



Jefferson County Board of Health Agenda

*REVISED 04-15-2024

1541 Annex Road, Jefferson, WI 53549

920-674-7275

April 17th, 2024

1:00 p.m.

Jefferson County Courthouse

311 S. Center Avenue, Room C2003

Jefferson, WI 53549

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 from January 17th, 2024
6. Communications
 - a. Annual Open House
 - b. *CDC Health Alert Network: 0504-03/18/2024 Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 months and Older are Current on MMR Vaccination
 - c. *CDC Health Alert Network: 0505-03/28/2024 Increase in Invasive Serogroup Y Meningococcal Disease in the United States
 - d. *CDC Health Alert Network: 0506-04/05/2024 Highly Pathogenic Avian Influenza A (H5N1) Virus: Identification of Human Infection and Recommendation for Investigations and Response.
7. Public Comment
8. Approval of Health Department Financial Report
9. Discussion and Approval of \$500.00 in restricted donations from the Greater Watertown Community Health Foundation
10. Operational Update of the Environmental Health Program
11. Operational Update of the Public Health Divisions
 - a. Vacant Position- Breastfeeding Peer Counselor
 - b. Divisional Updates
 - c. Review of Statistics
 - d. Review of Communicable Disease Cases Reported
12. Operational Update on the Strategic Plan
13. Future Agenda Items
14. Adjourn

Next Scheduled Meeting: July 17th, 2024

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

Jefferson County Board of Health Minutes
January 17, 2024
Jefferson County Courthouse
311 S. Center Avenue, Room C2003
Jefferson, WI 53549
or Zoom Meeting

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:** Meeting was called to order by LaMuro at 1:00 p.m.
2. **Roll Call (establish a quorum):**
Board of Health Members Present: Samantha LaMuro, R.T.; Meg Turville-Heitz; Jessica Coburn, RN, PhD; Donald Williams, M.D.(came after roll call). **Quorum established per LaMuro.**
Others Present: Elizabeth Chilsen, Director; Mary Bender, Public Health Program Manager; Ben Wehmeier, County Administrator; Michele Schmidt, Recorder; Holly Hisel, Environmental Health (via zoom).
Guest: Patricia Cicero, Land and Water Conservation Director; Supervisor Anita Martin; Kim Dupre (via zoom); Vanessa Leaders (via zoom); Karl Zarling (via zoom); Susan Bence (via zoom); Margaret Krueger (via zoom); Tracyn (via zoom); Lisa (via zoom).
3. **Certification of Compliance with the Open Meetings Law:** Chilsen certified compliance with the Open Meetings Law.
4. **Approval of the Agenda:** No changes to the Agenda were requested. Motion by Turville-Heitz/Coburn to approve the Agenda. Motion passed 3-0.
5. **Approval of Board of Health Meeting Minutes October 18th, 2023:** Motion by Turville-Heitz/Coburn to approve the minutes as written. Motion passed 3-0.
6. **Communications**
 - a. Public Health Law Services – Chilsen discussed the Wisconsin Association of Local Health Departments and Boards (WALHDAB) webinar series.
7. **Public Comment:** None at the time but 1 guest spoke during discussion of Agenda Item 12.
8. **Approval of Health Department Financial Report:** Schmidt reviewed the “November 2023 Statement of Revenue & Expense Report”. Motion by Coburn/Turville-Heitz to approve the financial report. Motion passed 3-0.

