



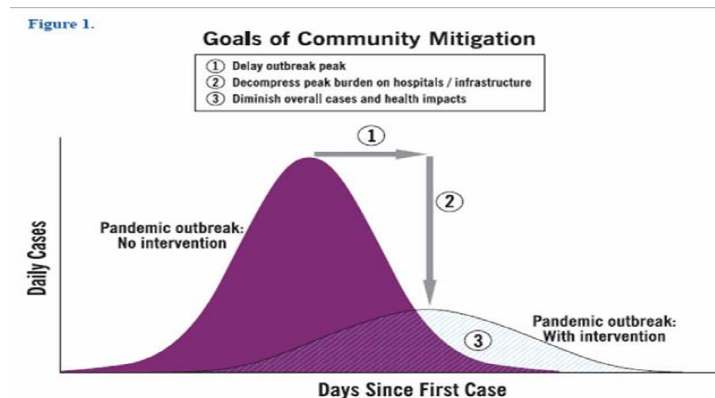
New Hanover County Health Department Quarterly Report October 1- December 31, 2008

Community Containment

In early November, 2009, the New Hanover County Board of Health participated in a community containment seminar provided by the Public Health Regional Surveillance Team (PHRST) from Region 2. Members of the board were given information on topics, including but not limited to, isolation, quarantine, social distancing and antivirals. In addition to general information, details on the New Hanover County Community Containment Plan were provided. The current plan was revised in the Spring of 2008 after a pandemic influenza tabletop exercise discussing the parts of the plan.

The goal of community containment is to prevent or reduce the spread of a disease in the community. This means reducing the number of outbreaks, decreasing the number of cases, or, if possible, spreading out the number of cases over a longer period of time. The reason for community containment is relatively simple when you consider the consequences of doing nothing that could result in the spread of the illness and death; not to mention the problem with overloading the health care system.

Below is an epidemiology curve describing a pandemic influenza emergency with and without intervention including the use of isolation, quarantine, and social distancing. (Figure 1 located in the State of North Carolina Community Containment Plan)

