AGENDA
JOINT WASHINGTON OZAUKEE
BOARD OF HEALTH MEETING
FRIDAY, JULY 17, 2020 - 8:30 A.M.
Zoom Virtual Meeting
To Attend Visit: bit.ly/BOH0515
To Livestream: YouTube.com/WashCoWI

The following business will be brought before the Committee for initiation, discussion, deliberation, and possible formal action subject to the rules of the Board, which may be inspected in the office of the County Clerk. The agenda will be as follows:

1. Call to Order & Affidavit of Posting
2. Minutes of May 15, 2020
3. Event Horizon Tattoo – Licensing Hearing
4. Communicable Disease Update
5. WIC Report
6. COVID-19 Situational Update
7. Pandemic Plan
8. Next Meeting Date
9. Adjournment

Individual County Board Supervisors may attend the above meeting. It is possible that such attendance may constitute a meeting of the County Board or any of its committees pursuant to State ex rel. Badke v. Greendale Village Board, 173 Wis. 2d 553, 494 N.W. 2d 408 (1993). This notice does not authorize attendance at either the above meeting or the Badke meeting, but is given solely to comply with the notice requirements of the open meeting law.

AFFIDAVIT OF POSTING

This agenda was posted in the office of the County Clerk on the 10th day of July, 2020. Notice was sent to the West Bend Daily News, WIBD/WMBZ Radio, WTKM Radio, Express News, My Community NOW, Hartford Times Press, Kewaskum Statesman, Milwaukee Journal-Sentinel. Individuals with disabilities requiring special accommodations for attendance at the meeting should contact the County Clerk at (262) 335-4301 at least 48 hours prior to the meeting.

JOINT WASHINGTON OZAUKEE
BOARD OF HEALTH

Zoom Virtual Meeting — May 15, 2020
8:30 a.m.

Present: Cathy Cero-Jaeger, Don Kriefall, Donald Clark, Doreen Buntrock, Kathy Geracie, Steven Zils, Travis Dowden

Also Present: Kirsten Johnson, Jason Dzwinel (Ozaukee County Administrator), Josh Schoemann (Washington County Administrator)

Excused: Nitish Bangalore, Richard Bertram

Chairman Kriefall called the meeting to order at 8:30 a.m. Notice of Posting was given.

MEETING MINUTES

Moved by Cathy Cero-Jaeger seconded by Don Clark to approve the January 17, 2020 minutes, as presented. Motion carried.

COMMUNICABLE DISEASE UPDATE

As shown in the report, it only shows information from January 2020 to April 2020 and does not include COVID-19. Ms. Johnson reports that nothing significant has changed.

WIC REPORT

Washington Ozaukee Public Health's WIC program is currently seeing clients virtually. They recently have had an increase in requests to enroll.

COVID-19 SITUATIONAL UPDATE

Ms. Johnson reported that as of 5/14/2020 Washington County has 131 positive COVID-19 cases and 4 deaths. Ozaukee County has 125 positive COVID-19 cases and 10 deaths. Ms. Johnson also reported that the Washington Ozaukee Public Health Department was seeing a steady decline in positive COVID-19 cases in early April and averaging 1 positive case a day, however is now noticing an increase in positive cases and averaging 6-8 positive cases a day now. The Washington Ozaukee Public Health department has a relationship with Advocate Aurora Health to allow people to get tested quickly if they have COVID-19 symptoms. Discussion followed.

COVID-19 BLUEPRINT AND FAQ

The Washington Ozaukee Public Health Department has guidance/recommendations for restaurants and business to reopen safely on their website. Discussion followed.

Chairman Kriefall called a motion for the Board of Health to endorse the Washington Ozaukee Public Health Department Blueprint and FAQ and for residents of the community to adhere to the guidance. Moved by Doreen Buntrock, seconed by Kathy Geracie. Motion carried.

COVID-19 TESTING AND CONTACT TRACING

Ms. Johnson reported that testing is improving however the lab capacity is still an issue. The Washington Ozaukee Public Health Department will have a drive-thru testing site at Concordia University on May 28, 2020 – May 30, 2020 and a drive-thru testing site at Washington County Fair Park on May 31,2020 – June 2, 2020.

COVID-19 BUDGET IMPLICATIONS

Ms. Johnson reported that the Health Department has not received any money from the state or federal level yet to support their work. Discussion followed and the Board of Health supports writing a letter to DHS in regards to when the Health Department will receive funding for COVID-19 expenses.

2019 ANNUAL REPORT

Ms. Johnson asked if anyone had questions about the report. No discussion followed.

NEXT TENTATIVE MEETING DATE

The next Board of Health meeting is tentatively scheduled for July 17, 2020.

ADJOURNMENT

Chairman Kriefall adjourned the meeting at 9:45 a.m.

Reportable Disease Cases

(Confirmed, Probable and Suspect)

Ozaukee County	Year: 2020												2020	2019	2018	2017	2016	2015
Health Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Total	Total	Total	Total	Total
Category I																		
Acute Respiratory Illness (Outbreak)													0	0	5	8	0	0
Carbapenem-Resistant Enterobacteriaceae (CRE)													0	1	3			
Foodborne or Waterborne (Outbreak)													0	0	2	20	10	2
Haemophilis influenza	1		1										2	0	1	4	2	0
Hepatitis A		1	1										2	0	0	2	0	0
N. Meningitis (Meningococcal)													0	1	0	1	0	0
Measles													0	0	0	0	0	0
Pertussis	1	1	2	1									5	15	90	29	17	1
Rubella													0	0	0	0	0	0
Tuberculosis	1												1	1	0	0	0	0
Tuberculosis Class A or B			1										1	3	0	0	0	0
Total Category I													**11**	**21**	**101**	**67**	**37**	**7**
Category II																		
AFB Smear		1											1		1			
Arboviral Infection													0	3	2	10	9	1
Babesiosis													0	0	0	2	5	0
Blastomycosis													0	3	1	2	3	1
Brucellosis													0	0	0	0	0	0
Campylobacter	2		2	1		1							6	14	23	33	22	20
Carbon Monoxide Poisoning	1		1										2	11	1			
Chemical Pneumonitis													0	1				
Coccidiodomycosis (Valley Fever)				1									1	1	1	0	0	0
Cryptosporidiosis			1			1							2	5	4	10	9	5
Cyclosporiasis						1							1	5	0	0	0	0
E. Coli	1												1	7	2	4	8	3
Ebola													0	0	0	0	0	0
Ehrlichiosis (anaplasmosis)			1										1	2	0	0	0	0
Elizabethkingemia													0	1	0	0	2	0
Giardiasis		1	1										2	6	20	4	2	2
Hemolytic Uremic Syndrome													0	0	0	1	0	0
Hepatitis B		1	2			1							4	4	9	9	5	10

