

LAPORTE COUNTY HEALTH DEPARTMENT



2007 ANNUAL REPORT

APRIL 2008

Charles T. Janovsky, MD, Health Officer

Paul E. Trost, Administrator

Nancy L. Meehan, Administrative Assistant/LaPorte Office Manager

Lana Buckles, Chief Sanitarian/Michigan City Branch Manager

Tony Mancuso, Environmental Supervisor

Joanne Hardacker, RN, Nursing Supervisor



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EXECUTIVE SUMMARY OF 2007

The LaPorte County Health Department has long served as the leader of Public Health in LaPorte County. In 2007 we celebrated 40 years as the local health department constituted in its present form. Under the umbrella of the Board of Health and continual support from the LaPorte Board of County Commissioners and the LaPorte County Council we have served our citizens well. The experience and professionalism of the administration and dedicated staff continues to bode well for the outreach of the department.

The Health Officer, Charles T. Janovsky, MD, a respected family physician in Michigan City leads a management team consisting of; Paul E. Trost, Administrator; Nancy L. Meehan, Administrative Assistant/Office Manager; Lana Buckles, Chief Sanitarian/Michigan City Branch Manager; Tony Mancuso, Environmental Supervisor; and Joanne Hardacker, RN, Nursing Supervisor. This Management Team has a combined experience of 110 years in their field and 88 years in public health. The balance of the staff of 23 employees has a combined public health experience of over 200 years. The department regularly employs college interns for summer help which not only serves as a resource but as an excellent training ground for the public health network.

The department has its main office in LaPorte with a branch office in Michigan City. All department services, except administration, are represented in each office.

Vital records recorded 781 births at LaPorte Hospital, 683 births at St. Anthony's Memorial in Michigan City and 3 home births registered by the Health Department. Of the total 1461 births there were 712 females and 755 males. We recorded 1033 deaths in all of LaPorte County. We had a net growth (birth – death) of 434 for the county as a whole. All birth and death reports are submitted to the ISDH per their requirements.

The food inspection division follows an inspection time table that gives addition weight to the critical food categories. Full restaurants are inspected 4 times per year and lesser critical applications may be inspected as few as 2 times per year. There are 500 retail establishments in the county that were inspected 1006 times. They investigated 62 complaints and temporarily closed 2 establishments. They participate in 69 food recalls issued by ISDH. The Coney sauce recall in August was very extensive and because of our thoroughness, our staff was singled out by the ISDH as exemplary and Ms. Lana Buckles received a special commendation for the work done. A half-time sanitarian was added to the staff to improve quality of inspections, consumer education and improve establishment compliance.

The Environmental section had fewer septic permits issued. This was attributed to the slowing of the home construction industry. Complaints followed a normal path and we had several new swimming pool permitted. Swimming pool inspections were increased from 2 to 4 times per year. The environmental division participated in the development of two new county wide ordinances which will regulate Confined Feeding Operations (CAFO) and an ordinance regulating Outdoor Wood Boilers (OWB). The Health Department registered 120 existing OWB units and was charged with the enforcement of the nuisance portion of the ordinance. The environmental Staff attended numerous training sessions and obtained certification in Category 8 pesticide application, lead risk assessment, lead inspection, pool operation, septic design and inspection, and visible emission evaluations.

In the nursing section we again observed a rise in the number of immunizations delivered by the staff a rise from 11337 in 2006 to 13954 in 2007 for which we received an award from the ISDH for reaching over 95% on the annual immunization assessment. We again participated in the issuance of seasonal flu vaccine to the county home, indigents, county employees and the remainder to general public. We participated in the general discussion and issuance of advice on several high profile MERSA cases. One case involved the un-advised closing of a major retail clothing store. We ended 2007 with 3 tuberculosis cases.

The department served the community well with a controlled budget and dedicated staff. We worked well with other community stakeholders and continued to be held in high regard by the citizens of LaPorte County.

April 2008,

Charles T. Janovsky MD
Health Officer

Paul E. Trost
Administrator

LAPORTE COUNTY HEALTH DEPARTMENT GOALS

The LaPorte County Health Department celebrated its 40th year as it is currently constituted. During this time a steady growth has ensued likewise the community we serve has gone through a steady growth as well as a change in need. Many of the goals of the department are a continuation of the services of the department as prescribed by county and state law, others are because a response to the changes in the needs of LaPorte County. In making this report the Indiana State Department of Health (ISDH) has requested that we include commentary about meeting the Ten (10) Essential Public Health Needs. Those needs are printed here for reference.

The 10 Essential Public Health Services are:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Goals For 2007

Administration,

Continue the development of the Emergency Preparedness Program and participate in the development of overall county policies. Lead the community in Pandemic Influenza Preparedness. (Essential Public Health Services 1, 3, 5, 6, 9)

Vital Records

Institute new birth records program and timely submit all birth and death reports to ISDH (Essential Public Health Services 1, 3, 5, 7)

Food Protection

The staff will cross-train in the vital records division and train the nursing staff in food borne illness investigation in the event of an emergency.

The Chief Sanitarian will be standardized by the Indiana State Department of Health. Educational food safety pamphlets will be developed and in-services given to schools

and other non-profit organizations, convenience store owners and processing plant manufacturers. (Essential Public Health Services # 3, 4, 6, 7, 8, 10)

Environment

The environmental health section will help develop and implement the County's Confinement Animal Feeding Operation (CAFO) and Outdoor Wood Boilers Ordinance (OWB). The environmental health section will significantly update the web site to ensure the best available information is provided concerning environmental health issues. The environmental section will have staff members that are Certified in the following areas: Lead Risk Assessment, Lead Inspector, Category 8 Registered Technician, Licensed Community-Wide Pesticide Applicator, Certificated Pool Operators and certified to design and inspect the Presby septic system. (Essential Public Health Services 1, 2, 3, 5, 6, 10)

Nursing

The nursing department goals of 2007 were focused on continuing to strengthen already established partnerships to enhance the delivery of medical services to the community. The nursing section will promote awareness of a possible influenza pandemic. (Essential Public Health Services 1, 3, 4, 5, 7, 9)

Goals For 2008

Administration,

Will attempt to continue the Emergency Preparedness Program in spite of reduced funding from ISDH. Participate in the development of overall county policies in an attempt to continue services with anticipated loss in property tax revenue. Lead the community in Pandemic Influenza Preparedness. (Essential Public Health Services 1, 3, 4, 5, 7, 8)

Vital Records

Institute new death certificate program and timely submit all birth and death reports to ISDH (Essential Public Health Services 1, 3, 5, 7)

Food Protection

Improve the Food Protection Division website to include more educational materials as well as more current, up-to-date information regarding recalled food products and emergency notifications. (Essential Public Health Services # 3, 7, 10)
Provide the Indiana State Department of Health's Retail Food Sanitation Requirements, Title 410 IAC 7-24 and the local county ordinance on compact disc for those individuals that may not have access to the internet or for those who would prefer the code in a different format. (Essential Public Health Services # 3, 5, 10)

Strive to have all food protection staff obtain credentialing through the National Environmental Health Association and acquire the required continuing education units to maintain the credential. (Essential Public Health Services # 3, 8)

Update departmental policy and procedures as they pertain to inspections, recall procedures, enforcement actions and complaint investigations. (Essential Public Health Services # 5, 6, 8, 10)

Obtain all pertinent contact information to assist in forwarding all recall information in a quick and efficient manner. (Essential Public Health Services # 2, 3)

Work with the county Global Information Systems Coordinator on establishing retail food establishment information in the GIS System. (Essential Public Health Services # 1, 2, 3, 4, 5, 6, 10)

Environment

Implement contractor registration for Septic System installers and Well Drillers.

Develop a county well driller and ground water protection program for LaPorte County.

GPS & map all new and repair septic systems installed.

Reassess all programs to determine how to streamline our work, improve our efficiency, and continue to provide as many high quality services as possible.

Develop and implement a lead poisoning prevention program.

Certify Water Laboratory with the State of Indiana for Chemistry Analysis

Visit area laboratories to evaluate their current procedures and techniques and compare them to our own.

Continue to research and evaluate new and improved tests and equipment we could utilize in our water laboratory.

Continue to educate our community on safe water issues and their roles in protecting their families. (Essential Public Health Services 1, 2, 3, 5, 6, 10)

Nursing

In 2008, the primary goal is to establish a formal partnership with the local Hispanic community organization, El Puente, to enhance the delivery of department services not being utilized by the Spanish speaking community. (Essential Public Health Services 1, 3, 4, 5, 7, 9)

**LAPORTE COUNTY
HEALTH DEPARTMENT**



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LAPORTE COUNTY OFFICERS

LAPORTE COUNTY BOARD OF COMMISSIONERS

Barbara Huston, President	Jan 2005—Dec 2008
William Hager, Vice President	Jan 2005—Dec 2008
Michael Bohacek	Jan 2007—Dec 2010

LAPORTE COUNTY COUNCIL

Jerry Cooley, President	Jan 2005—Dec 2008
Earl Cunningham	Jan 2007—Dec 2010
Terry Garner	Jan 2007—Dec 2010
John Jones	Jan 2005—Dec 2008
Mark Ludlow	Jan 2005—Dec 2008
Richard Mrozinski	Jan 2007—Dec 2010
Mark Yagelski	Jan 2007—Dec 2010

LAPORTE COUNTY BOARD OF HEALTH

Michael Sandy, Chairperson	Jan 2007—Dec 2010
Amarnath Agrawal, MD	Jan 2005—Dec 2008
Rakesh Gupta, MD	Jan 2006—Dec 2009
Michael Jones	Jan 2004—Dec 2007
Doretha Sanders	Jan 2004—Dec 2007
J. Willard Simcox	Jan 2005—Dec 2008
Sherry Waters	Jan 2006—Dec 2009

LAPORTE COUNTY HEALTH OFFICER

Charles T. Janovsky, MD	Jan 2006—Dec 2009
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HEALTH DEPARTMENT ADMINISTRATOR

Paul E. Trost

HEALTH DEPARTMENT ATTORNEY

Shaw Friedman

HEALTH DEPARTMENT ADMINISTRATION

Charles T. Janovsky, MD, Health Officer
 Paul E. Trost, Administrator
 Nancy L. Meehan, Administrative Assistant/LaPorte Office Manager
 Lana Buckles, Chief Sanitarian/Michigan City Branch Manager
 Joanne Hardacker, RN, Nursing Supervisor
 Tony Mancuso, Environmental Supervisor

STAFF MEMBERS

Mary Allen, Vital Records Registrar
 Michelle Bealor, Environmental Health Services Secretary
 Julie Davies Downie, Vital Records Secretary
 Cynthia Ebert, Laboratorian
 Judy Erow, RN, Public Health Nurse
 Linda Fike, Environmental Health Services Secretary
 Kristen Gayheart, Vital Record Secretary
 Debra Holtzlander, Part-time Public Health Nurse
 Cheri Johnston, Food Environmentalist
 Ken Johnston, Emergency Preparedness Coordinator
 Amanda Keane, Environmental Health Specialist
 Ann Klute, Environmental Planner/Health Educator
 Marcia Metzcus, RN, Part-time Public Health Nurse
 Patty Nocek, Environmental/Food Health Specialist
 Kimberly Rebich, RN, Public Health Nurse
 Debra Shelley, RN, Public Health Nurse
 Jennifer Smith, RN, Public Health Nurse
 Josephine Spicka, RN, Part-time Public Health Nurse
 Jayme Staggers, Vital Records Registrar
 Amy Tarnow, RN, Public Health Nurse
 Doris Wallace, Nursing Section Secretary
 Julie Wolf, Environmental Health Specialist
 Patricia Wozniak, Food Environmentalist

