

# Douglas County Department of Health and Human Services

## Health Services Division - 2009 Annual Report

	Jan. 2010	Dec 2009	Dec. 2008
Deputy Dir Health Svcs / Health Officer*	1.0 FTE	1.0 FTE	1.0 FTE
Environmental Health Mgr	0.0 FTE	1.0 FTE	1.0 FTE
Public Health Supervisor	1.0 FTE	0.0 FTE	0.0 FTE
Public Health Nurses	4.0 FTE	4.0 FTE	4.0 FTE
Licensed Practical Nurse	0.8 FTE	0.8 FTE	0.8 FTE
Environmental Health Specialists	2.0 FTE	2.6 FTE	2.6 FTE
Total FTE	8.8 FTE	9.4 FTE	9.4 FTE

\*Also provides administrative oversight for the Aging and Disability Resource Center of Douglas County

### SUCSESSES AND CHALLENGES

#### SUCSESSES:

- **Pandemic Influenza – HINI Outbreak:** Using the Incident Command System, planned, implemented and continues to evaluate with Preparedness Partners the Public Health Response to the Influenza A HINI Outbreak that began in April, 2009. This Public Health responsibility was cause for the Public Health Service to activate its COOP plan and to recruit for and train volunteers (clinical and non-clinical) to assist with HINI Mass Clinics and School Based Clinics. Additional information is in the Public Health Emergency Preparedness Initiatives Section of this annual report.
- **State and Federal Grants:** Met expected outcomes for State and Federal grant objectives: Local Preparedness; Pandemic Influenza (PHERS), Maternal – Child, Immunizations, Childhood Lead Poisoning Prevention and Intervention, Prevention, Early Identification and Detection of Pregnancy (EIDP), Tobacco Free – Clean Air, and the Wisconsin Well Woman Program.
- **Community Health Improvement Plan:** Published the 2009 Updated Plan in April and continued to work on the 3 Health Priorities: Obesity and Physical Inactivity; Tobacco, Alcohol and Other Substances Use; Mental Health and Mental Illness. A protocol was developed for securing grant funding. The document is on the County’s website.
- **The Douglas County Tobacco Free Coalition –** Members provided education on the health and fiscal benefits of smoke free air to elected officials and the community members as a whole. Restaurants were formally recognized for going smoke-free prior to the legislation being passed. Meetings with the local newspaper editor resulted in several articles on the health values of smoke free air, in addition to the State’s cuts in funding tobacco free – clean air initiatives. July, 2010, will see the implementation of the Smoke Free Air legislation, State-wide.
- **August Employee Health and Energy Awareness Month –** Conducted the 2<sup>nd</sup> year event for County employees and elected officials. Engaged City of Superior employees this year. Purpose: to heighten awareness on healthy life styles by increasing physical activity and decreasing CO2 emissions. The event challenged employees and officials to walk, bike, and carpool to work during the month of August. Results: Miles walked: 985; miles saved by car-pooling: 3,407; total flights of stairs taken vs. using the elevator: 3,472; total calories burned from this exercise: 154,052; saved the environment a total of 254.5 # of carbon dioxide.
- **Seasonal Influenza Vaccinations -** A lack of timely amounts of vaccine, due to manufacturer focus on the HINI vaccine created tension throughout the jurisdiction. Consumers feared not having vaccinations in time for the seasonal influenza outbreak. The Public Health Service is at risk of incurring a large debt if unable to use all of the order when it arrives, late in the season. Unused vaccine can not be returned to the vendor for a rebate.
- **Public Health Nursing Staffing –** A retirement and a long term leave of absence of two public health nurses required the program to prioritize their time for essential services only. The HINI Outbreak added additional demands on staff time. Nurses voluntarily flexed their schedules to meet client needs. Overtime expenses were not incurred.
- **Completed the HS 140 Review –** A mini review, by electronic survey was completed for the State. The HS 140 review includes assessing for compliance with state statute and administrative rules to operate a public health department. Douglas County Department of Health and Human Services is a Level III Health Department and achieved this status in 2005 when successfully passing the HS 140 Review at that time.

