



**PUBLIC HEALTH
DEPARTMENT**

2009

FULL ANNUAL REPORT

(Includes the Executive Summary)



Public Health
Prevent. Promote. Protect.

2009 ANNUAL REPORT INDEX

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2009 ANNUAL REPORT

January 1 thru December 31

EXECUTIVE SUMMARY



OZAUKEE COUNTY PUBLIC HEALTH DEPARTMENT

TO THE HONORABLE BOARD OF SUPERVISORS OF OZAUKEE COUNTY, WISCONSIN

Dear Ladies and Gentlemen,

Mission Statement: *The Mission of the Ozaukee County Public Health Department is to prevent disease and to promote and protect the safety and health of all county residents.*

Introduction:

2009 will be the year remembered for the 2009 Pandemic Influenza A (H1N1) novel virus. On April 21, 2009, the CDC reported the first cases of infection in the United States. The Federal and State governments declared a public health emergency in order to quickly release federal resources from the strategic national stockpile to states and local health departments to assist with their local response. By April 26, in response to those reports, the Ozaukee County Health Department established, through the guidance of the State Division of Health, enhanced surveillance. The Health Department activated the Incident Command structure to more effectively respond.

Ozaukee County had the first case of H1N1 Influenza identified in April. Cases continued throughout the year. There was an initial surge of cases seen in May and June, with a slowing of the number of cases in July and August. There was a resurgence of cases in the fall, and large numbers were reported through the end of the year. A total of 251 cases of H1N1 Influenza were reported in Ozaukee County residents, ages ranged from 6 months through 72 years; 17 individuals hospitalized and 2 deaths. Both of the deaths occurred in adults with underlying health problems.

Knowing that the H1N1 Vaccines would start becoming available in October, the CDC recommended beginning administration of seasonal flu vaccines as soon as they arrived. These clinics originally scheduled in October were rescheduled in September.

H1N1 clinics began in October as soon as supplies were shipped to the Health Department and were administered to the CDC recommended target populations most at risk for complications of this infection. As more vaccines became available, the target groups were expanded to include anyone needing or wanting the vaccines. Vaccines were provided free through the health departments. Ozaukee County provided approximately 8,617 vaccinations and 23 open clinics from October 1 through December 31. Vaccines will continue to be offered in 2010.

This Executive Summary provides one to two highlights from each Public Health core function. The full annual report summarizes the work done through our established programs and services and spotlights new areas in which public health encouraged community decision-making to improve safety, health and well-being of residents. The full report is available on the internet at: <http://www.co.ozaukee.wi.us/AnnualReports/2009/PublicHealth.pdf>

Summary of Highlights:

COMMUNICABLE DISEASE CONTROL: Chapter 252 of the Wisconsin Statutes and HFS 140 and 145

WITH COMMUNICABLE DISEASE CONTROL, the first priority is to take whatever actions are needed to prevent spread from the infected individual to others in the community. Efforts also involve attempts to locate the source of the infection and to identify any outbreaks or community wide increases in illness. Public Health staff investigated 688 individuals with potential for a communicable disease with 493 of those confirmed with a reportable disease.

IMMUNIZATIONS are a primary way to help prevent the spread of disease. The Health Department continues to provide adult and childhood vaccines. A total of 2,823 vaccines were administered, not including the influenza vaccines.

SEASONAL INFLUENZA VACCINE manufacturers were on schedule with this year's production of flu vaccine, however, due to the need for H1N1 vaccine production, a delay in shipment of the remainder of our vaccine order occurred, not arriving until December to complete the rest of the scheduled clinic commitments. The Public Health Department administered 4,967 adult doses and 727 pediatric doses of seasonal flu vaccine through December 31st of 2009. We will continue to provide seasonal flu vaccine in 2010.

PREPAREDNESS PLANNING in 2009 was a busy and productive year working with three Bioterrorism Grants; Public Health Emergency Plan (PHEP), Pandemic Influenza Grant and the Cities Readiness Initiative (CRI) Grant, and later in the year the new Public Health Emergency Response (PHER) Grant that was issued to assist health departments to respond to the 2009 Pandemic. This grant provided funding to increase our capacity to implement mass clinics to administer the H1N1 vaccines. Public Health staff met and or exceeded all of the required grant objectives of each of these grants for 2009.

CHRONIC DISEASE AND INJURY PREVENTIO: Chapter 255 and HFS 140 (1) (a) (4)

FALLS PREVENTION: 1 out of every 3 seniors (65 years & older) fall every year. Wisconsin ranks 2nd in the nation in the rate of deaths from falls. Through a prevention grant, the Health Department provided the "Sure Step" falls prevention program for seniors. The Health Department is the only Ozaukee County entity with a specially trained "Sure Step Assessor" able to provide this falls prevention program developed by the University of Wisconsin Falls Clinic. Participants receive an in-home, in-depth assessment of their risks for falling, written recommendations to reduce their risk of falling and referral to community resources as needed.

TOBACCO: Ozaukee County Public Health Department maintains strong community partnerships in effort to control use of tobacco and decrease exposure to secondhand smoke. Because to all the local and state efforts, Wisconsin will go smoke free on July 5, 2010 joining 27 states that are already 100% smoke free.

WISCONSIN WELL WOMAN PROGRAM (WWWP) focuses on women who are age 35 through 64 with a household income at or below 250% of the current federal poverty level. In 2009, 68 women participated in the WWWP screenings. Fifteen (15) women had abnormal screenings and needed further evaluation and follow-up. Thirteen (13) women are currently enrolled in Wisconsin Well Woman Medical Assistance T-19 (WWMA) for treatment of cancer. Twelve (12) women are under treatment for breast cancer and one (1) for cervical cancer.

HUMAN HEALTH HAZARD CONTROL: WI Statutes 251.05(2) & 252; Administrative Rule HFS 140.04(1) (e) & (f)

THE ENVIRONMENTAL HEALTH SPECIALIST addressed over 1000 citizen environmental concerns. These concerns included issues of housing and home safety, lead, indoor air quality (mold), food safety, drinking, pond and beach water quality, pest and animal control, sewage, solid and hazardous waste, radon, asbestos, West Nile Virus, occupational health, and emergency preparedness. The Environmental Health Specialist continued to complete the requirements of the transient non-community well sampling and inspection program. A total of 192 public wells were sampled for bacteria and nitrates and 42 public wells were inspected. The Health Department continued to administer the HOME Rental and Homeowner Rehab Programs. At years end, the Health Department completed six homeowner projects to assure lead safe homes.

MEDICATION COLLECTION DAY, a four hour regional medicine collection, netted more than 9,500 pounds of unused medication on April 18, 2009 in Milwaukee, Ozaukee, Racine and Washington Counties. Ozaukee collected 1,112 lbs of medications at two sites; Ozaukee County Highway Department in Port Washington and MATC North Campus, Mequon. A prescription for clean water and safe kids, Medicine Collection Day focuses on properly disposing unused medications, keeping them out of our rivers and lakes and out of the hands of kids and people who abuse prescription drugs. This event was sponsored in Ozaukee County by the following partners: Columbia St. Mary's Ozaukee Hospital, MATC, Village of Saukville Water and Waste Water Department, Ozaukee County Sheriff, Highway and Public Health Departments.

MATERNAL CHILD HEALTH: Chapter 253 of the Wisconsin Public Health Statutes

THE MATERNAL CHILD HEALTH (MCH) program has continued to emphasize collaboration with community agencies in the year 2009 in an ongoing effort to strengthen families in Ozaukee County.

Through Health Check services, the department identified a need for a dental caries prevention program for the Medicaid population. The department expanded the Health Check program in October to provide dental fluoride varnish applications for children 6 months to 6 years of age to help reduce the proportion of children who have dental caries in the primary teeth and permanent teeth. It has been well received by the parents of these children. It can be applied three times a year and the department is reimbursed by Medicaid. In 2009, 31 children participated.

The required deliverables for the MCH grant were successfully met.

(1) The Health Department received another grant to continue the Child safety seat program. 182 children ages birth through seven years were evaluated for car seat safety. 58 seats were given to low income clients in Ozaukee County. (2) One time home visit assessment was done for 33 infants and their parents. The focus of the home visit was to provide information on infant health, infant safety, feeding of infant and family psychosocial risk factors. (3) Developmental assessment, Ages and Stages Question, was provided for 11 children, ages four months to five years, who did not have BadgerCare. Screening is an effective service to provide health education for parents about expected infant and child development in key areas of developmental concern, and offer the parents information about any needed community support or resources.

The SPHERE Database Computer Program was used in entering data of daily activities. 800 clients were served through the specific MCH programs; postpartum visits, Children with Special Health Care Needs, Prenatal Care Coordination, Presumptive Eligibility, Targeted Case Management, Postpartum Depression Assessments, and Health Check Screenings.

WIC served an average of 496 participants each month. The number of food packages issued this year was 5,280. There were a total of 900 people (unduplicated) served by the program throughout the year. Ozaukee County has 12 contracted vendors where clients can redeem their vouchers. In 2009, WIC drafts generated \$347,169.87. WIC also offered the Farmers Market Nutrition Program, with the major goal to increase the choice and consumption of fresh fruits and vegetables and promote greater business for local farmers. WIC participants now have a greater awareness of the local Farmers Markets and utilized this resource more than last year. Vouchers worth \$2,307 were redeemed for recipients in Ozaukee County.

GENERALIZED PUBLIC HEALTH NURSING: *WI Statute 251.04(8); Administrative Rule HFS 140.04(1) (a)*
HEALTH PROMOTION: *WI Statutes 251.05(2)(a) and 253.06; Administrative Rule HFS 140.04(1)(c)*
COMMUNITY HEALTH ASSESSMENTS are viewed as important to the overall health of the community and to the improvement of local health agencies. Local health departments are required by law to conduct a community health assessment approximately every five years. The process once again began in late 2008, with gathering and compiling health data from a variety of sources. This and other information will be utilized by the OHI (Ozaukee Health Initiative), a committee of local community leaders, to work through the CHIP (Community Health Improvement Plan) process. The OHI has been working in 2009 toward analyzing this data to identify health strengths and weaknesses of Ozaukee County and to determine goals for improving health outcomes over the next five years. Their final recommendations will be submitted to the Board of Health for their review and adoption in 2010.