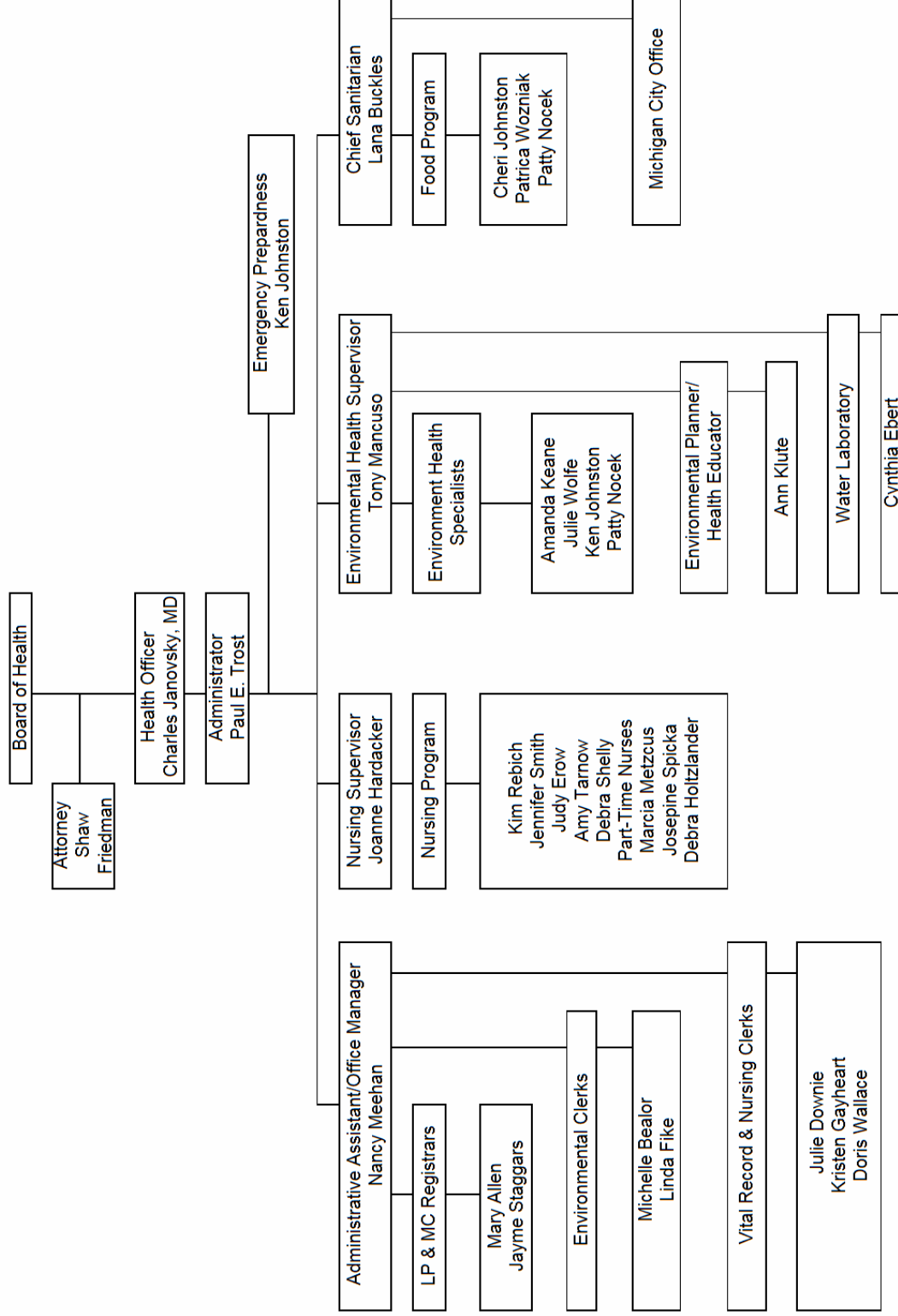
FORMER 2007 STAFF MEMBERS

Daniel Keane, Environmental Health Specialist

INTERNS

Gretchen Geyer, Intern
 Karlee Lawson, Intern
 Lee Merrill, Intern
 Krista Parks, Intern
 Sara Rosenbaum, Intern

Organizational Chart of the "LaPorte County Health Department"



HEALTH DEPARTMENT OPERATION

HEALTH BOARD: The LaPorte County Board of Health consists of seven (7) members who serve four-year terms on a staggered basis and are appointed by the LaPorte County Board of Commissioners. The Health Board elects its own officers each year. Michael Sandy was the President and Michael Jones the Vice-President of the Health Board for 2007.

HEALTH OFFICER: The Health Officer serves a four-year term in a part-time capacity and is appointed by the Board of Health. In 2005 Dr. Charles T. Janovsky was reappointed by the Health Board to serve a second term, 2006 thru 2009.

ADMINISTRATOR: The Administrator of the LaPorte County Health Department manages the daily operations of the Health Department and is appointed by the Board of Health. The current administrator is Mr. Paul E. Trost and he has served in this position since June of 2002.

STAFF: In 2007 the LaPorte County Health Department operated with a staff of 25 full-time employees, 3 part-time employees, and 5 interns.

DEPARTMENTS: The Health Department has seven sections that provide various services to the LaPorte County area. The following is a brief description of each section.

VITAL RECORDS: Vital Records sections are located in both offices. This section issues and maintains birth and death records dating back to 1882 for persons who were born or died in LaPorte County. The section also does genealogy searches and maintains animal bite reports.

NURSING SERVICES: Located in both offices, our Nursing section offers immunizations, communicable disease control and investigation, lead screening, pregnancy testing and counseling, tuberculosis testing and counseling, blood profile screenings, HIV/AIDS testing and counseling, and some travel immunizations. The section also provides STD testing and counseling in conjunction with the Franklin Clinic in Michigan City and the Community Health Center in LaPorte.

ON-SITE SEWAGE SYSTEM (OSS): The OSS Section is located in the LaPorte office and issues septic permits for new construction and for repairs to older septic systems. The section also investigates complaints regarding failed septic systems.

WATER LABORATORY: The Water Laboratory is located in the LaPorte office and tests water samples from drinking water sources, surface water sources including area bathing beaches, public swimming pools, spas, and whirlpools. The following tests are offered on water samples: Total Coliform with E. coli confirmation, E. coli (for surface water), lead, nitrate, nitrite, iron, phosphorus, and suspended solids.

ENVIRONMENTAL: The Environmental section is located in the LaPorte Office. This section investigates complaints and advises residents on a variety of topics such as substandard housing, rodent/vector infestation and harborage, open burning, trash and garbage, unsanitary living conditions and hazardous waste. The section also inspects and issues permits for public and semi-public pools and spas.

FOOD: The Food Section is located in the Michigan City office. The Food section inspects and issues permits to food vendors such as restaurants, grocery stores, convenience stores, and mobile and temporary food vendors. The section also investigates food-related complaints and conducts food sanitation classes.

EMERGENCY PREPAREDNESS: Located in the LaPorte Office this grant funded the position of Emergency Preparedness Coordinator, who is charged with the responsibility of developing plans for all types of health emergencies and to coordinate this activity with all other community, district and state agencies.

Main Office 809 State Street, Suite 401A La Porte IN 46350-3385 219-326-6808 ext 2200 219-325-8628 (fax)	LaPorte County Health Department office hours 8 a.m. to 4 p.m., Monday through Friday.	Branch Office 302 West 8th Street, Suite 3 Michigan City, IN 46360 219-874-5611 ext 7780 219-873-3018 (fax) 219-879-3177 (TB fax)
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GENERAL HEALTH FUND**219****STATEMENT OF RECIEPTS**

	2004	2005	2006	2007
Property Tax	1,621,997.90	920,711.86	828,803.14	172,085.80
Financial Instution Tax	4,405.00	3,915.00	3,277.00	4,432.00
License Excise Tax	79,206.64	83,775.98	69,734.95	70,242.71
CVET	8,970.00	8,241.54	7,286.60	9,982.12
Permits(Water, Food, Septic, etc.)	110,267.50	169,180.00	177,032.00	150,574.00
Immunizations	4,755.30	5,664.75	5,776.85	5,635.50
Birth & Death Certificates	52,275.00	87,879.00	105,629.50	102,530.75
Misc.?Reinb./Reciepts	15,327.15	7,120.24	3,507.73	2,089.75
Total Reciepts	\$1,897,204.49	\$1,286,488.37	\$1,201,047.77	\$517,572.63

STATEMENT OF EXPENDITURES**PERSONAL SERVICES**

Salaries	760,869.29	792,838.48	827,815.63	870,817.09
OASI Withheld	44,972.03	46,934.34	49,043.52	50,912.00
Medicare Withheld	10,517.60	10,976.58	11,469.89	11,907.10
County Retirement Contribution	34,695.64	37,460.34	45,594.15	50,194.45
Employee Group Insurance	98,598.00	112,590.57	152,289.49	168,684.72
Compesation - Board	2,887.50	2,100.00	2,100.00	2,520.00
Compensation - Health Officer	19,809.79	20,400.00	21,400.00	0.00
Unemployment Compensation	4,176.00	0.00	0.00	3,120.00
Total Personal Services	\$976,525.85	\$1,023,300.31	\$1,109,712.68	\$1,158,155.36

SUPPLIES

Office Supplies	9,000.20	9,972.54	7,426.95	8,904.52
Equipment (Service/Repair)	7,836.04	3,431.08	4,745.32	5,872.00
Excess levy	0.00	0.00	22,481.00	0.00
Microfilm/Phoocopy/Claims	0.00	0.00	0.00	2,222.50
Laboratory Supplies	29,546.60	30,284.01	31,536.02	32,917.25
Education Supplies	3,306.03	1,785.35	2,765.65	1,805.45
Environmental Supplies	3,510.69	3,882.21	6,807.82	8,494.02
Total Supplies	\$53,199.56	\$49,355.19	\$75,762.76	\$60,215.74

SERVICES

Professional Services - Health Officer	0.00	0.00	0.00	21,400.00
Professional Health care Services	37,610.87	37,319.49	24,509.07	35,031.97
Postage	8,386.33	8,454.39	6,049.26	7,098.28
Mileage	25,456.47	21,596.76	24,457.94	22,810.94
Telephone	3,124.36	3,350.83	4,305.19	3,531.28
Leases and Equipment	7,411.37	6,248.85	7,262.36	6,431.21
Dues & Subscriptions	0.00	0.00	649.05	987.45
Publishing/Printing	881.69	531.66	120.57	3,345.99
Education & Training	6,187.37	5,734.92	9,431.06	5,208.55
Litigation Expense	5,460.00	4,450.00	6,375.00	4,050.00
other/transfer	0.00	360.00	681.25	0.00
Total Services	\$94,518.46	\$88,046.90	\$83,840.75	\$109,895.67

CAPITOL OUTLAYS

Office Equipment	0.00	0.00	0.00	4,077.00
Security System	94,518.46	0.00	716.50	432.00
Total Capitol Outlays	\$94,518.46	\$0.00	\$716.50	\$4,509.00

TOTAL EXPENDITURES

\$1,218,762.33	\$1,160,702.40	\$1,270,032.69	\$1,332,775.77
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LOCAL HEALTH MAINTENANCE**520****STATEMENT OF RECIEPTS**

