

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: August 2025 (reflects activity in July 2025)

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In the News

- El Paso County Public Health (EPCPH) was featured in a variety of timely television and print news coverage stories in July, resulting in 10 stories totaling 132,264 in local viewership and over \$7,293 in local earned media value.
- The July edition of the New Falcon Herald featured an article from EPCPH Disease Prevention and Response Acting Division Director Janel McNair. The article provides tips about keeping backyards safe during the summer months. The New Falcon Herald article can be accessed through the following link: [Guidelines to keep your backyard safe this summer](#)
- EPCPH disseminated a press release reminding the community that there is increased risk of encountering wild animals with rabies during the summer months and providing tips on lowering that risk. Multiple outlets shared information based on the release. The KRCC-FM story can be accessed through the following link: [Reminders for keeping pets and people safe from rabies](#)

The FOX21 story can be accessed through the following link: [Rabies encounters more likely during summer](#)

- Following confirmation of the first West Nile virus case in Pueblo, EPCPH provided information about the disease and tips for protection. FOX21 shared this information with the public. The FOX21 stories can be accessed through the following links:
[West Nile Virus: What is it and how to prevent it](#)
[Pueblo County confirms first human case of West Nile Virus](#)
- After Colorado Parks and Wildlife (CPW) confirmed reports of dead bats found around the Black Forest area, KRDO reminded the public to contact EPCPH if their pet comes in contact with a bat. The KRDO story can be accessed through the following link: [CPW investigating dead bats found near Black Forest](#)
- EPCPH participated in numerous back-to-school events, providing a connection to education and resources. The KKTU story can be accessed through the following link: [Back-to-School Block Party](#)
The KOAA story can be accessed through the following link: [Back-to-School Help Is Here for Southern Colorado Families](#)

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 Jan. 1, 2020, now 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 11.11 percent based on data as of July 21, 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.

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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

EPCPH continues to make strong progress in preparation for national reaccreditation in 2026. EPCPH was the first local public health agency in Colorado to become accredited in 2013, and the first to become reaccredited in 2020. EPCPH is currently in its second reaccreditation cycle in order to maintain this rigorous set of standards and expectations. Streamlined internal processes have been implemented to support the agency's readiness, and the internal reaccreditation team, comprised of domain leads from across all divisions, has been actively engaged in gathering and organizing documentation to meet the required standards. As of July 31, three out of the 10 required reaccreditation domains have been completed, and an additional four domains are at 50 percent or above completion. EPCPH is on track to meet its internal goals of having 75 percent of all domains completed by the end of September and 100 percent of all domains completed by the end of December 2025.

Members of the Public Health Data and Analytics program attended the virtual HL7® International Fast Healthcare Interoperability Resources (FHIR) training opportunity for public health agencies on July 30 and 31. This expanded the team's ability to support data modernization projects by increasing their understanding of national data standards and best practices for connecting data systems, including how to automate the exchange of data for increased security and efficiency. This enables them to support the adoption of new or updated systems for the department and enhances their ability to identify opportunities for implementing data modernization concepts within department operations.

Partnerships

Injury and Violence Prevention (IVP) attended several outreach events throughout the month, including the Annual Community Health and Safety Culture Event at Evans Army Community Hospital on Ft. Carson, the Widefield School District 3 Back to School Bash at Grand Mountain School, and the Department of Human Services 0-3 Team Community Resource Fair at the Citizens Service Center. IVP offered education on infant safe sleep, impaired driving prevention, and bike and pedestrian safety to over 700 community members between the three events.

Maternal and Child Health (MCH) participated in the Viva Resource Back to School Event for parents and their children. Staff connected with 300 individuals, providing educational materials such as sensory kits that promote healthy childhood development and activities

to engage with children. MCH also attended the Colorado Springs School District 11 Early Childhood screening event, connecting with approximately 30 individuals. Staff had an opportunity to share information on MCH services and shared the importance of reading to young children. Participants were provided packets with information on development and activities.

In August, EPCPH's medical billing specialist launched the inaugural Public Health Billing Round Table, bringing together billing representatives from multiple Local Public Health Agencies (LPHAs) across Colorado. This new collaborative provides a space for counties to share best practices, troubleshoot billing challenges, and exchange solutions for navigating the evolving requirements of Centers for Medicaid and Medicare Services (CMS), grants, and public health funding streams.

Participating counties include Adams, Arapahoe, Clear Creek, El Paso, La Plata, Larimer, Mesa, Montezuma, Pueblo, and Weld, with Jefferson and Chaffee Counties expected to join. The group will meet quarterly, with the next session scheduled for September, and may also include participation from the Colorado Department of Health Care Policy and Financing (HCPF).

By creating this forum, El Paso County is fostering stronger community partnerships while supporting local agencies in maximizing billing efficiency and recouping costs for services, helping to sustain vital public health programs across the state.

