

Public Health Director's Report
Prepared by: Jennifer Ludwig
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Dates Covered: October 11 – November 14, 2024

A. Executive Office

- a. Public Health Director provided public comments on October 15, 2024, on proposed rules concerning rabies vaccination in animals transferring to Colorado.
- b. Jennifer is serving on the Town of Bennett's Safety committee, which held it's first meeting on October 22. Bennett appreciates the support and additional attention we have been able to provide as a single county health department.
- c. The AuroraSAVE (Standing Against Violence Everyday) Governing Board met on October 23 and shared early program successes. Jennifer serves on the Board and has since followed up with new leadership to discuss expanded partnership opportunities, especially related to the Community Health Improvement Plan priorities.
- d. Commissioner Warren-Gully arranged a meeting with Public Health and Colorado Access to begin discussions about how we can partner. Follow up conversations will be scheduled for December or January.
- e. Penny Grande, Deputy Director, has appointed a Project Manager for the 2025 moves and planning continues.
- f. A Safety and Security Coordinator has been hired and will be housed out of the Altura office, serving all of Public Health. The position will report to Penny.
- g. Penny, along with Jessica Gomez, has made many safety improvements to Altura including more lighting in the parking lot, mirrors in the parking lot to expose blind spots, a peephole in the side door, and employee only parking close to the building.

B. Equity and Engagement

Upcoming Events and Opportunities

- 1) A few of the events we look forward to participating in include
 - Homeless Shelter Medical Camp SSSIO 11/23
 - Soccer with Santa Sheridan Rising Together for Equity 12/6
 - Visit the Village Arapahoe County 12/7
 - Lavished with Love Iron Sharp Foundation 12/14

C. Program Updates

Partnerships, Planning and Community Health Promotion

- 1) Please reach out to [Grace Soulen](#) or visit our [Community Engagement Event Request Form](#) to suggest upcoming outreach opportunities. To continue increasing pathways for creating language equity, ACPH staff now have an additional vendor option for accessing translation services. This service change is designed to enable a faster turnaround and an increase in translation project requests.
- 2) Congratulations to members of the Community Health Promotion Team, who were selected through a competitive application process to participate in the national Substance Use and Overdose Community Response Learning Community through the Council of State Governments Justice Center. They will join other community programs across the country focused on using public health and community-centered approaches to substance use and overdose response.

- 3) PPCHP's Community Health Promotion Team along with the Community Health Nursing Division's Harm Reduction Team submitted an application for funding to CDPHE's Harm Reduction Grant Fund, established through Senate Bill 19-008, funding local communities to rethink and expand opportunities to address drug use-associated harms through evidence-informed harm reduction approaches, rather than through the criminal legal system. Six organizations will receive 5-year grants to begin July 1, 2025, with a maximum annual award of \$300,000. If selected, the project would build county capacity to bring lived and living experience into programs and services and create a Peer Support Specialist position to work with ACPH's Harm Reduction Team on delivering services through the lens of lived and living experience and support health educators with outreach.

Nutrition Division

- 1) WIC Authorized Grocery Stores Updates

In 2024, the WIC Local Agency Retailer Coordinators monitored 17 of the 47 authorized WIC grocery stores in Arapahoe County, meeting the requirement to review one-third of county stores annually. These visits strengthen relationships between Arapahoe County WIC and local stores, providing a chance to address questions and review essential policies for accepting WIC benefits. Additionally in October, Ahorra Mucho, a new grocery store across from the Altura Plaza WIC office and located inside La Plaza Colorado, was oriented and authorized to accept the eWIC card, expanding food access in East Aurora. The store manager was very pleased to be authorized to accept WIC benefits and to join the WIC Program in serving residents in the area. Arapahoe County WIC authorized grocery store sales from January through October 2024, totaled \$2,691,405.58.

