

El Paso County Public Health (EPCPH) Director’s Report

To: The El Paso County Board of Health

From: DeAnn Ryberg, Interim Public Health Executive Director

Date: March 2025 (reflects activity in February 2025)

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In the News

- The February edition of the New Falcon Herald featured an article from El Paso County Public Health (EPCPH) Retail Food Program Manager Samantha Jo Lawson highlighting the importance of food safety during gatherings that occur over an extended period of time, such as the Super Bowl. The article can be accessed at the following link: [New Falcon Herald Super Bowl Safety Tips](#)
- KRDO and KOAA highlighted the rise of influenza (flu) cases in El Paso County. The stories focused on the number of hospitalized cases for El Paso County from Sept. 29, 2024, to Feb. 11, 2025.
 - o The KOAA story can be accessed at the following link: [Flu cases in Southern Colorado](#)
 - o The KRDO story can be accessed at the following link: [Flu cases are on the rise in Southern Colorado](#)
- KOAA provided El Paso County communities with an update on Bird Flu. For this update, EPCPH provided data and history on the virus, in addition to noting that there have been no confirmed cases of bird flu in El Paso County. The news report can be found at the following link: [Risk of Bird Flu](#)

- The Colorado Springs Business Journal highlighted Executive Director Susan Wheelan’s retirement following 25 years of service. The article can be found at the following link: [Susan Wheelan](#) honored ahead of her upcoming retirement

Agency Operations

In 2008, the Colorado Public Health Act required the State Board of Health to establish, by rule, the core public health services that each county and district public health agency must provide or assure as well as establish minimum quality standards for those public health services. A revised ruling ([6 CCR 1014-7](#)), effective January 1, 2020, requires state and local health departments in Colorado to ensure provision of seven Foundational Capabilities and five Foundational Services. More information can be found at the following link: [Colorado Local Public Health and Environmental Resources](#)

EPCPH fulfills its statutory requirement of providing these core public health services through the work of its divisions and programs. Activities supporting these services for the timeframe of this report follow.

Staffing Update

The agency's turnover rate has fluctuated from 18.2 percent in 2019 to 31.6 percent in 2022. EPCPH turnover decreased to 23.4 percent in 2023 and 22.8 percent in 2024 and is at 3.2 percent year-to-date in 2025. Turnover is measured by the number of separations per month divided by the average number of full-time employees (as verified by the Society for Human Resource Management). It does not account for internal employee movements such as promotions, transfers, retirements, county transfers, etc. The national turnover rate in 2022 in the Public Health sector was 46 percent, according to the Public Health Workforce Interest and Needs Survey (PH WINS). National turnover rates are provided every two years, and data for 2022 will be captured in the 2024 PH WINS.

Foundational Public Health Capabilities

Assessment and Planning

An epidemiologist from the Public Health Data & Analytics (PHDA) program, in partnership with Colorado State University and in support of a grant from the Region 16 Opioid Abatement Council, organized and facilitated three focus groups in El Paso County with behavioral health stakeholders about youth substance use prevention. The results will inform a regional needs assessment and youth prevention campaign.

2025 marks EPCPH’s reaccreditation year with the Public Health Accreditation Board (PHAB), a process that demonstrates the department continues to meet rigorous standards for quality and performance. To support this effort, an internal Reaccreditation team has been established, consisting of designated Domain Leads—with representation

from divisions across the agency—responsible for overseeing documentation and compliance for each of PHAB’s 10 domains. This structured approach ensures efficient collaboration across programs, timely progress tracking, and alignment with PHAB standards to maintain EPCPH’s accreditation.

Communications

EPCPH was featured in a variety of timely television and print news coverage stories in February, including features on the rise of Influenza (flu) cases across Southern Colorado and an update on Bird Flu for El Paso County. The TV and print news coverage resulted in a total of 27 stories totaling nearly 207,738 in local viewership and \$16,572 in local earned media value.