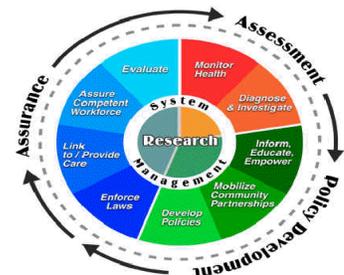
THE 2009 WISCONSIN COUNTY HEALTH RANKINGS REPORT found Ozaukee County the healthiest county in the state of Wisconsin. This initiative started in 2004, and Ozaukee has been identified as the healthiest county four out of the six years. In 2005 and 2006, Ozaukee was deemed second healthiest. Ozaukee scores the lowest in the area of physical environment. This report is the seventh annual “health check-up” of the 72 counties developed by the University of Wisconsin Population Health Institute. Starting this year, the University spearheaded this same initiative for all 50 states and has further standardized the process. Please find the full report at: <http://www.countyhealthrankings.org/wisconsin>

OZAUKEE COUNTY BOARD OF HEALTH: *WI PH Statutes 2512.03(1), 251.04(1) (2)(7)(5)*
The Health and Human Services Board met monthly in 2009 to set health policy for Ozaukee County residents. Members include County Board Supervisors Janice M. Klemz, Chair, Cindy G. Bock, Vice Chair, Kathlyn M. Callen, Karl V. Hertz, and Robert T. Wallerstein. Community members include Gail Buenger, Mary Jo Wirth, Carol A. Lueders-Bolwerk, RN, C. Perez, MD,

I would like to express my thanks and recognition all public health staff, volunteers and the Board of Health who worked very effectively to achieve the Public Health core functions, the Ozaukee County Public Health’s mission, and the statutory requirements of a Level II health department. Public Health staff deserves to be commended for successfully and effectively meeting the challenges and demands of the 2009 Pandemic.

Respectfully Submitted,

Glenda S. Madlom, Director/Health Officer



OZAUKEE COUNTY PUBLIC HEALTH DEPARTMENT

2009

ADMINISTRATION:

Glenda S. Madlom, RN, BS, BSN Director / Health Officer
Mary B. DeLuca, RN, BSN Assistant Director / Deputy Health Officer
Dawn Fay Administrative Services Coordinator

PUBLIC HEALTH STAFF

Kathy Bleau, RN, BSN
Caralee Jacque, RN, BSN
Jeannine Kitzerow, RN, BSN
Jan Koeppen, RN, BSN
Diana Noack, RN, BSN

Abbie Povletich, RN, BSN

Jane Schulz RN, BSN
Donna Ubbink, RN, BSN
Joanne Viesselmann, RN, BSN
Patty Ruth, BA
Daniel Ziegler, BS, RS

PROGRAM MANAGEMENT:

Communicable Disease, Refugee Health, Car Seat Tech,
Immunization Program, Healthy Child
MCH*, CYSHCN* PNCC*, E.E.*, TCM*, Health Check
Flu/Pneumonia/Hepatitis B, MCH team
Migrant Health, Lead, Women's Health, Child Death
Review Team Leader, Community Assessment
Adult Health, MCH team, Communicable Disease,
Falls Prevention, Car Seat Technician
School Health, Pre-K Screening, Immunization Program,
Women's Health, Student Nurse Preceptor
WIC*, MCH, Car Seat Tech, Safe Kids Coalition
Preparedness Project Manager
Environmental Health Specialist, Lead, Beach Monitoring,
Transient Non-Community Well Program, Radon, Home
and rental rehab

CERICAL STAFF:

Alison Schmitz Office Assistant
Wendy Schwab Office Assistant
Diana Steinmetz Health Screening Technician

- *MCH = Maternal Child Health
- *CYSHCN = Children and Youth with Special Health Care Needs
- *PE = Express Eligibility
- *TCM = Targeted Case Management
- *WIC = Women, Infants and Children
- *PNCC = Prenatal Care Coordination

Medical Advisor:

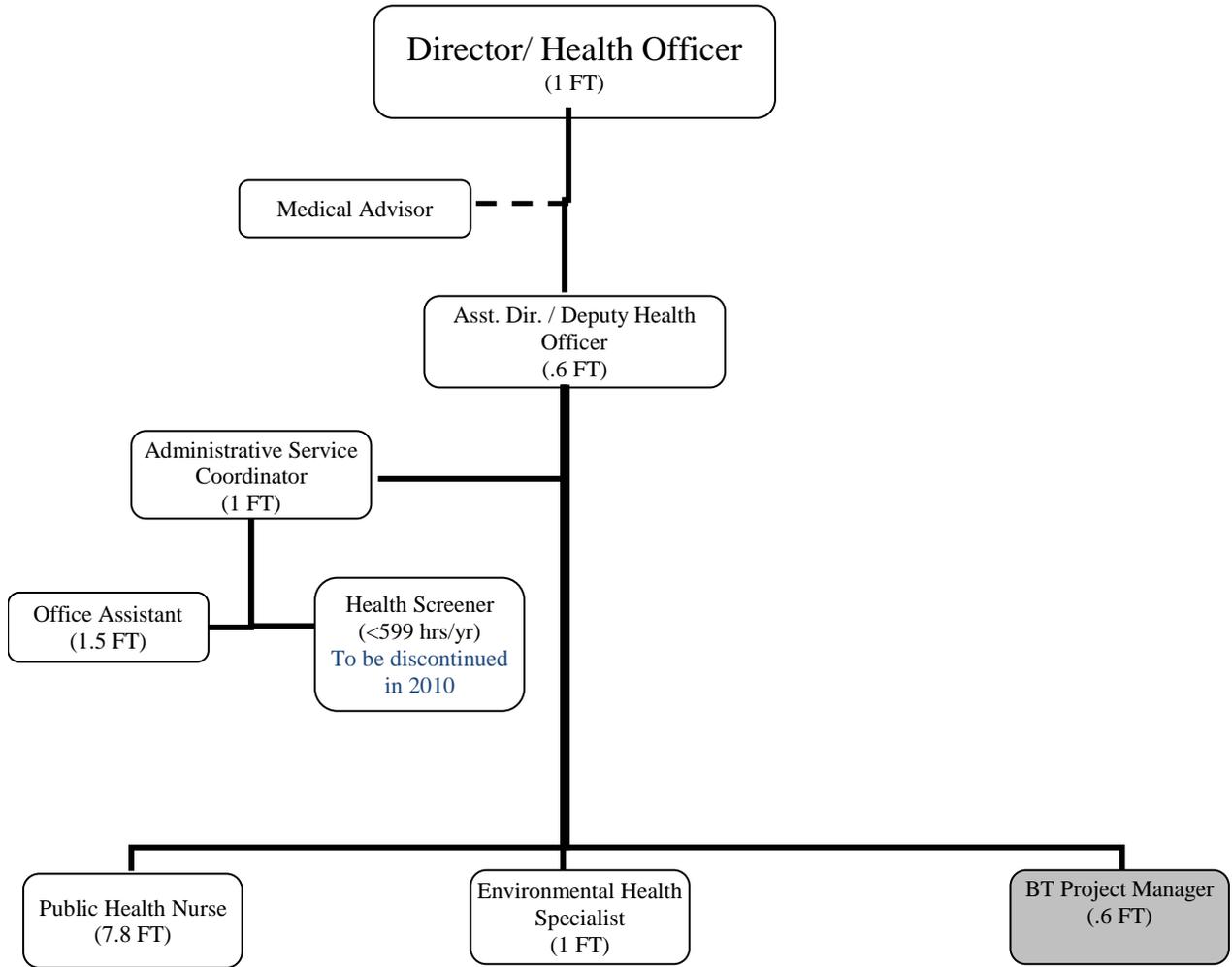
Celestino Perez, MD

(Contracted Grant funds/MOU):

WIC: Carol Birkeland, Director/Registered Dietician

Quad County Consortium Staff: Kathy Riehle, Director

**OZAUKEE COUNTY PUBLIC HEALTH DEPARTMENT
Organization Chart
2009**



WIC Combined Project
Services and staff provided
by Washington County
Public Health

Gray boxes indicate position or
services are totally grant funded

MISSION STATEMENT: The mission of the Ozaukee County Public Health Department is to prevent disease and to promote and protect the safety and health of all county residents

PHILOSOPHY

Public Health services with a focus on the entire population include enforcement of health regulations, community health education regarding disease prevention, health promotion and community disease control activities. Services with a focus on sub-populations aim to improve the health status of that population in order to improve the health of all. Public health nurses have expertise in the collaborative interdisciplinary process of assessment, policy development, assurance activities, as well as health education and evaluation to promote healthy outcomes in a community. Health outcome indicators of public health nursing intervention include reductions in family violence, poor pregnancy outcomes, communicable disease, morbidity and premature mortality. Our cost-effective outreach, intervention and care coordination efforts result in disease prevention and health promotion. This is accomplished through managing and facilitating departmental and community efforts for the ongoing assessment of the community's health status, advancing a safe and healthful environment, promoting healthful behavior and providing or arranging for the provision of health services for early diagnosis/treatment of disease and promoting an improved quality of life.

GOALS AND CORE FUNCTIONS OF PUBLIC HEALTH

1. Community **ASSESSMENT** of health risk factors and disease indicators in the community.
 - a. Evaluate data to identify risks and patterns of morbidity and mortality.
 - b. Evaluate health behaviors and patterns that identify potential people at risk.
2. Development of **POLICIES** to reduce health problems.
 - a. Analyze assessment data to identify potential and actual health problems.
 - c. Collaborate with other community programs / services addressing identified health problems.
 - d. Develop health policies for the needs of children, families, groups and communities.
3. **ASSURANCE** activities to ensure implementation of policies at the service delivery level.
 - a. Monitor service delivery to achieve targeted health care outcomes.
 - b. Monitor access, utilization and appropriateness of health services for the community, including under-served and targeted populations.
 - c. Participate in systems building needs assessment and other programs to promote positive health outcomes for the community.

Wisconsin Twelve Essential Services for Local Public Health Include:

1. Monitor health status to identify community health problems.
2. Identify, investigate, control and prevent health problems and environmental health hazards in the community.
3. Inform, educate and empower people about current and emerging health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individuals and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services.
8. Assure diverse, adequate and competent workforce supporting public health systems.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Conduct research to seek new insights and innovative solutions to health problems.
11. Assure access to primary health care.
12. Foster the understanding and promotion of social and economic conditions that support good health.

