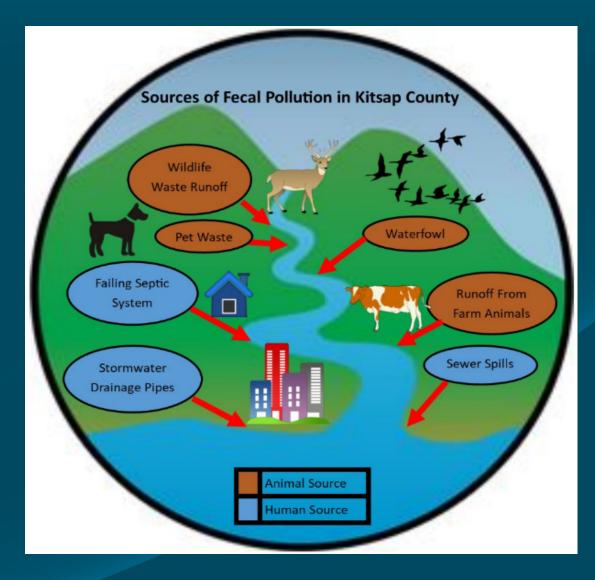






Bacterial Pollution Sources





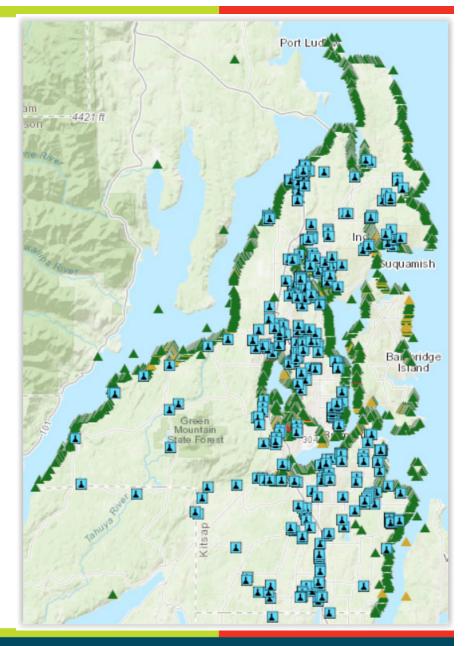
Finding Pollution

Monitoring our:

- Lakes & Streams
- Shoreline
- Swimming Beaches

Responding to:

- Public sewage complaints
- Reports from Pumpers

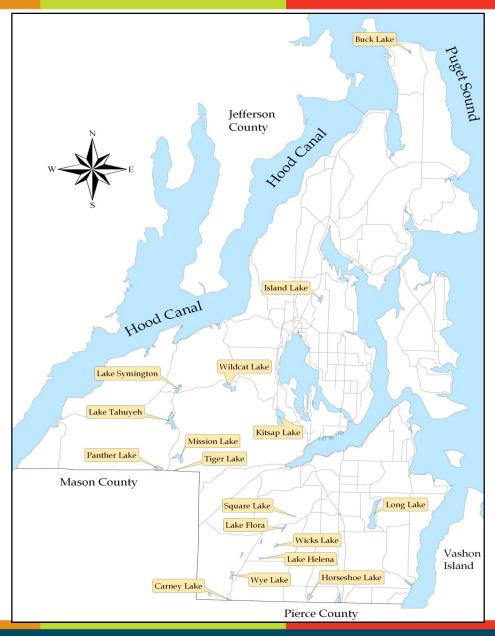






Lake Monitoring

- Monitored 21 beaches at 16 lakes
- Collected over 743 lake beach samples
- Issued 5 swimming beach closure advisories
- Issued 5 advisories about toxic algae blooms
- Horseshoe Lake norovirus outbreak response (155 reported illnesses).

