



**2005** ARRANT COUNTY PUBLIC HEALTH  
**ANNUAL REPORT**



*"Without health, there is no happiness."*  
 – Thomas Jefferson

## Essential Services of Public Health

1. Monitor the health status of the community.
2. Investigate and diagnose health problems and hazards.
3. Inform and educate people regarding health issues.
4. Mobilize partnerships to solve community problems.
5. Support policies and plans to achieve health goals.
6. Enforce laws and regulations to protect health and safety.
7. Link people to needed personal health services.
8. Ensure a skilled, competent public health workforce.
9. Evaluate effectiveness, accessibility and quality of health services.
10. Research and apply innovative solutions.

# Director's Message

*Y*ou might want to find out when the next major strategic planning session is scheduled for Tarrant County Public Health (TCPH).

The first time we completed our plan with input from you it was Sept. 10, 2001. In 2005, we conducted another major review of our plan. This time we started with staff input. On the morning of Aug. 29, 30 staff representatives started working on the draft. By noon at least five of us had been called out of the meeting, and by 2 p.m. a general announcement was made that the Emergency Operations Center for Tarrant County was open and our Department Operations Center was opening in preparation for Katrina evacuees. All necessary staff in the incident command structure were needed to report for duty. The rest of the staff continued with the business at hand, which was completing the draft strategic plan document.

And indeed that is how the next six weeks proceeded. More and more of us became involved in the tremendous county-wide effort to provide services for not only Katrina but also Rita evacuees. The rest of us maintained a constant level of service for the communities comprising Tarrant County and the region. It is now many months later, and we are working diligently on our after-action items, as are many of you. But we are also working on our strategic plan. Our completed plan embraces the nationally accepted 10 essential services of a public health department as goals, and it identifies six priorities for the department. The plan takes these priorities and assigns measurable objectives and a task analysis to each so that we have responsible people to assure that we do what we say we are going to do. Our priorities include 1) monitoring the community health status 2) promoting healthful living 3) providing preventive health services 4) responding to public health threats and emergencies 5) reducing the burden of health disparities and chronic diseases and 6) applying best practices to improve public health services.

Please review our priorities, and if you have a question about them or a suggestion for an additional one, please e-mail me at [lkbrewer@tarrantcounty.com](mailto:lkbrewer@tarrantcounty.com). This is a working document and we value your input. One of our biggest challenges continues to be maintaining the balance between being responsive to the urgent needs of the community while never losing sight of the ongoing and long-term needs of the community.

The Best in Health,

Lou Kelley Brewer, RN, MPH  
 Director,  
 Tarrant County Public Health

## New leadership staff



### SANTOS NAVARRETTE, JR., MBA, MA

Santos, our newest Associate Director, assumed his duties in late July. His responsibilities include oversight of Adult Health Services, HIV Administration, TB Elimination, Environmental Health and Public Health's Information Technology staff.

Born in Knox City, Texas, and raised in Rule, Texas, Santos is married with three adult sons. He spent the bulk of his career in the U.S. Air Force, where he served as a specialist in human performance training in the field of aerospace physiology. He furthered his education during his service, gaining a Bachelor's in psychology, an MBA in health care administration, and a Master's in human resource management. Though his career took him all over the world, he came back to Texas upon leaving the military after 28 years.

Most recently, he was the Assistant Health Director for the city of Laredo. As far as his new duties, he's very impressed with the TCPH staff. "I'm still learning how things work here, but I'm the type who won't try to fix something that isn't broken. I believe if you take care of your people and give them the tools they need, the mission will be accomplished."



### ANN SALYER-CALDWELL, MPH, RD, LD

Ann is a classic example of the breadth, skill and expertise that can be found in the public health field. She earned a Master's of Public Health degree and a Bachelor of Science in dietetics. She has worked in public health for 26 years, 24 with Tarrant County. Ann began her career as the director of the WIC program, and in 1997 was promoted to division manager with Community Health Promotion. She continued in this position for eight years before accepting her current promotion to Associate Director of Community Health Promotion. Ann is married and has two teenage sons.

