



MARATHON COUNTY BOARD OF HEALTH AGENDA

Date & Time of Meeting: **Tuesday, March 8, 2022, at 7:45 a.m.**

Meeting Location: **Courthouse Assembly Room, B-105, 500 Forest Street, Wausau WI**

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

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)*

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Board of Health members and the public to attend this meeting remotely. Instead of attendance in person, Committee members and the public may attend this meeting by **telephone conference**. If Committee members or members of the public cannot attend remotely, Marathon County requests that appropriate 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:**

Phone #: +1-408-418-9388

Access Code: 2497 486 2567

When you enter the telephone conference, **PLEASE PUT YOUR PHONE ON MUTE!**

1. **Call Meeting to Order**
2. **Public Comment (15 Minutes)** *(Any person who wishes to address the County Board, or one of its committees, during the "Public Comment" portion of meetings, must provide his or her name, address, and the topic he or she wishes to present to the Marathon County Clerk, or chair of the committee, no later than five minutes before the start of the meeting.)*
3. **Approval of the February 8, 2022, Board of Health Meeting Minutes**
4. **Policy Issues for Discussion and Possible Action**
5. **Operational Functions Required by Statute, Ordinance, or Resolution**
6. **Educational Presentations and Committee Discussion**
 - A. Update on Wausau’s ongoing PFAS mitigation efforts and the role of the health department
 - B. Review of data relative to suicide rates in Marathon County
 - C. Marathon County Health Department COVID Status Review
 - D. Report From the Health & Human Services Committee Meeting on Policy Issues Impacting Public Health
7. **Next Meeting Date & Time, Location, Announcements and Future Agenda Items:**
 - A. Committee members are asked to bring ideas for future discussion.
 - B. Next Board of Health Meeting: **Tuesday, April 12, 2022, at 7:45 a.m.**
8. **Adjournment**

**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 261-1500 or e-mail countyclerk@co.marathon.wi.us one business day before the meeting*

SIGNED: _____
Presiding Officer or Designee

EMAILED TO: Wausau Daily Herald, City Pages, and other Media Groups

NOTICE POSTED AT COURTHOUSE

EMAILED BY: _____

BY: _____

DATE & TIME: _____

DATE & TIME: _____

Marathon County Board of Health Minutes

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

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

Present - In Person: Tara Draeger, John Robinson, Mike Walters (Aspirus)

Present - Via WebEx: Dean Danner, Corrie Norrbom, Kue Her, Craig McEwen, Tiffany Rodriguez-Lee, Helen Luce

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

Others via WebEx: Keshani Bhushan (Marshfield Clinic), Chris Dickinson, Sarah Dowidat, Jean Maszk, Ryan Neville (Marshfield Clinic), Danielle Scoukley Laurie Solomon, Kim Trueblood, Becky Turpin

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

1. Call to Order
John Robinson called the meeting to order at 7:46 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, health system practices, among other items.

Name	Residence
Steve Frazier	Schofield, Wisconsin
Tanya Riehle	Wausau, Wisconsin
Tim Sondelski	Mosinee, Wisconsin
Stacy Morache	Wausau, Wisconsin
Mark Groffin	Wausau, Wisconsin
Robin Baker	Wausau, Wisconsin
Joshua Wells	Wausau, Wisconsin
Michael Bautsch	Wausau, Wisconsin
Sandy Bautsch	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 for public comment.

3. **Approval of the Minutes**
 - A. **January 11, 2021, Board of Health Meeting**

Motion to approve the minutes of the January 11, 2022, Board of Health meeting made by Craig McEwen. Second by Tiffany Rodriguez-Lee. Motion approved.

4. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None

5. **Policy Discussion and Possible Action**

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

A working copy of the Department of Agriculture, Trade, and Consumer Protection state licensing program contract was provided in the board packet. Dale Grosskurth, Environmental Health and Safety Director pointed out modifications on pages 4,5,6,10, and 11. The proposed changes are consistent with DATCP licensing programs. Licenses can also be transferred to an immediate family member. John Robinson, Chair, reiterated to the board that the modifications were made to stay consistent with state changes.

Motion to approve changes to state licensing program contract from the Department of Agriculture, Trade, and Consumer Protection made by Tara Draeger. Second by Kue Her. Motion approved.

6. **Educational Presentations/Outcome Monitoring Reports**

- A. Robinson formally welcomed Helen Luce, DO as a new Board of Health member. Helen Luce, DO was newly appointed by the Marathon County Board in January 2022. Dr. Luce gave her introduction and thanked the Board.

- B. Aspirus Wausau Health System COVID Overview

The Board welcomed Mike Walters, MD, Vice President and Senior System Physician, Executive of Specialty Care for Aspirus Health. Dr. Walters thanked the board and shared that the latest peak caused a rapid spike in hospitalizations within their system. Dr. Walters stated that as an emergency physician, the downstream affects have caused bed shortages and, as a result, has had impacts on outpatient and inpatient service availability. They have had to refer patients to external systems as far as Missouri and Duluth. Dr. Walters also mentioned that in the state of Wisconsin, 95% of ICU units are being utilized and are at capacity. This was the highest usage out of the 2 years of COVID. There were greater demands and volumes in outpatient care and lab testing. Their workforce has also been impacted. About 500 employees are out ill with influenza-like illness system-wide; about 1/3 have tested positive for COVID. For those in ICU, most are unvaccinated. Vaccinated individuals have less severe illness and generally do not require hospitalization. Aspirus continues their efforts in developing ways to bring back good practices, prevention methods, and retain their employees. As the COVID spike rose, Aspirus had to stop surgeries, but Aspirus has resumed this practice now.

C. Marshfield Clinic Health System COVID Overview

The board welcomed 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. Neville indicated that Marshfield Clinic is experiencing similar health system impacts as Aspirus. COVID has caused Marshfield and other health systems to add COVID workload on existing systems, putting pressure on all systems. Each COVID spike affected their workforce psychologically and have caused talented individuals to leave employment. In response, Marshfield has a dedicated psychologist to support and alleviate the mental health of their workforce. Bhushan stressed that COVID has caused 900,000 more deaths than the Spanish flu. Low vaccine rates, masking, and social distancing continues to contribute to global ramifications. Dr. Bhushan shared that Marshfield is focusing on rebuilding.

Board members asked for insights to the following questions: 1) How will health systems move from a pandemic, back to previous health system practice patterns? 2) Why is data on vaccine deaths and side effects of COVID vaccines and treatments not shared with the public? 3) How are health systems making sure all data is accurate? 4) What steps are being taken to flatten the curve?

Dr. Bhushan responded that internally, Marshfield Clinic is working to better communicate data on vaccines. She also notes that health systems do not do anything without the consent of the individual. Dr. Walters pointed out that millions of vaccines have been administered. Dr. Walters indicated that during any spike or transmissible disease event, their systems are continuously responding to keep their patients and staff safe. Some steps taken include regulating air pressure, air circulation, patients having less contact with others, cohorting patient wards, providing PPE to staff, infection protection practices, and vaccination. Neville notes that Marshfield is taking similar actions to Aspirus. Neville also indicated that there has been continued dialog of how to build and restore the trust of the community. Discussion on VAERS data and accuracy of data occurred. Last month's CDC death rates for unvaccinated individuals was also shared; unvaccinated individuals are 68% more likely to die from COVID than the vaccinated. The Board thanked Aspirus and Marshfield Clinic for informing and sharing their health system experiences.

D. Marathon County Health Department COVID Status Review

Health Officer Laura 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 have decreased. Currently, Marathon County has a total of 108 cases, but the county case activity is still considered "critically high" according to DHS. B.A2 Omicron is a new variant, and its impacts are still unknown. The UW continues to provide rapid testing. Marathon County's current vaccine rate is 58% for individuals who have received at least 1 dose of the vaccine. The NTC vaccination site is also still being supported.

Question was asked regarding the spike in COVID cases and what the health department is doing to stop the spread. Concerns regarding masking and its ability to stop the spread of COVID were also mentioned. Scudiere stated that scientific studies regarding the efficacy of

masking are available for review and that there's scientific support for the safety and efficacy of vaccines and the impacts of masking.

E. Update on Community Health Improvement Plan Process

Amanda Ostrowski, Community Health Improvement Director gave an update addressing the key health priorities for 2022: substance use and mental health. Ostrowski reviewed the chosen framework of Results-Based Accountability (RBA). This framework will help connect outcomes and accountability for stakeholders and residents of Marathon County. Ostrowski also shared that the "Turn the Curve" process will take place between April and May of 2022. Implementation will begin in June 2022 and wrap up in September 2024. A list of partners contracted and invited to be a part of the mission will be provided in the next board packet. Score cards and updates will be provided to the Board as the process continues.

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

John Robinson shared that the HHS reviewed ADRC, the KATS program, and NCHC's multi-county contract information.

7. **Announcements**

A. None

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

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

9. **Adjourn**

Motion to adjourn made by Craig McEwen; second by Tara Draeger. Motion approved.

Meeting was adjourned at 9:24 AM.

Respectfully submitted,

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



MARATHON COUNTY Health Officer Notes

- A. Update on Wausau’s ongoing PFAS mitigation efforts and the role of the health department
 - I. Staff will review of the PFAS sampling of Wausau and other municipalities. Marathon County Health Department’s role has been to provide support to these municipalities, connect partners to DHS and DNR, provide education to residents and the impacted municipalities, and assist in strategies to reduce residents’ levels of PFAS.
- B. Review of data relative to suicide rates in Marathon County
 - I. Marathon County’s Medical Examiner, Jessica Blahnik, has provided us with a quick review of data on suicide deaths in the county from 2018 to 2021 (attached in the board packet). Mental health is a key health priority for the Marathon County Health Department and is being actively addressed through the Community Health Improvement Plan process. An update on The CHIPP process was given at the February 2021 Board of Health Meeting.
- C. Marathon County Health Department COVID Status Review
 - I. A data dashboard is provided in the packet for your review. The data included in this packet reflects when the packet was posted. Up to date data can be reviewed on the online Marathon County Health Department dashboard here:
<https://www.co.marathon.wi.us/Departments/HealthDepartment/COVID19/Dashboard.aspx>
 - II. As of 2/28/22, Marathon County’s 7-day average is 21 cases. This is a steep decrease in cases since January. DHS has downgraded the Disease Activity rate from “critically high” to “very high.”
<https://www.dhs.wisconsin.gov/covid-19/local.htm> Hospitalizations due to COVID-19 are starting to decline as well.
 - III. AMI continues to provide vaccinations at NTC, though the vaccination rates at this site are decreasing as well with a total of 226 vaccines given in February. For comparison, the AMI site provided 1492 vaccines in January 2022. There are many vaccine providers in addition to AMI providing this service. Vaccine providers in Marathon County can be accessed through [vaccines.gov](https://www.vaccines.gov).
 - IV. Updated testing availability can be accessed here
<https://www.co.marathon.wi.us/Departments/HealthDepartment/COVID>

[19/TestingInformation.aspx](#) Marathon County Health Department continues to partner with the UW Stevens Point and the National Guard for additional testing availability. Other partners continue to provide testing, including Aspirus Health, Marshfield Clinic, Bridge Community Health Clinic, and various pharmacies. Partners are reporting that testing volume has decreased in the past month.

- V. On February 25, 2022, the CDC released new masking guidelines. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html> These new guidelines recommend masking based on the case level in each community. As of 2/28/22 this level was listed as “high” which recommends wearing a mask if you are indoors in public regardless of vaccination status and also recommends masking for immunocompromised individuals. Studies regarding the efficacy of masking can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html>.



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: **2/25/2022**

New Daily Confirmed Cases	20	7-Day Average (Confirmed & Probable)	24
Total Confirmed Cases	36,239	Percent Recovered	93.8%
Recovered	33,998	Ever Hospitalized	1,674
Confirmed Deaths	410	Percent Ever Hospitalized	4.6%

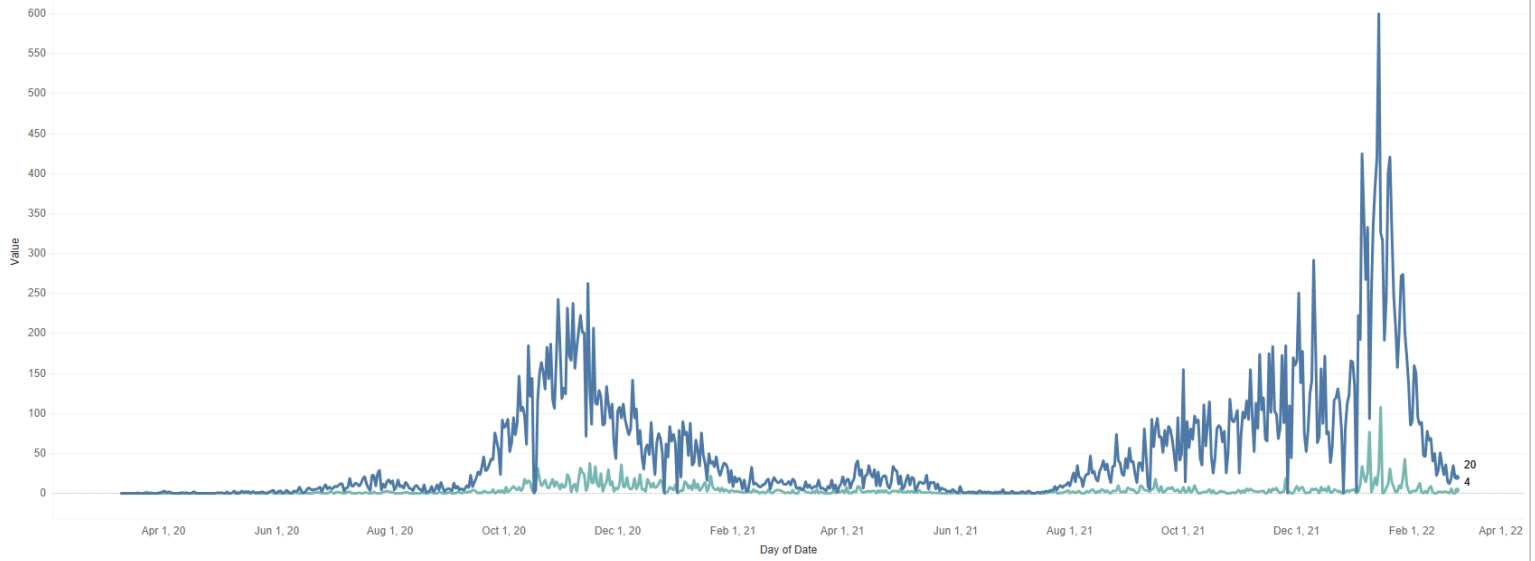


Daily New Confirmed and Probable Cases

The data is compiled by the Wisconsin Department of Health Services (DHS). Last updated: **2/25/2022**

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.