Hepatitis C	2	1	2		2	4							11	16	24	17	22	24
Hepatitis E													0	0	1			
Histoplasmosis													0	1	2	0	1	1
Influenza	5	30	16										51	36	94	61	62	49
Kawasaki Disease													0	0	1	1	0	0
Latent Tuberculosis Infection (LTBI)	1		14	1									16	24	17	11	8	4
Legionellosis	1												1	4		2	0	2
Listeriosis													0	1	6	0	2	0
Lyme Disease/Lyme Laboratory Report	1	2	2		2	11							18	54	42	32	14	5
Malaria													0	0	0	0	0	0
Meningitis, aseptic (viral)													0	1	0	0	0	0
Meningitis, bacterial other													0	4	1	4	0	0
Metal Poisoning (non-Lead)													0	0	11	4	0	0
Mumps													0	3	2	2	4	0
Mycobacteria, atypical		1	2			2							5	21	16	18	6	13
Other emerging disease													0	0	0	0	1	0
Parapertussis			1		1								2	0	0	1	0	0
Q Fever													0	0	0	0	0	0
Rheumatic Fever													0	0	0	1	0	0
Salmonellosis		1			1								2	11	12	16	16	12
Shigellosis													0	2	1	22	2	0
STI: *Chlamydia trachomatis*	17	12	8	1	7	6							51	126	119	115	122	145
STI: Gonorrhea	3	3	1	4	1	1							13	20	18	14	18	9
STI: Pelvic Inflammatory Disease													0	0	0	0	0	0
STD: Syphilis													0	0	1	0	0	0
Streptococcus group A		1				3							4	2	4	4	3	3
Streptococcus group B	1		1										2	5	7	5	9	2
Streptococcus, other				1									1	2	1			
Streptococcus pneumoniae													0	4	8	4	7	1
Transmissible Spongiform Encephaopathy (TSE)													0	1	1			
Typhoid Fever													0	1	0	0	0	1
Typhus Fever													0	1				
Toxoplasmosis													0	3	0	1	0	0
Varicella	2				2								4	1	6	5	1	3
Yersiniosis													0	0	0	0	0	0
Total Category II													**201**	**407**	**458**	**404**	**355**	**312**

Category III																		
HIV													0	0	0	0	0	0
Total Category III													**0**	**0**	**0**	**0**	**0**	**0**
Total Reportable													**212**	**428**	**559**	**471**	**392**	**319**
These data are provisional, subject to correction, and may not correspond with WI DPH reporting criteria.																		
AIDS/HIV cases are reported to Waukesha County and published annually by Wisconsin DHS																		

Washington Ozaukee WIC

2020 2nd Quarter Summary

1319
2nd Quarter 2020 Participation

783
Families

^14%
Ozaukee County saw biggest increase June from last year

33,273
June 2020 Benefits Redeemed

~$950K
June 2020 worth of Benefits

COVID-19 Impact

On June 30th, USDA has granted all states waiver extensions through September 30th for currently implemented waivers including continuing fully remote WIC services.

"These waivers ensure that WIC mothers and young children continue to receive nutrition support without putting their own health or safety at risk, while also protecting the health and safety of essential WIC staff. Common sense dictates that these waivers are critical to ensuring WIC agencies can safely deliver essential nutrition services and healthy foods in the months ahead"
- Douglas Greenaway, President & CEO of the National WIC Association

2nd Quarter Updates:

- Income Guidelines updated July 1st, 2020
- Ex) Household size 4: Annual gross Income $48,470

Peer Program:

- Breastfeeding Peer Counseling prenatal and breastfeeding support groups go virtual using Zoom platform.
- Planning virtual social media activities to celebrate World Breastfeeding Month in August

Farmers' Market Nutrition Program:

- Started issuing Vouchers June 1st
- Will not receive redemption rates until Fall
- $30 worth of vouchers issued to eligible families once/summer

WASHINGTON OZAUKEE
PUBLIC HEALTH DEPARTMENT

Kirsten Johnson, MPH, CPH, CHES
Director/Health Officer
Washington Ozaukee Public Health Department

TEMPORARY ORDER TO CEASE OPERATIONS OF TATTOO ESTABLISHMENT

Wisconsin Administrative Code SPS 221.06; Code of Washington County §8-6,7

NAME OF FACILITY EVENT HORIZON TATTOOS LICENSE NUMBER CBEG-BDYMCV

ADDRESS W208N16787 S CENTER STREET

CITY JACKSON STATE WI ZIP CODE 53037

LICENSEE RICHARD MALNORY

Based on an inspection at the above facility on June 10, 2020, the Department has determined that the following condition(s) or operation(s) on the premises create an immediate danger to health and that emergency action is imperatively required to protect the public health:

Visible intoxication of the tattoo artist within the establishment during stated business hours.

Evidence of alcohol consumption and tobacco consumption within the licensed establishment.

No proof that patrons are being provided procedure consent forms.

No proof patrons age is confirmed to be above 18 prior to procedure.

No procedure records of any kind are available for review.

☐ This is a temporary order under SPS 221.06(3)(a). This temporary order is effective immediately and shall remain in effect for 14 days. The order may be extended for one additional 14-day period if deemed necessary by the Department.

☒ This is an extension of a temporary order issued on June 12, 2020, a copy of which is attached. The order is extended to the hearing date of July 17, 2020.

You have a right to request a hearing to challenge this order. A hearing request must be made in writing and received by the Washington Ozaukee Public Health Department within 15 days of the issuance of this order. A hearing request may be mailed or hand-delivered to the Washington Ozaukee Public Health Department at either address listed below, or faxed to the Department at (262) 335-4463. The Department will hold a hearing within 30 days after it receives a written hearing request, unless you and the Department agree to a later date. A final decision will be issued within 10 days of the conclusion of the hearing.

