

KITSAP PUBLIC HEALTH BOARD

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

MEETING AGENDA

April 1, 2025

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

Chambers Room, Bremerton Government Center

345 6th Street, Bremerton WA 98337

(Health Board members may participate remotely via Zoom)

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

DISCUSSION ITEMS

- | | | | |
|-----------|----|--|---------|
| 8:50 a.m. | 6. | Strategic Plan Update
<i>Kandice Atisme-Bevins, Equity & Performance
Program Manager</i> | Page 9 |
| 9:00 a.m. | 7. | Program Overview: Sexually Transmitted Infections
and Hepatitis C
<i>Kelsey Stedman, Program Manager</i> | Page 25 |
| 9:15 a.m. | 8. | Program Overview: HIV Case Management
<i>Ashley Duren, Program Supervisor</i> | Page 51 |
| 9:30 a.m. | 9. | Adjourn | |

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

Attending/viewing Health Board meetings

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

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

Providing public comment

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

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

Written comments may be submitted by mail or email to:

Mail:

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

Email:

healthboard@kitsappublichealth.org

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

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

Health Board meeting notifications and materials

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

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

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

KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
March 4, 2025

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

Board members present gave a brief introduction.

APPROVAL OF MINUTES

Mayor Rob Putaansuu moved and Mayor Becky Erickson seconded the motion to approve the minutes for the February 4, 2025, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The March consent agenda included the following contracts:

- 2441, Amendment 2, Washington State Department of Health, Consolidated Contract

Mayor Erickson moved and Mayor Putaansuu seconded the motion to approve the consent agenda. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Administrator Report:

Yolanda Fong, Administrator, shared two updates:

- Human Resources Manager Retirement and Recruitment: Karen Holt will be retiring March 31, 2025. Ms. Fong noted she will be missed and replacing her will be challenging. The recruitment is underway, with the first round of interviews next week. Updates will be shared with the Board as they become available.
- Foundational Public Health Services (FPHS) Funding: FPFS, which funds core public health services and comprises 22% of the Health District's budget, faces a proposed 15% reduction in the Governor's budget. The impact of this cut across the state remains unclear. The Health District will continue advocating for FPFS funding and encourages Board members to do the same when possible.

Board members asked clarifying questions.

There was no further comment.

Health Officer Report:

Dr. Gib Morrow, Health Officer, shared several updates:

- Measles and Other Vaccine-Preventable Diseases:
 - A measles outbreak in Texas and New Mexico has affected around 150 children, with one to two fatalities. The outbreak originated in a school where over 50% of students were unvaccinated.
 - The Health District issued a health advisory following Washington's first measles case this year, emphasizing the importance of vaccination. Local measles, mumps, and rubella (MMR) vaccination rates among kindergarteners have dropped from 95% to 92%. Families and healthcare providers should ensure vaccinations are up to date.
 - Influenza rates remain high, with the worst national outbreak in 15 years. Statewide flu vaccination rates are 5% lower than last year. Dr. Morrow urged the public to get vaccinated.
 - Kitsap has reported new pertussis cases, a preventable but severe and often lengthy illness with persisting symptoms.
- Public Health Prevention and Investment:
 - Prevention measures save lives and reduce costs. The Vaccines for Children (VFC) program saves over \$10 for every \$1 invested and has prevented millions of illnesses, hospitalizations, and deaths since 1994, with a net savings of \$540 billion in direct costs and \$2.7 trillion in societal costs.
 - Public health funding – only 3% of total health spending – yields a high return, improving productivity and reducing healthcare costs. Cuts to public health are costly in the long run.
 - The US spends over 18% of gross domestic product (around \$5 trillion) on healthcare, double the average of comparable countries. Despite this, the US has lower life expectancy, higher preventable death rates, and fewer physicians and hospital beds per capita.
 - Redirecting health spending from profiteering to clinical services is critical for improving population health.
 - With growing budget deficits, public health must eliminate inefficiencies and ensure funds are effectively allocated.
 - Dr. Morrow noted he looks forward to meeting with state legislators to discuss strategies for strengthening public health systems and urged policymakers to continue investing in prevention, workforce development, and data-driven solutions.

Board members discussed the update and asked clarifying questions.

There was no further comment.

PUBLIC HEARING: ORDINANCE 2025-01, ONSITE SEWAGE REGULATIONS

John Kiess, Environmental Health Director, provided an overview of the onsite sewage system (OSS) ordinance update, covering:

- The purpose and prevalence of OSS in Kitsap County.
- The history of the Health District's OSS ordinance and past updates.
- The timeline for the DOH rule revision for WAC 246-272A.
- Key changes in the DOH rule revision and their impact on the existing Health District ordinance.
- The timeline for the Health District's OSS ordinance revision and efforts to inform industry members and the public.

Mr. Kiess concluded by thanking the Technical Advisory Committee and Kimberly Jones, Drinking Water and Onsite Sewage Program Manager, for their contributions.

Chair Sell provided the opportunity for public comment related to Ordinance 2025-01. There was no public comment.

Board members discussed the ordinance update and asked clarifying questions.

Member Stephen Kutz moved and Commissioner Christine Rolfes seconded the motion to approve Ordinance 2025-01. The motion was approved unanimously.

There was no further comment.

2024 WATER QUALITY ANNUAL REPORT

Dayna Katula, Pollution Identification and Correction (PIC) Program Manager, presented the 2024 Water Quality Annual Report, highlighting:

- **PIC's Role and Team:** PIC, a dedicated and hardworking team, functions within the Health District's Environmental Health Division and aims to improve water quality. Team member Leslie Banigan, Senior Environmental Health Specialist, will be retiring at the end of the summer after nearly 30 years of dedicated service.
- **Clean Water Kitsap Partnership:** The program and partnership remain innovative, as it was when it was first developed.
- **Program Goals and Functions:** PIC aims to protect public health by identifying and addressing fecal pollution and waterborne illnesses through education, complaint response, and assisting homeowners in repairing failed septic systems.
- **Annual Water Quality Report:** The report shares water quality highlights and data. It is available on the Health District's website and features several interactive tools. The

report includes data for stream sampling results and advisories, shoreline monitoring, shellfish growing areas, and lake monitoring and advisories.

- Data Collection Methods: Methods include stream sampling, shoreline monitoring, and lake sampling. Microbial source tracking (MST) can be used as an investigative tool, though MST's high cost limits its application.

Board members discussed the presentation and asked clarifying questions.

There was no further comment.

UPDATE TO ORDINANCE 1999-14, RODENT CONTROL REGULATIONS

Mr. Kiess discussed the need to update Ordinance 1999-14, the Health District's rodent control regulations, noting:

- The current ordinance, last updated in 1999, contains outdated language and focuses solely on rodents, despite increasing wildlife-related issues.
- The Health District will collaborate with the Board's Policy Committee to develop a revised ordinance and present it to the Board upon completion.

Board members discussed the update and asked clarifying questions.

There was no further comment.

EXECUTIVE SESSION TO REVIEW THE PERFORMANCE OF A PUBLIC EMPLOYEE PER RCW 42.30.110(g)

At 9:42 a.m., Chair Sell announced the Board would be moving to an executive session to review the performance of a public employee pursuant to RCW 42.30.110(g).

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 9:55 a.m.

Dr. Tara Sell
Kitsap Public Health Board

Yolanda Fong
Administrator

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

Board Members Absent: *None.*

Community Members Present: *Dr. James Hughes, Kitsap Mental Health Services; Janet Kalmen, Community Member; Jeff Riggins, Suquamish Tribe.*

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

Staff Present: *Leslie Banigan, Senior Environmental Health Specialist, Pollution Identification and Correction; Angie Berger, Management Analyst, Equity and Performance Management; River Collins, Secretary Clerk, Administrative Services; Hillary Eichler, Environmental Health Specialist, Solid and Hazardous Waste; Yolanda Fong, Administrator, Administration; Jessica Guidry, Assistant Director, Public Health Infrastructure Division; Adrienne Hampton, Policy, Planning, and Innovation Analyst, Administration; Karen Holt, Program Manager, Human Resources; Kimberly Jones, Program Manager, Drinking Water and Onsite Sewage; Dayna Katula, Program Manager, Pollution Identification and Correction; John Kiess, Director, Environmental Health Division; Brandon Kindschy, Environmental Health Specialist, Pollution Identification and Correction; Siri Kushner, Director, Public Health Infrastructure Division; Dr. Gib Morrow, Health Officer, Administration; Melissa O'Brien, Environmental Health Specialist, Pollution Identification and Correction; Lynn Pittsinger, Director, Community Health Division; Ian Rork, Senior Environmental Health Specialist, Pollution Identification and Correction; Tad Sooter, Public Information Officer; Tobbi Stewart, Environmental Health Specialist, Pollution Identification and Correction; Jacob Wimpenny, Environmental Health Specialist, Drinking Water and Onsite Sewage.*

MEMO

To: Kitsap Public Health Board
From: Kandice Atismé-Bevins, Equity & Performance Program Manager
Date: April 1, 2025
Re: KPHD Strategic Plan Progress Update

During today's meeting, the Health District will provide the Kitsap Public Health Board with an update on the progress of KPHD's strategic plan:

- KPHD's current strategic plan was established, and its initiatives were approved by the Board under Resolution 2023-03.
- Following approval, KPHD employees developed a strategic implementation plan (SIP) outlining specific activities for 2024.
- Progress of all SIP activities has been monitored through quarterly check-ins with the employees responsible for each activity.
- This presentation will summarize the 2024 status of all five strategic initiatives. Four out of five initiatives are on track and one initiative is falling behind/off track.
- The next Board update is scheduled for early 2026 and will report on 2025 activities.

Recommendation

None at this time – for information and discussion only.

Please contact me with any questions or concerns about this matter at (360) 265-6023, or kandice.atisme-bevins@kitsappublichealth.org.

Attachment (1)

Strategic Plan Update

Presented to the Kitsap Public Health Board



Kandice Atismé-Bevins
Program Manager
Equity & Performance Management

Agenda

- Strategic Plan Development and Approval
- Strategic Elements
- SP vs. SIP vs. Everyday Work
- 2024 Status and Highlights
- Lessons Learned & Looking Forward



- In 2023, we collaboratively developed a new **strategic plan** including:
 - An updated mission
 - An updated vision
 - Updated guiding principles
 - 5 strategic initiatives





KITSAP PUBLIC HEALTH BOARD
RESOLUTION 2023-03

**Approving Amended Health District
Mission and Vision Statements, Guiding Principles, and
Overarching Strategic Initiatives for 2024-2030**

STRATEGIC PLAN INITIATIVES

2024-2030

Initiative 1

We stop the transmission of communicable diseases through prevention, early identification, and prompt and appropriate intervention.

Initiative 2

We support well-being and resilience for people at every stage of life by focusing on prevention, harm reduction, promotion of factors that positively impact health, and reduction of the factors that negatively impact health.

Initiative 3

We protect our community by promoting healthy environments and preventing unsafe environmental exposures.