The EPCPH Communications team has been actively providing information and training to the agency focused on HB21-1110, which specifically relates to accessibility with government information technology—otherwise known as digital accessibility. The EPCPH Communications team is actively involved in continuous endeavors to ensure its website and digital content are accessible to individuals with disabilities (sensory, cognitive and mobile) to enhance access to information and usability for all El Paso County citizens, regardless of ability.

Partnerships

The Immunizations program conducted several outreach vaccination clinics in February, including clinics held at the Criminal Justice Center (CJC) and Tri Lakes Cares, meeting community members where they are to help prevent disease and strengthen partnerships.

The Reproductive Health Clinic (RHC) met with the UHealth Forensic Nursing group, Sexual Assault Nurse Examiners (SANE), to reinvigorate their already-established referral system. The UHealth SANE team is now referring the majority of their patients to the RHC for follow-up care, and patients are now referred to the EPCPH Care Coordination team for additional needs.

The RHC division manager and nurse practitioner delivered an educational presentation at the CJC on syphilis testing, staging, treatment and education. The session was attended by VitalCore staff from El Paso and Jefferson counties in Colorado, Johnson and Sedgwick counties in Kansas, as well as their medical director. This training was requested by VitalCore’s executive team after staff adopted rapid syphilis/HIV screening, inspired by the successful testing program led by EPCPH’s RHC nurses at the CJC.

The RHC CJC nurse presented on services provided at the RHC, CJC and EPCPH, to a local nonprofit, Hard Beauty, that serves as a “whole-life recovery hub” for members of the community struggling with substance use disorder. The nurse was able to connect Hard Beauty to the many resources EPCPH has to offer as well as other community partners such as Pikes Peak Rising 360, Jail-based Behavior Health Services offered at the CJC, and

the UCHHealth Forensics team. Additionally, the CJC nurse established a referral program between Hard Beauty and the CJC and RHC programs.

The 2025-2029 Community Health Improvement Plan (CHIP) has been approved by the Board of Health (BoH), with an anticipated release in 2025. This community-driven plan outlines actionable steps to address the leading health issues identified in the 2023 Community Health Assessment (CHA). It sets clear goals and objectives for each priority area, emphasizing collaborative efforts to drive change through cross-sector community partner engagement. Methods to address the board's input and follow-up questions are in development.

The Injury and Violence Prevention planner supported the Pikes Peak Driving Under the Influence (DUI) Taskforce, chaired by the El Paso County Sheriff's Office, in hosting the Ken Jordan Awards for Excellence in the DUI Enforcement Ceremony on Feb. 11. Ken Jordan was an officer with Colorado Springs Police Department who was killed by an impaired driver during a DUI traffic stop in 2006. Each year since, the Pikes Peak DUI Taskforce has honored an officer from a Pikes Peak area law enforcement agency who has demonstrated outstanding commitment to impaired driving enforcement. Over 60 law enforcement officers and their family members were in attendance.

Emergency Preparedness and Response

The Emergency Preparedness and Response (EPR) team participated in the El Paso County Medical Reserve Corps (MRC) functional exercise, which simulated the activation of a measles vaccine clinic. The exercise required MRC volunteers to provide administrative, vaccination, and behavioral health support. During the event, the EPR team actively engaged in discussions on activation and notification protocols, volunteer readiness, role assignments, and interagency coordination. This exercise provided an invaluable opportunity to practice procedures in a realistic setting, ensuring greater preparedness for actual events. The MRC is a critical component in enhancing response capacity during emergencies. Active participation in meetings, exercises, and training is essential to maintaining readiness and ensuring effective response when needed.

EPCPH team members facilitated an agency-wide fit testing initiative to ensure all designated response personnel are fully prepared to swiftly respond to emergencies requiring N95 respirators as part of their essential personal protective equipment (PPE).

Foundational Public Health Services

Communicable Disease Prevention, Investigation and Control

EPCPH team members continued active monitoring of a multi-state outbreak of measles. Preparation and planning activities continue to support rapid response should a case be identified in El Paso County.

