

Marathon County Board of Health Agenda

Meeting Date/Time: Tuesday, February 8, 2022 at 7:45 AM

Meeting Location: Marathon County Courthouse
Assembly Room
500 Forest Street
Wausau, WI 54403

The meeting site identified above will be open to the public beginning at 7:45 AM. Marathon County requests that appropriate COVID-19 safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number. When you enter the telephone conference, put your phone on mute.

Dial +1 312 535 8110 US (Chicago)

Meeting Number (access code): 2488 534 2630

Meeting is provided via web ex and can be accessed through the Marathon County Board Calendar <https://www.co.marathon.wi.us/Home/Calendar.aspx>

Password: BOH2022

Committee Members: John Robinson, Chair; Craig McEwen, Vice-Chair; Kue Her, Secretary; Sandi Cihlar; Dean Danner; Tiffany Lee; Corrie Norrbom, Tara Draeger

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 (Limit to 15 Minutes)**
3. **Approval of the Minutes**
 - A. **January 11, 2021 Board of Health Meeting Minutes**
4. **Operational Functions Required by Statute, Ordinance, or Resolution**
5. **Policy Discussion and Possible Action**
 - A. Overview of changes to state licensing program contract from the Department Agriculture Trade and Consumer Protection
6. **Educational Presentations/Outcome Monitoring Reports (No action will be taken on these items)**

- A. Welcome Helen Luce DO to the Board of Health, newly appointed by the Marathon County Board in January 2022
- B. Aspirus Wausau Health System COVID Overview
 - i. Mike Walters, MD, Vice President and Senior System Physician, Executive of Specialty Care for Aspirus Health
- C. Marshfield Clinic Health System COVID Overview
 - i. Ryan Neville, Chief Administrative Officer of Marshfield Clinic Health System and Keshani Bhushan, MD MPH FACP, Vice President of Medical Affairs, Medical Director of Marshfield Clinic Health System
- D. Marathon County Health Department COVID Status Review
- E. Update on Community Health Improvement Plan Process
- F. Report from the Health & Human Services Committee meeting on policy issues impacting public health

7. Announcements

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

- A. Confirm March 8, 2022 meeting date and determine agenda topics

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
Health Officer Notes**

5. Policy Discussion and Possible Action

A. Overview of changes to state licensing program contract from the Department Agriculture Trade and Consumer Protection

The Dept of Agriculture, Trade, and Consumer Protection updated Administrative Code ATCP 75 Retail Food and the Agent contract that regulates licensing and inspection activities. The Marathon County Health Department's policy, "Agent Programs Regulation," needs to be updated to reflect those changes. Environmental Health Director Dale Grosskurth will review the proposed changes and the revisions are provided in the packet for Board of Health review.

6. Educational Presentations/Outcome Monitoring Reports (No action will be taken on these items)

A. Welcome Helen Luce DO to the Board of Health, newly appointed by the Marathon County Board in January 2022

B. Aspirus Wausau Health System COVID Overview

Mike Walters, MD, Vice President and Senior System Physician, Executive of Specialty Care for Aspirus Health will present information on the local impact of COVID on the health system.

C. Marshfield Clinic Health System COVID Overview

Ryan Neville, Chief Administrative Officer of Marshfield Clinic Health System and Keshani Bhushan MD MPH FACP, Vice President of Medical Affairs, Hospitalist Medical Director of Marshfield Clinic Health System will present information on the local impact of COVID on the health system.

D. Marathon County Health Department COVID Status Review

A COVID dashboard has been provided in the packet. Please be aware that this is a snapshot in time, taken on submission of the board packet information. Updated data is also found on our web site at

<https://www.co.marathon.wi.us/Departments/HealthDepartment/COVID19/Dashboard.asp>
[X](#)

A brief review of the current status of COVID in our community and an overview of current public health functions related to COVID programming will be presented.

E. Update on Community Health Improvement Plan Process

Amanda Ostrowski, Community Health Improvement Director, will provide review of the CHIP process and provide information on current activities.

Marathon County Board of Health Minutes

Meeting Date/Time: Tuesday, January 11, 2022, at 7:45 AM

Meeting Location: Marathon County Courthouse
Assembly Room
500 Forest Street
Wausau, WI 54403

Present - In Person: Craig McEwen, John Robinson

Present - Via WebEx: Sandi Cihlar, Dean Danner, Tara Draeger, Corrie Norrbom

MCHD Staff: Eileen Eckardt, Dale Grosskurth, Rachel Klemp-North (Online),
Amanda Ostrowski (Online), Becky Mroczenski (Online), Jon Schmunk,
Laura Scudiere, Kim Wieloch (Online), Kang Chu Yang

Others via WebEx: Tim Buttke, Chris Dickinson, Sarah Dowidat

1. Call to Order

John Robinson called the meeting to order at 7: 45 AM.

2. Public Comment Period (Limit to 15 Minutes)

The following members of the public provided comments. Comments voiced concerns regarding safety and efficacy of vaccination, vaccination mandates, masking mandates, among other items.

Name	Residence
Steve Frazier	Schofield, Wisconsin
Stacy Morache	Wausau, Wisconsin
Julie Thiel	Wausau, Wisconsin
Alex Hartinger	Weston, Wisconsin
Melinda DeGier	Merrill, Wisconsin
Tim Sondelski	Mosinee, Wisconsin
Chad J. Bender	Weston, Wisconsin
Ride Pixley	Ringle, Wisconsin
Robin Baker	Wausau, Wisconsin

Comments were limited to three minutes at the direction of the Chair and limited to the first 15 minutes. Additional time was allotted at the end of the meeting agenda to public comment.

3. Approval of the Minutes

A. December 14, 2021 Board of Health Meeting

Motion to approve the minutes of the December 14, 2022, Board of Health meeting made by Craig McEwen. Second by Sandi Cihlar. Motion approved.

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

A. None

5. Policy Discussion and Possible Action

A. Potential recommendation to schools in relation to 252.05 and 252.21

John Robinson, Chair, informed the board that the letter proposed by Health Officer, Laura Scudiere, for potential recommendation to schools in relation to 252.05 and 252.21, has been withdrawn. Scudiere noted that after much discussion with school superintendents, she is confident that they understand their statutory responsibilities and would not recommend moving forward with any further communication at this time.

6. Educational Presentations/Outcome Monitoring Reports

A. COVID Status Review

Scudiere shared that the data in the packet reflected the status of COVID one week prior, when the board packet was posted. Since the last board meeting, COVID numbers had risen. There was a total of 349 cases and the county's current 7-day average was 320. Scudiere reported that the continual rise in COVID cases is disrupting many of our systems, causing staffing shortages in all sectors including businesses, health care systems, and delaying non-urgent care in our hospitals. Scudiere also announced that new COVID treatments are being approved. Paxlovid (Pfizer) was approved December 2021. Wisconsin received very low amounts of this treatment but are expected to get more in coming weeks.

The Health Department continues to offer community PCR testing. Testing is now available on January 8 and 10, and additional testing with the National Guard on Monday January 24. In partnership with the UW, the Health Department continues to hold rapid testing. Testing is available every Thursday from 9-5 at Eastgate Hall. Rapid testing kits can be found online and at local pharmacies also. Testing continues with local health care agencies and pharmacies.

The steep rise in cases has changed the focus of the operations of the health department. Staff are focused on preventing hospitalizations and supporting residents that are most impacted by COVID and have higher incident of severe disease. The department continues to provide guidance to positive cases through mail, by calling priority cases, and the staff continues to operate in crisis standards of care. The health department also plans to open a resource line for the community to answer questions about isolation and quarantines. The health department continues to work with local partners to coordinate messaging to the community about how to keep healthy.

B. Start Right Evaluation Review

Scudiere and Communicable Disease and Family Health Director Eileen Eckardt gave an overview of the evaluation provided by UniverCity. Scudiere shared that Start Right provides support and parent coaching to residents throughout Marathon County from pregnancy to age 5. The First Steps component offers prenatal support, education, and referral. The second component, Step by Step, provides support for postpartum families up until the child's age of 5. Former Health Officer, Joan Theurer, initiated the evaluation looking to further quantify the return on investment of the program. UniverCity found that the program met performance targets and had "laudable results," and was an "effective

program,” but that the model lacked sufficient data to prove that the observed outcomes were “large enough to matter.” Scudiere also expressed to the board that the recommendations by the evaluator were not meant to improve the effectiveness or quality of the program itself but rather how can the program improve the ability to assess its program.

Eckardt shared the following recommendations made by UniverCity. 1) Secure a command database to support both programs. 2) Track the programs with longitudinal studies. 3) Evaluate that benchmarks set are being met. 4) Obtain more demographic and social demographics. 5) Identify comparison/control groups. 6) Document First Step cases. 7) Obtain other forms of feedback. 8) Have a staff work closely with the evaluator. 9) Include other public agency that incur fees.

The evaluation was conducted to further quantify the benefit of continuing this program. If the health department is able to effectively demonstrate return on investment, Scudiere reports, it can give the program the potential opportunity to apply for federal and/or state funding. MCHD staff expressed that the goal this year is to have a clear direction on the future of Start Right before the next budgetary cycle. Board member, Corrie Norrbom indicated concerns over control groups and cautioned care in implementing these recommendations. Eckhardt shared that additional models were being reviewed that have completed long-term studies. Concerns were expressed over whether the program could be outsourced to other organizations, and it was pointed out that in the last 3 years, the Start Right program has been put on to the list of programs to possibly discontinue. Board members noted that prevention of health and social issues is necessary for the health department but acknowledged that prevention is difficult to evaluate.

After the health department has completed an analysis of potential costs, Scudiere will provide a report to the Board in April 2022.

C. PFAS Chemicals and Health Impacts

Robinson and Environmental Health Director Dale Grosskurth gave an overview of Polyfluoroalkyl Substances (PFAS) and related environmental impact. Robinson shared the challenges with PFAS. Regulations in Wisconsin are being approached. The PFAS Advisory Council External Advisory Committee is working to provide better information of PFAS to the public.

Grosskurth shared traces of PFAS was confirmed in a well in Rib Mountain in the months of November and in December 2021. A small but concerning amount of PFAS was found in 1 of the 4 wells in Rib Mountain. He also explained that the source of the chemical and the duration of the exposure cannot be determined presently. More testing is expected. Grosskurth indicated that Rib Mountain has reached out to Rothchild municipality and are looking to sample their own water. Currently, no other municipality has reached back out to Rib Mountain municipality or the health department. He also mentioned that testing is voluntary, and it can cost around \$600-\$700 per sample.

Robinson concluded that there are no standards available for PFAS regulations, but proposals are in the works.

- D. Report from the Health & Human Services Committee meeting on policy issues impacting public health

County supervisor, Tim Buttke shared that Health & Human Services Committee met on Jan 5, 2022. The Public Safety Committee discussed the potential reduction of the fine for small possession of marijuana from \$250 to a \$50 fine. It would not be a decriminalized offense.

7. Announcements

- A. None

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

- A. Confirm February 8, 2022, meeting date and determine agenda topics

9. Adjourn

**Motion to adjourn made by Craig McEwen; second by Dean Danner. Motion approved.
Meeting was adjourned at 9:05 AM.**

Respectfully submitted,

**Kue Her, Secretary
Kang Chu Yang, Recorder**

Marathon County Health Department Policy		
Policy Name	Marathon County Agent Programs Regulation	
Relevant Policy(s)/Procedure(s)	Marathon County Health Department Food Facility Enforcement Policy Marathon County Health Department Food Safety Inspection Procedures Marathon County Health Department Licensing Permit Renewal Procedure Marathon County Health Department Public Pool and Water Attraction Enforcement and Re-Inspection Policy	
Applicable To	EHS Program Staff Director of Environmental Health & Safety Health Officer	
Location	O:\Policies and Procedures – Final\Licensing\Marathon County Agent Programs Regulation 2021-05-11.pdf	
Effective Date	April 1982	
Date of Revision	July 7, 2016, December 6, 2016; February 8, 2017; February 5, 2018; March 5, 2019; February 4, 2020; May 11, 2021; <u>February 8, 2022</u>	
Legal and Other References	State Statutes: 66, 101, 97, 251, 125 Wisconsin Administrative Code Chapters: ATCP 74, ATCP 75 and Wisconsin Food Code, ATCP 72, ATCP 73, ATCP 76, ATCP 78, ATCP 79, SPS 390, SPS 221, and SPS 326	
Authorizing Signatures		
	Dale Grosskurth, Director of Environmental Health & Safety	Date
	Laura Scudiere, Health Officer	Date

Purpose Statement

The purpose of this regulation is to protect the public health, safety, and general welfare, and to improve and maintain the public health for the citizens and communities in the County of Marathon through agent program activities.

Policy

Whereas the Wisconsin Departments of Safety and Professional Services and Agriculture, Trade, and Consumer Protection, under Wisconsin State Statute Sections 101.935, 97.41, 97.615, 97.67 and respectfully, grant authority to the Board of Health of the County of Marathon as their agent and to

1	Marathon County Agent Programs Regulation Effective Date: April 1982 Revision Date: <u>May 11, 2021</u> ; <u>February 8, 2022</u>
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adopt rules and regulations promulgated by state statute and administrative rule and, in addition, adopt their own regulations which may be more strict than said statute, or administrative rules; and

Whereas Wisconsin State Statute Sections 251.04, and provides that the Board of Health of the County of Marathon shall have authority to adopt regulations to protect and improve public health; and

Whereas Wisconsin State Statute Sections 97.30, 97.41, 97.615, 251.04, and 254.51 provide that such boards shall take such measures and make such rules and regulations as shall be most effectual for the preservation of public health; and

Whereas Wisconsin State Statute Section 125.68(5) requires all "Class B" and "Class C" taverns to conform to the same sanitation requirements governing retail food establishment sanitation; and

Whereas the purpose of this regulation is to protect the public health, safety and general welfare, and to improve and maintain the public health for the citizens and communities in the County of Marathon; and

Whereas it is the considered opinion and judgment of the Board of Health of Marathon County that it is in the public interest and necessary for public health to provide the regulations herein contained; and

Therefore the Marathon County Board of Health does ordain the following regulations:

100.1 - Scope of Regulation

- [1] Applicability - The provisions of this regulation apply to all areas of the County.

100.2 - General Provisions

- [1] This regulation shall be referred to as the "Marathon County Public Health Agent Programs Regulation".
- [2] The effective date of this regulation shall be after adoption and promulgation by the Marathon County Board of Health and publication date as required by State Statute.
- [3] Administration and the interpretation of this regulation shall be by the Health Officer or designee. The Health Officer shall have the authority to insure compliance with the intent and purpose of this regulation.
- [4] The fees for permits shall be established by the Marathon County Board of Health to cover part or all of the cost of issuing permits, making investigations, inspections, sampling, providing education, training and technical assistance to establishments and facilities, plus the cost required to be paid to the state for each permit.

