

Director's *message*

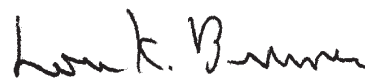
During 2006, Tarrant County Public Health (TCPH) provided many services to the community to assure healthy kids. Our staff identified evidence-based practices and geographical areas of focus through the use of our Behavioral Risk Factor Surveillance Survey (BRFSS). This was done to concentrate high impact, outcome-oriented activities in collaboration with community partners. Our work with the Infant Mortality Task Force led us to develop a Fetal Infant Mortality Review Team with the support and cooperation of the Medical Examiner's Office. We have dedicated a full-time nurse to this effort and will be ready to implement the community focused prevention program when the legislation goes into effect. In an effort to reach more of our Hispanic population, we initiated the first ever "Carnaval de Salud."

Regarding chronic disease prevention, health disparities (particularly in children), were addressed through our public health teams working closely with the African-American and Hispanic communities. Asthma, obesity and diabetes were some of the issues addressed in schools, churches and community groups. The entire staff at TCPH received training on "Bridges Out of Poverty" and two health educators received "Train the Trainer" education in order to provide ongoing, in-depth education to staff, clients and community partners. Health literacy training was also presented to health care providers, staff and health care students.

We were pleased to launch our local immunization registry, which now allows all participating partners to look up current immunizations of children and determine what is needed next. Partners include hospitals, schools and physician offices. Once again, our community partners played a vital role in getting the word out about the importance of immunizing our children against vaccine-preventable diseases. Children of all ages benefited from immunizations. We focused specifically on the youth of our community with our innovative Teen Videofest contest, which produced homegrown educational materials for use in addressing health issues facing our teens today.

While we initiated several new programs during the year, we continued to provide many other services to prevent disease and injury, promote health and protect against threats as part of our ongoing effort to safeguard our community's health.

The Best in Health,



Lou K. Brewer, RN, MPH
Director,
Tarrant County Public Health



*"Healthy communities build healthy kids."
- Lou K. Brewer, Director*

Mission

Safeguarding our community's health.

Vision

Tarrant County Public Health assures, protects and promotes the overall health and well-being of our residents.

Essential Public Health Services

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.

Shedding light on *local health disparities*

In pockets of Tarrant County, the number of infant deaths are higher than in some Third World nations. The Infant Mortality Rate (IMR), which measures the yearly rate of deaths in children less than one year old, is an important indicator of the general level of health and well-being in a community. The IMR rate for Texas has consistently remained below the national rate.

- Tarrant County's IMR is 7.5 deaths per 1,000 live births.
- The rate for African-American infants is 16.1 deaths per 1,000 live births.
- Nationally and locally, the IMR for minorities continues to be significantly higher.

The Tarrant County Infant Mortality Task Force, comprised of several health-related organizations and governmental agencies, exists to address these disparities locally. Last September, community leaders sponsored a month's worth of activities focused on disparities related to infant deaths.

Summit addresses *infant mortality*

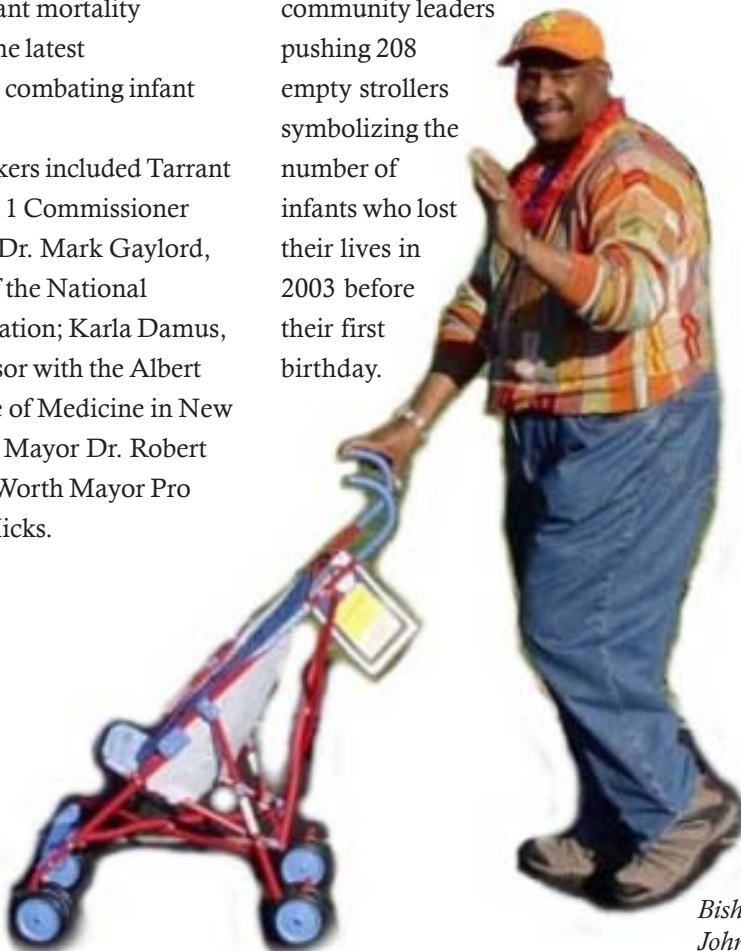
The month's activities included an Infant Mortality Summit, held on Sept. 29 at Cook Children's Medical Center in Fort Worth. This was the fifth summit to focus on the primary indicators of infant mortality disparities and the latest developments in combating infant mortality.