Initiative 4

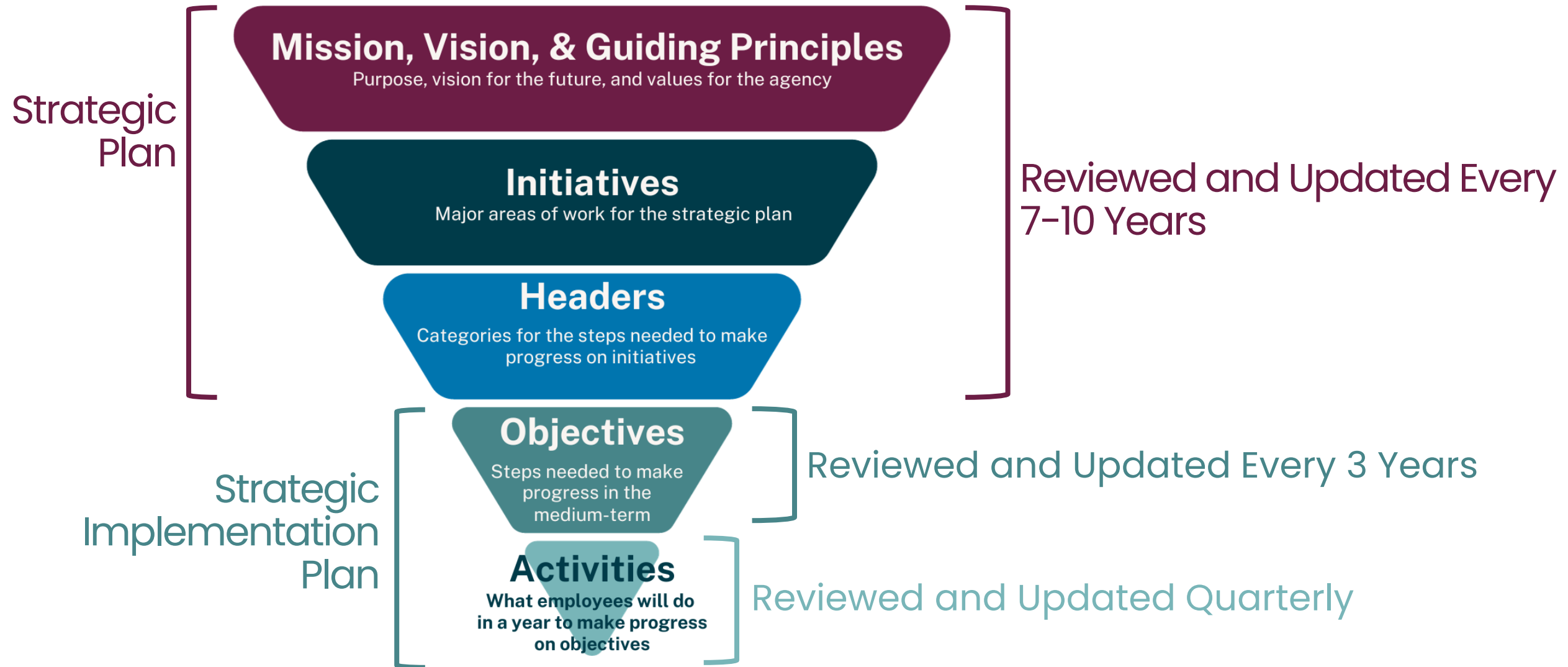
We act as a trusted communicator, convener, strategist, and advocate to promote an integrated response to emergent, emergency, and ongoing public health issues.

Initiative 5

We use sound management principles to maintain a sustainable, effective, and inclusive agency that supports a diverse and engaged workforce.

Initiatives approved by the Kitsap Public Health Board on May 2, 2023.

Strategic Elements



Day-to-day program work required by **law, mandate, or funding source** are not included in the SIP.

-  Improving Collaboration & Partnership
-  Improving Assessment & Performance Capabilities
-  Increasing Employee Development Efforts
-  Exploring Innovative Methods & Strategies

Managers review progress and provide status updates for their assigned activities after each quarter.

- ✓ Complete
- ✓ Incomplete



- ✓ Complete
- ✓ On Track
- ✓ Falling Behind

The SIP is a living document that is updated throughout the year to account for **emerging areas of focus, funding, and staffing changes.**

Initiative 1

We stop the transmission of communicable disease through prevention, early identification, and prompt and appropriate intervention.

Completed 30 strategic activities in 2024

Partnership and Connection

Improve communications and resource sharing across agencies

Set up quarterly meetings with St. Michael Medical Center Emergency Department staff and local urgent cares for bidirectional information exchange.

Collaboration

Strengthen community supports to increase health behaviors and reduce health risks

Identified and developed a list for behavioral health supports (e.g., mental health, substance use disorder, trauma) for pregnant and parenting families with a process for maintaining the list.

Initiative 2

We support well-being and resilience for people at every stage of life by focusing on prevention, harm reduction, promotion of factors that positively impact health, and reduction of factors that negatively impact health.

Completed 19 strategic activities in 2024

Initiative 3

We protect our community by promoting healthy environments and preventing unsafe environmental exposure.

Completed 12 strategic activities in 2024

Some were off track and had due dates moved to 2025 (3 of them have been completed already)

Legal Mandates

Establish systems to evaluate and address regulations and policies

Develop a technical advisory group to prepare for the development of a new onsite sewage ordinance as required by a new WAC rule.

Partnership and Engagement

Ensure access to and visibility of public health information and services in a way that is culturally rooted and relevant

Updated the KPHD style guide to incorporate additional health literacy concepts

Initiative 4

We act as a trusted convener, strategist, and advocate to promote an integrated response to emergent, emergency, and ongoing public health issues.

Completed 56 strategic activities in 2024

Initiative 5

We use sound management principles to maintain a sustainable, effective, and inclusive agency that supports a diverse and engaged workforce.

Completed 52 strategic activities in 2024

Employee Development and Investment

Enhance and foster clear internal communications

Conduct an internal communications assessment process to identify strengths and opportunities for growth regarding what information is shared internally, how, and how often

We were ambitious in the number and scope of planned activities for 2024.

- 322 planned activities at the beginning of the year

We were more realistic when developing activities for 2025 and created clear metrics to keep us on track.

- 184 planned activities at the beginning of the year

We needed better accountability and documentation in our process in situations where we were not meeting goals.

2024 was focused on setting up our new SP and SIP system.

- We got situated with our new strategic planning, implementation, and accountability processes
- We did a lot of great work – 169 completed activities!

2025 will focus on building consistency in our processes and improving our implementation and accountability.

- Our goal is to increase our percent of completed activities at the end of the year

THANK YOU!

Questions?

kandice.atisme-bevins@kitsappublichealth.org



MEMO

To: Kitsap Public Health Board

From: Kelsey Stedman, Sexually Transmitted Infections, Hepatitis C, & HIV Case Management Program Manager

Date: April 1, 2025

Re: Program Overview: Sexually Transmitted Infections and Hepatitis C

The Health District will present an overview and update on the sexually transmitted infection (STI) and hepatitis C program:

- KPHD staff conduct disease surveillance and response efforts for notifiable conditions of public health significance, as mandated by law. These conditions include certain STIs and hepatitis C.
- The team also implements prevention and outreach initiatives for priority populations, aligning with local and state public health priorities.
- KPHD's ability to respond to notifiable conditions depends on local capacity and current burdens of disease. This work is primarily supported through Foundational Public Health Services (FPHS) funding.
- This presentation provides an overview of the program's structure and activities, current data, and special projects related to STIs and hepatitis C.
- Future updates on these topics can be provided at the Board's request.

Recommendation

None at this time – for information and discussion only.

Please contact me with any questions or concerns about this matter at (360) 865-0897, or kelsey.stedman@kitsappublichealth.org.

Attachment (1)

Sexually Transmitted Infections (STIs) and Hepatitis C



Kelsey Stedman, RN, MSN
Program Manager
STIs, Hepatitis C, and HIV
Case Management



The Team

Kelsey Stedman



Program Manager 1
Sexually Transmitted Infections (STIs),
Hepatitis C & HIV Case Management



Gus Bell

Public Health Nurse
STIs/HIV



Wendy Inouye

Epidemiologist 2
All Communicable Diseases



Windie Borja

Program Coordinator 1
STIs & Hepatitis C



Isabella Hansen

Disease Intervention Specialist
STIs

Taylor Ramsey

Public Health Nurse
Hepatitis C & STIs

Notifiable Conditions

Providers are required to report to public health authorities in Washington in accordance with WAC 246-101.

Immediately Notifiable

PHONE CALL REQUIRED UPON CLINICAL SUSPICION

Amebic meningitis
Animal Bites (suspected rabies)
Anthrax *Bacillus anthracis*, *Bacillus cereus*
Botulism (foodborne, infant, wound)
Cholera *Vibrio cholerae* 01 or 0139)
CoronavIRUS (severe communicable: SARS/MERS/Novel)
Diphtheria
Disease of suspected bioterrorism
Domoic acid poisoning (amnesic shellfish)
Emerging outbreak potential
Glanders *Burkholderia mallei*
Haemophilus influenzae (invasive, children under 5)
Influenza (novel or unsubtypeable strain)
Measles *rubeola* (acute disease only)
Meliodosis *Burkholderia pseudomallei*
Meningococcal Disease (invasive)
Monkeypox (MPOX)
Outbreaks or suspected outbreaks
Paralytic shellfish poisoning
Plague
Poliomyelitis
Rabies (suspect or laboratory confirmed human/animal)
Rubella (acute including congenital rubella syndrome)
STEC (Shiga toxin-producing *E. coli*)
Smallpox
Tularemia
Vaccinia transmission
Viral hemorrhagic fever
Yellow fever

Inform within 24-hours

CALL REQUIRED IF OUTSIDE BUSINESS HOURS

Baylisascariasis
Brucellosis
Candida auris (infection or colonization)
Hantaviral infection
Hepatitis A (acute)
Hepatitis B (acute)
Hepatitis C (acute or initial perinatal)
Hepatitis D (acute or chronic)
Hepatitis E (acute)
Legionellosis
Leptospirosis
Listeriosis
Mumps (acute)
Pertussis
Psittacosis
Q Fever
Salmonellosis
Shigellosis
Tuberculosis (suspected or confirmed)
Vancomycin-resistant *staphylococcus aureus*
Vibriosis
Yersiniosis
Unexplained critical illness or death

Inform within 3-business days

FAX CHART NOTE, LABS & CASE REPORT

AIDS (Acquired immunodeficiency syndrome)
Anaplasmosis
Arboviral disease (acute)
Babesiosis
Campylobacteriosis
Carbapenem-resistant Enterobacteriaceae
Chagas disease
Chancroid
Chlamydia trachomatis infection
Coccidioidomycosis
Cryptococcus gattii (or undifferentiated species)
Cryptosporidiosis
Cyclosporiasis
Cysticercosis
Echinococcosis
Ehrlichiosis
Giardiasis
Gonorrhea
Granuloma inguinale
Hepatitis B (acute or perinatal)
Hepatitis C (chronic infection)
Herpes simplex (neonatal & genital, initial Dx only)
Histoplasmosis
HIV (Human immunodeficiency virus, initial Dx only)
Human prion disease (including CJD)
Influenza-associated death (lab confirmed)
Lyme disease
Lymphogranuloma venereum
Malaria
Pesticide poisoning
Relapsing fever *borreliosis*
Rickettsia infection
Serious adverse reactions to immunizations
Syphilis (including congenital)
Taeniasis
Tetanus
Tick paralysis
Trichinosis
Typhus
Varicella-associated death

