



CLALLAM COUNTY BOARD OF HEALTH

AGENDA of March 18, 2025 @ 1:30 – 3:30 pm

Clallam County Courthouse

Board of Commissioners Meeting Room 160

223 E. 4th Street

Port Angeles, WA 98362

Board of Health meeting will also be available virtually at:

If you would like to participate in the meeting via Zoom audio only, call 253-215-8782 and join with Meeting ID: 935 7343 5754 and Passcode: 095863

If you would like to participate in the meeting via Zoom video conference, visit <https://zoom.us/j/93573435754> join with Meeting ID: 935 7343 5754 and Passcode: 095863

This meeting can be viewed on a live stream at this link: <https://clallamcountywa.gov/meetings>

Public comment and questions can be directed to the Clerk of the Board at 360-417-2276 or nan.furford@clallamcountywa.gov

- Call to Order
- Roll Call
- Request for Modifications/Approval of Agenda
- Approval of Draft Meeting Minutes for February 18, 2025
- Action Items: None
- Public Comment for Agenda Items – *Please limit comments to three minutes*
- Health Officer: Infectious Disease Update
- Old Business and Information Items:
 1. On-Site Septic Code Update – Environmental Health Staff
 2. HRHC Data/Update – Public Health Staff
 3. Public Health 2024 Annual Report – Public Health Staff
- Discussion Items:
- Board of Health Presentations: None
- Board of Health Public Hearings: None
- Environmental Health Director
- HHS Director

- Future meeting agenda items:
 1. Vaccination Rates
 2. Air Quality and Noise Ordinance
 3. Climate Change
 4. Update on Behavioral Health Organization (BHO)
 5. Olympic Peninsula Healthy Communities Coalition
- Public Comment – *Please limit comments to three minutes*
- Adjournment

NEXT MEETING – April 15, 2025

INSTRUCTIONS FOR SPEAKING AT A BOARD OF HEALTH MEETING:

- Members of the public wishing to address the Board on general items may do so during the designated times on the agenda.
- Members of the public wishing to comment at the public hearing are asked to sign in on the sheet provided giving their name and place of residence.
- The Chair may limit the comment period to 3 minutes for each speaker subject to Board concurrence.
- Speakers, generally, will be heard in the order they signed up. All comments must be made from the speaker's rostrum and any individual making comments shall first state their name and address for the official record.
- General comments, applause, booing from members of the audience are inappropriate and may result in removal.

These guidelines are intended to promote an orderly system for conducting a public meeting/hearing so that each person has an opportunity to be heard and to ensure that exercising their right of free speech embarrasses no one.

Note: Written testimony presented by members of the public during the Board meeting is considered a public document and must be submitted to the Clerk of the Board. Copies of public documents from Board meetings are available by contacting the Public Records Department.

Members:

Chair, Mike French; Vice-Chair, Shahida Shahrir; Dr. Gerald Stephanz; Tia Skerbeck; Paul Cunningham; Jeff Gingell; Mark Ozias and Randy Johnson

Health and Human Services Staff:

Dr. Allison Berry, Health Official; Kevin LoPiccolo, Director; Jenny Oppelt, Deputy Director; Jennifer Garcelon, Environmental Health Director; Nan Furford, Clerk of the Board

FEBRUARY 18, 2025
DRAFT MINUTES



CLALLAM COUNTY BOARD OF HEALTH

AGENDA of February 18, 2025 @ 1:30 – 3:30 pm

Clallam County Courthouse

Board of Commissioners Meeting Room 160

223 E. 4th Street

Port Angeles, WA 98362

Meeting was held via Zoom (Video conference)

REGULAR MEETING OF THE CLALLAM COUNTY BOARD OF HEALTH

Call to Order: The meeting was called to order at 1:30 p.m.

Roll Call: Members present were Chair, Mike French; Commissioner Mark Ozias; Commissioner Randy Johnson; Vice-Chair, Shahida Shahrir; City Council Member Representative, Jeff Gingell; Community Stakeholder, Dr. Gerald Stephanz; Lower Elwha Klallam Tribe, Tia Skerbeck; Jamestown S'Klallam Tribe, Paul Cunningham; Health Officer, Dr. Allison Berry; HHS Director, Kevin LoPiccolo; HHS Deputy Director, Jennifer Oppelt; Environmental Health Director, Jennifer Garcelon

Members absent: None

Request for Modifications/Approval of Agenda

Gerald Stephanz made a motion to approve the agenda, Commissioner Mark Ozias seconded. Agenda approved.

ACTION TAKEN: The Board had unanimous consent to approve the agenda.

Approval of Draft Meeting Minutes for January 21, 2025

Commissioner Mark Ozias made a motion to approve the meeting minutes, Paul Cunningham seconded. Minutes approved.

Public Comment:

None.

Health Officer – Infectious Disease Update – Dr. Berry

Dr. Berry reported that it's been a bad flu year. It has turned around in the last month, and we are seeing a slight decrease at this time. Discussion followed.

Avian flu is in the news. There have been at least 68 cases reported in the United States in humans, fortunately no reports in Clallam and Jefferson counties. Thankfully we are not seeing human to human transmission. No current poultry outbreaks in Clallam or Jefferson counties and no known dairy outbreaks. In Nevada a dairy herd contracted avian flu from wild birds. Discussion followed.

Measles was declared eradicated from the United States 25 years ago, but we are seeing more cases of. We don't have any current cases in our area. It's possible we could get measles through travel. The best way to prevent this is to stay up to date on vaccinations and having your children vaccinated.

Old Business and Information Items:

1. Opioid Settlement Fund Uses (One WA MOU) – Jenny Oppelt
This is a placeholder in preparation for the March 11th joint Board of Health and Behavioral Health meeting.
2. Local Overdose and HRHC Data – Jenny Oppelt
This will be discussed at the joint meeting on March 11th.

Discussion Items:

1. OCH Olympic Connect – Olympic Region Community Care Hub
Lauren Garrett spoke about and presented on Olympic Connect. Discussion followed.
2. Forks Community Hospital Update – Heidi Anderson, CEO.

Heidi spoke about Forks Community Hospital. Discussion followed.

Board of Health Presentations:

None

Board of Health Public Hearings:

None.

Environmental Health Director - Jennifer Garcelon

Jennifer Garcelon updated that the code revision for onsite is at the prosecutor's office for review and was also sent out to the professional industry for feedback. The Water Quality Specialist started today and hopefully soon an Environmental Health Specialist. Discussion followed.

HHS Director – Kevin LoPiccolo

Two new hires at HRHC and one WIC Specialist position for the Forks office is posted. We are moving forward with our Public Health Emergency Response Coordinator position funded through FPHS. Discussion followed.

Public Comment

None.

Adjournment

The meeting was adjourned at 2:57 p.m.

Next Meeting – March 18, 2025

PASSED AND ADOPTED this _____ day of _____, 2025

CLALLAM COUNTY BOARD OF HEALTH

Mike French, Chair

Allison Berry, MD, MPH, Health Officer

ATTEST:

Nan Furford, Clerk of the Board

**PUBLIC HEALTH
2024 ANNUAL
REPORT**



Clallam County
Public Health



2024 ANNUAL REPORT



**Year
2024**

Prepared by

**Public Health
Department**

Prepared for

**Board of
Health**

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Land Acknowledgement & Mission Statement



Land Acknowledgement

We acknowledge that we gather on the ancestral lands of the Jamestown S’Klallam Tribe, Lower Elwha Klallam Tribe, Makah Tribe, and the Quileute Tribe who have lived and stewarded this land for countless generations. We honor their enduring connection to these lands and waters and recognize the continued sovereignty and resilience of the Tribes. We also acknowledge the historical injustices faced by indigenous peoples and commit to working toward reconciliation and respect for their cultural heritage, traditions, and rights.

Mission

Our mission is to safeguard and enhance the well-being of our community by promoting public health, preventing diseases, and ensuring equitable access to healthcare resources. Through evidence-based practices, community engagement, and collaborative partnerships, we strive to create a healthier and more resilient society.

Department Overview

CCHHS Public Health Office

Health Officer:

Dr. Allison Berry, MD, MPH

Public Health Nurse Manager:

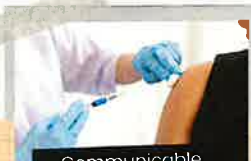
Madison Gallentine, BSN, RN

Director of HHS:

Kevin Lopiccio

Deputy Director of HHS:

Jenny Oppelt



Communicable
Disease Prevention
and Response

Public Health Nurse:

Summer Richardson, MSN, RN
Thomas Schemm, RN

Public Health Medical Assistant:

Stephen Basubas, MA-R, MPH

PH Support Specialist:

Sean McAtee
Erin Hendrix (Covid Contract)

Epidemiologist:

Mondana Madjdi



Harm Reduction
Program

Harm Reduction Coordinator:

Siri Fersman-Sims

Prevention Specialist:

Lari Karan

Public Health Support Specialist:

Kylessa Duncan

Public Health Support Specialist:

Vacant



Maternal/Child
Health Programs

Children & Youth w/ Special Needs Coordinator:

Tina Moody (Forks Office)

WIC Coordinator:

Ruby Nelson (Forks Office)

WIC Specialist I:

Kelsey Blahner

WIC Specialist II:

Vacant



Vital Records and
Support

Communications Specialist:

Lisa Bridge

Customer Service Specialist:

Leis Blank
Samuel Mitchell

Staffing

The public health department has faced significant challenges over the past few years due to persistent understaffing and high turnover rates among its staff. Frequent departures have diminished institutional knowledge, making it difficult to implement long-term health initiatives effectively. This turnover has not only strained resources but also hindered the department's ability to respond promptly to public health crises, leading to gaps in community outreach and service delivery. As remaining employees grapple with increased workloads and the need to onboard new team members, the department is steadily working with employees on ways to improve employee happiness, work-life balance and stability in the work environment. The department recognizes that a dedicated workforce is essential for safeguarding community health.

Department Overview

Meet the Staff



Lisa B.
Favorite Subject: Communications



Summer R.
Favorite Subject: Communicable Disease



Stephen B.
Favorite Subject: Immunizations



Lois B.
Favorite Subject: Vital Records



Kyrissa D.
Favorite Subject: Harm Reduction



Samuel M.
Favorite Subject: Vitals/WIC

Department Overview

Meet the Staff



Siri
Favorite Subject: Harm Reduction



Madison
Favorite Subject: Herding Cats



Lari
Favorite Subject: Harm Reduction



Tina
Favorite Subject: Maternal Child Health



Rowan
Favorite Subject: Sleeping



Dr. Berry
Favorite Subject: Communicable Disease

Department Overview

Meet the Staff



Jenny
Favorite Subject: Rowan



Moni
Favorite Subject: Data



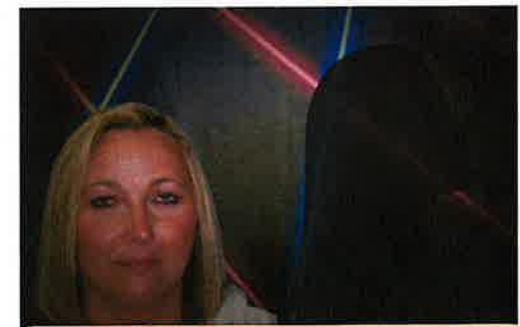
Sean
Favorite Subject: Data



Kevin
Favorite Subject: Directing



Tom
Favorite Subject: Communicable Disease



Ruby
Favorite Subject: WIC

Department Update

New Look, Department

The health department has recently made improvements to its facilities, thanks to an infrastructure grant from the DOH. The funding allowed for:

- The purchase of new sit-stand desks which are highly beneficial to the staff's health.
- Improvements to the waiting area, particularly for children, when they come in for appointments.
- Sound proofing measures throughout key areas, creating a quieter, more private environment for consultations and patient interactions, plus the screaming babies.

