OFFICE OF LEGAL COUNSEL

1 WEST WILSON STREET
PO BOX 7850
MADISON WI 53707-7850

Telephone: 608-266-8428
Fax: 608-267-1434
TTY: 711 or 800-947-3529

Andrea Palm
Secretary

State of Wisconsin
Department of Health Services

May 27, 2020

Megan Field
American Oversight
1030 15th Street NW
Suite B255
Washington, DC 20005

Dear Ms. Field:

The Department of Health Services received your revised public records request on April 6, 2020. Your revised request was for copies of emails from or to Secretary-Designee Andrea Palm or Stephanie Smiley, which contained "hhs.gov," "fda.gov," "cdc.gov," or "eop.gov" and any of the following keywords/phrases: test, testing, coronavirus, COVID, SARS-COV-2, 2019-nCoV, EUA, emergency use, kit, LDT, CLIA, WSLH, Laboratory of Hygiene, Milwaukee Health Department, MHD, Epidemic or pandemic, with a date range of January 31, 2020 to March 7, 2020.

The records that are responsive to your request are attached. Some of the records have been redacted or withheld. Identified below are records or portions of records that DHS cannot disclose pursuant to Wisconsin statutes or federal laws that prohibit disclosure.

- Records containing personally identifiable information, which is protected under Wisconsin Statute § 19.62(5), have been redacted.
- Records containing protected health information, which is protected under the Health Insurance Portability and Accountability Act and Wis. Stat. § 146.82 have been redacted.
- Drafts are being withheld under Wis. Stat. § 19.32(2).
- Information was redacted to exclude information that would have led to the discovery of protected health information. In applying the balancing test, I concluded that any public interest in the disclosure of these items is outweighed by the public interest in maintaining the confidentiality of protected health information.
- Records were redacted to exclude call in phone numbers and access codes for conference call lines. In applying the balancing test, I concluded that any public interest in the disclosure of these items is outweighed by the public interest in maintaining the security of telephone conferencing services. Public dissemination of conference call passcodes and host passcodes would compromise the agency's ability to use the conferencing system in the future, eliminating the ability to use the systems for communication of confidential information in the future.

AMERICAN OVERSIGHT

If you believe that we have improperly determined that the information should not be provided to you, you have a right under Wis. Stat. § 19.35(4)(b) to have the determination reviewed by *mandamus* or upon application to the attorney general or district attorney.

Should you have any questions, please contact me at (608) 267-5093.

Sincerely,

Cortney Mesdjian
Deputy Records Custodian

AMERICAN OVERSIGHT

From:	Baker, Michael (OS/IEA)
To:	Baker, Michael (OS/IEA)
Subject:	[IMPORTANT UPDATE] FDA Issues New Policy to Help Expedite Availability of Diagnostics
Date:	Saturday, February 29, 2020 5:56:14 PM

Dear Partner –

Today, as part of the U.S. Food and Drug Administration's ongoing and aggressive commitment to address the coronavirus outbreak, the agency issued a new policy for certain laboratories seeking to develop diagnostic tests for coronavirus in order to achieve more rapid testing capacity in the U.S.

The new policy is for certain laboratories that develop and begin to use validated COVID-19 diagnostics before the FDA has completed review of their Emergency Use Authorization (EUA) requests. The immediately in effect guidance issued today describes the circumstances where the FDA does not intend to object to the use of these tests for clinical testing while the laboratories are pursuing an EUA with the FDA. Importantly, this policy only applies to laboratories that are certified to perform high-complexity testing consistent with requirements under Clinical Laboratory Improvement Amendments.

The FDA guidance provides recommendations for test developers, including information regarding test validation, FDA notification and interim confirmatory clinical testing. Following the completion of their test validation, laboratories should communicate with the FDA, via email, in order to notify the agency that the test has been validated. Laboratories should submit a completed EUA request within 15 business days of notification.

The link to the full press release is here.

Related Information

- Novel Coronavirus
- Policy for Diagnostics Testing in Laboratories Certified to Perform High Complexity Testing under CLIA prior to Emergency Use Authorization for Coronavirus Disease-2019 during the Public Health Emergency - Immediately in Effect Guidance for Clinical Laboratories and Food and Drug Administration Staff

Sincerely,
Darcie

Darcie L. Johnston
Director, Intergovernmental Affairs
U.S. Department of Health and Human Services
Darcie.Johnston@hhs.gov

AMERICAN OVERSIGHT

From:	Kocharian, Anna - DHS
To:	Ethan Covey; Media@cdc.gov (CDC)
Cc:	Schumacher, Amy (CDC/DDNID/NCIPC/DUIP) (nrb6@cdc.gov); DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH)
Subject:	[NCI] RE: Quote request re: study on Legionnaire"s Disease in Wisconsin
Date:	Wednesday, March 04, 2020 12:26:02 PM
Attachments:	image011.png image012.png image013.png

Hello Ethan,

Thank you for your interest and work.

The case described in this report demonstrates the potential for people at risk for Legionnaires' disease (such as those with a weakened immune system or chronic lung disease, or current or former smokers) to be exposed to *Legionella* through home water systems containing the bacteria and demonstrates the difficulty of removing the bacteria from personal residences. For medical providers, it highlights the value of obtaining lower respiratory tract specimens for patients with suspected Legionnaires' disease, as the results can identify less common *Legionella* infections that would not show up on the urinary antigen test and can assist public health in identifying the infection source.

Thanks,

Anna

Anna Kocharian, M.S. | Epidemiologist | Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases | Tel: (608) 267-9004 | Fax: (608) 261-4976 | anna.kocharian@wisconsin.gov

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From: Ethan Covey <covey@me.com>
Sent: Friday, February 28, 2020 10:11 AM
To: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Media@cdc.gov (CDC) <sohco@CDC.GOV>
Subject: Quote request re: study on Legionnaire's Disease in Wisconsin

Hello, Ms. Kocharian.

I am interested in writing an article for Infectious Disease Special Edition regarding your recent MMWR article on the fatal case of Legionnaire's disease in Wisconsin.

Would you be able to provide me with a couple of brief quotes for use in the piece?

AMERICAN OVERSIGHT

Specifically, I'd be looking for your perspective on the importance of this study & its findings, what this adds to the understanding of Legionnaire's and its associated risks, and any questions raised by the study which require further work.

As I'm on deadline for the web, I'd appreciate receiving comments by end of day Wednesday, March 4, if possible.

Many thanks,
Ethan

Ethan Covey
covey@me.com

AMERICAN OVERSIGHT

From:	Jessica Lyons
To:	renee.mallory@arkansas.gov; Joel Tumlison; keithr@health.ok.gov; MendyS@health.ok.gov; tracylm@health.ok.gov; derekp@health.ok.gov; carla.snodgrass@tn.gov; JW.Randolph@tn.gov; Amy.Murawski@tn.gov; Vollan, Teresa (DOH); Tammy Stanton; Kimberly.Lamar@tn.gov; jthurgood@utah.gov; lisadavenport@utah.gov; nmalan@utah.gov; Christi Mackie; Appathurai Balamurugan, MD, DrPH; Cristy Sellers; Victoria Pless; Teresa Brechlin; lacy.fehrenbach-marosfalvy@doh.wa.gov; Katie.Eilers@DOH.WA.GOV; Smiley, Stephanie L - DHS (DPH); Matthies, Robin - DHS; Gugel, Andrea M - DHS; Heather.Board@vdh.virginia.gov; Hart Alton ngx79452
Cc:	Caitlin Langhorne; Meghan Auer; Leah Silva; Andy Baker-White; Brown, Pam (CDC/DDNID/NCIPC/DVP); Martha Yeide; Amanda Deutsch; Ashley Plaster; Ladak, Naayab (CDC/ONDIEH/NCIPC); Christi Mackie
Subject:	"Making Meaningful Change: Addressing ACEs through Public Policy" - Feb 18: 11:30am-1pm ET
Date:	Tuesday, February 04, 2020 12:39:42 PM
Attachments:	South Carolina Legislator study.pdf Purtle Leg. ACE Opinion Psych Serv 2019.pdf

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Greetings ACEs Learning Community Members!

Since many of you expressed interest in learning more about ACEs messaging, especially as it relates to legislators, I thought I'd pass along this webinar that was shared with me by our messaging SME, Dr. Purtle from Drexel. Attached are relevant materials from the SMEs presenting in the webinar.

When: Feb. 18, 11:30-1pm ET
For more information: https://www.acesconnection.com/g/california-aces-action/blog/join-feb-18th-webinar-on-addressing-aces-in-public-policy

Best,
Jes

Jes Lyons, MPH
Gender Pronouns: She/Her/Hers
Senior Analyst, Social and Behavioral Health
Association of State and Territorial Health Officials
National Headquarters: 2231 Crystal Drive, Suite 450, Arlington, VA 22202
Regional Office: 600 Peachtree Street NE, Suite 1000, Atlanta, GA 30308
www.astho.org | Twitter | Facebook | Blog

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AMERICAN OVERSIGHT

From:	Thelen, Margaret K - DHS
To:	Ahrabi-Fard, Susann - DHS; Austin, Samuel V - DHS; Ayers, Jeanne F - DHS; Baldoni-Lake, Ramona L - DHS; Cordova, Joseph A - DHS; DeSalvo, Traci E - DHS; Eilers, Ryan B - DHS; Ellinger, Beth A - DHS; Forsaith, Andrew C - DHS; Gibbons-Burgener, Suzanne N - DHS; Goodsitt, Elizabeth S - DHS; Gugel, Andrea M - DHS; Haupt, Thomas E - DHS; Irving, Roy M - DHS; Johnson, Alfred C - DHS; Kaplan, Beth M - DHS; Kloczko, Nathan F - DHS (CDC); Klos, Rachel F - DHS; Kocharian, Anna - DHS; Koske, Sarah E - DHS; LeClear, David S - DHS; Longo, John P - DHS; Maloney, Jessica J - DHS; Mason, Jordan L - DHS; McCarthy, Claudine N - DHS; Meiman, Jonathan G - DHS; Miller, Jennifer C - DHS; Miller, Stephanie W - DHS; Mittelstadt-Lock, Kay L - DHS; Moore, Donna J - DHS; Olson, Lisa A - DHS; Palm, Andrea J - DHS; Phillips, Jeffrey J - DHS; Pray, Ian W - DHS (CDC); Safar, Nicole M - DHS; Santiago Rodriguez, Genevieve M - DHS; Smiley, Stephanie L - DHS (DPH); Thandaserry, Madhu - DHS; Thelen, Margaret K - DHS; Warzecha, Charles J - DHS; Werner, Mark A - DHS; Westergaard, Ryan P - DHS; Wikler, Elizabeth M - DHS; Willems Van Dijk, Julie A - DHS; Wozniak, Ryan J - DHS; Yunker, Claire F - DHS
Subject:	3.2.2020 COVID-19 INTERNAL Situation Report
Date:	Monday, March 02, 2020 5:20:59 PM
Attachments:	3.2.2020_Coronavirus SitRep_INTERNAL.pdf

Hello,

Attached you will find today's COVID-19 situation report. Please forward as needed internally.

Please let us know if there are any edits.

Thanks!

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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AMERICAN OVERSIGHT

From:	Thelen, Margaret K - DHS
To:	Ahrabi-Fard, Susann - DHS; Austin, Samuel V - DHS; Ayers, Jeanne F - DHS; Baldoni-Lake, Ramona L - DHS; Cordova, Joseph A - DHS; DeSalvo, Traci E - DHS; Eilers, Ryan B - DHS; Ellinger, Beth A - DHS; Forsaith, Andrew C - DHS; Gibbons-Burgener, Suzanne N - DHS; Goodsitt, Elizabeth S - DHS; Gugel, Andrea M - DHS; Haupt, Thomas E - DHS; Irving, Roy M - DHS; Johnson, Alfred C - DHS; Kaplan, Beth M - DHS; Kloczko, Nathan F - DHS (CDC); Klos, Rachel F - DHS; Kocharian, Anna - DHS; Koske, Sarah E - DHS; LeClear, David S - DHS; Longo, John P - DHS; Maloney, Jessica J - DHS; Mason, Jordan L - DHS; McCarthy, Claudine N - DHS; Meiman, Jonathan G - DHS; Miller, Jennifer C - DHS; Miller, Stephanie W - DHS; Mittelstadt-Lock, Kay L - DHS; Moore, Donna J - DHS; Olson, Lisa A - DHS; Palm, Andrea J - DHS; Phillips, Jeffrey J - DHS; Pray, Ian W - DHS (CDC); Safar, Nicole M - DHS; Santiago Rodriguez, Genevieve M - DHS; Smiley, Stephanie L - DHS (DPH); Thandaserry, Madhu - DHS; Thelen, Margaret K - DHS; Warzecha, Charles J - DHS; Werner, Mark A - DHS; Westergaard, Ryan P - DHS; Wikler, Elizabeth M - DHS; Willems Van Dijk, Julie A - DHS; Wozniak, Ryan J - DHS; Yunker, Claire F - DHS
Bcc:	DHS DL DPHOPEHC
Subject:	3.3.2020 COVID-19 INTERNAL Situation Report
Date:	Tuesday, March 03, 2020 6:13:17 PM
Attachments:	3.3.2020_Coronavirus SitRep_INTERNAL.pdf

Hello,

Attached you will find today's COVID-19 situation report. Please forward as needed internally.

Please let us know if there are any edits.

Thanks!

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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AMERICAN OVERSIGHT

From:	Wallace, Dana A - DHS
To:	Ahrabi-Fard, Susann - DHS; Austin, Samuel V - DHS; Ayers, Jeanne F - DHS; Cordova, Joseph A - DHS; DeSalvo, Traci E - DHS; Eilers, Ryan B - DHS; Ellinger, Beth A - DHS; Gibbons-Burgener, Suzanne N - DHS; Goodsitt, Elizabeth S - DHS; Gugel, Andrea M - DHS; Haupt, Thomas E - DHS; Irving, Roy M - DHS; Kaplan, Beth M - DHS; Kloczko, Nathan F - DHS (CDC); Klos, Rachel F - DHS; Kocharian, Anna - DHS; Koske, Sarah E - DHS; LeClear, David S - DHS; Maloney, Jessica J - DHS; Mason, Jordan L - DHS; McCarthy, Claudine N - DHS; Meiman, Jonathan G - DHS; Miller, Jennifer C - DHS; Miller, Stephanie W - DHS; Mittelstadt-Lock, Kay L - DHS; Moore, Donna J - DHS; Odegaard, Karen L - DHS; Olson, Lisa A - DHS; Palm, Andrea J - DHS; Phillips, Jeffrey J - DHS; Pray, Ian W - DHS (CDC); Safar, Nicole M - DHS; Santiago Rodriguez, Genevieve M - DHS; Smiley, Stephanie L - DHS (DPH); Thandaserry, Madhu - DHS; Thelen, Margaret K - DHS; Warzecha, Charles J - DHS; Werner, Mark A - DHS; Westergaard, Ryan P - DHS; Wikler, Elizabeth M - DHS; Willems Van Dijk, Julie A - DHS; Wozniak, Ryan J - DHS; Yunker, Claire F - DHS
Subject:	3.4.2020 COVID-19 INTERNAL Situation Report
Date:	Wednesday, March 04, 2020 8:10:33 PM
Attachments:	image001.png image003.png 3.4.2020_Coronavirus SitRep_INTERNAL.pdf

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Hello,

Attached you will find today's COVID-19 situation report. Please forward as needed internally.

Please let us know if there are any edits.

Thanks,
Dana

Dana Wallace, MPH
Grants Manager
Wisconsin Department of Health Services
P: 608-261-6375

NOTICE: Get the most up to date confidentiality statement here.

AMERICAN OVERSIGHT

From:	Thelen, Margaret K - DHS
To:	Austin, Samuel V - DHS; Ayers, Jeanne F - DHS; Baldoni-Lake, Ramona L - DHS; Beach-Baumgartner, Christina A - DHS; Cordova, Joseph A - DHS; Crawford, Richard K - DHS; DeSalvo, Traci E - DHS; DeWeese, Sigrid R - DHS (Ruth); Eilers, Ryan B - DHS; Gall, Lynn K - DHS; Gibbons, Zoe E - DHS; Irving, Roy M - DHS; Johnson, Alfred C - DHS; Kaplan, Beth M - DHS; Kloczko, Nathan F - DHS (CDC); Klos, Rachel F - DHS; Kopetskie, Karen M - DHS; Larson, Joseph J - DHS; LeClear, David S - DHS; Lytle, Jeanette C - DHS; Maloney, Jessica J - DHS; Meiman, Jonathan G - DHS; Metcalf, Michael C - DHS; Miller, Jennifer C - DHS; Miller, Stephanie W - DHS; Mittelstadt-Lock, Kay L - DHS; Molke, Carrie A - DHS; Moore, Donna J - DHS; Odegaard, Karen L - DHS; Olson, Lisa A - DHS; Page, Alice K - DHS; Phillips, Jeffrey J - DHS; Santiago Rodriguez, Genevieve M - DHS; Smiley, Stephanie L - DHS (DPH); Thandaserry, Madhu - DHS; Thelen, Margaret K - DHS; Torres Ramirez, Mariel D - DHS; Wallace, Dana A - DHS; Warzecha, Charles J - DHS; Werner, Mark A - DHS; Westergaard, Ryan P - DHS; Wikler, Elizabeth M - DHS; Wilson, Louise F - DPI; Wozniak, Ryan J - DHS
Bcc:	DHS DL DPHOPEHC
Subject:	3.6.2020 COVID-19 INTERNAL Situation Report
Date:	Friday, March 06, 2020 4:34:04 PM
Attachments:	3.6.2020_Coronavirus SitRep_INTERNAL.pdf

Hello,

Attached you will find today's COVID-19 INTERNAL situation report. Please forward as needed internally.

Please let us know if there are any edits. I will send a separate email with the external situation report.

Thanks!

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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AMERICAN OVERSIGHT

From: Kaplan, Beth M - DHS
To: Miller, Stephanie W - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: 2019 nCoV Documents in progress
Date: Tuesday, February 11, 2020 1:26:00 PM
Attachments: 2019-nCoV FAQs for 211 Staff.docx

Stephanie M. and S.:

This document from Joe Cordova for law enforcement needs SME review: (It was sent to Traci this morning.)
https://share.health.wisconsin.gov/agency/os/extapp/Critical%20Response%20Library/Being%20reviewed.911%20211%20law%20enforcement%20messages.docx

The 211 FAQ Ryan reviewed and tweaked is attached. I will add top level points to the SME content and then add it to the Critical Response Library and let Stephanie M. know when it's there.

Stephanie M, please advise on who is lead for these items from this morning's JIC:

- Provide guidance/language to Public Health Madison & Dane County on how to respond to Facebook rumor about test unreliability
- Help DPI disseminate advice to all school districts
- Formulate responses to school nurse questions and work with DPI to send to their list of school nurses
- Ask CDC about written language on test reliability

I will update the materials chart later today.

Beth

Beth Kaplan
Communications Specialist-Advanced (Lead)
Division of Public Health
Wisconsin Department of Health Services
1 W. Wilson St.
(608) 261-9303
Madison, WI 53703
dhs.Wisconsin.gov

AMERICAN OVERSIGHT

From:	Santiago Rodriguez, Genevieve M - DHS
To:	Austin, Samuel V - DHS; Ayers, Jeanne F - DHS; Cordova, Joseph A - DHS; DeSalvo, Traci E - DHS; Eilers, Ryan B - DHS; Ellinger, Beth A - DHS; Goodsitt, Elizabeth S - DHS; Gugel, Andrea M - DHS; Haupt, Thomas E - DHS; Irving, Roy M - DHS; Kaplan, Beth M - DHS; Kloczko, Nathan F - DHS (CDC); Klos, Rachel F - DHS; Kocharian, Anna - DHS; LeClear, David S - DHS; Maloney, Jessica J - DHS; McCarthy, Claudine N - DHS; Meiman, Jonathan G - DHS; Miller, Jennifer C - DHS; Miller, Stephanie W - DHS; Mittelstadt-Lock, Kay L - DHS; Moore, Donna J - DHS; Olson, Lisa A - DHS; Palm, Andrea J - DHS; Phillips, Jeffrey J - DHS; Pray, Ian W - DHS (CDC); Safar, Nicole M - DHS; Santiago Rodriguez, Genevieve M - DHS; Smiley, Stephanie L - DHS (DPH); Thandaserry, Madhu - DHS; Thelen, Margaret K - DHS; Warzecha, Charles J - DHS; Werner, Mark A - DHS; Westergaard, Ryan P - DHS; Wikler, Elizabeth M - DHS; Willems Van Dijk, Julie A - DHS; Wozniak, Ryan J - DHS; Yunker, Claire F - DHS
Subject:	2019-nCoV Situation Report for 1.31.20
Date:	Friday, January 31, 2020 4:08:30 PM
Attachments:	image001.png image003.png 01.31.2020_Coronavirus SitRep.docx

---

Hello All,

Attached please find today's novel coronavirus situation report.

If you have any questions regarding information in this situation report, please let us know.

Best,

Genevieve

Genevieve Santiago Rodriguez
Health Emergency Preparedness Communications Coordinator
Wisconsin Department of Health Services
D: 608-266-3479

AMERICAN OVERSIGHT

From:	PS18-1802 (CDC)
Subject:	2020 HIV Surveillance Technical Assistance Meeting - Call for Abstracts
Date:	Tuesday, February 04, 2020 2:08:16 PM
Attachments:	Call for Abstracts 2020 HIV Surveillance Technical Assistance Meeting.docx Abstract Submission Form_2020 HSTAM.docx

On behalf of Magan Pearson, MPH, Acting Deputy Chief, HIV Incidence and Case Surveillance Branch (HICSB)

Dear Colleagues,

The 2020 HIV Surveillance Technical Assistance Meeting to be held in Atlanta, June 16 - 18, 2020 will include an abstracts/poster session. The CDC HIV Incidence and Case Surveillance Branch (HICSB) invites submissions of abstracts of best practices for effective HIV surveillance for presentation at the meeting. Submission is open to any persons working in HIV surveillance or conducting analyses using HIV surveillance data.

Please see the attached Call for Abstracts and Abstract Submission form for instructions to prepare and submit an abstract. The abstract must be submitted with the Abstract Submission form. **The deadline for abstract submission is midnight EST on March 9, 2020.**

Please contact **Jayleen Gunn (pfe4@cdc.gov) and Kimberly Mason (wxv6@cdc.gov)** with any questions regarding the abstract submission process.

Best regards,

Magan D. Pearson, MPH
Deputy Branch Chief (Acting)
HIV Incidence and Case Surveillance Branch
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
Telephone: (404) 718-8643
Fax: (404) 639-2980/8046
Email: Mpearson1@cdc.gov

AMERICAN OVERSIGHT

From:	Odegaard, Karen L - DHS
To:	DeSalvo, Traci E - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); Miller, Stephanie W - DHS
Subject:	030720_DHS Response Questions for Operations_Batch 3
Date:	Saturday, March 07, 2020 5:15:26 PM
Attachments:	030720_DHS Response Questions for Operations_Batch 3.docx

Hi Traci,

Hope you're having a great weekend (and not checking email!). Here's one more batch of questions/comments from DHS Response. This takes us through Friday evening.

Let me know if you want to touch base on the 3 batches we've sent over thus far to talk about which questions we can and can't answer.

Thanks,
Karen

AMERICAN OVERSIGHT

From: Health Law360
To: Palm, Andrea J - DHS
Subject: ABA, Health Tech Events Scuttled Amid Coronavirus Fears
Date: Friday, March 06, 2020 3:20:23 AM

Law360 Health

HEALTH

Friday, March 6, 2020

TOP NEWS

ABA, Health Tech Events Scuttled Amid Coronavirus Fears

A two-decade-old American Bar Association health conference and a massive health technology meeting with a highly touted keynote speech from President Donald Trump were canceled Thursday amid coronavirus concerns, sparking questions about other upcoming health industry gatherings.

Read full article »

Insys Execs Can't Delay Prison In Opioid Kickback Case

Insys Therapeutics Inc. founder John Kapoor and four underlings cannot delay serving their prison sentences while they appeal their convictions in a racketeering scheme to bribe doctors to prescribe opioids, a judge ruled Thursday, saying the defendants are unlikely to win on appeal.

Order attached | Read full article »

Noncompete Can't Kill Radiology Salesman's Jump To Startup

A Minnesota federal judge on Thursday refused a radiology provider's request to block a former employee from continuing his work with a startup, saying the company fell short of showing that the worker likely flouted a noncompete agreement.

Order attached | Read full article »

Feds Say Spine Device Firm Ran $8M Kickback Scam

A medical device company greased the palms of surgeons to use its spinal products with more than $8 million of kickbacks in the form of sham consulting contracts, the government alleges in a civil fraud case unsealed Thursday in Massachusetts federal court.

Complaint attached | Read full article »

DOJ Urges High Court Not To Eye FCA Dismissal Campaign

The U.S. Department of Justice on Wednesday urged the U.S. Supreme Court to avoid scrutinizing government dismissals of False Claims Act suits over the objections of whistleblowers, contending that a circuit split over its powers has little practical significance.

3 documents attached | Read full article »

POLICY & REGULATION

Another Telecom Event Fizzles As FCC Plans For Coronavirus

Cable industry organizers on Thursday called off a planned three-day

COMPANIES

America's Health Insurance Plans
American Bar Association
American Civil Liberties Union
American Conference Institute
American Hospital Association
AmerisourceBergen Corp.
Apple Inc.
Ascension Health Inc.
Atlanta's John Marshall Law School
BASF SE
Bank of America Corp.
Banner Health
Brigham Young University
British Airways PLC
Cannabis Talk 101
Cathay Pacific Airways Ltd.
Comedy Central
Competitive Enterprise Institute
Delta Air Lines Inc.
Deutsche Lufthansa AG
Facebook Inc.
Flybe Group PLC
Food & Drug Law Institute

AMERICAN OVERSIGHT

conference in Washington, D.C., due to concerns over the COVID-19 outbreak, as the Federal Communications Commission separately implemented cautionary measures to minimize the spread of the virus.

Read full article »

Are Pot-Smoking Lawyers Risking Their Licenses?

Marijuana might be legal in many states, but that doesn't mean it's not without risk for attorneys to partake. Law360 spoke to some ethics experts — and some pot smoking attorneys — about what lawyers need to know if they decide to light up in a state where it is legal.

Read full article »

Watchdog Faults HHS For Migrant Child Separation Response

A report released Thursday by the internal watchdog arm of the U.S. Department of Health and Human Services blamed "interagency communication failures and poor internal management decisions" for HHS's bungled response to an increase in migrant family separations under the Trump administration's "zero tolerance" policy.

☐ *Report attached* | Read full article »

ENFORCEMENT & COMPLIANCE

RI Medical Group Ripped Off $1.5M From Medicare, Feds Say

The government has accused a medical group of receiving more than $1.5 million in payments from Medicare and Medicaid reimbursements for urine tests it did not perform, according to a complaint filed in Rhode Island district court Thursday.

☐ *Complaint attached* | Read full article »

LITIGATION

Prolific FCA Whistleblower Adds $1M Award To Past Win

An avid False Claims Act whistleblower added $1 million Wednesday to a $1.7 million award she picked up for exposing fraudulent billing processes at a Nevada hospital chain when a federal judge found that the government should have shared some of the cash it pulled in from an audit of the chain.

☐ *Order attached* | Read full article »

Bad Expert Report Sinks 'Unusual' Botched Surgery Suit

A Texas appellate court said Thursday that an expert report failed to explain how a patient's botched hysterectomy would have been avoided if the hospital had higher professional liability insurance requirements.

☐ *Opinion attached* | Read full article »

Calif. Physician Must Face Suit Over Patient's Paralysis

A California appeals court has allowed to move forward a suit alleging a doctor's decision to delay a woman's spinal surgery caused her paralysis to persist, saying the one-year statute of limitations didn't start running until the patient became aware of possible malpractice.

☐ *Opinion attached* | Read full article »

NY Hospital's Experts Get Fatal Stroke Suit Dismissed

A New York state appeals court has affirmed the dismissal of a suit accusing a hospital and doctors of failing to diagnose a man's stroke, which led to his death, saying the plaintiff's medical expert based his opinion on incorrect facts.

☐ *Opinion attached* | Read full article »

Texas ER Docs Say UnitedHealth Slashed Reimbursements

ACS Primary Care Physicians Southwest PA and six other emergency medicine physician staffing groups have accused UnitedHealthcare of

Google Inc.
HIMSS
Instagram Inc.
International Brotherhood of Teamsters
International Cannabis Bar Association
International Consolidated Airlines Group SA
JPMorgan Chase & Co.
Maimonides Medical Center
MasterCard Inc.
Molina Healthcare Inc.
Monsanto Co.
National Association of Broadcasters
Nestle
Norwegian Air Shuttle ASA
Public Broadcasting Service
Purdue Pharma LP
Renown Health
Ryanair Holdings PLC
Summit Partners
Twitter Inc.
United Airlines Holdings Inc.
UnitedHealth Group Inc.
Virgin Atlantic Airways Ltd.
Virtual Radiologic Corporation
Volkswagen AG
ZTE Corp.

LAW FIRMS

Aaronson Rappaport
Ahmad Zavitsanos
Arnold & Porter
Austin LLP
Bast Amron LLP
Berger Montague
Carella Byrne
Covington & Burling
Cullen Law Firm
Daniel Coker
Davis George Mook
Davis Polk
Dorsey & Whitney
Epstein Becker Green
Felhaber Larson
Fick & Marx
Florida Lash
Freedman Boyd
Gonzalez Castillo LLP

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slashing reimbursement rates to unacceptable levels, well below what is usual and customary.

☐ *Petition attached* | Read full article »

Miss. Justices Apply Med Mal Time Limit To Pharmacy Suit

A Mississippi man whose pharmacist allegedly gave him the wrong medication can't skirt the statute of limitations on medical negligence claims by suing his pharmacy under a broader claim with a longer time limit, the state's high court ruled Thursday.

☐ *Opinion attached* | Read full article »

Del. Justices To Weigh In On AmerisourceBergen Doc Fight

The Delaware Supreme Court agreed Thursday to weigh in on a trial court decision that ordered AmerisourceBergen to provide stockholders with records on its compliance with opioid drug distribution controls because of the decision's far-reaching impact on the First State's law dealing with investor demands for records.

Read full article »

DEALS

InnovaCare Investors Flag $90M Side Pact In $1B Summit Deal

A former InnovaCare Inc. investor launched a proposed class action Wednesday over the company's $1 billion merger last year with Summit Partners LP, saying the deal included a $90 million side payment to the company's founder that the minority shareholders never approved.

☐ *Complaint attached* | Read full article »

BANKRUPTCY

Purdue Wants Ch. 11 To Hold Opioid Cases At Bay Longer

Bankrupt opioid maker Purdue Pharma LP asked a New York judge late Wednesday to extend a preliminary injunction enacted in its Chapter 11 case that paused thousands of legal actions against the company for its role in the national opioid crisis.

☐ *Memorandum attached* | Read full article »

Coronavirus Tips UK Airline Flybe Into Insolvency

The coronavirus is taking the blame for tipping struggling British airline Flybe into bankruptcy, with the “added pressures” the virus has put on the travel industry being cited as a reason for Thursday’s insolvency filing of Europe’s largest regional airline.

Read full article »

EXPERT ANALYSIS

What’s At Stake In Legislation To Prevent Information Blocking

Tech giants and privacy groups are waging a battle over the information blocking rule proposed by the Office of the National Coordinator for Healthcare Information Technology, and in the midst of the crossfire the health industry could see major penalties for noncompliance, says Kathy Kottos at Munck Wilson.

Read full article »

Opinion

Stop Asking Bar Applicants About Mental Illness

If the legal profession is serious about addressing lawyer mental illness and the stigma surrounding it, more states will remove mental illness disclosure questions from bar applications, as New York did last week, says Brian Tannebaum at Bast Amron.

Read full article »

Goodman Tovrov
Goodwin
Hach Rose Schirripa & Cheverie
Hinshaw & Culbertson
Holwell Shuster
Hulett Harper
Jenner & Block
Keker Van Nest & Peters
Kessler Topaz
King & Spalding
Labaton Sucharow
Lewis Roca
McGlinchey Stafford
Milbank LLP
Miner Orkand
Morgan Lewis
Morrison & Foerster
Munck Wilson
O'Melveny & Myers
Ogletree Deakins
Patterson Belknap
Paul Weiss
Potter Anderson
Prickett Jones
Proskauer Rose
Randles & Splittgerber
Robbins Geller
Robins Kaplan
Ropes & Gray
Shearman & Sterling
Sheuerman Martini
Sidley Austin
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Centers for Disease Control and Prevention
Consumer Financial Protection Bureau
Delaware Court of Chancery
European Central Bank
European Union
Federal Bureau of Investigation
Federal Communications Commission
Food and Drug Administration

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LEGAL INDUSTRY

Schumer Rues High Court Remarks, Blames Brooklyn Roots

U.S. Senate Minority Leader Chuck Schumer on Thursday walked back controversial comments he lobbed at Justices Brett Kavanaugh and Neil Gorsuch amid a major abortion case before the high court, saying his words had been misinterpreted.

Read full article »

Coronavirus Scare Interrupts NY Iran Sanctions Trial

The New York trial of an Iranian national and former chairman of a Maltese bank accused of funneling $115 million through the U.S. financial system in violation of U.S. sanctions on Iran was interrupted Thursday morning after it was revealed that a member of the jury pool had potentially been exposed to the new coronavirus.

Read full article »

Texas Courts Prepare For Resistance To Virus Quarantines

Texas' court system is preparing for the possibility that individuals may resist orders to quarantine because of the COVID-19 virus, appointing judges who would hear proceedings under the state's health code, state judicial officials announced Thursday.

Read full article »

Analysis

Harassment Saga Sparks Calls For Swifter Probes Of Judges

The federal judiciary's top disciplinary body has closed an investigation of harassment and other misconduct by a Kansas federal judge after the jurist announced his resignation, but experts and advocates questioned why the process stretched for nearly four years and urged a broader institutional review.

Read full article »

Sen. Graham Planning Bill With New District Judgeships

Sen. Lindsey Graham, R-S.C., chairman of the Judiciary Committee, has said he plans to propose a slew of new federal district judgeships across the country after a nearly 20-year pause in court expansion, and the panel's top Democrat sounded receptive.

Read full article »

Ariz. Trial Court Pick Fails To Get Full GOP Support

Six Republicans on the Senate Judiciary Committee opposed President Donald Trump's pick for the federal bench in Arizona on Thursday, even as a bipartisan majority sent the nominee to the floor.

Read full article »

Bush Appointee Thomas Griffith Retiring From DC Circ. In Fall

George W. Bush appointee D.C. Circuit Judge Thomas Griffith will retire after 15 years on the powerful U.S. appeals court in September, handing President Donald Trump his third nomination to a court that often has the final word in legal challenges to administration policies.

Read full article »

Jenner & Block Names Washington DOJ Vet As New Chair

Jenner & Block LLP has appointed a Washington, D.C.-based litigator as the firm's new chair, marking the third major leadership change at the Chicago firm in the past 14 months.

Read full article »

Government Accountability Office
Illinois Supreme Court
Judicial Conference of the United States
Texas Legislature
U.S. Attorney's Office
U.S. Bankruptcy Court for the Southern District of New York
U.S. Department of Health and Human Services
U.S. Department of Homeland Security
U.S. Department of Justice
U.S. District Court for the District of Massachusetts
U.S. District Court for the District of Minnesota
U.S. District Court for the District of New Jersey
U.S. District Court for the District of Rhode Island
U.S. District Court for the Eastern District of New York
U.S. District Court for the Northern District of Illinois
U.S. District Court for the Southern District of New York
U.S. House of Representatives
U.S. Senate
U.S. Supreme Court
United States District Court for the District of Nevada
World Health Organization

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Swipe Fee MDL Website Down Due To Ransomware Attack

The website for a multibillion-dollar swipe fee settlement with Visa, Mastercard and a group of banks is down due to a ransomware attack on legal services firm Epiq Global, counsel for the class has told a New York federal court.

Read full article »

Law Firm GCs Must Be Wary As Firms Vie For Cannabis Work

As more states legalize cannabis for medicinal or recreational use, law firms may be eager to participate in the burgeoning industry, but general counsel must be aware of the potential landmines that lay ahead, speakers at Hinshaw & Culbertson LLP's Legal Malpractice and Risk Management Conference said Thursday in Chicago.

Read full article »

John Marshall Law School Defeats Man's Sex Bias Suit

An Illinois federal judge handed the John Marshall Law School victory in a sex discrimination suit Thursday, ruling there is no evidence the Chicago school fired its head of alumni relations because he is a man.

Read full article »

King & Spalding Says Fired Associate's Suit Doesn't Add Up

King & Spalding LLP told a New York federal judge a former associate's claim that he was fired so the firm could save $20,000 in 401(k) contributions doesn't make sense because he was offered a six-figure severance check.

Read full article »

Law360's Weekly Verdict: Legal Lions & Lambs

Morgan Lewis & Bockius LLP is a legal lion this week for helping PBS score a win in a #MeToo movement case, while Sullivan & Cromwell LLP landed among the legal lambs because Volkswagen must face punitive damages related to its "clean diesel" emissions scandal.

Read full article »

Podcast

The Term: Roberts Rebuke Overshadows CFPB, Abortion Args

The U.S. Supreme Court saw a headline-grabbing week with arguments in two heavily watched cases, and the drama only escalated after a senator's remarks on an abortion case earned a sharp public rebuke from the chief justice.

Read full article »

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Duane Morris LLP
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Healthcare Regulatory and Transactional Associate
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pharma co seeks clinical trial contract counsel
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Patent Counsel-Oncology
Eli Lilly and Company
Indianapolis, Indiana

Deputy Managing Attorney, California Regional Office
Earthjustice
San Francisco, California

Litigation Associate (Boston or DC office)
Hooper, Lundy & Bookman, P.C.
BOSTON, Massachusetts

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From:	DHS SecretaryOffice
To:	Palm, Andrea J - DHS; Safar, Nicole M - DHS; Wikler, Elizabeth M - DHS; Rifken, Katharine M - DHS; Allen, Joyce B - DHS; Jacobson, Andrea L - DHS; Stachoviak, Ryan J - DHS; Koepke, Ruth S - DHS (UW Sch of Med and Pub); Smiley, Stephanie L - DHS (DPH); Guilfoyle, Sheila M - DHS; Stokes, Scott A - DHS; Krupski, Paul A - DHS
Subject:	Assessment of service gaps in opioid treatment discussion
Attachments:	Full report - For DPHDHS review process.docx

Assessment of service gaps in opioid treatment discussion.

Below are individuals who should be in the meeting along with myself.

DCTS – Kate Rifken, Joyce Allen, Andrea Jacobson, Ryan Stachoviak

DPH- Ruth Koepke, Stephanie Smiley, Sheila Guilfoyle, Scott Stokes

OS – Beth Wikler, Nicole Safar

Paul

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From: Wisconsin Department of Health Services
To: Kaplan, Beth M - DHS; Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: BCD: COVID-19 Community Response Guidance : TEST
Date: Monday, March 02, 2020 12:21:57 PM

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Bureau of Communicable Diseases Information Update

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PUIGuidance_Feb28

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Contact **DPH at 608-267-9003** for consultation and approval of testing for COVID-19

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- Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare,
- Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019
- CDC in Action: Preparing Communities for Potential Spread of COVID-19
- Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings

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CDC Daily Key Points, February 29, 2020
- CDC Coronavrus Disease 2019 (COVID-19) Guidance for State, Local, and Territorial Partners and Local Health Departments
- CN--Notification and Access for Persons Detained for Medical Reasons (2020)
- Final Interim Cleaning Guidance for Persons Under Quarantine for COVID 19
- Coronavirus Disease 2019 Information for Travel (New Travel Alerts)
- Frequently Asked Questions and Answers: Coronavirus Disease-2019 (COVID-19) and Children
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- Causes and transmission
- Signs and symptoms
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- Guidance for school districts
- Guidance for employers
- Reporting and surveillance
- Testing criteria for PUIs
- Infection prevention and provider resources

DHS COVID webpage

For Health Care Providers

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Information and guidance on this page covers the following topic areas:

- Persons under investigation (PUIs)
- Clinical care
- Infection Control
- PPE (see webinar on optimizing supplies)
- Home care
- EMS guidance
- Obstetric healthcare

WebinarScreenshotCDCN95

Resources for Health Care Facilities

- Steps Healthcare Facilities Can Take Now to Prepare for COVID-19
- Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States
- Strategies to Prevent Spread in Long-

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Term Care Facilities (LTCF)

Questions

The Department of Health Services Outbreaks and Investigations webpage is updated regularly and includes state-specific information and links to important resources.

Please contact the Bureau of Communicable Diseases, 608-267-9003 if you have any general questions about these guidelines.

Please do not reply directly to this email message. If you have a question, please email Tom Haupt.

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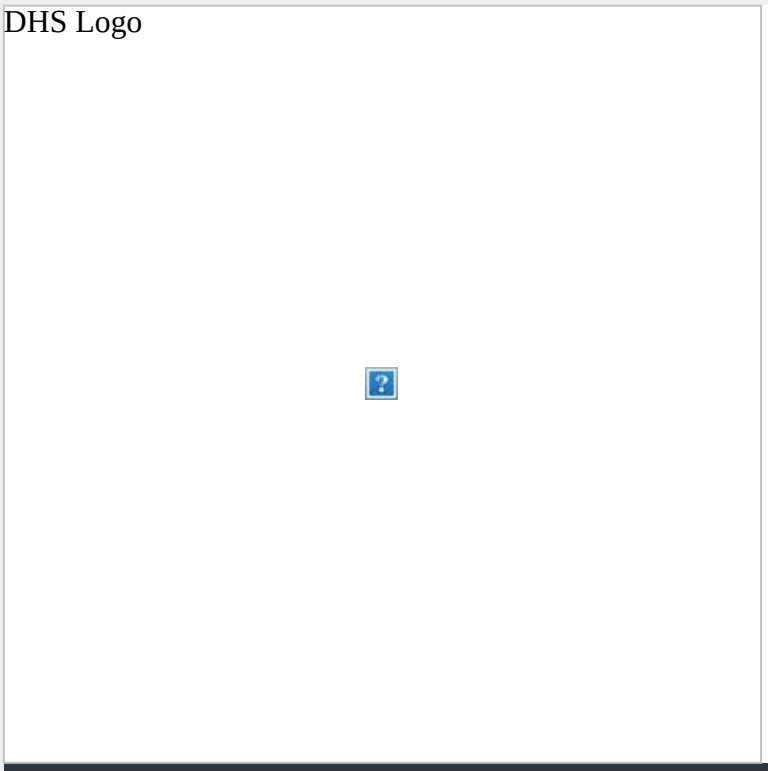
From: Wisconsin Department of Health Services
To: Kaplan, Beth M - DHS; Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: BCD: COVID-19 Community Response Guidance for Local Health Departments and Other Public Health Partners: TEST
Date: Monday, March 02, 2020 11:39:00 AM



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DHS COVID webpage

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- Home care
- EMS guidance
- Obstetric healthcare

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From: Wisconsin Department of Health Services
To: Kaplan, Beth M - DHS; Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: BCD: COVID-19 Community Response Guidance for Local Health Departments and Update on Testing: TEST
Date: Monday, March 02, 2020 11:55:30 AM

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Wisconsin State Laboratory and City of Milwaukee Laboratory Now Conducting Tests for COVID-19

The Wisconsin Department of Health Services (DHS) and the Wisconsin State Laboratory of Hygiene at the University of Wisconsin-Madison (State Lab) announced today that the lab is now conducting tests for the COVID 19 virus, the novel coronavirus that surfaced in Wuhan, China in late 2019, and has infected people across the world, including more than a dozen people in the United States, and one person in Wisconsin. The City of Milwaukee Health Department laboratory also has the capability to perform this test.

This topic will be discussed as part of a media call this afternoon.

Contact DPH at 608-267-9003 for consultation on testing for COVID-19.

NEW! CDC COVID-19 Testing Guidance Updated - February 27, 2020

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From: Wisconsin Department of Health Services
To: Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS
Subject: BCD: COVID-19 Update: New CDC Testing Criteria and other resources: TEST
Date: Monday, March 02, 2020 9:26:44 AM

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From: Wisconsin Department of Health Services
To: Kaplan, Beth M - DHS; Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: BCD: COVID-19 Update: New CDC Testing Criteria and other resources: TEST
Date: Monday, March 02, 2020 10:53:39 AM

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The Wisconsin Department of Health Services (DHS), the State Lab of Hygiene at the University of Wisconsin-Madison (WSLH) and the City of Milwaukee Laboratory announced today that two public health laboratories in Wisconsin are now equipped and ready to conduct tests for COVID 19. Test samples previously were sent to the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. Positive test results identified by WSLH and the City of Milwaukee Laboratory will be presumed positive and also be sent to the CDC for confirmation. People must meet certain criteria for testing for COVID-19 which are outlined in the next section below.

Contact DPH at 608-267-9003 for consultation on testing for COVID-19.

NEW! CDC COVID-19 Testing Guidance Updated - February 27, 2020

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PUIGuidance_Feb28

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For Local and Tribal Public Health Agencies

Check CDC's webpage: Resources for State, Local, Territorial and Tribal Health Departments. New information and guidance is being added and updated frequently. The following webpages are new or updated since February 21, 2020:

- Know the Facts About COVID-19 and Help Stop the Spread of Rumors
- Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare,
- Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019
- CDC in Action: Preparing Communities for Potential Spread of COVID-19
- Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home

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Residential Settings
- CDC Daily Key Points, February 29, 2020
- CDC Coronavrus Disease 2019 (COVID-19) Guidance for State, Local, and Territorial Partners and Local Health Departments
- CN--Notification and Access for Persons Detained for Medical Reasons (2020)
- Final Interim Cleaning Guidance for Persons Under Quarantine for COVID 19
- Coronavirus Disease 2019 Information for Travel (New Travel Alerts)
- Frequently Asked Questions and Answers: Coronavirus Disease-2019 (COVID-19) and Children
- Frequently Asked Questions and Answers: Coronavirus Disease 2019 (COVID-19) and Pregnancy
- Stigma Related to COVID-19

Resources for Health Care Facilities

- Steps Healthcare Facilities Can Take Now to Prepare for COVID-19
- Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States
- Strategies to Prevent Spread in Long-Term Care Facilities (LTCF)

CDC has a COVID-19 youtube channel with a variety of short educational videos that you may consider linking to on your websites or social media platforms.

Check the DHS COVID-19 webpage. DHS routinely updates this page and links to new resources. Topic areas include:

- Causes and transmission
- Signs and symptoms
- Prevention and treatment
- Self-quarantine and self-monitoring guidance
- Guidance for school districts
- Guidance for employers
- Reporting and surveillance
- Testing criteria for PUIs
- Infection prevention and provider resources

DHS COVID webpage

For Health Care Providers

Check CDC's webpage: Information for Healthcare Professionals, new information and guidance is being added and updated frequently.

Information and guidance on this page covers the following topic areas:

- Persons under investigation (PUIs)
- Clinical care
- Infection Control
- PPE (see webinar on optimizing supplies)
- Home care
- EMS guidance
- Obstetric healthcare

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WebinarScreenshotCDCN95

Questions

The Department of Health Services Outbreaks and Investigations webpage is updated regularly and includes state-specific information and links to important resources.

Please contact the Bureau of Communicable Diseases, 608-267-9003 if you have any general questions about these guidelines.

Please do not reply directly to this email message. If you have a question, please email Tom Haupt.

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From: Wisconsin Department of Health Services
To: Dowdell, Ashlie M - DHS; Tans-Kersten, Julie L - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: BCD: TB Update: Shortage of Priftin: TEST
Date: Monday, February 10, 2020 2:16:43 PM

DHS Logo

Wisconsin Tuberculosis Program

February 2020

Shortage of Priftin® (Rifapentine) for Treatment of Latent TB Infection (LTBI)

Background

Several states including Wisconsin are reporting difficulties obtaining Priftin® (Rifapentine), a product of Sanofi Pharmaceuticals. Pritin® is a prescription medicine used with other anti-tuberculosis medicines to:

- Treat active tuberculosis disease of the lung in people age 12 years and older
- Prevent progression of LTBI to active tuberculosis disease in people age 2 years and older.

In Wisconsin, Priftin is usually used in combination with isoniazid (INH) in a 3-month regimen ("3HP") for treatment of LTBI.

Wisconsin and Midwest pharmacies are reporting delays in orders and shipments of Priftin. Supplies are expected to be replenished by March 2020. This shortage does not currently appear on the U.S. Food and Drug Administration (FDA) drug shortage website.

Recommendations During the shortage, the Wisconsin TB Program (WTBP) will not be able to fill new orders for 3HP through the Wisconsin TB Dispensary (Aurora Pharmacy). With remaining supplies, we will prioritize refills for patients who have already started the regimen. For 3HP orders that cannot be filled, WTBP recommends the following approaches:

- Substitute other LTBI treatment regimens, such as four months of daily rifampin. For LTBI

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treatment options, see publication P-01181.
- Consider waiting to initiate LTBI treatment until Priftin supplies have been replenished.

Please contact the WTBP with any questions

608-261-6319

DHSWITBProgram@dhs.wisconsin.gov

Please do not reply directly to this email message. If you have a question, please contact the Wisconsin Tuberculosis Program at (608) 261-6319.

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: Caring for Someone Sick with Flu
Date: Friday, February 21, 2020 1:01:10 PM

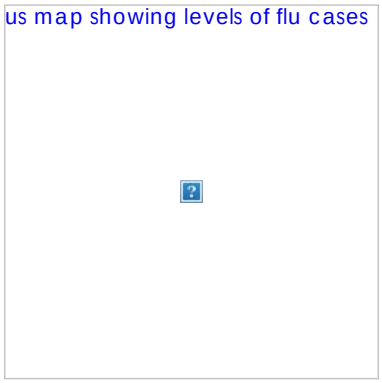
Influenza (Flu)

2019 - 2020 Flu Season

February 21, 2020

Flu Vaccine Finder

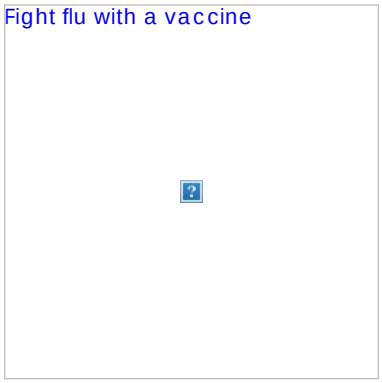
www.cdc.gov/flu



Weekly U.S. Influenza Surveillance Report

According to CDC's latest FluView report (Feb 9 – 15), national levels of flu-like illness remain high and are expected to remain above baseline for weeks to come. CDC estimates that so far this season, there have been at least 29 million flu illnesses, 280,000 hospitalizations and 16,000 deaths from flu.

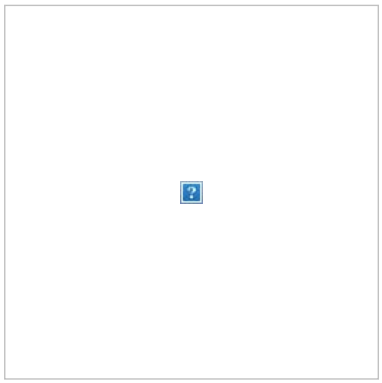
Learn More



Interim Estimates of 2019-20 Seasonal Influenza Vaccine Effectiveness

According to CDC's recent MMWR, early flu vaccine effectiveness (VE) estimates show that so far the 2019-20 seasonal flu vaccine is reducing flu-related doctor's visit by about half overall. In children, the vaccine is reducing doctor's visit for flu by 55%.

Learn More



Are you experiencing flu symptoms?

Flu antiviral drugs are recommended for people experiencing flu symptoms who are at high risk of developing serious flu complications. Although other people with mild illness who are not at high risk may also be treated early with antiviral drugs by their doctor, most people who are otherwise healthy and get flu do not need to be treated with antiviral drugs.

Learn More

Follow us on Twitter

If you get sick with #flu, check with your doctor promptly to see what treatment plan is right for you.

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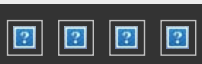
Learn more about what you should do if you get sick with flu: https://go.usa.gov/xdPSu

Sign up for the newsletter to receive weekly emails about the coronavirus disease 2019 (COVID-19) outbreak.



Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

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From:	DeSalvo, Traci E - DHS
To:	Heinrich, Janel; Kita-Yarbro, Amanda
Cc:	Smiley, Stephanie L - DHS (DPH); Klos, Rachel F - DHS; Pray, Ian W - DHS (CDC); ydk3@cdc.gov; pgx8@cdc.gov; Haupt, Thomas E - DHS; Kocharian, Anna - DHS
Subject:	Case Specimen Collection
Date:	Thursday, February 06, 2020 6:40:20 PM
Attachments:	image001.png

Hi Janelle and Amanda,

I wanted to provide you an update on the specimen collection plan for the confirmed case. After consultation with the WSLH on specimen collection and shipping, we have determined that it would be best to collect the specimens all together tomorrow morning at approximately 9 AM. The CDC team has reached back out to the case, and she is comfortable with this plan. I am including members of the CDC Go Team on this email as we would like to coordinate picking up the needed supplies for all of the specimen collection before they go to the case patients' home in the morning.

Miwako and Bryan, do you have any additional details on needed supplies that you can provide?

Janelle and Amanda, if any of the needed items are unavailable from PHMDC, please let us know so we can look for another source.

Thank you everyone for your partnership on this investigation.

Traci

Traci DeSalvo, MPH
Chief, Communicable Diseases Epidemiology Section
Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases
Phone: (608) 267-7321 | Fax: (608) 261-4976

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: CDC and the National Tuberculosis Controllers Association Release New Guidelines for Treatment of Latent TB Infection
Date: Thursday, February 13, 2020 12:23:47 PM

CDC ANNOUNCEMENT TO PARTNERS | FEBRUARY 2020

Dear Colleague:

Treatment of latent tuberculosis (TB) infection is essential to controlling and eliminating TB in the United States because it substantially reduces the

AMERICAN OVERSIGHT

LTBI Treatment Guidelines

risk that latent TB infection will progress to TB disease. Up to 13 million people in the United States have latent TB infection. Without treatment, they are at risk for developing TB disease in the future; however, treatment greatly reduces this risk.

- Today, the U.S. Centers for Disease Control and Prevention (CDC) and the National Tuberculosis Controllers Association (NTCA) published "Guidelines for the Treatment of Latent Tuberculosis Infection" in CDC's *Morbidity and Mortality Weekly Report Recommendations and Reports*. This is the first comprehensive update to U.S. latent TB infection treatment guidelines since 2000. CDC and NTCA preferentially recommend short-course, rifamycin-based, 3- or 4-month latent TB infection treatment regimens over 6- or 9-month isoniazid monotherapy.

Highlights from the new guidelines include:

- To treat latent TB infection, CDC and NTCA preferentially recommend:

  • Three months of once-weekly isoniazid plus rifapentine (3HP). 3HP is strongly recommended for adults and children older than 2 years, including HIV-positive persons.

  • Four months of daily rifampin (4R). 4R is strongly recommended for HIV-negative adults and children of all ages.

- Three months of daily isoniazid plus rifampin (3HR) is conditionally recommended for adults and children of all ages and for HIV-positive persons.

- If short-course treatment is not a feasible or available option (e.g., due to drug interactions with rifamycins), CDC and NTCA recommend six or nine months of daily isoniazid (6H/9H) as alternative, effective latent TB infection treatment regimens.

- More than 80% of people who develop TB disease in the United States each year get sick from longstanding, untreated latent TB infection. Short-course latent TB infection treatment regimens are effective, safe, have a lower risk of hepatotoxicity, and have higher completion rates than longer 6 to 9 months of isoniazid monotherapy. The availability of short-course regimens can also enable providers to treat larger numbers of people who are at risk for TB disease.

Our public health system and private providers play a crucial role in expanding the testing and treatment of latent TB infection. Clinicians can work with patients to determine the best latent TB infection treatment regimen, prescribe shorter regimens, and provide support and resources to help patients complete latent TB infection treatment successfully.

We encourage clinicians, pharmacists, and public health professionals to review the new guidelines for

AMERICAN OVERSIGHT

the treatment of latent TB infection. Clinicians can contact state and local TB control offices for additional information on diagnosing and treating latent TB infection.

Additionally, CDC has resources and tools for latent TB infection for health care providers, public health professionals, and patients.

Thank you for your work and continued commitment to turn TB elimination into a reality.

/Philip LoBue/
Philip LoBue, MD, FACP, FCCP
Director
Division of Tuberculosis Elimination
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention
www.cdc.gov/tb

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: CDC and the National Tuberculosis Controllers Association Release New Guidelines for Treatment of Latent TB Infection
Date: Thursday, February 13, 2020 12:30:22 PM

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LTBI Treatment Guidelines

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Philip LoBue, MD, FACP, FCCP
Director
Division of Tuberculosis Elimination
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention
www.cdc.gov/tb

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From: DASH Director (CDC)
To: Smiley, Stephanie L - DHS (DPH)
Subject: CDC Guidance for Schools and Communities Related to COVID-19
Date: Monday, March 02, 2020 1:36:54 PM

March 2, 2020

Dear Partners,

CDC has developed updated guidance to help prevent the transmission of COVID-19 in communities which includes recommendations for households, schools, workplaces, and healthcare settings.

Schools, working together with local health departments, have an important role in slowing the spread of diseases to help ensure students have safe and healthy learning environments. CDC has developed Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19). Schools should continue to collaborate, share information, and review plans with local health officials to help protect the whole school community, including those with special health needs.

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Everyone has a role to play in getting ready and staying healthy. Please consider sharing this information through your communication channels. I also encourage you to return to these webpages often as they will continue to be updated.

Sincerely,
/Kathleen Ethier/

Kathleen A. Ethier, Ph.D.
Director, Division of Adolescent and School Health
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention

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From: Kocharian, Anna - DHS
To: DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; Klos, Rachel F - DHS; Haupt, Thomas E - DHS; Meinholz, Kimberly K - DHS; Ahrabi-Fard, Susann - DHS; Gibbons-Burgener, Suzanne N - DHS; Mason, Jordan L - DHS; Koske, Sarah E - DHS; Pray, Ian W - DHS (CDC); Cordova, Joseph A - DHS; Thelen, Margaret K - DHS
Subject: CDC guidance on risk assessment/movement/monitoring just went up
Date: Monday, February 03, 2020 5:33:15 PM
Importance: High

Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings:
https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

ASYMPTOMATIC

Table: Summary of CDC Recommendations for Management of Persons with Potential 2019-nCoV Exposure by Risk Level and Symptoms

Risk Category	Movement Restrictions and Public Activities	Monitoring	Travel
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	**Travelers from mainland China outside Hubei Province with no known high-risk exposure:** Self-monitoring with public health supervision **All others in this category:** Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.
Low risk	No restriction	Self-observation	No restriction
No known risk	No restriction	None	No restriction

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From:	Health Alert Network (CDC)
To:	CDC-HAN-PRIORITY-LIST@LISTSERV.CDC.GOV
Subject:	CDC HAN 427: (Correction to Link for PUI Case Investigation Form in this Version) Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)
Date:	Saturday, February 01, 2020 12:10:41 PM
Attachments:	CDC HAN 427 Update 2019-nCoV 02 01 2020.pdf 2019-nCoV-identify-assess-flowchart-2020-02-01-508.pdf

Correction: In the Recommendations for Reporting, Testing, and Specimen Collection section, the link for the 2019-nCoV PUI case investigation form has been corrected.

This is an official
CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
February 1, 2020, 0900 ET (9:00 AM ET)
CDCHAN-00427

Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)

Summary
The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of respiratory illness caused by a novel coronavirus (2019-nCoV) that was initially detected in Wuhan City, Hubei Province, China in December 2019.

This CDC Health Alert Network (HAN) Update provides a situational update and interim guidance to state and local health departments that supersedes guidance in CDC's HAN 426 distributed on January 17, 2020. It also adds

- guidance for clinicians caring for patients with 2019-nCoV (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html),
- and for public health officials on the evaluation and testing of patients under investigation (PUIs) for 2019-nCoV (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html), and
- updated infection prevention and control guidance specific to 2019-nCoV (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html).

Early in the outbreak, many of the patients with respiratory illness caused by 2019-nCoV in China had exposure to a large seafood and live animal market, suggesting animal-to-human transmission. More recently, cases have been confirmed with no exposure to animal markets, indicating that person-to-person spread of the virus has occurred. Chinese officials report that sustained person-to-person spread in the community is occurring in China.

The first US case-patient was identified on January 21, 2020, and had recently traveled from Wuhan, China. Since that time, six additional cases have been confirmed in the United States, four among persons who traveled from Wuhan, and one a close contact of a confirmed case. Globally, reported illnesses in people with 2019-nCoV have ranged from mild (no or few signs and symptoms), to severe, including death. These findings are consistent with other coronaviruses, including Severe Acute Respiratory Syndrome (SARS) (https://www.cdc.gov/sars/) and Middle East Respiratory Syndrome (MERS) (https://www.cdc.gov/coronavirus/mers/index.html). Additional information about 2019-nCoV is needed to better understand transmission, disease severity, and risk to the general population. The goal of the ongoing US public health response is to identify and contain this outbreak and prevent sustained spread of 2019-nCoV in the United States.

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Recommendations for Screening of Patients for 2019-nCoV in Healthcare Facilities
Recommendations for screening of patients for possible 2019-nCoV infection are based on (1) current knowledge of the characteristics of clinical illness observed in early cases, and (2) the geographic distribution of current cases. They reflect the current public health goal of rapidly containing and preventing transmission of 2019-nCoV illness.

Patients presenting to healthcare facilities should be assessed for exposures associated with risk of 2019-nCoV infections (e.g., travel to China or close contact with a confirmed case) and for symptoms consistent with 2019-nCoV infection (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html). The assessment is intended to allow healthcare providers to make decisions about appropriate infection control and management of patients. Note that the signs and symptoms of 2019-nCoV overlap with those associated with other viral respiratory tract infections. Given the time of year, common respiratory illnesses, including influenza, should also be considered in patients who are screened. (Figure 1)

Clinicians should ask:

- Does the person have fever or symptoms of lower respiratory infection, such as cough or shortness of breath?

AND

- Has the patient traveled to mainland China within 14 days of symptom onset?

OR

- Has the patient had close contact[1] with a person confirmed with 2019-nCoV infection?

Figure 1.

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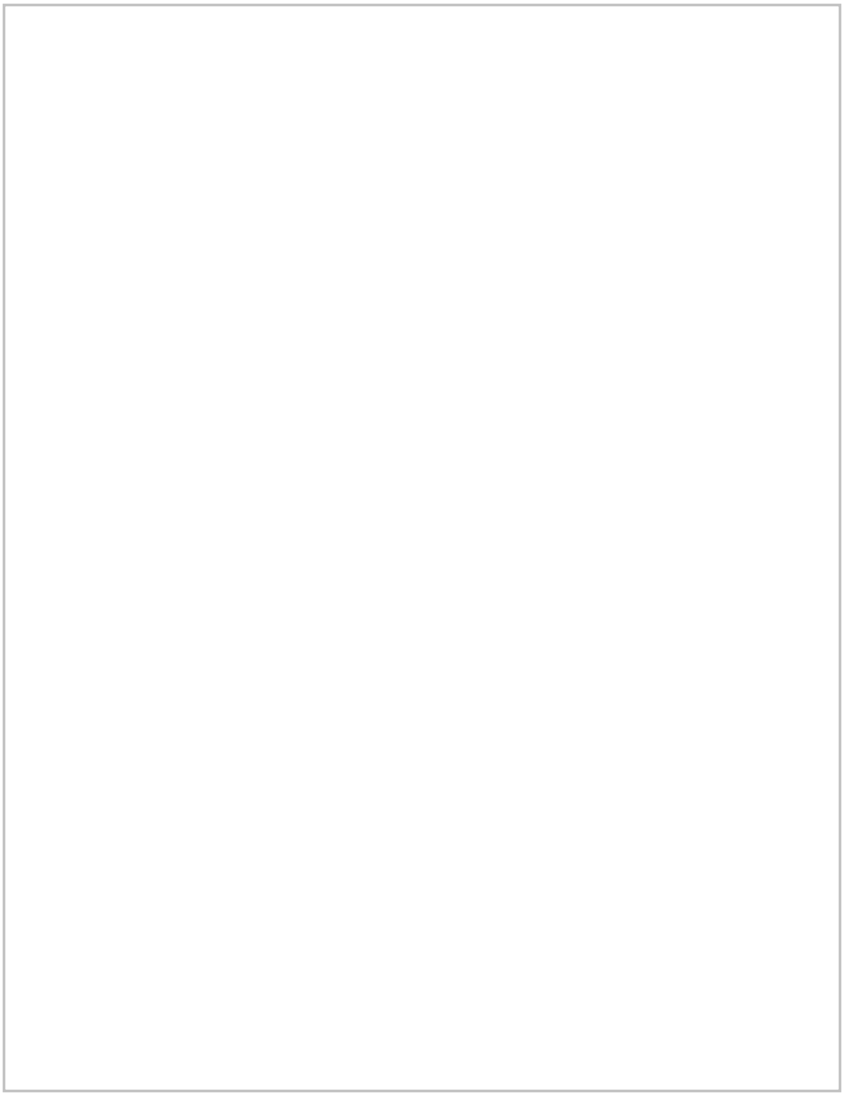

If a patient meets these criteria:

- To minimize the risk that other people will be exposed to individuals who may have 2019-nCoV, patients who report having these symptoms should be asked to wear a surgical mask as soon as they are identified and directed to a separate area, if possible, with at least 6 feet (2 meters) separation from other persons. Patients should be evaluated in a private room with the door closed, ideally an airborne infection isolation room (AIIR), if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). For more information about this, see CDC's *Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting* (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html).

Clinicians should immediately notify the healthcare facility's infection control personnel and local health department. The health department will determine if this patient needs to be considered a PUI for 2019-nCoV and be tested for infection.

Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for 2019-nCoV
Local health departments, in consultation with clinicians, should determine whether a patient is a PUI for 2019-nCoV. The CDC clinical criteria for 2019-nCoV PUIs have been developed based on available information about this novel virus, as well as what is known about SARS and MERS. These criteria are subject to change as additional information becomes available.

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Clinical Features	AND	Epidemiologic Risk
Fever[2] **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including health care workers, who has had close contact[1] with a laboratory-confirmed[3] 2019-nCoV patient within 14 days of symptom onset
Fever[2] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	**AND**	A history of travel from **Hubei Province**, China within 14 days of symptom onset
Fever[2] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization[4]	**AND**	A history of travel from mainland **China** within 14 days of symptom onset

These criteria are intended to serve as guidance for evaluation and testing. Patients should be evaluated and discussed with public health departments on a case-by-case basis for possible 2019-nCoV infection. Testing decisions might be further informed by the clinical presentation or exposure history (e.g., uncertain travel or exposure), and the presence of an alternative diagnosis that explains their clinical presentation .

Recommendations for Reporting, Testing, and Specimen Collection

Healthcare providers should **immediately** notify infection control personnel at their healthcare facility if a patient is classified a PUI for 2019-nCoV. State health departments that have identified a PUI should immediately contact CDC's Emergency Operations Center (EOC) at 770-488-7100 and complete a 2019-nCoV PUI case investigation form (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html#reporting-testing-specimen-collection). CDC's EOC will assist local and state health departments with obtaining, storing, and shipping appropriate specimens to CDC, including afterhours or on weekends or holidays. Currently, diagnostic testing for 2019-nCoV can be done only at CDC. Testing for other respiratory pathogens should not delay specimen shipping to CDC.

For initial diagnostic testing for 2019-nCoV, CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible)) for those patients with productive coughs. Induction of sputum is not indicated. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See *Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV)* (https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html).

Recommendations for Healthcare Providers

No vaccine or specific treatment for 2019-nCoV infection is available. At present, medical care for patients with 2019-nCoV is supportive.

Persons with confirmed or suspected 2019-nCoV infection who are hospitalized should be evaluated and

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cared for in a private room with the door closed, ideally an airborne infection isolation room, if available. For more information, see *Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting* (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html).

Home care and isolation may be an option, based on clinical and public health assessment, for some persons. Please see *Interim Guidance for Preventing the Spread of 2019 Novel Coronavirus (2019-nCoV) in Homes and Communities* (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html).

Those isolated at home should be monitored by public health officials to the extent possible. Refer to *Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV)* (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html) for more information.

Notes

[1]Close contact is defined as:
a) being within approximately 6 feet (2 meters), or within the room or care area, of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case
- or -
b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

[2]Fever may be subjective or confirmed
See CDC's updated *Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting* (https://www.cdc.gov/coronavirus/2019-ncov/infection-control.html).
Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

[3] Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

[4] Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which 2019-nCoV is being considered that requires hospitalization. Such persons should be evaluated in consultation with state and local health departments regardless of travel history.

For More Information
More information is available at the 2019 Novel Coronavirus website (https://www.cdc.gov/coronavirus/2019-ncov/index.html) or by calling 800-CDC-INFO | (800-232-4636) | TTY: (888) 232-6348

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

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Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

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From:	Health Alert Network (CDC)
To:	CDC-HAN-PRIORITY-LIST@LISTSERV.CDC.GOV
Subject:	CDC HAN 427: Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)
Date:	Saturday, February 01, 2020 8:57:40 AM
Attachments:	CDC HAN 427 Update 2019-nCoV 02 01 2020.pdf 2019-nCoV-identify-assess-flowchart-2020-02-01-508.pdf

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CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
February 1, 2020, 0900 ET (9:00 AM ET)
CDCHAN-00427

Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)

Summary
The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of respiratory illness caused by a novel coronavirus (2019-nCoV) that was initially detected in Wuhan City, Hubei Province, China in December 2019.

This CDC Health Alert Network (HAN) Update provides a situational update and interim guidance to state and local health departments that supersedes guidance in CDC's HAN 426 distributed on January 17, 2020. It also adds

- guidance for clinicians caring for patients with 2019-nCoV (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html),
- and for public health officials on the evaluation and testing of patients under investigation (PUIs) for 2019-nCoV (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html), and
- updated infection prevention and control guidance specific to 2019-nCoV (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html).

Early in the outbreak, many of the patients with respiratory illness caused by 2019-nCoV in China had exposure to a large seafood and live animal market, suggesting animal-to-human transmission. More recently, cases have been confirmed with no exposure to animal markets, indicating that person-to-person spread of the virus has occurred. Chinese officials report that sustained person-to-person spread in the community is occurring in China.

The first US case-patient was identified on January 21, 2020, and had recently traveled from Wuhan, China. Since that time, six additional cases have been confirmed in the United States, four among persons who traveled from Wuhan, and one a close contact of a confirmed case. Globally, reported illnesses in people with 2019-nCoV have ranged from mild (no or few signs and symptoms), to severe, including death. These findings are consistent with other coronaviruses, including Severe Acute Respiratory Syndrome (SARS) (https://www.cdc.gov/sars/) and Middle East Respiratory Syndrome (MERS) (https://www.cdc.gov/coronavirus/mers/index.html). Additional information about 2019-nCoV is needed to better understand transmission, disease severity, and risk to the general population. The goal of the ongoing US public health response is to identify and contain this outbreak and prevent sustained spread of 2019-nCoV in the United States.

Recommendations for Screening of Patients for 2019-nCoV in Healthcare Facilities
Recommendations for screening of patients for possible 2019-nCoV infection are based on (1) current knowledge of the characteristics of clinical illness observed in early cases, and (2) the geographic distribution of current cases. They reflect the current public health goal of rapidly containing and

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preventing transmission of 2019-nCoV illness.

Patients presenting to healthcare facilities should be assessed for exposures associated with risk of 2019-nCoV infections (e.g., travel to China or close contact with a confirmed case) and for symptoms consistent with 2019-nCoV infection (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html). The assessment is intended to allow healthcare providers to make decisions about appropriate infection control and management of patients. Note that the signs and symptoms of 2019-nCoV overlap with those associated with other viral respiratory tract infections. Given the time of year, common respiratory illnesses, including influenza, should also be considered in patients who are screened. (Figure 1)

Clinicians should ask:

- Does the person have fever or symptoms of lower respiratory infection, such as cough or shortness of breath?

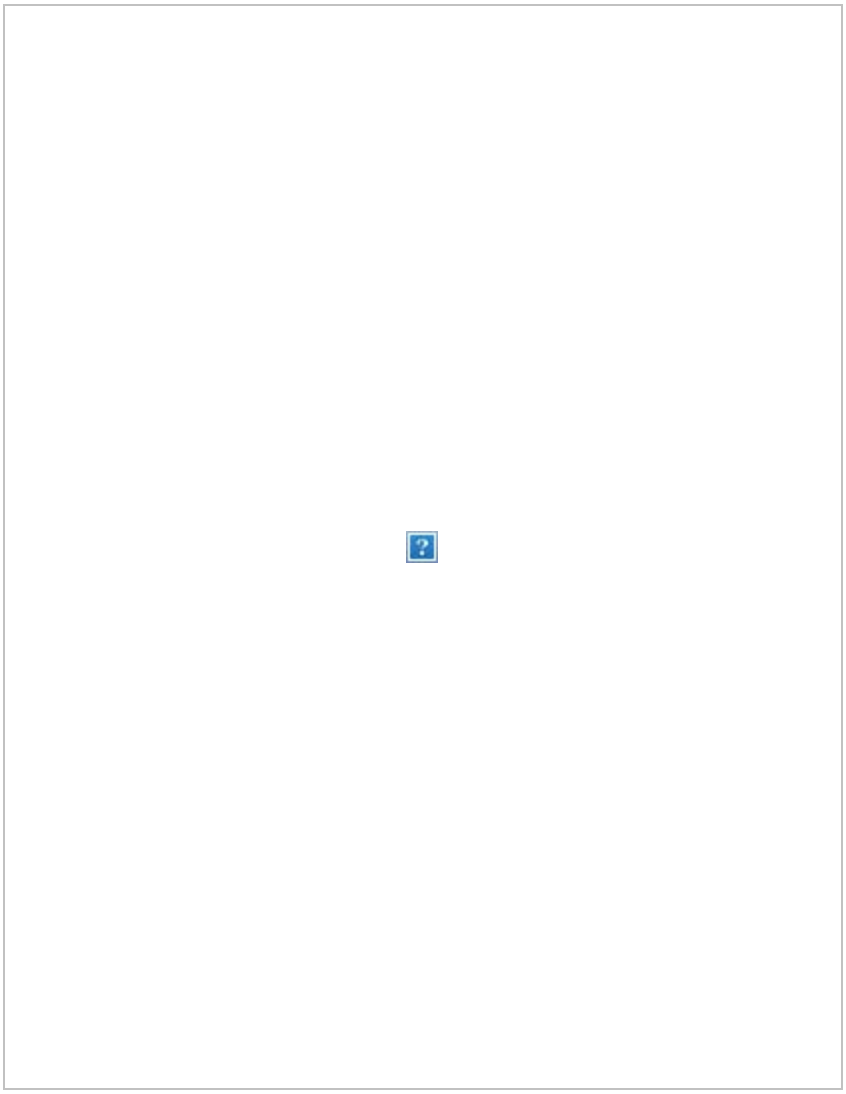
AND

- Has the patient travelled to mainland China within 14 days of symptom onset?

OR

- Has the patient had close contact[1] with a person confirmed with 2019-nCoV infection?

Figure 1.



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If a patient meets these criteria:

- To minimize the risk that other people will be exposed to individuals who may have 2019-nCoV, patients who report having these symptoms should be asked to wear a surgical mask as soon as they are identified and directed to a separate area, if possible, with at least 6 feet (2 meters) separation from other persons. Patients should be evaluated in a private room with the door closed, ideally an airborne infection isolation room (AIIR), if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). For more information about this, see CDC's *Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting* (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html).

Clinicians should immediately notify the healthcare facility's infection control personnel and local health department. The health department will determine if this patient needs to be considered a PUI for 2019-nCoV and be tested for infection.

Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for 2019-nCoV
Local health departments, in consultation with clinicians, should determine whether a patient is a PUI for 2019-nCoV. The CDC clinical criteria for 2019-nCoV PUIs have been developed based on available information about this novel virus, as well as what is known about SARS and MERS. These criteria are subject to change as additional information becomes available.

Clinical Features	AND	Epidemiologic Risk
Fever[2] **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including health care workers, who has had close contact[1] with a laboratory-confirmed[3] 2019-nCoV patient within 14 days of symptom onset
Fever[2] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	**AND**	A history of travel from **Hubei Province**, China within 14 days of symptom onset
Fever[2] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization[4]	**AND**	A history of travel from mainland **China** within 14 days of symptom onset

These criteria are intended to serve as guidance for evaluation and testing. Patients should be evaluated and discussed with public health departments on a case-by-case basis for possible 2019-nCoV infection. Testing decisions might be further informed by the clinical presentation or exposure history (e.g., uncertain travel or exposure), and the presence of an alternative diagnosis that explains their clinical presentation .

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Recommendations for Reporting, Testing, and Specimen Collection

Healthcare providers should **immediately** notify infection control personnel at their healthcare facility if a patient is classified a PUI for 2019-nCoV. State health departments that have identified a PUI should immediately contact CDC's Emergency Operations Center (EOC) at 770-488-7100 and complete a 2019-nCoV PUI case investigation form (https://www.cdc.gov/coronavirus/mers/interim-guidance.html#evaluation). CDC's EOC will assist local and state health departments with obtaining, storing, and shipping appropriate specimens to CDC, including afterhours or on weekends or holidays. Currently, diagnostic testing for 2019-nCoV can be done only at CDC. Testing for other respiratory pathogens should not delay specimen shipping to CDC.

For initial diagnostic testing for 2019-nCoV, CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible)) for those patients with productive coughs. Induction of sputum is not indicated. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See *Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV)* (https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html).

Recommendations for Healthcare Providers

No vaccine or specific treatment for 2019-nCoV infection is available. At present, medical care for patients with 2019-nCoV is supportive.

Persons with confirmed or suspected 2019-nCoV infection who are hospitalized should be evaluated and cared for in a private room with the door closed, ideally an airborne infection isolation room, if available. For more information, see *Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting* (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html).

Home care and isolation may be an option, based on clinical and public health assessment, for some persons. Please see *Interim Guidance for Preventing the Spread of 2019 Novel Coronavirus (2019-nCoV) in Homes and Communities* (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html).

Those isolated at home should be monitored by public health officials to the extent possible. Refer to *Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV)* (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html) for more information.

Notes

[1]Close contact is defined as:

a) being within approximately 6 feet (2 meters), or within the room or care area, of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case

- or -

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

[2]Fever may be subjective or confirmed

See CDC's updated *Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting* (https://www.cdc.gov/coronavirus/2019-ncov/infection-control.html).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

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Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

[4] Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which 2019-nCoV is being considered that requires hospitalization. Such persons should be evaluated in consultation with state and local health departments regardless of travel history.

For More Information

More information is available at the 2019 Novel Coronavirus website (https://www.cdc.gov/coronavirus/2019-ncov/index.html) or by calling 800-CDC-INFO | (800-232-4636) | TTY: (888) 232-6348

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

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From:	Health Alert Network (CDC)
To:	CDC-HAN-PRIORITY-LIST@LISTSERV.CDC.GOV
Subject:	CDC HAN 428: Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)
Date:	Friday, February 28, 2020 2:07:34 PM
Attachments:	CDC HAN 428 - Update Interim Guidance on Outbreak of COVID-19 02 28 2020.pdf

This is an official

CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
February 28, 2020, 15:05 ET (3:05 PM ET)
CDCHAN-0428

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

Summary
The Centers for Disease Control and Prevention (CDC) continues to closely monitor and respond to the COVID-19 outbreak caused by the novel coronavirus, SARS-CoV-2.

This CDC Health Alert Network (HAN) Update provides updated guidance on evaluating and testing persons under investigation (PUIs) for COVID-19. It supersedes guidance provided in CDC's HAN 427 distributed on February 1, 2020.

The outbreak that began in Wuhan, Hubei Province, has now spread throughout China and to 46 other countries and territories, including the United States. As of February 27, 2020, there were 78,497 reported cases in China and 3,797 cases in locations outside China. In addition to sustained transmission in China, there is evidence of community spread in several additional countries. CDC has updated travel guidance to reflect this information (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html).

To date, there has been limited spread of COVID-19 in the United States. As of February 26, 2020, there were a total of 61 cases within the United States, 46 of these were among repatriated persons from high-risk settings. The other 15 cases were diagnosed in the United States; 12 were persons with a history of recent travel in China and 2 were persons in close household contact with a COVID-19 patient (i.e. person-to-person spread). One patient with COVID-19 who had no travel history or links to other known cases was reported on February 26, 2020, in California. The California Department of Public Health, local health departments, clinicians, and CDC are working together to investigate this case and are identifying contacts with whom this individual interacted.

CDC, state and local health departments, other federal agencies, and other partners have been implementing measures to slow and contain transmission of COVID-19 in the United States. These measures include assessing, monitoring, and caring for travelers arriving from areas with substantial COVID-19 transmission and identifying cases and contacts of cases in the United States.

Recognizing persons at risk for COVID-19 is a critical component of identifying cases and preventing further transmission. With expanding spread of COVID-19, additional areas of geographic risk are being identified and PUI criteria are being updated to reflect this spread. To prepare for possible additional person-to-person spread of COVID-19 in the United States, CDC continues to recommend that clinicians and state and local health departments consider COVID-19 in patients with severe respiratory illness even in the absence of travel history to affected areas or known exposure to another case.

Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for COVID-19
Local or state health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-19. The CDC clinical criteria for COVID-19 PUIs have been developed based on available

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information about this novel virus, as well as what is known about Severe Acute Respiratory Syndrome (SARS) (https://www.cdc.gov/sars/clinical/guidance.html) and Middle East Respiratory Syndrome (MERS) (https://www.cdc.gov/coronavirus/mers/interim-guidance.html#evaluation). These criteria are subject to change as additional information becomes available.

Clinical Features		**Epidemiologic Risk**
Fever[1] **or** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	**AND**	Any person, including healthcare personnel[2], who has had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset
Fever[1] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	A history of travel from affected geographic areas[5], within 14 days of symptom onset
Fever[1] with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza).[6]	**AND**	No identified source of exposure

These criteria are intended to serve as guidance for evaluation. In consultation with public health departments, patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.

[1]Fever may be subjective or confirmed.

[2] For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

[3]Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI

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consideration are met.

Additional information is available in CDC's updated Interim Healthcare Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings, as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

[4]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

[5]Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. Current information is available in CDC's COVID-19 Travel Health Notices (https://www.cdc.gov/coronavirus/2019-ncov/travelers).

[6]Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) of unknown etiology in which COVID-19 is being considered.

Recommendations for Reporting, Testing, and Specimen Collection
Clinicians should immediately implement recommended infection prevention and control practices (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and their state or local health department if a patient is classified as a PUI for COVID-19. State health departments that have identified a PUI or a laboratory-confirmed case should complete a PUI and Case Report form through the processes identified on CDC's Coronavirus Disease 2019 website (https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html). State and local health departments can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping appropriate specimens to CDC for testing, including after hours or on weekends or holidays. Currently, diagnostic testing for COVID-19 is being performed at state public health laboratories and CDC. Testing for other respiratory pathogens should not delay specimen testing for COVID-19.

For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal AND oropharyngeal swabs). CDC also recommends testing lower respiratory tract specimens, if available. For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended. For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 (https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html) and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs (https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html).

For More Information
More information is available at the COVID-19 website: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: CDC Public Health Grand Rounds
Date: Wednesday, February 05, 2020 12:47:23 PM

CDC Public Health Grand Rounds: Measles – Maintaining Disease Elimination and Enhancing Vaccine Confidence

baby with coronavirus

Please join CDC for Public Health Grand Rounds, **"Measles – Maintaining Disease Elimination and Enhancing Vaccine Confidence"** on *Tuesday, February 18, 2020, at 1:00 p.m. (ET)*.

Last year marked the highest number of measles cases in a single year in the United States since 1992, with a total of 1,282 confirmed cases. More than 73% of these cases were linked to outbreaks in New York, affecting under-vaccinated communities. Measles was declared eliminated in the United States in 2000; however, the sustained transmission of almost 12 months nearly led to the loss of our elimination status.

This session of Public Health Grand Rounds will focus on measles in the United States and the response to and lessons learned from the outbreaks in New York in 2018-2019. Presenters from New York City and New York State will share details about their outbreaks and response efforts. Presenters from CDC will discuss the national picture of measles in the United States and the agency's strategy for strengthening vaccine confidence and increasing coverage of vaccine-preventable diseases.

Presented By:

CDR Manisha Patel, MD, MS
Medical Officer, Domestic Measles Team Lead
National Center for Immunization and Respiratory Diseases, CDC
"Measles in the United States"

Howard Zucker, MD, JD
New York State Public Health Commissioner
"The 2018-2019 Measles Epidemic in New York: Successes and Challenges"

Oxiris Barbot, MD
New York City Public Health Commissioner
"The New York City Experience: Measles Outbreak Management"

Amanda Cohn, MD
Chief Medical Officer
National Center for Immunization and Respiratory Diseases, CDC
"Strengthening Confidence in Vaccines"

Feel free to e-mail your questions before or during the session.

To attend:
A live webcast will be available on the CDC website. Open captions are provided. The link will be live five minutes before the presentation. Sessions are posted 3-4 days after each presentation to the On Demand page of our website.

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Free Continuing Education is available for Grand Rounds Sessions
In order to receive continuing education (CE) for Public Health Grand Rounds sessions, please visit TCEO and follow these 9 Simple Steps. To find our courses use the search term “Public Health Grand Rounds”. To receive continuing education, you must complete the online seminar evaluation and post-test. Continuing education will be available for up to 2 years and 1 month after the initial session offering.

Centers for Disease Control and Prevention
1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348
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From:	Kocharian, Anna - DHS
To:	Klos, Rachel F - DHS; DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Haupt, Thomas E - DHS; Gibbons-Burgener, Suzanne N - DHS; Ahrabi-Fard, Susann - DHS; Westergaard, Ryan P - DHS; Koske, Sarah E - DHS; Mason, Jordan L - DHS
Subject:	CDC took off PUI criteria/table from their website!
Date:	Wednesday, March 04, 2020 12:08:58 PM
Attachments:	image001.png image002.png image003.png

https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

Criteria to Guide Evaluation of PUI for COVID-19

As availability of diagnostic testing for COVID-19 increases, clinicians will be able to access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by FDA under an Emergency Use Authorization (EUA). Clinicians will also be able to access laboratory testing through public health laboratories in their jurisdictions.

This expands testing to a wider group of symptomatic patients. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever[1] and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers[2], who have had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas[5] (see below) within 14 days of symptom onset.

Anna Kocharian, M.S. | Epidemiologist | Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases | Tel: (608) 267-9004 | Fax: (608) 261-4976 | anna.kocharian@wisconsin.gov

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From: ForwardHealth@www.ForwardHealth.wi.gov
To: Smiley, Stephanie L - DHS (DPH)
Subject: Centers for Disease Control and Prevention Guidance on Outbreak of 2019 Novel Coronavirus in Wuhan, China
Date: Monday, February 03, 2020 11:10:50 AM

ForwardHealth Header Template Image

The Centers for Disease Control and Prevention (CDC) announced the first travel-associated case of novel coronavirus (2019-nCoV) detected in the United States, and travel-associated cases have been reported in several other countries. Although no cases of 2019-nCoV have been reported in Wisconsin to date, the Division of Public Health (DPH) and the CDC continue to monitor the situation.

CDC began entry screening of passengers on direct and connecting flights from Wuhan, China, to several main ports of entry in the United States on January 17, 2020.

This information update is intended to provide currently available recommendations to health partners. However, the situation is rapidly evolving, and recommendations may change. **Continue to check the CDC 2019-nCoV Situation Summary webpage for the most current guidelines.**

For Health Care Providers

CDC's updated guidance provides recommendations for health care providers regarding the evaluation of patients for 2019-nCoV, as well as prevention and infection control guidance and information on specimen collection.

Key Messages

Continue to **routinely ask patients about their travel history** and collect specific information about locations (city, country) and dates of travel.

Work with your facility's infection prevention staff to review site-specific plans for the identification and isolation of patients and **notify them immediately** if any patients present with the clinical and epidemiologic criteria below.

Contact **DPH at 608-267-9003** for consultation and approval of testing for 2019-nCoV for patients who meet the clinical and epidemiologic criteria below.

All clinical specimens from patients who are approved for testing must be accompanied by a completed Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form and sent to the Wisconsin State Laboratory of

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Hygiene. At this time, all testing is performed at the CDC.

Infection Prevention and Control Recommendations

CDC currently recommends a cautious approach to patients under investigation. Patients should be asked to wear a surgical mask as soon as they are identified and should be evaluated in a private room with the door closed, ideally in an airborne infection isolation room if available. Health care personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (for example, goggles or a face shield).

Criteria to Guide Evaluation of Patients Under Investigation for 2019-nCoV

Patients in the United States who meet one of the following criteria should be evaluated as a patient under investigation in association with the outbreak of 2019-nCoV in Wuhan City, China:

- Fever **and** symptoms of lower respiratory illness (for example, cough, shortness of breath), and in the last 14 days before symptom onset, **one or both** of the following:
    - History of travel from Wuhan City, China
    - Close contact with a person who is under investigation for 2019-nCoV while that person was ill
- Fever **or** symptoms of lower respiratory illness (for example, cough, shortness of breath), and in the last 14 days before symptom onset, close contact with an ill laboratory-confirmed 2019-nCoV patient.

The criteria are intended to serve as guidance for evaluation and are subject to change. The most up-to-date criteria are available on the CDC website. Patients should be evaluated on a case-by-case basis if their clinical presentation or exposure history is equivocal (for example, uncertain travel or exposure).

Contact **DPH at 608-267-9003** for consultation and approval of testing for 2019-nCoV.

For Local and Tribal Public Health Agencies

Contact the DPH Bureau of Communicable Diseases at 608-267-9003 (or the DPH emergency on-call staff at 608-258-0099 after hours) for consultation.

The Wisconsin Electronic Disease Surveillance System will be updated soon to include a disease incident option for 2019-nCoV.

Movement restrictions are not recommended at this time for travelers returning from Wuhan, China.

Questions

The Wisconsin Department of Health Services Outbreaks and Investigations webpage will be updated soon to include state-specific information and links to important resources.

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Please contact Tom Haupt (phone: 608-266-5326, email: thomas.haupt@dhs.wisconsin.gov), Influenza and Respiratory Diseases Surveillance Coordinator, if you have any general questions about these guidelines.

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From:	Haupt, Thomas E - DHS
To:	Klos, Rachel F - DHS; Kocharian, Anna - DHS; DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS
Subject:	Change in PUI testing criteria
Date:	Thursday, February 27, 2020 2:54:26 PM

https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

Thomas Haupt, MS
Wisconsin Department of Health Services
Division of Public Health
Influenza Surveillance Coordinator/Research Scientist
One W. Wilson Street, Room 272
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From: CHDS Alumni Network
To: Smiley, Stephanie L - DHS (DPH)
Subject: CHDS Alumni Network - New Post
Date: Monday, March 02, 2020 11:01:57 AM

From the Center for Homeland Defense and Security (CHDS)

New to the forum Items of Interest Forum

Comment > Re:Preparedness for Epi/Pandemic
Jeanie Moore - March 02, 2020 08:19

All - two federal links of possible interest:

CDC's site on coronavirus https://www.cdc.gov/coronavirus/2019-ncov/index.html and CISA's page where we will post info more specific to infrastructure. https://www.cisa.gov/coronavirus

Reply | See full conversation

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From: CHDS Alumni Network
To: Smiley, Stephanie L - DHS (DPH)
Subject: CHDS Alumni Network - New Post
Date: Wednesday, March 04, 2020 3:02:21 PM

From the Center for Homeland Defense and Security (CHDS)

New to the forum Items of Interest Forum

Comment > Re:Novel Coronavirus (COVID 19) plans for law enforcement

Don Lowenthal - March 04, 2020 12:20

The CDC has created a webpage directed towards law enforcement called "What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)" and "Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020"

https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html

https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html

Reply | See full conversation

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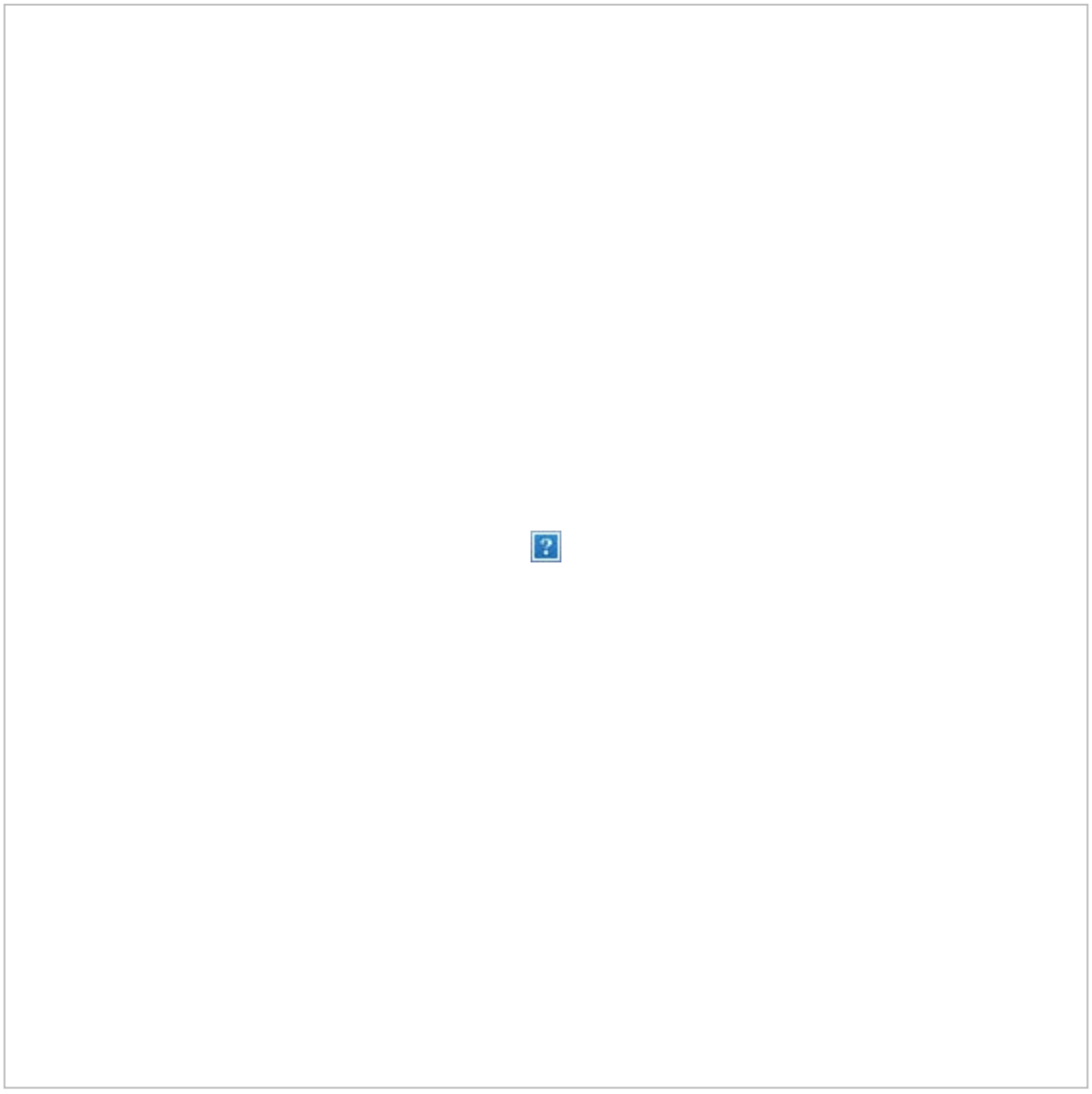
From: AeroClave Decontamination Systems
To: Smiley, Stephanie L - DHS (DPH)
Subject: Coronavirus Preparation and Response
Date: Tuesday, March 03, 2020 8:31:35 AM

View this email in your browser



Prepare and Respond to Coronavirus

Future of COVID-19 Uncertain

CDC Updates on Coronavirus
CDC Coronavirus Guidance for EMS
FDA COVID-19 Resources

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We've all been inundated with information and updates regarding the global spread of Coronavirus (COVID-19). So far, the US has been relatively fortunate with a limited number of confirmed cases. However, no one can predict what the future holds or how to best prepare for the outbreak. The only thing for certain is that we must all prepare to some degree.

Federal and State resources are being made available to assist with local preparation and response. Additional Federal funding measures are due by mid-March.

Funding Plans

With the emergence of pathogens, AeroClave is deployed as an effective tool for protecting public health, and the health of hospital staff, patients, law enforcement and corrections. The AeroClave process, including Vital Oxide, is effective against Coronavirus, showing efficacy against enveloped and non-enveloped viruses, in addition to efficacy on Feline coronavirus, Strain WSU 79-1683, ATCC VR 989, and Canine coronavirus Strain 1-71, ATCC VR-809.

The flexible and dynamic AeroClave system delivers a hands-free fogging capability for quick decontamination of large spaces and vehicles, and a hand applicator mode for decontamination of small spaces and equipment. As always, using Vital Oxide, the process is non-toxic, non-corrosive and environmentally friendly which supports immediate front-line deployment of your decontamination response.

Watch an Ambulance Decontamination Cycle

Learning more about AeroClave is easy. Simply click on the button below to request additional information or a no-obligation on-site demo. Alternatively, contact a representative using the information at the bottom of this page.

Thank You for your interest in AeroClave.

Click Here to Request More Information or to Schedule a Demo

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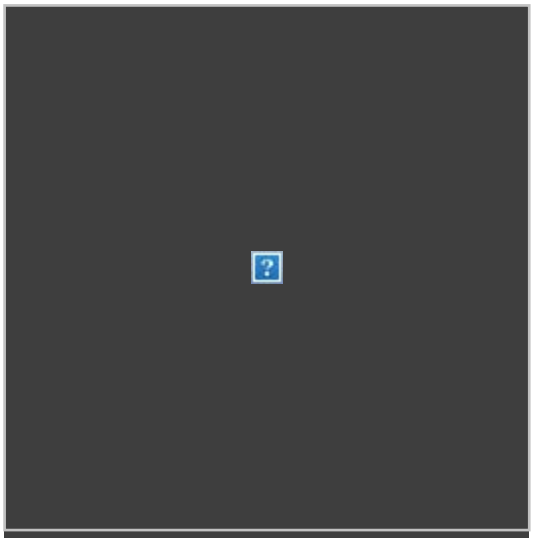
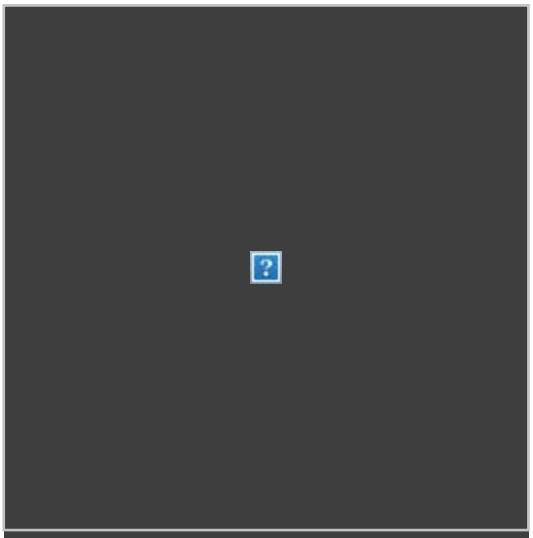


RDS 3110 is portable and simple to use in hospitals, schools, shelters, vehicles, and more



RDS 6110 is used by hospitals and other orgs for decon of waiting rooms, offices, ERs, ORs, and more.

- GSA **(Contract #47QSWA18D005A)**
- HGAC **(EP11-17: Emergency Preparedness & Safety Equipment)**
- AFG **Health and Wellness Grant**
- **Sole-source documentation**
- **Grant eligible**

We are available 24/7 to provide information or answer any questions:
Online: www.AeroClave.com
Phone: 800-788-9119 or 407-788-3300
Email: info@aeroclave.com
Mike Quinoy: mquinoy@aeroclave.com or 407-960-7836
Martin Bobek: mbobek@aeroclave.com or 407-406-1041

Email

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AeroClave Decontamination

Our mailing address is:
AeroClave, LLC
4001 Forsyth Rd
Winter Park, FL 32792-6833

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From:	HRSA HAB DSHAP
To:	HRSA HAB DSHAP
Cc:	HRSA DSHAP
Subject:	Coronavirus Update for Ryan White HIV/AIDS Program Recipients
Date:	Monday, March 02, 2020 1:05:23 PM
Attachments:	image003.png

Ryan White HIV/AIDS Program Colleagues,

We know that many of our Ryan White HIV/AIDS Program recipients, subrecipients, and stakeholders are concerned about what you should be doing to prepare for a possible increase in the number of U.S. cases of novel coronavirus (COVID-19).

HRSA's Ryan White HIV/AIDS Program recipients provide a comprehensive system of HIV primary medical care, medication, and essential support services to the most vulnerable people with HIV, and many are well positioned to play an important role in delivering critical services and assisting local communities during an emergency. We encourage Ryan White HIV/AIDS Program recipients to be proactive in their emergency preparedness planning and to coordinate with existing partners at the state and local level in the development of preparedness and response plans, while also taking into consideration the need to maintain their ongoing capacity to provide access to HIV care and treatment services to low-income people with HIV.

- Up-to-date information on the status of the virus outbreak is available from the Centers for Disease Control and Prevention (CDC).

- The CDC has developed clinical evaluation criteria for providers, as well as information about COVID-19 symptoms, prevention, and treatment (including educational materials in Chinese and Spanish). Along with limiting your exposure to sick individuals, hand washing is one of the best precautions you can take to help prevent the spread of the disease.

- CDC's Clinician Outreach and Communication Activity (COCA) will be hosting a call this week for clinicians to prepare for COVID-19.

  Thursday, March 5, 2020
  2:00-3:00 p.m. ET
  Learn more

HRSA will communicate additional information as it becomes available.

Thank you,

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Laura Cheever and Heather Hauck
HIV/AIDS Bureau
Health Resources and Services Administration

UPDATED 2020 NRWC Email Signature_Save the Date

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From: Wisconsin Department of Health Services
To: Kopetskie, Karen M - DHS; DeWeese, Sigrid R - DHS (Ruth); Leback, Claire C - DHS; Smiley, Stephanie L - DHS (DPH); Kocharian, Anna - DHS; Pischke, Vera L - DHS; Santiago Rodriguez, Genevieve M - DHS; Jensen, David A - DHS; Betz, Richard H - DHS; Klos, Rachel F - DHS; Haupt, Thomas E - DHS; Koske, Sarah E - DHS; Eberle, Nancy K - DHS; Walker, Lisa M - DHS; Sara.DeLong@dhs.wisconsin.gov; Klessig, Shari E - DHS; Goodsitt, Elizabeth S - DHS; Reiser, William J - DHS; England, Connie L - DHS; DeSalvo, Traci E - DHS; Murphy, Lisa A - DHS; Moran, Colleen E - DHS; Fischer, Steven B - DHS; Dowdell, Ashlie M - DHS; jennifermiller904@gmail.com; Tans-Kersten, Julie L - DHS; Cordova, Joseph A - DHS; Tranmer, Jennifer L - DHS (University); Smith, Yvette A - DHS; Vasby, Tara J - DHS; Yunker, Claire F - DHS; Fischer, Jason V - DHS; Daniels, Wendy L - DHS; Balzer, Elise E - DHS; Nelson, Jackie S - DHS; Boekhoudt, Chelsea M - DHS; Steele, Kathleen A - DHS; Christenson, Megan L - DHS (UW); Straub, Spencer L - DHS (UW-Madison); Hoyer-Booth, Andrew G - DHS; Moore, Donna J - DHS; Warzecha, Charles J - DHS; Erlandson, Charlotte S - DHS; Huard, Christopher J - DHS; Mulder, Lois J - DHS; Benesh, Patricia A - DHS; Odegaard, Karen L - DHS; Vogt, Christy M - DHS; McCarthy, Claudine N - DHS; Frankel, Cassandra L - DHS; Stanislawski, Loriann - DHS; Redington, Angela D - DHS; Kaplan, Beth M - DHS; Benesh, Chris E - DHS; Bell, Constance E - DHS; Russell, Faith E - DHS; Miller, Stephanie W - DHS; Olson, Lisa A - DHS; Schauer, Stephanie L - DHS; Miller, Jennifer C - DHS; Hebl, Lisa M - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Kreul, Ashley M - DHS; Koch, Amanda A - DHS (CSTE); Grover, Christopher T - DHS
Subject: Courtesy Copy: BCD: COVID-19 Community Response Guidance
Date: Monday, March 02, 2020 12:44:21 PM

This is a courtesy copy of an email bulletin sent by Beth Kaplan.

This bulletin was sent to the following groups of people:

Subscribers of DPH - Enteric Diseases Program, DPH - Infection Preventionists, DPH - Local Health Department (LHD) Nurses, DPH - Local Public Health Department Staff, DPH - Local Public Health Officers, DPH - Tribal Health Directors, or DQA - Notifications and Updates, (11536 recipients)

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Bureau of Communicable Diseases Information Update

This bulletin is being sent to local health officers, tribal health directors, local public health nurses, infection preventionists, local public health department staff, and to the Division of Quality

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Assurance: Notifications and Updates list.

Please distribute this information widely within your organization.

This bulletin includes several new CDC resources on COVID-19.

NEW! CDC COVID-19 Testing Guidance Updated - February 27, 2020

The CDC issued updated guidance for evaluation of persons under investigation (PUIs) for testing purposes. The new guidance (see below) was issued on February 27.

PUIGuidance_Feb28

Because this is a rapidly evolving situation, testing criteria will likely continue to change, please refer to the CDC website for the most current guidance.

Contact **DPH at 608-267-9003** for consultation and approval of testing for COVID-19

For Local and Tribal Public Health Agencies

Check CDC's webpage: Resources for State, Local, Territorial and Tribal Health Departments. New information and guidance is being added and updated frequently. The following webpages are new or updated since February 21, 2020:

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- Know the Facts About COVID-19 and Help Stop the Spread of Rumors
- Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare,
- Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019
- CDC in Action: Preparing Communities for Potential Spread of COVID-19
- Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings
- CDC Daily Key Points, February 29, 2020
- CDC Coronavrus Disease 2019 (COVID-19) Guidance for State, Local, and Territorial Partners and Local Health Departments
- CN--Notification and Access for Persons Detained for Medical Reasons (2020)
- Final Interim Cleaning Guidance for Persons Under Quarantine for COVID 19
- Coronavirus Disease 2019 Information for Travel (New Travel Alerts)
- Frequently Asked Questions and Answers: Coronavirus Disease-2019 (COVID-19) and Children
- Frequently Asked Questions and Answers: Coronavirus Disease 2019 (COVID-19) and Pregnancy
- Stigma Related to COVID-19

CDC has a COVID-19 youtube channel with a variety of short educational videos that you may consider linking to on your websites or social media platforms.

Check the DHS COVID-19 webpage. DHS routinely updates this page and links to new resources. Topic areas include:

- Causes and transmission
- Signs and symptoms
- Prevention and treatment
- Self-quarantine and self-monitoring guidance
- Guidance for school districts
- Guidance for employers
- Reporting and surveillance
- Testing criteria for PUIs
- Infection prevention and provider resources

DHS COVID webpage

For Health Care Providers

Check CDC's webpage: Information for Healthcare Professionals, new information and guidance is being added and updated frequently.

Information and guidance on this page covers the following topic areas:

- Persons under investigation (PUIs)
- Clinical care
- Infection Control
- PPE (see webinar on optimizing supplies)
- Home care
- EMS guidance
- Obstetric healthcare

Resources for Health Care Facilities

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WebinarScreenshotCDCN95

- Steps Healthcare Facilities Can Take Now to Prepare for COVID-19
- Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States
- Strategies to Prevent Spread in Long-Term Care Facilities (LTCF)

Questions

The Department of Health Services Outbreaks and Investigations webpage is updated regularly and includes state-specific information and links to important resources.

Please contact the Bureau of Communicable Diseases, 608-267-9003 if you have any general questions about these guidelines.

Please do not reply directly to this email message. If you have a question, please email Tom Haupt.

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From: Wisconsin Department of Health Services
To: Leback, Claire C - DHS; Smiley, Stephanie L - DHS (DPH); Pischke, Vera L - DHS; Santiago Rodriguez, Genevieve M - DHS; Jensen, David A - DHS; Betz, Richard H - DHS; Klos, Rachel F - DHS; Haupt, Thomas E - DHS; Koske, Sarah E - DHS; Eberle, Nancy K - DHS; Walker, Lisa M - DHS; Sara.DeLong@dhs.wisconsin.gov; Klessig, Shari E - DHS; Goodsitt, Elizabeth S - DHS; Reiser, William J - DHS; England, Connie L - DHS; DeSalvo, Traci E - DHS; Kocharian, Anna - DHS; Murphy, Lisa A - DHS; Moran, Colleen E - DHS; Fischer, Steven B - DHS; Dowdell, Ashlie M - DHS; jennifermiller904@gmail.com; Tans-Kersten, Julie L - DHS; Cordova, Joseph A - DHS; Tranmer, Jennifer L - DHS (University); Smith, Yvette A - DHS; Vasby, Tara J - DHS; Yunker, Claire F - DHS; Kaplan, Beth M - DHS; Daniels, Wendy L - DHS; Balzer, Elise E - DHS; Nelson, Jackie S - DHS; Boekhoudt, Chelsea M - DHS; Steele, Kathleen A - DHS; Christenson, Megan L - DHS (UW); Straub, Spencer L - DHS (UW-Madison); Fischer, Jason V - DHS; Hoyer-Booth, Andrew G - DHS; Moore, Donna J - DHS; Warzecha, Charles J - DHS; Erlandson, Charlotte S - DHS; Huard, Christopher J - DHS; Mulder, Lois J - DHS; Benesh, Patricia A - DHS; Odegaard, Karen L - DHS; Vogt, Christy M - DHS; McCarthy, Claudine N - DHS; Frankel, Cassandra L - DHS; Stanislawski, Loriann - DHS; Redington, Angela D - DHS; Kopetskie, Karen M - DHS; Benesh, Chris E - DHS; Bell, Constance E - DHS; Russell, Faith E - DHS; Miller, Stephanie W - DHS; Olson, Lisa A - DHS; Schauer, Stephanie L - DHS; Miller, Jennifer C - DHS; Hebl, Lisa M - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Kreul, Ashley M - DHS; Koch, Amanda A - DHS (CSTE); Grover, Christopher T - DHS; DeWeese, Sigrid R - DHS (Ruth)
Subject: Courtesy Copy: BCD: COVID-19 Community Response Guidance
Date: Monday, March 02, 2020 2:48:36 PM

This is a courtesy copy of an email bulletin sent by Karen Kopetskie.

This bulletin was sent to the following groups of people:

Subscribers of DPH - Enteric Diseases Program, DPH - Infection Preventionists, DPH - Local Health Department (LHD) Nurses, DPH - Local Public Health Department Staff, DPH - Local Public Health Officers, DPH - Tribal Health Directors, or DQA - Notifications and Updates, who answered "Dreger Laurel" to "Local Public Health Officer Full Name" (1 recipient)

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DHS COVID webpage

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WebinarScreenshotCDCN95

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From: Wisconsin Department of Health Services
To: Fischer, Jason V - DHS; Dowdell, Ashlie M - DHS; Bell, Constance E - DHS; Balzer, Elise E - DHS; Olson, Lisa A - DHS; Redington, Angela D - DHS; Betz, Richard H - DHS; Haupt, Thomas E - DHS; England, Connie L - DHS; Reiser, William J - DHS; Pischke, Vera L - DHS; jennifermiller904@gmail.com; Russell, Faith E - DHS; Yunker, Claire F - DHS; Kaplan, Beth M - DHS; Klos, Rachel F - DHS; Goodsitt, Elizabeth S - DHS; Kopetskie, Karen M - DHS; Hoyer-Booth, Andrew G - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Kocharian, Anna - DHS; Mulder, Lois J - DHS; Benesh, Patricia A - DHS; DeWeese, Sigrid R - DHS (Ruth); Odegaard, Karen L - DHS; Vogt, Christy M - DHS; Benesh, Chris E - DHS; Klessig, Shari E - DHS; Daniels, Wendy L - DHS; Miller, Stephanie W - DHS; Moore, Donna J - DHS; Schauer, Stephanie L - DHS
Subject: Courtesy Copy: BCD: Monthly Infection Prevention Update: January and February 2020
Date: Thursday, February 06, 2020 3:58:20 PM

This is a courtesy copy of an email bulletin sent by Sigrid (Ruth) De Weese.

This bulletin was sent to the following groups of people:

Subscribers of DPH - Infection Preventionists, DPH - Wisconsin National Healthcare Safety Network (NHSN) Users: Long-term Care (LTC) Facilities, or DQA - Notifications and Updates, (11094 recipients)

DHS Logo

Healthcare-Associated Infections (HAI) Prevention Program

Monthly Infection Prevention Update: January and February 2020

Announcements

- 2019 Novel Coronavirus (2019-nCoV)
  - All testing for 2019-nCoV needs to be approved by DPH at 608-267-9003 so specific patient clinical and epidemiologic criteria are met. All clinical specimens from patients who are approved for testing must be accompanied by a completed patient under investigation (PUI) form and sent to the Wisconsin State Laboratory of Hygiene. At this time, all testing is performed at the CDC.

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    - Infection prevention recommendations: CDC currently recommends a cautious approach to patients under investigation. Patients should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally in an airborne infection isolation room, if available. Health care personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield).
    - More details are available in the listserv updates sent January 22, January 29, February 4, and February 5.
- The Wisconsin HAI Prevention Program is currently updating facilities' infection prevention contact information. If your facility's infection prevention responsibilities have changed personnel in the last year, please contact Kent Mok.

Upcoming Events

- **February 25: Monthly Wisconsin NHSN users update call**, 1:00 to 1:30 p.m., dial-in 888-273-3658, with access code 1038508.****Note different phone numbers.****
- **March 13–14: Western Wisconsin Chapter of the International Association of Healthcare Central Service Materiels Management (IAHCSMM) Sterilization and Disinfection Conference,** Eau Claire
- **March 26–30: Decennial 2020 6th International Conference on Healthcare-Associated Infections**, Atlanta, Georgia, co-hosted by SHEA and CDC
- **April 30–May 1: Wisconsin State APIC Conference,** Pewaukee
- **June 10–12: National APIC Conference,** Phoenix, Arizona

If you have any suggestions for future topics or announcements, please email Beth Ellinger. We look forward to hearing from you!

In the News

- For the latest national and international updates on 2019-nCoV, see the CDC 2019 Novel Coronavirus page.
- Keep in mind that influenza is currently the predominant respiratory virus circulating in Wisconsin.
- A recent study published in the *Journal of the American Medical Association* provides evidence that treating parents who are colonized with *Staphylococcus aureus* can reduce the risk of transmission of *S. aureus* to infants in the NICU.
- CDC is currently investigating a multistate outbreak of multidrug-resistant *Campylobacter jejuni* infections linked to puppies purchased at pet stores.
- A study published in *Clinical Microbiology and Infection* by researchers in Israel revealed that hospital rooms of asymptomatic carriers of *C. difficile* are just as contaminated as those of patients with active *C. difficile* infection.

Review Topic of the Month: Diagnostic Stewardship

Diagnostic stewardship is an opportunity for infectious disease physicians, pharmacists, and laboratory professionals to partner to improve the use of diagnostic tests for optimal antimicrobial use. The appropriate use of laboratory tests is important to guide patient management and treatment in order to achieve the best clinical outcome and prevent the spread of antimicrobial resistance. The use of rapid diagnostic tests are now commonplace in hospital microbiology labs, however many of these tests are used incorrectly. The overuse of laboratory testing adds to healthcare costs and inappropriate use of tests can lead to incorrect diagnosis and inappropriate treatment.

Research has shown that the use of rapid diagnostic tests improves patient outcomes when coupled with stewardship teams to correctly interpret results and apply the information to treatment decisions. Diagnostic stewardship can be accomplished through many avenues, including electronic heath record order sets and decision support, laboratory reflex testing, test menu selection, and test results display with additional comments regarding interpretation. To see benefits of diagnostic stewardship and mitigate potential adverse events, each organization should work with antimicrobial stewardship teams and clinical laboratories to implement the most appropriate methods for each facility.

Knowledge Check

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1. Are specimens collected from colostomy bags considered acceptable for *C. difficile* LabID event reporting?
2. If a urine culture is positive for one organism >100,000 CFU/ml and also for mixed flora, is this an eligible urine culture result required for UTI?

Answer key

Please do not reply directly to this email message. If you have a question, please contact Ashlie Dowdell. Visit the DHS HAI Prevention Program web page for more information.

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From: Wisconsin Department of Health Services
To: Smiley, Stephanie L - DHS (DPH); Kopetskie, Karen M - DHS; Bell, Constance E - DHS; Pischke, Vera L - DHS; Moran, Colleen E - DHS; Santiago Rodriguez, Genevieve M - DHS; Leback, Claire C - DHS; Jensen, David A - DHS; Klos, Rachel F - DHS; Kocharian, Anna - DHS; DeWeese, Sigrid R - DHS (Ruth); Haupt, Thomas E - DHS; Walker, Lisa M - DHS; Sara.DeLong@dhs.wisconsin.gov; Huard, Christopher J - DHS; DeSalvo, Traci E - DHS; Koske, Sarah E - DHS; Murphy, Lisa A - DHS; Fischer, Steven B - DHS; Kaplan, Beth M - DHS; Cordova, Joseph A - DHS; Vasby, Tara J - DHS; Koch, Amanda A - DHS (CSTE); Frankel, Cassandra L - DHS; Tans-Kersten, Julie L - DHS; Nelson, Jackie S - DHS; Reiser, William J - DHS; Boekhoudt, Chelsea M - DHS; Steele, Kathleen A - DHS; Balzer, Elise E - DHS; Christenson, Megan L - DHS (UW); Straub, Spencer L - DHS (UW-Madison); Yunker, Claire F - DHS; Moore, Donna J - DHS; England, Connie L - DHS; Hoyer-Booth, Andrew G - DHS; Warzecha, Charles J - DHS; Tranmer, Jennifer L - DHS (University); Smith, Yvette A - DHS; Erlandson, Charlotte S - DHS; Mulder, Lois J - DHS; Goodsitt, Elizabeth S - DHS; Miller, Jennifer C - DHS; McCarthy, Claudine N - DHS; Vogt, Christy M - DHS; Stanislawski, Loriann - DHS; Redington, Angela D - DHS; Miller, Stephanie W - DHS; Olson, Lisa A - DHS; Odegaard, Karen L - DHS; Schauer, Stephanie L - DHS; Hebl, Lisa M - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Kreul, Ashley M - DHS; Dowdell, Ashlie M - DHS; Grover, Christopher T - DHS
Subject: Courtesy Copy: BCD: New COVID-19 Guidance Regarding Travelers Returning from Countries with Widespread and Sustained Transmission
Date: Wednesday, March 04, 2020 1:57:51 PM

This is a courtesy copy of an email bulletin sent by Beth Kaplan.

This bulletin was sent to the following groups of people:

Subscribers of DPH - Enteric Diseases Program, DPH - Local Health Department (LHD) Nurses, DPH - Local Public Health Department Staff, DPH - Local Public Health Officers, or DPH - Tribal Health Directors, (569 recipients)

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Bureau of Communicable Diseases Information Update

This bulletin is being sent to local health officers, tribal health directors, local public health nurses, and local public health department staff.

Please distribute this information widely within your organization.

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New COVID-19 Guidance Regarding Travelers Returning from Countries with Widespread and Sustained Transmission

For Local and Tribal Public Health Agencies

Key Points

CDC issued new COVID-19 Person Under Investigation (PUI) guidance on Thursday, February 27. This guidance expanded testing criteria to include people who had traveled to countries with Level 2 and Level 3 Travel Health Notices and some individuals without known risk factors but with severe unexplained lower respiratory disease.

As of March 4, CDC is only sending traveler notifications to DPH for people returning from mainland China and is not sending traveler notifications for people returning from other countries with Level 2 or Level 3 Travel Health Notices. We have not been told if they plan to begin sending notifications for travelers returning from these other countries, but are not anticipating this due to the high volume of travelers and expected dynamic nature of the list of countries.

On March 4, CDC released guidance for Travelers from Countries with Widespread Sustained (Ongoing) Transmission Arriving in the United States.

Distribution of these recommendations to the public and health care providers is on-going. Guidance will be made available on the DHS Coronavirus Disease 2019 webpage and additional recommendations shared with local jurisdictions and health care providers via GovDelivery as it is available.

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COVID-19CDCTravelerAlert

Recommendations for Local and Tribal Public Health Agencies Regarding Travelers Returning from Countries with Level 2 and Level 3 Travel Health Notices for COVID-19

As of March 3, you should not expect to receive notifications of travelers returning from countries with Level 2 and Level 3 Travel Health Notices, other than mainland China.

We expect you will learn of travelers from these countries via other routes (e.g., calls from travelers, health care providers, and other concerned parties).

If you become aware of a well traveler returning from a country with a **Level 2** Travel Health Notice, the CDC does not recommend a 14-day quarantine. DPH recommends that these individuals monitor their health and limit interactions with others for 14 days after returning to the United States. If they become ill during the 14 days, they should call their health care provider before going to the doctor's office or emergency room and let them know about their symptoms and travel history.

If you learn of a well traveler returning from a country with a **Level 3** Travel Health Notice (not from mainland China), DPH does not expect or request local and tribal health departments (LHDs) to monitor these well travelers. However, your health officer may decide the capacity exists and monitoring is indicated in your jurisdiction. Regardless, we ask LHDs who are in touch with these travelers to reiterate the need for **voluntary self-quarantine** and self-monitoring, and provide

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guidance (see traveler FAQs on DHS COVID-19 webpage) for what the traveler should do if they become ill.

We know there are people who have already returned from countries with **Level 3** Travel Notices and who would not be aware of these new recommendations. If you learn of someone who returned from one of these countries on or after the date the CDC Travel Alert was first issued for that country, and it has been less than 14 days since they left, they should also be encouraged to follow the voluntary self-quarantine and monitoring recommendations until the 14-day period has elapsed. You can find dates for when a travel alert was first posted by going to the CDC Coronavirus Disease 2019 Information for Travel webpage and opening the country specific page; the date is at the bottom of the webpage for each country.

As capacity allows, we would encourage LHDs to consider some of these activities with travelers who come to your attention:

- Provide travelers with a way to contact your agency if they have questions.
- Provide assistance to these travelers if they need guidance or help seeking medical care.
- Work with travelers if they feel they need to travel during their quarantine. If you are contacted, try to work with them and evaluate their exposure risk on a case-by-case basis. Contact the Division of Public Health (DPH) for consultation and help with notifying other jurisdictions if travel does or will occur.
- If possible, provide travelers with thermometers and/or work with them on other daily needs.
- If you become aware of a well traveler and find it useful, that person may be entered into WEDSS as a contact investigation, but this is at the discretion of the local jurisdiction.

If you become aware of a well traveler who is a **contact of a confirmed case** (regardless of domestic or international), these individuals should be entered as a contact investigation and their risk should be assessed using the **updated** COVID-19 Risk Assessment for Asymptomatic People Flow Chart housed on the PCA portal. We do recommend LHDs provide these individuals with appropriate risk-level quarantine instructions and ensure supervision of their symptom monitoring. The WEDSS Symptom Self-Reporting module could be used in lieu of daily calls.

You may receive calls from schools or places of work with concerns about students or staff who are attending/working in the 14 days after travel from a country with a Level 3 Travel Health notice. As capacity allows, educate the school/business and involved individuals about recommendations, how they may implement them and why they are important. As the local public health authority, each jurisdiction has the ability to issue an order if deemed necessary. But this will likely need to be assessed on a case-by-case basis and require evaluation of the level of risk, as many of these situations are nuanced.

DPH staff will continue to enter travelers returning from mainland China into WEDSS as contact investigations, so continue to monitor WEDSS Jurisdiction Review for new COVID-19 contact investigations, including during weekends.

As always, DPH staff will continue to notify LHDs if an ill traveler or any person in their jurisdiction is approved for COVID-19 testing and considered to be a patient under investigation.

Check the DHS COVID-19 webpage. DHS routinely updates this page and links to new resources.
Topic areas include:

- Causes and transmission
- Signs and symptoms
- Prevention and treatment
- Self-quarantine and self-monitoring guidance
- Guidance for school districts

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DHS COVID webpage

Guidance for employers
- Guidance for travelers
- Reporting and surveillance
- Testing criteria for PUIs
- Infection prevention and provider resources

Questions

For non-urgent questions, please email DHS Response. This inbox is routinely monitored during business hours.

For consultation with DPH during business hours (Monday–Friday, 8 am–4 pm), contact the Bureau of Communicable Diseases at **608-267-9003**.

For urgent questions after business hours, contact the DPH on-call staff using the 24/7 emergency line at 608-258-0099.

Please do not reply directly to this email message. If you have a question, please email Tom Haupt.

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From: Wisconsin Department of Health Services
To: Kocharian, Anna - DHS; Olson, Lisa A - DHS; Bell, Constance E - DHS; Smith, Yvette A - DHS; Stanislawski, Loriann - DHS; Huard, Christopher J - DHS; Redington, Angela D - DHS; Haupt, Thomas E - DHS; Warzecha, Charles J - DHS; Walker, Lisa M - DHS; Hebl, Lisa M - DHS; Sara.DeLong@dhs.wisconsin.gov; Kreul, Ashley M - DHS; Straub, Spencer L - DHS (UW-Madison); Reiser, William J - DHS; Pischke, Vera L - DHS; Murphy, Lisa A - DHS; Boekhoudt, Chelsea M - DHS; Tranmer, Jennifer L - DHS (University); Vasby, Tara J - DHS; Yunker, Claire F - DHS; Kaplan, Beth M - DHS; Klos, Rachel F - DHS; Steele, Kathleen A - DHS; Christenson, Megan L - DHS (UW); Frankel, Cassandra L - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; DeWeese, Sigrid R - DHS (Ruth); Hoyer-Booth, Andrew G - DHS; Balzer, Elise E - DHS; Nelson, Jackie S - DHS; Moran, Colleen E - DHS; Erlandson, Charlotte S - DHS; Kopetskie, Karen M - DHS; Mulder, Lois J - DHS; Goodsitt, Elizabeth S - DHS; England, Connie L - DHS; Odegaard, Karen L - DHS; Vogt, Christy M - DHS; Miller, Jennifer C - DHS; McCarthy, Claudine N - DHS; Koch, Amanda A - DHS (CSTE); Moore, Donna J - DHS; Koske, Sarah E - DHS; Miller, Stephanie W - DHS; Dowdell, Ashlie M - DHS; Schauer, Stephanie L - DHS; Cordova, Joseph A - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Santiago Rodriguez, Genevieve M - DHS
Subject: Courtesy Copy: BCD: Novel Coronavirus (2019-nCoV) Update: New Movement and Monitoring Guidance
Date: Wednesday, February 05, 2020 1:49:35 PM

This is a courtesy copy of an email bulletin sent by Beth Kaplan.

This bulletin was sent to the following groups of people:

Subscribers of DPH - Bureau of Communicable Disease (BCD): Information Update, DPH - Enteric Diseases Program, DPH - Infection Preventionists, DPH - Local Health Department (LHD) Nurses, DPH - Local Public Health Officers, or DPH - Tribal Health Directors, (1508 recipients)

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Bureau of Communicable Diseases Information Update

Novel Coronavirus (2019-nCoV) Update:

New Movement and Monitoring Guidance

This message provides updated information and CDC guidance on the 2019-nCoV outbreak for:

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Local and Tribal Public Health Agencies **(Updated 2/3/20)**

For the most current information, continue to check the CDC 2019-nCoV Situation Summary webpage and the Department of Health Services (DHS) Outbreaks and Investigations webpage.

Join us for our weekly Novel Coronavirus webinar today, February 5, from 2 to 3 p.m.

Link: https://dhswi.zoom.us/j/108912543

Dial-In Option: (646) 558-8656 or (669) 900-9128

Webinar ID: 108 912 543

The audio for the January 29 Novel Coronavirus webinar is available.

For Local and Tribal Public Health Agencies

On February 3, CDC released Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings. CDC's recommendations for management of people with potential exposure to 2019-nCoV, including monitoring and the application of travel or movement restrictions, are summarized in tables for both symptomatic and asymptomatic individuals. DPH has developed a flowchart summarizing these guidelines, available on the PCA Portal.

Contact the DPH Bureau of Communicable Diseases at 608-267-9003 (or the DPH emergency on-call staff at 608-258-0099 after hours) for consultation.

Travelers returning from China are routed to and screened upon entry at 11 designated airports in the U.S. and provided the following information in English and Mandarin.

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CDC China Travel Alert

Questions

The Department of Health Services Outbreaks and Investigations webpage is updated regularly and includes state-specific information and links to important resources.

Please contact Tom Haupt (608-266-5326), Influenza and Respiratory Diseases Surveillance Coordinator, or Anna Kocharian (608-267-9004), Epidemiologist, if you have any general questions about these guidelines.

Please do not reply directly to this email message. If you have a question, please email Tom Haupt.

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From: Wisconsin Department of Health Services
To: Olson, Lisa A - DHS; Dowdell, Ashlie M - DHS; Bell, Constance E - DHS; Smith, Yvette A - DHS; Huard, Christopher J - DHS; Redington, Angela D - DHS; Haupt, Thomas E - DHS; Warzecha, Charles J - DHS; Walker, Lisa M - DHS; Hebl, Lisa M - DHS; Sara.DeLong@dhs.wisconsin.gov; Kreul, Ashley M - DHS; Straub, Spencer L - DHS (UW-Madison); Reiser, William J - DHS; Pischke, Vera L - DHS; Murphy, Lisa A - DHS; Boekhoudt, Chelsea M - DHS; Tranmer, Jennifer L - DHS (University); Goodsitt, Elizabeth S - DHS; Vasby, Tara J - DHS; Yunker, Claire F - DHS; Kaplan, Beth M - DHS; Klos, Rachel F - DHS; Steele, Kathleen A - DHS; Christenson, Megan L - DHS (UW); Frankel, Cassandra L - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Kocharian, Anna - DHS; DeWeese, Sigrid R - DHS (Ruth); Hoyer-Booth, Andrew G - DHS; Balzer, Elise E - DHS; Nelson, Jackie S - DHS; Moran, Colleen E - DHS; Erlandson, Charlotte S - DHS; Mulder, Lois J - DHS; England, Connie L - DHS; Odegaard, Karen L - DHS; Vogt, Christy M - DHS; Miller, Jennifer C - DHS; McCarthy, Claudine N - DHS; Koch, Amanda A - DHS (CSTE); Stanislawski, Loriann - DHS; Kopetskie, Karen M - DHS; Moore, Donna J - DHS; Koske, Sarah E - DHS; Miller, Stephanie W - DHS; Schauer, Stephanie L - DHS; Cordova, Joseph A - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Santiago Rodriguez, Genevieve M - DHS
Subject: Courtesy Copy: BCD: Novel Coronavirus (2019-nCoV) Update: New CDC Testing Criteria and Traveler Movement and Monitoring Guidance
Date: Wednesday, February 05, 2020 5:03:05 PM

This is a courtesy copy of an email bulletin sent by Beth Kaplan.

This bulletin was sent to the following groups of people:

Subscribers of DPH - Bureau of Communicable Disease (BCD): Information Update, DPH - Enteric Diseases Program, DPH - Infection Preventionists, DPH - Local Health Department (LHD) Nurses, DPH - Local Public Health Officers, or DPH - Tribal Health Directors, (1507 recipients)

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Bureau of Communicable Diseases Information Update

Novel Coronavirus (2019-nCoV) Update:

New CDC Testing Criteria and Traveler Movement and Monitoring Guidance

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This bulletin is being sent to local health officers, tribal health directors, local public health nurses, and infection preventionists.

This message provides updated information and CDC guidance on the 2019-nCoV outbreak for:

Health Care Providers **(Updated 1/31/20)**

Local and Tribal Public Health Agencies **(Updated 2/3/20)**

For the most current information, continue to check the CDC 2019-nCoV Situation Summary webpage and the Department of Health Services (DHS) Outbreaks and Investigations webpage.

Join us this Friday, February 7 at 2 p.m. during a webinar for public health partners to provide an overview of the current situation.

Live webinar link: https://livestream.com/accounts/14059632/events/8988482

A recording of this webinar will be available at the link above.

For Health Care Providers

CDC's updated guidance provides recommendations for health care providers regarding the evaluation of patients for 2019-nCoV.

Key Messages

Continue to **routinely ask patients about their travel history** and collect specific information about locations (city, country) and dates of travel.

Work with your facility's infection prevention staff to review site-specific plans for the identification and isolation of patients and **notify them immediately** if any patients present with the **updated** clinical and epidemiologic criteria below.

Contact **DPH at 608-267-9003** for consultation and approval of testing for 2019-nCoV for patients who meet the clinical and epidemiologic criteria below.

All clinical specimens from patients who are approved for testing must be accompanied by a completed patient under investigation (PUI) form and laboratory requisition form and sent to the Wisconsin State Laboratory of Hygiene. At this time, all testing is performed at the CDC.

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CDC nCoV Flowchart

Updated Infection Prevention and Control Recommendations

CDC currently recommends a cautious approach to patients under investigation. Patients should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally in an airborne infection isolation room, if available. Health care personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield).

Updated January 31, 2020

Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV.

> Fever AND signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization AND a history of travel from mainland China within 14 days of symptom onset.
>
> OR

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Fever AND signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) AND a history of travel from Hubei Province, China within 14 days of symptom onset.

OR

Fever OR signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) AND any person, including health care workers, who has had close contact with a laboratory-confirmed 2019-nCoV patient within 14 days of symptom onset.

The criteria are intended to serve as guidance for evaluation and are subject to change. **The most up-to-date criteria are available on the CDC website.** Patients should be evaluated on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Contact **DPH at 608-267-9003** for consultation and approval of testing for 2019-nCoV.

For Local and Tribal Public Health Agencies

On February 3, CDC released Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings. CDC's recommendations for management of people with potential exposure to 2019-nCoV, including monitoring and the application of travel or movement restrictions, are summarized in tables for both symptomatic and asymptomatic individuals. DPH has developed a flowchart summarizing these guidelines, available on the PCA Portal.

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Travelers returning from China are routed to and screened upon entry at 11 designated airports in the U.S. and provided the following information in English and Mandarin.

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CDC China Travel Alert

Questions

The Department of Health Services Outbreaks and Investigations webpage is updated regularly and includes state-specific information and links to important resources.

Please contact Tom Haupt (608-266-5326), Influenza and Respiratory Diseases Surveillance Coordinator, or Anna Kocharian (608-267-9004), Epidemiologist, if you have any general questions about these guidelines.

Please do not reply directly to this email message. If you have a question, please email Tom Haupt.

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From: Wisconsin Department of Health Services
To: Ketterhagen, Leanne P - DHS; Pings, Martha A - DHS (Spherion); Grulke-Rueter, Laura C - DHS; Kopetskie, Karen M - DHS; Bell, Constance E - DHS; Smiley, Stephanie L - DHS (DPH); Pischke, Vera L - DHS; Hebl, Lisa M - DHS; Smith, Yvette A - DHS; Goodsitt, Elizabeth S - DHS; England, Connie L - DHS; Inman, Bobbi N - DHS (Nicole); Matousek, Dylan J - DHS; Betz, Richard H - DHS; Klos, Rachel F - DHS; Daniels, Wendy L - DHS; Kocharian, Anna - DHS; Smith, Monica J - DHS; Eastman, Rene M - DHS; Walker, Lisa M - DHS; Sara.DeLong@dhs.wisconsin.gov; Krebs, Andrea C - DHS; Karnosky, Jason R - DHS; Hyland, Julie - DHS (Spherion); Kaplan, Beth M - DHS; Klessig, Shari E - DHS; DeWeese, Sigrid R - DHS (Ruth); O"Connell, Cindy A - DHS; DeSalvo, Traci E - DHS; Koske, Sarah E - DHS; Murphy, Lisa A - DHS; Huard, Christopher J - DHS; Fischer, Steven B - DHS; Chase, Hollister L - DHS; Yunker, Claire F - DHS; Redington, Angela D - DHS; jennifermiller904@gmail.com; Tans-Kersten, Julie L - DHS; Vasby, Tara J - DHS; Frankel, Cassandra L - DHS; Fischer, Jason V - DHS; Steele, Kathleen A - DHS; Boekhoudt, Chelsea M - DHS; Christenson, Megan L - DHS (UW); Koch, Amanda A - DHS (CSTE); Ziehr, Suzanne M - DHS; Hoyer-Booth, Andrew G - DHS; Reiser, William J - DHS; Leback, Claire C - DHS; Moore, Donna J - DHS; Warzecha, Charles J - DHS; Cordova, Joseph A - DHS; Nelson, Jackie S - DHS; Tranmer, Jennifer L - DHS (University); Erlandson, Charlotte S - DHS; Straub, Spencer L - DHS (UW-Madison); Mulder, Lois J - DHS; Strawn, Lisa F - DHS; Odegaard, Karen L - DHS; Benesh, Patricia A - DHS; Haupt, Thomas E - DHS; Dowdell, Ashlie M - DHS; Balzer, Elise E - DHS; Russell, Faith E - DHS; McCarthy, Claudine N - DHS; Moran, Colleen E - DHS; Stanislawski, Loriann - DHS; Jensen, David A - DHS; Miller, Stephanie W - DHS; Olson, Lisa A - DHS; Benesh, Chris E - DHS; Schauer, Stephanie L - DHS; Vogt, Christy M - DHS; Eberle, Nancy K - DHS; Miller, Jennifer C - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Kreul, Ashley M - DHS; Santiago Rodriguez, Genevieve M - DHS; Grover, Christopher T - DHS
Subject: Courtesy Copy: COVID-19 Updates
Date: Friday, March 06, 2020 5:32:33 PM

This is a courtesy copy of an email bulletin sent by Karen Odegaard.

This bulletin was sent to the following groups of people:

Subscribers of DCTS - DSPS Licensed Medical Professionals, DMS - Family Care Managed Care Organizations, DMS - Family Care/IRIS 2.0, DMS - ForwardHealth Community Partners, DMS - Nursing Home Administrators and Financial Staff, DMS - SeniorCare Update, DMS - Wisconsin Long-Term Care Advisory Council, DPH - Aging Office: Directors, DPH - Bureau of Communicable Disease (BCD): Information Update, DPH - Child Care Providers, DPH - Community Based Organizations, DPH - Department of Corrections (DOC) Contacts, DPH - Early Childhood Systems (ECS), DPH - Emergency Department Contacts, DPH - Enteric Diseases Program, DPH - HIV Healthcare Providers, DPH - Hispanic Organizations, DPH - Infection Preventionists, DPH - Local Health Department (LHD) Nurses, DPH - Local Public Health Department Staff, DPH - Local Public Health Officers, DPH - Nursing Staff at County Jails, DPH - Tribal Health Directors, DQA - Assisted Living Forum, DQA - Notifications and Updates, or OS - COVID-19, (58485 recipients)

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DHS Logo Original 07/11/2018

COVID-19

COVID-19 Update

We are writing with an update on how the Department of Health Services is responding to COVID-19. The number of people who have tested positive for COVID-19 has been increasing internationally as well as here in the United States. Because of this, we are adapting our response to prepare for a possible pandemic.

Highlights from the week

- Secretary-designee Andrea Palm, State Health Officer Jeanne Ayers, Dr. Ryan Westergaard, & Traci DeSalvo participated in a legislative briefing to inform lawmakers and stakeholders about COVID-19. You can find the footage on Wisconsin Eye.
- We re-activated DHSResponse@dhs.wisconsin.gov as the single best place to request information from DHS. Please direct any and all questions to this email address. A team of DHS staff is monitoring the inbox. We use the incoming questions to update our FAQs and guidance.
- The CDC released new guidance including:
    - Interim Guidance: Get Your Mass Gatherings or Large Community Events Ready for Coronavirus Disease 2019 (COVID-19)
    - Guidance for Travelers from Countries with Widespread Sustained (Ongoing) Transmission Arriving in the United States.

What is DHS doing?

- We are continuing to closely monitor the situation and conduct disease surveillance for COVID-19. To date, we have had one person test positive for COVID-19 in Wisconsin. **The risk of anyone getting COVID-19 in Wisconsin is still low.**
- We are providing regular updates to the Governor, cabinet, and media throughout our

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response.
- We are working with CDC, local public health agency partners, and healthcare systems to ensure they are prepared to handle a pandemic.
- We are developing and sharing guidance for employers, schools, childcare programs, and colleges/universities to help them plan for a pandemic.
- We are strengthening our communications with partners throughout the state by sharing regular updates (like this one) and engagement opportunities with stakeholders.

How can you stay informed?

- Check out our COVID-19 Fact Sheet and Frequently Asked Questions documents to stay informed.
- Follow us on Facebook and Twitter
- Visit our DHS Coronavirus Disease 2019 webpage. It remains the best place for up-to-date information, materials, and guidance. Topic areas include:
    - Causes and transmission
    - Signs and symptoms
    - Prevention and treatment
    - Self-quarantine and self-monitoring guidance
    - Guidance for school districts
    - Guidance for employers
    - Guidance for travelers
    - Reporting and surveillance
    - Testing criteria for PUIs
    - Infection prevention and provider resources

We will continue to post new recommendations on this site as they are available.

Situation Summary as of March 6

The Centers for Disease Control and Prevention (CDC) and the Wisconsin Department of Health Services (DHS) are closely monitoring an outbreak caused by a novel (new) coronavirus (COVID-19) that originated in Wuhan, China. It has been detected in 70 locations internationally, including the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On February 5, 2020, Wisconsin confirmed its first case of COVID-19. On February 28, 2020, CDC confirmed that the case no longer has COVID-19 and is no longer under isolation. DHS is working closely with state and local partners to plan for and respond to the current situation.

This is a rapidly evolving and dynamic situation. There continues to be ongoing monitoring across the state. DHS is committed to protecting the health of all people in Wisconsin.

The CDC criteria for persons under investigation (PUI) has changed the past week and most likely will be changing in the coming week ahead. For this reason, there has been a marked increase in the total number of people tested in Wisconsin. Moving forward, when laboratory testing for COVID-19 becomes widely available through commercial labs, DHS will only report on the positive and negative tests.

Please do not respond to this email. If you have questions, please email DHSResponse@dhs.wisconsin.gov.

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From: Wisconsin Department of Health Services
To: Nelson, Jackie S - DHS; Smith, Yvette A - DHS; Olson, Lisa A - DHS; Stanislawski, Loriann - DHS; Huard, Christopher J - DHS; Warzecha, Charles J - DHS; Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Walker, Lisa M - DHS; Hebl, Lisa M - DHS; Sara.DeLong@dhs.wisconsin.gov; England, Connie L - DHS; Straub, Spencer L - DHS (UW-Madison); Murphy, Lisa A - DHS; Reiser, William J - DHS; Boekhoudt, Chelsea M - DHS; Tranmer, Jennifer L - DHS (University); DeWeese, Sigrid R - DHS (Ruth); Pischke, Vera L - DHS; Koch, Amanda A - DHS (CSTE); Fischer, Steven B - DHS; Kopetskie, Karen M - DHS; Cordova, Joseph A - DHS; Vasby, Tara J - DHS; Steele, Kathleen A - DHS; Christenson, Megan L - DHS (UW); Frankel, Cassandra L - DHS; Redington, Angela D - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Koske, Sarah E - DHS; Balzer, Elise E - DHS; Moran, Colleen E - DHS; Vogt, Christy M - DHS; Erlandson, Charlotte S - DHS; Hoyer-Booth, Andrew G - DHS; Mulder, Lois J - DHS; McCarthy, Claudine N - DHS; Goodsitt, Elizabeth S - DHS; Bell, Constance E - DHS; Odegaard, Karen L - DHS; Yunker, Claire F - DHS; Moore, Donna J - DHS; Klos, Rachel F - DHS; Schauer, Stephanie L - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Miller, Stephanie W - DHS; Kreul, Ashley M - DHS; Santiago Rodriguez, Genevieve M - DHS; Dowdell, Ashlie M - DHS; Miller, Jennifer C - DHS; Kaplan, Beth M - DHS
Subject: Courtesy Copy: DPH Digest- February 5, 2020
Date: Wednesday, February 05, 2020 7:31:30 AM

This is a courtesy copy of an email bulletin sent by Sigrid (Ruth) De Weese.

This bulletin was sent to the following groups of people:

Subscribers of DPH - Local Health Department (LHD) Nurses, DPH - Local Public Health Officers, DPH - Pulse Newsletter, DPH - Tribal Health Directors, or DPH - Weekly Digest, (775 recipients)

DHS Logo Original 07/11/2018

DPH Digest—February 5, 2020

This digest is sent weekly to local health officers and nurses, tribal health directors, and DPH staff.

For Your Information

Alcohol Age Compliance Check Survey
It has been several years since a list of the municipalities conducting alcohol age compliance checks was revised. The

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did-you-know-hanging-tags

Wisconsin Alcohol Policy Project would like your help in updating this list by **filling out this survey by March 6.** There are many different approaches to conducting age compliance checks. If your community or law enforcement agency covers many jurisdictions, please list all of them. **Questions?** Contact Julia Sherman.

****

Tribal Legal Preparedness Project
This project was established to assist tribal nations interested in expanding their legal preparedness capacity. Public health emergencies are issues every community faces. It is critical for all jurisdictions to understand how law can be used to enhance public health preparedness, as well as to improve coordination and collaboration across jurisdictions. As sovereign entities, tribal governments have the authority to create their own laws and take steps to prepare for and respond to public health emergencies. Access the Tribal Legal Preparedness Project and other helpful resources.

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2019 County Workforce Profiles Now Available
The Wisconsin Department of Workforce Development *2019 County Workforce Profiles* are now available. The profiles provide workforce population and demographics, economic outlook, employment and wage data and industry and occupational projections by county. This information may be helpful for Local and Tribal Health Department awareness and planning. Visit the DWD WisConomy Economist page and click on the "County Profiles Publications" tab to search for your county.

****

Barbara A. Lange Memorial Award
Nominate a colleague for the 2020 Barbara A. Lange Memorial Award in Health Education! Deadline for receipt of materials is Monday, February 24, 2020. For more information and nomination materials visit the award webpage.
****

National Wear Red Day This Friday!
The American Heart Association reminds us that February is American Heart Month and **this Friday, February 7,** is National Wear Red Day.

Webinars and Educational Opportunities

training-tear-papers-text

February 6, 2020: Uniform Chart of Accounts Update
February 11, 2020: Introduction to Strategic Planning: Where do you want to go?
The Region V Public Health Training Center is offering Plan to Plan (P2P): Strategic Planning, a self-paced, online learning opportunity, beginning with a live webinar February 11, at 10 a.m. CST. MCHES and CECH credits are available for this series.
February 18, 2020: Health Sector Solutions to Address Climate Change
March 3, 2020: Exemplars of Nursing Leadership on Climate Change
Ongoing: Public Health 101. The The Region V Public Health Training Center is offering this self-paced series of seven short modules on the history, mission, achievements, structure, challenges and opportunities for public health. Intended for entry-level public health professionals across

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disciplines.
Ongoing: Public Health Emergency Law Online Training. CDC has developed a free, online training course that trains public health practitioners on how to make informed legal decisions regarding emergency preparedness and response when an emergency happens.

Job Opportunities

jobs-now-hiring

Cudahy Health Department is hiring for three positions: a full-time public health specialist, public health nurse and nurse practitioner. Please contact health officer Katie Lepak for more information.
Grant County Health Department: WIC Director/Dietician
Green County Health Department: Public Health Nurse
Oneida County Health Department: Public Health Nurse and Public Health Nurse-Wisconsin Well Woman Program Coordinator (80%)
Rock County Public Health Department: 0.4 FTE Environmental Health Specialist, Health Educator and Public Health Supervisor
Sheboygan County Health and Human Services: Public Health Manager
Walworth County Health Department: Public Health Specialist
Winnebago County Health Department: Public Health Supervisor- Community Health & Prevention Division and Part-Time Breastfeeding Peer Counselor

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Grant Opportunities

grants-graphic

2020 Community Impact Grant Program

Strategic Prevention Framework- Partnerships for Success

Public Health Safety Teams (PHAST) Pilot

Population and Community Health Studies Learning Event Support

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Events

Date	Description	Location
February 25, 2020	Building Toward Change- Applying Systems Approach to Your Greatest Challenges	Milwaukee, Wisconsin
March 2, 2020	La Follette Forum: Health Policy	Madison, Wisconsin
March 4, 2020	2020 Nurses Day at the Capitol	Madison, Wisconsin
March 18-19, 2020	Safe Healthy Strong Conference 2020	Hales Corners, Wisconsin
March 25-26, 2020	Power in Prevention Regional Training	Milwaukee, Wisconsin
March 26–27, 2020	18th Open Forum for Quality Improvement and Innovation in Public Health	Kansas City, Missouri

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March 31, 2020	Creating Strategies for Change- Using Systems Tools to Create Your Framework for Change	Milwaukee, Wisconsin
May 13, 2020	PATCH Symposium	Madison, Wisconsin
June 2-4, 2020	Northwoods Prevention Conference	Rothschild, Wisconsin
June 2-4, 2020	Public Health Improvement Training	San Antonio, Texas
June 11-13, 2020	Mental Health America 2020 Annual Conference: From Resiliency to Recovery	Washington, D.C.

Please check the Division of Public Health's events calendar for information about upcoming public health events in Wisconsin.

This Week's GovDelivery Bulletins

[NCI]: New 2019 Consolidated Contract Amendment coming via DocuSign

CDC Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)

Novel Coronavirus: Helpful Key Points Regarding Travelers from China

BCD: Upcoming Webinar: Mapping Harms of the Opioid Crisis in Wisconsin

Immunization Program Updates

Tobacco Prevention and Control Disparities Webinars Now Online

Weekly Novel Coronavirus Webinar, Wednesday, February 5

Weekly Respiratory Report, Week 4

Please do not reply directly to this email message. If you have a question, please email the DPH Digest..

Stay Connected with the Wisconsin Department of Health Services

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From: Wisconsin Department of Health Services
To: Smiley, Stephanie L - DHS (DPH); Bell, Constance E - DHS; Pischke, Vera L - DHS; Moran, Colleen E - DHS; Santiago Rodriguez, Genevieve M - DHS; Leback, Claire C - DHS; Jensen, David A - DHS; Kopetskie, Karen M - DHS; Klos, Rachel F - DHS; Haupt, Thomas E - DHS; Nelson, Jackie S - DHS; Walker, Lisa M - DHS; DeWeese, Sigrid R - DHS (Ruth); Sara.DeLong@dhs.wisconsin.gov; DeSalvo, Traci E - DHS; Kocharian, Anna - DHS; Koske, Sarah E - DHS; Murphy, Lisa A - DHS; England, Connie L - DHS; Fischer, Steven B - DHS; Cordova, Joseph A - DHS; Goodsitt, Elizabeth S - DHS; Vasby, Tara J - DHS; Frankel, Cassandra L - DHS; Tans-Kersten, Julie L - DHS; Yunker, Claire F - DHS; Miller, Jennifer C - DHS; Kaplan, Beth M - DHS; Reiser, William J - DHS; Boekhoudt, Chelsea M - DHS; Steele, Kathleen A - DHS; Balzer, Elise E - DHS; Christenson, Megan L - DHS (UW); Straub, Spencer L - DHS (UW-Madison); Dowdell, Ashlie M - DHS; Caron, Kathleen A - DHS; Moore, Donna J - DHS; Warzecha, Charles J - DHS; Tranmer, Jennifer L - DHS (University); Smith, Yvette A - DHS; Erlandson, Charlotte S - DHS; Hoyer-Booth, Andrew G - DHS; Koch, Amanda A - DHS (CSTE); Huard, Christopher J - DHS; Mulder, Lois J - DHS; McCarthy, Claudine N - DHS; Vogt, Christy M - DHS; Stanislawski, Loriann - DHS; Odegaard, Karen L - DHS; Redington, Angela D - DHS; Schauer, Stephanie L - DHS; Hebl, Lisa M - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Miller, Stephanie W - DHS; Kreul, Ashley M - DHS; Olson, Lisa A - DHS; Grover, Christopher T - DHS
Subject: Courtesy Copy: DPH Digest- March 4, 2020
Date: Wednesday, March 04, 2020 7:30:26 AM

This is a courtesy copy of an email bulletin sent by Sigrid (Ruth) De Weese.

This bulletin was sent to the following groups of people:

Subscribers of DPH - Local Health Department (LHD) Nurses, DPH - Local Public Health Department Staff, DPH - Local Public Health Officers, DPH - Pulse Newsletter, DPH - Tribal Health Directors, or DPH - Weekly Digest, (973 recipients)

DHS Logo Original 07/11/2018

DPH Digest- March 4, 2020

For Your Information

COVID-19 Updates
The CDC is continuously providing updated information on the evolving COVID-19 outbreak on their website. Register to receive

AMERICAN OVERSIGHT

did-you-know-hanging-tags

updates through the CDC Clinician Outreach and Coordination Activity (COCA), which includes announcements of upcoming calls and webinars.

****

Eviction Expungement Overview

Laws providing for the expungement of eviction records may help to mitigate the harmful consequences of eviction and improve access to housing. The Network for Public Health Law has posted “Eviction Expungement: A Civil Legal Tool to Improve Housing Stability and Health," an overview outlining the extent of the issue, local policy changes that have employed expungement to decrease housing instability, and systemic policy recommendations to improve housing stability.

****

Proposed 10 Essential Public Health Services Framework

The proposed revisions to the 10 Essential Public Health Services are available for review and comment. Comments will be accepted from March 2 through **April 2, 2020.** Using **this survey link**, you can submit your comments on as many essential services as you would like and provide general comments on the framework.

Older Postings

Alcohol Age Compliance Check Survey

It has been several years since a list of the municipalities conducting alcohol age compliance checks was revised. Help the Wisconsin Alcohol Policy Project update the alcohol age compliance checks list. Complete this survey by **March 6**. If your community or law enforcement agency covers many jurisdictions, please list all of them. Questions? Contact Julia Sherman.

****

Black Queer Scholarship Opportunities

This year, Freedom, Inc. will award one Black LGBTQ+ youth and one Black LGBTQ+ adult a $500 scholarship to help support folks pursuing their post-secondary degree in any four year institution, community college, vocational program, or professional program. The application deadline is **April 3, 2020.** For more information, contact Freedom, Inc.

Webinars and Educational Opportunities

training-tear-papers-text

March 5, 2020: The ABC's of Administrative Law in Public Health Practice: Part 1

March 11, 2020: The PHRASES Project

March 18, 2020: The BUILD Health Project

March 25–26, 2020: Power in Prevention (registration opens March 12)

March 26, 2020: The ABC's of Administrative Law in Public Health Practice: Part 2

April 15–17, 2020: Introduction to Collaborative Assessment and Management of Suicidality

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Ongoing Opportunities

Public Health 101. The The Region V Public Health Training Center is offering this self-paced series of seven short modules on the history, mission, achievements, structure, challenges and opportunities for public health. Intended for entry-level public health professionals across disciplines.

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Public Health Emergency Law Online Training. CDC has developed a free, online training course that trains public health practitioners on how to make informed legal decisions regarding emergency preparedness and response when an emergency happens.

****

Locating and Understanding Data for Suicide Prevention. The Suicide Prevention Resource Center is offering a free online course on locating and understanding data sources on suicide deaths, attempts, and suicidal ideation.

Job Opportunities

jobs-now-hiring

Appleton Health Department: Health Officer

Cudahy Health Department is hiring for three positions: a full-time public health specialist, public health nurse and nurse practitioner. Please contact health officer Katie Lepak for more information.

Eau Claire City-County Health Department: Public Health Nurse-Communicable Disease

Grant County Health Department: WIC Director/Dietician

Green County Health Department: WIC Director/Dietician and Public Health Nurse

Oneida County Health Department: Public Health Nurse and Public Health Nurse-Wisconsin Well Woman Program Coordinator (80%)

Outagamie County Health Department: Manager/Public Health Officer and Public Health Nursing Supervisor

Rock County Public Health Department: 0.4 FTE Environmental Health Specialist and Public Health Supervisor

Winnebago County Health Department: Environmental Health Specialist

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Grant Opportunities: A—Z

grants-graphic

2020 AARP Community Challenge: Livable Communities for People of All Ages

2020 Community Impact Grant Program

Cool Water Program

Evidence for Action: Investigator-Initiated Research to Build a Culture of Health

Innovative Local Models to Provide Non-Medical Assistance to Older Americans, Persons with Disabilities, and Family Caregivers

Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States

National Strategy for Suicide Implementation Grants

Population and Community Health Studies Learning Event Support

Strategic Prevention Framework- Partnerships for Success

Teen Pregnancy Prevention Program

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Events

Date	Description	Location
March 4, 2020	2020 Nurses Day at the Capitol	Madison, Wisconsin
March 6, 2020	"Making the Connection" Environmental Health Conference	Madison, Wisconsin
March 17, 2020	Learning Institute on Racial Equity	Hales Corners, Wisconsin
March 18–19, 2020	Safe Healthy Strong Conference 2020	Hales Corners, Wisconsin
March 19–20, 2020	Wisconsin Council on Problem Gambling Annual Conference	Green Bay, Wisconsin
March 23, 2020	Mental Health First Aid Training	Madison, Wisconsin
March 25–26, 2020	Power in Prevention Regional Training	Milwaukee, Wisconsin
March 26–27, 2020	18th Open Forum for Quality Improvement and Innovation in Public Health	Kansas City, Missouri
March 31, 2020	Creating Strategies for Change- Using Systems Tools to Create Your Framework for Change	Milwaukee, Wisconsin
March 31, 2020	2020 Health Equity Summit	Milwaukee, Wisconsin
April 8, 2020	Brain Research Awareness Integration Network Conference— The Complexity of Relationships: Building a Community of Resilience	Eau Claire, Wisconsin
April 9, 2020	TB Summit	Verona, Wisconsin
April 17–18, 2020	NAMI Wisconsin Annual Conference	Elkhart Lake, Wisconsin
April 20–23, 2020	Association of Public Health Nurses Conference—Moving from Data to Action: Evidence-Based 21st Century Public Health Nursing	Denver, Colorado
April 29–May 1, 2020	Wisconsin Association of Treatment Court Professionals Annual State Conference	Wisconsin Dells, Wisconsin
May 5–7, 2020	Opioid Forum	Wisconsin Dells, Wisconsin
May 13, 2020	PATCH Symposium	Madison, Wisconsin
June 3–4, 2020	Northwoods Prevention Conference More details	Rothschild, Wisconsin
June 2–4, 2020	Public Health Improvement Training	San Antonio, Texas

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June 11–13, 2020	Mental Health America 2020 Annual Conference: From Resiliency to Recovery	Washington, D.C.
June 24–25, 2020	Wisconsin Public Health Employee Orientation Session (Registration and details on TRAIN; Course #1084009)	Madison, Wisconsin

Please check the Division of Public Health's events calendar for information about upcoming public health events in Wisconsin.

This Week's GovDelivery Bulletins

govd-external-multi-template

Chronic Disease Prevention and Control: Registration Open—Partner Meeting

Coronavirus webinar and a self-reporting app for WEDSS is live

COVID-19 Situation Report for February 28, 2020

COVID-19 Webinar for Health Care Providers on Friday, February 28, 7 a.m.

Follow-up: Chronic Disease Partner Webinar February 25, 2020, 9:00 AM

Immunization Program-Updates for public health partners

Novel Coronavirus (COVID-19) webinar tomorrow (March 4)

OHI: Reported Induced Abortions Report 2018 is Now Available

Press Release: Wisconsin Now Conducting Tests for COVID-19 Virus

Preventing and Treating Harms of the Opioid Crisis

Video of Today's Media Briefing on Preparing for a COVID-19 Epidemic (2/26/20)

Wisconsin Diabetes Weekly—March 2, 2020

Working with Diabetes - March 2020

Please do not reply directly to this email message. If you have a question, please email the DPH Digest..

Stay Connected with the Wisconsin Department of Health Services

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From: Wisconsin Department of Health Services
To: Bell, Constance E - DHS; Pischke, Vera L - DHS; Smith, Yvette A - DHS; Kreul, Ashley M - DHS; Olson, Lisa A - DHS; Huard, Christopher J - DHS; Yunker, Claire F - DHS; Redington, Angela D - DHS; Warzecha, Charles J - DHS; Cordova, Joseph A - DHS; Walker, Lisa M - DHS; Sara.DeLong@dhs.wisconsin.gov; England, Connie L - DHS; DeSalvo, Traci E - DHS; Murphy, Lisa A - DHS; Reiser, William J - DHS; Straub, Spencer L - DHS (UW-Madison); Fischer, Steven B - DHS; Goodsitt, Elizabeth S - DHS; DeWeese, Sigrid R - DHS (Ruth); Vasby, Tara J - DHS; Klos, Rachel F - DHS; Steele, Kathleen A - DHS; Christenson, Megan L - DHS (UW); Frankel, Cassandra L - DHS; Smiley, Stephanie L - DHS (DPH); Kopetskie, Karen M - DHS; Kocharian, Anna - DHS; Balzer, Elise E - DHS; Moran, Colleen E - DHS; Erlandson, Charlotte S - DHS; Hoyer-Booth, Andrew G - DHS; Miller, Jennifer C - DHS; Mulder, Lois J - DHS; McCarthy, Claudine N - DHS; Haupt, Thomas E - DHS; Boekhoudt, Chelsea M - DHS; Tranmer, Jennifer L - DHS (University); Vogt, Christy M - DHS; Stanislawski, Loriann - DHS; Odegaard, Karen L - DHS; Dowdell, Ashlie M - DHS; Kaplan, Beth M - DHS; Moore, Donna J - DHS; Nelson, Jackie S - DHS; Koske, Sarah E - DHS; Schauer, Stephanie L - DHS; Hebl, Lisa M - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Miller, Stephanie W - DHS; Koch, Amanda A - DHS (CSTE); Santiago Rodriguez, Genevieve M - DHS
Subject: Courtesy Copy: DPH Digest—February 12, 2020
Date: Wednesday, February 12, 2020 7:30:30 AM

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DHS Logo Original 07/11/2018

DPH Digest—February 12, 2020

This digest is sent weekly to local health officers and nurses, tribal health directors, and DPH staff.

For Your Information

American Heart Month Partner Toolkit
Health departments and healthcare providers can use and share information about controlling high blood pressure with CDC's new

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did-you-know-hanging-tags

Partner Toolkit, which includes fact sheets, graphics, patient checklists, social media messages, and more.

Black Youth Suicide
The Congressional Black Caucus prepared Ring the Alarm, a report on the growing rates of suicide among black youth and potential policy solutions.

Communication Listserv
Interested in connecting and engaging with fellow public health practitioners on communication, branding and marketing efforts? Sign-up for the communication listserv. Ask a question, solicit feedback, share a training opportunity, request resources and troubleshoot challenges with others across the state.

- Submit a post.
- Subscribe to receive communications.
- Unsubscribe to leave the group.

E-Cigarette Use Resources
Community Commons has curated resources to help you tackle e-cigarette use in your community. Visit the collection.

Mentoring Fellowship: Public Health Tracking
The National Environmental Health Association (NEHA) is pleased to announce a call for applications for the 2020 Environmental Public Health Tracking: Tracking Mentoring Fellowship Program. NEHA is seeking proposals from unfunded local public health agencies to work with a tracking program grantee on an environmental health project that utilizes tracking data. **Deadline** to submit an application is **February 28, 2020**. Learn more about eligibility and apply!

Novel Coronavirus: Report
CDC has published a new report: Persons Evaluated for 2019 Novel Coronavirus — United States, January 2020

Novel Coronavirus: CDC Microsite
The most recent information on the 2019 novel coronavirus (2019-nCoV) is constantly evolving, and CDC is closely monitoring the outbreak situation. Embed a microsite to stay up to date in real time:

- Embed microsite
- Embed case count module

Questions? Email CDC's IMTech.

Place of Last Drink (POLD) Projects Meeting
Place of Last Drink projects meeting will be held at UW-Madison Law School on **Thursday, February 20**. The meeting is a one-day discussion of the successes, challenges, and future of Place of Last Drink (POLD) compilations in helping Wisconsin identify patterns of over-serving. To attend, email Julia Sherman, Project Coordinator of the Alcohol Policy Project.

Scholarship Opportunity: Designing and Managing Public Health Information Systems
Public Health Informatics Institute's (PHII) Informatics Academy is relaunching its popular Designing and Managing Public Health Information Systems: 8 Steps to Success course this spring, and now offering scholarship opportunities to a limited number of applicants! Deadline: **February 26, 2020** at 10:59 p.m. Central time.

