



MARATHON COUNTY BOARD OF HEALTH AGENDA

Date & Time of Meeting: **Tuesday, May 10, 2022, at 7:45 a.m.**

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

Committees Members: Tara Draeger, Helen Luce, Katie Dively, Stacey Morache, Jennifer Aarrestad, Yee Leng Xiong, Ann Lemmer, Michelle Van Krey

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)*

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 April 12, 2022, Board of Health Meeting Minutes**
4. **Policy Issues for Discussion and Possible Action**
 - A. Election of Chair, Vice chair, and Secretary
5. **Operational Functions Required by Statute, Ordinance, or Resolution**
6. **Educational Presentations and Committee Discussion**
 - A. Overview of DHS 140 Required Services of Local Health Departments
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: **TBD**
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, April 12th, 2022, at 7:45 AM

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

Present - In Person: Tara Draeger, Craig McEwen, John Robinson, Kue Her

Present - Via WebEx: Dean Danner, Corrie Norrbom, Helen Luce, Tiffany Rodriguez Lee

MCHD Staff: Eileen Eckardt (Online), Dale Grosskurth, Kelsey Drysdale (Online), Laura Fischer (Online), Rachel Klemp-North (Online), Becky Mroczenski (Online), Amanda Ostrowski (Online), Aaron Ruff (Online), Hannah Schommer (Online), Laura Scudiere, Kim Wieloch, Kang Chu Yang

Others via WebEx: Edward Belongia, Tim Buttke, Sarah Dowidat, Kurt Gibbs

Others In Person: Chris Dickinson

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: 45 AM.

2. Public Comment Period (Limit to 15 Minute)

The following members of the public provided comments. Commenters voiced concerns regarding vaccine efficacy and safety, amongst other COVID-related concerns.

Name	Residence
Robin Baker	Wausau, WI
Steve Frazier	Schofield, WI
Tanya Riehle	Wausau, WI
Melinda DeGier	Merrill, WI
Michael Bausch	Wausau, WI
Tom Schuette	Wausau, WI

Comments were limited to three minutes at the direction of the Chair and limited to the first 15 minutes.

3. Approval of the Minutes
A. March 8, 2021, Board of Health Meeting

Motion to approve the minutes of the March 8, 2022, Board of Health meeting made by Craig McEwen. Second by Tara Draeger. Motion approved.

4. Policy Discussion and Possible Action

A. None

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

A. None

6. Educational Presentations/Outcome Monitoring Reports

A. Presentation: Overview of U.S. Vaccine Safety Monitoring System by Director of Marshfield Clinic Research Institute's Center for Clinical Epidemiology and Population Health, Edward Belongia MD

In response to requests from Marathon County Board members and other residents, Dr. Belongia presented an overview of the Vaccine Safety Monitoring System within the United States. Health Officer, Laura Scudiere introduced Dr. Ed Belongia, an adjunct professor to the Department of Population Health Sciences at the University of Wisconsin. He is also the Senior Epidemiologist and Director of the Center for Clinical Epidemiology and Population Health at Marshfield Clinic Research Institute. Dr. Belongia has extensive experience with the vaccine safety mechanisms and structure, and he presented on the following topics: vaccine development, vaccine effectiveness, vaccine safety, and the vaccine safety reporting mechanisms conducted by the federal government.

Questions were asked regarding whether adverse event data could be tracked on a local level or if Board of Health members could review vaccine adverse events for Marathon County specifically. Dr. Belongia explained that the data was tracked by Federal systems and was not broken down this way. He reiterated that local systems, such as the Marathon County Health Department, do not have any role in vaccine adverse event surveillance as vaccine safety monitoring programs are operated and managed by federal systems.

