

KITSAP PUBLIC HEALTH BOARD

*The Kitsap Peninsula is home of sovereign Indian nations, namely the
Suquamish and Port Gamble S'Klallam Tribes*

MEETING AGENDA

May 6, 2025

8:30 a.m. to 10:00 a.m.

Chambers Room, Bremerton Government Center

345 6th Street, Bremerton WA 98337

(Health Board members may participate remotely via Zoom)

- | | | | |
|-----------|----|---|-----------------------------------|
| 8:30 a.m. | 1. | Call to Order
<i>Dr. Tara Sell, Chair</i> | |
| 8:31 a.m. | 2. | Approval of April 1, 2025, Meeting Minutes
<i>Dr. Tara Sell, Chair</i> | Page 4 |
| 8:32 a.m. | 3. | Approval of Consent Items and Contract Updates
<i>Dr. Tara Sell, Chair</i> | External Document |
| 8:34 a.m. | 4. | Public Comment
<i>Dr. Tara Sell, Chair</i> | |
| 8:44 a.m. | 5. | Health Officer and Administrator Reports
<i>Dr. Gib Morrow, Health Officer & Yolanda Fong, Administrator</i> | |

DISCUSSION ITEMS

- | | | | |
|-----------|----|--|---------|
| 9:00 a.m. | 6. | Olympic Connect
<i>Miranda Burger, Director of Programs,
Olympic Community of Health</i> | Page 9 |
| 9:20 a.m. | 7. | Communicable Disease Surveillance and Response:
An Overview
<i>Liz Davis, Program Manager
Wendy Inouye, Epidemiologist</i> | Page 25 |
| 9:40 a.m. | 8. | Addressing Communicable Health Threats
<i>Liz Davis, Program Manager</i> | Page 34 |

10:00 a.m. 9. Adjourn

*All times are approximate. Board meeting materials are available online at
www.kitsappublichealth.org/about/boh*

Attending/viewing Health Board meetings

Members of the public can attend Kitsap Public Health Board meetings **in person** at the time and location listed at the top of the agenda.

Health Board meetings will broadcast **live on Comcast channel 12, WAVE channel 3, and on the BKAT website at <https://www.bremertonwa.gov/402>**. A video recording of the meeting will be made available at www.kitsappublichealth.org/about/boh, typically within 48 hours of meeting adjournment.

Providing public comment

Verbal public comment: Members of the public can provide spoken public comment to the Health Board by attending the meeting in person at the time and location listed at the top of the agenda.* Members of the public who attend in person can make verbal comments during the Public Comment agenda item or as specified by the Health Board Chair.

As this meeting is a regular business meeting of the Health Board, the Chair will establish a time limit for public comment to ensure enough time is allowed for all agenda items to occur prior to adjournment. Each public commenter will receive a specific amount of time to address the board as determined by the Chair.

Written comments may be submitted by mail or email to:

Mail:

Kitsap Public Health Board
Attention: Executive Secretary
345 6th Street, Suite 300
Bremerton, WA 98337

Email:

healthboard@kitsappublichealth.org

All written comments received will be forwarded to board members and posted on the Health Board's meeting materials webpage at www.kitsappublichealth.org/about/boh.

**If you are unable to attend a meeting in person and need to request an accommodation to provide verbal public comment, please email healthboard@kitsappublichealth.org or call 360-728-2235.*

Health Board meeting notifications and materials

To sign up to receive Kitsap Public Health Board meeting notifications by email or text message, go to kitsappublichealth.org/subscribe, email pio@kitsappublichealth.org, or call 360-728-2330. Notifications are typically sent on the Thursday prior to each regular Tuesday meeting.

A schedule of regular Health Board meetings is posted on the Health District website [here](#).

Materials for each meeting, including an agenda, minutes from the prior Health Board meeting, and informational meeting packet, are posted prior to each scheduled meeting at www.kitsappublichealth.org/about/boh. Printed materials are available for meeting attendees. A video recording and copies of presentations are posted to the board meetings website after each meeting.

KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
April 1, 2025

The meeting was called to order by Chair Tara Sell at 8:30 a.m.

Board members present gave a brief introduction.

APPROVAL OF MINUTES

Mayor Becky Erickson moved and Commissioner Christine Rolfes seconded the motion to approve the minutes for the March 4, 2025, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The April consent agenda included the following contracts:

- 2233, Amendment 4, *Kitsap County, GIS Services*
- 2441, Amendment 3, *Washington State Department of Health, Consolidated Contract*
- 2462, *Kitsap County Jail*

Member Dr. Michael Watson moved and Member Drayton Jackson seconded the motion to approve the consent agenda. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Administrator Report:

Yolanda Fong, Administrator, shared several updates:

- **Loss of Federal Funds:** Due to decisions made at the federal level, the Centers for Disease Control (CDC) terminated multiple pandemic-related grants, resulting in a loss of approximately \$130 million in funding for Washington State. This will impact key areas such as epidemiology, laboratory capacity, immunization efforts, the Care Connect program, and health equity initiatives. The Health District has received a notice from DOH suspending COVID-19 vaccine funding, which was expected through June 2025. These funds supported vaccine clinics for children and adults, the coordination of vaccine efforts with community partners, and other vaccine-related campaigns. In response, the Health District has removed future vaccine clinic promotions from its website, although information about vaccine clinics through Peninsula Community Health Services remains available. Ms. Fong noted she will be

meeting with leadership to discuss next steps and strategies to address these funding cuts.

- County Health Rankings: The University of Wisconsin's 2025 County Health Rankings ranked Kitsap County highest in Washington under the Community Conditions area, which considers social and economic factors, physical environment, and health infrastructure. A summary of the report is available on the Health District's website.
- GovDelivery Access Issue: The Health District's notification service, GovDelivery, was temporarily inaccessible due to unauthorized activity. Notifications continued via the Health District's website, and full service is expected to resume soon.
- National Public Health Week (April 7-13): In celebration of National Public Health Week, the Health District will recognize staff and promote public health awareness through social media and blog posts.

Board members discussed the updates and asked clarifying questions.

There was no further comment.

Health Officer Report:

Due to the Health Officer's absence, Lynn Pittsinger, Community Health Director, shared the Health Officer Report on behalf of Dr. Gib Morrow:

- Public health is currently facing serious challenges, including funding cuts, attacks on credibility, and threats to its mission. Thousands of public health workers have been laid off nationwide, though the Health District expects to avoid personnel cuts in 2025 due to careful financial stewardship and ongoing monitoring of funding streams.
- The Board was thanked for supporting legislative priorities related to the continued funding and strengthened authority of public health. This support enabled Health District staff to meet with state legislators in March to advocate for Foundational Public Health Services (FPHS), using local stories to highlight the value and impact of public health work.
- FPHS funding, which represents nearly 20% of the Health District's total budget, has been instrumental in supporting essential services such as policy development, community health improvement planning, education, communications, and disease control efforts. This revenue stream was at risk of significant cuts; however, due to legislative action, funding will likely be maintained at current levels. Dr. Morrow expressed deep appreciation to the Board and other elected officials for their support of public health funding as a legislative priority and for their ongoing advocacy on behalf of the Health District.
- In other parts of the nation, public health decisions are being made without the use of scientific evidence or best-available data. The Health District plans to continue using scientific information and evidence to guide the agency's work. Using evidence-based

practices saves lives and money and allows the agency to deliver effective and responsible public health services.

- To underscore the value of public health investment, Dr. Morrow cited recent measles outbreaks. Measles, a vaccine-preventable disease, spreads rapidly in under-vaccinated communities. Recent outbreaks have sickened hundreds, caused deaths, and required costly response efforts. Approximately 20-40% of those infected are hospitalized; complications can include deafness, neurological damage, and long-term immune dysfunction. The estimated social and economic burden of each measles case is around \$40,000 in healthcare costs, medical interventions, public health response, and lost productivity. The MMR vaccine is a safe and effective preventative measure that is free through state and federal programs. Alternative remedies like cod liver oil and vitamin A are not effective in preventing this disease. A recent case in Snohomish County demonstrated the benefits of a swift, coordinated public health response, which successfully minimized community risk.

There was no further comment.

STRATEGIC PLAN UPDATE

Kandice Atismé-Bevins, Equity and Performance Program Manager, shared updates related to the Health District's Strategic Plan and Strategic Implementation Plan (SIP). During the presentation, Ms. Atismé-Bevins discussed the following:

- The development of the Strategic Plan in 2023 and the Board's approval of new mission and vision statements, guiding principles, and strategic initiatives.
- The core components of the Health District's Strategic Plan and SIP, and the approach taken to develop the SIP.
- Methods the Health District uses to monitor, evaluate, and update SIP activities.
- Highlights of work completed under each of the five strategic initiatives in 2024.
- Lessons learned in 2024 and strategies planned to strengthen SIP efforts in 2025.

Board members discussed the update and asked clarifying questions.

There was no further comment.

