

Marathon County Board of Health

Tuesday, October 1, 2019 at 7:45 AM

Meeting Location: 1000 Lake View Drive, Suite 100
Wausau, WI 54403

Committee Members: John Robinson, Chair; Sandi Cihlar, Vice-Chair; Lori Shepherd, Secretary; Mary Ann Crosby; Dean Danner; Kue Her; Michael McGrail; Laura Scudiere

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)

Marathon County Health Department Mission Statement: To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards. (Last updated: 5-7-13)

1. **Call to Order**
2. **Public Comment Period**
3. **Approval of the Minutes of the September 3, 2019 Board of Health Meeting**
4. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
5. **Policy Discussion and Possible Action**
 - A. Share the Board of Health Plan of Work for 2019-2020
 - B. Determine the merits of advancing a county resolution on the End the Use of Personal Conviction Waivers for School and Day Care Immunizations
 - C. Report from the Health & Human Services Committee September 17, 2019 meeting on policy issues impacting public health
6. **Educational Presentations/Outcome Monitoring Reports**
 - A. Update on Governor Evers and the Department of Health Services priorities and legislative priorities for Wisconsin Public Health Association/Wisconsin Association of Local Health Departments and Boards (WPHA/WALHDAB)
 - B. Update on the Health Department's 2020 budget and the county's timeline
 - C. Update on the progress in meeting the 2019-2023 Marathon County Strategic Plan goals and objectives
 - D. Continue the overview of the Health Department's success and challenge trends based on the 2019 Annual Report: Community Health Improvement, Family Health & Communicable Disease, Fiscal and Operations

- E. Share the Denison Organizational Culture Survey findings and next steps to further organizational culture

7. Announcements

- A. Staff Updates

8. Next Meeting Date & Time, Location, Future Agenda Items: November 5, 2019

- A. Review draft Board of Health position paper on marijuana
- B. Update on the Health Department's 2020 Budget
- C. Confirm the Board of Health's role and timeline for determining community health priorities for the 2021-2024 Community Health Improvement Plan
- E. Overview of Public Health 3.0 and revisions of Wis. Admin. Code DHS 140 level requirements of local health departments
- F. Other

9. Adjourn

FAXED TO: Daily Herald, City Pages,
Marshfield News, Mid-West Radio Group

Signed _____

THIS NOTICE POSTED AT THE COURTHOUSE

Date _____ Time _____

By _____

Date _____ Time _____

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

MARATHON COUNTY BOARD OF HEALTH
Meeting Minutes
September 3, 2019

Present: John Robinson, Michael McGrail, Mary Ann Crosby (via Telephone), Sandi Cihlar, Dean Danner

MCHD Staff: Dale Grosskurth, Becky Mroczenski, Joan Theurer, Jenny Hsu

Guests:

1. Call to Order

John Robinson called the meeting to order at

2. Public Comment Period

3. Approval of the Minutes of the August 6, 2019 Board of Health Meeting

Motion to approve the minutes of the August 6, 2019 meeting made by Laura Scudiere. Second made by Sandi Cihlar. Motion approved.

4. Operational Functions Required by Statute, Ordinance, or Resolution

A. None

5. Policy Discussion and Possible Action

A. Review the Board Self-Assessment draft plan of work document and develop action steps

The Board held discussion on possible changes to the start time for meetings. Board members discussed the start time. Meetings will be moved back to 7:45 a.m., end time 9:15 a.m. This change will take place for the next meeting (October). Meetings will prioritize policy issues before educational presentations.

John Robinson reviewed prior discussion on plans for oncoming board members, including the Board chair being more involved in the orientation process, using a mentor arrangement to assist new members, and a calendar or schedule for training and education.

The Board discussed holding an annual retreat to provide time to look in more detail at specific topics, as well as options for meeting with state legislators.

Joan Theurer will develop a plan of work based on the Board discussion and shared at the next meeting.

- B. Update on the 2019-2021 Biennial State of Wisconsin Budget along with proposed legislation priorities for Wisconsin Public Health Association/Wisconsin Association of Local Health Departments and Boards (WPHA/WALHDAB)
 - i. Medicaid Expansion
 - ii. Tobacco 21: Raising the Tobacco Purchase Age
 - iii. Restriction on the Use of Products Used for Inhaling and Exhaling Vapor
 - iv. Lead Testing Schools and Day Cares
 - v. End the Use of Personal Conviction Waivers for School and Day Care Center Immunizations

Joan shared highlights of a webinar held last week, which walked through budget implications and policy changes being considered at the state level. Legislation has been introduced for accepting Federal Medicaid expansion dollars. The Wisconsin Association of Public Health and Wisconsin Association of Local Health Departments and Boards is encouraging continued discussion and letters/resolutions at the municipal level. Joan asked if any further action should be taken by Board of Health, or wait for the Health & Human Services Committee to take action.

The Board held discussion on the best methods to advocate for policy change related to public health.

Judy Burrows shared that there are currently bills at various stages in the legislature related to changing the minimum purchasing age of tobacco products to 21, and usage restrictions for vaping products through changes to the clean indoor air bill. Judy indicated that revisions to the clean indoor air bill may or may not include marijuana products, depending on which version of the revisions would move forward.

Joan shared that two bills have been drafted requiring public schools and day camps and day cares to test water sources for lead. Dale Grosskurth shared that funding to address any uncovered issues is typically an issue.

Joan shared one other piece of legislation being considered is for the end of use of personal conviction waivers for school and day care centers for immunizations. A draft resolution template from the Wisconsin Association of Public Health and Wisconsin Association of Local Health Departments and Boards was shared. The Wisconsin Public Health Council developed a statement regarding vaccination in light of the current measles outbreak.

The Board held discussion on whether or not to consider writing a resolution from the Board of Health regarding ending personal conviction waivers.

Joan will plan to bring the draft resolution template back to the next meeting and address questions raised by the board members regarding school and day care immunization rates for Marathon County.

- C. Report from the Health & Human Services Committee August 26, 2019 meeting on policy issues impacting public health

Mary Ann Crosby shared that discussion of creation of a Naloxone use program took place, with a motion made and approved for the County Board to amend the County Administrator's work plan to include conducting an assessment as the need and benefit for a Naloxone use program. The Committee also discussed policy change related to continuation of Medicaid benefits upon incarceration, as in Wisconsin benefits are terminated.

6. Educational Presentations/Outcome Monitoring Reports

- A. Overview of the Health Department's trends in terms of successes and challenges based on the 2019 Annual Report

Dale Grosskurth shared ground water has become a focus state-wide, and there are objectives within the County strategic plan to address the issue. With upcoming potential changes to lead funding, the Health Department will be monitoring the impact on lead program staff. The Department of Agriculture, Trade and Consumer Protection is considering looking at their license fee structure.

Due to time constraints, the remaining reports from the Program Directors and Health Officer will be shared at the September meeting.

- B. Share Denison Organizational Culture Survey findings

This item was postponed until the September meeting.

7. Announcements - None

8. Next Meeting Date & Time, Location, Future Agenda Items: October 1, 2019

- A. Review draft Board of Health position paper on marijuana
- B. Update on the Health Department's 2020 Budget
- C. Update on Health Department's Strategic Plan
- D. Share Tentative Timeline for Community Health Assessment for 2020
- E. Overview of Public Health 3.0 and revisions of Wis. Admin. Code DHS 140 level requirements of local health departments
- F. Other

9. Adjourn

Motion to adjourn made by Laura Scudiere. Second made by Michael McGrail. The meeting adjourned at 9:02 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

DRAFT

**Health Officer Notes
October 2019**

Operational Functions Required by Statute, Ordinance, or Resolution

- A. None

Policy Discussion and Possible Action

A. Share the Board of Health Plan of Work for 2019-2020

Board members will review the plan of work developed at the September Board meeting. Joan Theurer, Health Officer will share draft cue card for helping to ensure health equity lens when discussing policy questions. Enclosed, find the Board of Health Plan of Work document.

B. Determine the merits of advancing a county resolution on the End the Use of Personal Conviction Waivers for School and Day Care Immunizations

Becky Mroczenski, Communicable Disease Manager will walk through the “Immunization Rates Q & A” document. Board members are asked to review the draft template resolution for local jurisdictions provided by the state public health associations, and determine what action to take. Enclosed, find copies of the Immunization Rates Q & A, template resolution, and the Public Health Council Statement Regarding Vaccination and Current Measles Outbreak.

C. Report from the Health & Human Services Committee September 17, 2019 meeting on policy issues impacting public health – Mary Ann Crosby, Marathon County Board Supervisor will highlight discussion and action taken by the committee impacting public health

Educational Presentations/Outcome Monitoring Reports

A. Update on Governor Evers and the Department of Health Services priorities and legislative priorities for Wisconsin Public Health Association/Wisconsin Association of Local Health Departments and Boards (WPHA/WALHDAB)

This is a standing agenda item, updates are provided as needed.

B. Update on the Health Department’s 2020 budget and the county’s timeline

Joan Theurer, Health Officer will share the 2020 budget developed for the Health Department. John Robinson, Chair will provide an overview of the 2020 budget process.

C. Update on the progress in meeting the 2019-2023 Marathon County Strategic Plan goals and objectives

Joan Theurer, Health Officer will review key strategies that have been implemented in support of the department’s strategic plan. Enclosed, find a summary document.

D. Continue the overview of the Health Department’s success and challenge trends based on the 2019 Annual Report: Community Health Improvement, Family Health & Communicable Disease, Fiscal and Operations

Directors and Health Officer will highlight success and challenge trends. Enclosed, find program reports.

E. Share the Denison Organizational Culture Survey findings and next steps to further organizational culture

Joan Theurer, Health Officer will share findings from the Denison Organizational Culture Survey and steps in developing a plan of action to further the department's culture.

Announcements

- A. Staffing Updates - Rachel Klemp-North has accepted the Family Health Manager position and will be joining the Health Department on October 7, 2019.