B. Review Marathon County School-based Consortium for Youth Mental Health

Marathon County Health Department provides backbone support for the Youth School-based Consortium, which provides mental health services to several Marathon County school systems. Director of Community Health Improvement, Amanda Ostrowski shared information on the Youth Mental Health Consortium. This consortium ensures that mental health services are available to a variety of Marathon County schools. The first strategy was to increase accessibility and utilization to on-site mental health counselling services and establish telehealth services. The second strategy helped increase data knowledge and awareness of the student population. 2017 was the first-time schools collected Youth Risk Behavior Survey (YRBS) data on middle school students and Marathon County teen life. The

third strategy surrounds community organizations utilizing local data to more effectively allocate resources to address youth needs within schools. There are several successes for the consortium. Athens school changed their schedule to flex an hour for students to build relationships with adults and other students. There were numerous sessions that aided students and families with mental health, coping, and relaxation. Learning opportunities were also available for parents to help students at home. Education development opportunities were created for teachers and staff.

7. Report From the Health & Human Services Committee Meeting on Policy Issues Impacting Public Health

- A. County Board Supervisor, Tim Buttke gave an update on the block fund endorsement for housing, and discussion on potential modifications to a local criminal marijuana ordinance. The ordinance was discussed at the Health and Human Services committee, and they have chosen not to modify it.

Robinson thanked Buttke for attending the Board of Health meetings for the last 2 years as today was his last day as a County Board Supervisor.

8. 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, May 10, 2022, at 7:45 a.m.**
- C. Robinson announced and thanked board member, Sandi Cihlar for serving on the board, as today was her last day on the board.

9. Adjournment

Motion to adjourn made by Kue Her; second by Tara Draeger. Motion approved. Meeting was adjourned at 9:52 AM

Respectfully submitted,

Kang Chu Yang, Recorder

Chapter DHS 140

REQUIRED SERVICES OF LOCAL HEALTH DEPARTMENTS

DHS 140.01	Authority and purpose.
DHS 140.03	Definitions.
DHS 140.04	Level I local health department.
DHS 140.05	Level II local health department.

DHS 140.06	Level III local health department.
DHS 140.07	Local health officer qualifications.
DHS 140.08	Local health department level designation.

Note: Chapter HFS 140 was renumbered chapter DHS 140 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., [Register January 2009 No. 637](#).

DHS 140.01 Authority and purpose. This chapter is promulgated under the authority of s. 251.20, Stats., which directs the department to specify by rule required services for each of 3 levels of local health departments. Under s. 251.05 (2), Stats., all local health departments are to provide at least level I services, while level II and level III local health departments are to provide additional services.

History: Cr. [Register, July, 1998, No. 511](#), eff. 8–1–98.

DHS 140.03 Definitions. In this chapter:

(1) “Community health assessment” means the regular, systematic collection, assembly, analysis and dissemination of information on the health of the community.

(1m) “Community health improvement plan” means the written plan developed by a local health department with the involvement of key policy makers and the general public to implement the services and functions specified under s. 250.03 (1) (L), Stats., pursuant to s. 251.05 (3) (c), Stats., and the requirements of this chapter.

(2) “Department” means the Wisconsin department of health services.

(3) “Environmental health program” means the assessment, management, control and prevention of environmental factors that may adversely affect the health, comfort, safety or well-being of individuals within the jurisdiction of the local health department by individuals qualified under s. 440.98, Stats., and ch. [DHS 139](#).

(4) “Epidemiological investigation” means the systematic examination and detailed inquiry into the circumstances and causal factors associated with a given disease or injury.

(5) “General public health nursing program” means the organization and delivery of public health nursing services by public health nurses qualified under s. 250.06 (1), Stats., and s. [DHS 139.08](#) to individuals within the jurisdiction of the local health department.

(6) “Health promotion” means programs and services that increase the public understanding of health, assist in the development of more positive health practices and enhance or maintain the health of the community as a whole.

(7) “Human health hazard” means a substance, activity or condition that is known to have the potential to cause acute or chronic illness or death if exposure to the substance, activity or condition is not abated or removed.

(8) “Local health department” means an agency of local government that has any of the forms specified in s. 250.01 (4), Stats.

(9) “Local health officer” means the person in charge of a local health department who meets the qualifications and is responsible for carrying out the duties established under s. 251.06, Stats.