Any person who violates this order may be fined not more than $500 and imprisoned not more than thirty (30) days in the county jail, pursuant to SPS 221.06(3)(d).

This order is issued on behalf of the Director of the Public Health Department and has been authorized by the Director or the Director's designee.

June 26, 2020		(262) 335-4473
Date of Issuance	Environmental Health Supervisor	Telephone Number

Kirsten Johnson
Director/Health Officer
Washington Ozaukee Public Health Department

WASHINGTON OZAUKEE
PUBLIC HEALTH DEPARTMENT

Kirsten Johnson, MPH, CPH, CHES
Director/Health Officer

WOPHD PANDEMIC RESPONSE PLAN

COVID-19 and Beyond

JUNE 2020

WASHINGTON AND OZAUKEE COUNTIES
Public Health Emergency Preparedness

Washington County Office • 333 E. Washington St. Ste 1100 • West Bend, WI 53095 • 262-335-4462
Ozaukee County Office • 121 W. Main St. Room #246 • Port Washington, WI 53074 • 262-284-8170

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Acronyms

Acronym	Name
CD	Communicable Disease
CDC	Centers for Disease Control and Prevention
DHS	Wisconsin Department of Health Services
EMS	Emergency Medical Services
FAQ	Frequently Asked Questions
FEMA	Federal Emergency Management Agency
HIV	Human Immunodeficiency Virus
ICS	Incident Command System
ICU	Intensive Care Unit
IMATS	Inventory Management and Tracking System
LHD	Local Health Department
LTCF	Long-term Care Facility
LTE	Limited Term Employment
MATC	Milwaukee Area Technical College
PIO	Public Information Officer
POD	Point of Dispensing
STI	Sexually Transmitted Infection
WIC	Women, Infants, and Children
WING	Wisconsin National Guard
WOPHD	Washington Ozaukee Public Health Department

Executive Summary

The word disaster invokes the image of a sudden chaotic event. A pandemic, however, may disappoint as they approach and pass slowly compared to other disasters. The sudden onslaught associated with the typical disaster is replaced by a pandemic response phase measured in years, rather than days or months. The tools used to fight pandemics differ as well. Rather than evacuation orders in advance of a hurricane or bulldozers to clear debris, pandemics include quarantine orders and a response led by public health and medical authorities. Washington Ozaukee Public Health Department (WOPHD) is the lead governmental response agency in Washington and Ozaukee Counties during a pandemic. The competencies required of WOPHD include containing the spread of disease, educating the public and key partners, and protecting those who are most vulnerable. This pandemic plan is a strategic overview of these concepts.

The goal of the WOPHD during a pandemic is to contain disease spread and protect the population. Public health's most critical and immediate role is to identify cases via testing, conduct contact tracing, and isolate cases and exposures as appropriate. These measures inform local surveillance and are coupled with data points from hospitalizations, testing, outbreak figures, and subjective reports from partners. The information collected gives the WOPHD the metrics needed to respond appropriately using evidence and data.

Metrics gathered through these channels determine the scope of any Health Officer orders that WOPHD might issue as well as points when they may be modified or lifted. WOPHD also uses data to make prudent decisions about additional response capacity needs, and community outreach and engagement. Data also informs WOPHD's shift between response, mitigation, and recovery operations. Historically, pandemics have multiple waves. Thus, it is likely pandemic response will move back and forth through various response phases. If a vaccine is developed, WOPHD will conduct mass vaccination clinics. Mass vaccinations are a significant undertaking, requiring WOPHD staff to coordinate and operate vaccination sites for the general public and targeted segments of the population, including the most vulnerable

While all of these strategies are available to WOPHD during a pandemic, not all may be utilized. WOPHD is committed to tailoring solutions to problems, consistent evaluation, and continuous improvement. The specific circumstances of a pandemic will dictate strategy and tactics, but WOPHD will lead a pandemic response in whatever capacity is required. This plan is not all encompassing, but rather illustrative of a core set of response capabilities. It is designed to be broadly applicable and relevant to common disease outbreaks. Accommodations will be made to meet the needs of the whole community. Where a response requires reprioritization of daily operations, incident command system (ICS) principles will be implemented. Additionally, this plan focuses solely on WOPHD actions. Any pandemic response will involve a wide variety of partners from governmental and private entities. Future events are impossible to predict, but this document serves as a foundation around which WOPHD can orient response operations.

Local Surveillance

The purpose of local surveillance is to measure disease activity, minimize spread, and predict future community infections during a pandemic. Local surveillance allows for non-pharmaceutical interventions such as contact tracing. Local surveillance also increases the WOPHD understanding of factors contributing to disease spread and allows for specific and targeted interventions.

Metrics for Local Surveillance

In the early stages of a pandemic, the most pertinent local surveillance metrics are confirmed cases, negative cases, demographics, deaths, hospitalizations, and active outbreaks. An important metric to also consider during this period is the current testing numbers compared to the available capacity and testing positivity rates. A novel pandemic is particularly challenging because testing methods and process are new, and may not be able to keep up with demand for months. As the pandemic unfolds, resolved outbreaks and cases can determine how quickly outbreaks can be contained and how long people are symptomatic. Cases per 100,000 population and positive case percentage show community hot spots.

Gathering and Implementing Data

Many resources are used to gather pandemic data. The Wisconsin Electronic Disease Surveillance System (WEDSS) is the primary data collection system for WOPHD. All patients, symptomatic contacts and lab reports are downloaded in WEDSS. WEDSS is used to gather data on patient hospitalizations, including intensive care unit (ICU) admission, confirmed cases, negative cases, demographics, and deaths. This data is inputted into WEDSS by case managers, hospitals, clinics, and health departments. The more accurate the data entry, the more accurate the data reports WOPHD uses to make decisions.

EMResource is used to gather local hospital capacity data including emergency department status, total ICU beds and availability, and number of ventilated patients among other hospital-based metrics. For a respiratory outbreak, access to ventilators is crucial. EMResource keeps WOPHD updated on local availability and allows for the planning for potential ventilator shortages.

Subjective observations are gathered from web reports submitted to WEDSS by the health care system. These reports include emergency department notes, patient statements, and specimen collection information. Verbal reports from long-term care facilities and hospice care are entered into WEDSS by a case manager. These notes provide information to ensure there is a thorough investigation or re-investigation when necessary.