100.3 - Definitions: In this regulation

- [1] "Automated System" means a commercially available system which continuously monitors disinfectant concentrations.
- [2] "County" means the County of Marathon.
- [3] "Department" means Marathon County Health Department.
- [4] "Employee" means any person working in a public facility or establishment.
- [5] "Extensive remodeling" means the construction or repair of an existing public facility or establishment that significantly alters the design or operation of the food service area. Extensive remodeling does not include redecorating, cosmetic refurbishing, or altering seating design or capacity.
- [6] "Human Health Hazard" means a substance, activity or condition that is known to have the potential to cause acute or chronic illness, to endanger life, to generate or spread infectious diseases, or otherwise injuriously to affect the health of the public" Wisconsin State Statute 254.01(2)
- [7] "Health Officer" means the Health Officer of Marathon County, his or her designee or authorized agent. The Environmental Health Sanitarian and the Director of Environmental Health and Safety are considered designees.
- [8] "Immediate/Imminent Danger to Health" means a significant threat or danger to health that is considered to exist when there is evidence sufficient to show that a product, practice, circumstance, or event creates a situation that requires immediate correction or cessation of operation to prevent injury based on:
 - (a) The number of potential injuries; or
 - (b) The nature, severity, and duration of the anticipated injury. [DATCP 75 Appendix]
- [9] "Manufactured Home Community" means any plot or plots of ground upon which 3 or more manufactured homes that are occupied for dwelling or sleeping purposes are located. "Manufactured home community" does not include a farm where the occupants of the manufactured homes are the father, mother, son, daughter, brother or sister of the farm owner or operator or where the occupants of the manufactured homes work on the farm.
- [10] "Non-Automated System" means a system that is entirely under the control of the owner/operator and must be manually controlled to maintain required disinfectant levels.

- [11] “Person” means any individual, partnership, association, firm, company, corporation, or other legal authority and any municipality, town, and county; whether tenant, owner, lessee, licensee or the agent, heir or assignee of any of these.
- [12] “Pre-licensing inspection” refers to an inspection of a Public Facility or Establishment to determine compliance with applicable regulations prior to issuing an operating permit.
- [13] “Public Facility or Establishment” refers to a retail food establishment (includes taverns subject to statute or administrative rules for permitting purposes as a retail food establishment), grocery, convenience store, bakery, body art, hotels, motel, tourist rooming house, bed and breakfast, swimming pool, campground, recreational and educational campground, manufactured home community, and any facility or establishment used by the general public that requires a permit or license under this regulation, Wisconsin Administrative Code, or Wisconsin State Statute adopted by reference in this regulation.
- [14] “Regulation” means the Marathon County Public Health Agent Programs Regulation.
- [15] “Reinspection” means a follow-up inspection conducted on a specified date, to verify that an ordered remediation has occurred or corrected in compliance with this regulation {Refer to 100.8(3)(b)}.
- [16] “Retail food establishment” includes all of the following as defined in ATCP 75 Retail Food Establishments:
- (a) Retail food establishment–not serving meals
 - (b) Retail food establishment–serving meals
 - (c) Vending machine
 - (d) Micro market
 - (e) Mobile or transient retail food establishment – not serving meals
 - (f) Mobile or transient retail food establishment – serving meals
 - (g) Retail food establishment serving prepackaged meals ~~as defined in sub.~~
- [17] “Revocation” means to officially cancel or invalidate a permit previously issued due to:
- (a) Failure to comply with a Temporary Order;
 - (b) Repeated violations that have resulted in more than one Temporary Order;
 - (c) Interference with the Health Officer or designee in the performance of duties enforcing the provisions of the Marathon County Public Health Agent Programs Regulation.

Commented [DG1]: Changed for consistency with State terminology

- [17] "Special Condition Inspection" means inspections or consultation activities not related to permitting responsibilities which are performed to provide information assessing compliance with sanitation, equipment, or licensing standards. Consultation inspections are advisory and not enforceable under this regulation.
- [18] "Suspension" means a notice of Suspension is an enforcement action which extends a Temporary Order until a final decision is made by the Health Officer.
- [19] "Tavern" means a business with a "Class B" or "Class C" license issued under authority of WI Statute 125, in which alcohol beverages are sold for consumption on the premises, and which is not subject to statute or administrative rules requiring retail food establishment permitting. Taverns can fall into two categories:
- a. Taverns that sell commercially prepared food items including but not limited to pickled eggs, pickles, cured meats, and prepackaged chips. Foods may sold in individual packing or from bulk.
 - b. Taverns that sell only alcoholic and non-alcoholic beverages.
- [20] "Temporary Order" means an enforcement action that lasts for 14 days and can be extended for an additional 14 days pursuant to sec. 66.0417, Wis. Stats. A Temporary Order may include but is not limited to:
- (a) The immediate exclusion of an individual from employment;
 - (b) The immediate closing of the facility or establishment concerned until, in the opinion of the Health Officer, no further immediate/imminent danger to health exists;
 - (c) Restriction of -employee(s)' services to an area of the Public Facility or Establishment where there is no risk of disease transmission;
 - (d) Adequate medical and laboratory examination of the employee(s).

~~[21] "Unique" means pertaining to one specific Public Facility or Establishment only.~~

Commented [DG2]: "Unique" does not need to be defined as it is not used elsewhere in the Regulation.

[21~~2~~] Other Definitions will be found and are enumerated in the Wisconsin State Statutes and Administrative Codes referenced in this regulation and which are incorporated herein by specific references as if set forth in full.

100.4 - Conflict and Severability

- [1] Conflict of provisions. If the provisions of the different chapters of this Code conflict with or contravene each other, the provisions of each chapter shall prevail as to all matters and questions arising out of the subject matter of such chapter.

- [2] Severability of code provisions. If any section, subsection, clause or phrase of the Code is for any reason held to be invalid or unconstitutional by reason of any decision of any court of competent jurisdiction, such decision shall not affect the validity of any other section, subsection, sentence, clause or phrase or portion thereof. The Board hereby declares that it would have passed this Code and each section, subsection, sentence, clause, phrase or portion thereof, irrespective of the fact that any one or more sections, subsections, sentences, clauses, phrases or portions may be declared invalid or unconstitutional.

100.5 - Adoption and Provisions by Reference

- [1] Adoption by Reference: Except as provided in sub [2] below, this regulation adopts by reference Wisconsin Statute Sections 97.12, 97.30, 97.41, 97.615, SPS 463, and 66.0417 and Wisconsin Administrative Code Chapters, ATCP 74, ATCP 75, SPS 390, ATCP 72, ATCP 73, ATCP 76, ATCP 78, ATCP 79, SPS 221 and SPS 326, and any successor statutes or regulations as if fully set forth. Any and all amendments and/or revisions thereto are adopted and by reference made a part of this regulation as if fully set forth herein.

- [2] Exceptions:

Section ATCP 76.16 (3) WI Administrative Code is specifically modified by the Marathon County Board of Health as follows:

Pool Water Bacteriological Quality/Sampling: Samples of pool water shall be submitted by the owner/operator every two weeks at a minimum. Samples may be required on a more frequent basis for new facilities or to monitor bacteriological water quality.

100.6 - Application for Permits and Fees:

- [1] Applications for permits by Public Facilities or Establishments covered by this regulation shall be made upon such forms supplied and prescribed by the department. The department shall, within 30 calendar days of the receipt of a completed application, act upon the application, ~~except for Retail Food Establishments. The department shall act upon a completed application for Retail Food Establishments within 15 calendar days from receipt of a completed application.~~

Commented [DG3]: Retail food establishments is now at 30 days, consistent with other DATCP licensing programs.

- [2] ~~Prior to approval of an application for a permit, the department shall inspect the Public Facility or Establishment to determine compliance with the requirements of this regulation.~~

Commented [DG4]: Incorporated into [3] below

[2] The fee for permits required by this regulation shall be due before the issuance of a permit. The renewal fee shall be postmarked on or before June 30 of each year. An additional \$50.00 fee shall be required whenever the renewal annual fee is not received or postmarked on or before June 30 of each year.

[34] A pre-licensing inspection shall be conducted and a pre-licensing inspection fee collected for each new permit ~~shall be collected~~ at the time of application from the operator or new operator of a Public Facility or Establishment. Exception: A pre-licensing inspection fee may not be charged in the following circumstances per ATCP 75.06(5). However, the operating permit fee would be charged for a change of operator:
(a) for a transient retail food establishment
(b) if an individual license holder transfers ownership of the retail food establishment to an immediate family member, as defined in s. 97.605 (4) (a) 2., Stats.
(c) if a retail food establishment remains at the location for which the license was issued and at least one individual who had an ownership interest in the sole proprietorship or business entity to which the license was issued retains an ownership interest in the newly formed sole proprietorship or business entity that will be the license holder.

[45] The ~~preinspection~~pre-licensing inspection fee shall be equal to the licensing permit for a new Public Facility or Establishment and for a new operator of an existing Public Facility or Establishment with extensive remodeling. The definition for Extensive Remodeling will be used in making the determination.

[56] The ~~preinspection~~pre-licensing inspection fee shall be one half the licensing permit for a new operator of an existing Public Facility or Establishment without extensive remodeling. The definition for Extensive Remodeling will be used in making the determination.

[7] ~~A preinspection fee shall be collected when an existing Public Facility or Establishment upgrades from an Eating and Drinking Establishment to a Retail food establishment – serving meals permit and shall be based on the fee associated with the new licensing category.~~

[87] For an existing Public Facility or Establishment without extensive remodeling and where there is an upgrade from one license category to a higher license category, only the difference between the license category fees will be collected. A pre-~~licensing~~ inspection fee is not required.

Formatted: Strikethrough

Commented [DG5]: This pertained to Taverns that are exempted from ATCP 75. Since we do not license Taverns as Eating and Drinking Establishment there is no permit to upgrade.

[89] If the payment is by check or other draft drawn upon an account containing insufficient funds, the permit applicant shall pay the permit fee(s), late renewal fee charges, and any insufficient funds charges by cashier's check or other certified draft, money order, debit card, credit card, or cash, within 7 working days after receipt of notice from the department. The day on which notification occurs is day 0. If the permit applicant fails to pay all applicable fees, late renewal fees, and/or any insufficient funds charges within 7 working days after the applicant receives notice of the insufficiency, the permit is void. In an appeal concerning voiding of a permit under this paragraph, the burden is on the permit applicant to show that the entire applicable fees, late fees and processing charges have been paid. During any appeal process concerning payment dispute, operation of the establishment in question is deemed to be operation without a permit.

100.7 - Permit Issuance and Requirements:

[1] Permit Requirements:

(a) The Marathon County Board of Health shall establish all pre-licensing inspection fees and permit fees for all Public Facilities or Establishments. Permits required in this regulation are listed below:

- (1) Public indoor and outdoor swimming pools are subject to an annual permit fee [Wisconsin Administrative Code ATCP 76, Department of Agriculture, Trade, and Consumer Protection]
- (2) Recreational and Educational Camps are each subject to an annual permit fee [Wisconsin Administrative Code ATCP 78, Department of Agriculture, Trade, and Consumer Protection].
- (3) Campgrounds and Camping Resorts are subject to an annual permit fee [Wisconsin Administrative Code ATCP 79, Department of Agriculture, Trade, and Consumer Protection].
- (4) Hotels, Motels, and Tourist Rooming Houses are subject to an annual permit fee [Wisconsin Administrative Code ATCP 72, Department of Agriculture, Trade, and Consumer Protection].
- (5) Bed and Breakfast Establishments are subject to an annual permit fee [Wisconsin Administrative Code ATCP 73, Department of Agriculture, Trade, and Consumer Protection].
- (6) Mobile, Transient, or Temporary public establishments are operated on a short-term basis as defined in this regulation,

Wisconsin Administrative Code, or a Wisconsin State Statute referenced in this regulation are subject to a permit fee. If possessing a valid permit issued by another agency, a transient inspection fee may be assessed. [Wisconsin Administrative Code ATCP 75, Department of Agriculture, Trade, and Consumer Protection].

- (7) Tattoo or body piercing establishments are subject to a permit fee. [Wisconsin Administrative Code SPS 221, Department of Safety and Professional Services].
 - (8) Retail Food Establishments are subject to an annual permit fee [Wisconsin Administrative Code ATCP75, Department of Agriculture, Trade, and Consumer Protection].
 - (9) Manufactured Home Communities are subject to an annual permit fee [Wisconsin Administrative Code SPS 326, Department of Safety and Professional Services].
 - (10) "Class B" or "Class C" taverns that sell only alcoholic and non-alcoholic beverages requesting an inspection to determine retail food establishment sanitation compliance in keeping with Wisconsin State Statute 125.68(5) are subject to a Special Condition Inspection and inspection fee. No permit is required under this regulation. [Wisconsin State Statute 125.68(5)].
- (b) Permit Exemptions: A retail food establishment permit is not required as identified in Wisconsin s. 97.30 (2) (b) Wis. Stats and Administrative Code ATCP 75.063

[2] Permit Issuance

- (a) No person shall operate a Public Facility or Establishment covered in this regulation within the County of Marathon who does not have a valid permit issued to him/her by the department, unless otherwise exempt in this regulation.
- (b) A Conditional Permit specifying corrections to be made and the time within which the corrections must be made may be issued by the Department at the time of initial issuance or renewal of a permit, or continued validity of a permit issued under this section.

The Conditional Permit shall be posted until a regular permit is issued or violations are corrected after a designated time frame determined by the Department.

If the permittee fails to meet the conditions within the specified period of time, the permit is void.

- (c) Only a person who complies with the requirement of this regulation shall be entitled to receive or retain such a permit.
- (d) A valid permit shall be posted in every Public Facility or Establishment as required in this ordinance.

~~(e) A \$5.00 fee shall be assessed for each duplicate permit.~~

Commented [DG6]: Occurs so very infrequently, administratively handling this small fee is not justified.

- (f) The Marathon County Health Department may refuse to issue or renew a permit to operate a facility under any of the following circumstances:
 1. The Department has not conducted a ~~preinspection~~ pre-licensing inspection of the facility for which an initial or new permit is required.
 2. The owner of facility has not corrected a condition for which the Department has issued a written health or safety-related order.
 3. All applicable fees under have not been paid, including ~~preinspection~~ pre-licensing inspection fees, permit fees, late renewal fees, reinspection fees.

[3] Permit Transfer

- (a) Permits are not transferable for DATCP retail food establishments under Wisconsin Statute 97.30(2) and in Wisconsin Administrative Code ATCP 75.06 between persons or establishments. Change of operator requires a new permit though may not require a pre-licensing inspection or fee as describe in 100.6[3].
- (b) Department of Agriculture, Trade, and Consumer Protection hotel, bed and breakfast, or tourist rooming house, ~~vending machine commissary or vending machine~~ permits, s. 97.605 (4)(b) Wis. Stats. No permit issued under this section is transferable from one premise to another or from one person, state, or local government to another except as provided in (1) ~~and (2)~~ below.

Commented [DG7]: Statute 97 does allow transfer of bed and breakfast permits. Corrected error.