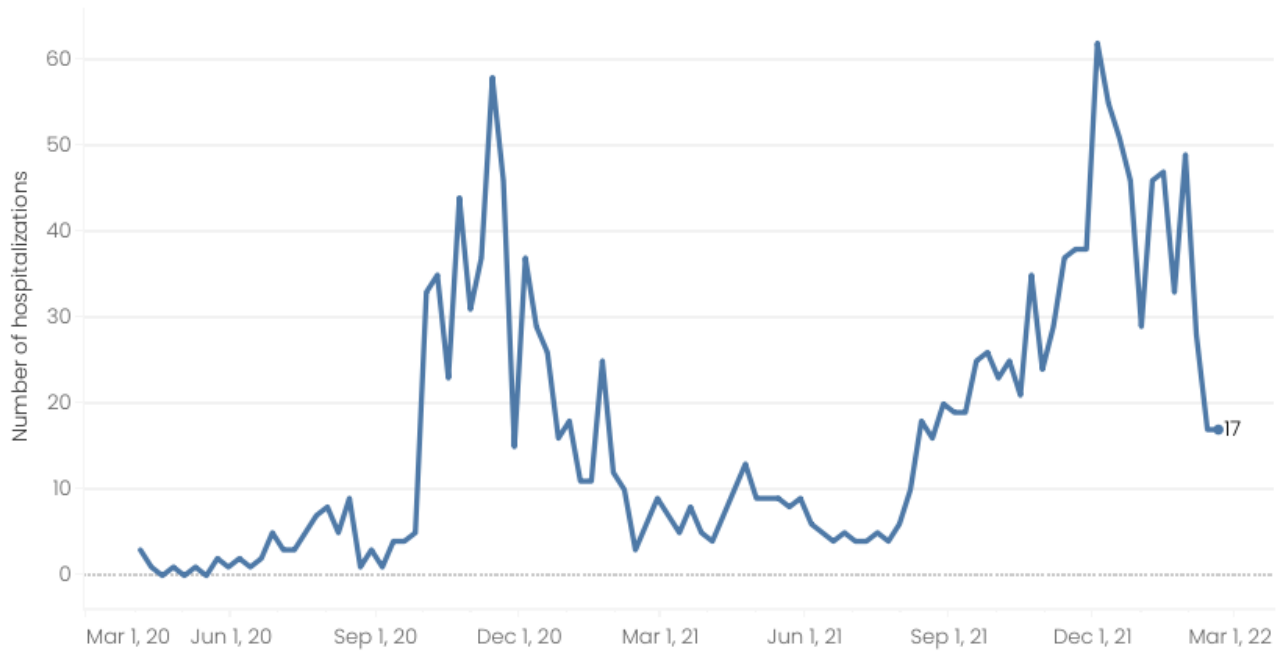


Marathon County COVID-19 Dashboard

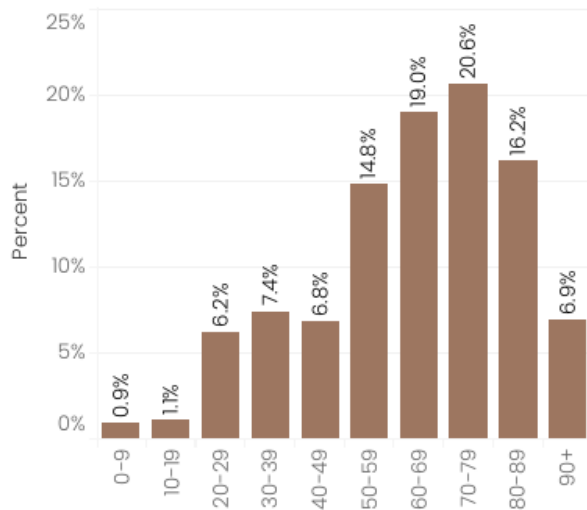
COVID-19 Hospitalizations

This data is compiled by the Wisconsin Department of Health Services weekly.
To see more detailed data, hover over the graphic. Last updated: 2/21/2022

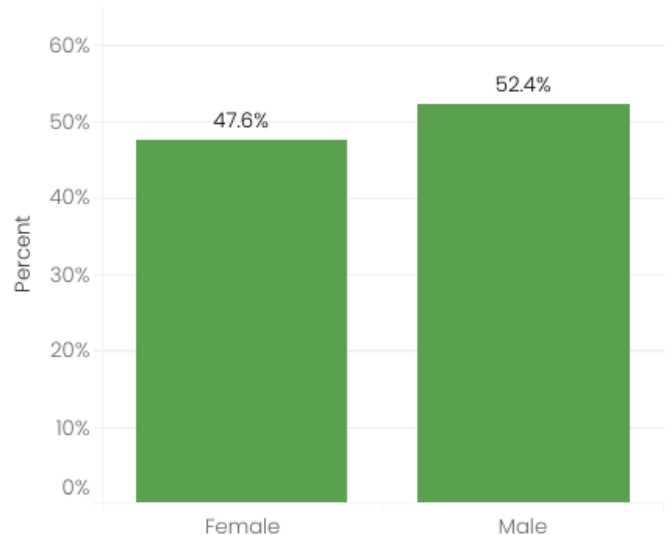
New Weekly Hospitalizations



Hospitalizations by Age



Hospitalizations by Gender





Marathon County COVID-19 Dashboard

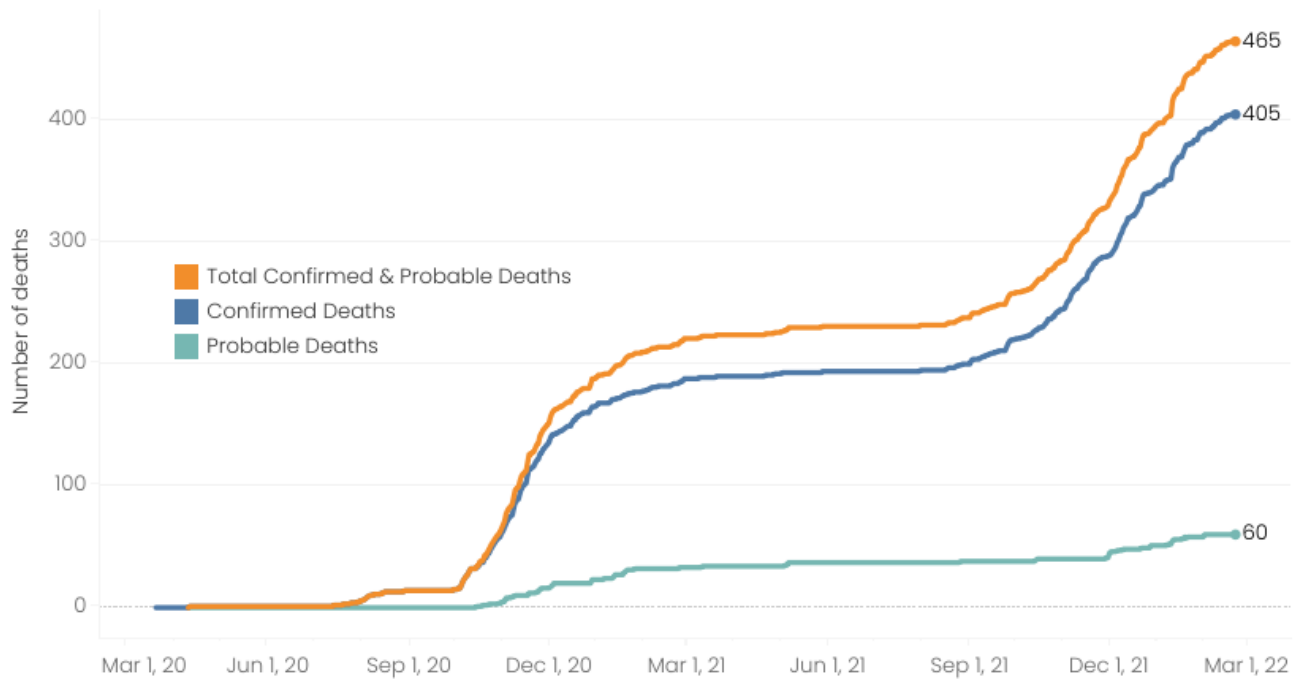
COVID-19 Deaths

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: **2/21/2022**

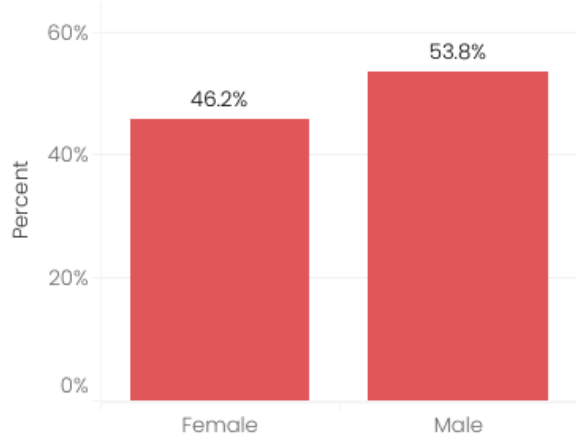
Confirmed and Probable Deaths

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

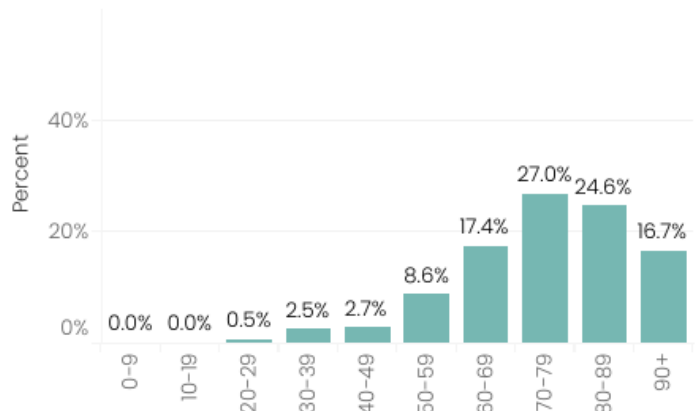
- A probable case of COVID-19 is reported to have died from causes related to COVID-19.
- A death certificate that lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death is reported to DHS but WEDSS has no record of confirmatory laboratory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



Deaths by Gender



Deaths by Age

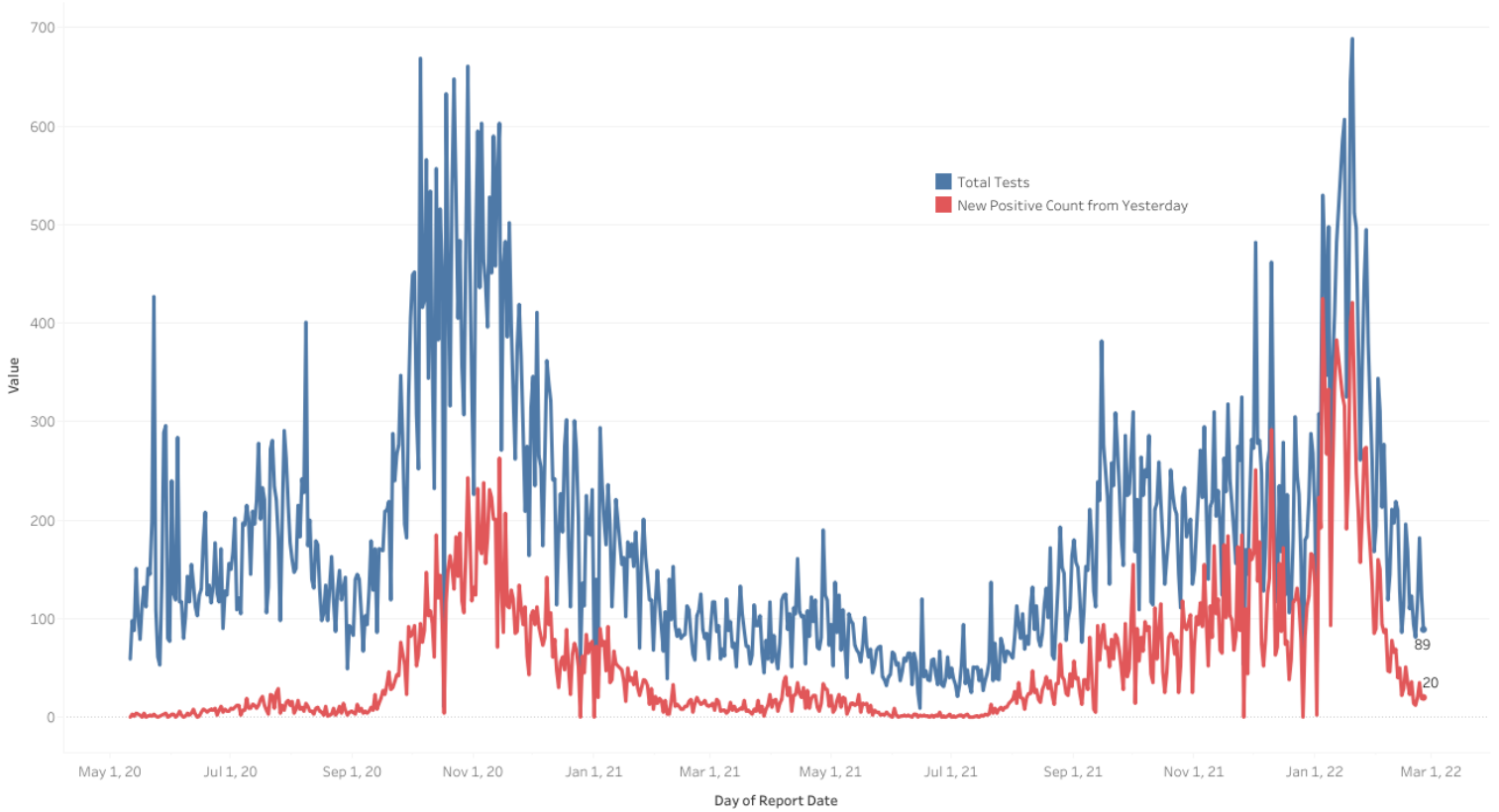




Marathon County COVID-19 Dashboard

Total Daily COVID-19 Tests

The graphs show the daily totals for COVID-19 tests in Marathon County residents. Last updated: 2/25/2022