Notifiable Conditions

Priority STIs

- Chlamydia
- Gonorrhea
- Syphilis
- HIV

Hepatitis C

- Acute
- Perinatal
- Chronic

Immediately Notifiable

PHONE CALL REQUIRED UPON CLINICAL SUSPICION

Amebic meningitis
 Animal Bites (suspected rabies)
 Anthrax *Bacillus anthracis*, *Bacillus cereus*
 Botulism (foodborne, infant, wound)
 Cholera *Vibrio cholerae* 01 or 0139)
 Coronavirus (severe communicable: SARS/MERS/Novel)
 Diphtheria
 Disease of suspected bioterrorism
 Domoic acid poisoning (amnesic shellfish)
 Emerging outbreak potential
 Glanders *Burkholderia mallei*
Haemophilus influenzae (invasive, children under 5)
 Influenza (novel or unsubtypeable strain)
 Measles *rubeola* (acute disease only)
 Melioidosis *Burkholderia pseudomallei*
 Meningococcal Disease (invasive)
 Monkeypox (MPOX)
 Outbreaks or suspected outbreaks
 Paralytic shellfish poisoning
 Plague
 Poliomyelitis
 Rabies (suspect or laboratory confirmed human/animal)
 Rubella (acute including congenital rubella syndrome)
 STEC (Shiga toxin-producing *E. coli*)
 Smallpox
 Tularemia
 Vaccinia transmission
 Viral hemorrhagic fever
 Yellow fever

Inform within 24-hours

CALL REQUIRED IF OUTSIDE BUSINESS HOURS

Baylisascariasis
 Brucellosis
Candida auris (infection or colonization)
 Hantaviral infection
 Hepatitis A (acute)
 Hepatitis B (acute)
 Hepatitis C (acute or initial perinatal)
 Hepatitis D (acute or chronic)
 Hepatitis E (acute)
 Legionellosis
 Leptospirosis
 Listeriosis
 Mumps (acute)
 Pertussis
 Psittacosis
 Q Fever
 Salmonellosis
 Shigellosis
 Tuberculosis (suspected or confirmed)
 Vancomycin-resistant *staphylococcus aureus*
 Vibriosis
 Yersiniosis
 Unexplained critical illness or death

Inform within 3-business days

FAX CHART NOTE, LABS & CASE REPORT

AIDS (Acquired immunodeficiency syndrome)
 Anaplasmosis
 Arboviral disease (acute)
 Babesiosis
 Campylobacteriosis
 Carbapenem-resistant Enterobacteriaceae
 Chagas disease
 Chancroid
 Chlamydia trachomatis infection
 Coccidioidomycosis
Cryptococcus gattii (or undifferentiated species)
 Cryptosporidiosis
 Cyclosporiasis
 Cysticercosis
 Echinococcosis
 Ehrlichiosis
 Giardiasis
 Gonorrhea
 Granuloma inguinale
 Hepatitis B (acute or perinatal)
 Hepatitis C (chronic infection)
 Herpes simplex (neonatal & genital, initial Dx only)
 Histoplasmosis
 HIV (Human immunodeficiency virus, initial Dx only)
 Human prion disease (including CJD)
 Influenza-associated death (lab confirmed)
 Lyme disease
 Lymphogranuloma venereum
 Malaria
 Pesticide poisoning
 Relapsing fever *borreliosis*
Rickettsia infection
 Serious adverse reactions to immunizations
 Syphilis (including congenital)
 Taeniasis
 Tetanus
 Tick paralysis
 Trichinosis
 Typhus
 Varicella-associated death

Kitsap Community Health Priorities



Healthcare



**Mental &
Behavioral Health**









**Housing &
Homelessness**



Sexually Transmitted Infections (STIs)








What Does Public Health Do?

- **Review incoming labs (surveillance)** received via fax, electronic lab reporting, and other sources (phone, encrypted email, etc.).
- **Investigate potential and confirmed cases of STIs** to verify diagnosis, gather additional information, and ensure proper testing and treatment, **report confirmed cases to Department of Health.**
- **Interview patients** to better understand local STI transmission, provide education, and **ensure exposed sexual partners receive notification, education, and linkage to testing and treatment, if needed.** 
- **Help patients and partners find and access available services.**   
- **Monitor local, state and national epidemiologic trends** in STI transmission and identify issues requiring public health response. 
- **Provide technical advising** to providers and community partners. 

Learn more about our STI work at:
<https://www.kitsappublichealth.org/cd/sti>

To learn more about our services or to talk to someone about sexual health, call a Disease Intervention Specialist at:
360-728-2318

Which Leads Us To...

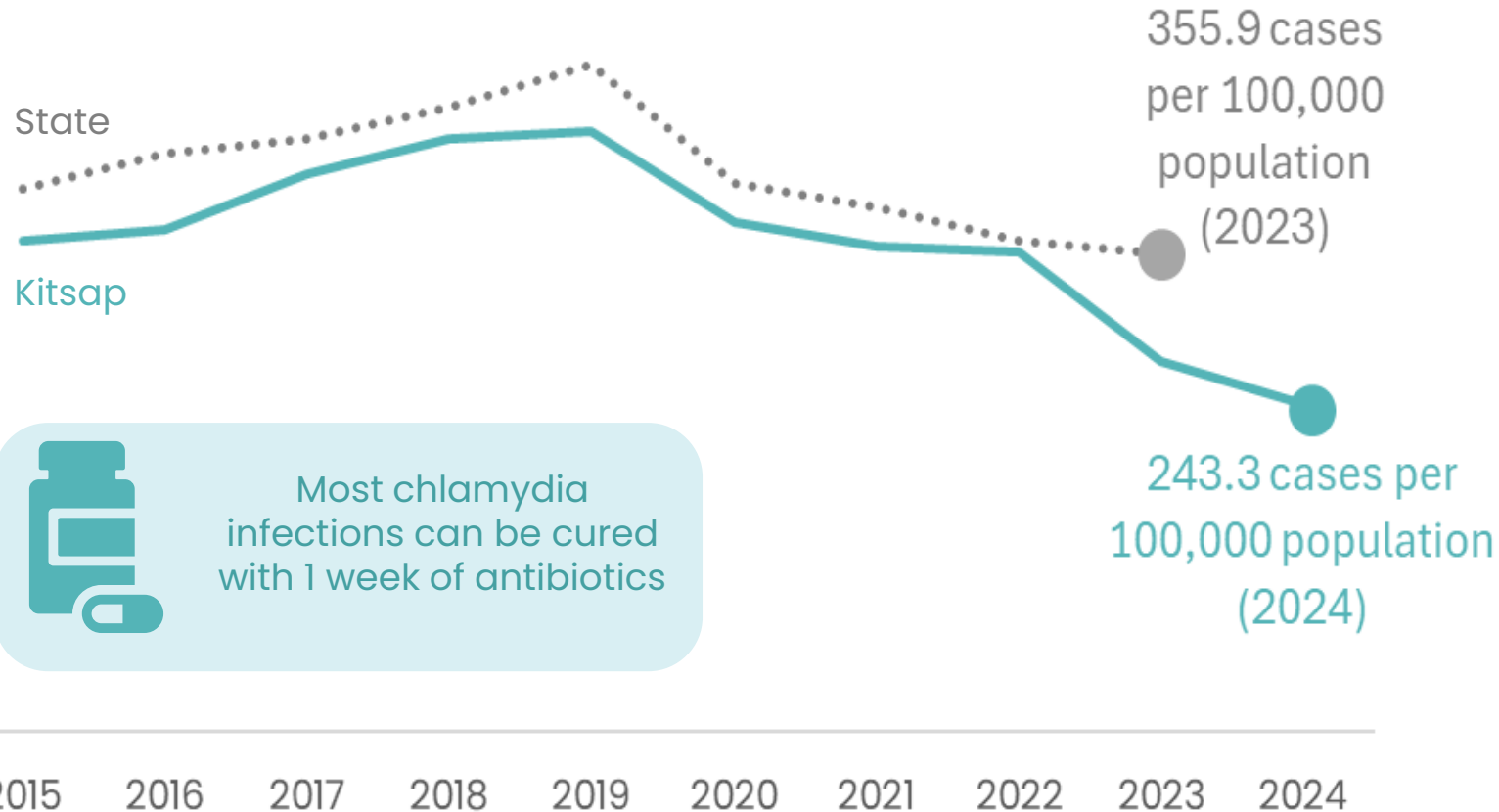
- **Provide information and education** in high schools and community, with a focus on equity and prevention. 
- **Partner with other KPHD programs, providers and agencies** to collaborate and address barriers to care. 
- **Treat diagnosed/exposed individuals for chlamydia, gonorrhea, and syphilis** if they face significant barriers to care. 
- **Provide HIV and syphilis testing and education** to community members who have an increased risk of exposure and barriers to accessing care.   
- **Disseminate data** in digestible formats to inform the public and help guide clinical decision making. 



To see more Kitsap STI data, see our [2023 Sexually Transmitted Infections Report](#)

CHLAMYDIA

Chlamydia cases in Kitsap County, 2015 - 2024



 Most chlamydia infections can be cured with 1 week of antibiotics

696 cases
in Kitsap County in 2024



46 (7%) cases were pregnant



~50% detected during routine exams

PRIORITIES:



Identify cases who may not have been treated and link to treatment.



