



Jefferson County Health Department

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Agenda

Jefferson County Board of Health
1541 Annex Road, Jefferson, WI 53549
Health Department Conference Room
May 20, 2015
1 p.m.

Board Members

Dick Schultz, Chair; Ed Morse, Vice-Chair; Marie Wiesmann, RN, BSN, Secretary; John McKenzie; Don Williams, MD

1. Call to order
2. Roll Call/Establishment of a Quorum
3. Certification of Compliance with the Open Meetings Law
4. Review of the Agenda
5. **Public Comment** (Members of the Public who wish to address the Board on specific agenda items must register their request at this time)
6. Approval of March 18, 2015 Meeting Minutes
7. Communications
8. Financial Report
 - a. Income Statement & Review of 2015 Budget
 - b. Vehicle Usage Report
9. Operational Update of the Environmental Health Program
 - a. Revision of the Environmental Sanitation Ordinance
 - b. Fee Structure Changes
 - c. Appeal of Lead Abatement Orders to the Board of Health
10. Public Health Preparedness
 - a. New Public Health Emergency Preparedness (PHEP) Ebola Funding
 - b. Completion of Mass Care Planning Document & Stipend
11. Public Health Program and Review of Statistics
 - a. Communicable Disease Cases Reported
 - b. Avian Influenza (H5N2 – HPAI) Outbreak
 - c. DNR Air Permit Hearing in Lake Mills
 - d. E-Cigarette Inclusion in County Smoke Free Air Policy
 - e. Powdered Alcohol
 - f. Wisconsin State Laboratory of Hygiene Budget Provision
 - g. Retirements of Five Staff and Staffing/Hiring Update
 - h. Proposed New LPN Position
12. Personal Care Program and Review of Statistics
 - a. 2015 PCW Program Transition
13. Director's Report
 - a. 2014 Annual Report
 - b. Monthly Report to Administration/County Board
14. Status of Rock River Free Clinic and Community Dental Clinic
15. Next Meeting Date/Time/Agenda Items: 2015 Meetings: January 21, March 18, May 20, July 15, September 16, November 18
16. Adjourn

The Board may discuss and/or take action on any item specifically listed on the agenda.

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator at 920-674-7101 24 hours prior to the meeting so appropriate arrangements can be made.

**Jefferson County Board of Health
Meeting Minutes – March 18, 2015
Jefferson County Health Department – Conference Room
1541 Annex Road, Jefferson, WI. 53549**

Call to Order: D. Schultz, Chair, called the meeting to order at 1:00 p.m.

Roll Call/Establishment of Quorum

Quorum established

Board Members Present: Dick Schultz, Chair; Ed Morse, Vice-Chair; Marie Wiesmann, RN, BSN, Secretary; John McKenzie, Don Williams, M.D.

Staff Present: Gail Scott, Director; Diane Nelson, Public Health Program Manager; Jeff Larkin, Environmental Health Specialist; Sandee Schunk, Clerical/Recorder

Guests Present: Benjamin Wehmeier, County Administrator; Myra Uttech, BSN Student

Certification of Compliance with the Open Meetings Law: The meeting was properly noticed.

Review of the Agenda: No changes to the agenda.

Public Comment: None

Approval of the January 21, 2015 Meeting Minutes:

Motion made by J. McKenzie to approve the minutes as written; second by Dr. Williams; motion carried unanimously.

Communications: None

Board Organization including Number of Meetings and Membership: This was discussed at the January 21, 2015 meeting.

Financial Report

- a. **Income Statement:** G. Scott reviewed the January 2015 "Statement of Revenue & Expenditures" in the packet. As of January 31, 2015 the department is showing a deficit of (\$4,507.73) attributed to the operations of the Personal Care Program.
- b. **End of Year Financial Status:** G. Scott reviewed the "2014 End-of-Year Summary: Revenue/Expenses/Carryover" in the packet. The 2014 surplus will be discussed at a meeting with Ben Wehmeier, Administrator and Brian Lamers, Director of Finance. B. Wehmeier explained that the Health Department has a three month operational fund balance that must be maintained and any additional surplus may be moved into 2016.
- c. **Vehicle Usage Report:** G. Scott reviewed the handout in the packet and reported that both vehicles are being used by staff resulting in reduced mileage reimbursement expenses.

Operational Update of the Environmental Health Program

J. Larkin reported that the Environmental Health staff has been busy providing over 300 inspections to date in 2015. The inspections include restaurants, hotels, swimming pools, schools, campgrounds, re-inspections and follow-ups. They have had 4 lead hazard risk assessments plus 2 inspections. Holly Hisel does approximately 300 well inspections per year. Temporary events such as the upcoming April Car Show will require food booth inspections. The specialists also deal with environmental complaints as needed. They did follow-up inspections on a Fort Atkinson restaurant after a fire.

J. Larkin discussed the ongoing issue with the Rock Hotel in Fort Atkinson that is not licensed as a hotel but has renters living in the building. A "Cease and Desist" order was issued on February 20, 2015 along with a \$ 500 citation. Owner denies being a "hotel" and reports he operates a "long term rental" facility but pre-paid a "hotel" license inspection fee. A court date is set in late April as the owner is contesting the \$500 citation. The Judge will decide if the owner is "operating without a license". Numerous fire inspections have been conducted resulting in documented violations of fire codes. Currently 15 – 16 rooms are being rented out with approximately 20 – 25 occupants. Jefferson County Corporation Counsel has been involved with this case and is hopeful the current residents will not have to be moved out. G. Scott reported that Kathi Cauley, Director of Jefferson County Human Services, is aware of possible evictions and the fact that the residents may need assistance in finding housing. G. Scott reported that the Fort Atkinson Fire Department Inspector said it was good that the Health Department was involved in the case so the owner knows there are consequences if requirements are not met for fire codes and licensure. The City of Fort Atkinson has been dealing with this issue since 2013. The Health Department was called to become involved in December 2014. The aggressive process was started in early 2015. It was noted that if the owner does not want the building to be licensed as a "hotel", there may be zoning issues with the City of Fort Atkinson to be considered a "long term rental facility".

Public Health Preparedness

G. Scott reported that the five regional healthcare coalitions need coordinators for each region and a medical advisor/director. Two representatives must be from Public Health.

G. Scott will be serving on a State Fatality Management Team.

G. Scott reported that the Preparedness grant objectives have been completed. The only item that needs to be purchased is headphones for her computer to improve communication.

G. Scott reported that once a template is completed for a Mass Care Plan, the Health Department will receive \$1,000. A meeting will be held on March 23, 2015 with Donna Haugom, Director of Jefferson County Emergency Management to complete the template.

Public Health Program and Review of Statistics

- a. **Communicable Disease Cases Reported:** D. Nelson reviewed the statistical report in the meeting packet. Tamiflu supplied by the State was distributed to local Nursing Homes. Cases of hospitalizations due to Influenza were reported and followed by Infection Control. There was a "suspect" measles case ruled out this week.

M. Wiesmann reported Fort HealthCare has updated their Ebola plan. Katrina Waldron, Public Health Nurse, met with her and was commended for doing a good job collaborating between the Health Department and Fort HealthCare.

- b. **E-Cigarette Inclusion in County Smoke Free Air Policy:** G. Scott reported she has been working with Dianne Forrester, Tobacco Free Coalition and Blair Ward from Jefferson County Corporation Counsel to amend the Jefferson County Smoke Free Air Act, Ordinance No. 2003-06 to include the use of E-Cigarettes and electronic delivery devices. Sample of ordinance amendment reviewed in the meeting packet. A "no fiscal impact" statement will be added to the amendment.

Motion made by Dr. Williams to recommend that the updated "Jefferson County Smoke Free Air Act" be presented at the Jefferson County Board of Supervisors meeting scheduled on April 21, 2015; second by E. Morse; motion passed unanimously.

- c. **Discussion about Powdered Alcohol:** G. Scott reported that Palcohol has been approved by the FDA. The freeze-dried powdered alcohol will be sold in one ounce pouches and will be more expensive than liquid alcohol. Some states are moving to ban the production and sale of Palcohol due to concerns of use by underage youth; use at places of employment; the ability to conceal the product easier than liquid alcohol. Dr. Williams recommended that the Board of Health support the State in banning this product due to the risk factors involved. G. Scott will work with Blair Ward at Jefferson County Corporation Counsel to write a resolution to be approved by the Board of Health and passed on to the Jefferson County Administrative Rules Committee for review.

B. Wehmeier reported that currently Senate Bill #10 and Assembly Bill #72 prohibiting the sale of powdered alcohol are in review.

Dr. Williams motioned that “a resolution be written stating that the introduction of Palcohol would be adverse to Public Health, therefore, the Board of Health supports a ban on the introduction of Palcohol in the State of Wisconsin and supports Senate Bill #10 and Assembly Bill #72”. The resolution will be forwarded to the Jefferson County Administration and Rules Committee at their scheduled meeting on April 29, 2015. Second by E. Morse; motion passed unanimously.

d. Update on 2014 QI Projects: D. Nelson reported on three QI (Quality Improvement) projects:

- 1. 140 Review** – This project is completed and passed review.
- 2. PNCC (Prenatal Care Coordination)** – The Health Department and Jefferson County Human Services are completing cross-referrals of high risk clients. D. Nelson reported that Medicaid reimburses the Health Department for providing prenatal visits for eligible clients. Objectives are to provide post-partum depression screenings, increase post-partum visits to medical provider, increase first trimester contacts by Public Health Nurse and increase access to birth control post-partum. State audits can take back funding if paperwork is not completed in the proper order. Prenatal Care posters printed in English and Spanish are being distributed county-wide by the Public Health RNs. Some women do not want to have prenatal visits. Dr. Williams will encourage Fort HealthCare Obstetric physicians to refer to PNCC community connections for Public Health RN visits, cribs, car seats, referral to WIC and other resources. PNCC referral forms will be given to Dr. Williams for distribution to Fort Healthcare OB clinics.
- 3. HPV (Human Papilloma Virus) Vaccine** – Per an audit from the State’s Vaccine for Children Program, it was noted that the Health Department HPV immunization compliance rate was only 18% of clients completing the 3 doses. The QI goal had been set to increase to 25% completion rate of which 23% was met. Per a report, age appropriate clients received 1 or 2 injections. Postcards were mailed to 286 clients ages 11 – 18 with a 16% response rate of 46 clients. Of the 286 postcards sent out, 118 had received 1 dose; 101 had received 2 doses; 67 completed the series of 3 doses. The 286 clients also received educational material on the Meningitis vaccine. During 4 mass school clinics held in October 2014 for flu vaccines (approximately 400 – 500 flu vaccines given) - 37 kids also started the HPV series. In November 2014, an HPV Immunization Coalition grant was received and a Public Health RN is working to provide outreach to medical providers and parents – encouraging the HPV vaccine. There is a paid HPV ad being run at the County Fairgrounds on the TV monitor at all events. Dr. Williams reported that over 20 million HPV vaccines have been given since it was introduced. The vaccine is most effective if given at age 11 – 12 for better immunity and needs to be given ahead of the infection. Some people contract HPV but get over it. In others, HPV can cause genital warts, cervical cancer, oral/pharyngeal cancer, rectal cancer. M. Wiesmann reported the vaccine is controversial due to families concerned that having young teenagers receive the vaccine is promoting them becoming sexually active. It is also estimated that approximately 30,000 women die each year from cervical cancer.
- 4. Well Child Clinic** – D. Nelson reported on the 2013 – 2014 Well Child Clinic Analysis report in the meeting packet. In 2014 fewer children were seen for physicals at the Health Department due to receiving the service from their medical provider. Head Start is the largest referral source for physicals due to their requirement of each child having a physical within 45 days of school starting. Well Child Clinics will be held one time per month at the Health Department for uninsured children. Body Mass Index statistics were reviewed showing 29% of the children screened were overweight and 15% were obese. A USDA WIC grant called “Fit Family” serves 50 – 54 families encouraging increase water consumption, increased fruit and vegetables, decreased TV time and increased activity. Head Start is proposing to provide parent education roundtable discussions with regarding obesity. The Jefferson County Parks Department will offer low cost family use of parks to increase activity. Intervention early in life is important to teach healthy practices such as using smaller plates, not starting solid foods too early, staying away from super-sized foods and drinks which provide empty calories and high fructose syrups. M. Wiesmann suggested the Health Department partnering with Fort HealthCare in promoting healthy lifestyles.

B. Wehmeier reported that the Health Department and Human Services Department are ahead in QI projects with trainings and outcome monitoring.

Personal Care Program and Review of Statistics

- a. **2015 PCW Program Transition:** G. Scott reported that Personal Care clients are being transferred to the staffing agencies. All of the clients will be transitioned by March 31, 2015.