These upgrades reflect the department's commitment to providing a better work environment for employees and a more welcoming, confidential space for community members seeking health services.



Department Update

ANNUAL REPORT 2024



CLALLAM COUNTY PUBLIC HEALTH

Department Update



New Look, Logos Creating HHS Cohesion

The health department has delighted in the unveiling of the new logos that capture the beauty of Clallam County. These logos were designed by local artist Sarah Necco, to reflect the county's natural beauty- its forests, mountains, lakes, and coastline- they serve as a visual reminder of our connection to the community and the environment we serve.

The fresh, cohesive design aims to bring a unified look to all of our programs and services, promoting a stronger, more professional identity for the department. With this updated branding, we hope to build confidence and reinforce our commitment to the health and well-being of the people of Clallam County.

Department Update

Outreach

Public health participated in various community events in 2024. Dry Creek Elementary had a field trip to the department this past summer and Public Health and Environmental Health gave presentations on the importance of vaccines, proper handwashing techniques, watershed demonstrations, and the kids all took turns drawing a watershed.



Department Update

Outreach

The department was represented at the Public Safety Event in Sequim, the Port Angeles Senior Center Health Fair, Pride events in Sequim and Port Angeles, a community clean-up event, International Overdose Awareness Day event, and nation-wide harm reduction event in Detroit, MI and Boise, ID.



Department Update

Personal Protective Equipment (PPE)



With an infrastructure grant from DOH, CAPR (controlled air-purifying respirator) systems were able to be purchased. Having experienced the problem with PPE shortages during the pandemic, this system allows the health department to be more insulated from that potential problem. This replaces the need for masks and face shields and is a great alternative to N95's.

The department was also able to stock up on our own supply of PPE with that grant as well, which positions public health to be more prepared for future outbreaks and pandemics.



Department Update

Personal Protective Equipment (PPE)



To support skilled nursing facilities and long-term care facilities that are often in and out of covid and flu outbreaks, the department purchased air-purifiers that can be loaned out to facilities in outbreak status.

An industrial steamer was also purchased by the department to be loaned out to the local facilities that are dealing with lice and scabies outbreaks.



Covid Test Distribution

DOH continued their covid test program which allowed public health to provide 30,000 free covid tests to the public. County libraries, HRHC, the public health department, narcan boxes, and the DOH kiosk were distribution sites to get the tests out to the public. These deliveries required all-hands-on deck for distribution, at times moving carloads to the libraries and to put in storage at the warehouse. This team effort allowed the public quickly received thousands of free tests.



Department Update

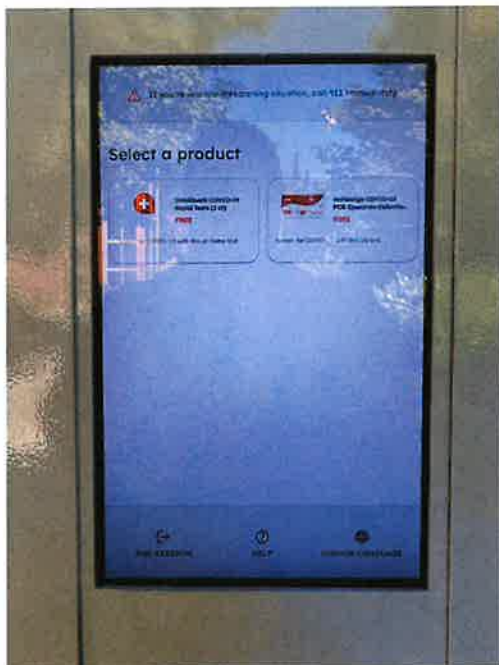
Test-and-go Kiosk



The health department has worked with the state and Peninsula Community College to place a kiosk stocked with free covid and flu tests.

The kiosk is able to be stocked with harm reduction items, but must be purchased and placed in premade boxes designed to fit inside the machine.

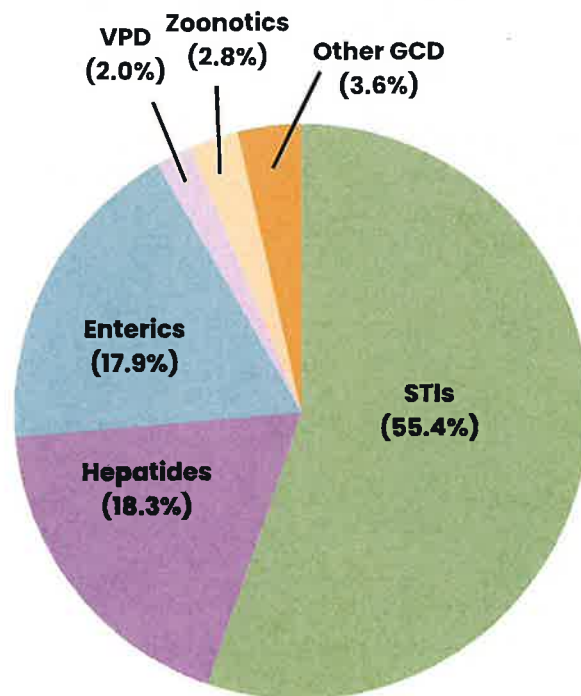
The future of the kiosk is unclear as the state has now determined they are no longer going to fund the kiosks every month and have asked the LHJs to pay between \$1,225-\$2,350 for the monthly fee, which is not feasible for our department.



Communicable Disease

In 2024, Clallam County saw a concerning rise in communicable diseases, particularly in sexually transmitted infections (STIs) such as syphilis and HIV. The drastic uptick in cases underscores the importance of regular testing, safe practices, and public awareness efforts.

Additionally, vaccine preventable diseases like pertussis (whooping cough) are also on the rise, signaling a need for improved vaccination coverage across the community. The public health department is actively working to address these trends through outreach, education, and collaboration with healthcare providers to ensure residents remain informed and protected.



**Confirmed
CD Cases By
Category,
2024**



Total Confirmed CD Cases

251



Total CD Cases Worked

444



Total Outbreaks

44

Communicable Disease

CD Investigation VS. Data Reporting

- Working a communicable disease case refers to a case that is suspected based on clinical symptoms, initial observations, or preliminary tests, but has not yet been confirmed through definitive laboratory testing or diagnostic criteria.
- These cases can be confirmed, probable or suspect. They are typically monitored and might need treatment coordination while case confirmation is pending.
- A confirmed communicable disease case has been definitively diagnosed based on established laboratory tests, clinical signs, or other diagnostic standards that conclusively verify the presence of the disease.
- Public health staff rely on both working and confirmed cases to track outbreaks, initiate control measures, and allocate resources. Confirmed cases carry more weight for reporting and decision-making.

How long does it take to work a case?

TB: 6-9 months

HIV: 1-4 weeks

Rabies: 1-7 days

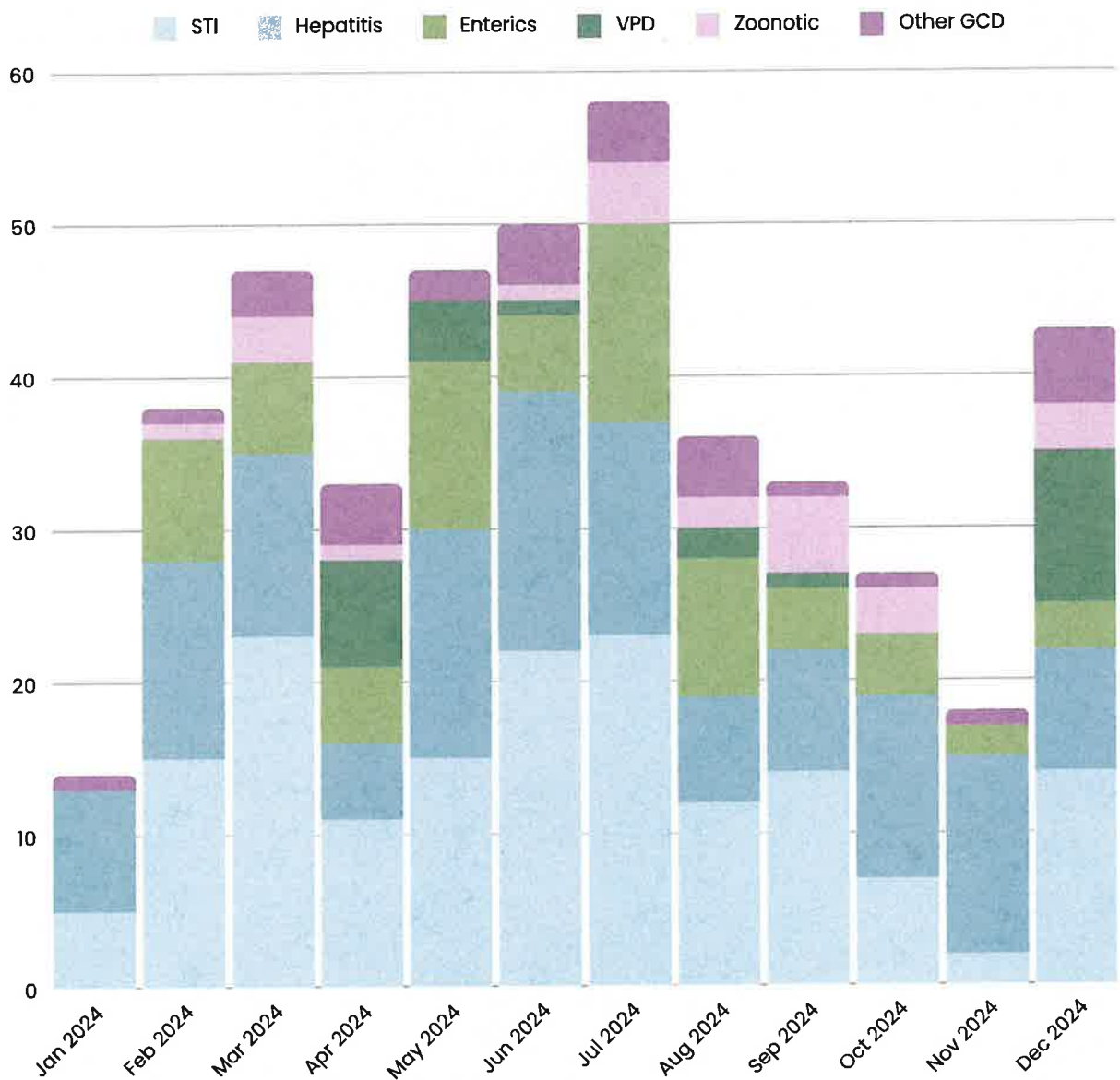
Chlamydia: 1-7 days

Syphilis: 1-4 weeks

Enterics: 1-2 weeks

Communicable Disease

Disease Investigations by Category, Jan-Dec 2024



Communicable Disease



Responding to Outbreaks

Public health worked and responded to 44 outbreaks this past year by quickly identifying the source of infection, containing its spread, and preventing further cases. When an outbreak occurs, the public health team mobilizes to conduct surveillance, investigate cases, and trace contacts to understand the scope and spread of the disease. The team implemented control measures such as quarantines, vaccination campaigns, and public health advisories.

Collaboration with healthcare providers, other government agencies, and the community is essential to coordinate an effective response. The Public Health staff analyzes data in real time to assess the outbreak's progression and adjusts interventions accordingly. Throughout the process, public health communication is vital to inform the public, dispel misinformation, and provide guidance on protective behaviors. The department has been fortunate to have a great Communications Specialist join the team and she has been vital to this role.