9. **Vaccine for Adults Program Changes:** Chilsen discussed the change, Health Department is no longer able to charge for an Administration fee for the Vaccine for Adults Program. Instead, departments will be getting a lump sum of \$2,000.00 to provide this service.
10. **Discussion and Approval of \$4,175.00 in restricted donations for Jefferson County Health Department's Safe Sleep Program:** Chilsen discussed the 2 restricted donations received for the Safe Sleep Program. Motion by Turville-Heitz/Williams to approve the restricted donations. Motion passed 4-0.
11. **Operational Update of the Environmental Health Program:** Hisel discussed January is Radon Action Month. Press release went out. Training for the new pool kits and new pool codes will be happening. Hisel discussed the Water Lab.
12. **Discussion of Well Water Test Results – Highly Pathogenic Avian Influenza:** Chilsen discussed the results of the private well water tests that were conducted near the composting site of the 2022 Avian Influenza Outbreak. 1 Guest spoke. Questions and answers related to future expansion of farms were discussed. Chilsen to send recording of county wide well water study presentation to Board of Health Members.
13. **Operational Update of the Public Health Divisions**
 - a. Divisional Updates – Chilsen discussed updates for foundational areas. Bender discussed the ASQ HUB through the Greater Watertown Community Health Foundation.
 - b. Review of Statistics – Chilsen discussed programmatic statistics.
 - c. Review of Communicable Disease Cases Reported – Chilsen discussed.
14. **Operational Update on the Strategic Plan:** Chilsen provided updates. Chilsen discussed being a Level III Health Department and future possibility of seeking out accreditation.
15. **Future Agenda Items:** No future items at this time were requested.
16. **Adjourn:** Motion by Turville-Heitz/Williams to adjourn the meeting at 2:22 p.m. Motion passed 4-0.

Next Scheduled Meeting: April 17, 2024

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

Jefferson County
Health Department's
2nd Annual

OPEN HOUSE

Saturday June 22nd, 2024

10:00-1:00

1541 Annex Rd Jefferson, WI 53549

**Come for a day of fun to see
how we promote health and wellness for all
people in Jefferson County!**

***Food Trucks**

***K-9 Unit**

***Scavenger Hunt**

***BP Screening**

***Nitrate Screening**

***Tractor**

Jefferson County Health Department
JCHD

Disease	Confirmed	Confirmed	Confirmed
	January 2024	February 2024	March 2024
Enteric/Gastrointestinal			
Campylobacteriosis	1	1	2
Cryptosporidiosis	1	-	-
Cyclosporiasis	-	-	-
E. Coli	1	-	-
Giardiasis	1	-	-
Listeriosis	-	-	-
Salmonellosis	-	1	2
Shigellosis	-	-	-
Vibriosis, Non Cholera	-	-	-
Yersiniosis	-	-	-
Invasive Bacteria			
Invasive Strep A & B	2	-	1
Invasive Strep (Other)	2	-	-
Mycotic (fungal)			
Blastomycosis	1	-	-
Coccidioidomycosis	-	-	-
Respiratory			
Influenza	87	91	95
Influenza Hospitalizations	13	8	7
Respiratory Syncytial Virus (RSV)	7	67	23
RSV Hospitalizations	12	13	8
Covid-19 Hospitalizations	12	10	5
Legionellosis	-	-	-
Tuberculosis Latent Infection (LBTI)	-	2	-
Sexually Transmitted			
Chlamydia Trachomatis	14	8	10
Gonorrhea	1	2	1
Vaccine Preventable			
Haemophilus Influenzae Invasive Disease	-	-	-

Hepatitis B, Acute	-	-	-
Hepatitis B, Chronic	1	-	-
Mumps	-	-	-
Pertussis	-	-	-
Strep Pneumonia	1	2	1
Varicella (Chickenpox)	1	-	-
Vectorborne			
Arboviral Illness West Nile Virus	-	-	-
Babesiosis			
Lyme Disease	-	-	-
Toxoplasmosis	-	1	-
Zoonotic			
Q Fever	-	-	-
Other			
Carbon Monoxide Poisoning	-	-	-
Hepatitis C, Acute	-	-	-
Hepatitis C, Chronic	-	-	-
Multidrug Resistant Organisms (MDROs)	1	-	-
Methicillin Resistant Staph Aureus (MRSA)	-	-	-
Mycobacterial Disease	-	-	-
Norovirus Infection	-	1	-
Total	159	207	155