PROGRAM OVERVIEW: SEXUALLY TRANSMITTED INFECTIONS AND HEPATITIS C

Kelsey Stedman, Sexually Transmitted Infections and Hepatitis C Program Manager, shared an overview of the Sexually Transmitted Infections (STIs) and Hepatitis C (HCV) program. In her presentation, Ms. Stedman addressed the following topics:

- The program's placement within the agency's organization structure and the program's team members.

- The meaning of notifiable conditions and the specific notifiable conditions prioritized by the STI/HCV program.
- The Health District's role in STI response, including surveillance, investigation, technical assistance, testing, and treatment.
- 2024 data for Kitsap County related to chlamydia, gonorrhea, HIV, and syphilis cases.

Due to time constraints, the presentation was abbreviated. Remaining content will be addressed at a subsequent meeting.

Board members discussed the presentation and asked questions.

There was no further comment.

PROGRAM OVERVIEW: HIV CASE MANAGEMENT

Ashley Duren, HIV Medical Case Management Supervisor, shared an overview of the HIV Case Management program. In her presentation, Ms. Duren highlighted:

- The program's placement within the agency's organizational structure and the staff comprising the HIV Case Management team.
- The number of clients served and associated demographic information.
- The geographic areas in which services are provided.
- Funding sources that support program operations.
- The types of client support offered, including healthcare navigation, insurance navigation, advocacy, education, and wraparound services.
- The role of Peer Navigators in supporting clients facing challenges such as being newly diagnosed or those struggling with mental or behavioral health.
- Viral suppression as a key program priority.
- Current caseload performance measures for active clients.
- Client support services such as food assistance, medical transportation, and housing assistance.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 9:43 a.m. Chair Sell announced the Board will be moving into a closed session pursuant to RCW 42.30.140(4)(b). She noted the Board will not reconvene after the closed session.

Dr. Tara Sell
Kitsap Public Health Board

Yolanda Fong
Administrator

Board Members Present: *Mayor Becky Erickson; Member Drayton Jackson; Member Stephen Kutz; Mayor Ashley Mathews; Mayor Rob Putaansuu; Commissioner Christine Rolfes; Member Dr. Tara Sell; Member Dr. Jolene Sullivan; Member Dr. Michael Watson; Mayor Greg Wheeler.*

Board Members Absent: *None.*

Community Members Present: *Janet Kalmen, Community Member; Jeff Riggins, Suquamish Tribe.*

Scribe: *Margo Chang, Management Analyst, Kitsap Public Health District.*

Staff Present: *Kandice Atismé-Bevins, Program Manager, Equity & Performance Management; Angie Berger, Management Analyst, Equity & Performance Management; Dana Bierman, Program Manager, Chronic Disease and Injury Prevention; Ashley Duren, Social Worker 3, HIV Medical Case Management; Yolanda Fong, Administrator, Administration; Jessica Guidry, Director, Public Health Infrastructure Division; Adrienne Hampton, Policy, Planning, and Innovation Analyst, Administration; John Kiess, Director, Environmental Health Division; Lynn Pittsinger, Director, Community Health Division; Tad Sooter, Public Information Officer; Kelsey Stedman, Program Manager, Sexually Transmitted Infections, Hepatitis C, and HIV Case Management.*

MEMO

To: Kitsap Public Health Board
From: Yolanda Fong, Administrator
Date: May 6, 2025
Re: Olympic Connect, A Community Care Hub of Washington

Olympic Community of Health (OCH) is a non-profit organization founded in 2017, dedicated to addressing health challenges that no single sector or tribe can solve independently. OCH serves Clallam, Jefferson, and Kitsap counties, as well as seven sovereign nations: Hoh, Jamestown S’Klallam, Lower Elwha Klallam, Makah, Port Gamble S’Klallam, Quileute, and Suquamish.

By bringing together regional partners to focus on local health issues, OCH works to foster a region of healthy people and thriving communities.

At this meeting, Miranda Burger, Director of Programs, will present an overview of OCH and introduce their new service, Olympic Connect.

Recommendation

None – informational only.

Please contact me at yolanda.fong@kitsappublichealth.org with any questions or comments.

Attachments (1)



Olympic Connect

A unified network of partners that seamlessly connects people to the support they need to thrive.

KITSAP BOARD OF HEALTH, MAY 6, 2025



A Service of Olympic Community of Health | A Community Care Hub of Washington

Olympic Community of Health

- A non-profit organization, established in 2017, with the purpose of tackling health issues that no single sector or tribe can tackle alone.
- Serves Clallam, Jefferson, and Kitsap counties and 7 Sovereign Nations: Hoh, Jamestown S’Klallam, Lower Elwha Klallam, Makah, Port Gamble S’Klallam, Quileute, Suquamish.
- By bringing together regional partners on local health issues, we are working towards a region of healthy people, thriving communities.



● ● ● What is a Community Care Hub?



- We tackle health issues no single sector or tribe can tackle alone.
- We solve health problems through collaborative action.
- The community care hub for the Olympic region.
- Networked with 9 Accountable Communities of Health across the state.
- A Community Care Hub of Washington.

What is Olympic Connect?

- Olympic Connect is a unified network of partners that seamlessly **connects people to the support they need to thrive.**
- **Trusted helpers** clear the path, removing barriers for people so they can access the care and services they need.



What we do.

- Connect people to care and services through trained and highly skilled trusted helpers
- Strengthen our regional network of partners
- Coordinate between health care and social service providers
- Connect regional resources and track health outcomes for healthier individuals, families and communities



Why it matters.

Our communities can't thrive if people don't have what they need for optimal health and well-being.

- **Siloed efforts.** Our efforts to address social needs are largely siloed.
- **Insecure funding.** Organizations may not have sustainable funding to meet the needs.
- **No systems to track.** There isn't a system to track and address gaps in available resources or to see how our efforts are paying off.



Funding sources

Olympic Community of Health has a braided funding model from 3 different primary funding sources:

Washington State Health Care Authority

**Economic Development Authority
(Federal)**

Washington State Department of Health

\$17 million between
July 2023-June 2028

What it funds:

- Hub infrastructure, including:
 - Technology
 - Engagement
 - Workforce capacity building
 - Hub development
- Case management services

\$9.8 million between
October 2024 -September 2029

What it funds:

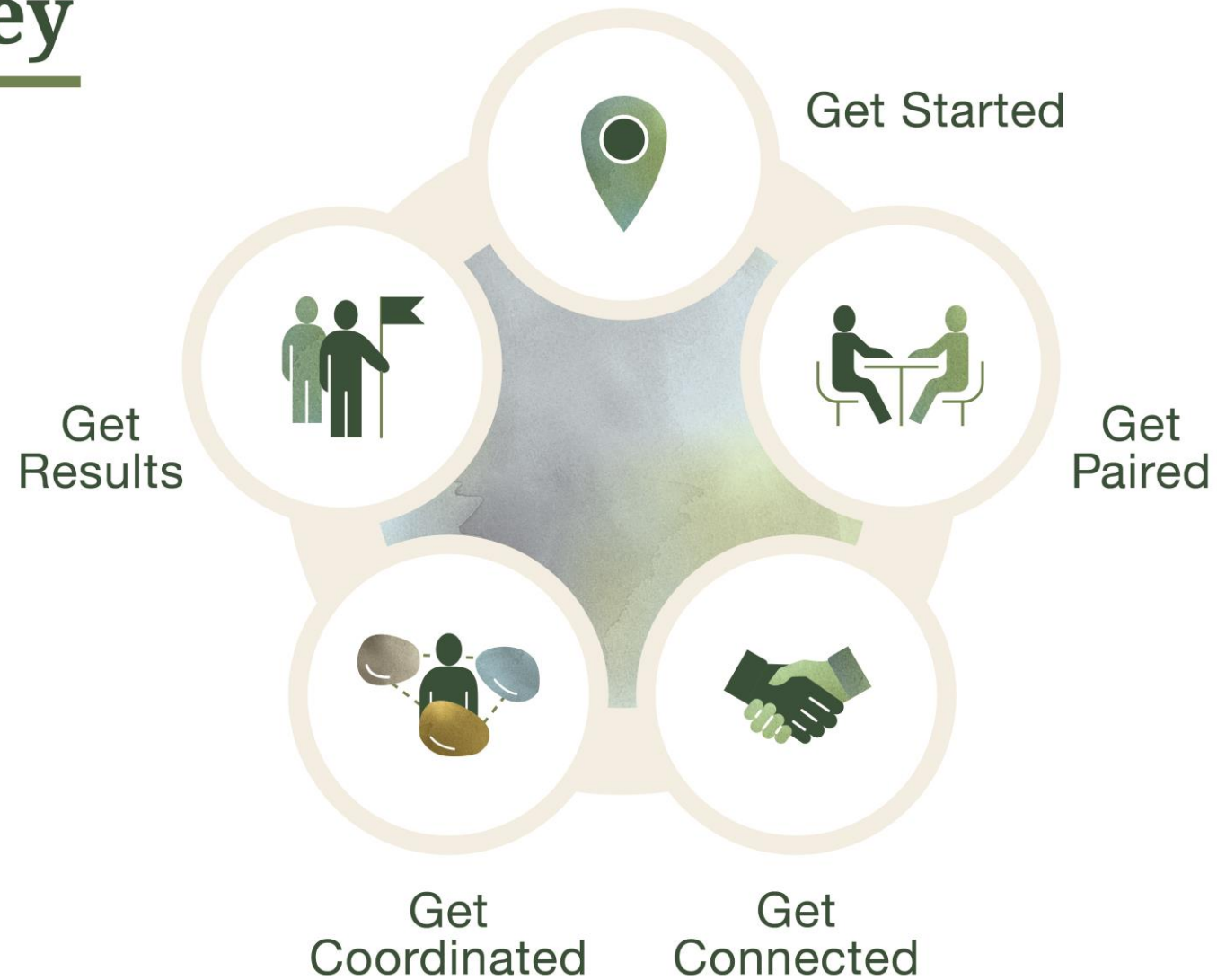
- Case management services
- Expanding resources and services
- Clallam and Jefferson counties only