Confirmed case demographics are reported to local public safety personnel. Case addresses and demographic information provide an extra layer of protection to those responding to emergencies where a positive case may reside. The positive rate per 100,000 is calculated for each zip code by multiplying confirmed cases and 100,000 divided by population size for that zip code. Confirmed and negative cases are used to calculate positive case percentage per day by zip code, as well.

Data is used within the health department and is made public on the WOPHD website. Data is reported by date and includes zip code level infection numbers, demographics, outbreak names, locations and the number of deaths. WOPHD believes information should be shared during a pandemic to maintain transparency, build trust and keep the public informed of disease burden and risk.

How Local Surveillance Influences Pandemic Decision-Making

Much of pandemic decision-making is influenced by different data trends. In a pandemic, decision making comes from current data in order to change future data. Local surveillance is used to monitor the spread and forecast future data. Using this forecast, decisions can be made more accurately to decrease a

positive trend, or support a decline. Health Officer Orders and health department guidance to decrease the spread of a pandemic are based around the current situation. For example, long-term care orders would not have been immediately necessary if outbreaks had started in day-care centers. Data gathered by the local health department can be used to monitor the spread of a virus and better understand effectiveness of community interventions.

COVID-19 Considerations

When COVID-19 first emerged in Washington and Ozaukee Counties, positive case follow-up and contact tracing were immediately prioritized. Contact tracing transitioned into identifying outbreaks at long-term care facilities and businesses. With data metrics such as hospitalizations, ICU patients, and deaths, WOPHD has been able to identify the most vulnerable populations and implement orders to keep them safe. WEDSS data has provided information necessary to decide next steps and appropriate guidance.

WOPHD has increased community testing through a partnership with Advocate Aurora and the Milwaukee Health Department Lab. WOPHD provides swabs and Advocate Aurora provides staff to test individuals through a drive-thru testing site at Aurora Medical Center in Grafton. These swabs are analyzed by the Milwaukee Health Department Lab. Results are available within 24 hours and often the same day. This partnership has been invaluable in providing immediate testing capacity to symptomatic individuals, long-term care employees and first responders. In addition, WOPHD has held two mass testing events; one in Ozaukee County and one in Washington County.

WOPHD contacts positive cases within 24 hours of receiving test results, and follows up with their contacts within 48 hours. When needed, testing is provided to symptomatic contacts through the Aurora site. The immediate test results help reduce the spread within the community. Through diligent contact tracing, testing, and community partnerships, WOPHD has been successful in reducing the COVID-19 burden in our communities.

Testing Coordination Plan

Testing is used to identify individuals that have been infected with a virus or disease. Sustainable testing capacity during a communicable disease outbreak, especially a pandemic, is essential to mitigate disease spread within communities. Testing capacity is vital for identification of cases, treatment for those infected, and quarantine of contacts to prevent spread. In cases where a vaccine and treatment are non-existent or not readily available, testing is a primary mitigation strategy.

Tests are contagion specific. Availability of testing supplies may be reliant on federal and state resources. Access to tests depends on the capacity of health care systems, and federal, state, and local public health agencies. Testing availability may be limited, based on state and federal guidelines. Priority for testing is given to individuals connected to outbreaks, vulnerable populations, and those living in congregate settings.

Crisis Capacity

In cases where testing supplies are scarce, alternative testing methods may be utilized. Medical providers may treat suspect and probable cases as positives without lab confirmation. Other providers may presume close contacts of lab-confirmed positives as positives without lab confirmation. The health department will adapt the response strategy dependent on the availability of resources.

Sustainable Solutions

WOPHD relies on health care system infrastructure to provide the majority of tests. Health care systems play a critical role in providing these services because local public health departments do not have the capacity to provide large volumes of tests. Residents should utilize their medical providers first. The health department will identify a testing strategy to test individuals unable to be tested through health care systems. The WOPHD's greatest testing priority is a sustainable system to ensure anyone who needs a test has access to testing at the moment they need it. This includes receiving lab results in a prompt and accurate manner.

COVID-19 Considerations

Testing has been a controversial issue in the COVID-19 response. WOPHD has been able to meet the sustainable, real-time testing need through the partnership with Advocate Aurora Health System and City of Milwaukee Lab. Tests are prioritized for long-term care facility employees, healthcare workers, first responders, and symptomatic individuals who are connected to an outbreak and/or cannot obtain a test through a medical provider. All test results are received within 24-48 hours. The quick testing turnaround time has allowed WOPHD to be extremely successful in contact tracing and outbreak containment. WOPHD is able to identify and follow-up with close contacts, provide education, and get anyone with symptoms tested within 48 hours.

Although WOPHD has had great success with this testing system, the process is limited by staff capacity. Increased testing has ultimately been sustained through staff time to schedule appointments and transport swabs from Aurora Grafton to the City of Milwaukee Lab. WOPHD is also, at the discretion of the State of Emergency Operations Center, able to obtain testing supplies. Without these resources, WOPHD would not be able to provide testing services. WOPHD continues to work to expand testing capacity and seek sustainable testing options. Regular communication between WOPHD and the health care systems is critical to viable testing infrastructure. To address the long-term, sustainable testing capacity need, WOPHD is advocating for COVID-19 detection to be included on traditional respiratory panels.

COVID-19 testing and interpretation of results have presented challenges. All tests are point-in-time results and can change rapidly. Depending on the time an individual is tested and the viral load present,

there is a chance of false negative results. An individual may be asymptomatic and test negative, then present symptoms later and test positive. Residents need to understand a negative test result does not mean immunity from COVID-19. Further, medical providers need to be aware of the accuracy of different tests.

To increase testing capabilities, WOPHD partnered with North Shore Health Department and Wisconsin National Guard (WING) to provide community mass testing for any Wisconsin resident. Testing was open to all residents whether symptomatic or asymptomatic. Community mass testing provided an opportunity to offer testing on a large scale and get individuals tested who may have not had prior access. Although community testing afforded testing for more individuals, implementation was challenging. More than 80% of citizens registered for mass testing were asymptomatic and most did not have previous contact with anyone who was lab confirmed COVID-19 positive. Additionally, lab errors and contradictory communication by Exact Sciences (the lab used through Wisconsin for mass testing) led to a slow turnaround time for lab results.