[Emergency Preparedness and Response](#)

Emergency Preparedness and Response

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Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination



Distributed via the CDC Health Alert Network

March 18, 2024, 12:30 PM ET

CDCHAN-00504

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians and public health officials of an increase in global and U.S. measles cases and to provide guidance on measles prevention for all international travelers aged ≥ 6 months and all children aged ≥ 12 months who do not plan to travel internationally. Measles (rubeola) is highly contagious; one person infected with measles can infect 9 out of 10 unvaccinated individuals with whom they come in close contact. From January 1 to March 14, 2024, CDC has been notified of 58 confirmed U.S. [cases of measles](#) across 17 jurisdictions, including seven outbreaks in seven jurisdictions compared to 58 total cases and four outbreaks reported the entire year in 2023. Among the 58 cases reported in 2024, 54 (93%) were linked to international travel. Most cases reported in 2024 have been among children aged 12 months and older who had not received measles-mumps-rubella (MMR) vaccine. Many countries, including travel destinations such as Austria, the Philippines, Romania, and the United Kingdom, are experiencing measles outbreaks. To prevent measles infection and reduce the risk of community transmission from importation, all U.S. residents traveling internationally, regardless of destination, should be current on their MMR vaccinations. Healthcare providers should ensure children are current on routine immunizations, including MMR. Given currently high population immunity against measles in most U.S. communities, the risk of widescale spread is low. However, pockets of low coverage leave some communities at higher risk for outbreaks.

Background

[Measles](#) is a highly contagious viral illness and can cause severe health complications, including pneumonia, encephalitis (inflammation of the brain), and death, especially in unvaccinated persons. Measles typically begins with a prodrome of fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting 2 to 4 days before rash onset. The incubation period for measles from exposure to fever is usually about 10 days (range 7 to 12 days), while rash onset is typically visible around 14 days (range 7 to 21 days) after initial exposure. The virus is transmitted through direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes, and can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area. Individuals infected with measles are contagious from 4 days before the rash starts through 4 days afterward.

- **Manage:** In coordination with local or state health departments, provide appropriate measles post-exposure prophylaxis (PEP) as soon as possible after exposure to close contacts without evidence of immunity, either with MMR (within 72 hours) or immunoglobulin (within 6 days). The **choice of PEP** is based on elapsed time from exposure or medical contraindications to vaccination.

Recommendations for Health Departments

Measles is an immediately notifiable disease. State, tribal, local, and territorial health departments have the lead in disease investigations and should report measles cases and outbreaks within 24 hours through the state health department to CDC (measlesreport@cdc.gov) and through [NNDSS](#).

- Establish measles case reporting from healthcare facilities, providers, and laboratories to public health authorities.
- If measles is identified, conduct active surveillance for additional (secondary) cases and facilitate transportation of specimens immediately to confirm diagnosis.
- Record and report details about cases of measles, including adherence to recommended precautions and facility location(s) of index and secondary cases.
- Enhance outreach and communications to under-vaccinated communities through trusted messengers.

Recommendations for Parents and International Travelers

- Even if not traveling, ensure that children receive all recommended doses of MMR vaccine. Two doses of MMR vaccine provide better protection (97%) against measles than one dose (93%). Getting MMR vaccine is much safer than getting measles, mumps, or rubella.
- Anyone who is not protected against measles is at risk of getting infected when they travel internationally. Before international travel, check your [destination](#) and CDC's [Global Measles Travel Health Notice](#) for more travel health advice, including where measles outbreaks have been reported.
- Parents traveling internationally with children should consult with their child's healthcare provider to ensure that they are current with their MMR vaccinations at least 2 weeks before travel. Infants aged 6 to 11 months should have one documented dose and children aged 12 months and older should have two documented doses of MMR vaccine before international travel. Depending on where you are going and what activities you plan, other vaccines may be recommended too.
- After international travel, watch for signs and symptoms of measles for 3 weeks after returning to the United States. If you or your child gets sick with a rash and a high fever, call your healthcare provider. Tell them you traveled to another country and whether you or your child have received MMR vaccine.