Featured speakers included Tarrant County Precinct 1 Commissioner Roy C. Brooks; Dr. Mark Gaylord, past president of the National Perinatal Association; Karla Damus, associate professor with the Albert Einstein College of Medicine in New York, Arlington Mayor Dr. Robert Cluck and Fort Worth Mayor Pro Tem Kathleen Hicks.

Stroller-Thon, *a painful reminder*

Punctuating the month's activities was the "Helping Infants Live! Stroller-Thon," held on Sept. 30 at Polytechnic High School in Fort Worth.

The event involved volunteers and community leaders pushing 208 empty strollers symbolizing the number of infants who lost their lives in 2003 before their first birthday.



Fetal Infant *Mortality Review*

Tarrant County Public Health, in collaboration with the Medical Examiner and community partners, formed a Fetal Infant Mortality Review (FIMR) community team. The team, consisting of local health, social service and other experts, is tasked with reviewing specific cases of fetal and infant mortality.

The team will identify issues relating to infant deaths and formulate and implement recommendations for strategies to save lives. Recommendations may include interventions like screening for domestic violence in prenatal care settings or more extensive outreach to high-risk mothers. The FIMR's primary focus is to bring about better care of women, children and families.

Bishop Kenneth B. Spears of First Saint John Missionary Baptist Church, Fort Worth.

Community support helps fight disease



Last year on National HIV Testing Day, in a first-ever show of support, two residents opened up their business and their home to expand the locations providing free HIV/syphilis testing. Wilson's Barbecue and the owners of a residence known as Four Columns put their passion for bringing services to the community in areas that are often plagued by disparity.

Locally and nationally, new HIV infections are disproportionately affecting minorities. In Fort Worth, significant numbers of African-American and Hispanic residents are considered at risk for HIV infection. Figuratively, African-Americans represent 13 percent of the population, 40 percent of the total AIDS cases and one-half of all newly diagnosed HIV/AIDS cases. And Hispanics represent 14 percent of the population; 20 percent of the total AIDS cases and 20 percent of new AIDS diagnoses.

The other startling fact is that at least half of the people becoming infected with HIV each year are under the age of 25.

Partnerships like those formed with Wilson's Barbecue and the owners of Four Columns are important to efforts that increase education, awareness and access to voluntary counseling and testing.

The free HIV/syphilis tests offered that day enabled individuals to know their status, which is vital in the fight against sexually transmitted disease.

“Carnaval de Salud” celebrates unity



Tarrant County Public Health hosted the County's first “Carnaval de Salud” in early October.

The event was part of the Sixth Annual Binational Health Week.

Activities included:

- low-cost immunizations,
- free health screenings,
- educational displays and presentations,
- a one-mile “March for Health,”
- live entertainment and prizes.

Associate Director Santos Navarrette Jr. having his blood pressure taken.

Immunization registry tracks shot records

Tarrant County Public Health established a new Web-based immunization registry in April that updates and consolidates immunization records scattered across multiple health care providers.

