



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR PUBLIC HEALTH**

**Matthew G. Bevin**  
Governor

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**Adam M. Meier**  
Secretary

**Jeffrey D. Howard, Jr., MD**  
Commissioner

February 28, 2019

Dear Members of the Kentucky General Assembly:

This past week, the Courier-Journal published several articles about our state's hepatitis A outbreak. These articles represent an attempt to disseminate a spurious and distorted view of our state's public health response to this outbreak. As such, I have determined it necessary to author this letter in order to provide accurate context for a situation that certainly deserves attention but has been badly misrepresented.

The articles in question contain several serious structural inaccuracies which may lead the reader to draw false conclusions. For instance, the authors failed to include any opinions or statements contrary to their chosen narrative and, as a result, presented clearly biased information to their readers. As of the drafting of this letter, three individuals (two local health department directors and one Commissioner from another state) have reached out to me and stated that they were interviewed for these articles, yet their positive and supportive comments were excluded from publication.

These articles also demonstrate a fundamental misunderstanding of Kentucky's public health system. Kentucky is a shared governance state for public health, which means that both the state and local public health institutions share governance of the public health system. However, for most purposes, Kentucky has operated for many years as a home-rule state in which locals, with near complete autonomy, make decisions regarding the actions of the individual local health departments (LHDs). These actions are governed by local boards of health and cover such matters as the allocation and expenditure of funding including, but not limited to, local public health tax and reserve fund usage. The Department for Public Health (DPH) and I, as Commissioner, can encourage LHDs to take specific actions, but contrary to the false implication in the articles, DPH generally cannot require or force a locality to pursue action.

The authors, in several of these articles, state that I "stuck to a \$3 million budget." However, this is not true, and I explicitly stated as much to the authors multiple times, yet they continued to publish this untruth. DPH never set a budget for dealing with the hepatitis A outbreak. Rather, I was provided an estimated budget of \$3 million by my team of nurses, epidemiologists, physicians and Ph.D. scientists who guided the department's side of the outbreak response. I used this estimation solely as a discussion point and not a strict budget.

Moreover, I always explained that our goal was not to stick to a budget but rather to get resources into the hands of the local entities that have access to the at-risk population. It was the latter that rural Kentucky struggled with, and this was true for many reasons. From the beginning of this outbreak, I have encouraged our LHDs to prepare for a response, dedicate resources, and work with my department which has stood ready to provide technical assistance along the way. Any narrative that suggests otherwise is false.

However, there is story that needs to be told. That story is that Kentucky has a public health system in crisis. Kentucky, as in many other states with large Medicaid expansion, has seen significant alterations in its public health infrastructure. Our budget, both state and local, has shrunk dramatically. The clientele we previously served has transitioned to other care sources. As a result, our footprint, especially in the clinical realm, has diminished and along with it our ability to respond to clinical outbreaks.

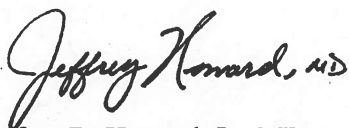
Unfortunately, these are not the only devastating changes facing our public health system. Our state's pension crisis has created an approximately \$40 million deficit in the system. This deficit threatens to close up to 42 of our LHDs in one year and another 22 the following year. **Let me be clear, more than half of our state's LHDs are at risk of closing within the next two years if something is not done.** Though my team has been busy working on the hepatitis A outbreak, during the last year, I have spent considerable time working with our local officials in order to salvage our public health system to ensure there is some semblance of protection for the public.

Moreover, this outbreak has clearly demonstrated how inequitable our public health system has become during these changes. The outbreak first appeared in the Louisville area and our state and local officials partnered to produce a response dubbed the "gold-standard" by representatives from the Centers for Disease Control and Prevention. It is illogical to then assert, as these recent articles have, that those same officials do not know how to respond to an outbreak. Rather, limited resources, coupled with difficulties in reaching the at-risk population with substance use disorder, have presented significant logistical problems in rural Kentucky. We must work together to make this system more equitable so that rural Kentucky has the same public health capabilities that exist in our urban areas.

In this outbreak, nearly 80 percent of those affected also suffer from substance abuse disorder (SUD). This could have been an opportunity to address the stigma of SUD, which often drives the negative health outcomes seen in the SUD population. This population is extremely difficult to reach because many persons suffering from SUD avoid care due to the stigma associated with their disease. I am proud to report that we have been able to make efficient use of syringe service programs to vaccinate this population. This could have been an opportunity for our media colleagues to help us demonstrate the value of syringe service programs in responding to infectious disease outbreaks.

My staff and I will make ourselves available to you or your teams to discuss the outbreak and the response, as we did in the fall when my team presented to the joint health and welfare committee. We welcome your interest and support. Hopefully, this outbreak has brought attention to the necessity of public health and the need for ongoing and further development of the public health infrastructure, both centrally and locally. Instead of perpetuating the negative influences of a biased media campaign, I ask that you unite with me to both save and improve the public health system for all Kentuckians.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey D. Howard, Jr., MD". The signature is written in a cursive, flowing style.

Jeffrey D. Howard, Jr., MD

Commissioner of the Department for Public Health



# Three Rivers District Health Department

510 S. Main St., Owenton, KY 40359

Phone: 502-484-3412 Fax: 502-484-0864



February 27, 2019

Kentucky General Assembly  
700 Capitol Avenue Loop  
Frankfort, KY 40601

Distinguished Members,

For the first time, after almost 20 years as a local public health director, I feel it is my duty to defend Kentucky's Public Health System. Prior to the work that is currently being led by Dr. Jeffrey Howard, Kentucky's Public Health Commissioner, I would have agreed that our system is "too low and too slow." Our public health system has been very disease-focused, reactive and administratively overladen. The system has maintained Kentucky's health status among the worst in the nation. It's surprising that the infrastructure of our system has never been called into question prior to now. While 43 deaths have occurred from the time the Hepatitis A outbreak was declared in November of 2017, 109 deaths have occurred from influenza during that same time period. Additionally, 1390 deaths have occurred from tobacco use since just January 1, 2019. The transformation that would allow our system to prevent unnecessary deaths versus react to them is underway by Dr. Howard and is the most groundbreaking that has ever occurred in our public health system.

Dr. Howard holds the distinction of being appointed to his position during one of the worst situations Kentucky's public health system has ever experienced. Amidst our *usual* poor health status, the opioid crisis and a Hepatitis A outbreak, the potential collapse of our state retirement system threatens to bankrupt our health departments. Dr. Howard recognizes that to protect and improve the health of Kentuckians, our public health system must be transformed. He and we (local public health leaders) believe we must empower *local* health departments, build a local comprehensive public system, and by doing so, improve health outcomes across the Commonwealth. Locally, our infrastructure must have the resources and be nimble enough to respond to public health issues whenever and wherever they occur. We cannot and should not wait to be "rescued by Frankfort."

Kentucky leaders must be bold enough to invest in building and maintaining proactive local public health systems. The system that we've had, one that many are comfortable with and vested in protecting, keeps us where we currently are – the unhealthiest in the country.

Sincerely,

Georgia Heise DrPH  
District Director



## BUFFALO TRACE DISTRICT HEALTH DEPARTMENT

serving Mason & Robertson County

130 East Second Street

Maysville, Kentucky 41056

606 564 9447

February 27, 2019

To Whom It May Concern:

Please accept this letter in response to the recent articles published in the Courier Journal regarding Kentucky's response to the Hepatitis A virus outbreak. As a local health department director this article was disheartening and absent of many additional facts regarding Kentucky's response. I believe Commissioner Howard and his team made sound decisions regarding the support and known resources available to him and the Department for Public Health during the early onset of the Hepatitis A outbreak. The Commissioner should not be chastised for his actions.

