



MACON COUNTY BOARD OF HEALTH MINUTES 3/25/2025

Members: Garrett Higdon, Engineer; John Shearl, County Commissioner; Josh Young, County Commissioner; Vacant, Optometrist; Dr. Roy Lenzo, Veterinarian; Vacant, Pharmacist; Dr. Matt Corbin, Dentist and Vice Chair; Angela Stone, Nurse Representative; Dr. Carlos Vargas, Physician; Members of General Public, Jerry Hermanson Chair, Dr. Nathan Feibelman III, General Public; Steve Grissim, General Public

Members Absent: Josh Young; Dr. Nathan Feibelman; Steve Grissim; Jerry Hermanson

Staff Present: Kathy McGaha, Christina Stamey, Melissa Setzer, Jennifer Garrett, and Jamie Waldroop

Guests: None

Media: Mia Overton, The Franklin Press

Call to Order: Matt Corbin called the meeting to order at 6:16 p.m.

**Welcome/Intro/
Departures/
Recognition/
Announcements:** Matt opened the meeting welcoming everyone to the Macon County Board of Health meeting. Mr. Corbin led the meeting, with absence of Chair, Jerry Hermanson. Kathy McGaha announced there might be a possible candidate for the Pharmacist position on the Board. This position will be brought to the Board of Commissioners on 04/08/2025.

Public Comment: There was no one present for Public Comment.

Agenda Approval: Kathy McGaha requests to remove the complaint process from the agenda due to Jerry's unavailability. Angie Stone made a motion to approve the Agenda. Garrett Higdon seconded the motion. Motion passed unanimously.

Presentation:

Communicable Disease Report:

Jamie Waldroop is the Communicable Disease Nurse for Macon County Public Health. Jamie's responsibilities include tracking and reporting over 80 reportable diseases to the Health Department. Jamie details the process of handling communicable diseases, from receiving reports to contacting and isolating affected individuals. Jamie provided statistics on Communicable Diseases in 2024, highlighting the top diseases like Chlamydia, Hepatitis C, and Pertussis. Jamie discussed the prevalence and spread of Chlamydia, noting its high number of cases and the ease of transmission. Jamie explained the treatment and prevention measures for Chlamydia, including the CDC's estimated number of new cases annually. Jamie covered Hepatitis C, its modes of transmission, and the availability of treatment programs, including a bridge counselor in Jackson County. Jamie highlighted the rise in Pertussis cases, attributing it to the relaxation of COVID-19 precautions and the waning immunity of the Tdap vaccine. Jamie discussed the increase in Campylobacter cases, often linked to undercooked or raw poultry and animal contact, the rise in syphilis cases, noting the different stages of the disease and the treatment options available and provided an overview of the STD visits and the impact of staff shortages on patient care. Jamie addressed the challenges of managing Tuberculosis cases, including the intense treatment required for active TB and the importance of latent TB treatment. Jamie reported on the increase in rabies cases, with 149 bats and critters tested in 2024. He emphasized the importance of post-exposure rabies vaccines and the challenges of accessing them without insurance. Jamie reviewed the overall increase in communicable disease cases in Macon County from 186 in 2023 to 227 in 2024. Jamie said the need for public awareness, education on vaccination rates, particularly for Tdap, and measles vaccines are important. (See attached handouts).

Approval of Previous Meeting Minutes:

Garrett Higdon made a motion to approve the previous minutes. Carlos Vargas seconded the motion. Motion passed unanimously.

Old Business:

MCPH FY26

Budget:

Melissa Setzer presented the requested budget for fiscal year 26, noting a decrease of \$253,551 compared to the previous year. Melissa explained the impact of staff turnover and the reduction of full-time positions in the CMHRP and CMARC programs. Kathy McGaha and Melissa discussed the challenges of filling medical positions and the impact on the budget and service delivery.

Melissa also discussed the process in when and how the AA's come down in the revenue portion of the discussion. The meeting concluded with a motion to recommend the budget to the county manager and commissioners. (See attached handouts).

Approval to recommend budget:

Garrett Higdon made a motion. Carlos Vargas seconded the motion. Motion passed unanimously.

New Business:

Strategic Plan

Update:

Kathy McGaha provided an update on the strategic plan, focusing on technology improvements, marketing and outreach, and facility upgrades. Some of the ADA improvements were electric door installations, and the cleaning of the building's duct system. Kathy McGaha discussed the significant improvements made to the Animal Services building and the need to replace the front doors of the kennels. Kathy acknowledged Melissa's role in overseeing facility improvements and working with Travis and Mike to complete various projects and the replacement of the kennel doors is part of the strategic plan and is considered a high-priority budget request. Kathy McGaha discussed the shift from server-based programs to cloud-based systems, specifically the transition to Athena from Patagonia Health. She noted the positive impact of the new Athena system compared to the previous one. Environmental health is also transitioning to a cloud-based system for building permits. The dental program has moved to a cloud-based system from a server-based one, which has been beneficial. Kathy McGaha expressed gratitude for the new AC unit installed in the Animal Shelter building, which was a significant investment. She also discussed the transition of the school system from a locally generated school-based health EMR to Infinite Campus. Kathy McGaha talked about the advancements in marketing and outreach, including the use of Medicaid cost settlement funds to boost market expenses. Various advertising methods have been employed, such as transit ads, grocery cart ads, and a strong social media presence. A marketing committee composed of grassroots staff has been established to generate new marketing ideas. The committee is tasked with creating a strong marketing plan for the community.