2024 Outbreak Trends

Outbreak response and the role of public health differs based on the type of disease. In 2024, the majority of outbreaks were respiratory disease related (primarily COVID-19). In several instances, a facility or organization was experiencing an outbreak of more than one disease, which is common for respiratory season - for example, an outbreak of both COVID-19 and influenza A. With changes to available antigen testing available from the state department of health, detecting and responding to influenza outbreaks became more difficult in 2024, delaying detection and notifications and resulting in larger outbreaks that were more difficult to control.

CCPH also investigated several other types of outbreaks, including norovirus, a gastrointestinal illness that can spread very rapidly in facilities such as long term care, childcare centers and shelters.

Communicable Disease

P. Lilacinum Outbreak



Clallam County has recently reported cases of *Penicillium lilacinum*, a fungal pathogen that can pose health risks, particularly to individuals with compromised immune systems. Commonly considered an environmental organism, *P. lilacinum* can lead to opportunistic infections in susceptible populations. The health department has been working with the DOH and CDC and has been monitoring these cases closely and has not yet found the source of infection. This was possibly the largest cluster of *p. lilacinum* ever found in the US with 93% of the positive tests this year potentially coming from a common source, however this is still an ongoing investigation.

Pertussis Clusters



The county experienced an outbreak of pertussis, commonly known as whooping cough, this past year prompting the department to take swift action. This highly contagious respiratory illness primarily affects children but can also impact adults, leading to severe coughing fits and potential complications, especially among pregnant people and infants. The outbreak has raised concerns about vaccination rates in the community. While those vaccinated may still get symptoms of the sickness, the vaccine reduces the risk of severe illness and/or hospitalization.

Health authorities are actively working to increase awareness about the importance of the DTaP and Tdap vaccines, particularly for infants, children, and pregnant women. Community outreach efforts have included vaccination clinics and educational campaigns aimed at encouraging timely immunizations and getting caught up on immunizations. The nurses have also done considerable educational outreach to health care facilities on proper testing and treatment for those that test positive and people who were exposed.

Communicable Disease

Respiratory Diseases

Clallam County continued to see COVID-19 disease activity throughout the year. Other major respiratory diseases such as influenza A and B and RSV were more prevalent during the earlier months (January–February), but COVID-19 continued to have multiple spikes in activity throughout the year, most notably a large summer spike.

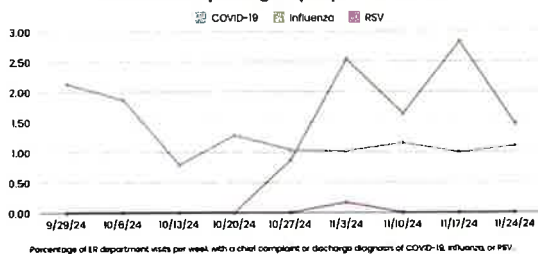
The department continued surveillance of those diseases throughout the year and also began a new Weekly Respiratory Report. This was started at the beginning of October 2024 and is hosted publicly on the website.



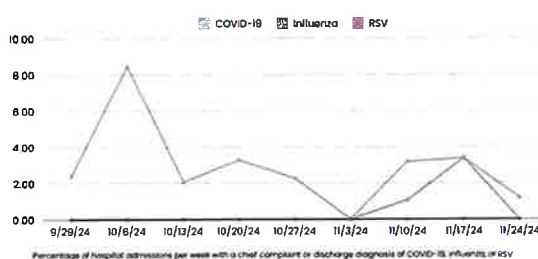
Weekly Respiratory Disease Report

Week 49: November 24–30, 2024

Clallam County Emergency Department Visits

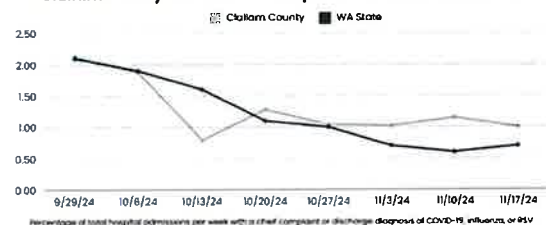


Clallam County Hospital Admissions

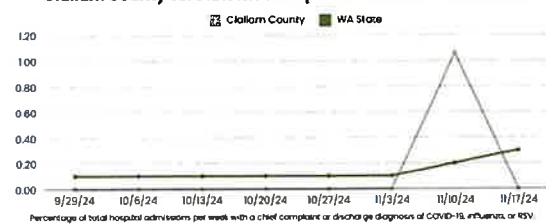


Source: WA DOH Rapid Health Information Network (RHIN) via the CDC National Syndromic Surveillance Program (NSSP), November 2024. Report compiled by Clallam County Health & Human Services on 12/2/2024. For questions, please email publichealth@clallamcountywa.gov.

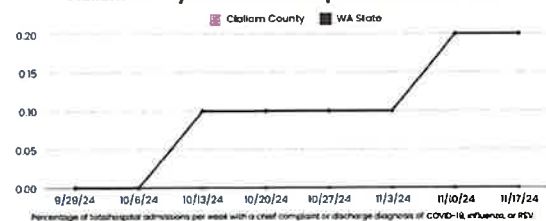
Clallam County vs. Statewide Hospital Admissions - COVID-19



Clallam County vs. Statewide Hospital Admissions - Influenza



Clallam County vs. Statewide Hospital Admissions - RSV



Communicable Disease



Disease Surveillance

What is surveillance?

Disease surveillance is a systematic process for collecting, analyzing, and interpreting health data to track the spread of diseases and identify potential outbreaks. It's essentially a way of monitoring public health in real-time. The goal is to detect any patterns or increases in disease cases early, so that actions can be taken to control or prevent further spread. It's like keeping a close watch on the health of a population to spot any "red flags" or trends that could suggest a new or re-emerging health threat.

Surveillance can be done in various ways:

- Passive surveillance relies on healthcare providers reporting cases of disease as they occur, often on a routine basis.
- Active surveillance involves actively seeking out information by reaching out to healthcare providers or communities, especially in high-risk areas.
- Sentinel surveillance uses selected sites or groups (like hospitals or clinics) to monitor disease trends and provide early warnings.
- At CCPH, an element of all three types are used thanks to strong community partnerships.

Through surveillance, we can determine things like:

- How widespread a disease is.
- Which populations are most affected.
- What interventions may be needed.
- Whether a new variant of a disease is emerging.

Effective surveillance helps CCPH respond quickly and make decisions based on data, like notifying the public via social media posts, issuing warnings, allocating resources, or even implementing control measures (such as vaccination campaigns). The following are some examples of awareness campaigns:

Communicable Disease

Emerging Pathogens/Surveillance

Highly Pathogenic Avian Influenza (HPAI)

HPAI continues to pose a threat to our community as animals who are sick or die from this illness can result in community exposure, requiring symptom monitoring as well as collaboration with state wildlife and public health authorities to prevent spread to the human population. In 2024, CCPH tracked all emerging information about HPAI and shared this info with the public in several ways, including social media posts. Public health staff also attended regular update calls led by state and national disease experts. There were multiple reports from the public in 2024 of sick or dead wild birds found in Clallam County, and CCPH assisted with guidance around potential HPAI exposures, referrals to testing for the birds, and symptom monitoring for potentially exposed individuals.



Highly Pathogenic Avian Influenza (HPAI)

Also known as BIRD FLU

Update about Avian Flu in Washington

- There are no current human cases in WA
- There has not been human to human transmission
- There has not been a positive case in WA in cows

The state is monitoring poultry and dairy farms closely.

*You may be asked at a medical appointment about any bird or cow exposure, this is part of the monitoring.

Stay Safe & Be Informed

Avoid Contact with Wild Birds: Do not feed or handle wild birds, particularly those that appear sick or dead.

Practice Good Hygiene: Wash your hands thoroughly with soap and water after handling birds, including chickens, or their environments.

Avoid Drinking Raw Milk: Dairy cows can pass on the virus through their milk. Pasteurization effectively inactivates bacteria and viruses, including bird flu, so avoid raw milk, unpasteurized cheese or any item made with unpasteurized milk.

Avoid Raw Meat: For yourself and pets, be sure that all poultry is thoroughly cooked to inactivate the bacteria and virus. Cats in particular are vulnerable to illness and death from bird flu. Avoid raw meats for your pets.



RAW CAT FOOD RECALL

A brand of natural cat food is being pulled from store shelves after reports that a cat in Oregon who ate the pet food contracted bird flu and died.

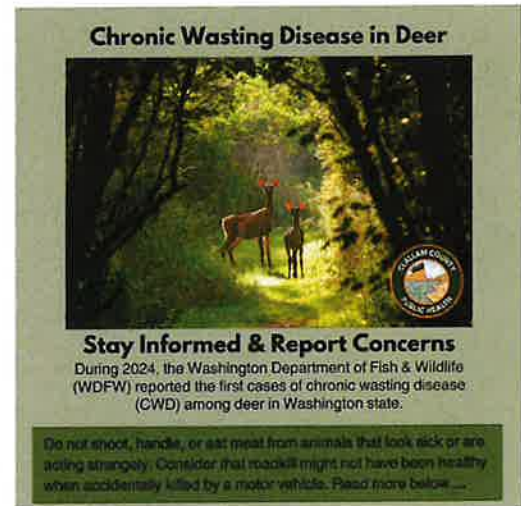


Communicable Disease

Emerging Pathogens/Surveillance

Chronic Wasting Disease

Chronic Wasting Disease or CWD is a prion disease that affects primarily deer, elk, and moose. While no CWD infections in people have ever been reported, prion diseases are incredibly dangerous to humans and extra precaution is important, especially during hunting season when hunters may encounter sick deer. Because CWD has been detected in deer in WA State, CCPH shared a social media campaign from WA DOH with warning signs and recommendations on how to hunt and process deer safely and minimize risk.



Multidrug Resistant Organisms (MDROs)

A multi-drug resistant organism or MDRO is an organism or bacteria that has developed a resistance to one or more commonly used antibiotics. When an infection occurs from an MDRO, it can be particularly risky to not only the infected person but the healthcare workers and facilities they are in contact with. CCPH worked with several different local hospitals and long term care facilities in 2024 to identify multiple MDROs in patients and supplied crucial infection prevention information and guidance to ensure little to no spread occurred.



Communicable Disease

Emerging Pathogens/Surveillance

Viral Hemorrhagic Diseases (i.e. Marburg & Ebola)

Marburg and Ebola viruses are two similar types of viral hemorrhagic diseases that are very severe and often fatal. In September of 2024, an outbreak of Marburg virus was declared in Rwanda. WA DOH reached out to all local health jurisdictions including Clallam County Public Health in order to educate on the signs, symptoms and risk factors, and a traveler alert was set in place for individuals returning from Rwanda. This was an example of a disease response where no cases were detected, but there was an extensive amount of surveillance and coordination at CCPH in order to prepare in the event of an exposure.



Eastern Equine Encephalitis

With climate change and rising temperatures often comes increases in tick and mosquito borne diseases, and 2024 was no exception to this. One disease that was not detected in Washington state but was part of our surveillance was Eastern Equine Encephalitis or EEE. 19 total cases of EEE were diagnosed in 2024, with most occurring on the East Coast and Wisconsin. EEE is a mosquito borne disease similar to West Nile and Zika viruses and can be dangerous especially in areas with larger bodies of water. CCPH released informational campaigns for EEE on social media platforms and continued surveillance to watch for any changes or detections of the disease in Washington state.



Communicable Disease



General Communicable Disease

WHOOPING COUGH.

This Notice is Posted in Compliance with Law
 "Every person who shall wilfully tear down, remove or deface any notice posted in compliance with law, shall be fined not more than seven dollars."--(GENERAL STATUTES OF CONNECTICUT, REVISION OF 1902, SECTION 1173).

Town Health Officer.