Completed Vaccine Series

COVID-19 vaccines for Wisconsin residents

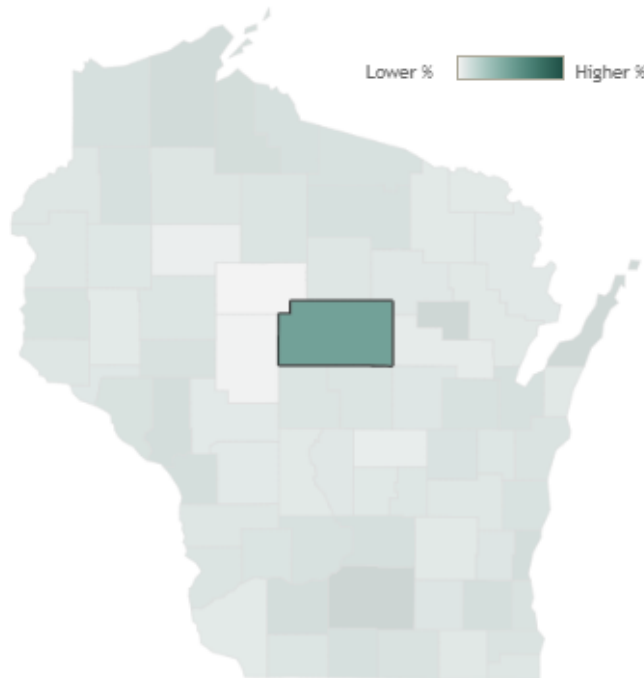
Updated: 2/24/2022

HERC region data

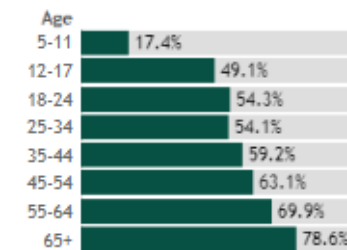
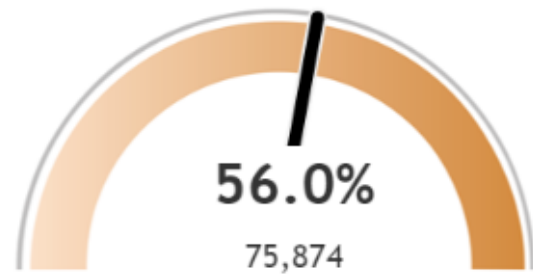
- Total population who have received at least one dose
- Total population who have completed the series
- Total population who have received an additional/booster dose

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

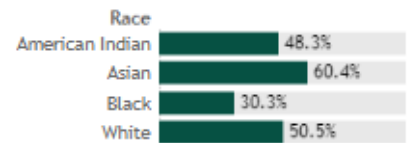
Click a county to filter data



Percent of Marathon County residents who have completed the vaccine series



*0.1% of records were reported without sex.



*8.1% of records reported a race of 'Other'

*1.2% of records reported an unknown race

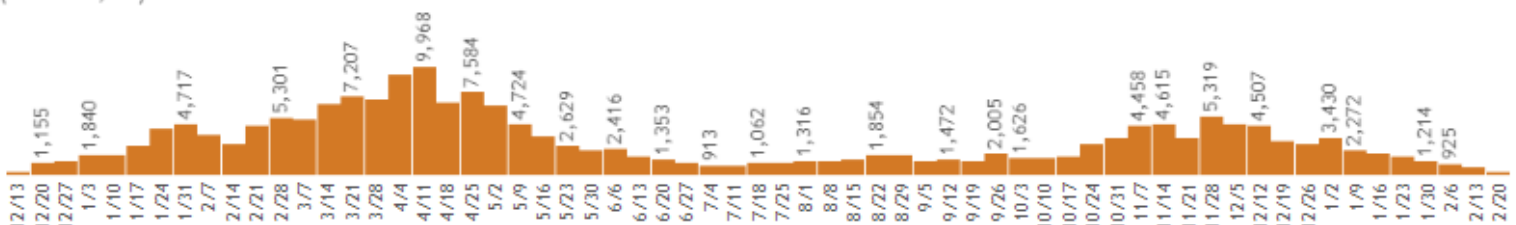


*1.4% of records were reported without ethnicity.

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

Vaccine doses for Marathon County residents by week

(Total: 193,593)



*Current week may be incomplete.

Additional/Booster Dose

COVID-19 vaccines for Wisconsin residents

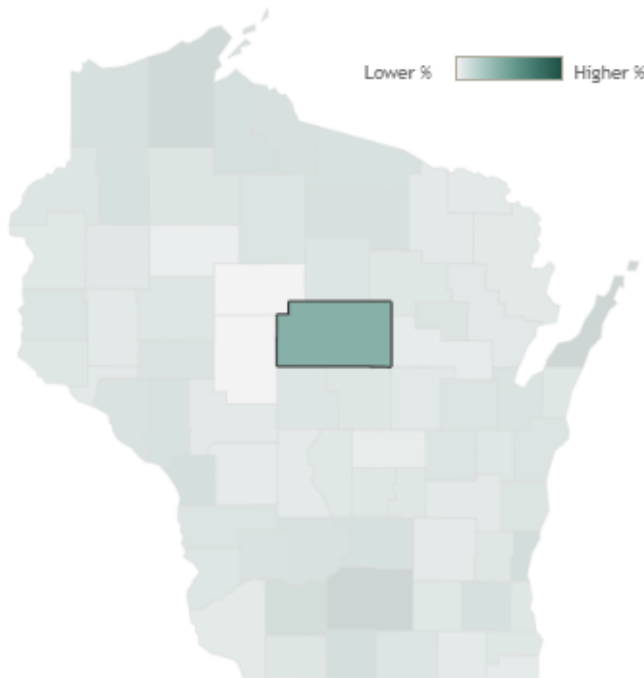
Updated: 2/24/2022

HERC region data

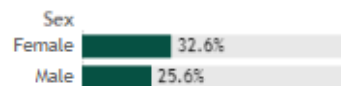
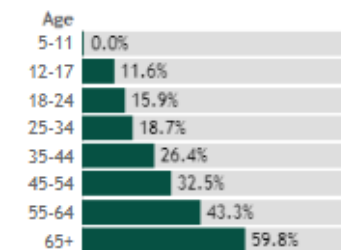
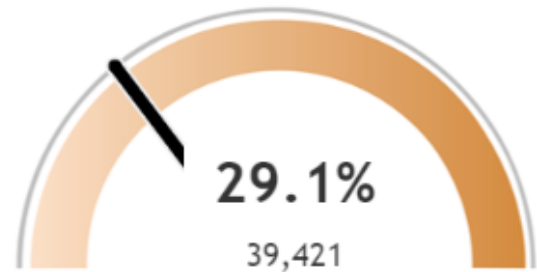
- Total population who have received at least one dose
- Total population who have completed the series
- Total population who have received an additional/booster dose

Percent of Wisconsin residents who have received an additional/booster dose by county

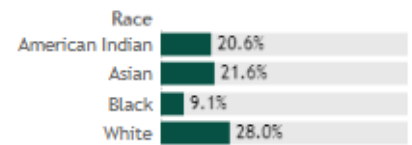
Click a county to filter data



Percent of Marathon County residents who have received an additional/booster dose

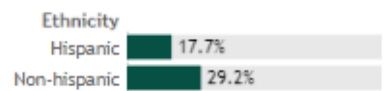


*0.1% of records were reported without sex.



*8.1% of records reported a race of "Other"

*1.2% of records reported an unknown race

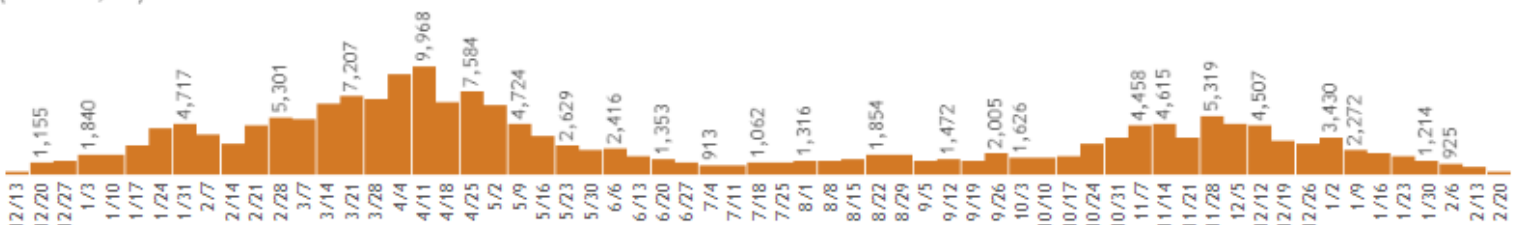


*1.4% of records were reported without ethnicity.

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

Vaccine doses for Marathon County adults by week

(Total: 193,593)



Results-Based Accountability (RBA) is a framework that organizes the work of programs, organizations, and communities around the end conditions we seek for those who live in our communities.

Basic ideas of RBA include:

- Using data to make decisions
- Involving a broad set of partners
- Progressing from ends (what we want) to means (what it will take to get there)

Result: The end conditions of well-being for populations in a geographic area.

Indicator: How we measure these conditions.

Turn the Curve:

1. How are we doing?
2. What is the story behind the curve?
3. Who are the partners that have a role in turning the curve?
4. What works to turn the curve?
5. What is our action plan to turn the curve?

Strategy: What works to improve these conditions.

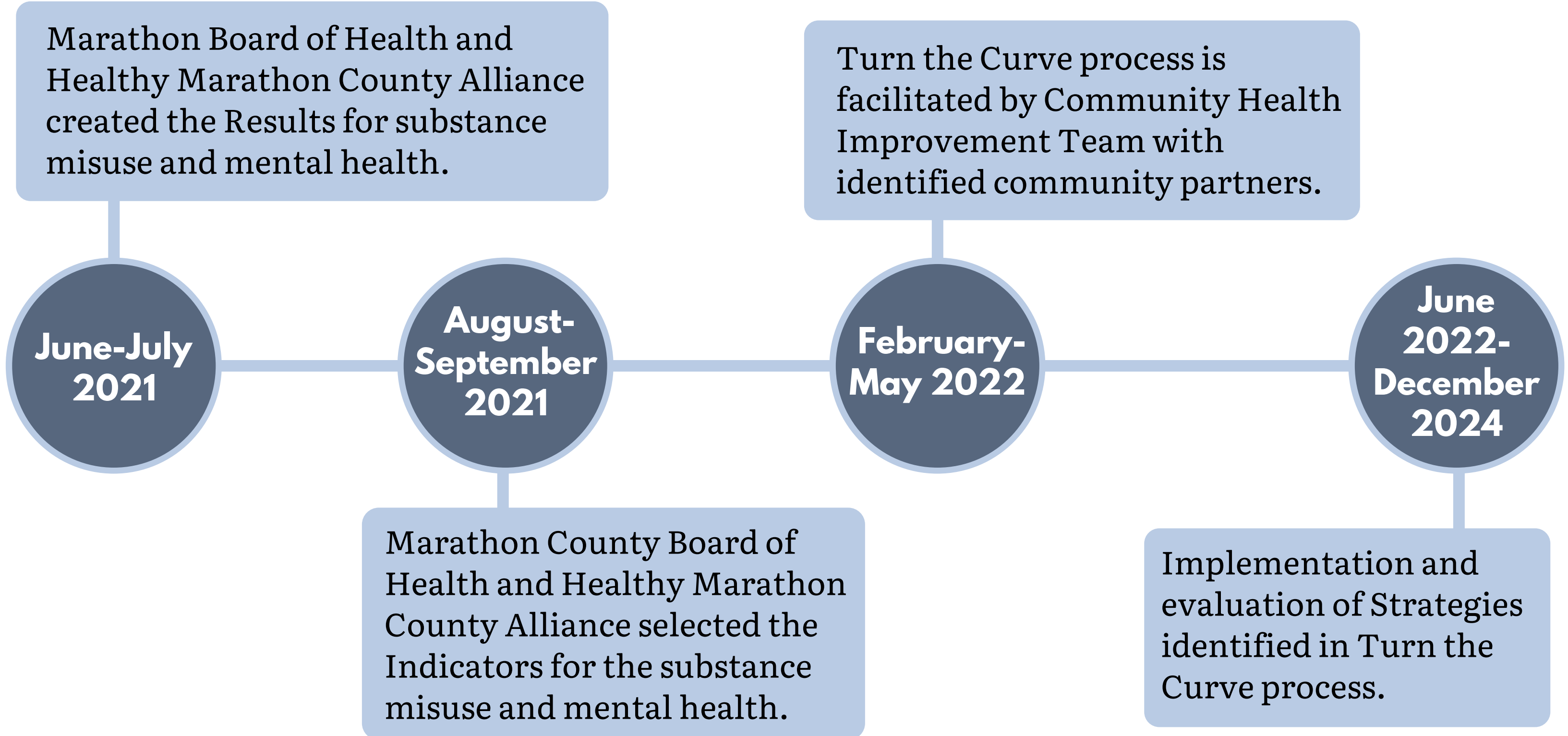
Performance Measures: How we know if what we're doing is making a difference.

All Marathon County residents meet their highest potential of mental health.

- Percentage of high school students who felt so sad or hopeless every day for two or more weeks in a row that they stopped doing some usual activities during the 12 months before the survey.
- Percentage of middle school students who EVER felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities.
- The average number of days that adults reported their mental health was not good in the past 30 days.

All Marathon County residents of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse.

- Teens who smoked cigarettes in the past 30-days (high school)
- Adults who smoke
- Teens who used marijuana in the past 30-days (high school)
- Teens who drank alcohol in the past 30-days (high school)
- Adults who binge drink



Marathon Board of Health and Healthy Marathon County Alliance created the Results for substance misuse and mental health.