Director's Report

- a. **Monthly Report to Administration/County Board:** G. Scott reviewed the January and February report in the meeting packet. Highlighted items were finalizing the 2015 CHIP (Community Health Improvement Plan) with Dodge County and City of Watertown focused on the prevention of obesity, promoting healthy lifestyles and increasing activity.
Diane Lenz, Jail LPN, was the recipient of an award at the Sheriff's banquet for her response to a combative inmate. G. Scott reported that the Sheriff's Department and jail nursing staff do a good job diffusing escalations and are trained in handling stressful situations.
An active Tuberculosis client that was receiving "Direct Observed Therapy" from Public Health nursing staff has been discharged with a good outcome.
A "Wellness Committee" was developed within the Health Department and set up a walking path inside the building, encouraged increased water consumption by staff and encouraged decreasing unhealthy snacks at work. Mary Wollet, WIC Director will serve on a wellness steering committee for Head Start.
G. Scott reported the retirements of the following Health Department staff on May 1, 2015: Sally Albertz, Administrative Assistant II (will not be replaced due to the Personal Care Program ending); Shirley Gehrke, Public Health Technician/LPN (will not be replaced); Jackie Behm and Kathy Cheek, Public Health RNs (both positions will be requested for replacement).

Status of Rock River Free Clinic and Community Dental Clinic: G. Scott reported that the contract with the Rock River Free Clinic was accepted. The Board has decided to hire an Executive Director for the Rock River Free Clinic. The Community Dental Clinic remains busy and is well staffed.

Next Meeting Date/Time/Agenda Items: 2015 Meetings: January 21, March 18, May 20, July 15, September 16, November 18

Next meeting will be held on Wednesday, May 20, 2015 at 1:00 p.m. in the Health Department Mondo Conference Room.

Adjourn: *E. Morse motioned to adjourn the meeting at 2:30 p.m.; second by M. Wiesmann; motion carried.*

Respectfully submitted;

Sandee Schunk - Recorder

Jefferson County Health Department - Statement of Revenues & Expenditures

01/01/2015 - 03/31/2015	YTD	Prorated	Annual	YTD
	Actual	Budget	Budget	Variance
REVENUE:				
Personal Care Medical Assistance	66,399.36	22,189.00	88,756.00	44,210.36
Personal Care Private Pay	6,121.50	4,400.75	17,603.00	1,720.75
Personal Care - Care WI Private Pay	66,106.54	23,258.25	93,033.00	42,848.29
Personal Care Human Services	14,895.00	4,058.25	16,233.00	10,836.75
Personal Care Other Revenue	0.00	2.50	10.00	-2.50
Personal Care Prior Year Revenue	0.00	0.00	0.00	0.00
Personal Care WIMCR Funding	0.00	12,500.00	50,000.00	-12,500.00
Total Personal Care	153,522.40	66,408.75	265,635.00	87,113.65
Total WIC	86,401.70	89,661.75	358,647.00	-3,260.05
Public Health Fee for Service	18,744.01	35,509.75	142,039.00	-16,765.74
Public Health Grant Income	32,776.38	27,935.50	111,742.00	4,840.88
Total Public Health	51,520.39	63,445.25	253,781.00	-11,924.86
Total Income	291,444.49	219,515.75	878,063.00	71,928.74
EXPENSE:				
Personal Care Salary & Benefits	24,721.53	6,657.00	26,628.00	18,064.53
Personal Care Contracted Services	140,030.35	49,083.50	196,334.00	90,946.85
Personal Care Operating Expense	2,520.88	13,463.75	53,855.00	-10,942.87
Total Personal Care	167,272.76	69,204.25	276,817.00	98,068.51
WIC Salary & Benefits	73,142.55	74,792.50	299,170.00	-1,649.95
WIC Contracted Services	1,306.75	2,798.25	11,193.00	-1,491.50
WIC Operating Expense	11,952.40	12,071.00	48,284.00	-118.60
Total WIC	86,401.70	89,661.75	358,647.00	-3,260.05
Public Health Salary & Benefits	245,044.65	244,614.75	978,459.00	429.90
Public Health Contractual	7,399.45	12,087.50	48,350.00	-4,688.05
Public Health Operating Expense	34,788.95	56,309.00	225,236.00	-21,520.05
Capital Equipment	0.00	0.00	0.00	0.00
Total Public Health	287,233.05	313,011.25	1,252,045.00	-25,778.20
Total Expense	540,907.51	471,877.25	1,887,509.00	69,030.26

SUMMARY				
Total Income	291,444.49	219,515.75	878,063.00	71,928.74
County Funding Tax Levy & Conting. Transfer	218,805.75	218,805.75	875,223.00	
2014 Restricted Carryover Funds to 2015	1,306.00		27,477.00	
2014 Capital Improvement Carryover to 2015			20,000.00	
Total Revenue	511,556.24	438,321.50	1,800,763.00	73,234.74
Total Expenditures	540,907.51	471,877.25	1,887,509.00	69,030.26
Net Surplus (Deficit)	-29,351.27			4,204.48

Prior Year Carryover Funds:	27,477.00
BU 4635 - PH Preparedness = \$5,531	
BU 4406.646 WIC Fit Families = \$3,950	
BU 4501 - Cribs = \$1,025	
BU 4632 - PH Preparedness = \$13,665.00	
BU 4639 - Immuniz. Coalition HPV = \$2,000	
BU 4301 - PCW Alzh. JCHS pre-pay = \$1,306	\$ 1,306.00
= Total Carryover Applied:	\$ 1,306.00

Year	Public Hlth. 4501 Mileage Pd	Public Hlth. 4501 Fuel Cost	Pers.Care 4301 Mileage Pd	Pers. Care 4301 Fuel Cost	WIC 4406 & Peer 4456 Mileage Pd	WIC 4406 & Peer 4456 Fuel Cost	Total Annual Mileage Pd	Total Annual Fuel Cost	Total Annual Travel Exp.	Routine Maint. 535352	Non- Routine Repairs	Total Annual Costs	Total Mileage Logged	Mileage Expense "Saved"	Rate per mile
2008	\$ 14,442.00	\$ -	\$ 11,660.00	\$ -	\$ 2,593.00	\$ -	\$ 28,695.00	\$ -	\$ 28,695.00	\$ -	\$ -	\$ 28,695.00	n/a	n/a	
2009	\$ 10,557.00	\$ -	\$ 15,599.00	\$ -	\$ 1,178.00	\$ -	\$ 27,334.00	\$ -	\$ 27,334.00	\$ -	\$ -	\$ 27,334.00	n/a	n/a	
2010	\$ 7,065.20	\$ 287.57	\$ 923.50	\$ 61.19	\$ 368.00	\$ 602.60	\$ 8,356.70	\$ 951.36	\$ 9,308.06	\$ -	\$ -	\$ 9,308.06	n/a	n/a	
	2008: County vehicles not used/Personal Care = large volume visits 2009: County vehicles not used/Personal Care nurses contracted w/ Care WI = large volume visits 2010: County vehicles utilized more often when available/Personal Care downsized with Family Care implementation														
VAN	2/15/2011		\$22,105.00												
2011	\$ 5,953.46	\$ 874.65	\$ 329.60	\$ 502.74	\$ 30.93	\$ 609.63	\$ 6,313.99	\$ 1,987.02	\$ 8,301.01	\$ 86.59	\$ -	\$ 8,387.60	9,478	\$ 5,260.29	0.555
2012	\$ 6,558.26	\$ 507.54	\$ 280.34	\$ 530.04	\$ 474.46	\$ 729.30	\$ 7,313.06	\$ 1,766.88	\$ 9,079.94	\$ 133.52	\$ 889.50	\$ 10,102.96	10,437	\$ 5,792.54	0.555
*2013	\$ 6,533.38	\$ 516.95	\$ 422.31	\$ 246.27	\$ 51.42	\$ 499.84	\$ 7,007.11	\$ 1,263.06	\$ 8,270.17	\$ 138.38	\$ -	\$ 8,408.55	8,447	\$ 4,772.56	0.565
**2014	\$ 5,233.14	\$ 616.62	\$ 309.81	\$ 156.96	\$ 335.44	\$ 522.60	\$ 5,878.39	\$ 1,296.18	\$ 7,174.57	\$ 305.23	\$ 495.28	\$ 7,975.08	6,506	\$ 3,643.36	0.560
***2015	\$ 720.62	\$ 101.44	\$ 5.18	\$ -	\$ 189.75	\$ 111.24	\$ 915.55	\$ 212.68	\$ 1,128.23	\$ 55.00	\$ -	\$ 1,183.23	877	\$ 504.28	0.575
													35,745	\$ 19,973.02	
JEEP	Purchased: 05/14/2014		\$27,290.00												
2014													4497	\$ 2,518.32	0.56
2015													1301	\$ 748.08	0.575
Totals:	\$ 24,998.86	\$ 2,617.20	\$ 1,347.24	\$ 1,436.01	\$ 1,082.00	\$ 2,472.61	\$ 27,428.10	\$ 6,525.82	\$ 33,953.92	\$ 718.72	\$ 1,384.78	\$ 36,057.42	41,543	\$ 23,239.41	

*2013 expenses = as of 12/31/2013 (paid @ \$0.565/mile)

**2014 expenses = as of 11/30/2014 (paid @ \$0.56/mile)

***2015 expenses = as of 03/31/2015 (paid @ \$0.575/mile)

ENVIRONMENTAL SANITATION ORDINANCE

A. GENERAL PROVISIONS.

- (1) ADMINISTRATION. This ordinance shall be administered by the County Health Department and shall be in effect in all parts of the County except the City of Watertown.
- (2) ENFORCEMENT.
 - (a) The Health Officer or the Health Officer's duly authorized representative shall enforce the regulations of this chapter and may issue orders to effect correction of violations and may issue citations pursuant to Ordinance No. 84-10. All enforcement actions shall minimally be analogous to Wisconsin Statutes Sections 254.85, 254.86, 254.87 and 254.88.
 - (b) The Corporation Counsel may in his discretion, commence legal action and may proceed pursuant to the provisions outlined in Wisconsin Statutes Section 66.0119 and Section 66.0114, or pursuant to the issuance of a summons and complaint. [am. 12/09/08, Ord. 2008-29]
 - (c) The County of Jefferson is an agent for the Department of Health and Family Services under the provisions as set forth in Wisconsin Statutes Chapter 254, Subchapter VII, 254.69 and 254.47 with the powers as described in Wisconsin Statutes 254.74.
 - (d) The County of Jefferson adopts by reference the following Chapters of the Wisconsin Administrative Codes: DHS 192, DHS 195, DHS 196, DHS 197, DHS 198, COMM 90, DHS 172, DHS, 173, DHS 175, and DHS 178 and DATCP 75 and DATCP 97 and all other state and federally referenced rules and Memorandums of Understanding. [am. 12/09/08, Ord. 2008-29; 10/12/10, Ord. 2010-16]
 - (e) The County of Jefferson recognizes and adopts the same exemptions for inspections and licensure as contained in the aforementioned state statutes, administrative codes and the State of Wisconsin Department of Health Services (DHS) and Department of Agriculture, Trade & ~~and~~ Consumer Protection (DATCP) policies. [am. 12/09/08, Ord. 2008-29]
 - (f) The County of Jefferson is an agent for Department of Agriculture, Trade and Consumer Protection, under the provisions as set forth in Wisconsin State Statute Chapter 97.41. [cr. 12/09/08, Ord. 2008-29]
- (3) SEVERABILITY. Each section, paragraph, sentence, clause, word and provision of this ordinance is severable, and if any provisions shall be held unconstitutional or

invalid for any reason, such decision shall not affect the remainder of the ordinance nor any part thereof other than that affected by such a decision.

(4) DEFINITIONS.

- (a) "Department" means the Jefferson County Health Department.
- (b) "Health Officer" means the Health Department Director or his/her authorized agent.
- (c) "Person" means an individual, partnership, association, firm, company, corporation, organization, municipality, county, town, or state agency, whether tenant, owner, lessee or licensee, or the agent, heir, or assignee of any of these.
- (d) "License" means the granting of permission in a written/certificate form from the appropriate authority to carry on an activity. In this chapter, it is synonymous with *permit*.

(5) LICENSE APPLICATION.

License application shall be made to the Health Department on forms approved by DHS or DATCP, and supplied by the ~~department~~ Department, accompanied by the appropriate license fee and pre-inspection fee. Licenses hereunder shall not be granted or issued by the Department unless and until the Health Officer/Director, or designee, determines and certifies compliance, of the premises to be licensed, with all the applicable terms and conditions of all Wisconsin Administrative Codes under contract. [am. 12/09/08, Ord. 2008-29]

Applications for licenses required in this chapter shall be made in writing to the Health Department on forms provided by the Health Department and shall contain, but not be limited to, the following information:

- (a) The name, home address and date of birth of the entity requesting the privilege of operating the said business/conducting the activity.
- (b) The trade name and address of the establishment.
- (c) Whether the applicant is a person, corporation, or partnership.
 - 1. If the applicant is a corporation, the application shall contain the registered agent's name, home address and date of birth.
 - 2. If the applicant is a partnership, the applicant shall include the names, home addresses and date of births of the partners.

3. The mailing address of the legal licensee.

(d) The signature of all applicants and their agents to confirm that all information on the application is correct and to acknowledge that any change in the information on the application shall be reported to the Health Officer within 14 days of the change.

(6) LICENSE ISSUANCE.