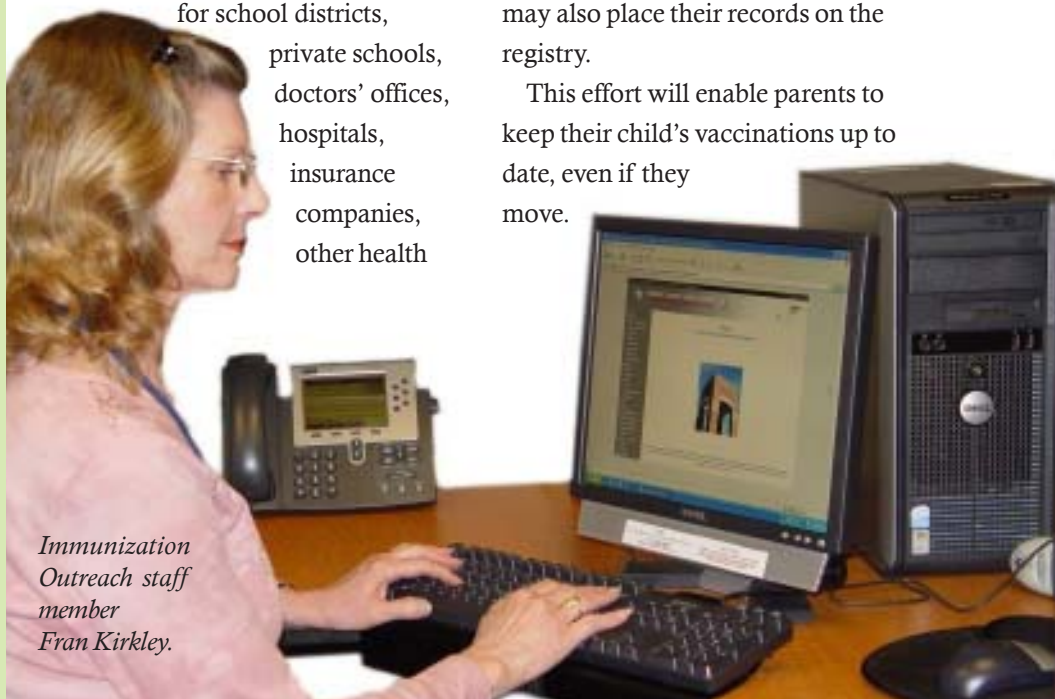
The Tarrant County Immunization Registry (TCIR) provides improved access to a child's vaccination history for school districts,

private schools, doctors' offices, hospitals, insurance companies, other health

care providers and partner organizations.

The TCIR prevents duplication of vaccinations and helps ensure that children receive the proper immunizations so they are not vaccinated more than once for the same thing. Participating organizations may also access and input new data, and adults may also place their records on the registry.

This effort will enable parents to keep their child's vaccinations up to date, even if they move.



Immunization Outreach staff member Fran Kirkley.

Reassessing the threat *of west nile virus*

A new reporting procedure reduces the amount of time from when a hospital or clinic reports West Nile virus (WNV) to TCPH and public health reports it to local cities and the public.

In 2006, there were 53 reported cases of WNV in 15 different Tarrant County cities and three unincorporated areas of the county. For every person with WNV who was sick enough to be admitted to the

hospital there were an estimated 150 people who got WNV but had no symptoms at all or at most just a mild headache, muscle aches or a slight fever that did not require medical attention; that means that more than 5,000 Tarrant County residents were exposed to WNV last season but did not get sick enough to go to the hospital.

Information TCPH gathered also revealed that people age 50 and older are at a higher risk for developing severe WNV infection.

Our awareness efforts in 2007 will be increased to target people 50 and older.



Public gains greater access *to restaurant inspection scores*

Restaurant inspection scores became available on the TCPH Web site in June (<http://foodinspection.tarrantcounty.com/>).

Posted scores reflect the current state rules that govern inspections of food establishments, and include

specific categories of violations. Scores also include restaurants specializing in foods that require special handling and are inspected more frequently. Information on the site is updated weekly.

Residents can search by:

- restaurant name,
- address,
- by city or,
- ZIP code.