Turn the Curve process is facilitated by Community Health Improvement Team with identified community partners.

Implementation and evaluation of Strategies identified in Turn the Curve process.

Marathon County Board of Health and Healthy Marathon County Alliance selected the Indicators for the substance misuse and mental health.

June-July 2021

August-September 2021

February-May 2022

June 2022-December 2024

Partners

- 3 Bridges Recovery
- Abbotsford School District
- Aging and Disability Resource Center - Central WI
- AOD Partnership
- Aspirus
- Athens Police Department
- Athens School District
- Bridge Community Health Clinic
- Centre for Wellbeing
- Children's Wisconsin
- DC Everest School District
- Edgar School District
- Everest Metro Police Department
- Health First
- Healthy Marathon County Alliance
- Inclusa
- Marathon County Department of Social Services
- Marathon County Health Department
- Marathon County Sheriff's Office
- Marathon County Special Education
- Marshfield Clinic Health System
- Mosinee School District
- National Alliance on Mental Illness
- Nicotine Prevention Alliance of Central Wisconsin
- North Central Health Care
- Northcentral Technical College
- Northwoods Coalition
- Parent of a child who died by suicide
- Peaceful Solutions Counseling
- Stratford School District
- The Cross Church
- United Way of Marathon County
- Wausau City Council
- Wausau Police Department
- Wausau School District



WISCONSIN'S
greenfire
VOICES FOR CONSERVATION

**PFAS in Wisconsin
Marathon County Board of
Health**

January 11, 2022

Artwork by Ann Christensen

OPPORTUNITIES NOW

An Analysis of Priority Issues and Actions
for Wisconsin's Natural Resources



2021
2023

PFAS – Forever Chemicals in Wisconsin

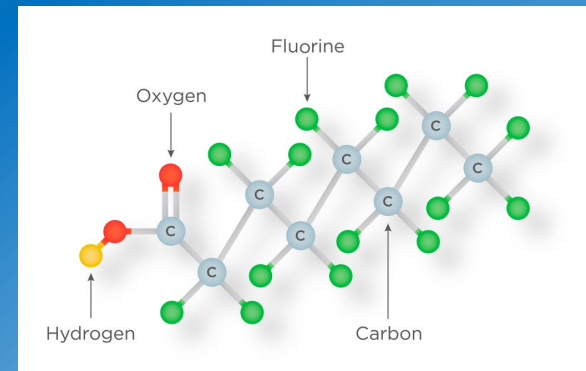
What are PFAS?

Per and polyfluoroalkyl substances (PFAS)

- Invented in 1930's
- 1946 Teflon introduced by DuPont
- over 5,000 fluorinated compounds

“Forever Chemicals” due to molecular structure

- Carbon fluorine bond
- Thousands of years to degrade

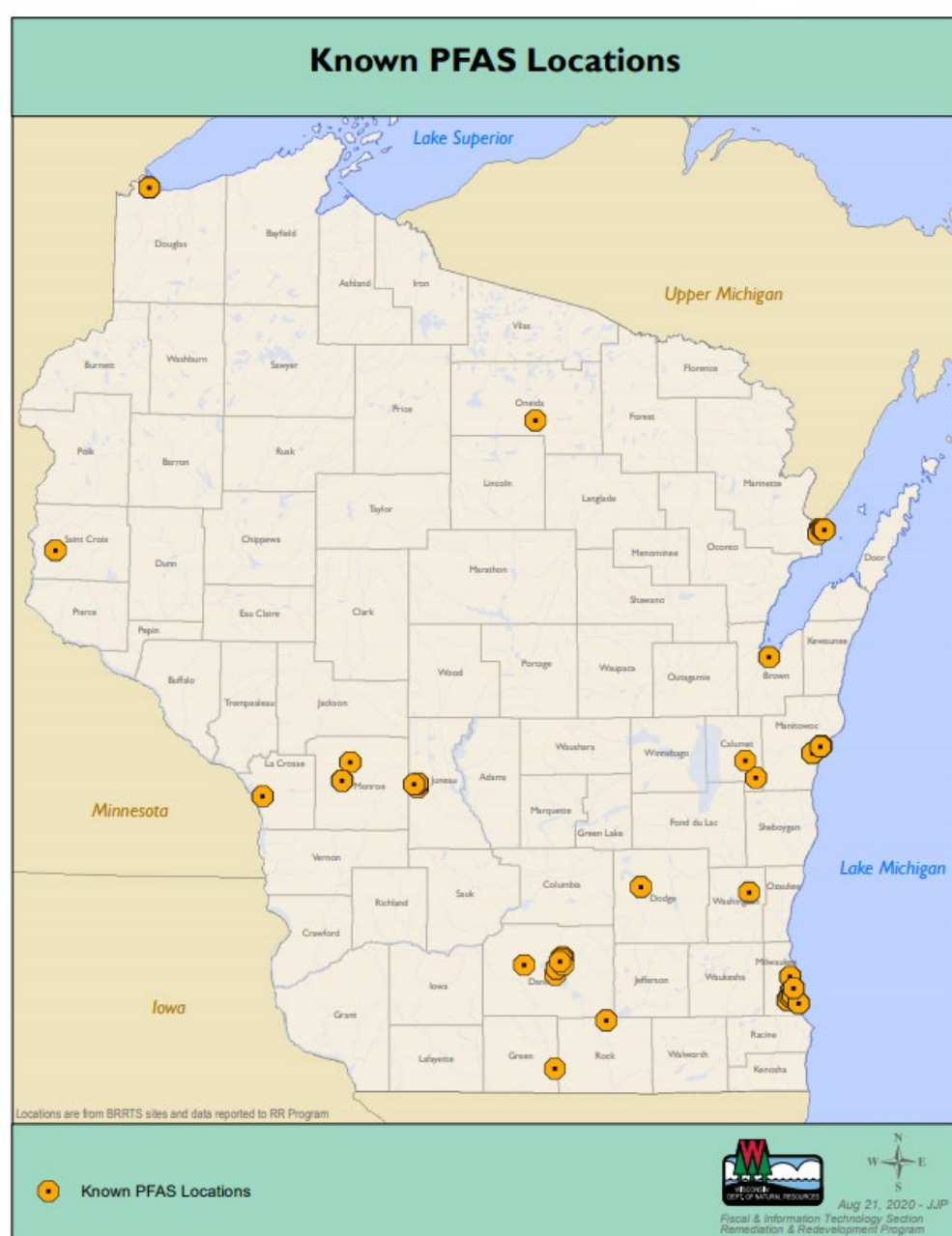


<https://www.pfasfacts.com/>

PFAS Are Everywhere

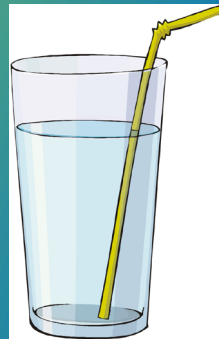
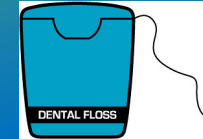
- Water soluble and moves easily in the environment
- 2,337 sites across US
- Drinking water in 34 major US cities
- 93 known releases/spills in Wisconsin
 - Military, Airport and Manufacturing Facilities

Wisconsin PFAS Sites



PFAS can be found in:

- Food packaging and processing
- Commercial household products
- Firefighting foams – training and use
- Workplace, production facilities or industries
- Drinking water
- Rainwater
- Living organisms



Health Risks

PFAS that bioaccumulate in the body have been linked to:

- Thyroid problems
- Liver and kidney disease
- Autoimmune disruptions
- High cholesterol
- Parkinson's disease
- Bone Disease
- Decreased Fertility
- Developmental problems in fetuses

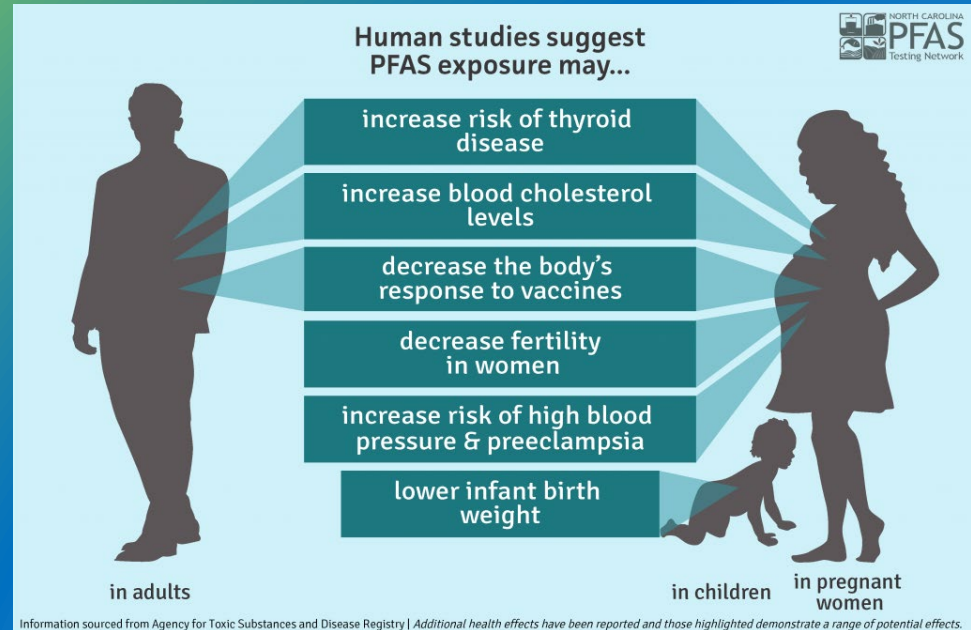
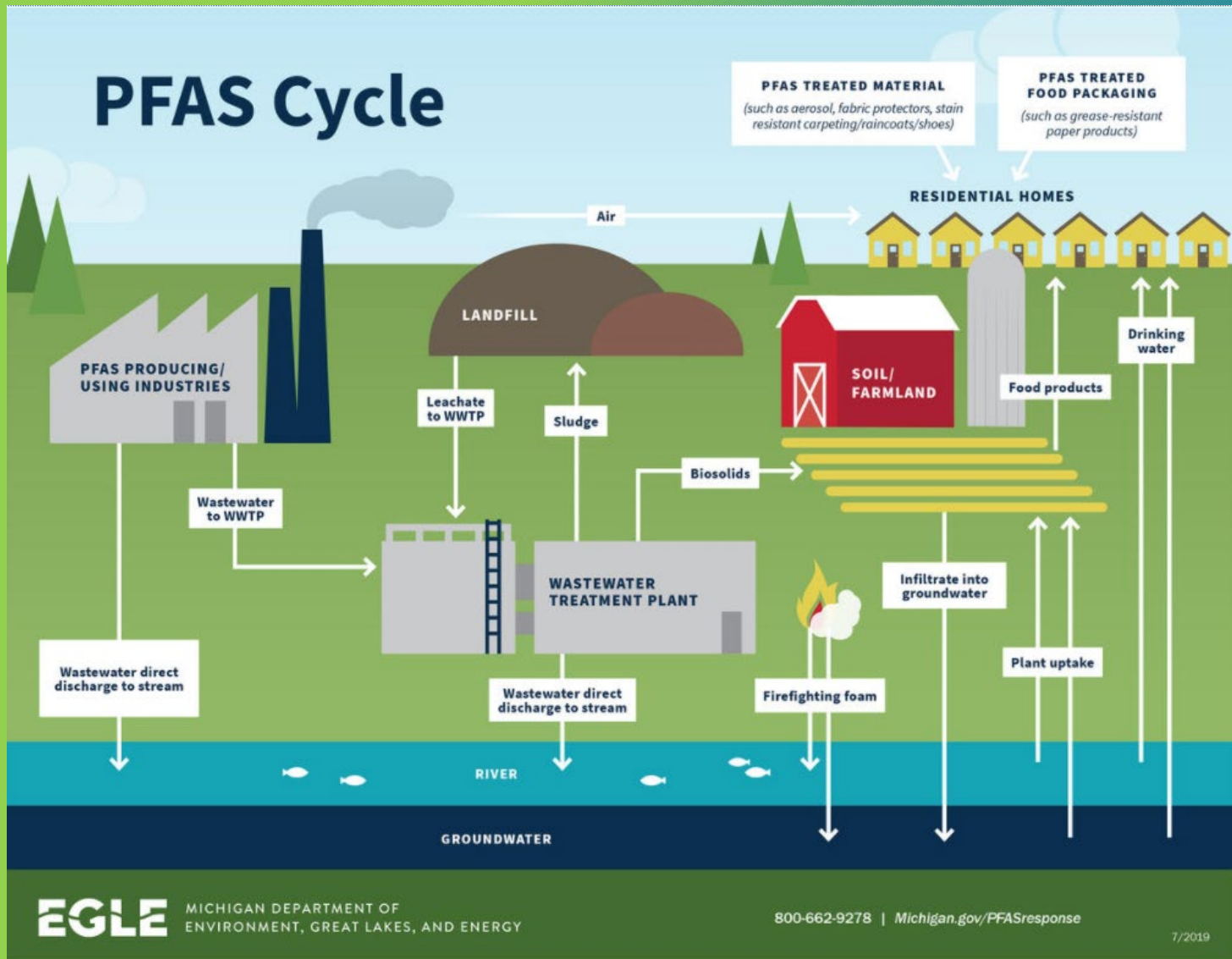


Image Credit: ATSDR

What are the sources of PFAS in our environment?



Health Advisories

- DHS/DNR Fish and Water Advisory
 - Starkweather Creek and Lake Monona
- Fish Consumption Advisory
 - Rainbow Smelt in Lake Superior
 - Brook and Brown Trout Silver Creek Monroe Co.
 - Yellow Perch Crappie Petenwell Flowage (WI River)
- Drinking Water Health Advisory
 - JCI TYCO
 - French Island Town of Campbell
- Deer Liver Advisory at JCI/TYCO

Challenges

- Prevalence of Products With PFAS
- Emerging Science
- Lack of Regulations/Standards
- Different Regulatory Approaches
- Industry Concerns/Opposition/Lawsuits
- Costs to Remove
- No Proven Safe Method For Destruction

Regulatory Approaches

- Source: Brian Cave Leighton Paisner January 22, 2021

	PFOA	PFOS	PFNA	PFHxS	PFAS	GenX	PFBS	HFPO- DA	PFBA	PBFS	PFHxA
California	5.1		6.5								
Connecticut			70								
Massachusetts			20								
Michigan	8	16	6	51			420	370			140000
Minnesota	35	15		47		2000			7000		
New Hampshire	12	15	11	18							
New Jersey	13		13								
New York		10			10						
Ohio		70	21	140		700				140000	
Vermont			20								
Alaska	70										
Colorado	70										
Delaware	70										
Maine	70										
New Mexico	70										
North Carolina						140					

Where is Wisconsin Now?

