



VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment



Working together for
a healthier Virginia



2004
Annual Report

From the State Health Commissioner Robert B. Stroube, M.D., M.P.H.

I am pleased to present you with the Virginia Department of Health (VDH) 2004 Annual Report. Achieving our key public health objectives requires innovation and the cooperation of a dedicated team. Over the past year, VDH has continued to develop valuable community partnerships, helping us to proactively respond to the public health needs of Virginians.



When news broke that British regulators suspended the license of flu vaccine manufacturer Chiron last October, VDH stood to lose about half of the vaccine that it had ordered for the 2004-05 flu season. The U.S. Centers for Disease Control and Prevention (CDC) coordinated with the only other injectable flu vaccine manufacturer, Aventis-Pasteur, to redirect some of the vaccine the company had not yet distributed to target the vaccine toward people at high-risk of complications from the flu. VDH immediately began to collaborate with each of the local health districts to establish the most effective way to get the vaccine to those at highest risk.

In addition, VDH coordinated public health response to multiple storms and tropical depressions that swept through several Virginia regions during the past hurricane season. VDH also dispatched a public health response team to assist with the operation of shelters in Florida following hurricanes Charley and Frances. The VDH team included 18 public health nurses, two outreach workers and seven support personnel volunteers. The team provided residents direct medical care, basic health and emotional support.

VDH also developed a lead level action plan in response to increased public concerns about elevated levels of lead in drinking water. The plan called for additional statewide sampling for lead in drinking water and also included a study of lead levels at 237 randomly selected child day cares and elementary schools. The study found that lead levels in drinking water at most of these facilities were below the Environmental Protection Agency (EPA) action level.

In April 2004, VDH created an informational wallet card containing useful emergency preparedness tips and a fill-in-the-blank area to record personal health information necessary for receiving medical services during an emergency. We partnered with Wal-Mart, Giant Food, and Safeway to distribute 1.1 million wallet cards statewide. Virginia was the first state to produce and distribute such a tool.

Our staff has demonstrated an ability to maximize the effectiveness of their programs by reaching out to the community. These partnerships are essential to addressing many of Virginia's most pressing public health challenges. We are proud of the progress made in 2004 to achieve many of our key objectives. I look forward to another productive year working closely with our partners as we strive toward a healthier Virginia.

A handwritten signature in black ink that reads "Robert B. Stroube". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

**From the Chairman of the
State Board of Health
Jack O. Lanier, Dr. P.H.,
MHA, FACHE**

The State Board of Health provides leadership in the planning and policy development for the Commonwealth and the Virginia Department of Health (VDH) in order to implement organized, prevention-oriented programs that promote and protect the health of all Virginians. The Board also serves as the primary advocate and representative of the citizens of the Commonwealth in achieving optimal health.



All of the health professions are represented by a least one member of the Board. Accordingly, the Board is diligent about and committed to serve the best interest of all citizens of the Commonwealth. It is important to note that the programmatic initiatives of state and local agencies are continually assessed to ensure the health and well-being of Virginians is protected.

Of primary interest to the Board are the public health and medical-related issues identified annually by the Executive Branch and the General Assembly. Additionally, the efforts of the corporate community toward maintaining a healthy workforce throughout the Commonwealth remain a high priority of the Board.

Last year, we collaborated with the State Board of Education to develop a Joint Committee report. The report, issued in September, examined a wide range of issues pertaining to nutrition and physical fitness levels of Virginia students in grades K-12 and established a response to expressed concerns about increases in childhood obesity rates. The Joint Committee believed that improvements in the nutritional environment within schools and an increase in physical activity levels of students can create significant long-term improvements in health status and educational achievement, and reductions in health care expenditures.

During a retreat last August, the Board of Health formally adopted chronic disease prevention and control as a long term priority - from the perspective of both a policy-making body and as a public health advocate. The goal of our strategic imperative is to reduce the occurrence of chronic disease in Virginia while also mitigating its impact. We support a multi-pronged and well-coordinated effort employing the resources of both the public (state and local government) and private sector to prevent and control chronic diseases. We also support programs and policies that promote healthy behaviors; avoidance of known risk factors, such as tobacco use, poor nutrition, and physical inactivity; and the evidence-based management of chronic diseases.

We will continue to identify key issues and develop purposeful and strategic initiatives for meeting our goals. I look forward to continuing to work closely with my fellow Board of Health colleagues as we strive to advance the quality of life for all Virginians through improved health.

A stylized, handwritten signature of Jack O. Lanier in black ink.

State Board of Health Members - 2004

Jack O. Lanier, Dr. P.H., MHA, FACHE
Chairman
Consumer
Richmond

Craig A. Reed, D.V.M.
Virginia Veterinary Medical Association
Marshall

Jean M. Donovan, Ph.D.
Local Government
Staunton

Cora L. Gray, R.N., M.S.N.
Virginia Nurses' Association
Chesapeake

Richardson Grinnan, M.D.
Managed Care Health Insurance Plans
Richmond

W. Scott Burnette
Hospital Industry
South Hill

Ed D. Spearbeck
Virginia Pharmacists Association
Arlington

Bushan Pandya, M.D.
Medical Society of Virginia
Danville

Katherine Elliott
Nursing Home Industry
Roanoke

Barry I. Griffin, D.D.S.
Virginia Dental Association
Richmond

James H. Edmonson, Jr.
Consumer
McLean

Julie L. Beales, M.D.
Medical Society of Virginia
Richmond

Frederick J. Hannett
Corporate Purchaser of Health Care
Arlington

Office of Health Policy & Planning

The mission of the Office of Health Policy and Planning (OHPP) is to improve access to quality health care for all Virginia residents. OHPP has a longstanding history of collaboration with other state agencies, non-profit groups, and private companies. Such partnerships have allowed OHPP to:

- contribute to the development of health policy through analyses and research of the issues affecting the cost, quality, and accessibility of health care;
- assist rural and medically underserved communities and populations to improve healthcare systems; and
- develop and administer programs to increase and strengthen the healthcare workforce.