We all have roles to play in public health. In this particular case, the Commissioner's role is support and provide subject matter expertise for the outbreak response and my role as a local health department director is to lead a local response. One of the integral roles of local health departments and their respective Boards of Health is to be always ready to respond to and mitigate the spread of communicable disease, like Hepatitis A. All local health department directors should know this role and be ready to respond. Once alerted to a problem, a response should always be local first, state second, and federal third.

When a disease like Hepatitis A, threatened the people of Mason and Robertson County, I never once thought I needed to wait for the Kentucky Department for Public Health to send resources before I took any action. It is my job to prioritize staff and financial resources, enlist our community partners and begin an immediate best practice mitigation response for my jurisdiction to the best of my ability.

Given Kentucky's substance use crisis and all the community disease threats that follow substance use each local jurisdiction should be prioritizing prevention efforts, passing local harm reduction policies, offering disease preventable vaccinations, early disease detection screenings, and using available resources to prevent and/or slow the spread of disease long before it strikes hard on a community.

While it is true funding resources are very limited for local health departments, it is simply not an excuse not to respond. Health departments and their Boards have the ability to prioritize their resources to meet the most pressing needs first. It is a matter of leadership, education, and understanding the roles and relationship of the state and local health departments.

I am excited for Senator McGarvey's call to action. It will be discovered Commissioner Howard has done more for Kentucky's public health system than any other Commissioner or Department for Public Health employee in recent history.

Respectfully,



Allison A. Adams, MPA, RN

Public Health Director

*A healthy community for everyone*



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# Kentucky River District Health Department

441 Gorman Hollow Road  
Hazard, KY 41701  
Main: (606) 439-2361  
Fax: (606) 439-0870  
[www.krdhd.org](http://www.krdhd.org)

## **Knott County**

880 W. Main Street  
PO BOX 530  
Hindman, KY 41822  
(606) 785-3144  
(606) 785-5512 (f)

February 27, 2019

To Whom It May Concern:

## **Lee County**

48 Center Street  
PO BOX 587  
Beattyville, KY 41311  
(606) 464-2492  
(606) 464-5050 (f)

I am writing this letter in response to a recent series of articles published by the Courier Journal in Louisville regarding the Hepatitis A outbreak in Kentucky. This article alleges that the response by the Department for Public Health and Commissioner Howard was "too low and too slow".

## **Leslie County**

78 Maple Street  
PO BOX 787  
Hyden, KY 41749  
(606) 672-2393  
(606) 672-5006 (f)

I was contacted by the authors of this article but none of my comments were included in the article. I currently serve as the director of the KY River District Health Department which covers 7 counties in Eastern KY. These counties are economically depressed and have high rates of substance use disorder. There are multiple public health issues that we are addressing.

## **Letcher County**

115 E Main Street  
Whitesburg, KY 41858  
(606) 633-2945  
(606) 633-0831 (f)

Commissioner Howard has been very supportive of our health department and our work in this region. The Department for Public Health provided us with \$100,000.00 to purchase Hepatitis A vaccine. This vaccine was used to vaccinate high risk populations in our jails, drug rehab centers, and homeless shelters. I also have been urging every resident of our region to get vaccinated at their private provider or pharmacy if they have insurance or Medicaid coverage. This outbreak has hit our area extremely hard due to our high rates of illicit drug use. As of 2/22/2019 we have 209 confirmed cases of acute Hepatitis A in my district. 85.9% of those cases are in individuals who are intravenous drug users.

## **Owsley County**

HWY 28  
PO BOX 220  
Booneville, KY 41314  
(606) 593-5181  
(606) 593-7438 (f)

I believe the Hepatitis A outbreak highlights a great concern within our public health system. It is easy to try to place blame on Commissioner Howard for a response that has been less than what some people would have like to have seen. However, I believe Dr. Howard has shown model leadership during this time. The breakdown in the system is a result of many years of underfunding, increasing pension costs, and the erroneous belief that the Affordable Care Act would address our public health concerns. Since 2008 the local health departments have seen their funding reduced from the state. This has led to reductions in staff which have greatly impacted our ability to respond to public health threats in our communities. Commissioner Howard has actually convened an advisory

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Hazard, KY 41701  
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(606) 439-1813 (f)

## **Wolfe County**

145 Old KY 15  
PO BOX 98  
Campton, KY 41301  
(606) 668-3185  
(606) 668-6076 (f)

committee of local public health directors to work with him on a plan to restructure our public health system so our focus is on foundational issues like responding to outbreaks of communicable disease.

I am very grateful for the leadership and support provided by Commissioner Howard during this outbreak. I would be glad to share my perspectives as a local public health director as to how we can improve our response based upon the lessons we have learned. Ultimately, I believe it will show that we must strengthen our public health infrastructure so we are capable of addressing any threat to the health of the residents of the Commonwealth.

Best Regards,

A handwritten signature in black ink, appearing to read "A. Scott Lockard". The signature is fluid and cursive, with the first name "A." followed by "Scott" and "Lockard" in a stylized script.

A. Scott Lockard MSW, CSW  
Public Health Director  
KY River District Health Department



## Lincoln Trail District Health Department

108 NEW GLENDALE ROAD  
P.O. BOX 2609  
ELIZABETHTOWN, KENTUCKY 42702-2609  
(270)-769-1601  
FAX (270)-765-7274



February 26, 2019

To Whom it May Concern,

Lincoln Trail District Health Department began seeing cases of hepatitis A as early as October 2017. To date, we have had 103 confirmed cases within a total population of approximately 230,000 people.

I believe that the hepatitis A outbreak demonstrates several key take home messages:

- The fact that approximately 20% of the cases had no known risk factors should serve as a lesson to all that disease primarily affecting individuals with a history of illicit drug use can and will affect those outside the at-risk population. This demonstrates why public health officials are adamant about the need for syringe exchange programs within their communities due to their ability to combat the spread of communicable disease in order to protect entire populations. Syringe Exchange programs serve as an entry point for hard to reach individuals and give public health officials the ability to provide needed services beyond syringes such as vaccinations, testing, resources, and education.
- The need for accountability at both the state and local health department level is obvious as well as the need to focus public health dollars on core services such as communicable disease control and emergency preparedness which is highlighted within the Commissioner's Public Health Transformation Plan. Many local health departments had to make the difficult decision between continuing billable services within their clinics in order to make payroll or responding to an outbreak. Simplifying public health services to core mandates eliminates this struggle. Holding local and state health department officials accountable, as advocated by Dr. Howard, is necessary to ensure proper response and stewardship of resources.
- This outbreak demonstrates the importance of the public health system and the impact that erosion of support and resources has taken on all of us. For years state and federal dollars have been cut and funds received have focused on programmatic funding, for example funds specifically for Zika, Ebola, and Tuberculosis rather than general communicable disease response. This funding structure has been inflexible and thus prohibited public health officials from utilizing resources for maximum outcome and actual events. Dr. Howard's support allowed local health departments the much-needed flexibility needed in order to respond with reduced staffing levels necessitated by increased pension costs and the aforementioned reductions in state and federal funding.