- 2) Vitamin Angels Grant Received

In an effort to ensure that uninsured, underinsured, and Medicaid eligible clients of childbearing age (15-44) who are pregnant, postpartum, breastfeeding, or capable of and desiring to achieve pregnancy receive essential prenatal vitamins to promote perinatal health and fetal development, the Community Health Nursing and Nutrition Division partnered together to apply for prenatal vitamins through Vitamin Angels. Vitamin Angels is a public health nonprofit working to improve nutrition for pregnant women, infants and young children. We were awarded the grant, which allows us to distribute prenatal vitamins to anyone who is of childbearing age, regardless of whether they are currently pregnant. Any of the programs within Community Health Nursing and Nutrition may distribute the prenatal vitamins to clients, but the primary focus will be in WIC (Women, Infant, Children), Sexual Health, Harm Reduction, and the home visiting programs (Nurse Family Partnership and Nurse Liaison Program).

Community Health Nursing Division

- 1) Maternal and Child Health Program

MCH staff have been working to determine feasibility for implementing a new program called Family Connects. Family Connects is an evidence-based universal home visitation model designed to reduce the stigma associated with targeted programs for specific populations; increase trust and navigation of the health care system; and ensure families are referred to appropriate community resources by providing nurse home visits to all families with newborns post-discharge from their birthing hospital.

We anticipate new funding through the Title V Maternal and Child Health Block Grant and Illuminate Colorado will be secured in 2025 to cover initial costs, and we are looking to secure additional funding from the Colorado Department of Education through the Public Health Institute at Denver Health and the Colorado Access Community Giving Program, as well as additional funding sources that will help support the FTE needed to provide the home visits.

2) Nurse Family Partnership

- a. Modified the program structure to maintain fidelity to the NFP model as implemented through Invest in Kids and the National Service Office by supporting the current nurse manager in assuming supervision role in addition to the nurse manager role. In this, she assumed responsibility for supervising four additional PHN's, and the Director of Community Health Nursing assumed the NFP Administrator role for the program. This modification was successfully completed while maintaining employee satisfaction within the program.
- b. The program provides NFP home visits in Arapahoe and Douglas Counties and is currently finalizing plans for program expansion into Elbert County.
- c. Program and division leadership are working on a proposal to Invest in Kids and the National Service Office to reallocate an existing business support position to an in-person interpretation role who will go on home visits with the nurse home visitors. If approved, this position will provide in-person interpretation support to home visitors and clients during scheduled home visits.

3) Immunizations

- a. The program administered 1,327 vaccines in October.
- b. Six mobile clinics were conducted. Locations included:
 - i. Whispering Pines Apartment complex adjacent to the Altura Plaza building
 - ii. Arapahoe County Detention Center
 - iii. A clinic specific for the Arapahoe County Election Judges
- c. Hiring is in process for two key leadership positions: Immunizations Nurse Manager and Immunizations Nurse Supervisor (Call Center).
- d. The program began participating in a quality improvement project with KITS-rBCT (the Kindergarten Immunization Training and Engagement Project). This project is a collaboration with the Colorado Immunization and Information System (CIIS) at CDPHE and University of Colorado Anschutz Medical Campus to help improve vaccination rates. We will take a clinic role and will be working on QI projects with them related to communications to our families as well as participation in focus groups with families of kindergartners.

4) Sexual Health

- a. The program model has been modified to better meet the needs of the community, increase clinic efficiency, meet grant deliverables while addressing a budget shortfall, and expand community-based services. This was accomplished in a tiered approach, implementing small changes to gain small wins throughout the year, culminating into a full implementation in November. This resulted in the loss of two employees and an overall decrease in FTE, but a cost savings to the program of just under \$182,000.
- b. Hiring is in process for two key leadership positions: Nurse Practitioner Clinical Advisor is being actively recruited, and we just hired a Nurse Supervisor for the Englewood Clinic and to lead outreach activities. She will start at the end of November.
- c. We have been in discussions with the Arapahoe County Detention Center about offering STI testing services on a weekly basis, ideally beginning in January 2025. CDPHE funding will

support a large portion of the implementation expenses of this project. Similar programs have already been implemented in Pueblo, Jefferson, and El Paso counties, and we will utilize their best practices to guide implementation of this program.

