



Jefferson County Board of Health Agenda

1541 Annex Road, Jefferson, WI 53549

920-674-7275

April 19th, 2023

1:00 p.m.

**Highway Committee Room,
1425 Wisconsin Drive, Jefferson**

Join Zoom Meeting:

<https://us06web.zoom.us/j/88388950496?pwd=ZlVxajA5Q1hFQTZSRytoWnhZbzFldzO9>

Meeting ID: 883 8895 0496

Passcode: 045109

Board Members

Samantha LaMuro, R.T, Chair; Meg Turville-Heitz, Vice-Chair; Steve Nass; Jessica Coburn, RN, PhD; Donald Williams, MD

- 1. Call to Order**
- 2. Roll Call (establish a quorum)**
- 3. Certification of Compliance with the Open Meetings Law**
- 4. Approval of the Agenda**
- 5. Approval of Board of Health Meeting Minutes January 18th, 2023**
- 6. Approval of Joint Committee Meeting Minutes from January 30th, 2023**
- 7. Communications**
 - a. Health Department Open House
 - b. Ground Water Study Press Release
- 8. Public Comment**
- 9. Approval of Health Department Financial Report**
- 10. Approval of the Childcare Lead in Water Initiative Grant**
- 11. Approval of the Public Health Infrastructure Grant**
- 12. Discussion and Approval of the 2022 Annual Report**
- 13. Discussion of the Updated Jefferson County Health Department Logo**
- 14. Operational Update of the Environmental Health Program**
- 15. Operational Update of the Public Health Divisions**
 - a. Divisional Updates
 - b. Review of Statistics
 - c. Review of Communicable Disease Cases Reported
 - d. Staffing Update
- 16. Operational Update on the Strategic Plan**
- 17. Discussion of the Fall Prevention Initiative**
- 18. Discussion of the After-Action Report for Avian Influenza**
- 19. Discussion Related to Aerial Spraying (spray irrigation) of Manure and Other Industrial Waste**
- 20. Future Agenda Items**
- 21. Adjourn**

Next Scheduled Meeting: July 19th, 2023

A Quorum of any Jefferson County Committee, Board, Commission or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.

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 Health Department

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



Jefferson County Board of Health Minutes January 18, 2023

Zoom meeting or Highway Committee Room at Jefferson County Highway Office

Board Members

Samantha LaMuro, R.T., Chair; Meg Turville-Heitz, Vice Chair; Steve Nass; Jessica Coburn, RN, PhD; Donald Williams, M.D.

1. **Call to Order:** Meeting was called to order by LaMuro at 1:00 p.m.
2. **Roll Call (establish a quorum):**
Board of Health Members Present: Steve Nass; Meg Turville-Heitz; Samantha LaMuro, R.T.; Jessica Coburn, RN, PhD (came in after roll call); Donald Williams, M.D. (came in after roll call). **Quorum established per LaMuro.**
Others Present: Elizabeth Chilsen, Director; Mary Bender, Public Health Program Manager; Michele Schmidt, Recorder; Samroz Jakvani, Epidemiologist (via zoom); Ben Wehmeier, County Administrator; Kendell Johnson, Public Health RN; Melissa New, Public Health RN; Holly Hisel, Environmental Health.
Guest: Supervisor Anita Martin.
3. **Certification of Compliance with the Open Meetings Law:** Wehmeier certified compliance with the Open Meetings Law.
4. **Approval of the January 18, 2023 Agenda:** No changes to the Agenda were requested. Motion by Nass/Turville-Heitz to approve the Agenda. Motion passed 3-0.
5. **Approval of Board of Health Minutes for October 19, 2022 Meeting:** Turville-Heitz recommended to amend Agenda Items #5 and #6 to be "Motion passed 3-0". (Due to 2 Board members being absent for those votes)
Motion by Turville-Heitz/Nass to approve the minutes as amended. Motion passed 3-0.
6. **Communications**
 - a. **Community Baby Shower:** New discussed the upcoming Community Baby Shower, which is scheduled for May 12, 2023. It is for 15 mothers in need. Turville-Heitz asked for the flyer and donation request form to be emailed to the Board of Health members when it is completed. They have some donations but are still taking donations.
 - b. **The PUMP for Nursing Mothers Act (S. 1658/H.R. 3110):** New and Johnson reported about this Act and what it entails.
 - c. **Wisconsin Association of Local Health Department and Boards (WALHDAB) Monthly Meetings:** Chilsen discussed WALHDAB. Chilsen stated Board of Health members would benefit from these meetings. Chilsen will send out invites to the Board of Health Members for future meetings.
 - d. **Radon Awareness:** Chilsen discussed that this month is Radon Action month, the Jefferson County Health Department, Watertown Department of Public Health and Dodge County Health Department are giving out Radon test kits. Press releases have been done.
7. **Public Comment:** 1 guest commented on Agenda Item #12 and had a hand out provided to Board Members.
8. **Approval of Health Department Financial Report:** Schmidt reviewed the "November 2022 Statement of Revenue & Expense Report". Motion by Nass/Williams to approve the financial report. Motion passed 5-0.
9. **Operational Update of the Environmental Health Division:** Hisel discussed the Environmental Health Division.
10. **Discussion and Approval of the Environmental Public Health Consortium 2022 DATCP License Fee Update:** Hisel discussed the 2022 DATCP License Fee updates and would like approval. Motion by Turville-Heitz/Williams to approve the Environmental Public Health Consortium 2022 DATCP License Fees. Motion passed 5-0.
11. **Discussion and Approval of the Environmental Sanitation Ordinance:** Hisel discussed the Environmental Sanitation Ordinance and would like approval. Motion by Nass/Turville-Heitz to approve the Environmental Sanitation Ordinance. Motion passed 5-0.
12. **Discussion on Air, Surface Water, Groundwater, and Health Concerns Relating to Animal Operations and their Regulation:** Chilsen updated the Board of Health regarding the Joint Committee meeting coming up. Chilsen commented that the Draft of the After Action Report is completed for the Palmyra chicken farm and will be able to share once it is approved by DATCP. Turville-Heitz asked questions about the pheasant farm in Ixonia. Chilsen/Wehmeier discussed the pheasant farm outbreak issues and things that went well during the response.