~~(1) A permit issued under this section may be transferred from an individual to an immediate family member, as defined in s. 97.605~~

~~(4)(a)2. Wis. Stats., if the individual is transferring operation of the facility to the immediate family member.~~

Commented [DG8]: Removed. This statement referencing "individual family member" is incorporated into the next section.

~~(2)(1)~~ Except as provided in par. a. or b., no license is transferable from one premises to another or from one person to another.

a. The holder of a license issued under this section may transfer the license to an individual who is an **immediate family member, as defined in s.97.605 (4) (a) 2. Wis. Stats.**, if the holder is transferring operation of the hotel, tourist rooming house, bed and breakfast establishment, or vending machine to the immediate family member.

Formatted: Highlight

b. A sole proprietorship that reorganizes as a business entity, in s. 179.70 (1) Wis. Stats., or a business entity that reorganizes as either a sole proprietorship or a different type of business entity may transfer a license issued under this section for operation of a hotel, tourist rooming house, bed and breakfast establishment, or vending machine commissary to the newly formed business entity or sole proprietorship if the following conditions are satisfied:

1. The hotel, tourist rooming house, bed and breakfast establishment, or vending machine commissary remains at the location for which the license was issued.
2. At least one individual who had an ownership interest in the sole proprietorship or business entity to which the license was issued has an ownership interest in the newly formed sole proprietorship or business entity.

(c) Department of Agriculture, Trade, and Consumer Protection campgrounds and camping resorts, recreational and educational camps, and public swimming pools, s 97.67 Wis. Stats.

(1) A separate license is required for each campground, camping resort, recreational or educational camp, and public swimming pool.

(2) Except as provided in par. a. or b., no license issued under this section is transferable from one premises to another or from one person, state or local government to another.

a. A license issued under this section may be transferred from an individual to an immediate family member, as defined in s. 97.605 (4) (a) 2. Wis. Stats, if the individual is transferring operation of the campground, camping resort, recreational or

educational camp, or public swimming pool to the immediate family member.

b. A sole proprietorship that reorganizes as a business entity, as defined in s. 179.70 (1) Wis. Stats., or a business entity that reorganizes as a sole proprietorship or a different type of business entity may transfer a license issued under this section for a campground, camping resort, recreational or educational camp, or public swimming pool to the newly formed business entity or sole proprietorship if all of the following conditions are satisfied:

1. The campground, camping resort, recreational or educational camp, or public swimming pool remains at the location for which the license was issued.

2. At least one individual who had an ownership interest in the sole proprietorship or business entity to which the license was issued has an ownership interest in the newly formed sole proprietorship or business entity.

(d) Permits are not transferable for Department of Safety and Professional Services (DPS) manufactured home communities under Wisconsin Administrative Code SPS 326.08.

(e) Permits are not transferable for DPS body art facilities under Wisconsin Administrative Code SPS 221.04(1)(a)2.

[4] Certified Food Protection Manager - retail food establishments:

- (a) The operator or at least one manager of a retail food establishment as required under the Wisconsin Food Code, shall have a valid Certified Food Protection Manager (CFPM) course completion certificate issued by the Wisconsin Department of Agriculture, Trade, and Consumer Protection approved trainer.
- (b) The operator or a manager of a new or change-of-operator retail food establishment shall become certified and provide proof of certification within 90 days after the retail food establishment opens for business.
- (d) The operator or manager of an existing retail food establishment shall become certified and provide proof of certification within 90 days after

the date of an inspection if it is found that the retail food establishment has no CFPM on staff.

- (e) When (a) or (b) occurs, the license status will become Conditional with the condition for obtaining and providing proof of a CFPM certificate within 90 days. If proof is provided no further action is necessary and conditions on the facility permit will be removed.
- (f) Failure to obtain a CFPM within 90 days results in a \$150.00 fee and a 30-day extension of the Conditional permit.
 - 1. If no proof of a CFPM is submitted within the 90-day period, the permit will be suspended.
 - 2. If the facility fails to meet the conditions and the permit is suspended, the facility permit can be reinstated if the facility provides proof of a CFPM certificate within the licensing period the suspension occurred.
- (g) If more than one retail food establishment operated by the same person is located on the same property or contiguous properties, only the operator or one manager is required to be certified.

100.8 - Inspections

[1] Inspection Frequency

An inspection of Public Facilities or Establishments shall be performed at least once per license year. Additional inspections of facilities and establishments shall be performed as often as necessary for the enforcement of this regulation.

[2] Inspection and Sampling

Representatives of the department, after proper identification, may enter, at normal business hours, any premises for which a permit is required under this regulation to inspect the premises for the purpose of determining compliance with this regulation, secure samples or specimens, examine and copy relevant documents and records or obtain photographic or other evidence needed to enforce this regulation {Reference Wisconsin State Statutes 97.12, 97.65, 66.0417, and Wisconsin Administrative Code SPS 221.06 and 326.09}. Should access be denied, the department may obtain a special inspection warrant in addition to actions set forth in 100.9.

- [3] "Class B" or "Class C" Tavern -Taverns that sell only alcoholic and non-alcoholic beverages.

"Class B" or "Class C" taverns need to be in keeping with retail food establishment sanitation compliance per Wisconsin State Statute 125.68(5). Taverns requesting an inspection shall include the following areas of sanitation and be performed as a "Special Condition Inspection".

- (a) Cleaning and sanitizing multiuse equipment and utensil surfaces
- (b) Handwashing equipment and supplies
- (c) Toilet facilities
- (d) Employee hygiene or hygiene practices
- (e) Employee health as related to diseases transmissible through food based on diagnosis including but not limited to Norovirus, Hepatitis A, Shigella, Enterohemorrhagic or Shiga Toxin-producing Escherichia coli, and Salmonella or symptoms including but not limited to vomiting, diarrhea, jaundice, or a lesion.
- (f) Provision of potable water and protection from cross contamination and sewerage disposal
- (g) Maintaining the establishment in a clean condition and in good repair
- (h) Pest control

- [3] Report of Inspections:

Whenever an inspection of a Public Facility or Establishment is made, the findings shall be recorded on an inspection report form. The inspection report form shall summarize the requirements of this regulation. A copy of the completed inspection report form shall be furnished to the holder of the permit or his/her agent in charge of the Public Facility or Establishment at the conclusion of the inspection.

- [4] Correction of Violations:

- (a) A reinspection shall be conducted when a violation(s) or Human Health Hazard has not been brought into compliance by the operator of a Public Facility or Establishment. The completed inspection report form shall specify a reasonable period of time for the correction of the violation(s) or Human Health Hazard found. Correction of the Human Health Hazard or violation(s) shall be accomplished in the period specified.
- (b) A \$100.00 fee may be assessed for a first reinspection, a \$200.00 fee may be assessed for a second reinspection, and a \$300.00 fee may be

assessed for a third reinspection when a violation(s) or Human Health Hazard has not been brought into compliance by the operator of a Public Facility or Establishment. A reinspection fee will not be assessed when the violation(s) or Human Health Hazard has been brought into compliance.

[5] Approved Comparable Compliance:

When it appears that strict adherence to a provision of this regulation or an administrative code is impractical for a particular facility or establishment, the facility or establishment may seek a variance approval to that rule through the Wisconsin Department of Agriculture, Trade, and Consumer Protection or Department of Safety and Professional Services as applicable. Satisfactory proof must be provided that the grant of a variance will not jeopardize the public's health, safety or general welfare. If a variance is granted, there shall be documentation as to the extent of the variance and the specific reasons for it. The applicant shall be given a copy of the documentation.

100.9-Temporary Order

- [1] Whenever, as a result of an examination, the County has reasonable cause to believe that any examined food constitutes, or that any construction, sanitary condition, operation or method of operation of the premises or equipment used on the premises creates an immediate/imminent danger to health, the Health Officer or designee may issue a temporary order either verbally or in writing and cause it to be delivered to the permittee (his/her employee, agent, assignee, or representative), or to the owner or custodian of the food, or to both. If the Temporary Order is delivered verbally, a written notice shall be sent within 72 hours excluding weekends and legal holidays. The order may prohibit the sale or movement of the food for any purpose, prohibit the continued operation or method of operation of specific equipment, or require the premises to cease any other operation or method of operation which creates the immediate/imminent danger to health, or set forth any combination of these requirements. The Health Officer or designee may order the cessation of all operations authorized by the permit only if a more limited order does not remove the immediate/imminent danger to health. Except as provided in par. [2], no temporary order is effective for longer than 14 days from the time of its delivery, but a temporary order may be reissued for one additional 14-day period, if necessary to complete the analysis or examination of samples, specimens or other evidence.

- [2] If the analysis or examination shows that the construction, sanitary condition, operation or method of operation of the premises or equipment constitutes an immediate danger to health or safety, the department or agent, within the effective period of the temporary order specified in par. [1], shall provide written notice of the findings to the owner, operator or responsible supervisor. Upon receipt of the notice, the temporary order remains in effect until a final decision is issued under s. [ATCP 75.108](#) Wisconsin Administrative Code. The notice shall include a statement that the facility has a right to request a hearing under s. [ATCP 75.108](#) Wisconsin Administrative Code within 15 days after issuance of the notice.
- [3] No food described in a temporary order issued and delivered under par. [1] may be sold or moved and no operation or method of operation prohibited by the temporary order may be resumed without the approval of the Health Officer or designee, until the order has terminated or the time period specified in par. [2] has run out, whichever occurs first. If the Health Officer or designee, upon completed analysis and examination, determines that the food, construction, sanitary condition, operation or method of operation of the premises or equipment does not or no longer constitutes an immediate/imminent danger to health, the permittee, owner or custodian of the food or premises shall be promptly notified in writing and the temporary order shall terminate upon his or her receipt of the written notice.

100.10- Notice of Suspension

- [1] If the analysis or examination shows that the food, construction, sanitary condition, operation or method of operation of the premises or equipment constitutes an immediate/imminent danger to health, the permittee, owner or custodian shall be notified within the effective period of the temporary order issued under par. 100.9 [1]. Upon receipt of the notice, the temporary order remains in effect until a final decision is issued under sub. [100.10 [2]], and no food described in the temporary order may be sold or moved and no operation or method of operation prohibited by the order may be resumed without the approval of the village, city or county.
- [2] A notice issued under sub. [1] shall be accompanied by notice of a hearing before the Marathon County Health Officer, or his or her designee. The County shall hold a hearing no later than 15 days after the service of the notice, unless both parties agree to a later date. A final decision shall be issued within 10 days of the hearing. The decision may order the destruction of food, the diversion of food to uses which do not pose an immediate/imminent danger to health, the modification of food so that it does not create a immediate/imminent danger to health, changes to or replacement of equipment or construction, other changes in or cessations of any operation or method of operation of the equipment or

premises, or any combination of these actions necessary to remove the immediate/imminent danger to health. The decision may order the cessation of all operations authorized by the permit only if a more limited order will not remove the immediate/imminent danger to health.

- [3] All notices, written or verbal, shall contain reasons for the Health Officer or designee's belief that a violation(s) or Immediate/Imminent danger to Health exists.
- [4] The Health Officer or designee may lift the suspension at any time if the reasons for the suspension no longer exist.

100.11 - Revocation of Permits:

Prior to revocation the department shall notify, in writing, the person issued the permit of the specific reason(s) for which the permit is to be revoked. The permit shall be revoked at the end of the 10 working days following service of such notice unless a written request for hearing is filed with the department. The day on which notification occurs is day 0. If no request for hearing is filed within the 10-day period, the revocation of the permit becomes final.

100.12 – Appeals:

Any person having a substantial interest that is adversely affected by an administrative determination made on behalf of the County pursuant to any of the provisions of this Regulation may have such determination reviewed as provided in Chapter 68, Wis. Stats., and in conformance with the following procedures:

- [1] Any person having a substantial interest that is adversely affected by a determination by a staff person or persons may, within 30 days of notice to such person of such determination, request in writing a review of the determination before the Health Officer. The request shall state the ground or grounds upon which the person adversely affected contends that the decision should be modified or reversed. The request for review shall be made to the staff person or persons who issued the initial determination, the Environmental Health and Safety Director or to the Health Officer.
- [2] The Health Officer shall review the initial determination and make a decision within 15 days of receipt of the request for review. The time for review may be extended by agreement with the person aggrieved. The decision shall state the reasons for such decision and shall advise the person aggrieved of the right to appeal the decision, the time within which the appeal shall be taken and the office or person with whom notice of appeal shall be filed.

- [3] Any person having a substantial interest that is adversely affected with the decision of the Health Officer (pursuant to the review procedure, set forth above, or by a decision regarding suspension or revocation of a permit under §100.9[4] or §100.10, above) may appeal to the Marathon County Administrative Board of Review by requesting a hearing within 30 days of notice of the Health Officer's decision. The request must be in writing and must be filed with or mailed to the office of the Health Officer.
- [4] The Marathon County Administrative Board of Review shall constitute the appeals board to provide a hearing of the appeal of the Health Officer's decision. A member of the Board shall conduct the hearing within 15 days of receipt of the notice of appeal. The hearing will be conducted pursuant to s. 68.11, Wis. Stats. The procedures of the hearing shall be in accordance with the Marathon County General Code of Ordinances, Chap. 24.

100.13 -Penalties

- [1] In the case of violations of State of Wisconsin Administrative Codes enforced under this regulation, the penalty for violation of any of the provisions of this regulation shall be a penalty as provided in applicable Administrative Code or Wisconsin State Statute.
- [2] In all other cases, any person convicted of violating a provision of this regulation shall be subject to a forfeiture not less than \$100 nor more than \$1,000. Each and every violation of the provisions of this regulation shall constitute a separate offense. Each day of noncompliance after the order is served is a separate offense.
- [3] Prosecution of violations of this Regulation shall be conducted by the Office of Corporation Counsel for Marathon County.

This regulation shall take effect upon passage and publication.