Next Meeting Date & Time, Location, Future Agenda Items: November 5, 2019

- A. Review draft Board of Health position paper on marijuana
- B. Update on the Health Department's 2020 Budget
- C. Confirm the Board of Health's role and timeline for determining community health priorities for the 2021-2024 Community Health Improvement Plan
- D. Overview of Public Health 3.0 and revisions of Wis. Admin. Code DHS 140 level requirements of local health department
- E. Other

**Marathon County Board of Health
Annual Self-Assessment Plan of Work
September 2, 2019 – July 7, 2020**

Board Meeting Time

Action Step(s)	Who is Responsible	Timeframe	Status Update
1. Meeting time 7:45-9:15 AM a. Outlook appointment	1. Administrative Coordinator	1. September 15, 2019	9/3/2019 Completed
2. Continue to place policy agenda items prior to education	2. Health Officer	2. Ongoing	9/3/2019 Completed

Orientation of New Board Members and Board Development

Action Step(s)	Who is Responsible	Timeframe	Status Update
1. BOH Chair to be part of new board member orientation a. Cover BOH meeting etiquette (diverse views, method for sharing ideas & perspectives)	1. BOH Chair	1. As Needed	
2. Assign informal mentor a. Determine expectations & structure	2. BOH Chair	2. As Needed	
3. Develop a learning plan for new and existing Board members a. Identify key topics (e.g., Core Functions, Essential Services, PH 3.0)	3. Health Officer with input from BOH	3. December 1, 2019	
4. Explore the merits of having a half-day retreat during the first quarter of 2020 a. Identify critical advocacy gaps as part of the retreat	4. BOH	4. December 1, 2019	
5. Encourage members to attend United Way Board training	5. Health Officer & Board Mentor	5. As Needed	

Board Routinely Monitors Performance of the Health Department

Action Step(s)	Who is Responsible	Timeframe	Status Update
1. Develop calendar of topics (e.g., budget, strategic plan, annual report, CHIP report, county strategic plan, Health Officer Plan of Work, Annual	1. Health Officer with input from BOH	1. December 1, 2019	

Self-Assessment)			
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Review Reporting Relationship with the Health & Human Services Committee and County Board

Action Step(s)	Who is Responsible	Timeframe	Status Update
1. Schedule meeting with County Board Chair, Health & Human Services Chair, Corporation County, County Administrator, Deputy County Administrator, Board of Health Chair, and Health Officer. Discussion on: <ul style="list-style-type: none"> a. Boundaries and process for advocacy (Fact Sheets, Letters, Resolutions) b. Reporting relationships 	1. BOH Chair & Health Officer	1. By December 1, 2019	
2. Place WALHDAB/WPHA Public Affairs legislative items and State of WI DHS public health policy as a standing agenda item	2. Health Officer	2. October 1, 2019	
3. Explore the merits of participating in quarterly Legislative Breakfast held at the Central WI Airport	3. BOH	3. By February 1, 2020	

Board of Health Adequately Reflects the Diversity Needed

Action Step(s)	Who is Responsible	Timeframe	Status Update
1. Ensure discussion on topics represent diverse views <ul style="list-style-type: none"> a. Invite guests as needed b. Post series of questions to assist BOH in keeping diversity in mind 	1. BOH Chair & Health Officer	1. October 1, 2019	

Marathon County Childhood Immunization Rates for Schools and Day Care Centers
Questions and Answers
September 18, 2019
Becky Mroczenski, Communicable Disease Manager

1. What is the overall immunization rate for schools and days care centers for Marathon County compared to the State of Wisconsin for the 2018-19 school year?

Answer: Marathon County schools immunization rate for minimum requirements 93.1% compared to the State of Wisconsin 91.9%. Day care centers are not reported in the same way. Immunization rates for day care centers are measured by individual vaccine. Not all day care centers report, having 60.5% of Marathon County day care centers submit a report compared to Wisconsin at 54.3%

2. What the current type of immunization exemptions/waivers allowed in Wisconsin for students enrolled in schools and day care centers?

Answer: There are three types of immunization exemptions: religious, medical and personal conviction waiver.

3. What is the percentage of students with religious and medical waivers for Marathon County for the 2018-19 school year?

Answer: Schools 0.4% and day care centers 0%. This compares to 0.7% for Wisconsin schools and 0.5% for Wisconsin day care centers.

4. What is the percentage of students with a personal conviction waiver for Marathon County for the 2018-19 school year?

Answer: Schools 3.7% compared to Wisconsin 4.6% Day care centers 3.2% compared to Wisconsin 2.1%.

5. What has occurred in other states where personal conviction exemptions have been removed?

Answer: For CDC available data for the 2017-2018 school year of children enrolled in kindergarten by state, only 3 states did not allow for religious or personal (philosophical) exemptions; they are California (96.9%), Mississippi (99.4%) and West Virginia (98.4%). California removed both personal and religious with Senate Bill 277 in 2015 for the 2016-2017 school year. Since the 2014-2015 school year to the 2017-2018 school year their school rates went from 92.6% to 96.9%. Of note, with SB 277 physicians were given boarder discretion to grant medical exemptions for reasons other than a contraindication, including family medical history. West Virginia and Mississippi have had their school vaccination laws in place for over 30 years.

Maine and New York states passed legislation in 2019 to only allow for medical exemptions. Maine's law goes into effect September 1, 2021. Regarding the state of New York, it is unclear the actual date the law went into effect, however, it is in place for the 2019-2020 school year. No data is available to compare changes for Maine and New York. For the 2017-2018 school year Maine was 94.3% and New York was 97.2%

There are 45 states and the District of Columbia that allow for religious exemptions. Currently, 15 states that allow for both religious and philosophical exemptions. For states that allow only a religious exemption estimated vaccination coverage ranged from 81.3%-98.6%. States that allowed for both exemptions estimated vaccination coverage ranged from 88.7%-96.7%. There was no CDC data for Wyoming, which only allows for religious exemption.

Two articles looked at the correlation between removing personal conviction waivers/philosophical exemptions and vaccination coverage rates.

American Journal of Public Health, Nonmedical Exemptions From School Immunization Requirements: A Systematic Review. 2014, November; Volume 104(11):5 pages e62-e84.

- “Studies have consistently found that allowing philosophical and religious exemptions increases exemption rates and decreases vaccination rates.”
- “State exemption rates also appeared to be correlated with the ease with which nonmedical exemptions can be obtained. Studies have consistently found that states with easier exemption requirements (in terms of paperwork or the effort required) have higher exemption rates and vice versa.”
- “We found consistent evidence of rising rates of nonmedical exemptions from school entry vaccine mandates and of the association of exemption rates with outbreak risk. We have also found that stricter exemption laws can decrease or restrict growth of these rates and thereby reduce outbreak risk.”

Journal of American Medical Association, Research Letter, Change in Medical Exemptions From Immunization in California After Elimination of Personal Belief Exemptions. September 5, 2017; Volume 318(9), page 863.

- “We found a positive relationship between county level change in medical exemption (ME) percentage and previous personal belief exemption (PBE) use (Pearson $r=0.65$; $P<.001$; $n=56$), signaling that counties with high PBE use prior to SB 277 had the largest increase in MEs after its implementation.”

6. Is there data available on the number of children who are home schooled? Are children who are home schooled exempt from immunization requirements?

Answer: Information provided by Marathon County Special Education indicates there are 467 home schooled children from K-12 in Marathon County. There is approximately 20,532 children in Marathon County who are between the ages of K-12. There is no immunization data on home schooled children, they are exempt from reporting requirements.

DRAFT DRAFT DRAFT

Draft template resolution for local jurisdictions

RESOLUTION NO. insert number if applicable

RESOLUTION REQUESTING THE WISCONSIN LEGISLATURE END THE USE OF PERSONAL CONVICTION WAIVERS FOR SCHOOL AND DAY CARE CENTER IMMUNIZATIONS

WHEREAS, there are multiple important and potentially dangerous communicable diseases that are preventable by vaccinations currently required by Wisconsin law for school and day care attendance, and

WHEREAS, vaccine-preventable diseases can be very contagious, and can result in serious health complications, including pneumonia and encephalitis, and lead to death, and

WHEREAS, the effectiveness and safety of vaccines have been well established, and

WHEREAS, the Affordable Care Act has improved insurance coverage for vaccinations, which are readily available in medical offices and pharmacies, and public health departments continue to serve those eligible for the Vaccines for Children Program, and

WHEREAS, all states require certain vaccines for school entry in order to

- a) assure that individual children do not contract disease in the social setting of school,
- b) protect other students from being at risk of disease and death from exposure to an individual student, and
- c) protect the broader community from these serious illnesses, including individuals who are immunocompromised and those who cannot receive vaccines for *bona fide* medical reasons, and

WHEREAS, Wisconsin's immunization law Wis. Stat. § 252.04(3), Wis. Admin. Code § DHS 144.06, makes Wisconsin one of only 16 states that permits parents to opt out or waive some or all of the vaccinations required to attend school or group day care based on their personal beliefs, and

WHEREAS, Wisconsin's percentage of students with religious and medical waivers have remained relatively constant over the past decade at less than 1%, but the percentage of students with a personal conviction waiver in Wisconsin increased from 1.2% during the 1997-98 school year to an alarming 4.6% during 2018-19, and

WHEREAS, outbreaks of measles have impacted multiple states in 2019, and a number of other serious vaccine-preventable disease outbreaks have occurred in Wisconsin over the past 2 decades, and

WHEREAS, several other states have recently removed personal belief exemptions from their legal codes, such that 34 states now prohibit the use of personal belief exemptions for school and daycare immunizations, and

WHEREAS, the Wisconsin Public Health Association (WPHA) and the Wisconsin Association of Local Health Departments and Boards (WALHDAB) both support a change in school and day care center immunization law that eliminates personal conviction waivers for students in Wisconsin public and private schools and for children who attend group day cares.

NOW, THEREFORE, BE IT RESOLVED that the Insert name of local health department, board of health, county board, or other entity submitting respectfully requests that the Wisconsin Legislature end the use of personal conviction waivers for school and day care center immunization requirements.

BE IT FURTHER RESOLVED that a copy of this resolution be sent to the Governor of Wisconsin, Wisconsin state legislators, WPHA, WALHDAB, Wisconsin Counties Association, and other organizations as appropriate.

Dated _____

SUBMITTED BY:

Insert Name of Entity Submitting

Name

Name

FISCAL NOTE: This resolution does not require an appropriation from the Insert name of budget fund if applicable fund.

APPROVED BY:

APPROVED BY:

Name
Title

Name
Title

CERTIFICATION (if applicable): I hereby certify this to be a true and exact copy of Resolution No. _____.

Ayes ____ Nays ____ Abstained ____ Excused ____ Absent ____

__ Approved and adopted this ____ day of _____.

__ Denied this ____ day of _____.

Name
Title

WISCONSIN PUBLIC HEALTH COUNCIL

Assure safe and healthy people by monitoring progress on the state health plan, Healthiest Wisconsin 2020, and on the readiness for public health emergencies.



Wisconsin Public Health Council Statement Regarding Vaccination and Current Measles Outbreak

The Wisconsin Public Health Council was created by Act 186 [WI Statute 15.197(13)] to advise the Department of Health Services, the Governor, the Legislature, and the public on the progress in implementing the state's 10-year public health plan and the coordination of responses to public health emergencies.

This urgent statement is provided to the Department of Health Services, the Governor, and the Legislature to insure awareness of the Measles outbreaks currently occurring in the United States, the connection to the State Health Plan and potential for a public health emergency in our state due to under-vaccination for measles in Wisconsin.

The Public Health Council strongly advises, as per our charge, that state and public health action should be taken urgently to insure vaccination of every eligible person in the state except for those rare individuals with a valid medical exemption, to prevent measles-related illness, hospitalization, and death in Wisconsin.

Issue: Outbreak of Measles Cases in Unvaccinated Populations

Measles is highly contagious, spreading through the air when an infected person coughs or sneezes, causing significant illnesses, including pneumonia and encephalitis. Measles was eliminated from the United States in 2000 due to good public health practices and through use of a safe and effective vaccine that has been the standard of measles prevention accepted by public health practitioners and physicians around the world. Our nation is currently experiencing the greatest number of reported cases of measles since 1994, and since measles was declared eliminated in 2000. Although no one in Wisconsin has become ill from measles yet during this outbreak, measles has been reported in three of our four bordering states, and it is likely that our first case is only weeks, if not days away.