5) Harm Reduction

- a. The program has started to provide Harm Reduction education session at the Arapahoe County Detention Center once per month while we determine next steps in providing STI testing/treatment moving forward.

Health Protection and Response

1) Division Administration

Michele Askenazi is participating in the Centers for Disease Control and Prevention’s (CDC) [Board of Scientific Counselors](#) for the CDC Office of Readiness and Response meeting November 20-21. She serves as the NACCHO Liaison Member to this Board to represent local public health. The Board of Scientific Counselors (BSC) is an advisory committee chartered under the Federal Advisory Committee Act. The Board provides advice and recommends strategies and goals for readiness and response activities pertaining to programs and research within the agency and the ORR divisions and monitors the overall strategic direction and focus of the ORR divisions and offices.

2) Emergency Preparedness and Response Program

- a. The EPR Program is facilitating additional community engagement opportunities as a follow up to the community engagement event at the Whispering Pines Complex last month and to potentially hold events at the Edge at Lowry in the coming months. Because this is a more complex and urgent need for routine public health work, but not an incident, EPR is supporting the organization of these efforts and maintaining situational awareness but not leading a response. This is being used to establish a foundation for these types of efforts for the future. ACPH is coordinating these ongoing efforts with Human Services, Community Resources, and STRIDE for these efforts.
- b. On October 30, 2024, EPR Program staff served as evaluators for a pediatric medical surge full scale exercise at AdventHealth Littleton. Actors portraying victims of a bus accident were transported to the emergency department, triaged, and moved through the hospital to receive urgent medical attention. The exercise tested the hospital command center, the ability to hold and reunify pediatric patients with loved ones, and communication between different hospital departments. The hospital did a fantastic job with a complicated scenario, and we were happy to partner in supporting the exercise as evaluators and learn more about hospital operations during an incident.
- c. The EPR Program convened cross departmental partners in Public Health along with County Office of Emergency Management staff to begin planning for Administrative and Financial Preparedness. This first of at least two workshops is being used to walk through internal departmental and county finance, procurement, and staffing processes during routine operations and clarifying how these may be adjusted during incident response to ensure operations are maintained to protect life and preserve property during disasters.

D. Communicable Disease Report

- a. E. coli O157 Outbreak Associated with McDonalds
 - i. The Colorado Department of Public Health and Environment (CDPHE), the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug

Administration (FDA), and local public health agencies (LPHAs) are currently investigating a multistate outbreak of O157 Shiga toxin-producing *E. coli* (STEC) associated with McDonalds.

- ii. There are over a hundred different serotypes belonging to the group of gram-negative bacteria *E. coli*, which the majority cause no human illness. The STEC serogroup most commonly identified and associated with severe illness and hospitalization in the United States is *E. coli* O157. STEC is transmitted via the fecal-oral route through ingesting food or water that is contaminated with human or animal feces containing the bacteria. Transmission may also occur from person-to-person and from contact with infected animals or the environments they live in. STEC infection has also been associated with consumption of contaminated ground beef, unpasteurized juice and cider, unpasteurized milk and other dairy products, raw fruits and vegetables, uncooked flour and dried meats. Individuals with STEC can have a wide variety of symptoms or may be asymptomatic. Symptoms can include non-bloody or bloody diarrhea, abdominal cramps (often severe), nausea and vomiting. Most people recover within 5 to 7 days. *E. coli* O157 infection in young children may lead to potentially life-threatening complications such as hemolytic uremic syndrome (HUS) in up to 20% of cases.
- iii. With the current outbreak, epidemiologic and traceback information show that fresh, sliced onions served on the McDonald's Quarter Pounder hamburgers are the likely source of illness. On 10/22/24, the CDC released a public web notification about this outbreak. This posting can be found at this [link](#) and continues to be updated as new information is available. As of 10/30/24, 90 cases have been identified across 13 states. There have been 27 hospitalizations and 1 death. There has been one case identified in Arapahoe County as of the writing of this report. McDonald's pulled fresh, sliced onions and fresh quarter pound beef patties while a specific food ingredient was being determined as the source of illness. Taylor Farms, the supplier of sliced onions to the affected McDonald's locations, also recalled onions. Taylor Farms directly contacted other food service businesses, such as restaurants, and it is not likely that the recalled onions went to grocery stores or directly to consumers. Based on the actions from both companies, CDC believes the current risk to the public is very low.
- iv. If members of the public are concerned that they or family members may have become ill after dining at McDonald's, here are the steps they should take:
 1. If they are still experiencing diarrhea, stay home from school, work, and childcare.
 2. Seek testing from a health care provider, specifically a stand-alone test or GI panel that tests for Shiga toxin-producing *E. coli* (STEC). *Note: Public Health is not able to cover costs associated with medical visits or testing.*
 3. Contact their local public health agency and ask to make a foodborne complaint with their environmental health program or other appropriate staff.
- v. The Arapahoe County Public Health Communicable Disease Epidemiology Program and the Environmental Health Consumer Protection Program continue to support