The Health Officer shall issue a license to the applicant only after compliance with the requirements of this chapter and upon payment to the ~~health~~-Health department-Department of all required fees. The ~~department's~~-Department's decision to grant or withhold a license shall not exceed 30 calendar days. The decision to withhold shall accompany written inspection or documentation of justification or cause.

(a) No license may be issued until all applicable fees have been paid.

(7) LICENSE PERIOD.

The license period for licenses issued per the DHS and DATCP contract shall be from July 1 through the following June 30th. Those licenses initially issued during the period beginning on April 1 and ending on June 30 expire on June 30 of the following year, except temporary and mobile food licenses. Licenses are not transferable between persons, entities, or any combination thereof (see DHS Change Assessment Worksheet). [am. 12/09/08, Ord. 2008-29; 10/12/10, Ord. 2010-16]

(8) FEES.

In addition to the license fees, the licensee shall pay any applicable DHS or DATCP administrative fee, the amount of which is on file with the Department, as well as, the fee schedule. See current fee schedule for fees pursuant to this section.

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(a) NON-PRORATION OF FEES. Permit fees and other applicable fees are not prorated for the fiscal year and must be paid in full at any time.

(b) PRE-INSPECTIONS AND THEIR ASSOCIATED FEES. ~~Preinspections~~ Pre-inspections are required to be conducted for establishments within the scope of Wisconsin Statutes 254 Subchapter VII and DATCP 74. [am. 12/09/08, Ord. 2008-29]

(c) LATE FEES. Assessed to all Wisconsin Statutes 254.69 establishment licensees for payment after July 1.

(d) RE-INSPECTION FEES. In the event that the County Health Department observes violations during the course of its inspections, ~~and in the event that the violation is not corrected upon the Department's first re-inspection to confirm compliance;~~ the Department shall charge the party in violation a fee as set forth below for each ~~second or subsequent~~ re-inspection necessary to confirm that the original violations ~~has~~ have been remedied. [Amended 07/13/04, Ordinance No. 2004-14; am. 12/09/08, Ord. 2008-29]

(e) NO CERTIFIED OPERATOR FEE. If facility owners do not obtain certificate issued by State of Wisconsin within 90 days, facility owners will be assessed a \$150.00 fee. [cr. 12/09/08, Ord. 2008-29]

(9) DISPLAY OF LICENSE.

All licensees shall post their license in plain public view on the premise for which the permit is issued. It shall be posted for the duration that the permit is in force.

(10) INSPECTION BY HEALTH DEPARTMENT.

Authorized employees of the Health Department, upon presenting proper identification, shall have the authority and duty to enter any licensed premises during regular business hours to inspect the same, with respect to a business open at least forty (40) hours per week. In the absence of regular business hours, inspections shall be made at any reasonable hour. In the event of an emergency, an inspection may be made at any time.

(11) DENIAL, SUSPENSION OR REVOCATION OF LICENSE.

The Health Officer, or designee, may deny any license application or suspend or revoke any license issued under this chapter for non-compliance with this code or any other state or county law. The following procedure shall be followed in the denial, suspension or revocation of any license issued under this chapter:

- (a) A decision by the Health Officer to deny, suspend or revoke a license shall be in writing and shall state, with specificity, the reasons for the Health Officer's decision and shall state any and all applicable statutes, ordinances, rules, regulation or orders which may have been violated. The Health Officer shall send to the licensee copy of the written decision by mail or by personal service. Said notice shall inform the licensee or applicant of the right to have this decision reviewed and the procedure for such review.
- (b) A licensee or applicant aggrieved by a decision of the Health Officer to deny, suspend or revoke a license must send a written Request and Reconsideration to the Health Officer within 10 working days of receipt of

the notice of the Health Officer's decision. The Request for Review and Reconsideration shall state the grounds upon which the person aggrieved contends that the decision should be reversed or modified.

- (c) Within 10 working days of receipt of the Request for Review and Reconsideration, the Health Officer shall review its initial determination. The Health Officer may affirm, reverse or modify the initial determination. The Health Officer shall mail or deliver to the licensee or applicant a copy of the Officer's decision on review, and shall state the reasons for such decision. The decision shall advise the licensee or applicant of the right to appeal the decision, the time within which appeal shall be taken and the office or person with whom Notice of Appeal shall be filed.
- (d) A licensee or applicant who wishes to appeal a decision made by the Health Officer on review must file a notice of appeal within 10 days of receipt of the Health Officer's Decision on review. The Notice of Appeal shall be filed or mailed to the Health Officer. The Health Officer shall immediately file said Notice with the Jefferson County Board of Health.
- (e) A licensee or applicant shall be provided a hearing on appeal within 30 days of receipt of the Notice of Appeal. The Health Officer shall serve the licensee or applicant with notice of hearing by mail or personal service at least 5 days before the hearing.
- (f) The hearing shall be conducted before the Jefferson County Board of Health and shall be conducted in accordance with the procedures outlined in Section ss. Chapter 68.11 (2) and (3).
- (g) Within 15 days of the hearing, the Jefferson County Board of Health shall mail or deliver to the applicant its written determination stating the reasons therefor.
- (h) **OPERATING WITHOUT A LICENSE.** Any person who shall operate without a license as required above shall be subject to a forfeiture in the amount of \$500.00. Ongoing violations of operating without a license may be subject to forfeitures in the amount of \$500.00 for each day in which the person continues to operate without a license. [am. 12/09/08, Ord. 2008-29]
- (i) **VOIDED PERMIT FOR FAILURE TO PAY FEES.** If an applicant or owner fails to pay all applicable fees, late fees and processing charges within 15 days after the applicant or owner receives notice of an insufficiency or within 45 days after the expiration of the permit, whichever occurs first, the permit is void. An owner whose permit is

voided under this subsection may appeal the decision. [cr. 12/09/08, Ord. 2008-29]

(12) TEMPORARY ORDERS.

Whenever, as a result of an inspection conducted pursuant to this chapter, the Health Officer or his/her designated agent has reasonable cause to believe that any examined food constitutes, or that any construction, sanitary condition, operation or method of operation of the premises or equipment used on the premises creates an immediate danger to health of the Public, the Health Officer may proceed as stated in Section 66.0417, or 254.85 of the Wisconsin Statutes to issue a temporary order to prohibit the sale or movement of food for any purpose, prohibit the continued operation or method of operation of equipment, require the premises to cease any other operation or method of operation which creates an immediate danger to public health. Section 66.0417 of the Wisconsin Statutes is incorporated herein by reference and made a part of this ordinance as if fully set forth herein.

Temporary pool closures pursuant to DHS 172.30 due to chlorine/bromine and/or ph levels that are outside of prescribed water quality standards shall be in effect for the shorter of 24 hours or that time period necessary to complete three (3) turnovers of the pool water to be measured from the time of closure, in order to allow added chemicals to equalize in the pool. [am. 10/12/10, Ord. 2010-16]

(13) CONSTRUCTION OR ALTERATION OF LICENSABLE FOOD SERVICE ESTABLISHMENTS.

- (a) Except as provided in (b), no person shall erect, construct, enlarge or alter a food establishment without first submitting to the Health Officer plans (drawings) which clearly show and describe the amount and character of the work proposed and without first receiving Health Department approval of submitted plans. Such plans shall include expected menu, floor plan, equipment plan and specifications, plumbing layout, wall, floor and ceiling finishes and plans and specifications for food service kitchen ventilation. Submitted plans shall give all information necessary to show compliance with applicable health codes. Submitted plans shall be retained by the ~~health-Health department~~Department. Plan submittal to the Health Officer is in addition to any plan submittal requirement of the County Zoning Department, or required building inspection. [am. 10/12/10, Ord. 2010-16]
- (b) At the option of the Health Officer, plans need not be submitted to execute minor alterations. Minor alterations include, but are not limited to, the replacement of existing equipment, the replacement of existing floor, wall or ceiling coverings or other cosmetic or decorating activity.

- (c) Any plans approved by the Health Department shall not be changed or modified unless the Health Officer has reviewed and approved the modifications or changes. Final approved plans will be kept in perpetuity as part of the legal file for the establishment.
- (d) A ~~preinspection~~-pre-inspection fee shall be charged for any remodeling projects that exceed the definition of "minor alterations" set forth in subsection (b), examples of which shall include, but shall not be limited to, circumstances in which the entire facility is closed for remodeling, circumstances in which a section of the facility is closed for significant remodeling, and circumstances in which new additions are added to the facility even though the original facility remains open for business. [cr. 10/12/10, Ord. 2010-16]

(14) "CLASS B" OR "CLASS C" PREMISES.

No applicant may operate under a "Class B" license or permit or a "Class C" license or permit under s.s. Chapter 125.68(5) Wisconsin Statutes, unless the premise complies with the rules promulgated by the Department of Health and Family Services governing sanitation in restaurants.

B. RESTAURANTS/MEAL FOOD SERVICE.

(1) REQUIREMENTS.

- (a) Except as provided in (b), no person, party, firm or corporation shall operate a Restaurant, Temporary Restaurant or Mobile Restaurant, as defined in Wisconsin Administrative Code DHS 196, without first obtaining a license therefore from the Jefferson County Health Department; nor shall any person, party, firm or corporation operate contrary to the terms and conditions of this ordinance or Wisconsin Administrative Code DHS 196, which is incorporated herein by reference and made part of this ordinance as if fully set forth herein. [am. 12/09/08, Ord. 2008-29; 10/12/10, Ord. 2010-16]
- (b) No license is required for the following:
 - 1. Churches, religious, fraternal, youth or patriotic organizations such as VFW, American Legion, or other like organizations, service clubs or civic organizations which occasionally prepare, serve, or sell meals to the general public. The term occasional means ~~fewer than 4 days~~not more than 3 days during any 12-month period.
 - 2. Taverns that serve free lunches of popcorn, cheese, crackers, pretzels, cold sausage, cured fish or bread and butter.

3. Any public or private school lunchroom for which food service is directly provided by the school. The ~~department~~Department shall charge a fee for inspection services to school lunchrooms required to be inspected under federal or state law. [Amended 01/09/07, Ordinance 2006-26; am. 12/09/08, Ord. 2008-29]
4. A private individual selling food from a moveable or temporary stand at a public farm sale.
5. A concession stand at a locally sponsored sporting event, such as a little league game.

(2) ~~FEES.~~

~~In addition to the following fees, the licensee shall pay any applicable DHS or DATCP administrative fee, the amount of which is on file with the department.~~
~~[am. 12/09/08, Ord. 2008-29]~~

~~Fees pursuant to this section (not including the state administrative fee above) shall be as follows:~~

(a) ~~Limited Food Service Restaurant: A restaurant that serves only individually wrapped, hermetically sealed single servings supplied by a licensed processor.~~

- ~~1. License Fee \$ 105.00~~
- ~~2. Pre-licensing Fee \$ 175.00~~
- ~~3. Re-inspection Fee \$ 130.00~~

(b) ~~Simple Complexity Restaurant: As defined at DHS 196.04.~~

- ~~1. License Fee \$ 230.00~~
- ~~2. Pre-licensing Fee \$ 430.00~~
- ~~3. Re-inspection Fee \$ 320.00~~

(c) ~~Moderate Complexity Restaurant: As defined at DHS 196.04.~~

- ~~1. License Fee \$ 330.00~~
- ~~2. Pre-licensing Fee \$ 705.00~~
- ~~3. Re-inspection Fee \$ 470.00~~

(d) ~~High Complexity Restaurant: As defined at DHS 196.04.~~

1. ~~License Fee~~ ~~\$ 540.00~~

2. ~~Pre-licensing Fee~~ ~~\$ 1,020.00~~

3. ~~Re-inspection Fee~~ ~~\$ 770.00~~

(e) Temporary Restaurants: A restaurant that operates at a fixed location in conjunction with a single event such as a fair, carnival, circus, public exhibition, anniversary sale for a period of no more than 14 consecutive days or in conjunction with an occasional sales promotion. Occasional means ~~fewer than 4 days~~ not more than 3 days during any 12-month period. Licenses are issued at the site of the event. A temporary restaurant may be moved from location to location within the county, but may not operate from the new location until it has been inspected and found to be in compliance. A temporary restaurant license may not be used to operate more than one restaurant at a time.

1. ~~License Fee~~ ~~\$ 170.00~~

[1.B.(2)(a) through (e) were amended and/or created 12/09/08, Ord. 2008-29; am. 10/12/10, Ord. 2010-16]

(3) ADMINISTRATION AND ENFORCEMENT.

In addition to the statutory and administrative code references and powers as indicated in Section A, the Health Officer/designee may issue temporary orders when the ~~department~~ Department has reasonable cause to believe that any examined food constitutes, or that any construction, sanitary condition, operation or method of operation of the premises or equipment used on the premises creates an immediate danger to public health or safety.