Immunity and Vaccine Background

The MMR vaccine (measles, mumps and rubella) is very safe and effective. Because measles is so very contagious, studies have shown that 95% of the population needs to be immunized to prevent re-establishment of measles.

The spread of measles during this national outbreak has been closely linked to unvaccinated persons. Fraudulent and discredited misinformation linking the MMR vaccine to autism have resulted in tens of thousands of unnecessary measles cases and hundreds of deaths worldwide due to vaccine avoidance.

Vaccine Exemptions

All states require certain vaccines for school entry. Requirements have three major purposes beyond the goal of maintaining overall individual health. First, they assure that individual children do not contract disease in the social setting of school. Second, other students are protected from being at risk of disease and death from exposure to an individual student. Third, when vaccine coverage is high enough (called "herd immunity") the community is protected, including individuals who cannot receive vaccines or are immunocompromised.

1 W. Wilson Street ♦ Room 250 ♦ Madison, WI 53703
P.O. Box 2659 ♦ Madison, WI 53701-2659
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DHSPublicHealthCouncil@wisconsin.gov ♦ <http://publichealthcouncil.wisconsin.gov>

This concept is important when one considers that, at any given time, there are millions of immunocompromised Americans who are highly susceptible to infectious diseases.

All states provide exemptions from vaccination for specific scientifically proven medical reasons. Exemptions also may be granted for religious or personal belief reasons. Medical exemptions are extremely rare, and most established religious orders support vaccination. Only 15 states allow personal exemptions from immunizations, including our state of Wisconsin. Recently, in response to this outbreak, California entirely repealed its non-medical exemptions, and Vermont removed personal belief exemptions from its legal code.

Recommendation

State and public health action should be taken urgently to insure vaccination of every eligible person in the state except for those rare individuals with a valid medical exemption, to prevent measles-related illness, hospitalization, and death in Wisconsin.

Informational materials submitted by members of the public for **Agenda Item 5B: Determine the merits of a county resolution on the End of Use of Personal Conviction Waivers for School and Day Care Immunizations** can be accessed through the following link:

http://www.co.marathon.wi.us/Portals/0/Departments/MCB/Archives/Boards%20Committees%20Commissions/Health%20Board/2019/MCBH_20191001_SubmittedMaterials.pdf

Email messages, and Letters submitted by members of the public for **Agenda Item 5B: Determine the merits of a county resolution on the End of Use of Personal Conviction Waivers for School and Day Care Immunizations** can be accessed through the following link:

http://www.co.marathon.wi.us/Portals/0/Departments/MCB/Archives/Boards%20Committees%20Commissions/Health%20Board/2019/MCBH_20191001_Correspondence.pdf

Goal 1: Integrate concepts of health equity into programs and initiatives that address the population health needs in Marathon County.

Strategies Implemented:

- Community Health Improvement Program Director active participant on the Marathon County GARE (Government Alliance on Race and Equity) Learning Community, part of a statewide initiative. In addition, serves on the Marathon County planning committee for Martin Luther King Jr. Day On
- Project Charter developed to guide the planning and evaluation of progress was finalized on May 15, 2019. Major milestones met:
 - o Cross-team Health Equity formed with first meeting held on June 26, 2019
 - o Initial review of health equity organizational assessment tools completed
 - o Inventory of what peer local health departments are doing
 - o Review of learning resources completed with the goal to hold the viewing of “Unnatural Causes: In Sickness and In Wealth” at October 23rd All-Staff

Goal 2: Foster an organizational culture that support innovation and excellence.

Strategies Implemented:

- All current employees participated in the IDEAS (Improvement Driven by Employee Awareness and Study) Academy 4 hour training, a county-led quality improvement initiative. Seventeen (17) percent of employees will be participating in a 3-day IDEAS Innovator course this fall
- Quality improvement projects have been identified, in process or completed for all six major program areas for this fiscal year
- Program professionals job standards are being revised to be in keeping with the Public Health Core Competencies
- Five (5) “Innovations” occurred, topics varying from project management tools, data visualization, icebreakers and improve during a meeting. The purpose of Innovations is enable colleagues to experience shared learning, ideas and innovations with one another. The topics encompass universal, personal development and growth opportunities, identified and lead by employees. To date 9 colleagues have hosted a topic, having 84 attendees, with 33 unduplicated attendees.

Goal 3: Advance strategic collaborative partnerships at the local, regional and state level to fulfill the department’s mission.

Strategies Implemented:

- Four colleagues attended 2-day ToP (Technology of Participation) Facilitation Methods training held in Wausau. One colleague attended 2-day advance ToP Strategic Planning training with plans to attend 2-day ToP Designing for Change training in November. All health educators and prevention specialist will be trained in the Journey of Facilitation and Collaboration as of October 2019.

Goal 4: Inform and advance public health policy in support of the County’s mission and strategic goals.

Strategies Implemented:




- Board of Health hosted a Legislative Educational Meeting on February 25th focused on Adverse Childhood Experiences (ACEs), behavioral health and substance abuse.
- Board of Health advanced a resolution to Support Federal Medicaid Expansion and a policy statement on Workplace Naloxone Use Program to the Health & Human Services Committee.

Start Right!

BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five.

2018 Outcome Highlights

 Prenatal Care Coordination <i>public health nurse services provided during pregnancy up to two months after birth</i>	 Postpartum Services <i>Public health nurse services provided after the birth of a baby until the infant is two months of age (hospital referrals)</i>	 Long Term Home Visiting <i>Parent educator services provided for families with infants through age 4</i>
<p>Breastfeeding initiation= 79% <i>(Healthy People 2020 target for general population is 82%)</i></p> <p>Reproductive Life Plan in place=97% <i>(highest in 5 years)</i></p> <p>Safe Sleep Environment=80% <i>(number dropping, additional interventions have been put in place)</i></p> <p>Referrals of eligible families to long term home visiting= 68% <i>(consistently solid referral rate)</i></p>	<p>Reproductive Life Plan in place=96% <i>(highest in 5 years)</i></p> <p>Infants who sleep on their backs=97% <i>(consistently high percentage)</i></p> <p>Referrals of eligible families to long term home visiting= 37% <i>(consistently solid referral rate)</i></p>	<p>Children who are on schedule for their well child exams=99% <i>(consistently high rate)</i></p> <p>Decrease in identified safety hazard in the home= 98% <i>(increased from recent years)</i></p> <p>Percent of parents identified with AODA, domestic violence, or mental health concerns who received supportive services=47% <i>(reduced from recent years)</i></p> <p>Percent of children age enrolled in a group-based early childhood program=75% <i>(Increased from recent years)</i></p>

Start R!ght

BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five.

Start Right!

2018 Program Impacts

Start Right provides family support and coaching for families in Marathon County from pregnancy to age five. Specific goals of the program include;

- Children will be healthy
- Children will be safe in their family homes
- Children will experience nurturing relationships with their parents
- Children will be “school ready” when they begin school

First Steps – Pregnancy to 60 Days Postpartum 141 women received services and delivered babies in 2018 with 102 of those women receiving 3 or more visits	
Babies will be born healthy	<ul style="list-style-type: none"> • 40% of pregnant women reported smoking, with 93% stopped or decreased their smoking • 31% of pregnant women reported drinking during their pregnancy, with 91% of women reporting that they stopped drinking • 79% of pregnant women initiated breastfeeding, with 68% of women breastfeeding or providing breast milk at 4 weeks postpartum • 97% of women had a reproductive life plan • 95% of infants had a medical home • 91% of infants had a well-child exam as age appropriate • 84% of eligible infants were enrolled in WIC • 98% of parents were knowledgeable about immunizations
Children will be safe in their family homes	<ul style="list-style-type: none"> • 94% of infants were reported to sleep on their backs, and 88% of women/caregivers reported they did not co-sleep with their infant • 80% of infants slept in a safe sleep environment • 82% of infants in a home with a private well had a well water test • 81% of homes had a working smoke alarm • 96% of homes were smoke-free
Children will experience nurturing relationships with their parents	<ul style="list-style-type: none"> • 26% of women experienced perinatal depression, with 23% of the women with depression referred for services (who had not previously been referred) • 82% of parents responded appropriately to their newborn’s hunger cues and 86% of parents responded appropriately to their newborn’s crying cues
Families will be knowledgeable about key community resources, including Start Right	<ul style="list-style-type: none"> • 68% of parents who were eligible for Step-by-Step parent educator services accepted services • 99% of parents were aware of Family Resource Center services

Start Right!

First Steps – Families with Newborns

148 families received 1 or more home visits

Children will be healthy	<ul style="list-style-type: none">• 97% of infants had a medical home• 42% of eligible infants enrolled/referred to WIC• 99% of parents were knowledgeable about immunizations• 86% of women initiated breastfeeding• 96% of women had a reproductive life plan
Children will be safe in their family homes	<ul style="list-style-type: none">• 97% of infants were reported to sleep on their backs; 95% of women/caregivers reported they did not co-sleep with their infant• 93% of infants slept in a safe sleep environment• 93% of infants who lived in a home with a private well had the well tested• 85% of homes had a working smoke alarm• 95% of homes were smoke-free
Children will experience nurturing relationships with their parents	<ul style="list-style-type: none">• 13% of women experienced perinatal depression, with 57% of women referred for services (who were not previously referred)
Families will be knowledgeable about key community resources, including Start Right	<ul style="list-style-type: none">• 37% of parents eligible for Step by Step Parent Educator services accepted services• 99% of parents were aware of Family Resource Center services

Start Right!

Step by Step – Intensive Parenting Education and Support

For families with children aged 2 months to 5 years

208 children received intensive home visiting services

<p>Children will be healthy</p>	<ul style="list-style-type: none"> • 90% of children were fully immunized at 24 months • 99% of parents identified a medical home • 96% of parents reported their children were on schedule for their well child exams • 79% of parents reported their children did not use emergency room services • 83% of eligible children received WIC services
<p>Children will be safe in their family homes</p>	<ul style="list-style-type: none"> • 98% of homes with an identified safety hazard had a decrease in hazards
<p>Children will experience nurturing relationships with their parents</p>	<ul style="list-style-type: none"> • 26% of children screened with the ASQ-3 were identified as having a potential developmental delay with 100% receiving follow up intervention services. • 6% of children screened with the ASQ-SE were identified as having a potential developmental delay with 100% receiving follow up intervention services. • 81% of parents scored 80% or higher on a post parenting knowledge test
<p>Parents with AODA, domestic violence or mental health concerns will receive supportive services</p>	<ul style="list-style-type: none"> • 51% of parents have one or more identified concerns with AODA, domestic violence or mental health, with 47% receiving one or more supportive services (either having services already involved or as a direct referral from Start Right).
<p>Children will be “school ready” when they begin school</p>	<ul style="list-style-type: none"> • 75% of children aged 3 to 5 participated in preschool, Headstart, or other early childhood program

Start Right!