13. Discussion of the Public Health Divisions:

- a. **Review of 2022 Statistics:** Chilsen reported the highlight of the 2022 statistics in each division. Increased noted in lead testing, home visits, breastfeeding support visits, and hearing and vision screenings.
 - b. **2022 Communicable Disease Statistics:** Jakvani reviewed the statistics. Jakvani discussed the slight increase in Covid cases but not hospitalizations. Additional non-Covid communicable Disease statistics were discussed.
 - c. **2023 Objectives:** Chilsen discussed 3 areas, the Lead Program, Immunizations, and Maternal/Child Health Grant. The objectives were also discussed for the 2023 grants.
 - d. **PPD Study:** Bender discussed the Postpartum Discussion study. The Health Department was chosen to be a part of the intervention for the study.
 - e. **Childcare Lead Water Testing:** Chilsen discussed grant funding for the testing of water in Childcare facilities in Jefferson County for Lead. The testing will be voluntary.
- 14. Discussion of the 2023 Spring Open House:** Chilsen discussed the Open House, which will be on May 6th 2023 from 10 a.m. – 2 p.m. Board of Health members are welcomed. Flyer is being worked on.
- 15. Future Agenda Items:** Nass asked about the aging population and ways to connect with them in regard to health.
- 16. Adjourn:** Motion by Turville-Heitz/Williams to adjourn meeting at 2:31 p.m. Motion passed 5-0.

Next Scheduled Meeting: April 19th, 2023

Minutes prepared by: Michele Schmidt, Accountant II, Jefferson County Health Department and reviewed by Elizabeth Chilsen, Director/Health Officer.

**JEFFERSON COUNTY BOARD
JOINT COMMITTEE MEETING
MINUTES**

January 30, 2023

1. Call to Order

Meeting was called to order by Steve Nass at 10:00 a.m.

2. Roll Call

Board of Health

Present: Dr. Jessica Coburn, Steve Nass, Meg Turville-Heitz, Dr. Don Williams

ZOOM: Samantha LaMuro,

Executive Committee

Present: Joan Fitzgerald, Steve Nass, Brandon White, Michael Wineke

Excused: Blane Poulson

Land and Water Conservation Committee

Present: Walt Christensen, Matt Foelker, Cassie Richardson, Meg Turville-Heitz

ZOOM: Kirsten Jurcek, Margaret Burlingham

ABSENT: Dan Herbst

Planning and Zoning Committee

Present: Matt Foelker, George Jaeckel, Steve Nass, Cassie Richardson

Excused: Blane Poulson

Solid Waste Committee

Present: Joan Callan, Mark Goose, Anita Martin, Robert Preuss

Excused: Jeff Johns

Staff presenting: Ben Wehmeier, County Administrator; J. Blair Ward, Corporation Counsel; Elizabeth Chilsen, Health Officer/Director; Matt Zangl, Planning and Zoning Director; Patricia Cicero, Land and Water Conservation Director and, Joe Strupp, Resource Conservationist; and Donna Haugom, Emergency Management Director.