Dated this May 11, 2021



Marathon County COVID-19 Dashboard

View online: <https://www.co.marathon.wi.us/Departments/HealthDepartment/COVID19/Dashboard.aspx>

Marathon County COVID-19 Case Data

This data is compiled by the Wisconsin Department of Health Services. Case data will be updated daily, Monday through Friday. Weekend data will be added on Monday. To see more detailed data, hover over the graphic. For weekend numbers, visit

<https://www.dhs.wisconsin.gov/covid-19/county.htm> Last updated: 1/27/2022

New Daily Confirmed Cases	270	7-Day Average (Confirmed & Probable)	251
Total Confirmed Cases	34,275	Percent Recovered	76.4%
Recovered	26,200	Ever Hospitalized	1,580
Confirmed Deaths	384	Percent Ever Hospitalized	4.6%

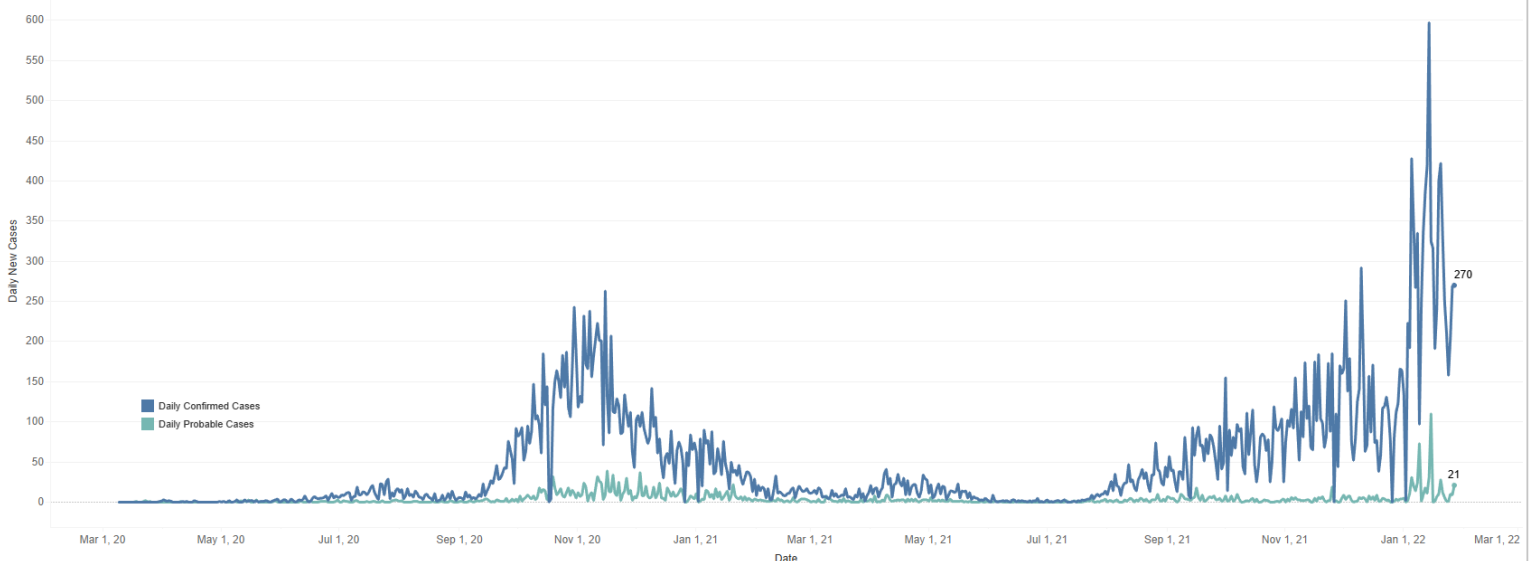


Daily New Confirmed and Probable Cases

The data is compiled by the Wisconsin Department of Health Services (DHS). Last updated: 1/27/2022

A person is counted as a probable* case of COVID-19 if they are not positive by a confirmatory laboratory test method (for example, a PCR, or NAT test), but have met one of the following:

- Test positive using a rapid or antigen test, with no confirmatory lab test.
- Have symptoms of COVID-19 AND known exposure to a positive case, but no lab test.
- COVID-19 or SARS-CoV-2 is listed on the death certificate.



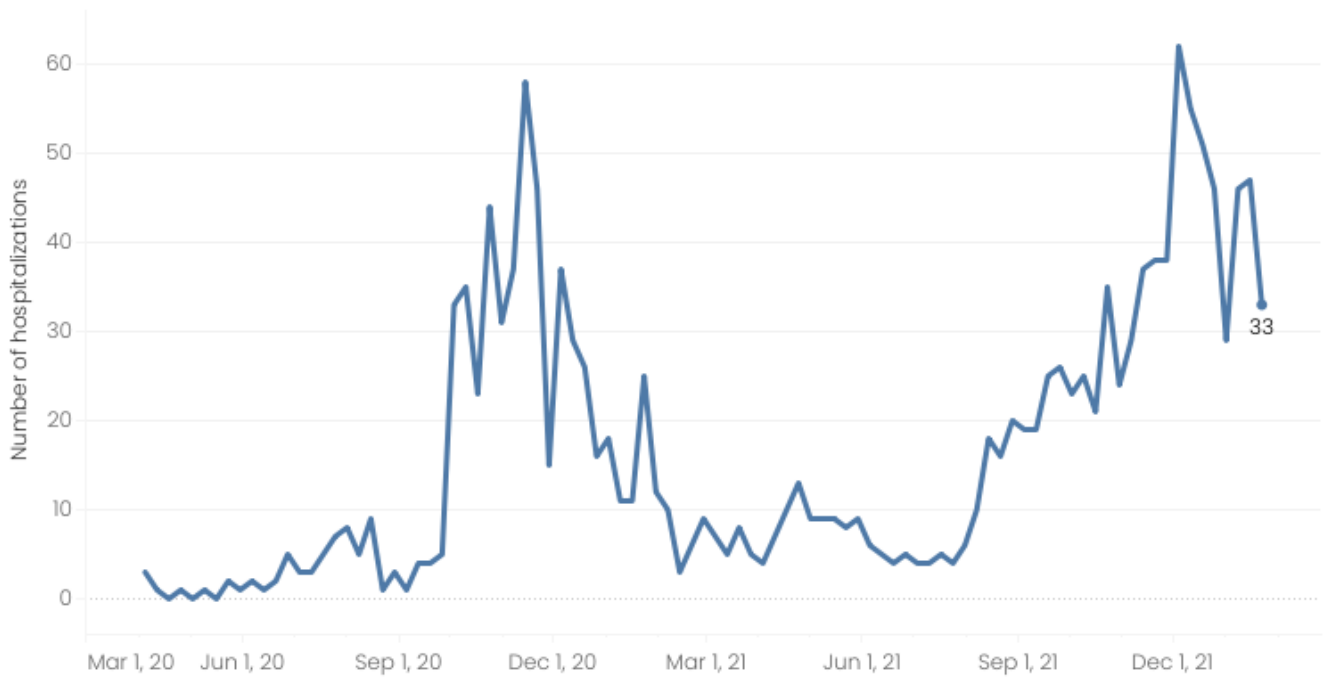


Marathon County COVID-19 Dashboard

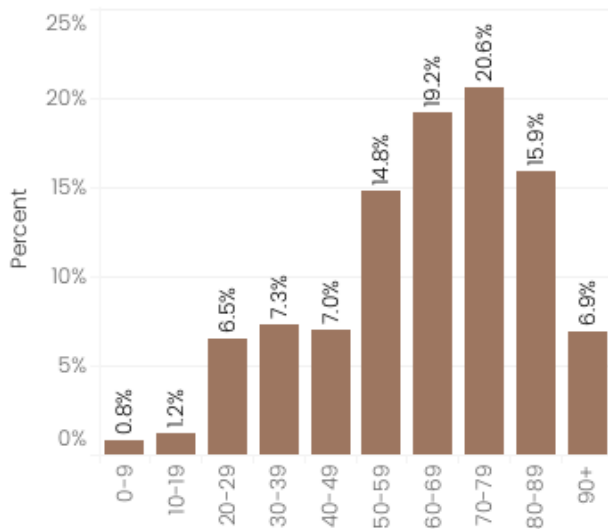
COVID-19 Hospitalizations

This data is compiled by the Wisconsin Department of Health Services weekly.
To see more detailed data, hover over the graphic. Last updated: **1/24/2022**

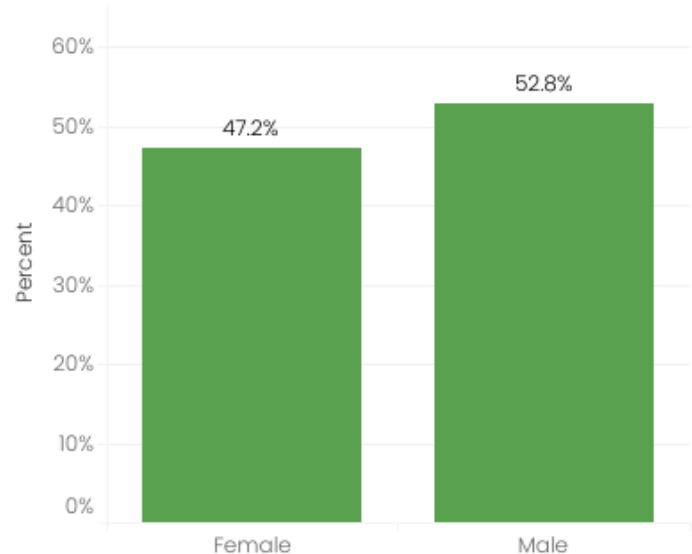
New Weekly Hospitalizations



Hospitalizations by Age



Hospitalizations by Gender





Marathon County COVID-19 Dashboard

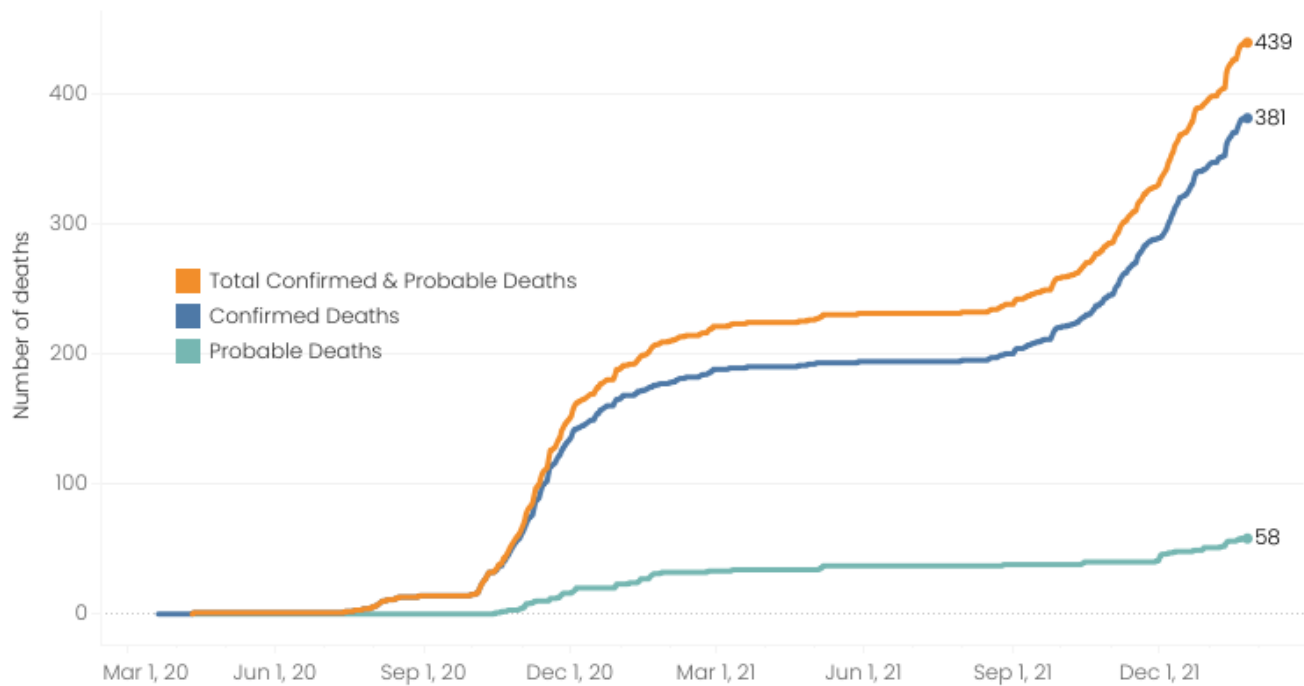
COVID-19 Deaths

This data is compiled by the Wisconsin Department of Health Services. Death data will be updated weekly. To see more detailed data, hover over the graphic. Last updated: 1/24/2022

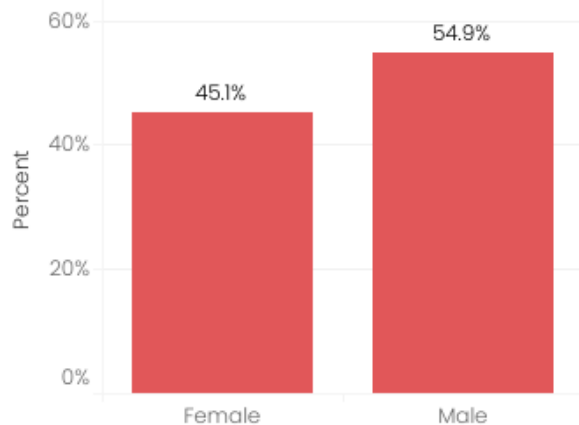
Confirmed and Probable Deaths

Deaths among probable cases are those that meet one of the following criteria:

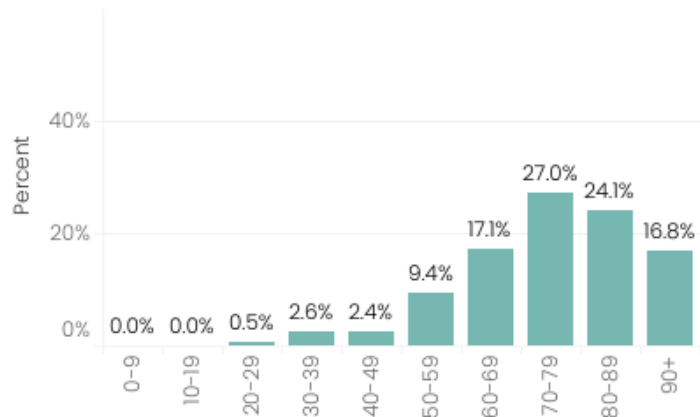
- A probable case of COVID-19 is reported to have died from causes related to COVID-19.
- A death certificate that lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death is reported to DHS but WEDSS has no record of confirmatory laboratory evidence for SARS-CoV-2.