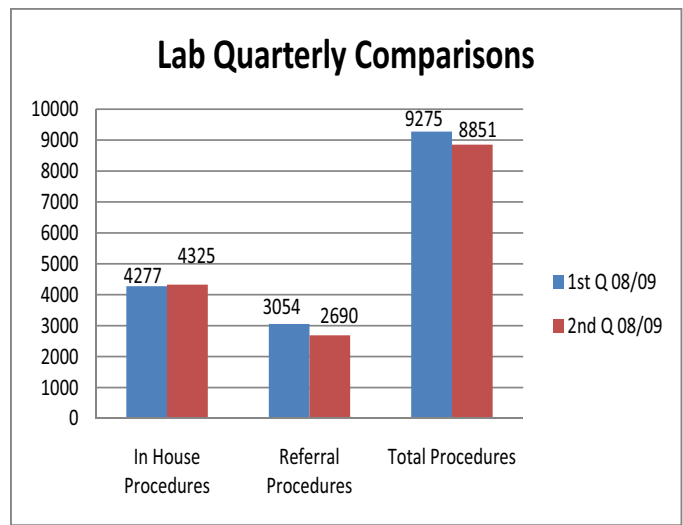
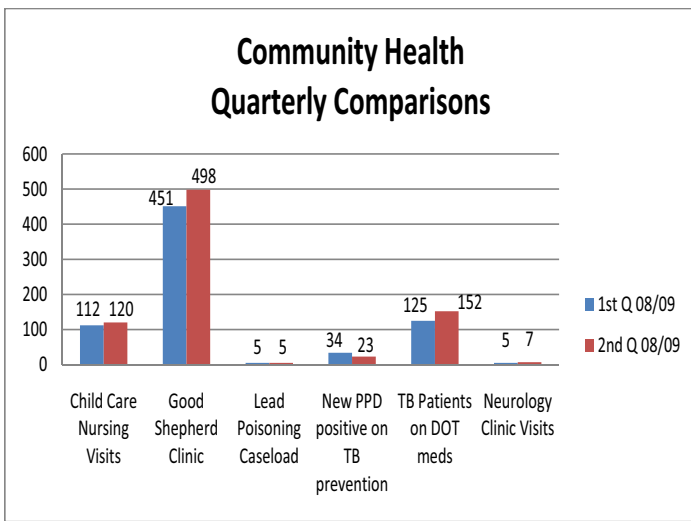
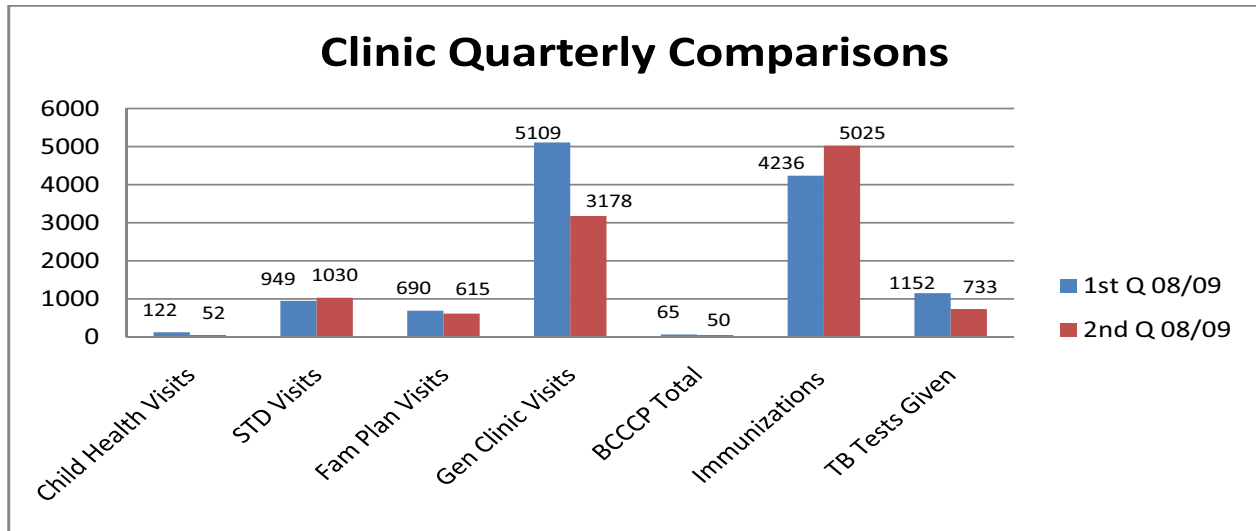


As mentioned before, isolation, quarantine and social distancing are different parts of community containment that could be used depending on the disease and consequences for the community. For instance, if social distancing is recommended, many social events may be cancelled and the revenue from those events would be lost. This is done to reduce the possibility of people coming into contact with persons that are sick. Whereas, isolation is used when a person is known to have symptoms of the illness and are required to stay in a location away from others. Quarantine is similar, but the difference is that persons are not symptomatic, but have been in contact with a sick person. In North Carolina, several statutes are in place to give State and Local Health Directors the power to quarantine/isolate if necessary for up to 30 days.

Although community containment has been used for hundreds of years, some new options came about from the SARS outbreak several years ago (2003-2004). More thought was put into focused care for people that were sick and protection for those not affected, while keeping in mind the rights of the individual and the need for the community to remain safe and healthy. Additional support has been set-up by including vaccination, the use of antivirals (such as Tamiflu and Relenza), and good infection control; such as, good hand washing techniques, covering your cough, and sneezing into your sleeve.

When it comes time to set-up community containment, there are some important issues for community and public officials to consider, such as the need to maintain critical infrastructure (utilities: water, power, etc.), provide the community with good information to maintain a trusting relationship, consider emotional and political concerns to the restriction of movement (isolation and/or quarantine orders), and workplace issues such as the financial impact to families and communities when social distancing is in place.

