

# 2019

## ANNUAL REPORT

## MISSION STATEMENT

In support of Allen County and its municipalities, the Allen County Department of Health strives to promote the health, safety and well-being of all residents. With guidance from the Indiana State Department of Health and support from our many partnering agencies, we endeavor to have a model public health infrastructure that provides professional, responsive and cost-effective services to the community.

## VISION

To be a center of excellence for public health by preventing disease, promoting health, protecting the environment and preserving vital records in our community.

## LOCATIONS

### **Administrative Office & Vital Records**

200 E. Berry St. Suite 360  
Fort Wayne, IN 46802  
phone | 260.449.7561  
fax | 260.427.1391

### **Medical Annex**

4813 New Haven Ave.  
Fort Wayne, IN 46803  
phone | 260.449.7504  
fax | 260.449.3813

### **Vector Control**

2242 Carroll Road  
Fort Wayne, IN 46818  
phone | 260.449.7459  
fax | 260.449.7460

### **Specialty Services**

4817 New Haven Ave.  
Fort Wayne, IN 46803  
phone | 260.449.8440  
fax | 260.449.8310

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# MESSAGE FROM THE HEALTH COMMISSIONER



**Deborah McMahan, MD**  
Health Commissioner

This annual report is bittersweet. I am proud of the progressive responses by our staff and board to the ever-changing local public health landscape, but I am also a little sad this is my final annual report. It has been an amazing opportunity to be Health Commissioner for twenty years, working with a highly committed group of public health professionals and engaged group of citizens and community leaders even when resources were limited. The local health department, medical, social service and philanthropic community have addressed multiple infectious disease threats, increasing numbers of significant and costly chronic diseases, and a pervasive epidemic of despair and addiction all while Indiana ranks 47th in the country for public health funding.

Diseases like SARS, West Nile virus, H1N1 influenza pandemic, MERS and now COVID-19 have presented challenges to both public health and the private medical sector. Through strong collaboration and planning, most people never felt the impact even from a global pandemic. Developing an intentional approach and implementing a collective response to contagious diseases minimized the community impact and will continue to serve as a foundation for future issues.

The prescription opioid crisis, first identified as a public health threat in 2014, was fueled by a despair epidemic – an unfortunate result of physicians, government healthcare agencies and pharmaceutical companies trying to address chronic pain experienced by 100 million Americans. Relieving pain and restoring functionality to people increasingly disabled became a national agenda, but the solution became an issue in and of itself. Despite good intentions, the opioid epidemic was the genesis to one of the biggest threats to our social and economic prosperity. So many lives have been lost, leaving gaps in families and in the workplace. We were fortunate to have a wide-ranging group of medical, pharmacology and mental health professionals, law enforcement, the judiciary, social service providers, community mental health institutions and local philanthropic entities in Allen County unite to develop strategies to address the opioid crisis while minimizing the negative impact on families and the economy. This level of collaboration is essentially nonexistent in other communities, and Allen County is widely recognized throughout the state as a leader in addressing this issue.

It is important to remember all I just described happened at the same time babies are born, people die, septic systems are installed and citizens want to dine out without worrying about food safety. We could not begin to address emergent issues without our dedicated, well-trained staff to manage routine public health and safety concerns. Thanks to all our staff who have made a commitment to protecting the public's health, to stakeholders who invested into non-regulatory public health issues, and to our citizens who do their part so Allen County enjoys the health and prosperity it deserves.

# ALLEN COUNTY BY THE NUMBERS

## Allen County Health Rankings\*

	2014	2015	2016	2017	2018	2019
<b>Health Outcomes</b>	37	30	39	44	47	46
Length of Life	34	21	26	31	37	44
Quality of Life	47	52	52	56	51	52
<b>Health Factors</b>	37	44	44	53	37	43
Health Behaviors	54	52	46	59	32	45
Clinical Care	21	21	28	24	29	34
Social & Economic Factors	42	50	49	54	57	48
Physical Environment	10	19	55	82	37	68

Source: Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute

\*Rank of 92 counties in Indiana

## Department of Health By the Numbers

	2018	2019
Total Deaths	4,748	4,676
Total Births	7,210	7,394
STI Appointments	3,296	3,463
Active TB Cases	7	10
Children's Vaccinations	2,624	2,968
Adult Vaccinations	3,742	5,475
Food Permits Issued	2,159	2,346
Animal Bites	898	768
Lead Screenings	3,150	4,471
Mosquito Samples Tested	222	216
Phase I Environmental Records Requests	207	188
Public Records Requests	872	727
Media Requests	254	129

## Top Infectious Diseases in Allen County

	2018	2019
Hepatitis C, Chronic	374	318
Hepatitis B, Chronic	58	47
Hepatitis A	52	16
Campylobacteriosis	70	66
Salmonella	43	44
Giardiasis	34	26
Shiga-toxin Producing E. Coli	22	20
Influenza-Associated Deaths	32	5
Legionellosis	26	19

## MESSAGE FROM THE ADMINISTRATOR



**Mindy Waldron, BS, REHS, CFSP**  
Department Administrator

When I think back over all the 2019 activities, I'm reminded the world of public health is ever-changing – in many cases on a daily basis. A simple plane ride or a visit to the local grocery store sharing a pen with someone ill with an infectious disease could result in wide-spread community consequences and require quick responses from our staff to stop the spread of something concerning. Likewise, an issue never encountered before on an inspection can alter how we operate and can shape future regulations. So our staff must be adaptable, flexible, accepting of change, and possess the ability to think creatively to solve problems at all times.

We encounter so many cases where we are doing our jobs protecting the public's health and are met with resistance, push-back, and often a great deal of negativity. It is understandable, we've grown somewhat used to it, and we've developed tools for staff to utilize when they encounter it. However, we have to constantly thoughtfully balance our role as educators with our role as enforcers – which is often easier said than done as it is sometimes difficult to know when to flip that switch and how to do it respectfully. To do this effectively, our staff have to keep their heads up and their emotions in check, and they must stay focused on the positive reasons they do what they do. All of that said, I am overwhelmed with a feeling we are blessed with so many staff members who are passionate, dedicated, reliable, and in possession of such skill sets.

When I look back at everything we were able to accomplish in 2019, I'm certain we could not have otherwise achieved such success with all of our various projects, problems, and programs without our awesome staff who are focused on a 100 percent team effort. This was a year filled with significant challenges in the areas of infectious disease prevention and treatment, staffing level deficiencies despite unending duties and deadlines, and the implementation of new rules or new ways of doing things that involved extra time and effort.

I give a great deal of kudos to our staff, our elected officials, and our community partners for their support and commitment to working together to make Allen County a healthier place to live and do business. We will always endeavor to do our best in all that we do as a department. Our overall goal is to minimize the spread of disease, accurately maintain all records in our care, and meet the needs of the public with regard to issues related to public and environmental health.

On to 2020 everyone!

# MESSAGE FROM THE EXECUTIVE BOARD PRESIDENT



## **Executive Board of Health**

Patti Hays, Vice President  
**Dr. William Pond, President**  
Dr. Thomas Dykstra  
Debra Lambert  
Dr. James Cameron  
Mary Hess  
Ted Sobol

The Executive Board of the Allen County Health Department serves in an oversight and strategic decision-making capacity for Department services substantively impacting the citizens of our community. Appointed by the Allen County Commissioners, the members bring the strengths of diverse perspectives to the policy making process.

In this annual report we share our goals and accomplishments made possible by the many dedicated members of the Department; this also makes us appreciate the breadth of the activities, of which few in our community truly appreciate.

Core responsibilities include vital records, sexually transmitted and infectious diseases, immunizations, wastewater treatment, healthy homes initiatives, restaurant, lodging and tattoo inspections, as well as other programs benefitting the public good through research, community outreach and public services for health issues. The Department is involved in the support of many projects including Fetal Infant Mortality Review and Footprints, Healthier Moms and Babies, research and clinical internships, community health partnerships, legal and policy reviews, public health advocacy, the Opioid Task Force, neonatal abstinence, AIDS and Hepatitis C testing , and Needle Exchange Program with 98-99% exchange rate, far surpassing the initial goal of 80%.

Significant 2019 initiatives and concerns addressed were increases in Sexually Transmitted Illness, Acute Flaccid Myelitis, community vaccination outreach at the Charis House, Rescue Mission, Allen County Jail and Fort Wayne Fire Department, electronic nicotine delivery systems, CBD oil, medical language interpreters, mass casualty exercises and methamphetamine labs.

Health Commissioner Deborah McMahan, MD and Administrator, Mindy Waldron create an environment for excellence through their tireless, dynamic leadership while being fully supported by the County Commissioners and Executive Board. Recently joining the Board with a wealth of clinical experience are Dr. Thomas Dykstra and Dr. James Cameron, who replaced Dr. Todd Rumsey and Tim Pape who served so faithfully for many years.

If you have an interest to join us for a meeting, please stop by on the designated quarterly Monday evening at 5:45 pm with dates published at [allencountyhealth.com](http://allencountyhealth.com). Meetings are open to the public and are broadcast on public access television.

## CLINICAL SERVICES

**Director: Susie Cisney, RN**

- >STI Testing & Treatment
- >Refugee Health Services
- >Infectious Disease Testing & Treatment
- >Immunization Services

The Clinical Services division bases services provided on the evaluation, assessment, diagnosis and treatment of each client served through in-house and outreach services. The division recognizes the need and opportunity to serve individuals through a holistic approach supporting their health needs, and by extension, the health and well-being of the community.

The Infectious Disease Clinic expanded the Refugee Health Services program by adding refugee women's health services provided by our nurse practitioner. These services provide health screenings to a community population that had not had an opportunity for this type of healthcare prior to coming to the United States. Staff frequently found the extent of their diseases advanced due to the lack of preventative screening in their home country. Working with one of the division's certified medical interpreters, the clinical staff have overcome cultural barriers to provide cancer screenings and overall women's health education to 16 refugee women this past year.

This clinic also expanded smoking cessation efforts among the refugee population by utilizing our second certified medical interpreter as a smoking cessation educator/case manager, who works directly with clients to educate them on the health risks of tobacco and smokeless tobacco products. Following the educational appointment, treatment options are discussed with the physician provider and follow-up support with the client occurs, such as scheduling the client's "quit day", medication initiation education and progress reporting.



Clinical Services takes public health on the road in October with a two-day refugee health screening and flu vaccine outreach.

The division once again experienced a marked decrease in new refugees to Fort Wayne for resettlement in 2019, so Clinical Services looked for additional opportunities to serve the current refugee community. In October, 2019, the division launched a two-day, four community outreach program for refugee health screening and annual influenza immunizations. Staff screened 103 refugees for tuberculosis, diabetes and/or lead, and 94 received the annual flu shot as well.

The biggest effort for the Infectious Disease clinical staff in 2019 was the establishment of the Public Health Assessments of inmates through a partnership with the Allen County Jail (ACJ). Recognizing an uptick in communicable disease among this high-risk/at-risk population, the division formalized a screening process with jail command staff. Through this effort, jail personnel added specific and unique health screening questions provided by the Department of Health to their intake process, established a designated Public Health inmate housing location and assigned a Clinical Services nurse for daily rounding at the jail. This nurse completes further screening, lab testing and direction for care prior to an inmate being housed in the general population where the possibility of spreading an infectious disease would put others at risk. The division completed 103 Public Health assessment visits in 2019.

The Clinical Services staff also provided weekly outreach to the Allen County Jail, administering hepatitis A immunizations to inmates to proactively mitigate a large-scale outbreak ongoing since 2018. The efforts resulted in increased immunity to the population at the location through the administration of more than 750 HAV vaccines in 2019. Additionally, the ACJ STD weekly outreach increased process efficiencies and screenings from 302 served in 2018 to 482 served in 2019.

The Division values public health service provided through weekly outreach clinics in both the immunization and sexually transmitted disease areas and increased capabilities in 2019 by taking both into the community in order to better reach high-risk and vulnerable populations otherwise unable to receive our medical services. The STD off-site clinic in the central-city expanded staffing services and hours of operation, which removed barriers for certain clients unable to make appointments during prior on-site clinic hours. In partnership with the Positive Resource Connection (PRC), the Clinical Services division also provided lab services to clients of the PrEP program – another Department-supported, harm reduction program initiated by PRC to reduce the risk of HIV infections proactively – which ensured timely lab testing for the continuation of treatment regimens. Immunization efforts also continued through the bi-weekly outreach clinics at the Rescue Mission and Charis House, with 404 immunizations provided to 185 residents.

<b>Sexually Transmitted Disease (STD) Clinic</b>	<b>2018</b>	<b>2019</b>
STD Appointments Completed	3,296	3,463
No Show Appointments	1,027	1,148
No Show Appointment Rate	31%	25%
STD Appointments at Allen County Jail	302	482
<b>Sex of Client</b>	<b>2018</b>	<b>2019</b>
Male	59%	59%
Female	41%	41%
Unknown/Not reported	0%	0%
<b>Age Range of Client</b>	<b>2018</b>	<b>2019</b>
<15	1%	1%
15-19	12%	11%
20-24	25%	28%
25-29	23%	23%
30-34	13%	14%
35-44	15%	15%
>45	11%	9%
<b>Genital Wart Treatment</b>	<b>2018</b>	<b>2019</b>
Total Treatments	114	106

Staff also supported the Allen County Syringe Services Program (SSP) harm reduction efforts. In addition to the syringe exchange, staff services also included wound assessments and mid-level treatment; hepatitis and HIV screening; substance use disorder treatment facility assessments; hepatitis A and influenza immunizations; and health navigator services to expand access to medical insurance.

The Civil Surgeon immigrant services program remained a cost-effective and invaluable community service to Allen County residents seeking Green Cards. The immigrant and refugee clients served through this program receive federally required screening and examinations in order to complete their residency status change. Because of continuous changes in the U.S. Immigration program requirements, clinical staff and providers consistently reviewed and updated forms to ensure clients received timely screenings and the most up-to-date documentation.

Finally, on-site mental health services at the Medical Annex continue to support clients social, psychological and mental health issues like depression, anxiety, substance use disorder and post traumatic stress disorder (PTSD). The division completed 113 mental health appointments through partnerships with two local mental health agencies, which support these efforts by co-locating providers at the Medical Annex weekly.