- Governor 2019 Year of Clean Drinking Water
 - Wisconsin PFAS Advisory Council (Action Plan)
- Municipal Wastewater Plant Screening
- Surface Water and Fish Tissue Sampling
- Development of health and environmental standards
 - DW, GW, SW, fire fighting foam
- DNR Stakeholder Groups and Listening Sessions
- External Advisory Committee

What are the Opportunities Now?

- Conduct additional research
- Identify sources of PFAS exposure and releases
- Manage PFAS contamination and devise cleanup procedures
- Control sources of PFAS and identify methods to reduce exposure to contamination
- Educate the public on ways to reduce exposure to PFAS

What are the Opportunities Now?

Develop Science-Based Standards that are Protective of Human Health and the Environment:

- Surface Water Criteria
- Drinking Water / Groundwater Standards
- Solid Waste and Soil Standards
- Establish rules for biosolid application
- Use Emergency Rule making process

Resources

Wisconsin's Green Fire:

<https://wigrreenfire.org/?s=PFAS>

Wisconsin DNR

<https://dnr.wisconsin.gov/topic/PFAS>

QUESTIONS?



Marathon County Medical Examiner's Office

Statistics: Suicide - Asphyxia, Obst. By Object; Carbon Monoxide; Drowning; Drug Overdose; Exit Vehicle; Blunt Force Trauma; Fire/Explosion; Gunshot; Gunshot - Hand Gun; Gunshot - Long Gun; Hanging-Asphyxia; Hypothermia; Jumped From Height; Knife, Sharp Force; Motor

Age Group		Manner Of Death	
Unknown	0	Suicide	Drug Overdose 2
0-2	0	23 Total	Gunshot - Hand Gun 10
3-12	0		Gunshot - Long Gun 5
13-19	0		Hanging-Asphyxia 5
20-29	4		Poisoning 1
30-39	8		Total 23
40-49	4		
50-59	5		
60-69	0		
70-79	1		
80-89	1		
90-99	0		
100+	0		
Total	23		

Gender		Race	
Female	4	White	23
Male	19	Total	23
Total	23		

Summary

Demographics

Education Level	High School Graduate Or Ged Completed	4
	Some College Credit But No Degree	1
	Bachelor's Degree	1
	Master's Degree	2
	Doctorate	1

Alcohol

Summary

What age did decedent start using alcohol/drugs	14	1
What was the first drug use of the decedent?	Alcohol	1
History of illicit drug abuse?	Yes	1
History of alcohol abuse?	Yes	1
History of mental health:	Anxiety, Depression	1



Marathon County Medical Examiner's Office

Statistics: Suicide - Asphyxia, Obst. By Object; Carbon Monoxide; Drowning; Drug Overdose; Exit Vehicle; Exsanguination; Fall; Farm Accident; Fire/Explosion; Gunshot; Gunshot - Hand Gun; Gunshot - Long Gun; Hanging-Asphyxia; Hypothermia; Jumped From Height; Knife, Sharp Force; Motor

Suicide

History

Was a note present?	Yes	6
History of mental health:	Anxiety, Depression	2
	Bipolar Disorder, Depression	1
History of chronic alcohol abuse?	Yes	4
History of illicit drug abuse?	Yes	1
Previous inpatient mental health treatment?	Yes	2
Previous outpatient mental health treatment?	Yes	1
Would the suicide be classified as impulsive?	Yes	13
Previous verbalization / suicide threat?	Yes	5
Family history of suicide?	Yes	3
History of childhood trauma?	Emotional abuse/neglect	1
	Emotional abuse/neglect, Substance misuse within home	1

Social

Is acute alcohol intoxication a factor?	Yes	5
Is acute illicit drug intoxication a factor?	Yes	2
Is acute prescription drug intoxication a factor?	Yes	1
Recent loss of interest in life, sex activities, personal hygiene, or change in daily routine?	Yes	5
Was this a significant date?	Yes	2
Interpersonal problems?	Yes	5
Recent change in relationship status?	Yes	5
Job, financial problems?	Yes	6
Criminal or legal problems?	Yes	3
Recent argument or physical fight?	Yes	1
Veteran Status:	Never enrolled	3



Marathon County Medical Examiner's Office

Statistics: Suicide - All

Report Period: 1/1/2019 to 12/31/2019

Age Group		Manner Of Death	
Unknown	0	Suicide	Carbon Monoxide 1
0-2	0	25 Total	Drug Overdose 1
3-12	0		Gunshot - Hand Gun 8
13-19	2		Gunshot - Long Gun 2
20-29	2		Hanging-Asphyxia 5
30-39	6		Hypothermia 1
40-49	6		Jumped From Height 2
50-59	4		Motor Vehicle 1
60-69	3		Overdose 4
70-79	2		Total 25
80-89	0		
90-99	0		
100+	0		
Total	25		

Gender		Race	
Female	7	Asian Indian	1
Male	18	White	24
Total	25	Total	25

Summary

Demographics

Education Level	8Th Grade Or Less	1
	9Th - 12Th Grade, No Diploma	1
	High School Graduate Or Ged Completed	14
	Some College Credit But No Degree	6
	Associate Degree	1
	Bachelor's Degree	2
	Armed Forces	Yes

Alcohol

Summary

What was the first drug use of the decedent?	Alcohol	1
History of illicit drug abuse?	Yes	1
History of prescription drug abuse?	Yes	1



Marathon County Medical Examiner's Office

Statistics: Suicide - All

Report Period: 1/1/2019 to 12/31/2019

History of alcohol abuse?	Yes	2
Blood alcohol level at the time of death:	0	1
Suicide		
History		
Was a note present?	Yes	4
Electronic note (pvt msg, text, etc.)	Yes	1
History of mental health:	Anxiety, Bipolar Disorder, Depression, Personality Disorder, Post-Traumatic Stress Disorder (non-military), Schizophrenia	1
	Anxiety, Depression	3
	Anxiety, Depression, Post-Traumatic Stress Disorder (non-military)	1
	Bipolar Disorder, Schizophrenia	1
	Depression	4
	Depression, Other, Post-Traumatic Stress Disorder (non-military)	1
History of chronic alcohol abuse?	Yes	5
History of illicit drug abuse?	Yes	6
History of prescription drug abuse?	Yes	3
Previous inpatient mental health treatment?	Yes	6
Previous outpatient mental health treatment?	Yes	6
Seen by a health care provider in last 30 days?	Yes	7
Would the suicide be classified as impulsive?	Yes	11
Previous verbalization / suicide threat?	Yes	9
Family history of suicide?	Yes	2
Recent death in the family?	Yes	1
Previous suicide attempt?	Longer than three months	4
	Three months	1
History of childhood trauma?	Emotional abuse/neglect, Physical abuse/neglect, Sexual abuse	1
	Sexual abuse	1
Social		
Is acute alcohol intoxication a factor?	Yes	3
Is acute illicit drug intoxication a factor?	Yes	3
Is acute prescription drug intoxication a factor?	Yes	2
Recent loss of interest in life, sex activities, personal hygiene, or change in daily routine?	Yes	3



Marathon County Medical Examiner's Office

Statistics: Suicide - All

Report Period: 1/1/2019 to 12/31/2019

Interpersonal problems?	Yes	1
Recent change in relationship status?	Yes	2
Job, financial problems?	Yes	4
Terminal Diagnosis	Yes	1
Criminal or legal problems?	Yes	1
Recent argument or physical fight?	Yes	2
Veteran Status:	Never enrolled	7
	Prior Service	3



Marathon County Medical Examiner's Office

Statistics: Suicide - All

Report Period: 1/1/2020 to 12/31/2020

Age Group		Manner Of Death	
Unknown	0	Suicide	Drug Overdose 1
0-2	0	15 Total	Gunshot - Hand Gun 7
3-12	0		Gunshot - Long Gun 1
13-19	1		Hanging-Asphyxia 4
20-29	3		Knife, Sharp Force 1
30-39	3		Motor Vehicle 1
40-49	1		Total 15
50-59	2		
60-69	1		
70-79	4		
80-89	0		
90-99	0		
100+	0		
Total	15		

Gender		Race	
Female	4	Hmong	1
Male	11	White	14
Total	15	Total	15

Summary

Demographics

Education Level	9Th - 12Th Grade, No Diploma	2
	High School Graduate Or Ged Completed	9
	Associate Degree	1
	Bachelor's Degree	1
	Master's Degree	1
	Doctorate	1
Armed Forces	Yes	1

Alcohol

Summary

What age did decedent start using alcohol/drugs	14	1
What was the first drug use of the decedent?	Alcohol	1
History of prescription drug abuse?	Yes	1



Marathon County Medical Examiner's Office

Statistics: Suicide - All

Report Period: 1/1/2020 to 12/31/2020

History of alcohol abuse?	Yes	1
History of mental health:	Anxiety, Depression, Post-Traumatic Stress Disorder (non-military)	1
Previous inpatient substance abuse treatment?	Yes	1
Previous outpatient substance abuse treatment?	Yes	1
Veteran Status:	Never enrolled	1
Blood alcohol level at the time of death:	0.03	1

Suicide

History

Was a note present?	Yes	3
Social media comments / posts?	Yes	1
Electronic note (pvt msg, text, etc.)	Yes	2
History of mental health:	Anxiety, Depression	5
	Anxiety, Post-Traumatic Stress Disorder (non-military)	1
	Depression	5
	Other	1
	Other, Personality Disorder	1
History of chronic alcohol abuse?	Yes	5
History of illicit drug abuse?	Yes	2
History of prescription drug abuse?	Yes	1
Previous inpatient mental health treatment?	Yes	4
Previous outpatient mental health treatment?	Yes	7
Seen by a health care provider in last 30 days?	Yes	4
Would the suicide be classified as impulsive?	Yes	10
Previous verbalization / suicide threat?	Yes	10
Family history of suicide?	Yes	2
Recent death in the family?	Yes	2
Previous suicide attempt?	Longer than three months	5
	Within last 2 weeks	1
History of childhood trauma?	Emotional abuse/neglect, Parental separation or divorce, Physical abuse/neglect, Sexual abuse, Substance misuse within home	1
History of intimate partner violence?	Emotional abuse, Physical abuse	1

Social

Is acute alcohol intoxication a factor?	Yes	4
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Marathon County Medical Examiner's Office

Statistics: Suicide - All

Report Period: 1/1/2020 to 12/31/2020

Is acute illicit drug intoxication a factor?	Yes	1
Is acute prescription drug intoxication a factor?	Yes	2
Recent loss of interest in life, sex activities, personal hygiene, or change in daily routine?	Yes	4
Interpersonal problems?	Yes	7
Recent change in relationship status?	Yes	4
Sexual orientation issues?	Yes	1
Job, financial problems?	Yes	7
Significant chronic medical condition(s)?	Yes	3
Terminal Diagnosis	Yes	1
School problems?	Yes	1
Recent argument or physical fight?	Yes	2
Veteran Status:	Never enrolled	3
	Previous Deployment	2
	Prior Service	1
Effects of the COVID pandemic?	Yes	1



Marathon County Medical Examiner's Office

Statistics: Suicide - All

Report Period: 1/1/2021 to 12/31/2021

Age Group		Manner Of Death	
Unknown	0	Suicide	Carbon Monoxide 1
0-2	0	21 Total	Drug Overdose 1
3-12	0		Gunshot - Hand Gun 7
13-19	4		Gunshot - Long Gun 2
20-29	4		Hanging-Asphyxia 5
30-39	5		Jumped From Height 1
40-49	1		Overdose 3
50-59	4		Sharp Force 1
60-69	3		Total 21
70-79	0		
80-89	0		
90-99	0		
100+	0		
Total	21		

Gender		Race	
Female	6	Black Or African American	1
Male	15	Hmong	1
Total	21	White	19
		Total	21

Summary

Demographics

Education Level	Student (K-12)	2
	9Th - 12Th Grade, No Diploma	1
	High School Graduate Or Ged Completed	13
	Some College Credit But No Degree	2
	Associate Degree	3

Suicide

History

Was a note present?	Yes	7
Social media comments / posts?	Yes	1
Electronic note (pvt msg, text, etc.)	Yes	1
History of mental health:	Anxiety, Bipolar Disorder, Depression	2



Marathon County Medical Examiner's Office

Statistics: Suicide - All

Report Period: 1/1/2021 to 12/31/2021

History of mental health:	Anxiety, Depression	3
	Anxiety, Depression, Schizophrenia	1
	Bipolar Disorder, Other, Schizophrenia	1
	Bipolar Disorder, Schizophrenia	1
	Depression	6
	Depression, Post-Traumatic Stress Disorder (non-military)	1
	Other	2
	Personality Disorder, Post-Traumatic Stress Disorder (non-military)	1
	History of chronic alcohol abuse?	Yes
History of illicit drug abuse?	Yes	9
History of prescription drug abuse?	Yes	2
Previous inpatient mental health treatment?	Yes	4
Previous outpatient mental health treatment?	Yes	7
Seen by a health care provider in last 30 days?	Yes	8
Would the suicide be classified as impulsive?	Yes	16
Previous verbalization / suicide threat?	Yes	13
Family history of suicide?	Yes	4
Recent death in the family?	Yes	1
Previous suicide attempt?	Longer than three months	2
	Three months	1
	Timing unclear	2
History of childhood trauma?	Emotional abuse/neglect, Parental separation or divorce, Sexual abuse	1
	Incarcerated household member, Substance misuse within home	1
History of intimate partner violence?	Emotional abuse	2
Social		
Is acute alcohol intoxication a factor?	Yes	4
Is acute illicit drug intoxication a factor?	Yes	3
Is acute prescription drug intoxication a factor?	Yes	3
Recent loss of interest in life, sex activities, personal hygiene, or change in daily routine?	Yes	9
Was this a significant date?	Yes	1
Interpersonal problems?	Yes	7
Recent change in relationship status?	Yes	2