The WING will operate on an as needed basis through the end of July. They may be utilized to provide mass testing for outbreaks in larger employers, long-term care facilities (LTCF), and any instance that WOPHD is not able to support testing efforts. WING will only be utilized in last resort situations where other testing abilities have been exceeded.

Isolation and Quarantine

Isolation of confirmed or probable infectious disease cases is imperative to contain an outbreak. This is true for common diseases, but is critically important during a pandemic caused by a novel pathogen. Isolation and quarantine, along with local surveillance, testing, and contact tracing, form a continuum of activities that are jointly applied. These tools stop infectious diseases from spreading once confirmed or possible cases have been identified by limiting movement and contact with others.

Application

Isolation and quarantine are similar, but are applied to different situations. Isolation is the act of separating an individual infected with disease from others to stop the spread. Quarantine is separating an individual who has been exposed to disease from others to stop the potential spread if they were to develop symptoms. Isolation and quarantine measures vary based on disease communicability, incubation period and severity. Isolation and quarantine can be completed in an individual's home. WOPHD provides isolation and quarantine education based on guidance from Wisconsin Department of Health Services (DHS) and Centers for Disease Control and Prevention (CDC). Depending on the disease at hand and the layout of a residence, isolation and quarantine may be conducted in a home where other healthy people are living. The number of bathrooms and ability to separate from other residents are taken into consideration. Isolation and quarantine at home may not be possible for everyone. In those cases, WOPHD will assist in making other arrangements.

Depending on the severity of a pandemic, regional isolation or quarantine centers may be opened. WOPHD will use these facilities as a resource if needed. Referral and eligibility for the regional isolation and quarantine centers will likely be determined by DHS. In the event that regional isolation or quarantine facilities are not available, WOPHD will seek out hotel or similar space. This may involve renting single rooms for the appropriate period, or contracting a block of rooms to be available as needed for this purpose.

COVID-19 Considerations

Thus far, WOPHD has not needed to procure an isolation or quarantine facility for residents. All individuals needing to isolate or quarantine have been able to do so at home or make other arrangements on their own. A regional facility was available in Milwaukee, but has since closed. Several area hotels have also offered quarantine packages. WOPHD is working with both Washington and Ozaukee Counties to continually evaluate and plan for a county-level facility if needed. As of now no county-level facility has been warranted. If a county-level quarantine and isolation facility is needed in the future, the counties will partner on the project.

Contact Tracing

Contact tracing is an evidence-based method to slow the spread of communicable disease. It is the process of identifying people individuals exposed to a disease, and providing the recommendations and resources they need to prevent exposing others. Historically, contact tracing has been used to track human immunodeficiency virus (HIV), sexually transmitted infections (STIs), and other diseases. WOPHD regularly uses contact tracing for STIs like gonorrhea and chlamydia.

Contact Tracing Process

- Positive Case Identification: WOPHD receives communicable disease notifications from other health departments, phone calls from concerned individuals or businesses, hospital systems, and WEDSS.
    - WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases in Wisconsin. It is designed for public health staff, infection control practitioners, clinical laboratories, clinics, and other disease reporters. Local and state public health, as well as hospital systems, utilize WEDSS to notify WOPHD of new communicable disease in Washington and Ozaukee counties.
- Positive Case investigation: Public health staff contact patients with an identified disease/infection to inform them of their disease status, and help them recall everyone with whom they have had close contact within the infectious time period.
- Close Contact Tracing: Public health staff begin contact tracing by notifying exposed individuals (contacts) of their potential exposure to the positive case as rapidly and sensitively as possible. The infected patient's identity is not revealed.
- Close Contact Support: Contacts are provided with disease/infection specific education, information, and support to help them understand their risk, how to prevent the spread of disease/infection to others, and how to monitor themselves for illness. If contacts need to be tested, a test is scheduled for them.
- Close Contact Self-quarantine: Depending on the disease/infection, contacts are encouraged to adhere to specific guidelines. With some diseases, this includes guidance to stay home and maintain social distance from others.

Contact tracing is a labor-intensive process that requires a well-trained workforce of effective communicators who can approach individuals with compassion and build trust.

Outbreak Investigations

Outbreaks are a sudden increase of disease incidence. It may affect a small and localized group or impact thousands of people across an entire continent. Each communicable disease outbreak definition varies. Public health disease investigators provide education on outbreak management to impacted facilities, business and organizations. If additional contact tracing support is needed, other public health staff or temporary contact tracers are assigned to the outbreak to assist.

Evaluation and Upscaling

The communicable disease investigation team takes on new cases and outbreaks as they arise. Each disease and outbreak is different; therefore, the team communicates with WOHPD leadership when additional support is needed. Based on the disease burden and trajectory, additional staff or departments are engaged to assist. The communicable disease investigation identifies the disease investigation process and trains additional staff as needed. As cases and workload increase, additional staff, including temporary workers are brought on board through an internal hiring process.

COVID-19 Considerations

The WOPHD uses contact tracing as the primary tool to slow the spread of COVID-19, and has been a leader in contact tracing since the COVID-19 began

Positive case identification occurs with COVID-19 as it does with other communicable diseases. The health department receives positive lab results via WEDSS. Positive individuals are contacted within 24 hours. Close contacts of positive COVID 19 cases are individuals who spent 15 minutes or more within six feet of the positive individual. Close contacts are most often individuals who live, work, play or worship with the positive case. Close contact tracing occurs within 48 hours of receiving contact information from the positive case. Close contacts are given information about symptoms, medical care, quarantine and testing. Testing is offered to all symptomatic close contacts. Rapid identification and interviews of all close contacts has been vital to slowing the spread of COVID-19 in our communities, especially for those who are most vulnerable.

COVID-19 outbreaks for LCTFs are defined as one lab confirmed positive case of a resident or staff member. Workplace, business, retail or other outbreaks are defined as two lab confirmed positive cases within a 14-day period. On June 29, 2020 DHS defined outbreaks as two lab confirmed positives in one organization within a 28-day period. The WOPHD will continue to report based on the 14-day period but DHS may report for longer.