C. BED AND BREAKFAST ESTABLISHMENTS.

- (1) REQUIREMENT. No person, party, firm, or corporation shall operate a Bed and Breakfast Establishment as defined in Wisconsin Administrative Code DHS 197 for more than 10 nights in a year, without first obtaining an annual license from the Health Department; nor shall any person, party, firm or corporation operate contrary to the terms and conditions of this ordinance or DHS 197 of the Wisconsin Administrative Code, which is incorporated herein by reference and made a part of this ordinance as if fully set forth herein. [Amended 03/11/03, Ordinance No. 2002-32; am. 12/09/08, Ord. No. 2008-29]
- (2) ZONING AND CONSTRUCTION STANDARDS. Prior to Health Department approvals, the applicant must submit written verification from the Jefferson

County Zoning Department of approval of this commercial business in the building and property considered for licensure as a bed and breakfast establishment. In addition, the applicant must provide the Health Department with written verifications that this property meets all applicable local and state fire and building codes from inspections of state and local building inspectors. [am. 10/12/10, Ord. 2010-16]

~~(3) Fees for licenses issued pursuant to this section shall be as follows:~~

~~(a) Bed and Breakfast License~~

~~1. License Fee \$ 110.00~~

~~2. Pre-licensing Fee \$ 300.00~~

~~3. Re-inspection Fee \$ 170.00~~

~~[Am. 12/09/08, Ordinance No. 2008-29; 10/12/10, Ord. 2010-16]~~

~~(4) In addition to the above fees, the licensee shall pay any applicable DHS administrative fee, the amount of which is on file with the Health Department. [Amended 12/09/08, Ordinance No. 2008-29]~~

D. HOTELS, MOTELS AND TOURIST ROOMING HOUSES.

(1) REQUIREMENT. No person, party, firm, or corporation shall operate a Hotel, Motel or Tourist Rooming House, as defined in Wisconsin Administrative Code DHS 195, without first obtaining an annual license therefore from the Health Department; nor shall any person, party, firm or corporation operate contrary to the terms and conditions of this ordinance or DHS 195 of the Wisconsin Administrative Code, and Chapter 254, Subchapter VII provisions which are incorporated herein by reference and made a part of this ordinance as if fully set forth herein. [Amended 12/09/08, Ordinance No. 2008-29]

~~(2) FEES. The fees for the licenses issued pursuant to this section shall be as follows:~~

~~Hotel/Motel~~

~~(a) 05-30 Sleeping Rooms~~

~~1. License Fee \$ 205.00~~

~~2. Pre-licensing Fee \$ 480.00~~

~~3. Re-inspection Fee \$ 290.00~~

~~(b) 31-99 Sleeping Rooms~~

1. ~~License Fee~~ ~~\$ 280.00~~

2. ~~Pre-licensing Fee~~ ~~\$ 665.00~~

3. ~~Re-inspection Fee~~ ~~\$ 400.00~~

(e) ~~100-199 Sleeping Rooms [Amended 03/11/03, Ordinance No. 2002-32]~~

1. ~~License Fee~~ ~~\$ 355.00~~

2. ~~Pre-licensing Fee~~ ~~\$ 795.00~~

3. ~~Re-inspection Fee~~ ~~\$ 505.00~~

(d) ~~200 or more Sleeping Rooms~~

1. ~~License Fee~~ ~~\$ 490.00~~

2. ~~Pre-licensing Fee~~ ~~\$ 1,185.00~~
~~[Created 03/11/03, Ordinance No. 2002-32]~~

3. ~~Re-inspection Fee~~ ~~\$ 700.00~~

(e) ~~Tourist Rooming House (1-4 rooms) [Amended 03/11/03, Ordinance No. 2002-32]~~

1. ~~License Fee~~ ~~\$ 110.00~~

2. ~~Pre-licensing Fee~~ ~~\$ 300.00~~

3. ~~Re-inspection Fee~~ ~~\$ 170.00~~

~~[Sections I.D.(2)(a) through (e) were amended and/or created 12/09/08, Ordinance No. 2008-29; am. 10/12/10, Ord. 2010-16]~~

E. CAMPGROUNDS, RECREATIONAL AND EDUCATION CAMPS.

(1) REQUIREMENTS.

No person, party, firm or corporation shall operate a campground, recreational camp or educational camp, as defined in Wisconsin Administrative Code DHS 175 or 178, without first obtaining an annual license therefore from the Health Department; nor shall any person, party, firm or corporation operate contrary to the terms and conditions of this ordinance or DHS 175 or 178 of the Wisconsin Administrative Code, and Chapter 254, Subchapter VII provisions which are

incorporated herein by reference and made a part of this ordinance as fully set forth herein. [Amended 12/09/08, Ordinance No. 2008-29]

~~(2) FEES:~~

~~The fees for the licenses issued pursuant to this section shall be as follows:~~

~~(a) Campgrounds (1-25 sites)~~

~~1. License Fee \$ 175.00~~

~~2. Pre-licensing Fee \$ 380.00~~

~~3. Re-inspection Fee \$ 240.00~~

~~(b) Campground (26-50 sites)~~

~~1. License Fee \$ 250.00~~

~~2. Pre-licensing Fee \$ 565.00~~

~~3. Re-inspection Fee \$ 350.00~~

~~(c) Campground (51-100 sites)~~

~~1. License Fee \$ 305.00~~

~~2. Pre-licensing Fee \$ 700.00~~

~~3. Re-inspection Fee \$ 425.00~~

~~(d) Campground (100-199 sites) [Amended 03/11/03, Ordinance No. 2002-32]~~

~~1. License Fee \$ 355.00~~

~~2. Pre-licensing Fee \$ 830.00~~

~~3. Re-inspection Fee \$ 500.00~~

~~(e) Campground (200 or more sites)~~

~~1. License Fee \$ 410.00~~

~~2. Pre-licensing Fee \$ 965.00~~

~~[Created 03/11/03, Ordinance No. 2002-32]~~

3. ~~Re-inspection Fee~~ \$ ~~580.00~~

~~(f) Recreational/Educational Camps~~

1. ~~License Fee~~ \$ ~~505.00~~

2. ~~Pre-licensing Fee~~ \$ ~~1,200.00~~

~~[Amended 03/11/03, Ordinance No. 2002-32]~~

3. ~~Re-inspection Fee~~ \$ ~~720.00~~

~~[Sections 1.E.(2)(a) through (f) were amended and/or created 12/09/08, Ordinance No. 2008-29; am. 10/12/10, Ord. 2010-16]~~

F. PUBLIC SWIMMING POOL.

(1) REQUIREMENTS.

No person, party, firm or corporation shall operate a public swimming pool, as defined in Wisconsin Administrative Code DHS 172 or Comm. 90, without first obtaining an annual license therefore from the Health Department nor shall any person, party, firm or corporation operate contrary to the terms and conditions of this ordinance or DHS 172 or Comm. 90 of the Wisconsin Administrative Code, and Chapter 254, Subchapter VII provisions which are incorporated herein by reference and made a part of this ordinance as fully set forth herein. [Amended 12/09/08, Ordinance No. 2008-29]

~~(2) FEES.~~

~~The fees for the licenses issued pursuant to this Section shall be as follows:~~

~~(a) Public Swimming Pools~~

1. ~~License Fee~~ \$ ~~150.00~~408.00

2. ~~Pre-licensing Fee~~ \$ ~~150.00~~408.00

3. ~~Re-inspection Fee~~ \$ ~~75.00~~

~~[Amended and/or created 12/09/08, Ordinance No. 2008-29]~~

~~(b) Swimming Pools with Water Attraction~~

1. ~~License Fee~~ \$ ~~175.00~~474.00

2. ~~Re-licensing Fee~~ \$ ~~175.00~~474.00

3. Re-inspection Fee _____ \$ 75.00

(e)(b) ~~Swimming Pools with Water Attraction with Up to 2 slides~~

1. License Fee _____ \$ 250.00 ~~680.00~~

2. Pre-licensing Fee _____ \$ 250.00 ~~680.00~~

3. Re-inspection Fee _____ \$ 125.00

(d) ~~Swimming Pools with Additional Pool Slides~~

1. License Fee _____ \$ 50.00

2. Pre-licensing Fee _____ \$ 50.00

3. Re-inspection Fee _____ \$ 75.00

(e) ~~Swimming Pools with Additional Waterslides~~

1. License Fee _____ \$ 150.00

2. Pre-licensing Fee _____ \$ 150.00

3. Re-inspection Fee _____ \$ 75.00

[Sections 1.F.(2)(b) through (3) were created 12/09/08, Ordinance No. 2008-29]

G. SCHOOL INSPECTIONS. [Created 01/09/07, Ordinance 2006-26]

(1) REQUIREMENTS. All schools participating in the National School Lunch (NSLP) or school Breakfast Programs (SBP) shall, at least twice during each school year, obtain a food safety inspection conducted by a state or local governmental agency responsible for food safety inspections. [Amended 12/09/08, Ordinance No. 2008-29]

(2) ~~Fees. The fees for the inspection conducted pursuant to this section shall be as follows: [Created 12/09/08, Ordinance No. 2008-29]~~

(a) ~~Full Service Kitchen _____ \$ 440.00~~

(b) ~~Full Service Pre-Inspection Fee _____ \$ 440.00 (before opening)~~

(c) ~~Satellite Kitchen _____ \$ 150.00~~

(d) ~~Satellite Kitchen Pre-Inspection _____ \$ 150.00 ((before opening)~~

~~[Created 01/09/07, Ordinance 2006-26; amended 12/09/08, Ord. No. 2008-29;
am. 10/12/10, Ord. 2010-16]~~

H. RETAIL FOOD ESTABLISHMENTS. [created 12/09/08, Ord. 2008-29]

- (1) REQUIREMENTS. No person, party, firm or corporation shall operate a Retail Food Establishment, as defined in WI Admin. Code DATCP 75 and Section 97.30 of the Wisconsin Statutes, without first obtaining an annual license therefore from the County of Jefferson Health Department; nor shall any person, party, firm or corporation operate contrary to the terms and conditions of this ordinance or DATCP 75 or Section 97.30 of the Wisconsin Statutes, which are incorporated herein by reference and made a part of this ordinance as if fully set forth herein.

~~FEES:~~

~~(2)~~

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- ~~(a) Food sales of at least \$1,000,000.00 and retail food establishment processes potentially hazardous food.~~

- ~~1. Fee \$ 950.00~~
- ~~2. Pre-licensing Fee \$ 1,000.00~~
- ~~3. Re-inspection Fee \$ 450.00~~

- ~~(b) Food sales of at least \$25,000.00, but less than \$1,000,000.00 and retail food establishment processes potentially hazardous food.~~

- ~~1. License Fee \$ 371.00~~
- ~~2. Pre-licensing Fee \$ 400.00~~
- ~~3. Re-inspection Fee \$ 190.00~~

- ~~(c) Food sales of at least \$25,000.00 and retail food establishment is engaged in food processing, but does not process potentially hazardous food.~~

- ~~1. License Fee \$ 266.00~~
- ~~2. Pre-licensing Fee \$ 300.00~~
- ~~3. Re-inspection Fee \$ 190.00~~

- ~~(d) Food sales of less than \$25,000.00 and retail food establishment is engaged in food processing, but does not process potentially hazardous food.~~

1. License Fee \$ 84.00

2. Pre-licensing Fee \$ 90.00

3. Re-inspection Fee \$ 90.00

(e) Retail food establishment does not engage in food processing.

1. License Fee \$ 45.00

2. Re-inspection Fee \$ 90.00

(f) Inspection fee for mobile retail food stands is \$40.00.

[Sections 1.H.(1) and (2)(a) through (f) were created 12/09/08, Ord. No. 2008-29; am. 10/12/10, Ord. 2010-16]

I. TATTOO AND BODY-PIERCING LICENSES.

(1) Adoption of Code. The tattooing and body-piercing code as promulgated by the Wisconsin Department of Health Services and codified in the Wisconsin Administrative Code, Chapter DHS 173 is adopted by reference and made a part of this Code as far as it is applicable. A violation of Chapter DHS 173 shall be a violation of this Code.

(2) Local License Required. No person, firm or entity shall engage in or work at tattooing or body-piercing, as defined as Chapter DHS 173, without being licensed as required in this Chapter or Chapter DHS 173.