Closed Session:

There was no need for closed session.

Next Meeting Date:

The next Board of Health Meeting will be May 27th, 2025.

Adjournment:

Matt Corbin made a motion to adjourn the meeting. Angie Stone second the motion. The motion passed unanimously at 7:45pm.

Minutes Recorded by:

Christina Nugent Stamey

Macon County Public Health

2024 Communicable Disease Report to Macon County Board of Health

March 25, 2024

Presented By: James Waldroop, RN, BSN

What is a Communicable Disease?

Communicable diseases are illnesses caused by viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air. There are over 80 reportable Communicable diseases in North Carolina that when suspected have to be reported to the Health Department for investigation.

The Macon County Public Health Communicable Disease Program's objectives include

- Prompt investigation of all reportable communicable diseases in order to prevent possible outbreaks and to implement control measures to help minimize the spread of disease
- Information and education for the public and providers on communicable diseases and how to prevent them
- Routine surveillance to detect trends and assess the public health impact of the disease
- Investigation of and intervention in responding to disease outbreaks
- To provide a source of communication with local medical providers to help control and prevent diseases

Macon County Public Health maintains regular communication with medical providers throughout the county in order to keep up to date on communicable diseases and the appropriate reporting of these communicable diseases. Medical providers are required to report all communicable diseases to Macon County Public Health.



NC Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch

ATTENTION HEALTH CARE PROVIDERS:
 Please report relevant clinical findings about this
 disease event to the local health department.

CONFIDENTIAL COMMUNICABLE DISEASE REPORT – PART 1

NAME OF DISEASE/CONDITION

Patient's Last Name		First		Middle		Suffix		Maiden/Other		Alias	
Birthdate (mm/dd/yyyy) / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans.		Parent or Guardian (of minors)				Medical Record Number			
Patients Street Address				City		State		ZIP		County	
Age		Age Type <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days		Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		Ethnic Origin <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Was patient hospitalized for this disease? (>24 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No Date / /		Did patient die from this disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Patient is associated with (check all that apply): <input type="checkbox"/> Child Care (child, household contact, or worker in child care) <input type="checkbox"/> School (student or worker) <input type="checkbox"/> College/University (student or worker) <input type="checkbox"/> Food Service (food worker) <input type="checkbox"/> Health Care (health care worker) <input type="checkbox"/> Migrant Worker Camp <input type="checkbox"/> Correctional Facility (inmate or worker) <input type="checkbox"/> Long Term Care Facility (resident or worker) <input type="checkbox"/> Military (active military, dependent, or recent retiree) <input type="checkbox"/> Travel (outside continental United States in last 30 days) <input type="checkbox"/> Other						In what geographic location was the patient MOST LIKELY exposed? <input type="checkbox"/> In patient's county of residence <input type="checkbox"/> Outside county, but within NC - County: <input type="checkbox"/> Out of state - State/Territory: <input type="checkbox"/> Out of USA - Country: <input type="checkbox"/> Unknown					

CLINICAL INFORMATION

Is/was patient symptomatic for this disease?

☐ Yes ☐ No ☐ Unknown

If yes, symptom onset date (mm/dd/yyyy):

/ /

SPECIFY SYMPTOMS:

If a sexually transmitted disease, give specific treatment details

1. Date patient treated:(mm/dd/yyyy) / /

Medication:

Dosage:

Duration:

2. Date patient treated:(mm/dd/yyyy) / /

Medication:

Dosage:

Duration:

DIAGNOSTIC TESTING

Provide lab information below and fax copy of lab results and other pertinent records to local health department.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name –City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

LOCAL HEALTH DEPARTMENT USE ONLY

Initial Date of Report to Public Health:

/ /

Initial Source of Report to Public Health:

☐ Health Care Provider (specify):

☐ Hospital

Is the patient part of an outbreak of this disease? ☐ Yes ☐ No

Outbreak setting:

☐ Household/Community (specify index case):

☐ Restaurant/Retail

☐ Child Care

☐ Adult care home

☐ Assisted living facility

☐ Adult day care

<input type="checkbox"/> Private clinic/practice <input type="checkbox"/> Health Department <input type="checkbox"/> Correctional facility <input type="checkbox"/> Laboratory <input type="checkbox"/> Other	<input type="checkbox"/> Long term care <input type="checkbox"/> Healthcare setting <input type="checkbox"/> Migrant Worker Camp Name of facility: Address of facility:	<input type="checkbox"/> School <input type="checkbox"/> Prison <input type="checkbox"/> Other
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DHHS 2124 (Revised July 2020) EPIDEMIOLOGY

DISEASES AND CONDITIONS REPORTABLE IN NORTH CAROLINA

Physicians must report these diseases and conditions to the county local health department, according to the North Carolina Administrative Code: 10A NCAC 41A.0101 Reportable Diseases and Conditions (see below). Contact information for local health departments can be accessed at www.ncalhd.org/directors. If you are unable to contact your local health department, call the 24/7 pager for NCDHHS, Communicable Disease Branch (919) 733-3419.