WOPHD public health nurses lead outbreak investigations as soon as they are identified. Business owners are contacted immediately and public health staff work with them to mitigate the outbreak and communicate with employees and the public. Outbreaks are publically listed on the WOPHD website within 48 hours. Outbreaks are resolved if there are no new positives within a 14-day period.

Since March 11, 2020 all public health staff have been reassigned to respond to COVID-19. Public health strategists, environmental health specialists, maternal and child health nurses, and Women, Infant, and Children (WIC) staff have been trained to do positive case investigations and contact tracing. About 25 limited term employment contact tracers have been hired to support contact tracing efforts. The additional contact tracers have given the health department flexibility to focus on positive case identification and outbreak mitigation.

A temporary contact tracers training process was developed and includes an overview presentation of COVID-19 and contract tracing, a contact tracer online training by Public Health Learn Link, and shadowing WOPHD staff on two close contact interviews. One WOPHD staff member manages, supports, mentors, reinforces best practices and maintains quality improvement for the LTE contact tracers.

Community Restrictions

In an effort to curtail the spread of communicable disease, community-wide restrictions may be implemented. The magnitude of community-wide restrictions is dependent on the severity of a pandemic. The health department will follow state-ordered restrictions by the Governor's Office and Wisconsin Department of Health and Human Services. Enforcement of these policies is dependent upon partnership with the county administration, sheriff's department, and local law enforcement. Local policies and recommendations will be written in alignment with Wisconsin DHS and CDC guidance. Local surveillance data will be used to inform policies and determine if restrictions should be tightened or loosened. WOPHD will also take into account pandemic severity in surrounding counties. In specific cases, local health orders may be issued by the Health Officer to protect vulnerable populations. Health orders may be put in place in specific situations, particularly in circumstances that are deemed a high threat to the public.

Community-wide restrictions decrease disease spread by limiting interactions among residents. The severity of restrictions will be dependent on local surveillance data and evidence of community spread. WOPHD will also consider economic ramifications of restrictions. Limits may be placed on the number of individuals allowed in an establishment to allow for easier identification of contacts. Individuals must be able to identify who they were in contact with for contract tracing. All orders issued by the Health Officer will be reviewed by an attorney to ensure the order falls within appropriate legal boundaries and statutory authority.

COVID-19 Considerations

The Safer at Home Order issued by Governor Evers provided WOPHD a real life scenario of a statewide quarantine to reduce community spread. The Safer at Home Order was beneficial in the COVID-19 response as it reduced community spread and allowed time for PPE production to increase and testing strategies to be implemented. However, it did create challenges. More often than not, information was released from the State to the public without any prior notification to LHDs. The rapid changes and inconsistent communication caused immense confusion and frustration for both the health department and the community.

The Safer at Home Order had unintended socioeconomic consequences. Statewide there has been an increase in domestic abuse, unemployment, and mental health concerns. Individuals who lost their jobs or were furloughed also often lost their health insurance; a critical need during a pandemic. Furthermore, numerous essential workers, such as grocery store clerks, were forced to work and did not qualify for employer-based health insurance. WOPHD anticipates the aftermath of the pandemic and Safer at Home will continue to be seen throughout the year as residents adjust to pay cuts and prolonged unemployment. WOPHD expects the community may see an increase in food insecurity and rent assistance needs. Local stakeholders have been working proactively to prepare for an increased demand for these services.

Prior to Safer at Home ending, WOPHD worked closely with Ozaukee County Economic Development, chambers of commerce, and county administrators to provide safe reopening guidance for businesses and organizations. A frequently asked questions (FAQ) document is available on the health department website to provide further guidance to all sectors. WOPHD utilizes data to update guidance on the FAQ. As the severity, trajectory, and burden of COVID-19 decreases, restrictions on businesses and organizations are lessened. Conversely, if the number of cases increases additional restrictions will be recommended.

After the Safer at Home Order was lifted, businesses and organizations were allowed to reopen without enforceable restrictions. The Wisconsin Supreme Court ruled the Safer at Home Order unlawful, invalid

and unenforceable on May 13, 2020. Because of this ruling local health departments are limited in their enforcement authority and ability to combat COVID-19 and future communicable disease outbreaks.

As a result of the Safer at Home being lifted, public perception shifted to COVID-19 no longer being a threat to public safety. Without any ability to enforce restrictions on businesses, numerous businesses opened without disease mitigation measures. The next few weeks and months will demonstrate the effectiveness of Safer at Home and the result of limited restrictions.

Mass Vaccination

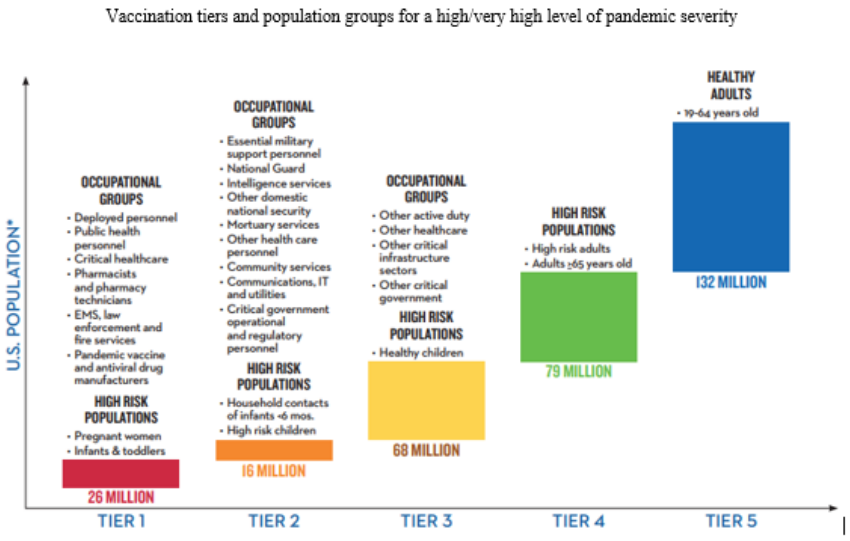
Population based mass vaccination is the end-goal for pandemic response operations. In order to implement mass vaccination an effective vaccine needs to be developed and mass produced. The fastest vaccine to be developed to date was the current mumps vaccine and it took four years. In addition to the availability of a safe and effective vaccine, mass vaccination depends on the ability of federal, state, local public health agencies and the health care system to deliver vaccine to patients quickly.

