



2018 Communicable Disease & State of the County Health Annual Reports, HIV Update

Presented to the Mecklenburg
Board of County Commissioners

October 22, 2019

Gibbie Harris, Health Director
Mecklenburg County Public Health

Communicable Disease Report



Report
Diseases Here

2018 Mecklenburg Communicable Disease Annual Report

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County Commissioners
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Monthly CD Statistics: What's in the Report?



Mecklenburg County Public Health Reportable Communicable Diseases

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Reflects report dates, not always onset dates

Monthly Report: SEPTEMBER 2019
Preliminary Figures

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Chlamydia and Gonorrhea case reports are currently unavailable as the State transitions to a new reporting system.

DISEASES	January	February	March	April	May	June	July	August	September	October	November	December	2019 Total Cases (Year to Date)	SEPTEMBER 3 year Ave	Year-to-Date (3 Year Average)
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Chlamydia (Laboratory confirmed) ³	843	721	884	771	809	815	757	757	-				6357	507	5723
Gonorrhea** ³	289	221	253	250	300	283	309	259	-				2164	178	2027
Granuloma Inguinale**	0	0	0	0	0	0	0	0	0				0	0	0
Hep. Type B, Acute**	1	0	0	3	1	1		0	0				6	1	6
Hep. Type B, Carrier	4	3	9	14	13	17	14	11	15				100	12	79
Perinatal Hepatitis B**	0	0	0	0	0	0	0	0	0				0	0	0
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Nongonococcal Urethritis (NGU)	42	49	44	54	49	50	41	18	3				350	17	300
Ophthalmia Neonatorum	0	0	0	0	0	0	0	0	0				0	0	0
Pelvic Inflammatory Disease (PID)	0	1	0	1	0	0	0	0	1				3	0	7
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Congenital Syphilis** ¹	-	-	-	-	-	-	-	-	-				-	-	-
Botulism ²	0	0	0	0	0	0	0	0	0				0	0	0
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Paratyphoid Fever	-	-	-	-	0	0	0	0	0				0	-	-
Vibrio Vulnificus	0	0	0	0	0	0	0	0	0				0	0	0
Vibrio Infection (other than cholera)**	0	0	0	0	2	1	1	0	2				6	0	4
Other or Unknown Foodborne**	0	0	0	0	0	0	0	0	0				0	0	1

1 Counts of reported cases
Monthly, Year-to-Date and 3-year averages

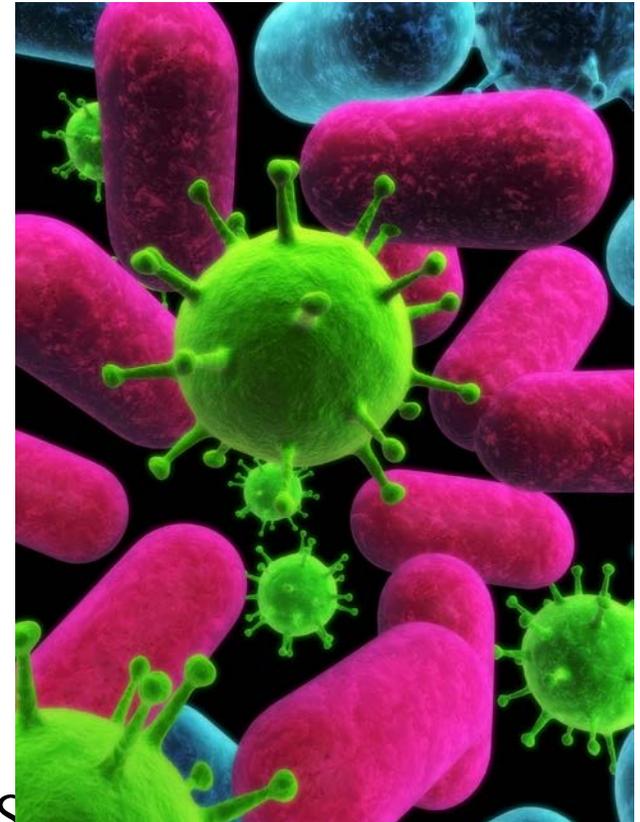
2 6 Major Disease Categories
based on primary means of transmission

3 Tracking of Bioterrorism Agents
Tracking of 6 agents that pose a risk to national security.

Monthly CD Statistics: What's in the Report?

SIX PRIMARY DISEASE CATEGORIES

- Sexually Transmitted and Blood-borne
- Enteric, Food and Waterborne
- Vaccine Preventable
- Direct Contact and Respiratory
- Vector-borne and Zoonotic
- Encephalitis, Meningitis and Prion Disease



Monthly CD Statistics: Public Health Preparedness



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The CD report tracks **6 biological agents** that may pose a threat to national security.

- Anthrax
- Botulism
- Hemorrhagic Fever
- Plague
- Smallpox and
- Tularemia

Monthly CD Statistics: Most Commonly Reported



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Many diseases are reportable, **only a few** are responsible for most reports.

- Enterics, Food and Waterborne
 - *Campylobacter, Salmonella, Shigella, E. coli, Hepatitis A*
- Sexually Transmitted Infections
 - *HIV, Syphilis, Chlamydia, Gonorrhea*

Emerging Disease: Multistate Hepatitis A Outbreaks

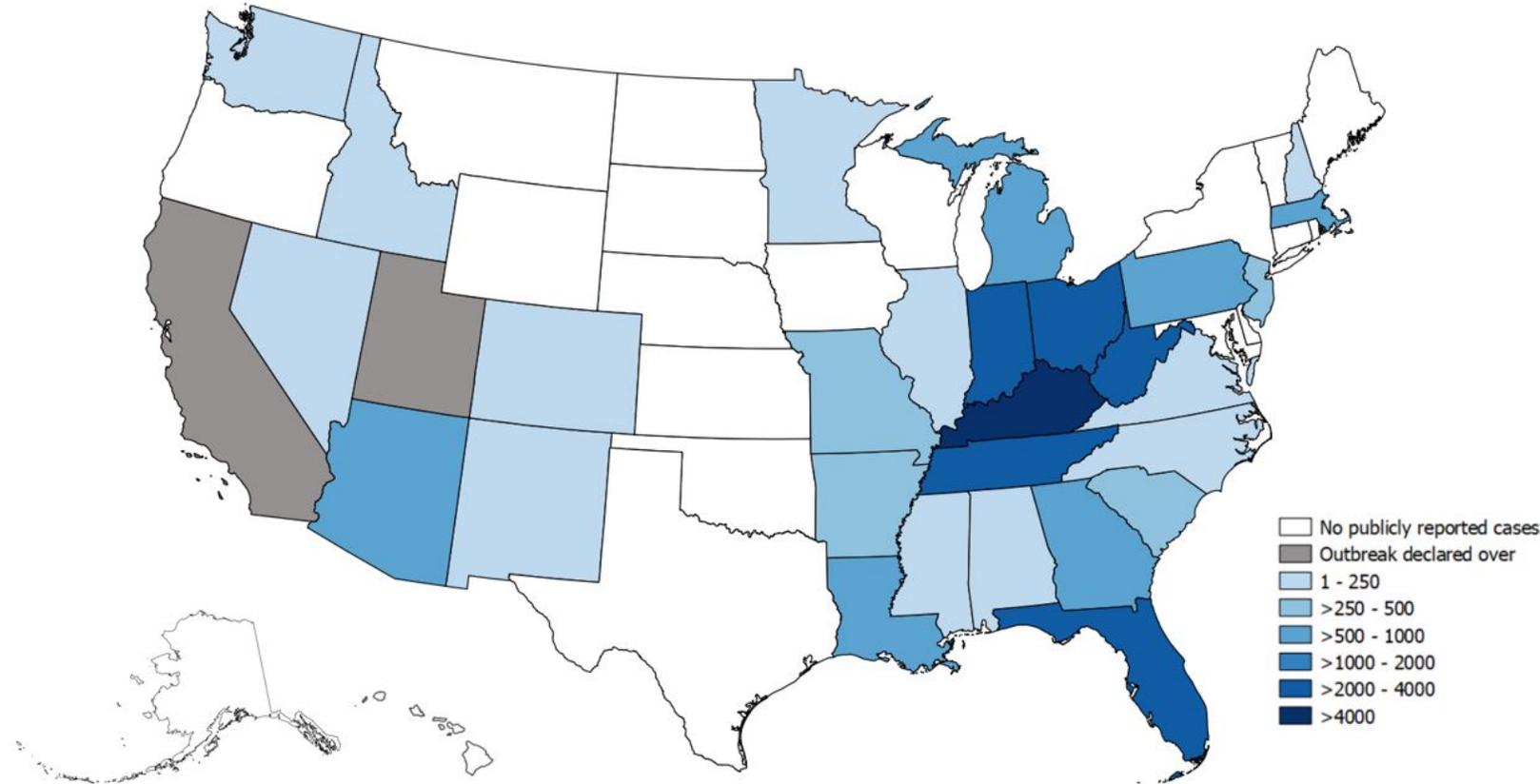
Multistate Hep A Outbreak

Since the outbreaks were first identified in 2016, 30 states have publicly reported the following as of October 11, 2019

- Cases: 27,064
- Hospitalizations: 16,311 (60%)
- Deaths: 275

40 Hep A cases included in Mecklenburg Outbreak as of October 10, 2019

U.S. State-Specific Hepatitis A Outbreak Map, cases as of 10/11/2019



Source: Centers for Disease Control and Prevention, Division of viral Hepatitis



Emerging Disease: Multistate Hepatitis A Outbreaks

What is Hepatitis A?