	2004	2005	2006	2007
Grant Money from ISDH	72,672.00	74,319.60	71,539.85	90,840.00
Carryover	56,570.01	73,451.24	87,095.36	106,170.97
Total Reciepts	\$129,242.01	\$147,770.84	\$158,635.21	\$197,010.97

STATEMENT OF EXPENDITURES**PERSONAL SERVICES**

Salaries	37,453.44	42,953.99	30,882.95	42,082.38
OASI Withheld	2,288.09	2,610.23	1,856.41	2,548.15
Medicare Withheld	535.15	610.41	434.12	595.93
County Retirement Contribution	1,050.24	1,566.83	1,752.89	1,419.47
Employee Group Insurance	1,181.28	3,190.48	3,768.73	4,907.60
Total Personal Services	\$42,508.20	\$50,931.94	\$38,695.10	\$51,553.53

SUPPLIES

Animal/Vector Supplies	3,868.30	4,252.99	1,327.98	1,051.62
Total Supplies	\$3,868.30	\$4,252.99	\$1,327.98	\$1,051.62

SERVICES

Mileage/Travel	1,432.26	2,937.75	3,873.92	3,855.85
Total Services	\$1,432.26	\$2,937.75	\$3,873.92	\$3,855.85

CAPITOL OUTLAYS

Office Equipment/Furniture	7,982.00	4,922.81	8,567.24	8,486.18
Total Capitol Outlays	\$7,982.00	\$4,922.81	\$8,567.24	\$8,486.18
<u>TOTAL EXPENDITURES</u>	<u>\$55,790.76</u>	<u>\$63,045.49</u>	<u>\$52,464.24</u>	<u>\$64,947.18</u>

BEACH ACT GRANT**370****STATEMENT OF RECIEPTS & EXPENDITURES**

	2004	2005	2006	2007
Grant Money from IDEM	27,579.42	2,893.43	47,387.37	11,128.56
Carryover	0.00	-12,158.64	-27,645.55	7,355.13
Expenditures	39,738.06	18,380.34	12,386.69	10,307.95
<u>Year End Balance</u>	<u>-\$12,158.64</u>	<u>-\$27,645.55</u>	<u>\$7,355.13</u>	<u>\$8,175.74</u>

STATEMENT OF EXPENDITURES**PERSONAL SERVICES**

Salaries	5,445.20	7,264.10	3,460.00	3,197.41
OASI Withheld	337.61	450.39	214.52	198.24
Medicare Withheld	78.98	105.33	50.17	46.36
Total Personal Services	\$5,861.79	\$7,819.82	\$3,724.69	\$3,442.01

SUPPLIES/SERVICES/OTHER

Claims	33,876.27	10,560.52	8,662.00	6,865.94
Total Other	\$33,876.27	\$10,560.52	\$8,662.00	\$6,865.94
TOTAL EXPENDITURES	\$39,738.06	\$18,380.34	\$12,386.69	\$10,307.95

EMERGENCY PREPAREDNESS GRANT

293

<u>STATEMENT OF RECIEPTS & EXPENDITURES</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Grant Money from ISDH	33,289.99	47,834.21	67,636.14	55,306.95
Carryover	32,719.86	36,093.13	20,599.30	33,630.54
Expenditures	29,916.72	63,328.04	54,604.90	48,434.71
<u>Year End Balance</u>	<u>\$36,093.13</u>	<u>\$20,599.30</u>	<u>\$33,630.54</u>	<u>\$40,502.78</u>

STATEMENT OF EXPENDITURES

PERSONAL SERVICES

Salaries	8,981.10	32,854.47	33,998.90	29,804.06
OASI Withheld	548.95	1,942.62	2,013.50	1,739.76
Medicare Withheld	128.38	454.26	470.88	406.85
County Retirement Contribution	0.00	1,730.23	1,832.61	2,112.17
Employee Group Insurance	491.76	6,564.96	10,354.56	9,628.97
Total Personal Services	\$10,150.19	\$43,546.54	\$48,670.45	\$43,691.81

SUPPLIES/SERVICES/OTHER

Claims	19,766.53	19,781.50	5,934.45	4,742.90
Total Other	\$19,766.53	\$19,781.50	\$5,934.45	\$4,742.90

TOBACCO MASTER SETTLEMENT

305

<u>STATEMENT OF RECIEPTS & EXPENDITURES</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Carryover	70,430.75	73,457.38	43,809.33	56,465.79
Receipts	47,574.76	43,781.16	43,721.63	48,323.77
Expenditures	44,548.13	73,429.21	31,065.17	38,043.87
<u>YEAR END BALANCE</u>	<u>\$73,457.38</u>	<u>\$43,809.33</u>	<u>\$56,465.79</u>	<u>\$66,745.69</u>

COMMUNICABLE DISEASE FUND

526

<u>STATEMENT OF RECIEPTS & EXPENDITURES</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Carryover	24,478.65	29,054.71	44,229.76	20,495.54
Receipts	43,372.00	75,123.06	60,758.55	49,947.50
Expenditures	38,795.94	59,948.01	84,492.77	44,981.02
<u>YEAR END BALANCE</u>	<u>\$29,054.71</u>	<u>\$44,229.76</u>	<u>\$20,495.54</u>	<u>\$25,462.02</u>

ENVIRONMENTAL HEALTH FUND

519

<u>STATEMENT OF RECIEPTS & EXPENDITURES</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Carryover	58,873.67	58,873.67	58,873.67	58,873.67
Receipts	0.00	0.00	0.00	0.00
Expenditures	0.00	0.00	0.00	0.00
<u>YEAR END BALANCE</u>	<u>\$58,873.67</u>	<u>\$58,873.67</u>	<u>\$58,873.67</u>	<u>\$58,873.67</u>

Report Includes: 781

STATISTICAL REPORT
LAPORTE HOSPITAL & HEALTH SERVICES
Date of Birth Between: 01/01/2007 And: 12/31/2007

PREVIOUS BIRTHS

First Babies	6th or Higher
291	6

MUTIPLE BIRTHS

Single	Twins	Triplet	4 or More
757	24	0	0

DISTRIBUTION BY SEX

Males	Females	Unknown
397	384	0

DISTRIBUTION BY FEEDING

Breast	Other	Unknown
526	0	0

APGAR LESS THAN 6

5 Minutes	10 Minutes
5	2

DELIVERIES BY MATERNAL AGE

Range	Frequency	Infant Avg Weight	Avg Gest
<10 yrs	0	00.00	00.00
10 to 13	0	00.00	00.00
14 to 16	15	3364.07	39.33
17 to 19	81	3237.91	39.27
20 to 24	230	3263.23	38.91
25 to 29	225	3335.38	38.96
30 to 34	145	3349.43	39.01
35 to 39	72	3323.32	38.90
>= 40 Yrs	13	3133.85	38.54
Unknown	0		

DELIVERIES BY GESTATIONAL AGE

Range	Frequency	Infant Avg Weight
<30 Weeks	4	1120.00
30 to 32	3	1672.67
33 to 35	33	2516.33
36 to 38	165	3091.54
39 to 41	572	3430.94
>= 42 Weeks	4	3572.00
Unknown	0	

MATERNAL MORBIDITY

Condition	Frequency	Condition	Frequency
Maternal Transfusion	0	Admission to Intensive Care Unit	1
Third or Fourth Degree Perineal Laceration	0	Unplanned Operating Room Procedure Following Delivery	1
Ruptured Uterus	0	None	779
UnPlanned Hysterectomy	0		

CHARACTERISTICS OF LABOR AND DELIVERY

Condition	Frequency	Condition	Frequency
Induction of Labor	228	Clinical Chorioamnionitis	2
Augmentation of Labor	154	Meconium Moderate / Heavy	8
Non-Vertex Presentation	2	Fetal Intolerance	114
Steroids Received by Mother for Fetal Lungs	9	Epidural or Spinal Anesthesia	594
Antibiotics Received by Mother	102	None	97
Abruptio Placenta	12	Unknown	0

ABNORMAL CONDITIONS OF NEWBORN

Condition	Frequency	Condition	Frequency
Assisted Ventilation - Immediate	21	Antibiotics Received by Newborn	10
Assisted Ventilation > 6 Hours	4	Seizure or Serious Neurologic Dysfunction	1
NICU Admission	17	Significant Birth Injury	2
Newborn Surfactant Replacement Therapy	0	None	747
Unknown	0		

CONGENITAL ANOMALIES OF NEWBORN

Condition	Frequency	Condition	Frequency
Anencephaly	0	Down Syndrome, Karyotype Confirmed	0
Meningomyelocele / Spina Bifida	0	Down Syndrome, Karyotype Pending	0
Cyanotic Congenital Heart Disease	1	Down Syndrome, Unknown	0
Congenital Diaphragmatic Hernia	1	Suspected Other Chromosomal Disorder, Karyotype Confirmed	0
OmPhalocele	0	Suspected Other Chromosomal Disorder, Karyotype Pending	1
Gastroschisis	0	Suspected Other Chromosomal Disorder, Unknown	0
Limb Reduction Defect	0	Hypospadias	0
Cleft Lip With or Without Cleft Palate	0	Microcephaly	0
Cleft Palate Alone	1	None	777
Unknown	0		

Report Includes: 683

STATISTICAL REPORT
 ST. ANTHONY MEMORIAL HEALTH CENTERS
 Date of Birth Between: 01/01/2007 And: 12/31/2007

PREVIOUS BIRTHS

First Babies	6th or Higher
283	7

MUTIPLE BIRTHS

Single	Twins	Triplet	4 or More
659	24	0	0

DISTRIBUTION BY SEX

Males	Females	Unknown
358	325	0

DISTRIBUTION BY FEEDING

Breast	Other	Unknown
396	0	0

APGAR LESS THAN 6

5 Minutes	10 Minutes
3	2

DELIVERIES BY MATERNAL AGE

Range	Frequency	Infant Avg Weight	Avg Gest
<10 yrs	0	00.00	00.00
10 to 13	2	2296.50	32.00
14 to 16	22	3010.27	38.32
17 to 19	80	3012.95	37.98
20 to 24	222	3123.04	38.00
25 to 29	192	3243.02	38.17
30 to 34	106	3190.23	38.06
35 to 39	47	3260.34	38.17
>= 40 Yrs	12	2889.33	37.25
Unknown	0		

CONGENITAL ANOMALIES OF NEWBORN

Condition	Frequency	Condition	Frequency
Anencephaly	0	Down Syndrome, Karyotype Confirmed	0
Meningomyelocele / Spina Bifida	0	Down Syndrome, Karyotype Pending	0
Cyanotic Congenital Heart Disease	1	Down Syndrome, Unknown	0
Congenital Diaphragmatic Hernia	1	Suspected Other Chromosomal Disorder, Karyotype Confirmed	0
OmPhalocele	0	Suspected Other Chromosomal Disorder, Karyotype Pending	1
Gastroschisis	0	Suspected Other Chromosomal Disorder, Unknown	0
Limb Reduction Defect	0	Hypospadias	0
Cleft Lip With or Without Cleft Palate	0	Microcephaly	0
Cleft Palate Alone	1	None	777
Unknown	0		

MATERNAL MORBIDITY

Condition	Frequency	Condition	Frequency
Maternal Transfusion	1	Admission to Intensive Care Unit	2
Third or Fourth Degree Perineal Laceration	3	Unplanned Operating Room Procedure Following Delivery	1
Ruptured Uterus	0	None	674
UnPlanned Hysterectomy	0		