The site explains how the restaurants are inspected, what the scores represent, maps of restaurant locations and their individual inspection histories. Scores noted on the site are from restaurants throughout Tarrant County, including the DFW Airport.

Cities not included on the site are Fort Worth, Arlington, Euless and North Richland Hills.



Champions *of workplace wellness*

For the fifth year in a row, TCPH honored local business leaders as part of the annual "Champions in Health" recognition event in mid-October. U.S. Sen. Kay Granger (honorary chair) and state Sen. Jane Nelson were on hand to applaud honorees for successfully implementing workplace wellness and disease prevention programs.



This year's winners included Alcon Laboratories, VHA, the city of Euless and Southern Methodist University. The Dallas/Fort Worth business community was recognized as a leader in employee health and wellness programs.

Champions in Health promotes outstanding workplace wellness programs and encourages collaborative relationships among businesses with successful wellness programs and those interested in developing such programs.

TCPH, the Health Industry Council and other local governmental and health care agencies sponsor the event.

The SNS *plan*

The Strategic National Stockpile (SNS) is a *national repository* of life-saving pharmaceuticals and medical materials that can be delivered to the site of a chemical or biological terrorism event, or natural or technological disaster in order to reduce disease and death in the population.

TCPH has undertaken the task of creating a 48-hour mass distribution communication and awareness plan. The plan's objective is to use pre-event messages to help create an awareness of the actions residents must take prior to, within the first 48 hours and in the days and possibly months that follow an incident involving the use of the SNS.

The plan evolved from a collaboration involving Collin, Dallas, Denton and Tarrant counties.

The communication campaign will address both voluntary and mandatory actions for residents.

Additionally, the campaign will establish methods and activities to create awareness and educate the public about existing preparedness programs and activities and their role in any threat response activities.

Syndromic *surveillance*

Thanks to a set of tools in place at TCPH, the Dallas/Fort Worth area now has a real-time disease detection and early warning system.

The tools, known as syndromic surveillance software, help public health officials and the medical community rapidly detect and respond to potential or emerging outbreaks, including symptoms associated with bioterrorism and more common problems such as seasonal flu. The Southwest Center for Advanced Public Health Practice, a grant-funded unit of TCPH, established and maintains the tools.

Currently, 49 hospitals, including some urgent care centers in North Texas share chief complaint data – from an average of about 5,500 patient visits daily – that the tools automatically analyze 10 times

daily.

The ground-level benefit of the system occurs when syndrome case counts significantly exceed normal thresholds and the software alerts authorized system users, including epidemiologists at TCPH and other public health agencies. Infection control practitioners at hospitals are also using one of the tools in collaboration with public health.

The surveillance software elevates flu surveillance to a whole new level. In 2006, case counts for gastrointestinal (GI) fever and respiratory symptoms started rising near the end of October. Spikes emerged roughly every two weeks and each peak showed increases of 12 to 15 percent in daily counts from previous peaks. The highest peak in cases in 2006 occurred on the day after Christmas.

Decontamination course *aids regional preparedness*

Decontamination training (National Disaster Life Support Decon course) with a focus on disaster management was provided in April. Sponsors included TCPH's Southwest Center for Advanced Public Health Practice (APC), the University of Texas Southwestern Medical Center, and the National Disaster Life Support Foundation (NDLSF).

The course strengthens regional efforts to help health care facilities take the steps necessary to remain open in the event of contamination in their facilities and to reduce the

levels of disease and death among contaminated health care providers and to improve patient outcomes.

More than 250 public health and health care providers in Tarrant County and across North Central Texas benefited from the disaster training.



Environmental Health Sanitarian Celeste Parker assists with decontamination procedures.

Division / Program *highlights*

Southwest Center for Advanced Public Health Practice

- The Tarrant County Southwest Center for Advanced Public Health Practice (APC) connected its 49-hospital regional biosurveillance network to BioSense, the U.S. Centers for Disease Control and Prevention's (CDC) national biosurveillance system that helps it detect and respond to public health threats, including any that might emerge in North Central Texas.
- The Tarrant County APC entered its BioSense project as a candidate for a model practice award from the National Association of County and City Health Officials (NACCHO) after a top CDC official said the APC's efforts to support the CDC provided a model for how the CDC wants to work with local public health agencies.
- The APC also developed a new CD-ROM "Preparing Your Business For Emergencies, Natural & Man-Made Disasters" that provides training for the Medical Reserve Corps (MRC) and others.

