Board of Health

Regular Meeting

Revised Agenda

335 South Broadway
De Pere, WI 54115
http://www.de-pere.org

Monday, November 18, 2019 **5:30 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **Board of Health** of the City of De Pere will be held on **November 18, 2019** at **5:30 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

I.

1. Call to Order
2. Roll Call
3. Approval of 8-20-2019 special meeting minutes
4. Approval of September 16, 2019 meeting minutes
5. Approval of revisions to Sec.74-2. of the Municipal Ordinances
6. Change of Medical Advisor for the Health Department

   A. Approval of Dr. Steve Stroman as Medical Advisor to the Board of Health, subject to approval of Agreement with BayCare Aurora, LLC

   B. Review and Recommendation to the City Council to Approve Board of Health Medical Advisor Agreement with BayCare Aurora, LLC (d/b/a Aurora BayCare Medical Center)*
7. Presentation of 2020-2025 Strategic Plan for the Health Department
8. Discuss having Board of Health meetings televised on the closed circuit TV
9. Community Health Updates regarding staff trainings, outreach activities and quarterly disease report
10. Public Comment on Matters not on the Agenda
11. Future Agenda Items
12. Adjournment

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk's office at 339-4050 by Noon, the previous day so that arrangements can be made.

*** Items with an asterisk require City Council approval.**

Agenda Sent To:
Alderpersons
City Administrator
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City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**November 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Approval of 8-20-2019 special meeting minutes**

ATTACHMENTS:

- 8.20.19 BOH Minutes(PDF)

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – August 20, 2019

The Board of Health of the City of De Pere, Wisconsin met in special session in the Riverview Conference room at City Hall, on Monday, August 20th at 7:00 p.m.

1. **Call to Order**

The meeting was called to order by Dennis Hibray at 7:00 pm.

2. Roll Call

Roll call was taken and the following members were present: Casey Nelson, Dennis Hibray, Ryan Jennings and Dr. Michael McHenry. Dr. Erdman was absent. Also present were Kristen Johnson, Deborah Armbruster, and Kelly Burke. Public attendees were Julio Reyes, Kharen Reyes, Christopher Reyes and Joe Zehren. Officer Tony Phelps from the De Pere Police Department was also in attendance.

3**. Hearing on the City of De Pere Determination of Dangerous Animal Order issued by the De Pere Health Director, Deborah Armbruster on 7/19/2019**

Dennis Hibray read the Dangerous Dog Order indicating that on three occasions (June 13, 2019, June 18, 2019 and June 28, 2019) the dog owned by Julio Reyes allegedly chased or approached a person in a menacing fashion with an apparent attitude of attack without provocation on public or private property. Dennis Hibray read the rules of the hearing out loud and Kristin Johnson further detailed the format of the meeting.

Debbie Armbruster reported that she learned of 3 reports involving Jacko (dog) at 2090 Charles Street.
On June 13th, a man was out for a walk when the dog left the owners property, crossed the sidewalk and jumped up on him. The dog was aggressive and snarling. The dog bit at the man's shirt sleeve, causing him to back up and trip over the curb, falling into the road and hurting his head and wrist. The incident occurred on public property without provocation.

Debbie reported that on June 18th, an 11 year old girl was riding her bike past 2090 Charles Street. The dog was sitting in the front yard and was not attached to a leash. As the girl rode past, the dog charged at her without provocation and bit her in the upper left thigh and left calf area. The bites caused a large bruise and two puncture marks on her thigh as well as two puncture marks and a large cut on her calf. This incident occurred on public property without provocation.

The third incident involved a 16 year old girl that was walking past 2090 Charles Street. She saw the dog in the driveway. The dog then left the driveway, went through the yard, crossed the street and bit her in the buttocks on her upper right thigh, causing four puncture wounds which were bleeding. The dog also bit her in the lower right leg area, but there was no injury to this area. The victim did

receive medical care for her injuries. This incident occurred on public property without provocation.

At that time the owner, Kharen Reyes was issued a citation for animal at large.
Due to these three incidents, it was determined that the dog was a dangerous dog to the public.

Kharen Reyes explained that after the first incidence on 6-13-19, a police officer called her husband at night. In this case, there was no bite and no blood. The dog just grabbed the person's sleeve. With the second incident, the family was aware of it and saw the bite. Kharen reported that she and her son went to the victim's house and apologized to the girl for the incident.
Kharen stated that in regards to the third incident, the Reyes family is not convinced that the dog involved is their dog. The police officer said it was a brown and white dog. Kharen reported that this is not the characteristics of her dog as her dog is black and white. She said her son was home alone when the officer and the victim (girl) came to the house and the girl pointed at Jacko to identify him as the dog that bit her. Kharen Reyes reported that her son said he did not let the dog out of the house at the time the incident occurred. Per Kharen, the family made sure Jacko wasn't on their property without a leash and supervision. He (Jacko) was in quarantine and the family followed the rules they were asked to do. The family proved that Jacko had his rabies vaccinations and had 3 visits to the veterinarian. Kharen was working at the time of the third incident and her husband had just left the house. Since Kharen's son said he did not let the dog out, they are wondering what happened. Kharen reported that her neighbor has a brown and white border collie, which her husband had witnessed trying to bite somebody walking in front of the house.
Julio Reyes reported that his son told him that the officer was looking for a white and brown Collie, and Jacko is black and white. Kharen suggested that it may be a possibility that the dog involved in this incident was not their dog. Kharen feels sorry for the girl and is not trying to be disrespectful, but Julio and Kharen believe their son when he says he did not let the dog out.
Kharen reported that Jacko only chases after people to play, so they don't know why he bit in the first 2 incidents. Kharen reported that they had taken Jacko to the grooming place in De Pere and the boarding place, and they have never had a bad report, so this is a new situation occurring in a period of 2 weeks.

Kharen Reyes stated that her family came to the hearing because they wanted to give their opinion. They understand that the city has rules and because there were 3 incidents, the dangerous dog order was given. Kharen (and family) believe that the 3rd incident may not involve their dog, which would mean there is only 2 incidents involving Jacko.

Dennis Hibray clarified that the Reyes were admitting that their dog was involved in the first two incidents, but were questioning the 3rd incident.

Kharen Reyes added that she never talked to the man in the 1st incident, but did talk to the neighbor girl from the 2nd incident. Kharen repeated that they are questioning if the third incident involved their dog, Jacko.

Dennis asked the age of the dog. Kharen responded that the dog is 2 years 8 months old.

Dennis Hibray questioned if the dog attacked the first 2 victims without any provocation by the victims. Kharen didn't witness the incidents but acknowledged that they happened. Kharen explained that when Jacko is playing with her son and his friends, he chases them and plays rough with them.

Julio Reyes added that they never had issues like this prior to these recent events. The family bought the dog to assist with their son. Their son's doctor recommended getting a dog. The son, Christopher, had been very sad and went to therapy, and the dog brought about a positive change in him. Julio stated he will take the dog to more training if needed. Julio said the dog is normally friendly.

Dr. McHenry asked Christopher Reyes if the dog ever bit or chased him. Christopher said Jacko is a herding dog, so he will chase him when he runs. He does not try to bite him. The dog has scratched him, but has not bit him.

Dennis Hibray asked if the dog was still in quarantine when it bit the 3rd person. Christopher Reyes responded that Jacko was in the last day of quarantine. The dog had been placed in quarantine after the 2nd incident.

