

Randolph County Public Health State of the County Health Report 2021

This document provides a review of the priority health issues determined during the 2019 Community Health Assessment conducted by Randolph County Public Health (RCPH) in conjunction with Randolph Health. This information is designed to update community members, leaders, agencies, organizations and others on the progress made in addressing identified priority health issues.

Progress on Community Health Improvement Plans (CHIPs)

RCPH met with the Community Health Assessment (CHA) advisory committee on July 27, 2021. During the meeting the 2020 State of the County Report (SOTCH) was reviewed. The committee also reviewed the identified priorities from the 2019 CHA. Those priorities included: early and middle childhood, health-related quality of life and well-being, and mental health. The purpose of the meeting was to brainstorm action items for the Community Health Improvement Plans (CHIPs). The committee divided into workgroups to focus on the priority of their choice. CHIPs are in the process of being finalized.

RCPH has completed or is in the process of working on the following:

- Adopting Results-Based Accountability
- Transitioning CHIPs from paper-based to web-based documents
- Setting up results, indicators, programs, and performance measures in Clear Impact Scorecard
- Linking to the Healthy North Carolina (HNC) 2030 Scorecard to create greater awareness of population accountability

Morbidity and Mortality Changes since 2020 SOTCH

Leading Causes of Death (Rate per 100,000 population)				
2021 Rank	2021 Rate		2020 Rank	2020 Rate
1	256.8	Diseases of the heart	2	240.0
2	221.3	Cancer	1	249.0
3	80.7	Chronic lower respiratory diseases	3	97.0
4	72.4	All other unintentional injuries	6	46.0
5	55.0	Cerebrovascular diseases	5	50.9
6	43.2	Alzheimer's disease	4	58.6
7	34.1	Diabetes	7	32.1
8	28.5	Nephritis, nephrotic syndrome, & nephrosis	NR	NR
9	27.1	Motor vehicle injury	NR	NR
10	17.4	Septicemia	NR	NR
** NR = No rank & no rate				
NOTE: The causes of death labeled "NR" were not identified as leading causes of death in 2020.				

Cancer Deaths (per 100,000 population)		
Cancer site	2020	2021
Lung	58.5	56.9
Female breast	19.4	20.9
Prostate	16.3	15.7
Colon / Rectum	12.3	11.4

Cancer Morbidity (per 100,000 population)		
Cancer site	2020	2021
Lung	86.5	83.1
Female breast	158.8	163.2
Prostate	130.9	124.7
Colon / Rectum	42.2	40.8

Infant / Child Mortality (per 1,000 live births)		
	2020	2021
Infant (prior to one year of age)	9.7	8.7
Child (ages 0-17)	52.1	63.6

Emerging Issues since 2020 SOTCH

Tuberculosis (TB)

On July 29, 2020, RCPH staff were notified that a patient from High Point Hospital was positive for tuberculosis (TB). The patient began a regimen of TB drugs immediately. RCPH staff began directly observed therapy (DOT) via FaceTime due to the COVID-19 pandemic. As a result of the positive case, six adults were exposed. None of the contacts developed TB. Due to extensive medical problems with the patient, TB treatment had to be extended for 39 weeks. The patient completed TB treatment in May 2021.

On April 28, 2021, RCPH staff were notified of a positive TB culture that grew from a bronchoscopy specimen at Wake Forest Baptist Hospital. Upon contacting the family to begin case/contact investigation, staff were informed the patient had passed away hours before. The patient had been diagnosed with COVID in early January and was thought to have cancer. As a result, there were 20 people exposed including one child.

On December 21, 2021, RCPH staff were notified of a positive TB culture that grew from a sputum specimen at Wake Forest Baptist Hospital. This patient also was diagnosed with HIV that rapidly progressed into AIDs due to a recent TB and COVID infection. The patient began a regimen of TB drugs on December 22, 2021. Due to the COVID pandemic, there was a shortage of the drug Rifampin, therefore the patient had to be placed on Rifabutin. RCPH staff began DOT via Google Duo due to the COVID pandemic. One adult was exposed. This contact did not develop TB. The patient will complete TB treatment in July 2022.

On December 23, 2021, an adult patient presented to Randolph Health Emergency Department with symptoms consistent with TB and COVID. On December 24, 2021, RCPH staff were notified of a potential TB case. This patient was also diagnosed with a COVID infection. RCPH staff conducted a case investigation with sputum induction and awaited results. On January 4, 2022, the NC State Lab of Public Health reported that the patient was positive for TB. The patient began a regimen of TB drugs on January 4, 2022. The patient was placed on Rifabutin due to the shortage of Rifampin. Staff began DOT via Google Duo. Many man hours were spent locating the patients contacts. As a result, six people were found to have been exposed. None of the contacts developed TB. The patient will complete TB treatment in July 2022.

COVID-19

- 2021 - Mass vaccination clinics were held at RCPH throughout the year.
- January and February 2021 - COVID vaccination clinics were held at the NC Zoo in conjunction with Randolph Health and RCEMS.
- January 4, 2021 - Carolina Community Tracing Collaborative (CCTC) staff began overseeing case management including contacting positive cases and notifying close contacts of potential exposure. This allowed RCPH staff to shift gears and focus on administering COVID-19 vaccine.
- February 3, 2021 - The emergency operations center (EOC) de-escalated.
- June 2021 - Vaccine became available for anyone 12 years of age and older.

- July 2021 - Vaccine efforts increased as a result of the Delta variant.
- November 2021 - The vaccine was approved for children 5-11 years old.
- December 2021 - The Omicron variant was identified in North Carolina.

General Communicable Disease Trends

- Fiscal year 2020-21 - There was an increase in sexually transmitted infections (STIs) compared to the previous year.
- In 2020-21 - Overall, most reportable communicable disease numbers remained about the same compared to 2019-20 due to the pandemic. During the pandemic, doctors routinely used telehealth and did not conduct testing.