CHARACTERISTICS OF LABOR AND DELIVERY

Condition	Frequency	Condition	Frequency
Induction of Labor	327	Clinical Chorioamnionitis	4
Augmentation of Labor	108	Meconium Moderate / Heavy	27
Non-Vertex Presentation	10	Fetal Intolerance	55
Steroids Received by Mother for Fetal Lungs	2	Epidural or Spinal Anesthesia	316
Antibiotics Received by Mother	87	None	182
Abruptio Placenta	7	Unknown	0

ABNORMAL CONDITIONS OF NEWBORN

Condition	Frequency	Condition	Frequency
Assisted Ventilation - Immediate	126	Antibiotics Received by Newborn	12
Assisted Ventilation > 6 Hours	31	Seizure or Serious Neurologic Dysfunction	0
NICU Admission	31	Significant Birth Injury	0
Newborn Surfactant Replacement Therapy	0	None	542
Unknown	0		

CONGENITAL ANOMALIES OF NEWBORN

Condition	Frequency	Condition	Frequency
Anencephaly	0	Down Syndrome, Karyotype Confirmed	0
Meningomyelocele / Spina Bifida	0	Down Syndrome, Karyotype Pending	0
Cyanotic Congenital Heart Disease	0	Down Syndrome, Unknown	0
Congenital Diaphragmatic Hernia	0	Suspected Other Chromosomal Disorder, Karyotype Confirmed	0
OmPhalocele	0	Suspected Other Chromosomal Disorder, Karyotype Pending	0
Gastroschisis	0	Suspected Other Chromosomal Disorder, Unknown	0
Limb Reduction Defect	0	Hypospadias	1
Cleft Lip With or Without Cleft Palate	0	Microcephaly	0
Cleft Palate Alone	0	None	681
Unknown	0		

Report Includes: 3

STATISTICAL REPORT
LAPORTE COUNTY HEALTH DEPARTMENT
Date of Birth Between: 01/01/2007 And: 12/31/2007

PREVIOUS BIRTHS

First Babies	6th or Higher
0	0

MUTIPLE BIRTHS

Single	Twins	Triplet	4 or More
3	0	0	0

DISTRIBUTION BY SEX

Males	Females	Unknown
0	3	0

DISTRIBUTION BY FEEDING

Breast	Other	Unknown
2	0	0

APGAR LESS THAN 6

5 Minutes	10 Minutes
0	0

DELIVERIES BY MATERNAL AGE

Range	Frequency	Infant Avg Weight	Avg Gest
<10 yrs	0	00.00	00.00
10 to 13	0	00.00	00.00
14 to 16	0	00.00	00.00
17 to 19	0	00.00	00.00
20 to 24	0	00.00	00.00
25 to 29	0	00.00	00.00
30 to 34	1	3742.00	40.00
35 to 39	2	1786.00	20.00
>= 40 Yrs	0	00.00	00.00
Unknown	0		

DELIVERIES BY GESTATIONAL AGE

Range	Frequency	Infant Avg Weight
<30 Weeks	1	00.00
30 to 32	0	00.00
33 to 35	0	00.00
36 to 38	0	00.00
39 to 41	2	3657.00
>= 42 Weeks	0	00.00
Unknown	0	

MATERNAL MORBIDITY

Condition	Frequency	Condition	Frequency
Maternal Transfusion	0	Admission to Intensive Care Unit	0
Third of Fourth Degree Perineal Laceration	0	Unplanned Operating Room Procedure Following Delivery	0
Ruptured Uterus	0	None	2
UnPlanned Hysterectomy	0		

CHARACTERISTICS OF LABOR AND DELIVERY

Condition	Frequency	Condition	Frequency
Induction of Labor	0	Clinical Chorioamnionitis	0
Augmentation of Labor	0	Meconium Moderate / Heavy	0
Non-Vertex Presentation	0	Fetal Intolerance	0
Steroids Received by Mother for Fetal Lungs	0	Epidural or Spinal Anesthesia	0
Antibiotics Received by Mother	0	None	2
Abruptio Placenta	0	Unknown	0

ABNORMAL CONDITIONS OF NEWBORN

Condition	Frequency	Condition	Frequency
Assisted Ventilation - Immediate	0	Antibiotics Received by Newborn	0
Assisted Ventilation > 6 Hours	0	Seizure or Serious Neurologic Dysfunction	0
NICU Admission	0	Significant Birth Injury	0
Newborn Surfactant Replacement Therapy	0	None	2
Unknown	0		

CONGENITAL ANOMALIES OF NEWBORN

Condition	Frequency	Condition	Frequency
Anencephaly	0	Down Syndrome, Karyotype Confirmed	0
Meningomyelocele / Spina Bifida	0	Down Syndrome, Karyotype Pending	0
Cyanotic Congenital Heart Disease	0	Down Syndrome, Unknown	0
Congenital Diaphragmatic Hernia	0	Suspected Other Chromosomal Disorder, Karyotype Confirmed	0
OmPhalocele	0	Suspected Other Chromosomal Disorder, Karyotype Pending	0
Gastroschisis	0	Suspected Other Chromosomal Disorder, Unknown	0
Limb Reduction Defect	0	Hypospadias	0
Cleft Lip With or Without Cleft Palate	0	Microcephaly	0
Cleft Palate Alone	0	None	2
Unknown	0		

La Porte County Health Department

1/1/2007 Through 12/31/2007

La Porte County Health Department

DEATH STATISTICS

GENDER	RACE	PLACE OF DEATH	RESIDENCE	MARITAL STATUS
Male 534	White 946	La Porte 504	La Porte 408	Married 412
Female 499	Afro-Amer 70	Michigan City 459	Michigan City 382	Divorced 122
CERTIFIER	Hispanic 10	Incorporated 6	Incorporated 68	Single 126
Doctor 863	Other 7	County 64	County 128	Widowed 373
Coroner 170		Other 0	Other 47	
Other 0				

AGE AT DEATH

Stillborn 6	5 - 9 1	25 - 29 12	45 - 49 31	65 - 69 65	85 - 89 160
< 1 Mo 1	10 - 14 0	30 - 34 10	50 - 54 49	70 - 74 98	90 - 94 94
1 Mo 1 Yr 6	15 - 19 4	35 - 39 18	55 - 59 56	75 - 79 144	95 - 99 30
1 - 4 3	20 - 24 10	40 - 44 26	60 - 64 63	80 - 84 143	100 + 4

DEATH STATISTICS

Cancer 196	Digestive 23	Homicide 7
Lungs/Bronchus 63	Cirrhosis/Liver 4	Homicide 7
Colon/Rectal 22	Gastro Intestinal/Ulcer 10	Suicide 16
Breast 7	Pancreas 1	Suicide 16
Prostate 6	Digestive Other 8	Accident 41
Leukemia/Lymphoma 13	Diabetes 9	Accident Motor 21
Reproductive Organs 4	Endocrine/Diabetes 9	Accident Other 20
Cancer Other 81	Comm. Disease 36	Pending 18
Heart 384	Bacterial/Sepsis 33	Pending 18
ASHD (Arteriosclerotic) 13	AIDS 0	Miscellaneous 42
Hypertension 15	Infectious Other 3	Miscellaneous 42
Cerebro/Stroke 39	Nervous System 65	
Vascular/Aneurysm 5	Alzheimers 30	
Heart Other 312	Nervous System Other 37	
Respiratory 163	Neonatal 2	
Pneumonia 53	Premature/Malformation 0	
COPD/Bronchitis 27	SIDS 2	
Respiratory Other 83	Neonatal Other 0	
Geno-Urinary 28	Still Born 5	
Renal 25	Stillborn 5	
Genito Urinary Other 3		

1033

TOTAL DEATHS

La Porte County Health Department

1/1/2007 Through 12/31/2007

La Porte County Health Department

1/1/2007 Through 12/31/2007

La Porte

DEATH STATISTICS

GENDER		RACE		PLACE OF DEATH		RESIDENCE		MARITAL STATUS	
Male	276	White	525	La Porte	447	La Porte	364	Married	229
Female	269	Afro-Amer	10	Michigan City	50	Michigan City	35	Divorced	60
		Hispanic	7	Incorporated	6	Incorporated	40	Single	63
CERTIFIER		Other	3	County	42	County	90	Widowed	193
Doctor	465			Other	0	Other	16		
Coroner	80								
Other	0								

AGE AT DEATH

Stillborn	1	5 - 9	1	25 - 29	6	45 - 49	15	65 - 69	40	85 - 89	85
< 1 Mo	0	10 - 14	0	30 - 34	5	50 - 54	25	70 - 74	52	90 - 94	45
1 Mo - 1 Yr	3	15 - 19	1	35 - 39	7	55 - 59	33	75 - 79	84	95 - 99	16
1 - 4	1	20 - 24	6	40 - 44	17	60 - 64	30	80 - 84	71	100 +	2

DEATH STATISTICS

Cancer	111	Digestive	13	Homicide	1
Lungs/Bronchus	39	Cirrhosis/Liver	2	Homicide	1
Colon/Rectal	14	Gastro Intestinal/Ulcer	3	Suicide	11
Breast	3	Pancreas	0	Suicide	11
Prostate	3	Digestive Other	8	Accident	24
Leukemia/Lymphoma	5	Diabetes	2	Accident Motor	12
Reproductive Organs	0	Endocrine/Diabetes	2	Accident Other	12
Cancer Other	47	Comm. Disease	17	Pending	4
Heart	199	Bacterial/Sepsis	17	Pending	4
ASHD (Arteriosclerotic)	3	AIDS	0	Miscellaneous	24
Hypertension	1	Infectious Other	0	Miscellaneous	24
Cerebro/Stroke	20	Nervous System	37		
Vascular/Aneurysm	4	Alzheimers	22		
Heart Other	171	Nervous System Other	17		
Respiratory	81	Neonatal	0		
Pneumonia	17	Premature/Malformation	0		
COPD/Bronchitis	11	SIDS	0		
Respiratory Other	53	Neonatal Other	0		
Geno-Urinary	20	Still Born	0		
Renal	18	Stillborn	0		
Genito Urinary Other	2				

545

TOTAL DEATHS

La Porte

1/1/2007 Through 12/31/2007

La Porte County Health Department

1/1/2007 Through 12/31/2007

Michigan City

DEATH STATISTICS

GENDER		RACE		PLACE OF DEATH		RESIDENCE		MARITAL STATUS	
Male	258	White	421	La Porte	57	La Porte	44	Married	183
Female	230	Afro-Amer	60	Michigan City	409	Michigan City	347	Divorced	62
CERTIFIER		Hispanic	3	Incorporated	0	Incorporated	28	Single	63
Doctor	398	Other	4	County	22	County	38	Widowed	180
Coroner	90			Other	0	Other	31		
Other	0								

AGE AT DEATH

Stillborn	5	5 - 9	0	25 - 29	6	45 - 49	16	65 - 69	25	85 - 89	75
< 1 Mo	1	10 - 14	0	30 - 34	5	50 - 54	24	70 - 74	46	90 - 94	49
1 Mo - 1 Yr	3	15 - 19	3	35 - 39	11	55 - 59	23	75 - 79	60	95 - 99	14
1 - 4	2	20 - 24	4	40 - 44	9	60 - 64	33	80 - 84	72	100 +	2