\$1.1 million between
October 2024-June 2025

What it funds:

- Expansion of resources and services

Client journey



Partner journey



Contracted Care Coordination Partners

- Boys & Girls Club of the Olympic Peninsula
- East Jefferson Fire Rescue CARES
- First Step Family Support Center
- Jefferson Healthcare
- Lutheran Community Services Northwest
- North Olympic Healthcare Network
- Olympic Peninsula YMCA
- OWL360
- Peninsula Community Health Services
- YMCA of Pierce & Kitsap Counties
- Quilcene Fire CARES
- Voices of the Pacific Island Nations



● ● ● Expand & Enhance Access to Social Care

- Discovery Behavioral Health – Day treatment, partial hospitalization for substance use disorder
- Fishline – Mobile food truck
- Jefferson County Farmers Market – Senior farmers market nutrition benefit
- Olympic Peninsula Community Clinic – Medical respite
- Peninsula Behavioral Health – Permanent supportive housing
- Port Angeles Food Bank – Mobile food truck
- South Kitsap Helpline – Medically tailored meals



Measures of success

Olympic Community of Health will evaluate the impact and performance of Olympic Connect through statewide and regional strategic measures.

The Department of Health and Health Care Authority look at 5 categories of strategic measures to assess community-based care coordination:



Community Voice & Engagement



Sustainability & Business Operations



Care Coordination Operations & Reporting



Network Management & Capacity Building



Community-Based Workforce

Some examples include:



of referrals to the hub



% of clients satisfied with the hub



of communities reflected in the hub



% of social and health needs met



of partners contracted with the hub

How to partner

CONNECT

- Identify, screen and connect community members to Olympic Connect

COORDINATE

- Provide care coordination services to address social needs
- Use a hope-centered approach to support community members to meet their goals

LEARN

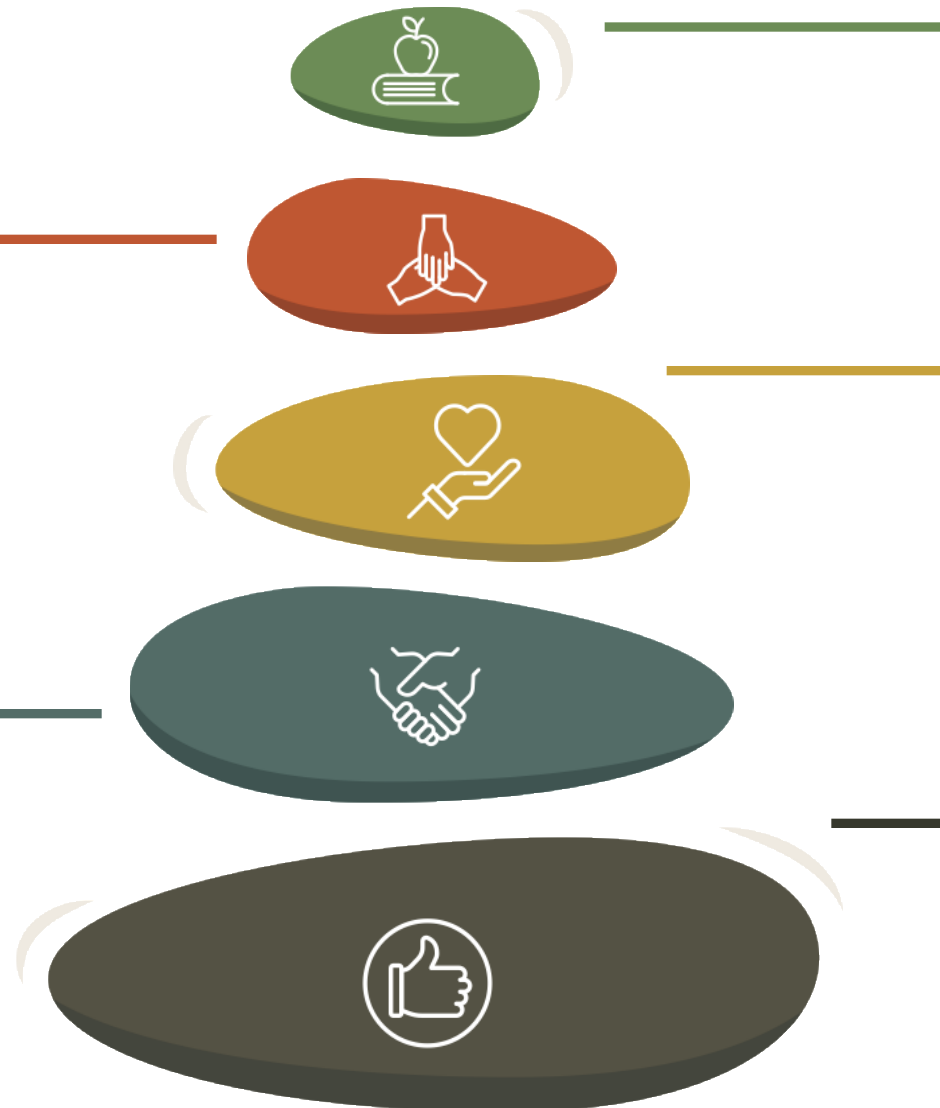
- Sign up for OCH's e-newsletter
- Participate in an OCH convening, learning opportunity, or event

PROVIDE

- Contribute to a regional resource directory
- Provide resources and services to community members
- Expand & enhance access to social care

CHAMPION

- Governance partner
- Advisory group member
- Olympic Connect Ambassador



Refer to Olympic Connect

Online referral form:

[OlympicConnect.org/get-started/](https://olympicconnect.org/get-started/)

Email:

Connect@OlympicCH.org

Local phone:

360-301-8252

Attend an event:

<https://olympicconnect.org/get-started/>



MEMO

To: Kitsap Public Health Board
From: Liz Davis, Immunizations & GCD Program Manager
Date: May 6, 2025
Re: Communicable Disease Surveillance and Response: An Overview

Liz Davis, Immunizations and General Communicable Disease (GCD) Program Manager, and Wendy Inouye, Epidemiologist, will present an overview of the following topics:

- The Health District's ability to respond to communicable disease threats, which depends on local resources and current burdens of disease. This work is primarily supported through Foundational Public Health Services (FPHS) funding.
- The key components of communicable disease surveillance and response, including investigation, implementation of control measures, care coordination, and communication.
- A demonstration of newly created data dashboards that highlight communicable disease activity in Kitsap County and the broader Olympic Region.
- Future updates on this topic, which can be provided at the Board's request.

Recommendation

None at this time – for information and discussion only.

Please contact me at (360)728-2235 or elizabeth.davis@kitsappublichealth.org with any questions or comments.