In her new position, Ann directs all activities and staff related to public health preparedness, immunizations at all health centers, child and family health initiatives, chronic disease, nutrition assessment and education, and the administration of the WIC program.

Ann's expertise is complemented by her position as a captain in the U.S. Navy Reserve where she currently serves as the Health Services Department Head for the Operational Health Support Unit Dallas. She has served in the Reserve since 1985. Additionally, Ann serves on the following boards and commissions: Tarrant County

Infant Mortality Task Force steering committee; Tarrant County College, Dietetic Technician Advisory Committee; North Texas Adult Immunization Coalition (co-chair); City MatCH (board member); Texas Association of Local WIC Directors (committee chair); and as a consultant with the Department of Defense for WIC Overseas Development.



## Provider relations

Tarrant County Public Health is in constant communication with various health care providers in the medical community. We host a monthly infectious disease roundtable with representatives from local hospitals. Our health authority provides timely information to all physicians through a monthly "Public Health Notes" column in the *Tarrant County Physician* magazine.

Interaction is also maintained electronically. Local and regional health data and statistics are available to providers through several Web sites including the TCPH Web site (<http://health.tarrantcounty.com>), a Web site dedicated to infectious diseases, including bioterrorism agents (<http://hidport.talho.org/hidport/>), and a site developed by the Southwest Center for Advanced Public Health Practice (<http://www.texasapc.net>).

# A big thanks for your help during Hurricanes Katrina and Rita

To all those employees of Tarrant County Public Health who rose to the challenge when our community needed us during the Katrina and Rita response effort.

Adam Abshari  
Adeola Jaiyeola  
Albert Roy  
Alicia Canchola  
Allen Applegate  
Alma McCarthy  
Amber Seastrunk  
Amy Gorman  
Andrea Martin  
Angie Bishop  
Angie Sandoval  
Anita Colbert  
Ann Salyer-Caldwell  
Anna Valencia  
Annette Morris  
Aracelia Conde  
Archie Hunt  
Barbara Deviney  
Beverly Karnes  
Bridget Hughes  
Carol Lee Hamilton  
Carolyn Ford  
Christine Loving

Cindy McLean  
Crystal Drapkin  
Dawn Needham  
Debbie Greever  
Debra Mickens  
Debra Rodriguez  
Donald Fisher  
Donna Williams  
Dot Essex  
Douglas Fabio  
Elvia Delgado  
Elvin Adams  
Emily Parks  
Eula King  
Eve Roussin  
Fran Kirkley  
Fran Miller  
Gary Rothbarth  
Gerry Drewyer  
Gloria Barreda  
Gregory Reed  
Helen Walker  
Idalia Aragon

Jennifer Self  
Jennifer Stewart  
Jennifer Thomas  
Judy Jones  
Judy Martinez  
Karen Kennedy  
Karen Marshall  
Keisha Leatherman  
Kelly Taylor  
Kim Dieterich  
Layne Walker  
Lee Sewell  
Leslie Bracken  
Lindie Gibbins  
Lisa Barber  
Liz Joumaa  
Lou Brewer  
Louise Slade  
Lucille Valdez  
Lucy Martinez  
Margie Drake  
Maria De La Torre  
Maria Villegas

Merilyn Span  
Michelle Dunsmore  
Michelle Markham  
Mitzie Johnson  
Monica Tipton  
Nancy Domenech  
Naquita White  
Nicolette Janoski  
Nikki Padilla  
Pat Dunnam  
Pauline Lodrigue  
Peggy Wittie  
Princella Marsh  
Rick Workman  
Ronda Abendschein  
Rose Bennett  
Ryan Werstein  
Sandra Manning  
Sandy Andrews  
Sandy Jarvis  
Santos Navarrette, Jr.  
Sondra Whiteley