DEATH STATISTICS

Cancer	85	Digestive	10	Homicide	6
Lungs/Bronchus	24	Cirrhosis/Liver	2	Homicide	6
Colon/Rectal	8	Gastro Intestinal/Ulcer	7	Suicide	5
Breast	4	Pancreas	1	Suicide	5
Prostate	3	Digestive Other	0	Accident	17
Leukemia/Lymphoma	8	Diabetes	7	Accident Motor	9
Reproductive Organs	4	Endocrine/Diabetes	7	Accident Other	8
Cancer Other	34	Comm. Disease	19	Pending	14
Heart	185	Bacterial/Sepsis	16	Pending	14
ASHD (Arteriosclerotic)	10	AIDS	0	Miscellaneous	18
Hypertension	14	Infectious Other	3	Miscellaneous	18
Cerebro/Stroke	19	Nervous System	28		
Vascular/Aneurysm	1	Alzheimers	8		
Heart Other	141	Nervous System Other	20		
Respiratory	82	Neonatal	2		
Pneumonia	36	Premature/Malformation	0		
COPD/Bronchitis	16	SIDS	2		
Respiratory Other	30	Neonatal Other	0		
Geno-Urinary	8	Still Born	5		
Renal	7	Stillborn	5		
Genito Urinary Other	1				

488

TOTAL DEATHS

Michigan City

1/1/2007 Through 12/31/2007

ANIMAL BITE STUDY

2007 RAW DATA PRESENTATION OF ACTUAL BITES REPORTED

I. Characteristics of Biting Animal by Sex

Male dogs	43	
Female dogs	31	
Unknown/Stray dogs	9	
TOTAL DOGS	83	
Male cats	3	
Female cats	16	
Unknown/Stray cats	10	
TOTAL CATS		29
<u>OTHER</u>	Consist of Pet Rat (1) Guinea Pig (1) Raccoon (1)	
TOTAL OTHER		3
TOTAL ANIMALS		115

II. Ownership Status of Biting Animal:

Victims family pet	62
Friend/Neighbor's pets	25
Other/Stray	28

III. Sex of Victims

Male	63
Female	52

IV. Anatomical site of bites

Arm (fingers & hand)	56
Head (lip & face)	27
Leg (thigh, calf, ankle)	15
Body	9
Unknown	8

V. Most frequent breeds of dogs associated with bites

Shepherd/mix	8	Pit Bull	3
Labrador/mix	16	Bulldog	3
Mixed	10	Mastiff	3

Food Protection Division

The Environmental Health Sanitarians in the Food Protection Division enforce State and County Sanitary Codes to ensure that the public is served food that meets standards for healthful and safe preparation and consumption. Restaurants, convenience stores, private clubs, lunch trucks, grocery stores, bars, taverns, certain non-profit organizations, schools, mobile vendors and temporary units receive unannounced inspections routinely throughout the year. In 2007, Sanitarians performed over 1,000 inspections of retail food service establishments.

Working with public health nurses, physicians and Indiana State Department of Health Field Epidemiologist, sanitarians promptly investigate incidents of suspected foodborne disease. Sanitarians respond to fires involving food service establishments. As a result of fire damage, sanitarians may order food products to be embargoed, condemned, denatured or destroyed.

Retail establishment's floor plans, equipment and menus are reviewed to ensure that the establishment is capable of storing, preparing and serving safe food products. The plans must meet the Retail Food Establishment Sanitation Regulations as set forth by the Indiana State Department of Health.

2007 Goals:

- The staff cross-trained in the vital records division and trained 5 registered nurses in food borne illness investigation in the event of an emergency. *Essential Public Health Services # 4, 6, 8, and 10*
- The Chief Sanitarian was standardized by the Indiana State Department of Health. *Essential Public Health Services # 6, 8, and 10*

Educational food safety pamphlets and in-services were given to schools and other non-profit organizations, convenience store owners and processing plant manufacturers. *Essential Public Health Services # 3, 4, and 7*

2007 Highlights:

- Eleven ServSafe® Food Protection Manager Certification exams were proctored for approximately 93 retail personnel from LaPorte, Porter, Starke and St. Joseph Counties and from Michigan.
- A half-time sanitarian was added to the staff to improve quality of inspections, con-

sumer education and improve establishment compliance.

- Educational materials, applications, code and county ordinance links as well as other downloadable material were placed on the counties website.
- The Indiana State Department of Health issued 69 recalls on manufactured food products throughout the year. When a recall is received the appropriate establishments are contacted by an inspector either in person, via fax or phone call. LaPorte County was recognized by the state as the first county to respond appropriately to the recall concerning the *C. botulinum* in the Castleberry Chili Sauce. The state issued 20 health advisories on various products in 2007.
- The division attended four local Indiana Environmental Health Association chapter meetings and hosted three of those meetings. Sanitarian, Patricia Wozniak continues to serve as the local chapter treasurer.

The staff attends the bimonthly Indiana Environmental Health Association Food Protection Committees and the Fall Educational Conference.

2008 Goals:

- Improve the Food Protection Division website to include more educational materials as well as more current, up-to-date information regarding recalled food products and emergency notifications. [*Essential Public Health Services # 3, 7 and 10*](#)
- Provide the Indiana State Department of Health's Retail Food Sanitation Requirements, Title 410 IAC 7-24 and the local county ordinance on compact disc for those individuals that may not have access to the internet or for those who would prefer the code in a different format. [*Essential Public Health Services # 3, 5, and 10*](#)
- Strive to have all food protection staff obtain credentialing through the National Environmental Health Association and acquire the required continuing education units to maintain the credential. [*Essential Public Health Services # 3 and 8*](#)
- Update departmental policy and procedures as they pertain to inspections, recall procedures, enforcement actions and complaint investigations. [*Essential Public Health Services # 5, 6, 8 and 10*](#)
- Obtain all pertinent contact information to assist in forwarding all recall information in a quick and efficient manner. [*Essential Public Health Services # 2 and 3*](#)

Work with the county Global Information Systems Coordinator on establishing retail food establishment information in the GIS System. [*Essential Public Health Services # 1, 2, 3, 4, 5, 6 and 10*](#)

Statistical Summary

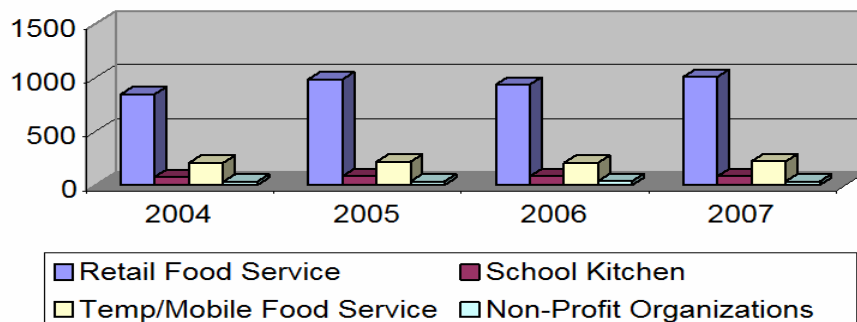
Licenses Issued

Permit Type	2004	2005	2006	2007
Food Service Establishment	591	588	525	500
Mobile Food Units	34	41	35	41
Temporary Food Establishments	174	177	172	183
Probationary Permits	68	71	59	56

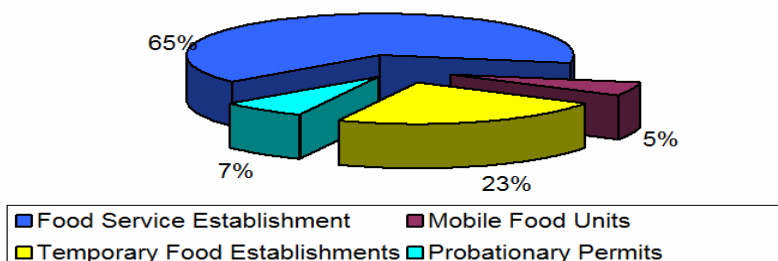
Inspection Activity

Inspection Type	2004	2005	2006	2007
Retail Food Service	846	985	936	1006
School Kitchen	78	84	82	84
Temp/Mobile Food Service	208	218	207	221
Fire Investigations	1	3	5	4
Non-Profit Organizations	32	34	37	34
Complaint Investigations	32	35	41	62
Possible Foodborne Illness	19	27	16	10
Food Recalls	53	54	58	69
Consultations (Field/Office/Phone)	1120	1113	1016	1189
Temporary Closures	2	2	3	2

FOOD SERVICE INSPECTIONS



2007 FOOD SERVICE PERMITS



Environmental Health Service

The Environmental Health Service implements a wide variety of environmental health programs. These programs are made up of four major sections: environmental/sanitation complaints, on-site sewage system, water laboratory and public and semi-public pools, wading pools and spas. Each section specializes to assist and offer expertise to the citizens of LaPorte County. Along with the four major sections, the Environmental Health section continues to sample the waters of Lake Michigan and the inland beaches of LaPorte County and run the vector control program (mosquito control). There are seven full time positions and three interns (summer only) positions to assist us with these programs.

Environmental/Sanitation Complaints

This section handles all complaints made to the health department. These complaints can range from unsanitary living conditions to open burning. County residents submit complaints or the complaint process may be initiated by county officials as observed in the field. Most investigations begin with an initial consultation with the complainant. An inspection of the site is conducted to confirm the validity of the complaint. This is followed by a determination of any appropriate remedial action needed and a consultation with the subject of the complaint. (Essential Public Health Services: 2, 5, 6.)

Total complaints:	2006	2007
Abandoned property	12	3
Animals	3	3
Unsanitary living	28	42
House condemnation	3	3
Trash & Garbage	22	28
Dump sites	4	4
Lead	0	3
High weeds/grass	2	1
Open burning	5	10
Indoor air	4	3
Outdoor air Pollution	3	2
Insects and mice	5	2
Septic / sewage	25	36
Water Pollution	1	2
Stagnant Swimming Pool	2	1

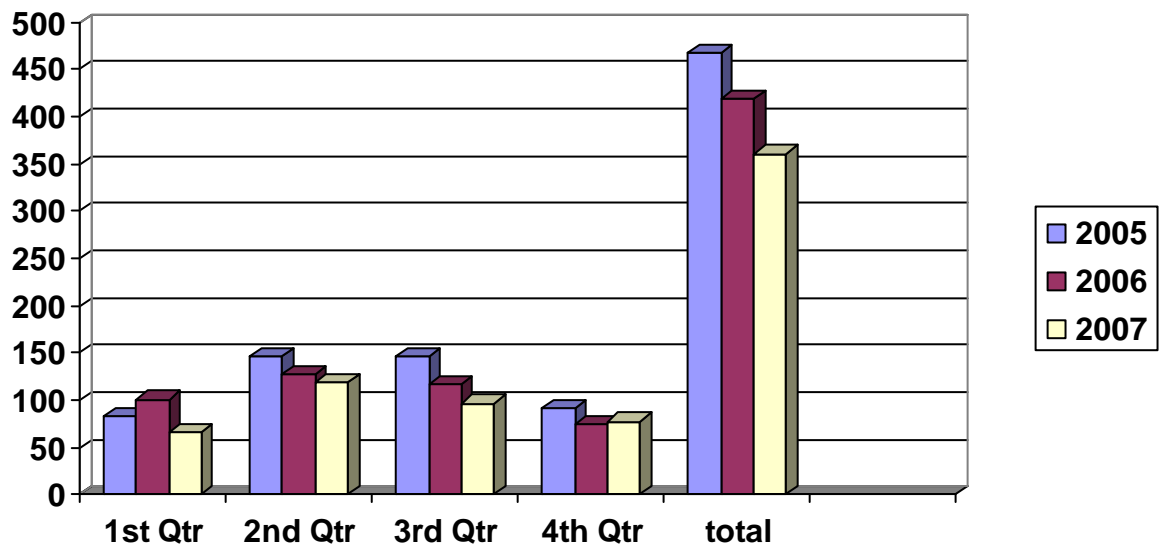


On-Site Sewage System (OSS)