Mass vaccination will likely happen in phases dependent on the production, distribution and priorities established by the federal government. Specific priorities may vary based on the pandemic. WOPHD will take a multipronged approach to mass vaccination. Prior to the vaccine becoming available, WOPHD will establish systems to vaccinate vulnerable populations, identify members of the critical workforce as defined by the CDC, and evaluate and practice distribution plans. The process to order and track vaccine supplies is also established. WOPHD has a designated administrator for the CDC inventory management and tracking system (IMATS) for this purpose.

Vulnerable Populations and Critical Workforce

The primary tool employed to vaccinate vulnerable populations will be Closed Points of Dispensing (POD). Closed PODs are dispensing events targeting specific populations. Closed PODs are implemented by employees of an organization or business with public health guidance. Local health departments (LHD) enroll organizations in the Closed POD program and help them develop the required planning and training for staff. When vaccine is available, WOPHD facilitates delivery or pick-up of vaccine supplies to Closed PODs, and the enrolled organizations dispense the vaccine.

Currently, nursing homes, hospitals, schools, and businesses are enrolled in WOPHD's Closed POD program. Depending on vaccine priorities and vulnerable populations, WOPHD will increase Closed POD enrollees by targeting organizations who serve these groups. The chart below illustrates vaccine prioritization.



Source: *CDC Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce*

Some members of the critical workforce may be served by Closed PODs conducted by their organizations, such as medical personnel at a hospital. Others, such as local police, fire, and emergency medical service (EMS) agencies, will be served by Closed PODs run by WOPHD and county employees.

Closed critical workforce PODs are currently planned for the Administration Building in Ozaukee County and the Public Agency Center in Washington County. These Closed PODs will serve public health and safety employees, county employees, and other members of the critical workforce who cannot be vaccinated elsewhere.

Mass Vaccination of the General Public

Mass vaccination of the general public is carried out through Open PODs and will likely occur after vaccination of vulnerable populations and the critical workforce. Open PODs are available to any member of the public who is medically able to receive the vaccine and has not already been vaccinated. Open PODs serve a much larger segment of the population than Closed PODs. Plans for these facilities are maintained for the purpose of not only mass vaccination, but also mass prophylaxis. Open PODs require significantly more resources than Closed PODs. The goal of Open PODs is to quickly vaccinate the populace, serving thousands of people per day of operation. In addition to WOPHD staff, Open PODs in Washington and Ozaukee Counties will draw on resources from public safety agencies, health care systems, and other community partnerships.

WOPHD has plans for five Open PODs. Washington County Open POD plans are maintained for the Washington County Fair Park, the Slinger Highway Shop, and the West Bend Highway Shop. Ozaukee County Open POD plans are maintained for Concordia University and the Milwaukee Area Technical College (MATC) campus in Mequon. Washington County Fair Park and Concordia University are walk-thru PODs, where individuals would enter the facilities, go through a screening process, and receive a vaccination. Both Highway Shops and MATC are drive-thru PODs. Anyone using these PODs would complete, print, and bring a screening form to the POD location. The screening form is completed online through a state system. Vaccinations at the drive-thru PODs would be completed while participants remained in their vehicles.

COVID-19 Considerations

COVID-19 has given valuable context to planning what was previously a theoretical exercise. It is very clear that elderly individuals in congregate settings are the group most vulnerable to COVID-19. Because of this, WOPHD is working to enroll as many LTCFs as possible in the Closed POD program. WOPHD holds routine meetings with LTCFs on COVID-19 and uses this forum to promote Closed PODS. WOPHD also holds routine calls with leaders from public and private schools about COVID-19. While school-age children have not been particularly vulnerable to COVID-19, it has caused a significant disruption in education continuity. For this reason, WOPHD is working to enroll schools and school districts (both public and private) into Closed PODS. The more Closed PODs in our communities, the more individuals can be immunized quickly to minimize the disruption any subsequent waves of COVID-19 may cause in the education process and to protect those members of the education community who may be vulnerable.

COVID-19 provided WOPHD the opportunity to organize a community testing event. Carried out in conjunction with WING, this event provided COVID-19 testing to over 2,500 individuals. The events illustrated how Open POD mass vaccination plans might be better oriented to be more efficient. WOPHD is updating Open POD plans to incorporate what was learned during community testing.

Stakeholder Engagement

Regular communication with the public is essential during a crisis. During a communicable disease pandemic, face-to-face contact is limited. Information will need to be released to the public through the media and social media. WOPHD will consider hard to reach populations that may not have internet access or a permanent address when distributing public announcements. Materials will be adapted depending on the target audience. Adaption of materials may include: translation, health literacy and accommodations for those with access and functional needs.

WOPHD will utilize our strong cross-sectional partnerships throughout both counties to disseminate information, WOPHD stakeholders include, but are not limited to law enforcement, first responders, school districts, long term care facilities, health systems, non-profits, businesses, and local municipal leaders. When developing educational materials and providing outreach, information will be prioritized to the most vulnerable populations. Regular communication with stakeholders will be maintained through conference calls, in-person meetings (if feasible), and email updates. The frequency of meetings will be situation dependent. WOPHD will rely on partners to provide frontline situational awareness to help inform educational materials and health policies.

Public Information Officers

All education materials will be developed by a public information officer (PIO) team. The team will research the latest evidence-based guidance from the CDC, DHS, and other reliable public health resources. Other responsibilities include: responding to inquiries from the general public, controlling rumors, and managing all media and web content. Questions and concerns from the public will be accepted through phone calls and a designated email address.

WOPHD will coordinate conference calls and weekly check-ins with stakeholders. Phone calls provide the opportunity to educate various stakeholders on current situational reports, mitigation strategies, and to discuss any barriers or problems. Stakeholders will be asked to disseminate messages and updates to their networks to expand communication reach. Partnerships will also be leveraged for community feedback, volunteer support, and exchange of information when appropriate.

COVID-19 Considerations

Through robust community partnerships WOPHD has engaged numerous stakeholders to disseminate information efficiently and effectively. Partners have provided first-hand knowledge and expertise to inform public health messaging and guidelines. WOPHD staff members communicate regularly with stakeholders through various channels (i.e. conference calls, emails) and use their networks to broaden communication reach.

