



Cleveland County  
Health Department

**CLEVELAND COUNTY BOARD OF HEALTH  
CLEVELAND COUNTY HEALTH DEPARTMENT  
250 12<sup>th</sup> Avenue N.E., Norman, OK  
North Conference Room  
7:30 a.m.**

**September 26, 2017**

**AGENDA**

- I. Call to Order
- II. Approval of July Meeting Minutes
- III. Consideration and Approval of 2017-2018 Budget
- IV. Staff Reports
  - A. Children First – Nancy Meehan
  - B. Environmental Health – Amy Allen
  - C. Health Education – Tara Douglas
  - D. Nursing – Beverly Bymun
  - E. Sooner Start – Vicki Borycki
  - F. Administration – Keith Reed
- V. Other Matters
- VI. Adjourn



**Board of Health Meeting  
Date: September 26, 2017**

**Members Present:** Michael Messerli (Chairman), Pepper Martin, and Todd Gibson

**Members Absent:** Darry Stacy, and Dr. Thomas Thurston

**Others Present:** Keith Reed, Beverly Bymun, Tara Douglas, Nancy Meehan, Daniel Thatcher, Debbie Dickson, Vicki Borycki, and Amy Allen

Notice of the meeting was posted in the front lobby of the Cleveland County Health Department from Tuesday, 09-19-17 through Tuesday, 09-26-17. Notice of this meeting was also on file at the Cleveland County Courthouse.

Michael Messerli called the meeting to order at 7:33 a.m. with a quorum present. The minutes were read and the motion was made by Michael Messerli and seconded by Pepper Martin to accept the minutes as written from July 13, 2017. All were in favor.

Topic	Discussion	Action
<p><b><u>Business:</u></b></p> <p>Consideration And Approval of 2017-2018 (FY2018) Budget</p>	<p>Keith Reed distributed copies of the proposed 2017-2018 (FY2018) budget to Cleveland County Board Of Health attendees for review.</p> <p>Keith Reed, Administrator, presented the proposed 2017-2018 (FY2018) budget to the Cleveland County Board of Health and staff highlighting the increase of 2.46% in Ad Valorem taxes (\$5,369,020.50 in previous year compared to \$5,501,036.57 in the current year). Including carryover, the total budget of \$11,459,286.13 is distributed among our five accounts as follows:</p> <ul style="list-style-type: none"> <li>• Personal Services (Payroll): \$4,000,000.00. This is the amount agreed to reimburse OSDH. If positions continue to not be refilled, we estimate that we will not have enough in local payroll to be able to reimburse OSDH the full amount.</li> <li>• Travel: \$50,000.00</li> </ul>	<p>Motion was made by Michael Messerli and seconded by Pepper Martin to accept the 2017-2018 (FY2018) budget. All were in favor.</p>



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- Maintenance & Operations: \$1,800,000.00 an increase from last year anticipating an increase in expenditures due to possible projects relating to the strategic plan.
- Capital Outlay: \$5,309,286.13 which includes all excess funds, \$2,000,000.00 of which is in two interest earning money market accounts.
- Building Fund: \$300,000.00 which covers the building payment for our Moore office. The board was reminded that the Norman building is paid off, leaving only the Moore building.

The Board inquired about the amount of carryover in spite of adding additional projects in the previous year. It was explained that although our expenses have gone up in Maintenance & Operation, the continued increase in Ad Valorem taxes and the payoff of the Norman building have affected the overall budget amount.

A discussion was had about refilling of positions with local money. Keith explained OSDH's policy and we are in talks about different options.

The Board asked about the hiring freeze and who makes those decisions. Keith explained the overall hiring freeze was put in place many years ago, but the Cabinet Secretary, who is also our Commissioner of Health, can approve exceptions. Since then we as an agency have tightened this policy, with fewer exceptions. Keith will provide more information regarding state budget at the next meeting.

The Board asked if they have to re-vote on the budget if special projects are added. Keith responded, no, we can move money within the accounts to accommodate any special projects if needed.

The Board asked about our required carryover of funds. Keith Responded 45%, explaining the thought behind this being that carrying over that amount would allow the Health Dept. to pay expenses until the bulk of Ad Valorem taxes come in towards the end of the calendar year.



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<b>Staff Reports: Children First</b>	<p>Natalie Dixon distributed copies of the August, 2017 Children First report prepared by Jennifer England, interim Children First lead nurse, to the Cleveland County Board of Health members and staff (<u>please see attachment</u>).</p> <p>Nancy Meehan, Children First Nurse, presented the Children First report for August, 2017 to the Cleveland County Board of Health and staff.</p>	
<b>Environmental Health</b>	<p>Natalie Dixon distributed copies of the Environmental Health reports August, 2017 to the Cleveland County Board of Health members and staff (<u>please see attachment</u>).</p> <p>Amy Allen, Environmental Health Supervisor, presented Environmental Health reports for August, 2017 to the Cleveland County Board of Health and staff.</p>	
<b>Health Education</b>	<p>Natalie Dixon distributed copies of the August, 2017 Health Education Report to the Cleveland County Board of Health members and staff (<u>please see attachment</u>).</p> <p>Tara Douglas, Health Education Supervisor, presented the Health Education Report for August, 2017 to the Cleveland County Board of Health and staff.</p> <p>Tara Douglas reported an estimate of 800-1000 people attended Open Streets Moore.</p>	
<b>Nursing</b>	<p>Natalie Dixon distributed copies of the Nursing Services Report August, 2017 with attachment of New York Time article “Hunting a Killer: Sex, Drugs and the Return of Syphilis”, and Cleveland County Monthly Clinical Activity Report, 2017 (<u>please see attachments</u>) to the Cleveland County Board of Health and staff.</p> <p>Beverly Bymun, District Nurse Manager, presented the Nursing Services Report August, 2017, and Cleveland County Monthly Clinical Activity</p>	