Officer Phelps clarified that in the first incident the gentleman was walking by and the dog jumped up on him. He fell and hit his head and hurt his arm. The man did not want the dog owners to get in trouble. There was no bite, so no quarantine was issued. With the 3rd incident, Julio had turned in the quarantine rabies control order form on that date. Officer Phelps investigated the third incident. He explained that he thought the girl had reported it was a brown and white dog, so when he talked to Mrs. Reyes, he said brown and white. After he was informed that the Reyes dog was black and white, he called the girl involved and her mother. The girl identified the dog as a black and white dog, so the incorrect coloring was an error by Officer Phelps. The girl met the officer at the incident site and identified the dog's address as 2090 Charles St. They walked up to the front of the house and saw the dog through the door. She identified the dog (Jacko) as the one that bit her. Officer Phelps added that as they were walking up to the door, the dog made a loud snarling noise. Officer Phelps believes the Reyes dog was the dog involved in the 3rd incident. The 3rd incident appears to have happened about the time Julio left the residence to deliver the completed rabies control order to the city of De Pere Health Department.

Julio Reyes added that the 3rd incident occurred across the street in front of a house that has 2 brown and white Collies.

Dennis Hibray asked the family how the dog was quarantined. Kharen explained that the family took Jacko to the Humane Society because they were out of town for a wedding. They dropped him on June 20th and picked him up on the 25th. The quarantine was completed on June 28th. The dog was inside the Reyes house from the 25th to the 28th. He was only outside to relieve himself. Kharen again stated that Christopher said he never let Jacko out on the date of the third incident. She doesn't think her son is lying.

Joe Zehren, the victim in the first incident, was present at the meeting. He described what occurred during his incident. He reported that he usually bikes or walks every morning. Sometime between 7:00 and 8:00 in the morning, he was walking at a brisk pace. The dog came up behind him and he felt 2 paws hit him in the back. This jolted him forward. The dog is probably 50 -60 pounds. Then, the dog ran in front of him and Joe stopped. The dog then jumped at his face and was nipping at his face. Joe then put his arm up and the dog bit his sleeve and was pulling at his shirt. Joe was hoping the dog had a shock collar on so he stepped off the sidewalk towards the road. The dog kept coming after him. Joe took some steps backward and tripped on the curb, hit his tailbone, rolled up on his back and cracked his head on the street. He scratched up his hand and elbow. When he fell down, the dog took off. He didn't want a family to lose their dog over 1 incident, but thought he should report it since many children walk through the neighborhood. Joe reported that the dog attacked him aggressively. It was more than playful.

Officer Phelps clarified that the 2nd bit victim reported that the dog was in the driveway at 2090 and crossed the street to bite her while she was walking.

Dennis Hibray took a vote to go into closed session. Casey Nelson, Dr. Michael Mc Henry Dennis Hibray and Ryan Jennings were in favor.

The hearing went briefly into closed session.

The hearing re-opened. Dennis Hibray reported that after deliberation the board has determined that the allegation contained in the determination of a dangerous animal order issued July 19, 2019 are sustained. The dog owned by Julio and Kharen Reyes, known as Jacko, was dangerous. Therefore the animal must be removed from city limits within 48 hours of receiving written notification of this determination. The decision of the Board may be appealed in circuit court. A motion was made by Ryan Jennings to uphold this order. The motion was seconded by Dr. McHenry. All Board members were in favor. The motion passed.

Kharen Reyes asked if the dog could reside in Green Bay. Kristin Johnson responded, telling Kharen that she would have to check with Green Bay to see what their ordinances are based on what happened in De Pere.

4. Adjournment

Dennis Hibray made a motion to adjourn the meeting. The motion was seconded by Casey Nelson. The motion passed unanimously. The meeting adjourned at 7:45 pm.

Respectfully Submitted,
Kelly Burke
Health Department Office Assistant

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**November 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Approval of September 16, 2019 meeting minutes**

ATTACHMENTS:

- 9.16.2019 BOH Minutes (PDF)

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – September 16, 2019

The Board of Health of the City of De Pere, Wisconsin met in regular session in the Nicolet Conference room at City Hall, on Monday, September 16th at 5:30 p.m.

1. **Call to Order**

The meeting was called to order by Dennis Hibray at 5:31 pm.

2. Roll Call

Roll call was taken and the following members were present: Casey Nelson, Dennis Hibray, Ryan Jennings, Teresa Gulyas and Dr. Michael McHenry. Also present were Deborah Armbruster and Kelly Burke. Public attendees were Tara Czachor, Jennifer VanDenBusch, Megan Buczek and Amy Schauland. Dr. Erdman arrived at 5:35 pm.

3**. Approval of May 20, 2019 Meeting Minutes**

Casey Nelson made a motion, seconded by Dr. Michael McHenry to approve the minutes of the May 20, 2019 Board of Health Meeting. Upon vote, the motion passed unanimously.

4. **Introduction of new Board of Health member – Teresa Gulyas**

Teresa Gulyas introduced herself. She recently moved from Virginia. She grew up in Wisconsin. She returned to De Pere to spend time with her mom, Patricia Finder-Stone, who served on the De Pere Board of Health. Teresa graduated from the University of Wisconsin Madison and practiced in a variety of Public Health settings.

5. DRAFT 2020 Health Department Budget

Deborah Armbruster explained that not much has changed in our budget. Our programs have stayed the same. We have added the Stay at Home assistance program in the past few years. We did not add the Stepping On program in the budget because that will begin in 2020. Debbie explained the performance measures are in line with what they should be for our grants. Our consortium with Menasha is still in place for DATCP. Deborah Armbruster reported that we will continue the Consortium with Menasha. We will pay them $2,350 for January through June, 2020. Trista doesn't need as much time with Todd, so the price is lower. After June, Trista will be on her own. We did our self-assessment for the consortium for 2019 and now we have to put the agent contract together. Once that is approved (probably in April, 2020), Trista Groth would no longer need to have Todd Drew overseeing her as we would have an independent agent contract. Then, Trista will need to be standardized within 18 months. Debbie has asked for that process to be accelerated.

Deborah Armbruster reported that it is our goal to have one additional staff member at each meeting to give updates/ overview (beside herself and Kelly Burke). With environmental health, due to legal reasons, no details can be given

in case the issue comes to a hearing in front of the Board of Health. Debbie reported that she had to involve one of the Board members with an issue recently and should that issue come to a hearing, that Board member will not be able to vote.
Casey questioned the agent contract versus the Consortium contract. Debbie explained that in the past we had our own agent contract with the State of Wisconsin and did not need to affiliate ourselves with anyone. Because we do not have a state standardized sanitarian right now, we needed the consortium to maintain an agent contract. Technically, Menasha has our agent contract right now.

Dennis Hibray summarized that according to the budget, we are looking at a 1.93% increase from last year to this year. Debbie reported that a few of our grants decreased by about $100. However, due to raising our fees, we are bringing in more money through DATCP.

Dr Michael McHenry questioned the negative value in the medical supplies to date under the general fund. Debbie explained that this is a credit of the money we have not used in this account. We are slowly lowering the budget for this account as we tend not to use it all and increasing our office supplies budget.
Debbie explained that our Helmer refrigerator was able to be paid for by our preparedness grant because we use it for all vaccine used in routine and emergency situations. Dr. Erdman questioned what vaccines our Preparedness grant was used for. Debbie explained that Preparedness money is not normally for vaccine, but we were able to purchase 120 doses of adult flu vaccine under our Preparedness grant this year which we gave to the community during a mass exercise.