For More Information

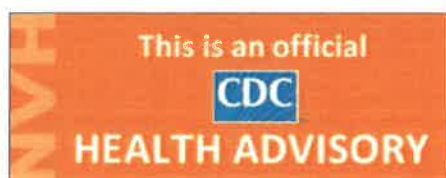
- Parents and International Travelers
 - [Measles Vaccines for Children | CDC](#)
 - [Plan for Travel – Measles | CDC](#)
 - [Global Measles Situation | CDC](#)
- Health Departments and Public Health Professionals
 - [Measles: Information for Public Health Professionals | CDC](#)
 - [CDC Measles Toolkit for Health Departments](#)
 - [Partnering for Vaccine Equity | CDC](#)
 - [Vaccine Preventable Diseases | APHL](#) 
- Healthcare Providers
 - [Measles One-Pager for Healthcare Providers | Project Firstline and AAP](#)  
 - [Immunization Schedules | CDC](#)
 - [Safety Information for Measles, Mumps, Rubella \(MMR\) Vaccines | CDC](#)
 - [For Healthcare Professionals – Diagnosing and Treating Measles | CDC](#)



Emergency Preparedness and Response

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Increase in Invasive Serogroup Y Meningococcal Disease in the United States



Distributed via the CDC Health Alert Network

March 28, 2024, 1:30 PM ET

CDCHAN-00505

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to alert healthcare providers to an increase in invasive meningococcal disease, mainly attributable to *Neisseria meningitidis* serogroup Y (Figure). In 2023, 422 cases were reported in the United States, the highest annual number of cases reported since 2014. As of March 25, 2024, 143 cases have been reported to CDC for the current calendar year, an increase of 62 cases over the 81 reported as of this date in 2023. A specific meningococcal strain, sequence type (ST) 1466, is responsible for most (101 of 148, 68%) serogroup Y cases with available sequence type data that were reported across the United States in 2023. Cases caused by this strain are disproportionately occurring in people ages 30–60 years (65%), Black or African American people (63%), and people with HIV (15%). In addition, most cases of invasive meningococcal disease caused by ST-1466 in 2023 had a clinical presentation other than meningitis: 64% presented with bacteremia, and at least 4% presented with septic arthritis. Of 94 patients with known outcomes, 17 (18%) died; this case-fatality rate is higher than the historical case-fatality rate of 11% reported for serogroup Y cases in 2017–2021. **Healthcare providers should 1) have a heightened suspicion for meningococcal disease, particularly among populations disproportionately affected by the current increase, 2) be aware that patients may present without symptoms typical of meningitis, and 3) ensure that all people recommended for meningococcal vaccination, including people with HIV, are up to date for meningococcal vaccines.**

Background

Meningococcal disease, caused by the bacterium *Neisseria meningitidis*, is a rare but severe illness with a case-fatality rate of 10–15% even with appropriate antibiotic treatment. Meningococcal disease most often presents as meningitis, with symptoms that may include fever, headache, stiff neck, nausea, vomiting, photophobia, or altered mental status; or as meningococcal bloodstream infection, with symptoms that may include fever and chills, fatigue, vomiting, cold hands and feet, severe aches and pains, rapid breathing, diarrhea, or, in later stages, a dark purple rash. While initial symptoms of meningococcal disease can at first be non-specific, they worsen rapidly, and the disease can become life-threatening within hours. Immediate **antibiotic treatment** for meningococcal disease is critical. Survivors may experience long-term effects such as deafness or amputations of the extremities.