Attachments (1)

Communicable Disease Surveillance and Response

An Overview



Liz Davis, RN-BSN
Program Manager
Immunizations and General
Communicable Disease

Wendy Inouye, MS, MPA
Epidemiologist
Communicable Disease

Protecting Public Health

Main takeaways:

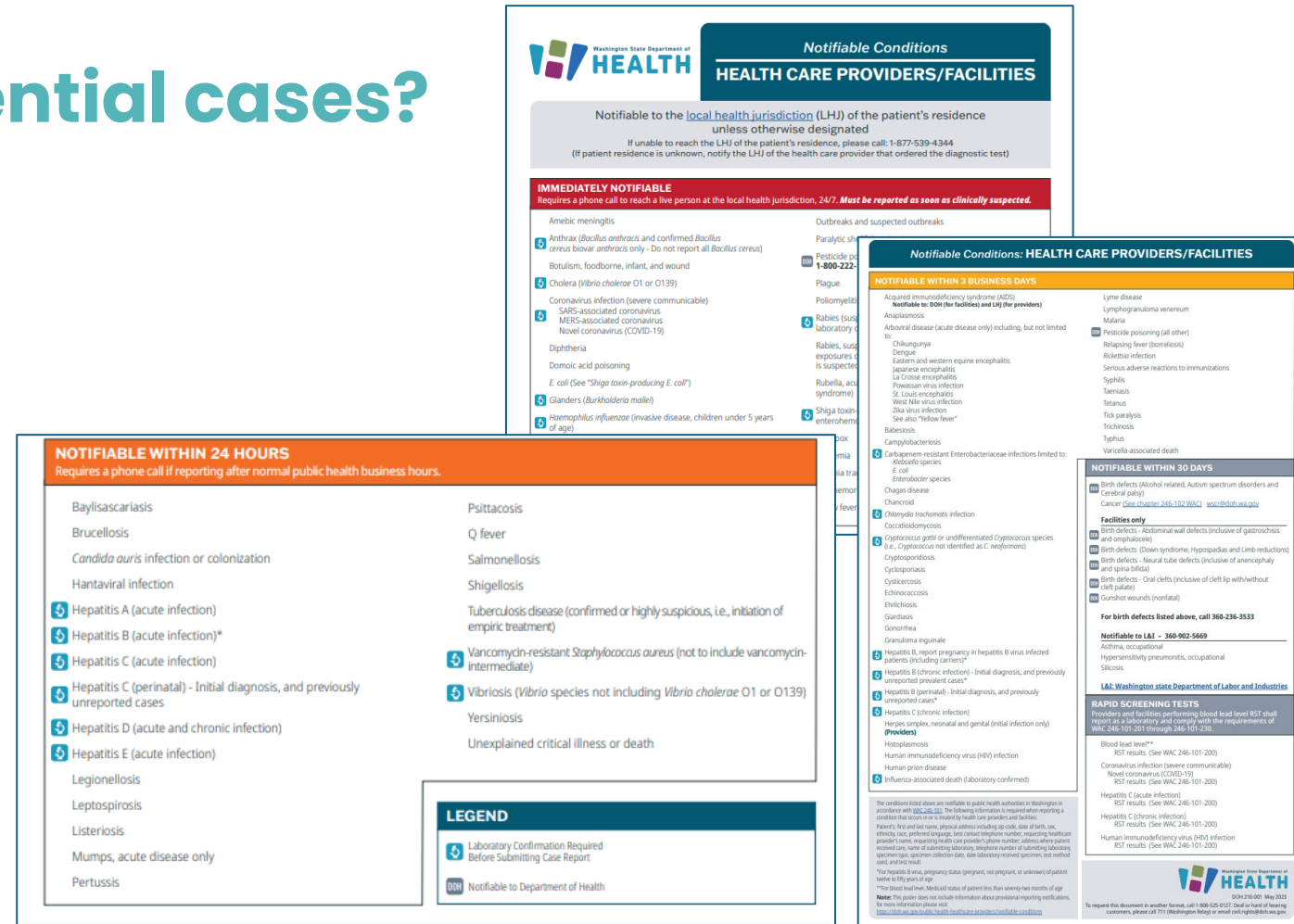
- Multi step process
- Coordination of multiple variables
- Time and labor intensive
- Largely supported by FPHS funding



Detection

How are we informed of potential cases?

- Community members
- Providers
- Facilities
- Labs
- State reporting systems
- Auxiliary surveillance systems





The image displays a document titled "Notifiable Conditions HEALTH CARE PROVIDERS/FACILITIES" from the Washington State Department of Health. It outlines reporting requirements for various diseases and conditions, categorized by the time frame for notification: "IMMEDIATELY NOTIFIABLE", "NOTIFIABLE WITHIN 24 HOURS", and "NOTIFIABLE WITHIN 3 BUSINESS DAYS".

IMMEDIATELY NOTIFIABLE
Requires a phone call to reach a live person at the local health jurisdiction, 24/7. *Must be reported as soon as clinically suspected.*

NOTIFIABLE WITHIN 24 HOURS
Requires a phone call if reporting after normal public health business hours.

NOTIFIABLE WITHIN 3 BUSINESS DAYS

LEGEND

-  Laboratory Confirmation Required Before Submitting Case Report
-  Notifiable to Department of Health

NOTIFIABLE WITHIN 3 BUSINESS DAYS

NOTIFIABLE TO: DOH (for facilities) and LHJ (for providers)

Facilities only

For birth defects listed above, call 360-236-3533

Notifiable to L&I - 360-902-5669

RAPID SCREENING TESTS

L&I, Washington State Department of Labor and Industries

Source: Washington State Department of Health, [List of notifiable conditions](#).

kitsappublichealth.org

Data Collection

- Records
- Additional labs
- Interview
- Clinician consult
- Case determination



Contact Tracing

- Identify close contacts of case while infectious
- Assess risk to determine intervention



Risk Assessment

- Mode of transmission
- Exposure environment
- Risk to public

Implement Control Measures



Coordinate Treatment



Educate and Communicate

- Implemented based on risk assessment
- Goal is reducing transmission
- Isolation, quarantine, environmental controls, post exposure prophylaxis

- Work with local healthcare partners to recommend treatment and connect affected with care
- In certain instances, public health coordinates and administers treatment

- Education and monitoring for case and close contacts
- Support for impacted facilities; ICAR for healthcare
- Provider and public advisories
- Public communication and education campaigns

Communicable Disease Teams employ a broad range of surveillance tools to detect and respond to public health issues.

- **Routine review of reportable condition reports** to identify trends, clusters/outbreaks, gaps and emerging issues.
- **Regional, state and national workgroups** to coordinate information and response to emerging health issues
- **Molecular surveillance** (CDC PulseNet, SPHERES) to link cases in outbreaks and identify
- Real-time emergency department visit data (“**syndromic surveillance**”) to detect clusters or alerts, or to monitor trends in targeted health areas.

Disease

Chlamydia

Analyze by:

Age (categorized)

Under 5

5-17 yrs

18-44 yrs

45-64 yrs

65+ years

NULL

	2020		2021		2022		2023		2024		2025	
	N	%	N	%	N	%	N	%	N	%	N	%
Under 5												
5-17 yrs	80	8.0%	53	5.1%	69	6.7%	39	5.1%	49	6.9%		
18-44 yrs	892	88.9%	932	90.1%	924	89.5%	691	90.3%	618	87.3%	124	89.2%
45-64 yrs	27	2.7%	41	4.0%	34	3.3%	33	4.3%	38	5.4%		
65+ years												
NULL												
Total général	1,003	100.0%	1,034	100.0%	1,032	100.0%	765	100.0%	708	100.0%	139	100.0%

WEEKLY RESPIRATORY SURVEILLANCE REPORT

2025, Week 16 | Week ending 4/18/2025

1 | COVID-19

Data are shown for past 24 months.

% ED visits

Positive labs

15 of 402 (3.7%) specimens positive in past reporting week

<10 of 1342 (0.7%) visits attributable to COVID-19 in past reporting week

1 COVID-19 outbreak reported in past 28 days

2 | INFLUENZA

Data are shown for past 24 months.

% ED visits

CDC

National Syndromic Surveillance Program (NSSP)

REGION 2 NOTIFIABLE CONDITIONS SURVEILLANCE REPORT

March 2025

Table 1 presents the year-to-date (YTD) tallies for the current and previous year of reported cases of notifiable conditions specified by WAC 246-100. Only conditions with one or more cases reported in Clallam, Jefferson or Kitsap counties during this time period are displayed. The 5-year annual average number of cases is presented at the right of each set of columns and provides a baseline of expected cases for an entire year. Table 2 includes YTD rates (number of cases reported YTD divided by the annual population estimate) for a subset of high volume conditions. For all conditions other than TB or STIs, counts include cases classified as confirmed, probable or suspect. Numbers are not finalized and are subject to change as investigations are completed and data are cleaned.

PERTUSSIS SURVEILLANCE REPORT

REPORT DATE: 4/24/2025

Data last accessed: 4/24/2025 11:42 AM

Total cases, Sept 2024 - present*: 56

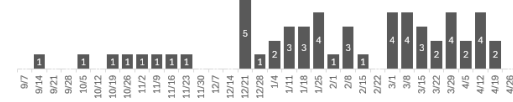
Total cases, 2025 YTD: 47

*by report date

First onset: 9/11/2024

Last onset: 4/14/2025

Figure 1. Confirmed and probable cases, by week of cough onset date.



COUNTY

Jefferson County

5-yr annual (full year) average # 2020-2024

2025

2024

YTD

YTD

0

0

0

14

2

53

0

0

0

0

0

0

0

0

Kitsap County

5-yr annual (full year) average # 2020-2024

2025

2024

YTD

YTD

1

30

176

3

1,232

1

0

0

4

4

32

0

0

5-yr annual (full year) average # 2020-2024

0.6

96.4

905.2

4.6

12,130.4

5.2

0.0

16.2

227.6

9.8

Translating data and information into evidence-based practice

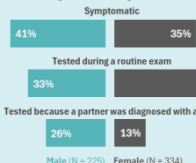
- **Provide interpretation** of the data and literature.
- **Synthesize cross-cutting information sources** around a public health priority topic.
- **Identify gaps and opportunities** for public health action.
- **Ensuring understanding of biases and limitations** in available data.
- **Communicate important local, regional and national disease activity** to decision makers and community members.