Dr. Michael McHenry questioned the decrease in health and dental costs to employees. Debbie explained that our HR department did get a reduction for these expenses for next year. Casey Nelson added that there are healthy fund balances for health and dental.

Board members questioned the 83% immunization goal. Debbie reported that this number is set by the state to qualify for the grant money. Dr. Erdman added that 83% is not adequate for herd immunity; you would need 90-95%. Our personal goal is 90%. To reach this benchmark, Debbie reported that the De Pere Health department has put up a banner on Reid St. We are promoting immunizations through the schools. Sara Lornson, Erin Bongers, and Debbie Armbruster are planning to visit the clinics in De Pere with emphasis on the HPV vaccine as cancer prevention. Dennis Hibray added that it is a difficult message to promote when there are a few people on the news saying to not get vaccinated. It is frustrating for public health.

Ryan Jensen asked if money was allocated to promote what the Health Department does, such as pamphlets, etc. Debbie explained that we are trying to do our advertising with the grant moneys for the specific program. We have increased office supplies by $500 to help with additional advertising and

increasing prices. We have moved some our printing in house to help save money on our advertising. Kelly Burke explained that we have a lease with a printer company which covers all our toner. Then we just pay a small charge per print, which is a small fraction of what we would pay Badgerland Printing. It is much more cost effective to print in house. We do not use the high quality paper, but since we design the brochures ourselves, the imagery is identical. By saving the money from printing in house, we can do more advertising. Deborah Armbruster explained that we really like Badgerland Printing, and still use them for business cards and other miscellaneous items.
Dennis Hibray added that we had a Strategic Plan meeting recently and this was an area we were addressing – how we can promote public health activities and look at potential funding sources from the community to help support our programs.

Casey Nelson made a motion to approve the draft health department budget. Dr. Michael McHenry seconded the motion. Upon vote, the draft budget was approved.

6. DRAFT 2020 Board of Health Budget

Debbie reported that we cut our training budget from $200.00 to $100.00 because it was not being used.
Ryan Jensen made a motion to approve the draft Board of Health budget. Dr. Michael McHenry seconded the motion. Upon vote, the draft budget was approved.

7. Progress of Strategic Planning for 2020-2024

Debbie reported that we have had 3 meetings for Strategic Planning. The last time Strategic Planning was done was in 2014 for the years of 2014-2019. Now we are completing Strategic Planning for the next 5 years. We had some board members attend the meetings, giving input, which was really helpful for us.
We have one more meeting and the plan will be completed for our November meeting. This has been a new process for our staff. We will meet again on October 21st and have the final Strategic Plan draft at our November meeting.

8. Community Health Updates regarding staff trainings, outreach activities and quarterly disease report

Debbie reported that the updated information is in the packet. Dennis Hibray had a question on the disease incidence rate. Debbie reported that Chlamydia is up and Lyme's is being reported more frequently. Carbon monoxide is now being reported. Dr. Erdman added that the physicians are seeing a lot of summer carbon monoxide poisonings due to power losses where people use unventilated generators. This is in addition to the occasional suicide attempt. We need to do more education on the proper use of generators and using carbon monoxide detectors. Perhaps we can find a grant for this or corporate sponsors to distribute carbon monoxide detectors. Dr McHenry suggested a program where carbon monoxide detectors are given with the sale of a generator. Debbie added that with our Stay at Home Assistance program, we do replace carbon monoxide detectors (which were donated through the Red Cross).

Teresa asked if there was anything in the budget to cover an umbrella of environmental things. She reported that she attended a program - Clean Bay Backers who were talking about coal tar sealants causing increase in pediatric cancers. Casey Nelson added that De Pere has a Sustainability committee who will be brining that issue to City Council to ban the use of coal tar sealants. Asphalt based or concrete based would be allowed. Dennis Hibray suggested that some of the education regarding generators may be put in the city newsletter. Debbie added that we could also do an ad at the De Pere Cinema. Dennis also suggested giving Mike Warner a call at the state indicating that we have noticed an issue with carbon monoxide from generators in our area and see if they can put information together to send out.

9. Public Comment on Matters not on the Agenda

Tara Czachor, a parent who has children in the West De Pere school district stated that she appreciates the Health Departments goal of reducing communicable disease, but has serious concerns about the policies currently in use in local health departments and the Wisconsin Department of Health, which are based on recommendations made by pharmaceutical companies. She wanted to address why some parents may be hesitant to vaccinate according to CDC recommendations. Per Tara, recently the Journal Sentinel stated that 50,000 unvaccinated children have returned to school in Wisconsin. Tara clarified that there may be 50,000 children who use an exemption, but they may only be opting out of 1 required dose to attend school. This does not mean all these children are completely unvaccinated. Per the Wisconsin Department of health, only 1.1% of students had waived all immunizations during the 2018-2019 school year, which is only about 10,600 students. Per Tara, shouldn't we be questioning why parents are opting out of at least one of the required vaccines on the schedule? Tara does not believe her tax dollars should be spent by any health department on lobbying for legislation aimed at discriminating against a small minority of families who have decided that the one size fits all vaccine policy is not in the best interest of their child. By lobbying for Representative Gordon Heinz's bill to remove the personal conviction vaccine exemption, government health officials are proving they are more interested in policy than in betting societal health. Parents can consult with their trusted medical provider to make fully informed decisions regarding the use of vaccines for their children. The state should not compel or mandate the use of liability free pharmaceutical products. Tara stated that these mandates are an assault on individuals to receive full and informed consent. Informed consent allows us to choose what goes into our bodies and our children's' bodies. Tara explained that people have rational and valid reasons for not vaccinating, including seeing their child have a severe reaction. Parents are all that stands between corporate power and our children. Tara stated that as a college educated mother, she would like the Board to consider the following three questions:

1. Can we really trust pharmaceutical companies with our health and the health of our children?
2. Are the vaccines manufactured by pharmaceutical companies like Merck truly safe and effective?

3. If vaccines have not been evaluated for their carcinogenic or mutagenic potential or potential to impair fertility, can we really say that the science is settled?

Tara pointed out that according to the alliance for human research protection, first do no harm. The past 50 years have had rapid advances in drug discovery opening up collaboration between researchers, clinicians, academic institutions and profit making industries. This may lead to conflicts of interest which affect the safety of clinical trials. Tara expanded on Merck, providing an example of Vioxx, an anti-inflammatory, which researchers were concerned could cause cardiovascular issues. Despite this knowledge, Merck chose not to do studies aimed at the cardiovascular system. It is estimated that the use of Vioxx resulted in anywhere from 38-60,000 deaths prior to its removal from the market. Merck pled guilty to criminal charges and paid out large settlements and fines.
Merck is the manufacturer of the MMR vaccine and on page 6 of the product insert; it states that the MMR2 vaccine has not been evaluated for carcinogenic or mutagenic potential, or potential to impair fertility. No studies have ever evaluated these risks. Per Tara, Merck is currently being sued over 3 vaccines: Zostavax, MMR, and Gardasil. In 2010, 2 former Merck scientists filed lawsuits indicating that the efficacy studies related to the mumps portion were faked. Tara stated that medical research can be manipulated to achieve desired results.
Tara also commented on the revolving door between regulatory agencies and pharmaceutical companies. Tara stated that between 2002 and 2009, Julie Gerberding was the director of the CDC. After resigning, she began working for Merck as the president of the vaccine division. While at the CDC, she oversaw the approval of Merck's Gardasil for girls age 11-12.
Another example Tara gave is FDA commissioner Scott Gottlieb who had been appointed to Pfizer's Board of Directors weeks after resigning. Tara concluded that the top down, public health's, one size fits all policy must be mitigated by a parents right to accept or refuse pharmaceutical products which come with both known and unknown risks.