Teen Dating Violence
To mark the 10th anniversary of Teen Dating Violence Awareness Month, this year's theme is

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Outrage into Action. Break the Cycle has resources and a toolkit for getting involved this month.

Older Postings

Alcohol Age Compliance Check Survey
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training-tear-papers-text

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April 15–17, 2020: Introduction to Collaborative Assessment and Management of Suicidality
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Grant County Health Department: WIC Director/Dietician
Green County Health Department: Public Health Nurse
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Rock County Public Health Department: 0.4 FTE Environmental Health Specialist, Health Educator and Public Health Supervisor
Sheboygan County Health and Human Services: Public Health Manager
Walworth County Health Department: Public Health Specialist

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Winnebago County Health Department: Public Health Supervisor- Community Health & Prevention Division; Part-Time Breastfeeding Peer Counselor; and Public Health Accounting Associate

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Grant Opportunities

grants-graphic

2020 AARP Community Challenge: Livable Communities for People of All Ages

2020 Community Impact Grant Program

Cool Water Program

National Strategy for Suicide Implementation Grants

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April 29–	Wisconsin Association of Treatment Court Professionals Annual State	Wisconsin

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May 1, 2020	Conference	Dells, Wisconsin
May 5–7, 2020	Opioid Forum	Wisconsin Dells, Wisconsin
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Please check the Division of Public Health's events calendar for information about upcoming public health events in Wisconsin.

This Week's GovDelivery Bulletins

Advancing science: New clinical tests for detection of cyanotoxins

Governor Evers Calls for Action on Youth Electronic Smoking Device Use

Immunization-Public Hearing on School Immunizations (Admin Rule DHS 144)

New SAMS Training Materials for Benefit Specialists

Title V REDCap Training Information and Registration

Tobacco Prevention and Control Program Funding Opportunity—Clarifying Questions and Answers

Weekly Respiratory Report, Week 5

Wisconsin Diabetes Weekly—February 10, 2020

Please do not reply directly to this email message. If you have a question, please email the DPH Digest..

Stay Connected with the Wisconsin Department of Health Services

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From: Wisconsin Department of Health Services
To: Kocharian, Anna - DHS; Bell, Constance E - DHS; Smith, Yvette A - DHS; Olson, Lisa A - DHS; Stanislawski, Loriann - DHS; Huard, Christopher J - DHS; Redington, Angela D - DHS; Warzecha, Charles J - DHS; Haupt, Thomas E - DHS; Walker, Lisa M - DHS; Hebl, Lisa M - DHS; Sara.DeLong@dhs.wisconsin.gov; Kreul, Ashley M - DHS; Straub, Spencer L - DHS (UW-Madison); Murphy, Lisa A - DHS; Reiser, William J - DHS; Boekhoudt, Chelsea M - DHS; Tranmer, Jennifer L - DHS (University); Pischke, Vera L - DHS; Vasby, Tara J - DHS; Kaplan, Beth M - DHS; Klos, Rachel F - DHS; Steele, Kathleen A - DHS; Christenson, Megan L - DHS (UW); Frankel, Cassandra L - DHS; Smiley, Stephanie L - DHS (DPH); Nelson, Jackie S - DHS; DeSalvo, Traci E - DHS; DeWeese, Sigrid R - DHS (Ruth); Balzer, Elise E - DHS; Moran, Colleen E - DHS; Erlandson, Charlotte S - DHS; Hoyer-Booth, Andrew G - DHS; Miller, Jennifer C - DHS; Kopetskie, Karen M - DHS; Mulder, Lois J - DHS; McCarthy, Claudine N - DHS; Goodsitt, Elizabeth S - DHS; Koske, Sarah E - DHS; England, Connie L - DHS; Vogt, Christy M - DHS; Koch, Amanda A - DHS (CSTE); Odegaard, Karen L - DHS; Yunker, Claire F - DHS; Moore, Donna J - DHS; Cordova, Joseph A - DHS; Schauer, Stephanie L - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Miller, Stephanie W - DHS; Santiago Rodriguez, Genevieve M - DHS; Dowdell, Ashlie M - DHS
Subject: Courtesy Copy: First Case of 2019 Novel Coronavirus Confirmed in Wisconsin
Date: Wednesday, February 05, 2020 1:31:24 PM

This is a courtesy copy of an email bulletin sent by Beth Kaplan.

This bulletin was sent to the following groups of people:

Subscribers of DPH - Local Public Health Officers or DPH - Tribal Health Directors (143 recipients)

DHS Logo

Division of Public Health Information Update

First Case of 2019 Novel Coronavirus Confirmed in Wisconsin

This message is being sent to local health officers, tribal health directors, and key DPH staff.

The Wisconsin Department of Health Services (DHS), the local health department, UW Hospital and Clinics, and the Centers for Disease Control and Prevention (CDC) have confirmed the first Wisconsin case of 2019 novel coronavirus. The patient has a history of travel to Beijing, China prior to their illness.

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Please join us for today's novel coronavirus webinar from 2 to 3 p.m.

Link: https://dhswi.zoom.us/j/108912543

Dial-In Option: 646-558-8656 or 669-900-9128

Webinar ID: 108 912 543

While the risk to the general public remains low, DHS, the local health department, UW Hospital and Clinics, and the CDC are aggressively responding and monitoring this unfolding situation. We are working together to prevent disease transmission by evaluating close contacts of the patient with the confirmed case and health care personnel who cared for the patient. Be aware that this is a rapidly changing situation, and public health advice may change as more information becomes available.

To help prevent the virus from spreading, local health department staff are contacting people who may have been exposed to the patient with the confirmed case. Exposed individuals will be evaluated for illness and will actively monitor signs and symptoms of illness (fever, cough, and difficulty breathing). Symptoms may appear anywhere from two to 14 days after someone is exposed to the virus, and may range from a mild illness (like a common cold) to severe pneumonia requiring hospitalization. At this time close contacts are quarantined and being actively monitored for symptoms. Exposed individuals who are ill will be assessed by their health care provider, tested for 2019 novel coronavirus, and isolated (usually at home if not hospitalized) until they are no longer able to spread the disease. DHS will notify local health departments and tribes of any contacts identified in their jurisdiction.

We are encouraging travelers returning from China or people who become ill and had contact with a patient with a confirmed case to let their health care providers know of their possible exposure before arriving at the health care facility.

Influenza and other seasonal respiratory viruses are common in Wisconsin at this time of year. The public should continue to use preventive measures for the common cold and flu: wash hands frequently, cover coughs and sneezes, and stay home when sick.

Weekly Update/Question and Answer Webinars for local health department and tribal health center staff

Webinars on the novel coronavirus will be provided weekly by Bureau of Communicable Diseases staff to provide updates and time for questions and answers. Information on the date and time for each webinar will be sent via GovDelivery.

Resources

Updated case counts, as well as the number of patients under investigation, are available on the DHS Outbreaks and Investigations web page, which will be updated on weekdays by 2 p.m. Resource materials have also been posted to the PCA Portal, including an updated message map, and additional information about the virus is available on the CDC website.

Documenting contacts to the 2019 novel coronavirus case in WEDSS

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wedss

If you have any questions or need further clarification, please email DHSDPHBCD@dhs.wisconsin.gov or call the Bureau of Communicable Diseases at 608-267-9003.

Please do not reply directly to this email message. If you have a question, please email Beth Kaplan.

Stay Connected with the Wisconsin Department of Health Services

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From: Wisconsin Department of Health Services

To: Olson, Lisa A - DHS; VerPlanck, Kathryn S - DHS (UW); Crehan Neumann, Caroline A - DHS; Bell, Constance E - DHS; Kocharian, Anna - DHS; PaulA.Krupski@dhs.wisconsin.gov; Geiger, Mariah K - DHS (UW POP Health); Huard, Christopher J - DHS; Zirk, Alyssa C - DHS; Redington, Angela D - DHS; Ketterhagen, Leanne P - DHS; Karnosky, Jason R - DHS; Matousek, Dylan J - DHS; Hyland, Julie - DHS (Spherion); Connell, Chris D - DHS; Reay, Lindsey A - DHS; Betz, Richard H - DHS; Haupt, Thomas E - DHS; Kreul, Ashley M - DHS; Hovde, Anastasia M - DHS; Kruse, Terry L - DHS; Pings, Martha A - DHS (Spherion); Graham-Heine, Danielle R - DHS; Fischer, Steven B - DHS; Reiser, William J - DHS; Pischke, Vera L - DHS; Tranmer, Jennifer L - DHS (University); Fischer, Jason V - DHS; Munger, Brad S - DHS; O"Donnell, Sara E - DHS; jennifermiller904@gmail.com; Russell, Faith E - DHS; Vasby, Tara J - DHS; Marshall, W. Curtis C - DHS; Tull, Molly J - DHS; Yunker, Claire F - DHS; Kaplan, Beth M - DHS; Schindler, Kimberly I - DHS; Klos, Rachel F - DHS; Christenson, Megan L - DHS (UW); Anderson, Jennifer J - DHS; Sendelbach, Catherine G - DHS; Hoyer-Booth, Andrew G - DHS; Keenan, Christopher B - DHS; Balzer, Elise E - DHS; Hefko, Phoebe R - DHS; DeWeese, Sigrid R - DHS (Ruth); Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Erlandson, Charlotte S - DHS; Moran, Colleen E - DHS; Jensen, David A - DHS; Mulder, Lois J - DHS; Goodsitt, Elizabeth S - DHS; Krebs, Andrea C - DHS; England, Connie L - DHS; Strawn, Lisa F - DHS; Odegaard, Karen L - DHS; Bittner, Karen M - DHS; Hughes, Langeston C - DHS; Connor, Tim G - DHS (UW); Kopetskie, Karen M - DHS; Benesh, Patricia A - DHS; Vogt, Christy M - DHS; McCarthy, Claudine N - DHS; Steinmetz, Teresa J - DHS; Miller, Jennifer C - DHS; Klima, Catherine P - DHS; Miller, Stephanie W - DHS; Inman, Bobbi N - DHS (Nicole); Robertson, Joanette S - DHS; Moore, Donna J - DHS; Benesh, Chris E - DHS; Klessig, Shari E - DHS; Dowdell, Ashlie M - DHS; Daniels, Wendy L - DHS; Schauer, Stephanie L - DHS; Cordova, Joseph A - DHS; Santiago Rodriguez, Genevieve M - DHS; Koske, Sarah E - DHS; Wiedmeyer, Chantel L - DHS (CCHD); Weeks, Fiona H - DHS; Awoyinka, Lola - DHS; Grover, Christopher T - DHS

Subject: Courtesy Copy: First Case of 2019 Novel Coronavirus Confirmed in Wisconsin

Date: Wednesday, February 05, 2020 2:13:42 PM

This is a courtesy copy of an email bulletin sent by Claire Yunker.

This bulletin was sent to the following groups of people:

Subscribers of DCTS - Action and Information Memos, DCTS - Child and Adolescent Day Treatment Providers, DCTS - Community Recovery Services (CRS), DCTS - Community Support Programs, DCTS - Comprehensive Community Services (CCS), DCTS - Coordinated Services Teams (CST) -- Program Staff, DCTS - DSPS Licensed Medical Professionals, DMS - Children's Long-Term Support Waiver Program Providers, DMS - ForwardHealth Community Partners, DPH - Adolescent Health, DPH - Aging and Disability Resource Center (ADRC): Long-Term Care (LTC) Functional Screen (FS) Liaisons, DPH - Emergency Department Contacts, DPH - Hispanic Organizations, DPH - Immunization Program-School Administrators, DPH - Infection Preventionists, DPH - Information Update: Public Health Emergency Preparedness Planning: Local Planners, DPH - Local Health Department (LHD) Nurses, DPH - Minority Health Program, DPH - Office for the Deaf and Hard of Hearing (ODHH) News and Updates, DPH - Pregnancy Risk Assessment Monitoring System (PRAMS) Steering Committee, DPH - Wisconsin Elder Benefit Specialist Program Partners, DPH - Women's Health Family Planning/Reproductive Health Partners, or DQA - Notifications and Updates, (61131 recipients)

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DHS Logo Original 07/11/2018

First Case of 2019 Novel Coronavirus Confirmed in Wisconsin

Note: you are receiving this message because you are signed up to receive email updates from the Department of Health Services. This message is informational and not from any of the lists you are subscribed to. We thought you would be interested in getting this important public health update.

The Wisconsin Department of Health Services (DHS), the local health department, UW Hospital and Clinics, and the Centers for Disease Control and Prevention (CDC) have confirmed the first Wisconsin case of 2019 novel coronavirus. The patient is an adult with a history of travel to Beijing, China, prior to their illness.

While the risk to the general public remains low, DHS, the local health department, UW Hospital and Clinics, and the CDC are aggressively responding and monitoring this unfolding situation. We are working together to prevent disease transmission by evaluating close contacts of the patient and health care personnel who cared for the patient. Be aware that this is a rapidly changing situation, and public health advice may change as more information becomes available.

To help prevent the virus from spreading, local health department staff are contacting people who may have been exposed to the patient. Exposed individuals will be evaluated for illness and will be actively monitored for signs and symptoms of illness, like fever, cough, and difficulty breathing. Symptoms may appear anywhere from two to 14 days after someone is exposed to the virus, and may range from a mild illness (like a common cold) to severe pneumonia requiring hospitalization. At this time close contacts are quarantined and being actively monitored for symptoms. Exposed individuals who are ill will be assessed by their health care provider, tested for 2019 novel coronavirus, and isolated (usually at home, if not hospitalized) until they are no longer able to spread the disease.

We are encouraging travelers returning from China or people who become ill and had contact with a patient with a confirmed case to let their health care providers know of their possible exposure **before** arriving at the health care facility.

Influenza and other seasonal respiratory viruses are common in Wisconsin at this time of year. The public should continue to use preventive measures for the common cold and flu: wash hands frequently, cover coughs and sneezes, and stay home when you are sick.

Current case counts, and number of patients under investigation can be found on the DHS

AMERICAN OVERSIGHT

Outbreaks and Investigations webpage, which will be updated on weekdays by 2 p.m. Additional information can also be found on the CDC summary webpage.

As always, thank you for your partnership in serving Wisconsin residents.

Please do not reply to this email. If you have questions or concerns, please send us an email.

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From: Wisconsin Department of Health Services
To: Yunker, Claire F - DHS; Dowdell, Ashlie M - DHS; Kocharian, Anna - DHS; Pischke, Vera L - DHS; Bell, Constance E - DHS; PaulA.Krupski@dhs.wisconsin.gov; Smith, Yvette A - DHS; Huard, Christopher J - DHS; Klos, Rachel F - DHS; England, Connie L - DHS; Cordova, Joseph A - DHS; Warzecha, Charles J - DHS; Walker, Lisa M - DHS; Sara.DeLong@dhs.wisconsin.gov; DeSalvo, Traci E - DHS; Reiser, William J - DHS; Murphy, Lisa A - DHS; Fischer, Steven B - DHS; Olson, Jaime L - DHS; Kaplan, Beth M - DHS; Tranmer, Jennifer L - DHS (University); Vasby, Tara J - DHS; Kreul, Ashley M - DHS; Steele, Kathleen A - DHS; Christenson, Megan L - DHS (UW); Frankel, Cassandra L - DHS; Sendelbach, Catherine G - DHS; Redington, Angela D - DHS; Smiley, Stephanie L - DHS (DPH); Kopetskie, Karen M - DHS; DeWeese, Sigrid R - DHS (Ruth); Hoyer-Booth, Andrew G - DHS; Erlandson, Charlotte S - DHS; Miller, Jennifer C - DHS; Hebl, Lisa M - DHS; Moran, Colleen E - DHS; Jensen, David A - DHS; Mulder, Lois J - DHS; Haupt, Thomas E - DHS; Balzer, Elise E - DHS; Vogt, Christy M - DHS; Odegaard, Karen L - DHS; McCarthy, Claudine N - DHS; Boekhoudt, Chelsea M - DHS; Straub, Spencer L - DHS (UW-Madison); Stanislawski, Loriann - DHS; Moore, Donna J - DHS; Goodsitt, Elizabeth S - DHS; Schauer, Stephanie L - DHS; Miller, Stephanie W - DHS; Olson, Lisa A - DHS; Santiago Rodriguez, Genevieve M - DHS; Nelson, Jackie S - DHS; Koske, Sarah E - DHS; Jones, Kathryn L - DHS; Weeks, Fiona H - DHS; Koch, Amanda A - DHS (CSTE); Grover, Christopher T - DHS
Subject: Courtesy Copy: Immunization Program Updates
Date: Friday, February 14, 2020 8:00:31 AM

This is a courtesy copy of an email bulletin sent by Karen Kopetskie.

This bulletin was sent to the following groups of people:

Subscribers of DPH - Bureau of Communicable Disease (BCD): Information Update, DPH - Community Based Organizations, DPH - Immunization Stakeholders, DPH - Infection Preventionists, DPH - Information Update: Health Preparedness, DPH - Information Update: Immunization Program, DPH - Local Health Department (LHD) Nurses, DPH - Local Public Health Department Staff, DPH - Local Public Health Officers, DPH - Primary Care Program, DPH - Regional Emergency Managers, DPH - Tribal Health Directors, DPH - Vaccines for Children Program (VFC), DPH - Wisconsin Council on Immunization Practices, or DPH - Women's Health Family Planning/Reproductive Health Partners, (3336 recipients)

DHS Logo

Immunization Program

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2019-2020 Influenza Season

The Centers for Disease Control and Prevention estimates that more than 15 million people in the U.S. have gotten sick with flu. More than 150,000 Americans have been hospitalized, and more than 8,000 people have died from their infection.

- Flu vaccines are still the best way to protect yourself and loved ones. And it is not too late to get one.
- Handwashing continues to be one of the best strategies for avoiding infections. Many diseases and conditions are spread by not washing hands with soap and clean, running water. CDC has a great new section on their website about hand washing (Clean Hands Save Lives)
- Practice social distancing when you need to—yes, that means **staying home when you are sick**! Keep your children home from school and activities if they are ill. We get it, it can be difficult. Think of keeping your co-workers and their families healthy the way you want them to think about keeping you and yours in good health. Employers can help too by looking at what they can do to make it easier for people to stay healthy, such as providing onsite influenza vaccination clinics, flexible work schedules, working from home, paid leave, etc.

But shouldn't I be worried about coronavirus?

The risk of contracting the 2019 novel coronavirus (COVID-19) remains low in Wisconsin. COVID-19 symptoms are similar to those of influenza (e.g., fever, cough, or sore throat), and the outbreak is occurring during a time of year when respiratory illnesses from influenza, respiratory syncytial virus, and other respiratory viruses are highly prevalent.

While this international outbreak is rapidly changing, we want to make sure our communities are reminded about the existing risks that influenza presents right now in the United States and the simple steps that can assist with avoiding many respiratory illnesses as outlined above. To prevent influenza, all persons aged 6 months or older should receive an annual influenza vaccine, and vaccination is still available and effective in helping to prevent influenza.

You can learn more about COVID-19 on our webpage.

See our latest Wisconsin Respiratory Report.

Public Hearing Scheduled Relating to Immunization of Students (Wis. Admin. Code ch. DHS 144)

A public hearing for Clearinghouse Rule 19-079 (Wis. Admin Code ch. DHS 144), which relates to immunization of students in Wisconsin schools, is scheduled for Tuesday, March 3, 2020, at 10 a.m. The hearing is being held by the Assembly Committee on Constitution and Ethics at the State Capitol building, room 300, Northeast in Madison, WI.

The proposed changes include:

- Changing the current Tdap requirement from 6th to 7th grade.
- Adding a requirement for meningococcal vaccine for 7th and 12th grade.
- Adding or updating outbreak definitions for selected vaccine preventable diseases.
- Requiring clinician verification of chickenpox (varicella).
- Modifying reporting of the School Report to be in alignment with the process for child care.
- Removing outdated language and text.

The publicly available rule text, as well as additional information, can be found on the State Legislation website.

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Pharmacy Society of Wisconsin-Event

Immunization Summit: Supporting access expansion and vaccination efficiency in clinics and communities. Wednesday, February 26, 2020, from 9 a.m.–4:30 p.m. Glacier Canyon Lodge, Wisconsin Dells.

2020 ACIP Vaccine Schedules Updated

The Advisory Committee on Immunization Practices (ACIP)–the advisory group to CDC–released the 2020 Vaccine Schedule. Please print and share the schedule with your clinic staff and make sure everyone is aware of the updates.

Talking about Vaccines with Dr. Stanley Plotkin

A series of videos have been posted on YouTube. In each one- to two-minute video, Dr. Plotkin from the Children's Hospital of Philadelphia (CHOP) answers a question about vaccine science:

- What is an adjuvant, and why are they used in vaccines?
- How can we still use a fetal cell line from the 1960s to make vaccines today?
- How is a vaccine processed by the body when it is given as a shot?
- What does it mean if a vaccine trial is double-blinded?
- How do clinical trials work?
- What does the FDA monitor during vaccine clinical trials?

Please do not reply directly to this email message. If you have a question, please email Stephanie Schauer.

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From:	Klos, Rachel F - DHS
To:	Gerdes, Austin A - DHS; Haupt, Thomas E - DHS; Cordova, Joseph A - DHS; Maloney, Jessica J - DHS; Kocharian, Anna - DHS
Cc:	DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH)
Subject:	COVID School Specific Preparedness Guidance
Date:	Friday, February 28, 2020 3:42:31 PM

https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html

Hello everyone.
CDC published a new website with resources for schools today. Austin is getting this link added to our DHS COVID webpage under both School resources and the Preparedness resources.

Rachel Klos, DVM, MPH
State Public Health Veterinarian
Wisconsin Division of Public Health
Office: 608-266-2154 / Fax: 608-261-4976
Email: Rachel.klos@wi.gov

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From:	Phillips, Jeffrey J - DHS
To:	Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS; Westergaard, Ryan P - DHS; Meiman, Jonathan G - DHS
Subject:	COVID-19 Unclassified, but not for public release
Date:	Monday, March 02, 2020 8:30:32 AM
Attachments:	image001.png WeeklyReport_COVID-19_Global_Update6_SLTT_20200228.pdf

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Jeff Phillips
Director
Office of Preparedness and Emergency Health Care
Wisconsin Division of Public Health
Office: 608.267.7178
Cell: 608.469.1380
Jeffrey.phillips@dhs.wisconsin.gov

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PHAB Tag (2)

AMERICAN OVERSIGHT

From: Wisconsin Department of Health Services
To: Smiley, Stephanie L - DHS (DPH)
Subject: COVID-19 Updates
Date: Friday, March 06, 2020 5:33:11 PM

DHS Logo Original 07/11/2018

COVID-19

COVID-19 Update

We are writing with an update on how the Department of Health Services is responding to COVID-19. The number of people who have tested positive for COVID-19 has been increasing internationally as well as here in the United States. Because of this, we are adapting our response to prepare for a possible pandemic.

Highlights from the week

- Secretary-designee Andrea Palm, State Health Officer Jeanne Ayers, Dr. Ryan Westergaard, & Traci DeSalvo participated in a legislative briefing to inform lawmakers and stakeholders about COVID-19. You can find the footage on Wisconsin Eye.
- We re-activated DHSResponse@dhs.wisconsin.gov as the single best place to request information from DHS. Please direct any and all questions to this email address. A team of DHS staff is monitoring the inbox. We use the incoming questions to update our FAQs and guidance.
- The CDC released new guidance including:
    - Interim Guidance: Get Your Mass Gatherings or Large Community Events Ready for Coronavirus Disease 2019 (COVID-19)
    - Guidance for Travelers from Countries with Widespread Sustained (Ongoing) Transmission Arriving in the United States.

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What is DHS doing?

- We are continuing to closely monitor the situation and conduct disease surveillance for COVID-19. To date, we have had one person test positive for COVID-19 in Wisconsin. **The risk of anyone getting COVID-19 in Wisconsin is still low.**
- We are providing regular updates to the Governor, cabinet, and media throughout our response.
- We are working with CDC, local public health agency partners, and healthcare systems to ensure they are prepared to handle a pandemic.
- We are developing and sharing guidance for employers, schools, childcare programs, and colleges/universities to help them plan for a pandemic.
- We are strengthening our communications with partners throughout the state by sharing regular updates (like this one) and engagement opportunities with stakeholders.

How can you stay informed?

- Check out our COVID-19 Fact Sheet and Frequently Asked Questions documents to stay informed.
- Follow us on Facebook and Twitter
- Visit our DHS Coronavirus Disease 2019 webpage. It remains the best place for up-to-date information, materials, and guidance. Topic areas include:
    - Causes and transmission
    - Signs and symptoms
    - Prevention and treatment
    - Self-quarantine and self-monitoring guidance
    - Guidance for school districts
    - Guidance for employers
    - Guidance for travelers
    - Reporting and surveillance
    - Testing criteria for PUIs
    - Infection prevention and provider resources

We will continue to post new recommendations on this site as they are available.

Situation Summary as of March 6

The Centers for Disease Control and Prevention (CDC) and the Wisconsin Department of Health Services (DHS) are closely monitoring an outbreak caused by a novel (new) coronavirus (COVID-19) that originated in Wuhan, China. It has been detected in 70 locations internationally, including the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On February 5, 2020, Wisconsin confirmed its first case of COVID-19. On February 28, 2020, CDC confirmed that the case no longer has COVID-19 and is no longer under isolation. DHS is working closely with state and local partners to plan for and respond to the current situation.

This is a rapidly evolving and dynamic situation. There continues to be ongoing monitoring across the state. DHS is committed to protecting the health of all people in Wisconsin.

The CDC criteria for persons under investigation (PUI) has changed the past week and most likely will be changing in the coming week ahead. For this reason, there has been a marked increase in the total number of people tested in Wisconsin. Moving forward, when laboratory testing for COVID-19 becomes widely available through commercial labs, DHS will only report on the positive and negative tests.

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Please do not respond to this email. If you have questions, please email DHSResponse@dhs.wisconsin.gov.

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AMERICAN OVERSIGHT

From: Wisconsin Department of Health Services
To: Smiley, Stephanie L - DHS (DPH)
Subject: COVID-19 Updates
Date: Friday, March 06, 2020 5:36:27 PM

DHS Logo Original 07/11/2018

COVID-19

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AMERICAN OVERSIGHT

From: Wisconsin Department of Health Services
To: Smiley, Stephanie L - DHS (DPH)
Subject: Daily Press Clips February 14, 2020
Date: Friday, February 14, 2020 7:01:26 AM

DHS Logo

DHS Daily Press Clips

February 14, 2020

Second Child Succumbs to Flu

Flu surges in Wisconsin, with second child death, hundreds of hospitalizations
Wisconsin State Journal February 13, 2020 David Wahlberg
“We’re not at peak activity yet,” said Tom Haupt, influenza surveillance coordinator for the state Department of Health Services. “We probably won’t be at peak activity for several weeks, followed by many more weeks of high activity.”

Second Wisconsin child dies from flu, state records 100 new hospitalizations in half a day
Milwaukee Journal Sentinel February 13, 2020 Mark Johnson
A second Wisconsin child has died from the flu, and cases across the state have spiked so dramatically that there were 100 new hospitalizations on Thursday just by noon. "This was a significant increase," said respiratory disease epidemiologist Tom Haupt. "We're not at peak activity. We probably won't be for several weeks."

DHS confirms second child flu death in Wisconsin
WISC TV/News 3, Madison February 13, 2020 Brandon Arbuckle
"This is a tragedy,” said DHS Influenza Surveillance Coordinator Tom Haupt. “Any influenza death is a tragedy, especially a child, and we want to offer our sympathies to the family and relatives of this particular child.”

Second pediatric death from flu in Wisconsin this year, health officials report
NBC26, Green Bay February 13, 2020 NBC 26 Staff

AMERICAN OVERSIGHT

There's been a second pediatric flu death in Wisconsin, the Wisconsin Department of Health Services (DHS) said in a phone conference. That brings the total number to two this year. The victim is from the southern part of Wisconsin.

Wisconsin Sees 100 Flu Hospitalizations In Half A Day
Wisconsin Public Radio February 13, 2020 Alana Watson
Thomas Haupt, the influenza surveillance coordinator for DHS, said both strains of the virus, influenza A and B, are spreading quickly. "As far as hospitalizations, again over the past week, we are going to have at least 500 or more hospitalizations, and this is a significant increase from previous weeks," Haupt said.

Wisconsin records second child death of flu season
The Journal Times, Racine February 13, 2020 Associated Press
The child who died from flu is from southern Wisconsin, said Tom Haupt, influenza surveillance coordinator for the state Department of Health Services. Last week the U.S. Centers for Disease Control and Prevention reported 78 child deaths from flu nationwide since October,

Wisconsin records 2nd child death of flu season
KSTP TV, Minneapolis February 13, 2020
More than 40% of Wisconsin residents have received flu vaccine this season, which is a record, Haupt said. But that still leaves many people unprotected, and vaccine remains available, he said.

Flu Kills Another Child In Wisconsin; Problem With Coronavirus Test Kits
WUWM, Milwaukee Public Radio February 13, 2020 Chuck Quirmbach
"This makes a total of two [deaths] we've had this year. The number of cases nationally have been increasing in double digits for the last few weeks. And that again has to do with hypoviruses that are circulating, most of which hit the younger population," says Tom Haupt, who's coordinating influenza surveillance for the Department of Health Services. He spoke with the news media Thursday afternoon during a conference call.

Coronavirus

No new coronavirus cases in Wisconsin
WSAU Radio, Wausau February 13, 2020 Wisconsin Radio Network
For the first time in more than two weeks, there are no coronavirus test results pending in Wisconsin.

The culture surrounding 2019 Novel Coronavirus
Exponent, UW Platteville February 12, 2020 Stephanie Johnson
According to Administrative Director of UW-Platteville Student Health Services Rachel Herman, Noonan was right to avoid sensationalist reports. Herman urged the public to stop reading sensationalized online stories. Rather, she recommended the CDC website (cdc.gov) or the Wisconsin Department of Health Services (WDHS) website (dhs.wisconsin.gov) for accurate updates.

School Immunizations

Anti-vaccination movement spreads in many Walworth County schools
Lake Geneva Regional News February 12, 2020 Scott Williams
Schools in Walworth County have reported declining student immunization rates — down sharply in some cases — as parent skepticism grows amid an anti-vaccination movement that critics say is based on junk science.

Medicaid

Proposed Medicaid rule change criticized by hospitals, state officials
WisBusiness February 12, 2020

AMERICAN OVERSIGHT

State Medicaid Director Jim Jones says he's also worried about increased reporting requirements in the proposed rule from the Centers for Medicare and Medicaid Services. "Any time they request more information and more reporting, that means I need more staff and IT resources to comply with those requirements," he told WisBusiness.com. "More reporting means more administrative work for the state."

PFAs Meeting

DNR plans PFAS hearing
Eagle Herald Extra, Marinette February 13, 2020 John Liesveld
Representatives from the DNR and the Wisconsin Department of Health Services will be on hand from noon to 2 p.m. and again from 6 to 7:30 p.m. at the Marinette Community REC Center, 2501 Pierce Ave. Officials will provide a brief overview, answer questions and hear concerns from community members regarding the PFAS investigation, cleanup and any health-related issues in the Marinette and Town of Peshtigo areas.

Advocating for Addiction Recovery

Brian Reisinger: In Wisconsin, addiction remains ripe for bipartisan reforms
The Cap Times, Madison February 13, 2020 Brian Reisinger, Guest Column
Nygren's latest legislation would make state government a recovery-friendly workplace, something he's also an advocate of encouraging in the private sector. He also wants to continue the Prescription Drug Monitoring Program — which helps doctors and pharmacists track drug use — and increase drug treatment in our jails.

Tobacco is Changing

Digging Deeper: Parents put to the test to find vaping devices hidden in plain sight
WKOW TV, Madison February 13, 2020 Amber Noggle
Doctors say if you think your child may be vaping, you need to treat it as an addiction. Get them medical help, because they'll need counseling and medication to help them quit. DHS has resources for parents here.

Please do not reply directly to this email message. If you have a question, please email DHS Media or call the media line at 608-266-1683.

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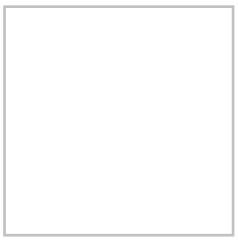

AMERICAN OVERSIGHT

From: Wisconsin Department of Health Services
To: Palm, Andrea J - DHS
Subject: Daily Press Clips February 14, 2020
Date: Friday, February 14, 2020 7:01:31 AM

DHS Logo

DHS Daily Press Clips

February 14, 2020

Second Child Succumbs to Flu

Flu surges in Wisconsin, with second child death, hundreds of hospitalizations
Wisconsin State Journal February 13, 2020 David Wahlberg
“We’re not at peak activity yet,” said Tom Haupt, influenza surveillance coordinator for the state Department of Health Services. “We probably won’t be at peak activity for several weeks, followed by many more weeks of high activity.”

Second Wisconsin child dies from flu, state records 100 new hospitalizations in half a day
Milwaukee Journal Sentinel February 13, 2020 Mark Johnson
A second Wisconsin child has died from the flu, and cases across the state have spiked so dramatically that there were 100 new hospitalizations on Thursday just by noon. "This was a significant increase," said respiratory disease epidemiologist Tom Haupt. "We're not at peak activity. We probably won't be for several weeks."

DHS confirms second child flu death in Wisconsin
WISC TV/News 3, Madison February 13, 2020 Brandon Arbuckle
"This is a tragedy,” said DHS Influenza Surveillance Coordinator Tom Haupt. “Any influenza death is a tragedy, especially a child, and we want to offer our sympathies to the family and relatives of this particular child.”

Second pediatric death from flu in Wisconsin this year, health officials report
NBC26, Green Bay February 13, 2020 NBC 26 Staff

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There's been a second pediatric flu death in Wisconsin, the Wisconsin Department of Health Services (DHS) said in a phone conference. That brings the total number to two this year. The victim is from the southern part of Wisconsin.

Wisconsin Sees 100 Flu Hospitalizations In Half A Day
Wisconsin Public Radio February 13, 2020 Alana Watson
Thomas Haupt, the influenza surveillance coordinator for DHS, said both strains of the virus, influenza A and B, are spreading quickly. "As far as hospitalizations, again over the past week, we are going to have at least 500 or more hospitalizations, and this is a significant increase from previous weeks," Haupt said.

Wisconsin records second child death of flu season
The Journal Times, Racine February 13, 2020 Associated Press
The child who died from flu is from southern Wisconsin, said Tom Haupt, influenza surveillance coordinator for the state Department of Health Services. Last week the U.S. Centers for Disease Control and Prevention reported 78 child deaths from flu nationwide since October,

Wisconsin records 2nd child death of flu season
KSTP TV, Minneapolis February 13, 2020
More than 40% of Wisconsin residents have received flu vaccine this season, which is a record, Haupt said. But that still leaves many people unprotected, and vaccine remains available, he said.

Flu Kills Another Child In Wisconsin; Problem With Coronavirus Test Kits
WUWM, Milwaukee Public Radio February 13, 2020 Chuck Quirmbach
"This makes a total of two [deaths] we've had this year. The number of cases nationally have been increasing in double digits for the last few weeks. And that again has to do with hypoviruses that are circulating, most of which hit the younger population," says Tom Haupt, who's coordinating influenza surveillance for the Department of Health Services. He spoke with the news media Thursday afternoon during a conference call.

Coronavirus

No new coronavirus cases in Wisconsin
WSAU Radio, Wausau February 13, 2020 Wisconsin Radio Network
For the first time in more than two weeks, there are no coronavirus test results pending in Wisconsin.

The culture surrounding 2019 Novel Coronavirus
Exponent, UW Platteville February 12, 2020 Stephanie Johnson
According to Administrative Director of UW-Platteville Student Health Services Rachel Herman, Noonan was right to avoid sensationalist reports. Herman urged the public to stop reading sensationalized online stories. Rather, she recommended the CDC website (cdc.gov) or the Wisconsin Department of Health Services (WDHS) website (dhs.wisconsin.gov) for accurate updates.

School Immunizations

Anti-vaccination movement spreads in many Walworth County schools
Lake Geneva Regional News February 12, 2020 Scott Williams
Schools in Walworth County have reported declining student immunization rates — down sharply in some cases — as parent skepticism grows amid an anti-vaccination movement that critics say is based on junk science.

Medicaid

Proposed Medicaid rule change criticized by hospitals, state officials
WisBusiness February 12, 2020

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State Medicaid Director Jim Jones says he's also worried about increased reporting requirements in the proposed rule from the Centers for Medicare and Medicaid Services. "Any time they request more information and more reporting, that means I need more staff and IT resources to comply with those requirements," he told WisBusiness.com. "More reporting means more administrative work for the state."

PFAs Meeting

DNR plans PFAS hearing
Eagle Herald Extra, Marinette February 13, 2020 John Liesveld
Representatives from the DNR and the Wisconsin Department of Health Services will be on hand from noon to 2 p.m. and again from 6 to 7:30 p.m. at the Marinette Community REC Center, 2501 Pierce Ave. Officials will provide a brief overview, answer questions and hear concerns from community members regarding the PFAS investigation, cleanup and any health-related issues in the Marinette and Town of Peshtigo areas.

Advocating for Addiction Recovery

Brian Reisinger: In Wisconsin, addiction remains ripe for bipartisan reforms
The Cap Times, Madison February 13, 2020 Brian Reisinger, Guest Column
Nygren's latest legislation would make state government a recovery-friendly workplace, something he's also an advocate of encouraging in the private sector. He also wants to continue the Prescription Drug Monitoring Program — which helps doctors and pharmacists track drug use — and increase drug treatment in our jails.

Tobacco is Changing

Digging Deeper: Parents put to the test to find vaping devices hidden in plain sight
WKOW TV, Madison February 13, 2020 Amber Noggle
Doctors say if you think your child may be vaping, you need to treat it as an addiction. Get them medical help, because they'll need counseling and medication to help them quit. DHS has resources for parents here.

Please do not reply directly to this email message. If you have a question, please email DHS Media or call the media line at 608-266-1683.

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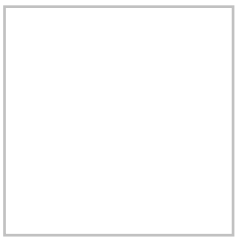

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: Dear Colleagues: We"re In This Together on National Black HIV/AIDS Awareness Day
Date: Wednesday, February 05, 2020 9:39:37 AM

HIV & AIDS in the United States. Information From the Division of HIV/AIDS Prevention

You are subscribed to HIV & AIDS in the United States: What's New from the Division of HIV/AIDS Prevention

February 5, 2020

Dear Colleague,

This year's National Black HIV/AIDS Awareness Day (NBHAAD) theme, *We're in This Together*, emphasizes the importance of support from friends, family, colleagues, and partners. Social support is especially important because of its potential to mitigate the negative impact of ongoing health disparities and stigma. On February 7th and every day, we can get involved in prevention efforts, get tested, get treatment if we have HIV, and use prevention tools such as pre-exposure prophylaxis (PrEP) and condoms if we do not.

Additional Resources:

CDC HIV Web

CDC HIV Facebook

HIV/AIDS Twitter

Let's Stop HIV Together Web

Let's Stop HIV Together

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Blacks represent 13% of the U.S. population, yet make up 43% of new HIV diagnoses. The most recent HIV diagnoses data show decreasing disparities for some groups, but inequities remain. From 2010 to 2017, HIV diagnoses:

- decreased 15% among blacks overall;
- decreased 27% among black women;
- decreased 32% among heterosexual black men;
- were stable among gay and bisexual black men overall, but varied by age.

Limited access to services, stigma, discrimination, poverty, and homophobia place some African Americans at higher risk for HIV. The poverty rate is higher among African Americans than other racial/ethnic groups, and the socioeconomic issues associated with poverty—including limited access to high-quality health care, housing, and HIV prevention education—directly and indirectly increase risk for HIV infection.

We can, and must, do better.

Goals we once thought impossible are well within reach, but eliminating racial disparities is critical. Despite the game-changing developments in HIV prevention and treatment tools, not everyone is benefiting equally from these advances. A recent CDC report showed that from 2010 to 2017, fewer blacks, compared with whites, were linked to HIV medical care within 90 days of diagnosis, retained in care, or virally suppressed.

The HHS *Ending the HIV Epidemic: A Plan for America* (EHE) Initiative is a bold effort to reduce new HIV infections by 90% by 2030. The initiative significantly increases resources, technology, and expertise where they're needed most—and it will decrease disparities. Phase 1 of the EHE initiative focuses on 48 counties, Washington, D.C. and San Juan, Puerto Rico, that together account for more than 50% of new U.S. HIV diagnoses, and seven states that have a substantial rural burden of HIV. Nearly two-thirds (62%) of new HIV diagnoses in 2017 for black/African Americans were in the 57 EHE phase 1 jurisdictions.

CDC is working on all fronts to improve access to testing, overcome barriers for linkage to and retention in care, increase access to PrEP, and reduce new infections and HIV-related disparities. For example, CDC is focused on using the latest systems and technology to make testing truly routine in healthcare facilities that are likely to engage people at risk for HIV who otherwise have limited access to healthcare. CDC is working with grantees, partners and providers to ensure immediate—ideally same-day—linkage to care for people with a new diagnosis of HIV and linkage to PrEP services for those at risk but who do not have HIV. And to help increase PrEP uptake, HHS has launched Ready, Set, PrEP, a nationwide program that makes PrEP medications available at no cost to individuals who qualify and lack prescription drug coverage. Eligibility requirements and an explanation of how the program works are available at GetYourPrEP.com and 1-855-447-8410.

This year's theme, *We're in This Together*, emphasizes the importance of social support—from friends, family, colleagues, and partners. We call on everyone to use our digital toolkit with resources from CDC's *Let's Stop HIV Together* campaign to combat HIV-related stigma and

Instagram

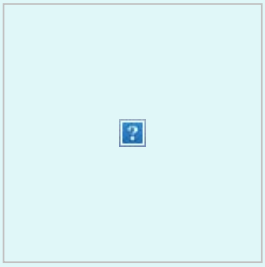
Get Tested

National Prevention Information Network (NPIN)

HIV.gov

CDC-INFO

Please contact us with questions, comments or other feedback.



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end the HIV epidemic in America. We encourage you to create and share social media content using the #StopHIVTogether and #NBHAAD hashtags. Each of us has a role to play:

Healthcare providers can

- Routinely screen all patients.
- Provide HIV treatment as soon as possible after diagnosis.
- Prescribe PrEP using CDC's guidelines.

Health departments can

- Expand HIV testing to include testing at home and other nonclinical settings.
- Strengthen HIV care and peer support networks to improve HIV treatment.
- Increase PrEP usage in communities that need it the most.

Everyone can

- Get tested for HIV, STDs and hepatitis.
- Use the HIV Risk Reduction Tool to better understand HIV.
- Talk with healthcare providers about HIV prevention, including condoms and PrEP.
- Encourage friends and loved ones to stay healthy by taking medicine if they have HIV or are on PrEP.

CDC is committed to ending the HIV epidemic in the United States for everyone. On this day and every day, we ask that you join us by fighting HIV-related stigma and promoting HIV testing, prevention, and treatment. It has been a long road and we have come so far. We know we can reach our goals because, as a nation, we are in this together.

Sincerely,

/Eugene McCray/

Eugene McCray, MD
Director
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention
www.cdc.gov/hiv

/Jonathan Mermin/

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Centers for Disease Control and Prevention

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From: Davis, Cassandra (CDC/DDID/NCHHSTP/DSTDP)

To: Adam Visconti (Adam.Visconti@dc.gov); Greenbaum, Adena (CDC baltimorecity.gov); Shipman, Aimee (CDC dhw.idaho.gov); Ali Mansaray (mansarab@dhec.sc.gov); Gans, Andrew AG (CDC state.nm.us); Angela Jackley (angela.jackley@state.sd.us); Benson-Scott, Annick ABS (CDC state.or.us); Merriweather, Anthony (CDC adph.state.al.us); Wade, Anthony - DHS (CDC); Gilliard, Bernard (CDC dhec.sc.gov); Beth Butler (bebutler@pa.gov); Roberts, Brandi (CDC arkansas.gov); Kufalk, Brandon R - DHS; Conrad, Caitlin (CDC isdh.in.gov); Cameron Rose (cameron.rose@vdh.virginia.gov); Murolo, Cara (CDC mt.gov); Catherine Mosley (Cathy.Mosley@state.de.us); Chang Lee (chang.lee@ky.gov); Johnson, Chaquetta (CDC la.gov); Cherie Walker-Baban (cherie.walker-baban@phila.gov); Christie Lewis; Christine Smith (christine.smith@health.mo.gov); Winter, Colleen (CDC state.sd.us); Cord Stone (Cord.Stone@health.ny.gov); Highfill, Craig (CDC health.mo.gov); Wilson, Craig (CDC flhealth.gov); Daltry, Daniel (CDC vermont.gov); Daniel Shodell (acting) (daniel.shodell@state.co.us); Brikshavana, Danucha (CDC illinois.gov); Goudreau, David (CDC state.ma.us); DeAnn Decker (interim) (deann.decker@idph.iowa.gov); Anderson, Debi (CDC wyo.gov); Debora Blankinship (debora.s.blankinship@wv.gov); Diana Prat (diana.prat@vdh.virginia.gov); Diana Sanchez (dsanchez@health.nyc.gov); Elizabeth Kessler (ekessler@health.nv.gov); Emalie Huriaux (emalie.huriaux@doh.wa.gov); Evelyn Foust (evelyn.foust@dhhs.nc.gov); Walton, George (CDC idph.iowa.gov); Hasty, Gerald (CDC doh.hawaii.gov); Olthoff, Glen (CDC baltimorecity.gov); Wasserman, Glenn (CDC doh.hawaii.gov); Greduvel Duran Guzman (gduran@salud.pr.gov); Greta Anschuetz (greta.anschuetz@doh.nj.gov); Harrison D. Wallace (acting) (harrison.wallace@adph.state.al.us); Jenkins, Heidi (CDC ct.gov); Holly Howard (holly.howard@cdph.ca.gov); Tabidze, Irina (CDC cityofchicago.org); Clymore, Jacquelyn (CDC dhhs.nc.gov); Cotnoir, Jamie JC (CDC maine.gov); Waters, Janine (CDC state.nm.us); Jason Henry (jason.henry1@doh.vi.gov); Javier Vazquez Melendez (javazquez@salud.pr.gov); Jeremy Turner (jturner3@isdh.in.gov); Joshua Ferrer (joshua.s.ferrer@state.or.us); Julie Hanson Perez (julie.hanson.perez@state.mn.us); Karen Nicosia (karen.nicosia@odh.ohio.gov); Kassy Keen (kkeen@utah.gov); Howe, Katharine (CDC health.ri.gov); Kathleen Jacobsen (kathleen.jacobson@cdph.ca.gov); Roosevelt, Kathleen (CDC state.ma.us); Macomber, Kathryn (CDC michigan.gov); Ducker, Kellie (CDC health.nv.gov); Kenneth Ruby (kenneth.ruby@maryland.gov); Kimberly Matulonis-Edgar (Kimberly.Matulonis-Edgar@dhw.idaho.gov); Eberly, Kristen (CDC health.ok.gov); Kristine Judd-Tuinier (tuinierk@michigan.gov); King, Kristine (CDC pa.gov); Terry, Latasha (CDC dph.ga.gov); Lauren Gauthier (Lauren.Gauthier@maine.gov); Lauren Molotnikov (Lauren.Molotnikov@state.ma.us); Laurie Rickert (Laurie.Rickert@odh.ohio.gov); Leo Parker (leo.parker@tn.gov); Leslie Fowler (leslie.fowler@wyo.gov); Linda Ferraro (linda.ferraro@ct.gov); Pierce, Lindsay (CDC dhhs.state.nh.us); VanderBusch, Lindsey (CDC nd.gov); Lisa Morris (lisa.morris@dhhs.nh.gov); Moir, Lorlette (CDC dhhs.nh.gov); Sosa, Lynn (CDC ct.gov); Marcia Pearlowitz (marcia.pearlowitz@maryland.gov); Carroll, Margaret (CDC health.ny.gov); Marisa Cohen (mcohen@ph.lacounty.gov); Mary Rea (Mary.Rea@state.sd.us); Green, Michael MG (CDC ph.lacounty.gov); Kharfen, Michael (CDC dc.gov); Mildred Banks (mildred.banks@dph.ga.gov); Vasiliu, Oana (CDC vdh.virginia.gov); Pamela Talley-TN Medical Director; Patel, Parul PP (CDC tn.gov); Paul Byers (paul.byers@msdh.ms.gov); Whiticar, Peter (CDC doh.hawaii.gov); Malloy, Rachel RM (CDC health.ny.gov); Randy Mayer (Randall.Mayer@idph.iowa.gov); Rebecca Scranton (Rebecca.Scranton@azdhs.gov); Roger Follas (roger.follas@dhhs.nc.gov); Neiman, Romni (CDC cdph.ca.gov); Sally Bouse MPH (sallyb@health.ok.gov); Samuel Burgess (Samuel.Burgess@LA.GOV); Scott Strobel (Scott.Strobel@ks.gov); White, Scott SW (CDC utah.gov); Shawn Balleydier (shawn.g.balleydier@wv.gov); Shelley Lucas (shelley.lucas@dshs.texas.gov); Shobita Rajagopalan (srajagopalan@ph.lacounty.gov); Smiley, Stephanie L - DHS (DPH); Alles, Steve (CDC phila.gov); Blank, Susan (CDC health.nyc.gov); Jones, Susan A. (CDC alaska.gov); Philip, Susan (CDC sfdph.org); Wilson, Suzanne (CDC wv.gov); Sydney Minnerly (Sydney.Minnerly@dshs.texas.gov); Tami Washam (Tami.Washam@nebraska.gov); Tammy Rutledge (tammy.rutledge@cityofchicago.org); Bertrand, Thomas (CDC health.ri.gov); Thomas Lee (thomas.lee@adph.state.al.us); Vance, Tiffany (CDC arkansas.gov); Johnson, Tisha (CDC ky.gov); Aragon, Tomas MD, DrPH (CDC sfdph.org); Tracy Smith (tracy.smith2@alaska.gov); Nguyen, Trang (CDC sfdph.org); Yesenia Mendez (acting) (yesenia.mendez@state.co.us); Zandt Bryant (Zandt.Bryan@DOH.WA.GOV)

Cc: STD_PCHD (CDC)

Subject: Disseminated Gonococcal Infections (DGI) Webinar Slides

Date: Tuesday, February 18, 2020 1:44:14 PM

Attachments: DGI_Webinar_2_8_2020_FINAL_PDF.pdf

Hi STD PCHD Recipients,

Attached are the slides from the DGI Webinar held on February 11, 2020. These slides are also posted on Basecamp in the DGI Folder under Docs and Files.

Thanks,

Cassandra Davis

Sent on behalf of STD PCHD

Cassandra Davis, MPH

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Epidemiology Prevention Specialist
Program Development and Quality Improvement Branch
Division of STD Prevention
National Center for HIV,AIDS, Viral Hepatitis and TB
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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: Emerging Infectious Diseases Journal - Volume 26, Issue 3 - March 2020 Issue Now Online
Date: Thursday, February 20, 2020 3:31:19 PM

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Centers for Disease Control and Prevention
1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

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From: PS18-1802 (CDC)
Subject: EXTENSION GRANTED: 2020 HIV Surveillance Technical Assistance Meeting - Call for Abstracts
Date: Thursday, March 05, 2020 8:24:09 AM
Attachments: Call for Abstracts 2020 HIV Surveillance Technical Assistance Meeting.docx
Abstract Submission Form_2020 HSTAM.docx

The deadline for submission of abstracts has been extended to Monday, March 23, 2020.

On behalf of Magan Pearson, MPH, Acting Deputy Chief, HIV Incidence and Case Surveillance Branch (HICSB)

Dear Colleagues,

The 2020 HIV Surveillance Technical Assistance Meeting to be held in Atlanta, June 16 - 18, 2020 will include an abstracts/poster session. The CDC HIV Incidence and Case Surveillance Branch (HICSB) invites submissions of abstracts of best practices for effective HIV surveillance for presentation at the meeting. Submission is open to any persons working in HIV surveillance or conducting analyses using HIV surveillance data.

Please see the attached Call for Abstracts and Abstract Submission form for instructions to prepare and submit an abstract. The abstract must be submitted with the Abstract Submission form. **The deadline for abstract submission is extended to midnight EDT on March 23, 2020.**

Please contact **Jayleen Gunn (pfe4@cdc.gov) and Kimberly Mason (wxv6@cdc.gov)** with any questions regarding the abstract submission process.

Best regards,

Magan D. Pearson, MPH
Deputy Branch Chief (Acting)
HIV Incidence and Case Surveillance Branch
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
Telephone: (404) 718-8643
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AMERICAN OVERSIGHT

From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: February Edition: Coronavirus, Travel Insurance, Travel Health Notices, and more.
Date: Tuesday, February 25, 2020 9:47:48 AM

travel insurance

CDC Travelers' Health Update

Coronavirus Disease 2019

Travel: Because of the novel (new) coronavirus outbreak, CDC recommends that travelers avoid travel to mainland China, South Korea, and reconsider cruise ship travel to or within Asia. The recommendation to avoid travel to China applies only to mainland China and does not include Hong Kong, Macau, or the island of Taiwan. CDC has posted

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Lunar New Year - year of the rat

several country-specific travel health notices for coronavirus. These notices are also listed in the travel health notice section below. The coronavirus situation is evolving rapidly, and CDC is following it very closely.

During travel: CDC does not currently recommend that the general public or travelers wear facemasks or respirators to prevent spread novel coronavirus if they are healthy.

Although facemasks are commonly worn in many countries, little evidence supports their use in a community setting. People sick with respiratory symptoms (coughing, sneezing), however, can consider wearing a facemask to prevent the spread of germs to others. This is especially important if seeking care in a healthcare setting, such as a hospital or clinic.

The use of facemasks is crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility). Take everyday preventive actions to help slow the spread of respiratory illnesses:

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth.
- Avoid close contact with people who are sick.
- Do not travel when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

After travel: If you do not feel well after your trip, call your doctor and tell them where you traveled and your symptoms.

Travelers should continue to monitor the CDC website for updates. More novel coronavirus frequently asked questions.

Travel Tip: Travel Insurance

Planning an international trip? Consider buying travel insurance to cover yourself against

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accidents or illness while you're abroad. Have medical insurance back home? Your domestic policy may not cover you when traveling outside the United States. And even if it does, the coverage may not be enough.

Know your options

1. **Travel Health Insurance.** If you need to go to a hospital or clinic overseas, you will probably be asked to pay out-of-pocket for any services. If you have health insurance in the United States, find out if it covers emergencies that happen abroad. If your health insurance coverage is not adequate, consider buying a short-term supplemental policy.

2. **Medical Evacuation Insurance.** This insurance will pay for emergency transportation from a remote or poor area to a high-quality hospital – medical evacuations can cost $100,000 or more. Make sure the policy provides world-wide 24-hour physician support.

3. **Trip Cancellation Insurance.** Trip cancellation insurance covers your financial investment in your trip, such as flights, cruises, or train tickets. Examine policies to make sure they cover what you need, including cancellation if you or a close family member gets sick. Full article.

Travel tag

Travel Health Notices 1/21-2/25

Level 3: Avoid Nonessential Travel

Novel Coronavirus in China January 27, 2020

Coronavirus in South Korea February 24, 2020

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Level 2: Practice Enhanced Precautions

Coronavirus in Japan February 22, 2020
Coronavirus in Italy February 23, 2020
Coronavirus in Iran February 23, 2020

Level 1: Practice Usual Precautions

Meningococcal Disease in Benin January 28, 2020
Coronavirus in Hong Kong February 19, 2020

Level 1: Practice usual precautions

Clinician Updates

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-2019)

What to Know: The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of respiratory disease caused by a novel coronavirus (COVID-19) initially detected in Wuhan City, Hubei Province, China, in December 2019.
This CDC Health Alert Network (HAN) Update provides a situational update and interim guidance to state and local health departments. This update adds guidance for:

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- Clinicians caring for patients with 2019-nCoV,
- Public health officials on the evaluation and testing of patients under investigation (PUIs) for 2019-nCoV, and
- Updated infection prevention and control guidance specific to 2019-nCoV.

Information for Healthcare Professionals

What to Know: Limited information is available to characterize the spectrum of clinical illness associated with COVID-19. No vaccine or specific treatment for COVID-19 infection is available; care is supportive. The CDC clinical criteria for a COVID-19 patient under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available. Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. See complete guidance.

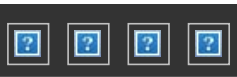
CDC Yellow Book 2020

Featured Chapter: Travel Insurance, Travel Health Insurance & Medical Evacuation Insurance

What to Know: Severe illness or injury abroad may result in a financial burden to travelers. Travelers can substantially reduce their out-of-pocket costs for medical care received abroad by purchasing in advance specialized insurance policies for their trip, regardless of whether they have a domestic health insurance plan. The three types of travel insurance are explained in this chapter.

Safe travels from CDC Travelers' Health!

This monthly e-Newsletter covers CDC Travelers' Health news and events.



Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

Questions or Problems | Unsubscribe

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From:	Schauer, Stephanie L - DHS
To:	Hoyer-Booth, Andrew G - DHS
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	follow up information from today
Date:	Tuesday, March 03, 2020 3:41:20 PM
Attachments:	image001.png

Andrew
Here are the items that we promised and some points I wished to make. Please let me know if there is anything else needed.
-Stephanie

Outbreak definition:
The proposed changes to the definition of a substantial outbreak include: for varicella, it is changed to 5 cases, newly added definition for meningococcal disease to 2 cases, and for mumps, changed to 3 cases. All with the caveat of linked in time and place. As mentioned, there may be other diseases that have had outbreak definitions changed since we started this process. We would be happy to review and update all outbreak definitions for VPD to be consistent with the current CDC guidance.

Proof of immunity:
Clarifying the acceptance of a positive titer result as proof of immunity for varicella.
Also, the health care provider diagnosis of varicella does not need to be in person. Telemedicine or talking with the parent on the phone or at a later date about symptoms (sometimes parents share pictures of rash), or after the fact, a titer could be done. A health care visit is not a requirement of the proposed change.

Regarding the reference about the safety of multiple immunizations given at once: this is an Institute of Medicine report which is very dense and long, and a cursory/skimming read could lead to wrong conclusions when not put into context of having read and truly digested the whole thing. Can look for other studies if you feel this is necessary.

Varicella: In Wisconsin, between 2008– 2019, there were 3,131 reported cases of chickenpox, 85 hospitalizations and 5 deaths.

Vaccine injury: the only reliable source of data that I am aware of is the National Vaccine Injury Compensation program (see below for more info on this group).
The information that is available is from the National Vaccine Injury Compensation Program, monthly statistics report - this is the most up –to-date data available:
https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-vicp.pdf
It does not have information by state, but rather is aggregated and by vaccine. Out of the 11,443 petitions filed to Vaccine Injury Compensation Program (VCIP) between 10/1/88- and 2/1/20, 93 were for meningococcal vaccine, and 48 were deemed compensable. The data that was cited is from VAERS- the vaccine adverse event reporting system. As noted, this is a reporting system that anyone can report

Vaccine safety monitoring
What is the National Childhood Vaccine Injury Act?
The National Childhood Vaccine Injury Act of 1986 (PDF - 312 KB), as amended, created the National Vaccine Injury Compensation Program (VICP), a no-fault alternative to the traditional tort system. It provides compensation to people found to be injured by certain vaccines. Even in cases in which such a finding is not made, petitioners may receive compensation through a settlement.
The VICP was established after lawsuits against vaccine manufacturers and health care providers threatened to cause vaccine shortages and reduce vaccination rates. The program began accepting petitions (also called claims) in 1988. (Source: HRSA).

VICP's objectives are to:

- Ensure an adequate supply of vaccines.

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- Stabilize vaccine costs.
- Ensure individuals injured by certain vaccines are provided with fair and efficient compensation.

What is the Vaccine Injury Compensation Program (VICP)?
The following federal organizations have a role in the VICP:

- The U.S. Department of Health and Human Services (HHS) hosts the program, conducts medical reviews of petitions, and makes Court-ordered compensation payments.
- The U.S. Department of Justice (DOJ) represents HHS in Court.
- The U.S. Court of Federal Claims (the Court) makes the final decision regarding whether a petition is compensated and the type and amount of compensation.

VICP settlements do not indicate safety concerns by HSS regarding vaccines. Conclusions regarding vaccine safety should not be drawn from the fact that cases were settled. Settlements are one way of quickly resolving a petition.
Settlements are an agreement between the respondent (HHS), represented by DOJ, and the petitioner (the person who filed the vaccine injury petition). Settlements are not an admission by the United States or the HHS Secretary that the vaccine caused the petitioner's alleged injuries.

In settled cases, the United States Court of Federal Claims does not determine that the vaccine caused the injury. Petitions may be resolved by settlement for many reasons, including:

- Consideration of prior court decisions.
- A recognition by both parties that there is a risk of loss in proceeding to a decision by the Court making the certainty of settlement more desirable.
- A desire by both parties to minimize the time and expense associated with litigating a case to conclusion.
- A desire by both parties to resolve a case quickly and efficiently.

(Source: HRSA FAQ, Infographic)

What systems monitor vaccine safety?
Side effects can occur with any medicine, including vaccines. Common side effects, including slight fever, rash, slight discomfort (such as pain where the shot was given), are all normal and should not be a cause for alarm. Thanks to the VAERS, we know that most side effects following vaccinations are categorized as non-serious.

Scientists continually monitor vaccines for safety. Vaccine safety is a shared responsibility among the federal government, state and local health departments, health care providers and the public. To help meet this shared responsibility, government agencies and their partners have established several coordinated systems to monitor the safety of vaccines after they have been approved for public use. These include:

- The Vaccine Adverse Event Reporting System (VAERS), which is an early warning system that helps CDC and FDA monitor problems following vaccination. Anyone can report suspected vaccine reactions and issues to VAERS
- The Vaccine Safety Datalink Project, a collaboration between CDC and several health care organizations that allows ongoing monitoring and proactive searches of vaccine-related data.
- The Clinical Immunization Safety Assessment (CISA) Project, a partnership between CDC and several medical centers that conduct clinical research on vaccine-associated health risks in certain groups of people.

What is the Vaccine Adverse Events Reporting System (VAERS)?

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The Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS accepts and analyzes reports of adverse events (possible side effects) after a person has received a vaccination.
Anyone can report an adverse event to VAERS. Health care professionals are required to report certain adverse events and vaccine manufacturers are required to report all adverse events that come to their attention.
VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences to CDC and FDA. VAERS is not designed to determine if a vaccine caused a health problem, but is useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine. This way, VAERS can provide CDC and FDA with valuable information that additional work and evaluation is necessary to assess a possible safety concern.
Per the FDA, prior to approval, vaccines undergo a rigorous and extensive development program in the laboratory, as well as in animal studies and human clinical trials to determine their safety and effectiveness. Highly trained FDA scientists and clinicians carefully evaluate all of the information in a marketing application and make a determination whether to license (approve) a vaccine before it can be used in the United States. Prior to licensure, as part of FDA's evaluation, FDA takes all of the ingredients of a vaccine into account, including the active ingredients as well as other substances. The benefit-risk profile of each vaccine is assessed constantly during the entire duration of its use.

There is solid medical and scientific evidence that the benefits of vaccines far outweigh the risks. Vaccines go through extensive, rigorous testing to ensure safety and efficacy prior to licensure.

Monitoring for side effects continues post-licensure through a number of different systems, including the Vaccine Adverse Event Reporting system (VAERS), the Vaccine Safety Datalink, the Post-Licensure Rapid Immunization Safety Monitoring, and the Clinical Immunization Safety Assessment. (Sources: CDC, FDA, CHOP, VYF)

Meningococcal Disease burden
With respect to the number of meningococcal cases reported in Wisconsin- source:
https://www.dhs.wisconsin.gov/invasive-bacteria/meningococcaldisease.htm

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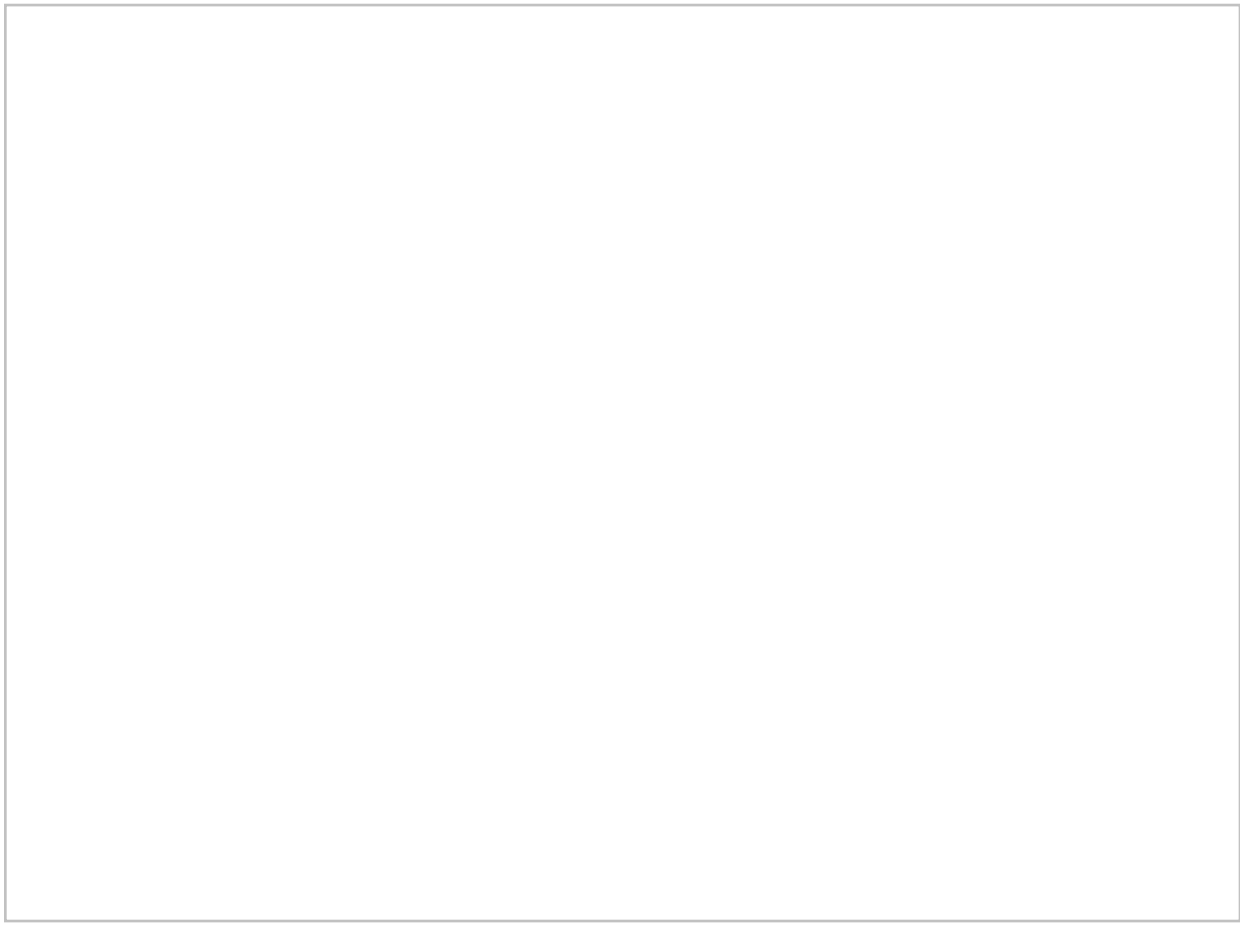

Clarification of ACIP- in that it is a separate body from CDC- https://www.cdc.gov/vaccines/acip/committee/charter.html The objectives: The Secretary, Department of Health and Human Services (HHS), and by delegation the Director, Centers for Disease Control and Prevention (CDC), are authorized under Section 311 and Section 317 of the Public Health Service Act, [42 U.S.C. §243 and 42 U.S.C. §247b], as amended, to assist states and their political subdivisions in the prevention and control of communicable diseases; to advise the states on matters relating to the preservation and improvement of the public's health; and to make grants to states and, in consultation with the state health authorities, to agencies and political subdivisions of states to assist in meeting the costs of communicable disease control programs.

Committee make up: The committee shall consist of 15 members, including the Chair. Members and the Chair shall be selected by the Secretary, HHS, from authorities who are knowledgeable in the fields of immunization practices and public health, have expertise in the use of vaccines and other immunobiologic agents in clinical practice or preventive medicine, have expertise with clinical or laboratory vaccine research, or have expertise in assessment of vaccine efficacy and safety. The committee shall include a person or persons knowledgeable about consumer perspectives and/or social and community aspects of immunization programs. Members shall be deemed Special Government Employees.

The committee also shall consist of eight nonvoting ex-officio members: the Director, Division of Injury Compensation Programs, Healthcare Systems Bureau, Health Resources and Services Administration; the Deputy Director for Scientific Activities, Office of the Assistant Secretary of Defense for Health Affairs, Department of Defense; the Under Secretary for Health, Department of Veterans Affairs; the Director, Center for Biologics Evaluation and Research, Food and Drug Administration; the Director, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services; the Director, Division of Microbiology and Infectious Diseases, National Institute of Allergy and Infectious Diseases, National Institutes of Health; the Director, Indian Health Service; and the Director, National Vaccine Program Office, HHS; or their designees.

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Stephanie Schauer, Ph.D.
(pronouns: she, her, hers)
Immunization Program Manager
Wisconsin Immunization Program
1 W. Wilson St., room 272
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608-264-9884

****

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From:	Matthies, Robin - DHS
To:	Burki, Kristin A - DCF; Katz, Karen M - DHS; Herrmann, Molly M - DPI; Miller, Nicole K - DHS; Tompsett, Joan M - DWD; Webb, Scott A - DHS (UW); Kessler, Jessica K - DHS; Moelter, Kristina M - CANPB; Dingman, Vanessa L - DHS; Northrop, Margarita I - DHS; Wikler, Elizabeth M - DHS; Joshua Skowron; Michelle Sweet; brinker@kw2madison.com
Cc:	Gugel, Andrea M - DHS; Smiley, Stephanie L - DHS (DPH)
Subject:	Follow up- Resilient Wisconsin Coalition
Date:	Tuesday, March 03, 2020 2:36:57 PM
Attachments:	APHA ACE Purtle 2.16.20.pdf WI slides.pdf Bethell2019art.pdf HIP messaging worksheet.docx ACES Menu of Options_02.05.pdf image001.png

Hello everyone,

Thanks for joining yesterday's meeting! It was great seeing you all. This is not the main email I plan to send out to all members of the coalition with a recap and next steps, but it does have multiple attachments (including PPT slides from yesterday).

Here is a list of all that is attached

- Day 1 powerpoint
- Dr. Purtle powerpoint
- HIP worksheet
- Stakeholder worksheet
- ACEs menu of evidence based options
- Resilience article

A note from our friends at ASTHO **(please take a moment to fill out this quick evaluation on how yesterday went!)**

Hello Wisconsin!

Thank you so much for joining us for such an interactive and informative days--I know I learned a lot! Please take two minutes to tell us what you thought of the workshop so we can improve ASTHO activities in the future.

Help ASTHO evaluate ASTHO's ACEs Workshop by visiting:

http://bit.ly/wiaces2020

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Next steps and recap email coming to your inboxes soon!

Best,
Robin

Robin Matthies, MSW
Trauma and Resilience Program Manager
Division of Public Health
Department of Health Services
1 W Wilson St, Rm 250
Madison, WI 53703
(608) 261-6738
robin.matthies@wisconsin.gov

"How wonderful it is that nobody need wait a single moment before starting to improve the world." – Anne Frank

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Austin, Samuel V - DHS (samuel.austin@dhs.wisconsin.gov)
Subject:	FW: [External]Surgical gown shortage - HELP
Date:	Tuesday, February 25, 2020 4:28:00 PM
Attachments:	FINAL-McKesson Medical-Surgical Customer Update - Coronavirus 02.03.2020.pdf
Importance:	High

FYI for you as well…

From: Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>
Sent: Tuesday, February 25, 2020 3:34 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Klessig, Shari E - DHS <Shari.Klessig@dhs.wisconsin.gov>; Benesh, Patricia A - DHS <Patricia.Benesh@dhs.wisconsin.gov>; Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Willems Van Dijk, Julie A - DHS <julie.willemsvandijk@dhs.wisconsin.gov>; Angell, Ann M - DHS <Ann.Angell@dhs.wisconsin.gov>; Hansen, Ann M - DHS <Ann.Hansen@dhs.wisconsin.gov>; Johnson, Alfred C - DHS <Alfred.Johnson@dhs.wisconsin.gov>
Subject: FW: [External]Surgical gown shortage - HELP
Importance: High

Hello Chuck and Jeanne,

This is an FYI and heads up.

We have potential issue in facilities we regulate regarding a growing shortage of personal protective equipment (PPE). Please see the information below from our Infection Control Lead, Vicky Griffin, RN.

Yesterday I had a monthly call with Eric Borgerding from the Wisconsin Hospital Association, and brought up the subject of PPE availability in LTC settings to see how hospitals were faring. Further below is an email string regarding PPE availability in the hospital community.

As the flu season continues and the concerns related to coronavirus spreads, we may be looking at a major PPE availability. I don't know what CDC is saying about PPE availability, but it's clear there will be a supplies issue. See attached supplier letter.

I don't see that there's been any media inquiries about this but it's good to be out in front in case they begin to ask questions.

LTC providers are beginning to run low and there appears to be no help on the horizon.

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Otis L. Woods

Otis L. Woods, MBA, Administrator
Division of Quality Assurance
Department of Health Services
1. W. Wilson Street, Room 450
Madison, WI 53703
(608) 267-7185
(608) 267-0352 – Fax

QUOTE OF THE DAY: *"The greatest glory in living lies not in never failing, but in rising every time we fall."* Nelson Mandela (1918-2013)

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From: Griffin, Victoria L - DHS <Victoria.Griffin@dhs.wisconsin.gov>
Sent: Tuesday, February 25, 2020 3:06 PM
To: Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>
Cc: Wadewitz, Donald R - DHS <donald.wadewitz@dhs.wisconsin.gov>
Subject: RE: [External]Surgical gown shortage - HELP

Hi Otis,

On 2/11, a nursing home consultant contacted me to report delays in receiving gowns from their supplier McKesson. See attached. I contacted DPH and asked them to look into this. In the interim, I sent out an email to WI HAI in LTC Coalition members to see if any of them were having problems with purchasing PPE. I also asked Don to provide a heads up to DQA management about this issue.

Feedback from Coalition members indicated they were experiencing interim delays in receiving both gowns and surgical masks and some of them also received the McKesson letter.

Joey Pettis who's at the WI DON Symposium just contacted me about the PPE situation

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and indicated the news is not good. Several of their vendors she spoke to include McKesson indicated they have started rationing their PPE. Apparently their large shipments of PPE which were literally on ships from China were diverted from coming to the US due to the Coronavirus. In January 2020, some large companies started stockpiling their PPE which has exacerbated the PPE supply problem. Providers who were unable to get supplies of PPE from their normal company contacted smaller suppliers such as Schilling who sold off their PPE supply thinking they would be replenished but won't be due to the ships being diverted. Joey indicated she was told by the district managers that 3M has diverted supplying PPE to include N95 respirators from long term care to acute care. (Just so you know, the current CDC Guidance doesn't call for N95s for Coronavirus)

Joey has spoken with 15-20 DONs who reported they have experienced backorders on PPE this week. She indicated many providers don't have a backlog of PPE inventory to carry them through the next few weeks. Compounding the issue is the fact that we're in high influenza and norovirus season and some providers who have novel MDROs are using enhanced barrier precautions.

To complicate matters, both the New York Times and Washington Post have articles today indicating "Public health officials warn of "inevitable" spread of coronavirus in the US. https://www.washingtonpost.com/us-policy/2020/02/25/cdc-coronavirus-inevitable/
I spoke with Dr. Boero late yesterday afternoon and he indicated his colleagues in public health have the same message.

Regards,

Vicky

Vicky Griffin, BSN, RN
Infection Preventionist / Nurse Consultant
WI Division of Quality Assurance
Bureau of Education Services & Technology
414-750-2741
Victoria.Griffin@wi.gov

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From: Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>
Sent: Tuesday, February 25, 2020 8:52 AM

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To: Griffin, Victoria L - DHS <Victoria.Griffin@dhs.wisconsin.gov>
Cc: Wadewitz, Donald R - DHS <donald.wadewitz@dhs.wisconsin.gov>
Subject: FW: [External]Surgical gown shortage - HELP

Hi Vicky,

Please see below. Any news you can share would be great. I indicated perhaps PPE may be being "Hoarded" in responses to potential Coronavirus worries with the current flu issues being experienced by the health care setting.

Thank you, Vicky.

Otis L. Woods

Otis L. Woods, MBA, Administrator
Division of Quality Assurance
Department of Health Services
1. W. Wilson Street, Room 450
Madison, WI 53703
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From: Borgerding, Eric <EBorgerding@wha.org>
Sent: Monday, February 24, 2020 7:22 PM
To: Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>
Subject: Fwd: [External]Surgical gown shortage - HELP

Otis - FYI below.

Any further info you can provide will be helpful.

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Thanks,

Eric

From: Borgerding, Eric <EBorgerding@wha.org>
Sent: Monday, February 24, 2020 7:09:20 PM
To: Size, Tim <timsize@rwhc.com>; Page, Alison <alison.page@wwhealth.org>
Cc: Gingery, Adam <adam.gingery@wwhealth.org>; Stephanie Johnson <stephanie.johnson@wwhealth.org>; Shaw, Kendra <kendra.shaw@wwhealth.org>; Zenk, Ann <azenk@wha.org>; Dibbert, Beth <bdibbert@wha.org>; Kaufman, Mark <mkaufman@wha.org>; Grapentine, Mark <mgrapentine@wha.org>
Subject: Re: [External]Surgical gown shortage - HELP

I have a regular call with DQA's Otis Woods. He asked me today if I had heard of any shortages of personal protection equipment, as he was hearing about it from the nursing homes. Apparently it is being "hoarded" in response to Coronavirus.

This is the first I am hearing from a member (you) about it. I am copying Ann Zenk, Beth Dibbert, Dr. Mark Kaufman and Mark Grapentine so they can 1) be alerted and 2) comment on what we know and what more we can find out.

I will also, now, pass this information on to Otis.

I have a meeting with the Ashland's board Thursday and with all the hospitals in the WHA Vikingland Region on Friday. This will be on the agenda.

From: Alison Page <alison.page@wwhealth.org>
Sent: Monday, February 24, 2020 5:42:45 PM
To: Borgerding, Eric <EBorgerding@wha.org>; Size, Tim <timsize@rwhc.com>
Cc: Gingery, Adam <adam.gingery@wwhealth.org>; Stephanie Johnson <Stephanie.Johnson@wwhealth.org>; Shaw, Kendra <kendra.shaw@wwhealth.org>
Subject: [External]Surgical gown shortage - HELP

Eric and Tim,

Are you hearing concerns from member organizations regarding availability of level 3 and 4 sterile surgical gowns? We are at a crisis here. Surgical gowns are backordered until June. A shortage of surgical gowns started with the Cardinal issue and has been exacerbated as COVID-19 has locked down production and transport of products. We anticipate many other products being effected – masks, duraprep, etc.

We have looked into getting cloth gowns and processing them here. They are not available either.

Are you hearing anything? Any assistance you can provide would be greatly appreciated.

Thank you!

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Alison

Alison H. Page, MHA, MS, FACHE
Chief Executive Officer

Office: 715-684-1100
Cell: 715-821-8820
Email: alison.page@wwhealth.org

Wendy Anderson, Executive Assistant
wendy.anderson@wwhealth.org
Office: 715-684-1101

Imagine a healthier tomorrow.

Please consider the environment before printing this e-mail

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From:	Woods, Otis L - DHS
To:	Warzecha, Charles J - DHS; Ayers, Jeanne F - DHS
Cc:	Klessig, Shari E - DHS; Benesh, Patricia A - DHS; Goodsitt, Elizabeth S - DHS; Smiley, Stephanie L - DHS (DPH); Willems Van Dijk, Julie A - DHS; Angell, Ann M - DHS; Hansen, Ann M - DHS; Johnson, Alfred C - DHS
Subject:	FW: [External]Surgical gown shortage - HELP
Date:	Tuesday, February 25, 2020 3:34:18 PM
Attachments:	FINAL-McKesson Medical-Surgical Customer Update - Coronavirus 02.03.2020.pdf
Importance:	High

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To: Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>
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Vicky Griffin, BSN, RN
Infection Preventionist / Nurse Consultant
WI Division of Quality Assurance
Bureau of Education Services & Technology
414-750-2741
Victoria.Griffin@wi.gov

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Sent: Tuesday, February 25, 2020 8:52 AM
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1. W. Wilson Street, Room 450
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Cc: Gingery, Adam <adam.gingery@wwhealth.org>; Stephanie Johnson <stephanie.johnson@wwhealth.org>; Shaw, Kendra <kendra.shaw@wwhealth.org>; Zenk, Ann <azenk@wha.org>; Dibbert, Beth <bdibbert@wha.org>; Kaufman, Mark <mkaufman@wha.org>; Grapentine, Mark <mgrapentine@wha.org>
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Alison H. Page, MHA, MS, FACHE
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wendy.anderson@wwhealth.org
Office: 715-684-1101

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Ellinger, Beth A - DHS; Westergaard, Ryan P - DHS; Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Klos, Rachel F - DHS; Cordova, Joseph A - DHS; DeSalvo, Traci E - DHS
Subject:	FW: [External]Surgical gown shortage - HELP
Date:	Tuesday, February 25, 2020 4:30:24 PM
Attachments:	FINAL-McKesson Medical-Surgical Customer Update - Coronavirus 02.03.2020.pdf
Importance:	High

FYI…

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Cc: Klessig, Shari E - DHS <Shari.Klessig@dhs.wisconsin.gov>; Benesh, Patricia A - DHS <Patricia.Benesh@dhs.wisconsin.gov>; Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Willems Van Dijk, Julie A - DHS <julie.willemsvandijk@dhs.wisconsin.gov>; Angell, Ann M - DHS <Ann.Angell@dhs.wisconsin.gov>; Hansen, Ann M - DHS <Ann.Hansen@dhs.wisconsin.gov>; Johnson, Alfred C - DHS <Alfred.Johnson@dhs.wisconsin.gov>
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From:	Dowdell, Ashlie M - DHS
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Westergaard, Ryan P - DHS; Cordova, Joseph A - DHS; Ellinger, Beth A - DHS; Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Klos, Rachel F - DHS
Cc:	Woods, Otis L - DHS; Griffin, Victoria L - DHS
Bcc:	Dowdell, Ashlie M - DHS
Subject:	FW: [External]Surgical gown shortage - HELP
Date:	Wednesday, February 26, 2020 10:03:38 AM

Hi,

More on the PPE shortages situation below.

Otis reached out to CMS, which in turn reached out to Nimalie Stone at CDC. She suggested that we have facilities notify state/local health departments to get a better idea of the scope of this. Some states are tapping into preparedness reserves to cover some of their facilities.

Thanks,
Ashlie

Ashlie Dowdell
Director | Healthcare-Associated Infections Prevention Program

Wisconsin Department of Health Services | Division of Public Health
Office: 608-266-1122 | Fax: 608-261-4976 | ashlie.dowdell@dhs.wisconsin.gov

Visit our website at https://www.dhs.wisconsin.gov/hai/index.htm

View our NHSN tutorials at https://www.dhs.wisconsin.gov/hai/nhsn-resources.htm

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From: Stone, Nimalie (CDC/DDID/NCEZID/DHQP) <eiy2@cdc.gov>
Sent: Wednesday, February 26, 2020 9:49 AM
To: Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>; Griffin, Victoria L - DHS <Victoria.Griffin@dhs.wisconsin.gov>; Dowdell, Ashlie M - DHS <Ashlie.Dowdell@dhs.wisconsin.gov>
Cc: Tripp, Lisa C. (CMS/CCSQ) <Lisa.Tripp@cms.hhs.gov>; Mozgai, Stefanie <Stefanie.Mozgai@doh.nj.gov>; Srinivasan, Arjun (CDC/DDID/NCEZID/DHQP) <beu8@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>
Subject: RE: [External]Surgical gown shortage - HELP

Hi Otis and Vicky,
Lisa shared your communication expressing concerns from providers re: PPE supply access and shortages with me. I wanted to let you know that our public health response colleagues at local/state and federal levels are aware of and working on solutions to this issue including our infection control and healthcare systems management teams working together within the CDC

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COVID-19 response efforts.

At this time, we are recommending that healthcare facilities experiencing PPE supply shortages notify their state/local health departments. That ensures public health partners are maintaining situational awareness for their communities. To facilitate that communication, I'm including Ashlie Dowdell on this reply so she is in the loop about what you all are hearing.

There are a few states that have already reached out to CDC with these concerns, and at the state level, some of them have needed to tap into preparedness reserves through the state/local healthcare coalitions (https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx) to assist facilities that are in need.

If you have any additional information that you can offer to provide us with a sense of the scope of the problem in Wisconsin, please feel free to contact me directly by email or phone. I'm up in Baltimore/DC this week but my work mobile is 404-578-6916. I will continue to keep you in the loop as we learn any additional information.

Warmest regards,
Nimalie

From: Tripp, Lisa C. (CMS/CCSQ) <Lisa.Tripp@cms.hhs.gov>
Sent: Tuesday, February 25, 2020 6:48 PM
To: Stone, Nimalie (CDC/DDID/NCEZID/DHQP) <eiy2@cdc.gov>
Subject: Fwd: [External]Surgical gown shortage - HELP

Hey my friend- can you take a look below and let me know if you have any intel?

From: "Woods, Otis L - DHS" <Otis.Woods@dhs.wisconsin.gov>
Subject: FW: [External]Surgical gown shortage - HELP
Date: 25 February 2020 16:41
To: "Brandush, Gregg (CMS/CCSQ)" <Gregg.Brandush@cms.hhs.gov>, "Tripp, Lisa C. (CMS/CCSQ)" <Lisa.Tripp@cms.hhs.gov>
Cc: "Stefanie Mozgai (stefanie.mozgai@doh.nj.gov)" <stefanie.mozgai@doh.nj.gov>

Good afternoon Greg and Lisa,

This is an FYI. Concerns are beginning to spread about PPE availability in Wisconsin's health care facilities. The email string below provides some information. The email you see is notice to our public health officials, to our Health Secretary's Office, and to my program managers who oversee hospitals, skilled nursing facilities and assisted living facilities.

Are you aware of any CDC notice about supplies of PPE? The attached letter is from a major supplier

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of PPE equipment.

Based on what I'm hearing, things are worsening with no relief in sight.

Otis L. Woods

Otis L. Woods, MBA, Administrator
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To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Shari Klessig <Shari.Klessig@dhs.wisconsin.gov>; Benesh, Patricia A - DHS <Patricia.Benesh@dhs.wisconsin.gov>; Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Willems Van Dijk, Julie A - DHS <julie.willemsvandijk@dhs.wisconsin.gov>; Angell, Ann M - DHS <Ann.Angell@dhs.wisconsin.gov>; Hansen, Ann M - DHS <Ann.Hansen@dhs.wisconsin.gov>; Johnson, Alfred C - DHS (Alfred.Johnson@dhs.wisconsin.gov) <Alfred.Johnson@dhs.wisconsin.gov>
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Any further info you can provide will be helpful.

Thanks,

Eric

From: Borgerding, Eric <EBorgerding@wha.org>
Sent: Monday, February 24, 2020 7:09:20 PM
To: Size, Tim <timsize@rwhc.com>; Page, Alison <alison.page@wwhealth.org>
Cc: Gingery, Adam <adam.gingery@wwhealth.org>; Stephanie Johnson <stephanie.johnson@wwhealth.org>; Shaw, Kendra <kendra.shaw@wwhealth.org>; Zenk, Ann <azenk@wha.org>; Dibbert, Beth <bdibbert@wha.org>; Kaufman, Mark <mkaufman@wha.org>; Grapentine, Mark <mgrapentine@wha.org>
Subject: Re: [External]Surgical gown shortage - HELP

I have a regular call with DQA's Otis Woods. He asked me today if I had heard of any shortages of personal protection equipment, as he was hearing about it from the nursing homes. Apparently it is being "hoarded" in response to Coronavirus.

This is the first I am hearing from a member (you) about it. I am copying Ann Zenk, Beth Dibbert, Dr. Mark Kaufman and Mark Grapentine so they can 1) be alerted and 2) comment on what we know and what more we can find out.

I will also, now, pass this information on to Otis.

I have a meeting with the Ashland's board Thursday and with all the hospitals in the WHA

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Vikingland Region on Friday. This will be on the agenda.

From: Alison Page <alison.page@wwhealth.org>
Sent: Monday, February 24, 2020 5:42:45 PM
To: Borgerding, Eric <EBorgerding@wha.org>; Size, Tim <timsize@rwhc.com>
Cc: Gingery, Adam <adam.gingery@wwhealth.org>; Stephanie Johnson <Stephanie.Johnson@wwhealth.org>; Shaw, Kendra <kendra.shaw@wwhealth.org>
Subject: [External]Surgical gown shortage - HELP

Eric and Tim,

Are you hearing concerns from member organizations regarding availability of level 3 and 4 sterile surgical gowns? We are at a crisis here. Surgical gowns are backordered until June. A shortage of surgical gowns started with the Cardinal issue and has been exacerbated as COVID-19 has locked down production and transport of products. We anticipate many other products being effected – masks, duraprep, etc.

We have looked into getting cloth gowns and processing them here. They are not available either.

Are you hearing anything? Any assistance you can provide would be greatly appreciated.

Thank you!

Alison

Alison H. Page, MHA, MS, FACHE
Chief Executive Officer

Office: 715-684-1100
Cell: 715-821-8820
Email: alison.page@wwhealth.org

Wendy Anderson, Executive Assistant
wendy.anderson@wwhealth.org
Office: 715-684-1101

Imagine a healthier tomorrow.

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From:	Dougherty, Jacob A - DHS
To:	DHS DL DPH BCD HIV Program
Subject:	FW: [NCI] Updated Recommendation: Biotin Interaction with Determine HIV Test
Date:	Friday, January 31, 2020 3:19:11 PM
Attachments:	120005902 v1.0 Determine HIV Combo_Biotin FAQs_EN US (00000002).pdf TB000036 v1.0 Biotin Customer Communication TB000036 (00000004).pdf
Importance:	High

Hello,
The email bulletin below was sent out this afternoon to all HIV testing sites in Wisconsin that currently use the Determine Ag/Ab HIV-1/2 combo rapid test. Please be aware of the change in recommendation, and refer any questions you may get about biotin and its interaction with Determine to me.

-Jacob

From: Dougherty, Jacob A - DHS
Sent: Friday, January 31, 2020 3:17 PM
Cc: Pilcher, Timothy E - DHS <Timothy.Pilcher@dhs.wisconsin.gov>
Subject: [NCI] Updated Recommendation: Biotin Interaction with Determine HIV Test
Importance: High

***This message is intended for all staff who perform rapid HIV testing using the Determine Ag/Ab HIV-1/2 combo rapid test and their supervisors. Please read this entire message.**

Hi Everyone,
Recently, Abbott released new information regarding interactions with biotin that could affect the p24 antigen results on their product, the Determine Ag/Ab HIV-1/2 combo rapid test.
Attached to this email are two documents from Abbott; the first is an FAQ document and the second a customer bulletin.
Basically, biotin is an essential B-vitamin that is found in many multivitamins, prenatal vitamins, and dietary supplements. While the suggested daily intake for biotin is between 30-110 mcg, many dietary supplements may contain up to 650 times the recommended daily intake amount. In addition, physicians may also recommend high levels of biotin for patients with certain health conditions.

Abbott conducted studies to see how biotin in a blood sample may impact HIV test results on the Determine test. The results of the study determined that no assay interference was observed with biotin spiked HIV-1 or HIV-2 antibody samples or with presumed non-reactive (or negative) serum and whole blood samples. *However, interference was observed with p24 antigen samples at certain concentration levels:*

- Two of 20 (10%) samples had false negative results for p24 antigen in whole blood spiked with biotin at 150ng/mL
- Thirteen of 20 (65%) samples had false negative results for p24 antigen in serum spiked with biotin at 200ng/mL

Abbott has no data on how long after taking a large dose of biotin a patient should wait before being

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tested for HIV. How quickly biotin is cleared from the body depends on factors such as the amount taken and the health of the patient's kidneys. The level of biotin in the blood is highest about 1-3 hours after taking a dose, but it can affect lab results for hours to days after taking a dose, depending on the amount taken and the health of the patient's kidneys.

Abbott has therefore released the following new recommendation to be included the package insert for the Determine test going forward:

Detection of p24 may be inhibited by biotin in the sample, causing false negative results in acute infection. Therefore, do not test samples from patients who are taking biotin.

In light of this, the Wisconsin HIV Program now recommends that all HIV testing sites using the Determine rapid HIV test implement the following effective immediately:

- **Screen clients for use of dietary supplements and multivitamins.**
  - Ask "Are you currently taking any multivitamins or supplements?"
    - If yes, "When was the last time you took one?"
      - If the client states that they took one in the last week, and indicates that they have done something that puts them at risk for HIV in the window period for acute/early infection (3-4 weeks), do not proceed with the Determine rapid test. **Instead, draw blood and have the sample sent to the lab for processing**.
      - If the client states they take multivitamins or dietary supplements, but haven't taken one in the last week, OR
      - If the client states they take multivitamins or dietary supplements, but haven't done anything that puts them at risk for HIV in the window period for acute/early infection (3-4 weeks), OR
      - If the client states that they do not take any multivitamins or supplements- **Proceed with the Determine rapid test**.

We do not plan on adding a question regarding the use of multivitamins or dietary supplements to the client questionnaire at this time, nor do we plan on collecting data on how many clients take vitamins or dietary supplements. This screen is simply to try to give the client the best testing option in light of the possible interaction of biotin with p24 antigen results on Determine. Since biotin does not interact with HIV antibody results, there is no concern with using the Determine test to detect an established HIV infection (any infection that occurred one month ago or longer).
We are currently developing a client-friendly one-pager that can be given to clients explaining this change and why we are asking them about multivitamin or supplement use. That document will be sent to everyone when it is completed.

Please let me know if you have any questions regarding this bulletin. If you are a supervisor, we appreciate your support in implementing this change with your staff.
Thanks.

Jacob Dougherty

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HIV Prevention Coordinator
Wisconsin Department of Health Services
HIV Program
1 W. Wilson St.
Madison, WI 53703
(608) 261-9429
Jacob.Dougherty@dhs.wisconsin.gov

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From:	Ayers, Jeanne F - DHS
To:	Wozniak, Ryan J - DHS
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	FW: 2-21-20 Interim guidance documents relevant to State, Local, and Territorial partners regarding COVID-19
Date:	Friday, February 21, 2020 4:29:09 PM
Attachments:	COVID-19_GuidanceList_21FEB20.pdf

Here is an update to resources.
Jeanne

From: State and Local Readiness (CDC) <preparedness@cdc.gov>
Sent: Friday, February 21, 2020 4:18 PM
To: State and Local Readiness (CDC) <preparedness@cdc.gov>
Subject: 2-21-20 Interim guidance documents relevant to State, Local, and Territorial partners regarding COVID-19

Dear Colleagues,

Attached is a list of current interim guidance documents relevant to State, Local, and Territorial partners regarding COVID-19, as of 02-21-2020.

Please feel free to share with partners. Please note that the names of the guidance documents may be updated in the future.

Thank you,

State Coordination Task Force

Sent by BCC to PHEP Directors, SHOS, State Epis, Non-governmental Partners, STLTs, and BCHC

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Stokes, Scott A - DHS
Subject:	FW: 2020 HIV Surveillance Technical Assistance Meeting - Call for Abstracts
Date:	Tuesday, February 04, 2020 2:19:00 PM
Attachments:	Call for Abstracts 2020 HIV Surveillance Technical Assistance Meeting.docx Abstract Submission Form_2020 HSTAM.docx

From: PS18-1802 (CDC) [mailto:PS18-1802@cdc.gov]
Sent: Tuesday, February 4, 2020 2:08 PM
Subject: 2020 HIV Surveillance Technical Assistance Meeting - Call for Abstracts

On behalf of Magan Pearson, MPH, Acting Deputy Chief, HIV Incidence and Case Surveillance Branch (HICSB)

Dear Colleagues,

The 2020 HIV Surveillance Technical Assistance Meeting to be held in Atlanta, June 16 - 18, 2020 will include an abstracts/poster session. The CDC HIV Incidence and Case Surveillance Branch (HICSB) invites submissions of abstracts of best practices for effective HIV surveillance for presentation at the meeting. Submission is open to any persons working in HIV surveillance or conducting analyses using HIV surveillance data.

Please see the attached Call for Abstracts and Abstract Submission form for instructions to prepare and submit an abstract. The abstract must be submitted with the Abstract Submission form. **The deadline for abstract submission is midnight EST on March 9, 2020.**

Please contact **Jayleen Gunn (pfe4@cdc.gov) and Kimberly Mason (wxv6@cdc.gov)** with any questions regarding the abstract submission process.

Best regards,

Magan D. Pearson, MPH
Deputy Branch Chief (Acting)
HIV Incidence and Case Surveillance Branch
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
Telephone: (404) 718-8643
Fax: (404) 639-2980/8046
Email: Mpearson1@cdc.gov

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From:	Koske, Sarah E - DHS
To:	Mason, Jordan L - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Westergaard, Ryan P - DHS
Subject:	FW: Abstract for submission to clearance
Date:	Monday, February 03, 2020 1:23:15 PM
Attachments:	WaltenburgM_abs.docx

FYI

From: Waltenburg, Michelle (CDC/DDID/NCEZID/DFWED) [mailto:nvr6@cdc.gov]
Sent: Monday, February 3, 2020 12:31 PM
To: Madad, Asma (FDA/CFSAN) <Asma.Madad@fda.hhs.gov>; Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; 'Michelle M. Boyle -MDH-' <michellem.boyle@maryland.gov>; Peralta, Vi@CDPH <Vi.Peralta@cdph.ca.gov>; Kline, Kelly <keeklin@pa.gov>; Patel, Kane (CDC/DDID/NCEZID/DFWED) <npe2@cdc.gov>; Beix, James A - DATCP <James.Beix@wisconsin.gov>; Lee, Jay - DATCP <Jay.Lee@wisconsin.gov>; Gundlach, Kristin M <kristin.gundlach@slh.wisc.edu>; dann.williams@maryland.gov; Vidanes, Jeff@CDPH <Jeff.Vidanes@cdph.ca.gov>; Mattioli, Mia Catharine (CDC/DDID/NCEZID/DFWED) <kuk9@cdc.gov>; McFadden, Kenai (CDC/DDID/NCEZID/DFWED) <pqw0@cdc.gov>; Whitlock, Laura (CDC/DDID/NCEZID/DFWED) <wmg5@cdc.gov>; Gee, Ellen (FDA/CFSAN) <Ellen.Gee@fda.hhs.gov>; Gieraltowski, Laura (CDC/DDID/NCEZID/DFWED) <lax2@cdc.gov>; Neil, Karen P. (CDC/DDID/NCEZID/DFWED) <htu6@cdc.gov>; Lance, Susan (FDA/CFSAN) <Susan.Lance@fda.hhs.gov>; Lance, Susan (CDC/DDID/NCEZID/DFWED) <sel0@cdc.gov>
Subject: Abstract for submission to clearance

Good afternoon,

Thank you all for your coauthor comments and feedback on the abstract. We've incorporated as much as we can given our word count limitations. Please see the version we will be putting into clearance, attached.

Thanks again for your quick review and helpful feedback!
Michelle

From: Waltenburg, Michelle (CDC/DDID/NCEZID/DFWED)
Sent: Monday, January 27, 2020 4:02 PM
To: Madad, Asma (FDA/CFSAN) <Asma.Madad@fda.hhs.gov>; Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; 'Michelle M. Boyle -MDH-' <michellem.boyle@maryland.gov>; Peralta, Vi@CDPH <Vi.Peralta@cdph.ca.gov>; Kline, Kelly <keeklin@pa.gov>; Patel, Kane (CDC/DDID/NCEZID/DFWED) <npe2@cdc.gov>; Beix, James A - DATCP <James.Beix@wisconsin.gov>; Lee, Jay - DATCP <Jay.Lee@wisconsin.gov>; Gundlach, Kristin M <kristin.gundlach@slh.wisc.edu>; dann.williams@maryland.gov; Vidanes, Jeff@CDPH <Jeff.Vidanes@cdph.ca.gov>; Mattioli, Mia Catharine (CDC/DDID/NCEZID/DFWED) <kuk9@cdc.gov>; McFadden, Kenai (CDC/DDID/NCEZID/DFWED) <pqw0@cdc.gov>; Whitlock, Laura (CDC/DDID/NCEZID/DFWED) <wmg5@cdc.gov>; Gee, Ellen (FDA/CFSAN) <Ellen.Gee@fda.hhs.gov>; Gieraltowski, Laura (CDC/DDID/NCEZID/DFWED) <lax2@cdc.gov>
Cc: Neil, Karen P. (CDC/DDID/NCEZID/DFWED) <htu6@cdc.gov>

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Subject: Abstract for review edits due Friday January 31, 2020

Good afternoon,

I will be submitting a late-breaker abstract to EIS Conference on the romaine outbreak and have identified you as a coauthor. I welcome your input on the attached abstract and thank you for your flexibility and willingness to review with a quick turnaround time. Please review and send edits my way by **COB Friday, January 31, 2020.**

Please also send coauthor approvals using the following template:

I, *your name here*, am a coauthor on the abstract titled, "Multistate Outbreak of *E. coli* O157:H7 Infections Linked to Romaine Lettuce — United States, 2019," and approve submission to CDC clearance.

Thank you!
Michelle

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From:	Moore, Donna J - DHS
To:	Brassfield, Jody M - DHS; DeSalvo, Traci E - DHS; Pesik, Mary J - DHS; Huntington, Vicki A - DHS; Ziege, Anne L - DHS; Weeks, Fiona H - DHS; Johnson, Gale D - DHS; Schauer, Stephanie L - DHS; Nimsgern, Angela B - DHS; Pilcher, Timothy E - DHS; Guilfoyle, Sheila M - DHS; Wade, Anthony - DHS (CDC); Stokes, Scott A - DHS; Tans-Kersten, Julie L - DHS; Guilfoyle, Sheila M - DHS; Rozell, David W - DHS; Bergeron, Ashley R - DHS; Bruce, Shelley A - DHS; Seeliger, Elizabeth L - DHS; Camponeschi, Jennifer L - DHS; Weeks, Fiona H - DHS
Cc:	DHS DL DPHManagers
Subject:	FW: Action requested: Help CDC Improve its Project Officer Support -- Please submit responses to this assessment no later than February 27, 2020.
Date:	Wednesday, February 05, 2020 1:55:34 PM
Attachments:	ASTHO-CDC Project Manager Survey List.xlsx
Importance:	High

Hello everyone,

Please see the ask from ASTHO/CDC below related to an assessment survey to improve CDC Project Officer support. Each of you have been identified as grant administrators per the attached list of grants that ASTHO/CDC are particularly targeting. If you are not the grant administrator, please feel free to forward on to the correct contact.

Donna

From: ASTHO Executive Office [mailto:ExecutiveOffice@astho.org]
Sent: Tuesday, January 14, 2020 3:01 PM
To: ASTHO Executive Office <ExecutiveOffice@astho.org>
Cc: Reynolds, Steven L. (CDC/DDPHSIS/CSTLTS/OD) <slr6@cdc.gov>; Research and Evaluation <ResearchandEvaluation@astho.org>
Subject: Action requested: Help CDC Improve its Project Officer Support

ASTHO is partnering with the Centers for Disease Control and Prevention (CDC) to evaluate satisfaction with the services and support provided by CDC project officers on select cooperative agreements and grants. CDC management will use the results to identify and implement strategies for improving CDC project officer support to state health departments. This survey should be completed by health agency staff who work on and serve as the primary point of contact for the CDC project officer for select CDC-funded cooperative agreements or grants (full list of selected cooperative agreements/grants is attached).

Instructions for survey respondent: The Association of State and Territorial Health Officials (ASTHO), in partnership with the Centers for Disease Control and Prevention (CDC), Center for State, Tribal, Local, and Territorial Support is administering an assessment to health departments in all 50 states and the District of Columbia related to satisfaction with the services and support provided by CDC project officers.

Results from the assessment will be used by CDC to improve project officer support to state health agencies. Participation is voluntary, and your feedback will inform continued project officer development and training.

In order to participate in this voluntary assessment, please click the hyperlink provided (below) to be redirected to the web-based assessment. The assessment should take no longer than 25 minutes to

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complete. All responses are immediately saved and can be changed at any time. However, once the assessment is submitted, you will be unable to modify any responses. Also, you are not required to complete the assessment in one sitting. When finished responding to all relevant questions, click the **SUBMIT** button at the end of the assessment to submit your responses. Information collected will be kept on secure, password protected servers accessible only to ASTHO project team members. All information you provided will be analyzed and reported in the aggregate with no identifying information attached.

Follow this link to the Assessment: Take the Assessment

If you experience problems with the web-based assessment or have any questions, please contact Allen Rakotoniaina at researchandevaluation@astho.org for technical assistance.

Thank you in advance for your participation.

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From: Warzecha, Charles J - DHS
To: Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS
Cc: Baldoni-Lake, Ramona L - DHS
Subject: FW: Again...
Date: Friday, February 21, 2020 3:16:00 PM
Attachments: 02.21.2020_Coronavirus SitRep.docx
image001.png

Stephanie and Ryan,
On the situation report for today it is noted that the number of confirmed cases in the US has decreased by two, and it is unclear why.

On the returning traveler call this afternoon, CDC explained that they will now be counting the repatriated traveler cases (State Department) separately from the public health surveillance identified cases going forward. Could this be an explanation for the change, and will we want to change our table next week to address that change in some way?

I think the attached situation report is ok as it is for today, but if you have additional thoughts or clarity to consider please let us know. Thanks,
Chuck

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Baldoni-Lake, Ramona L - DHS <Ramona.BaldoniLake@dhs.wisconsin.gov>
Sent: Friday, February 21, 2020 3:09 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Subject: Again...

I Jumped right before I received additional info from POI. The updated version is included.

Ramona Lake
Supervisor, Radiation Emergency Unit
Wisconsin Division of Public Health
Wisconsin Department of Health Services
Office 608-266-7384
Cell 608-471-9990
Ramona.Baldonilake@dhs.wisconsin.gov

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From: Wade, Anthony - DHS (CDC)
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: All-hands call coming up
Date: Thursday, March 05, 2020 12:57:26 PM

FYI, I will share with you what was discussed.

Anthony Wade
Anthony.Wade@dhs.wisconsin.gov

From: Broussard, Dawn (CDC/DDID/NCHHSTP/DSTDP) <dab5@cdc.gov>
Sent: Thursday, March 5, 2020 12:54 PM
To: Carr, Deborah A. (CDC/DDID/NCHHSTP/DSTDP) <dlc9@cdc.gov>; Carr,Deborah (DSHS Contractor) <Deborah.Carr@dshs.texas.gov>; Amar, Michelle (CDC/DDID/NCHHSTP/DSTDP) <mya3@cdc.gov>; Blank, Susan (CDC/DDID/NCHHSTP/DSTDP) <sbb0@cdc.gov>; Cruz, Yvonne (CDC/DDID/NCHHSTP/DSTDP) <ybc8@cdc.gov>; DiOrio, Dawne (CDC/DDID/NCHHSTP/DSTDP) <dor7@cdc.gov>; Ewell, Joy (CDC/DDID/NCHHSTP/DSTDP) <jde4@cdc.gov>; Gray, Terri (CDC/DDID/NCHHSTP/DSTDP) <trg1@cdc.gov>; Grayson, Jacquline M. (CDC/DDID/NCHHSTP/DSTDP) <jmg5@cdc.gov>; Harris, Adrick (CDC/DDID/NCHHSTP/DSTDP) <odq5@cdc.gov>; Honer, Kim (CDC/DDID/NCHHSTP/DSTDP) <kmh2@cdc.gov>; Jefferson, Randy (CDC/DDID/NCHHSTP/DSTDP) <ryj8@cdc.gov>; Lee, Chang (CDC/DDID/NCHHSTP/DSTDP) <ckl0@cdc.gov>; Morris, Edmund (CDC/DDID/NCHHSTP/DSTDP) <ebm1@cdc.gov>; Oyervides, Otilio (CDC/DDID/NCHHSTP/DSTDP) <opo1@cdc.gov>; Richardson-Moore, Regina (CDC/DDID/NCHHSTP/DSTDP) <rrr0@cdc.gov>; Starling, Pete (CDC/DDID/NCHHSTP/DSTDP) <wjs2@cdc.gov>; Turner-Harper, Darlene (CDC/DDID/NCHHSTP/DSTDP) <dxt4@cdc.gov>; Varella, Lisa (Hirschinger) (CDC/DDID/NCHHSTP/DSTDP) <lth6@cdc.gov>; Wade, Anthony (CDC/DDID/NCHHSTP/DSTDP) <axw3@cdc.gov>; Warren, Eric F. (CDC/DDID/NCHHSTP/DSTDP) <bnu6@cdc.gov>; White, Sheri (CDC/DDID/NCHHSTP/DSTDP) <saw5@cdc.gov>
Subject: All-hands call coming up

Just making sure everyone got this info about the all-hands coming up in a few minutes:

All, just FYI…I know this is short notice, but this is somewhat of an emergency call related to Coronavirus response. Please make every effort to attend if you're free. If you can't, I'll follow-up with you by phone or email.
Deb, can you please forward to the West folks?

Many thanks,
Dawn

Dawn Broussard, MPH *(she, her, hers)*
Regional Management Official – Central Region
Centers for Disease Control and Prevention
Division of STD Prevention
Field Services Branch

AMERICAN OVERSIGHT

Phone: (708) 776-3120
Email: DBroussard@cdc.gov
Telework: Tuesdays and alternating Fridays
Mailing Address: c/o Chicago Department of Public Health;
333 S. State Street, Suite 200; Chicago, IL 60604

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From:	Ayers, Jeanne F - DHS
To:	Westergaard, Ryan P - DHS; Warzecha, Charles J - DHS
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	FW: Attached: Update on COVID-19 response to Governors (2-20-2020 COVID-19 SHO & State Epi Call)
Date:	Thursday, February 20, 2020 5:10:00 PM
Attachments:	02 20 2020 MEMO AMA call with governors on COVID-19.docx

Fyi,
Here are the questions discussed today.
Jeanne

From: State and Local Readiness (CDC) <preparedness@cdc.gov>
Sent: Thursday, February 20, 2020 4:28 PM
To: State and Local Readiness (CDC) <preparedness@cdc.gov>
Subject: Attached: Update on COVID-19 response to Governors (2-20-2020 COVID-19 SHO & State Epi Call)

Dear Colleagues,

Attached is the "Update on COVID-19 response to Governors" document mentioned on today's CDC COVID-19 SHO & State Epi Call.

Thank you,

State Coordination Task Force

Sent by BCC to State Health Officials and State Epidemiologists

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From: Warzecha, Charles J - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: BCD: COVID-19 Update: New CDC Testing Criteria and other resources: TEST
Date: Saturday, February 29, 2020 5:57:00 PM
Attachments: image001.png

I sent it to myself as a test so you could also see it.

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Wisconsin Department of Health Services <widhs@public.govdelivery.com>
Sent: Saturday, February 29, 2020 5:57 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Subject: BCD: COVID-19 Update: New CDC Testing Criteria and other resources: TEST

DHS Logo

Bureau of Communicable Diseases Information Update

This bulletin is being sent to local health officers, tribal health directors, local public health nurses, and infection preventionists.

NEW! CDC COVID-19 Testing Guidance Updated - February 27, 2020

The CDC issued updated guidance for evaluation of persons under investigation (PUIs) for testing purposes. The new guidance (see below) was issued on February 27.

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PUIGuidance_Feb28

Because this is a rapidly evolving situation, testing criteria will likely continue to change, please refer to the CDC website for the most current guidance.

Contact **DPH at 608-267-9003** for consultation and approval of testing for COVID-19

For Local and Tribal Public Health Agencies

Check CDC's webpage: Resources for State, Local, Territorial and Tribal Health Departments. New information and guidance is being added and updated frequently. The following webpages are new or updated since February 21, 2020:

- Know the Facts About COVID-19 and Help Stop the Spread of Rumors
- Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings
- Coronavirus Disease 2019 Information for Travel (New Travel Alerts)
- Frequently Asked Questions and Answers: Coronavirus Disease-2019 (COVID-19) and Children

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- Frequently Asked Questions and Answers: Coronavirus Disease 2019 (COVID-19) and Pregnancy
- Stigma Related to COVID-19

CDC has a COVID-19 youtube channel with a variety of short educational videos that you may consider linking to on your websites or social media platforms.

Check the DHS COVID-19 webpage. DHS routinely updates this page and links to new resources. Topic areas include:

- Causes and transmission
- Signs and symptoms
- Prevention and treatment
- Self-quarantine and self-monitoring guidance
- Guidance for school districts
- Guidance for employers
- Reporting and surveillance
- Testing criteria for PUIs
- Infection prevention and provider resources

For Health Care Providers

Check CDC's webpage: Information for Healthcare Professionals, new information and guidance is being added and updated frequently.

Information and guidance on this page covers the following topic areas:

- Persons under investigation (PUIs)
- Clinical care
- Infection Control
- PPE (see webinar on optimizing supplies)
- Home care
- EMS guidance
- Obstetric healthcare

Questions

The Department of Health Services Outbreaks and Investigations webpage is updated regularly and includes state-specific information and links to important resources.

Please contact Tom Haupt (608-266-5326), Influenza and Respiratory Diseases Surveillance Coordinator, or Anna Kocharian (608-267-9004), Epidemiologist, if you have any general questions about these guidelines.

Please do not reply directly to this email message. If you have a question, please email Tom Haupt.

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AMERICAN OVERSIGHT

From: Yunker, Claire F - DHS
To: Smiley, Stephanie L - DHS (DPH); Ayers, Jeanne F - DHS
Subject: FW: Bulletin Detail Report: First Case of 2019 Novel Coronavirus Confirmed in Wisconsin
Date: Friday, February 07, 2020 12:54:00 PM
Attachments: image001.png
image003.png
image002.png

Here is a copy of the message that was sent to stakeholders. It has the lists that we sent to. I am grabbing you the master list of lists.

-Claire

Claire Yunker
Deputy Communications Director
she, her, hers
Wisconsin Department of Health Services
D: 608-266-6657 | C: 608-335-5662

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From: Wisconsin Department of Health Services <widhs@public.govdelivery.com>
Sent: Wednesday, February 5, 2020 6:12 PM
To: Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Subject: Bulletin Detail Report: First Case of 2019 Novel Coronavirus Confirmed in Wisconsin

Having trouble viewing this email? View this report in your account.

Report Generated: 02/05/2020 06:11 PM CST

This report automatically generates after a bulletin is sent. View the Bulletin Detail Report online to see the most recent performance metrics for this bulletin.

Subject: First Case of 2019 Novel Coronavirus Confirmed in Wisconsin

Sent: 02/05/2020 02:11 PM CST

Sent By: Claire.Yunker@dhs.wisconsin.gov

Sent To: Subscribers of DCTS - Action and Information Memos, DCTS - Child and Adolescent Day Treatment Providers, DCTS - Community Recovery Services

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(CRS), DCTS - Community Support Programs, DCTS - Comprehensive Community Services (CCS), DCTS - Coordinated Services Teams (CST) -- Program Staff, DCTS - DSPS Licensed Medical Professionals, DMS - Children's Long-Term Support Waiver Program Providers, DMS - ForwardHealth Community Partners, DPH - Adolescent Health, DPH - Aging and Disability Resource Center (ADRC): Long-Term Care (LTC) Functional Screen (FS) Liaisons, DPH - Emergency Department Contacts, DPH - Hispanic Organizations, DPH - Immunization Program-School Administrators, DPH - Infection Preventionists, DPH - Information Update: Public Health Emergency Preparedness Planning: Local Planners, DPH - Local Health Department (LHD) Nurses, DPH - Minority Health Program, DPH - Office for the Deaf and Hard of Hearing (ODHH) News and Updates, DPH - Pregnancy Risk Assessment Monitoring System (PRAMS) Steering Committee, DPH - Wisconsin Elder Benefit Specialist Program Partners, DPH - Women's Health Family Planning/Reproductive Health Partners, or DQA - Notifications and Updates,

61,131 Recipients

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30	98%
60	98%
120	99%

Delivery Metrics - Details

61,131 Total Sent
58,982 (96%) Delivered
819 (1%) Pending
1,330 (2%) Bounced

Bulletin Analytics

41,795 Total Opens
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4,653 Total Clicks
3,001 (5%) Unique Clicks

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0 (0%) Unsubscribed	**10** # of Links

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Email Bulletin	Sending...	96.5%	61,131	58,982	15672 / 26.6%	1,330	0
SMS Message	Delivered	0.0%	0	0	n/a	0	n/a

Bulletin Link Overview

Link URL	Unique Clicks	Total Clicks
https://www.dhs.wisconsin.gov/news/releases/020520.htm	1,705	2,729
https://www.dhs.wisconsin.gov/outbreaks/index.htm	848	1,314
https://www.cdc.gov/coronavirus/2019-ncov/index.html	207	313
https://public.govdelivery.com/accounts/WIDHS/subscriber/edit?preference...	56	71
https://subscriberhelp.govdelivery.com	52	70
https://www.facebook.com/DHSWI/	48	61
https://www.dhs.wisconsin.gov/	40	51
https://twitter.com/DHSWI	39	50
https://www.youtube.com/user/dhswi	39	48
https://subscriberhelp.granicus.com/	38	47

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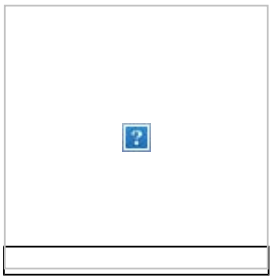
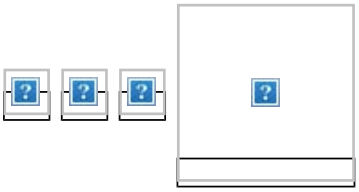
Want to learn more about these metrics and the best practices for improving results? Contact your dedicated Client Success Consultant! Not sure who that is? Send us an email at help@govdelivery.com and we'll help you find out.



STAY CONNECTED:



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AMERICAN OVERSIGHT

From:	DeSalvo, Traci E - DHS
To:	Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Klos, Rachel F - DHS; Pray, Ian W - DHS (CDC); Meinholz, Kimberly K - DHS; Ellinger, Beth A - DHS; Ahrabi-Fard, Susann - DHS
Subject:	FW: CDC 2019-nCoV Key Points for February 3, 2020
Date:	Tuesday, February 04, 2020 8:04:41 AM
Attachments:	CDC_2019-nCoV Daily Key Points__2_3_2020_Final.pdf image007.png

Traci DeSalvo, MPH
Chief, Communicable Diseases Epidemiology Section
Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases
Phone: (608) 267-7321 | Fax: (608) 261-4976

Follow DHS:

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From: Moore, Donna J - DHS
Sent: Monday, February 3, 2020 6:32 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>; Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>
Subject: FW: CDC 2019-nCoV Key Points for February 3, 2020

From: Laura Espino
Sent: Monday, February 3, 2020 6:32:14 PM (UTC-06:00) Central Time (US & Canada)
To: Laura Espino
Cc: Robert Jennings; Joseph G. Rebele; Kris Smith
Subject: CDC 2019-nCoV Key Points for February 3, 2020

Dear NPHIC Members:

Attached please find the 2019-nCoV daily key points for February 3, 2020. These are cleared to share with your staff and partners.

AMERICAN OVERSIGHT

From:	Ayers, Jeanne F - DHS
To:	Westergaard, Ryan P - DHS; Meiman, Jonathan G - DHS; Smiley, Stephanie L - DHS (DPH); Miller, Stephanie W - DHS; Warzecha, Charles J - DHS; DeSalvo, Traci E - DHS
Subject:	FW: CDC COVID-19 Travel Health Alert Notice (THAN) Cards, Updated CARE Booklets, and Travel Alert Language
Date:	Tuesday, March 03, 2020 6:43:23 PM
Attachments:	03-03-2020_COVID-19_THAN_Level 3s.pdf

fyi

From: State and Local Readiness (CDC) <preparedness@cdc.gov>
Sent: Tuesday, March 3, 2020 5:43 PM
To: State and Local Readiness (CDC) <preparedness@cdc.gov>
Subject: CDC COVID-19 Travel Health Alert Notice (THAN) Cards, Updated CARE Booklets, and Travel Alert Language

Dear Colleagues:

Attached is the updated Travel Health Alert Notice (THAN) card. The cards have a link to that a NEW traveler information webpage that has **not yet gone live, but will be live soon.**

In addition, the **updated Level 2 and Level 3 travel alert language will go live tomorrow.**

- When it does, it will be here: https://www.cdc.gov/coronavirus/2019-ncov/travelers.
- The language will instruct travelers from countries with a Level 3 alert to "stay home and monitor their health for 14 days after returning to the United States." It also instructs travelers from countries with a Level 2 alert to "monitor their health and limit interactions with others for 14 days after returning to the United States."

As was shared previously, the updated **CARE booklet for China travelers** is available here: https://www.cdc.gov/coronavirus/2019-ncov/travelers/care-booklet.html.

Kind Regards,

State Coordination Task Force

(Sent by BCC to state epidemiologists and state health officials)

AMERICAN OVERSIGHT

From: Miller, Stephanie W - DHS
To: Palm, Andrea J - DHS
Subject: FW: CDC COVID-19 Travel Health Alert Notice (THAN) Cards, Updated CARE Booklets, and Travel Alert Language
Date: Tuesday, March 03, 2020 6:44:00 PM
Attachments: 03-03-2020_COVID-19_THAN_Level 3s.pdf

From: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Sent: Tuesday, March 3, 2020 6:43 PM
To: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Meiman, Jonathan G - DHS <Jonathan.Meiman@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: FW: CDC COVID-19 Travel Health Alert Notice (THAN) Cards, Updated CARE Booklets, and Travel Alert Language

fyi

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Kind Regards,

State Coordination Task Force

(Sent by BCC to state epidemiologists and state health officials)

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From: Smiley, Stephanie L - DHS (DPH)
To: Austin, Samuel V - DHS (samuel.austin@dhs.wisconsin.gov); Warzecha, Charles J - DHS; Ayers, Jeanne F - DHS
Subject: FW: CDC guidance on risk assessment/movement/monitoring just went up
Date: Monday, February 03, 2020 5:56:00 PM
Importance: High

FYI

From: Kocharian, Anna - DHS
Sent: Monday, February 3, 2020 5:33 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Meinholz, Kimberly K - DHS <Kimberly.Meinholz@dhs.wisconsin.gov>; Ahrabi-Fard, Susann - DHS <Susann.AhrabiFard@dhs.wisconsin.gov>; Gibbons-Burgener, Suzanne N - DHS <Suzanne.GibbonsBurgener@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>; Thelen, Margaret K - DHS <Margaret.Thelen@dhs.wisconsin.gov>
Subject: CDC guidance on risk assessment/movement/monitoring just went up
Importance: High

Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings:
https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

ASYMPTOMATIC

Table: Summary of CDC Recommendations for Management of Persons with Potential 2019-nCoV Exposure by Risk Level and Symptoms

Risk Category	Movement Restrictions and Public Activities	Monitoring	Travel
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	**Travelers from mainland China outside Hubei Province with no known high-risk exposure:** Self-monitoring with public health supervision **All others in this category:** Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.
Low risk	No restriction	Self-observation	No restriction
No known risk	No restriction	None	No restriction

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From:	Miller, Stephanie W - DHS
To:	Palm, Andrea J - DHS; Willems Van Dijk, Julie A - DHS
Subject:	FW: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base
Date:	Friday, January 31, 2020 2:43:26 PM

From: Moore, Donna J - DHS <DonnaJ.Moore@dhs.wisconsin.gov>
Sent: Friday, January 31, 2020 2:20 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>; Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>
Subject: FW: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base

From: Laura Espino
Sent: Friday, January 31, 2020 2:19:17 PM (UTC-06:00) Central Time (US & Canada)
To: Laura Espino
Cc: Robert Jennings; Joseph G. Rebele; Kris Smith
Subject: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base

Dear NPHIC Members:

Media Statement

For Immediate Release
Friday, January 31, 2020

Contact: CDC Media Relations
(404) 639-3286

CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base

The Centers for Disease Control and Prevention (CDC), under statutory authority of the Health and Human Services (HHS) Secretary, has issued federal quarantine orders to all 195 United States citizens who repatriated to the U.S. on January 29, 2020. The quarantine will last 14 days from when the plane left Wuhan, China. This action is a precautionary and preventive step to maximize the containment of the virus in the interest of the health of the American public.

AMERICAN OVERSIGHT

This legal order will protect the health of the repatriated citizens, their families, and their communities. These individuals will continue to be housed at the March Air Reserve Base in Ontario, California. Medical staff will continue to monitor the health of each traveler, including temperature checks and observation for respiratory symptoms. If an individual presents symptoms, medical care will be readily available. Even if a screening test comes back negative from CDC's laboratory results, it does not conclusively mean an individual is at no risk of developing the disease over the likely 14-day incubation period.

This legal order is part of a public health response that is necessary to prevent the transmission and spread of this virus in the U.S. The World Health Organization (WHO) yesterday declared a Public Health Emergency of International Concern. The current epidemic in Mainland China has demonstrated the virus's capacity to spread globally. CDC is using one of the tools in our toolbox as a way to contain the potential impact of this novel virus on the United States.

This outbreak investigation is ongoing; we learn more every day about this newly emerging virus. First and foremost, CDC is committed to protecting the health and safety of all Americans. While CDC continues to believe the immediate risk to the larger American public is low at this time, this legal order has been put in place as a necessary step to fully assess and care for these repatriated Americans, protecting them, their loved ones, and their communities.

For the latest information on the outbreak, visit CDC's Novel Coronavirus 2019 website.

###

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

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From:	Willems Van Dijk, Julie A - DHS
To:	Miller, Stephanie W - DHS; Austin, Samuel V - DHS; Palm, Andrea J - DHS
Subject:	FW: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base
Date:	Friday, January 31, 2020 6:57:17 PM

Jeanne was on a call with the White House this evening and it sounds like this 14 day quarantine order is being extended to ALL people returning from Wuhan or Hubei Province. At this point it is not clear if this will be implemented prospectively or if there is an expectation that states and locals will attempt to trace back people who have arrived in the past 14 days. They will be working on tracking down more definitive information tonight and tomorrow.

More to come…

From: Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Sent: Friday, January 31, 2020 2:43 PM
To: Palm, Andrea J - DHS <andrea.palm@dhs.wisconsin.gov>; Willems Van Dijk, Julie A - DHS <julie.willemsvandijk@dhs.wisconsin.gov>
Subject: FW: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base

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From: Moore, Donna J - DHS <DonnaJ.Moore@dhs.wisconsin.gov>
Sent: Friday, January 31, 2020 2:20 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>; Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>
Subject: FW: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base

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Sent: Friday, January 31, 2020 2:19:17 PM (UTC-06:00) Central Time (US & Canada)
To: Laura Espino
Cc: Robert Jennings; Joseph G. Rebele; Kris Smith
Subject: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base

Dear NPHIC Members:

Media Statement

For Immediate Release

AMERICAN OVERSIGHT

Friday, January 31, 2020

Contact: CDC Media Relations
(404) 639-3286

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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From:	Kocharian, Anna - DHS
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Wozniak, Ryan J - DHS; Haupt, Thomas E - DHS; Klos, Rachel F - DHS; Gibbons-Burgener, Suzanne N - DHS
Subject:	FW: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan
Date:	Tuesday, February 18, 2020 4:50:22 PM

From: MMWR Media List <MMWR-MEDIA@LISTSERV.CDC.GOV> **On Behalf Of** Media@cdc.gov (CDC)
Sent: Tuesday, February 18, 2020 3:46 PM
To: MMWR-MEDIA@LISTSERV.CDC.GOV
Subject: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

Media Statement

For Immediate Release

Tuesday, February 18, 2020

Contact: CDC Media Relations

(404) 639-3286

Update on the Diamond Princess Cruise Ship in Japan

We commend the extraordinary efforts by the Government of Japan to institute quarantine measures onboard the *Diamond Princess*. While the quarantine potentially conferred a significant public health benefit in slowing transmission, CDC's assessment is that it may not have been sufficient to prevent transmission among individuals on the ship. CDC believes the rate of new infections on board, especially among those without symptoms, represents an ongoing risk. Therefore, to protect the health of the American public, all passengers and crew of the ship have been placed under travel restrictions, preventing them from returning to the United States for at least 14 days after they had left the *Diamond Princess*.

Currently, there are more than 100 U.S. citizens still onboard the *Diamond Princess* cruise ship or in hospitals in Japan. These citizens have been placed under the restrictions, as have the ship's other passengers and crew.

After disembarkation from the *Diamond Princess*, these passengers and crew will be required to wait 14 days without having symptoms or a positive coronavirus test result before they are permitted to board flights to the United States.

If an individual from this cruise arrives in the United States before the 14-day period ends, they will still be subject to a mandatory quarantine until they have completed the 14-day period with no symptoms or positive coronavirus test results.

Because of their high-risk exposure, there may be additional confirmed cases of COVID-19 among the remaining passengers on board the *Diamond Princess*.

CDC is committed to protecting the health and safety of all Americans. We continue to believe that the risk of exposure to COVID-19 to the general public in the United States is currently low. The U.S. Government is taking these measures to protect the *Diamond Princess* passengers and crew, their loved ones, the traveling public, and communities within the United

AMERICAN OVERSIGHT

States.

###

U.S. Department of Health and Human Services

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AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Ayers, Jeanne F - DHS; Warzecha, Charles J - DHS
Subject: FW: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan
Date: Tuesday, February 18, 2020 5:15:47 PM

FYI

From: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Sent: Tuesday, February 18, 2020 4:50 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Gibbons-Burgener, Suzanne N - DHS <Suzanne.GibbonsBurgener@dhs.wisconsin.gov>
Subject: FW: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

From: MMWR Media List <MMWR-MEDIA@LISTSERV.CDC.GOV> **On Behalf Of** Media@cdc.gov (CDC)
Sent: Tuesday, February 18, 2020 3:46 PM
To: MMWR-MEDIA@LISTSERV.CDC.GOV
Subject: CDC Media Statement: Update on the Diamond Princess Cruise Ship in Japan

Media Statement

For Immediate Release

Tuesday, February 18, 2020

Contact: CDC Media Relations

(404) 639-3286

Update on the Diamond Princess Cruise Ship in Japan

We commend the extraordinary efforts by the Government of Japan to institute quarantine measures onboard the *Diamond Princess*. While the quarantine potentially conferred a significant public health benefit in slowing transmission, CDC's assessment is that it may not have been sufficient to prevent transmission among individuals on the ship. CDC believes the rate of new infections on board, especially among those without symptoms, represents an ongoing risk. Therefore, to protect the health of the American public, all passengers and crew of the ship have been placed under travel restrictions, preventing them from returning to the United States for at least 14 days after they had left the *Diamond Princess*.

Currently, there are more than 100 U.S. citizens still onboard the *Diamond Princess* cruise ship or in hospitals in Japan. These citizens have been placed under the restrictions, as have the ship's other passengers and crew.

After disembarkation from the *Diamond Princess*, these passengers and crew will be required

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to wait 14 days without having symptoms or a positive coronavirus test result before they are permitted to board flights to the United States.

If an individual from this cruise arrives in the United States before the 14-day period ends, they will still be subject to a mandatory quarantine until they have completed the 14-day period with no symptoms or positive coronavirus test results.

Because of their high-risk exposure, there may be additional confirmed cases of COVID-19 among the remaining passengers on board the *Diamond Princess*.

CDC is committed to protecting the health and safety of all Americans. We continue to believe that the risk of exposure to COVID-19 to the general public in the United States is currently low. The U.S. Government is taking these measures to protect the *Diamond Princess* passengers and crew, their loved ones, the traveling public, and communities within the United States.

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U.S. Department of Health and Human Services

CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

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AMERICAN OVERSIGHT

From: Mimi Huynh
To: Mimi Huynh
Cc: Charla Debolt; Susan Lett
Subject: FW: CDC Public Health Grand Rounds
Date: Tuesday, February 11, 2020 3:14:29 PM
Attachments: image003.png

Sent to the CSTE Vaccine-Preventable Diseases Subcommittee

Good afternoon,

Please see below for an upcoming CDC Public Health Grand Rounds live webcast on maintaining measles elimination and enhancing vaccince confidence.

Thank you,

Mimi P. Huynh, MPH
Program Analyst

Council of State and Territorial Epidemiologists
"Using the power of epidemiology to improve the public's health"
CSTE.org • Membership • Facebook • Twitter • Instagram
2635 Century Parkway NE, Suite 700, Atlanta, GA 30345
Tel: 770.458.3811 | Fax: 770.458.8516
Documents with personal data and/or confidential information must be sent to CSTE's national office only through a secure ShareFile request and not through regular email.

From: Centers for Disease Control and Prevention <no-reply@emailupdates.cdc.gov>
Sent: Wednesday, February 5, 2020 1:46 PM
To: Mimi Huynh <mhuynh@cste.org>
Subject: CDC Public Health Grand Rounds

CDC Public Health Grand Rounds: Measles – Maintaining Disease Elimination and Enhancing Vaccine Confidence

Please join CDC for Public Health Grand Rounds, **"Measles – Maintaining Disease Elimination and Enhancing Vaccine Confidence"** on *Tuesday, February 18, 2020, at 1:00 p.m. (ET)*.

baby with coronavirus

Last year marked the highest number of measles cases in a single year in the United States since 1992, with a total of 1,282 confirmed cases. More than 73% of these cases were linked to outbreaks in New York, affecting under-vaccinated communities. Measles was declared eliminated in the United States in 2000; however, the sustained transmission of almost 12 months nearly led to the loss of our elimination status.

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This session of Public Health Grand Rounds will focus on measles in the United States and the response to and lessons learned from the outbreaks in New York in 2018-2019. Presenters from New York City and New York State will share details about their outbreaks and response efforts. Presenters from CDC will discuss the national picture of measles in the United States and the agency's strategy for strengthening vaccine confidence and increasing coverage of vaccine-preventable diseases.

Presented By:

CDR Manisha Patel, MD, MS
Medical Officer, Domestic Measles Team Lead
National Center for Immunization and Respiratory Diseases, CDC
"Measles in the United States"

Howard Zucker, MD, JD
New York State Public Health Commissioner
"The 2018-2019 Measles Epidemic in New York: Successes and Challenges"

Oxiris Barbot, MD
New York City Public Health Commissioner
"The New York City Experience: Measles Outbreak Management"

Amanda Cohn, MD
Chief Medical Officer
National Center for Immunization and Respiratory Diseases, CDC
"Strengthening Confidence in Vaccines"

Feel free to e-mail your questions before or during the session.

To attend:
A live webcast will be available on the CDC website. Open captions are provided. The link will be live five minutes before the presentation. Sessions are posted 3-4 days after each presentation to the On Demand page of our website.

Free Continuing Education is available for Grand Rounds Sessions
In order to receive continuing education (CE) for Public Health Grand Rounds sessions, please visit TCEO and follow these 9 Simple Steps. To find our courses use the search term "Public Health Grand Rounds". To receive continuing education, you must complete the online seminar evaluation and post-test. Continuing education will be available for up to 2 years and 1 month after the initial session offering.

Centers for Disease Control and Prevention
1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348
Questions or Problems | Unsubscribe

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From: Gibbons-Burgener, Suzanne N - DHS
To: Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Subject: FW: CDC Releases Interim Movement & Monitoring Guidance, Updated Travel Cards, NPHL Webinar 2/6
Date: Tuesday, February 04, 2020 1:20:10 PM
Attachments: image003.png
Network 26 Webinar 2019 Novel Coronavirus - Legal Preparedness and Public Health Response Efforts.msg

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Good afternoon;
Attached to this message is an invite to a webinar (Th 2/6) focusing on legal aspects of the 2019-nCoV response. You may want to pass it on to OLC.

Suzanne Gibbons-Burgener, DVM, PhD
Infectious Diseases Epidemiologist
Wisconsin Division of Public Health
Suzanne.GibbonsBurgener@dhs.Wisconsin.gov

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From: Mimi Huynh [mailto:mhuynh@cste.org]
Sent: Tuesday, February 04, 2020 1:03 PM
To: Mimi Huynh <mhuynh@cste.org>; Puja Shah <pshah@cste.org>
Cc: hahnc@dhw.idaho.gov; Lisa McHugh <Lisa.McHugh@doh.nj.gov>; Caitlin Pedati <caitlin.pedati@idph.iowa.gov>
Subject: FW: CDC Releases Interim Movement & Monitoring Guidance, Updated Travel Cards, NPHL Webinar 2/6

Sent to the Influenza and Viral Respiratory Diseases and Healthcare-Associated Infections Subcommittees:

Good afternoon,

Please see below for important updates and resources regarding the 2019-nCoV response.

Best regards,

Mimi P. Huynh, MPH
Program Analyst
Council of State and Territorial Epidemiologists
"Using the power of epidemiology to improve the public's health"
CSTE.org • Membership • Facebook • Twitter • Instagram
2635 Century Parkway NE, Suite 700, Atlanta, GA 30345
Tel: 770.458.3811 | Fax: 770.458.8516
Documents with personal data and/or confidential information must be sent to CSTE's national office only through a secure ShareFile request and not through regular email.

From: Jeremy Arieh <jarieh@cste.org>
Sent: Tuesday, February 4, 2020 1:30 PM
To: Jeremy Arieh <jarieh@cste.org>
Cc: CSTE Novel Coronavirus 2019 <CSTEncov2019@cste.org>
Subject: FW: CDC Releases Interim Movement & Monitoring Guidance, Updated Travel Cards, NPHL Webinar 2/6

A close up of a logo Description automatically generated

Forwarded to State Epidemiologists, Deputy State Epidemiologists, CLUE, CSTE Infectious Disease Points of Contact, and the CSTE Executive Board

Good afternoon,

The Centers for Disease Control and Prevention (CDC) has released new movement and monitoring guidelines - **"Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings"**. Also attached are updated 2019-nCoV travel postcards CDC has shared. Finally, attached is an invitation to a Network for Public Health Law webinar on 2019-nCoV response scheduled Thursday, February 6 at 12:00 pm EST. Call information for that webinar is contained in the attachment.

Please let us know your questions.

Thanks, Jeremy Arieh

Jeremy Arieh
Director of Communications
Council of State and Territorial Epidemiologists
"Using the power of epidemiology to improve the public's health"
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2635 Century Parkway NE, Suite 700, Atlanta, GA 30345
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From: State and Local Readiness (CDC) <preparedness@cdc.gov>

AMERICAN OVERSIGHT

Sent: Monday, February 3, 2020 8:29 PM
To: CDC IMS State Coordination Task Force (SCTF) Lead <eocsctflead@cdc.gov>
Subject: CDC Releases Interim Movement & Monitoring Guidance

Dear Partners,

Today, the Centers for Disease Control and Prevention (CDC) released new movement and monitoring guidelines, "**Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings"**. For your convenience, you can find it here.

Feel free to send any questions to preparedness@cdc.gov. For the latest information on the 2019 Novel Coronavirus (2019-nCoV), please visit the response webpage.

Thank you,

State Coordination Task Force (SCTF)
Division of State and Local Readiness (DSLR)
Center for Preparedness and Response (CPR)

Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE, MS H21-5, Atlanta, GA 30349-4027
CDC 24-7 Logo__EMAIL_Small

(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, and national and federal partners)

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From: Alesha Thompson
To: Alesha Thompson
Cc: Iniguez-Stevens, Esmeralda@CDPH; Svetlana Smorodinsky; Konen, Tess (MDH)
Subject: FW: CDC Releases Interim Movement & Monitoring Guidance, Updated Travel Cards, NPHL Webinar 2/6
Date: Tuesday, February 04, 2020 1:28:29 PM
Attachments: image003.png
image002.png
FW Network 26 Webinar 2019 Novel Coronavirus - Legal Preparedness and Public Health Response Efforts.msg

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Sent to CSTE Disaster Epidemiology and Border/International Health Subcommittee Members:

Good afternoon,

Please see below for resources regarding the 2019-nCoV response as well as information on the new movement and monitoring guidelines released by the CDC.

Thank you,

Alesha Thompson, MPH
Program Analyst I

Council of State and Territorial Epidemiologists
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Please let us know your questions.

Thanks, Jeremy Arieh

Jeremy Arieh
Director of Communications

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Feel free to send any questions to preparedness@cdc.gov. For the latest information on the 2019 Novel Coronavirus (2019-nCoV), please visit the response webpage.

Thank you,

State Coordination Task Force (SCTF)
Division of State and Local Readiness (DSLR)
Center for Preparedness and Response (CPR)

Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE, MS H21-5, Atlanta, GA 30349-4027

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(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, and national and federal partners)

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From:	Warzecha, Charles J - DHS
To:	Ayers, Jeanne F - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); Phillips, Jeffrey J - DHS
Subject:	FW: CDC Text Illness Monitoring (T.I.M) System Update
Date:	Monday, March 02, 2020 10:13:41 PM
Attachments:	T.I.M. FAQ_forPH_02.27.2020.pdf image001.png

I'm not familiar with this.

Stephanie,
Is this something we've used or have considered?

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Sent: Monday, March 2, 2020 8:15 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Subject: FW: CDC Text Illness Monitoring (T.I.M) System Update

Are we using this?
Jeanne

From: State and Local Readiness (CDC) <preparedness@cdc.gov>
Sent: Friday, February 28, 2020 1:53 PM
To: State and Local Readiness (CDC) <preparedness@cdc.gov>
Subject: CDC Text Illness Monitoring (T.I.M) System Update

Dear Colleagues,

The Text Illness Monitoring (T.I.M.) system has recently been modified to allow county-level campaigns to be added under state campaigns. This allows for local use of T.I.M. for COVID-19 symptom monitoring.

If a state would like to add county-level users in T.I.M., they should provide the names of the

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counties that should be activated. Once the T.I.M. support team activates these counties, states may then add county-level users as appropriate.

Local jurisdictions will be assigned at the county level and will have access to the data for that county only, and states will have access to all data within the state.

Local jurisdictions should coordinate with their state for access. States may send the list of counties they wish to activate in T.I.M. to eocevent340@cdc.gov.

Thank you,

State Coordination Task Force

Sent by BCC to PHEP Directors, SHOS, State Epis, Non-governmental Partners, STLTs, and BCHC

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From: Ellinger, Beth A - DHS
To: Haupt, Thomas E - DHS; Kocharian, Anna - DHS; DeSalvo, Traci E - DHS
Cc: Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS
Subject: FW: CMS News: CMS Announces Actions to Address Spread of Coronavirus
Date: Thursday, March 05, 2020 7:52:20 AM

Just an FYI we may be getting more questions from DQA regarding the CMS response to COVID-19.

Beth

Beth Ellinger, MS, MPH, CIC
Epidemiologist-Advanced | Infection Preventionist
Healthcare-Associated Infection Prevention Program

Wisconsin Department of Health Services | Division of Public Health
Office: 608-266-0365 | Fax: 608-261-4976 | beth.ellinger@dhs.wisconsin.gov

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From: Dowdell, Ashlie M - DHS <Ashlie.Dowdell@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 3:54 PM
To: Ellinger, Beth A - DHS <beth.ellinger@dhs.wisconsin.gov>; Lasure, Megan R - DHS (WSLH) <Megan.Lasure@dhs.wisconsin.gov>; Eberle, Nancy K - DHS <nancy.eberle@dhs.wisconsin.gov>; Pischke, Vera L - DHS <Vera.Pischke@dhs.wisconsin.gov>; Coakley, Linda H - DHS <Linda.Coakley@dhs.wisconsin.gov>
Subject: FW: CMS News: CMS Announces Actions to Address Spread of Coronavirus

DQA's in this now…

Ashlie

Ashlie Dowdell
Director | Healthcare-Associated Infections Prevention Program

Wisconsin Department of Health Services | Division of Public Health
Office: 608-266-1122 | Fax: 608-261-4976 | ashlie.dowdell@dhs.wisconsin.gov

Visit our website at https://www.dhs.wisconsin.gov/hai/index.htm

View our NHSN tutorials at https://www.dhs.wisconsin.gov/hai/nhsn-resources.htm

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From: Centers for Medicare & Medicaid Services <cmslists@subscriptions.cms.hhs.gov>
Sent: Wednesday, March 4, 2020 3:46 PM
To: Dowdell, Ashlie M - DHS <Ashlie.Dowdell@dhs.wisconsin.gov>
Subject: CMS News: CMS Announces Actions to Address Spread of Coronavirus

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CMS News

FOR IMMEDIATE RELEASE
March 4, 2020

Contact: CMS Media Relations
(202) 690-6145 | CMS Media Inquiries

CMS Announces Actions to Address Spread of Coronavirus

CMS calls on all health care providers to activate infection control practices and issues guidance to inspectors as they inspect facilities affected by Coronavirus

Today, the Centers for Medicare & Medicaid Services (CMS) is announcing several actions aimed at limiting the spread of the Novel Coronavirus 2019 (COVID-19). Specifically, CMS is issuing a call to action to health care providers across the country to ensure they are implementing their infection control procedures, which they are required to maintain at all times. Additionally, CMS is announcing that, effective immediately and, until further notice, State Survey Agencies and Accrediting Organizations will focus their facility inspections exclusively on issues related to infection control and other serious health and safety threats, like allegations of abuse – beginning with nursing homes and hospitals. Critically, this shift in approach, first announced yesterday by Vice President Pence, will allow inspectors to focus their energies on addressing the spread of COVID-19.

As the agency responsible for Medicare and Medicaid, CMS requires facilities to maintain infection control and prevention policies as a condition for participation in the programs. CMS is also issuing three memoranda to State Survey Agencies, State Survey Agency directors and Accrediting Organizations – to inspect thousands of Medicare-participating health care providers across the country, including nursing homes and hospitals.

“Today’s actions, taken together, represent a call to action across the health care system,” said CMS Administrator Seema Verma. “All health care providers must immediately review their procedures to ensure compliance with CMS’ infection control requirements, as well as the guidelines from the Centers for Disease Control and Prevention (CDC). We sincerely appreciate the proactive efforts of the nursing home and hospital associations that have already galvanized to provide up-to-the-minute information to their members. We must continue working together to keep American patients and residents safe and healthy and prevent the spread of COVID-19.”

The first memorandum released today provides important detail with respect to the temporary focus of surveys on infection control and other emergent issues. Importantly, it notes that, in addition to the focused inspections, statutorily-required inspections will also continue in the 15,000 nursing homes across the country using the approximately 8,200 state survey agency surveyors. Surveys will be conducted according to the following regime:

- All immediate jeopardy complaints (a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and allegations of abuse and neglect;
- Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses;
- Statutorily required recertification surveys (Nursing Home, Home Health, Hospice, and ICF/IID facilities);
- Any re-visits necessary to resolve current enforcement actions;
- Initial certifications;
- Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years;

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- Surveys of facilities/hospitals/dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.

The memorandum also includes protocols for the inspection process in situations in which COVID-19 is identified or suspected. These protocols include working closely with CMS regional offices, coordinating with CDC, and other relevant agencies at all levels of government. The agency is also providing key guidance related to inspectors' usage of adequate personal protective equipment.

The other two memoranda provide critical answers to common questions that nursing homes and hospitals may have with respect to addressing cases of COVID-19. For example, the memoranda discuss concerns like screening staff and visitors with questions about recent travel to countries with known cases and the severity of infection that would warrant hospitalization instead of self-isolation. They detail the process for transferring patients between nursing homes and hospitals in cases for which COVID-19 is suspected or diagnosed. They also describe the circumstances under which providers should take precautionary measures (like isolation and mask wearing) for patients and residents diagnosed with COVID-19, or showing signs and symptoms of COVID-19.

Finally, the agency is announcing that it has deployed an infection prevention specialist to CDC's Atlanta headquarters to assist with real-time in guidance development.

Today's actions from CMS are focused on protecting American patients and residents by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns while also making it clear to providers that as always, CMS will hold them accountable for effective infection control standards. The agency is also supplying inspectors with necessary and timely information to safely and accurately inspect facilities.

To view each memo, please visit the below links:

Suspension of Survey Activities: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/suspension-survey-activities

Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-concerning-coronavirus-disease-covid-19-faqs-and

Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes

###

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This email was sent to ashlie.dowdell@wi.gov using GovDelivery Communications Cloud 7500 Security Boulevard · Baltimore MD 21244

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From:	Ayers, Jeanne F - DHS
To:	Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; Austin, Samuel V - DHS
Cc:	Warzecha, Charles J - DHS; Forsaith, Andrew C - DHS; Moore, Donna J - DHS; Phillips, Jeffrey J - DHS; Willems Van Dijk, Julie A - DHS
Subject:	FW: Coronavirus Message from CDC"s Office of Grant Services
Date:	Friday, January 31, 2020 4:59:42 PM

Greetings,
I will be on a call at 5:00 pm with White House 2019 –nCoV Emergency group. I suspect this is what it is about. It looks like funding is being made available at least through some re-direction of grants etc.
Jeanne

From: CSTLTS Director (CDC) [mailto:cstltsdirector@cdc.gov]
Sent: Friday, January 31, 2020 4:37 PM
Subject: Coronavirus Message from CDC's Office of Grant Services

Dear Colleague,

The Centers for Disease Control and Prevention (CDC) is aware that the response to novel Coronavirus (2019-nCoV) may require that you mobilize public health capabilities including the reassignment of personnel from their normal duties including those funded by CDC grants. On January 31, 2020, a public health emergency was declared by Alex M. Azar II, Secretary of Health and Human Services (HHS) pursuant to Section 319(e) of the Public Health Service Act [42 USC 247d(e)] – and the related delegation of that authority, activating the temporary reassignment of state and local personnel during a public health emergency only to the extent necessary, as determined by the CDC, to ensure sufficient flexibility to address the immediate need for staffing as a result of the consequences of this emergency. States and local governments may be reimbursed for such costs, absent any determination of fraud or abuse. CDC will provide detailed guidance in coordination with the Assistant Secretary for Preparedness and Response (ASPR) in a subsequent communication outlining the submission process for your requests.

Thanks,

Terrance W. Perry
Chief Grants Management Officer/Director
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)

José T. Montero, MD, MHCDS
Director, Center for State, Tribal, Local, and Territorial Support
Centers for Disease Control and Prevention

AMERICAN OVERSIGHT

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From: Wade, Anthony - DHS (CDC)
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: COVID 19 response
Date: Thursday, March 05, 2020 1:34:50 PM

Stephanie, this is what the conference call was about listed below. The number of field staff deployment is thirty. Will keep you in the loop.

Anthony Wade
Anthony.Wade@dhs.wisconsin.gov

From: Salmon, Melinda (CDC/DDID/NCHHSTP/DSTDP) <meh3@cdc.gov>
Sent: Thursday, March 5, 2020 1:30 PM
To: CDC DDID NCHHSTP DSTDP FSB FIELD STAFF <DDIDNCHHSTPDSTDPFSBFIELDSTAFF@cdc.gov>
Subject: COVID 19 response

Hello FSB Staff,

I am sending this as a follow-up for staff who were on the All Hands call today and those who could not make the call.

We have received an urgent request for field staff to deploy to support COVID 19 outbreak response. This response should take priority over your current STD Program activities.

Please send me an email as soon as possible indicating your availability to deploy within:

- 48 hours,
- one week, or
- the next two months

Copy Michelle Scott and Dawn Broussard on the email.

Let me know if you have questions.

Thank you,
Melinda

Melinda Salmon
East Region Management Official
CDC/NCHHSTP/DSTDP/FSB
msalmon@cdc.gov
404-718-6565

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: DeSalvo, Traci E - DHS
Subject: FW: COVID 19 response
Date: Thursday, March 05, 2020 1:35:00 PM

FYI

From: Wade, Anthony - DHS (CDC) <Anthony.Wade@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 1:35 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: COVID 19 response

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Anthony.Wade@dhs.wisconsin.gov

From: Salmon, Melinda (CDC/DDID/NCHHSTP/DSTDP) <meh3@cdc.gov>
Sent: Thursday, March 5, 2020 1:30 PM
To: CDC DDID NCHHSTP DSTDP FSB FIELD STAFF <DDIDNCHHSTPDSTDPFSBFIELDSTAFF@cdc.gov>
Subject: COVID 19 response

Hello FSB Staff,

I am sending this as a follow-up for staff who were on the All Hands call today and those who could not make the call.

We have received an urgent request for field staff to deploy to support COVID 19 outbreak response. This response should take priority over your current STD Program activities.

Please send me an email as soon as possible indicating your availability to deploy within:

- 48 hours,
- one week, or
- the next two months

Copy Michelle Scott and Dawn Broussard on the email.

Let me know if you have questions.

Thank you,
Melinda

Melinda Salmon

AMERICAN OVERSIGHT

East Region Management Official
CDC/NCHHSTP/DSTDP/FSB
msalmon@cdc.gov
404-718-6565

AMERICAN OVERSIGHT

From: Warzecha, Charles J - DHS
To: DHS DL DPHManagers
Subject: FW: COVID-19 Continuity of Operations Preparedness Meeting
Date: Friday, March 06, 2020 3:59:28 PM
Attachments: image001.png
20200309 - Continuity of Operations Preparedness Meeting Addendum.docx
20200309 - Continuity of Operations Preparedness Meeting.docx
image012.png
image013.png
image014.png
image015.png
image002.png
image006.png

I'm hoping Donna can attend this meeting for DPH on Monday at 4-5.

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

Looking for information about COVID-19? **Start Here.**

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From: Dreyer, Amanda C - DHS <amanda.dreyer@dhs.wisconsin.gov>
Sent: Friday, March 6, 2020 3:38 PM
To: Audley, Holly O - DHS <HollyO.Audley@dhs.wisconsin.gov>; Benton, Anna C - DHS <anna.benton@dhs.wisconsin.gov>; Forsaith, Andrew C - DHS <Andrew.Forsaith@dhs.wisconsin.gov>; Klessig, Shari E - DHS <Shari.Klessig@dhs.wisconsin.gov>; Ramminger, Tabitha A -DHS <tabithaa.ramminger@dhs.wisconsin.gov>; Schuh, Dennis C - DHS <Dennis.Schuh@dhs.wisconsin.gov>; Steele, Gynger S - DHS <gynger.steele@dhs.wisconsin.gov>
Cc: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Willems Van Dijk, Julie A - DHS <julie.willemsvandijk@dhs.wisconsin.gov>; McDowell, Amy A - DHS <Amy.McDowell@dhs.wisconsin.gov>; McDearmon, Joel P - DHS <joel.mcdearmon@dhs.wisconsin.gov>
Subject: COVID-19 Continuity of Operations Preparedness Meeting

Hi Deputies,

With Julie's leadership, we are helping support DPH's work to prepare and respond to COVID-19 to

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ensure our department's continuity of operations. We will start with a preparedness conversation.

Please share with your division's leaders as appropriate and identify someone from your division to join our COOP preparedness work. We are scheduled to meet on Monday, March 9 @ 4pm. Meeting materials are attached for your reference.

Thank you,
Amanda

Amanda Dreyer
Deputy Administrator, Division of Enterprise Services
Wisconsin Department of Health Services
D: 608-266-5869 | C: 608-960-3242

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AMERICAN OVERSIGHT

From: Schauer, Stephanie L - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: COVID-19 Funding for State and Local Jurisdictions
Date: Thursday, March 05, 2020 3:46:17 PM

Smiley
Wanted to let you know that we are assessing the needs for work on WIR to be able to efficiently distribute and track federally sourced vaccine. There are some changes that are needed since H1N1, and the process that we use with annual flu that need to be fixed, but we haven't had the funds and bandwidth to do. But obviously that needs to change

The work will come with a cost and we can try and use some of our funds that we have through 6/30/20 if we can get it up and moving asap, and are putting some in for our upcoming coag, but it is possible that additional funds could still be needed.

So before the entire WI allocation of these funds below is spoken for, would like to have WIR be a consideration…hope to have a better idea of the scope soon.

Stephanie

Stephanie Schauer, Ph.D.
(pronouns: she, her, hers)
Immunization Program Manager
Wisconsin Immunization Program
1 W. Wilson St., room 272
Madison, WI 53701
608-264-9884

****
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From: Mary Waterman <Mwaterman@Immunizationmanagers.org>
Sent: Thursday, March 5, 2020 10:16 AM
Cc: Claire Hannan <CHannan@Immunizationmanagers.org>
Subject: FW: COVID-19 Funding for State and Local Jurisdictions

AIM Members,
Please see the important press release below, shared with us from HHS.

Mary B. Waterman, MPH
Operations Director
Association of Immunization Managers (AIM)
301-424-6080

AMERICAN OVERSIGHT

HHS Announces Initial Funding to Jurisdictions Supporting COVID-19 Response

Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (CDC) is announcing upcoming action to provide initial resources to a limited number of state and local jurisdictions in support of our nation's response to the coronavirus disease 2019 (COVID-19).

"State and local governments are the backbone of our public health system. They have been essential partners in the ongoing work to contain and mitigate the spread of COVID-19 in the United States," said HHS Secretary Alex Azar. "The Trump Administration is acting swiftly through every avenue we have to ensure state and local governments have the support they need to combat this outbreak."

"CDC is committed to working with state, local, tribal and territorial public health departments to mitigate community spread of novel coronavirus in this nation," said CDC Director Robert R. Redfield, M.D. "Our partners are on the front lines of this response and we support their efforts to increase needed public health capacity to confront the challenges this virus presents."

Using funds provided to CDC through the HHS Secretary's Transfer, CDC will:

- Award an initial $25 million cooperative agreement to the states and local jurisdictions who have borne the largest burden of response and preparedness activities to date. This is an initial award for those jurisdictions who require immediate assistance for activities such as monitoring of travelers, data management, lab equipment, supplies, staffing, shipping, infection control, and surge staffing. Once supplemental funding is provided, support will be provided to all states and local jurisdictions for a variety of critical public health activities.

- Award an initial $10 million cooperative agreement to state and local jurisdictions to begin implementation of coronavirus surveillance across the U.S., building on existing influenza activities and other surveillance systems. This initial award is for a limited number of jurisdictions. Once supplemental funding is provided, additional support will be provided to all states and local jurisdictions to enhancing testing and surveillance.

CDC will use existing networks to reach out to state and local jurisdictions to access this initial funding.

For more information about COVID-19, please visit CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/index.html

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AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Phillips, Jeffrey J - DHS
Subject: FW: COVID-19 Funding for State and Local Jurisdictions
Date: Thursday, March 05, 2020 3:58:00 PM

Possible use for some of the co-ag funds? This one area that we had identified about a year ago between our staff and OPHEC staff that needs an upgrade in order to accommodate a potential countermeasure response…just wanted to pin this for future considerations. (I don't think we can use ELC money for this.)

From: Schauer, Stephanie L - DHS <Stephanie.Schauer@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 3:46 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: COVID-19 Funding for State and Local Jurisdictions

Smiley
Wanted to let you know that we are assessing the needs for work on WIR to be able to efficiently distribute and track federally sourced vaccine. There are some changes that are needed since H1N1, and the process that we use with annual flu that need to be fixed, but we haven't had the funds and bandwidth to do. But obviously that needs to change

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Stephanie

Stephanie Schauer, Ph.D.
(pronouns: she, her, hers)
Immunization Program Manager
Wisconsin Immunization Program
1 W. Wilson St., room 272
Madison, WI 53701
608-264-9884

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From: Mary Waterman <Mwaterman@Immunizationmanagers.org>

AMERICAN OVERSIGHT

Sent: Thursday, March 5, 2020 10:16 AM
Cc: Claire Hannan <CHannan@Immunizationmanagers.org>
Subject: FW: COVID-19 Funding for State and Local Jurisdictions

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Mary B. Waterman, MPH
Operations Director
Association of Immunization Managers (AIM)
301-424-6080
Website | Twitter | LinkedIn

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For more information about COVID-19, please visit CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/index.html

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From:	Alesha Thompson
To:	Alesha Thompson
Cc:	Konen, Tess (MDH); Svetlana Smorodinsky; Iniguez-Stevens, Esmeralda@CDPH
Subject:	FW: CSTE COVID-19 Response | COVID-19 Legal Preparedness Webinar Series
Date:	Friday, February 14, 2020 2:05:10 PM
Attachments:	image001.png image002.png image003.png

Forwarded to CSTE Disaster Epidemiology and Border/International Health Subcommittee Members

Good afternoon,

Please see below for an upcoming webinar series entitled "Healthcare and Public Health Legal Preparedness: 2019 Novel Coronavirus (COVID-19)." The first webinar of the two-part series will be on **Tuesday, February 18th at 1pm ET**.

Thanks,

Alesha Thompson, MPH
Program Analyst I

Council of State and Territorial Epidemiologists
"Using the power of epidemiology to improve the public's health"
CSTE.org • Membership • Facebook • Twitter • Instagram
2635 Century Parkway NE, Suite 700, Atlanta, GA 30345
Tel: 770.458.3811 | Fax: 770.458.8516

Documents with personal data and/or confidential information must be sent to CSTE's national office only through a secure ShareFile request and not through regular email.

From: CSTE Emergency Response <Preparedness@cste.org>
Sent: Friday, February 14, 2020 2:30 PM
To: CSTE Emergency Response <Preparedness@cste.org>
Cc: CSTE Novel Coronavirus 2019 <CSTEncov2019@cste.org>
Subject: CSTE COVID-19 Response | COVID-19 Legal Preparedness Webinar Series

A close up of a logoDescription automatically generated

Sent to State Epidemiologists, Deputy State Epidemiologists, CLUE, Infectious Disease Points of Contact, and the CSTE Executive Board

AMERICAN OVERSIGHT

Good afternoon,

CDC's Public Health Law Program and Center for Preparedness and Response will host a two-part webinar series in collaboration with their partners, entitled *Healthcare and Public Health Legal Preparedness: 2019 Novel Coronavirus (COVID-19)*.

The webinar series will provide participants with the legal knowledge necessary for preparing for a possible COVID-19 outbreak. Speakers will provide an overview of legal preparedness considerations for public health and the health care sector. The first webinar, co-hosted by the National Governor's Association and the American Bar Association, will provide an overview of the global and U.S. situation, as well as public health planning considerations, including disease surveillance, reporting and non-pharmaceutical interventions. The second webinar will be co-hosted by the American Health Lawyers Association and Association of Healthcare Emergency Preparedness Professionals and will cover health care preparedness considerations and focus on the legal issues for the health care sector, including patient screening and testing, personal protective equipment (PPE), and more. This two-part series will be held on Tuesday, February 18 (1:00-2:30 pm EST) and Tuesday, February 25 (noon-1:30 pm EST). CLE is being sought for Part 2.

Dates/Times
Part 1: Tuesday, February 18, 2020 1:00-2:30 pm (EST)
Part 2: Tuesday, February 25, 2020 12:00-1:30 pm (EST)

Register Today
Register for Part One: https://americanbar.zoom.us/webinar/register/WN_vvHZtoHGTA-mMfC95HVVfQ
Register for Part Two: https://distancelearning.healthlawyers.org/p/W-NCV20

More Information
Healthcare and Public Health Legal Preparedness: 2019 Novel Coronavirus (COVID-19) is co-hosted by the National Governor's Association, the American Bar Association, the Association of Healthcare Emergency Preparedness Professionals, the American Health Lawyers Association, CDC's Center for Preparedness and Response and the Public Health Law Program within the Center for State, Tribal, Local, and Territorial Support. Contact PHLP at phlawprogram@cdc.gov for more information.

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Council of State and Territorial Epidemiologists
Emergency Preparedness & Response Mailbox
Business Hours Line: 770.458.3811
After-Hours Line:678.256.3945

AMERICAN OVERSIGHT

From:	Jordan Peart
To:	Jordan Peart
Cc:	Alan Siniscalchi
Subject:	FW: CSTE COVID-19 Response | COVID-19 Legal Preparedness Webinar Series
Date:	Friday, February 14, 2020 2:08:22 PM
Attachments:	image001.png image002.png

Forwarded to the CSTE Public Health Emergency Preparedness Subcommittee

Good afternoon,

Please see below for information on a webinar series, entitled *Healthcare and Public Health Legal Preparedness: 2019 Novel Coronavirus (COVID-19)*, that might be of interest.

All the best,
Jordan

A close up of a logoDescription automatically generated

Sent to State Epidemiologists, Deputy State Epidemiologists, CLUE, Infectious Disease Points of Contact, and the CSTE Executive Board

Good afternoon,

CDC's Public Health Law Program and Center for Preparedness and Response will host a two-part webinar series in collaboration with their partners, entitled *Healthcare and Public Health Legal Preparedness: 2019 Novel Coronavirus (COVID-19)*.