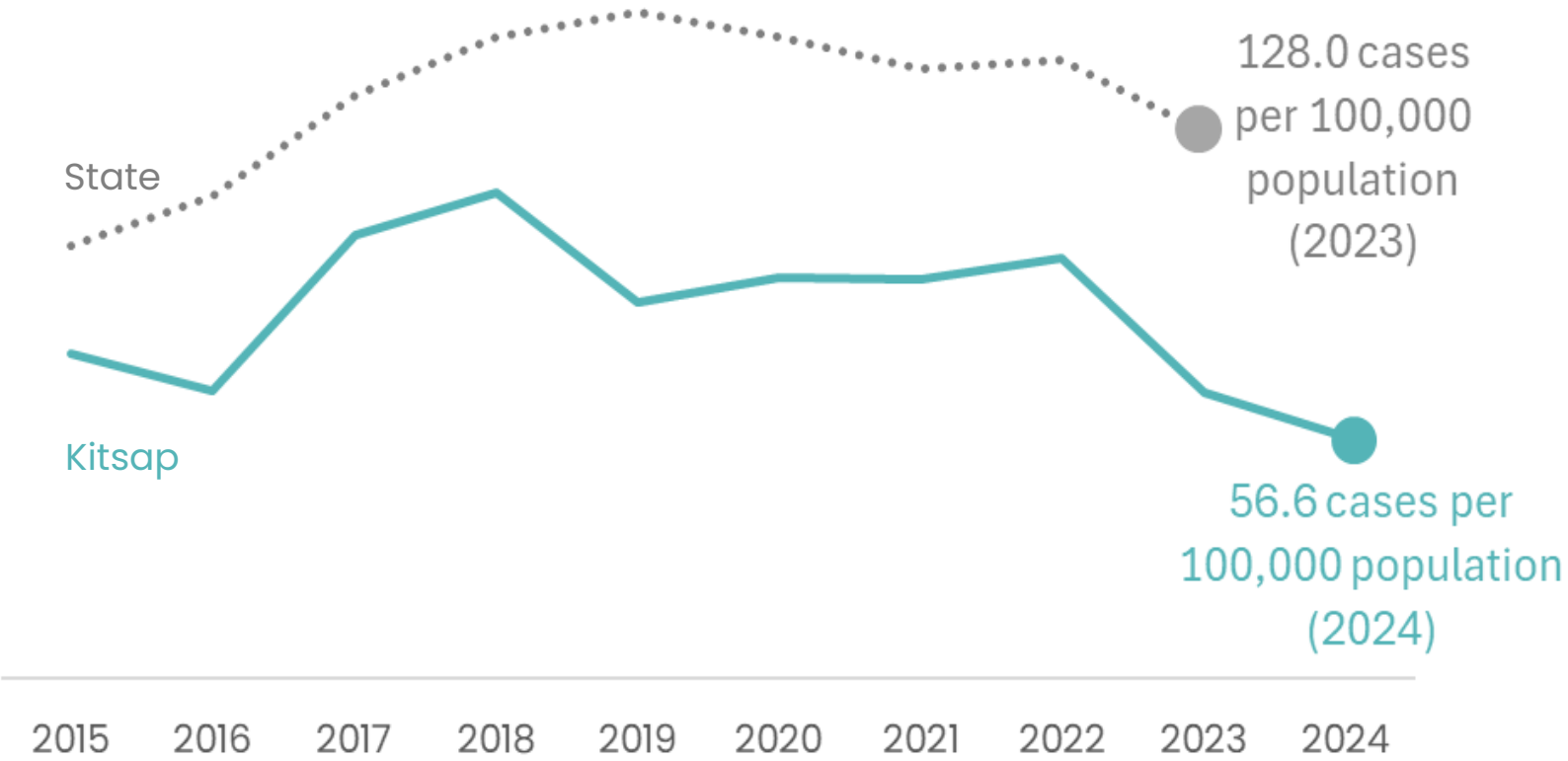
Ensure pregnant cases are treated/ prevent transmission to babies.

Sources: Public Health surveillance data, accessed 3/18/2025; DOH Annual CD Reports. ****DATA FOR 2024 ARE PROVISIONAL****

GONORRHEA

Gonorrhea cases in Kitsap County, 2015 - 2024

162 cases
in Kitsap County in 2024



> **1 in 3** cases in gay or bisexual men

PRIORITIES:

- ➔ Identify cases who may not have been treated and link to treatment.
- ➔ Identify higher risk cases and provide sexual health counseling and linkage to services.

Sources: Public Health surveillance data, accessed 3/18/2025; [DOH Annual CD Reports](#). ****DATA FOR 2024 ARE PROVISIONAL****

New HIV diagnoses in Kitsap County, 2007 – 2024

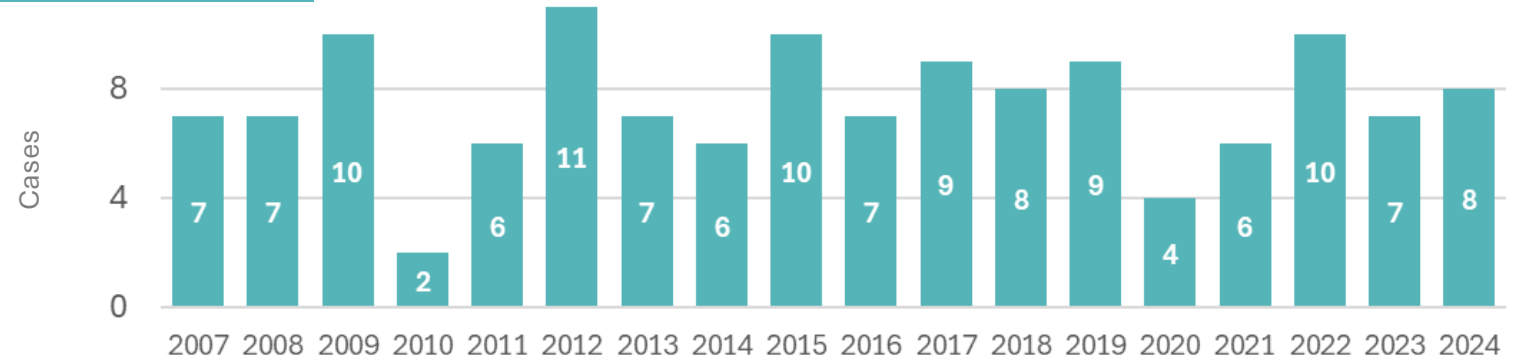
- In 2024, there were **8 Kitsap residents newly diagnosed with HIV**.
- New diagnoses temporarily declined in 2020 during the COVID-19 pandemic, but have since returned to pre-pandemic numbers.
- An estimated **382 people** are living with HIV in Kitsap County (2023).
- HIV pre-exposure prophylaxis (PrEP) is a highly effective medication prescribed by a provider that can prevent HIV infection; the DOH PrEP Drug Assistance Program can help people pay for these meds.

HIV (NEW DIAGNOSES)

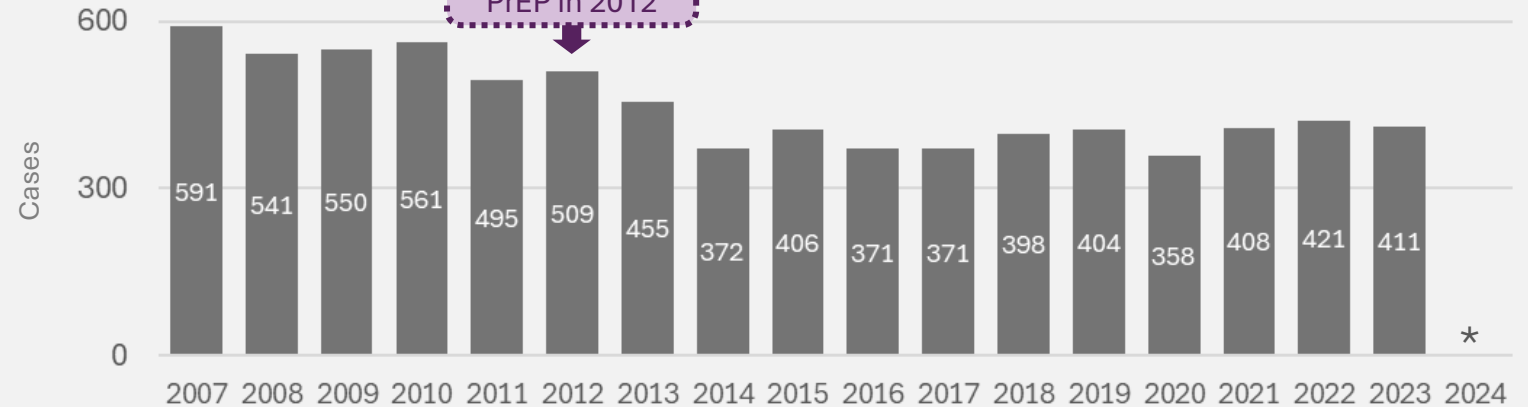
8
diagnoses in 2024

Less than **3.5**
cases per 100,000 pop.

KITSAP COUNTY



WASHINGTON STATE



* 2024 state counts not available at time of writing.

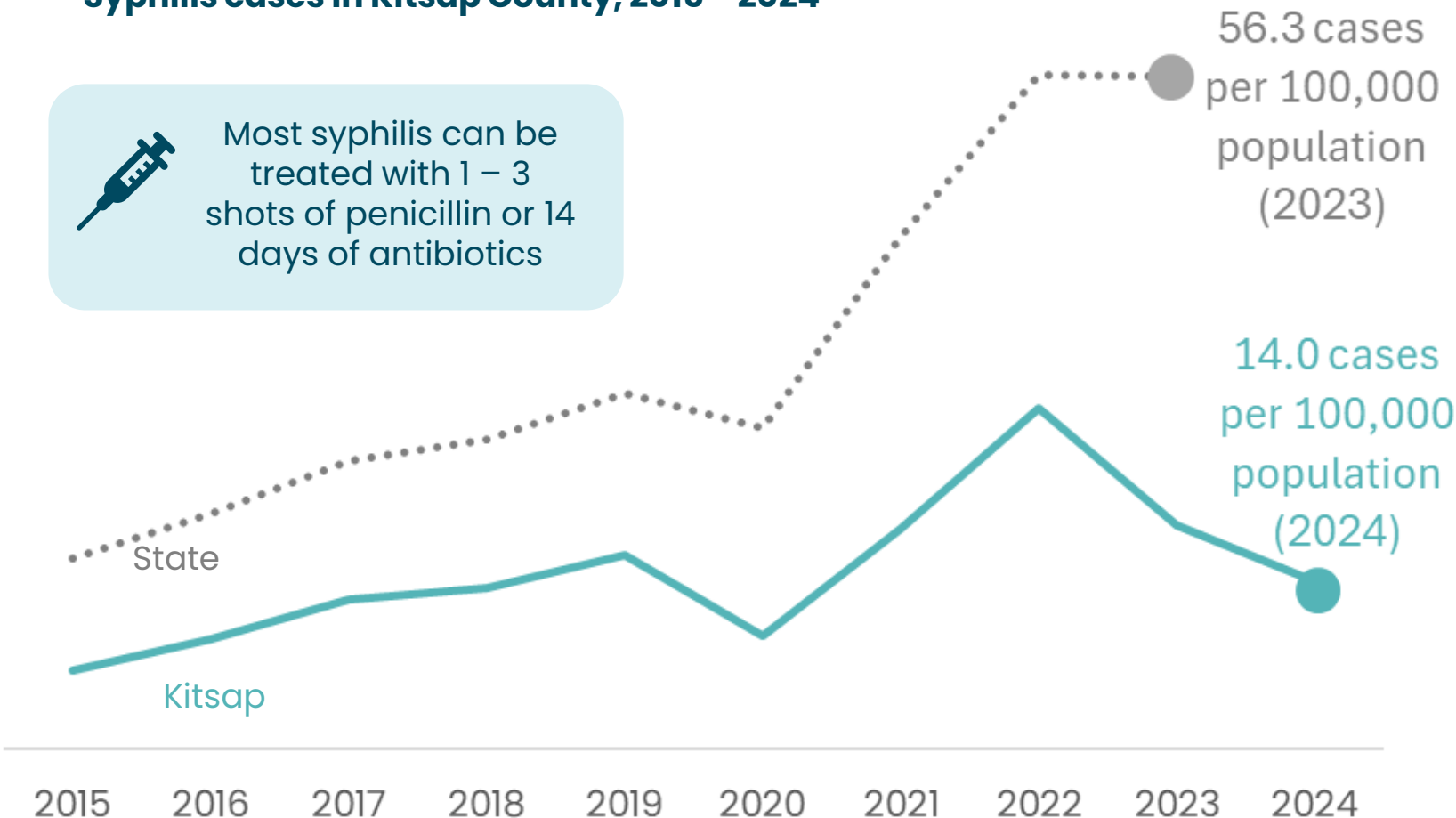
Sources: Public Health surveillance data, accessed 3/3/2025; Infectious Disease Assessment Unit, Washington State Department of Health. [Washington State HIV Surveillance Report, 2023 Edition](#).