(3) Fee Schedule. The operator of a tattoo establishment or body-piercing establishment or a combined tattoo and body-piercing establishment shall pay an annual license fee to the County of Jefferson as follows:

(a) For a tattoo or body-piercing establishment

1. License Fee \$ 135.00

2. Pre-licensing Fee \$ 255.00

3. Re-inspection Fee \$ 180.00

(b) For a combined tattoo and body-piercing establishment

1. License Fee \$ 220.00

2. Pre-licensing Fee \$ 400.00

~~3. Re-inspection Fee \$ 295.00~~

~~(e) Temporary Tattoo/Piercing Fee \$ 100.00~~

~~[or, 12/09/08, Ordinance No. 2008-29; repealed, created, renumbered and amended
10/12/10, Ord. 2010-16]~~

J. PENALTIES.

Any person or business entity authorized by Wisconsin law that fails to comply with the provisions of this ordinance shall upon conviction thereof forfeit not less than \$25 nor more than \$500, together with costs and statutory assessments. Each day a violation exists shall constitute a separate violation. Such forfeiture action may be in addition to any other remedy lawfully available to the County such as an injunction against operating contrary to this ordinance. [Renumbered 12/09/08, Ordinance No. 2008-29]

Adopted 1/8/2002 – Ordinance No. 2001-26
Last amended 10/12/10; published 10/15/10

Jefferson County Environmental Health Consortium
2015 Fee Proposal

<u>Type</u>	<u>Current</u>	<u>Increase</u>
1. Restaurants/Meals Food Service		2%
(a) Limited Food Service Restaurant:		
1. License Fee	\$105.00	\$107.00
2. Pre-inspection Fee	\$175.00	\$178.00
3. Re-inspection Fee	\$130.00	\$132.00
(b) Simple Complexity Restaurant:		
1. License Fee	\$230.00	\$234.00
2. Pre-inspection Fee	\$430.00	\$438.00
3. Re-inspection Fee	\$320.00	\$326.00
(c) Moderate Complexity Restaurant:		
1. License Fee	\$330.00	\$336.00
2. Pre-inspection Fee	\$705.00	\$719.00
3. Re-inspection Fee	\$470.00	\$479.00
(d) High Complexity Restaurant:		
1. License Fee	\$540.00	\$550.00
2. Pre-inspection Fee	\$1,020.00	\$1,040.00
3. Re-inspection Fee	\$770.00	\$785.00
(e) Temporary Restaurants:		
1. License Fee	\$170.00	\$173.00
2. Bed and Breakfast		
1. License Fee	\$110.00	\$112.00
2. Pre-inspection Fee	\$300.00	\$306.00
3. Re-inspection Fee	\$170.00	\$173.00
3. Hotel/Motel		
(a) 05-30 Sleeping Rooms		
1. License Fee	\$205.00	\$209.00
2. Pre-inspection Fee	\$480.00	\$489.00
3. Re-inspection Fee	\$290.00	\$295.00
(b) 31-99 Sleeping Rooms		
1. License Fee	\$280.00	\$285.00
2. Pre-inspection Fee	\$665.00	\$678.00
3. Re-inspection Fee	\$400.00	\$408.00
(c) 100 – 199 Sleeping Rooms		
1. License Fee	\$355.00	\$362.00
2. Pre-inspection Fee	\$795.00	\$810.00
3. Re-inspection Fee	\$505.00	\$515.00

<u>Type</u>	<u>Current</u>	<u>Increase</u>
(d) 200 or more Sleeping Rooms		
1. License Fee	\$490.00	\$499.00
2. Pre-inspection Fee	\$1,185.00	\$1,208.00
3. Re-inspection Fee	\$700.00	\$714.00
4. Tourist Rooming House (1-4 rooms)		
1. License Fee	\$110.00	\$112.00
2. Pre-inspection Fee	\$300.00	\$306.00
3. Re-inspection Fee	\$170.00	\$173.00
5. Campground		
(a) Campgrounds (1-25 sites)		
1. License Fee	\$175.00	\$178.00
2. Pre-inspection Fee	\$380.00	\$387.00
3. Re-inspection Fee	\$240.00	\$244.00
(b) Campground (26-50 sites)		
1. License Fee	\$250.00	\$255.00
2. Pre-inspection Fee	\$565.00	\$576.00
3. Re-inspection Fee	\$350.00	\$357.00
(c) Campground (51-99 sites)		
1. License Fee	\$305.00	\$311.00
2. Pre-inspection Fee	\$700.00	\$714.00
3. Re-inspection Fee	\$425.00	\$433.00
(d) Campground (100 - 199 sites)		
1. License Fee	\$355.00	\$362.00
2. Pre-inspection Fee	\$830.00	\$846.00
3. Re-inspection Fee	\$500.00	\$510.00
(e) Campground (200 or more sites)		
1. License Fee	\$410.00	\$418.00
2. Pre-inspection Fee	\$965.00	\$984.00
3. Re-inspection Fee	\$580.00	\$591.00
(f) Recreational/Educational Camps		
1. License Fee	\$505.00	\$515.00
2. Pre-inspection Fee	\$1,200.00	\$1,224.00
3. Re-inspection Fee	\$720.00	\$734.00
7. School Inspections		
(a) Full Service Kitchen	\$440.00	\$ 448.00
(b) Full Service Pre-Inspection Fee	\$440.00 (before opening	\$ 448.00
(c) Satellite Kitchen	\$150.00	\$ 153.00
(d) Satellite Kitchen pre-Inspection	\$150.00 (before opening	\$ 153.00

<u>Type</u>	<u>Current</u>	<u>Increase</u>
8. Retail Food Establishments		
(a) Food sales of at least \$1,000,000.00 and retail food establishment processes potentially hazardous food.		
1. License Fee.	\$959.00	\$978.00
2. Pre-inspection Fee	\$1,000.00	\$1,020.00
3. Re-inspection Fee	\$450.00	\$459.00
(b) Food sales of at least 25,000.00, but less than \$1,000,000.00 and retail food establishment processes potentially hazardous food.		
1. License Fee.	\$371.00	\$378.00
2. Pre-inspection Fee	\$400.00	\$408.00
3. Re-inspection Fee	\$190.00	\$193.00
(c) Food sales of at least \$25,000.00 and retail food establishment is engaged in food processing, but does not process potentially hazardous food.		
1. License Fee.	\$266.00	\$271.00
2. Pre-inspection Fee	\$300.00	\$306.00
3. Re-inspection Fee	\$190.00	\$193.00
(d) Food sales of less than \$25,000.00 and retail food establishment is engaged in food processing, but does not process potentially hazardous food.		
1. License Fee.	\$84.00	\$85.00
2. Pre-inspection Fee	\$90.00	\$91.00
3. Re-inspection Fee	\$90.00	\$91.00
(e) Retail food establishment does not engage in food processing.		
1. License Fee.	\$45.00	\$45.00
2. Pre-inspection Fee	\$0.00	\$0.00
3. Re-inspection Fee	\$90.00	\$91.00
(f) Inspection fee for mobile retail food stands	\$40.00	\$41.00

<u>Type</u>	<u>Current</u>	<u>Increase</u>
9. Tattoo and Body-Piercing		
(a) For a tattoo or body-piercing establishment.		
1. License Fee.	\$135.00	\$137.00
2. Pre-inspection Fee	\$255.00	\$260.00
3. Re-inspection Fee	\$180.00	\$183.00
(b) For a combined tattoo and body-piercing establishment.		
1. License Fee.	\$220.00	\$224.00
2. Pre-inspection Fee	\$400.00	\$408.00
3. Re-inspection Fee	\$295.00	\$300.00
(c) Temporary License	\$100.00	\$102.00

The pool fee Increased reflects the increased cost of inspections

<u>Swimming Pools</u>		
Public Swimming Pools		
License Fee	\$150.00	\$408.00
Pre-inspection fee	\$150.00	\$408.00
Re-inspection fee	\$75.00	\$75.00
Swimming pools w Water Attraction		
License Fee	\$175.00	\$474.00
Pre-inspection fee	\$175.00	\$474.00
Re-inspection fee	\$75.00	\$75.00
Swimming pools with Water Attraction with up to 2 slides		
License Fee	\$250.00	\$680.00
Pre-inspection fee	\$250.00	\$680.00
Re-inspection fee	\$125.00	\$125.00
Swimming Pools with Additional Poolslides		
License Fee	\$150.00	\$150.00
Pre-inspection fee	\$150.00	\$150.00
Re-inspection fee	\$75.00	\$75.00
Swimming Pools with Additional Waterslides		
License Fee	\$150.00	\$150.00
Pre-inspection fee	\$150.00	\$150.00
Re-inspection fee	\$75.00	\$75.00
In addition to the following fees, the licensee shall pay any DHS and DATCP administrative fee, the amount of which is on file with the department. (Am. #10-41A)		

Local Public Health Ebola Preparedness Contract Objectives

CDC Cooperative Agreement: April 1, 2015 – September 30, 2016 (18 Months)

The threat of Ebola virus disease (EVD) is a top national public health priority. To protect the nation, CDC is providing supplemental funding to support accelerated state and local public health preparedness planning and operational readiness for responding to Ebola. The funding is intended to:

- Support accelerated public health preparedness planning for EVD within state, local territorial, and tribal public health systems
- Improve and assure operational readiness for EVD,
- Support state, local, territorial, and tribal Ebola virus disease public health response efforts, and
- Assure collaboration, coordination, and partnership with the jurisdiction's healthcare system to assist in the development of a tiered system for EVD patient care.

Contract Objectives and Deliverables

Administrative Readiness:

1. Submit a proposed budget by June 15, 2015, a mid-year actual budget by December 1, 2015, a 12th month actual budget by June 15, 2016 and a "final" budget for the 18 month period by December 1, 2016. DPH will provide an easy-to-use spreadsheet or other reporting tool.
2. Submit all CARS DMT-603s (expenditure reports) to Lisa Kelly at lisa.kelly@wisconsin.gov instead of directly to CARS. She will review and submit to CARS.

Community Preparedness:

1. Conduct or participate in a multiagency exercise (tabletop or functional) that tests, surveillance, monitoring, patient referral and coordination with the healthcare sector, EMS providers, emergency management and other partners.
Deliverable: Ebola Virus Disease Exercise AAR/IP posted to the PCA Portal

Non-Pharmaceutical Interventions:

2. Develop or update local Ebola virus-related protocols for rapid and appropriate public health actions, such as controlled movement, isolation, quarantine, or public health orders.
Deliverable: Synopsis of the protocols or inclusion in the Ebola Virus Disease Exercise AAR/IP
3. Coordinate appropriate environmental cleaning and waste management in accordance with the Department of Health Services guidance in community settings (other than healthcare settings) where persons under investigation or those with probable or confirmed Ebola virus infections have been located.
Deliverable: Synopsis of the cleanup plan or inclusion in the Ebola Virus Disease Exercise AAR/IP

Public Health Surveillance and Epidemiological Investigation:

4. Have ready an effective jurisdictional monitoring program for travelers from Ebola-impacted countries with a goal of consistently monitoring 100% of travelers and assure that persons who develop symptoms consistent with EVD are rapidly referred to the appropriate level of care for possible testing and treatment.
Deliverable: Synopsis of the monitoring program or inclusion in the Ebola Virus Disease Exercise AAR/IP
5. Develop standard operating procedures or checklists to mitigate and prevent transmission of Ebola virus through effective management of all persons under investigation for EVD and those with confirmed EVD.
Deliverable: Synopsis of the standing operating systems/checklist or inclusion in the Ebola Virus Disease Exercise AAR/IP

Responder Safety and Health:

6. As needed, assure the safe handling of human remains that may contain Ebola virus by following decontamination measures according to CDC.
Deliverable: Synopsis of the mass fatality plans infectious remains section or inclusion in the Ebola Virus Disease Exercise AAR/IP

Retroactive Ebola Work Activities

Community Preparedness

- CP1. Develop or update the communicable disease plan with Ebola virus disease specific information.
- CP2. Participate in the planning with healthcare partners for surveillance, monitoring, patient referral, and infection control activities.
- CP3. Collaborate with the healthcare system to assess the jurisdiction's public health and healthcare system training needs.
- CP4. Facilitate training designed to improve the integration of the public health and healthcare response to Ebola virus disease.
- CP5. Participate in a multiagency exercise (tabletop or functional) that tests coordination with the healthcare sector, EMS providers, and emergency management, such as information sharing, patient referral, and laboratory specimen collection
- CP6. Other Community Preparedness

Public Health Surveillance and Epidemiological Investigation

- EP1. Participate in local monitoring programs for travelers from Ebola-impacted countries.
- EP2. Develop and implement jurisdictional programs to mitigate and prevent transmission of Ebola through effective management of all persons under investigation for Ebola virus disease.
- EP3. Other Public Health Surveillance and Epidemiological Investigation

Public Health Laboratory Testing

- LB1. Other Public Health Laboratory Testing

Non-Pharmaceutical Interventions

- NPI1. Develop and implement protocols for rapid and appropriate public health actions, such as controlled movement, isolation, quarantine, or public health orders.
- NPI2. Work with CDC's Division of Global Migration and Quarantine (DGMQ) to screen travelers in their states who have entered the United States.
- NPI3. Coordinate appropriate environmental cleaning and waste management in community settings (other than healthcare settings) where persons under investigation or those with probable or confirmed Ebola virus infections have been located.
- NPI4. Other Non-Pharmaceutical Interventions

Responder (Worker) Safety and Health

- RSH1. Collaborate with healthcare systems to assure the development of a strategy to assure adequate supplies of personal protective equipment (PPE) for healthcare workers, laboratory personnel, EMS, and environmental services staff.
- RSH2. Collaborate with healthcare systems and other public health agencies to develop plans for caching or redistribution/sharing.
- RSH3. Purchase PPE for public health workers.
- RSH4. Assist and assure that healthcare workers, laboratory personnel, and environmental services staff are trained in the proper use of PPE including safe removal
- RSH5. Collaborate with the healthcare sector to assure the safe handling of human remains that may contain Ebola virus by following decontamination measures according to CDC.
- RSH6. Other Responder (Worker) Safety and Health