Other staff present: Brett Scherer, Sarah Elsner, and James Zumstein, Planning and Zoning Department; Audrey McGraw, County Clerk; and Brian Udovich, Highway Department; Melissa New, Communicable Disease, Public Health Nurse; David Hoffman, LWCD.

Others present: Katy Katzman, Adam Naber, Phillip Laatsch and Liz Darner, Phillips Crop Care; Keith Kulow and Cole Coochan, Daybreak Foods; Allan and Katie Kutz, Kutz Dairy; Mike and Sue Dettmann, Dettmann Dairy; Dylan Anchor, Nursing Student; Brad Griswold, Tag-Lane Dairy.

Others present via ZOOM: Leslie Ott, Dyan Pasono, Susan Bence, Janet Foust, Kirk Lund, Chad Zuleger, Sue Marx, Samroz Jakvani, Frankie Fuller, Carl Glassford, Tim Strobel, rosy-Lane Holsteins; Ronni Monroe, Sarana Stolar

3. Certification of compliance with Open Meetings Law

Wehmeier certified compliance with the Open Meetings Law.

4. Review of Agenda

No changes.

5. Public Comment

The following members of the public addressed the joint committee on the impact of CAFOs in Jefferson County:

Janet Foust, Dyan Pasono

6. **Discussion and staff presentation on Air, Surface Water, Groundwater, and Health concerns Relating to Animal Operations and their Regulation followed by possible action on:**

Wehmeier introduced a Presentation on the following topics. Q & A will take place at the end of each section.

a. Proposed reporting process for manure spills and complaints: A copy of the report was provided for review. Strupp went over the reporting process. Haugom said she receives the manure reports from the DNR and explained Emergency Management's role. Cicero spoke on the coordination between Land and Water Conservation and Emergency Management. No action taken.

b. Regulation of high-capacity wells: Ward went over the State Statutes and DNR rules. The county does not have any authority over high-capacity wells. Wehmeier said that there is not a policy in place for the county to address concerns related to high-capacity wells. If a policy was put in place, the County would need to set standards. Martin asked about GIS mapping of high-capacity wells.

MOTION: Land and Water Conservation Committee Motion by Turville-Heitz/Christensen to explore the use of GIS Mapping to determine the location of high-capacity wells along with other information available. Motion passed by Roll call vote.

c. Development of composting ordinance for manure and animal mortalities: Ward said that composting manure and animal mortalities are regulated by the DNR. Counties have limited authority to regulate through Shoreland and Floodplain ordinances. Cicero discussed input she received from area farms.

MOTION: Solid Waste Committee Motion by Callan/Martin for the Solid Waste Committee to pursue looking into further regulating composting and animal mortalities. Motion passed by roll call vote.

d. Regulation related to aerial spraying (spray irrigation) of manure and other industrial waste. Cicero talked about her research on spray irrigation, regulations that are in place, and a study conducted by the Wisconsin Manure Irrigation Workgroup. Ward said this is something that the county can regulate. Chilsen talked about microorganisms, pathogens, how exposure can occur, Health Department's role in communicable disease reporting and follow up, and data from a study on irrigation trial in Wisconsin. If it is decided that Jefferson County should regulate spray irrigation, a workgroup could be formed.

MOTION: Board of Health Motion by Williams/Turville-Heitz to pursue looking into spray irrigation and the ramifications on public health. Motion passed by roll call vote.

e. Development of an erosion control and storm water ordinance
Zangl discussed data he compiled from surrounding counties, cities, and towns. He also talked about the definitions of erosion control and storm water. Ward discussed the limited authority that counties have to regulate CAFOs. If it is decided that Jefferson County should further regulate erosion control and storm water, a workgroup could be formed.

MOTION: Land and Water Conservation Committee Motion by Turville-Heitz/Christensen to have the Land and Water Conservation Committee pursue looking into further regulating erosion control and storm water.

Motion amended by Turville-Heitz/Christensen to have three members from the Land and Water Conservation Committee and three members from the Planning and Zoning Committee form a committee to look into further regulating erosion control and storm water. Motion passed by roll call vote. All joint committee members present voted in favor of this motion.