Deaths by Gender



Deaths by Age

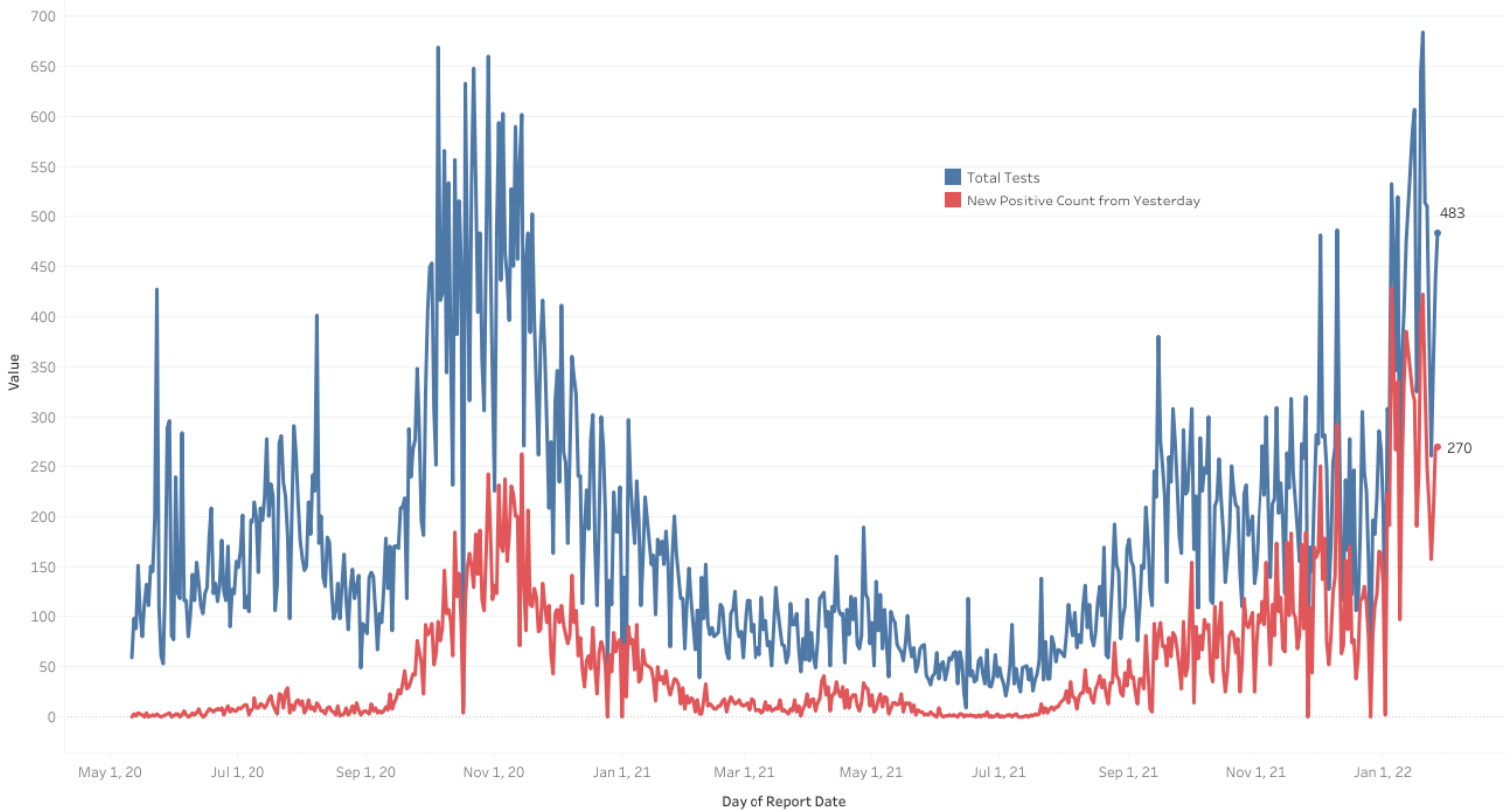




Marathon County COVID-19 Dashboard

Total Daily COVID-19 Tests

The graphs show the daily totals for COVID-19 tests in Marathon County residents. Last updated: 1/27/2022





Marathon County COVID-19 Dashboard

As of January 25, 2021:

- 37,888 Marathon County residents have received a booster dose

COVID-19 Vaccines for Wisconsin residents

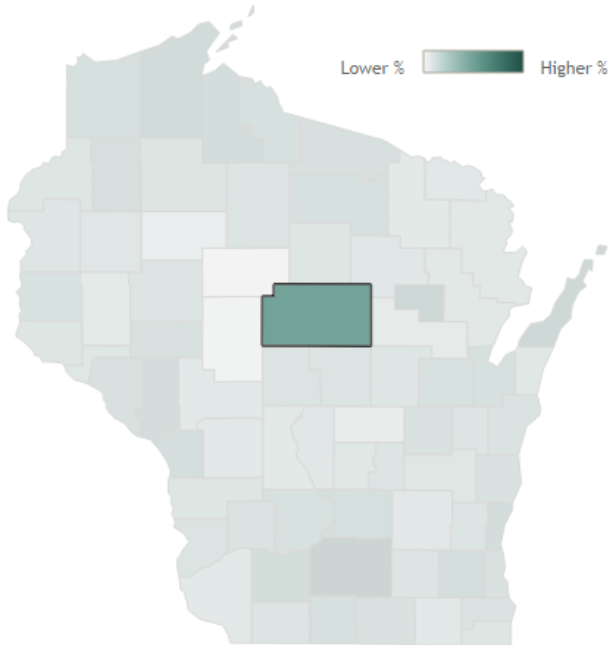
Updated: 1/26/2022

HERC region data

- Total population who have received at least one dose
- Total population who have completed the series

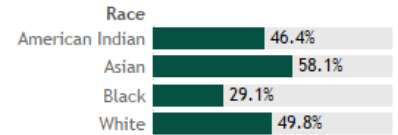
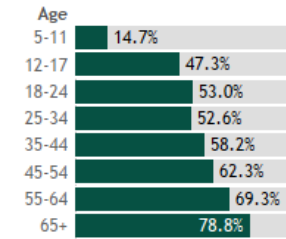
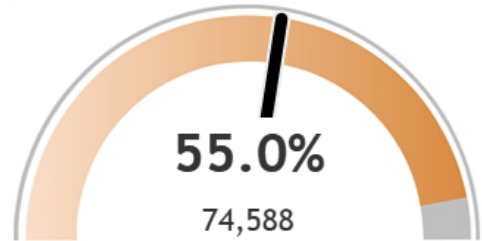
Percent of Wisconsin residents who have completed the vaccine series by county

Click a county to filter data



Percent of Marathon County residents who have completed the vaccine series

The orange represents the population for whom the vaccine is authorized. The gray indicates the population under 5 years of age for whom the vaccines are not authorized.



*8.0% of records reported a race of "Other"

*1.2% of records reported an unknown race



*0.1% of records were reported without sex.

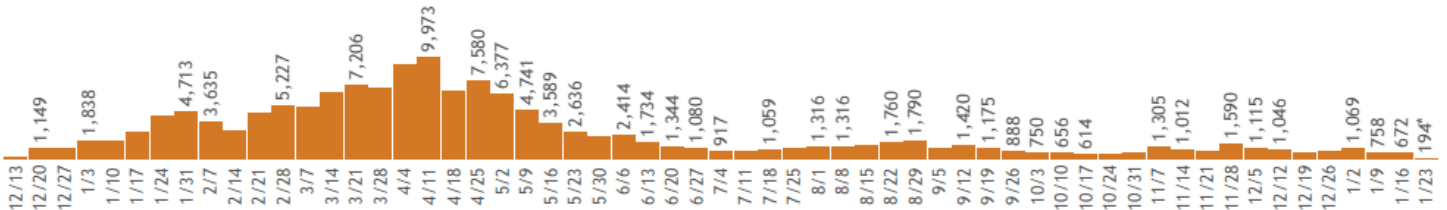


*1.5% of records were reported without ethnicity.

[View more data on racial and ethnic disparities in Wisconsin](#)

Vaccine doses for Marathon County residents by week

(Total: 150,064)



*Current week may be incomplete.



YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 - 3 (Through week of January 22, 2022)

Jurisdiction: Marathon County

Disease Group	Disease	2022			
		Week 1	Week 2	Week 3	Total
Campylobacteriosis (Campylobacter Infection)	<i>Group Total:</i>	0	1	0	1
Chlamydia Trachomatis Infection	<i>Group Total:</i>	6	10	2	18
Coronavirus	<i>Group Total:</i>	2336	2557	1818	6711
Gonorrhea	<i>Group Total:</i>	1	4	0	5
Influenza	<i>Group Total:</i>	4	3	0	7
Lyme Disease	<i>Group Total:</i>	2	2	0	4
Salmonellosis	<i>Group Total:</i>	0	1	0	1
	<i>Period Total:</i>	2349	2578	1820	6747



MEDIA PACKET

2022-02-08

BOH MEETING

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SOURCES

'We know she is at peace': Wausau mom of 3 teens dies of COVID-19

Keith Uhlig Wausau Daily Herald
USA TODAY NETWORK - WISCONSIN

WAUSAU — After weeks of struggling with pneumonia caused by COVID-19, Suzanne Holubiw, 43, died Monday at Marshfield Medical Center.

Her three children, Adriana Jasso, 18, and 16-year-old twins, Isaac and Juliana Jasso, were with her, holding her hand.

Earlier, the Jasso teens, along with their uncle, Suzanne's brother, decided as a family to remove Suzanne from a ventilator and other life-supporting equipment. Although the group made the choice, the ultimate responsibility was on Adriana's shoulders; she had the legal authority to make the decisions regarding her mother's care.

It was an excruciating decision, Adriana said in a phone interview Tuesday morning.

"We came together and talked and talked, and cried," she said. "It was an act of love, we would say, for my mom, to stop the suffering, from having to struggle to breathe. We all feel a sense of relief for my mom. We know she is at peace, with my grandma."

Suzanne fell ill in mid-October, and was hospitalized soon after. She also suffered from autoimmune diseases of lupus and rheumatoid arthritis, Adriana said. Suzanne first got her care in Wausau, then was flown to Marshfield Medical Center so she would have access to a higher level of care.

Just two days after Suzanne was taken to Marshfield, her mother, Lorraine Holubiw, also was hospitalized at Aspirus Wausau Hospital with COVID-19. Lorraine also had underlying illnesses, including Crohn's disease, Adriana said. Lorraine's organs began to fail almost immediately, and the family decided against putting her on life-supporting equipment. She died on Nov. 6 while Adriana was holding her hand.

Suzanne and her children lived near Lorraine in Wausau, and the two women worked together to raise the kids, Adriana said. When Suzanne fell ill about eight years ago, Lorraine stepped in and helped care for her grandchildren.

See COVID-19, Page 5A

COVID-19

Continued from Page 1A

"They (her mother and grandmother) would do anything for us," Adriana said.

As the oldest, Adriana had to shoulder the responsibilities ordinarily taken care of by her mother and grandmother, and there were times she felt overwhelmed by it all.

But she received a lot of help from a neighbor and the mother of her best friend, Nicky Lindman. Nicky has provided support and help for the teens as they go through the worst time of their lives.

It's so difficult, Adriana said, because Suzanne was always there for her, no matter what problem crept up in her life.

"Whatever hardship would come to me, COVID-19, remote learning, whatever, little things to big, my mom would just hold me and tell me we would figure it out together," Adriana said.

When Suzanne first got sick, she asked Adriana to look after her younger siblings, and Adriana promised she would. Now she's determined more than ever to keep her word.

"Even though I know it's OK to accept help, I know I will be there every step of the way. I will make sure that my brother and sister will be successful people in life,

Adriana Jasso was able to visit her mother, Suzanne Holubiw, at the Marshfield Medical Center before the facility closed to visitors. COURTESY OF ADRIANA JASSO

we will all be successful," Adriana said. "I will keep that promise forever until I see my mom again."

Aspirus and Marshfield long-term COVID patients to be moved

Kelli Arseneau
Wausau Daily Herald
USA TODAY NETWORK - WISCONSIN

WAUSAU - As COVID-19 hospitalizations increase and hospitals face staffing shortages, North Central Health Care will admit up to four long-term COVID-19 patients per day at Wausau and Merrill care facilities.

The patients, coming from hospitals in the Aspirus Health and Marshfield Health systems, will have completed their isolation period and won't pose a risk of transmission to nursing home residents or staff, NCHC said Monday in a news release.

The participating NCHC care facilities, Mount View Care Center and Pine Crest Nursing Home, are currently licensed to provide care for 154 and 120 residents, respectively, according to the news release.

See PATIENTS, Page 2A

Patients

Continued from Page 1A

With new long-term COVID-19 patients coming to the two facilities, NCHC has requested more staff to help treat patients through the Wisconsin Emergency Assistance Volunteer Registry (WEAVR). If approved, there could be enough staff to care for an additional 50 patients between the two facilities, the news release said.

"Our goal is to help patients recover and get back to their homes, families and communities while relieving the pressure on our health care systems so they focus efforts on providing care to those who are in greatest need of hospitalization and medical care," NCHC interim CEO Jill Meschke said in the news release.

These efforts are part of a partnership between NCHS and North Central Wisconsin Healthcare Emergency Readiness

These efforts are part of a partnership between NCHS and North Central Wisconsin Healthcare Emergency Readiness Coalition.

Coalition.

According to the Department of Health Services, Marathon County has had 654 confirmed and probable cases reported within the past seven days, Wood County has had 445 and Lincoln County has had 107.

As of Tuesday, the Wisconsin Hospital Association reported 60 COVID-19 patients in intensive care in a 12-county north central region that includes Marathon, Wood and Lincoln. That left just six ICU beds available in the region.

Contact Kelli Arseneau at (920) 213-3721 or karseneau@gannett.com. Follow her on Twitter at [@ArseneauKelli](https://twitter.com/ArseneauKelli).

Mount View Care Center, as seen on Monday, March 30, 2020, in Wausau. TORK MASON, TORK MASON/USA TODAY NETWORK-WISCONSIN

COVID-19 variants disrupt immune system

Drug cocktails' may be the solution

Mark Johnson Milwaukee Journal Sentinel
USA TODAY NETWORK - WISCONSIN

Variants of the virus that causes COVID-19 have developed key mutations that not only enable it to latch onto human cells more tightly, but also delay our body's immune response, according to a new study published Thursday in the journal *Nature*.

The virus' skill in delaying our immune response, but not stopping it altogether, may explain why the immune system roars to life in the overreaction that kills many COVID-19 patients. That deadly overreaction is

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Variants

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known as a cytokine storm.

Scientists across the globe have focused on mutations in the coronavirus' spike protein, the mechanism that allows it to invade cells. However, mutations in other proteins suggest researchers are fighting a battle on multiple fronts, and may be best off developing cocktails involving two or more drugs.

"Oh, I totally think it's going to be a cocktail just like it was for HIV," said Nevan Krogan, the study's lead investigator and director of the Quantitative Biosciences Institute (QBI) at University of California, San Francisco.

Although the idea of developing drug cocktails to treat COVID-19 is controversial, it is supported by William Haseltine, a former professor at Harvard Medical School known for his groundbreaking work that led to treatments for HIV.

"There are many functions in this virus that we need to attack," Haseltine said. "Nevan's work shows, 'Hey guys, there's a whole world outside the spike protein.'"

The *Nature* study comes at a perilous point in the virus' evolution with the new omicron variant gaining traction across the globe. In less than a month, omicron has spread to more than 90 countries and almost every state in the U.S., including Wisconsin.

"People are asking, 'Will it get weaker?' They should be asking how much more dangerous it can get, and the answer is much more," Haseltine said.

Researchers worry that the virus will spawn a variant that is both fast-spreading and far more deadly than those seen so far. The new coronavirus kills less than 2% of those known to be infected, but its relatives, Severe Acute Respiratory Syndrome and Middle East Respiratory Syndrome, killed about 10% and 34% respectively.

Treatments developed in response to the new study would not replace or diminish the role of vaccines, said Gaya Amarasinghe, a professor of pathology and immunology at Washington University School of Medicine in St. Louis.