In just six months, more than 1,200 copies were distributed to both regional and national MRC volunteers.

Epidemiology and Health Information

- Data entry for the National Electronic Disease Surveillance System (NEDSS) significantly increased in 2006 by approximately 192 percent.
- Improved tracking of NEDSS data entry was achieved.
- The number of NEDSS users increased from two users in 2005 to eight users in 2006.
- Epidemiology staff began training on the CDC's Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE).
- The Tarrant County Map II project was launched. Nine domains were selected to include 44 health indicators.

- Analysis and preliminary draft of seven domains was completed.

HIV Planning and Administration

- The 2006 reauthorization of legislation (Ryan White), which funds HIV/AIDS services for the nation, mandated significant changes to case management services. To comply, the North Central Texas HIV Planning Council worked intensively with area HIV clients, service providers and government agencies.
- The result was a case management design that meets client needs and provides minimal structural changes to agencies that implement programs. The restructured procedure and the resulting case management model have been commended by our state and national governing agencies.



North Texas Regional Laboratory

- The North Texas Regional Laboratory completed the 2006 West Nile virus surveillance program by testing 378 mosquito samples from 26 submitting cities. Our lab detected 39 (10.32%) mosquito samples that were positive for the West Nile virus. The lab also implemented a new molecular test technology that allowed for the multiplex testing of West Nile virus and Saint Louis encephalitis virus in a single tube.
- This multiplex test significantly reduces the sample handling and cost of this test when compared to

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Medical Reserve Corps volunteer Linda Davis.

Division / Program *highlights*

the individual West Nile and Saint Louis encephalitis virus tests.

Adult Health Services

- Adult Health Services (AHS) staff works to reduce the incidence of sexually transmitted diseases in Tarrant County through interviewing and investigating all positive laboratory and medical reports.
- Disease Intervention Specialists followed up on 11,345 positive reports in 2006, resulting in 5,378 cases of chlamydia, 2,694 cases of gonorrhea, 162 cases of early infectious syphilis and 187 individuals with HIV/AIDS.
- Individuals diagnosed with an STD/HIV are interviewed regarding their sexual contacts and educated about their disease to reduce the possibility of reinfection or contracting a different infection. AHS continues to inform the community about the increase in cases of STDs and HIV.
- Disease trends in Texas and the United States are increasing at an alarming rate and AHS is working diligently to reverse those trends in Tarrant County in 2007.

Public Health Preparedness

Pandemic Influenza Business Summit

- In August 2006, TCPH's Public Health Preparedness division hosted the Pandemic Influenza Business Summit. More than 120 people, including top executives from universities, local corporations and government attended the event to learn about the potential impact of pandemic influenza on the local economic infrastructure.
- The summit, aimed at bringing executives from the private sector together with governmental decision makers, focused on expectations, misconceptions and strategies to minimize the effect of a possible pandemic.

The Business Initiative

- TCPH actively pursued relationships with large local employers to open channels of communication and assist businesses with preparing for public health threats. The participants can take part on many different levels, from only receiving basic information, to becoming a Corporate Point of Dispensing (CPOD) site,

depending on their suitability and willingness to participate. The corporate POD concept is a model for responding to any rapidly emerging or unexpected biological hazard.