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	<p>Report, 2017 to the Cleveland County Board of Health and staff.</p> <p>A discussion was had regarding attendance of follow-up appointments and availability of flu vaccine.</p>	
<b>Early Intervention/ SoonerStart</b>	<p>Natalie Dixon distributed copies of the August, 2017 SoonerStart Program Report (<u>please see attachments</u>) to the Cleveland County Board of Health and staff.</p> <p>Vicki Borycki, Early Intervention/SoonerStart Occupational Therapist Supervisor, presented the Sooner Start Report for August, 2017 to the Cleveland County Board of Health and staff.</p>	
<b>Administration</b>	<p>Natalie Dixon distributed copies of the Administrator's Report (<u>please see attachment</u>) to the Cleveland County Board of Health and staff.</p> <p>Keith Reed, Administrator, provided:</p> <ul style="list-style-type: none"><li>• Staff/Personnel update vacancies and pending approvals.</li><li>• Operational updates included the State budget. The project for insurance reimbursement for immunizations is progressing. The phone system replacement for Norman is in the installation phase. Parking lot resurfacing in Moore is in the quote phase.</li><li>• Strategic Planning updates, including the social marketing project is developing Visual Imaging has taken over Facebook postings and has begun the Caring4Tomorrow Campaign, new contract for Open Streets is currently pending, dental screening program currently providing fluoride varnishing and dental education, the Reach Out &amp; Read program is continuing through Child Guidance program, the Health Fair project is growing as needed, and the electronic billboard is up and running. The Veteran's Navigator program, the Community Kitchen, Diabetes/Heart Disease Prevention and Health Smart Curriculum, and County Connection projects currently do not have any updates to provide.</li></ul>	
<b><u>Other Matters:</u></b>		



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<b><u>Adjournment:</u></b>	Board of Health Meeting adjourned at 8:06 am	Motion was made by Michael Messerli. Motion was seconded by Pepper Martin. All in favor.
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Chairman  
Cleveland County Board of Health

Minutes prepared by Natalie Dixon, Administrative Assistant

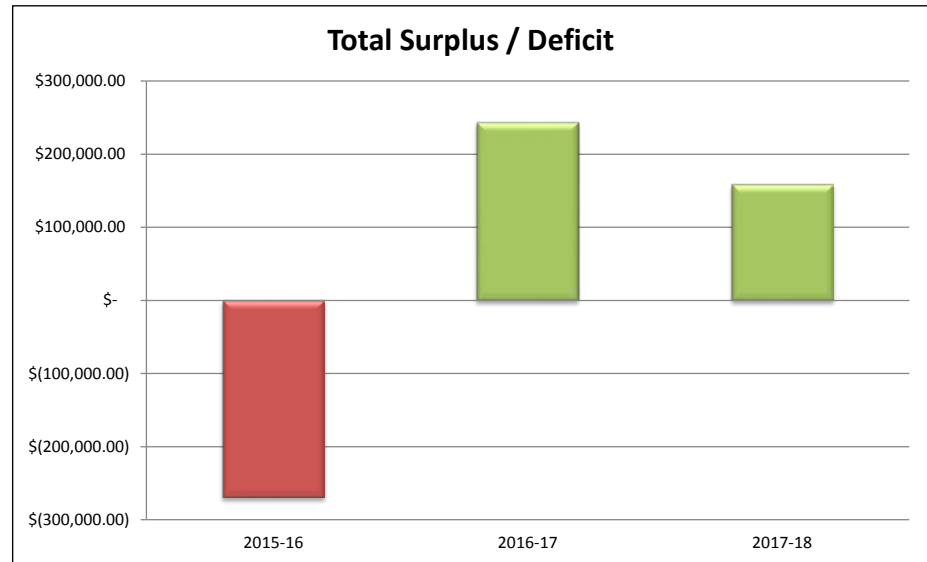
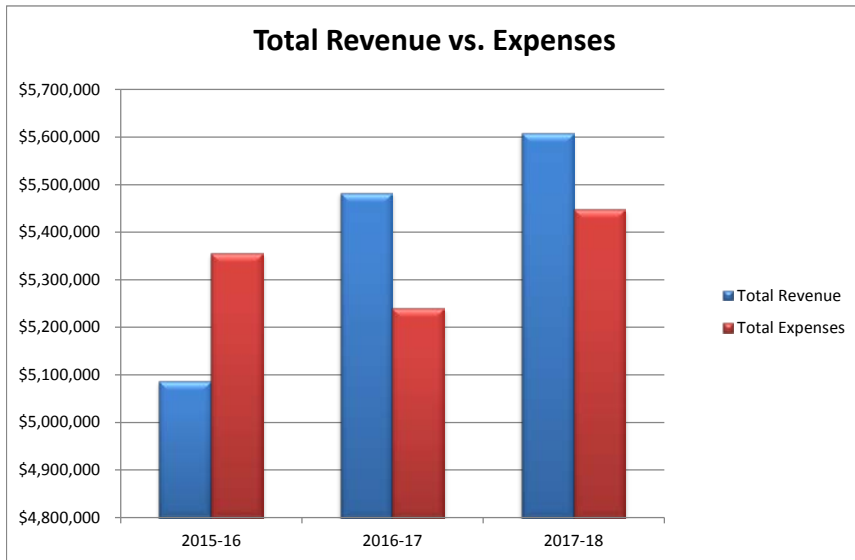
## Budget Distribution for Current (FY18) and Previous (FY17) Fiscal Year