Outreach and education during COVID-19 has been difficult because face-to-face meetings are not being held. The elderly population and those who are immunocompromised are especially vulnerable to the virus and are also a population who may not have internet access. WOPHD has used various communications methods to assure information is widely distributed, including mail via the U.S. Postal service.

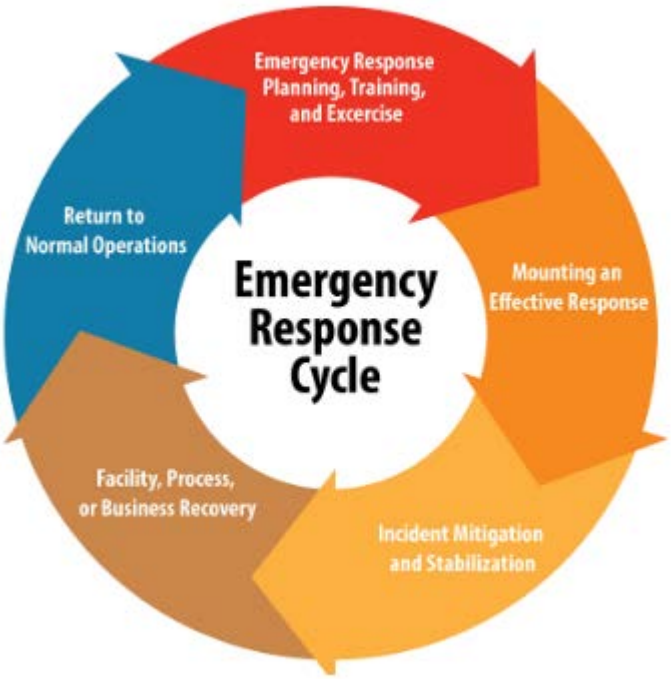
WOPHD ensures guidance provided to residents aligns with information received from DHS and the CDC. One significant challenge of the pandemic response has been the lack of transparency and timely release of information from DHS. More often than not, information has been released to the general public at the same time it was shared with local public health. These delays have limited the health departments ability to release the newest guidance as it was being interpreted in real-time.

COVID-19 has highlighted relevant information needed for informed decision making in a pandemic. WOPHD was the first department in the state to publically release COVID-19 outbreak information. All outbreaks and COVID-19 related data are available on the WOPHD website. The data dashboard includes the number of cases per zip code, demographic data, and active and resolved outbreaks.

WOPHD will continue to update guidance for businesses and alert residents of the latest COVID-19 research. WOPHD staff will continue to provide outreach and technical assistance to stakeholders as they create pandemic response plans. Although the majority of businesses and organizations reopened after the Safer at Home Order was lifted, there is a likelihood that operations will continued to be interrupted by COVID-19 until a vaccine is available.

Recovery and Mitigation

The image below depicts the response phases of a pandemic. In this illustration, the phases flow smoothly from one into the next, in continuous motion with fixed transition points. The reality is more complicated. Depending on the severity and speed of onset, the response to a pandemic may initially be within the normal operational capabilities of WOPHD, requiring only the subset of employees who normally handle communicable diseases. The need to use other personnel may wax and wane throughout the response. Similarly, if the response exceeds the capacity of the department, LTE staff may be necessary. Feasibility of demobilization, mitigation, recovery and resumption of normal operations will be continuously evaluated.



Source: *gricsafety.org*

Recovery

During a pandemic, it is unlikely response will stop one day and recovery will begin the next. This change will occur in phases and, depending on whether there are subsequent waves, may vary irregularly. WOPHD will implement recovery operations as soon as possible. As staff are pulled for pandemic operations, WOPHD will continue to evaluate capacity, and return staff to normal duties when able. A similar approach will be taken for LTE staff. When LTE positions are no longer needed to adequately respond to the pandemic, these staff will be placed on standby. Eventually, LTE personnel will be relieved of their responsibilities. As staff return to normal duties, they will focus on highest priority services. Recovery may include a financial component, and the appropriate staff will engage in the disaster reimbursement process.

Mitigation

Continuous quality improvement is integral to any pandemic response, and mitigation measures are a critical component of the improvement process. The wind down of response and beginning of recovery

operations is the opportune time to review and potentially implement additional mitigation measures. WOPHD will identify areas ripe for mitigation and will implement changes where able. Mitigation measures may take many forms including staff training, outreach/education activities, procurement of equipment, and testing and dispensing improvements. Mitigation measures may not always be reimbursable expenses, but they are worthy investments nonetheless. Research by the Federal Emergency Management Agency (FEMA) indicates that some mitigation measures save $6 for every $1 invested.

COVID-19 Considerations

Initially the COVID-19 staff started out small, and included communicable disease (CD), emergency preparedness, and some management. As time progressed and the workload increased, maternal child health nurses, WIC staff, environmental health staff, and community health and prevention staff were brought on to respond. Eventually, numerous LTE staff were hired to increase for contact tracing capacity. These measures have been part of WOPHD's consistently proactive approach to the pandemic. WIC, and environmental health staff have begun to shift back into some of their normal duties. As they are needed for COVID-19 operations, they will be reassigned. The same approach has been taken with LTE contact tracers. While these personnel assist as needed, they are not engaged on a daily basis. Their use is based on workload and is scaled with demand. WOPHD will continue to maintain a proactive COVID-19 posture and will adjust its workforce as necessary.

Three mitigation issues stand out: routine training on contact tracing protocols for all staff, PPE supply, and emergency planning and infection prevention protocols at LTCFs. As the COVID response has progressed, WOPHD has succeeded in training all staff on contact tracing protocols. Going forward, however, it will be important to have periodic training and exercises to sustain these skills. The PPE supply issue was impacted by global supply and demand and capacity of the Strategic National Stockpile. WOPHD was relatively well positioned when COVID-19 struck, and had enough PPE stored to make two different distributions to LTCFs. Moving forward, it will be critical to communicate the importance stockpiling PPE rather than a relying on just-in-time delivery. LTCFs have been engaged throughout the pandemic response, and now participate in a routine conference call with WOPHD personnel to discuss new guidance and address concerns. However, COVID-19 has shown the vulnerability of these facilities and continued engagement will be a high priority after the pandemic.