**PUBLIC HEALTH NURSING SERVICES, IMMUNIZATIONS, COMMUNICABLE DISEASES AND ENVIRONMENTAL HEALTH SERVICE:**

The Public Health Nursing Unit and the Environmental Health Unit provided services, defined by the State as “Essential Services” that tie into the State’s Health People 2010 Plan. These are defined in this report.

**Essential Public Health Services:**

- Monitor health status to identify community health problems
- Identify, investigate, control and prevent health problems and environmental health hazards in the community
- Enforce laws and regulations that protect health and ensure safety
- Assure access to primary health care for all
- Link people to needed health services
- Foster the understanding and promotion of social and economic conditions that support good health

**PUBLIC HEALTH NURSING SERVICES**

Programs	2005 Total	2006 Total	2007 Total	2008 Total	2009 Total
Immunizations:					
# of Children	678	594	511	864	2218
# of immunizations	NA	NA	NA	996	2814*
# of Adults	3216	1673	1586	1135	2122
# of immunizations	NA	NA	NA	1245	2797*
Case Mgmt - # of Children	21	22	17	17	25*
CYSHCN # of Encounters		86	89	60	75
Rural Children’s Screening Clinics					
# of Clinics	8	8	6	8	NA*
# of Children	99	95	87	47	
# Health Check Screenings	153	120	91	60	20 *
# ASQ / Annual Goal	NA	NA	30	50/50	129/100*
# ASQ-SE / Annual Goal				48/30	107/100*
Oral Health: Children Getting Fluoride Varnishes / annual goal	NA	NA	104	135 /100	158/100*
Oral Health: Children Getting Sealants / MCH annual goal	NA	NA	44	28 /20	42/50*
Prenatal Care Coordination Client Referrals	24	27	34	79	125*
Prenatal Care Contacts	90	85	53	136	451
My Baby and Me Clients/visits (2006 - 2008)	NA	6	2/4	3	NA
EIDP – Early Ident. and Detect. Pregnancy Preg. Tests/ Express Enroll.	NA	NA	5/7	3/2	2/0
High Risk New Born Referrals	75	96	137	171	114
High Risk New Born Admits / Visits	55/140	70/135	100 / 203	144/ 252	95/206
Children’s Elevated Blood Lead Levels (≥ 8mcg/dL - <10mcg/dL )	6	10	8	10	5
Children with Blood Lead Poisoning (>10mcg/dL)	2	2	4	7	3*
# Court Ordered Urine Drug Tests	NA	22	49	62	32
% of test = + for illegal substance this		46%	45%	36 %	31%
Alzheimer’s Respite Cases	13	17	17	15	8*
# WI Well Woman New Enrollees	51	36	43	48	44*
# WI Well Woman Re-Enrollees	163	115	149	133	129
# Women With Cancer Diagnosis	2	1	2	1	1

Discussion:

