

Public Health Director's Report

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Dates Covered: November 12- December 10, 2025

A. Mission Moments

ACPH Gives Back

During the holiday season, ACPH participates in various food drives and volunteer opportunities to give back to our community. This year, all four locations collected and donated boxes of food to support Human Services Thanksgiving Food Drive; the Partnerships, Planning and Community Health Promotion division volunteered a collective total of 16 hours to Project Cure and organized a greeting card-making event for local and deployed U.S. troops; the Division of Health Protection and Response is supporting efforts through Project Our Town to decorate food delivery bags for *There with Care* and *Project Angel Heart*, greeting cards for patients at Craig Hospital, as well as collecting items for Kits Closet during its annual year-end meeting on December 16; WIC will be volunteering for Village Exchange Center on December 15; and the Sexual Health and Harm Reduction teams will give their time to Project Cure in February 2026.

B. Events and Engagement Opportunities

Recent events: Arapahoe County Warrant Forgiveness Day November 22, Iron Sharp Foundation Lavished with Love December 6.

Upcoming events:

Arapahoe County Visit the Village December 13

Please reach out to [Grace Soulen](#) or visit our [Community Engagement Event Request Form](#) to suggest upcoming outreach opportunities. **This initiative aligns with the Community Health Improvement Plan (CHIP) cross-cutting objective to advance community engagement.**

C. Program Updates

Partnerships, Planning and Community Health Promotion

1) Aurora Youth Seek Policy Change to Reduce Vaping Harms

The ACPH Tobacco Prevention and Control Team, in collaboration with Aurora Public Schools and Aurora Partners for Thriving Youth, supports local youth advocates like those currently working to educate policymakers on the impact of vape use in the City of Aurora. As reported in a December 3rd article of the Aurora Sentinel, the student group has provided public comment asking Aurora City Council to adopt an ordinance tightening licensing and compliance inspections for tobacco retailers, including the checking of psychoactive products sold in vape shops. The article highlights experiences like that of coalition member Geovani Arellano-Morales, who, inspired by the struggles of a family member, said, "...when I found out about this coalition, and I saw that I could help other people going through the same thing, it just made me really want to put myself out there and be able to prevent this from happening to other people." Source: [KID STUFF: Aurora teens ask city to step in and snuff student vape use - Sentinel Colorado](#)



Left to right, Vladimir Sandoval Guriano, Geovani Arellano-Morales, Sarah Padilla Zepeda and Novella Miller at the Aurora Municipal Center Nov. 17, 2025. PHOTO BY CASSANDRA BALLARD, SENTINEL COLORADO



Joy, who did not give her last name addresses the Aurora City Council Nov. 17, 2025, asking for legislation to prevent teen vaping. SENTINEL SCREEN GRAB

2) Arapahoe County Staff Connect, Learn, and Celebrate with 2026 Calendar of Connection

Arapahoe County is excited to introduce its [2026 Calendar of Connection](#), a new tool designed to help employees learn more about the cultures, values, and traditions of fellow colleagues and community members. Developed by a countywide workgroup that fosters staff belonging and retention, led by Grace Soulen, the calendar highlights a wide range of holidays, observances, and days of remembrance that reflects the diversity of the Arapahoe County workforce and its residents. By adding the calendar to Outlook, staff can choose to easily see and engage with events that are meaningful to others. This initiative builds on the success of ACPH's 2025 calendar, which helped employees feel more informed, connected, and included. The updated, countywide version has been expanded and refined to better represent a broader range of helpful information. **This initiative aligns with the Community Health Improvement Plan (CHIP) cross-cutting objective to increase community engagement.**