7. **Discussion on community outreach and education related to animal operations and their regulation**

Chilsen reviewed the education that was provided. No action taken.

8. **Discussion and possible action on tentative future meeting schedule and agenda items**

No action taken.

9. **Adjourn**

Motion by Jaeckel/Christensen to adjourn at 12:43 p.m. Motion passed.



Jefferson County Health Department

invites your family to our inaugural

SPRING OPEN HOUSE

Saturday, May 6th

10:00 am – 2:00 pm

1541 Annex Rd, Jefferson WI 53549

Learn about JCHD's new strategic plan, our programs and services and how we promote health for all people in Jefferson County!

Meet your Jefferson County Board of Health members and our partners in improving community health!

Fun activities* *Fire/Police/K9* *Food Trucks





El Departamento de Salud del Condado de Jefferson

Invita a usted y a su apreciada familia

Primavera Casa Abierta

Sabado 6 de Mayo

10:00 am – 2:00 pm

1541 Annex Rd, Jefferson WI 53549

Aprenda sobre el nuevo plan estrategico de JCHD, nuestros programas y servicios y como promovemos salud para todas las personas del condado de Jefferson!

Conosca los miembros de la junta de salud del condado de Jefferson y nuestros socios que mejoran la salud comunitaria!

Actividades divertidas *Bomberos/Policia/K9* *Trocas de comida



**Jefferson County HPAI
November 21, 2022
After Action Report**

Purpose

On November 21, 2022, a Debriefing took place to discuss the Jefferson County HPAI Outbreak in March 2022. The purpose of the meeting is to look at best practices and areas for future improvement to facilitate improvements in future responses.

Attendees

Ramona Baldoni-Lake, Health Emergency Response, and Preparedness Unit Supervisor, WI-DHS
Kevin Hoffman, PIO, WI Department of Agriculture, Division of Animal Health, Trade and Consumer Protection (DATCP)

Kurt Grajkowski, WI Emergency Services Coordinator, Division of Health, DATCP

Dr. Darlene Konkle, State Veterinarian, DATCP

Shane Goss, WI Department of Natural Resources (DNR), Division of Public Safety & Resource Protection

Ben Schliesman, SE Region Director Wisconsin Emergency Management (WEM)

Devin Misiewicz, Training and Exercise Officer, WEM

Blane Poulson, County Board Supervisor, Jefferson County

J. Blair Ward, PIO, Jefferson County Corporation Counsel

Elizabeth Chilsen, Public Health Director, Jefferson County

Donna Haugom, EM Director, Jefferson County

Ben Wehmeier, County Administrator, Jefferson County

Weenonah Brattset, Town Board Supervisor, Town of Palmyra

Anita Martin, County Board Supervisor, Jefferson County

Background

On Sunday afternoon March 13, 2022, the S&R facility received a non-negative test for HPAI. The facility was then quarantined. Samples were driven to the Ames, Iowa lab for the USDA to confirm HPAI. USDA and Wisconsin Emergency Management Regional Director were notified of confirmation on 3/13/22, this was relayed to the Jefferson County Emergency Manager. Future communication and coordination calls took place on 3/14/22, followed by daily calls thereafter, in which DATCP would advise status.

The Health Director indicated it would be better for the Health Department to receive a notification upon a suspected case vs. waiting until confirmation is made.

Local government has local relationships that have been developed over years. It is important to keep the local townspeople aware of what is going on. Public Health already had good connections with their agricultural community and regarding S&R, Public Health had already worked with them during COVID and knew many of the employees.

It was brought up that the language barrier and other logistics with workers need to be worked out.

Best Practices

DATCP successfully stopped the spread of the HPAI virus in an infected flock of unprecedented size with a targeted and aggressive response.

Improvement Areas and Recommendations

Recommend that County Personnel be allowed on the initial coordination calls.

Communication between DATCP and the other local agencies was lacking which caused confusion and delays among the other local agencies and communities. Guidance on what can be released to the public was not available. DATCP criticized what information was released by local authorities. Local authorities want to be able to be responsive to queries, while also not damaging the response process.

Recommend that a Joint Information Center (JIC), be established right away.

It was pointed out by the DNR that had a JIC been established in this incident would have alleviated many of the problems encountered. The JIC allows the participating agencies to stay on the same page and provide transparency while sending one unified clear message to the public. A JIC would have kept everyone involved updated on the situation, at the same time, and the questions on what could and could not be released could be addressed.