Personal Health Services

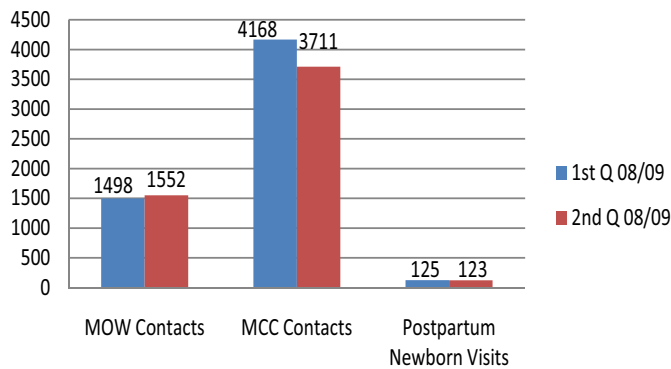


Reportable Disease

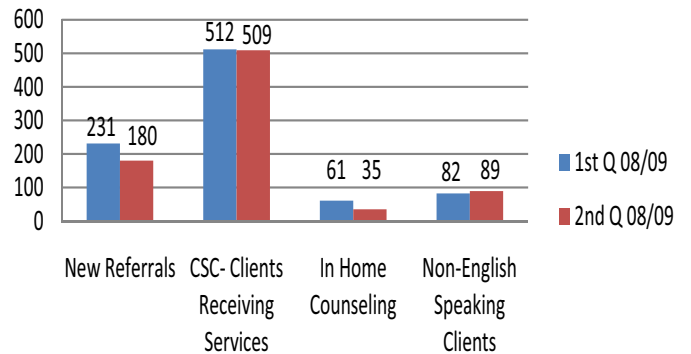
<i>AIDS</i>	6	<i>HIV Infection</i>	7
<i>Campylobacter</i>	1	<i>Leptospirosis</i>	0
<i>Cryptosporidiosis</i>	0	<i>Listeriosis</i>	0
<i>Chlamydia</i>	210	<i>Lyme Disease</i>	0
<i>E. Coli 0157:H7</i>	0	<i>Malaria</i>	0
<i>Gonorrhea</i>	118	<i>Meningitis, Pneumococcal</i>	0
<i>Haemophilus Influenzae</i>	0	<i>Pertussis</i>	0
<i>Hepatitis A</i>	0	<i>Rocky Mountain Spotted Fever</i>	1
<i>Hepatitis B, Acute</i>	2	<i>Salmonella</i>	20
<i>Hepatitis B, Chronic</i>	2	<i>Shigella</i>	3
<i>Hepatitis C, Acute</i>	0	<i>Syphilis, Total</i>	1

Personal Health Services

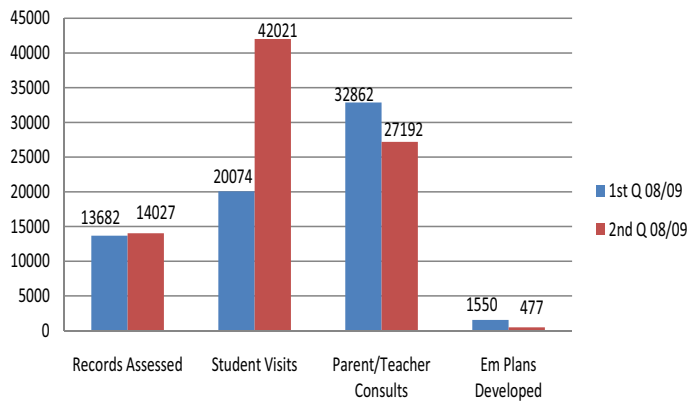
Maternal Health Quarterly Comparisons



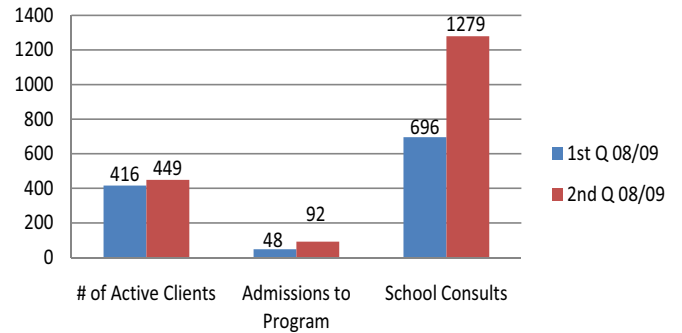
Child Health Services Quarterly Comparisons