Megan Buczek came to the meeting to better understand the health department's agenda for vaccination within the community. She stated that both pro-vaccinators and anti-vaccinators want the same goal – to make the best decision for their family. She stated honest, unbiased information is extinct. People should be able to rely on doctors and government agencies for information to make informed medical decisions. She is not concerned over who is vaccinated and who isn't, but feels the one sided, biased information is segregating our community. Per Megan, new born babies are being vaccinated for sexually transmitted diseases within hours of birth. Parents who question this practice are labeled as uneducated. She stated that a student with Hepatitis B is not considered a medical threat to the community, but a healthy, child unvaccinated for Hepatitis B is a threat. It's illegal to discriminate against the sick, but legal and encouraged to discriminate against the unvaccinated. She stated that vaccinated people still carry disease and can spread it to others in the same manner the unvaccinated do. Research shows that people respond differently to vaccines and there is no way to know how long a vaccine will be effective in each person. Approximately 7% of the population does not develop antibodies at all,

so getting 95% for herd immunity is not even possible through vaccination. Vaccines have never been tested for carcinogenesis or the ability to impair fertility. Chronic health conditions in our youth have risen from 12.8% to over 54% since the passing of the 1986 childhood immunization act which made vaccines a liability free product. In June, a banner was placed in De Pere which reads Immunizations Save Lives as well as a billboard stating that measles is still a threat and asking the public if they had their vaccine. Megan stated that despite numerous comments on your social media page from residents concerned about the vaccine, not a single inquiry was publicly addressed by the department. Per Megan, there have been more reported deaths from the MMR vaccine than there have been deaths from measles in the past decade. Vaccine education within this community has been from sources which profit off of vaccine sales. Megan asked the Board of Health to break the barriers regarding obtaining unbiased information.

Amy Schauland reported that she has seen multiple posts on the Health Department's Facebook page regarding vaccinations: measles, flu and HPV. The posts do not include the risks of the vaccines, only the perceived benefits. True informed consent required full disclosure of what can go wrong and is just as important for our public health department to discuss as the benefits. We know there are risks to vaccinating. Our federal government has paid out over 4 billion dollars in vaccine injury compensation since the 1980's. A 3 year review by The Harvard Medical School reported that less than 1% of vaccine reactions are reported to VAERS and this is the only system we have for determining vaccine injuries. In 2016, 59,000 adverse events were reported by VAERS, which included 432 deaths and over 10,000 ER visits. That's 1 percent. The real numbers could be closer to 43,000 deaths and 1 million ER visits. Per Amy, we cannot say that vaccines are safe and effective based on the fraction of events captured in VAERS.
In 1920 there were 7,575 measles related deaths in the United States. In 1960, there were 360 measles related deaths. This was 3 years before the vaccine was used and the death rate dropped by 95%. There are other factors besides vaccines that decrease mortality rates. Per Amy, if you want to make sure vaccines are as safe as they can be, then call upon congress to repeal the Vaccine Injury Act of 1986 which gave vaccine manufacturers legal immunity from death or injury caused by their vaccine. Manufacturers can't be sued if their products harm, and yet we have state governments mandating their use. The De Pere Health Department should be advocating for research and testing to be developed that would identify individuals most at risk of reacting badly to a vaccine due to genetics or environment before a single vaccine is used. Amy asked the board to demand that VAERS be made mandatory and ask for a large scale study comparing vaccinated and unvaccinated peer groups. The CDC and HHS have refused to conduct such a study. Per Amy, smaller studies have found that vaccinated children have higher rates of allergies, eczema, learning disabilities, ADHD and neurodevelopment disorders than unvaccinated children. Today over 50% of our children have at least 1 chronic disease. We are failing at health. Amy stated that for the first time in decades, children are projected to have a shorter lifespan than their parents. Are you surprised that parents are

questioning and rejecting the recommendations of mainstream agencies? Amy pointed out the corruption of profits before people, an epidemic of sick kids, and healthcare providers who ignore red flags. Amy stated that there are holes in the vaccine program that should not be filled with coercion, fearmongering or mandates or removal of exceptions. Be courageous enough to change recommendations that aren't evidence based and don't hold up to scrutiny. Our kids deserve our very best and we can do so much better.

10. Future agenda items

Ryan Jensen stated that during our strategic plan meeting we discussed having our Board of Health meeting as an awareness of the activities of the health department and one way to accomplish this would be to televise the meetings on the closed circuit TV. This would help show the public and raise money for what we do, the bike rodeos, the car seat fittings, and other special clinics. This would be a move to raise awareness. It is uncomfortable to discuss communicable disease in an open forum, yet all our data is available for public viewing. Dennis clarified that we maybe losing opportunities to generate funding because we are not using the media like other departments. Per Ryan, people don't know what the health department has to offer – everything from radon test kits to special events, vaccinations and other clinics. If people don't know, they can't take advantage of it. Ryan would like to discuss having the Board of Health video record their meetings.

Dr. Mc Henry and Dr. Erdman stated we had discussed it in the past, but it is worth discussing again.

Dennis Hibray asked if the Board would like to discuss the public statements that were given. Dr. Erdman stated that vaccines are effective. He agrees with the public attendees on some of the drug manufacturer claims but there is good research in support of vaccinations. Dr. Erdman is concerned with the health of the community which is maintained by immunizations. Dr McHenry added that we are committed to vaccinate. Dennis Hibray added that we follow the State of Wisconsin guidelines and recommendations regarding vaccination. Dr McHenry stated that we are happy to listen to the statements but are not required to take up future discussion on them.

After further discussion, it was decided that the Board of Health will not discuss any anti-vaccination concerns as a future agenda item.

11. Adjournment

Casey Nelson made a motion to adjourn the meeting. Dr. Michael McHenry seconded the motion. The meeting adjourned at 6:55 pm.

Respectfully Submitted,
Kelly Burke
Health Department Office Assistant

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **November 18, 2019**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Approval of revisions to Sec.74-2. of the Municipal Ordinances**

ATTACHMENTS:

- BOH Memo 11-18-19 Health Officer DPMC 74-2 (PDF)

CITY OF DE PERE
MEMO

TO: Board of Health Members

FROM: Kristen K. Johnson, Assistant City Attorney

DATE: November 18, 2019 (meeting date)

RE: Amending Section 74-2 De Pere Municipal Code Regarding Health Officer

The purpose of this memo is to explain the proposed amendments to Section 74-2 of the De Pere Municipal Code.