Nutrition Division

- 1) ACPH has their first IBCLC – Grace Perez!
 - a. Grace Perez, WIC Supervisor at the Englewood office and Coordinator of the Baby Cafe, just passed the exam to become an International Board Certified Lactation Consultant (IBCLC)! The IBCLC certification is the premier global credential for lactation professionals, requiring rigorous education in health sciences, 90+ hours of lactation-specific training, significant clinical experience (300-1000+ hours depending on your pathway), and passing a comprehensive exam, overseen by the IBCLC Commission. We are proud of Grace and her accomplishment and are excited to have her expertise to support our community and staff!
- 2) Nutrition by the Numbers - October
 - a. WIC Enrollment at 12,509 – highest to date!
 - b. 5,516 WIC completed appointments and staff handled 4,962 calls through the WIC call center
 - c. The Breastfeeding Peer Counselors had 785 contacts with pregnant and breastfeeding mothers
 - d. 23 Breastfeeding Class attendees and 22 mom/baby pairs attended the Baby Cafe
- 3) Evening Virtual Breastfeeding Classes
 - a. The Nutrition Division manages a regional (Adams, Douglas, Boulder, Broomfield County) virtual WIC breastfeeding class. We are piloting providing evening class times in November and December. We hope this change will better accommodate our clients' busy schedules

and provide a more convenient option for many. We will monitor how these new times are received and will consider adding these class times to our class schedule permanently.

4) A Precious Child Partnership – Diaper Donation

- a. ACPH is now receiving diaper/wipe donations as needed from A Precious Child. One way these diapers/wipes will be distributed to families is as an incentive to attend the breastfeeding class. Families who attend the class are eligible to stop by their WIC office to pick up diapers.

Community Health Nursing Division

1) Family Connects

- a. In the first 12 weeks of implementation of Family Connects, we have had the following “good catch” moments, illustrating the critical need for support to postpartum families in Arapahoe County:
 - Postpartum preeclampsia identified: The clinical assessment of a birthing person revealed critically high blood pressure. The client spoke Haitian Creole, and a phone interpreter was essential to providing equitable care. The nurse called the nurse line and it was determined the parent needed emergency care. The nurse later confirmed that the parent had been admitted for severe postpartum preeclampsia and required a three-day hospital stay.
 - Early identification of respiratory distress in a newborn: A three-week-old infant was having difficulty feeding and appeared to struggle with breathing. The nurse home visitor conducted an immediate assessment, consulted the nurse line for guidance, and in collaboration with the parent, ultimately determined that calling 911 was necessary.
 - Undetected fever in a newborn: During the routine clinical assessment, the nurse home visitor identified that a three-week-old infant had a fever, which the birthing parent had not been aware of. The nurse facilitated a prompt referral to urgent care for further evaluation.
 - Housing support during eviction crisis: A family facing eviction shared their need for assistance during their home visit. The nurse home visitor connected them with community resources, ultimately allowing the family to remain in their home with their newborn.
 - Support for safe transportation: A mother disclosed that she planned to self-deport with her newborn due to the father's deportation proceedings. The nurse provided RTD transit tickets, instructional videos on bus use, and a baby-wearing carrier to support safe travel. These resources allowed the mother to make the decision she felt was best for herself and her baby.
 - Safe sleep: On three occasions, the family lacked a safe sleeping option for their newborn. Through our partnership with the Children's Safety Store, they received a pack-and-play, ensuring the baby had a safe, designated sleeping space.
 - Positive parent feedback: During a 30-day follow-up call, a mother shared the following feedback: *“You guys made my motherhood journey easier than I thought. I was in the hospital freaking out thinking that I forgot because it's been 9 years since I had my first daughter. I needed a reminder of the steps. The visit with Kena was educational and inspirational.”*

This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing economic security and mobility by improving access to affordable physical and behavioral care.

2) Maternal Child Health & Regional Health Connector

- a. Rebecca Rapport Verdejo and Laura Brayer-Don's partnership in the *Safe Starts at Home* program received national recognition this November when researchers presented findings from the initiative at the 2025 National Research Conference for the Prevention of Firearm-Related Harms in Tempe, Arizona. This is one of the most prominent national gatherings for firearm-injury prevention research and innovation.