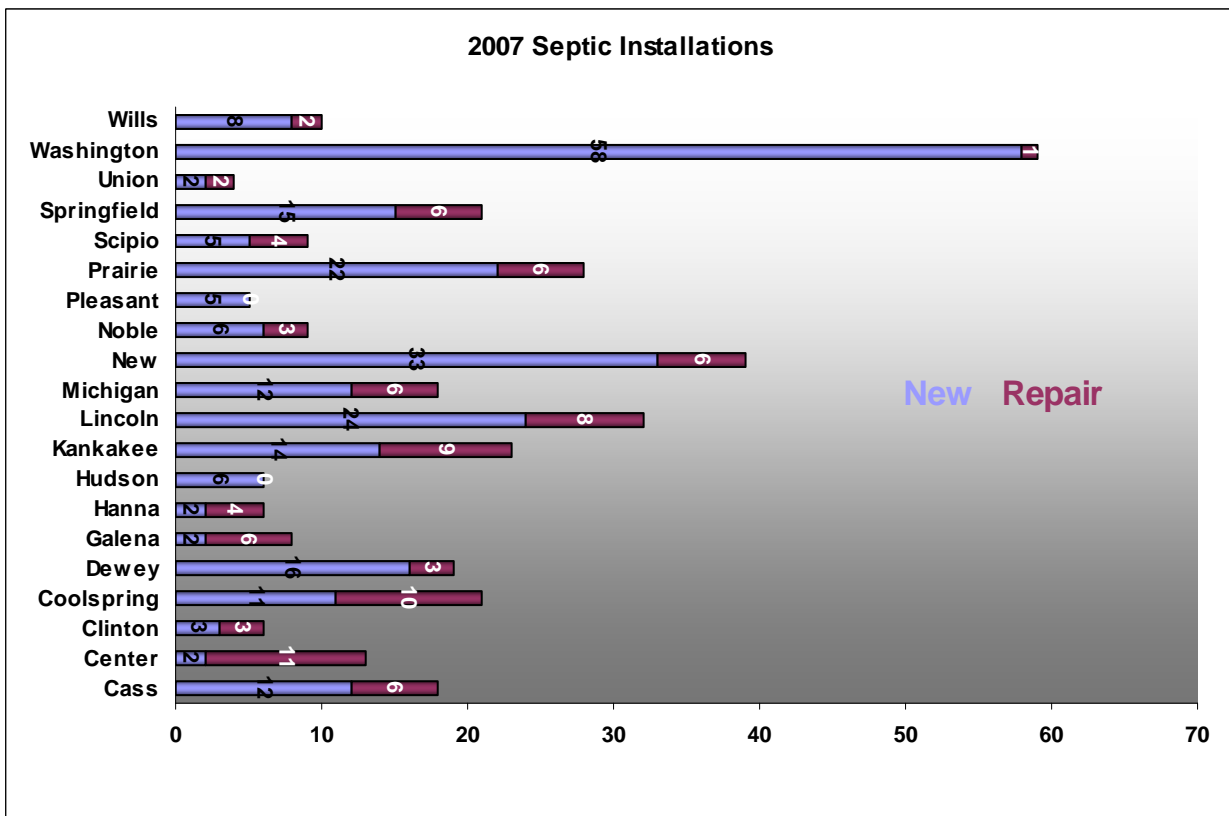
The OSS program continues to see a decrease in activity due to the decline in building. There were 361 septic permits issued in 2007. A staff of two environmental health specialists completed over 729 individual site evaluations, plan review, soil borings and inspections.

The OSS section ensures that residential and commercial property owners in LaPorte County follow all regulations that are set forth in the Indiana State Department of Health Rule 410 IAC 6-8.1 and LaPorte County Ordinance no.1996-22 when obtaining a septic permit for septic system installation. (Essential Public Health Services: 1, 2, 3, 5, 6.)

	Septic permits issued				Total
	1 st qtr	2 nd qtr	3 rd qtr	4 th qtr	
2005	83	147	146	92	468
2006	101	127	117	74	419
2007	67	119	97	78	361



The chart below indicates the number of repair and new on-site septic systems by township.



Vector control (West Nile Virus)

Once again the health department conducted surveillance to determine the spread of the West Nile Virus. During the months of May thru September the environmental section set up mosquito traps throughout the county, applied larvicides in areas where needed and continued to submit dead birds (crows, blue jays and raptors) to the Indiana State Department of Health (ISDH) Molecular laboratory for West Nile Virus testing. A total of 5 birds and a couple hundred pools of mosquitoes were sent to the ISDH Molecular lab for West Nile Virus testing (WNV) all were negative. LaPorte County did have one human case with WNV and 3 horses died of Eastern Equine Encephalitis. This year the health department contacted the Michigan City Vector Control office to help fight the mosquito population. With approval from the commissioner to purchase the material needed, the Michigan City Vector Control staff was able to spray for mosquitoes during the weekends of September 22nd, 23rd, 29th, 30th and October 6th, 7th. The areas sprayed were the City of LaPorte, Westville, Town of Mill Creek, Stillwell, Kingsbury, Trail Creek, areas of Johnson Rd., Schultz Rd., Range Rd., Fail Rd., 1000 North and 900 North. (Essential Public Health Services: 1, 2, 3, 4.)

Public Swimming Pools

The Environmental staff continued to inspect and review plans for all public and semi-public pools in LaPorte County. There are 30 indoor and 33 outdoor public and semi-public pools that are inspected 4 times a year by the environmental staff. The environmental section has 4 staff members that are Certified Pool Operators. Guidelines for inspection are set forth in the Indiana State Department of Health Rule 410 IAC 6-2 and LaPorte County Ordinance No. 94-16. I. (Essential Public Health Service: 1, 2, 3, 4, 5, 6.)

Water laboratory

The LaPorte County Health Department is one of three health departments in the state that have a water laboratory. The La Porte County Health Department Water Laboratory is certified by the state to analyze drinking water, surface water, pools and spas, and beach water for the presence of Total Coliform and E. coli confirmation and a Heterotrophic Plate Count for each pool and spa sample. Re-certification is done every three years by the Indiana State Department of Health. In addition, the lab offers chemistry screening analysis such as nitrate, nitrite, lead, iron and fluoride. Currently the lab is not certified in chemistry.

Our re-certification with the State of Indiana Certification officer took place in October 2007. We passed our on-site inspection and were re-certified for another 3 years.

Since our inspection we have started using a presence absence analysis on all of our drinking water, pool and spa samples instead of quantifying the presence of coliform. This has enabled us to eliminate the use of the Quanti-tray saving us \$1.18 per sample. (Averaging \$4000 a year).

We have switched to recyclable plastic bottles for all drinking water samples reducing the use of our purchased Deionized Water and the use of our autoclave. This has also decreased the amount of possible erroneous positive results due to contaminated bottles from lab error. We have received positive feedback from the customers; they feel reassured that their bottle is sterile before sampling.

National Drinking Water Week

During the week of May 7th thru May 11th, the health department water laboratory offered LaPorte County residents a free Fluoride test for their private well. We sent out a press release informing the public the health dangers associated with increased levels of fluoride in their private wells. Flyers and posters were hung up at various places throughout the county. We received a total of 2 samples to be tested, both being within the Maximum Contaminate Levels (MCL) set forth by the EPA.

We are currently researching for a test to offer LaPorte County private well owners during National Drinking Water Week in 2008 that might produce greater participation.

Beach Act Contract

The LaPorte County Health Department (LPCHD) has been sampling the beaches of LaPorte County since the early nineteen nineties. Over time, we have strived to find the source of E.coli that has plagued some of our beaches. We have learned many things. E.coli can come from the near shore sand where gulls rest and defecate. Another E.coli source is the surface water that comes from the various cities and towns in LaPorte County, which eventually ends up in the lake through various streams and tributaries carrying it to the beach. We have also learned over the years that E.coli is naturally occurring in various organisms. Some of these forms of E.coli are not harmful to your health. What we don't know when we test for E.coli, is which E.coli are we getting in our sample. It may be the E.coli that is sometimes found in the presence of harmful pathogens or the harmless E.coli that is found naturally in cladophora, a harmless alga that lives in freshwater.

In October of 2000, Congress passed the BEACH Act. This Act requires states to monitor coastal recreational water at public bathing beaches. With this act comes funding to assist states to accomplish goals set forth by the Act. Since the LPCHD already had a program in place, the money was used to update technology and enhance the program. We continue to use BEACH Act funds to run the beach sampling program. Presently the funds can only be used on the waters from the Great Lakes. In the near future, we hope the delegation of funds can be used for inland lakes and other areas of need that the BEACH Act does not presently address. Aesthetics, outreach education, additional research, and initiation of assessments made are not covered under the wording in the BEACH Act.

The Environmental Protection Agency, upon inception of the 2000 BEACH Act, mandated that they would set new standards for testing bathing beaches within five years, but they have since missed that goal. In the absence of new standards, we hope to get real time information to beach goers in the morning before they go to the beach. This may involve using a predictive model that incorporates many parameters from old beach data outlining conditions of the beach waters when E.coli was elevated. Some Northwest Indiana entities have already tested this method.

We continue to contract with the Indiana Department of Environmental Management (IDEM) along with several other entities in Northwest Indiana across the Southern tip of Lake Michigan. All entities are following the same standard operating procedures across county lines so as to bring continuity to the program. The public will recognize the same methods of testing and notification procedures.

Beach Sampling

In 2007 the LPCHD continued the monitoring of inland lake beaches twice a week (Tuesday and Thursday) and Lake Michigan beaches Monday, Wednesday, and Friday for the recreational sites shown below during bathing season. Beach samples were collected May through September. All results were reported in the number of colony forming units (cfu)/100 milliliters of water. Results were posted on our dedicated beach information website at www.laportecountybeaches.com. Results were also posted on the electronic message center sign at Washington Park and the Park and Recreation Departments' website at www.michigancityparks.com. As part of our contract of federally assisted money from IDEM, results were also posted on a National Beachwatch website at www.earth911.org.

The maximum acceptable level of Escherichia (E.coli) for bathing beaches, streams, and lakes is 235 cfu/100 ml of water according to the EPA's *1986 Water Quality Criteria for Bacteria*. Full body contact with water exceeding this level should be avoided. The presence of E.coli can be indicative of the presence of fecal matter or sewage. Even though we now know that E.coli is found in many areas, and it doesn't *always* mean there are pathogens present, the LPCHD felt that the public should be made aware of the possibility. As a precaution, those beach waters that exceeded the maximum acceptable level of 235 cfu/100 ml were "closed" due to high bacterial levels. Failed samples or those samples that exceeded the maximum acceptable level of 235cfu/100mL were re-sampled until an acceptable satisfactory result was achieved. Individuals who chose to disregard these notices were advised to avoid ingesting any of the affected water and to bathe with hot, soapy water following contact with the contaminated water.