SYPHILIS

Syphilis cases in Kitsap County, 2015 – 2024



Most syphilis can be treated with 1 – 3 shots of penicillin or 14 days of antibiotics



40 cases
in Kitsap County in 2024



12 (29%) reported homelessness in the previous 3 months



>50% were likely diagnosed more than a year after infection

PRIORITIES:

- ➔ Ensure appropriate treatment for syphilis cases and sexual partners.
- ➔ Prevent congenital syphilis cases.
- ➔ Promote syphilis testing to identify cases that may be missed

Sources: Public Health surveillance data, accessed 3/18/2025; DOH Annual CD Reports. ****DATA FOR 2024 ARE PROVISIONAL****

ENSURE APPROPRIATE TREATMENT for syphilis cases and sexual partners

PREVENT congenital syphilis cases

PROMOTE syphilis testing to identify cases that may be missed

85

KPHD investigators evaluated 85 Kitsap residents with suspected syphilis infection.

92%

KPHD investigators ensured that **36 of 40 Kitsap residents with confirmed syphilis received CDC-recommended treatment.**¹

25

KPHD provided **10 doses** of bicillin to providers and directly administered **15 treatments** when barriers prevented timely treatment through traditional systems.

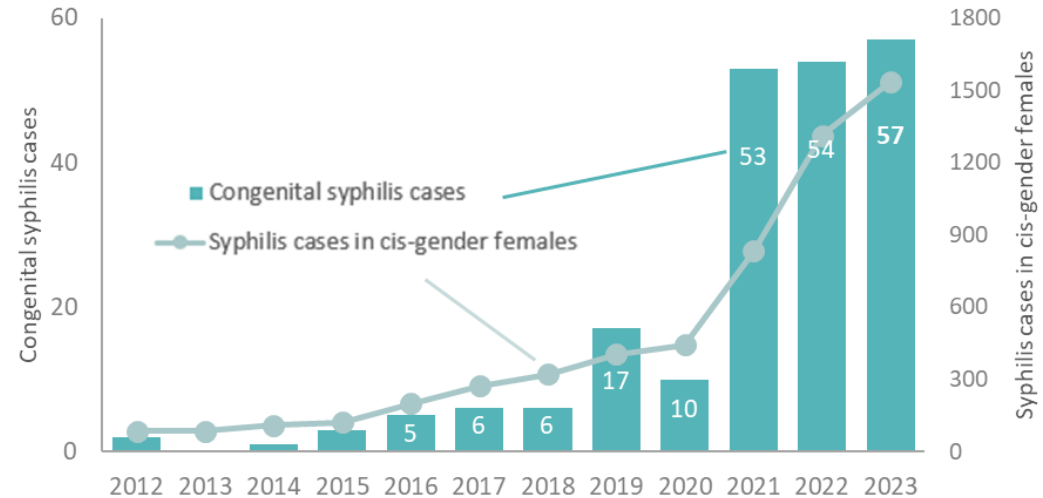
Syphilis | Public Health Priorities

ENSURE APPROPRIATE
TREATMENT for syphilis
cases and sexual partners

PREVENT congenital
syphilis cases

PROMOTE syphilis testing to
identify cases that may be
missed

Syphilis cases in cis-gender females and congenital syphilis cases in Washington State, 2012-2023



Pregnant people with untreated syphilis have a **>50% chance** of miscarrying or having a baby with serious health complications

24

KPHD helped to navigate **24 pregnancy-capable people** with suspected syphilis through confirmatory testing, appropriate treatment, and prenatal care.

0

There were **0 congenital syphilis cases** in Kitsap County in 2024.

ENSURE APPROPRIATE TREATMENT for syphilis cases and sexual partners

PREVENT congenital syphilis cases

PROMOTE syphilis testing to identify cases that may be missed



A sample case....

- 22 y/o female who presents to emergency room
- 18 weeks pregnant with first child
- No prenatal care
- Positive syphilis result returned after discharge
- No contact information
- Experiencing homelessness and endorses current meth use

Locate & Notify



Treatment



Referrals



Partners



Follow-up



Syphilis | Public Health Priorities

ENSURE APPROPRIATE TREATMENT for syphilis cases and sexual partners

37

KPHD investigators were able to obtain contact information for **37 sexual partners** who had not yet been tested or treated, preventing further community spread.

PREVENT congenital syphilis cases

9

KPHD met with clinic managers and providers at **nine facilities** to promote increased syphilis testing.

PROMOTE syphilis testing to identify cases that may be missed

>300

KPHD **performed over 300 syphilis tests** as part of case investigations and outreach events to individuals at higher risk of exposure (2023-present)



Hepatitis C (HCV)

Hepatitis C (HCV)

- **What is it?**

- A virus that affects the liver
 - Many people have no symptoms
 - Approximately 80% of those infected will develop chronic infection
 - Leading cause of liver cancer and liver transplants
- HCV-related deaths exceed deaths from all notifiable conditions combined

- **How do people get it?**







- Most common blood-borne infection in United States
- Commonly transmitted via sharing needles and other drug equipment or personal items, unregulated tattoos & piercings, mother-to-baby (perinatal), and sexual activity that may cause bleeding

- **Is there a vaccine?** No

- **Is there a cure?** Yes!

- Cures over 95% of infections in 8-12 weeks, with few side effects
- Can be prescribed by primary care providers, covered by Medicaid and most insurances (with assistance with co-pays, if needed)

What Does Public Health Do?

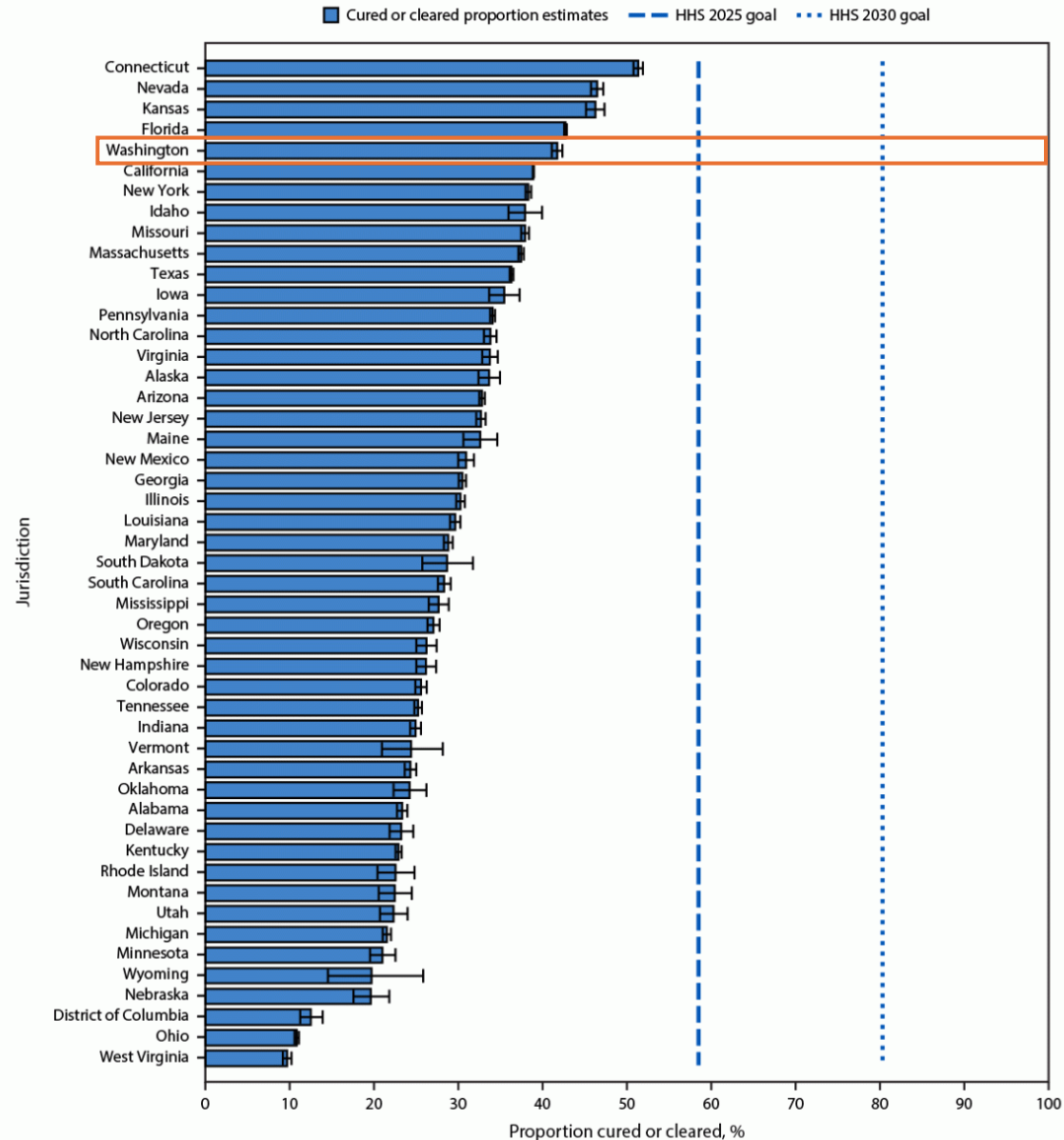
- **Investigate potential and confirmed cases of hepatitis C** to verify diagnosis, gather additional information, and ensure proper testing and treatment, **reporting confirmed cases to Department of Health.**
- **Interview patients** to better understand potential exposure, provide education, and **link to treatment, if needed/desired.** 
- **Help patients find and access available services.**   
- **Monitor local, state and national epidemiologic trends** in hepatitis C transmission and identify issues requiring public health response. 
- **Provide technical advising** to providers and community partners. 



HCV Priorities

- Health and Human Services (HHS) Goals:
 - 58% cured or cleared by 2025
 - 80% by 2030
- 2018 WA Directive by Governor Inslee
 - Eliminate HCV by 2030

FIGURE 2. Percentage of hepatitis C virus–infected persons with evidence of viral clearance, by jurisdiction— United States, 2013–2022



Sources: State of Washington Office of Governor, [Directive of the Governor 18-13](#), 2018; Tsang CA, Tonzel J, Symum H, et al. State-Specific Hepatitis C Virus Clearance Cascades — United States, 2013–2022. *MMWR Morb Mortal Wkly Rep* 2024;73:495–500.