Account	2017-18 Budget Distribution	2016-17 Budget Distribution
MD1A – Personal Services (Payroll)	\$4,000,000.00	\$4,000,000.00
MD1C – Travel	\$50,000.00	\$50,000.00
MD2 – Maint. & Oper.	\$1,800,000.00	\$1,000,000.00
MD3 – Capital Outlay	\$5,309,286.13	\$5,668,591.48
MD3B – Building Payment	\$300,000.00	\$300,000.00
<b>Total</b>	<b>\$11,459,286.13</b>	<b>\$11,018,591.48</b>

## Cleveland County Health Department Local Revenue and Expenditures 3 Year Trend for Fiscal Years '16-'18

	2015-16	2016-17	2017-18
Ad Valorem Taxes (from estimate of needs)	\$ 4,983,828.55	\$ 5,369,020.53	\$ 5,501,036.57
% Increase from Previous Year	5.10%	7.73%	2.46%
Interest Earned	\$ 6,269.87	\$ 6,458.18	\$ 6,500.00 (estimate)
<b>Total Fees From Local Programs</b>	<b>\$ 96,614.78</b>	<b>\$ 107,692.06</b>	<b>\$ 100,000.00 (estimate)</b>
<b>Total Revenue</b>	<b>\$ 5,086,713.20</b>	<b>\$ 5,483,170.77</b>	<b>\$ 5,607,536.57</b>

<u>Expenses</u>			
MD1A Salaries & Fringes	\$ 4,000,000.00	\$ 3,999,019.57	\$ 4,000,000.00
MD1C Travel	\$ 20,835.42	\$ 15,790.18	\$ 20,000.00 (estimate)
MD2 M&O	\$ 601,561.84	\$ 794,928.90	\$ 1,000,000.00 (estimate)
MD3 Capital Outlay	\$ 165,327.04	\$ 181,488.38	\$ 180,000.00 (estimate)
MD3B Building Fund	\$ 567,920.00	\$ 248,500.00	\$ 248,500.00
<b>Total Expenses</b>	<b>\$ 5,355,644.30</b>	<b>\$ 5,239,727.03</b>	<b>\$ 5,448,500.00</b>
<b>Total Surplus / Deficit</b>	<b>\$ (268,931.10)</b>	<b>\$ 243,443.74</b>	<b>\$ 159,036.57</b>

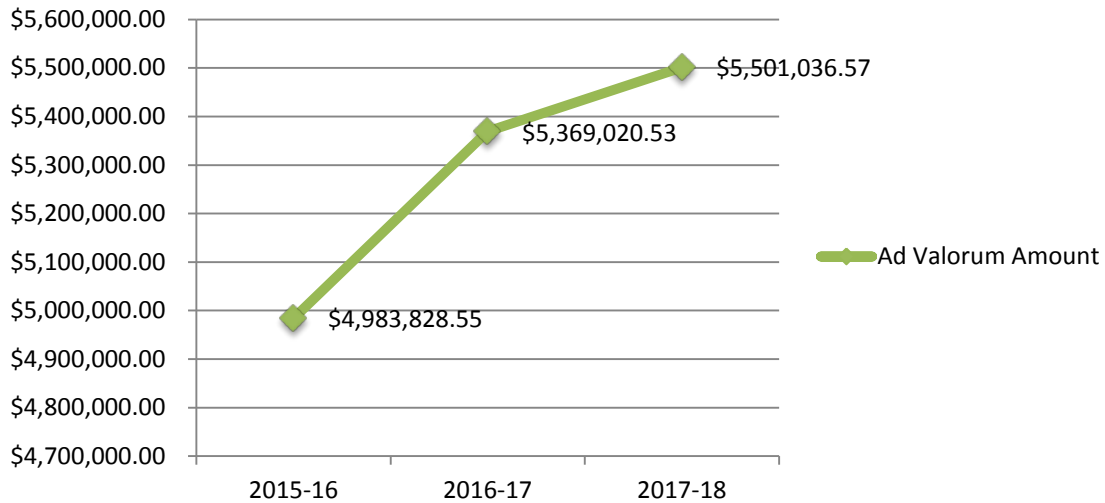




# Cleveland County Health Department Ad Valorum 3 Year Overview

<b>\$FY</b>	<b>Local Appropriations (Ad Valorum Tax)</b>	<b>Difference From Previous Year</b>	<b>% Difference From Previous Year</b>
2015-16	\$ 4,983,828.55	\$ 241,639.48	4.85%
2016-17	\$ 5,369,020.53	\$ 385,191.98	7.73%
2017-18	\$ 5,501,036.57	\$ 132,016.04	2.46%

## Ad Valorum Taxes By Year



# Children First

By Jennifer England  
Board of Health Meeting  
Stats from 8/1/2017 to 8/31/2017

<b>Completed Visits in Cleveland County</b>	182
<b>Completed Visits in McClain County</b>	22
<b>Active Clients in Cleveland County</b>	105
<b>Active Clients in McClain County</b>	12
<b>Referrals Received Living in Cleveland County</b>	11
<b>Referrals Received Living in McClain County</b>	4
<b>Referrals Still Pending</b>	11

**Staffing:** One nurse is out on FMLA. The other staff is seeing her clients while she is gone.

**Referrals:** We received a total of 15 referrals for the month. Referrals are no longer being placed on a waiting list.

**Productivity:** We completed a total of 204 visits with 117 families served which averages to 41 completed visits and 23 active clients per nurse.