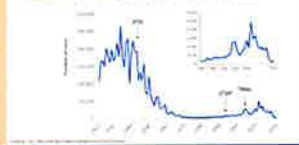
Pertussis

A sharp increase in cases of Pertussis (whooping cough) was seen in Clallam in 2024. The public health department continues to address these trends with outreach, contact investigation, education, immunizations and collaboration with both state public health authorities and local healthcare providers.

Pertussis 101

Pertussis cases before widespread vaccination
 In the 20th century, pertussis was one of the most common childhood diseases and a major cause of U.S. childhood mortality. Before the availability of a pertussis vaccine in the 1940s, public health experts reported more than 200,000 cases of pertussis annually.

Reported NNDSS pertussis cases: 1922-2022



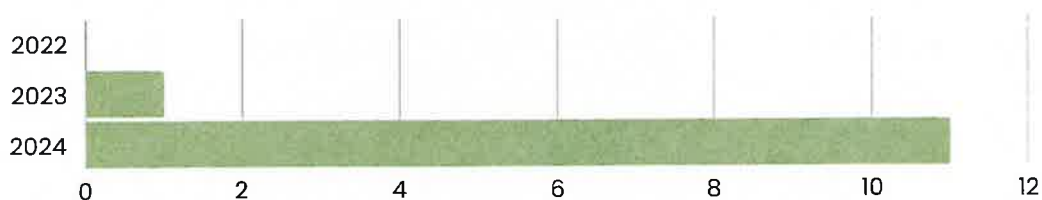
Pertussis cases from the 1940s to 1980s

Widespread use of the vaccine began with the introduction of the diphtheria, tetanus toxoid, and whole-cell pertussis (DTP) vaccine in 1948. Since then, the number of cases each year has decreased more than 90%, compared with the pre-vaccine era.

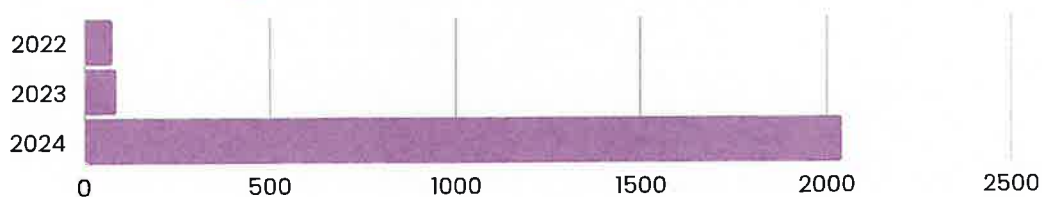


In 2024, there was a rise in pertussis cases not only in Clallam County but statewide in Washington and nationally as well. Disease surveillance was a key part of building and preparing to respond to these cases at CCPH, especially in circumstances such as detection of disease in school-aged children. Public health staff worked with local school administrators and healthcare staff to identify possible exposures and notify families of risks and how to test.

■ Clallam County Pertussis Cases (Probable & Confirmed)



■ WA State Pertussis Cases (Probable & Confirmed)



Communicable Disease



General Communicable Disease



Rabies

Rabies is a disease spread by the saliva of an infected animal and poses a serious health risk to human beings who come into contact with the saliva through a bite or scratch. Rabies is often fatal and is incredibly dangerous and is carried primarily in bats in Clallam County - in 2024, two bats tested positive. This year, Clallam County Public Health responded to 17 potential rabies exposures in humans. This response includes a thorough investigation of the exposure type and risk, recommendations on when and how to seek post-exposure prophylaxis treatment at the individual's local emergency room, and frequently also includes coordinating the shipping and testing of a deceased animal through the state Public Health Lab.



Lyme Disease

Clallam County is now dealing with the emergence of Lyme disease that has most likely been acquired locally, a shift that has been attributed to the impacts of climate change. Warmer temperatures and changing precipitation patterns have created a more favorable environment for the ticks that transmit the disease, expanding their range into areas where they were previously uncommon. The health department's Efforts are underway to educate the community about prevention strategies, such as tick avoidance and removal and the importance of prompt medical attention for unexplained symptoms.

Communicable Disease



General Communicable Disease



Enteric Diseases

Enteric disease is a category of illness that usually involves intestinal distress, and typically has symptoms including nausea, diarrhea and vomiting. Some enteric diseases are spread person to person, and some are contracted via contaminated water or food. This year, CCPH responded to 70 enteric disease cases in 2024, which involved lengthy interviews and education on preventing spread and getting appropriate treatment. Frequently, CCPH coordinates with Clallam County Environmental Health on these types of cases, especially if local environmental exposures are suspected. Types of enteric diseases that were frequently reported included campylobacter, giardia, salmonella, and E. coli.



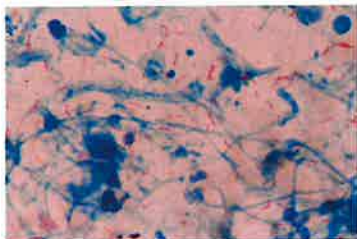
Legionella

Legionellosis (also known as Legionnaire's Disease) is an often very severe type of pneumonia caused by the Legionella bacteria. This infection typically is acquired by contaminated water sources, and while legionella bacteria naturally occur in water, they can grow and spread in building water systems especially ones that are not cleaned or well maintained. Individuals with legionellosis are often high risk or immunocompromised. In the fall of 2024, a case of legionella infection in Clallam resulted in an extensive investigation conducted by CCPH, the WA DOH, and several local healthcare facilities. After high levels of legionella were found in the water systems of a local long term care facility, remediation was coordinated and the facility was able to return to having safe water.

Communicable Disease

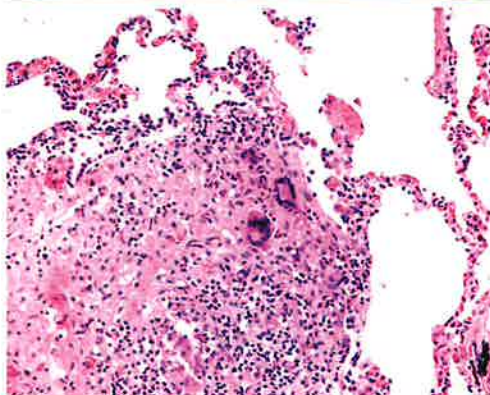


General Communicable Disease



Tuberculosis

Our public health team also responded to two highly complex tuberculosis (TB) cases in 2024, requiring rigorous long-term case management and contact investigation. Consultation and collaboration with local primary care providers, medical specialists, local, state and federal laboratories, as well as state and federal TB specialists was essential in managing these cases. We continue to respond to clinical questions for local providers to provide consultation for TB-related issues as they arise, in addition to contacting and testing TB contacts from the department of corrections as well as immigrants from abroad as they arrive in the community.



Communicable Disease



Tuberculosis Case Management

The most intensive case management in public health is for individuals with tuberculosis (TB), ensuring they receive the necessary medical treatment, support services, and education. This process includes but is not limited to: daily observation of medications, assessing patient needs, developing a plan of care and communication for the next 6–9 months, and facilitating access to healthcare resources, such as diagnostic testing and medication adherence programs. County public health workers act as a bridge of communication as well, including consultation with pulmonology, infectious disease, primary care, state and federal TB consultants, laboratories and authorities. Also caring for a TB patient includes routine sputum tests that must be obtained every 10 days until they are no longer infectious.

There can be many challenges when it comes to medication adherence and care, particularly around adequate access to resources. For example, there have been cases where patients have not had working cell phones (a reliable phone with data service is typically required in order to observe patients take their meds every day and to maintain regular contact) or a reliable source of food and/or shelter. In some of these cases, our department staff begin doing weekly drop offs of food and nutritional shakes and/or grocery gift cards to ensure they could continue to gain weight and get better (weight loss is a major symptom of advanced pulmonary tuberculosis).

Other factors that can complicate case management include a history of substance use, diagnosed developmental disabilities, and untreated mental health issues. In 2024, one of the cases in particular struggled in all of these areas, which resulted in a need for daily public health nurse visits to observe medication being taken in person and assess outside risk factors.

In 2024, Clallam County Public Health managed 2 pulmonary tuberculosis cases from diagnosis to end of treatment or relocation of individual out of state, as well as 5 latent TB cases, 8 suspect cases ending in the disease being ruled out after serial testing, 7 high risk exposed contacts, and several new arrivals to the United States requiring extra rule-out testing.

Harm Reduction

Naloxone Locations

Naloxone boxes have been instrumental in increasing access to naloxone (Narcan), a life-saving medication that can reverse opioid overdoses, throughout the county. These boxes are strategically placed in accessible, high-traffic locations, ensuring that community members, both directly and indirectly impacted by substance use, can obtain naloxone quickly and discreetly.

By removing barriers to access, the county's naloxone distribution efforts are saving lives and empowering individuals to take action during critical moments. The program remains committed to expanding access and providing essential resources to reduce overdose-related fatalities in the community.



Narcan Box locations

Port Angeles

-  3rd st HHS
-  HRHC
-  Gateway Transit Center (GTC)
-  Serenity House
-  Maloney Heights

Forks

-  Forks HHS
-  Mariposa House

Clallam Bay

-  Fire Department

Sequim

-  St. Luke's Episcopal Church (coming soon)
-  Sequim Transit Center (coming soon)

Communicable Disease



What does a home visit consist of?



Vitals: Blood pressure, heart rate, temperature, respiratory rate, SpO2 level. This helps get a picture of the patient's overall condition and determines if they are improving.



Sputum Collection: Every 10 days sputum must be collected and sent to PHL to see if the patient is still infectious. This can sometimes take months to get 3 back-to-back negative tests.



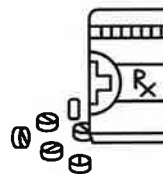
Weight: patients with TB generally lose a lot of weight, so checking to make sure they are gaining weight helps determine if they are improving or not. We have previously had to provide food supplementation for low-income patients.



Patient/Family Education: Vital to the outcome of the patient. This is where specifics of quarantine/isolation can be reviewed, how to monitor symptoms and when to report them to the health department and their doctor.



Review of Symptoms: Checking lung sounds and quality of breathing are a big priority for TB patients. They frequently have diminished lung capacity due to the nature of the disease. Ensuring improvement in the quality of breathing and lung sounds is vital to patient improvement.



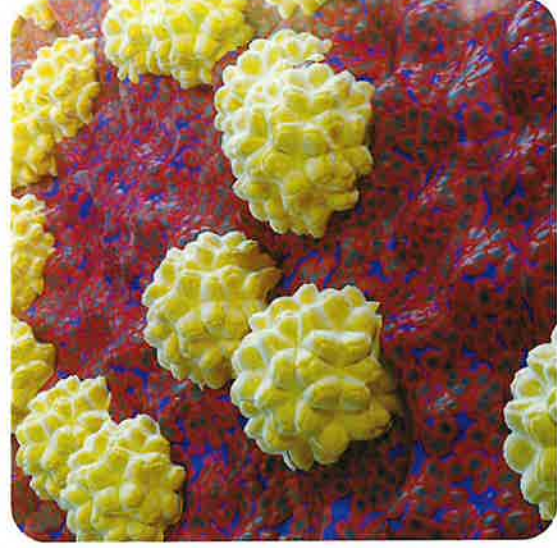
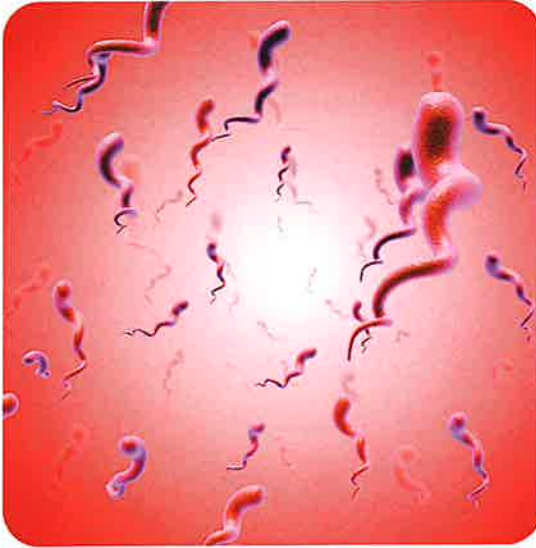
Medication Reconciliation: There are 4 different medications that are fairly standard for most TB cases. During home visits, the RNs must review the meds, count them to make sure the count is accurate and review any side effects of the medications.