COMMUNICABLE DISEASE CONTROL AND INVESTIGATION

Chapter 252 of the Wisconsin Statutes and HFS 140 and 145

COMMUNICABLE DISEASE INVESTIGATIONS: (Exhibit I)

Communicable disease control is a major function of the Public Health Department, as required by state statutes. Approximately 80 different diseases are mandated as reportable to the local public health department for investigation and follow-up. The focus of the health department investigation is to stop the transmission of the infectious disease. The first priority is to take whatever actions are needed to prevent spread from the infected individual to others in the community. Efforts also involve attempts to locate the source of the infection and to identify any outbreaks or community wide increases in illness.

In 2009, H1N1 Influenza (Swine flu) struck the U.S., as well as other countries, and developed into a worldwide pandemic. Ozaukee County had the first case of H1N1 Influenza identified in April. Cases continued throughout the year. There was an initial surge of cases seen in May and June with a slowing of the number of cases in July and August. Then a resurgence of cases occurred in the fall; large numbers were reported through the end of the year.

A total of 251 cases of H1N1 Influenza were reported in Ozaukee County residents. Ages ranged from 6 months through 72 years. There were 17 individuals who were hospitalized and 2 deaths. Both of the deaths occurred in adults with underlying health problems.

Throughout 2009, intestinal infections that can be caused by such organisms as E.Coli 0157, salmonella, campylobacter, cryptosporidium, and giardia were reported. An important piece of any investigation into these illnesses is evaluating whether the person is involved in a high-risk occupation (such as food handling, day care, or health care) and to take measures to protect the public from possible exposure and infection.

Pertussis cases continue to be reported, although the rates are less than in past years. Because it is quite contagious, diagnosed individuals are kept in home isolation until they are no longer infectious, and those who were in close contact with them are given recommendations for treatment or symptom monitoring. Please review Exhibit I for statistical data.

TURBUCULOSIS PREVENTIVE TREATMENT PROGRAM:

Tuberculosis can pose a major public health threat. The health department investigates and does follow up on all suspected cases until they are proven to be free of TB.

One case of active infectious Tuberculosis was reported in an Ozaukee resident this year. The investigation and follow-up was extensive. Testing of 178 contacts that may have been exposed to the individual with TB occurred. No subsequent cases were identified.

The Public Health Department provides medication for latent TB infection to persons who may have a positive skin test, but have negative chest x-rays and do not have active tuberculosis. These individuals show signs of exposure to TB, but have not developed infectious cases. In order to prevent them from going on to active disease in the future, six to twelve months of medication is often prescribed by the physician. The medication is supplied by the Wisconsin Division of Public Health to the Ozaukee County Public Health Department at no cost to the client. The medications are then issued to the client on a monthly basis. At medication pick up, the public health nurse evaluates for compliance and side effects at each visit.

Tuberculin Skin testing is offered on both a routine and a post-exposure basis throughout the year. The nurses also provide education on tuberculosis prevention and treatment.

TB Skin Tests	<u>2008</u>	<u>2009</u>
	229	255

ANIMAL BITES/RABIES TESTING:

Some animal bites pose the potential to transmit rabies to humans. When such cases are identified, the animal may need to be tested for rabies. The testing is performed at the Wisconsin State Lab of Hygiene in Madison. The Ozaukee County Public Health Department’s role is to assist in coordinating the testing with local animal control officers, local veterinarians, and the lab. A nurse also contacts the bite victim and offers recommendations about appropriate medical follow-up and updating vaccines.

In addition, there are occasional reports where a family pet has had a high risk exposure to a potentially rabid animal. Even though no human exposure occurred, the pet is quarantined in the home for an extended period. This is a prevention measure taken to closely observe the animal for rabies during the possible incubation phase. In 2009, there were 2 such quarantines issued.

An “Animal Bite” brochure can be accessed on the website at: <http://www.co.ozaukee.wi.us/PublicHealth/Communicable%20Disease/Animal%20Bite%20Brochure%202006.pdf>. It is intended as an educational handout for the public, and discusses prevention of bites and what to do if bitten by an animal.

Animal Bites or other Exposures

	2009	2008	2007
Cat	7	6	12
Dog	13	12	12
Cow	1	0	0
Horse	0	0	0
Bat	5	3	10
Raccoon	1	1	0
Chipmunk	0	0	1
Fox	0	0	1
Muskrat	0	0	1
Opossum	1	0	0
Total	28	22	37

IMMUNIZATION PROGRAMS:

Hepatitis B Initiative

Late in 2007, the Wisconsin Immunization Program received federal supplemental funds for the purchase of hepatitis B vaccine for an adult immunization initiative. The purpose of the initiative is to improve the delivery of viral hepatitis prevention services including hepatitis B vaccine and hepatitis A/B vaccine in public health programs that serve adults at risk for viral hepatitis. The goal of this initiative is to improve vaccination coverage among adults and to reduce the incidence of acute hepatitis B among adults in Wisconsin. Ozaukee Public Health Department began implementation of this program in February 2008.

<u>Vaccine Type</u>	<u>2008</u>	<u>2009</u>
Hepatitis B-Adult	66	21
Hepatitis A/B Combo	169	139

2009 Seasonal Influenza Summary

This year the production of seasonal flu vaccine by manufacturers was on schedule. Due to the unforeseen need to develop a new H1N1 vaccine by the same manufacturers, it was encouraged by the CDC, that all seasonal influenza vaccine providers begin vaccinating when they received shipment of vaccine. The Health Department was able to begin open clinics in the middle of September. A delay in shipment of a small remainder of our vaccine order occurred, due to the arrival of the H1N1 vaccine, Therefore, we were unable to complete all our industrial clinics by the middle of October. The remainder of our vaccine order arrived in the beginning of December, at which time, we were able to complete our scheduled clinic commitments. The CDC continues to recommend seasonal Influenza vaccine for anyone who is at risk of complications from the flu and a special emphasis on encouraging Health Care workers to receive the vaccine. We were able to provide seasonal vaccine to individuals in group homes, senior meal sites, industries, on the university campus, business offices and open clinics throughout the community, as well as at the office of the Public Health Department. The Public Health Department administered 4,967 adult doses and 727 pediatric doses of flu vaccine through December 31st of 2009. We are continuing to provide seasonal flu vaccine as clients come into our office. (For Summary of H1N1 vaccine, see “Highlights from H1N1 response” located in the Emergency Preparedness Program Grants Report.)

CHILDHOOD AND ADULT IMMUNIZATION PROGRAMS

The immunization program, through a grant supported objective, attempted to reach a complete vaccination coverage level of 54% for two year olds residing in Ozaukee County. The goal of healthy people 2010 is for 90% of children aged two, to be completely vaccinated. Due to vaccine shortage of Hib (hemophilus Influenza B) or Hepatitis B/Hib combination containing vaccines, reaching the goal of 54% was not obtainable. The Health Department was given notice that booster doses of Hib vaccine would be reinstated effective in fall of 2009. Due to this shortage, subsequent years of vaccine coverage are anticipated to be lower, as the attempt to catch children who did not receive boosters continues. This objective was monitored using data and reports provided through the Wisconsin Immunization Registry (WIR). To maintain this high level of coverage, the Health Department partnered with area physicians and county WIC program to document all doses of vaccines given to our clients by comparing and combining individual vaccine records into the Wisconsin Immunization Registry (WIR). The registry has continued to improve levels of complete records and decrease chances of duplicate or invalid immunizations being provided. Each year, county and statewide, medical providers have signed on to use the WIR enabling the public and private sector providers to increase their ability to share and use the new data. The Ozaukee County Health Department has continued to inform parents through immunization clinics, schools, and Health Department literature about the ability for parents to obtain their child’s records by logging into the WIR website. By doing so, parents are becoming better informed regarding those vaccinations recommended for their children and are helping to keep their family’s records more complete by assisting private providers and the Health Department to update childhood records. This process also assists schools with WIR access to improve student vaccine law compliance. WIR not only provides vaccine records, it provides varied sources of vaccines information and links to other sources to keep our public better informed.

Sincere thanks goes to the Mequon Police Department, for use of their building for one of our many monthly clinics. At each of the regularly scheduled immunization clinics, vaccines for all ages were offered. In addition, Immunizations were provided through worksite Adult Health

Screenings, Healthy Child Wellness Clinics, Flu/Pneumonia clinics, WIC clinics, and special University and School clinics.

In March of 2008, Wisconsin Immunization Law changed for schools. Beginning in the 2008-2009 school year the new law began phasing in Tetanus/Diphtheria/acellular Pertussis (Tdap) Booster and a second dose of Chicken pox vaccine. The phasing in of these vaccines will be completed by the 2013-2014 school year, at which time; all grades will be incorporated into the school law update with their age/grade appropriate vaccine requirements.

The following table indicates the number and kinds of vaccine administered:

<u>Vaccine Type</u>	<u>2008</u>	<u>2009</u>
Injected Polio	153	53
DTaP	185	70
Dtap/Hep B/Polio	---	19
Dtap/Hib/Polio	---	56
Dtap/Polio	---	26
Td	119	64
TdaP	740	642
MMR	152	113
Hib	28	52
Hib/Hep B	34	---
Hepatitis B-Child	49	77
Hepatitis B-Adult	224	312
Hepatitis A-Child	390	324
Hepatitis A-Adult	148	114
HPV (Gardasil)-Child	272	198
HPV (Gardasil)-Adult	3	5
Immunoglobulin (Ig)	---	---
Meningococcal-Child	195	132
Meningococcal-Adult	11	12
Rotavirus (Rotateq)	54	54
Pneumococcal Poly (Pneumovax)	188	133
Pneumococcal Conjugate (Prevnar)	115	90
Typhoid	23	30
Varicella(Chicken Pox)	347	247
TOTALS	3430	2823

<u>School Immunizations</u>	<u>Audit 2009</u>	<u>Audit 2008</u>
Cedarburg	80.14% Completely Immunized	99.24% Completely Immunized
Grafton	95.88% Completely Immunized	98.79% Completely Immunized
Mequon-Thiensville	99.81% Completely Immunized	99.69% Completely Immunized
Northern Ozaukee	93.38% Completely Immunized	100.0% Completely Immunized
Port Washington	94.75% Completely Immunized	99.84% Completely Immunized
-Saukville		

MATERNAL CHILD HEALTH

Chapter 253 of the Wisconsin Public Health Statutes

Maternal Child Health Consolidated Grants for 2009

In 2009, the MCH program identified three objectives that addressed 2010 health priorities in Ozaukee County, they are as follows:

(1) One time home visit assessment was done for **33** infants and their parents. The focus of the home visit was to provide information on infant health, infant safety, feeding of infant and family psychosocial risks factors. Percentage results for women receiving post partum assessments: 3.6% reported smoking postpartum, 6.3% reported smoking within their home, 92.9% breastfed, 100% used sage sleep practice, and 100% had primary providers. Percentage results for infants receiving assessments: 100% had primary providers, 100% up to date for immunizations, 9.1% had concerns about smoke detectors, 12.1% had concerns about lead exposure, 33% had concerns about sleep environment, and 9.1 had a family member with a risk factor.