For diseases and conditions required to be reported within 24 hours, the initial report shall be made by telephone to the local health department, and the written disease report be made within 7 days. The reporting rules and disease report forms can be accessed at: <http://epi.publichealth.nc.gov/cd/report.html>

Disease/Condition Reportable to Local Health Department Within a Specific Timeframe

Acquired immune deficiency syndrome (AIDS) – 24 hours	Malaria – 7 days
Acute flaccid myelitis – 7 days	Measles (rubeola) – immediately
Anaplasmosis – 7 days	Meningitis, pneumococcal – 7 days
Anthrax – immediately	Meningococcal disease, invasive – 24 hours
Arboviral infection, neuroinvasive (WNV, LAC, EEE, other, unspecified) – 7 days	Middle East respiratory syndrome (MERS) – 24 hours
Babesiosis – 7 days	Monkeypox – 24 hours
Botulism – immediately	Mumps – 7 days
Brucellosis – 7 days	Nongonococcal urethritis – 7 days
Campylobacter infection – 24 hours	Novel coronavirus infection causing death – 24 hours
Candida auris – 24 hours	Novel coronavirus infection – immediately
Carbapenem-Resistant Enterobacteriaceae (CRE) – 24 hours	Novel influenza virus infection – immediately
Chancroid – 24 hours	Ophthalmia neonatorum – 24 hours
Chikungunya virus infection – 24 hours	Plague – immediately
Chlamydial infection (laboratory confirmed) – 7 days	Paralytic poliomyelitis – 24 hours
Cholera – 24 hours	Pelvic inflammatory disease – 7 days
COVID-19: see Novel coronavirus	Pertussis (whooping cough) – 24 hours
Creutzfeldt-Jakob disease – 7 days	Psittacosis – 7 days
Cryptosporidiosis – 24 hours	Q fever – 7 days
Cyclosporiasis – 24 hours	Rabies, human – 24 hours
Dengue – 7 days	Rubella – 24 hours
Diphtheria – 24 hours	Rubella congenital syndrome – 7 days
Escherichia coli, shiga toxin-producing infection – 24 hours	Salmonellosis – 24 hours
Ehrlichiosis – 7 days	Severe acute respiratory syndrome (SARS) – 24 hours
Foodborne disease, including Clostridium perfringens, staphylococcal, Bacillus cereus, and other and unknown causes – 24 hours	Shigellosis – 24 hours
Gonorrhea – 24 hours	Smallpox – immediately
Granuloma inguinale – 24 hours	Spotted fever rickettsiosis (including RMSF) – 7 days
Haemophilus influenzae, invasive disease – 24 hours	Staphylococcus aureus with reduced susceptibility to vancomycin – 24 hours
Hantavirus infection – 7 days	Streptococcal infection, Group A, invasive disease – 7 days
Hemolytic-uremic syndrome (HUS) – 24 hours	Syphilis, primary, secondary, early latent, late latent, late with clinical manifestations, congenital – 24 hours
Hemorrhagic fever virus infection – immediately	Tetanus – 7 days
Hepatitis A – 24 hours	Toxic shock syndrome, non-streptococcal or streptococcal – 7 days
Hepatitis B – 24 hours	Trichinosis – 7 day
Hepatitis B carriage or perinatally acquired – 7 days	Tuberculosis – 24 hours
Hepatitis C, acute – 7 days	Tularemia – immediately
Human immunodeficiency virus (HIV) infection confirmed – 24 hours	Typhoid fever, acute (Salmonella typhi) – 24 hours
Influenza virus infection causing death – 24 hours	Typhoid carriage (Salmonella typhi) – 7 days
Interferon-gamma release assay (IGRA), all results – 7 days	Typhus, epidemic (louse-borne) – 7 days
Legionellosis – 7 days	Vaccinia – 24 hours;
Leprosy – 7 days	Varicella (chickenpox) – 24 hours

Leptospirosis – 7 days

Listeriosis – 24 hours

Lyme disease – 7 days

Lymphogranuloma venereum – 7 days

Vibrio infection (other than cholera & vulnificus) – 24 hours

Vibrio vulnificus – 24 hours

Yellow fever – 7 days

Zika virus – 24 hours

You may be contacted by the local health department for additional information about this case. Medical record information relevant to the investigation and/or control of a communicable disease is exempt from the HIPAA Privacy Rule (see 45 CFR 164.512(a)) and is permitted as an exception to confidentiality of records in NC State Law GS § 130 A-130.

North Carolina General Statute: §130A-135. Physicians to report. A physician licensed to practice medicine who has reason to suspect that a person about whom the physician has been consulted professionally has a communicable disease or communicable condition declared by the Commission to be reported, shall report information required by the Commission to the local health director of the county or district in which the physician is consulted.

North Carolina Administrative Code: 10A NCAC 41A.0101 Reportable Diseases and Conditions

(a) The following named diseases and conditions are declared to be dangerous to the public health and are hereby made reportable within the time period specified after the disease or condition is reasonably suspected to exist:

Top Communicable Diseases Reported in Macon County in 2024- Total of 227 cases

Chlamydia- 83 cases

STD caused by a bacteria called Chlamydia trachomatis. It can be transmitted during vaginal, anal, or oral sex. About three quarters of infected women and about half of infected men have no symptoms. If symptoms occur, they usually appear within 1–3 weeks after exposure. In women, symptoms may include abnormal vaginal discharge, urethritis, lower abdominal pain, pain during intercourse, and bleeding between menstrual periods. In men, symptoms include penile discharge and urethritis. In up to 40% of untreated women, infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease. Infected women are also up to five times more likely to become infected with HIV, if exposed. Complications among men are rare. Infection sometimes spreads to the epididymis, causing pain, fever, and, rarely, sterility. The CDC estimates around 4 million people in the United States develop new Chlamydia cases every year

Hepatitis C, Chronic- 42 cases-

When someone is first infected with HCV, they can either have a very mild illness with few or no symptoms or a serious condition that could require hospitalization.