Sonia Nobles Wilson  
Suzanne Borde  
Sylvia Dimas  
Terri Phillips  
Terry LaFon  
Vanassa Joseph  
Veronica Ybarra  
Victoria Greer  
William Blankenship  
Yolanda Cortez  
Yvonne Florez

*"My role in our hurricane response was an honor and a privilege."*

*—Michelle Dunsmore,  
Emergency  
Preparedness  
Nurse Coordinator*



*TCPH's Emergency Preparedness Coordinator Gregory Reed provides health information during an inspection of one of the shelters set up to receive hurricane evacuees.*

## Hurricanes make landfall in Texas

Tarrant County Public Health employees answered the call to assist with incoming hurricane evacuees not once, but twice; not for a few hours, but for many weeks; not just from 9 to 5 Monday through Friday, but 24 hours a day, seven days a week, including the Labor Day weekend. We provided medical system leadership in setting up screening and triage and shelter assessments to prevent any communicable disease outbreaks and to promote healthy people and environments. There were no disease outbreaks, and we provided immunizations to evacuees and deployed first responders. We sorted and delivered donated medications and consulted with volunteers and shelter managers day and night regarding health questions and concerns. Daily reports were prepared for the Texas Department of State Health Services, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and elected officials. TCPH

provided services to at least 41 separate shelter locations, working across jurisdictional boundaries.

On the volunteer front, we trained 100 new Medical Reserve Corps (MRC) volunteers one week into the

event and scheduled them throughout the duration. The MRC is an organization of medical and non-medical volunteers who receive training and participate in exercises to test the county's emergency preparedness. Katrina and Rita greatly increased enrollment in the MRC.

TCPH epidemiology teams were on the forefront. Three epidemiology teams and three environmental health teams went out daily to every shelter for the first week and stayed in touch thereafter with phone checks until a shelter closed. We answered the call in the middle of the night to report to the Emergency Operations Center (EOC) at 5 a.m.

TCPH staff handled each situation with professionalism. On one occasion, we stepped out of whatever our after-hours activity might have been to calm a frantic shelter manager who called to find out if a discharged patient was contagious to the shelter group; we went back to the EOC at midnight of the fifth week to plan for five buses and 36 cars of special-needs patients who were due to arrive in a few hours.

Through it all, our staff kept our day-to-day services going, and we could not have done any of this without the help of our partners and friends like JPS Health Network, Tarrant County Medical Society, Harris Methodist Fort Worth, Cook Children's, UNT Health Science Center, The Salvation Army, and the employees of Fort Worth and Arlington.

In the days and weeks after the initial crisis, we realized how much we had learned, how fortunate we were to be part of such a dedicated county-wide effort, and how fervently we hoped this or anything like it would never happen again. But when it does, we will be better prepared than we would have been without this experience behind us.

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## Syndromic Surveillance System

The syndromic surveillance system is a region-wide automated system that continuously monitors multiple sources of regional information for the early detection of disease outbreaks.



state and local health departments when activity in these critical health indicators exceeds normal levels.

This system capability is critical to supporting regional efforts to safeguard the public's health in the event of bioterrorism or a natural outbreak such as pandemic influenza. It provides the earliest possible warnings of any unusual counts or the geographic spread of tell-tale signs and symptoms that may be occurring under the radar.

The system was developed and implemented by the Southwest Center for Advanced Public Health Practice and our Public Health epidemiology division in conjunction with the DFW Hospital Council and more than 35 hospitals across North Central Texas. The system continuously monitors and analyzes regional hospital emergency department data and over-the-counter medication sales. It sends alerts to

*"The (syndromic) system is one of the most advance-notice tools of its kind."*

*— William Stephens  
Manager, Southwest Center for  
Advanced Public Health Practice*