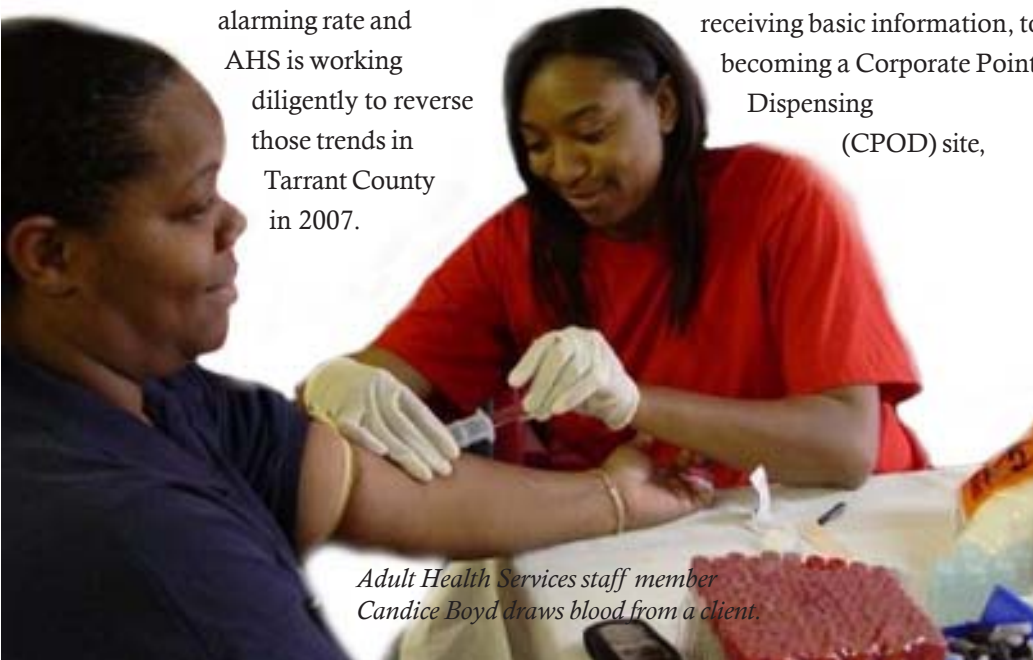
- Currently, the initiative has assisted large employers with pandemic influenza, all-hazards, and continuity of operation plans; created a parallel POD system; and disseminated all-hazards and disease specific information to all participating organizations, potentially reaching 350,000 individuals.

Tuberculosis Elimination

- In 2006 the Tuberculosis Elimination program treated 132 cases of tuberculosis, 108 of them from Tarrant County. An additional 24 cases from surrounding counties were provided with medical management. In addition, 276 suspects and 1,111 individuals with latent TB infections were treated.
- The TB program conducted multiple research projects and published several papers on various aspects of tuberculosis in select national journals. The program continues to forge partnerships within the community to further eliminate tuberculosis.

Health Planning & Policy

- Several population-based prevention education initiatives were advanced by Health Planning and Policy to address such problems as health disparities among youth and the prevention



Adult Health Services staff member Candice Boyd draws blood from a client.

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Division / Program *highlights*

of tobacco use and diabetes. These initiatives were improved and expanded into more schools and school districts in Tarrant County.

- The initiatives included a new comprehensive evaluation component that will reveal both knowledge retention and personal behavior changes.
- For the eighth consecutive year, Tarrant County Public Health's award-winning project, "Teen Videofest" captured the interest of local teens and educators. Teen Videofest challenges county youth ages 13 - 19 to produce videos about teen health issues. More than 70 videos were submitted, representing the efforts of 134 students from 11 local high schools, one middle school and one home school. Teen Videofest is jointly sponsored by TCPH and other community organizations.



- A new child health nutrition program also was developed and will be launched in 2007 to address poor nutrition and lack of physical activity.
- The recently implemented nutrition and physical activity series, "Kids Growing Healthy," has reached hundreds of fifth graders in three school districts. TCPH educators teamed up with

several school districts to expand the reach of our tobacco and our diabetes prevention programs.

- Health Planning and Policy collaborates with numerous youth-oriented organizations; providing training to them as well as resources and technical assistance for health education and prevention programs.

Chronic Disease / Injury Prevention

- The Chronic Disease/Injury Prevention division conducted more than 3,100 screenings for several chronic conditions. Additionally, the division took part in more than 200 health-related events and presentations, reaching 2,128 individuals and providing more than 700 referrals.
- The division also developed

curriculums to further educate the public about a variety of health-related issues, including a "How to Talk to Your Doctor" course, and a "Bridges Out of Poverty" presentation to help health care workers better assist clients.

Environmental Health

- As part of the ongoing food safety program, and in cooperation with local partners, Environmental Health trained or certified more than 17,000 food handlers to work in local food establishments. Training classes involve basic food safety.
- Environmental Health teaches classes on a county-wide basis, approves outside vendors to teach the class at any location, and recently approved some online courses.
- Educating food service workers, along with appropriate training from their employers, is the most effective way to ensure safe food preparation.