Acute hepatitis C (HCV) infection is defined as the 6-month time period following exposure to the hepatitis C virus. After initial infection, the virus clears spontaneously in an estimated 20 to 35% of patients. These patients never develop chronic hepatitis C infection.

Most people who get infected will develop a chronic, or lifelong, infection. Left untreated, chronic hepatitis C can cause serious health problems including liver disease, liver failure, liver cancer, and even death. Chronic hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants in the United States.

Hepatitis C is spread when blood from an HCV-infected person — even microscopic amounts — enters the body of someone who is not infected. Because of how it spreads, certain life circumstances, jobs, and behaviors can increase your risk for hepatitis C.

Medications for treatment include:

- Elbasvir/Grazoprevir (Zepatier)
- Glecaprevir/Pibrentasvir (Mavyret)
- Sofosbuvir/Ledipasvir (Harvoni)
- Sofosbuvir/Velpatasvir (Epclusa)

These antiviral medications are extremely good at attacking the virus and preventing it from multiplying.

Cost of treatment without insurance is anywhere from \$23,000 to \$95,000.

Pertussis- 23 cases

Pertussis is a very contagious respiratory illness. It can begin like the common cold but the coughing may persist for weeks or months. Whooping cough is a respiratory illness caused by a type of bacteria called *Bordetella pertussis*. The disease is only found in humans. Whooping cough bacteria attach to the cilia (tiny, hair-like extensions) that line part of the upper respiratory system. The bacteria release toxins (poisons), which damage the cilia and cause airways to swell.

Babies under 1 have the greatest risk of complication from Pertussis

When a person with whooping cough sneezes or coughs, they release small particles with the bacteria in them. Other people can then breathe in the bacteria.

Gonorrhea- 6 cases

Gonorrhea is a common sexually transmitted infection (STI) caused by the bacterium *Neisseria gonorrhoeae*. It can infect the genitals, rectum, mouth, throat, and eyes, and is most often spread through vaginal, oral, or anal sex. Individuals who are 15 to 24 are the most commonly infected group.

Symptoms in women

Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. Symptoms in women can include:

- Painful or burning sensation when peeing
- Increased vaginal discharge
- Vaginal bleeding between periods

Symptoms in men

Men who do have symptoms may have:

- A burning sensation when peeing
- A white, yellow, or green discharge from the penis
- Painful or swollen testicles (although this is less common)

Campylobacter- 29 cases

Campylobacter bacteria are a common cause of diarrheal illness. People most commonly get Campylobacter infection by eating raw or undercooked poultry. Eating other contaminated foods, drinking untreated water, and touching animals that carry Campylobacter can also cause infection.

Groups who are at most risk include:

- Children younger than 5
- Adults 65 and older
- People with a weakened immune system
- People who work with animals
- International Travelers

Syphilis –15 cases

Syphilis

It is an STI that can cause serious health problems without treatment. Infection develops in stages (primary, secondary, latent and tertiary)

Primary Stage: During the primary stage of Syphilis sores may be noticed on the genital area and lips or mouth. Sores are usually firm, round and painless. They last from about 3 to 6 weeks and heal regardless of whether you receive treatment. A patient should still receive treatment even when the sore goes away because if no treatment is received the disease will advance to the secondary stage.

Secondary Stage: During the secondary stage of Syphilis skin rashes may develop on a patient's mouth and genital area. The rash can be on the palms of your hand and/or the bottoms of your feet and look rough, red, or reddish brown. Other symptoms can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, fatigue. The symptoms from this stage will go away whether you receive treatment or not, however if you do not receive treatment then the infection will move to the latent and possibly tertiary stage.

Latent: The latent stage is a period when there are no visible signs or symptoms. Without treatment you can continue to have syphilis in your body for years.

Tertiary Stage: If Syphilis is untreated and gets to the tertiary stage it can affect many different organ systems. These include the heart and blood vessels, the brain and nervous system. It is very serious and can occur 10 to 30 years after your infection began. In this stage the disease damages your internal organs and can result in death.

Treatment for Syphilis is a series of 1 to 3 antibiotic (Bicillin L-A) injections in the gluteal muscle depending on the stage of disease.

Sexually Transmitted Infections (STD)

Macon County Public Health's (MCPH) primary mission is closely linked to the mission of the CDC Division of STD Prevention and the NC Communicable Disease Branch. There are specific disease prevention goals which are contextualized in the broad framework of the social determinants of health, promotion of sexual health, and the primary prevention of sexually transmitted disease (Communicable Disease AA).

MCPH must offer clients seeking an STD evaluation a medical history including sexual risk assessment, a physical examination inclusive of upper and lower body, lab testing, treatment, counseling, and referral necessary for the evaluation of individuals with an exposure to or symptoms suggestive of a sexually transmitted infection. These services are to be offered at NO COST to the client regardless of county of residence.