**Training:** Most of the Staff attending Children First Continuing Education on August 24<sup>th</sup>.

**To:** Cleveland County Board of Health  
**From:** Amy Allen, Environmental Health Supervisor  
**Subject:** Environmental Report for July and August 2017  
**Date:** September 26<sup>th</sup>, 2017

## **Personnel**

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We had two new employees start—Katelyn Metzger on August 21, and Vicky Hovell on September 18. We have one employee no longer working for OSDH, leaving one vacancy.

## **Closures**

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### **Public Bathing Facilities:**

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12 facilities were briefly closed to address imminent health hazards. Our inspectors worked with the facilities to reopen safely.

### **Restaurants and Other Facilities:**

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Three facilities were briefly closed to address imminent health hazards. Our inspectors worked with the facilities to reopen safely.

## **Events worked by Cleveland County Staff**

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<b>Event</b>	<b>Date</b>
<b>Newcastle 4<sup>th</sup> of July Fair</b>	July 1
<b>Moore Art in the Park</b>	July 4
<b>Norman 4<sup>th</sup> of July Festival</b>	July 4
<b>Beats &amp; Bites</b>	July 8
<b>After-Hours Food School</b>	July 11
<b>After-Hours Food School</b>	August 8
<b>Beats &amp; Bites</b>	August 12
<b>After-Hours Food School</b>	August 19

## **Complaints:**

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### **Restaurants:**

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There were various complaints throughout the months of July and August. All complaints were addressed with the management of the facility. The inspector assisted in finding a resolution to the complaint (if it was valid) and performed on site education when needed.

### Dog Bite Investigations:

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Various complaints were worked in the months of July and August. In cooperation with the Cleveland County Sheriff's office, Norman Animal Welfare and Moore Animal Welfare all bite incidences were resolved. Most of the bites were resolved by requiring the owner to quarantine the biting animal for a 10 day observation period following the bite incident. All animals were required to update the biting animal's rabies vaccination if necessary.

### Truck Wrecks:

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No truck wrecks were reported for the months of July or August.

### Inspections:

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High	112
Medium	72
Low	36
School	15
Pool	121
Temporaries	16
Total Inspections	372

### Enforcement:

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No facilities are currently on enforcement. We are continuing to work with management, corporate offices and owners of all licensed facilities to try to educate, mediate and correct violations so that the inspections do not result in further enforcement procedures.

Environmental Report				
2017/Quarter 3	Jul	Aug	Sep	Quarterly Total
Food Cards Issued	423	972		<b>1395</b>
Food school Failures	0	0		<b>0</b>
Replacement Cards	13	35		<b>48</b>
Plan Reviews	11	19		<b>30</b>
Temp Licenses	16	24		<b>40</b>

Recent Plan Reviews			
Establishment	Address	City	Date Submitted
Smoothie Lounge	1005 N Main	Newcastle	07/03/17
America's Kwik Stop	10504 Highway 77	Lexington	07/03/17
Sno Bros Treats	977 County Street 2978	Blanchard	07/06/17
Fujisan	1705 Broadway Ave	Moore	07/14/17
Yuyu's Cozy Corner	408 W Main St	Norman	07/17/17
Wheeze The Juice	617 N Interstate Dr Room A105	Norman	07/17/17
Kendall's Restaurant	100 S Main St	Noble	07/18/17
Nacho Business	2620 Classen Blvd	Norman	07/18/17
La Luna Cantina & Grill	2812 Highway 62 Access Rd	Newcastle	07/25/17
Stella Nova	1415 W Main St	Norman	07/25/17
Santa Fe Donuts	1060 SW 4th St #240	Moore	07/26/17
Lincoln Elementary	915 Classen Blvd	Norman	08/02/17
NNHS Coffee Bar	1809 Stubbeman	Norman	08/03/17
NHS Coffee Bar	911 W Main	Norman	08/03/17
The Baked Bear	731 Asp Ave Suite B	Norman	08/07/17
Taco Casa	500 SW 19th St	Moore	08/09/17
Sisters Mediterranean Taste	1400 12th Ave SE Suite 312	Norman	08/10/17
Rusty's Custard Factory	301 E Main St	Norman	08/14/17
Chuckwagon OKC	908 SE 8th St	Moore	08/14/17
Peaceful Portions	10520 US Hwy 77	Lexington	08/15/17
Freezing Cow	320 SE 12th Ave Suite 106	Norman	08/18/17
Frosty's Rolled Ice Cream	321 White Street	Norman	08/18/17
Thirsty's Pop Stop	3700 W Tecumseh Rd #2302	Norman	08/21/17
The Sweet Life	2817 NW 32nd	Newcastle	08/24/17
Del Taco	110 12th Ave NE	Norman	08/24/17
Lazy Circles Brewing	422 E Main St	Norman	08/29/17
KT's Smokehouse	8329 N Council	Blanchard	08/30/17
Chixs & Styxs	529 Buchanan Ave	Norman	08/30/17

## **Health Education Report**

Cleveland County Board of Health Meeting  
September 26, 2017

### **CC YMCA CATCH Program**

- The Cleveland County YMCA continues to incorporate some of the games and lessons from CATCH in their community summer initiatives.

### **CCTP- CC Healthy Living Program**

- The TSET HLP grantees will be partnering with CCHD health educators to host several Certified Healthy Oklahoma application days around the county. Staff will be on site to help organizations walk through the application process.

### **Cleveland County Obesity Workgroup**

- The workgroup will resume meeting on October 19<sup>th</sup> and will begin planning initiatives for 2018.