The webinar series will provide participants with the legal knowledge necessary for preparing for a possible COVID-19 outbreak. Speakers will provide an overview of legal preparedness considerations for public health and the health care sector. The first webinar, co-hosted by the National Governor's Association and the American Bar Association, will provide an overview of the global and U.S. situation, as well as public health planning considerations, including disease surveillance, reporting and non-pharmaceutical interventions. The second webinar will be co-hosted by the American Health Lawyers Association and Association of Healthcare Emergency Preparedness Professionals and will cover health care preparedness considerations and focus on the legal issues for the health care sector, including patient screening and testing, personal protective equipment (PPE), and more. This two-part series will be held on Tuesday, February 18 (1:00-2:30 pm EST) and Tuesday, February 25 (noon-1:30 pm EST). CLE is being sought for Part 2.

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AMERICAN OVERSIGHT

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Register for Part Two: https://distancelearning.healthlawyers.org/p/W-NCV20

More Information
Healthcare and Public Health Legal Preparedness: 2019 Novel Coronavirus (COVID-19) is co-hosted by the National Governor's Association, the American Bar Association, the Association of Healthcare Emergency Preparedness Professionals, the American Health Lawyers Association, CDC's Center for Preparedness and Response and the Public Health Law Program within the Center for State, Tribal, Local, and Territorial Support. Contact PHLP at phlawprogram@cdc.gov for more information.

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Council of State and Territorial Epidemiologists
Emergency Preparedness & Response Mailbox
Business Hours Line: 770.458.3811
After-Hours Line: 678.256.3945

AMERICAN OVERSIGHT

From:	DeSalvo, Traci E - DHS
To:	Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Klos, Rachel F - DHS; Ellinger, Beth A - DHS; Pray, Ian W - DHS (CDC); Meinholz, Kimberly K - DHS
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	FW: Delaware shares their guidance for schools along with fact sheet in Spanish and Creole
Date:	Friday, January 31, 2020 9:16:55 AM
Attachments:	HAITIAN CREOLE_Coronoavirus 1-pager_final.pdf SPANISH_Coronoavirus 1-pager_final.pdf DPH Statement for Child Care Facilities on Coronavirus_1.30.2020.pdf DPH Statement for Colleges and Universities on Coronavirus_1.30.2020.pdf DPH Statement for Schools on Coronavirus_1.30.2020.pdf

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From: Moore, Donna J - DHS
Sent: Friday, January 31, 2020 8:15 AM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>; Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>
Subject: FW: Delaware shares their guidance for schools along with fact sheet in Spanish and Creole

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From: Laura Espino
Sent: Friday, January 31, 2020 8:14:10 AM (UTC-06:00) Central Time (US & Canada)
To: Laura Espino
Cc: Robert Jennings; Joseph G. Rebele; Kris Smith
Subject: Delaware shares their guidance for schools along with fact sheet in Spanish and Creole

Dear NPHIC members:

Thanks to Andrea Wojcik, our Delaware member, who heard a NPHIC member request yesterday on the CDC/NPHIC call, please find attached Delaware's guidance for schools for various audiences along with a Spanish and Haitian Creole translations of their fact sheet flyer. We will post these also on the NPHIC Coronavirus webpage.
Best,
Laura Espino

AMERICAN OVERSIGHT

From: Meiman, Jonathan G - DHS
To: Westergaard, Ryan P - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: FW: DMC - coronavirus in Wisconsin
Date: Thursday, February 06, 2020 7:50:06 PM

FYI – see note about MKE

From: Paul Hunter [mailto:phhunter@wisc.edu]
Sent: Thursday, February 6, 2020 7:39 PM
Subject: DMC - coronavirus in Wisconsin

Dear Milwaukee Clinicians,

The case of novel coronavirus diagnosed on 2/5/20 at the UW Hospital in Madison this week reinforces the guidance I have forwarded in previous messages, and included below. As the state health department noted in their press release (www.dhs.wisconsin.gov/news/releases/020520.htm) the risk to Wisconsin residents remains low.

The City of Milwaukee Health Department is preparing to implement the CDC's risk assessment and management guidance issued 2/5/20: www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html. The active monitoring and movement restrictions in this guidance are procedures familiar to the communicable disease staff and managers at the City of Milwaukee Health Department.

With test kits making their way from the CDC to state health department labs over the next week, testing for novel coronavirus should soon become more readily available. www.fda.gov/news-events/press-announcements/fda-takes-significant-step-coronavirus-response-efforts-issues-emergency-use-authorization-first

---

As I mentioned in previous messages …

Meet with your clinic managers to review the CDC coronavirus infection control page updated 2/3/20, www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html

For patients that might meet the CDC criteria for a Person Under Investigation (PUI) www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html

- Immediately contact the state health department at 608-267-9003
  for consultation and approval of 2019-nCoV testing
  (If state is not immediately available, call Milwaukee SurvNet at 414-286-3624.)
- Be prepared to collect respiratory specimens
  (lower respiratory if possible, upper respiratory required)
  www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html, updated 2/2/20
- For patients strongly suspected of having or testing positive for novel Coronavirus
  Provide supportive care using CDC guidance for clinicians
  www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

AMERICAN OVERSIGHT

Sincerely,

Paul Hunter MD
608-265-0477, phhunter@wisc.edu

Associate Professor
Department of Family Medicine and Community Health (DFMCH)
University of Wisconsin (UW) - School of Medicine and Public Health (SMPH)

Back-up Medical Consultant for Communicable Diseases,
City of Milwaukee Health Department (MHD)
==========

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Wozniak, Ryan J - DHS
Subject: FW: DMC - coronavirus in Wisconsin
Date: Thursday, February 06, 2020 7:51:00 PM

FYI

From: Meiman, Jonathan G - DHS
Sent: Thursday, February 6, 2020 7:50 PM
To: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: DMC - coronavirus in Wisconsin

FYI – see note about MKE

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(lower respiratory if possible, upper respiratory required)
www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html,
updated 2/2/20
For patients strongly suspected of having or testing positive for novel Coronavirus
Provide supportive care using CDC guidance for clinicians
www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

Sincerely,

Paul Hunter MD
608-265-0477, phhunter@wisc.edu

Associate Professor
Department of Family Medicine and Community Health (DFMCH)
University of Wisconsin (UW) - School of Medicine and Public Health (SMPH)

Back-up Medical Consultant for Communicable Diseases,
City of Milwaukee Health Department (MHD)
==========

AMERICAN OVERSIGHT

From: Wick, Amy R - DHS
To: DHS DL DPH BCD HIV Program; DHS DL DPH BCD STD Program
Subject: FW: EHE Award Announcement
Date: Wednesday, February 26, 2020 4:08:20 PM
Attachments: image003.png

From: HRSA HAB DSHAP <HABDSHAP@hrsa.gov>
Sent: Wednesday, February 26, 2020 4:04 PM
To: HRSA HAB DSHAP <HABDSHAP@hrsa.gov>
Cc: HRSA DSHAP <DSHAP@hrsa.gov>
Subject: EHE Award Announcement

Ryan White HIV/AIDS Program Colleagues,

Today, the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) announced approximately $117 million was awarded to expand access to HIV care, treatment, medication, and prevention services. This investment is a critical component of the Administration's *Ending the HIV Epidemic: A Plan for America (EHE)* initiative, which aims to reduce the number of new HIV infections in the United States by 90 percent by 2030.

Today's EHE awards includes approximately $63 million to 60 Ryan White HIV/AIDS Program recipients and nearly $54 million to 195 HRSA-funded health centers. Awards made to HRSA's Ryan White HIV/AIDS Program recipients will be used to link people who are either newly diagnosed with HIV, or diagnosed but currently not in care, to essential HIV care, treatment, and support services, as well as to provide workforce training and technical assistance. HRSA's Health Center Program awards will be used to identify at-risk individuals and engage in prevention services, test for HIV, and prescribe pre-exposure prophylaxis (PrEP) when appropriate.

The EHE initiative and today's awards focus on 48 counties, Washington, D.C., and San Juan, Puerto Rico, which are areas where more than 50 percent of new HIV diagnoses occurred in 2016 and 2017, and in seven states with a substantial rural HIV burden.

For more information on today's awards, please see HHS's press release issued today: https://www.hhs.gov/about/news/2020/02/26/hhs-awards-117-million-to-end-hiv-epidemic-in-the-united-states.html.

For a list of the Ryan White HIV/AIDS Program EHE-awarded recipients: https://hab.hrsa.gov/about-ryan-white-hivaids-program/fy2020-ending-hiv-epidemic-awards.

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For a list of the HRSA-funded Health Center Program EHE-awarded recipients: https://bphc.hrsa.gov/program-opportunities/primary-care-hiv-prevention/fy2020-awards.

Thank you for your continued efforts to provide critical HIV primary medical care, medication, and essential support services to people with HIV across this nation.

Thank you,

Laura Cheever and Heather Hauck
HIV/AIDS Bureau
Health Resources and Services Administration

2020 NRWC Email Signature_Save the Date

AMERICAN OVERSIGHT

From:	DeSalvo, Traci E - DHS
To:	Smiley, Stephanie L - DHS (DPH); Yunker, Claire F - DHS; Miller, Stephanie W - DHS
Subject:	FW: Employers FAQs
Date:	Friday, February 07, 2020 12:20:01 PM
Attachments:	What Employers Need to Know About Coronavirus.pdf

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From: Pray, Ian W - DHS (CDC)
Sent: Friday, February 7, 2020 10:57 AM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Thelen, Margaret K - DHS <Margaret.Thelen@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>
Subject: Employers FAQs

Can we recycle this FAQ from employers that PHMDC made and post it to our website? We've gotten questions about employees working after travel to China, and it would be useful to provide something like this…

Ian Pray, PhD, MPH
Epidemic Intelligence Service Officer
Centers for Disease Control and Prevention

Assigned to:
Bureau of Environmental and Occupational Health
Wisconsin Department of Health Services
1 W. Wilson Street, Room 150
Madison, WI 53701
(608) 266-7480
ian.pray@dhs.wisconsin.gov
pij3@cdc.gov

AMERICAN OVERSIGHT

From:	Kaplan, Beth M - DHS
To:	Smiley, Stephanie L - DHS (DPH); Irving, Roy M - DHS
Cc:	Warzecha, Charles J - DHS; Ayers, Jeanne F - DHS; Phillips, Jeffrey J - DHS
Subject:	FW: Force Protection Novel Coronavirus Outbreak
Date:	Monday, February 03, 2020 2:25:27 PM
Attachments:	ARN20693_ALARACT_2020_007_FINAL_URGENT.PDF Force Health Protection Guidance for the Novel Coronavirus Outbreak - Ja....pdf

---

Kurt stopped by and wanted to past this information along to us.
Beth

-----Original Message-----
From: Southworth, Kurt K - DHS
Sent: Monday, February 03, 2020 2:20 PM
To: Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Subject: FW: Force Protection Novel Coronavirus Outbreak

Just passing on if interested. Not sure who to send to so I thought I would start here. I apologize if it is of no value, just thought I would share.

Kurt K. Southworth, MS/QSM
Policy Initiatives Advisor
Division Of Care and Treatment Services
WI Department of Health Services
Office: 608-847-1794
Cell: 608-547-2372
Kurt.Southworth@dhs.wisconsin.gov

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-----Original Message-----
From: Smith, Donna E LTC USARMY NG WIARNG (USA) <donna.e.smith.mil@mail.mil>
Sent: Friday, January 31, 2020 2:04 PM
To: NG WI WIARNG List Distribution A <ng.wi.wiarng.list.distribution-a@mail.mil>
Cc: Strickroot, Rick L COL USARMY NG WIARNG (US) <rick.l.strickroot.mil@mail.mil>
Subject: Force Protection Novel Coronavirus Outbreak

CLASSIFICATION: UNCLASSIFIED

ALL,

Currently, in the state of Wisconsin there are no confirmed cases.

Those at risk of the Coronavirus are those that have traveled to or been in contact with someone who has traveled to the Wuhan, Hubei Province, China area and are sick with fever, cough, shortness of breath and general feeling of being unwell.

If someone has concerns they should contact their provider and limit their interactions to control the spread of infection. Keep in mind the mode of transmission is respiratory and contact with eyes.

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Recommendations include: general precautions of washing hands, covering mouth, cleaning home environment to include washing clothing and bedding with normal processes.

Please see the below original message and attached.

G3 - will include in this weeks G3 distribution with guidance to ensure it is communicated via the chain of command.

R,/

Donna E. Smith
LTC, MS, WIARNG
Deputy State Surgeon
2400 Wright Street
Madison, WI 53704
608-242-3484 (Comm)
724-3484 (DSN)
608-354-2669 (cell)
donna.e.smith.mil@mail.mil

CLASSIFICATION: UNCLASSIFIED

-----Original Message-----
Subject: HQDA-200130-UZPC - Force Health Protection Guidance for the Novel Coronavirus Outbreak

Team,

Please see below and attached.

The attached Force Health Protection Guidance for the Novel Coronavirus Outbreak Memorandum provides guidance to DoD personnel. The CDC has published a warning to avoid all nonessential travel (Level 3) to China and advises that travelers to China should take enhanced precautions to prevent exposure to the 2019-nCoV. Per the CDC, identifying a person at risk, or Patient Under Investigation (PUI) is based on symptoms and exposure history. While the immediate risk of this new virus to the American public is believed to be low at this time, the CDC recommends getting an influenza vaccine, and taking everyday preventive actions to help stop the spread of germs. If you are a healthcare provider then be on the lookout for people with a travel history to China and fever and respiratory symptoms. For more information on frequently asked questions about the novel corona virus can be found at https://www.cdc.gov/coronavirus/2019-ncov/faq.html.

TJ

COL T.J. Law
Deputy Surgeon
Office of the Chief Surgeon

AMERICAN OVERSIGHT

From:	Amsterdam, Lori E - DHS
To:	Pfister, John R - DHS (HCET); John Pfister (john.pfister@epilab.info); Shrestha, Dhana M - DHS (State Lab of Hygiene)
Cc:	Wade, Anthony - DHS (CDC); Smiley, Stephanie L - DHS (DPH); Stokes, Scott A - DHS; Pilcher, Timothy E - DHS; Dalby Jessica W (Jessica.Dalby@fammed.wisc.edu); Westergaard, Ryan P - DHS; hhermus@milwaukee.gov; Kufalk, Brandon R - DHS; Stanislawski, Loriann - DHS
Subject:	FW: GISP Identifies Gonococcal Isolate with High Ceftriaxone MIC
Date:	Tuesday, March 03, 2020 5:28:36 PM
Attachments:	image001.png Dear Colleagues Letter 3-2-2020.pdf

FYI: Please let me know if you already received this Dear Colleague Letter from CDC Gail Bolan, re: High MIC GC isolate from Southern Nevada district, so in future I know not to clutter up your inbox.

Thank you,

Lori

From: NCHHSTP DSTDP Director (CDC) <dstdpd@cdc.gov>
Sent: Monday, March 02, 2020 12:34 PM
Subject: GISP Identifies Gonococcal Isolate with High Ceftriaxone MIC

Dear Colleagues,

As a sentinel surveillance project, the Gonococcal Isolate Surveillance Project (GISP) has documented rising antimicrobial resistant gonorrhea (ARGC) trends in different antibiotics over the years: ciprofloxacin resistance in the early 2000s, cases of high-level azithromycin "resistance" (minimum inhibitory concentration, MIC ≥ 256 µg/mL) and the overall rising prevalence of reduced azithromycin susceptibility since 2013. Now, we would like to inform you of the first GISP *Neisseria gonorrhoeae* isolate with a confirmed ceftriaxone MIC of 1.0 µg/mL. This isolate, identified in Las Vegas, has the highest ceftriaxone MIC identified in GISP to date.

In November 2019, the Texas Department of State Health Services Laboratory, as part of the Antibiotic Resistance Laboratory Network (AR Lab Network), notified CDC of a GISP isolate with a concerning susceptibility pattern. The male urethral isolate was determined to have a reduced susceptible ceftriaxone MIC of 1.0 µg/mL (susceptible is ≤ 0.25 µg/mL), a reduced susceptible cefixime MIC of 2.0 µg/mL (susceptible is ≤ 0.25 µg/mL), and a susceptible azithromycin MIC of 0.25 µg/mL (susceptible is ≤ 1.0 µg/mL) by agar dilution. Additional testing of the isolate and whole genome sequencing was done at CDC. The results confirmed the initial MIC test results from the Texas Laboratory and identified genetic mutations (i.e., *pen*A60 allele) consistent with the ceftriaxone reduced susceptibility results.

The isolate was collected from a male patient seen at the Southern Nevada Health District who reported 3 recent female sexual partners. The patient presented to the GISP participating STD clinic with urethritis symptoms and was treated on the same day with ceftriaxone 250 mg intramuscularly (IM) and azithromycin 1 g orally (PO). The patient responded to treatment with resolution of his symptoms. Repeat testing with nucleic acid amplification tests (NAATs) and culture at three anatomic sites were performed at the clinic and all follow up test results returned negative for

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gonorrhea. Upon identification of the isolate, CDC worked with the Southern Nevada Health District and the Nevada Department of Health and Human Services to investigate the partners of the index patient and identified possible links to China. All partners were unable to be evaluated, so limited additional NAATs or cultures directly related to the index patient were available for testing. The Southern Nevada Public Health Laboratory provided 257 specimens representing all remnant positive NAATs from September 2019 to November 2019 for additional testing to detect the *pen*A60 allele. Among the 257 NAAT samples tested, no additional specimens containing the *pen*A60 allele were detected. In addition, to date, CDC is not aware of any additional isolates with this susceptibility pattern through our gonorrhea antimicrobial susceptibility testing (AST) projects: GISP, enhanced GISP (eGISP) and Strengthening the US Response to Resistant Gonorrhea (SURRG). These projects, in partnership with the AR Lab Network, have conducted AST by agar dilution for over 9600 gonococcal isolates in 2018 and over 7600 isolates for the first 3 quarters of 2019.

Information of this concerning isolate with reduced ceftriaxone susceptibility but susceptibility to azithromycin which responded with current CDC recommended treatment is for your awareness only. It should be noted that gonococcal isolates with this *pen*A60 allele leading to ceftriaxone reduced susceptibility have already been reported outside the United States, including in Australia, Canada, Japan, United Kingdom, some of which have been associated with treatment failures. At this time, we recommend the continued use of the **recommended regimen for gonococcal infections: ceftriaxone 250 mg IM x 1 dose and azithromycin 1 g PO x 1 dose**.

This is a reminder that the threat of ARGC remains urgent. In the case of a suspected treatment failure at any anatomic site, NAAT testing at all exposed anatomic sites should be conducted, along with collection of specimens for gonococcal culture and antibiotic susceptibility testing. Treating clinicians should consult an STD/HIV Prevention Training Center clinical expert (https://www.stdccn.org) or CDC GISP (by email: oew3@cdc.gov or telephone: 404-718-5447) for advice on obtaining cultures, antimicrobial susceptibility testing, and treatment. Presumptive treatment failures, where re-infection has been ruled out, should be reported to CDC through the local or state health department within 24 hours of diagnosis.

As a community, all our efforts are needed to identify and manage antibiotic resistant gonorrhea in the US. We look forward to continuing our work together as we address this ongoing challenge.

Regards,

Gail Bolan, MD
Director, Division of STD Prevention
Centers for Disease Control and Prevention

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Schauer, Stephanie L - DHS; DeSalvo, Traci E - DHS; Stokes, Scott A - DHS
Subject:	FW: Guidance for The Temporary Reassignment of State, Tribal, and Local Personnel During a Declared Federal Public Health Emergency
Date:	Monday, February 03, 2020 3:09:44 PM
Attachments:	image001.png

FYI

From: Ayers, Jeanne F - DHS
Sent: Monday, February 3, 2020 3:01 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Phillips, Jeffrey J - DHS <Jeffrey.Phillips@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Moore, Donna J - DHS <DonnaJ.Moore@dhs.wisconsin.gov>
Subject: Fwd: Guidance for The Temporary Reassignment of State, Tribal, and Local Personnel During a Declared Federal Public Health Emergency

FYI

Begin forwarded message:

> **From:** "CSTLTS Director (CDC)" <cstltsdirector@cdc.gov>
> **Date:** February 3, 2020 at 1:51:23 PM CST
> **Subject: Guidance for The Temporary Reassignment of State, Tribal, and Local Personnel During a Declared Federal Public Health Emergency**
>
> Dear Colleague,
>
> As a follow-up to the communication sent on January 31, 2020 regarding the public health emergency for the novel Coronavirus (2019-nCoV), CDC understands that it may require that you mobilize public health capabilities, including the reassignment of personnel from their normal duties including those funded by CDC grants.
>
> The purpose of this correspondence is to clarify the process for requesting temporary reassignment of state, tribal, and local personnel during an HHS Secretary declared public health emergency. This authority terminates September 30, 2023.
>
> Section 701 of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAI), 42 USC 201, Public Law 116-22 amends section 319 of the Public Health Service (PHS) Act to provide the Secretary of the Department of Health and Human Services (HHS) with discretion to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency upon request by a state or tribal organization. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with section 319(e).
>
> A Governor of a state, local or tribal organization or their designee may request to temporarily reassign state and local public health department, tribal, or agency personnel funded in whole or in part through programs authorized under the PHS Act to immediately address a public health

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emergency in the state or Indian tribe during the period of the emergency. The following reassignment conditions apply:

- Reassignment must be voluntary;
- Locations for reassignment must be covered under the public health emergency; and
- Any reassignment over 30 days must be reauthorized.

In the case of submission by a designee, a copy of the designation must be included. Please note that reassignments are not authorized until HHS approval is received.

Detailed information, including Guidance for Temporary Reassignment of State and Local Personnel during a Public Health Emergency, is available on the Assistant Secretary for Preparedness and Response (ASPR) website via http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx. To request the temporary reassignment of personnel, a state governor, tribal leader, or designee must complete the Request for the Temporary Reassignment of State, Tribal, and Local Personnel During a Public Health Emergency Declared by the HHS Secretary and submit it to TemporaryReassignment@hhs.gov.

Once the request to temporarily reassign staff has been approved, state, local, or tribal staff should continue to coordinate with their CDC Grants Management Officer (GMO) and Project Officer (PO) assigned to the grant or cooperative agreements. This will ensure that all parties are clear regarding the potential impact to their program, including the extent and the duration of the planned assignment(s). Other requests for programmatic or financial modification of CDC grants and cooperative agreements will be carried out with full consideration.

The following is an outline of the process from the receipt of a request.

1	ASPR will receive a written request for authorization to temporarily reassign personnel from the state or tribal locality via email (temporaryreassignment@hhs.gov).
2	The Secretary's Operations Center (SOC,) acting as the ASPR Coordinator, will respond to the state or tribal organization via email to confirm receipt of the request.
3	The SOC will relay the request to the appropriate authorizing HHS OPDIV or STAFFDIV within one business day via email.
4	The HHS OPDIV or STAFFDIV POC will confirm receipt of the request to the ASPR Coordinator.
5	Upon completion of the review, the OPDIV or STAFFDIV will provide the decision to the ASPR Coordinator, who will inform the applicant of the OPDIV/STAFFDIV's decision within one business day of receipt.
6	The ASPR Coordinator will record decisions to ensure senior Departmental leadership is aware of the use of the authority to support public health emergencies.
7	If the state or tribal locality needs an extension to submit the report, the state or tribal locality must notify the ASPR Coordinator by email.
8	The ASPR Coordinator will alert the HHS OPDIV or STAFFDIV POC of the report extension request within 48 hours by email.

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Respectfully,
Terrance W. Perry
Director
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
TWPerry@cdc.gov | 770-488-8424 office | 404-509-6572 cell

José T. Montero, MD, MHCDS
Director, Center for State, Tribal, Local, and Territorial Support
Centers for Disease Control and Prevention

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From:	Cordova, Joseph A - DHS
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Westergaard, Ryan P - DHS
Cc:	DHS RESPONSE
Subject:	FW: Health Advisory: Evaluating and Testing for COVID-19 in Minnesota
Date:	Thursday, March 05, 2020 3:03:56 PM

For your situational awareness

Joe Cordova, Emergency Response Coordinator / Threat Liaison Officer
Office of Preparedness and Emergency Health Care
(608) 267-9010
(608) 516-1226
joseph.cordova@wisconsin.gov

From: MDH Health Alert Network <a83ba1b3-0005-3000-80c0-fceb55463ffe@notify2.mir3.com>
Sent: Thursday, March 05, 2020 3:02 PM
To: Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
Subject: Health Advisory: Evaluating and Testing for COVID-19 in Minnesota

Please acknowledge this message by choosing one of these options:

- I got it.
- I will be forwarding it on behalf of my organization
- My organization will not be forwarding this message

Minnesota Department of Health, Thurs Mar 05 15:00 CST 2020

Action Steps:

Local and tribal health department: Please forward to hospitals, clinics, urgent care centers, emergency departments, and convenience clinics in your jurisdiction.
Hospitals, clinics and other facilities: Please forward to infection preventionists, infectious disease physicians, emergency department staff, hospitalists, primary care clinicians, and all other health care providers who might see patients with acute respiratory symptoms.
Health care providers:

- Be aware that on March 4, CDC has issued new guidance for evaluating suspect COVID-19 patients CDC Evaluating and Reporting Persons Under Investigation (PUI).
- Consult new MDH guidance for evaluating, testing, and reporting COVID-19 in Minnesota: Evaluating and Testing for Coronavirus Disease 2019 (COVID-19)
- This is a time of transition when soon commercial laboratories will be offering SARS-CoV-2 lab testing.
- Contact MDH at 651-201-5414 (1-877-676-5414) for consultation and questions.
- Visit the CDC Coronavirus Disease 2019 website for additional information on COVID-19.

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Patient Screening

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Patients with underlying co-morbidities are at higher risk for severe illness and mortality. Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza prior to testing for SARS-CoV. Influenza is still circulating in Minnesota. In particular, the following factors are important considerations:

- Patients with a travel history to a geographic area with community transmission (Level 2 or 3 CDC Travel Notices) within 14 days of onset of fever and cough/difficulty breathing who are influenza test negative;
- Patients who are a close contact of a confirmed case patient with fever or cough/difficulty breathing;
- Patients who are part of a case cluster of patients with fever or cough/difficulty breathing and influenza test negative;
- Patients with pneumonia/ARDS of unknown etiology (testing negative for respiratory pathogens);
- Patients who are healthcare workers with direct patient care who present with fever and cough/difficulty breathing, or with pneumonia who are influenza test negative

Patient Assessment

Assess the patient in a private room with the door closed, ideally an AIIR. Use standard, contact, and airborne precautions including use of eye protection. Use the following when assessing the patient: PAPR or fit-tested N95 respirator or surgical mask (if PAPR or N95 are not available), gown, gloves, eye protection (face shield or goggles).
Outpatients who are tested must be isolated at home while results are pending (MDH COVID-19 Home Care Instructions), and additional information will be provided if their test is positive. Patients who are not tested should remain home until 24 hours after improvement of symptoms and resolution of fever without fever reducing medications.
Inpatients: For severely ill patients (e.g., ARDS) without an identified etiology, even without a travel history, consultation with an infectious disease specialist is advised to discuss testing for SARS-CoV-2.

Patient Specimen Collection Guidance/Specimen Type

Specimens for testing include:
Nasopharyngeal (NP) and oropharyngeal (OP) specimens and a sputum specimen (if the patient has a productive cough or sputum is required for clinical reasons).
Instructions for specimen collection and shipping can be found at CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019
A Clinical Testing & Submission Form and a COVID-19 Patient Testing Form (MDH COVID Patient Testing Forms) must be completed for each specimen, note COVID-19 testing in comments.
Positive tests from the MDH are considered presumptive positive. Positive results will be

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communicated but they must also be confirmed at CDC at this time.

For More Information

More information is available at the CDC's Coronavirus Disease 2019 webpage or by calling MDH at 651-201-5414.

A copy of this HAN is available at: MDH Health Alert Network
The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.

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From:	Uttech, Susan M - DHS
To:	Anderson, Oskar M - DHS; Johnson, Melanie L - DHS (Mimi); Molke, Carrie A - DHS; Moore, Donna J - DHS; Phillips, Jeffrey J - DHS; Smiley, Stephanie L - DHS (DPH); Werner, Mark A - DHS; Northrop, Margarita I - DHS
Subject:	FW: Healthy Communities Memo Final for discussion with Secretary at 2:00
Date:	Wednesday, March 04, 2020 9:09:13 AM
Attachments:	NACDD Investing in Prevention.pdf healthTIDE Partners 1 Pager.pdf CDPP NPAO Overview.pdf Healthy+Communities+Making+Connections+report.pdf Minnesota Cost Savings.pdf image002.png image008.png image003.png SO - DPH Strategic Memo Healthy Communities_030220.docx
Importance:	High

Chuck asked that I share this with everyone and attend the meeting if you can.

From: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Sent: Monday, March 02, 2020 10:04 PM
To: Vander Linden, Pamela T - DHS <Pamela.VanderLinden@dhs.wisconsin.gov>; Sydow, Christine R - DHS <ChristineR.Sydow@dhs.wisconsin.gov>; Thompson, Taylor A - DHS <Taylor.Thompson@dhs.wisconsin.gov>
Cc: Austin, Samuel V - DHS <samuel.austin@dhs.wisconsin.gov>; Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Ullsvik, Jennifer C - DHS1 <jennifer.ullsvik1@dhs.wisconsin.gov>; Vasby, Tara J - DHS <tara.vasby@dhs.wisconsin.gov>; Uttech, Susan M - DHS <Susan.Uttech@dhs.wisconsin.gov>
Subject: FW: Healthy Communities Memo

Pam,
Here is an electronic copy of the memo and package I brought up late in the day today. Thanks for your help with this.

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Warzecha, Charles J - DHS
Sent: Monday, March 2, 2020 4:21 PM
To: Austin, Samuel V - DHS <samuel.austin@dhs.wisconsin.gov>
Subject: FW: Healthy Communities Memo

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Sam,
Here is the final that Jeanne just sent along with the attachments. Were you planning to distribute this to the SO? I can try to do that now otherwise. Thanks!
Chuck

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Ullsvik, Jennifer C - DHS1 <jennifer.ullsvik1@dhs.wisconsin.gov>
Sent: Friday, February 28, 2020 6:40 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Uttech, Susan M - DHS <Susan.Uttech@dhs.wisconsin.gov>
Cc: Austin, Samuel V - DHS <samuel.austin@dhs.wisconsin.gov>; Pesik, Mary J - DHS <Mary.Pesik@dhs.wisconsin.gov>
Subject: FW: Healthy Communities Memo

Jeanne, Chuck, and Susan,
Attached is the latest version of the draft memo for the strategic conversation next week, as well as attachments to consider for inclusion with the memo. I attempted to revise some of the text in a more 'strategic plan' direction, rather than budget proposal. Thank you for reviewing the memo and for any comments/feedback provided. I will be in the office on Monday morning to provide clarification, if needed, and revise the memo based on your comments/direction.
Thank you,
Jenny

Jennifer Ullsvik, Director
Bureau of Community Health Promotion
Wisconsin Department of Health Services
D: 608.266.0877

NOTICE: Get the most up to date confidentiality statement here.

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From:	Ayers, Jeanne F - DHS
To:	Moore, Donna J - DHS; Phillips, Jeffrey J - DHS; DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS
Subject:	FW: HHS Announces Initial Funding to Jurisdictions Supporting COVID-19 Response
Date:	Wednesday, March 04, 2020 1:39:37 PM

From: Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>
Sent: Wednesday, March 4, 2020 1:23 PM
To: Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>
Subject: HHS Announces Initial Funding to Jurisdictions Supporting COVID-19 Response

Dear Partner –

Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (CDC) is announcing upcoming action to provide initial resources to a limited number of state and local jurisdictions in support of our nation's response to the coronavirus disease 2019 (COVID-19).

"State and local governments are the backbone of our public health system. They have been essential partners in the ongoing work to contain and mitigate the spread of COVID-19 in the United States," said HHS Secretary Alex Azar. "The Trump Administration is acting swiftly through every avenue we have to ensure state and local governments have the support they need to combat this outbreak."

"CDC is committed to working with state, local, tribal and territorial public health departments to mitigate community spread of novel coronavirus in this nation," said CDC Director Robert R. Redfield, M.D. "Our partners are on the front lines of this response and we support their efforts to increase needed public health capacity to confront the challenges this virus presents."

Using funds provided to CDC through the HHS Secretary's Transfer, CDC will:
Award an initial $25 million cooperative agreement to the states and local jurisdictions who have borne the largest burden of response and preparedness activities to date. This is an initial award for those jurisdictions who require immediate assistance for activities such as monitoring of travelers, data management, lab equipment, supplies, staffing, shipping, infection control, and surge staffing. Once supplemental funding is provided, support will be provided to all states and local jurisdictions for a variety of critical public health activities.
Award an initial $10 million cooperative agreement to state and local jurisdictions to begin implementation of coronavirus surveillance across the U.S., building on existing influenza activities and other surveillance systems. This initial award is for a limited number of jurisdictions. Once supplemental funding is provided, additional support will be provided to all states and local jurisdictions to enhancing testing and surveillance.

CDC will use existing networks to reach out to state and local jurisdictions to access this initial funding.

For more information about COVID-19, please visit CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/index.html

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Sincerely,
Darcie

Darcie L. Johnston
Director, Intergovernmental Affairs
U.S. Department of Health and Human Services
Darcie.Johnston@hhs.gov

AMERICAN OVERSIGHT

From:	Smiley, Stephanie L - DHS (DPH)
To:	Stokes, Scott A - DHS
Subject:	FW: HIV Cluster and Outbreak Detection and Response
Date:	Friday, March 06, 2020 2:56:00 PM
Attachments:	image001.png image002.png image007.png AIDS Director Molecular Letter 3_2_2020.pdf image005.png image006.png
Importance:	High

FYI

From: PS18-1802 (CDC) <PS18-1802@cdc.gov>
Sent: Friday, March 6, 2020 2:53 PM
Subject: HIV Cluster and Outbreak Detection and Response
Importance: High

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

Dear Colleague,

The Centers for Disease Control and Prevention (CDC) is committed to supporting health departments in their implementation of HIV prevention activities. The topic of HIV cluster and outbreak detection and response, a key strategy in the PS18-1802 funding agreement as well as the Ending the HIV Epidemic initiative, is receiving increased attention.

In November 2018, CDC provided supplemental guidance to health departments on these foundational activities. Successful implementation of cluster and outbreak detection and response requires a series of activities that can be phased in over time to build a strong foundation for the responsible and effective implementation of this important work. While we know some of these activities are ongoing, we wanted to provide additional context for potential questions and discussions you may hear from your communities. We have identified several common themes and questions about collection of HIV sequences for cluster and outbreak detection and response work as we have discussed this work with grantees, partners, advocates, and community members. Many who have expressed concerns and questions about collection of HIV sequences have also expressed broader concerns about HIV surveillance programs generally, highlighting the need for more education about these programs and their important contribution to overall prevention efforts. We hope that the attached FAQ document may be helpful as you engage in discussions with your communities and partners about this work.

CDC continues efforts to improve access to care and prevention services and to fight HIV stigma, including through our communication campaigns. We have provided a communication toolkit to jurisdictions engaging in cluster and outbreak detection and response efforts, and we continue to work to identify the most appropriate ways of engaging communities and communicating about this important work. However, much of this work is very context-specific, and should consider the needs and cultural context of the communities being served. Therefore, in many cases state and local health departments will need to identify engagement and communications approaches specifically tailored to their communities.

Thank you for your continued, dedicated efforts to care for people with HIV and to prevent further HIV transmission in the United States.

AMERICAN OVERSIGHT

Sincerely,
/Eugene McCray/
Eugene McCray, M.D
Director, Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral
Hepatitis, STD and TB Prevention

AMERICAN OVERSIGHT

From: Miller, Stephanie W - DHS
To: Palm, Andrea J - DHS; Wikler, Elizabeth M - DHS
Subject: FW: Materials for 2019 Novel Coronavirus from DHS
Date: Friday, February 07, 2020 6:29:27 PM
Attachments: Press Release Gov. Evers" Statement on 2019 Novel Coronavirus.msg
image001.png

Please share as needed. Will try to do this every few days to keep everyone up to date. If you need more please let me know.

Stephanie

From: Miller, Stephanie W - DHS
Sent: Friday, February 7, 2020 1:35 PM
To: DOA DL Communications Directors <DOADLCommunicationsDirectors@wisconsin.gov>
Subject: Materials for 2019 Novel Coronavirus from DHS

All,

I wanted to make sure you had up to date information. As you know we have one confirmed case of Coronavirus but the risk to the general public remains low. Below are materials including talking points, press release, webpages, a video with the Governor and Secretary Palm, and a message map. If you receive media requests please send to dhsmedia@wi.gov. We are doing daily media briefings at 1:30 with our state health officer, doctors and epidemiologists who are leading this effort. If you have further material needs please reach out to me.

- Statement the Governor put out yesterday (attached)
- Link to the PSA from the Governor and Andrea: https://vimeo.com/389843840/5e67a54fcb
- Current numbers are updated daily at 2 PM: https://www.dhs.wisconsin.gov/outbreaks/index.htm
- DHS press release: https://www.dhs.wisconsin.gov/news/releases/020520.htm

2019 Novel Coronavirus (2019-nCoV) Talking Points:

The first case of 2019 novel coronavirus in Wisconsin has been confirmed. The individual resides in Wisconsin and has a history of travel to Beijing, China prior to their illness and was exposed to known cases while in China.

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While the risk to the general public remains low, DHS, the local health department, UW Hospital and Clinics, and the CDC are aggressively responding and monitoring this unfolding situation. We are working together to prevent disease transmission by evaluating close contacts of the patient and health care personnel who cared for the patient with the confirmed case. Be aware that this is a rapidly changing situation, and public health advice may change as more information becomes available.

State/Local Response:

- Local health department officials are working with the patient to ensure protective steps are put in place to avoid further spread of the virus.
- Individuals potentially exposed to the patient with the confirmed case are being contacted and advised on symptoms to watch for and steps to take if they experience symptoms (including self-isolation and evaluation by a healthcare provider).
- The Department of Health Services is working closely with the local health department, UW Hospital and Clinics, the CDC, and state health care providers to be alerted when someone who is experiencing symptoms had traveled to Wuhan, China, there the virus originated.
- When someone is being evaluated for the virus, they are isolated (either at a hospital or at home), clinical samples are taken and sent to the Centers for Disease and Prevention (CDC) for testing for 2019-nCoV. Testing can take several days.

2019 Novel Coronavirus:

- This virus can be spread:
    - In the air when someone coughs or sneezes.
    - If there is close personal contact, such as touching or shaking hands.
    - By touching an object or surface with the virus on it, then touching your mouth, nose or eyes.
- Symptoms:
    - Include fever, cough, and difficulty breathing.
    - Range from mild, cold-like symptoms, to severe symptoms that can include pneumonia.
    - Can appear from two days to 14 days after exposure to the virus

- People who are experiencing these symptoms and who have a history of travel to China should contact their health care provider and let them know about their symptoms and travel before they arrive at their health care clinic.

Preventive Steps:

- The risk of getting the 2019 novel coronavirus remains low for the general public.
- Influenza (flu) and other seasonal respiratory viruses are common in Wisconsin at this time of year.

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- Preventive steps are similar to protecting against cold and flu: wash hands frequently, cover your cough or sneeze, and stay home if you are sick.

2019 Novel Coronavirus (2019-NCOV) Message Map

Updated: February 5, 2020

The first case of the 2019 novel coronavirus has been confirmed in Wisconsin. The local health department and UW Hospital and Clinics along with State Health Officials and the CDC are working together to prevent disease transmission by evaluating close contacts of the patient and health care personnel who cared for the patient.

Coronaviruses, in general, are a large family of viruses that can cause illness in people and animals and are common throughout the world. Human coronaviruses commonly cause mild to moderate illness in people worldwide. 2019 novel coronavirus is a new type of coronavirus virus first identified in Wuhan, Hubei Province, China.

Although there have been cases of 2019 novel coronavirus in several states in the United States (see CDC webpage for the most current number of cases and states affected) and now in Wisconsin, the immediate health risk to the general public in Wisconsin and the United States is currently low. State, federal, and local public health officials are working hard to prevent the spread of the virus and protect the health of the public.

CDC has information for people who have had close contact with a person confirmed to have, or being evaluated for, 2019-nCoV infection available online.

CDC FAQs are available at: https://www.cdc.gov/coronavirus/2019-ncov/faq.html

You can always send media requests to DHS at 608-266-1683 or dhsmedia@wi.gov.

Key Message	Supporting Information
We are working hard to protect people in our county/tribe from getting 2019 novel coronavirus.	We are working with state and federal public health officials and healthcare providers to identify and test suspected cases.
	People with confirmed 2019 novel coronavirus are put into isolation (usually at home if not hospitalized) until they are no longer able to spread the disease.
	Anyone who is identified as being exposed to 2019 novel coronavirus is monitored for symptoms of fever, cough, and difficulty breathing for 14 days since the date of last contact with a confirmed case.
	Close contacts of cases who have symptoms of 2019 novel coronavirus (for example, fever, cough,

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	difficulty breathing) are assessed by their healthcare provider, tested for 2019 novel coronavirus, and isolated (usually at home if not hospitalized) until they are no longer able to spread the disease.
You can stay up-to-date about 2019 novel coronavirus in Wisconsin.	You can stay up to date about 2019 novel coronavirus in Wisconsin by visiting the Department of Health Services Disease Outbreaks website: https://www.dhs.wisconsin.gov/outbreaks/index.htm
	If there is a risk to the public, Health Officials will provide information to the general public about places where people may have been exposed and how to protect themselves.
	People who have symptoms of 2019 novel coronavirus who may have been exposed to the virus (because of travel or contact with a cases) should call their health care provider right away before presenting to the clinic or emergency department.
You can protect yourself from respiratory viruses, such as 2019 novel coronavirus and influenza.	To help avoid getting the 2019 novel coronavirus and other respiratory viruses, wash your hands, cover your cough or sneeze, and clean and disinfect objects/surfaces that are touched a lot. If you are sick with a fever and respiratory symptoms, stay home until you feel better
	Influenza (flu) is currently the most common respiratory virus spreading in Wisconsin. Get a flu shot because flu can be dangerous for children, older adults, and those with compromised immune systems
	Stay up to date with CDC's travel health notices related to this outbreak.

Stephanie Miller
Communications Director
Wisconsin Department of Health Services
D: 608-266-5862 | C: 608-556-7307
Media Line: 608-266-1683

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From:	Cordova, Joseph A - DHS
To:	Westergaard, Ryan P - DHS; Meiman, Jonathan G - DHS; Ayers, Jeanne F - DHS; DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Klos, Rachel F - DHS; Gibbons-Burgener, Suzanne N - DHS; Ellinger, Beth A - DHS; Austin, Samuel V - DHS
Cc:	Shult, Peter
Subject:	FW: Minnesota Health Advisory: Updated COVID-19 Guidance and Lab Testing
Date:	Monday, March 02, 2020 10:19:20 AM

For your situational awareness

Joe Cordova, Emergency Response Coordinator / Threat Liaison Officer
Office of Preparedness and Emergency Health Care
(608) 267-9010
(608) 516-1226
joseph.cordova@wisconsin.gov

From: MDH Health Alert Network <a8165044-0005-3000-80c0-fceb55463ffe@notify2.mir3.com>
Sent: Monday, March 02, 2020 10:03 AM
To: Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
Subject: Health Advisory: Updated COVID-19 Guidance and Lab Testing

Please acknowledge this message by choosing one of these options:

- I got it.
- I will be forwarding it on behalf of my organization
- My organization will not be forwarding this message

Minnesota Department of Health, Mon Mar 02 10:00 CST 2020

Action Steps:

Local and tribal health department: Please forward to hospitals, clinics, urgent care centers, emergency departments, and convenience clinics in your jurisdiction.
Hospitals, clinics and other facilities: Please forward to infection preventionists, infectious disease physicians, emergency department staff, hospitalists, primary care clinicians, and all other health care providers who might see patients with acute respiratory symptoms.
Health care providers:

- Continue to ask patients about international travel, including specific information about the country, city, and dates of travel.
- Have heightened vigilance for patients suspected of having COVID-19 infection based on the CDC Evaluating and Reporting Persons Under Investigation (PUI).
- Contact MDH at 651-201-5414 (1-877-676-5414) for consultation and arrangement for testing.
- Visit the CDC Coronavirus Disease 2019 website for additional information on COVID-19.

Patient Screening

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All healthcare facilities should implement screening before or at patient check-in. The following questions have been updated to reflect new CDC guidance:

1. Do you have a fever or symptoms of lower respiratory illness, such as cough or shortness of breath?
2. Do you have a history of recent travel (within past 14 days) from an affected geographic area? Affected geographic areas AT PRESENT include China, Iran, Italy, Japan, and South Korea (continue to check CDC Coronavirus Disease 2019 Information for Travel for updated affected geographic areas).
3. Have you had close contact with any person, including healthcare workers, who is a lab-confirmed patient within the past 14 days of symptom onset?

If a patient answers yes to the screen questions, the following patient assessment guidelines should be implemented:

1. If screening was conducted before the patient presented for care, direct the patient to don a surgical mask immediately (preferably prior to arrival), and enter the facility though a private entrance (if possible).
2. If screening at patient check-in, direct the patient to don a surgical mask. Immediately direct the patient to an airborne infection isolation room (AIIR) exam room (if possible), or another well-ventilated area or private room that allows patients to be separated by ≥ 6 feet.
3. Do not allow the patient to remain in the waiting room.

Patient Assessment

Assess the patient in a private room with the door closed, ideally an AIIR. Use standard, contact, and airborne precautions including use of eye protection.

Use the following when assessing the patient: PAPR or fit-tested N95 respirator or surgical mask (If PAPR or N95 are not available), gown, gloves, eye protection (face shield or goggles).

Collect: vital signs including measured or subjective fever, respiratory symptoms, date of illness onset, location and dates of travel from affected geographic areas, description of any contact with patients confirmed to be infected with COVID-19.

If symptoms are present and travel/exposure history is confirmed, please contact MDH to discuss potential testing for COVID-19.

Inpatients: For severely ill patients (e.g., ARDS) without an identified etiology, even without a travel history, consult an infectious disease specialist. Infectious disease specialists who are concerned about COVID-19 infection in severely ill patients should contact MDH at 651-201-5414.

Patient Testing Criteria

Please consult CDC's "Criteria to Guide Evaluation of PUI for COVID-19" in order to determine if patient testing is appropriate:

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Clinical Features	&	Epidemiologic Risk
Fever[1] **or** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including healthcare workers[2], who has had close contact[3] with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever[1] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas (see CDC website for countries with at least a Level 2 travel notice) within 14 days of symptom onset
Fever[1] withsevere acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	AND	No source of exposure has been identified

1 Fever may be subjective or confirmed
2 For healthcare personnel, testing may be considered if there has been an exposure to a person with suspected COVID-19 without laboratory confirmation.
3 Close contact is defined as being within approximately 6 feet of a COVID-19 case for a prolonged period of time

Patient Specimen Collection Guidance/Specimen Type

Approval from MDH will be needed to specimen testing. Specimens for testing include: Nasopharyngeal (NP) and oropharyngeal (OP) specimens and a sputum specimen (if the patient has a productive cough or sputum is required for clinical reasons).
Instructions for specimen collection and shipping can be found at CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019

A Clinical Testing & Submission Form must be completed for each specimen, note COVID-19 testing in comments.

MDH will begin testing specimens March 2. Positive tests are considered presumptive positive. Results will be communicated but positive results must also be confirmed at CDC at this time.

For More Information

More information is available at the CDC's Coronavirus Disease 2019 webpage or by calling MDH at 651-201-5414.

A copy of this HAN is available at: MDH Health Alert Network
The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.

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From: Ellinger, Beth A - DHS
To: Kocharian, Anna - DHS; Haupt, Thomas E - DHS; Klos, Rachel F - DHS
Cc: Westergaard, Ryan P - DHS; DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: FW: MMWR Early Release - Vol. 69, February 25, 2020
Date: Tuesday, February 25, 2020 12:59:53 PM

This might be good info for our call w/LHDs on Wed.

Beth Ellinger, MS, MPH, CIC
Epidemiologist-Advanced | Infection Preventionist
Healthcare-Associated Infection Prevention Program

Wisconsin Department of Health Services | Division of Public Health
Office: 608-266-0365 | Fax: 608-261-4976 | beth.ellinger@dhs.wisconsin.gov

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From: Morbidity and Mortality Weekly Report (MMWR) (CDC) <no-reply@emailupdates.cdc.gov>
Sent: Tuesday, February 25, 2020 12:04 PM
To: Ellinger, Beth A - DHS <beth.ellinger@dhs.wisconsin.gov>
Subject: MMWR Early Release - Vol. 69, February 25, 2020

Update on the Public Health Response to the Coronavirus Disease 2019 Outbreak.
MMWR banner

February 25, 2020

EARLY RELEASE

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Update: Public Health Response to the Coronavirus Disease 2019 Outbreak — United States, February 24, 2020

PDF of this report (link)

Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

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From:	Kocharian, Anna - DHS
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Cc:	Haupt, Thomas E - DHS; Koske, Sarah E - DHS; Westergaard, Ryan P - DHS; Klos, Rachel F - DHS; Kita-Yarbro, Amanda
Subject:	FW: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*
Date:	Wednesday, February 26, 2020 4:08:19 PM
Attachments:	image002.png image005.png mm6908-H.pdf Lung Cancer Screening VA_ Facebook and Twitter.png

FYI, our Legionnaires' disease report will be release tomorrow.
Thank you,

Anna

From: MMWR Media List <MMWR-MEDIA@LISTSERV.CDC.GOV> **On Behalf Of** Media@cdc.gov (CDC)
Sent: Wednesday, February 26, 2020 3:01 PM
To: MMWR-MEDIA@LISTSERV.CDC.GOV
Subject: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*

The MMWR is embargoed until 1 PM ET, Thursday, February 27, 2020

Press Contacts

February 28, 2020

Screening for Lung Cancer — 10 States, 2017

CDC Media Relations
404-639-3286

Fatal Case of Legionnaires' Disease After Home Exposure to *Legionella pneumophila* Serogroup 3 — Wisconsin, 2018

CDC Media Relations
404-639-3286

Expansion of HIV Preexposure Prophylaxis to 35 PEPFAR-Supported Early Program Adopters, October 2016–September 2018

CDC Media Relations
404-639-3286

Update: Public Health Response to the Coronavirus Disease 2019 Outbreak — United States, February 24, 2020

CDC Media Relations
404-639-3286

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Synopsis for February 28, 2020

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Many adults who meet the criteria to be screened for lung cancer do not report receiving recommended screening. Efforts to educate health care providers and patients might increase appropriate lung cancer screening. Lung cancer is the leading cause of cancer death in the United States. Treatment for lung cancer can be more effective if the cancer is identified at an early stage. This study found that 87.5% of adults who met screening criteria reported not receiving a CT scan to check for lung cancer in the last 12 months. Annual lung cancer screening is recommended for adults age 55-80 years old who currently smoke now or those who have quit within the past 15 years and have a 30 pack-year smoking history. A pack-year is smoking an average of one pack of cigarettes per day for one year.

Link once embargo lifts: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908a1.htm?s_cid=mm6908a1_w

Fatal Case of Legionnaires' Disease After Home Exposure to *Legionella pneumophila* Serogroup 3 — Wisconsin, 2018

The case described in this report highlights the potential for people at risk for Legionnaires' disease (such as those with a weakened immune system or chronic lung disease or current/ former smokers) to be exposed to Legionella through home water systems containing the bacteria. It demonstrates the difficulty of removing the bacteria from residential settings. A 2018 investigation conducted by the Wisconsin Department of Health Services, Division of Public Health and staff at a Wisconsin hospital revealed that a Wisconsin resident who died from a case of Legionnaires' disease that year had acquired the infection from water sources in his/her own home. The patient was immunocompromised, which put him/her at higher risk of contracting the disease. After the identification of *Legionella pneumophila* in the home, the water heater and water fixtures were cleaned with hot water, chlorine, and vinegar. However, several cultures tested positive for Legionella pneumophila after these efforts, indicating that the bacteria remained in the home's water system. Evidence regarding the burden of home-associated Legionnaires' disease and the usefulness and feasibility of testing and remediation in residential settings is limited. Increased efforts to understand the burden and risk associated with residential settings could help inform prevention guidance.

Link once embargo lifts: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908a2.htm?s_cid=mm6908a2_w

Expansion of HIV Preexposure Prophylaxis to 35 PEPFAR-Supported Early Program Adopters, October 2016–September 2018

When taken daily, pre-exposure prophylaxis (PrEP) reduces the risk of acquiring HIV. PrEP is an important tool for preventing HIV among key populations or people at substantial risk for HIV infection, including female sex workers, men who have sex with men, transgender women, and people who inject drugs. Pre-exposure prophylaxis (PrEP) is an essential tool in HIV prevention and treatment programs because, when taken daily, it reduces the risk of acquiring HIV. An analysis of implementation and scale-up of PrEP programming among key populations (female sex workers, men who have sex with men, transgender women, and persons who inject

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drugs) across 35 PEPFAR-supported countries and regions reveals an increase in the number of clients taking PrEP. The report also highlights critical factors to successful PrEP implementation in six “early adopter” programs. Key factors include active engagement by community advocates, governments, and other partners; including PrEP services in national treatment and prevention guidelines; standardized, routine provider training; and the ability of governments to procure PrEP.
Link once embargo lifts: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908a3.htm?s_cid=mm6908a3_w

Update: Public Health Response to the Coronavirus Disease 2019 Outbreak — United States, February 24, 2020
Link: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908e1.htm?s_cid=mm6908e1_w

Notes from the Field:

-

- **Syndromic Surveillance Used To Monitor Emergency Department Visits During a Synthetic Cannabinoid Overdose Outbreak — Connecticut, August 2018**

Tracking the symptoms of patients who go to emergency departments — also known as syndromic surveillance — can serve as a near-real-time early warning system for emerging public health concerns and can also be used to improve public health authorities' situational awareness about suspected drug overdoses. In 2018, the Connecticut Department of Public Health was able to use syndromic surveillance to rapidly determine the magnitude of an outbreak of synthetic cannabinoid overdoses and provide timely information to state and local health departments. On the morning of August 15, 2018, the Connecticut Department of Public Health (CTDPH) learned from media reports about multiple people found unresponsive in a city park in New Haven County after using synthetic cannabinoids (SCs), manmade psychoactive substances that can cause unpredictable and sometimes severe health effects. Within 20 minutes of receiving the first media report, CTDPH developed a syndrome definition to identify emergency department (ED) visits for suspected SC overdoses and, by midday, 25 suspected outbreak-related ED visits were identified. By 5 p.m. the next day, the number had increased to 55, all in New Haven County. After the outbreak, additional analyses identified 72 outbreak-related ED visits for suspected SC overdose. The U.S. Drug Enforcement Agency determined that SCs implicated in this outbreak contained a substance called AMB-FUBINACA. Since this outbreak, CTDPH created additional syndrome definitions to help detect future drug overdose-related events and developed additional tools to facilitate near real-time data analysis.
Link once embargo lifts: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908a4.htm?s_cid=mm6908a4_w

QuickStats:

-

- **Percentage of Children Aged <18 Years Who Received a Well-Child Checkup in the Past 12 Months, by Age Group and Year — National Health Interview Survey, United States, 2008 and 2018**

Link once embargo lifts: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908a5.htm?s_cid=mm6908a5_w

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U.S. Department of Health and Human Services

CDC works 24/7 protecting America’s health, safety, and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America’s most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

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enter CDC in the email Subject, and include the following "one" line in the Body of the email: signoff MMWR-MEDIA

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From: Smiley, Stephanie L - DHS (DPH)
To: Warzecha, Charles J - DHS
Subject: FW: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*
Date: Wednesday, February 26, 2020 5:03:03 PM
Attachments: image002.png
image005.png
mm6908-H.pdf
Lung Cancer Screening VA_ Facebook and Twitter.png

FYI.

I think he would be proud of us.

From: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Sent: Wednesday, February 26, 2020 4:08 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>
Subject: FW: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*

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AMERICAN OVERSIGHT

Expansion of HIV Preexposure Prophylaxis to 35 PEPFAR-Supported Early Program Adopters, October 2016–September 2018

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404-639-3286

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Expansion of HIV Preexposure Prophylaxis to 35 PEPFAR-Supported Early Program Adopters, October 2016–September 2018

When taken daily, pre-exposure prophylaxis (PrEP) reduces the risk of acquiring HIV. PrEP is an important tool for preventing HIV among key populations or people at substantial risk for HIV infection, including female sex workers, men who have sex with men, transgender women, and people who inject drugs. Pre-exposure prophylaxis (PrEP) is an essential tool in HIV prevention and treatment programs because, when taken daily, it reduces the risk of acquiring HIV. An analysis of implementation and scale-up of PrEP programming among key populations (female sex workers, men who have sex with men, transgender women, and persons who inject drugs) across 35 PEPFAR-supported countries and regions reveals an increase in the number of clients taking PrEP. The report also highlights critical factors to successful PrEP implementation in six “early adopter” programs. Key factors include active engagement by community advocates, governments, and other partners; including PrEP services in national treatment and prevention guidelines; standardized, routine provider training; and the ability of governments to procure PrEP.
Link once embargo lifts: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908a3.htm?s_cid=mm6908a3_w

Update: Public Health Response to the Coronavirus Disease 2019 Outbreak — United States, February 24, 2020
Link: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908e1.htm?s_cid=mm6908e1_w

Notes from the Field:

-

- **Syndromic Surveillance Used To Monitor Emergency Department Visits During a Synthetic Cannabinoid Overdose Outbreak — Connecticut, August 2018**

Tracking the symptoms of patients who go to emergency departments — also known as syndromic surveillance — can serve as a near-real-time early warning system for emerging public health concerns and can also be used to improve public health authorities' situational awareness about suspected drug overdoses. In 2018, the Connecticut Department of Public Health was able to use syndromic surveillance to rapidly determine the magnitude of an outbreak of synthetic cannabinoid overdoses and provide timely information to state and local health departments. On the morning of August 15, 2018, the Connecticut Department of Public Health (CTDPH) learned from media reports about multiple people found unresponsive in a city park in New Haven County after using synthetic cannabinoids (SCs), manmade psychoactive substances that can cause unpredictable and sometimes severe health effects. Within 20 minutes of receiving the first media report, CTDPH developed a syndrome definition to identify emergency department (ED) visits for suspected SC overdoses and, by midday, 25 suspected outbreak-related ED visits were identified. By 5 p.m. the next day, the number had increased to 55, all in New Haven County. After the outbreak, additional analyses identified 72 outbreak-related ED visits for suspected SC overdose. The U.S. Drug Enforcement Agency determined that SCs implicated in this outbreak contained a substance called AMB-FUBINACA. Since this outbreak, CTDPH created additional syndrome definitions to help detect future drug overdose-related events and developed additional tools to facilitate near real-time data analysis.
Link once embargo lifts: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908a4.htm?s_cid=mm6908a4_w

QuickStats:

-

- **Percentage of Children Aged <18 Years Who Received a Well-Child Checkup in the Past 12 Months, by Age Group and Year — National Health Interview Survey, United States, 2008 and 2018**

  Link once embargo lifts: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908a5.htm?s_cid=mm6908a5_w

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U.S. Department of Health and Human Services

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From: Cordova, Joseph A - DHS
To: McCarthy, Claudine N - DHS; Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH); Meiman, Jonathan G - DHS; Thelen, Margaret K - DHS
Subject: FW: National Biosurveillance Integration Center (NBIC) Monitoring List - SLTT - 20200305
Date: Thursday, March 05, 2020 3:41:09 PM

From: National Biosurveillance Integration Center
Sent: Thursday, March 5, 2020 3:41:01 PM (UTC-06:00) Central Time (US & Canada)
To: Cordova, Joseph A - DHS
Subject: National Biosurveillance Integration Center (NBIC) Monitoring List - SLTT - 20200305

****Distribution to SLTT Partners Only****

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National Biosurveillance Integration Center (NBIC) Monitoring List
05 March 2020

Please note that the NBIC Monitoring List will have a delayed distribution of 5:00 PM EST on Thursday, 05 March due to administrative scheduling. NBIC will resume normal distribution on Friday, 06 March. We apologize for any inconvenience.

- *Novel Coronavirus (COVID-19) – North America
- *Novel Coronavirus (COVID-19) – Global
- *Ebola – Democratic Republic of the Congo
- *African Swine Fever – Global

*New content is shown in **bold, underlined** text.

PDF versions of the NBIC Monitoring List and Biosurveillance Event Reports are available in their entirety via HSIN at the following link https://hsin.dhs.gov/collab/NBIC/SL/Pages/Reports.aspx. If you do not have access to this HSIN community of interest, please email a request for access to CWMD.NBIC@hq.dhs.gov.

High Priority Event Updates

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sq nam covid

*Novel Coronavirus (COVID-19) – North America

- **WORSENING**
- Three new U.S. states report cases
- California reports first COVID-19 death
- Cluster of cases continue to expand in New York and Washington states
- Veterans Affairs Department reports two patients under care

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*Novel Coronavirus (COVID-19) – Global

- **WORSENING**
- Situational updates in South Korea, Italy, and Iran
- United Kingdom enters “delay” phase of virus response

AMERICAN OVERSIGHT

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- Four new countries report COVID-19 cases

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ebola sq

***Ebola – Democratic Republic of the Congo**

- **UNDETERMINED**
- No new cases for 16 consecutive days

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*Novel Coronavirus (COVID-19) – North America

Current Event Status (Worsening)

Health authorities in the United States (U.S.), Canada, and Mexico are responding to outbreaks of coronavirus disease (COVID-19), which is rapidly spreading internationally. **As of 05 March 2020, Johns Hopkins University (JHU) has reported 177 confirmed and presumptive positive cases (+39), including 11 deaths (+2), in 17 U.S. states (+3)**. The U.S. Centers for Disease Control and Prevention (U.S. CDC) has detected travel-related cases, person-to-person spread among close contacts of returned travelers, possible instances of community spread, and cases among persons repatriated to the U.S. JHU has reported 35 confirmed cases in three provinces of Canada, mainly in the city of Toronto, as well as five confirmed cases in three states and Mexico City, Mexico. The U.S. government is working closely with state and local partners with the intent of detecting and minimizing introductions of the virus to reduce the spread and subsequent impact; similar actions have been taken by Public Health Agency Canada (PHAC) and Mexico's Health Secretariat. Unprecedented response actions have been taken by the U.S. government with respect to travel, including the suspension of entry of foreign nationals who have been in China or Iran within the past 14 days and subjecting U.S. citizens, residents, and their family members to health monitoring and possible quarantine upon arrival to the U.S. from China and Iran. The U.S. CDC has issued guidance for travelers to China, Hong Kong, Iran, Italy, Japan, and South Korea.

Why We Are Reporting on This Event

Outbreaks of novel viral infections are considered important public health concerns as the risk posed by these outbreaks is generally unknown. Globally (including to North America), the potential public health threat posed by COVID-19 is high. According to the U.S. CDC and PHAC, the immediate risk from COVID-19 is considered low for the general U.S. and Canadian populations however, the U.S. CDC predicts that the virus will likely cause a pandemic. On 31 January, the Health and Human Services Secretary declared a public health emergency for the U.S. to aid the nation's healthcare community. Widespread transmission of COVID-19 in the U.S., Canada, and Mexico would likely overburden public health, healthcare, and other critical infrastructure.

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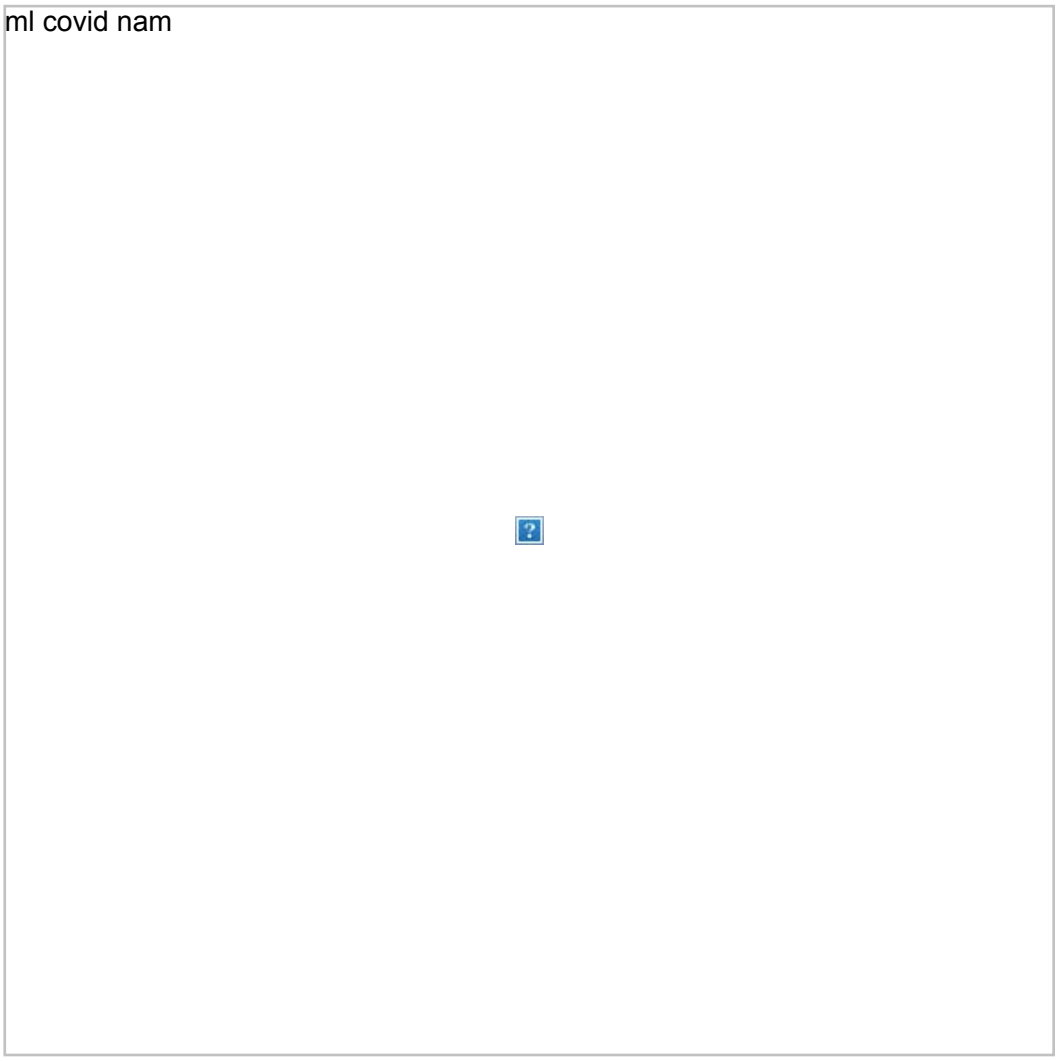

**Figure 1: Distribution of COVID-19 cases by state and/or provinces in the U.S., Canada, and Mexico, as reported by federal, state, and local health authorities.*

Recent Developments:

- **From 04-05 March, state officials announced the first presumptive positive cases of COVID-19 in New Jersey, Nevada, and Tennessee states. The cases in Nevada and Tennessee reported domestic travel prior to developing illness; exposure information was not specified for the case in New Jersey.**
    - **Additionally, the case in Nevada is the second COVID-19 case being treated at a Veterans Affairs (VA) hospital following reports on 04 March of a patient being treated in a VA facility in Palo Alto, California.**
- **Placer County Public Health reported the first COVID- 19 death in California on 04 March among an elderly man with underlying health conditions who recently returned from a cruise where two other cases also became infected. This death is the first reported outside of Washington State.**
    - **The cruise ship, *Grand Princess*, will be held at sea while health officials conduct testing.**
- **Health officials in New York and Washington states announced significant case number increases, with New York State reporting 22 cases, including 2 new cases in New York City.**
    - **Several other states and counties reported case increases, including six additional cases in Los Angeles County, California, resulting in the county**

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declaring a state of emergency.

References and Links

U.S. CDC – Coronavirus Disease 2019 (COVID-19)

U.S. CDC – What's New

Public Health Agency Canada – Outbreak Update

Mexico's Health Secretariat – Daily Technical COVID Update

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*Novel Coronavirus (COVID-19) – Global

Current Event Status (Worsening)

To date, 89 countries and territories have reported cases of novel coronavirus disease (COVID-19); 48 of the 89 reported an increase in cases today, of which 16 reported more than 10 new cases. More cases continue to be reported outside of mainland China than within mainland China. The World Health Organization (WHO) Director-General warned the international community that the world is in "unchartered territory" as numerous countries experience community transmission and situations are rapidly evolving in Western Europe, Iran, and South Korea; despite China's reduction in case incidence. **As of 05 March, Johns Hopkins University reported 97,771 (+3,510 in past 24 hours) confirmed cases, including 3,347 (+133) deaths worldwide. A total of 17,349 cases have been identified outside of China, including 340 deaths. A total of 53,783 cases have reportedly recovered**. The WHO is concerned about global personal protective equipment shortages compromising countries' abilities to effectively respond.

Why We Are Reporting on This Event

According to the U.S. CDC, the novel Coronavirus has met two of the three qualifying factors of a pandemic, including causing illness and death, as well as sustained person-to-person transmission. Sustained person-to-person transmission has been documented in several countries. On 02 March, the European CDC elevated their risk assessment for the European Union (EU/EEA) and United Kingdom (U.K.) to moderate to high. The WHO has increased their assessment of the global risk of spread and impact of COVID-19 to 'very high'. While much remains unknown about the disease, numerous countries have increased screening of passengers and issued travel advisories for affected countries. This event is a public health emergency of international concern (PHEIC) as declared by the WHO.

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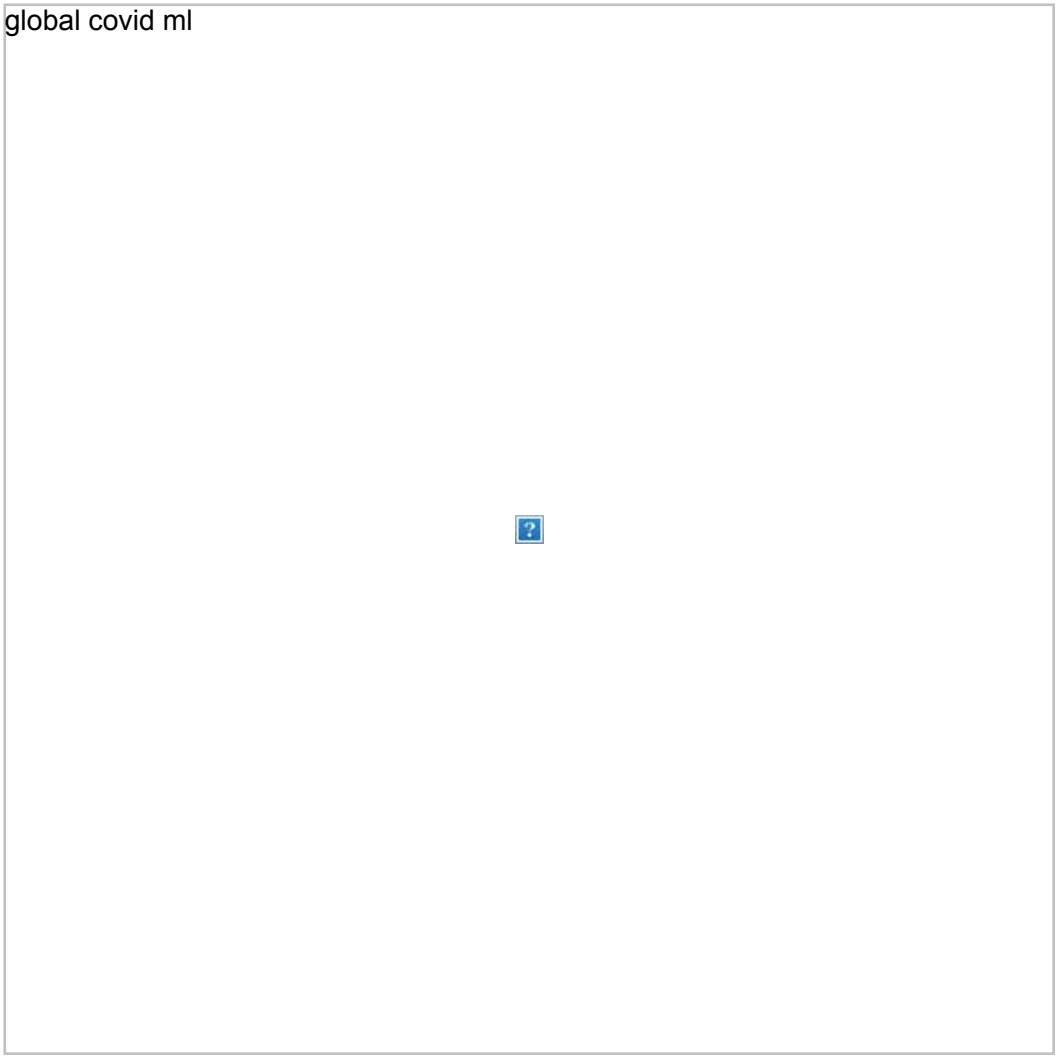

**Figure 2: Temporal and geographic distribution of reported confirmed COVID-19 cases as of 05 March 2020, as reported by national and/or local health authorities. U.S. confirmed cases do not include cases among repatriated persons.*

Recent Developments:

- **According to media reports on 05 March, South Korean officials have recorded 6,088 confirmed COVID-19 cases, including 40 deaths. South Korea has tested more than 130,000 people to date. In addition to Daegu city and Cheongdo County, officials designated the city of Gyeongsan as a "special care zone" and promised extra resources such as face masks. The announcement comes after Gyeongsan recorded a spike in new cases. In addition, US Forces Korea (USFK) reported two new cases, raising the total to six cases in soldiers, employees or people related to USFK troops.**
- **According to media reports on 05 March, Iran recorded 591 additional COVID-19 cases, raising the total to 3,513 cases, including 107 deaths. In addition, Iran launched a national plan to combat the virus. The plan will initially be implemented in highly affected areas and will extend to other regions and provinces. As part of the plan, Iran will open special hospitals in all provinces to treat the virus. In addition, some infected people will be placed under home quarantine and be provided medicine and advice while more severe cases will stay in the hospital. Public places will be disinfected and entries to infected areas will now be controlled. The number of labs capable of testing for the virus is 22 and is expected to reach up to 40 by the end of next week.**
- **According to media reports on 05 March, Italian officials recorded 769 additional COVID-19 cases, raising the total to 3,858 cases, including 148 deaths. Cases have now been**

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identified in all 20 of Italy's regions. In addition, Italian officials will close all schools and universities from 05 March to at least 15 March in efforts to halt the spread.

- **According to media reports on 05 March, the United Kingdom is moving towards the second phase of their response against the virus. The "delay" phase will focus on slowing the spread of the virus. The government is still deciding what measures will be taken in during this phase, but officials previously stated that measures include banning big events and closing schools.**
- **Bosnia and Herzegovina, Palestine, Slovenia, and South Africa have now confirmed COVID-19 cases.**

References and Links:

WHO – Pneumonia in Wuhan, China

Hong Kong CHP

CDC – Novel Coronavirus 2019 (nCoV-2019)

Taiwan CDC

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*Ebola – Democratic Republic of the Congo

Current Event Status (Undetermined)

After a period of improvement accompanied by declining case counts since July 2019, recent escalation in insecurity and violence against healthcare workers may jeopardize or reverse progress made in stopping the epidemic. Interventions, such as the deployment of two successful experimental Ebola therapeutics, and the introduction of the Johnson & Johnson vaccine were beginning to show encouraging signs of responders gaining control on the epidemic. In the past 21 days, only 1 of the 29 affected health zones reported confirmed cases. However, the latest rounds of violence caused WHO and MSF healthcare workers to temporarily evacuate the remaining strongholds of the virus in early December. A slight uptick in cases was observed, although response activities resumed in mid-December, and case incidence has stabilized. **As of 04 March, the WHO reported 3,444 cases (3,310 [+0] confirmed and 134 probable [+0]), including 2,264 (+0) deaths, in 29 health zones of Ituri, North Kivu, and South Kivu provinces. In addition, 368 suspected cases are under investigation. A total of 1,169 (+0) cases have recovered and been discharged from treatment. Of 46 contacts, 100% were successfully followed-up with on 03 March. As of 04 March, 319,858 (+0) people have been vaccinated in 36 health zones of North Kivu, Ituri, Haut-Uele, South Kivu, Tshopo provinces, including health zones that have not reported cases to date.** As of September 2019, four confirmed EVD cases were reported in Kasese District, Uganda. There is no active transmission occurring in Uganda.

Why We Are Reporting on This Event

The current EVD epidemic is the second largest ever recorded globally, and it represents the tenth and largest Ebola outbreak reported in the Democratic Republic of the Congo (DRC). The epidemic remains a public health emergency of international concern (PHEIC). Ituri, North Kivu, and South Kivu provinces, located in northeastern DRC (bordering Burundi, Uganda, Rwanda, and South Sudan), are areas of active conflict and high cross border movement. As a result, the WHO considers the risk of spread to be very high at the regional and national levels, but low globally. Ebola can have substantial medical, public health, and economic consequences if it spreads to densely populated areas. EVD is a severe and deadly disease that can affect humans and non-human primates. Transmission occurs via direct contact with bodily fluids (e.g., blood, mucus, vomit, urine, etc.). The 2013-2016 West Africa epidemic demonstrated the potential for Ebola to become an international crisis in the absence of early intervention. In addition, current research indicates a greater potential for Ebola-persistence and post-

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Ebola syndrome than previously known.

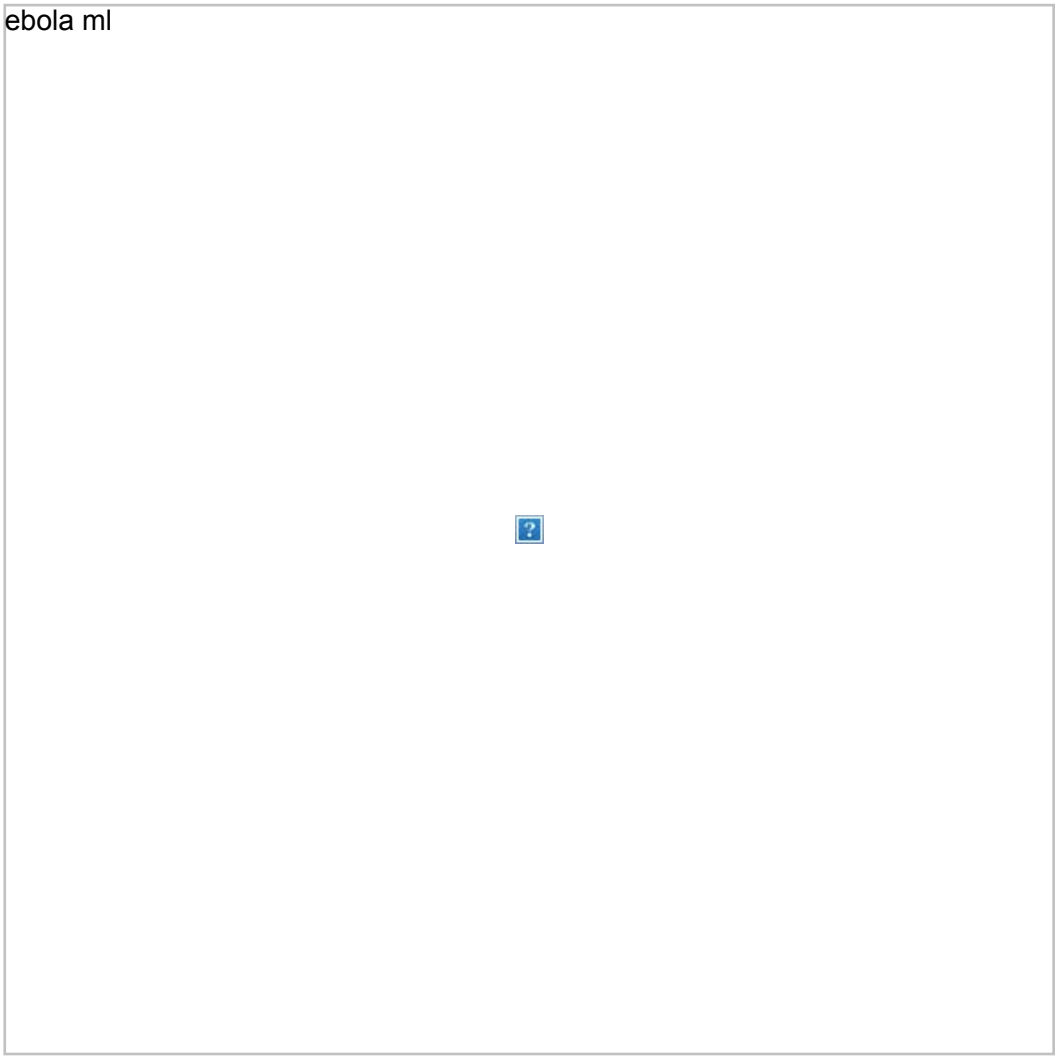

Figure 3: Health zones with confirmed cases, case counts by Epi week, as reported by the WHO.

Recent Developments:

- **The WHO has reported no new confirmed cases or deaths for the 16th consecutive day. Only one cases have been reported in the past 21 days, from Beni Health Zone.**
- The WHO reports that the last known case has recovered and been discharged from an ETC in Beni on 03 March. The government of the DRC has provided additional details:
    - The last case was a 57-year-old woman from the Kanzulinzuli health area listed as a contact on 05 February 2020. She was followed up with by health officials and was vaccinated on 08 February. While under follow up she became symptomatic on 13 February, but did not notify the visiting health officials until she developed a fever on 17 February – she was tested and confirmed on 17 February.

References and Links

WHO Ebola Virus Disease

DRC Ministry of Health – Ebola Press Releases

WHO Ebola Situation Reports

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*African Swine Fever – Global

Current Event Status (Worsening)

Since 2018, outbreaks of African swine fever (ASF) have been spreading across Eastern Europe and East and Southeast Asia with increasing intensity and widening geographic spread. Recently, outbreak reporting has declined and is expected to remain low with attention on coronavirus disease (COVID-19), but the risk of continued geographic spread has not diminished. ASF has been rapidly spreading west in Europe, with outbreaks in wild boar reaching as far as Western Poland, less than 25 miles from Germany, and domestic pig outbreaks reaching as far as eastern Poland. In efforts to curb this geographic expansion, an electric fence was erected at the German-Polish border in Brandenburg State, Germany on 20 December 2019, and there are plans to erect additional fencing further along the border. In addition, the first detection of ASF in Greece was reported on 05 February 2020. The first detection of ASF in East and Southeast Asia was reported in China on 03 August 2018. Since then, more than 150 outbreaks have spread across all provinces and municipalities of China, and many more in nearby countries including Cambodia, Indonesia, Laos, the Philippines, South Korea, and Vietnam. The largest number of outbreaks have been reported in Vietnam, with more than 4,600 across all provinces and municipalities, and more than 5.9 million pigs culled. While China has not reported any new detections of ASF in domestic pigs since 20 December 2019, **ASF detections have been made in wild boar in February 2020**, and imported pork products from Guangzhou, China in Manila, Philippines as recently as 29 January 2020. Additionally, as recent as 05 February, dead pigs continue to wash ashore on Taiwanese islands that test positive for ASF. Taiwan also reports that 9.26% of meat from mainland China confiscated by Taiwan's Border Patrol tested positive for ASF virus in January 2020.

Why We Are Reporting on This Event

While ASF is not of concern to human health, it is a highly contagious viral disease, causing hemorrhagic fever and high mortality rates in pigs. The introduction of the disease into the wild boar population may allow the disease to perpetuate through winter months and potentially be reintroduced to domestic pigs, causing continued significant economic strain. Many of the countries affected in East and Southeast Asia rely on pork as a source of protein and livelihoods and will suffer extensive economic strain by the diminishing domestic pig populations. Furthermore, the rapid geographic spread of the disease throughout Asia and Europe poses potential risk for neighboring countries and trade partners. ASF is classified as a U.S. Foreign Animal Disease (FAD) and an Organization for Animal Health (OIE) notifiable disease. Due to the ongoing COVID-19 outbreak, NBIC has seen decreased reporting of ASF in East Asia and Pacific region.

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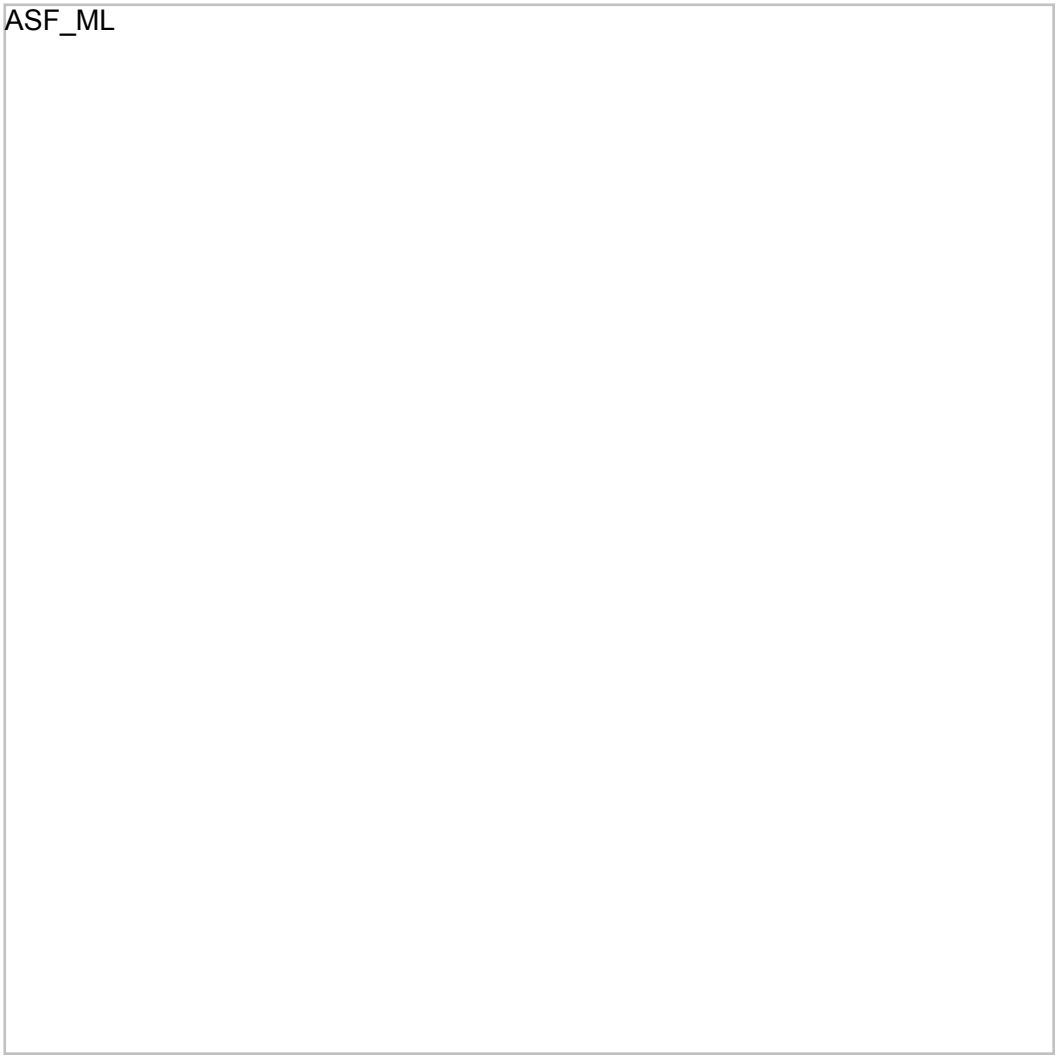

Figure 4: Geographic and temporal distribution of ASF outbreaks globally as reported by the OIE as of 20 February 2020.

Recent Developments:

- **China's Xiangxi Autonomous Prefecture's Office for the Control of Major Animal Epidemic Diseases confirmed that a batch of dumplings manufactured at Sanquan Food was contaminated with ASF virus. The detection was made among a randomly sampled lot of Sanquan Soup Dumplings on February 15.**
- **Moldova reported the detection of ASF in six additional wild boar in Calinesti, along the border of Romania.**
- China's Ministry of Agriculture and Forestry reported the detection of AFS in seven wild boar in Hubei province on 03 March 2020. This is the first report of ASF from China since 20 December 2019, and only the second report of detection in wild boar within the country. The last detection in wild boar was in Shaanxi in November of 2018.

References and Links

OIE – African Swine Fever

China's Ministry of Agriculture and Rural Affairs

USDA African Swine Fever

FAO ASF Situation Update

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The NBIC Monitoring List contains brief summaries of acute biological events that impact human, animal, plant, and environmental health and may be of concern or interest to NBIC partners. The content below includes the most current information as of 1600 EST on the day of release, regarding the incidents/events determined to be most active and of greatest overall impact. For questions, comments or to receive this report directly, please contact CWMD.NBIC@hq.dhs.gov.

Countering Weapons of Mass Destruction

National Biosurveillance Integration Center

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From: Cordova, Joseph A - DHS
To: McCarthy, Claudine N - DHS; Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH); Meiman, Jonathan G - DHS; Thelen, Margaret K - DHS
Subject: FW: National Biosurveillance Integration Center (NBIC) Monitoring List - SLTT - 20200306
Date: Friday, March 06, 2020 3:02:42 PM

From: National Biosurveillance Integration Center
Sent: Friday, March 6, 2020 3:02:29 PM (UTC-06:00) Central Time (US & Canada)
To: Cordova, Joseph A - DHS
Subject: National Biosurveillance Integration Center (NBIC) Monitoring List - SLTT - 20200306

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National Biosurveillance Integration Center (NBIC) Monitoring List

06 March 2020

- *Novel Coronavirus (COVID-19) – North America
- *Novel Coronavirus (COVID-19) – Global
- *Ebola – Democratic Republic of the Congo
- *African Swine Fever – Global

*New content is shown in **bold, underlined** text.

PDF versions of the NBIC Monitoring List and Biosurveillance Event Reports are available in their entirety via HSIN at the following link https://hsin.dhs.gov/collab/NBIC/SL/Pages/Reports.aspx. If you do not have access to this HSIN community of interest, please email a request for access to CWMD.NBIC@hq.dhs.gov.

High Priority Event Updates

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*Novel Coronavirus (COVID-19) – North America

- **WORSENING**
- Four new U.S. states report cases
- Washington State reports significant increases in cases
- Additional U.S. government response measures announced

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*Novel Coronavirus (COVID-19) – Global

- **WORSENING**
- Situational updates in South Korea, Italy, and Iran
- WHO: Confirmed international spread is "not a drill"
- Eight new countries report COVID-19 cases

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***Ebola – Democratic Republic of the Congo**

- **UNDETERMINED**
- 17th consecutive day with no new cases
- WHO expects to see re-emergence of cases from Ebola persistence
- WHO has immediate need for USD 40 million to sustain operations

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*Novel Coronavirus (COVID-19) – North America

Current Event Status (Worsening)

Health authorities in the United States (U.S.), Canada, and Mexico are responding to outbreaks of coronavirus disease (COVID-19), which is rapidly spreading internationally. A**s of 06 March 2020, Johns Hopkins University (JHU) has reported 245 (+68) confirmed and presumptive positive cases, including 14 (+3) deaths, in 21 (+4) U.S. states.** The U.S. Centers for Disease Control and Prevention (U.S. CDC) has detected travel-related cases, person-to-person spread among close contacts of returned travelers, possible instances of community spread, and cases among persons repatriated to the U.S. JHU has reported **48 (+13) confirmed cases in four provinces of Canada,** mainly in the city of Toronto, as well as five confirmed cases in three states and Mexico City, Mexico. The U.S. government is working closely with state and local partners with the intent of detecting and minimizing introductions of the virus to reduce the spread and subsequent impact; similar actions have been taken by Public Health Agency Canada (PHAC) and Mexico's Health Secretariat. Unprecedented response actions have been taken by the U.S. government with respect to travel, including the suspension of entry of foreign nationals who have been in China or Iran within the past 14 days and subjecting U.S. citizens, residents, and their family members to health monitoring and possible quarantine upon arrival to the U.S. from China and Iran. The U.S. CDC has issued guidance for travelers to China, Hong Kong, Iran, Italy, Japan, and South Korea.

Why We Are Reporting on This Event

Outbreaks of novel viral infections are considered important public health concerns as the risk posed by these outbreaks is generally unknown. Globally (including to North America), the potential public health threat posed by COVID-19 is high. According to the U.S. CDC and PHAC, the immediate risk from COVID-19 is considered low for the general U.S. and Canadian populations however, the U.S. CDC predicts that the virus will likely cause a pandemic. On 31 January, the Health and Human Services Secretary declared a public health emergency for the U.S. to aid the nation's healthcare community. Widespread transmission of COVID-19 in the U.S., Canada, and Mexico would likely overburden public health, healthcare, and other critical infrastructure.

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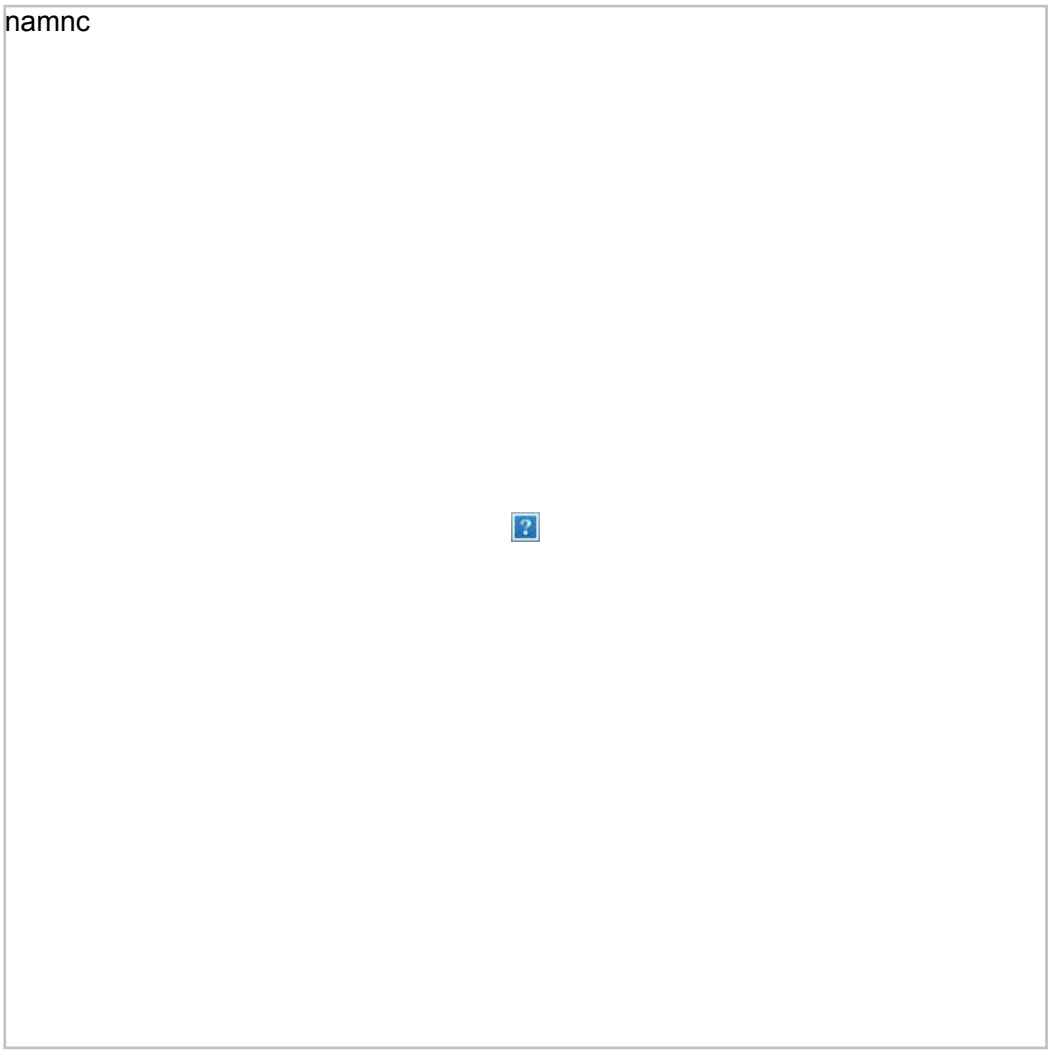

**Figure 1: Distribution of COVID-19 cases by state and/or provinces in the U.S., Canada, and Mexico, as reported by federal, state, and local health authorities.*

Recent Developments:

- **On 06 March, state officials announced the first presumptive positive cases of COVID-19 in Colorado, Indiana, Maryland, and Pennsylvania, bringing the total number of affected states in the U.S. to 21.**
- **The Washington State Health Department reported an increase of 31 cases and three deaths over the past day, bringing the total number of cases in the state to 70, including a case detected in the newly-affected Grant County. Deaths are still primary reported among residents of the Life Care Center in Kirkland.**
- **Several response measures from the U.S. government have been announced in the past few days, including the approval of a $8.3 billion budget package and the purchase of 500 million N95 respirators by the Department of Health and Human Services. In addition, the Association of Public Health Laboratories announced that 67 public health laboratories have been verified and are testing for COVID-19 in the U.S., a significant increase from only eight laboratories last week.**

References and Links

U.S. CDC – Coronavirus Disease 2019 (COVID-19)

U.S. CDC – What's New

Public Health Agency Canada – Outbreak Update

Mexico's Health Secretariat – Daily Technical COVID Update

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*Novel Coronavirus (COVID-19) – Global

Current Event Status (Worsening)

To date, 97 countries and territories have reported cases of novel coronavirus disease (COVID-19); 57 of the 97 reported an increase in cases today, of which 21 reported more than 10 new cases. More cases continue to be reported outside of mainland China than within mainland China. The World Health Organization (WHO) Director-General warned the international community that the world is in “unchartered territory” as numerous countries experience community transmission and situations are rapidly evolving in Western Europe, Iran, and South Korea; despite China’s reduction in case incidence. **As of 06 March, Johns Hopkins University reported 101,587 (+3,816 in past 24 hours) confirmed cases, including 3,460 (+113) deaths worldwide. A total of 21,014 cases have been identified outside of China, including 418 deaths.** A total of 55,863 cases have reportedly recovered. The WHO is concerned about global personal protective equipment shortages compromising countries’ abilities to effectively respond.

Why We Are Reporting on This Event

According to the U.S. CDC, the novel Coronavirus has met two of the three qualifying factors of a pandemic, including causing illness and death, as well as sustained person-to-person transmission. Sustained person-to-person transmission has been documented in several countries. On 02 March, the European CDC elevated their risk assessment for the European Union (EU/EEA) and United Kingdom (U.K.) to moderate to high. The WHO has increased their assessment of the global risk of spread and impact of COVID-19 to ‘very high’. While much remains unknown about the disease, numerous countries have increased screening of passengers and issued travel advisories for affected countries. This event is a public health emergency of international concern (PHEIC) as declared by the WHO.

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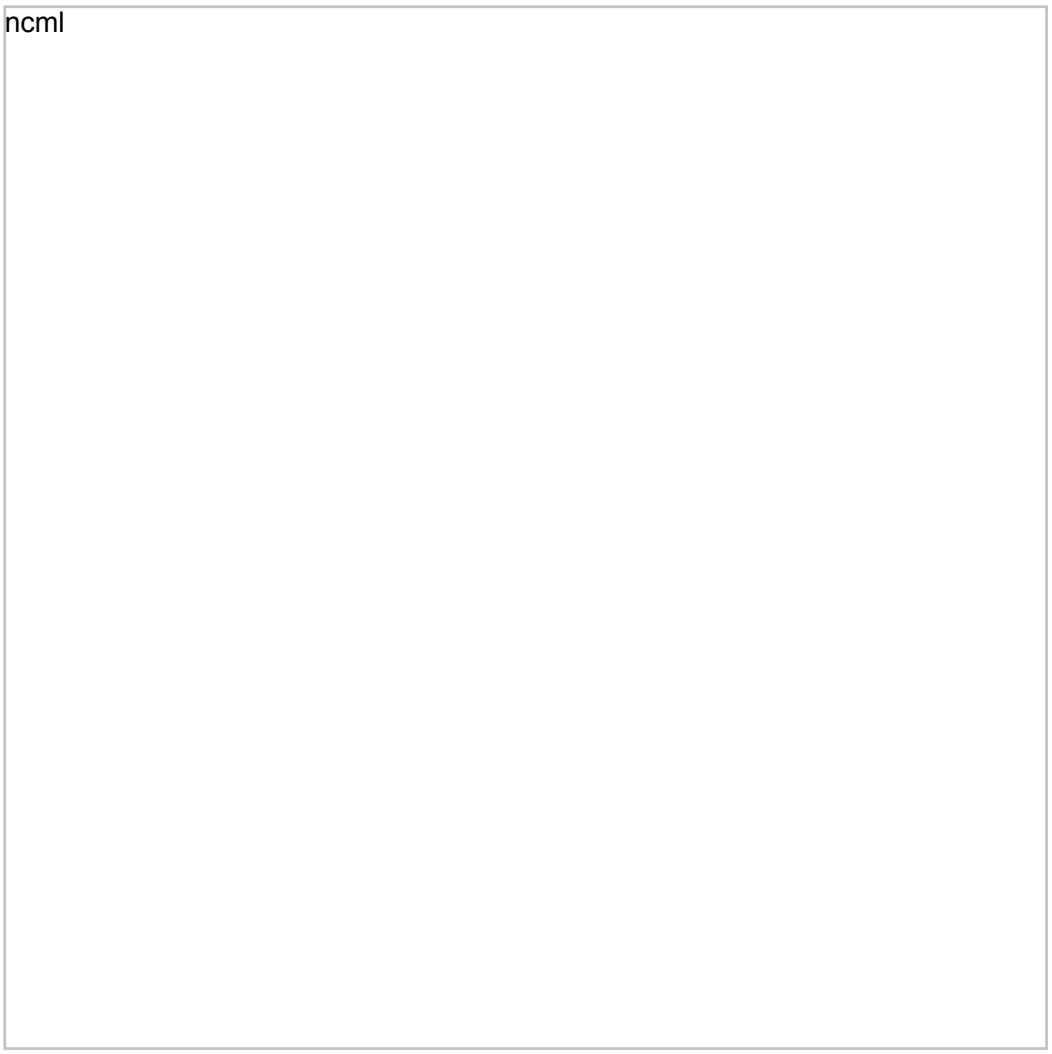

**Figure 2: Temporal and geographic distribution of reported confirmed COVID-19 cases as of 06 March 2020, as reported by national and/or local health authorities. U.S. confirmed cases do not include cases among repatriated persons.*

Recent Developments:

- **According to media reports on 06 March, South Korean officials have recorded 6,593 confirmed COVID-19 cases, including 42 deaths. South Korea has nearly completed testing for the more than 200,000 members of the Shincheonji church. In addition, U.S. Forces Korea (USFK) reported one new case, raising the total to seven cases in soldiers, employees or people related to USFK troops.**
- **According to media reports on 06 March, Iran recorded 1,234 additional COVID-19 cases, raising the total to 4,747 cases, including 124 deaths. In addition, Iranian officials are limiting travel between major cities and reiterated that, although schools have been closed until April, people should not use the break as an opportunity to travel.**
- **According to media reports on 06 March, Italian officials recorded 778 additional COVID-19 cases, raising the total to 4,636 cases, including 197 deaths.** Cases have now been identified in all 20 of Italy's regions. In addition, Italian officials will close all schools and universities from 05 March to at least 15 March in efforts to halt the spread.
- **According to media reports on 06 March, the WHO Director-General has warned governments that continued international spread of the novel coronavirus is "not a drill" and will require significant action to contain the outbreak. The WHO Director-General said that the WHO is concerned that the level of political commitment in some countries does not match the threat level.**

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- **Costa Rica, Bhutan, Cameroon, Peru, Serbia, Slovakia, Togo, and Vatican City have now confirmed COVID-19 cases.**

References and Links:

WHO – Pneumonia in Wuhan, China

CDC – Novel Coronavirus 2019 (nCoV-2019)

Hong Kong CHP

Taiwan CDC

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*Ebola – Democratic Republic of the Congo

Current Event Status (Undetermined)

After a period of improvement accompanied by declining case counts since July 2019, recent escalation in insecurity and violence against healthcare workers may jeopardize or reverse progress made in stopping the epidemic. Interventions, such as the deployment of two successful experimental Ebola therapeutics, and the introduction of the Johnson & Johnson vaccine were beginning to show encouraging signs of responders gaining control on the epidemic. In the past 21 days, only 1 of the 29 affected health zones reported confirmed cases. However, the latest rounds of violence caused WHO and MSF healthcare workers to temporarily evacuate the remaining strongholds of the virus in early December. A slight uptick in cases was observed, although response activities resumed in mid-December, and case incidence has stabilized. **As of 05 March, the WHO reported 3,444 cases (3,310 [+0] confirmed and 134 probable [+0]), including 2,264 (+0) deaths, in 29 health zones of Ituri, North Kivu, and South Kivu provinces. In addition, 368 suspected cases are under investigation. A total of 1,169 (+0) cases have recovered and been discharged from treatment. Of 46 contacts, 100% were successfully followed-up with on 05 March. As of 05 March, 320,092 319,858 (+234) people have been vaccinated in 36 health zones of North Kivu, Ituri, Haut-Uele, South Kivu, Tshopo provinces, including health zones that have not reported cases to date.** As of September 2019, four confirmed EVD cases were reported in Kasese District, Uganda. There is no active transmission occurring in Uganda.

Why We Are Reporting on This Event

The current EVD epidemic is the second largest ever recorded globally, and it represents the tenth and largest Ebola outbreak reported in the Democratic Republic of the Congo (DRC). The epidemic remains a public health emergency of international concern (PHEIC). Ituri, North Kivu, and South Kivu provinces, located in northeastern DRC (bordering Burundi, Uganda, Rwanda, and South Sudan), are areas of active conflict and high cross border movement. As a result, the WHO considers the risk of spread to be very high at the regional and national levels, but low globally. Ebola can have substantial medical, public health, and economic consequences if it spreads to densely populated areas. EVD is a severe and deadly disease that can affect humans and non-human primates. Transmission occurs via direct contact with bodily fluids (e.g., blood, mucus, vomit, urine, etc.). The 2013-2016 West Africa epidemic demonstrated the potential for Ebola to become an international crisis in the absence of early intervention. In addition, current research indicates a greater potential for Ebola-persistence and post-Ebola syndrome than previously known.

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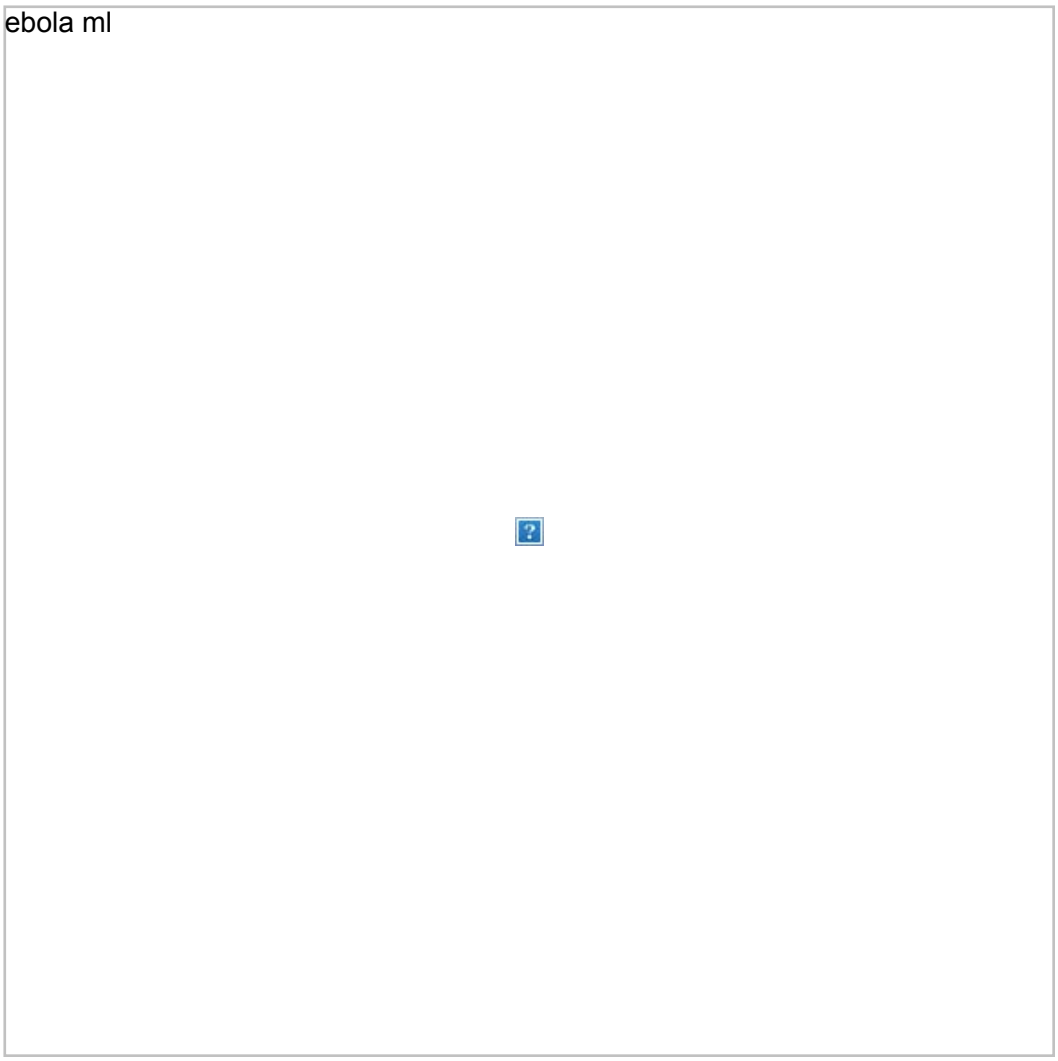

Figure 3: Health zones with confirmed cases, case counts by Epi week, as reported by the WHO.

Recent Developments:

- **The WHO has reported no new confirmed cases or deaths for the 17th consecutive day. Only one case has been reported in the past 21 days, from Beni Health Zone.**
- **According to a DON issued on 05 March, the WHO expects to see small localized re-emergences of EVD due to relapse and sexual transmission as seen in other outbreaks. In addition, the WHO reports the immediate need for $40 million USD to continue operations in the area.**
- The WHO has reported no new confirmed cases or deaths for the 16th consecutive day. Only one cases have been reported in the past 21 days, from Beni Health Zone.

References and Links

WHO Ebola Virus Disease

DRC Ministry of Health – Ebola Press Releases

WHO Ebola Situation Reports

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*African Swine Fever – Global

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Current Event Status (Worsening)

Since 2018, outbreaks of African swine fever (ASF) have been spreading across Eastern Europe and East and Southeast Asia with increasing intensity and widening geographic spread. Recently, outbreak reporting has declined and is expected to remain low with attention on coronavirus disease (COVID-19), but the risk of continued geographic spread has not diminished. ASF has been rapidly spreading west in Europe, with outbreaks in wild boar reaching as far as Western Poland, less than 25 miles from Germany, and domestic pig outbreaks reaching as far as eastern Poland. In efforts to curb this geographic expansion, an electric fence was erected at the German-Polish border in Brandenburg State, Germany on 20 December 2019, and there are plans to erect additional fencing further along the border. In addition, the first detection of ASF in Greece was reported on 05 February 2020. The first detection of ASF in East and Southeast Asia was reported in China on 03 August 2018. Since then, more than 150 outbreaks have spread across all provinces and municipalities of China, and many more in nearby countries including Cambodia, Indonesia, Laos, the Philippines, South Korea, and Vietnam. The largest number of outbreaks have been reported in Vietnam, with more than 4,600 across all provinces and municipalities, and more than 5.9 million pigs culled. While China has not reported any new detections of ASF in domestic pigs since 20 December 2019, ASF detections have been made in wild boar in February 2020, and imported pork products from Guangzhou, China in Manila, Philippines as recently as 29 January 2020. Additionally, as recent as 05 February, dead pigs continue to wash ashore on Taiwanese islands that test positive for ASF. Taiwan also reports that 9.26% of meat from mainland China confiscated by Taiwan's Border Patrol tested positive for ASF virus in January 2020.

Why We Are Reporting on This Event

While ASF is not of concern to human health, it is a highly contagious viral disease, causing hemorrhagic fever and high mortality rates in pigs. The introduction of the disease into the wild boar population may allow the disease to perpetuate through winter months and potentially be reintroduced to domestic pigs, causing continued significant economic strain. Many of the countries affected in East and Southeast Asia rely on pork as a source of protein and livelihoods and will suffer extensive economic strain by the diminishing domestic pig populations. Furthermore, the rapid geographic spread of the disease throughout Asia and Europe poses potential risk for neighboring countries and trade partners. ASF is classified as a U.S. Foreign Animal Disease (FAD) and an Organization for Animal Health (OIE) notifiable disease. Due to the ongoing COVID-19 outbreak, NBIC has seen decreased reporting of ASF in East Asia and Pacific region.

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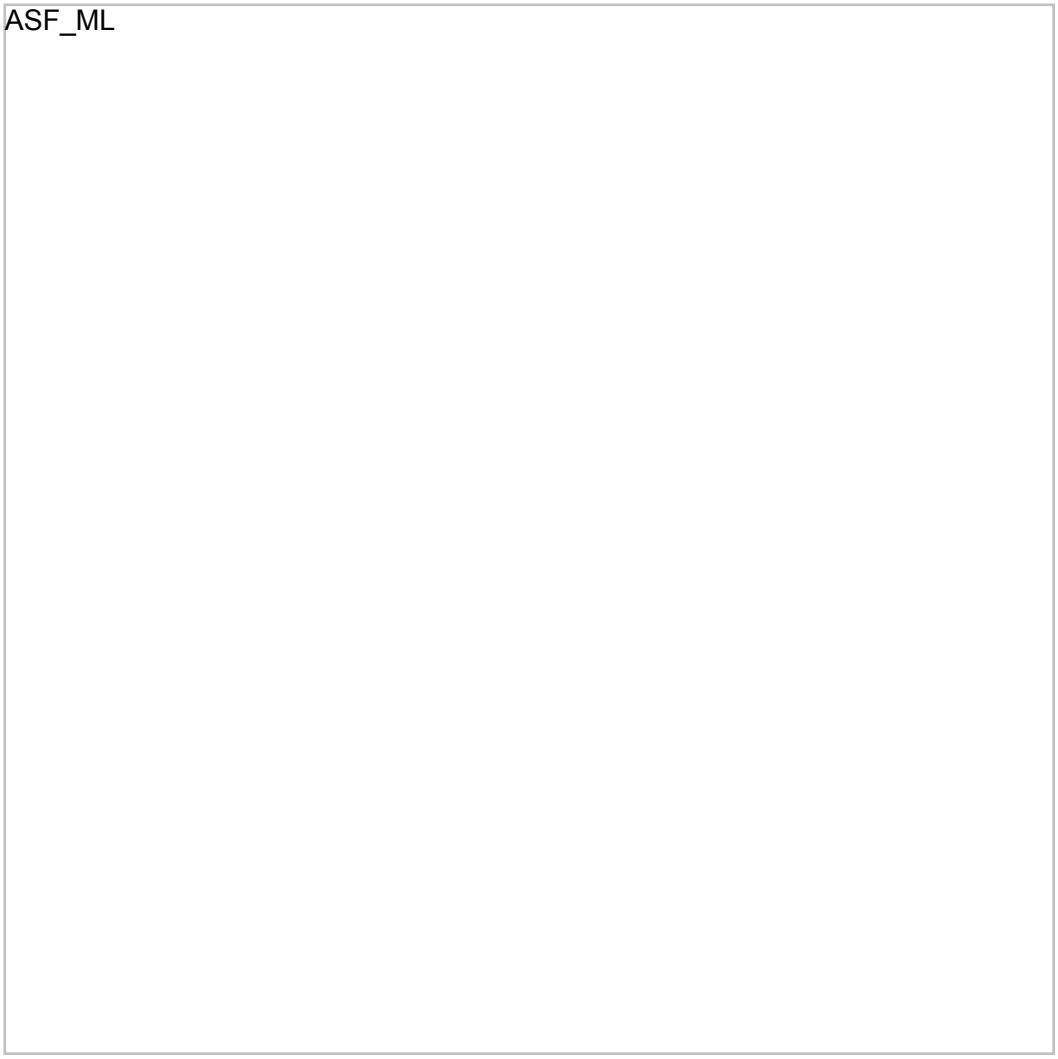

Figure 4: Geographic and temporal distribution of ASF outbreaks globally as reported by the OIE as of 20 February 2020.

Recent Developments:

- **According to reports to the OIE on 06 March, ASF was detected in 17 additional wild boar in South Korea, all located along the North Korean border.**
- China's Xiangxi Autonomous Prefecture's Office for the Control of Major Animal Epidemic Diseases confirmed that a batch of dumplings manufactured at Sanquan Food was contaminated with ASF virus. The detection was made among a randomly sampled lot of Sanquan Soup Dumplings on February 15.
- China's Ministry of Agriculture and Forestry reported the detection of AFS in seven wild boar in Hubei province on 03 March 2020. This is the first report of ASF from China since 20 December 2019, and only the second report of detection in wild boar within the country. The last detection in wild boar was in Shaanxi in November of 2018.

References and Links

OIE – African Swine Fever

China's Ministry of Agriculture and Rural Affairs

USDA African Swine Fever

FAO ASF Situation Update

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The NBIC Monitoring List contains brief summaries of acute biological events that impact human, animal, plant, and environmental health and may be of concern or interest to NBIC partners. The content below includes the most current information as of 1600 EST on the day of release, regarding the incidents/events determined to be most active and of greatest overall impact. For questions, comments or to receive this report directly, please contact CWMD.NBIC@hq.dhs.gov.

Countering Weapons of Mass Destruction

National Biosurveillance Integration Center

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From:	Cordova, Joseph A - DHS
To:	DeSalvo, Traci E - DHS; Kocharian, Anna - DHS; Klos, Rachel F - DHS; Haupt, Thomas E - DHS; Ellinger, Beth A - DHS
Cc:	Westergaard, Ryan P - DHS; Smiley, Stephanie L - DHS (DPH)
Subject:	FW: New CDC COVID-19 Check and Record Everyday (CARE) Booklet
Date:	Wednesday, February 26, 2020 9:21:22 AM
Attachments:	2019nCoV_CARE_EngChinese_Feb25.pdf
Importance:	High

In case you didn't get this.

Joe Cordova, Emergency Response Coordinator / Threat Liaison Officer
Office of Preparedness and Emergency Health Care
(608) 267-9010
(608) 516-1226
joseph.cordova@wisconsin.gov

From: State and Local Readiness (CDC) <preparedness@cdc.gov>
Sent: Wednesday, February 26, 2020 7:09 AM
To: State and Local Readiness (CDC) <preparedness@cdc.gov>
Subject: New CDC COVID-19 Check and Record Everyday (CARE) Booklet
Importance: High

Dear Colleagues:

Attached is CDC's new COVID-19 Check and Record Everyday (CARE) booklet. Here is what to know:

- **Who gets a CARE booklet? And when?** Every traveler referred by CBP from mainland China, whenever they get released during the screening process or the completion of secondary screening. This is the same process as the current T-HAN and Temperature and Symptom log. If the traveler is an unaccompanied minor, a booklet will be provided to the person in charge of picking them up at their final destination
- **What language is the booklet in?** English on one side and Simplified Chinese on the other for the print version. A Spanish version will be available online in the coming weeks.
- **When will CDC staff at quarantine stations start handing out the new booklet?** Distribution of the booklets will start by **Friday, February 28th.**
- **What is the role of CDC/QS staff?** The role of CDC/QS staff is to ensure every traveler referred from mainland China by CBP receives a CARE booklet in an envelope. Booklets are shipped pre-assembled in a labeled envelope.

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What is the role of State and Local Health Departments?Travelers are advised to connect with the State and Local Health Departments at their destination; these numbers are listed in the booklet.

- **How many CARE booklets will quarantine stations receive?**Each station will receive a different number of booklets every week based on the number of travelers entered in QARS the previous week. Because this is an estimate, we've added an additional 10% of booklets to each shipment.

- **What if the information in the booklet changes?**Information is quickly and frequently changing. If the CARE booklet changes, we will print and ship a new version of the booklet. The new version will have a different color on the outside label of the envelope containing the booklet. If this happens, quarantine stations will receive an email with the new information and outdated materials will be discarded. The first and current shipment contains ayellow outline on the label.

- **Does the shipment contain thermometers and phones?**No, we will not be supplying thermometers or phones at this time.

- **Will the booklet be available online?** Yes, we plan on having an online version of the booklet available in the coming weeks.

Thank you,

State Coordination Task Force

Sent by BCC to State Health Officials, State Epidemiologists, PHEP Directors, and COVID-19 Primary/Secondary Contacts

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From: Smiley, Stephanie L - DHS (DPH)
To: Stokes, Scott A - DHS
Subject: FW: NEW NHM&E DATA SUBMISSION DEADLINE: March 31, 2020
Date: Wednesday, February 12, 2020 3:26:58 PM

From: PS18-1802 (CDC) [mailto:PS18-1802@cdc.gov]
Sent: Wednesday, February 12, 2020 3:21 PM
Subject: NEW NHM&E DATA SUBMISSION DEADLINE: March 31, 2020

Dear Colleagues,
We are aware that several jurisdictions are in the process of completing the application for PS20-2010 to meet the March 25th submission deadline. In addition, some jurisdictions are experiencing technical issues while interacting with EvaluationWeb®. Therefore, the NHM&E data submission deadline for HIV testing and Partner Services data has been extended for all jurisdictions to **Tuesday, March 31, 2020**.
If you have questions, please contact the NHM&E Service Center at NHMEservice@cdcc.gov.
Thank you,

Program Evaluation Branch
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, & TB Prevention
Centers for Disease Control and Prevention

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From:	Phillips, Jeffrey J - DHS
To:	Smiley, Stephanie L - DHS (DPH)
Subject:	FW: Notice of Activation of CDC-RFA-TP18-1802: Public Health Crisis Response NOFO for Component A for Coronavirus Disease 2019 (COVID-19)
Date:	Wednesday, March 04, 2020 4:30:54 PM
Attachments:	image001.png Wisconsin_FY 2019 TP18-1802 ABU Letter Jan 31 2019.pdf WI_CompA Letter_TP18-1802 COVID-19.pdf CDC-RFA-TP18-1802_Sup Guid for COVID-19 Crisis CoAg_Comp A_Final.pdf

FYI We have $500,000 coming in the Crisis Co-Ag for COVID-19

From: Phillips, Jeffrey J - DHS
Sent: Wednesday, March 04, 2020 4:16 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Rozell, David W - DHS (David.Rozell@dhs.wisconsin.gov) <David.Rozell@dhs.wisconsin.gov>; Wallace, Dana A - DHS <Dana.Wallace@dhs.wisconsin.gov>
Subject: FW: Notice of Activation of CDC-RFA-TP18-1802: Public Health Crisis Response NOFO for Component A for Coronavirus Disease 2019 (COVID-19)

Just received the official notice from DCD that we will be awarded $500,000 in Component A-Tier 2 funding through the Crisis Co-Ag grant. OPEHC will need to develop a grant budget and narrative within 28 days. We then have 6 months to develop a community mitigation plan.

From: Anderson, Noelle (CDC/DDPHSIS/CPR/DSLR) <xwq3@cdc.gov> **On Behalf Of** DSLRCrisisCoag (CDC)
Sent: Wednesday, March 04, 2020 3:27 PM
To: DHS Grant Review <DHSGrantReview@dhs.wisconsin.gov>
Cc: DSLRCrisisCoag (CDC) <DSLRCrisisCoag@cdc.gov>; Phillips, Jeffrey J - DHS <Jeffrey.Phillips@dhs.wisconsin.gov>; State and Local Readiness (CDC) <preparedness@cdc.gov>
Subject: Notice of Activation of CDC-RFA-TP18-1802: Public Health Crisis Response NOFO for Component A for Coronavirus Disease 2019 (COVID-19)

Dear Thomas Engels,

To support governmental public health emergency response efforts to Coronavirus 2019 (COVID-19), the Centers for Disease Control and Prevention (CDC) is activating the Cooperative Agreement for Emergency Response: Public Health Crisis Response, CDC-RFA-TP18-1802. Please find attached:

- Wisconsin Department of Health Services's initial notification of approved-but-unfunded (ABU) status for TP18-1802, issued January 31, 2019
- A letter notifying you of intent to fund Wisconsin Department of Health Services for COVID-19 response through this cooperative agreement, and
- Interim guidance pertaining to this award

There will be a guidance call to discuss these awards; information will be provided once details are finalized.

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Thank you.

Christine Kosmos, R.N., B.S.N., M.S.
Director, Division of State and Local Readiness
Office of Public Health Preparedness and Response
Centers for Disease Control and Prevention
404-639-7321
htv4@cdc.gov

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From: Kuester, Robbyn L - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: Novel Coronavirus (2019-nCoV) Update
Date: Tuesday, March 03, 2020 2:49:00 PM

Hi Stephanie,

I wanted to share the email below that contains information for dental offices on Coronavirus. Feel free to share with anyone on your team that might be interested in seeing how this issue is being communicated to dental professionals.

Make it a great day!
Robbyn

Robbyn Kuester, BSDH, RDH
Oral Health Program Division of Public Health
State of Wisconsin Department of Health Services
1 W. Wilson Street, Room 253
P.O. Box 2659
Madison, WI 53701-2659
E-mail: Robbyn.Kuester@Wisconsin.gov
Office: (608) 266-0876
Cell: (608) 212-6851

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From: Michelle Lee, OSAP <office@osap.org>
Sent: Wednesday, February 05, 2020 5:02 PM
To: Kuester, Robbyn L - DHS <Robbyn.Kuester@dhs.wisconsin.gov>
Subject: Novel Coronavirus (2019-nCoV) Update

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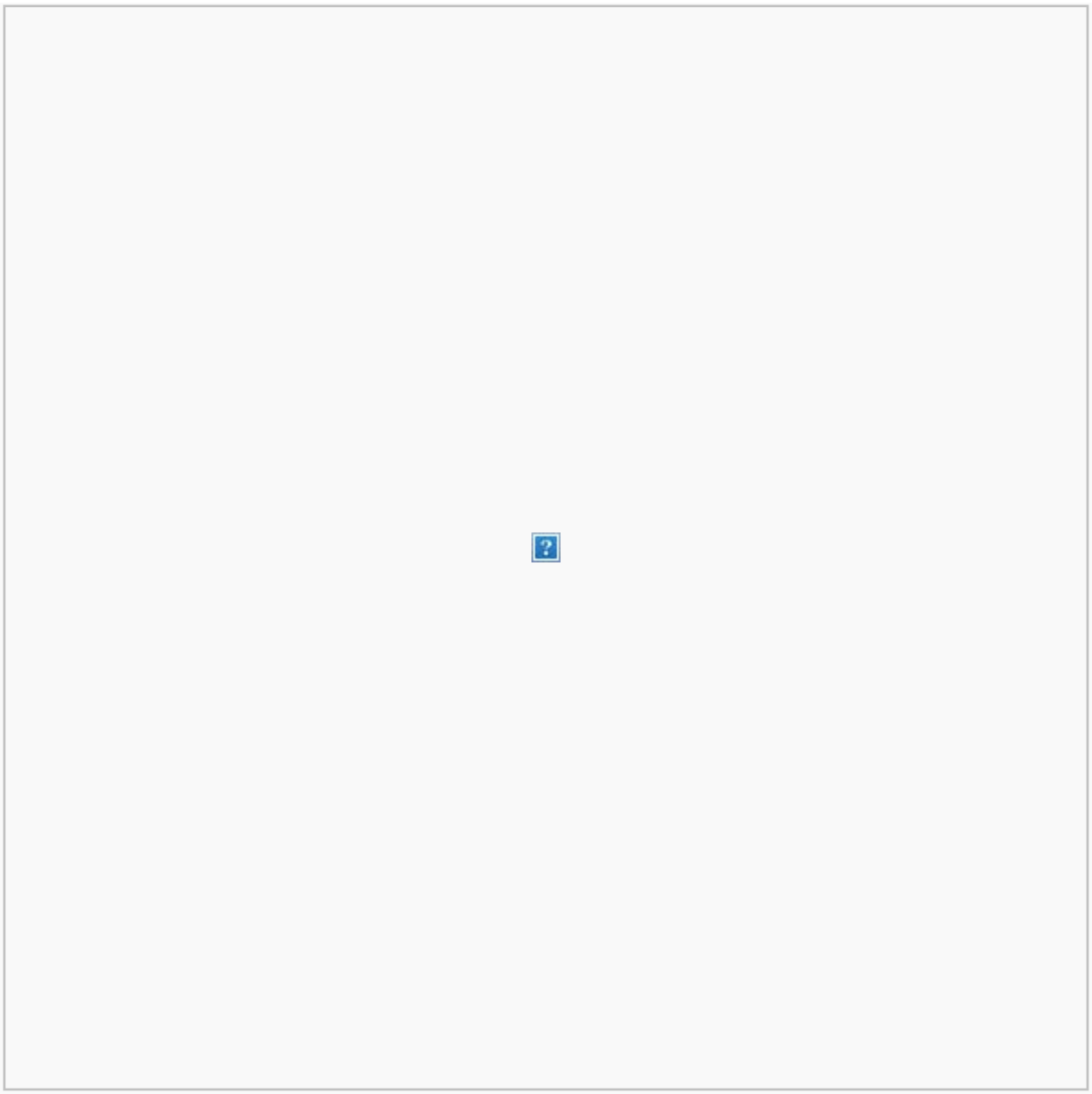

Special Issue: Novel Coronavirus (2019 nCoV) Update

February 5, 2020

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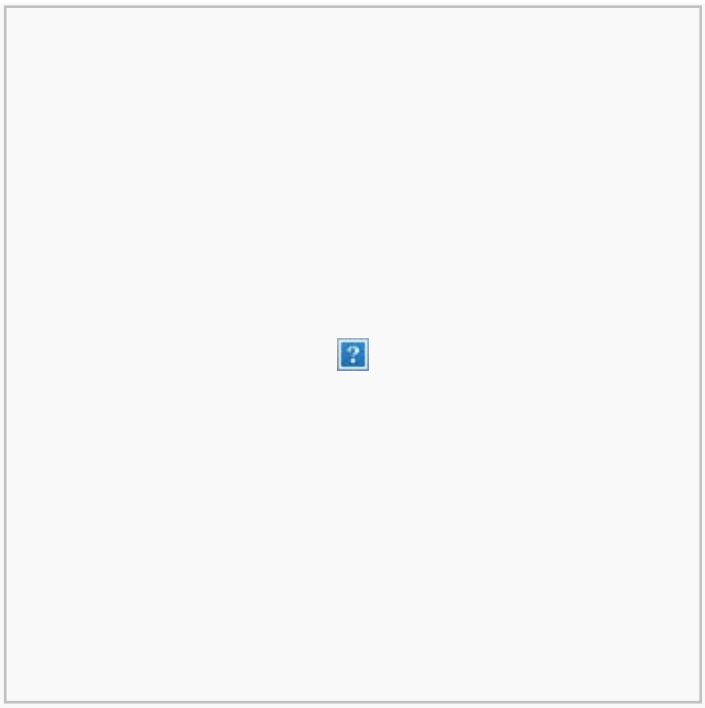

Secretary Azar signs the Public Health Emergency Declaration | Photo credit: Department of Health and Human Services

Secretary Azar Declares Public Health Emergency For United States For 2019 Novel Coronavirus

Health and Human Services Secretary Alex M. Azar II has declared a public health emergency for the entire United States to aid the nation's healthcare community in responding to 2019 novel coronavirus.

"While this virus poses a serious public health threat, the risk to the American public remains low at this time, and we are working to keep this risk low," Secretary Azar said.

News Release

CDC Interim Guidance On Outbreak Of 2019 Novel Coronavirus

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Dear Dental Professionals,

Please refer to the Health Alert Network (HAN) for CDC Interim Guidance on the 2019 Novel Coronavirus (nCoV) for Healthcare Professionals. This is the most recent CDC guidance, but may be superseded as more is learned. Visit CDC's page on the 2019 Novel Coronavirus for the most up-to-date information. There is also a specific page for Healthcare Professionals. Currently, the risk for nCoV in the United States is low.

Generally, the *Guidelines for Infection Control in Dental Health-Care Settings — 2003* notes that dental health care personnel (DHCP) may consider postponing non-emergency or elective dental procedures until a patient is no longer contagious with diseases that may be transmitted through airborne, droplet, or contact transmission (e.g., sneezing, coughing, and contact with skin).

If urgent dental treatment is necessary, DHCP and medical providers should work together to determine the appropriate precautions on a case-by-case basis to avoid the potential spread of diseases among patients, visitors, and staff. Because dental settings are not typically designed to carry out all of the Transmission-Based Precautions that are recommended for hospital and other ambulatory care settings, DHCP and medical providers will need to determine whether the facility is an appropriate setting for the necessary services for a potentially infectious patient.

Please forward to anyone that may find this information useful. Additionally, you may wish to sign up for CDC HAN updates for CDC alerts regarding updated interim clinical guidance for the 2019-nCoV or other emerging health threats. CDC also recently held a Clinician Outreach and Communication Activity (COCA) called *Outbreak of 2019 Novel Coronavirus (2019-nCoV) — Interim Guidance for Clinicians*. COCA provides timely, accurate, and credible information to clinicians related to emergency preparedness and response and emerging public health threats.

CDC issued a Health Alert Network (HAN) Health Update on February 1, 2020. If you would like to receive future updates directly from COCA, please subscribe.

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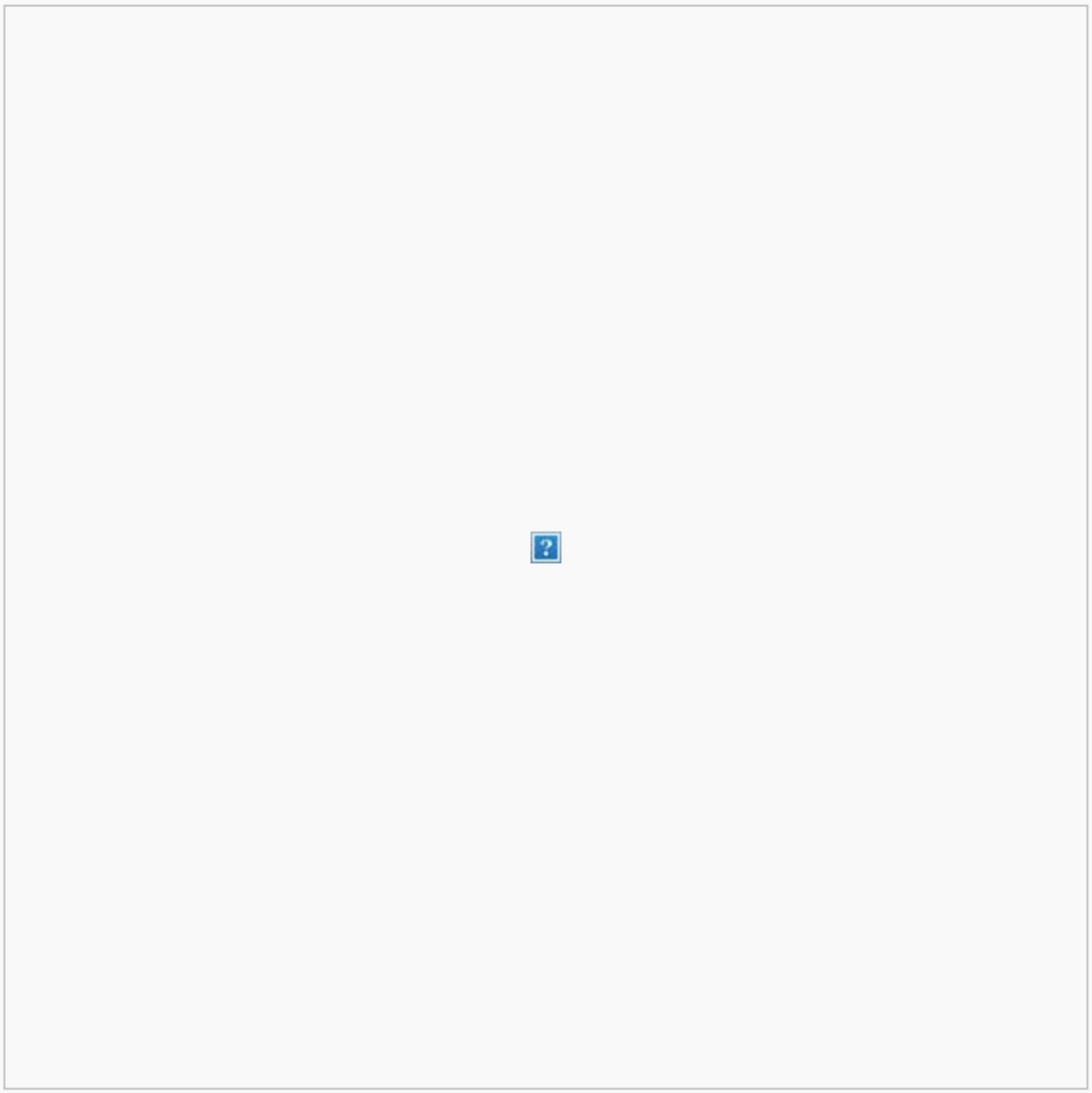
If you have any questions about this or other clinical issues, please e-mail coca@cdc.gov.



This illustration, created at the Centers for Disease Control and Prevention (CDC), reveals ultrastructural morphology exhibited by coronaviruses. Note the spikes that adorn the outer surface of the virus, which impart the look of a corona surrounding the virion, when viewed electron microscopically. A novel coronavirus virus was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China in 2019.

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Novel Coronavirus 2019 (2019-nCoV): What You Need To Know

The Infectious Diseases Society of America (IDSA) is keeping members and the public up to date on the latest novel coronavirus -- 2019-nCoV -- developments with this resource page providing links to guidance from government health authorities and the World Health Organization, journal articles and more.

Further Information

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OSHA - 2019 Novel Coronavirus

The U.S. Department of Labor – Occupational Safety and Health Administration (OSHA) has launched a webpage that provides information for workers and employers about the evolving coronavirus outbreak first identified in Wuhan City, Hubei Province, China. The information includes links to interim guidance and other resources for preventing exposures to, and infections with, 2019 novel coronavirus (2019-nCoV).

Further Information

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Quick Links

2020 OSAP Annual Conference | CDC IP Resources | Antibiotic Resistance Toolkit | Influenza Toolkit | Current Issue of ICIP Team Huddle

As a member benefit publication, we hope these LATE-BREAKING InfoBites help keep you on top of current and emerging issues related to the safe and infection-free delivery of oral care.

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From: Smiley, Stephanie L - DHS (DPH)
To: Wozniak, Ryan J - DHS
Subject: FW: Novel Coronavirus (2019-nCoV) Update
Date: Tuesday, March 03, 2020 2:50:00 PM

Hi!

I'm not sure who is taking the lead for Liaison now, but I wanted to get this on someone's radar about another potential audience that we should be considering communicating with.

Smiley

From: Kuester, Robbyn L - DHS <Robbyn.Kuester@dhs.wisconsin.gov>
Sent: Tuesday, March 3, 2020 2:49 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: Novel Coronavirus (2019-nCoV) Update

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Oral Health Program Division of Public Health
State of Wisconsin Department of Health Services
1 W. Wilson Street, Room 253
P.O. Box 2659
Madison, WI 53701-2659
E-mail: Robbyn.Kuester@Wisconsin.gov
Office: (608) 266-0876
Cell: (608) 212-6851

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From: Michelle Lee, OSAP <office@osap.org>
Sent: Wednesday, February 05, 2020 5:02 PM
To: Kuester, Robbyn L - DHS <Robbyn.Kuester@dhs.wisconsin.gov>
Subject: Novel Coronavirus (2019-nCoV) Update

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Special Issue: Novel Coronavirus (2019 nCoV) Update

February 5, 2020

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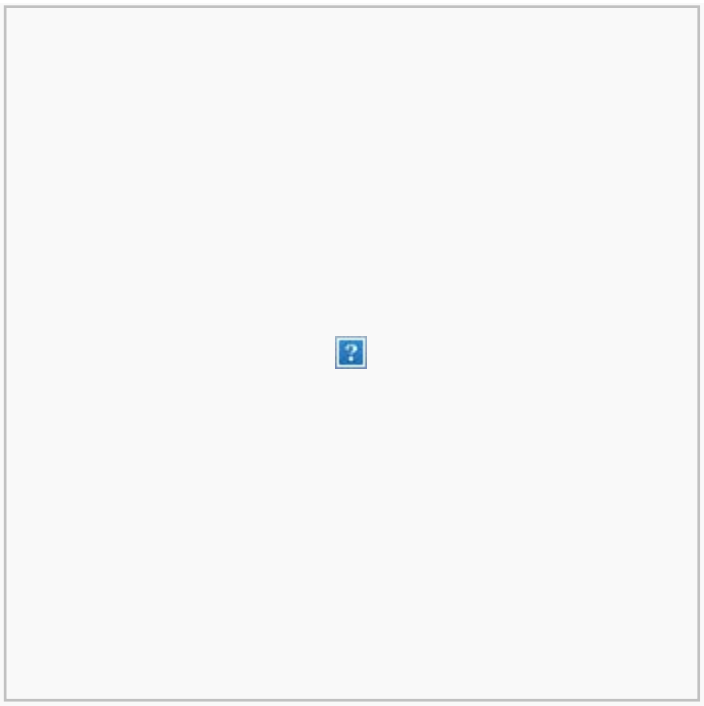

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If urgent dental treatment is necessary, DHCP and medical providers should work together to determine the appropriate precautions on a case-by-case basis to avoid the potential spread of diseases among patients, visitors, and staff. Because dental settings are not typically designed to carry out all of the Transmission-Based Precautions that are recommended for hospital and other ambulatory care settings, DHCP and medical providers will need to determine whether the facility is an appropriate setting for the necessary services for a potentially infectious patient.

Please forward to anyone that may find this information useful. Additionally, you may wish to sign up for CDC HAN updates for CDC alerts regarding updated interim clinical guidance for the 2019-nCoV or other emerging health threats. CDC also recently held a Clinician Outreach and Communication Activity (COCA) called *Outbreak of 2019 Novel Coronavirus (2019-nCoV) — Interim Guidance for Clinicians*. COCA provides timely, accurate, and credible information to clinicians related to emergency preparedness and response and emerging public health threats.

CDC issued a Health Alert Network (HAN) Health Update on February 1, 2020. If you would like to receive future updates directly from COCA, please subscribe.

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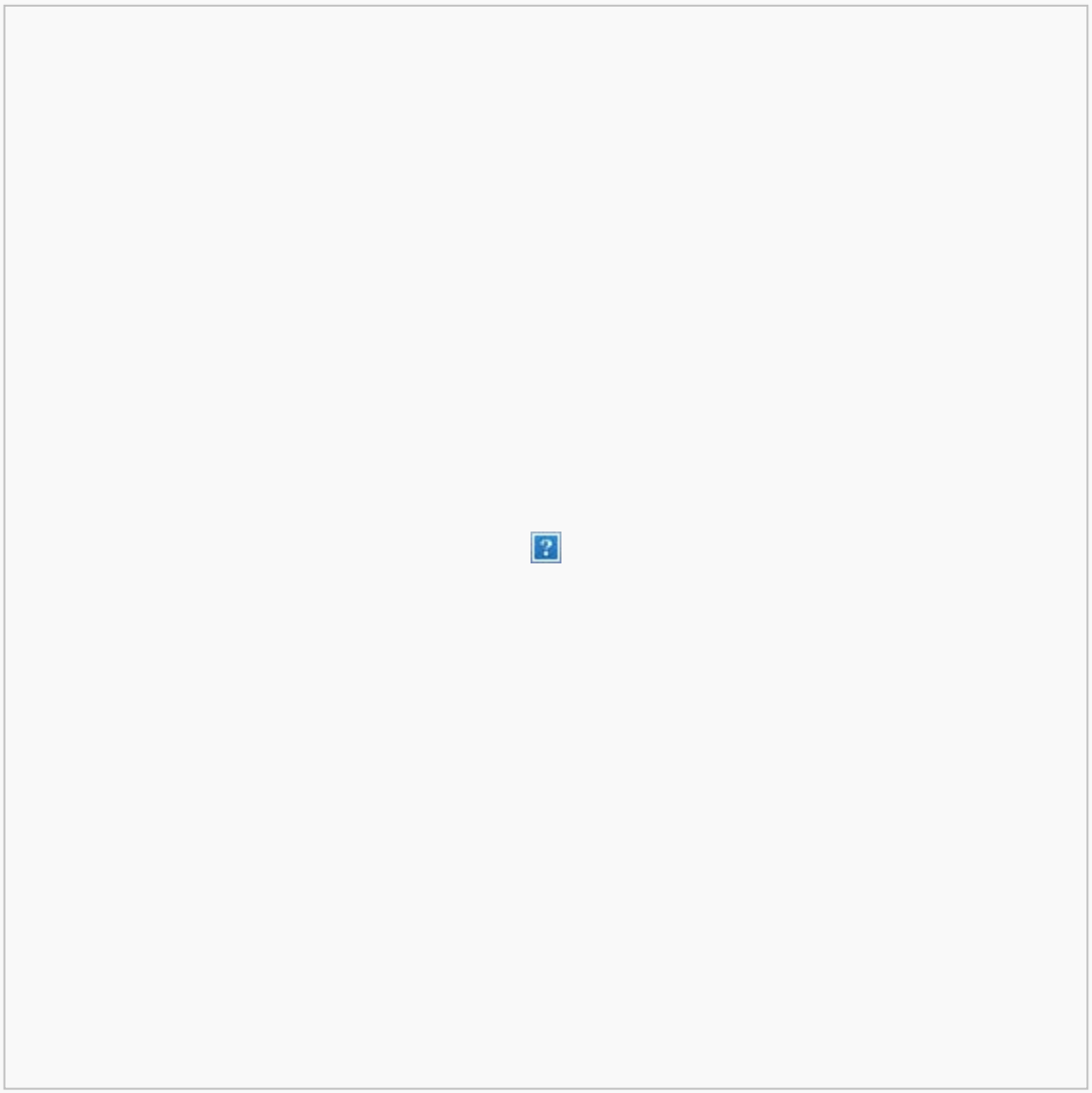
If you have any questions about this or other clinical issues, please e-mail coca@cdc.gov.



This illustration, created at the Centers for Disease Control and Prevention (CDC), reveals ultrastructural morphology exhibited by coronaviruses. Note the spikes that adorn the outer surface of the virus, which impart the look of a corona surrounding the virion, when viewed electron microscopically. A novel coronavirus virus was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China in 2019.

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Novel Coronavirus 2019 (2019-nCoV): What You Need To Know

The Infectious Diseases Society of America (IDSA) is keeping members and the public up to date on the latest novel coronavirus -- 2019-nCoV -- developments with this resource page providing links to guidance from government health authorities and the World Health Organization, journal articles and more.

Further Information

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OSHA - 2019 Novel Coronavirus

The U.S. Department of Labor – Occupational Safety and Health Administration (OSHA) has launched a webpage that provides information for workers and employers about the evolving coronavirus outbreak first identified in Wuhan City, Hubei Province, China. The information includes links to interim guidance and other resources for preventing exposures to, and infections with, 2019 novel coronavirus (2019-nCoV).

Further Information

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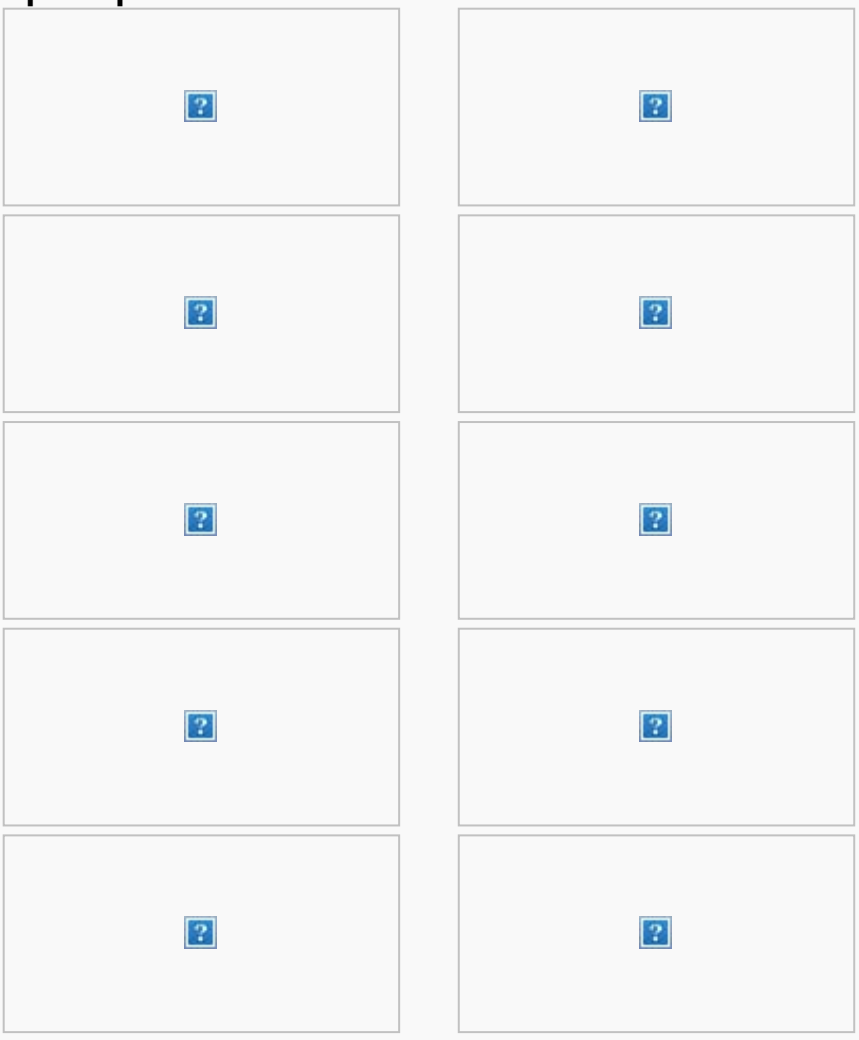
Quick Links

2020 OSAP Annual Conference | CDC IP Resources | Antibiotic Resistance Toolkit | Influenza Toolkit | Current Issue of ICIP Team Huddle

As a member benefit publication, we hope these LATE-BREAKING InfoBites help keep you on top of current and emerging issues related to the safe and infection-free delivery of oral care.

OSAP Super Sponsors



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LATE-BREAKING Dental Infection Prevention and Safety InfoBites is an official publication of the Organization for Safety, Asepsis and Prevention (OSAP). Disclaimer.

Editor: Patricia Podolak DDS MPH

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Atlanta, GA 30305

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From:	Warzecha, Charles J - DHS
To:	Moore, Donna J - DHS; Ayers, Jeanne F - DHS
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	FW: Open Records Requests for COVID-19 Email Communications
Date:	Wednesday, March 04, 2020 5:24:24 PM
Attachments:	FW CT open records request re COVID-19.msg ProPublica records request.msg image001.png
Importance:	High

FYI

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

Looking for information about COVID-19? **Start Here.**

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From: Warzecha, Charles J - DHS
Sent: Wednesday, March 4, 2020 5:24 PM
To: Rowe, Sandra M - DHS <SandraM.Rowe@dhs.wisconsin.gov>
Subject: FW: Open Records Requests for COVID-19 Email Communications
Importance: High

Sandy,
I believe the ProPublica request is overly broad. Do you agree and if so could you or your staff help us with narrowing the request?

The other request may not involve that many records (?) but I will be asking BITS to run the search request. Do you have any concerns about the other request being too broad?
Thanks for your help with these,
Chuck

Chuck Warzecha, Deputy Administrator
Division of Public Health

AMERICAN OVERSIGHT

Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Moore, Donna J - DHS <DonnaJ.Moore@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 3:35 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Subject: Open Records Requests for COVID-19 Email Communications
Importance: High

Chuck,

How do you want to handle these? Should they go to OLC?

Donna

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Gugel, Andrea M - DHS
Subject:	FW: Open Records Requests for COVID-19 Email Communications
Date:	Friday, March 06, 2020 9:29:00 AM
Attachments:	FW CT open records request re COVID-19.msg ProPublica records request.msg image001.png
Importance:	High

Hi, Andrea,

Can you log and acknowledge please?

Thank you,

Smiley

From: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 5:24 PM
To: Moore, Donna J - DHS <DonnaJ.Moore@dhs.wisconsin.gov>; Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: Open Records Requests for COVID-19 Email Communications
Importance: High

FYI

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
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From: Warzecha, Charles J - DHS
Sent: Wednesday, March 4, 2020 5:24 PM

AMERICAN OVERSIGHT

To: Rowe, Sandra M - DHS <SandraM.Rowe@dhs.wisconsin.gov>
Subject: FW: Open Records Requests for COVID-19 Email Communications
Importance: High

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Thanks for your help with these,
Chuck

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Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Moore, Donna J - DHS <DonnaJ.Moore@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 3:35 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Subject: Open Records Requests for COVID-19 Email Communications
Importance: High

Chuck,

How do you want to handle these? Should they go to OLC?

Donna

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From: Schauer, Stephanie L - DHS
To: Smiley, Stephanie L - DHS (DPH)
Cc: Verdon, Matthew J - DHS
Subject: FW: Password Vulnerability, Status Update
Date: Thursday, February 27, 2020 4:30:37 PM

FYI

Matt- please do not forward or share at this time.

Stephanie Schauer, Ph.D.
(pronouns: she, her, hers)
Immunization Program Manager
Wisconsin Immunization Program
1 W. Wilson St., room 272
Madison, WI 53701
608-264-9884

****
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From: Wheeler, Gary <gary.wheeler@dxc.com>
Sent: Thursday, February 27, 2020 4:10 PM
To: DUNN Aaron <Aaron.DUNN@dhsoha.state.or.us>; Wallisch, Aaron <aaron.wallisch@dxc.com>; Powell, Michael@CDPH <michael.powell@cdph.ca.gov>; Schauer, Stephanie L - DHS <Stephanie.Schauer@dhs.wisconsin.gov>; Gibbs-Scharf, Lynn (CDC/DDID/NCIRD/ISD) <lig1@cdc.gov>; Myerburg, Stuart (CDC/DDID/NCIRD/ISD) <jyz0@cdc.gov>; 'Fairbanks, Joe' <jofairbanks@deloitte.com>
Subject: Password Vulnerability, Status Update

Hi all,
Here is the status update on remediation of the password vulnerability.

User-Facing Passwords (User-Interface Login, Password Reset, Web Services Credentials)

- Remediation patch and instructions completed on 2/26
- Remediation deployed and tested in Oregon development region (2/27). Testing passed. Total effort for OR team was <2 hours.
- Actively working with OR IIS team to finalize UAT plan and deployment
- Based on OR tests, Code/instructions is available and ready for distribution for Consortium to take, apply as necessary and deploy within their respective release processes.

Application Passwords (Property Files, etc)

- Remediation patch and instructions were just completed and sent to our DXC OR team.
- DXC OR team will be working on deployment and testing in Dev Region

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Status checkpoint (internal) planned for tomorrow, 2/28 (mid-day).
- Anticipation following meeting will be update on this remediation status and overall OR plan for UAT and deployment

Recommendation is that both patches (user password and application) will be deployed to production together to avoid multiple releases however, projects can make their own decision.

Anticipation is a DXC internal update will be sent (today or latest Monday) to all our projects managers and technical leads with the instructions and remediation code to work directly with each project to apply based on their individual release and security practices. I will send an update out to this group when that has been completed.

Please let me know if there are any questions.

Gary Wheeler
Account Executive and Strategist

+1 608 213 2408 Office/Mobile

DXC Technology
313 Blettner Blvd
Madison, WI 53784

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From: Smiley, Stephanie L - DHS (DPH)
To: Westergaard, Ryan P - DHS; DeSalvo, Traci E - DHS
Subject: FW: Please review and plan to answer these questions
Date: Sunday, February 16, 2020 8:34:00 PM
Attachments: ASTHO COVID-19 Collaborative Syndromic Surveillance Project_Letter_021420.pdf

Not sure who else in our area would want to weigh in on this, so I'm sending to the two of you for sure, but feel free to share with others in CDES who might want to weigh in on this project.

Thanks!

Smiley

From: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Sent: Friday, February 14, 2020 3:25 PM
To: Phillips, Jeffrey J - DHS <Jeffrey.Phillips@dhs.wisconsin.gov>
Cc: Werner, Mark A - DHS <Mark.Werner@dhs.wisconsin.gov>; Meiman, Jonathan G - DHS <Jonathan.Meiman@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Anderson, Oskar M - DHS <Oskar.Anderson@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Subject: Please review and plan to answer these questions

Hello,
ASTHO and CDC are asking State Health Departments to engage in a Collaborative Syndromic Surveillance Project. Please review the attached and raise any questions, concerns or you views both pro and con to Jeff Phillips. Please solicit input from folks within your area who may have a view. He will pull these together and make a recommendation to DGB and then on to me on whether to agree to this arrangement or not.

Thank you,
Jeanne

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From:	Phillips, Jeffrey J - DHS
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Subject:	FW: Please review and plan to answer these questions
Date:	Thursday, February 20, 2020 7:51:01 AM
Attachments:	ASTHO COVID-19 Collaborative Syndromic Surveillance Project_Letter_021420.pdf image001.png

Good morning!
Have you two received any feedback on this request from ASTHO/CDC to share de-identified information? Also, would we want to put a small team of Epi's/Data Analysts together to develop a plan and share it with DGB? Thanks!

From: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Sent: Wednesday, February 19, 2020 4:08 PM
To: Phillips, Jeffrey J - DHS <Jeffrey.Phillips@dhs.wisconsin.gov>
Subject: FW: Please review and plan to answer these questions

Jeff,
We had a preliminary conversation about this at DGB today. Have you gotten any feedback on this? I'd like to share with DBG and move forward sooner than later if it can be managed. Thanks,
Chuck

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Sent: Wednesday, February 19, 2020 2:00 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Subject: FW: Please review and plan to answer these questions

---

From: Ayers, Jeanne F - DHS
Sent: Friday, February 14, 2020 3:25 PM
To: Phillips, Jeffrey J - DHS <Jeffrey.Phillips@dhs.wisconsin.gov>
Cc: Werner, Mark A - DHS <Mark.Werner@dhs.wisconsin.gov>; Meiman, Jonathan G - DHS

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<Jonathan.Meiman@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH)
<Stephanie.Smiley@dhs.wisconsin.gov>; Anderson, Oskar M - DHS
<Oskar.Anderson@dhs.wisconsin.gov>; Warzecha, Charles J - DHS
<Charles.Warzecha@dhs.wisconsin.gov>
Subject: Please review and plan to answer these questions

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Thank you,
Jeanne

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Stokes, Scott A - DHS
Subject:	FW: PS18-1802 Year 2 End of Year Progress Report Guidance
Date:	Friday, January 31, 2020 10:51:00 AM
Attachments:	PS18-1802 Year 2 End of Year (EOY) Guidance_1.30.2019_FINAL.docx

From: PS18-1802 (CDC) [mailto:PS18-1802@cdc.gov]
Sent: Friday, January 31, 2020 10:25 AM
Subject: PS18-1802 Year 2 End of Year Progress Report Guidance

Dear Colleagues,

The Prevention Program Branch (PPB) and HIV Incidence and Case Surveillance Branch (HICSB) have attached the End of Year Progress Report Guidance for Notice of Funding Opportunity (NOFO) PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments.

The purpose of the End of Year Progress Report is to document progress for the reporting period (January 1, 2019 – December 31, 2019), update important contact information, and update successes and challenges since the last reporting period (Annual Performance Report covering 1/1/2019 – 6/30/2019). Your feedback will assist us in ongoing efforts to improve the implementation and delivery of HIV prevention and surveillance programs. Thus, the information you provide is useful to CDC and other stakeholders.

In lieu of a webinar for the End of Year Progress Report Guidance, please find below the following information:

- The report consists of a variety of questions (i.e. check box, short answer, and tables). For the yes/no check box questions, make sure to provide a brief description/justification if you check yes. Additionally, there are short answer questions, please make sure to address each question that is applicable to your program.

- Please submit your NHM&E data via EvaluationWeb® **no later than Monday, March 16, 2020**. EvaluationWeb® will use the NHM&E data to automatically populate the PS18-1802 data tables. These data tables in addition to the End of the Year Progress Report will be used by Joint Monitoring Team to complete their review.

- The completed End of Year Progress Report should be uploaded to www.grantsolutions.gov as a Grant Note, Category "Other," Subject "*Year 2 End of Year Progress Report"* **no later than Friday, April 17, 2020**. Additionally, please send a courtesy copy of the report to the assigned Joint Monitoring Team.

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- Please submit your financial close-out documents, including the final Federal Financial Report (FFR) in GMM by the designated due date. Should you have any questions regarding financial documents, please contact your assigned Grants Management Specialist.

Should you have any questions, please follow-up with your respective Joint Monitoring Team to discuss the completion of the End of Year Progress Report.

Sincerely,

/Stan A. Phillip, Jr./

Stan A. Phillip, Jr., DHA, MHA
Chief
Prevention Program Branch
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

/Angela L. Hernandez/

Angela L. Hernandez, MD, MPH
Chief
HIV Incidence and Case Surveillance Branch
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

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From:	Ayers, Jeanne F - DHS
To:	Palm, Andrea J - DHS
Cc:	Austin, Samuel V - DHS; Warzecha, Charles J - DHS
Subject:	FW: Readout from the Vice President"s Discussion with our Nation"s Governors on COVID-19 Coordination & Preparedness
Date:	Monday, March 02, 2020 7:06:05 PM

Andrea,
I am sharing this in case you would find it helpful to prepare for your Governor's briefing tomorrow. I am not sure if our Governor was on the call.
Jeanne

From: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Sent: Monday, March 2, 2020 5:38 PM
To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
Cc: Hoelscher, Douglas L. EOP/WHO <Douglas.L.Hoelscher@who.eop.gov>; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia P. EOP/WHO <Olivia.P.Imhoff2@who.eop.gov>
Subject: Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness

Office of the Vice President

FOR IMMEDIATE RELEASE
March 2, 2020

READOUT FROM THE VICE PRESIDENT'S DISCUSSION WITH OUR NATION'S GOVERNORS ON COVID-19 COORDINATION & PREPAREDNESS

Vice President Mike Pence today participated in a discussion with more than 50 of our Nation's governors to provide an update on the work of the White House Coronavirus Task Force, to continue coordination with governors and state and local officials to respond to and prepare for the coronavirus, and to thank governors and state and local leaders—particularly state and local health officials—for their leadership.

The Vice President, U.S. Department of Health and Human Services (HHS) Secretary Alex Azar, and Centers for Disease Control & Prevention (CDC) Principal Deputy Director Dr. Anne Schuchat provided a status update on the Coronavirus, outlined ongoing Federal efforts, and discussed State and local actions with the governors.

Governor Larry Hogan, Chair of the National Governors Association, joined the Vice President in person, and other governors joined via video teleconference or phone.