Table 1:

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
STD patient visits (LHD ONLY)	203	301	216	352	339	210	104	140	248	231
Chlamydia	95	70	106	99	79	76	88	89	86	83
Gonorrhea	17	13	17	31	26	33	31	13	13	6
Non-gonococcal urethritis (NGU)	2	8	7	9	1	2	0	0	0	0
Pelvic Inflammatory Disease (PID)	2	0	0	4	10	0	0	1	0	0
HIV	0	0	2	0	0	0	4	0	1	11
Syphilis	0	3	2	3 (2, cases of primary and	3 (1 case of secondary and 2 cases of	1 (1 primary case, No secondary	4 (1 primary, No secondary and	19 (1, primary	8 (2, primary	15 1,primary

				second ary and 1:case of early latent Syphilis)	early latent)	and no early latent.)	1 Early Latent, and 2 Unknown Duration)	8 Secondary 6 Early Latent 4 Unknown Duration)	2 Secondary 1 Early Latent 3 Unknown)	3 secondary 3 Early, Latent 8 Unknown

Reportable Diseases (other than sexually transmitted)

Communicable disease surveillance, investigation, and control are components of the core public health services in North Carolina. The state monitors local health departments for the timeliness of disease reporting and compliance with North Carolina communicable disease laws and management. Currently there are 79 reportable conditions in North Carolina (including sexually transmitted diseases). The Health Department monitors these communicable diseases for the entire county. Not all North Carolina reportable diseases are included within table 2.

Table 2:

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Campylobacter	49	47	17	14	8	7	10	12	29
Salmonella	2	6	6	3	2	1	6	0	1
Legionnaire's Disease	-	-	-	-	-	-	-	-	0
Rocky Mtn. spotted fever	-	1	5	2	-	-	-	-	0
Lacrosse Encephalitis	-	-	1	-	-	2	-	-	0
Hepatitis A	-	3	-	2	1	4	-	1	1
Hepatitis B, Acute	-	1	-	-	1	-	2	1	1

Hepatitis B, chronic, new	2	2	3	-	2	-	2	1	3
Hepatitis B chronic, pregnancy	-	-	-	-	-	-	-	-	-
Hepatitis C, Acute	3	1	-	-	1	-	-	-	-
Hepatitis C, Chronic*	NR	143	79	94	73	44	45	38	42
Hib invasive disease	1	1	-	1	1	1	-	2	2
Meningococcal invasive disease	-	1	-	1	-	-	-	-	0
Meningitis, pneumococcal	1	-	-	1	-	1	1	-	0
Streptococcal invasive infection, Group A	-	3	1	1	4	-	4	5	2
Shigellosis	-	-	2	-	-	-	-	1	0
E.Coli	1	1	1	2	-	1	1	0	1
Vibrio Vulnificus	1	-	-	-	-	-	-	-	0
Bordetella Pertussis	1	1	1	3	1	-	-	3	23
Cyclosporiasis	-	1	-	-	-	-	-	-	-
Influenza Death (adult)	-	-	3	2	-	-	-	-	-

Key: (-): 0 cases; (NR): Non-reportable

*Chronic Hepatitis C was not a reportable condition in North Carolina until 2017.

Tuberculosis

Tuberculosis was once one of the leading infectious causes of death in North Carolina. Cases continue to decline but elimination has not been reached. The NC TB program uses a community-based system of TB prevention and control. MCPH Communicable Disease nurse along with the clinic medical provider devise individual and programmatic interventions for all new cases in order to increase completion of therapy as well as improve timely completion of therapy. The TB clinician agrees to treat and monitor all active TB cases.

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes ill. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated, TB disease can be fatal. Latent TB Infection is when a person has the Tuberculosis bacteria but their immune system has

suppressed it and they are not infectious or ill. LTBI treatment is not mandatory but always encouraged due to the possibility of the infection becoming active if their immune system weakens.

A 12 week combination therapy of Isoniazid (INH) and Rifapentine (RPT) taken once weekly by directly observed therapy (DOT) is offered to LTBI patients for treatment of latent infections. The latent TB therapy offered could change based on certain health conditions. Directly observed therapy is used to ensure adherence to the treatment regimen and to improve the long-term effectiveness of treatment.

2 cases of active TB were diagnosed in 2024. 4 cases of LTBI were identified in the county in 2024.

Macon County Public Health had 624 TB placement/read appointments in 2024

Rabies

Rabies is a deadly virus spread to people from the saliva of infected animals. This is usually transmitted through a bite. Once a person begins to show signs and symptoms of rabies, the disease nearly always causes death.

Per NCGS 130A-41 (B) (10) the communicable disease nurse role includes examining, investigating, and control rabies. The CD nurse provides guidance to persons using the NC Rabies Public Health Program Manual pertaining to:

- Rabies pre-exposure immunization
- Human rabies risk assessment
- Rabies post-exposure prophylaxis in persons.

The CD nurse works with Animal Control. Animal Control officers send bite reports to the CD nurse along with any reports of animals submitted to the State Lab for rabies testing in order to ensure that human rabies risk assessments are done in a timely manner by a healthcare professional.