Infectious Disease (ID) Clinic	2018	2019
ID Physician/NP Appointments Completed	487	511
ID Physician/NP No Show Appointments	159	201
No Show Appointment Rate	24%	28%
ID Nurse/MA Completed Appointments	993	*301
ID Nurse/MA No Show Appointments	236	119
No Show Appointment Rate	19%	28%
ID Phlebotomy Draws	86	*149
Directly Observed Therapy/Directly Observed Prophylactic Therapy Appointments in Clinic	357	292
Tuberculosis Skin Tests in Clinic	417	*186
ACJ Public Health Assessment Visits	N/A	**103
Immunization Services (IS) Clinic	2018	2019
Foreign Travel Appointments	364	351
Civil Surgeon Appointments	641	538
Anti-Malarial Appointments	87	35
Child Appointments	978	977
Adult Appointments	833	803
Child Immunizations Administered	2,624	2,968
Adult Immunizations Administered	3,742	***5,475
Hepatitis A Outreach Immunizations	1,196	907
Primary Refugees Screened	139	158
Secondary Refugees Screened	5	7
Cuban/Haitian Resettlement	0	0
Total Refugee/Asylees Screened	144	171

\*Mid-2019-Discontinued most TB skin testing due to national shortage of tuberculin;increased use of TSpot TB blood testing (TB skin tests consist of 2 appts.;overall appts declined due to change)

\*\*Public Health Assessments began mid- 2019 at Allen County Jail conducted by ID clinic nurse

\*\*\* Increased number of adult immunizations administered at STD clinic

## COMMUNICATIONS

**Director: Megan Hubartt, MPA**

- >Public Information & Media Relations
- >Crisis & Emergency Risk Communication
- >HIPAA Compliance

The Department's Communications division saw 2019 begin and end with active flu-like illness seasons and stayed busy nearly every month in between with other important emerging public health issues needing community awareness.

January started with a spike in the spread of respiratory syncytial virus (RSV), so the Department was proactive in joining with community partners from the major local health systems for a media event to educate the public on this lesser-known virus common in young children. The month also saw severe cold weather descend upon the community, which led to the shutdown of county offices for a day-and-a-half, and the fielding of questions from the media surrounding proper health and safety precautions for the public to take during extreme cold.



University of St. Francis nursing students rally for a tobacco tax increase at the Indiana Statehouse.

Carrying on the ramped up advocacy effort the Health Commissioner took on in 2018 to increase the Indiana cigarette tax, the Communications Director traveled to the Statehouse in February along with fellow members of the Tobacco Free Allen County coalition and local medical and nursing students to participate in a rally and lobbying effort to encourage local legislators to pass a tobacco tax increase. While the efforts did not result in legislative changes, the Department is continuing to work with the coalition and other agencies to better address the issue of tobacco use in the community – particularly with the continued increases in e-cigarette, or vaping, product use-associated lung injury (coined EVALI by the CDC), which reached outbreak proportions in late 2019.

A later-than-usual influenza season spike saw the Department take one last stab at encouraging folks to get the flu shot with a media event in the middle of the March and visitor restrictions at local healthcare facilities implemented just a few days later.

The division also worked for several months throughout the spring alongside the Health Commissioner, Super Shot leadership and other local practitioners to provide medically accurate information on immunizations to the public in response to some anti-vaccination messaging propagated through a local news story during a national measles outbreak. With the division's assistance, a newspaper editorial and op-ed on the subject were published in both local newspapers, an in-depth PBS Healthline episode featuring Super Shots leadership and a local pediatrician

providing medically accurate information on vaccines was broadcasted, and a new Department website landing page devoted to scientifically-vetted vaccine information and news was created.

With the arrival of summer, promotion for the annual National HIV Testing Day heated up, and the division completed new promotional materials, secured free radio spots on a few local stations to advertise the event, and garnered some news media previews stories. The division also coordinated several interviews on mosquito activity, the extreme summer heat, and worked in tandem with the City of Fort Wayne Public Works to address community concerns about increased rat complaints because of seasonal construction.

The Department continued to face emerging public health issues as 2019 came to a close, with a possible tuberculosis exposure at a local nail salon requiring proactive community awareness efforts to ensure clients were tested. Department staff worked to quickly gather information, establish testing dates and times, and coordinate with the Communications division to provide necessary information to the public through news releases, FAQs, and interviews with the media. The positive interactions and relatively accurate coverage by the local media as well as the 140 direct website page hits and more than 1,300 Facebook interactions on posts connected to the event were a testament to the Department's hard work and professionalism in providing quick response for the public even in harried times.



Dr. Deb McMahan and Dr. Scott Stienecker discuss the late flu season spike with media at a local pharmacy in March.

further stretched for staff and resources, the Communications division plans to work more effectively to increase internal activities through direct interactions like social media to continue raising awareness and providing accurate information on public health issues affecting the community.

The division responded to 129 media requests, coordinated 72 interviews, answered 79 after-hours calls and issued 17 news releases in 2019. Increased efforts to show the Department outreach and provide a glimpse of its day-to-day via social media has resulted in a 43 percent increase in Facebook followers and a sustained increase in activity on Instagram and Twitter. As the local media finds itself

# 2019

## BY THE NUMBERS

# 17

NEWS RELEASES

# 129

MEDIA REQUESTS

# 72

INTERVIEWS

# 727

PUBLIC RECORDS REQUESTS

# 43%

FACEBOOK FOLLOWERS

## COMMUNITY HEALTH & CASE MANAGEMENT SERVICES

**Director: Erika Pitcher, MPH**

- >Communicable Disease Reporting & Investigations
- >TB Case Management
- >Disease Prevention, Education & Outreach

No two days are ever the same in public health. The world is constantly evolving, and there are always threats, both old and new, on the horizon. While the Community Health & Case Management Services (CHCMS) division focused on some of the same issues in 2019 as in 2018, staff also saw a few new public health issues arise, such as national increases in tickborne diseases and antibiotic resistance, as well as a combination of diseases affecting a very specific group of people in our community. As with previous years, the division worked tirelessly to combat the issues facing Allen County residents today and prepared for what may come in the future.

Allen County saw an unprecedented number of hepatitis A cases in 2018. To put it into perspective, the county will typically confirm less than 5 cases each year, and the state confirms less than 20 cases. But in 2018, there were 52 cases confirmed locally and more than 950 cases statewide, which were linked to a national outbreak affecting people with the following risk factors: history of jail or incarceration, homelessness, drug use, men that have sex with men (MSM) and contacts to an active case. The entire Department put forth a valiant effort, got creative in vaccination efforts and as a result were able to vaccinate a large number of people in a short amount of time, which effectively

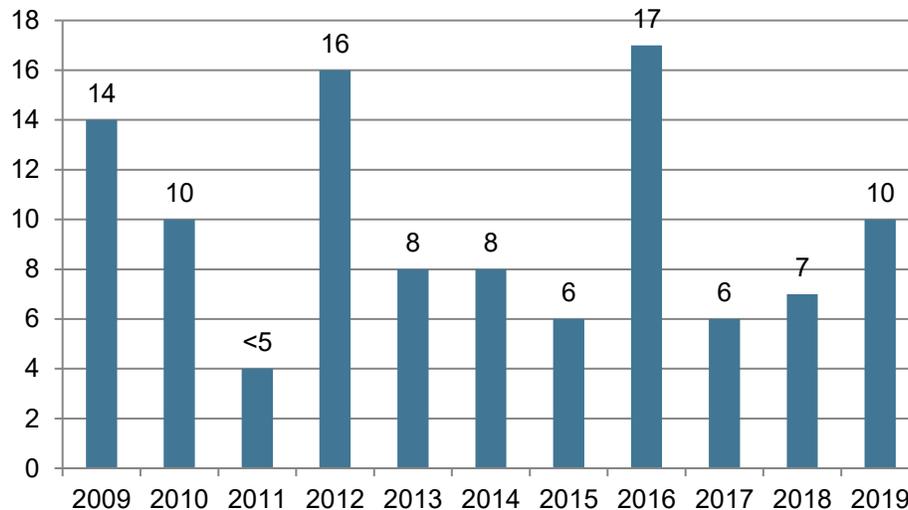
curbed local hepatitis A numbers from November 2018 to March 2019. The Department started to see a slight uptick in cases in March as a result of a small outbreak, but the division conducted thorough contact investigations and increased community outreach once again to limit the spread of the outbreak. Compared to the 52 cases confirmed in 2018, Allen County had only 16 confirmed cases in 2019. To date, Allen County has confirmed 62 outbreak-related cases while the state has reported over 2,300.



The CHCMS division conducting free tuberculosis tests for the homeless population in the mobile clinic this summer.

During the same time period as the hepatitis A outbreak, the division also had a few active tuberculosis cases affecting the same population. This posed a great challenge to the Department because the population affected was difficult to reach, and even more difficult to convince that their health should be a priority. We had to continue our “Public Health on the Move” approach and held several clinics in the community to offer free hepatitis A vaccines and TB testing. This challenge also prompted the division to start thinking about how to best

## Active TB Cases (2009-2019)

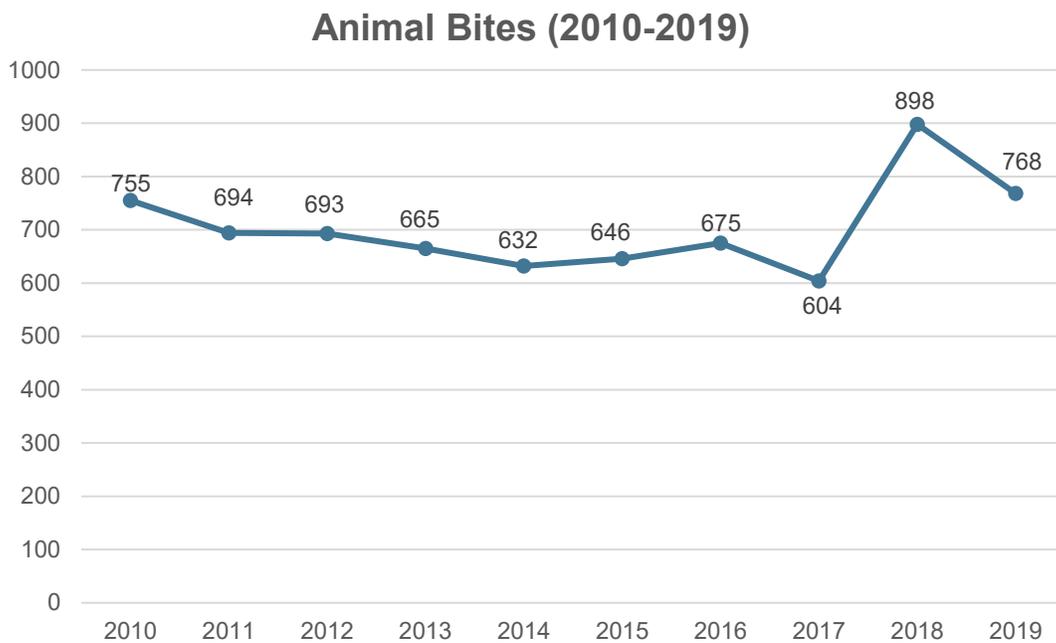


care for these patients while they completed treatment for 6-12 months. The division realized there needed to be a broader focus on the social determinants of health, since a person's "health" is so much more than physical. The division recognized the need to consider someone's employment status, housing situation, childhood experiences, spirituality, behaviors, social support, and access to qualified healthcare. It is very difficult to convince a person to prioritize treating an infectious disease if their primary focus is on where they are going to sleep that night or if they are dealing with an untreated mental illness. The division staff had to step outside of the box and focus on fulfilling several of these needs for patients so they could make TB treatment a priority, and so the Department could ensure not only the patient's well-being but also that the community was no longer at risk of being exposed.

In addition to major outreach efforts, the division worked to stay abreast of new, emerging public health threats. One threat the division is preparing for locally is *Candida auris*. *Candida auris* is an emerging pathogenic yeast that can cause an invasive infection, particularly among those with compromised immune systems. It has become a public health concern due to its potential for multi-drug resistance and its rapid appearance in many parts of the United States. In October 2019, the Indiana State Department of Health identified a patient infected with *Candida auris*, which was the third person identified with the infection in the state. While there has not been a local case, outbreaks of this organism have occurred in healthcare settings around the country. So the division began working with the local medical community to ensure they are prepared and plans are in place if a case is ever identified in Allen County. The division will be working over the next year on a community education plan to ensure Allen County residents understand what antibiotic resistance is and how it can affect their health and interactions at the doctor's office. Another national trend not yet affecting the local community is an uptick in tickborne diseases. In 2017, the Centers for Disease Control and Prevention (CDC) reported a record number of tickborne disease cases, which included increases in Lyme disease, anaplasmosis/ehrlichiosis, spotted fever rickettsiosis, babesiosis, tularemia, and

Powassan virus. The Department has not seen significant increases in the number of cases in Allen County in the last two years, but the division is preparing for it. It is important people remember the threat of tickborne diseases and take the necessary steps to protect themselves from tick bites, which includes: avoiding high grass and walking in the center or trails when hiking; using Environment Protection Agency (EPA)-registered insect repellents; treating clothes and gear with products containing permethrin; treating dogs for ticks; bathing or showering immediately after coming indoors and conducting a full-body tick-check; and putting clothes in the dryer on high heat for at least 10 minutes to kill ticks after coming indoors.

In summary, 2019 was a year of challenges for the CHCMS division, but not the usual infectious disease challenges. The division spent a lot of time and effort working very closely with patients assisting them in areas not usually the focus, going to atypical places and environments, and figuring out how to best serve clients to stop the spread of disease. The division has officially stepped out of the box to focus on the whole person in treatment and outreach efforts, which will continue into 2020, as will the staff's dedication to staying abreast of all of the emerging public health issues in our county, state, country and across the world.