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## Pandemic flu

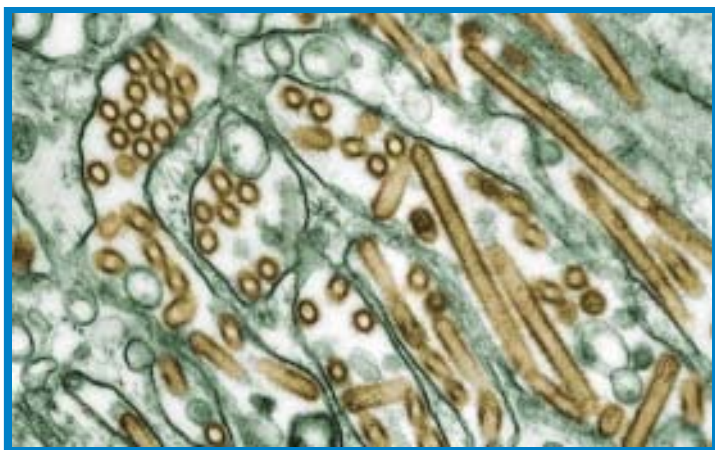
Pandemic influenza would

arise from a new deadly strain of virus that could be easily transmitted from person to person. The H5N1 strain of avian flu has been looked upon as a potential candidate because it is a new flu virus that has been slowly spreading around the world. It has resulted in the deaths of

*"Pandemic influenza has public health and medical community on guard against human-to-human transmission."*

*— Elvin Adams, MD  
Tarrant County Health Authority*

*Colorized electron micrograph of avian influenza A H5N1 viruses (seen in gold). Source: CDC Public Health Image Library.*



*"Ten years ago we were not ready to test for avian influenza – today we are."*

– Guy Dixon  
Manager, North Texas Regional Laboratory

people is increasing the possibility of genetic recombination of the bird flu virus with human flu viruses and the emergence of a pandemic flu strain. In a flu pandemic, the health care system would be overwhelmed, schools would be closed, travel would be restricted and businesses would be adversely affected. Now is the time for businesses, health care, and public health to lay plans to cope with the crisis pandemic flu would bring to our region.

Tarrant County Public Health developed a pandemic flu plan a year ago and will be assisting businesses in developing their own customized pandemic plans.

## SNS exercise

More than 200 TCPH employees and community partners from local and state government, law enforcement, volunteer agencies and the Medical Reserve Corps participated in an exercise at the Resource Connection in August. The exercise tested Public Health's capability to distribute medications from the Strategic National Stockpile (SNS) to county residents. Other capacities that were tested in the exercise included command and control, security, clinic set-up, supply and equipment management, triage and communications.

The stockpile of medications is maintained by the Centers for Disease Control and Prevention and would be available in the event of a disease outbreak that required medicating large

numbers of people.

The result of the mock medication distribution was that more than 1,100 people were served in an hour. The data gathered in the exercise will serve as a baseline to improve the distribution process. The volunteers were from area schools, churches and other community groups.

*"Public health information and education make a difference in our community every day."*

– Vanessa Joseph  
Senior Public Information Officer



*Hundreds of volunteers showed up at the Resource Connection as part of the simulated emergency exercise to test the SNS vaccine distribution capabilities.*

## Gambusia minnows supplement surveillance program

In 2005, mosquito larvae-eating minnows (*Gambusia affinis*) were provided to local governments to stock in specific mosquito infested areas. This project was unique in Texas because there had not previously been a coordinated effort to raise and distribute these minnows between local agencies.

TCPH worked with the Department of State Health Services and Texas Parks and Wildlife to assure that proper stocking of

*Environmental Health's Gene Rattan feeds the latest weapon in the fight against West Nile virus—gambusia affinis minnows.*



the native minnow was accomplished. As part of the annual training provided to mosquito surveillance participants, staff were introduced to the legal means of minnow stocking and provided with a reference guide (posted on the TCPH Web site). Minnows were supplied at no charge for stocking on government rights of way and public property (not private property). Local governments that stocked minnows in 2005:

Arlington  
Bedford  
Benbrook  
Colleyville

Edgecliff Village  
Euless  
Fort Worth  
Haltom City

Hurst  
Mansfield  
Tarrant County  
Waxahachie

The total number of minnows stocked was approximately 2,000. This effort to combat mosquito-borne diseases is expected to continue in 2006.