(2) Developmental assessment Ages and Stages Question was provided for **11** children who did not have BadgerCare ages 4 months to 5 years. Screening is an effective service to provide health education for parents about expected infant and child development in key areas of developmental concern, and offer the parents information about any needed community support or resources. 63% of the children scored appropriately for their age; 36% of the children did not score appropriately for their age; 27% of the children had parental concerns; 60% of the children received early intervention services; 20% had a plan for program services; 20% had a plan for community referrals; 80% received services within two months.

(3) Ozaukee County Public Health Department applied for and received a grant from the Wisconsin (Department of Transportation) DOT to purchase and distribute child passenger car seats to be given out to low income families in Ozaukee County. The Cedarburg Lions Club graciously contributed the \$1,000 match needed to meet the grant objectives. All clients with in our Maternal Child Health programs (WIC, PNCC, and TCM) were assessed for the need of a seat or education on their proper use. We also receive referrals from Family Sharing and the Food Pantry when they encounter clients in need of car seats. Each seat given out and assessed is done so by a certified car seat technician, who educates and instructs the family on how to install and use the seat.

Child safety seats were evaluated for **182** children ages birth through seven years. Caregivers were taught through education demonstrations for the correct way to install their car seat. If necessary, a new safety seat was provided to correct problems; 52.5% used the car set correctly; 47.5% did not. Outcomes of Child safety seat screenings showed that after education and demonstration, 100% of caregivers could demonstrate correct use. 58 seats were given to low income clients in Ozaukee County. This year another public health nurse was certified as a technician, so our department now has three qualified staff to provide this service.

The Health Department continues to participate in the regional 'Safe Kids Coalition' as part of our injury prevention program(s).

CYSHCN fee for service project 2009

The Children and Youth with Special Health Care Needs (CYSHCN) project is through the Division of Public Health–WI Maternal and Child Health Program. The target is families with youth and children ages 0-21yrs with special health care needs. The goal is to better coordinate delivery of resources to families at the local level. The most frequent diagnosis in 2009 was prematurity and low birth weight. Many of these infants were referred by surrounding hospitals. The childbirth records are reviewed weekly to identify CYSHCN. Early intervention and referral is the key in helping these families make a successful transition from hospital to home. **In 2009, 28 clients were served under referral and Follow-up. Referrals were made to Birth to three, Dentists, Economic Support, BadgerCare, WIC, Primary Care Provider Food Pantry and the local health department.**

FLUORIDE VARNISH PROGRAM:

A need for dental care prevention was identified through Health Check screening which is offered to all families with BadgerCare. These families verbalized a need for dental care. The Fluoride Varnish Program was developed to meet the needs of these families. The goal of the fluoride varnish program is to reduce the proportion of children who have dental caries experience in the primary teeth and permanent teeth. This fluoride varnish program has four components: (1) oral screening, (2) anticipatory guidance, (3) fluoride varnish application, and (4) referral. Fluoride varnish is painted on the teeth of children 6 months to 6 years to prevent tooth decay. It can be applied three times a year and the department is reimbursed by Medicaid. The program was launched in October 2009. The program was slowly introduced because of the need for H1N1 clinics. Thirty one children were able to participate in the program.

POSTPARTUM PROGRAM

The Ozaukee County Public Health Department's Maternal Child Health Program has continued to emphasize collaboration with community agencies in the year 2009 in an ongoing effort to strengthen families in Ozaukee County.

The Postpartum Discharge Program offers a free home visit to assure that new mothers and babies make a safe and successful transition from hospital to home. A home visit assessment or a telephone screening of both the mother and the baby is made for the purpose of identifying potential risks, evaluating emotional health, continuing educational needs, providing reassurance and referring to appropriate community resources. All families are offered a mailing of educational materials and community resources. UW-Extension collaborates with Public Health by offering first time parents a monthly parenting newsletter and a bi-monthly mailing for parenting the second and third year. Family Preservation provided financial assistance for the educational materials that are offered to families. In 2009, the health department provided **141 postpartum visits.**

EXPRESS ENROLLMENT

Express Enrollment (EE) is a program that has been available to Ozaukee County's pregnant women population. This program targets uninsured pregnant women whose income does not exceed 185% of the federal poverty level. Recipients found eligible for this program receive a temporary Medicaid certification that allows them to receive immediate pregnancy related outpatient services while their application for Healthy Start is being processed. Early prenatal care is vital in helping achieve healthy birth outcomes, which is an ongoing goal of Ozaukee

County Public Health for its prenatal population. **Ozaukee County completed 20 applications in 2009.**

PRENATAL CARE COORDINATION

Prenatal Care Coordination (PNCC) is a program that has been provided to Ozaukee County's pregnant women since 1993. This Medicaid funded program helps pregnant women & their families gain access to medical, social, educational and other necessary services related to the pregnancy. These services are available during the pregnancy through the first 60 days following delivery. Services include:

- Outreach
- Initial prenatal risk assessment
- Care plan development
- Ongoing care coordination & monitoring
- Health education & nutrition counseling services

The goal of the program is to improve birth outcomes among women who may be at high risk for poor birth outcomes. **In 2009, 80 pregnant women received a prenatal risk assessment.**

TARGETED CASE MANAGEMENT

The Ozaukee County Public Health Department has been participating in a program, known as Targeted Case Management (TCM), since 2004. This is a benefit that is available to Medical Assistance (MA) eligible clients who reside in Ozaukee County and are eligible under the following target populations:

- Families with children at risk
- HIV infection
- Asthma
- Tuberculosis
- Age 65 or older

The goal of the program is to improve a client's access to health care, and managing of services received by a client, including medical, financial, social, educational, vocational, and rehabilitation services. Assisting families to locate resources enhances family stability and promotes individual management of their identified needs.

The objectives identified by the department are as follows:

- Coordinate the performance of evaluations & assessments.
- Facilitate & participate in the development, review and evaluation of individual Family Service Plans.
- Assist families in identifying available service providers.
- Coordinate and monitor the delivery of available services.
- Inform families of the availability of advocacy services.
- Coordinate with medical and health care providers.
- Facilitate the development of a transition plan to preschool services, if appropriate.
- Refer clients/families to appropriate services

The SPHERE Data Base Computer Program was used to enter data allowing Public Health Nurses and the Wisconsin Division of Health to view vital information on gaps in services for all populations served. **In 2009, 228 clients/families were served in this program.**

The SPHERE Data Base Computer Program was used in entering data of daily activities. The following is a summary of the number of clients served under each of the specific MCH programs. A visit session is defined as one of the following: a home visit, office, telephone (being at least 15 minutes long,) clinic, community, worksite or other.

28 CYSHCN (Children with Special Health Care Needs)

141 Postpartum Discharge (up to 60 days postpartum)

80 PNCC (Prenatal Care Coordination)

20 P.E. (Presumptive Eligibility)

228 TCM (Targeted Case Management)

26 Postpartum Depression women (MA and Non MA clients) screened, number has decreased because screening has to be done 2week post partum and most visits are done before two weeks.

246 Health Checks (developmental screen for children with MA)

31 Fluoride Varnish applied to children's teeth with MA

CHILD DEATH REVIEW TEAM (CDR): Keeping Kids Alive

Keeping Kids Alive in Wisconsin is the child death review program guided by the Wisconsin Child Fatality Review Team in collaboration with Children's Health Alliance of Wisconsin Department of Health and Family Services and the Wisconsin Department of Justice. Wisconsin's goal is to establish the CDR teams in each county to provide a broad based death review process that addresses all preventable child deaths from a public health perspective. This public health approach not only addresses under-reporting of maltreatment-related deaths, but promotes better understanding and greater awareness of all the causes of potentially preventable child deaths.

The death of a child is singularly a tragic event, especially if that could have been prevented. Each year, over 400 children in Wisconsin age 1 month – 18 years of age die unexpectedly for reasons other than a terminal illness, and additional 300 child deaths occur during the first month of life (Department of Family Services, Wisconsin Interactive Statistics on Health). Approximately half of these unexpected deaths are preventable. The CDR teams are established to better understand how and why children die and to take action to prevent other child deaths.

CDR teams are multi-disciplinary with the goal to improve inter-agency communication and cooperation, developing a clearer understanding of how and why children have died, improving the way investigations are conducted, and improving the delivery of services to families. Most importantly, the ultimate goal is for specific action that community and state levels to prevent other child deaths.

The Ozaukee County CDR Team was first established in 2009. The first meeting was held April 29 as an organizational meeting. A second meeting was held on September 23, 2009 for a case review. The membership currently consists of representatives from the Health Department, Human Services: Child Protection Services and Juvenile Justice, Ozaukee County Sheriff's Department, Ozaukee County Coroner, DA's Office, Department of Corrections, and a pediatrician.

2009 School Health Screenings

School Health Screenings, which include vision and hearing screenings, will be discontinued after December 31, 2009 due to county budgetary constraints. A task force was formed to brainstorm on ways to assist districts with these important health screenings. The task force met on and off through the year and had input from most districts. Letters/emails were sent to the school administration staff, district medical advisors, school nurses, school speech and hearing specialists, school parent groups, and school board presidents to inform the schools of the county budget decisions and the potential impact on their student populations. Some districts may continue screenings using the county screening equipment. School districts would assume the management of the vision and hearing screening programs if they choose and some schools may decide not to continue the school health screenings program in any capacity.