■ **HARDIN COUNTY HEALTH CENTER**  
580 WESTPORT ROAD  
ELIZABETHTOWN, KENTUCKY 42701  
270-765-6196 Clinic Phone  
270-763-0397 Clinic Fax  
270-769-0312 Environmental Phone  
270-769-0471 Environmental Fax

■ **LARUE COUNTY HEALTH CENTER**  
215 EAST MAIN STREET  
HODGENVILLE, KENTUCKY 42748  
270-358-3844 Clinic Phone  
270-358-5816 Clinic Fax  
270-358-8665 Environmental Phone  
270-358-3983 Environmental Fax

■ **MARION COUNTY HEALTH CENTER**  
516 NORTH SPALDING AVENUE  
LEBANON, KENTUCKY 40033  
270-692-3393 Clinic Phone  
270-692-0045 Clinic Fax  
270-692-0200 Environmental Phone  
270-692-0238 Environmental Fax

■ **MEADE COUNTY HEALTH CENTER**  
520 HILLCREST DRIVE  
BRANDENBURG, KENTUCKY 40108  
270-422-3988 Clinic Phone  
270-422-5699 Clinic Fax  
270-422-5919 Environmental Phone  
270-422-3901 Environmental Fax

■ **NELSON COUNTY HEALTH CENTER**  
325 SOUTH THIRD STREET  
BARDSTOWN, KENTUCKY 40004  
502-348-3222 Clinic Phone  
502-349-1557 Clinic Fax  
502-348-3698 Environmental Phone  
502-349-4968 Environmental Fax

■ **WASHINGTON COUNTY HEALTH CENTER**  
302 EAST MAIN STREET  
SPRINGFIELD, KENTUCKY 40069  
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859-336-9162 Clinic Fax  
859-336-0574 Environmental Phone  
859-336-0623 Environmental Fax



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## Lincoln Trail District Health Department

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I have served as a public health employee for 17 years, 5 of which have been in the capacity as a public health director. During my career, I have not seen the level of support to local health departments from the Kentucky Department for Public Health as strong as that under Dr. Jeffrey Howard's leadership. His involvement of public health leadership at the national, state, and local levels to evaluate the current public health system in the Commonwealth and look for real solutions to create sustainability and improved health statistics for Kentuckians is inspiring and long overdue. The hepatitis A outbreak in Kentucky cannot be blamed on any one individual for it certainly highlights systemic problems at the national, state, and local level that have left the public health system at large minimally resourced and unfocused.

Respectfully,

Sara Jo Best, MPH  
Public Health Director  
Lincoln Trail District Health Department

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270-358-3983 Environmental Fax

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270-692-0238 Environmental Fax

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270-422-3901 Environmental Fax

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502-348-3698 Environmental Phone  
502-349-4968 Environmental Fax

■ **WASHINGTON COUNTY HEALTH CENTER**  
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859-336-0623 Environmental Fax



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QVA HAV → hand sanitizer?



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR PUBLIC HEALTH**

**Matthew G. Bevin**  
Governor

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**Scott W. Brinkman**  
Acting Secretary

**Jeffrey D. Howard, Jr., MD**  
Commissioner (Acting)

**Kentucky Department for Public Health  
Funding Requirements for the Statewide Hepatitis A Outbreak  
As of March 19, 2018**

**Summary of Kentucky's Hepatitis A Outbreak:**

In November 2017, the Kentucky Department for Public Health (DPH) identified an outbreak of acute hepatitis A, which exceeded the 10-year average number of reported cases. Several cases have been infected with a strain of the hepatitis A virus (HAV) genetically linked to outbreaks in both California and Utah. California has reported 700 cases with 458 Hospitalizations and 21 deaths since March 2017. Utah has reported 202 cases with 102 hospitalizations and no deaths since January 2017. Similar to outbreaks in these states, the primary risk factors for Kentucky's outbreak has been homelessness and illicit drug use.

Hepatitis A is a vaccine-preventable, highly contagious disease of the liver caused by HAV. The disease typically spreads when a person unknowingly ingests the virus from objects, food, or drinks contaminated by small, undetected amounts of stool from an infected person. Hepatitis A can also spread from close personal contact with an infected person through sexual contact or caring for someone who is ill. Vaccination of at-risk individuals is the most effective means of prevention from the disease.

The following is an overview of Kentucky's outbreak.

- In Kentucky, 176 cases have been reported with 126 hospitalizations and 1 death since August 2017;
- Kentucky typically averages 20 cases of hepatitis A per year;
- 79% or 133 cases have been reported in Jefferson County; and
- More than 18,200 hepatitis A vaccinations have been administered statewide with 7,620 vaccinations administered in Jefferson County.

Kentucky counties with outbreak-associated cases include Anderson, Boyd, Bullitt, Carter, Fayette, Greenup, Hopkins, Jefferson, Kenton, Leslie, Marion, Marshall, McCracken, Russell, Spencer, Taylor and Warren.

## **Public Health Outbreak Response:**

The Department for Public Health's primary strategies to prevent the spread of the HAV include vaccination, post-exposure prophylaxis with vaccination and immune globulin, education about hand-washing, and providing access to proper sanitation and hand-washing facilities.

As part of Kentucky's current outbreak, DPH has used the following strategies to manage the spread of HAV:

- Vaccination of homeless populations through shelters and community outreach
- Vaccination of illicit drug users through:
  - Corrections facilities
  - Homeless shelters
  - Halfway houses
  - Substance use disorder facilities
  - Louisville Metro syringe access program
  - Health departments
  - Partnerships with Federally Qualified Health Centers

DPH is actively working to support local health jurisdictions both with and without outbreak-associated cases to control transmission of the disease or prevent future infections through the following efforts:

- Communicating with local, state, and federal (CDC) partners;
- Conducting enhanced surveillance;
- Providing federally-funded hepatitis A vaccine for outbreak control;
- Facilitating molecular laboratory testing to confirm outbreak cases;
- Compiling and disseminating hepatitis A toolkit materials;
- Providing technical consultation; and
- Providing on-site personnel.

HAV outbreaks have been reported among the homeless, who have an increased risk of infection due to living conditions when compared with the general population. Morbidity and mortality have been higher in hepatitis A outbreaks involving the homeless and illicit drug users. Substance abuse and homeless population data in Kentucky shows the following:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health reports 2.6% of Kentucky's 12 and older population were dependent on or abused illicit drugs equating to approximately 96,000 individuals (SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014).
- According to SAMHSA, 19% of food service workers report substance use or substance use disorders. (Report available at: [https://www.samhsa.gov/data/sites/default/files/report\\_1959/ShortReport-1959.html](https://www.samhsa.gov/data/sites/default/files/report_1959/ShortReport-1959.html)).
- The National Restaurant Association estimates that there are about 196,900 food service employees working in restaurant establishments in Kentucky (National Restaurant Association, based on data from the Bureau of Labor Statistics & U.S. Census Bureau, 2015).
- In 2012 – 2016, more than 5,694 Kentuckians died of drug overdoses. (2016 Overdose Fatality Report, Kentucky Office of Drug Control Policy).

- In 2016, the Louisville Coalition for the Homeless calculated 6,373 unduplicated homeless individuals in Louisville. (Louisville Metro Continuum of Care 2016 Homeless Census document. <http://louhomeless.org/wp-content/uploads/2013/02/2016-Homeless-Census-Final.pdf>).

### **Public Health Vaccination Efforts:**

The approximate rate of hepatitis A vaccinations among adults in the United States is 9% (<https://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm>). With a population of approximately 3.4 Million adults in the Commonwealth, this rate exposes approximately 3 million adults in Kentucky to the risk of contracting the disease. (<https://www.census.gov/quickfacts/KY>).

Currently, the majority of Kentuckians affected by the outbreak are homeless and/or use illicit drugs. Targeting this specific group of high-risk individuals continues to be the most effective strategy to managing the outbreak. However, in addition to this population, Kentucky is now beginning to experience cases of hepatitis A that have indicated higher risk for exposure for the general population. There has been a significant increase in the risk of exposure through the public's contact with food service workers in high-risk infection areas. The increased risk to the public requires public health prevention efforts to be expanded beyond targeting illicit drug users and homeless.

