "a 2018 study published in Clinical Infectious Diseases, looked at the percentage of the population who were sickened by the flu using two different methods and compared the findings. Both had similar findings, which suggested that on average, about 8% of the US population gets sick from flu each season, with a range of between 3% and 11% depending on the season."

**In 2021, Macon County Public Health gave 861 flu vaccines. 250 of these vaccines were High Dose for the elderly. This is one of the lowest years for flu vaccinations given by MCPH.**

**There was one influenza outbreak in a long-term care facility in Macon County in 2021.**

### **Hepatitis A**

Hepatitis A is a vaccine preventable acute liver disease caused by the Hepatitis A virus. It is one of the most common types of viral hepatitis and is highly contagious. It is spread person to person when people put something in their mouth that has been contaminated with the stool of a person with Hepatitis A. This is more easily spread where there are poor sanitary conditions or where good personal hygiene is not followed.

The state immunization branch approved the use of state supplied Hepatitis A vaccines for adults who are at a high risk for Hepatitis A. These risk factors include men who have sex with men, drug use, incarceration and homelessness. Hepatitis A is spread through the fecal oral route, unlike hepatitis B and C, which is spread through blood.

**Vaccines are available for Hepatitis A and B and are given routinely to children and adults at Macon County Public Health.**

**Macon County Public Health has collaborated with the Macon County Detention Center to provide Hepatitis A vaccinations to inmates who consent to the vaccine.**

### **2021 Trends and Likely 2022 Trends**

- 39.72% decrease in reported Chronic Hepatitis C cases reported in 2021 as compared to 2020 that might be due to continued underreporting.
- Likely will continue to see an increase in Latent Tuberculosis Infection (LTBI) cases with continued travel to endemic countries and immigration from endemic countries.
- Likely trend to continue seeing low to zero number of cases of Hepatitis A due to increased awareness of risk factors and availability of free vaccinations to those who are at a higher risk of disease.
- With the continued Covid 19 vaccination efforts in 2022, MCPH is hoping to see a decline in the number of positive cases and deaths.
- 2021 saw several raccoons and skunks test positive for rabies. Due to this, the USDA felt it necessary to do an Oral Rabies Bait Drop during Oct. 4<sup>th</sup> -20<sup>th</sup>, 2021. While no domesticated animals have tested positive, it is important for people to continue to get their animals vaccinated for rabies.