Communicable Disease team members continue to respond to respiratory outbreaks including influenza and respiratory syncytial virus (RSV). While respiratory disease remains active in El Paso County communities, the season appears to have peaked, and outbreaks are expected to continue to decline.

Environmental Public Health

In February, the Colorado Department of Public Health and Environment (CDPHE) Board of Health adopted the revised regulations for the Health and Sanitization of Child Care Facilities in the State of Colorado. These revised regulations go into effect April 14, 2025. EPCPH operates under and implements the state regulations and is not required to adopt at the local level. The updated regulations aim to clarify some existing language, while also providing clarification around plumbing requirements for facilities. EPCPH staff have already begun actively communicating with facilities regarding the changes. Additionally, several opportunities to educate child care facilities are being planned.

Maternal, Child, Adolescent and Family Health

Nurse-Family Partnership (NFP) helped to connect enrolled clients to care by providing more than 40 referrals on behalf of nearly 40 families. These referrals were to housing assistance, mental health treatment, Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), child care, dental services, lactation support, and Women, Infants and Children (WIC).

The Maternal and Child Health (MCH) program facilitated a Community Voice Collaborative (CVC) meeting with 35 participants. The meeting provided an opportunity for the community to discuss topics around improvements for access to care for children with complex health care needs.

Care Coordination and MCH staff participated in the Benefits Night at Wildflower Elementary School on Feb. 18 and 19. This event focused on reaching families and providing linkage to resources and services. The team distributed 14 hygiene kits and connected with almost 40 individuals. In addition, the Care Coordination program participated in the Community Resource Health Fair at Conrad Early Learning Center. The team distributed four hygiene kits and connected with 35 individuals.

Chronic Disease, Injury Prevention and Behavioral Health Promotion

In follow up to the discussion and interest from Board of Health members at the February BoH meeting, several EPCPH programs will provide an in-depth presentation on chronic disease prevention at the March BoH meeting. The goal of this presentation will be to increase awareness of several existing public health programs that engage in upstream prevention, with a focus on the areas of tobacco prevention and increasing access to safe spaces for recreation through the Panorama Park renovation.

Appendix A: Environmental Health Activity

Environmental Health	February 2025	2025 Total	2024 Total	2023 Total
Air Quality Construction Activity Permits	2	14	118	136
Air Quality Open Burn Permits	3	6	33	51
Air Quality Complaints	0	1	33	23
Animal Bites Reported	102	198	1331	1171
Body Art Routine Inspections	15	19	121	112
Body Art Follow-up Inspections	0	0	2	7
Body Art Complaints	1	3	19	31
Child Care Routine Inspections	21	38	199	202
Child Care Follow-up Inspections	0	1	11	6
Child Care Complaints	0	2	21	20
Child Care Outbreak Investigations	0	2	N/A	N/A
Child Care High Risk Field Consults	6	11	46	12
Land-Use Planning Review	17	33	248	204
OWTS Pumper Truck Inspections	13	16	96	77
OWTS Final Inspections	28	33	445	551
OWTS Partial Inspections	6	12	138	227
OWTS Application Design Reviews	24	27	368	490
OWTS Design Revision Requests	3	7	52	120
OWTS Design Revision (add) Requests	1	3	9	63
OWTS New Permit Applications	10	18	166	232
OWTS Repair Permit Applications	21	31	252	266
OWTS Modification Permit Applications	3	6	16	19
OWTS Acceptance Doc for Title Transfer	45	85	726	731
OWTS Soil and Site Evaluations	20	35	277	376
OWTS Complaints	1	3	26	30
OWTS O&M Systems	7	13	141	155
Recreational Water Safety Inspections	21	41	289	313
Recreational Water Follow-up Inspections	2	2	18	22
Recreational Water Complaints	1	1	14	14
RFE Routine Inspections	201	383	2431	2478
RFE Re-Inspections	27	43	227	319
RFE Complaint Investigations	39	87	474	517
RFE Inspections Resulting in Closure	4	6	N/A	N/A
RFE Plan Reviews	18	42	291	210
Foodborne illness EH investigations	1	3	9	19
School Routine Inspections	7	11	29	23
School Complaints	1	3	13	15

