State Health Officer
Bimonthly Webcast

Karen McKeown
State Health Officer
February 7, 2014
Agenda

• Welcome and Announcements
• Developing Community Health Assessments and Community Health Improvement Plans
• Heroin Overdoses and Deaths in Wisconsin, 2003-2012
• Electronic Health Records: Local Health Department Survey Results
• Communicable Diseases Update
Announcements:
February Health Events

- **American Heart Month**
- **National Children’s Dental Health Month**
- **Give Kids A Smile® Day**, February 7
- **National Black HIV/AIDS Awareness Day**, February 7
- **National Wear Red Day**, February 7
- **National Donor Day**, February 14
Announcements: March Health Events

• National Nutrition Month

• National Poison Prevention Week, March 16 – 22

• Flood Safety Awareness Week, March 17 – 21

• National Women and Girls HIV/AIDS Awareness Day, March 10

• National Native American HIV/AIDS Awareness Day, March 20

• World Tuberculosis Day, March 24

• American Diabetes Alert Day, March 25
Announcements: Local Health Department Personnel Changes

- **Jaime Bodden** is the new Health Officer for the Shawano-Menominee Counties Health Department.
- **Kathleen Meckstroth** is the new Health Officer for the Marquette County Health Department.
- **Janis Ellefse**n is the new Health Officer for the Walworth County Health Department.
- **Jim Blaha** is retiring on March 8 as Health Officer for Manitowoc County.
Announcements: Local Health Department Personnel Changes

• **Benjamen Jones** is the new Health Officer for Waukesha County Public Health.

• **Jean Beinemann** is the Interim Director for the Sheboygan County Health Department.

• **Jean Durch** is retiring on March 14 as County Health Officer/Public Health Director of the Chippewa County Department of Public Health.
Announcements: Central Office Personnel Changes

- **Chris Culotta** is the new Northeast Regional Director.

- **Sandy Breitborde** is now a Deputy Administrator in the Department of Children and Families.

- **Pat Guhleman**, Bureau Director, Office of Policy and Practice Alignment, retired on November 29, 2013.
To learn about upcoming public health events in Wisconsin, please check this DHS webpage:

http://www.dhs.wisconsin.gov/R_Counties/Information_And_News/EventsCalendar.htm
Developing Community Health Assessments and Improvement Plans

Doug Mormann
Director, La Crosse County Health Department

Julie Willems Van Dijk
Associate Scientist, University of Wisconsin Population Health Institute
Objectives

- Describe WI’s current projects supporting Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP)
- Discuss lessons learned and new tools
- Explore lessons learned through the La Crosse community’s experience
The Take Action Cycle

Community Health Assessment

Stop

Community Health Improvement

Community Health Plan
WI’s CHA/CHIP Projects

- Funded by the Wisconsin Partnership Program
  - WALHDAB Part I (April, 2011-March, 2014)
    - Focus is on strengthening tools and resources

- Funded by the Robert Wood Johnson Foundation
  - WI PH Practice Based Research Network
    - Measuring the quality of WI’s CHA’s/CHIP’s
  - County Health Rankings & Roadmaps
What We Learned: Focus Groups & Surveys

- Local capacity challenges
- Data gathering & analysis is overwhelming
- Get stuck with data phase and community loses momentum
- Process often feels “health department driven”
- Lots of tools—hard to sort through them
What We Learned:
Document Review of Priorities

- Physical Activity
- Nutrition
- Alcohol and Other Drugs
- Access to Care
- Mental Health
What We Learned: Quality Measurement--Strengths

- Formal models are used to guide the CHA/CHIP process
- Alignment with state and national priorities
- Current collaborations are identified to address specific public health issues
- Strong assessment including multiple data sources focusing across health factors with comparison to state and national trends
What We Learned: Quality Measurement--Challenges

- Limited feedback from the community on priorities and plans
- Limited feedback from stakeholders on the process
- Processes are often missing an evaluation plan or activities
Three Core Tools

- **Shared Model**
  - *Improving the Health of Local Communities: The Wisconsin Way*

- **Integrated Guidance**
  - *Wisconsin Guidebook on Improving the Health of Local Communities*

- **Standard Set of Data**
  - *Recommended Core Data Set*
Additional Resources

- PowerPoint Overview of Community Health Improvement
- Guide to Sharing Leadership
- Guide to Engaging Community Members
- Guide to Engaging Business
- Pick List of Evidence-Based Objectives
- Template Implementation Plan
Special Projects and Efforts

**CHIPP Infrastructure Improvement Project:** This project, funded by the UW School of Medicine and Public Health from the Wisconsin Partnership Program, aims to strengthen and evaluate community health improvement processes and plans (CHIPP) in Wisconsin in a coordinated and efficient manner that results in the collaborative selection and implementation of effective programs and policies to improve health outcomes in communities. In short: improve CH IPP to improve health.