CHLAMYDIA & GONORRHEA

787 cases in 2023

Why were they tested?*



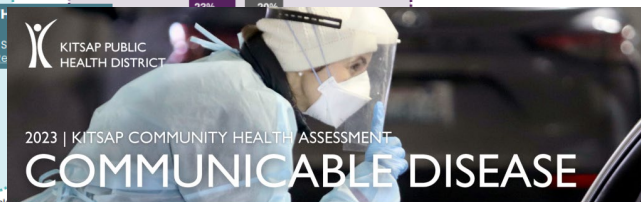
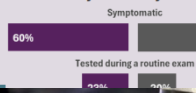
Male (N = 223) Female (N = 334)

Where were they tested? (Top 3)	
Primary Care†	420 (53%)
Emergency Dept or Urgent Care	146 (19%)
Sexual Health /Family Planning Clinic	129 (16%)

*227 chlamydia and 3 gonorrhea cases did not report reason for testing. †Incl

189 cases in 2023

Why were they tested?*



Communicable diseases – or infectious diseases – are diseases caused by organisms such as bacteria, viruses, parasites, or fungi. They can be transmitted from person to person, or from animals, insects, contaminated food or water, or organisms naturally occurring

Region 2 Communicable Disease Surveillance Summary

Clallam • Jefferson • Kitsap



VIEW CDC/DOH
PUBLISHED
COUNTS

EXPLORE SURVEILLANCE
DATA BY DISEASE



VIEW LOCAL
SURVEILLANCE
DATA

DOWNLOAD OR PRINT
DATA SUMMARY TABLES



NOTES ON THE DATA AND
TECHNICAL RESOURCES



Visit Clallam County
Public Health

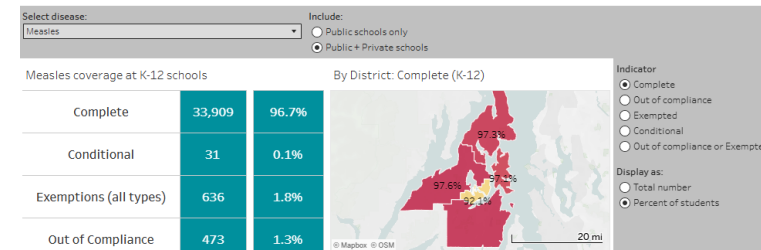


Visit Jefferson
County Public Health



Visit Kitsap Public
Health District

Readiness: Measles | 2022-23 School Year



The Six Principles of CERC

Throughout these chapters, six principles of effective emergency and risk communications are emphasized:

- 1 Be First:** Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source.
- 2 Be Right:** Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.
- 3 Be Credible:** Honesty and truthfulness should not be compromised during crises.
- 4 Express Empathy:** Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.
- 5 Promote Action:** Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.³
- 6 Show Respect:** Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

THANK YOU!



MEMO

To: Kitsap Public Health Board
From: Liz Davis, Immunizations & GCD Program Manager
Date: May 6, 2025
Re: Public Health in Action: Addressing Communicable Health Threats

Liz Davis, Immunizations and General Communicable Disease (GCD) Program Manager, and Wendy Inouye, Epidemiologist, will present the following:

- The details of the Health District's response to specific communicable diseases (tuberculosis, measles, and pertussis) and a review of related data.
- The work the Health District does for immunization support and promotion, in addition to vaccine-preventable disease investigation and response.
- A review of public health's vital role in maintaining a safe and informed community.
- Future updates on this topic, which can be provided at the Board's request.

Recommendation

None at this time – for information and discussion only.

Please contact me at (360)728-2235 or elizabeth.davis@kitsappublichealth.org with any questions or comments.

Attachments (1)

Public Health in Action

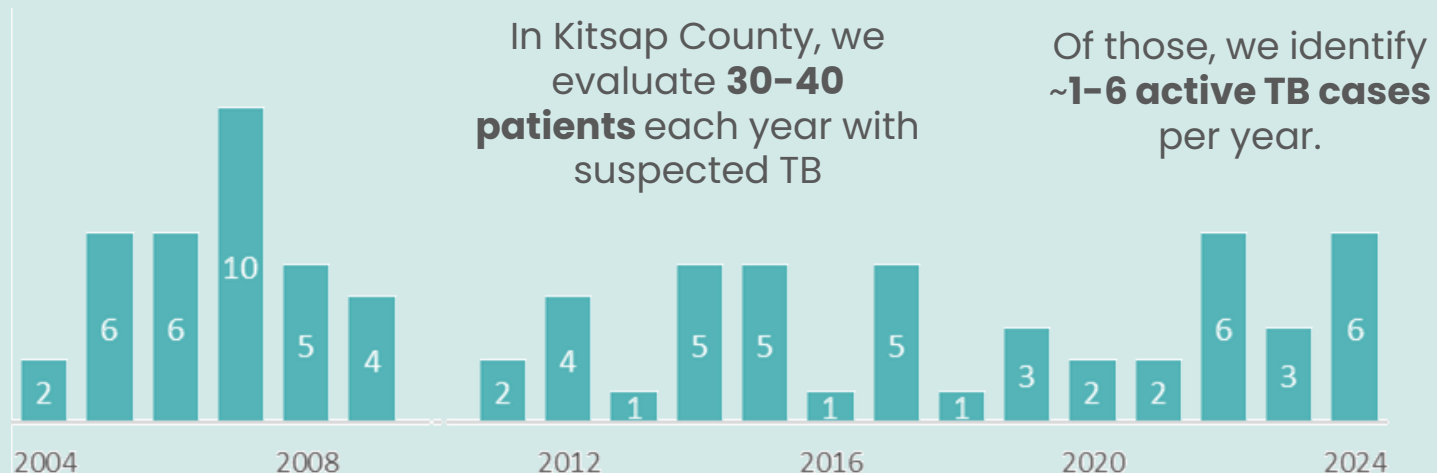
Addressing Communicable Disease Threats



Liz Davis, RN-BSN
Program Manager
Immunizations and General
Communicable Disease

Wendy Inouye, MS, MPA
Epidemiologist
Communicable Disease

TUBERCULOSIS



In 2024, KPHD TB nurses directly observed **>1,000 medication doses** taken by Kitsap residents with active TB



CDC estimates there are **~2,500 people** living in Kitsap County with inactive TB (2023)



In June 2024, KPHD led an educational webinar that reached providers and responders from six local health care networks and agencies.

In 2024:

6 Active TB cases

This represents a fraction of our clients:

32 Suspected TB cases evaluated

1 Additional active TB case relocated to Kitsap during treatment

32 Close contacts of confirmed cases evaluated

59 Clients referred through immigration and refugee mechanisms evaluated

124 **Total clients evaluated and/or managed by our TB Team**

Measles in the News



King County

<https://kingcounty.gov> > ... > about-public-health > news

Fifth case of measles in Washington state identified in a King ...

This is the fifth case of measles in Washington state in 2025, three of which have been infants. In addition, Public Health – Seattle & King County responded to two other measles cases this year ... on MSN

Health advisory: First measles case of 2025 in Washington state identified in a King County infant

Measles Updates: 800 Cases In U.S. As Majority Of Outbreak Remains In Texas

There have been 800 confirmed cases of measles across 25 states so far this year, ... update from the CDC ...



FOX13 News

<https://www.fox13seattle.com> > news > measles-case...

3rd measles case confirmed in Snohomish County, WA | FOX 13

Apr 2, 2025 · Times and locations of possible measles exposure. Timeline: The ... exposed others to measles at the following public places during the specified time ...

POPULAR SCIENCE · 2h

New study: US could see millions of measles cases if vaccination rates keep dropping

Measles could be well positioned for a comeback in the United States in a very short period of time. If immunization rates ...