Infectious Disease Reported in Allen County <sup>1</sup>		2019
<b>Animal Bites</b>		<b>768</b>
<b>Babesiosis</b>		<b>0</b>
<b>CP-CRE</b>		<b>11</b>
<b>Campylobacteriosis</b>		<b>66</b>
	<i>Confirmed</i>	30
	<i>Probable</i>	36
<b>Cryptococcus neoformans</b>		<b>&lt;5</b>
<b>Cryptosporidiosis</b>		<b>20</b>
	<i>Confirmed</i>	17
	<i>Probable</i>	3
<b>Cyclosporiasis</b>		<b>6</b>
<b>Dengue</b>		<b>&lt;5</b>
<b>Ehrlichiosis</b>		<b>0</b>
<b>Giardiasis</b>		<b>26</b>
	<i>Confirmed</i>	23
	<i>Unknown</i>	3
<b>Haemophilus influenzae, invasive</b>		<b>10</b>
<b>Hepatitis A, acute</b>		<b>16</b>
<b>Hepatitis B Virus</b>		<b>47</b>
	<i>Confirmed</i>	39
	<i>Probable</i>	8
<b>Hepatitis C Virus Infection, past or present</b>		<b>318</b>
	<i>Confirmed</i>	194
	<i>Probable</i>	63
	<i>Unknown</i>	61
<b>Histoplasmosis</b>		<b>7</b>
	<i>Confirmed</i>	6
	<i>Suspect</i>	1
<b>Influenza-Associated Death*</b>		<b>5</b>
<b>Latent Tuberculosis Infection</b>		<b>84</b>
	<i>Confirmed</i>	77
	<i>Suspect</i>	7
<b>Legionellosis</b>		<b>19</b>
	<i>Confirmed</i>	18
	<i>Unknown</i>	1
<b>Listeriosis</b>		<b>&lt;5</b>
<b>Lyme disease</b>		<b>&lt;5</b>

\*Influenza-associated deaths (but not individual cases) are reportable

Infectious Disease Reported in Allen County <sup>1</sup>		2019
<b>Malaria</b>		<b>&lt;5</b>
<b>Mumps</b>		<b>7</b>
	<i>Probable</i>	4
	<i>Suspect</i>	3
<b>Pertussis</b>		<b>18</b>
	<i>Confirmed</i>	13
	<i>Probable</i>	5
<b>Salmonellosis, excluding S. typhi and S. paratyphi</b>		<b>44</b>
	<i>Confirmed</i>	40
	<i>Probable</i>	4
<b>Severe Staph in a Previously Healthy Person</b>		<b>&lt;5</b>
<b>Shiga toxin-producing Escherichia coli (STEC)</b>		<b>20</b>
	<i>Confirmed</i>	3
	<i>Probable</i>	15
	<i>Suspect</i>	2
<b>Shigellosis</b>		<b>7</b>
	<i>Confirmed</i>	3
	<i>Probable</i>	4
<b>Strep pneumoniae, invasive</b>		<b>35</b>
<b>Streptococcal disease, invasive, Group A</b>		<b>17</b>
<b>Streptococcal toxic-shock syndrome</b>		<b>&lt;5</b>
<b>Tuberculosis</b>		<b>10</b>
<b>Varicella (Chickenpox)</b>		<b>14</b>
	<i>Confirmed</i>	1
	<i>Probable</i>	10
	<i>Unknown</i>	3
<b>Vibriosis (non-cholera Vibrio species infections)</b>		<b>&lt;5</b>
<b>West Nile (neuroinvasive)</b>		<b>0</b>
<b>Yersiniosis</b>		<b>6</b>
	<i>Confirmed</i>	2
	<i>Probable</i>	4

1- The Indiana State Department of Health switched to a new communicable disease reporting database on January 1, 2019. The reporting format of the new database (NBS) does not match the reporting format of the former database (INEDSS). NBS reports data in a more detailed view by case definition (confirmed, probable, suspect, unknown). For a list of these case definitions, please visit: <https://wwwn.cdc.gov/nndss/conditions/>. Please refer to the previous year's annual report data for historical information.

## FOOD & CONSUMER PROTECTION

**Director: Steve Schumm**

- >Retail Food Establishment Permits & Inspections
- >Tattoo & Body Piercing Permits & Inspections
- >Foodborne Illness Investigations & Consumer Safety

The Food & Consumer Protection Division ensured state and local regulatory standards were met by facilities by permitting and inspecting retail food establishments as well as tattoo and body piercing facilities in Allen County. The Food & Consumer Protection team focused on preventing foodborne illness, communicable disease and environmental conditions that could be harmful to health through education, consultation meetings, response to complaints, investigations and the enforcement of regulations.

The division issued more 2019 permits in nearly every single category than in 2018. As a result, there were more inspections conducted in nearly every category as well. The only categories with fewer permits issued were tattoo & body piercing artist/guest artist permits along with temporary tattoo facility and special event coordinator permits. The decrease in the tattoo permits were because there was no national tattoo convention in 2019 like in previous years. The only other categories with fewer activities than the previous year were preliminary inspections and closures. That was likely a result of extra work done on the front end of a project with consultation meetings and an increase in the number of plan reviews for new construction/remodel of retail food establishments.

Tattoo & Body Piercing Permits Issued	2018	2019
Tattoo & Body Piercing Facility	35	55
Tattoo & Body Piercing Artist	202	154
Temporary Tattoo Facility	54	0
Guest Tattoo Artist	129	16
Special Event Coordinator	1	0

Tattoo & Body Piercing Inspections	2018	2019
Inspections (Routine, Follow-up & Temporary)	113	108
Complaints	7	3
Preliminary/Opening	30	33

A transfer of regulatory jurisdiction for retail food establishments located within accredited Indiana hospitals became effective January 1, 2019. Hospitals were previously regulated by the Indiana State Department of Health Acute Care Division before being regulated by local health departments. Allen County issued ten Annual Food Service permits (including for-profit vendors inside these facilities) for the six area accredited hospitals, which resulted in 41 total inspections (preliminary, opening, routine, reportable disease, and misc. investigations) and three plan reviews. While the beginning stages of this regulatory shift were problematic at the state and local level, the inspection process engaged in Allen County led to a smooth and cooperative endeavor with few complications.

The division issued 42 Annual Food Market permits and conducted 84 total inspections for the approval of new micro markets. Micro Markets are an emerging market concept being advanced by the food vending industry where consumers can open coolers and select a variety of products without using a traditional vending mechanism. Customers take selected products to an automatic pay kiosk and then leave or consume the product on site. Common vending machines may or may not be present in addition to items which are freely accessed by customers. Free-standing beverage dispensing machines and other such pieces of equipment are also periodically included in these new set-ups. Micro markets are essentially an unstaffed, self-checkout retail food establishment and must meet the same standards as any other market or food facility.

The Food & Consumer Protection division continues to focus efforts on enforcement procedures when appropriate to ensure the team does their best to protect the health of the public and prevent foodborne illness outbreaks. There were 271 more follow-up inspections than in 2018, which means proactive efforts were undertaken to check back on problematic food establishments and ensure corrections for safety were being conducted. There were also five meetings with retail food establishment operators to discuss critical violations found during follow-up inspections. Additionally, four administrative hearings held with operators of food establishments and tattoo/body piercing facilities in 2018 was reduced to zero administrative hearings in 2019, which was attributed to the stair-stepped enforcement process where staff assist establishments through their compliance issues with ramped up inspection and follow-up measures.

<b>Food Permits Issued</b>	<b>2018</b>	<b>2019</b>
Food Service Establishments	1,132	1,173
Food Market Establishments	424	489
Mobile Food Units	90	108
Temporary Food Establishments	453	511
Annual Off-Site & Farmers Markets	49	54
Food Venue Establishments	2	2
Vending Machine	9	9

The Food & Consumer Protection division participated in the Indiana State Department of Health Food Protection Program spring trainings in March, April and May 2019. The team learned about farmer's markets, food transported in hot trucks, how to investigate truck wrecks carrying food products, and how to better conduct inspections of food booths and trailers at temporary fair and festival events. In addition, all Food & Consumer Protection team members are certified in the Serv Safe Food Protection Manager Certification program. The division continues to collaborate with the Allen County Purdue Extension Office to teach the Serv Safe Certification Course to the public as well.

The division has the continued goal of focusing on education related to one of the five major risk factors contributing to foodborne illness. The focus for 2020 will be on proper cleaning and sanitizing food contact surfaces of food service equipment. This was the most common critical violation cited by the Food Division in 2019 as contaminated equipment was found not to be cleaned effectively or at a frequency required by law. Operators will be educated on how and when to clean and sanitize surfaces that have been in contact with food to avoid the potential of foodborne illness. Operators will also be re-educated on how to wash items appropriately in the dishwasher or three-compartment sink and store them properly to avoid re-contamination.

<b>Food Inspections Conducted</b>	<b>2018</b>	<b>2019</b>
Food Service (Fixed & Mobile)	1,763	2,290
Food Market (Fixed & Mobile)	569	758
Temporary Food Establishments	698	893
Follow-up Inspections	485	756
Recalls Phone/Email	98	114
Recall Inspections	0	0
Consumer Complaints	620	660
Preliminary Inspections	344	260
Opening Inspections	265	310
Plan Reviews Conducted	167	226
Closures	10	9
Administrative Hearings	4	0
Food Establishment Trainings	2	5
Investigations (fire, overturned trucks, foodborne illness investigations, reportable disease investigations)	357	500
Railroad Camp Car Inspections	3	4

## HIV/STD PREVENTION

**Director: Kathy Thornson**

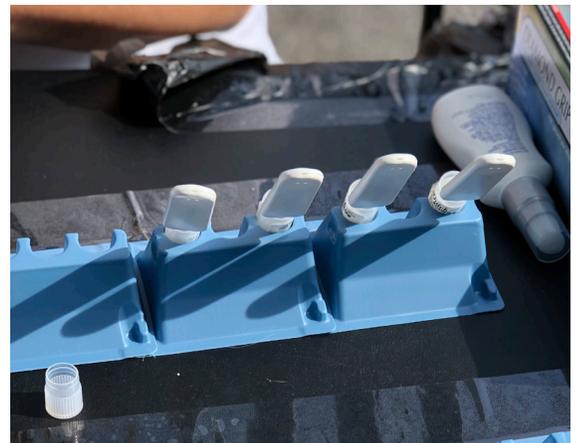
>STD Surveillance & Intervention

>Partner Screening & Notification

>STD Prevention, Education & Outreach

With the escalating number of sexually transmitted disease (STD) cases nationally and locally in 2019, the HIV/STD Prevention division was excited to add a public health nurse/disease intervention specialist (PHN/DIS) position. This allowed the division to open up the opportunity of greater access to services for a number of high-risk individuals. Adding the new position and concurrently moving along plans for the mobile unit from dream to implementation throughout 2019 were ongoing efforts. Collaboration of multiple divisions and leadership made these two new projects a reality. The DIS had many successful accomplishments in 2019, not the least of which was their excellent patient intervention efforts of seeing a record number of cases in 2019. There were a total of 3,889 STD cases reported this year. The PHN/DIS position is an incredible new tool for our HIV/STD prevention team's toolkit, reducing obstacles for many people by expanding field tests and treatments, making mobile services available to students prior to school, and expanding outreach hours. The division expanded hours for the Outreach STD Clinic at Positive Resource Connection (PRC) in December, with the new PHN/DIS position staffing the clinic as a solo assignment. This clinic is off to a great start with the expanded hours of 1-5 p.m. every Wednesdays and an average 10 clients per clinic thanks to the support of the Positive Resource Connection.

As data shows, STD cases continue to climb. There was a spike in the early syphilis cases in 2019, which is being closely monitored in 2020. Syphilis if left untreated can cause serious, life-threatening complications ranging from permanent organ damage to death. The majority of syphilis cases and contacts were gay men. If these cases were not found to be co-infected with HIV at the time of diagnosis, the division made active referrals to the PRC HIV Pre-exposure Prophylaxis (PrEP) clinic in hopes of reducing HIV cases. PrEP, when taken properly, has been very effective in keeping individuals with high risk behaviors HIV negative. STDs are associated with a higher risk of acquiring HIV infection and the disease intervention specialists (DIS) play a vital role in identifying individuals who can benefit from HIV prevention services such as testing, treatment as prevention, PrEP and HIV Post-exposure Prophylaxis (PEP). Clinic staff, DIS and the Special Populations Outreach program completed 2,695 HIV tests, with a positivity rate of 0.19, identifying five newly diagnosed HIV-positive individuals in 2019. The Special Populations Outreach program tested 117 intravenous drug users and promoted the Syringe Services Program (SSP) clinic on Tuesday. Two of the new HIV positive individuals were identified during DIS follow-up with individuals named as syphilis contacts. The Special Populations Outreach program also completed 252 rapid Hepatitis C tests yielding 22 positive results (8.7% positivity).



Rapid HIV tests waiting for results during the annual National HIV Testing Day outreach at Walgreens on Creighton Ave in June.

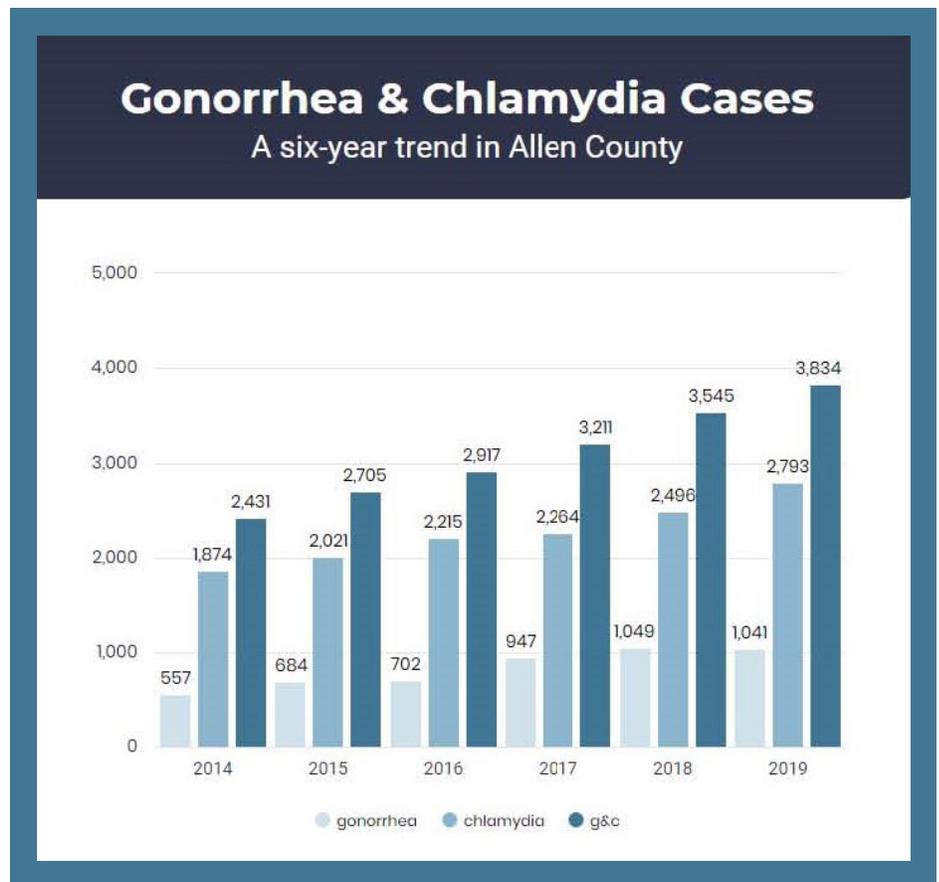


HIV/STD Prevention staff pause for a photo before kicking off the annual National HIV Testing Day outreach in June.