A highly contagious liver infection caused by hepatitis A virus.

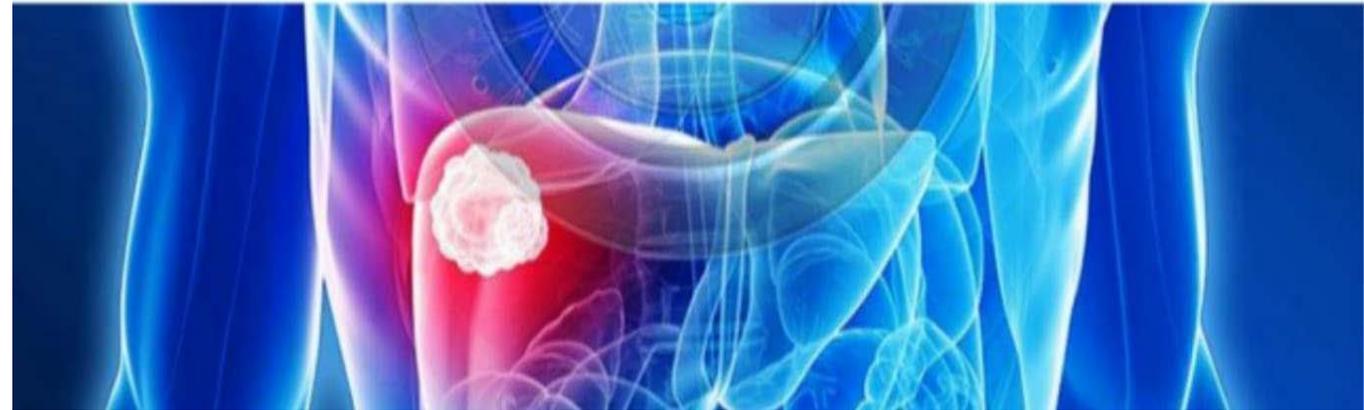
Who is at risk? Anyone

Priority Populations include:

- *Close contacts with someone who has Hepatitis A*
- *People who are homeless*
- *People who use injection and non-injection illegal drugs*
- *Men who have sexual encounters with men*



Hepatitis A



Emerging Disease: Multistate Hepatitis A Outbreaks

Mecklenburg Response

From June 4, 2018 – October 11, 2019

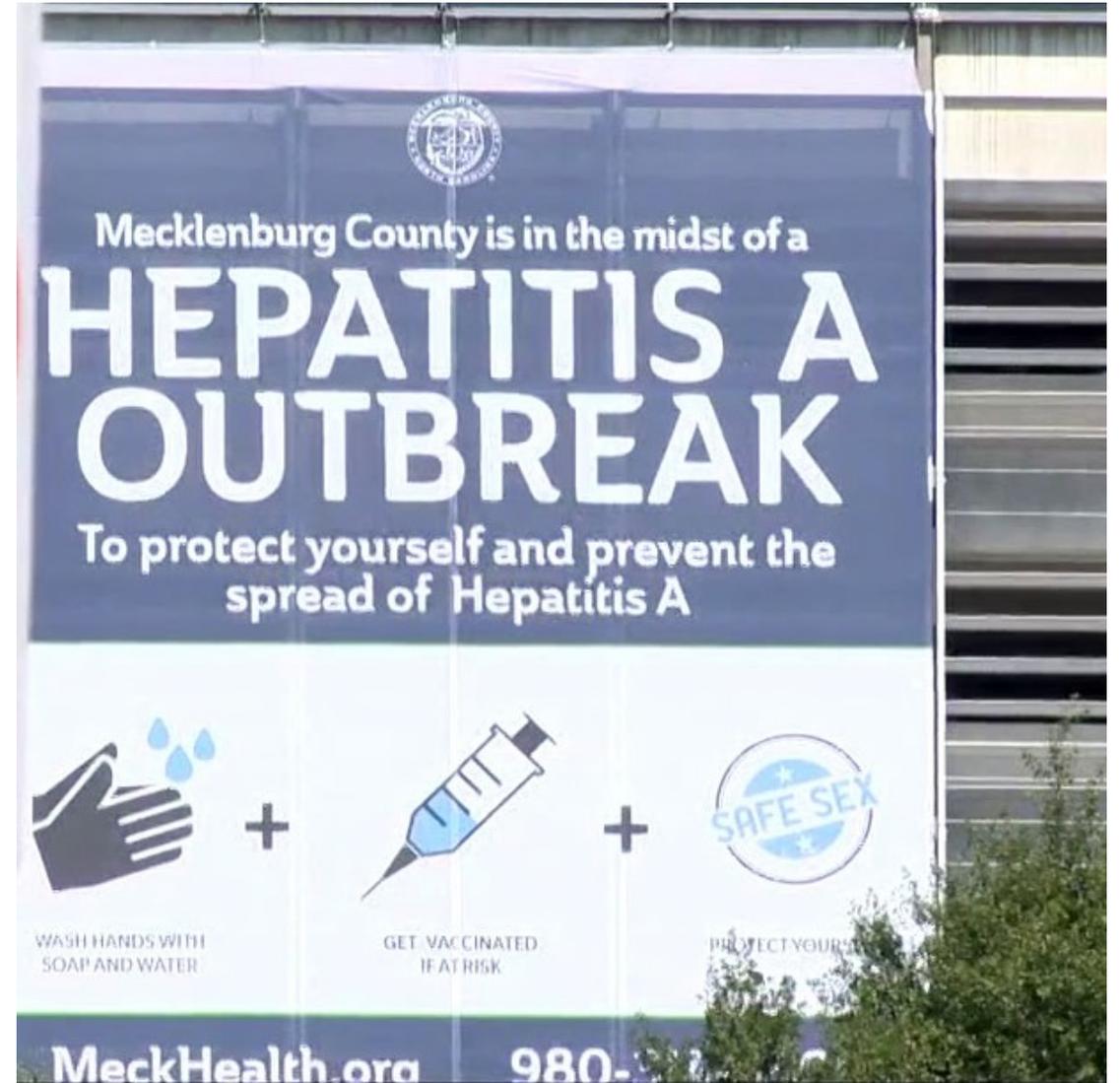
Vaccines administered

- *1323 in MCPH and community partner clinics*
- *761 vaccines during 10 community events*
- *2520 vaccines in mass clinics responding to 5 potential exposures*