"What this paper suggests is that there are other ways to target the impact of SARS-CoV-2 infections," said Amarasinghe, who was not involved in the study. "So a more comprehensive approach to therapeutic development is important moving forward. It doesn't mean that we should reduce the focus on vaccines and neutralizing antibodies."

Hana El Sahly, a professor of molecular virology and microbiology at Baylor College of Medicine, called the new study "a great virology paper," but stressed that "a lot happens between taking findings such as these and deriving clinical benefit. This is a critical step."

A large team carried out the *Nature* study: more than 40 researchers from a host of institutions, including University College London, Massachusetts Institute of Technology, J. Gladstone Institutes in San Francisco, University of Cambridge in England and Icahn School of Medicine at Mount Sinai in New York.

Although the team focused on the Alpha variant first detected in November 2020 in the United Kingdom, Krogan confirmed that the delta and omicron variants share key mutations with Alpha.

Once the coronavirus penetrates the cells lining the lungs, those cells become factories, furiously making copies of the virus, which then spread through the body.

As the virus begins invading cells, the human immune system surges to fight the virus through a complex, step-by-step process. But the mutations in the Alpha variant undermine our immune system at several important steps.

"If you're a virus and you turn off the innate im-

mune system, it's like a thief cutting off the alarms in a bank in order to sneak in," said Thomas Friedrich, a professor in the department of pathological sciences at the University of Wisconsin School of Veterinary Medicine.

One example of the virus' skill in disrupting the immune system involves the viral protein Orf9b. This protein suppresses our natural immune system by interacting with a key part of it, the human protein Tom70. This interference delays the switching on of another key protein elsewhere in the cell.

The complex interplay of mutations may serve to strengthen another protein that acts as the protective shell for the virus.

"What I like about this study is that it gets us back to a research goal we had near the beginning of the pandemic: mapping the relationships between the virus and the host," said Mark Cameron, an associate professor at Case Western Reserve University School of Medicine. "That enhances our understanding of all the things the virus does once it is in our cells."

For two years, Krogan and his collaborators have done just that, mapping the interactions between human and viral proteins, an effort that should prove valuable to drug companies. The right drug, for example, can target a viral protein and stop it from interfering with the immune system.

It is no surprise that the spike protein has been the target of choice for researchers so far, as it allows the



Nevan Krogan is the study's lead investigator and director of the Quantitative Biosciences Institute at University of California, San Francisco. He and his collaborators plan to conduct tests on the virus' five major variants. PROVIDED BY THE QUANTITATIVE BIOSCIENCES INSTITUTE

virus into our cells. Block that entry and the virus cannot make copies of itself and spread.

However, the protein maps drawn up by Krogan and his collaborators have pointed to other ways in which the virus disarms our defenses.

Amesh Adalja, a senior scholar at the Johns Hopkins Center for Health Security, agreed that scientists have more viral mutations to track than just those in the spike protein.

However, he is not convinced of a need for developing drug cocktails like those used to fight HIV.

"It's important to remember that HIV is a chronic disease whereas in most people COVID clears relatively quickly," Adalja said.

He added, however, that drug cocktails may be useful in helping patients with severe cases of COVID-19 and those who have weak immune systems.

The Nature study also helps explain why nine notable variants of the new coronavirus have been reported since September 2020.

"A key significant finding is that there is a lot of evolutionary space for SARS-CoV-2 to explore," said Friedrich at UW.

This explains the drumbeat from public health officials urging people to get vaccinated.

A larger unvaccinated population offers the virus more potential hosts to infect. The longer the virus sticks around finding new hosts, the more likely it is to give rise to new variants.

Another factor in the number of variants may be immunosuppressed patients who become ill with COVID-19. Because they have weaker immune systems the virus is likely to infect them much longer, making many more copies of itself. Mistakes inevitably occur in copying process leading to new variants.

One theory some scientists have offered to explain the appearance of omicron is that the variant developed in the body of someone who was already immunosuppressed.

Krogan and his collaborators plan to conduct tests

Marathon County up 649 cases, Portage County up 325

Caitlin Shuda

USA TODAY NETWORK - WISCONSIN

USA TODAY NETWORK-Wisconsin will provide a weekly update on COVID-19 cases in central Wisconsin, including confirmed test results, new cases, deaths, negative test results and recovered patients, when available.

The following information was provided Monday afternoon by local health departments and the Wisconsin Department of Health Services.

Note: This update will run online weekly on Tuesday mornings and will include updated numbers as of Monday afternoon each week.

All increases to COVID 19 cases by county cover a one-week period.

Adams County

Adams County Health & Human Services now reports their updates weekly on Wednesdays. The confirmed cases

and deaths are accurate as of Dec. 22.

Confirmed cases: 2,927

Deaths: 30

New deaths since last week: 1

Vaccine update:

Adams County has administered a

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COVID-19

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first dose to 10,741 county residents, or 52.4% of residents, as of Dec. 24. So far, 10,184 people, or 49.7%, received both doses.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 10.2%
- 12-17: 37.6%
- 18-24: 41.9%
- 25-34: 33.1%
- 35-44: 44.4%
- 45-54: 50%
- 55-64: 65.8%
- 65 and older: 70.6%

Clark County

Confirmed cases: 5,439
 New cases since last week: 149
 Deaths: 99
 New deaths since last week: 8

Vaccine update:
 Clark County has administered a first dose to 12,656 county residents, or 36.5% of residents as of Dec. 24. So far, 12,067 people, or 34.8%, received both doses.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 3.5%
- 12-17: 18.8%
- 18-24: 31%
- 25-34: 30.8%
- 35-44: 37.4%
- 45-54: 42%
- 55-64: 55.9%
- 65 and older: 72.1%

Juneau County

Confirmed cases: 4,740
 New cases since last week: 85
 Active cases: 374
 Deaths: 35
 New deaths since last week: 1

Vaccine update:
 Juneau County has administered a first dose to 13,626 county residents, or 50.6% of residents, as of Dec. 24. So far, 12,751 people, or 47.4%, received both doses.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 13.1%
- 12-17: 40.8%
- 18-24: 46.5%

Marathon County has administered a first dose to 77,187 county residents, or 56.9% of residents, as of Dec. 24. So far, 72,957 people, or 53.8%, received both doses. PIXABAY

- 25-34: 39%
- 35-44: 46%
- 45-54: 52.2%
- 55-64: 66.5%
- 65 and older: 76.5%

Lincoln County

Confirmed cases: 4,822
 New cases since last week: 78
 Deaths: 96
 New deaths since last week: 4

Vaccine update:
 Lincoln County has administered a first dose to 14,905 county residents, or 54.1% of residents, as of Dec. 24. So far, 14,221 people, or 51.6%, received both doses.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 9%
- 12-17: 36.9%
- 18-24: 41.7%
- 25-34: 39.1%
- 35-44: 47%
- 45-54: 54%
- 55-64: 67.9%
- 65 and older: 85.8%

Marathon County

Confirmed cases: 26,109
 New cases since last week: 649
 Confirmed deaths: 334
 New deaths since last week: 17

Vaccine update:
 Marathon County has administered a first dose to 77,187 county residents, or 56.9% of residents, as of Dec. 24. So far, 72,957 people, or 53.8%, received both doses.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 14.6%
- 12-17: 49%
- 18-24: 56%
- 25-34: 55.2%

- 35-44: 60.6%
- 45-54: 63.9%
- 55-64: 71.1%
- 65 and older: 81.4%

Portage County

Confirmed cases: 10,951
 New cases since last week: 325
 Active cases: 995
 Confirmed deaths: 121
 New deaths since last week: 0

Vaccine update:
 Portage County has administered a first dose to 40,724 county residents, or 57.3% of residents, as of Dec. 24. So far, 38,604 people, or 54.3%, received both doses.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 18.3%
- 12-17: 56%
- 18-24: 33.6%
- 25-34: 57.4%
- 35-44: 67.5%
- 45-54: 66.3%
- 55-64: 76.7%
- 65 and older: 83.6%

Taylor County

Confirmed cases: 3,370
 New cases since last week: 56
 Deaths: 61
 New deaths since last week: 3

Vaccine update:
 Taylor County has administered a first dose to 7,097 residents, or 34.9% of residents, as of Dec. 24. So far, 6,739 people, or 33.2%, received both doses.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 5.7%
- 12-17: 19.7%
- 18-24: 28%
- 25-34: 28.1%
- 35-44: 32.6%

- 45-54: 34.7%
- 55-64: 46.1%
- 65 and older: 61.5%

Waupaca County

Confirmed cases: 8,356
 New cases since last week: 185
 Deaths: 166
 New deaths since last week: 6

Vaccine update:
 Waupaca County has administered a first dose to 27,263 county residents, or 53.8% of residents, as of Dec. 24. So far, 25,932 people, or 51.2%, received both doses.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 8.8%
- 12-17: 36.9%
- 18-24: 45.4%
- 25-34: 43.3%
- 35-44: 49.2%
- 45-54: 55%
- 55-64: 69.4%
- 65 and older: 86.5%

Wood County

The confirmed and active cases and deaths are accurate as of Dec. 21.

Confirmed cases: 13,548
 Active cases: 603
 Deaths: 151
 New deaths since last week: 8

Vaccine update:
 Wood County has administered 42,271 first doses to county residents, or 58.3% of residents, as of Dec. 24. So far, 39,882 people, or 55%, received both doses.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 14.4%
- 12-17: 48%
- 18-24: 57.9%
- 25-34: 54%

Waushara County

Confirmed cases: 3,570
 New cases since last week: 43
 Deaths: 57
 New deaths since last week: 0

Vaccine update:
 Waushara County has administered a first dose to 10,852 county residents, or 44.6% of residents, as of Dec. 24. So far, 10,292 people, or 42.3%, received both doses.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 7.7%
- 12-17: 33.4%
- 18-24: 36%
- 25-34: 33.8%
- 35-44: 36.9%
- 45-54: 45.1%

Wisconsin

Confirmed cases: 967,173
 New cases since last week: 23,818
 Deaths: 9,928

Vaccine update:
 Wisconsin has administered 3,600,100 first doses of the vaccine to residents, or 61.7% of residents, as of Dec. 24.

Vaccine percentages by age group that have received at least one dose:

- 5-11: 20%
- 12-17: 56.6%
- 18-24: 56.3%
- 25-34: 60.9%
- 35-44: 66.8%
- 45-54: 69.7%
- 55-64: 76.7%
- 65 and older: 85.4%

Where can I get tested for COVID-19 in the Wausau area?

Jamie Rokus Wausau Daily Herald
USA TODAY NETWORK – WISCONSIN

Do you have COVID-19 symptoms? Have you been in close contact with someone with COVID-19? If your answer is “yes” to either of these questions, the Wisconsin Department of Health Services says it’s time to get tested, even if you are fully vaccinated.

The state of Wisconsin has partnered with local health departments, community testing sites, pharmacies and health care providers to offer testing. The type of testing available and the minimum age requirement for testing varies by site.

Due to the increased rates of COVID-19 across the state and country, there is an increased demand for testing. As a result, some locations have limited testing appointments available. Please check with your provider for availability and schedule an appointment or preregister, as required.

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Tested

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Additional information on community testing sites also is available on the Wisconsin DHS website.

These testing sites are currently available in the Wausau area. This listing will be updated as new information becomes available.

Wausau

Marathon Park East Gate Hall, 801 Garfield Ave.: 9 a.m. to 5 p.m. Jan. 24. Offered through the Marathon County Health Department. Appointments can be scheduled at register.covidconnect.wi.gov; walk-ins are welcome. Nasal PCR testing for anyone 12 months and older who is experiencing symptoms of COVID-19 or has been exposed to someone who has tested positive. For more information, call 715-261-1900.

Marathon Park East Gate Hall, 801 Garfield Ave.: 9 a.m. to 5 p.m. Thursdays. No testing on Jan. 20. Offered through the University of Wisconsin-Stevens Point at Wausau. Available to anyone 5 years and older. Appointments are required for these free rapid-results antigen tests at www.wihealthconnect.com. For questions, contact the COVID-19 Hotline at covid@uwsp.edu or 715-346-2619.

Walgreens, 105 Central Bridge St.: Free drive-thru PCR testing for patients ages 3 and older. Testing by appointment; register through the Walgreens app, online at walgreens.com or call 715-845-8279.

CVS, 102 Central Bridge St.: Drive-thru PCR testing for patients ages 3 and older. Testing by appointment; register through the CVS app, online at cvs.com or call 715-842-0744.

Walgreens, 504 S. 17th Ave.: Free drive-thru PCR and rapid diagnostic testing for patients ages 3 and older. Testing by appointment; register through the Walgreens app, online at walgreens.com or call 715-848-8730.

Weston

Walgreens, 5305 Business Highway 51 S.: Free drive-thru PCR and rapid di-

agnostic testing for patients ages 3 and older. Testing by appointment; register through the Walgreens app, online at walgreens.com or call 715-355-9640.

Aspirus Weston Clinic, 4005 Community Center Drive: Testing by appointment; login to the MyAspirus app, visit myaspirus.org or call 844-568-0701.

Merrill

Merrill Festival Fairgrounds, 2001 E. Second St.: Noon to 4 p.m. Jan. 11, Jan. 18 and Jan. 25. Offered by the Lincoln County Health Department. Drive-thru testing for anyone 12 months and older. Appointments are not required, but pre-registration at register.covidconnect.wi.gov is encouraged. For more information, call 715-536-0307.

Walgreens 101 N. Center Ave.: Free drive-thru PCR and rapid diagnostic testing for patients ages 3 and older. Testing by appointment; register through the Walgreens app, online at walgreens.com or call 715-539-0218.

Antigo

Walgreens 2204 Neva Road: Free drive-thru PCR and rapid diagnostic testing for patients ages 3 and older. Testing by appointment; register through the Walgreens app, online at walgreens.com or call 715-627-7430.

Abbotsford

Abbotsford Public Library, 203 First St.: 4 p.m. to 7 p.m. Jan. 24. Offered through the Marathon County Health Department. Appointments can be scheduled at register.covidconnect.wi.gov; walk-ins are welcome. Nasal PCR testing for anyone 12 months and older who are experiencing symptoms of COVID-19 or have been exposed to someone who has tested positive. For more information, call 715-261-1900.

Medford

Aspirus Medford Hospital, 135 S. Gibson St.: Testing by appointment; login to the MyAspirus app, visit myaspirus.org or call 844-568-0701.

Vaccines, boosters offered at local sites

Jamie Rokus

Wausau Daily Herald

USA TODAY NETWORK - WISCONSIN

As the omicron variant of the COVID-19 virus spreads across the state and local health departments move into crisis mode for communicating with those who have tested positive for the virus and their close contacts, health experts are urging everyone 5 years and older to get vaccinated against COVID-19.