School Self-Certification Audits	13	19	45	44
School Self-Certifications Returned	0	0	330	327
Waste Tire Facilities Routine Inspections	15	30	138	140
Waste Tire Complaints	0	0	1	2

Appendix B: Water Systems Testing

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Totals	647	607	642	699	830	702	786	678	745	745	587	569

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Public Water Systems	334	286										
Private Wells	303	294										
Totals	637	580										

Appendix C: Immunizations Program Vaccines Administered

2025 Month	Total Vaccines Administered	Vaccines Administered by the Mobile Team
January	1020	34
February	870	21
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

*Number of vaccines administered by mobile team included in total vaccines administered column

Appendix D: Nurse-Family Partnership Client Visits

Month	2024 # of Client Visits	2025 # of Client Visits
January	241	264
February	252	253
March	241	
April	272	
May	221	
June	229	
July	267	
August	236	
September	208	
October	259	
November	222	
December	200	

Appendix E: Disease Prevention and Control

Category	Disease	2025	2024	2023	2022
Food/Waterborne Diseases					
	Campylobacter	26	192	189	118
	Cryptosporidium	0	28	42	25
	Cyclosporiasis	0	28	8	10
	Giardia	6	73	68	47
	Hepatitis A	0	2	2	3
	Legionellosis	0	11	19	11
	Salmonella	10	117	89	54
	Shigella	7	57	46	57
	Shiga Toxin-producing E. coli (STEC)	6	63	59	42
	Vibriosis	1	10	9	7
Food/Waterborne Diseases Totals		57	581	531	373
Health care Associated Infections					
	Carbapenem-Resistant	0	2	0	1

	Acinetobacter baumannii (CRAB)				
	Carbapenem Non-susceptible Enterobacteriaceae (CRE)	15	57	58	47
	Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	7	48	45	43
Health care Associated Infections Totals		22	107	103	91
Vaccine Preventable Diseases					
	Haemophilus influenzae (H. flu)	2	9	18	14
	Measles	0	0	0	0
	Meningococcal Disease	1	0	1	0
	Mumps	0	1	2	3
	Pertussis	25	141	24	29
	Rubella	0	0	0	0
	Varicella	10	24	33	21
Vaccine Preventable Diseases Totals		34	175	78	67
Respiratory Diseases					
	Hospitalized COVID-19	147	926	1,091	2,847
	Hospitalized Influenza*	383	470	266	529
	Hospitalized RSV	309	408	161	24
Respiratory Disease Total		839	1,874	1,518	3,400

*Flu Seasons:

- October 3, 2021- May 21, 2022; 188
- October 2, 2022- May 20, 2023; 399
- October 1, 2023-May 18, 2024; 547
- September 29, 2024- May 17, 2025; 271

Table 2 – Foodborne illness complaints received at El Paso County Public Health

2025 Month	Complaints Received Regarding Foodborne Illness	EH Foodborne Illness Investigation
January	40	2
February	17	0
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

2024 Month	Complaints Received Regarding Foodborne Illness	EH Foodborne Illness Investigation
January	1	0
February	3	1
March	22	2
April	23	2
May	20	0
June	18	1
July	16	0
August	18	1
September	14	0
October	41	1
November	16	1
December	24	1

Table 3 – Annual rabies control activities

Year	Rabid animals total	Animal type
2025	0	Bats
2024	6	Bats
2023	2	Bats
2022	4	Bats

2025 Month	Rabies Related Calls	Animals Tested	Positive Results	PEP Recommendations
January	9	0	0	5
February	13	1	0	2
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Appendix F: Reproductive Health Clinic

Table 1 – Reproductive Health Clinic Client Visits

Month	2024 # of Client Visits	2025 # of Client Visits
January	195	170
February	181	127
March	141	
April	184	
May	172	
June	191	
July	189	
August	129	
September	121	
October	132	
November	136	
December	153	

Appendix G: Tuberculosis Program

2025 Month	TB Cases Active/Latent	TB Rule Outs in Partnership with Community Providers	TB Direct Consultation to Community Providers
January	3/10	1	7
February	3/12	3	6
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Totals	3/13*	4	13

*Represents the total number of active TB and LTBI patients under treatment during 2025, regardless of when treatment began.