HCV Priorities

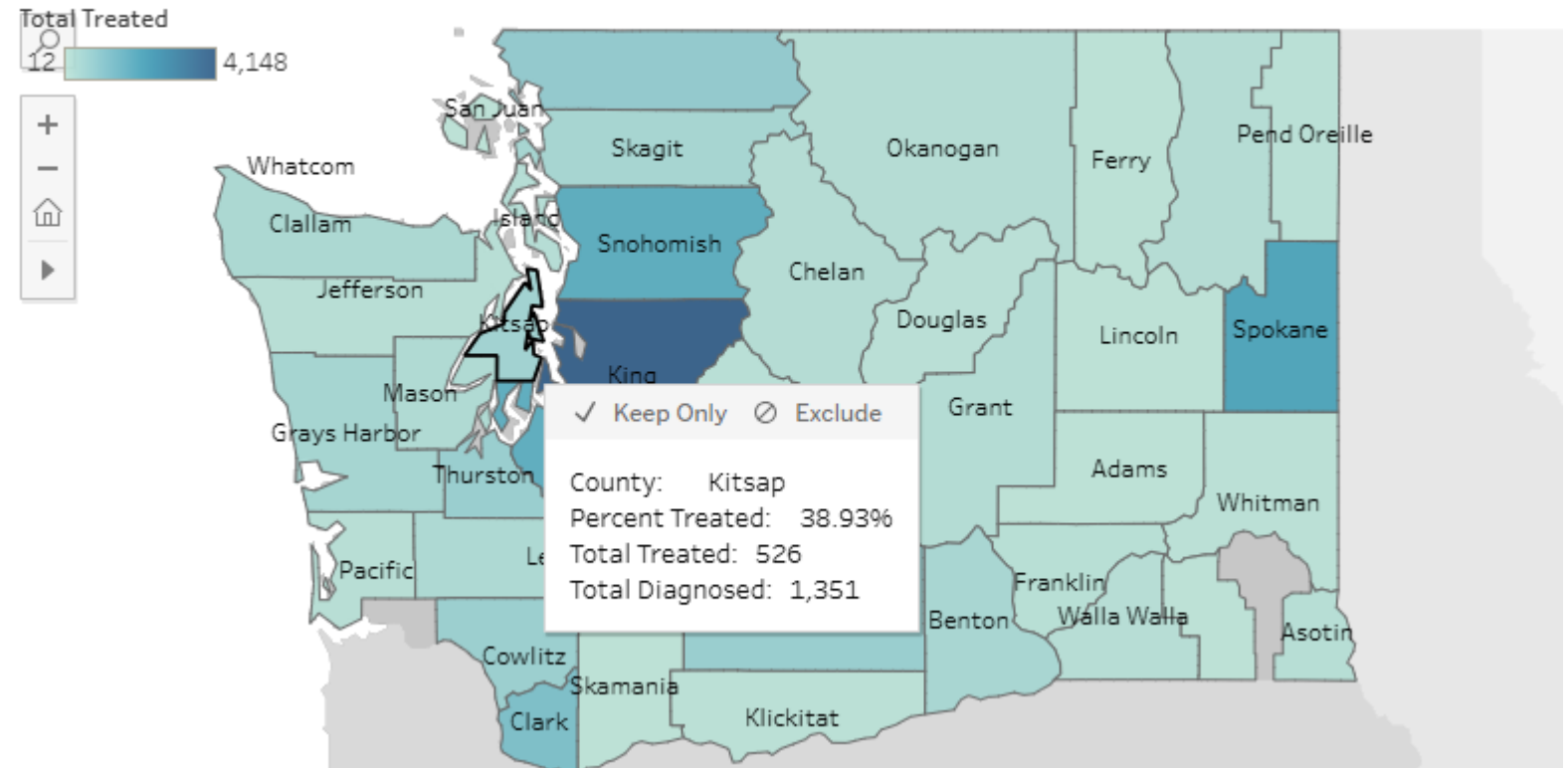
- Health and Human Services (HHS) Goals:
 - 58% cured or cleared by 2025
 - 80% by 2030
- 2018 WA Directive by Governor Inslee
 - Eliminate HCV by 2030

Washington Apple Health Hep C Free Treatment Dashboard

Updated January 3, 2025 with Data Through September 2024



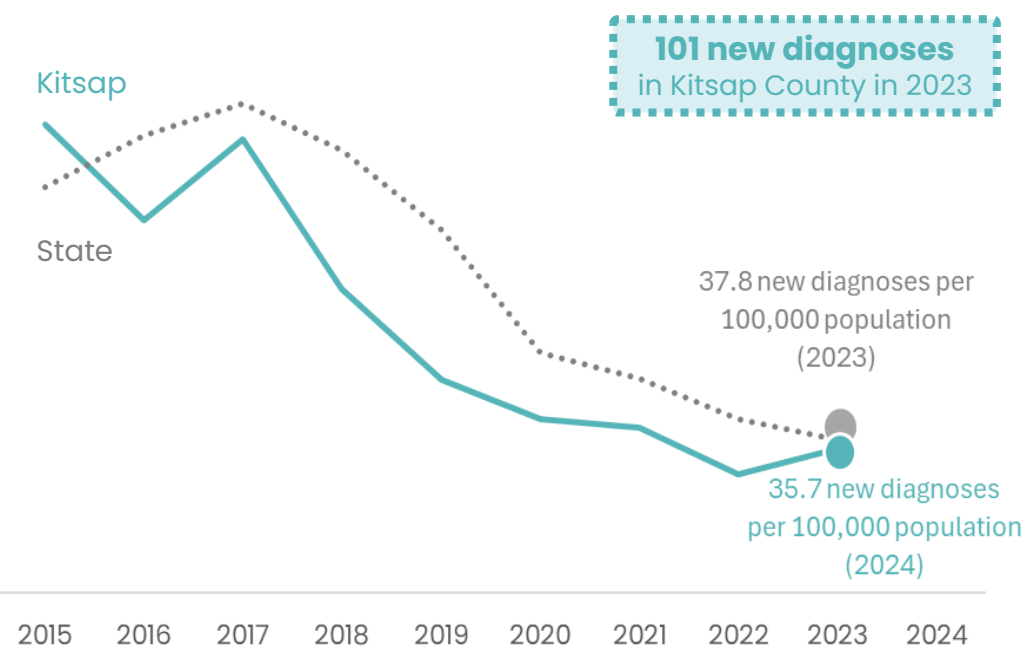
Treated by County



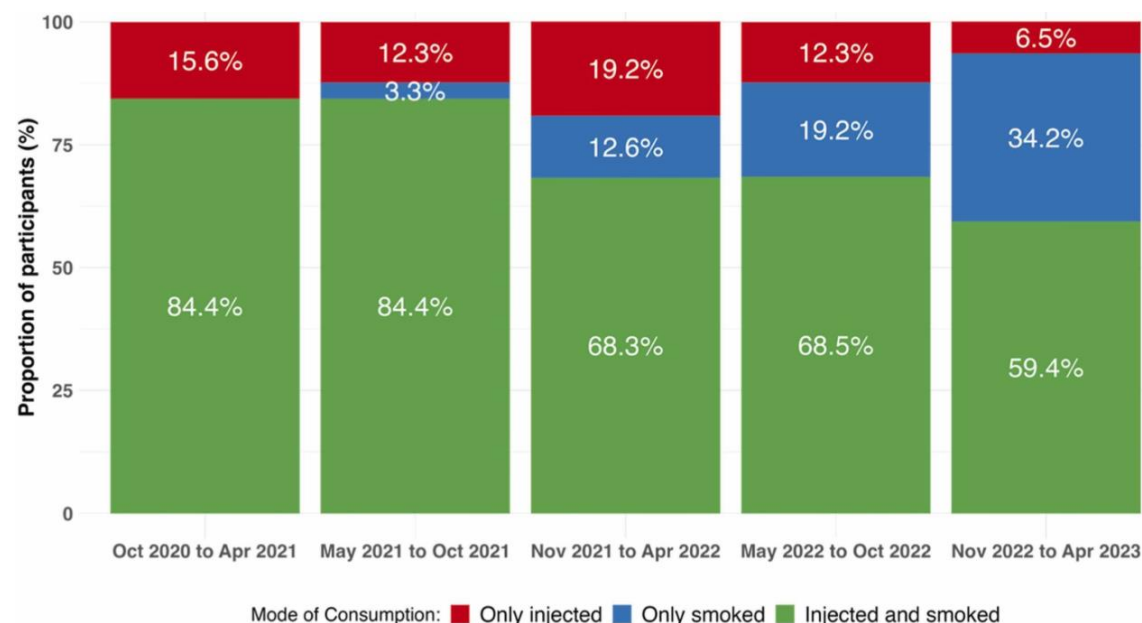
Sources: Health Care Authority, [WA Apple Health Hep C Free Dashboard](#), accessed 3/22/2025; State of Washington Office of Governor, [Directive of the Governor 18-13, 2018](#).

A Unique Opportunity

New hepatitis C diagnoses in Kitsap County, 2015 - 2023



Prevalence of injecting only, smoking only, and injecting and smoking (heroin, fentanyl, or methamphetamine) in the past six months among study participants residing in San Diego County, California



Sources: William H. Eger, et al., *Changes in injecting versus smoking heroin, fentanyl, and methamphetamine among people who inject drugs in San Diego, California, 2020–2023*, *Drug and Alcohol Dependence*, Volume 259, 2024; Public Health surveillance data, accessed 3/18/2025; [DOH Annual CD Reports](#).

IDENTIFY people newly diagnosed with hepatitis C

>1,500

KPHD investigators received and reviewed >1,500 positive hepatitis C laboratory results for 539 Kitsap residents in 2024

LINK people with hepatitis C to hepatitis treatment and care

312

KPHD performed additional work on 312 potential and confirmed hepatitis C cases to gather additional information

61

61 new diagnoses identified

1

1 infant with perinatal infection identified

IDENTIFY people newly diagnosed with hepatitis C

LINK people with hepatitis C to hepatitis treatment and care

9

KPHD investigators identified nine people with hepatitis C who were pregnant and worked with providers to prevent perinatal infection

9

KPHD confirmed that 9 out of 42 (21%) Kitsap residents with newly diagnosed hepatitis C were linked to hepatitis care

\$

Awarded funding to pilot a care coordination program in 2025 with:

- Hepatitis Education Project (Lead Agency)
- VMFH Focus Program
- Sox Box (non-profit)

THANK YOU!

kelsey.stedman@kitsappublichealth.org



kitsappublichealth.org

MEMO

To: Kitsap Public Health Board
From: Ashley Duren, HIV Medical Case Management Supervisor
Date: April 1, 2025
Re: Program Overview: HIV Medical Case Management

During today's meeting, the Health District will present an overview and update for the HIV Medical Case Management program covering the following:

- The HIV Medical Case Management Program aims to reduce the transmission and medical consequences of HIV by ensuring people living with HIV (PLWH) have access to health care and supportive services.
- KPHD is contracted to provide Medical Case Management services in Kitsap, Jefferson, Clallam, and North Mason Counties. However, anyone living with HIV in Washington State may request services through KPHD.
- This work is primarily supported by federal funding, including Ryan White Part B and Housing Opportunities for Persons With AIDS (HOPWA).
- This presentation provides an overview of the program's structure, activities, current data, and special projects within the HIV Medical Case Management program.
- Future updates on this program can be provided at the Board's request.

Recommendation

None at this time – for information and discussion only.

Please contact me with any questions or concerns about this matter at (360) 900-6515, or ashley.duren@kitsappublichealth.org.