(10) “Other disease prevention” means programs and services that reduce the risk of disease, disability, injury or premature death

caused by such factors as risky behaviors, poor health practices or environmental agents of disease.

(11) “Public health system” means organized community efforts aimed at the prevention of disease and the promotion and protection of health, including activities of public and private agencies and voluntary organizations and individuals.

(12) “State health officer” means the individual appointed under s. 250.02 (1), Stats., by the secretary of the department to develop public health policy for the state and direct state public health programs.

(13) “Surveillance” means the ongoing systematic collection, analysis, and interpretation of data concerning disease, injuries or human health hazards, and the timely dissemination of these data to persons responsible for preventing and controlling disease or injury and others who need to know.

History: Cr. [Register, July, 1998, No. 511](#), eff. 8–1–98; corrections in (2), (3) and (5) made under s. 13.92 (4) (b) 6. and 7., Stats., [Register January 2009 No. 637](#); [CR 18–014](#); cr. (1m) [Register June 2019 No. 762](#), eff. 7–1–19; correction in (1m) made under s. 35.17, Stats., [Register June 2019 No. 762](#).

DHS 140.04 Level I local health department.

(1) **REQUIRED SERVICES.** A level I local health department shall provide leadership for developing and maintaining the public health system within its jurisdiction by conducting all of the following:

(a) *Surveillance and investigation.* 1. Collect and analyze public health data to do all of the following:

- Identify health problems, environmental public health hazards, and social and economic risks that affect the public’s health.
- Guide public health planning and decision-making at the local level.

c. Develop recommendations regarding public health policy, processes, programs, or interventions, including the community health improvement plan.

2. Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and stakeholders.

3. Establish written protocols for obtaining laboratory services at all times.

(b) *Communicable disease control.* 1. Conduct activities required of local health departments under ch. [DHS 144](#), relating to immunization of students.

2. Comply with the requirements of ch. [DHS 145](#), relating to prevention, monitoring, conducting epidemiological investigations, and control of communicable diseases, including outbreaks.

3. Improve public recognition and awareness of communicable diseases and other illnesses of public health importance.

4. Provide or facilitate community-based initiatives to prevent communicable diseases.

(c) *Other disease prevention.* 1. Develop and implement interventions intended to reduce the incidence, prevalence or onset of chronic diseases or to prevent or ameliorate injuries that are the leading causes of disability and premature death in the local health department’s jurisdiction, as identified in the community health assessment or the most recent state public health agenda.

2. Link individuals to needed personal health services.
3. Identify and implement strategies to improve access to health services.

(d) *Emergency preparedness and response.* 1. Participate in the development of response strategies and plans in accordance with local, state, and national guidelines to address public health emergencies as defined in s. 323.02 (16), Stats.

2. Participate in public health preparedness exercises.
3. Communicate and coordinate with health care providers, emergency service providers, and other agencies and organizations that respond to a disaster, outbreak or emergency.
4. Define the role of public health personnel in responding to a disaster, outbreak, or emergency, and activate these personnel during any such occurrence.
5. Maintain and execute an agency plan for providing continuity of operations during a disaster, outbreak, or emergency, including a plan for accessing resources necessary for response or recovery.
6. Issue and enforce emergency health orders, as permitted by law.

7. Establish processes to ensure the local health department is immediately notified of an actual or potential disaster, outbreak, or emergency.

8. Implement strategies intended to protect the health of vulnerable populations during a disaster, outbreak, or emergency.

(e) *Health promotion.* 1. Develop and implement interventions, policies, and systems to promote practices that support positive public health outcomes and resilient communities.

2. Disseminate relevant, accurate information and evidence-informed prevention guidance to the public health system and community.

3. Use a variety of accessible, transparent, and inclusive methods of communication to convey and to receive information from the public and stakeholders.

4. Provide accurate, timely, and understandable information, recommendations, and instructions to the public during a disaster, outbreak, or emergency.

(f) *Human health hazard control.* 1. Assist in the conduct of activities authorized under ss. 251.06 (3) (f) and 254.59, Stats.

2. Declare dilapidated, unsafe or unsanitary housing to be a human health hazard, when permitted under s. 254.593, Stats.