Stepping Stones

Parenting Support Provided Through a Parenting Warm Line and One-to-One Parent Coaching Sessions

54 Family Coaching Sessions or Warmline Sessions

Families will have access to timely parenting information	<ul style="list-style-type: none">• 67% of parents reported increased feelings of support• 100% of parents reported increased feelings of confidence• 92% of parents reported increased knowledge
Families will be knowledgeable about key community resources and are linked to appropriate supports	<ul style="list-style-type: none">• 100% of families reported being knowledgeable about community resources
Families will be knowledgeable about their child's development and access services for their children if they are developmentally delayed	<ul style="list-style-type: none">• 11 children received developmental screening• 3 children were identified with potential developmental delay, with 100% receiving further assessment or intervention services
Families will use the Family Resource Center and Stepping Stones services	<ul style="list-style-type: none">• 100% of parents reported they were comfortable with re-contacting the Family Resource Center should they need further service

Start Right!

Stepping Out

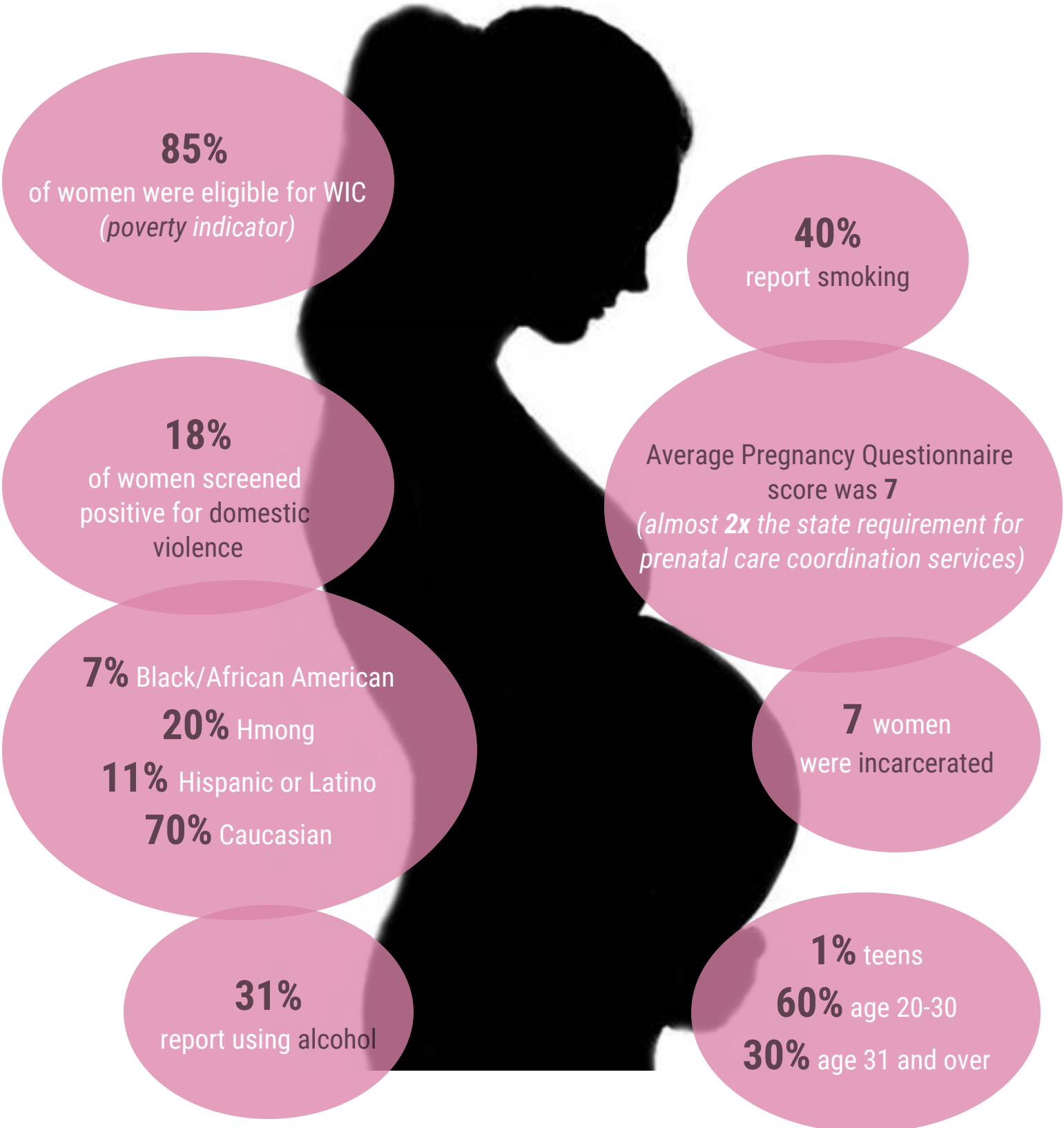
Parenting Support Provided Through Play N Learn Sessions and Parent Education Classes Offered Through the Family Resource Centers

Children will be “school ready”	<ul style="list-style-type: none">• 244 unduplicated adults and 445 unduplicated children participated in one or more of the 231 Play N Learn sessions offered throughout the county• 90% of parents reported increased feelings of support• 100% of parents reported increased feelings of confidence• 91% of parents reported increased knowledge about child development• 66 ASQ-3 and 12 ASQ-SE development assessments were done at Play N Learns; 19 children were identified as having a potential delay, with 100% referred or receiving services
Families will have access to parenting information and support	<ul style="list-style-type: none">• 522 unduplicated children and 531 unduplicated adults participated in one or more of the 260 educational sessions• 90% of parents reported increased feelings of support• 91% of parents reported increased feelings of confidence• 80% of parents reported increased knowledge about child development
Families will be knowledgeable about key community resources and linked to appropriate supports	<ul style="list-style-type: none">• 89% of parents reported being more knowledgeable about community resources

For more detailed outcomes along with benchmarks, please refer to Marathon County Health Department’s Annual Report:

http://www.co.marathon.wi.us/Portals/0/Departments/HLD/Documents/MCHD_AnnualReport.pdf

Pregnant women enrolled in Start Right face many challenges

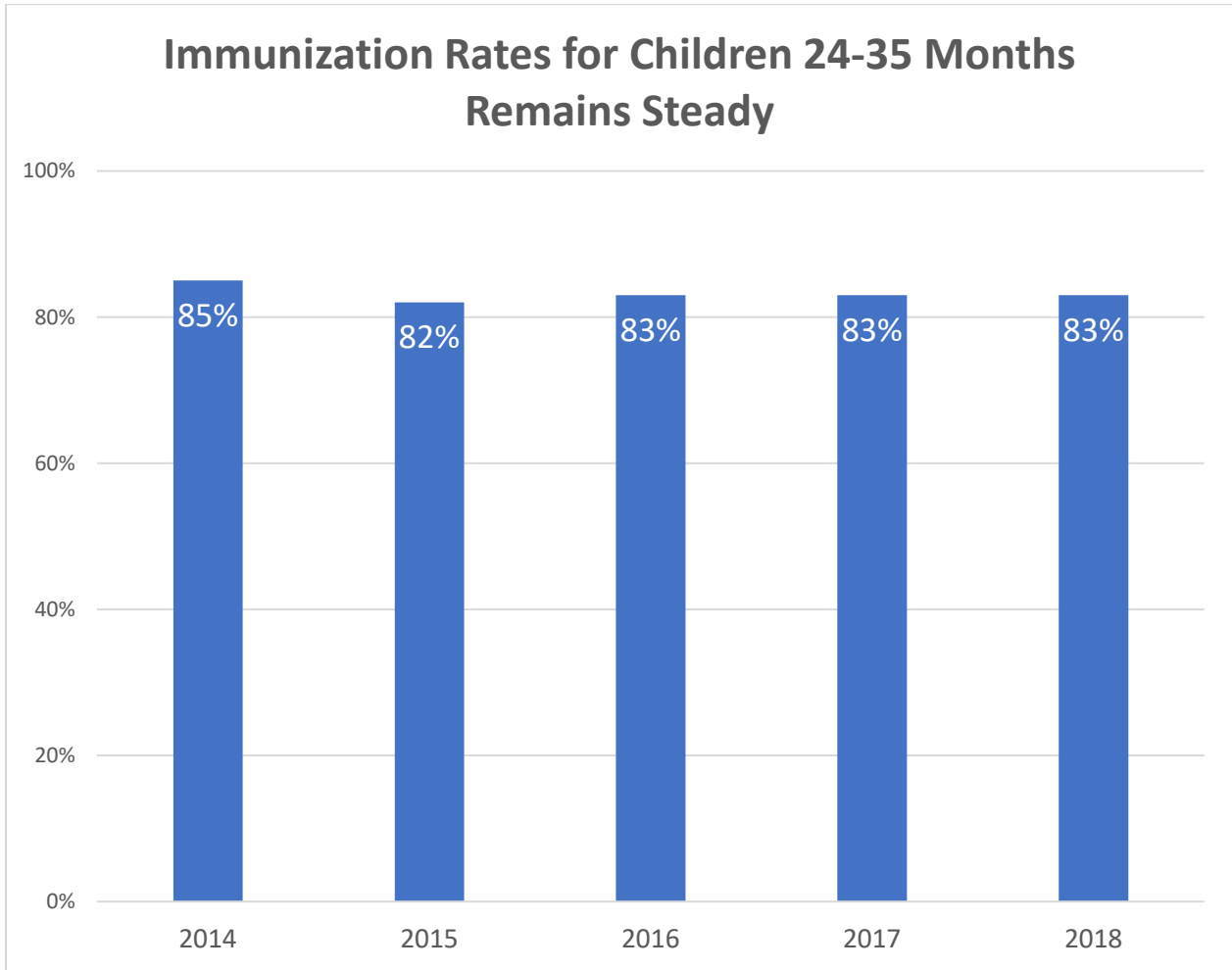


	2014	2015	2016	2017	2018	2018 Rates*	2014-2018 Rates*	2020 Goals
BABESIOSIS	4	7	9	6	5	3.7	4.6	
BLASTOMYCOSIS	7	9	13	7	3	2.2	5.8	
CARBON MONOXIDE POISONING	--	--	--	--	3	2.2	--	
EHRlichiosis/ANAPLASMOSIS	37	38	53	65	28	20.6	32.7	
HEPATITIS B	16	14	10	8	10	7.4	7.1	1.5
HEPATITIS C	54	55	79	64	25	18.4	41.0	0.2
HISTOPLASMOSIS	1	0	0	1	0	0	0.3	
HIV/AIDS	4	2	2	2	2	1.5	1.8	3.5
INFLUENZA ASSOCIATED HOSPITALIZATIONS	75	88	42	128	146	107.6	70.9	
INFLUENZA ASSOCIATED PEDIATRIC MORTALITY	0	0	1	0	0	0	0.1	
JAMESTOWN CANYON VIRUS	1	2	0	0	1	0.7	0.6	
LEGIONELLOSIS	0	0	0	2	4	2.9	0.9	
LISTERIOSIS	2	0	0	0	1	0.7	0.4	
LYME DISEASE	67	72	101	92	47	34.6	56.1	
MENINGITIS, BACTERIAL	0	0	3	2	1	0.7	0.9	
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	16	7	16	17	15	11.1	10.5	
POWASSAN	0	0	0	1	0	0	0.1	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	1	2	0	0	0.4	
STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A & B	32	25	19	22	20	14.7	17.5	
STREPTOCOCCUS PNEUMONIAE/INVASIVE	10	9	12	10	15	11.1	8.3	
TUBERCULOSIS, ACTIVE DISEASE	1	3	3	2	1	0.7	1.5	1.0
TUBERCULOSIS, LATENT INFECTION	--	--	--	--	17	12.5	--	
WEST NILE	0	1	0	1	1	0.7	0.4	
ZIKA	0	0	0	1	0	0	0.1	
Sexuality Transmitted Diseases								
CHLAMYDIA	351	401	374	365	342	252.0	271.1	
GONORRHEA	18	23	16	50	54	39.8	23.8	257-198
SYPHILIS	1	1	3	4	5	3.7	2.1	1.4-6.8