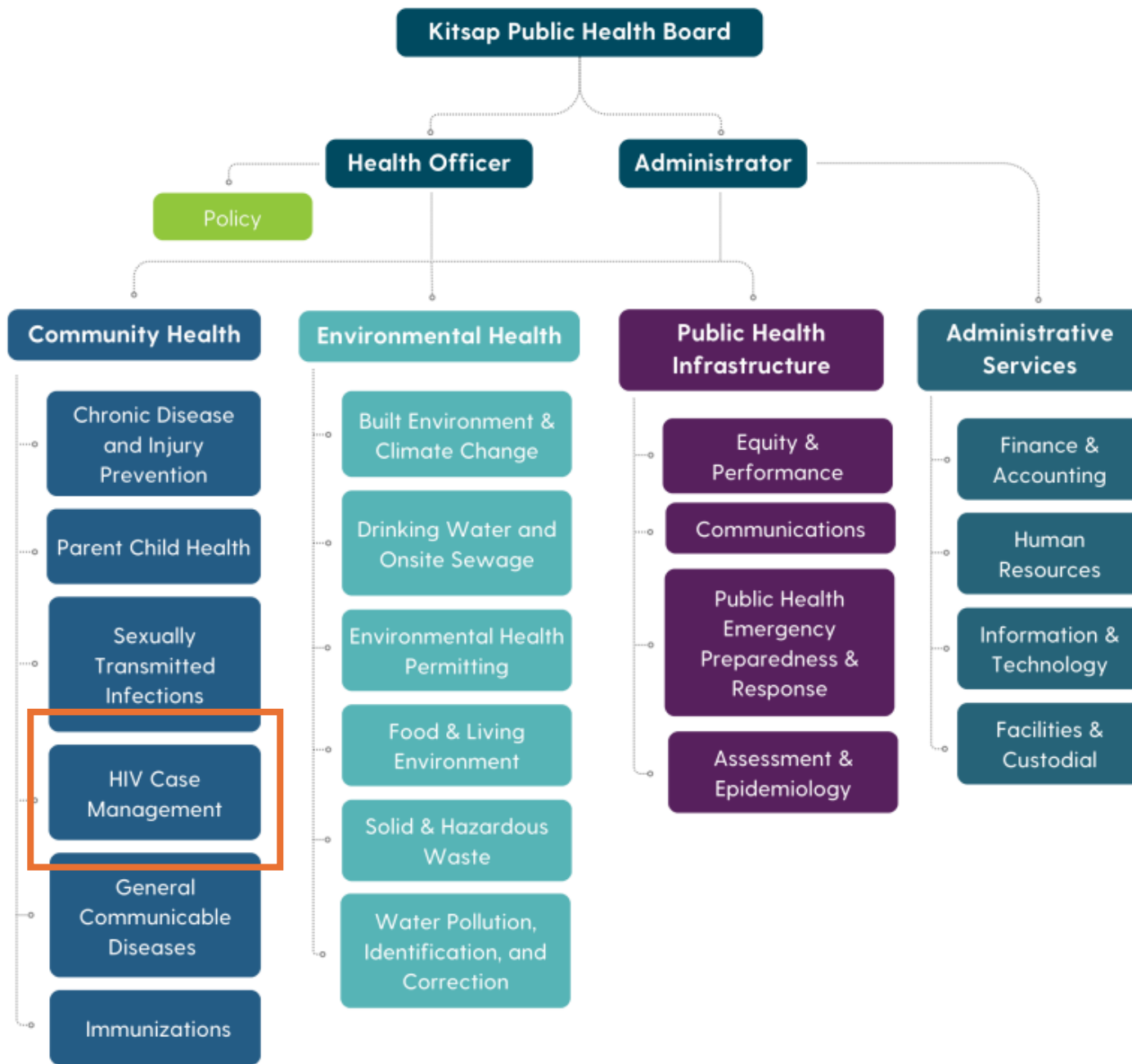
Attachment (1)

HIV Case Management

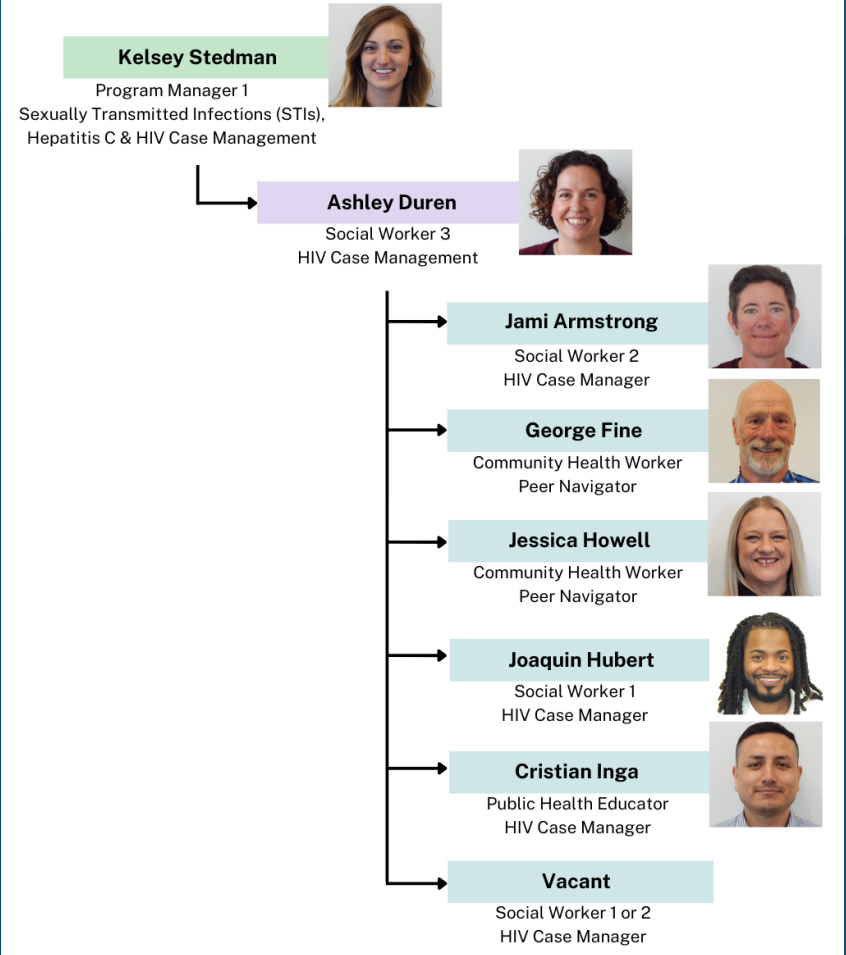


Kelsey Stedman
Program Manager
STIs, Hepatitis C, and
HIV Case Management

Ashley Duren
Program Supervisor
HIV Case Management



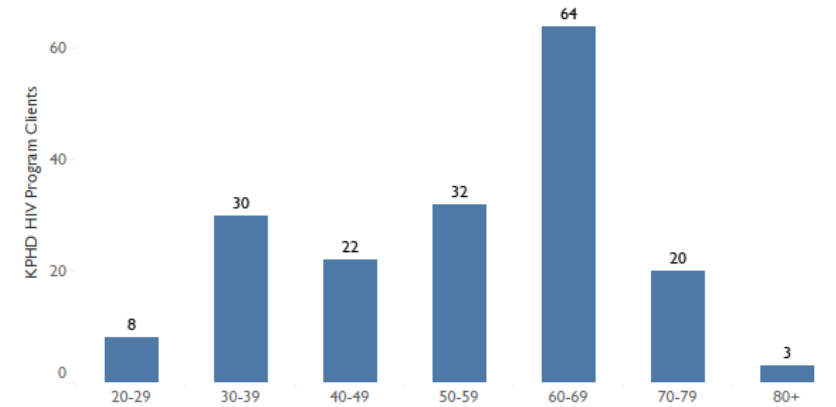
The Team



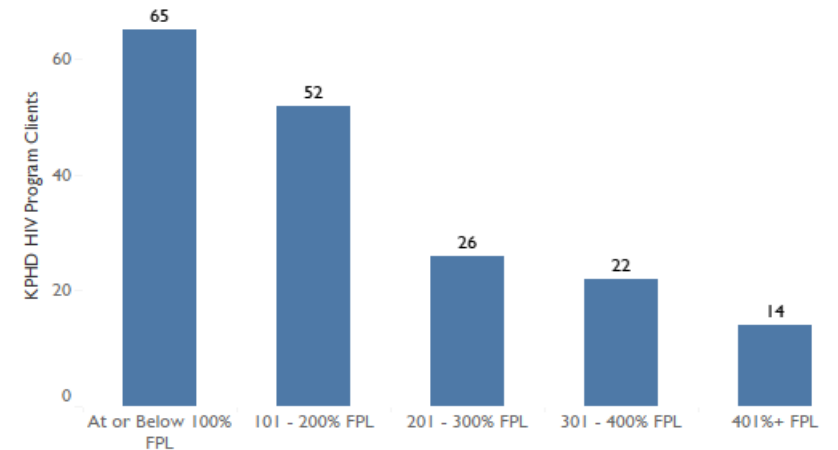
HIV Case Management

- 184 clients currently enrolled in services
 - Male: 149
 - Female: 28
 - Transgender: 7
- Nearly half (47%) of clients 60+ years old
 - Some clients on caseload over 25 years
- 63% have income < 200% FPL
- 40% on Medicaid
- 45% on Medicare

KPHD HIV Program Clients by Age Group (data as of 3/20/2025)

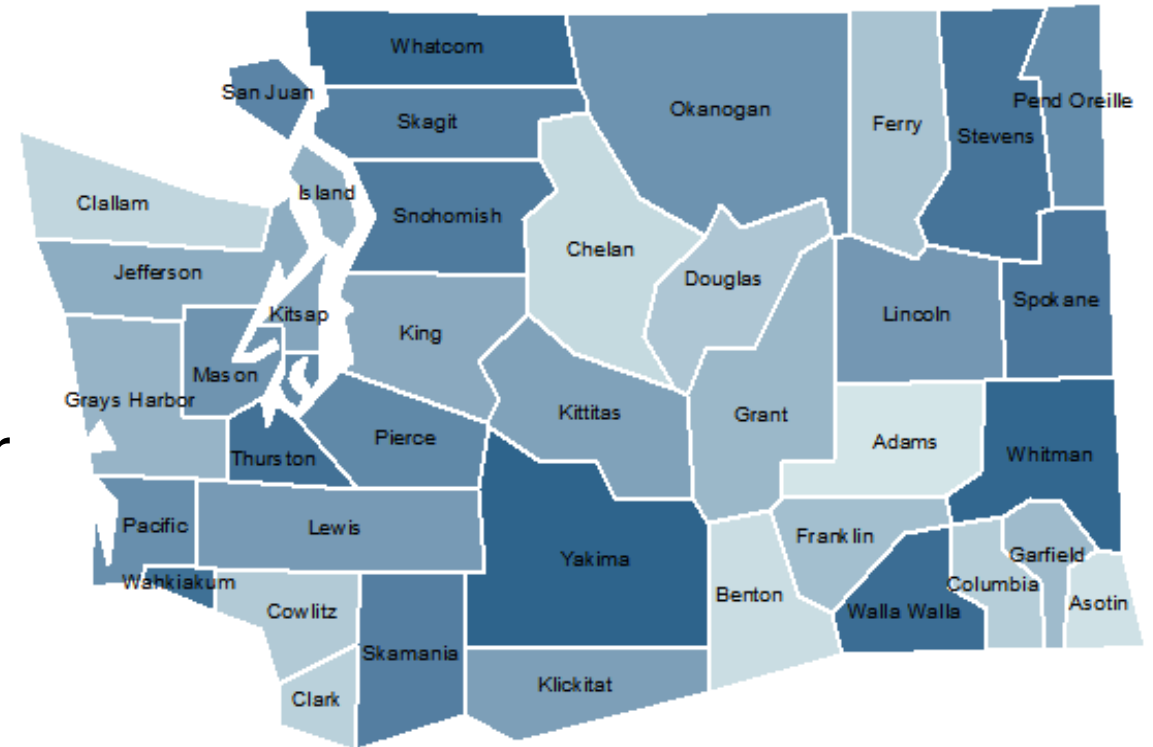


KPHD HIV Program Clients by FPL Category (data as of 3/20/2025)