Scoliosis Screening:

Scoliosis screenings were not conducted this year due to county budget cuts. The only district to screen students was the Port Washington/Saukville district, which has their own district nurse conduct school screenings.

Hearing:

Hearing and vision screening programs were conducted in each Ozaukee County school from September through December 2009. Preschools were also offered the hearing screening services for children ages 4 and 5 in the spring of 2009. A Health Screening Technician with occasional RN assistance, and a large contingent of parent volunteers at each school, performed the hearing and vision screenings.

If a hearing difficulty was identified during the initial screening, a hearing recheck was provided 4-6 weeks later at the child's school. If the student did not pass the hearing recheck, a letter with recommendations was sent to parents. Our hearing screening program served children ages 4 to grade 3, and any other age level if a parent or school staff requests a screening. Parents of students who fall below our screening threshold are sent a letter explaining the screening results. Parent responses to hearing referral letters are collected throughout the year and are added to the statistics as they are received.

Vision:

Our vision screening program served children ages 4 through grade 8, and any other school age if a parent or school staff person makes a screening request. Distance vision screening was performed at each Ozaukee County school in the fall. If any deficiency is suspected, a letter of recommendations was sent to the parent/guardian. The Public Health department also offers free vision and hearing screenings for age 4 through adult in our office throughout the year by appointment.

Kindergarten students were also screened for color deficiencies and depth perception either on the same day as distance screening or on a separate occasion in the fall or spring of the year. Parents of students who may potentially have a color or depth deficiency are called by the Public Health nurses or are sent a letter explaining screening results for their child.

Treatment recommendations are collected and added to our statistics as they are received throughout the school year. These responses come from the parents.

VISION USA—The Wisconsin Project provides free eye exams to eligible children age 18 and under from low-income working families who have no eye health insurance. Services are donated by volunteer optometrists and may be limited in some areas. Applications are available at schools and our public health office. Eligibility requirements must be met to qualify. Local Lion's Clubs are very active in vision preservation and will assist with funding vision needs on a case by case basis.

See following tables for Hearing and Vision numbers:

2009 Hearing Statistics by Grade Level					
Grade	Screened	*Rescreened	Referred	% Referred from Rescreen	Treatment Responses
ECH	64				
PRESCHOOL	514	53	10	19%	-
4K	283	20	2	10	2
5K	761	56	7	13	1
1	761	44	3	7	-
2	860	56	5	9	1
3	821	47	9	19	3
4	10	2	1	50	-
5	16	4	1	25	-
6	20	2	2	100%	-
7	17	-	-	0%	-
8	17		-	0%	-
9	-	-	-		-
10	-	-	-		-
11	-	-	-		-
12	-	-	-		-
TOTAL	4,144	284	40	14	7

* Rescreened numbers may include students that were absent on the original screening date.

**Treatment responses continue to come in through the spring and summer and are added to the statistics.

2009 Vision Statistics by Grade Level					
Grade	Screened	*Rescreened	Referred	% Referred from Rescreen	Treatment Responses
ECH	64	-	-	-	-
PRESCHOOL	-	-	-	-	-
4K	289	31	21	68	3
5K	796	114	61	54	5
1	783	72	38	53	3
2	878	78	38	49	1
3	840	71	48	68	5
4	846	86	53	62	10
5	904	84	59	70	3
6	918	101	71	70	4
7	885	84	48	57	3
8	957	88	51	58	3
9	-	-	-	-	-
10	-	-	-	-	-
11	-	-	-	-	-
12	-	-	-	-	-
TOTAL	8,160	809	488	60	40

*Rescreened numbers includes absentees from first day of screening.

**Treatment responses continue to come in through the spring and summer and are added to the statistics.

2009 HEARING SCREENING FOR PRESCHOOL

<u>Pre School</u>	<u>City</u>	<u># Kids Indicated</u>	<u># Screened</u>	<u># Absent</u>	<u># at Return Visit</u>	<u># Referred</u>	<u>date of screening</u>	<u>date re-screening</u>
CEDARBURG PRE-SCHOOL	Cedarburg	95	83	12	15	1	3/4/2009	4/6/2009
COMMUNITY LEARNING CENTER (CLC)	Port	32	29	3	0	0	3/2/2009	NA
CROSSROADS CHRISTIAN PRESCHOOL	Mequon	17	16	1	2	0	3/6/2009	4/6/2009
DEZIGNED 4 KIDZ CHILD CARE CENTER	Mequon	20	10	10	0	0	2/4/2009	NA
EARLY CHILDHOOD COMMUNITY SCHOOL	Sauville	35	34	1	3	0	2/5/2009	NA
FAMILY TREE LEARNING CENTER, LLC	Cedarburg	10	5	5	4	1	2/9/2009	3/24/2009
HEART OF THE VILLAGE CHILD CARE (Formerly Alice's)	Thiensville	6	6	0	0	0	2/12/2009	NA
HERE WE GROW PRESCHOOL AND CHILDCARE	Sauville	25	19	6	0	0	2/18/2009	NA
JCC BETH EINER TAMID NURSERY SCHOOL	Mequon	21	11	10	10	0	3/3/2009	3/16/2009
JUST 4 FUN LEARNING CENTER	Grafton	15	11	4	5	0	02/19/09	3/26/2009
KIDS KINGDOM	Mequon	32	22	10	10	0	2/17/2009	3/16/2009
KIDS PORT	Port	6	6	0	0	0	2/5/2009	NA
KINDERCARE (formerly Children's World Learning Center)	Mequon	20	20	3	5	0	2/17/2009	4/6/2009
LEED'S CHILD ENRICHMENT CENTER, INC.	Sauville	4	4	2	3	1	2/18/2009	3/24/2009
LITTLE RED SCHOOL HOUSE	Grafton	7	7	0	0	0	2/23/2009	NA
MARY LINZMEIER PRESCHOOL and Children's Educare	Mequon	13	12	1	0	0	3/16/2009	NA
MATC DAY CARE	Mequon	5	5	0	0	0	2/4/2009	NA
MEQUON JEWISH PRE-SCHOOL	Mequon	9	7	2	0	0	2/4/2009	NA
MEQUON MONTESSORI SCHOOL	Mequon	24	23	1	2	1	3/3/2009	4/6/2009
MEQUON PRE-SCHOOL	Mequon	49	41	8	0	0	3/18/2009	NA
OZAUKEE DAY CARE - Grafton	Grafton	14	9	5	0	0	2/19/2009	NA
OZAUKEE DAY CARE - Mequon	Mequon	14	11	3	0	0	2/12/2009	NA
PORT PRE-SCHOOL	Port	33	28	5	0	0	02/11/09	NA
PRIDE and JOY PRE-SCHOOL - Mequon	Mequon	6	6	0	0	0	02/04/09	NA
RANGELINE INN PRESCHOOL & CHILDCARE	Mequon	39	32	7	0	0	02/24/09	NA
ST. JOHNS PRE-SCHOOL - Fredonia	Fredonia	17	13	4	0	0	02/20/09	NA
ST. JOHNS PRE-SCHOOL - Port	Port	7	7	0	0	0	2/10/2009	NA
ST. MATTHEW'S CHRISTIAN CHILD CARE	Port	6	2	4	4	0	2/9/2009	3/24/2009
TOTAL = 28 SCHOOLS/DAYCARES		581	479	107	63	4		

WIC: WOMEN INFANTS AND CHILDREN

In 2009 the Ozaukee County WIC Program served an average of 496 participants each month. The number of food packages issued this year was 5280. There were a total of 900 people (unduplicated) served by the program throughout the year.

Starting in January WIC implemented their new program, 'The New WIC Way: Foods and Focus'. This involved new food packages and educational messages; along with a strong focus on breastfeeding as the normal way to feed babies. WIC vouchers available with the program have different foods, new alternatives and different quantities of the foods offered. Each participant receives a nutrition and health assessment at each 6 month certification. Lead screening and needed immunizations are offered at each visit. This year, Seasonal Flu Vaccine along with the H1N1 vaccine, was offered to eligible clients after their WIC visit. A Public Health Nurse assesses every pregnant woman participating in WIC and offers her pregnancy/ parenting education along with information on available community resources. Breastfeeding continues to be recommended as the best nutrition for his or her baby to each pregnant participant. The Breastfeeding Peer Counselor continues to provide telephone support both prenatally as well as various times throughout the postpartum period. She also provides Breastfeeding Classes and home visits to those who need additional support. This year 81.6 % of moms (that were on WIC prenatally) initiated breastfeeding post delivery.

Ozaukee County has 12 contracted vendors where clients can redeem their vouchers. In 2009, WIC drafts generated \$ 347,169.87

This year the Farmers Market Nutrition Program was again offered in our WIC Program. Its major goal is to increase the choice and consumption of fresh fruits and vegetables and at the same time help promote greater business for local farmers. WIC participants also have a greater awareness of the local Farmers Markets and utilized this resource more than last year. In 2009, vouchers worth \$2307 were redeemed for recipients in Ozaukee County.

Healthy Child Wellness Clinic:

The program is designed to assist families with children between 0 and 18 years old, living in Ozaukee County who have: no medical insurance, insurance that does not cover well child check-ups, insurance with high deductibles and/or high out-of-pocket costs for families with a low to middle income who do not qualify for Medicaid or BadgerCare.

A healthy child clinic visit is designed to:

- keep the child healthy and up-to-date with immunizations against many childhood diseases.
- allow parents to ask questions and to discuss concerns about their child's overall health.
- give the doctor and parents the chance to talk about child safety and developmental issues.
- help identify health problems or growth and development delays and assist in referring children for additional services.

Services Offered

- Physicals provided by volunteer Pediatric, Family Practice, and/or General Practice Physicians.
- Child Health History review
- Screening and assessment of physical, dental, growth and development, and nutritional needs

- Hemoglobin (blood Iron) for children 1-18 years old and Lead screening for age 6 months through 5 years
- Hearing and Vision Screening
- Immunizations are available and given as needed
- Counseling on illness prevention, good nutrition, injury prevention, parenting and discipline are offered.
- Referrals will be made to other professional services as needed
- Clinics are held by appointment several times a year at the Health Department based on physician availability and services are provided by appointment.