3. Identify public health hazards through laboratory testing, inspections, reporting, and investigation for the purpose of preventing further incidence of occupational disease, environmental disease, and human health hazard exposure.

(g) *Policy and planning.* 1. Coordinate planning and serve as a source of information and expertise in the development and implementation of policies affecting public health.

2. Foster and support community involvement and partnerships in development, adoption, and implementation of policies affecting public health, including engagement of diverse populations and consideration of adversely impacted populations.

3. Conduct a community health assessment resulting in a community health improvement plan at least every 5 years.

4. Develop a written community health improvement plan at least every 5 years, by assessing applicable data, developing measurable health objectives, and partnering with persons, agencies, and organizations to cultivate community ownership throughout the entire development and implementation of the plan.

5. Engage members of the community in assessment, implementation, monitoring, evaluation, and modification of community health planning.

6. Promote land use planning and sustainable development activities to create positive health outcomes.

(h) *Leadership and organizational competencies.* 1. Establish and sustain relationships with governmental and nongovernmental partners and stakeholders.

2. Engage stakeholders in the development and implementation of the local health department's organizational goals.

3. Use principles of public health law, including local and state laws, in the planning, implementation, and enforcement of public health initiatives.

4. Promote and monitor progress towards achieving organizational goals, objectives identified in community health improvement plan, and identifying areas for improvement.

5. Implement processes within public health programs that create health equity.

6. Maintain a competent and diverse workforce intended to ensure the effective and equitable provision of public health services.

7. Provide continuing education and other training opportunities necessary to maintain a competent workforce.

8. Implement and maintain the technology needed to support public health operations while simultaneously protecting personally identifiable information and other confidential health information, pursuant to ss. 19.21 and 146.82, Stats.

(i) *Public health nursing services.* Conduct a general public health nursing program which shall apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required in pars. (a) to (h), in cooperation with the local board of health.

(2) **ANNUAL REPORTING.** A level I local health department shall submit the following to the department:

(a) By May 1, a copy of the annual report submitted by the local health officer during the previous year, as required by s. 251.06 (3) (h), Stats.

(b) Public health data, in a format prescribed by the department.

Note: Reports and data described in this section must be submitted to the regional office assigned to the local health department's jurisdiction. Information about regional offices may be obtained by accessing: <https://www.dhs.wisconsin.gov/dph/regions.htm>.

(3) **OPTIONAL SERVICES.** A level I local health department may provide any services, in addition to the services required under sub. (1), that a level II local health department is required to provide under s. DHS 140.05 or a level III local health department is required to provide under s. DHS 140.06.

History: Cr. Register, July, 1998, No. 511, eff. 8/21/98; corrections in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637; CR 18-014: r. and recr. Register June 2019 No. 762, eff. 7-1-19; correction in (1) (f) 1. made under s. 35.17, Stats., Register June 2019 No. 762.

DHS 140.05 Level II local health department.

(1) **REQUIRED SERVICES.** In addition to the level I local health department required services described in s. DHS 140.04, a level II local health department shall do all of the following:

(a) Address communicable disease control, chronic disease and injury prevention, environmental public health, family health, and access and linkage to health services, in addition to services already provided under s. DHS 140.04, by doing all of the following:

1. Identifying and promoting either a community need that has not already been selected as a local priority by the local health department in its most recent community health improvement plan or an objective specified in the department of health services' most recent state public health agenda, developed pursuant to s. 250.07, Stats.

2. Providing support to implement services through leadership, resources, and engagement of the public health system.

3. Utilizing evidence-informed resources and practices to provide services.

4. Evaluating the additional services and reporting to the community and local board of health on progress and performance.

(b) Develop and maintain a plan to employ qualified public health professionals and assure a competent public health workforce by doing all of the following:

1. Including core public health competencies and credentialing requirements in all department job descriptions, unless prohibited by local governing body.

2. Assessing staff core public health competencies every 2 years to identify department training needs.

3. Completing annual performance evaluations and personal development plans, unless prohibited by local governing body.

(c) Conduct quality improvement.