In 2004, OHPP received a State Planning Grant from the U.S. Health Resources and Services Administration. This grant funds activities to decrease the number of working uninsured in Virginia. The grant application process consisted of collaboration by the Virginia Primary Care Association, the Virginia Rural Health Association, the Virginia Hospital and Healthcare Association, the Virginia Healthcare Foundation, the Community Access Project grantees, the Department of Medical Assistance Services, the Office of the Governor, the Medical College of Virginia, the Edward Via School of Osteopathic Medicine, and many other healthcare leaders.

Statewide Governor's Conference Makes a Business Case for Covering the Uninsured

The Second Annual Governor's Conference on Covering the Uninsured was one of the successful grant activities. The conference was a very successful first step in engaging the business community in dialogue about health care and health policy issues. Virginia led the nation as the first of its kind statewide summit, bringing together members of business associations, business owners, insurers, health care providers, legislators and others to develop strategies to increase the number of workers with health insurance. More than 300 people attended the conference, about 20 percent of them representing the business community.

OHPP Collaborates with Virginia Health Care Foundation

Another State Planning Grant partnership success is one with the Virginia Health Care Foundation. By leveraging existing resources, the partnership has yielded the largest and most comprehensive survey on the uninsured ever undertaken in Virginia. The survey will not only provide data that will guide the State Planning Grant process but will allow state health policymakers to make data-driven resource allocation decisions.

OHPP Helps Partner Secure Federal Resources

Underserved communities are eligible for a number of federal resources if they have been federally designated as having limited health care resources. OHPP's partnership with the Virginia Primary Care Association has enabled OHPP to initially designate or redesignate 74 geographic areas last year. These designations have resulted in new federal resources, such as the \$3,507,874 awarded to Virginia Primary Care Association members under the President's Community Health Center initiative.

In its commitment to ensuring all Virginians' access to quality health care, OHPP continues to work with its partners to develop solutions that address the needs of medically underserved, vulnerable, and uninsured populations.



Participants gather at the Second Annual Governor's Conference in Lansdowne, Virginia to discuss ways to increase the number of insured.

“The Second Annual Governor’s Conference on Covering the Uninsured is truly a partnership of state health policy officials, business leaders and health care providers coming together to shape viable solutions for everyone in our Commonwealth,” said Office of Health Policy and Planning Director Rene Cabral-Daniels, J.D., M.P.H.

Office of Environmental Health Services

The mission of the Office of Environmental Health Services (OEHS) is to serve and promote, through participative teamwork, Virginia's environmental health leadership. This report focuses on the OEHS Marina Program which seeks to protect public health and the environment through the education of boaters and regulation of marina operations.

Marina Program: Protecting Virginia's Recreational Waters

As the popularity of boating and other water related recreational activities increase in the Commonwealth, the proper disposal of sewage from boats is critical. Boat sewage is much more concentrated than domestic sewage and can be very hazardous to the marine environment. Releasing boat toilet waste into marina waters can cause health hazards including infectious hepatitis and diarrhea. It can also contribute to the death of fish and valuable marine plant life. Shellfish beds, swimming areas and fishing areas may have to be closed because of boat sewage contamination of those waters.

The Marina Regulations establish uniform requirements for the provision and operation of onshore sewage receiving and treatment facilities in order to protect public health and improve water quality. Environmental health specialists conduct more than 1,300 annual inspections of boating facilities to ensure the existence of infrastructure capable of addressing these sanitary waste issues.

Finding clean, convenient restrooms and reasonably priced sewage holding tank pump-out and dump station facilities can be a challenge for many of Virginia's recreational boaters. The Federal Clean Vessel Act (CVA) grant, managed by the Marina Program, provides 75 percent of the funding to purchase and maintain equipment designed to remove sewage from boats. To date, nearly \$3 million in CVA funding has been secured for Virginia and more than 140 sewage holding tank pump-out and dump stations have been installed.

The Marina Program leads successful outreach programs to educate recreational boaters in the Hampton Roads and Smith Mountain Lake areas each summer. The outreach programs employ college student interns through the Hampton Roads Sanitation District Commission, Old Dominion University, and Ferrum College to promote the proper disposal of vessel sewage at boating facilities. Student interns educate boaters by providing information about proper handling of boat waste and offering free sewage holding tank pump-outs. The program reaches thousands of recreational boaters annually. The table below summarizes the outreach effort.

2004 Boater Education Summary

	Hampton Roads	Smith Mtn. Lake
Boat Owners Receiving Educational Material	2,196	343
Boat Sewage Holding Tanks Pumped	691	231
Gallons of Boat Sewage Pumped	9,831	6,226



Recreational boater using a CVA funded sanitary waste holding tank pump-out station at Old Point Comfort Marina in Hampton, Virginia.

Emergency Preparedness & Response Programs

The Virginia Department of Health is providing an effective and rapid response to the health and medical needs of the citizens of Virginia during emergencies through ambitious collaboration, planning, training and continual testing and enhancement of Virginia's public health response system. Virginia is ranked among the top six states in the country for readiness to respond to bioterrorism and other public health emergencies according to a recent study from the national non-profit organization Trust for America's Health.

Planning, Assessment, Exercises

Emergency Preparedness and Response Programs (EPR) has developed a family of response plans to address manmade and naturally occurring public health threats in collaboration with state, federal and private partners, as well as the public. These include Biohazard Detection System, Surge Capacity, Pandemic Flu, and Hurricane Plans. Virginia has taken the lead on the Cities Readiness Initiative for the National Capital Region. VDH received a top rating from the U.S. Centers for Disease Control and Prevention for its Strategic National Stockpile receipt, management and distribution plan.

VDH participated in a federal counter-terrorism exercise, Determined Promise 2004, which tested response capabilities to explosive and chemical events. More than 90 percent of local health districts have tested their local response plans as well as participating in these statewide exercises. Other events, including hurricanes, floods and outbreaks of communicable disease, provided real life opportunities to demonstrate improved capabilities to respond.

Surveillance and Outbreak Investigation

Surveillance and epidemiology efforts, managed by the Division of Surveillance and Investigation, are focused on strengthening infrastructure for disease detection and response. Epidemiologists hired at the district, regional, and central offices are identifying and responding promptly to clusters of disease throughout the Commonwealth.

