

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

**To:** The El Paso County Board of Health

**From:** DeAnn Ryberg, Public Health Executive Director

**Date:** May 2026 (reflects activity through April)

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## In the News

El Paso County Public Health (EPCPH) was featured in timely television and print news coverage stories in April, resulting in two stories totaling over 54,343 in local viewership and over \$2,422 in local earned media value.

- The April edition of the New Falcon Herald featured an article from EPCPH Community Health Promotion Division Director Dacia Hudson about observing Every Kid Healthy Week with families. The New Falcon Herald article can be accessed through the following link: [Celebrate Every Kid Healthy Week](#)
- KKTV reported on a possible measles exposure in El Paso County. The KKTV story can be accessed through the following link: [Health officials warn of possible measles exposure in Colorado Springs](#)

## 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.

## **Foundational Public Health Capabilities**

### **Communications**

With the support of funding made possible through a Board of Health (BoH) fund reserve request, the Communications program advanced several key initiatives to support enhanced digital accessibility:

- Launched the new DocAccess software on the [ElPasoCountyHealth.org](#) website. This innovative tool enables website users to view PDF documents in accessible HTML format, access live support, translate PDFs into their preferred language, and efficiently navigate documents through searchable headers, among other features.
- Supported the expansion of Continual Engine PREP software to identified staff members—paired with training—to streamline the remediation of agency PDF documents.

### **Partnerships**

Clinical Services helped strengthen community and health care partnerships through collaborative meetings with UHealth Physician Relations, Peak Vista Health Centers leadership, and The Patterson Center for Resiliency to discuss referral pathways, supportive services, chronic disease prevention efforts, and opportunities for coordinated care. A referral process between Reproductive Health Clinic (RHC) and The Patterson Center for Resiliency was established to support patient access to behavioral health services.

### **Emergency Preparedness and Response**

In April, the Emergency Preparedness and Response (EPR) program co-facilitated the first Regional Medical Operations Center (RMOC) tabletop exercise at the Pikes Peak Regional Office of Emergency Management (PPROEM). The exercise brought together hospital partners, EMS

transport agencies, and emergency management partners to strengthen regional coordination and health care surge capabilities. Conducted in conjunction with the National Disaster Medical System (NDMS) exercise in Denver, the tabletop provided local partners an opportunity to practice patient surge operations into local hospital systems, while also testing RMOOC notification and activation procedures.

Additionally, EPR facilitated the quarterly Emergency Support Function 8 (ESF-8) meeting at PPROEM and hosted a wildfire workshop discussion with ESF-8 partners to clarify roles, responsibilities, and coordination processes during wildfire incidents. Participants included the coroner's office, hospitals, behavioral health partners, emergency management, fire and Emergency Medical Services (EMS) agencies, and military partners. Collectively, these activities strengthened regional preparedness, coordination, and response capabilities across the jurisdiction.

## **Foundational Public Health Services**

### **Communicable Disease Prevention, Investigation and Control**

In April, the Communicable Disease (CD) program led the EPCPH Zoonotic Disease Season Kick-Off meeting, bringing together internal agency stakeholders to coordinate preparedness and response activities for the upcoming zoonotic disease season. CD and Communications staff also participated in a Cross-Jurisdictional Public Information Workshop hosted by Arapahoe County Public Health, alongside multiple Colorado jurisdictions to strengthen coordination, public messaging, and risk communication strategies related to measles response efforts statewide. Additionally, CD participated in a regional UHealth Middle East Respiratory Syndrome (MERS) tabletop exercise, providing EPCPH expertise and supporting regional coordination efforts related to special pathogens disease response.

### **Maternal, Child, Adolescent and Family Health**

Nurse-Family Partnership (NFP) helped to connect enrolled clients to care by providing nearly 45 referrals on behalf of more than 35 families. These referrals were to housing assistance, mental health treatment, childbirth education, Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), child care, dental services, primary medical care, smoking cessation treatment, lactation support, and Women, Infants and Children (WIC).