this outbreak investigation by conducting in-depth interviews with all STEC cases, answering questions, responding to public inquires related to this situation, and conducting routine inspections at retail food establishments. The CDPHE Department of Environmental Health and Sustainability (DEHS) continues to work with Colorado McDonald's locations to ensure compliance measures are in place and that sliced onions are removed from use. On [10/31/24](#), Arapahoe County Communications released information regarding this outbreak on social media to spread awareness and direct the public to call Arapahoe County Public Health and their health care provider to report illness.

b. Rabies

- i. Rabies is regularly found in Colorado wildlife, especially skunks and bats. However, rabies virus can be transmitted among all mammals. Rabies season typically runs from May through October, but rabid animals are found throughout the entire year. As of 11/6/24, 58 animals have tested positive for rabies in Colorado compared to 51 positive animals in 2023. Of these 58 rabid animals, 56 were bats and 2 were domestic dogs. Arapahoe County had three rabies positive bats and 1 positive domestic dog so far this year compared to 1 positive bat in 2023.
- ii. The Arapahoe County Public Health Communicable Disease Epidemiology (CDE) Program conducts in-depth investigations for rabies to determine the need for testing and post-exposure prophylaxis (PEP) vaccine to prevent infection. When rabies PEP is recommended, CDE coordinates all vaccine doses and remains in close contact with the individual to ensure that the full series is completed. CDE has recommended rabies PEP for 72 Arapahoe County residents so far this year in response to a direct exposure to an animal that tested positive for rabies or a direct exposure with a rabies reservoir species or animal suspected of having rabies that could not be tested.
- iii. Colorado Rabies Data: [CDPHE Web Page](#)

c. West Nile Virus

- i. West Nile virus (WNV) season typically runs from May through October in Colorado. As of 11/6/24, 72 human cases have been reported in Colorado compared to 634 cases in 2023. Of these 72 cases, 24 were hospitalized, 38 people experienced neurologic symptoms, and 4 people have died. Arapahoe County has had 8 cases so far this season, compared to 56 cases in 2023.
- ii. This season our Environmental Health (EH) program staff conducted surveillance at 4 designated locations within the county to trap and test mosquitoes for WNV. Twenty-four samples were sent for testing, including one positive lab result. The Communicable Disease Epidemiology (CDE) Program continues to conduct in-depth investigations for WNV to determine case classification criteria, identify sources of infection as well as trends, and provide education about the illness and how to prevent illness. The CDE and EH Programs worked closely together to monitor positive pool locations and where individuals test positive to help aid in community and public education and outreach.
- iii. Colorado West Nile Data: [CDPHE Web Page](#)