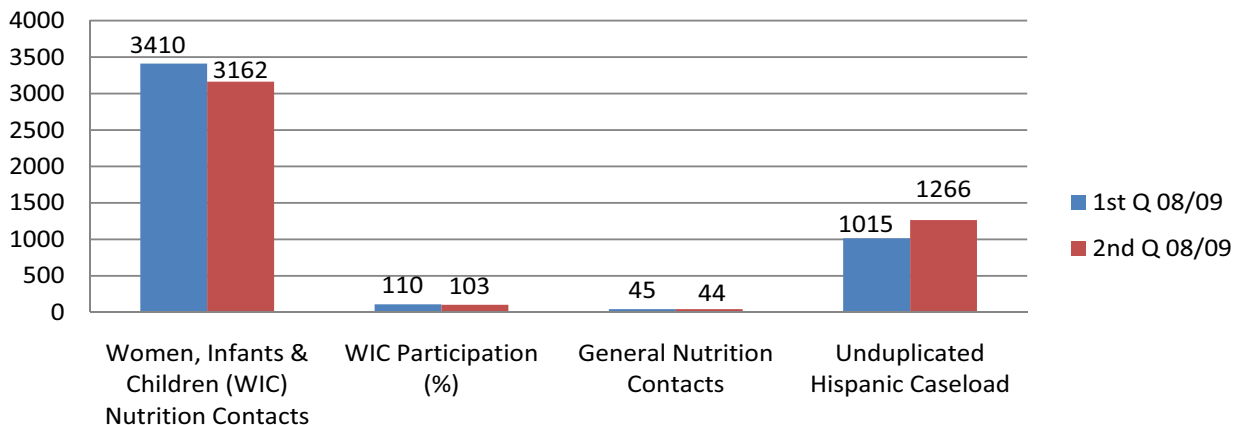
School Health Quarterly Comparisons



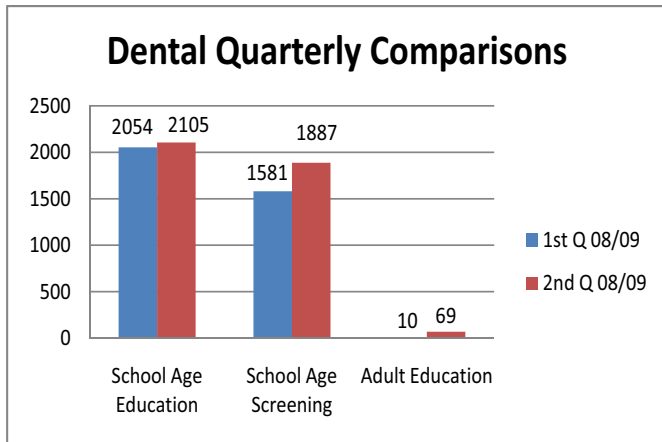
School Mental Health Quarterly Comparisons



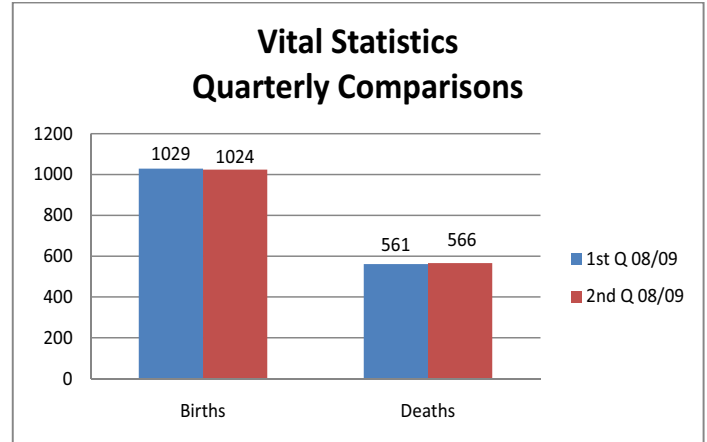
Nutrition Services Quarterly Comparisons