Maternal, Child, Adolescent and Family Health (MCH) organized a Bundles of Care event at Public Health South on April 13. Several EPCPH programs attended to provide services: NFP, WIC, Reproductive Health, Immunizations, Injury and Violence Prevention, Tobacco Education and Prevention Partnership (TEPP), and Environmental Health. This event focused on maternal and

infant well-being and provided essential services and resources to 115 families in the community. There were also 15 community partners in attendance to provide critical resource connections such as benefit assistance, information on food access, maternal mental health, child development services, child care, safety, and primary care. MCH administered a survey at the event and received more than 20 responses to the following questions:

- On a scale of 1 to 5, how would you rate your overall satisfaction with the event?
  - 4.94 rating average
- Did this event help meet an immediate need for your family?
  - 95 percent answered yes
- How likely are you to contact or use any of the community resources you learned about today?
  - 68 percent responded very likely

MCH connected with 40 families at the Pikes Peak Interagency Transition Team (PPITT) Annual Resource Fair for Individuals with Disabilities on April 16. This event brings together community members and organizations to share information, support, and provide opportunities for adolescents preparing to transition out of high school.

MCH attended the Annual Healthy Kids Day event on April 18. Healthy Kids Day is the YMCA's annual celebration dedicated to helping kids and families kick off a healthy, active summer. The event focuses on encouraging movement, play, and wellness. MCH connected with 120 participants to promote healthy childhood development, share resource navigation, and promote early learning and literacy.

Year to date, EPCPH WIC has:

- Had an average enrollment of 14,331 clients per month.
- Had 21,696 appointments; each appointment includes health measurements, nutrition education, and/or breastfeeding support.
- Made 156 referrals to other EPCPH programs such as NFP, TEPP/Quitline, and MCH.
- Received 13 referrals from other EPCPH programs.
- Data from the CDPHE referral form is delayed for two months. In January and February, EPCPH WIC received 1,072 referrals from outside sources.

### **Chronic Disease, Injury Prevention and Behavioral Health Promotion**

Fountain Valley Communities That Care (FV-CTC) participated in the biannual Drug Enforcement Administration (DEA) Drug Take Back Day on April 25. This nationwide event provides an opportunity for people across the country to clean out their medicine cabinets and dispose of unused or expired medications to minimize substance misuse. This year, FV-CTC hosted a site at

the Pikes Peak Library District Fountain Branch and at Widefield Parks and Recreation, collecting a total of 241 pounds of medications. In total, FV-CTC has participated in eight Drug Take Back Days and collected a total of over 1,400 pounds of unused/expired medications.

Injury and Violence Prevention (IVP) hosted an impaired driving data walk at Schriever Space Force Base on April 15 to share data and collect input on prevention strategies from service members and staff. The data walk was hosted as part of the base's Alcohol Awareness Week and allowed participants to learn about local impaired driving data trends, connect with substance use prevention resources, and share feedback on community risk factors for impaired driving.

In partnership with Fremont County Public Health, IVP presented at the Colorado Public Health Association Culture of Data Conference on April 16 and the Colorado Shared Risk and Protective Factors Conference on April 29. Both presentations highlighted the success of the innovative initiatives implemented through the community-based impaired driving prevention grant and taught participants how to effectively implement community engagement and outreach.

TEPP facilitated three internal trainings with 45 staff from WIC, MCH, IZ and NFP to provide information and updates regarding the agency's tobacco cessation policy and procedures for referring clients to free cessation resources.

TEPP hosted its Tobacco-Free Alliance meeting at Harrison High School's Zalman Center on April 21. With 24 community partners in attendance, students with the Youth Advisory Council at Fountain-Fort Carson School District presented an overview of their efforts to reduce youth vaping and tobacco use. Staff with FV-CTC facilitated a guided conversation around co-use of nicotine, cannabis, and other substances and discussed how community partners can work together to address issues.

TEPP facilitated a Tobacco Free Schools Task Force meeting to conclude its 2025-2026 school year mini-grant cycle. The TEPP mini-grant program helps schools integrate tobacco prevention and cessation best practices into their school environment. Mini-grant recipients implement Students Working Against Tobacco (SWAT) clubs that develop peer-led public awareness campaigns. There were several successful initiatives this year, including Carmel Community School's student-led family education night and vape collection event, Skyview Middles School's student-led homeroom presentations on the harms of smoking and nicotine, and Calhan High School's presentation at their Career and Technical Education Showcase. Calhan High School's presentation reached over 300 community members and earned first place at Family, Career and Community Leaders of America State, and will advance to Nationals in Washington, D.C.

### **Access to and Linkage with Health Care**

Clinical Services increased access to education, preventive services, and informed, patient-driven health decisions by delivering care and outreach in community and institutional settings. These efforts focused on reducing barriers to services, increasing awareness of available programs, and

supporting individuals in making informed choices about their health through accessible, community-based events and partnerships.