Of the six *N. meningitidis* serogroups — A, B, C, W, X, and Y — responsible for most meningococcal disease worldwide, the four serogroups B, C, W, and Y circulate in the United States. Vaccines against serogroups A, C, W, Y (MenACWY) and serogroup B (MenB) are available in the United States. **MenACWY vaccines are routinely recommended** for adolescents

- Recognize that invasive meningococcal disease may affect people of any age or demographic group.
 - Current increases in disease are disproportionately affecting people ages 30–60 years, Black or African American people, and people with HIV.
- Be aware that patients with invasive meningococcal disease may present with bloodstream infection or septic arthritis and **without** symptoms typical of meningitis (e.g., headache, stiff neck).
- Ensure that all people [recommended for meningococcal vaccination](#) are up to date for meningococcal vaccines.
 - All 11–12 year-olds should receive a MenACWY vaccine. Since protection wanes, CDC recommends a booster dose at age 16 years.
 - For people at increased risk due to medical conditions (e.g., with HIV), recommended vaccination includes a 2-dose primary MenACWY series with booster doses every 3–5 years, depending on age.
- Immediately notify [state, tribal, local, or territorial health departments](#) [↗](#) about any suspect or confirmed cases of invasive meningococcal disease.
- Consult with your state or local health department for any questions about meningococcal disease treatment or contact prophylaxis, including any changes based on local meningococcal resistance patterns.

Recommendations for the Public

- Seek medical attention immediately if you or your child develops [symptoms of meningococcal disease](#):
 - Symptoms of meningitis may include fever, headache, stiff neck, nausea, vomiting, photophobia, or altered mental status.
 - Symptoms of meningococcal bloodstream infection may include fever and chills, fatigue, vomiting, cold hands and feet, severe aches and pains, rapid breathing, diarrhea, or, in later stages, a dark purple rash.
 - While symptoms of meningococcal disease can at first be nonspecific, they worsen rapidly, and the disease can become life-threatening within hours.
- Talk to your healthcare provider about [meningococcal vaccines](#) that may be recommended for you and your household or family members, including any recommended booster doses.

For More Information

- Health departments
 - [Meningococcal Disease Surveillance | CDC](#)
 - [Meningococcal Disease | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC](#)
 - [Meningococcal Disease Outbreaks and Public Health Response | CDC](#)
 - [Selection of Antibiotics as Prophylaxis for Close Contacts of Patients with Meningococcal Disease in Areas with Ciprofloxacin Resistance — United States, 2024](#)
- Healthcare providers
 - [Clinical information | Meningococcal Disease | CDC](#)
 - [Meningococcal Vaccination: Information for Healthcare Professionals | CDC](#)
- Everyone
 - [Signs and Symptoms | Meningococcal Disease | CDC](#)
 - [Meningococcal Vaccination | CDC](#)
 - Visit [CDC-INFO](#) or call CDC-INFO at 1-800-232-4636

References

1. American Academy of Pediatrics. Summaries of infectious diseases: meningococcal infections. [Section 3]. In: Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH, eds. Red book: 2021–2024 report of the Committee on Infectious Diseases. Itasca, IL: American Academy of Pediatrics; 2021:519–32.
2. Mbaeyi SA, Bozio CH, Duffy J, et al. Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020. *MMWR Recomm Rep* 2020;69(No. RR-9):1–41. DOI: <http://dx.doi.org/10.15585/mmwr.rr6909a1> [↗](#)



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Highly Pathogenic Avian Influenza A(H5N1) Virus: Identification of Human Infection and Recommendations for Investigations and Response



Distributed via the CDC Health Alert Network

April 05, 2024, 01:30 PM ET

CDCHAN-00506

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians, state health departments, and the public of a recently confirmed human infection with highly pathogenic avian influenza (HPAI) A(H5N1) virus in the United States following exposure to presumably infected dairy cattle. The U.S. Department of Agriculture (USDA) [recently reported detections of](#) [highly pathogenic avian influenza A\(H5N1\) virus in U.S. dairy cattle in multiple states](#). This Health Advisory also includes a summary of interim [CDC recommendations for preventing, monitoring, and conducting public health investigations of potential human infections with HPAI A\(H5N1\) virus](#).