DATCP indicated they did not have the personnel to staff a JIC. They most likely would need to ask WEM for assistance.

USDA did not coordinate Public Information Releases with Local Government. The USDA put out an official press release regarding the outbreak without coordination or heads-up to local government.

Recommend including Local Government in communication plan for future outbreaks that include minimal, notice to local government and preferably concurrence.

DATCP did feel at times that one initial point of contact to run everything slowed things down.

DATCP is still looking for a different way to manage public questions and perceptions. DATCP tried to update things on their website (FAQs) when they had new information to post.

DATCP stated that managing expectations and transparency could have been better by stating what and why they are doing things.

DATCP feels communications went well but certain pieces of it, i.e., communications with local agencies/partners need to be refined; this topic did get shared via social media frequently. It has been noted that there was a clear disconnect between DATCP and County Public Health and what the County's roles and responsibilities were.

Recommend that any obstacles DATCP has are shared in the daily calls in the event local government can be of assistance.

A local town hall meeting should take place as soon as possible to help alleviate initial concerns.

While DATCP feels this is an antiquated approach they should stay open-minded about their audience and realize that the local government agencies have a better understanding of what will and or will not work in their area. We are dealing with small towns, and the face-to-face town hall meeting while uncomfortable for the agencies can bring reassurance for the local townsfolk involved.

Better coordination and concurrence with transportation routes and the public interface was needed. The routes were pre-identified and the information was passed on to the trucking companies. There was concern from the County for the wear and tear on the roads. Also, concerns about increased truck traffic and contractors speeding. There was a great deal of confusion because there were multiple contractors coming from different directions.

Recommended that better traffic management is needed, i.e., routes defined and enforced, and better temporary signage. This would need to be accomplished at a local level.

Once Law Enforcement started enforcing speed limits, weight limits, and designated routes transportation issues were reduced to a certain extent.

Recommended if DATCP is talking with the larger farms about composting and other aspects of the response, it would be helpful to partner with the County.

Recommended - It was identified that developing best practices for farms handling compost material once DATCP releases oversight and it goes for DNR oversight.

It brought up the toll the outbreak took on the mental health of workers, the owners, etc. The long-term effects were an issue. DHS asked how they communicate better and coordinate. DHS could help, potentially with mental health issues.

Recommended overall.

Recommend a consolidated Checklist/ESF/Annex product to include expectations and guidelines for local governments in the event of a future outbreak. It was identified that a specific tabletop exercise would be helpful for preparedness.

Recommended that a workgroup be formed which would include DATCP, DNR, WEM, USDA, County EM, Public Health, Law Enforcement, & Public Works.

Recommended the development of roles and responsibilities sheet that lists what each agency and the locals are responsible for or may need to do so that each agency and the locals know who is doing what and if there are any gaps. Recommended that this be included as a work product of the above workgroups.

Having such a sheet would provide everyone involved with direct information on what their roles are and what they are expected to cover. This would also help to identify any gaps in coverage. Transparency is key in these situations, and assigning roles and responsibilities early on would help to keep things running smoothly. It can also help identify areas where another agency could assist. In this incident, the County Public Health Department could have assisted DATCP's Safety Officer in gaining the names of the S&R employees because they have built good connections in the agricultural community. Due to the disconnect, it was weeks into the incident before the employee information was provided to County Public Health by DATCP

Recommended additional training with State agencies and county – possible tabletop exercise.

Many of the concerns for this incident may have been avoided with increased transparency between DATCP and the local agencies.

We are all working towards the same goal. DATCP is dealing with the issue of the infected site and the local government is there to lend aid and help act as a liaison to the public. It is important to remember that not only is there an infected site, but there are local people affected. The need for a unified message is clear. All agencies have a responsibility to the people affected by the site. When these people look for answers, they contact their local agencies because this is where they have their relationships. There are many phases to this type of incident and while DATCP handles the response, local agencies will continue to work on the recovery phase long after the incident has passed.