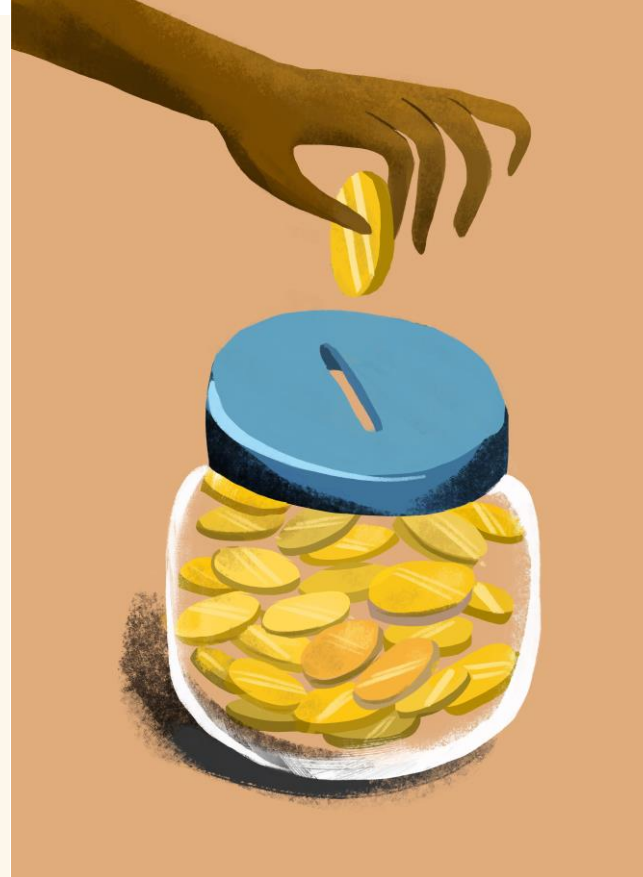
Who do we serve?

- We provide services in the following counties:
 - Kitsap County: 118
 - N. Mason County: 7
 - Jefferson County: 13
 - Clallam County: 36
- We also have clients who live in other counties:
 - Thurston: 2
 - Pierce: 5
 - King: 1
 - San Juan: 1
 - Snohomish: 1



Funding

- **Federal Funding: Ryan White (RW) Part B & Housing Assistance for People with AIDS (HOPWA)**
 - DOH Office of Infectious Disease (OID) monitors and awards these funds to different programs throughout Washington State
 - 2024 Audit: No significant findings and accolades for program structure & outcomes.
 - Awarded an additional \$24,000 to increase client supports for basic needs



- **Medicaid billing for services provided to Medicaid clients (Title XIX)**
- **DSHS Medicaid Match**
- **Local dollars**

Kitsap Community Health Priorities



Healthcare



**Mental &
Behavioral Health**



**Housing &
Homelessness**

Reduce the transmission and medical consequences of HIV by assuring people living with HIV (PLWH) have access to health care and supportive services.

- Support clients to remain engaged in medical care
- Achieve and maintain viral suppression
- Supportive services





- Healthcare navigation
- Insurance navigation
- Enrollment into assistance programs
- Advocacy
- Education/health literacy
- Wraparound support services



“...Being able to help that client navigate through the healthcare system. Whether that's through understanding labs, trying to get refills on medication or getting a message over to the provider. We also assist the client with housing, transportation, and food assistance if funding is available.”

Peer Navigation

- Peer Navigation focuses on providing support to clients with challenges such as:
 - Being newly diagnosed
 - Being non-virally suppressed
 - Being out of care or at risk of falling out of care
 - Struggling with:
 - Mental/behavioral health
 - Substance use or recovery
 - HIV related stigma
 - Social isolation
 - Justice-involvement
 - Experiencing housing instability
 - Loneliness/isolation



“I see my role as Peer Navigator as a link for people living with HIV so they can connect with our program more easily. One of my focuses is working to lessen the stigma surrounding HIV. I do that through visibility, example and education.”

U=U

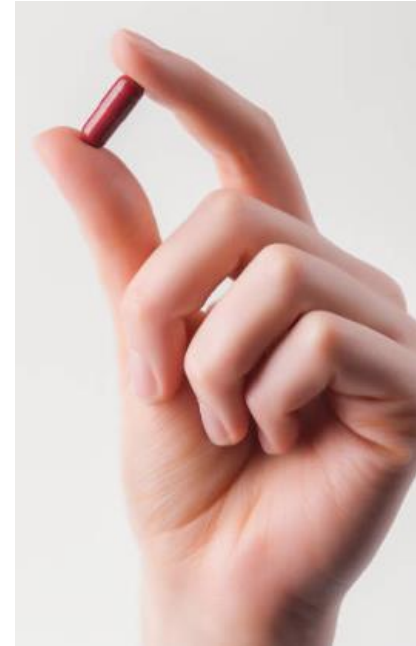
Undetectable equals Untransmittable

- Dismantles HIV stigma
- Reduces shame and fear
- Encourages PLWH to get on, and stay on, their ARV's and get tested regularly
- Allows safe reproductive options, eliminating need for alternative means of insemination

Viral Suppression is Program Priority

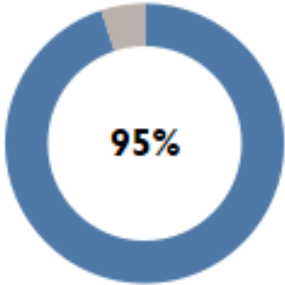


- 98% of clients currently prescribed ARV's
- 95% of current clients have achieved undetectable status (<200 copies/mL)
- Current treatment options:
 - 1 or 2 pills once per day
 - OR
 - Injection given every other month

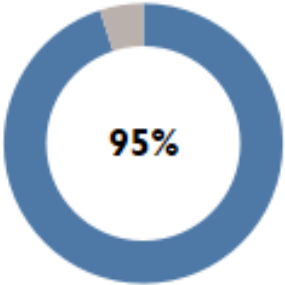


Current Caseload Performance Measures

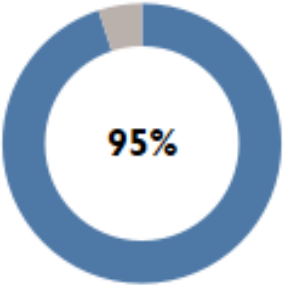
KPHD Active Clients Overall Performance Measures



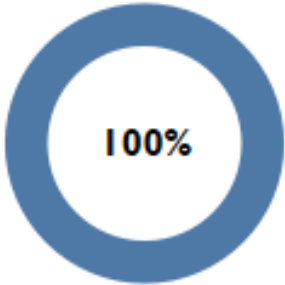
Last Viral Load Test < 200



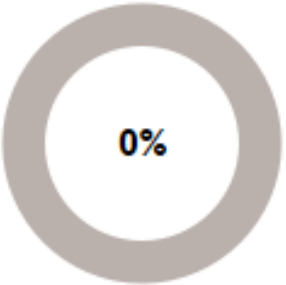
Last Viral Load Test in Past Year



Engaged in Care



Newly Diagnosed Engaged in Care



Gap in HIV CM Visits

- **Last Viral Load Test <200:** Active clients with an HIV viral load less than 200 copies/mL at last HIV Viral load test.
- **Last Viral Load Test in Past Year:** Active clients with a viral load test <1 year since their last test.
- **Engaged in Care:** Active clients with a CD4 or Viral load <1 year since their last test.
- **Newly Diagnosed Engaged in Care:** Active clients with an estimated HIV diagnosis year in or after 2024 with a CD4 or viral load test <1 year since their last test.
- **Gap in HIV CM Visits:** Active clients whose last case management visit with KPHD was more than 6 months from 3/20/2025.

Sources: Provide Enterprise Groupware Technologies database, accessed 3/20/2025.

- 75 individual clients provided with grocery store gift cards
 - 15% increase in client participation from 2023
 - 34% increase in client participation since 2020
- Food banks partnerships in Kitsap County
 - Year Round: Assist with referrals, food deliveries and shopping for clients
 - Thanksgiving and Christmas: 90 baskets delivered
- Meals on Wheels deliveries starting Summer 2024
 - Currently 5 clients receive weekly MOW deliveries from case managers or peers

Food Assistance

- Food cards for grocery shopping
- Collaboration with local food banks
- Referrals with Meals on Wheels



Medical Transportation

- Connect to ParaTransit and Kitsap ACCESS, if eligible
- Assisted 40 individuals with gas cards through the year
 - 25% increase in client participation from 2023
 - 122% increase in client participation since 2021
- Purchased 70 ferry passes
 - Many necessary services are in Seattle
- Bus tokens
- Case managers and peers may also transport clients in agency vehicle

- Gas Cards
- Ferry Passes
- Taxi Rides
- Bus Tokens

- **Housing Opportunity for People with AIDS (HOPWA)**

- Short Term Rent Mortgage Utilities (STRMU)
 - 15 individuals assisted with rent in 2024
- Tenant Based Rental Assistance (TBRA)
 - 8 clients supported with long-term housing assistance
- Permanent Housing Placement
 - 2 clients assisted with move-in costs

- **Ryan White, Part B**

- 11 clients served with RW Housing
- 4 clients served with EFA (emergency rent and motel)

- **Bremerton Housing Authority**

- Successfully acquired one long-term Housing Choice Voucher for a chronically homeless client



Housing Assistance

- HOPWA (HUD)
 - STRMU
 - TBRA
 - PHP
- Ryan White (HRSA)
 - RW Housing
 - Emergency Financial Assistance

Just two stories...

- 60 y/o client on Social Security Disability Income (SSDI) since 2001
 - Received notice he had been "overpaid" by Social Security due to income exceeding allowable limits due to bonus from part-time job
 - Lost monthly stipend immediately and required to repay \$35,000, putting client at risk of homelessness
 - Client also lost his insurance (Medicare) eligibility as a result
 - Obtained documentation from provider and employer and appealed decision
 - After 3 months, Social Security was reinstated without any penalties
- 57 y/o client lived in stable housing on fixed income
 - Client was notified in June that property was being sold, and rent would be doubled by the end of the year.
 - Client couldn't afford this increase and moved out
 - Spent two years couch-surfing/illegally camping
 - Lived in local hotel that cost him 84% of income for another year. We supported client to meet basic needs, such as food deliveries from food bank
 - Recently, secured a Housing Choice Voucher through MOU with BHA
 - Help locate and move-in affordable unit, and client and his dog are now stably housed again

THANK YOU!

ashley.duren@kitsappublichealth.org



kitsappublichealth.org