Well Child Service Providers: Physician services were provided voluntarily by Mark Mitchell, MD. Nursing services, immunizations, hemoglobin and lead tests are provided by the Ozaukee County Public Health Department

CHRONIC DISEASE AND INJURY PREVENTION

Chapter 255 and HFS 140 (1)(a)(4)

CARDIOVASCULAR RISK REDUCTION/BLOOD PRESSURE CONTROL PROGRAM:

Adult Health Screening & Education programs conducted by the Health Department were offered to Ozaukee County worksites again this year. Only one worksite participated (possibly due to economic restraints). This program provided blood pressure, cholesterol & diabetes screening, identification of the individual participants' risk factors for heart disease & diabetes, and health counseling by a Registered Nurse.

The Blood Pressure Control Program conducted by volunteers through the Health Department provides blood pressure screening at 3 Ozaukee County locations – Thiensville, Cedarburg, and Port Washington. Participants receive oral and written information regarding their screening results.

PREVENTION GRANT: Consolidated Grant – Prevention Program Objective

2009 was the 3rd year that the Health Department was able to provide the “Sure Step” falls prevention program for seniors. The Health Department is the only Ozaukee County entity with a specially trained “Sure Step Assessor” able to provide this falls prevention program developed by the University of Wisconsin Falls Clinic. Participants receive an in-home, in-depth assessment of their risks for falling, written recommendations to reduce their risk of falling and referral to community resources as needed.

WISCONSIN WELL WOMAN PROGRAM

The Wisconsin Well Woman Program (WWWP) provides preventive health screening services to low income, uninsured or underinsured women residing in Wisconsin. Breast and cervical cancer screening has been the primary reason for funding since 1994. The grant is provided by the U.S. Centers for Disease Control and Prevention and administered for the WWWP by the Wisconsin Department of Health and Family Services, Division of Public Health. Women screened and diagnosed with breast or cervical cancer may be eligible for Wisconsin Well Woman Medical Assistance (WWMA). WWMA pays for treatment of breast and cervical cancer.

WWWP also provides multiple sclerosis (MS) screening and support services. Women who have a high probability of having MS are referred to a primary care provider to start the MS assessment. Women who are determined to need further diagnostic testing are referred to a Regional MS Center. The program's primary focus continues to be breast and cervical screenings, and MS support services.

Eligible women are enrolled through Ozaukee County's WWWP coordinator. The WWWP focuses on women who are age 35 through 64 with a household income at or below 250% of the current federal poverty level. In 2009, 68 women participated in the WWWP screenings. Fifteen (15) women had abnormal screenings and needed further evaluation and follow-up. Thirteen (13) women are currently enrolled in Wisconsin Well Woman Medical Assistance T-19 (WWMA) for treatment of cancer. Twelve (12) women are under treatment for breast cancer and one (1) for cervical cancer.

For more information or to enroll in the WWWP contact the Ozaukee County Public Health Department at 262-284-8170 or 262-238-8170 Monday thru Friday between the hours of 8:30 AM to 5:00 PM.

2009 OZAUKEE 100 FUND

The Ozaukee 100 Fund is administered through Columbia St. Mary's Foundation and provides financial assistance for full or partial payment of women's health screenings. The breast cancer screening portion of the program encourages 100% of women in Ozaukee County to have routine breast cancer screenings. Eligible women must live in Ozaukee County and would not otherwise be able to get needed screenings. Financial assistance for other health services is considered depending on availability of funds earmarked for general use. Women can use the health care provider of their choice for screenings. Enrollment for this program is through the Ozaukee County Public Health Department. For more information about the Ozaukee 100 call the health department Monday thru Friday between the hours of 8:30 AM to 5:00 P.M. at 262-284-8170 or 262-238-8170.

In 2009, 27 women were screened through the Ozaukee 100 Fund. The work of the coalition is supported by tax deductible donations to Columbia St. Mary's Foundation Ozaukee. When donating, please specify if you wish your donation to be used for breast health or general use. Checks should be made payable to: CSM Foundation, 4425 N. Port Washington Rd. Glendale, WI 53212. In the lower left notes line on your check, please add "Ozaukee 100 Fund".

TOBACCO CONTROL INITIATIVES

Ozaukee County Public Health Department maintains strong community partnerships in effort to control use of tobacco and decrease exposure to secondhand smoke.

A Tobacco Prevention and Control grant was procured for 2009. Activities and strategies were in collaboration with tobacco control coalition coordinators from North Shore and Washington counties and included: a 10 minute coffee break with Mark Gottlieb in February; a legislative breakfast for 40 community advocates hosted at the Feith Family YMCA in March, 5 local legislators attended for 3 presentations on the importance of smoke free air in Wisconsin; and a Women of Influence event in May with 130 women attending at the Washington County Fair Park to hear 4 dynamic presentations about smoke free air and healthy lifestyles.

The Health Department maintains representation on the Ozaukee County ATOD Consortium, which annually renews a federal grant for education and prevention efforts with youth alcohol, drug, and tobacco use. The ATOD consortium must include members from a broad spectrum of

community partners. This grant is from the Federal Drug-Free Communities Support Program, and its goal is to reduce or eliminate substance use by youth and eventually reduce use by adults.

The Ozaukee Health Initiative (OHI) members are focused on monitoring community progress related to 5 health priorities: Overweight and Obese adults and children; Alcohol and Drug Use; Tobacco Use and Environmental Exposures; Preventive Health Screenings; and Increase Use of In-Home Carbon Monoxide Detectors. We will continue to monitor Tobacco Control activities in Ozaukee County.

MIGRANT HEALTH

The Migrant Health program in Ozaukee County addresses health needs of migrant workers and their families. Approximately 120 Latino workers and their families came from southern Texas to work at the Lakeside Foods cannery in Belgium and their produce freezing plant in Random Lake. Most workers live in one of the two “migrant camps” in Belgium during their stay in Wisconsin, working May through November. These workers have low annual incomes; often have no health insurance, and minimal routine or preventive health care. Public health nursing service provided to the migrant population includes: health teaching, communicable disease follow-up, assistance with scheduling medical care appointments and coordination of care with other community agencies. There is a federally funded program for migrant workers outpatient health needs administered through Family Health/La Clinica Medical and Dental Center in Wautoma, WI. Public health nurses assist migrant workers to access providers who participate in a discounted voucher reimbursement program. Primary care, Chiropractic visits, Optometric visits, Dental care, Prescription drugs, Laboratory services, Radiology Imaging, and Radiology Interpretation are the voucher assisted services. These and many more outpatient healthcare needs are case managed by a public health nurse for the migrant workers. State of Wisconsin Vaccines for Children program and WIC services are also provided through our Public Health Department.

Highlights in 2009: The voucher program provided 10 individuals and families with outpatient medical services. Also, Family Health/La Clinica in Wautoma, WI sent their mobile medical van to Belgium twice (July and August). This mobile medical van provides many health services and screenings to migrant camp residents, such as physician assistant exams, blood work, prescriptions, and enrollment in state screening programs. If ongoing follow up is needed from the mobile medical van services, a public health nurse assists in connecting these workers to community resources and voucher health services.

Each year we give special thanks to those healthcare providers who have been very generous in meeting the migrant worker’s healthcare needs in Ozaukee County. The following providers continue to participate in the Migrant Health voucher program:

- Dr. Celestino Perez and office staff.
- Dr. Salvador del Rosario and office staff
- Greenlane Family Practice Physicians, Dr. Raymond Bauer and staff
- Columbia St. Mary’s Ozaukee Campus Hospital
- Columbia St. Mary’s Charity Care Assistance Program
- Wisconsin Radiology Associates

Without the caring and assistance of these community partners, the Migrant Health Program would suffer, being unable to meet the immediate health needs of these workers and their families.

ENVIRONMENTAL HEALTH SERVICES

Chapter 254 of the Wisconsin Public Health Statutes

Environmental Health Specialist

This year the Environmental Health Specialist addressed over 1000 citizen environmental concerns. These concerns included issues of housing and home safety, lead, indoor air quality (mold), food safety, drinking, pond and beach water quality, pest and animal control, sewage, solid and hazardous waste, radon, asbestos, West Nile Virus, occupational health, and emergency preparedness.

Many of the duties of the EHS have included providing consultation to citizens and staff on environmental issues, investigation of potential human health hazards, writing press releases, maintaining aspects of the department website, presenting monthly statistics to the County Health and Human Services Board, grant writing, assisting nursing staff with H1N1 vaccination clinics, program development and administration.

This year the Environmental Health Specialist completed the requirements of the transient non-community well sampling and inspection program. The program is funded by the WIDNR and the health department was reimbursed for each well sampled. A total of 192 public wells were sampled for bacteria and nitrates and 42 public wells were inspected.

In response to last year's arsenic grant and continued well water quality concerns the EHS worked with the WIDNR, to determine if well water drinking supplies in the county had traces of arsenic present. In 2009 the EHS addressed over 500 citizen concerns for arsenic and/or well water testing. In addition the EHS answered well owner issues and concerns about water treatment and well chlorination.

From June through September the EHS assisted the health department with an USEPA funded beach monitoring program at Upper Lake Park and at Harrington State Park. The EHS sampled beach water and the analysis for E. coli was completed by the City of Port Washington Water Utility. The EHS regularly attended WIDNR Beach Advisory Workgroup meetings to discuss and share information relative to administration of this field program and reported to the Health and Human Services Board via an end of beach season summary.

This year the EHS again assisted Concordia University to conduct their own beach program. Concordia University has a high priority public beach which opened June 15th. The EHS guided University staff and students through the details of beach monitoring, posting, and data entry. This year staff from Concordia University monitored Lion's Den.

The health department continues its effort to reduce childhood lead exposure and to identify children that have been lead poisoned. The department provides free blood lead screening to children ages six months to less than six years at WIC, primary care clinics, and upon request. The total number of children screened in the county in 2009 was 707. This department screened 30 children or 4 % of that total. Of the total number of children screened, 9 cases or 1.9% had levels of blood lead that would be a serious health concern. In all cases, PHN's and EHS's work jointly to provide both information and services. Families are provided counseling on proper nutrition and lead hazard reduction techniques. The department provides a no-cost HEPA vacuum to parents for use in the home. Case management by a Public Health Nurse is provided when necessary, as per state protocol. The EHS conducts home risk assessments, which include lead inspection and the collection of lead samples. This year State Division of Health (DHS) grant funding provided for the lead abatement of two homeowner properties. Windows were replaced in eligible properties in Port Washington and in Saukville.