- Immunizations: Of the total 5,267 immunizations given, 60% were for Influenza A HINI. Seasonal influenza vaccine was not adequately available until the end of the year. Vaccinations will continue to be offered into 2010.
- Rural well-child screening clinics were not conducted this year due to staffing capacity issues and also, declining consumer interest.
- Health Check (well child screenings in the office) numbers continue to decline. Case finding wasn't conducted due to issues with staffing capacity. Screenings are mainly conducted on children being placed in foster homes and for those who are entering Head Start programs and haven't established a medical home.
- Ages and Stages Developmental Screenings were conducted in collaboration with Head Start Centers. The PHNs provided additional oversight and review to ensure quality of screening and that appropriate referrals were being made for children with probable developmental delays.
- The PHN worked with the Birth-to-Three team to carry through care plans.
- The Oral Health Program focused on children in rural schools, the Boys and Girls Club, Head Start Centers and children referred for Health Checks. Three times the number of children who received sealants were provided varnishes, oral health assessments, tooth brush prophylaxis and prevention education. Due to funding, and staffing capacity issues, program numbers of children served remained the same this year. Thirty-five percent of children who received the services required further restorative dental care from dental offices.
- Staff were re-trained on Childhood Lead Poisoning Prevention, 4/2/09 and a LEAD Team was developed to conduct case management reviews and to coordinate Environmental Health / Public Health Nursing interventions. Fewer cases were detected via lab testing this year. The PHN service will assist Head Start Centers in 2010 with blood lead testing of children who haven't had 2 tests by the age of 2 years and will work to improve physician compliance with childhood blood lead testing. (See the Environmental Health Unit "Discussion" section of this report for additional information.
- The Alzheimer's Family Caregiver Support Program was transitioned to the Adult Protective Unit in the ADRC in September, 2009. The MA - Long Term Care reform in Wisconsin was cause for the State to move most of this grant into the MCO (managed care organizations) that are in place to manage MA funded care for persons over the age of 60 years and those 18 yrs and over with disabilities.
- The WI Well Woman Program had a change in leadership with the Coordinator retiring in September, 2009. The current Coordinator received training for several months and has the program functioning efficiently and effectively. Although the State funded less slots for women this year as compared to 2008, the Program continued to provide the service and exceeded budgeted numbers by 17% or 25 women. Changes in state health insurance in 2009 allowed for several women to receive ongoing Badger Care Plus and were taken off the WI Well Woman program.

**COMMUNICABLE DISEASES AND INTERVENTIONS**

	2009	2008/2007/2006/2005/2004		2009	/20082007/2006/2005/2004
Arboviral Infect	0	0/1/0/0/0	Meningitis (V)	1	3/4/1/5/5
Blastomycosis	0	1/0/3/3/0	Meningitis (B)	2	0/0/1/0/0
Campylobacteriosis	4	5/7/4/3/3	Mumps (non-conf)	0	0/0/22/0/0
Cryptosporidium	1	1/1/3/2/3	Mycobacterial, non-TB	2	1/3/1/0/0
Cyclosporiasis	0	1/0/0/0/0	Pertussis	0	1/1/2/16/32
E. Coli 0157:H7	0	0/0/2/0/1	Pneumoniae-Strep Inv	9	5/6/6/5
Ehrlichiosis	8	15/7/8/11/9	Salmonella	3	1/2/4/2/6
Giardiasis	5	2/4/1/4/2	Shigellosis	1	1/0/0/0/0
Hemoph. Infl B	1	1/1/2/1/0	Strep Group A	0	2/0/1/3/1
Hepatitis A	1	1/1/1/1/2	Strep Group B	6	2/2/1/3/3
Hepatitis B	3	1/1/2/1/1	Toxic Shock Syn.		
Hepatitis C	31	36/41/18/24	Toxoplasmosis	1	1/0/1/0/0
<b>HINI Influenza A</b>	<b>35</b>	<b>0/0/0/0/0</b>	TB – Active	0	0/0/0/1/1
Legionella	1	1/0/0/0/0	Varicella	1	3/not reportable
Lice -nuisance	8	10/13/?/18/?	TB Prophylaxis	7	5/10/15/12
Lyme Disease	43	79/72/14/43/31	TB Skin Tests	435	561/545/717/660/573

- The novel Influenza A, HINI Outbreak required staff time for investigations, surveillance, reporting, communications with partners, conducting immunization clinics and providing community health education. The amount of staff time,

from 5/1/09- 12/31/09 totaled ~1500 hours, not including the time of support services throughout the County Agency. The outbreak was manifested in two waves over this period of time. This HINI virus is expected to circulate into 2010 with many unknowns in terms of illness severity and additional waves.