In addition, preparations are ongoing to implement automated early detection systems to rapidly identify diseases traditionally reported to the health department as well as to identify trends and patterns of certain disease syndromes, termed syndromic surveillance.

Education and Training

Education and training activities have been extensive in their content and scope, and have demonstrated partnership with other agencies, educational institutions and emergency response communities. A broad range of courses have been provided to large numbers of emergency responders within and outside the health department. VDH has played a leadership role in planning emergency response training for all state agencies, including developing an emergency response training program for all state employees. EPR has also developed and distributed brochures on all terrorism-linked biologic, chemical and radiologic agents for emergency responders and health care providers.

Health Alert Network/Communications

VDH's Office of Information Management has led the effort for Virginia to acquire a Web-based, statewide emergency alerting/communication system (SWAN - Statewide Alert Network) to be used for dissemination of emergency medical information to public and private health care providers as well as state agencies during natural or



EPR personnel staff the Emergency Coordination Center (ECC), for the federal counter-terrorism exercise Determined Promise 2004. The ECC serves as the state level health coordinating center for imminent or actual public health emergencies.

manmade disasters. VDH has been instrumental in the procurement of systems that assure maintenance of essential communications during emergencies, including satellite phones, and 800 MHz radios.

Public Information/Risk Communications

To help citizens prepare for emergencies that may impact their health, VDH distributed a public health emergency preparedness information wallet card. The card contains useful emergency preparedness tips and an area to record personal health information for each family member. Virginia is the first state to produce and distribute such a tool.

Funding

- U.S. Centers for Disease Control and Prevention (CDC)
Funding to improve the state’s public health infrastructure and health care system for response to bioterrorism, infectious disease outbreaks and other public health emergencies

FY 04\$29,313,295
(includes carryover of \$4,272,570 from previous year s funds)

- Health Resources Services Administration (HRSA)
Funding to improve hospital and health system preparedness.

FY 04\$11,890,053

Other Funding

- Medical Reserve Corps (MRC)
MRCs are part of the Virginia Corps that recruit volunteers to assist with medical and health care emergencies. 15 MRCs have been established in Virginia, 12 of which have received grants to support their recruitment efforts. Grants have been awarded to local health departments, local governments and to one state university. Prospect of continued funding is uncertain.

FY 04\$583,780

- State General Funds
Funding to support six (of 35) local epidemiologists hired throughout the state.

FY 04\$584,000

Staffing

- Established 140 positions performing various functions throughout the agency in the areas of epidemiology, planning and assessment, information technology, education and training, and public affairs. This includes 94 positions placed in localities.
- An additional 37 positions are funded in the Virginia Department of General Services, Division of Consolidated Laboratory Services (state lab).



Representatives from various federal, state, and local agencies join together to participate in Determined Promise 2004.



An EMS Advanced Life Support Training Specialist demonstrates how to test SimMan's blood pressure.

Virginia's EMS system

- 32,877 certified EMS providers
- 601 operational Medical Directors
- 810 licensed EMS agencies
- 3,991 permitted EMS vehicles
- 12 minute average statewide response time
- 11 regional EMS Councils
- \$3.7 million in Rescue Squad Assistance Fund grants awarded to 194 volunteer EMS agencies
- \$1.6 million distributed to assist with Basic Life Support and Advance Life Support training
- \$3.2 million returned to Virginia localities for equipment, supplies and training activities
- 8,400 certification exams processed
- 120,000 requests for continuing education credits processed

Office of Emergency Medical Services

The Office of Emergency Medical Services (EMS), Virginia's system for saving lives at the incident scene, traditionally collaborates with numerous local and state government agencies, local rescue squads, educational institutions and health care facilities to ensure Virginians the highest quality emergency medical care possible.

New Patient Simulators Distributed Statewide for Emergency Medical Services Training

Last year, EMS purchased 20 patient training simulators that not only look like live patients, they respond in much the same way. The new SimMan patient simulators were distributed statewide to Virginia's 15 accredited training sites, which annually teach more than 500 EMS providers skills necessary for certification.

The SimMan patient training simulators are more advanced and offer more training options than on previous simulators.

“The simulators test the clinical and decision-making skills of EMS providers during realistic patient care scenarios,” said State Health Commissioner Robert B. Stroube, M.D., M.P.H.

The simulators also help promote uniformity of education at EMS training sites and provide critical training skills for Virginia's 32,877 EMS providers.

EMS Teams Up with Virginia Department of Fire Programs for Vehicle Rescue Training

To increase vehicle safety and patient extrication training for Virginia's EMS providers, the Office of EMS offered instruction to EMS providers through the Department of Fire Programs Heavy and Tactical Rescue Vehicle Rescue Course. This increases the availability of courses and enhances the training of EMS responders throughout the state.

EMS and Virginia Department of Social Services Create New Training Program on Reporting Adult Abuse

The Office of EMS joined with the Department of Social Services to develop a training program for EMS providers called “Reporting Adult Abuse.” The one-hour program, produced by the Office of EMS, was broadcast in September 2004 on its emergency medical services satellite network reaching 50 sites across the state. A training video based on this program will be provided free to each of Virginia's EMS agencies, Basic Life Support Instructors and Advanced Life Support Coordinators.

Crisis Interventions Continue for 9/11 First Responders

The Office of EMS planned and coordinated crisis intervention for first responders (EMS, fire, law enforcement and Critical Incident Stress Management team, massage therapy team members, and victim advocates) who responded to the Pentagon after the terrorist attack in September 2001. The program teaches responders how to handle stress related to their jobs. Monthly crisis interventions began in April 2004 for Virginia's first responders in the northern Virginia area who assisted at the Pentagon and their families. These interventions will end in September 2005.

Office of the Chief Medical Examiner

The Office of the Chief Medical Examiner (OCME) investigates and examines deaths of public interest. Medical Examiner cases include deaths that present a risk to public health or are sudden, unexpected, violent, or due to terrorism. More than 250 Virginia physicians serve as Local Medical Examiners, providing death investigation and certification as a public service to the citizens, as well as the civil and criminal justice systems. They refer homicides and other classes of deaths to four regional district offices where forensic pathologists perform medicolegal autopsies to determine the cause and manner of death, recover medical and forensic evidence, reconstruct how decedents were injured and continue the investigation.