[More Information and CHIPP Resources]
CHIPP Infrastructure Improvement Project

“Building the Infrastructure to Make Wisconsin the Healthiest State: Strength Processes and Plans (CHIPP)”

Lead Community Partner: Wisconsin Association of Local Health Departments

Academic Partner: Julie Willems Van Dijk, RN, PhD, University of Wisconsin

Additional Community Partners

- Wisconsin Division of Public Health
- Healthiest Wisconsin Leadership Institute
- Wisconsin Hospital Association
- Wisconsin Medical Society Foundation
- Wisconsin Primary Health Care Association
- Wisconsin Public Health Association
- United Way of Wisconsin

Grant Period: April 1, 2011 – March 31, 2014
New CHIPP Resources

These resources were created as part of the CHIPP Infrastructure Improvement Project. They are currently in draft form and being piloted in ten communities in Wisconsin. They are available as is for other communities to use with the understanding that they are first drafts and have not yet been field tested. Any feedback from users is encouraged: sarah@badgerbay.co.

- Improving the Health of Local Communities: The Wisconsin Way
- Wisconsin Guidebook on Improving the Health of Local Communities
- Understanding Community Health Improvement Processes (PowerPoint Presentation)
- Template Implementation Plan
- Objectives with Focus: A Pick List of Sample Objectives for Effective Implementation
- Sharing Leadership: A Guide to Stakeholder Engagement
- Listening to the Community: A Guide to Primary Data Collection
- Making the Business Case: Tips and Tools for Engaging Local Employers
- Recommended Core Data Set for Community Health Improvement Processes
  - Introduction to Recommended Core Data Set
  - Recommended Core Data List & Instructions:
    - Recommended Measures
    - Optional Measures
    - Local Template Worksheet
    - Data Download Instructions
    - Graphics Instructions
  - Template PowerPoint Presentation
  - Instructions for Downloading Communicable Disease Measure within Core Data Set
  - Compendium of Data Sources for Community Health Improvement Processes
- Template Fact Sheets
  - Access to Care
  - Adequate Income
Pilot Sites Testing Tools

- Calumet County
- Sauk County
- Burnett County
- North Shore
- Polk County
- Clark County
- Ashland Memorial
- Waushara County
- Black River Memorial
- Lincoln County
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  - Template Fact Sheets
    - Access to Care
    - Adequate Income
### Demographics

<table>
<thead>
<tr>
<th></th>
<th>Portage County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>70,084</td>
<td>5,711,767</td>
</tr>
<tr>
<td>% below 18 years of age</td>
<td>20%</td>
<td>23%</td>
</tr>
<tr>
<td>% 65 and older</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>% Non-Hispanic African American</td>
<td>1%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Recommended Core Data Set
www.countyhealthrankings.org

<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th>Portage County</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Smoking during pregnancy</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>*Motor vehicle crash occupancy rate</td>
<td>37</td>
<td>42</td>
</tr>
<tr>
<td>*On-road motor vehicle crash-related ER visits</td>
<td>301</td>
<td>641</td>
</tr>
<tr>
<td>*Off-road motor vehicle crash-related ER visits</td>
<td>44</td>
<td>91</td>
</tr>
<tr>
<td>*Drug arrests</td>
<td>74</td>
<td>21,655</td>
</tr>
<tr>
<td>*Breastfeeding</td>
<td>19%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Continuous Improvement
La Crosse County Case Study

Long Term Effort – 5th Cycle of CHA – 17 years

Lead Agency:

CHA – Great Rivers United Way – 5 Counties
CHIP – Health Science Consortium – 1 County

Direct Cost: $25,000/yr for staff support of CHA
Indirect Cost: Staff and Volunteers from Community
Financial Contributors - Benefits

- United Way – Allocation of Funds
- Hospitals – Meet Community Objectives
- Private Foundations – Allocate Funds
- Business – Community Leadership
- Health Departments – Strategic Plan
- Extension – Community Mission – Staff Only
Challenges

- Timing for all partners
- Slow process
- Priority selection
Benefits

- Success in Competitive Funding
  - Community Putting Prevention to Work
  - Community Transformation Grant
  - Safe Routes to School
  - Wisconsin Partnership Program
  - Healthier Wisconsin Partnership Prog.