Public Health Statistics 2023

-	January	February	March	April	May	June	July	August	September	October	November	December	2023 Total	2022 Total
Childhood Lead Division														
In House Screening	16	30	15										61	109
County Wide Blood Lead Level Screenings	39	56	53										148	579
Case Managed Blood Lead Level (>10ug/dl)	1	1	0										2	7
Case Managed Blood Lead Level (5-9mcg/dl)	0	4	1										5	13
Maternal and Child Health Division														
PHN Well Water Samples	1	2	0										3	12
Car Safety Seat Inspections	10	7	4										21	55
Cribs for Kids/Safe Sleep	2	0	1										3	10
PNCC referrals	7	8	10										25	36
PNCC visits	4	2	6										12	23
External referrals	3	3	6										12	1
New baby letters sent	45	47	45										137	444
Talk Read Play Referrals	1	2	1										4	9
Talk Read Play Visits	2	2	2										6	10
ASQ Screenings	0	0	0										0	0
Healthy Smile Referrals	0	0	0										0	4
Flouride Varnish Contacts	0	0	0										0	0
Breastfeeding Only Visits	1	0	0										--	--
WIC Caseload Average	Final - 1029	Final - 1049	Initial - 1085											
WIC Breastfeeding Peer Support Visits	89	71	100										260	965

Public Health Statistics 2023

-	January	February	March	April	May	June	July	August	September	October	November	December	2023 Total	2022 Total
Community Health Division														
Vision -# of children screened	0	0	0										0	1426
Vision Referrals	0	0	0										0	192
Hearing-# of children screened	0	0	0										0	752
Hearing # of re-screens performed	0	0	0										0	103
Hearing Referrals	0	0	0										0	26
School Consultation	8	1	1										10	12
Headstart Care Plans	1	2	0										3	22
Headstart Nutrition Plans	1	1	0										2	19
Community Events	1	1	0										2	10
Communicable Diseases Division														
Communicable Diseases Confirmed	267	153	149										569	8203
Total Cases Imported	961	750	686										2397	9160
Outbreaks	3	2	1										6	40
Total STIs	9	14	9										32	128
Specimen Submission for Rabies	1	0	0										1	30
Mental Health/Substance Misuse Division														
Mental Health Injections	7	8	6										21	109
Vivitrol Injections	3	4	3										10	25
Clinical Services Division														
Immunizations Given	40	20	17										77	1831

Jefferson County Health Department - Statement of Revenues & Expenditures:

01/01/2023 - 02/28/2023	YTD Actual	Prorated Budget	Annual Budget	YTD Budget Variance
REVENUE:				
Total WIC	\$ 63,824.06	\$ 57,029.05	\$ 335,465.00	\$ 6,795.01
Public Health Fee for Service	\$ 22,164.82	\$ 34,473.79	\$ 202,787.00	\$ (12,308.97)
Public Health Grant Income	\$ 72,349.59	\$ 43,360.89	\$ 255,064.06	\$ 28,988.70
Total Public Health	\$ 94,514.41	\$ 77,834.68	\$ 457,851.06	\$ 16,679.73
Total Income	\$ 158,338.47	\$ 134,863.73	\$ 793,316.06	\$ 23,474.74
EXPENSE:				
WIC 4201 - 420109 & WIC Telehealth 4204	\$ 57,836.30	\$ 59,416.02	\$ 349,506.00	\$ (1,579.72)
WIC Fit Family 4202	\$ 2,286.99	\$ 3,113.72	\$ 18,316.00	\$ (826.73)
WIC Peer Counselor 4203-420309	\$ 3,700.77	\$ 4,240.65	\$ 24,945.00	\$ (539.88)
Total WIC	\$ 63,824.06	\$ 66,770.39	\$ 392,767.00	\$ (2,946.33)
Public Health = Tax Levy Supported Expenses	\$ 129,622.46	\$ -	\$ -	\$ 129,622.46
Public Health Grants	\$ 74,496.15	\$ 42,013.29	\$ 247,137.00	\$ 32,482.86
Public Health Fee-for-Service	\$ 21,487.70	\$ 23,276.57	\$ 136,921.00	\$ (1,788.87)
Total Public Health	\$ 225,606.31	\$ 65,289.86	\$ 384,058.00	\$ 160,316.45
Total Expense	\$ 289,430.37	\$ 132,060.25	\$ 776,825.00	\$ 157,370.12
2023 SUMMARY				
Total 2023 Income YTD:	\$ 158,338.47	\$ 134,863.73	\$ 793,316.06	\$ 23,474.74
2023 County Tax Levy Applied - ORG 4115:	\$ 152,418.67	\$ 152,418.67	\$ 914,512.00	\$ -
Total 2023 Revenue:	\$ 310,757.14	\$ 287,282.40	\$ 1,707,828.06	\$ 23,474.74
Total 2023 Expense:	\$ 289,430.37	\$ 132,060.25	\$ 776,825.00	\$ 157,370.12
2023 Annual Activity (Revenue vs. Expenses) as of 02/28/2023	\$ 21,326.77		\$ 931,003.06	