Interview: The interview is where most necessary information is gathered. It also serves to find any potential contacts that may also need investigating.

Communicable Disease

Sexually Transmitted Infections (STI)



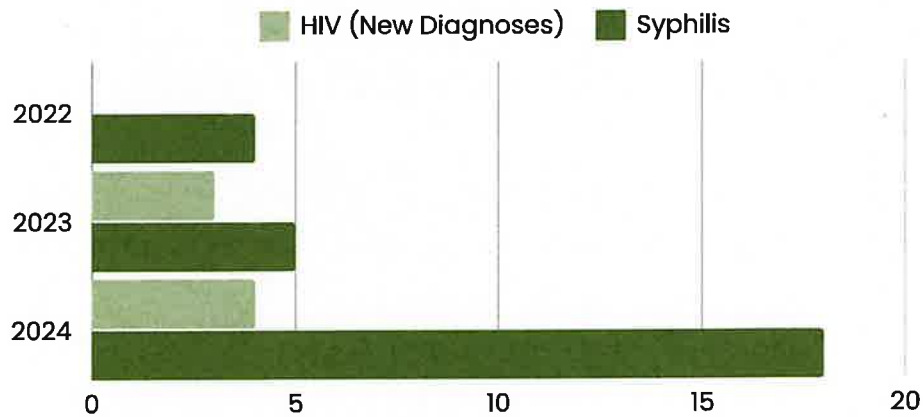
Clallam County is seeing a concerning rise in some sexually transmitted infections (STIs), mirroring trends seen in other parts of the state and country. Rates of less intensive STIs such as chlamydia, gonorrhea, and herpes simplex have been decreasing since 2022, which is encouraging. However, there has been a significant increase in new HIV diagnoses and syphilis infections, with young adults and certain high-risk populations, such as those in rural or underserved areas, experiencing a disproportionate impact. Local health authorities attribute this rise to a combination of factors, including limited access to sexual health education, inconsistent condom use, and barriers to testing and treatment services.

Clallam County's rural nature can sometimes make it harder for residents to access specialized care, which may contribute to delayed diagnoses and untreated infections. In response, public health campaigns have focused on increasing awareness of STI prevention, promoting regular testing, and expanding access to vaccines for preventable infections like HPV. While these efforts are ongoing, health professionals emphasize the continued need for safer sexual practices and routine STI screenings to help reduce transmission rates in the community.

Communicable Disease

Confirmed STI Case Counts By Year, 2022-2024

Clallam County Public Health responded to a marked increase of several communicable diseases in 2024. An alarming rise in cases of HIV and syphilis underscore the importance of access to testing, treatment, community education and safer sex supplies.



Sexually Transmitted Infections	2022	2023	2024
Chlamydia	126	106	99
Gonorrhea	41	19	9
HIV (New Diagnosis)	0	3	4
Syphilis	4	5	18
Herpes Simplex	8	9	1

Immunizations

Update

Immunization rates in our region, particularly in Forks, WA, remain below the desired levels, posing a risk to community health. In response, we have been implementing targeted strategies to increase these rates, including community outreach programs, educational campaigns, and partnerships with local schools. Focusing our efforts on enhancing awareness and accessibility to vaccines, we aim to foster a stronger culture of preventive health within the community.

Staffing challenges have delayed our efforts, but even with the delays we have seen positive outcomes from what we were able to accomplish. We managed to have 6 offsite clinics this year where we were able to give 85 additional vaccines to the community. We have also established good relationships with the school nurses and have been asked to hold back to school immunization clinics.

Working with Local Partners

There are many factors that go into the low vaccine rates. Misinformation spurred from the covid pandemic, false claims that vaccines are unsafe and cause autism, lack of access to pharmacies and healthcare providers, and inaccurate record keeping are the top causes driving this trend. The department is tackling this problem using a couple different approaches. We have been working with the local school nurses and helping them update the online WAIS tracking system. We have also been holding more off-site vaccine clinics in our remote locations to bring access to members of the county that are limited. The areas with the lowest vaccine numbers are where the clinics are being held first. Holding 2 off-site clinics in Forks during the back-to-school events allowed us to give **85** additional vaccines.

2024 Offsite Clinics

6

2023 Offsite Clinics

0

Immunizations



Who can we vaccinate?

Public Health can vaccinate:

- Any child under 19, regardless of insurance status
- Uninsured adults
- Underinsured adults for covid
- Adults on Medicaid
- Private purchase

The department is not able to bill insurance providers. A private purchase of a vaccine can be done, then the responsibility for reimbursement by the health insurance resides with the recipient.

CCHHS is unable to vaccinate anyone on or eligible for Medicare

**2024 Immunizations given
(including PPD)**

507



What's the Health Dept's role in vaccinating our community?

The role of the health department in vaccinating the public is to connect with those most vulnerable.

Many pharmacies don't carry children's vaccines due to the complexity of the program, and the children's clinic has limited availability for appointments. Vaccines can be expensive for those who are uninsured, so providing them free of charge helps with herd immunity and health equity.

**2023 Immunizations Given
(including PPD)**

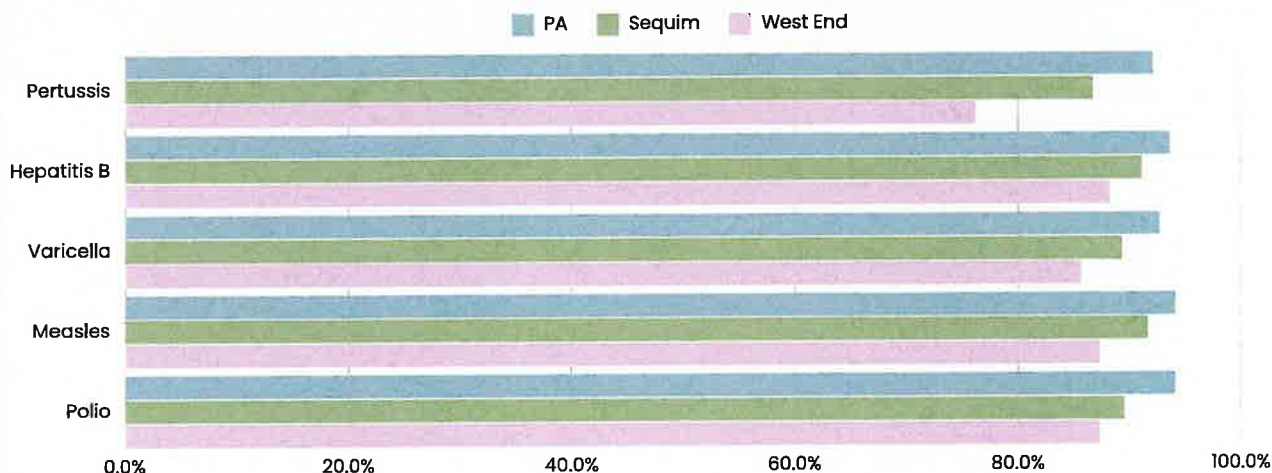
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Immunizations

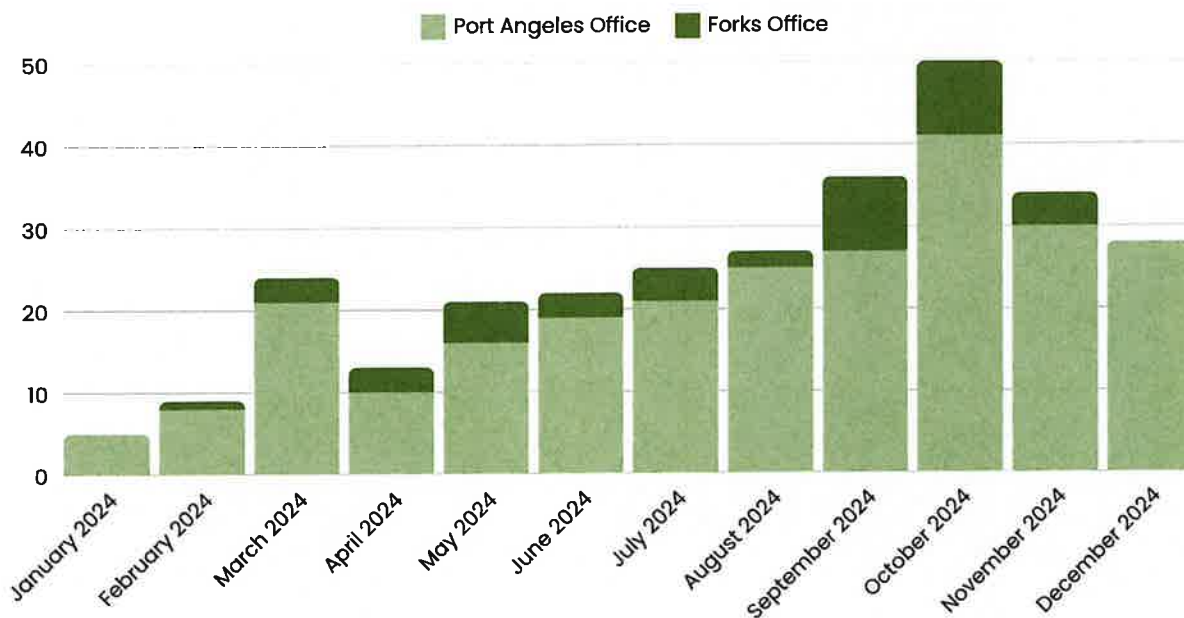
Rates & Response

CCPH also plays a role in making sure immunization data is reported to the state in an accurate and timely manner. In 2024, this involved not only ensuring our own data reporting was done correctly, but also supporting local schools and families in making sure that student immunization records were entered into WAIS for reporting.

2023–2024 School Year Vaccine Completion Percentage, K–12 Total



2024 CCPH Immunizations Given by Month



Immunizations



Lead Tests

The public health department has been conducting lead tests to ensure the safety and well-being of the community, particularly for vulnerable populations such as children and pregnant women. The WIC program also requires lead tests for every child enrolled.

However, despite the growing desire for these tests, the department has not received funding from the state or federal government to support these efforts. As a result, the department has been using its limited fund balance to cover the costs of performing the lead testing. We currently have 2 lead testing machines on loan from the DOH. One is kept at the Port Angeles location and the other is kept at the Forks location.

There are certain areas in our county that are more at risk to increased lead levels due to lead plumes from old factories in the area. Performing lead tests addresses this issue and also creates important data for our area.

2024 Lead Tests

75

2023 Lead Tests

42

Harm Reduction

What is Harm Reduction?

Harm reduction is an approach to public health that focuses on minimizing the negative consequences associated with risky behaviors, particularly substance use. It emphasizes practical, non-judgmental strategies that aim to reduce harm to individuals and communities. Examples of harm reduction include:

- Providing sterile needles to reduce the spread of infectious diseases.
- Accepting used needles to reduce hazardous litter.
- Distributing education on safer substance use practices.
- Safer sex supplies to reduce STI's

By meeting people where they are, harm reduction recognizes that while complete abstinence may not be feasible for everyone, steps can still be taken to improve health outcomes, enhance safety, and promote dignity and autonomy for individuals engaged in high-risk behaviors.