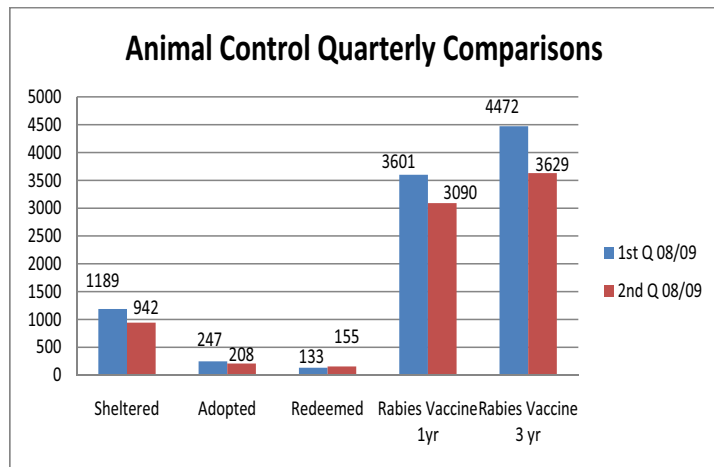
Dental Health



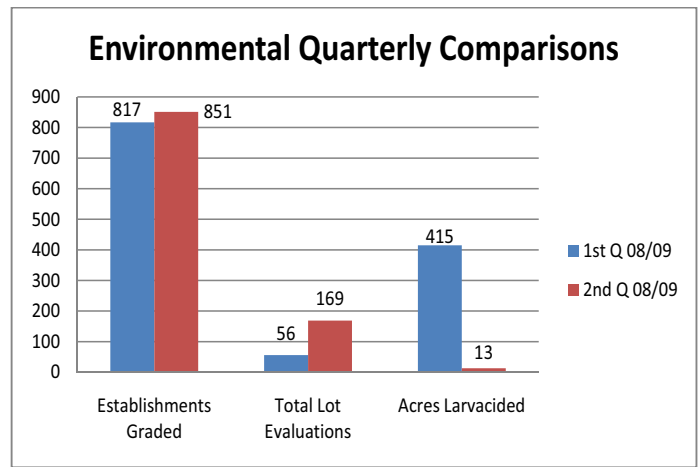
Vital Statistics



Animal Control



Environmental Health



Financial Management

Revenues

Type of Revenue	Current Year				Prior Year			
	Budgeted Amount	Revenue Earned	Balance Remaining	%	Budgeted Amount	Revenue Earned	Balance Remaining	%
Federal & State	\$ 2,034,930	\$ 1,365,606	\$ 669,324	67.11%	\$ 1,962,630	\$ 1,211,339	\$ 751,291	61.72%
AC Fees	\$ 644,855	\$ 315,846	\$ 329,009	48.98%	\$ 642,661	\$ 313,952	\$ 328,709	48.85%
Medicaid	\$ 1,656,310	\$ 574,513	\$ 1,081,797	34.69%	\$ 1,569,058	\$ 471,227	\$ 1,097,831	30.03%
Medicaid Max	\$ 297,211	\$ -	\$ 297,211	0.00%	\$ 309,128	\$ -	\$ 309,128	0.00%
EH Fees	\$ 321,000	\$ 54,533	\$ 266,467	16.99%	\$ 310,000	\$ 112,569	\$ 197,431	36.31%
Health Fees	\$ 422,400	\$ 213,807	\$ 208,593	50.62%	\$ 360,200	\$ 163,980	\$ 196,220	45.52%
Health Choice	\$ 30,000	\$ 8,989	\$ 21,011	29.96%	\$ 35,125	\$ 14,852	\$ 20,273	42.28%
Other	\$ 3,760,783	\$ 1,878,084	\$ 1,882,699	49.94%	\$ 3,762,312	\$ 1,734,768	\$ 2,027,544	46.11%
Totals	\$ 9,167,489	\$ 4,411,379	\$ 4,756,110	48.12%	\$ 8,951,114	\$ 4,022,687	\$ 4,928,427	44.94%

Expenditures

Type of Expenditure	Current Year				Prior Year			
	Budgeted Amount	Expended Amount	Balance Remaining	%	Budgeted Amount	Expended Amount	Balance Remaining	%
Salary & Fringe	\$ 13,706,077	\$ 5,893,096	\$ 7,812,981	43.00%	\$ 13,633,959	\$ 5,684,413	\$ 7,949,546	41.69%
Operating	\$ 2,293,105	\$ 819,916	\$ 1,473,189	35.76%	\$ 2,465,133	\$ 909,639	\$ 1,555,494	36.90%
Capital Outlay	\$ -	\$ -	\$ -		\$ 40,900	\$ 5,816	\$ 35,084	14.22%
Totals	\$ 15,999,182	\$ 6,713,012	\$ 9,286,170	41.96%	\$ 16,139,992	\$ 6,599,868	\$ 9,540,124	40.89%