About the Presentation

The research team shared a mixed-methods analysis of SafeHomesCO (now Safe Starts at Home), highlighting how counties, including Arapahoe, are using home-visitation programs to support families in reducing preventable injuries. The presentation specifically elevated:

- The role of home visitors in having supportive, non-judgmental conversations about safe firearm storage
- The importance of building safety discussions into regular public health practice
- Opportunities for statewide scale-up through county health departments

Citation:

McCarthy M, Ghosh R, Laster C, Don L, Rapport R, Wright Kelly E, Simonetti JA. *A Mixed-Methods and Opportunity Analysis of SafeHomesCO – a Safety Intervention for Households Receiving County Services*. National Research Conference for the Prevention of Firearm-Related Harms, Tempe, AZ, Nov 2025.

This initiative aligns with the Community Health Improvement Plan (CHIP) objective to enhance community safety.

- b. In November, ACPH launched the Firearm Injury Prevention Campaign along with other metro area LPHAs and hospitals. As part of this initiative, ACPH created a Firearm Injury Prevention webpage. ACPH received \$10,000 of funding from a CDPHE mini-grant to purchase firearm locks and we will be working with our internal teams as well as partner organizations on a distribution plan.

Webpage access: [Firearm Injury Prevention](#)

This initiative aligns with the Community Health Improvement Plan (CHIP) objective to enhance community safety.

- c. Arapahoe County was recognized by CDPHE in the November edition of the MCH Digest with the following excerpt:

"In preparation for the upcoming tax season, Arapahoe, Adams and Jefferson counties worked together to hold four Community of Practice (CoP) sessions with Community-Based Organization (CBO) partners. Topics shared during each session were based on input from CBOs. In addition, each CBO developed a draft action plan to implement in the fall and during the 2025 tax season.

Based on requests from CBOs and utilizing the Get Ahead CO ITIN Basics document for reference, the LPHA partnership drafted a [one-pager on the ITIN process \(English and Spanish\)](#) and shared it with CDPHE, Tax Help CO, Denver Asset Building Coalition (DABC) and our CBO Tax Ambassadors. It is important to note that this tax season CBO Tax Ambassadors are conflicted whether to encourage immigrants to apply for an ITIN and/or file taxes, not knowing if personal information will be accessed and used against undocumented individuals.

The 3-county partnership also attended the Gary awardee gathering in August to connect with other organizational awardees and identify our upcoming tax season strategies, including how to mitigate the real challenges around changes to federal tax credit eligibility and direct deposit requirements.

The beauty of this partnership is how the counties have leveraged their resources for broader impact: Arapahoe County offered compensation to CBOs for their participation and summer CoP planning effort; Jeffco covered the costs of interpretation for all sessions; Adams County has managed the Gary grant award while continuing to lend its tax knowledge and economic security expertise to this work. Congrats to Jefferson, Adams and Arapahoe County for their successful economic mobility partnership!"

This initiative aligns with the Community Health Improvement Plan (CHIP) objective to enhance economic security and mobility.

d. The MCH team recently identified a donor interested in supporting our work with the Children's Safety Store. Through collaboration with our finance team and the county, ACPH now has a donation receipt form that can be used to document contributions, allowing donors to receive a tax deduction.

This initiative aligns with the Community Health Improvement Plan (CHIP) objective to enhance economic security and mobility.