The LPCHD Water Laboratory continues to assist the Environmental section in analyzing samples for bacterial conditions. The bathing beaches/ boat launch areas are listed below:

LaPorte and outlying areas

New Stone Lake beach
Old Stone Lake beach
Stone Lake launch area
Pine Lake Assembly
Pine Lake Kiwanis Teledyne Park beach
Pine Lake Waverly beach
Hudson Lake beach
Upper Fish Lake beach
Lower Fish Lake beach

Michigan City Area

Washington Park beach
Sheridan Beach Stop 2
Sheridan Beach Stop 7
Long Beach Stops 20, 24
Duneland Beach Stop 31
Duneland Beach Stop 34
Michiana Shores Stop 37

2007 brought 83 beach water failures for LaPorte County. This was the second highest amount of closures since 1991. 2004 was the only other year that had a higher amount of closures with 91. Washington Park, our largest public beach reigned in the most failures with 23. No other Lake Michigan Beach came close to that number of closures. Sheridan Beach Stop 2 in Michigan City on Lake Michigan had 7 closures and the rest of the Stops on Lake Michigan in Michigan City had 5 or less closures. Upper Fish Lake topped our closures for our inland lakes with 15. Lower Fish Lake in Walkerton was a distant second with 8 closures. The rest of the inland lakes had 5 or under closures. (Essential Public Health Services: 1, 2, 3)

Goals for 2007

The environmental health section will help develop and implement the County's Confine Animal Feeding Operation (CAFO) and Outdoor Wood Boilers Ordinance (OWB). The environmental health section will significantly update the web site to ensure the best available information is provided concerning environmental health issues. The environmental section will have staff members that are Certified in the following areas: Lead Risk Assessment, Lead Inspector, Category 8 Registered Technician, Licensed Community- Wide Pesticide Applicator, Certificated Pool Operators and certified to design and inspect the Presby septic system. (Essential Public Health Services 1, 2, 3, 5, 6, 10)

Accomplishments for 2007

- o Completed the county's Confine Animal Feeding Operation (CAFO) Ordinance.
 - o Significantly upgraded the Environmental Health Services web site to ensure the best available information is proved concerning environmental health issues.
 - o All beach sample sites have been GPS.
 - o All public and semi-public pools are now inspected 4 times a years, instead of 2 times a year.
 - o Completed and implemented the county's Outdoor Hydronic heater (Outdoor wood boilers).
 - o One Environmental staff member is a Certified Lead Risk Assessor and a Certified Lead Inspector.
 - o The Vector Control Program has one Certified Registered Technician and a Licensed Category 8 Community Wide Applicator.
 - o 5 Environmental staff members are Certified Pool Operators.
- 4 Environmental staff members are Presby certified to design and inspect the Presby septic system.

Goals for 2008

Implement contractor registration for Septic System installers and Well Drillers.

Develop a county well driller and ground water protection program for LaPorte County.

GPS & map all new and repair septic systems installed.

Reassess all programs to determine how to streamline our work, improve efficiency, and continue to provide as many high quality services as possible.

Develop and implement a lead poisoning prevention program.

Certify Water Laboratory with the State of Indiana for Chemistry Analysis

Visit area laboratories to evaluate their current procedures and techniques and compare them to our own.

Continue to research and evaluate new and improved tests and equipment we could utilize in our water laboratory.

Continue to educate our community on safe water issues and their roles in protecting their families.

NURSING SERVICES

The nursing staff strives to deliver quality health care that reflects the mission of public Health Service through continuing education to assure competency in the public health field, assist clients in accessing needed health services through referral, protect the public health through prompt investigation of disease threats, and identify healthcare gaps by partnering with other agencies in the community.

The Nursing Supervisor is a member of the Child Fatality Team of LaPorte County and the Purdue University North Central Nursing Advisory Board.

The Nursing Department is comprised of 5 full time and 3 part time nurses and a nursing supervisor.

2007 HIGHLIGHTS

- At the Annual Immunization Conference, the department received an award for extraordinary effort in achieving over 95% on the annual immunization practice assessment
- Participation in the Michigan City Area Schools Wellness Committee
- Partnered with local dentists and Purdue Extension Family Nutrition Project to provide education on nutrition and dental health to over 600 students in LaPorte County Schools, preschool through Grade 5
- Provided education on Pandemic Influenza to Middle School Science students
- Partnered with Food Protection in providing education on Food Borne Illness to Middle School Science classes
- Participated in the Annual Teen Health and Social Service Fair at Michigan City High School
- Provided Pandemic Preparedness education to several organizations including Home Healthcare Agencies, School nurses, the Northern Indiana Human Resources Association, and TRIAD, a partnership of law enforcement, senior citizens, and community groups working together to promote senior safety
- Participated in the annual "YMCA Healthy Kids Day" providing education to families on nutrition, obesity, and pandemic preparedness
- Participated in District Public Health meetings and a functional Drill for Mass Prophylaxis of Essential Personnel

Outreach with influenza vaccine accomplished through social service agencies including Salvation Army, Homeless Shelter, and El Puente (local Hispanic organization)

[Essential Public Health Services 3, 4, 7, 8\)](#)

2007 GOALS

The nursing department goals of 2007 were focused on continuing to strengthen already established partnerships to enhance the delivery of medical services to the community. In 2008, the primary goal is to establish a formal partnership with the local Hispanic community organization, El Puente, to enhance the delivery of department services not being utilized by the Spanish speaking community. (Essential Public Health Services 1, 3, 4, 5, 7, 9)

IMMUNIZATION SERVICES

The LaPorte County Health Department strives to increase immunization rates and prevent disease by providing quality vaccination services and minimizing barriers to immunizations. In addition to providing general childhood and adult immunizations, the department promotes targeted vaccination to high risk persons, particularly international travelers and patients seen for confidential services at sexually transmitted infection clinic sites.

Immunizations are offered every Monday and Tuesday from 8:30AM-11AM and from 12:00PM-3:00PM at the main office in LaPorte and the branch office in Michigan City, respectively.

Childhood Immunizations

The LaPorte County Health Department administers vaccinations in accordance with recommendations of the Advisory Committee for Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). The staff regularly participates in educational opportunities offered by the Indiana State Department of Health, the Centers for Disease Control and Prevention (CDC), and drug manufacturers.

The LaPorte County Health Department participates in the Vaccine for Children program (VFC). This program is a federally funded program that provides eligible children recommended vaccines at no cost. The federal government pays for the vaccines. The VFC program was created by the Omnibus Budget Reconciliation Act (OBRA) of 1993 and began October 11, 1994. The program removes barriers for parents to immunize their children. 24% of children served in 2006 were VFC eligible children.

Children from birth thru 18 years of age can receive vaccines through the VFC program if they are at least one of the following:

- Eligible for Medicaid
- Without health insurance
- American Indian or Alaska Native
- Underinsured (have health insurance that does not cover vaccines)

Additional funds provide vaccine for children who do not qualify for VFC funded vaccine.

The department also offers Gardasil Vaccine (human papiloma virus vaccine) through private purchase for patients not eligible to receive VFC funded vaccine.

The nursing staff, understanding the many questions caregivers have about vaccines, strive to provide accurate, understandable information and to handle safety concerns appropriately. During 2005, the health department began offering private appointments for a baby's first visit. By providing a quiet, private appointment, new parents are encouraged to have all of their concerns addressed and questions answered. In 2007, Forty-two (42) new babies were seen by private appointment. ([Essential Public Health Service 3](#))

The following childhood vaccines are available through the LaPorte County Health Department:

DtaP (Diphtheria, Tetanus, Pertussis)	IPV (Polio)
DT (Diphtheria, Pertussis)	MMR (Measles, Mumps, Rubella)
Td (Tetanus, Diphtheria)	Hepatitis B
Hib (Haemophilus Influenza B)	Varicella (Chicken Pox)
Prevnar (Pneumococcal)	Influenza
Meningococcal	Hepatitis A
Rotavirus	Gardasil
Tdap (Adolescent Diphtheria, Tetanus, Pertussis)	

Adult

The following adult vaccines are available through the LaPorte County Health Department:

Td (Tetanus, Diphtheria)	MMR (Measles, Mumps, Rubella)
Hepatitis B	Gardasil
Influenza	Meningococcal

13,954 immunizations were provided to 5,805 children and adults during 2007.

International Travel

The LaPorte County Health Department is a designated Yellow Fever Vaccination Center. Persons traveling outside of the United States are counseled regarding recommended and required vaccines after review of the person's itinerary by one of the staff nurses. Recommendations are made based on current information published by the Centers for Disease Control and Prevention (CDC). Current outbreaks are also taken into consideration. Although malaria prophylaxis is not available through the department, travelers are given recommendations, based on where they are traveling, to obtain appropriate medication from their physician. ([Essential Public Health Services 3 and 7](#))

The following vaccines are provided to travelers: (

Yellow Fever

Typhoid

Hepatitis A

Hepatitis B

Measles, Mumps, and Rubella

Tetanus-Diphtheria

Polio

236 people received vaccinations for international travel during 2007

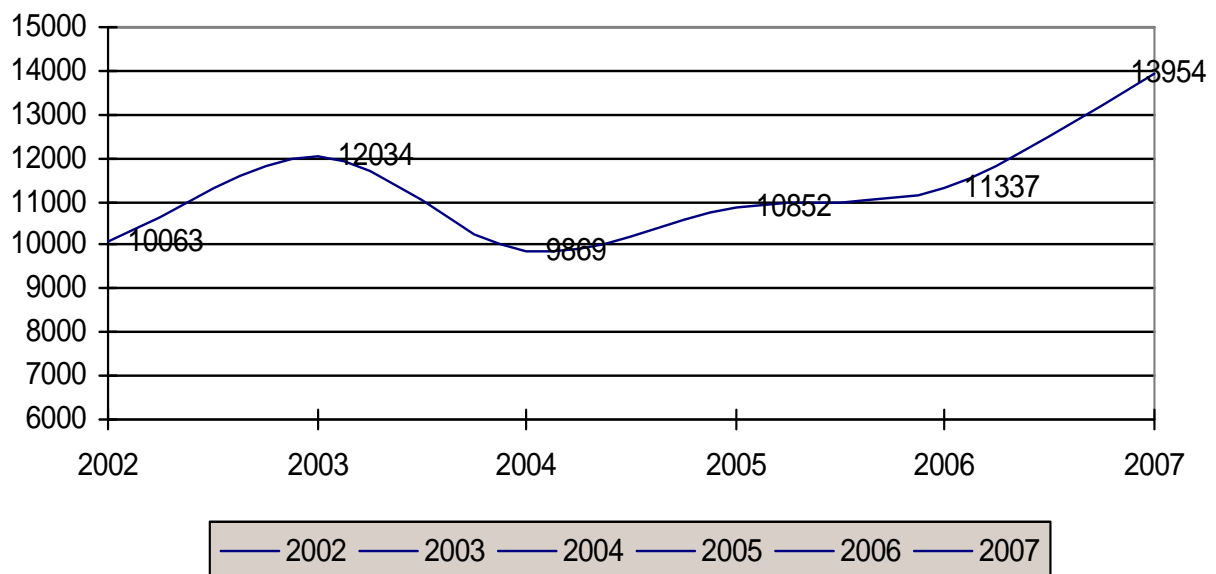
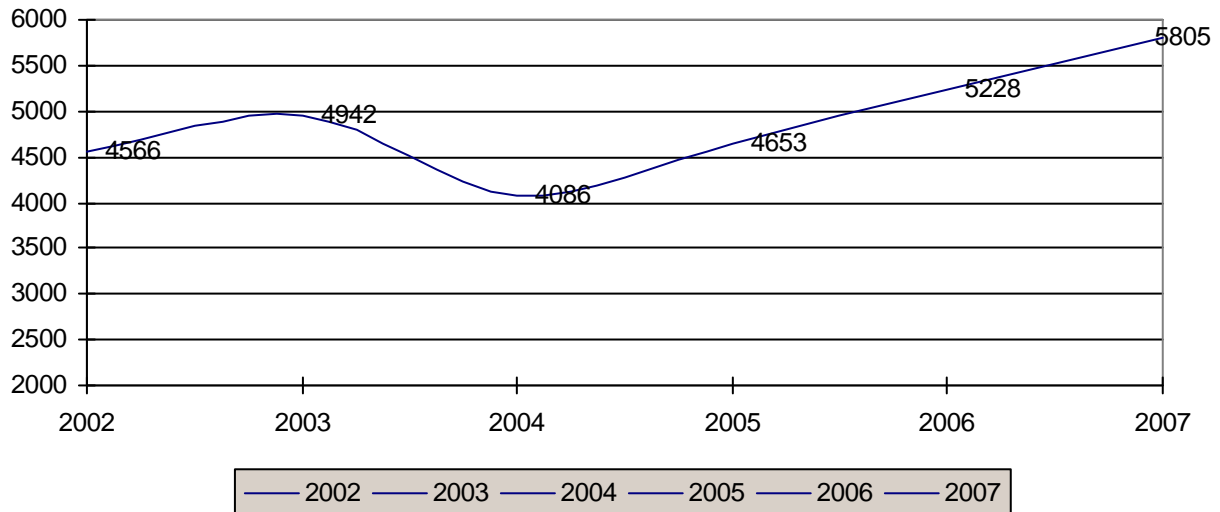