There are three COVID-19 vaccines available in the U.S.: the Pfizer vaccine, the Moderna vaccine, and the Johnson & Johnson (Janssen) vaccine. The Centers for Disease Control and Prevention recommends people receive an mRNA COVID-19 vaccine (Pfizer or Moderna) over the Johnson & Johnson vaccine. The CDC reports the Pfizer and Moderna vaccines are safer and more effective than the Johnson & Johnson COVID-19 vaccine, but all three FDA-approved vaccines are effective at preventing serious illness, hospitalization and COVID-19-related deaths, according to the Wisconsin Department of Health Services.

The Pfizer vaccine is available to everyone 5 years and older, and the Moderna vaccine and Johnson & Johnson vaccine are available to those 18 years and older.

The CDC also has recommended booster doses of the vaccines and earlier this month shortened the recommended booster interval from six months to five months for the Pfizer and Moderna vaccines.

The booster interval recommendation for people who received the Johnson & Johnson vaccine remains at two months.

Last week the CDC recommended a single booster dose of the Pfizer COVID-19 vaccine for youths ages 12-15. The Pfizer COVID-19 vaccine is the only one recommended for 12- to 17-year-olds at this time.

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COVID-19

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In Wisconsin, 58.5% of residents have completed their vaccination series as of Jan. 11 (two doses of Pfizer or Moderna or one dose of Johnson & Johnson). In Marathon County, 54.4% of residents have completed their vaccination series, including 12.5% of children 5-11 and 46.2% of youths ages 12-17.

Health care systems and county health departments in central Wisconsin are offering the COVID-19 vaccine for everyone 5 years and older as well as booster shots for those 12 years and older. Many local pharmacies also are offering the vaccine. Each provider has different vaccines available and serves different age groups. Call for more information or to schedule an appointment.

Here are some of the locations where you can get a COVID-19 vaccine in the Wausau area. This listing will be updated as additional vaccination clinics are announced.

Wausau clinic

Northcentral Technical College, Center for Business & Industry Building, 1000 W. Campus Drive: 11 a.m. to 7 p.m. Tuesdays through Fridays and 11 a.m. to 3 p.m. Saturdays. Offered by the Marathon County Health Department. Clinic has all approved vaccines and booster doses available. Appointments are recommended by visiting vaccinate.wi.gov. For more information, call 844-684-1064.

Merrill clinic

Lincoln County Service Center, 801 N. Sales St.: 1 p.m. to 3:30 p.m. Jan. 14. Offered by the Lincoln County Health Department. Pfizer COVID-19 booster shots will be available. Pre-registration is required. For more information, call 715-539-1375.

Medford clinic

Medford Fire Department, 844 W. Broadway Ave.: 11 a.m. to 5 p.m. Jan. 19 and Jan. 26. Offered by the Taylor County Health Department. Pfizer vaccine available for anyone 5 years and older; Moderna and Johnson & Johnson offered for those 18 years and older. Pre-register at vaccinate.wi.gov; walk-ins



Health care systems, county health departments and many pharmacies are offering the COVID-19 vaccine for everyone 5 years and older as well as booster shots for those 12 and older.

AARON E. MARTINEZ/USA TODAY NETWORK

are welcome. For more information, call 715-748-1410.

Health systems

Aspirus Health: Individuals can schedule an appointment via the MyAspirus app or the patient portal at myaspirus.org, or by calling the Aspirus COVID-19 Call Center at 844-568-0701.

Marshfield Clinic Health System: Individuals can complete an online form to request a vaccine appointment, self-schedule online, attend a walk-in clinic or call 877-998-0880 from 8 a.m. to 5 p.m. Monday through Friday. Additional information is available at marshfieldclinic.org/CovidVaccine.

Pharmacies

CVS: Appointments are required; register online at cvs.com or call 715-842-0744 (Wausau) or 715-355-1359 (inside Target in Weston).

Pick 'n Save: Appointments are required; register online at picknsave.com or call 715-679-8250 (Wausau), 715-359-3194 (Weston) or 715-241-0245 (Mosinee).

Walgreen: Appointments are required; register through the Walgreens app, online at walgreens.com or call 715-848-8730 (504 S. 17th Ave.), 715-845-8279 (105 Central Bridge St.), 715-355-9640 (Weston) or 715-539-0218 (Merrill).

Walmart, 4331 Eighth St. S.: Appointments are required; register online at walmart.com or call 715-359-6877 (Wausau), 715-536-5530 (Merrill) or 715-748-9020 (Medford).

Schools vary on responses to latest surge

**Rory Linnane, AnnMarie Hilton
and Alec Johnson**

Milwaukee Journal Sentinel

USA TODAY NETWORK – WISCONSIN

Amid dire warnings from brimming hospitals and unprecedented levels of COVID spread due to the omicron variant, Wisconsin students are again paying the price for an unbridled pandemic.

As more students and teachers are testing positive for COVID-19 than at any other point in the pandemic, school responses range from reverting to virtual learning, to pushing ahead but with additional safety measures, to continuing in class and not requiring masks.

Gov. Tony Evers urged schools this week to stay open by using every tool to limit COVID spread, including requiring masks, using a state testing program and hosting vaccine clinics. State health officials also came out in support of new federal guidance for shorter isolation periods, where masking is required.

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Schools

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Some schools have followed suit. The Appleton Area School District, where about 3% of students and 5.6% of staff were positive with COVID-19 Monday, opted to maintain a mask requirement until mid-February rather than end the mandate next week as planned, in hopes of keeping schools open.

"This is an exasperating situation," Appleton School Board member Ed Ruffolo said.

Others, like Milwaukee Public Schools, despite implementing safety measures, have found so many teachers are COVID positive that they can't safely supervise students in person.

Still others, like those in Muskego-Norway, are staying open and shortening isolation periods without implementing mask requirements, despite high case numbers.

Families are left with hard decisions, some looking for last-minute child care for virtual learning, as familiar worries return about academic and mental health setbacks. Others are concerned about how sick their children might get at school, the viral load they might bring home to vulnerable relatives or how long the effects of long-COVID could linger.

"For me, the goal is always to keep schools open," said Ann Zielke, a Muskego-Norway parent. "Ensuring that those environments are safe is what allows every kid to learn in person. But what they're doing is providing an unsafe environment and forcing me to send (my daughter) there."

Going virtual, again

The state's two largest school districts, Milwaukee and Madison, moved all schools to virtual platforms until Jan. 18 and Jan. 10, respectively.

Other districts – like Kenosha, Racine, Green Bay, Greendale, Kettle Moraine and West Allis – moved some schools to virtual platforms due to high case counts, staff shortages and a lack of substitute teachers.

"Greendale High School staff absences due to COVID isolation and quarantine continue to exceed our capacity to provide sufficient substitute coverage and supervision," Greendale School District superintendent Kim Amidzich said.

It's not only public schools making the transition. At St. Joseph Academy, CEO Tabia Jones said the school was going virtual for two weeks after finding 43 positive cases last week. The school tests about 100 staff and 350 consenting students, out of a population of 500, each week. Typically, only one or two come back positive, Jones said.

"The surge has been maddening," Jones said.

Jones said St. Joseph school families have been supportive of aggressive safety measures throughout the pandemic. The school also has helped families through financial hardship, distributing funds to help them pay bills. The school requires masks and keeps students in pods who have lunch in their classrooms.

"In our community, families live together. If we have a positive case, it affects a lot of people in the households," Jones said.

Relaxing precautions

At the same time, some districts are rolling back the required isolation period for COVID-positive students and staff from 10 days to five. New guidelines from the Centers for Disease Control and Prevention allow for the shorter period, if those infected continue to mask strictly for the following five days.

But some schools, like those in Muskego-Norway, are taking advantage of the shorter isolation period without requiring masking afterward – just "strongly encouraging" it. They're also sidestepping other recommendations, choosing not to sponsor any vaccination clinics in

the school district.

Zielke said the policy makes her worry about sending her daughter to school. While her daughter wears a mask, very few of her classmates do, Zielke said. And because of her daughter's disabilities, open-enrolling into another district isn't an option for them.

"It's been difficult for a lot of kids to be the only one masking," Zielke said.

Schools in Little Chute are also adopting the shorter isolation period and requesting masking for five days after the period. Masks are optional in the district, so the five-day period of masking will be on the honor system, administrators said.

Little Chute's school board also voted to end contract tracing in the district and cease sending letters to families to inform them of positive cases.

Other schools, including Milwaukee Public Schools and St. Joseph Academy, have chosen to maintain the longer isolation period, noting the impossibility of enforcing perfect masking at school and concerns that COVID can be contagious longer than five days.

Recognizing the importance of masking, schools in Green Bay are using the shorter isolation period in tandem with better masking practices, providing surgical masks to students and teachers rather than less-effective cloth masks.

Many schools are also stepping up their supply of KN95 and N95 masks, which are more effective than cloth and surgical masks, and can be requested from a state stockpile.

Health officials continue to stress vaccination as the top strategy for limiting the spread and hospitalizations caused by COVID, and they've encouraged schools to host clinics.

Booster doses are now recommended for those 12 and older, five months after receiving the last dose of Pfizer or Moderna vaccine; or two months after receiving Johnson & Johnson.

Vaccination opportunities can be found at vaccines.gov.

Gov. Evers deploying National Guard to help hospitals combat COVID-19 surge

Molly Beck Milwaukee Journal Sentinel
USA TODAY NETWORK – WISCONSIN

MADISON – Gov. Tony Evers is deploying more than 200 Wisconsin National Guard members to long-term care facilities across the state to free up space in hospitals facing a record number of COVID-19 infections.

The goal is to open up at least 200 beds in care facilities by the end of February to allow hospitals to discharge patients who no longer need their care but cannot go home.

The announcement comes three weeks after the Milwaukee Journal Sentinel reported there were about 600 patients in Wisconsin hospitals who be-



Evers

longed in nursing homes or assisted living facilities but could not be discharged because there weren't enough staff in the long-term care centers to care for them despite having plenty of

beds.

"We've all seen the tragic story of individuals who need urgent care or treatment, whether COVID or not, but can't get it because our hospitals are full," Evers said during a media briefing on Thursday. "As we continue to see COVID-19 cases and hospitalization surge, we are pursuing every available option to bring needed staffing support to Wis-

consin's health systems."

Wisconsin hospitals are facing an unprecedented number of COVID-19 cases, with 13,004 new infections confirmed on Thursday — a record. More people are hospitalized with COVID-19 right now than at any other point in the coronavirus pandemic but health care facilities are navigating the surge with less staff.

Since March 2020, nursing homes have decommissioned 1,600 beds across Wisconsin because of staffing shortages, according to John Sauer, president and CEO of LeadingAge Wisconsin, a group representing

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Evers

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long-term care providers. Nearly 700 of those were during 2021.

As a result, hundreds of patients are lingering in hospital beds — sometimes for months — because they can neither be discharged nor moved to a staffed care center. And now, COVID-19 is surging again in Wisconsin while hospitals grapple with staff burnout as the coronavirus pandemic enters its 24th month.

In long-term care facilities, officials say the burnout and fatigue workers are experiencing right now are exacerbating longstanding staffing challenges that grew, in part, because the facilities aren't paying salaries that can compete with employers in less stressful environments.

Like other points in the pandemic, Evers is turning to the guard to fill holes

in staffing created by COVID-19 infections, related burnout, or fear of becoming infected.

Since March of 2020, the guard has been deployed to work at polling locations, to assist medical examiners, in COVID-19 testing and vaccination centers, and now will be trained to be certified nursing assistants.

He said Thursday that beyond guard deployments, increasing state funding for nursing education programs would help to prevent unsustainable worker shortages in the future.

Republican lawmakers who control the Legislature have signaled they do not plan to pass any new measures aimed at providing relief to the stressed health care system.

The staggered deployments will take place over a seven-week span after all 210 guard members complete CNA training. The first 50 guard members are being deployed to six nursing homes this week, according to the governor's office.

Early deployment to aid Bellin Hospital in Green Bay

Ten of the first round of deployed guard members are heading to Green Bay to make 20 new beds available at Odd Fellow nursing home, allowing Bellin Hospital to discharge patients to the facility.

The guard CNAs will be supervised by registered nurses from Bellin and will care for patients who had been stuck at the hospital due to staffing shortages at nearby nursing homes. The deployment is expected to last until mid-March, according to Bellin Health spokeswoman Kelly McBride Moore. The National Guard team arrives weeks after a team of U.S. Navy medical personnel was deployed by President Joe Biden to Bellin Hospital amid the omicron surge.

"We see ourselves as neighbors helping neighbors, and when we say that, we mean it," Maj. Gen. Paul Knapp, who oversees the state's national guard, said in a statement. "We will continue to as-

sisl our state in any way we can because we live and work in these same communities across Wisconsin."

Some Republicans have blamed staffing shortages at hospitals on requirements for staff to be vaccinated against COVID-19, but there isn't data available to support the claims.

"There has been a very small loss of staff due to vaccine requirements, which started being announced in late July," the Wisconsin Hospital Association said in a statement. "Most of our members are indicating less than 2% of their workforce being impacted, and even less in direct patient care roles."

"Hospital vaccine policies are not what is causing nearly two years of COVID strain and stress on hospitals and their staffs," the association said. "In addition to the workforce challenges plaguing all industries right now, the perpetuation of this pandemic has caused far more people to leave the health care workforce than vaccine requirements."

Health experts offer advice on navigating omicron with children

Amy Schwabe and Rory Linnane
Milwaukee Journal Sentinel
USA TODAY NETWORK - WISCONSIN

As omicron surges in Wisconsin, much about the pandemic feels exhaustingly familiar for parents: rising case counts, school closures and battles over masks.

But there are new factors to consider, including mass vaccinations, a variant with new patterns and different health guidelines.

As parents try to navigate a third pandemic school year, experts answered some common questions.

Is omicron causing more hospitalizations of kids than previous variants?

Dr. Michael Gutzelt, chief medical officer at Children's Wisconsin, said there has been an increase in hospitalizations of children as a result of the latest wave of COVID-19.

A big reason is that omicron has caused an increase in rates across all age groups, and a corresponding increase in hospitalizations.

Gutzelt also noted that many kids who are being hospitalized are being hospitalized "with COVID, not for COVID." They come to the hospital for different reasons and are then also found to be positive for COVID infection.

That differs from the situation among adults who are admitted to hospitals with severe cases of COVID.

"The vast majority of (adults) in our hospitals with COVID are there because they have COVID," noted Robert Citronberg, the executive medical director of infectious disease and prevention at Advocate Aurora. "All of our patients in our intensive care units with COVID are there because they have COVID."

Does omicron cause more serious disease in kids than previous variants?

Dr. Smriti Khare, president of primary care at Children's Wisconsin, said they have not seen children get more ill with omicron than they have with previous variants.

She also emphasized that data is still new and being monitored.

Although children typically handle COVID-19 infections better than adults do, she challenged the narrative that COVID is not serious for children. Some children have died of COVID,

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A person is checked in for a COVID-19 test at the Northwest Health Center free COVID-19 testing site on West Mill Road in Milwaukee on Dec. 27.