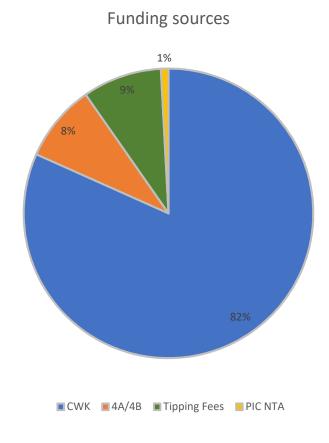






PIC Funding

- ➤ CWK funds the core of the program 82% of the 2019 1.4 million PIC program budget.
- ➤ Grants from Ecology, State Health, and EPA
- Wastewater tipping fees
- Miscellaneous other funding



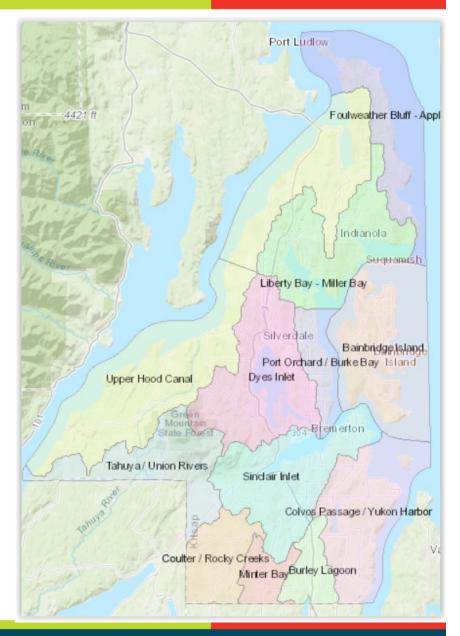




PIC Successes

Over the last 26 years;

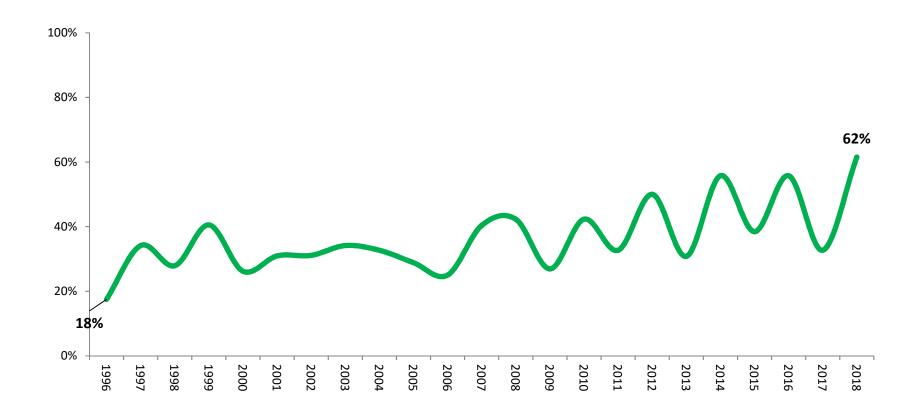
- 10,100 property inspections completed
- Over 1,070 failing septic systems found
- 172 miles of shoreline surveyed
- Over 4,800 acres of shellfish growing areas opened







Percent of Streams Meeting Standard







Water Pollution Identification & Correction Program 2018 Annual Water Quality Report



Protecting Public Health and Improving Water Quality



345 6th Street Suite 300 Bremerton, WA 98337

360-728-2235 t.

kitsappublichealth.org



1-1



Report

2018 Annual

Water Quality



Examples of Challenges & Innovations

- Identifying the source of bacteria
- Cost of fixing problems
- Informing the public
- Working even more efficiently





What are we working on now?

The water quality standards have changed for fresh and saltwater – We are working on the transition

	New Standard	<u>Old standard*</u>
Bacteria	E. Coli	Fecal Coliform
Part 1	100 cfu/100 ml	50 cfu/100 ml
Part 2	320 cfu/100 ml	100 cfu/100 ml

What are the costs? How do we show trends over time? Can our lab run the new analysis method? Do we change sampling procedure? Can we compare E. Coli to Fecal Coliform directly? Are they equivalent?

*Based on the "extraordinary primary" standard in Chapter 246-201a WAC





What are we working on now?

Chico Bay shellfish closure response in process



















Questions?



KPHD's Measles Preparedness

Amy Anderson & Angie Berger





Clark County Outbreak

- Since January 1st: 73 confirmed cases
 - 72% (53) of cases were 1 to 10 years old
 - 21% (15) of cases were 11 to 18 years old
 - 86% (63) of cases were unimmunized
 - 10% (7) of cases were unverified
 - 4% (3) of cases had one MMR vaccine
 - 1 case was hospitalized

Clark County Outbreak

- Local emergency declaration
- State emergency declaration
- Has cost Washington State (DOH and Clark County) over \$1 million to respond – not including all of the staff loaned by other LHJs, volunteer groups, and other states.