### **Cleveland County Substance Abuse Workgroup**

- The OU SW Prevention Center continues to partner with local law enforcement and other agencies to provide Naloxone trainings in the county.

### **Cleveland County Mental Health Workgroup**

- OU's Psychology Doctoral program is closing which would impact the community in regards to providing students to the counseling they need, as well as allowing current doctoral student's a place to finish out their practicums once the clinic closes with it. The workgroup members have identified this as having a major negative effect on the community and its ability to serve OU students and will draft a letter to OU encouraging them not to close.

### **Cleveland County Child Health Workgroup**

- The workgroup continues to promote the Uber Pilot program to help eliminate barriers for access to care in the Norman area.
- The workgroup had a great turnout at the Back to School Bash they hosted in conjunction with Alameda Church of Christ and the East Side Business Association.

### **CCTP-Healthy Noble Partnership**

- The Healthy Noble Partnership held their annual BEAR event on September 23<sup>rd</sup> in Kenneth King Park in Noble. CCHD Health Educators hosted a car seat check event in conjunction.

### **Cleveland County Health Department**

- CCHD has partnered with VI to launch a social marketing campaign promoting our family planning services. The campaign launched in August, we should be getting quarterly updates on that data.
- Tara Douglas has been asked to sit on United Way's Health Advisory Council once again for the fiscal year. She will help the council determine common health outcomes for local nonprofits to work towards.
- CCHD recently met with the local OJA girl's facility to brainstorm ways in which we can partner to serve their residents. The Health Educators will create a series of health education curriculum addressing teen pregnancy prevention, consent, healthy relationships, self-esteem, etc. CCHD nurse practitioners will partner to help provide sexual health education.
- Christy Emig and Tara Douglas were recently interviewed by cumulus radio stations to promote Open Streets Moore and discuss active transportation. The 15 minute segment will continue to air on all 7 of their radio stations every Sunday morning at 7 for the month of September.
- Moore held its first ever Open Streets event on Sunday, September 24<sup>th</sup> at Old Town from 12:30-3:30.

<b>Trainings</b>	<b>Location</b>	<b>Date</b>
Opioid Epidemic Panel	OKC	July 19 <sup>th</sup>
Cultural Competency	CCHD	July 28 <sup>th</sup>
WSSC Child Health Model Training	CCHD	August 1 <sup>st</sup>
Denver Prevention Network Syphilis Training	Webinar	August 23 <sup>rd</sup>
OK Turning Point Conference	Norman	August 30, 31 <sup>st</sup>
<b>Health Promotion</b>	<b>Location</b>	<b>Date</b>
AST Tribal Health Fair	Little Axe	July 14 <sup>th</sup>
MHFA Training for CCHD staff	CCHD	July 21 <sup>st</sup>
First Steps Men's Facility "Tobacco Cessation" class	OKC	July 24 <sup>th</sup>
CATCH at Irving Summer Program	Norman	August 2 <sup>nd</sup>
Alameda Back to School Bash	Norman	August 5 <sup>th</sup>
MNTC Employee Health Fair	Norman	August 10 <sup>th</sup>
Tobacco Prevention class at Terra Verde Discovery School	Norman	September 8 <sup>th</sup>
BEAR Event	Noble	September 23 <sup>rd</sup>
Open Streets Moore	Moore	September 24 <sup>th</sup>

### Dental Health Education

<b>Dental Clinic</b>	<b>Total</b>
Patients Seen	28
Restoration/Fillings/SDF	32
Cleanings/Scalings	16
X-Rays/Sealants/Exams	62
Fluoride Treatments	12
Miscellaneous (Consults, Oral Hygiene Instructions, Rx, etc)	38
<b>Total Procedures</b>	<b>160</b>



## Nursing Services Cleveland County Board of Health September 26, 2017

**STAFFING:** Good News: We were allowed to fill an RN position and it was placed in Moore. We selected Kylie Blough, RN and she started last Monday, September 18. We have also hired 2 Breastfeeding Peer Counselors in Moore, so now all we are missing is one RN position.

Unfortunately, we had to lose a position in Norman to get that RN in Moore, but we had to assess the greater need.

**CLINICS:** As you can tell from our Clinic Report, our clinics spiked (as usual), during the month of August. Family Planning numbers have increased, immunizations increased, and STD numbers continue to grow. Even though we have added a nurse in Moore, the need is so great in both county offices, we have started making appointments for STDs. We have to limit those to 10-15 per day, taking appointments only the day before or same day. It has actually gone quite well, but we continue to see a large number of clients from OK County. There has also been a push to increase our WIC caseload, so that was also a factor in making appointments for STDs.

**COMMUNICABLE DISEASE:** Enclosed in your packet is an article from the NY Times reporter that came to research the latest Syphilis outbreak in OK County. And as I've said before, this is starting to sprinkle into Cleveland County. The nurses now have orders to check for Ocular-Neuro Syphilis, which has been discovered to be present in ALL stages of Syphilis, not just the latent stages.

<https://www.nytimes.com/2017/08/24/health/syphilis-std-united-states.html>



# Hunting a Killer: Sex, Drugs and the Return of Syphilis

Outbreaks of a deadly, sexually transmitted disease confound health officials, whose obstacles include drug shortages, uneducated doctors and gangs.

By JAN HOFFMAN AUG. 24, 2017

OKLAHOMA CITY — For months, health officials in this socially conservative state capital have been staggered by a fast-spreading outbreak of a disease that, for nearly two decades, was considered all but extinguished.

Syphilis, the deadly sexually transmitted infection that can lead to blindness, paralysis and dementia, is returning here and around the country, another consequence of the heroin and methamphetamine epidemics, as users trade sex for drugs.