Families Donate to OCME Programs

The OCME-administered State Anatomical Program provides researchers with about 400 anatomical donors annually. The OCME also cooperates with families, LifeNet and Old Dominion Eye Bank to facilitate organ and tissue donation on medical examiner cases. In 2004, OCME identified referrals helping 69 families to fulfill their desire to donate.

OCME Coordinates with State and Local Partners to Improve Public Health Injury and Violence Prevention Efforts

In the spirit of public health injury and violence prevention, the OCME coordinates the State Child Fatality Review Team, Family and Intimate Partner Violence Surveillance and Maternal Mortality Review. Virginia's OCME was the first U.S. Medical Examiner System demonstration site for the U.S. Centers for Disease Control and Prevention's National Violent Death Reporting System. These four initiatives are designed to educate policy makers and prevention partners on the circumstance of fatal injuries thereby inspiring preventive strategies that enhance the OCME's public health mission. Projects rely on multidisciplinary collaboration between state agencies, medical societies and other injury prevention organizations in the state.

OCME Participates in National Terrorism Exercise

The newest OCME initiative, MED-X, provides surveillance of reported out-of-hospital deaths for possible bioterrorism and emerging infections. The OCME's all-hazards plan is part of Virginia's homeland security planning and mass casualty response. The OCME participates in bioterrorism and other exercises conducted by the Emergency Preparedness and Response Programs. Over the course of a multi-day exercise, which simulated a terrorist attack, the OCME interacted with local, state and federal agencies. Participation in these exercises clarifies specific roles for the OCME in the event of an actual bioterrorism/all hazards incident.

OCME Staff Teaches Forensic Pathology and Legal Medicine at Virginia Universities

OCME pathologists, in collaboration with the Virginia Commonwealth University Health System and Eastern Virginia Medical School, hold accredited fellowships in forensic pathology and sponsor pathology resident and medical student rotations. OCME Staff teach forensic pathology and legal medicine in Virginia's institutions of higher learning and speak with audiences varying from law enforcement, allied health workers and attorneys to high school students. Partnering with the Division of Forensic Science of the Department of Criminal Justice Services, the OCME teaches nationally and internationally known accredited courses on death investigation under the umbrella of the Virginia Institute of Forensic Science and Medicine.



An OCME forensic autopsy technician operates an X-ray machine. X-rays are used to find bullets and broken bones and to assist in identification using dental records.

OCME investigated one in ten, or 5,823 deaths. OCME pathologists:

- Performed 2,788 medicolegal autopsies
- Responded to 590 subpoenas
- Devoted 769 hours to testify in Virginia Courts
- Taught 273 hours of formal classes



A public health nurse vaccinates a Virginia resident against the flu.

Office of Epidemiology

From interpreting scientific data to determine whether fishermen can eat their catch to identifying people exposed to tuberculosis, the Office of Epidemiology's primary goal is always the protection of human health. The office takes an integrated approach to respond to public health challenges, regularly coordinating with internal and external agency counterparts to bolster communication, surveillance and investigation efforts.

Division of Immunization Responds Effectively To Unexpected Shortage of Flu Vaccine

On October 5, public health officials across the country learned that, due to significant problems in its manufacturing process, one of the two licensed manufacturers of injectable flu vaccine would not be shipping any vaccine to the U.S. As a result, VDH stood to lose about half of the vaccine that it had ordered for the 2004-05 flu season.

Along with all other state health departments, VDH worked closely with the U.S. Centers for Disease Control and Prevention (CDC) to develop contingency plans. CDC obtained a commitment from the remaining licensed injectable flu vaccine manufacturer, Aventis-Pasteur, to redirect a portion of its vaccine that had not yet been distributed in order to ensure maximum immunization coverage for population groups at highest risk of developing severe and potentially fatal complications from the flu.

VDH collaborated with the 35 local health districts to develop local flu vaccine distribution plans. Each local health district tried to determine the best way to meet the needs of the high-risk people in their community. By the end of December, 371,000 doses of flu vaccine had been distributed to Virginia's local health districts and other health care providers.

Division of Surveillance and Investigation Identifies Sources of Several Multi-State Outbreaks

In 2004, the Division of Surveillance and Investigation (DSI) conducted investigations that originated from epidemiologists identifying patterns of unusual illness in Virginia, alerts from the Division of Consolidated Laboratory Services (DCLS), or notification from the CDC of clusters detected in other states. DCLS's foodborne disease genetic analysis system alerted DSI to several illness clusters, and led to DSI conducting one intrastate study and participating with the CDC and other state health departments in three multi-state studies to identify the source of foodborne outbreaks. After interviewing people, analyzing data and collecting specimens, the results of these studies pointed the way for the U.S. Food and Drug Administration (FDA) to conduct traceback investigations of suspected produce items. Once the source of infection is identified, ways to prevent future outbreaks can be implemented.

Radiological Health Program Participates In State Emergency Operation Plan

Every two years, the Federal Emergency Management Agency (FEMA) requires a demonstration of the State Emergency Operation Plan. In August 2004, VDH's Radiological Health Program participated in the State Emergency Operation exercise with various state and local agencies, including the Virginia Department of Emergency Management, and the owner and operator of the North Anna Nuclear Power Station. Staff from FEMA observed and evaluated emergency preparedness and response elements of each participating organization. It was determined, that based on simulated accident conditions, the participating agencies are capable of providing necessary measures to ensure the health and safety of the public in a radiological emergency.

Beach Monitoring Program Uses New Source Tracking to Keep Virginia Beaches Clean

In 2004, a new component to VDH's beach monitoring program included collaboration with a Virginia Tech researcher to conduct source tracking at beaches that exceeded the standard for bacteria. One tracking method provided information on whether a human waste stream was present at the beaches; a second method provided greater detail into the source of contamination as identification of the bacteria were linked to more specific sources, such as pets, wildlife, human, or waterfowl sources. The source tracking techniques have proved valuable to both Hampton and Newport News in providing information to assist them in identifying where to target mitigation efforts in an attempt to control wastewater contamination of beaches in their localities.