Emergency Preparedness and Response

Emergency Preparedness and Response (EPR) continues to work closely with the Pikes Peak Regional Office of Emergency Management (PPROEM) to enhance readiness. As part of the ongoing update to the 2026 El Paso County Hazard Mitigation Plan (HMP), EPR attended planning meetings and provided input to support long-term preparedness priorities. EPR also remains engaged in the Advanced Evacuation planning series, helping to define public health's role as the Emergency Support Function 8 (ESF-8) lead during large-scale evacuation scenarios. In addition, EPR participated in the PPROEM Multi-Agency Coordination (MAC) Group meeting, which fosters cross-agency communication, resource coordination, and strategic decision-making during emergencies. To further support preparedness efforts, EPR attended the Colorado Springs Utilities (CSU) Dam Seminar, gaining valuable insight into dam safety, risk assessment, and emergency action planning.

Foundational Public Health Services

Communicable Disease Prevention, Investigation and Control

As part of an ongoing commitment to community disease mitigation and response, the Communicable Disease (CD) team recently participated in a specialized training on rabies risk assessment, led by EPCPH medical direction. With rabies activity peaking during this time of year, ensuring the team remains current on best practices strengthens both readiness and technical expertise in responding to potential cases. Additionally, in alignment with a focus on partner engagement and public health education, the CD team also attended the CommonSpirit Infection Prevention meeting, where they provided a comprehensive community health update and reinforced collaborative efforts in infectious disease prevention.

Maternal, Child, Adolescent and Family Health

Nurse-Family Partnership (NFP) helped to connect enrolled clients to care by providing nearly 50 referrals on behalf of more than 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).

Maternal and Child Health (MCH) hosted two nursing students from Pikes Peak State College. The students, precepted by MCH program nurses, completed 25 hours of clinical experience to support their community health class. They learned about community health nursing, assessments conducted in a community health setting, and prevention efforts.

From January through June 2025, more than 18,500 individuals have participated in the WIC program. WIC provides specific healthy foods to supplement the dietary needs of pregnant women, infants and children up to age five. WIC also provides individualized nutrition education, breastfeeding support and community referrals. Additionally, WIC has made nearly 700 referrals to other EPCPH programs, including NFP, Care Coordination, Reproductive Health Clinic and MCH.

Chronic Disease, Injury Prevention and Behavioral Health Promotion

Injury and Violence Prevention (IVP) presented infant fatality review data and safe sleep best practices to the CommonSpirit Safe Sleep Committee. The committee includes labor and delivery nurses, neonatologists, neonatal nurse practitioners and postpartum care nurses. IVP also presented to internal programs who work with parents, caregivers, and infants including WIC and NFP.

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Access to and Linkage with Health Care

The Vaccine Response team held vaccination and education clinics for community partners, including The Family Success Center, Meadows Park Community Center and Fountain Valley YMCA. Hosting these events in the community reduces barriers for the community, helps all interested community members have access to vaccinations should they want them as well as providing education surrounding vaccines.

Care Coordination Activities YTD 2025 January 1, 2025-July 31, 2025	
Care Coordination Referrals	819
Maternal and Child Health Referrals	175
Events	12
Outreach (emails, tours, meetings, conferences, presentations and trainings)	27
Narcan kits distributed	36
Care packages distributed (diapers, bus passes, caregiver backpack, caregiver notebook)	65

Appendix A: Environmental Health Activity

Table 1 Appendix A: Environmental Health Activity

Environmental Health	July 2025	2025 Total	2024 Total	2023 Total
Air Quality Construction Activity Permits	7	59	118	136
Air Quality Open Burn Permits	0	17	33	51
Air Quality Complaints	2	21	33	23
Animal Bites Reported	154	838	1331	1171
Body Art Routine Inspections	15	82	121	112
Body Art Follow-up Inspections	2	3	2	7
Body Art Complaints	4	21	19	31
Child Care Routine Inspections	18	119	199	202
Child Care Follow-up Inspections	0	1	11	6
Child Care Complaints	2	5	21	20
Child Care Outbreak Investigations	1	7	N/A	N/A
Child Care High Risk Field Consults	3	44	46	12
Land-Use Planning Review	38	145	248	204
OWTS Pumper Truck Inspections	1	59	96	77
OWTS Final Inspections	37	272	445	551
OWTS Partial Inspections	3	33	138	227
OWTS Application Design Reviews	63	301	368	490

