

GENERAL

Ordinance Fact Sheet

140205

Ordinance Number

Brief Title	Approval Deadline	Reason														
Perinatal Hepatitis B Surveillance and Case Management																
<div> <div> Details <div> Reason for Legislation <p>This ordinance is to accept the annual contract with Missouri Department of Health and Senior Services (DHSS) to provide Perinatal Hepatitis B surveillance and case management activities in Kansas City, Missouri.</p> </div> <div> Discussion <p>Hepatitis B is an infectious illness of the liver caused by the hepatitis B virus; it is transmitted by exposure to infectious blood or body fluids and perinatal infection is a major route of infection. These funds provide for identification of pregnant women who are infected with hepatitis B in order to provide immunization to the newborn and for household and sexual contacts to prevent hepatitis B infection. The Program routinely maintains 30 pregnancies through surveillance efforts and follows an additional 30 newborns to ensure appropriate vaccine compliance.</p> </div> <div> Is it good for the children? <p>Many of the Health Departments programs are specifically designed for the betterment of health in all citizens. This Program specifically targets the health in both adults and children.</p> </div> <div> How will this contribute to a sustainable Kansas City? <p>Many public health programs are funded based on the need of the community and the impact upon individual citizens and high risk groups. Promoting economic vitality, social equity and environmental quality in addressing public health initiatives is oftentimes dependent upon federal, state and local funding; however, the goal of these programs is to promote and protect all citizens of Kansas City on a continuing, ongoing and sustainable basis.</p> </div> </div> <div> Positions/Recommendations <table border="1"> <tr> <td>Sponsor</td> <td>Health Department</td> </tr> <tr> <td>Programs, Departments, or Groups Affected</td> <td>Health Department</td> </tr> <tr> <td>Applicants / Proponents</td> <td> Applicant Health Department City Department Health Department Other </td> </tr> <tr> <td>Opponents</td> <td> Groups or Individuals None Known Basis of opposition </td> </tr> <tr> <td>Staff Recommendation</td> <td> <input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against </td> </tr> <tr> <td>Board or Commission Recommendation</td> <td> By <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No action taken <input type="checkbox"/> For, with revisions or conditions (see details column for conditions) </td> </tr> <tr> <td>Council Committee Actions</td> <td> <input type="checkbox"/> Do pass <input type="checkbox"/> Do pass (as amended) <input type="checkbox"/> Committee Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not pass </td> </tr> </table> </div> </div>			Sponsor	Health Department	Programs, Departments, or Groups Affected	Health Department	Applicants / Proponents	Applicant Health Department City Department Health Department Other	Opponents	Groups or Individuals None Known Basis of opposition	Staff Recommendation	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against	Board or Commission Recommendation	By <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No action taken <input type="checkbox"/> For, with revisions or conditions (see details column for conditions)	Council Committee Actions	<input type="checkbox"/> Do pass <input type="checkbox"/> Do pass (as amended) <input type="checkbox"/> Committee Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not pass
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Details

Policy/Program Impact

Policy or Program	
Change	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Operational Impact Assessment	

Finances	
Cost & Revenue Projections -- Including Indirect Costs	
Financial Impact	
Fund Source (s) and Appropriation Account Codes	19__ Budget, Page ____ Unbudgeted, Appropriation ____ Fund 00-000-00-0000-A0000

(Use this space for further discussion, if necessary)

Applicable Dates:

Fact Sheet Prepared by:

Ron Griffin
Division Manager, CDP

2/12/2014

Reviewed by:

Name
Title

Date

Reference Numbers