Despite the increased risk of transmission, federal funding for Kentucky from the Center for Disease Control and Prevention (CDC) for the purchase of vaccine has been exhausted. Effective March 13, 2018, the DPH reached and exceeded the cap of emergency outbreak vaccine federal funding (\$250,000). The following federal funding was received in response to the state's outbreak:

- On February 16, 2018, the program requested \$146,039.27 in outbreak vaccine funds for the Louisville Metro Department of Public Health and Wellness.
- On March 9, 2018, the program requested \$34,735 in outbreak vaccines for Fayette and Boyd County Health Departments.
- On March 12, 2018, an additional \$214,278 in outbreak vaccine funds was requested for the Louisville Metro Public Health and Wellness.

DPH anticipates outbreak related costs to reach approximately \$3 million in order to address this matter. The funding will be used to purchase additional vaccine and to supplement personnel needed to administer the vaccine in high-risk areas. With this additional funding, vaccination efforts targeting illicit drug users, the homeless, corrections inmates, and at-risk food-service workers can be expanded in Jefferson County and other high-risk counties identified through surveillance efforts. All 120 Kentucky counties would have access to the vaccine. This amount was determined as outlined below:

- |  |                    |
|--|--------------------|
| ▪ 90,000 doses of Hepatitis A vaccine at \$27.68 per dose          | Total: \$2,491,200 |
| ▪ Supplemental Operational Costs (Personnel, vaccination supplies) | Total: \$ 508,800  |

Funding would provide hepatitis A vaccine for 90,000 Kentucky adults across the state. Additional vaccines would allow the homeless and a large proportion of the estimated 96,000 illicit drug users to be vaccinated when identified, as well as target food-service establishments in high-risk areas and increase vaccinations in corrections facilities in counties where cases arise among inmates. The purchase and administration



vaccinations to targeted high-risk groups combined with outreach efforts to about the risks and transmission are the most effective ways to slow the rate of infection across the Commonwealth.

DRAFT

Dr. Howard mentioned there was a “white paper” produced by his staff in 2018 on the state response and resources that were deemed needed, and that you guys could provide a copy?

(See attachment)

-Dr. Howard said he’d be willing to do a quick video about the outbreak and its challenges. Could we set something up maybe next week?

Dr. Howard will not be available for a video interview.

-Can you help clarify our understanding: Is the Copy of Vaccine order overview you provided the **total number** of all vaccines purchased by the state with state dollars or funneled through the state via the CDC (317 and state-provided vaccines) to county HDs ? (total says 45,510)

In reviewing the data, there is a column for funding source. Some of the vaccine listed are State funded. 317 funded denotes federally provided vaccine. Local health departments order through DPH and the vaccine arrives to them free of charge. The CDC pays for the vaccine called “317”.

-Did Louisville get anything from the state prior to the \$250,000 they got in 2018?

Information about funding for Louisville as well as other cities/communities is provided in the white paper regarding the outbreak. Additional details can be obtained from the local health department.

Finally, a few more data points we’re looking for based on issues Dr. Howard raised:

-Remainder of outbreak cases by county and week, from November 2018 to current (discussed earlier)

See online reports

-Total CDC contribution in both dollars for vaccines and/or # of physical vaccines provided separately.

| Time Period              | Month  | CDC 317<br>Doses Ordered | Cost of Vaccine<br>Ordered | Administered CDC<br>317 Funded |
|--------------------------|--------|--------------------------|----------------------------|--------------------------------|
| 11/1/2017-<br>11/30/2017 | Nov-17 | 500                      | 14,140.00                  | 139                            |
| 12/1/2017-<br>12/31/2017 | Dec-17 | 1750                     | 77,970.00                  | 1077                           |
| 1/1/2018-<br>1/31/2018   | Jan-18 | 2120                     | 85,466.20                  | 1142                           |

|                                   |                              |              |                     |              |
|-----------------------------------|------------------------------|--------------|---------------------|--------------|
| <b>2/1/2018-<br/>2/28/2018</b>    | <b>Feb-18</b>                | <b>6150</b>  | <b>303,812.30</b>   | <b>2825</b>  |
| <b>3/1/2018-<br/>3/31/2018</b>    | <b>Mar-18</b>                | <b>5440</b>  | <b>180,313.30</b>   | <b>2392</b>  |
| <b>4/1/2018-<br/>4/30/2018</b>    | <b>Apr-18</b>                | <b>5900</b>  | <b>189,920.80</b>   | <b>4429</b>  |
| <b>5/1/2018-<br/>5/31/2018</b>    | <b>May-18</b>                | <b>3030</b>  | <b>87,397.20</b>    | <b>4094</b>  |
| <b>6/1/2018-<br/>6/30/2018</b>    | <b>Jun-18</b>                | <b>30</b>    | <b>1,418.00</b>     | <b>2211</b>  |
| <b>7/1/2018-<br/>7/31/2018</b>    | <b>Jul-18</b>                | <b>4430</b>  | <b>142,368.40</b>   | <b>1298</b>  |
| <b>8/1/2018-<br/>8/31/2018</b>    | <b>Aug-18</b>                | <b>3580</b>  | <b>110,640.80</b>   | <b>2998</b>  |
| <b>9/1/2018-<br/>9/30/2018</b>    | <b>Sep-18</b>                | <b>140</b>   | <b>3,959.20</b>     | <b>1470</b>  |
| <b>10/1/2018-<br/>10/31/2018</b>  | <b>Oct-18</b>                | <b>1000</b>  | <b>28,280.00</b>    | <b>1272</b>  |
| <b>11/1/2018-<br/>11/30/2018</b>  | <b>Nov-18</b>                | <b>1660</b>  | <b>47,229.60</b>    | <b>1463</b>  |
| <b>12/1/2018 -<br/>12/31/2018</b> | <b>Dec-18</b>                | <b>2240</b>  | <b>63,347.20</b>    | <b>1426</b>  |
| <b>1/1/2019 -<br/>1/29/2019</b>   | <b>1/2019 as of<br/>1/29</b> | <b>2420</b>  | <b>69,861.60</b>    | <b>1544</b>  |
| <b>Total</b>                      |                              | <b>40390</b> | <b>1,406,124.60</b> | <b>29780</b> |

-Local health department spending on A response/vaccines – (but I think you said you all don't track, right?)

**We do not track this.**

-Data on cash reserves of local HDs (Dr. Howard mentioned a figure but wanted to make sure we checked on it)