*"Stocking gambusia minnows is a low-tech, low-cost tool to help combat mosquitoes."*  
— David Jefferson  
Manager, Environmental Health Promotion



## 2004 Behavioral Risk Factor Surveillance System Survey

In 2004, Tarrant County Public Health conducted its second BRFSS, the most comprehensive population health study conducted within this local jurisdiction. TCPH undertook this initiative to obtain health and risk-related data on the sub-county level and to promote community understanding of the need and benefits of having risk data.

The report contains the first-ever BRFSS results for five sub-county areas. The results, based on 2,431 completed surveys, provide baseline prevalence estimates of behaviors and conditions that place adults at risk for chronic disease, injury and preventable infectious diseases. Topics addressed in the 2004 survey include health and mental health status, health care access, overweight and obesity,

*"The BRFSS report will benefit our community's health today and in the future."*  
— Peggy Wittie  
Manager, Surveillance & Response

physical activity, consumption of fruits and vegetables, tobacco use and alcohol consumption, firearms, women's health, cancer screening, adult immunizations, cardiovascular health, diabetes and asthma. The results are compared to Texas and the nation and, where relevant, to Healthy People 2010 objectives for the nation. Comparing key indicators over time to the state and national benchmarks is important in effectively assessing a community's health status.

The data has been utilized in the local United Way Needs Assessment, special reports for community partners including the American Cancer Society, and two county-wide initiatives to promote increased physical activity.



## Health disparities/TEAM Health

A new focus has been developed around working with specific minority populations to expand health education, cultural awareness and consumerism. Public Health will serve as a liaison with the community in these efforts.

TCPH worked with community leaders to educate the public about preventive health and health disparities. TCPH hosted a Tarrant Empowerment Association for Minority (TEAM) Health event that gave local hospital representatives a chance to meet with the community to discover ways the hospitals and community can better understand what is needed.

*"I am proud of the resources that WIC provides to the community because I know it helps build stronger families and a healthier community."*  
— Terry Hajny  
Area Coordinator, WIC Program

## Joint efforts result in a model practice

The National Association of County and City Health Officials (NACCHO) honored TCPH in July for implementing “The Texas Local Public Health Policy Forum,” a program that demonstrates exemplary and replicable qualities in response to a local public health need. The Forum was one of 39 local public health programs selected from across the nation to receive NACCHO’s Model Practice Award.



TCPH receiving a Model Practice Award. Pictured left to right: Lee Lane, Executive Director of the Texas Association of Local Health Officials; Doug Fabio, manager of TCPH’s Health Planning and Policy division; Lou Brewer, TCPH Director, and NACCHO President Rex Archer.

“Held biennially, The Texas Local Public Health Policy Forum was created to give elected officials, public health agencies and citizen advocacy groups an opportunity to discuss and debate issues involving the health of our citizens and the most effective ways to address health-related issues,” said Carol Lee Hamilton, TCPH associate director.

*“The Policy Forum helps us maintain awareness of critical public health issues.”*  
– Carol Lee Hamilton  
Associate Director, Prevention & Public Health Practice

## Involvement on the community front

Hearts N’ Parks helps local agencies demonstrate the impact community park and recreation programs can have on behavior toward reducing the growing trend of obesity and coronary artery disease.

TCPH offered a one-day Hearts N’ Parks Community Mobilization training to all 41 Tarrant County municipalities in August. Nine local cities have implemented some element of the Hearts N’ Parks program and each is now recognized as a Tarrant County Hearts N’ Parks Smart Community.



In the Dallas-Fort Worth area, nearly 66 percent of residents are considered overweight or obese. The rate of overweight or obese high school students in Texas is 30.3 percent, the second highest in the nation.