	2014	2015	2016	2017	2018	2018 Rates*	2014-2018 Rates*	2020 Goals
Enteric Diseases								
HEPATITIS A	1	0	0	0	0	0	0.1	0.3
CAMPYLOBACTERIOSIS	30	46	47	56	55	40.5	34.6	
CRYPTOSPORIDIOSIS	26	28	39	22	39	28.7	22.8	
CYCLOSPORIASIS	0	0	0	0	8	6.0	1.2	
SHIGA TOXIN PRODUCING E COLI (STEC)	7	7	12	12	17	12.5	8.1	
GIARDIASIS	20	24	67	49	39	28.7	29.4	
SALMONELLOSIS	31	35	26	34	19	14.0	21.4	
SHIGELLOSIS	1	1	2	1	2	1.5	1.0	
Vaccine Preventable Diseases								
PERTUSSIS (WHOOPING COUGH)	60	22	121	5	14	10.3	32.8	0.0
MUMPS	1	1	0	0	0	0	0.3	0.0
HAEMOPHILUS INFLUENZAE/INVASIVE	0	3	5	3	3	2.2	2.0	0.0
VARICELLA (CHICKENPOX)	9	5	6	5	5	3.7	4.4	0.0
Others (MEASLES, RUBELLA, TETANUS, DIPHTHERIA, POLIO)	0	0	0	0	0	0	0	0.0

NOTES:

- *Rates per 100,000. Rates calculated based on the most recent US Census data estimates available (July 1, 2017).
- Malaria and La Crosse encephalitis were removed from the report, due to no reported cases between 2014-2018.
- During 2017, additional lab information for hepatitis C cases become reportable. As a result, the number of probable cases and the total number of cases reported since that change are lower than in previous years.
- Carbon monoxide poisoning and latent tuberculosis infection were added to the report due to a change in the State of Wisconsin reporting requirements. These conditions became reportable starting July 1, 2018.
- Case counts are from State records.
- Case counts from 2014-2017 were adjusted for this report based on current state data.

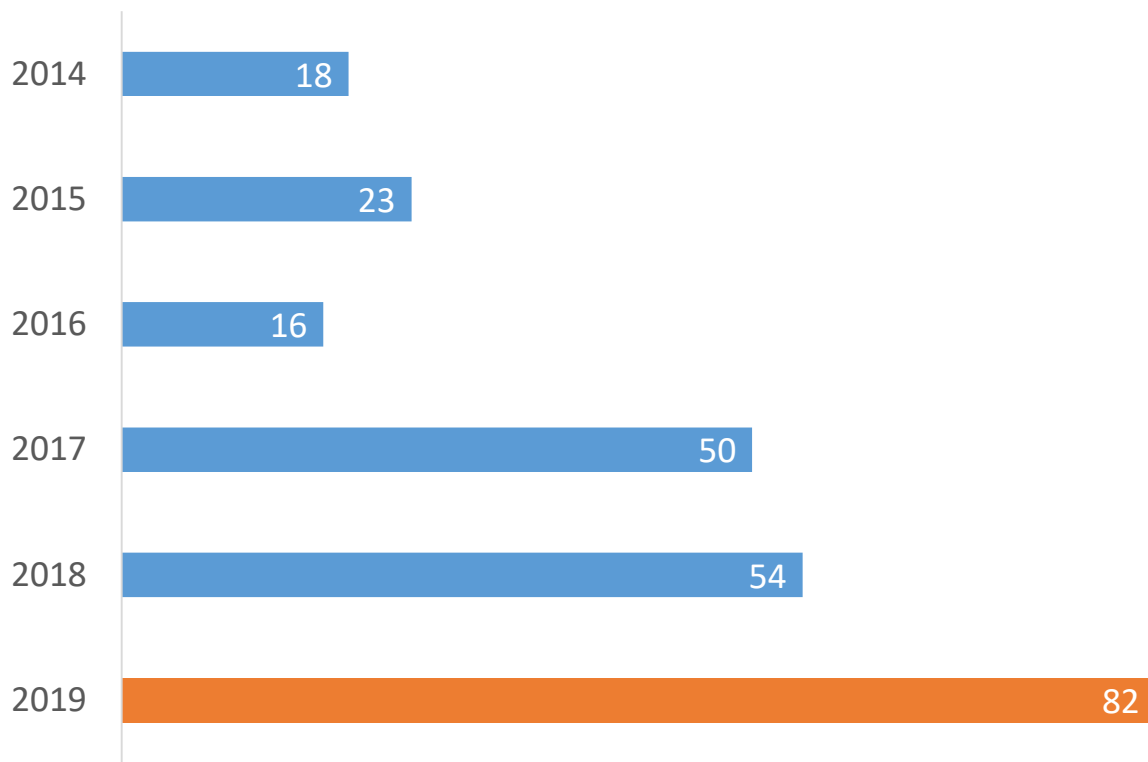


(Includes late-up-to-date)

Source: Wisconsin Immunization Registry (WIR)



Reported Gonorrhea Cases Continue to Rise in Marathon County



Numbers reported for 2019 are for 1/1/2019 through 8/10/2019. All other years listed with case counts are for the entire calendar year (January 1 through December 31). Case counts are obtained through the Wisconsin Electronic Disease Surveillance System (WEDSS).

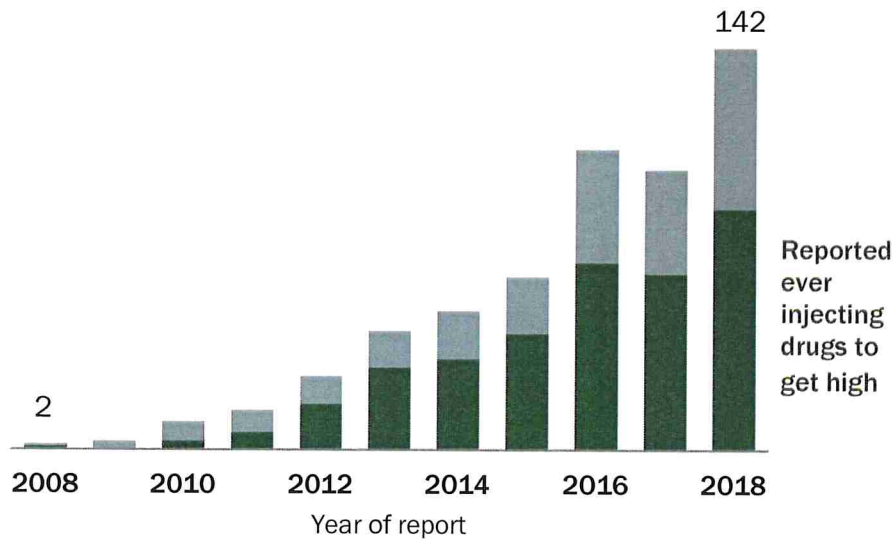
HEPATITIS C IN WISCONSIN

2018 Summary Report

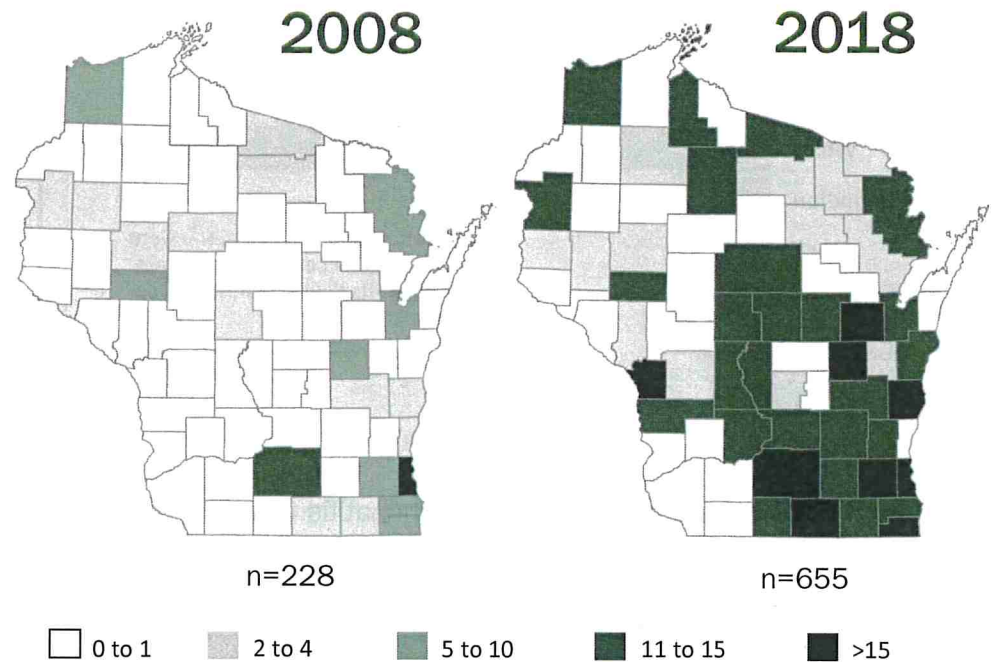
In 2018, the hepatitis C virus epidemic in Wisconsin continued, with 2,744 newly reported cases, including 2 perinatal, 142 acute, and 2,600 chronic cases. An estimated 70,000–95,000 people are living with hepatitis C in Wisconsin, but only half (39,516) have been identified and reported. For more information, visit the full [hepatitis C annual review for 2018](#).

Hepatitis C Trends

The number of acute hepatitis C cases has increased over the past 10 years with 142 cases reported in 2018. Most people with acute hepatitis C reported injecting drugs.



Over the past 10 years, the number of newly reported hepatitis C cases among young people ages 15–29 has nearly tripled, and more Wisconsin counties are reporting cases.