To locate possible patients and draw their blood for testing, Oklahoma's syphilis detectives have been knocking on doors in dilapidated apartment complexes and dingy motels, driving down lonely rural roads and interviewing prison inmates. Syphilis has led them to members of 17 gangs; to drug dealers; to prostitutes, pimps and johns; and to their spouses and lovers, all caught in the disease's undertow.

"Syphilis doesn't sleep for anyone," said Portia King, a veteran Oklahoma state health investigator. "We have 200 open cases of sex partners we're looking for. And the spread is migrating out of the city."

It took months for investigators to realize Oklahoma City had a syphilis outbreak. Last fall, the juvenile detention center reported three cases — a boy and two girls, the youngest, 14. The center had never had a syphilis case in seven years of testing for it.

Investigators were mystified: The teenagers did not know each other, live in the same neighborhood or attend the same school.

Then, in February, a prison inmate tested positive. In interviews, he listed 24 sex partners — some his own, others the so-called pass-around girls for gangs, usually in exchange for heroin or methamphetamine. Contact information from the Entertainment Manager, as he called himself, pointed the way to a syphilis spread that, by March, led health officials to declare an outbreak, one of the largest in the country.

Although syphilis still mostly afflicts gay and bisexual men who are African-American or Hispanic, in Oklahoma and nationwide, rates are rising among white women and their infants. Nearly five times as many babies across the country are born with syphilis as with H.I.V.

Syphilis is devilishly difficult to contain, but may be even more so now. Because most doctors haven't seen a case since the late 1990s, they often misdiagnose it. The cumbersome two-step lab test is antiquated. Although syphilis can be cured with an injection, there has been a shortage of the antibiotic, made only by Pfizer, for over a year.

And funding for clinics dedicated to preventing sexually transmitted diseases is down. In 2012, half of state programs that address sexually transmitted infections experienced reductions; funding has largely stayed flat since then. The Trump administration has proposed a 17 percent cut to the federal prevention budget.

Nearly 24,000 cases of early-stage syphilis, when the disease is most contagious, were reported in the United States in 2015, the most recent data. That was a 19 percent rise over the previous year. The total for 2015, including those with later-stage disease, was nearly 75,000, according to the Centers for Disease Control and Prevention.

The way to shut down an outbreak is to locate all the sex partners of people who are infected and persuade them to get tested, treated and disclose other partners. That task has fallen on a handful of the health department's disease intervention specialists.

This most recent wave of infections, spread through gang networks and prostitution rings, has made their jobs not only difficult but also dangerous.

## Danger and Determination

Erinn Williams, the lead field investigator for the Oklahoma City outbreak, drove slowly down a one-lane gravel road curtained by overgrowth and bristling with barbed wire and "No Trespassing" signs.

Ms. Williams, 39, life-seasoned by an Alaska upbringing, Air Force training and two small daughters, usually makes these visits alone. She keeps her baby's car seat in the back, to allay suspicions that she may be an undercover police officer.

"What you do is your business," she tells the wary. "I'm here because I care about your health."

She is accustomed to stopping by houses with locks punched out; to being warned off by drug dealers; to wearing comfortable shoes, the better to run away in.

She pulled up to a clearing. Across a ragged lawn, she could see a battered blue trailer surrounded by pickup trucks and a stand of trees. Access was blocked by an iron fence, monitored by video cameras.

Ms. Williams pushed a call button. "Hi, I'm here from the health department. Can I talk to you? I have some news."

A young woman hesitantly crossed the grass. For months she had avoided health workers. Once, an investigator spotted her slipping in through a side entrance to her mother's house; at the front door, the mother denied that her daughter was there.

Fresh-faced, her blonde hair in a ponytail, the woman looked healthier than most people Ms. Williams visits, with their grayish skin, abscesses and mottled veins.

Ms. Williams was gentle but direct: “Your blood test results came back. It’s positive for syphilis.”

The woman buried her face in her hands. “I’m so embarrassed,” she sobbed. (Bound by confidentiality rules, Ms. Williams did not disclose her name.)

“Is that why my baby died?” she asked.

Ms. Williams nodded affirmatively.

“Can my kid get it? We sometimes share the same glass.”

No, Ms. Williams said. Just your sexual partners.

The woman insisted she had slept with only two men that year — her boyfriend and her ex, the father of the baby who had died.

Ms. Williams, who knew the woman’s Facebook page revealed many friends in a gang central to the outbreak, asked her to think carefully about whether there were more. We never reveal your name, she said, just as we cannot tell you who gave us yours.

The woman shook her head.

It was time to coax the woman into treatment. Just an injection and you will almost certainly be cured, Ms. Williams said, offering to drive her to the clinic. Her boyfriend too, Ms. Williams added.

He wasn’t around, the woman said, but she promised they would be there in the morning.

Are you sure you don’t want to go now? Ms. Williams asked.

Again, the woman shook her head.

Reluctantly, Ms. Williams got in her car and drove away.

## An Elusive Killer

Syphilis, caused by bacteria, has been well known for centuries, chronicled as a scourge since at least the 1400s.

In 1932, the United States government began the ignominious “Tuskegee Study of Untreated Syphilis in the Negro Male” to observe the progress of the disease in black Alabama sharecroppers. Although penicillin had become accepted as the cure by 1945, Tuskegee researchers left the men untreated until 1972, when the study was shut down.

By then, largely because of treatment and public education, syphilis was disappearing. A generation of physicians rarely learned to recognize it firsthand.

But with the AIDS epidemic, syphilis surged, peaking around 1990. It was most common — and still is — among men who had sex with men, often those whose H.I.V. status made them vulnerable to other sexually transmitted infections.