*“Each day is an opportunity to improve the health of our community.”*  
– Darren Asher,  
Manager, Chronic Disease/Injury Prevention



FitFuture is a collaboration of public and private organizations, brought together by the United Way of Metropolitan Tarrant County, to share responsibility and accountability for a healthier Tarrant County. TCPH was one of original partners in this county-wide initiative.

The FitFuture Network, now comprised of community organizations, corporations, schools, faith-based groups, local government, and health professionals, is committed to increasing awareness about the issue of obesity and engaging in ongoing group physical fitness, wellness, and nutrition activities. TCPH was instrumental in the development of this community network.

*“Watch for Public Health 101 in 2006.”*  
– Donald Fisher,  
Workforce & Leadership  
Development Coordinator



## Infant Mortality Summit

Last September, Public Health hosted the Tarrant County Infant Mortality Summit. More than 140 people, including government officials, faith-based organizations, and community agencies attended the

*"I value my experiences as a nurse with public health; it allows me to get up close and personal with the communities we serve."*

– Rose Bennett  
Charge Nurse, Arlington  
Public Health Center

event to learn about infant mortality issues and focus on community mobilization. The presentation focused on redesigning programs to ensure sustainability and to better serve people living in poverty. Attendees were updated on county infant mortality statistics and briefed on legislative activities related to a statewide Fetal Infant Mortality Review (FIMR). Even though the FIMR legislation did not become law, a FIMR will be established in

Tarrant County to allow the community to further investigate the psychosocial, economic, cultural and safety system trends to identify changes that can be made to help reduce infant mortality.

## Youth tobacco and diabetes prevention education programs

The 2004 BRFSS data revealed that rates of tobacco use were highest among the north, northeast and west sectors of Tarrant County. It is well known that tobacco is the #1 preventable cause of death, and that smoking can begin as early as age 10 for some people, and it appears to have begun in the majority of smokers by age 14.

TCPH developed a tobacco prevention education program responsive to these statistics. Launched in the fall of 2005, the program is targeted to youth in middle schools, high schools, private schools and youth service organizations in the county. The prevention initiative incorporates presentations to youth to enhance their awareness about the harmful effects of smoking and to improve their tobacco refusal skills. A secondhand smoke awareness presentation is designed for parents.

*"Our objective is for these prevention initiatives to translate into greater awareness of healthy living practices by the youth of our community."*

– Doug Fabio  
Manager, Health Planning & Policy

Another education program focuses on diabetes. According to data from the American Diabetes Association, the occurrence of diabetes among adolescents is higher in Tarrant County than for state and national averages. To address this problem, a youth diabetes prevention program was implemented in 2005. It includes a four-part lesson series, each with two sessions targeted to youth in middle schools and some high schools.



TCPH Health Educator Keisha Leatherman helps middle school students learn facts about nutrition and diabetes.

## Family violence

Bullying and teen dating violence education topped the list of training requests from Tarrant County schools. More than 46,000 people received training on these topics as well as anger and stress management and sexual harassment prevention. Unfortunately, the Texas Department of State Health Services withdrew funding for the program for 2006, but more than 800,000 county residents received education through presentations, commercials, and poster campaigns during the nine years of the program.



## TB success

For more than 40 years, screening for and treating latent tuberculosis infection (LTI) have been an important part of the tuberculosis control strategy in the United States. TCPH's TB Elimination program has implemented targeted screening, which allows for optimum performance of the tuberculosis skin test used to diagnose latent TB.

To further combat the problem, TCPH implemented a geographically based, targeted, TB screening program in collaboration with local community-based organizations. Community-based partners included mental health facilities, temporary labor services, job training and living facilities sponsored by the Veterans Administration, dialysis centers, churches, community service centers, HIV congregate living facilities, and several congregate living facilities sponsored by different faith-based organizations. People screened included those using the services and living in the community.