First, 74-2(a) is being amended to remove language providing compensation to the medical advisor. Under Wis. Stat. § 251.07, a physician who provides services to a local health department without compensation is considered a state agent of the department of health services. In order to be considered a state agent, the statute requires that the physician not receive any compensation. It is important that our medical advisor be considered a state agent for purposes of liability and legal representation.

Second, 74-2(b) is being amended to identify the correct section of state statute that identifies the duties of a local health officer.

Finally, 74-2(c) is being deleted in its entirety. The term of the health officer has no effect on the employment term of the city public health nurses.

If you have any questions or concerns in advance of the Board meeting on November 18, 2019, feel free to call me at 339-4070.

KKJ

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **November 18, 2019**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Change of Medical Advisor for the Health Department**

Dr. Erdman has voluntarily resigned as the Medical Advisor for the Health Department as of 11-18-2019.
Request Board of Health to approve Dr. Steve Stroman as the new Medical Advisor effective 11-19-2019.
Steven J. Stroman, MD, FAEMS, CCEMT/P
Assistant Clinical Professor of Emergency Medicine, Medical College of Wisconsin
Clinical Adjunct Assistant Professor of Emergency Medicine, University of Wisconsin School of Medicine and Public Health
Medical Director, EMS Programs, Fox Valley Technical College Public Safety Training Center

EMS MEDICAL DIRECTOR
- EAGLE III-Critical Care Helicopter, Fixed Wing, and Ground Transport
- De Pere Fire and Rescue, Assistant Chief-Medical Director
- Ashwaubenon Public Safety / Austin Straubel Airport Fire
- Oshkosh Fire Department-Associate Medical Director
- Oconto Falls Area Ambulance Service
- Brown County Sheriff's Office ERU/SWAT

NEW Regional Trauma Advisory Council-Executive Council

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**November 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**A. Approval of Dr. Steve Stroman as Medical Advisor to the Board of Health, subject to approval of Agreement with BayCare Aurora, LLC**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**November 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**B. Review and Recommendation to the City Council to Approve Board of Health Medical Advisor Agreement with BayCare Aurora, LLC (d/b/a Aurora BayCare Medical Center)***

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**November 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Presentation of 2020-2025 Strategic Plan for the Health Department**

ATTACHMENTS:

- De Pere Strategic Planning final 11.13.19 (PDF)

DE PERE[SM]

Health Department

Public Health
Prevent. Promote. Protect.

De Pere Health Department

Strategic Plan

2020-2025

Table of Contents

Letter from the Health Director

October 2019

Dear Colleagues,

The City of De Pere Health Department's Strategic Plan is an internal, working document to describe our strategies for improving the health and well-being of City of De Pere residents and visitors.
The strategic planning process was both engaging and insightful as it allowed staff and stakeholders to set the department's future together. During this process, it became evident that we are all play a critical role in the nurturing, strengthening and sustaining of quality public health services. This agency roadmap will allow staff and Board of Health members to move forward together in accomplishing our mission and vision while supporting the department's values in the best interest of the public's health.

We as a team of public health professionals are up to the challenge of implementing this next five year plan!

Sincerely,

Deborah E. Armbruster BSN RN
Health Director/Health Officer

Vision, Mission and Core Values

Our Vision

De Pere, a community where all people can live well and flourish together.

Our Mssion

De Pere Health department provides community leadership to promote and protect the health of De Pere residents through prevention, education, and quality services.

Our Core Values

- Collaboration and Partnership
- Commitment and Dedication
- Community and Public Service
- Integrity

Section 1: Vision, Mission and Core Values

Our Vision

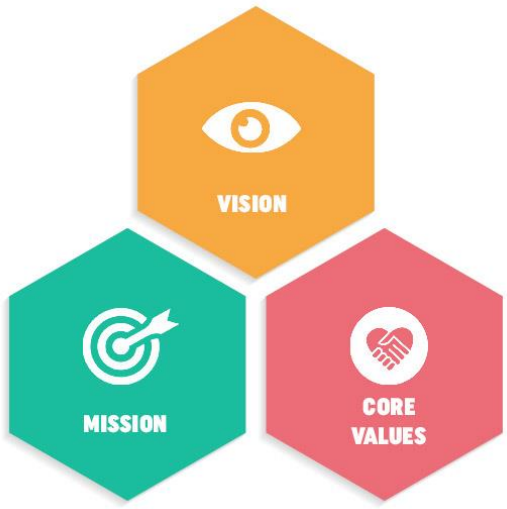
De Pere, a community where all people can live well and flourish together.

Our Mission

De Pere Health Department provides community leadership to promote and protect the health of De Pere residents through prevention, education, and quality services.

Our Core Values

1. **Collaboration & Partnership**: We will partner with various community stakeholders as a means to improve health outcomes.
2. **Commitment & Dedication**: We are committed to promoting prevention through education and the services we provide. We are dedicated to the health and wellness of our community.
3. **Community & Public Service**: We strive to connect and empower our community through the services and support we provide.
4. **Integrity**: We consistently and willingly adhere to upholding a standard of conduct and care that exemplifies respect of others, honesty, and integrity in all that we do.



Section 2: Purpose and Use of a Strategic Plan

A strategic plan indicates an agency's current position and the directions the agency can follow to achieve its goals. The plan also provides criteria for monitoring the progress and outcome of the plan. A strategic plan can make decision-making and change easier for an organization, as it defines the organization's identity and goals while providing clear direction for achieving these goals. However, because an organization needs to remain nimble and adapt to changing environments and needs, the strategic plan must also remain flexible and continuous.

Public Health Accreditation Board (PHAB) Standard 5.3

Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. Health department programs may have program-specific strategic plans that complement and support the health department's organizational strategic plan. (PHAB Standards and Measures, Version 1.0)
For a health department to be eligible for PHAB accreditation, they must first complete the following three prerequisites:

1. Community Health Assessment (CHA)
2. Community Health Improvement Plan (CHIP)
3. Agency Strategic Plan.

The prerequisites for accreditation lay the groundwork for everything a health department does and provides a foundation for meeting the PHAB standards and measures.

Section 3: Summary of SWOC

A SWOC (Strengths, Weaknesses, Opportunities, Challenges) analysis provides programs and organizations with a clear, easy-to-read map of internal and external factors that may help or harm a project. This is accomplished by listing and organizing a project's strengths, weaknesses, opportunities, and challenges. SWOC can clearly show a program its chances for success, given present environmental factors.

On 6-10-2019 a meeting was held with DPHD staff to complete a SWOC analysis. We initially started with a general list.