- In total, ~2541 staff hours were spent in public health response to communicable diseases in Douglas County, 59% for HINI Influenza A response
- Staff responded to two Norovirus Outbreaks in a Long Term Care facility and one Bacterial Meningitis case in March by investigating, surveilling, and reporting cases to the State. Staff provided guidance on control measures and prevention education.

### SEXUALLY TRANSMITTED DISEASES

	2009	'08/'07/'06/'05/'04			2009	'08/'07/'06/'05/'04
Chlamydia	102	126/87/84/ 91/78		Chlamydia/ Gonorrhea	2	11/11/12/ 2/?
Gonorrhea	6	19/21/17/ 7/17		HIV/AIDS	4	3/1/1/ 1/0
Herpes	0	1/23/30/ 25/12				

\* Law changed in 2008 for providers requiring the reporting of "1<sup>st</sup> Episode Only"

#### Discussion:

- STI's had a slight dip this year, possibly due to providers not reporting, accurately. All cases will be tracked via the WEDSS (Wisconsin Electronic Data Surveillance System), starting in 2010 which may help to identify all cases. This system will also increase the ability of the nurses to study and plan interventions by age cohort

### ENVIRONMENTAL HEALTH INTERVENTIONS

	2006	2007	2008	2009
<b>Inspections:</b>				
Retail Foods	102	91	97	79
Restaurants	354	346	379	260
Hotels & Motels	44	55	66	53
Campgrounds	31	33	38	32
Swimming Pools	36	52	29	14
Mobile Home Parks	14	16	19	21
Rec. & Educational Camps	5	7	5	5
Tattoo & Piercing Establishments	5	20	0	0
Well – SDWA	34	37	34	27
Well & Sewage Disposal Systems	36	3	0	2
DPI – School	22	27	26	26
<b>Total Inspections:</b>	<b>683</b>	<b>687</b>	<b>693</b>	<b>519</b>
<b>Investigations:</b>				
Food/Waterborne Illnesses	N/A	6	10	24
Occupational Health	0	4	3	0
West Nile Virus	5	3	9	0
Animal Bites/ Rabies Protection	35	28	28	41
Methamphetamine Labs	2	1	0	0
Air Quality Issues	53	27	31	35
Housing Issues	74	78	98	55
Sewage	11	4	5	7
Animal/ Insect	18	12	18	14
Consumer Complaints	8	11	7	8
Water Quality Issues	26	7	23	30
<b>Total Investigations:</b>	<b>232</b>	<b>181</b>	<b>232</b>	<b>214</b>
<b>Lead Hazards</b>				
Elevated Blood Lead	2	4	3	2
Lead Risk Assessments	9	30	27	12

Lead Inspections- Other	17	13	7	3
Clearance Inspections	11	8	2	6
<b>Total Lead Inspections:</b>	<b>39</b>	<b>55</b>	<b>39</b>	<b>23</b>
<b>Sample Collections</b>				
Beach/Pool Water	325	305	313	8
City Water	40	54	42	43
SDWA	334	252	283	343
Retail Food Swabs	0	30	30	30
<b>Total Samples:</b>	<b>699</b>	<b>641</b>	<b>668</b>	<b>424</b>
<b>Training Programs</b>				
Food Manager Recertification	8	7	4	3
Animal Safety Presentations/Participants	19/344	20/564	14/407	0/0
Other Presentations/Participants	N/A	N/A	15/301	9/406
Home Radon Tests	2	55	38	48