The screening program revealed one homeless shelter as a focal point for ongoing TB transmission in Tarrant County. Another screening program was implemented to target the shelter and the surrounding community. Between September 2002 and December 2004, 3,645 individuals were evaluated during 48 screenings in six locations within the targeted area. And during this time period, 44 people were diagnosed with active TB, 30 of whom were culture positive for *M. tuberculosis*, and 681 were diagnosed with LTI.

TCPH continued this screening in 2005. Of the additional 1,653 screened, three new cases were identified, but these individuals had been at the shelter less than a week. This showed that the TCPH screening and treatment programs had stopped the direct transmission of tuberculosis within that shelter.

*"I often have to remind people that TB is still a major threat in our society."*

*– Gerry Drewyer  
Manager, Tuberculosis Elimination*



## Sister-to-Sister program



The Adult Health Services division piloted a new, evidenced-based intervention program called Sister-to-Sister that focuses on economically-disadvantaged urban women. The program consists of four 90-minute sessions designed to increase the understanding of HIV and sexually transmitted diseases (STDs) in general and to encourage conversations among women concerning safer sex practices.

The Sister-to-Sister program also has been used in Tarrant County's women's correctional system. There is a waiting list of inmates to participate in the classes. Disease intervention specialists conduct the four-day sessions for eight to 15 women. In 2005, 1,312 women participated in the Sister-to-Sister program.

*"Our HIV/AIDS work helps make inroads to stopping this disease."*

*– Mark Wilson  
Manager, Adult Health Services*



## Helping those who are HIV positive

The HIV Comprehensive Services Plan was released at the end of the year as a result of a multi-year assessment process. The plan provides a road map for medical care and care needs for individuals who are HIV positive. It will be used to fund approximately \$6 million in services for 38 counties in the Fort Worth, Abilene and Wichita Falls regions of North Central Texas. The complete plan is available on the North Central Texas HIV Planning Council Web site:

<http://www.nctxhivplanningcouncil.org/Mission.htm>.

*"The more we understand and plan, the more people we hope to reach."*

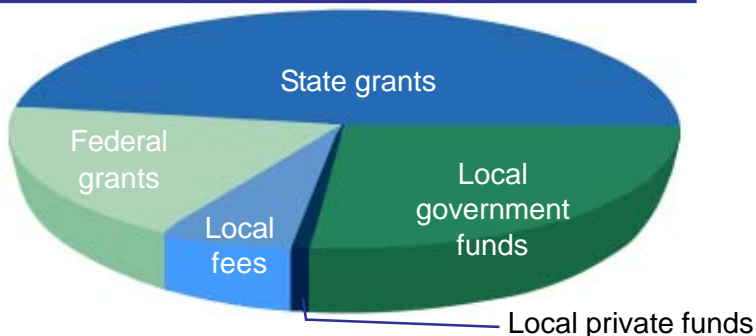
*– Margie Drake  
Coordinator, North Texas HIV  
Administration & Planning*

# Business Notes

"Our fiscal responsibility is rooted in experience, proper management and proper control."

– Marsha Gillespie  
Administrator, Fiscal Services

2005 Public Health Funds		
Local government funds	\$ 6,972,271	26%
Local fees	\$ 2,109,260	8%
Local private funds	\$ 191,113	1%
State grants	\$ 13,642,824	49%
Federal grants	\$ 4,304,310	16%
<b>TOTAL FUNDS</b>	<b>\$ 27,219,778</b>	<b>100%</b>