Once again, public health campaigns sent syphilis into retreat. By 2000, only 5,970 cases were reported in the United States, the lowest since 1941, when reporting became mandatory.

But in the last few years, it has crept back.

Here in Oklahoma City, 199 cases have been connected so far this year. More than half the patients are white and female. The youngest girl is 14; the oldest man, 61. Three stillbirths have been attributed to syphilis and 13 of the infected were pregnant women.

Rare permutations are now more common. Ocular syphilis, which can strike at any stage of infection, often appears as blurred vision and reddened eyes. Congenital syphilis can cause deformed bones in newborns.

Many people never suspect they have the disease. Early symptoms, including genital lesions and, later, rashes on palms and soles, have led patients and health

care providers to mistake it for herpes or allergic reactions. The disease can lie dormant for decades and then affect the liver, joints, blood vessels.

Once people are treated, though cured, they will almost always test positive. It is difficult to know whether a positive result indicates a new infection. After transmission, the bacteria may take three months to register. Those who test negative may have the disease.

This spring the Centers for Disease Control and Prevention called for educating doctors and nurses about symptoms, testing pregnant women considered at risk and developing a better diagnostic test.

The cure for syphilis — usually two injections of Bicillin L-A, a type of penicillin — is relatively simple. But supplies have dwindled. Recently in Oklahoma, there were only seven doses statewide. Pfizer announced that stockpiles would be replenished by the end of 2017.

Dr. Vivian L. Wilson is medical director for eight community health clinics. In 37 years of practice, she has seen perhaps two cases of syphilis. But as a black Alabamian, she knows well the Tuskegee legacy. Though she appreciated a recent refresher course the state provided for staff members, the standard education materials, she noted, are severely outmoded.

“All the photographs still show patients who are Afro-American men,” Dr. Wilson said. “What message does that send?”

## Watching the Detectives

After several months, dispirited Oklahoma investigators acknowledged that old-school tactics for locating contacts, like knocking on doors and cold-calling, were not very effective. Many people they sought are transient and use disposable phones.

“But they want to stay connected to their friends and their drugs,” said Ms. King, a supervising investigator. “So they’re all on Facebook. That’s where we’re finding them.”

Through Facebook, investigators memorize faces and gang tattoos, and follow the flare-ups and flameouts of relationships. As gang members and dealers post partying plans, the sleuths determine where to point their investigation. They send potential patients messages through Facebook.

Ms. Williams's team realized they were tracking a spread that reached back to last summer, involved members and associates of 17 gangs, and had infected young people from stable backgrounds who had used prescription opioids, then heroin. Patients often had symptoms that were a signature of this outbreak: weeping genital warts, called condylomata lata; patchy hair loss; and mucosal oozes inside the mouth.

The office created a chart of the outbreak, coded with symbols. Diamond: drug user. Blue heart: pregnant. Strawberry: prostitute.

They have come to understand why more than half of this outbreak's victims are women: "The men give up the women's names," Ms. King said. "But the women are too loyal or afraid to give up the men."

But recently investigators persuaded a gang leader to text members, ordering them to contact Ms. Williams.

Every day, the team checks arrest reports for people they are seeking. Chloe Hickman interviews inmates. Wearing glasses and no makeup, inclined toward modest cardigans, she doesn't come across as someone who chats up gang members about their sex lives.

"I don't cuss in my real life," she said. "But in the jail, I flirt. I wear tight pants, a low-cut top and I use the F-word.

"Most of them don't know what syphilis is. When I say it's curable, they relax. And they'll give me names."

Usually such efforts lead to sagas of unrelenting grimness: mothers who prostitute daughters, and men who forcibly inject runaways with drugs to hook them, a practice known as guerrilla pimping.

Acquaintances of the investigators often dismiss their work as disgusting. For support, the women call each other daily, to laugh and vent.

Ms. Williams, on the job for eight years, said it gets to her, but she cannot let it go. “I remind myself that I’m not trying to fix all their problems,” she said. “Just one.”

## Maybe Next Time

By 10 o’clock the next morning, Ms. Williams had arranged to pick up one person for treatment, been stood up by another and was texting with a man who refused her offer of a blood draw, claiming that needles made him anxious. She had driven a woman to the clinic, after waiting outside her house as, apparently, the woman was getting high on meth.

Now at the clinic, the woman seemed to have fled. Ms. Williams and nurses ran through hallways, looking for her.

One victory: The woman from the trailer was in the waiting room. But she was alone. In the parking lot, her boyfriend sat out the appointment in his pickup truck, motor idling. He would not come inside for treatment.

He would almost certainly reinfect his girlfriend. And Ms. Williams would have to persuade her to be tested and treated, yet again.

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A version of this article appears in print on August 25, 2017, on Page A1 of the New York edition with the headline: Struggle to Hunt Elusive Killer As Syphilis Surges Across Nation.