**\$233 million is the total for all local health department cash reserves.**





Kentucky Cabinet for Health and Family Services

Office of Health Data and Analytics

Division of Analytics

D-DMS-191190 - Hepatitis A Vaccinations

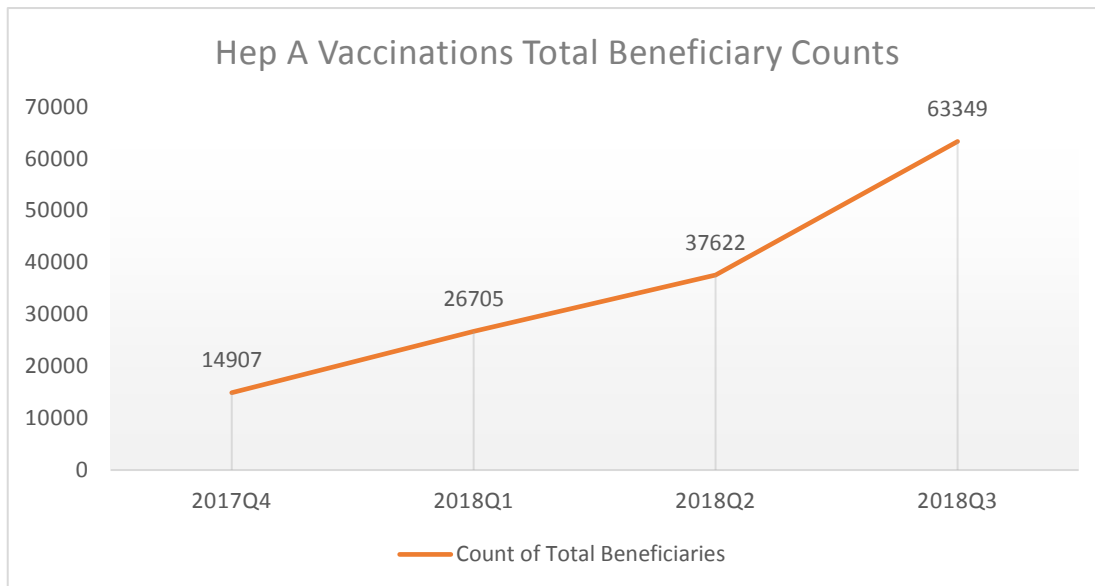
Created By:

Lynn Ng

Created Date:

2/12/2019

| Quarter | Count of Total Beneficiaries |
|---------|------------------------------|
| 2017Q4  | 14907                        |
| 2018Q1  | 26705                        |
| 2018Q2  | 37622                        |
| 2018Q3  | 63349                        |



| County       | Clinic Name                               | Vaccine          | Intent | Funding Source | Total Doses By Clinic | Total Doses by County |
|--------------|---|------------------|--------|----------------|-----------------------|-----------------------|
| Adair        |   |                  |        |                |                       | 60                    |
|              | ADAIR COUNTY HEALTH DEPARTMENT            | Hep A adult      | ADULT  | SPLIT(317)     | 10                    |                       |
|              | ADAIR COUNTY HEALTH DEPARTMENT            | Hep A adult      | ADULT  | STATE          | 50                    |                       |
| Allen        |   |                  |        |                |                       | 200                   |
|              | ALLEN COUNTY HEALTH DEPARTMENT            | Hep A adult      | ADULT  | SPLIT(317)     | 200                   |                       |
| Anderson     |   |                  |        |                |                       | 20                    |
|              | ANDERSON COUNTY HEALTH DEPARTMENT         | Hep A adult      | ADULT  | STATE          | 20                    |                       |
| Ballard      |   |                  |        |                |                       | 10                    |
|              | BALLARD COUNTY HEALTH DEPARTMENT          | Hep A adult      | ADULT  | SPLIT(317)     | 10                    |                       |
| Boone        |   |                  |        |                |                       | 930                   |
|              | BOONE COUNTY HEALTH CENTER                | Hep A adult      | ADULT  | 317            | 680                   |                       |
|              | BOONE COUNTY HEALTH CENTER                | HepA/B (TWINRIX) | ADULT  | SPLIT(317)     | 250                   |                       |
| Bourbon      |   |                  |        |                |                       | 50                    |
|              | BOURBON COUNTY HEALTH DEPARTMENT- H109    | HepA/B (TWINRIX) | ADULT  | 317            | 20                    |                       |
|              | BOURBON COUNTY HEALTH DEPARTMENT- H109    | HepA/B (TWINRIX) | ADULT  | SPLIT(317)     | 10                    |                       |
|              | BOURBON COUNTY HEALTH DEPARTMENT- H109    | Hep A adult      | ADULT  | SPLIT(317)     | 20                    |                       |
| Boyd         |   |                  |        |                |                       | 3760                  |
|              | BOYD COUNTY HEALTH DEPARTMENT             | Hep A adult      | ADULT  | SPLIT(317)     | 2960                  |                       |
|              | BOYD COUNTY HEALTH DEPARTMENT             | HepA/B (TWINRIX) | ADULT  | STATE          | 500                   |                       |
|              | BOYD COUNTY HEALTH DEPARTMENT             | Hep A adult      | ADULT  | STATE          | 300                   |                       |
| Boyle        |   |                  |        |                |                       | 50                    |
|              | BOYLE COUNTY HEALTH DEPARTMENT            | Hep A adult      | ADULT  | SPLIT(317)     | 50                    |                       |
| Bracken      |   |                  |        |                |                       | 20                    |
|              | BRACKEN COUNTY HEALTH DEPARTMENT          | Hep A adult      | ADULT  | SPLIT(317)     | 20                    |                       |
| Breathitt    |   |                  |        |                |                       | 30                    |
|              | BREATHITT COUNTY HEALTH DEPARTMENT        | Hep A adult      | ADULT  | SPLIT(317)     | 30                    |                       |
| Breckinridge |   |                  |        |                |                       | 20                    |
|              | BRECKINRIDGE COUNTY HEALTH DEPT           | Hep A adult      | ADULT  | STATE          | 20                    |                       |
| Bullitt      |   |                  |        |                |                       | 260                   |
|              | BULLITT COUNTY HEALTH DEPARTMENT          | Hep A adult      | ADULT  | SPLIT(317)     | 220                   |                       |
|              | BULLITT COUNTY HEALTH DEPARTMENT          | HepA/B (TWINRIX) | ADULT  | SPLIT(317)     | 40                    |                       |
| Calloway     |   |                  |        |                |                       | 20                    |
|              | CALLOWAY COUNTY HEALTH CENTER             | Hep A adult      | ADULT  | SPLIT(317)     | 20                    |                       |
| Campbell     |   |                  |        |                |                       | 200                   |
|              | CAMPBELL COUNTY HEALTH CENTER             | Hep A adult      | ADULT  | SPLIT(317)     | 200                   |                       |
| Carlisle     |   |                  |        |                |                       | 10                    |
|              | CARLISLE COUNTY HEALTH CENTER             | Hep A adult      | ADULT  | SPLIT(317)     | 10                    |                       |
| Carroll      |   |                  |        |                |                       | 210                   |
|              | CARROLL COUNTY HEALTH CENTER              | Hep A adult      | ADULT  | SPLIT(317)     | 210                   |                       |
| Carter       |   |                  |        |                |                       | 700                   |
|              | CARTER COUNTY HEALTH CENTER               | Hep A adult      | ADULT  | SPLIT(317)     | 700                   |                       |
| Christian    |   |                  |        |                |                       | 960                   |
|              | CHRISTIAN COUNTY HEALTH DEPARTMENT - H124 | Hep A adult      | ADULT  | SPLIT(317)     | 960                   |                       |
| Clark        |   |                  |        |                |                       | 480                   |
|              | CLARK COUNTY HEALTH DEPARTMENT            | Hep A adult      | ADULT  | SPLIT(317)     | 160                   |                       |
|              | CLARK COUNTY HEALTH DEPARTMENT            | Hep A adult      | ADULT  | STATE          | 20                    |                       |
|              | CLARK REGIONAL MEDICAL CENTER- 100073     | Hep A adult      | ADULT  | 317            | 300                   |                       |
| Clay         |   |                  |        |                |                       | 450                   |
|              | CLAY COUNTY HEALTH CENTER                 | Hep A adult      | ADULT  | SPLIT(317)     | 400                   |                       |
|              | CLAY COUNTY HEALTH CENTER                 | Hep A adult      | ADULT  | STATE          | 50                    |                       |
| Clinton      |   |                  |        |                |                       | 40                    |