Get Smart Virginia Campaigns for Consumer Education on Appropriate Antibiotic Use

VDH's Get Smart Virginia program, in cooperation with the Medical Society of Virginia, kicked-off Antibiotic Awareness Month with a media campaign in October 2004. The month-long media campaign focused on educating consumers about when to use antibiotics and the problem of bacterial resistance. Activities included television, radio, print and bus advertising, employer-sponsored health activities and the distribution of educational materials at flu clinics, schools, libraries and public health agencies statewide. Articles about the campaign were published by the Virginia Pharmacists Association and in local and regional medical society newsletters.

Division of HIV, STD, and Pharmacy Services Use of Rapid HIV Test Gets Good Results

In 2004, the Division of HIV, STD, and Pharmacy Services began using OraQuick (rapid) HIV test technology with three Community-Based Organizations (CBOs) and four health districts. These CBOs had been conducting OraSure testing, an oral test that can produce results in a week. Because preliminary results are available within an hour, the use of OraQuick is expected to increase the percentage of individuals who receive their test results. Data from health districts show that 99.1 percent of clients receiving OraQuick testing were post-test counseled as compared to a statewide average of 37.7 percent with other antibody testing. The percentage of clients receiving post-test counseling with OraQuick testing by the CBOs is 99.7 percent, compared to 68.3 percent with the OraSure testing.

VDH Investigates Tuberculosis Exposure in Chesapeake

In response to the death of a hospital nurse from tuberculosis last June, Chesapeake Health District led a tuberculosis exposure investigation identifying thousands of people exposed to the disease. The District immediately activated their emergency response plan and established a command center and hotline. With the support of the Division of Tuberculosis Control, Community Emergency Response Teams, Medical Reserve Corps, the local hospital, school system, police, health department volunteers, public relations staff and others, the District was able to efficiently locate and screen people who were thought to have been exposed to tuberculosis infection. The District screened 2,742 people, including those screened at a Chesapeake high school, local health departments and private medical clinics. Of these, 1,561 individuals were evaluated as exposed and tested for tuberculosis infection. A total of 110 people tested positive for exposure to tuberculosis and were referred for treatment. The investigation found that only two active cases of tuberculosis were associated with this exposure.



Virginia's Beach Monitoring Program monitors bathing beaches along the Atlantic coast and the Chesapeake Bay. Signs are posted at beaches when water samples exceed the State Water Quality Standards for bacteria.

Office of Drinking Water

The Office of Drinking Water (ODW) serves as the Commonwealth's advocate for safe drinking water. The task of ensuring an adequate supply of safe and affordable drinking water often involves input and assistance from other state agencies and organizations.

Office of Drinking Water Responds to Lead in Drinking Water Concerns

In response to elevated lead levels in Washington D.C.'s public drinking water system, ODW coordinated the development of a lead level action plan to evaluate statewide lead monitoring efforts. As children are particularly susceptible to the adverse health effects caused by lead exposure, a study of lead levels in child daycare and elementary school drinking water sources was quickly initiated.

Local health department personnel throughout Virginia collected water samples from fixtures at 237 randomly selected facilities. First draw samples were collected at the most frequently used water fixture at each of the facilities. Additional samples were taken after a 60-second flush of the chosen faucets. Samples were delivered to the state's Division of Consolidated Laboratory Services for analysis. The study found that lead levels in drinking water at most of these facilities are below the Environmental Protection Agency (EPA) action level of 15 parts per billion.

Lead contamination rarely occurs in source water such as wells or reservoirs. Elevated lead levels in drinking water are usually caused instead by corrosion of lead pipes or plumbing fixtures. The U.S. Environmental Protection Agency's (EPA) Lead and Copper Rule of 1991 requires all public water systems to conduct sampling for lead in drinking water at least once every three years. Child daycare facilities and elementary schools that have their own water systems are also subject to this rule. However, since most elementary schools and child daycare facilities get their drinking water from public water systems, they are not required to sample their water fixtures for lead.

VDH continues to implement the federal Lead Contamination Control Act (LCCA) of 1988, which recalled drinking water coolers with lead-lined water reservoir tanks and banned new drinking water coolers with lead parts. The LCCA also established a technical assistance program in order to support state activities to reduce lead contamination in schools. In light of the heightened concern about lead in drinking water, ODW coordinated with the Virginia Departments of Social Services and Education last May to provide child daycare and elementary schools with updated educational materials on reducing children's exposure to lead.

“Our number one priority is to ensure the safety of the public’s drinking water,” said Office of Drinking Water Director Gerald W. Peaks, P.E. “In addition to the special sampling, we also want to help people understand how they can protect themselves and their families.”



An Office of Drinking Water employee demonstrates how to sample for lead in drinking water.

Waterworks Statistics/Accomplishments

- 518 waterworks operation permits issued
- 2,016 notices of violation issued
- 2,207 sanitary surveys at waterworks
- 197 drinking water complaints investigated
- FY 04, 16 drinking Water State Revolving Fund projects closed (\$11.7 million); 6 Water Supply Assistance Grant projects and One Source Grant given (\$1.5 million)

Community Health Services

Community Health Services provided through local health departments benefit all Virginians as well as the millions who visit our state each year. Such services include communicable disease prevention and control, immunizations, assuring the safety of food served in public establishments and individual drinking water supplies, maintaining vital records for deaths that occur in Virginia and health promotion.

VDH Staff Volunteer to Assist Hurricane Recovery Efforts in Florida

On September 8, 2004, 27 public health personnel from Virginia boarded planes and headed to Florida to help residents impacted by Hurricanes Charlie and Frances. The nurses, outreach workers and support personnel spent six days working 12 hour shifts at a community shelter in Indian River County, Florida.

The shelter housed more than 200 elderly residents and people with special medical needs. The Virginia team not only provided direct medical care, but also worked hard to provide the residents with proper hygiene and emotional support. They washed several hundred loads of laundry and helped some of the older residents get showers.