Macon County Public Health offers pre- rabies exposure vaccine for anyone who may be identified as needing the vaccine, but does NOT offer post exposure vaccinations.

No humans were infected with rabies in 2024

A Rabies vaccine bait drop was performed in Macon County in 2024 to help prevent rabies in raccoons.

Approximately 149 bites were reported to Macon County Communicable Disease from Macon County Animal Services in 2024 up from 130 the year before

Influenza

Per the CDC, "a 2018 study published in Clinical Infectious Diseases, looked at the percentage of the population who were sickened by the flu using two different methods and compared the findings. Both had similar findings, which suggested that on average, about 8% of the US population gets sick from flu each season, with a range of between 3% and 11% depending on the season."

In 2024, Macon County Public Health gave 270 flu vaccines. 105 of the flu vaccines were High Dose for persons 65 years of age and older. This is one of the lowest years for flu vaccine administration at MCPH.

2024 Trends and Likely 2025 Trends

Communicable disease cases increased in Macon County from 186 in 2023 to 227 for 2024, a 22% increase

Pertussis cases rose sharply in 2024, from 3 to 23 a 666% increase! It is important to make sure children are vaccinated and for adults who are not up to date on their Tdap vaccine it is important for them to receive the vaccine.

Syphilis cases have shown a 87.5% increase from last year

Likely will continue to see an increase in Latent Tuberculosis Infection (LTBI) cases with continued travel to endemic countries and immigration from endemic countries.

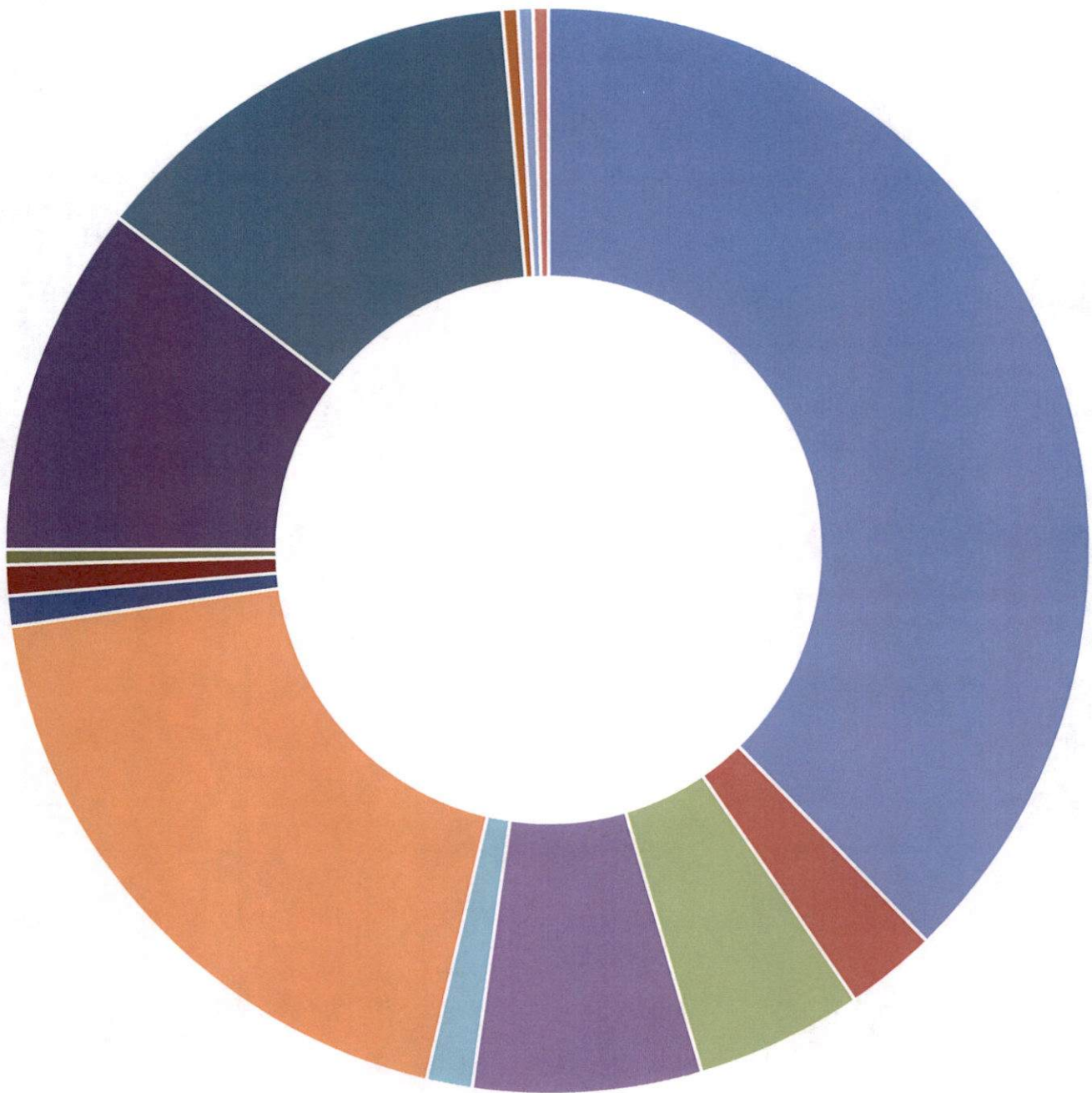
Macon County had its first active TB in many years in 2023. 2024 presented two active TB cases. If numbers of active TB keep increasing, resources may be limited. An outbreak could eventually be a possibility.