**Discussion:**

- With the change of the FDA Food Code back in 2005, inspections of restaurants and retail food establishments have changed putting more emphasis on risk factors versus good retail practice violations. These risk factors were developed by the CDC/FDA and include all practices or procedures within a food preparation facility that pose the potential to cause foodborne illnesses. This process adds to the length of time required per inspection but provides a greater assurance that the public is being served safe food. In a comparison of the CDC risk factors for the last three years in Douglas County there has been a decline in five of the six CDC risk factor categories (unsafe food source, inadequate cooking, improper holding temperatures, poor personal hygiene and environmental contamination). Further, there has not been any confirmed foodborne illness from any of the licensed facilities in the last two years.
- Lead risk assessments are performed to identify potential lead risks within a home or daycare where a child or pregnant woman resides. An assessment is required by State Statute when a child is confirmed with an elevated blood lead level. In 2009, 12 lead risk assessments were performed by the EH Unit and 6 follow up clearance inspections were conducted to ensure that the lead remediation work identified within the risk assessment was adequately performed. During the year EH staff also arranged for training in Superior relating to the EPA’s Renovation, Repair and Painting Rule which goes into affect in April of 2010. This new rule, requires that all contractors, maintenance workers in multi-family housing, painters, and electricians that disturb lead-based paint in pre-1978 housing and child-occupied facilities to be certified and follow specific work practices to prevent lead contamination. Twelve (12) area contractors participated in the training in December and another training session will be offered prior to the implementation of the rule in April, 2010
- In 2009 the Agency chose to out source the Great Lakes Beach monitoring program to UWS – Oshkosh and the testing of samples to Northland College. This change reduced the number of samples collected and tested by local staff. The beach monitoring program is a voluntary program for sampling/testing of the 12 Lake Superior beaches. EH staff remains involved by monitoring posting of unsafe beaches and monitoring the status until health hazards are remediated.
- The number of water samples collected by local Environmental Health staff for the Safe Drinking Water Act rose significantly from 2008 because of 6 problematic wells that the staff monitors as an Agent of the Wisconsin DNR. Responsible parties are given instruction on methods for restoring safe drinking water.
- In 2009, the EH Unit discontinued providing school-based animal safety presentations and provided schools information on educational resources to access for their curriculum.
- Other: Public Health staff was notified in January, 2009 of an incident involving toxic – high levels of hydrogen sulfite release. Staff worked with City of Superior Officials on the corrective action plan that required staff input and surveillance for several months following the event.
- Established a Human Health Hazard Consultation Team in July, 2009 – prompted by a hoarding case. Involved City and County officials.

**ENVIRONMENTAL HEALTH / ENVIRONMENTAL LABORATORY**

	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Water samples analyzed	1404	1398	1346	1173
Milk analysis	522	670	571	618
Spore tests (tattoo)	4	0	0	0
Beach samples analyzed	325	307	313	2
Medical Waste Loads	8	8	8	8

## Discussion:

- Water samples included those from public and private wells, city water and recreational pools; testing for coli form and for chlorine residual
- Milk samples were analyzed for standard plate count, coliform and antibiotics
- In 2009 beach water analysis and sampling was performed by Northland College

## COMMUNITY HEALTH EDUCATION AND TRAINING

### Essential Public Health Services:

- **Educate the public about current and emerging health issues**
- **Promote community partnerships to identify and solve health problems**
- **Assure a diverse, adequate, and competent workforce to support the public health system**
- **Assure access to primary health care for all.**
- **Link people to needed health services.**

### Health Priorities:

- **Overweight, obesity, and lack of physical activity**
- **Tobacco use and exposure**
- **High risk sexual behavior**
- **Access to primary and preventative health services**
- **Adequate and appropriate nutrition**
- **Alcohol and other substance use and addiction**
- **Social and economic factors that influence health**
- **Mental health and mental health disorders**

### Educational Sessions/ Participants

Educational sessions provided to varied audiences:

- **Monthly Education via Local Cable TV** (Approximate persons reached 5,000 each month): Radon awareness, Personal Practices for Good Infection Control, Colorectal Cancer Awareness, Childhood Obesity & National Nutrition Month; Benefits of Smoke Free Air; STD Awareness Month, Infant Immunizations, National Physical Fitness Month and the CHIP, Recreational Water Illness Prevention, Public Health Nurse Support for Pregnant Women and New Babies; Lyme Disease and West Nile Virus Diseases and Prevention, Public Health Nurse Services for Children With Special Health Care Needs, Lead Poisoning and Lead Free Living Environments, the Douglas County Oral Health Program, Mold & Indoor Air Quality, Getting Ready for School: Immunizations and Checkups, The Quit Plan and Second Hand Smoke, The Douglas County Human Health Hazard Ordinance – What It Means, Animal Bite Investigation and Safety Measures, Healthy Aging Month, Seasonal Influenza Disease and Prevention, Licensing and Inspecting Restaurants for Safe Food Handling Practices, School Absenteeism Surveillance Program, Housing Inspections – What’s Included, Safe Toys and Gifts for Children,
- **Blood Borne Pathogen and Infection Control Trainings:** Trainings were provided to community agencies, as requested. (approx. 150 persons).
- **2/09** Cathedral School staff and volunteers were trained to conduct hearing and vision screenings, by the PHN
- **2/7/09** Staff participated in the Annual Mariner Mall Health Fair, using the CHIP as the theme. ~ 300 attended
- **2/09 Superior Adult Leadership:** On 2/10/09 Public Health and Environmental Health provided education, using a “hands-on” skit regarding Childhood Blood Lead Poisoning: Intervention and Prevention Strategies for 30 attendees. All provided favorable feedback regarding the information and the technique used to educate them
- **2/13/09** Staff participated in an in-district meeting with elected officials, Senator Jauch and Representative Nick Milroy to provide education on the health value of clean in-door air; staff also met with the Mayor of Superior and the County Board Chair for the same purpose.
- **2/24 – 2/25** –Staff participated at Superior Days at the Capital, bringing for the health issue: need for preventive services in controlling Hepatitis C and other diseases related to high risk behaviors; and the need for improved access and resources for persons needing restorative dental care.
- **3/31/09** Staff participated in the WITC Student Health Fair, providing education on STIs, EIDP, adult vaccinations and tobacco use cessation
- **3/11/ Youth Leadership:** Staff participated in providing high school students information on Public Health Career opportunities and what an environmental health lab is capable of doing for a jurisdiction.
- **8/4/09** – Staff provided a presentation to 23 Morning Rotary Club members on the County’s Community Health Improvement Plan
- **10/09** - Staff conducted a Mantoux Clinic on the UWS campus for students and teachers who required such

- **10/22/09 - Women Warrior Welcome Event** – Staff participated in this event that was organized by the Veteran’s Service for women in and retired from military service. Information on public health services was provided.

<b>Public Health / Emergency Preparedness Initiatives</b>
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**Jan-Feb,**

- Staff received training on bioterrorism and emergency readiness competencies via the WRPPHP Preparedness Consortia

**April:**

- **4/25/09** – Activated the Public Health Emergency Preparedness Plan and Incident Command for the Influenza A,

**May**

- **5/28/09** - Provided a report on the National Public Health Emergency (HINI Outbreak) to the Local Emergency Planning Committee.
- Conducted several meetings with schools, jurisdiction-wide on the Absenteeism Surveillance Program, enlisting more schools into the program.
- Continued operations under Incident Command process
- Conducted many meetings to provide updates on the status of the HINI Outbreak with Pandemic Partners, inclusive of law enforcement, elected officials, schools, health care providers, media, 211-United Way
- Provided 9 media interviews throughout the month on the HINI Outbreak and Response.

**June**

- **6/22/09** – Provided Respiratory Protection Training for Community Health Centers throughout the State via video conferencing at the Lake Superior Community Health Center.
- Continued operations under Incident Command process
- Provided 10 media interviews throughout the month on the HINI Outbreak and Response
- The PHEP (Public Health Emergency Plan) was provided on a flash drive to all public health / environmental health staff, Emergency Management leadership and Command Call leadership for easy access during an emergency.

**July**

- Provided 5 media interviews throughout the month on the HINI Outbreak and Response
- **7/14/09** Staff participated in an exercise (chemical release) with the Union Pacific Railroad, Emergency Management, Fire and Law Enforcement personnel and Human Services
- Positioned informational materials on a direct website address for consumer use.