Figure 1: Number of vaccines dispensed by year (Childhood, Adult, Flu Clinics, and Travel)



COMMUNICABLE DISEASE

The Communicable Disease Reporting Rule for Physicians, Hospitals, and Laboratories under Indiana Code 16-41-2-1 allows the Indiana State Department of Health to establish reporting, monitoring, and preventive procedures for communicable diseases. Upon receiving a communicable disease report, local health officers must investigate the report within a specified time frame outlined in Section 47 of the Rule. The local health department in the jurisdiction where the patient resides is responsible for epidemiological investigation and instituting control measures. ([Essential Public Health Services 1, 2, 6](#))

Diseases that are reportable under the Rule meet one or more of the following criteria:

- Nationally reportable disease
- Vaccine preventable disease
- Emerging infectious disease
- Significant organism with emerging drug resistance
- Disease with high bioterrorism potential
- Disease that requires a public health response

Below is a list of the diseases that were directly reported to the LaPorte County Health Department in 2007.*

Campylobacteriosis	3
Chlamydia	308
Cryptosporidiosis	3
Escherichia coli	4
Gonorrhea	80
Hepatitis, viral, Type A	1
Hepatitis, viral, Type B	6
Hepatitis, viral, Type B, pregnant woman	1
Hepatitis, viral, Type C (chronic)	257 (178 reported by Indiana State Prison)
Hepatitis, viral, Type C (acute)	2
Haemophilus Influenza	5
Histoplasmosis	2
Legionellosis	5
Lyme disease	3
Meningitis- aseptic	2
Mumps	1
Pertussis	1
Salmonellosis	13
Shigellosis	3
Streptococcus, Group A, invasive (invasive)	2
Streptococcus pneumonia, invasive	20
Streptococcus, Group B, invasive	6
Syphilis	0
West Nile	1

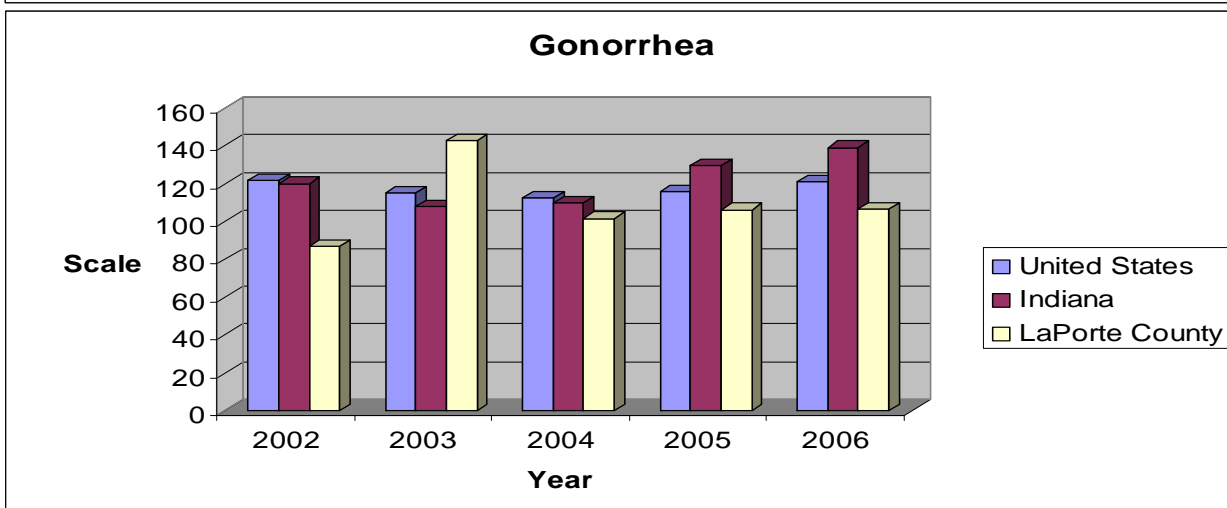
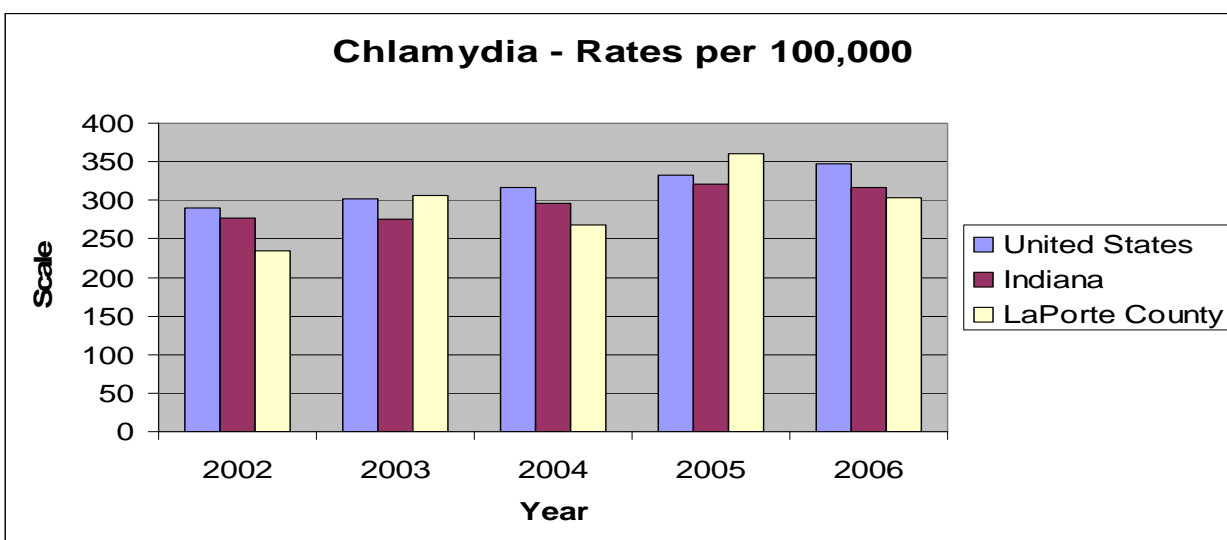
*Note: Some physicians and laboratories report directly to the Indiana State Department. Therefore, the above data may represent lower numbers than the actual occurrence of these diseases in the county.

CONFIDENTIAL SERVICES

The LaPorte County Health Department remains committed to providing services for the prevention and control of sexually transmitted diseases. Two clinics are held weekly in off site locations in Michigan City and LaPorte on Thursdays and Wednesdays, respectively. Appointments are advisable. Clients receive examinations performed by a physician or nurse practitioner, diagnostic services, treatment, and referrals at no cost. A disease intervention specialist provides HIV counseling during clinics. The department also performs a risk assessment on each client who presents at the clinics to determine eligibility for Hepatitis A and/or Hepatitis B vaccine.

274 people were served in the clinics in 2007. 20 doses of Hepatitis B vaccine and 76 doses of combined Hepatitis A/B vaccine were administered. ([Essential Public Health Services 3, 4, 7](#))

The charts below show the National, State, and Local incidence of Chlamydia and Gonorrhea for 2002 through 2006. Information for national and state incidence is not available for 2007 at the time of this report. After a sharp increase in rates in 2003, the department added a second site for confidential services.



COMPREHENSIVE BLOOD PROFILE

The Blood Chemistry Profile is offered once a month at both offices. This low-cost preventative health care service provides the client and the physician with valuable information concerning a person's overall health. Clients are advised to fast for 12 hours prior to testing. The health department provides copies of the test results to the client and the physician.

The Blood Chemistry Profile includes the following tests:

Calcium	Cholesterol
Phosphorous	Triglycerides
Chloride	SGPT
Potassium	GGT
Sodium	Alkaline Phosphatase
AST (SGOT)	Bilirubin
LDH	Albumin
BUN Creatinine Ratio	Albumin/Globulin Ratio
BUN	Globulin
Creatinine	Protein
HDL	Glucose
LDL	Iron
VLDL	Uric Acid

565 people received the blood profile in 2007.

TUBERCULOSIS PREVENTION AND CONTROL

The overall priorities for the treatment of tuberculosis are early identification and complete treatment of infectious patients and minimizing transmission of Mycobacterium tuberculosis to other persons. The TB Case Manager works under the supervision and guidance of the TB Clinician and Health Officer and assures that complete and appropriate information regarding each patient is shared with the Indiana State Department of Health TB Program in a timely fashion.

All persons with active Tuberculosis (infectious) receive medications by "Directly Observed Therapy" to ensure completion of treatment. Patients remain under the care of both the health department and their physician until this is accomplished.

Contact investigation to identify all persons exposed to tuberculosis is the second priority of tuberculosis control. Intensive efforts are made to identify untreated individuals who are infected so that they will not become infectious. Contact investigations are

done through extensive interviewing and follow up of all identified contacts with TB skin testing. Persons found to have latent TB infection (non-infectious) also receive medications free of charge through the health department.

In 2007, there were 3 tuberculosis cases. 45 contacts were identified; 1 was identified as having latent TB infection.

The department reviews uninsured patients through the monthly chest clinic. The TB Clinician reviewed 29 patients free of charge in 2007. ([Essential Public Health Services 1, 2, 6](#))

LEAD PROGRAM

Lead testing is provided free of charge through a Maternal Child Health Block Grant to children 6 months through 6 years of age. The department provides this service through the office of the local WIC Program (Women, Infant, and Children). Families of children who are identified as having elevated blood levels receive education and an environmental investigation. 129 children were tested through the department in 2007. One child was identified as having an elevated blood lead level. In addition, 7 children were referred to the department through local physician offices.

([Essential Public Health Services 1, 2, 3, 4, and 7](#))

EMERGENCY PREPAREDNESS ACTIVITIES

The nursing staff regularly participates in activities to enhance their preparedness for responding to emergencies in the community. This is accomplished through opportunities provided by the Indiana State Department of Health, Centers for Disease Control and Prevention (CDC), Federal Emergency Management Agency (FEMA), and various partners who play a crucial role in response. Training is accomplished through seminars, web casts, on-line study, and participation in local and district planning.

([Essential Public Health Services 4 and 8](#))