The division plans to open a minimum of two Adolescent STD Mobile Outreach sites in 2020 and also plans to assess the possibility of implementing Expedited Partner Therapy (EPT) in clinics to reach a wider population of potentially exposed individuals. The division is also working on numerous new efforts to turn the tide on increasing STDs, which will include state and local health departments, policy makers, private providers and community members.

The division was excited to learn its 2020 HIV Prevention funding proposals for the Syringe Services Program and Choosing Life Empowerment Action Results (CLEAR) were approved in 2019 and funded for the full amount requested from ISDH. CLEAR provided over 450 counseling hours to high risk individuals and the SSP had 2,382 client visits, maintaining a one-to-one needle exchange rate of 98 percent in 2019. The Department is anxious to continue providing these much-needed services in our community in 2020.

Staff worked diligently this year to become proficient in the new STD state database released in January, called National Based System for Electronic Disease Surveillance (NBS) while a training plan for the new PHN/DIS position in our division was created. And the division collaborated with Fort Wayne Medical Education residents and Anthis Career Academy students to review YouTube videos with STD prevention messages. Students provided feedback on which prevention videos they felt best reached their age group. The top



## Six Year Comparison of STD Morbidity: 2014-2019

YEAR	Gonorrhea	Chlamydia	Early Syphilis	Late Latent Syphilis	HIV	Total cases reported	NOTES: % change of all reported cases from previous year (YTD)
2014	557	1,874	15	10	21	2,477	
2015	684	2,021	17	21	23	2,766	+12%
2016	702	2,215	7	15	28	2,967	+7.3%
2017	947	2,264	13	11	24	3,259	+9.9%
2018	1,049	2,496	10	11	29	3,595	+10.3%
2019	1,041	2,793	24	10	21	3,889	+8.2%

\*Provisional data from ISDH. ISDH data must suppress numbers <5.

## Allen County HIV/STD Cases & Rates (per 100,000 population)

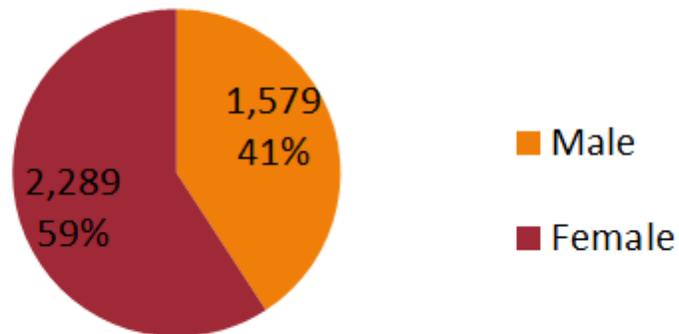
DISEASE	2014	2015	2016	2017	2018	2019
<b>Chlamydia</b>	<b>1,874</b>	<b>2,021</b>	<b>2,215</b>	<b>2,264</b>	<b>2,496</b>	<b>2,793</b>
<i>Allen County Rate.</i>	512	552	605	611	674	754
<i>State Rate</i>	xx	438	xx	514	xx	xx
<i>National Rate</i>	xx	456	xx	529	xx	xx
<b>Gonorrhea</b>	<b>557</b>	<b>684</b>	<b>702</b>	<b>947</b>	<b>1,049</b>	<b>1,041</b>
<i>Allen County Rate</i>	152	187	192	256	283	281
<i>State Rate</i>	xx	119	xx	178	xx	xx
<i>National Rate</i>	xx	111	xx	172	xx	xx
<b>Early Syphilis (P&amp;S&amp;EL)</b>	<b>15</b>	<b>17</b>	<b>7</b>	<b>13</b>	<b>10</b>	<b>24</b>
<i>Allen County Rate</i>	4.1	4.6	1.4	3.5	2.7	6.5
<i>State Rate in 2017(P&amp;S)</i>	xx	xx	xx	4.8	xx	xx
		2014 P&S only=1.4 2015 P&S only=2.5 2016 P&S only=1.4 2017 P&S only=1.1 2018 P&S only=1.1 2019 P&S only=2.4				
<i>National Rate in 2017 (P&amp;S only)</i>	xx	6.3	xx	9.5	xx	xx
<b>HIV</b>	<b>21</b>	<b>23</b>	<b>28</b>	<b>24</b>	<b>29</b>	<b>21</b>
<i>Allen County Rate</i>	5.7	6.3	7.7	6.5	7.8	5.7

\*2014, 2015, 2016 rates based on the 2014 Allen County Census data (365,918). 2017, 2018 and 2019 rates based on the 2016 Allen County Estimated Census data (370,404).

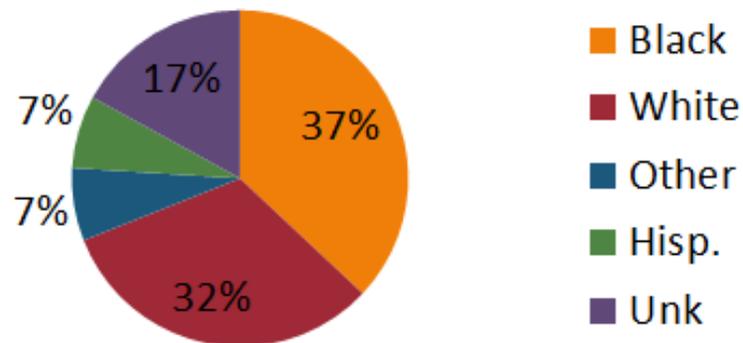
\*\* Provisional Data from ISDH. ISDH data must suppress case numbers <5. 1/14/2020

## 2019 STD Gender, Race & Age Group Breakdown, n=3,868 Gonorrhea, Chlamydia & All Syphilis Cases

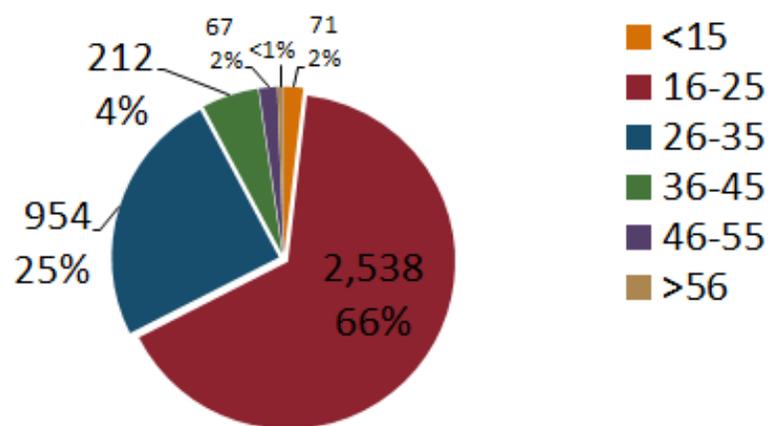
### Number & Percentage of STD Cases



### Percentage of STD Cases by Race



### Number & Percentage of STD Cases by Age Group



## INFORMATICS

**Director: Jana Sanders, M.En**  
>Health Data & Surveillance  
>Geographic Information Systems  
>Technology Support

The Informatics division provides two essential functions for the Department: information technology (IT) and public health research. The division is responsible for all the Department's IT needs, ensuring good stewardship of resources to provide efficient technology for all staff. This not only includes equipment but also the multiple databases used by the Department. The division is also responsible for mentoring and research opportunities to young healthcare and public health professionals. Volunteers Ruth Marburger and Jane Lengacher along with interns Mallory Bivens and Angel Jones and extern Madria Carter were all instrumental to the Informatics division assisting with various data projects throughout 2019.

The year proved to be a busy one for the Informatics division. In addition to re-credentialing with Medicare and Medicaid, the division spent much of the year researching and ordering field equipment for inspectors and medical staff. In 2019, the Informatics Director became an iMap Board Member, helping guide the direction of Allen County Geographic Information System (GIS). The Informatics division also completed some large projects: one focused on the restructuring the Department of Health's main phone line to allow members of the public more direct contact with the specific division they are trying to contact. Another was a networked printer project sponsored by Allen County Information Technology, which reorganized all network printers by user group so only printers in proximity of users are seen.

The Informatics division grew with the creation of the Information System and Special Projects Coordinator position in June 2019. In the short six months of its existence, numerous projects have been undertaken and completed. A few of the position's accomplishments include a very large reorganization and consolidation project of four different areas, removal of outdated equipment, and creation of a new record type within Accela. One of the biggest accomplishments for the new position was a project with the Allen County Auditor's Office regarding properties part of the Allen County Onsite Wastewater Management District (ACOWMD), working together to get a notification placed on property record cards for property owners with membership in the ACOWMD. The notice seeks to increase public transparency by stating the property is part of the Allen County Onsite Wastewater Management District so perspective buyers are aware of the property's membership. This benefits any member of the community interested in purchasing a property served by the District by making them aware of financial obligations of owning a property with a septic system.

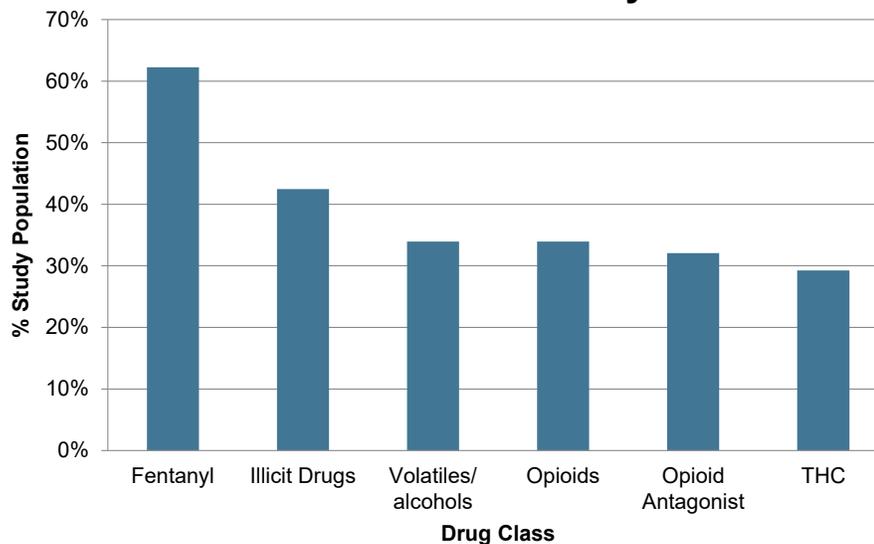
### **Allen County Drug Overdose Studies**

Data collection continued in 2019 by examining death certificates on file in the coroner's office as a result of a drug overdose occurring in Allen County. Data included toxicology results, police reports, medical records and an INSPECT report (Indiana's prescription drug monitoring program which collects and tracks the prescribing and dispensing of controlled substances) if available.

Analysis of 2018 overdose data also occurred in 2019 and found of the 106 people who died of an overdose, 93.4% were accidental (n=99), 76% were male and 91.5% were between the 25 and 64 years of age with the average age of 41.7 years. Additionally, 81% of overdoses occurred at a residence and 80.2% of individuals employed at the time of their death.

When looking at the toxicology reports of the 2018 data subset, the top four drug classes found in people's system were over-the-counter stimulants (86.8%), combined opioids (74.5%), illicit drugs (42.5%) and alcohol (34.0%). Over-the-counter stimulants included caffeine and nicotine. Historically, over-the-counter stimulants have far exceeded other drug classes, but data was removed during prior studies because the caffeine or nicotine was probably not a major contributor to death. Because of the structure of data collection, opioids are separated out into four different drug classes: prescription opioids (opioids), methadone, fentanyl and weak opioids. The combined opioid category looks at each class but removes any duplicates so numbers are not inflated. For example, if a person had both methadone and fentanyl on their toxicology report, they are represented at face value in each classification, causing them to be counted twice when the classes are combined. The combined opioid classification removes the duplication.

### Percentage of Study Population with Drug Class Found in Toxicology Screen in Allen County 2018



Looking at the combined opioids groups individually, fentanyl was found in less than two-thirds of the study population (62.3%), while prescription opioids were found in 34%, methadone (5.7%), and weak opioids (which tend to be prescriptions as well) at 5.7%. Illicit drugs, such as heroin and cocaine, were found in 42.5% of the study population. Tetrahydrocannabinol (THC) was placed into its own category and is not included in the illicit drugs but was found in 29% of the deaths.