“In public health, the community is our patient and, in this case, the shelter became our community,” said Pat Winter, Public Health Nurse Manager for the Western Tidewater Health District. “We were able to use our public health skills to protect health and prevent disease within the shelter community.”

The team was composed of local public health personnel from the Alexandria, Chesterfield, Fairfax, Norfolk, Portsmouth, Virginia Beach, and Western Tidewater Health Districts.

“This is a great example of public health as a team sport,” said Jeff Lake, Deputy Commissioner for Community Health Services. Mr. Lake says the Deputy Secretary of Health in Florida was amazed how quickly Virginia responded, especially over the Labor Day weekend and was impressed with the quality and dedication of Virginia’s volunteers.

“It’s not surprising that a group of public health professionals from around Virginia could meet, many of which for the first time, receive an assignment and perform well.” said Gwendolyn Childs, Public Health Nurse Supervisor for the Portsmouth Health District. “Public health is public health, whether in Virginia or in Florida.”



Twenty-seven of VDH’s finest take a break from their volunteer efforts in Florida for a quick picture.



A nutrition coordinator prepares a heart healthy meal for participants in a Danville church's "Small Steps, Big Rewards" diabetes prevention and control project.

OFHS Data Highlights For 2004

- 54,048 children under age 6 screened for blood lead levels. Of these, 653 new cases of lead poisoning confirmed.
- 102,835 infants screened for nine metabolic and genetic disorders. 181 cases confirmed.
- 93,869 infants (99.8% of infants born in Virginia) screened for hearing loss. 73 identified with hearing loss.
- 77,000 women served in VDH family planning clinics.
- 9,776 mammograms and Pap tests provided to uninsured and underinsured women.
- More than 2,000 adolescent males and men learned what they could do to prevent sexual violence.
- 22,500 people trained to use the Question, Persuade, Refer (QPR) suicide prevention-training model.
- Served an average of 129,578 WIC participants each month.
- 10,289 child safety seats distributed to low-income families.
- 45,000 children participated in the school fluoride rinse program.

Office of Family Health Services

When you are charged with solving complex public health problems, success depends on your ability to form collaborative partnerships. The Office of Family Health Services regularly develops working relationships with dozens of public and private organizations and channels their collective skills, energy and resources into cohesive efforts that protect the health and wellbeing of Virginia's citizens.

The Divisions of Child and Adolescent Health, Women's and Infants' Health and WIC and Community Nutrition Services collaborated with Prevent Child Abuse Virginia, Comprehensive Health Investment Project of Virginia and the State Departments of Social Services and Medical Assistance Services to develop the New Parent Kit. The kit, which was initiated by Governor Mark R. Warner, includes parenting tips and information on the health, care and safety of children. More than 40,000 kits have been distributed throughout the state to new parents through local hospitals, medical providers and district health departments. In pilot projects in Southwest and Hampton Roads, the kit reached 72 percent of all new mothers by July 2004.

The Division of Chronic Disease Prevention and Control addresses some of the leading causes of sickness and death in Virginia, including hypertension and diabetes. Since 1999, the Division has coordinated annually with Prospect Empowering Center, a faith-based organization representing 300 African American churches, to improve exercise and healthy eating habits among its members. As a result, many of the churches routinely conduct health-related activities, teach the tenets of a healthy lifestyle and provide healthy choice menus at church functions.

Many people do not know that tooth decay is the most common childhood disease in Virginia. VDH's Divisions of Dental Health and WIC and Community Nutrition Services collaborated with the Virginia Dental Association, Head Start and the Virginia Department of Medical Assistance Services to develop Bright Smiles for Babies. The program's mission is to prevent tooth decay among children aged 6 months to 3 years. Launched in 2004, the Bright Smiles for Babies program has trained approximately 600 dental professionals, nurses and physicians who often see the children prior to their first visit to a dentist. Training includes preventative guidance, risk assessment and fluoride application techniques.

A 2004 study by the Center for Injury and Violence Prevention showed that 25 percent of Virginians surveyed were victims of sexual assault as children. In response, the Center partnered with more than 50 state agencies, sexual assault prevention organizations, schools and youth groups to develop a state plan, devise a tool to measure the success of local programs and work in elementary schools and on college campuses to raise awareness of sexual assault and provide citizens with the tools to stop it. The "Isn't She a Little Young?" campaign generated overwhelming response from news media nationwide. Coverage of the campaign made the front-page of the Washington Post and was featured on numerous network and cable television newscasts.

The Center for Quality Health Care Services & Consumer Protection

In 2004, the Center for Quality Health Care Services and Consumer Protection (the Center) continued its efforts to build partnerships with provider organizations, key stakeholders, and other state agencies to improve the quality of health care for Virginia's vulnerable populations. Notable examples include recognition as a "Quality Partner" by the Virginia Health Quality Initiative (VHQI), a Centers for Medicare and Medicaid Services (CMS) designated quality improvement organization, for "significant contributions to the public reporting of nursing home performance and demonstrated support as a partner with the VHQI to work towards improvement in health care quality for Virginia's nursing home residents and home health patients." The Center also partnered with the University of Virginia's Health System in the national Patient Safety Improvement Corps, a program encouraging public/private partnerships to address state level patient safety concerns. The Center participated in 50 separate educational statewide events on topics including:

- Inspection processes
- Federal data collection and quality measures
- Abuse prevention and reporting
- Hospice services
- Emergent care
- Intermediate care facilities for the mentally retarded services
- Emergency preparedness

The Center administers the state licensing programs for hospitals, outpatient surgical hospitals, nursing facilities, home care organizations, and hospice programs. The Center also administers the certification and registration programs for managed care health insurance plans licensees and private review agents, and the Certificate of Public Need program. In addition to state programs, the Center is the state survey agency for the federal reimbursement programs under CMS.

Inspections activities are used to satisfy both state licensure requirements and federal certification requirements. State and federal regulatory programs guard the health, safety and welfare of the public by establishing and enforcing standards to assure quality health care. The Center's medical facility inspectors, who conduct both state and federal regulatory inspections, are health care professionals, such as physicians, registered nurses, dietitians, social workers, and laboratory medical technologists. The Center also investigates consumer complaints regarding quality of health care services received. In 2004, the Center conducted 1,600 inspections, including complaint inspections.