The general list is as follows:

Strengths

Inclusion of Staff in Decisions
Increased knowledge and ownership of Public Health Emergency Preparedness
Stand-along health department
Team steps up to continue moving work forward
Representation at the County level even having a small staff
Name recognition and efforts to continue building it
Good work environment including flexibility to meet the needs of the department and our community
Strong partnerships in the City as well as with community partners
Give optimal services to the community with having a limited staff
Staff are immensely talented and knowledgeable
The Stay At Home Assistance program
Environmental Health program
Good customer service
The department is accessible to the community
Continued marketing of the health department
Social Media website
Increased services and programs
Increased financial resources with the successful attainment of various grants

Weaknesses

Small staff

Financial constraints

Knowledge “silos”

Lack of knowledge sharing of information received at seminars/conferences

Part-time staff

Maternal Child Health program that is not evidenced-based

Computer programs not communicating among each other

Community is not aware of all that the health department provides

Opportunities

A more involved Board of Health

Increase the Stay at Home Assistance program

Increase education of what the Environmental Health program does for the city staff and the community

Increase awareness of what the health department does

Knowledge sharing

Look for financial sustainability

City growth of the young and of older adults

Increased awareness of opportunities to emerging issues and how to include health in these issues

Infusing health in community development and decisions

Increase routine inspection consistent enforcement

Look for other financial resources

Challenges

Limited funds

Hearing that grants are either decreasing or being cut all together

Political uncertainty

Health insurance changes with the Affordable Care Act and with insurance companies

FOLLOWING THE SWOC ANALYSIS, THESE ARE THE THEMES:

Financial / Resources

Strengths
- Increase financial resources (grants)

Weaknesses
- Small staff
- Financial constraints
- Part-time staff

Opportunities
- Looking for financial sustainability

Challenges
- Limited funds
- Hearing that grants are decreased or cut

Programs

Strengths
- Giving optimal services to the community with limited staff
- Stay at Home Assistance
- PHEP (Public Health Emergency Preparedness)
- Environmental Health
- Increased services and programs

Weaknesses
- MCH (Maternal Child Health) program that is not evidenced based

Opportunities
- Increase Stay at Home Assistance Program
- Increase education of what environmental health does for city staff and the community
- Increase routine inspection and consistent enforcement

Challenges
- None Identified for the program's theme

Partnerships

Strengths
- Partnerships strong in the city as well as community partners
- Representation at the county level – even with small staff

Weaknesses
- None identified

Opportunities
- Increase Stay at Home Assistance Program

Challenges
- None identified for this partnership's theme

Staff/ Health Department Team

Strengths
- Staff are immensely talented and knowledgeable
- Good customer service
- Accessible
- Inclusion of staff in decisions
- Increased knowledge and ownership of PHEP
- Stand-alone health department
- Good work environment and flexibility

Weaknesses
- Knowledge silos
- Lack of knowledge sharing

Opportunities
- Knowledge sharing

Challenges
- None identified for the team's theme

Marketing / Visibility

Strengths
- Marketing of the health department
- Social media/website
- Name recognition and efforts to build

Weaknesses
- None identified

Opportunities
- Increase education of what Environmental Health does for city staff and the community
- Increase awareness of what the health department does
- Infusing health in community development and decisions

Challenges
- Lack of experience in how to increase marketing

Outliers

Strengths
- None identified

Weaknesses
- Computer programs not communicating

Opportunities
- More involved Board of Health
- City growth (young and older adults)
- Increased awareness of opportunities to emerging issues and how to include health

Challenges
- Political uncertainty
- Health insurance changes, ACA, insurance companies

Section 4: Strategic Planning Process and Participants

In order to provide further insight and structure to the process, the strategic plan takes into account and further supports the health priorities that were identified by our CHIP.

The **purpose** of the De Pere Health Department Strategic Plan is to:

1. Provide a common understanding of the department's direction by clearly established goals, strategies and objectives that are in line with the department's mission.
2. Effectively communicate goals, strategies and objectives to staff, policy makers, partners and the community.
3. Provide a mechanism in which progress can be measured and documented.
4. Provide a more focused, organized approach.

The following is a timeline of the agency activities that occurred related to the Strategic Planning process.

- Prior to the first planning meeting an environmental scan of De Pere was done by the health director using various data sources including data obtained from the De Pere Development Services dept., We Are De Pere Community Profile report, U.S. Census Bureau, 2019 County Health Rankings, WI Public Health Profile for the City of De Pere, the De Pere School District Advisory Committee report, and the CHA and CHIP processes. Also a survey went out to stakeholders with eight questions in regards to how they view the De Pere Health Department including strengths, weaknesses, challenges etc.

- The first meeting was held on **4/29/2019** at which time discussion was held regarding the framework and purpose of having a strategic plan. The 2014-2019 Strategic Plan reviewed and updated as to what has been accomplished. Formal and informal organizational mandates discussed. Who internal stakeholders are determined i.e. staff, Board of Health, City Administrator, Mayor, Legal Counsel, Development Services, Fire dept., Law Enforcement, Medical College of WI, St. Norbert College. Values,

Mission and Vision statements reviewed and staff generated ideas for revising these statements. The environmental scan was presented. The value of doing a SWOC analysis and what it consists of discussed. Prior to the second planning meeting, staff will work on the values, mission and vision statements to discuss.

- The second meeting was held on **6/10/2019** at which time the stakeholder analysis and formal and informal organizational mandates were reviewed. The staff led the discussion on the values, mission and vision statements and at this meeting the staff voted to accept and finalize these statements. The environmental scan was also reviewed. A SWOC (Strengths, Weaknesses, Opportunities and Challenges) analysis was completed by staff. Major themes and priorities discussed. An overview of key components of a strategic plan discussed along with the development of a work plan.

- The third meeting was held on **8/26/2019**. Two Board of Health members attended this meeting so a review of work accomplished at the first two meetings discussed. The mission, values and vision statements were finalized. Themes and priorities were chosen and the development of the work plan initiated including goals, objectives and strategies. Using information and data from the two SWOT analyses, community health profiles, current health trends, CHA and CHIP processes, along with other sources, the MCPH staff emerged with four goals.

- The fourth meeting was held on **10/21/2019.** The group went over what we want the goals to be for the next five years.

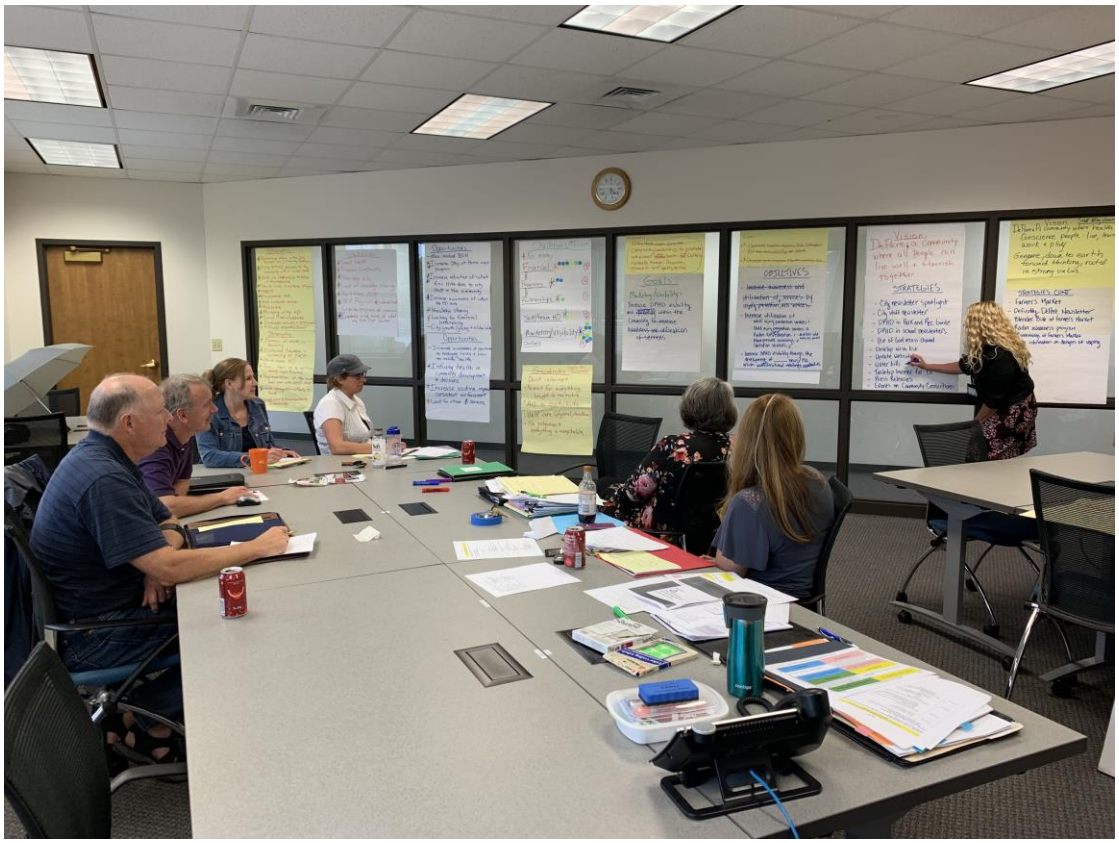
  Goal 1 Marketing and Visibility: Increase De Pere Health Department's visibility and awareness within the community.

