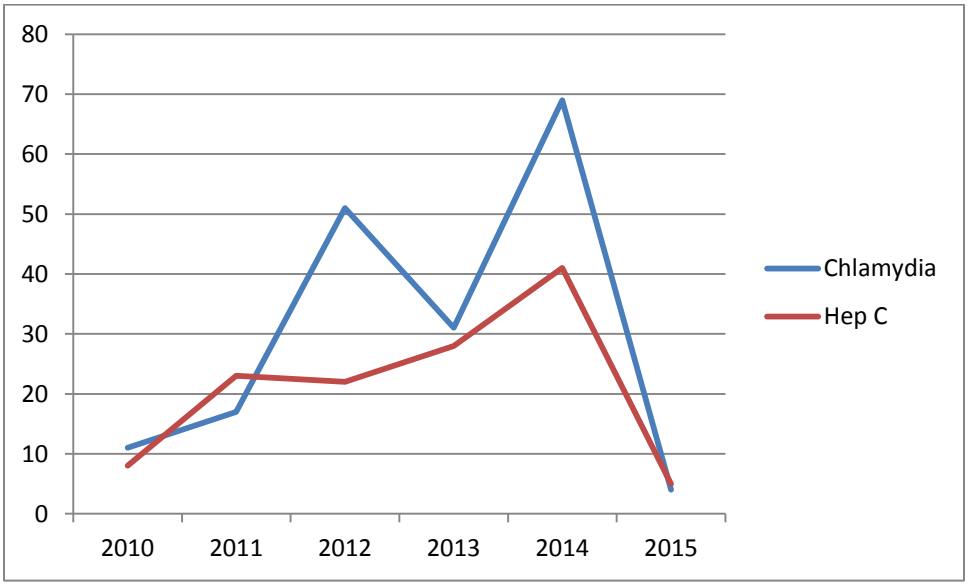
Nursing Monthly Report

January 2015

Communicable Diseases/Reportable—I S 3701-36-04-01

Chlamydia	4	Year to date	4 (cases seen 2 ER;1 VA;1 Urgent Care)
Hepatitis C, Chronic-	5	Year to date	5
Gonorrhea	1	Year to date	1
Hep A	1	not a case	

Chlamydia and Hep C Trend Line from 2010 - 2015



The cases of Hepatitis C continue to rise in the city, as a health department we are not alone with this finding, it is state and national fact. The five (5) cases reported in January 2015 all had history of Injected Drug Abuse, either currently or past and were seeking medical care for various issues. The Nation back in the late 1990's added a 6th vital sign "Pain", health care providers did not want their patients to leave the ER or office feeling uncomfortable. Protocols for pain relief went from take Aspirin or Tylenol and rest, prescription Motrin was added in the 1980's and to opioids and other narcotics when the 6th vital sign was added.

The question has been asked monthly, "How can we get rid of Hepatitis C"? There are several types of treatments that require medication regimes that are expensive and have undesired side effects. But, before treatment can be the "end all cure all", spread of the virus must eliminated and injectable drug

abuse must come to an end. Education about the virus and how acquired should be taught yearly in all schools, via programs that are based on grade level of understanding. Cincinnati, Cleveland and Portsmouth, Ohio have started needle exchange programs and educational programs for users. The needle exchange programs are still in study stages as to decrease virus spread and decrease drug abuse. The exchange centers are located in drug counseling centers and Portsmouth Health Department. Users are allowed to exchange several needle/syringes for new needle/syringes as per agency policy. This program has cost involved, purchase of syringes with needles, needle disposal programs, staffing time to administer the program which includes education on care of syringes to abstinence from all forms of drug abuse. Community support will be difficult, and will require vast amount of education about project and benefits to the community. The question will always remain, "are we enabling/promoting drug abuse with needle exchanges"?