Angelica Jones, a fourth year medical student from Indiana School of Medicine Fort Wayne, compared the drugs found on a person's toxicology report to the drugs found on their INSPECT report as a sub-analysis. Angelica found 50 of the 106 overdose deaths in 2018 had an active INSPECT

report for the year prior to their death. The average number of prescriptions were six per person prescribed by three different providers; 64% had a co-existing health condition or history of substance use disorder that was either medically documented or self-reported, or reported by family or friend; 42% had a co-morbidity of Mental Health Disorder documented by medical records. She also mapped out places of injury reported on the death certificate and found the Fort Wayne zip code 46808 was reported most on overdose deaths in 2018. She also observed no prescriptions for fentanyl were found on INSPECT reports though nearly 62% of 2018 overdose deaths had fentanyl on their toxicology reports, which suggests all the fentanyl on 2018 toxicology reports was either illicit or otherwise illegally obtained. Angelica summarized her study as follows:

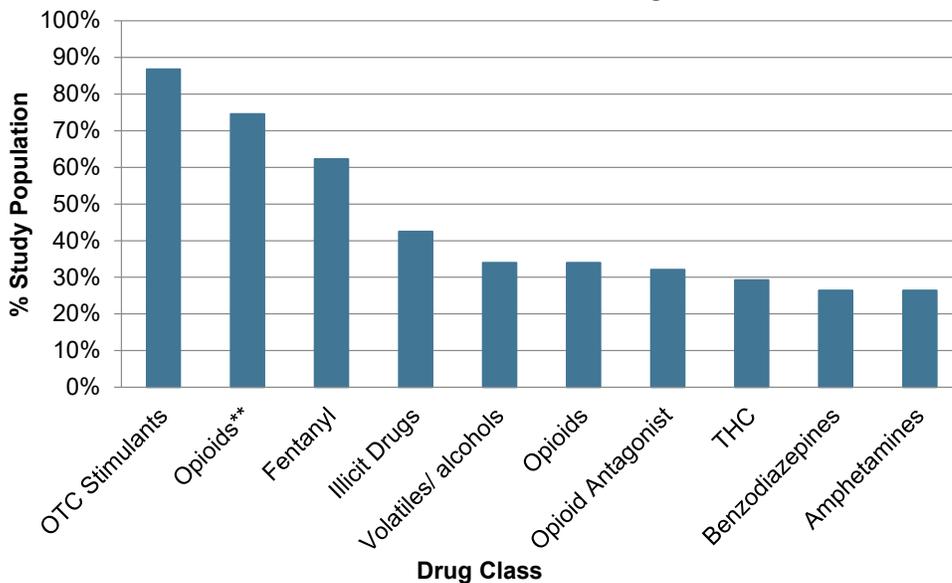
In summary, in this study of drug poisoning overdose deaths in Allen County, Indiana in 2018, most deaths were individuals around 41-years-old, male, white, employed with at least a high school education. Most were deemed accidental deaths. 62.3% of deaths having fentanyl noted in toxicology reports. There were only 6.6% of deaths with an active prescription found in the toxicology report at time of death. Often multiple illicit substances such as fentanyl and its analogues, cocaine and amphetamines were found in the toxicology report. It was discovered non-prescription and illicit substances were much more commonly found in toxicology reports than prescription substances. The discrepancy of prescribed drugs and substances found in toxicology reports suggests a higher likelihood of consumed illicitly manufactured drugs or otherwise illegally obtained drugs. The public health concern from these results remains on illicitly manufactured opioid compounds that are leading to accidental overdoses and deaths.

Carroll High School Intern Mallory Bivens conducted a sub-analysis on the 2016-2018 data looking at working class. Mallory divided data into five classes: blue collar, white collar, military, unemployed and unknown. Individuals who worked in manufacturing, construction or other skilled trade laborers were classified as blue collar employment. White-collar employment types included service-oriented or executives like accountants, professors, food service industry and healthcare workers. Although the classifications were subjective, best discretion was used to classify individuals appropriately. Mallory found 21% of the entire study population was listed as unemployed, while 48% were listed as having a blue-collar job and 27% were identified as white collar. The percentage of population employed in manufacturing increased from 11.4% in 2016 to 21.4% in 2018. When looking at the specific industries in which individuals worked, 39% were in the service industry, 22% were in manufacturing, 15% were in construction, 8% were homemakers, 6% were in healthcare, 6% were in transportation and 4% were in education.

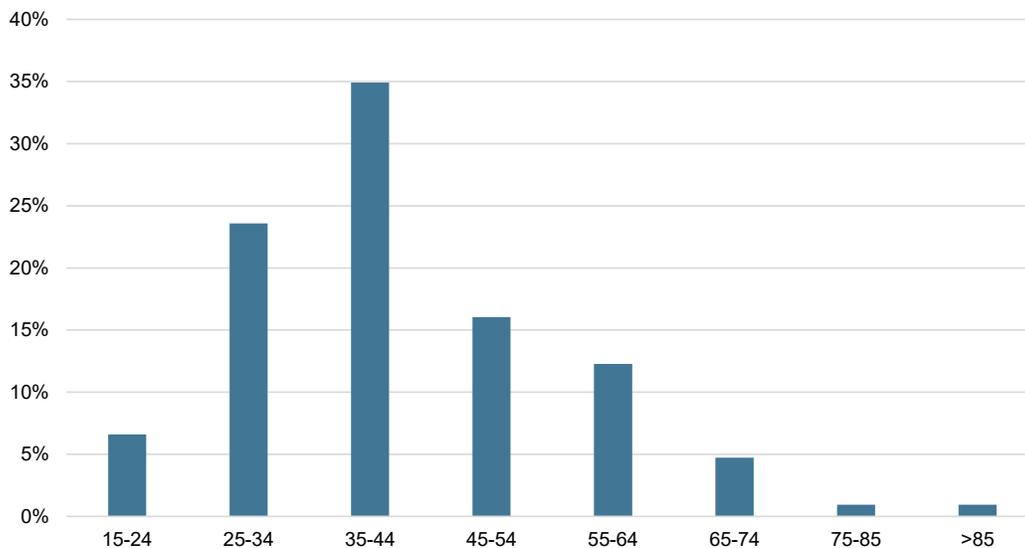
In an effort to continue understanding the impact accidental overdose deaths had in our community, the Informatics division partnered with the Allen County Drug and Alcohol Consortium (DAC) on an Indiana Communities Advancing Recovery Efforts (IN CAREs) ECHO grant from the Indiana State Department of Health's (ISDH) Division of Trauma and Injury Prevention (DTIP), via a grant awarded to them from the Centers for Disease Control and Prevention (CDC). The goal of the grant is to increase comprehensiveness and timeliness of drug overdose surveillance data; make the Prescription Drug Monitoring Program more user-friendly; work with health systems, insurers and communities to improve opioid prescribing; and build state and local capacity for public health

programs related to substance use disorder. The grant will help facilitate the implementation of Allen County’s overdose fatality review team (OFRT), which will work toward learning from past deaths to help find potential intervention points or methods for those battling addiction and prevent future overdose deaths.

### Percentage of Study Population with Drug Class Found in Toxicology Screen in Allen County 2018



### Allen County Overdose Deaths by Age 2018



## Mass Casualty Incident Preparedness Study

The Informatics Director and Health Commissioner also participated as proctors in the Indiana School of Medicine Fort Wayne's Student Research Fellowship Program (SERF) in 2019. First year medical student Andy Alvarez (Indiana University School of Medicine Fort Wayne) along with community partners Lisa Hollister (Director, Trauma and Acute Care Surgery, Parkview Trauma Centers) and Annette Chard (Trauma Program Manager, Lutheran Hospital) analyzed how prepared local trauma centers are to respond to a local mass casualty incident (MCI) in the study "Are Trauma Centers in Northeast Indiana Prepared in Triage for Mass Casualty Events?" The purpose of the cross-sectional qualitative study was to assess gaps in knowledge in mass casualty triage at trauma centers in Northeast Indiana. Mass casualty incidents generate a number of casualties that disorganize the flow of the hospital and overwhelm resources. These disasters can be caused by natural events like hurricanes, or be man-made events like mass shootings. Although mass casualty plans have been implemented, recent literature review suggested there is a need for improvement in overall preparedness at trauma centers in Northeast Indiana, which is important since lack of preparedness can lead to a delay in appropriate care, inefficient use of already-scarce resources, increased preventable deaths and a rise in the cost of care.

The study used an open-ended response questionnaire, and nine questions were developed based off the recommended actions for triage from the World Health Organization's Hospital Emergency Response Checklist. The questionnaire was distributed electronically via SurveyMonkey®. A total of 17 participants were chosen based on their position from Parkview Hospital and Lutheran Hospital, respectively. Answers were graded based on best practices in the literature and hospital policy. The results showed there were gaps in MCI triage knowledge: 23.3% of respondents were able to correctly describe the mechanism and steps whereby the hospital emergency response plan is activated; 64.7% correctly identified their designated triage officer; 70.6% correctly identify their MCI triage location; 47.1% knew the location used for green triaged patients; only 35.3% of respondents could explain alternative processes for admission and discharge during an MCI; and less than 64% of respondents understood their hospitals MCI triage protocol. The study concluded trauma centers in Northeast Indiana should focus on educating a wider group of hospital staff through education and utilize drills to improve emergency preparedness.

The Informatics division is looking forward to 2020 and expects it to be a data-heavy year with quite a few research studies planned in addition to the Overdose Fatality Review Team

# ENVIRONMENTAL SERVICES

**Director: Dave Fiess, MPA**

- >Healthy Homes Program
- >Pollution Control Program
- >Vector Control Program

## Healthy Homes Program

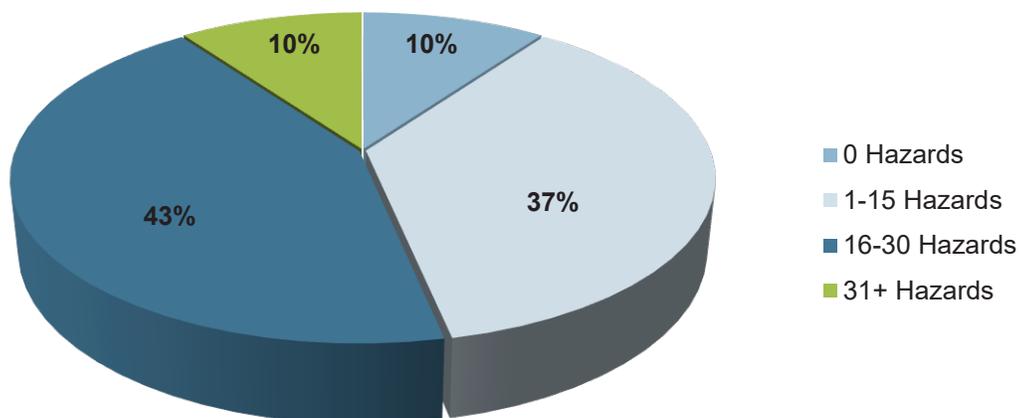
- >Childhood Lead Poisoning Prevention & Case Management
- >Healthy Home Risk Assessments

The Healthy Homes Program worked diligently throughout 2019 helping families impacted by lead. Poisoning by lead continues to be a significant public health issue impacting the youngest of Allen County residents, because children are particularly vulnerable to its toxic effects. They can suffer profound and permanent adverse health problems, including brain and nervous system development issues.

The program did see a slight uptick in children with elevated blood levels from 2018. However, due to late reporting by the Indiana State Department of Health, 2018-2019 comparisons for the total number of children screened for lead by physician offices in Allen County cannot be made.

The Health Homes staff began collaborating with the City of Fort Wayne’s Office of Housing and Neighborhood Services (OHNS) in 2019 to offer families and landlords a grant to remediate home lead hazards. The City of Fort Wayne was awarded the HUD grant in 2018 to address lead hazards in pre-1978 homes. Department staff connect families with OHNS and work with them to complete the grant application process. Not only does this grant help the children currently being monitored for lead exposure in a home but also ensures lead-safe housing for future families who may live there. The goal of OHNS is to have 60 units completed by the end of 2020. Staff have successfully enrolled 10 families so far and anticipate doubling this number in 2020 and 2021.

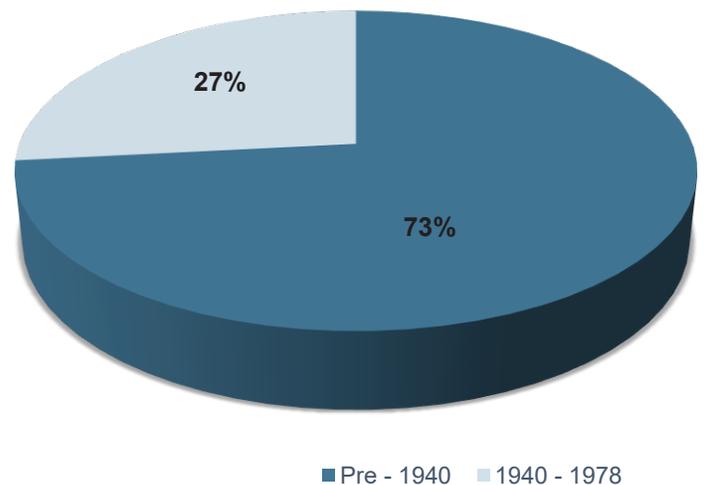
## House Hazards



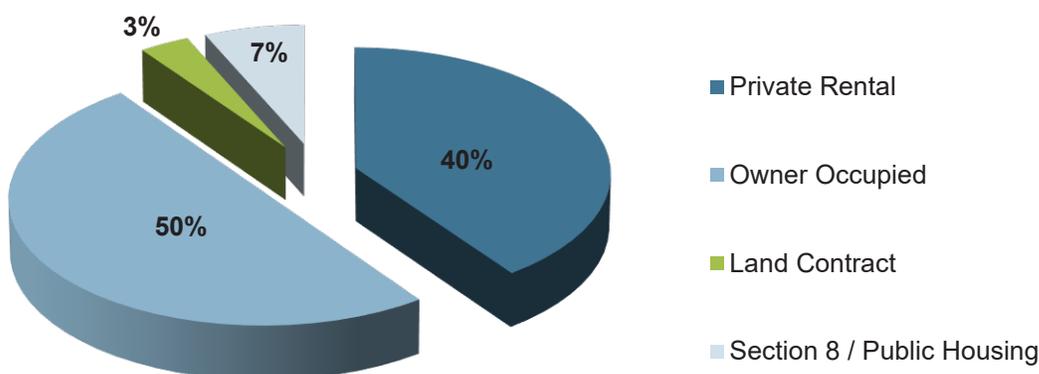
Outreach and education also continue to be a priority of the program. Staff participated in a resource fair held by the Allen County System of Care at The Summit in April, which was attended by parents and other services providers looking to learn about resources in the community. Education on lead and other housing-related issues was provided and brochures were also handed out at the well-attended event. Additionally, the program's Lead Case Manager Trina Riecke took part in a presentation with Dr. Heidi Musgrave in October to educate University of Saint Francis (USF) nursing students about the effects of lead on children, the importance of testing, and the Department's role in reducing lead levels and exposure through risk assessment and case management. The presentation encouraged the soon-to-be nurses to be knowledgeable about lead and aware of testing guidelines as they prepare to enter the workforce.

The Healthy Homes Program received the "Excellence in Service Engagement Award" from the University of Saint Francis in 2019 for continued partnership and contributions to the biennial lead campaigns. The Healthy Homes Program has partnered with USF on four campaigns to canvas the neighborhoods between the university and Wells Street. With the help of nursing and chemistry students, lead education and environmental testing were provided at hundreds of homes in these high-risk neighborhoods. And not only does the community benefit from the information on lead, but this partnership also educates future nurses, doctors, pharmacists and environmental health practitioners on community public health needs.