Tarrant County Selected Disease Morbidity Summary				
DISEASES	2002	2003	2004	2005
Acquired Immunodeficiency Syndrome (AIDS)	153	172	118	117
HIV Seropositive (anonymously reported until 1999) <sup>1</sup>	258	371	272	276
E. coli 0157:H7 Infection	6	33	4	1
Hepatitis <sup>2</sup> : Type A	110	76	27	19
Type B	332	176	252	31
Type C	2,526	1,756	1,446	1,608
Meningitis: Aseptic	304	332	359	258
Meningococcal	14	29	6	30
Other Bacterial	10	11	18	8
Pertussis	83	31	71	86
Salmonellosis <sup>3</sup>	341	24	89	127
Shigellosis	184	539	161	54
STD: Chlamydia	3,740	4,495	4,609	5,111
Gonorrhea	1,889	2,076	2,213	2,487
Syphilis: Congenital (<1 yr.)	4	5	3	2
Primary	37	18	15	29
Secondary	63	58	50	71
Other	108	238	198	193
Tuberculosis	108	116	110	128
West Nile virus	5	22	5	17

## Information provided is for selected reportable diseases

Other serious health threats and suspected bioterrorism agents also are reportable and include anthrax, smallpox, plague, tularemia, botulism, brucellosis, Q fever and viral hemorrhagic fever.

<sup>1</sup> HIV became reportable by name in 1999.

<sup>2</sup> Reporting of hepatitis B and C was changed in 2001 to require the notification of chronic cases as well as acute cases.

<sup>3</sup> Salmonellosis figures tend to fluctuate as a result of reporting and laboratory testing.

Workload Measures	2005
BCCCP <sup>1</sup> - clients screened	900
BCCCP - case managed clients	333
Child health visits	337
Pregnancy tests & referrals <sup>2</sup>	1,269
Family Violence Prevention - people taught <sup>3</sup>	46,000
Flu shots provided	18,359
Immunizations provided	130,488
WIC <sup>4</sup> - visits	608,228
Chronic disease screenings <sup>2</sup>	3,553
Health education - health events, presentations <sup>2</sup>	131
Health education - referrals <sup>2</sup>	744
Communicable disease reports investigated	3,477
New HIV cases reported	276
STD clinic visits	7,442
STD disease intervention field investigations	2,458
STD/HIV field screening of high-risk individuals	8,730
Individuals from target populations receiving HIV education and/or testing and counseling	1,002
HIV pre- and post-test counseling sessions	6,114
Clients provided HIV/STD prevention education	6,114
Clinical lab tests performed	53,426
HIV-1 lab tests performed	12,758
Clients tested for HIV	6,114
HIV/STD cases investigated, partners notified	452
Preventive Medicine Clinic (PMC) HIV care caseload	542
PMC clinic visits	3,811
Travel Health Services clinic visits	5,247
TB clinic visits	17,478
TB contacts screened as part of disease intervention investigation	1,650
TB cases in Tarrant County	147
Percent of foreign-born TB cases	47
Suspected TB cases treated preventively	275
HIV co-infections (cases only)	13
Drug-resistant cases (TB)	8
Directly Observed Therapy doses administered in the field (TB)	12,395
DOPT <sup>5</sup> doses administered (TB)	12,391
Contacts investigated (TB)	942
Total on therapy (TB)	422
Total positive reactors (TB)	1,096
Food establishment inspections	5,157
Swimming pool inspections	511
On-site sewage facilities permitted	691
Food handlers trained/certified	14,443
High-blood-lead-level environmental inspections	11
Mosquito pools tested for WNV	482
Milk and dairy lab tests performed	20,673
Water lab tests performed	21,774

<sup>1</sup> Breast & Cervical Cancer Control Program

<sup>2</sup> new data

<sup>3</sup> service discontinued

<sup>4</sup> Women, Infants and Children Program

<sup>5</sup> Directly Observed Preventive Therapy



## Tarrant County Commissioners Court

Tom Vandergriff	County Judge
Roy C. Brooks	Precinct 1 Commissioner
Marti VanRavenswaay	Precinct 2 Commissioner
Glen Whitley	Precinct 3 Commissioner
J.D. Johnson	Precinct 4 Commissioner
G.K. Maenius	County Administrator

**Tarrant County Public Health**  
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**SAFEGUARDING OUR COMMUNITY'S HEALTH**