**Key activities included:**

- Providing vaccination services at the El Paso County Criminal Justice Center (CJC), supporting prevention efforts and increasing vaccine access within a congregate living environment.
- Hosting a clinic day at University of Colorado Colorado Springs (UCCS), where five students received long-acting reversible contraception (LARC) services and 20 students participated in sexually transmitted infection (STI) screening services, increasing access to preventive care within a campus setting.
- Delivering STI education presentations within a male housing unit at the CJC prior to a screening event and subsequently conducted onsite STI screening services in collaboration with CJC nursing staff, where 31 individuals participated in screening services. In total, over 70 patients were screened through the CJC program during the month of April.

## Appendix A: Environmental Health Activity

<b>Environmental Health</b>	<b>April 2026</b>	<b>2026 Total</b>	<b>2025 Total</b>
Air Quality Construction Activity Permits	15	43	109
Air Quality Open Burn Permits	0	0	30
Air Quality Complaints	6	12	41
Animal Bites Reported	99	371	1424
Body Art Routine Inspections	4	33	133
Body Art Follow-up Inspections	1	1	4
Body Art Complaints	3	9	33
Child Care Routine Inspections	30	78	231
Child Care Follow-up Inspections	0	0	3
Child Care Complaints	2	4	10
Child Care Outbreak Investigations	3	7	14
Child Care High Risk Field Consults	0	0	58
Land-Use Planning Review	36	134	332
OWTS Pumper Truck Inspections	13	55	96
OWTS Final Inspections	46	164	499
OWTS Partial Inspections	10	52	73
OWTS Application Design Reviews	50	124	535
OWTS Design Revision Reviews	10	25	129
OWTS Design Revision Reviews (add)	9	24	24
OWTS New Permit Applications	19	74	247
OWTS Repair Permit Applications	27	76	280
OWTS Modification Permit Applications	1	9	21
OWTS Acceptance Doc for Title Transfer	87	290	785
OWTS Soil and Site Evaluations	37	144	401
OWTS Complaints	3	10	22
OWTS O&M Systems	15	45	73
Recreational Water Safety Inspections	0	42	337
Recreational Water Follow-up Inspections	1	5	16
Recreational Water Complaints	0	1	13
RFE Routine Inspections	238	995	2,969
RFE Re-Inspections	30	108	267
RFE Complaint Investigations	45	168	663
RFE Inspections Resulting in Closure	6	18	71
RFE Plan Reviews	41	111	279
RFE Pre-Operational Inspections	38	122	553
Foodborne illness EH investigations	159	5	18
School Routine Inspections	0	6	30

School Complaints	0	5	20
School Self-Certification Audits	2	45	50
School Self-Certifications Returned	0	0	350
Waste Tire Facilities Routine Inspections	17	53	150
Waste Tire Complaints	0	2	2

Table 1 - Appendix A: Environmental Health Activity

## Appendix B: 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	348	318	317	283	297
Private Wells	303	294	338	390	408	409	392	370	427	338	293	311
<b>Totals</b>	637	580	645	696	764	753	786	719	745	655	576	608

Table 2 Appendix B: 2025 Water Systems Testing

2026	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Public Water Systems	326	287	298	327								
Private Wells	284	325	471	390								
<b>Totals</b>	610	612	769	719								

Table 3 Appendix B: 2026 Water Systems Testing

## Appendix C: Immunizations Program Vaccines Administered

Month	2025 Total Vaccines Administered	2026 Total Vaccines Administered
January	1020	818
February	870	629
March	796	672
April	910	645
May	832	
June	847	
July	911	
August	738	
September	730	
October	960	
November	721	
December	737	

Table 4 Appendix C: 2025 and 2026 Immunizations Program Vaccines Administered

## Appendix D: Nurse-Family Partnership Client Visits

Month	2025 # of Client Visits	2026 # of Client Visits
January	264	229
February	253	223
March	210	242
April	226	245
May	229	
June	226	
July	239	
August	222	
September	239	
October	251	
November	185	
December	254	