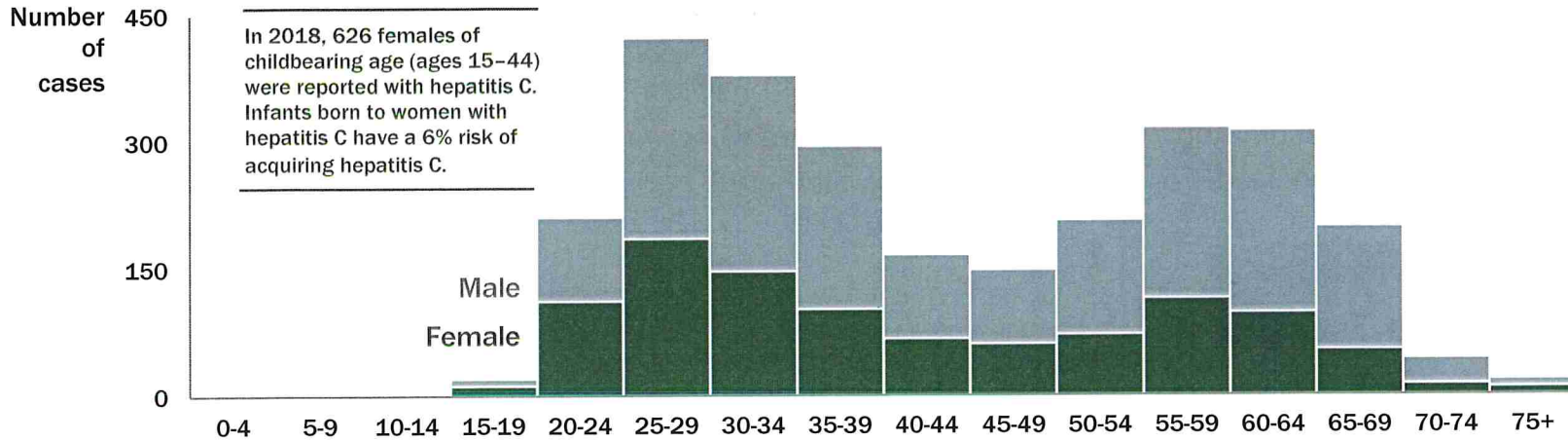
Legend for Hepatitis C cases ages 15–29:

- 0 to 1
- 2 to 4
- 5 to 10
- 11 to 15
- >15

Hepatitis C cases ages 15–29

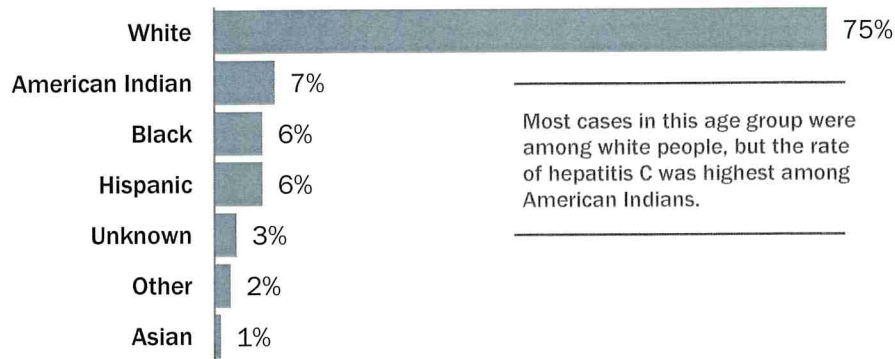
Hepatitis C in 2018: Age, Sex, and Race

In 2018, newly reported hepatitis C cases were commonly reported among two groups: **young adults who were likely recently infected** and **older adults who were likely infected many years ago**.



Young adults

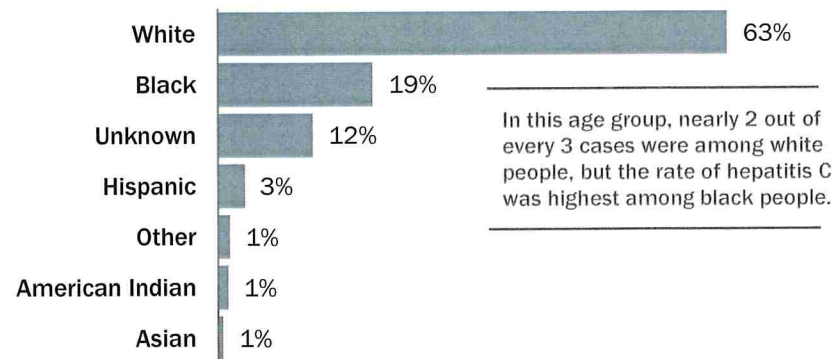
Percent of hepatitis C cases by race/ethnicity among people age 15-29, 2018



People who inject drugs are at high risk for hepatitis C, and injection drug use is the most commonly reported risk factor among this age group. Nearly half of cases ages 15-29 were female.

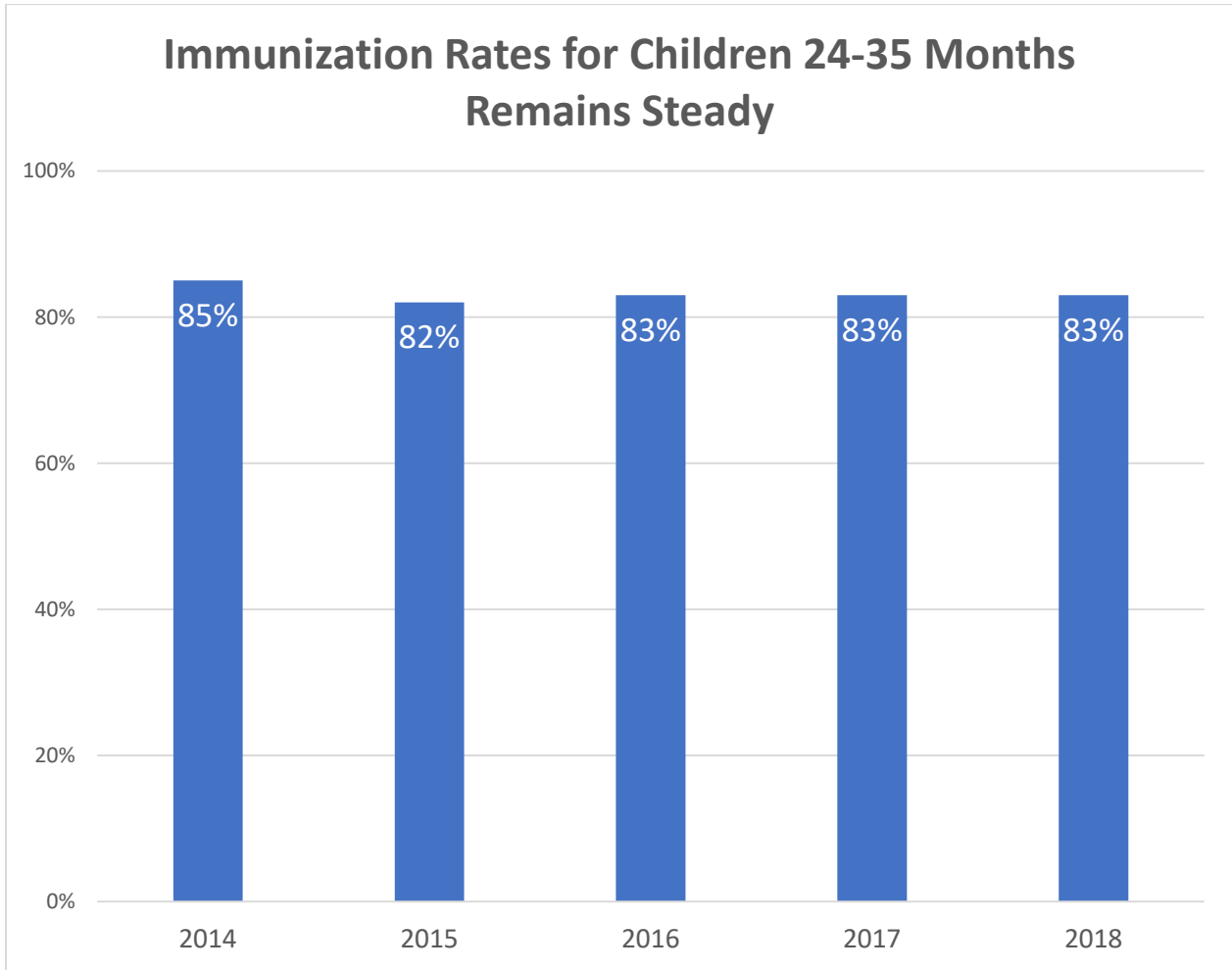
Baby boomers

Percent of hepatitis C cases by race/ethnicity among people born 1945-1965, 2018



Most hepatitis C cases in the U.S. are among baby boomers and likely represent infections that occurred many years ago. Two out of three cases in this cohort were male.



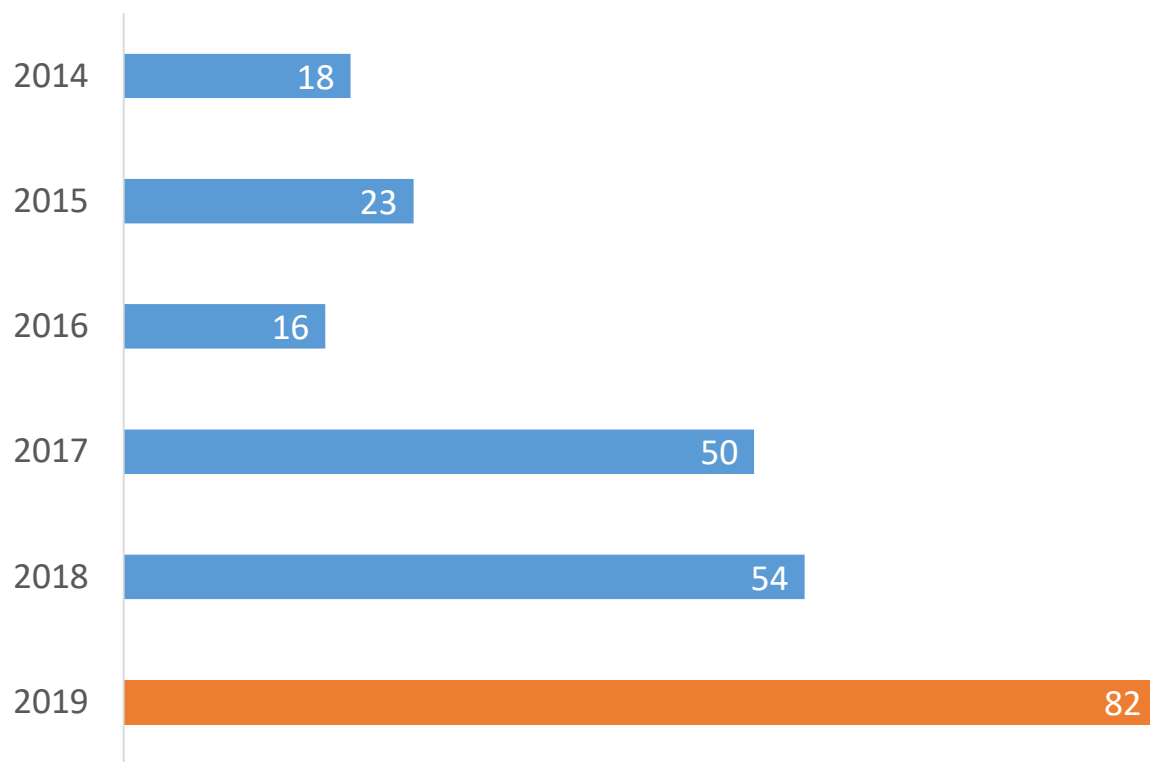


(Includes late-up-to-date)

Source: Wisconsin Immunization Registry (WIR)



Reported Gonorrhea Cases Continue to Rise in Marathon County



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Community Health Improvement (CHI)

September 2019

Judy Burrows, Program Director

Since the release of the 2017-2020 Community Health Improvement Plan significant changes have been made the work of the CHI team. Below is a summary of the recent challenges and areas of excellence.