  Goal 2 Financial Resources: Increase financial and other resources to meet the current and emerging needs in the community.

The future of De Pere Health Department was discussed and this is what the group would like to see:

- Flourishing programs and staff having grown in strength and numbers
- Stronger response to public health emergencies
- Meet the emerging needs of the community
- Staff is engaged, flexible, nimble and focused
- The community knows what the health department does and what it offers
- The health department being present and engaged at community events and coalitions
- Community donors for financial needs of the department
- De Pere Health Department being looked at as a valued resource and able to provide a plethora of services

- On **11/13/2019** the strategic plan document was completed.
- On **11/18/2019** the Strategic Plan document was released to De Pere's Board of Health and the De Pere Health Department staff.



Health Department staff and board members working together to make the Strategic Plan meaningful and attainable

Section 5: Strategic Plan Oversight / Putting Plan into Action

The City of De Pere Health Department's Strategic Plan will be monitored by the Health Director along with the health department staff on a monthly basis at department meetings. The Health Director will act as a liaison to report progress to the Board of Health. The strategic plan and its progress will be included in the City of De Pere Health Department's Annual Report.

In addition, the Community Health Assessment and Community Health Improvement Plan committee (Beyond Health) partner's work has a critical impact on the health department's statutory responsibilities around population health improvement.

This linkage will allow for critical communication to occur between the internal (City of De Pere Strategic Plan) and external (Brown County/De Pere Health Improvement Plan) work plans.

The De Pere Health Department would like to recognize the assistance, professional guidance and support to those who dutifully supported this process and this plan's development. Additionally, the agency would like to thank the staff for their commitment to improving the public's health through the participation in the organization's Strategic Planning process and the ongoing commitment to achieve the health department's mission.

Strategic Planning Team:

Deborah Armbruster, Health Director
Erin Bongers, Public Health Nurse
Kelly Burke, Support Staff
Patricia Finder-Stone, RN/Board of Health
Trista Groth, Sanitarian
Dennis Hibray, Board of Health Chair
Ryan Jennings, Board of Health
Sara Lornson, Public Health Nurse
Janet Kazmierczak, DPH NE Region Office
Mike Walsh, Mayor

Facilitating Team:

Chris Culotta, DPH NE Regional Director
Janet Kazmierczak, DPH NE Region Office
Christie Reese, DPH NE Region Office

Section 6: Maintaining Flexibility

Writing the strategic plan is a milestone not an end post. Build in time for on-going review of the strategic plan in regards to progress with the goals and objectives and periodic reviews of the SWOT/SWOC data. With the ever-changing environment filled with new opportunities and emerging threats, maintaining flexibility to adapt to the changing environment is important. The plan should be revised and updated as needed. It is not a static document.

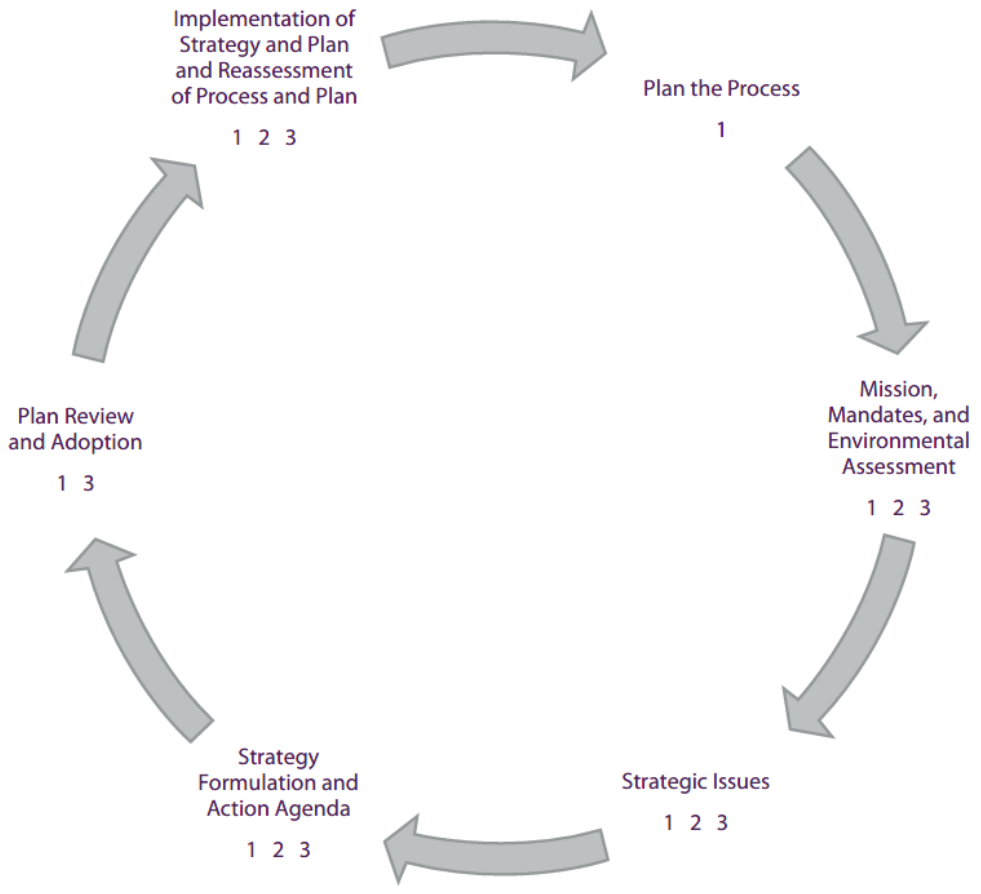
Reflect back to the strategic planning cycle offered by Bryson and Alston:

The stages where stakeholder analysis, vision formulation and goal definition could occur are noted by 1, 2 or 3.