Table 5 Appendix D: Nurse-Family Partnership Client Visits

## Appendix E: Disease Prevention and Control

Category	Disease	2026	2025
<b>Food/Waterborne Diseases</b>			
	Campylobacter	71	213
	Cryptosporidium	154	28
	Cyclosporiasis	0	22
	Giardia	15	47
	Hepatitis A	11	2
	Legionellosis	0	20
	Salmonella	27	126
	Shigella	11	44
	Shiga Toxin-producing E. coli (STEC)	23	52
	Vibriosis	2	16
<b>Food/Waterborne Diseases Totals</b>		<b>314</b>	<b>570</b>
<b>Health care Associated Infections</b>			
	Carbapenem-Resistant Acinetobacter baumannii (CRAB)	0	1
	Carbapenem Non-susceptible Enterobacteriaceae (CRE)	27	86
	Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	18	48

<b>Health care Associated Infections Totals</b>		<b>45</b>	<b>135</b>
<b>Vaccine Preventable Diseases</b>			
	Haemophilus influenzae (H. flu)	6	15
	Measles	0	4
	Meningococcal Disease	0	2
	Mpox	5	2
	Mumps	0	1
	Pertussis	29	92
	Rubella	0	0
	Varicella	8	33
<b>Vaccine Preventable Diseases Totals</b>		<b>48</b>	<b>149</b>
<b>Respiratory Diseases</b>			
	Hospitalized COVID-19	<b>146</b>	<b>502</b>
	Hospitalized Influenza*	<b>419</b>	<b>885</b>
	Hospitalized RSV	<b>477</b>	<b>519</b>
<b>Respiratory Disease Total</b>		<b>1,042</b>	<b>1,906</b>

*Table 6 Appendix E: Disease Prevention and Control*

Link to ECPH Respiratory Disease Dashboard: <https://www.elpasocountyhealth.org/disease-tracking-reports/>

*\*Flu Seasons:*

- *October 1, 2023-May 18, 2024; 547*
- *September 29, 2024- May 17, 2025; 611*
- *September 28, 2025- May 23, 2026; 712*

## Foodborne Illness Complaints Received at EPCPH

2026 Month	Complaint Received Regarding Foodborne Illness	EH Foodborne Illness Investigation
January	14	0
February	31	4
March	19	1
April	21	0
May		
June		
July		
August		
September		
October		
November		
December		

Table 7 – 2026 Foodborne Illness Complaints Received

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	22	0
September	19	0
October	14	0
November	21	1
December	19	1

Table 8 – 2025 Foodborne Illness Complaints Received

## Annual Rabies Control Activities

Year	Rabid animals total	Animal type
2026	0	N/A
2025	5	Bats

Table 9 - Annual Rabies Control Activities

2026 Month	Rabies Related Calls	Animals Tested	Positive Results	PEP Recommendations
January	18	0	0	2
February	19	1	0	0
March	19	6	0	3
April	22	4	0	1
May				
June				
July				
August				
September				
October				
November				
December				

Table 10 - 2026 Rabies Control Activities

## Appendix F: Reproductive Health Clinic

### Reproductive Health Clinic Client Visits

Month	2025 # of Client Visits	2026 # of Client Visits
January	170	120
February	127	130
March	159	125
April	147	142
May	128	
June	138	
July	154	
August	135	
September	158	
October	135	
November	115	
December	132	

Table 11 - Appendix F: Reproductive Health Clinic

## Appendix G: Tuberculosis Program

<b>ECPH TB Program Data 2026</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Total</b>
<b>TB Disease Treatment</b>													
TB Disease / LTBI Patients	2 / 12	2 / 11	4 / 12	3 / 13									<b>4 / 17</b>
New TB Disease Patients	0	0	2	0									<b>2</b>
New LTBI Patients	9	1	1	3									<b>14</b>
<b>Evaluations</b>													
Evaluations Completed	10	6	7	8									<b>31</b>
Contacts Screened	2	0	0	1									<b>3</b>
<b>DOT</b>													
New DOT Patients	4*	0	2	0									<b>6</b>
Total DOT Occurrences	73	84	81	107									<b>345</b>
<i>DOT/DOPT (Field)</i>	12	0	8	42									<b>62</b>
<i>eDOT (Remote)</i>	61	84	73	65									<b>283</b>
<b>Community Support</b>													
TB Rule-Outs for Providers	0	0	1	2									<b>3</b>
Provider Consultations	5	8	10	9									<b>32</b>
Community Calls	8	5	8	6									<b>27</b>
<i>*Includes all existing DOT patients as of Jan 1, 2026</i>													

Table 12 - Appendix G: Tuberculosis Program

## 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.