Disease	Confirmed 2023	Probable + Suspect 2023	Confirmed 2022	Probable + Suspect 2022	Confirmed 2021	Probable + Suspect 2021	Confirmed 2020	Probable + Suspect 2020	Confirmed 2019	Probable + Suspect 2019	Confirmed 2018	Probable + Suspect 2018
Enteric/Gastrointestinal												
Campylobacteriosis	1	3	15	13	14	5	18	4	15	10	15	4
Cryptosporidiosis	-	-	4	2	7	3	7	3	12	3	9	-
Cyclosporiasis	-	-	1	-	-	-	3	-	5	-	4	-
E. Coli, Pathogenic Shiga Toxin (STEC) Enteropathogenic (EPEC)	1	7	11	43	4	26	-	25	2	38	12	27
Giardiasis	1	-	7	-	1	-	7	-	5	-	5	-
Listeriosis	-	-	-	-	-	-	-	-	-	-	1	-
Salmonellosis	3	-	11	3	9	6	10	1	12	2	11	-
Shigellosis	-	-	-	-	1	-	-	-	2	1	-	1
Yersiniosis	-	-	3	2	1	-	-	-	-	-	3	1
Invasive Bacteria												
Invasive Strep A & B	5	-	11	-	9	-	12	-	13	-	8	-
Invasive Strep (Other)	-	-	1	1	1	-	3	-	2	-	5	-
Mycotic (fungal)												
Coccidioidomycosis	-	-	1	-	-	-	-	-	-	-	1	-
Respiratory												
Influenza	40	1	388	-	-	4	16	-	4	-	20	1
Influenza Hospitalizations	8	1	81	109	2	-	41	-	56	-	96	2
Legionellosis	1	-	-	-	5	-	2	-	3	1	5	-
Tuberculosis, Latent Infection (LBTI)	-	3	3	6	4	6	8	1	16	2	9	-
Sexually Transmitted												
Chlamydia Trachomatis	38	4	135	-	162	-	172	-	182	1	181	-
Gonorrhea	3	-	24	1	34	-	37	-	24	-	15	-
Vaccine Preventable												
Haemophilus Influenzae, Invasive Disease	-	-	4	-	2	-	-	-	1	-	3	-
Hepatitis B, Acute	-	-	-	-	-	-	-	-	-	-	1	-
Hepatitis B, Chronic	-	1	-	3	-	-	-	2	-	1	-	3
Mumps	-	-	-	-	-	1	-	1	-	-	-	5
Pertussis	-	-	1	1	-	4	-	-	17	3	-	4
Strep Pneumonia	-	-	5	-	3	1	4	-	4	-	4	-
Varicella (Chickenpox)	1	2	-	2	1	-	-	-	-	3	-	1
Vectorborne												
Lyme Disease	-	4	4	35	11	4	7	4	6	6	9	2
Arboviral Illness, West Nile Virus	-	-	-	-	-	-	-	-	-	-	-	-
Zoonotic												
Q Fever	-	-	-	-	-	-	-	-	-	1	-	1
Other												
Carbon Monoxide Poisoning	-	1	3	2	4	2	-	4	1	-	-	2
Hepatitis C, Acute	-	-	-	-	-	-	1	-	1	-	3	-
Hepatitis C, Chronic	4	3	9	2	10	5	21	-	18	1	16	3
Methicillin Resistant Staph Aureus (MRSA)	-	-	2	-	-	-	-	-	10	-	12	1
Mycobacterial Disease	2	-	7	-	5	-	13	-	3	-	5	-
Norovirus Infection	-	-	-	-	-	-	-	-	1	1	2	-
Total	108	30	731	225	290	67	382	45	415	74	455	58