The Harm Reduction Health Center (HRHC) has partnered with local agencies, including REdisCOVERY, OPCC, PBH, and NOHN, to provide accessible services such as:

- Wound care
- Peer support outreach
- Residential treatment assessments
- Medical insurance enrollment
- And more

There were over 220 visits by agency outreach staff. Participants with wounds were treated by OPCC's street medic who averaged 2 treatments per visit.



Narcan classes

10



People trained in giving narcan

276



Narcan distributed at classes

243

Harm Reduction

Space Updates at the HRHC

Throughout the year, the Harm Reduction Health Center implemented several improvements to enhance the accessibility and functionality of its physical space. A participant resource library was introduced, providing a centralized hub for information on local services, safer use practices, wound care, hepatitis C (HCV), and medication-assisted treatment (MAT). This addition ensures that participants have easy access to essential resources in a supportive and stigma-free environment.



Additionally, all clocks within the center were replaced with digital clocks displaying the date and day of the week to assist participants in orienting themselves more easily. Recognizing the importance of time awareness for individuals facing complex challenges, this update aims to provide a greater sense of stability and routine. These changes reflect the center's ongoing commitment to creating a welcoming and resourceful space for those it serves.



Harm Reduction

What does a direct service day look like?

1. Upon arrival, participants are greeted at the door,
2. Then provided with a menu of options to choose from with both hygiene and harm reduction supplies.
3. They may then proceed to the dining area to receive hot food and beverages.
4. HRHC staff, along with representatives from partner agencies, circulate throughout the space, engaging with participants, addressing any needs or inquiries.

Additionally, public health nursing staff have been incorporated who offer information on the increasing prevalence of certain diseases within the community, as well as providing vaccinations and educational resources.

Forks

On Mondays, the mobile van is deployed to the Forks office, where services are delivered by the Prevention Specialist in collaboration with Forks Health & Human Services staff. The services provided mirror those available at the Harm Reduction Center, with the exception of wound care and fresh food.

West end outreach via BAART

The Prevention Specialist visits participants from Clallam Bay every Thursday outside the BAART clinic with the mobile van, offering hygiene and harm reduction supplies, along with information on available services. They also provide non-judgmental drug education to support informed decision-making and reduce risks associated with substance use.

5,931 boxes of naloxone distributed

120 wounds treated

6,968 participant contacts

38 partner agency assessments

356 reported OD reversals

122,407 syringes taken in (based on container)

90,948 syringes distributed

14,239 safer use kits distributed

3,395 nicotine replacement products distributed

5,503 fentanyl test strips distributed

4,287 xylazine test strips distributed

2,444 benzo test strips distributed

Harm Reduction

The Menu of Supply Options

Port Angeles - WALK IN You are #:

Welcome! Have you been to the Harm Reduction Health Center before? YES or NO

How many people are you picking up for? _____

What best describes your gender? Male Female Transman Transwoman Non-binary Two-spirit

PLEASE NOTE: To make sure we can help as many people as possible, we ask that you only take what you need and follow the item limits listed. Sometimes, we may need to give out smaller amounts depending on how much we have in stock. This helps everyone get what they need. If you need more than the limit, please let us know, and we'll try to help. Thank you for understanding and helping us support the whole community!

Amount?	SYRINGES	Amount?	INJECTION SUPPLIES
	31G 5/16" 1cc (10-pack)		Supply Bag ("Rig")
	30G 5/16" 1cc (10-pack)		Alcohol Prep Pads
	29G 1/2" 1cc (10-pack)		Cellulose Filters (3-pack)
	28G 1/2" 1cc (10-pack)		Custom:
	27G 1/2" 1cc (10-pack)		

Are you returning used syringes today? _____

If so, about how many? _____

Amount?	SHARPS CONTAINERS	Amount?	SAFER USE
	1 quart (small hand-held)		Snorting Kit
	1 gallon (short)		Hammer Pipe Kit LIMIT 1
	2 gallon (medium)		Straight Pipe Kit LIMIT 1
	8 gallon (large) LIMIT 1		Bubble Pipe LIMIT 1
			Foils (24 sheets)
			Boofing Kit

Amount?	NALOXONE (NARCAN)	Amount?	TEST STRIPS
	Nasal		Fentanyl Test Strip Kit
	Injectable Kit		*SINGLE Fentanyl Test Strip*
	CPR / Rescue Breathing Shield		Xylazine Test Strip Kit
			SINGLE Xylazine Test Strip
			Benzos Test Strip Kit
			SINGLE Benzo Test Strip

Have you used naloxone (Narcan) this month to revive someone who overdosed on opioids? _____

How many boxes did you use? _____

Did the person survive? _____

Did you call 911? _____

MORE ITEMS ON BACK →

Upon arrival, participants are provided with a menu outlining available options. Participants are welcome to ask questions to staff while filling out the menu to make informed decisions. They are also encouraged to pick up for their peers who may remain behind to watch belongings or are unable to physically attend due to various reasons.

Survey questions may be periodically included to collect essential data, such as identifying the types of services participants would like to see offered at the HRHC.

The HRHC always prioritizes participant voices and makes adjustments to supply options as needed. The available supply options are also adjusted based on seasonal changes and availability. For instance, during the winter months, items such as hats and gloves may be offered to participants.

Survey questions may be periodically included to collect essential data, such as identifying the types of services participants would like to see offered at the HRHC.

Amount?	NICOTINE REPLACEMENT THERAPY	Amount?	MEDICATIONS
	2mg Gum SINGLE PACK		Tylenol (Acetaminophen) (2-10)
	2mg Gum BOX		Advil (Ibuprofen) (2-10)
	2mg Lozenge SINGLE PACK		Aspirin (2-10)
	2mg Lozenge BOX		Cherry Cough Drops (2-10)
	4mg Gum SINGLE PACK		Covid Test (2-pack)
	4mg Gum BOX		Vitamin C (100-150 bottles)
	4mg Lozenge SINGLE PACK		Multi-Vitamins (100-150 bottles)
	4mg Lozenge BOX		

Amount?	BODY & HAIR CARE	Amount?	WOUND CARE
	Comb		Wound Care Kit
	Hair Brush		Custom:
	Hair Ties (2-pack)		
	Q-tip Pack		
	Shampoo+Body Wash (your hair)		
	Shampoo+Body Wash (your hair)		
	Body Lotion		
	Body Wipes (48-ct)		
	Shaving Cream		
	Razor		
	Deodorant		
	Lip Balm (unscented flavor) LIMIT 1		
	Hand Wipes (ungels)		
	Kleenex (small pack)		
	Nail Clippers		

Amount?	REPRODUCTIVE HEALTH	Amount?	NUTRITION / HYDRATION
	Male Condom (latex OR non-latex)		Pedialyte (powder pack)
	Lube		Strawberry Protein Drink
	Tampon (Regular) (1-ct)		Chocolate Protein Drink
	Maxi Pad (Regular) (1-ct)		
	Posterior Bladder Control Pad (1-ct)		
	Pregnancy Test		
	Plan B		
	Female (Internal) Condom		
	Dental Dam		

Amount?	DENTAL CARE	Amount?	OTHER
	Toothbrush		Foil Mylar Rescue Blanket
	Toothpaste		Hot Hands (2-pack)
	Mouthwash		Hand Sanitizer (4-oz)
	Dental Floss		Socks (large)
	Toothbrush Holder		

Harm Reduction

Fostering Community

Naloxone (Narcan) training sessions have facilitated the development of stronger relationships within the community. For example, outreach from Nature Bridge requesting training resulted in their donation of leftover food from weekend events, such as weddings. This collaboration highlights our innovative approach to resource management and the ways in which we secure nutritious items for our participants.

Additionally, a variety of clothing donations from partner agencies and private individuals are distributed during direct service days, further enhancing our ability to support participants.

Volunteers & Staff

The HRHC is proud to announce the successful relaunch of its volunteer program, made possible by the dedication and compassion of the local community. After a hiatus, a new team of caring volunteers has come together, committed to making a meaningful impact on the lives of those served. Through their support, the HRHC continues to strengthen the community, one volunteer at a time.



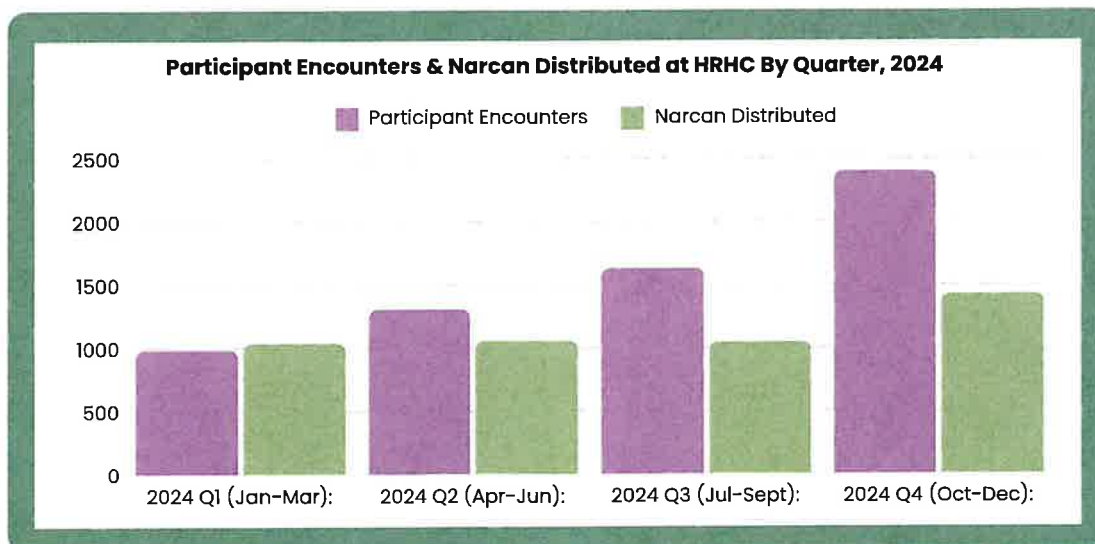
Harm Reduction

Increasing Participant Engagement

Participant engagement has shown a steady and encouraging increase throughout 2024, reflecting the HRHC's continued success in fostering trust and building connections within the community. As more individuals access services, the HRHC remains focused on adapting to their evolving needs, offering a comprehensive range of harm reduction resources, and ensuring a welcoming, non-judgmental environment for all participants.

This growing engagement is a testament to the effectiveness of outreach efforts, the expansion of services, and the dedication to meeting participants where they are. The HRHC's commitment to listening to the voices of those directly impacted by substance use has further strengthened relationships within the community.