- Dental Clinic

- Free Medical Clinics
Heroin Overdoses in Wisconsin 2003-2012

Jon Meiman, MD
LT, United States Public Health Service
Epidemic Intelligence Service Officer, CDC
Bureau of Environmental and Occupational Health
Wisconsin Division of Public Health
Overview

• Background
• National trends
• State estimates
• Conclusions
Background
Background

Health effects of heroin use include:
- Sudden death from overdose (yearly mortality 1-3%)
- Infections (bacterial infection, hepatitis C, HIV)

Public health consequences:
- Infection control
- Poverty
- Crime
National Trends

Figure 2.4 Past Month and Past Year Heroin Use among Persons Aged 12 or Older: 2002-2012

Heroin Makes a Comeback
This Time, Small Towns are Increasingly Beset by Addiction, Drug-Related Crimes

By ZUSHAN ELINSON and ARIAN CAMPO-FLORES
Updated Aug. 8, 2013 12:23 a.m. ET

The New York Times
July 19, 2013

Heroin in New England, More Abundant and Deadly
By KATHARINE Q. SEELYE
PORTLAND, Me. — Heroine, which has long flourished in the nation’s big urban centers, has been making an alarming comeback in the smaller cities and towns of New England.

From quaint fishing villages on the Maine coast to the interior of the Great North Woods, towns report a sharp rise in the past year or two in what authorities call heroine, a term that has long been used for a general category of drugs attributed to it. "It’s easier to get and cheaper, and people are doing it more frequently," said Dr. Mark

Heroin use on the rise in rural areas

With prescription drugs tougher to get, addicts are increasingly turning to heroin. Here, a user shoots up in a Seattle park. Photo by Mike Kane for The Wall Street Journal.

by Gigi Douban (http://www.marketplace.org/people/gigi-douban)
Marketplace for Monday, September 2, 2013 (/shows/marketplace/marketplace-mon-2013)
Two charged with selling heroin in Wisconsin Dells

January 15, 2014 5:44 pm • Shannon Green Daily Register

Two people face a felony charge after investigators said they came to Wisconsin Dells where they sold heroin to an informant.

Arrested Monday were James H. Kuhnke, 36, of Fort Atkinson, and Krystal L. Sawyer, 46, of Watertown.

Each was released on $5,000 signature bonds after appearing Tuesday in Columbia County Circuit Court.

Kuhnke and Sawyer are each charged with felony delivery of heroin as party to a crime. The charge carries a maximum initial penalty of 7 ½ years in prison.
Estimating Heroin Overdoses in Wisconsin

- Emergency department visits
- Hospital admissions
- Death records
Trends in Wisconsin - Time

Age-adjusted rates of heroin overdose and heroin-related fatalities, Wisconsin, 2003-2012
Trends in Wisconsin - Distribution

County-level rates of heroin overdose in 2008
(ED and hospital admissions combined)

Legend
- 0 per 100,000
- 1-7.9 per 100,000
- 8-11.9 per 100,000
- 12-26 per 100,000
Trends in Wisconsin - Distribution

County-level rates of heroin overdose in 2012
(ED and hospital admissions combined)

Legend
- 0 per 100,000
- 1-7.9 per 100,000
- 8-11.9 per 100,000
- 12-26 per 100,000

Protecting and promoting the health and safety of the people of Wisconsin
Conclusions

- Overdoses and deaths rose significantly starting in 2008.
- Large areas of the state are now involved.
- Cause of trend is unknown.
- Data indicates need for increasing public health action.
Update: Local Health Department Survey on Patient/Client Health Information

Bethany Bradshaw, MPH
CDC CSTE Applied Public Health Informatics Fellow
Office of Health Informatics
Survey Respondents

• Survey open for three weeks: October/November 2013
  – 58 Local and Tribal Health Departments (LHDs) participated:
    • 3 Tribal Health Centers
    • 2 City-County Health Departments
    • 9 City Health Departments
    • 44 County Health Departments

• Most common self-identified roles: Health Officers and Directors (multi-select)

• Thank you to all respondents!
### Summary of City and County LHDs’ Access to External PHI and EHR Adoption (55 LHDs reporting)