The Certificate of Public Need program seeks to contain health care costs while ensuring financial viability and access to health care for all Virginians. In 2004, the program authorized 89 project certificates totaling \$981,180,725 and denied nine projects totaling \$32,947,407.

State Licensed Facilities and Programs

- 122 home care organizations
- 72 hospice programs
- 94 hospitals
- 90 managed care health insurance plans
- 269 nursing facilities
- 41 outpatient surgical hospitals
- 72 private review agents

Federally Certified Providers/Practitioners

- 34 ambulatory surgery centers
- 4254 clinical laboratories
- 11 comprehensive outpatient rehabilitation facilities
- 129 end stage renal disease facilities
- 165 home health services
- 58 hospice providers
- 101 hospitals
- 279 nursing facilities
- 124 outpatient physical therapy services
- 12 portable x-ray services
- 31 prospective payment system exclusions - Psychiatric units
- 4 prospective payment system exclusions - Rehabilitation hospitals
- 16 prospective payment system exclusions - Rehabilitation units
- 26 intermediate care facilities for the mentally retarded (ICF/MRs)
- 9 psychiatric hospitals
- 54 rural health clinics

Facilities and Services Requiring a Certificate of Public Need

- General hospitals
- Sanitariums
- Nursing facilities
- Intermediate care facilities
- Mental hospitals
- Mental retardation facilities
- Psychiatric facilities
- Specialized centers, clinics, or a portion of a physician's office developed for the provision of outpatient or ambulatory surgery
- Rehabilitation hospitals
- Any facility licensed as a hospital

Virginia Center for Health Statistics

The Virginia Center for Health Statistics (VCHS) compiles data annually on births, deaths, natural fetal deaths, and induced terminations of pregnancies. VCHS serves as the primary distributor of vital statistics data for Virginia.

Since the 1970s, the Center has been designated as the primary supplier of Virginia vital statistics at the federal level. The U.S. Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics often rely on the data the Center provides. The Center routinely submits data to the CDC, helping to present the national health care picture.

The Social Security Administration (SSA) uses the Center's data on births, and deaths to keep their databases updated and purge their files. The data the Center provides helps the SSA control cost by preventing fraud and other misappropriations of funds.

The Center also coordinates with the Virginia Department of Motor Vehicles (DMV) to help keep its database of licensees current. Death files are supplied that allow DMV to remove deceased drivers from their rolls. The Center also partnered with DMV in the development of a new Crash Outcome Data Evaluation System. A grant was awarded to DMV last August that will facilitate the linkage of data from VCHS, Virginia Health Information, emergency medical services and the trauma registry with crash data at DMV. The linked data will be used to support highway safety decision-making at the local, regional and state levels. Deaths from crashes, nonfatal injuries and the health care cost resulting will be reduced from the positive influence of the initiative on the highway safety decision making at the local, regional and state levels.



DVR can provide certified copies of records for birth, death, marriage and divorce events occurring in Virginia.

2003 Health Statistics

Births	100,561
Deaths	57,834
Infant deaths	766
Teen pregnancies	13,665
Induced terminations	26,281
Natural fetal deaths	7,793

Data for 2004 is incomplete

In 2003 the Division of Vital Records registered and filed:

98,999	Births
56,852	Deaths
61,978	Marriages
29,785	Divorces

Data for 2004 is incomplete

*Differences between VCHS and DVR data are caused by out-of-state events.

Division of Vital Records

The Division of Vital Records (DVR) is the official repository for the births, marriages, divorces and deaths in the Commonwealth. DVR provides the public certified copies of these events, often used to begin school or work, and to obtain passports, insurance, and driver's licenses.

In addition to providing certified copies of vital events to our citizens, DVR also assists law enforcement agencies in criminal investigations. DVR has provided valuable data to the U.S. Marshals, Secret Service, Federal Bureau of Investigation, Central Intelligence Agency, Department of Homeland Security, Citizenship and Immigration Services, Department of State, Department of Defense and local and state police departments throughout the country.

The Enumeration at Birth Program is a coordinated effort between DVR and the Social Security Administration (SSA). When a birth registrar presents a child's birth certificate to the parent for review and signature, the parent can request the State Registrar to report the birth to SSA for the issuance of a Social Security card.

DVR also supplies copies of paternity forms and adoption files to the Department of Social Services (DSS). This information helps DSS establish child support payment and can also help an adoptive person locate their birth parents.

Office of Administration

The Office of Administration (OA) manages the agency's financial, procurement, and human resource systems to meet the business needs of our service providers. With the changing face of public health, VDH offices and programs rely even more on the leadership of dedicated administrators in developing administrative policies, process improvements, and business practice standards. Through customer service, systems improvements, innovations, and collaboration, OA works behind the scenes performing vital roles in supporting the agency's mission. By developing and enhancing partnerships with others, OA made significant contributions to addressing new VDH issues this past year.

After relocating central office employees to the renovated the James Madison Building, a priority for OA was ensuring employees' personal safety in the new facility. Working jointly with the Department of General Services (DGS) and Capitol Police, building security assessments were conducted. A new building access code system, security cameras, monitors and the positioning of a security guard resulted. Capitol Police and OA continue to collaborate and identify new and emerging safety issues as VDH approaches the end of its first year in the building. Following the development of an Emergency Evacuation Plan, DGS and OA worked cooperatively on staff training, drills, and the installation of safety equipment identified in the plan. For the first time, evacuation wardens are now trained to use automated external defibrillators when an emergency arises.

OA supports emergency preparedness and response initiatives, particularly when VDH dispatched employees to Florida to assist with shelter operations following the hurricane disaster. The range of administrative activities included coordinating deployment, logistics, employee safety, procurement needs, and employee liability coverage. Employment policies, such as Fair Labor Standards Act, were identified and effectively managed, along with ways to minimize concerns for staff traveling to and entering in a disaster area. Managing funding needs, documentation requirements, and the federal reimbursement process for this disaster, as well as other disasters during the year, played an important role in this response effort.