Establishment of a fast-track clinic

Partnering with community agencies & groups to provide client education

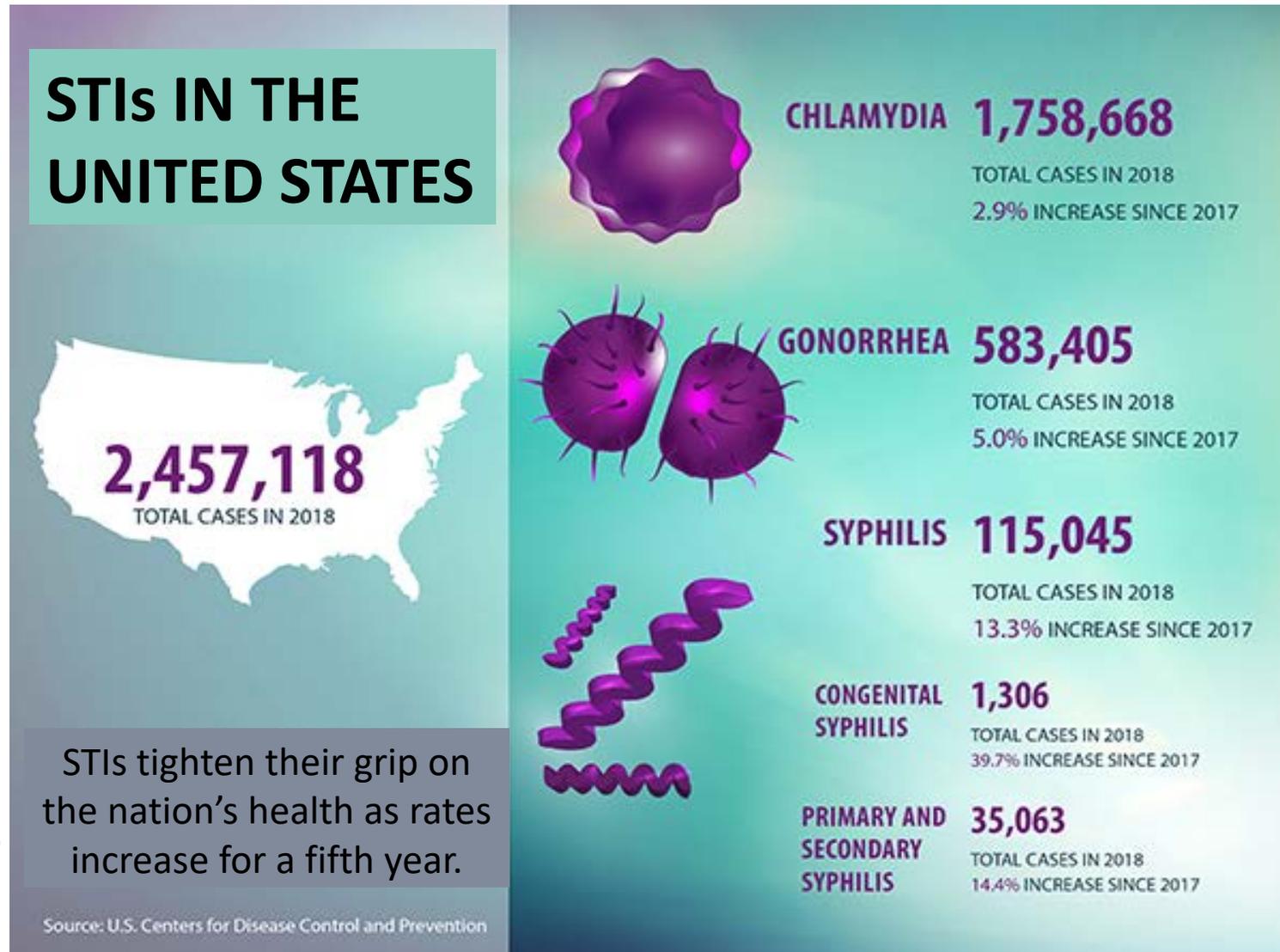
Media and Provider alerts



Re-Emerging Diseases: Sexually Transmitted Infections (STIs)

STIs are at a Record High

- STIs (chlamydia, gonorrhea and syphilis) increased for the 5th consecutive year in the nation
- Nearly 2.5 million STIs were reported in 2018
- Antibiotics can cure chlamydia, gonorrhea, and syphilis.
- LEFT UNTREATED, these STDs put men, women, and infants at risk for severe, lifelong health outcomes



Re-Emerging Diseases: Sexually Transmitted Infections (STIs)

STIs increased in Mecklenburg as well

- Chlamydia and Gonorrhea increased for the 5th consecutive year
- Early Syphilis cases declined in 2018, after increasing for four years in a row.

STDs IN MECKLENBURG



Chlamydia: 9,205

Total Cases in 2018

4% **INCREASE** since 2017



Gonorrhea: 3,193

Total Cases in 2018

1% **INCREASE** since 2017



Early Syphilis: 425

Total Cases in 2018

8% **DECLINE** since 2017



Community Health Assessment

1

REVIEW
DATA

2

PRIORITIZE
FINDINGS

3

COMMUNICATE
FINDINGS

4

ACTION
PLANNING



Community Health Assessment process is conducted every 4 years



State of the County Health Report

State of the County Health Report

Overview of Selected Health Indicators for
Mecklenburg County Residents

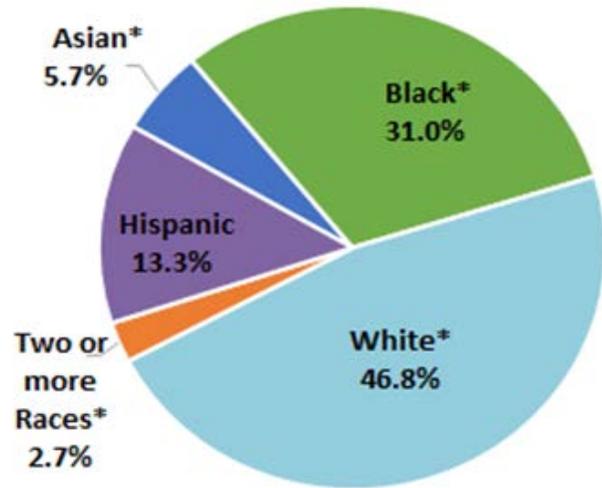


- 1 **SOTCH** done annually between CHA cycles
- 2 Required for accreditation
- 3 Provides overview of county health indicators
- 4 Updates Community Action Plans



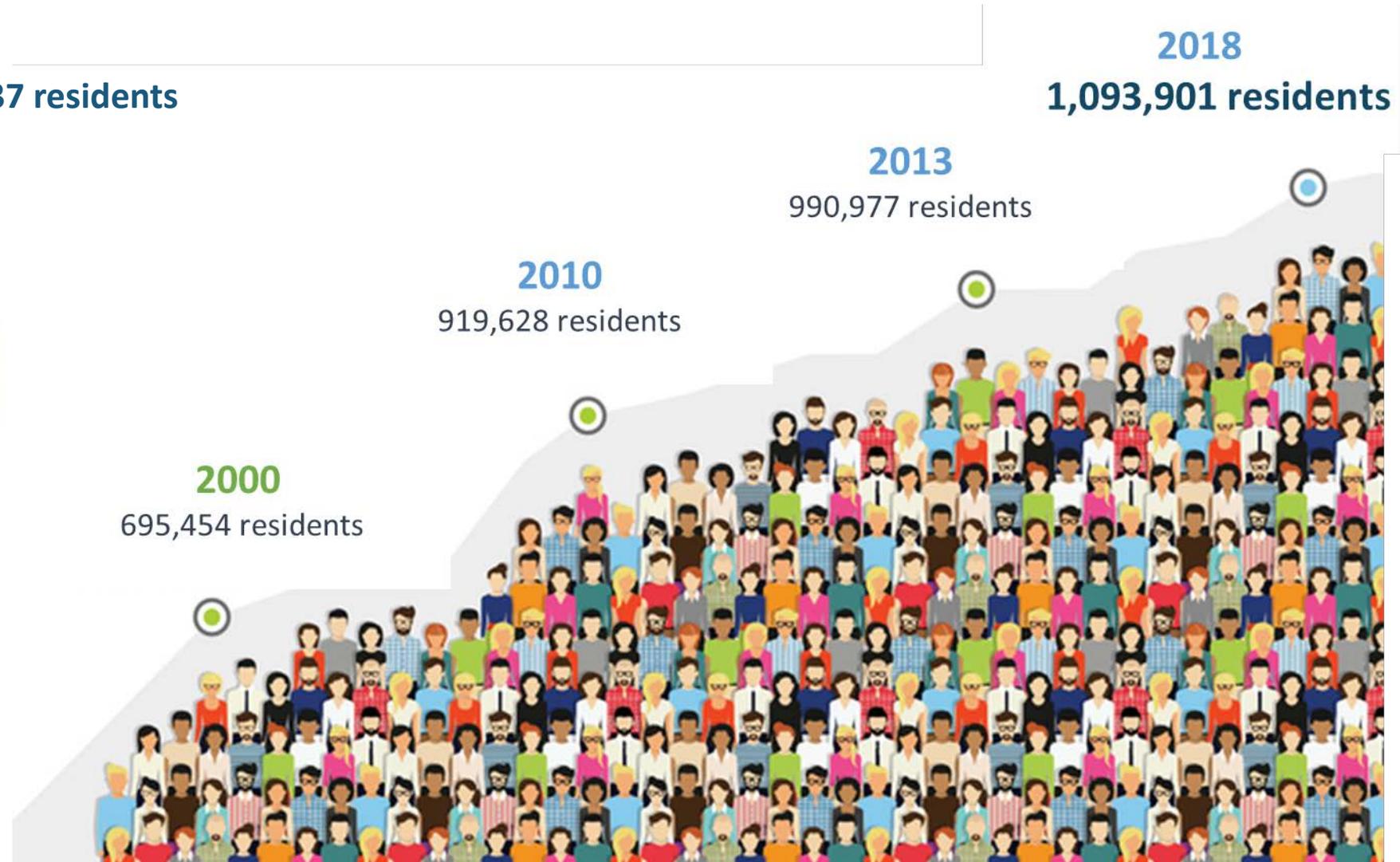
Mecklenburg: A County of Continued Growth and Increasing Diversity

2017 Population Estimate: 1,076,837 residents
By Race and Ethnicity



*Non-Hispanic

Source: US Census, American Factfinder, Mecklenburg County Annual Population Estimates.