3) Immunizations

- a. The Program saw 385 clients and administered 1,242 vaccines in November. This represents one of several months this year with higher volumes of demand seen year of year since the inception of ACPH. Mobile clinic partnerships continue with schools, prioritizing those with the highest number on non-compliant students. Mobile school clinics continue to increase the language diversity of families served over fixed-site clinics.
- b. Participation in Colorado Chooses Vaccines. New collaboration of partners with seed funding from Rose Community Foundation. Workgroup meetings bring together advocacy, funding, communication, and scientific knowledge within the context of a federal landscape that promotes vaccine messaging that is not evidence-based. In November 2025 the CDC updated their website with statements linking vaccines to autism despite all scientific-consensus to the contrary. In December, the committee at CDC that oversees vaccine recommendations and controls what supply is available for children who are eligible for the Vaccines for Children Program (those on Medicaid and uninsured, about half of all kids in the U.S.) removed the birth dose of Hepatitis B vaccine from the formulary and schedule. Without prophylaxis at birth, approximately 90% of newborns infected perinatally will develop chronic hepatitis B infection, and 25% of those with chronic infection will die prematurely from chronic liver disease. Read a full analysis of the issue [here](#).

4) Sexual Health

- a. ACPH was highlighted in the first ever "Syndemic Solutions in Action" case study published by NACCHO. This case study will be shared widely and available on the NACCHO website to highlight innovative community based solutions to address the syndemic of STIs, HIV, Hepatitis C and overdose in our community. Field delivered treatment for syphilis and sexual health's collaboration with Harm Reduction is featured on their syndemic webpage: <https://www.naccho.org/programs/community-health/infectious-disease/hiv-sti/syndemic-approaches>
- b. On November 13, Sexual Health and Harm reduction participated in an all-day workshop with CDPHE on providing inclusive care to the LGBTQ+ community, delivering reactive HIV

results, and more effectively working with the CDPHE disease intervention specialists and HIV Linkage to Care programs.

- c. The Sexual Health program came up with a shared 2026 program goal of increasing community engagement. Each staff member will contribute to this goal in a unique way and reflect on progress in their 2026 performance review. The goal is to increase visibility and engagement with the community by conducting outreach and educational activities at community events, through social media and the internet, and by doing personal outreach to community-based organizations.
- d. Sexual Health RN Kiera presented on wound care and first aid basics to the Homelessness Services Outreach team at City of Aurora. She provided their staff with ideas on basic supplies to provide to their participants, information on how to prevent infection, and signs and symptoms of infection to help staff recognize when people should seek urgent medical care. City of Aurora staff appreciated her expertise and stated that they will use this information frequently in their outreach efforts as this is a high priority and concern for the unhoused community.

5) Harm Reduction

- a. On December 1, staff from Community Medical Services (CMS) joined the Harm Reduction team at the It Takes a Village fixed site to provide information on medication assisted treatment and other treatment options. Their peer support specialist had this feedback for the team after observing them in action: "It was good working with your team yesterday, and I want to commend each of them for being such caring and awesome people! I've got lived experience with addiction and homelessness, so it's great to see folks who really treat people with so much non-judgmental compassion 😊". We could not agree more with this assessment! Additionally, the CMS team spoke with 42 participants about their services and distributed resource bags with cold weather items, hygiene items and snacks.
- b. Staff attended the 2nd annual Syringe Access Program Summit, getting to connect with syringe access partners from across the state. They heard from Harm Reduction elders, national public health professionals and local public health staff. They also had a chance to hear from one another about phlebotomy for people who use drugs and vein access, STI testing and treatment (HRP spoke as experts), drug checking technology and wellness for frontline staff. It was a great month filled with knowledge sharing, community and connection.
- c. The Harm Reduction team had its BUSIEST month in October with approximately 842 syringe access program encounters. That is 842 times someone encountered our program and received safer use supplies, overdose reversal medications and the chance to connect with resources such as testing services.

Health Protection and Response (HPR) Division (*Environmental Health, Communicable Disease Epidemiology and Emergency Preparedness and Response Programs*)

1) Environmental Health (EH) Programs

- a. Updates related to the On-Site Wastewater Treatment Regulations review process will be provided during the business meeting.