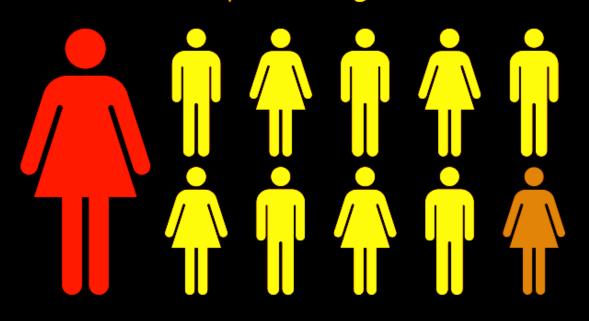
Why has this been such a big deal?



MEASLES



is **highly contagious** and spreads through the air when an infected person **coughs or sneezes**.



It is so contagious that if one person has it,

9 out of 10 people of all ages around him or her will also become infected if they are not protected.

Measles Can Be Serious



Measles can be dangerous, especially for babies and young children.

- Common complications (ear infections, diarrhea)
- Severe complications (pneumonia, encephalitis)
- Long-term complications (subacute sclerosing panencephalitis, or SSPE)
- Can cause death



KPHD's Initial Actions

- Monitored situation conference calls, emails
- Met informally situation update, reviewed available resources, discussed our potential response

Enhanced Actions

- On February 6th, we decided to activate a planning team and use our Emergency Response Plan to inform our process.
 - Key component of our plan = use of the Incident Command System.
 - We were potentially surrounded by cases, increasing the risk to our community

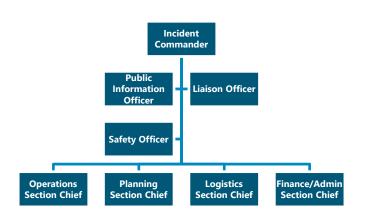
What is the Incident Command System?



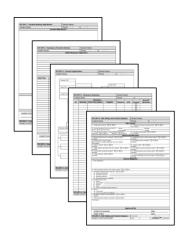
What is the Incident Command System (ICS)?



Incident Command System



Standard Roles & Terminology



Standard Forms

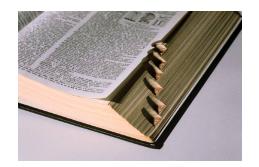


Standard Meetings & Processes

Why use ICS?



Chain of Command



Common Language



Span of Supervision



Flexible

Why use ICS? (cont'd)



Our "Activation"



Our Team

Incident Commander
Operations Section
Chief



Jessica



Public Information
Officer & Liaison
Officer

Planning Section Chief



Angie



Technical Specialists



Dr. Turner



Beth



Anna



Gus

Key Questions

How do we know **KPHD** is prepared for a potential measles case?

How do we know the **community** is prepared for a potential measles case?



Our objectives

- Conduct school and preschool / childcare outreach
- Distribute healthcare provider guidance
- Set up public information templates and messages

Key Activities

- Developed:
 - Sample school rash illness plan
 - Sample childcare rash illness plan
 - Sample healthcare provider rash illness plan
 - Templates letters for schools









HOME

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FOOD SAFETY

INFORMATION

Welcome to Kitsap Public Health District

search

staff search

We Safeguard Our Community's Health



News, Events & Alerts

BE INFORMED. STAY HEALTHY.

Notice: If you used our website to submit a concern to us between the dates of March 7 and March 15 we may not have received the concern due to a security update. Please resubmit your concern to us or contact us at 360-728-2235. We apologize for the inconvenience.

2018 Water Quality Report now available



PROTECT YOURSELF AND OTHERS FROM MEASLES

A measles outbreak created a public health emergency in Southwest Washington.

Learn more. >>

Key Activities (cont'd)

- Updated:
 - Measles page on our website
 - Sample measles educational materials folder
- Practiced key components of our emergency response plan

Resources Used

- Number of staff: 15
- Number of staff hours: 146.50
- Cost: \$15,964

Key Lessons Learned

- Collaboration
- Private school outreach
- Childcare outreach
- Customized templates
- When to demobilize
- Public Health emergency response is essential

Questions?