OWTS Design Revision Requests	17	61	52	120
OWTS Design Revision (add) Requests	1	4	9	63
OWTS New Permit Applications	27	150	166	232
OWTS Repair Permit Applications	33	160	252	266
OWTS Modification Permit Applications	1	12	16	19
OWTS Acceptance Doc for Title Transfer	72	488	726	731
OWTS Soil and Site Evaluations	50	236	277	376
OWTS Complaints	0	12	26	30
OWTS O&M Systems	6	62	141	155
Recreational Water Safety Inspections	23	215	289	313
Recreational Water Follow-up Inspections	2	6	18	22
Recreational Water Complaints	3	13	14	14
RFE Routine Inspections	239	1692	2431	2478
RFE Re-Inspections	30	150	227	319
RFE Complaint Investigations	72	351	474	517
RFE Inspections Resulting in Closure	7	34	N/A	N/A
RFE Plan Reviews	24	176	291	210
RFE Pre-Operational Inspections	54	326	567	524
Foodborne illness EH investigations	0	12	9	19
School Routine Inspections	0	11	29	23
School Complaints	0	10	13	15
School Self-Certification Audits	0	46	45	44
School Self-Certifications Returned	0	0	330	327
Waste Tire Facilities Routine Inspections	16	90	138	140
Waste Tire Complaints	0	1	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

Table 2 Appendix B: 2024 Water Systems Testing

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Public Water Systems	334	286	307	306	356	344	394					
Private Wells	303	294	338	390	408	409	392					
Totals	637	580	645	696	764	753	786					

Table 3 Appendix B: 2025 Water Systems Testing

Appendix C: Immunizations Program Vaccines Administered

2025 Month	Total Vaccines Administered	Vaccines Administered by the Mobile Team
January	1020	34
February	870	21
March	796	0
April	910	0
May	832	21
June	847	41
July	911	49
August		
September		
October		
November		
December		

Table 4 Appendix C: Immunizations Program Vaccines Administered

*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	210
April	272	226
May	221	229
June	229	226
July	267	239
August	236	
September	208	
October	259	
November	222	
December	200	

Table 5 Appendix D: Nurse-Family Partnership Client Visits

Appendix E: Disease Prevention and Control

Category	Disease	2025	2024	2023	2022
Food/Waterborne Diseases					
	Campylobacter	129	197	189	118
	Cryptosporidium	10	30	42	25
	Cyclosporiasis	17	28	8	10
	Giardia	27	77	68	47
	Hepatitis A	1	2	2	3
	Legionellosis	7	11	19	11
	Salmonella	68	128	89	54
	Shigella	23	62	46	57
	Shiga Toxin-producing E. coli (STEC)	35	65	59	42
	Vibriosis	11	11	9	7
Food/Waterborne Diseases Totals		328	611	531	373
Health care Associated Infections					
	Carbapenem-Resistant Acinetobacter baumannii (CRAB)	0	2	0	1
	Carbapenem Non-susceptible Enterobacteriaceae (CRE)	52	61	58	47
	Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	27	57	45	43
Health care Associated Infections Totals		79	110	103	91
Vaccine Preventable Diseases					
	Haemophilus influenzae (H. flu)	11	9	18	14
	Measles	4	0	0	0

	Meningococcal Disease	2	0	1	0
	Mumps	1	1	2	3
	Pertussis	56	141	24	29
	Rubella	0	0	0	0
	Varicella	27	24	33	21
Vaccine Preventable Diseases Totals		101	175	78	67
Respiratory Diseases					
	Hospitalized COVID-19	304	964	1,091	2,847
	Hospitalized Influenza*	543	483	266	529
	Hospitalized RSV	480	427	161	24
Respiratory Disease Total		1,327	1,874	1,518	3,400

Table 6 Appendix E: Disease Prevention and Control

**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; 611*

Foodborne Illness Complaints Received at EPCPH

2025 Month	Complaint Received Regarding Foodborne Illness	EH Foodborne Illness Investigation
January	40	2
February	17	0
March	29	1
April	21	0
May	35	3
June	18	2
July	22	0
August		
September		
October		
November		
December		

Table 7 - Foodborne Illness Complaints Received

2024 Month	Complaint 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 8 - 2024 Foodborne Illness Complaints Received

Annual Rabies Control Activities

Year	Rabid animals total	Animal type
2025	1	Bats
2024	6	Bats
2023	2	Bats
2022	4	Bats

Table 9 - Annual Rabies Control Activities

2025 Month	Rabies Related Calls	Animals Tested	Positive Results	PEP Recommendations
January	9	0	0	5
February	13	1	0	2
March	19	2	0	1
April	17	3	0	1
May	17	2	0	2
June	31	2	0	3
July	60	20	0	12
August				
September				
October				
November				
December				

Table 10 - 2025 Rabies Control Activities

Appendix F: Reproductive Health Clinic

Reproductive Health Clinic Client Visits

Month	2024 # of Client Visits	2025 # of Client Visits
January	195	170
February	181	127
March	141	159
April	184	147
May	172	128
June	191	138
July	189	154
August	129	
September	121	
October	132	
November	136	
December	153	

Table 11 - Appendix F: Reproductive Health Clinic

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	4/11	1	7
April	3/10	4	8
May	3/11	0	6
June	2/10	1	3
July	2/5	1	3
August			
September			
October			
November			
December			
Totals	5/17*	9	34

Table 12 Appendix G: Tuberculosis Program

*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.