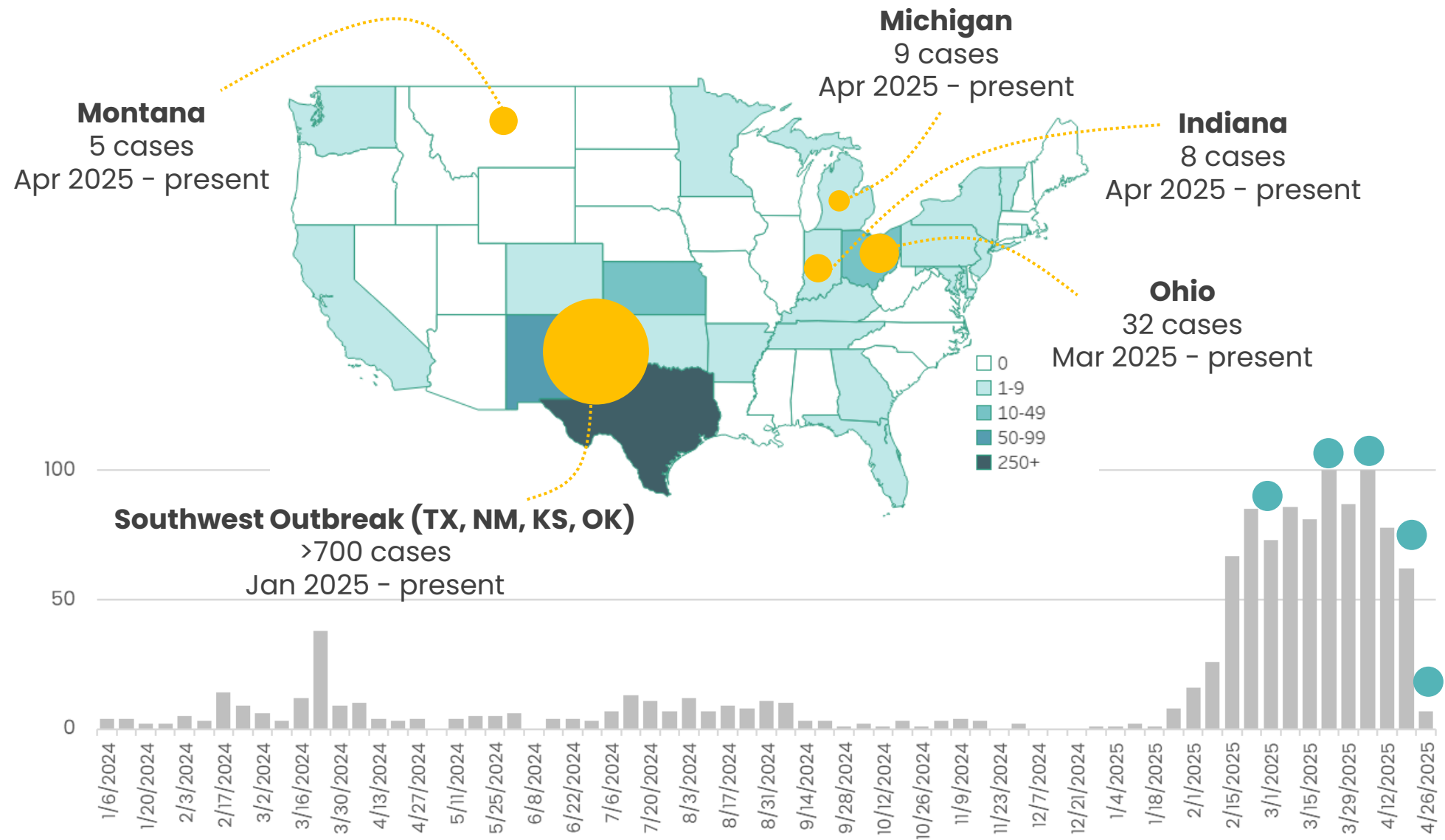
The New York Times · 1d

Measles Surge in Southwest Is Now the Largest Single Outbreak Since 2000

Growing case numbers suggest that the national total will surpass that seen during the last large outbreak in 2019.



MEASLES CASES AND OUTBREAKS IN THE U.S., 2025



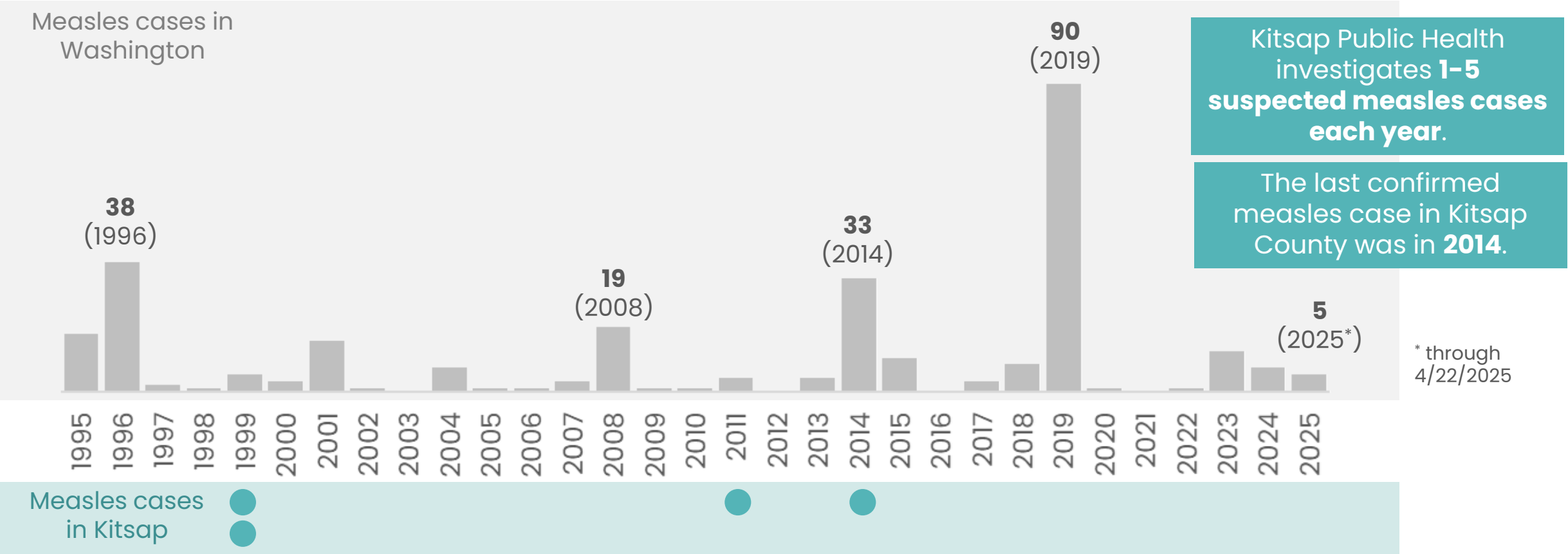
IN 2025
884 cases in 29 states
94 hospitalizations
3 deaths

** Data through 4/25/2025*

● 2025 measles cases in Washington

2/27/2025	King
3/18/2025	King
4/2/2025	Snohomish
4/17/2025	King
4/23/2025	King

Measles in WA and Kitsap County

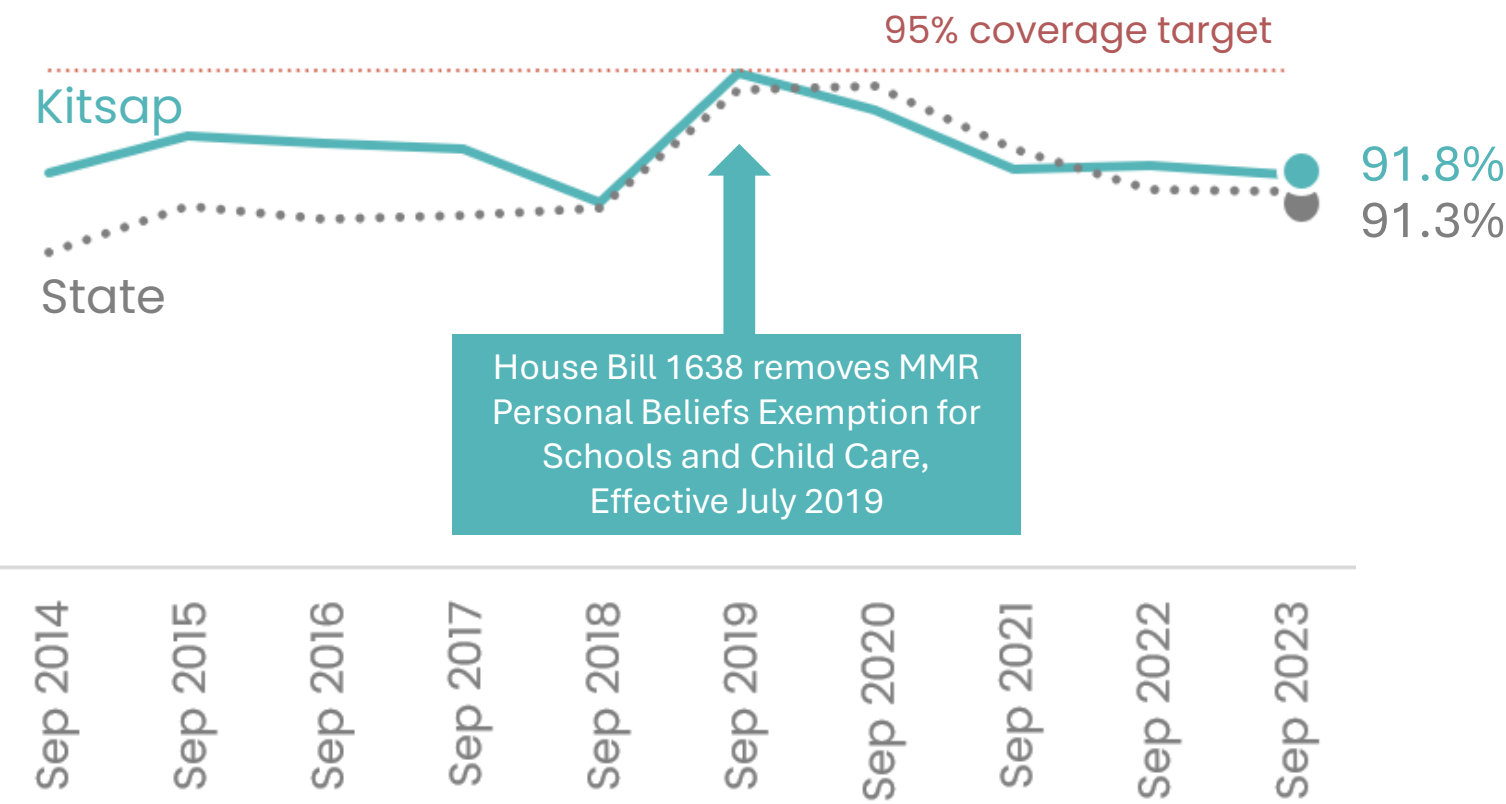


In Kitsap County, there have been 4 measles cases in the past 20 years.