**August**

- Submitted the CDC mandated TAR (Technical Assistance Report) for Douglas County Public Health Preparedness in relation to accessing and managing assets from the SNS (Strategic National Stockpile)
- Filed on the Homeland Security website, the After Action Plan (AAP) and the Corrective Action Plan (CAP) for the 1<sup>st</sup> phase of the HINI outbreak
- Participated in the Northeast MN Preparedness Planning Meeting to work to make more consistent, State guidance for the HINI response in both states.
- Hosted the ICS 400 Course for local and regional public health and emergency response personnel

**September**

- Provided ongoing updating for health care providers and schools on State guidelines for testing, treating and reporting probable and confirmed cases of HINI; exclusions of symptomatic persons.
- Began 17 school-based immunization clinics and 12 other clinics for targeted high risk populations
- Received 800 out of 1500 ordered doses of seasonal vaccine to begin immunization clinics.
- Provided 5 media interviews to update the public on the HINI outbreak and vaccinations.
- Developed security plans for small pod mass clinics sites throughout the County, in collaboration with law enforcement.
- **9/8/09** – Hosted annual disease reporter meeting for local and regional health care providers and public health agencies. The agenda focused on the WEDSS and HINI
- **9/16/09** – Staff successfully drilled on the use of the satellite phones and in sending out mutual aid requests to regional public health agencies, to satisfy a preparedness performance measure.
- Upgrade the division’s COOP and promoted its use department and county department – wide.
- Provided consultation on the COOP for the County’s Judicial System

**October**

- Continued operations under modified COOP plan using the ICS system
- Conducted case investigations on probable and confirmed HINI cases.
- Provided 12 media interviews on the status of the HINI Outbreak and Vaccination Schedules

- **10/13/09** – Staff successfully drilled on the use of the County’s Isolation and Quarantine Policy and Procedure, along with Corporation Counsel and leadership from the Human Service division.
- All Performance Measures, required by the State and CDC were successfully completed for the year.
- Provided continuous guidance for schools on social distancing; exclusions and heightened respiratory hygiene, monitoring absenteeism at participating schools on a 3x – 5x /week basis. No schools in Douglas County were closed.

**November**

- Continued operations under modified COOP plan using the ICS system; and conducted case investigations and reporting
- Completed vaccinations for high risk population, targeted by the CDC. These groups included: health care workers, children at 3 Head Start Centers, 2 mass clinics (Superior and Maple), 16 – K-12 schools, and through the public health office.
- Public presentations provided on the Status of the Pandemic in Douglas County to: Superior City Council (11/17), County Department Heads (11/17), Optimist Club (11/18) and the full County Board (11/19).
- Provided 13 media interviews on the status of HINI and targeted populations for vaccinations.
- Impact on Douglas County since 9/1/09: 26 HINI related hospitalizations and 1 related death.

**December**

- As of since 9/1/09 there were 2 deaths related to HINI, and 35 laboratory confirmed cases in Douglas County
- Additional vaccination clinics conducted for targeted populations; still putting population at large on hold
- As of 12/31/09, ~ 4,100 HINI vaccinations were provided
- Provided 5 media interviews on HINI response and vaccine availability.
- **1/2/09** - Training for WITC RN Students, by Public Health Staff on the role of Public Health during the HINI Outbreak
- **12/7/09** -Trained 7 volunteers (clinical, non-clinical) to assist with Mass Clinics
- **12/17/09** - Provided an update on the status of HINI, the public health response and vaccinations to the LEPC (Local Emergency Planning Committee. (Health Officer is the Chair of this Committee – 2009-2010)
- The Public Health Service successfully completed all Preparedness Grant objectives for 2010.
- Received remainder of seasonal influenza vaccine and resumed outreach clinics.

Submitted by Deb Clasen, MA, RN, PHN,  
Deputy Director, Health Services and Health Officer, 1/27/10