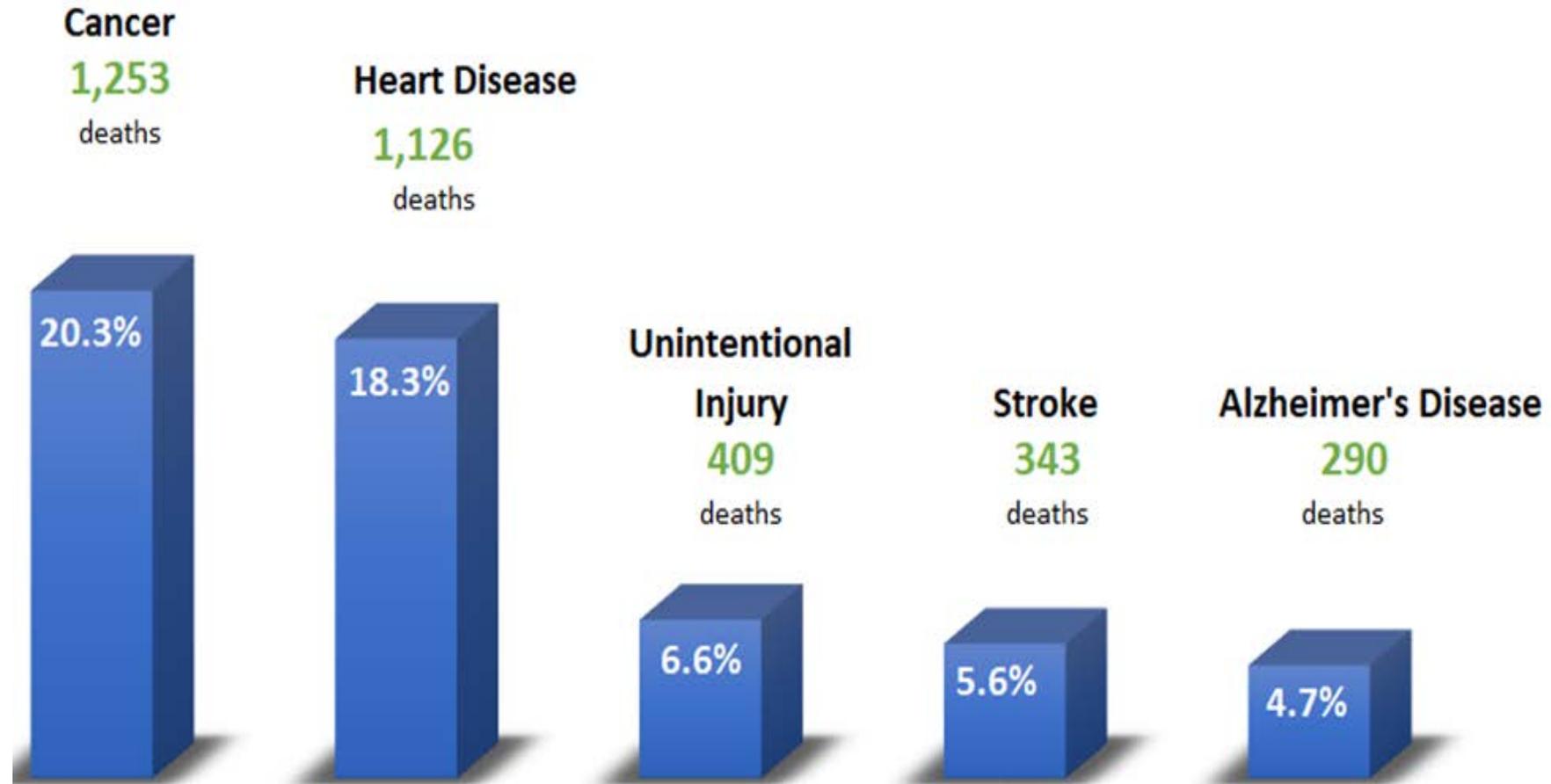
2017 Leading Causes of Death, Mecklenburg Residents

% of Total Deaths in 2017 by Health Indicator

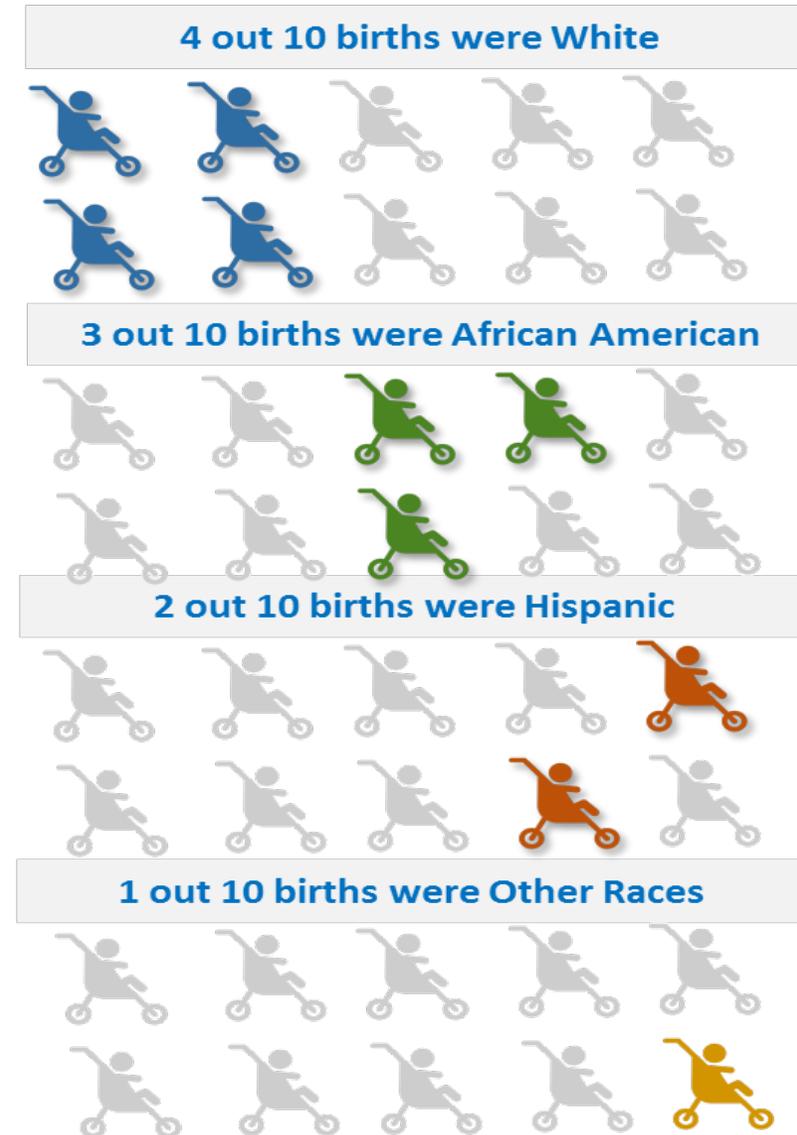
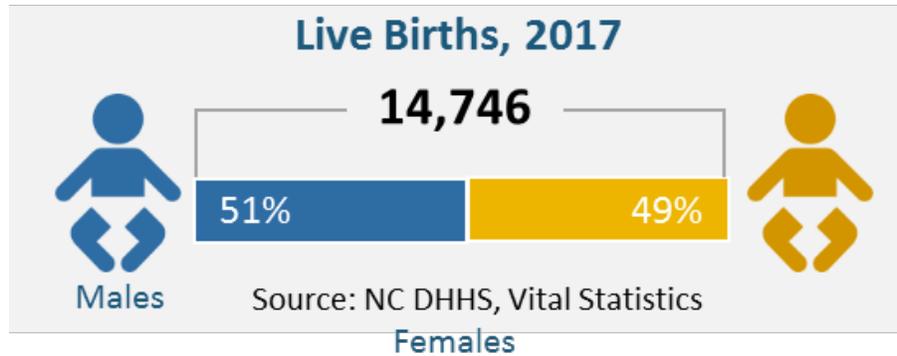
Source: NC DHHS, State Center for Health Statistics