The Vice President pledged to convene the governors for a teleconference on a weekly basis, and

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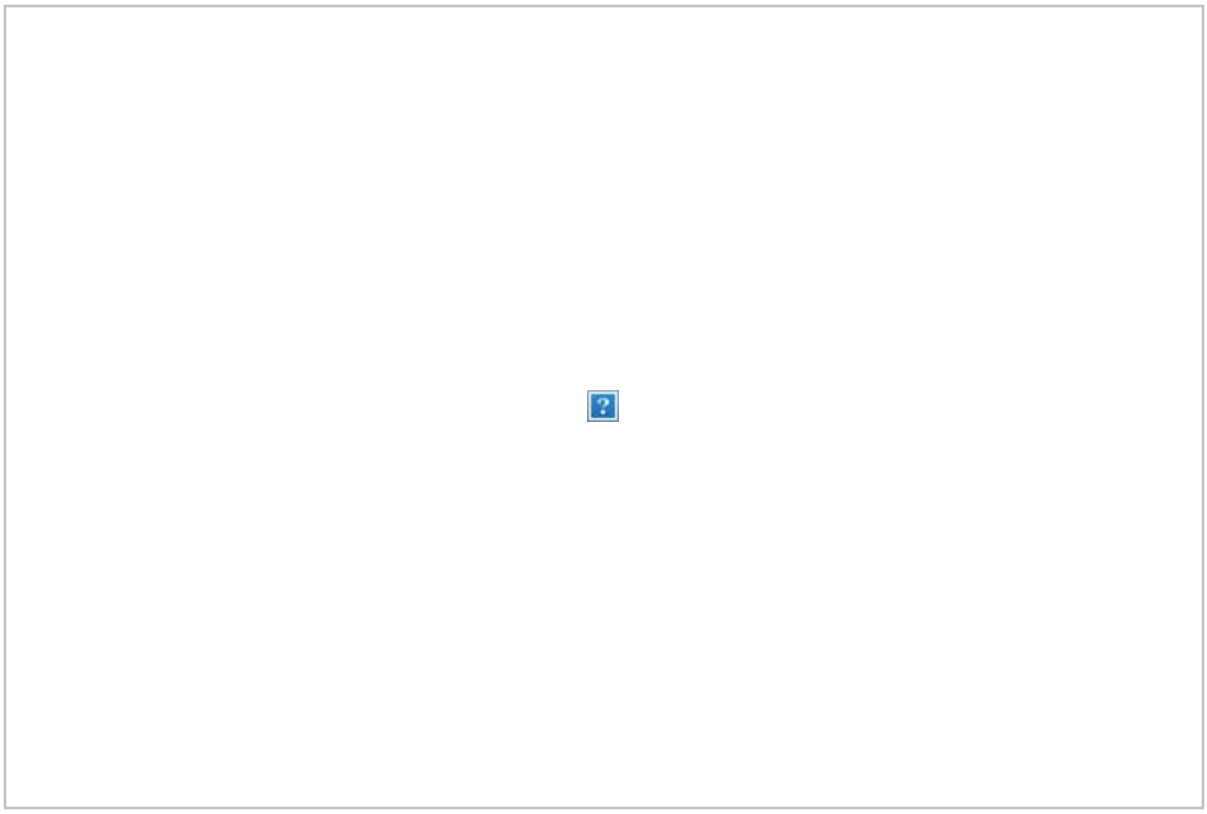
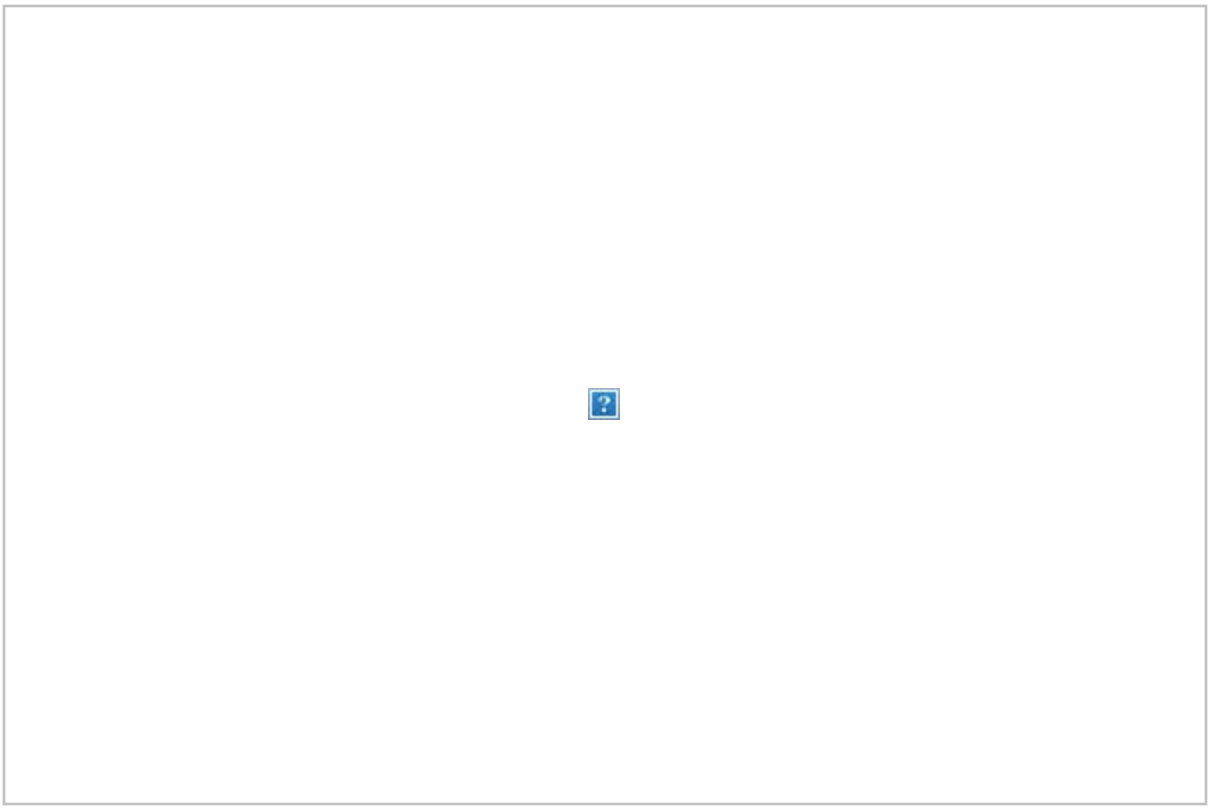
made assurances that Federal leaders will continue its close coordinate with our Nation’s governors and other State and local leaders.





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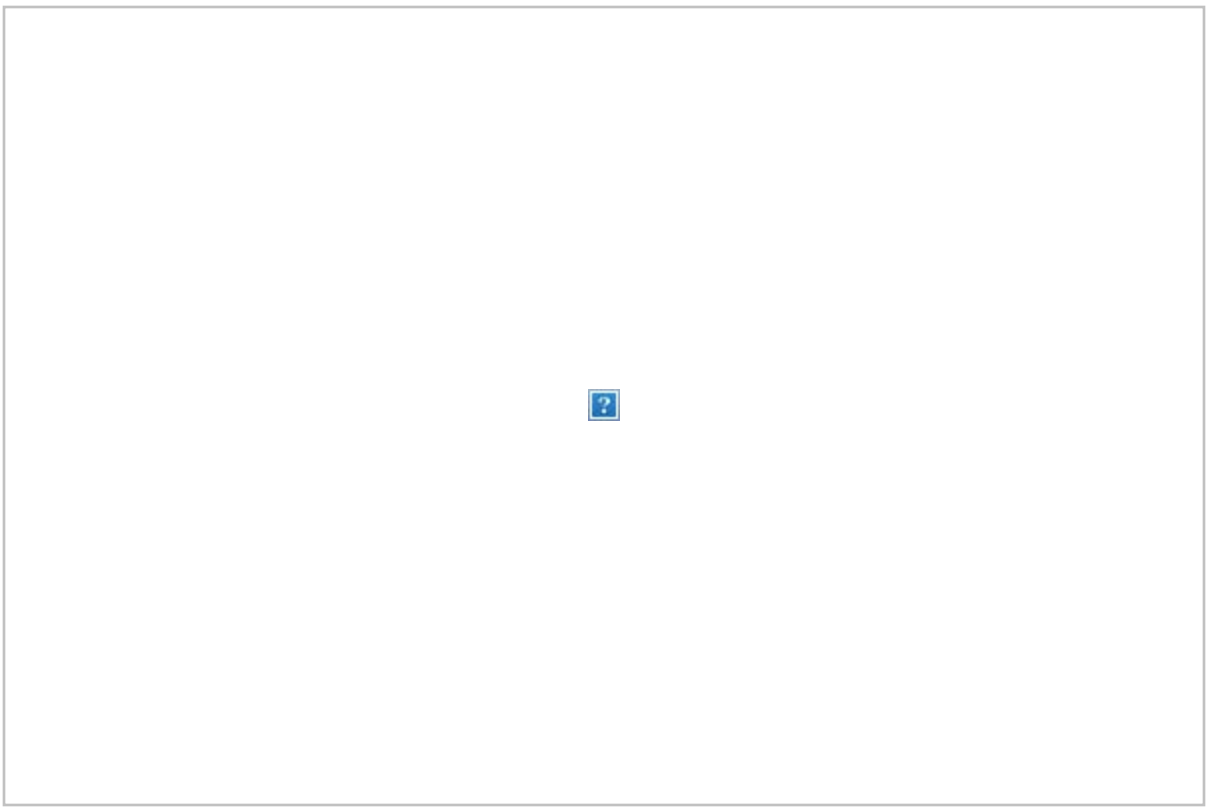

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Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Stokes, Scott A - DHS
Subject:	FW: REMINDER: 2020 HIV Surveillance Technical Assistance Meeting - Call for Abstracts
Date:	Tuesday, February 18, 2020 9:22:00 AM
Attachments:	Call for Abstracts 2020 HIV Surveillance Technical Assistance Meeting.docx Abstract Submission Form_2020 HSTAM.docx

From: PS18-1802 (CDC) <PS18-1802@cdc.gov>
Sent: Tuesday, February 18, 2020 8:10 AM
Subject: REMINDER: 2020 HIV Surveillance Technical Assistance Meeting - Call for Abstracts

On behalf of Magan Pearson, MPH, Acting Deputy Chief, HIV Incidence and Case Surveillance Branch (HICSB)

Dear Colleagues,

The 2020 HIV Surveillance Technical Assistance Meeting to be held in Atlanta, June 16 - 18, 2020 will include an abstracts/poster session. The CDC HIV Incidence and Case Surveillance Branch (HICSB) invites submissions of abstracts of best practices for effective HIV surveillance for presentation at the meeting. Submission is open to any persons working in HIV surveillance or conducting analyses using HIV surveillance data.

Please see the attached Call for Abstracts and Abstract Submission form for instructions to prepare and submit an abstract. The abstract must be submitted with the Abstract Submission form. **The deadline for abstract submission is midnight EST on March 9, 2020.**

Please contact **Jayleen Gunn (pfe4@cdc.gov) and Kimberly Mason (wxv6@cdc.gov)** with any questions regarding the abstract submission process.

Best regards,

Magan D. Pearson, MPH
Deputy Branch Chief (Acting)
HIV Incidence and Case Surveillance Branch
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
Telephone: (404) 718-8643
Fax: (404) 639-2980/8046
Email: Mpearson1@cdc.gov

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From: Gugel, Andrea M - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: The Insider: Managing Uncertainty
Date: Friday, March 06, 2020 2:04:54 PM

From: Harvard Business Review
Sent: Friday, March 6, 2020 2:04:42 PM (UTC-06:00) Central Time (US & Canada)
To: Gugel, Andrea M - DHS
Subject: The Insider: Managing Uncertainty

Just for subscribers

The Insider: Managing Uncertainty

Read online

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From Maureen Hoch, Editor, HBR.org | March 6, 2020

First off, I want to thank everyone who sent questions and feedback last week about how the Covid-19 outbreak is affecting your work. We're keeping them in mind as we continue to follow this fast-changing story and its global implications. Here are a few things we published on the topic this week you may find useful:

- A look at **the legal obligations** companies face around coronavirus.
- What the virus may mean for **the global economy** and the risk of recession.
- **The eight critical questions employers should be asking** as they prepare for or respond to the spread of the virus.
- How to help your team **manage Covid-19 related uncertainty**.

Our coverage is handily pulled together in **this Twitter thread**. We've temporarily lifted the paywall on content related to coronavirus so it can be widely shared and accessed. (This was among your reader suggestions, too!) We have new pieces in the works on communicating in a crisis, remote work, advice for working parents, and more.

We're also planning a subscriber-exclusive conference call next week about virtual teams and remote work — you can register for the event **here**.

Moving on to other matters of management, we're wrapping up our

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series on building **a data-driven mindset**. We've had some good pieces on **how to make data part of your company's culture**, **how to design an approach to analytics**, and **how data could revolutionize project planning**. If this topic is of interest, you might also like our ***Managing Data Science* newsletter** — an eight-week email series on how to make AI and analytics work for your company.

A popular piece this week was on the never-ending battle between perfectionism and "good enough." Former clinical psychologist Alice Boyes writes about **how perfectionism can interfere with your productivity** by keeping you from prioritizing your most important work. She offers ideas on how to avoid those costly mistakes in time and energy.

Since I imagine many of you are dealing with your fair share of distraction related to everything from pandemics to politics, I thought I'd end with a piece from our archive on what to do **when you can't focus at work**. The tips include: If you can, set — and stick to — boundaries around when you'll check social media or news alerts. And don't forget basic self-care: Take breaks, eat healthily, and get sleep. Good advice now and always.

Thanks for reading,
Maureen

What Are Companies' Legal Obligations Around Coronavirus?

DIGITAL ARTICLE by Peter Susser and Tahl Tyson

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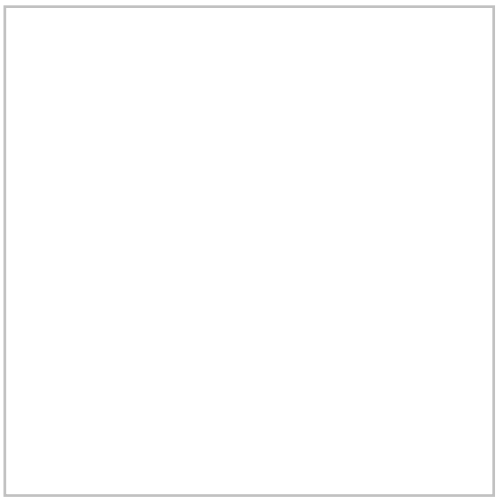
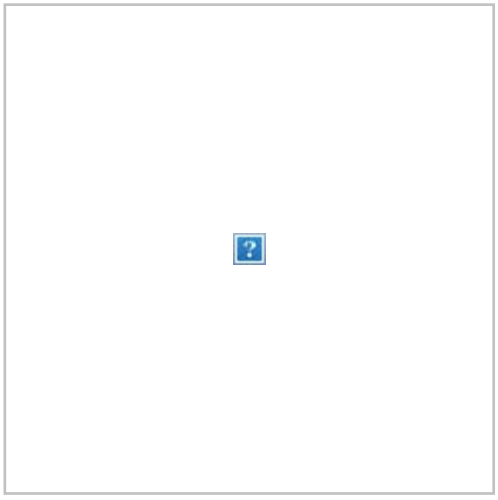


Eight factors leaders should consider.

What Coronavirus Could Mean for the Global Economy

DIGITAL ARTICLE by Philipp Carlsson-Szlezak et al.



Is a recession inevitable?

8 Questions Employers Should Ask About Coronavirus

DIGITAL ARTICLE by Jeff Levin-Scherz and Deana Allen

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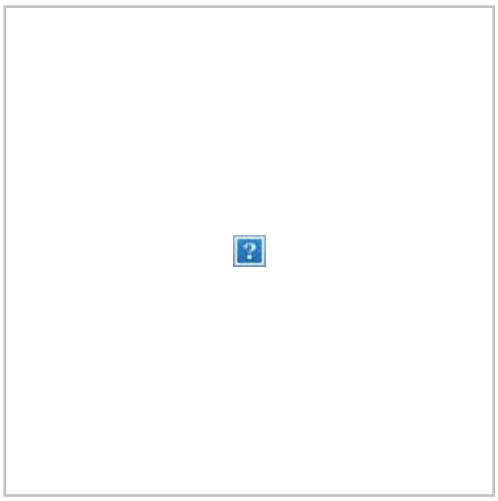
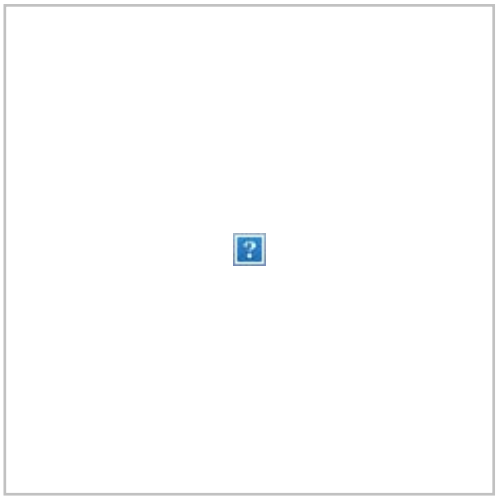


From how to protect employees to whether it's necessary to revise benefits policies.

How to Reassure Your Team When the News Is Scary

DIGITAL ARTICLE by Allison Shapira



They'll look to you for stability.

Building a Data-Driven Culture from the Ground Up

DIGITAL ARTICLE by S.N.

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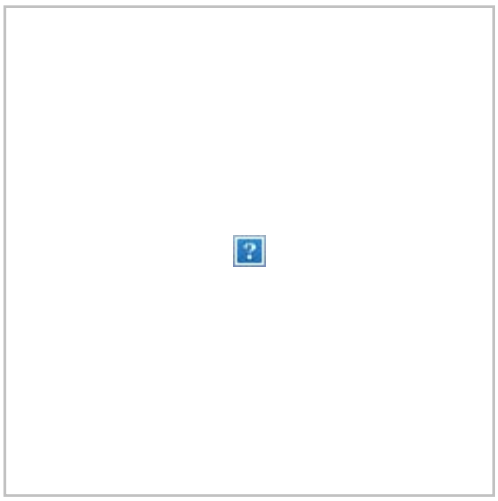
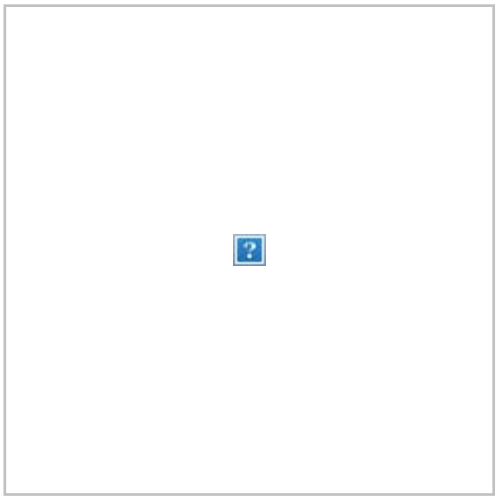
Subrahmanyan and Sanjay Jalona



Lessons from an engineering and construction company.

What's the Best Approach to Data Analytics?

DIGITAL ARTICLE by Tom O'Toole



There are five ways companies tend to think about it. One is better than the others.

Use Data to Revolutionize Project Planning

DIGITAL ARTICLE by Yael

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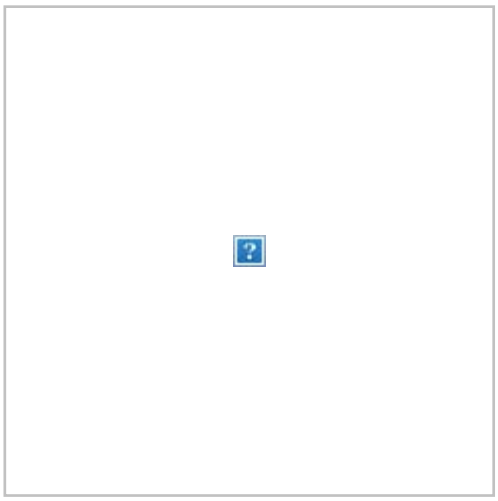
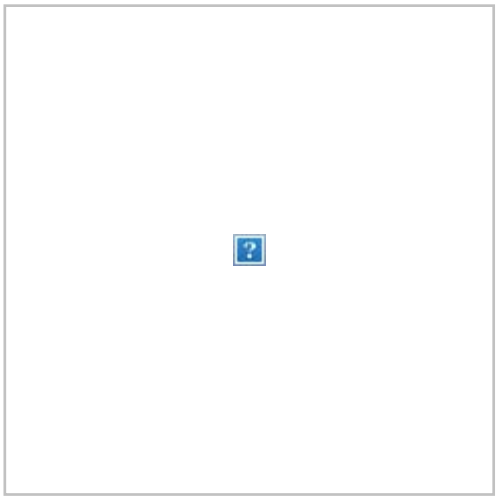
Grushka-Cockayne



Overcome your inclination to overpromise and under-deliver.

Don’t Let Perfection Be the Enemy of Productivity

DIGITAL ARTICLE by Alice Boyes



Three ways perfectionists self-sabotage.

What to Do When You’re Feeling Distracted at Work

ARCHIVE ARTICLE by Amy Gallo

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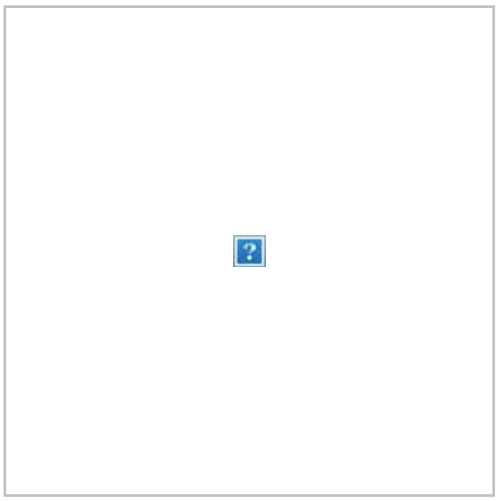

Simple ways to regain your focus.

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20 Guest St, Suite 700
Brighton, MA 02135

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Stokes, Scott A - DHS
Subject:	FW: Updated PS18-1802 Cluster and Outbreak Detection and Response Plan Template
Date:	Friday, January 31, 2020 2:04:00 PM
Attachments:	Cluster and outbreak detection and response plan template 1_31_2020 for distribution.docx
Importance:	High

Are you getting these?

From: PS18-1802 (CDC) [mailto:PS18-1802@cdc.gov]
Sent: Friday, January 31, 2020 1:54 PM
Subject: Updated PS18-1802 Cluster and Outbreak Detection and Response Plan Template
Importance: High

Sent on behalf of the HIV Incidence and Case Surveillance Branch and Prevention Program Branch

Dear Colleagues,

To support PS18-1802-funded jurisdictions in the development of their cluster and outbreak plans, we have developed a Cluster and Outbreak Detection and Response Plan Template. This document is now available, attached to this email and on the HICSB SharePoint.

Please use this document to develop your jurisdiction's Cluster and Outbreak Detection and Response Plan, which is a written plan for establishing and maintaining local capacity for cluster and outbreak detection and response. This includes recruiting necessary staff, ensuring training (including security and confidentiality training), identifying relevant experience, and procuring software (i.e., secure HIV-TRACE), equipment, and other resources. This template replaces the previous version originally distributed in 2018.

As a reminder, this plan is due August 2020, along with the Year 4 APR submission. Please ensure that your plan addresses all of the components included in this template. If you have any questions, please contact your assigned JMT.

Additional resources for the development of your plan can be found at www.cdc.gov/HIVcluster, as well as previously published guidance documents available on the HICSB SharePoint.

Thank you,

Angela L. Hernandez, MD, MPH
Chief, HIV Incidence and Case Surveillance

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Stan A. Philip, Jr., DHA, MHA
Chief, Prevention Program Branch

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

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From: Kopetskie, Karen M - DHS
To: Smiley, Stephanie L - DHS (DPH)
Cc: DeSalvo, Traci E - DHS
Subject: FW: WHO definition of coronavirus
Date: Wednesday, February 12, 2020 1:34:36 PM
Attachments: image001.png
image007.png
image002.png
image003.png

From: Mulder, Lois J - DHS
Sent: Wednesday, February 12, 2020 1:34 PM
To: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Cc: Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>
Subject: RE: WHO definition of coronavirus

We will update those files since we've made a few other corrections to them already.

From: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>
Sent: Wednesday, February 12, 2020 1:29 PM
To: Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Cc: Mulder, Lois J - DHS <Lois.Mulder@dhs.wisconsin.gov>; Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>
Subject: RE: WHO definition of coronavirus

Yes. I will work with BCD to get the files updated — hopefully before noon tomorrow so we don't have to repost as guidance because of the name change.

Karen Kopetskie
Communications Specialist
Division of Public Health Web Coordinator
Department of Health Services
608-267-2426

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From: Yunker, Claire F - DHS
Sent: Wednesday, February 12, 2020 1:10 PM
To: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>
Cc: Mulder, Lois J - DHS <Lois.Mulder@dhs.wisconsin.gov>; Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>

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Subject: RE: WHO definition of coronavirus

Do we also need to change it on the publications?

Thank you!

Claire Yunker
Deputy Communications Director
she, her, hers
Wisconsin Department of Health Services
D: 608-266-6657 | C: 608-335-5662

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From: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>
Sent: Wednesday, February 12, 2020 1:07 PM
To: Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Cc: Mulder, Lois J - DHS <Lois.Mulder@dhs.wisconsin.gov>; Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>
Subject: RE: WHO definition of coronavirus

Traci said we need to change the name of the disease on the web. I'm updating the Outbreaks page now.

Karen Kopetskie
Communications Specialist
Division of Public Health Web Coordinator
Department of Health Services
608-267-2426

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From: Yunker, Claire F - DHS
Sent: Wednesday, February 12, 2020 12:42 PM
To: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>
Cc: Mulder, Lois J - DHS <Lois.Mulder@dhs.wisconsin.gov>; Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>

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Subject: WHO definition of coronavirus

Hi Karen,

Was the updated name for coronavirus mentioned at IMS? Will we be updating the language on all of our webpages and documents? As the pubs are guidance documents, we need to update them by noon tomorrow. https://www.cdc.gov/coronavirus/2019-ncov/about/index.html

Thanks!

Claire Yunker
Deputy Communications Director
she, her, hers
Wisconsin Department of Health Services
D: 608-266-6657 | C: 608-335-5662

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From: Schauer, Stephanie L - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: WIR Security Update
Date: Tuesday, March 03, 2020 7:55:31 AM
Importance: High

FYI

Stephanie Schauer, Ph.D.
(pronouns: she, her, hers)
Immunization Program Manager
Wisconsin Immunization Program
1 W. Wilson St., room 272
Madison, WI 53701
608-264-9884

****
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From: DUNN Aaron <Aaron.DUNN@dhsoha.state.or.us>
Sent: Monday, March 2, 2020 6:59 PM
To: DUNN Aaron <Aaron.DUNN@dhsoha.state.or.us>; Schauer, Stephanie L - DHS <Stephanie.Schauer@dhs.wisconsin.gov>
Cc: MOFFATT Lisa R <Lisa.R.MOFFATT@dhsoha.state.or.us>; 'Fairbanks, Joe' <jofairbanks@deloitte.com>; Gibbs-Scharf, Lynn (CDC/DDID/NCIRD/ISD) <lig1@cdc.gov>; Myerburg, Stuart (CDC/DDID/NCIRD/ISD) <jyz0@cdc.gov>
Subject: WIR Security Update
Importance: High

Dear WIR Consortium Representatives,

DXC has informed us they have developed solutions to the two security issues communicated last week and that these solutions are in the process of being rolled out to your jurisdiction's DXC teams. If they have not already reached out, DXC Project Managers will initiate outreach to each state starting today, 3/2, to discuss remediation actions and planning.

As a reminder, a security scan of CA and GA's code found evidence of SQL injection risk and insufficient user and application password encryption. Below is an update on each of the issues, including the likelihood that they affect other WIR jurisdictions.

SECURITY ISSUE #1: SQL INJECTION RISK

Status: Instructions to test for this vulnerability will be distributed to DXC project managers in each jurisdiction today, 3/2

- DXC has remediated PL SQL injection threats over the past few years in a several

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jurisdictions. DXC believes most states should already have these remediations in place, but validation is required to confirm the presence of remediations given the state-specific nature of each code base

- Instructions are being distributed to DXC project managers today, 3/2 to test whether there is a SQL injection risk. The test will take 1-2 hours of effort to perform
- DXC teams will work with any jurisdictions with test results showing SQL injection risk to apply remediations through their release process

Status of Security Issue #2 (Part A): User Passwords

Status: A solution will be distributed to DXC project managers today, 3/2

- This issue is likely applicable to all WIR jurisdictions
- Testing of the solution in Oregon was completed on Friday, 2/28; UAT and Production deployments are pending
- Solution code and instructions were sent to all DXC project managers on Friday, 2/28
- DXC project managers will begin engaging with customers today, 3/2, to schedule deployment
- Patch requires several hours of technical effort

Status of Security Issue #2 (Part B): Application Passwords

Status: A solution was distributed to DXC project managers Fri, 2/28

- This issue is likely applicable to all WIR jurisdictions
- Testing of the solution in Oregon scheduled to be complete today, 3/2
- Solution code and instructions were sent to all DXC project managers on Friday, 2/28
- Patch requires one day of technical effort and will require a full system test prior to release
- It is possible that some projects may be unable to adopt the change based on environment-specific architecture and security practices

Recommended Static Code Vulnerability Scan

- DXC recommends that all projects initiate a static code vulnerability scan if one was not recently completed or scheduled. DXC will work through state-specific requirements and processes to scan the code set and remediate based on state policy.

We will continue to keep you up to date on the overall status. Please work with your DXC teams as you are contacted about these fixes.

Thank you,

Aaron Dunn and Stephanie Schauer

Aaron Dunn, MPH, OPMA
Immunizations Program Manager
OREGON HEALTH AUTHORITY
Public Health Division

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Immunization Program
aaron.dunn@state.or.us
971-673-0318
http://www.oregon.gov/OHA

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From:	DHS DPH Open Records Requests
To:	Ayers, Jeanne F - DHS; Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Subject:	FW: Wisconsin coronavirus - records request
Date:	Wednesday, February 12, 2020 4:10:00 PM
Attachments:	image001.png image002.png image003.png
Importance:	High

From: DHS Open Records Requests
Sent: Wednesday, February 12, 2020 2:46 PM
To: DHS Open Records Requests <DHSOpenRecordsRequests@dhs.wisconsin.gov>; DHS DPH Open Records Requests <DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>; DHS SecretaryOffice <DHSSecretaryOffice@dhs.wisconsin.gov>; Keuler, Jackson B - DHS <Jackson.Keuler@dhs.wisconsin.gov>; DHS Media <DHSMedia@dhs.wisconsin.gov>
Subject: RE: Wisconsin coronavirus - records request

Just fyi – I spoke with Ms. Choi this afternoon. She has withdrawn this request and intends to send a new (revised/narrowed) request to only the DHS Open Records Requests mailbox within the next couple of days.

Thanks,

Cortney

Cortney Mesdjian, Paralegal Supervisor/Office Manager
Wisconsin Department of Health Services
Office of Legal Counsel
1 W. Wilson St., Room 651
Madison, WI 53703
608-267-5093

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From: Choi, Candice <CChoi@ap.org>
Sent: Wednesday, February 05, 2020 2:54 PM
To: DHS Open Records Requests <DHSOpenRecordsRequests@dhs.wisconsin.gov>; DHS DPH Open Records Requests <DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>; DHS SecretaryOffice

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<DHSSecretaryOffice@dhs.wisconsin.gov>
Cc: Choi, Candice <CChoi@ap.org>
Subject: Wisconsin coronavirus - records request

Dear Records Custodian:

Pursuant to the Wisconsin Open Records Law, I request copies of all emails and text messages regarding the novel coronavirus in the email and phone accounts of the following individuals:

- Jeanne Ayers, state health officer
- Andrea Palm, secretary
- Julie Willems Van Dijk, deputy secretary
- Ryan Westergaard, chief medical officer in the bureau of communicable diseases
- Tom Haupt, epidemiologist

In collecting the requested records, please search for terms including (but not limited to) "coronavirus", "virus", "patient", "sick", "positive", "negative" and "China". To ensure collection of relevant emails with individuals at other agencies, please also search for terms including (but not limited) to "@cdc.gov", "@nih.gov" and "@medicine.wsic.edu" in the accounts specified above.

The date range for the request is **Jan. 15, 2020 to the date of collection**.

I would like the records collected by the department's legal, public records, public information or information technology office through searches of the county's stored email system.

Please provide all responsive records by email.

As a member of the news media, I request a waiver for any fees associated with this request. I am making this request as an AP reporter and this request is being made as part of newsgathering in the public interest. If you deny this request for a fee waiver, please advise me in advance of the estimated charges if they are to exceed $25.

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Please contact me by email at cchoi@ap.org or phone at (212) 621-7267 if you have any questions about this request.

Thank you for your assistance.

Sincerely,

Candice Choi

Candice Choi
Reporter, Associated Press
200 Liberty St.
New York, NY 10281
(212) 621-7267
cchoi@ap.org

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Rowe, Sandra M - DHS
Cc:	Warzecha, Charles J - DHS; Miller, Stephanie W - DHS
Subject:	FW: Wisconsin coronavirus - records request
Date:	Thursday, February 06, 2020 9:50:25 AM
Attachments:	image001.png image003.png
Importance:	High

Hi, Sandy,

Please see the records request below from the Associated Press. (Stephanie, cc'ing you as an FYI)

BCD has acknowledged the request.

Given that there is a request for the Secretary's and Deputy Secretary's e-mails, how do you prefer we proceed? Do you want us to coordinate or would OLC/the SO like to handle?

In this instance, I think that we would be fine filling it now vs. denying because while it is an active response, there isn't an "investigation" happening into the source, thus releasing the records would not impede our response. (Although collecting them and sifting through them all during a response will be an additional burden on the program, which is very hard.)

Any guidance you can provide would be greatly appreciated.

Thanks much!

Smiley

Stephanie Smiley
Director, Bureau of Communicable Diseases, Division of Public Health
Wisconsin Department of Health Services
D: 608-267-9363 | C: 608-260-5616

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Emails sent by DHS can be encrypted. For information about how to view encrypted emails, go to: http://www.dhs.wisconsin.gov/aboutdhs/DES/email-encryption.pdf

From: DHS DPH Open Records Requests

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Sent: Wednesday, February 5, 2020 8:58 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Subject: FW: Wisconsin coronavirus - records request
Importance: High

From: Choi, Candice [mailto:CChoi@ap.org]
Sent: Wednesday, February 05, 2020 2:54 PM
To: DHS Open Records Requests <DHSOpenRecordsRequests@dhs.wisconsin.gov>; DHS DPH Open Records Requests <DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>; DHS SecretaryOffice <DHSSecretaryOffice@dhs.wisconsin.gov>
Cc: Choi, Candice <CChoi@ap.org>
Subject: Wisconsin coronavirus - records request

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- Julie Willems Van Dijk, deputy secretary
- Ryan Westergaard, chief medical officer in the bureau of communicable diseases
- Tom Haupt, epidemiologist

In collecting the requested records, please search for terms including (but not limited to) “coronavirus”, “virus”, “patient”, “sick”, “positive”, “negative” and “China”. To ensure collection of relevant emails with individuals at other agencies, please also search for terms including (but not limited) to “@cdc.gov”, “@nih.gov” and “@medicine.wsic.edu” in the accounts specified above.

The date range for the request is **Jan. 15, 2020 to the date of collection**.

I would like the records collected by the department’s legal, public records, public information or information technology office through searches of the county’s stored

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email system.

Please provide all responsive records by email.

As a member of the news media, I request a waiver for any fees associated with this request. I am making this request as an AP reporter and this request is being made as part of newsgathering in the public interest. If you deny this request for a fee waiver, please advise me in advance of the estimated charges if they are to exceed $25.

Please contact me by email at cchoi@ap.org or phone at (212) 621-7267 if you have any questions about this request.

Thank you for your assistance.

Sincerely,

Candice Choi

Candice Choi
Reporter, Associated Press
200 Liberty St.
New York, NY 10281
(212) 621-7267
cchoi@ap.org

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From:	DHS DPH Open Records Requests
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Cc:	Ayers, Jeanne F - DHS
Subject:	FW: Wisconsin coronavirus - records request
Date:	Wednesday, February 05, 2020 8:58:09 PM
Importance:	High

From: Choi, Candice [mailto:CChoi@ap.org]
Sent: Wednesday, February 05, 2020 2:54 PM
To: DHS Open Records Requests <DHSOpenRecordsRequests@dhs.wisconsin.gov>; DHS DPH Open Records Requests <DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>; DHS SecretaryOffice <DHSSecretaryOffice@dhs.wisconsin.gov>
Cc: Choi, Candice <CChoi@ap.org>
Subject: Wisconsin coronavirus - records request

Dear Records Custodian:

Pursuant to the Wisconsin Open Records Law, I request copies of all emails and text messages regarding the novel coronavirus in the email and phone accounts of the following individuals:

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The date range for the request is **Jan. 15, 2020 to the date of collection**.

I would like the records collected by the department’s legal, public records, public information or information technology office through searches of the county’s stored email system.

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Thank you for your assistance.

Sincerely,

Candice Choi

Candice Choi
Reporter, Associated Press
200 Liberty St.
New York, NY 10281
(212) 621-7267
cchoi@ap.org

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AMERICAN OVERSIGHT

From:	Smiley, Stephanie L - DHS (DPH)
To:	Gugel, Andrea M - DHS
Subject:	FW: Wisconsin coronavirus - records request
Date:	Wednesday, February 12, 2020 4:16:00 PM
Attachments:	image001.png image003.png image005.png
Importance:	High

FYI…

From: DHS DPH Open Records Requests
Sent: Wednesday, February 12, 2020 4:11 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: FW: Wisconsin coronavirus - records request
Importance: High

From: DHS Open Records Requests
Sent: Wednesday, February 12, 2020 2:46 PM
To: DHS Open Records Requests <DHSOpenRecordsRequests@dhs.wisconsin.gov>; DHS DPH Open Records Requests <DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>; DHS SecretaryOffice <DHSSecretaryOffice@dhs.wisconsin.gov>; Keuler, Jackson B - DHS <Jackson.Keuler@dhs.wisconsin.gov>; DHS Media <DHSMedia@dhs.wisconsin.gov>
Subject: RE: Wisconsin coronavirus - records request

Just fyi – I spoke with Ms. Choi this afternoon. She has withdrawn this request and intends to send a new (revised/narrowed) request to only the DHS Open Records Requests mailbox within the next couple of days.

Thanks,

Cortney

Cortney Mesdjian, Paralegal Supervisor/Office Manager
Wisconsin Department of Health Services
Office of Legal Counsel
1 W. Wilson St., Room 651
Madison, WI 53703
608-267-5093

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From: Choi, Candice <CChoi@ap.org>
Sent: Wednesday, February 05, 2020 2:54 PM
To: DHS Open Records Requests <DHSOpenRecordsRequests@dhs.wisconsin.gov>; DHS DPH Open Records Requests <DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>; DHS SecretaryOffice <DHSSecretaryOffice@dhs.wisconsin.gov>
Cc: Choi, Candice <CChoi@ap.org>
Subject: Wisconsin coronavirus - records request

Dear Records Custodian:

Pursuant to the Wisconsin Open Records Law, I request copies of all emails and text messages regarding the novel coronavirus in the email and phone accounts of the following individuals:

- Jeanne Ayers, state health officer
- Andrea Palm, secretary
- Julie Willems Van Dijk, deputy secretary
- Ryan Westergaard, chief medical officer in the bureau of communicable diseases
- Tom Haupt, epidemiologist

In collecting the requested records, please search for terms including (but not limited to) “coronavirus”, “virus”, “patient”, “sick”, “positive”, “negative” and “China”. To ensure collection of relevant emails with individuals at other agencies, please also search for terms including (but not limited) to “@cdc.gov”, “@nih.gov” and “@medicine.wsic.edu” in the accounts specified above.

The date range for the request is **Jan. 15, 2020 to the date of collection**.

I would like the records collected by the department’s legal, public records, public information or information technology office through searches of the county’s stored email system.

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Please provide all responsive records by email.

As a member of the news media, I request a waiver for any fees associated with this request. I am making this request as an AP reporter and this request is being made as part of newsgathering in the public interest. If you deny this request for a fee waiver, please advise me in advance of the estimated charges if they are to exceed $25.

Please contact me by email at cchoi@ap.org or phone at (212) 621-7267 if you have any questions about this request.

Thank you for your assistance.

Sincerely,

Candice Choi

Candice Choi
Reporter, Associated Press
200 Liberty St.
New York, NY 10281
(212) 621-7267
cchoi@ap.org

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From: Ayers, Jeanne F - DHS
To: Kowalik, Jeanette; sbhatt@milwaukee.gov
Cc: Smiley, Stephanie L - DHS (DPH); Haupt, Thomas E - DHS
Subject: FW: WSLH COVID-19 testing info
Date: Thursday, March 05, 2020 3:04:00 PM
Attachments: WSLH WCLN 200302 Lab Message 387.pdf
WSLH ReqForm-EnhancedSurv-2020 01.pdf

Jeannette and Sanjib,

We were glad to hear the Milwaukee Lab would be able to conduct COVID-19 testing. Based upon early information we shared this news in the media availability on Monday and in our Legislative Briefing on Wednesday. This morning that the testing is not yet occurring in Milwaukee because the guidance and protocols have not been finalized. Do you know when the Milwaukee Lab will be ready to accept samples? I am sharing the documents staff forwarded from the Wisconsin State Lab for your information. Is there anything else our team can do to facilitate the Milwaukee Laboratory readiness?

Please just let us know how we can help,

Jeanne

From: Gibbons-Burgener, Suzanne N - DHS <Suzanne.GibbonsBurgener@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 9:28 AM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: WSLH COVID-19 testing info

Good morning;
Attached are materials distributed by WSLH and provided by DHS when PUI testing is approved.
It would be great if Milwaukee lab would create similar guidance and accessioning procedures.
Mary Wedig at the WSLH is currently working on the message mapping for Electronic Laboratory Reports (ELR) so that results can be appropriately received into WEDSS. I assume that will be shared with any lab performing COVID-19 testing.

Thank you,
Suzanne

Suzanne Gibbons-Burgener, DVM, PhD
Infectious Diseases Epidemiologist
Communicable Diseases Epidemiology Section
Division of Public Health
Wisconsin Dept. of Health Services
1 W. Wilson St, Rm 272

AMERICAN OVERSIGHT

Madison, WI 53703
Phone: 608-266-0749
Email: Suzanne.GibbonsBurgener@dhs.Wisconsin.gov

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From:	Smiley, Stephanie L - DHS (DPH)
To:	DeSalvo, Traci E - DHS
Subject:	FW: WSLH COVID-19 testing info
Date:	Thursday, March 05, 2020 7:58:00 PM
Attachments:	image001.png image002.png COVID-19 at MHDL.PDF

?

From: Bhattacharyya, Sanjib <SBHATT@milwaukee.gov>
Sent: Thursday, March 5, 2020 5:06 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Kowalik, Jeanette <jkowal@milwaukee.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>
Subject: RE: WSLH COVID-19 testing info

Hello Jeanne,

Here you go. Please feel free to share as appropriate. Our sincere apologies for any miscommunication, but our lab is ready and receiving specimens. We had been in regular communication with WSLH leaderships as well. Please let us know if you have additional questions.

Sincerely,
Sanjib

Sanjib Bhattacharyya, PhD
Laboratory Director
Special Deputy Health Commissioner
Pronouns: He • Him • His
City of Milwaukee Health Department
Ziedler Municipal Building | 841 N. Broadway, Room 205 | Milwaukee, WI 53202
Phone: (414) 286-5702 | Cell: (414) 698- 6631 | Fax: (414) 286-5098
www.milwaukee.gov/health | Facebook | Twitter

Be COUNTED in the 2020 Census!
milwaukee.gov/2020Census

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Adjunct Faculty, Joseph J. Zilber School of Public Health
Clinical Associate Professor, College of Health Sciences
University of Wisconsin-Milwaukee

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From: Ayers, Jeanne F - DHS [mailto:jeanne.ayers@dhs.wisconsin.gov]
Sent: Thursday, March 5, 2020 3:05 PM
To: Kowalik, Jeanette <jkowal@milwaukee.gov>; Bhattacharyya, Sanjib <SBHATT@milwaukee.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>
Subject: FW: WSLH COVID-19 testing info

Jeannette and Sanjib,

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Jeanne

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Sent: Thursday, March 5, 2020 9:28 AM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: WSLH COVID-19 testing info

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Thank you,
Suzanne

Suzanne Gibbons-Burgener, DVM, PhD
Infectious Diseases Epidemiologist
Communicable Diseases Epidemiology Section
Division of Public Health
Wisconsin Dept. of Health Services
1 W. Wilson St, Rm 272
Madison, WI 53703
Phone: 608-266-0749
Email: Suzanne.GibbonsBurgener@dhs.Wisconsin.gov

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From: Kaplan, Beth M - DHS
To: Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; Haupt, Thomas E - DHS
Subject: FW: your inquiry
Date: Monday, February 03, 2020 4:55:53 PM
Importance: High

Hello! Will any of you be available in the next little while for this media inquiry? Elizabeth is working on finding out the exact topics.

Beth

-----Original Message-----
From: Goodsitt, Elizabeth S - DHS
Sent: Monday, February 03, 2020 4:54 PM
To: Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>
Subject: FW: your inquiry

Hello,
I have a reporter looking for a phoner about coronavirus before 6:30. I'm trying to find out exactly what she wants. But do you have anyone still here/available/interested?

Elizabeth Goodsitt
Communications Specialist - Advanced
Wisconsin Department of Health Services
608-267-3810 | Media Line: 608-266-1683

* * * * * * * * * * * * * * * * * *
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-----Original Message-----
From: Goodsitt, Elizabeth S - DHS
Sent: Monday, February 3, 2020 4:25 PM
To: Cearron Bagenda <cbagenda@cbs58.com>
Cc: DHS Media <DHSMedia@dhs.wisconsin.gov>
Subject: RE: your inquiry

Hi Cearron,
Let me see who is available. Do you have an idea of the questions you plan to ask so I can ensure I find the right expert?
Best,
Elizabeth

Elizabeth Goodsitt
Communications Specialist - Advanced
Wisconsin Department of Health Services
608-267-3810 | Media Line: 608-266-1683

* * * * * * * * * * * * * * * * * *

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-----Original Message-----
From: Cearron Bagenda <cbagenda@cbs58.com>
Sent: Monday, February 3, 2020 4:22 PM
To: Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>
Subject: Re: your inquiry

Hi,

Thank you, yes it would be a phone interview. The deadline would be 6:30 pm if possible.

Thanks,

Cearron

Sent from my iPhone

On Feb 3, 2020, at 3:45 PM, Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov<mailto:Elizabeth.Goodsitt@dhs.wisconsin.gov>> wrote:

EMAIL ORIGINATED FROM AN OUTSIDE SENDER.

Hi Cearron,

We received your inquiry about 2019 novel coronavirus. I will check to see if we have someone available to speak with you, however I'm not sure what your deadline is and our experts are in Madison. Are you thinking of a phone interview?

When it comes to travel, we would direct you to the CDC Guidance for Travelers<https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china> webpage. The advice for Travelers from China Arriving in the United States<https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-china.html> may also be useful.

Best,
Elizabeth

<image002.png><http://www.dhs.wisconsin.gov/>Elizabeth Goodsitt Communications Specialist - Advanced
Wisconsin Department of Health Services
608-267-3810 | Media Line: 608-266-1683
<image003.png><https://www.facebook.com/DHSWI/> <image004.jpg><https://twitter.com/DHSWI/>
* * * * * * * * * * * * * * * * * *
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From:	Haupt, Thomas E - DHS
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Wozniak, Ryan J - DHS; Heinrich, Janel; Kita-Yarbro, Amanda
Subject:	Fwd: 2019-nCov WI response team
Date:	Wednesday, February 05, 2020 6:59:08 PM

Hello especially Mad Dane. Can we meet with the first two CDC GO TEAM members tomorrow afternoon?Janelle and Amanda is your office the best? I have given them my contact info.

Tom

Sent from my iPad

Begin forwarded message:

From: "Rolfes, Melissa (CDC/DDID/NCIRD/ID)" <ydi8@cdc.gov>
Date: February 5, 2020 at 6:31:20 PM CST
To: "Haupt, Thomas E - DHS" <Thomas.Haupt@dhs.wisconsin.gov>
Cc: "Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)" <ydk3@cdc.gov>, "Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES)" <pgx8@cdc.gov>
Subject: 2019-nCov WI response team

Hi Tom,
I want to introduce you to Miwako Kobayashi and Bryan Stierman, two of the members of the CDC team coming to support nCov response in Wisconsin. Miwako and Bryan will be arriving in Madison between 10am-12pm tomorrow (Thursday). We are working to send 2 additional people to support contact monitoring and infection prevention and control assessment. They are likely to arrive on Friday.

Miwako is serving as the CDC field team lead and can serve as the primary point of contact.

Tom, can you let Miwako and Bryan know when and where is best to meet you all tomorrow? Are operations being run out of the state or county offices? Is there a phone number that is best to reach you at?

Also, I just supposed that you were the best contact point. If Miwako and Bryan should be first meeting up with others, please do forward this email and introduction along.

All the best,
Melissa

Melissa AR Rolfes, PhD MPH
Epidemiologist

AMERICAN OVERSIGHT

Influenza Division

National Center for Immunizations and Respiratory Diseases
Centers for Disease Control and Prevention
1600 Clifton Rd, NE | Atlanta, GA 30333

ydi8@cdc.gov | (o) 404-639-2476 | (bb) 770-371-2093 | (f) 404-639-3866

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From:	Miller, Stephanie W - DHS
To:	Palm, Andrea J - DHS; Willems Van Dijk, Julie A - DHS; Olson, Lisa A - DHS
Subject:	Fwd: CDC COVID-19 Daily Key Points for March 4, 2020
Date:	Thursday, March 05, 2020 6:45:53 AM
Attachments:	CDC_COVID-19_Daily Key Points__3_4_2020_FINAL.pdf ATT00001.htm

Begin forwarded message:

From: "Moore, Donna J - DHS" <DonnaJ.Moore@dhs.wisconsin.gov>
Date: March 4, 2020 at 7:52:36 PM CST
To: "DeSalvo, Traci E - DHS" <Traci.DeSalvo@dhs.wisconsin.gov>, "Kaplan, Beth M - DHS" <Beth.Kaplan@dhs.wisconsin.gov>, "Miller, Stephanie W - DHS" <stephanie.miller@dhs.wisconsin.gov>, "Yunker, Claire F - DHS" <Claire.Yunker@dhs.wisconsin.gov>, "Miller, Jennifer C - DHS" <JenniferC.Miller@dhs.wisconsin.gov>, "Goodsitt, Elizabeth S - DHS" <Elizabeth.Goodsitt@dhs.wisconsin.gov>
Subject: FW: CDC COVID-19 Daily Key Points for March 4, 2020

From: Laura Espino
Sent: Wednesday, March 4, 2020 7:52:24 PM (UTC-06:00) Central Time (US & Canada)
To: Laura Espino
Cc: Robert Jennings; Joseph G. Rebele; Kris Smith
Subject: CDC COVID-19 Daily Key Points for March 4, 2020

Dear NPHIC members:

Attached please find the CDC COVID-19 daily key points for Wednesday, March 4, 2020. These are cleared to share with your staff and other partners.

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From:	Warzecha, Charles J - DHS
To:	Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; Meiman, Jonathan G - DHS; Phillips, Jeffrey J - DHS; Thelen, Margaret K - DHS; Austin, Samuel V - DHS
Subject:	Fwd: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance
Date:	Sunday, March 01, 2020 4:01:54 PM
Attachments:	CDC_COVID-19_Daily Key Points__2_29_2020_FINAL.pdf ATT00001.htm COVID-19_GuidanceList_01MAR20.pdf ATT00002.htm CN -- Notification and Access for Persons Detained for Medical Reasons (2020) recd eh feb 24.pdf ATT00003.htm FinalInterimCleaningGuidanceforPersonsUnderQuarantineforCOVID19_030120.pdf ATT00004.htm

---

FYI

Begin forwarded message:

> **From:** "Ayers, Jeanne F - DHS" <jeanne.ayers@dhs.wisconsin.gov>
> **Date:** March 1, 2020 at 3:33:32 PM CST
> **To:** "Warzecha, Charles J - DHS" <Charles.Warzecha@dhs.wisconsin.gov>
> **Subject: Fwd: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance**
>
> Begin forwarded message:
>
> > **From:** "State and Local Readiness (CDC)" <preparedness@cdc.gov>
> > **Date:** March 1, 2020 at 1:44:43 PM CST
> > **To:** "State and Local Readiness (CDC)" <preparedness@cdc.gov>
> > **Subject: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance**
> >
> > Dear Colleagues:
> >
> > Attached are several CDC COVID-19 related guidance documents and CDC COVID-19 Daily Key points.
> >
> > **Attached**
> >
> > - 2-29-2020 CDC COVID-19 Daily Key Points. Feel free to share with partners and appropriate parties.

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CDC Consular Notification Guidance (FAQs) regarding Foreign Nationals

- CDC COVID-19 Updated Guidance List (3-1-2020)
- Interim Cleaning Recommendations for Facilities Housing Persons Under Quarantine for Coronavirus Disease 2019 (COVID-19), Updated February 29, 2020

In addition, CDC has created several new landing pages for specific response groups on the CDC COVID-19 website (https://www.cdc.gov/coronavirus/2019-ncov/index.html)

- Resources for Health Departments (https://www.cdc.gov/coronavirus/2019-ncov/php/index.html)
- Resources for Healthcare Facilities(https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.htm)
- Laboratories (https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html)

Kind Regards,

State Coordination Task Force (SCTF)

(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, and national and federal partners)

AMERICAN OVERSIGHT

From: Ayers, Jeanne F - DHS
To: Austin, Samuel V - DHS
Cc: Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: Fwd: CDC guidance on risk assessment/movement/monitoring just went up
Date: Monday, February 03, 2020 6:03:31 PM

This is the guidance we have been waiting for. We will review and figure out how to apply it to Wisconsin tomorrow
Jeanne

Begin forwarded message:

From: "Smiley, Stephanie L - DHS (DPH)" <Stephanie.Smiley@dhs.wisconsin.gov>
Date: February 3, 2020 at 5:56:21 PM CST
To: "Austin, Samuel V - DHS" <samuel.austin@dhs.wisconsin.gov>, "Warzecha, Charles J - DHS" <Charles.Warzecha@dhs.wisconsin.gov>, "Ayers, Jeanne F - DHS" <jeanne.ayers@dhs.wisconsin.gov>
Subject: FW: CDC guidance on risk assessment/movement/monitoring just went up

FYI

From: Kocharian, Anna - DHS
Sent: Monday, February 3, 2020 5:33 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Meinholz, Kimberly K - DHS <Kimberly.Meinholz@dhs.wisconsin.gov>; Ahrabi-Fard, Susann - DHS <Susann.AhrabiFard@dhs.wisconsin.gov>; Gibbons-Burgener, Suzanne N - DHS <Suzanne.GibbonsBurgener@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>; Thelen, Margaret K - DHS <Margaret.Thelen@dhs.wisconsin.gov>
Subject: CDC guidance on risk assessment/movement/monitoring just went up
Importance: High

Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings:
https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

ASYMPTOMATIC

Table: Summary of CDC Recommendations for Management of Persons with Potential 2019-nCoV Exposure by Risk Level and Symptoms

Risk Category	Movement Restrictions and Public Activities	Monitoring	Travel
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	**Travelers from mainland China outside Hubei Province with no known high-risk exposure:** Self-monitoring with public health supervision **All others in this category:** Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.
Low risk	No restriction	Self-observation	No restriction
No known risk	No restriction	None	No restriction

AMERICAN OVERSIGHT

From:	Smiley, Stephanie L - DHS (DPH)
To:	Cordova, Joseph A - DHS
Subject:	Fwd: CDC HAN 427: Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)
Date:	Saturday, February 01, 2020 10:42:53 AM
Attachments:	ATT00001.htm CDC HAN 427 Update 2019-nCoV 02 01 2020.pdf ATT00002.htm 2019-nCoV-identify-assess-flowchart-2020-02-01-508.pdf ATT00003.htm

---

Hey joe...I think we put these on the PCA portal right? Is that something you can help with?

Thanks much!

Smiley

Sent from my iPhone

Begin forwarded message:

From: "Health Alert Network (CDC)" <healthalert@CDC.GOV>
Date: February 1, 2020 at 8:57:40 AM CST
To: "CDC-HAN-PRIORITY-LIST@LISTSERV.CDC.GOV" <CDC-HAN-PRIORITY-LIST@LISTSERV.CDC.GOV>
Subject: CDC HAN 427: Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)
Reply-To: "Health Alert Network (CDC)" <healthalert@CDC.GOV>

This is an official

CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
February 1, 2020, 0900 ET (9:00 AM ET)
CDCHAN-00427

Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)

Summary
The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of respiratory illness caused by a novel coronavirus (2019-nCoV) that was initially detected in Wuhan City, Hubei Province, China in December 2019.

This CDC Health Alert Network (HAN) Update provides a situational update and interim guidance to state and local health departments that supersedes guidance in CDC's HAN 426 distributed on January 17, 2020. It also adds

- guidance for clinicians caring for patients with 2019-nCoV (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html),

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- and for public health officials on the evaluation and testing of patients under investigation (PUIs) for 2019-nCoV (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html), and
- updated infection prevention and control guidance specific to 2019-nCoV (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html).

Early in the outbreak, many of the patients with respiratory illness caused by 2019-nCoV in China had exposure to a large seafood and live animal market, suggesting animal-to-human transmission. More recently, cases have been confirmed with no exposure to animal markets, indicating that person-to-person spread of the virus has occurred. Chinese officials report that sustained person-to-person spread in the community is occurring in China.

The first US case-patient was identified on January 21, 2020, and had recently traveled from Wuhan, China. Since that time, six additional cases have been confirmed in the United States, four among persons who traveled from Wuhan, and one a close contact of a confirmed case. Globally, reported illnesses in people with 2019-nCoV have ranged from mild (no or few signs and symptoms), to severe, including death. These findings are consistent with other coronaviruses, including Severe Acute Respiratory Syndrome (SARS) (https://www.cdc.gov/sars/) and Middle East Respiratory Syndrome (MERS) (https://www.cdc.gov/coronavirus/mers/index.html). Additional information about 2019-nCoV is needed to better understand transmission, disease severity, and risk to the general population. The goal of the ongoing US public health response is to identify and contain this outbreak and prevent sustained spread of 2019-nCoV in the United States.

Recommendations for Screening of Patients for 2019-nCoV in Healthcare Facilities
Recommendations for screening of patients for possible 2019-nCoV infection are based on (1) current knowledge of the characteristics of clinical illness observed in early cases, and (2) the geographic distribution of current cases. They reflect the current public health goal of rapidly containing and preventing transmission of 2019-nCoV illness.

Patients presenting to healthcare facilities should be assessed for exposures associated with risk of 2019-nCoV infections (e.g., travel to China or close contact with a confirmed case) and for symptoms consistent with 2019-nCoV infection (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html). The assessment is intended to allow healthcare providers to make decisions about appropriate infection control and management of patients. Note that the signs and symptoms of 2019-nCoV overlap with those associated with other viral respiratory tract infections. Given the time of year, common respiratory illnesses, including influenza, should also be considered in patients who are screened. (Figure 1)

Clinicians should ask:

- Does the person have fever or symptoms of lower respiratory infection, such as cough or shortness of breath?

AND

- Has the patient travelled to mainland China within 14 days of symptom onset?

OR

- Has the patient had close contact[1] with a person confirmed with 2019-nCoV infection?

Figure 1.

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From: Ayers, Jeanne F - DHS
To: Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS; Willems Van Dijk, Julie A - DHS
Subject: Fwd: Coronavirus Message from CDC"s Office of Grant Services
Date: Saturday, February 01, 2020 9:56:03 AM
Attachments: Outlook-1517864049.png

Good morning
I am forwarding the transcript from yesterday's White House briefing on the emergency declaration it has a little more info than we heard on the call Friday evening. The quarantine appears to apply to any travelers arriving Monday forward. It does not explicitly address the people who are already here. I think we should try to determine an answer to this from our sources this morning and then decide on our approach this afternoon.

Stephanie did we hear any more on the students in River Falls?
Jeanne

Begin forwarded message:

> **From:** Regina Hawkins <rhawkins@astho.org>
> **Date:** January 31, 2020 at 7:53:28 PM CST
> **To:** Sharon Miller <smiller@astho.org>, "Ayers, Jeanne F - DHS" <jeanne.ayers@dhs.wisconsin.gov>
> **Cc:** "Smiley, Stephanie L - DHS (DPH)" <Stephanie.Smiley@dhs.wisconsin.gov>, James Blumenstock <jblumenstock@astho.org>, Jerry Rhodes <jrhodes@astho.org>, Gerrit Bakker <gbakker@astho.org>, Lisa Peterson <lpeterson@astho.org>
> **Subject: Re: Coronavirus Message from CDC's Office of Grant Services**
>
> Good evening, Jeanne,
>
> Please find links below to the White House proclamation and a transcript from the press briefing. I listened in on the press briefing and believe that the transcript will answer all of your questions. Secretary Azar announces the details about the midway mark of the transcript.
>
> Proclamation:
> https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-persons-pose-risk-transmitting-2019-novel-coronavirus/
>
> Press Briefing:
> https://www.whitehouse.gov/briefings-statements/press-briefing-members-presidents-coronavirus-task-force/

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If there's something outstanding or otherwise that arises, please do let us know. Wish we were meeting under other circumstances but always happy to connect!

Warm regards,
Regina

Regina Hawkins, MPH
Gender Pronouns: She/Her/Hers
Director, Preparedness and Radiation Readiness
(330) 559-1850 | Association of State and Territorial Health Officials
National Headquarters: 2231 Crystal Drive, Suite 450, Arlington, VA 22202
Regional Office: 600 Peachtree Street NE, Suite 1000, Atlanta, GA 30308
www.astho.org | Twitter | Facebook | Blog

From: Sharon Miller <smiller@astho.org>
Sent: Friday, January 31, 2020 8:38 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; James Blumenstock <jblumenstock@astho.org>; Jerry Rhodes <jrhodes@astho.org>; Regina Hawkins <rhawkins@astho.org>; Gerrit Bakker <gbakker@astho.org>; Lisa Peterson <lpeterson@astho.org>
Subject: RE: Coronavirus Message from CDC's Office of Grant Services

Hi Jeanne,
Funny you should ask – I telework so I am home! I copied my preparedness colleagues on this email because they are better equipped than I to answer your questions, or know where to turn to find the answers.

Team – please see Jeanne's questions below related to the quarantine issue. Thank you!

Sharon

From: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Sent: Friday, January 31, 2020 8:17 PM
To: Sharon Miller <smiller@astho.org>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>

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Subject: RE: Coronavirus Message from CDC's Office of Grant Services

Thanks Sharon,
Shouldn't you be going home?

But if you are still there I do have some questions about the White House call this afternoon.
I heard that we now have mandatory quarantine for everyone coming from Wuhan and Hubai Province for 14 days with or without symptoms.
And
Anyone returning from anywhere in China will be subject to mandatory quarantine for 14 days if they have symptoms and if they do not have symptoms they will be expected to self-quarantine for 14 days.

Did I hear this correctly?
If yes, it was not clear when this goes into effect. Is this for people arriving now going forward? Are we responsible for going back in time and applying these criteria to people who are already in our states? Did they say there was an expectation of monitoring the folks who were self-quarantined?

We have some Universities who have been ignoring our public health advice and were isolating all students from China. We were just about to call them and as them to follow our advice when we heard the advice was changing. Before I follow up with our Universities could you let me know if anyone is planning to clarify these new directives tomorrow or soon?

Thanks,
Jeanne

Jeanne F. Ayers
State Health Officer and Administrator
Division of Public Health
1 West Wilson, Room 250
Madison, WI 53701
(608) 266-7333
Jeanne.Ayers@dhs.wisconsin.gov

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From: Sharon Miller [mailto:smiller@astho.org]
Sent: Friday, January 31, 2020 7:03 PM
To: Sharon Miller <smiller@astho.org>
Cc: Jerry Rhodes <jrhodes@astho.org>
Subject: FW: Coronavirus Message from CDC's Office of Grant Services

Dear State and Territory Health Officials,

Please see the coronavirus message below from CDC's Office of Grant Services.

Sharon

Begin forwarded message:

> **From:** "CSTLTS Director (CDC)" <cstltsdirector@cdc.gov>
> **Date:** January 31, 2020 at 17:37:30 EST
> **Subject: Coronavirus Message from CDC's Office of Grant Services**
>
> Dear Colleague,
>
> The Centers for Disease Control and Prevention (CDC) is aware that the response to novel Coronavirus (2019-nCoV) may require that you mobilize public health capabilities including the reassignment of personnel from their normal duties including those funded by CDC grants. On January 31, 2020, a public health emergency was declared by Alex M. Azar II, Secretary of Health and Human Services (HHS) pursuant to Section 319(e) of the Public Health Service Act [42 USC 247d(e)] – and the related delegation of that authority, activating the temporary reassignment of state and local personnel during a public health emergency only to the extent necessary, as determined by the CDC, to ensure sufficient flexibility to address the immediate need for staffing as a result of the

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consequences of this emergency. States and local governments may be reimbursed for such costs, absent any determination of fraud or abuse. CDC will provide detailed guidance in coordination with the Assistant Secretary for Preparedness and Response (ASPR) in a subsequent communication outlining the submission process for your requests.

Thanks,

Terrance W. Perry
Chief Grants Management Officer/Director
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)

José T. Montero, MD, MHCDS
Director, Center for State, Tribal, Local, and Territorial Support
Centers for Disease Control and Prevention

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From:	Ayers, Jeanne F - DHS
To:	Warzecha, Charles J - DHS; Phillips, Jeffrey J - DHS; Smiley, Stephanie L - DHS (DPH); Uttech, Susan M - DHS; Johnson, Melanie L - DHS (Mimi); Ullsvik, Jennifer C - DHS1; Werner, Mark A - DHS; Anderson, Oskar M - DHS; Moore, Donna J - DHS; Molke, Carrie A - DHS
Cc:	Kaplan, Beth M - DHS; Miller, Stephanie W - DHS; Austin, Samuel V - DHS
Subject:	Fwd: EMBARGO: Ready or Not 2020
Date:	Monday, February 03, 2020 8:34:38 PM
Attachments:	2020-ReadyOrNot-FINAL PDF emb.pdf ATT00001.htm 2020-ReadyorNot-Press Release FINAL PDF emb.pdf ATT00002.htm 2020-ReadyorNot-Sample Tweets.pdf ATT00003.htm

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Hello all
I am sharing the embargoed copy of TFAH assessment of States public health readiness and system performance. It has a lot in it so I am copying all of you. I think it comes out Wed or Thursday. It's title alone may draw attention this week in the middle of a public health emergency but it is more comprehensive than the title suggests to the average reader. Wisconsin received some high marks! Congrats to all. There is also room for improvement. I asked Beth to be in touch with you as she works with SO communications to be prepared for any media inquiries.
it may be something we want to share with Pub Health Council If it released by the upcoming meeting.

Thanks Jeanne

Begin forwarded message:

> **From:** John Auerbach <jauerbach@tfah.org>
> **Date:** February 3, 2020 at 2:45:03 PM CST
> **To:** Rhea Farberman <rfarberman@tfah.org>
> **Subject: EMBARGO: Ready or Not 2020**

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From:	Ayers, Jeanne F - DHS
To:	Smiley, Stephanie L - DHS (DPH); Phillips, Jeffrey J - DHS; Warzecha, Charles J - DHS; Moore, Donna J - DHS
Subject:	Fwd: Guidance for The Temporary Reassignment of State, Tribal, and Local Personnel During a Declared Federal Public Health Emergency
Date:	Monday, February 03, 2020 3:00:45 PM
Attachments:	image001.png

FYI

Begin forwarded message:

From: "CSTLTS Director (CDC)" <cstltsdirector@cdc.gov>
Date: February 3, 2020 at 1:51:23 PM CST
Subject: Guidance for The Temporary Reassignment of State, Tribal, and Local Personnel During a Declared Federal Public Health Emergency

Dear Colleague,

As a follow-up to the communication sent on January 31, 2020 regarding the public health emergency for the novel Coronavirus (2019-nCoV), CDC understands that it may require that you mobilize public health capabilities, including the reassignment of personnel from their normal duties including those funded by CDC grants.

The purpose of this correspondence is to clarify the process for requesting temporary reassignment of state, tribal, and local personnel during an HHS Secretary declared public health emergency. This authority terminates September 30, 2023.

Section 701 of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAI), 42 USC 201, Public Law 116-22 amends section 319 of the Public Health Service (PHS) Act to provide the Secretary of the Department of Health and Human Services (HHS) with discretion to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency upon request by a state or tribal organization. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with section 319(e).

A Governor of a state, local or tribal organization or their designee may request to temporarily reassign state and local public health department, tribal, or agency personnel funded in whole or in part through programs authorized under the PHS Act to immediately address a public health emergency in the state or Indian tribe during the period of the emergency. The following reassignment conditions apply:

- Reassignment must be voluntary;
- Locations for reassignment must be covered under the public health emergency; and
- Any reassignment over 30 days must be reauthorized.

In the case of submission by a designee, a copy of the designation must be included. Please note that reassignments are not authorized until HHS approval is received.

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Detailed information, including Guidance for Temporary Reassignment of State and Local Personnel during a Public Health Emergency, is available on the Assistant Secretary for Preparedness and Response (ASPR) website via http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx. To request the temporary reassignment of personnel, a state governor, tribal leader, or designee must complete the Request for the Temporary Reassignment of State, Tribal, and Local Personnel During a Public Health Emergency Declared by the HHS Secretary and submit it to TemporaryReassignment@hhs.gov.

Once the request to temporarily reassign staff has been approved, state, local, or tribal staff should continue to coordinate with their CDC Grants Management Officer (GMO) and Project Officer (PO) assigned to the grant or cooperative agreements. This will ensure that all parties are clear regarding the potential impact to their program, including the extent and the duration of the planned assignment(s). Other requests for programmatic or financial modification of CDC grants and cooperative agreements will be carried out with full consideration.

The following is an outline of the process from the receipt of a request.

1	ASPR will receive a written request for authorization to temporarily reassign personnel from the state or tribal locality via email (temporaryreassignment@hhs.gov).
2	The Secretary's Operations Center (SOC,) acting as the ASPR Coordinator, will respond to the state or tribal organization via email to confirm receipt of the request.
3	The SOC will relay the request to the appropriate authorizing HHS OPDIV or STAFFDIV within one business day via email.
4	The HHS OPDIV or STAFFDIV POC will confirm receipt of the request to the ASPR Coordinator.
5	Upon completion of the review, the OPDIV or STAFFDIV will provide the decision to the ASPR Coordinator, who will inform the applicant of the OPDIV/STAFFDIV's decision within one business day of receipt.
6	The ASPR Coordinator will record decisions to ensure senior Departmental leadership is aware of the use of the authority to support public health emergencies.
7	If the state or tribal locality needs an extension to submit the report, the state or tribal locality must notify the ASPR Coordinator by email.
8	The ASPR Coordinator will alert the HHS OPDIV or STAFFDIV POC of the report extension request within 48 hours by email.

Respectfully,
Terrance W. Perry
Director
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)

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TWPerry@cdc.gov | 770-488-8424 office | 404-509-6572 cell

José T. Montero, MD, MHCDS
Director, Center for State, Tribal, Local, and Territorial Support
Centers for Disease Control and Prevention

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From: Ayers, Jeanne F - DHS
To: Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS
Subject: Fwd: Need to Know Update: Novel Coronavirus
Date: Sunday, February 02, 2020 4:43:32 PM

Begin forwarded message:

From: ASTHO Preparedness <preparedness@astho.org>
Date: February 2, 2020 at 4:04:11 PM CST
To: "Ayers, Jeanne F - DHS" <jeanne.ayers@dhs.wisconsin.gov>
Subject: Need to Know Update: Novel Coronavirus
Reply-To: preparedness@astho.org

View this email in your browser.

Association of State and Territorial Health Officials

Feb. 2, 2020

2019 Novel Coronavirus: Feb. 2, 2020 Update

Given the volume of important information shared over the past week associated with the evolving and expanding domestic response to the 2019 novel coronavirus (2019-nCoV) outbreak in Wuhan, China, we thought it may be helpful to you if we provided this overview covering very recent items of significance:

U.S. Government:

- CDC issues an "Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)" (Feb. 1).
- President Trump issues a "Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus" (Jan. 31).
- Transcript: "Press Briefing by Members of the President's Coronavirus Task Force" (Jan. 31).
- Press release: "HHS Secretary Azar Declares a Public Health Emergency" (Jan. 31).
- CDC issues federal quarantine order to repatriated U.S. citizens at March Air Reserve Base in Riverside, CA (Jan. 31).
- Statement from the White House Press Secretary regarding the formation of the President's Coronavirus Task Force (Jan. 29).
- Current situation updates and technical guidance can be found on the CDC 2019-nCoV web page.

World Health Organization (WHO):

- WHO International Health Regulations Emergency Committee Declares nCoV a Public Health Emergency of International Concern (Jan. 30).
- WHO 2019-nCoV web page (includes situational dashboard, myth-busters, travel advice, and technical guidance tabs.)

Other Resources:

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- A collection of articles and other resources on 2019-nCoV in the *New England Journal of Medicine*, including the Jan. 30 piece on asymptomatic transmission.
- The Johns Hopkins Bloomberg School of Public Health Center for Biosecurity 2019-nCov resource page, including a real-time nCoV Spread Dashboard.

CDC Requests State Contact Information for 2019-nCoV Communication (Jan. 31)

To facilitate timely communication between CDC and state and territorial health departments regarding the 2019-nCoV response, CDC is asking jurisdictions to identify one primary and one secondary point of contact (POC) to receive critical communication regarding the response. In addition, CDC is requesting that jurisdictions provide a telephone number that is answered 24-hours a day in case of emergencies. CDC sent its first request for information on Jan. 29 and will send follow-up requests every two weeks to ensure jurisdictional information is up-to-date. Jurisdictions should submit POC information to preparedness@cdc.gov.

Coronavirus Message (Jan. 31) from CDC's Office of Grant Services on Temporary Reassignment of Personnel

"Dear Colleague, the Centers for Disease Control and Prevention (CDC) is aware that the response to novel Coronavirus (2019-nCoV) may require that you mobilize public health capabilities including the reassignment of personnel from their normal duties including those funded by CDC grants. On January 31, 2020, a public health emergency was declared by Alex M. Azar II, Secretary of Health and Human Services (HHS) pursuant to Section 319(e) of the Public Health Service Act [42 USC 247d(e)] – and the related delegation of that authority, activating the temporary reassignment of state and local personnel during a public health emergency only to the extent necessary, as determined by the CDC, to ensure sufficient flexibility to address the immediate need for staffing as a result of the consequences of this emergency. States and local governments may be reimbursed for such costs, absent any determination of fraud or abuse. CDC will provide detailed guidance in coordination with the Assistant Secretary for Preparedness and Response (ASPR) in a subsequent communication outlining the submission process for your requests."

In a very related topic, CDC advises states/territories to consult their PHEP and/or ELC Cooperative Agreement Project Officers to discuss the process to be followed if there is a need to redirect resources and reallocate funds to support 2019 nCoV preparedness and response activities.

CDC's Regularly Scheduled 2019-nCoV All-States Call Tomorrow, Feb. 3

Tomorrow, CDC will host its regularly scheduled 2019-nCoV call at 2 p.m. ET. Topics include ongoing containment strategies and tactics including airport funneling screening and monitoring, repatriation efforts, and case ascertainment and management will most likely be discussed. Call-in information: 1(800)-857-6697; Participant Passcode: 1324420

Brief ASTHO Updates:

- ASTHO is now operating at Incident Response Level III (second highest).
- Beginning tomorrow, Feb. 3, ASTHO will have a Liaison Officer (LNO), Marcus Plescia, embedded at the CDC Emergency Operations Center.
- Following this past Friday's ASTHO all-S/THO call, we sent 10 questions/requests proffered by members down to CDC for their consideration. Many of them are currently being worked on as part of a larger effort to provide additional guidance to state and territorial partners and we recommended that they try to touch on the raised points during their call tomorrow.
- We are continuing to work to retain the services of a risk communications consultant to help us develop a set of FAQs and message maps for difficult-to-answer questions, very similar to what we did during Ebola and Zika. Stay tuned.
- ASTHO's Government Affairs team continues to lead our efforts in characterizing your unmet preparedness and response needs and is closely monitoring and engaging in discussions regarding the availability and use of the existing CDC Infectious Disease Emergency Reserve Fund and the prospects for a Congressional emergency supplemental appropriation.
- We established and will maintain a repository of curated information on the my.ASTHO online community platform. This factsheet provides you with helpful information on how to help manage,

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contribute to, and maximize your use of this resource.

- The next ASTHO hosted all-S/THO call on nCoV is planned for this Tuesday, Feb. 4 at 4:30 p.m.
- For questions or information exchange, please contact preparedness@astho.org.

Unsubscribe from Need to Know Update.
Unsubscribe from all ASTHO emails.

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From:	Ayers, Jeanne F - DHS
To:	Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS
Subject:	Fwd: Updated Summary Key Points 2019-nCoV, January 31, 2020
Date:	Saturday, February 01, 2020 9:04:04 PM
Attachments:	ATT00001.htm CDC_2019-nCoV Daily Key Points__1_31_2020_corrected.pdf ATT00002.htm

---

Corrected copy

Begin forwarded message:

From: "State and Local Readiness (CDC)" <preparedness@cdc.gov>
Date: February 1, 2020 at 6:36:19 PM CST
To: "CDC IMS State Coordination Task Force (SCTF) Lead" <eocsctflead@cdc.gov>
Subject: Updated Summary Key Points 2019-nCoV, January 31, 2020

Good Evening,

Please note - A correction was made to the 2019-nCoV summary key points from yesterday. Attached, you will find the latest **UPDATED** version. Feel free to share amongst your staff and appropriate parties.

State Coordination Task Force (SCTF)
Division of State and Local Readiness (DSLR)
Center for Preparedness and Response (CPR)

Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE, MS H21-5, Atlanta, GA 30349-4027

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From: Smiley, Stephanie L - DHS (DPH)
To: Gugel, Andrea M - DHS
Subject: Fwd: Wisconsin coronavirus - records request
Date: Thursday, February 06, 2020 5:56:10 AM

Good morning,

Can you please log and acknowledge?

I will check in with legal on this.

Smiley

Sent from my iPhone

Begin forwarded message:

> **From:** DHS DPH Open Records Requests <DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>
> **Date:** February 5, 2020 at 8:58:09 PM CST
> **To:** "Smiley, Stephanie L - DHS (DPH)" <Stephanie.Smiley@dhs.wisconsin.gov>, "DeSalvo, Traci E - DHS" <Traci.DeSalvo@dhs.wisconsin.gov>
> **Cc:** "Ayers, Jeanne F - DHS" <jeanne.ayers@dhs.wisconsin.gov>
> **Subject: FW: Wisconsin coronavirus - records request**
>
> ---
>
> **From:** Choi, Candice [mailto:CChoi@ap.org]
> **Sent:** Wednesday, February 05, 2020 2:54 PM
> **To:** DHS Open Records Requests <DHSOpenRecordsRequests@dhs.wisconsin.gov>; DHS DPH Open Records Requests <DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>; DHS SecretaryOffice <DHSSecretaryOffice@dhs.wisconsin.gov>
> **Cc:** Choi, Candice <CChoi@ap.org>
> **Subject:** Wisconsin coronavirus - records request
>
> Dear Records Custodian:
>
> Pursuant to the Wisconsin Open Records Law, I request copies of all emails and text messages regarding the novel coronavirus in the email and phone accounts of the following individuals:

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Jeanne Ayers, state health officer
- Andrea Palm, secretary
- Julie Willems Van Dijk, deputy secretary
- Ryan Westergaard, chief medical officer in the bureau of communicable diseases
- Tom Haupt, epidemiologist

In collecting the requested records, please search for terms including (but not limited to) “coronavirus”, “virus”, “patient”, “sick”, “positive”, “negative” and “China”. To ensure collection of relevant emails with individuals at other agencies, please also search for terms including (but not limited) to “@cdc.gov”, “@nih.gov” and “@medicine.wsic.edu” in the accounts specified above.

The date range for the request is **Jan. 15, 2020 to the date of collection**.

I would like the records collected by the department’s legal, public records, public information or information technology office through searches of the county’s stored email system.

Please provide all responsive records by email.

As a member of the news media, I request a waiver for any fees associated with this request. I am making this request as an AP reporter and this request is being made as part of newsgathering in the public interest. If you deny this request for a fee waiver, please advise me in advance of the estimated charges if they are to exceed $25.

Please contact me by email at cchoi@ap.org or phone at (212) 621-7267 if you have any questions about this request.

Thank you for your assistance.

Sincerely,

AMERICAN OVERSIGHT

Candice Choi

Candice Choi
Reporter, Associated Press
200 Liberty St.
New York, NY 10281
(212) 621-7267
cchoi@ap.org

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From: Google Alerts
To: Smiley, Stephanie L - DHS (DPH)
Subject: Google Alert - Department of Health Services Wisconsin
Date: Thursday, February 13, 2020 12:43:05 AM

Department of Health Services Wisconsin

As-it-happens update · February 13, 2020

NEWS

DNR plans PFAS hearing

Ehextra

Representatives from the DNR and the **Wisconsin Department of Health Services** will be on hand from noon to 2 p.m. and again from 6 to 7:30 p.m. at ...

Flag as irrelevant

The culture surrounding 2019 Novel Coronavirus

Exponent

At the University of **Wisconsin**-Platteville, two students, both natives of ... website (cdc.gov) or the **Wisconsin Department of Health Services** (WDHS) ...

Flag as irrelevant

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To:	HRSA HAB DSHAP
Cc:	HRSA DSHAP
Subject:	Guidance for Temporary Reassignment of State and Local Personnel during a Public Health Emergency
Date:	Friday, February 07, 2020 2:29:49 PM
Attachments:	image003.png

Dear Ryan White HIV/AIDS Program Colleagues:

Section 701 of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAI), 42 USC 201, Public Law 116-22 amends section 319 of the Public Health Service (PHS) Act to provide the Secretary of the Department of Health and Human Services (HHS) with discretion to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency upon request by a state or tribal organization. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with section 319(e).

A Governor of a state, local or tribal organization or their designee may request to temporarily reassign state and local public health department, tribal, or agency personnel funded in whole or in part through programs authorized under the PHS Act to immediately address a public health emergency in the state or Indian tribe during the period of the emergency. The following reassignment conditions apply:

- Reassignment must be voluntary;
- Locations for reassignment must be covered under the public health emergency; and
- Any reassignment over 30 days must be reauthorized.

In the case of submission by a designee, a copy of the designation must be included. Please note that reassignments are not authorized until HHS approval is received.

Detailed information, including Guidance for Temporary Reassignment of State and Local Personnel during a Public Health Emergency, is available on the Assistant Secretary for Preparedness and Response (ASPR) website via https://protect2.fireeye.com/url?k=06f5dd42-5aa0d451-06f5ec7d-0cc47adb5650-45a3079e45d983ee&u=http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx. To request the temporary reassignment of personnel, a state governor, tribal leader, or designee must complete the Request for the Temporary Reassignment of State, Tribal, and Local Personnel During a Public Health Emergency Declared by the HHS Secretary and submit it to TemporaryReassignment@hhs.gov.

Once the request to temporarily reassign staff has been approved, state, local, or tribal staff should continue to coordinate with their Project Officer (PO) assigned to the grant or cooperative agreements. This will ensure that all parties are clear regarding the potential impact to their program, including the extent and the duration of the planned assignment(s). Other requests for programmatic or financial modification of HRSA HAB grants and cooperative agreements will be carried out with full consideration.

The following is an outline of the process from the receipt of a request.

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1	ASPR will receive a written request for authorization to temporarily reassign personnel from the state or tribal locality via email (temporaryreassignment@hhs.gov).
2	The Secretary's Operations Center (SOC,) acting as the ASPR Coordinator, will respond to the state or tribal organization via email to confirm receipt of the request.
3	The SOC will relay the request to the appropriate authorizing HHS OPDIV or STAFFDIV within one business day via email.
4	The HHS OPDIV or STAFFDIV POC will confirm receipt of the request to the ASPR Coordinator.
5	Upon completion of the review, the OPDIV or STAFFDIV will provide the decision to the ASPR Coordinator, who will inform the applicant of the OPDIV/STAFFDIV's decision within one business day of receipt.
6	The ASPR Coordinator will record decisions to ensure senior Departmental leadership is aware of the use of the authority to support public health emergencies.
7	If the state or tribal locality needs an extension to submit the report, the state or tribal locality must notify the ASPR Coordinator by email.
8	The ASPR Coordinator will alert the HHS OPDIV or STAFFDIV POC of the report extension request within 48 hours by email.

Sincerely,

Division of State HIV/AIDS Programs (DSHAP)
HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)

UPDATED 2020 NRWC Email Signature_Save the Date

AMERICAN OVERSIGHT

From:	Baker, Michael (OS/IEA)
To:	Baker, Michael (OS/IEA)
Subject:	HHS Announces Initial Funding to Jurisdictions Supporting COVID-19 Response
Date:	Wednesday, March 04, 2020 1:23:17 PM

Dear Partner –

Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (CDC) is announcing upcoming action to provide initial resources to a limited number of state and local jurisdictions in support of our nation's response to the coronavirus disease 2019 (COVID-19).

"State and local governments are the backbone of our public health system. They have been essential partners in the ongoing work to contain and mitigate the spread of COVID-19 in the United States," said HHS Secretary Alex Azar. "The Trump Administration is acting swiftly through every avenue we have to ensure state and local governments have the support they need to combat this outbreak."

"CDC is committed to working with state, local, tribal and territorial public health departments to mitigate community spread of novel coronavirus in this nation," said CDC Director Robert R. Redfield, M.D. "Our partners are on the front lines of this response and we support their efforts to increase needed public health capacity to confront the challenges this virus presents."

Using funds provided to CDC through the HHS Secretary's Transfer, CDC will:

- Award an initial $25 million cooperative agreement to the states and local jurisdictions who have borne the largest burden of response and preparedness activities to date. This is an initial award for those jurisdictions who require immediate assistance for activities such as monitoring of travelers, data management, lab equipment, supplies, staffing, shipping, infection control, and surge staffing. Once supplemental funding is provided, support will be provided to all states and local jurisdictions for a variety of critical public health activities.
- Award an initial $10 million cooperative agreement to state and local jurisdictions to begin implementation of coronavirus surveillance across the U.S., building on existing influenza activities and other surveillance systems. This initial award is for a limited number of jurisdictions. Once supplemental funding is provided, additional support will be provided to all states and local jurisdictions to enhancing testing and surveillance.

CDC will use existing networks to reach out to state and local jurisdictions to access this initial funding.

For more information about COVID-19, please visit CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Sincerely,
Darcie

Darcie L. Johnston
Director, Intergovernmental Affairs

AMERICAN OVERSIGHT

U.S. Department of Health and Human Services
Darcie.Johnston@hhs.gov

AMERICAN OVERSIGHT

From: Pottebaum, Nic D. EOP/WHO
To: Pottebaum, Nic D. EOP/WHO
Subject: HIGHLIGHTS | President Trump and Members of the Coronavirus Task Force Hold a News Conference
Date: Wednesday, February 26, 2020 9:43:10 PM
Attachments: image005.png
image006.png

State Leaders and Staff,

This evening, President Donald J. Trump and members of the Coronavirus Task Force briefed reporters on the extensive efforts underway to continue effectively combatting coronavirus. You can see the full video the news conference here. Below you find highlights from that news conference.

During the news conference, Vice President Mike Pence noted the State and local partnership saying, "And we'll also be continuing to reach out to governors, state and local officials. In fact, in the recent days, the White House met with over forty state, county and city health officials from over 30 states and territories to discuss how to respond to this -- to the potential threat of the coronavirus."

You can find Secretary Alex Azar's remarks at the February 25th HHS press briefing on the Administration's response to COVID-19 here.

You can find the latest information at CDC.gov. CDC's Twitter account is also a great resource to echo – you can find it here: twitter.com/CDCgov.

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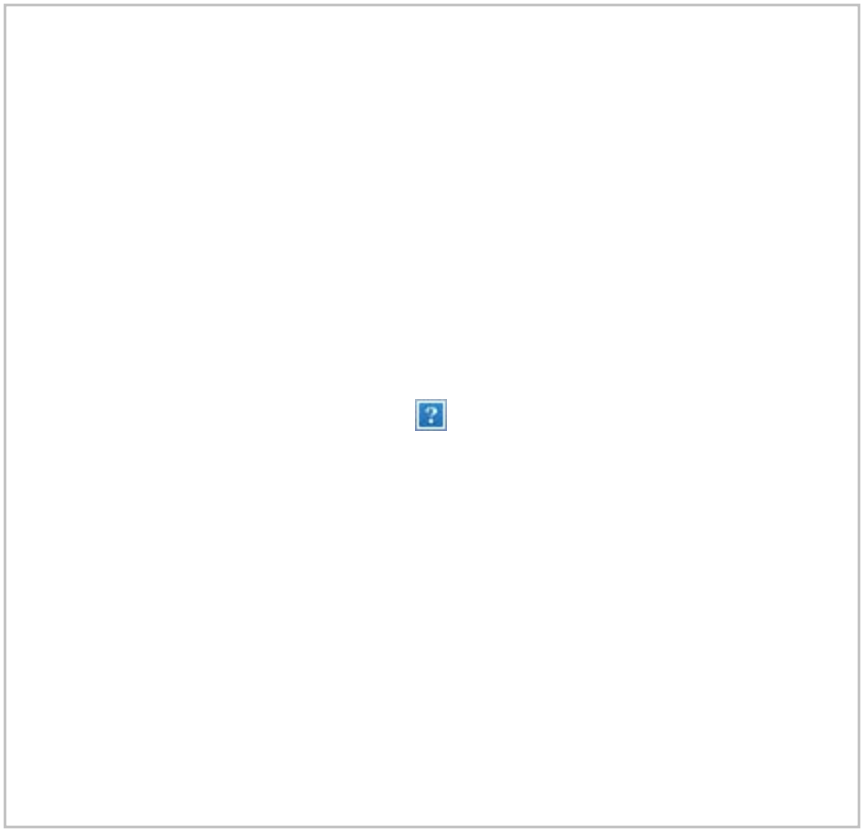

Source

HIGHLIGHTS | President Trump and Members of the Coronavirus Task Force Hold a News Conference

This evening, the President and members of the task force briefed reporters on the extensive efforts underway to continue effectively combatting coronavirus.

THE PRESIDENT'S AGGRESSIVE RESPONSE

- PRESIDENT TRUMP: "Because of all we've done, the risk to the American people remains very low. We have the greatest experts in the world, really in the world, right here. The people that are called upon by other countries when things like this happen. We're ready to adapt and we're ready to do whatever we have to as the disease spreads, if it spreads."
- VICE PRESIDENT PENCE: "President Trump's made clear from the first days of this Administration, we have no higher priority than the safety, security, health and well-being of the American people. And from the first word of an outbreak of the coronavirus, the

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President took unprecedented steps to protect the American people from the spread of this disease."

- HHS SECRETARY AZAR: "The President's early and decisive actions – including travel restrictions – have succeeded in buying us incredibly valuable time. This has helped us contain the spread of the virus, handle the cases that we have, and prepare for the possibility that we will need to mitigate broader spread of infections within the United States. The President's actions taken with the strong support of his scientific advisers have proven to be appropriate, wise, and well-calibrated to the situation."

-

VICE PRESIDENT PENCE

- PRESIDENT TRUMP: "I'm going to be putting our Vice President Mike Pence in charge and Mike will be working with the professionals – doctors and everybody else that's working. The team is brilliant. I spent a lot of time with the team over the last couple of weeks. But they're totally brilliant and we're doing really well, and Mike is going to be in charge. And Mike will report back to me."
- VICE PRESIDENT PENCE: "My role will be to continue to bring that team together, to bring to the President the best options for action to see to the safety and well-being and health of the American people. And we'll also be continuing to reach out to governors, state and local officials. In fact, in the recent days, the White House met with over forty state, county and city health officials from over 30 states and territories to discuss how to respond to this -- to the potential threat of the coronavirus."
- VICE PRESIDENT PENCE: "We'll also be working with members of Congress to ensure that the resources are available for this whole of government response and we will be working very closely with Secretary Azar and his team that have done an outstanding job communicating to the public to ensure the American people have the best information on ways to protect themselves and their families and also that the public has the most timely information on the potential threat to the American people."
- HHS SECRETARY AZAR: "And I just want to say I could not be more delighted that you've asked the Vice President, my old friend and colleague, to lead this whole of government approach with us."

-

EMERGENCY FUNDING

- PRESIDENT TRUMP: "We were asking for $2.5 billion and we think that's a lot. But the Democrats and, I guess, Senator Schumer wants us to have much more than that. And normally in life I'd say 'we'll take it', 'we'll take it.' If they want to give more, we'll do more. We're going to spend whatever's appropriate."

-

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SCREENING AND CONTAINING CORONAVIRUS CASES

- PRESIDENT TRUMP: "Now, what we've done is we've stopped non-US citizens from coming into America from China. That was done very early on. We're screening people, and we have been at a very high level, screening people coming into the country from infected areas. We have in quarantine those infected and those at risk. We have a lot of great quarantine facilities."
- PRESIDENT TRUMP: "Of the fifteen people – the original fifteen, as I call them – eight of them have returned to their homes, to stay in their homes, until fully recovered. One is in the hospital. And five have fully recovered. And one is, we think in pretty good shape. And that's in-between hospital and going home. So we have a total of -- but we have a total of fifteen people and they're in the process of recovering, with some already having fully recovered."

-

EXTENSIVE PREPARATION EFFORTS

- PRESIDENT TRUMP: "But we're very, very ready for this – for anything – whether it's going to be a breakout of larger proportions or whether or not we're, you know, we're at that very low level. And we want to keep it that way."
- HHS SECRETARY AZAR: "There are five major priorities in the White House request to Congress that the White House made on Monday. These priorities are first, expanding our surveillance network, second, support for state and local governments' work, third and fourth, development of therapeutics and vaccines, and fifth, manufacturing and purchase of personal protective equipment like gowns and masks."
- CDC PRINCIPAL DEPUTY DIRECTOR SCHUCHAT: "However, we do expect more cases. And this is a good time to prepare. We—as you heard, it's the perfect time for businesses, health care systems, universities, and schools to look at their pandemic preparedness plans, dust them off, and make sure that they're ready. And we have lots more information at the CDC'S website and in partnership on how to do that. But it's also a really good time for the American public to prepare and for you to know what this means for you."
- CDC PRINCIPAL DEPUTY DIRECTOR SCHUCHAT: "We're in this together, all of government, the public and the private sector. And the CDC wants to make sure you have the best information available every day."

-

DEVELOPING A VACCINE

- PRESIDENT TRUMP: "We're rapidly developing a vaccine and they can speak to you, the professionals can speak to you about that. The vaccine is coming along well and in

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speaking to the doctors, we think that this is something that we can develop fairly rapidly."

Please let me know if you have any questions.

Thanks,

Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

AMERICAN OVERSIGHT

From:	PS18-1802 (CDC)
Subject:	HIV Cluster and Outbreak Detection and Response
Date:	Friday, March 06, 2020 2:53:10 PM
Attachments:	image001.png image002.png image007.png image003.png image004.png AIDS Director Molecular Letter 3_2_2020.pdf
Importance:	High

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

Dear Colleague,

The Centers for Disease Control and Prevention (CDC) is committed to supporting health departments in their implementation of HIV prevention activities. The topic of HIV cluster and outbreak detection and response, a key strategy in the PS18-1802 funding agreement as well as the Ending the HIV Epidemic initiative, is receiving increased attention.

In November 2018, CDC provided supplemental guidance to health departments on these foundational activities. Successful implementation of cluster and outbreak detection and response requires a series of activities that can be phased in over time to build a strong foundation for the responsible and effective implementation of this important work. While we know some of these activities are ongoing, we wanted to provide additional context for potential questions and discussions you may hear from your communities. We have identified several common themes and questions about collection of HIV sequences for cluster and outbreak detection and response work as we have discussed this work with grantees, partners, advocates, and community members. Many who have expressed concerns and questions about collection of HIV sequences have also expressed broader concerns about HIV surveillance programs generally, highlighting the need for more education about these programs and their important contribution to overall prevention efforts. We hope that the attached FAQ document may be helpful as you engage in discussions with your communities and partners about this work.

CDC continues efforts to improve access to care and prevention services and to fight HIV stigma, including through our communication campaigns. We have provided a communication toolkit to jurisdictions engaging in cluster and outbreak detection and response efforts, and we continue to work to identify the most appropriate ways of engaging communities and communicating about this important work. However, much of this work is very context-specific, and should consider the needs and cultural context of the communities being served. Therefore, in many cases state and local health departments will need to identify engagement and communications approaches specifically tailored to their communities.

Thank you for your continued, dedicated efforts to care for people with HIV and to prevent further HIV transmission in the United States.

Sincerely,
/Eugene McCray/
Eugene McCray, M.D
Director, Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral
Hepatitis, STD and TB Prevention

AMERICAN OVERSIGHT

From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: IIS: CDSi (Clinical Decision Support) Update
Date: Tuesday, February 18, 2020 8:42:27 AM

You are subscribed to CDC's IIS Clinical Decision Support for Immunization (CDSi) email subscription service. This message serves to inform you that new or changed information is now available.

A new release of the Clinical Decision Support for Immunization (CDSi) has been published. This includes updates to Supporting Data and Test Cases and includes the latest 2020 yearly ACIP schedules. Please review the Supporting Data Release Notes for a detailed list of changes.

View now

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Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

Questions or Problems | Unsubscribe

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From:	Gugel, Andrea M - DHS
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Dowdell, Ashlie M - DHS; Guilfoyle, Sheila M - DHS; Mason, Jordan L - DHS; Moyer, Stacey C - DHS; Nelson, Jackie S - DHS; Pilcher, Timothy E - DHS; Schauer, Stephanie L - DHS; Tans-Kersten, Julie L - DHS; Verdon, Matthew J - DHS; Wade, Anthony - DHS (CDC); Westergaard, Ryan P - DHS; Wick, Amy R - DHS; Wozniak, Ryan J - DHS; Stokes, Scott A - DHS; Matthies, Robin - DHS
Subject:	Legislative Tracking - Weekly Update
Date:	Monday, February 03, 2020 7:26:12 AM
Attachments:	image001.png image003.png image004.png image005.png image006.png WI Tracked Bills.xlsx image002.png

Legislative Bills and Updates

Bill tracker is attached for state and federal legislation.

Of Note Last Week

WI State Assembly:

AB-313, *relating to: establishing a tick-borne disease study committee,* was amended and passed the committee. It was referred to the Committee on Rules where it is now ready to be scheduled for a full Assembly vote.

AB-317, *relating to: Department of Natural Resources' efforts to raise awareness about Lyme disease,* passed out of committee. It was referred to the Committee on Rules where it is now ready to be scheduled for a full Assembly vote.

The Week Ahead

WI State Senate:

The Senate is not in session. There are no committee hearings of significance to BCD scheduled at this time.

WI State Assembly:

The Assembly is not in session. There are no committee hearings of significance to BCD scheduled at this time.

U.S. Senate:

In session.

Wednesday, February 5th:

- The Senate is anticipated to vote to acquit or convict President Trump. With Republicans holding the majority in the Senate, it is anticipated that he will be acquitted.

U.S. House of Representatives:

In session.

Wednesday, February 5th:

- The House Foreign Affairs Committee will hold a hearing at 9am called *Unique Challenges Women Face in Global Health*. Speakers include Jennifer Kates, Senior Vice President and

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Director of Global Health and HIV Policy, Kaiser Family Foundation.

- The House Foreign Affairs Committee will hold a hearing at 1pm called *The Wuhan Coronavirus: Assessing the Outbreak, the Response, and Regional Implications*

SCOTUS

- The Supreme Court voted 5-4 to allow the Trump administration to move forward with the "public charge" rule. Immigrants could be denied a green card if they use public benefits, like Medicaid, Medicare, public housing, FoodShare, etc. for more than a year over a three-year period. Of note, this could have a lot of implications, including having undocumented immigrants from seeking preventative care (i.e. vaccinations).

POTUS

- President Trump will deliver the State of the Union address tomorrow, February 4th.
- The President's FY21 budget is expected to be released on February 10th. This budget officially starts the appropriations process and gives Congress a template to work with, but isn't law.

News / Interesting Reads

BCD General

- The Trump administration revealed a new Medicaid block grant plan that would allow states to opt out of the current federal funding program and instead get a fixed payment each year – in exchange for more flexibility. [Read more here].
    - National Coalition of STD Directors (NCSD) Statement on CMS Block Grant Guidance
- 'Time to worry is now': The coronavirus in China count threaten pharma's ingredient sourcing – STAT
- Feds to let states tap opioid funds for meth, cocaine surge – Associated Press
- ASTHO was featured in Netflix's *Pandemic* series! (Featured time slot: Season 1, Episode 6, 22:41-25:39)
- Masks Reveal Cultural Disconnect As L.A.'s Chinese Community Braces for Coronavirus – Kaiser Health News

Resilient WI/Health Equity/Health in All Policies

- For the First Time, a State Will Mandate Severance Pay During Mass Layoffs – Route Fifty
- Viewpoints: Health equity issue warrants more attention – Biz Times, Milwaukee Business News
- AMA Foundation launches new plan to address LGBTQ health disparities – AMA Press Release
- New Study Reveals Annual Cost of Childhood Adversity in California is Approximately $113 Billion – PR Newswire
- Real-World Ways to Boost Your Cross-Sector Collaborations – PEW

CDES

- He once sent untrue, alarmist tweets about Ebola. Now, Trump is facing his biggest outbreak emergency – and experts are worried – STAT

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- Response To Nation's First Coronavirus Case Draws On Lessons From Measles Outbreak – Kaiser Health News

Immunization

- TB vaccines can vary greatly, study finds. But does that mean that some are less protective? – STAT

HIV/STDs

- Insurance type affects persistence with PrEP – Healio
- Tribal Syringe Services Program Helps Reduce Harm from Injection Drug Use – CDC
- HIV Testing Outcomes Among Blacks or African Americans – 50 Local U.S. Jurisdictions Accounting for the Majority of New HIV Diagnoses and Seven States with Disproportionate Occurrences of HIV in Rural Areas, 2017 – CDC

Please let me know if you have any questions.

Sincerely,

Andrea Gugel
Strategic Initiatives Coordinator
Wisconsin Department of Health Services
608-266-6966 | Andrea.Gugel@dhs.wisconsin.gov

* *

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From: Smiley, Stephanie L - DHS (DPH)
To: Gugel, Andrea M - DHS
Subject: Measles Action Plan
Date: Tuesday, February 18, 2020 4:24:45 PM
Attachments: 7.19.19 Status update on measles plan.docx
image001.png
image003.png

Stephanie Smiley
Director, Bureau of Communicable Diseases, Division of Public Health
Wisconsin Department of Health Services
D: 608-267-9363 | C: 608-260-5616

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From:	Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)
To:	Smiley, Stephanie L - DHS (DPH)
Cc:	DeSalvo, Traci E - DHS; Bartlett, Karri
Subject:	Message from the COVID-19 patient
Date:	Friday, February 14, 2020 6:07:18 PM

Hi Stephanie,

The case patient just texted me with the link to this website: https://madison.com/wsj/news/local/health-med-fit/dane-county-resident-with-new-coronavirus-may-stay-in-isolation/article_6dc7e6b1-d9ad-5c19-a2d2-e6e7af2e7fbb.html

Her message that came with this was "This makes it sound like that my test results have been positive, but in reality, there has been no result since Feb 7 sample collection. I start feeling hopeless in this situation".

I took a look at the website (the problem was that there was an add that kept on popping up, and was hard to read), and I think the website was stating the fact that there has been delays in reporting the test results back to the patient.

But I wanted to bring it to your attention, as the patient seemed to be discouraged by the message.

Of note, the CDC GO TEAM will be leaving WI tomorrow morning. Thanks again for all your support during our stay here, and we wish you all the best!

Thank you,

Miwako

Miwako Kobayashi MD, MPH
Medical Epidemiologist
Respiratory Diseases Branch
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
Mailstop H24-6
1600 Clifton Road, N.E.
Atlanta, GA 30329
Email: ydk3@cdc.gov
Office phone: 404-639-2912

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Lepak, Katie (KatieL@CI.CUDAHY.WI.US)
Subject: Milwaukee Lab
Date: Friday, March 06, 2020 9:28:00 AM
Attachments: COVID-19 at MHDL.PDF
image001.png
image003.png

Good morning, Katie,

I received your voicemail. We just received their protocols last night (attached) and we had been told by the city of Milwaukee health department that they weren't able to test yet because the protocols weren't developed. It appears that the Milwaukee Health Department Laboratory is accepting specimens now.

Please let us know if you have any additional questions.

Stephanie

Stephanie Smiley
Director, Bureau of Communicable Diseases, Division of Public Health
Wisconsin Department of Health Services
D: 608-267-9363 | C: 608-260-5616

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AMERICAN OVERSIGHT

From: Bhattacharyya, Sanjib
Subject: Milwaukee Public Health Laboratory System Partners-JANUARY 2020 Report
Date: Tuesday, February 11, 2020 3:36:20 PM
Attachments: image001.png
January_2020_Monthly_Report.pdf

Milwaukee Public Health Laboratory System Partners
Clinical Laboratory Update

Attached please find the MHDL Clinical Laboratory Update for January 2020.

MHDL Contact Information
Regular hours (8 a.m.-4:45 p.m. M-F): (414) 286-3526
After hours/emergencies: (414) 286-2150
Email: mhdlab@milwaukee.gov

Thank you,

Sanjib Bhattacharyya, PhD
Laboratory Director
Special Deputy Health Commissioner
City of Milwaukee Health Department
Zeidler Municipal Building | 841 N. Broadway, 2nd Floor | Milwaukee, WI 53202
Phone: (414) 286-5702 | Cell: (414) 698- 6631 | Fax: (414) 286-5098
sbhatt@milwaukee.gov
www.milwaukee.gov/health | Facebook | Twitter

Adjunct Faculty, Joseph J. Zilber School of Public Health
Clinical Associate Professor, College of Health Sciences
University of Wisconsin-Milwaukee

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: National Black HIV/AIDS Awareness Day
Date: Wednesday, February 05, 2020 8:11:19 AM

February 5, 2020

Dear Colleague:

This year's National Black HIV/AIDS Awareness Day (NBHAAD) theme, *We're in This Together*, emphasizes the importance of support from friends, family, colleagues, and partners. Social support is especially important because of its potential to mitigate the negative impact of ongoing health disparities and stigma. On February 7th and every day, we can get involved in prevention efforts, get tested, get treatment if we have HIV, and use prevention tools such as pre-exposure prophylaxis (PrEP) and condoms if we do not.

Additional Resources:

Let's Stop HIV Together
https://www.cdc.gov/stophivtogether/
The *Let's Stop HIV Together* campaign (formerly known as Act Against AIDS) includes resources and partnerships aimed at stopping HIV stigma and promoting HIV testing, prevention, and treatment.

CDC HIV/AIDS
www.cdc.gov/hiv

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Blacks represent 13% of the U.S. population, yet make up 43% of new HIV diagnoses. The most recent HIV diagnoses data show decreasing disparities for some groups, but inequities remain. From 2010 to 2017, HIV diagnoses:

- decreased 15% among blacks overall;
- decreased 27% among black women;
- decreased 32% among heterosexual black men;
- were stable among gay and bisexual black men overall, but varied by age.

Limited access to services, stigma, discrimination, poverty, and homophobia place some African Americans at higher risk for HIV. The poverty rate is higher among African Americans than other racial/ethnic groups, and the socioeconomic issues associated with poverty—including limited access to high-quality health care, housing, and HIV prevention education—directly and indirectly increase risk for HIV infection.

We can, and must, do better.

Goals we once thought impossible are well within reach, but eliminating racial disparities is critical. Despite the game-changing developments in HIV prevention and treatment tools, not everyone is benefiting equally from these advances. A recent CDC report showed that from 2010 to 2017, fewer blacks, compared with whites, were linked to HIV medical care within 90 days of diagnosis, retained in care, or virally suppressed.

The HHS *Ending the HIV Epidemic: A Plan for America* (EHE) Initiative is a bold effort to reduce new HIV infections by 90% by 2030. The initiative significantly increases resources, technology, and expertise where they're needed most—and it will decrease disparities. Phase 1 of the EHE initiative focuses on 48 counties, Washington, D.C. and San Juan, Puerto Rico, that together account for more than 50% of new U.S. HIV diagnoses, and seven states that have a substantial rural burden of HIV. Nearly two-thirds (62%) of new HIV diagnoses in 2017 for black/African Americans were in the 57 EHE phase 1 jurisdictions.

CDC is working on all fronts to improve access to testing, overcome barriers for linkage to and retention in care, increase access to PrEP, and reduce new infections and HIV-related disparities. For example, CDC is focused on using the latest systems and technology to make testing truly routine in healthcare facilities that are likely to engage people at risk for HIV who otherwise have limited access to healthcare. CDC is working with grantees, partners and providers to ensure immediate—ideally same-day—linkage to care for people with a new diagnosis of HIV and linkage to PrEP services for those at risk but who do not have HIV. And to help increase PrEP uptake, HHS has launched Ready, Set, PrEP, a nationwide program that makes PrEP medications available at no cost to individuals who qualify and lack prescription drug coverage. Eligibility requirements and an explanation of how the program works are available at GetYourPrEP.com and 1-855-447-8410.

This year's theme, *We're in This Together*, emphasizes the importance of social support—from friends, family, colleagues, and

Visit CDC's HIV/AIDS Web site.

CDC-INFO
1-800-CDC-INFO
(232-4636)
Get information about personal risk, prevention, and testing.

CDC National HIV Testing Resources
GetTested.cdc.gov
Text your ZIP code to KNOW IT or 566948. Locate an HIV testing site near you.

CDC National Prevention Information Network (NPIN)
npin.cdc.gov
Find CDC resources and technical assistance.

AIDSinfo
1-800-448-0440
www.aidsinfo.nih.gov
Locate resources on HIV and AIDS treatment and clinical trials.

Please contact us with questions, comments or other feedback about e-HAP

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partners. We call on everyone to use our digital toolkit with resources from CDC's *Let's Stop HIV Together* campaign to combat HIV-related stigma and end the HIV epidemic in America. We encourage you to create and share social media content using the #StopHIVTogether and #NBHAAD hashtags. Each of us has a role to play:

Healthcare providers can

- Routinely screen all patients.
- Provide HIV treatment as soon as possible after diagnosis.
- Prescribe PrEP using CDC's guidelines.

Health departments can

- Expand HIV testing to include testing at home and other nonclinical settings.
- Strengthen HIV care and peer support networks to improve HIV treatment.
- Increase PrEP usage in communities that need it the most.

Everyone can

- Get tested for HIV, STDs and hepatitis.
- Use the HIV Risk Reduction Tool to better understand HIV.
- Talk with healthcare providers about HIV prevention, including condoms and PrEP.
- Encourage friends and loved ones to stay healthy by taking medicine if they have HIV or are on PrEP.

CDC is committed to ending the HIV epidemic in the United States for everyone. On this day and every day, we ask that you join us by fighting HIV-related stigma and promoting HIV testing, prevention, and treatment. It has been a long road and we have come so far. We know we can reach our goals because, as a nation, we are in this together.

Sincerely,

/Eugene McCray/
Eugene McCray, MD
Director
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

/Jonathan Mermin/
Jonathan H. Mermin, MD, MPH
Rear Admiral and Assistant Surgeon General, USPHS
Director
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

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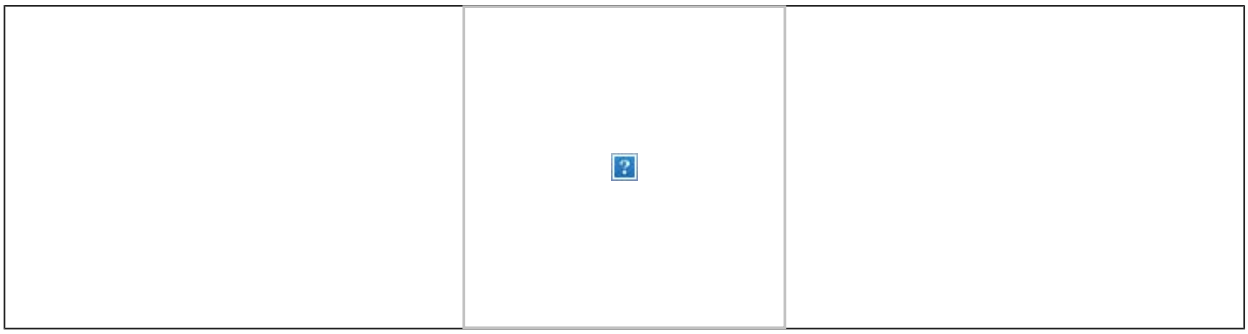

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From: Stevens, Lee (OS/IEA)
To: Johnston, Darcie (HHS/IEA); Stevens, Lee (OS/IEA)
Subject: National Briefing 2 PM EST - Coronavirus Task Force
Date: Friday, February 07, 2020 11:29:27 AM

Please join us at 2 PM EST at www.hhs.gov/live for a national press briefing from the Coronavirus Task Force. *Link will be live shortly before the event.*

U.S. Department of Health and Human Services

Friday,
February
7, 2020

Today, the Department of Health and Human Services (HHS) will host a press briefing by members of President Trump's Coronavirus Task Force.

2:00 PM EST: Press Conference Begins. www.HHS.gov/live

###

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Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

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From: NCHS NVSS News (CDC)
Cc: Brown, Kelly D. (CDC/DDPHSS/NCHS/DVS); Tolson, George C. (CDC/DDPHSS/NCHS/DVS)
Subject: National Vital Statistics System Newsletter - February 2020
Date: Monday, March 02, 2020 8:11:05 AM

Division of Vital Statistics Newsletter February 2020

-

Click here to view the full NVSS newsletter online

This month, we're focused on improvements. To begin, we will be proposing improvements to the next VSCP contract, and will be seeking your input. Please take a moment to read and find out how you can contribute your ideas. This issue also highlights our newest VSCP Special Project, Address Data for Geocoding, which is collecting data from every jurisdiction to improve our ability to calculate life expectancy and mortality at more local levels. You'll also find out how Iowa is improving data quality and timeliness through a new birth registration facility report card. Additionally, we connect you to upcoming NAPHSIS trainings that may be of interest, and to information on how jurisdictions can work with NCHS to test newly implemented data systems.

Whether it's by joining our projects, attending a training, or sharing your own ideas for the future, we encourage you to stay connected with us and be a part of making the National Vital Statistics System better.

Enjoy!
Steve

Steven Schwartz, PhD
Director – Division of Vital Statistics
National Center for Health Statistics
3311 Toledo Rd | Hyattsville, MD 20782

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From: Kaplan, Beth M - DHS
To: Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; Haupt, Thomas E - DHS
Subject: Never mind...RE: your inquiry
Date: Monday, February 03, 2020 5:12:40 PM

We can stand down on this media inquiry -- thanks!
Beth

-----Original Message-----
From: Kaplan, Beth M - DHS
Sent: Monday, February 03, 2020 4:56 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>
Subject: FW: your inquiry
Importance: High

Hello! Will any of you be available in the next little while for this media inquiry? Elizabeth is working on finding out the exact topics.

Beth

-----Original Message-----
From: Goodsitt, Elizabeth S - DHS
Sent: Monday, February 03, 2020 4:54 PM
To: Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>
Subject: FW: your inquiry

Hello,
I have a reporter looking for a phoner about coronavirus before 6:30. I'm trying to find out exactly what she wants. But do you have anyone still here/available/interested?

Elizabeth Goodsitt
Communications Specialist - Advanced
Wisconsin Department of Health Services
608-267-3810 | Media Line: 608-266-1683

* * * * * * * * * * * * * * * * * *
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-----Original Message-----
From: Goodsitt, Elizabeth S - DHS
Sent: Monday, February 3, 2020 4:25 PM
To: Cearron Bagenda <cbagenda@cbs58.com>
Cc: DHS Media <DHSMedia@dhs.wisconsin.gov>
Subject: RE: your inquiry

Hi Cearron,
Let me see who is available. Do you have an idea of the questions you plan to ask so I can ensure I find the right expert?

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Best,
Elizabeth

Elizabeth Goodsitt
Communications Specialist - Advanced
Wisconsin Department of Health Services
608-267-3810 | Media Line: 608-266-1683

* * * * * * * * * * * * * * * * * *
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-----Original Message-----
From: Cearron Bagenda <cbagenda@cbs58.com>
Sent: Monday, February 3, 2020 4:22 PM
To: Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>
Subject: Re: your inquiry

Hi,

Thank you, yes it would be a phone interview. The deadline would be 6:30 pm if possible.

Thanks,

Cearron

Sent from my iPhone

On Feb 3, 2020, at 3:45 PM, Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov<mailto:Elizabeth.Goodsitt@dhs.wisconsin.gov>> wrote:

EMAIL ORIGINATED FROM AN OUTSIDE SENDER.

Hi Cearron,

We received your inquiry about 2019 novel coronavirus. I will check to see if we have someone available to speak with you, however I'm not sure what your deadline is and our experts are in Madison. Are you thinking of a phone interview?

When it comes to travel, we would direct you to the CDC Guidance for Travelers<https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china> webpage. The advice for Travelers from China Arriving in the United States<https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-china.html> may also be useful.

Best,
Elizabeth

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<image002.png><http://www.dhs.wisconsin.gov/>Elizabeth Goodsitt Communications Specialist - Advanced
Wisconsin Department of Health Services
608-267-3810 | Media Line: 608-266-1683
<image003.png><https://www.facebook.com/DHSWI/> <image004.jpg><https://twitter.com/DHSWI/>
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From: PS18-1802 (CDC)
Subject: NEW NHM&E DATA SUBMISSION DEADLINE: March 31, 2020
Date: Wednesday, February 12, 2020 3:20:53 PM

Dear Colleagues,

We are aware that several jurisdictions are in the process of completing the application for PS20-2010 to meet the March 25th submission deadline. In addition, some jurisdictions are experiencing technical issues while interacting with EvaluationWeb®. Therefore, the NHM&E data submission deadline for HIV testing and Partner Services data has been extended for all jurisdictions to **Tuesday, March 31, 2020**.

If you have questions, please contact the NHM&E Service Center at NHMEservice@cdcc.gov.

Thank you,

Program Evaluation Branch
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, & TB Prevention
Centers for Disease Control and Prevention

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: New Resources Added to the CDC HIV Web Site
Date: Tuesday, February 04, 2020 2:23:16 PM

HIV & AIDS in the United States. Information From the Division of HIV/AIDS Prevention

You are subscribed to HIV & AIDS in the United States: What's New from the Division of HIV/AIDS Prevention

February 4, 2020

The following resources were recently added to the CDC HIV Web site:

MMWR: HIV Testing Outcomes Among Blacks or African Americans - 50 Local U.S. Jurisdictions Accounting for the Majority of New HIV Diagnoses and Seven States with Disproportionate Occurrences of HIV in Rural Areas, 2017
Ending the HIV Epidemic (EHE) jurisdictions are disproportionately affected by human immunodeficiency virus (HIV). In 2017, blacks accounted for >40% of those tested and new diagnoses in EHE jurisdictions. Compared with whites, more blacks in EHE jurisdictions

Additional Resources:

CDC HIV Web

CDC HIV Facebook

HIV/AIDS Twitter

Let's Stop HIV Together Web

Let's Stop HIV Together

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received a new diagnosis or were identified as a person with previously diagnosed HIV infection. HIV prevention programs focused on locally tailored innovative testing, linkage, reengagement, and prophylaxis and treatment for blacks could help to achieve the national goals to end the HIV epidemic in the United States.

HIV and African Americans
Blacks/African Americans account for a higher proportion of new HIV diagnoses and people with HIV, compared to other races/ethnicities. In 2018, blacks/African Americans accounted for 13% of the US populationc but 42% of the 37,832 new HIV diagnoses in the United States and dependent areas.

Funding Opportunity Announcement PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States
The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year 2020 funds for a Notice of Funding Opportunity (NOFO) to support the development and implementation of comprehensive HIV programs that complement existing programs, such as Ryan White and other HHS programs, designed to support ending the HIV epidemic in America by leveraging powerful data, tools, and resources to reduce new HIV infections by 75% in 5 years.

MMWR: HIV Partner Service Delivery Among Transgender Women - United States, 2013-2017
An overall estimate of prevalence of infection with human immunodeficiency virus (HIV) was 18.8% among transgender women based on a meta-analysis of studies in the United States conducted during 2006–2017. During 2013–2017, 71.5% of index transgender women were interviewed for partner services, 71.2% of transgender women partners were notified of their potential HIV exposure, 46.5% were tested for HIV, and 18.6% received a new diagnosis of HIV-positivity. Providing partner services to index transgender women and transgender women partners requires additional efforts to address the social and structural barriers unique to this population, provide timely prevention services, help reduce HIV transmission, and end the HIV epidemic in the United States.

MMWR: Neural Tube Defects in Pregnancies Among Women With Diagnosed HIV Infection - 15 Jurisdictions, 2013-2017
Linking of data from birth defects and HIV/AIDS surveillance programs in 15 jurisdictions was done for the first time. The NTD prevalence in HIV-exposed pregnancies during 2013–2017 was estimated to be 7.0 per 10,000 live births, similar to the prevalence in the general population in the 15 jurisdictions and the U.S. estimate.

HIV in the United States
In 2018, 37,832 people received an HIV diagnosisa in the United States (US) and dependent areas. From 2010 to 2017, HIV diagnoses decreased 11% among adults and adolescents in the 50 states and District of Columbia. However, annual diagnoses have increased among some groups.

MMWR: Status of HIV Case-Based Surveillance Implementation - 39 U.S. PEPFAR-Supported Countries, May-July 2019
Among 39 surveyed countries supported by the U.S. President's Emergency Plan for AIDS Relief, 20 had implemented case-based

Instagram

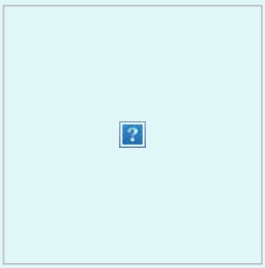
Get Tested

National Prevention Information Network (NPIN)

HIV.gov

CDC-INFO

Please contact us with questions, comments or other feedback.



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surveillance, 15 were planning implementation, and four were not planning implementation. Challenges for most countries, particularly those in sub-Saharan Africa, include need for unique identifiers to link data across systems, supportive national policy environments, and data security standards. Enhanced efforts are needed to address policy barriers and gaps in technical infrastructure to implement comprehensive HIV case-based surveillance that can inform national response to the HIV epidemic.

Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: New Resources Added to the CDC HIV Web Site
Date: Wednesday, March 04, 2020 1:11:52 PM

HIV & AIDS in the United States. Information From the Division of HIV/AIDS Prevention

You are subscribed to HIV & AIDS in the United States: What's New from the Division of HIV/AIDS Prevention

March 04, 2020

The following resources were recently added to the CDC HIV Web site:

HIV Surveillance Special Report Infographic: HIV Infection Risk, Prevention, and Testing Behaviors Among Persons Who Inject Drugs, National HIV Behavioral Surveillance, 2018
This infographic visualizes HIV infection risk, prevention, and testing behaviors among persons who inject drugs from the HIV Surveillance Special Report.

HIV Surveillance Special Report: HIV Infection Risk, Prevention, and

Additional Resources:

Let's Stop HIV Together Web
Let's Stop HIV Together Instagram
CDC HIV Web
CDC HIV Facebook
CDC HIV Twitter
CDC HIV Services Locator
National Prevention Information Network (NPIN)
HIV.gov
CDC-INFO

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[Testing Behaviors Among Persons Who Inject Drugs - National HIV Behavioral Surveillance Injection Drug Use, 23 U.S. Cities, 2018]
The National HIV Behavioral Surveillance (NHBS) provides data for monitoring behaviors among populations at risk of acquiring or transmitting HIV infection and identifies the populations for whom scientifically proven, cost-effective, and scalable interventions are most appropriate. Monitoring key indicators among members of high-risk populations is critical to achieving the goals of the Ending the HIV Epidemic: A Plan for America initiative [3] and CDC's HIP approach.

[MMWR: Expansion of HIV Preexposure Prophylaxis to 35 PEPFAR-Supported Early Program Adopters, October 2016-September 2018]
Preexposure prophylaxis (PrEP) reduces human immunodeficiency virus (HIV) infection incidence. During October 2016–September 2018, in 15 of 35 country or regional programs supported by the U.S. President's Emergency Plan for AIDS Relief, the increase in PrEP coverage among the general population was approximately triple that among female sex workers, men who have sex with men, and transgender women. Critical factors associated with successful PrEP implementation in these populations include stakeholder engagement, existing PrEP delivery guidelines, HIV service provider training, and a drug procurement system. Sharing best practices could facilitate adoption of PrEP in other country or regional programs and contribute to epidemic control.

[HIV and African American Gay and Bisexual Men]
Black/African Americana gay, bisexual, and other men who have sex with men are more affected by HIV than any other group in the United States. In 2018, black/African American gay and bisexual men accounted for 26% (9,756) of the 37,832 new HIV diagnoses and 37% of new diagnoses among all gay and bisexual men in the United States and dependent areas.

[MMWR: HIV Testing Outcomes Among Blacks or African Americans - 50 Local U.S. Jurisdictions Accounting for the Majority of New HIV Diagnoses and Seven States with Disproportionate Occurrences of HIV in Rural Areas, 2017]
Ending the HIV Epidemic (EHE) jurisdictions are disproportionately affected by human immunodeficiency virus (HIV). In 2017, blacks accounted for >40% of those tested and new diagnoses in EHE jurisdictions. Compared with whites, more blacks in EHE jurisdictions received a new diagnosis or were identified as a person with previously diagnosed HIV infection. HIV prevention programs focused on locally tailored innovative testing, linkage, reengagement, and prophylaxis and treatment for blacks could help to achieve the national goals to end the HIV epidemic in the United States.

[HIV and African Americans]
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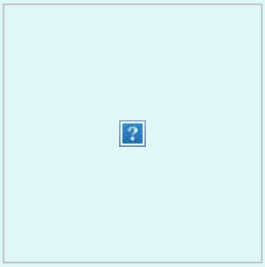
[Funding Opportunity Announcement PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States]
The Centers for Disease Control and Prevention (CDC) announces the

Please [contact us] with questions, comments or other feedback.



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availability of fiscal year 2020 funds for a Notice of Funding Opportunity (NOFO) to support the development and implementation of comprehensive HIV programs that complement existing programs, such as Ryan White and other HHS programs, designed to support ending the HIV epidemic in America by leveraging powerful data, tools, and resources to reduce new HIV infections by 75% in 5 years.

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: News: Immunization MMWRs Update
Date: Wednesday, February 05, 2020 1:01:58 PM

MMWR

You are subscribed to CDC News: Immunization-related MMWRs email subscription service.

This message serves to inform you that one or more MMWRs have recently been added to the MMWR page and are now available.

Vaccine related articles:

- Initial Public Health Response and Interim Clinical Guidance for the 2019 Novel Coronavirus

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Outbreak — United States, December 31, 2019–February 4, 2020

View now

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: News: Immunization MMWRs Update
Date: Tuesday, February 25, 2020 2:16:30 PM

MMWR

You are subscribed to CDC News: Immunization-related MMWRs email subscription service.

This message serves to inform you that one or more MMWRs have recently been added to the MMWR page and are now available.

Vaccine related articles:

- Update: Public Health Response to the Coronavirus Disease 2019 Outbreak — United States,

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February 24, 2020

View now

Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

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From: Wisconsin Department of Health Services
To: Dowdell, Ashlie M - DHS; Smiley, Stephanie L - DHS (DPH); Eberle, Nancy K - DHS
Subject: NHSN: March Reminder: Monthly NHSN Dialysis Data Entry Checklist and Updates: TEST
Date: Friday, March 06, 2020 10:29:37 AM

DHS Logo

Wisconsin NHSN Users-Dialysis

March 2020

NHSN Dialysis Data Entry Checklist and Updates

Try to make time this month to get into the National Healthcare Safety Network (NHSN) and bring your data up-to-date through February.

NHSN Reminders/Updates

1. The **next Wisconsin NHSN Users Call will be held Tuesday, March 24 from 1–1:30 p.m.** These monthly calls are open to all NHSN users and will provide updates, time for Q&A, and at times, an opportunity to work through a case study. They will not be recorded. The dial-in information is 888-273-3658, with access code 1038508.
2. The next data submission deadline for CMS* is March 31, 2020, for Q4 2019 data.
3. Please enter your 2020 annual facility survey before May 1. There are three new questions for dialysis centers this year: 1) Does your center provide dialysis services within long-term care facilities (e.g., staff-assisted dialysis in nursing homes or skilled nursing facilities; not long-term acute care hospitals)? If yes, how many? 2) Are patients routinely assessed for conditions that might warrant additional infection control precautions, such as infected wounds with drainage, fecal incontinence, or diarrhea? If yes, when does this assessment occur most often? 3) Does your center educate patients how to shower with hemodialysis catheters?
4. Make sure you are entering data each month on your acute kidney injury (AKI) patients.

For this month, you will want to enter:

1. A monthly reporting plan. Go to Reporting Plan > Add on the left blue navigation bar to add a

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new plan.
2. An outpatient dialysis census form (denominator). Go to Summary Data > Add on the left blue navigation bar and choose "Device-Associated - Outpatient Dialysis - Census Form" for the summary data type. Click "Continue."
3. Any dialysis events or indicate there were no events (numerator). If there were events, go to Event > Add on the left blue navigation bar. Be sure to choose "DE - Dialysis Event" as the event type after completing the patient demographic fields. If there were no events, check the appropriate "Report No Events" check boxes in your monthly census form (see #2 above).

*A preview report to determine which months of data meet the CMS requirements is available within the Analysis section of NHSN. To run this report, go to Analysis > Generate Data Sets on the left blue navigation bar. Click "Generate New" to refresh your data to make sure the latest information is incorporated into the report. A status bar of the data set generation will display on your screen. You can log out or navigate away while this is running. You will have a time stamp to indicate when the refresh is complete.

Go to Analysis > Reports on the left navigation bar to access the preview report. Within the list of folders, click CMS Reports > QIP > Line Listing – CMS ESRD QIP Rule. Click "Run."

You will see a row for every month of data you reported. Going across the columns, you will see your NHSN OrgID; CMS CCN; facility name; the reporting location name; the month/year of data; and then a column for each of the three monthly requirements: reporting plan, numerator, and denominator. The information is summed up in the far right column, "Criteria Met this Month," which will tell you, based on all the data, whether that month met the requirements.

Please do not reply directly to this email message. If you have a question, please email Ashlie Dowdell.

Stay Connected with the Wisconsin Department of Health Services

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From: Klos, Rachel F - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: Pandemic Checklist for state/local PH
Date: Wednesday, February 26, 2020 9:52:00 AM

Wasn't sure if this might be helpful to you or IMS
https://www.cdc.gov/flu/pandemic-resources/pdf/state-local-checklist.pdf

Rachel Klos, DVM, MPH
State Public Health Veterinarian
Wisconsin Division of Public Health
Office: 608-266-2154 / Fax: 608-261-4976
Email: Rachel.klos@wi.gov

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From:	Ayers, Jeanne F - DHS
To:	Phillips, Jeffrey J - DHS
Cc:	Werner, Mark A - DHS; Meiman, Jonathan G - DHS; Smiley, Stephanie L - DHS (DPH); Anderson, Oskar M - DHS; Warzecha, Charles J - DHS
Subject:	Please review and plan to answer these questions
Date:	Friday, February 14, 2020 3:25:00 PM
Attachments:	ASTHO COVID-19 Collaborative Syndromic Surveillance Project_Letter_021420.pdf

Hello,
ASTHO and CDC are asking State Health Departments to engage in a Collaborative Syndromic Surveillance Project. Please review the attached and raise any questions, concerns or you views both pro and con to Jeff Phillips. Please solicit input from folks within your area who may have a view. He will pull these together and make a recommendation to DGB and then on to me on whether to agree to this arrangement or not.

Thank you,
Jeanne

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: Protect Your Child this Flu Season
Date: Friday, March 06, 2020 12:01:16 PM

Influenza (Flu)

2019 - 2020 Flu Season

March 6, 2020

Flu Vaccine Finder

www.cdc.gov/flu

flu activity in the united states

Weekly U.S. Influenza Surveillance Report

According to CDC's latest FluView report (Feb 23 – 29), national levels of flu-like illness decreased but remain high and severity indicators continue to show children have been hit hard by flu this season. CDC estimates that so far this season, there have been at least 34 million flu illnesses, 350,000 hospitalizations and 20,000 deaths from flu.

Learn More

parent and child in talking to hcp

Protect Your Child this Flu Season

This flu season has been especially severe for children so far. In previous seasons, about 8 in 10 children who died from flu were not vaccinated against flu. As flu activity remains high across the U.S., remember it's not too late to get your child vaccinated if they haven't been this flu season. Check with your child's doctor about how many doses they need.

Learn More

Treat Flu Early with Antiviral Medication

Most people sick with flu should stay home and avoid contact with other people except to get medical care. However, if you have flu symptoms and are in a high risk group, or are very sick or worried about your illness, contact your health care provider. Early treatment with flu antivirals can shorten the duration of symptoms and may reduce the risk of developing flu-related complications.

Learn More

Follow us on Twitter

Flu activity remains high across the country and is expected to remain high for a number of weeks. It

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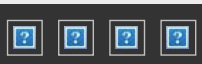
is not too late to get a vaccine if you haven't already. Find a flu vaccine near you: http://www.vaccinefinder.org

Sign up for the newsletter to receive weekly emails about the coronavirus disease 2019 (COVID-19) outbreak.



Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

Questions or Problems | Unsubscribe

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: Protect Yourself from Flu While Traveling
Date: Friday, February 28, 2020 12:01:08 PM

Influenza (Flu)

2019 - 2020 Flu Season

February 28, 2020

Flu Vaccine Finder

www.cdc.gov/flu

Weekly U.S. Influenza Surveillance Report

According to CDC's latest FluView report (Feb 16 – 22), national levels of flu-like illness decreased but remain high and severity indicators continue to show children have been hit hard by flu this season. CDC estimates that so far this season, there have been at least 32 million flu illnesses, 310,000 hospitalizations and 18,000 deaths from flu.

Learn More

Protect Yourself from Flu While Traveling

Are you planning upcoming travel? The risk for exposure to flu during travel can depend on the time of year and destination. People who have not gotten a flu vaccine for the current season should get vaccinated at least 2 weeks before traveling to destinations with ongoing flu activity. If you plan to travel, make sure you know how to protect yourself from flu.

Learn More

Keep Flu Out of Schools

This flu season has been especially bad for children. A recent CDC study shows flu vaccines have helped cut in half the number of doctor's visit for flu among vaccinated children this season. Educators and staff can help stop the spread of flu in schools by encouraging children, parents, and staff to practice everyday preventive actions.

Learn More

Follow us on Twitter

#Parents: if your child gets sick with #flu, make sure you know what to do! Identify symptoms early, if

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they are at high risk consult your doctor, and keep them home while sick. https://go.usa.gov/xddac

Sign up for the newsletter to receive weekly emails about the coronavirus disease 2019 (COVID-19) outbreak.

Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

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From: PS18-1802 (CDC)
Subject: PS18-1802 Year 2 End of Year Progress Report Guidance
Date: Friday, January 31, 2020 10:24:44 AM
Attachments: PS18-1802 Year 2 End of Year (EOY) Guidance_1.30.2019_FINAL.docx

---

Dear Colleagues,

The Prevention Program Branch (PPB) and HIV Incidence and Case Surveillance Branch (HICSB) have attached the End of Year Progress Report Guidance for Notice of Funding Opportunity (NOFO) PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments.

The purpose of the End of Year Progress Report is to document progress for the reporting period (January 1, 2019 – December 31, 2019), update important contact information, and update successes and challenges since the last reporting period (Annual Performance Report covering 1/1/2019 – 6/30/2019). Your feedback will assist us in ongoing efforts to improve the implementation and delivery of HIV prevention and surveillance programs. Thus, the information you provide is useful to CDC and other stakeholders.

In lieu of a webinar for the End of Year Progress Report Guidance, please find below the following information:

- The report consists of a variety of questions (i.e. check box, short answer, and tables). For the yes/no check box questions, make sure to provide a brief description/justification if you check yes. Additionally, there are short answer questions, please make sure to address each question that is applicable to your program.

- Please submit your NHM&E data via EvaluationWeb® **no later than Monday, March 16, 2020**. EvaluationWeb® will use the NHM&E data to automatically populate the PS18-1802 data tables. These data tables in addition to the End of the Year Progress Report will be used by Joint Monitoring Team to complete their review.

- The completed End of Year Progress Report should be uploaded to www.grantsolutions.gov as a Grant Note, Category "Other," Subject "*Year 2 End of Year Progress Report"* **no later than Friday, April 17, 2020**. Additionally, please send a courtesy copy of the report to the assigned Joint Monitoring Team.

- Please submit your financial close-out documents, including the final Federal Financial Report (FFR) in GMM by the designated due date. Should you have any questions regarding financial documents, please contact your assigned Grants Management Specialist.

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Should you have any questions, please follow-up with your respective Joint Monitoring Team to discuss the completion of the End of Year Progress Report.

Sincerely,

/Stan A. Phillip, Jr./

Stan A. Phillip, Jr., DHA, MHA
Chief
Prevention Program Branch
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

/Angela L. Hernandez/

Angela L. Hernandez, MD, MPH
Chief
HIV Incidence and Case Surveillance Branch
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

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From:	Ethan Covey
To:	Kocharian, Anna - DHS
Cc:	Media@cdc.gov (CDC); Schumacher, Amy (CDC/DDNID/NCIPC/DUIP) (nrb6@cdc.gov); DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH)
Subject:	Re: [NCI] RE: Quote request re: study on Legionnaire"s Disease in Wisconsin
Date:	Wednesday, March 04, 2020 2:14:56 PM

Hi, Anna.

Thank you very much for this.

I'll be in touch if I end up having any follow up questions.

Best,
Ethan

Ethan Covey
covey@me.com

On Mar 4, 2020, at 1:26 PM, Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov> wrote:

Hello Ethan,

Thank you for your interest and work.

The case described in this report demonstrates the potential for people at risk for Legionnaires' disease (such as those with a weakened immune system or chronic lung disease, or current or former smokers) to be exposed to *Legionella* through home water systems containing the bacteria and demonstrates the difficulty of removing the bacteria from personal residences. For medical providers, it highlights the value of obtaining lower respiratory tract specimens for patients with suspected Legionnaires' disease, as the results can identify less common *Legionella* infections that would not show up on the urinary antigen test and can assist public health in identifying the infection source.

Thanks,

Anna

Anna Kocharian, M.S. | Epidemiologist | Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases | Tel: (608) 267-9004 | Fax: (608) 261-4976 | anna.kocharian@wisconsin.gov

<image011.png> <image012.png> <image013.png> <image014.jpg> <image015.jpg>

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and agreements. If you received this email in error, please notify the sender; delete the email; and do not use, disclose or store the information it contains. If [NCI] is in the subject line, no confidential information is contained in this email.

From: Ethan Covey <covey@me.com>
Sent: Friday, February 28, 2020 10:11 AM
To: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Media@cdc.gov (CDC) <sohco@CDC.GOV>
Subject: Quote request re: study on Legionnaire's Disease in Wisconsin

Hello, Ms. Kocharian.

I am interested in writing an article for Infectious Disease Special Edition regarding your recent MMWR article on the fatal case of Legionnaire's disease in Wisconsin.

Would you be able to provide me with a couple of brief quotes for use in the piece?

Specifically, I'd be looking for your perspective on the importance of this study & its findings, what this adds to the understanding of Legionnaire's and its associated risks, and any questions raised by the study which require further work.

As I'm on deadline for the web, I'd appreciate receiving comments by end of day Wednesday, March 4, if possible.

Many thanks,
Ethan

Ethan Covey
covey@me.com

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From:	Heinrich, Janel
To:	Haupt, Thomas E - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Wozniak, Ryan J - DHS; Kita-Yarbro, Amanda
Subject:	RE: 2019-nCov WI response team
Date:	Wednesday, February 05, 2020 7:03:25 PM

Hi Tom,

We are happy to host you here at PHMDC. Our ICS team is all currently working out of our CCB office on 5th floor

1:30?

Best,
Janel

Sent from my Verizon, Samsung Galaxy smartphone

-------- Original message --------
From: "Haupt, Thomas E - DHS" <Thomas.Haupt@dhs.wisconsin.gov>
Date: 2/5/20 6:59 PM (GMT-06:00)
To: "Smiley, Stephanie L - DHS (DPH)" <Stephanie.Smiley@dhs.wisconsin.gov>, "DeSalvo, Traci E - DHS" <Traci.DeSalvo@dhs.wisconsin.gov>, "Wozniak, Ryan J - DHS" <Ryan.Wozniak@dhs.wisconsin.gov>, "Heinrich, Janel" <JHeinrich@publichealthmdc.com>, "Kita, Amanda" <AKita@publichealthmdc.com>
Subject: Fwd: 2019-nCov WI response team

Hello especially Mad Dane. Can we meet with the first two CDC GO TEAM members tomorrow afternoon?Janelle and Amanda is your office the best? I have given them my contact info.

Tom

Sent from my iPad

Begin forwarded message:

> **From:** "Rolfes, Melissa (CDC/DDID/NCIRD/ID)" <ydi8@cdc.gov>
> **Date:** February 5, 2020 at 6:31:20 PM CST
> **To:** "Haupt, Thomas E - DHS" <Thomas.Haupt@dhs.wisconsin.gov>
> **Cc:** "Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)" <ydk3@cdc.gov>, "Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES)" <pgx8@cdc.gov>
> **Subject: 2019-nCov WI response team**

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Hi Tom,
I want to introduce you to Miwako Kobayashi and Bryan Stierman, two of the members of the CDC team coming to support nCov response in Wisconsin. Miwako and Bryan will be arriving in Madison between 10am-12pm tomorrow (Thursday). We are working to send 2 additional people to support contact monitoring and infection prevention and control assessment. They are likely to arrive on Friday.

Miwako is serving as the CDC field team lead and can serve as the primary point of contact.

Tom, can you let Miwako and Bryan know when and where is best to meet you all tomorrow? Are operations being run out of the state or county offices? Is there a phone number that is best to reach you at?

Also, I just supposed that you were the best contact point. If Miwako and Bryan should be first meeting up with others, please do forward this email and introduction along.

All the best,
Melissa

Melissa AR Rolfes, PhD MPH
Epidemiologist
Influenza Division

National Center for Immunizations and Respiratory Diseases
Centers for Disease Control and Prevention
1600 Clifton Rd, NE | Atlanta, GA 30333

ydi8@cdc.gov | (o) 404-639-2476 | (bb) 770-371-2093 | (f) 404-639-3866

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From: Smiley, Stephanie L - DHS (DPH)
To: Wade, Anthony - DHS (CDC)
Subject: RE: All-hands call coming up
Date: Thursday, March 05, 2020 12:59:00 PM

Interesting….thanks. Sounds like Traci heard that CDC is cancelling all non-essential travel for all staff.

Keep me in the loop!

Thanks,

Smiley

From: Wade, Anthony - DHS (CDC) <Anthony.Wade@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 12:57 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: All-hands call coming up

FYI, I will share with you what was discussed.

Anthony Wade
Anthony.Wade@dhs.wisconsin.gov

From: Broussard, Dawn (CDC/DDID/NCHHSTP/DSTDP) <dab5@cdc.gov>
Sent: Thursday, March 5, 2020 12:54 PM
To: Carr, Deborah A. (CDC/DDID/NCHHSTP/DSTDP) <dlc9@cdc.gov>; Carr,Deborah (DSHS Contractor) <Deborah.Carr@dshs.texas.gov>; Amar, Michelle (CDC/DDID/NCHHSTP/DSTDP) <mya3@cdc.gov>; Blank, Susan (CDC/DDID/NCHHSTP/DSTDP) <sbb0@cdc.gov>; Cruz, Yvonne (CDC/DDID/NCHHSTP/DSTDP) <ybc8@cdc.gov>; DiOrio, Dawne (CDC/DDID/NCHHSTP/DSTDP) <dor7@cdc.gov>; Ewell, Joy (CDC/DDID/NCHHSTP/DSTDP) <jde4@cdc.gov>; Gray, Terri (CDC/DDID/NCHHSTP/DSTDP) <trg1@cdc.gov>; Grayson, Jacquline M. (CDC/DDID/NCHHSTP/DSTDP) <jmg5@cdc.gov>; Harris, Adrick (CDC/DDID/NCHHSTP/DSTDP) <odq5@cdc.gov>; Honer, Kim (CDC/DDID/NCHHSTP/DSTDP) <kmh2@cdc.gov>; Jefferson, Randy (CDC/DDID/NCHHSTP/DSTDP) <ryj8@cdc.gov>; Lee, Chang (CDC/DDID/NCHHSTP/DSTDP) <ckl0@cdc.gov>; Morris, Edmund (CDC/DDID/NCHHSTP/DSTDP) <ebm1@cdc.gov>; Oyervides, Otilio (CDC/DDID/NCHHSTP/DSTDP) <opo1@cdc.gov>; Richardson-Moore, Regina (CDC/DDID/NCHHSTP/DSTDP) <rrr0@cdc.gov>; Starling, Pete (CDC/DDID/NCHHSTP/DSTDP) <wjs2@cdc.gov>; Turner-Harper, Darlene (CDC/DDID/NCHHSTP/DSTDP) <dxt4@cdc.gov>; Varella, Lisa (Hirschinger) (CDC/DDID/NCHHSTP/DSTDP) <lth6@cdc.gov>; Wade, Anthony (CDC/DDID/NCHHSTP/DSTDP) <axw3@cdc.gov>; Warren, Eric F. (CDC/DDID/NCHHSTP/DSTDP) <bnu6@cdc.gov>; White, Sheri (CDC/DDID/NCHHSTP/DSTDP) <saw5@cdc.gov>
Subject: All-hands call coming up

Just making sure everyone got this info about the all-hands coming up in a few minutes:

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All, just FYI…I know this is short notice, but this is somewhat of an emergency call related to Coronavirus response. Please make every effort to attend if you're free. If you can't, I'll follow-up with you by phone or email.
Deb, can you please forward to the West folks?

Many thanks,
Dawn

Dawn Broussard, MPH *(she, her, hers)*
Regional Management Official – Central Region
Centers for Disease Control and Prevention
Division of STD Prevention
Field Services Branch

Phone: (708) 776-3120
Email: DBroussard@cdc.gov
Telework: Tuesdays and alternating Fridays
Mailing Address: c/o Chicago Department of Public Health;
333 S. State Street, Suite 200; Chicago, IL 60604

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From: Wade, Anthony - DHS (CDC)
To: Smiley, Stephanie L - DHS (DPH)
Subject: RE: All-hands call coming up
Date: Thursday, March 05, 2020 1:00:37 PM

Will keep you posted.

Anthony Wade
Anthony.Wade@dhs.wisconsin.gov

From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 12:59 PM
To: Wade, Anthony - DHS (CDC) <Anthony.Wade@dhs.wisconsin.gov>
Subject: RE: All-hands call coming up

Interesting….thanks. Sounds like Traci heard that CDC is cancelling all non-essential travel for all staff.

Keep me in the loop!

Thanks,

Smiley

From: Wade, Anthony - DHS (CDC) <Anthony.Wade@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 12:57 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: All-hands call coming up

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Anthony Wade
Anthony.Wade@dhs.wisconsin.gov

From: Broussard, Dawn (CDC/DDID/NCHHSTP/DSTDP) <dab5@cdc.gov>
Sent: Thursday, March 5, 2020 12:54 PM
To: Carr, Deborah A. (CDC/DDID/NCHHSTP/DSTDP) <dlc9@cdc.gov>; Carr,Deborah (DSHS Contractor) <Deborah.Carr@dshs.texas.gov>; Amar, Michelle (CDC/DDID/NCHHSTP/DSTDP) <mya3@cdc.gov>; Blank, Susan (CDC/DDID/NCHHSTP/DSTDP) <sbb0@cdc.gov>; Cruz, Yvonne (CDC/DDID/NCHHSTP/DSTDP) <ybc8@cdc.gov>; DiOrio, Dawne (CDC/DDID/NCHHSTP/DSTDP) <dor7@cdc.gov>; Ewell, Joy (CDC/DDID/NCHHSTP/DSTDP) <jde4@cdc.gov>; Gray, Terri (CDC/DDID/NCHHSTP/DSTDP) <trg1@cdc.gov>; Grayson, Jacquline M. (CDC/DDID/NCHHSTP/DSTDP) <jmg5@cdc.gov>; Harris, Adrick (CDC/DDID/NCHHSTP/DSTDP) <odq5@cdc.gov>; Honer, Kim (CDC/DDID/NCHHSTP/DSTDP) <kmh2@cdc.gov>; Jefferson, Randy (CDC/DDID/NCHHSTP/DSTDP) <ryj8@cdc.gov>; Lee, Chang (CDC/DDID/NCHHSTP/DSTDP) <ckl0@cdc.gov>; Morris, Edmund

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(CDC/DDID/NCHHSTP/DSTDP) <ebm1@cdc.gov>; Oyerides, Otilio (CDC/DDID/NCHHSTP/DSTDP) <opo1@cdc.gov>; Richardson-Moore, Regina (CDC/DDID/NCHHSTP/DSTDP) <rrr0@cdc.gov>; Starling, Pete (CDC/DDID/NCHHSTP/DSTDP) <wjs2@cdc.gov>; Turner-Harper, Darlene (CDC/DDID/NCHHSTP/DSTDP) <dxt4@cdc.gov>; Varella, Lisa (Hirschinger) (CDC/DDID/NCHHSTP/DSTDP) <lth6@cdc.gov>; Wade, Anthony (CDC/DDID/NCHHSTP/DSTDP) <axw3@cdc.gov>; Warren, Eric F. (CDC/DDID/NCHHSTP/DSTDP) <bnu6@cdc.gov>; White, Sheri (CDC/DDID/NCHHSTP/DSTDP) <saw5@cdc.gov>
Subject: All-hands call coming up

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Deb, can you please forward to the West folks?

Many thanks,
Dawn

Dawn Broussard, MPH *(she, her, hers)*
Regional Management Official – Central Region
Centers for Disease Control and Prevention
Division of STD Prevention
Field Services Branch

Phone: (708) 776-3120
Email: DBroussard@cdc.gov
Telework: Tuesdays and alternating Fridays
Mailing Address: c/o Chicago Department of Public Health;
333 S. State Street, Suite 200; Chicago, IL 60604

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From:	Jessica Lyons
To:	Matthies, Robin - DHS; Smiley, Stephanie L - DHS (DPH); Gugel, Andrea M - DHS
Cc:	Caitlin Langhorne; Ashley Plaster; Martha Yeide
Subject:	RE: ASTHO evaluation for today"s ACEs/Resilient Wisconsin workshop
Date:	Tuesday, March 03, 2020 1:35:26 PM
Attachments:	image006.png APHA ACE Purtle 2.16.20.pdf WI slides.pdf Bethell2019art.pdf HIP messaging worksheet.docx ACES Menu of Options_02.05.pdf

---

Hi Robin:

It was great to see you again and hear more about Resilient Wisconsin. I'm attaching the following items from the workshop, please feel free to forward to your stakeholders:

- Day 1 powerpoint
- Dr. Purtle powerpoint
- HIP worksheet
- Stakeholder worksheet
- ACEs menu of evidence based options
- Resilience article

Next steps discussed

- Stakeholder mapping (WI)
- Needs assessment once we receive information from the stakeholder mapping (ASTHO)
- Other items/resource sharing as needed

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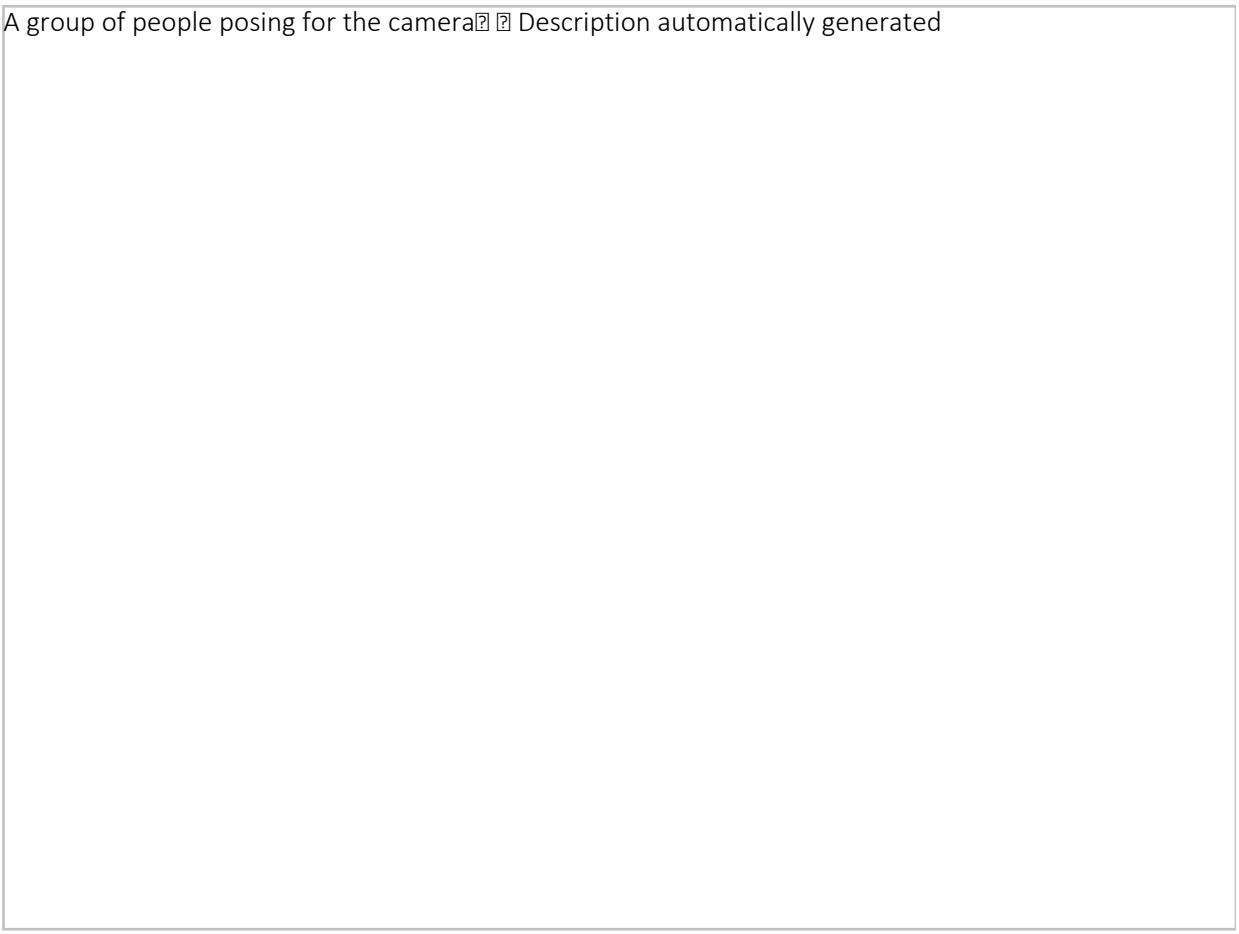

Your pals in prevention!
Jes

From: Jessica Lyons
Sent: Monday, March 2, 2020 4:02 PM
To: Matthies, Robin - DHS <Robin.Matthies@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Gugel, Andrea M - DHS <andrea.gugel@dhs.wisconsin.gov>
Subject: ASTHO evaluation for today's ACEs/Resilient Wisconsin workshop

Hey Robin:

Can you please pass along our evaluation to folks? I noted that the sign in sheet doesn't have email addresses. Please also participate and let us know any feedback!

Hello Wisconsin!

Thank you so much for joining us for such an interactive and informative days--I know I learned a lot! Please take two minutes to tell us what you thought of the workshop so we can improve ASTHO activities in the future.

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Help ASTHO evaluate
ASTHO's ACEs Workshop by visiting:
http://bit.ly/wiaces2020

I will send a follow-up email with slides and resources from the meeting.

Best,
Jes

Jes Lyons, MPH
Gender Pronouns: She/Her/Hers
Senior Analyst, Social and Behavioral Health
Association of State and Territorial Health Officials
National Headquarters: 2231 Crystal Drive, Suite 450, Arlington, VA 22202
Regional Office: 600 Peachtree Street NE, Suite 1000, Atlanta, GA 30308
www.astho.org | Twitter | Facebook | Blog

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Warzecha, Charles J - DHS
Subject:	RE: BCD: COVID-19 Update: New CDC Testing Criteria and other resources: TEST
Date:	Saturday, February 29, 2020 5:58:32 PM
Attachments:	image001.png

Excellent…looking at it now….

From: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Sent: Saturday, February 29, 2020 5:58 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: BCD: COVID-19 Update: New CDC Testing Criteria and other resources: TEST

I sent it to myself as a test so you could also see it.

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Wisconsin Department of Health Services <widhs@public.govdelivery.com>
Sent: Saturday, February 29, 2020 5:57 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Subject: BCD: COVID-19 Update: New CDC Testing Criteria and other resources: TEST

Image removed by sender. DHS Logo

Bureau of Communicable Diseases Information Update

This bulletin is being sent to local health officers, tribal health directors, local public health nurses, and infection preventionists.

NEW! CDC COVID-19 Testing Guidance Updated - February 27, 2020

The CDC issued updated guidance for evaluation of persons under investigation (PUIs) for testing purposes. The new guidance (see below) was issued on February 27.

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Image removed by sender. PUIGuidance_Feb28

Because this is a rapidly evolving situation, testing criteria will likely continue to change, please refer to the CDC website for the most current guidance.

Contact **DPH at 608-267-9003** for consultation and approval of testing for COVID-19

For Local and Tribal Public Health Agencies

Check CDC's webpage: Resources for State, Local, Territorial and Tribal Health Departments. New information and guidance is being added and updated frequently. The following webpages are new or updated since February 21, 2020:

- Know the Facts About COVID-19 and Help Stop the Spread of Rumors
- Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings
- Coronavirus Disease 2019 Information for Travel (New Travel Alerts)
- Frequently Asked Questions and Answers: Coronavirus Disease-2019 (COVID-19) and Children

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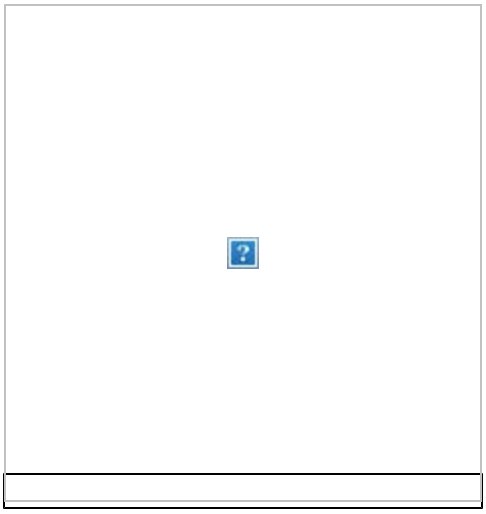
- Frequently Asked Questions and Answers: Coronavirus Disease 2019 (COVID-19) and Pregnancy
- Stigma Related to COVID-19

CDC has a COVID-19 youtube channel with a variety of short educational videos that you may consider linking to on your websites or social media platforms.

Check the DHS COVID-19 webpage. DHS routinely updates this page and links to new resources. Topic areas include:

- Causes and transmission
- Signs and symptoms
- Prevention and treatment
- Self-quarantine and self-monitoring guidance
- Guidance for school districts
- Guidance for employers
- Reporting and surveillance
- Testing criteria for PUIs
- Infection prevention and provider resources

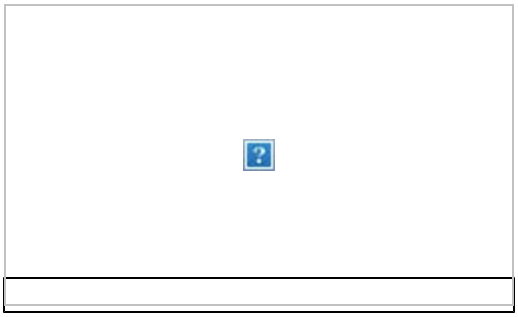


For Health Care Providers

Check CDC's webpage: Information for Healthcare Professionals, new information and guidance is being added and updated frequently.

Information and guidance on this page covers the following topic areas:

- Persons under investigation (PUIs)
- Clinical care
- Infection Control
- PPE (see webinar on optimizing supplies)
- Home care
- EMS guidance
- Obstetric healthcare



Questions

The Department of Health Services Outbreaks and Investigations webpage is updated regularly and includes state-specific information and links to important resources.

Please contact Tom Haupt (608-266-5326), Influenza and Respiratory Diseases Surveillance Coordinator, or Anna Kocharian (608-267-9004), Epidemiologist, if you have any general questions about these guidelines.

Please do not reply directly to this email message. If you have a question, please email Tom Haupt.

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AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Dowdell, Ashlie M - DHS; Tans-Kersten, Julie L - DHS
Subject: RE: BCD: TB Update: Shortage of Priftin: TEST
Date: Monday, February 10, 2020 2:24:00 PM

I'm good with this! Thank you,

Smiley

From: Wisconsin Department of Health Services [mailto:widhs@public.govdelivery.com]
Sent: Monday, February 10, 2020 2:17 PM
To: Dowdell, Ashlie M - DHS <Ashlie.Dowdell@dhs.wisconsin.gov>; Tans-Kersten, Julie L - DHS <Julie.TansKersten@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: BCD: TB Update: Shortage of Priftin: TEST

DHS Logo

Wisconsin Tuberculosis Program

February 2020

Shortage of Priftin® (Rifapentine) for Treatment of Latent TB Infection (LTBI)

Background

Several states including Wisconsin are reporting difficulties obtaining Priftin® (Rifapentine), a product of Sanofi Pharmaceuticals. Pritin® is a prescription medicine used with other anti-tuberculosis medicines to:

- Treat active tuberculosis disease of the lung in people age 12 years and older
- Prevent progression of LTBI to active tuberculosis disease in people age 2 years and older.

In Wisconsin, Priftin is usually used in combination with isoniazid (INH) in a 3-month regimen ("3HP") for treatment of LTBI.

Wisconsin and Midwest pharmacies are reporting delays in orders and shipments of

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Priftin. Supplies are expected to be replenished by March 2020. This shortage does not currently appear on the U.S. Food and Drug Administration (FDA) drug shortage website.

Recommendations During the shortage, the Wisconsin TB Program (WTBP) will not be able to fill new orders for 3HP through the Wisconsin TB Dispensary (Aurora Pharmacy). With remaining supplies, we will prioritize refills for patients who have already started the regimen. For 3HP orders that cannot be filled, WTBP recommends the following approaches:

- Substitute other LTBI treatment regimens, such as four months of daily rifampin. For LTBI treatment options, see publication P-01181.
- Consider waiting to initiate LTBI treatment until Priftin supplies have been replenished.

Please contact the WTBP with any questions

608-261-6319

DHSWITBProgram@dhs.wisconsin.gov

Please do not reply directly to this email message. If you have a question, please contact the Wisconsin Tuberculosis Program at (608) 261-6319.

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To: Smiley, Stephanie L - DHS (DPH)
Subject: RE: BCD: TB Update: Shortage of Priftin: TEST
Date: Monday, February 10, 2020 2:28:09 PM

Thanks!

Ashlie

Ashlie Dowdell
Director | Healthcare-Associated Infections Prevention Program

Wisconsin Department of Health Services | Division of Public Health
Office: 608-266-1122 | Fax: 608-261-4976 | ashlie.dowdell@dhs.wisconsin.gov

Visit our website at https://www.dhs.wisconsin.gov/hai/index.htm

View our NHSN tutorials at https://www.dhs.wisconsin.gov/hai/nhsn-resources.htm

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Image removed by sender. DHS Logo

Wisconsin Tuberculosis

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Program

February 2020

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608-261-6319

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DHSWITBProgram@dhs.wisconsin.gov

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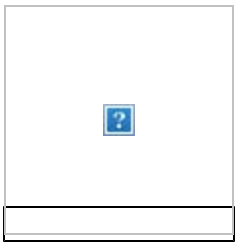

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From:	Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)
To:	Klos, Rachel F - DHS
Cc:	Pray, Ian W - DHS (CDC); Haupt, Thomas E - DHS; DeSalvo, Traci E - DHS; Heinrich, Janel; Kita-Yarbro, Amanda; Smiley, Stephanie L - DHS (DPH); Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES); Kocharian, Anna - DHS
Subject:	RE: Case Specimen Collection
Date:	Thursday, February 06, 2020 10:44:47 PM

Hi Rachel,

Thank you. I understand that it was not fair to request all this without much advance notice.
We were also asked to assess the status of specimen collection/ need for supplies once we arrive.
I understand that it could be logistically challenging to get everything by tomorrow AM, so we may plan to collect Np/Op only tomorrow (which we were considering this evening), and sort out the situation on the rest of the specimen collection.
I can get an estimate of how much specimen collection might be needed moving forward, so I can assess if anything should be shipped from Atlanta.
For tomorrow morning, I would be grateful if we could still get help in finding a biohazard bags to discard our PPEs and some additional ice packs in the cooler box.

Thanks again for your patience and understanding.