A Corporate Viewpoint: *Pandemic Influenza Planning*

*By Robert Bianconi, Safety and Health Manager,
National Semiconductor*

The facts about how a pandemic can decimate a business were brought to our company's doorstep when Tarrant County Public Health visited our company to talk about pandemic influenza. As public health's model for business in a pandemic unfolded, we evaluated how this information could be incorporated into our company's pandemic plan.

Tarrant County Public Health representatives asked decision-provoking questions:

How will you preserve your stability of essential business functions in a pandemic? How will you minimize your economic losses?

We didn't have the answers.



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Working closely with Tarrant County Public Health, our team began strategizing how we would roll out pandemic influenza planning and preparedness at our manufacturing site in Arlington while taking into consideration the policies, procedures and action plans that our corporate pandemic preparedness team had developed. We focused on measures we would need to take to prevent business interruption.

Business functions, potential loss of revenue and our external vendors were some of the items that we discussed. We factored in how long we could afford to be without our employees if worst came to worst. Other considerations at the top of the list were things like the welfare of our employees and the community. Another major concern was our onsite contractors like janitorial services, security, food service and others.

Following more discussions, strategizing and assistance from public health, the company had an approved plan and the green light from management for our site plan. Our newly formed pandemic team consists of safety staff whose responsibility is disaster contingency and response planning.

We have a medical services team that is responsible for employee health; a site security team, which is a contracted service; and an emergency response team that will assist in making sure we can get medication to our staff and possibly the community in the event of a pandemic. Other efforts we are focusing on include training staff and educating employees about our plan.

Locally, other companies are also involved in preparing for a pandemic. When Alcon Laboratories and Tarrant County Public Health co-sponsored a Pandemic Influenza Business Summit, I was able to share what our company is committed to doing in the event of a pandemic. And along with representatives from nearly 70 other companies, I learned about some of the measures Alcon implemented. My biggest take-away was the international traveler's respiratory protection kits Alcon prepared for its employees.

No one knows for sure when a pandemic will occur. The real key is to be prepared. If it is not avian influenza, it will be something else. And all the planning companies engage in now can be used to respond to a biological hazard or help to counteract terrorism. Any hazard

has the potential of affecting the traditional way a company conducts business.

Tarrant County Public Health has been an invaluable resource in providing information on pandemic influenza, biological and other hazards as well as containment measures that businesses need to consider.

Understanding how a pandemic or other health crisis can affect our company and planning for that possibility has made us stronger. I am sure of it.

I urge other local businesses to invite Tarrant County Public Health in for a frank and informative discussion on the subject. ■

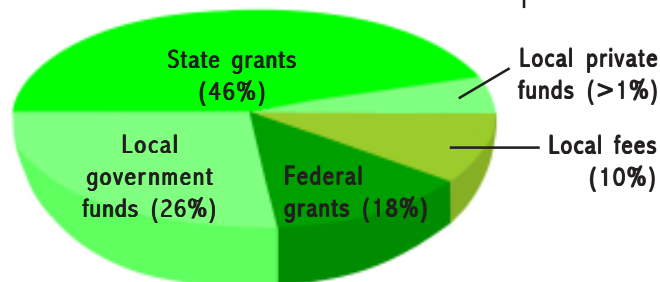
Pandemic Influenza

PUBLIC HEALTH PREPAREDNESS uses public health planning and the implementation of critical measures before, during and after an emergency or public health threat. TCPH preparedness staff completed an update of the TCPH *Pandemic Influenza Preparedness and Response Plan*. The plan provides TCPH with guidance, and we provide the plan to other agencies and local cities to assist with the development of their own pandemic influenza plans. The pandemic plan is available on our Web site at <http://health.tarrantcounty.com>.