|   |                  |       |            |      |             |
|---|------------------|-------|------------|------|-------------|
| CLINTON COUNTY HEALTH CENTER                | Hep A adult      | ADULT | SPLIT(317) | 20   |             |
| CLINTON COUNTY HEALTH CENTER                | Hep A adult      | ADULT | STATE      | 10   |             |
| CLINTON COUNTY HEALTH CENTER                | HepA/B (TWINRIX) | ADULT | STATE      | 10   |             |
| <b>Cumberland</b>                           |                  |       |            |      | <b>20</b>   |
| CUMBERLAND COUNTY HEALTH CENTER             | Hep A adult      | ADULT | SPLIT(317) | 10   |             |
| CUMBERLAND COUNTY HEALTH CENTER             | Hep A adult      | ADULT | STATE      | 10   |             |
| <b>Daviess</b>                              |                  |       |            |      | <b>60</b>   |
| DAVIESS COUNTY HEALTH CENTER- H130          | Hep A adult      | ADULT | 317        | 40   |             |
| DAVIESS COUNTY HEALTH CENTER- H130          | Hep A adult      | ADULT | STATE      | 20   |             |
| <b>Estill</b>                               |                  |       |            |      | <b>200</b>  |
| ESTILL COUNTY HEALTH DEPARTMENT             | Hep A adult      | ADULT | SPLIT(317) | 100  |             |
| FAIRVIEW COMM HLTH CTR -BOWLING GREEN- FQ55 | Hep A adult      | ADULT | SPLIT(317) | 100  |             |
| <b>Fayette</b>                              |                  |       |            |      | <b>2240</b> |
| LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT  | Hep A adult      | ADULT | SPLIT(317) | 1700 |             |
| LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT  | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 520  |             |
| BLUEGRASS COMM HC-EAGLE CREEK- FQ45         | Hep A adult      | ADULT | 317        | 10   |             |
| BLUEGRASS COMM HEALTH CTR- FQ28             | Hep A adult      | ADULT | 317        | 10   |             |
| <b>Fleming</b>                              |                  |       |            |      | <b>150</b>  |
| FLEMING COUNTY HEALTH DEPARTMENT            | Hep A adult      | ADULT | SPLIT(317) | 100  |             |
| FLEMING COUNTY HEALTH DEPARTMENT            | Hep A adult      | ADULT | STATE      | 50   |             |
| <b>Floyd</b>                                |                  |       |            |      | <b>150</b>  |
| FLOYD COUNTY HEALTH DEPARTMENT              | Hep A adult      | ADULT | SPLIT(317) | 140  |             |
| FLOYD COUNTY HEALTH DEPARTMENT              | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 10   |             |
| <b>Franklin</b>                             |                  |       |            |      | <b>320</b>  |
| FRANKLIN COUNTY HEALTH DEPARTMENT           | Hep A adult      | ADULT | SPLIT(317) | 180  |             |
| FRANKLIN COUNTY HEALTH DEPARTMENT           | Hep A adult      | ADULT | STATE      | 90   |             |
| FRANKLIN COUNTY HEALTH DEPARTMENT           | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 30   |             |
| FRANKLIN COUNTY HEALTH DEPARTMENT           | HepA/B (TWINRIX) | ADULT | STATE      | 20   |             |
| <b>Fulton</b>                               |                  |       |            |      | <b>20</b>   |
| FULTON COUNTY HEALTH CENTER-FULTON          | Hep A adult      | ADULT | SPLIT(317) | 10   |             |
| FULTON COUNTY HEALTH CENTER-HICKMAN         | Hep A adult      | ADULT | SPLIT(317) | 10   |             |
| <b>Grant</b>                                |                  |       |            |      | <b>300</b>  |
| GRANT COUNTY HEALTH CENTER                  | Hep A adult      | ADULT | SPLIT(317) | 110  |             |
| GRANT COUNTY HEALTH CENTER                  | Hep A adult      | ADULT | STATE      | 100  |             |
| GRANT COUNTY HEALTH CENTER                  | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 90   |             |
| <b>Graves</b>                               |                  |       |            |      | <b>60</b>   |
| GRAVES COUNTY HEALTH CENTER                 | Hep A adult      | ADULT | SPLIT(317) | 60   |             |
| <b>Grayson</b>                              |                  |       |            |      | <b>980</b>  |
| GRAYSON COUNTY HEALTH CENTER                | Hep A adult      | ADULT | SPLIT(317) | 350  |             |
| GRAYSON COUNTY HEALTH CENTER                | Hep A adult      | ADULT | STATE      | 600  |             |
| GRAYSON COUNTY HEALTH CENTER                | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 10   |             |
| GRAYSON COUNTY HEALTH CENTER                | HepA/B (TWINRIX) | ADULT | STATE      | 20   |             |
| <b>Greenup</b>                              |                  |       |            |      | <b>920</b>  |
| GREENUP COUNTY HEALTH DEPARTMENT            | Hep A adult      | ADULT | SPLIT(317) | 620  |             |
| GREENUP COUNTY HEALTH DEPARTMENT            | Hep A adult      | ADULT | STATE      | 300  |             |
| <b>Hancock</b>                              |                  |       |            |      | <b>10</b>   |
| HANCOCK COUNTY HEALTH CENTER- H146          | Hep A adult      | ADULT | STATE      | 10   |             |
| <b>Hardin</b>                               |                  |       |            |      | <b>640</b>  |
| HARDIN COUNTY HEALTH CENTER                 | Hep A adult      | ADULT | SPLIT(317) | 640  |             |
| <b>Harlan</b>                               |                  |       |            |      | <b>280</b>  |
| HARLAN CO HLTH CTR-HARLAN                   | Hep A adult      | ADULT | SPLIT(317) | 280  |             |
| <b>Harrison</b>                             |                  |       |            |      | <b>20</b>   |
| HARRISON COUNTY HEALTH CENTER               | Hep A adult      | ADULT | SPLIT(317) | 20   |             |
| <b>Henderson</b>                            |                  |       |            |      | <b>10</b>   |
| HENDERSON COUNTY HEALTH CENTER- H151        | Hep A adult      | ADULT | STATE      | 10   |             |