Definitions of Foundational Terms

Foundational Public Health Capabilities

Assessment and Planning - Colorado's governmental public health system will apply the principles and skilled practice of epidemiology, laboratory investigation, surveillance and program evaluation to support planning, policy and decision making in Colorado.

Communications - Colorado's governmental public health system will be a trusted source of clear, consistent, accurate and timely health and environmental information.

Policy Development and Support - Colorado's governmental public health system will inform and implement policies to meet the community's changing health needs. Public health policies will aim to eliminate health disparities, reduce death and disability, and improve environmental quality and health outcomes for all people in Colorado.

Partnerships - Colorado's governmental public health system will create, convene, and support strategic partnerships, engage community members and cross-sectoral partners, agencies and organizations to achieve public health goals.

Organizational Competencies – No official definition from CDPHE but this section will be used to report on QI, accreditation, finance/budget, governance, awards, etc.

Emergency Preparedness and Response - Colorado's governmental public health system, in coordination with federal, state and local agencies and public and private sector partners, will have the capability and capacity to prepare for, respond to, and recover from emergencies with health, environmental and medical impacts.

Social Determinants of Health - Colorado's governmental public health system will intentionally focus on improving systems and institutions that exacerbate health disparities so that all people and communities in Colorado can achieve the highest level of health possible. Governmental public health will have the requisite skills, competencies and capacities to play an essential role in creating comprehensive strategies needed to address health inequities, and social and environmental determinants of health.

Foundational Public Health Services

Communicable Disease Prevention, Investigation and Control - Colorado's governmental public health system will carry out state and locally coordinated surveillance, disease investigation, laboratory testing, and prevention and control strategies to monitor and reduce the incidence and transmission of communicable diseases. Programs will target illnesses that are vaccine-preventable, zoonotic, vector-borne, respiratory, food- or water-borne, bloodborne, healthcare associated, and sexually transmitted as well as emerging threats. Communicable Disease Control will collaborate with national, state and

local partners to ensure mandates and guidelines are met and timely, actionable information is provided to the public and to health professionals.

Environmental Public Health - Colorado's governmental public health system will use evidence-informed practices to understand the cause-and-effect relationships between environmental changes and ecological and human health impacts to protect, promote, and enhance the health of the community and environment. Agencies will participate in the protection and improvement of air quality, water, land and food safety by identifying, investigating and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment in a coordinated manner with agencies at the federal, state and local levels as well as industry stakeholders and the public.

Maternal, Child, Adolescent and Family Health - Colorado's governmental public health system will develop, implement and evaluate statewide, regional and local strategies related to maternal, child, adolescent and family health to increase health and well-being, reduce adverse health outcomes and advance health equity across the life course. Strategies may include, but are not limited to, identifying and providing information, promoting evidence-informed and multi-generational approaches, identifying community assets, advocating for needed initiatives, and convening partners.

Chronic Disease, Injury Prevention and Behavioral Health Promotion - Colorado's governmental public health system focuses on common risk and protective factors that affect social, emotional and physical health and safety. To prevent chronic disease and injuries and promote behavioral health, Colorado's governmental public health system will use policy, systems and environmental change strategies to comprehensively address the root causes of poor health outcomes and advance health equity. Priority areas include, but are not limited to, nutrition, physical activity, oral health, access to care and disease management, injury prevention, violence prevention, suicide prevention, mental health, and substance use (including tobacco, alcohol and other substances).

Access to and Linkage with Healthcare - All Coloradans should be connected with and have access to needed personal health care services that include primary care, maternal and child health care, oral health care, specialty care, and mental health care.