MIKE DE SISTI / MILWAUKEE JOURNAL SENTINEL

Advice

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Khare said N95 or KN95 masks, worn properly, are the most effective. A surgical mask is next most effective. She said if wearing a cloth mask, one with multiple layers will be the best choice.

Are vaccines safe and effective for kids?

The Pfizer vaccine has been approved for children 5 and over, and Khare and Gutzelt said they're both safe and effective.

"Even before the development of this vaccine, we have a lot of understanding of how vaccines work, and we don't have as many concerns about their long-term effects," Khare said. "But COVID-19 isn't as well understood, and we do know the actual disease has long-term effects. Any time we recommend any medication, we're looking at the risk-benefit analysis, and for COVID, the risk of the vaccine is so far outweighed by the risk of the actual disease."

What about myocarditis?

Myocarditis has been identified as a very rare complication in mostly adolescent boys of the Pfizer vaccine.

"Less than 1% of adolescents required any medical care in the week after getting myocarditis," Khare said. "And I'm happy to say that most of the cases have been self-resolved, and the children have been well after that."

Khare also pointed out that myocarditis is more prevalent as a complication of COVID-19 itself than it is as an effect

of vaccination.

What about how quickly the vaccines were developed?

Khare said two main factors went into the relatively rapid production of the vaccines, neither of which compromised safety. First, due to the pandemic, an unprecedented amount of resources were dedicated to vaccine development.

Second, because so many people throughout the world have been contracting COVID-19, data regarding vaccine effectiveness and safety was available much more quickly than would be the case when developing and testing a vaccine for a disease that was not affecting as many people.

Should healthy teenagers get booster shots?

Both Khare and Gutzelt said kids should get booster shots when they're eligible.

Booster doses are now recommended for those 12 and older, five months after receiving the last dose of Pfizer or Moderna vaccine; or two months after receiving Johnson & Johnson.

Vaccination opportunities can be found at [vaccines.gov](https://www.vaccines.gov).

Khare said it's not unusual to have uncertainty regarding the best vaccination schedule when a vaccine is first introduced.

"What we've seen from the data are that the first two doses show a great immune response, then it starts to dip," Khare said. "When you get a booster, there's a significant response from your own natural immunity that protects against disease in a better way."

She also said data shows boosters are just as safe as the original vaccines.

Report: Wis. deaths related to alcohol rose almost 25% in 2020

Madeline Heim
Appleton Post-Crescent
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MADISON - More than a thousand Wisconsin residents died from alcohol-induced causes in 2020 — a nearly 25% increase from the year prior.

The increase was highlighted in a report released Thursday by the non-partisan Wisconsin Policy Forum, which analyzed mortality data that the federal Centers for Disease Control and Prevention released in late December.

The data only include deaths that were directly attributable to alcohol, such as cases of poisoning and liver disease, not deaths that may have been linked to alcohol, such as car accidents and falls.

Alcohol deaths in the Badger State have risen steadily from the beginning of the millennium, but the latest uptick is the state's sharpest one-year increase since 1999.

In 2020, death certificate data show 1,077 residents died due to alcohol-induced causes, compared to 865 in 2019, and 356 in 1999.

The increase was most pronounced among middle-aged Wisconsinites. According to the Policy Forum report, this reflects that deaths due to causes such as liver disease occur after several years of heavy drinking.

Alcohol-related death causes that more often affect younger people, such as alcohol poisoning, account for a much smaller share of the total deaths.

Long-term increases in deaths are occurring in all racial and ethnic groups, the report said, but researchers noted that the rate of Black Wisconsinites dying from alcohol-induced causes over the past decade has outpaced the rate of other Black Americans.

In 2019, the alcohol-induced death rate for Black Wisconsinites was higher than that of white Wisconsinites for the first time since 2005, according to the report.

It declined slightly in 2020, to 15.6 deaths per 100,000, but still outpaces the national rate for Black people that year of 10 deaths per 100,000.

It's an issue that needs more study, said Maureen Busalacchi, director of

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Alcohol

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the Wisconsin Alcohol Policy Project, which is housed within the Medical College of Wisconsin and works with communities to implement practices that reduce underage and binge drinking.

Black residents are living in the same environment as every Wisconsinite, she said — a state whose alcohol culture is deeply entrenched.

Wisconsin has in recent decades topped national lists of places where people drink heavily.

Last summer, data from the University of Wisconsin's Population Health Institute found that Outagamie and Calumet counties had the nation's highest percentages of residents who report drinking excessively, and several other counties ranked among the highest.

A 2019 report from the same group found that in the year prior, nearly a quarter of Wisconsinites reported binge drinking (five drinks or more per occasion for men and four drinks or more per occasion for women), compared to 16% of U.S. residents overall.

The amount of alcohol Wisconsinites bought during the pandemic also made headlines: The state collected 16.6% more in revenue from excise taxes on alcoholic beverages in the last fiscal year that ended in June 2021, an increase that hadn't been seen in five decades.

And even though some people may have driven less in 2020 because of the pandemic, there were 167 people killed in alcohol-related crashes, according to the state Department of Transpor-

tation.

That number, which isn't included in the CDC total, was up from 140 in 2019 — though it was roughly in line with the five-year average of 160.

Busalacchi said it doesn't surprise her, given the long-term figures, that alcohol-induced death rates are rising, and said legislative policies meant to expand access to alcohol may have opened the door.

"All of this ... It didn't happen by accident," Busalacchi said. "There were policy changes and the intended outcome has essentially happened."

No one intended that people would die, she said, but a culture of excessive alcohol use has led to it.

Both Busalacchi and the Policy Forum report mentioned a 2021 bill signed into law by Gov. Tony Evers that would allow bars and restaurants to start selling wine and cocktails to go.

That runs counter to approaches recommended in a 2020 brief from the U.S. Department of Health and Human Services to make alcohol less readily available.

The same brief recommends reducing the amount of hours in a day that alcohol can be sold and curbing the amount of liquor licenses that municipal governments issue.

The Policy Forum report also noted that taxing alcohol at a higher rate could reduce consumption — a move researchers wrote would "likely be politically unpopular" — and suggested lawmakers put money from Wisconsin's budget surplus toward prevention, intervention and treatment for alcohol abuse.

"I feel like we're at a crossroads in Wisconsin, and we need to really think about how we want to approach this," Busalacchi said.

Experts await sign of omicron's decline in sewage data

Sophie Carson

Milwaukee Journal Sentinel USA TODAY NETWORK – WISCONSIN

As COVID-19 cases and hospitalizations due to the omicron variant climb to new heights, wastewater surveillance indicates some areas of the U.S. may have crested the wave.

In Wisconsin, the data has yet to indicate a peak. But used alongside case counts, public health experts say testing sewage for the virus can be an important tool in monitoring pandemic trends.

“It’s another dimension, another perspective that we can use, and potentially is an early warning sign where cases are increasing,”

said Ryan Westergaard, chief medical officer for the state Department of Health Services Bureau of Communicable Diseases.

A DHS dashboard that compiles data from wastewater treatment plants around the state launched in August.

Right now, water samples from more than 60 sewersheds are being analyzed regularly for the coronavirus by staff at the Wisconsin State Lab of Hygiene and the University of Wisconsin- Milwaukee’s School of Freshwater Sciences.

The samples aren’t showing a sustained decline in prevalence of the virus yet, but those who work with the data are hopeful a downward trend will become apparent soon.

Sandra McLellan, a microbiologist

in UWM’s School of Freshwater Sciences who works with the wastewater samples, has noted a slight decline in two or three recent batches from Milwaukee’s Jones Island treatment plant.

Jones Island serves about 470,000

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Sewage

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people in the Milwaukee area.

McLellan said she’d feel confident the data reflects a decline when it lasts two weeks, or about five rounds of samples, since it often fluctuates.

“We’re not really seeing that in a lot of plants around Wisconsin yet, but we do see some indications a few samples are lower. I’m hoping by next week, we’ll see them continue to drop,” McLellan said.

A database from Biobot Analytics, a company monitoring wastewater data in many states, shows small declines in the prevalence of the virus in wastewater both nationally and in the Midwest from the week of Jan. 5 to Jan. 12.

Alternate look at prevalence of virus

Wastewater can be a reliable early indicator of a rise

in cases before traditional testing numbers begin to reflect it. And, on the other side of the peak, a decline in cases.

And since everyone uses the bathroom, it’s a good way to get a universal picture of the virus in the community instead of looking only at the people that seek out testing, experts say.

Plus, during certain times of the year, like the holidays, more people see testing.

“Maybe a few months ago those cases maybe weren’t recognized because people didn’t get tested,” McLellan said. “Wastewater, it’s not relying on testing. It’s always same, consistent measure of what’s in the population,” she said.

Widespread wastewater surveillance for diseases hasn’t occurred before except in a few cases around the world, McLellan and Westergaard said.

“The question of wastewater

treatment has been an interesting and frankly surprising success,” Westergaard said.

McLellan is excited about the future of wastewater surveillance of infectious diseases.

Her lab is testing for coronavirus variants as well as influenza to get a sense of their prevalence in the state.

She’s even interested in monitoring things like a community’s resistance to antibiotics.

“One of the things this pandemic has done is really opened our eyes to — ‘hey, there is a way to monitor population health,’” McLellan said.

COVID-19 cases drop, hospitals still full

Daily cases of COVID-19 have fallen from their high point in early December, but the state's Department of Health Services continues to declare that the level of disease activity in Marathon County is "critically high" and that empty hospital beds across Northcentral Wisconsin are tough to find.



Aaron Ruff

The DHS reported that there were 87 confirmed cases of the coronavirus in Marathon County on Dec. 27. That compares with 251 cases on Dec. 2.

This year's disease pattern appears to mirror last year's surge. In 2020, COVID-19 cases started to dramatically increase starting in September. They peaked above 250 cases a day on Nov. 15 and gradually diminished to the single digits by June.

At the same time, DHS reports that hospitals across northcentral Wisconsin as of Dec. 21 are full of patients, including those with cases of COVID-19:

- Ninety-three percent of hospital beds are full, including 97 percent of Intensive Care Unit (ICU) beds. Forty-four percent of ventilators are being used.

- Eighty-two percent of hospitals are at "peak capacity" including all of hospital ICUs. Eighty-two percent of surgical medical units are at capacity.

Aaron Ruff, spokesman for

COVID-19

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the Marathon County Health Department, said that Marathon County had a "rough month" in December for COVID-19 where 50 people died and 210 individuals were hospitalized.

Ruff underscored that the vast majority of county coronavirus cases, 78 percent, are among people who are not vaccinated. Only three percent involved people who are fully vaccinated with a booster shot, he said.

Ruff said the Wisconsin Lab of Hygiene has reported that Delta is the most prevalent variant among Wisconsin coronavirus cases. The lab does genomic sequencing of random cases around the state. Ruff said it is "most likely" that the Omicron variant has found its way to Marathon County.

The spokesman said Marshfield Clinic and Aspirus representatives have told him that they are postponing elective surgeries at this time because of a surge of COVID-19 cases.

In other coronavirus news:

■ North Central Health Care (NCHC) announced Dec. 20 it is working with Aspirus Health and Marshfield Clinic to admit up to four COVID-19 recovered patients per day into Mount View Care Center in Wausau or Pine Crest Nursing Home in Merrill. These covid-recovered patients will receive skilled nursing care within NCHC's current operations in partnership with the North Central Wisconsin Healthcare Emergency Readiness Coalition. These patients will be isolated from other NCHC operations.

■ An Aspirus Wausau Hospital physician with experience treating COVID-19 patients said this week that vaccinations and booster shots for the disease were superior to natural immunity after having the disease.

Dr. Adam Clements said that natural immunity from COVID-19 can be spotty. A recent Center for Disease Control study found that 36 percent of

COVID-19 cases didn't result in development of SARS-CoV-2 antibodies, he said. Additionally, Clements explained, natural immunity fades quicker than immunity from a COVID-19 vaccine. Sixty-five percent of people who start with a lower antibody baseline from infection completely lost their COVID-19 antibodies within 60 days.

"Natural immunity is great for mono," said Dr. Clements. "People don't die from mononucleosis and the immunity lasts a long time. For covid, natural immunity is not an effective or wise strategy."

Dr. Clements advised people getting vaccinated to avoid serious illness or death from COVID-19.

"I have never seen anyone die from a vaccine-related complication," Dr. Clements said. "I see people die of covid every single day at this hospital."

Sources

- Arseneau, K. A. (2021, December 23). ASPIRUS AND MARSHFIELD LONG-TERM COVID PATIENTS TO BE MOVED. *Wausau Daily Herald*, 1A; 2A.
- Beck, M. B. (2022, January 15). Gov. Experts Await Sign of Omicron's Decline In Sewage Data. *Milwaukee Journal Sentinel USA TODAY NETWORK- WISCONSIN*, 1A; 2A.
- Carson, S. C. (2022, January 22). Gov. Evers deploying National Guard to help hospitals combat COVID-19 surge. *Milwaukee Journal Sentinel USA TODAY NETWORK- WISCONSIN*, 1A; 2A.
- Heim, M. H. (2022, January 18). REPORT:WIS. DEATHS RELATED TO ALCOHOL ROSE ALMOST 25 % PERCENT in 2020. *Appleton Post-Crescent-USA Today Network-Wisconsin*, 1A; 2A.
- Johnson, M. J. (2021, December 28). COVID-19 VARIANTS DISRUPT IMMUNE SYSTEM. *Wausau Daily Herald*, 1A; 3A.
- Linnane, Hilton & Johnson, R. L. A. H. A. J. (2022, January 14). SCHOOLS VARY ON RESPONSES TO LATEST SURGE. *Milwaukee Journal Sentinel- USA Today Network-Wisconsin*, 1A; 2A.
- Rokus, J. R. (2022a, January 11). Where can I get tested for COVID-19 in the Wausau area? *Wausau Daily Herald- USA Today Network-Wisconsin*, 1A;5A.
- Rokus, J. R. (2022b, January 13). VACCINES, BOOSTERS OFFERED AT LOCAL SITES. *Wausau Daily Herald- USA Today Network- Wisconsin*, 1A; 7A.

Sources Cont.

Schwabe, Linnane, A. S. R. L. (2022, January 17). HEALTH EXPERTS OFFER ADVICE ON NAVIGATING OMICRON WITH CHILDREN. *Milwaukee Journal Sentinel- USA Today Network-Wisconsin*, 1A; 2A.

Shuda, C. S. (2021, December 29). MARATHON COUNTY UP 649 CASES, Portage County up 325. *USA TODAY NETWORK - WISCONSIN*, 1A;5A.

The Record-Review. (2021, December 29). COVID-19 CASES DROP, HOSPITALS STILL FULL. *The Record-Review*, 1; 17.

Uhlig, K. U. (2021, December 22). WE KNOW SHE IS AT PEACE': WAUSAU MOM OF 3 TEENS DIES OF COVID-19. *Wausau Daily Herald*, 1A; 5A.