Miwako

From: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>
Sent: Thursday, February 6, 2020 11:23 PM
To: Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) <ydk3@cdc.gov>
Cc: Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; DeSalvo, Traci (CDC dhs.wisconsin.gov) <Traci.DeSalvo@dhs.wisconsin.gov>; Heinrich, Janel <jheinrich@publichealthmdc.com>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>; Smiley, Stephanie (CDC dhs.wisconsin.gov) <Stephanie.smiley@dhs.wisconsin.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Subject: Re: Case Specimen Collection

Hello.
I thought there were a few sterile containers for stool. If they are there then maybe a hat for collection is needed.

Rachel Klos, DVM, MPH
Epidemiologist
Wisconsin Division of Public Health
Office: 608-267-7422
Email: Rachel.klos@wi.gov

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On Feb 6, 2020, at 8:25 PM, Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) <ydk3@cdc.gov> wrote:

Dear Traci,

Thank you for the introduction.
The supplies we will need for specimen collection are:

- viral transport media(already have some)
- Tongue depressors
- Needles and syringes (or needles and vacutainer
- Sharps box
- Container for stool
- Urine cups and wipes
- Biohazard bag for waste

Do you think it would be possible to collect these by 8-8:30 AM tomorrow? Once I return to the hotel, I can estimate how much we would need for the next few days including weekend.

Also, do you think the state lab can discard the used PPE and sharps box after we are done with specimen collection?

Thank you!

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From: Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>
Sent: Thursday, February 6, 2020 7:00:02 PM
To: Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; DeSalvo, Traci (CDC dhs.wisconsin.gov) <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Heinrich, Janel <jheinrich@publichealthmdc.com>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>; Smiley, Stephanie (CDC dhs.wisconsin.gov) <Stephanie.smiley@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) <ydk3@cdc.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Subject: RE: Case Specimen Collection

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The CDC Go team is calling the EOC this evening, and will add this to their list of questions.

-Ian

From: Haupt, Thomas E - DHS
Sent: Thursday, February 6, 2020 6:48 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Heinrich, Janel <jheinrich@publichealthmdc.com>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; ydk3@cdc.gov; pgx8@cdc.gov; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Subject: Re: Case Specimen Collection

If this helps I will be coming in at about 930 after a blood draw and can pick up the specimens and deliver to State Lab. I'm wondering if they, like all other specimens need a PUI number. Anna can you call the CDC EOC and inquire, keeping in mind that they will receive specimens from these contacts every other day

let me know if this works

Tom

Sent from my iPad

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>
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>
> Miwako and Bryan, do you have any additional details on needed supplies that you can provide?

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Janelle and Amanda, if any of the needed items are unavailable from PHMDC, please let us know so we can look for another source.

Thank you everyone for your partnership on this investigation.

Traci

Traci DeSalvo, MPH
Chief, Communicable Diseases Epidemiology Section
Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases
Phone: (608) 267-7321 | Fax: (608) 261-4976

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<image003.jpg>

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Cc:	Pray, Ian W - DHS (CDC); DeSalvo, Traci E - DHS; Heinrich, Janel; Kita-Yarbro, Amanda; Smiley, Stephanie L - DHS (DPH); Klos, Rachel F - DHS; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES); Kocharian, Anna - DHS
Subject:	Re: Case Specimen Collection
Date:	Thursday, February 06, 2020 9:27:41 PM

I am going to respond to this. This may very well be controversial. CDC MUST be better prepared to notify their needs when arriving on the aids. Not acceptible. Thank you CDC for the assistance but this logistic error must have been addressed earlier.

Very disappointed

Sent from my iPad

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>
> Thank you!
>
> Get Outlook for iOS
>
> ---
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> **Cc:** Heinrich, Janel <jheinrich@publichealthmdc.com>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>; Smiley, Stephanie (CDC dhs.wisconsin.gov)

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<Stephanie.smiley@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) <ydk3@cdc.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
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Phone: (608) 267-7321 | Fax: (608) 261-4976

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Date:	Thursday, February 06, 2020 8:25:35 PM

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> **Traci DeSalvo, MPH**
> Chief, Communicable Diseases Epidemiology Section
> Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases

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Phone: (608) 267-7321 | Fax: (608) 261-4976

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Subject: Re: Case Specimen Collection
Date: Thursday, February 06, 2020 6:47:35 PM
Attachments: image001.png

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Cc:	Haupt, Thomas E - DHS; DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES); Kocharian, Anna - DHS
Subject:	RE: Case Specimen Collection
Date:	Thursday, February 06, 2020 11:12:52 PM

Hi all, I just want to add a couple of points.

First, Bryan and Miwako, thank you for coming, we certainly appreciate your being here and understand you had limited time and preparation prior to departure. We'll figure it all out tomorrow, but it will be good feedback for CDC when they deploy future GO teams.

Second, I want to apologize for not relaying the message earlier – Miwako told me over the phone earlier in the day that they weren't bringing testing kits themselves, but I didn't think to pass it on until they arrived, so apologies for my oversight there.

See you all tomorrow!

-Ian

From: Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) [mailto:ydk3@cdc.gov]
Sent: Thursday, February 6, 2020 10:45 PM
To: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>
Cc: Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Heinrich, Janel <jheinrich@publichealthmdc.com>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Subject: RE: Case Specimen Collection

Hi Rachel,

Thank you. I understand that it was not fair to request all this without much advance notice.
We were also asked to assess the status of specimen collection/ need for supplies once we arrive.
I understand that it could be logistically challenging to get everything by tomorrow AM, so we may plan to collect Np/Op only tomorrow (which we were considering this evening), and sort out the situation on the rest of the specimen collection.
I can get an estimate of how much specimen collection might be needed moving forward, so I can assess if anything should be shipped from Atlanta.
For tomorrow morning, I would be grateful if we could still get help in finding a biohazard bags to discard our PPEs and some additional ice packs in the cooler box.

Thanks again for your patience and understanding.

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Miwako

From: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>
Sent: Thursday, February 6, 2020 11:23 PM
To: Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) <ydk3@cdc.gov>
Cc: Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; DeSalvo, Traci (CDC dhs.wisconsin.gov) <Traci.DeSalvo@dhs.wisconsin.gov>; Heinrich, Janel <jheinrich@publichealthmdc.com>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>; Smiley, Stephanie (CDC dhs.wisconsin.gov) <Stephanie.smiley@dhs.wisconsin.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Subject: Re: Case Specimen Collection

Hello.
I thought there were a few sterile containers for stool. If they are there then maybe a hat for collection is needed.

Rachel Klos, DVM, MPH
Epidemiologist
Wisconsin Division of Public Health
Office: 608-267-7422
Email: Rachel.klos@wi.gov

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> On Feb 6, 2020, at 8:25 PM, Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) <ydk3@cdc.gov> wrote:
>
> Dear Traci,
>
> Thank you for the introduction.
> The supplies we will need for specimen collection are:
>
> - viral transport media(already have some)
> - Tongue depressors
> - Needles and syringes (or needles and vacutainer
> - Sharps box
> - Container for stool
> - Urine cups and wipes

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- Biohazard bag for waste

Do you think it would be possible to collect these by 8-8:30 AM tomorrow? Once I return to the hotel, I can estimate how much we would need for the next few days including weekend.

Also, do you think the state lab can discard the used PPE and sharps box after we are done with specimen collection?

Thank you!

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From: Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>
Sent: Thursday, February 6, 2020 7:00:02 PM
To: Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; DeSalvo, Traci (CDC dhs.wisconsin.gov) <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Heinrich, Janel <jheinrich@publichealthmdc.com>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>; Smiley, Stephanie (CDC dhs.wisconsin.gov) <Stephanie.smiley@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) <ydk3@cdc.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Subject: RE: Case Specimen Collection

The CDC Go team is calling the EOC this evening, and will add this to their list of questions.

-Ian

From: Haupt, Thomas E - DHS
Sent: Thursday, February 6, 2020 6:48 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Heinrich, Janel <jheinrich@publichealthmdc.com>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; ydk3@cdc.gov; pgx8@cdc.gov; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Subject: Re: Case Specimen Collection

If this helps I will be coming in at about 930 after a blood draw and can pick up the specimens and deliver to State Lab. I'm wondering if they, like all other specimens need a PUI number. Anna can you call the CDC EOC and inquire, keeping in mind that they will receive specimens from these contacts every other day

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let me know if this works

Tom

Sent from my iPad

> On Feb 6, 2020, at 6:40 PM, DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov> wrote:
>
> Hi Janelle and Amanda,
>
> I wanted to provide you an update on the specimen collection plan for the confirmed case. After consultation with the WSLH on specimen collection and shipping, we have determined that it would be best to collect the specimens all together tomorrow morning at approximately 9 AM. The CDC team has reached back out to the case, and she is comfortable with this plan. I am including members of the CDC Go Team on this email as we would like to coordinate picking up the needed supplies for all of the specimen collection before they go to the case patients' home in the morning.
>
> Miwako and Bryan, do you have any additional details on needed supplies that you can provide?
>
> Janelle and Amanda, if any of the needed items are unavailable from PHMDC, please let us know so we can look for another source.
>
> Thank you everyone for your partnership on this investigation.
>
> Traci
>
> **Traci DeSalvo, MPH**
> Chief, Communicable Diseases Epidemiology Section
> Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases
> Phone: (608) 267-7321 | Fax: (608) 261-4976
>
> **Follow DHS:**
> <image001.png>
>
> <image002.jpg>
> <image003.jpg>
>
> NOTICE: This email and any attachments may contain confidential information. Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations, and agreements. If you received this email in error,

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please notify the sender; delete the email; and do not use, disclose, or store the information it contains.

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From:	Warzecha, Charles J - DHS
To:	Benesh, Patricia A - DHS; Klessig, Shari E - DHS; Woods, Otis L - DHS; Johnson, Alfred C - DHS
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	RE: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance
Date:	Monday, March 02, 2020 7:47:24 AM
Attachments:	image002.png

Thanks Shari and Pat,
I will coordinate with Pat for now, and we can make sure we have a point of contact for DQA going forward with Alfred as well. Thanks again,
Chuck

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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Sent: Monday, March 2, 2020 7:42 AM
To: Klessig, Shari E - DHS <Shari.Klessig@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>; Johnson, Alfred C - DHS <Alfred.Johnson@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: RE: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance

Will do.

Pat.

From: Klessig, Shari E - DHS <Shari.Klessig@dhs.wisconsin.gov>
Sent: Monday, March 02, 2020 7:32 AM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>; Johnson, Alfred C - DHS <Alfred.Johnson@dhs.wisconsin.gov>
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From: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Sent: Sunday, March 1, 2020 9:35 PM
To: Klessig, Shari E - DHS; Woods, Otis L - DHS; Johnson, Alfred C - DHS
Cc: Benesh, Patricia A - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: RE: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance

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Thanks Chuck. Will DPH doing a GovD or should we?

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Sent: Sunday, March 1, 2020 4:05:18 PM
To: Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>; Klessig, Shari E - DHS <Shari.Klessig@dhs.wisconsin.gov>; Johnson, Alfred C - DHS <Alfred.Johnson@dhs.wisconsin.gov>
Subject: Fwd: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance

FYI- LTC guidance out today

Begin forwarded message:

> **From:** "Ayers, Jeanne F - DHS" <jeanne.ayers@dhs.wisconsin.gov>
> **Date:** March 1, 2020 at 3:33:32 PM CST
> **To:** "Warzecha, Charles J - DHS" <Charles.Warzecha@dhs.wisconsin.gov>
> **Subject: Fwd: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance**

Begin forwarded message:

> **From:** "State and Local Readiness (CDC)" <preparedness@cdc.gov>
> **Date:** March 1, 2020 at 1:44:43 PM CST
> **To:** "State and Local Readiness (CDC)" <preparedness@cdc.gov>
> **Subject: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance**
>
> Dear Colleagues:
>
> Attached are several CDC COVID-19 related guidance documents and CDC COVID-19 Daily Key points.
>
> **Attached**
>
> - 2-29-2020 CDC COVID-19 Daily Key Points. Feel free to share with partners and appropriate parties.
> - CDC Consular Notification Guidance (FAQs) regarding Foreign Nationals
> - CDC COVID-19 Updated Guidance List (3-1-2020)
> - Interim Cleaning Recommendations for Facilities Housing

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Persons Under Quarantine for Coronavirus Disease 2019 (COVID-19), Updated February 29, 2020

In addition, CDC has created several new landing pages for specific response groups on the CDC COVID-19 website (https://www.cdc.gov/coronavirus/2019-ncov/index.html)

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Kind Regards,

State Coordination Task Force (SCTF)

(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, and national and federal partners)

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From:	Benesh, Patricia A - DHS
To:	Klessig, Shari E - DHS; Warzecha, Charles J - DHS; Woods, Otis L - DHS; Johnson, Alfred C - DHS
Cc:	Smiley, Stephanie L - DHS (DPH)
Bcc:	Benesh, Patricia A - DHS
Subject:	RE: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance
Date:	Monday, March 02, 2020 7:41:52 AM

Will do.

Pat.

From: Klessig, Shari E - DHS <Shari.Klessig@dhs.wisconsin.gov>
Sent: Monday, March 02, 2020 7:32 AM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>; Johnson, Alfred C - DHS <Alfred.Johnson@dhs.wisconsin.gov>
Cc: Benesh, Patricia A - DHS <Patricia.Benesh@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
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Chuck Warzecha, Deputy Administrator

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Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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Date: March 1, 2020 at 1:44:43 PM CST
To: "State and Local Readiness (CDC)" <preparedness@cdc.gov>
Subject: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance

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State Coordination Task Force (SCTF)

(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, and national and federal partners)

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To:	Klessig, Shari E - DHS; Woods, Otis L - DHS; Johnson, Alfred C - DHS
Cc:	Benesh, Patricia A - DHS; Smiley, Stephanie L - DHS (DPH)
Subject:	RE: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance
Date:	Sunday, March 01, 2020 9:35:56 PM
Attachments:	image001.png

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- Resources for Healthcare

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Facilities(https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.htm)

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From:	Klessig, Shari E - DHS
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Cc:	Smiley, Stephanie L - DHS (DPH); Andrews, Nikki J - DHS
Subject:	RE: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance
Date:	Monday, March 02, 2020 8:56:22 AM
Attachments:	image002.png

Sounds good. I'm also looping Nikki Andrews in to this email string so she can let Vicky Griffin know that she can work with you and Pat on this issue.

From: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Sent: Monday, March 02, 2020 7:47 AM
To: Benesh, Patricia A - DHS <Patricia.Benesh@dhs.wisconsin.gov>; Klessig, Shari E - DHS <Shari.Klessig@dhs.wisconsin.gov>; Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>; Johnson, Alfred C - DHS <Alfred.Johnson@dhs.wisconsin.gov>
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To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>; Johnson, Alfred C - DHS <Alfred.Johnson@dhs.wisconsin.gov>
Cc: Benesh, Patricia A - DHS <Patricia.Benesh@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: Re: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance

We need to lean on DPH as the experts so a message from you guys would be best. We can send it out on our list with questions going to DPH. Pat could coordinate with Smiley?

Get Outlook for iOS

From: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Sent: Sunday, March 1, 2020 9:35 PM
To: Klessig, Shari E - DHS; Woods, Otis L - DHS; Johnson, Alfred C - DHS
Cc: Benesh, Patricia A - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: RE: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance

We have one planned in the morning for local and tribal health. What do you think would be best for long term care facilities? Would a message be best received from one or the other of us? Our initial message is fairly comprehensive and a more focused message tailored to long term care facilities may be best.

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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information by the recipient must be consistent with applicable laws, regulations and agreements. If you received this email in error, please notify the sender; delete the email; and do not use, disclose or store the information it contains.

From: Klessig, Shari E - DHS <Shari.Klessig@dhs.wisconsin.gov>
Sent: Sunday, March 1, 2020 8:22 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>; Johnson, Alfred C - DHS <Alfred.Johnson@dhs.wisconsin.gov>
Cc: Benesh, Patricia A - DHS <Patricia.Benesh@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: Re: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance

Thanks Chuck. Will DPH doing a GovD or should we?

Get Outlook for iOS

From: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Sent: Sunday, March 1, 2020 4:05:18 PM
To: Woods, Otis L - DHS <Otis.Woods@dhs.wisconsin.gov>; Klessig, Shari E - DHS <Shari.Klessig@dhs.wisconsin.gov>; Johnson, Alfred C - DHS <Alfred.Johnson@dhs.wisconsin.gov>
Subject: Fwd: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance

FYI- LTC guidance out today

Begin forwarded message:

> **From:** "Ayers, Jeanne F - DHS" <jeanne.ayers@dhs.wisconsin.gov>
> **Date:** March 1, 2020 at 3:33:32 PM CST
> **To:** "Warzecha, Charles J - DHS" <Charles.Warzecha@dhs.wisconsin.gov>
> **Subject: Fwd: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance**

Begin forwarded message:

> **From:** "State and Local Readiness (CDC)" <preparedness@cdc.gov>
> **Date:** March 1, 2020 at 1:44:43 PM CST
> **To:** "State and Local Readiness (CDC)" <preparedness@cdc.gov>
> **Subject: CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance**

Dear Colleagues:

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Attached are several CDC COVID-19 related guidance documents and CDC COVID-19 Daily Key points.

Attached

- 2-29-2020 CDC COVID-19 Daily Key Points. Feel free to share with partners and appropriate parties.
- CDC Consular Notification Guidance (FAQs) regarding Foreign Nationals
- CDC COVID-19 Updated Guidance List (3-1-2020)
- Interim Cleaning Recommendations for Facilities Housing Persons Under Quarantine for Coronavirus Disease 2019 (COVID-19), Updated February 29, 2020

In addition, CDC has created several new landing pages for specific response groups on the CDC COVID-19 website (https://www.cdc.gov/coronavirus/2019-ncov/index.html)

- Resources for Health Departments (https://www.cdc.gov/coronavirus/2019-ncov/php/index.html)
- Resources for Healthcare Facilities(https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.htm)
- Laboratories (https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html)

Kind Regards,

State Coordination Task Force (SCTF)

(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, and national and federal partners)

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From: Smiley, Stephanie L - DHS (DPH)
To: Cordova, Joseph A - DHS
Subject: Re: CDC HAN 427: Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)
Date: Saturday, February 01, 2020 11:37:00 AM

Of course you did!!!! :) Thank you!

Sent from my iPhone

> On Feb 1, 2020, at 11:24 AM, Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov> wrote:
>
> I posted it when it came out ☺
>
> Joe Cordova
> Emergency Response Coordinator / Threat Liaison Officer
> (608) 267-9010 or (608) 516-1226
>
> ---
>
> **From:** Smiley, Stephanie L - DHS (DPH)
> **Sent:** Saturday, February 01, 2020 10:43 AM
> **To:** Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
> **Subject:** Fwd: CDC HAN 427: Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)
>
> Hey joe...I think we put these on the PCA portal right? Is that something you can help with?
>
> Thanks much!
>
> Smiley
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** "Health Alert Network (CDC)" <healthalert@CDC.GOV>
> > **Date:** February 1, 2020 at 8:57:40 AM CST
> > **To:** "CDC-HAN-PRIORITY-LIST@LISTSERV.CDC.GOV" <CDC-HAN-PRIORITY-LIST@LISTSERV.CDC.GOV>
> > **Subject: CDC HAN 427: Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)**
> > **Reply-To:** "Health Alert Network (CDC)" <healthalert@CDC.GOV>
>
> **This is an official**

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CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
February 1, 2020, 0900 ET (9:00 AM ET)
CDCHAN-00427

Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)

Summary
The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of respiratory illness caused by a novel coronavirus (2019-nCoV) that was initially detected in Wuhan City, Hubei Province, China in December 2019.

This CDC Health Alert Network (HAN) Update provides a situational update and interim guidance to state and local health departments that supersedes guidance in CDC's HAN 426 distributed on January 17, 2020. It also adds

- guidance for clinicians caring for patients with 2019-nCoV (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html),
- and for public health officials on the evaluation and testing of patients under investigation (PUIs) for 2019-nCoV (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html), and
- updated infection prevention and control guidance specific to 2019-nCoV (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html).

Early in the outbreak, many of the patients with respiratory illness caused by 2019-nCoV in China had exposure to a large seafood and live animal market, suggesting animal-to-human transmission. More recently, cases have been confirmed with no exposure to animal markets, indicating that person-to-person spread of the virus has occurred. Chinese officials report that sustained person-to-person spread in the community is occurring in China.

The first US case-patient was identified on January 21, 2020, and had recently traveled from Wuhan, China. Since that time, six additional cases have been confirmed in the United States, four among persons who traveled from Wuhan, and one a close contact of a confirmed case. Globally, reported illnesses in people with 2019-nCoV have ranged from mild (no or few signs and symptoms), to severe, including death. These findings are consistent with other coronaviruses, including Severe Acute Respiratory Syndrome (SARS) (https://www.cdc.gov/sars/) and Middle East Respiratory Syndrome (MERS) (https://www.cdc.gov/coronavirus/mers/index.html). Additional information about 2019-nCoV is needed to better understand transmission, disease severity, and risk to the general population. The goal of the ongoing US public health response is to identify and contain this outbreak and prevent sustained spread of 2019-nCoV in the United States.

Recommendations for Screening of Patients for 2019-nCoV in Healthcare Facilities

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Recommendations for screening of patients for possible 2019-nCoV infection are based on (1) current knowledge of the characteristics of clinical illness observed in early cases, and (2) the geographic distribution of current cases. They reflect the current public health goal of rapidly containing and preventing transmission of 2019-nCoV illness.

Patients presenting to healthcare facilities should be assessed for exposures associated with risk of 2019-nCoV infections (e.g., travel to China or close contact with a confirmed case) and for symptoms consistent with 2019-nCoV infection (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html). The assessment is intended to allow healthcare providers to make decisions about appropriate infection control and management of patients. Note that the signs and symptoms of 2019-nCoV overlap with those associated with other viral respiratory tract infections. Given the time of year, common respiratory illnesses, including influenza, should also be considered in patients who are screened. (Figure 1)

Clinicians should ask:

- Does the person have fever or symptoms of lower respiratory infection, such as cough or shortness of breath?

AND

- Has the patient travelled to mainland China within 14 days of symptom onset?

OR

- Has the patient had close contact[1] with a person confirmed with 2019-nCoV infection?

Figure 1.

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From: Palm, Andrea J - DHS
To: Willems Van Dijk, Julie A - DHS
Cc: Miller, Stephanie W - DHS; Austin, Samuel V - DHS
Subject: Re: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base
Date: Friday, January 31, 2020 7:37:46 PM

Got it. Thanks.

Sent from my iPhone

> On Jan 31, 2020, at 6:57 PM, Willems Van Dijk, Julie A - DHS <julie.willemsvandijk@dhs.wisconsin.gov> wrote:
>
> Jeanne was on a call with the White House this evening and it sounds like this 14 day quarantine order is being extended to ALL people returning from Wuhan or Hubei Province. At this point it is not clear if this will be implemented prospectively or if there is an expectation that states and locals will attempt to trace back people who have arrived in the past 14 days. They will be working on tracking down more definitive information tonight and tomorrow.
>
> More to come…
>
> ---
>
> **From:** Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
> **Sent:** Friday, January 31, 2020 2:43 PM
> **To:** Palm, Andrea J - DHS <andrea.palm@dhs.wisconsin.gov>; Willems Van Dijk, Julie A - DHS <julie.willemsvandijk@dhs.wisconsin.gov>
> **Subject:** FW: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base
>
> ---
>
> **From:** Moore, Donna J - DHS <DonnaJ.Moore@dhs.wisconsin.gov>
> **Sent:** Friday, January 31, 2020 2:20 PM
> **To:** DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>; Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>
> **Subject:** FW: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base

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From: Laura Espino
Sent: Friday, January 31, 2020 2:19:17 PM (UTC-06:00) Central Time (US & Canada)
To: Laura Espino
Cc: Robert Jennings; Joseph G. Rebele; Kris Smith
Subject: CDC Media Statement: CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base

Dear NPHIC Members:

Media Statement

For Immediate Release
Friday, January 31, 2020

Contact: CDC Media Relations
(404) 639-3286

CDC Issues Federal Quarantine Order to Repatriated U.S. Citizens at March Air Reserve Base

The Centers for Disease Control and Prevention (CDC), under statutory authority of the Health and Human Services (HHS) Secretary, has issued federal quarantine orders to all 195 United States citizens who repatriated to the U.S. on January 29, 2020. The quarantine will last 14 days from when the plane left Wuhan, China. This action is a precautionary and preventive step to maximize the containment of the virus in the interest of the health of the American public.

This legal order will protect the health of the repatriated citizens, their families, and their communities. These individuals will continue to be housed at the March Air Reserve Base in Ontario, California. Medical staff will continue to monitor the health of each traveler, including temperature checks and observation for respiratory symptoms. If an individual presents symptoms, medical care will be readily available. Even if a screening test comes back negative from CDC's laboratory results, it does not conclusively mean an individual is at no risk of developing the disease over the likely 14-day incubation period.

This legal order is part of a public health response that is necessary to prevent the transmission and spread of this virus in the U.S. The World Health Organization (WHO) yesterday declared a Public Health Emergency of International Concern. The current epidemic in Mainland China has demonstrated the virus's capacity to spread globally. CDC is using one of the tools in our toolbox as a way to contain the potential impact of this novel virus on the United States.

This outbreak investigation is ongoing; we learn more every day about this newly emerging virus. First and foremost, CDC is committed to protecting the health and safety of all Americans. While CDC continues to believe the immediate risk to the larger American public is low at this time, this legal order has been put in place as a necessary step to fully assess and care for these repatriated Americans,

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protecting them, their loved ones, and their communities.

For the latest information on the outbreak, visit CDC's Novel Coronavirus 2019 website.

###

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

If you would like to unsubscribe from this ListServ LIST, please send an email to LIST@cdc.gov, enter CDC in the email Subject, and include the following "one" line in the Body of the email: signoff MMWR-MEDIA

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From: Phillips, Jeffrey J - DHS
To: Warzecha, Charles J - DHS; Miller, Jennifer C - DHS; Smiley, Stephanie L - DHS (DPH); Miller, Stephanie W - DHS
Subject: RE: Coronavirus and Spring Break travel
Date: Wednesday, February 26, 2020 11:20:56 AM

Just an FYI. This just came out from UW to their students and staff.

From: Melody Bockenfeld <bockenfeld@wisc.edu>
Sent: Wednesday, February 26, 2020 11:13 AM
To: Phillips, Jeffrey J - DHS <Jeffrey.Phillips@dhs.wisconsin.gov>
Subject: FW: Coronavirus and Spring Break travel

fyi

Melody Bockenfeld MPH, BSN
Outreach Program Manager
Department of Obstetrics & Gynecology
UW Madison School of Medicine & Public Health
1010 Mound Street
Madison, WI 53715
608-417-4211
bockenfeld@wisc.edu
pronouns: she/her/hers

From: Chancellor Rebecca Blank <chancellor@uc.wisc.edu>
Sent: Wednesday, February 26, 2020 9:25 AM
To: Melody Bockenfeld <bockenfeld@wisc.edu>
Subject: Coronavirus and Spring Break travel

View this email in your browser

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Newsletter sent by the University of Wisconsin–Madison

To our students, faculty and staff,

I'm writing today to call your attention to the widening COVID-19 coronavirus outbreak and its growing potential to disrupt international travel during UW-Madison's Spring Break, March 14-22.

In recent weeks, the U.S. Department of State and the CDC have raised travel advisory levels and issued various alerts for several countries, including China, Japan, South Korea, Italy, and Iran.

If you are considering international travel this spring, UW–Madison University Health Services and international travel officials are encouraging you to monitor travel advisories due to the outbreak of COVID-19.

Depending on your destination, you may have to reach difficult decisions to

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change or even cancel plans to ensure your own well-being and timely return to Madison.

In many countries, there may be new entry and exit control measures, and even quarantines implemented with very little notice during the coming weeks. These actions could severely impact your plans and/or delay your return home with personal cost.

Because this situation is likely to continue to rapidly change in the weeks ahead, we highly encourage you to check both U.S. Department of State and Centers for Disease Control websites to find updated guidance for your destination as well as for those countries you may plan to transit.

Updated campus information on coronavirus is available. For information and resources on international travel, safety, and security, visit the UW–Madison International Division's website.

We encourage you to reach out to the following resources for assistance if you have any questions:

- International Student Services
- Dean of Students Office
- UHS Mental Health Services
- International Faculty and Staff Services
- Employee Assistance Office

We will, of course, monitor coronavirus developments both at home and abroad and keep you up to date. Our thoughts are with students, faculty and staff who have ties to all of the regions affected by this situation.

Sincerely,
Chancellor Rebecca Blank

You are receiving this communication because you are a member of UW-Madison and included on distribution lists for official university correspondence.

Members of UW-Madison are not able to unsubscribe from these lists.

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You are receiving this communication because you are a UW-Madison employee and included on the uwofficial-employees distribution list for official university correspondence. Employees are not able to unsubscribe from this list.

From: Warzecha, Charles J - DHS
To: Smiley, Stephanie L - DHS (DPH)
Cc: Ayers, Jeanne F - DHS
Subject: Re: Coronavirus Message from CDC"s Office of Grant Services
Date: Saturday, February 01, 2020 4:21:19 PM

Thanks!

> On Feb 1, 2020, at 4:14 PM, Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov> wrote:
>
> All is well with UW river falls for now. AZ was able to get through (and it appears that the UW system reached out and told them to wait for any guidance.) Two students have decided to voluntarily self isolate. It is unclear where they traveled in China but they are doing this on their own. As far as we know they are asymptotic.
>
> Tom is sending the non-update soon. (No new PUIs.)
>
> Sent from my iPhone
>
> > On Feb 1, 2020, at 11:20 AM, Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov> wrote
> >
> > Thanks
> > Hopefully Tom can learn more about travel history including dates and the student's living conditions.
> > Jeanne
> >
> > > On Feb 1, 2020, at 10:34 AM, Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov> wrote:
> > >
> > > Thank you...no on the UW river falls. Tom and the local health officer can't connect until 2 today. We'll sit tight until then.
> > >
> > > Still many unanswered questions about the expectations on state and local health departments regarding people who are already here...we are working on obtaining more clarity here.
> > >
> > > Sent from my iPhone

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On Feb 1, 2020, at 9:56 AM, Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov> wrote:

Good morning
I am forwarding the transcript from yesterday's White House briefing on the emergency declaration it has a little more info than we heard on the call Friday evening. The quarantine appears to apply to any travelers arriving Monday forward. It does not explicitly address the people who are already here. I think we should try to determine an answer to this from our sources this morning and then decide on our approach this afternoon.

Stephanie did we hear any more on the students in River Falls?
Jeanne

Begin forwarded message:

From: Regina Hawkins <rhawkins@astho.org>
Date: January 31, 2020 at 7:53:28 PM CST
To: Sharon Miller <smiller@astho.org>, "Ayers, Jeanne F - DHS" <jeanne.ayers@dhs.wisconsin.gov>
Cc: "Smiley, Stephanie L - DHS (DPH)" <Stephanie.Smiley@dhs.wisconsin.gov>, James Blumenstock <jblumenstock@astho.org>, Jerry Rhodes <jrhodes@astho.org>, Gerrit Bakker <gbakker@astho.org>, Lisa Peterson <lpeterson@astho.org>
Subject: Re: Coronavirus Message from CDC's Office of Grant Services

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Good evening, Jeanne,

Please find links below to the White House proclamation and a transcript from the press briefing. I listened in on the press briefing and believe that the transcript will answer all of your questions. Secretary Azar announces the details about the midway mark of the transcript.

Proclamation:
https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-persons-pose-risk-transmitting-2019-novel-coronavirus/

Press Briefing:
https://www.whitehouse.gov/briefings-statements/press-briefing-members-presidents-coronavirus-task-force/

If there's something outstanding or otherwise that arises, please do let us know. Wish we were meeting under other circumstances but always happy to connect!

Warm regards,
Regina

Regina Hawkins, MPH
Gender Pronouns: She/Her/Hers
Director, Preparedness and Radiation Readiness
(330) 559-1850 | Association of State and Territorial Health Officials

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National Headquarters: 2231 Crystal Drive, Suite 450, Arlington, VA 22202
Regional Office: 600 Peachtree Street NE, Suite 1000, Atlanta, GA 30308
www.astho.org | Twitter | Facebook | Blog

<Outlook-1517864049.png>

From: Sharon Miller <smiller@astho.org>
Sent: Friday, January 31, 2020 8:38 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; James Blumenstock <jblumenstock@astho.org>; Jerry Rhodes <jrhodes@astho.org>; Regina Hawkins <rhawkins@astho.org>; Gerrit Bakker <gbakker@astho.org>; Lisa Peterson <lpeterson@astho.org>
Subject: RE: Coronavirus Message from CDC's Office of Grant Services

Hi Jeanne,
Funny you should ask – I telework so I am home! I copied my preparedness colleagues on this email because they are better equipped than I to answer your questions, or know where to turn to find the answers.

Team – please see Jeanne's questions below related to the

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quarantine issue. Thank you!

Sharon

From: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Sent: Friday, January 31, 2020 8:17 PM
To: Sharon Miller <smiller@astho.org>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: RE: Coronavirus Message from CDC's Office of Grant Services

Thanks Sharon,
Shouldn't you be going home?

But if you are still there I do have some questions about the White House call this afternoon.
I heard that we now have mandatory quarantine for everyone coming from Wuhan and Hubai Province for 14 days with or without symptoms.
And
Anyone returning from anywhere in China will be subject to mandatory quarantine for 14 days if they have symptoms and if they do not have symptoms they will be expected to self-quarantine for 14 days.

Did I hear this correctly?
If yes, it was not clear when this goes into effect. Is this for people arriving now going forward? Are we responsible for going back in time and applying these criteria to

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people who are already in our states? Did they say there was an expectation of monitoring the folks who were self-quarantined?

We have some Universities who have been ignoring our public health advice and were isolating all students from China. We were just about to call them and as them to follow our advice when we heard the advice was changing. Before I follow up with our Universities could you let me know if anyone is planning to clarify these new directives tomorrow or soon?

Thanks,
Jeanne

Jeanne F. Ayers
State Health Officer and Administrator
Division of Public Health
1 West Wilson, Room 250
Madison, WI 53701
(608) 266-7333
Jeanne.Ayers@dhs.wisconsin.gov

<image003.jpg>

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contains.

From: Sharon Miller [mailto:smiller@astho.org]
Sent: Friday, January 31, 2020 7:03 PM
To: Sharon Miller <smiller@astho.org>
Cc: Jerry Rhodes <jrhodes@astho.org>
Subject: FW: Coronavirus Message from CDC's Office of Grant Services

Dear State and Territory Health Officials,

Please see the coronavirus message below from CDC's Office of Grant Services.

Sharon

Begin forwarded message:

> **From:** "CSTLTS Director (CDC)" <cstltsdirector@cdc.gov>
> **Date:** January 31, 2020 at 17:37:30 EST
> **Subject: Coronavirus Message from CDC's Office of Grant Services**
>
> Dear Colleague,

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The Centers for Disease Control and Prevention (CDC) is aware that the response to novel Coronavirus (2019-nCoV) may require that you mobilize public health capabilities including the reassignment of personnel from their normal duties including those funded by CDC grants. On January 31, 2020, a public health emergency was declared by Alex M. Azar II, Secretary of Health and Human Services (HHS) pursuant to Section 319(e) of the Public Health Service Act [42 USC 247d(e)] – and the related delegation of that authority, activating the temporary reassignment of state and local personnel during a public health emergency only to the extent necessary, as determined by the CDC, to ensure sufficient flexibility to address the immediate need for staffing as a result of the consequences of

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this
emergency. States
and local
governments may be
reimbursed for such
costs, absent any
determination of
fraud or abuse. CDC
will provide detailed
guidance in
coordination with
the Assistant
Secretary for
Preparedness and
Response (ASPR) in a
subsequent
communication
outlining the
submission process
for your requests.

Thanks,

Terrance W. Perry
Chief Grants
Management
Officer/Director
Office of Grants
Services (OGS)
Office of Financial
Resources (OFR)
Office of the Chief
Operating Officer
(OCOO)
Centers for Disease
Control and
Prevention (CDC)

José T. Montero,
MD, MHCDS
Director, Center for
State, Tribal, Local,
and Territorial
Support
Centers for Disease

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Control and
Prevention

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From: Smiley, Stephanie L - DHS (DPH)
To: Ayers, Jeanne F - DHS
Cc: Warzecha, Charles J - DHS
Subject: Re: Coronavirus Message from CDC"s Office of Grant Services
Date: Saturday, February 01, 2020 4:14:06 PM

All is well with UW river falls for now. AZ was able to get through (and it appears that the UW system reached out and told them to wait for any guidance.) Two students have decided to voluntarily self isolate. It is unclear where they traveled in China but they are doing this on their own. As far as we know they are asymptotic.

Tom is sending the non-update soon. (No new PUIs.)

Sent from my iPhone

> On Feb 1, 2020, at 11:20 AM, Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov> wrote
>
> Thanks
> Hopefully Tom can learn more about travel history including dates and the student's living conditions.
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Monday forward. It does not explicitly address the people who are already here. I think we should try to determine an answer to this from our sources this morning and then decide on our approach this afternoon.

Stephanie did we hear any more on the students in River Falls?
Jeanne

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Date: January 31, 2020 at 7:53:28 PM CST
To: Sharon Miller <smiller@astho.org>, "Ayers, Jeanne F - DHS" <jeanne.ayers@dhs.wisconsin.gov>
Cc: "Smiley, Stephanie L - DHS (DPH)" <Stephanie.Smiley@dhs.wisconsin.gov>, James Blumenstock <jblumenstock@astho.org>, Jerry Rhodes <jrhodes@astho.org>, Gerrit Bakker <gbakker@astho.org>, Lisa Peterson <lpeterson@astho.org>
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If there's something outstanding or otherwise that arises, please do let us know. Wish we were meeting under other circumstances but always happy to connect!

Warm regards,
Regina

Regina Hawkins, MPH
Gender Pronouns: She/Her/Hers
Director, Preparedness and Radiation Readiness
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National Headquarters: 2231 Crystal Drive, Suite 450, Arlington, VA 22202
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Team – please see Jeanne's questions below related to the quarantine issue. Thank you!

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Thanks,
Jeanne

Jeanne F. Ayers
State Health Officer and Administrator
Division of Public Health
1 West Wilson, Room 250
Madison, WI 53701
(608) 266-7333
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<image003.jpg>

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Dear State and Territory Health Officials,

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Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)

José T. Montero, MD, MHCDS
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> www.astho.org | Twitter | Facebook | Blog
>
> <Outlook-1517864049.png>

AMERICAN OVERSIGHT

From: Sharon Miller <smiller@astho.org>
Sent: Friday, January 31, 2020 8:38 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; James Blumenstock <jblumenstock@astho.org>; Jerry Rhodes <jrhodes@astho.org>; Regina Hawkins <rhawkins@astho.org>; Gerrit Bakker <gbakker@astho.org>; Lisa Peterson <lpeterson@astho.org>
Subject: RE: Coronavirus Message from CDC's Office of Grant Services

Hi Jeanne,
Funny you should ask – I telework so I am home! I copied my preparedness colleagues on this email because they are better equipped than I to answer your questions, or know where to turn to find the answers.

Team – please see Jeanne's questions below related to the quarantine issue. Thank you!

Sharon

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Sent: Friday, January 31, 2020 8:17 PM
To: Sharon Miller <smiller@astho.org>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: RE: Coronavirus Message from CDC's Office of Grant Services

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And
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AMERICAN OVERSIGHT

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Thanks,
Jeanne

Jeanne F. Ayers
State Health Officer and Administrator
Division of Public Health
1 West Wilson, Room 250
Madison, WI 53701
(608) 266-7333
Jeanne.Ayers@dhs.wisconsin.gov

<image003.jpg>

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From: Sharon Miller [mailto:smiller@astho.org]
Sent: Friday, January 31, 2020 7:03 PM
To: Sharon Miller <smiller@astho.org>
Cc: Jerry Rhodes <jrhodes@astho.org>
Subject: FW: Coronavirus Message from CDC's Office of Grant Services

Dear State and Territory Health Officials,

AMERICAN OVERSIGHT

Please see the coronavirus message below from CDC's Office of Grant Services.

Sharon

Begin forwarded message:

> **From:** "CSTLTS Director (CDC)" <cstltsdirector@cdc.gov>
> **Date:** January 31, 2020 at 17:37:30 EST
> **Subject: Coronavirus Message from CDC's Office of Grant Services**
>
> Dear Colleague,
>
> The Centers for Disease Control and Prevention (CDC) is aware that the response to novel Coronavirus (2019-nCoV) may require that you mobilize public health capabilities including the reassignment of personnel from their normal duties including those funded by CDC grants. On January 31, 2020, a public health emergency was declared by Alex M. Azar II, Secretary of Health and Human Services (HHS) pursuant to Section 319(e) of the Public Health Service Act [42 USC 247d(e)] – and the related delegation of that authority, activating the temporary reassignment of state and local personnel during a public health emergency only to the extent necessary, as determined by the CDC, to ensure sufficient flexibility to address the immediate need for staffing as a result of the consequences of this emergency. States and local governments may be reimbursed for such costs, absent any determination of fraud or abuse. CDC will provide detailed guidance in coordination with the Assistant Secretary for Preparedness and Response (ASPR) in a subsequent communication outlining the submission process for your requests.
>
> Thanks,
>
> Terrance W. Perry
> Chief Grants Management Officer/Director
> Office of Grants Services (OGS)
> Office of Financial Resources (OFR)
> Office of the Chief Operating Officer (OCOO)
> Centers for Disease Control and Prevention (CDC)
>
> José T. Montero, MD, MHCDS
> Director, Center for State, Tribal, Local, and Territorial Support
> Centers for Disease Control and Prevention

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From: Regina Hawkins
To: sharon miller; Ayers, Jeanne F - DHS
Cc: Smiley, Stephanie L - DHS (DPH); James Blumenstock ; Jerry Rhodes; Gerrit Bakker; Lisa Peterson
Subject: Re: Coronavirus Message from CDC"s Office of Grant Services
Date: Friday, January 31, 2020 7:53:29 PM
Attachments: Outlook-1517864049.png

Good evening, Jeanne,

Please find links below to the White House proclamation and a transcript from the press briefing. I listened in on the press briefing and believe that the transcript will answer all of your questions. Secretary Azar announces the details about the midway mark of the transcript.

Proclamation:
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Press Briefing:
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If there's something outstanding or otherwise that arises, please do let us know. Wish we were meeting under other circumstances but always happy to connect!

Warm regards,
Regina

Regina Hawkins, MPH
Gender Pronouns: She/Her/Hers
Director, Preparedness and Radiation Readiness
(330) 559-1850 | Association of State and Territorial Health Officials
National Headquarters: 2231 Crystal Drive, Suite 450, Arlington, VA 22202
Regional Office: 600 Peachtree Street NE, Suite 1000, Atlanta, GA 30308
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AMERICAN OVERSIGHT

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Terrance W. Perry
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Office of Grants Services (OGS)
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Centers for Disease Control and Prevention (CDC)

José T. Montero, MD, MHCDS
Director, Center for State, Tribal, Local, and Territorial Support
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From: Ayers, Jeanne F - DHS
To: Warzecha, Charles J - DHS
Cc: Smiley, Stephanie L - DHS (DPH)
Subject: Re: Coronavirus Message from CDC"s Office of Grant Services
Date: Saturday, February 01, 2020 5:20:13 PM

Thanks
It sounds like Pierce County health Officer did great job. We stand ready if she needs additional support from me.
Jeanne

> On Feb 1, 2020, at 4:21 PM, Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov> wrote:
>
> Thanks!
>
> > On Feb 1, 2020, at 4:14 PM, Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov> wrote:
> >
> > All is well with UW river falls for now. AZ was able to get through (and it appears that the UW system reached out and told them to wait for any guidance.) Two students have decided to voluntarily self isolate. It is unclear where they traveled in China but they are doing this on their own. As far as we know they are asymptotic.
> >
> > Tom is sending the non-update soon. (No new PUIs.)
> >
> > Sent from my iPhone
> >
> > > On Feb 1, 2020, at 11:20 AM, Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov> wrote
> > >
> > > Thanks
> > > Hopefully Tom can learn more about travel history including dates and the student's living conditions.
> > > Jeanne
> > >
> > > > On Feb 1, 2020, at 10:34 AM, Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov> wrote:

AMERICAN OVERSIGHT

Thank you...no on the UW river falls. Tom and the local health officer can't connect until 2 today. We'll sit tight until then.

Still many unanswered questions about the expectations on state and local health departments regarding people who are already here...we are working on obtaining more clarity here.

Sent from my iPhone

> On Feb 1, 2020, at 9:56 AM, Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov> wrote:
>
> Good morning
> I am forwarding the transcript from yesterday's White House briefing on the emergency declaration it has a little more info than we heard on the call Friday evening. The quarantine appears to apply to any travelers arriving Monday forward. It does not explicitly address the people who are already here. I think we should try to determine an answer to this from our sources this morning and then decide on our approach this afternoon.
>
> Stephanie did we hear any more on the students in River Falls?
> Jeanne
>
> Begin forwarded message:
>
> **From:** Regina Hawkins <rhawkins@astho.org>
> **Date:** January 31, 2020 at 7:53:28 PM CST

AMERICAN OVERSIGHT

To: Sharon Miller <smiller@astho.org>, "Ayers, Jeanne F - DHS" <jeanne.ayers@dhs.wisconsin.gov>
Cc: "Smiley, Stephanie L - DHS (DPH)" <Stephanie.Smiley@dhs.wisconsin.gov>, James Blumenstock <jblumenstock@astho.org>, Jerry Rhodes <jrhodes@astho.org>, Gerrit Bakker <gbakker@astho.org>, Lisa Peterson <lpeterson@astho.org>
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(608) 266-7333
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<image003.jpg>

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AMERICAN OVERSIGHT

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Subject: **Coronavirus Message from CDC's Office of Grant Services**

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your
requests.

Thanks,

Terrance
W.
Perry
Chief
Grants
Management
Officer/Director
Office
of
Grants
Services
(OGS)
Office
of
Financial
Resources
(OFR)
Office
of the
Chief
Operating
Officer
(OCOO)
Centers
for
Disease
Control
and
Prevention
(CDC)

José T.
Montero,
MD,
MHCDS
Director,
Center
for
State,
Tribal,

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Local,
and
Territorial
Support
Centers
for
Disease
Control
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Prevention

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From:	Wade, Anthony - DHS (CDC)
To:	Salmon, Melinda (CDC/DDID/NCHHSTP/DSTDP)
Cc:	Scott, Michelle (CDC/DDID/NCHHSTP/DSTDP) (lms0@cdc.gov); Broussard, Dawn (CDC/DDID/NCHHSTP/DSTDP); Smiley, Stephanie L - DHS (DPH)
Bcc:	Wade, Anthony - DHS (CDC)
Subject:	RE: COVID 19 response
Date:	Thursday, March 05, 2020 3:54:16 PM

Hello, maybe I will be able to be deployed in the next 60 days if my health improves.

Anthony Wade
Anthony.Wade@dhs.wisconsin.gov

From: Salmon, Melinda (CDC/DDID/NCHHSTP/DSTDP) <meh3@cdc.gov>
Sent: Thursday, March 5, 2020 1:30 PM
To: CDC DDID NCHHSTP DSTDP FSB FIELD STAFF <DDIDNCHHSTPDSTDPFSBFIELDSTAFF@cdc.gov>
Subject: COVID 19 response

Hello FSB Staff,

I am sending this as a follow-up for staff who were on the All Hands call today and those who could not make the call.

We have received an urgent request for field staff to deploy to support COVID 19 outbreak response. This response should take priority over your current STD Program activities.

Please send me an email as soon as possible indicating your availability to deploy within:

- 48 hours,
- one week, or
- the next two months

Copy Michelle Scott and Dawn Broussard on the email.

Let me know if you have questions.

Thank you,
Melinda

Melinda Salmon
East Region Management Official
CDC/NCHHSTP/DSTDP/FSB
msalmon@cdc.gov
404-718-6565

AMERICAN OVERSIGHT

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From: Smiley, Stephanie L - DHS (DPH)
To: Wade, Anthony - DHS (CDC)
Subject: RE: COVID 19 response
Date: Thursday, March 05, 2020 1:36:00 PM

Thanks Tony! ☺

From: Wade, Anthony - DHS (CDC) <Anthony.Wade@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 1:35 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: COVID 19 response

Stephanie, this is what the conference call was about listed below. The number of field staff deployment is thirty. Will keep you in the loop.

Anthony Wade
Anthony.Wade@dhs.wisconsin.gov

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Melinda Salmon
East Region Management Official
CDC/NCHHSTP/DSTDP/FSB
msalmon@cdc.gov
404-718-6565

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Wade, Anthony - DHS (CDC)
Subject: RE: COVID 19 response
Date: Thursday, March 05, 2020 4:10:00 PM

Thank you for keeping me in the loop, Tony!

Smiley

From: Wade, Anthony - DHS (CDC) <Anthony.Wade@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 3:54 PM
To: Salmon, Melinda (CDC/DDID/NCHHSTP/DSTDP) <meh3@cdc.gov>
Cc: Scott, Michelle (CDC/DDID/NCHHSTP/DSTDP) (lms0@cdc.gov) <lms0@cdc.gov>; Broussard, Dawn (CDC/DDID/NCHHSTP/DSTDP) <dab5@cdc.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
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Thank you,
Melinda

Melinda Salmon
East Region Management Official
CDC/NCHHSTP/DSTDP/FSB
msalmon@cdc.gov
404-718-6565

AMERICAN OVERSIGHT

From: Phillips, Jeffrey J - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: Re: COVID-19 Funding for State and Local Jurisdictions
Date: Thursday, March 05, 2020 4:31:03 PM

Thanks. Is there a chance to talk about covid funding anytime tomorrow?

Jeff Phillips
Director, Office of Preparedness and Emergency Health Care
Wisconsin Division of Public Health
Office: 608.267.7178
Cell: 608.469.1380
Jeffrey.phillips@wisconsin.gov

On Mar 5, 2020, at 3:58 PM, Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov> wrote:

Possible use for some of the co-ag funds? This one area that we had identified about a year ago between our staff and OPHEC staff that needs an upgrade in order to accommodate a potential countermeasure response…just wanted to pin this for future considerations. (I don't think we can use ELC money for this.)

From: Schauer, Stephanie L - DHS <Stephanie.Schauer@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 3:46 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: COVID-19 Funding for State and Local Jurisdictions

Smiley
Wanted to let you know that we are assessing the needs for work on WIR to be able to efficiently distribute and track federally sourced vaccine. There are some changes that are needed since H1N1, and the process that we use with annual flu that need to be fixed, but we haven't had the funds and bandwidth to do. But obviously that needs to change

The work will come with a cost and we can try and use some of our funds that we have through 6/30/20 if we can get it up and moving asap, and are putting some in for our upcoming coag, but it is possible that additional funds could still be needed.

So before the entire WI allocation of these funds below is spoken for, would like to have WIR be a consideration…hope to have a better idea of the scope soon.

Stephanie

AMERICAN OVERSIGHT

Stephanie Schauer, Ph.D.
(pronouns: she, her, hers)
Immunization Program Manager
Wisconsin Immunization Program
1 W. Wilson St., room 272
Madison, WI 53701
608-264-9884

****
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From: Mary Waterman <Mwaterman@Immunizationmanagers.org>
Sent: Thursday, March 5, 2020 10:16 AM
Cc: Claire Hannan <CHannan@Immunizationmanagers.org>
Subject: FW: COVID-19 Funding for State and Local Jurisdictions

AIM Members,
Please see the important press release below, shared with us from HHS.

Mary B. Waterman, MPH
Operations Director
Association of Immunization Managers (AIM)
301-424-6080
Website | Twitter | LinkedIn

HHS Announces Initial Funding to Jurisdictions Supporting COVID-19 Response

Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (CDC) is announcing upcoming action to provide initial resources to a limited number of state and local jurisdictions in support of our nation's response to the coronavirus disease 2019 (COVID-19).

"State and local governments are the backbone of our public health system. They have been essential partners in the ongoing work to contain and mitigate the spread of COVID-19 in the United States," said

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HHS Secretary Alex Azar. “The Trump Administration is acting swiftly through every avenue we have to ensure state and local governments have the support they need to combat this outbreak.”

“CDC is committed to working with state, local, tribal and territorial public health departments to mitigate community spread of novel coronavirus in this nation,” said CDC Director Robert R. Redfield, M.D. “Our partners are on the front lines of this response and we support their efforts to increase needed public health capacity to confront the challenges this virus presents.”

Using funds provided to CDC through the HHS Secretary's Transfer, CDC will:

<!--[if !supportLists]-->• <!--[endif]-->Award an initial $25 million cooperative agreement to the states and local jurisdictions who have borne the largest burden of response and preparedness activities to date. This is an initial award for those jurisdictions who require immediate assistance for activities such as monitoring of travelers, data management, lab equipment, supplies, staffing, shipping, infection control, and surge staffing. Once supplemental funding is provided, support will be provided to all states and local jurisdictions for a variety of critical public health activities.

<!--[if !supportLists]-->• <!--[endif]-->Award an initial $10 million cooperative agreement to state and local jurisdictions to begin implementation of coronavirus surveillance across the U.S., building on existing influenza activities and other surveillance systems. This initial award is for a limited number of jurisdictions. Once supplemental funding is provided, additional support will be provided to all states and local jurisdictions to enhancing testing and surveillance.

CDC will use existing networks to reach out to state and local jurisdictions to access this initial funding.

For more information about COVID-19, please visit CDC’s website: https://www.cdc.gov/coronavirus/2019-ncov/index.html

###

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Kocharian, Anna - DHS
Subject: RE: Covid-19 Japan
Date: Monday, February 24, 2020 10:26:20 AM
Attachments: image001.png
image002.png
image003.png

Thank you, Anna! ☺

From: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Sent: Monday, February 24, 2020 10:24 AM
To: Kriege, Joanne <Joanne.Kriege@ssmhealth.com>
Cc: Meinholz, Kimberly K - DHS <Kimberly.Meinholz@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; 'julia.jensen@ssmhealth.com' <julia.jensen@ssmhealth.com>; Ellinger, Beth A - DHS <beth.ellinger@dhs.wisconsin.gov>; 'acdreferrals@cityofmadison.com' <acdreferrals@cityofmadison.com>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>
Subject: RE: Covid-19 Japan

Good morning, Dr. Kriege.

Thank you for your question. At this time the CDC does not recommend quarantine or active monitoring of travelers returning from Japan. However there is a travel 2 alert.
Based on the guidance below, travelers returning from Japan are at this time considered to be low risk (FYI, the self-quarantine and monitoring factsheets for those at higher risk are available here: https://www.dhs.wisconsin.gov/disease/covid-19.htm).

The most recent CDC recommendations (from today) for travelers from Japan include:

If you spent time in Japan during the past 14 days and feel sick with fever, cough, or difficulty breathing:

- Seek medical advice. Call ahead before going to a doctor's office or emergency room. Tell them about your recent travel an area with community spread of coronavirus, and your symptoms.
- Avoid contact with others.
- Do not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Clean your hands by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60%–95% alcohol immediately after coughing, sneezing, or blowing your nose. Soap and water should be used if hands are visibly dirty.

Clinician Information

Healthcare providers should obtain a detailed travel history for patients with fever or acute

AMERICAN OVERSIGHT

respiratory symptoms. For patients with these symptoms who were in Japan and had onset of illness within 2 weeks of leaving, consider novel coronavirus infection and notify infection control personnel and your local health department immediately.

For additional healthcare infection control recommendations, visit CDC's Infection Control webpage.

Anna Kocharian, M.S. | Epidemiologist | Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases | Tel: (608) 267-9004 | Fax: (608) 261-4976 | anna.kocharian@wisconsin.gov

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Begin forwarded message:

From: "Kriege, Joanne" <Joanne.Kriege@ssmhealth.com>
Date: February 24, 2020 at 6:59:53 AM CST
To: "Smiley, Stephanie L - DHS (DPH)" <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: Covid-19 Japan

Hello,
I am a Madison, WI physician. I know Japan is now on a level 2 travel advisory. Given the new evidence of community spread of Covid-19 in Japan, surely the US should impose actual quarantine on travelers arriving to US from Japan, but at the very least, self-quarantine x 14 days of said travelers? On a personal note, my asymptomatic brother, a Wisconsin resident, is arriving Wednesday to Chicago O'Hare from a 2 week trip to Yokohama, Japan, with no restriction on his activities when he returns. Does that make sense?
Thank you
JoAnne Kriege, MD

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From:	Kocharian, Anna - DHS
To:	Kriege, Joanne
Cc:	Meinholz, Kimberly K - DHS; Smiley, Stephanie L - DHS (DPH); Haupt, Thomas E - DHS; Klos, Rachel F - DHS; julia.jensen@ssmhealth.com; Ellinger, Beth A - DHS; acdreferrals@cityofmadison.com; Kita-Yarbro, Amanda
Subject:	RE: Covid-19 Japan
Date:	Monday, February 24, 2020 10:23:46 AM
Attachments:	image001.png image002.png image003.png

Good morning, Dr. Kriege.

Thank you for your question. At this time the CDC does not recommend quarantine or active monitoring of travelers returning from Japan. However there is a travel 2 alert.
Based on the guidance below, travelers returning from Japan are at this time considered to be low risk (FYI, the self-quarantine and monitoring factsheets for those at higher risk are available here: https://www.dhs.wisconsin.gov/disease/covid-19.htm).

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- Avoid contact with others.
- Do not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Clean your hands by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60%–95% alcohol immediately after coughing, sneezing, or blowing your nose. Soap and water should be used if hands are visibly dirty.

Clinician Information

Healthcare providers should obtain a detailed travel history for patients with fever or acute respiratory symptoms. For patients with these symptoms who were in Japan and had onset of illness within 2 weeks of leaving, consider novel coronavirus infection and notify infection control personnel and your local health department immediately.

For additional healthcare infection control recommendations, visit CDC's Infection Control webpage.

Anna Kocharian, M.S. | Epidemiologist | Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases | Tel: (608) 267-9004 | Fax: (608) 261-4976 | anna.kocharian@wisconsin.gov

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Begin forwarded message:

From: "Kriege, Joanne" <Joanne.Kriege@ssmhealth.com>
Date: February 24, 2020 at 6:59:53 AM CST
To: "Smiley, Stephanie L - DHS (DPH)" <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: Covid-19 Japan

Hello,
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Thank you
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From:	Kriege, Joanne
To:	Kocharian, Anna - DHS
Cc:	Meinholz, Kimberly K - DHS; Smiley, Stephanie L - DHS (DPH); Haupt, Thomas E - DHS; Klos, Rachel F - DHS; Jensen, Julia; Ellinger, Beth A - DHS; acdreferrals@cityofmadison.com; Kita-Yarbro, Amanda
Subject:	Re: Covid-19 Japan
Date:	Monday, February 24, 2020 11:54:25 AM
Attachments:	image001.png image002.png image003.png image001.png image002.png image003.png

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Hello,
Thanks you for the reply, and the detail re what the level 2 restrictions are. We will have to wait and see what the CDC does re higher restrictions. I think it's coming, just a matter of time.
Thank you
JoAnne Kriege

Get Outlook for iOS

From: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Sent: Monday, February 24, 2020 11:23:44 AM
To: Kriege, Joanne <Joanne.Kriege@ssmhealth.com>
Cc: Meinholz, Kimberly K - DHS <Kimberly.Meinholz@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; 'julia.jensen@ssmhealth.com' <julia.jensen@ssmhealth.com>; Ellinger, Beth A - DHS <beth.ellinger@dhs.wisconsin.gov>; 'acdreferrals@cityofmadison.com' <acdreferrals@cityofmadison.com>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>
Subject: RE: Covid-19 Japan

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Good morning, Dr. Kriege.

Thank you for your question. At this time the CDC does not recommend quarantine or active monitoring of travelers returning from Japan. However there is a travel 2 alert.
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- Do not travel while sick.
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Anna Kocharian, M.S. | Epidemiologist | Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases | Tel: (608) 267-9004 | Fax: (608) 261-4976 | anna.kocharian@wisconsin.gov

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Begin forwarded message:

> **From:** "Kriege, Joanne" <Joanne.Kriege@ssmhealth.com>
> **Date:** February 24, 2020 at 6:59:53 AM CST
> **To:** "Smiley, Stephanie L - DHS (DPH)" <Stephanie.Smiley@dhs.wisconsin.gov>
> **Subject: Covid-19 Japan**
>
> Hello,
> I am a Madison, WI physician. I know Japan is now on a level 2 travel advisory. Given the new evidence of community spread of Covid-19 in Japan, surely the US should impose actual quarantine on travelers arriving to US from Japan, but at the very least, self-quarantine x 14 days of said travelers? On a personal note, my asymptomatic brother, a Wisconsin resident, is arriving Wednesday to Chicago O'Hare from a 2 week trip to Yokohama, Japan, with no restriction on his activities when he returns. Does that make sense?
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From:	Thelen, Margaret K - DHS
To:	Ahrabi-Fard, Susann - DHS; Austin, Samuel V - DHS; Ayers, Jeanne F - DHS; Baldoni-Lake, Ramona L - DHS; Cordova, Joseph A - DHS; DeSalvo, Traci E - DHS; Eilers, Ryan B - DHS; Ellinger, Beth A - DHS; Forsaith, Andrew C - DHS; Gibbons-Burgener, Suzanne N - DHS; Goodsitt, Elizabeth S - DHS; Gugel, Andrea M - DHS; Haupt, Thomas E - DHS; Irving, Roy M - DHS; Kaplan, Beth M - DHS; Kloczko, Nathan F - DHS (CDC); Klos, Rachel F - DHS; Kocharian, Anna - DHS; Koske, Sarah E - DHS; LeClear, David S - DHS; Longo, John P - DHS; Maloney, Jessica J - DHS; Mason, Jordan L - DHS; McCarthy, Claudine N - DHS; Meiman, Jonathan G - DHS; Miller, Jennifer C - DHS; Miller, Stephanie W - DHS; Mittelstadt-Lock, Kay L - DHS; Moore, Donna J - DHS; Olson, Lisa A - DHS; Palm, Andrea J - DHS; Phillips, Jeffrey J - DHS; Pray, Ian W - DHS (CDC); Safar, Nicole M - DHS; Santiago Rodriguez, Genevieve M - DHS; Smiley, Stephanie L - DHS (DPH); Thandaserry, Madhu - DHS; Warzecha, Charles J - DHS; Werner, Mark A - DHS; Westergaard, Ryan P - DHS; Wikler, Elizabeth M - DHS; Willems Van Dijk, Julie A - DHS; Wozniak, Ryan J - DHS; Yunker, Claire F - DHS
Bcc:	DHS DL DPHOPEHC
Subject:	RE: COVID-19 WI DHS Situation Report for 2.25.2020
Date:	Tuesday, February 25, 2020 5:19:06 PM
Attachments:	02.25.2020_Coronavirus SitRep.docx

Now with the attachment. I apologize for the multiple emails.

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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From: Thelen, Margaret K - DHS
Sent: Tuesday, February 25, 2020 5:12 PM
To: Ahrabi-Fard, Susann - DHS <Susann.AhrabiFard@dhs.wisconsin.gov>; Austin, Samuel V - DHS <samuel.austin@dhs.wisconsin.gov>; Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Baldoni-Lake, Ramona L - DHS <Ramona.BaldoniLake@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Eilers, Ryan B - DHS <ryan.eilers@dhs.wisconsin.gov>; Ellinger, Beth A - DHS <beth.ellinger@dhs.wisconsin.gov>; Forsaith, Andrew C - DHS <Andrew.Forsaith@dhs.wisconsin.gov>; Gibbons-Burgener, Suzanne N - DHS <Suzanne.GibbonsBurgener@dhs.wisconsin.gov>; Goodsitt, Elizabeth S - DHS <Elizabeth.Goodsitt@dhs.wisconsin.gov>; Gugel, Andrea M - DHS <andrea.gugel@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Irving, Roy M - DHS <Roy.Irving@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Kloczko, Nathan F - DHS (CDC) <nathan.kloczko@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; LeClear, David S - DHS <David.LeClear@dhs.wisconsin.gov>; Longo, John P - DHS <john.longo@dhs.wisconsin.gov>; Maloney, Jessica J - DHS

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<Jessica.Maloney@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; McCarthy, Claudine N - DHS <Claudine.McCarthy@dhs.wisconsin.gov>; Meiman, Jonathan G - DHS <Jonathan.Meiman@dhs.wisconsin.gov>; Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Mittelstadt-Lock, Kay L - DHS <Kay.MittelstadtLock@dhs.wisconsin.gov>; Moore, Donna J - DHS <DonnaJ.Moore@dhs.wisconsin.gov>; Olson, Lisa A - DHS <lisaa.olson@dhs.wisconsin.gov>; Palm, Andrea J - DHS <andrea.palm@dhs.wisconsin.gov>; Phillips, Jeffrey J - DHS <Jeffrey.Phillips@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Safar, Nicole M - DHS <nicole.safar1@dhs.wisconsin.gov>; Santiago Rodriguez, Genevieve M - DHS <genevieve.santiagorodriguez@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Thandaserry, Madhu - DHS <Madhu.Thandaserry@dhs.wisconsin.gov>; Thelen, Margaret K - DHS <Margaret.Thelen@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Werner, Mark A - DHS <Mark.Werner@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Wikler, Elizabeth M - DHS <elizabeth.wikler@dhs.wisconsin.gov>; Willems Van Dijk, Julie A - DHS <julie.willemsvandijk@dhs.wisconsin.gov>; Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Subject: COVID-19 WI DHS Situation Report for 2.25.2020

Hello All,

Attached please find today's COVID-19 situation report.

If you have any questions regarding information in this situation report, please respond to this message.

Thanks,

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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From: Wozniak, Ryan J - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: Re: DMC - coronavirus in Wisconsin
Date: Thursday, February 06, 2020 8:10:56 PM

Got it, thanks.

On Feb 6, 2020, at 7:51 PM, Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov> wrote:

FYI

From: Meiman, Jonathan G - DHS
Sent: Thursday, February 6, 2020 7:50 PM
To: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: DMC - coronavirus in Wisconsin

FYI – see note about MKE

From: Paul Hunter [mailto:phhunter@wisc.edu]
Sent: Thursday, February 6, 2020 7:39 PM
Subject: DMC - coronavirus in Wisconsin

Dear Milwaukee Clinicians,

The case of novel coronavirus diagnosed on 2/5/20 at the UW Hospital in Madison this week reinforces the guidance I have forwarded in previous messages, and included below. As the state health department noted in their press release (www.dhs.wisconsin.gov/news/releases/020520.htm) the risk to Wisconsin residents remains low.

The City of Milwaukee Health Department is preparing to implement the CDC's risk assessment and management guidance issued 2/5/20: www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html. The active monitoring and movement restrictions in this guidance are procedures familiar to the communicable disease staff and managers at the City of Milwaukee Health Department.

With test kits making their way from the CDC to state health department labs over the next week, testing for novel coronavirus should soon become more readily available. www.fda.gov/news-events/press-announcements/fda-takes-significant-step-coronavirus-response-efforts-issues-emergency-use-authorization-first

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As I mentioned in previous messages …

Meet with your clinic managers to review the CDC coronavirus infection control page updated 2/3/20, www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html

For patients that might meet the CDC criteria for a Person Under Investigation (PUI) www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html

Immediately contact the state health department at 608-267-9003
for consultation and approval of 2019-nCoV testing
(If state is not immediately available, call Milwaukee SurvNet at 414-286-3624.)

Be prepared to collect respiratory specimens
(lower respiratory if possible, upper respiratory required)
www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html, updated 2/2/20

For patients strongly suspected of having or testing positive for novel Coronavirus
Provide supportive care using CDC guidance for clinicians
www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

Sincerely,

Paul Hunter MD
608-265-0477, phhunter@wisc.edu

Associate Professor
Department of Family Medicine and Community Health (DFMCH)
University of Wisconsin (UW) - School of Medicine and Public Health (SMPH)

Back-up Medical Consultant for Communicable Diseases,
City of Milwaukee Health Department (MHD)
==========

AMERICAN OVERSIGHT

From: Pikuei Tu
To: Palm, Andrea J - DHS
Cc: Vander Linden, Pamela T - DHS; Cheryl Lin
Subject: RE: Duke-Taiwan Symposium Update
Date: Monday, March 02, 2020 8:13:49 PM

Dear Secretary Palm,

Greetings! Thank you for your call last Friday. We seemed to have the same topic in mind and it was good to touch base.

Today, I am writing to update you about the May symposium in Taipei.

As I shared with you during our call, we have been following the development of the novel coronavirus, COVID-19 since day one when China announced the outbreak at the end of December. As COVID-19 continues to spread to many countries around the world, including the US and Taiwan, we have been in dialogues with our Taiwanese colleagues about the timing of the May symposium. At this point, with the likelihood of wider community spread both in the US and Taiwan, we believe it would be responsible and appropriate to postpone the visit, as we understand you would likely need to focus on the disease control and prevention at your respective states. Thus, we have identified the following new dates: Friday, October 9 to Sunday, October 18. Apologies for the inconvenience and the changes! It is our sincere hope that your schedule will still allow you to participate. Please advise and confirm if you are amendable to the October dates. Thank you for your understanding. I look forward to hearing from you.

Best regards,
Pikuei

From: Cheryl Lin
Sent: Wednesday, February 12, 2020 11:46 AM
To: Andrea Palm<Andrea.Palm@dhs.wisconsin.gov> <Andrea.Palm@dhs.wisconsin.gov>
Cc: Vander Linden, Pamela T - DHS <Pamela.VanderLinden@dhs.wisconsin.gov>; Pikuei Tu <pikuei.tu@duke.edu>
Subject: Duke-Taiwan Symposium flights, presentation, & info form

Dear Secretary Palm,

Greetings from Duke University!

This is Cheryl Lin and I am professor Pikuei Tu's co-convener for the Taiwan symposium. We are delighted that you are able to accept our invitation and join the delegation to visit Taiwan and its Ministry of Health and Welfare (MOHW) this May. In order to proceed with subsequent planning of the visit, including booking flights, we would need your help to provide some essential information. As the visit draws closer, we will also provide you with a visit itinerary and more details.

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As a courtesy, my office is going to purchase international travel insurance for you for the duration of the visit. The default first beneficiary is the spouse of the insured. The insurance underwriter requires some personal and contact information. Please rest assured that we will safeguard the information and keep it confidential. Attached is an Excel form we prepared for your convenience. Please fill out and e-mail it back to me together with your bio and a photo by next **Tuesday, February 18**. Thanks.

Please note that in order to travel overseas and return to the U.S., the expiration date of your passport must be at least 6 months from the trip; in other words, your passport should be valid beyond December 2020. No visa is required for U.S. citizens traveling to Taiwan under 90 days.

Tentatively, below are the flights we have identified for your travel. If you have any questions or plan to depart from or return to a different airport, please let me know ASAP. Once you review and confirm the flight schedule, we will take care of the ticketing directly from Duke. All seven delegation members (including Pikuei and me) will travel to and meet up at the Los Angeles airport on Friday, May 22, with an orientation first and then take the non-stop flight to Taipei together.

Outbound
Friday, May 22
DL 1386 Depart MSN 6:25 am Arrive MSP 7:34 am
DL 1679 Depart MSP 8:55 am Arrive LAX 10:52 am
Connecting
CI 5 Depart LAX 4:40 pm Arrive TPE 9:15 pm (Saturday, 5/23)

Inbound
Saturday, May 30
CI 8 Depart TPE 11:50 pm Arrive LAX 8:50 pm
Connecting (Sunday, May 31)
DL 1969 Depart LAX 12:30 am Arrive MSP 6:09 am
DL 4040 Depart MSP 7:30 am Arrive MSN 8:35 am
***

As we shared with you in the invitation, the overarching theme of this year's symposium is "*New Decade, Recurring Challenges: Shaping a Healthy Future*"; and your presentation is tentatively titled "***Preparing for an Older Population: Actions for Sustainable Long-Term Care***." It would be helpful to share a couple of cases/examples or vignettes during the talk to illustrate your department's decision process, challenges, policy formulation and implementation strategies concerning long-term care and related family or societal issues. Including discussions on community-based, in-home, and facility services as well as innovative care models would be very valuable. Please help provide an abstract of your presentation, approximately 200 words, by **Friday, February 28**. Thank you.

In addition, Taiwan MOHW has requested that we help collect and compile all of the speakers' PowerPoint presentation files by **Monday, April 20**. I will send out a reminder as the time gets closer! Please plan to present for about 40-45 minutes. Each session will have 2 respondents from Taiwan and then followed by a 15-minute discussion/Q&A. There will be professional simultaneous

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translation during the symposium; you would *not* need to slow down in your speech. The annual symposium is generally attended by 250+ health and social services professionals, mostly leaders/management and civil servants from MOHW, its subsidiary agencies and local HHS departments, as well as researchers and academics, health care providers, social workers, and hospital administrators. Pikuei and I would be happy to provide feedback for your presentation if it would be helpful.

Furthermore, here are a few background references if you would like to gain some understanding of the public health and social welfare system in Taiwan in advance:
1. 2018 Taiwan Health and Welfare Report, published 5/2019, including health & social services policies and programs.
2. Taiwan CDC 2019 annual report
3. National Health Insurance (NHI) handbook

On behalf of the Duke Program and Taiwan MOHW, thank you for your participation. Please don't hesitate to contact me or Pikuei if you have questions at any time by email or phones, weekends are fine too. Many thanks. We look forward to meeting you in a few months!

Sincerely,

Cheryl

Cheryl Lin, PhD
Co-Director, Policy & Organizational Management Program
Professor, International Studies and Markets & Management
Duke University
2204 Erwin Rd., Box 90402
Durham, NC 27708-0402
Office: 919-668-1926
Mobile: 919-949-4168
E-Mail: C.Lin@duke.edu

From: Pikuei Tu
Sent: Tuesday, November 26, 2019 5:36 PM
To: Vander Linden, Pamela T - DHS <Pamela.VanderLinden@dhs.wisconsin.gov>
Cc: Cheryl Lin <C.Lin@duke.edu>; Andrea Palm<Andrea.Palm@dhs.wisconsin.gov>
<Andrea.Palm@dhs.wisconsin.gov>
Subject: RE: Duke University Invitation to speak at Health and Well-Being Symposium - May 2020

Dear Ms. Vander Linden,

Thank you so much for your immediate feedback and confirmation for Secretary Palm. We are delighted that Secretary Palm will join the delegation next May. We will look forward to working with her and you and follow up for the next steps after the new year.

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Happy Thanksgiving and enjoy the holiday season!

Best regards,
Pikuei Tu

From: Vander Linden, Pamela T - DHS <Pamela.VanderLinden@dhs.wisconsin.gov>
Sent: Tuesday, November 26, 2019 5:22 PM
To: Pikuei Tu <pikuei.tu@duke.edu>
Cc: Cheryl Lin <C.Lin@duke.edu>
Subject: RE: Duke University Invitation to speak at Health and Well-Being Symposium - May 2020

Good afternoon,
I just spoke to Secretary Palm and she would be honored to participate in the Health and Well-Being Symposium next May. Thank you for your patience.

From: Pikuei Tu [mailto:pikuei.tu@duke.edu]
Sent: Tuesday, November 19, 2019 10:56 AM
To: Palm, Andrea J - DHS
Cc: Vander Linden, Pamela T - DHS; Cheryl Lin
Subject: Duke University Invitation to speak at Health and Well-Being Symposium - May 2020

Dear Secretary Palm,

Greetings from Duke University! Hope this note finds you well.

I am writing today to invite you again to participate and speak at the health and social policy symposium in Taipei, Taiwan in May 2020, co-sponsored by our Duke Policy and Organizational Management Program and Taiwan Ministry of Health and Welfare (MOHW). Your passion and strong efforts in public service and leadership would be invaluable for dedicated professionals to learn from and exchange views at this international venue. The visit including travel time will be from Friday morning, May 22, through Sunday, May 31 (arriving home late morning). We are hopeful that the timeframe would work with your schedule next year.

Allow me to provide some background information. This will be the 15th year that my Duke colleague Professor Cheryl Lin and I contribute our time pro bono to design and help facilitate such exchange between the leaders across the ocean. We help invite and lead the delegation of American public leaders, majority of whom are heads of State Health/Human Services Departments or NGOs as well as US HHS executives, to exchange and visit with Taiwan MOHW and the health community there. Past participants all found the experience highly rewarding and enlightening.

One key component of the visit will be a two-day symposium on the theme of "*New Decade,*

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Recurring Challenges: Shaping a Healthy Future;" and we have tentatively designated your presentation title to be "***Preparing for an Older Population: Actions for Sustainable Long-Term Care***." This symposium is a venue for Taiwanese and international health and social services officials and professionals to exchange experiences in planning and implementing effective policies at various stages to best accomplish their respective goals. While there are system and cultural differences across countries, some challenges are universal and lessons can be shared to stimulate new ideas and solutions. Wisconsin is among the best states in providing long-term care services and programs to its residents. It would be very inspiring for the Taiwanese counterparts and audience to hear your insights and strategies on producing sustainable outcomes and better quality of care for the population through integrative community-based and evidence-driven services.

The remaining of the itinerary in Taiwan would involve a roundtable and several in-depth discussions with the Taiwan MOHW, its subsidiaries— the National Health Insurance Administration, the Centers for Disease Control, the Social and Family Affairs Administration, Department of Social Work and Assistance, the Health Promotion Administration, as well as local HHS department and rural communities.

Your travel expense--including flights, hotel, and meals while in Taiwan--for this symposium presentation and visit will be covered. (You would be responsible for the transportation and related expense of getting to and from your local airport and home.)

Thank you for taking time to review this invitation. Please kindly confirm your participation by **Tuesday, November 26**. I will be happy to respond to any questions you might have. Please feel free to contact me directly by email or phone at work @ 919-668-1927 or mobile @ 919-949-4168. Once we are able to confirm your availability, my office will follow up with additional details and help take care of travel logistics in early 2020. I look forward to hearing from you soon. Thank you.

Best regards,
Pikuei

Pikuei Tu, PhD, MBA, MA
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E-Mail: pikuei.tu@duke.edu

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From: Smiley, Stephanie L - DHS (DPH)
To: Schauer, Stephanie L - DHS
Subject: RE: follow up information from today
Date: Tuesday, March 03, 2020 4:30:04 PM
Attachments: image001.png

You. Are. A. ROCKSTAR!!!!

From: Schauer, Stephanie L - DHS <Stephanie.Schauer@dhs.wisconsin.gov>
Sent: Tuesday, March 3, 2020 3:41 PM
To: Hoyer-Booth, Andrew G - DHS <andrew.hoyerbooth@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: follow up information from today

Andrew
Here are the items that we promised and some points I wished to make. Please let me know if there is anything else needed.
-Stephanie

Outbreak definition:
The proposed changes to the definition of a substantial outbreak include: for varicella, it is changed to 5 cases, newly added definition for meningococcal disease to 2 cases, and for mumps, changed to 3 cases. All with the caveat of linked in time and place. As mentioned, there may be other diseases that have had outbreak definitions changed since we started this process. We would be happy to review and update all outbreak definitions for VPD to be consistent with the current CDC guidance.

Proof of immunity:
Clarifying the acceptance of a positive titer result as proof of immunity for varicella.
Also, the health care provider diagnosis of varicella does not need to be in person. Telemedicine or talking with the parent on the phone or at a later date about symptoms (sometimes parents share pictures of rash), or after the fact, a titer could be done. A health care visit is not a requirement of the proposed change.

Regarding the reference about the safety of multiple immunizations given at once: this is an Institute of Medicine report which is very dense and long, and a cursory/skimming read could lead to wrong conclusions when not put into context of having read and truly digested the whole thing. Can look for other studies if you feel this is necessary.

Varicella: In Wisconsin, between 2008– 2019, there were 3,131 reported cases of chickenpox, 85 hospitalizations and 5 deaths.

Vaccine injury: the only reliable source of data that I am aware of is the National Vaccine Injury Compensation program (see below for more info on this group).
The information that is available is from the National Vaccine Injury Compensation Program, monthly statistics report - this is the most up –to-date data available:
https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-vicp.pdf
It does not have information by state, but rather is aggregated and by vaccine. Out of the 11,443 petitions filed to Vaccine Injury Compensation Program (VCIP) between 10/1/88- and 2/1/20, 93 were for meningococcal vaccine, and 48 were deemed compensable. The data that was cited is from VAERS- the vaccine adverse event reporting system. As noted, this is a reporting system that anyone can report

Vaccine safety monitoring
What is the National Childhood Vaccine Injury Act?
The National Childhood Vaccine Injury Act of 1986 (PDF - 312 KB), as amended, created the National Vaccine Injury Compensation Program (VICP), a no-fault alternative to the traditional tort system. It provides compensation to people found to be injured by certain vaccines. Even in cases in which such a finding is not

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made, petitioners may receive compensation through a settlement.
The VICP was established after lawsuits against vaccine manufacturers and health care providers threatened to cause vaccine shortages and reduce vaccination rates. The program began accepting petitions (also called claims) in 1988. (Source: HRSA).

VICP's objectives are to:

- Ensure an adequate supply of vaccines.
- Stabilize vaccine costs.
- Ensure individuals injured by certain vaccines are provided with fair and efficient compensation.

What is the Vaccine Injury Compensation Program (VICP)?
The following federal organizations have a role in the VICP:

- The U.S. Department of Health and Human Services (HHS) hosts the program, conducts medical reviews of petitions, and makes Court-ordered compensation payments.
- The U.S. Department of Justice (DOJ) represents HHS in Court.
- The U.S. Court of Federal Claims (the Court) makes the final decision regarding whether a petition is compensated and the type and amount of compensation.

VICP settlements do not indicate safety concerns by HSS regarding vaccines. Conclusions regarding vaccine safety should not be drawn from the fact that cases were settled. Settlements are one way of quickly resolving a petition.
Settlements are an agreement between the respondent (HHS), represented by DOJ, and the petitioner (the person who filed the vaccine injury petition). Settlements are not an admission by the United States or the HHS Secretary that the vaccine caused the petitioner's alleged injuries.

In settled cases, the United States Court of Federal Claims does not determine that the vaccine caused the injury. Petitions may be resolved by settlement for many reasons, including:

- Consideration of prior court decisions.
- A recognition by both parties that there is a risk of loss in proceeding to a decision by the Court making the certainty of settlement more desirable.
- A desire by both parties to minimize the time and expense associated with litigating a case to conclusion.
- A desire by both parties to resolve a case quickly and efficiently.

(Source: HRSA FAQ, Infographic)

What systems monitor vaccine safety?
Side effects can occur with any medicine, including vaccines. Common side effects, including slight fever, rash, slight discomfort (such as pain where the shot was given), are all normal and should not be a cause for alarm. Thanks to the VAERS, we know that most side effects following vaccinations are categorized as non-serious.

Scientists continually monitor vaccines for safety. Vaccine safety is a shared responsibility among the federal government, state and local health departments, health care providers and the public. To help meet this shared responsibility, government agencies and their partners have established several coordinated systems to monitor the safety of vaccines after they have been approved for public use. These include:

- The Vaccine Adverse Event Reporting System (VAERS), which is an early warning system that helps CDC and FDA monitor problems following vaccination. Anyone can report suspected vaccine reactions and issues to VAERS

- The Vaccine Safety Datalink Project, a collaboration between CDC and several health care organizations

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that allows ongoing monitoring and proactive searches of vaccine-related data.

- The Clinical Immunization Safety Assessment (CISA) Project, a partnership between CDC and several medical centers that conduct clinical research on vaccine-associated health risks in certain groups of people.

What is the Vaccine Adverse Events Reporting System (VAERS)?

The Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS accepts and analyzes reports of adverse events (possible side effects) after a person has received a vaccination.

Anyone can report an adverse event to VAERS. Health care professionals are required to report certain adverse events and vaccine manufacturers are required to report all adverse events that come to their attention.

VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences to CDC and FDA. VAERS is not designed to determine if a vaccine caused a health problem, but is useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine. This way, VAERS can provide CDC and FDA with valuable information that additional work and evaluation is necessary to assess a possible safety concern.

Per the FDA, prior to approval, vaccines undergo a rigorous and extensive development program in the laboratory, as well as in animal studies and human clinical trials to determine their safety and effectiveness. Highly trained FDA scientists and clinicians carefully evaluate all of the information in a marketing application and make a determination whether to license (approve) a vaccine before it can be used in the United States. Prior to licensure, as part of FDA's evaluation, FDA takes all of the ingredients of a vaccine into account, including the active ingredients as well as other substances. The benefit-risk profile of each vaccine is assessed constantly during the entire duration of its use.

There is solid medical and scientific evidence that the benefits of vaccines far outweigh the risks. Vaccines go through extensive, rigorous testing to ensure safety and efficacy prior to licensure.

Monitoring for side effects continues post-licensure through a number of different systems, including the Vaccine Adverse Event Reporting system (VAERS), the Vaccine Safety Datalink, the Post-Licensure Rapid Immunization Safety Monitoring, and the Clinical Immunization Safety Assessment. (Sources: CDC, FDA, CHOP, VYF)

Meningococcal Disease burden

With respect to the number of meningococcal cases reported in Wisconsin- source: https://www.dhs.wisconsin.gov/invasive-bacteria/meningococcaldisease.htm

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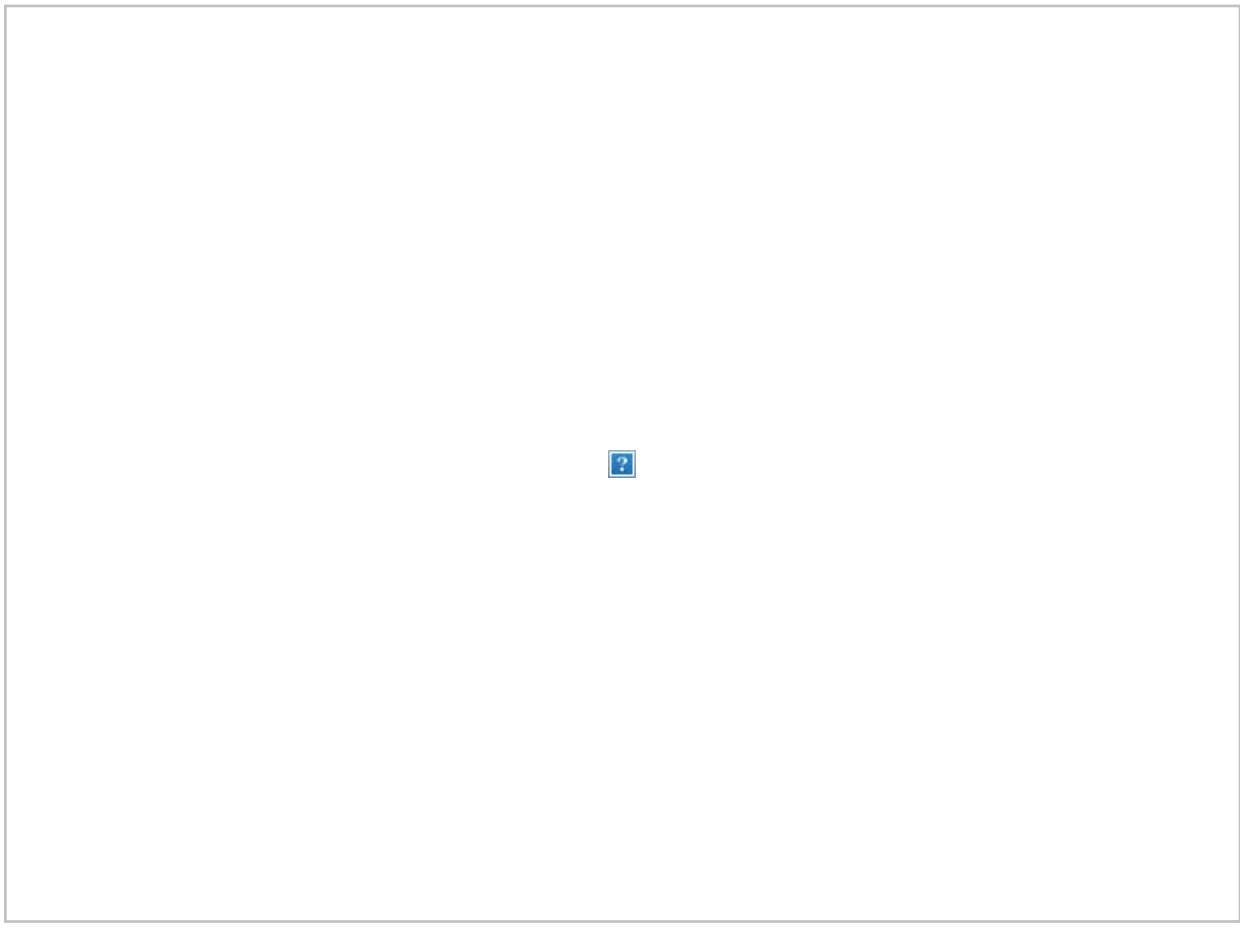

Clarification of ACIP- in that it is a separate body from CDC- https://www.cdc.gov/vaccines/acip/committee/charter.html The objectives: The Secretary, Department of Health and Human Services (HHS), and by delegation the Director, Centers for Disease Control and Prevention (CDC), are authorized under Section 311 and Section 317 of the Public Health Service Act, [42 U.S.C. §243 and 42 U.S.C. §247b], as amended, to assist states and their political subdivisions in the prevention and control of communicable diseases; to advise the states on matters relating to the preservation and improvement of the public's health; and to make grants to states and, in consultation with the state health authorities, to agencies and political subdivisions of states to assist in meeting the costs of communicable disease control programs.

Committee make up: The committee shall consist of 15 members, including the Chair. Members and the Chair shall be selected by the Secretary, HHS, from authorities who are knowledgeable in the fields of immunization practices and public health, have expertise in the use of vaccines and other immunobiologic agents in clinical practice or preventive medicine, have expertise with clinical or laboratory vaccine research, or have expertise in assessment of vaccine efficacy and safety. The committee shall include a person or persons knowledgeable about consumer perspectives and/or social and community aspects of immunization programs. Members shall be deemed Special Government Employees.

The committee also shall consist of eight nonvoting ex-officio members: the Director, Division of Injury Compensation Programs, Healthcare Systems Bureau, Health Resources and Services Administration; the Deputy Director for Scientific Activities, Office of the Assistant Secretary of Defense for Health Affairs, Department of Defense; the Under Secretary for Health, Department of Veterans Affairs; the Director, Center for Biologics Evaluation and Research, Food and Drug Administration; the Director, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services; the Director, Division of Microbiology and Infectious Diseases, National Institute of Allergy and Infectious Diseases, National Institutes of Health; the Director, Indian Health Service; and the Director, National Vaccine Program Office, HHS; or their designees.

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Stephanie Schauer, Ph.D.
(pronouns: she, her, hers)
Immunization Program Manager
Wisconsin Immunization Program
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Madison, WI 53701
608-264-9884

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From:	Gugel, Andrea M - DHS
To:	Smiley, Stephanie L - DHS (DPH)
Subject:	Re: Legislative Tracking - Weekly Update
Date:	Monday, February 03, 2020 3:37:07 PM
Attachments:	image007.png image008.png image009.png image010.png image011.png

Of course! I'm glad it is helpful. There's always a lot going on, so hopefully this captures things for everyone in an easy way.

Andrea Gugel
Strategic Initiatives Coordinator
Wisconsin Department of Health Services
Division of Public Health

From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Monday, February 3, 2020 3:12:01 PM
To: Gugel, Andrea M - DHS <andrea.gugel@dhs.wisconsin.gov>
Subject: RE: Legislative Tracking - Weekly Update

I just want to tell you how amazing and helpful these updates are! ☺ Thank you so much for doing them!

From: Gugel, Andrea M - DHS
Sent: Monday, February 3, 2020 7:26 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Dowdell, Ashlie M - DHS <Ashlie.Dowdell@dhs.wisconsin.gov>; Guilfoyle, Sheila M - DHS <Sheila.Guilfoyle@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; Moyer, Stacey C - DHS <Stacey.Moyer@dhs.wisconsin.gov>; Nelson, Jackie S - DHS <Jackie.Nelson@dhs.wisconsin.gov>; Pilcher, Timothy E - DHS <Timothy.Pilcher@dhs.wisconsin.gov>; Schauer, Stephanie L - DHS <Stephanie.Schauer@dhs.wisconsin.gov>; Tans-Kersten, Julie L - DHS <Julie.TansKersten@dhs.wisconsin.gov>; Verdon, Matthew J - DHS <Matthew.Verdon@dhs.wisconsin.gov>; Wade, Anthony - DHS (CDC) <Anthony.Wade@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Wick, Amy R - DHS <AmyR.Wick@dhs.wisconsin.gov>; Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>; Stokes, Scott A - DHS <Scott.Stokes@dhs.wisconsin.gov>; Matthies, Robin - DHS <Robin.Matthies@dhs.wisconsin.gov>
Subject: Legislative Tracking - Weekly Update

Legislative Bills and Updates

Bill tracker is attached for state and federal legislation.

Of Note Last Week

WI State Assembly:

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AB-313, *relating to: establishing a tick-borne disease study committee,* was amended and passed the committee. It was referred to the Committee on Rules where it is now ready to be scheduled for a full Assembly vote.

AB-317, *relating to: Department of Natural Resources' efforts to raise awareness about Lyme disease,* passed out of committee. It was referred to the Committee on Rules where it is now ready to be scheduled for a full Assembly vote.

The Week Ahead

WI State Senate:

The Senate is not in session. There are no committee hearings of significance to BCD scheduled at this time.

WI State Assembly:

The Assembly is not in session. There are no committee hearings of significance to BCD scheduled at this time.

U.S. Senate:

In session.

Wednesday, February 5th:

- The Senate is anticipated to vote to acquit or convict President Trump. With Republicans holding the majority in the Senate, it is anticipated that he will be acquitted.

U.S. House of Representatives:

In session.

Wednesday, February 5th:

- The House Foreign Affairs Committee will hold a hearing at 9am called *Unique Challenges Women Face in Global Health*. Speakers include Jennifer Kates, Senior Vice President and Director of Global Health and HIV Policy, Kaiser Family Foundation.
- The House Foreign Affairs Committee will hold a hearing at 1pm called *The Wuhan Coronavirus: Assessing the Outbreak, the Response, and Regional Implications*

SCOTUS

- The Supreme Court voted 5-4 to allow the Trump administration to move forward with the "public charge" rule. Immigrants could be denied a green card if they use public benefits, like Medicaid, Medicare, public housing, FoodShare, etc. for more than a year over a three-year period. Of note, this could have a lot of implications, including having undocumented immigrants from seeking preventative care (i.e. vaccinations).

POTUS

- President Trump will deliver the State of the Union address tomorrow, February 4th.
- The President's FY21 budget is expected to be released on February 10th. This budget officially starts the appropriations process and gives Congress a template to work with, but isn't law.

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News / Interesting Reads

BCD General

- The Trump administration revealed a new Medicaid block grant plan that would allow states to opt out of the current federal funding program and instead get a fixed payment each year – in exchange for more flexibility. [Read more here].
    - National Coalition of STD Directors (NCSD) Statement on CMS Block Grant Guidance
- 'Time to worry is now': The coronavirus in China count threaten pharma's ingredient sourcing – STAT
- Feds to let states tap opioid funds for meth, cocaine surge – Associated Press
- ASTHO was featured in Netflix's *Pandemic* series! (Featured time slot: Season 1, Episode 6, 22:41-25:39)
- Masks Reveal Cultural Disconnect As L.A.'s Chinese Community Braces for Coronavirus – Kaiser Health News

Resilient WI/Health Equity/Health in All Policies

- For the First Time, a State Will Mandate Severance Pay During Mass Layoffs – Route Fifty
- Viewpoints: Health equity issue warrants more attention – Biz Times, Milwaukee Business News
- AMA Foundation launches new plan to address LGBTQ health disparities – AMA Press Release
- New Study Reveals Annual Cost of Childhood Adversity in California is Approximately $113 Billion – PR Newswire
- Real-World Ways to Boost Your Cross-Sector Collaborations – PEW

CDES

- He once sent untrue, alarmist tweets about Ebola. Now, Trump is facing his biggest outbreak emergency – and experts are worried – STAT
- Response To Nation's First Coronavirus Case Draws On Lessons From Measles Outbreak – Kaiser Health News

Immunization

- TB vaccines can vary greatly, study finds. But does that mean that some are less protective? – STAT

HIV/STDs

- Insurance type affects persistence with PrEP – Healio
- Tribal Syringe Services Program Helps Reduce Harm from Injection Drug Use – CDC
- HIV Testing Outcomes Among Blacks or African Americans – 50 Local U.S. Jurisdictions Accounting for the Majority of New HIV Diagnoses and Seven States with Disproportionate Occurrences of HIV in Rural Areas, 2017 – CDC

Please let me know if you have any questions.

AMERICAN OVERSIGHT

Sincerely,

dhs-logo

Andrea Gugel
Strategic Initiatives Coordinator
Wisconsin Department of Health Services
608-266-6966 | Andrea.Gugel@dhs.wisconsin.gov

* *

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From: Smiley, Stephanie L - DHS (DPH)
To: Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)
Cc: DeSalvo, Traci E - DHS; Bartlett, Karri; Miller, Stephanie W - DHS
Subject: RE: Message from the COVID-19 patient
Date: Sunday, February 16, 2020 8:39:00 PM
Attachments: image001.png
image003.png

Thank you Miwako. This is very helpful. We certainly don't want to inadvertently create a sense of hopelessness for the patient. It's probably a good idea for us to regroup and discuss how we're talking about this situation.

Thanks again for all of your help with everything while you were here! It was great to meet you and the rest of the team!

Stephanie

Stephanie Smiley
Director, Bureau of Communicable Diseases, Division of Public Health
Wisconsin Department of Health Services
D: 608-267-9363 | C: 608-260-5616

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Emails sent by DHS can be encrypted. For information about how to view encrypted emails, go to: http://www.dhs.wisconsin.gov/aboutdhs/DES/email-encryption.pdf

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From: Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) <ydk3@cdc.gov>
Sent: Friday, February 14, 2020 6:07 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Cc: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Bartlett, Karri <KBartlett@publichealthmdc.com>
Subject: Message from the COVID-19 patient

Hi Stephanie,

The case patient just texted me with the link to this website: https://madison.com/wsj/news/local/health-med-fit/dane-county-resident-with-new-coronavirus-may-stay-in-isolation/article_6dc7e6b1-d9ad-5c19-a2d2-e6e7af2e7fbb.html

Her message that came with this was "This makes it sound like that my test results have been positive, but in reality, there has been no result since Feb 7 sample collection. I start feeling hopeless

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in this situation".

I took a look at the website (the problem was that there was an add that kept on popping up, and was hard to read), and I think the website was stating the fact that there has been delays in reporting the test results back to the patient.

But I wanted to bring it to your attention, as the patient seemed to be discouraged by the message.

Of note, the CDC GO TEAM will be leaving WI tomorrow morning. Thanks again for all your support during our stay here, and we wish you all the best!

Thank you,

Miwako

Miwako Kobayashi MD, MPH
Medical Epidemiologist
Respiratory Diseases Branch
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
Mailstop H24-6
1600 Clifton Road, N.E.
Atlanta, GA 30329
Email: ydk3@cdc.gov
Office phone: 404-639-2912

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From:	Kocharian, Anna - DHS
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Cc:	Haupt, Thomas E - DHS; Koske, Sarah E - DHS; Westergaard, Ryan P - DHS; Klos, Rachel F - DHS
Subject:	RE: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*
Date:	Wednesday, February 26, 2020 5:15:11 PM
Attachments:	image002.png image005.png

Thank you! It really was difficult, and in a way we tried to "channel" and felt his guidance while working on the investigation and report. Kudos to Amy and the whole team.

From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Wednesday, February 26, 2020 5:10 PM
To: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>
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Thank you, Anna, and the rest of the team for all of your work on this.

I know it was difficult--I think he would be really proud and happy that we're publishing this—especially because it's contributing to the literature on Legionnaires' disease. Congratulations!

From: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
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U.S. Department of Health and Human Services

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To:	Kocharian, Anna - DHS; DeSalvo, Traci E - DHS
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Subject:	RE: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*
Date:	Wednesday, February 26, 2020 5:09:36 PM
Attachments:	image006.png image009.png

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U.S. Department of Health and Human Services

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Subject:	RE: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*
Date:	Wednesday, February 26, 2020 4:45:49 PM
Attachments:	image006.png image007.png image010.png image011.png

CONGRATULATIONS!

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Sent: Wednesday, February 26, 2020 4:08 PM
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Subject: RE: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*
Date: Wednesday, February 26, 2020 4:14:57 PM
Attachments: image002.png
image005.png

Looks great. Congratulations and nice work!

Ryan Westergaard, MD, PhD, MPH
Chief Medical Officer and State Epidemiologist
Bureau of Communicable Diseases
Division of Public Health
Wisconsin Department of Health Services

Associate Professor of Medicine
Division of Infectious Diseases
University of Wisconsin School of Medicine & Public Health

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To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>
Subject: FW: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*

FYI, our Legionnaires' disease report will be release tomorrow.
Thank you,

Anna

From: MMWR Media List <MMWR-MEDIA@LISTSERV.CDC.GOV> **On Behalf Of** Media@cdc.gov (CDC)
Sent: Wednesday, February 26, 2020 3:01 PM
To: MMWR-MEDIA@LISTSERV.CDC.GOV
Subject: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*

The MMWR is embargoed until 1 PM ET, Thursday, February 27, 2020

Press Contacts

February 28, 2020

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Screening for Lung Cancer — 10 States, 2017

CDC Media Relations
404-639-3286

Fatal Case of Legionnaires' Disease After Home Exposure to *Legionella pneumophila* Serogroup 3 — Wisconsin, 2018

CDC Media Relations
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CDC Media Relations
404-639-3286

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Synopsis for February 28, 2020

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Many adults who meet the criteria to be screened for lung cancer do not report receiving recommended screening. Efforts to educate health care providers and patients might increase appropriate lung cancer screening. Lung cancer is the leading cause of cancer death in the United States. Treatment for lung cancer can be more effective if the cancer is identified at an early stage. This study found that 87.5% of adults who met screening criteria reported not receiving a CT scan to check for lung cancer in the last 12 months. Annual lung cancer screening is recommended for adults age 55-80 years old who currently smoke now or those who have quit within the past 15 years and have a 30 pack-year smoking history. A pack-year is smoking an average of one pack of cigarettes per day for one year.

Link once embargo lifts: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908a1.htm?s_cid=mm6908a1_w

AMERICAN OVERSIGHT

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The case described in this report highlights the potential for people at risk for Legionnaires' disease (such as those with a weakened immune system or chronic lung disease or current/ former smokers) to be exposed to Legionella through home water systems containing the bacteria. It demonstrates the difficulty of removing the bacteria from residential settings. A 2018 investigation conducted by the Wisconsin Department of Health Services, Division of Public Health and staff at a Wisconsin hospital revealed that a Wisconsin resident who died from a case of Legionnaires' disease that year had acquired the infection from water sources in his/her own home. The patient was immunocompromised, which put him/her at higher risk of contracting the disease. After the identification of *Legionella pneumophila* in the home, the water heater and water fixtures were cleaned with hot water, chlorine, and vinegar. However, several cultures tested positive for Legionella pneumophila after these efforts, indicating that the bacteria remained in the home's water system. Evidence regarding the burden of home-associated Legionnaires' disease and the usefulness and feasibility of testing and remediation in residential settings is limited. Increased efforts to understand the burden and risk associated with residential settings could help inform prevention guidance.

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Link: https://www.cdc.gov/mmwr/volumes/69/wr/mm6908e1.htm?s_cid=mm6908e1_w

Notes from the Field:

- **Syndromic Surveillance Used To Monitor Emergency Department Visits During a Synthetic Cannabinoid Overdose Outbreak — Connecticut, August 2018**

Tracking the symptoms of patients who go to emergency departments — also known as syndromic surveillance — can serve as a near-real-time early warning system for emerging public health concerns and can also be used to improve public health authorities' situational awareness about suspected drug overdoses. In 2018, the Connecticut Department of Public Health was able to use syndromic surveillance to rapidly determine the magnitude of an outbreak of synthetic cannabinoid overdoses and provide timely information to state and local health departments. On the morning of August 15, 2018, the Connecticut Department of Public Health (CTDPH) learned from media reports about multiple people found unresponsive in a city park in New Haven County after using synthetic cannabinoids (SCs), manmade psychoactive substances that can cause unpredictable and sometimes severe health effects. Within 20 minutes of receiving the first media report, CTDPH developed a syndrome definition to identify emergency department (ED) visits for suspected SC overdoses and, by midday, 25 suspected outbreak-related ED visits were identified. By 5 p.m. the next day, the number had increased to 55, all in New Haven County. After the outbreak, additional analyses identified 72 outbreak-related ED visits for suspected SC overdose. The U.S. Drug Enforcement Agency determined that SCs implicated in this outbreak

AMERICAN OVERSIGHT

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###

U.S. Department of Health and Human Services

CDC works 24/7 protecting America's health, safety, and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

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From: Warzecha, Charles J - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: RE: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*
Date: Wednesday, February 26, 2020 6:56:00 PM
Attachments: image006.png
image009.png
image012.png

You can be sure of that.

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Wednesday, February 26, 2020 5:03 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Subject: FW: MMWR Summary for February 28 *Embargoed until 1 pm ET Thursday, February 27, 2020*

FYI.

I think he would be proud of us.

From: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Sent: Wednesday, February 26, 2020 4:08 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Kita-Yarbro, Amanda <akita@publichealthmdc.com>
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AMERICAN OVERSIGHT

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U.S. Department of Health and Human Services

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From: Austin, Samuel V - DHS
To: Palm, Andrea J - DHS
Subject: RE: MMWR
Date: Tuesday, February 18, 2020 12:06:25 PM
Attachments: image001.png

Haven't had a chance to review, but this looks like it:

https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6906e1-H.pdf

From: Austin, Samuel V - DHS
Sent: Tuesday, February 18, 2020 11:59 AM
To: Palm, Andrea J - DHS <andrea.palm@dhs.wisconsin.gov>
Subject: RE: MMWR

Also will do.

From: Palm, Andrea J - DHS <andrea.palm@dhs.wisconsin.gov>
Sent: Tuesday, February 18, 2020 11:51 AM
To: Austin, Samuel V - DHS <samuel.austin@dhs.wisconsin.gov>
Subject: MMWR

I don't remember where, but I read somewhere that the latest MMWR is about the US cases of coronavirus. Can you find me a copy of it? Thanks.

Andrea Palm
Secretary-designee
Wisconsin Department of Health Services
608-266-9622

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From: Palm, Andrea J - DHS
To: Austin, Samuel V - DHS
Subject: RE: MMWR
Date: Tuesday, February 18, 2020 3:39:00 PM
Attachments: image001.png

---

thx

From: Austin, Samuel V - DHS <samuel.austin@dhs.wisconsin.gov>
Sent: Tuesday, February 18, 2020 12:06 PM
To: Palm, Andrea J - DHS <andrea.palm@dhs.wisconsin.gov>
Subject: RE: MMWR

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Secretary-designee
Wisconsin Department of Health Services
608-266-9622

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Dowdell, Ashlie M - DHS; Eberle, Nancy K - DHS
Subject: RE: NHSN: March Reminder: Monthly NHSN Dialysis Data Entry Checklist and Updates: TEST
Date: Friday, March 06, 2020 10:41:00 AM

Good to go!

From: Wisconsin Department of Health Services <widhs@public.govdelivery.com>
Sent: Friday, March 6, 2020 10:29 AM
To: Dowdell, Ashlie M - DHS <Ashlie.Dowdell@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Eberle, Nancy K - DHS <nancy.eberle@dhs.wisconsin.gov>
Subject: NHSN: March Reminder: Monthly NHSN Dialysis Data Entry Checklist and Updates: TEST

DHS Logo

Wisconsin NHSN Users-Dialysis

March 2020

NHSN Dialysis Data Entry Checklist and Updates

Try to make time this month to get into the National Healthcare Safety Network (NHSN) and bring your data up-to-date through February.

NHSN Reminders/Updates

1. The **next Wisconsin NHSN Users Call will be held Tuesday, March 24 from 1–1:30 p.m.** These monthly calls are open to all NHSN users and will provide updates, time for Q&A, and at times, an opportunity to work through a case study. They will not be recorded. The dial-in information is 888-273-3658, with access code 1038508.
2. The next data submission deadline for CMS* is March 31, 2020, for Q4 2019 data.
3. Please enter your 2020 annual facility survey before May 1. There are three new questions for dialysis centers this year: 1) Does your center provide dialysis services within long-term care facilities (e.g., staff-assisted dialysis in nursing homes or skilled nursing facilities; not long-term acute care hospitals)? If yes, how many? 2) Are patients routinely assessed for conditions that might warrant additional infection control precautions, such as infected wounds with drainage, fecal incontinence, or diarrhea? If yes, when does this assessment occur most often? 3) Does your center educate patients how to shower with hemodialysis catheters?
4. Make sure you are entering data each month on your acute kidney injury (AKI) patients.

For this month, you will want to enter:

1. A monthly reporting plan. Go to Reporting Plan > Add on the left blue navigation bar to add a new plan.
2. An outpatient dialysis census form (denominator). Go to Summary Data > Add on the left blue

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navigation bar and choose "Device-Associated - Outpatient Dialysis - Census Form" for the summary data type. Click "Continue."

3. Any dialysis events or indicate there were no events (numerator). If there were events, go to Event > Add on the left blue navigation bar. Be sure to choose "DE - Dialysis Event" as the event type after completing the patient demographic fields. If there were no events, check the appropriate "Report No Events" check boxes in your monthly census form (see #2 above).

*A preview report to determine which months of data meet the CMS requirements is available within the Analysis section of NHSN. To run this report, go to Analysis > Generate Data Sets on the left blue navigation bar. Click "Generate New" to refresh your data to make sure the latest information is incorporated into the report. A status bar of the data set generation will display on your screen. You can log out or navigate away while this is running. You will have a time stamp to indicate when the refresh is complete.

Go to Analysis > Reports on the left navigation bar to access the preview report. Within the list of folders, click CMS Reports > QIP > Line Listing – CMS ESRD QIP Rule. Click "Run."

You will see a row for every month of data you reported. Going across the columns, you will see your NHSN OrgID; CMS CCN; facility name; the reporting location name; the month/year of data; and then a column for each of the three monthly requirements: reporting plan, numerator, and denominator. The information is summed up in the far right column, "Criteria Met this Month," which will tell you, based on all the data, whether that month met the requirements.

Please do not reply directly to this email message. If you have a question, please email Ashlie Dowdell.

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AMERICAN OVERSIGHT

From: Dowdell, Ashlie M - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: RE: NHSN: March Reminder: Monthly NHSN Dialysis Data Entry Checklist and Updates: TEST
Date: Friday, March 06, 2020 10:41:27 AM

Thanks!

Ashlie Dowdell
Director | Healthcare-Associated Infections Prevention Program

Wisconsin Department of Health Services | Division of Public Health
Office: 608-266-1122 | Fax: 608-261-4976 | ashlie.dowdell@dhs.wisconsin.gov

Visit our website at https://www.dhs.wisconsin.gov/hai/index.htm

View our NHSN tutorials at https://www.dhs.wisconsin.gov/hai/nhsn-resources.htm

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From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Friday, March 6, 2020 10:41 AM
To: Dowdell, Ashlie M - DHS <Ashlie.Dowdell@dhs.wisconsin.gov>; Eberle, Nancy K - DHS <nancy.eberle@dhs.wisconsin.gov>
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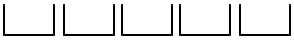

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AMERICAN OVERSIGHT

From:	Smiley, Stephanie L - DHS (DPH)
To:	Phillips, Jeffrey J - DHS
Subject:	RE: Notice of Activation of CDC-RFA-TP18-1802: Public Health Crisis Response NOFO for Component A for Coronavirus Disease 2019 (COVID-19)
Date:	Wednesday, March 04, 2020 4:57:00 PM
Attachments:	image001.png

Thanks!

From: Phillips, Jeffrey J - DHS <Jeffrey.Phillips@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 4:31 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: Notice of Activation of CDC-RFA-TP18-1802: Public Health Crisis Response NOFO for Component A for Coronavirus Disease 2019 (COVID-19)

FYI We have $500,000 coming in the Crisis Co-Ag for COVID-19

From: Phillips, Jeffrey J - DHS
Sent: Wednesday, March 04, 2020 4:16 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Rozell, David W - DHS (David.Rozell@dhs.wisconsin.gov) <David.Rozell@dhs.wisconsin.gov>; Wallace, Dana A - DHS <Dana.Wallace@dhs.wisconsin.gov>
Subject: FW: Notice of Activation of CDC-RFA-TP18-1802: Public Health Crisis Response NOFO for Component A for Coronavirus Disease 2019 (COVID-19)

Just received the official notice from DCD that we will be awarded $500,000 in Component A-Tier 2 funding through the Crisis Co-Ag grant. OPEHC will need to develop a grant budget and narrative within 28 days. We then have 6 months to develop a community mitigation plan.

From: Anderson, Noelle (CDC/DDPHSIS/CPR/DSLR) <xwq3@cdc.gov> **On Behalf Of** DSLRCrisisCoag (CDC)
Sent: Wednesday, March 04, 2020 3:27 PM
To: DHS Grant Review <DHSGrantReview@dhs.wisconsin.gov>
Cc: DSLRCrisisCoag (CDC) <DSLRCrisisCoag@cdc.gov>; Phillips, Jeffrey J - DHS <Jeffrey.Phillips@dhs.wisconsin.gov>; State and Local Readiness (CDC) <preparedness@cdc.gov>
Subject: Notice of Activation of CDC-RFA-TP18-1802: Public Health Crisis Response NOFO for Component A for Coronavirus Disease 2019 (COVID-19)

Dear Thomas Engels,

To support governmental public health emergency response efforts to Coronavirus 2019 (COVID-19), the Centers for Disease Control and Prevention (CDC) is activating the Cooperative Agreement for Emergency Response: Public Health Crisis Response, CDC-RFA-TP18-1802. Please find attached:

- Wisconsin Department of Health Services's initial notification of approved-but-unfunded (ABU) status for TP18-1802, issued January 31, 2019
  A letter notifying you of intent to fund Wisconsin Department of Health Services for

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COVID-19 response through this cooperative agreement, and
- Interim guidance pertaining to this award

There will be a guidance call to discuss these awards; information will be provided once details are finalized.

Thank you.

Christine Kosmos, R.N., B.S.N., M.S.
Director, Division of State and Local Readiness
Office of Public Health Preparedness and Response
Centers for Disease Control and Prevention
404-639-7321
htv4@cdc.gov

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From: Wozniak, Ryan J - DHS
To: Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Subject: RE: Novel Coronavirus (2019-nCoV) Update
Date: Tuesday, March 03, 2020 3:26:30 PM

Hey Stephanie and Traci,

Thanks for passing this along. After the IMS meeting today, Chuck and the Liaisons (new band name?) decided that Karen Odegaard will be the Liaison Section Chief (see below). Since I will be focusing on Healthcare, I will make note of the need to ensure that we are communicating with dental health care personnel.

FYI, we were chatting with some of the OPEHC staff (Kim Cox, Svea, Maggie) after the IMS meeting about the Liaison structure. They were fairly adamant that the Liaison Officer should be a single person (w/ backup) and the different folks below should be part of an information branch within Operations? They are supposed to brief Jeff on their suggested structure and Jeff will present it at the IMS meeting on Thursday, I believe. So, I'm not sure how it's all going to shake out, but just wanted to let you know about some of the proposed changes.

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Healthcare Liaison: Ryan Wozniak
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Legislative Liaison: Lisa Olson
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Correctional Facilities Liaison: ???

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To: Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>
Subject: FW: Novel Coronavirus (2019-nCoV) Update

Hi!

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Sent: Tuesday, March 3, 2020 2:49 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
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Make it a great day!
Robbyn

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Oral Health Program Division of Public Health
State of Wisconsin Department of Health Services
1 W. Wilson Street, Room 253
P.O. Box 2659
Madison, WI 53701-2659
E-mail: Robbyn.Kuester@Wisconsin.gov
Office: (608) 266-0876
Cell: (608) 212-6851

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Sent: Wednesday, February 05, 2020 5:02 PM
To: Kuester, Robbyn L - DHS <Robbyn.Kuester@dhs.wisconsin.gov>
Subject: Novel Coronavirus (2019-nCoV) Update

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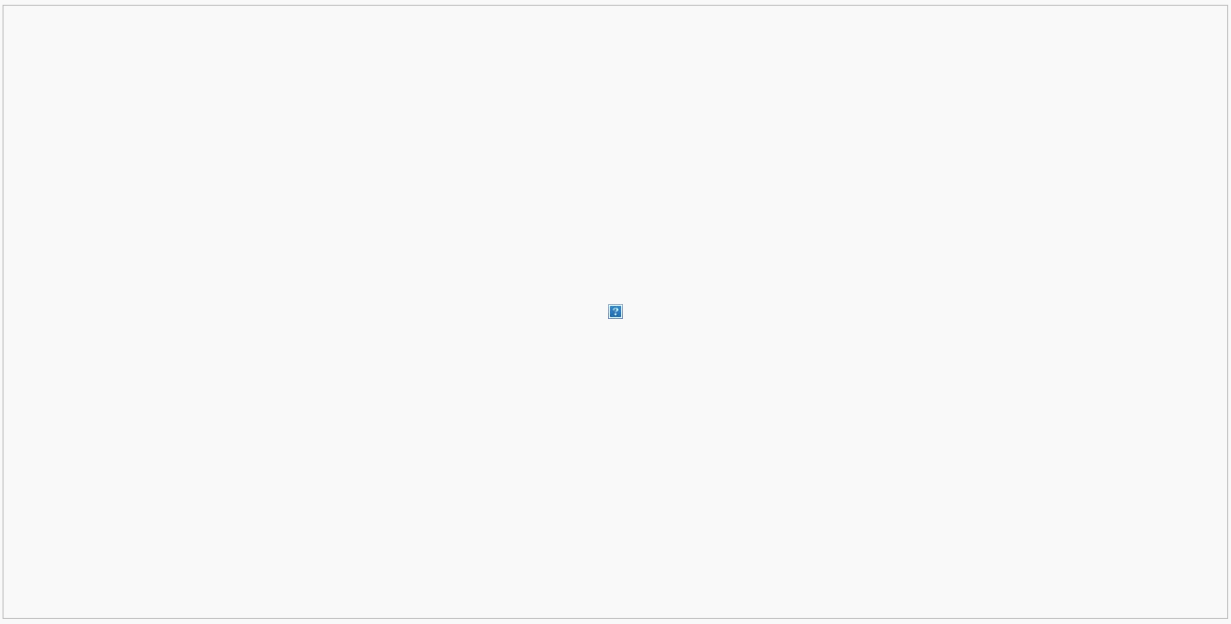

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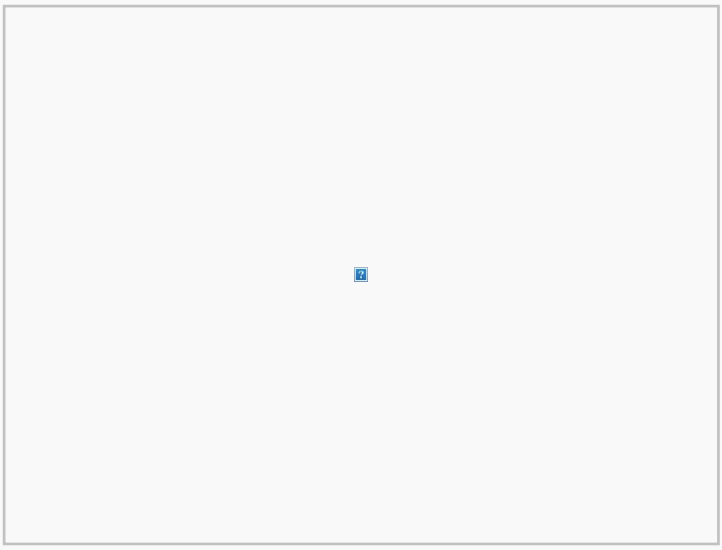

Secretary Azar signs the Public Health Emergency Declaration | Photo credit: Department of Health and Human Services

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News Release

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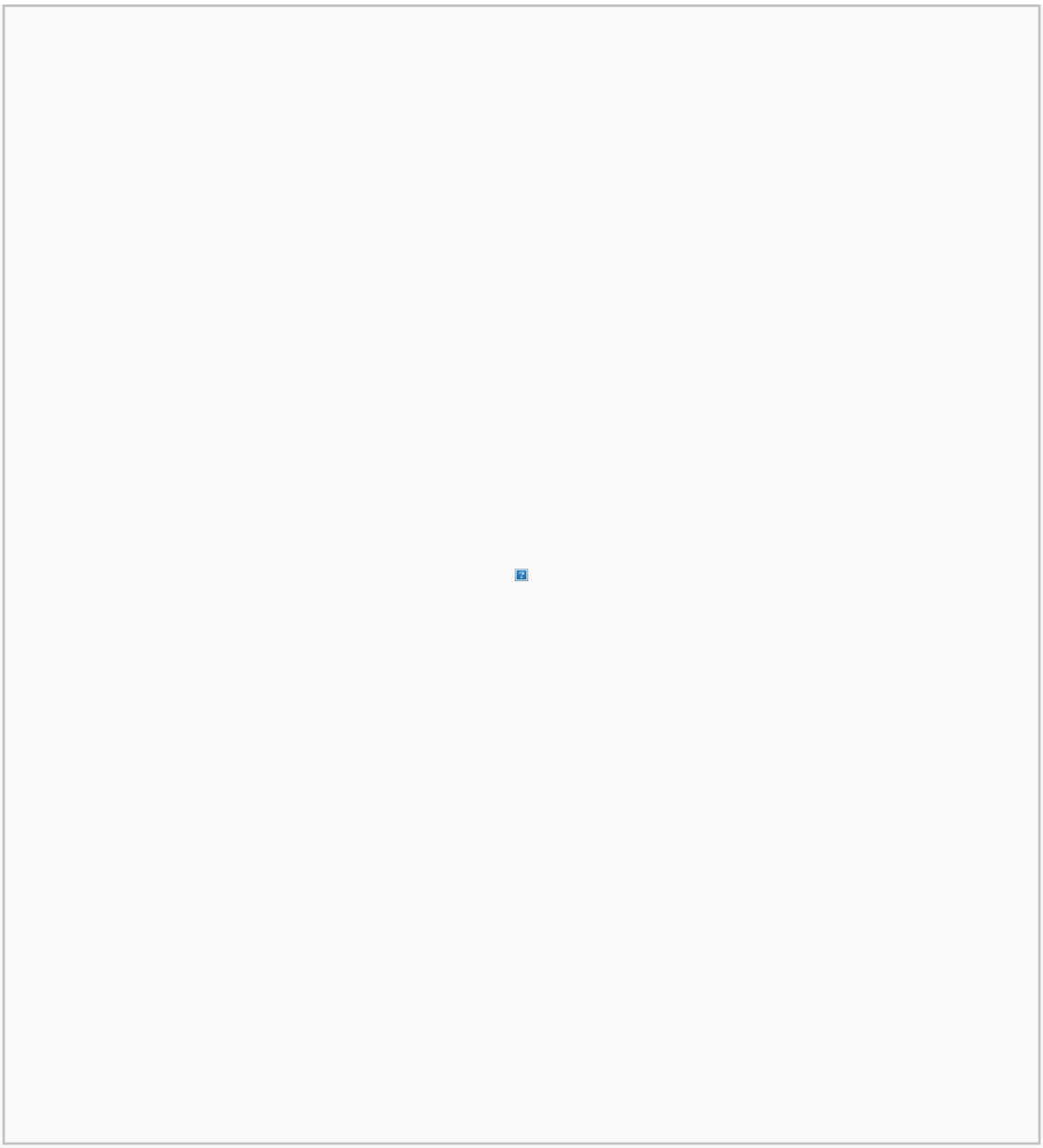

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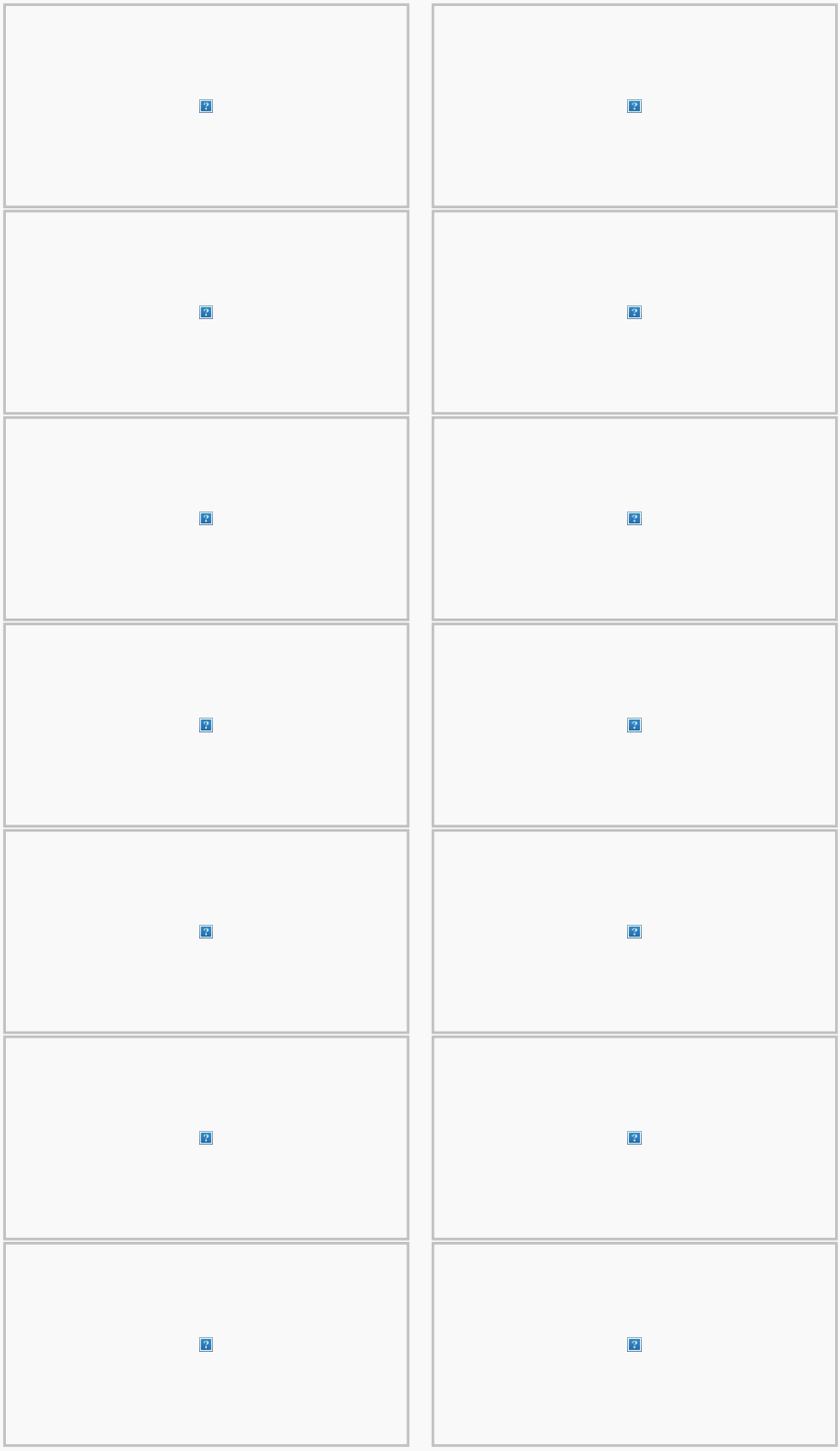

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From: Smiley, Stephanie L - DHS (DPH)
To: Kuester, Robbyn L - DHS
Subject: RE: Novel Coronavirus (2019-nCoV) Update
Date: Tuesday, March 03, 2020 2:49:35 PM

Thanks Robbyn!

From: Kuester, Robbyn L - DHS <Robbyn.Kuester@dhs.wisconsin.gov>
Sent: Tuesday, March 3, 2020 2:49 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: Novel Coronavirus (2019-nCoV) Update

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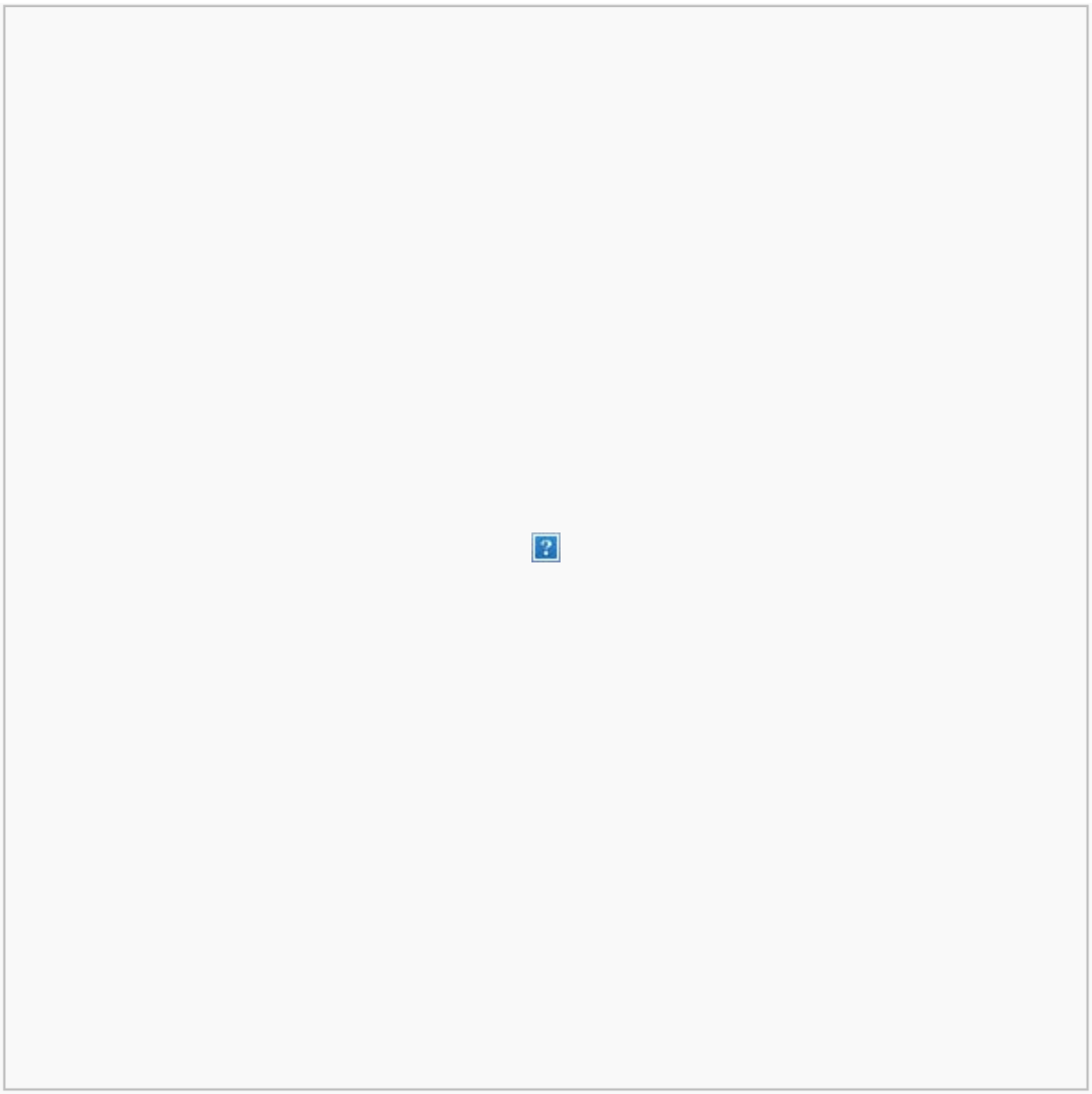

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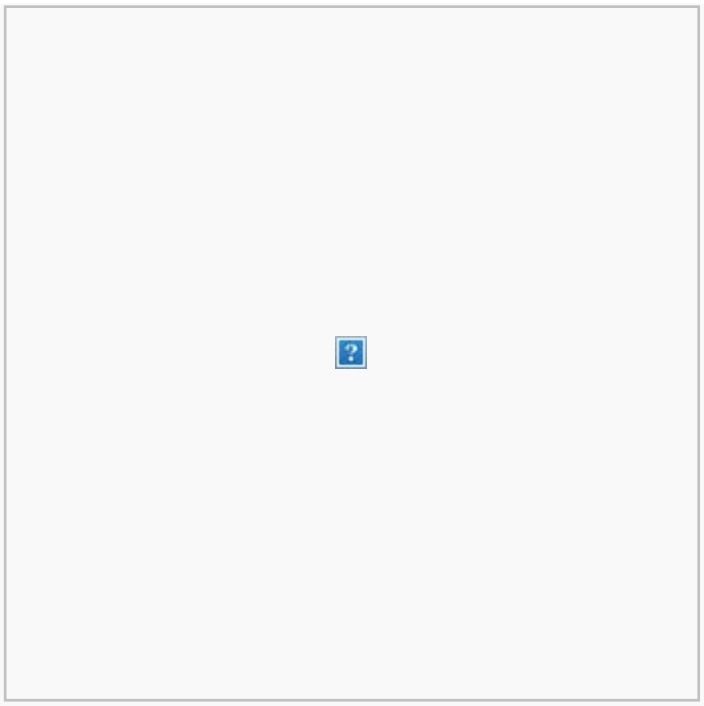

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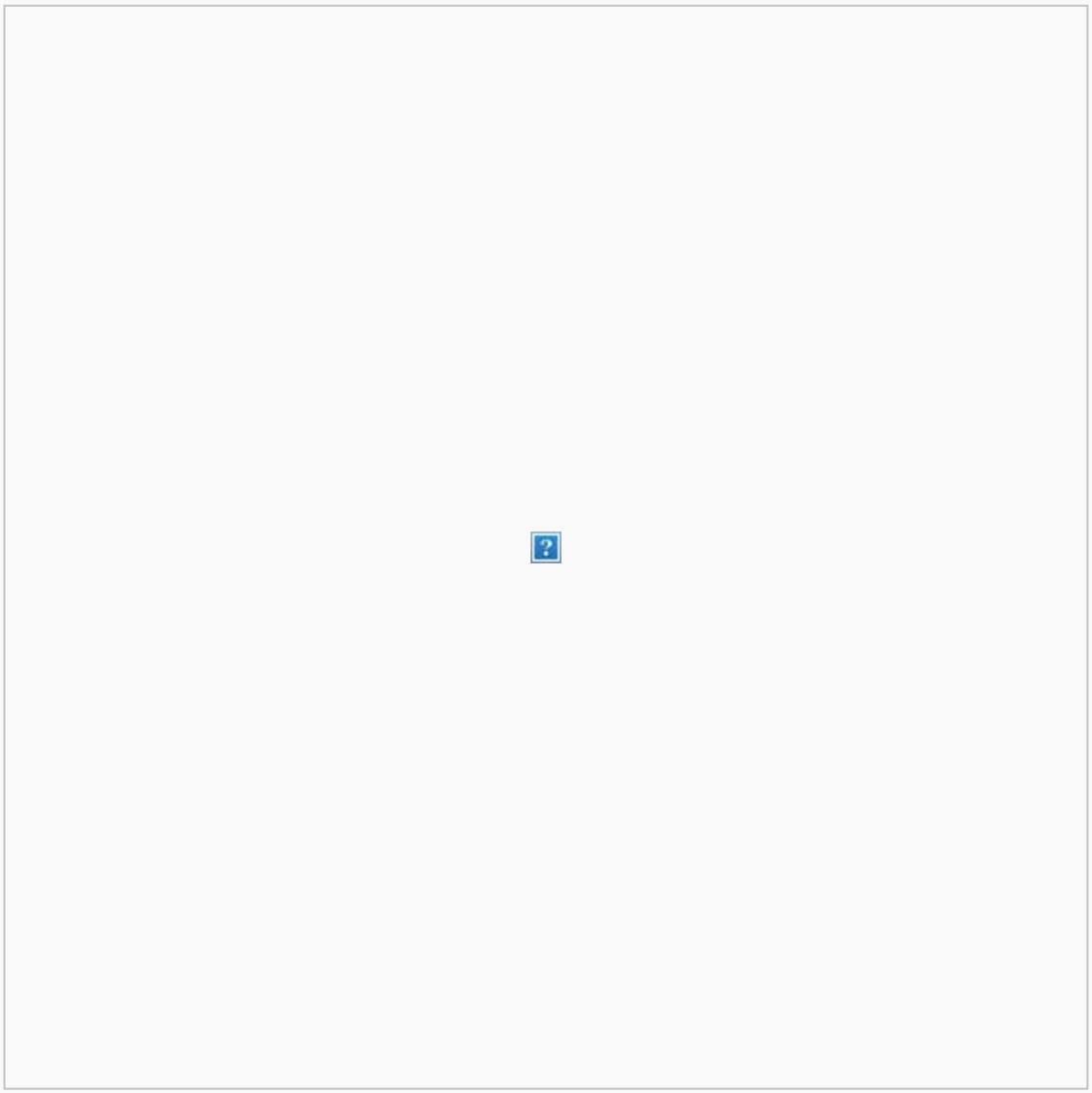

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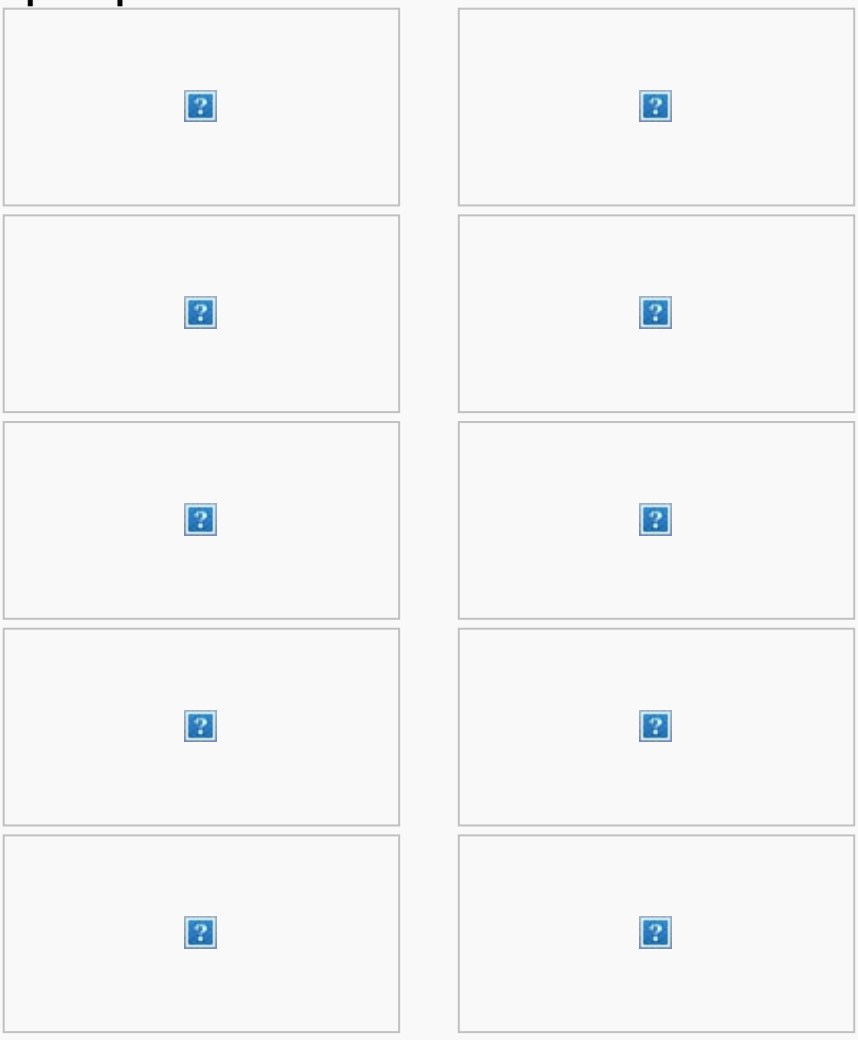

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To: Wozniak, Ryan J - DHS; DeSalvo, Traci E - DHS
Subject: RE: Novel Coronavirus (2019-nCoV) Update
Date: Tuesday, March 03, 2020 4:14:00 PM

This is really interesting…thanks for sharing. I'd be interested in your take. I think Lisa Olson has some thoughts about her preferences as well.

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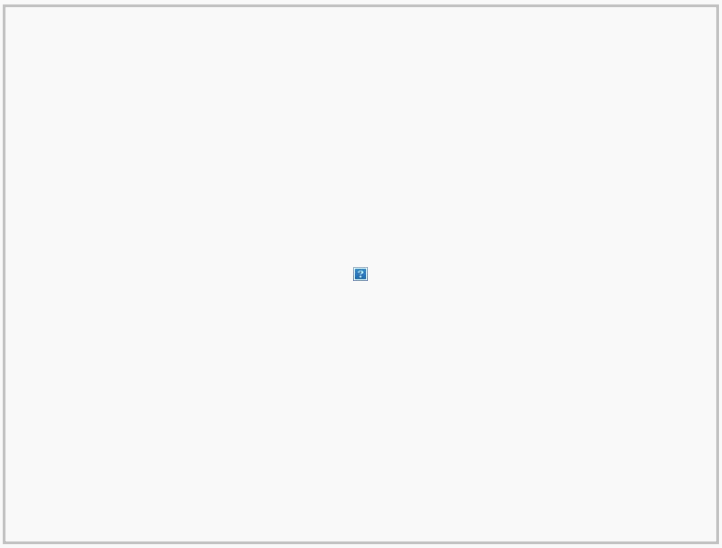

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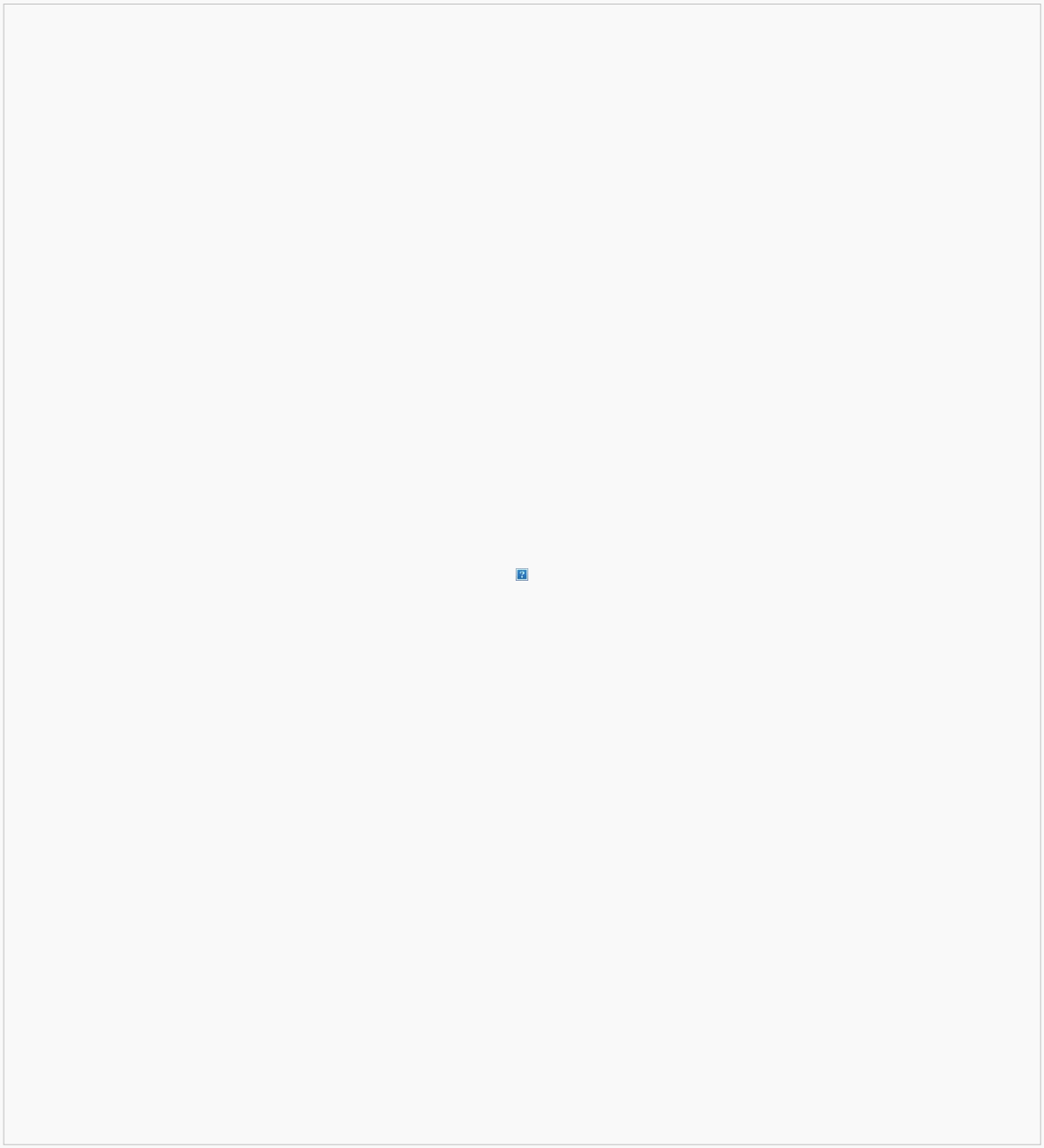

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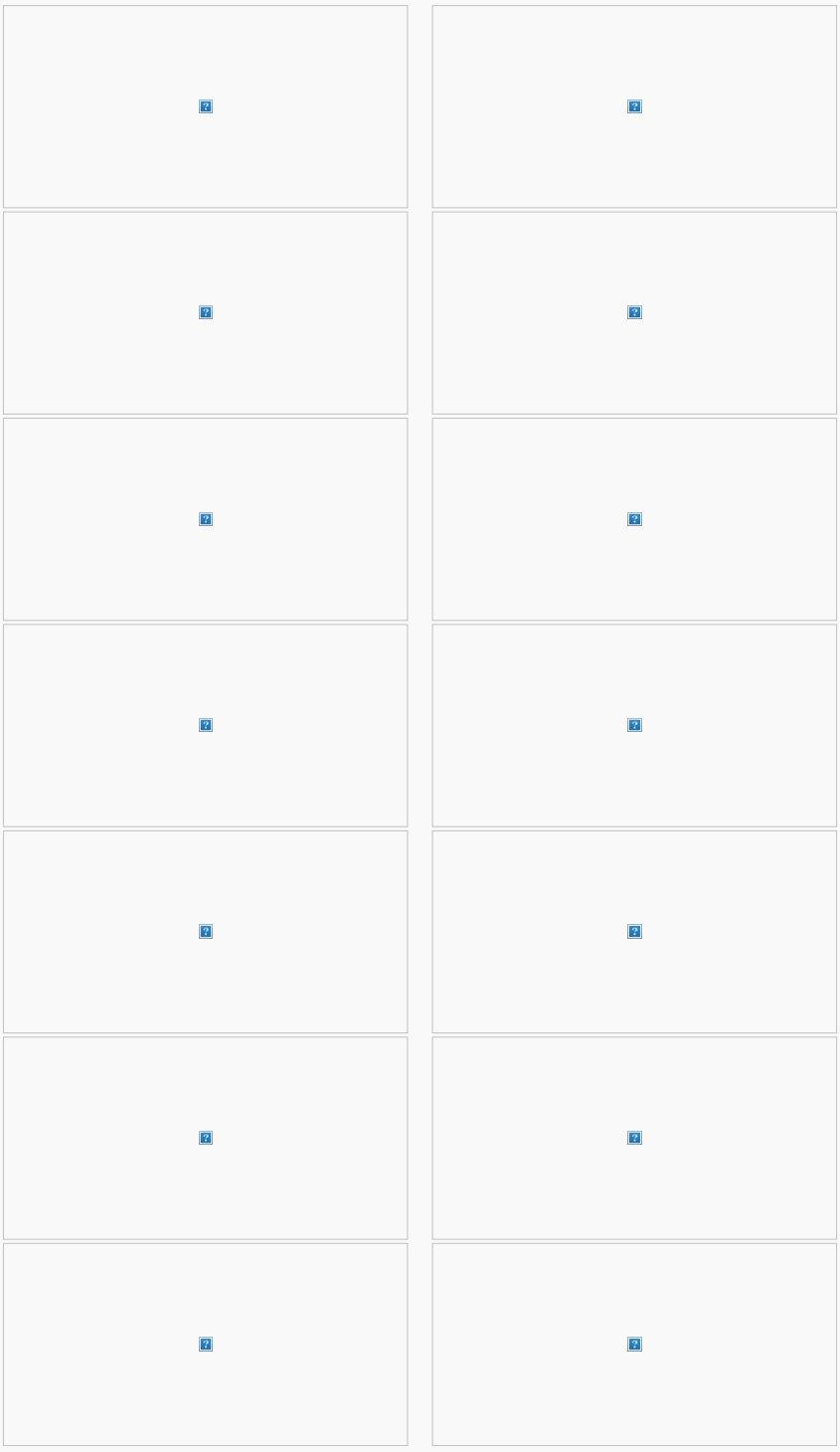

AMERICAN OVERSIGHT

LATE-BREAKING Dental Infection Prevention and Safety InfoBites is an official publication of the Organization for Safety, Asepsis and Prevention (OSAP). Disclaimer.

Editor: Patricia Podolak DDS MPH

Twitter

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Atlanta, GA 30305

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AMERICAN OVERSIGHT

From:	Smiley, Stephanie L - DHS (DPH)
To:	Kocharian, Anna - DHS; Gerdes, Austin A - DHS; DeSalvo, Traci E - DHS
Cc:	Kopetskie, Karen M - DHS; Klos, Rachel F - DHS; Cordova, Joseph A - DHS
Subject:	RE: Pandemic Planning Resources on COVID-19 page?
Date:	Wednesday, February 26, 2020 5:41:51 PM
Attachments:	image001.png image002.png image003.png

Sorry…yes, we should definitely do this.

From: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Sent: Wednesday, February 26, 2020 9:56 AM
To: Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
Subject: Pandemic Planning Resources on COVID-19 page?

Hi Austin,

Now that there are increased discussions of pandemic planning, Rachel and I were thinking about adding a new accordion on the COVID-19 page under Provider Information.

Maybe we can title the accordion as “Pandemic Planning Resources”? And for now include: https://www.cdc.gov/coronavirus/2019-ncov/php/pandemic-preparedness-resources.html
Then we can add additional resources as needed.

Smiley and Traci, any thoughts on this?

Thanks!

Anna

Anna Kocharian, M.S. | Epidemiologist | Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases | Tel: (608) 267-9004 | Fax: (608) 261-4976 | anna.kocharian@wisconsin.gov

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AMERICAN OVERSIGHT

From: Cordova, Joseph A - DHS
To: Smiley, Stephanie L - DHS (DPH); Kocharian, Anna - DHS; Gerdes, Austin A - DHS; DeSalvo, Traci E - DHS
Cc: Kopetskie, Karen M - DHS; Klos, Rachel F - DHS
Subject: RE: Pandemic Planning Resources on COVID-19 page?
Date: Thursday, February 27, 2020 5:50:04 AM
Attachments: image001.png
image002.png
image003.png

On the PCA Portal we have pandemic discussions guides for hospitals, public health, emergency management and healthcare coalitions along with other resources. Most of the documents are from CDC website but they're not all on the same page we listed so it's all in one spot. I put together a list of the links and send it to Anna and Rachel.

Joe Cordova, Emergency Response Coordinator / Threat Liaison Officer
Office of Preparedness and Emergency Health Care
(608) 267-9010
(608) 516-1226
joseph.cordova@wisconsin.gov

The Department of Health Services has implemented automatic encryption of e-mails. Future e-mails may come to you encrypted with instructions on how to read the secure message. Additional information can be found at: https://connect.wisconsin.gov/dhspartencrypttrain

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From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Wednesday, February 26, 2020 5:42 PM
To: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
Subject: RE: Pandemic Planning Resources on COVID-19 page?

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Sent: Wednesday, February 26, 2020 9:56 AM
To: Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
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Anna

Anna Kocharian, M.S. | Epidemiologist | Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases | Tel: (608) 267-9004 | Fax: (608) 261-4976 | anna.kocharian@wisconsin.gov

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From:	Gugel, Andrea M - DHS
To:	abraham@pritzkerlaw.com
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	RE: Public Records Request - Email 2
Date:	Friday, February 14, 2020 11:09:10 AM
Attachments:	Letter to WI_EColi_Final_Signed.pdf image001.png image002.png image003.png image004.png image005.png image006.png O157 increase memo for MDs and IPs_final.docx Outbreaks in Wisconsin Wisconsin Department of Health Services.pdf CDC Supplemental Questionnaire Version 2.pdf Tex Tubb"s taco Ox.docx WaltenburgM_abs EIS conference.docx

Good morning,

Attached are records per your open records request. This request will be sent in multiple emails due to the size and number of documents.

Please contact Stephanie Smiley with any questions concerning this request at: 608-267-9363 or Stephanie.Smiley@dhs.wisconsin.gov.

Sincerely,

Andrea Gugel
Strategic Initiatives Coordinator
Wisconsin Department of Health Services
608-266-6966 | Andrea.Gugel@dhs.wisconsin.gov

* *

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From: Abraham Awes [mailto:abraham@pritzkerlaw.com]
Sent: Tuesday, February 4, 2020 11:14 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: Public Records Request

To Whom it May Concern,

Attached is the letter outlining the public information request I am trying to make. Let me know if any additional information is needed.

Sincerely,
Abraham Awes

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

From: Gugel, Andrea M - DHS
To: abraham@pritzkerlaw.com
Cc: Smiley, Stephanie L - DHS (DPH)
Subject: RE: Public Records Request - Email 3
Date: Friday, February 14, 2020 11:09:40 AM
Attachments: Romaine Lettuce O157H7_Nov 2019_Talking Points_112619_CLEARED.pdf
image001.png
image007.png
image008.png
image009.png
image010.png
image011.png
Romaine_Ecoli O157_FAQs_CLEARED_112619_final.pdf
Food Safety Alert_Case Count Update_Ecoli_O157_Romaine_112619_FINAL.pdf
Food Safety Alert_Ecoli_O157_Romaine_112219_CLEARED.pdf
Investigation Notice_EColi_O157_Packaged Salads_Initial Announcement_11202019_FULL CLEAR.pdf
Outbreak of O157 Infections_Nov 2019_Talking Points_FINAL_112019.pdf
Romaine Lettuce O157H7_Nov 2019_Talking Points_112219_CLEARED.pdf

---

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Andrea Gugel
Strategic Initiatives Coordinator
Wisconsin Department of Health Services
608-266-6966 | Andrea.Gugel@dhs.wisconsin.gov

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AMERICAN OVERSIGHT

Abraham Awes

AMERICAN OVERSIGHT

From:	Kocharian, Anna - DHS
To:	Kaplan, Beth M - DHS; Westergaard, Ryan P - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); Klos, Rachel F - DHS; DeSalvo, Traci E - DHS; Pray, Ian W - DHS (CDC)
Subject:	RE: quarantine, self-isolating...glossary
Date:	Monday, February 03, 2020 5:51:29 PM

Just released with definitions:
https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

I also have a draft GovD message (under drafts, "BCD: Novel Coronavirus (2019-nCoV) Update: New CDC Testing Criteria and Traveler Movement and Monitoring Guidance"). I will send the draft to this group separately. We can discuss tomorrow what specific information to include in the GovD for LHDs in text, in addition to the link to the guidance.

Thanks much!

Anna

From: Kaplan, Beth M - DHS
Sent: Monday, February 3, 2020 3:15 PM
To: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>
Subject: RE: quarantine, self-isolating...glossary

Thank you!
Beth

From: Westergaard, Ryan P - DHS
Sent: Monday, February 03, 2020 3:14 PM
To: Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>
Subject: RE: quarantine, self-isolating...glossary

We are on a call with CSTE/CDC right now, and they said CDC will be releasing more guidance about these definitions within several hours. We'll look at these and get back to you. Hopefully they will be relevant and comprehensive.

AMERICAN OVERSIGHT

From: Kaplan, Beth M - DHS
Sent: Monday, February 3, 2020 3:12 PM
To: Westergaard, Ryan P - DHS
Cc: Smiley, Stephanie L - DHS (DPH)
Subject: quarantine, self-isolating...glossary

Hi Ryan,

Can you assist with creating a super short glossary for terms having to do with quarantine, self-isolating, etc.? I understand there is concern that we may need to be more consistent in using accurate terminology for these and related terms.

Let me know of any questions – thank you!
Beth

Beth Kaplan
Communications Specialist-Advanced (Lead)
Division of Public Health
Wisconsin Department of Health Services
1 W. Wilson St.
(608) 261-9303
Madison, WI 53703
dhs.Wisconsin.gov

AMERICAN OVERSIGHT

From: Palm, Andrea J - DHS
To: Ayers, Jeanne F - DHS
Subject: Re: Readout from the Vice President"s Discussion with our Nation"s Governors on COVID-19 Coordination & Preparedness
Date: Monday, March 02, 2020 9:40:34 PM

Thanks Jeanne.

Sent from my iPhone

> On Mar 2, 2020, at 7:06 PM, Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov> wrote:
>
> Andrea,
> I am sharing this in case you would find it helpful to prepare for your Governor's briefing tomorrow. I am not sure if our Governor was on the call.
> Jeanne
>
> ---
>
> **From:** Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
> **Sent:** Monday, March 2, 2020 5:38 PM
> **To:** Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
> **Cc:** Hoelscher, Douglas L. EOP/WHO <Douglas.L.Hoelscher@who.eop.gov>; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Imhoff, Olivia P. EOP/WHO <Olivia.P.Imhoff2@who.eop.gov>
> **Subject:** Readout from the Vice President's Discussion with our Nation's Governors on COVID-19 Coordination & Preparedness
>
> Office of the Vice President
>
> FOR IMMEDIATE RELEASE
> March 2, 2020
>
> **READOUT FROM THE VICE PRESIDENT'S DISCUSSION WITH OUR NATION'S GOVERNORS ON COVID-19 COORDINATION & PREPAREDNESS**
>
> Vice President Mike Pence today participated in a discussion with more than 50 of our Nation's governors to provide an update on the work of the White House Coronavirus Task Force, to continue coordination with governors and state and local officials to respond to and prepare for the coronavirus, and to thank governors and state and local leaders—particularly state and local health officials—for their leadership.

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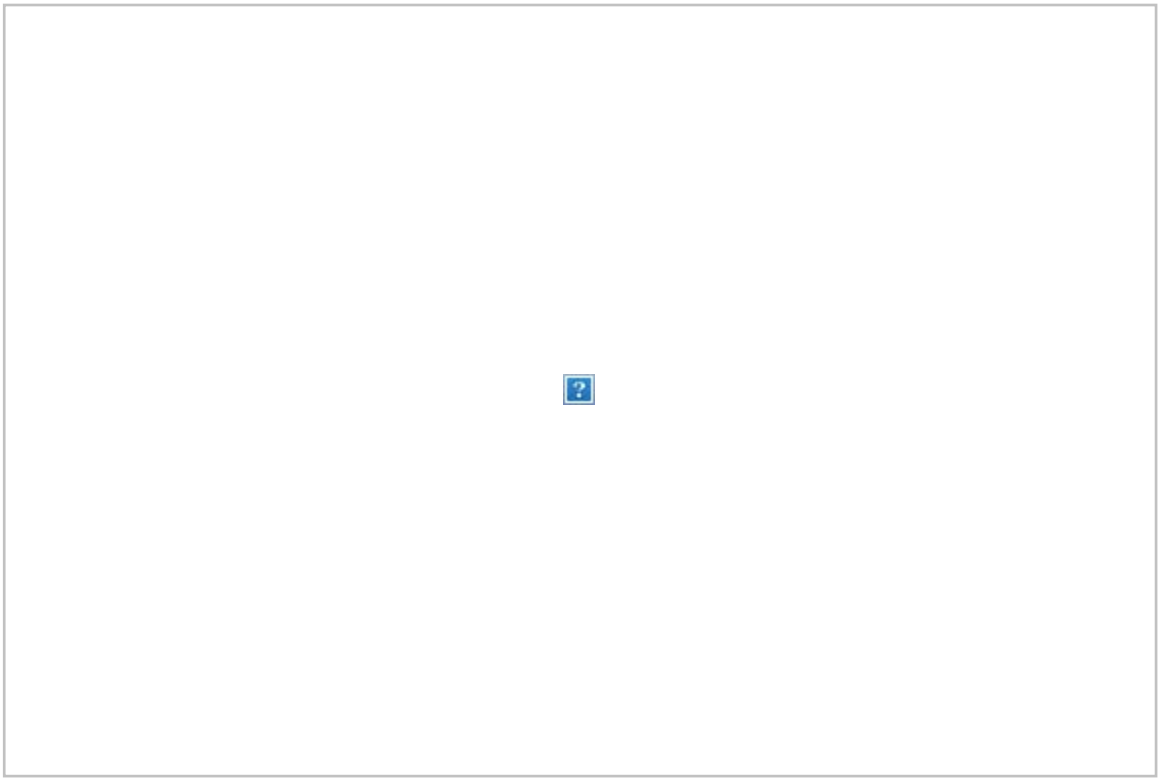
The Vice President, U.S. Department of Health and Human Services (HHS) Secretary Alex Azar, and Centers for Disease Control & Prevention (CDC) Principal Deputy Director Dr. Anne Schuchat provided a status update on the Coronavirus, outlined ongoing Federal efforts, and discussed State and local actions with the governors.

Governor Larry Hogan, Chair of the National Governors Association, joined the Vice President in person, and other governors joined via video teleconference or phone.

The Vice President pledged to convene the governors for a teleconference on a weekly basis, and made assurances that Federal leaders will continue its close coordinate with our Nation's governors and other State and local leaders.