In 2009 the health department continued to administer the HOME rental and homeowner rehab programs. At years end the health department completed six homeowner projects. This year the EHS applied for a Lead Hazard Control Grant thru the State Department of Commerce. The grant was awarded to the health department and funds lead hazard control projects in 2010 and 2011. 2009 is the last year for county allocations from the HOME program.

Also in 2009 the health department applied for and received a radon outreach grant from the DHS. Citizens from the county received instruction and radon screening kits. A total of 261 radon tests were completed by homeowners in the county. The health department provided appropriate follow up and consultation when necessary.

EMERGENCY PREPAREDNESS PROGRAM GRANTS:

2009 was a very noteworthy year for emergency preparedness planning. The Health Department achieved all of the required grant objectives and, along with the entire world, was confronted with a pandemic influenza. Ozaukee County Public Health Department received two grants regarding emergency preparedness; Public Health Emergency Plan Grant (PHEP) and the Cities Readiness Initiative (CRI) Grant. The CRI grant term goes from August 1st to July 31st, while the PHEP Grant is based on the traditional calendar year.

This report will first address the grant objectives and then highlights of the events that took place as a result of the 2009 Novel H1N1 Virus, the pandemic influenza. Ozaukee County Public Health Department (OCPHD) met and or exceeded all of our grant objectives. The objectives cover the following areas: Planning, Training, Assessment of Plans, Exercises and Drills, and Serving the At Risk Population. In addition, this year an objective involved the reorganization of the Public Health Consortiums.

Some of the highlights based on the objectives include:

Planning: OCPHD continued to work on the Public Health Emergency Plan (PHEP), which includes such areas as surveillance, reporting, medicine distribution, alternative plans for distributing medications/ vaccines, public messaging, risk communication, tactical communication, resource management and activation. Working on this planning process has involved many partners. We work with state, regional and local partners. After April, when the Novel H1N1 virus was identified, our partners expanded to the federal level with the Centers for Disease Control (CDC) and even a global level with the World Health Organization (WHO). We received great support from all levels. We could not have done it without the state and federal resources. We also could not do our planning without our local partners. Some of our local partners include: Columbia St. Mary's Hospital – Ozaukee Campus, Medical Clinics, Long Term Care Residential Facilities (Nursing Homes and CBRFs), Sheriff's Department and Local Law Enforcement Agencies, Fire & EMS, Concordia University, Milwaukee Area Technical College, Public and Private Schools, VOAD (Voluntary Organizations Active in Disasters), Chambers of Commerce, Ozaukee County Emergency Management, Human Services, ADRC, County Clerks Office, Highway Department, Maintenance Department, Technology Resources, Non-Profit Agencies, American Red Cross, Churches, Bus Companies, Day Care Centers and Preschools, Dentists, Funeral Homes, Libraries, Municipalities, Senior Centers, Ozaukee Volunteer Center and more. Planning has also moved us forward in the area of Communications. We are working with systems such as ESPONDER, WEDSS, MyStateUSA, Ham Radio Operators, and 800Trunking Radios. Some of these systems are more finely tuned than others and we will continue to push forward in this area during 2010 to ensure continuous improvement.

- **ESponder:** is a software solution that enables multiple first response entities to share critical information when collaborating in the preparation, response, resolution, and review processes associated with daily activities, events, and incidents.
- **WITrac:** Wisconsin Tracking, Resources, Alerts and Communication. WITrac is a tool that hospitals use to alert and communicate with each other and with their emergency response partners, not only in an emergency, but also on a day-to-day basis.
- **WEDSS:** The Wisconsin Electronic Disease Surveillance System (WEDSS) is a secure, web-based system designed to facilitate reporting, investigation and surveillance of communicable diseases in Wisconsin. It is designed for public health staff, infection control practitioners, clinical laboratories, clinics, and other disease reporters. It was used to track H1N1 cases in the state of Wisconsin.
- **MyStateUSA:** Is a communication alert system for notifying key personnel, or alerting the all or portions of the general public by sending multiple types of time-sensitive messages: voice, text and image of multiple types of device- land line, cell phone, pager and other devices.

Training / Assessments: We participated in a standardized assessment to determine a baseline for Core Competencies for all Public Health Workers based on their role in a public health emergency. This information will be used by the State to determine trainings that they will offer. In addition, locally we will take this information to develop an internal training plan. We also offered and participated in trainings in 2009 including: several trainings related to redundant and tactical communication, alternative dispensing methods, antiviral medication treatment models and emergency preparedness with partners such as schools and hospitals.

Exercises and Drills: The CDC designated and the State required us to document outcomes of performance measures in 14 different areas. These areas were chosen to determine if our agency would be able to have an effective response to a variety of public health emergencies. The measures included such areas as National Incident Management, Communication, Investigation, Surveillance and Reporting, Isolation and Quarantine, Public Messaging, Communicating with Partners, Tactical Communication Systems, and demonstration that we work on improving our plans after an Exercise. Some of the Exercises we participated in were: Documenting our response to the Novel H1N1 pandemic, Mass Clinic Exercise in FDL County, Closed Point of Distribution Site at Washington County, Active Shooter Exercise at Concordia University, Tabletop Exercise Port Washington Active Shooter, Full Scale Active Shooter at an elementary school, Homeland Security Exercise – Decontamination, OCPH & HS Tabletop Exercise Managing an event using ESponder for Special Populations and H1N1 Mass Clinics were used to test our through put, set up and flow.

Serving the At Risk Population - OCPHD facilitates the Special Populations Emergency Planning Committee meetings. This committee is made up of individuals from OCPHD, Emergency Management, Lasata Nursing Home, American Red Cross, Quad County Public Health Consortium, and Ozaukee County Human Services (The Director of HS and several of the managers that serve elderly, individuals with physical, emotional and cognitive disabilities serve of this committee.) We also have representation from Community Care, which works closely with Human Services.

- This group has been working diligently on identifying areas of need and developing strategies to meet the needs. During 2009, we met on January 27, February 11, March 2, April 9, May, June 24, October 13, and December 15. In addition we facilitated a Tabletop Exercise that involved the above groups and Law Enforcement, Fire/EMS, and County Officials.

This Committee has accomplished a great deal this year and will be implementing a Voluntary Registry for vulnerable individuals in 2010 and will continue to develop special needs shelter plans. OCPHD is also collaborating with this group to be more effective in communicating with this population. We have worked hard and we are seeing results.

Reorganization of Public Health Consortiums: In 2009, we were part of the Quad County Public Health Consortium with Washington, Sheboygan and Fond du Lac Counties. We have been reorganized and as of January 1, 2010, we will be a part of the Five County Consortium with Kenosha, Racine, Walworth and Washington Counties.

Highlights from the H1N1 Response:

- April 26, 2009 was the beginning of an incredibly busy time for Public Health. It was the beginning of our public health emergency response to the 2009 novel H1N1 Virus. Both the Federal and State government declared a state of emergency for public health.
- Communication was very intense. We were receiving an enormous amount of communication from the CDC, State Division of Public Health and health care providers. We were participating in daily and then later weekly teleconferences to ensure we were able to respond appropriately. We were sending voluminous amounts of information out to partners via blast faxes and email distribution lists.
- Enhanced surveillance, reporting and investigation systems were implemented.
- Educating the public was happening in a variety of ways.
- Public Information and working with the media was frequent.
- Resource management and inventory management systems were being tested. Supplies were limited.
- Met with Healthcare partners to discuss and plan for dealing with limited supplies, sharing supplies and discussing ethical decision making when supplies are scarce.
- Guidance for treatment, testing, reporting, and containment measures were ever changing.
- Monitoring information, completing case investigations, surveillance, isolation and education and outreach efforts were ongoing through out the summer.
- Began Seasonal Flu Vaccination Clinics in September.
- September and October were months of reaching out to many partners by providing presentations. This increased our communication and our education opportunities. It also lessened rumors and / or false information.
- Our email distribution lists were expanding, as they were quick and effective.
- No vaccine was available until October 2009.
- October we held several H1N1 Vaccination Clinics for Healthcare workers and high risk individuals.
- We also held two mass clinics serving the identified target groups. In addition, we provided vaccine to individuals by appointment in the office.
- School Based Clinics were in our plans. Our school based clinics were cancelled because of the limited supply of vaccine available to our county.
- In November we held seven public H1N1 Vaccination Clinics and vaccinated individuals by appointment in the office. Many of these appointments were serving WIC clients, Well Women clients and other individuals that access public health services.
- OCPHD administered approximately 6,100 vaccines from October 1st to November 30th.

- December we held five public clinics. These were open to anyone wishing to receive the vaccine. The vaccine was plentiful in December. We also went to five school districts within the county, vaccinating staff from all of the public and private schools. We provided a clinic at Concordia University, to vaccinate all of the students and continued to vaccinate individuals and families that access public health program and services.
- All of the clinics that OCPHD held were structured using the Incident Command System (ICS). The Command Structure consisted of the Incident Commander, Operations, Planning and Logistics, Liaison Officer, Safety Officer and Public Information Officer.
- December showed that our numbers attending clinics was beginning to decline and we began looking at modifying our clinic structure and location of the clinics as soon as mid January.
- December we administered 2,483 vaccines.
- Since OCPHD first received H1N1 vaccine, October 1, 2009 and through December 31, 2009, we have administered 8,617 vaccines. In addition to the H1N1 Vaccine, OCPHD has also administered 6,200 seasonal flu vaccines. We continued to provide updates regarding our Vaccination Clinics via our website and our Hotline. In addition we sent our schedules out to many groups and organizations via email distribution groups. Some of the groups include Chambers of Commerce, Churches, Schools, Day Care Centers, Colleges & Universities, Libraries, Municipalities, Law Enforcement, Fire/EMS, Funeral Homes, Bus Companies, Non-Profit Agencies, Special Population Planning Groups, Hospital, Businesses, and our Administrative Medical Review Committee for Pandemic Influenza. There were 27 email distribution groups, reaching out to more that 430 groups and organizations throughout the county.