(d) Provide training and resources related to quality improvement to local health department staff and the local governing body.

(e) Establish explicit organizational performance measures for the local health department's mission, vision, values, and strategic goals.

(f) Apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required under pars. (a) to (e).

(2) OPTIONAL SERVICES. A level II local health department may provide any services, in addition to the services required under sub. (1), that a level III local health department is required to provide under s. DHS 140.06.

History: Cr. Register, July, 1998, No. 511, eff. 8-1-98; CR 18-014: r. and recr. Register June 2019 No. 762, eff. 7-1-19; correction in (1) (a) 1., (b) 2. made under s. 35.17, Stats., Register June 2019 No. 762; correction in (1) (f) made under s. 13.92 (4) (b) 7., Stats., Register June 2019 No. 762.

DHS 140.06 Level III local health department. In addition to the level I local health department required services described in s. DHS 140.04 and to the level II local health department required services described in s. DHS 140.05, a level III local health department shall do all of the following:

(1) Lead the collection of data to guide public health planning and decision-making at the local level in alignment with the most recent state public health agenda.

(2) Provide public health expertise within the jurisdiction to elected officials, stakeholders, and community partners, including data and research.

(3) Identify and address factors impacting population health by implementing evidence-informed and emerging practices.

(4) Develop, advocate, adopt, and implement policies or strategies to improve the physical, environmental, social, and economic conditions affecting health.

(5) Establish and implement an environmental health program as directed by the local board of health or other local governing body by doing all of the following:

(a) Participating and providing environmental health expertise in the development of community plans.

(b) Providing or arranging for the availability of services authorized under ch. 254, Stats., such as for toxic substances, indoor air quality, animal borne or vector borne disease, and human health hazards.

(c) Collecting, reviewing, and analyzing environmental and community health data, and managing, controlling, and preventing environmental factors that may adversely affect the health, safety, or well-being of individuals or the community.

(d) Implement agreements established with state agencies to provide or arrange for environmental health services.

(e) Administering regulations of the board of health or other local governing body.

(6) Provide or arrange for other services that the local health department determines appropriately address objectives or services in the most recent state public health agenda.

(7) Develop and implement methods to collect performance data, evaluate goals, conduct quality improvement, and report progress to advise organizational decisions.

(8) Develop and implement a plan that integrates quality improvement at the individual, team, and organization levels.

(9) Apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required under subs. (1) to (8).

History: Cr. Register, July, 1998, No. 511, eff. 8-1-98; corrections in (1) (c) and (d) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637; (1) (d) renum. to SPS 221.065 under s. 13.92 (4) (b) 1., Stats., Register December 2015 No. 720; CR 18-014: r. and recr. Register June 2019 No. 762, eff. 7-1-19; correction made under s. 13.92 (4) (b) 1., Stats., Register June 2019 No. 762; correction in (9) made under s. 13.92 (4) (b) 1., Stats., Register June 2019 No. 762.

DHS 140.07 Local health officer qualifications.

(1) DEFINITION. In this section, "similar field" means a field of academic study, or combination of graduate-level courses that the state health officer determines provides the knowledge and skills required to adequately meet the responsibilities of a level I, II, or III local health officer.

(2) LEVEL I. A local health officer of a level I local health department shall meet the requirements stated in s. 251.06 (1) (a), Stats., or shall obtain approval in writing from the state health officer indicating that the individual has met the requirements of s. 251.06 (1) (d), Stats.

(3) LEVEL II. A local health officer of a level II local health department shall meet the requirements stated in s. 251.06 (1) (b), Stats., or shall obtain approval in writing from the state health officer indicating that the individual has met the requirements of s. 251.06 (1) (d), Stats.

(4) LEVEL III. Pursuant to ss. 251.06 (1) (c) and (d), Stats., a level III local health officer shall have any of the following qualifications:

(a) At least 3 years of experience in a full-time administrative position in either a public health agency or public health work and one of the following:

1. A master's degree in public health, public administration, or health administration.

2. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of a master's degree in a similar field.