Emergency Public Information and Warning/Information Sharing

- PI1. Coordinate information sharing among public health agency staff, healthcare personnel, EMS providers and the public.
- PI2. Develop risk communication messages, plans, and notification systems targeting the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures.
- PI3. Other Emergency Public Information and Warning/Information Sharing

Medical Surge

- MS1. Collaborate with healthcare system partners to develop, and implement a plan to refer and transport persons under investigation to the appropriate hospital.
- MS2. Other Medical Surge

Enhancing Local Public Health Preparedness: Mass Care Preparedness Scholarships

DEADLINE: April 3, 2015

The Public Health Preparedness Program is interested in providing support for preparedness activities for LPHA that address statewide preparedness gaps in mass care. Funded mass care preparedness activities include:

- **STIPEND 1. If you have a Mass Care Plan:**
 - **Update your Mass Care Plan:** To assist with mass care planning efforts, DPH is offering each Local Public Health Agency (LPHA) a \$1,000 stipend to update their Mass Care Plan and address gaps they have identified. To qualify for the stipend, you must submit your signed signature page of your completed and updated plan or use the template on page two, showing that public health, human services, and emergency management have reviewed, approved, and signed the plan.
 - **A signed signature page must be sent via email to Lisa Kelly (lisa.kelly@wi.gov) by April 3, 2015.**
- **STIPEND 2. If you do not have a Mass Care Plan, but are ready to draft one:**
 - **Draft a Mass Care Plan:** To assist with completion of a draft Mass Care Plan, DPH is offering a \$1,000 stipend to each LPHA to draft a Mass Care Plan, if they do not have one already. To qualify for the stipend, you must submit your signed signature page of your completed plan or use the template on page two, showing that public health, human services, and emergency management have reviewed, approved, and signed the plan.
 - **A signed signature page must be sent via email to Lisa Kelly (lisa.kelly@wi.gov) by April 3, 2015.**
- **STIPEND 3. If you do not have a Mass Care Plan and are not ready to draft one yet:**
 - **Draft a Mass Care Work Plan:** To assist with mass care planning efforts, DPH is providing a \$1,000 stipend to each LPHA to draft a Mass Care Work Plan (see template on page three). To qualify for the stipend, you must submit a completed work plan indicating the dates by which you plan to complete each of the activities. At least one of these activities must be scheduled to be completed before June 30, 2015.
 - **A completed Mass Care Work Plan must be sent via email to Lisa Kelly (lisa.kelly@wi.gov) by April 3, 2015.**

Questions: For questions on mass care guidance, please contact Jan Devore (janet.devore@wi.gov or 608-264-6303). For fiscal questions, please contact Lisa Kelly (lisa.kelly@wi.gov or 608-267-3819).

Signature Page Template

The signatures below indicate that the following individuals, in representation of their agencies, have reviewed and approved of [LPHA name] 's Mass Care Plan.

Required Partners

Local Public Health Agency _____ Date Signed _____

Local Human Services Agency _____ Date Signed _____

Local Emergency Management Agency _____ Date Signed _____

Other Partners

[Partner] _____ Date Signed _____

[Partner] _____ Date Signed _____

[Partner] _____ Date Signed _____

[Partner] _____ Date Signed _____

[Partner] _____ Date Signed _____

Mass Care Work Plan Template

LPHA Name: Jefferson County Health Department

Mass Care Activity	Date Planned	Description
1. Mass Care Meeting: <ul style="list-style-type: none"> Participate in or hold meeting with local subcommittee working with access and functional needs, and Update your local community shelter plan, feeding plans, emergency assistance, or human services to include the most recent changes (attached document) 	06/30/15	Meeting will include representatives from Emergency Management, Public Health, Human Services, Red Cross and Salvation Army.
2. Meet with public health, human services, American Red Cross, emergency management, and other partners, to update the community shelter plan to include alert and notification activities	06/30/15	Meeting will include updating the community shelter plan to include alert and notification activities.
3. Have human services director and/or management staff attend regional Area Administration human services directors meeting when emergency government presentation(s) occurs	TBD	Human Services Director attends all meetings or will send a designated individual.
4. Invite Division of Public Health/Emergency Human Services Coordinator to attend staff or subcommittee meeting to discuss emergency government, role of local emergency human services in disaster response, Functional Assessment Service Team (FAST) or others	TBD	Meeting will be held when the State Emergency Human Services Coordinator is available.
5. Convene local planning team to review and discuss the 2015 Local Mass Care and Emergency Human Services Preparedness Guide (release date - Feb. 2015)	06/05/15	The planning team will review the Preparedness Guide.
6. Attend training: <ul style="list-style-type: none"> Disaster Behavioral Health (DPH course in March 2015) FAST training (DPH courses in April and June 2015) ICS 300-400 	DBH training attended on 03/24/15 FAST 10/27/15 ICS 300-400 already completed by EM and PH	FAST training to be held in Jefferson County: Functional Assessment Service Team (FAST) Training Announcement October 27, 2015; 8 AM-5 PM UW Extension Conference Rooms 8 & 9 864 Collins Road, Jefferson WI 53549 ICS 300-400 training will be completed by other team members as appropriate
Update plans: Use 2015 Local Mass Care and Emergency Human Services Preparedness Guide to fill any gaps, updates or changes to standard operating procedures, local check lists, etc.	By 12/31/15	Planning team will update the plans using the guide.

Monthly Disease Incident Counts by Resolution Status Jefferson County, April 2015

Jefferson County

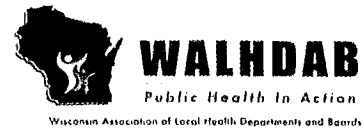
Applied filters: Resolution Status equal to Confirmed, Probable, Suspect, Not A Case **AND** Disease Category Incident Count not equal to 0 **AND** Disease Category equal to Category I, Category II, Environmental, Not Reportable **AND** Received Year-Month equal to 2015-04 **AND** Jurisdiction equal to Jefferson County

		Incident Count				
Resolution Status		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Category I	Hepatitis A	0	0	0	1	1
	Meningococcal Disease	0	0	0	1	1
	Pertussis (Whooping Cough)	0	0	0	2	2
	Tuberculosis	0	0	0	2	2
Category II	Campylobacteriosis (Campylobacter Infection)	1	0	1	0	2
	Chlamydia Trachomatis Infection	10	0	1	0	11
	Gonorrhea	1	0	0	0	1
	Hepatitis B	1	0	0	0	1
	Hepatitis C	1	0	9	0	10
	Influenza	5	0	0	0	5
	Invasive Streptococcal Disease (Groups A And B)	4	0	0	1	5
	Mycobacterial Disease (Nontuberculous)	1	0	0	0	1
	Salmonellosis	0	0	3	0	3
	Streptococcus Pneumoniae Invasive Disease	1	0	0	1	2
	Syphilis	0	0	0	2	2
	Varicella (Chickenpox)	1	0	0	0	1
	Influenza	0	0	0	1	1
Not Reportable	Norovirus Infection (Norwalk/Norwalk-Like)	2	0	0	0	2
	Not Reportable	2	0	1	0	3
	Tuberculosis, Latent Infection (LTBI)	1	0	0	0	1
Total		31	0	15	11	57

Data last refreshed on Tuesday, May 19, 2015 8:31:22 AM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.



Wisconsin Public Health Association
Wisconsin Association of Local Health
Departments and Boards



563 Carter Court, Suite B, Kimberly, WI 54136
920-882-3650 · 877-202-4333

April 27, 2015

Dear Members of the Joint Finance Committee:

We are writing to formally communicate our concerns in regards to items in the state 2015-2017 budget proposal that would negatively impact the Wisconsin State Lab of Hygiene's (WSLH) ability to provide public health services to state and local agencies and the people of Wisconsin.

The Wisconsin State Lab of Hygiene has been located at UW-Madison since its founding in 1903. The state budget bill contains provisions that would transfer WSLH to the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP). WSLH's partnership with the university system has been used in the past to leverage resources in order to provide a high quality and respected level of specialized service. The state budget bill also reduces state funding for WSLH by transferring \$3,593,400 of WSLH's GPR funding directly to the Wisconsin Department of Health Services and \$2,662,200 of its funding to the Wisconsin Department of Natural Resources.

These proposed transfers would negatively affect the ability of the WSLH to provide the amount and quality of services required of the public health community to protect the public's health and safety. These funding reductions would translate into a significant loss in capacity for local communities. These changes would impact the ability of state and local agencies to respond to biological, chemical or radiological emergencies. WSLH supports the public's health in Wisconsin by providing services to local and state agencies such as:

- Clinical testing for newborn screening, disease outbreaks, women's health, genetic conditions
- Environmental testing for water, air, soil and hazardous materials
- Emergency response testing for agents of biological, chemical and radiological terrorism
- Monitoring data for infectious diseases, environmental and safety hazards
- Alcohol and drug testing for law enforcement, medical examiners and coroners
- Electronic reporting of reportable diseases from ALL Wisconsin private clinical laboratories

We ask you to consider the overall impact on Wisconsin's residents and on the public's health. For these reasons, the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Public Health Association is supporting the Wisconsin State Lab of Hygiene in their efforts to remove these provisions from the 2015-2017 budget bill.

On behalf of the WALHDAB board,

Shelley Hersil, CHES, MPH
Co-President

Mary Cay Freiberg
Co-President

On behalf of the WPHA board,

Eric Ostermann
Executive Director

Gail Scott

From: McKeown, Karen D - DHS <Karen.McKeown@dhs.wisconsin.gov>
Sent: Monday, May 11, 2015 4:20 PM
To: McKeown, Karen D - DHS
Subject: Transfer of Laboratory Funds to DHS

This message is being sent by blind copy to all local health officers.

Good afternoon,

I know that many of you have concerns about the Governor's proposed transfer of funds from the Wisconsin State Lab of Hygiene (WSLH) to the Department of Health Services, and I want to take a moment to address those concerns.

Currently, the state budget allocates the public health dollars directly to the WSLH; the WSLH has traditionally looked to DPH for guidance on how to allocate these funds.

It is our strong belief that moving these funds to the Department of Health Services will allow us to build a stronger relationship with the WSLH based on good business practices, including contracts that lay out mutual expectations. It is our intention and expectation that the funds will continue to support the WSLH work on public health issues. We would continue to allocate funds to support local public health, as we have asked the WSLH to do in the past.

If you have questions, please don't hesitate to let me know.

Sincerely,

Karen

Karen McKeown, RN, MSN
State Health Officer and Administrator, Division of Public Health
Wisconsin Department of Health Services

NOTICE: This email and any attachments may contain confidential information. Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations and agreements. If you received this E-mail in error, please notify the sender; delete the E-mail; and do not use, disclose or store the information it contains.

Jefferson County Health Department 2015 Personal Care Program Statistics

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2015	2014
Admissions	2	0	0	**									2	48
Discharges	8	35	96	**									139	53
RN Visits	14	10	3	**									27	163
St. Coletta Hours	755	757	852	**									2,364	10,605
St. Coletta Clients	13	14	14	**									14	14
MA Card Hours	972	540	170	**									1,682	11,056
MA Card Clients	8	7	2	**									9	9
Elderly Service Hours	305	191	154	**									650	2,979
Elderly Service Clients	33	31	28	**									31	35
Private Pay Hours	57	117	114	**									288	2,990
Private Pay Clients	5	8	7	**									7	11
COP Hours	4	4	4	**									12	43
COP Clients	1	1	1	**									1	1
Care WI Hours	1,649	1,436	470	**									3,555	20,540
Care WI Clients	67	62	38	**									56	67
Total Hours	3,742	3,045	1,764	**									8,551	48,213

****Program Ended**



JEFFERSON COUNTY HEALTH DEPARTMENT

1541 Annex Road ♦ Jefferson, WI 53549 ♦ 920-674-7275 (Phone) ♦ 920-674-7477 (FAX)
www.jeffersoncountywi.gov

March 2015 Monthly Report

March has truly been a transition month here at the Health Department. With 4 long term staff retiring, with **91 years of service** between them, duties that were done by two of the staff are being taught to those who will take over the duties. The Personal Care Program has now been transitioned with clients having their cases coordinated through Care WI, Inc. or the staffing agencies. We are sad to see many long term patients go and many expressed extreme gratitude to Michele Schmidt, Marsha Hake and Patty Pohlman who coordinated and supervised their care.

The Health Department is also prioritizing duties of the Public Health Nurses looking at programs and services that must be continued until two new nurses can be hired and orientated to the program.

We will all miss our treasured co-workers and wish them well in retirement!