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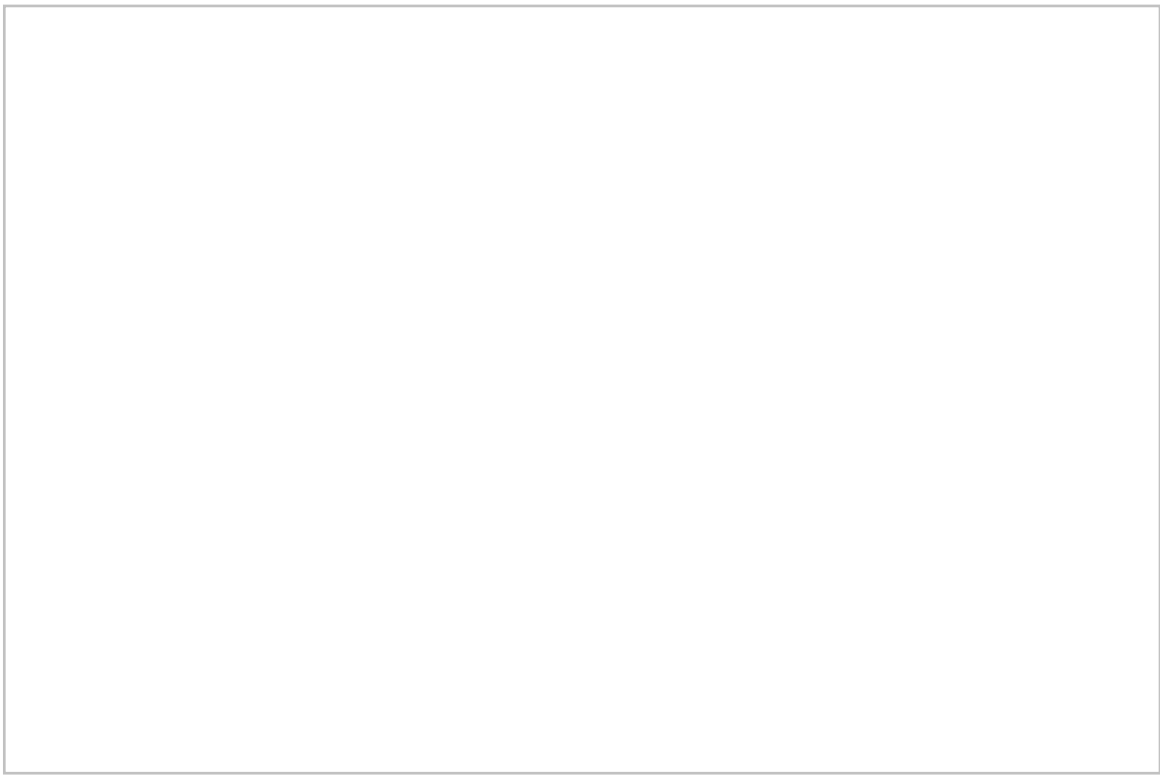
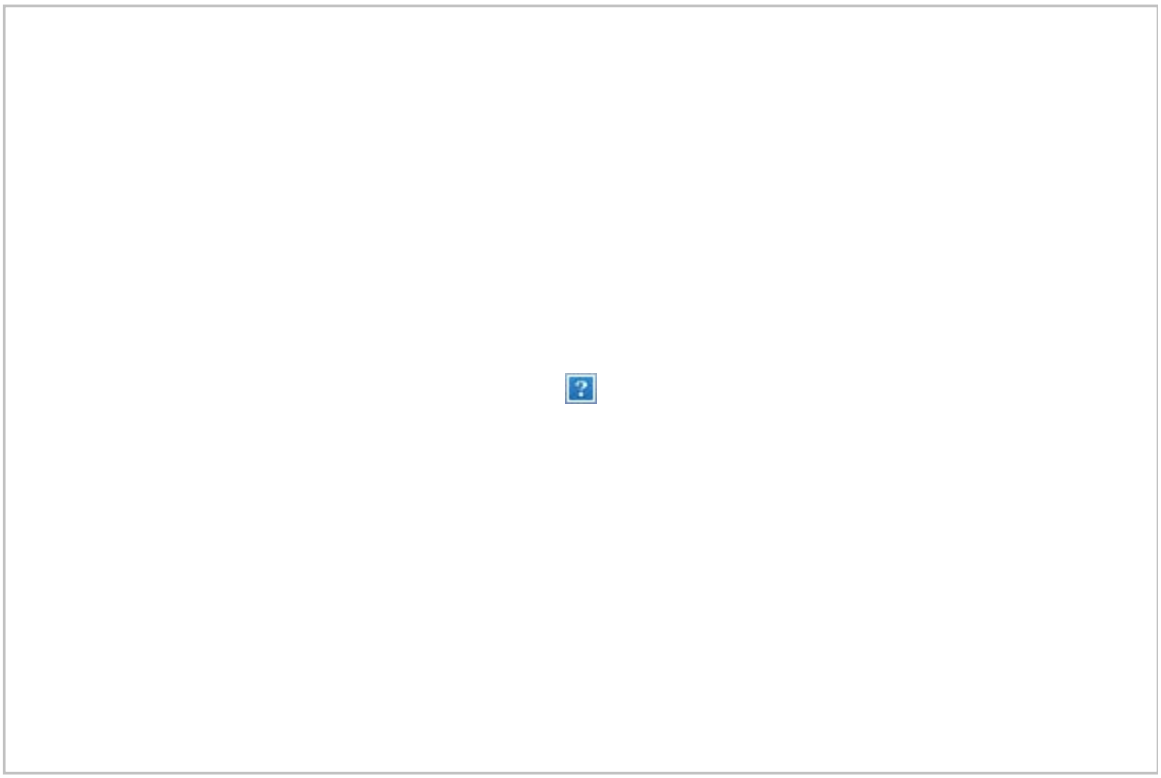




###

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs

AMERICAN OVERSIGHT

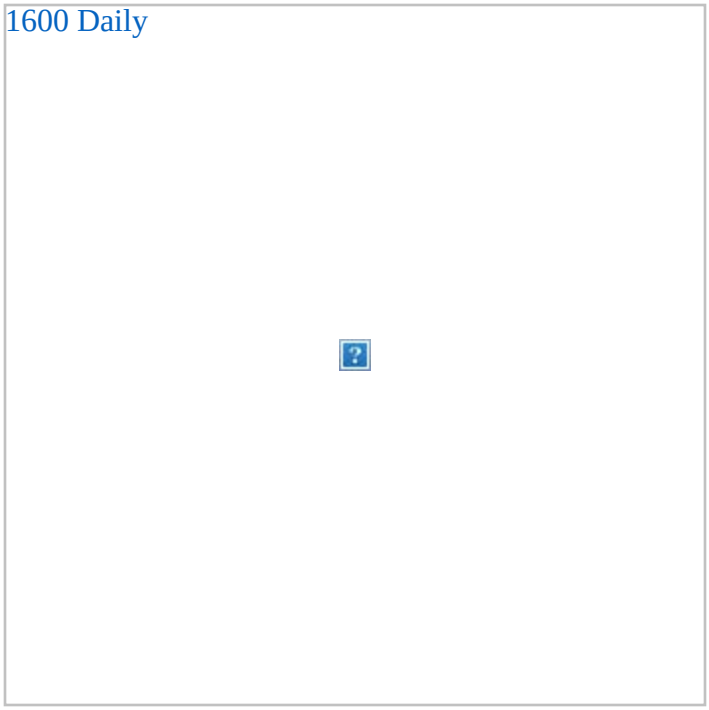
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

AMERICAN OVERSIGHT

From: Pottebaum, Nic D. EOP/WHO
To: Pottebaum, Nic D. EOP/WHO
Subject: Re: The President & Coronavirus Task Force News Conference TODAY at 6:30 p.m. Eastern Time
Date: Wednesday, February 26, 2020 4:28:54 PM

State Leaders and Staff,

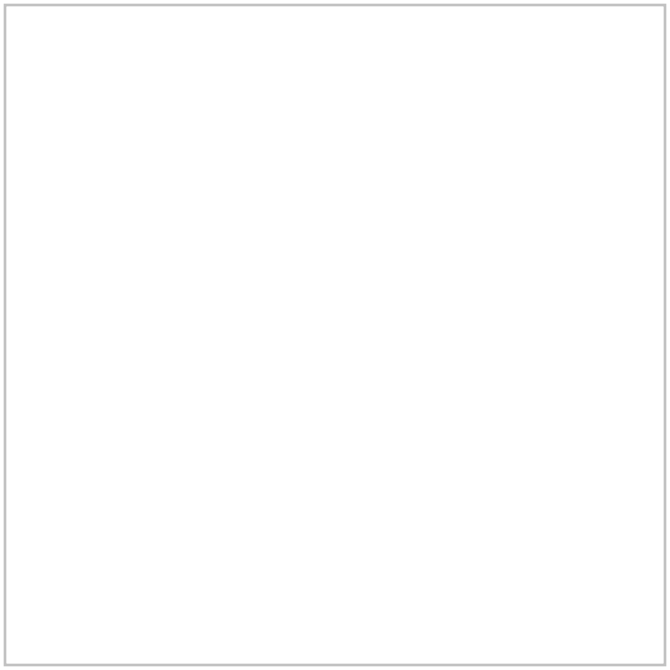
Below you will find additional information.



The White House • February 26, 2020

President Trump's aggressive coronavirus response

AMERICAN OVERSIGHT



Watch LIVE at 6:30 p.m. ET as President Trump and members of the Coronavirus Task Force hold a news conference.

Under President Trump's leadership, the full weight of the U.S. Government is working to protect the health and safety of the American people.

Tonight at 6:30 p.m. ET, the President and members of the Coronavirus Task Force will hold a news conference to update Americans on the federal response to the coronavirus.

Decisive action from President Trump at the beginning of the outbreak—including prudent travel restrictions and an early containment strategy—has given local officials time to prepare. Last month, the President formed a Coronavirus Task Force, led by Health and Human Services Secretary Alex Azar and comprised of subject-matter experts, to organize a whole-of-government response.

As a result, America has been able to stay ahead of the outbreak as it develops abroad.

The Trump Administration also recently requested new funding authorities from Congress. With this action, the Administration expects to allocate at least $2.5 billion to fight the coronavirus. That funding will go toward public health preparedness, laboratory testing, quarantine costs, the development of vaccines, and other healthcare priorities.

One principle in particular has defined President Trump's approach: radical transparency. Rather than keep Americans in the dark, the Administration wants citizens to be able to see inside each step of the process. The President also wants all Americans to understand how their government is working hard to keep them safe.

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“We’re taking this incredibly serious here in the United States,” Secretary Azar said. “We are doing the most aggressive containment efforts in modern history to prevent further spread in the United States. We’re going to continue taking those measures.”

Tune in to President Trump’s briefing LIVE at 6:30 p.m. ET.

READ: “Our coronavirus response is protecting Americans”

Thanks,
Nic

On Feb 26, 2020, at 4:58 PM, Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> wrote:

State Leaders and Staff,

Today (Wednesday, February 26) at 6:30 PM Eastern Time, President Donald J. Trump, Vice President Mike Pence, and Members of the Coronavirus Task Force will Hold a News Conference from the White House James S. Brady Briefing Room.

You can view the news conference here:WhiteHouse.gov/Live.

Please let me know if you have any questions.

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

AMERICAN OVERSIGHT

From:	Kocharian, Anna - DHS
To:	Michels, Cody M - DHS; DeSalvo, Traci E - DHS; Cordova, Joseph A - DHS; Vasby, Tara J - DHS; Smiley, Stephanie L - DHS (DPH)
Cc:	Ellinger, Beth A - DHS
Subject:	RE: Todays Livestream and Skype call
Date:	Friday, February 07, 2020 1:40:09 PM
Attachments:	2019 nCoV IP Webinar 2.7.20 updated.pptx image011.png image012.png image013.png

I'm not sure if they're approved yet, but here they are.
Thank you!

Anna Kocharian, M.S. | Epidemiologist | Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases | Tel: (608) 267-9004 | Fax: (608) 261-4976 | anna.kocharian@wisconsin.gov

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From: Michels, Cody M - DHS
Sent: Friday, February 7, 2020 1:25 PM
To: DeSalvo, Traci E - DHS; Cordova, Joseph A - DHS; Vasby, Tara J - DHS; Smiley, Stephanie L - DHS (DPH); Kocharian, Anna - DHS
Subject: Todays Livestream and Skype call

So we got the Livesteam setup down in B250G. It's a conference room in the back of the cafeteria on the left. Gary is down there now and will be doing that for you. If someone with the slides can be down there by 1:45 that would be helpful. You may not have internet access down there so make sure the documents that you need are downloaded directly onto the computer.

I will be up in the EOC shortly to conduct the Skype call. Let me know if you need anything else.

Thanks,

Cody Michels
Bureau of Information Technology Services
Department of Health Services
1 West Wilson Street, Room B174, Madison, WI 53703
Main: (608) 261-8344
Mobile: (608) 698-5945

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AMERICAN OVERSIGHT

From:	Westergaard, Ryan P - DHS
To:	Warzecha, Charles J - DHS; Meiman, Jonathan G - DHS; Phillips, Jeffrey J - DHS; Thelen, Margaret K - DHS; Smiley, Stephanie L - DHS (DPH); Ayers, Jeanne F - DHS; DeSalvo, Traci E - DHS; Ellinger, Beth A - DHS; Kocharian, Anna - DHS
Subject:	RE: Tracking Guidance Development Needs
Date:	Monday, March 02, 2020 6:16:38 AM
Attachments:	3F4EE33E23ED4DD59E322F7610164E7A.png A9BF5E8C823748BAB9547D447E661DCA.png

Chuck, the guidance-tracking form is a good idea. I have not yet distilled my ideas down to a list of specific documents. As I have had time over the weekend (wife Mary is out of town so I've been entertaining 3 kids myself), I have taken notes with the goal of helping inform our overall strategy in this area. It's going to be a busy week.

The interim guidance documents pushed out by CDC in the past week seem to address most of the big areas of need. Most have been updated within the past 304 days, with a couple notable exceptions (e.g. returning traveler monitoring guidance) To me, our priorities should be:

1. Taking an inventory of all the types of partners/stakeholders who may seek guidance from DHS, and determining whether a guidance document has been created by CDC for this audience.
2. For the areas without specific CDC guidance, we need to assemble the best content and create a list of online resources.
3. For all of the CDC guidance documents, determine:
    a. Is there a need for a one-page synthesis with specific WI information?
    b. What is the best strategy to link visitors to our website to this information?
    c. What other WI-specific resources should be added to this?
4. What channels do we have to disseminate guidance resources to all the local partners who need it, beyond just posting on our website?

An idea I had about how to refine and prioritize the list of guidance areas: We could solicit input from locals in advance of our Webinar on Wed. We could ask everyone to RSVP by the end of today and provide a list of their top 1-3 questions or need areas. We can then prep for the Webinar and tally votes at the same time.

My Notes – Current Roundup of the Stakeholder Groups who are in need of Guidance, and what has been released so far.

Nursing homes and other long-term care facilities:
-CDC updated guidance for LTCF on 2/29:
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html
-Chris Crnich emailed me to share separate guidance from Society for Post-Acute and Long-term Care Mediince (PALTC)
https://paltc.org/sites/default/files/COVID-19-guidance.pdf
-The Washington SNF situation is tragic and will stimulate a large amount of concern and questions.

AMERICAN OVERSIGHT

We should be ready to support LTCFs proactively, however possible.

Community based, safety net-clinics, FQHCs

-There has not been any specific guidance for this group. They have particular challenges because small budgets and because they are not necessarily connected to larger health systems.
-John Fangman has a role with the Milwaukee Health Care Partnership which is a trusted convener of partnership between the health systems in MKE (including Children's). Has begun talking with Paul about how to support these clinics and wonder if there is a forum you both would suggest to do so.
-Paul Hunter is also a resource who for disseminating information through these networks.

Universities

-I have spoken with colleagues at UW who know of 200+ students currently studying abroad in Italy, many of whom are frantically trying to return to Madison. They are looking for guidance on whether all of these students should be quarantined. It appears that UW has not provided any specific recommendations about this.
-

Hospitals

- Interim infection control recommendations (last updated 2/21/20)
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

*Interim guidance for preparing for community transmission (updated 2/29/20)
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html

-UWH is making plans about surge capacity for patients needing inpatient beds (looking at other UW buildings for space), and plans for large numbers of sick workers. I am going to try to join some of their calls, because they seem to be organized well and may have relevant insights for other facilities.\

K12 Schools and daycare

-Interim guidance for preparation and response for administrators (updated 2/14/20)
https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html

Businesses & Employers

-Interim guidance for businesses to plan and respond (updated 2/26)
https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html

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LHDs
-Guidance for Public Health personnel evaluating PUIs in non-healthcare settings (2/24/20)
https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html

-Criteria for evaluating PUI (**updated** 2/27/20) (there is an associated FAQ page)
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

-Guidance for risk assessment with exposure in travel settings (**not updated** since 2/8/120)
https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

EMS
-Interim guidance for EMS and 911 (updated 2/15/20)
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html

Municipal and county governments
-Aside from school closures, guidance and consultation may be needed regarding cancellation of mass gatherings and other social distancing measures.

Individuals & Families

- Volunatary home quarantine is the NPI that is likely least familiar to people; we would need a good strategy for communicating this

My thoughts related to our current website(s)

- The main COVID-19 landing page https://www.dhs.wisconsin.gov/disease/covid-19.htm would be the best place to post curated guidance about community mitigation interventions.
- The 3 main bullets on the page do not reflect the rapidly-changing nature of the situation
- The Outbreaks page (https://www.dhs.wisconsin.gov/outbreaks/index.htm) has updated PUI and testing numbers, but also some static content that could easily go on the general page. The governor/secretary-designee video is going to be out of date very soon (it emphasizes there is a single case); we need to be ready to take down/replace.
- When WSLH comes online with testing, we will want to remove the "pending" category, and just report positive cases (updated daily) and total tests (maybe updated less than daily, if the volume is high)
- We may want to list a table of counties or a map showing which WI counties have had cases reported. This will be relevant as local municipalities think about whether and how to implement things like canceling classes and gatherings.

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Some thoughts about the LHD Webinar on Wed.

- It may be helpful for everyone if we asked locals to submit questions in advance, i.e. by C.O.B on Tuesday. Then we can be prepared to answer the most frequently asked; this may also highlight issues that are more/less important for general communication.
- I spoke with some on the call who find the format frustrating. They would like to be able to answer questions verbally rather than type them, similar to how we run the media calls. Sometimes we may not understand the full context of the question, and in these cases a follow-up or back/forth could be useful.

From: Warzecha, Charles J - DHS
Sent: Sunday, March 1, 2020 8:13 AM
To: Westergaard, Ryan P - DHS; Meiman, Jonathan G - DHS; Ayers, Jeanne F - DHS
Cc: Smiley, Stephanie L - DHS (DPH); Phillips, Jeffrey J - DHS; Thelen, Margaret K - DHS
Subject: Tracking Guidance Development Needs

Ryan, Jon, and Jeanne,
I've added a tab to our current task tracker that is specific to guidance we determine is needed. It is located on the L drive in the planning directory for this event. I've also attached a copy to this message. Please add the guidance gaps you have been thinking of and any new topics that occur to you to the one on the L drive, or add them to the attached file and email them back to me and copy Maggie on the message. CDC announced yesterday that they have several additional guidance materials in development that could be anticipated today and more tomorrow. I'm not the expert but I've been pleased with what I've seen from CDC's most recent guidance regarding some of the needs we've already been discussing.

Because of how things have been evolving we would like to be sure we are moving quickly on those things that we need for this response. At this point list everything you can think of and we can sift and winnow as we go. As the CDC guidance comes out we can check it against our priority list and know what remains. I understand that OPS also has a list and we will be working to get that added as well.

When planning has a chance to look at this they may come up with a better process for this on an ongoing basis (and that is welcomed). Thanks for your help with this!

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Chuck

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Gerdes, Austin A - DHS
To: Klos, Rachel F - DHS
Cc: Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Kocharian, Anna - DHS
Subject: RE: Travel on our outbreak webpage
Date: Tuesday, February 25, 2020 8:14:23 AM

Hi All,

I've made these changes, and they should be published sometime today.

Thanks,

Austin

--
Austin Gerdes, MPH
CDES/Mycotic Program Assistant
Bureau of Communicable Diseases | Division of Public Health | Wisconsin Department of Health Services
Phone: (608) 266-7338 | Fax: (608) 261-4976
austin.gerdes@dhs.wisconsin.gov

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From: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>
Sent: Monday, February 24, 2020 3:28 PM
To: Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>
Subject: Travel on our outbreak webpage

Hi Austin,
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Stephanie and Traci- are you okay with these changes?

Rachel

Current link and text on the COVID Outbreak page:

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Traveling to China? The U.S. State Department has guidance for travelers.(link is external)
https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/china-travel-advisory.html

Proposed new language and updated link:
Traveling internationally? The CDC has guidance for travelers.(link external)
https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

Rachel Klos, DVM, MPH
State Public Health Veterinarian
Wisconsin Division of Public Health
Office: 608-266-2154 / Fax: 608-261-4976
Email: Rachel.klos@wi.gov

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Klos, Rachel F - DHS; Gerdes, Austin A - DHS
Cc:	DeSalvo, Traci E - DHS; Kocharian, Anna - DHS
Subject:	RE: Travel on our outbreak webpage
Date:	Monday, February 24, 2020 3:39:48 PM

Definitely good with these changes, thanks for mentioning it Rachel!

Smiley

From: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>
Sent: Monday, February 24, 2020 3:28 PM
To: Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>
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Rachel Klos, DVM, MPH
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Wisconsin Division of Public Health
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From:	Klos, Rachel F - DHS
To:	Gerdes, Austin A - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Kocharian, Anna - DHS
Subject:	RE: Travel on our outbreak webpage
Date:	Tuesday, February 25, 2020 8:21:00 AM

Thanks Austin!

Rachel Klos, DVM, MPH
State Public Health Veterinarian
Wisconsin Division of Public Health
Office: 608-266-2154 / Fax: 608-261-4976
Email: Rachel.klos@wi.gov

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Austin Gerdes, MPH
CDES/Mycotic Program Assistant
Bureau of Communicable Diseases | Division of Public Health | Wisconsin Department of Health Services
Phone: (608) 266-7338 | Fax: (608) 261-4976
austin.gerdes@dhs.wisconsin.gov

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Rachel Klos, DVM, MPH
State Public Health Veterinarian
Wisconsin Division of Public Health
Office: 608-266-2154 / Fax: 608-261-4976
Email: Rachel.klos@wi.gov

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From: Smiley, Stephanie L - DHS (DPH)
To: Kopetskie, Karen M - DHS; Yunker, Claire F - DHS
Cc: Mulder, Lois J - DHS; Redington, Angela D - DHS; DeSalvo, Traci E - DHS
Subject: RE: WHO definition of coronavirus
Date: Wednesday, February 12, 2020 1:18:09 PM
Attachments: image001.png
image002.png
image003.png

Yes, we will change it to COVID-19.

Thank you!

Smiley

From: Kopetskie, Karen M - DHS
Sent: Wednesday, February 12, 2020 12:47 PM
To: Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Cc: Mulder, Lois J - DHS <Lois.Mulder@dhs.wisconsin.gov>; Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: RE: WHO definition of coronavirus

I didn't attend the IMS today. I'm looping in Traci to see if this is a change we need to make on the Outbreaks page before it is published at 2 today.

Karen Kopetskie
Communications Specialist
Division of Public Health Web Coordinator
Department of Health Services
608-267-2426

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From: Yunker, Claire F - DHS
Sent: Wednesday, February 12, 2020 12:42 PM
To: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>
Cc: Mulder, Lois J - DHS <Lois.Mulder@dhs.wisconsin.gov>; Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>
Subject: WHO definition of coronavirus

Hi Karen,

AMERICAN OVERSIGHT

Was the updated name for coronavirus mentioned at IMS? Will we be updating the language on all of our webpages and documents? As the pubs are guidance documents, we need to update them by noon tomorrow. https://www.cdc.gov/coronavirus/2019-ncov/about/index.html

Thanks!

Claire Yunker
Deputy Communications Director
she, her, hers
Wisconsin Department of Health Services
D: 608-266-6657 | C: 608-335-5662

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From:	Kopetskie, Karen M - DHS
To:	Yunker, Claire F - DHS
Cc:	Mulder, Lois J - DHS; Redington, Angela D - DHS; DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH)
Subject:	RE: WHO definition of coronavirus
Date:	Wednesday, February 12, 2020 12:47:20 PM
Attachments:	image001.png image005.png image006.png

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Karen Kopetskie
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Division of Public Health Web Coordinator
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From: Yunker, Claire F - DHS
Sent: Wednesday, February 12, 2020 12:42 PM
To: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>
Cc: Mulder, Lois J - DHS <Lois.Mulder@dhs.wisconsin.gov>; Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>
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Claire Yunker
Deputy Communications Director
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From:	Kopetskie, Karen M - DHS
To:	DeSalvo, Traci E - DHS
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	RE: WHO definition of coronavirus
Date:	Wednesday, February 12, 2020 1:31:55 PM
Attachments:	image001.png image002.png image003.png image006.png
Importance:	High

We need to update all of the publications we have published to the pubs library by noon tomorrow. The files are due to be published as guidance at that time. If we make changes after that, the pubs will have to be reposted as guidance.

I'm taking care of changes to our webpages.

Karen Kopetskie
Communications Specialist
Division of Public Health Web Coordinator
Department of Health Services
608-267-2426

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From: Yunker, Claire F - DHS
Sent: Wednesday, February 12, 2020 1:10 PM
To: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>
Cc: Mulder, Lois J - DHS <Lois.Mulder@dhs.wisconsin.gov>; Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>
Subject: RE: WHO definition of coronavirus

Do we also need to change it on the publications?

Thank you!

Claire Yunker
Deputy Communications Director
she, her, hers
Wisconsin Department of Health Services
D: 608-266-6657 | C: 608-335-5662

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From: Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>
Sent: Wednesday, February 12, 2020 1:07 PM
To: Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Cc: Mulder, Lois J - DHS <Lois.Mulder@dhs.wisconsin.gov>; Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>
Subject: RE: WHO definition of coronavirus

Traci said we need to change the name of the disease on the web. I'm updating the Outbreaks page now.

Karen Kopetskie
Communications Specialist
Division of Public Health Web Coordinator
Department of Health Services
608-267-2426

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Cc: Mulder, Lois J - DHS <Lois.Mulder@dhs.wisconsin.gov>; Redington, Angela D - DHS <Angela.Redington@dhs.wisconsin.gov>
Subject: WHO definition of coronavirus

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Claire Yunker
Deputy Communications Director

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From:	Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)
To:	DeSalvo, Traci E - DHS; Westercamp, Matthew (CDC/DDID/NCEZID/DHQP); Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES); Bryant-Genevier, Jonathan (CDC/DDPHSIS/CGH/DGHP); kbartlett@publichealthmdc.com
Cc:	Kocharian, Anna - DHS; Haupt, Thomas E - DHS; Mason, Jordan L - DHS; Klos, Rachel F - DHS; Pray, Ian W - DHS (CDC); Smiley, Stephanie L - DHS (DPH); Kita-Yarbro, Amanda
Subject:	RE: WI GO Team updates from today
Date:	Sunday, February 09, 2020 10:53:33 AM
Attachments:	image001.png

Good morning,

Given the snowstorm, we had to abort our plan to do specimen collection today (and are working on getting cars that are more equipped for the weather). We called all who we reached out to yesterday, and informed them of our plan.

- Given that we will postpone some of the specimen collection to tomorrow, we anticipate that most of our day on Monday will be spent on specimen collection (and Matt may meet with the UW team). Therefore, would it be possible to postpone the meeting that was tentatively scheduled at 9AM tomorrow to **later in the day Monday or to start from Tuesday**?
- As of now, the main things we would like to follow up on are:
    - Status of reaching out to contacts and monitoring (we will send a table shell separately)
    - Data transmission of case/contact report forms
    - Data transmission on lab results once the WI public health lab is able to test PUI specimens locally
    - Plans for PPE training
    - Other issues/questions from State/County DoH

Thank you!

From: Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)
Sent: Saturday, February 8, 2020 10:54 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Westercamp, Matthew (CDC/DDID/NCEZID/DHQP) <xzj3@cdc.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Bryant-Genevier, Jonathan (CDC/DDPHSIS/CGH/DGHP) <phv4@cdc.gov>; kbartlett@publichealthmdc.com
Cc: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Smiley, Stephanie (CDC dhs.wisconsin.gov) <Stephanie.smiley@dhs.wisconsin.gov>; AKita@publichealthmdc.com
Subject: WI GO Team updates from today

Good evening,

Here are some updates from today:

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1. Contact tracing

- We collected NP/OP specimens from the new PUI (airplane contact) and an asymptomatic contact who is scheduled to depart for CO. Because we had a PUI specimen, we made arrangements for both of them to be sent to CDC for delivery tomorrow.
- We reached out to one of the contacts, who was symptomatic (residual cough, no fever) from an URI that she developed before the 1/30 flight (onset 1/20).
    - She stated that her husband has been ill from around the time she returned (around 2/1); however, he has been feeling worse this past few days.
    - He went to the urgent care clinic today with symptoms of cough, fever. The provider contacted UW, and I was contacted about the husband through them as well.
    - Considering the incubation period, it is very unlikely for the husband to have developed nCoV infection from the wife if we use the 2/1 onset date; however, given the information that the husband has been feeling worse lately, we are planning to be collect specimens from the husband as well. We will also try to get more information from the husband tomorrow. CDC HQ team is aware of the situation.

2. Lab update

- We learned today that the state lab has received the nCOV EUA reagents, and the lab felt that they should be able to run specimens in their lab from around Wednesday. Once the state lab is ready to use the nCOV reagents, CDC HQ states that PUI specimens (and other respiratory specimens from the case) can be run locally. CDC HQ is working on updating the guidance on this. Perhaps we could discuss how the date should flow (state/local/CDC) once the respiratory specimens start to be tested locally.

3. Informing other jurisdiction

- We discussed with the HQ about the following situations:
    - The case who spent a night in San Diego. She took uber to and from the hotel, and stayed overnight at a Holiday Inn near the airport.
    - The asymptomatic contact who is departing for CO for her wedding this evening, and will be staying there from Monday to Saturday next week (near Estes Park)

  The suggestions were to:
    - consider informing CA that the uber drivers and the hotel receptionist might have been exposed, and
    - consider informing CO that there will be medium risk person who will be staying in their jurisdiction next week.

4. Plans for tomorrow

- We were able to communicate with 4/6 medium risk contacts that we reached out to today, and we are planning to collect specimens from them (plus the husband of a contact as described above) tomorrow as long as weather permits
- We will collect serial specimens from the case and the household contacts

5. Meeting

- We are tentatively planning on having a daily check-in meeting at 9AM with Dane county

AMERICAN OVERSIGHT

starting from Monday. The purpose would be to share information on the status of the investigation and next steps. It would be great if a representative from the state could join as well.

Please let us know if you have any questions!

Matt, Bryan, Jonathan, and Miwako

From: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Sent: Friday, February 7, 2020 2:24 PM
To: Westercamp, Matthew (CDC/DDID/NCEZID/DHQP) <xzj3@cdc.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) <ydk3@cdc.gov>; Bryant-Genevier, Jonathan (CDC/DDPHSIS/CGH/DGHP) <phv4@cdc.gov>
Cc: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Smiley, Stephanie (CDC dhs.wisconsin.gov) <Stephanie.smiley@dhs.wisconsin.gov>
Subject: Weekend Contact Information

Good Afternoon CDC Team,

Thank you again for joining us in Wisconsin to assist with our nCoV investigation, we truly appreciate all of your assistance! I wanted to make sure you have contact information for CDES staff over the weekend, in the event that you need assistance.

The best way to reach me is via my cell phone: 920-470-7205.

Jordan Mason is our on-call person, and can be reached via the on-call service (608-258-0099) if you are having any trouble getting in touch with us.

If you haven't already done so, could our CDES team please share weekend contact information with the CDC team?

Thanks,
Traci

Traci DeSalvo, MPH
Chief, Communicable Diseases Epidemiology Section
Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases
Phone: (608) 267-7321 | Fax: (608) 261-4976

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From:	Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)
To:	DeSalvo, Traci E - DHS; Westercamp, Matthew (CDC/DDID/NCEZID/DHQP); Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES); Bryant-Genevier, Jonathan (CDC/DDPHSIS/CGH/DGHP); kbartlett@publichealthmdc.com
Cc:	Kocharian, Anna - DHS; Haupt, Thomas E - DHS; Mason, Jordan L - DHS; Klos, Rachel F - DHS; Pray, Ian W - DHS (CDC); Smiley, Stephanie L - DHS (DPH); Kita-Yarbro, Amanda
Subject:	RE: WI GO Team updates from today
Date:	Sunday, February 09, 2020 3:51:55 PM
Attachments:	image001.png

Good afternoon,

We had further discussion with our team, and we thought it actually might be better to keep the 9AM meeting that we planned since there are quite a few things we may need to go over. We will have representatives from the CDC team join the meeting, while others continue with specimen collection.

We look forward to seeing you tomorrow!

Thank you,

Jonathan, Bryan, Matt, and Miwako

From: Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)
Sent: Sunday, February 9, 2020 11:53 AM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Westercamp, Matthew (CDC/DDID/NCEZID/DHQP) <xzj3@cdc.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Bryant-Genevier, Jonathan (CDC/DDPHSIS/CGH/DGHP) <phv4@cdc.gov>; kbartlett@publichealthmdc.com
Cc: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Smiley, Stephanie (CDC dhs.wisconsin.gov) <Stephanie.smiley@dhs.wisconsin.gov>; AKita@publichealthmdc.com
Subject: RE: WI GO Team updates from today

Good morning,

Given the snowstorm, we had to abort our plan to do specimen collection today (and are working on getting cars that are more equipped for the weather). We called all who we reached out to yesterday, and informed them of our plan.

- Given that we will postpone some of the specimen collection to tomorrow, we anticipate that most of our day on Monday will be spent on specimen collection (and Matt may meet with the UW team). Therefore, would it be possible to postpone the meeting that was tentatively scheduled at 9AM tomorrow to **later in the day Monday or to start from Tuesday**?
- As of now, the main things we would like to follow up on are:
    - Status of reaching out to contacts and monitoring (we will send a table shell separately)

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- Data transmission of case/contact report forms
- Data transmission on lab results once the WI public health lab is able to test PUI specimens locally
- Plans for PPE training
- Other issues/questions from State/County DoH

Thank you!

From: Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)
Sent: Saturday, February 8, 2020 10:54 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Westercamp, Matthew (CDC/DDID/NCEZID/DHQP) <xzj3@cdc.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Bryant-Genevier, Jonathan (CDC/DDPHSIS/CGH/DGHP) <phv4@cdc.gov>; kbartlett@publichealthmdc.com
Cc: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Smiley, Stephanie (CDC dhs.wisconsin.gov) <Stephanie.smiley@dhs.wisconsin.gov>; AKita@publichealthmdc.com
Subject: WI GO Team updates from today

Good evening,

Here are some updates from today:

1. Contact tracing

- We collected NP/OP specimens from the new PUI (airplane contact) and an asymptomatic contact who is scheduled to depart for CO. Because we had a PUI specimen, we made arrangements for both of them to be sent to CDC for delivery tomorrow.
- We reached out to one of the contacts, who was symptomatic (residual cough, no fever) from an URI that she developed before the 1/30 flight (onset 1/20).
    - She stated that her husband has been ill from around the time she returned (around 2/1); however, he has been feeling worse this past few days.
    - He went to the urgent care clinic today with symptoms of cough, fever. The provider contacted UW, and I was contacted about the husband through them as well.
    - Considering the incubation period, it is very unlikely for the husband to have developed nCoV infection from the wife if we use the 2/1 onset date; however, given the information that the husband has been feeling worse lately, we are planning to be collect specimens from the husband as well. We will also try to get more information from the husband tomorrow. CDC HQ team is aware of the situation.

2. Lab update

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- We learned today that the state lab has received the nCOV EUA reagents, and the lab felt that they should be able to run specimens in their lab from around Wednesday. Once the state lab is ready to use the nCOV reagents, CDC HQ states that PUI specimens (and other respiratory specimens from the case) can be run locally. CDC HQ is working on updating the guidance on this. Perhaps we could discuss how the date should flow (state/local/CDC) once the respiratory specimens start to be tested locally.

3. Informing other jurisdiction

- We discussed with the HQ about the following situations:
    - The case who spent a night in San Diego. She took uber to and from the hotel, and stayed overnight at a Holiday Inn near the airport.
    - The asymptomatic contact who is departing for CO for her wedding this evening, and will be staying there from Monday to Saturday next week (near Estes Park)

  The suggestions were to:
    - consider informing CA that the uber drivers and the hotel receptionist might have been exposed, and
    - consider informing CO that there will be medium risk person who will be staying in their jurisdiction next week.

4. Plans for tomorrow

- We were able to communicate with 4/6 medium risk contacts that we reached out to today, and we are planning to collect specimens from them (plus the husband of a contact as described above) tomorrow as long as weather permits
- We will collect serial specimens from the case and the household contacts

5. Meeting

- We are tentatively planning on having a daily check-in meeting at 9AM with Dane county starting from Monday. The purpose would be to share information on the status of the investigation and next steps. It would be great if a representative from the state could join as well.

Please let us know if you have any questions!

Matt, Bryan, Jonathan, and Miwako

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Subject: Weekend Contact Information

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Traci DeSalvo, MPH
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Phone: (608) 267-7321 | Fax: (608) 261-4976

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From: Smiley, Stephanie L - DHS (DPH)
To: Schauer, Stephanie L - DHS
Subject: RE: WIR Security Update
Date: Tuesday, March 03, 2020 9:27:34 AM

Thanks for the update! ☺

From: Schauer, Stephanie L - DHS <Stephanie.Schauer@dhs.wisconsin.gov>
Sent: Tuesday, March 3, 2020 7:55 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: WIR Security Update
Importance: High

FYI

Stephanie Schauer, Ph.D.
(pronouns: she, her, hers)
Immunization Program Manager
Wisconsin Immunization Program
1 W. Wilson St., room 272
Madison, WI 53701
608-264-9884

****
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From: DUNN Aaron <Aaron.DUNN@dhsoha.state.or.us>
Sent: Monday, March 2, 2020 6:59 PM
To: DUNN Aaron <Aaron.DUNN@dhsoha.state.or.us>; Schauer, Stephanie L - DHS <Stephanie.Schauer@dhs.wisconsin.gov>
Cc: MOFFATT Lisa R <Lisa.R.MOFFATT@dhsoha.state.or.us>; 'Fairbanks, Joe' <jofairbanks@deloitte.com>; Gibbs-Scharf, Lynn (CDC/DDID/NCIRD/ISD) <lig1@cdc.gov>; Myerburg, Stuart (CDC/DDID/NCIRD/ISD) <jyz0@cdc.gov>
Subject: WIR Security Update
Importance: High

Dear WIR Consortium Representatives,

DXC has informed us they have developed solutions to the two security issues communicated last week and that these solutions are in the process of being rolled out to your jurisdiction's DXC teams. If they have not already reached out, DXC Project Managers will initiate outreach to each state starting today, 3/2, to discuss remediation actions and planning.

As a reminder, a security scan of CA and GA's code found evidence of SQL injection risk and

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insufficient user and application password encryption. Below is an update on each of the issues, including the likelihood that they affect other WIR jurisdictions.

Security Issue #1: SQL Injection Risk

Status: Instructions to test for this vulnerability will be distributed to DXC project managers in each jurisdiction today, 3/2

- DXC has remediated PL SQL injection threats over the past few years in a several jurisdictions. DXC believes most states should already have these remediations in place, but validation is required to confirm the presence of remediations given the state-specific nature of each code base
- Instructions are being distributed to DXC project managers today, 3/2 to test whether there is a SQL injection risk. The test will take 1-2 hours of effort to perform
- DXC teams will work with any jurisdictions with test results showing SQL injection risk to apply remediations through their release process

Status of Security Issue #2 (Part A): User Passwords

Status: A solution will be distributed to DXC project managers today, 3/2

- This issue is likely applicable to all WIR jurisdictions
- Testing of the solution in Oregon was completed on Friday, 2/28; UAT and Production deployments are pending
- Solution code and instructions were sent to all DXC project managers on Friday, 2/28
- DXC project managers will begin engaging with customers today, 3/2, to schedule deployment
- Patch requires several hours of technical effort

Status of Security Issue #2 (Part B): Application Passwords

Status: A solution was distributed to DXC project managers Fri, 2/28

- This issue is likely applicable to all WIR jurisdictions
- Testing of the solution in Oregon scheduled to be complete today, 3/2
- Solution code and instructions were sent to all DXC project managers on Friday, 2/28
- Patch requires one day of technical effort and will require a full system test prior to release
- It is possible that some projects may be unable to adopt the change based on environment-specific architecture and security practices

Recommended Static Code Vulnerability Scan

- DXC recommends that all projects initiate a static code vulnerability scan if one was not recently completed or scheduled. DXC will work through state-specific requirements and processes to scan the code set and remediate based on state policy.

We will continue to keep you up to date on the overall status. Please work with your DXC teams as you are contacted about these fixes.

Thank you,

Aaron Dunn and Stephanie Schauer

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Aaron Dunn, MPH, OPMA
Immunizations Program Manager
OREGON HEALTH AUTHORITY
Public Health Division
Immunization Program
aaron.dunn@state.or.us
971-673-0318
http://www.oregon.gov/OHA

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From:	Rowe, Sandra M - DHS
To:	Smiley, Stephanie L - DHS (DPH)
Cc:	Warzecha, Charles J - DHS; Miller, Stephanie W - DHS
Subject:	RE: Wisconsin coronavirus - records request
Date:	Thursday, February 06, 2020 10:01:00 AM
Attachments:	image001.png image006.png

Hi Steph-

OLC has the request and we were going to take the lead on the response, if that is okay with you. We are in the process of contacting the requestor and discussing narrowing the request.

We will be back in touch to work on gathering the responsive records.

Sandy

From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Thursday, February 06, 2020 9:50 AM
To: Rowe, Sandra M - DHS <SandraM.Rowe@dhs.wisconsin.gov>
Cc: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Subject: FW: Wisconsin coronavirus - records request
Importance: High

Hi, Sandy,

Please see the records request below from the Associated Press. (Stephanie, cc'ing you as an FYI)

BCD has acknowledged the request.

Given that there is a request for the Secretary's and Deputy Secretary's e-mails, how do you prefer we proceed? Do you want us to coordinate or would OLC/the SO like to handle?

In this instance, I think that we would be fine filling it now vs. denying because while it is an active response, there isn't an "investigation" happening into the source, thus releasing the records would not impede our response. (Although collecting them and sifting through them all during a response will be an additional burden on the program, which is very hard.)

Any guidance you can provide would be greatly appreciated.

Thanks much!

Smiley

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Stephanie Smiley
Director, Bureau of Communicable Diseases, Division of Public Health
Wisconsin Department of Health Services
D: 608-267-9363 | C: 608-260-5616

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Emails sent by DHS can be encrypted. For information about how to view encrypted emails, go to: http://www.dhs.wisconsin.gov/aboutdhs/DES/email-encryption.pdf

---

From: DHS DPH Open Records Requests
Sent: Wednesday, February 5, 2020 8:58 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Subject: FW: Wisconsin coronavirus - records request
Importance: High

From: Choi, Candice [mailto:CChoi@ap.org]
Sent: Wednesday, February 05, 2020 2:54 PM
To: DHS Open Records Requests <DHSOpenRecordsRequests@dhs.wisconsin.gov>; DHS DPH Open Records Requests <DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>; DHS SecretaryOffice <DHSSecretaryOffice@dhs.wisconsin.gov>
Cc: Choi, Candice <CChoi@ap.org>
Subject: Wisconsin coronavirus - records request

Dear Records Custodian:

Pursuant to the Wisconsin Open Records Law, I request copies of all emails and text messages regarding the novel coronavirus in the email and phone accounts of the following individuals:

- Jeanne Ayers, state health officer
- Andrea Palm, secretary
- Julie Willems Van Dijk, deputy secretary
- Ryan Westergaard, chief medical officer in the bureau of communicable

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diseases
- Tom Haupt, epidemiologist

In collecting the requested records, please search for terms including (but not limited to) “coronavirus”, “virus”, “patient”, “sick”, “positive”, “negative” and “China”. To ensure collection of relevant emails with individuals at other agencies, please also search for terms including (but not limited) to “@cdc.gov”, “@nih.gov” and “@medicine.wsic.edu” in the accounts specified above.

The date range for the request is **Jan. 15, 2020 to the date of collection**.

I would like the records collected by the department’s legal, public records, public information or information technology office through searches of the county’s stored email system.

Please provide all responsive records by email.

As a member of the news media, I request a waiver for any fees associated with this request. I am making this request as an AP reporter and this request is being made as part of newsgathering in the public interest. If you deny this request for a fee waiver, please advise me in advance of the estimated charges if they are to exceed $25.

Please contact me by email at cchoi@ap.org or phone at (212) 621-7267 if you have any questions about this request.

Thank you for your assistance.

Sincerely,

Candice Choi

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Candice Choi
Reporter, Associated Press
200 Liberty St.
New York, NY 10281
(212) 621-7267
cchoi@ap.org

The information contained in this communication is intended for the use of the designated recipients named above. If the reader of this communication is not the intended recipient, you are hereby notified that you have received this communication in error, and that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify The Associated Press immediately by telephone at +1-212-621-1500 and delete this email. Thank you.

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From: Choi, Candice
To: Gugel, Andrea M - DHS
Cc: Smiley, Stephanie L - DHS (DPH)
Subject: RE: Wisconsin coronavirus - records request
Date: Thursday, February 06, 2020 7:18:40 AM
Attachments: image001.png
image007.png
image008.png
image009.png
image010.png
image011.png

Many thanks.

From: Gugel, Andrea M - DHS <andrea.gugel@dhs.wisconsin.gov>
Sent: Thursday, February 6, 2020 7:24 AM
To: Choi, Candice <CChoi@ap.org>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: RE: Wisconsin coronavirus - records request

Good morning,

Thank you for your records request. The Department is in the process of identifying the records that you have requested. Under the provisions of Wis. Stat. §19.35(3), the Department can charge for locating records if the cost is $50.00 or more, as well as for the costs of copies and mailing/shipping the records responsive to the request. We will contact you prior to incurring a cost if it appears that would be necessary. We may also contact you for clarification as needed while working on the request.

You may contact Stephanie Smiley and myself with any questions concerning this request.

Sincerely,

Andrea Gugel
Strategic Initiatives Coordinator
Wisconsin Department of Health Services
608-266-6966 | Andrea.Gugel@dhs.wisconsin.gov

* *

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From: Choi, Candice [mailto:CChoi@ap.org]
Sent: Wednesday, February 05, 2020 2:54 PM
To: DHS Open Records Requests <DHSOpenRecordsRequests@dhs.wisconsin.gov>; DHS DPH Open Records Requests

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<DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>; DHS SecretaryOffice <DHSSecretaryOffice@dhs.wisconsin.gov>
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- Ryan Westergaard, chief medical officer in the bureau of communicable diseases
- Tom Haupt, epidemiologist

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Cc: Smiley, Stephanie L - DHS (DPH)
Subject: RE: Wisconsin coronavirus - records request
Date: Thursday, February 06, 2020 6:23:53 AM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image006.png

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(212) 621-7267
cchoi@ap.org

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Rowe, Sandra M - DHS
Cc:	Warzecha, Charles J - DHS; Miller, Stephanie W - DHS
Subject:	RE: Wisconsin coronavirus - records request
Date:	Thursday, February 06, 2020 10:02:33 AM
Attachments:	image001.png image003.png

Sounds great! Thanks!

We'll await further instruction. ☺

Smiley

From: Rowe, Sandra M - DHS
Sent: Thursday, February 6, 2020 10:01 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Cc: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Subject: RE: Wisconsin coronavirus - records request

Hi Steph-

OLC has the request and we were going to take the lead on the response, if that is okay with you. We are in the process of contacting the requestor and discussing narrowing the request.

We will be back in touch to work on gathering the responsive records.

Sandy

From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Thursday, February 06, 2020 9:50 AM
To: Rowe, Sandra M - DHS <SandraM.Rowe@dhs.wisconsin.gov>
Cc: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Subject: FW: Wisconsin coronavirus - records request
Importance: High

Hi, Sandy,

Please see the records request below from the Associated Press. (Stephanie, cc'ing you as an FYI)

BCD has acknowledged the request.

Given that there is a request for the Secretary's and Deputy Secretary's e-mails, how do you prefer we proceed? Do you want us to coordinate or would OLC/the SO like to handle?

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In this instance, I think that we would be fine filling it now vs. denying because while it is an active response, there isn't an "investigation" happening into the source, thus releasing the records would not impede our response. (Although collecting them and sifting through them all during a response will be an additional burden on the program, which is very hard.)

Any guidance you can provide would be greatly appreciated.

Thanks much!

Smiley

Stephanie Smiley
Director, Bureau of Communicable Diseases, Division of Public Health
Wisconsin Department of Health Services
D: 608-267-9363 | C: 608-260-5616

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Emails sent by DHS can be encrypted. For information about how to view encrypted emails, go to: http://www.dhs.wisconsin.gov/aboutdhs/DES/email-encryption.pdf

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From: DHS DPH Open Records Requests
Sent: Wednesday, February 5, 2020 8:58 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Subject: FW: Wisconsin coronavirus - records request
Importance: High

From: Choi, Candice [mailto:CChoi@ap.org]
Sent: Wednesday, February 05, 2020 2:54 PM
To: DHS Open Records Requests <DHSOpenRecordsRequests@dhs.wisconsin.gov>; DHS DPH Open Records Requests <DHSDPHOpenRecordsRequests@dhs.wisconsin.gov>; DHS SecretaryOffice <DHSSecretaryOffice@dhs.wisconsin.gov>
Cc: Choi, Candice <CChoi@ap.org>

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Subject: Wisconsin coronavirus - records request

Dear Records Custodian:

Pursuant to the Wisconsin Open Records Law, I request copies of all emails and text messages regarding the novel coronavirus in the email and phone accounts of the following individuals:

- Jeanne Ayers, state health officer
- Andrea Palm, secretary
- Julie Willems Van Dijk, deputy secretary
- Ryan Westergaard, chief medical officer in the bureau of communicable diseases
- Tom Haupt, epidemiologist

In collecting the requested records, please search for terms including (but not limited to) “coronavirus”, “virus”, “patient”, “sick”, “positive”, “negative” and “China”. To ensure collection of relevant emails with individuals at other agencies, please also search for terms including (but not limited) to “@cdc.gov”, “@nih.gov” and “@medicine.wsic.edu” in the accounts specified above.

The date range for the request is **Jan. 15, 2020 to the date of collection**.

I would like the records collected by the department’s legal, public records, public information or information technology office through searches of the county’s stored email system.

Please provide all responsive records by email.

As a member of the news media, I request a waiver for any fees associated with this request. I am making this request as an AP reporter and this request is being made as part of newsgathering in the public interest. If you deny this request for a fee waiver, please advise me in advance of the estimated charges if they are to exceed $25.

Please contact me by email at cchoi@ap.org or phone at (212) 621-7267 if you have

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any questions about this request.

Thank you for your assistance.

Sincerely,

Candice Choi

Candice Choi
Reporter, Associated Press
200 Liberty St.
New York, NY 10281
(212) 621-7267
cchoi@ap.org

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From:	Bhattacharyya, Sanjib
To:	Ayers, Jeanne F - DHS; Kowalik, Jeanette
Cc:	Smiley, Stephanie L - DHS (DPH); Haupt, Thomas E - DHS
Subject:	RE: WSLH COVID-19 testing info
Date:	Thursday, March 05, 2020 5:06:34 PM
Attachments:	image001.png image002.png COVID-19 at MHDL.PDF

Hello Jeanne,

Here you go. Please feel free to share as appropriate. Our sincere apologies for any miscommunication, but our lab is ready and receiving specimens. We had been in regular communication with WSLH leaderships as well. Please let us know if you have additional questions.

Sincerely,
Sanjib

Sanjib Bhattacharyya, PhD
Laboratory Director
Special Deputy Health Commissioner
Pronouns: He • Him • His
City of Milwaukee Health Department
Ziedler Municipal Building **|** 841 N. Broadway, Room 205 **|** Milwaukee, WI 53202
Phone: (414) 286-5702 **|** Cell: (414) 698- 6631 | Fax: (414) 286-5098
www.milwaukee.gov/health | Facebook | Twitter

Be COUNTED in the 2020 Census!
milwaukee.gov/2020Census

Adjunct Faculty, Joseph J. Zilber School of Public Health
Clinical Associate Professor, College of Health Sciences
University of Wisconsin-Milwaukee

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From: Ayers, Jeanne F - DHS [mailto:jeanne.ayers@dhs.wisconsin.gov]
Sent: Thursday, March 5, 2020 3:05 PM
To: Kowalik, Jeanette <jkowal@milwaukee.gov>; Bhattacharyya, Sanjib <SBHATT@milwaukee.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>
Subject: FW: WSLH COVID-19 testing info

Jeannette and Sanjib,

We were glad to hear the Milwaukee Lab would be able to conduct COVID-19 testing. Based upon early information we shared this news in the media availability on Monday and in our Legislative Briefing on Wednesday. This morning that the testing is not yet occurring in Milwaukee because the guidance and protocols have not been finalized. Do you know when the Milwaukee Lab will be ready to accept samples? I am sharing the documents staff forwarded from the Wisconsin State Lab for your information. Is there anything else our team can do to facilitate the Milwaukee Laboratory readiness?

Please just let us know how we can help,

Jeanne

From: Gibbons-Burgener, Suzanne N - DHS <Suzanne.GibbonsBurgener@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 9:28 AM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: WSLH COVID-19 testing info

Good morning;
Attached are materials distributed by WSLH and provided by DHS when PUI testing is approved.
It would be great if Milwaukee lab would create similar guidance and accessioning procedures.
Mary Wedig at the WSLH is currently working on the message mapping for Electronic Laboratory Reports (ELR) so that results can be appropriately received into WEDSS. I assume that will be shared with any lab performing COVID-19 testing.

Thank you,
Suzanne

Suzanne Gibbons-Burgener, DVM, PhD
Infectious Diseases Epidemiologist
Communicable Diseases Epidemiology Section

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Division of Public Health
Wisconsin Dept. of Health Services
1 W. Wilson St, Rm 272
Madison, WI 53703
Phone: 608-266-0749
Email: Suzanne.GibbonsBurgener@dhs.Wisconsin.gov

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From:	Pottebaum, Nic D. EOP/WHO
To:	Pottebaum, Nic D. EOP/WHO
Cc:	Hoelscher, Douglas L. EOP/WHO; Obenshain, Tucker T. EOP/OVP; Swint, Zachariah D. EOP/WHO; Imhoff, Olivia P. EOP/WHO
Subject:	Readout from the Vice President"s Discussion with our Nation"s Governors on COVID-19 Coordination & Preparedness
Date:	Monday, March 02, 2020 5:38:28 PM

Office of the Vice President

FOR IMMEDIATE RELEASE
March 2, 2020

READOUT FROM THE VICE PRESIDENT'S DISCUSSION WITH OUR NATION'S GOVERNORS ON COVID-19 COORDINATION & PREPAREDNESS

Vice President Mike Pence today participated in a discussion with more than 50 of our Nation's governors to provide an update on the work of the White House Coronavirus Task Force, to continue coordination with governors and state and local officials to respond to and prepare for the coronavirus, and to thank governors and state and local leaders—particularly state and local health officials—for their leadership.

The Vice President, U.S. Department of Health and Human Services (HHS) Secretary Alex Azar, and Centers for Disease Control & Prevention (CDC) Principal Deputy Director Dr. Anne Schuchat provided a status update on the Coronavirus, outlined ongoing Federal efforts, and discussed State and local actions with the governors.

Governor Larry Hogan, Chair of the National Governors Association, joined the Vice President in person, and other governors joined via video teleconference or phone.

The Vice President pledged to convene the governors for a teleconference on a weekly basis, and made assurances that Federal leaders will continue its close coordinate with our Nation's governors and other State and local leaders.

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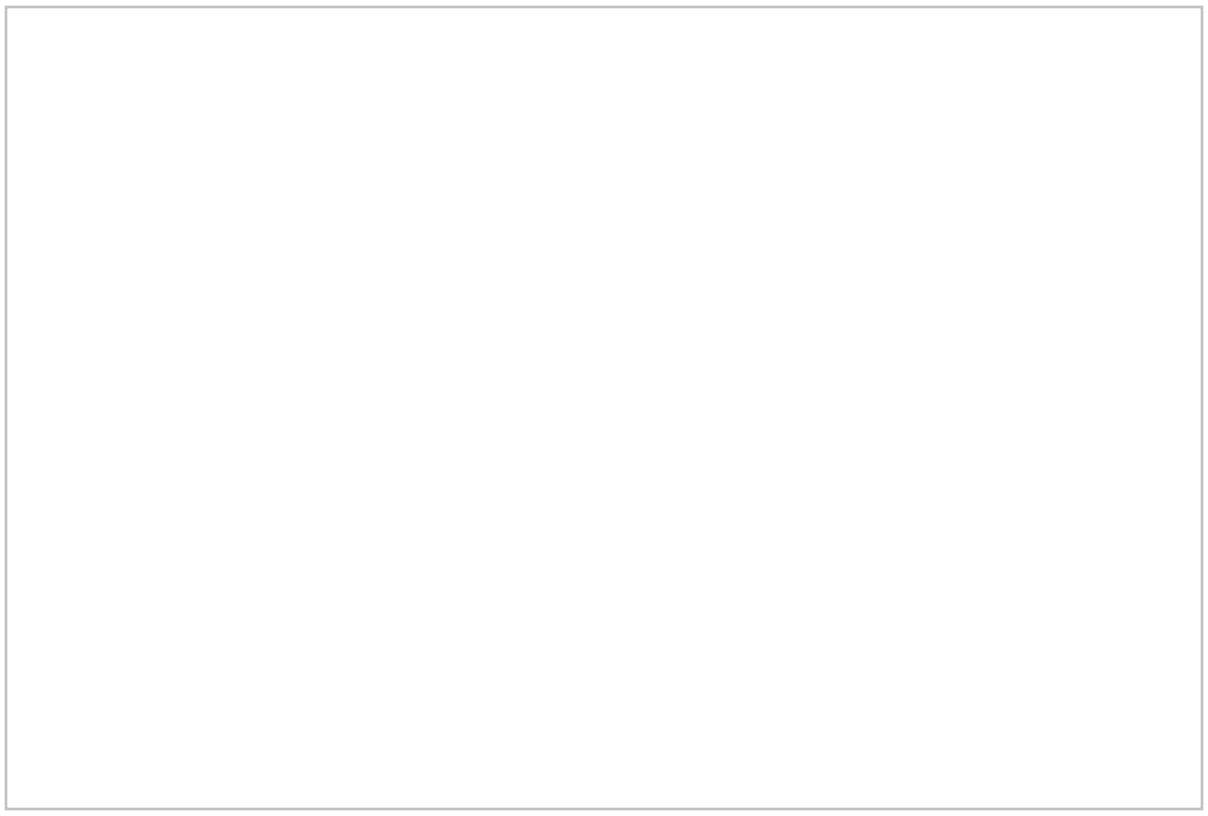

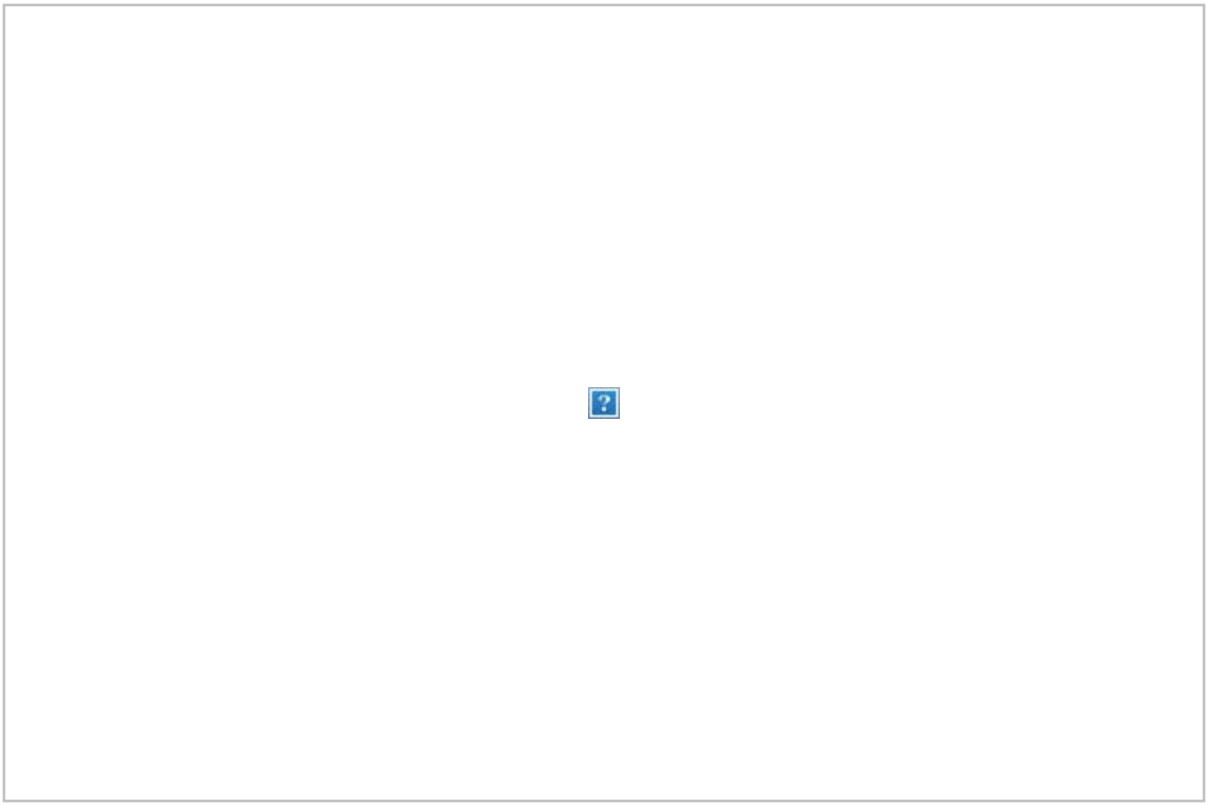

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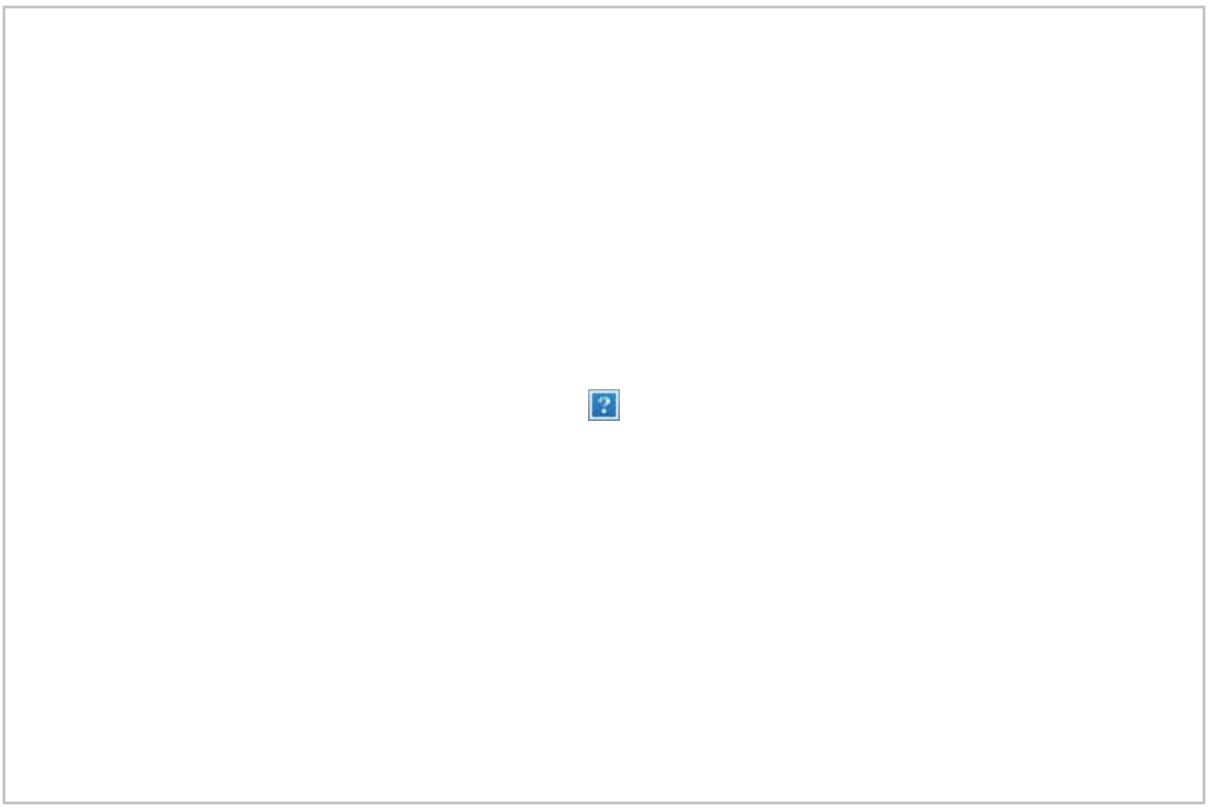

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Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

AMERICAN OVERSIGHT

From:	PS18-1802 (CDC)
Subject:	REMINDER: 2020 HIV Surveillance Technical Assistance Meeting - Call for Abstracts
Date:	Tuesday, February 18, 2020 8:10:13 AM
Attachments:	Call for Abstracts 2020 HIV Surveillance Technical Assistance Meeting.docx Abstract Submission Form_2020 HSTAM.docx

On behalf of Magan Pearson, MPH, Acting Deputy Chief, HIV Incidence and Case Surveillance Branch (HICSB)

Dear Colleagues,

The 2020 HIV Surveillance Technical Assistance Meeting to be held in Atlanta, June 16 - 18, 2020 will include an abstracts/poster session. The CDC HIV Incidence and Case Surveillance Branch (HICSB) invites submissions of abstracts of best practices for effective HIV surveillance for presentation at the meeting. Submission is open to any persons working in HIV surveillance or conducting analyses using HIV surveillance data.

Please see the attached Call for Abstracts and Abstract Submission form for instructions to prepare and submit an abstract. The abstract must be submitted with the Abstract Submission form. **The deadline for abstract submission is midnight EST on March 9, 2020.**

Please contact **Jayleen Gunn (pfe4@cdc.gov) and Kimberly Mason (wxv6@cdc.gov)** with any questions regarding the abstract submission process.

Best regards,

Magan D. Pearson, MPH
Deputy Branch Chief (Acting)
HIV Incidence and Case Surveillance Branch
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
Telephone: (404) 718-8643
Fax: (404) 639-2980/8046
Email: Mpearson1@cdc.gov

AMERICAN OVERSIGHT

From:	PPB News (CDC)
Subject:	Reminder: Webinars for New NOFO PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States
Date:	Wednesday, February 05, 2020 12:39:16 PM

NEW Notice of Funding Opportunity PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States

Dear HIV Colleagues,

The Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention recently announced the publication of Notice of Funding Opportunity (NOFO) PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States. This NOFO published on January 23, 2020 to www.grants.gov. The application deadline is **March 25, 2020 11:59 p.m. Eastern Standard Time**. Registration information for the remaining webinars is listed below.

Informational Webinars

Component B: HIV Incidence Surveillance
Date/Time: Wednesday, February 5, 2020 from 2:00 – 4:00 pm (Eastern Standard Time)
Registration Link: https://globalmeetwebinar.webcasts.com/starthere.jsp?ei=1280906&tp_key=88f751d0ae

Component C: Scaling Up HIV Prevention Services in STD clinics
Date/Time: Thursday, February 6, 2020 from 1:00 to 2:00 pm (Eastern Standard Time)
Registration Link: https://zoom.us/meeting/register/vJUtdOmsrj0rtdIu97zWDzPy-eFeCgq8Ug

Evaluation and Performance Measurement Plan (EPMP)- Component A
Date/Time: Wednesday, February 12, 2020 from 2:00 to 3:30 pm (Eastern Standard Time)
Registration Link: https://globalmeetwebinar.webcasts.com/starthere.jsp?ei=1282109&tp_key=3f512fd7ac

Please register for the webinar in advance.

Note to CDC funded health departments: Please invite the Phase 1 counties within your respective jurisdiction to participate on the Component A webinar. A list of the Phase 1 counties can be found in the Eligibility section of the NOFO.

For additional information, please visit the PS20-2010 website. The website will be updated regularly with new information. Please forward all questions to EHENOFO@cdc.gov.

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Thank you!

Division of HIV/AIDS Prevention

AMERICAN OVERSIGHT

From:	DeSalvo, Traci E - DHS
To:	Hall, Aron (CDC/OID/NCIRD)
Cc:	Ayers, Jeanne F - DHS; Westergaard, Ryan P - DHS; Smiley, Stephanie L - DHS (DPH)
Subject:	Request for CDC Coronavirus Go Team for Wisconsin
Date:	Wednesday, February 05, 2020 12:58:00 PM
Attachments:	image007.png

Good Afternoon Aron,

Jeanne Ayers, Wisconsin State Health Officer, would like to request CDC assistance with our ongoing coronavirus case investigation in the form of a CDC Go Team. Specific resources needed in Wisconsin at this time include clinical support and infection prevention.

Please keep us informed as travel plans for the team are finalized.

Thank you,
Traci

Traci DeSalvo, MPH
Chief, Communicable Diseases Epidemiology Section
Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases
Phone: (608) 267-7321 | Fax: (608) 261-4976

Follow DHS:

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From: Heather H. Howard
To: Heather H. Howard
Subject: State Health Update
Date: Friday, January 31, 2020 1:33:57 PM

In This Week's Update:

- CMS guidance on capped Medicaid funding
- State updates: HI, IL, NC, NV, NY & OR
- 2021 Notice of Benefit and Payment Parameters
- Data on maternal mortality in the U.S.

Good afternoon friends,

This week was a busy week in health policy! Yesterday, the Centers for Medicare & Medicaid Services (CMS) issued guidance inviting states to apply for capped funding Medicaid demonstrations. State Health and Value Strategies is hosting a webinar on Thursday, February 6, that will provide states with an initial analysis of the CMS guidance and discuss the potential implications for states. To register for the webinar, see below.

Also, this week, in a 5-4 decision, the Supreme Court allowed the Department of Homeland Security's (DHS) public charge final rule to go into effect. As a result of the ruling, the government will move forward on February 24, 2020 with its changes to public charge in all states except Illinois, where an injunction applicable only to that state continues to be in effect. Last fall, SHVS conducted a webinar on the final rule and its implications for states. A slide deck and recording of the webinar as well as an FAQ are available on the SHVS website.

Finally, in case you missed it, today CMS released its proposed 2021 Notice of Benefit and Payment Parameters rule, which sets requirements and standards for Affordable Care Act insurance reforms and the health insurance marketplaces. Public comments are due by March 2, 2020; see below for more on the substance of the proposed notice. Updates follow.

- Hawaii – The Hawaii Department of Human Services awarded managed care contracts to AlohaCare, Hawaii Medical Service Association (HMSA), United, and Ohana Health Plan/WellCare. AlohaCare and WellCare will serve Oahu, while HMSA and United will serve statewide. The new contracts begin July 1, 2020 and run through December 31, 2025, with four optional renewal years.
- Illinois
    - Governor JB Pritzker signed SB 667 into law, which caps out-of-pocket insulin costs at $100 for a 30-day supply. The majority of the law's provisions go into effect in January 2021. However, provisions requiring an insulin pricing report take effect immediately.
    - Executive Order 2020-02 issued by Governor JB Pritzker establishes the Governor's Opioid Overdose Prevention and Recovery Steering Committee to better address racial disparities in responding to the opioid crisis. Illinois is also dedicating $4.1 million state dollars to expand recovery and prevention services for individuals with opioid use disorder across the state.

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- Nevada – The Division of Health Care Financing and Policy released a notice announcing that the Division will be gathering stakeholder comments and feedback on initiatives under consideration to enhance the state's Medicaid managed care program. The Division intends to issue the next managed care request for proposals in January 2021.
- New York – NY State of Health, the state's official health insurance marketplace, announced that consumers will have an additional week to enroll in a Qualified Health Plan for 2020. The Open enrollment deadline has been extended until February 7 to provide consumers with more time to enroll.
- North Carolina – Mental health leadership at the Department of Health and Human Services will be traveling across North Carolina over the next several months on a mental health town hall listening tour to hear the concerns and experiences of consumers, families and advocates. Meetings will be held in Wilmington, Winston-Salem and five other locations to be announced.
- Oregon – Governor Kate Brown announced the membership of the Vaping Public Health Work Group, assembled by EO 19-09, to address the epidemic of vaping-related illness and youth vaping in Oregon. The Work Group will discuss the health risks of vaping and make public policy recommendations for long-term solutions to address the vaping epidemic.

Upcoming Webinar- Save the Date!

Medicaid Capped Funding Demonstrations: Considerations for States

Thursday, February 6, 2020, 2:00 to 3:00 p.m. ET

SHVS is hosting a webinar on CMS guidance on capped funding Medicaid demonstrations. The webinar will provide states with an initial analysis of the CMS guidance and discuss the potential implications for states.

Registration (required) at the following link:
https://rwjfevents.webex.com/rwjfevents/onstage/g.php?MTID=e96dce66dee26ee122d26360802217094

2021 Notice of Benefit and Payment Parameters

CMS released its proposed 2021 Notice of Benefit and Payment Parameters rule, which sets requirements and standards for Affordable Care Act insurance reforms and the health insurance marketplaces. Among other items, the rule proposes maintaining 2020 user fee levels for the operation of Healthcare.gov (although they seek comment on whether they should lower those rates), recalibrating the risk adjustment methodology to reduce burdens on small insurers, and making modest adjustments to special enrollment period policies. The proposed rule would also require states to annually report on state benefit mandates that are in addition to the essential health benefits and would allow insurers to discount the use of drug manufacturers' coupons in calculating an enrollee's annual maximum out-of-pocket costs. CMS seeks comment on whether enrollees who automatically re-enroll should have their premium tax credits reduced to $0 unless they return to the marketplace for a new eligibility determination. Public comments are due by March 2, 2020.

Advancing the Health Sector's Role in Housing

The Center for Budget and Policy Priorities recently published two papers and a Health Affairs blog post describing how the health sector can help address patients' housing needs. The first

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paper examines how Medicaid can work with housing providers and others to address social needs. The second explores how housing and health partners can collaborate to close the housing affordability gap. The Health Affairs blog summarizes the key points in the two papers along with some policy recommendations. For those interested in the topic, SHVS also recently published an issue brief *State Investments in Supportive Housing*.

Maternal Mortality in the United States

The Center for Disease Control and Prevention's National Center for Health Statistics (NCHS) issued three new reports on maternal life expectancy and mortality in 2018. The reports describe changes in how NCHS will code, publish, and release maternal mortality data and present official 2018 maternal mortality estimates using a new coding method. The analysis includes state-specific changes in maternal mortality rates associated with implementing the new method. Additionally, wide racial and ethnic gaps were highlighted by the new coding method. The reports found that the maternal death rate for non-Hispanic black women was more than double than that of white women: 37.1 deaths per 100,000 live births compared to 14.7. It was also more than three times the rate for Hispanic women (11.8). The new coding method is intended to mitigate errors in data collection and provide an improved estimate of maternal mortality moving forward.

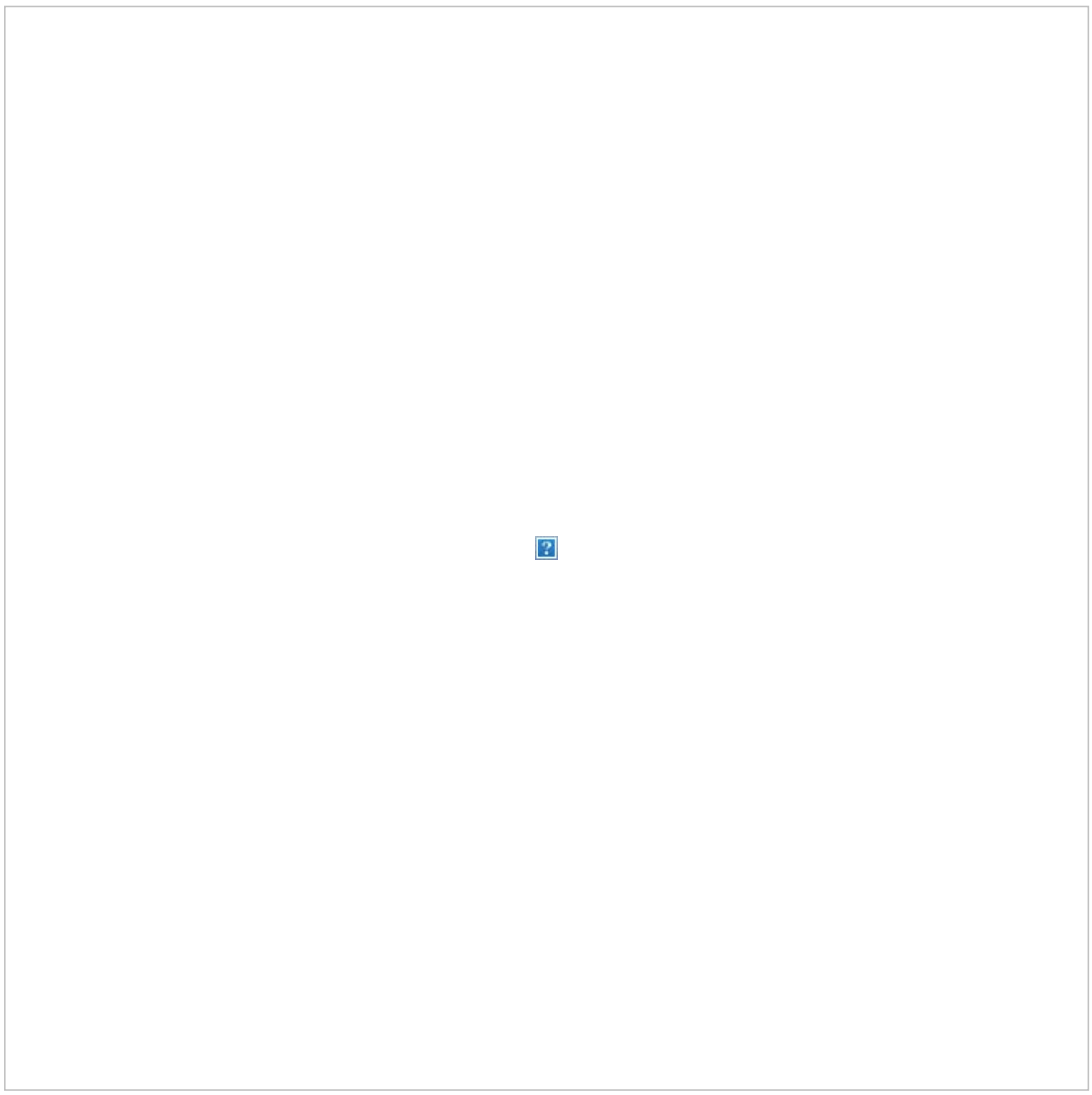
Best,
Heather

Heather Howard
Lecturer in Public Affairs
Director, State Health and Value Strategies Program
Faculty Affiliate, Center for Health and Wellbeing
Woodrow Wilson School of Public and International Affairs
Princeton University
182 Julis Romo Rabinowitz Building
Princeton, NJ 08544
(o) 609-258-9709

Check out our website: www.shvs.org

AMERICAN OVERSIGHT

From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: STD Awareness Week April 12-18, 2020
Date: Monday, February 03, 2020 9:00:11 AM



February 3, 2020

Dear Colleagues,

Today, we have exciting news to share about our annual STD awareness observance. We are ecstatic to kick off the new decade by inviting you to observe STD Awareness Week with us from April 12-18, 2020.

As you may know, April has historically served as STD Awareness Month. The decision to move to a week was not made lightly but rather driven by consideration of our past efforts and audience engagement here at CDC and in speaking with colleagues in the field. Furthermore, in being strategic of health observances, we selected the second full week of April for STD awareness as the first week is National Public Health Week and the third week is National Infertility Awareness Week. We expect this change will amplify our prevention messaging over the week, rather than diffused across a month, increasing our collective impact for STD awareness in the nation.

While the timing is shifting, our goals for the new STD Awareness Week remain the same: raise awareness about STDs and how they impact our lives; ensure people have the tools and knowledge

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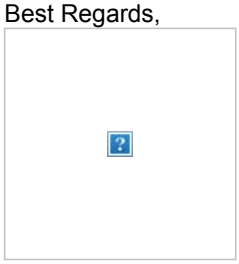
to prevent, test for, and timely treat STDs; and break down the STD-related barriers of stigma, fear, and discrimination. While we're excited for this change, we know transitions come with challenges and recognize that this first year we'll encounter some hiccups. We believe, though, that while STD Awareness Week provides us a yearly opportunity to unify our voices, it certainly isn't the only time to share our messages or hold testing events. STDs impact people daily not just during a certain week or month so let's encourage prevention and testing year-round!

Because local prevention needs vary with the communities we serve, CDC will again provide four diverse campaigns to choose from with different prevention focuses and audiences this year. We will update you by mid-March with more specifics on STD Awareness Week materials.

- **Get Yourself Tested (GYT)** – Encourages young people to get tested and treated for STDs and HIV
- **Talk. Test. Treat.** – Focuses on three simple actions individuals and healthcare providers can take to protect their health/their patient's health: Talk, Test, Treat
- **Syphilis Strikes Back** – Highlights the resurgence of syphilis and the specific threat against gay and bisexual men, pregnant women, and newborn babies
- **Treat Me Right** – Underscores the need for strong patient-provider relationships to overcome the rising STD burden

After decades of service in our field, what keeps me engaged and excited year after year is one constant: change. Our field has an incredible history of adaptability and flexibility as the times change. I see this as a new era for raising our voices about STD prevention and control. Here's to a great STD Awareness Week this April and thank you for your unwavering commitment to STD prevention!

Best Regards,



Gail Bolan, MD
Director, Division of STD Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention

Stay in touch with the Division of STD Prevention by following @CDCSTD on Twitter and by liking CDC STD on Facebook.

Centers for Disease Control and Prevention
1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348
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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: STD Awareness Week April 12-18, 2020
Date: Monday, February 03, 2020 9:00:54 AM

February 3, 2020

Dear Colleagues,

Today, we have exciting news to share about our annual STD awareness observance. We are ecstatic to kick off the new decade by inviting you to observe STD Awareness Week with us from April 12-18, 2020.

As you may know, April has historically served as STD Awareness Month. The decision to move to a week was not made lightly but rather driven by consideration of our past efforts and audience engagement here at CDC and in speaking with colleagues in the field. Furthermore, in being strategic of health observances, we selected the second full week of April for STD awareness as the first week is National Public Health Week and the third week is National Infertility Awareness Week. We expect this change will amplify our prevention messaging over the week, rather than diffused across a month, increasing our collective impact for STD awareness in the nation.

While the timing is shifting, our goals for the new STD Awareness Week remain the same: raise awareness about STDs and how they impact our lives; ensure people have the tools and knowledge

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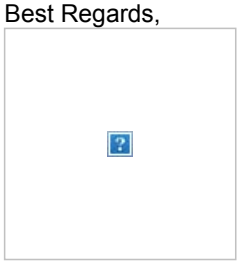
to prevent, test for, and timely treat STDs; and break down the STD-related barriers of stigma, fear, and discrimination. While we're excited for this change, we know transitions come with challenges and recognize that this first year we'll encounter some hiccups. We believe, though, that while STD Awareness Week provides us a yearly opportunity to unify our voices, it certainly isn't the only time to share our messages or hold testing events. STDs impact people daily not just during a certain week or month so let's encourage prevention and testing year-round!

Because local prevention needs vary with the communities we serve, CDC will again provide four diverse campaigns to choose from with different prevention focuses and audiences this year. We will update you by mid-March with more specifics on STD Awareness Week materials.

- **Get Yourself Tested (GYT)** – Encourages young people to get tested and treated for STDs and HIV
- **Talk. Test. Treat.** – Focuses on three simple actions individuals and healthcare providers can take to protect their health/their patient's health: Talk, Test, Treat
- **Syphilis Strikes Back** – Highlights the resurgence of syphilis and the specific threat against gay and bisexual men, pregnant women, and newborn babies
- **Treat Me Right** – Underscores the need for strong patient-provider relationships to overcome the rising STD burden

After decades of service in our field, what keeps me engaged and excited year after year is one constant: change. Our field has an incredible history of adaptability and flexibility as the times change. I see this as a new era for raising our voices about STD prevention and control. Here's to a great STD Awareness Week this April and thank you for your unwavering commitment to STD prevention!

Best Regards,



Gail Bolan, MD
Director, Division of STD Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention

Stay in touch with the Division of STD Prevention by following @CDCSTD on Twitter and by liking CDC STD on Facebook.

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From:	Weinstock, Hillard (CDC/DDID/NCHHSTP/DSTDP)
To:	Weinstock, Hillard (CDC/DDID/NCHHSTP/DSTDP)
Cc:	Torrone, Elizabeth A. (CDC/DDID/NCHHSTP/DSTDP); Pagaoa, Melissa A. (CDC/DDID/NCHHSTP/DSTDP); Thorpe, Phoebe G. (CDC/DDPHSS/OS/OD); Bolan, Gail (CDC/DDID/NCHHSTP/DSTDP); Romaguera, Raul A. (CDC/DDID/NCHHSTP/DSTDP); Bowen, Virginia B. (CDC/DDID/NCHHSTP/DSTDP)
Subject:	STD Surveillance 2018 Supplemental reports
Date:	Friday, January 31, 2020 11:42:10 AM
Attachments:	2018 STD Surveillance Data Quality Supplement.pdf

(This email is being sent to STD program directors, managers, principal investigators, and surveillance coordinators)

Dear Colleagues:

Happy New Year! I'm pleased to share the fifth annual data quality supplement to the annual STD Surveillance Report, released on October 8, 2019. The Division of STD Prevention releases surveillance publications annually that present national STD trends overall and within selected populations. However, these data rely on the availability of adequate information to describe trends in these populations. The completeness of case report data reported to the CDC by state and local jurisdictions thus holds important implications for national surveillance activities. The *Sexually Transmitted Disease Surveillance 2018: Data Quality Supplement* presents completeness data for selected variables in STD cases reported to CDC for 2018. The report is designed to provide context for the *Sexually Transmitted Disease Surveillance, 2018* report and to spark discussions about data quality. Jurisdictions can also use the information in this report to gain a better understanding of the completeness of not only their own data but of the data reported by other jurisdictions. The 2018 data quality report is attached to this email and can be shared with colleagues.

I also want to make you aware of Syphilis Surveillance supplemental slides and technical notes describing trends in surveillance data on selected drug using behaviors among persons reported with P&S syphilis in the United States, 2014-2018. This may be viewed as well as a companion to the annual STD Surveillance Report. You may find this material at the following link: https://www.cdc.gov/std/stats18/syphilis2018/default.htm

We would appreciate any comments or suggestions on these materials that would improve future publications. Please send any questions or feedback directly to me, hsw2@cdc.gov, or Dr. Lizzi Torrone, igf0@cdc.gov.

Thank you for your contributions to STD Surveillance.

Hillard Weinstock, MD, MPH
Chief, Surveillance and Data Management Branch
Division of STD Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, MS US12-2
Atlanta, GA 30333
Telephone: 404-639-2059

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From: Leichliter, Jami (CDC/DDID/NCHHSTP/DSTDP)
To: Leichliter, Jami (CDC/DDID/NCHHSTP/DSTDP)
Subject: STD/STI monthly literature highlights: Feb 2020
Date: Thursday, March 05, 2020 9:01:14 AM

Dear all,

Each month, CDC/DSTDP reviews the STD/STI literature. We want to highlight a few STD/STI articles that could influence the important work that you do. Articles were identified from PubMed searches of selected journals. The link/DOI provided below each article will have information on where you can find full text versions (for some articles you must be connected to an institutional library to access the full text).

1. **Prevalence of Self-Reported Neurologic and Ocular Symptoms in Early Syphilis Cases.**

Quilter LAS[1], de Voux A[2], Amiya RM[3], Davies E[3], Hennessy RR[4], Kerani RP[5], Madera R[6], Matthias J[7], Pearson VM[8], Walters JK[9], Wilson C[8], Kidd S[2], Torrone E[2].

Neurosyphilis, a complication of syphilis, can occur at any stage of infection. Measuring the prevalence of neurosyphilis is challenging and there are limited data on the prevalence of neurologic or ocular symptoms among patients with syphilis. We sought to describe the prevalence of neurologic and/or ocular symptoms among early syphilis (ES) cases and the clinical management of symptomatic cases enrolled in the STD Surveillance Network (SSuN) Neuro/Ocular Syphilis Surveillance project. Persons diagnosed with ES were selected for interviews based on current health department protocols in five participating SSuN jurisdictions from November 2016-October 2017. All interviewed ES cases were screened for self-reported neurologic and/or ocular symptoms. Additional clinical information on diagnostic testing and treatment for cases concerning for neurosyphilis/ocular syphilis was obtained from providers.

Among 9,123 patients with ES who were interviewed, 151 (1.7%, 95% CI: 1.4-1.9) reported ≥1 neurologic or ocular symptom. Of the 53 (35%) who underwent lumbar puncture (LP), 22 (42%) had documented abnormal cerebrospinal fluid, of which 21 (95%) were treated for neurosyphilis/ocular syphilis. Among the remaining 98 symptomatic patients with no documented LP (65%), 12 (12%) were treated for and/or clinically diagnosed with neurosyphilis/ocular syphilis.

We observed a low prevalence of self-reported neurologic and/or ocular symptoms in interviewed ES cases. Approximately one-third of ES cases who self-reported symptoms underwent further recommended diagnostic evaluation. Understanding barriers to appropriate clinical evaluation is important to ensuring appropriate management of patients with possible neurologic and/or ocular manifestations of syphilis.

Clin Infect Dis. 2020 Feb 26. pii: ciaa180. [Epub ahead of print] DOI:10.1093/cid/ciaa180

The following link will take you to all STD/STI articles found in the key journals in February 2020:
https://www.ncbi.nlm.nih.gov/sites/myncbi/1p9wugx0vdmQ1/collections/59365827/public/

Best regards,

Jami Leichliter, PhD | Deputy Associate Director for Science | Division of STD Prevention | Centers for Disease Control and Prevention | jleichliter@cdc.gov | 1.404.639.1821

This email is sent to CDC/DSTDP staff; STD PCHD PIs, program directors and managers; and the DSTDP partners list.

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From: Leichliter, Jami (CDC/DDID/NCHHSTP/DSTDP)
To: Leichliter, Jami (CDC/DDID/NCHHSTP/DSTDP)
Subject: STD/STI monthly literature highlights: Jan 2020
Date: Friday, February 07, 2020 8:47:40 AM

Dear all,

Each month, CDC/DSTDP reviews the STD/STI literature. We want to highlight a few STD/STI articles that could influence the important work that you do. Articles were identified from PubMed searches of selected journals. The link/DOI provided below each article will have information on where you can find full text versions (for some articles you must be connected to an institutional library to access the full text).

1. **Chlamydia trachomatis is associated with medically indicated preterm birth and preeclampsia in young pregnant women.**

Hill AV[1,2], Perez-Patron M[2], Tekwe CD[3], Menon R[4], Hairrell D[2], Taylor BD[2,5].
Studies on Chlamydia trachomatis associated pregnancy outcomes are largely conflicting, ignoring the heterogeneous natures of pregnancy complications and potential effect modification by maternal age. This study determined if prenatal Chlamydia trachomatis infection is associated with preterm birth (PTB) and preeclampsia subtypes.
A retrospective cohort study was conducted using 22,772 singleton pregnancies with a prenatal C. trachomatis diagnostic test. Spontaneous and medically indicated preterm births, term and preterm preeclampsia were outcomes. Modified Poisson regression calculated relative risk (RR) and 95% confidence intervals (CI) with propensity score adjustments stratified by maternal age <25 and ≥25.
Overall, C. trachomatis was significantly associated with term preeclampsia (RRadj=1.88 95% CI 1.38-2.57). Among young women (age<25), C. trachomatis was significantly associated with medically indicated preterm birth (RRadj=2.29 CI 95% 1.38-3.78) and term preeclampsia (RRadj=1.57 CI 95% 1.05-2.36) in propensity adjusted models. No significant associations in older women were detected.
C. trachomatis was associated with medically indicated preterm birth and term preeclampsia in young women. Associations between chlamydia and perinatal outcomes may depend on the subtype of preterm birth and preeclampsia, which should be investigated through mechanistic studies.
Sex Transm Dis. 2020 Jan 30.. [Epub ahead of print] DOI: 10.1097/OLQ.0000000000001134

2. **Safety and Effectiveness of Same-Day Chlamydia trachomatis and Neisseria gonorrhoeae Screening and Treatment Among Gay, Bisexual, Transgender, and Homeless Youth in Los Angeles, California, and New Orleans, Louisiana.**

Keizur EM[1], Goldbeck C[2], Vavala G[1], Romero-Espinoza A[2], Ocasio M[3], Fournier J[3], Lee SJ[2], Abdalian SE[3], Rotheram MJ[2], Klausner JD[1]; Adolescent Trials Network (ATN) CARES Team.

Gay, bisexual, transgender, and homeless youth are at risk of sexually transmitted infections. As part of an adolescent human immunodeficiency virus prevention study, we provided same-day Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) testing and treatment. We aimed to evaluate the feasibility and effectiveness of same-day CT and NG treatment on the proportion of participants receiving timely treatment.

We recruited adolescents with high sexual risk behaviors aged 12 to 24 years from homeless shelters, lesbian, gay, bisexual, and transgender organizations, and community health centers in Los Angeles, California, and New Orleans, Louisiana from May 2017 to June 2019. Initially, participants were offered point-of-care pharyngeal, rectal, and urethral/vaginal CT and NG testing and referral to another clinic for treatment. After March 2018 in Los Angeles and November 2018 in New Orleans, we provided same-day treatment (and partner treatment packs) for study participants. We measured the proportion of participants who received same-day treatment and the median time to treatment. We collected frequency of partner treatment and any reported adverse treatment-related events.

The proportion of participants receiving same-day CT and NG treatment increased from 3.6% (5/140) to 21.1% (20/95; Δ17.5%; 95% confidence interval, 9.2%-26.9%) after implementation of same-day testing and treatment. The median time to treatment decreased from 18.5 to 3 days. Overall, 36 participants took a total of 48 partner treatment packs. There were no reported treatment-related adverse events.

Providing sexually transmitted infection treatment to adolescents at the same visit as testing is feasible and safe, and can increase the proportion of individuals receiving timely treatment.

PMCID: PMC6923576 [Available on 2021-01-01] Sex Transm Dis. 2020 Jan;47(1):19-23. DOI: 10.1097/OLQ.0000000000001088

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The following link will take you to all STD/STI articles found in the key journals in January 2020:
https://www.ncbi.nlm.nih.gov/sites/myncbi/1p9wugx0vdmQ1/collections/59273356/public/

Best regards,

Jami Leichliter, PhD | Deputy Associate Director for Science | Division of STD Prevention | Centers for Disease Control and Prevention | jleichliter@cdc.gov | 1.404.639.1821

This email is sent to CDC/DSTDP staff; STD PCHD PIs, program directors and managers; and the DSTDP partners list.

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From: DHS SecretaryOffice
To: Palm, Andrea J - DHS; Jones, James D - DHS; Willing, Krista E - DHS; Wikler, Elizabeth M - DHS
Subject: Strengthening WI DHS-WHIO Partnership (WHIO materials attached)
Attachments: image001.png
DHS Overview March 2020.pdf
Value of Health Care In WI 3-2-20.pdf
WHIO Information to Improve Health and Health Care in WI Final March 2020.pdf

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KT wrote:

Attendees:

Dana Richardson, WHIO CEO

Cheryl DeMars, CEO of The Alliance and WHIO board chair

Karen Timberlake

We will add another 1-2 board members, max,

I need to request a meeting with the Secretary with Dana Richardson, WHIO CEO, and several of her board members. I've chatted with Nicole, Jim Jones, and Krista Willing about this. Ideally, we'd also have Jim and/or Krista in the meeting. The broad topic is Strengthening WI DHS-WHIO Partnership.

An hour would be great, 45 mins will work if an hour isn't possible, and we'd hope to meet in February if at all possible.

Thanks and please reach out with questions.

-Karen

Karen E. Timberlake
Principal
E ketimberlake@michaelbeststrategies.com <mailto:ketimberlake@michaelbeststrategies.com>
T 608.257.3059 | M 608.445.2260 | F 608.283.2275

my bio <http://secure-web.cisco.com/1TA9Os5-H4caiTIqxjsf6cx9bCcPTpxHzX1EjvwwDkPW1OLebVrBGxp70po_jNFILV7Dq406URjXwFcPjg1gahB10qW_lDXkkBkgMpY5dyutB1hMnztS0NjgjQPQaCvRIjCuI9qndUI44MT9zYY4T6i3fHu9s50wxDpt3saLtY3-q7_gHEbUIMy98QV-G15CwxoV0BoYmyKpu0Sz17_RxUhEuYVf2rdFxOko8xkkDJ4krAgoeFifToXFm8uHbKlUE-exj6HSLIxgPfeoriBQ63Q/http%3A%2F%2Fwww.michaelbeststrategies.com%2Fabout%2Fkaren-timberlake%2F> | our firm <http://secure-web.cisco.com/1tbkpJE0equ3RdipnZUlUu0xpVi19cce-9GgGzDIaKBBwFlBGy37ByawJXtDC_WUSP9Zyltlt-7KQ59WiQmSqujlSVbxZNnuEU55rUEAYddBKyyx9QOMqrG8B0evV3NuvZpWNjR9hFVd6DvfjU9QVQybDk0JiIVe-61eg_7wyMSxM6ewomPzSI9rXMVs1rmtt0greUg3OtC0DB56yjKzDBmCYyDuOAK9KFitdC05pNhnKenJrmFJyv6gjBY6DOkitEqQEINFVKEhByJFG8H52Sg/http%3A%2F%2Fwww.michaelbeststrategies.com> | vCard <http://secure-web.cisco.com/1cZUsLwg_yXbMG7j9BMfwiiZFfvKNrmQz-KXRV3URfPKWB1GvYvPlHfwwXDU4lIy7MqgezEswD9SJ_wIjo4tu2aUAdtoCsCiiDePdJBCsrgdCMOwbC4Hs38YlmmkCn63A_svKcdsOzaeT5-iljwdJyZqdRfT49oM8LYLnNthulQwdlcPw2zXtZd0n-yLj3bPRjTOA4m-Il2HnydzCO7ElwJkAgAxbqKswRf1TlJnxUUDuuIZm2gJhqOEmRcii1cEMG785HWxGIh_7a_xIlCIkAuXK0Vdy9L6gfXWQhgt4DPo/http%3A%2F%2Fwww.michaelbest.com%2FPeople%2FKaren-Timberlake.vcf>

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From:	Forsaith, Andrew C - DHS
To:	Palm, Andrea J - DHS; Safar, Nicole M - DHS; Rowe, Sandra M - DHS; Miller, Fratney L - DHS; Bailey, Kevin D - DHS; Yunker, Claire F - DHS; Mattke, Marlia K - DHS; Willing, Krista E - DHS; McAtee, Rebecca - DHS; Cunningham, Curtis J - DHS; Kleman, Rosemary L - DHS (Rose); Allen, Joyce B - DHS; Warzecha, Charles J - DHS; Woods, Otis L - DHS; Klessig, Shari E - DHS; Varana, Dave - DHS; Ellerkamp, Caroline E - DHS; Baize, Anthony J - DHS; Moore, Donna J - DHS; Audley, Holly O - DHS; Willems Van Dijk, Julie A - DHS; Miller, Stephanie W - DHS; Elledge, Meghan M - DHS; Ramirez, Leah L - DHS; Appleby, Pamela S - DHS; Jones, James D - DHS; Benton, Anna C - DHS; Olson, Lisa A - DHS; Wikler, Elizabeth M - DHS; Ayers, Jeanne F - DHS; Krupski, Paul A - DHS; Miller, Jennifer C - DHS; Goodsitt, Elizabeth S - DHS; Austin, Samuel V - DHS; Ramminger, Tabitha A -DHS; Engelke, Kari - DHS; Tyska, Steve B - DHS (UW)
Cc:	DHS DL OPIBAll
Subject:	Summary of Opioids Developments in Other States
Date:	Monday, February 24, 2020 9:25:16 AM
Attachments:	Winter 2020 News.docx

Attached is OPIB's periodic summary of Opioids developments in other states. Please contact Mike Christopherson with any questions.

Thanks,

Andy

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: Surveillance of VPD Manual Update
Date: Friday, March 06, 2020 1:34:12 PM

NCIRD National Center for Immunization and Respiratory Diseases

Chapter 14 Rubella has been updated to reflect authorship conservation and the elimination of duplication for the *Lab Testing* section, which now refers the reader to the Laboratory Support Chapter 22 and for the *Vaccination* section, which now refers the reader to the Pink Book"

View now

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From: The Washington Post
To: Palm, Andrea J - DHS
Subject: The Health 202: Coronavirus keeps spreading -- including as a subject in the South Carolina Democratic debate
Date: Wednesday, February 26, 2020 7:03:18 AM

The Washington Post

VIEW ON WEB >

Analysis on Washington's health-care debate. Not on the list? Sign up here.

The Health 202

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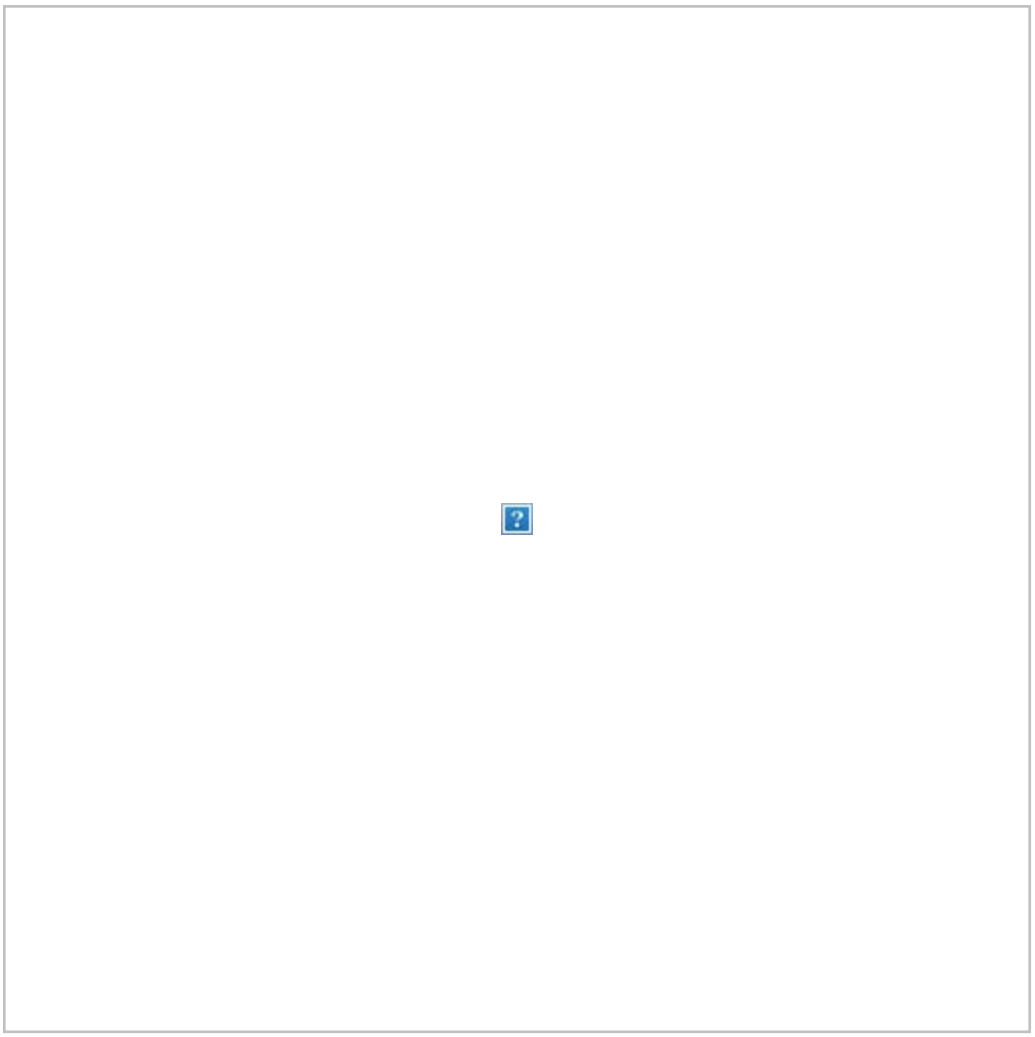
Share Share Tips/Feedback

Coronavirus keeps spreading — including as a subject in the South Carolina Democratic debate

BY PAIGE WINFIELD CUNNINGHAM
with Paulina Firozi

THE PROGNOSIS



The Democratic presidential debate at the Gaillard Center in Charleston, South Carolina. REUTERS/Jonathan Ernst

The Democratic presidential candidates piled on President Trump last night for his response to the coronavirus. And

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Trump, being Trump, had a ready retort.

The topic, which came up nearly an hour-an- a-half into the tense Charleston, South Carolina debate, created a rare moment for the candidates to slam Trump instead of laying into each other. They criticized the president for proposing cuts to the Centers for Disease Control in his budget and for downplaying the virus through tweets instead of addressing the American public.

Former vice president Joe Biden said the Obama administration — unlike what Trump has done — increased the budgets for CDC and the National Institutes of Health during the 2014 Ebola epidemic in Africa.

Sen. Amy Klobuchar (D-Minn.) cited the CDC's website instead of her own. “I'm not going to give my website right now,” she said, adding people should go to CDC.gov so “they follow the rules and they realize what they have to do if they feel sick.”

And Sen. Bernie Sanders (I-Vt.) mocked Trump's previous tweets promising the outbreak would be over in April.

“In the White House today, we have a self-described ‘great genius’ … and this ‘great genius’ has told us that this coronavirus is going to end in two months,” Sanders said. “April is the magical day that this great scientist we have in the White House has determined — I wish I was kidding. That is what he said. ”

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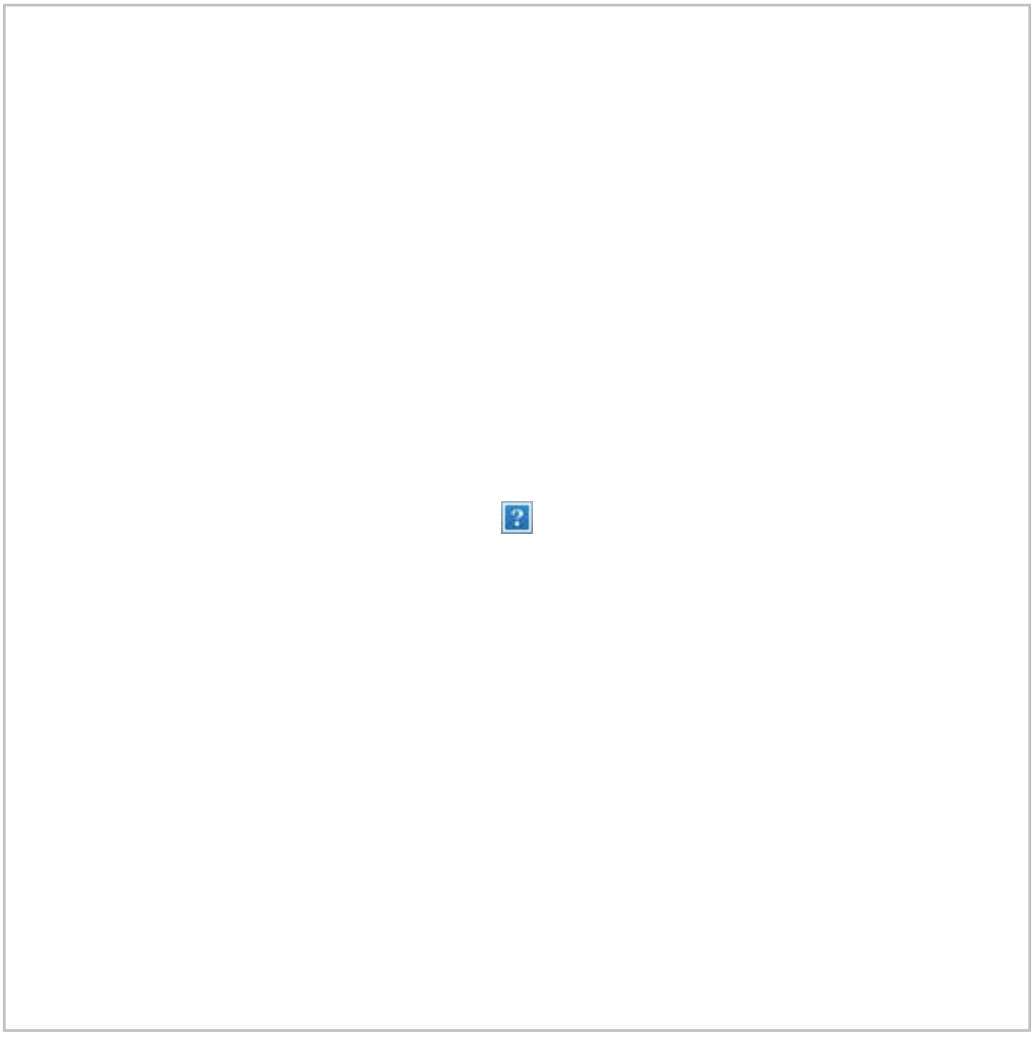
Minutes later, Trump tweeted this:



Trump's right that no one has yet died on U.S. soil from the virus. But the global impact of the covid-19 — which has infected more than 77,000 people and killed more than 2,500 — is worsening by the day, plunging markets, intensifying travel disruptions and prompting dire warnings from federal officials.

Stocks tanked this week as new disease clusters worried investors that the outbreak can't be contained. The Dow Jones dived 900 points yesterday afternoon after comments from federal officials. Apple, Facebook, Google, Microsoft and

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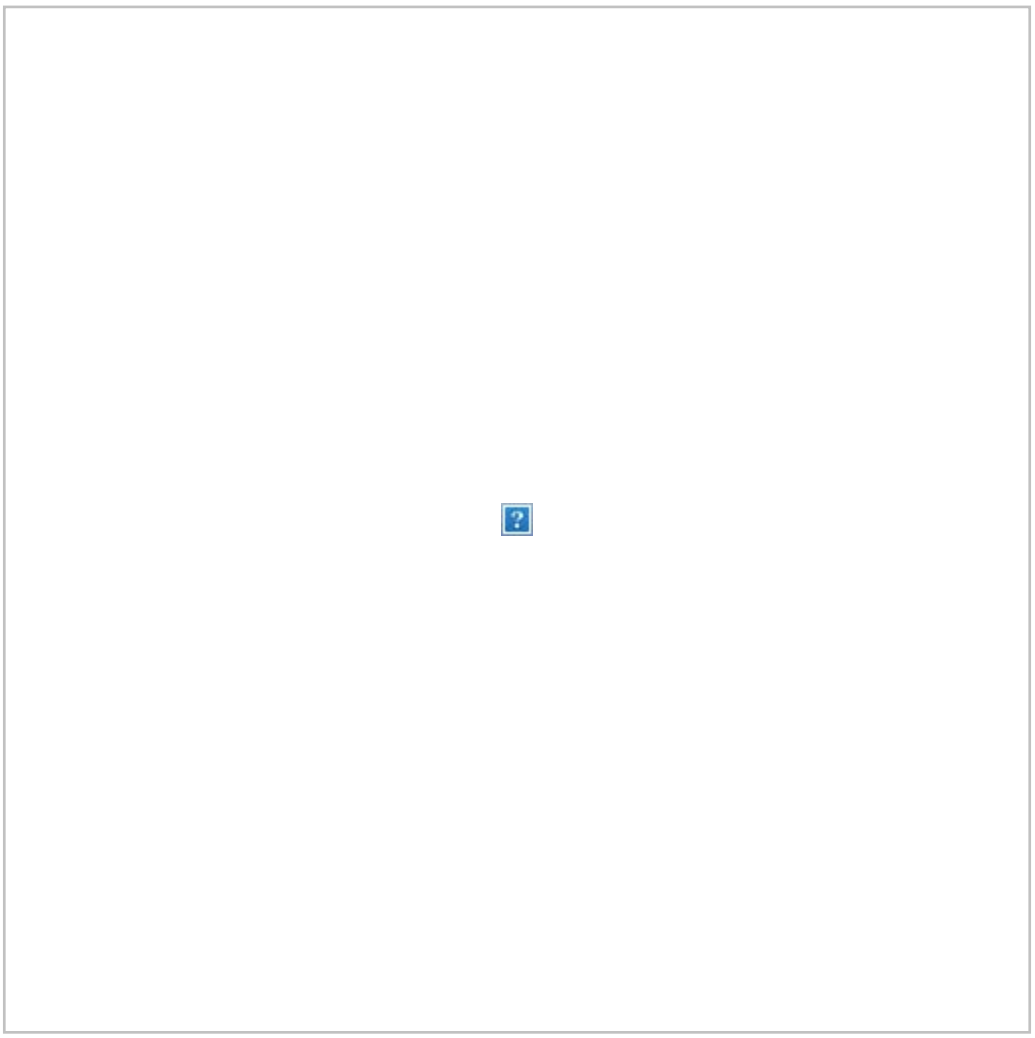
Amazon lost more than $238 billion in value on Monday.

The Post's Glenn Kessler:



Publicly, Trump has downplayed what he believes the impact will be on the United States, but privately he has become furious about the stock market's slide, my colleagues Jeff Stein and Josh Dawsey report.

"While he has spent the past two days traveling in India, Trump has watched the stock market's fall closely and believes extreme warnings from the Centers for Disease Control and Prevention

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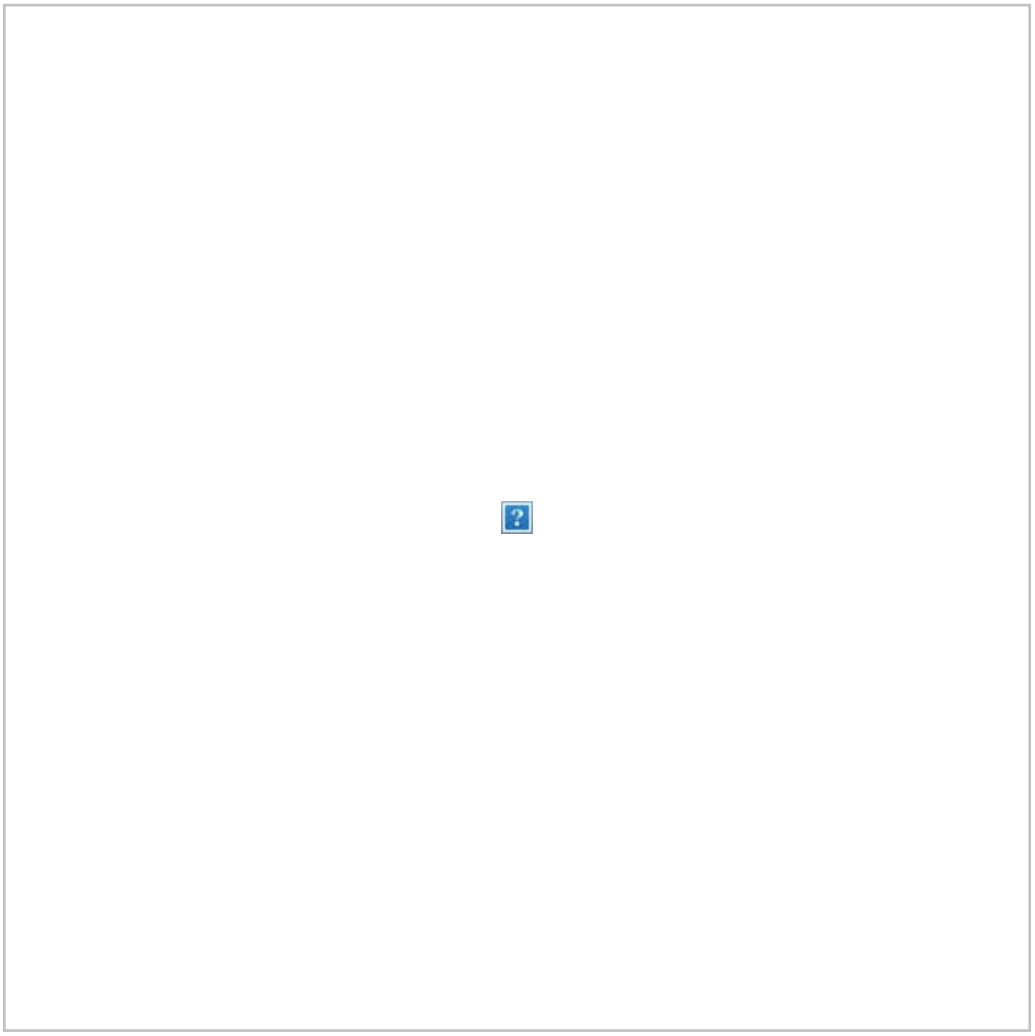
have spooked investors," Jeff and Josh write. "Some White House officials have been unhappy with how Health and Human Services Secretary Alex Azar has handled the situation."

Trump tweeted this on Monday:



In both a closed-door meeting with senators and a briefing with reporters yesterday, officials intensified their predictions about the spread and effects of the disease, my Post colleagues Erica Werner, Yasmeen Abutaleb, Lenny Bernstein and Lena H. Sun report.

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“Ultimately we expect we will see community spread in the United States. It’s not a question of if this will happen, but when this will happen, and how many people in this country will have severe illnesses,” Nancy Messonnier, director of the National Center for Immunization and Respiratory Diseases, told reporters.

"Messonnier said the rapid surge in cases outside mainland China in the past several days prompted the change in official warnings," our colleagues write. “There is growing evidence that efforts to contain the spread of the virus outside China have failed.”

While the virus appears less deadly than the 2003 SARS outbreak, it spreads more easily and some health experts believe people without symptoms can still spread it. South Korea reported it has neared 1,000 cases, Italy saw a 45 percent one-day increase in cases, and Iran reported at least 15 deaths**.** In Italy, the epicenter of Europe’s outbreak, the death toll rose to 11 amid 322 confirmed infections. Austria, Croatia and Switzerland reported their first cases, most of which health authorities linked to Italy.

Former CDC Director Tom Frieden made this prediction:

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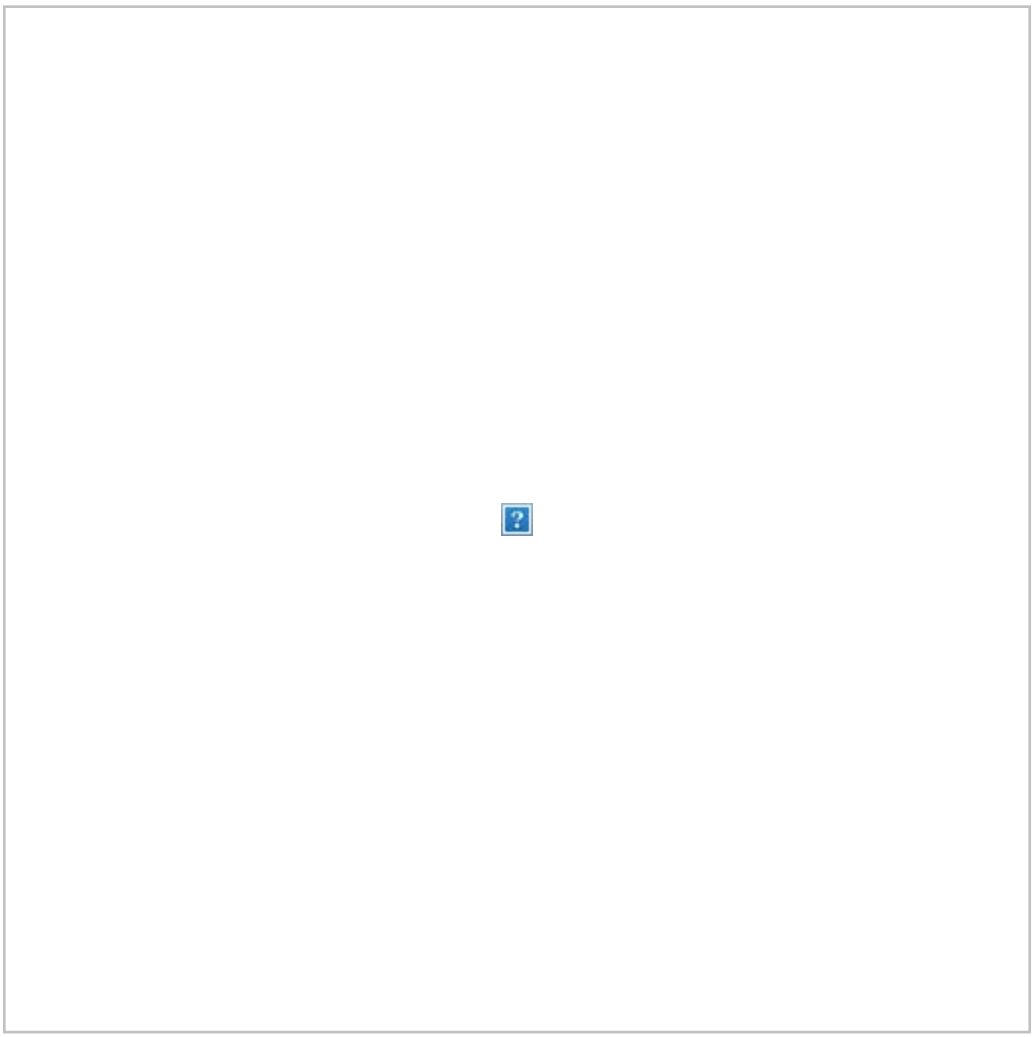

—**The Olympics could even be affected.** Officials are warily watching the virus's spread as they begin to consider implications for the 2020 Summer Games in Tokyo, The Post's Cindy Boren writes. It's unlikely the International Olympic Committee would move the games to another city or postpone them for a year, but officials could delay making a decision until late May.

“You could certainly go to two months out if you had to,” Dick Pound, an International Olympic Committee official since 1978, told the AP. “A lot of things have to start happening. You’ve got to start ramping up your security, your food, the Olympic Village,

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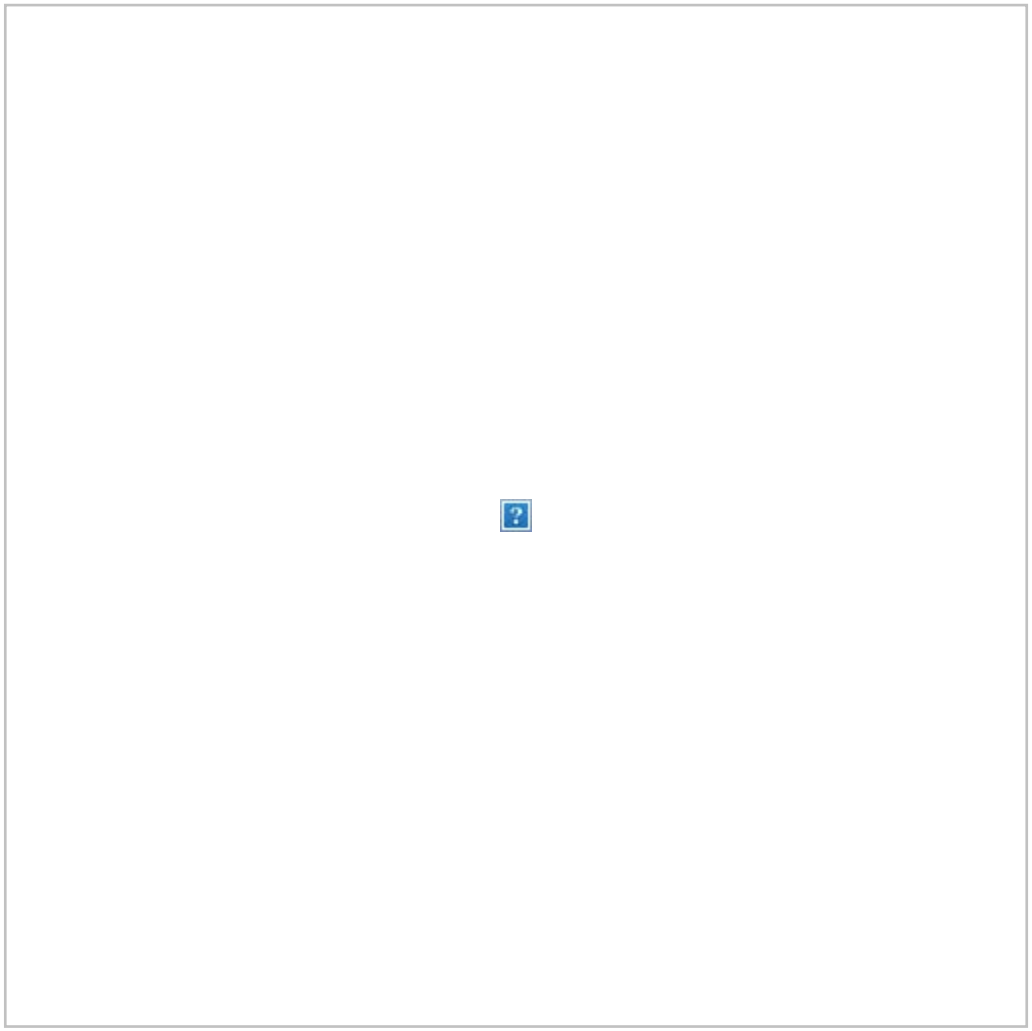
the hotels. The media folks will be in there building their studios."



— Health and Human Services Secretary Alex Azar faced a grilling on Capitol Hill yesterday over the administration's new $1.8 billion emergency spending request.

The request, which the White House sent to Congress late on Monday, includes $1.25 billion in new funding for HHS, as well as the ability to transfer an additional $535 million set aside to fight Ebola and use it for the coronavirus response instead.

Yet lawmakers on a Senate Appropriations subcommittee called the request woefully inadequate and questioned whether the administration had stockpiled necessary

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resources to respond to such an outbreak.

“This has been going on for months and last night we get this somewhat vague request for emergency funding. If I was cynical … I would think it was rushed over just in time for your appearance before this committee this morning,” Sen. Patrick J. Leahy (D-Vt.) said.

Even Republicans questioned whether the funding request was enough. Senate Appropriations Chairman Richard C. Shelby (R-Ala) told Azar: “If you lowball something like this you’ll pay for it later. You’re not only dealing with the crisis you’re dealing with the perception of the American people. "

Trump defended his request with a slam directed at Senate Minority Leader Chuck Schumer (D-N.Y.), who had also criticized it as “too little, too late.”

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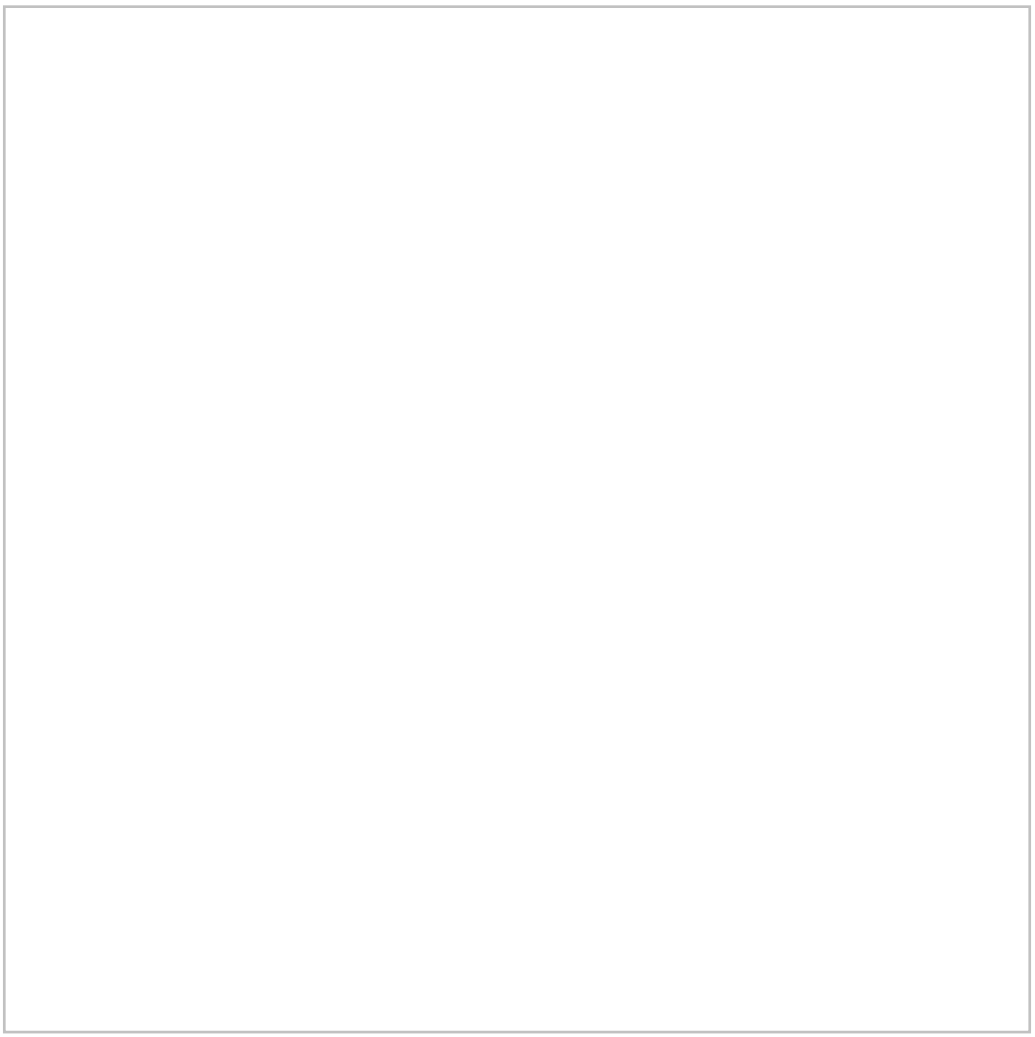

— **In another hearing,** Sen. John Neely Kennedy **(R-La.) pummeled acting Homeland Security Secretary Chad Wolf about the administration's level of preparation.**

Wolf is leading DHS as the agency coordinates the government's response to the coronavirus — yet he struggled to produce basic facts and projections about the disease, The Post's Aaron Blake writes.

When Kennedy asked Wolf how many cases of the covid-19 there were in the United States, Wolf stated there were 14 but was uncertain about how many cases came from travelers returned from cruise ships, placing the number at “20- or 30-

AMERICAN OVERSIGHT

some-odd” (there are 43 cases among those evacuated from the Diamond Princess cruise ship).

Asked how many DHS was anticipating, Wolf didn’t have an answer and suggested this was HHS territory. “We do anticipate the number will grow; I don’t have an exact figure for you, though,” Wolf said.

Kennedy shot back: “You’re supposed to keep us safe. You’re the Secretary of Homeland Security and you can’t tell me if we have enough respirators,” he said. “ … And the American people deserve some straight answers on the coronavirus — and I’m not getting them from you.”

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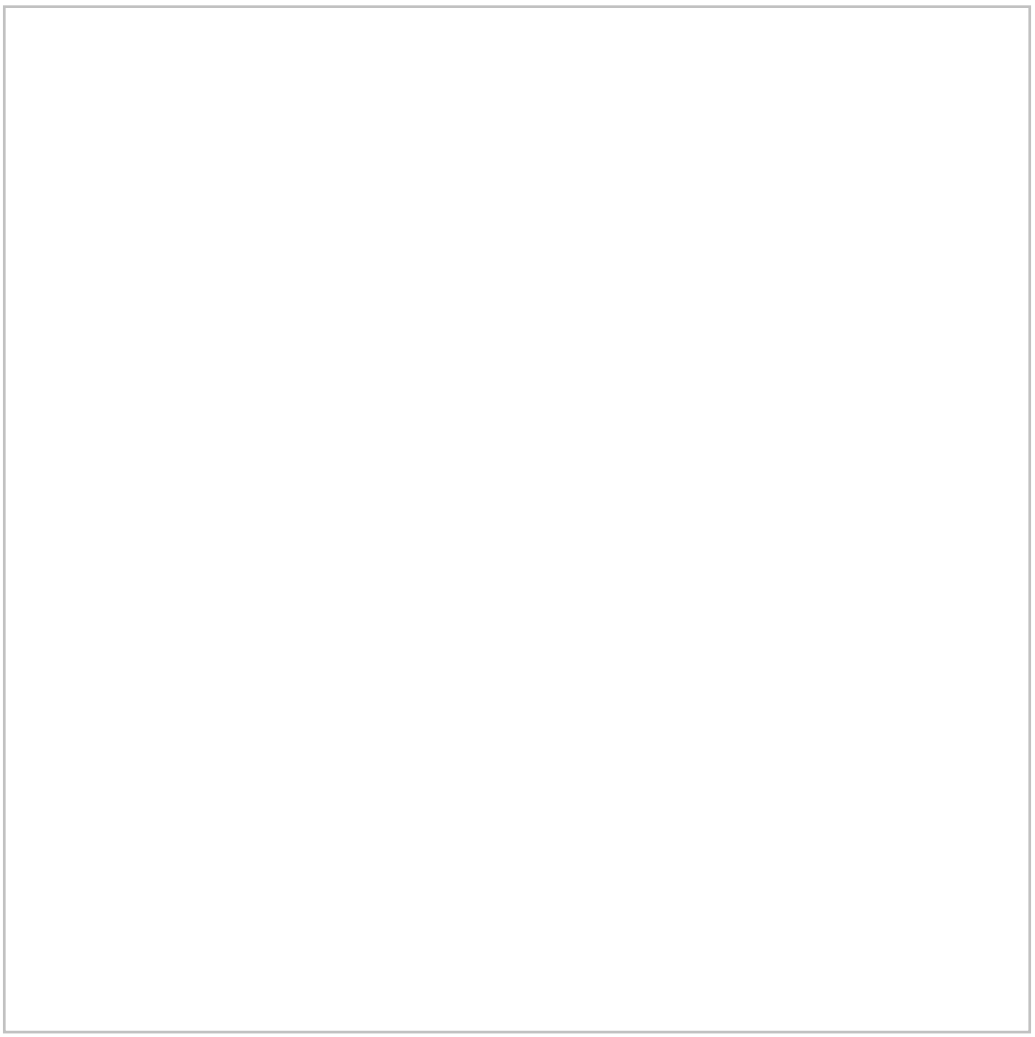

— Major U.S. hospital systems are burning through their supplies of specialized masks needed for a widespread epidemic, partly because federal protocols call for them to be thrown out after a single use in practice sessions, Lena, Lenny and The Post's Christopher Rowland report.

Some hospitals have just a week's inventory of the N95 face masks, which filter out 95 percent of all airborne particles. HHS has said 60 percent of large-chain pharmacies are already unable to meet demand at stores for the masks, technically known as respirators.

— A faulty coronavirus test from CDC has hamstrung the

AMERICAN OVERSIGHT

U.S. ability to track the virus's spread — leading experts to worry there may be more cases around the country than the 57 reported so far, Lena, Carolyn Y. Johnson and Laurie McGinley report. All but 14 of the reported cases are evacuees from the Diamond Princess cruise ship.

While South Korea has run more than 35,000 coronavirus tests, U.S. guidelines recommend testing only for those who display respiratory symptoms and have recently traveled to China or had close contact with an infected person. Consequently, the U.S. has tested only 426 people for the virus — and that doesn't included people who returned on evacuation flights.

Furthermore, only about a dozen state and local laboratories can now run tests outside of the CDC's Atlanta headquarters because the agency's kits sent out nationwide a week and a half ago included a faulty component.

Some public health experts think it's time to expand testing, given the virus's spread in Iran, Italy, Singapore and South Korea.

“Infectious disease experts fear that aside from the 14 cases picked up by public health surveillance, there may be other cases, undetected, mixed in with those of colds and flu,” they write. “What scares experts the most is that the virus is beginning to spread in countries outside China, but no one knows whether that’s the case in the United States, because they aren’t checking. ”

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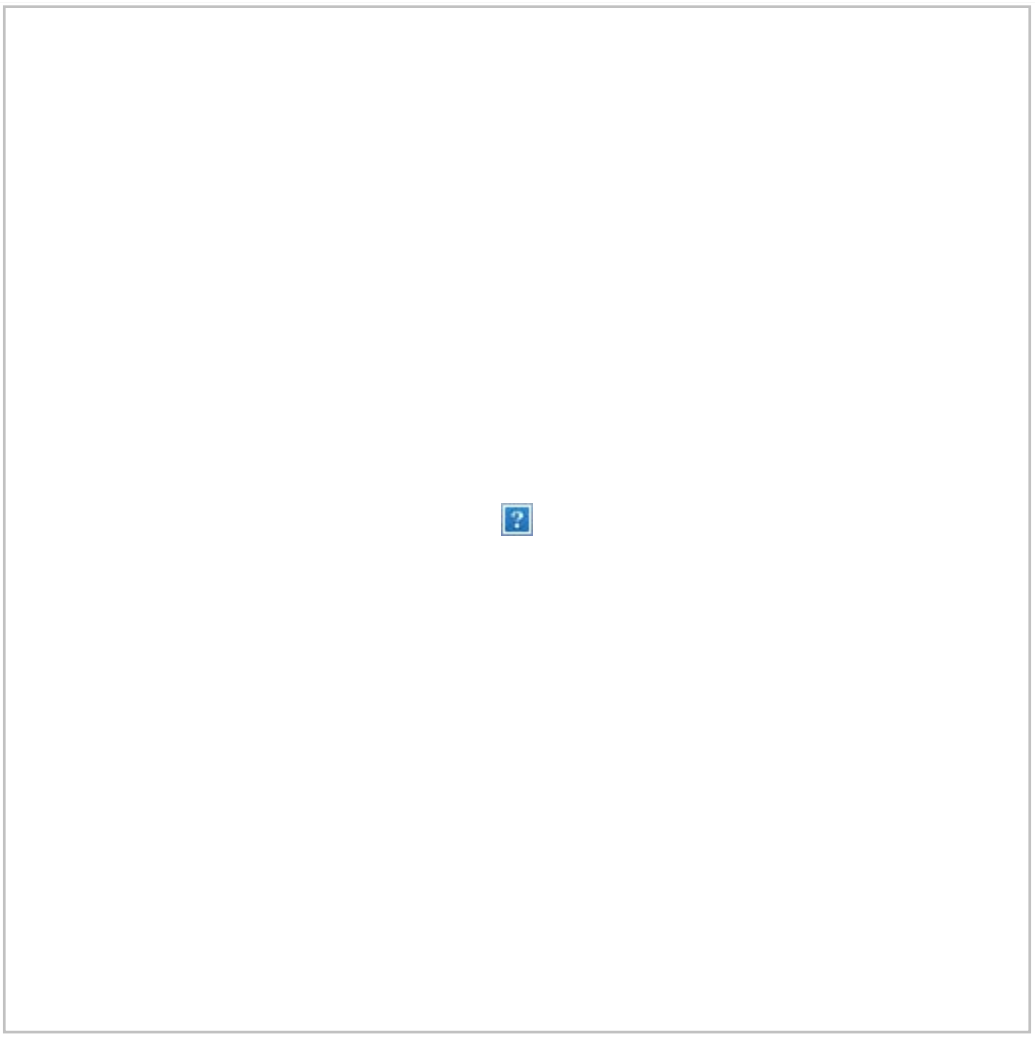

HHS Secretary Alex Azar at a hearing on Capitol Hill on Tuesday. Mandatory Credit: Photo by MICHAEL REYNOLDS/EPA-EFE/Shutterstock (10566988g)

During yesterday's hearing, Azar denied that the CDC test didn't work. But during a news briefing at the same time, CDC's Messonnier acknowledged being "frustrated" with test kit problems and said the agency hopes to send out new versions soon.

— Conservative talk radio host Rush Limbaugh told his listeners the media is hyping the virus to get at Trump and compared it to the common cold.

"It looks like the coronavirus is being weaponized as yet another

AMERICAN OVERSIGHT

element to bring down Donald Trump," Limbaugh said during his Monday show. "Now, I want to tell you the truth about the coronavirus. … Yeah, I'm dead right on this. The coronavirus is the common cold, folks."

— More than half of respondents to a Kaiser Family Foundation poll said they're worried there will be a widespread outbreak of the novel virus in the United States. One in five of the respondents said they've either changed travel plans or bought or worn a protective mask.

A few other findings:

- Forty-three percent said they're "very" or "somewhat" concerned they or a family member will get sick from the coronavirus, while 56 percent said they're not concerned about getting the virus.
- Sixty-nine percent said the U.S. government is doing enough to prevent the spread of the virus; 21 percent said it's not.

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We Can't Afford Medicare for All

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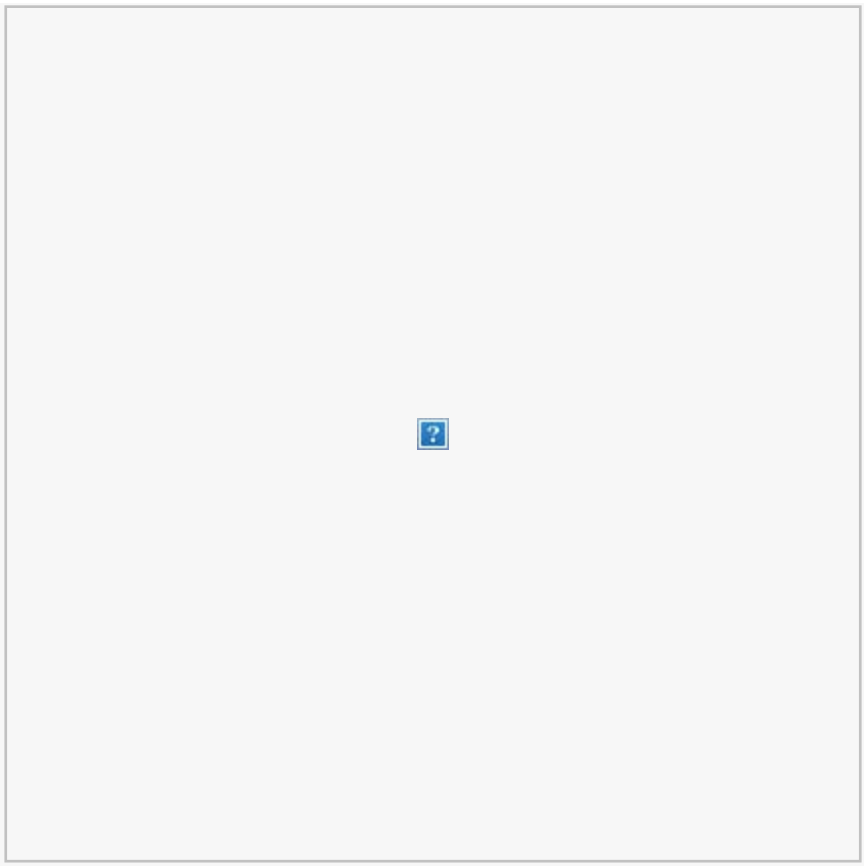
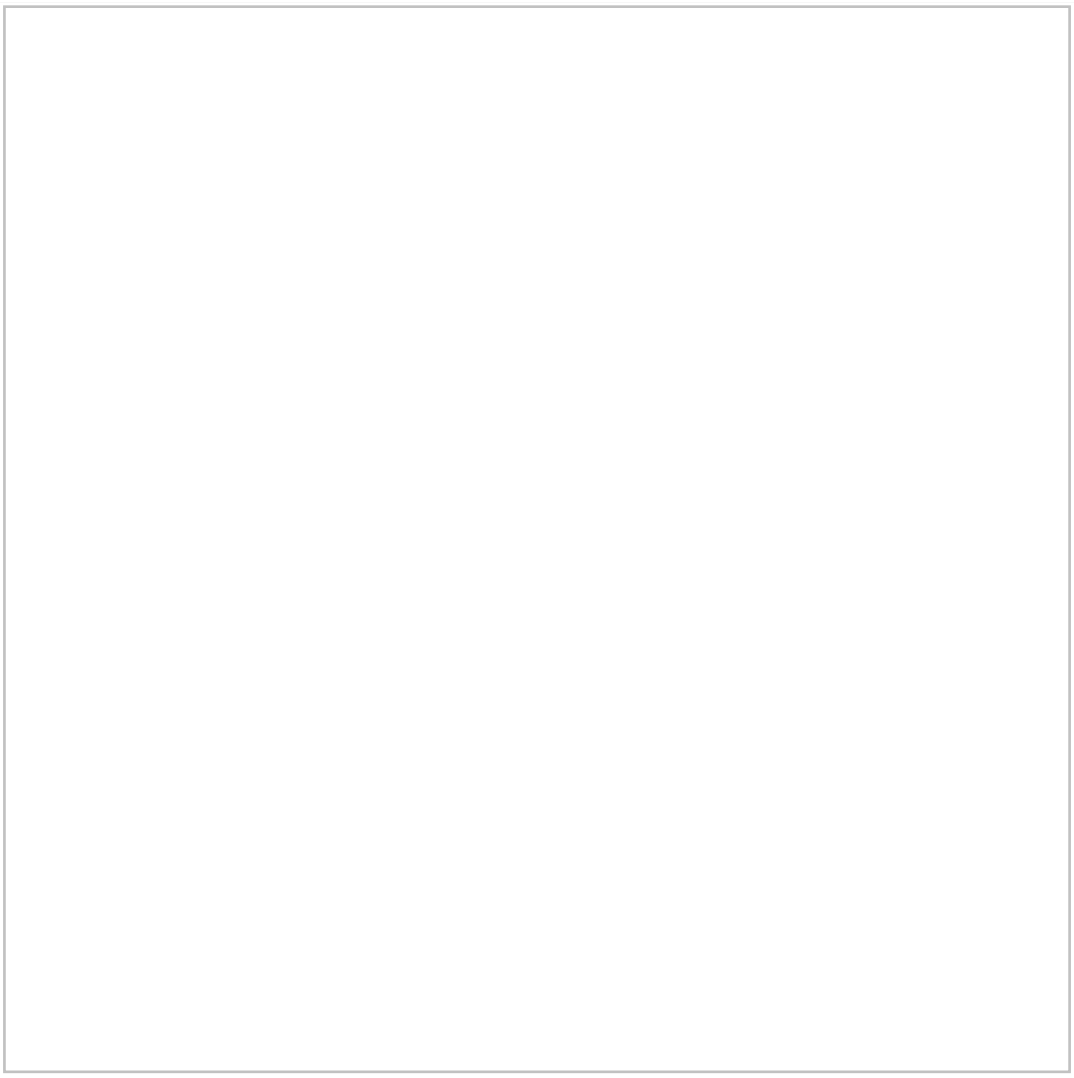


American families should not be forced to foot the bill for Medicare for All. And any new government insurance system would force them to pay more to wait longer for worse care.

AHH, OOF and OUCH

AMERICAN OVERSIGHT



Warren and Sanders speak after the debate. (JIM WATSON/AFP via Getty Images)

AHH: The candidates piled on Sanders last night over Medicare-for-all — including Sen. Elizabeth Warren (D-Mass.), the senator's ally on many issues.

Warren appeared to initially defend Sanders's ideas, saying "Bernie is winning right now because the Democratic Party is a progressive party."

But then she took a swipe.

"But Bernie's plan doesn't explain how to get there, doesn't show how we're going to get enough allies into it, and doesn't show

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enough about how we're going to pay for it," she said. "But I dug in. I did the work and then Bernie's team trashed me for it. We need a president who is going to dig in, do the hard work and actually get it done."

— Klobuchar said the math for Sanders's proposal "does not add up." At one point, she, Sanders and billionaire Tom Steyer were all talking over each other as they tried to chime in on the issue.

— Former South Bend, Ind. mayor Pete Buttigieg argued down-ballot Democrats are "running away from your platform as fast as they possibly can." And he accused Sanders of touting "an incredible shrinking price tag."

"So let's do this math. Senator Sanders at one point said it was going to be $40 trillion, then it was $30 trillion, then it was $17 trillion," Buttigieg said. " … I'll tell you exactly what it adds up to. It adds to four more years of Donald Trump, Kevin McCarthy as speaker of the House, and the inability to get the Senate into Democratic hands."

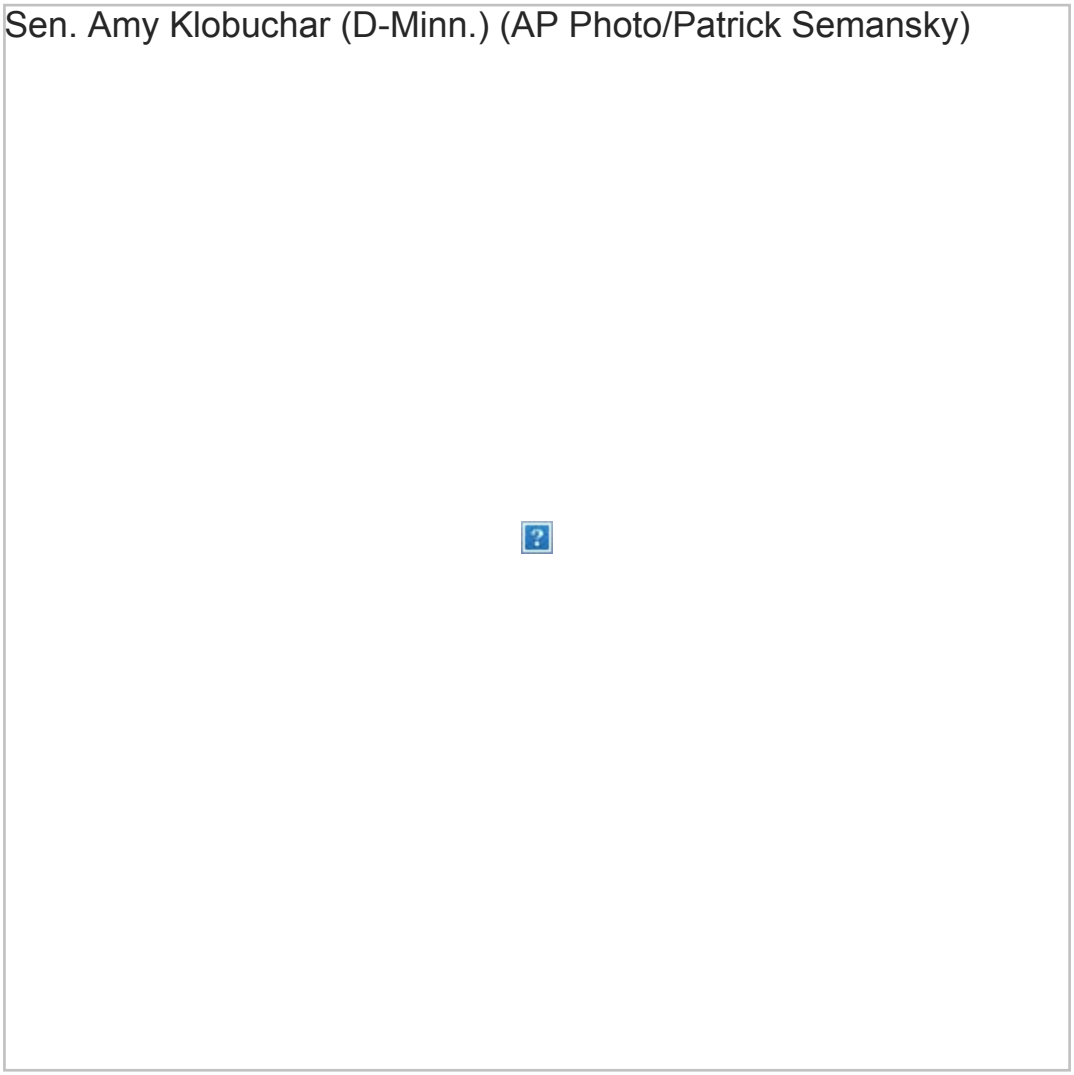
— As usual, Sanders spent the debate defending himself. He pointed to research out of Yale University that he said shows his proposal would reduce health-care costs.

But Post fact-checker Glenn Kessler writes that study "has come under fire for a number of its assumptions, such as a single-payer plan paying current Medicare rates to doctors, hospitals and other providers …. In any case, one study — or even many — can not easily estimate the impact of overhauling one-sixth of the U.S.

AMERICAN OVERSIGHT

economy. ”

Sen. Amy Klobuchar (D-Minn.) (AP Photo/Patrick Semansky)



Sen. Amy Klobuchar (D-Minn.) (AP Photo/Patrick Semansky)

— Apart from the Medicare-for-all fireworks, there was also a brief discussion of how to ensure Americans in poor and rural communities have access to enough doctors and hospitals.

Klobuchar called for establishing more “critical access" hospitals in high need areas and helping more Americans train to become medical providers.

Buttigieg noted accessibility problems are “particularly affecting black rural families in places like South Carolina" where there are

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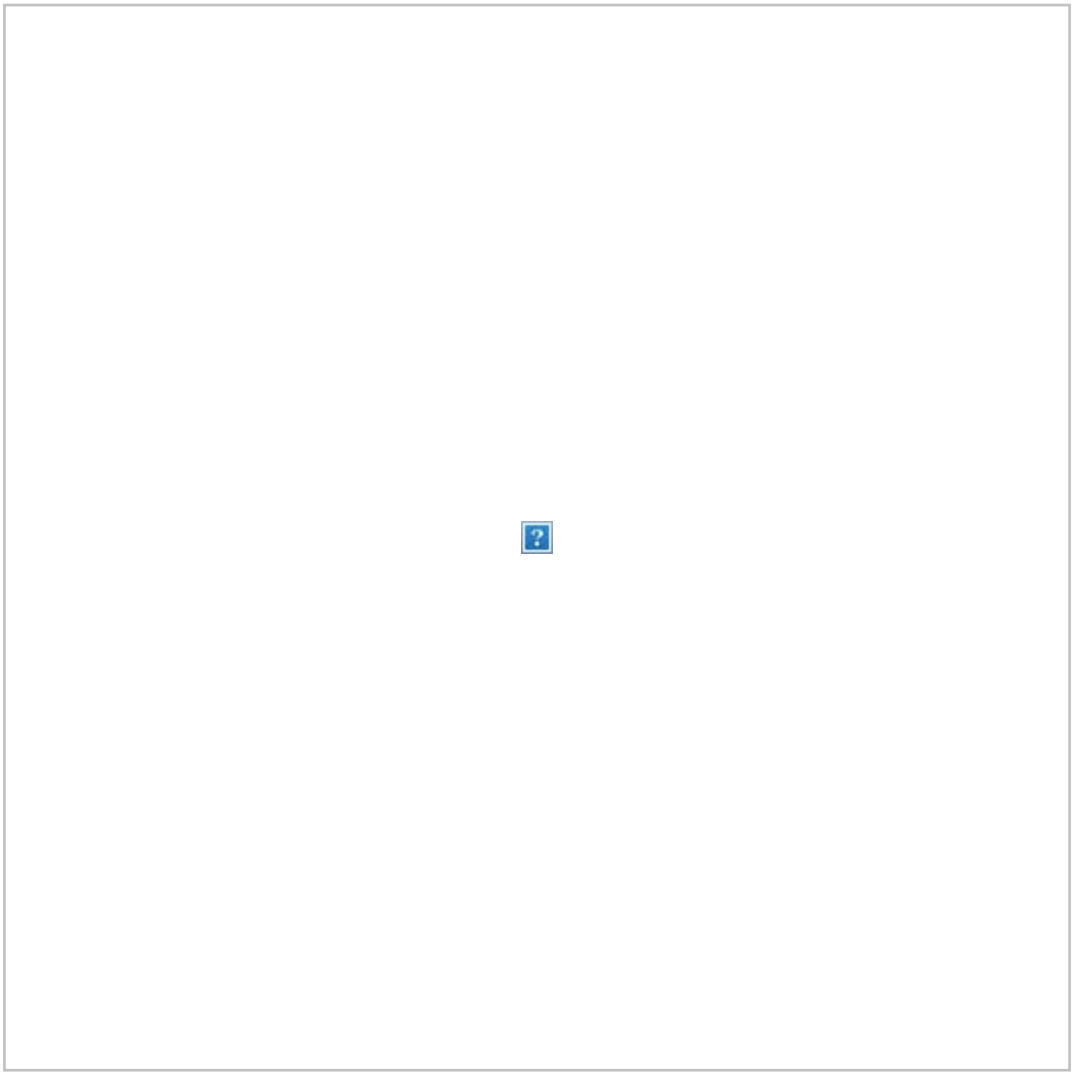
hospital closures “right and left.”



Former New York City Mayor Mike Bloomberg speaks during the Democratic presidential primary debate. (Win McNamee/Getty Images)

— Several candidates reiterated they want to legalize marijuana. Sanders called for providing “help to the African American, Latino, Native American community to start businesses to sell legal marijuana, rather than letting a few corporations control the legalized marijuana market.”

But Mike Bloomberg argued the federal government should take a slower approach by decriminalizing marijuana.

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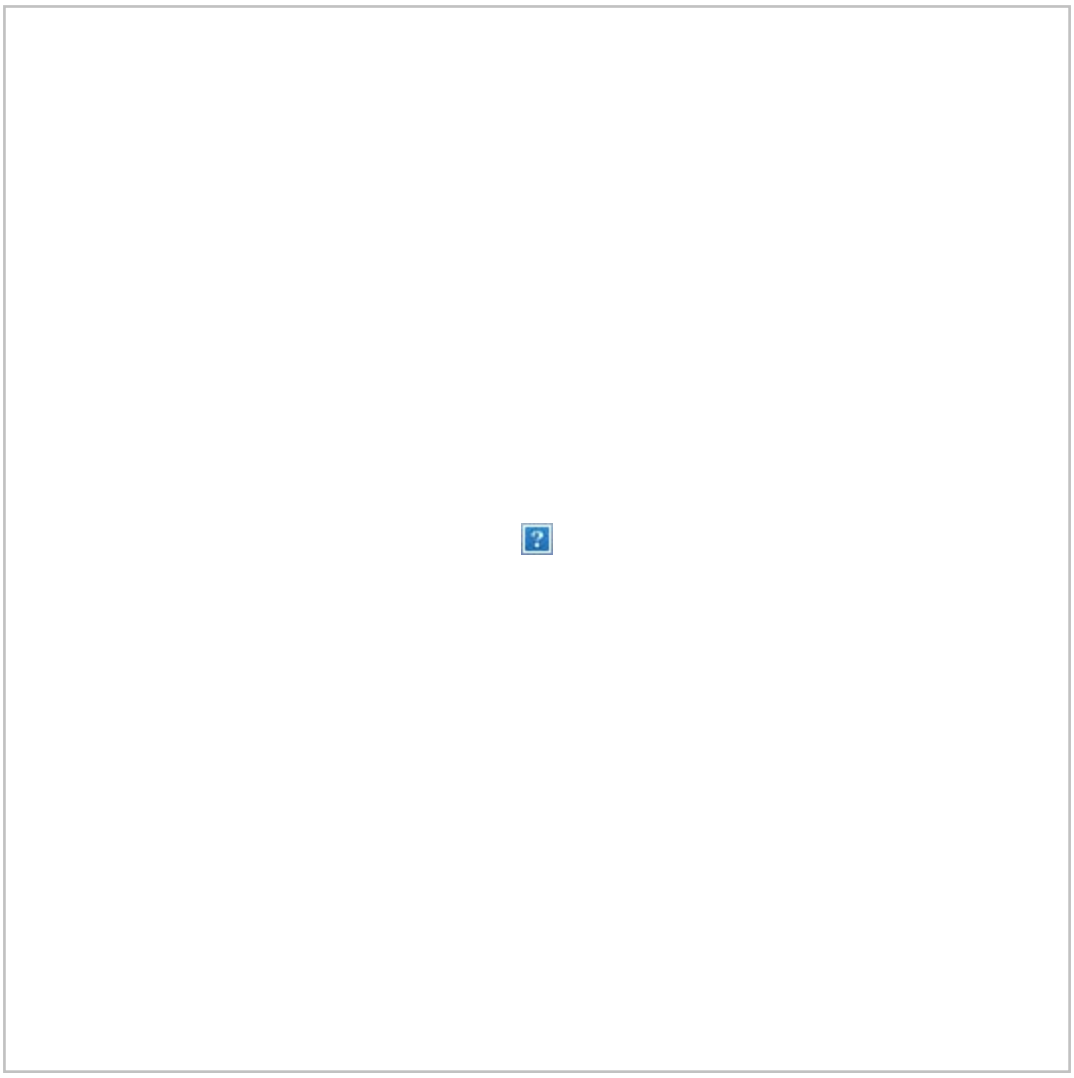
“You should listen to the scientists and the doctors,” the former New York City mayor said. “They say go very slowly. They haven't done enough research. And the evidence so far is worrisome, before we get all our kids… where this may be damaging their brains.”



A Gilead Sciences, Inc. office in Foster City, California. REUTERS/Stephen Lam/File Photo

OOF: Federal public health officials said the first clinical trial has started to test Gilead Science’s experimental treatment for coronavirus.

The first participant in the trial is an American who was flown back

AMERICAN OVERSIGHT

to the United States after being quarantined on the Diamond Princess cruise ship.

The trial has started at the University of Nebraska Medical Center in Omaha, according to the National Institutes of Health, and will test Gilead's experimental drug remdesivir.

Meanwhile, officials from the World Health Organization have said "clinical trials for remdesivir in humans are now taking place and results could be available within weeks," CNN's Paul R. La Monica reports.

"There is only one drug right now that we think may have real efficacy and that's remdesivir," Bruce Aylward, an assistant director-general of WHO, said at a news conference in Beijing.

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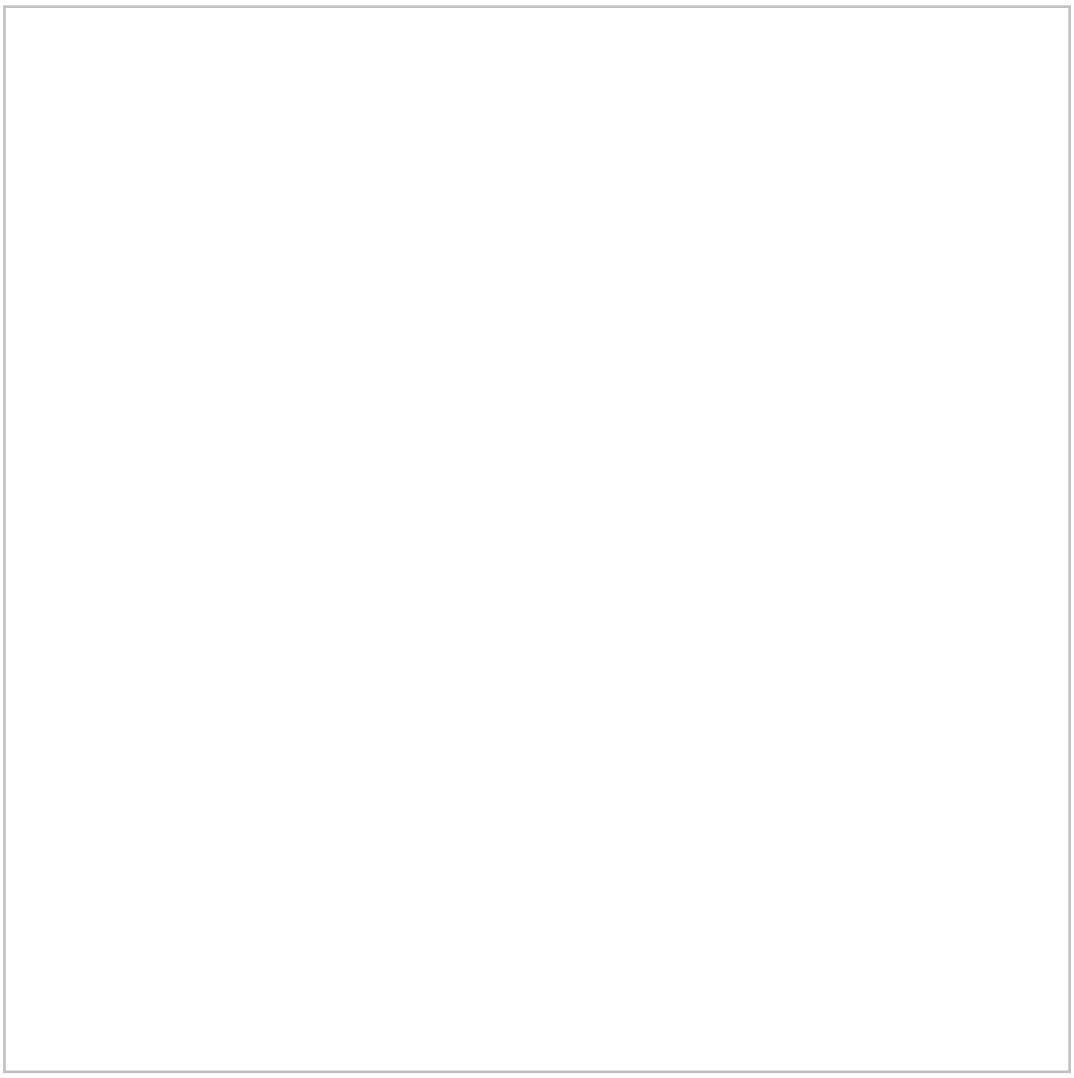

Juul vape cartridges are pictured for sale at a shop in Atlanta. (Reuters/Elijah Nouvelage/File Photo)

OUCH: A group of 39 states will probe Juul Labs's marketing strategies to determine whether the company targeted young people and misled customers about the nicotine content in its vaping products, the Associated Press's Dave Collins reports.

"I will not prejudge where this investigation will lead," Connecticut Attorney General William Tong said in a statement, "but we will follow every fact and are prepared to take strong action in conjunction with states across the nation to protect public health."

Tong, along with the attorneys general from Florida, Nevada,

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Oregon and Texas are leading the investigation.

Juul, facing a nationwide backlash over vaping and concerns about surging youth use, is already facing scrutiny at the federal and state level.

“The FDA and a congressional panel have ongoing investigations into whether the company’s early marketing efforts — which included online influencers and product giveaways — deliberately targeted minors,” Dave writes. “Nine attorneys general have previously announced lawsuits against the company, most alleging that the company adopted the playbook of Big Tobacco by luring teens with youth-oriented marketing while failing to stop underage sales.”

— Meanwhile, the e-cigarette company has dialed back its international operations, and two executives are leaving the company as part of that change.

“Kenneth Bishop, president of Asia Pacific South, and Grant Winterton, president of Europe, the Middle East and Africa, stepped down over the weekend, and are expected to exit sometime over the next several weeks,” the Wall Street Journal’s Jennifer Maloney reports. “Juul plans to cut more than 20 staff at its regional headquarters in Singapore, where Mr. Bishop was based, a person familiar with the matter said.”

— And here are a few more good reads:

As Covid-19 Spreads, Amazon Tries to Curb Mask Price Gouging

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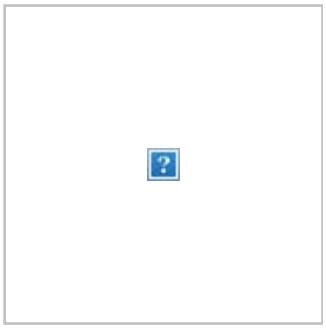
Sellers report receiving messages from the company that their face masks are too expensive, while users on Amazon's forum debate the ethics of raising prices during emergencies.