## House Age



## Housing Situation



An important goal for the Healthy Homes Program will be assisting all eligible families through the City of Fort Wayne's lead remediation grant in 2020. A second priority will be to connect with primary care physicians regarding the services the Department of Health offers to children with elevated blood lead levels and to encourage testing according to federal guidelines.

## **Pollution Control Program**

- >Allen County On-Site Wastewater Management District
- >On-Site Sewage Systems Permits & Inspections
- >Swimming Pool/Spa Permits & Inspections

The Pollution Control Program strives to reduce the amount and negative impact of improperly treated sewage in the environment. The program worked with the Allen County Executive Board of Health and Allen County Commissioners to enact some much-needed revisions to the Allen County Private Sewage Disposal Ordinance in 2019. These revisions included some major updates to the electrical standards and requirements for system components, as well as several minor changes aimed at increasing system longevity. Most changes included in the ordinance were the result of information gathered during ongoing inspections of existing systems under the Allen County Onsite Wastewater Management District, which is administered by the Pollution Control Program and designed to improve maintenance of existing onsite sewage systems so the life of systems is extended. Inspections also led to the discovery that some systems were failing within a relatively short period of time, leading the program to embark on a study to create a troubleshooting process for those systems. The goal of this study is not only to come up with solutions for the failed systems, but to determine what additional information needs to be gathered on new sites to avoid premature failures.

In 2019, the program also worked to improve the plan review process for public and semi-public swimming pools, as well as clarify how some of new interactive water features, like splash pads, bathing benches and water rills, fit within the swimming pool regulations. Coordination with the Allen County Department of Planning Services created the ability to obtain architectural plans for the installation of a public swimming pool much earlier in the construction process so intervention could occur when needed to avoid additional costs to the project down the road if deficiencies in the plan existed. Pool plans were previously part of the overall site plans, which made a proactive review process on the pool itself very difficult. This new process will allow the Pollution Control Program to ensure State Pool Operation Code requirements are met before the pool(s) and/or spa are installed.

The program continuously works to reduce public health hazards from sewage and public swimming pools, in order to improve public health for the residents and visitors of Allen County.

Mark Herber, Pollution Control Enforcement Coordinator, gives a presentation at the 2019 Indiana State Department of Health Onsite Wastewater workshop.



<b>ONSITE SEWAGE SYSTEMS (OSS)</b>	<b>2018</b>	<b>2019</b>
Site Soil Assessments	180	280
Soil Wetness Tests/Initial test	104	161
Soil Wetness Tests/Retest	81	55
OSS Construction Permits Issued	183 <sup>1</sup>	172
<b>Types of OSS Construction Permits Issued</b>		
Alteration	21	25
Commercial	0	1
New	83	56
Repair	24	31
Replacement	55	59
New Septic System Install Initial Inspections	116	259
New Septic System Install Follow-up Inspections	572	493
ACOWMD <sup>2</sup> Operation Permits Issued ( <i>New</i> )	92	129
<b>Types of OSS Installed</b>		
Elevated Sand Mound	1	4
Enviro-Septic/Presby/Gravity	5	9
Enviro-Septic/Presby/Pump	44	49
Infiltrator ATL/Gravity	9	15
Infiltrator ATL/Pump	15	21
Mound	1	0
Permitted Discharge	3	6
Trench/Flood Dose	6	11
Trench/Gravity	7	14
Trench/Pressured Trench	1	0
ACOWMD Operation Permits Renewed	602 <sup>3</sup>	547
ACOWMD Inspections	n/a	708
ACOWMD Follow-up Inspections	26	216
ACOWMD Inspections Assisted	609	653
Inspections of Existing Septic Systems	924	71 <sup>4</sup>
Inspections Assisted	511	69 <sup>4</sup>
Sewage Complaint Inspections	94	81
Sewage Complaint Follow-up Inspections	147	161
Dye Tests	17	10
Lab samples	61	66
Orders to Correct Faulty Systems	29	136
OSS Abandonment Permits Issued	227	214
OSS Abandonment Permit Inspections <sup>5</sup>	187	203
OSS Abandonment Permit Follow-up Inspections	54	15
Improvement Location Permit Reviews	n/a	1,276
Improvement Location Permit Reviews ( <i>Hours</i> )	n/a	301

1 - Final number corrected for 2019 report.

2 - Allen County Onsite Wastewater Management District

3 - Removed the New Operating Permits from the 2018 figure.

4 - Number lower in 2019 due to inspection reporting process change.

5 - The total inspection number may be higher than the number of permits issued due to carryover from the previous year.

SWIMMING POOLS & SPAS	2018	2019
Annual Pool/Spa Permits Issued	64	61
Seasonal Pool/Spa Permits Issued	173	178
Pool/Spa – Water Chemistry Tests	2,373	3,195
Pool/Spa – Inspections	284	296
Pool/Spa – Follow-up Inspections	107	144
Pool/Spa – Citizen Complaint Inspections	12	9
Water Bacteriological Sample Reports Received	5,855	5,899

## Vector Control Program

- >Surveillance & Control of Mosquitoes & Rats
- >Investigate Public Health Hazards & Nuisances
- >Hotel/Motel Permits & Inspections

Eastern Equine Encephalitis (EEE) is a mosquito-borne disease that currently has a thirty percent (30%) mortality rate in those infected. Normally there are only three (3) to five (5) human cases a year in the United States, but the infection rate increased to epidemic levels in 2019. Three counties northwest of Allen County near the Michigan border were affected late in the mosquito season by EEE. The virus had infected humans, horses and mosquitoes. Even though the environmental conditions in Allen County are not conducive to the primary vector of EEE (i.e.; type of mosquito most easily able to carry and transmit the disease), there is always the possibility a secondary or “bridge” vector (such as the mosquito known as *Culex pipiens*, which does reside in Allen County) could obtain the virus from a traveling bird and pass it on to local humans and horses. So the program is developing readiness plans in the event Allen County is affected by this very concerning vector-borne disease in the future.

During the summer months each year, adult female mosquitoes are captured and locally tested for West Nile virus by our Department. Additional samples are submitted to the Entomology Laboratory at the Indiana State Department of Health in Indianapolis to be tested for Eastern Equine Encephalitis, St. Louis Encephalitis, LaCrosse Encephalitis, and West Nile virus. If EEE is identified in Allen County, an appropriate response plan would be enacted.

There were fewer mosquito complaints in 2019 compared to 2018, but the number of breeding sites treated with larvicide almost doubled. Rainfall was slightly less than 2018’s mosquito season rainfall. The *Culex* species (*Cx. pipiens*, *Cx. restuans*, and *Cx. salinarius*) that carry and transmit West Nile virus prefer drier weather, so as the flowing ditches became puddles, more of the *Culex* group were present and more larvicide was used. The Mosquito Surveillance and Control staff used environmental-friendly, EPA-approved larvicides to prevent adult mosquitoes from taking flight in an effort to reduce the likelihood of disease spread (such as West Nile virus).

Three seasonal mosquito technicians began the larval surveillance and control portion of the mosquito program in early May and by the end of September 3,169 water site inspections had occurred with 728 larvicide treatments completed.

Adult mosquito trapping and testing started in late June. Only five of 216 mosquito samples tested positive for West Nile virus with a positivity rate of two percent (2%). Environmental surveys around the positive trap locations yielded varying bodies of water breeding the *Culex* group, such as swimming pools, tires, and ditches. These bodies of water were eliminated or treated to prevent the emergence of more possible disease carriers. There were less than five human cases\*\* of West Nile virus in Allen County in 2019 with no fatalities. (\*\*The Indiana State Department of Health requires local health departments to suppress disease case numbers less than 5.)

<b>Mosquito Prevention &amp; Control</b>	<b>2018</b>	<b>2019</b>
Citizen Complaints	261	244
Water Site Inspections (Citizen Complaint Locations, Non-Citizen Complaint Locations, Permanent Site Locations, and Referral Locations)	3,122	3,169
Sites Treated	472	728
Larval Specimens Collected	433	614
New Permanent Breeding Sites Added	8	14
Mosquito Fish Sites	15	4
Dead Birds Reported	10	1
Mosquito Samples Tested	222	216
West Nile Virus-Positive Samples	64	5
West Nile Virus Positivity Rate	29%	2%
	Larvicide Used:	
	CocoBear (fl oz)	251 432
	Natular G30 (lbs.)	246 194
	Natular XRT, 180-day (# tablets)	66 68

<b>Rodent Control</b>	<b>2018</b>	<b>2019</b>
Citizen Complaints Received/Locations Visited	392	340
Citizen Complaint Locations Inspections	323	293
Bait Used (pieces)	762	837
Door Hangers	98	92
Citizen Complaint Locations Re-Visited	778	673
Citizen Complaint Follow-Up Inspections	718	604
Bait Used (pieces)	1,757	1,409
Door Hangers	114	188
Non-Requested Locations of Possible Rat Activity Inspected	36	29
Bait Used (pieces)	136	95
Door Hangers	2	3
Referrals from Other Departments	6	10
Referral Location Inspections	4	7
Bait Used (pieces)	19	12
Door Hangers	1	3
Referral Location Follow-up Inspections	7	21
Bait Used (pieces)	16	39
Door Hangers	0	5
Properties Identified with Rats	320	246
Properties Identified with Mice	92	42

<b>Rabies Prevention</b>	<b>2018</b>	<b>2019</b>
Assistance to Animal Control Agencies (Instances)	2	0
Animal Samples Couriered to ISDH Rabies Lab	17	9
Rabies-Positive Samples	2	0

There was no increase in complaints of rats and mice in 2019 compared to the numbers for 2018, and bait usage was slightly less in 2019. Vector Control uses an integrated rodent management system to control the rat population, which includes education, exclusion, code enforcement and chemical control. After receiving written permission to inspect a property, the inspector searches for evidence of rat presence, like burrows, droppings, runways in grass or snow and gnawing on the bottom of doors or fences. If evidence is found poison bait blocks are placed into locked bait stations, which only allows rats to enter and prevents children or animals besides rodents access the bait. Stations are placed near evidence and education is provided to the property owner or tenant on preventing rodents from entering the home. If food (dog feces or trash) and/or harborage (brush piles or junk) are present, a warning is given to remove these items.

The scores and grades of the lodging establishments in Allen County in 2019 were similar to 2018. Eighty percent (80%) of establishments earned an “A” grade. The number of overall and substantiated lodging-related complaints for 2019 decreased, which is one of the ongoing goals of the lodging program. The scores and grades of the establishments can be viewed at [allencountyhealthinspector.acfw.net](http://allencountyhealthinspector.acfw.net).

Lodging Establishments	2018	2019
Active Lodging Establishments in Allen County	64	66
Operating Permits Issued <sup>4</sup>	71	72
Probationary Inspections/Permits Issued	7	7
Establishment Inspections	64	66
Establishment Follow-Up Inspections	60	72
100% "A" Grade Issued on Initial Inspection	20	23
Non-100% "A" Grade Issued on Initial Inspection	34	30
"B" Grade Issued on Initial Inspection	8	8
"C" Grade Issued on Initial Inspection	2	5
"F" Grade Issued on Initial Inspection	0	0
Hearings ( <i>Potential Closure/Willful Violation</i> )	0	0
Fines Collected	\$1,235	\$1,515
Complaint Inspections	81	71
Complaint Follow-Up Inspections	37	56

4 - Change in owners triggers a new permit.

The number of methamphetamine (“meth”) labs identified by law enforcement in Allen County continued to decrease dramatically in 2019. There were only two reports of meth activity with both dwellings posted uninhabitable. Both dwellings were decontaminated. By the end of 2019, there were no meth-contaminated dwellings in Allen County. Possible reasons for the decline in one-pot meth labs and contaminated dwellings are an increase of crystal meth coming in from Mexico (which is less difficult to obtain and cheaper than homemade meth) and more people using other illicit drugs such as heroin mixed with fentanyl.

The Allen County Public Health Hazards Ordinance has provided the Vector Control Program with effective enforcement measures in ensuring residents with various health hazards on properties correct violations. By the end of 2019, the program had a 96% compliance rate with only a few ongoing cases left to close. A structured follow-up plan was utilized, and as a result more follow-up inspections occurred to ensure compliance. The most common hazards identified were un-rimmed tires stored outside (which can breed mosquitoes in water that stands in such tires); trash and debris not stored in containers for pickup; un-maintained swimming pools; water damage/mold and pest issues (bed bugs, cockroaches, and fleas) in rental properties; and refrigerators/freezers stored outside with doors attached (which is a safety hazard for entrapment of children). Adding the ability to fine to the program’s enforcement measures has provided an incentive for owners to remove public health hazards from their properties immediately after being notified of the violation.

DISCARDED TIRES	2018	2019
Inspections	84	94
Follow-Up Inspections	118	142
Legal Notifications	82	97
TRASH & DEBRIS		
Inspections	105	88
Follow-Up Inspections	139	81
Legal Notifications	81	41
UNMAINTAINED SWIMMING POOLS		
Inspections	59	37
Follow-Up Inspections	134	74
Legal Notifications	60	21
UNSANITARY CONDITIONS		
Inspections	62	72
Follow-Up Inspections	80	66
Legal Notifications	16	10
PROPERTY RECORDS ENVIRONMENTAL ASSESSMENTS		
Requests	63 <sup>3</sup>	191
<small>1 - These numbers include Lodging Establishment complaints.            2 - Some violation cases still active.            3 - Assessment duty moved to Vector Control from Pollution Control in August 2018.</small>		

<b>Environmental Services</b>	<b>2018</b>	<b>2019</b>
Total Initial Inspections <sup>1</sup> (Citizen Complaints, Referral Complaints, and Violations Observed without Citizen/Referral Input)	747	689
Total Follow-Up Inspections <sup>1</sup>	706	498
Citizen Complaints Received	375	331
Code Violation Referrals	17	14
Legal Notifications Provided to Property Owners/Occupants	286	249
Code Violations Corrected <sup>2</sup>	282	238
Percentage Violations Corrected	99%	96%
Fines Issued	18	0
Ordinance Violation Hearings	1	0
<b>INDOOR AIR</b>		
Indoor Air Complaint Inspections (Mold, Noxious Odor)	69	31
Indoor Air Complaint Follow-Up Inspections	48	8
Legal Notifications	9	4
Smoking Complaint Inspections	0	1
Smoking Complaint Follow-Up Inspections	0	0
Radon Test Kits Provided	259	332
Radon Test Kit Results	70	77
Total Number Radon Results $\geq$ 4 pC/L	31	40
Percentage Radon Results $\geq$ 4 pC/L	44%	52%
<b>PUBLIC HEALTH PESTS</b>		
Bed Bug Inspections	90	80
Bed Bug Follow-Up Inspections	90	51
Legal Notifications	16	19
Cockroach & Flea Inspections	58	35
Cockroach & Flea Follow-Up Inspections	82	18
Legal Notifications	16	5
<b>METHAMPHETAMINE LABS</b>		
Occurrence Reports Received	5	2
Abatement Orders Issued	0	2
Follow-Up Inspections to Ensure Structure Not Occupied	16	7
<b>RAILROAD CAMP CARS</b>		
Inspections	3	3
<b>DISCARDED REFRIGERATORS/FREEZERS</b>		
Inspections	18	51
Follow-Up Inspections	30	49
Legal Notifications	22	55

## VITAL RECORDS

**Director: Sarah Castillo**

>Certified Birth & Death Records

>Paternity Affidavits

>Genealogical Requests

The Vital Records division is responsible for reviewing, maintaining and providing accurate records and data concerning birth and death events in Allen County as well as issuing all birth and death certificates in an expeditious and professional manner.