Program Area	Event Attended or Activity
Communicable Disease Control	85 immunizations were given to 35 clients. Follow-up on 56 communicable disease cases with 29 confirmed cases.
Director/Health Officer	Gail Scott attended Department Head meeting; developed a draft resolution for updating the County Smoke Free Air Act; attended the WALHDAB/PHEP meeting; Ebola webcasts; WWWP teleconference; quarterly meeting with B. Wehmeier; attended Head Start Health Advisory Committee meeting; attended PHN staff meeting to prioritize services when the 2 PHNs retire and during the orientation of the new replacement PHNs; attended Community Dental Clinic Board, Rock River Free Clinic Board and Board of Health meetings.
ECS (Electronic Charting System)	Amy Fairfield is completing a large project involving major edits to the Prenatal Care Coordination documentation areas, with a focus on compliance with the state PNCC program, while measuring outcomes chosen both by the state program and our local PNCC program. Amy is training on a database upgrade for the program that is scheduled to take place on April 7 th . Staff training will be completed by Amy in the near future in preparation for these upcoming system changes.
Environmental Health	Gail Scott and Jeff Larkin, EH Specialist, continue to work with Fort Fire and Building Inspector on a property in Fort Atkinson that opened without a license. Gail and Jeff met with B. Ward, Corporation Counsel to prepare for Court case. Defendant pleaded not guilty. Trial to follow.
Health Fairs	Kathy Cheek, PHN, provided a hand washing demonstration for kids at the Children's Care and Share Fair, demonstrated the effects of smoking on the lungs at the JUMP Wellness Fair and assisted Garrett Fairfield, son of Amy Fairfield, PHN in the hand washing demonstration at the JUMP Fair.
Human Papilloma Virus (HPV) Grant	<p>Amy Fairfield has been collaborating with schools in Jefferson County to feature an article in their newsletters and to attach one of the newest publications put out on HPV for parents along with their school newsletter. Schools confirmed that will be sending it out are: Cambridge, Jefferson and Waterloo. Jefferson High School featured an HPV flier in their boys basketball game program at the end of February. Both Jefferson & Waterloo's school newsletter goes out to all high school and middle school parents "electronically" and for those without internet, it will be sent in the mail. Future school collaboration will continue with other schools.</p> <p>HPV Jeopardy is near completed and appointments will begin to be made to provide 11 "Lunch and Learns", with the goal of providing education on HPV related diseases, immunizations and barriers for providers. Ultimate goal is to give them the tools necessary to "provide the best HPV vaccine recommendations" possible.</p> <p>A CDC public service announcement is currently running at the Jefferson County Fair Park activities building on the 2 50" television screens, promoting HPV vaccine as cancer prevention. Feedback received from Optimist club that during a recent meeting held there, they saw the ad run several times and thought it looked great.</p> <p>Other plans are currently underway to partner with Jefferson County Human Services for</p>

Program Area	Event Attended or Activity
	running HPV CDC ads on their television in the waiting room and in the downstairs area of the Health Department.
Immunization Coalition <i>Quarterly Stick Newsletter</i>	Amy Fairfield developed the Quarterly Stick Newsletter – the Jefferson County Immunization Coalition publication that was distributed in March (see attached). This newsletter goes out to a very large distribution list of not only local providers, but those in surrounding communities, other coalition members, other health departments. Received reply from City of Milwaukee Health Department's Immunization Coordinator stating "job well done." Also received a great response from Dane County Immunization Coalition, stating, "Wow, really nice edition Amy! You all did a wonderful job getting the HPV word out. Great work!"
Jail Nursing	Tania Wenzel, PHN, provided three medical trainings to Jail staff. Jail Nursing and Medical/Mental Health meetings were held.
Kids Safety Project Injury Prevention Program	The Car Seat Technicians installed car safety seats in March with all parents exhibiting understanding of how to properly install the seats.
Personal Care Program	Michele Schmidt has been working with Care Wisconsin, Inc., staffing agencies, clients and other support personnel in transitioning clients whose services were coordinated by JCHD.
Public Health Preparedness Program	Gail Scott met with Donna Haugom, Emergency Management, to prepare to develop a plan for Mass Care. Scott developed and submitted plan and received \$1,000 stipend from the Department of Health Services. Scott continues to listen to bi-weekly PHEP webcasts, Scott attended the required "Disaster Behavioral Health" training; Scott and Sandee Schunk worked with EM and consultant to update the COOP.
Public Health Program Manager	Monthly Jail Nursing meeting. Participated in the Citizen's Review Panel meeting with CPS. Multiple meetings to plan for the retirement of four staff members, redistribution of workload and preparing to hire and orientate new staff.
QI Project – HPV	<p>Recent benchmark reports have been run showing that we have seen an increase in our HPV rates, both in children who have started the series and those who have completed the series. This increase is due in large part to "outreach activities" and efforts from office staff (Shirley Gehrke and Sarah Born). Children with at least 1 HPV vaccine is now at 48%, and children that have completed the 3 dose HPV series, the percentage has gone from 17% to 26%. Those numbers, unfortunately, are not as high when looking at children overall throughout Jefferson County (children that have other providers and don't come to the HD), they are 40% (at least 1 vaccine) and 22% (3 dose completion), which is why efforts are being focused on outreaching to our providers throughout the community.</p> <p>A new QI activity involving 2 new cohorts of children has been created and outreach activity, including the design of new outreach material is in the works. This project should be completed by early May. Benchmarks will be run, providing additional information on these efforts, but it will be benchmarks that are run following the completion of the HPV Grant that will provide more conclusive data on all combined efforts.</p>
Student Clinical	<p>Gail Scott is mentoring 1 RN to BSN student; Amy Fairfield is mentoring 2 UW-Madison BSN students. Diane Nelson and Amy Fairfield met with the UW Madison School of Nursing Professor to discuss the public health clinical and on-going preceptor relationship.</p> <p>Amy Fairfield has been working since January with 2 UW-Madison nursing students on a weekly basis. Students have directly participated in HPV grant activities. Students assisted with writing Quarterly Stick newsletter. A large focus is to provide a clinical experience that promotes public health and influences nursing students to include public health knowledge in all aspects of their future careers and even to consider a future career in public health. Students are scheduled to partner with Head Start, providing heights and weights of the students, work with teachers providing guidance on the importance of these measurements and providing feedback to parents promoting healthy lifestyles.</p> <p>Amy Fairfield created the semester student project which is the QI HPV activity.</p>
Wellness Committee	The Jefferson County Health Department Wellness Committee is partnering with Fort Hospital Introducing wellness concepts, including a "wellness board" being done by Amy Fairfield & Vicki Gallardo, that will include Smart Phone applications available that are (cost

Program Area	Event Attended or Activity
	effective if not free) and are focused on worksite relaxation, meditation, mindfulness. A water challenge is being piloted that challenges employees to drink 32oz/day AT WORK, and “infused water” will be offered in a cooler dispenser at the HD. Mary W made a recipe that included a lemon, lime, orange, and cilantro and it was amazing! Employee feedback was overwhelmingly positive. Monthly challenges and worksite wellness activities are planned.
WIC Team	<p>Mary Wollet and Vicki Gallardo completed 3 routine Vendor Monitoring visits. This is an inspection of grocery stores that accept WIC checks, to make sure they are complying with government regulations. Wellness committee meeting on 3/10/15</p> <p>Mary Wollet had a telephone call with the La Crosse County WIC nutritionist, Jennifer Miller. Mary had been recommended by the State WIC Office as a resource person for secondary nutrition education. Mary Wollet attended the Head Start Health Advisory Committee meeting on 3/12/15.</p> <p>Marsha Hake and Vicki Gallardo attended WALC (Wisconsin Association of Lactation Consultants) conference on 3/12/15 in Appleton.</p> <p>Mary Wollet participated in the monthly WIC Statewide Teleconference on 3/25/15.</p> <p>Mary Wollet participated in the JUMP Health and Wellness Fair on Sunday 3/22/15.</p> <p>Wellness Committee members Mary, Marsha and Vicki kicked off the “32 oz at Work” water challenge by offering infused water samples and challenge materials to Health Department employees on 3/25/15.</p>

Focus for April 2015

- ❖ Developing Health Department Annual Report
- ❖ Hire and start orientation for two new Public Health Registered Nurses
- ❖ Further development of the QI Plan, working on QI projects
- ❖ Further development of the Community Health Improvement Plan (CHIP)
- ❖ Preparing for staff retirements; training staff to take over duties of retiring staff
- ❖ Working with EM on Mass Care Plan
- ❖ Continue to develop Ebola Response Plan
- ❖ Continue HPV grant activities and QI Project
- ❖ Water challenge for staff



JEFFERSON COUNTY HEALTH DEPARTMENT

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April 2015 Monthly Report

April 2015 will be remembered for two things – the beginning of the Highly Pathogen Avian Influenza outbreak in chickens and turkeys and having **FIVE** long-term staff retiring (up from four in the March Monthly Report), with **105 + years of service** between them. The Administrative Assistant and Public Health Technician duties that were done by two of the staff who will not be replaced were taught to those who will take over responsibility for those duties. The three Public Health Nurses worked on organizing their caseloads, cleaning out their offices and training the remaining nurses on programs and services in their area of expertise.

The Health Department is continuing to prioritize duties of the Public Health Nurses looking at programs and services that must be continued until three new nurses can be hired and orientated to the program. We will all miss our treasured co-workers and wish them well in retirement! All five will leave together on May 1, 2015.

Program Area	Event Attended or Activity
Communicable Disease Control	30 immunizations were given to 31 clients. Follow-up on 29 communicable disease cases. Katrina Waldron presented at Aurora Summit Hospital's All Leadership Meeting on Wednesday April 8 th which included House Supervisors, Managers, Emergency Department staff regarding Communicable Diseases, Public Health as a resource and vaccinations.
Director/Health Officer	Gail Scott listened to the WWWP teleconference; attended PHN staff meeting to prioritize services when the 3 PHNs retire and during the orientation of the new replacement PHNs; interviewed and offered positions to 2 potential PHNs; attended the Inter County Committee meeting in Montello to present on Public Health in the community; attended pipeline training; met in a "mini EOC" with the County Administrator, Sheriff's Dept., Emergency Management and staff regarding the Avian Influenza outbreak in chickens; attended briefings with staff regarding the Avian Influenza outbreak; met with DATCP, USDA APHIS Veterinarians and Day Break Foods about the Avian Influenza outbreak; attended a court hearing for a facility operating without a license; attended a state-wide Fatality Management meeting; met with the new Rock County Health Department Director/Health Officer.
Environmental Health	Gail Scott, Jeff Larkin, EH Specialist, and Blair Ward, County Corporation Counsel, attended a court hearing for a property in Fort Atkinson that opened without a license. Defendant pleaded no contest and was ordered to pay a fine.
Jail Nursing	Jail nurses conducted 342 sick calls in April. The number of sick calls is up due to the fact there are more inmates in the jail with opiate withdrawal. The nurses have to assess these inmates in withdrawal daily. The number of inmates with opiate withdrawal has been up in both March (22 inmates) and April (24 inmates) compared to 10 in February. Jail medical and mental health quarterly meeting attended by Tania, Diane L, Sarah, Diane N, Capt Wallace and Sgt Galbraith, monthly jail nurses meeting.
Kids Safety Project Injury Prevention Program	The Car Seat Technicians installed 3 car safety seats in April with all parents exhibiting understanding of how to properly install the seats. Diane Nelson presented what's new at the Health Department to the Jefferson Kiwanis Club and received a \$500 check to purchase Pack N Plays for the Cribs for Kids Program. Quarterly Child Death Review Team (CDRT) meeting with Serena Jahnke Berg responsible for entering data from review into the National Center for the Review and Prevention of Child Deaths database. Serena Jahnke Berg participated in a Car Seat Event at Watertown High School as a nationally certified Car Passenger Safety Technician (CPST) in collaboration with Watertown Public Health and Watertown Fire Department. Zero Suicide training in Stevens Point in conjunction with Human Services attended by Diane Nelson.
Personal Care Program	All clients have been transitioned.
Public Health Program	Training for the Public Health Nurses on hearing screening in the schools presented by Shirley Gehrke. On-going Public Health Nurse meeting for planning of re-distribution of caseloads until new Public Health Nurses are hired.

Program Area	Event/Attended or Activity
Public Health Preparedness Program	Highly Pathogenic Avian Influenza outbreak on 2 farms. HD interviewed and monitored farm #1- 20 workers, #2- 42 workers. Farm #1 8 workers were fit tested for N95 masks as part of the Personal Protective Equipment (PPE). Avian Influenza surveillance and health education. School Mass Clinic
Public Health Program Manager	Multiple meetings to plan for the retirement of five staff members, redistribution of workload and preparing to hire and orientate new staff. Attended quarterly Interagency Collaborative Council meeting.
Student Clinical	Gail Scott finished mentoring 1 RN to BSN student; Amy Fairfield is mentoring 2 UW-Madison BSN students and assisted the RN to BSN student with her project. She continues to work with them on HPV grant activities. They were also able to assist in interviewing farm employees in the Avian Influenza outbreak surveillance and follow-up.
WIC Team	Jefferson County Health Department Wellness committee meeting Mary Wollet participated in Child Death Review Team meeting Mary Wollet attended Wisconsin Academy of Nutrition and Dietetics annual conference Mary Wollet participated in the Watertown Children's Fair Mary Wollet participated in the WIC Statewide Teleconference. Emphasis was on eWIC rollout. Mary Wollet participated in "Finding Your Way" teleconference as a Head Start partner. Head Start is requesting a grant for parent cafes. Mary Wollet trained a farmer as part of the WIC FMNP (Farmers' Market Nutrition Program) certification process. Mary Wollet participated in VENA (Value-Enhanced Nutrition Assessment) webinar

Focus for May 2015

- ❖ Survive five long-term staff retirements! Rebuild team.
- ❖ Finish Health Department Annual Report
- ❖ Hire and start orientation for three new Public Health Registered Nurses
- ❖ Further development of the QI Plan, working on QI projects
- ❖ Further development of the Community Health Improvement Plan (CHIP)
- ❖ Working with EM on Mass Care Plan
- ❖ Continue HPV grant activities and QI Project
- ❖ Continue to work on Avian Influenza outbreak activities.