2) Emergency Preparedness and Response (EPR) Program

- a. In early November, the Communicable Disease Epidemiology and EPR programs coordinated and facilitated an exercise focusing on the response to a measles outbreak in the Arapahoe

County Detention Center. During this tabletop exercise, staff from ACPH including the Chief Medical Officer, Communicable Disease, Immunization, and EPR, as well as County and Sheriff's Office Communications, Detention Center, and CDPHE convened to walk through a scenario testing identification, isolation, case investigation, incident mitigation strategies and public communications. The exercise identified many strengths and opportunities to continue streamlining processes to include strengthening information sharing across departments and developing tools for clinical staff at the detention center. The relationship between the detention center and public health was lauded as an incredible partnership stemming from years of close coordination.

- b. In November, the North Central Region (NCR) Healthcare Coalition received long-delayed funding from our federal and state partners. With the execution of these contracts, staff came back to work to continue efforts for health and medical coordination between the ten counties of the metro Denver area and plan for a more sustainable model due to future funding uncertainty. The coalition includes public health, hospitals, behavioral health, EMS, coroners, emergency management, as well as other groups impacted by the health and medical piece of any incident. The ACPH EPR Manager currently serves as the co-chair of the NCR Healthcare Coalition.
- c. The EPR program facilitated a boil water tabletop exercise involving the HPR Division Director, staff from the EH and EPR programs, County Communications, and the CDPHE Water Quality Program. This test of the internal ACPH Boil Water standard operating procedures (SOP) walked through a commonly experienced scenario to identify response triggers, opportunities for efficient information sharing, and clarification on roles and responsibilities. Next steps for this series include a follow-up exercise to also include emergency management and water providers.
- d. EPR facilitated a workshop with LPHA and CDPHE EPR staff on Point of Dispensing forms and documentation. As recipients of the Cities Readiness Initiative (CRI) grant, LPHAs in the NCR, along with El Paso and Park County, are held to a rigorous standard for the receipt, storing, distribution, and dispensing of medical countermeasures during large scale incidents. This workshop allowed jurisdictions to identify documentation gaps, validate existing processes, and share best practices. ACPH is continuing to lead the way in streamlining efforts for regional coordination on medical countermeasures.
- e. Two of our EPR Specialists, Lindsay Brown and Serena Alvarado, were selected for positions on the governance board for Women of Emergency Management (WOEM). The organization established earlier this year by Lori Hodges, Emergency Manager for Larimer County, has already grown to include women representing a variety of disciplines from state and local jurisdictions around the country. The group is focusing on networking, support, mentorship, and leadership development for women and people who identify as women in a traditionally male dominated field.

D. Communicable Disease Epidemiology (CDE) Report

- a. *Pertussis*: Individual cases and outbreaks of pertussis have continued to increase in Colorado and Arapahoe County, especially among school-aged students. Seventy-one (71) cases and 2 outbreaks (both in school settings) have been reported in Arapahoe County so far this year. The CDE Program works closely with impacted families and facilities to recommend post-exposure prophylaxis antibiotics, provide disease control recommendations to reduce the

spread of illness, parent notification letters, education, and monitor trends to help stop transmission.

- b. *Influenza:* Outbreaks of influenza and influenza-like-illness (ILI) are increasing in Colorado and Arapahoe County for the season. Thirty-four (34) influenza or ILI outbreaks have been reported in Arapahoe County so far this year with 9 outbreaks reported in school settings since 11/1/2025. The CDE Program works closely with facilities to provide disease control recommendations, parent/resident notification letters, education, monitor trends to help stop transmission, and recommend vaccination as a safe and effective way of stopping disease spread or limiting illness severity.
- c. *Infant Botulism Outbreak and Formula Recall:* Botulism is a rare but serious intoxication that causes a neuroparalytic illness. Five main forms for botulism can occur: foodborne, infant, wound, adult intestinal toxemia, and iatrogenic botulism. Infant botulism is the most commonly reported form of botulism and affects children less than one year of age (usually less than 6 months of age). Infant botulism occurs when ingested *Clostridium botulinum* spores germinate in the intestine and provide toxin. Illness in infants ranges from mild with gradual onset to rapidly progressive resulting in sudden death. Symptoms seen in infants can include constipation, loss of appetite, weak suck, decreased movement, loss of facial expression, weakness, an altered cry, and a loss of neck control. Affected infants are often described as being “floppy”. Honey, honey-containing homeopathic teething products, and soil exposure (often from nearby construction) are common risk factors for infant botulism. Human botulism immune globulin (BabyBIG) is available to treat infant botulism and should be initiated as soon as botulism is suspected. An average of 2.5 cases are reported annually in Colorado (range 0-4 cases). Two (2) infant botulism cases were reported in Arapahoe County in 2024.