- **6,161 deaths** occurred during 2017

- **Nearly 50% were caused by cancer, heart disease and injury**



Births and Birth Outcomes



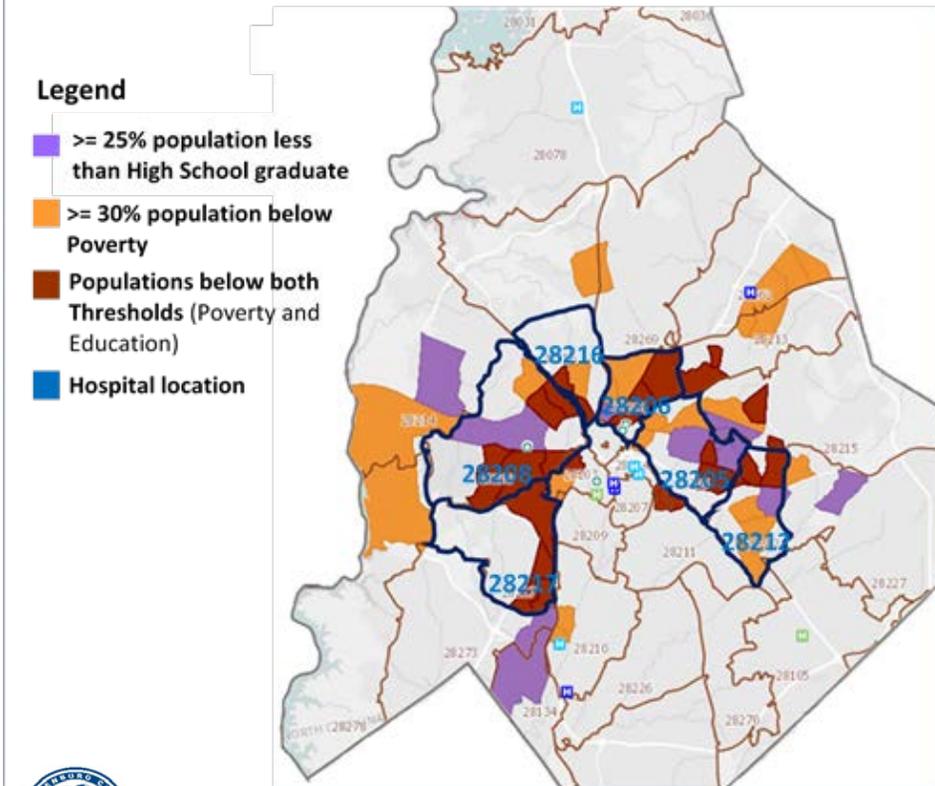
- **County Infant Death Rate lower than State** (5.1 per 1,000 live births vs 6.8 per 1,000 live births, 2018 data)
- **AA infant mortality rate is 3x more than White infants** (3.0 per 1,000 live births vs 9.4, 2018 data)



Education, Income and Health

Residents of low-income neighborhoods may be exposed to risk factors that increase chances for chronic diseases

Mecklenburg County Public Health Priority Areas
Data Source: US Census, American Factfinder, 2012- 2016



2018 Chronic Conditions in Mecklenburg County by INCOME

Health Condition	Persons Making Less than \$50,000 a year	Persons Making \$50,000 or more a year
Obese (BMI of 30.0 or greater)	39.7%	24.9%
Current Smoking	17.8%	8.5%
No Physical Activity	25.8%	10.8%

2018 Chronic Conditions in Mecklenburg County by EDUCATION

Health Condition	High School Diploma or Less	Persons with College Education
Obese (BMI of 30.0 or greater)	35.7%	30.5%
Current Smoking	23.2%	10.2%
No Physical Activity	31.5%	15.4%





Top Four Priority Health Areas

2017 Priority Areas
from
Mecklenburg CHA



**Mental
Health**



**Access to
Care**



**Chronic Disease
Prevention**



**Violence
Prevention**

**Action Plans
developed in 2018**

As reported in the 2017 Mecklenburg County Community Health Assessment (CHA)



Priority #1: Mental Health

Mental Health

Objective: Improve the mental health status of adults and children in Mecklenburg County

- ✓ Strategy 1: Create a Trauma-Informed Learning Community
- ✓ Strategy 2: Increase access to and development of Psychiatric Advance Directives



Action Plans

Data Snapshot

- Nearly **138,000 adults** diagnosed with depressive disorder.

Source: MCHD, 2018 Local BRFSS Data



- **Suicide Deaths have increased over time.**

432 Deaths

due to Suicide
between 2008 - 2012



516 Deaths

due to Suicide
between 2013 - 2017

Source: NC DHHS, SCHS County Health Data Book



Priority #1: Mental Health



Progress Snapshot

Trauma-Informed Learning Community (TILC)

- 8 Core agencies participating: CMS, Mecklenburg County DSS, Mental Health America, NAMI—Charlotte, Novant Health, Pat’s Place, Promise Resource Network and Teen Health Connection.
- Purpose: Participating agencies undertake organizational self-assessment to create a more trauma informed approach to offering services.
- Core members attended a two-day training on how to assess, develop and implement trauma-informed practices and policies, sponsored by the National Council on Behavioral Health
- Trained 80+ agency representatives and community members on adverse childhood experiences (ACEs) and wellness-oriented agencies



Priority #1: Mental Health

Progress Snapshot

Psychiatric Advance Directives (PAD)

- Promise Resource Network offers PAD workshops every 6 weeks to assist clients in completing and filing directives
- “Train the Trainer” event to increase capacity in providing PAD assistance



Priority #1: Mental Health

Public Health Response

New for FY20

Social Workers deployed in clinics to assist clients who screen positive for behavioral health issues or postpartum depression in linking to care.

Child Development-Community Policing Program (CD-CP)

Works collaboratively with police, mental health professionals, child protective service and others to coordinate multi-system interventions that re-establish safety, security and well-being for families and children who have been exposed to trauma.

CD-CP Served 12,312 Children in FY 2019



Priority #2: Access to Care

Access to Care

Objective: Ensure all individuals & families can access appropriate health care regardless of ability to pay

✓ Strategy 1: Increase the number of appropriate health care access points in priority areas

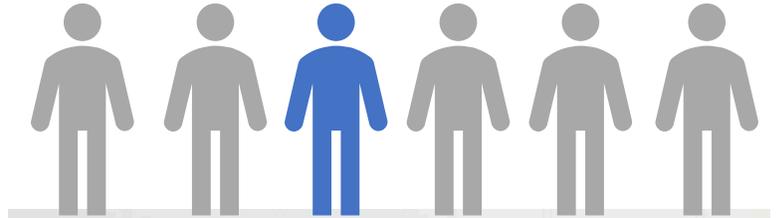
✓ Strategy 2: Provide navigation services to connect people to health resources



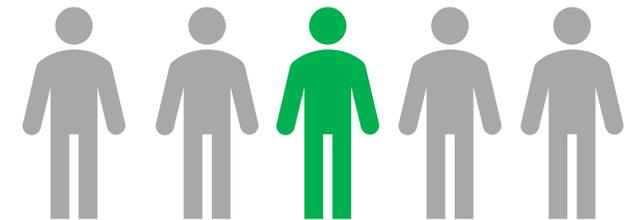
Action Plans

Data Snapshot

- **1** in **6** adults (18 – 64 yrs.) are uninsured.



- **1** in **5** adults could not see a doctor due to cost.



Source: MCHD, 2018 Local BRFSS Data



Priority #2: Access to Care

Progress Snapshot

Assistance with ACA enrollment

- Get Covered Mecklenburg - 10 community events
- Targeted populations are the disproportionately uninsured including refugee enrollment
- Regular one-on-one assistance at 20 host sites
- Over 500,000 North Carolinians selected plans through HealthCare.gov.; 60,22 Mecklenburg residents enrolled; 16,665 were NEW enrollees. 89% qualified for some level of tax credit and/or cost sharing reduction to off-set the cost of premiums
- 2020 Healthcare.gov open enrollment begins November 1. Charlotte Center for Legal Advocacy coordinates free navigation support. Enrollment support offered at locations across the county with evening and weekend appointments available



Priority #2: Access to Care

Progress Snapshot

One Charlotte Health Alliance (OCHA) Mobile Units

- Listening tour in advance of deployment in priority zip codes to understand community needs
- As the mobile units have become operational, OCHA leadership integrated into MedLink meetings to solicit feedback on mobile unit locations and services
- Mobile units currently operating 16 hrs per week in various locations: 149 screened with linkages to care YTD



Priority #3: Chronic Disease Prevention

Chronic Disease Prevention

Objective: Reduce the percentage of adults with diagnosed hypertension

- ✓ Strategy 1: Increase the number of Village HeartBEAT hub churches participating in Check. Change. Control. program
- ✓ Strategy 2: Identify and refer food insecure individuals to mobile food pharmacies



Data Snapshot

Over **225,000 adults** diagnosed with hypertension.