Measles cases are on the rise across the country. The potential for measles cases in Macon County does exist

Avian Flu is another issue to keep an eye on

Campylobacter has seen an increase of 141.667% in 2024.

CD Cases



- | | | | |
|------------------------|----------------------|-----------------|-----------------|
| ■ Chlamydia | ■ Gonorrhea | ■ HIV | ■ Syphilis |
| ■ Hepatitis B, Chronic | ■ Hep C-Chronic | ■ Hib | ■ Group A strep |
| ■ Ecoli | ■ Pertussis | ■ Campylobacter | ■ Salmonella |
| ■ Hepatitis A | ■ Hepatitis B, Acute | | |

Macon County Public Health

FY26 Requested Budget for Expenses

PROGRAM	2025 APPROVED BUDGET	2026 REQUESTED BUDGET	DIFFERENCE IN FY25 & FY26
HEALTH ADMINISTRATION	517,259.00	550,137.00	32,878.00
OPERATIONS	544,942.00	538,424.00	(6,518.00)
PHI: LOCAL WORKFORCE D	28,029.00	28,091.00	62.00
SCHOOL HEALTH NURSE	394,107.00	392,076.00	(2,031.00)
WISEWOMEN	19,330.00	19,172.00	(158.00)
BREAST & CERVICAL CANC	52,022.00	51,159.00	(863.00)
ADULT HEALTH	361,098.00	327,803.00	(33,295.00)
DISEASE CONTROL	379,150.00	386,563.00	7,413.00
HEALTHY COMMUNITIES	186,739.00	188,205.00	1,466.00
CARE COORDINATION FOR CHILDREN	77,407.00	21,159.00	(56,248.00)
LABORATORY	243,469.00	244,888.00	1,419.00
EMERGENCY PREPAREDNESS	125,786.00	109,738.00	(16,048.00)
W.I.C.	263,637.00	261,993.00	(1,644.00)
OB CARE MANAGEMENT PROGRAM	92,198.00	21,446.00	(70,752.00)
MATERNAL HEALTH	170,585.00	150,178.00	(20,407.00)
CHILD HEALTH	59,063.00	78,995.00	19,932.00
CHILD DENTAL HEALTH	575,721.00	546,965.00	(28,756.00)
FAMILY PLANNING	160,592.00	159,104.00	(1,488.00)
BF PEER COUNSELOR PROG	20,134.00	20,013.00	(121.00)
EMPLOYEE AND FAMILY HEALTH	176,970.00	176,032.00	(938.00)
ON-SITE WASTEWATER	468,095.00	546,891.00	78,796.00
PRIVATE DRINKING WATER	381,846.00	271,459.00	(110,387.00)
FOOD/LODGING	391,939.00	269,643.00	(122,296.00)
ANIMAL CONTROL	427,783.00	504,216.00	76,433.00
DEPARTMENT TOTAL	6,117,901.00	5,864,350.00	(253,551.00)

COMPLETELY GRANT FUNDED PROGRAMS

NC TOBACCO SETTLEMENT	87,772.00	87,772.00	-
REG CHRONIC DISEASE 14	330,023.00	466,350.00	136,327.00
TOTAL	417,795.00	554,122.00	136,327.00