Marathon County Medical Examiner's Office

Statistics: Suicide - All

Report Period: 1/1/2021 to 12/31/2021

Sexual orientation issues?	Yes	1
Job, financial problems?	Yes	3
Eviction or loss of home?	Yes	1
Significant chronic medical condition(s)?	Yes	3
Peer problems / bullying?	Yes	1
School problems?	Yes	1
Criminal or legal problems?	Yes	2
Recent argument or physical fight?	Yes	2
Veteran Status:	Never enrolled	11
Effects of the COVID pandemic?	Yes	3



YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 -7 (Through the week ending February 19,2022)

Jurisdiction: Marathon County

Disease Group	Disease	2022				
		Week 4	Week 5	Week 6	Week 7	Total
Blastomycosis	<i>Group Total:</i>	0	0	0	0	1
Campylobacteriosis	<i>Group Total:</i>	0	0	0	0	2
Carbon Monoxide Poisoning	<i>Group Total:</i>	1	1	0	0	2
Chlamydia Trachomatis	<i>Group Total:</i>	6	7	9	2	47
Coronavirus	<i>Group Total:</i>	1366	719	380	197	9541
Cryptosporidiosis	<i>Group Total:</i>	0	0	0	0	1
Giardiasis	<i>Group Total:</i>	0	0	1	0	1
Gonorrhea	<i>Group Total:</i>	1	0	0	0	6
Hepatitis A	<i>Group Total:</i>	1	0	0	0	1
Hepatitis C	<i>Group Total:</i>	2	0	1	0	3
Histoplasmosis	<i>Group Total:</i>	0	0	1	0	1
Influenza-Associated Hospitalization	<i>Group Total:</i>	1	1	1	0	12
Invasive Streptococcal Disease (Groups A And B)	<i>Group Total:</i>	0	0	0	0	2
Lyme Disease	<i>Group Total:</i>	0	0	0	0	6
Salmonellosis	<i>Group Total:</i>	1	0	0	0	2
Tuberculosis, Latent Infection (LTBI)	<i>Group Total:</i>	1	1	0	0	2
	<i>Period Total:</i>	1380	729	393	199	9630



MEDIA PACKET

2022-03-08
BOH MEETING

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WAUUAU DAILY HERALD

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WATER WELLS TEST ABOVE STANDARDS FOR 'FOREVER CHEMICALS'	ARTICLE 4
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HERE'S WHAT YOU SHOULD KNOW ABOUT REMOVING 'FOREVER CHEMICALS' FROM YOUR DRINKING WATER	ARTICLE 6
WOOD COUNTY DROPS TO 1,265 ACTIVE CASES	ARTICLE 7

SOURCES

Marathon County has 1,341 new cases, 9 new deaths

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 Jan. 26.
Confirmed cases: 3,783
New cases since last week: 200
Deaths: 37
New deaths since last week: 2

See COVID-19, Page 3A

COVID-19

Continued from Page 3A

- 12-17: 38.8%
- 18-24: 44%
 - 25-34: 40.4%
 - 35-44: 48.4%
 - 45-54: 55.1%
 - 55-64: 68.8%
 - 65 and older: 85.6%

Marathon County

Confirmed cases: 34,880
New cases since last week: 1,341
Confirmed deaths: 390
New deaths since last week: 9

Vaccine update:

Marathon County has administered a first dose to 79,068 county residents, or 58.3% of residents, as of Jan. 31. So far, 74,884 people, or 55.2%, received both doses.

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

- 5-11: 18.8%
- 12-17: 51.5%
- 18-24: 58.2%
- 25-34: 57.3%
- 35-44: 61.8%
- 45-54: 65%
- 55-64: 71.8%
- 65 and older: 81.4%

Portage County

Confirmed cases: 14,094
New cases since last week: 424
Active cases: 3,443
Confirmed deaths: 132

New deaths since last week: 1
Vaccine update:
Portage County has administered a first dose to 41,664 county residents, or 58.7% of residents, as of Jan. 31. So far, 39,473 people, or 55.6%, received both doses.

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

- 5-11: 24.4%
- 12-17: 58.6%
- 18-24: 34.8%
- 25-34: 58.5%
- 35-44: 69.1%
- 45-54: 67.1%
- 55-64: 77.3%
- 65 and older: 83.8%

Taylor County

Confirmed cases: 4,174
New cases since last week: 98
Deaths: 55
New deaths since last week: 2

Vaccine update:

Taylor County has administered a first dose to 7,255 residents, or 35.7% of residents, as of Jan. 31. So far, 6,924 people, or 34.1%, received both doses.

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

- 5-11: 8.3%
- 12-17: 21.2%
- 18-24: 29%
- 25-34: 29%
- 35-44: 33.3%
- 45-54: 35.3%
- 55-64: 46.8%
- 65 and older: 61.4%

Waupaca County

Confirmed cases: 10,865
New cases since last week: 358
Deaths: 182
New deaths since last week: 3
Vaccine update:
Waupaca County has administered a first dose to 27,871 county residents, or 55% of residents, as of Jan. 31. So far, 26,528 people, or 52.4%, received both doses.

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

- 5-11: 11.4%
- 12-17: 39.2%
- 18-24: 47%
- 25-34: 45.1%
- 35-44: 50.4%
- 45-54: 56.6%
- 55-64: 70.5%
- 65 and older: 86.5%

Waushara County

Confirmed cases: 4,770
New cases since last week: 189
Deaths: 62
New deaths since last week: 0

Vaccine update:

Waushara County has administered a first dose to 11,087 county residents, or 45.6% of residents, as of Jan. 31. So far, 10,504 people, or 43.2%, received both doses.

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

- 5-11: 10.5%
- 12-17: 35.3%
- 18-24: 37%
- 25-34: 35.5%
- 35-44: 38.4%
- 45-54: 45.9%
- 55-64: 55.5%
- 65 and older: 67.3%

Wood County

Confirmed cases: 18,690
New cases since last week: 854
Active cases: 2,222
Deaths: 177
New deaths since last week: 3

Vaccine update:
Wood County has administered 43,093 first doses to county residents, or 59.4% of residents, as of Jan. 31. So far, 40,771 people, or 56.2%, received both doses.

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

- 5-11: 18.1%
- 12-17: 49.8%
- 18-24: 59.5%
- 25-34: 55.6%
- 35-44: 61.1%
- 45-54: 63.9%
- 55-64: 73.5%
- 65 and older: 82.7%

Wisconsin

Confirmed cases: 1,333,782
New cases since last week: 41,211
Deaths: 11,134

Vaccine update:

Wisconsin has administered 3,691,497 first doses of the vaccine to residents, or 63.3% of residents, as of Jan. 31.

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

- 5-11: 25%
- 12-17: 59.4%
- 18-24: 58.5%
- 25-34: 62.8%
- 35-44: 68.3%
- 45-54: 70.9%
- 55-64: 77.6%
- 65 and older: 85.6%

'Game-changer' stays on shelves



Wisconsin pharmacies filling few prescriptions for COVID-19 pills

Sarah Volpenhein Milwaukee Journal Sentinel | USA TODAY NETWORK - WISCONSIN

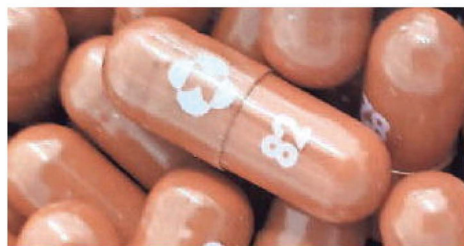
Some Wisconsin pharmacies have hundreds of courses of COVID-19 antiviral pills sitting in supply, amid a "surprising" lack of demand for the at-home pills hailed as a game-changer in treating COVID-19.

Officials initially warned that supply of Paxlovid and molnupiravir, the two types of COVID-19 antiviral pills that became available in January, would be "extremely limited." But some pharmacies have hundreds of courses of the treatments in supply and have been filling few prescriptions for the treatments, even as COVID-19 cases surged.

"I figured like within a week or a couple days we'd be completely gone, but I have quite a supply still left," Matt Mable, owner of Forward Pharmacy, which has several locations in the Madison area, said last month. "Demand's not there."

Other pharmacies, including Hometown Pharmacy and Hayat Pharmacy, have reported filling relatively few prescriptions for the pills since receiving

See PILLs, Page 3A



Above: Pharmaceutical company Merck developed the antiviral drug molnupiravir.

MERCK VIA AFP VIA GETTY IMAGES

Top: This image provided by Pfizer shows the company's COVID-19 Paxlovid pills. People are able to take the pill at home to head off the worst effects of the COVID-19 virus. Some pharmacies have hundreds of courses of the treatment in supply, but have been filling few prescriptions for it. AP

their first shipments in mid-January. The Hometown Pharmacy in Sun Prairie, outside Madison, had filled fewer than 10 prescriptions as of Tuesday. It had around 400 courses of molnupiravir and 80 to 100 courses of Paxlovid in supply, owner and pharmacist Jason Buenger said.

"I think it's highly unlikely that all people that should be being prescribed it are being prescribed it," said Abbi Linde, director of clinical services for Hometown Pharmacy, which has nearly 70 locations across Wisconsin.

Wisconsin received its first shipment of the pills from the U.S. government in early January. As of Tuesday, the state had received more than 5,800 courses of Paxlovid and more than 20,800 courses of molnupiravir, which were distributed to pharmacies and hospitals across the state, according to Jennifer Miller, spokeswoman with the state Department of Health Services.

The pills, which can be taken at home, have been hailed by public officials and medical professionals as a game-changer in treating COVID-19 in the most at-risk patients, with the potential to save thousands of lives.

Clinical trials have shown Pfizer's Paxlovid to prevent hospitalization or death in nearly 90% of high-risk COVID-19 patients when taken within five days of symptoms beginning. Molnupiravir, developed by Merck and Ridgeback Biotherapeutics, appears to prevent severe COVID-19 about 30% of the time.

Both pills were cleared for emergency use by the Food and Drug Administration in December. To be eligible, a COVID-19 patient must be at high risk of severe illness from COVID-19. For the pills to work properly, they must be taken within five days of symptoms starting.

Miller, the DHS spokesperson, said the state does not have precise numbers of how many pills have gone to patients, but federal data suggest that hundreds, if not thousands, of courses of Paxlovid and well over 10,000 courses of molnupiravir are sitting on shelves in pharma-

cies and hospitals across Wisconsin.

'Nobody knows where to get it'

Pharmacists believe a number of reasons may be behind the low demand for the pills, including lack of awareness on the part of both providers and patients, a hard-to-navigate process to get the pills and the fact that the pills are new and still being studied.

Both pills also come with warnings. Paxlovid is not appropriate for people who have severe kidney problems or cirrhosis of the liver or who cannot interrupt medications that should not be taken at the same time.

Some medications may not interact well with Paxlovid, including statins commonly taken by people with high cholesterol.

Molnupiravir is only for use in adults and should not be taken during pregnancy because of the potential for birth defects.

Some Hometown pharmacies have been getting phone calls from doctors unsure how to prescribe the drugs, Linde said.

"I think there is some confusion, both on the prescribing side and on the patient side, about who should have it and where you can get it," she said.

Only certain pharmacies and hospitals in the state have the medications. That can make it difficult for physicians and patients to know where to go for the pills. Last month, DHS published a map on its website of locations that have received shipments of either or both of the antiviral pills. However, some locations with available pills seem to be missing from the map.

"I think part of it is an awareness issue. Nobody knows where to get it," Linde said.

For patients, the process to get the pills, which require a prescription, can be difficult to navigate and complete within the five-day window from when symptoms begin. Patients must test positive for COVID-19 before they get a prescription.

The whole process could involve a trip to a testing site, a doctor's office and a pharmacy before the patient finally takes the medication.

"Some of it's timing," said Mable, the

Forward Pharmacy owner. "Some people aren't getting their positive results back until Day 3 or 4. ... Now you've got to reach out to your doctor."

Rapid tests and virtual doctor visits can help high-risk patients more quickly get a prescription.

Dimmy Sokhal, a pharmacist with Hayat Pharmacy, said for the process to work, "everyone has to be proactive."

"It's important for people to catch it [their infection] early on and reach out to their primaries," Sokhal said.

Some patients may be reluctant to take a new drug that is still being studied, some physicians said.

The Froedtert & the Medical College of Wisconsin health network has dispensed the drugs to about 200 patients who were identified and referred to a Froedtert program that ranks eligible patients based on risk factors and then offers them one of the treatments, according to a Froedtert official.

But most of the more than 800 patients to whom Froedtert has offered one of the pills have not responded or have declined, hospital officials said late last month.

"I think the biggest factor is patients making their own decisions to not accept the medications for whatever reason - they don't feel ill enough to need medication, they're not comfortable with taking an experimental medication," said Dr. J. Njeri Wainaina, medical director for the Froedtert & Medical College of Wisconsin antimicrobial stewardship program.

On Tuesday, federal data showed that Froedtert locations had over 1,400 courses of molnupiravir available and less than 60 of Paxlovid. Dr. Mark Lodes, with Froedtert & MCW, said that under federal guidelines, the health system is generally offering patients Paxlovid first.

The U.S. National Institutes of Health recommends Paxlovid as the top preference for treating high-risk COVID-19 patients.

Less incentive to expand antivirals access

Linde said she would like to have the antiviral pills available in all Hometown Pharmacy locations across the state,

but that there is little incentive to do so when demand is so low and pharmacies are losing money dispensing them.

She said the reimbursement rate to pharmacies for dispensing the pills is generally less than \$1, sometimes not enough to cover the cost of the label.

She said dispensing the COVID-19 pills can be "quite the process" when pharmacists have to assess patients to make sure they don't have any conditions that would make the drug inappropriate or aren't taking any medications that could interact poorly with it.

"It's our liability as well," she said. "The pharmacist is just double checking everything, making sure that the dose makes sense and then sometimes calling a doctor and making sure it's what they meant."