Source: MCHD, 2018 Local BRFSS Data



Priority #3: Chronic Disease Prevention

Progress Snapshot

Check. Change. Control. AHA Hypertension Education Program

- 7 Village HeartBEAT resource hubs participating
- Congregational needs assessment; BP screening event at least 1X month; facilitate education sessions

One Charlotte Mobile Food Pharmacy Units

- 2 Units deployed in the community
- Collaborate with Second Harvest Food Bank and Loaves and Fishes to supply food items with specific considerations given to special dietary needs
- 3 Pop-up Food Shares in October: 439 households served



Priority #3: Chronic Disease Prevention

Public Health Response

Tobacco Control

Healthy Eating

Active Living

Early Screening & Detection



Priority #3: Chronic Disease - Tobacco

Focus on Youth Tobacco Prevention

- Youth Influencer Training (parents, K-12 educators, school nurses, etc) on harms and trends around emerging tobacco products (vapes, JUUL, e-cigs)
- Tobacco-Free school billboards with new sign design including vapes
- Priority population outreach including LGBTQ+ youth
- Campaign, developed with youth to resonate with communities of color, called **#TooWokeToSmoke**



Data Snapshot

*8% of students report smoking cigarettes and **20%** report vaping*

SOURCE: MCHD 2017 YRBS



Priority #3: Chronic Disease – Healthy Eating

- Village HeartBEAT
- Rosa Parks Farmers Market
- SNAP Benefits at Farmers Markets
- Urban Orchards
- Corner Store Initiative
- WIC
- I Heart Water Campaign

Data Snapshot

9% of adults with incomes less than \$50K report heart disease compared to 4% with incomes \$50K or greater SOURCE: MCHD 2018 Local BRFSS



Priority #3: Chronic Disease – Active Living

Built Environment –

Village HeartBEAT

Safe Routes to School

Walkability Audits

Learn to Ride

Open Streets

Place Based



Data Snapshot

20% of Mecklenburg adults report no physical activity (in the past 30 days)

SOURCE: MCHD 2017 YRBS



Priority #3: Chronic Disease - Screening

Breast and Cervical Cancer
Control Program (BCCCP)

Village HeartBEAT

Link clients with an A1C of 5.7
or higher with a medical home



Data Snapshot

*8% of Mecklenburg adults report
being diagnosed with diabetes*

SOURCE: MCHD 2018 YRBS



Priority #4: Violence Prevention

Violence Prevention

Objective: Reduce the incidence of violent crime in the Lakewood Community

- ✓ Strategy 1: Administer survey to learn about community safety priorities
- ✓ Strategy 2: Offer Stop the Bleed trainings and domestic violence resources at community safety events



Action Plans

Data Snapshot

- **1 in 10 teens** hurt by a partner.

Source:
MCHD, 2018 Local BRFSS Data



- **Homicide deaths have increased.**

62 homicide deaths in MECK

reported during 2013

91 homicide deaths in MECK

reported during 2017

Source: NC DHHS, SCHS County Health Data Book

Jan - June 2018:

26 homicides

in Charlotte

Jan - June 2019:

57 homicides

in Charlotte

Source: CMPD Quarterly Statistics



Priority #4: Violence Prevention

Approaching violence as a *public health issue* means:

- Searching for the root causes of this epidemic
- Understanding current trends in data, tools, and evidence-informed best practices to address those causes.
- Working in partnership with communities impacted by violence



Source: Centers for Disease Control and Prevention



Assist local communities to work together in ways that lead to

- improved behavioral health
- empowered residents
- reductions in trauma and sustained community change

GOALS

- ✓ Goal 1: Build a foundation to promote well-being, resiliency, and community healing through community-based, participatory approaches
- ✓ Goal 2: Create more equitable access to trauma-informed community behavioral health resources
- ✓ Goal 3: Strengthen the integration of behavioral health services and other community systems to address social determinants of health

625 Individuals Trained in Trauma & Resilience

Child Development-Community Policing (CD-CP)

Mental health professionals on call 24 hrs/7 days to respond to police calls involving child victims or witnesses to violence or trauma

GOALS

- ✓ Goal 1: Increase officer awareness and identification of children exposed to violence and other trauma
- ✓ Goal 2: Increase clinical assessment and coordinated services to targeted children and families.

CD-CP Served 12,312 Children FY 2019



Mecklenburg Crises Intervention Team (CIT)

Prepare police officers to safely and effectively respond to people experiencing behavioral health crisis

CIT trained over 1400 Officers since 2008



GOALS

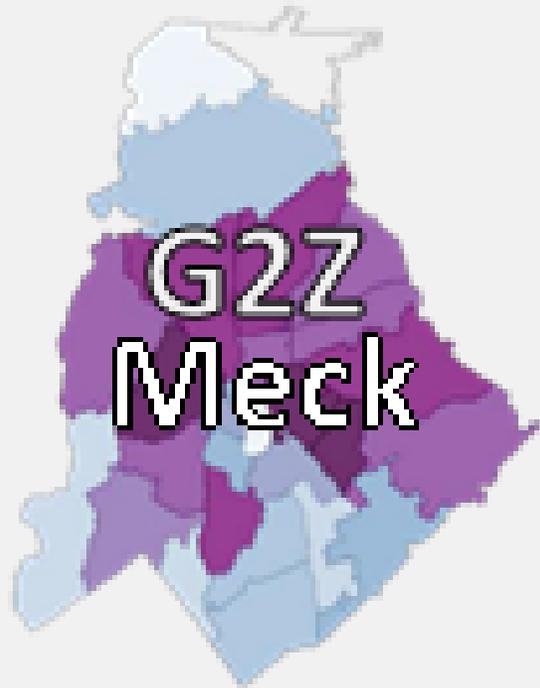
- ✓ Goal 1: Increase safety in encounters and when appropriate
- ✓ Goal 2: Divert persons with mental illnesses from the criminal justice system and emergency departments to mental health treatment





Getting to Zero Mecklenburg Update

Getting to Zero, Mecklenburg



A Community Plan to
Reduce HIV in Mecklenburg



MECKLENBURG HIV SNAPSHOT



6,847

PEOPLE LIVING WITH HIV

*Estimate of number of persons
currently residing in Mecklenburg
with HIV*

**NEW
DIAGNOSES**

257

New Diagnoses in 2018

New Diagnoses

139 New HIV Cases

between

Jan – June, 2019

HIV Testing Occurs in Areas of High Morbidity

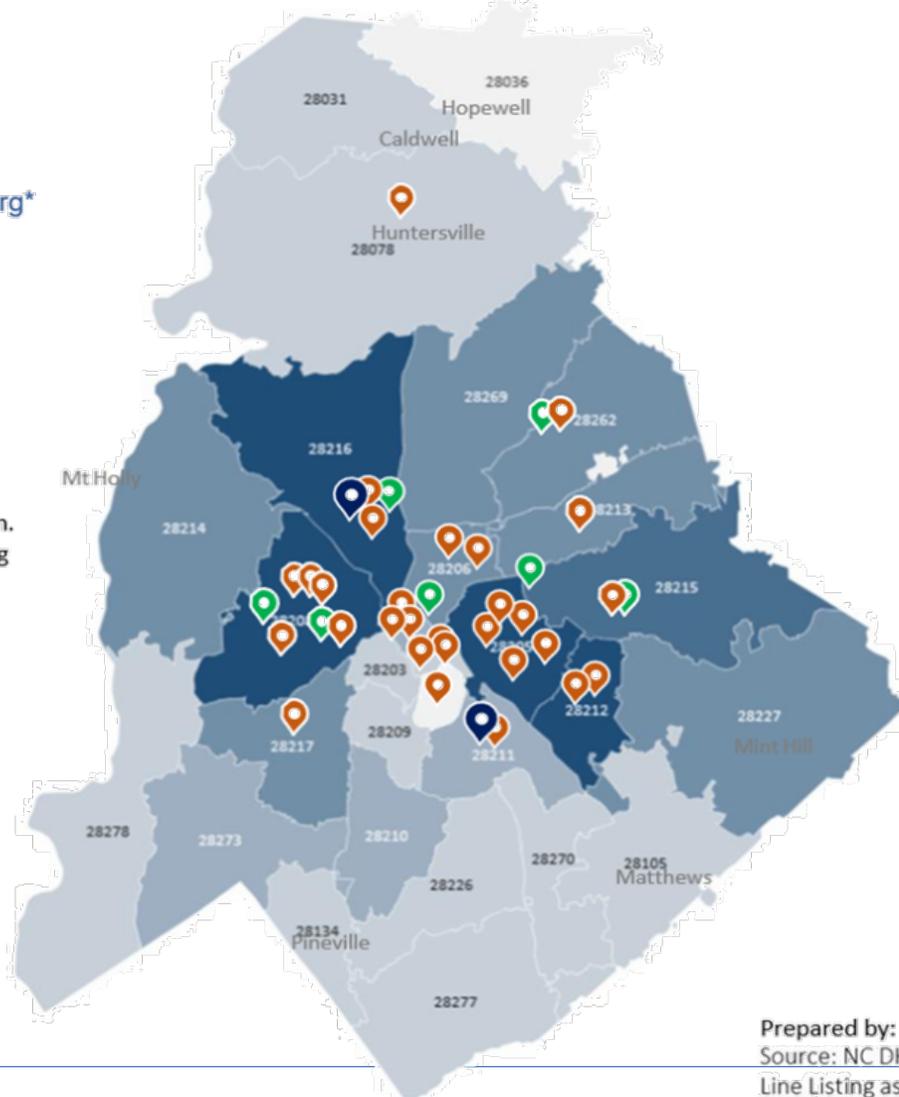
Mecklenburg County: Total Number of New HIV Diagnoses by Zip Code, 2015 – 2017

Total Reported Cases = 827*

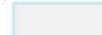
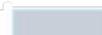
HIV Testing Occur in Areas with a High Number of HIV Infections

-  HIV Testing Location in Mecklenburg* (total mapped: 31)
-  Mecklenburg PrEP Pilot Site (total mapped: 7)
-  Mecklenburg Public Health Dept. (total mapped: 2)

* The frequency of HIV Testing varies by location. Some sites offer daily or weekly hours for testing



Legend
Number of New HIV Diagnoses

-  Data Suppressed (small numbers)
-  4 – 15
-  16 - 31
-  32 - 47
-  48 - 63
-  64 - 78

NOTE: HIV Diagnoses includes all persons newly diagnosed with an HIV infection regardless of stage of infection. AIDS cases are included in reporting.