A multistate outbreak of infant botulism linked to ByHeart powdered infant formula was identified in the United States. As of 12/2/2025, 37 cases are identified in 17 states. All infants consumed ByHeart formula, were hospitalized, and treated with BabyBIG. No deaths are reported. There are not yet any cases reported in Colorado. However, this formula was available for purchase in Colorado and online. Additional cases will likely continue to occur despite a national recall of all ByHeart formula on 11/11/2025, given the long incubation period of infant botulism (up to several weeks). In addition to the nationwide recall, several communications were shared statewide to spread awareness of the recall and ongoing outbreak including:

- i. Health Alert Network (HAN) issued to medical providers on 11/14/2025,
- ii. LPHA communicable disease, EH childcare inspectors, and EH consumer protection inspectors requested to evaluate whether or not the recalled product is in the facility during routine inspections and share education and awareness of the recall and symptoms of infant botulism,
- iii. Child Care Health Consultants messaging,
- iv. Rocky Mountain Poison and Drug Safety messaging.

The CDE Program investigates all cases of botulism to recommend treatment, identify potential sources of exposure, and provide education to prevent future illness. The CDE Program continues to monitor for cases associated with this outbreak.

- d. *Marburg Virus Disease*: Marburg Virus Disease (MVD) is a rare but highly fatal viral hemorrhagic fever caused by infection with one of two zoonotic viruses, Marburg virus or Ravn virus. Both Marburg and Ravn virus are within the virus family *Filoviridae*, which also includes Ebola viruses. Marburg virus is spread through direct contact with broken skin or mucous membranes with the body fluids of someone who is sick with MVD, or who recently died from their infection. These body fluids include blood, urine, saliva, sweat, feces, vomit, breastmilk, amniotic fluid, or semen. People can also contract MVD if they have contact with an infected animal, needles, or with other objects or surfaces contaminated with the virus. Marburg virus is not spread through airborne transmission. Symptoms of MVD can include fever, headache, muscle/joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. There is currently no FDA-approved vaccine or treatment for MVD. In the absence of early diagnosis and supportive care, MVD has a high mortality rate of 20% to 90%, depending on the virus strain and level of case management for the patient. With early intensive supportive care and fluid replacement, mortality rates can be lower.

On 11/13/2025, the World Health Organization (WHO) reported an outbreak of MVD in Ethiopia. As of 11/30/2025, there are 12 confirmed cases, 8 deaths, and 122 suspected cases. The WHO deployed a multi-disciplinary team to the region to assist with the response efforts. Response measures include contact tracing, increased surveillance, enhanced infection prevention and control measures, and community education campaigns. On 11/17/2025, the U.S. CDC issued a Level 1 Travel Health Notice for MVD in Ethiopia.

There are no reported cases in the United States and the CDC has not currently issued traveler monitoring for travelers returning from Ethiopia. Should traveler monitoring be recommended, the ACPH CDE Program will utilize the Colorado Viral Hemorrhagic Response Plan along with our internal protocols to monitor asymptomatic travelers for 21-days should we receive a traveler in our jurisdiction. Our plans outline the guidance for travel monitoring of close contacts in Colorado and additional details on agency roles, communication, medical transport, and coordination should a suspect or confirmed case be identified in Arapahoe County.