Public Health *funds* 2006

Local government funds	7,666,902	26%
Local fees	2,957,000	10%
Local private funds	111,100	>1%
State grants	13,662,638	46%
Federal grants	5,324,808	18%

\$ 29,722,448 100%



Morbidity *in Tarrant County*

Tarrant County Selected Disease Morbidity Summary			
DISEASES	2004	2005	2006
Acquired Immunodeficiency Syndrome (AIDS)	118	117	102
HIV Seropositive	272	276	166
E. coli O157:H7 Infection	4	1	8
Hepatitis ¹ :			
Type A	27	19	26
Type B	252	31	621
Type C	1,446	1,608	1,887
Meningitis:			
Aseptic	359	258	207
Meningococcal	6	30	4
Other Bacterial	18	8	6
Pertussis	71	86	42
Salmonellosis ²	89	127	171
Shigellosis	161	54	123
STD:			
Chlamydia	4,609	5,111	5,378
Gonorrhea	2,213	2,487	2,694
Syphilis:			
Congenital (<1 yr.)	3	2	6
Primary	15	29	25
Secondary	50	71	57
Other	198	193	108
Tuberculosis	110	128	108
West Nile virus ³	5	17	53

Information provided is for selected reportable diseases

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

¹ Reporting of hepatitis B and C was changed in 2001 to require the notification of chronic cases as well as acute cases.

² Salmonellosis figures tend to fluctuate as a result of reporting and laboratory testing.

³ Increased numbers reflect change in case definitions for West Nile virus.

(Refers to Workload table)

¹Breast & Cervical Cancer Control Program

²new data as of 2005

³service discontinued in 2005

⁴Women, Infants and Children Program

⁵Directly Observed Preventive Therapy

Workload Measures	2004	2005	2006
BCCCP ¹ - clients screened	472	900	1,084
BCCCP - case managed clients	165	333	547
Child Health - visits	269	337	277
Pregnancy tests & referrals ²		1,269	1,081
Family Violence Prevention - people taught ³	18,645	46,000	
Flu shots provided	15,505	18,359	13,721
Immunizations provided	135,814	130,488	142,980
WIC ⁴ - visits	540,864	608,288	668,171
Chronic disease screenings ²		3,553	3,115
Health education - health events, presentations ²		131	202
Health education - referrals ²		744	707
Communicable disease reports investigated	1,407	3,477	3,841
New HIV cases reported	184	276	282
STD clinic visits	7,169	7,442	7,343
STD disease intervention field investigations	2,691	2,458	2,546
STD/HIV field screening of high-risk individuals	9,577	8,730	8,043
Individuals from target populations receiving HIV education and/or testing and counseling	1,014	1,002	1,064
HIV pre- and post-test counseling sessions	5,612	6,114	6,202
Clients provided HIV/STD prevention education	5,612	6,114	6,202
Clinical lab tests performed	51,917	53,426	48,148
HIV-1 lab tests performed	12,807	12,758	11,860
Clients tested for HIV	5,609	6,114	9,797
HIV/STD cases investigated, partners notified	422	452	659
Preventive Medicine Clinic (PMC) HIV care caseload	540	542	564
PMC clinic visits	4,523	3,811	3,719
Travel Health Services clinic visits	5,663	5,247	4,943
TB clinic visits	42,335	17,478	19,408
TB contacts screened as part of disease intervention investigation	2,616	1,650	980
TB cases in Tarrant County	112	147	108
Percent of foreign-born TB cases	51.4	47	51
Suspected TB cases treated preventively	203	275	276
HIV co-infections (cases only)	10	13	7
Drug-resistant cases (TB)	2	8	5
Directly Observed Therapy doses administered in the field (TB)	11,697	12,395	12,977
DOPT ⁵ doses administered (TB)	6,668	12,391	8,595
Contacts investigated (TB)	2,616	942	980
Total on therapy (TB)	1,210	422	408
Total positive reactors (TB)	1,210	1,096	1,003
Food establishment inspections	4,470	5,157	5,422
Swimming pool inspections	504	511	605
On-site sewage facilities permitted	730	691	587
Food handlers trained/certified	12,388	14,443	17,926
High-blood-lead-level environmental inspections	11	11	12
Mosquito pools tested for WNV	453	482	378
Milk and dairy lab tests performed	19,999	20,673	24,184
Water lab tests performed	22,371	21,774	22,812



Tarrant County Commissioners Court 2007

B. Glen Whitley	County Judge
Roy C. Brooks	Commissioner Precinct 1
Marti VanRavenswaay	Commissioner Precinct 2
Gary Fickes	Commissioner Precinct 3
J.D. Johnson	Commissioner Precinct 4
G.K. Maenius	County Administrator
Tom Vandergriff	County Judge - 2006

Tarrant County Public Health

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