The division remains committed to collaborating with local, state and other local partner agencies to promote the health of the public and the environment by providing much needed accurate vital event data. Vital Records continues to move forward with data reporting and improving collection of data through our birth/death electronic registration system. The division has reviewed and redesigned the type of data collected to capture statistical information broken down by ethnic group, gender, age and neighborhoods to monitor public health trends and needs. Over time, this data will make it possible to track areas where progress has been made to combat various public health deficiencies like infant mortality or overdose deaths, or to monitor areas needing additional attention to reduce the likelihood of negative death or birth-related outcomes.

The division continues to build strong foundations with area hospitals and funeral directors through education and professional engagements since they play an essential role in the quality of birth and death reporting across the state. It is important to equip these partners with a list of local and state resources, legislative changes affecting data gathering and reporting, and to remain continuously updated on the upcoming state data collection program called DRIVE (Database Registration of Indiana's Vital Events) scheduled to roll out the first of many phases in 2020. The division is proud to have a member of the staff designated as a representative of the Local Health Departments Advisory Committee to the Indiana State Department of Health Vital Records Division to participate in the statewide planning and implementation of phase one of the DRIVE system which will be the Death/ Fetal Death portion of the database.

The Vital Records division is dedicated to improving communication and consistency and emphasizes division cross-training, which allows for seamless service provision when short-staffed or during busy times.

The division takes great pride in knowing the impact of critical and accurate data gathered is continuously reviewed and therefore part of a much bigger picture in Allen County as it relates to education, policies and practices.

<b>Vital Records Services</b>	<b>2018</b>	<b>2019</b>
Birth Certificates	20,772	19,945
Death Certificates	26,517	24,109
Paternity Upon Marriage	13	11
Paternity Affidavits	195	103
Affidavit of Amendments (Correction Affidavits)	64	43
Court Order Determining Parentage	438	392
Adoptions	250	260
Legal Name Changes	121	133
Correction by Birth Notification	254	251
Genealogy Requests	36	24

<b>Allen County Births</b>	<b>2018</b>	<b>2019</b>
<b>Total Births</b>	<b>7,210</b>	<b>7,394</b>
<b>Location of Birth</b>		
Dupont Hospital	2,312	2,386
Lutheran Hospital	1,086	1,192
Parkview Randallia Hospital	670	687
Parkview Regional Medical Center	2,942	2,988
St. Joseph Hospital	100	2
Home/ En Route	100	139
<b>Residency</b>		
Allen County Resident	5,099	5,168
Non-Resident	2,111	2,226
<b>Born to Married Parents</b>		
Male	2,229	2,341
Female	2,198	2,240
<b>Born to Non-Married Parents</b>		
Male	1,444	1,453
Female	1,339	1,360

<b>Allen County Deaths</b>	<b>2018</b>	<b>2019</b>
<b>Total Deaths</b>	4,748	4,676
<b>Location of Death</b>		
Hospital	2,093	2,030
Visiting Nurse & Hospice	412	403
Residence, Nursing Home, Etc.	2,243	2,243
<b>Residency</b>		
Allen County Resident	3,358	3,300
Non-Resident	1,390	1,376
<b>Gender</b>		
Male	2,438	2,482
Female	2,310	2,194
<b>Age</b>		
Fetal Deaths	55	56
Under 28 days	35	38
29 days to 1 year	18	11
1 year to 14 years	23	21
15 years to 24 years	49	51
25 years to 44 years	248	267
45 years to 64 years	1,032	961
65 years to 74 years	988	986
75 years to 84 years	1,074	1,087
85 years and older	1,281	1,254
<b>Deaths (Coroner Cases)</b>		
Accident	320	396
Homicide	49	33
Suicide	52	49
Undetermined	22	6
Pending	0	3
<b>Deaths (Natural Causes)</b>		
Heart Disease	362	388
Cancer	799	716
Pneumonia	119	122
Diabetes	170	194
Cirrhosis	60	65
Chronic Obstructive Lung Disease	282	290
Premature Infant	27	30
Sudden Infant Death	4	3
HIV/AIDS	6	3
Tuberculosis	1	1
Influenza	55	18
All Other Causes	2,863	2,846

## FINANCIAL SUMMARY

**Director: Carol Gigli, BS, MBA**

>Budget & Grants Management

>Receipt & Expenditures

>Personnel & Payroll Records

The Finance division upgraded QuickBooks software to the most current version in 2019, which allowed staff to create reports and extract data essential in the balancing of accounts on a continual basis. The division first implemented the software in 2013 for all financial accounting to allow for electronic record-keeping of receipts and expenditures. All daily monetary accounting methods were also researched, upgraded and streamlined at the same time and still are followed on a daily basis to ensure accuracy and consistency.

Also completed in 2019 was the goal to finalize and implement the County's Mileage Claim E-Form Payable Voucher to go paperless with this task of gathering and approving the personal mileage claims for staff conducting work activities in their own vehicles. The electronic formatting allows the employee to complete the form on a computer and forward it on for approval resulting in quicker reimbursements and more efficient processing. The electronic submittal of the payable voucher saves the Finance division much time by not having to manually make calculations and make copies of the forms. The employee submitting the form has the option to save a copy for their own record keeping so that they can verify the reimbursements once they are received.

The Finance Director, Executive Administrative Assistant and Payroll Coordinator have a 2020 goal to create a written standard operating procedure (SOP) for each of their roles in reconciling Department of Health funds for each month of the fiscal year. Each performs a specific part in the process to account for and balance all receipts and disbursements transpired each month for all funds. It is of the utmost importance to have all funds balanced at the conclusion of each month before utilizing the funds for payments in the following month. The Auditor's Office initiates the balancing process by providing Detailed Budget Reports which are posted on the Application Xtender website. The Budget Reports are then downloaded and printed to initiate the balancing process. If any errors are discovered, the Finance Division works with the Auditor's Office to find a resolution and applies the appropriate transactions in order to balance the account. The completed SOP is slated to be completed in August.

DEPARTMENT REVENUE SOURCES	2018	2019
<b>TAX REVENUES (285-73-01)</b>		
General Property Taxes	\$2,441,087.46	\$2,772,502.65
Excise Taxes	\$194,148.77	\$229,214.06
Financial Institution Taxes	\$11,071.44	\$16,009.47
Commercial Vehicle Taxes	<u>\$13,871.46</u>	<u>\$18,702.10</u>
<b>Taxes TOTAL:</b>	<b>\$2,660,179.13</b>	<b>\$3,036,428.28</b>
<b>PERMIT-RELATED FEE REVENUES (285-73-01)</b>		
Food & Consumer Protection Permits & Fees**	\$549,667.99	\$574,774.69
Lodging Establishment Permits & Fees	\$10,612.50	\$10,650.00
Railroad Camp Car Permits & Fees	\$1,550.00	\$2,480.00
Septic System Permits & Fees	\$55,065.00	\$64,225.00
Swimming Pool/Spa Permits & Fees	\$57,007.50	\$53,052.50
Tattoo & Body Piercing Permits & Fees	\$32,386.25	\$26,466.25
Vital Records Documents***	<u>\$627,941.40</u>	<u>\$634,802.25</u>
<b>Permit-Related Fees TOTAL:</b>	<b>\$1,334,230.64</b>	<b>\$1,366,450.69</b>
**An additional \$97,013.51 (2018) & 101,466.26 (2019) collected as food fees but transferred to the LHMF (286-73-01) - not included in total		
***An additional \$54,027.25 (2018) & 55,091.14 (2019) of Vital Records fees was collected, but transferred to the Coroner's Education Fund per statute - not included in total		
<b>MEDICAL-RELATED FEE REVENUES (Self-Pay) (285-73-01)</b>		
Client Self-Pay Medical Fees for Clinical Services	<u>\$262,097.24</u>	<u>\$268,557.81</u>
<b>Medical-Related Fees TOTAL:</b>	<b>\$262,097.24</b>	<b>\$268,557.81</b>
<b>MEDICAL REIMBURSEMENTS (285-73-01)</b>		
Medicaid/Medicare	\$189,050.72	\$284,054.13
Private Insurance	\$61,660.20	\$76,258.51
Refugee Medical Assistance (RMA)	<u>\$8,669.93</u>	<u>\$11,218.88</u>
<b>Medical Reimbursements TOTAL:</b>	<b>\$259,380.85</b>	<b>\$371,531.52</b>
<b>INTEREST (interest from ALL funds that accrue interest)</b>		
Health Fund (285-73-01)	\$41,980.45	\$57,122.49
Local Health Maintenance Fund	\$1,503.96	\$406.97
Onsite Septic Fund	<u>\$2,909.52</u>	<u>\$3,876.82</u>
<b>Interest TOTAL:</b>	<b>\$46,393.93</b>	<b>\$61,406.28</b>
<b>MISCELLANEOUS REIMBURSEMENTS &amp; AWARDS (285-73-01)</b>		
InSACCHO Grant Award	\$2,500.00	\$0.00
Copies	\$10.00	\$0.10
FSSA - Meaningful Use Grant/Reimbursement	\$0.00	\$8,500.00
HANDS Housing Inspections (City of FW Reimbursement)	\$4,880.00	\$0.00
Hoosier Upland Reimbursement (TB Expenses)	\$1,189.32	\$15,105.52
ISDH Syringe Services Grant Reimbursement (Security)	\$3,359.00	\$0.00

DEPARTMENT REVENUE SOURCES	2018	2019
JP Morgan Rebate	\$532.80	\$505.90
Park Center (Rent Payment for use of Annex)	\$2,352.00	\$2,352.00
Records Requests (Disability Office)	\$0.00	\$79.75
Sales of Equipment	\$2,202.00	\$3,234.00
Vendor Refunds and Rebates	\$3,574.39	\$818.01
Vaccine Reimbursement	\$184.99	\$0.00
Misc. Reimbursements	<u>\$4.00</u>	<u>\$250.00</u>
<b>Miscellaneous Reimbursement TOTAL:</b>	<b>\$20,788.50</b>	<b>\$30,845.28</b>
<b>Fine Collection Fund Revenues (Fine Fund)</b>		
Environmental Fines	\$2,125.00	\$0.00
Food Fines	\$4,550.00	\$3,350.00
Lodging Fines	\$1,235.00	\$1,515.00
Septic System Fines	\$1,525.00	\$200.00
Swimming Pool Fines	\$25.00	\$0.00
Tattoo Fines	<u>\$1,450.00</u>	<u>\$950.00</u>
<b>Fines TOTAL:</b>	<b>\$10,910.00</b>	<b>\$6,015.00</b>
<b>Grant Revenues</b>		
ISDH HIV/AIDS Program Fund/Education Grant (CLEAR) (767-73-06) <b>F</b>	\$31,710.00	\$25,279.30
ISDH Immunization Grant (Competitive) (847-73-01) <b>F</b>	\$106,533.38	\$77,601.23
ISDH (HIV) Sub Abuse Prevention & Treatment Grant (768-73-03) <b>F</b>	\$51,096.34	\$59,842.67
ISDH Radon Grant <b>F</b>	\$3,000.00	\$3,000.00
ISDH Syringe Services Program Grant <b>F</b>	\$30,944.87	\$194,845.37
Local Health Maintenance Fund (through ISDH) <b>S</b>	\$72,672.00	\$72,672.00
SJCHF Refugee Interpreter Grant <b>LF</b>	\$52,600.00	\$48,150.00
Tobacco Master Plan / Trust Fund <b>S</b>	<u>\$123,989.34</u>	<u>\$123,989.70</u>
<b>Grants TOTAL:</b>	<b>\$472,545.93</b>	<b>\$605,380.27</b>
<i>S=State Direct F=Federal Pass-Through LF=Foundation</i>		
<i>Each of the above grant's revenues and expenditures are detailed on pages 44-46.</i>		
<b>Other Fund Revenues</b>		
Clinic Donation Fund	\$0.00	\$283.15
Onsite Waste Water Management Fund	<u>\$131,000.00</u>	<u>\$116,450.00</u>
<b>Other Funds TOTAL:</b>	<b>\$131,000.00</b>	<b>\$116,733.15</b>
	<b>2018</b>	<b>2019</b>
<b>TOTAL REVENUE (includes all Fund &amp; Grant Revenues above)</b>	<b>\$5,348,566.98</b>	<b>\$6,019,908.13</b>

<b>DISBURSEMENTS</b>	<b>2018</b>	<b>2019</b>
Health Fund	\$4,929,628.69	\$5,036,260.61
Clinic Donation Fun	\$500.00	\$0.00
Allen County Smoking Ordinance Coordinator Fund	\$0.00	\$89.40
Coroner's Death Certification Fund	\$53,869.50	\$54,648.00
Fine Collection Fund	\$0.00	\$3,509.30
ISDH HIV/AIDS Program Fund/Education Grant (CLEAR) (757-73-06)	\$31,770.00	\$27,979.30
ISDH Immunization Grant (Competitive) (847-73-01)	\$94,722.64	\$69,713.16
ISDH (HIV) Sub Abuse Prevention & Treatment Grant (768-73-03)	\$49,172.25	\$55,434.05
ISDH Radon Grant	\$3,000.00	\$3,000.00
ISDH Syringe Services Program Grant	\$44,600.98	\$185,758.72
Local Health Maintenance Fund (through ISDH)	\$269,966.51	\$189,118.04
Onsite Waste Water Management Fund	\$134,031.92	\$148,526.65
SJCHF Refugee Interpreter Grant	\$49,477.82	\$56,376.86
Tobacco Master Plan / Trust Fund	<u>\$125,932.08</u>	<u>\$124,794.73</u>
<b>TOTAL DISBURSEMENTS (from all funds)</b>	<b>\$5,786,672.42</b>	<b>\$5,946,998.89</b>