1 – Perform Stakeholder Analysis

2 – Formulate Vision

3 – Define Goals



(Bryson & Alston 2005)

Section 7: Plan of Work Grid

Strategic Priority & Goal	Objective	Action/Activity (strategy)	Target dates
Goal 1: Increase DPHD visibility and awareness with the community**.**	Increase utilization of -adult injury prevention services. -Child injury prevention services -radon kits/ tick kit education -blood pressure screenings -lactation services Increase DPHD awareness and visibility through the development of monthly news/PH articles and # of educational opportunities.	a. City newsletter spotlight b. City staff newsletter c. DPHD in Park and Rec Guide d. DPHD in school newsletters e. Use of Government Access Channel f. Develop wish list g. Update website h. Water bills i. Tabletop banner for blood pressure clinic j. Press releases to increase awareness of the Health Department k. Farmer's Market l. Definitely De Pere Newsletter	Adult Injury Prevention services and Radon/ tick kit education – 2020 Child Injury Prevention services, lactation services and blood pressure screenings - 2021
		m. Blender Bike at Farmer's Market n. Radon awareness program o. BP screenings at Farmer's Market p. Provide information on dangers of vaping q .Continued awareness of how to infuse health in what's emerging in the community r. Identify community events to exploit opportunity	
Goal 2: Increase financial and other resources to meet the current and emerging needs in the community.	Increase donations (in-kind, monetary, partnerships, joint marketing, volunteers)	a.Track donations/worth (value of in-kind to share) b.Make needs known (public meetings) c. Internal marketing (City Council – Powerpoint & presentations along with data and qualitative stories i.e. mass clinics, helmets) d. Tracking scheduling challenges e.Encourage contributions of local community donors	Tracking and assessing gaps throughout 2020 and 2021 to indicate the needs of the department
	Increase financial opportunities	a.Grants b.Scholarships c.Shared funding sources d.Identify 2 financial opportunities without stressing current resources	Over the next years (2020 – 2025)

Section 8: Volunteer / In Kind Spreadsheet

Volunteer/In Kind Time Tracking				
Date	Event/Location	Volunteer Name	Hours/In Kind Hours worked/given	Hours/In kind Value

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**November 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Discuss having Board of Health meetings televised on the closed circuit TV**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**November 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Community Health Updates regarding staff trainings, outreach activities and quarterly disease report**

ATTACHMENTS:

- CD Report - YTD 11-5-2019 (PDF)
- De Pere Health Department Trainings sept - nov 2019 (PDF)
- De Pere Health Department Outreach Activities sept - Nov 2019 (PDF)

Cumulative Report

Date Type: Closed

Date Range: 01/01/2019 to 11/01/2019

Incident Jurisdiction: De Pere

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed, Not A Case, Probable, Zika+ Not A Case, Suspect

Process Status:

Prepared By: WEDSS (Preparer's Title) Telephone: 9885297959 Fax: 9848999801

All diseases except HIV and Lead

Disease Name	Number of Incidents
ARBOVIRAL ILLNESS, POWASSAN, Unspecified	1
ARBOVIRAL ILLNESS, WEST NILE VIRUS, Unspecified	2
CAMPYLOBACTERIOSIS	4
CARBAPENEMASE PRODUCING CARBAPENEM-RESISTANT ENTEROBACTERIACEAE	1
CARBON MONOXIDE POISONING	2
CHLAMYDIA TRACHOMATIS INFECTION	62
CRYPTOSPORIDIOSIS	1
E-COLI, ENTEROINVASIVE (EIEC) / SHIGELLOSIS	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	2
GIARDIASIS	2
GONORRHEA	9
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	1
HEPATITIS B, ACUTE	1
HEPATITIS B, CHRONIC	4
HEPATITIS C, ACUTE	1
HEPATITIS C, CHRONIC	10
LEGIONELLOSIS	1
LYME DISEASE (B.BURGDORFERI)	12
LYME LABORATORY REPORT	6
MEASLES (RUBEOLA)	1
MUMPS	1
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	5

Date Type: Closed

Date Range: 01/01/2019 to 11/01/2019

Incident Jurisdiction: De Pere

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed, Not A Case, Probable, Zika+ Not A Case, Suspect

Process Status:

Prepared By: WEDSS (Preparer's Title) Telephone: 9885297959 Fax: 9848999801

All diseases except HIV and Lead

Disease Name	Number of Incidents
PERTUSSIS (WHOOPING COUGH)	1
PNEUMOCYSTIS JIROVECII	1
SALMONELLOSIS	1
SHIGELLOSIS	2
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	3
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	3
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	2
SYPHILIS REACTOR	2
SYPHILIS, UNKNOWN DURATION OR LATE	1
TOXOPLASMOSIS	1
YERSINIOSIS	1

De Pere Health Department Trainings 2019

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE -September 2019			
Job/Activity	**Name**	**Date**	**Notes**
PHEP Q&A	Debbie and Sara	9/3 & 9/16	
Car Seat Manufacturer Webinar	Erin	9/5/2019	
Stepping On Peer Leader Training Call	Debbie and Erin	9/6/2019	
MCH Learning Community Call	Debbie, Erin and Sara	9/9/2019	
CD Monthly Webinar	Debbie and Erin	9/10/2019	
State Lead Conference	Sara and Trista	9/11 - 9/12	
CD Update Webinar Series	Debbie	9/13/2019	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE -October 2019			
Job/Activity	**Name**	**Date**	**Notes**
IMATS Training	Erin & Sara	10/2/2019	
STD Summit	Erin	10/9 &10/10/19	
PHEP Q&A	Sara & Debbie	10/15/2019	
WEHA Conference	Trista	10/16, 10/17, & 10/18/2019	
Webinar - Burden of Bindge Drinking	Erin	10/21/2019	
PHEP Q&A	Sara & Debbie	10/29/2019	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE -November 2019			
Job/Activity	**Name**	**Date**	**Notes**
Stepping On Training conference call	Erin, Debbie	11/4/2019	
Bed Bug Training	Trista, Debbie, Erin & Kelly	11/5/2019	
Criminal Epidemiologic Investigations Workshop	Sara	11/5 & 11/6/2019	
Tuberculosis Summit	Erin	11/6 & 11/7/2019	

De Pere Health Department Outreach Activities 2019

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - September 2019			
Job/Activity	**Name**	**Date**	**Notes**
Blood Pressure Clinic	Erin and Sara	9/4 & 9/18	
Car Seat Install Clinic	Erin and Sara	9/10 & 9/30	
Falls App Update	Erin and Debbie	9/9, 9/10 & 9/11	
Falls Prevention Presentation	Erin	9/10, 9/17 & 9/24/2019	
Be The Light Walk	Erin	9/14/2019	
Hope Squad Training	Erin	9/13/2019	
Library Picnic and Play	Sara	9/25/2019	
Fire Department Open House	Erin, Sara, Debbie & Trista	9/28/2019	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - October 2019			
Job/Activity	**Name**	**Date**	**Notes**
Mass Flu Clinic	Sara, Erin, Debbie, Kelly, Trista	10/8/2019	
Blood Pressure Clinics	Sara & Erin	10/9 & 10/23/19	
Car Seat Clinc	Erin & Sara	10/14/2019	
Car Seat Clinic Event	Erin	10/16/2019	
Mass Flu Clinics	Sara, Erin, Debbie, Kelly	10/17 & 10/29/2019	
Brown Cty Breastfeeding Coalition Presentation	Sara	10/24/2019	
Picnic and Play	Sara	10/30/2019	
Mental Health Outreach	Debbie	10/30/2019	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - November 2019			
Job/Activity	**Name**	**Date**	**Notes**
Car Seat Installs	Erin & Sara	11/4/2019	