Background

A farm worker on a commercial dairy farm in Texas developed conjunctivitis on approximately March 27, 2024, and subsequently tested positive for HPAI A(H5N1) virus infection. HPAI A(H5N1) viruses have been reported in the area's dairy cattle and wild birds. There have been no previous reports of the spread of HPAI viruses from cows to humans.

The patient reported conjunctivitis with no other symptoms, was not hospitalized, and is recovering. The patient was recommended to isolate and received antiviral treatment with oseltamivir. Illness has not been identified in the patient's household members, who received oseltamivir for post-exposure prophylaxis per [CDC Recommendations for Influenza Antiviral Treatment and Chemoprophylaxis](#). No additional cases of human infection with HPAI A(H5N1) virus associated with the current infections in dairy cattle and birds in the United States, and no human-to-human transmission of HPAI A(H5N1) virus have been identified.


CDC has sequenced the influenza virus genome identified in a specimen collected from the patient and compared it with HPAI A(H5N1) sequences from cattle, wild birds, and poultry. While minor changes were identified in the virus sequence from the patient specimen compared to the viral sequences from cattle, both cattle and human sequences lack changes that would make them better adapted to infect mammals. In addition, there were no markers known to be associated with influenza antiviral drug resistance found in the virus sequences from the patient's specimen, and the virus is closely related to two existing HPAI A(H5N1) candidate vaccine viruses that are already available to manufacturers, and which could be used to make vaccine if needed.

- Starting empiric antiviral treatment with oral or enterically administered oseltamivir (twice daily for five days) is recommended regardless of time since onset of symptoms. [Antiviral treatment](#) should not be delayed while waiting for laboratory test results.


Recommendations for State Health Departments

- State health department officials should investigate potential human cases of HPAI A(H5N1) virus infection as described in these [recommendations](#) and [notify CDC within 24 hours](#) of identifying a case under investigation.
- Patients who meet [epidemiologic criteria AND either clinical OR public health response criteria](#) should be tested for influenza A(H5N1) virus infection by reverse-transcription polymerase chain reaction (RT-PCR) assay using H5-specific primers and probes at state or local public health departments.
- [Recommendations for monitoring and antiviral chemoprophylaxis of close contacts of infected persons](#) are different than [those that apply to persons who meet bird or other animal exposure criteria](#).
 - Post-exposure prophylaxis of close contacts of a person with HPAI A(H5N1) virus infection is recommended with oseltamivir twice daily (treatment dosing) instead of the once daily pre-exposure prophylaxis dosing.
- People exposed to HPAI A(H5N1) virus-infected birds or other animals (including people wearing recommended PPE) should be monitored for signs and symptoms of acute respiratory illness beginning after their first exposure and for 10 days after their last exposure.
- Whenever possible, public health officials (including the state public health veterinarian) and animal health and agriculture officials (including the state veterinarian) should collaborate using a One Health approach to conduct epidemiological investigations into animal and human infections with HPAI A(H5N1) virus to protect animal and human health.

Recommendations for Farmers; Poultry, Backyard Bird Flock, and Livestock Owners; and Worker Protection

- [To reduce the risk of HPAI A\(H5N1\) virus infection](#), poultry farmers and poultry workers, backyard bird flock owners, livestock farmers and workers, veterinarians and veterinary staff, and responders should wear recommended PPE (e.g., the same PPE is recommended for persons exposed to any confirmed or potentially infected animals as for exposed poultry workers; for specific recommendations see: [PPE recommended for poultry workers](#)). This includes wearing an N95™ filtering facepiece respirator, eye protection, and gloves and performing thorough hand washing after contact, when in direct physical contact, or during close exposure to sick or dead birds or other animals, carcasses, feces, unpasteurized (raw) milk, or litter from sick birds or other animals confirmed to be or potentially infected with HPAI A(H5N1) viruses.
- [Workers should receive training on using PPE](#)  and demonstrate an understanding of when to use PPE, what PPE is necessary, how to correctly put on, use, take off, dispose of, and maintain PPE, and PPE limitations.