d. Marburg Virus Disease

- i. 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 23% 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.
 - ii. As an update to the October Director’s Report, there have been 66 cases including 15 deaths (23% case fatality rate) in Rwanda. Majority of these cases have been among healthcare workers. There have been several cases unlinked to a known exposure, suggesting additional cases may have been undetected or unreported. No confirmed cases of MVD related to this outbreak have been reported in the United States or other countries outside of the Republic of Rwanda to date.
 - iii. While no cases have been reported in the United States, the CDC issued traveler monitoring for travelers returning from Rwanda. The ACPH Communicable Disease Epidemiology (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. These 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.
- e. New World Screwworm
- i. New World screwworm (NWS) infestation is a type of myiasis that occurs when NWS fly larvae (*Cochliomyia hominivorax*) infest the living flesh of warm-blooded animals—most commonly livestock and less commonly birds, pets, and humans. The screwworm flies are attracted to and lay their eggs on and in open wounds and mucous membranes. The name screwworm refers to the feeding behavior of the larvae (maggots) as they burrow (screw) into healthy tissue. NWS larvae cause extensive damage by tearing into the host's tissue with sharp mouth hooks. The wound can become larger and deeper as more larvae hatch and feed on living tissue. As a result, NWS can cause serious damage to the animal or person it infects. Bacterial superinfection can also occur because of the NWS infestation. People at higher risk include:
 - Those living in rural areas in regions or countries where NWS is endemic, and where livestock are raised.
 - People who frequently work with livestock.

- Anyone with open sores or wounds, including from a recent surgery, as the flies will lay eggs on open sores.
 - Vulnerable populations, including people who are immunocompromised, those at extremes of age, and people experiencing malnutrition.
- ii. NWS is endemic in the American tropics and subtropics which includes the countries of South America, Cuba, Haiti, and the Dominican Republic. However, there have been recent human and animal cases in Central American countries for the first time in many years where NWS was previously controlled. The USDA eradicated NWS from the U.S. in 1966 using sterile insect technique, a method where sterile flies are released into the wild. In addition to severe illness and infection in both humans and animals, NWS can have serious economic impact. During the 20th century, the presence of NWS cost the U.S. livestock industry more than \$100 million annually in livestock losses, trade embargoes, and eradication work.
 - iii. The Arapahoe County Public Health Communicable Disease Epidemiology Program remains up to date on the situation in Central America to monitor surveillance trends and public health response should a case be reported in Colorado and to monitor the reintroduction risk to the U.S.
- f. Pertussis
- i. Pertussis (Whooping Cough) is caused by the bacterium *Bordetella pertussis* which causes respiratory illness. Pertussis is transmitted person-to-person via the respiratory route through large aerosolized respiratory droplets or direct contact with secretions from the respiratory tract. Pertussis causes a long illness lasting 6 to weeks but can last up to 3 months. Pertussis is characterized into three distinct stages of illness (catarrhal stage, paroxysmal stage, and convalescent stage) with progressively worsening symptoms. Symptoms of pertussis include an onset of nasal congestion, runny nose, sore throat, mild dry cough which develops into coughing fits, high-pitched inspiratory whoop, vomiting, and apnea.
 - ii. Cases of pertussis in Colorado decreased from 2020 – 2022, averaging 126 cases each year statewide. However, there has been a statewide increase since fall 2023. As of 10/31/24, 632 cases of pertussis have been reported in Colorado this year. For comparison, the five-year pre-pandemic average (2015-2019) for each year in Colorado was 676 cases. CDPHE is expecting that statewide pertussis cases are returning to pre-pandemic levels. Cases in Arapahoe County are following a similar trend where cases were declining until 2022, with the lowest number of cases reported in 2021 (figure below). There have been 49 cases reported so far in 2024 compared to 37 cases reported in all of 2023.
 - iii. Arapahoe County Public Health continues to recommend the [pertussis vaccination series](#) as the most effective method to prevent serious infection. The Community health Nursing Immunization Program and the Communicable Disease Epidemiology Program worked with Arapahoe County Communications to develop preventive messaging to share on social media in response to the rise in cases ([Facebook](#)). The Communicable Disease Epidemiology Program conducts in-depth case investigations with pertussis cases to determine source of infection, monitor illness, identify public

events the individual may have attended while infectious, and recommend post-exposure prophylaxis antibiotics to close contacts to prevent infection.