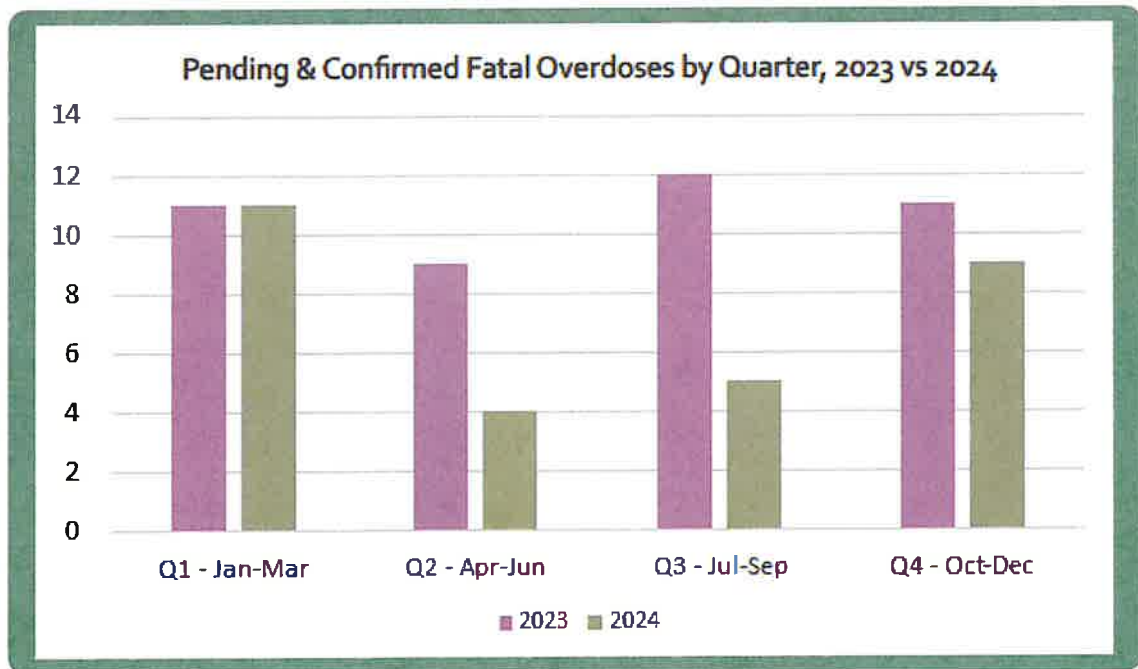
Looking ahead, the HRHC will continue to evolve and expand, with plans for new initiatives, outreach strategies, and service offerings designed to further reduce harm, save lives, and support participants. This momentum ensures that the HRHC remains a cornerstone of support and safety for those in need.



Harm Reduction

Overdose Data

Beginning in 2023 and continuing and expanding through 2024 has been the department's work on county-level overdose surveillance. Historically, data on overdoses has come primarily from outside sources including out-of-county partners and WA DOH. The benefits to tracking and investigating fatal overdoses within the department are numerous – not only is the data more timely (often there are delays in outside reporting for up to two years before final reports are published) but also the data is free from statistical suppression due to small counts. This data is then able to be used in an actionable way to increase harm reduction outreach, address gaps in service, and help the community as a whole. This work is accomplished by CCPH with the vital help and support of the Clallam County Coroner's Office.

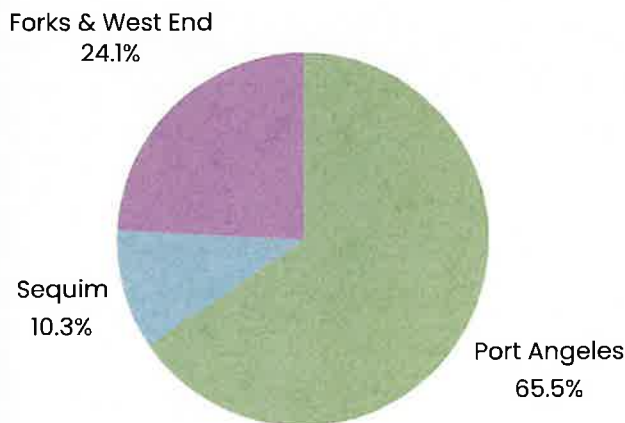


Fatal overdoses showed a decline in 2024 compared to 2023, particularly in Q2 and Q3, indicating potential progress in harm reduction efforts. While Q1 remained relatively stable, Q2 saw a significant drop, and Q3 showed improvement despite still being a high-risk period. Q4 data reflects the commonly seen increase in fatal overdoses each fall, but also highlight the need for continued vigilance. These shifts underscore the importance of sustained harm reduction initiatives, policy adaptations, and community outreach to further reduce overdose fatalities.

Harm Reduction

Overdose Rates

Confirmed & Pending Overdoses by Scene Location, 2024



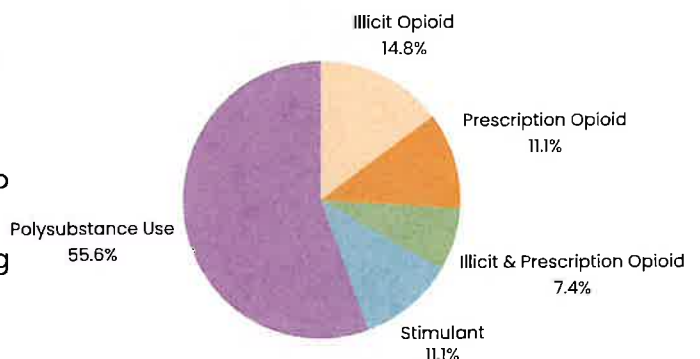
In 2024, the majority of confirmed and pending overdoses in our region occurred in Port Angeles, accounting for 65.5% of reported cases. Forks and the West End represented 24.1% of incidents, while Sequim reported 10.3%. This data highlights the concentration of overdose events in Port Angeles, emphasizing the need for continued harm reduction services, community outreach, and access to life-saving interventions in this area.

The significant proportion of cases in Forks and the West End also underscores the importance of expanding resources to rural and remote communities where access to services may be more limited. Moving forward, our efforts will focus on addressing these geographic disparities, ensuring equitable support across the region.

Polysubstance use was the leading factor in confirmed and pending overdoses, accounting for 55.6% of cases. Illicit opioids contributed to 14.8% of incidents, while prescription opioids and stimulants each represented 11.1%. Overdoses involving both illicit and prescription opioids made up 7.4% of cases.

These findings reinforce the complex nature of substance use and overdose risk, particularly with polysubstance use playing such a significant role. This underscores the need for harm reduction strategies that address multiple substances, including the distribution of substance test strips, increased access to naloxone, and expanded education on mixing substances. Our approach moving forward will continue to prioritize comprehensive, person-centered interventions to reduce overdose fatalities and improve health outcomes.

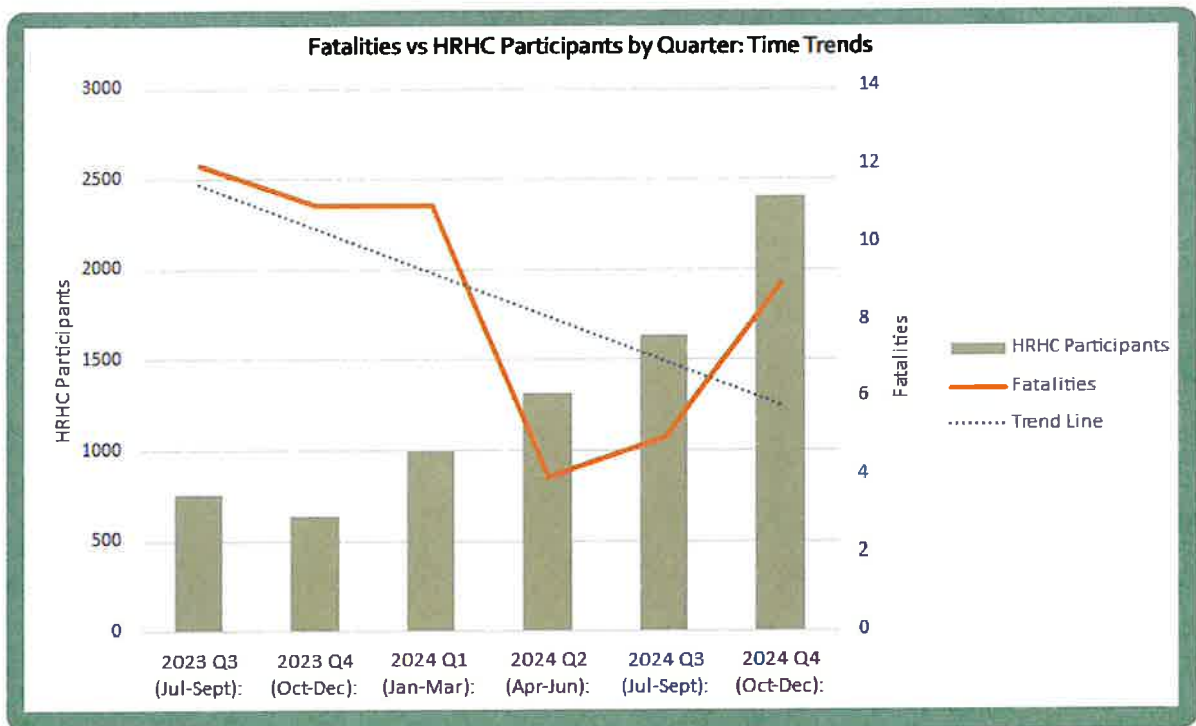
Confirmed & Pending Overdoses by Drug Category, 2024



Harm Reduction

Overdose Rates

The data below shows a steady increase in HRHC participants from 2023 Q3 to 2024 Q3, indicating greater community engagement with harm reduction services. Meanwhile, fatalities initially declined through 2024 Q2 before rising again in 2024 Q3. Despite the increasing trend in service utilization, the slight uptick in fatalities suggests ongoing challenges, emphasizing the need for targeted interventions, expanded outreach, and continued harm reduction efforts to prevent overdoses and improve participant outcomes:



While some of the data from late 2024 is still preliminary, as of February 2025, there were 29 total fatal overdoses in Clallam County residents in 2024. Compared to 43 in 2023, this is a **33% decrease**. This is encouraging news and indicates that harm reduction work at CCPH is having continued impact.

In addition, the most recent WA State Fatal Overdose Surveillance Network Bulletin lists Clallam County as **#10 in overdose death rate rankings** by county. This is a significant change from prior years, where Clallam was alternately the 1st and 2nd highest. Progress continues to be made in this area.

Maternal Child Health



MCH Client Contacts By Year

2022	346
2023	263
2024	194

The Maternal and Child Health Block Grant is a federal program designed to support state-level initiatives aimed at improving the health of mothers, infants, and children. Administered by the Health Resources and Services Administration (HRSA), this grant offers states flexible funding to create and implement programs that address local health challenges. Key objectives include reducing maternal and infant mortality, enhancing access to prenatal and postnatal care, improving health education, and promoting preventive services. The program emphasizes the reduction of health disparities and encourages collaboration with community organizations to develop tailored, effective solutions.

Clallam County's Maternal and Child Health (MCH) program focuses on vulnerable populations, particularly those facing financial, linguistic, or cultural barriers, as well as those with mental or physical disabilities, who are at higher risk for poor health outcomes. Due to staffing shortages in the WIC program over the past year, the MCH caseworker has been primarily focused on managing WIC appointments, diverting attention from other MCH duties.

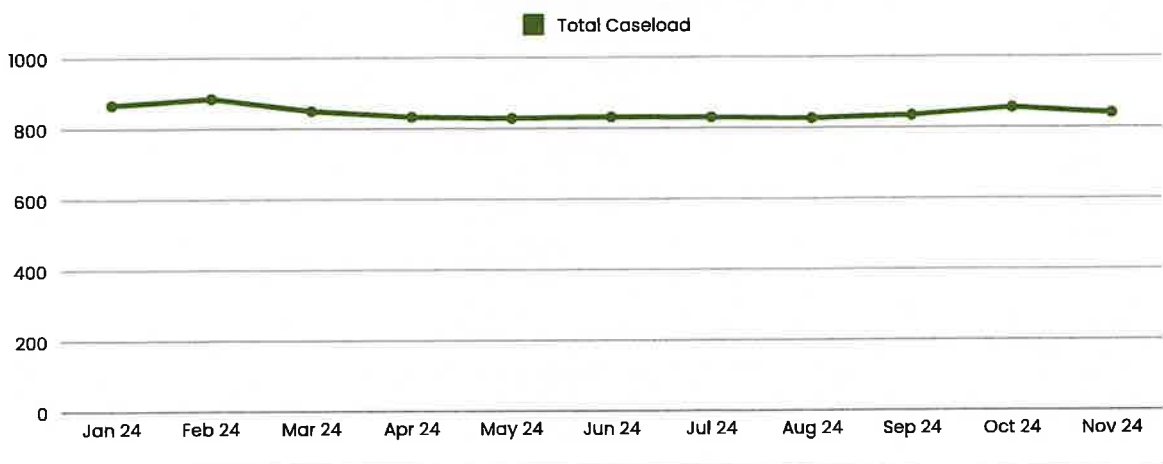
One of the greatest challenges faced by MCH clients is access to specialized healthcare. Transportation to and from appointments outside the peninsula remains a persistent issue, and the department continues to assist clients in overcoming this barrier.