Where do we excel?

MarathonCountypulse.org In 2017, we formed a collaborative groups of community stakeholders to explore the possibility of utilizing a web based data platform to house community health data. Healthy Community Institute is the business we now contract with to support the technology behind marathoncountypulse.org Our staff have worked with HCI to create a platform that has a wide variety of uses for our community partners and identified valid and reliable data sources for the site. Most notably, in 2019 the LIFE Steering Committee and its subcommittees have been using this site as a “one-stop-shop” for credible local, state and national data. The result of having the database is: 1) greater partnership with agencies who provide financial support to HCI for the platform, 2) quality data is accessible to any person or organization, 3) real time data is easily accessible for planning projects, including the LIFE report.

Youth Risk Behavior Surveillance (YBRS) data is collected in every public school district in the County. This aggregate has been collected every other year for the past 6 years in all public schools in Marathon County. The results are: 1) having data for Marathon County kids on several health behaviors, 2) utilizing data to drive decisions about programs and service for youth, and 3) potential for multiples agencies to use the same data point (indicator) to evaluate the effectiveness of each agency’s programs. An example of this is the School-Based Mental Health Counseling Consortium (MCS-BCC) and their evaluation of reported depression among 6th to 12th grades students.

Connections and Collaborations are the cornerstone of the Community Health Improvement Teams work. We invest time in building relationships with individuals from agencies who have similar or shared missions and goals. Our strategies are to: 1) convene groups to identify how to align programs and services in the best means possible given the limitations of each partner agency; 2) connect partners to one another so that they can align mutually reinforcing activities between agencies, and 3) facilitate group planning and prioritizing processes in support of creating a shared agenda and shared measurements among community partners.

What are the Challenges?

Our program goals are in service to “Wicked Problems”. By definition they are complex social problems that are difficult to solve; yet are worth solving. They are not linear and each solution often exposes new aspects of the problem.

Community systems work does not yield individual health outcomes, making it difficult to convey the value of the work. Population health outcomes take years to demonstrate. During the same time, local conditions are changing requiring ongoing monitoring of community health and status of indicators.

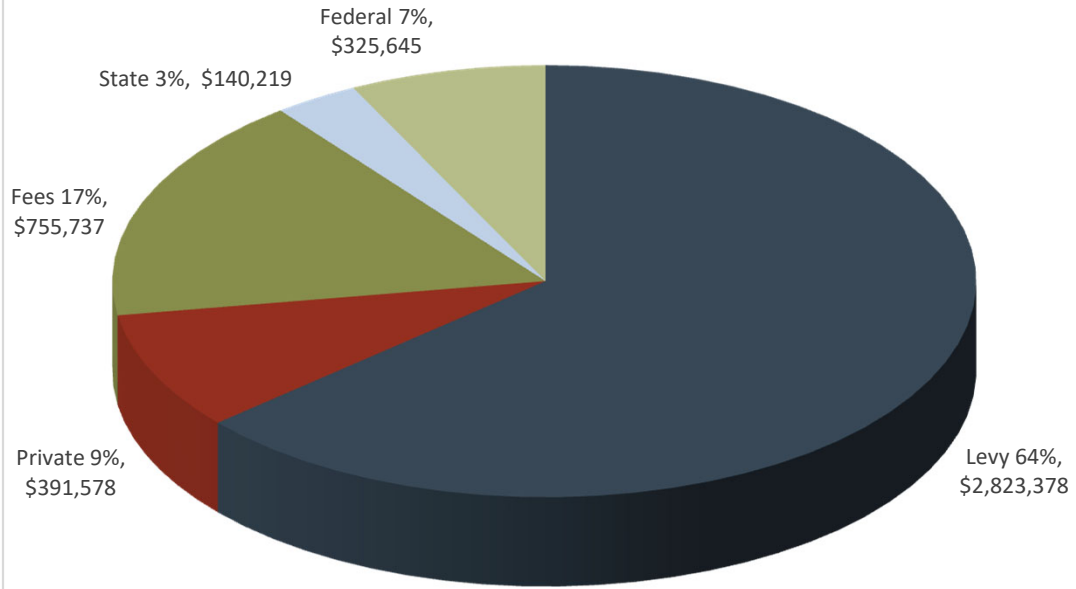
Alignment of partners’ goals, and creating collaborative systems changes takes time. One example of this is the identification of the role of Recovery Coaching and the integration of it into the continuum of care for substance abuse treatment by the newly formed North Central Recovery Coach Collaborative.

2018 ANNUAL REPORT FINANCIAL SUMMARIES (unaudited)

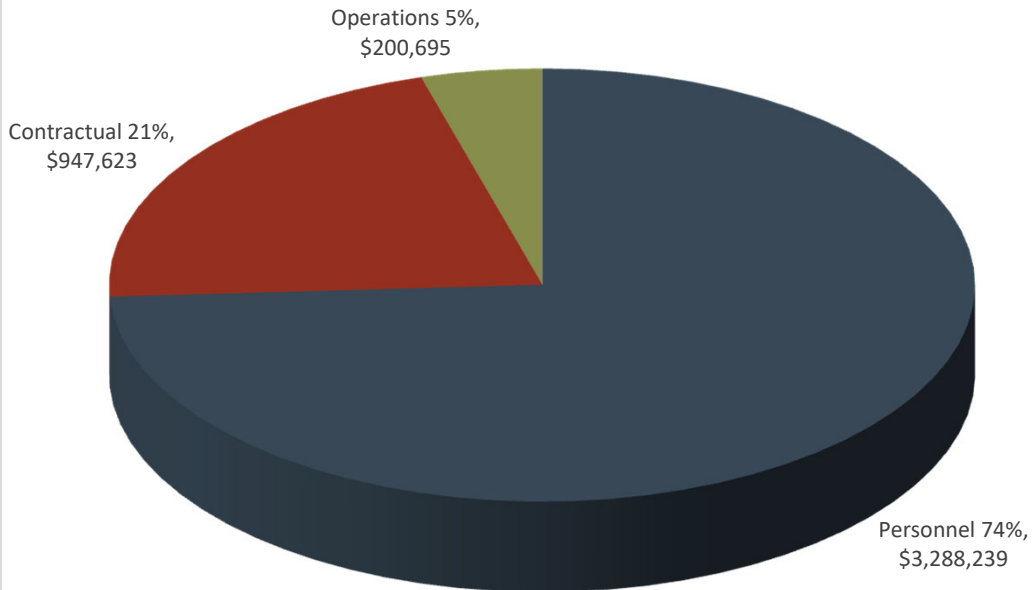
<u>LEVY FUNDED</u>	Budgeted <u>Levy</u>	Actual <u>Levy</u>	Budgeted <u>Revenue</u>	Actual <u>Revenue</u>
General Public Health	\$2,939,047	\$2,765,860	\$61,700	\$81,493
Environmental Permits/Licensing	\$	\$	\$440,000	\$438,061
Laboratory	\$34,694	\$57,518	\$141,420	\$124,976
Total Levy Funded	\$2,973,741	\$2,823,378	\$643,120	\$644,530
<u>PROGRAMS FUNDED FROM OTHER SOURCES</u>				
Regional Programs				
Children & Youth with Special Health Care Needs	\$118,741			\$118,741
Total Regional Programs		\$118,741		
Family Health/Communicable Disease				
HIV Partner Services*	\$566			\$566
Immunizations & Vaccinations	\$29,622			\$29,622
Maternal/Child Health	\$50,897			\$50,897
Prenatal Care Coordination	\$50,515			\$50,515
Prevention	\$6,092			\$6,092
Targeted Case Management	\$42,422			\$42,422
Tuberculosis	\$4,286			\$4,286
Total Family Health/Communicable Disease		\$184,400		
Environmental Health				
Lead	\$13,938			\$13,938
Mercury/DNR	\$44,425			\$44,425
Radon	\$21,441			\$21,441
Total Environmental Health		\$79,804		
Chronic Disease Prevention				
Hearing & Vision Screening	\$63,922			\$63,922
Injury Prevention	\$11,296			\$11,296
Tobacco Control Grants*	\$100,499			\$100,499
Community Engagement Collective Impact	\$142,827			\$142,827
Behavioral Health	\$166,437			\$166,437
Total Chronic Disease Prevention		\$484,981		
De Community Health Improvement Plans and Processes				
Local Public Health Preparedness	\$32,372			\$32,372
Total Departmental	\$68,352			\$68,352
			\$968,650	
TOTAL PROGRAMS FUNDED FROM OTHER SOURCES				
TOTAL ALL FUNDS				
Levy Funded	Total \$2,823,378	7/1/16 135868	Per \$ 20.78	\$4,436,558
Non-Levy Funded	\$1,613,180	135868	\$ 11.87	
Total	\$4,436,558	135868	\$ 32.65	