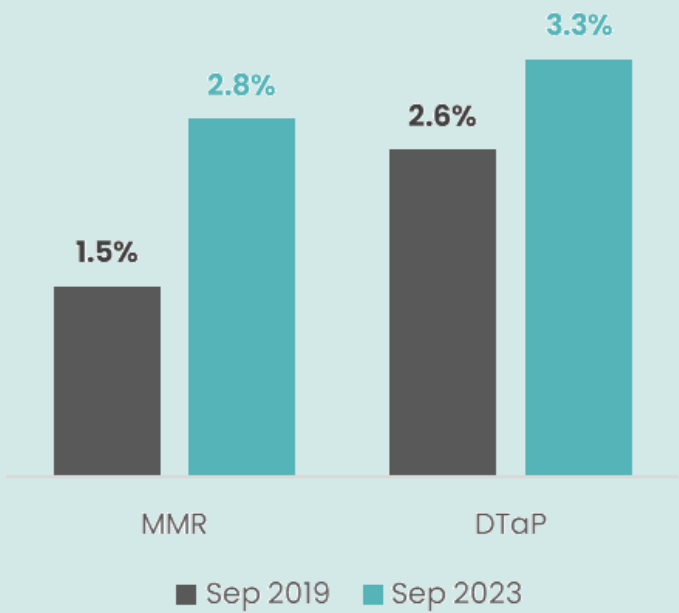
Sources: Public Health surveillance data, accessed 4/23/2025,
[DOH 2023 Annual Communicable Disease Report](#), accessed 2/25/2025;
[CDC Measles Cases and Outbreaks](#), accessed 4/21/2025.

MMR coverage, 2014 – 2023

Percent of kindergartners entering Kitsap schools with 2 documented doses of MMR.



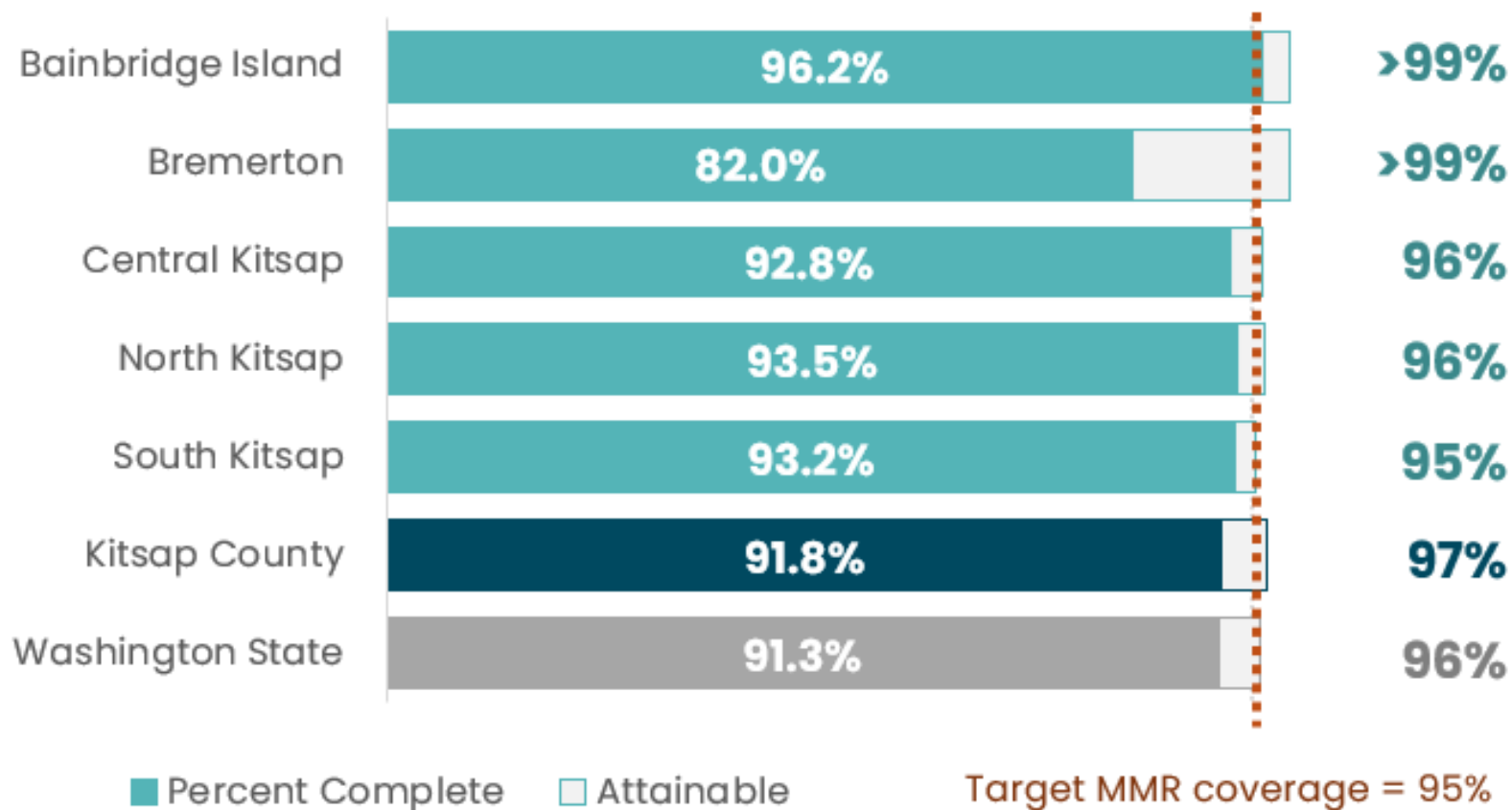
% of Kitsap kindergartners with non-medical vaccine exemptions has increased since 2019



Source: [DOH School Immunizations Dashboard](#), accessed 4/7/2025.

Target MMR coverage is achievable!

Percent of kindergartners entering Kitsap schools with 2 documented doses of MMR, Sep 2023.



If all kindergartners without an exemption were brought up to date, **MMR vaccine coverage would exceed 95% in all Kitsap regions.**

To improve rates we have:

- Coordinated clinics with early childhood learning centers, schools and community partners.
- Hosted childhood vaccine clinics.
- Distributed provider advisories reminding to check records.
- Put out public messaging on the importance of MMR vaccine.

Source: [DOH School Immunizations Dashboard](#), data include both public and private schools, accessed 4/7/2025

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Pertussis Response, Jan – Mar 2025

1/9: Pertussis case reported to KPHD. Investigator learns case attends local high school, and that other students have had similar cough illnesses.