While physicians, physician assistants and nurse practitioners may prescribe the pills, pharmacists may not. Some pharmacists have called for that to change.

They say pharmacies, some of which are already conducting COVID-19 testing, would be well-placed to follow up with positive patients about the possibility of antivirals.

"It makes sense for us to then provide treatment as well," Linde said.

Sokhal is not in a rush to have pharmacists prescribe the pills. She thinks it would make sense, but maybe later, once the pills have been on the market for longer and more is known about their safety and any potential negative effects.

"I just want to be sure we're being safe instead of rushing into it," she said.

Buenger, the owner of the Hometown Pharmacy in Sun Prairie, thinks it would help with access if pharmacists could prescribe the pills, but said pharmacists would need access to a full list of patients' medications and other medical information for the process to run smoothly.

Sarah Volpenhet is a Report for America corps reporter who focuses on news of value to underserved communities for the Milwaukee Journal Sentinel. Email her at svolpenhet@gannett.com. Please consider supporting journalism that informs our democracy with a tax-deductible gift to this reporting effort at JSOnline.com/RFA.

Health care workers grapple with strain of pandemic

Melissa Siegler

Wausau Daily Herald USA TODAY NETWORK – WISCONSIN

Nearly two years into the COVID-19 pandemic, local health care workers say they are feeling the strain of constant death, grief and stress.

Even as the number of cases of the omicron variant — the most recent strain of the coronavirus to surge across the state and country — declines in Wisconsin, they are grappling with the emotions brought on by the pandemic and the waves of critically ill patients they care for.

Doctors and nurses attend to their patients' physical health while also serving as a support system when

families aren't able to be at their bedside, they say.

Sarah Mutschlechner is a nurse practitioner at Marshfield Medical Center in Marshfield who works in palliative care, which means she works with patients who are near the end of their life. Throughout the pandemic she's worked with families who are in the midst of losing a loved one to COVID and she tries to prepare them for what's to come.

"In nursing we expect death, that's part of the cycle of life, that's part of being a nurse," Mutschlechner said.

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A nurse puts on a protective gown before entering a patient's room on the sixth floor COVID wing at Marshfield Medical Center in Marshfield. TORK MASON / USA TODAY NETWORK-WISCONSIN

Workers

Continued from Page 1A

"We care for people who are recovering, and we care for people who are dying."

But during the pandemic, deaths often come in quick succession, in a seemingly endless cycle.

"Sometimes it's two or three people dying every day," Mutschlechner said. "That's after working for six weeks to save their lives."

Mutschlechner said 22 COVID patients died in the two weeks leading up to Christmas. And many more were lost in November and the first part of December, she said. As of Monday, nearly 11,400 people have died from COVID-19 in Wisconsin since the start of the pandemic, according to the Wisconsin Department of Health Services, and nearly 1,300 are suspected to have died from the virus. In Marathon, Portage and Wood counties, more than 700 confirmed COVID-19 deaths have been reported since March 2020.

The state health department reported a seven-day average of new cases of the virus at just over 3,300 Monday, which is down from a week before when the seven-day average was just over 5,900. However, every county in the state is still considered to have a "critically high" rate of transmission.

Last week, the number of COVID hospitalizations in the state dropped to below 1,400 patients for the first time since November. The number now sits just above 1,200 patients.

Marshfield Clinic Health System had 64 patients hospitalized with the virus Monday. Of those,

37 patients were being treated at Marshfield Medical Center in Marshfield and eight were being treated at the Weston campus.

The total number of patients is down slightly from last week when 77 people were hospitalized systemwide. Of those, 39 were treated at the Marshfield campus and 11 were being treated in Weston.

Aspirus Health System reported 115 patients hospitalized with COVID-19 within their system Thursday. That number is down from Jan. 27 when the system was treating 139 COVID patients.

"It's been rough," said Matt Anderson, a respiratory therapist at Marshfield Clinic Medical Center. "We started off pretty slow here in Marshfield (at the beginning of the pandemic). When things started to hit, it got real for us, and we knew this is not going away anytime soon."

For Anderson, the stress has been prominent, but he said it helps to lean on coworkers who are going through the same thing.

"We're not great," Mutschlechner said. "We're in crisis mode. I liken this to a war zone. There's that constant high energy and stress. ... It takes a lot of selfcare. People are tired."

Abby Jacobson is a float nurse at Aspirus Riverview Hospital in Wisconsin Rapids. She goes wherever she's needed, which typically means she's working in the intensive care unit or the medical-surgical unit. She said the emotional strain has been the hardest part.

"Prior to this, our day-to-day was different," Jacobson said. "Especially in the

ICU, that's been the biggest change. We take care of these people for weeks at a time. We get to know them, we get to know their families. Not seeing the outcomes we're hoping to see. ... That's been the biggest challenge."

Health care workers also have had to contend with anger from the community or family members of patients the health care workers say stems from COVID misinformation that's pervasive and easily accessible.

They understand the pain and grief that family members go through, they say. What they want people to know is that they got into the medical field to help people, and that's what they've been doing throughout the pandemic.

"We're all human," Jacobson said. "We want to be able to do our jobs the same way we've always done them. A little grace goes a long way."

Contact USA TODAY NETWORK-Wisconsin reporter Melissa Siegler at msiegler@gannett.com. Follow her on Twitter at [@Marie2Melissa](https://twitter.com/Marie2Melissa).



Abby Jacobson

COURTESY OF ASPIRUS HEALTH SYSTEM

Water wells test above standards for 'forever chemicals'

The Water Works provides 16K customers with drinking water

Laura Schulte

Milwaukee Journal Sentinel USA TODAY NETWORK – WISCONSIN

All of the municipal drinking water wells in Wausau have tested above recommended state standards for 'forever chemicals,' officials announced Wednesday.

According to a news release from the Wausau Water

Works, all six of the city's drinking water wells tested between 23 parts per trillion and 48 parts per trillion. The state's recommended

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A "Wausau" sign is silhouetted in the sunset at the intersection of South 28th Avenue and Sherman Street in Wausau. SAMANTHA MADAR/USA TODAY NETWORK-WISCONSIN

Wells

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standards are 20 parts per trillion.

The Water Works serves 16,000 customers in the Wausau area, which is home to just under 40,000 residents.

Wausau received the notification about the high levels at the end of January, following a round of voluntary testing conducted by the Department of Natural Resources and the Department of Health Services.

Wausau Mayor Katie Rosenberg said the city is already exploring options for keeping residents safe, including a study that will evaluate three different types of ways to remove PFAS from the water during treatment.

'We will run them parallel at the existing treatment facility in the short term, over the next seven or so months,' she said.

The city is in the process of getting a new water treatment facility online, and when that facility goes into use later this year, the city will decide which treatment process to move forward with.

'Each option requires policy body action and budget authorization,' Rosenberg said.

Other long term options could include digging new wells.

In the meantime, the city will also look at options for providing residents with safe water, Public Works director Eric Lindman said.

'The scenarios range anything from setting up bottled water filling stations at key points in the city to bringing in a large mobile treatment facility to treat all of the water coming out of the current treatment facility that is distributing water to the city,' he said.

Any options will first need to be approved by Waterworks Commission and the Wausau City Council before implementation. Rosenberg said she is encouraging both entities to meet as soon as possible to consider the city's options.

Rosenberg said the Wausau Fire Department has already stopped purchasing and using firefighting foam containing PFAS, which is one of the most common sources of contamination

when used to put out fires. The city stopped the use of PFAS-containing foam around 2019, when the state began its standard-setting process.

No sources of contamination have yet been identified.

Wausau first tested its wells in 2019, at which point data did show some levels about 20 parts per trillion, Lindman said. But at that point, Wisconsin had not yet started its process for setting standards for PFAS, and the U.S. Environmental Protection Agency's suggested standard was 70 parts per trillion.

Kyle Burton, the field operations director of drinking water and groundwater for the DNR, said the agency was made aware of those test results in December, when it reached out about the voluntary sampling.

'We recommended some confirmation sampling to get some better data,' Burton said. 'And then when that confirmation sampling came back in January, that's when we started working through the process of public notification.'

Wausau is one of more than 50 sites in Wisconsin struggling with an identified PFAS contamination. Among the other cities battling the chemical are Eau Claire, Rib Mountain, the Town of Campbell on French Island near La Crosse, Marinette, Peshtigo, Madison, Milwaukee and Manitowoc.

Some communities, such as Rib Mountain and Eau Claire, were able to shut down drinking wells to prevent residents from drinking the compounds. In other places, like the Town of Campbell and Peshtigo, residents are now reliant on bottled water for drinking, cooking and brushing their teeth.

PFAS, or per- and polyfluoroalkyl substances, are a family of man-made chemicals used for their water- and stain-resistant qualities in products like clothing and carpet, nonstick cookware, packaging and firefighting foam. The family includes 5,000 compounds, which are persistent, remaining both in the environment and human body over time.

The chemicals have been linked to types of kidney and testicular cancers, lower birth weights, harm to immune and reproductive

systems, altered hormone regulation and altered thyroid hormones. The chemicals enter the human body largely through drinking water.

The chemicals aren't regulated by the federal government and the state only has recommended standards, though formal standards are in the works, particularly for PFOA and PFOS, two of the most well-researched compounds in the PFAS family. The proposed rules would establish a standard of 20 parts per trillion in drinking water, and create rules regarding testing at water utilities across the state.

PFOS and PFOA were the two most commonly found compounds within Wausau wells, said Lindman.

Rules for the two compounds could go into effect this year, pending approval from the Natural Resources Board and the Legislature.

In the meantime, Rosenberg said Wausau community members should not panic about the results, but should likely plan to reduce exposure to PFAS.

'We're talking to folks today about reducing the intake of drinking water that might contain PFAS or foods that contain high levels of drinking water,' she said. 'I want to encourage folks to take this information and decide for themselves how they are going to react.'

For more information about the contamination in Wausau, visit ci.wausau.wi.us. Wausau residents can also call the United Way hotline for more information by dialing 2-1-1.



Wausau's Whitewater Park is a little calmer when the water has not been released to create the rapids. CHELSEY LEWIS/MILWAUKEE JOURNAL SENTINEL

'I miss everything. I miss everybody'



Even before the pandemic, advocates and health experts had warned of loneliness and social isolation among the nation's population of older adults. Geriatric workers say rates of depression and anxiety have risen among their clients, and in more severe cases, those conditions have led to cognitive and physical deterioration. GETTY IMAGES

Depression rates for seniors soaring amid COVID-19

Marc Ramirez
USA TODAY

When she retired from her job as a hospital technician in 2011, Johnnie Lilly soon found she felt lonely. She told herself: *I'm going to get out and do something.*

That's how the 79-year-old Texas resident came to work with preschool kids as part of a reading program run by The Senior Source, an older-adult advocacy agency serving greater Dallas.

Then came the COVID-19 pandemic. With many schools and organizations suspending in-person operations as part of a national shutdown, the activity she had loved was gone.

"It was so enjoyable and enlightening," Lilly said. "The kids just gave me so much pleasure. I miss them so much. I miss all my babies."

Even before the pandemic, advocates and health experts had warned of loneliness and social isolation among the nation's population of older adults. Now, nearly two years in, they say government mandates and precautionary measures meant to control the virus by limiting social interaction have taken an emotional, mental and physical toll.

Geriatric workers say rates of depression and anxiety have risen among their clients, and in more severe

cases, those conditions have led to cognitive and physical deterioration, or worse.

"People experienced cognitive decline from having no stimulation, and that has persisted," said Stacey Malcolmson, Senior Source president and CEO. "For those with underlying mental health conditions like dementia or Alzheimer's, we've been finding that that cognitive decline is irreversible."

Carla Perissinotto, a geriatrician and palliative physician who works with mostly homebound patients in San Francisco, has seen similar patterns with her clients.

"There are people who used to be able to walk, and suddenly, because of weeks in their room, they lost the ability to do so," she said. "That's huge."

Perissinotto served on a National Academies of Sciences, Engineering, and Medicine committee that issued a report in

February 2020 that found one-fourth of Americans 65 and over said they were socially isolated, and 40% described themselves as lonely.

While loneliness – the subjective feeling of being alone – is a growing global concern for all groups, social isolation, defined as an objective lack of social contact with others, is a particular risk for older adults.

"Am I going to see my grandchildren? Am I going to see my friend for lunch?" Every decision is a risk analysis."

Meredith Levine, senior director of Jewish Association Serving

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Seniors

Continued from Page 3A

tact with their elder matches for much longer, some for as long as the pandemic itself.

"It's built beautiful relationships," senior director Levine said. "People are matched across age, race and socioeconomic status, and they're building connections with people they may not otherwise have come across. It's really blossomed."

In Austin, Meals on Wheels Central Texas partnered with Dell Medical School at the University of Texas-Austin to conduct similar outreach during the pandemic.

Already familiar with socially isolated clients through its meal delivery services to homebound seniors, agency drivers provide a dose of social connection during food drop-offs, even if they're now socially distanced and done with masks.

Seanna Marceau, the agency's vice president for nutrition, health and impact, said surveys show clients overwhelmingly feel drivers make them feel safe and less lonely.

"Sometimes," Marceau said, "that's the only person they see."

Resilient yet vulnerable

As with any age group, older adults are a varied population, and some have displayed remarkable resilience amid the isolation. A JAMA Network article in November 2020 based on international data collected in the pandemic's early stages reported that seniors, on the whole, were coping better than younger groups were.

The authors attributed the population's initial success to a tolerance for stress developed over a lifetime of experience dealing with crises, from wars, market crashes and natural disasters to lost jobs and family struggles.

"They're highly resilient," said Dilip Jeste, director of the Sam and Rose Stein Institute for Research on Aging at the University of California, San Diego. "They have been there. They have done that. They have been through crisis and survived."

Ipsit Vahla, associate chief of the geriatric psychiatry division at Boston's McLean Hospital and the report's lead author, noted that older adults generally experienced less pandemic-related disruption of their daily lives, with fewer concerns about things like managing children's child care or schooling or keeping a job to maintain health coverage or pay rent.

"Older adults withstood the early phase of the pandemic quite well," Vahla said. "But as there have been waves of new variants, we're seeing rates of depression go up across the population."

Advocates say those who have better coped tend to have strong social networks, deep faith or more introverted personalities accustomed to a solo existence.