<table>
<thead>
<tr>
<th>City and County LHDs only</th>
<th>Accesses PHI in external systems</th>
<th>Has an EHR system (custom, vendor, and/or open source)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jurisdictional Population</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 15,000 (n=6)</td>
<td>83%</td>
<td>33%</td>
</tr>
<tr>
<td>15,000-19,999 (n=12)</td>
<td>58%</td>
<td>33%</td>
</tr>
<tr>
<td>20,000-59,999 (n=20)</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>60,000+ (n=17)</td>
<td>29%</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Staff per 100,000 population</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 3.0 (n=14)</td>
<td>50%</td>
<td>43%</td>
</tr>
<tr>
<td>3.0-4.9 (n=17)</td>
<td>82%</td>
<td>35%</td>
</tr>
<tr>
<td>5.0-7.9 (n=13)</td>
<td>54%</td>
<td>38%</td>
</tr>
<tr>
<td>8.0+ (n=11)</td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Per capita revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $8.00 (n=15)</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>$8.00-14.99 (n=13)</td>
<td>62%</td>
<td>31%</td>
</tr>
<tr>
<td>$15.00-24.99 (n=16)</td>
<td>63%</td>
<td>31%</td>
</tr>
<tr>
<td>$25+ (n=11)</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern (n=9)</td>
<td>67%</td>
<td>11%</td>
</tr>
<tr>
<td>Northeastern (n=13)</td>
<td>43%</td>
<td>36%</td>
</tr>
<tr>
<td>Southern (n=11)</td>
<td>78%</td>
<td>33%</td>
</tr>
<tr>
<td>Southeastern (n=11)</td>
<td>67%</td>
<td>50%</td>
</tr>
<tr>
<td>Western (n=11)</td>
<td>73%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>Level of Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1 (n=3)</td>
<td>67%</td>
<td>0%</td>
</tr>
<tr>
<td>Level 2 (n=31)</td>
<td>65%</td>
<td>45%</td>
</tr>
<tr>
<td>Level 3 (n=21)</td>
<td>62%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Note: Data shown is only for city and county LHDs. Population, staffing, and revenue data were compiled from the *Wisconsin Local Health Department Survey, 2011*. Level of Services data was taken from unpublished Chapter 140 reviews.
Chart WWW. Mechanism for Access to External PHI (38 LHDs reporting)

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Number of LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax</td>
<td>36</td>
</tr>
<tr>
<td>Phone</td>
<td>33</td>
</tr>
<tr>
<td>Secure messaging</td>
<td>17</td>
</tr>
<tr>
<td>In-person review of original records</td>
<td>11</td>
</tr>
<tr>
<td>Regular email</td>
<td>8</td>
</tr>
<tr>
<td>Remote access to external EHR</td>
<td>6</td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>5</td>
</tr>
</tbody>
</table>
Chart TTT. Plans to Implement an EHR Amongst LHDs with No EHR Systems (31 LHDs reporting)

- No plans to implement EHR: 61%
- Researching/selecting EHR: 23%
- Selected EHR but not begun implementation: 10%
- Selected EHR and implementing now: 6%
Chart NNN. Needed EHR-related Skills and Roles (58 LHDs reporting)

- Person to design, maintain, and customize EHR: 29
- Person to lead implementation: 26
- Person to train staff on EHR: 22
- Person to manage and process the data: 21
- Person to develop and write EHR reports: 15
- Person to get EHR ready for use: 8

EHR-related skills and roles
Takeaways

- EHR adoption varies most by region and level of service
- 60 percent of LHDs do not have any EHR system
- LHDs need support (training for existing staff and/or hiring new specialized staff) for EHR-related work
  - Many write-in comments focused on insufficient funding and/or staff availability
- Business case for EHR adoption is unclear
  - How to determine if an EHR is appropriate given LHD resources and services provided
  - How to choose an EHR
Recommendations: Community of Practice for LHDs

- LHDs’ experience assessing the return on EHR investment, selecting an EHR, implementing an EHR, evaluating an EHR
- Platform for LHDs to request guidance on specific topics
- Online forums, webinars
- Share existing resources (e.g., the Health Information Exchange and Meaningful Use documents that were sent to survey respondents)
- Unknown: who would organize and maintain the Community of Practice
Other Recommendations

• WHITEC: may be able to help LHDs depending on the services that they provide

• Survey improvements:
  – Processes for deciding to invest in an EHR
  – Evaluating EHR after implementation
  – Include subset of survey questions in annual Local Health Department Survey
  – Clarifying terminology
Next Steps

• Finalizing the report
• It’s not too late for your input:
  – Recommendations?
  – Concerns?
• Bethany.Bradshaw@wi.gov
Summary of Current Respiratory Activity