The WIC (Women, Infants, and Children) program is a federal assistance initiative designed to support the nutritional and health needs of low-income pregnant women, new mothers, and young children up to age five. WIC provides access to nutritious foods, nutrition education, breastfeeding support, and healthcare referrals. Participants receive checks or vouchers for specific healthy foods, such as fruits, vegetables, whole grains, and dairy products, aimed at promoting healthy growth and development. The program also offers educational resources on nutrition and healthy lifestyles, helping families make informed choices. Overall, WIC plays a vital role in improving maternal and child health outcomes, reducing healthcare costs, and enhancing the well-being of families across the United States.

The WIC program has encountered persistent challenges in recent years, with staff turnover being the most significant obstacle. Systemic issues at both the state and federal levels, ranging from unreliable charting and scheduling systems to unrealistic demands placed on both staff and clients, have led to long appointment wait times, frustrated clients, and a constant cycle of staff departures.

The average wait time for initial certification to receive nutrition benefits is currently around three months. Pregnant woman may be presumed eligible and immediately receive benefits, but they are only available for two months. This still leaves a gap of one month without coverage. This 3-month wait becomes especially problematic for families with fully formula-fed infants. Formula can cost anywhere from \$20 to \$70 per can, and each can lasts just three to seven days. For infants who require specialized medical formula due to developmental issues or sensitivities, insurance typically does not cover the additional cost, leaving families to rely entirely on WIC for support.

2024 WIC Caseloads By Month



Consistency & Clarity



The new sign has allowed the department to inform the public of a variety of important updates, news and events, plus job openings and holiday closures. The capacity to deliver information to the public in a consistent, clear manner has unfurled over 2024 with the first full-time Communications Specialist position in HHS.

The Communications Specialist position has allowed the department to rebrand, which included new logos and style guidance.

This rebrand brings a fresh, updated look and feel to the public facing communications that will increase trust, confidence and respect for HHS.

Facebook and Instagram are steadily used to share information regarding Environmental and Public Health issues, campaigns and events.

Print materials are also an important part of messaging. Many new educational documents have been created, then made available on the website and to the public.

Facebook and Instagram pages were created to speak exclusively in Spanish to reach out to more of the population.

Communications

a rash or sore might be **SYPHILIS** Syphilis & other STIs are on the rise in Clallam County **GET THE FACTS. GET TESTED. GET CURED.**

Symptoms of Syphilis:

- A **painless sore** that may appear inside or near the mouth, genitals or anal areas
- A **rash** that may appear on palm of hands, bottom of feet, or on the body between the armpits & inner thighs
- **Spots in the mouth**
- Syphilis symptoms may appear and disappear

Get Tested Today:

- If you engage in unprotected sex
- If you have multiple sex partners
- If you are involved in sex work
- If you use drugs not prescribed by a doctor
- If you trade sex for drugs or money

Syphilis in Pregnancy

If you are pregnant and have syphilis, it can lead to birth defects, miscarriage, premature birth or stillbirth

Good News: Syphilis can be treated & cured even during pregnancy with a shot of antibiotics

If possible, see your provider & ask for testing

For information call:
Clallam County Public Health 360-417-2412

CHLAMYDIA

Chlamydia is a common, highly contagious STI that can cause infection among men and women. It is often difficult to detect.

Chlamydia can lead to serious infections and even infertility if you don't treat it. But it's usually easy to cure it with medicine if you catch it early. This is why regular STI testing is so important, no matter how healthy you feel.

It takes 7 days for the medicine to work and cure chlamydia. If you have sex without a protection during these 7 days, after taking the medicine, you could get the infection again and continue to spread it.

Chlamydia in Women

- An abnormal vaginal discharge
- A burning/painful sensation when peeing
- Bleeding between periods

Chlamydia in Men

- A discharge from their penis
- A burning sensation when peeing
- Pain and swelling in one or both testicles (although this is less common)

For more info call Clallam County Public Health 360-417-2274

Pertussis (Whooping Cough): There has been an increase in cases in Clallam County.

Vaccines are effective in preventing pertussis.

Pertussis vaccines are safe and effective in reducing the risk of severe disease in infants, young children and other vulnerable populations.

Those who are vaccinated experience little to no symptoms.



- Pertussis, "whooping cough," is a serious lung infection caused by bacteria.
- It is highly contagious and leads to coughing fits that may lead to vomiting. It tends to worsen at night.
- The most vulnerable people include: children 12 months of age and younger, pregnant people, immuno / respiratory compromised, the elderly, and those who are in contact with those groups.

If you or your child are experiencing pertussis symptoms, please contact your provider.



CLALLAM COUNTY HEALTH & HUMAN SERVICES
11 East 3rd Street, Port Angeles, WA 98282 // Phone: 360-417-2274 // Fax: 360-452-4492

HIV & AIDS

What's the difference?

HIV

May not have Symptoms
Not life threatening

- HIV is the virus that causes HIV infection
- HIV damages the immune system by killing CD4 cells

CD4 Cells

- CD4 cells are part of the immune system
- HIV attacks and kills CD4 cells
- Loss of CD4 cells makes it hard for the body to fight off infections

AIDS

Symptoms tend to become serious
Not life threatening

- AIDS is the last stage of HIV infection
- As HIV infection advances to AIDS, the amount of HIV in the body increases and the number of CD4 cells decreases
- HIV medicines can stop HIV infection from advancing to AIDS
- Without HIV medicines, HIV advances to AIDS in about 10 years
- ART (antiretroviral treatment) can prevent HIV from spreading, and prevent HIV from advancing to AIDS

If you engage in unprotected sex, have multiple sex partners, are involved in sex work, use drugs not prescribed by a doctor or trade sex for drugs or money, get tested!

For information call Clallam County Public Health: 360-417-2412

Tos ferina

¿Estás tosiendo? ¿Tus hijos están tosiendo? Hemos comenzado a ver casos en el condado de Clallam.

- La tos ferina es una infección pulmonar grave causada por bacterias.
- Es muy contagiosa y provoca ataques de tos que pueden provocar vómitos.
- Tiende a empeorar por la noche.
- Las personas más vulnerables incluyen niños de 12 meses de edad y menores, personas embarazadas, inmuno/respiratorias comprometidas, adultos mayores y aquellos que están en contacto con esos grupos.



- Las vacunas contra la tos ferina son seguras y eficaces para reducir el riesgo de enfermedades graves en bebés, niños pequeños y otras poblaciones vulnerables.
- Quienes están vacunados aún pueden experimentar síntomas, pero tienen muchas menos probabilidades de ser hospitalizados.

Si usted o su hijo experimentan síntomas de tos ferina, comuníquese con su proveedor.

FLU HAS INCREASED IN WASHINGTON

TAKE STEPS TO STOP FLU FROM SPREADING

Clallam County residents, local long-term care facilities, also known as nursing homes, are struggling with covid outbreaks. If you are visiting loved ones, please be sure you are healthy before entering and please mask to protect yourself.



Free covid tests are available in a kiosk outside the Public Health office at 111 East 3rd St., Port Angeles, Peninsula College & at all branches of the North Olympic Library System.

Public Health recommends staying home for 5 days after a positive result, and mask for 10 days.



HEPATITIS C

TESTABLE & TREATABLE

Hepatitis C is a liver disease caused by HCV. Hepatitis C can range from a mild illness lasting a few weeks to a serious, long-term illness.

How it's transmitted

INJECTION DRUG USE

The virus is most commonly transmitted through the sharing of needles and syringes by injection drug users.

SHARING NEEDLES OR INJECTION EQUIPMENT

There is a risk for HCV for people who share injection equipment like needles, vials and syringes for injectable medicines or tattoo needles and supplies.

FLUID EXCHANGE DURING SEX

Less commonly, HCV is transmitted through sexual contact with an infected partner. Living with HIV increases the risk of sexual transmission. Use condoms to avoid infection or reinfection of HCV and other STI's.

IF POSSIBLE, SEE YOUR PROVIDER & ASK FOR TESTING FOR INFORMATION CALL:
CLALLAM COUNTY PUBLIC HEALTH 360-417-2412

Communications

Further Communications

Going into 2025, the communications will continue to develop with the public via outreach in a variety of ways.

In 2025, goals and ambitions:

- Developing and distributing a quarterly e-newsletter to the public covering HHS news, events and issues.
- Increased outreach at local events informing the public of HHS resources.
- Consistent, relevant social media outreach building on both our English and Spanish platforms.
- Further website development with the aim of increasing ease with accessing services for the general public.



Updates to the Website

The Public Health website was due for a variety of updates. With the new logo and color palette, the website look and feel has been elevated. The intention is to make it easier for the public to navigate and interface with.

It has been created in a way that staff are able to make updates and display current information, such as the Weekly Respiratory Report, and fillable forms.

In 2025 there are many more updates that we are striving towards that include all branches of HHS.

Website Goals 2025

Having explored other local health jurisdictions and seen what is current, some of the following updates we are hoping to put into action:

- Online fillable forms for providers regarding notifiable conditions
- Fillable forms for the public regarding STI's
- Uploading of vaccine schedules for our Vaccine Coordinator to review and advise on
- Scheduling vaccine appointments
- Applying online for Vital Records, birth and death certificates
- Subscription button for HHS newsletter
- And more....



Public Health



News Flash
Clallam County 2025 Draft Budget
Updated Regional Masking Guidelines

Assessment

Community Health Assessment Update

In 2024, Clallam County Public Health hit a huge milestone – our first fully internal Community Health Assessment was published! This most recent CHA was begun in 2022 amidst the global COVID-19 pandemic. Most health assessments take 1-2 years to complete depending on the scope, and this was a large comprehensive CHA which included a county-wide health survey for residents, a key leader feedback survey for individuals in primary community service roles, and a large collection and analysis of health statistics from local, state and federal sources.

The Community Health Assessment was presented to the Clallam County Board of Health in June of 2024. In that presentation, three key areas of improvement were identified using data from all three portions of the assessment. They are:

- **Preventable Injury Deaths**
- **Access to Care**
- **Vaccine Preventable Disease**

These issues will be a starting point for the upcoming Community Health Improvement Plan in 2025. An internal HHS workgroup has been mobilized. Assessment staff has partnered with communications staff to develop focus groups and feedback sessions within the community relevant to these topics. Outreach to local partners will begin soon.

Other Data & Surveillance Projects

In addition to the CHA, the CCPH Assessment team worked on a number of projects related to program planning and assessment. Some of these included:

- **Expanded Overdose Fatality Review:** as mentioned in the HRHC section, ability to investigate and analyze overdose related death data expanded even further, helping support the Harm Reduction program and Human Services on the much needed work.
- **Workload Indicators:** Alongside CCPH Leadership, assessment staff developed a framework for tracking monthly indicators and data points that help show progress in each department and areas of growth as well as areas of need. This information helps inform the Annual Report as well as grant applications, public presentations and education, and many other projects.
- **Weekly Respiratory Disease Report:** After additional feedback from the CHA that Clallam County residents were looking to this department for more real-time respiratory disease data, a weekly report was started to monitor rates of three primary respiratory diseases (COVID-19, influenza, and RSV). This report is on the Public Health Website and helps inform local healthcare partners and other community members about disease activity and risk.

Thank You!

Phone

360-417-2274

Email

publichealth@clallamcountywa.gov

Website

<https://www.clallamcountywa.gov/261/Health-Human-Services>

Address

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