New HIV Diagnoses by Year of Report, Meck.

Year	Total # of Diagnoses Reported
2015	289
2016	268
2017	270
Total	827

*Reports based on county of first diagnosis. Cases with unknown or incorrect zip-code data were excluded from mapping, but are included in total reports. Data subject to change as new information becomes available.

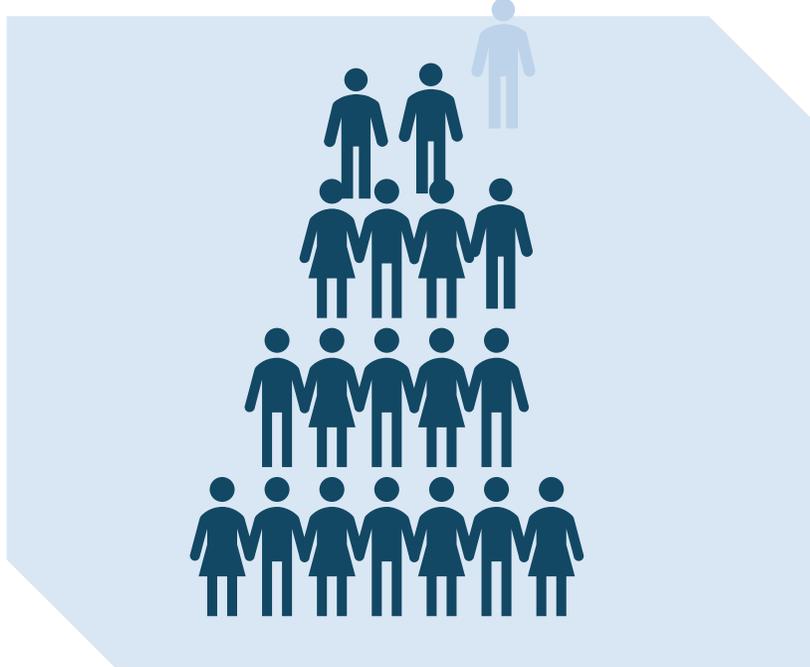


Getting to Zero Mecklenburg: Update



PrEP Clinic Enrollments (as of September 5th)

189 Patients Screened



174 Patients Started PrEP*



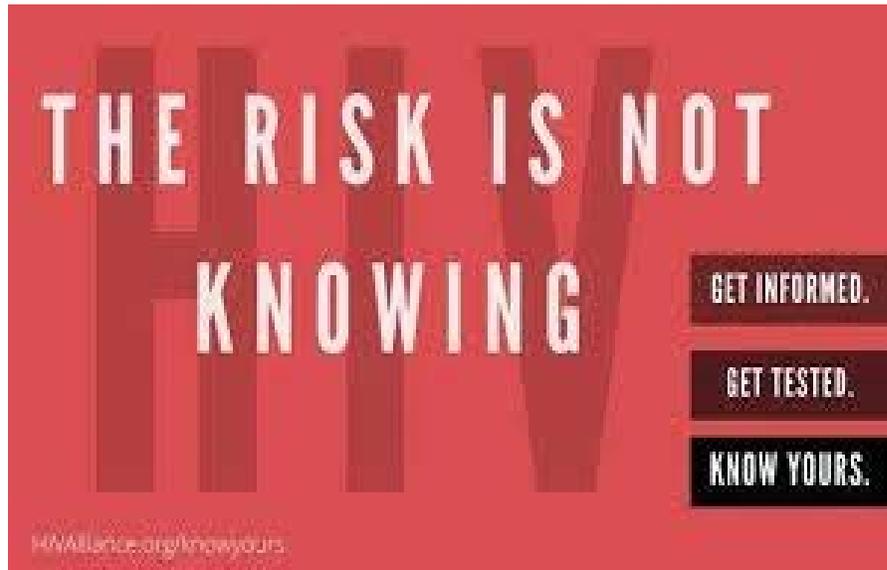
 = 10 people

*Patients are ineligible for PrEP treatment if they test positive of HIV infection at screening. Patients may also not receive treatment if they are ineligible for Gilead Patient Assistance Program or elect not to return for services.



Getting to Zero Mecklenburg: Update

G2Z Plan Objective : Education and Testing



Getting to Zero Mecklenburg: Update

G2Z Plan Objectives : Education and Testing



Getting to Zero Mecklenburg: Update

G2Z Plan Objectives : Pre-Exposure Prophylaxis (PrEP)



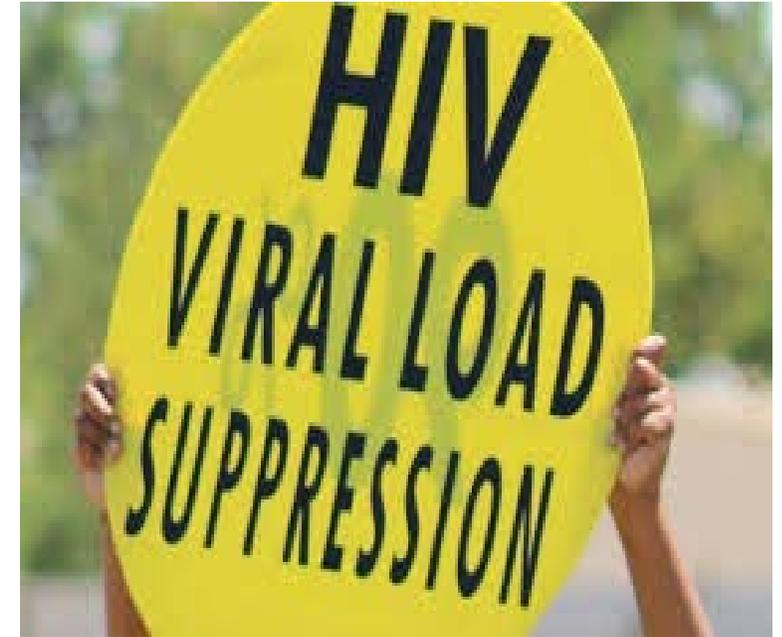
Getting to Zero Mecklenburg: Update

G2Z Plan Objectives : Pre-Exposure Prophylaxis (PrEP)