INDIVIDUAL FUND REPORTS	2018	2019
<b>Health Fund</b>		
Beginning Balance, January 1	\$2,915,255.17	\$2,564,283.29
Receipts	\$4,536,676.36	\$5,073,813.58
Interest	<u>\$41,980.45</u>	<u>\$57,122.49</u>
	<b>\$7,493,911.98</b>	<b>\$7,695,219.36</b>
Disbursements	<u>-\$4,929,628.69</u>	<u>-\$5,036,260.61</u>
<b>Balance, December 31</b>	<b>\$2,564,283.29</b>	<b>\$2,658,958.75</b>
<b>Allen County Smoking Ordinance Coordinator Fund</b>		
Beginning Balance, January 1	\$89.40	\$89.40
Receipts	<u>\$0.00</u>	<u>\$0.00</u>
	<b>\$89.40</b>	<b>\$89.40</b>
Disbursements	<u>\$0.00</u>	<u>-\$89.40</u>
<b>Balance, December 31</b>	<b>\$89.40</b>	<b>\$0.00</b>
<b>Clinic Donation Fund</b>		
Beginning Balance, January 1	\$11,130.17	\$10,630.17
Receipts	<u>\$0.00</u>	<u>\$283.15</u>
	<b>\$11,130.17</b>	<b>\$10,913.32</b>
Disbursements	<u>-\$500.00</u>	<u>\$0.00</u>
<b>Balance, December 31</b>	<b>\$10,630.17</b>	<b>\$10,913.32</b>
<b>Coroner's Death Certification Fund</b>		
Beginning Balance, January 1	\$3,782.00	\$3,939.75
Receipts	<u>\$54,027.25</u>	<u>\$55,091.25</u>
	<b>\$57,809.25</b>	<b>\$59,031.00</b>
Disbursements	<u>-\$53,869.50</u>	<u>-\$54,648.00</u>
<b>Balance, December 31</b>	<b>\$3,939.75</b>	<b>\$4,383.00</b>
<b>Fine Collection Fund</b>		
Beginning Balance, January 1	\$24,297.50	\$35,207.50
Receipts	<u>\$10,910.00</u>	<u>\$6,015.00</u>
	<b>\$35,207.50</b>	<b>\$41,222.50</b>
Disbursements	<u>\$0.00</u>	<u>-\$3,509.30</u>
<b>Balance, December 31</b>	<b>\$35,207.50</b>	<b>\$37,713.20</b>

INDIVIDUAL FUND REPORTS	2018	2019
<b>ISDH HIV/AIDS Program Fund/Education Grant (CLEAR)</b>		
Beginning Balance, January 1	(\$4,980.00)	(\$5,040.00)
Receipts	<u>\$31,710.00</u>	<u>\$25,279.30</u>
	<b>\$26,730.00</b>	<b>\$20,239.30</b>
Disbursements	<u>-\$31,770.00</u>	<u>-\$27,979.30</u>
<b>Balance, December 31</b>	<b>(\$5,040.00)</b>	<b>(\$7,740.00)</b>
<b>ISDH Immunization Grant (Competitive) (847-73-01)</b>		
Beginning Balance, January 1	(\$23,888.09)	(\$12,077.35)
Receipts	<u>\$106,533.38</u>	<u>\$77,601.23</u>
	<b>\$82,645.29</b>	<b>\$65,523.88</b>
Disbursements	<u>-\$94,722.64</u>	<u>-\$69,713.16</u>
<b>Balance, December 31</b>	<b>(\$12,077.35)</b>	<b>(\$4,189.28)</b>
<b>ISDH Influenza Vaccination Fund</b>		
Beginning Balance, January 1	\$479.00	\$479.00
Receipts	<u>\$0.00</u>	<u>\$0.00</u>
	<b>\$479.00</b>	<b>\$479.00</b>
Disbursements	<u>\$0.00</u>	<u>-\$479.00</u>
<b>Balance, December 31</b>	<b>\$479.00</b>	<b>\$0.00</b>
<b>ISDH (HIV) Sub Abuse Prevention &amp; Treatment Grant (768-73-03)</b>		
Beginning Balance, January 1	(\$10,382.55)	(\$8,458.49)
Receipts	<u>\$51,096.34</u>	<u>\$59,842.67</u>
	<b>\$40,713.79</b>	<b>\$51,384.18</b>
Disbursements	<u>-\$49,172.28</u>	<u>-\$55,434.05</u>
<b>Balance, December 31</b>	<b>(\$8,458.49)</b>	<b>(\$4,049.87)</b>
<b>ISDH Radon Grant</b>		
Beginning Balance, January 1	\$0.00	\$0.00
Receipts	<u>\$3,000.00</u>	<u>\$3,000.00</u>
	<b>\$3,000.00</b>	<b>\$3,000.00</b>
Disbursements	<u>-\$3,000.00</u>	<u>-\$3,000.00</u>
<b>Balance, December 31</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>ISDH Syringe Services Program Grant</b>		
Beginning Balance, January 1	(\$9,629.86)	(\$23,285.97)
Receipts	<u>\$30,944.87</u>	<u>\$194,845.37</u>
	<b>\$21,315.01</b>	<b>\$171,559.40</b>
Disbursements	<u>-\$44,600.98</u>	<u>\$185,758.72</u>
<b>Balance, December 31</b>	<b>(\$23,285.97)</b>	<b>(\$14,199.32)</b>

INDIVIDUAL FUND REPORTS		2018	2019
<b>Local Health Maintenance Fund (through ISDH)</b>			
Beginning Balance, January 1		<b>\$114,663.93</b>	<b>\$15,886.89</b>
Receipts:	State Fund	\$50,000.00	\$50,000.00
	Tobacco Settlement Monies	\$22,672.00	\$22,672.00
	Interest	\$1,503.96	\$406.97
	JP Morgan Rebate	\$0.00	\$2.34
	Food Permit Fees (transferred)	<u>\$97,013.51</u>	<u>\$101,466.26</u>
		<b>\$285,853.40</b>	<b>\$190,434.46</b>
Disbursements		<u>-\$269,966.51</u>	<u>-\$189,118.04</u>
<b>Balance, December 31</b>		<b>\$15,886.89</b>	<b>\$1,316.42</b>
<b>Onsite Waste Water Management Fund</b>			
Beginning Balance, January 1		<b>\$159,553.62</b>	<b>\$159,431.22</b>
Receipts		\$131,000.00	\$116,450.00
Interest		<u>\$2,909.52</u>	<u>\$3,876.82</u>
		<b>\$293,463.14</b>	<b>\$279,758.04</b>
Disbursements		<u>-\$134,031.92</u>	<u>-\$148,526.65</u>
<b>Balance, December 31</b>		<b>\$159,431.22</b>	<b>\$131,231.39</b>
<b>Refugee Interpreter Grant/SJCHF</b>			
Beginning Balance, January 1		<b>\$22,720.27</b>	<b>\$25,842.45</b>
Receipts		<u>\$52,600.00</u>	<u>\$48,150.00</u>
		<b>\$75,320.27</b>	<b>\$73,992.45</b>
Disbursements		<u>-\$49,477.82</u>	<u>-\$56,376.86</u>
<b>Balance, December 31</b>		<b>\$25,842.45</b>	<b>\$17,615.59</b>
<b>Tobacco Master Plan / Trust Fund</b>			
Beginning Balance, January 1		<b>\$16,588.83</b>	<b>\$14,646.09</b>
Receipts		<u>\$123,989.34</u>	<u>\$123,989.70</u>
		<b>\$140,578.17</b>	<b>\$138,635.79</b>
Disbursements		<u>-\$125,932.08</u>	<u>-\$124,794.73</u>
<b>Balance December 31</b>		<b>\$14,646.09</b>	<b>\$13,841.06</b>



### **Allen County Board of Commissioners**

F. Nelson Peters, District 1  
Therese Brown, District 2  
Richard Beck, District 3

### **Allen County Council**

Sheila R. Curry-Campbell, 1st District  
Thomas A. Harris, 2nd District  
Joel M. Benz, 3rd District  
Larry L. Brown, 4th District  
Robert A. Armstrong, At-Large  
Ken Fries, At-Large  
Kyle Kerley, At-Large



Assistant Director of Vital Records Kristi Gephart (second from right) received the Allen County Civil Service Award from the Board of Commissioners (from right) Richard Beck, Nelson Peters and Therese Brown.

**Administration**

Deborah McMahan, MD, Health Commissioner  
Mindy Waldron, Administrator

**Finance**

Carol Gigli, Director  
Penni Moran  
Jennifer Miller

**Communications**

Megan Hubartt, Director  
*Support Staff*  
Sarah Boylan-Gore  
Mandy Brown  
Hayley Tyner  
Danielle Wasson, Support Staff Supervisor

**Informatics**

Jana Sanders, Director  
Melissa Woodworth  
*IT Support*  
Richard Lambert  
*Medical Coding/Billing*  
Angie Durnell

**Vital Records**

Sarah Castillo, Director  
Kristi Gephart, Asst. Director  
Brittney Billingsley  
Courtney Brown

**Food & Consumer Protection**

Steve Schumm, Director  
Michelle Radosevich, Asst. Director  
Kayla Dickerson  
Jennifer Harber  
Katrina Magers  
Samantha Nirva

**HIV/STI Prevention**

Kathy Thornson, Director  
Cynthia Allen  
Pamela Cashdollar  
Rochelle Feldheiser-Keyes  
Korrin Taylor

**Clinical Services Division**

Susie Cisney, Director  
Lindsay Horace, Clinical Practice Manager  
Rodeline Alcide  
Rubina Berumen  
Brenda Carter  
Jessica Chaney  
Jamie Cook  
Jasmine Cox  
Audrey Dominguez  
Laura Fair  
Rebecca Kopke  
Candy Lucero-Palma  
Kelsey Martin  
Kelli Roe  
Steve Williams  
*Medical Interpreters*  
Ei Aung  
Saw Ridgeway

**Community Health & Case Management**

Erika Pitcher, Director  
Angela Klopfenstein  
Laura Sanchez  
Phil Steigerwald  
Laura Weaver

**Environmental Services Division**

David Fiess, Director  
*Pollution Control Program*  
Gary Chapple, Program Coordinator  
Mark Herber, Enforcement Coordinator  
Kathy Doseck  
Audrey Graft  
Steven Kiermaier  
Kyle Mathewson  
John McCue  
Nellie Peffley  
Ryan Sievers  
*Vector Control & Healthy Homes Program*  
Josh Blauvelt, Program Coordinator  
Francis Koch  
Teresa Marion  
Trina Riecke  
Cindy Wable

## COMMUNITY PARTNERS

The Allen County Department of Health works with a number of partners to fulfill its mission of promoting the health, safety and well-being of all residents by providing professional, responsive and cost-effective services to the community.

We are grateful to all of the listed agencies and organizations for their ongoing collaboration and partnership.

122nd Indiana Air National Guard  
A Hope Center  
Aging & In-Home Services of Northeast Indiana  
Allen County Government  
Allen County Partnership for Water Quality  
Allen County Purdue Extension Office  
Allen County Sheriff's Department  
Allen County TRIAD  
Allen County War Memorial Coliseum  
Amani Family Services  
American Lung Association  
American Red Cross  
Anthis Career Center  
Associated Churches  
Ball State University  
Big Brothers Big Sisters of Northeast Indiana Inc.  
Bowen Center  
Brightpoint

Catholic Charities  
Center for Behavioral Health  
Center for Nonviolence  
Citilink  
City of Fort Wayne  
City of New Haven  
CleanSlate Addiction Treatment Centers  
Community Harvest Food Bank  
Crime Victims Care of Allen County  
Drug and Alcohol Consortium of Allen County  
East Allen County Schools  
Euell A. Wilson Community Center  
First Steps of Allen County  
Forensic Nursing Specialists, Inc.  
Fort 4 Fitness  
Fort Wayne Community Schools  
Fort Wayne Downtown Rotary Club  
Fort Wayne Housing Authority  
Fort Wayne Medical Education Program  
Fort Wayne Medical Society  
Fort Wayne Police Department  
Fort Wayne Recovery  
Fort Wayne Sexual Assault Treatment Center  
Fort Wayne Urban League  
Fort Wayne-African American Cancer Alliance  
Grabill Town Hall  
Great Kids Make Great Communities  
Healthier Moms & Babies  
HealthVisions Midwest  
Huntington University  
Indiana Attorney General

Indiana Immunization Coalition  
Indiana State Department of Health  
Indiana Tech  
Indiana Wesleyan University  
IU Lafayette Street Family Health Clinic  
IU School of Medicine-Fort Wayne  
Ivy Tech Community College  
Leo-Cedarville Town Hall  
Lutheran Health Network  
Lutheran Social Services of Indiana  
Manchester University  
March of Dimes  
Matthew 25 Health & Dental Clinics  
McMillen Center for Health Education  
Monroeville Utility Department  
Multicultural Council of Fort Wayne  
Neighborhood Health Clinics  
Northwest Allen County Schools  
Omni Care  
Park Center  
Parkview Health  
Planned Parenthood of Indiana  
Positive Resource Connection  
Prime Time Youth Center  
Purdue University Fort Wayne  
Southwest Allen County Schools  
St. Joseph Community Health Foundation  
St. Joseph River Watershed Initiative  
Stop Child Abuse & Neglect  
Super Shot Inc.  
The Rescue Mission/Charis House  
Three Rivers Ambulance Authority  
Tobacco Free Allen County  
Turnstone  
United Way of Allen County  
University of Saint Francis  
Veterans Center  
Volunteer Center@RSVP  
Walgreens  
Wayne Township Trustee  
Woodburn City Hall  
YMCA of Greater Fort Wayne  
YWCA of Northeast Indiana



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