Wired
Read more »

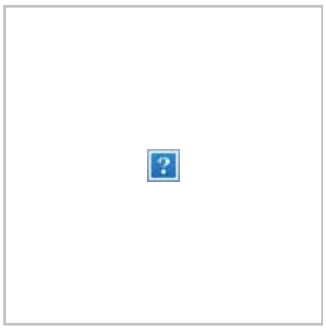


HEALTH ON THE HILL

A veteran running for a House seat is suspending his campaign after a heroin overdose

Taylor is an Army veteran and city councilman in Safford, Ariz.

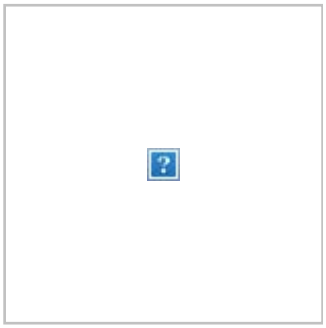
Meryl Kornfield
Read more »



Democrats block two Senate abortion bills

Senate Democrats blocked two abortion-related bills on Tuesday as Republicans look to weaponize the issue ahead of the 2020 elections.

The Hill
Read more »



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STATE SCAN

Murphy wants to raise New Jersey's cigarette tax to among highest in nation

The new cigarette tax would increase rates from $2.70 to $4.35 per pack.

Politico
Read more »

REPRODUCTIVE WARS

Small Texas Cities Sued Over Abortion Bans

The American Civil Liberties Union is suing seven small rural cities in eastern Texas that enacted ordinances declaring it crime to procure or perform abortions in their jurisdictions.

Wall Street Journal
Read more »

INDUSTRY RX

Apple, J&J to study if Apple Watch app leads to lower stroke risk

Johnson & Johnson said on Tuesday it would partner with Apple Inc on a study to ...

Reuters
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OPIOID OPTICS

Drugmaker Mallinckrodt reaches $1.6B opioid settlement

The generic drugmaker Mallinckrodt has a tentative $1.6 billion deal to settle lawsuits over its role in the U.S. opioid crisis, it announced Tuesday. The deal is intended to end hundreds of...

Associated Press
Read more »

MEDICAL MISSIVES

Study: Adults don’t need booster vaccinations for tetanus and diphtheria

The study found no difference in disease rates between countries that recommend adult revaccination and countries that say childhood vaccination is enough.

Stat
Read more »

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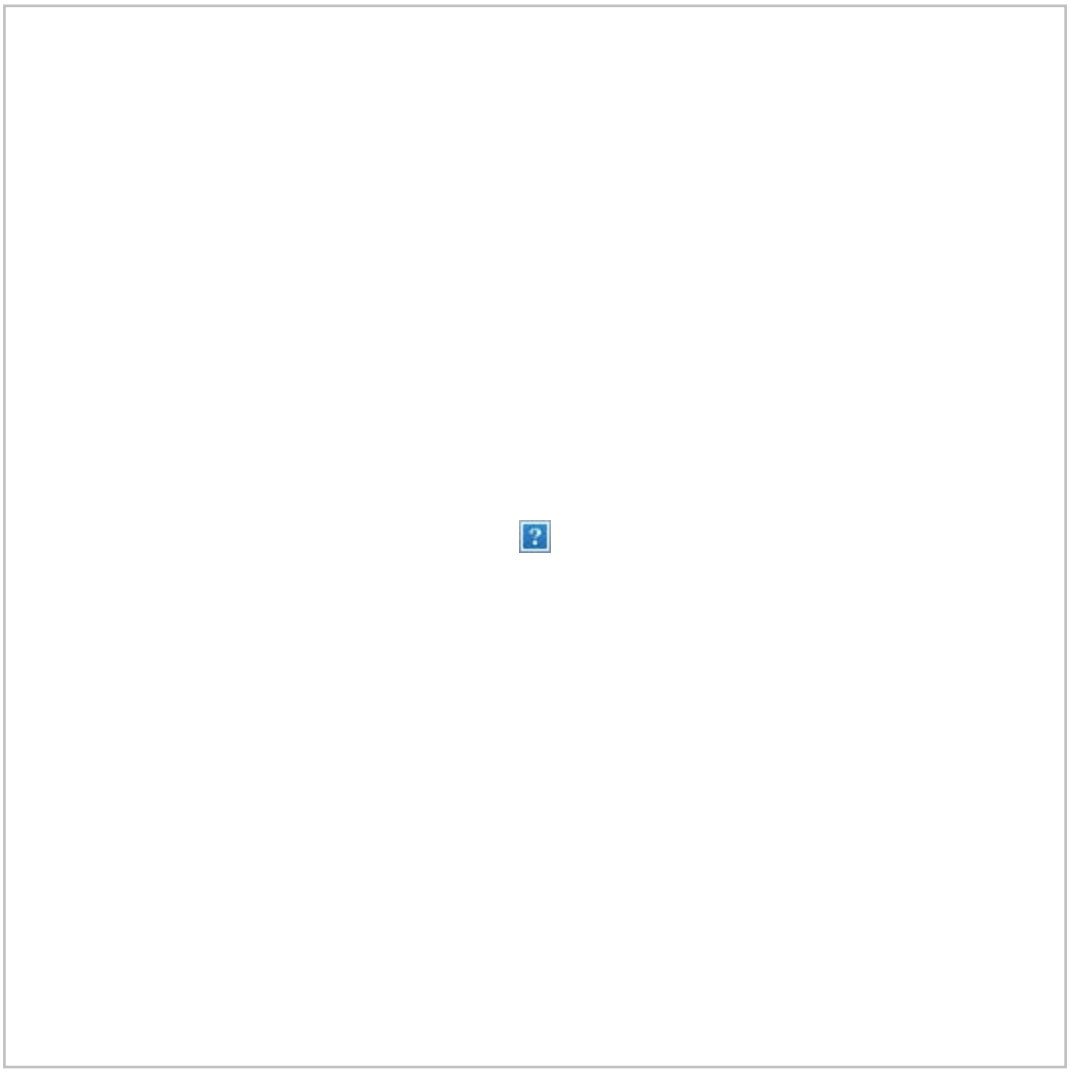
DAYBOOK

Today

- The Washington Post will host a live event featuring government officials, academics and advocates discussing the plight of working families and low-income workers in the United States.

SUGAR RUSH



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The Washington Post

Democracy Dies in Darkness

AMERICAN OVERSIGHT

From: Health Law360
To: Palm, Andrea J - DHS
Subject: The Legal Industry Steels Itself As Coronavirus Hits The US
Date: Friday, March 06, 2020 12:11:04 PM

Coronavirus Special Report

Friday, March 6, 2020

THE BIG PICTURE

mag large

GCs Swing Into Action As Cos. Hope To Avoid Virus Outbreaks

As businesses hope to prevent a coronavirus outbreak in their offices, general counsel and their teams are helping steer those efforts and working in the background to balance legal and compliance risks with employees' concerns.

How Will BigLaw Handle A US Outbreak? Ask Firms In China

The U.S. offices of global law firms are asking counterparts in China how to prepare for a coronavirus pandemic. Their advice? Avoid public transportation, work odd hours, telecommute, video-conference with clients and stockpile hand sanitizer.

Coronavirus Threatens BigLaw's Surge In Promotions, Hiring

BigLaw saw a banner year in 2019, which sparked a significant uptick in partner promotions and greater competition to land certain associates, but the novel coronavirus could send those workforce and hiring trends backward if it has a monthslong impact on firms' business, experts said.

It's All Practice Groups On Deck To Tackle Coronavirus

As the coronavirus continues to spread, law firms are bringing together

LAW FIRMS
Akin Gump
Alston & Bird
Arnold & Porter
Baker McKenzie
BakerHostetler
Blank Rome
Culhane Meadows
Dentons
Dorsey & Whitney
FisherBroyles
Gregory J. Cannata & Associates
Haynes & Boone
Hinshaw & Culbertson
Jackson Lewis
K&L Gates
Katten
Latham & Watkins
Law Offices of Tim Powers
Lewis Baach
Lewis and Garbuz
Linklaters
Lynn Pinker
Morgan Lewis
Nixon Peabody
Nossaman LLP
Patterson & Sheridan
Paul Hastings
Paul Weiss
Pierce Atwood
Pillsbury Winthrop
Quinn Emanuel
Sheppard Mullin
Squire Patton Boggs
Tanenbaum Keale
Varnum LLP
Willkie Farr
WilmerHale
Wolf Greenfield

COMPANIES
Amazon.com Inc.

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attorneys from widely different practice areas to tackle legal issues that blur the lines of trade, health care, employment, privacy and corporate law.

ON THE GROUND

As Virus Rattles NYC Firm, Life Goes On For Nearby Attys

As the employees of a Manhattan boutique law firm underwent testing for the coronavirus Wednesday, it was mostly business as usual for other law firms in the building and the surrounding area.

Manhattan Atty Diagnosed With COVID-19 Virus

An attorney with the small Manhattan firm Lewis & Garbuz PC has been the second person diagnosed with the coronavirus disease COVID-19 in New York and the first case in the state of community spread of the disease, public health officials said Tuesday.

Law School Closes Over Student's Contact With Infected Atty

New York Law School closed its campus Wednesday after a student reported coming into contact with a Lewis & Garbuz PC attorney who was diagnosed with coronavirus, and the attorney's wife and son have also tested positive, officials said.

ABA, Health Tech Events Scuttled Amid Coronavirus Fears

A two-decade-old American Bar Association health conference and a massive health technology meeting with a highly touted keynote speech from President Donald Trump were canceled Thursday amid coronavirus concerns, sparking questions about other upcoming health industry gatherings.

Cross-Border Probes Slowing Amid Coronavirus Precautions

Measures to control the spread of the new coronavirus are having an impact on the travel-heavy white collar bar, as attorneys say restrictions have slowed some international investigations.

EXPERT ANALYSIS

Prepare Your Law Firm Tech For Coronavirus Impact

In case the coronavirus pandemic becomes more severe, law firms should make sure that their data, security and communications systems can be remotely accessed with convenience and reliability, say Thomas Robertson and Kenneth Jones at Tanenbaum Keale.

What The Coronavirus Means For Arbitration And Mediation

With coronavirus cases increasing worldwide, arbitrators, mediators, lawyers and parties may no longer be able to travel as freely as before — which could be the push needed to fully develop online dispute resolution, says Jeff Benz at JAMS.

America's Health Insurance Plans
American Bar Association
American Conference Institute
American Hospital Association
Food & Drug Law Institute
Goldman Sachs Group Inc.
HIMSS
JAMS Inc.
Major Lindsey & Africa
Microsoft Corp.
Mitel Networks Corp.
New York Law School
RingCentral Inc.
Young Mayden LLC
Zeughauser Group LLC

GOVERNMENT AGENCIES

Centers for Disease Control and Prevention
Securities and Exchange Commission
U.S. Department of Homeland Security
U.S. Department of Justice
U.S. Office of Personnel Management
World Health Organization

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From: Pottebaum, Nic D. EOP/WHO
To: Pottebaum, Nic D. EOP/WHO
Subject: The President & Coronavirus Task Force News Conference TODAY at 6:30 p.m. Eastern Time
Date: Wednesday, February 26, 2020 3:58:54 PM
Attachments: image001.png

State Leaders and Staff,

Today (Wednesday, February 26) at 6:30 PM Eastern Time, President Donald J. Trump, Vice President Mike Pence, and Members of the Coronavirus Task Force will Hold a News Conference from the White House James S. Brady Briefing Room.

You can view the news conference here: WhiteHouse.gov/Live.

Please let me know if you have any questions.

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

AMERICAN OVERSIGHT

From:	Werner, Mark A - DHS
To:	Ayers, Jeanne F - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); Meiman, Jonathan G - DHS; Grajewski, Barbara A - DHS
Subject:	Thoughts on nCoV Outreach to Employers
Date:	Monday, February 10, 2020 4:34:14 PM
Attachments:	What Employers Need to Know About Coronavirus_v2.pdf

Hi, Jeanne. We had a brief discussion this afternoon about outreach to employers around nCoV. We settled on two basic messages that we would want to anchor our communications:

- The risk of transmitting nCoV infection in the workplace is exceedingly low.
- Federal, state and local public health agencies are making sure that those who need specific guidance about nCoV health risk are receiving the information they need.

What we thought would be the best place to start is to recycle the information from the Public Health Madison Dane County fact sheet (attached) that is broadly relevant for communications from a state health department (including the equity-focused piece about avoiding assumptions about who may be sick) and include links to useful web resources from DHS, CDC, OSHA and other reliable sources to create a one-page DHS fact sheet on this topic. We could send it out via GovD, social media or other means. We felt that the amount of work to put together content for a webinar for an audience that is as diffuse as the employment sector would not likely attract the right audience and might not be worth the effort.

Please let us know what you think about this approach. Thanks!

-Mark

AMERICAN OVERSIGHT

Mark A. Werner, Ph.D.
Director, Bureau of Environmental and Occupational Health
WI Division of Public Health
1 W. Wilson St., Rm. 150
Madison, WI 53701

phone: 608 264-9880
FAX: 608 267-4853

e-mail: mark.werner@wisconsin.gov

mobile phone: 608 471-9687

AMERICAN OVERSIGHT

From:	Klos, Rachel F - DHS
To:	Gerdes, Austin A - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Kocharian, Anna - DHS
Subject:	Travel on our outbreak webpage
Date:	Monday, February 24, 2020 3:28:13 PM

Hi Austin,
I noticed the DHS COVID outbreak page links to the US State Department travel page for China; with the recent addition of travel advisories for Japan, S. Korea, Italy and Iran- and anticipated changes to come, I think it would be better to link to the CDC webpage on travel (this is what we linked to on our COVID webpage).

Stephanie and Traci- are you okay with these changes?

Rachel

Current link and text on the COVID Outbreak page:
Traveling to China? The U.S. State Department has guidance for travelers.(link is external)
https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/china-travel-advisory.html

Proposed new language and updated link:
Traveling internationally? The CDC has guidance for travelers.(link external)
https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

Rachel Klos, DVM, MPH
State Public Health Veterinarian
Wisconsin Division of Public Health
Office: 608-266-2154 / Fax: 608-261-4976
Email: Rachel.klos@wi.gov

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AMERICAN OVERSIGHT

From:	PS18-1802 (CDC)
Subject:	Updated PS18-1802 Cluster and Outbreak Detection and Response Plan Template
Date:	Friday, January 31, 2020 1:53:58 PM
Attachments:	Cluster and outbreak detection and response plan template 1_31_2020 for distribution.docx
Importance:	High

Sent on behalf of the HIV Incidence and Case Surveillance Branch and Prevention Program Branch

Dear Colleagues,

To support PS18-1802-funded jurisdictions in the development of their cluster and outbreak plans, we have developed a Cluster and Outbreak Detection and Response Plan Template. This document is now available, attached to this email and on the HICSB SharePoint.

Please use this document to develop your jurisdiction's Cluster and Outbreak Detection and Response Plan, which is a written plan for establishing and maintaining local capacity for cluster and outbreak detection and response. This includes recruiting necessary staff, ensuring training (including security and confidentiality training), identifying relevant experience, and procuring software (i.e., secure HIV-TRACE), equipment, and other resources. This template replaces the previous version originally distributed in 2018.

As a reminder, this plan is due August 2020, along with the Year 4 APR submission. Please ensure that your plan addresses all of the components included in this template. If you have any questions, please contact your assigned JMT.

Additional resources for the development of your plan can be found at www.cdc.gov/HIVcluster, as well as previously published guidance documents available on the HICSB SharePoint.

Thank you,

Angela L. Hernandez, MD, MPH
Chief, HIV Incidence and Case Surveillance

Stan A. Philip, Jr., DHA, MHA
Chief, Prevention Program Branch

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

AMERICAN OVERSIGHT

From: Ayers, Jeanne F - DHS
To: Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: very rough notes of white house call
Date: Friday, January 31, 2020 6:37:33 PM
Attachments: White House Call on 2019 late January 31 afternoon.docx

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From:	Haupt, Thomas E - DHS
To:	Smiley, Stephanie L - DHS (DPH)
Subject:	Weekly Respiratory report, Week 4
Date:	Monday, February 03, 2020 12:17:00 PM
Attachments:	Weekly Respiratory Report 2020-Week 4.pdf

Please review for publishing

Thomas Haupt, MS
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From:	Pottebaum, Nic D. EOP/WHO
To:	Pottebaum, Nic D. EOP/WHO
Cc:	Hoelscher, Douglas L. EOP/WHO; Imhoff, Olivia P. EOP/WHO; Swint, Zachariah D. EOP/WHO
Subject:	What You Need To Know: The Trump-Pence Administration Is Taking a Whole-Of-Government Approach To Address the Coronavirus
Date:	Sunday, March 01, 2020 4:03:42 PM
Attachments:	image001.png

State Leaders and Staff,

Under the leadership of President Trump and Vice President Pence, the full weight of the U.S. Government is working to protect the health and safety of the American people. Decisive action from President Trump at the beginning of the COVID-19 (Coronavirus) outbreak—including prudent travel restrictions and an early containment strategy—has given state and local officials and private sector partners time to prepare. Last month, the President formed a Coronavirus Task Force, led by Vice President Mike Pence and comprised of subject-matter experts, to organize a whole-of-government response. The Administration and Coronavirus Task Force have and will continue to work with State-Local-Tribal officials and private sector and non-profit partners in preparing for and responding to the Coronavirus. It is important to note that at this time, the risk of infection for Americans remains low, and all agencies are working aggressively to monitor this continuously evolving situation and to keep our partners and the public informed. Below, please find additional pertinent information.

Up-To-Date Information: Additional helpful resources and up-to-date information can be found on the below websites and social media channels.

For background and the most up-to-date information, please visit the Centers for Disease Control and Prevention Coronavirus Disease 2019 website: HERE

U.S. Department of Health and Human Services

- Twitter (**here**)
- Facebook (**here**)

Centers for Disease Control and Prevention

- Twitter (**here**)
- Facebook (**here**)

Latest Updates: Below, please find pertinent updates on Administrations actions.

- **President Donald J. Trump & Vice President Mike Pence Press Conference with HHS, CDC, & NIH Officials on Saturday, February 29** (**video** / **remarks**)
- **FDA Issues New Policy to Help Expedite Availability of Diagnostics.** The U.S. Food and Drug Administration's issued a new policy for certain laboratories seeking to develop diagnostic tests for coronavirus in order to achieve more rapid testing capacity in the U.S. (more **here**)

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- ***The Associated Press*: Pence Says States Will Receive Help If Coronavirus Spreads.** Vice President Mike Pence said Friday that the federal government is prepared to assist the states if the coronavirus spreads significantly across the country — an eventuality he called unlikely. Pence told a brief press conference in Florida that as a former Indiana governor he understands the need for state and federal partnerships in dealing with a potential health crisis. President Donald Trump appointed Pence on Wednesday to oversee the administration's response to the coronavirus. Pence was in Florida to speak to a conservative political group and raise money for Republican congressional campaigns, but also met with GOP Gov. Ron DeSantis and his health staff at Palm Beach International Airport before speaking with reporters. (more **here**)
- ***USA Today*: 'No Need To Panic': President Trump Says Risk To Americans Is Low As First Coronavirus Death Reported In U.S.** In a rare televised news conference from the White House on Saturday, President Donald Trump said the risk to Americans from coronavirus remains low and that he would meet with pharmaceutical companies next week to discuss development of a vaccine. His comments came as the first U.S. death from the disease was reported. Trump and Vice President Mike Pence also announced new travel restrictions to combat the virus, which has infected more than 84,000 people and killed nearly 3,000 people globally. An existing travel ban on Iran will be expanded to prevent any foreign national who has been in that country in the past 14 days from entering the U.S. The administration also advised Americans not to travel to regions of Italy and South Korea that have been impacted by the virus. (more **here**)

Helpful Agency Contact Information: Below, please find contact information for our Intergovernmental Affairs colleagues across the Federal family.

- U.S. Department of Health and Human Services – Darcie Johnston (Office – 202-853-0582 / Cell – 202-690-1058 / Email – darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security – Cherie Short (Office – 202-441-3101 / Cell – 202-893-2941 / Email – cherie.short@hq.dhs.gov)
- U.S. Department of State – Bill Killion (Office – 202-647-7595 / Cell – 202-294-2605 / Email – killionw@state.gov)
- U.S. Department of Transportation – Sean Poole (Office – 202-597-5109 / Cell – 202-366-3132 / Email – sean.poole@dot.gov)

The White House Office of Intergovernmental Affairs will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office directly if we can be of assistance. As a reminder, WH IGA is the primary liaison between the White House and State and local elected officials.

Thanks,
Nic

--
Nicholas D. Pottebaum
Special Assistant to the President and Deputy Director
White House Office of Intergovernmental Affairs
O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

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President's Coronavirus Task Force

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Vice President Mike Pence: "Today, I led a meeting of the White House Coronavirus Taskforce at @HHSgov. Grateful for the work of @SecAzar, @Surgeon_General, @NIH, Dr. Fauci and more. As President @realDonaldTrump said, we're ready and we'll continue to put the health and safety of the American people first.

Led by Vice President Mike Pence, the Task Force is leading the United States Government response to the novel 2019 coronavirus. The Task Force is composed of subject matter experts from the White House and several United States Government agencies and includes some of the Nation's foremost experts on infectious diseases. The Task Force leads the Administration's efforts to monitor, contain, and mitigate the spread of the virus, while ensuring that the American people have the most accurate and up-to-date health and travel information. Additional information about the Task Force can be found **here**. If you would like to contact the Task Force, please reach out to White House Intergovernmental Affairs Staff.

What You Need To Know: President Trump and the Administration Are Taking a Whole-Of-Government Approach to Protecting the American People

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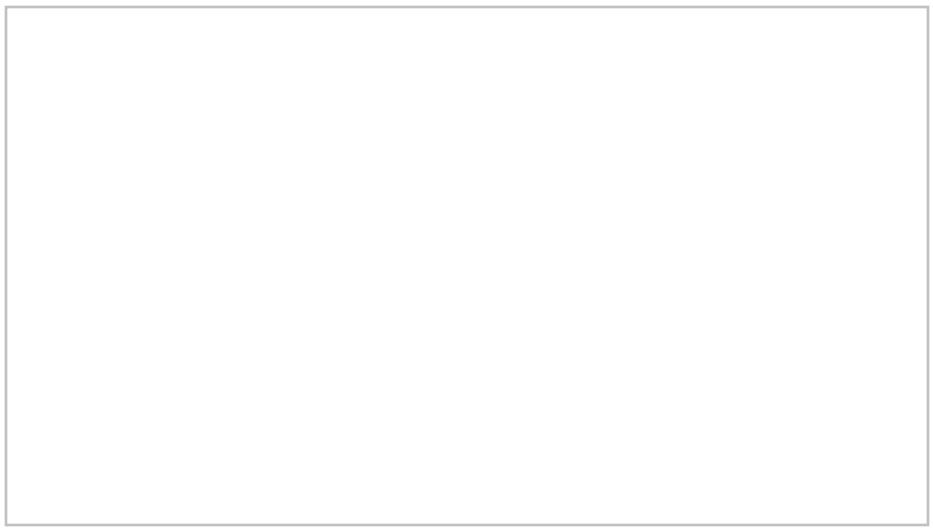

President Trump has made the safety, security and health of the American people his top priority from day one.

- There is no higher priority for President Trump than protecting the health and safety of Americans.
- In 2018, President Trump signed the National Biodefense Strategy (more here), which improves speed of action in situations such as this.
- While additional cases are expected, the general risk to the American public remains low and the Administration is taking measures to keep the threat low.

Since the very beginning of the coronavirus outbreak, the President has taken an unprecedented whole-of-government approach to protect the American people.

- President Trump took unprecedented action and suspended all travel into the United States from China. This is chief among reasons why the threat to Americans from coronavirus remains low.
- Issuing a public health emergency declaration on January 31.
- Establishing the White House task force to combat the coronavirus spread.
- The White House has already met with over 40 state, county and health officials in 30 states on how to respond to the potential threat of the coronavirus. We will be continuing to reach out to governors, state and local officials, and Members of Congress to ensure they have the necessary resources.
- Remained in close contact with our Nation's governors.

While the threat to the American public remains low, the President has directed the White House Task Force to take all steps to ensure the health and well-being of the American people and we are well-prepared.

- Americans do not need to change their day-to-day lives but should stay informed and practice good hygiene.
- There are good tried and true hygiene practices which can be very effective to reduce the chance of getting sick.
- Travelers are encouraged to always exercise healthy travel habits when traveling and to follow appropriate guidance (*see* here). At this time, there are no restrictions on travel anywhere in the United States.
- We are working rapidly on therapeutics and vaccines and have launched the first U.S. clinical trial for an investigational antiviral.

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- The United States has the finest public health system in the world and knows the playbook to respond to infectious disease outbreaks.

The United States is helping lead the global response to the coronavirus outbreak and offering assistance to the Chinese people in their time of need.

- The Coronavirus Task Force and Administration continue to operationalize a unified government-wide public health response.
- The Administration has requested funding from Congress to help cover all the needs across the federal government to remain prepared for the Coronavirus – the Administration encourages Congress to move expeditiously to provide additional resources to the Federal government and our State and local partners.

Local, State, tribal, & Federal coordinated preparedness & response efforts.

- Federal officials have been working diligently to communicate with State, local, and tribal officials on the Federal government's efforts to prepare and respond to COVID-1.
- Our Nation's Governors have participated in-person and conference call briefings with Federal partners (January 30, February 9, and February 20) – and another one is scheduled for March 2.
- White House, OMB, HHS, DHS, DOT, and State Department Officials met with over 40 State, county, and city health officials from over 30 States and territories to thank them for their leadership and to continue discussions on the Federal-State-Local partnership to prepare and respond to COVID-19 (February 25).
- HHS, CDC, DHS, and Federal partners have held numerous national briefing calls with State, local, tribal, private-sector, and community leaders.
- The Trump Administration is partnering with State, local, and tribal elected and appointed leaders' associations.

Excerpt from On-The-Record Pen and Pad Roundtable by Health and Human Services Secretary Alex Azar and Other Senior Administration Officials on Resources Available to Combat the Coronavirus (*February 28, 2020)*

SECRETARY AZAR: Well, thanks for coming, everybody. In case you didn't hear from us enough the other night, wanted to give you an update on the budget issues, in particular.

As the President has repeatedly emphasized, there is no higher priority for us than protecting the health and safety of Americans. Thanks to the President's aggressive containment efforts, at this time, the risk from COVID-19 to the American public is low. But as we have all repeatedly emphasized, that has the potential to change.

The President's bold, decisive decisions have brought us extremely -- have bought us extremely valuable time to prepare for the possibility that the situation may worsen and we may need to mitigate its spread in the United States. That time is valuable for all sorts of things, including state and local preparation, and the development of diagnostics, therapeutics, and vaccines.

It's also helped us determine our funding and resource needs, allowing the White House to make its supplemental funding request of Congress earlier this week. We want to work with

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Congress to determine the funds we need for FY2020 first, because our priorities here are speed and flexibility.

HHS is already using up the $105 million in the Infectious Disease Rapid Response Reserve Fund, which has been vital, but it's not enough -- which is why we are moving forward with a transfer of $136 million to continue our public health response, which I notified Congress about on February the 2nd.

Thanks to investments supported by this administration, we have highly valuable and flexible relationships and contracting methods for developing and purchasing diagnostics, therapeutics, and vaccines through entities like BARDA. But we'll need more money for the focused drive toward countermeasures that we need to keep America safe.

Working on a supplemental needs to be a top priority for Congress. As the President has said, this is not a time for politics. We cannot undertake all the preparation that it's widely acknowledged we need without more funding.

As chairman of the Coronavirus Task Force, I have already begun working alongside Vice President Pence, Acting Director Vought, Director Ueland, and others to begin productive discussions with Congress about what funding should look like.

We laid out five key elements of our supplemental request. First, surveillance. Second, state and local support. Third, therapeutics. Fourth, vaccines. And fifth, personal protective equipment, or PPE.

I want to mention some particular activities we plan with the funding. With surveillance funds, we'll build on existing influenza surveillance systems, covering all states and adding coronavirus testing and reporting to the current flu systems. We request funding for grants to state and local jurisdictions for epidemiology, lab capacity, infection control, and other activities, complementing CDC investments over the years. And we've requested new funding for the 62 recipients of our hospital preparedness program.

We request $1 billion in support for the development of up to five candidate coronavirus vaccines, including support for one or more through phase-three clinical trials.

On therapeutics and diagnostics, we request support for investigation of broad-spectrum antivirals, research on existing monoclonal antibodies that work on other coronaviruses, development of new targeted monoclonal antibodies, and screening of small molecule compounds that have existing clinical data. We request support for these activities through early clinical trials.

We also request support for development of assays to ensure ready availability of diagnostics, plus funding to help the FDA support these development priorities -- pipelines.

On personal protective equipment, we propose almost half a billion dollars in investments for the Strategic National Stockpile to increase production, capacity, and purchase of respirators, ventilators, and antimicrobials for secondary infections.

These kinds of activities will build on activities that we have prioritized and generously funded over the years. Since FY2017, under President Trump, the CDC's budget has increased by $668 million, while NIH's budget has increased by more than $7 billion.

The FY2020 appropriations signed by President Trump include $2.7 billion for

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preparedness programs in HHS's Office of the Assistant Secretary for Preparedness and Response, up about $600 million from FY2017. That included a 130-million-dollar increase in annual spending for the Strategic National Stockpile, and a 203-million-dollar increase in our Pandemic Preparedness Program.

The President's 2021 budget for CDC, developed before we knew the coronavirus would present such an emergency, reflects similar priorities. It maintains the $675 million in state and local preparedness investments, the FEP funding. It prioritizes infectious disease funding and proposes a $50 million increase for CDC's Global Health Security Agenda efforts.

That reflects this administration's longtime focus on effective preparedness programs, the CDC's core mission of infectious disease response, and support for tackling infectious disease threats, especially ones that can cross borders.

I've been a strong advocate for this work and so have leaders across the Trump administration. Tragically, we are now reminded why we've made the case for these priorities over the years. And this situation demands more support from Congress, just as earlier potential pandemic situations have.

[...]

DIRECTOR VOUGHT: So the first one I want to tackle is the total amount for CDC of fighting infectious diseases and preparedness in the President's budget versus last year. So, last year, fiscal year 2020, there was $4.182 billion for fighting infectious diseases and preparedness within CDC. We then increased that in the President's budget by 3 percent -- $135 million -- to $4.317 billion.

So from the standpoint of everything that -- all of the activities that are going on at CDC in this area, there's an increase of 3 percent.

There is a topline reduction in the President's budget for CDC in areas that are not infectious disease fighting and preparedness -- things like climate change research; things like occupational health research that is not going to go away, but is merely something that we no longer feel like we need to jumpstart research that universities are doing, and they have been doing it since 1970, when these programs were first created because it wasn't happening at universities.

We also think there's waste, fraud, and abuse in this area, where you have studies on how taxi drivers are taking too few bathroom breaks, and whether that's an important occupational health issue.

Those are the kinds of things that we still think, even in a time of making sure that all the resources are there for CDC, we can find inefficiencies and waste, and deal with mission creep at the same time.

So it is not true that we cut CDC infectious disease fighting -- which gets me to the second one, which I think this is the main inaccuracy out there, which is this notion that you see in some of the New York Post and CNN reporting that we cut CDC by 80 percent. It's flat-out inaccurate.

Let me explain how the numbers are concocted, comparing apples and oranges, to get that 80 percent. When the Ebola supplemental was passed, there was $597 million provided

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over five years. It was not an annual spend; it was a five-year lump sum supplemental. Per year, that was $119 million for global health activities that would apply to any infectious disease. But that was passed by Congress as part of the Ebola supplemental.

The last two years of that five-year supplemental, we began to make sure that it would be funded within the base amount of resources. So we put forward $50 million in Fiscal Year '18, $50 million in Fiscal Year '19, $125 million in Fiscal Year '20, and in this budget we propose $175 million in Fiscal Year '21.

So, in -- while it was still available, we were taking steps to make sure it was funded within base resources. So when the supplemental emergency funding expired, there would still be there, and then when that expired we then pulsed it up to $125 [million]. And this year we propose it at $175 [million]. So significant resources there.

You hear, in the same kind of stories, about leaked memos regarding contingency plans. Those were -- we never got to the point where the funds were expired. And so the contingency plans were what they're meant to be: contingency plans if the funds go away. So, kind of -- we keep seeing this story out there. It's flat-out inaccurate.

I want to talk a little bit about the run rate. So when we talk about: Is there money in the account right now? There's money in the account. We have spent $77 million of the $105 million that Secretary Azar mentioned.

We will be able to get through into April. We can't tell you with a specific degree of certainty, but we're in a good place right now, temporarily. The difference between what we have actually spent, and the -- and the amounts that are provided, we have committed to other activities. We need a supplemental; we need it soon. There's no doubt about that. But we haven't run out of money. And we've got some time and we think that Congress is taking this very seriously.

Eric will speak to how quickly they will move a supplemental. But we're moving forward and we are making sure we have all the accurate data.

I've heard the argument from the Hill: "Well, you haven't given us all of the obligation rates." Well, that's because we're trying to get all of the obligation rates ourselves: collect them, make sure we have all of them from the various different accounts across the federal government, compile them, and get them to the Hill. And we will be as transparent as we always have.

And then the last thing I would just say from a comparison of -- this is our sup request versus their sup request. Remember that ours was based on the notion of what's needed for the seven months remaining in Fiscal Year '20. We put forward a two-and-a-half-billion-dollar request. The President has been very -- made it very clear. Secretary Azar, as head of our task force, has made it very clear. We are willing to go to a higher level if Congress feels the need to do that. But we put forward a two-and-a-half-billion-dollar request based on what was required in seven months, knowing that we're going to go right into Fiscal Year '21 appropriations, and build in additional resources for this area.

So when you see a big number from Senator Schumer -- again, not much detail there, but the assumption is that that is a five-year number. "No-year money" was what we call it. And so, to some extent, you're dealing, again, with apples and oranges. The Ebola supplemental was, again, no-year money, so it wasn't intended to be for what was needed in this particular fiscal year.

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So those are the main things that I've seen that I wanted to make sure we definitely unpack. And I'm sure we'll do more of that in the Q&A.

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From:	Centers for Disease Control and Prevention
To:	Smiley, Stephanie L - DHS (DPH)
Subject:	What"s New in NCEZID: 2019 Accomplishments, novel coronavirus, earthquakes in Puerto Rico,updates on the Ebola outbreak, enteric disease outbreak investigations, and more!
Date:	Wednesday, February 19, 2020 3:38:35 PM

National Center for Emerging and Zoonotic Infectious Diseases

Highlights of our recent work to prevent the spread of infectious diseases

February 19, 2020

NCEZID 2019 Accomplishments

On February 5, NCEZID released its 2019

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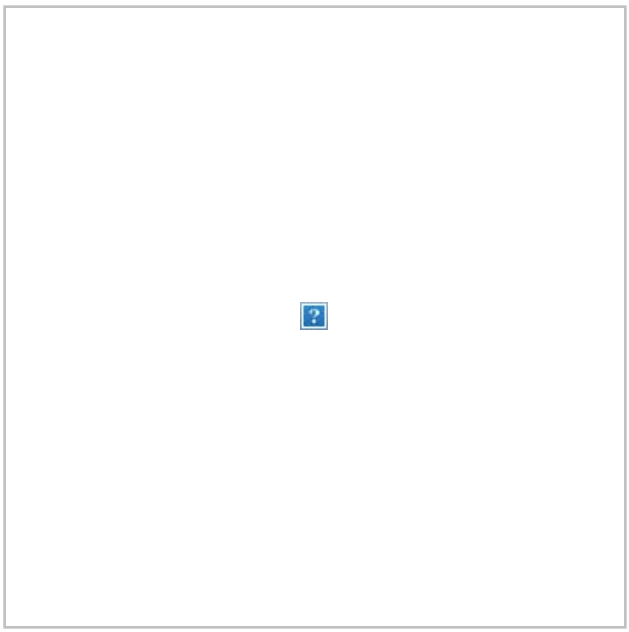
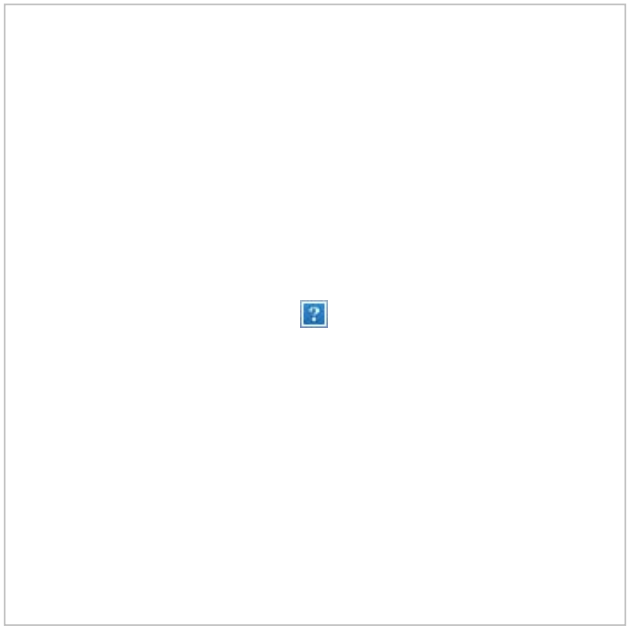


Accomplishments highlighting everything from protecting domestic and global public health threats to collaborating with partners to make an even bigger mark in saving lives and strengthening preparedness to fight emerging and zoonotic infectious diseases. You can view NCEZID's 2019 Accomplishments through a PDF version or on our website.

Novel coronavirus emerges in China, spreads globally



Since early January, CDC has been actively engaged in the international response to the rapidly escalating outbreak of respiratory infections linked to the 2019 novel coronavirus (COVID-19). CDC has activated its Emergency Operations Center under the leadership of the National Center for Immunization and Respiratory Diseases (NCIRD), with support from NCEZID and other centers across the agency. Information about the outbreak has been changing daily. CDC and its public health partners have launched an aggressive preparedness and response effort. NCEZID's response activities cut across programs throughout the center, as these examples show:

- Conducting enhanced health screenings at US airports, travel health notices, travel health alert messages in airports, and other travel- and quarantine-related activities, including analysis of travel data.
- Providing expertise for pathology studies.
- Supporting efforts to develop and distribute laboratory diagnostic kits.
- Providing leadership and support for field deployments and CDC's Emergency Operations Center.

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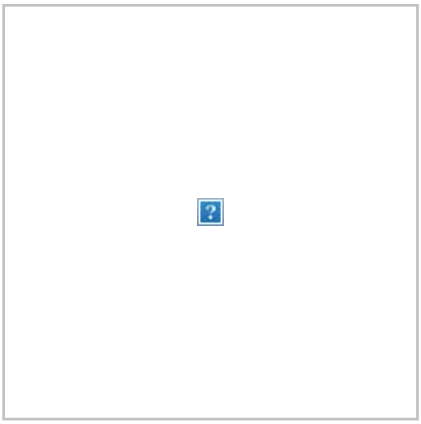
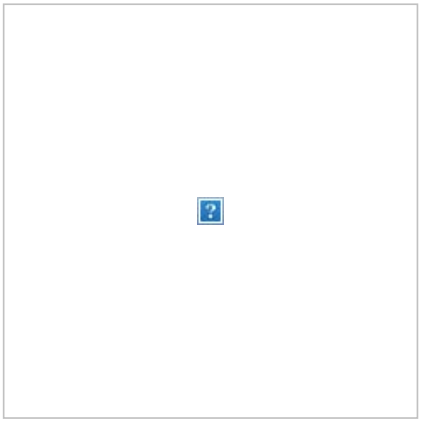
Earthquakes rattle Puerto Rico



On December 28, Puerto Rico experienced the first in a series of earthquakes. On January 7, the island suffered a 6.4 magnitude earthquake. A 5.9 magnitude aftershock followed on January 11, and more than 2,300 tremors have occurred since December 28. We are communicating regularly with our staff in Puerto Rico to ensure that they are safe, and Dengue Branch facilities in San Juan have not been damaged. Metro areas currently have power, but southern Puerto Rico is still experiencing outages. Several CDC staff are participating in efforts to aid residents in this part of the island. CDC is actively engaged and monitoring quake activity and is on standby to provide support if needed.

Updates on Ebola: Case counts fall, but challenges remain



Case counts have fallen from more than 100 a week at the worst of the outbreak to single digits for many weeks. But the remaining hot spots are in places where surveillance and contact tracing are difficult, and recent violence has disrupted response work by some of our partner agencies.

Ebola vaccine receives FDA approval
In December, the US Food and Drug Administration (FDA) approved Ervebo, Merck's Ebola vaccine, for use in the United States in people 18 and older. It's the first FDA approval of a vaccine for Ebola virus, marking a historic milestone. The Democratic Republic of the Congo Ethics Review Committee and National Regulatory Authority have approved the Merck rVSV-ZEBOV vaccine in the DRC for this outbreak under "expanded access." The existing vaccine supply in DRC and neighboring countries will remain investigational. This vaccine has been shown to be safe and protective against the *Zaire ebolavirus* species.

Enteric disease outbreaks

In more outbreak-related news, CDC, with state and federal partners, is investigating several multistate enteric disease outbreaks, including the following:

- *Listeria* infections linked to hard-boiled eggs produced by Almark Foods of Gainesville, Georgia. One death in

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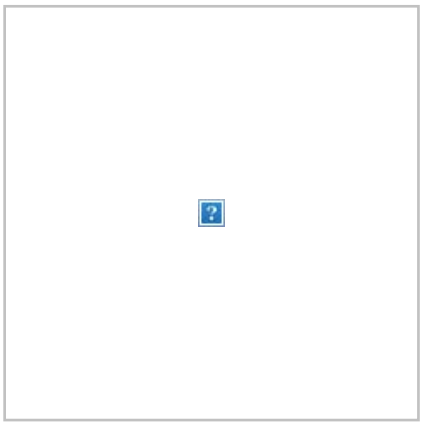
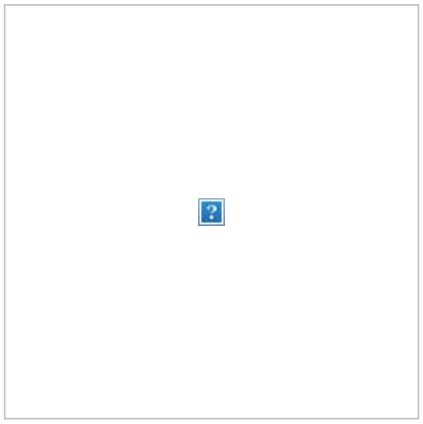


Texas has been reported among seven total illnesses. On December 23, Almark Foods recalled all hard-boiled eggs produced at the Gainesville facility.

- Multidrug-resistant *Campylobacter* infections linked to contact with puppies in pet stores. Whole genome sequencing shows that the strain causing illness in 2019 is closely related genetically to the strain that caused a similar outbreak in 2016–2018.
- *Salmonella* infections linked to cut fruit. People in 11 states have gotten sick from eating contaminated cut honeydew melon, cantaloupe, or pineapple produced by Tailor Cut Produce.
- *Salmonella* infections linked to small pet turtles. People in 9 states have been infected with *Salmonella typhimurim* likely from contact with small pet turtles. The U.S. Food and Drug Administration bans the sale and distribution of turtles with shells less than 4 inches long as pets, but these animals can still be found for sale at flea markets, swap meets, and online.

New resource for healthcare providers: Bloodstream staph infection prevention tool on Medscape



CDC released a new interactive case assessment tool on Medscape to help healthcare providers learn more about preventing deadly *Staphylococcus aureus* (staph) infections in their patients. The tool was released in connection with a 2019 issue of Vital Signs that reported that 119,000 people suffered from bloodstream staph infections in the United States in 2017—and nearly 20,000 died. CDC called on healthcare facilities, providers, and administrators to protect patients from device- and procedure-related staph infections and promoted tools and resources to support those efforts. This case assessment tool is the latest resource created to help providers protect their patients against serious staph infections that can lead to sepsis or death.

AIP publishes steps to combat gastric cancer in Alaska Native people

CDC's Arctic Investigations Program (AIP) recently published an article in *Gastroenterology* that summarizes the outcomes of a meeting that brought together international gastric cancer experts, Alaskan health providers, Alaska Native community and tribal leaders, public health officials,

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and representatives from other North American indigenous populations. The article describes the need for solutions designed to work in Alaska, where approximately 40% of Alaska Native people live in communities not connected to a road system. Participants identified the need for targeted screening and surveillance, clinical and community education, and additional research to uncover why gastric cancer rates are disproportionately high among Alaska Native people. AIP and its partners in Alaska have begun to address these needs, including designing a long-term screening study.

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Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

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From: Centers for Disease Control and Prevention
To: Smiley, Stephanie L - DHS (DPH)
Subject: What"s New in NCEZID: Continuing Ebola Fight, Vector Week 2020, NASA Visits CDC, and more!
Date: Thursday, March 05, 2020 9:31:39 AM

National Center for Emerging and Zoonotic Infectious Diseases

Highlights of our recent work to prevent the spread of infectious diseases

March 5, 2020

NCEZID Continues Ebola Fight in Democratic Republic of Congo

CDC is a year and a half into the second-

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largest Ebola outbreak on record. Weekly case counts in Democratic Republic of Congo (DRC) have been in the single digits for most of the year to date. Late this month, there was an entire week without a case for the first time since the outbreak began. However, there needs to be six straight weeks with no new cases—a total of 42 days in a row—plus 90 days of enhanced surveillance to be able to call this outbreak over. The World Health Organization (WHO) recently reaffirmed the outbreak's status as a Public Health Emergency of International Concern, warning that the security situation in the region leaves open the potential for new cases. WHO says it will revisit that decision within two months. In the meantime, CDC responders will keep working in Atlanta and with the DRC and its neighbors to support the response and preparedness efforts until the outbreak can definitively be declared over.

Vector Week 2020

Nearly 400 representatives from across the country attended CDC's first Vector Week, held March 25-28. CDC's Division of Vector-Borne Diseases Director, Lyle Petersen, presented a collective vision and strategy to battle vector-borne diseases nationally. Other CDC senior scientists and experts from state and local public health programs and the Centers of Excellence presented on specific challenges and opportunities for vector-borne disease prevention and control. CDC and other public health programs are at a crucial juncture in our efforts to prevent and control vector-borne diseases, and we hope the deliberations at Vector Week 2020 will shape new directions in this important area.

NASA samples expertise from CDC experts

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CDC has been consulting with the National Aeronautics and Space Administration (NASA) on safety issues surrounding the Mars Sample Return mission. The proposed mission will use rovers to sample Martian soil and bring back specimens to Earth for testing. A NASA team visited CDC earlier this month to discuss how to make sure that any pathogens that might be in the samples don't pose a risk to people, agriculture, or the environment.</br></br>NASA staff also met with staff here at CDC about security and engineering of high-containment labs and biosafety for working with the samples. We talked about how to either contain or sterilize samples to prevent contaminants from getting in or out. Last week, representatives from CDC traveled to Salt Lake City, Utah, to meet with NASA's Sterilization Workgroup, where they explained how CDC communicates about infectious disease risks and outbreaks. CDC shared examples of ways we have communicated about high-consequence but low-probability diseases.</br>

Speak Up: Making Dialysis Safer for Patients video debuts

In January, the Making Dialysis Safer for Patients Coalition and the American Association of Kidney Patients released a video for dialysis staff and patients on dialysis about the importance of speaking up to prevent infections and improve patient safety. The video follows the journey of two patients on dialysis who feel empowered to speak up and share concerns about their treatment. The video also highlights ways dialysis staff can create an environment where patients feel safe speaking up. Along with the video, the group created a handout for staff with helpful tips and reminders about how to engage patients and caregivers. The video was released ahead of Patient Safety Awareness Week, which CDC observes from March 8-14.

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Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

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From: wheeler@thewheelerreport.com
To: DHS DL WheelerReport
Subject: Wheeler Report - 02/27/20
Date: Thursday, February 27, 2020 5:28:46 PM
Attachments: powerphplist.png

Thursday, February 27, 2020

DHS BRIEFING ON COVID-19

The Department of Health Services held a media availability yesterday to discuss coronavirus (Covid-19). According to Chuck Warzecha, Division of Public Health Deputy Administrator, Wisconsin has 17 people under investigation for the disease, 15 have tested negative, one test is still pending, and one person tested positive. Warzecha said the risk to Wisconsin at this time remains low. Warzecha said at this time the risk for infection continues to be traveling to infected areas or coming into contact with someone who has the disease. Warzecha recommended for the most recent information on travel advisories and additional health information individuals refer to the Centers for Disease Control (CDC) website. The CDC website says there are 14 confirmed cases in the United States, 12 of them are travel related, two are person-to-person spread. To date, 445 people in the United States have been tested.

Dr. Ryan Westergaard, DHS Chief Medical Officer, said on a global scale the number of cases has been increasing, but most of those cases at this time are from person-to-person spread, saying that means the probability of the virus coming to the United States and spreading is increasing. For that reason, Dr. Westergaard said the CDC is recommending that health centers look to mitigate the spread of the virus. Dr. Westergaard highlighted that more has been learned about the virus, and the good news is the mortality rate for the virus is lower than originally thought, however the virus is spreading faster than what it was one or two weeks ago. Dr. Westergaard said, “The message is that the immediate risk to communities has not changed in Wisconsin and we don’t believe it’s spreading currently, but our efforts are really increasingly focused on how we can prepare for the eventuality that it will be in the future.”

Jeff Phillips, Office of Preparedness and Emergency Health Care Director said DHS is currently working with the CDC and Wisconsin health care providers to understand the surge in services, usage and medical supply demands if the virus should come to Wisconsin on a large scale. Phillips said they have extensive outreach with health centers in the state as well as the CDC to make sure respirators are able to last longer, and investigating whether telehealth tools can be used to help direct people to the proper level of care for medical needs. Phillips emphasized some of the steps people can take to help slow the spread of any disease, including: staying home when you are sick, covering your coughs and sneezes, washing your hands, routine surface cleaning of frequently used surfaces, school closures, and postponements or modifications of large events.

EXECUTIVE ACTION BY SENATE COMMITTEE ON PUBLIC BENEFITS,

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LICENSING, & STATE-FEDERAL RELATIONS

SB-439 **Marriage Licenses** (Kooyenga, Dale) Marriage license application requirements, issuance, and validity. *Am. 1 adopted, 5-0. Passage as amended recommended, 5-0.*

COMMITTEE NOTICES

Assembly Public Benefit Reform, 10:00 am, Tue, Mar 3, 225-NW
(Google Calendar Ical/Outlook) Hearing

DCF (DCF 101). CR 18-016. Wisconsin works time limits and extensions.

Senate Committee On Education, 10:00 am, Wed, Mar 11, 411-S
(Google Calendar Ical/Outlook) Hearing

SB-506 **WISH Grant** (Olsen, Luther) Grants to the Wisconsin Safe and Healthy Schools Center and making an appropriation.

SB-744 **Holocaust Education** (Darling, Alberta) Incorporating the Holocaust and other genocides into the state model social studies standards and requiring instruction on the Holocaust and other genocides.

SB-789 **Open Enrollment** (Darling, Alberta) Expanding the part-time open enrollment program.

APPEALS COURT OPINION RECOMMENDED FOR PUBLICATION

(State v. A.A., *Dodge County Circuit Court, District IV Court of Appeals*) – Definition of Day

In December 2017, the Dodge County Circuit Court entered an order finding A.A. a juvenile in need of protection or services based on habitual truancy. The order placed A.A. under supervision for one year and imposed conditions that A.A. had to follow to avoid sanctions. In January 2018, A.A.'s social worker requested a sanction of placement in nonsecure custody for 10 days based on an allegation that A.A. violated supervision rules. This case centers on the disagreement on how to properly determine the final day of maximum period of custody. A.A. argued the circuit court should interpret "days" consistent with *State v. Johnson* which states that any part of a calendar day that a defendant in a criminal case spends in custody counts as a whole day of sentence credit. A.A. argued a placement date of January 16, 2018 to January 26, 208 constitutes 10 days plus part of an 11th day, therefore the sanction should end on January 25, 2018. The State argued that the 26th was the proper release date because it did not exceed 240 hours (10 consecutive day 24-hour periods), because "day" refers to 24 consecutive hours. The circuit court imposed a sanction beginning on January 16 and ending on January 26. A.A. appealed. The appeals court agrees with A.A. that the word "day" means a calendar day and not a series of hours. The appeals court modifies the sanctions order so the end date is shown as January 25, 2018, and affirms the order as modified.

To review today's releases, click here to visit us at mailinglist.thewheelerreport.com

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From:	Kobayashi, Miwako (CDC/DDID/NCIRD/DBD)
To:	DeSalvo, Traci E - DHS; Westercamp, Matthew (CDC/DDID/NCEZID/DHQP); Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES); Bryant-Genevier, Jonathan (CDC/DDPHSIS/CGH/DGHP); kbartlett@publichealthmdc.com
Cc:	Kocharian, Anna - DHS; Haupt, Thomas E - DHS; Mason, Jordan L - DHS; Klos, Rachel F - DHS; Pray, Ian W - DHS (CDC); Smiley, Stephanie L - DHS (DPH); Kita-Yarbro, Amanda
Subject:	WI GO Team updates from today
Date:	Saturday, February 08, 2020 9:53:53 PM
Attachments:	image001.png

Good evening,

Here are some updates from today:

1. Contact tracing

- We collected NP/OP specimens from the new PUI (airplane contact) and an asymptomatic contact who is scheduled to depart for CO. Because we had a PUI specimen, we made arrangements for both of them to be sent to CDC for delivery tomorrow.
- We reached out to one of the contacts, who was symptomatic (residual cough, no fever) from an URI that she developed before the 1/30 flight (onset 1/20).
    - She stated that her husband has been ill from around the time she returned (around 2/1); however, he has been feeling worse this past few days.
    - He went to the urgent care clinic today with symptoms of cough, fever. The provider contacted UW, and I was contacted about the husband through them as well.
    - Considering the incubation period, it is very unlikely for the husband to have developed nCoV infection from the wife if we use the 2/1 onset date; however, given the information that the husband has been feeling worse lately, we are planning to be collect specimens from the husband as well. We will also try to get more information from the husband tomorrow. CDC HQ team is aware of the situation.

2. Lab update

- We learned today that the state lab has received the nCOV EUA reagents, and the lab felt that they should be able to run specimens in their lab from around Wednesday. Once the state lab is ready to use the nCOV reagents, CDC HQ states that PUI specimens (and other respiratory specimens from the case) can be run locally. CDC HQ is working on updating the guidance on this. Perhaps we could discuss how the date should flow (state/local/CDC) once the respiratory specimens start to be tested locally.

3. Informing other jurisdiction

- We discussed with the HQ about the following situations:
    - The case who spent a night in San Diego. She took uber to and from the hotel, and stayed overnight at a Holiday Inn near the airport.
    - The asymptomatic contact who is departing for CO for her wedding this evening, and will be staying there from Monday to Saturday next week (near Estes Park)

  The suggestions were to:
    - consider informing CA that the uber drivers and the hotel receptionist might have been exposed, and
    - consider informing CO that there will be medium risk person who will be staying

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in their jurisdiction next week.

4. Plans for tomorrow
- We were able to communicate with 4/6 medium risk contacts that we reached out to today, and we are planning to collect specimens from them (plus the husband of a contact as described above) tomorrow as long as weather permits
- We will collect serial specimens from the case and the household contacts

5. Meeting
- We are tentatively planning on having a daily check-in meeting at 9AM with Dane county starting from Monday. The purpose would be to share information on the status of the investigation and next steps. It would be great if a representative from the state could join as well.

Please let us know if you have any questions!

Matt, Bryan, Jonathan, and Miwako

From: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Sent: Friday, February 7, 2020 2:24 PM
To: Westercamp, Matthew (CDC/DDID/NCEZID/DHQP) <xzj3@cdc.gov>; Stierman, Bryan (CDC/DDPHSS/NCHS/DHNES) <pgx8@cdc.gov>; Kobayashi, Miwako (CDC/DDID/NCIRD/DBD) <ydk3@cdc.gov>; Bryant-Genevier, Jonathan (CDC/DDPHSIS/CGH/DGHP) <phv4@cdc.gov>
Cc: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Smiley, Stephanie (CDC dhs.wisconsin.gov) <Stephanie.smiley@dhs.wisconsin.gov>
Subject: Weekend Contact Information

Good Afternoon CDC Team,

Thank you again for joining us in Wisconsin to assist with our nCoV investigation, we truly appreciate all of your assistance! I wanted to make sure you have contact information for CDES staff over the weekend, in the event that you need assistance.

The best way to reach me is via my cell phone: 920-470-7205.

Jordan Mason is our on-call person, and can be reached via the on-call service (608-258-0099) if you are having any trouble getting in touch with us.

If you haven't already done so, could our CDES team please share weekend contact information with the CDC team?

Thanks,

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Traci

Traci DeSalvo, MPH
Chief, Communicable Diseases Epidemiology Section
Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases
Phone: (608) 267-7321 | Fax: (608) 261-4976

Follow DHS:

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From:	Gibbons-Burgener, Suzanne N - DHS
To:	Ayers, Jeanne F - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); Haupt, Thomas E - DHS; DeSalvo, Traci E - DHS
Subject:	WSLH COVID-19 testing info
Date:	Thursday, March 05, 2020 9:27:48 AM
Attachments:	WSLH WCLN 200302 Lab Message 387.pdf WSLH ReqForm-EnhancedSurv-2020 01.pdf

Good morning;
Attached are materials distributed by WSLH and provided by DHS when PUI testing is approved. It would be great if Milwaukee lab would create similar guidance and accessioning procedures. Mary Wedig at the WSLH is currently working on the message mapping for Electronic Laboratory Reports (ELR) so that results can be appropriately received into WEDSS. I assume that will be shared with any lab performing COVID-19 testing.

Thank you,
Suzanne

Suzanne Gibbons-Burgener, DVM, PhD
Infectious Diseases Epidemiologist
Communicable Diseases Epidemiology Section
Division of Public Health
Wisconsin Dept. of Health Services
1 W. Wilson St, Rm 272
Madison, WI 53703
Phone: 608-266-0749
Email: Suzanne.GibbonsBurgener@dhs.Wisconsin.gov

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From: Gugel, Andrea M - DHS
To: trish@oftlaw.com
Cc: lindsay@oftlaw.com; Smiley, Stephanie L - DHS (DPH)
Subject: [SEND SECURE]RE: Del Monte/ Kwik Trip Cyclospora Outbreak 2018
Date: Friday, February 14, 2020 10:31:20 AM
Attachments: 02.14.2020_Fulfillment_OFTLaw_DelMonte_KwikTrip.pdf
image001.png
image011.png
Peterson Cyclo WEDSS Pull.pdf
image012.png
image013.png
image014.png
image015.png
image016.png

Good morning,

Attached are records per your open records request regarding client specific records. Please contact Stephanie Smiley with any questions concerning this request at: Stephanie.Smiley@dhs.wisconsin.gov or 608-267-9363.

Sincerely,

Andrea Gugel
Strategic Initiatives Coordinator
Wisconsin Department of Health Services
608-266-6966 | Andrea.Gugel@dhs.wisconsin.gov

* *

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From: Trish Sebesta [mailto:trish@oftlaw.com]
Sent: Monday, February 3, 2020 2:34 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Cc: Lindsay Lien Rinholen <lindsay@oftlaw.com>
Subject: Del Monte/ Kwik Trip Cyclospora Outbreak 2018

Good Afternoon Stephanie—

We recently had a new case related to the 2018 Del Monte/Kwik Trip outbreak transferred to our firm. I am requesting a copy of all records on file at your department related to our client, [redacted] (appropriate authorization attached), including pathogen testing and state state lab ID number for samples sent to the CDC or other federal agency. Please let me know if you have any questions or need anything further, thank you for your continued help!

Best,

Trish Sebesta

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t: 888-828-7087 | f: 888-239-0559
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Direct: 612-268-5003

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From:	Gugel, Andrea M - DHS
To:	Jeanne Malush
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	[SEND SECURE]Request for Records from the Wisconsin Department of Health Services - Email 8
Date:	Friday, February 14, 2020 5:23:39 PM
Attachments:	RE_ WI product testing_ E. coli O157_H7 Santa Maria, 1911MLEXH-1_Redacted.pdf image001.png image003.png image005.png image007.png image009.png image011.png JM HUS STEC DC Summary 6.12302019110302.pdf Medical records for HUS 3837312 (STEC 3832900).pdf O157 increase memo for MDs and IPs_final.docx ORR STEC Request2 20200203 For Review.xlsx Outbreak Line List_1911MLEXH-1_WI_REDACTED.xlsx

---

Good evening,

Attached are records per your open records request for client specific records with the initials "JM" related to the E. coli outbreak investigation related to romaine lettuce. This request will be sent in multiple emails due to the size and number of documents.

Please contact Stephanie Smiley with any questions concerning this request at: Stephanie.Smiley@dhs.wisconsin.gov or 608-267-9363.

Sincerely,

Andrea Gugel
Strategic Initiatives Coordinator
Wisconsin Department of Health Services
608-266-6966 | Andrea.Gugel@dhs.wisconsin.gov

* *

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Tony Evers
Governor

Andrea Palm
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
PO BOX 2659
MADISON WI 53701-2659

Telephone: 608-266-1251
Fax: 608-267-2832
TTY: 711 or 800-947-3529

February 14, 2020

Trish Sebesta
Paralegal
OFT Law
Suite 810
730 2nd Ave. S.
Minneapolis, MN 55402

E-mail: trish@oftlaw.com

Dear Ms. Sebesta:

This letter is in response to your open records request to the Department of Health Services (DHS), Division of Public Health (DPH) regarding "all records on file at your department related to our client", (initials "LP") including pathogen testing and state lab ID number for samples sent to CDC or other federal agencies.

Attached are the records we currently have that are responsive to your request. The Department has waived the costs of supplying these records, therefore you will not receive an invoice.

This fulfills your open records request and the Department now considers your request closed.

If you believe that the Department has improperly determined that materials should not be provided to you, you have the right under Wis. Stat. § 19.35(4)(b) to have the determination reviewed by mandamus or upon application to the Attorney General or District Attorney.

You may contact me at 608-267-9363 or at StephanieL.Smiley@dhs.wisconsin.gov with any questions concerning this request.

Sincerely,

Stephanie Smiley
Deputy Records Custodian
Director, Bureau of Communicable Diseases

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CDC Daily Key Points
2019 Novel Coronavirus (2019-nCoV)

February 3, 2020

MAIN KEY POINTS

- There is an expanding outbreak centered in China of respiratory illness caused by a novel (new) coronavirus abbreviated "2019-nCoV."
- This virus is spreading from person-to-person in China. A growing number of counties are reporting cases in travelers from China and some limited person-to-person spread has been reported in countries outside of China, including in the United States. Additionally, spread from an infected person who did not have symptoms to another person has been reported as well (i.e., asymptomatic spread).
- On January 31, Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation's healthcare community in responding to 2019 novel coronavirus.
- Also on January 31, the President of the United States issued a "Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus.
    - Foreign nationals who have visited China in the past 14 days may not enter the United States. Special precautions are required of U.S. citizens and certain other exempted persons entering the United States who have been in China during the past 14 days, including up to a 14-day quarantine. (See travel section for more information below.)
    - CDC is working with public health partners to support the implementation of the travel policies detailed in the presidential proclamation (above), including the quarantine of U.S. citizens and other exempted persons returning from China for up to 14 days.
    - Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.
- The situation is rapidly changing, and we are monitoring it closely. Guidance will be updated as needed.
- Outbreaks like this – when a new virus is emerging to infect people – are always concerning. Some people might be worried about this virus and how it may impact Americans.
    - While this situation poses a very serious public health threat, CDC believes the immediate risk to the U.S. public continues to be low at this time.
    - Risk also depends on exposure. People exposed to ill persons are at greater risk of infection. (For example, healthcare workers and family members caring for people with 2019-CoV.)
    - However, the situation is evolving, and risk will depend on how well the virus spreads, how widely it spreads, and how sick it makes people.
- CDC has activated its Emergency Operations Center and is implementing an aggressive public health response in collaboration with federal, state and local partners.
- The goal of the ongoing U.S. public health response is to detect and contain introductions of this virus with the goal of preventing sustained spread of

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2019-nCov in this country. Strong public health measures now may blunt the impact of the virus in the United States.
- The coming days and weeks are likely to bring more confirmed cases of 2019-nCoV in the United States and globally.
- While it is unclear how this situation will evolve in the United States, CDC is preparing as if were the next pandemic.

SITUATION UPDATE

- To date, 27 international locations (in addition to the U.S.) have reported confirmed cases of 2019-nCoV infection.
- As of February 2, 2020, 11 infections with 2019-nCoV have been reported in the U.S. in five states – Arizona, California, Illinois, Massachusetts and Washington.
- There have been two instances of person-to-person spread with this virus in the United States, in both cases after close, prolonged contact with a returned traveler from Wuhan.
- On Monday, February 3, 2020, CDC submitted an Emergency Use Authorization (EUA) package to the Food and Drug Administration (FDA) for its real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test that can diagnose 2019-nCoV in respiratory and serum samples from clinical specimens.
- The EUA process expedites the use of medical or diagnostic products during a public health emergency.
- Once CDC's diagnostic panel is FDA approved for use under EUA, the International Reagent Resource (IRR) will begin distributing the diagnostic panel to qualified laboratories. Only registered users will be able to order and obtain the diagnostic panel.
- On February 1, 2020, CDC issued a health alert network (HAN) update with some updates to previously posted guidance and, for the first time, guidance on clinical care of 2019—nCoV patients.
- CDC has isolated the virus and it is being sent to the NIH's BEI Resources Repository for use by the broad scientific community.
- CDC is uploading the full genetic sequence of viruses from all U.S. patients into GenBank as they become available.
- CDC is working with state and local health departments on investigations to trace contacts of the U.S. 2019-nCoV patients to detect person-to-person spread.
- CDC will continue to lean forward on public health response efforts to protect Americans. We are working closely with state and local health departments and have teams on standby to deploy if needed. Our public health goal continues to be to protect the health of Americans by preventing community spread with this virus.
- CDC is preparing senior staff to support the WHO international senior technical mission being formed to work with Chinese public health counterparts to help improve understanding of this new disease, including learning more about transmissibility and severity.

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WHAT YOU CAN DO

- While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat:
    - It's currently flu and respiratory disease season and CDC recommends getting a flu vaccine, taking everyday preventive actions to help stop the spread of germs, and taking flu antivirals if prescribed.
    - If you are a healthcare provider, be on the look-out for people with who recently traveled from China and fever and respiratory symptoms.
    - If you are a healthcare provider caring for a 2019-nCoV patient, please take care of yourself and follow recommended infection control procedures.
    - For people who may have 2019-nCoV infection, please follow CDC guidance on how to reduce the risk of spreading your illness to others. This guidance in on the CDC website.
    - For people who have had close contact with someone infected with 2019-nCoV who develop symptoms, contact your healthcare provider, and tell them about your symptoms and your exposure to a 2019-nCoV patient.

TRAVEL

Travel from China:

President Trump issued a Presidential Proclamation January 31, 2020 to implement temporary measures to increase our abilities to detect and contain the novel coronavirus proactively and aggressively.

The proclamation:

- Suspends entry into the United States to foreign nationals who have visited China (excluding Hong Kong and Macau) within the past 14 days. There are some exemptions, including for immediate family members of U.S. citizens and legal permanent residents. (Hereafter referred to as "American citizens and exempted persons.")

In addition:

- All American citizens and exempted persons coming from China will be directed to ("**funneled to"**) one of 11 U.S. airports.
    - American citizens and exempted persons who have been in Hubei province in the previous 14 days will have an additional health assessment (screened for fever, cough, or difficulty breathing).
        - If symptomatic, American citizens and exempted persons will be transferred for further medical evaluation. (They will not be able to complete their itinerary.)
        - If asymptomatic, American citizens and exempted persons will be subject to a mandatory 14-day quarantine

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at or near that location. (They will not be able to complete their itinerary.)

- American citizens and exempted persons who have been in other parts of mainland China (outside of Hubei Province) in the previous 14 days will have an additional health assessment (screened for fever, cough, or difficulty breathing).
  - If symptomatic, American citizens and exempted persons will be transferred for medical evaluation. (They will not be able to complete their itinerary at that time.)
  - If asymptomatic, American citizens and exempted persons will be allowed to reach their final destination and, after arrival, will be monitored under self-quarantine for 14 days.

The declaration will be effective beginning 5 p.m. EST, Sunday, February 2, 2020.

The 11 airports where flights are being funneled to include:

- John F. Kennedy International Airport (JFK), New York
- Chicago O'Hare International Airport (ORD), Illinois
- San Francisco International Airport (SFO), California
- Seattle-Tacoma International Airport (SEA), Washington
- Daniel K. Inouye International Airport (HNL), Hawaii
- Los Angeles International Airport, (LAX), California
- Hartsfield-Jackson Atlanta International Airport (ATL), Georgia
- Washington-Dulles International Airport (IAD), Virginia
- Newark Liberty International Airport (EWR), New Jersey
- Dallas/Fort Worth International Airport (DFW), Texas
- Detroit Metropolitan Airport (DTW), Michigan

Travel to China:

On January 30, 2020 The US State Department issued a level 4 travel advisory, their highest threat level, requesting Americans not to travel to China because of the public health threat posed by the novel coronavirus.

CDC has issued a level 3 Travel Health Notice for China (its highest level) recommending that all travelers avoid non-essential travel.

First Repatriated Flight Plus Quarantine Order

- The Department of Health and Human Services (DHHS) Secretary, under statutory authority, issued federal quarantine orders to 195 United States citizens who repatriated to the U.S. from Wuhan, China on January 29, 2020.
- The quarantine will last 14 days from when the plane left Wuhan, China.
- This action is a precautionary and preventive step to maximize the containment of the virus in the interest of the health of the American public.
- This quarantine order also will protect the health of the repatriated citizens, their families, and their communities.
- These individuals will continue to be housed at the March Air Reserve Base in Riverside, California.
- Medical staff will monitor the health of each traveler, including temperature checks and observation for respiratory symptoms.

Additional Repatriation Flights

- On January 23, 2020, the Department of State ordered the departure of all U.S. Consulate General Wuhan personnel and their family members.
- The Department of State is working with the U.S. Government interagency and PRC counterparts on staging additional flights for U.S. citizens to return to the United States from Wuhan.
- CDC will continue to support the Department of State in the safe and expedient ordered departure of all U.S. citizens and residents from Wuhan, China.

For more information please visit the 2019 Novel Coronavirus Outbreak Page at: https://www.cdc.gov/coronavirus/2019-ncov/index.html

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From:	Baldoni-Lake, Ramona L - DHS
To:	Austin, Samuel V - DHS; Ayers, Jeanne F - DHS; Baldoni-Lake, Ramona L - DHS; Cordova, Joseph A - DHS; DeSalvo, Traci E - DHS; Eilers, Ryan B - DHS; Irving, Roy M - DHS; Kaplan, Beth M - DHS; Kloczko, Nathan F - DHS (CDC); Klos, Rachel F - DHS; Larson, Joseph J - DHS; LeClear, David S - DHS; Longo, John P - DHS; Maloney, Jessica J - DHS; Marschall, Katelyn M - DHS; McCarthy, Claudine N - DHS; Meiman, Jonathan G - DHS; Miller, Jennifer C - DHS; Miller, Stephanie W - DHS; Mittelstadt-Lock, Kay L - DHS; Moore, Donna J - DHS; Phillips, Jeffrey J - DHS; Santiago Rodriguez, Genevieve M - DHS; Smiley, Stephanie L - DHS (DPH); Thandaserry, Madhu - DHS; Thelen, Margaret K - DHS; Warzecha, Charles J - DHS; Werner, Mark A - DHS; Westergaard, Ryan P - DHS; Wozniak, Ryan J - DHS
Subject:	COVID-19 IMS Meeting Minutes
Date:	Wednesday, February 19, 2020 2:46:29 PM
Attachments:	List of COVID-19 External Partner Calls.docx Timesheet Entries for Exempt Employees-Addtl Hrs.docx IMS Minutes_2020-02-19.docx

Good Afternoon,

Attached please find the minutes from today's meeting as well as the list of COVID-19 External Partner calls discussed in today's meeting and OT guidance from Finance. A link to the agenda and minutes sub folder can be found here.

If there are any edits or updates, please reply to this email for corrections.

Ramona Lake
Supervisor, Radiation Emergency Unit
Wisconsin Division of Public Health
Wisconsin Department of Health Services
Office 608-266-7384
Cell 608-471-9990
Ramona.Baldonilake@dhs.wisconsin.gov

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AMERICAN OVERSIGHT

From:	Ashley Vineyard
To:	Ashley Vineyard
Cc:	colin.flynn@maryland.gov
Subject:	CSTE HIV Subcommittee Weekly Digest: Tuesday, February 18, 2020
Date:	Tuesday, February 18, 2020 4:09:51 PM
Attachments:	image001.png image002.png CSTE HIV Subcommittee Call.msg CSTE HIV Subcommittee Call00.ics

Sent to the HIV Subcommittee:

1) CSTE HIV Subcommittee Monthly Call Information

Our next monthly call is scheduled for **March 11, 2020 at 2 PM ET.** A detailed agenda will be sent closer to date.

To join the training session:
1. Go to https://cste.webex.com/cste/k2/[redacted]
2. Enter your name and email address.
3. Enter the session password: [redacted].
4. Click "Join Now".
5. Follow the instructions that appear on your screen.

To join the session by phone only:
Call-in toll-free number (US/Canada) [redacted]
Access code: [redacted]

-

2) CDC EHE NOFO Allowance for Viral Hepatitis & STD Activities

A new CDC Notice of Funding Opportunity Announcement (NOFO) that supports implementation of the *Ending the HIV Epidemic* (EHE) initiative allows the recipients to use up to 10% of the core funding to integrate specific viral hepatitis, STD, and TB activities. This provides the eligible jurisdictions additional opportunities to strengthen integrated services in response to this syndemic. The NOFO, "Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States" (CDC-RFA-PS20-2010), states that the applicants are eligible to use up to 10% of the approved total funding amount to:

- Enhance and expand integrated screening activities (e.g., screening for STDs, viral hepatitis, and/or TB), conducted in conjunction with HIV testing, with accompanying referral for prevention and care services; and/or
- Diagnose and treat STDs for uninsured or underinsured people receiving care in not-for-profit or governmental clinics, when conducted in conjunction with HIV testing and provided that these facilities document their ability to provide safety-net STD clinical preventive services as per CDC guidance. At a minimum, clinics receiving assistance should have the capacity to rapidly diagnose and treat bacterial STDs.

3) NIH-Funded Clinical Trial to Test PrEP, Dapivirine Ring for Safety in Pregnant Women

-

The first clinical trial specifically designed to test the safety of the monthly dapivirine vaginal ring in pregnant women has begun in southern and eastern Africa. The National Institutes of Health-funded study also will test the safety of a daily oral antiviral tablet for HIV pre-exposure prophylaxis (PrEP) in pregnant women and will assess how much they accept and use these two HIV prevention tools. The study will complement an ongoing NIH-funded trial of PrEP in adolescents and young women during pregnancy and the first six months after birth. PrEP is available in some countries and is being rolled out in others, while the dapivirine ring is under regulatory review by the European Medicines Agency for potential use in sub-Saharan Africa. Additional information can be found here.

-

Thanks,

Ashley Vineyard, MPH
Program Analyst II

AMERICAN OVERSIGHT

Council of State and Territorial Epidemiologists
"Using the power of epidemiology to improve the public's health"
CSTE org • Membership • Facebook • Twitter • Instagram
2635 Century Parkway NE, Suite 700, Atlanta, GA 30345
Tel: 770.458.3811 | Fax: 770.458.8516

Documents with personal data and/or confidential information must be sent to CSTE s national office only through a secure ShareFile request and not through regular email

AMERICAN OVERSIGHT

From:	Ayers, Jeanne F - DHS
To:	Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS
Subject:	FW: Agenda and Materials for Today"s ASTHO S/THO Call on 2019-nCoV Outbreak Response
Date:	Tuesday, February 04, 2020 4:07:00 PM
Attachments:	image001.png CDC_2019-nCoV Daily Key Points__2_3_2020_Final.pdf nCOV 2019.docx

We have Vince Covello on the call to talk risk communication.
Jeanne

From: ASTHO Executive Office [mailto:ExecutiveOffice@astho.org]
Sent: Tuesday, February 4, 2020 11:45 AM
To: Sharon Miller <smiller@astho.org>
Cc: EMT <EMT@astho.org>; Gerrit Bakker <gbakker@astho.org>; Regina Hawkins <rhawkins@astho.org>; Lisa Peterson <lpeterson@astho.org>; Jerry Rhodes <jrhodes@astho.org>; Preparedness <preparedness@astho.org>
Subject: Agenda and Materials for Today's ASTHO S/THO Call on 2019-nCoV Outbreak Response
Importance: High

Dear State and Territorial Health Officials,

We are looking forward to our next ASTHO S/THO semi-weekly nCoV call today. As you have most likely seen through a calendar invitation change, we decided to push back the **start time to 5:00pm Eastern** to deconflict with the S/THO call set up by CDC CSTLTS and CPR for 4:30pm-5:00pm Eastern today.

Call Information:
One-touch dialing: [redacted],,[redacted]
To join via video: https://astho.zoom.us/[redacted]

We do have specific issues to cover so we will stray from the standing agenda format. Those topics are:

I. Launch of the ASTHO *nCoV Top Questions-Simple Answers* Development Project (Vincent Covello and Randy Hyer, Principals, CrisisCommunication.net). As background, here are links to two similar products prepared during the Ebola and Zika response and also attached is a preliminary list of candidate questions for refinement/expansion **(Jim Blumenstock)-ASTHO**

- https://www.astho.org/Infectious-Disease/Top-Questions-On-Ebola-Simple-Answers-Developed-by-ASTHO/
- https://www.astho.org/Infectious-Disease/Top-Questions-On-Zika-Simple-Answers-Developed-by-ASTHO/

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II. Operationalizing the recently released Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings"; including issuing and managing quarantine orders, monitoring and movement of asymptomatic travelers, and interjurisdictional coordination and communications (**John Wiesman (SHO-WA)**). Attached you will also find companion CDC Talking Points and updated Travel Cards.

III. Leadership reflection by **Ngozi Ezike (SHO-IL)** on the state's management of the first confirmed case of nCoV *(tentative)*

IV. Discussion on article in the February 3 edition of *Science* magazine on a study claiming new coronavirus can be transmitted by people without symptoms was flawed **(Nirav Shah (SHO-ME))**

V. Pulse Check: Impact of nCoV response on ASTHO Washington Week activities and attendance **(Amber Williams-ASTHO)**

VI. Closing Comments

Thanks again and we look forward to another very productive discussion.

Jim

James S. Blumenstock
Chief Program Officer, Health Security
(571) 527-3134 | Association of State and Territorial Health Officials
National Headquarters: 2231 Crystal Drive, Suite 450, Arlington, VA 22202
Regional Office: 600 Peachtree Street NE, Suite 1000, Atlanta, GA 30308
www.astho.org | Twitter | Facebook | Blog

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From:	DeSalvo, Traci E - DHS
To:	Kocharian, Anna - DHS; Klos, Rachel F - DHS; Haupt, Thomas E - DHS; Pray, Ian W - DHS (CDC); Mason, Jordan L - DHS; Koske, Sarah E - DHS; Gibbons-Burgener, Suzanne N - DHS; Ahrabi-Fard, Susann - DHS; Kobayashi, Miwako (CDC/DDID/NCIRD/DBD); Westercamp, Matthew (CDC/DDID/NCEZID/DHQP); Bryant-Genevier, Jonathan (CDC/DDPHSIS/CGH/DGHP); pgx8@cdc.gov
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	FW: 2019-nCoV SharePoint Site
Date:	Monday, February 10, 2020 4:00:45 PM
Importance:	High

Here is the new secure SharePoint site that replaces the dropbox link I sent on Friday. We will be moving documents over, and deleting the dropbox.

Please let me know if there is anyone else who needs access.

Thanks,
Traci

From: Tupurani, Sahithi S - DHS (TEKSystems Sree)
Sent: Monday, February 10, 2020 3:55 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Kotturu, Srikar - DHS (Synergy) <Srikar.Kotturu@dhs.wisconsin.gov>
Subject: 2019-nCoV SharePoint Site

Hello Traci,

Here is the link to newly created SharePoint site for 2019-nCoV -
https://share.health.wisconsin.gov/ph/pca/2019nCoV/SitePages/Home.aspx

I have added requested users to the members group.

Please let me know if you have any questions.

Thanks much!

Sree Tupurani
SharePoint Services – TEK Systems
Supporting the DES Bureau of Information technology services (BITS)
Department of Health Services, State of Wisconsin
Email: Sahithi.Tupurani@dhs.wisconsin.gov
Phone: 608 266 5704
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AMERICAN OVERSIGHT

From: CDC IMS State Coordination Task Force (SCTF) Operations
To: Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: FW: All State Update Call - 2019 nCoV

-----Original Appointment-----
From: CDC IMS State Coordination Task Force (SCTF) Operations [mailto:eocsctfops@cdc.gov]
Sent: Thursday, January 16, 2020 10:24 PM
To: CDC IMS State Coordination Task Force (SCTF) Operations
Cc: Ayers, Jeanne F - DHS
Subject: All State Update Call - 2019 nCoV
When: Monday, February 3, 2020 2:00 PM-2:45 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Bridgeline: [redacted] Participant Passcode: [redacted]

CDC's 2019 Novel Coronavirus (2019-nCoV) response team will continue a series of national calls from 2 p.m. to 3 p.m. EST on Monday, January 27, to provide state and local partners with the latest information on the novel coronavirus outbreak and U.S. preparedness efforts.

Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, and nongovernmental partners. Participant information can be found below.

Participant Information

Bridgeline: [redacted]

Participant Passcode: [redacted]

For your convenience, call series dates are provided below.

* Monday, February 3
· Monday, February 10
· Monday, February 24
· Monday, March 2

CDC State Coordination Task Force (SCTF) - Operations

eocsctfops@cdc.gov <mailto:eocsctfops@cdc.gov>

https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html <https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>

AMERICAN OVERSIGHT

From: CDC IMS State Coordination Task Force (SCTF) Operations
To: Wozniak, Ryan J - DHS; Smiley, Stephanie L - DHS (DPH)
Subject: FW: All State Update Call - 2019 nCoV

This call is overlapping with our media availability—will someone be planning to be on this call?

Jeanne

-----Original Appointment-----
From: CDC IMS State Coordination Task Force (SCTF) Operations [mailto:eocsctfops@cdc.gov]
Sent: Thursday, January 16, 2020 10:24 PM
To: CDC IMS State Coordination Task Force (SCTF) Operations
Cc: Ayers, Jeanne F - DHS
Subject: All State Update Call - 2019 nCoV
When: Monday, February 10, 2020 2:00 PM-2:45 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Bridgeline: [redacted] Participant Passcode: [redacted]

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Participant Passcode: [redacted]

For your convenience, call series dates are provided below.

* Monday, February 3
· Monday, February 10
· Monday, February 24
· Monday, March 2

CDC State Coordination Task Force (SCTF) - Operations

eocsctfops@cdc.gov <mailto:eocsctfops@cdc.gov>

https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html <https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>

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From: Ayers, Jeanne F - DHS
To: Haupt, Thomas E - DHS; Smiley, Stephanie L - DHS (DPH); Werner, Mark A - DHS
Subject: FW: CDC Media Telebriefing: Update on 2019 Novel Coronavirus (2019-nCoV)
Date: Wednesday, February 05, 2020 9:50:41 AM

Tom,
Can we be sure CDC will not announce our case on this call? I am assuming they will not but want to be sure so we are not 2 hours behind them with out announcement.
Jeanne

From: State and Local Readiness (CDC) [mailto:preparedness@cdc.gov]
Sent: Wednesday, February 5, 2020 9:48 AM
To: State and Local Readiness (CDC) <preparedness@cdc.gov>
Subject: CDC Media Telebriefing: Update on 2019 Novel Coronavirus (2019-nCoV)

Media Advisory

For Immediate Release
Wednesday, February 5, 2020

Contact: CDC Media Relations
(404) 639-3286

CDC Media Telebriefing: Update on 2019 Novel Coronavirus (2019-nCoV)

What The Centers for Disease Control and Prevention (CDC) will provide an update to media on the 2019 Novel Coronavirus response.

Who Nancy Messonnier, M.D., Director,
National Center for Immunization and Respiratory Diseases

RADM Denise Hinton, Chief Scientist
Food and Drug Administration

When 12:15 p.m. ET Wednesday, February 5, 2020

Dial-In

Non-Media: [redacted]
International: [redacted]
PASSCODE: [redacted]

Important Instructions
Due to anticipated high volume, please plan to dial in to the telebriefing 15 minutes before the start time.

Media: If you would like to ask a question during the call, press *1 on your touchtone phone.

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Press *2 to withdraw your question. You may queue up at any time. You will hear a tone to indicate your question is pending.

TRANSCRIPT
A transcript will be available following the briefing at CDC's web site: www.cdc.gov/media.

AMERICAN OVERSIGHT

From: Ayers, Jeanne F - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: HHS/CDC 6 PM ET Call Tonight, Please RSVP
Date: Friday, January 31, 2020 5:12:00 PM

Stephanie,
If you are around and want to listen try signing in this way.
They are having mandatory quarantine and self quarantine
JEanne

From: Stevens, Lee (OS/IEA) [mailto:Lee.Stevens@hhs.gov]
Sent: Friday, January 31, 2020 3:35 PM
To: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
Subject: HHS/CDC 6 PM ET Call Tonight, Please RSVP

State and Local Leaders,

Please join the U.S. Department of Health & Human Services (HHS) and Centers for Disease Control & Prevention (CDC) for a **briefing call THIS EVENING (Friday, January 31) at 6:00 p.m. Eastern Time**. The briefing call will overview the President's Coronavirus Task Force update from this afternoon and the further partnership with state and local governments. Joining from the CDC will be Deputy Director for Infectious Disease Dr. Jay Butler.

Briefing Call
Date: TODAY -- Friday, January 31, 2020
Time: 6:00 p.m. Eastern Time
Call-In Information: CLICK HERE *(Participants will receive instructions on accessing the conference after RSVPing to the link below)*

Thanks,

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
Washington, DC

AMERICAN OVERSIGHT

From: Ayers, Jeanne F - DHS
To: Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS
Subject: FW: HHS/CDC 6 PM ET Call Tonight, Please RSVP
Date: Friday, January 31, 2020 4:42:00 PM

I plan to be on this call. Do you know if anyone else will be?
Jeanne

From: Stevens, Lee (OS/IEA) [mailto:Lee.Stevens@hhs.gov]
Sent: Friday, January 31, 2020 3:35 PM
To: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
Subject: HHS/CDC 6 PM ET Call Tonight, Please RSVP

State and Local Leaders,

Please join the U.S. Department of Health & Human Services (HHS) and Centers for Disease Control & Prevention (CDC) for a **briefing call THIS EVENING (Friday, January 31) at 6:00 p.m. Eastern Time**. The briefing call will overview the President's Coronavirus Task Force update from this afternoon and the further partnership with state and local governments. Joining from the CDC will be Deputy Director for Infectious Disease Dr. Jay Butler.

Briefing Call
Date: TODAY -- Friday, January 31, 2020
Time: 6:00 p.m. Eastern Time
Call-In Information: CLICK HERE *(Participants will receive instructions on accessing the conference after RSVPing to the link below)*

Thanks,

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
Washington, DC

AMERICAN OVERSIGHT

From:	Ayers, Jeanne F - DHS
To:	Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; DeSalvo, Traci E - DHS
Subject:	FW: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST
Date:	Monday, February 03, 2020 10:00:44 AM

I will be attempting to be on this call from my car but it would be great if someone else joined me. If someone can please let me know you are there via e-mail.
Jeanne

From: Stevens, Lee (OS/IEA) [mailto:Lee.Stevens@hhs.gov]
Sent: Monday, February 3, 2020 8:22 AM
To: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
Subject: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST

State and Local Leaders,

Please join us for a national briefing call **TODAY, February 3 at 12:00 p.m. Eastern Time** on the President's Coronavirus Task Force **(Please register, see link below).** The national briefing call will include updates from the U.S. Department of Health & Human Services and Centers for Disease Control & Prevention (CDC) along with our Federal partners at U.S. Department of Homeland Security, U.S. Department of Transportation, and the State Department. This national briefing call will provide an update from the Federal government and our ongoing partnership with State and local jurisdictions.

Briefing Call
Date: Monday, February 3, 2020
Time: 12:00 p.m. Eastern Time
Call-In Information: CLICK HERE *(Participants will receive instructions on accessing the conference after RSVPing to the link)*

Thanks,

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

AMERICAN OVERSIGHT

Wisconsin Division of Public Health
COVID-19 Response
Wednesday, February 19, 2020
Conference Room 1150F
12:00PM-1:00PM

Agenda

Meeting Invitees:

	Jeanne Ayers		Roy Irving		Joe Cordova
x	Chuck Warzecha		Jessica Maloney		Kay Mittelstadt Lock
x	Mark Werner	x	Dr. Ryan Westergaard		Donna Moore
x	Jeff Phillips		Dr. Jon Meimen		Ryan Eilers
x	Stephanie Miller (call-in)	x	Stephanie Smiley		Madhu Thandaserry
x	Jennifer Miller	x	Traci DeSalvo	x	Sam Austin
	Beth Kaplan	x	Ramona Lake		Racel Klos
x	John Longo	x	DJ LeCLear		Matthew Westercamp (CDC)
	Karen Koepetske		Ruth DeWeese		Joe Larson
x	Ryan Wozniak		Zoe Gibbons	x	Katelyn Marshall

Agenda:

Insert Date and Location				
Time:	**Topic:**	**Lead:**	**Follow-up Items:**	**Notes:**
12:00 pm	Open Meeting (Incident Commander)	IC		• Chuck Warzecha - IC
	Operations	OPS		• Continuing to determine next steps on 11 people coming from the cruise ship. Dane Co asked questions about preparing messaging since this has been highly publicized. It was suggested we maintain our current practices with general communicable disease procedures for certain risk criteria, i.e. isolation or quarantine • Suggest we maintain our current response stance – people will be arriving today or tomorrow – need set list of canned talking points that can be pulled from existing lists/processes. • Question discussed on what other state practices are for announcing people arriving from the cruise ship. Not sure – don't hear anything • Webinar for LPH today with general overview and then opened up for questions after that. Scheduled for 2p • Milwaukee lab – in full agreement of written protocols and expectations to assure coordination is seamless like current process is with one lab. There are no challenges at this point • Communications materials for school nurses complete, no edits, looks good. Information guide for employers will be reviewed today

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				• Dane Co is concerned about having enough masks and gowns. They feel that they have enough till Monday but may need more. DHS may have some supplies that they can share. Jeff Phillips will check.
	Liaison	LIA		• Provided handout with list of different call invites (summary below) ○ CDC's COVID-19 Response Team National Calls – DHS Ops team and OPECH staff have been participating ○ ASPR/CDC Listening Session – Happening now, unknown if anyone was currently logged on - Kay Mittelstadt Lock might be joining in as well as Jeanne Ayres. Joe Cordova was invited and may be logged in. ○ CDC Returning Traveler Discussion – This request went to high level folks, not those in the Ops team, Jeanne received it initially. Jeff did not receive it. Chuck will plan to sit in on it. The lab should be notified as well so they can join. Jeanne will be out next week.so Chuck will plan to join. Do we need to invite local preparedness directors? Good suggestion, we should think about that. May need to think about changing our weekly webinar time to accommodate the time of this call. They want a lot of people on the call, one from each core function. Chuck will try to learn more about the call and then we can figure out what to look differently for Fridays. Jeff can also do the first ½ hour. Local health department webinar is at 2PM today. Chuck will learn today and discuss for Friday, who should join in. ○ CDC COVID-19 IM Leadership Call – Jeanne Ayers and John Landon took it yesterday. Chuck can do it starting next week. Jeanne can take it tomorrow. Chuck and Jeanne will attend, Dr Westergaard and Dr Meiman can cover as back up. ○ ASTHO COVID-19 Response Call – Jeff Phillips has been joining in when he can. Possibly Jeanne Ayers and Chuck Warzecha to join in on this ○ UW UHS Communications Around Communicable Diseases Meeting - Not COVID specific. Stephanie Smiley and Traci DeSalvo will cover - Pam Miller from UW will be getting an agenda to Liaison by the end of this week ○ CSTE Ad-Hoc COVID call Dr Westergaard (Dr. Meiman as back up) has participated so far weekly – Dr Westergaard will forward it on the Liaison to add to the chart and will continue to call in

AMERICAN OVERSIGHT

Wisconsin Division of Public Health
COVID-19 Response
Wednesday, February 19, 2020
Conference Room 1150F
12:00PM-1:00PM

Agenda

				• Liaison, Ryan Wozniak will be out all next week and needs a step in- Mark Werner will ask Roy Irving and Jess Maloney if they are available
	Public Information Office	PIO	Need set list of talking points for Dane Co – PIO will pull from existing lists of processes and compile suggested guidance	• No media event today since no requests • Stephanie is out Thu-Fri, Jennifer will cover
	Logistics	LOG	Check on availability of face shields and gowns for Dane Co	• Nothing new to report
	Planning ➔ Sit Rep Template ➔ Agendas/Minutes ➔ Sign-in Sheet	PLAN	Planning will send out Liaison updated summary of partner calls chart with IMS Meeting Minutes OT information will be sent to IMS group only (previously was to be send with Sit Rep)	•
	Finance/Admin	FIN		• Nothing new to report
	Policy	POL		• Received edits on memo – thank you. Sending to Andrew to be send out today
	Legal	LGL		• Elevating the priority training for LPH guarantee / isolation authority webinar development • Not Working on Ebola toolkit anymore
12:55 pm	Planning Report Out: Meeting Action Items	PLAN		
1:00 pm	Questions and Close Meeting (Incident Commander)	IC		

"Parking Lot" Items:

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11/13/2019 - Admission (Discharged) in CENTER 04 (continued)

Laboratory Results (group 2 of 2) (continued)

Carbon Dioxide Comment: CALCULATED	27.4	23.0 - 33.0 meq/L	—	CHW LAB
Glucose Blood Comment: NOTE: REFERENCE RANGE VALUES ARE ESTABLISHED DURING FASTING CONDITIONS. FASTING STATUS OF PATIENT UNKNOWN.	87	70 - 100 mg/dL	—	CHW LAB
BUN	31	5 - 20 mg/dL	H	CHW LAB
Creatinine Blood	2.68	0.31 - 0.88 mg/dL	H	CHW LAB
Calcium Blood	8.2	9.2 - 10.7 mg/dL	L	CHW LAB
Total Protein Blood	6.2	5.9 - 7.7 g/dL	—	CHW LAB
Albumin Blood	3.5	3.8 - 5.4 g/dL	L	CHW LAB
AST	21	16 - 46 [iU]/L	—	CHW LAB
ALT	18	10 - 35 [iU]/L	—	CHW LAB
Alkaline Phosphatase	62	70 - 230 [iU]/L	L	CHW LAB
Bilirubin Total	0.6	0.0 - 1.1 mg/dL	—	CHW LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - CHW LAB	CHW LAB	Jason Jarzembowski, MD	9000 West Wisconsin Avenue Milwaukee WI 53226	08/19/15 1612 - Present

Lipase Blood (Final result)

Specimen Information

ID	Type	Source	Collected By
M24857_2019120 2060700	Blood	Plasma	Michelle M Fleischman, RN 12/02/19 0606

Lipase Blood (Abnormal) Resulted: 12/02/19 0639, Result status: Final result

Ordering provider: Puja K Singh, MD 12/02/19 0030
Filed by: Interface, Lab Inbound Results 12/02/19 0640
Resulting lab: CHW LAB

Order status: Completed
Collected by: Michelle M Fleischman, RN 12/02/19 0606

Components

Component	Value	Reference Range	Flag	Lab
Lipase Blood	1467	23 - 208 U/L	H	CHW LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - CHW LAB	CHW LAB	Jason Jarzembowski, MD	9000 West Wisconsin Avenue Milwaukee WI 53226	08/19/15 1612 - Present

Ionized Calcium (Final result)

Specimen Information

ID	Type	Source	Collected By
M24857_2019120 2060700	Blood	Whole Blood	Michelle M Fleischman, RN 12/02/19 0606

Ionized Calcium (Abnormal) Resulted: 12/02/19 0616, Result status: Final result

Ordering provider: Puja K Singh, MD 12/02/19 0030
Filed by: Interface, Lab Inbound Results 12/02/19 0616

Order status: Completed
Collected by: Michelle M Fleischman, RN 12/02/19 0606

AMERICAN OVERSIGHT

11/13/2019 - Admission (Discharged) in CENTER 04 (continued)

Laboratory Results (group 2 of 2) (continued)

Resulting lab: CHW LAB

Components

Component	Value	Reference Range	Flag	Lab
Ionized Calcium	4.40	4.5 - 5.3 mg/dL	L	CHW LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - CHW LAB	CHW LAB	Jason Jarzembowski, MD	9000 West Wisconsin Avenue Milwaukee WI 53226	08/19/15 1612 - Present

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Discharge Summary Notes

Discharge Summary by Rajasree Sreedharan, MD at 12/2/2019 4:50 PM

Author: Rajasree Sreedharan, MD
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Service: Nephrology
Date of Service: 12/2/2019 4:50 PM
Editor: Rajasree Sreedharan, MD (Physician)

Author Type: Physician
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DISCHARGE SUMMARY

Date of Admission: 11/13/2019
Date of Discharge: 12/2/2019

Admitting Service: Nephrology
Discharging Service: Nephrology
Consults: Psychology

Admit Diagnosis: HUS, oliguric renal failure
Discharge Diagnosis: HUS resolved, renal failure resolved, well-controlled hypertension

Admit History:
[redacted] is a 14 y.o. female without a significant past medical history admitted for ongoing management of shiga toxin positive hemolytic uremic syndrome diagnosed at OSH. Symptoms began five days prior to transfer to our facility with feeling fatigued and fever to 102.8. Four days prior to presentation, [redacted] began having frequent bloody stools and remained febrile. Diarrhea was accompanied by frequent, crampy abdominal pain. Mother reports diarrhea worsened, prompting presentation to OSH ED 3 days ago. A CT scan was performed which showed diffuse colitis. Stool studies were collected and patient discharged home. Mother states diarrhea acutely worsened over the evening of 11/10 and [redacted] was stooling for prolonged periods of time every 20 minutes. Stools continued to be bloody and were accompanied by several episodes of NBNB emesis. [redacted] also continued to feel more fatigued with decreased PO intake and tolerance throughout this time. At PMD follow up on 11/12, stool studies returned positive for shiga producing E. Coli and [redacted] was hospitalized at St. Vincent's Children's Hospital in Green Bay.

There she received several fluid boluses and was given IVF at 1.5x maintenance. Abdominal pain was managed with Tylenol, morphine and fentanyl. On day of transfer to our facility, platelets decreased from 202K to 80K and creatinine increased from 0.53 on 11/12, to 1.98 to 3.38 on afternoon of transfer. UOP has decreased over the two days prior to presentation and [redacted] reports she has only voided once today. She reports she has been able to tolerate small sips of water and ginger ale today. Has intermittently felt lightheaded when getting up to use the bathroom.

Parents report that [redacted]'s 16 yo sister is also having fevers and watery diarrhea. She is having serial labs monitored for development of HUS. Parents can not recall any new or specific food or environmental exposures. Went to a pumpkin farm 3 weeks prior to onset of symptoms. No recent travel history.

A brief hospital course by system provided by outside facility on day of transfer is as follows:

CNS: She has always been alert. She had intermittent abd pain, treated with acetaminophen and the sparing use of fentanyl/morphine, as well as comfort measures. She have Versed 3 mg given for anxiety with the PICC placement.
CV: She was initially with cool distal extremities, but that has improved with hydration. She has no hypertension.
Pulm: No concerns; she has had no supplemental O2 need, or respiratory distress.
FEN/GI: She was initially allowed to take clears, but her appetite has been minimal. She had at least one episode of emesis. Chemistries have been followed daily, with significant abnormalities showing on HD#3 (see below).
Renal: As mentioned above, urine output improved the past 24 hours, but she became anuric today. Her Cr is climbing.
Hematologic: Initial CBC was not worrisome, and it has been followed serially. However, the platelets dropped from > 200K to 80K this AM.

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WI-20-0562-A-000866

ID: Micro studies are as follows:
11/10 Stool bact PCR=Shiga-E coli.
11/10 Stool parasite PCR=neg.
11/10 Urine Cx=mixed.
She has received no antibiotic.

Hospital Course: After monitoring on the floor for a couple of days she was transferred to the PICU after central catheter placement for initiation of dialysis on 11/15/19 and transferred back to the floor on 11/18/2019. She continued to receive intermittent dialysis on the floor, the last dialysis being on 11/27/2019. She received TPN for a few days and was advanced as tolerated to regular p.o. During this hospitalization she received a total of 3 transfusions: On 11/16/2019, 11/18/2019 and 11/25/2019. She was discharged once he tolerated good p.o., platelets and hemoglobin were stable and her PICC line was removed. She was sent home with the hemodialysis catheter in place.

Procedures: Dialysis catheter placement on 11/15/2019 and multiple sessions of dialysis.

Pertinent Labs:

	11/29/2019 06:35
WBC	11.29 (H)
RBC	3.25 (L)
Hemoglobin	9.5 (L)
Hematocrit	27.8 (L)
MCV	85.5
MCH	29.2
MCHC	34.2
Platelet Count	367

	12/2/2019 06:06
Sodium Blood	142
Potassium Blood	3.2 (L)
Chloride Blood	109 (H)
Carbon Dioxide	27.4
Glucose Blood	87
BUN	31 (H)
Creatinine Blood	2.68 (H)
Calcium Blood	8.2 (L)
Albumin Blood	3.5 (L)

Vitals and Exam at Discharge:
Blood pressure 122/75, pulse 83, temperature 36.9 °C (98.4 °F), temperature source Oral, resp. rate 16, height 165 cm (64.96"), weight 52.7 kg (116 lb 2.9 oz), SpO2 97 %.

Constitutional	in no acute distress, well hydrated and sleeping comfortably, arouses appropriately
Head/Face	normocephalic. Improved periorbital edema
Nose	normal appearance
Ears	normal external appearance

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Eyes	normal appearance, no discharge
Oropharynx	mucous membranes moist, normal tonsils and oropharynx
Neck	supple and no lymphadenopathy Dialysis catheter over the right neck
Chest	Symmetric
Lungs	Clear to auscultation, unlabored breathing
Cardiac	heart rate normal, normal S1 and S2 and no murmur
Abdomen	distended, bowel sounds normal and soft. No tenderness to palpation Bowel sounds present.
GU	Deferred
Extremities	2+ distal pulses
Neurologic	no focal deficits
Musculoskeletal	no joint tenderness

Discharge Medications:
Amlodipine 5 mg twice daily
Omeprazole 20 mg every morning
Ondansetron 4 mg every 6 hours as needed

Follow Up Recommendations:
With Dr. Wetmore on Wednesday, 12/4/2019 with labs.
On 12/6/2019 IR CVL line removal
On 12/6/2019 nurse visit in renal clinic and lab

Raji Sreedharan
Pediatric Nephrology

Electronically signed by Rajasree Sreedharan, MD at 12/3/2019 3:33 PM

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COVID-19 External Partner Calls

Call/Meeting	Date(s)	Time	Call-in Information	Participants
CDC's COVID-19 Response Team National Calls • To provide state and local partners with the latest information on the novel coronavirus outbreak and U.S. preparedness efforts. • Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, and nongovernmental partners.	• Monday, Feb. 24 • Monday, March 2 • TBD	1:00-2:00pm CST	Bridgeline: [redacted] Passcode: [redacted]	• DPH COVID-19 Ops Team • DPH OPEHC Staff
ASPR/CDC Listening Session • To provide a current overview of the novel coronavirus outbreak; discuss the healthcare system's preparedness and anticipated challenges related to surge, workforce protection, supply chain, and communication; and receive feedback on the federal government's activities to assist healthcare leaders' efforts to protect the nation. • Invited participants include state and territorial health officials and directors of public health preparedness.	• Wednesday, Feb. 19	12:00-4:00pm CST	Your RSVP to this invitation is kindly requested by **2:00 pm CST on Tuesday, Feb. 18** to ASPRstakeholder@hhs.gov. Please include your name, title, email address, and affiliated organization.	• Kay Mittelstadt-Lock? • Jeanne?
CDC Returning Traveler Discussion • To discuss plans for returning travelers, including movement & monitoring, quarantine, data reporting, and status reports or concerns. • Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, emergency management officials and nongovernmental partner leadership. In order to ensure and maintain the appropriate target audience, please have **ONE** representative from each **CORE** function listed participate from your jurisdiction.	• Every Wednesday and Friday	2:00-3:00pm CST	Bridgeline: [redacted] Passcode: [redacted]	• Chuck • Jeff • Ryan
CDC COVID-19 IM Leadership Call • To provide a platform to discuss relevant response matters with state health officials and state epidemiologists.	• Every Tuesday and Thursday	3:30-4:00pm CST	Bridgeline: [redacted] Passcode: [redacted] Participants can join the event directly at: [redacted]	• Jeanne or Chuck • Ryan or Jon

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ASTHO COVID-19 Response Call • To discuss the ongoing COVID-19 response – organized by the ASTHO Health Security Team. • Invited participants include state and territorial health officers and directors of public health preparedness.	• Every Wednesday	3:00-4:00pm CST	Join Zoom Meeting [redacted] Meeting ID: [redacted]	• Jeanne or Chuck • Jeff
CSTE COVID-19 Response Ad Hoc Weekly All State Epi Call • To provide an open forum for the discussion of emerging issues and response-related needs. • Invited participants include state epidemiologists, CLUE, and the CSTE Executive Board.	• Every Wednesday	3:00-4:00pm CST	1. Go to [redacted] 2. Enter your name and email address (or registration ID). 3. Enter the session password: [redacted] 4. Click "Join Now". 5. Follow the instructions that appear on your screen.	• Ryan or Jon
UW UHS Communications Around Communicable Diseases Meeting • To discuss coordination and communications around communicable diseases. • Invited participants were Stephanie Smiley, Stephanie Miller, Jeanne Ayers, Ryan Westergaard, and Traci DeSalvo.	• TBD	TBD	Please fill out the following Doodle poll: https://doodle.com/poll/u8ymi3z5kqr6rhaz	• Stephanie S. • Stephanie M. • Jeanne • Ryan • Traci

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From: Roberts, Lynn T - DHS
To: danielle.jauquet@browncountywi.gov; Steinberger, Ann M.
Cc: Koske, Sarah E - DHS; DHS DPH Enterics
Subject: Medical records for HUS 3837312 (STEC 3832900)
Date: Tuesday, November 26, 2019 5:15:31 PM

Hi Danielle and Ann,

Since it looks like STEC 3832900 has hemolytic uremic syndrome (3837312), would you be willing to request medical records for the patient? I think H&P or hospitalization summary, as well as bloodwork & urinalysis would be very helpful. We'd like to dot our I's and cross our T's with HUS cases that are part of this outbreak.

Also, if you'd like we can have the SOS Team enter all the data from the STEC disease incident into the HUS incident to save you the headache.

Please let us know if you have any questions! I will be out of the office after today, but feel free to email the Enteric Epi of the Day.

Thanks very much, and have a great Thanksgiving,
Lynn

Lynn Roberts, DVM
Epidemiologist & SOS Team coordinator
Wisconsin Division of Public Health
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2019 Novel Coronavirus (2019-nCoV)
Question list for Risk Communication Guide, 2/4/2020

Please review and check the questions that are priority for you. Please suggest any additional questions in the lines below each section.

100 series: Basic

101. ☐ What is the 2019 Novel Coronavirus?
102. ☐ What is a novel coronavirus?
103. ☐ What are the signs/symptoms of 2019 Novel Coronavirus and when do they appear?
104. ☐ Is the 2019 Novel Coronavirus the same as the MERS or SARS virus?
105. ☐ Does the 2019 Novel Coronavirus affect children and adults differently?
106. ☐ What about pregnant women and the 2019 Novel Coronavirus?
107. ☐ Are there long-term effects of the 2019 Novel Coronavirus?
108. ☐ Can pets and livestock be infected with the 2019 Novel Coronavirus virus?
109. ☐ Is the 2019 Novel coronavirus different than Ebola?
110. ☐ How is the 2019 Novel coronavirus different from the flu and the common cold?
111. ☐ What causes a person to die from the 2019 Novel coronavirus?
112. ☐ How deadly is the 2019 Novel coronavirus?
113.
114.
115.
116.
…

200 series: Travel

201. ☐ Is it safe to visit China or other countries where 2019-nCoV cases have occurred?
202. ☐ What if I recently traveled to China and got sick?
203. ☐ What can I do if I am traveling to an area with reported 2019 Novel Coronavirus?
204. ☐ Should people delay their travel plans because of the outbreak?
205. ☐ Why has the US adopted travel restrictions that are different from those being recommended by the World Health Organization?
206. ☐ If a person can spread coronavirus without symptoms, how effective are travel restrictions?
207.
208.
209.
210.
…

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300 series: Protection

301. ☐ What should I do if I had contact with someone with the 2019 Novel Coronavirus?
302. ☐ What can people do to prevent infection with the 2019 Novel Coronavirus?
303. ☐ Is there a test that can tell if someone has the 2019 Novel Coronavirus?
304. ☐ Is there an accurate test for coronavirus?
305. ☐ Are facemasks useful to prevent the 2019 Novel Coronavirus?
306. ☐ How frequently should face masks be worn?
307. ☐ Given that you are recommending washing your hands frequently to prevent infection, what is the best way to wash your hands?
308.
309.
310.
311.
…

400 series: Transmission

401. ☐ How does the 2019 Novel Coronavirus spread?
402. ☐ What can people do to prevent transmission of the 2019 Novel Coronavirus?
403. ☐ Can a person spread the coronavirus even if they have no symptoms?
404. ☐ Who is in charge in the US government on limiting and preventing transmission of the virus?
405. ☐ Do the states have dedicated treatment centers for those who might be infected?
406. ☐ How rapidly does coronavirus spread?
407. Should people stop shaking hands, hugging, and touching others to stop transmission?
408. ☐ Should schools and social gatherings be canceled?
409. ☐ Do you think your state is doing enough to prevent the spread of coronavirus?
410.
411.
412.
413.
…

500 series: Outbreak

501. ☐ What is the source of the 2019 Novel Coronavirus?
502. ☐ How worried should people be about the 2019 Novel Coronavirus in the U.S.?
503. ☐ How contagious is 2019 Novel Coronavirus?
504. ☐ How rapidly does coronavirus spread?
505. ☐ How long will concerns about coronavirus last?
506. ☐ What states could be affected by 2019 Novel Coronavirus?
507.
508.

509.
510.
…

600 series: Response

601. ☐ What should people do if they think they have 2019 Novel Coronavirus?
602. ☐ How long will it take to develop a vaccine for the 2019 Novel Coronavirus?
603. ☐ What is the medical treatment for people affected by the 2019 Novel Coronavirus?
604. ☐ Will hospitals be able to handle a major outbreak of 2019 Novel coronavirus?
605.
606.
607.
608.
…

700 series: Control

701. ☐ What is the U.S. doing to make sure that 2019 Novel Coronavirus does not spread?
702. ☐ What should health professionals and department do to control the 2019-nCoV?
703. ☐ How effective is isolation and quarantine?
704. ☐ Can a person die if they are put in quarantine?
705. ☐ What can communities do to prepare for the 2019 Novel Coronavirus?
706. ☐ What steps are being taken by the state to limit and prevent spread of the virus
707. ☐ What steps are being take at the local level to limit and prevent spread of the virus?
708. ☐ What steps are being taken by the federal government to prevent spread of the virus?
709. ☐ Since coronavirus is coming out of China, what is China doing about it?
710. ☐ What are other countries doing about coronavirus?
711.
712.
713.
714.
…

STATE OF WISCONSIN
Department of Health Services
Division of Public Health

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Telephone: 608-266-1568
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TTY: 888-701-1253

Date: November 15, 2019 DPH Memo Enter Memo No.

To: Wisconsin Healthcare Providers, Infection Preventionists and Local Health Department Directors

From: Ryan P. Westergaard, MD, PHD, MPH
Chief Medical Officer and State Epidemiologist for Communicable Diseases

Outbreak of Shiga Toxin-Producing E. coli Infection and Hemolytic Uremic Syndrome

Increase in *E. coli* O157 Case Reports:
Between November 13 and November 15, 2019, the Wisconsin Division of Public Health (DPH) Communicable Diseases Epidemiology Section has observed a significant increase in the number of reported cases of *Escherichia coli* (*E. coli*) O157 infection. We are treating this as an outbreak. Cases have been reported from numerous jurisdictions within Wisconsin, and have not been isolated to a single region. One associated case of hemolytic uremic syndrome (HUS) has also been reported. The investigation into the source of these infections is ongoing.

Memo Purpose:
This memorandum provides an update and reminder to health care providers regarding the importance of early evaluation detection and reporting of cases, and the public health implications of persons presenting with infectious gastroenteritis, bloody diarrhea, or multiple days of diarrhea.

Severity of HUS and *E. coli* O157:
Post-diarrheal HUS is an important cause of acute kidney injury and a leading cause of acquired chronic kidney disease among children. *E. coli* O157:H7 is the Shiga toxin-producing *E. coli* (STEC) infection serogroup most commonly associated with HUS. Infection with *E. coli* O157:H7, as well as other STEC, can result in dehydration, bloody diarrhea, and abdominal cramps 1-8 days (3-4 days, on average) after exposure to the organism. While most people recover within a week, approximately 15% of children under 5 years old of age and 6% of persons of all ages with culture-confirmed *E. coli* O157 infection will go on to develop HUS, which is defined by the triad of microangiopathic hemolytic anemia, thrombocytopenia, and acute renal dysfunction. HUS complications usually begin 5 to 10 days after the onset of diarrhea. Signs and symptoms of HUS may include fever, abdominal pain, pale skin tone, fatigue, small unexplained bruises, bleeding from the nose and mouth, and decreased urination.

Guidance for Clinicians Providing Care for Persons with Suspected STEC Infection and/or HUS

Testing:

- **Maintain a high index of suspicion and low threshold for ordering stool testing during an outbreak scenario. All patients with bloody diarrhea should be evaluated for the presence of Shiga toxin.**
- Obtain a stool specimen.

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- Test by culture for *E. coli* O157:H7 and also screen for presence of STEC infection by PCR or EIA.
- Any isolates of E. *coli* O157:H7 or stool specimens positive for Shiga toxin should be promptly forwarded to the Wisconsin State Laboratory of Hygiene (WSLH) for culture confirmation, virulence gene characterization, and whole genome sequencing.

If stool culture or other recommended diagnostic testing is not available at your clinical laboratory, multiple methodologies are available at WSLH, including:

- Enteric culture
- *E. coli* O157 culture
- Shiga toxin PCR (STX 1 gene, STX 2 gene, eae gene, ehxA gene)
- Shiga toxin EIA

Treatment:

- **No antibiotics** should be prescribed for patients with suspected *E. coli* O157:H7 or HUS. Provide supportive care.
- Fluoroquinolones enhance toxin production and may increase the risk of developing HUS.
- Do not administer anti-motility agents.

Reporting:

Cases of STEC infection and cases of HUS must be individually reported to the patient's local health jurisdiction as separate conditions. The local health department will begin the follow-up process after receiving a report of STEC or HUS.

DPH conducts surveillance for and routinely investigates sporadic cases and outbreaks of Shiga toxin-producing *E. coli* (STEC) infection as well as HUS. State and local public health agencies in Wisconsin work in collaboration to ensure that timely and thorough case follow-up and laboratory surveillance are conducted among all patients with HUS and/or STEC infection. This includes completing follow-up interviews of all persons with HUS or STEC infection, and additional laboratory analysis of isolated STEC strains to identify potential outbreaks. Early detection of STEC infections and evaluation and monitoring of patients for HUS improve both patient outcomes and public health surveillance for these conditions.

Exclusion Requirements:

Patients who are food handlers, health care workers, or child care/4K program workers or attendees must be cleared by their local health department before returning to work or child care. Return to high-risk activities requires evidence of infection clearance be provided to the patient's local health department. Two negative stool tests for STEC (by culture or culture-independent diagnostic testing) are required. Specimens must be collected 1) after the patient is no longer having diarrhea, 2) at least 48 hours after discontinuance of any antimicrobial therapy that may have been received, and 3) at least 24 hours apart.

Patient Counseling:

To prevent household transmission of STEC infection, counsel patients with STEC infection and their families on how to prevent transmission within their home.

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- Washing hands carefully with soap and water after going to the toilet, changing diapers, assisting others with toileting, handling contaminated clothing or linens, and before preparing food or associating with high-risk individuals.
- Parents should supervise the handwashing of children with an STEC infection or post-diarrheal HUS.
- Patients should be advised to avoid preparing food for others in their home while ill.
- Patients should not participate in recreational water activities and shared bathing while symptomatic.
- To prevent transmission in the community, notify patients who work in food service, health care or child care, or guardians of patients who attend a child care/4K program, of the need to remain home from these settings until they are asymptomatic and have received clearance to return from their LHD. Those with STEC infection or post-diarrheal HUS almost always will need two negative stool tests for STEC using the criteria described previously.
- Educate patients and their families that infected persons can continue to shed STEC in their feces for weeks to months after resolution of symptoms and are infectious to others as long as there are shedding the bacteria. It is important to always wash hands carefully with soap and water.

Additional Resources:

- Patient management and early evaluation for HUS:
- Niaudet, P. and Gillion Boyer, O. (2019). Clinical manifestations and diagnosis of Shiga toxin-producing Escherichia coli (STEC) hemolytic uremic syndrome (HUS) in children. In M. S. Kim (Ed.), *UpToDate*. Retrieved November 15, 2019.
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- Niaudet, P and Gillion Boyer, G. (2019). Treatment and prognosis of Shiga toxin-producing Escherichia coli (STEC) hemolytic uremic syndrome (HUS) in children. In M. S. Kim (Ed.), *UpToDate*. Retrieved November 15, 2019.
-
- Grisaru S. Management of hemolytic-uremic syndrome in children. *International Journal of Nephrology and Renovascular Disease*. 2014;7:231-239.

Reporting and exclusion requirements:

- DPH STEC Case Reporting and Investigation Protocol (EpiNet), including reporting and exclusion requirements: https://www.dhs.wisconsin.gov/publications/p01882.pdf
- DPH HUS Case Reporting and Investigation Protocol (EpiNet), including reporting requirements: https://www.dhs.wisconsin.gov/publications/p01934.pdf
- For more information, please contact DPH Enteric Diseases Epidemiology at 608-267-7143 or DHSDPHEnterics@dhs.wisconsin.gov.

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N	V	D	BD	WD	AC	Fe	Ch
19	14	34	30	26	35	8	15
34	35	35	35	31	35	30	30

Symptom/clinical sign	No. cases	N	Percent
Abdominal cramps	35	35	100%
Diarrhea	34	35	97%
Fatigue	27	31	87%
Bloody diarrhea	30	35	86%
Watery diarrhea	26	31	84%
Nausea	19	34	56%
Chills	15	30	50%
Sweats	12	29	41%
Muscle aches	11	27	41%
Vomiting	14	35	40%
Body aches	11	28	39%
Headache	11	28	39%
Fever	8	30	27%

Updated 1/24/20

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Sw	HA	BA	MA	Fa	HUS	MD	ER	HO
12	11	11	11	27	2	35	11	13
29	28	28	27	31	35	35	11	35

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No.

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outbreak clade by WGS (1911MLEXH-1) with an isolation date on or after September 27, 2019.

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Interview status	Incident ID	FirstName
Complete	[redacted]	[redacted]
Complete		
Complete		
Complete		
Complete		
Complete		
Complete		
Complete	3832900	Jaelyn
Complete (missing some exps; returned to LHD 12/16)	[redacted]	[redacted]
Complete, unable to clarify lettuce details- LTFU		
Complete		
Complete		
Complete		
Complete		
Complete		
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Complete		
Complete		

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Complete	[redacted]
Complete	
Complete	
Complete	
Complete	
Complete	
Complete; positive product	
Complete	
Complete	
Lost to follow-up; available info obtained from medical records	

LAST UPDATED 1/24/2020

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LastName	StreetAddress	City	Phone
[redacted]			
Murphy	3040 Brook Park Dr	Green Bay	920-492-1468
[redacted]			

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Min

Max

Mean

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Age	Sex	Jurisdiction	Onset Date	Well date	Dur	N	V	D	BD
[redacted]			11/7/19			N	N	Y	Y
			11/7/19	11/14/19	7	Y	N	Y	Y
			11/7/19			Y	Y	Y	Y
			11/7/19			Y	N	Y	N
			11/8/19			N	N	Y	Y
			11/8/19	11/13/19	5	Y	Y	Y	Y
			11/8/19			Y	Y	Y	Y
14	Female	Brown	11/8/19			Y	N	Y	Y
			11/8/19			N	N	Y	Y
			11/8/19			N	Y	Y	Y
			11/9/19			Y	Y	Y	Y
			11/9/19			Y	Y	Y	Y
			11/9/19			Y	N	Y	Y
			11/9/19			N	N	Y	Y
			11/9/19			Y	N	Y	Y
			11/10/19			Y	Y	Y	Y
			11/10/19			N	N	Y	Y
			11/10/19	11/15/19	5	Y	Y	Y	Y
			11/10/19	11/16/19	6	N	N	Y	Y
			11/10/19			N	N	Y	N
			11/11/19	11/16/19	5	Y	N	Y	N
			11/12/19	11/18/19	6	N	Y	Y	Y
			11/12/19	11/18/19	6	Y	N	N	N
			11/12/19	11/19/19	7	Y	N	Y	Y
			11/12/19			Y	Y	Y	Y

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[redacted]	11/13/19			Y	N	Y	Y
	11/13/19	11/20/19	7	N	N	Y	N
	11/15/19	12/13/19	28	N	N	Y	Y
	11/16/19			N	Y	Y	Y
	11/16/19	11/21/19	5	Y	Y	Y	Y
	11/16/19			N	N	Y	Y
	11/17/19	11/22/19	5	N	N	Y	Y
	11/18/19	11/22/19	4	Y	Y	Y	Y
	11/20/19	11/25/19	5	N	N	Y	Y
	12/21/19				Y	Y	Y
			6	19	14	34	30
Median Female			Median	34	35	35	35

14

14

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WD	AC	Fe	Ch	Sw	HA	BA	MA	Fa	HUS	MD	ER	HO	Admit
N	Y	Y	N	N	N	N	N	Y	N	Y		Y	11/9/18
Y	Y	N	Y	N	Y	N	N	Y	N	Y		N	
N	Y	Y	Y		Y	Y	Y	Y	N	Y		Y	11/10/19
Y	Y		Y	Y	Y	Y	Y	Y	N	Y		N	
Y	Y	N		N	N	N	N	N	Y	Y		Y	11/9/19
Y	Y	Y	N	N					N	Y	Y	Y	11/11/19
Y	Y	N	N	N	N	N	N	Y	N	Y	Y	Y	11/11/19
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	11/11/19
	Y	N		N		N	N		N	Y	Y	N	
Y	Y	Y			N			Y	N	Y		Y	11/11/19
Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	11/11/19
N	Y		Y	Y	N	N	N	Y	N	Y	Y	N	
Y	Y		Y	Y	N	Y	Y	Y	N	Y	Y	N	
Y	Y		Y	Y	Y	Y	Y	Y	N	Y		N	
Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y		Y	11/13/19
Y	Y							Y	N	Y	Y	Y	11/13/19
Y	Y	N	Y	Y	N	N	N	Y	N	Y		N	
Y	Y	N	Y	N	N	N	N	N	N	Y		N	
Y	Y	N	N	Y	N	Y	Y	Y	N	Y		Y	11/13/19
	Y	N	N					Y	N	Y	Y	N	
Y	Y	N	N	N	N	N	N	N	N	Y		N	
Y	Y	N	N	Y	N	Y	Y	Y	N	Y		Y	11/14/19
N	Y	N	N	N		N	N	Y	N	Y		N	
Y	Y	N	Y	N	Y	Y	Y	Y	N	Y		N	
Y	Y	N	N	N	N			Y	N	Y		Y	11/19/19

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Y	Y	N	N	N	N	N	N	Y	N	Y		N	
Y	Y								N	Y		N	
N	Y	N	N	N	N	N	N	Y	N	Y		N	
Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	Y	N	
Y	Y	N	N	N	Y			Y	N	Y		N	
Y	Y	N	N	N	Y	N	N	Y	N	Y		N	
	Y	Y	Y	Y	Y	N	N	Y	N	Y		N	
Y	Y	N	Y	N	Y	N	N	Y	N	Y		N	
Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	
	Y	N	N			N			N	Y	Y	N	
26	35	8	15	12	11	11	11	27	**2**	35	11	**13**	
31	35	30	30	29	28	28	27	31	35	35	11	35	

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Dis	Hosp Dur	WSLH lab ID	Lab results	STX 1
		[redacted]	O157	N
			O157	N
11/15/19	5		O157	N
			O157	N
11/14/19	5		O157	N
11/14/19	3		O157	N
11/14/19	3		O157	N
		19MP014745	O157	N
			O157	N
11/14/19	3		O157	N
11/16/19	5		O157	N
			O157	N
			O157	N
			O157	N
			O157	N
			O157	N
			O157	N
			O157	N
			O157	N
11/15/19	2		O157	N
			O157	N
			O157	N
11/16/19	2		O157	N
			O157	N
			O157	N
11/20/19	1		O157	N

AMERICAN OVERSIGHT

		[redacted]	O157	N
			O157	N
			O157	N
			O157	N
			O157	N
			O157	
			O157	N
			O157	N
			O157	N
			O157	N

3

0

Median

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STX2	PFGE Enz 1	PFGE Enz 2	WGS PNUSA#
Y	[redacted]	[redacted]	[redacted]
Y			
Y			
Y			
Y			
Y			
Y			
Y			Pnusae040961
Y	[redacted]	[redacted]	[redacted]
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			
Y			

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Y	[redacted]
Y	
Y	
Y	
Y	
Y	
Y	
Y	
Y	
Y	

35

AMERICAN OVERSIGHT

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CDC Cluster 1911MLEXH-1	NARMS
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	Yes
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	

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Yes	
Yes	
Yes	
Yes	
Yes	
Yes	Yes
Yes	Yes
Yes	
Yes	
Yes	
35 **Nat'l cluster matches**	

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AMERICAN OVERSIGHT

Notes
Express - Romaine, purchased at Pick N Save; Iceberg purchased at Pick N Save
deli both times (11/1 and 11/3)- Caesar salads were both sold in clamshells- believes they were made
brocoli/carrots/cauli; PB; Kix cereal
does shopping: Festival Foods Taylor Drive Sheboygan, Walmart on South Taylor Drive, Sheboygan,
11/06/2019 at Festival Foods in Portage, WI; receiving dialysis at St Mary's Hosp in Madison; crispy
salad at home with lasagna; visited Bulitz Pumpkin Farm in Sheboygan Falls; Meisfields butcher shop
at home with lasagna; visited Bulitz Pumpkin Farm in Sheboygan Falls; Meisfields butcher shop burger
Bay Festival Store on unk date- results prelim negative at BLS (mom later stated on 11/21 that she has no idea
ROMAINE LETTUCE IN TACO SALAD; ground beef burgers (well); pork chops; rotisserie chicken; Fresh Express - Romaine, purchased at Pick N Save; Iceberg purchased at Pick N Save
WI; GROUND BEEF TACO AT HOME, packaged lettuce on taco; Walmart chicken, corn dogs, pepperoni,
who were sick with fevers, chills and diarrhea.
lettuce on Subway sub; pepperoni & sausage pizza-Domino's La Crosse; ground beef from Festival 11/4
ICEBERG LETTUCE FROM Festival (unsure of brand); shops Festival Foods-Green Bay, WI East side;
not have the packages anymore. [REDACTED] said [REDACTED] and [REDACTED] ate from them
least twice, ingredients per website: Grilled chicken, romaine, mixed greens, tomato, cucumber, red
Many bagged salad mixes, can't remember details
romaine -Marketside brand from walmart
about 80% of [REDACTED] food is purchased at Pat's Foods in Hurley, WI and 10% of food is purchased
type)
Univ Ave, unk date; 11/4: romaine/butter lettuce mix on tacos for most of family but spinach for
Pick N Save-Jackson St, Oshkosh, WI. 11/6/19: Homemade Tacos with unknown fresh ground beef and a bagged lettuce of unknown name-knows for sure it was a mixed color lettuce and it said Romaine on it; sharp shredded cheddar cheese-All purchased at Pick N Save on 11/6/19,
53703. [REDACTED] does not have a preferred shopper card. Every day had turkey sandwich with sliced
Falls; raw fresh apple cider from Barthel's farm purchased week of 10/14-18; Nicolet Cross Country Pot
hamburger with lettuce/ tomatoes/ pickles/ cheese from Howie's in La Crosse on 11/11; Piggy's in La
asparagus, apples, bananas, organic carrots, and potato salad from Festival; note that school lunch

AMERICAN OVERSIGHT

brussels sprout taco, grilled portabella mushroom taco, and pork taco at Texas Tubbs 11/10;
Patient noted that [REDACTED] fiancée [REDACTED] was recently diagnosed with "E coli infection", thought to be due to handling raw meat, and was hospitalize with similar symptoms (abd pain, diarrhea). She was reportedly treated with antibiotics, which were recently stopped as they made her symptoms worse. Patient had daily contact with his fiancée during her illness.
BEING MONITORED FOR HUS BUT NORMAL SO FAR. Romaine is [REDACTED] preferred type of lettuce
breakfast. Smoothie includes bagged Fresh Express spinach, Jiffy PB, a banana, and almond milk.
Festival Foods in Onalaska, WI (purchased during ~11/3-11/15/19) (thinks it was Fresh Express brand
exposure to human waste as an airplane mechanic working on the toilet system of a plane. [REDACTED]
Onalaska, WI; Woodman's- Onalaska, WI; Festival Foods- Onalaska, WI; Kwik Trip; 11/27: Per Sinji at
School lunch all week; Pizza either Pepperoni or Pepperoni and Sausage from a fundraiser (unsure name) ; Taco Meat from Quarter cow Roskom Meats , Kaukauna; upon reinterview with dad 12/2, dad reported there was no lettuce on the tacos.
baby carrots from Festival Foods, celery from Festival; dry roasted store brand purchased at Festival Foods
Neighbor of an earlier case; however, reported no sick contacts during ER visit.

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Grocery Stores
Whole Foods - 11100 W Burleigh St, Wauwatosa, WI 53222
from Kettle Range 5501 W State St, Milwaukee, WI 53208; Costco, SunPrairie, WI (pre-packaged Caesar
Target 201 Junction Road Madison WI
Sheboygan, and Walmart in Plymouth on Hwy 57 and Walmart on Hwy 42 North in Sheboyan
Portage, WI 53901), Wal-Mart or Walgreens- all in Portage, WI
Walmart-4433 Vanguard Dr. Sheboygan, WI 53083
Walmart-4433 Vanguard Dr. Sheboygan, WI 53083
Festival- 2430 University Ave, Green Bay, WI 54302
Pick N Save - Metro Market 12735 W Capitol Dr, Brookfield, WI 53005 Whole Foods - 11100 W Burleigh St, Wauwatosa, WI 53222
Woodman's - Onalaska, WI; Festival Food- Losey Blvd, La Crosse; Wal-Mart- La Crosse, WI
Festival Foods 3007 Mall Dr Eau Claire, WI
Festival Foods: 30 Copeland Ave, La Crosse, WI 54603
Festival Foods-Green Bay, WI East side
Copps 1850 Plover Rd, Plover, WI 54467
location, which could not be found online. Misheard?; Sendick's: 280 N 18th Ave, West Bend, WI
Pick N Save in Glendale and the Woodman's in Menomenee Falls.
Walmart (Neenah, WI); Dinnerly meal delivery service
49938; Super One in Ironwood, MI (infrequently).
and Walmart in Eau Claire, WI
Costco in Green Bay, WI; Festival University Ave Green Bay, WI; Meijer in Green Bay, WI
Pick N Save-Jackson St, Oshkosh, WI; Kwik Trip (apples)
have a preferred shopper card.
Pick n Save in Glendale, WI and Woodman's in Menomenee Falls, WI
Festival Food- Losey Blvd., La Crosse; Woodman's- Onalaska, WI; Wal-Mart- Southside La Crosse, WI
Woodman's- Onalaska, WI; Festival Foods- Losey Blvd, La Crosse, WI; Walmart (location not specified)

AMERICAN OVERSIGHT

Festival Foods on East Washington Ave, Madison, WI (no shopper card)
Pick N save 261 Junction Rd, Madison, WI 53717
Festival Foods: 1260 Crossing Meadows Dr, Onalaska, WI 54650
Madison, WI 53719
Festival Foods- Onalaska, WI; Wal-Mart- Onalaska, WI; Kwik Trip- Onalaska
Festival Foods in Oshkosh
Sam's club- Onalaska, WI; Woodman's- Onalaska, WI; Festival Foods- Onalaska, WI; Kwik Trip
Pick 'n Save- 1900 Jackson St, Oshkosh WI 54901; Festival Foods- 2415 Westowne Ave, Oshkosh, WI 54904; beef from quarter cow Roskom Meats, Kaukauna
Festival Foods 2915 New Pinery Rd, Portage, WI; Aldi's 2941 New Pinery Rd, Portage, WI

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Restaurants
Buffalo Wild Wings, West Allis, WI 11/3;
(pre-packaged Caesar salad from deli 11/1 and 11/3)
None
Road House, Hwy 42 North, Sheboygan, WI 11/1 (breaded crispy chicken salad); Jimmy Johns,
WI 11/5 (rice, bean, beef burrito, fresh salsa)
11/3/19.
Smoothies from Quik Trip- Northside 11/3; Church dinner 11/5 (beef chili)
Legend Larry's- Green Bay, WI; Hill Top- Green Bay, WI;
Buffalo Wild Wings, West Allis, WI 11/3;
Dog World (mini corn dogs and cheese fries)- 1164 Madison Rd, Beloit, WI
fajita veggies); Northern Tap House, Eau Claire, WI on 11/7 (pt had a side salad and shrimp tacos. Side
54601 (lettuce on sub); Schmidty's Bar & Grill 11/7- 3119 State Rd, La Crosse, WI 54601 (Salad (from
Rookies, Denmark, WI 11/8 (buffalo chicken strips to go);
Pizza Ranch, 1300 Commerce Pl, Plover, WI 54467 11/2 (pepperoni pizza delivery
least twice, ingredients per website: Grilled chicken, romaine, mixed greens, tomato, cucumber, red
Five Guys- Bayshore Mall; cross-country team potluck banquet
None
on 11/8 (chicken nuggets with ranch dressing)
None
(2035 University Ave, Green Bay, dinner items not specified)
Potbellies Sub Shop, 112 Koehler St, Oshkosh, WI on 11/10 (Grilled Chicken with Mushroom and Cheddar and soup: Chicken Enchilada); Dublin's Irish Pub, Oshkosh, WI on 11/8 (deep fried haddock and tater tots); A & W, Oshkosh, WI on 11/4 (fried cheese curds and root beer float)
Rocky Rococco (unk date, sausage and pepperoni piza)
Green Bay 11/9; Cross country team potluck dinner 11/7 ([REDACTED] reported that there was Jetts
La crosse, WI (wine and popcorn); Downtown Days 11/8 (o'deurves; pt ate a piece of cheese, cupcake,
3rd St. N. on 11/11 or 12 (via Eat Street; Reuben Rolls (Corned Beef, Crispy Wonton Wraps, Mozzarella,

AMERICAN OVERSIGHT

mushroom taco, and pork taco. Note: lettuce not specifically mentioned on these items); fresh
None
None
(buffalo chicken mac & cheese); Ancho and Agave (1601 Aspen Cmns, Middleton, WI; unsure of date,
None
11/16 (chicken tenders and fries); Buger Kind, Greenville, WI on 11/12 (hamburger with bacon and
Onalaska, WI on 11/8 (three cheese roast beef sandwich with a vanilla shake);
Oshkosh North High School cafeteria; 1100 W Smith Ave, Oshkosh, WI 54901 ([REDACTED] had a lettuce bowl with salad with "purple stuff" and spinach in it.); cheeseburger with lettuce from Hardee's- 2100 S Koeller St Ave, Oshkosh, WI 54902, possibly on 11/15;
Corner Pocket, 301 Dewitt St, Portage, WI on 11/18/19 (nachos, Frisco burger (maybe romaine, green leaf, or iceberg lettuce, cheese- well-cooked), fries, 3 Tito's and selzer drinks); La Tolteca, 2756 New Pinery Rd, Portage WI on 11/13/19 (beef fajita, salsa, maybe iceberg lettuce)

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Animal exposures
None
dog, puppy
dog
Dogs
dog
None
None
dog, cat
None
None
Unknown
None
Dog
None
Dog, guinea pig, turtle
Dog, cat, goldfish, native fish
None
Dogs, cat
Cat
Dog, cat
None
Cat
Dog, cat, goldfish, native fish
None
Dog

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None
None
None
Dog
None
Dog
Dog and cats
None
none

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Exposures of note
Fresh Express - Romaine, purchased at Pick N Save; Iceberg purchased at Pick N SaveRise protein bars,
deli both times (11/1 and 11/3); ground sirloin from Pick n Save De Forest; pre-packaged ham, bacon,
brocoli/carrots/cauliflower mix
(bed of mixed greens); Jimmy's Johns veggie sub with sprouts (likely iceberg); Big Mac at Mc Donalds
at Festival Foods in Portage, WI
salad at home with lasagna; visited Bulitz Pumpkin Farm in Sheboygan Falls; Meisfields butcher shop
at home with lasagna; visited Bulitz Pumpkin Farm in Sheboygan Falls; Meisfields butcher shop burger
[REDACTED] only). This bag of romaine is now gone. Later, [REDACTED] reported that the [REDACTED] used a
ROMAINE LETTUCE IN TACO SALAD; ground beef burgers (well); pork chops; rotisserie chicken; Fresh Express - Romaine, purchased at Pick N Save; Iceberg purchased at Pick N Save on 11/2
had lettuce on taco (unk details); denies other greens
Romaine at Chipotle and Northern Tap House in Eau Claire, WI
purchased at Festival; pt could not recall brand
Prepackaged iceberg from Festival Foods (unsure of brand). Denies other greens.
pre-packaged chopped romaine purchased (unk brand) and spring mix
purchased at Pick N' Save; organic green leaf lettuce; bagged conventionally-grown baby spinach in
lettuce mixes; salad at the Cross Country Team's potluck banquet; spinach, other salad greens (salad
Marketside romaine from Walmart in Neenah, WI.
11/9 Dinner: 1 bag of romaine lettuce, Fresh Express brand
Claire, WI.
[REDACTED] and [REDACTED] only). This bag of romaine is now gone. Later, [REDACTED] reported that
bagged lettuce of unknown name-knows for sure it was a mixed color lettuce and it said Romaine on it-purchased from Pick n Save from 11/6/19; denies all other greens.
Romaine: Salinas, CA, harvested after 10/23/19; UPC code 071279261126); purchased 11/5, finished
(sibling also attended)
Packaged greens from Festival foods. Salad bar at Piggy's restaurant 11/5 (also had sprouts).

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interviewing with supplemental
bagged, pre-cut Fresh Express romaine; no UNpackaged lettuce reported
Fresh Express pre-cut bagged romaine
Fresh Express bagged romaine from Pick n Save.
(purchased during ~11/3-11/15/19)
to human waste during the incubation time. [REDACTED] is an airplane mechanic and worked on the
was not pre-packaged and no other greens
Lettuce bowl with purple stuff and spinach from Oshkosh North High School; cheeseburger with lettuce from Hardees; tacos at home (no lettuce)
Clamshell of spring mix- unsure what brand- purchased at Festival foods in Portage, WI

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Comments
on Paleo diet; parent also ill and had same exposures (see [REDACTED]
has romaine lettuce exposure from two different sources (Costco and Pick n save)
Fiancee also matches cluster [REDACTED]
on dialysis
sibling of [REDACTED]
sibling of [REDACTED]; no other family members ill other than sibling
has ill sibling matches cluster ([REDACTED})
family member of [REDACTED]
Patient does not eat meat; eats mostly vegetarian diet.
Pt has both restaurant and home exposures to romaine and other greens
Sibling also included in cluster [REDACTED]
11/9/19. Both were on sale for 1.95$ at Walmart. He DID NOT eat the Spring Mix (threw it out).
Product packaging photos sent to WI DATCP
Sibling [REDACTED] also included in cluster
asparagus, apples, bananas, organic carrots, and potato salad from Festival; note that school lunch

AMERICAN OVERSIGHT

denies all other leafy greens; had broccoli (Festival Foods, cooked); Fried cauliflower; whole carrots
Fiancee also part of cluster [REDACTED]
Per FE website, Caesar Supreme is a Fresh Express product. Contains only romaine lettuce.
Positive unopened product

YES response:

Maybe response:

NO :

Unknown:

TOTAL responses:

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AMERICAN OVERSIGHT

Romaine	Romai
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Unknown	
Yes	
Yes	
No	
Yes	
Yes	
Maybe	
Yes	
Yes	
Maybe	
Yes	
Yes	
Yes	
Maybe	
Maybe	
No	

AMERICAN OVERSIGHT

No	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Maybe	
Maybe	
24	**70.6%**
6	**17.6%**
3	**8.8%**
1	**2.9%**
34	100.0%

AMERICAN OVERSIGHT

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ne %	Romaine details
WI 53005) purchased on 11/2/19	
Romaine and Hearts of Romaine salads per shopper card); prepackaged Caesar salads from Costco deli	
Romaine Lettuce (Leafy Green romaine per shopper card) and Mixed Lettuce from Pick N Save	
Dole brand romaine from Festival Foods; possibly in crispy chicken salad from Texas Roadhouse	
11/06/2019 at Festival Foods in Portage, WI (2915 New Pinery Road, Portage, WI 53901)	
Pre-packaged romaine mix with carrots and red cabbage/raddichio, either Dole brand from Festival or F	
Fresh Express from Piggly Wiggly or Pick n Save; also Fresh Express chopped hearts of romaine in house	
University Ave, Green Bay on 11/4. 2) Possibly Fresh Express chopped hearts of romaine, BBD 10/27/19,	
Fresh Express romaine purchased at Pick N Save on 11/2 (FE leafy green romaine per shopper card)	
Northern Tap House in Eau Claire, WI on 11/7.	
salad at Schmidty's	
pre-packaged chopped romaine purchased 11/3 (unk brand) from Copp's	
purchased at Pick N' Save--may have contained romaine. Mediterranean chicken salad at Noodles & Co	
eats many prepackaged salad mixes/kits but can't recall details/brands	
Marketside romaine from Walmart in Neenah, WI.	
1 bag of Fresh Express bagged pre-cut Romaine salad purchased 11/9 from Walmart in Ironwood, MI.	
Fresh Express brand pre-packaged greens (type not specified)	
Foods on University Ave, Green Bay on 11/4. 2) Possibly Fresh Express chopped hearts of romaine, BBD	
Bagged lettuce of mixed colors containing romaine. Purchased from Pick n Save 11/6/19.	
Romaine: Salinas, CA, harvested after 10/23/19; UPC code 071279261126); purchased 11/5, finished	
eats bagged salad (can't remember brands); possibly in salad at potluck	
Packaged greens from Festival foods. Salad bar at Piggy's restaurant 11/5	

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bagged, pre-cut Fresh Express Leafy Green romaine from Pick n Save (per shopper card)

On 12/30 interview: Fresh Express pre-cut bagged romaine from Festival Foods and Woodman's.

salad of Fresh Express bagged romaine from Pick n Save for lunch every day
(purchased during ~11/3-11/15/19)
Bagged romaine from Festival Foods, brand unkown
11/6/19. Two bags purchased; patient consumed one and had one unopened leftover. Info from
salad mix at school may have had romaine in it
Clamshell of spring mix- unsure what brand- purchased at Festival foods in Portage, WI; maybe romaine on burger at Corner pocket on 11/18/19

YES response:

Maybe response:

NO :

Unknown:

TOTAL responses:

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Bagged romaine		Romaine brand	% Brands reported (among romaine consumers)
Yes		Fresh Express	
Yes		Costco and Fresh Express	
Yes		Unk	
Yes		Dole	
Yes		Dole or Fresh Express	
Maybe		Dole or Fresh Express	
Maybe		Dole or Fresh Express	
Maybe		Fresh Express	
Yes		Fresh Express	
Unk		Unk	
No		n/a	
Yes		Unk	
No		n/a	
Yes		Unk	
Yes		Unk	
Maybe		Unk	
Yes		Marketside	
Yes		Fresh Express	
Maybe		Fresh Express	
Yes		Fresh Express	
Yes		Unk	
Yes		Fresh Express	
Maybe		Unk	
Maybe		Unk	
No		n/a	

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No		n/a	
Yes		Fresh Express	
Yes		Fresh Express	
Yes		Fresh Express	
Yes		Fresh Express	
Yes		Unk	
Yes		Fresh Express	
Maybe		Unk	
Maybe		Unk	

20	**Fresh Express:**	**12**	**40.0%**
9	**Dole or FE:**	**3**	**10.0%**
4	**Dole:**	**1**	**3.3%**
1	**Marketside**	**1**	**3.3%**
34	**Costco and Fresh Express**	**1**	**3.3%**
	Can't recall/Unk:	**12**	**40.0%**
	n/a	4	
		34	100.0%

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Fresh Express product name	Any Leafy greens	Leafy g
Leafy Green Romaine	Yes	
Leafy Green Romaine and Hearts of Romaine salads	Yes	
Leafy Green Romaine	Yes	
	Yes	
Unk	Yes	
Unk	Yes	
Unk	Yes	
Hearts of Romaine or Sweet Butter or Unk	Yes	
Leafy Green Romaine	Yes	
	Yes	
n/a	Yes	
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	
Romaine	Yes	
Unk	Yes	
Hearts of Romaine or Sweet Butter	Yes	
	Yes	
Leafy Green Romaine	Yes	
	Yes	
	Yes	
	No	

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	Yes	
Leafy Green Romaine	Yes	
Unk	Yes	
Romaine	Yes	
Caesar Supreme salad kit	Yes	
	Yes	
Leafy Green Romaine	Yes	
	Yes	
	Yes	
	33	**97.1%**
	0	**0.0%**
	1	**2.9%**
	0	**0.0%**
	34	**100.0%**

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reens %	Leafy greens details
Save (Pick N Save - Metro Market 12735 W Capitol Dr, Brookfield, WI 53005)	
Caesar salads from Costco deli on 11/1 and 11/3. Caesar salads were both sold in clamshells- believes	
Romaine Lettuce and Mixed Lettuce from Pick N Save	
greens); Jimmy's Johns veggie sub with sprouts (likely iceberg); Big Mac at Mc Donalds (likely iceberg)	
11/06/2019 at Festival Foods in Portage, WI Festival Foods (2915 New Pinery Road, Portage, WI 53901)	
or Pick n Save, romaine mix with carrots and radicchio or red cabbage in it, eaten by whole family); a	
or Pick n Save, romaine mix with carrots and radicchio or red cabbage in it, eaten by whole family); a	
Ave Festival (brand, date unk); Fresh Express chopped hearts of romaine (BBD 10/27/19, from Festival on	
Fresh Express romaine and Iceberg from Pick n Save purchased 11/2	
"lettuce on a taco" (LTFU- unable to clarify details)	
Northern Tap House in Eau Claire, WI on 11/7. Fresh spinach purchased at Festival Foods, Organic Wild	
Subway sandwich; salad bar at Schmidty's (iceberg, romaine, spinach)	
Prepackaged Iceberg from Festival (unsure of brand)	
pre-packaged chopped romaine purchased 11/3 (unk brand) and spring mix also purchased 11/3	
purchased at Pick N' Save; organic green leaf lettuce; bagged conventionally-grown baby spinach in	
source); spinach	
Marketside romaine from Walmart in Neenah, WI; fresh cabbage from Dinnerly meal delivery service	
1 bag of Fresh Express bagged Romaine salad from Walmart in Ironwood, MI.	
Fresh Express brand from Festival Foods in Eau Claire. Type not specified.	
University Ave, Green Bay; Fresh Express chopped hearts of romaine (BBD 10/27/19, from Festival on	
Bagged lettuce of mixed colors containing romaine. Purchased from Pick n Save 11/6/19.	
Romaine: Salinas, CA, harvested after 10/23/19; UPC code 071279261126); purchased 11/5, finished	
Eats lots of bagged salad (can't remember brands); salad at Cross country potluck; spinach	
Packaged greens from Festival foods. Salad bar at Piggy's restaurant 11/5	

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spinach on tacos at Tex tubbs
bagged,pre-cut, fresh express leafy green romaine from Pick N save; no UNpackaged lettuce reported
salad mixes but mostly canned. Usually consumes prepacked salad mixes of chopped romaine and
Express bagged romaine from Pick n Save. Denies other greens.
(purchased during ~11/3-11/15/19)
Bagged romaine from Festival Foods, brand unkown
Bagged Fresh Express leafy green romaine lettuce from Festival Foods
Lettuce bowl with purple stuff and spinach from Oshkosh North High School; cheeseburger with lettuce from Hardees
Clamshell of spring mix- unsure what brand- purchased at Festival foods in Portage, WI; maybe romaine/iceberg/greenleaf on burger at Corner pocket on 11/18/19

YES:

MAYBE:

NO:

UNK:

TOTAL:

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Supplemental Qx? (includes routine with f/u q's)	Shopper card available?	Shopper card requested by DATCP?	Shopper card received (by DATCP/FDA)?	Reported purchases/shop card info
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	No	n/a	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	No	n/a	n/a	Yes
Yes	Yes	Yes	Yes	Yes
No	LTFU	n/a	n/a	n/a
Yes	No	n/a	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	Yes	No	n/a	Yes
Yes	Yes	No	n/a	Yes
Yes	Unknown	No	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	LTFU	n/a	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	Unknown	No	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	No	n/a	n/a	Yes

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Yes	No	n/a	n/a	Yes
Yes	Yes	Yes	Yes	Yes
Yes	No	n/a	n/a	pending
Yes	Yes	No	No	Yes
Yes	No	n/a	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	No	n/a	n/a	Yes
Yes	No	m/a	n/a	Yes
Yes	No	n/a	n/a	Yes
No	Unknown	n/a	n/a	n/a
33	10	7	7	32
0	0	0	0	0
2	20	5	1	0
0	3	0	0	0
35	33	12	8	32

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per sent to DATCP?	Consumed product packaging available?
	No
	No
	No
	No
	No
	Yes, but not likely product consumed
	Yes, but not likely product consumed
	Yes, but may not have been the product consumed
	No
	No
	No
	No
	No
	No
	No
	No
	No
	No
	No
	Yes, but may not have been the product consumed
	No
	Yes
	No
	No
	No

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No
No
No
No
No
No
Yes
No
No
Unknown

2

0

28

1

31

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Traceback notes
W Capitol Dr, Brookfield, WI
Date of purchase unknown; Shopper card number:[REDACTED] (Alternate ID: [REDACTED]); Card is
from Pick N Save, 261 Junction Road, Madison WI. Unk purchase date. Shopper card number provided.
exposures likely: Veggie sub with sprouts at Jimmy John's 11/7; Big Mac aat Mc donalds 11/6; another
Express- purchased 11/04/2019 and 11/06/2019 at Festival Foods in Portage, WI (no shopper card but
one consumed by ill individuals. During initial interview, [REDACTED] described product as a Romaine
onset and there were only 2 purchases made during that time where the shopper card was used and
No a great candidate for traceback.
W Capitol Dr, Brookfield, WI; Date of purchase on 11/2/19; Shopper card number: [REDACTED] (Alternate ID: [REDACTED]); Card is under [REDACTED] name; DATCP has this Pick n Save shopper history in hand
LTFU.
exposures
purchased at Festival (could not recall brand and threw out what she had left). Eaten during most days
Unable to confirm date of purchase
every day of exposure period
(could not recall brand)
Multiple possible salad exposures at home and at potluck- may not be best candidate for traceback
CDC is looking into it); fresh cabbage from Dinnerly meal delivery service
find receipt at this time.
Claire, WI.
Express chopped hearts of romaine, BBD 10/27/19, purchased from University Ave Green Bay Festival
Bagged lettuce of mixed colors containing romaine. Purchased from Pick n Save, Pick N Save-Jackson St, Oshkosh, WI, 11/6/19. Denies other greens. PT not responding to requests for shopper card information as of 12/4.
leaf; Use by 11/14 Z301 A05A 09:16 98; Product of USA, romaine: Salinas, CA, harvested after 10/23)
Multiple possible salad exposures at home and at potluck- may not be best candidate for traceback
Denies lettuce but school lunch exposures are unknown

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no shopper card
Shopper card for Pick n Save in his name: Fresh Perks grocery card # [REDACTED] (also same shopper card for[REDACTED] (fiancee)): Fresh Perks grocery card # [REDACTED]. Was sent to DATCP in response to [REDACTED] illness. Pick N save 261 Junction Rd, Madison, WI 53717; bagged,pre-cut, fresh express lettuce from Pick N save; Still has receipt for purchase (CDC supplemental interview response)
purchase dates unknown
Express bagged spinach. Denies other greens. Usually shops at Pick N Save either: 3010 Cahill Main,
(purchased during ~11/3-11/15/19; mentioned Caesar Suprmeme kit by name, which is a Fresh Express
Bagged romaine from Festival Foods in Oshkosh, brand unkown
11/6/19 at the same time and the other bag (one pt ate from) and they were both from Festival Foods
Lettuce bowl with purple stuff and spinach from Oshkosh North High School; cheeseburger with lettuce from Hardees
restaurant and home exposures; no shopper card

YES:

MAYBE:

NO:

UNK:

TOTAL:

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Unk Lettuce type	Bagged salad mix (mixed; may have included romaine) YN	List bagged salad mix brand (mixed; may have included romaine)	Iceberg lettuce	Green leaf lettuce	Red Leaf lettuce	Spin
No	No	n/a	Yes	No	No	No
No	No	No	No	No	No	No
Yes	Yes	Unknown				No
Yes	No	No	Maybe			No
Yes	Yes	Dole or Fresh Express				No
Yes	Yes	Dole or Fresh Express			Maybe	Yes
Yes	Yes	Dole or Fresh Express			Maybe	Yes
Yes	Yes	Fresh Express			Maybe	Yes
No	No	n/a	Yes	No	No	No
Yes	Yes	Unk				No
Yes						Yes
No	Yes	Unk	Yes			Yes
No	No	No	Yes	No	No	No
No	Yes	Unk	Maybe			No
Yes	Yes	Unk	Unk	Yes	No	Yes
Yes	Yes	Unk	Unk	Unk	Unk	Yes
No	No	n/a	No	No	No	No
No	No	n/a	No			No
Yes	Yes	Fresh Express	Maybe			No
Yes	Yes	Fresh Express	No		Maybe	No
Yes	Yes	Unknown				No
No	No	n/a	No	Yes	No	No
Yes	Yes	Unk	Unk			Yes
Yes	Yes	Unk				No
n/a	No		No	No	No	No

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No	No		No			Yes
No	No	n/a				No
No	Yes	Fresh Express	No	No	No	No
No						Yes
No	Yes	Fresh Express	No	No	No	No
No	No	n/a	No	No	No	No
No	No	n/a	No	No	No	No
Yes	Unk					Yes
Yes	Yes	Unk	Maybe	Maybe	No	No

17	18	**YES:**	4	2	0	11
0	0	**MAYBE:**	4	1	4	0
16	13	**NO:**	11	10	13	23
0	1	**UNK:**	3	1	1	0
33	32	**TOTAL:**	22	14	18	34

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ach	Spinach purchased at:	"Mixed greens"	Spring mix	Butter lettuce	Multiple lettuce exposures	Lettuce exposure inside AND outside home	Restaurant/outsi home expo
n/a	No	No		Yes	No	No	
n/a	No	No		Yes	Yes	No	
n/a				Yes	No	No	
n/a	Yes			Yes	Yes	Yes	
n/a				Yes	No	No	
Walmart				Yes	No	No	
Walmart				Yes	No	No	
Festival			Maybe	Yes	No	No	
n/a	No	No	No	Yes	No	No	
n/a				No	No	No	
Festival	Yes			Yes	Yes	Yes	
Schmidty's salad bar			No	Yes	Yes	Yes	
n/a	No	No		No	No	No	
n/a		Yes		Yes	No	No	
Pick n Save	Yes	No		Yes	Yes	Yes	
Unk	Unk	Unk		Yes	Yes	Yes	
n/a	No	No		No	No	No	
n/a	No	No		No	No	No	
n/a				Maybe	No	No	
n/a			Maybe	Yes	No	No	
n/a				No	No	No	
No	No	No	No	No	No	No	
Unk				Yes	Yes	Yes	
n/a				Yes	Yes	Yes	
n/a	No	No	No	No	Maybe	Yes	

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n/a				No	No	Yes
n/a		No		No	No	No
	No		No	Maybe	No	No
Pick n Save				No	No	No
n/a	No	No	No	No	No	No
n/a	No	No	No	No	No	No
n/a	No	No	No	No	No	No
school				Yes	Yes	Yes
n/a	No	Yes	No	Yes	Yes	Yes
YES:	3	2	0	19	10	11
MAYBE:	0	0	2	2	1	0
NO:	13	13	9	13	23	23
UNK:	1	1	0	0	0	0
TOTAL:	17	16	11	34	34	34

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de sures YN	List restaurants/exps outside home
	n/a
	n/a
	n/a
	Jimmy John's (likely iceberg), Mc Donalds (likely iceberg), Texas Road House (bed of mixed greens)
	n/a
	n/a
	n/a
	n/a
	n/a
	n/a
	Romaine at Chipotle and Northern Tap House in Eau Claire
	Schmidty's salad bar and at home
	n/a
	n/a
	Noodles & Company (Med chcken salad with romaine, mixed greens)
	Cross country pot luck
	n/a
	n/a
	n/a
	n/a
	n/a
	n/a
	Cross country pot luck, Five Guys
	Piggy's Restaurant (salad Bar in La Crosse; Howie's (lettuce on burger)
	school lunch?

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Tex Tubbs (spinach)
n/a
Culver's coleslaw- but couldn't remember date of consumption of if it was during exposure period
n/a
n/a
n/a
n/a
Oshkosh North High School; cheeseburger with lettuce from Hardee's
Corner Pocket (romaine/green leaf/iceberg lettuce on burger)

YES:

MAYBE:

NO:

UNK:

TOTAL:

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Unknown/multiple store purchase locations YN	List multiple store purchase locations	
No	n/a	
Yes	Pick n Save, Costco	
No		
No	n/a	
No	n/a	
Yes	Festival, Pick n Save, Piggly Wiggly	
Yes	Festival, Pick n Save, Piggly Wiggly	
No	n/a	
No	n/a	
Yes	LTFU	
No	n/a	
Yes	n/a	
No	n/a	
No	n/a	
Yes	Pick n Save, Sendik's (maybe)	
Yes	Pick n Save or Woodmans	
No	No	
No	No	
No	n/a	
No	n/a	
No	n/a	
No	n/a	
Yes	Pick n Save and Woodmans	
No	n/a	
Yes	school lunch?	