Recommendations for the Public

- [People should avoid being near sick or dead animals](#) or surfaces contaminated with the animal's feces, litter, raw milk, or other byproducts when not wearing respiratory or eye protection.
 - Animals in which HPAI A(H5N1) virus infection has been identified include wild birds, poultry, other domesticated birds, and other wild or domesticated animals (including livestock such as cattle and goats).
- As always, people should not prepare or eat uncooked or undercooked food or related uncooked food products, such as unpasteurized (raw) milk or raw cheeses, from animals with [suspected or confirmed](#)  HPAI A(H5N1) virus infection.

For More Information

- General Information
 - [Highly Pathogenic Avian Influenza A\(H5N1\) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations](#)
 - [Technical Update: Summary Analysis of Genetic Sequences of Highly Pathogenic Avian Influenza A\(H5N1\) Viruses in Texas](#)
 - [Information on Bird Flu](#)

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

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Additional Resources

- [HAN Archive By Year](#)
- [HAN Types](#)
- [Sign Up for HAN Email Updates](#)
- [HAN Jurisdictions](#)

Last Reviewed: March 28, 2024

BM

Jefferson County Health Department - Statement of Revenues & Expenditures:

01/01/2024 - 02/29/2024	YTD Actual	Prorated Budget	Annual Budget	YTD Budget Variance
REVENUE:				
Total WIC	\$ 69,415.22	\$ 59,478.58	\$ 349,874.00	\$ 9,936.64
Public Health Fee for Service	\$ 23,251.29	\$ 29,691.75	\$ 174,657.38	\$ (6,440.46)
Public Health Grant Income	\$ 56,554.81	\$ 39,109.18	\$ 230,054.00	\$ 17,445.63
Total Public Health	\$ 79,806.10	\$ 68,800.93	\$ 404,711.38	\$ 11,005.17
Total Income	\$ 149,221.32	\$ 128,279.51	\$ 754,585.38	\$ 20,941.81
EXPENSE:				
WIC 4201 - 420109	\$ 61,824.57	\$ 63,610.90	\$ 374,181.76	\$ (1,786.33)
WIC Fit Family 4202	\$ 2,737.68	\$ 3,336.22	\$ 19,624.85	\$ (598.54)
WIC Peer Counselor 4203-420309	\$ 4,852.97	\$ 3,965.27	\$ 23,325.09	\$ 887.70
Total WIC	\$ 69,415.22	\$ 70,912.39	\$ 417,131.70	\$ (1,497.17)
Public Health = Tax Levy Supported Expenses	\$ 144,057.43	\$ -	\$ -	\$ 144,057.43
Public Health Grants	\$ 63,322.00	\$ 43,072.07	\$ 253,365.13	\$ 20,249.93
Public Health Fee-for-Service	\$ 16,516.49	\$ 18,904.28	\$ 111,201.67	\$ (2,387.79)
Total Public Health	\$ 223,895.92	\$ 61,976.36	\$ 364,566.80	\$ 161,919.56
Total Expense	\$ 293,311.14	\$ 132,888.75	\$ 781,698.50	\$ 160,422.40
2024 SUMMARY				
Total 2024 Income YTD:	\$ 149,221.32	\$ 128,279.51	\$ 754,585.38	\$ 20,941.81
2024 County Tax Levy Applied - ORG 4115:	\$ 156,394.59	\$ 156,394.59	\$ 938,367.53	\$ -
Total 2024 Revenue:	\$ 305,615.91	\$ 284,674.10	\$ 1,692,952.91	\$ 20,941.81
Total 2024 Expense:	\$ 293,311.14	\$ 132,888.75	\$ 781,698.50	\$ 160,422.40
2024 Annual Activity (Revenue vs. Expenses) as of 02/29/2024	\$ 12,304.77		\$ 911,254.41	