Getting to Zero Mecklenburg: Updates

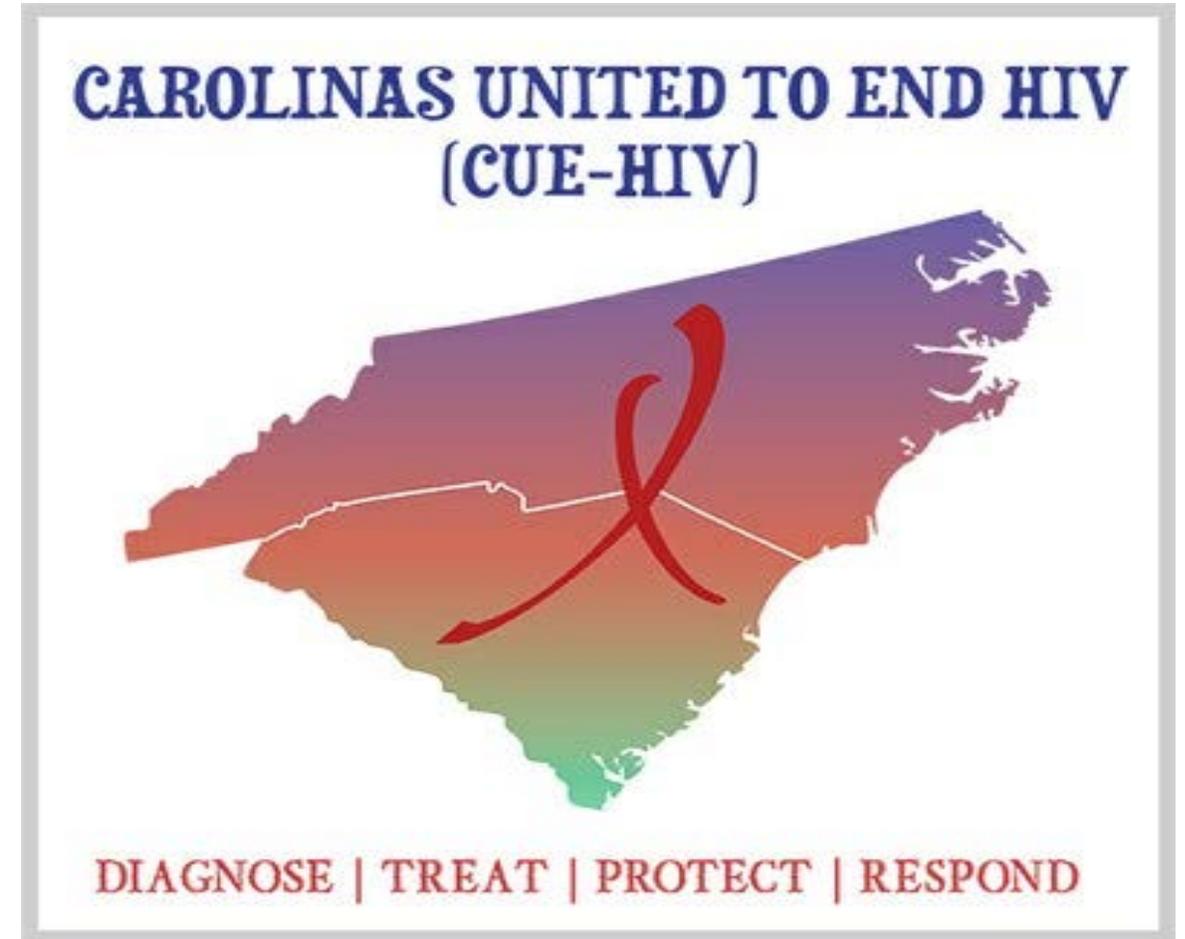
G2Z Plan 2022 Objectives : Treatment as Prevention (TasP)



Getting to Zero Mecklenburg: Update

CUE-HIV

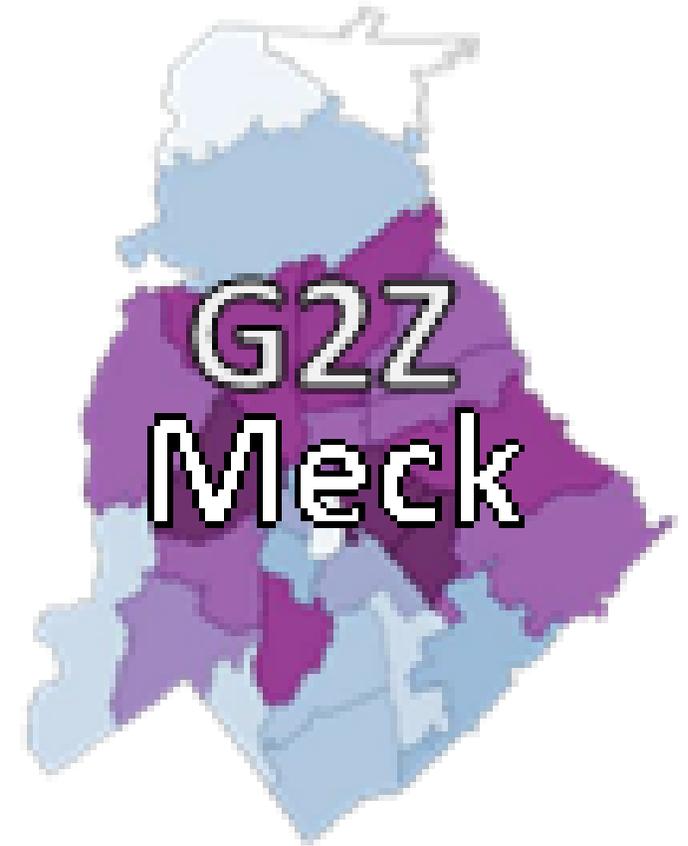
- In June 2019, the partnership, Carolinas United to End HIV was formed (CUE-HIV)
- Collaboration between leading researchers and health officials in North and South Carolina (MCPH, UNC-Chapel Hill, UNCC, USC-Columbia, USC-Charleston, SC DHEC)



Getting to Zero Mecklenburg: Update

- ***Planning Meetings (7 YTD)***

- Refined objectives and made them more actionable/SMART
- Expanded engagement of additional key stakeholders, specifically targeting the Latino population and Faith Based Organizations
- Representatives from Sigma Delta attended last G2Z meeting, providing input to the End the Epidemic grant on how to increase linkage; want to help with increasing HIV awareness in youth; defining what engagement will look like.



Getting to Zero Mecklenburg: Update

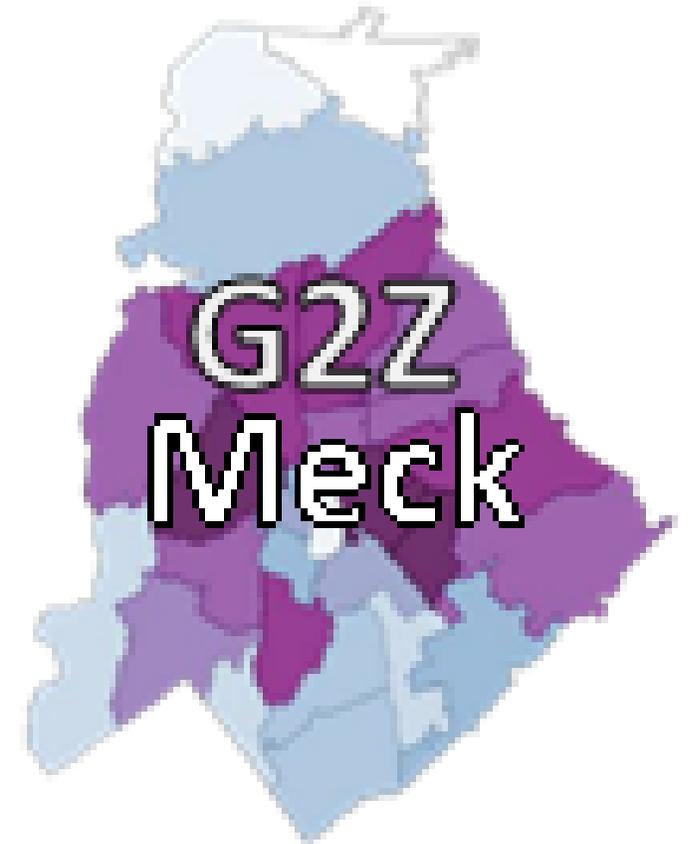
- **Grants/Awards**

- CDC Planning Grant: received a one year planning grant in the amount of \$323,372 in October 2019; have submitted a second request for additional funding
- HRSA Ending the Epidemic Grant: submitted a \$2M proposal to help with implementation of activities outlined in the G2Z plan for 2020; a possibility exists for substantial increase in funding in subsequent 4 years.

- **Recognition**

- PrEP Initiative was recognized by NACO and LGFCU awards; abstract on the PrEP Initiative was accepted for presentation at APHA in Nov

-



Getting to Zero Mecklenburg: Update

- **Interest**
 - Atrium Health would like to join the PrEP Initiative
- **Media Contract to Increase Awareness**
 - MCPH continues efforts to increase awareness around HIV, and HIV Prevention and Care Services; signed contract with marketing firm , “Crumbsnatchers”, to implement marketing campaigns in Spanish and English through TV, radio, social media, and grass root events
 - “Crumbsnatchers” has subcontracted with a social media influencer who has a large following of Black AA MSM residing in MeckCo; aimed at increasing awareness within the Black AA MSM population



Getting to Zero Mecklenburg: Update

- ***Community HIV Needs Assessment (NA)***

- Contracted with the Black AIDS Institute (BAI) to implement an HIV Needs Assessment;
- BAI has begun conducting focus groups/listening sessions within the community.
 - Will include Providers and HIV outreach & testing staff to understand service gaps, training needs and barriers to providing services
- Report due in Dec 2019.
- Priority activity in the G2Z year one implementation plan.



Getting to Zero Mecklenburg: Update

- ***Community HIV Needs Assessment (cont'd)***
 - Key populations: MSM, Heterosexuals, Transgender; Black, White and Hispanic; residing in high prevalence zip codes
 - Will examine levels of awareness, barriers to prevention and care services, gaps in services
 - Includes asset mapping and assessment of HIV workforce to ID gaps and opportunities



Getting to Zero Mecklenburg: Update

Marketing Campaigns

- HIV Testing Campaign (June – October)
 - Radio, TV, Community Events & Social Media
- Social media influencer working with vendor to advertise HIV testing and PrEP on his social media platform (@trendingtrent)
- HIV testing and PrEP marketing banner
 - 7th Street Parking Deck (July and August)