Preparedness planning proved both critical and effective in 2009. We were challenged by a pandemic influenza. Gratefully, it has thus far been classified as a pandemic of moderate severity. Our plans were tested by real events. We learned from our experiences and made adjustments as we moved forward. Ultimately, we were able to serve and protect many individuals and families in our county.

OTHER PROGRAMS

COMMUNITY ASSESSMENT: HFS 140.04 (1) (a) 1, 2.

The State of Wisconsin Division of Public Health directs each county health department to perform a community assessment at approximately every five years. Ozaukee County received results in 2009 from a Community Health Survey performed every three years. This data has been reviewed by the OHI (Ozaukee Health Initiative) who is revising and recommending health priorities for Ozaukee County. The Ozaukee County five year Health Plan is currently being drafted by the OHI and will be finalized by the end of March 2010. Previous Health priorities for Ozaukee County are the following:

- Overweight or obese adults and children.
- Alcohol and drug use.
- Tobacco use and environmental tobacco exposure.
- Preventive health screenings.
- Increase presence of Carbon Monoxide detectors in homes.

Community Health Surveys are pursuant to the Wisconsin Division of Health's priority, "Healthiest Wisconsin 2020". The Ozaukee County Community Surveys were conducted by JVK Research to gather information on the health practices and health-related behavioral risks of residents.

The most recent survey performed in 2008 can be viewed via this link on our web page:

<http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/2008-ozaukee-county-report.pdf>
Community Assessment Survey results from previous years will also be available on this Aurora Healthcare website.

Each year, public health grants received from the State Division of Health are based on Health Priorities selected from Community Assessment Survey results. Grant objectives are strongly based on data gathered from these Community Health Surveys.

The Ozaukee Health Initiative (OHI) is a group of county and community members who review the health survey results, and continuously monitor community activity relating to our health priorities. OHI membership currently includes: chairperson is a County Board Supervisor and previous Board of Health chairperson; Director of Ozaukee Public Health Department; an additional County Board Supervisor; an Ozaukee County Public Health Nurse; the Director of Ozaukee Human Services; the Director of Ozaukee County Planning, Resources, and Land Management; the Manager of Ozaukee Community Programs; the Columbia St. Mary's Ozaukee Campus Director of Operations; the Director of Programming at the Saukville Faith Family YMCA; and the primary programming Specialist at Ozaukee Council, Inc. We are also fortunate to have an epidemiologist available for consultation at the State Division of Public Health Southeast Regional Office in Milwaukee.

Through networking in the OHI membership and the Community Assessment Survey process from the State Division of Health, Ozaukee County is able to keep apprised of community needs as they arise, rather than chase a problem which may have grown too large for effective intervention.

NURSING STUDENT PRECEPTOR PROGRAM

Ozaukee County public health department participates in providing public health clinical experiences to undergraduate and BSN completion nursing students. In 2009 the health department provided three universities with clinical experiences.

The health department provided experiences to four students from Concordia University, three of these students were in the BSN completion program. Two students were from the University of Wisconsin Oshkosh, one of the students spent the summer semester with us. One student from the University of Milwaukee was with the health department from August thru mid December.

The Emergency Preparedness Coordinator taught two classes of nursing students at Concordia University and one class at Milwaukee Area Technical College about emergency preparedness.

VOLUNTEERS:

Public Health and the citizens of Ozaukee County benefited from many hours of service from many generous people who gave their time and talents for our public health programs.

Ten volunteers donated 119.5 hours at our Blood Pressure and Adult Health Screenings. One volunteer donated 160 hours of service to our Children with Special Health Care Needs program. One volunteer donated 30 hours at our immunization clinic in Mequon. An estimated 400 volunteers donated 350 hours of service to the school hearing and vision programs at our schools. Approximately 83 volunteers donated approximately 489 hours at our flu/pneumonia and HINI clinics.

Health Data and Information for Ozaukee County Web Links:

The health department maintains current information and links for health issues on their web page. WEB page: <http://www.co.ozaukee.wi.us/PublicHealth/index.html>

Ozaukee County Health Profiles by year:

<http://dhs.wisconsin.gov/localdata/counties/ozaukee.htm>

Ozaukee County Burden of Tobacco:

http://www.medsch.wisc.edu/mep/downloads/Documents/technical_reports/Burden%20of%20Tobacco%202006.pdf

Burden of Suicide:

<http://www.mcw.edu/display/docid20172/BurdenofSuicideinWisconsinReport.htm>

Burden of Suicide for Ozaukee County:

<http://www.mcw.edu/FileLibrary/Groups/InjuryResearchCenter/pdf/Ozaukee.pdf>

Wisconsin Health Rankings 2009:

<http://www.countyhealthrankings.org/wisconsin/ozaukee>

Wisconsin Health Rankings 2008:

<http://www.pophealth.wisc.edu/UWPHI/pha/wchr.htm>

Ozaukee County Health Rankings snapshot 2008:

<http://www.pophealth.wisc.edu/UWPHI/pha/wchr/2008/snapshots/ozaukee.pdf>

Environmental Health Tracking, Division of Public Health:

<http://165.189.78.7/EPHTWebsite/default.aspx>

Burden of Injury, Ozaukee:

<http://dhs.wisconsin.gov/health/injuryprevention/pdffiles/injuryreport.pdf>

2009 COMMUNICABLE DISEASE STATISTICS-OZAUKEE COUNTY

REPORTABLE DISEASES-DIAGNOSED CASES	Fred./Belg.	Port/Sauk.	Grafton	Cedarburg	Meq/Thien	Total 2009	Total 2008	Total 2007
Amebiasis						0	2	n/a
Blastomycosis					1	1	1	1
Campylobacter	1		2	3	9	15	8	18
Cat Scratch Disease						0	0	0
Cryptosporidium					1	1	5	7
E. Coli O157:H7	1	1		1		3	1	1
E. Coli-shiga toxin positive (other than O157:H7)		1				1	4	2
Ehrlichiosis						0	0	1
Encephalitis						0	0	0
Giardia		1		1		2	9	13
Haemophilus influenza B						0	0	0
Hepatitis A						0	1	1
Hepatitis B		2		3	1	6	12	7
Hepatitis C	2	5	6	3	13	29	17	9
Histoplasmosis						0	2	n/a
H.I.V.					2	2	3	1
HUS (Hemolytic uremic syndrome)	1					1	1	n/a
Influenza-H1N1 novel influenza virus	23	41	39	39	109	251	n/a	n/a
Kawasaki Syndrome						0	1	3
Legionairres					1	1	0	0
Listeria						0	0	0
Lyme Disease	1	5	7	2	6	21	3	5
Malaria						0	0	1
Measles						0	0	0

REPORTABLE DISEASES-DIAGNOSED CASES	Fred./Belg.	Port/Sauk.	Grafton	Cedarburg	Meq/Thien	Total 2009	Total 2008	Total 2007
Meningitis-bacterial						0	0	0
Meningitis-viral						0	0	1
Meningococcal disease						0	0	0
Mumps (confirmed/probable/suspect)		1				1	0	1
Mycobacterial disease (non-tubercular)		2	1	4	4	11	12	13
Norovirus-outbreaks					1	1	2	7
Ova & Parasites (misc.)						0	0	0
Pertussis (confirmed/probable/suspect)		4	1		3	8	2	22
Rubella						0	0	0
Salmonella	2	2		3	2	9	16	24
Shigella			1		1	2	4	1
STD's: Chlamydia	5	22	8	7	25	67	57	62
Gonorrhea	2	4	1	5	6	18	18	17
Syphillis					4	4	0	4
Strep A (invasive)	1	2		1	1	5	1	4
Strep B (invasive)				3	2	5	5	4
Strep Pneumo. (invasive)	1	2	2		1	6	5	6
Toxic shock syndrome						0	0	0
Tuberculosis-Active disease (confirmed/suspect)				1		1	0	0
Tuberculosis-Inactive (old TB-inactive)					3	3	2	0
Tuberculosis-Latent infection (non-contagious)	1	5	1	1		8	10	3
Varicella	3	1		2	1	7	9	n/a
West Nile Virus						0	0	0
Yersinia						0	0	0
Sub-total	44	101	69	79	197	490	213	239

REPORTABLE DISEASES-DIAGNOSED CASES	Fred./Belg.	Port/Sauk.	Grafton	Cedarburg	Meq/Thien	Total 2009	Total 2008	Total 2007
<u>MISCELLANEOUS REPORTABLE DISEASES:</u>	<u>Fred./Belg.</u>	<u>Port/Sauk.</u>	<u>Grafton</u>	<u>Cedarburg</u>	<u>Meq/Thien</u>	<u>Total 2009</u>	<u>Total 2008</u>	<u>Total 2007</u>
Haemophilus (non type B)		1			1	2	4	1
Toxoplasmosis		1				1	0	0
Sub-total	0	2	0	0	1	3	4	1
<u>EXPOSURES TO REPORTABLE DISEASES</u>	<u>Fred./Belg.</u>	<u>Port/Sauk.</u>	<u>Grafton</u>	<u>Cedarburg</u>	<u>Meq/Thien</u>	<u>Total 2009</u>	<u>Total 2008</u>	<u>Total 2007</u>
Chlamydia-exposure follow-up		1				1	0	0
Hepatitis A				1		1	0	0
Measles-exposure			2			2	0	0
Pertussis-exposures to pertussis			1		5	6	8	81
Salmonella-exposure	1					1	0	0
Tuberculosis-exposures to tuberculosis				178		178	23	1
Sub-total	1	1	3	179	5	189	31	82
<u>INVESTIGATION ONLY-NOT CONFIRMED</u>	<u>Fred./Belg.</u>	<u>Port/Sauk.</u>	<u>Grafton</u>	<u>Cedarburg</u>	<u>Meq/Thien</u>	<u>Total 2009</u>	<u>Total 2008</u>	<u>Total 2007</u>
Lyme Disease		1	1			2	2	n/a
Foodborne illness	1			1		2	4	7
Gonorrhea					1	1	0	0
Haemophilus					1	1	0	0
Sub-total	1	1	1	1	2	6	6	7
TOTAL:	46	105	73	259	205	688	254	329

End of Report