|           |   |                  |       |            |       |       |
|-----------|---|------------------|-------|------------|-------|-------|
| Henry     |   |                  |       |            |       | 120   |
|           | HENRY COUNTY HEALTH CENTER              | Hep A adult      | ADULT | SPLIT(317) | 120   |       |
| Hickman   |   |                  |       |            |       | 20    |
|           | HICKMAN COUNTY HEALTH CENTER            | Hep A adult      | ADULT | SPLIT(317) | 20    |       |
| Hopkins   |   |                  |       |            |       | 50    |
|           | HOPKINS COUNTY HEALTH DEPARTMENT - H154 | Hep A adult      | ADULT | SPLIT(317) | 50    |       |
| Jackson   |   |                  |       |            |       | 200   |
|           | JACKSON COUNTY HEALTH CENTER            | Hep A adult      | ADULT | 317        | 200   |       |
| Jefferson |   |                  |       |            |       | 23060 |
|           | LOUISVILLE METRO HEALTH DEPT            | Hep A adult      | ADULT | SPLIT(317) | 12820 |       |
|           | LOUISVILLE METRO HEALTH DEPT            | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 8420  |       |
|           | LOUISVILLE METRO HEALTH DEPT            | Hep A adult      | ADULT | STATE      | 1000  |       |
|           | LOUISVILLE METRO HEALTH DEPT            | HepA/B (TWINRIX) | ADULT | STATE      | 800   |       |
|           | LMHD - SPECIALTY CLINIC SC156K          | Hep A adult      | ADULT | SPLIT(317) | 10    |       |
|           | LMHD - SPECIALTY CLINIC SC156K          | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 10    |       |
| Jessamine |   |                  |       |            |       | 100   |
|           | JESSAMINE COUNTY HEALTH DEPARTMENT      | Hep A adult      | ADULT | SPLIT(317) | 100   |       |
| Johnson   |   |                  |       |            |       | 90    |
|           | JOHNSON COUNTY HEALTH DEPARTMENT        | Hep A adult      | ADULT | SPLIT(317) | 80    |       |
|           | JOHNSON COUNTY HEALTH DEPARTMENT        | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 10    |       |
| Knott     |   |                  |       |            |       | 50    |
|           | KNOTT COUNTY HEALTH CENTER              | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 50    |       |
| Knox      |   |                  |       |            |       | 20    |
|           | KNOX COUNTY HEALTH CENTER               | Hep A adult      | ADULT | STATE      | 20    |       |
| Larue     |   |                  |       |            |       | 10    |
|           | LARUE COUNTY HEALTH CENTER              | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 10    |       |
| Laurel    |   |                  |       |            |       | 720   |
|           | LAUREL COUNTY HEALTH DEPARTMENT         | Hep A adult      | ADULT | SPLIT(317) | 620   |       |
|           | SAINT JOSEPH - LONDON 100281            | Hep A adult      | ADULT | 317        | 100   |       |
| Lawrence  |   |                  |       |            |       | 100   |
|           | LAWRENCE COUNTY HEALTH DEPARTMENT       | Hep A adult      | ADULT | SPLIT(317) | 100   |       |
| Lee       |   |                  |       |            |       | 40    |
|           | LEE COUNTY HEALTH CENTER                | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 10    |       |
|           | LEE COUNTY HEALTH CENTER                | Hep A adult      | ADULT | SPLIT(317) | 30    |       |
| Letcher   |   |                  |       |            |       | 30    |
|           | LETCHER COUNTY HEALTH CENTER            | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 10    |       |
|           | LETCHER COUNTY HEALTH CENTER            | Hep A adult      | ADULT | SPLIT(317) | 20    |       |
| Lewis     |   |                  |       |            |       | 200   |
|           | LEWIS COUNTY HEALTH DEPARTMENT          | Hep A adult      | ADULT | SPLIT(317) | 190   |       |
|           | LEWIS COUNTY HEALTH DEPARTMENT          | Hep A adult      | ADULT | STATE      | 10    |       |
| Lincoln   |   |                  |       |            |       | 100   |
|           | LINCOLN COUNTY HEALTH DEPARTMENT        | Hep A adult      | ADULT | SPLIT(317) | 100   |       |
| Madison   |   |                  |       |            |       | 510   |
|           | MADISON COUNTY HEALTH DEPARTMENT- H176  | Hep A adult      | ADULT | SPLIT(317) | 500   |       |
|           | BEREA PRIMARY CARE CLINIC- FQ29         | Hep A adult      | ADULT | SPLIT(317) | 10    |       |
| Magoffin  |   |                  |       |            |       | 110   |
|           | MAGOFFIN COUNTY HEALTH DEPARTMENT       | Hep A adult      | ADULT | SPLIT(317) | 110   |       |
| Marshall  |   |                  |       |            |       | 70    |
|           | MARSHALL COUNTY HEALTH DEPARTMENT       | Hep A adult      | ADULT | SPLIT(317) | 40    |       |
|           | MARSHALL COUNTY HEALTH DEPARTMENT       | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 30    |       |
| Martin    |   |                  |       |            |       | 80    |
|           | MARTIN COUNTY HEALTH DEPARTMENT         | Hep A adult      | ADULT | SPLIT(317) | 50    |       |

|   |                  |       |            |     |     |
|---|------------------|-------|------------|-----|-----|
| MARTIN COUNTY HEALTH DEPARTMENT         | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 30  |     |
| Mason                                   |                  |       |            |     | 220 |
| MASON COUNTY HEALTH CENTER              | Hep A adult      | ADULT | SPLIT(317) | 170 |     |
| MASON COUNTY HEALTH CENTER              | Hep A adult      | ADULT | STATE      | 50  |     |
| McCracken                               |                  |       |            |     | 90  |
| MCCRACKEN COUNTY HEALTH CENTER          | Hep A adult      | ADULT | SPLIT(317) | 80  |     |
| MCCRACKEN COUNTY HEALTH CENTER          | Hep A adult      | ADULT | STATE      | 10  |     |
| McCreary                                |                  |       |            |     | 30  |
| MCCREARY COUNTY HEALTH CENTER           | Hep A adult      | ADULT | SPLIT(317) | 10  |     |
| MCCREARY COUNTY HEALTH CENTER           | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 20  |     |
| Meade                                   |                  |       |            |     | 10  |
| MEADE COUNTY HEALTH CENTER              | Hep A adult      | ADULT | STATE      | 10  |     |
| Mercer                                  |                  |       |            |     | 40  |
| MERCER COUNTY HEALTH CENTER             | Hep A adult      | ADULT | SPLIT(317) | 40  |     |
| Monroe                                  |                  |       |            |     | 20  |
| MONROE COUNTY HEALTH DEPARTMENT - H186  | Hep A adult      | ADULT | SPLIT(317) | 20  |     |
| Montgomery                              |                  |       |            |     | 530 |
| MONTGOMERY COUNTY HEALTH CENTER         | Hep A adult      | ADULT | SPLIT(317) | 460 |     |
| MONTGOMERY COUNTY HEALTH CENTER         | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 20  |     |
| MONTGOMERY COUNTY HEALTH CENTER         | Hep A adult      | ADULT | STATE      | 50  |     |
| Morgan                                  |                  |       |            |     | 160 |
| MORGAN COUNTY HEALTH CENTER             | Hep A adult      | ADULT | SPLIT(317) | 150 |     |
| MORGAN COUNTY HEALTH CENTER             | Hep A adult      | ADULT | STATE      | 10  |     |
| Nelson                                  |                  |       |            |     | 30  |
| NELSON COUNTY HEALTH CENTER             | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 10  |     |
| NELSON COUNTY HEALTH CENTER             | Hep A adult      | ADULT | SPLIT(317) | 20  |     |
| Ohio                                    |                  |       |            |     | 20  |
| OHIO COUNTY HEALTH CENTER- H192         | Hep A adult      | ADULT | STATE      | 20  |     |
| Oldham                                  |                  |       |            |     | 670 |
| OLDHAM COUNTY HEALTH DEPARTMENT         | Hep A adult      | ADULT | SPLIT(317) | 300 |     |
| OLDHAM COUNTY HEALTH DEPARTMENT         | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 50  |     |
| OLDHAM COUNTY HEALTH DEPARTMENT         | Hep A adult      | ADULT | STATE      | 300 |     |
| OLDHAM COUNTY HEALTH DEPARTMENT         | HepA/B (TWINRIX) | ADULT | STATE      | 20  |     |
| Owen                                    |                  |       |            |     | 70  |
| OWEN COUNTY HEALTH CENTER               | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 40  |     |
| OWEN COUNTY HEALTH CENTER               | HepA/B (TWINRIX) | ADULT | STATE      | 30  |     |
| Owsley                                  |                  |       |            |     | 20  |
| OWSLEY COUNTY HEALTH CENTER             | Hep A adult      | ADULT | SPLIT(317) | 20  |     |
| Perry                                   |                  |       |            |     | 150 |
| PERRY COUNTY HEALTH CENTER              | Hep A adult      | ADULT | SPLIT(317) | 90  |     |
| PERRY COUNTY HEALTH CENTER              | HepA/B (TWINRIX) | ADULT | SPLIT(317) | 60  |     |
| Pike                                    |                  |       |            |     | 590 |
| PIKE COUNTY HEALTH DEPARTMENT-PIKEVILLE | Hep A adult      | ADULT | SPLIT(317) | 490 |     |
| PIKE COUNTY HEALTH DEPARTMENT-PIKEVILLE | Hep A adult      | ADULT | STATE      | 100 |     |
| Pulaski                                 |                  |       |            |     | 740 |
| PULASKI COUNTY HEALTH CENTER            | Hep A adult      | ADULT | SPLIT(317) | 720 |     |
| PULASKI COUNTY HEALTH CENTER            | Hep A adult      | ADULT | STATE      | 20  |     |
| Robertson                               |                  |       |            |     | 20  |
| ROBERTSON COUNTY HEALTH CENTER          | Hep A adult      | ADULT | SPLIT(317) | 20  |     |
| Rowan                                   |                  |       |            |     | 120 |
| ROWAN COUNTY HEALTH CENTER              | Hep A adult      | ADULT | SPLIT(317) | 10  |     |
| ROWAN COUNTY HEALTH CENTER              | Hep A adult      | ADULT | STATE      | 110 |     |
| Russell                                 |                  |       |            |     | 10  |