# Cleveland County Health Department

## Monthly Clinical Activity, 2017

### Cleveland County

SERVICE/PROGRAM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
<b>Child Health</b>	111	91	327	312	288	191	138	202					1660
Adult Health(wt.recheck,Hgb)	37	37	88	91	87	86	76	55					557
Dysplasia Follow-up	11	16	16	23	16	10	10	19					121
<b>Communicable Disease</b>	136	143	104	152	98	40	32	74					779
Head Checks	120	132	89	142	80	28	24	59					674
Rashes	0	0	0	0	0	0	0	0					0
Disease Investigations	16	11	15	10	18	12	8	15					105
<b>Family Planning</b>	808	686	810	657	739	784	725	832					6041
Annual Exam	324	247	327	256	277	316	308	350					2405
Contraceptive Follow-Up	123	132	122	87	149	127	113	124					977
Depo Only	125	96	124	114	99	132	103	120					913
Early Start	1	2	2	0	1	0	0	0					6
Emergency Contraception	13	23	16	18	17	17	14	26					144
Pregnancy Tests	103	86	92	81	101	76	74	73					686
Problem F/U	112	96	124	93	92	108	106	128					859
Misc.(supplies/transfer-in/results	7	4	3	8	3	8	7	11					51
<b>STD</b>	342	352	410	348	382	362	384	409					2989
<b>Tuberculosis</b>	67	55	75	76	120	88	89	98					668
PPD	15	10	9	14	25	10	11	16					110
Readings	10	13	15	20	27	22	7	27					141
Follow Up	24	14	37	29	49	44	57	40					294
Medications	15	14	13	11	15	9	8	11					96
CXR	3	4	1	2	4	3	6	4					27
<b>Immunizations (OSIS)</b>													
<b>Clients Seen</b>	490	479	512	375	361	368	499	958					4042
Doses of Vaccine given	1008	989	1090	801	720	717	1031	1951					8307
<b>WIC – Caseload (@ EOM)</b>	3703	3676	3812	3802	3900	3919	3912	3790					avg 3814
<b>Certifications/Re-certification</b>	736	713	869	735	765	767	688	719					5992
f/u- wt.ck, pkg.change, breast pump	87	90	106	89	111	99	73	94					749
<b>Nutrition Education</b>	299	218	258	230	296	179	232	215					1927
<b>TOTAL Clients Seen</b>	3124	2880	3575	3088	3263	3287	2946	3675					<b>25838</b>
Online Nutrition Ed	598	510	448	462	414	549	651	436					4068
TB - PT	32	25	27	33	34	42	45	44					
TB - DOT	7	6	3	5	5	4	4	4					
TB Pending	12	14	13	13	12	10	18	10					
BFPC	105	105	53	71	83	87	71	45					620

## CLEVELAND COUNTY BOARD OF HEALTH MEETING

*September 26, 2017*

### **SOONERSTART PROGRAM REPORT**

#### **SoonerStart Caseload August 31, 2017 (previous month in parentheses)**

	Aug.	July	Breakdown by County;	
Referrals	64	(69)	Cleveland	250
Eligible	25	(20)	Garvin	24
Ineligible	13	(7)	McClain	31
Exiting Program	28	(18)	Other Counties	5
Total Active Clients	305	(298)	Total	310

#### **SoonerStart Update:**

- **Program Update-** The Sooner Start staff has continued to be busy over the past couple of months, with our over-all case load up to 305 at the end of August, with 229 clients on an IFSP and receiving services. We are still able to process new referrals in a timely manner and are able to schedule them for an evaluation often times within two weeks. The Department of Education has hired a new Resource Coordinator that will start on September 11<sup>th</sup> she will be working with the Moore Public Schools transitioning clients from SoonerStart to the school system. The position that she is filling has been vacant for two years.
- **Staffing-** One of our Speech Pathologist has been off since the first of July due to a surgery but is expected back in September. We continue to have two vacancies, our Occupational Therapist III and the Speech Pathologist I are still posted. We plan to request the applicant list on the first of September in hopes of interviewing to fill the vacancies.
- **Early Foundations-** We have selected the new students for the Early Foundations Program, we have the capability to have six children enrolled when fully staffed with teaching assistance. Three children have transitioned in to the public school system when the new school year started. The Early Foundations coordinator is pregnant and will delivery next spring so we are starting to make plans for while she is off with her new baby for a few weeks
- **Trainings-** All of our Speech Language Therapist attended video-conference training on working with hearing impaired children. I attended a two day training in Tulsa with the Oklahoma Medical Reserve Corps discussing emergency response and shelter operations as well as animal rescue and sheltering.

**Cleveland County Board of Health  
Administrator's Report  
September 26, 2017**

**1. Personnel**

- a. Vacancies: 8.5 Active FTEs
  - Sooner Start: 2 (recruiting 1 SLP; interviewing OT III)
  - Clerical: 3 (3-AT Norman awaiting approvals)
  - Environmental (1 PHS awaiting approvals)
  - Nursing 2.5 (.5-BFPC Moore interviewing; 1 Moore RN Clinic awaiting approval; 1 Norman C1 Supervisor awaiting approval)

**2. Operations**

- a. State Budget – Cutbacks continue.
- b. Immunizations – Insurance Reimbursement/reconciliation project update.
- c. Phone system replacement for Norman – completing installation.
- d. Parking lot resurfacing in Moore – obtaining quotes.

**3. Strategic Plan Update**

## Strategic Planning – Priorities

1. Social Marketing – *Visual Image Marketing and Branding – Facebook, Twitter*
  - Twitter: @CleCountyHealth
  - Facebook: Managed by VI
  - Caring4Tomorrow Campaign
    - a. Open Streets/Child Festival – New Contract pending.
    - b. County Connections - NTR
    - c. Farmer’s Market\* - Bus Wraps, Social Media...In place
2. Veteran’s Navigator – *NTR*
3. Dental Screening – *Fluoride Varnishing/Dental Education*
4. Community Kitchen – *No Update*
5. Diabetes/Heart Disease Prevention – *No Update*
6. Reach Out & Read/Growing Like a Read – *GLAR Pilot continue – ROR through Guidance program*
7. Health Smart Curriculum – *No Update*
8. Health Fair – Standard Package – *Grows as needed.*
9. Electronic Billboard – *Up... running*