- Although on a decline, influenza activity remains elevated.
- 67 percent of flu-associated hospitalized cases are in the 18-64 age range.
- 24 percent of flu-associated hospitalizations in this age range were admitted to ICU.
- 11 percent of flu-associated hospitalization in this age range required mechanical ventilation.
- 40/181 (22 percent) of flu-associated hospitalized females who were in the childbearing age range (15-44 years) were pregnant.
- Good match between circulating virus strains and vaccine strains.
- Vaccine efficacy unknown as of today.
Summary of Expected Respiratory Activity

• As influenza activity declines, activity from other respiratory viruses increases.
  • Respiratory Syncytial Virus (RSV)
  • Human metapneumovirus
    • Both viruses affect all ages, with most severe illness in young and elderly.
  • Both are associated with respiratory illness outbreaks in long term care facilities.
Trends in Respiratory Virus Activity PCR
using a 3-week moving average

Protecting and promoting the health and safety of the people of Wisconsin
Summary of Possible Respiratory Activity

• Novel respiratory viruses have not yet been identified in the United States.

• Influenza A/H7N9
  • Two distinct waves identified
  • February to July 2013, 134 cases and 29 deaths
  • August and September, no cases
  • October to present, 144 cases and 15 deaths

• Influenza A/H5N1
  • In 2013, 39 cases and 25 deaths
  • First identified cases in North America (Canada) in January 2014

• Middle East respiratory syndrome coronavirus (MERS CoV)
  • Since September 2012, 182 cases and 78 deaths
<table>
<thead>
<tr>
<th>Respiratory Virus</th>
<th>Influenza A H5N1</th>
<th>Influenza A H7N9</th>
<th>Middle East Respiratory Syndrome (MERS CoV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for Testing</td>
<td>Return from an area where H5N1 infection has been detected** or where H5N1 viruses circulate in animals: OR A close contact*** to a symptomatic person with the above risk factor; OR Persons with unprotected exposure to H5N1 virus in a laboratory setting.</td>
<td>Return from China; OR A close contact*** to a symptomatic person with the above risk factor.</td>
<td>History of travel from the Arabian Peninsula**** or neighboring countries; OR A close contact** to a symptomatic person with the above risk factor.</td>
</tr>
<tr>
<td>Exposure Events/Countries*</td>
<td>Within 10 days prior to illness onset</td>
<td>Within 10 days prior to illness onset</td>
<td>Within 14 days prior to illness onset</td>
</tr>
<tr>
<td>Exposure Timeline</td>
<td>Within 10 days prior to illness onset</td>
<td>Within 10 days prior to illness onset</td>
<td>Within 14 days prior to illness onset</td>
</tr>
<tr>
<td>Signs and Symptoms</td>
<td>Two or more of the following: Fever, Cough, Sore throat, Rhinorrhea, Nasal congestion, Body aches</td>
<td>Two or more of the following: Fever, Cough, Sore throat, Rhinorrhea, Nasal congestion, Body aches</td>
<td>All three of the following criteria must be met: Fever (≥ 100.4°F) Cough Suspicion of pulmonary parenchymal disease (e.g., pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence of consolidation)</td>
</tr>
<tr>
<td>Specimens to be collected and submitted to the Wisconsin State Laboratory of Hygiene</td>
<td>Preferred Nasopharyngeal (NP) swab Secondary Oropharyngeal (OP) swab</td>
<td>Preferred Nasopharyngeal (NP) swab Secondary Oropharyngeal (OP) swab</td>
<td>Preferred Lower respiratory tract specimen such as (induced) sputum, bronchoalveolar lavage, bronchial wash, or tracheal aspirate Secondary NP swab or Stool</td>
</tr>
</tbody>
</table>

* At the discretion of DPH, exposure to similar events or countries in the vicinity of those specifically named may be approved for testing.
** List of countries with H5N1 [http://www.who.int/influenza/human_animal_interface/EN_GIP_20131210CumulativeNumberH5N1cases.pdf](http://www.who.int/influenza/human_animal_interface/EN_GIP_20131210CumulativeNumberH5N1cases.pdf)
*** Close contact is defined as providing care for the ill patient, or having similar close physical contact; or who stayed at the same place (e.g. lived with, or visited the patient when the patient was ill).
**** Countries considered in the Arabian Peninsula and neighboring countries include: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

February 10, 2014
Next State Health Officer
Bimonthly Webcast:

April 4, 2014

Thank you for participating!