*Includes Wood and Portage Counties

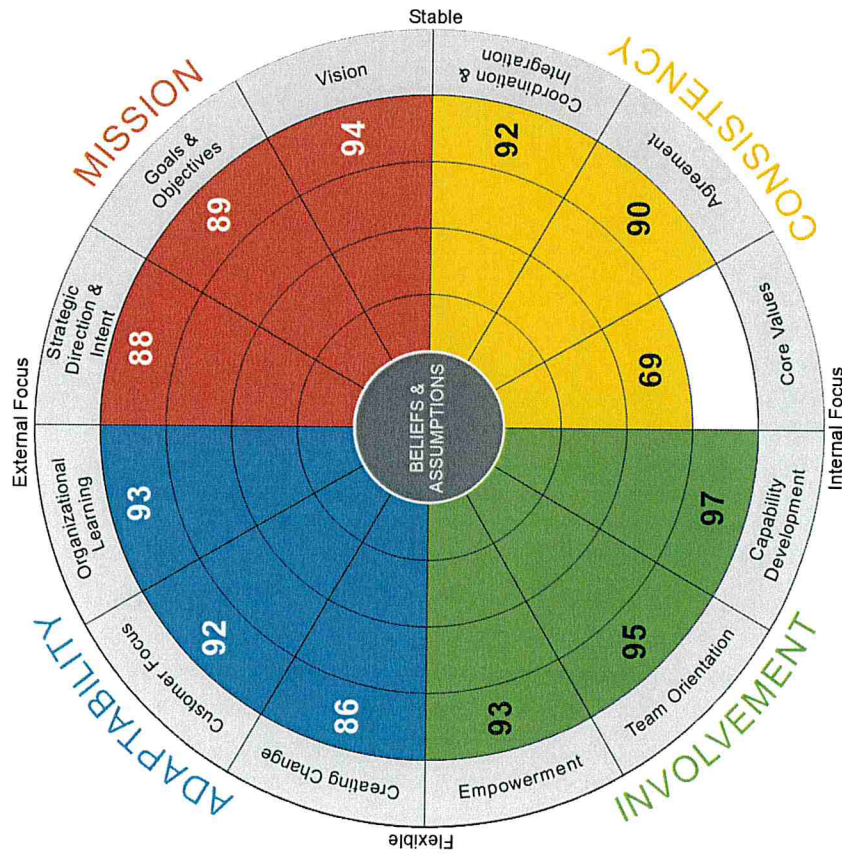
2018 Revenue Sources



2018 Expenditures

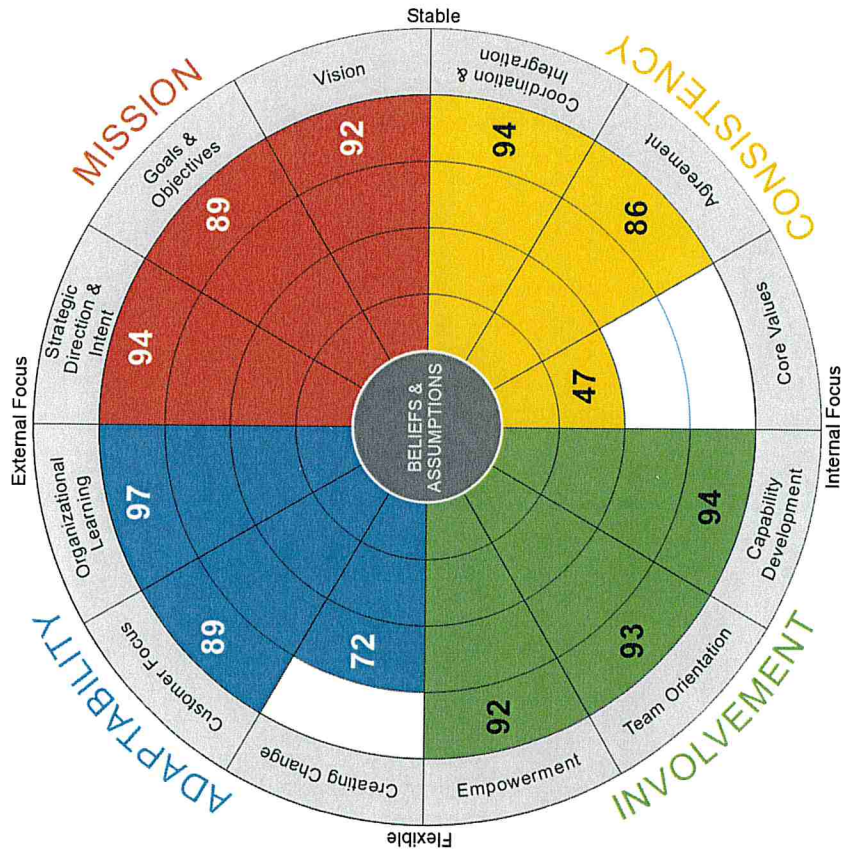


2017: Health Department



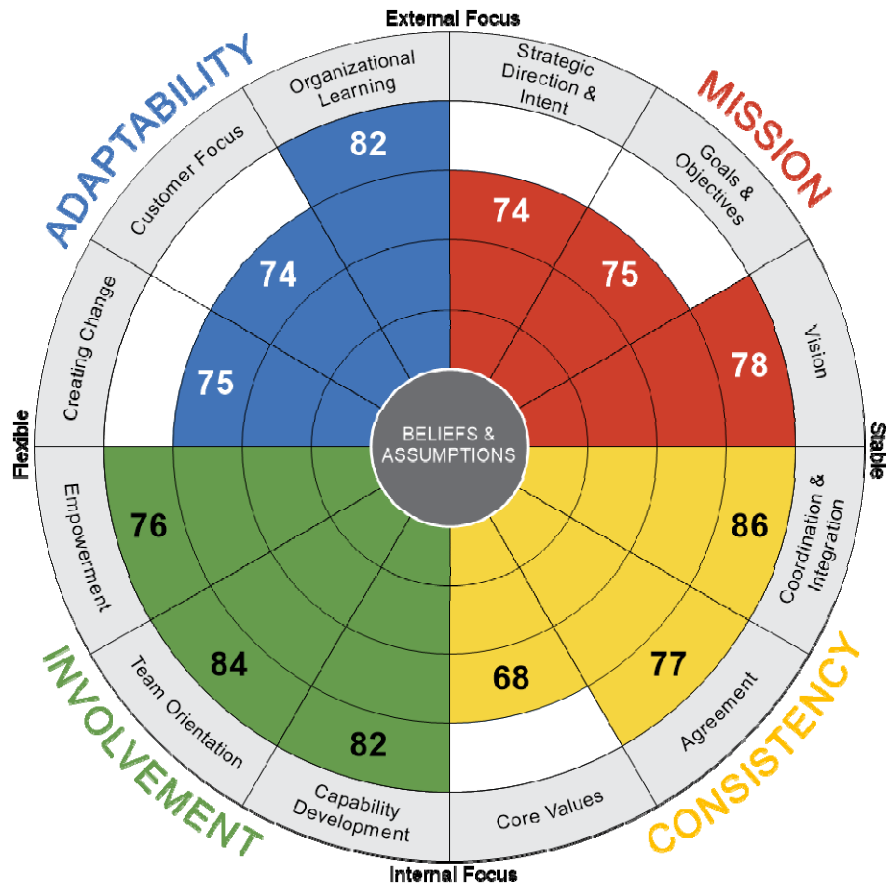
N = 42

2019: Health Department



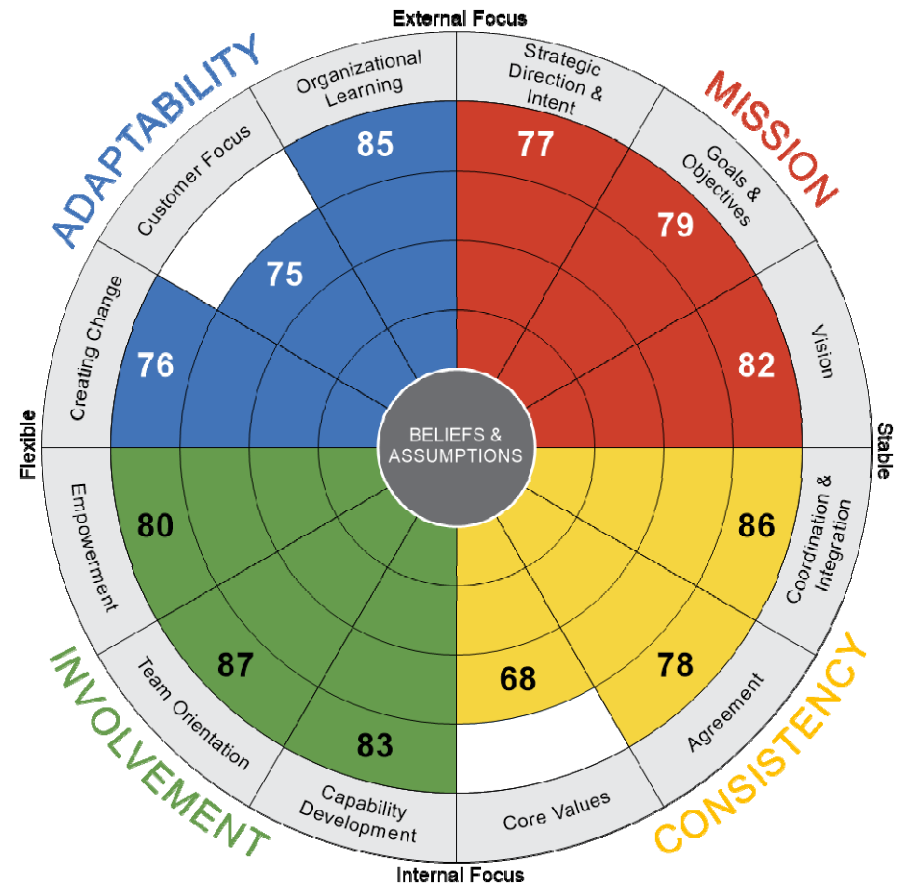
N = 39

2017: Overall



N = 594

2019: Overall



N = 663



**Wisconsin Department of Health Services
Division of Public Health
PHA VR - WEDSS**

YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 - 37 (Through Week of September 14th, 2019)

Jurisdiction: Marathon County

Disease Group	2019					Total	2018
	Week 33	Week 34	Week 35	Week 36	Week 37		
Arboviral Disease	1	0	0	0	0	1	2
Babesiosis	0	0	0	0	0	1	5
Blastomycosis	1	0	1	0	0	6	4
Campylobacteriosis (Campylobacter Infection)	1	0	0	1	1	23	57
Carbapenem-Resistant Enterobacteriaceae	0	0	0	0	0	1	0
Carbon Monoxide Poisoning	0	0	0	0	0	6	3
Chlamydia Trachomatis Infection	11	8	6	6	4	253	342
Cryptosporidiosis	1	2	2	3	0	22	39
Ehrlichiosis / Anaplasmosis	0	0	1	0	0	14	28
Giardiasis	2	4	0	2	4	22	39
Gonorrhea	0	2	0	1	0	85	54
Haemophilus Influenzae Invasive Disease	0	0	1	0	0	3	3
Hepatitis B	0	0	0	0	0	6	10
Hepatitis C	0	0	0	0	0	19	25
Influenza	0	0	0	0	0	63	147
Invasive Streptococcal Disease (Groups A And B)	0	1	0	0	0	17	20
Lyme Disease	3	0	1	0	0	31	47
Mumps	0	1	0	0	0	1	0
Mycobacterial Disease (Nontuberculous)	0	0	0	0	0	9	15
Pathogenic E.coli	1	0	0	1	0	10	18
Pertussis (Whooping Cough)	0	1	0	0	0	9	14
Salmonellosis	4	0	1	1	0	27	19
Streptococcal Infection, Other Invasive	1	0	0	0	0	2	0
Streptococcus Pneumoniae Invasive Disease	0	0	0	0	0	12	15
Syphilis	0	0	1	0	0	4	5
Tuberculosis	0	0	0	0	0	1	1
Tuberculosis, Latent Infection (LTBI)	0	0	0	0	0	6	18
Varicella (Chickenpox)	0	0	1	1	0	4	5
Vibriosis, Non Cholera	0	0	0	0	0	1	0
	26	19	15	16	9	659	