The Office of Human Resources (OHR) assisted VDH's Emergency Preparedness and Response Programs in the initial contract management of the newly formed Medical Reserve Corps and the eventual hiring of a VDH volunteer coordinator. Administrative assistance in this new program ranges from resource identification to personnel basics, including recruitment, hiring practices, and liability considerations. OHR also developed the first agency Workforce Plan providing a blueprint for succession planning and recruitment strategies in competitive markets. OHR captured data from the Virginia Retirement System, Department of Human Resource Management, and private sector sources to support the agency's plan.



VDH floor wardens assist staff during an emergency evacuation drill.



Advances in technology increase the effectiveness and scope of VDH public health programs and support emergency preparedness efforts across the state.

Office of Information Management

The Office of Information Management (OIM) is responsible for the overall development, maintenance and security of information technology systems used at the Virginia Department of Health. OIM is also actively involved in collaborative projects with other state agencies to enhance data reporting and health care services in the Commonwealth.

OIM Helps Create an Online Statewide Emergency Communication System

OIM's Emergency Information Systems unit and the Virginia Information Technology Authority (VITA) established a Web-based, statewide emergency alerting/communication system (SWAN). The system will help to disseminate emergency medical information during an event. Funding for this communication system was through the VDH Emergency Preparedness and Response Programs grant from the U.S. Centers for Disease Control and Prevention. The SWAN application may be adopted by other agencies resulting in an integrated state system that would provide coordinated emergency responses to natural or man-made disasters.

The Emergency Information Systems unit has also been instrumental in the procurement of satellite phone technology to be used by VDH personnel, as well as other designated public/private health care partners. Satellite phones can be used as a redundant communication system when primary systems such as email, pagers, landline phones and cell phones fail. Satellite phones can also be used to access and activate the VDH SWAN for emergency response notification. With the SWAN and satellite phone technologies, VDH has brought itself into the 21st Century communications arena and to the forefront of public health communications capabilities.

Emergency Medical Services Trauma Registry Simplified

OIM has implemented the Emergency Medical Services (EMS) Trauma Registry which will be used in all hospitals that provide emergency services. The Trauma Registry is a Web application that permits hospitals to report certain injuries. OIM and the Virginia Department of Rehabilitative Services (DRS) are working to modify the Trauma Registry to incorporate the Virginia Brain & Spinal Cord Injuries reporting and other DRS requirements. With the proposed system modifications for DRS, the Trauma Registry will eliminate three different paper forms and make reporting much easier for hospitals.

OIM Helps Parents Start the FAMIS Application Process On-Site

Additionally, OIM has coordinated with the Virginia Department of Medical Assistance Services (DMAS) to incorporate the FAMIS/FAMIS Plus health insurance application into WebVISION. WebVISION is an enterprise system that manages the administrative functions associated with patient care and some clinical data. Incorporating the FAMIS application into WebVISION will enable parents to start the application process on-site. The completed application will be sent directly to the DMAS Central Processing Unit for eligibility determination. This improved application process should increase insurance enrollment for the approximately 49,000 uninsured, yet eligible, children in the state.

Office of Internal Audit

The Office of Internal Audit (IA) evaluates and reports on financial, operational and management controls and the quality of VDH operations with integrity, objectivity, and independence.

The office adheres to the Institute of Internal Auditor's Standards for the Practice of Internal Auditing as guidelines in the conduct of reviews. IA also complies with the professional standards by such organizations as the American Institute of Certified Public Accountants and the U.S. General Accounting Office.

The Internal Audit Charter confers authority and responsibility, from the State Commissioner of Health, to IA, ensuring unrestricted access to all agency activities, records, assets, and resources. This reporting relationship provides IA with independence, allowing the office to render impartial and unbiased judgments essential to the proper conduct of any internal audit.

During the past year, IA completed audits of one third of the agency's health districts. Reviews were also completed of security for several new system applications implemented.

Printed January 2005
Virginia Department of Health
109 Governor Street
Richmond, Virginia 23219
(804) 864-7001

Total print cost: \$1,993
Total number of documents printed: 1,000

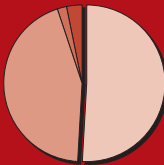
Editor: Kelly Lobanov
Graphic Design: Randy Stepanek

The VDH 2004 Annual Report can also be viewed online at www.vdh.virginia.gov
For additional copies, contact
Kelly Lobanov, Public Relations Coordinator
kelly.lobanov@vdh.virginia.gov

Fiscal Year 2003-2004 Expenditures

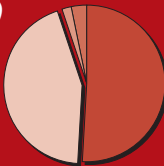
Services to Individuals (50.90%)

Family Planning.....	\$21,553,498
Maternal and Child Health.....	66,878,769
Support to Individuals	131,935,294
Total.....	\$220,367,561



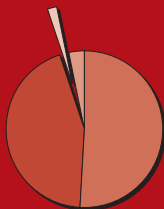
Services to Communities (43.98%)

Control of Communicable Disease/ Environmental Health.....	\$112,309,782
Health Education and Information.....	10,406,408
Planning and Regulation of EMS, Hospitals and Nursing Homes	22,807,556
Regulation of Materials and Toxic Substances	1,429,700
Vital Records and Health Statistics.....	4,160,468
Scholarships and Pilot/ Demonstration Projects	7,176,116
Water Supply and Sewage/ Wastewater Services.....	32,105,073
Total.....	\$190,395,103



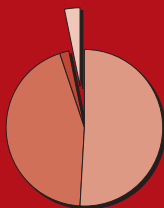
Support Services (1.92%)

Health Planning and Certificate of Public Need	\$2,597,706
Investigation of Accidental and Suspicious Deaths by Medical Examiner	5,703,143
Total.....	\$8,300,849



Administration (3.20%)

Administration Costs	\$13,877,546
Total.....	\$432,941,059



Virginia Department of Health Organizational Structure

State Health Commissioner



Virginia Department of Health
109 Governor Street
Richmond, Virginia 23219
(804) 864-7001
www.vdh.virginia.gov