(b) A bachelor's degree, 5 years of experience in a full-time administrative position in either a public health agency or public health work, and one of the following:

1. At least 16 graduate semester credits towards a master's degree in public health, public administration, or health administration.

2. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of 16 graduate semester credits towards a master's degree in a similar field.

(c) A license to practice medicine and surgery under ch. 448, Stats., and at least one of the following:

1. Three years of experience in a full-time administrative position in either a public health agency or public health work.

2. Eligibility for certification by the American board of preventive medicine in public health or general preventive medicine.

3. A master's degree in public health, public administration, or health administration.

4. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of a master's degree in a similar field.

History: Cr. Register, July, 1998, No. 511, eff. 8-1-98; CR 18-014: r. and recr. Register June 2019 No. 762, eff. 7-1-19; correction in (1) made under s. 13.92

(4) (b) 1., Stats., Register June 2019 No. 762; correction in (1), (4) (c) 3. made under s. 35.17, Stats., Register June 2019 No. 762.

DHS 140.08 Local health department level designation. The department shall review the operations of each local health department at least every 5 years, and based on this review, the state health officer shall issue a written finding as to whether the local health department satisfies the requirements for a level

I, II, or III local health department. In the alternative, the state health officer may determine that the operations of a local health department satisfy the requirements for a level I, II, or III local health department based on a national accreditation process that fulfills the requirements specified under ch. 251, Stats., and this chapter.

History: CR 18-014: cr. Register June 2019 No. 762, eff. 7-1-19; correction made under s. 13.92 (4) (b) 1., Stats., Register June 2019 No. 762.



YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 - 15 (Through the week ending April 16, 2022)

Jurisdiction: Marathon County

Disease Group	Disease	2022				
		Week 12	Week 13	Week 14	Week 15	Total
Blastomycosis	<i>Group Total:</i>	0	0	0	0	1
Campylobacteriosis (Campylobacter Infection)	<i>Group Total:</i>	0	0	0	0	4
Carbon Monoxide Poisoning	<i>Group Total:</i>	1	0	0	0	3
Chlamydia Trachomatis Infection	<i>Group Total:</i>	5	5	6	1	89
Coronavirus	<i>Group Total:</i>	44	28	39	72	10037
Cryptosporidiosis	<i>Group Total:</i>	0	0	1	0	2
Giardiasis	<i>Group Total:</i>	0	1	0	0	3
Gonorrhea	<i>Group Total:</i>	0	0	1	0	7
Haemophilus Influenzae Invasive Disease	<i>Group Total:</i>	0	0	0	0	1
Hepatitis A	<i>Group Total:</i>	0	0	0	0	1
Hepatitis B	<i>Group Total:</i>	0	0	0	0	2
Hepatitis C	<i>Group Total:</i>	0	0	0	0	9
Histoplasmosis	<i>Group Total:</i>	0	0	0	0	1
Influenza Associated Hospitalization	<i>Group Total:</i>	0	1	1	1	18
Invasive Streptococcal Disease (Groups A And B)	<i>Group Total:</i>	0	0	0	0	4
Legionellosis	<i>Group Total:</i>	1	0	0	0	1
Lyme Disease	<i>Group Total:</i>	1	0	1	1	13
Meningitis, Aseptic (Viral)	<i>Group Total:</i>	0	0	0	0	1
Mycobacterial Disease (Nontuberculous)	<i>Group Total:</i>	0	0	0	0	1
Pathogenic E.coli	<i>Group Total:</i>	0	0	0	0	1
Salmonellosis	<i>Group Total:</i>	0	1	0	0	4
Streptococcus Pneumoniae Invasive Disease	<i>Group Total:</i>	1	0	0	0	1
Tuberculosis	<i>Group Total:</i>	0	0	0	0	3
Tuberculosis, Latent Infection (LTBI)	<i>Group Total:</i>	0	1	0	0	6
Varicella (Chickenpox)	<i>Group Total:</i>	0	1	0	0	3
	<i>Period Total:</i>	53	38	49	75	10216