The Jefferson County Immunization Coalition (JCIC)--a partnership between the Jefferson County Health Department, local medical providers and other community members--was one of sixteen coalitions in the state to be awarded a grant from the Wisconsin Immunization Program and the Wisconsin Comprehensive Cancer Control Program (WCCCP). According to the Wisconsin Immunization Program, the objective of the grant is to use evidence-based practices and tools to address issues that have been identified as barriers to increasing HPV vaccination coverage.

HPV, or the human papilloma virus, is a viral infection that can cause a variety of diseases, the most common of which are warts and cervical, throat and genital cancers. Timely vaccination with the HPV vaccine is the most effective way to prevent HPV infection and its related diseases.

In Jefferson County, less than 18% of teens age 13 to 17 have completed the three dose series, a mark that is well below the 80% coverage that is needed to provide optimal protection in the community. Parental perceptions and knowledge gaps have been identified as barriers to HPV vaccination in Wisconsin and in our community. In an effort to provide families with the information they need to make informed decisions about vaccinating their adolescents, the JCIC has been working with community partners, including your school to initiate a media campaign targeted at teens and their parents. Research has demonstrated that HPV vaccination is not only safe and highly effective, it is **cancer prevention**. For additional questions, Amy Fairfield, a Public Health Nurse, who serves as the lead for JCIC, can be contacted at (920) 674-7137 or by email at amyf@jeffersoncountywi.gov.

Human Papillomavirus

A Parent's Guide to Preteen and Teen HPV Vaccination



HPV

Why vaccinate against HPV at 11 or 12 years of age?

- ▶ The vaccine produces better immunity to fight infection when given at younger ages compared with older ages.
- ▶ Vaccination for HPV is much more effective at preventing disease and cancer if all three doses are administered before someone's first sexual contact.
- ▶ Most American men and women who become sexually active will contract at least one type of HPV virus in their lifetime. Vaccination can reduce their risk of HPV infection.
- ▶ Most people who become infected with HPV do not even know it.
- ▶ HPV is easily spread by skin-to-skin contact during sexual activity. Even if someone does not have sexual intercourse, they can still get HPV.
- ▶ People who choose to have only one lifetime sex partner can still get HPV if their partner has had previous partners who were infected.
- ▶ Both vaccines have been tested in thousands of people around the world and have been proven to have no serious side effects.
- ▶ Both vaccines are highly effective against HPV types that cause most cervical cancers; one of the vaccines, Gardasil, also protects against 90 percent of HPV-associated genital warts.

What is HPV?

Human papillomavirus (HPV) is a common family of viruses that causes infection of the skin or mucous membranes of various areas of the body. There are over 100 different types of HPV viruses. Different types of HPV infection affect different areas of the body. For instance, some types of HPV cause warts in the genital area and other types can lead to abnormal cells on the cervix, vulva, anus, penis, mouth, and throat, sometimes leading to cancer.

How common is HPV?

HPV is very common. According to the Centers for Disease Control and Prevention (CDC), most sexually active American men and women will contract at least one type of HPV virus during their lifetime. HPV is considered the most common sexually transmitted disease in the United States. It is the cause of almost all cervical cancers in women and has been linked to the rise of oral cancers in young people in the United States.

How serious is HPV?

HPV is extremely serious. Approximately 79 million Americans are currently infected with HPV, and about 14 million more become infected each year. In the United States, there are around 12,000 new cervical cancer cases diagnosed annually, and 4,000 women die from cervical cancer every year. Men are affected too. Around 7,000 HPV-associated cancer cases occur in American men each year.

How is HPV spread?

The most common ways to get an HPV infection is from vaginal or anal sex with an infected person; however, this is NOT the only way to get HPV. Infection can also be acquired from oral sex and any skin-to-skin contact with areas infected by HPV. It is possible to have HPV and not know it, so a person can unknowingly spread HPV to another person.

continued on page 2 ▶

Resources for more information

- ▶ Your healthcare provider or local health department
- ▶ CDC's information on vaccines and immunization: www.cdc.gov/vaccines
- ▶ Immunization Action Coalition's vaccine information website: www.vaccineinformation.org
- ▶ Vaccine Education Center at the Children's Hospital of Philadelphia: www.chop.edu/vaccine
- ▶ CDC's Vaccines For Children (VFC) program: www.cdc.gov/vaccines/programs/vfc/index.html

SOURCES

American College of Obstetricians and Gynecologists (ACOG) Committee on Adolescent Health Care, Fact Sheet: Human Papillomavirus. ■ www.acog.org

Centers for Disease Control and Prevention (CDC). National Center for Chronic Disease Prevention and Health Promotion. HPV and Cancer. ■ www.cdc.gov/hpv/cancer.html

CDC. National Center for Emerging and Zoonotic Infectious Diseases. Vaccine Safety: Human Papillomavirus Vaccine. ■ www.cdc.gov/vaccine/safety/Vaccines/HPV/index.html

CDC. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Genital HPV Infection Fact Sheet. ■ www.cdc.gov/std/HPV/STDFact-HPV.htm

CDC. National Center for Immunization and Respiratory Diseases. HPV Vaccine-Questions and Answers. ■ www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm

CDC. National Center for Immunization and Respiratory Diseases. Preteens and Teens Need Vaccines Too! ■ www.cdc.gov/Features/PreteenVaccines

Reduction in human papillomavirus (HPV) prevalence among young women following HPV vaccine introduction in the United States, National Health and Nutrition Examination Surveys, 2003-2010. *J Infect Dis.* 2013 Aug 1; 208(3):385-93.

Related press release: ■ www.cdc.gov/media/releases/2013/p0619-hpv-vaccinations.html

Talk to your health-care provider today about protecting your son or daughter from HPV infection!

Can HPV infection be treated?

There is no treatment for HPV infection; there are only treatments available for the health problems that HPV can cause, such as genital warts, cervical changes, and cervical cancer. In some cases, the body fights off the virus naturally. In cases where the virus cannot be fought off naturally, the body is at risk for serious complications, including cancer.

What is HPV vaccine?

There are two HPV vaccines licensed by the Food and Drug Administration (FDA) and recommended by CDC: Cervarix and Gardasil. Both vaccines protect against cervical cancers in women. One vaccine, Gardasil, also protects against genital warts and cancers of the anus, vagina, and vulva. Both vaccines are available for females. Only Gardasil is available for males. HPV vaccines are given in three shots over six months; it is important to get all three doses to get the best protection.

At what age should my son or daughter get HPV vaccine?

Routine vaccination with three doses of HPV vaccine is recommended for all 11- and 12-year-old boys and girls. The vaccines can be given as early as 9 years of age. If your son or daughter did not receive the three doses of vaccine at the recommended age, they should still start or complete their HPV vaccine series. Your son can be given the vaccine through the age of 21, and your daughter can be given the vaccine through the age of 26. Check with your healthcare provider to make sure your child is up to date with HPV vaccination.

For HPV vaccine to work best, it is very important for preteens to get all three doses before any sexual activity begins. It is possible to get infected with HPV the very first time they have sexual contact with another person, even if they do not have intercourse. Also, the vaccine produces better immunity to fight infection when given at the younger ages compared to the older ages.

Are HPV vaccines safe?

HPV vaccines have been shown to be very safe. Every vaccine used in the United States is required to go through rigorous safety testing before licensure by the FDA. Both HPV vaccines have been extensively tested in clinical trials with more than 28,000 male and female participants. Since the first HPV vaccine was licensed for use in 2006, more than 50 million doses of HPV vaccine have been distributed in the United States. Now in routine use, these vaccines are continually monitored for safety.

In the years of HPV vaccine safety monitoring, no serious safety concerns have been identified. Like other vaccinations, most side effects from HPV vaccination are mild, including fever, headache, and pain and redness in the arm where the shot was given.

Are HPV vaccines effective?

The vaccines have been shown to be highly effective in protecting against the HPV types targeted by the vaccines. A study looking at HPV infections in girls and women before and after the introduction of HPV vaccines shows a significant reduction in vaccine-type HPV in U.S. teens since the vaccine was introduced.

Adapted from a publication developed by the Michigan Department of Community Health, Division of Immunization

Spring 2015 Semester Project

Background

JCHD (like all local health departments) participates in the Vaccines for Children (VFC) Program. A biannual site visit is a requirement for participation in this program. At the site visit in the fall of 2013, we had a lengthy discussion about the HPV vaccine. Of the adolescent vaccines, it has the lowest coverage rate...and that is for the first dose. Coverage rates for subsequent doses are even lower.

In February 2014, the health department began a quality improvement (QI) project that focused on the series completion rates of our clients. The goal was not to promote the vaccine to those who are unvaccinated, but to achieve series completion among clients who had received at least one dose of HPV at the health department.

We used the Wisconsin Immunization Registry (WIR) to gather data and the NIATx change model as a framework for the QI project. Two "rapid cycles" have been completed so far. Your semester project will build off of this work.

Five things to think about and/or familiarize yourself with before next week:

1. VFC Program - funding, rules, history, purpose
2. NIATx model
3. Efficacy of HPV vaccine after the 1st and 2nd dose vs. complete series
4. HPV coverage rates - nationally, WI and locally
5. Why do you think we focused on "our clients?" Think about community partnerships and professional relationships.

Project

1. Run an 'ad hoc list report' in the WIR to obtain a list of the clients who have received at least one dose of HPV vaccine at the Health Department. Convert the list into a spreadsheet and clean up data to make a useful tool. (completed)
2. Run a 'benchmark report' to obtain baseline data on the rate of vaccine completion. (completed)
3. Develop an outreach tool that will be sent to the parents of teens who are due for a dose of HPV. This tool should include:
 - a. greeting & reason for sending the reminder (i.e. "Our records indicate that your son / daughter received their first dose of HPV on..." or "According to the Health Department's records, your son / daughter is due for...")
 - b. logistics of obtaining the vaccine (hours, location, cost, etc.)
 - c. a statement about the recent VFC funding changes
 - d. education about the importance of series completion. This needs to be accurate, yet concise and eye-catching. You want people to take the time to read this. It should be no more than one page in length and must be in both English and Spanish (preferably back-to-back). Use CDC, Children's Hospital of Philadelphia's Immunization Center (CHOP) and the Immunization Action Coalition's website as resources to help you develop this tool.

4. Write a letter or email that will be sent to local medical providers explaining the Health Department's QI Project and outreach initiative. (see email from XXX as an example and update as needed)
5. Check in with the Shirley Gehrke, LPN, public health tech to explain QI project and make sure that current vaccine inventory is adequate to provide vaccines to clients who will receive reminders.
6. Use the list of clients to look up their records in WIR. Verify their current immunization data and need for an HPV vaccine. In other words, make sure that the client did not receive the vaccine since the report was generated. Also, look at the timing of the vaccines they have already received. Are they eligible to receive another dose at this time? If not, what sort of system would you use to ensure that those future opportunities are not missed?
7. Call medical providers if needed to clarify any questions or discrepancies in WIR data. Check with a public health nurse before making any phone calls as this should be a rare finding.
8. Once you have verified that the client is indeed due for a dose of vaccine, mail your outreach tool to the family and document that mailing on the spreadsheet.
9. The week of April XX, re-run both the ad hoc and benchmark reports. (to be completed by a public health nurse). Fill in any missing or updated data on the spreadsheet.
10. Update NIATx worksheet with the rapid cycles you have completed and any outcome data you have. Keep in mind that this is a short time so the full effect of the outreach may not yet be fully realized at this point.

Grading Criteria (XX points total)

Outreach tool (XX points)

1. includes components a - d described above
2. components b & c are correct
3. writing is professional
4. educational information is accurate and relevant to your target audience (adolescents & their parents)
5. sources are cited

Spreadsheet & NIATx documentation (XX points)

1. all documentation is complete and accurate
2. documentation is completed in a timely manner

Professional interactions (XX points)

1. all interactions with co-workers, clients, families, local medical providers are professional
2. WIR use is appropriate and confidential

Provider letter (XX points)

1. accurately describes the QI project, addresses the Health Department's goal and the process that will be used to achieve those goals
2. promotes professional partnerships

Project write-up / reflection (XX points)

Reflect on what you learned in this project, not necessarily on the information you learned about the HPV vaccine or the outcomes you achieved, as that should be reflected in your NIATx documentation and spreadsheet. Instead, focus on what you learned about the logistics of carrying out a project in the "real world." What did you learn about resource allocation, including staff time? What sort of background planning is needed? What challenges did you face?