|            |                                     |             |       |            |       |       |
|------------|-------------------------------------|-------------|-------|------------|-------|-------|
|            | RUSSELL COUNTY HEALTH CENTER        | Hep A adult | ADULT | SPLIT(317) | 10    |       |
| Scott      |                                     |             |       |            |       | 120   |
|            | SCOTT COUNTY HEALTH CENTER          | Hep A adult | ADULT | SPLIT(317) | 100   |       |
|            | SCOTT COUNTY HEALTH CENTER          | Hep A adult | ADULT | STATE      | 20    |       |
| Shelby     |                                     |             |       |            |       | 250   |
|            | SHELBY COUNTY HEALTH CENTER         | Hep A adult | ADULT | SPLIT(317) | 250   |       |
| Spencer    |                                     |             |       |            |       | 130   |
|            | SPENCER COUNTY HEALTH CENTER        | Hep A adult | ADULT | SPLIT(317) | 130   |       |
| Taylor     |                                     |             |       |            |       | 20    |
|            | TAYLOR COUNTY HEALTH CENTER         | Hep A adult | ADULT | SPLIT(317) | 20    |       |
| Trimble    |                                     |             |       |            |       | 80    |
|            | TRIMBLE COUNTY HEALTH CENTER        | Hep A adult | ADULT | SPLIT(317) | 80    |       |
| Union      |                                     |             |       |            |       | 10    |
|            | UNION COUNTY HEALTH CENTER- H213    | Hep A adult | ADULT | STATE      | 10    |       |
| Warren     |                                     |             |       |            |       | 150   |
|            | WARREN COUNTY HEALTH CENTER - H214  | Hep A adult | ADULT | SPLIT(317) | 50    |       |
|            | WARREN COUNTY HEALTH CENTER - H214  | Hep A adult | ADULT | STATE      | 100   |       |
| Washington |                                     |             |       |            |       | 10    |
|            | WASHINGTON COUNTY HEALTH CENTER     | Hep A adult | ADULT | SPLIT(317) | 10    |       |
| Webster    |                                     |             |       |            |       | 10    |
|            | WEBSTER COUNTY HEALTH CENTER- H217  | Hep A adult | ADULT | STATE      | 10    |       |
| Whitley    |                                     |             |       |            |       | 480   |
|            | WHITLEY CO HEALTH DEPT-WILLIAMSBURG | Hep A adult | ADULT | SPLIT(317) | 420   |       |
|            | BRYANT FAMILY MEDICINE - RH132      | Hep A adult | ADULT | 317        | 10    |       |
|            | CUMBERLAND RIVER CLINIC- FQ13       | Hep A adult | ADULT | 317        | 50    |       |
| Wolfe      |                                     |             |       |            |       | 30    |
|            | WOLFE COUNTY HEALTH CENTER          | Hep A adult | ADULT | SPLIT(317) | 30    |       |
| Woodford   |                                     |             |       |            |       | 140   |
|            | WOODFORD COUNTY HEALTH DEPARTMENT   | Hep A adult | ADULT | SPLIT(317) | 140   |       |
|            |                                     |             |       |            | TOTAL | 45510 |





February 28, 2019

To whom it may concern:

I feel compelled to respond to a recent series of articles the *Courier Journal* in Louisville published regarding the response to the Hepatitis A outbreak in Kentucky. I have served as Local Health Department director in Floyd County for 19 years. I was contacted by a lady from the Courier Journal several months ago about the Hepatitis A outbreak in our area. I was transparent and shared with her our response, the things the LHD was doing to protect and serve our community such as going to the jail to reach out to high risk groups, holding community forums with local officials, meeting with folks from CDC and working with our schools and local partners to get our people vaccinated. I advised her that Commissioner had funding for local health departments to purchase vaccine.

She called me again a couple of months later and when I told her I didn't really have any new information she said she felt like I wasn't forthcoming and didn't seem interested in talking to her as openly as before. I advised her our cases were up and the difficulty of getting those who were at risk to come in or allow us in when we tried to do outreach. Our region doesn't have homeless shelters/soup kitchens and other ways to get to the high risk population like the urban areas do so our approach has been different and difficult. I never saw or heard anything about either interview.

So for the record, Dr. Howard our Commissioner has been very supportive in our area and encouraged us to reach out to the state staff who are trained to help us in this outbreak. Katie Myatt, epidemiologist has been on speed dial and Dr. Benton and Doug Thurman have worked with us to provide clinical and outreach support, visited the area with CDC staff, and engaged all the ARH hospital CEO's in developing plans to combat this outbreak. Dr. Howard had advised us at our local health department directors meetings to notify him of any needs we have. When we requested vaccine and funding for vaccine it was sent shortly after the request. We have been without an epidemiologist in our area for over 2 years but my calls to the former State Epidemiologist to be able to access funding already in place to get a trained nurse to fill that role after over a year of trying to recruit one was denied several times.

Public Health Emergencies like Hepatitis A will continue to emerge and if there is lack of response by all local health departments it will be a direct result of years of underfunding. That was not our case in this outbreak. The affordable care act thought to be good for local health departments was the nail on the coffee for clinical services to most health departments. We were expected to earn enough monies from clients to cover our mandated services such as disease surveillance and environmental and now we have and will continue to experience more public health outbreaks with limited monies to respond.

Commissioner Howard has been working directly with a group of local health department directors to help us manage to provide core services that we have to provide by trying to restructure the current funding system. The proposed transformation will maintain local health departments with a renewed focus on the foundational expectations in statute that local health departments need to provide in the community.

I appreciate Commissioner Howard's commitment and leadership during this situation and other matters we have faced on his watch. These articles filled with inaccurate negative comments and name blaming do not help the situation. It just puts a negative twist on an area that is suffering from a poor local economy, limited resources, and high rates of drug use and poverty and indicates that Public Health is "low and slow" in the response to public health matters. As a veteran Public Health servant, I am saddened that articles insinuate that lack of response on our behalf.

Respectfully,

A handwritten signature in cursive script that reads "Thursa Sloan".

Thursa Sloan RN MSN  
Public Health Director

## LOCAL HEALTH DEPARTMENTS FY20 KERS Impact Unrestricted Reserves

### Months of Solvency:

|              |    |     |
|--------------|----|-----|
| 0-12 months: | 42 | 35% |
|--------------|----|-----|

|               |    |     |
|---------------|----|-----|
| 13-24 months: | 22 | 18% |
|---------------|----|-----|