Disease	Confirmed 2023	Confirmed 2022	Confirmed 2021	Confirmed 2020	Confirmed 2019	Confirmed 2018
Enteric/Gastrointestinal						
Campylobacteriosis	1	15	14	18	15	15
Cryptosporidiosis	-	4	7	7	12	9
Cyclosporiasis	-	1	-	3	5	4
E. Coli, Pathogenic Shiga Toxin (STEC) Enteropathogenic (EPEC) Enterotoxigenic (ETEC)	1	11	4	-	2	12
Giardiasis	1	7	1	7	5	5
Listeriosis	-	-	-	-	-	1
Salmonellosis	3	11	9	10	12	11
Shigellosis	-	-	1	-	2	-
Yersiniosis	-	3	1	-	-	3
Invasive Bacteria						
Invasive Strep A & B	5	11	9	12	13	8
Invasive Strep (Other)	-	1	1	3	2	5
Mycotic (fungal)						
Coccidioidomycosis	-	1	-	-	-	1
Respiratory						
Influenza	40	388	-	16	4	20
Influenza Hospitalizations	8	81	2	41	56	96
Legionellosis	1	-	5	2	3	5
Tuberculosis, Latent Infection (LBTI)	-	3	4	8	16	9
Sexually Transmitted						
Chlamydia Trachomatis	38	135	162	172	182	181
Gonorrhea	3	24	34	37	24	15
Vaccine Preventable						
Haemophilus Influenzae, Invasive Disease	-	4	2	-	1	3
Hepatitis B, Acute	-	-	-	-	-	1
Hepatitis B, Chronic	-	-	-	-	-	-
Mumps	-	-	-	-	-	-
Pertussis	-	1	-	-	17	-
Strep Pneumonia	-	5	3	4	4	4
Varicella (Chickenpox)	1	-	1	-	-	-
Vectorborne						
Lyme Disease B. Burgdorferi B. Mayonii	-	4	11	7	6	9
Arboviral Illness, West Nile Virus	-	-	-	-	-	-
Zoonotic						
Q Fever	-	-	-	-	-	-
Other						
Carbon Monoxide Poisoning	-	3	4	-	1	-
Hepatitis C, Acute	-	-	-	1	1	3
Hepatitis C, Chronic	4	9	10	21	18	16
Methicillin Resistant Staph Aureus (MRSA)	-	2	-	-	10	12
Mycobacterial Disease	2	7	5	13	3	5
Norovirus Infection	-	-	-	-	1	2
Total	108	731	290	382	415	455

Disease	Probable + Suspect 2023	Probable + Suspect 2022	Probable + Suspect 2021	Probable + Suspect 2020	Probable + Suspect 2019	Probable + Suspect 2018
Enteric/Gastrointestinal						
Campylobacteriosis	3	13	5	4	10	4
Cryptosporidiosis	-	2	3	3	3	-
Cyclosporiasis	-	-	-	-	-	-
E. Coli, Pathogenic Shiga Toxin (STEC) Enteropathogenic (EPEC) Enterotoxigenic (ETEC)	7	43	26	25	38	27
Giardiasis	-	-	-	-	-	-
Listeriosis	-	-	-	-	-	-
Salmonellosis	-	3	6	1	2	-
Shigellosis	-	-	-	-	1	1
Yersiniosis	-	2	-	-	-	1
Invasive Bacteria						
Invasive Strep A & B	-	-	-	-	-	-
Invasive Strep (Other)	-	1	-	-	-	-
Mycotic (fungal)						
Coccidioidomycosis	-	-	-	-	-	-
Respiratory						
Influenza	1	-	4	-	-	1
Influenza Hospitalizations	1	109	-	-	-	2
Legionellosis	-	-	-	-	1	-
Tuberculosis, Latent Infection (LBTI)	3	6	6	1	2	-
Sexually Transmitted						
Chlamydia Trachomatis	4	-	-	-	1	-
Gonorrhea	-	1	-	-	-	-
Vaccine Preventable						
Haemophilus Influenzae, Invasive Disease	-	-	-	-	-	-
Hepatitis B, Acute	-	-	-	-	-	-
Hepatitis B, Chronic	1	3	-	2	1	3
Mumps	-	-	1	1	-	5
Pertussis	-	1	4	-	3	4
Strep Pneumonia	-	-	1	-	-	-
Varicella (Chickenpox)	2	2	-	-	3	1
Vectorborne						
Lyme Disease B. Burgdorferi B. Mayonii	4	35	4	4	6	2
Arboviral Illness, West Nile Virus	-	-	-	-	-	-
Zoonotic						
Q Fever	-	-	-	-	1	1
Other						
Carbon Monoxide Poisoning	1	2	2	4	-	2
Hepatitis C, Acute	-	-	-	-	-	-
Hepatitis C, Chronic	3	2	5	-	1	3
Methicillin Resistant Staph Aureus (MRSA)	-	-	-	-	-	1
Mycobacterial Disease	-	-	-	-	-	-
Norovirus Infection	-	-	-	-	1	-
Total	30	225	67	45	74	58