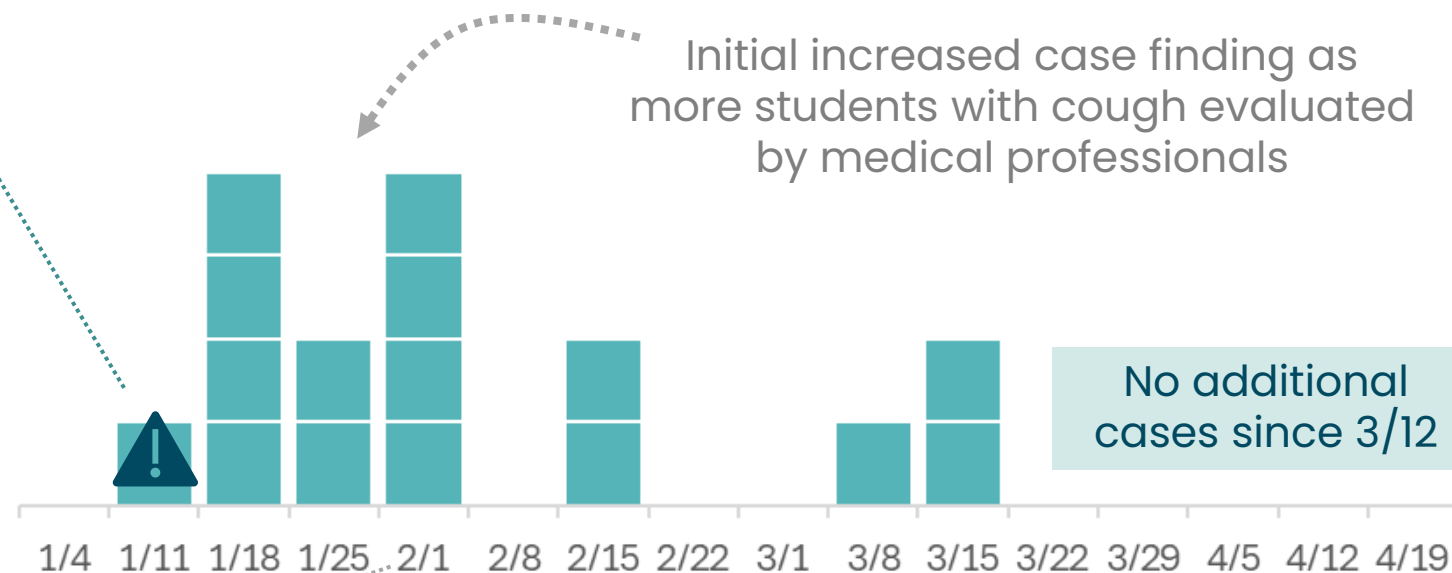


1/10: KPHD works with school to distribute letter to HS parents/guardians/staff with key public health recommendations.



1/27: KPHD develops plan with HS athletics director to screen student athletes prior to practices, exclude athletes with cough, and recommend ill athletes see provider.

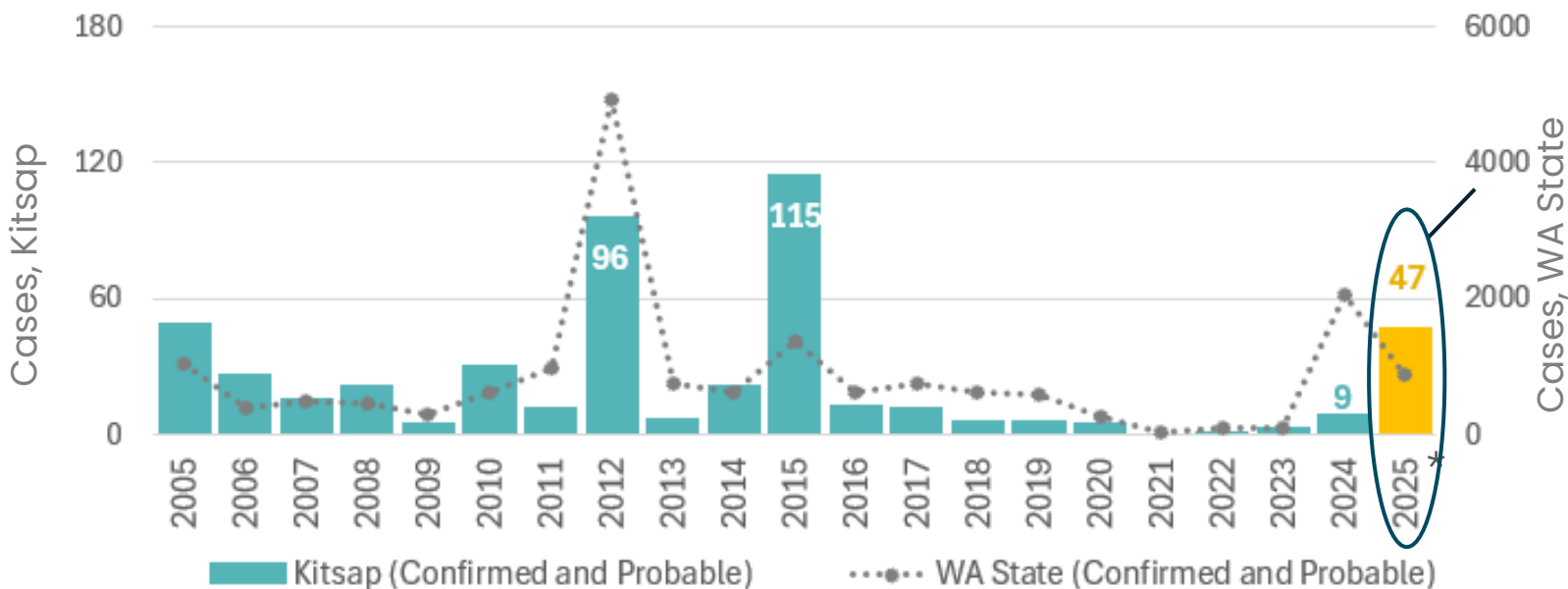
When cases were reported (by week ending date)



1/10 – 3/20: KPHD coordinates passive monitoring and support to HS. Monitoring ends 2 incubation periods after last cough onset.

Pertussis

Pertussis in Kitsap County, 2005 - 2024



**KITSAP PERTUSSIS
CASES REPORTED
2015-2024 (N=171)**

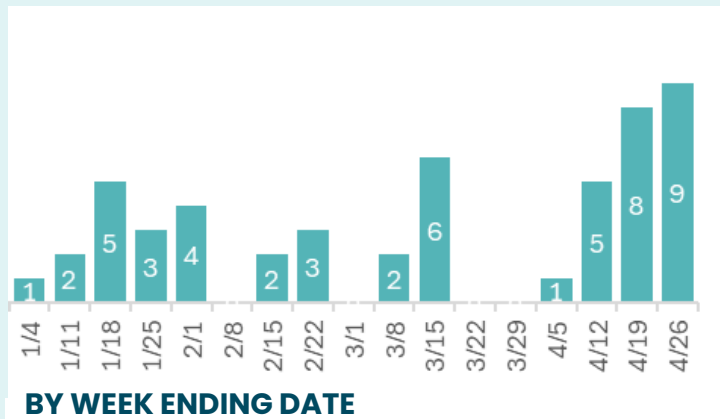
10 YEAR DATA

80% among
people < 18
years old



The last major outbreak in Kitsap County was 122 during the 2014-15 school year, where there were 122 cases, primarily in high school students.

2025 YTD



- 31 cases (66%) linked to 3 outbreaks at Kitsap schools
- >33% of cases in 2025 among people who had never received a DTaP or Tdap.
- 19 notifications to schools and facilities to date.

* 2025 data through 4/12/2025 (WA) and 4/24/2025 (Kitsap)

Source: DOH Public Health surveillance data, accessed 4/24/2025.

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Pertussis Elsewhere in the U.S.

Also in 2024/2025...



The Chelan-Douglas Health District (CDHD) is reporting cases of pertussis, commonly known as whooping cough, have more than tripled in a short time.

The district is reporting 58 cases as of March 22, a sharp increase from 17 cases two weeks earlier.

The health district confirmed its first case of this outbreak on February 14 at a local school.



<https://kpq.com/whooping-cough-outbreak-update/>,
accessed 4/9/2025

KIRO 7 News Seattle

Washington sees massive spike in whooping cough cases, 25% of cases from The Puget Sound

This is just the tip of the iceberg. We're starting to see the impact of waning immunization uptake in pertussis."

Nov 8, 2024

Boise schools warn of 'widespread' whooping cough. Idaho cases make massive jump

By Angela Palermo

Updated January 7, 2025 1:14 PM

Idaho Statesman

THE OKLAHOMAN 

Oklahoma school closes due to whooping cough: What is pertussis? Is there an outbreak?

Dale Denwalt, The Oklahoman

Mon, December 23, 2024 at 9:24 AM PST · 3 min read



Early identification and rapid response can prevent large community-wide outbreaks!

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Promoting and Supporting Immunizations



- ➡ Coordinate clinics with community partners
- Support Vaccine for Children providers
- ➡ Addressing access issues
- Limited vaccine administration



- ➡ Regular connection with health services teams
- ➡ Immunization messaging for students and families
- ➡ Back to School clinic coordination
- ➡ WAIS school module onboarding

Our team conducts a wide range of work to ensure “whole-community” health.

PREVENTION



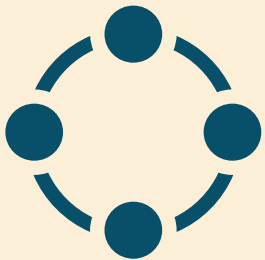
- Protecting health of individuals and community.
- Preparing for and responding rapidly to prevent outbreaks.

EQUITY



Ensuring everyone has access to the care they need protect themselves and the community.

COORDINATION



- Coordinating response across multiple agencies, organizations, and communities.
- Filling gaps not covered by health care system.
- Helping people and organizations navigate complex health situations.

THANK YOU!