"We do have clients who have lived alone for a long time, and their difficulties are not as great," said Lelbensberger of Jewish Family Service of Greater Dallas.

"But they're not the majority."

As some seniors eagerly return to public activities with proper precautions, others remain hesitant.

"We have a large number of older adults who are immunocompromised," said Levine of New York's JASA, which offers webinars to help people make educated decisions about returning to public life amid the pandemic. "Am I going to see my grandchildren? Am I going to see my friend for lunch?" Every decision is a risk analysis."

Advocates say they have noticed changes among returning clients. In Brooklyn, where RiseBoro Community Partnership briefly reopened older-adult centers but shut down again as the omicron variant spread, staff reported that once-upbeat seniors were now "more somber and low-energy," said Anya Metlitsky Herasme, the agency's senior services programming director. "Like they were suffering from some kind of depression."

Perissinotto, the San Francisco geriatrician, acknowledged that while hindsight is easy now with a better understanding of the virus, policymakers may have prioritized physical health at the expense of mental and emotional well-being.

With visitation restricted at nursing homes and hospitals, many older adults were protected from the virus but unable to maintain fulfilling social connections.

"We sometimes prioritize 'life at all costs' without asking about quality of life and what matters to people," Perissinotto said. "The answers are not always what you would expect."

Some clients have told Perissinotto they avoided hospital visits or assisted-living arrangements for fear they would be isolated from families. The situation played out in her own life, she said, when her 78-year-old mother moved in with her during the pandemic, "even though I am a health care worker and could bring something home."

It pains her that some states and counties are still imposing 14-day quarantine periods at nursing homes experiencing COVID-19 cases before allowing visitors or resuming communal activities.

"These are discussions we should be having," Perissinotto said. "There's some ageism here in this almost paternalism of what we're doing to older people. When you see that the rest of us can shorten our quarantine periods, when we're doing that in schools – why are we not looking at older adults in the same way? We continue to err on the side of physical health and not recognize that there are nuances to these decisions that are actually a public health issue."

The power of technology

Advocates urge lonely and isolated older adults to maintain the social connections they do have, to be as physically active as they can, and to keep their minds stimulated.

Kathleen Rogers, service chair for geriatric medicine at Cleveland Clinic Akron General Hospital in Ohio, said it's important in retirement to replace the routine a job once brought.

"One thing we strongly recommend is physical ac-

tivity, which gets their blood pumping," she said. "Cognitively, it might be learning a language or doing puzzles or crocheting."

The National Institute on Aging, a division of the U.S. Department of Health & Human Services, has compiled a social isolation and loneliness outreach toolkit for older adults, caregivers and health care providers.

One bright spot, advocates say, has been the ability of many older adults to adapt to communication technologies they had never used before – and those who did have been better equipped to handle the pandemic.

Many agencies have added tech training and support to their services, empowering people to connect with loved ones via video calls or to order groceries online.

For Lilly, of Texas, learning that skill was transformative.

"The Senior Source got us into Zoom communication, playing bingo and doing exercises together," she said. "That got our minds off of whatever was going on."

That has helped with her depression. She has started snacking on fruit instead of potato chips. She turns off the TV when pandemic news is too dismal.

"If I start feeling down, I do a puzzle or a word search or call one of my Senior Source sisters," Lilly said.

All she can do is pray – she accepts that now. And she thanks God she no longer feels so alone.

Here's what you should know about removing 'forever chemicals' from your drinking water

Laura Schulte

Milwaukee Journal Sentinel USA TODAY NETWORK – WISCONSIN

Worried about "forever chemicals" in your drinking water?

Here's what you should know about "forever chemicals" and how they can be removed from your drinking water.

What are PFAS, where are they and why do we need to filter them out of the water?

PFAS, or per- and polyfluoroalkyl

substances, are a family of man-made chemicals used for their water- and stain-resistant qualities in products like clothing and carpet, nonstick cookware, packaging and firefighting foam. The family includes 5,000 compounds, which are persistent, remaining both in the environment and human body over time.

The chemicals have been linked to types of kidney and testicular cancers, lower birth weights, harm to immune and reproductive systems, altered hormone regulation and altered thyroid hormones.

The chemicals enter the

human body largely through drinking water, but removing them from water can prevent them from building up over time and

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Chemicals

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potentially causing issues.

PFAS have been found in over 100 sites across the state, including Wausau, Eau Claire, Rib Mountain, the Town of Campbell, Madison, Peshtigo, Marinette, Milwaukee and Manitowoc.

What types of filters are available to consumers?

Two types of water filtration systems work to remove PFAS from drinking water in your home: granulated activated carbon filters and reverse osmosis filters.

There are also different types of filters that can be installed, based on which water you want to filter.

Point-of-use filters can be installed underneath your sinks or come in pitcher variations and filter only the water being consumed. Whole house filtration systems filter all the water entering a home.

What are granulated activated carbon filters?

Granulated activated carbon filters run water through small pieces of carbon, which essentially act as a magnet for PFAS, pulling them from the water as it passes through, according to the state Department of Health Services.

Typically, pitcher filters, refrigerator and faucet-mounted filters and large whole-house treatment systems use this technology, but keep in mind that all filters are not certified to remove PFAS.

Typically, GAC filtration

systems are the less costly option for point-of-use filtration.

In addition to removing PFAS, these systems can also remove other contaminants as well as some taste and odor compounds. The filters do not, however, remove nitrate, arsenic, manganese or microbes.

What are reverse osmosis filters?

In a reverse osmosis system, water is pushed through a filter membrane with small pores, according to the DHS. The membrane acts like a wall that stops PFAS and other chemicals from passing through.

Residential systems are typically set up on a kitchen countertop or in a cabinet below a kitchen sink.

RO systems require more frequent changes of filtration cartridges and membranes and use more water than other systems, which may increase your water bill. Depending on the quality of water coming into your home, you may need additional treatment devices as well, making the system more costly.

In addition to removing PFAS, these systems can remove nitrate and arsenic. They cannot remove bacteria and viruses, however.

How do I know if the filter I'm purchasing works on PFAS?

The best way to know if filtration systems work on PFAS is to check if they've been certified. The National Sanitation Foundation maintains a list of certified filters and the contaminants they are made to remove from water.

I already use a water filter pitcher. I'm safe, right?

Not exactly. Depending on your water pitcher, it may be able to filter out some of the common water pollutants, like heavy metals, but it may not be effective for removing PFAS. Fewer than 100 products are currently certified by the National Sanitation Foundation.

Brita and Berkey, two commonly asked about filtration systems, are not listed as being effective against PFAS.

ZeroWater pitchers are certified to remove the contaminants, according to the NSF listing.

What should I do with filters after they've been used?

For filtration systems that remove PFAS, keeping track of their lifespan is important. Don't use the filters for longer than recommended, because they can stop removing contaminants from the water.

Some granulated activated carbon filters can be regenerated, so make sure to check with the manufacturer for more information, said Dr. Sarah Yang, a toxicologist with the state Department of Health Services.

Other than that, make sure to follow the directions for disposal recommend-

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Chemicals

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ed by the manufacturer.

Typically, PFAS filtered out with activated carbon end up in landfills after disposal, while reverse osmosis systems typically concentrate PFAS in the untreated portion of the water leaving the system, reintroducing the contaminants to the environment outside the home.

What if I want to test my tap water on my own for PFAS?

If you live in a community where drinking water is already being tested, like Wausau, Yang said it's probably not necessary to retest your own water at home.

But if your community is not testing, there are labs that offer drinking water tests for purchase. Wisconsin has certified 13 labs that offer testing kits for purchase, but prices can range in the hundreds of dollars per test. For more information, visit dnr.wisconsin.gov.

If you choose to test your water, Yang said to make sure you take extreme caution in collecting samples, making sure that cross-contamination doesn't take place from other items in the house.

"There are PFAS in our houses in general, so be really careful when that sample is collected," she said. "PFAS can be in other areas of the home or even just in the dust."

After getting results back from the lab, homeowners are encouraged to share them with DHS staff, who can also help make sense of the data.

"The more information we have about where people are finding (PFAS), the more we can learn about the situation," she said.

Wood County drops to 1,265 active cases

Caitlin Shuda

Wisconsin Rapids Daily Tribune

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 Feb. 9.

Confirmed cases: 3,975

New cases since last week: 59

Deaths: 37

New deaths since last week: 0

Vaccine update:

Adams County has administered a first dose to 11,046 county residents, or 55.7% of residents, as of

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Roundup

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Feb. 14. So far, 10,502 people, or 53%, received both doses.

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

- 5-11: 14.6%
- 12-17: 39.9%
- 18-24: 45%
- 25-34: 34.9%
- 35-44: 46.6%
- 45-54: 52.4%
- 55-64: 67.3%
- 65 and older: 70.6%

Clark County

Confirmed cases: 6,905

New cases since last week: 71

Deaths: 110

New deaths since last week: 1

Vaccine update:

Clark County has administered a first dose to 13,122 vaccine doses to county residents, or 41.2% of residents as of Feb. 14. So far, 12,549 people, or 39.4%, received both doses.

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

- 5-11: 5.6%
- 12-17: 21.2%
- 18-24: 32.7%
- 25-34: 33%
- 35-44: 39.6%
- 45-54: 43.5%
- 55-64: 56.9%
- 65 and older: 72.1%

Juneau County

The Juneau County Health Department now reports their updates weekly on Fridays. The confirmed cases and deaths are accurate as of Feb. 11.

Confirmed cases: 6,183

New cases since last week: 176

Active cases: 193

Deaths: 39

New deaths since last week: 0

Vaccine update:

Juneau County has administered a first dose to 13,956 county residents, or 54.6% of residents, as of Feb. 14. So far, 13,253 people, or 51.9%, received both doses.

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

- 5-11: 15.1%
- 12-17: 43.1%

- 18-24: 48.8%
- 25-34: 40.3%
- 35-44: 47.4%
- 45-54: 54%
- 55-64: 67.8%
- 65 and older: 76.5%

Lincoln County

Confirmed and probable cases: 6,871

New cases since last week: 159

Deaths: 103

New deaths since last week: 2

Vaccine update:

Lincoln County has administered a first dose to 15,248 county residents, or 58% of residents, as of Feb. 14. So far, 14,622 people, or 55.6%, received both doses

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

- 5-11: 12.4%
- 12-17: 39.4%
- 18-24: 44.6%
- 25-34: 40.6%
- 35-44: 48.8%
- 45-54: 55.3%
- 55-64: 69%
- 65 and older: 85.5%

Marathon County

Confirmed cases: 35,955

New cases since last week: 384

Confirmed deaths: 402

New deaths since last week: 7

Vaccine update:

Marathon County has administered a first dose to 79,566 county residents, or 62.3% of residents, as of Feb. 14. So far, 75,535 people, or 59.1%, received both doses.

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

- 5-11: 19.7%
- 12-17: 52.3%
- 18-24: 58.9%
- 25-34: 57.9%
- 35-44: 62.2%
- 45-54: 65.4%
- 55-64: 72%
- 65 and older: 81.3%

Portage County

Confirmed cases: 14,411

New cases since last week: 133

Active cases: 1,276

Confirmed deaths: 143

New deaths since last week: 3

Vaccine update:

Portage County has administered a

first dose to 41,888 county residents, or 61.9% of residents, as of Feb. 14. So far, 39,802 people, or 58.9%, received both doses.

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

- 5-11: 25.6%
- 12-17: 59.6%
- 18-24: 35.2%
- 25-34: 59%
- 35-44: 69.2%
- 45-54: 67.3%
- 55-64: 77.6%
- 65 and older: 83.7%

Taylor County

Confirmed cases: 4,240

New cases since last week: 14

Deaths: 66

New deaths since last week: 1

Vaccine update:

Taylor County has administered a first dose to 7,288 residents, or 38% of residents, as of Feb. 14. So far, 6,971 people, or 36.3%, received both doses.

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

- 5-11: 8.6%
- 12-17: 21.8%
- 18-24: 29.3%
- 25-34: 29.1%
- 35-44: 33.4%
- 45-54: 35.6%
- 55-64: 46.8%
- 65 and older: 61.4%

Waupaca County

Confirmed cases: 11,119

New cases since last week: 124

Deaths: 185

New deaths since last week: 3

Vaccine update:

Waupaca County has administered a first dose to 28,003 county residents, or 58.3% of residents, as of Feb. 14. So far, 26,798 people, or 55.7%, received both doses.

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

- 5-11: 12%
- 12-17: 40.1%
- 18-24: 47.5%
- 25-34: 45.4%
- 35-44: 50.5%
- 45-54: 56.9%
- 55-64: 70.7%
- 65 and older: 86.5%

Waushara County

Confirmed cases: 4,902

New cases since last week: 34

Deaths: 63

New deaths since last week: 0

Vaccine update:

Waushara County has administered a first dose to 11,121 county residents, or 47.8% of residents, as of Feb. 14. So far, 10,589 people, or 45.5%, received both doses.

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

- 5-11: 10.7%
- 12-17: 35.8%
- 18-24: 37%
- 25-34: 35.8%
- 35-44: 38.8%
- 45-54: 46%
- 55-64: 55.6%
- 65 and older: 67.3%

Wood County

Confirmed cases: 19,380

New cases since last week: 265

Active cases: 1,265

Deaths: 183

New deaths since last week: 2

Vaccine update:

Wood County has administered 43,329 first doses to county residents, or 63.3% of residents, as of Feb. 14. So far, 41,130 people, or 60.1%, received both doses.

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

- 5-11: 18.9%
- 12-17: 50.7%
- 18-24: 59.9%
- 25-34: 55.9%
- 35-44: 61.6%
- 45-54: 64.2%
- 55-64: 73.8%
- 65 and older: 82.6%

Wisconsin

Confirmed cases: 1,369,062

New cases since last week: 12,990

Deaths: 11,603

Vaccine update:

Wisconsin has administered 3,715,935 first doses of the vaccine to residents, or 67.5% of residents, as of Feb. 14.

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

- 5-11: 25.9%
- 12-17: 60.3%
- 18-24: 59.2%
- 25-34: 63.3%
- 35-44: 68.7%
- 45-54: 71.2%
- 55-64: 77.8%
- 65 and older: 85.7%

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