Macon County Public Health

FY26 Projected Revenue Budget

			2025	2025	2026	
ACCOUNT NUMBER		PROGRAMS	APPROVED BUDGET	PROJECTED COLLECTION	PROJECTED COLLECTION	DIFFERENCE FY25 APPROVED & FY26
113511	436004	EMERGENCY PREPARE - STATE	28,766.00	28,766.00	28,766.00	-
113511	436007	SCHOOL NURSE - STATE	150,000.00	65,000.00	150,000.00	-
113511	436023	WISEWOMAN REV	6,550.00	1,100.00	6,550.00	-
113511	436026	MATERNAL HEALTH - STATE	38,883.00	38,883.00	38,883.00	-
113511	437000	STATE AID TO COUNTIES/HEALTH	82,398.00	82,398.00	82,398.00	-
113511	437199	LAB FEES - MEDICAID	-	200.00	-	-
113511	437200	LAB FEES	35,000.00	35,000.00	35,000.00	-
113511	437201	FAMILY PLANNING FEES	14,500.00	14,500.00	14,500.00	-
113511	437204	FOREIGN TRAVEL/OTHR VACCINES	120,000.00	120,000.00	120,000.00	-
113511	437300	MATERNAL HEALTH FEES	8,500.00	3,500.00	8,500.00	-
113511	438011	ADULT HEALTH FEES	6,000.00	3,500.00	6,000.00	-
113511	438013	BCCCP - STATE	16,400.00	16,400.00	16,350.00	(50.00)
113511	438022	BF PEER COUNSELOR REVENUES	20,013.00	10,100.00	20,013.00	-
113511	438501	FAMILY PLANNING - STATE	55,722.00	57,631.00	55,722.00	-
113511	438502	WIC - STATE	143,623.00	152,754.00	156,913.00	13,290.00
113511	438504	HEALTH PROMOTION - STATE	34,526.00	34,526.00	34,526.00	-
113511	438508	TB - STATE	2,170.00	2,170.00	2,170.00	-
113511	438509	CHILD HEALTH - STATE	9,999.00	9,999.00	9,999.00	-
113511	438510	CHILD DENTAL FEES	25,000.00	25,000.00	25,000.00	-
113511	438511	ADULT HEALTH/MEDICAID	10,000.00	750.00	10,000.00	-
113511	438512	FAMILY PLANNING/MEDICAID REIMB	12,000.00	12,000.00	12,000.00	-
113511	438513	CHILD HEALTH/MEDICAID REIMB	1,000.00	1,000.00	1,000.00	-
113511	438514	MATERNAL HEALTH/MEDICAID REIMB	15,000.00	12,000.00	15,000.00	-
113511	438515	OB CARE COORDINATOR	45,000.00	20,000.00	20,000.00	(25,000.00)
113511	438518	COMM DISEASE-STATE	10,678.00	10,678.00	10,678.00	-
113511	438520	IMMUNIZATION - STATE	12,117.00	12,117.00	12,117.00	-
113511	438521	COMMUNICABLE DISEASE FEES	1,200.00	2,100.00	1,200.00	-
113511	438522	CARE COORD. FOR CHILDREN-STATE	4,724.00	4,724.00	4,724.00	-
113511	438524	IMMUNIZATIONS-MEDICAID REIMB	7,500.00	1,100.00	7,500.00	-
113511	438526	FLU VACCINE PROGRAM - MEDICAID	-	191.94	-	-
113511	438528	FLU VACCINE PROGRAM	20,000.00	8,464.00	20,000.00	-
113511	438531	MEDICAL RECORDS PAYMENTS	-	75.00	-	-
113511	438533	CARE COORD. FOR CHILDREN	40,000.00	8,200.00	20,000.00	(20,000.00)
113511	438535	CHILD DENTAL MEDICAID	250,000.00	250,000.00	250,000.00	-
113511	438541	CMARC CMHRP	44,000.00	19,825.00	10,000.00	(34,000.00)
113511	438543	MEDICAID CAPITATION PAYMENTS	70,000.00	75,000.00	70,000.00	-
113511	438546	CHILD HEALTH FEES	5,000.00	5,000.00	5,000.00	-
113511	438550	COMM DISEASE/MEDICAID	1,300.00	2,600.00	1,300.00	-
113511	438551	MEDICAID COST SETTLEMENT FUNDS	450,000.00	1,280,713.00	450,000.00	-
113511	438552	TB CONTROL-MEDICAID	-	22.33	-	-
113511	438554	TB FEES	3,200.00	3,200.00	3,200.00	-
113511	438561	PRIMARY CARE	30,000.00	30,000.00	30,000.00	-
113511	438563	EMPLOYEE HEALTH	6,500.00	6,500.00	6,500.00	-
113511	438567	PRIMARY CARE - MEDICAID	5,000.00	12,000.00	10,000.00	5,000.00

113511	438702	ONSITE WASTEWTR FEES	162,000.00	162,000.00	162,000.00	-
113511	438703	WELL FEES	45,000.00	45,000.00	45,000.00	-
113511	438704	FOOD/LODGING FEES	5,500.00	8,000.00	5,500.00	-
113511	438705	FOOD & LODGING - STATE	10,165.00	10,165.00	10,165.00	-
113511	438706	WATER TEST FEES	20,000.00	20,000.00	20,000.00	-
113511	438707	TEMP FOOD FEES	1,200.00	1,200.00	1,200.00	-
113511	438708	POOL FEES	2,500.00	2,500.00	2,500.00	-
113511	445200	CONTRIBUTIONS	1,000.00	1,000.00	1,000.00	-
113511	445725	AA117 LOCAL WORKFORCE DEVELOPMENT	25,662.00	25,662.00	28,091.00	2,429.00
113344	435013	ANIMAL ADOPTION FEES	12,000.00	7,000.00	12,000.00	-
113344	435014	ANIMAL CONTROL FINES & FEES	2,500.00	1,000.00	2,500.00	-
113344	435018	ANIMAL SERVICES MICROCHIP FEES	250.00	45.00	-	-
						-
TOTAL		HEALTH PROGRAMS	2,130,046.00	2,763,259.27	2,071,465.00	(58,581.00)

GRANT FUNDS

113511	426001	TOBACCO GRANT	87,772.00	86,631	87,772	-
113511	426007	MINORITY DIABETES PREV GRANT	160,023.00	154,171	160,023	-
113511	426016	WNC FARMFRESH DOUBLESNAP10.311	-	1,910	70,942	70,942.00
113511	436016	COMMUNITY FOUNDATION OF WNC	20,000.00	10,930	6,386	(13,614.00)
113511	436032	DOGWOOD HEALTH TRUST	-	40,000	34,606	34,606.00
113511	436033	ASAP PRODUCE PRESCRIPTION PROG	-	12,750	11,150	11,150.00
113511	436031	HLTHY PEOPLE HLTHY CAROLINAS	150,000.00	81,505	125,000	(25,000.00)
113511	436034	Z SMITH REYNOLDS FOUNDATION GR	-	30,000	30,000	30,000.00
		CARRY OVER FUNDS FROM FY25			28,243	28,243.00
AL			417,795.00	417,897	554,122	136,327.00