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No	n/a	
No	n/a	
Yes	Woodman's, Festival	
Yes	either of 2 Pick n Save locations	
No	n/a	
No	n/a	
No	n/a	
Yes	Oshkosh North High School	
No	n/a	

12		**Pick n Save:**
0		**Festival Foods:**
22		**Walmart:**
0		**Copp's:**
34		**Unk/Multiple locations:**
		n/a:
		TOTAL:

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Known purchase store name with no exps outside home
PNS
Unk/Multiple
PNS
n/a
Festival
Unk/Multiple
Unk/Multiple
Festival
PNS
Unk/Multiple
n/a
n/a
Festival
Copp's
n/a
n/a
Walmart
Walmart
Festival
Festival
PNS
Festival
n/a
n/a
n/a

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n/a	
PNS	
n/a	
PNS	
Festival	
Festival	
Festival	
n/a	
n/a	
	6
	9
	2
	1
	4
	12
	34

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Reported Purchase Locations by people with no exps outside home
Pick N Save - Metro Market 12735 W Capitol Dr, Brookfield, WI 53005 (FAMILY A)
Pick 'N Save, 621 S Main St, De forest, WI and Costco, Sun Prairie, WI
Pick N Save, 261 Junction Road, Madison WI (FAMILY C)
Festival Foods (2915 New Pinery Road, Portage, WI 53901)
Festival or Piggly Wiggly
Festival or Piggly Wiggly
Festival- 2430 University Ave, Green Bay, WI 54302 (FAMILY D)
Pick N Save, 12735 W Capitol Dr, Brookfield, WI (FAMILY A)
Unknown-LTFU
Festival Foods-Green Bay, WI East side
Copp's, 1850 Plover Rd, Plover, WI 54467
Walmart, Neenah, WI
Walmart, 10305 Country Club Rd, Ironwood, MI 49938
Eau Claire, WI 54701 and 3007 Mall Dr, Eau Claire, WI 54701.
Festival- 2430 University Ave, Green Bay, WI 54302 (FAMILY D)
Pick N Save-Jackson St, Oshkosh, WI, 11/6/19
Festival, 810 E Washington Ave, Madison, WI

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Pick N save 261 Junction Rd, Madison, WI 53717 (FAMILY C)
Pick N Save either: 3010 Cahill Main, Fitchburg, WI 53711 or 6655 McKee Road, Madison, WI 53719
Festival Foods, 1260 Crossing Meadows Dr, Onalaska, WI 54650
Festival Foods, 2415 Westowne Ave, Oshkosh, WI 54904
Festival Foods, 1260 Crossing Meadows Dr, Onalaska, WI 54650
27.3%
40.9%
9.1%
4.5%
18.2%
100%

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Known purchase dates (no exps outside home)
11/2/2019, 10/19, 10/10 FE Leafy Green Romaine
(Hearts of Romaine salad); 11/4, 10/11 Leafy Green Romaine salad
11/2, 10/27, 10/13, 10/5 FE Leafy Green Romaine
Unk
11/4 and 11/6
Unk
Unk
Unk
11/2/2019, 10/19, 10/10 FE Leafy Green Romaine
Unk
n/a
Unk
Unk
11/3/2019
Unk
Unk
Unk
Unk
Unk
11/4/19?
11/6/2019
11/5/2019
Unk
Unk
n/a

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n/a
11/2, 10/27, 10/13, 10/5 FE Leafy Green Romaine
n/a
Unk
11/3-11/15/19
Unk
11/6/2019
n/a
Unk

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Purchase date source (no exps outside home)	Purchase locations reported by people with exps inside & outside home
PNS shopper card	n/a
Costco exposures per interview; PNS shopper card	n/a
PNS shopper card	n/a
Interview	Festival
Interview	n/a
Interview	n/a
Interview	n/a
Interview	n/a
PNS shopper card	n/a
Interview	n/a
Interview	Restaurant
Interview	Festival
Interview	n/a
Interview	n/a
Interview	PNS
Interview	Unk/Multiple
Interview	n/a
Interview	n/a
Interview	n/a
Interview	n/a
Interview	n/a
Interview	n/a
Interview	Unk/multiple
Interview	Festival
Interview	n/a

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Interview	Restaurant
PNS shopper card	n/a
Interview	Unk/multiple
Interview	n/a
CDC Supp Qx	n/a
Interview	n/a
Receipt	n/a
Interview	Restaurant
Interview	Festival

Pick n Save:	**1**
Festival Foods:	**4**
Walmart:	**0**
Copp's:	**0**
Restaurant	**3**
Unk/Multiple locations:	**3**
n/a:	23
	34

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Store purchase locations reported by people with exps inside & outside home
n/a
n/a
n/a
Festival Foods, Taylor Drive, Sheboygan, WI
n/a
n/a
n/a
n/a
n/a
n/a
n/a
more likely restaurant exposure (11/5, 7, 8)
Festival Foods, 30 Copeland Ave, La Crosse, WI 54603
n/a
n/a
Pick N' Save, 2518 W Washington St (Wildwood Road), West Bend, WI 53095
Pick n Save in Glendale, WI and Woodman's in Menomenee Falls, WI (FAMILY E)
n/a
n/a
n/a
n/a
n/a
n/a
Pick n Save in Glendale, WI and Woodman's in Menomenee Falls, WI (FAMILY E)
Festival Foods- Losey Blvd., La Crosse
n/a

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Tex Tubb's restaurant spinach only
n/a
Woodman's, Festival, Culver's
n/a
n/a
n/a
n/a
Oshkosh North High School
Festival Foods, 2915 New Pinery Rd, Portage, WI 53901

9.1%

36.4%

0.0%

0.0%

27.3%

27.3%

100.0%

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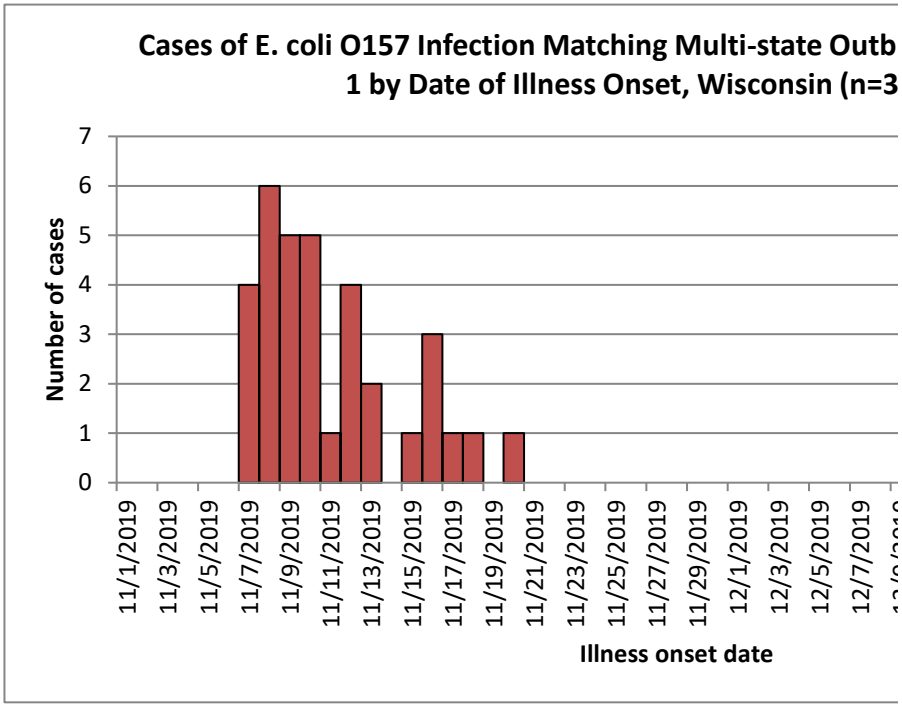
Onset date	Multistate outbreak matches by WGS
11/1/2019	
11/2/2019	
11/3/2019	
11/4/2019	
11/5/2019	
11/6/2019	
11/7/2019	4
11/8/2019	6
11/9/2019	5
11/10/2019	5
11/11/2019	1
11/12/2019	4
11/13/2019	2
11/14/2019	
11/15/2019	1
11/16/2019	3
11/17/2019	1
11/18/2019	1
11/19/2019	
11/20/2019	1
11/21/2019	
11/22/2019	
11/23/2019	
11/24/2019	
11/25/2019	
11/26/2019	
11/27/2019	
11/28/2019	
11/29/2019	
11/30/2019	
12/1/2019	
12/2/2019	
12/3/2019	
12/4/2019	
12/5/2019	
12/6/2019	
12/7/2019	
12/8/2019	
12/9/2019	
12/10/2019	
12/11/2019	

Last updated 1/14/20



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12/12/2019	
12/13/2019	
12/14/2019	
12/15/2019	
12/16/2019	
12/17/2019	
12/18/2019	
12/19/2019	
12/20/2019	
12/21/2019	1
12/22/2019	
12/23/2019	
12/24/2019	
12/25/2019	

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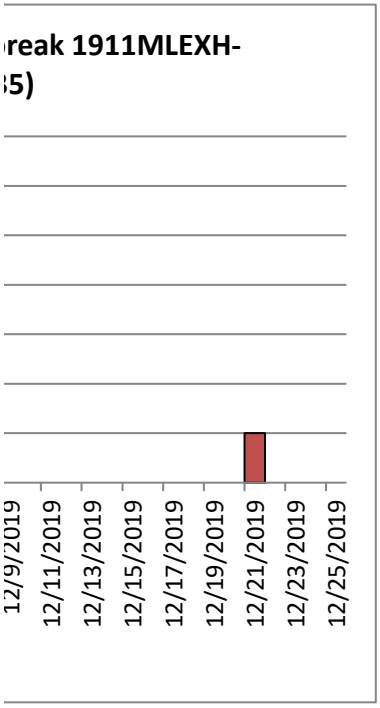

11/7/19
11/7/19
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11/15/19
11/16/19
11/16/19
11/16/19
11/17/19
11/18/19
11/20/19
12/21/20 19 per IP

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Jurisdiction	Multistate OB by WGS
Brown	2
Columbia	3
Dane	6
Dunn	2
Iron	1
La Crosse	7
Manitowoc	1
North Shore	2
Portage	1
Sheboygan	3
Washington	1
Waukesha	1
Wauwatosa	2
Winnebago	3
TOTAL	35

Last updated 1/24/2020

Onset date	Brown
11/3/19	
11/4/19	
11/5/19	
11/6/19	
11/7/19	
11/8/19	1
11/9/19	
11/10/19	1
11/11/19	
11/12/19	
11/13/19	
11/14/19	
11/15/19	
11/16/19	
11/17/19	
11/18/19	
11/19/19	
11/20/19	
11/21/19	
11/22/19	
11/23/19	
12/21/19	
TOTAL	*2*

Onset date	Southern
11/3/19	
11/4/19	
11/5/19	
11/6/19	
11/7/19	2
11/8/19	1
11/9/19	
11/10/19	
11/11/19	
11/12/19	1
11/13/19	2
11/14/19	
11/15/19	
11/16/19	1
11/17/19	
11/18/19	
11/19/19	
11/20/19	1
11/21/19	

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11/22/19	
11/23/19	
12/21/19	1
TOTAL	*9*

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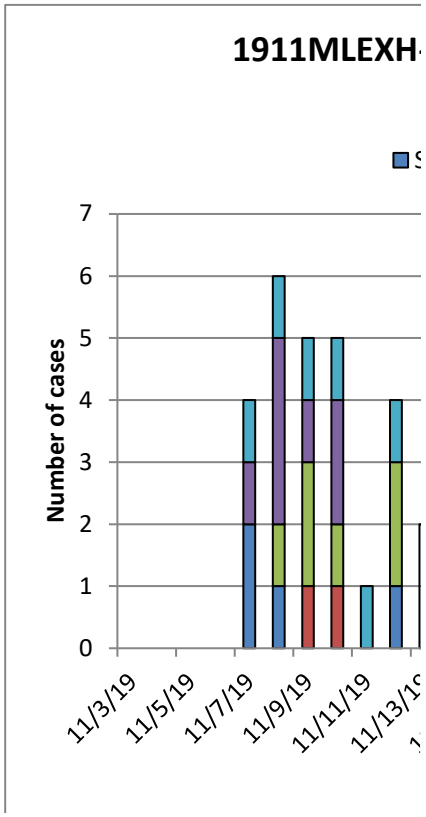
Columbia	Dane	Dunn	Iron	La Crosse	Manitowoc	North Shor	Portage	Sheboygan
	1	1						1
	1				1			2
			1		1	1		1	
			1	1			1	
		1			2		1	
		2						
					1			
		1			1			
					1			
	1							
		1						
3	*6*	*2*	*1*	*7*	*1*	*2*	*1*	*3*

Northern	Western	Northeaste	Southeastern
		1	1
	1	3	1
1	2	1	1
1	1	2	1
			1
	2		1
	1		
	1	1	
	1		
		1	



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2 9 9 6

35

Southern Northern Western

9 2 9

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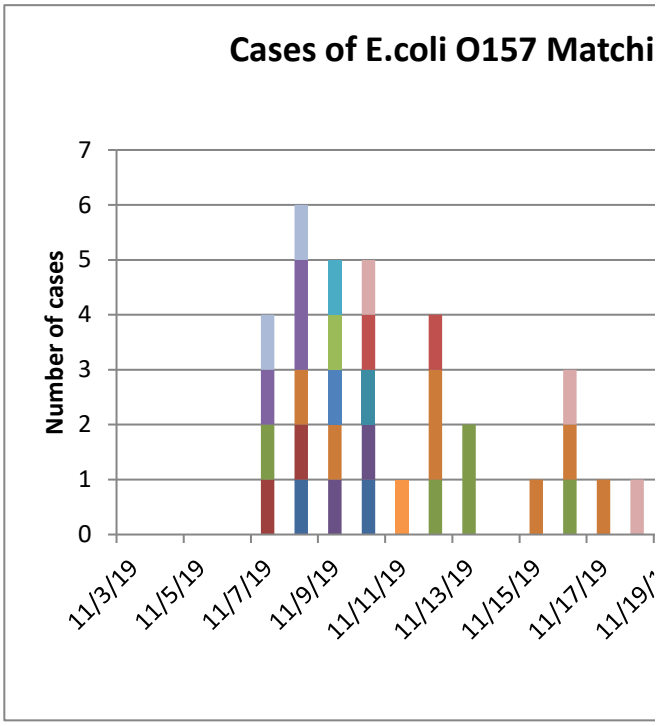
Washingto	Waukesha	Wauwatosa	Winnebago
			1
			1
1			
			1
	1		
			1
			1
1	*1*	*2*	*3*



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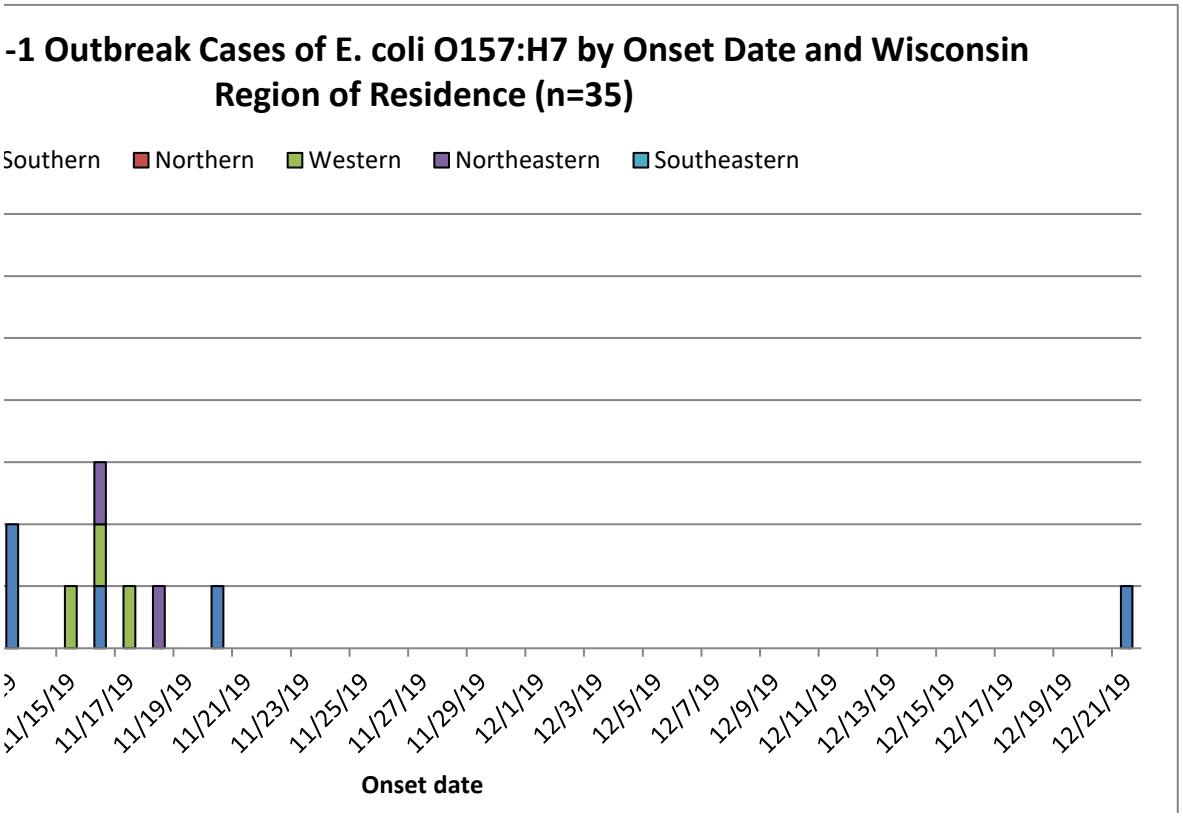

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Northeaste	Southeastern
9	*6*

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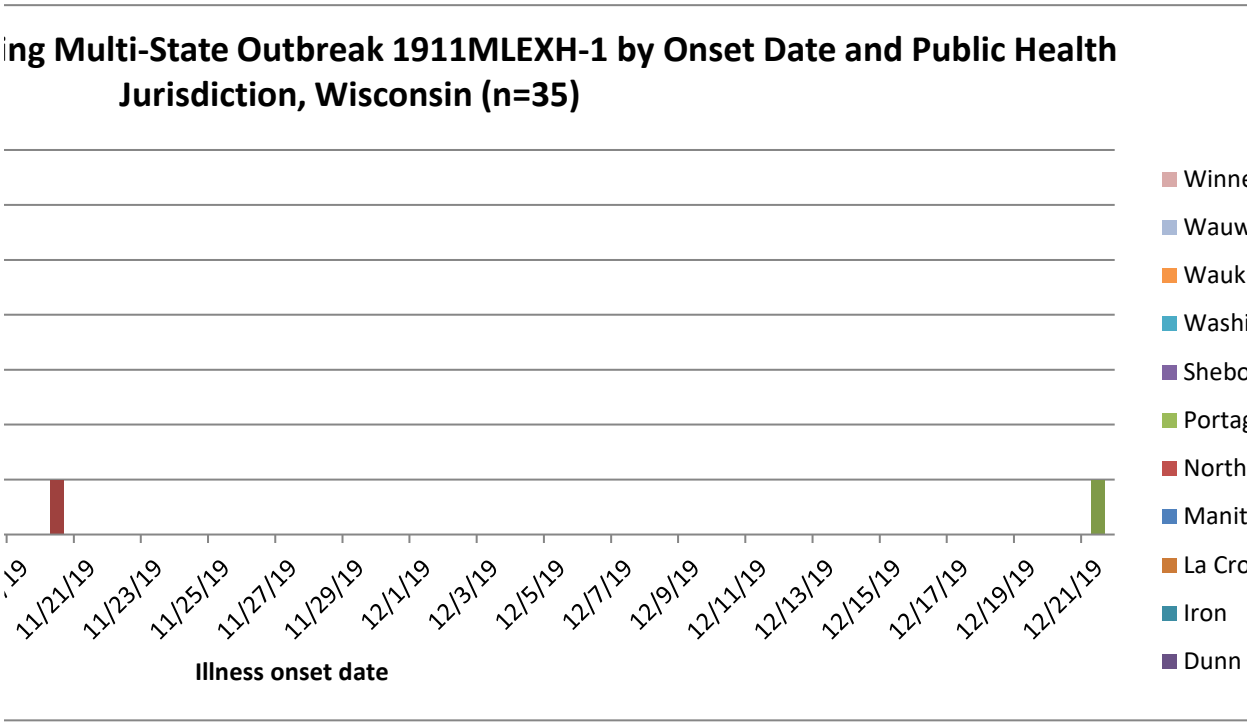
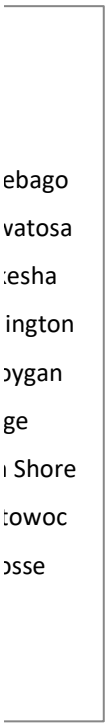


AMERICAN OVERSIGHT

AMERICAN OVERSIGHT



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WSLH resulted 12/13/2019:

Updated 12/16/19

Source	Source site:	WSLH ID	PnusaeID
DATCP 19-14620	Romaine lettuce	19MP015683	Pnusae043317
DATCP 19-14620	Romaine lettuce	19MP015684	Pnusae043318
DATCP 19-14620	Romaine lettuce	19MP015685	Pnusae043319
DATCP 19-14620	Romaine lettuce	19MP015686	Pnusae043320
DATCP 19-14620	Romaine lettuce	19MP015687	Pnusae043321

AMERICAN OVERSIGHT

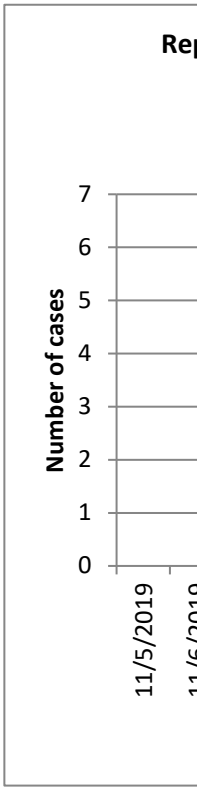
Confirmed	Cluster match
E. coli O157	1911MLEXH-1
E. coli O157	1911MLEXH-1
E. coli O157	1911MLEXH-1
E. coli O157	1911MLEXH-1
E. coli O157	1911MLEXH-1

AMERICAN OVERSIGHT

Onset Date	Any Leafy greens	Jurisdiction
11/7/19	Yes	Wauwatosa
11/7/19	Yes	Columbia
11/7/19	Yes	Dane
11/7/19	Yes	Sheboygan
11/8/19	Yes	Columbia
11/8/19	Yes	Sheboygan
11/8/19	Yes	Sheboygan
11/8/19	Yes	Brown
11/8/19	Yes	Wauwatosa
11/8/19	Yes	La Crosse
11/9/19	Yes	Dunn
11/9/19	Yes	La Crosse
11/9/19	Yes	Manitowoc
11/9/19	Yes	Portage
11/9/19	Yes	Washington
11/10/19	Yes	North Shore
11/10/19	Yes	Winnebago
11/10/19	Yes	Iron
11/10/19	Yes	Dunn
11/10/19	Yes	Brown
11/11/19	Yes	Waukesha
11/12/19	Yes	Dane
11/12/19	Yes	North Shore
11/12/19	Yes	La Crosse
11/12/19	No	La Crosse
11/13/19	Yes	Dane
11/13/19	Yes	Dane
11/15/19	Yes	La Crosse
11/16/19	Yes	Dane
11/16/19	Yes	La Crosse
11/16/19	Yes	Winnebago
11/17/19	Yes	La Crosse
11/18/19	Yes	Winnebago
11/20/19	Yes	Columbia

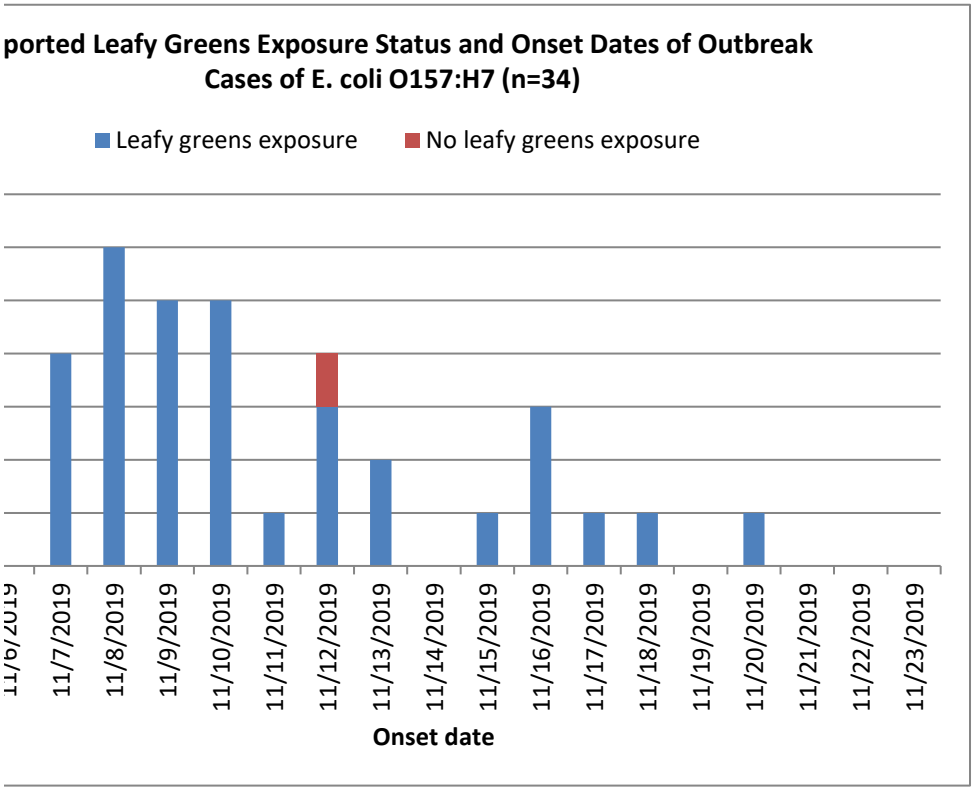
Onset date	Leafy greens exposure	No leafy greens exposure
11/5/2019		
11/6/2019		
11/7/2019	4	
11/8/2019	6	
11/9/2019	5	
11/10/2019	5	
11/11/2019	1	
11/12/2019	3	1
11/13/2019	2	
11/14/2019		
11/15/2019	1	
11/16/2019	3	
11/17/2019	1	
11/18/2019	1	
11/19/2019		
11/20/2019	1	
11/21/2019		
11/22/2019		
11/23/2019		
12/21/2019		
	33	1

Last update



AMERICAN OVERSIGHT

ed 1/24/2020



AMERICAN OVERSIGHT

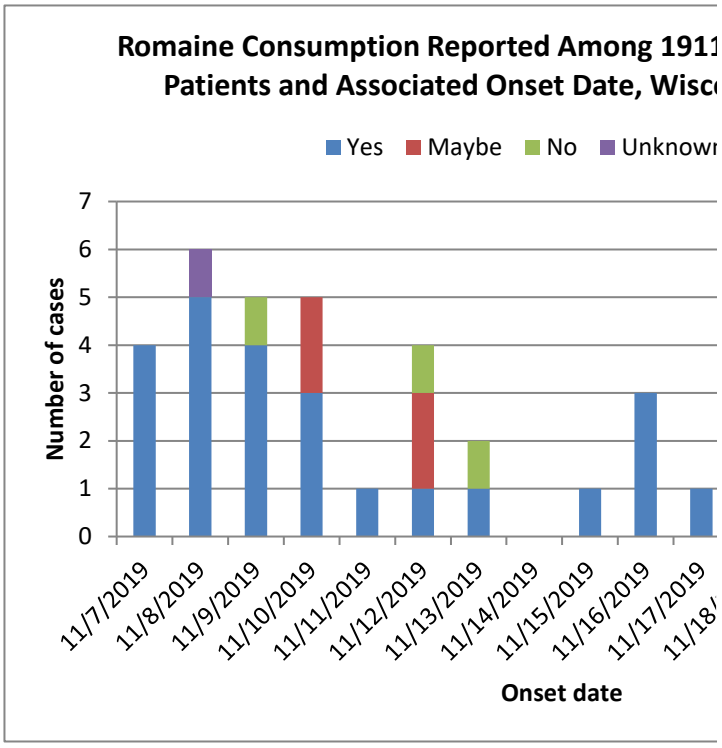
Onset Date	Romaine	Jurisdiction
11/7/19	Yes	Wauwatosa
11/7/19	Yes	Columbia
11/7/19	Yes	Dane
11/7/19	Yes	Sheboygan
11/8/19	Yes	Columbia
11/8/19	Yes	Sheboygan
11/8/19	Yes	Sheboygan
11/8/19	Yes	Brown
11/8/19	Yes	Wauwatosa
11/8/19	Unknown	La Crosse
11/9/19	Yes	Dunn
11/9/19	Yes	La Crosse
11/9/19	No	Manitowoc
11/9/19	Yes	Portage
11/9/19	Yes	Washington
11/10/19	Maybe	North Shore
11/10/19	Yes	Winnebago
11/10/19	Yes	Iron
11/10/19	Maybe	Dunn
11/10/19	Yes	Brown
11/11/19	Yes	Waukesha
11/12/19	Yes	Dane
11/12/19	Maybe	North Shore
11/12/19	Maybe	La Crosse
11/12/19	No	La Crosse
11/13/19	No	Dane
11/13/19	Yes	Dane
11/15/19	Yes	La Crosse
11/16/19	Yes	Dane
11/16/19	Yes	La Crosse
11/16/19	Yes	Winnebago
11/17/19	Yes	La Crosse
11/18/19	Maybe	Winnebago
11/20/19	Maybe	Columbia
12/21/2019	Unknown	Dane

Last updated 1/24/2020

Onset date	Yes
11/7/2019	4
11/8/2019	5
11/9/2019	4
11/10/2019	3
11/11/2019	1
11/12/2019	1
11/13/2019	1
11/14/2019	
11/15/2019	1
11/16/2019	3
11/17/2019	1
11/18/2019	
11/19/2019	
11/20/2019	
11/21/2019	
11/22/2019	
12/21/2019	
	24

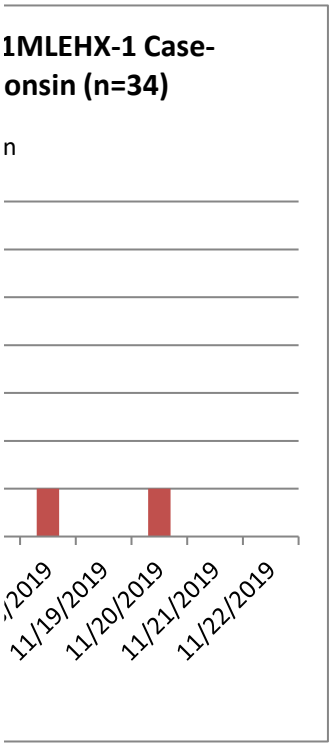
AMERICAN OVERSIGHT

Maybe	No	Unknown
		1
	1	
2		
2	1	
	1	
1		
1		
		1
6	3	2



Excludes case with 12/21/19 onset who was l

AMERICAN OVERSIGHT



ost to follow-up

AMERICAN OVERSIGHT

Known purchase store name with no exps outside home (n=34)

Onset Date	Pick n' Save	Unk/Multip	Festival	n/a	Copp's	Walmart
11/7/19	2	1		1		
11/8/19	1	3	2			
11/9/19			1	3	1	
11/10/19			2	1		2
11/11/19	1					
11/12/19			1	3		
11/13/19	1			1		
11/15/19				1		
11/16/19	1		2			
11/17/19			1			
11/18/19				1		
11/20/19				1		
	6	4	9	12	1	2

Purchase locations reported by people with exps inside & outside home

Onset Date	n/a	Festival	Restaurant	Pick n' Save	Unk/Multiple	
11/7/19	3	1				
11/8/19	6					
11/9/19	2	1	1	1		
11/10/19	4				1	
11/11/19	1					
11/12/19	2	1			1	
11/13/19	1		1			
11/15/19					1	
11/16/19	3					
11/17/19	1					
11/18/19			1			
11/20/19		1				
	23	4	3	1	3	0

AMERICAN OVERSIGHT

Purchase location	Count of Purchas	Percent	N
Copp's	1	3.0%	33
Festival	13	39.4%	33
Pick n' Save	7	21.2%	33
Restaurant	3	9.1%	33
Unk/Multiple	7	21.2%	33
Walmart	2	6.1%	33
n/a	1	denied lettuce	

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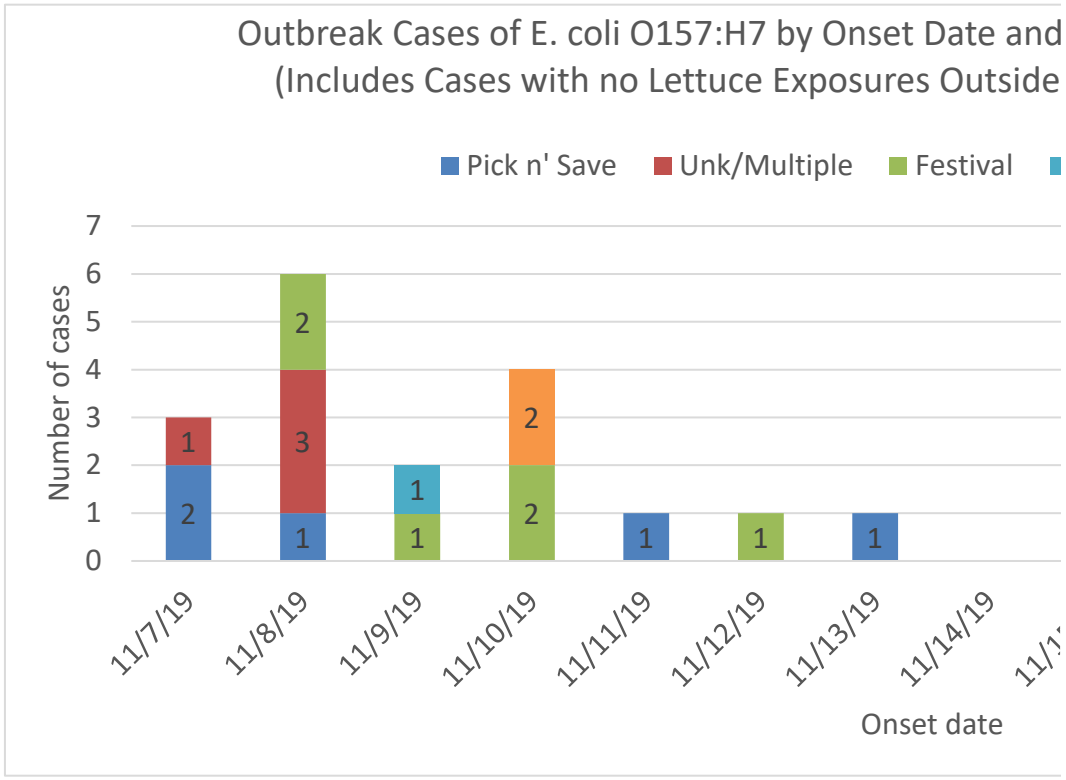
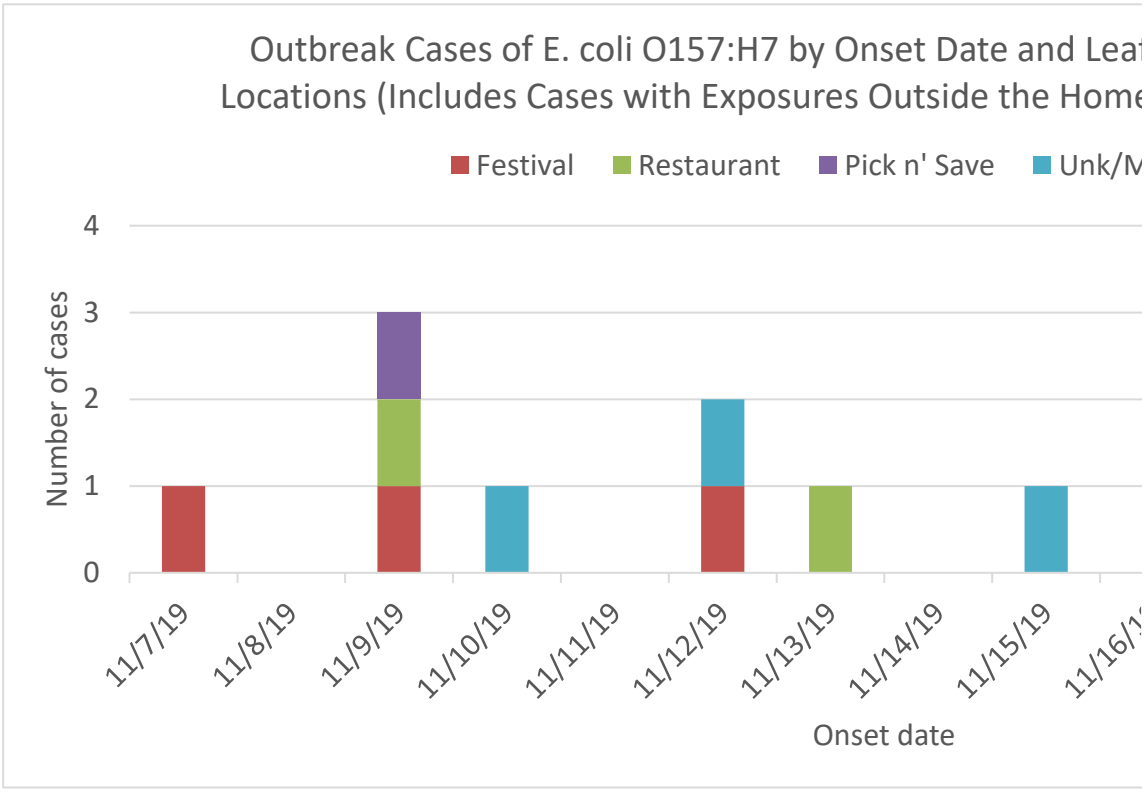
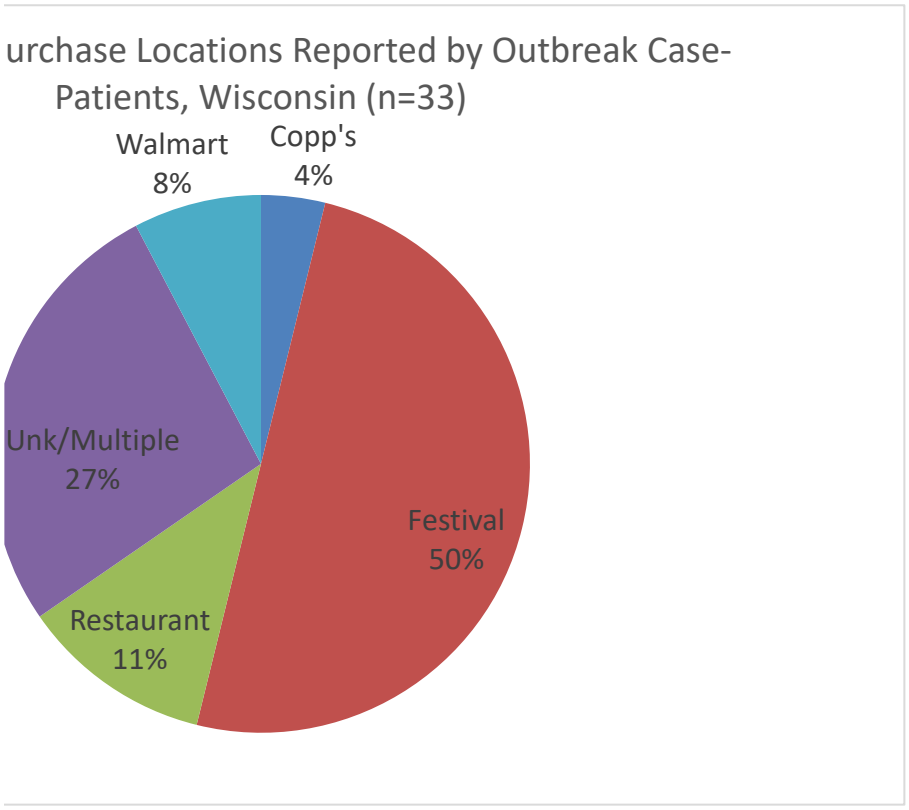
Updated 1/24/20

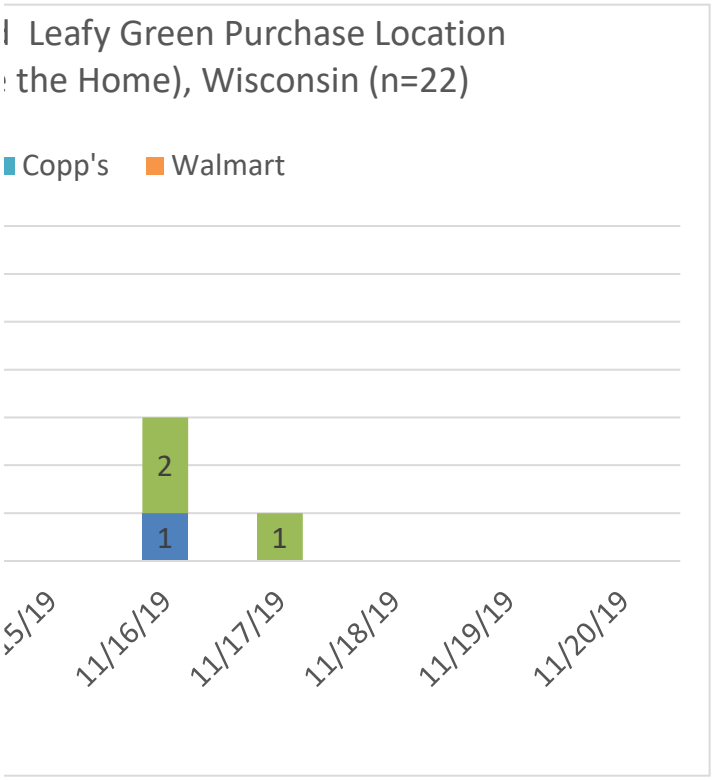


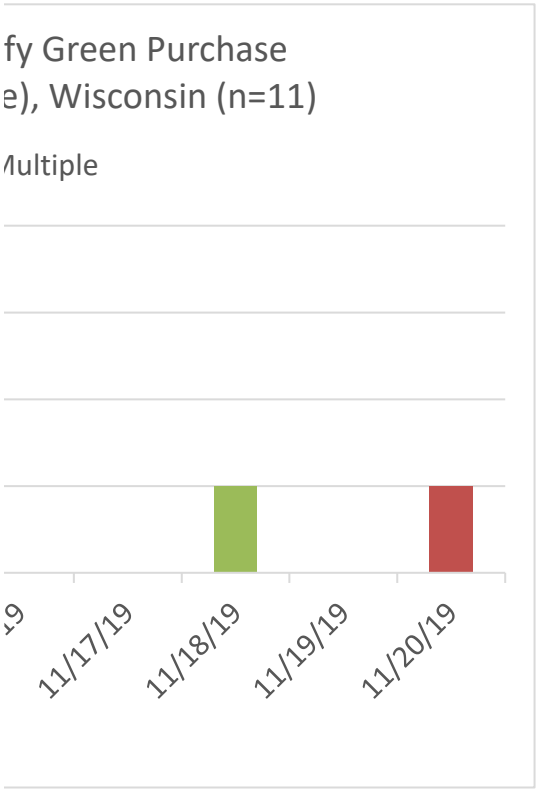


AMERICAN OVERSIGHT



AMERICAN OVERSIGHT





Onset Date
11/7/19
11/7/19
11/7/19
11/7/19
11/8/19
11/8/19
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11/8/19
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11/17/19
11/18/19
11/20/19
12/21/19

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Known purchase store name with no exps outside home	Purchase locations reported by people with exps inside & outside home
PNS	n/a
Unk/Multiple	n/a
PNS	n/a
n/a	Festival
Festival	n/a
Unk/Multiple	n/a
Unk/Multiple	n/a
Festival	n/a
PNS	n/a
Unk/Multiple	n/a
n/a	Restaurant
n/a	Festival
Festival	n/a
Copp's	n/a
n/a	PNS
n/a	Unk/Multiple
Walmart	n/a
Walmart	n/a
Festival	n/a
Festival	n/a
PNS	n/a
Festival	n/a
n/a	Unk/multiple
n/a	Festival
n/a	n/a
n/a	Restaurant
PNS	n/a
n/a	Unk/multiple
PNS	n/a
Festival	n/a
Festival	n/a
Festival	n/a
n/a	Restaurant
n/a	Festival

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Patient

Patient Name: [redacted] - **Patient DOB:** [redacted] - **Incident ID:** [redacted]

Patient

*** Disease Being Reported:** CYCLOSPORIASIS

*** Last Name**	*** First Name**	**Middle Name**	**Name Suffix**	**Primary Language**
[redacted]	[redacted]	[redacted]		English
Future Client No.	*** DOB (MM/DD/YYYY)**	**Age**	**Months**	**Days**
	[redacted]	50		

*** Ethnicity:** Not Hispanic or Latino

Address Number & Street: [redacted]

Apartment/Unit Number:

*** City**	**State**	*** Zip**
[redacted]	WI	[redacted]

Census Tract	**County of Residence**	**Country of Residence**
960400	TAYLOR, WI	UNITED STATES

Country of Birth	**Date of Arrival (MM/DD/YYYY)**	

Home Telephone	**Cellular Phone / Pager**	**Work/School Telephone**
[redacted]	[redacted]	

E-mail Address	**Other Electronic Contact Information**

Work/School Location:

Work/School Contact:

*** Gender**	**Pregnant?**	**Estimated Delivery Date**
Female	○ Yes ○ No ◉ Unknown	

Marital Status	**Medical Record Number**	**Patient's Parent/Guardian Name**
Married	View...	

Occupation Setting	**Describe/Specify**

Occupation	**Describe/Specify**	**Occupation Location**

Alerts

*** Race**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other
- ☐ Unknown
- ☑ White

Specify

Reported Race: White

Demographic Button

The Demographic Button retrieves demographic information from available public health data. The purpose is to return select demographic information to initiate public health follow up when that information is not available from other sources (e.g. WEDSS, providers, social media, internet searches). The information provided by the Demographic Button could help with locating an individual who would otherwise be lost to follow-up due to lack of locating information.

Name and date of birth information entered above will be used to find matched person records and return potential matches in a pop-up.

- If a match is found and selected, clicking **OK** will update WEDSS with the selected demographic information.
  - **NOTE: The updated information will overwrite previously entered demographic information.**

AMERICAN OVERSIGHT

- If no match is found **-OR-** if the demographic information returned is not wanted, clicking **CANCEL** will close the pop-up without making any changes to WEDSS.

NOTE: The returned demographic information is not necessarily the most current for the person. The information is only as current as of the last time they interacted with the public health system.

NOTE: The specific source that provided the returned demographic information or the date associated with the information is not displayed.

AMERICAN OVERSIGHT

Cyclosporiasis

Cyclosporiasis Instructions

Cyclosporiasis is an illness of variable severity caused by the protozoan *Cyclospora cayetanensis* and commonly characterized by water diarrhea, loss of appetite, weight loss, abdominal bloating and cramping, increased flatus, nausea, fatigue, and low-grade fever. Vomiting also may be noted. Persistence of symptoms with remitting and relapsing episodes is typical.

Please review the Communicable Disease Case Reporting and Investigation Protocol (EpiNet) for guidance on case classification and follow-up.

For more information about Cyclospora cayetanensis please see the CDC webpage.

Laboratory information

Specimen Collected
Yes

Collected By
Provider

Specimen Collection Date
06/12/2018

Source of Specimen or Collection Site
Stool

Cyclosporosis laboratory testing

Date of specimen collection
06/12/2018

Enteric specimen type
stool

Other specimen type

Cyclospora oocysts detected

PCR Positive
Yes

General information

Date of Onset of Symptoms
05/31/2018

Outbreak Related.
Yes

Patient Deceased
No

Underlying medical condition (Y/N)
No

Underlying condition (specify)

Was Patient Hospitalized?
No

Enteric Diseases - Common

Does patient have any of the following risk factors
No

Is a food handler
No

Attends or works at a daycare center
No

Is a health care worker
No

Drinks unpasteurized milk
No

Is in contact with animals
No

specify animal

participated in recreational water activities

Traveled out of state
No

Travel Location

Travel start date

Travel end date

AMERICAN OVERSIGHT

Laboratory Information w/Provider & Facility (system)

Show Results Beginning

Show All Results For Patient

ID-004

Accession Number	Order Result Status	Specimen Collected Date	Specimen Received Date
18MP006716	Final results; results stored and verified. Can onl	06/12/2018	06/27/2018

Specimen Source	Specimen Body Site
Stool-Raw	Other

Local Test Code	Local Test Description	Test Coding System
2000001923	OVA & PARASITE RESULT	L

Test Code	Resulted Test	Test Coding System
10704-5	O+P Stool Micro	LN

Result	Units	Reference Range

Local Organism Code	Local Organism Description	Organism Coding System
1155	CYCLOSPORA CAYETANENSIS OOCYSTS	L

Organism Code	Resulted Organism	Organism Coding System
L-52451	Cyclospora cayetanesis	SNM

Result Date	Performing Facility ID
06/29/2018	Wisconsin State Laboratory of Hygiene

Abnormal Flag

Abnormal (applies to non-numeric result

Observation Result Status

Final results; results stored and verified.

Notes

SPECIMEN NOTES:
Stool-Raw Stool-Raw
NTE:
Specimen screened for only Cyclospora using fluorescence microscopy.
Parasite(s) Found:
Few Cyclospora cayetanensis oocysts
Other Identifiers: E1098016,1256995

Provider Name	Provider ID	Order Call Back Phone
SOVA, LAURA M	6629	

Provider Address	City	State	Zip
500 S Chipeta Way	Salt Lake City	UT	84108

County	Provider Fax	Order Call Back E-mail
Salt Lake		

Facility Name	Facility ID	Placer Order Number
ASSOCIATED REGIONAL AND UNIVERSITY PATHOLOGIST		18MP006716

Facility Address	City	State	Zip
500 CHIPETA WAY	SALT LAKE CITY	UT	84108-1221

County	Facility Phone Number	Facility E-mail Address
SALT LAKE		

Drug Susceptibility Results

(Accession #: 18MP006716, Resulted Test: OVA & PARASITE RESULT)

ID-001

*Drug	If Other, Specify

Concentration	Method

Result

Delete

Add

AMERICAN OVERSIGHT

Delete

Add

ID-003

Accession Number	Order Result Status	Specimen Collected Date	Specimen Received Date
T22968	Final results; results stored and verified. Can onl	06/12/2018	06/12/2018

Specimen Source	Specimen Body Site
miscellaneous sample	Other

Local Test Code	Local Test Description	Test Coding System
A97162	RESULT	L

Test Code	Resulted Test	Test Coding System
41436-7	C cayetanensis DNA XXX Ql PCR	LN

Result	Units	Reference Range
SEE NOTE		

Local Organism Code	Local Organism Description	Organism Coding System

Organism Code	Resulted Organism	Organism Coding System

Result Date	Performing Facility ID
06/15/2018	Aspirus Reference Laboratory

Abnormal Flag

Notes

SPECIMEN NOTES:
168121005 miscellaneous sample SCT MSC Miscellaneous sample L
NTE:
This is a notifiable disease and is being electronically submitted to the State Department of Health.
(NOTE)

Test name	Result Flag	Units	RefIntvl
Cryptosporidium by PCR	Inconclusive	A	

INCONCLUSIVE - Inconclusive detection of nucleic acid. These results may be due to levels of nucleic acid bordering the analytical sensitivity of the assay or factors influencing the integrity of this sample. Consider repeat testing if clinically indicated.

Giardia by PCR	Not Detected		
Entamoeba histolytica by PCR	Not Detected		
Dientamoeba fragilis by PCR	Not Detected		
Cyclospora cayetanensis by PCR	Detected	A	

INTERPRETIVE INFORMATION: Gastrointestinal Parasite Panel by PCR
A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test.
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Julio Delgado, MD, Lab. Director

Observation Result Status

Final results; results stored and verified.

Provider Name	Provider ID	Order Call Back Phone
SOVA, LAURA M	1933	715-748-2121

Provider Address	City	State	Zip
143 S Gibson St	Medford	WI	54451

County	Provider Fax	Order Call Back E-mail
Taylor		

Facility Name	Facility ID	Placer Order Number
Aspirus Medford Hospital & Clinics		110125150-0Aspirus Medford Hospital & Clinics52D0395481CLIA

AMERICAN OVERSIGHT

Facility Address	City	State	Zip
135 South Gibson Street	Medford	WI	54451

County

Facility Phone Number: 715-748-8100

Facility E-mail Address

Drug Susceptibility Results

(Accession #: T22968, Resulted Test: RESULT)

ID-001

*Drug

If Other, Specify

Concentration

Method

Result

Delete

Add

Delete

ID-002

Accession Number	Order Result Status	Specimen Collected Date	Specimen Received Date
18163127002	Final results; results stored and verified. Can onl	06/12/2018	06/13/2018

Specimen Source

Specimen Body Site: Other

Local Test Code	Local Test Description	Test Coding System
41436-7	Cyclospora cayetanensis by PCR	L

Test Code	Resulted Test	Test Coding System
41436-7	Cyclospora cayetanensis by PCR	LN

Result	Units	Reference Range
Detected		

Local Organism Code	Local Organism Description	Organism Coding System

Organism Code	Resulted Organism	Organism Coding System

Result Date: 06/15/2018

Performing Facility ID: ARUP Laboratories

Abnormal Flag: Abnormal (applies to non-numeric result

Observation Result Status: Final results; results stored and verified.

Notes:

NTE:
INTERPRETIVE INFORMATION: Gastrointestinal Parasite Panel
by PCR
A negative result does not rule out the presence of PCR
inhibitors in the patient specimen or test-specific nucleic acid
in concentrations below the level of detection by this test.
Test developed and characteristics determined by ARUP
Laboratories. See Compliance Statement B: aruplab.com/CS

Provider Name: SOVA, LAURA M

Provider ID: [redacted]

Order Call Back Phone

Provider Address

City

State

Zip

County

Provider Fax

Order Call Back E-mail

Facility Name: Aspirus Reference Lab I/F

Facility ID

Placer Order Number: 18163127002

Facility Address: 333 Pine Ridge Blvd

City: Wausau

State: WI

Zip: 54401

County: Marathon

Facility Phone Number: 715-847-2121

Facility E-mail Address

ASPIRUS OVERSIGHT

Drug Susceptibility Results

(Accession #: 18163127002, Resulted Test: Cyclospora cayetanensis by PCR)

ID-001

*Drug

If Other, Specify

Concentration

Method

Result

Delete

Add

Delete

ID-001

Accession Number

Order Result Status

Specimen Collected Date

Specimen Received Date

Specimen Source

Specimen Body Site

Test Code

Resulted Test

Test Coding System

Result

Units

Reference Range

Organism Code

Resulted Organism

Organism Coding System

Result Date

Performing Facility ID

Abnormal Flag

Notes

ARUP MISCELLANEOUS TEST 1
Order: 110125150

Status: Final result Visible to patient: No (Not Released) Next appt: None
Notes Recorded by Sova, Laura M, N.P. on 6/18/2018 at 7:55 AM
Notify patient of results. Cyclospora has been detected. Bactrim DS one tablet twice daily for 7 days. Make sure this has gotten reported to Norma Thums. Make sure lab sent it for confirmation to state.

6d ago
Resulting Agency
B Test Name 2011150 GASTROINTESTINAL PARASITE PANEL PCR ASPIRUS REFERENCE LA
Result
SEE NOTE
(NOTE)
Test name Result Flag Units RefIntvl

Cryptosporidium by PCR
Inconclusive A
INCONCLUSIVE - Inconclusive detection of nucleic acid.
These results may be due to levels of nucleic acid
bordering the analytical sensitivity of the assay or
factors influencing the integrity of this sample. Consider
repeat testing if clinically indicated.
Giardia by PCR
Not Detected
Entamoeba histolytica by PCR
Not Detected
Dientamoeba fragilis by PCR
Not Detected
Cyclospora cayetanensis by PCR

Observation Result Status

AMERICAN OVERSIGHT

Detected A

INTERPRETIVE INFORMATION: Gastrointestinal Parasite Panel by PCR

A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Julio Delgado, MD, Lab. Director

ARUP LABORATORIES

Specimen Collected: 06/12/18 5:15 AM Last Resulted: 06/15/18 5:04 PM

Provider Name | **Provider ID** | **Order Call Back Phone**

Provider Address | **City** | **State** | **Zip**

County | **Provider Fax** | **Order Call Back E-mail**

Facility Name | **Facility ID** | **Placer Order Number**

Facility Address | **City** | **State** | **Zip**

County | **Facility Phone Number** | **Facility E-mail Address**

Drug Susceptibility Results

(Accession #: , Resulted Test:)

ID-001

***Drug** | **If Other, Specify**

Concentration | **Method**

Result

Delete

Add

Delete

AMERICAN OVERSIGHT

Investigation
Patient Name: [redacted] - Patient DOB: [redacted] - Incident ID: [redacted]

Investigation

Case Information

*** Jurisdiction**
Taylor County

Secondary Jurisdiction

Investigator
Krug, Patty

Reporting Source

*** Provider**
*MEMORIAL HEALTH CENTER

Provider Name *MEMORIAL HEALTH CENTER

Submitter Name Thums, Norma

Lab
ARUP LABORATORIES

Additional Provider

Additional Lab
*MEMORIAL HEALTH CENTER

Link to Animal Report
View

Index Case **Cluster ID**

Patient Died of This Illness Yes No
Patient Hospitalized Yes No
Hospital
Inpatient Outpatient

Dates

Date of Onset 05/31/2018
Asymptomatic
(Lab Specimen) Collection Date 06/12/2018
Date of Diagnosis 06/15/2018
Date of Death
*** Date Received** 06/19/2018
Date Created 06/18/2018
Episode Date 05/31/2018
Date Closed 01/23/2019
Date Admitted
Date Discharged

Statuses

*** Process Status** Final
Set to the Next Status
Set to: Not a Case

Reported by:
Web Report
Lab Report
EHR Report

Imported Status

*** Resolution Status** Confirmed
Final Disposition Follow-up Complete
Transmission Status Sent
Date Sent 01/23/2019
Last CDC Update

Linked Outbreak / Investigations

Outbreak / Investigation ID	Outbreak / Investigation #	Location	Date Created	Jurisdiction	Process / Resolution Status	
101518	2018 CYCLOSPORA KWIK TRIP		06/11/2018	Statewide	Sent to State/Confirmed	View Goto

Unlink Add

Notes/Remarks

Mon Jun 18 2018 11:34:22 GMT-0500 (Central Daylight Time), Thums, Norma, 6.11.15 office visit:
The patient is a 50 Y female who presents here today with complaints of diarrhea since the 31st of May. She states that the first couple of days, she was having a watery stool every hour. She did that for approximately 4 days and then it seemed to slow down. She had another bout on Wednesday of frequent watery stools. Now

AMERICAN OVERSIGHT

she is only having 2 a day. Other stools are soft. She has decreased appetite. Has been trying to drink more water and Gatorade. She is tired all the time. Has nausea without vomiting. Not sure if she has had a fever, but has gotten hot and clammy. No blood or mucus in the stool. No one else in family with symptoms. Has not been travelling out of the states. Has well water, but only drinks bottled water. Saw on TV that veggie trays from Kwik Trip might be contaminated. States that she had a veggie tray prior to onset of symptoms and again on Wednesday this past week. She is concerned that she may have a Cyclospora infection. Will get the above stools, including PCR for Cyclospora infection, as she did eat two different vegetable trays from Kwik Trip in that time frame. Continue to stay hydrated with water or sport's drinks. If symptoms worsen, she will return to clinic. The patient states understanding and is agreeable to the plan of care.
6.18.18 Notify patient of results. Cyclospora has been detected. Bactrim DS one tablet twice daily for 7 days.

Add

Exposure Event (system)

Exposure Event

ID-001

Location

Type

Start Date

Start Time

End Date

End Time

Delete

Add

AMERICAN OVERSIGHT

18163127002
Patient Name: [redacted] **- Patient DOB:** [redacted] **- Incident ID:** [redacted]

Tuesday, February 04, 2020 Lab Report 2:42:46 PM

Order Status: Final
Outbreak / Investigation Numbers: 2018 CYCLOSPORA KWIK TRIP

SENDING LAB	
***ARUP Laboratories (46D0523979)** **500 Chipeta Way** **Salt Lake City, UT 84108** **(800) 242-2787**	
ACCESSION # **18163127002**	PLACER ORDER # **18163127002**
SPECIMEN COLLECTED DATE **06/12/2018 05:15**	SPECIMEN RECEIVED DATE **06/13/2018 23:52**
SPECIMEN SOURCE	RESULT **Y306048489**
SPECIMEN NOTES	
REPORTED **06/15/2018 16:00**	RESULTED **06/15/2018 16:00**

PATIENT NAME [redacted]			
PATIENT ID # **MR:** [redacted]	D.O.B [redacted]	AGE **50**	GENDER **F**
ETHNICITY **Unknown**	RACE		
PATIENT ADDRESS			
PATIENT PHONE #	WORK PHONE #		
ORDERING FACILITY **Aspirus Reference Lab I/F** **333 Pine Ridge Blvd** **Wausau, WI, 54401** **(715) 847-2121**	REFERRING PHYSICIAN **SOVA, LAURA M (1933)**		

TEST ORDERED: GI PARAPCR

RESULT	VALUE	UNITS	REFERENCE RANGES	ABNORMAL	RESULT STATUS
Cyclospora cayetanensis by PCR	Detected			Abnormal	Final
Cyclospora cayetanensis by PCR	Detected			Abnormal	Final

INTERPRETIVE INFORMATION: Gastrointestinal Parasite Panel by PCR

A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Performing Organization: ARUP Laboratories
Performing Organization Address:

AMERICAN OVERSIGHT

T22968

Patient Name: [redacted] - Patient DOB: [redacted] - Incident ID: [redacted]

Tuesday, February 04, 2020 | Lab Report | 2:42:48 PM

Order Status: Final

Outbreak / Investigation Numbers: 2018 CYCLOSPORA KWIK TRIP

PATIENT NAME [redacted]			
PATIENT ID # **MR: [redacted]**	D.O.B [redacted]	AGE **50**	GENDER **F**
ETHNICITY **Unknown**	RACE **W**		
PATIENT ADDRESS [redacted]			
PATIENT PHONE # [redacted]	WORK PHONE #		
NEXT OF KIN INFORMATION **Relationship:Spouse** **Name:** [redacted] **Address:** [redacted] **Home Phone:** [redacted]			
ORDERING FACILITY **Aspirus Medford Hospital & Clinics 135 South Gibson Street Medford, WI, 54451 (715) 748-8100**	REFERRING PHYSICIAN **SOVA, LAURA M (1933) 143 S GIBSON ST MEDFORD, WI, 54451 (715) 748-2121**		

SENDING LAB ***Memorial Health Center (52D0395481) 135 S Gibson St Medford, WI 54451 (715) 748-8100**	
PATIENT CLASS **O**	
ACCESSION # **T22968**	PLACER ORDER # **110125150-0**
SPECIMEN COLLECTED DATE **06/12/2018 05:15**	SPECIMEN RECEIVED DATE **06/12/2018 07:33**
SPECIMEN SOURCE **miscellaneous sample**	RESULT **3198**
SPECIMEN NOTES	
REPORTED **06/20/2018 07:33**	RESULTED **06/15/2018 17:04**

TEST ORDERED: Ref lab test Pnl~REFERRED TEST, ARUP 1

RESULT	VALUE	UNITS	REFERENCE RANGES	ABNORMAL	RESULT STATUS
RESULT	SEE NOTE				Final
C cayetanensis DNA XXX Ql PCR	SEE NOTE				Final

This is a notifiable disease and is being electronically submitted to the State Department of Health.
(NOTE)
Test name Result Flag Units RefIntvl

Cryptosporidium by PCR
Inconclusive A
INCONCLUSIVE - Inconclusive detection of nucleic acid. These results may be due to levels of nucleic acid bordering the analytical sensitivity of the assay or factors influencing the integrity of this sample. Consider repeat testing if clinically indicated.
Giardia by PCR
Not Detected
Entamoeba histolytica by PCR
Not Detected
Dientamoeba fragilis by PCR
Not Detected
Cyclospora cayetanensis by PCR
Detected A
INTERPRETIVE INFORMATION: Gastrointestinal Parasite Panel by PCR
A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this

AMERICAN OVERSIGHT

test.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Julio Delgado, MD, Lab. Director

Performing Organization: Aspirus Reference Laboratory
Performing Organization Address: 333 Pine Ridge Blvd, Wausau, WI, 54401

AMERICAN OVERSIGHT

Tuesday, February 04, 2020 Lab Report 2:42:51 PM

Order Status: Final
Outbreak / Investigation Numbers: 2018 CYCLOSPORA KWIK TRIP

SENDING LAB	
***Wisconsin State Laboratory of Hygiene (52D0669558)** **2601 Agriculture Dr** **Madison, WI 53718** **(800) 862-1013**	
ACCESSION # **18MP006716**	PLACER ORDER # **18MP006716**
SPECIMEN COLLECTED DATE **06/12/2018 05:15**	SPECIMEN RECEIVED DATE **06/27/2018**
SPECIMEN SOURCE **Stool-Raw**	RESULT
SPECIMEN NOTES	
REPORTED **06/29/2018 11:15**	RESULTED **06/29/2018 11:15**

PATIENT NAME [redacted]			
PATIENT ID # **EPI: [redacted]** **MRN: [redacted]**	D.O.B [redacted]	AGE **50**	GENDER **F**
ETHNICITY	RACE		
PATIENT ADDRESS			
PATIENT PHONE #	WORK PHONE #		
ORDERING FACILITY **ASSOCIATED REGIONAL AND UNIVERSITY PATHOLOGIST** **500 CHIPETA WAY** **SALT LAKE CITY, UT, 84108-1221**	REFERRING PHYSICIAN **SOVA, LAURA M (6629)** **500 CHIPETA WAY** **SALT LAKE CITY, UT, 84108-1221**		

TEST ORDERED: OVA & PARASITE EXAM

Specimen screened for only Cyclospora using fluorescence microscopy.

Parasite(s) Found:

RESULT	VALUE	UNITS	REFERENCE RANGES	ABNORMAL	RESULT STATUS
OVA & PARASITE RESULT	CYCLOSPORA CAYETANENSIS OOCYSTS			Abnormal	Final
O+P Stool Micro	Cyclospora cayetanesis			Abnormal	Final

Few Cyclospora cayetanensis oocysts

Performing Organization: Wisconsin State Laboratory of Hygiene
Performing Organization Address:

AMERICAN OVERSIGHT

CYCLOSPORIASIS

Patient

Patient Name: [redacted] - Patient DOB: [redacted] - Incident ID: [redacted]

Reporting Source: *MEMORIAL HEALTH CENTER - Address: 135 S Gibson St, Medford, WI, 54451 - Phone #: - Fax #:

Patient

* Disease Being Reported: CYCLOSPORIASIS

* Last Name: [redacted]	* First Name: [redacted]	Middle Name: M	Name Suffix:
Future Client No.:	* DOB (MM/DD/YYYY): [redacted]	Age: 50	Months:	Days:
Address Number & Street: [redacted]		Apartment/Unit Number:	
City: [redacted]	State: WI	Zip: [redacted]	
Census Tract: 960400	County of Residence: TAYLOR, WI	Country of Residence: UNITED STATES	
Country of Birth:	Date of Arrival (MM/DD/YYYY):		
Home Telephone: [redacted]	Cellular Phone / Pager: [redacted]	Work/School Telephone:	
E-mail Address:	Other Electronic Contact Information:		
Work/School Location:		Work/School Contact:	
* Gender: Female	Pregnant? ○ Yes ○ No ◉ Unknown	Estimated Delivery Date:	
Marital Status: Married	Medical Record Number:	Patient's Parent/Guardian Name:	
Occupation Setting:	Describe/Specify:		
Occupation:	Describe/Specify:	Occupation Location:	
Request New Report Source:	* Submitter Name: Thums, Norma	* Reporting Source: *MEMORIAL HEALTH CENTER	
	* Provider Name: *MEMORIAL HEALTH CENTER		

Primary Language: English

* Ethnicity: Not Hispanic or Latino

* Race

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other
- ☐ Unknown
- ☑ White

Specify

Reported Race: White

AMERICAN OVERSIGHT

Supplemental
Patient Name: [redacted] - Patient DOB: [redacted] - Incident ID: [redacted]
Reporting Source: *MEMORIAL HEALTH CENTER - Address: 135 S Gibson St, Medford, WI, 54451 - Phone #: - Fax #:

Supplemental

Incident Information

Date of Onset (MM/DD/YYYY)
05/31/2018
Asymptomatic:
Date of Diagnosis (MM/DD/YYYY)
06/15/2018
Date of Death (MM/DD/YYYY)

Patient Died of this illness:
Yes No
Patient hospitalized:
Yes No
Inpatient Outpatient
Hospital Admission Date (MM/DD/YYYY)
Hospital Discharge Date (MM/DD/YYYY)

Notes/Remarks

Add

Laboratory Information w/Provider & Facility (system)

Show Results Beginning
Show All Results For Patient

ID-001
Accession Number
Order Result Status
Specimen Collected Date
Specimen Received Date
Specimen Source
Specimen Body Site
Test Code
Resulted Test
Test Coding System
Result
Units
Reference Range
Organism Code
Resulted Organism
Organism Coding System
Result Date
Performing Facility ID
Abnormal Flag
Observation Result Status

Notes
ARUP MISCELLANEOUS TEST 1
Order: 110125150

Status: Final result Visible to patient: No (Not Released) Next appt: None
Notes Recorded by Sova, Laura M, N.P. on 6/18/2018 at 7:55 AM
Notify patient of results. Cyclospora has been detected. Bactrim DS one tablet twice daily for 7 days.
Make sure this has gotten reported to Norma Thums. Make sure lab sent it for confirmation to state.

AMERICAN OVERSIGHT

6d ago
Resulting Agency
Test Name 2011150 GASTROINTESTINAL PARASITE PANEL PCR ASPIRUS REFERENCE LAB
Result
SEE NOTE
(NOTE)
Test name Result Flag Units RefIntvl

Cryptosporidium by PCR
Inconclusive A
INCONCLUSIVE - Inconclusive detection of nucleic acid. These results may be due to levels of nucleic acid bordering the analytical sensitivity of the assay or factors influencing the integrity of this sample. Consider repeat testing if clinically indicated.
Giardia by PCR
Not Detected
Entamoeba histolytica by PCR
Not Detected
Dientamoeba fragilis by PCR
Not Detected
Cyclospora cayetanensis by PCR
Detected A
INTERPRETIVE INFORMATION: Gastrointestinal Parasite Panel by PCR
A negative result does not rule out the presence of PCR inhibitors in the patient specimen or test-specific nucleic acid in concentrations below the level of detection by this test.
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Julio Delgado, MD, Lab. Director

ARUP LABORATORIES

Specimen Collected: 06/12/18 5:15 AM Last Resulted: 06/15/18 5:04 PM

Drug Susceptibility Results

(Accession #: , Resulted Test:)

ID-001

***Drug**

If Other, Specify

Concentration

Method

Result

Delete

Add

Delete

Add

AMERICAN OVERSIGHT

Cyclosporiasis
Patient Name: [redacted] **- Patient DOB:** [redacted] **- Incident ID:** [redacted]
Reporting Source: *MEMORIAL HEALTH CENTER - Address: 135 S Gibson St, Medford, WI, 54451 - Phone #: - Fax #:

Cyclosporiasis

Cyclosporiasis Instructions

Cyclosporiasis is an illness of variable severity caused by the protozoan *Cyclospora cayetanensis* and commonly characterized by water diarrhea, loss of appetite, weight loss, abdominal bloating and cramping, increased flatus, nausea, fatigue, and low-grade fever. Vomiting also may be noted. Persistence of symptoms with remitting and relapsing episodes is typical.

Please review the Communicable Disease Case Reporting and Investigation Protocol (EpiNet) for guidance on case classification and follow-up.

For more information about Cyclospora cayetanensis please see the CDC webpage.

Laboratory information

Specimen Collected: Yes
Collected By: Provider
Specimen Collection Date: 06/12/2018
Source of Specimen or Collection Site: Stool

Cyclosporosis laboratory testing

Date of specimen collection: 06/12/2018
Enteric specimen type: stool
Other specimen type:
Cyclospora oocysts detected:
PCR Positive: Unknown

General information

Date of Onset of Symptoms:
Outbreak Related.:
Patient Deceased:
Underlying medical condition (Y/N):
Underlying condition (specify):
Was Patient Hospitalized?:

Enteric Diseases - Common

Does patient have any of the following risk factors:
Is a food handler:
Attends or works at a daycare center:
Is a health care worker:
Drinks unpasteurized milk:
Is in contact with animals:
specify animal:
participated in recreational water activities:

AMERICAN OVERSIGHT

Traveled out of state

Travel Location

Travel start date

Travel end date

Laboratory Information w/Provider & Facility (system)

Show Results Beginning

Show All Results For Patient

ID-001

Accession Number

Order Result Status

Specimen Collected Date

Specimen Received Date

Specimen Source

Specimen Body Site

Test Code

Resulted Test

Test Coding System

Result

Units

Reference Range

Organism Code

Resulted Organism

Organism Coding System

Result Date

Performing Facility ID

Abnormal Flag

Observation Result Status

Notes

ARUP MISCELLANEOUS TEST 1
Order: 110125150

Status: Final result Visible to patient: No (Not Released) Next appt: None
Notes Recorded by Sova, Laura M, N.P. on 6/18/2018 at 7:55 AM
Notify patient of results. Cyclospora has been detected. Bactrim DS one tablet twice daily for 7 days.
Make sure this has gotten reported to Norma Thums. Make sure lab sent it for confirmation to state.

6d ago
Resulting Agency
Test Name 2011150 GASTROINTESTINAL PARASITE PANEL PCR ASPIRUS REFERENCE LAB
Result
SEE NOTE
(NOTE)
Test name Result Flag Units RefIntvl

Cryptosporidium by PCR
Inconclusive A
INCONCLUSIVE - Inconclusive detection of nucleic acid.
These results may be due to levels of nucleic acid
bordering the analytical sensitivity of the assay or
factors influencing the integrity of this sample. Consider
repeat testing if clinically indicated.
Giardia by PCR
Not Detected
Entamoeba histolytica by PCR
Not Detected
Dientamoeba fragilis by PCR
Not Detected
Cyclospora cayetanensis by PCR
Detected A
INTERPRETIVE INFORMATION: Gastrointestinal Parasite Panel
by PCR
A negative result does not rule out the presence of PCR
inhibitors in the patient specimen or test-specific nucleic
acid in concentrations below the level of detection by this
test.
Test developed and characteristics determined by ARUP
Laboratories. See Compliance Statement B: aruplab.com/CS
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www.aruplab.com, Julio Delgado, MD, Lab. Director

AMERICAN OVERSIGHT

ARUP LABORATORIES

Specimen Collected: 06/12/18 5:15 AM Last Resulted: 06/15/18 5:04 PM

Drug Susceptibility Results

(Accession #: , Resulted Test:)

ID-001

***Drug**

If Other, Specify

Concentration

Method

Result

Delete

Add

Delete

Add

AMERICAN OVERSIGHT

Patient
Patient Name: [redacted] - Patient DOB: [redacted] - Incident ID: [redacted]
Reporting Source: *MEMORIAL HEALTH CENTER - Address: 135 S Gibson St, Medford, WI, 54451 - Phone #: - Fax #:

Patient

* Disease Being Reported: CYCLOSPORIASIS

* Last Name: [redacted]
* First Name: [redacted]
Middle Name: M
Name Suffix:
Primary Language: English

Future Client No.:
* DOB (MM/DD/YYYY): [redacted]
Age: 50 Months: Days:
* Ethnicity: Not Hispanic or Latino

Address Number & Street: [redacted]
Apartment/Unit Number:

* Race
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Other
- [ ] Unknown
- [x] White

City: [redacted]
State: WI
Zip: [redacted]

Census Tract: 960400
County of Residence: TAYLOR, WI
Country of Residence: UNITED STATES

Country of Birth:
Date of Arrival (MM/DD/YYYY):

Home Telephone: [redacted]
Cellular Phone / Pager: [redacted]
Work/School Telephone:

E-mail Address:
Other Electronic Contact Information:

Work/School Location:
Work/School Contact:

Specify:

Reported Race: White

* Gender: Female
Pregnant? ( ) Yes ( ) No (•) Unknown
Estimated Delivery Date:

Marital Status: Married
Medical Record Number:
Patient's Parent/Guardian Name:

Occupation Setting:
Describe/Specify:

Occupation:
Describe/Specify:
Occupation Location:

Request New Report Source:
* Submitter Name: Thums, Norma
* Reporting Source: *MEMORIAL HEALTH CENTER
* Provider Name: *MEMORIAL HEALTH CENTER

AMERICAN OVERSIGHT

Supplemental
Patient Name: [redacted] - Patient DOB: [redacted] - Incident ID: [redacted]
Reporting Source: *MEMORIAL HEALTH CENTER - Address: 135 S Gibson St, Medford, WI, 54451 - Phone #: - Fax #:

Supplemental

Incident Information

Date of Onset (MM/DD/YYYY)
05/31/2018

Asymptomatic: ☐

Date of Diagnosis (MM/DD/YYYY)
06/15/2018

Date of Death (MM/DD/YYYY)

Patient Died of this illness:
☐ Yes ☑ No

Patient hospitalized:
☐ Yes ☑ No

☐ Inpatient ☐ Outpatient

Hospital Admission Date (MM/DD/YYYY)

Hospital Discharge Date (MM/DD/YYYY)

Notes/Remarks

Mon Jun 18 2018 11:34:22 GMT-0500 (Central Daylight Time), Thums, Norma, 6.11.15 office visit:
The patient is a 50 Y female who presents here today with complaints of diarrhea since the 31st of May. She states that the first couple of days, she was having a watery stool every hour. She did that for approximately 4 days and then it seemed to slow down. She had another bout on Wednesday of frequent watery stools. Now she is only having 2 a day. Other stools are soft. She has decreased appetite. Has been trying to drink more water and Gatorade. She is tired all the time. Has nausea without vomiting. Not sure if she has had a fever, but has gotten hot and clammy. No blood or mucus in the stool. No one else in family with symptoms. Has not been travelling out of the states. Has well water, but only drinks bottled water. Saw on TV that veggie trays from Kwik Trip might be contaminated. States that she had a veggie tray prior to onset of symptoms and again on Wednesday this past week. She is concerned that she may have a Cyclospora infection. Will get the above stools, including PCR for Cyclospora infection, as she did eat two different vegetable trays from Kwik Trip in that time frame. Continue to stay hydrated with water or sport's drinks. If symptoms worsen, she will return to clinic. The patient states understanding and is agreeable to the plan of care.
6.18.18 Notify patient of results. Cyclospora has been detected. Bactrim DS one tablet twice daily for 7 days.

Add

Laboratory Information w/Provider & Facility (system)

Show Results Beginning ☐ Show All Results For Patient

ID-001
Accession Number | Order Result Status | Specimen Collected Date | Specimen Received Date

Specimen Source | Specimen Body Site

Test Code | Resulted Test | Test Coding System

Result | Units | Reference Range

Organism Code | Resulted Organism | Organism Coding System

Result Date | Performing Facility ID

Abnormal Flag | Notes

Observation Result Status

AMERICAN OVERSIGHT

Drug Susceptibility Results

(Accession #: , Resulted Test:)

ID-001

*Drug

If Other, Specify

Concentration

Method

Result

Delete

Add

Delete

Add

AMERICAN OVERSIGHT

Cyclosporiasis
Patient Name: [redacted] - Patient DOB: [redacted] - Incident ID: [redacted]
Reporting Source: *MEMORIAL HEALTH CENTER - Address: 135 S Gibson St, Medford, WI, 54451 - Phone #: - Fax #:

Cyclosporiasis

Cyclosporiasis Instructions

Cyclosporiasis is an illness of variable severity caused by the protozoan *Cyclospora cayetanensis* and commonly characterized by water diarrhea, loss of appetite, weight loss, abdominal bloating and cramping, increased flatus, nausea, fatigue, and low-grade fever. Vomiting also may be noted. Persistence of symptoms with remitting and relapsing episodes is typical.

Please review the Communicable Disease Case Reporting and Investigation Protocol (EpiNet) for guidance on case classification and follow-up.

For more information about Cyclospora cayetanensis please see the CDC webpage.

Laboratory information

Specimen Collected
Collected By
Specimen Collection Date
Source of Specimen or Collection Site

Cyclosporosis laboratory testing

Date of specimen collection
Enteric specimen type
Other specimen type
Cyclospora oocysts detected
PCR Positive

General information

Date of Onset of Symptoms
Outbreak Related.
Patient Deceased
Underlying medical condition (Y/N)
Underlying condition (specify)
Was Patient Hospitalized?

Enteric Diseases - Common

Does patient have any of the following risk factors
Is a food handler
Attends or works at a daycare center
Is a health care worker
Drinks unpasteurized milk
Is in contact with animals
specify animal
participated in recreational water activities

AMERICAN OVERSIGHT

Traveled out of state

Travel Location

Travel start date

Travel end date

Laboratory Information w/Provider & Facility (system)

Show Results Beginning

Show All Results For Patient

ID-001

Accession Number

Order Result Status

Specimen Collected Date

Specimen Received Date

Specimen Source

Specimen Body Site

Test Code

Resulted Test

Test Coding System

Result

Units

Reference Range

Organism Code

Resulted Organism

Organism Coding System

Result Date

Performing Facility ID

Abnormal Flag

Notes

Observation Result Status

Drug Susceptibility Results

(Accession #: , Resulted Test:)

ID-001

*Drug

If Other, Specify

Concentration

Method

Result

Delete

Add

Delete

Add

AMERICAN OVERSIGHT

Questionaires

Cyclosporiasis National Hypothesis Questionaire WEDSS ID 3212069.pdf

WEDSS ID: 3212069

CYCLOSPORA COVER SHEET

Wisconsin Case Reporting and Investigation Protocol (EpiNet): https://www.dhs.wisconsin.gov/publications/p01883.pdf

Patient name: [redacted] DOB: [redacted] Age: 50

Gender: M (F) Unknown

Address: [redacted] City: [redacted] Zip: [redacted]

County: Taylor Jurisdiction: _____

Parent's name (If child) _____

Telephone number(s): [redacted]

Ethnicity: Not hispanic Race: W

Occupation: Adm. Asst. School/Childcare: _____ Grade/Class: _____

Interview date: 06 / 18 / 2018 Interviewer: Patty Krug RN

Attempts to Contact

Date: 06 / 18 / 18; Time: 2 : 00 AM / (PM)
- ☒ Left message
- ☐ Letter sent
- ☐ Home visit
- ☐ Unable to reach
- ☐ Other
- ☐ Spoke to client (or designee)

Date: ____ / ____ / ____; Time: ____ : ____ AM / PM
- ☐ Left message
- ☐ Letter sent
- ☐ Home visit
- ☐ Unable to reach
- ☐ Other
- ☐ Spoke to client (or designee)

Date: ____ / ____ / ____; Time: ____ : ____ AM / PM
- ☐ Left message
- ☐ Letter sent
- ☐ Home visit
- ☐ Unable to reach
- ☐ Other
- ☐ Spoke to client (or designee)

Date: ____ / ____ / ____; Time: ____ : ____ AM / PM
- ☐ Left message
- ☐ Letter sent
- ☐ Home visit
- ☐ Unable to reach
- ☐ Other
- ☐ Spoke to client (or designee)

Comments:

Date: ____ / ____ / ____; Time: ____ : ____ AM / PM
- ☐ Left message
- ☐ Letter sent
- ☐ Home visit
- ☐ Unable to reach
- ☐ Other
- ☐ Spoke to client (or designee)

Comments:

Enteric Health Teaching

- ☒ Test results/interpretation of test results
- ☒ Treatment options or countermeasures
- ☒ Fact sheet(s) offered
- ☒ Disease signs and symptoms
- ☒ Disease prevention measures

If other, please specify: _____

AMERICAN OVERSIGHT

v 3.0 (May 2018)

Cyclosporiasis National Hypothesis Generating Questionnaire

State/WEDSS ID#: [redacted]

Reset Form

Form Approved
OMB No. 0920-1198
Exp. Date 09/30/2020

General information (Questions to be completed by interviewer before the questionnaire is administered)

1. Classify case based on CDC case definition: ☒ Confirmed ☐ Probable

Laboratory information:

2. Date(s) stool collected for *Cyclospora* testing: 06-12-2018
3. Test results: ☒ Positive ☐ Negative ☐ Indeterminate ☐ Pending
4. Specify type of testing laboratories (Check all that apply including confirmatory lab):
   ☒ Clinical lab (e.g., at a hospital/clinic) ☐ Commercial lab ☐ State lab ☐ CDC lab
5. Specify testing method(s) (Check all that apply including confirmatory test):
   ☐ O&P (e.g., light microscopy, UV fluorescence microscopy, stained smears)
   ☒ GI PCR Panel (e.g., BioFire FilmArray®) ☐ PCR (Not part of a panel) ☐ Lab-developed test
   ☐ Other, specify: _____
6. Specify name(s) of lab-confirmed coinfection:
   _____ ☐ Not applicable
7. Additional information (e.g., patient has appointment to submit stool, lab accession number, etc):
   _____

Interviewer information:

8. Name: Patty Krug
9. Agency or organization: Taylor County Health Dept.
10. Contact phone number: 715-748-1410

11. Date of interview: 06 / 18 / 18 (MM / DD / YY) **(Required)**
12. Before this interview, how many times has the case-patient been interviewed about his/her illness?
    ☒ None ☐ Once ☐ Twice ☐ Three or more times ☐ Unknown
13. Respondent for the current interview was:
    ☒ Self ☐ Parent ☐ Spouse ☐ Other, specify: _____

Begin interview

Hello, my name is [state interviewer name]**. I am from INTERVIEWER HEALTH DEPARTMENT. We are contacting you because of your (your child's) recent infection with *Cyclospora*, which is a parasite that causes intestinal illness. We are trying to determine how people become infected with *Cyclospora* so we can prevent others from getting sick.**

You may have already been contacted by someone at the health department, but I would like to ask you questions in a standard way about your (your child's) illness, and about any travel you may have had or foods you may have eaten before becoming ill. The interview will take about 21 minutes. Your help in the investigation is very important. Your participation is voluntary, and you may refuse to answer any question at any time. All information you give will be kept confidential to the extent permitted by law. No individual names or other identifying information will be used in any official reports about the results of the investigation.

Are you willing to participate in this investigation?

If yes: The questions relate to the 14-day period before you (your child) became ill. Therefore, it may help to have a calendar, recent restaurant and grocery store receipts, or credit card statements nearby. Do you need a few moments to get this information? [Then proceed to start of interview]

If no: Thank you for your time.

Public reporting of this collection of information is estimated to average 21 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency many not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1198)

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WI 20-0562-A-001024

Cyclosporiasis National Hypothesis Generating Questionnaire

State/WEDSS ID#: [redacted]

Section 1: Demographic data
I'd like to begin by asking a few demographic questions.

1. State: WI 2. County: Taylor 3. Zip Code: [redacted]

4. Date of birth: 02 / 1968 (MM / YYYY) 5. Age: 50 6. Sex: ☐ Male ☒ Female

7. Do you consider yourself of Hispanic or Latino Origin?
☐ Yes
☒ No
☐ Unknown

8. How would you describe your race?
☒ White
☐ Asian
☐ Other, specify: _____
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ Black/African American
☐ Unknown

Section 2: Clinical information
Now I have some questions about your (your child's) illness.

9. What date did you (your child) first feel sick? 05 / 31 / 18 (MM / DD / YY) ☐ Approximate date ☐ Unknown

Yes	Maybe	No	Don't know	
☒	☐	☐	☐	10. Have you (your child) had any of the following symptoms? a. Diarrhea (loose, watery stools you do not normally have)?
				a. Date diarrhea started: 05-31-18 b. Date diarrhea stopped: _____ ☒ Ongoing
☒	☐	☐	☐	b. Weight Loss?
☒	☐	☐	☐	c. Fever?
☒	☐	☐	☐	d. Fatigue?
☒	☐	☐	☐	e. Anorexia?
☒	☐	☐	☐	f. Nausea?
☒	☐	☐	☐	g. Vomiting?
☒	☐	☐	☐	h. Abdominal Cramps?
☒		☐	☐	Was patient treated for cyclosporiasis? If yes, what was prescribed? Bactrim DS
☐	☐	☒	☐	11. Have your (your child's) symptoms stopped?
				a. If yes, date symptoms stopped: _____ ☐ Unknown
☐	☐	☒	☐	12. Were you (your child) hospitalized overnight?
				a. How many nights were you (your child) hospitalized? _____ b. Admission Date: _____ c. Hospital Name: _____ **(Optional)**

Section 3: Travel, events, and ill contacts
Now I have some questions about any travel you (your child) might have had or events you (your child) might have attended during the 14 days before onset of illness. The travel or events could have been part of your work or for pleasure. I also have some questions about other persons you know who have been sick with a similar illness.

13. ***(Optional - for local analysis)** List counties in home state (outside county of residence) where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

☐ Did not travel to other counties within home state ☐ Unknown

Counties within home state	Date departed	Date returned	Foods eaten
Marathon	Just for the day	?	?
Price	Just for the day		Ogema - Coach Tavern - ?

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WI-20-0562-A-001025

14. List all states and U.S. cities outside of home state where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness. This includes airports and bus or train stations.

☑ Did not travel to other U.S. states ☐ Unknown

U.S. states	U.S. cities	Date departed	Date returned	Foods eaten

15. List all countries outside the U.S. where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

☑ Did not travel outside the U.S. ☐ Unknown

Countries	Date departed	Date returned	Hotel/resort stayed in (if applicable)

16. During the 14 days before onset of illness, did you (your child) attend any events where fresh food was served (e.g., parties, fairs, concerts, tournaments, conventions)? ☐ Yes ☐ Maybe ☑ No ☐ Unknown

16a. Please list the name of the event(s), date(s), and location(s).

_____

17. Do you know of any other person(s) (e.g., a family member, friend, travel companion, co-worker, neighbor, church/temple/mosque member, health club or other club member) who has been sick recently with a similar illness?

☐ Yes ☐ Maybe ☑ No ☐ Unknown

17a. If yes/maybe, specify if you (your child) and the other ill person(s):

☐ Live in same household ☐ Attended same event ☐ Traveled together

☐ Other, specify: _____

17b. If yes/maybe, please provide information about other ill person(s), including number of ill persons and relationship to you (e.g., son, mother, neighbor, friend, etc.). ***Please include the STATE ID of the ill contact(s), if available/applicable.* (Do not enter names or other personally identifiable information.)**

_____

***Note to Interviewer: To help determine if the interviewee meets the case definition, did the interviewee report international travel outside the U.S. or Canada during the 14 days before onset of illness?**

If yes, thank the interviewee for his/her time and end the interview.
If no, continue with interview on next page.

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WI-20-0562-A-001026

Section 4: Sources of produce at home

Now I have some questions about where the fresh produce came from that you ate at home during the 14 days before your illness began. This isn't necessarily where you shopped during that 14-day period, but where what you actually ate then came from. I'm going to list several types of stores; for each type, please tell me the names of each store from which you would have eaten food from during the 14 days before you became sick. Please refer to your grocery store receipts or credit card statements to provide a more detailed description.

18. Did you (your child) eat foods from: grocery stores or supermarkets, warehouse stores, small markets (such as gas stations), ethnic specialty markets, health food stores, co-ops, fish or meat specialty shops, farmer's markets or food directly from a farm, home delivery grocery services (e.g., CSA, Amazon Fresh), meal delivery services (e.g., Blue Apron, Meals on Wheels), or any other sources?

Store name	Address	City	State	Date shopped	Food purchased	*Shopper card #
County Market	160 Medford Plaza	Medford	WI	?	Fruit	
Woodman		Eau Claire	WI	?	Fruit	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

*By giving your shopper card number, you are permitting retrieval of information regarding your purchases. This information may be shared with other public health officials to help with outbreak investigations. ☐ **(refused to give shopper card#)**

Section 5: Sources of produce outside the home

Now I have some questions about where you ate produce outside your home, such as at restaurants or fast food chains during the 14 days before your illness began. I'm going to list several types of restaurants and commercial food establishments; for each type, please tell me the names of each place. Please refer to your restaurant receipts or credit card statements to provide a more detailed description.

19. Did you (your child) eat foods from: national fast food chains, Mexican-style, Italian, seafood, Jamaican/Cuban/Caribbean, Chinese/Indian/Japanese/Asian, Middle Eastern/Arabic/Lebanese/African vegetarian or vegan, barbecue or home-style, steakhouse or grill, all-you-can-eat buffet, sandwich shop or deli, diner, salad bar, take-out, breakfast or brunch, school or institution, food truck, or other restaurants or commercial food establishments?

Restaurant name	Address	City	State	Meal date	Food eaten
HighView		Medford	WI	?	salad, fish
Kwik Trip	117 S. 8th Street	Medford	WI	5-17 to 5/31	Vegetray - Broccoli,
					Cauliflower 2 carrot c
					Dill dip - Prepackaged
					She picks up on way to
					work - eats as snack
					had 3-4 during these
					two week and 1 on

Additional comments: June 6th

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Section 6: Fresh herbs

Now I have some questions about fresh herbs (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these herbs either in your home or away from home. I am only interested in fresh herbs that were not grown at home. Please remember that fresh herbs are often served as garnishes on drinks, entrees, desserts, or as part of a dish such as pesto, salsa, or a sauce. As I mention each food item, please answer yes, maybe, no, or don't know as to whether you remember having eaten the food during the 14 days before you became ill.

Yes	Maybe	No	Don't know	Did you (your child) eat:
☐	☐	☒	☐	20. Fresh basil?
				a. Type(s): ☐ Sweet basil ☐ Purple basil (i.e., purple leaves and stems) ☐ Thai basil (i.e., green leaves and purple stems) ☐ Other, specify: _____
				b. If eaten at home, what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ ☐ Not applicable (did not eat at home)
				c. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)
☐	☐	☒	☐	21. Fresh cilantro?
				a. If eaten at home, what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ ☐ Not applicable (did not eat at home)
				b. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)
☐	☐	☒	☐	22. Fresh parsley?
☐	☐	☒	☐	23. Fresh oregano?
☐	☐	☒	☐	24. Fresh thyme?
☐	☐	☒	☐	25. Fresh mint?
☐	☐	☒	☐	26. Fresh dill?
☐	☐	☒	☐	27. Fresh sage?
☐	☐	☒	☐	28. Fresh rosemary?
☐	☐	☒	☐	29. Other fresh herbs?
				a. Type(s): _____ ☐ Unknown

Additional comments about fresh herbs: _____

Section 7: Fresh berries and fruit

Now I have some questions about fresh berries and other fruit (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten this fruit either in your home or away from home. I am only interested in fresh fruits that were not grown at home. Please remember that fruit and berries are often used in smoothies or as garnishes on top of or on the sides of salads and desserts.

Yes	Maybe	No	Don't know	Did you (your child) eat:
☐	☐	☒	☐	30. Fresh red raspberries?
				a. If eaten at home, what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ ☐ Not applicable (did not eat at home)
				b. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)
☒	☐	☐	☐	31. Fresh blackberries?
				a. If eaten at home, what was the: Brand(s): _____ Place(s) purchased (names, locations): Woodman's Eau Claire. ☐ Not applicable (did not eat at home)
				b. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)

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Yes	Maybe	No	Don't Know	Did you (your child) eat:
☐	☐	☒	☐	32. Fresh black raspberries?
☐	☐	☒	☐	33. Fresh golden raspberries?
☒	☐	☐	☐	34. Fresh strawberries? County market & Woodmen's EC.
☐	☐	☒	☐	35. Fresh blueberries?
☐	☐	☒	☐	36. Fresh boysenberries?
☐	☐	☒	☐	37. Other fresh berries
				a. Type(s): _____ ☐ Unknown
☐	☐	☐	☐	38. Apples?
☒	☐	☐	☐	39. Grapes? County Market and Woodmen's EC
☐	☐	☒	☐	40. Pears?
☐	☐	☒	☐	41. Peaches?
☐	☐	☒	☐	42. Nectarines?
☐	☐	☒	☐	43. Plums?
☐	☐	☒	☐	44. Oranges?
☐	☐	☒	☐	45. Grapefruit?
☐	☐	☒	☐	46. Tangerines?
☐	☐	☒	☐	47. Fresh lemon or lime? This could include a garnish on a drink.
☐	☐	☒	☐	48. Cherries?
☐	☐	☒	☐	49. Cantaloupe?
☐	☐	☒	☐	50. Honeydew melon?
☐	☐	☒	☐	51. Watermelon?
☐	☐	☒	☐	52. Precut melon or melon salad?
☐	☐	☒	☐	53. Other melon?
☐	☐	☒	☐	54. Pineapple?
☐	☐	☒	☐	55. Mango?
☐	☐	☒	☐	56. Coconut (whole or shredded)?
☐	☐	☒	☐	57. Other fruit?
				a. Types: ☐ Kiwi ☐ Papaya ☐ Guava ☐ Pomegranate ☐ Other, specify: _____

Additional comments about fresh fruit: Always washes fresh fruit before eating it.

Section 8: Leafy greens (e.g., iceberg, romaine, mesclun, cabbage, spinach)

Now I have some questions about leafy greens (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these leafy greens either in your home or away from home. I am only interested in leafy greens that were not grown at home. Please remember to include greens you might have eaten on sandwiches or burgers or as a garnish.

Yes	Maybe	No	Don't know	Did you (your child) eat:
☐	☐	☒	☐	58. Pre-made, single serving salads (e.g., ready to eat salads with toppings, meats, dressing)?
				a. What were the: Ingredients (lettuce, cabbage, carrots, etc.): _____ Brand(s): _____ Place(s) purchased (names, locations): _____
☐	☐	☒	☐	59. Iceberg lettuce?
				a. If eaten at home, what was the: Type(s): ☐ Prepackaged ☐ Head/Loose ☐ Topping/Garnish ☐ Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ ☐ Not applicable (did not eat at home)
				b. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)

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Yes	Maybe	No	Don't know	Did you (your child) eat:
☑	☐	☐	☐	60. Romaine lettuce?
Only ate after recall notice was lifted. Always washed before eating				a. If eaten at home, what was the: Type(s): ☑ Prepackaged ☑ Head/Loose ☐ Topping/Garnish ☐ Unknown Brand(s): _____ Place(s) purchased (names, locations): Woodman's ☐ Not applicable (did not eat at home)
				b. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)
☐	☐	☑	☐	61. Mesclun lettuce (e.g., spring mix, field greens, baby greens)?
				a. If eaten at home, what was the: Type(s): ☐ Prepackaged ☐ Loose ☐ Topping/Garnish ☐ Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ ☐ Not applicable (did not eat at home)
				b. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)
☐	☐	☑	☐	62. Fresh cabbage?
				a. Type(s): ☐ Red ☐ Green ☐ Savoy (aka curly) ☐ Napa ☐ Bok choy ☐ Brussel sprouts ☐ Other, specify: _____
				b. If eaten at home, what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ ☐ Not applicable (did not eat at home)
				c. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)
☐	☐	☑	☐	63. Fresh spinach?
				a. If eaten at home, what was the: Type(s): ☐ Prepackaged ☐ Head/Loose ☐ Topping/Garnish ☐ Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ ☐ Not applicable (did not eat at home)
				b. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)
☐	☐	☑	☐	64. Other lettuce or leafy greens?
				a. Type(s): ☐ Arugula ☐ Endive ☐ Mustard greens ☐ Radicchio ☐ Kale ☐ Other, specify: _____
☐	☐	☑	☐	65. Other prepackaged salad mix (not previously identified above)?
				a. What were the: Ingredients (lettuce, cabbage, carrots, etc.): _____ Brand(s): _____ Place(s) purchased (names, locations): _____

Additional comments about leafy greens: _____

Section 9: Other fresh vegetables

Now I have some questions about fresh vegetables (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these vegetables either in your home or away from home. I am only interested in vegetables that were not grown at home. Please include vegetables that were eaten alone or as part of a dish.

Yes	Maybe	No	Don't know	Did you (your child) eat:
☐	☐	☑	☐	66. Cucumbers?
☐	☐	☑	☐	67. Zucchini?
☐	☐	☑	☐	68. Squash?
☐	☐	☑	☐	69. Bell peppers?
				a. Type(s): ☐ Red ☐ Green ☐ Orange ☐ Yellow ☐ Unknown

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Yes	Maybe	No	Don't know	Did you (your child) eat:
☐	☐	☒	☐	70. Hot chili/chili peppers (e.g., jalapenos or serranos)?
☐	☐	☒	☐	71. Celery?
☐	☐	☒	☐	72. "Mini" carrots?
☒	☐	☐	☐	73. Other fresh carrots? Kwik Trip vegetable tray
☐	☐	☒	☐	74. Other raw root vegetables?
				a. Type(s): ☐ Radishes ☐ Beets ☐ Turnips ☐ Unknown ☐ Other, specify: _____
☐	☐	☒	☐	75. Fresh, raw peas? (May be shelled or in the pod)
				a. Type(s): ☐ Garden peas ☐ Snow peas (i.e., flat, shiny pods containing peas) ☐ Sugar snap peas (i.e., plump, crisp, edible pods) ☐ Unknown ☐ Other, specify: _____
				b. If eaten at home, what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ ☐ Not applicable (did not eat at home)
				c. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)
☒	☐	☐	☐	76. Broccoli? Prepacked Kwik Trip
☒	☐	☐	☐	77. Cauliflower? Prepacked Kwik Trip
☐	☐	☒	☐	78. Sprouts?
☐	☐	☒	☐	79. Raw onions? (Of note: green onions/scallions are addressed in the next question)
				a. Type(s): ☐ White ☐ Yellow ☐ Red/Purple ☐ Unknown ☐ Other, specify: _____
☐	☐	☒	☐	80. Raw green onions/scallions?
☐	☐	☒	☐	81. Fresh tomatoes?
				a. Type(s): ☐ Red round ☐ Roma (oval-shaped) ☐ Grape/Cherry (bite-sized) ☐ Unknown ☐ Other, specify: _____
☐	☐	☒	☐	82. Salsa or pico de gallo (not from a jar)?
				a. If eaten at home, what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ ☐ Not applicable (did not eat at home)
				b. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)
☐	☐	☒	☐	83. Fresh guacamole (not from a jar)?
				a. If eaten at home, what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ ☐ Not applicable (did not eat at home)
				b. If eaten outside the home: List name(s) of establishment(s) and location(s): _____ ☐ Not applicable (did not eat outside the home)

Additional comments, including other types of fresh vegetables: _____

This completes the interview. Thank you very much for your time. Depending on what we find out when we put these interviews together, we may need to talk to you again about a few details. Would you like to provide any additional thoughts about anything we've discussed or about this outbreak investigation?

_____

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Section 4: Sources of food at home (additional table)

Store name	Address	City	State	Date shopped	Food purchased	*Shopper card #

Section 5: Sources of food outside the home (additional table)

Restaurant name	Address	City	State	Meal date	Food eaten
Kwik Trip		Medford	wi		See page 4- note

AMERICAN OVERSIGHT

Interview Date: 06/18/2018 WEDSS ID: 3212069
Interviewer: Patty Krug Patient name: Laura M. Peterson

Did you buy food/groceries from any of the following convenience stores or gas stations:

Store		Address	What purchased	Date(s)
Super America	Yes / No			
Kwik Trip	Yes / No	117 S. 8th Street Medford, Wi. 54451	Vegetable Tray Prepackaged	05/17-05/31/2018 (bought 3-4 of them during this time) and on 06/06/2018(bought 1 more but only ate part of it because not feeling well yet "I threw half of it away in the garbage at work")
Open Pantry	Yes / No			
Casey's	Yes / No			
Walgreens	Yes / No			
Tobacco Outlet	Yes / No			

Have you purchased or consumed any vegetables from a pre-made veggie trays? Yes / No / Unknown

Packaging Description:

Brand or other label: _Kwik Trip package they have at the station. _____

How big was the tray? Small/personal size (about the size of a sandwich) OR Large/party size

Package shape: Round / Rectangle

Packaging description (ie: clam shell or other)_Whatever they have on the shelf_____

Where was it purchased (or consumed if purchase location unknown):_Kwik Trip Medford_____

Address where purchased:__as above_____

Date purchased: ___ /____ /_____ Date consumed: ___ /____ /_____

Would you be willing to check for a receipt or your credit card statement and provide a copy to Public Health to help document the purchase date? Yes / No Details: no receipt available_____

What was included in the tray?

	Included in Tray?	Did you eat this item	Comments
Broccoli	Yes No Maybe	Yes No Maybe	
Cauliflower	Yes No Maybe	Yes No Maybe	
Carrots	Yes No Maybe	Yes No Maybe	

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Interview Date: 06/18/2018 WEDSS ID: 3212069
Interviewer: Patty Krug Patient name: Laura M. Peterson

Dip	Yes No Maybe	Yes No Maybe	
Other:	Yes No Maybe	Yes No Maybe	
Other:	Yes No Maybe	Yes No Maybe	

Did anyone else eat from the tray? Yes / No / Unknown

Name: _____ Phone:_____ Ill: Y / N /Unk

Name: _____ Phone:_____ Ill: Y / N /Unk

Name: _____ Phone:_____ Ill: Y / N /Unk

Name: _____ Phone:_____ Ill: Y / N /Unk

Have you purchased or consumed any pre-made veggie salads? Yes / No / Unknown

Packaging Description:

Brand or other label: _____

How big was the salad? Small/personal size (about the size of a sandwich) OR Large/party size

Package shape: Round / Rectangle

Packaging description (ie: clam shell or other)_____

Where was it purchased (or consumed if purchase location unknown):_____

Address where purchased:_____

Date purchased: ___ /____ /_____ Date consumed: ___ /____ /_____

What was included in the tray?

	Included in salad?	**Did you eat this item**	**Comments**
Lettuce: Iceberg / Romaine / Unk Other: _____	Yes No Maybe	Yes No Maybe	
Tomato Cherry tomato? Y N	Yes No Maybe	Yes No Maybe	
Cucumber	Yes No Maybe	Yes No Maybe	
Broccoli	Yes No Maybe	Yes No Maybe	
Cauliflower	Yes No Maybe	Yes No Maybe	
Carrots	Yes No Maybe	Yes No Maybe	
Dressing:	Yes No Maybe	Yes No Maybe	
Other:	Yes No Maybe	Yes No Maybe	

Did anyone else eat from the salad? Yes / No / Unknown

Name: _____ Phone:_____ Ill: Y / N /Unk

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Interview Date: 06/18/2018
Interviewer: Patty Krug

WEDSS ID: [redacted]
Patient name: [redacted]

Name: _____ Phone:_____ Ill: Y / N /Unk

Name: _____ Phone:_____ Ill: Y / N /Unk

Name: _____ Phone:_____ Ill: Y / N /Unk

Name: _____ Phone:_____ Ill: Y / N /Unk

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Survey Name: **CNHGQ**

Date: **6/20/2018 6:08:07 PM**

Page 1

Question	Answer

Page 2

Question	Answer
State/NNDSS ID	[redacted]
2. Date(s) stool collected for Cyclospora testing:	06/12/2018
Clinical lab (e.g., at a hospital/clinic)	Yes
Commercial lab	No
State lab	No
CDC lab	No
O and P (e.g., light microscopy, UV fluorescence microscopy, stained smears)	No
GI PCR Panel (e.g., BioFire FilmArray)	Yes
PCR (not part of a panel)	No
Lab-developed test	No
Other, specify:	No
6. Specify name(s) of lab-confirmed coinfection:	
7. Additional information (e.g., patient has appointment to submit stool, lab accession number, etc):	
8. Name:	Patty Krug
9. Agency or Organization:	Taylor County Health Department
10. Contact phone number:	7157481410
11. Date of Interview:	06/18/2018
13. Respondent for current interview was:	
If other, specify:	
Entered at CDC	No
User ID:	
1. Classify case based on CDC case definition:	Confirmed
3. Test results:	Positive
12. Before this interview how many times has the case-patient been interviewed about his/her illness?	None

Page 3

Question	Answer
1. State:	WI
2. City/county:	Taylor
3. Zip Code:	54451
	[redacted]
	[redacted]
5. Age	50
6. Sex	Female
7. Do you consider yourself of Hispanic or Latino origin?	No
8. How would you describe your race?	White
If other, specify:	

AMERICAN OVERSIGHT

Page 4

Question	Answer
9. What date did you (your child) first feel sick?	05/31/2018
Approximate date	No
Unknown	No
a. Diarrhea (defined as loose or watery stools that you do not normally have)?	Yes
a. Date diarrhea started:	05/31/2018
b. Date diarrhea stopped:	
Ongoing	Yes
b. Weight Loss?	Yes
c. Fever?	Yes
d. Fatigue?	Yes
e. Anorexia?	Yes
f. Nausea?	Yes
g. Vomiting?	Yes
h. Abdominal Cramps?	Yes
11. Have your (your child's) other symptoms stopped?	No
a. If yes, date symptoms stopped:	
Unknown	No
12. Were you (your child) hospitalized overnight?	No
a. How many nights were you (your child) hospitalized?	
b. Admission Date:	
c. Hospital name:	

Page 5

Question	Answer
Did not travel to other counties within home state	No
Unknown	No
Counties within home state	Marathon
Departed	
Returned	
Foods Eaten	
	Price
	Eau Claire
Did not travel to other U.S. states	Yes
Unknown	No
U.S. States	
U.S. cities	
Departed	
Returned	
Foods Eaten	

AMERICAN OVERSIGHT

Did not travel Outside US	Yes
Unknown	No
Countries Traveled	
Departed	
Returned	
Foods Eaten	

Page 6

Question	Answer
(e.g., parties, fairs, concerts, tournaments, conventions)?	No
16a. Please list the name of the event(s), date(s), and location(s).	
-	No
Live in same household	No
Attended same event	No
Traveled together	No
Other, specify:	No
17b. If yes, please provide information for other ill person(s) including number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.)*.	

Page 7

Question	Answer
	Yes
Store Name	County Market
Address	160 Medford Plaza
City	Medford
State	WI
Zip Code	54451
Date shopped	
Food purchased	Strawberries, grapes
*Shopper card #	
	Woodman's
	2855 Woodman Ave.
	Altoona
	WI
	54720
	Blackberries, strawberries, grapes, romaine lettuce
	Kwik Trip
	117 S 8th St.
	Medford
	WI
	54451
	Veggie tray

AMERICAN OVERSIGHT

(refused to give shopper card #)	No

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Question	Answer
	Yes
Restaurant Name	High View Inn
Address	W7766 Perkinstown Ave
City	Medford
State	WI
Zip Code	54451
Meal Date	
Foods eaten	Salad, fish

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Additional Comments	Patient doesn't know dates for County Market, Woodman's, or High View Inn. Kwik Trip: patient ate 3 or 4 veggie trays from 5/17/18 - 5/31/18 and one on 6/8/18.

Page 9

Question	Answer
20. Fresh basil?	No
Sweet	No
Purple (i.e., purple leaves and stems)	No
Thai (i.e., green leaves and purple stems)	No
Other, specify:	No
Brand(s):	
Place(s) purchased (names, locations):	
Not applicable (did not eat at home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did not eat outside the home)	No
21. Fresh cilantro?	No
Brand(s):	
Place(s) purchased (names, locations):	
Not applicable (did not eat at home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did not eat outside the home)	No
22. Fresh parsley?	No
23. Fresh oregano?	No
24. Fresh thyme?	No
25. Fresh mint?	No
26. Fresh dill?	No
27. Fresh sage?	No
28. Fresh rosemary?	No
29. Other fresh herbs?	No
a. Type(s):	
Unknown	No
Additional Comments about fresh herbs:	

AMERICAN OVERSIGHT

Page 10

Question	Answer
30. Fresh red raspberries?	No
Brand(s):	
Place(s) purchased (names, locations):	
Not applicable (did not eat at home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did not eat outside the home)	No
31. Fresh blackberries?	Yes
Brand(s):	
Place(s) purchased (names, locations):	Woodman's, Altoona WI
Not applicable (did not eat at home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did not eat outside the home)	No
32. Fresh black raspberries?	No
33. Fresh golden raspberries?	No
34. Fresh strawberries?	Yes
35. Fresh blueberries?	No
36. Fresh boysenberries?	No
37. Other fresh berries?	No
a. Type(s):	
Unknown	No

Page 11

Question	Answer
38. Apples?	
39. Grapes?	Yes
40. Pears?	No
41. Peaches?	No
42. Nectarines?	No
43. Plums?	No
44. Oranges?	No
45. Grapefruit?	No
46. Tangerines?	No
47. Fresh lemon or lime?	No
48. Cherries?	No
49. Cantaloupe?	No
50. Honeydew melon?	No
51. Watermelon?	No
52. Precut Melon or melon salad?	No
53. Other melon?	No
54. Pineapple?	No
55. Mango?	No
56. Coconut (whole or shredded)?	No
57. Other fruit?	No
Kiwi	No

AMERICAN OVERSIGHT

Papaya	No
Guava	No
Pomegranate	No
Other, specify:	No
Additional comments about fresh fruit:	Always washes fresh fruit before eating it.

Page 12

Question	Answer
58. Pre-made, single serving salad (e.g., ready to eat salads with toppings, meats, dressing)?	No
Ingredients (lettuce, cabbage, carrots, etc.):	
Brand(s):	
Place(s) purchased (names, locations):	
59. Iceberg lettuce?	No
Prepackaged	No
Head/Loose	No
Topping/Garnish	No
Unknown	No
Brand(s):	
Place(s) purchased (names, locations):	
Not applicable (did not eat at home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did not eat outside the home)	No
60. Romaine Lettuce?	Yes
Prepackaged	Yes
Head/Loose	Yes
Topping/Garnish	No
Unknown	No
Brand(s):	
Place(s) purchased (names, locations):	Woodman's Altoona
Not applicable (did not eat at home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did not eat outside the home)	No

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Question	Answer
61. Mesclun lettuce (e.g., spring mix, field greens, baby greens)?	No
Prepackaged	No
Loose	No
Topping/Garnish	No
Unknown	No
Brand(s):	
Place(s) purchased (names, locations):	
Not applicable (did not eat at home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did not eat outside the home)	No
62. Fresh Cabbage?	No

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Red	No
Green	No
Savoy (aka curly)	No
Napa	No
Bok Choy	No
Brussel Sprouts	No
Other, specify:	No
Brand(s):	
Place(s) purchased (names, locations):	
Not applicable (did not eat at home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did not eat outside the home)	No
63. Fresh Spinach?	No
Prepackaged	No
Head/Loose	No
Topping/Garnish	No
Unknown	No
Brand(s):	
Place(s) purchased (names, locations):	
Not applicable (did not eat at home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did not eat outside the home)	No

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Question	Answer
64. Other lettuce or leafy greens?	No
Arugula	No
Endive	No
Mustard Greens	No
Radicchio	No
Kale	No
Other, specify:	No
65. Other prepackaged salad mix (not previously identified above)?	No
Ingredients (lettuce, cabbage, carrots, etc.):	
Brand(s):	
Place(s) purchased (names, locations):	
Additional comments about leafy greens:	

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Question	Answer
66. Cucumbers?	No
67. Zucchini?	No
68. Squash?	No
69. Bell peppers?	No
Red	No
Green	No
Orange	No

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Yellow	No
Unknown	No
70. Hot chili/chili peppers (e.g., jalapenos or serranos)?	No
71. Celery?	No
72. "Mini" carrots?	No
73. Other fresh carrots?	Yes
74. Other raw root vegetables?	No
Radishes	No
Beets	No
Turnips	No
Unknown	No
Other, specify:	No
75. Fresh, raw peas? (May be shelled or in the pod)	No
Garden peas	No
Snow peas (i.e., flat, shiny pods containing tiny peas)	No
Sugar snap peas (i.e, plump, crisp, edible pods)	No
Unknown	No
Other, specify:	No
Brand(s):	
Place(s) purchased (names, locations):	
Not applicable (did not eat at home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did not eat outside the home)	No
76. Broccoli?	Yes
77. Cauliflower?	Yes
78. Sprouts?	No

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Question	**Answer**
79. Raw Onions? (Of note: green onions/scallions are addressed in the next question)	No
White	No
Yellow	No
Red/Purple	No
Unknown	No
Other, specify:	No
80. Raw green onions/scallions?	No
81. Fresh tomatoes?	No
Red Round	No
Roma (oval-shaped)	No
Grape/Cherry (bite-sized)	No
Unknown	No
Other, Specify:	No
82. Salsa or pico de gallo (not from jar)?	No
Brand(s):	
Place(s) purchased (names, locations):	

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Not applicable (did not eat home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did eat outside the home)	No
83. Fresh quacamole (not from a jar)?	No
Brand(s)	
Place(s) purchased (names, locations):	
Not applicable (did not eat home)	No
List name(s) of establishment(s) and location(s):	
Not applicable (did eat outside the home)	No
Additional Comments, including other types of fresh vegetables:	

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Question	Answer
	No
Would you like to provide any additional thoughts or perspective about anything we've discussed or about this outbreak investigation?	
Date Submitted	6/20/2018

AMERICAN OVERSIGHT

From:	Ayers, Jeanne F - DHS
To:	Wozniak, Ryan J - DHS
Cc:	Smiley, Stephanie L - DHS (DPH)
Subject:	Phone call coverage
Date:	Tuesday, February 18, 2020 8:09:26 AM

Ryan,
I just received a new notification of this meeting from CDC and am sharing it with you to be sure we have coverage on this call. I was not able to forward the invite itself. I am pretty sure others likely are receiving these invites but I was uncertain. That made me wonder if there could be or perhaps there is a master list of the scheduled and pop-up calls that we could track to avoid over communicating with the team but be assured that we are covering the calls. Is that already existing?
Jeanne

CDC Returning Traveler Discussion

CDC's 2019 Novel Coronavirus (COVID-19) response team will host a recurring call series from 3 p.m. to 4 p.m. EST every Wednesday's and Friday's, to discuss plans for returning travelers, including movement & monitoring, quarantine, data reporting, and status reports or concerns.

Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, emergency management officials and nongovernmental partner leadership. In order to ensure and maintain the appropriate target audience, please have **ONE** representative from each **CORE** function listed participate from your jurisdiction. Participant information can be found below.

Participant Information
Bridgeline: [redacted]
Passcode: [redacted]

For your situational awareness, the forwarding option for this invite is DISABLED.

Please contact eocsctfops@cdc.gov if you have any questions.

AMERICAN OVERSIGHT

From:	Stevens, Lee (OS/IEA)
To:	Johnston, Darcie (HHS/IEA); Stevens, Lee (OS/IEA)
Subject:	Please Register - COVID 19- National Call, Feb. 14th
Date:	Thursday, February 13, 2020 4:38:04 PM

State and Local Leaders,

Please join us for a national briefing call **TOMORROW, Friday, February 14 at 1:45 p.m. Eastern Time** on the President's Coronavirus Task Force **(Please register, see link below).** The national briefing call will include updates from the U.S. Department of Health & Human Services and Centers for Disease Control & Prevention (CDC) along with our Federal partners at U.S. Department of Homeland Security, U.S. Department of Transportation, and the State Department. This national briefing call will provide an update from the Federal government and our ongoing partnership with State and local jurisdictions.

Additional Information

- You can find more information and resources at the CDC website here: https://www.cdc.gov/coronavirus/.
- ICYMI – USA Today: Our Coronavirus Response Is Protecting Americans (see full Op-Ed below)

Briefing Call Details

Date: Friday, February 14
Time: 1:45 p.m. Eastern Time
Call-In Information: LINK *(Participants will receive instructions on accessing the conference after RSVPing to the link)*

Thanks,

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

ICYMI - Our Coronavirus Response Is Protecting Americans

USA Today
By Secretary of State Mike Pompeo and HHS Secretary Alex Azar
February 11, 2020
Link to op-ed here.

The first duty of the federal government is to keep our citizens safe. Since the United States first became aware on Dec. 30 of what has become known as the novel coronavirus, America's public health officials have closely monitored the situation, worked to understand the virus and taken steps to limit Americans' exposure to it.

Our task force is ensuring that our whole of government, layered, public health plan has the resources necessary to protect Americans. We've treated the sick, and traced back their travel

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history and contacts to minimize the spread of the virus. We've worked swiftly to screen and safely receive American travelers returning from China, and bar foreign travelers who have recently visited the epicenter of the outbreak.

Consistent with the World Health Organization International Health Regulations, our travel restrictions were intentionally devised to complement the Chinese government's policy of isolating approximately 50 million of its own citizens in Hubei province. Other nations, such as Italy and South Korea, have taken similar measures.

Our efforts in China

Thus far, the United States has only had 12 confirmed cases of the virus. We were saddened to hear last week that one American, a 60-year-old woman in Wuhan, China, has died. But we're undeterred in our vigilance to protect our people. And we're mobilizing resources around the world to help other nations fight the disease, too. This is American altruism at its finest.

Let's start with our efforts focused on the country where the virus first appeared — China. In the words of President Donald Trump, "We're offering them tremendous help." During the first week of January, the Centers for Disease Control and Prevention made an offer of assistance in order to understand the disease and help bolster response efforts.

The Department of Health and Human Services subsequently provided to the WHO a list of world-class medical professionals ready to deploy their skills in China and learn from China's efforts to combat this new coronavirus. In the last week of January, Secretary Azar personally extended an offer of help to Health Minister Ma Xiaowei; Secretary Pompeo did the same with Chinese State Councilor Yang Jiechi. We hope the mission will commence immediately, whether bilaterally or under the auspices of the WHO.

We've also facilitated the delivery of vast amounts of medical supplies to the Chinese people. Just last week, the State Department helped transport 17.8 tons of relief supplies to Hubei. And more assistance will continue to be offered — the United States is prepared to spend up to $100 million in existing State and U.S. Agency for International Development funds to assist China and other impacted countries to contain and combat the virus.

While State managed the logistics, the donations themselves were provided by Samaritan's Purse, Boeing, Intermountain Healthcare and The Church of Jesus Christ of Latter-day Saints, and coordinated by a nongovernmental organization called Project HOPE. Time and again, when diseases and disasters strike, the American people have stepped up to help citizens of other countries without being asked. Our robust charitable giving and enthusiastic civil society groups are channeling the American people's concern for their fellow man.

Cooperation with other nations

Then there are America's actions to help the citizens of other countries, beyond China. CDC staff based in more than 60 countries are working closely with ministries of health and other health partners, often in conjunction with their colleagues at the State Department and other federal agencies.

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For instance, the United States has made coronavirus test kits available to 191 qualified laboratories around the world; so far, labs from 36 countries have put in orders. We've deployed staff to train health professionals in 15 hospitals in Vietnam. In Kenya, health experts at the U.S. Embassy in Nairobi, as part of our Infectious Diseases Task Force, engaged the government early on to recommend best practices in airport screening and public health.

Our quick and effective reaction abroad is facilitated by partnerships that America has carefully nurtured over decades — long before the latest outbreak.

We believe our actions will slow the transmission of the virus to and within the United States and other countries, solidify our ties of friendship with our allies and partners, and help save lives by giving us more time to refine preparedness measures and better understand the virus.

We all hope that our concerted efforts will control the virus and cause it to subside. But the world doesn't need to wait for that day to see how America remains a force for good throughout the globe.

AMERICAN OVERSIGHT

From:	Stevens, Lee (OS/IEA)
To:	Stevens, Lee (OS/IEA); Johnston, Darcie (HHS/IEA)
Subject:	Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST
Date:	Monday, February 03, 2020 8:29:10 AM

State and Local Leaders,

Please join us for a national briefing call **TODAY, February 3 at 12:00 p.m. Eastern Time** on the President's Coronavirus Task Force **(Please register, see link below).** The national briefing call will include updates from the U.S. Department of Health & Human Services and Centers for Disease Control & Prevention (CDC) along with our Federal partners at U.S. Department of Homeland Security, U.S. Department of Transportation, and the State Department. This national briefing call will provide an update from the Federal government and our ongoing partnership with State and local jurisdictions.

Briefing Call
Date: Monday, February 3, 2020
Time: 12:00 p.m. Eastern Time
Call-In Information: CLICK HERE *(Participants will receive instructions on accessing the conference after RSVPing to the link)*

Thanks,

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

AMERICAN OVERSIGHT

From: Stevens, Lee (OS/IEA)
To: Johnston, Darcie (HHS/IEA); Stevens, Lee (OS/IEA)
Subject: Please RSVP: National Briefing Call Monday, February 3rd; 12 PM EST
Date: Sunday, February 02, 2020 7:20:34 PM

State and Local Leaders,

Please join us for a national briefing call on **Monday, February 3 at 12:00 p.m. Eastern Time** on the President's Coronavirus Task Force. The national briefing call will include updates from the U.S. Department of Health & Human Services and Centers for Disease Control & Prevention (CDC) along with our Federal partners at U.S. Department of Homeland Security, U.S. Department of Transportation, and the State Department. This national briefing call will provide an update from the Federal government and our ongoing partnership with State and local jurisdictions.

Briefing Call
Date: Monday, February 3, 2020
Time: 12:00 p.m. Eastern Time
Call-In Information: CLICK HERE *(Participants will receive instructions on accessing the conference after RSVPing to the link)*

Thanks,

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

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From: Smiley, Stephanie L - DHS (DPH)
To: Ayers, Jeanne F - DHS; Wozniak, Ryan J - DHS
Subject: RE: All State Update Call - 2019 nCoV
Date: Monday, February 10, 2020 11:37:00 AM

We'll make sure someone is on the call!

-----Original Appointment-----
From: Ayers, Jeanne F - DHS **On Behalf Of** CDC IMS State Coordination Task Force (SCTF) Operations
Sent: Monday, February 10, 2020 11:22 AM
To: Wozniak, Ryan J - DHS; Smiley, Stephanie L - DHS (DPH)
Cc: Ayers, Jeanne F - DHS
Subject: FW: All State Update Call - 2019 nCoV
When: Monday, February 10, 2020 2:00 PM-2:45 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Bridgeline: [redacted] Participant Passcode: [redacted]

This call is overlapping with our media availability—will someone be planning to be on this call?
Jeanne

-----Original Appointment-----
From: CDC IMS State Coordination Task Force (SCTF) Operations [mailto:eocsctfops@cdc.gov]
Sent: Thursday, January 16, 2020 10:24 PM
To: CDC IMS State Coordination Task Force (SCTF) Operations
Cc: Ayers, Jeanne F - DHS
Subject: All State Update Call - 2019 nCoV
When: Monday, February 10, 2020 2:00 PM-2:45 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Bridgeline: [redacted] Participant Passcode: [redacted]

CDC's 2019 Novel Coronavirus (2019-nCoV) response team will continue a series of national calls from 2 p.m. to 3 p.m. EST on Monday, January 27, to provide state and local partners with the latest information on the novel coronavirus outbreak and U.S. preparedness efforts.

Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, and nongovernmental partners. Participant information can be found below.

Participant Information

Bridgeline: [redacted]
Participant Passcode: [redacted]

For your convenience, call series dates are provided below.

- Monday, February 3

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- Monday, February 10
- Monday, February 24
- Monday, March 2

CDC State Coordination Task Force (SCTF) - Operations
eocsctfops@cdc.gov
https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html

AMERICAN OVERSIGHT

From:	Wozniak, Ryan J - DHS
To:	Smiley, Stephanie L - DHS (DPH); Ayers, Jeanne F - DHS
Subject:	RE: All State Update Call - 2019 nCoV
Date:	Monday, February 10, 2020 11:45:16 AM

Thanks, Jeanne. A number of folks on our Ops team have been calling in for these and will do so today, as well.

-Ryan

From: Smiley, Stephanie L - DHS (DPH)
Sent: Monday, February 10, 2020 11:38 AM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>
Subject: RE: All State Update Call - 2019 nCoV

We'll make sure someone is on the call!

-----Original Appointment-----
From: Ayers, Jeanne F - DHS **On Behalf Of** CDC IMS State Coordination Task Force (SCTF) Operations
Sent: Monday, February 10, 2020 11:22 AM
To: Wozniak, Ryan J - DHS; Smiley, Stephanie L - DHS (DPH)
Cc: Ayers, Jeanne F - DHS
Subject: FW: All State Update Call - 2019 nCoV
When: Monday, February 10, 2020 2:00 PM-2:45 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Bridgeline: [redacted] Participant Passcode: [redacted]

This call is overlapping with our media availability—will someone be planning to be on this call?
Jeanne

-----Original Appointment-----
From: CDC IMS State Coordination Task Force (SCTF) Operations [mailto:eocsctfops@cdc.gov]
Sent: Thursday, January 16, 2020 10:24 PM
To: CDC IMS State Coordination Task Force (SCTF) Operations
Cc: Ayers, Jeanne F - DHS
Subject: All State Update Call - 2019 nCoV
When: Monday, February 10, 2020 2:00 PM-2:45 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Bridgeline: [redacted] Participant Passcode: [redacted]

CDC's 2019 Novel Coronavirus (2019-nCoV) response team will continue a series of national calls from 2 p.m. to 3 p.m. EST on Monday, January 27, to provide state and local partners with the latest information on the novel coronavirus outbreak and U.S. preparedness efforts.

Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, and

AMERICAN OVERSIGHT

nongovernmental partners. Participant information can be found below.

Participant Information

Bridgeline: [redacted]
Participant Passcode: [redacted]

For your convenience, call series dates are provided below.

- Monday, February 3
- Monday, February 10
- Monday, February 24
- Monday, March 2

CDC State Coordination Task Force (SCTF) - Operations
eocsctfops@cdc.gov
https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html

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From: Smiley, Stephanie L - DHS (DPH)
To: Ayers, Jeanne F - DHS; Haupt, Thomas E - DHS; Werner, Mark A - DHS
Subject: RE: CDC Media Telebriefing: Update on 2019 Novel Coronavirus (2019-nCoV)
Date: Wednesday, February 05, 2020 9:52:00 AM

We will talk to them about this as well at 10.

From: Ayers, Jeanne F - DHS
Sent: Wednesday, February 5, 2020 9:51 AM
To: Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Werner, Mark A - DHS <Mark.Werner@dhs.wisconsin.gov>
Subject: FW: CDC Media Telebriefing: Update on 2019 Novel Coronavirus (2019-nCoV)

Tom,
Can we be sure CDC will not announce our case on this call? I am assuming they will not but want to be sure so we are not 2 hours behind them with out announcement.
Jeanne

From: State and Local Readiness (CDC) [mailto:preparedness@cdc.gov]
Sent: Wednesday, February 5, 2020 9:48 AM
To: State and Local Readiness (CDC) <preparedness@cdc.gov>
Subject: CDC Media Telebriefing: Update on 2019 Novel Coronavirus (2019-nCoV)

Media Advisory

For Immediate Release
Wednesday, February 5, 2020

Contact: CDC Media Relations
(404) 639-3286

CDC Media Telebriefing: Update on 2019 Novel Coronavirus (2019-nCoV)

What The Centers for Disease Control and Prevention (CDC) will provide an update to media on the 2019 Novel Coronavirus response.

Who Nancy Messonnier, M.D., Director,
National Center for Immunization and Respiratory Diseases

RADM Denise Hinton, Chief Scientist
Food and Drug Administration

When 12:15 p.m. ET Wednesday, February 5, 2020

Dial-In

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Non-Media: [redacted]
International: [redacted]
PASSCODE: [redacted]

Important Instructions
Due to anticipated high volume, please plan to dial in to the telebriefing 15 minutes before the start time.

Media: If you would like to ask a question during the call, press *1 on your touchtone phone. Press *2 to withdraw your question. You may queue up at any time. You will hear a tone to indicate your question is pending.

TRANSCRIPT
A transcript will be available following the briefing at CDC's web site: www.cdc.gov/media.

AMERICAN OVERSIGHT

From: Ayers, Jeanne F - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: RE: HHS/CDC 6 PM ET Call Tonight, Please RSVP
Date: Friday, January 31, 2020 5:18:00 PM

---

thanks

From: Smiley, Stephanie L - DHS (DPH)
Sent: Friday, January 31, 2020 5:18 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Subject: RE: HHS/CDC 6 PM ET Call Tonight, Please RSVP

Listening now…

From: Ayers, Jeanne F - DHS
Sent: Friday, January 31, 2020 5:12 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: FW: HHS/CDC 6 PM ET Call Tonight, Please RSVP

Stephanie,
If you are around and want to listen try signing in this way.
They are having mandatory quarantine and self quarantine
JEanne

From: Stevens, Lee (OS/IEA) [mailto:Lee.Stevens@hhs.gov]
Sent: Friday, January 31, 2020 3:35 PM
To: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
Subject: HHS/CDC 6 PM ET Call Tonight, Please RSVP

State and Local Leaders,

Please join the U.S. Department of Health & Human Services (HHS) and Centers for Disease Control & Prevention (CDC) for a **briefing call THIS EVENING (Friday, January 31) at 6:00 p.m. Eastern Time**. The briefing call will overview the President's Coronavirus Task Force update from this afternoon and the further partnership with state and local governments. Joining from the CDC will be Deputy Director for Infectious Disease Dr. Jay Butler.

Briefing Call
Date: TODAY -- Friday, January 31, 2020
Time: 6:00 p.m. Eastern Time
Call-In Information: CLICK HERE *(Participants will receive instructions on accessing the conference after RSVPing to the link below)*

Thanks,

AMERICAN OVERSIGHT

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
Washington, DC

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Ayers, Jeanne F - DHS
Subject: RE: HHS/CDC 6 PM ET Call Tonight, Please RSVP
Date: Friday, January 31, 2020 5:17:37 PM

Listening now…

From: Ayers, Jeanne F - DHS
Sent: Friday, January 31, 2020 5:12 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
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From: Stevens, Lee (OS/IEA) [mailto:Lee.Stevens@hhs.gov]
Sent: Friday, January 31, 2020 3:35 PM
To: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
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Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
Washington, DC

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

From: Ayers, Jeanne F - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: RE: HHS/CDC 6 PM ET Call Tonight, Please RSVP
Date: Friday, January 31, 2020 5:19:00 PM

Anyone returning to US from Hubai Province—epicenter of virus—subject to 14 days of mandatory quarantine-
Anyone returning from the rest of China—
SX quarantined
If no sx will have monitored self quarantine to be sure they

From: Smiley, Stephanie L - DHS (DPH)
Sent: Friday, January 31, 2020 5:18 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Subject: RE: HHS/CDC 6 PM ET Call Tonight, Please RSVP

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Sent: Friday, January 31, 2020 3:35 PM
To: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
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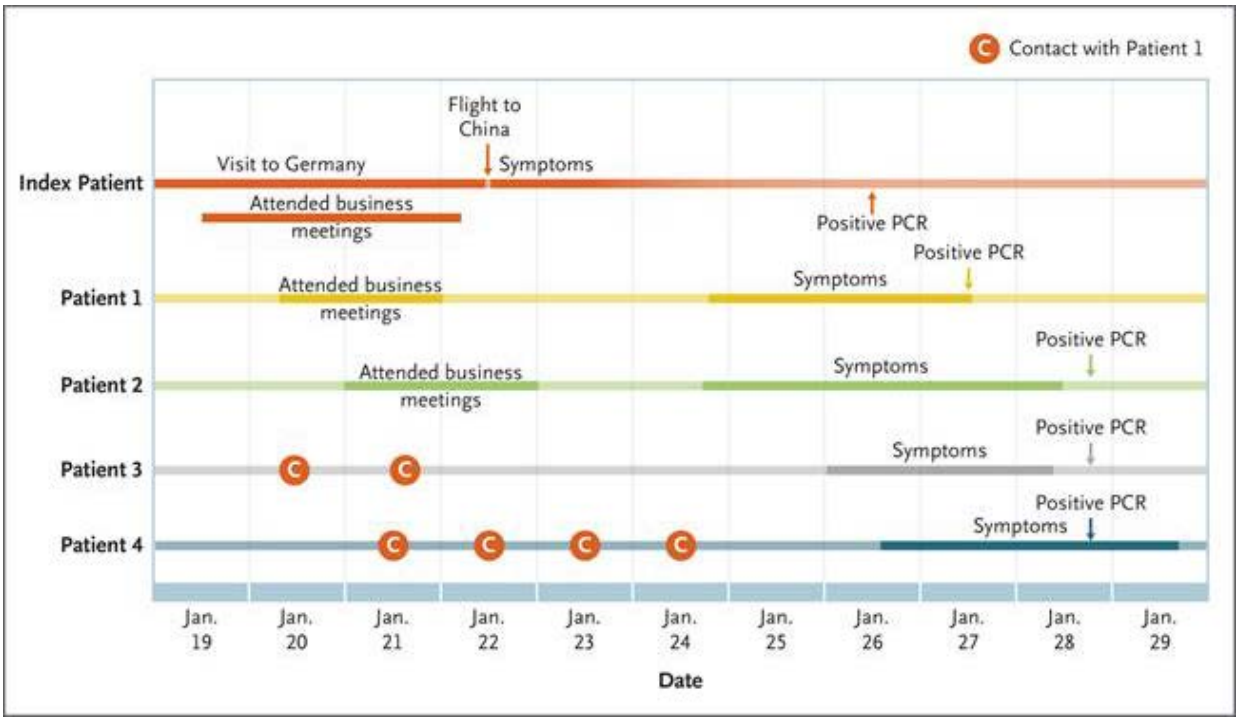
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
Washington, DC

AMERICAN OVERSIGHT

From: Westergaard, Ryan P - DHS
To: Pray, Ian W - DHS (CDC); Kocharian, Anna - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Haupt, Thomas E - DHS; Klos, Rachel F - DHS; Ellinger, Beth A - DHS; Cordova, Joseph A - DHS; Meinholz, Kimberly K - DHS
Subject: RE: New PUI - nCoV PUI [redacted]
Date: Friday, January 31, 2020 9:32:28 AM
Attachments: image007.png
image008.png
image009.png

Thanks Ian.

This makes me less hopeful that nCoV is going to be contained easily, if P3 and P4 had only casual contact with P1 2-3 days before he/she had symptoms. This is concerning news.



From: Pray, Ian W - DHS (CDC)
Sent: Friday, January 31, 2020 9:20 AM
To: Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Ellinger, Beth A - DHS <beth.ellinger@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>; Meinholz, Kimberly K - DHS <Kimberly.Meinholz@dhs.wisconsin.gov>
Subject: RE: New PUI - nCoV PUI [redacted]

AMERICAN OVERSIGHT

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https://www.nejm.org/doi/full/10.1056/NEJMc2001468?query=featured_home

-Ian

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Subject: FW: New PUI - nCoV PUI [redacted]
Importance: High

FYI, see below. Because this patient is a dorm resident (and has a high fever and no phone), CDC recommended that we consider a "short hospitalization." Sacred Heart is prepared for special pathogens, and Eau Claire HD said they did not hesitate and are working closely with them. Transport of patient is being arranged via private vehicle.
Let me know if you have any questions. I'm heading home shortly, but reachable by cell 262-424-8862.

Thank you,

Anna

Anna Kocharian, M.S. | Epidemiologist | Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases | Tel: (608) 267-9004 | Fax: (608) 261-4976 | anna.kocharian@wisconsin.gov

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Sent: Thursday, January 30, 2020 5:20 PM
To: Kocharian, Anna - DHS
Cc: CDC IMS Logistics Transportation; CDC IMS Logistics Section Chief (CDC); CDC IMS Logistics Section Chief (CDC); Hyde, Allen W. (CDC/DDPHSIS/CPR/DEO); Schneider, Eileen (CDC/DDID/NCIRD/DVD); CDC IMS 2019 NCOV Response PUI
Subject: nCoV PUI [redacted]

Hello Ms. Kocharian:

Thank you for contacting CDC about the patient under investigation (PUI) for novel coronavirus. Please find summary information below to help assist in the PUI evaluation and specimen referral.

AMERICAN OVERSIGHT

Summary
19 yo F who developed cough and fever (102 F) and headache on 1/28. She arrived in the US on 1/26 having visited her home in China in Jiangsu province. She did not travel to Wuhan during her stay. She is a University student at [redacted]. She sought care at the University Health Care Center and is currently attempting to self-isolate in her dorm room on campus. She will need to have specimens collected and local team will consider hospital isolation.

CDC PUI ID: [redacted]

POC Details
Name: Anna Kocharian
Location: WI DOH
Phone: 608-267-9004
Email: anna.kocharian@wi.gov

Additional information

Clinical: Here is the link to the Patient Under Investigation form: https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf. Please fill this out and send back to the EOC per the instructions at the top of the form and share a copy with your state health department. Include the CDC PUI ID in the top right box where it states *internal use only*.

Laboratory testing: at this time CDC requests referral of NP swab (VTM) and OP swab (VTM) specimens. A sputum (sterile container) specimen should also be sent if a productive cough is present. The NP and OP swabs should be placed in separate VTM vials. Serum specimens are not needed at this time for PUI testing.

For general shipping information, see attached *CDC Respirator Viruses Diagnostic Laboratory: Specimen Submission Guidelines*. Please note the following specific guidance:

- Store specimens at 2-8°C and ship overnight to CDC on ice pack by courier.
- Label each specimen container with the patient's CDC PUI ID number and specimen type (i.e. 0034FL-NP), in addition to the date and time of specimen collection.
- Complete the attached CDC Form 50.34 for **each specimen submitted**
    - In the upper left box of the form:
        - Under *Test Order Name* select "Respiratory virus molecular detection (non-influenza) CDC-10401".
        - For *At CDC, bring to the attention of* enter "Stephen Lindstrom: nCoV 2019 PUI".
    - Make sure to put the CDC PUI ID in the "Alternate patient ID" box on the right-hand side of the form.
    - Shipping Address:

CDC SHIPPING ADDRESS
ATTN: STAT LAB - URGENT - 2019 Novel Coronavirus
c/o Steve Lindstrom, Shifaq Kamili (Unit 84)
Respiratory Viruses Diagnostic Laboratory / DVD
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, Georgia, 30333

AMERICAN OVERSIGHT

Telephone: 404-639-1587
Email: SQL5@CDC.GOV

- **Please "Reply All" and send us the courier tracking number when available.**
- **If shipping on Friday, Saturday, or Sunday:**
  - Use World Courier and not FedEx to ensure timely receipt.
  - The designated shipping point of contact should call the CDC Emergency Operations Center (770-488-7100) to arrange weekend-specific overnight specimen logistics. Indicate that you are calling about coronavirus specimen shipping and have a PUI ID number to arrange overnight specimen shipment. CDC EOC shipping staff will contact the person handing off the package to discuss the process.

At this time, we anticipate test results will be returned 24-48 hours after specimens have been received.

Precautions: For healthcare personnel, we recommend the following guidance: https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html If the PUI seeks healthcare, CDC recommends they alert providers in advance for adequate infection control preparations.

If the PUI is under home care, please consider the following CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/guidance-home-care.html

Please let us know if you have any additional questions or concerns. For urgent inquiries, please contact the CDC Emergency Operations Center at 770-488-7100.

Thank you,

CDC IMS 2019 NCOV Response PUI Team
2019 Novel Coronavirus Response
eocevent185@cdc.gov

AMERICAN OVERSIGHT

From:	Pray, Ian W - DHS (CDC)
To:	Kocharian, Anna - DHS; Westergaard, Ryan P - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Haupt, Thomas E - DHS; Klos, Rachel F - DHS; Ellinger, Beth A - DHS; Cordova, Joseph A - DHS; Meinholz, Kimberly K - DHS
Subject:	RE: New PUI - nCoV PUI [redacted]
Date:	Friday, January 31, 2020 9:19:57 AM
Attachments:	image001.png image002.png image003.png

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https://www.nejm.org/doi/full/10.1056/NEJMc2001468?query=featured_home

-Ian

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Sent: Thursday, January 30, 2020 6:21 PM
To: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; Ellinger, Beth A - DHS <beth.ellinger@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>; Meinholz, Kimberly K - DHS <Kimberly.Meinholz@dhs.wisconsin.gov>
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Importance: High

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CDC PUI ID: [redacted]

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Name: Anna Kocharian
Location: WI DOH
Phone: 608-267-9004
Email: anna.kocharian@wi.gov

Additional information

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Thank you,

CDC IMS 2019 NCOV Response PUI Team

AMERICAN OVERSIGHT

2019 Novel Coronavirus Response
eocevent185@cdc.gov

AMERICAN OVERSIGHT

From: Klos, Rachel F - DHS
To: Westergaard, Ryan P - DHS; Pray, Ian W - DHS (CDC); Kocharian, Anna - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Haupt, Thomas E - DHS; Ellinger, Beth A - DHS; Cordova, Joseph A - DHS; Meinholz, Kimberly K - DHS
Subject: RE: New PUI - nCoV PUI [redacted]
Date: Friday, January 31, 2020 10:02:17 AM
Attachments: image002.png
image003.png
image004.png

I wish we knew the length of contact-especially with the people who didn't attend the meeting. Were they in a room together for hours or only passed in the hall or used the same space.

Rachel Klos, DVM, MPH
State Public Health Veterinarian
Wisconsin Division of Public Health
Office: 608-266-2154 / Fax: 608-261-4976
Email: Rachel.klos@wi.gov

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From: Westergaard, Ryan P - DHS
Sent: Friday, January 31, 2020 9:32 AM
To: Pray, Ian W - DHS (CDC); Kocharian, Anna - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Haupt, Thomas E - DHS; Klos, Rachel F - DHS; Ellinger, Beth A - DHS; Cordova, Joseph A - DHS; Meinholz, Kimberly K - DHS
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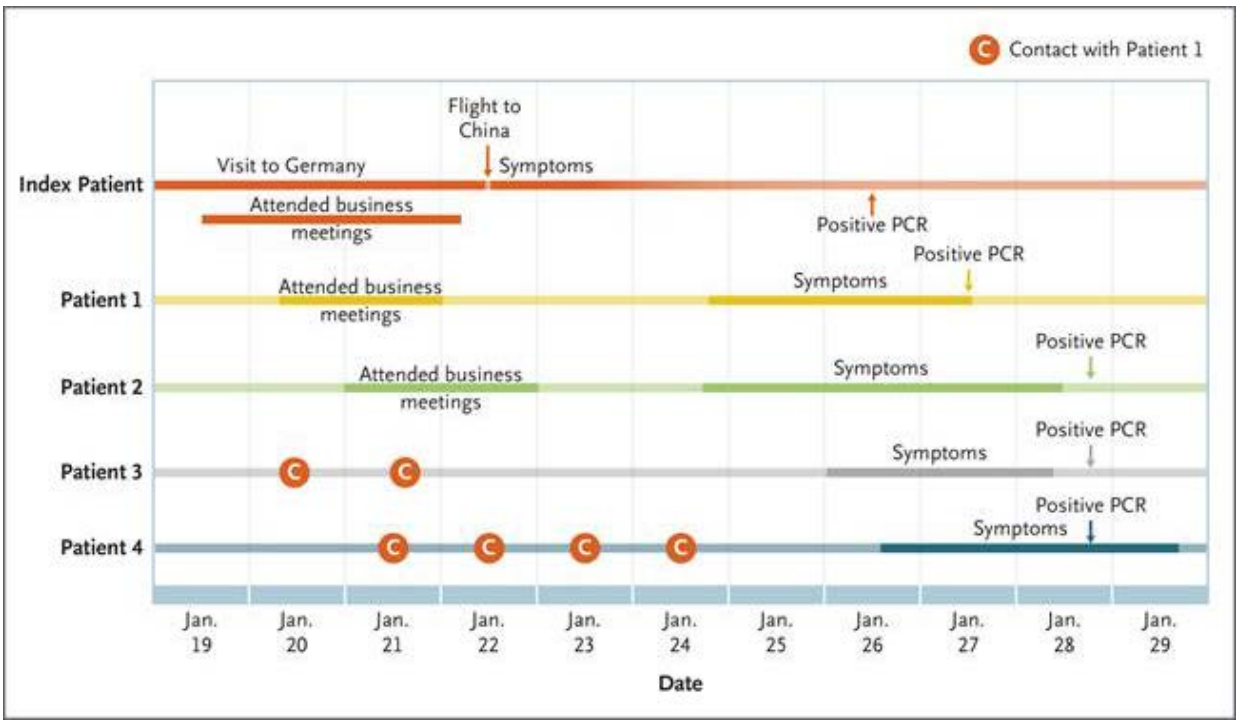
AMERICAN OVERSIGHT



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AMERICAN OVERSIGHT

A - DHS <beth.ellinger@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>; Meinholz, Kimberly K - DHS <Kimberly.Meinholz@dhs.wisconsin.gov>
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CDC PUI ID: [redacted]

POC Details
Name: Anna Kocharian

AMERICAN OVERSIGHT

Location: WI DOH
Phone: 608-267-9004
Email: anna.kocharian@wi.gov

Additional information

Clinical: Here is the link to the Patient Under Investigation form: https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf. Please fill this out and send back to the EOC per the instructions at the top of the form and share a copy with your state health department. Include the CDC PUI ID in the top right box where it states *internal use only*.

Laboratory testing: at this time CDC requests referral of NP swab (VTM) and OP swab (VTM) specimens. A sputum (sterile container) specimen should also be sent if a productive cough is present. The NP and OP swabs should be placed in separate VTM vials. Serum specimens are not needed at this time for PUI testing.

For general shipping information, see attached *CDC Respirator Viruses Diagnostic Laboratory: Specimen Submission Guidelines*. Please note the following specific guidance:

- Store specimens at 2-8°C and ship overnight to CDC on ice pack by courier.
- Label each specimen container with the patient's CDC PUI ID number and specimen type (i.e. 0034FL-NP), in addition to the date and time of specimen collection.
- Complete the attached CDC Form 50.34 for **each specimen submitted**
  - In the upper left box of the form:
    - Under *Test Order Name* select "Respiratory virus molecular detection (non-influenza) CDC-10401".
    - For *At CDC, bring to the attention of* enter "Stephen Lindstrom: nCoV 2019 PUI".
  - Make sure to put the CDC PUI ID in the "Alternate patient ID" box on the right-hand side of the form.
  - Shipping Address:

CDC SHIPPING ADDRESS
ATTN: STAT LAB - URGENT - 2019 Novel Coronavirus
c/o Steve Lindstrom, Shifaq Kamili (Unit 84)
Respiratory Viruses Diagnostic Laboratory / DVD
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, Georgia, 30333
Telephone: 404-639-1587
Email: SQL5@CDC.GOV

- **Please "Reply All" and send us the courier tracking number when available.**
- **If shipping on Friday, Saturday, or Sunday:**
  - Use World Courier and not FedEx to ensure timely receipt.
  - The designated shipping point of contact should call the CDC Emergency Operations Center (770-488-7100) to arrange weekend-specific overnight specimen logistics. Indicate that you are calling about coronavirus specimen shipping and have a PUI ID number to arrange overnight specimen shipment. CDC EOC shipping staff will contact the person handing off the package to discuss the process.

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At this time, we anticipate test results will be returned 24-48 hours after specimens have been received.

Precautions: For healthcare personnel, we recommend the following guidance: https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html If the PUI seeks healthcare, CDC recommends they alert providers in advance for adequate infection control preparations.

If the PUI is under home care, please consider the following CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/guidance-home-care.html

Please let us know if you have any additional questions or concerns. For urgent inquiries, please contact the CDC Emergency Operations Center at 770-488-7100.

Thank you,

CDC IMS 2019 NCOV Response PUI Team
2019 Novel Coronavirus Response
eocevent185@cdc.gov

AMERICAN OVERSIGHT

From: Wozniak, Ryan J - DHS
To: Ayers, Jeanne F - DHS
Cc: Smiley, Stephanie L - DHS (DPH)
Subject: RE: Phone call coverage
Date: Tuesday, February 18, 2020 11:02:40 AM

Hi Jeanne,

Yes, I will work to compile a master list of recurring and other important calls with partners to ensure that we have proper representation.

-Ryan

From: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Sent: Tuesday, February 18, 2020 8:09 AM
To: Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: Phone call coverage

Ryan,
I just received a new notification of this meeting from CDC and am sharing it with you to be sure we have coverage on this call. I was not able to forward the invite itself. I am pretty sure others likely are receiving these invites but I was uncertain. That made me wonder if there could be or perhaps there is a master list of the scheduled and pop-up calls that we could track to avoid over communicating with the team but be assured that we are covering the calls. Is that already existing?
Jeanne

CDC Returning Traveler Discussion

CDC's 2019 Novel Coronavirus (COVID-19) response team will host a recurring call series from 3 p.m. to 4 p.m. EST every Wednesday's and Friday's, to discuss plans for returning travelers, including movement & monitoring, quarantine, data reporting, and status reports or concerns.

Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, emergency management officials and nongovernmental partner leadership. In order to ensure and maintain the appropriate target audience, please have **ONE** representative from each **CORE** function listed participate from your jurisdiction. Participant information can be found below.

Participant Information
Bridgeline: [redacted]
Passcode: [redacted]

AMERICAN OVERSIGHT

For your situational awareness, the forwarding option for this invite is DISABLED.

Please contact eocsctfops@cdc.gov if you have any questions.

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Ayers, Jeanne F - DHS
Subject: RE: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST
Date: Monday, February 03, 2020 12:41:27 PM

YES!!! I laughed out loud! ☺

From: Ayers, Jeanne F - DHS
Sent: Monday, February 3, 2020 12:40 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: Re: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST

Did you hear jay butlers odd metaphor of being punched in face with screw driver?
Jeanne

On Feb 3, 2020, at 12:35 PM, Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov> wrote:

Indeed…we are hoping to get answers/clarifications to all of these questions on this next call.

Stay tuned!

Smiley

From: Ayers, Jeanne F - DHS
Sent: Monday, February 3, 2020 12:34 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>
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Jeanne

AMERICAN OVERSIGHT

On Feb 3, 2020, at 10:58 AM, DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov> wrote:

I will be on this call as well.

Traci

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Sent: Monday, February 3, 2020 8:22 AM
To: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
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Thanks,

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

AMERICAN OVERSIGHT

From: Westergaard, Ryan P - DHS
To: Ayers, Jeanne F - DHS; DeSalvo, Traci E - DHS
Cc: Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS
Subject: RE: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST
Date: Monday, February 03, 2020 12:41:17 PM

The first question was not directly answered by the 11am call, but when I reviewed the Proclamation and the description provided on the call I believe the active quarantine (for travelers from Hebei Province), and recommended home "self-quarantine" from travelers from the rest of China went into effect today, not retroactively. People who have already been given guidance about self-monitoring in the past 2 weeks are not being asked to do anything differently.

There is no recommendation for testing anyone without symptoms for nCoV, even close contacts, at this time. Testing is only for PUI, which must have exposure history and symptoms. This seems clear to me based on what I have heard.

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P - DHS <ryan.westergaard@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
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Thanks,

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Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

AMERICAN OVERSIGHT

From: Ayers, Jeanne F - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: Re: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST
Date: Monday, February 03, 2020 12:40:23 PM

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Date: Monday, February 03, 2020 12:35:44 PM

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Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

AMERICAN OVERSIGHT

From:	DeSalvo, Traci E - DHS
To:	Ayers, Jeanne F - DHS; Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS; Westergaard, Ryan P - DHS
Subject:	RE: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST
Date:	Monday, February 03, 2020 10:58:00 AM

I will be on this call as well.

Traci

From: Ayers, Jeanne F - DHS
Sent: Monday, February 3, 2020 10:02 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: RE: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST

Great thanks,
Jeanne

From: Smiley, Stephanie L - DHS (DPH)
Sent: Monday, February 3, 2020 10:01 AM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
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Jeanne

From: Stevens, Lee (OS/IEA) [mailto:Lee.Stevens@hhs.gov]
Sent: Monday, February 3, 2020 8:22 AM
To: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
Subject: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST

AMERICAN OVERSIGHT

State and Local Leaders,

Please join us for a national briefing call **TODAY, February 3 at 12:00 p.m. Eastern Time** on the President's Coronavirus Task Force **(Please register, see link below).** The national briefing call will include updates from the U.S. Department of Health & Human Services and Centers for Disease Control & Prevention (CDC) along with our Federal partners at U.S. Department of Homeland Security, U.S. Department of Transportation, and the State Department. This national briefing call will provide an update from the Federal government and our ongoing partnership with State and local jurisdictions.

Briefing Call
Date: Monday, February 3, 2020
Time: 12:00 p.m. Eastern Time
Call-In Information: CLICK HERE *(Participants will receive instructions on accessing the conference after RSVPing to the link)*

Thanks,

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

AMERICAN OVERSIGHT

From:	Ayers, Jeanne F - DHS
To:	Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS; Westergaard, Ryan P - DHS; DeSalvo, Traci E - DHS
Subject:	RE: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST
Date:	Monday, February 03, 2020 10:01:54 AM

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From: Smiley, Stephanie L - DHS (DPH)
Sent: Monday, February 3, 2020 10:01 AM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
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Briefing Call

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To:	Ayers, Jeanne F - DHS; Warzecha, Charles J - DHS; Westergaard, Ryan P - DHS; DeSalvo, Traci E - DHS
Subject:	RE: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST
Date:	Monday, February 03, 2020 10:01:14 AM

I will be on the call.

From: Ayers, Jeanne F - DHS
Sent: Monday, February 3, 2020 10:01 AM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
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AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

From: Ayers, Jeanne F - DHS
To: Westergaard, Ryan P - DHS
Cc: DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Warzecha, Charles J - DHS
Subject: Re: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST
Date: Monday, February 03, 2020 12:45:33 PM

Thanks
This is helpful. Could we write this up as clear direction and double check and get it out to partners? This would help reinforce the message to the universities
Jeanne

> On Feb 3, 2020, at 12:41 PM, Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov> wrote:
>
> The first question was not directly answered by the 11am call, but when I reviewed the Proclamation and the description provided on the call I believe the active quarantine (for travelers from Hebei Province), and recommended home "self-quarantine" from travelers from the rest of China went into effect today, not retroactively. People who have already been given guidance about self-monitoring in the past 2 weeks are not being asked to do anything differently.
>
> There is no recommendation for testing anyone without symptoms for nCoV, even close contacts, at this time. Testing is only for PUI, which must have exposure history and symptoms. This seems clear to me based on what I have heard.
>
> ---
>
> **From:** Ayers, Jeanne F - DHS
> **Sent:** Monday, February 3, 2020 12:34 PM
> **To:** DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
> **Cc:** Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>
> **Subject:** Re: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST
>
> I will not be on this call
> Still wondering if self monitoring and self quarantine for people traveling from China is only applicable for those arriving from Sunday forward or if this goes retroactive.
>
> Do non symptomatic people need any tests m? Also there is some uncertainty about whether negative test means negative or if multiple tests need to be taken through self quarantine period.
> Jeanne
>
> > On Feb 3, 2020, at 10:58 AM, DeSalvo, Traci E - DHS

AMERICAN OVERSIGHT

<Traci.DeSalvo@dhs.wisconsin.gov> wrote:

I will be on this call as well.

Traci

From: Ayers, Jeanne F - DHS
Sent: Monday, February 3, 2020 10:02 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: RE: Please Register: National Briefing Call TODAY, February 3rd; 12 PM EST

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Sent: Monday, February 3, 2020 10:01 AM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
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Jeanne

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Sent: Monday, February 3, 2020 8:22 AM
To: Stevens, Lee (OS/IEA) <Lee.Stevens@hhs.gov>; Johnston, Darcie (HHS/IEA) <Darcie.Johnston@hhs.gov>
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Briefing Call
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Thanks,

Darcie Johnston, Director
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U.S. Department of Health and Human Services
(202) 853-0582

AMERICAN OVERSIGHT

From:	Waltenburg, Michelle (CDC/DDID/NCEZID/DFWED)
To:	Koske, Sarah E - DHS
Cc:	DHS DPH Enterics; Mason, Jordan L - DHS; DeSalvo, Traci E - DHS
Subject:	RE: WI product testing: E. coli O157:H7 Santa Maria, 1911MLEXH-1
Date:	Wednesday, November 20, 2019 5:19:39 PM

Thank you for confirming!

From: Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>
Sent: Wednesday, November 20, 2019 6:17 PM
To: Waltenburg, Michelle (CDC/DDID/NCEZID/DFWED) <nvr6@cdc.gov>
Cc: DHS DPH Enterics <DHSDPHEnterics@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; DeSalvo, Traci (CDC dhs.wisconsin.gov) <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: RE: WI product testing: E. coli O157:H7 Santa Maria, 1911MLEXH-1

Yes, the first product tested was Fresh Express chopped hearts of romaine with a best by date of 10/27.

From: Waltenburg, Michelle (CDC/DDID/NCEZID/DFWED) [mailto:nvr6@cdc.gov]
Sent: Wednesday, November 20, 2019 5:14 PM
To: Koske, Sarah E - DHS
Cc: DHS DPH Enterics; Mason, Jordan L - DHS; DeSalvo, Traci E - DHS
Subject: RE: WI product testing: E. coli O157:H7 Santa Maria, 1911MLEXH-1

Hi Sarah,

Was the first product that is prelim negative for O157 also Fresh Express hearts of romaine? Hopefully some of that second product information is still available!

Tomorrow afternoon is totally fine for an update on the info provided to FDA. I know you are all incredibly busy, so I appreciate you providing updates and answering questions.

Will keep an eye out for WGS results!

Thanks again and have a great evening!
Michelle

From: Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>
Sent: Wednesday, November 20, 2019 5:41 PM
To: Waltenburg, Michelle (CDC/DDID/NCEZID/DFWED) <nvr6@cdc.gov>
Cc: DHS DPH Enterics <DHSDPHEnterics@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; DeSalvo, Traci (CDC dhs.wisconsin.gov) <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: RE: WI product testing: E. coli O157:H7 Santa Maria, 1911MLEXH-1

Hi Michelle,

AMERICAN OVERSIGHT

I talked to the lab and the specimen collected from the Brown county siblings (no WGS yet) is prelim negative for O157 by PCR. A second product arrived at the lab today and will be tested tomorrow, with results expected by noonish. That product (Fresh Express hearts of romaine) was consumed by [redacted]: [redacted] and [redacted]. We are clarifying the details about the product; there is some confusion about whether the bag being tested is the bag that they would have eaten from. Also, a portion of the best by and lot number is illegible in the photos the lab took for us. We are hoping the sanitarian took photos or recorded that information before shipping it to the lab.

I will have to check in with Jim Beix, our RERC at our Dept of Ag, Trade, and Consumer Protection to see whose info he has sent to FDA already. He's in a meeting until noon tomorrow so I'll get back to you sometime in the afternoon if that's ok. Also, the lab is expecting the patient's WGS results to be ready late tomorrow afternoon.

Sarah

From: Waltenburg, Michelle (CDC/DDID/NCEZID/DFWED) [mailto:nvr6@cdc.gov]
Sent: Wednesday, November 20, 2019 2:59 PM
To: Koske, Sarah E - DHS
Cc: DHS DPH Enterics; Mason, Jordan L - DHS; DeSalvo, Traci E - DHS
Subject: RE: WI product testing: E. coli O157:H7 Santa Maria, 1911MLEXH-1

Hi Sarah,

Thank you for the info and case updates, and for sharing the link to your updated web posting!

Just to confirm, do we have WGS for the siblings who consumed the product? If so, can you provide the WGS IDs?

In terms of shopper card records, were any of those that were shared with FDA from cases in our cluster? Or were those from cases still pending sequencing? I apologize for all the questions – trying to keep everything straight with this fast-moving investigation!

Thank you so much for your help!
Michelle

From: Koske, Sarah E - DHS <Sarah.Koske@dhs.wisconsin.gov>
Sent: Wednesday, November 20, 2019 3:51 PM
To: Waltenburg, Michelle (CDC/DDID/NCEZID/DFWED) <nvr6@cdc.gov>
Cc: DHS DPH Enterics <DHSDPHEnterics@dhs.wisconsin.gov>; Mason, Jordan L - DHS <Jordan.Mason@dhs.wisconsin.gov>; DeSalvo, Traci (CDC dhs.wisconsin.gov) <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: RE: WI product testing: E. coli O157:H7 Santa Maria, 1911MLEXH-1

Hi Michelle,
The product being tested was consumed by two siblings: 3832900 and [redacted]. The lab is still in the

AMERICAN OVERSIGHT

process of testing it and results are expected tomorrow. It was bagged Fresh Express chopped hearts of romaine with a best by date of 10/27/19 purchased from a Festival Foods store in Green Bay, WI on an unknown date. Festival Foods does not have shopper cards and the receipt was no longer available. Photos of the product packaging were forwarded to our RERC who likely shared them with FDA.

I just got some prelim PFGE results for more of our cases and we have 5 that look like an exact match to EXHX01.4071/EXHA26.0531, 1 that has a 1 band difference from that pattern, and 1 [redacted] that has a 1 band difference from an Illinois case [redacted]. I'll let you know as soon as I have the WGS results or product testing results.

Also, we did update our web posting to reflect the language in yours: https://www.dhs.wisconsin.gov/outbreaks/index.htm. We don't have plans for any other communications at this time.

Let me know if you have any questions!

Sarah

Sarah E. Koske, DVM, MPH
Epidemiologist
Wisconsin Division of Public Health
Phone: (608) 267-9009
Fax: (608) 261-4976
Sarah.Koske@dhs.wi.gov

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To: Koske, Sarah E - DHS
Cc: DHS DPH Enterics; Mason, Jordan L - DHS; DeSalvo, Traci E - DHS
Subject: WI product testing: E. coli O157:H7 Santa Maria, 1911MLEXH-1

Hi Sarah,

I was wondering if you could provide an update regarding the testing of the leftover salad product from a patient's home? And if you could provide the ID of the patient from which the product was obtained? I'll also be on the lookout for the WGS results expected tomorrow.

Thank you!

Michelle Waltenburg, DVM, MPH

AMERICAN OVERSIGHT

Epidemic Intelligence Service Officer
Outbreak Response and Prevention Branch
Division of Foodborne, Waterborne, and Environmental Diseases
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention
1600 Clifton Rd NE, MS H24-10
Atlanta, GA 30329
Office: (404) 498-2800 / Email: nvr6@cdc.gov

AMERICAN OVERSIGHT

From: Stevens, Lee (OS/IEA)
To: Stevens, Lee (OS/IEA); Johnston, Darcie (HHS/IEA)
Subject: Reminder: COVID-19 Call Today, 1:45 PM EST
Date: Friday, February 14, 2020 11:33:49 AM

Just a reminder if you haven't registered for today's COVID-19 federal update call:

Please join us for a national briefing call **TODAY, Friday, February 14 at 1:45 p.m. Eastern Time** on the President's Coronavirus Task Force **(Please register, see link below).** The national briefing call will include updates from the U.S. Department of Health & Human Services and Centers for Disease Control & Prevention (CDC) along with our Federal partners at U.S. Department of Homeland Security, U.S. Department of Transportation, and the State Department. This national briefing call will provide an update from the Federal government and our ongoing partnership with State and local jurisdictions.

Additional Information

- You can find more information and resources at the CDC website here: https://www.cdc.gov/coronavirus/.
- **NEW: Excerpts from Secretary Azar's interviews with CNN and CNBC**

Briefing Call Details
Date: Friday, February 14
Time: 1:45 p.m. Eastern Time
Call-In Information: LINK *(Participants will receive instructions on accessing the conference after RSVPing to the link)*

What The Admin Is Saying | HHS Secretary Alex Azar Discusses the Coronavirus on CNN and CNBC

Secretary Azar provided an update on the coronavirus and the administration's aggressive efforts to protect the health and safety of Americans.

PROTECTING THE HEALTH AND SAFETY OF THE AMERICAN PEOPLE

AZAR: "We're working aggressively across the whole of government to protect the health and safety of the American people and using the time that we have bought through our very aggressive, multilayered approaches of public health to prepare."

AZAR: "This is about protecting America's borders and allowing us the time to continue our proactive preparations."

AZAR: "People who are not U.S. citizens or permanent residents of the United States may not enter the United States if they have been in China in the previous 14 days.

AMERICAN OVERSIGHT

Once they've been out of China for that 14-day incubation period, they are welcome as always into the United States."

AZAR: "Americans coming back who have been in China in the previous 14 days, we ask them to both funnel to 11 airport ports of entry where they can be inspected, surveilled, and we ask them voluntarily to isolate themselves at home for 14 days. If they've been in the hot zone, which is an increasingly diminishing number of people who've been in Hubei province in the previous 14 days, we will actually quarantine them for that 14-day period."

IDENTIFYING AND MONITORING CASES

AZAR: "We are proactively planning now to prevent further spread in the U.S., but also to conduct aggressive surveillance, to have an early warning system. Our public health system's the best in the world, and it's working. That system is what identified the 15 cases that we have."

AZAR: "The 15 cases that we have were identified by our public health system. We immediately alerted our hospitals, our doctors, our public health departments, of the symptoms and of the connection to China. And so we have been scanning and surveilling from day one on this."

AZAR: "One of the things that we did – the CDC – within a week of getting the genetic sequencing, developed a test, we had a diagnostic there at CDC. We've now deployed that around the country in over 170 public health labs."

AZAR: "We're taking an important measure that we announced yesterday, which is we are using our flu surveillance network in Seattle, San Francisco, L.A., Chicago and New York, where individuals who present with flu-like, or China coronavirus-like symptoms will be tested not just for flu, but also tested for China coronavirus. That way we have an early warning system."

IMPACT WITHIN THE UNITED STATES

AZAR: "The risk to the average American is very low right now. Let's remember, we have 15 confirmed cases here in the United States – all of whom were either traveling in Hubei province, where Wuhan is, or had a direct intimate personal contact with an individual who was there."

AZAR: "They should be more worried about flu and regular cold season, in terms of taking precautions like washing their hands, coughing into their arms, and not touching their face."

AZAR: "So far, we're seeing very limited impact here in the United States, but that could change at any time. We're working to prevent that from happening, to keep that risk low, and we're working to proactively prepare with states, local governments, and the private sector."

AMERICAN OVERSIGHT

COOPERATION WITH CHINA

AZAR: "The World Health Organization must insist that China be transparent and fully cooperative, as they would insist on the United States or any other country."

AZAR: "It is very important that the World Health Organization hold China to account for transparency and cooperation, as they would any other country, including the United States."

AZAR: "The World Health Organization, we believe, has secured agreement to deploy a W.H.O. team with our U.S. public health experts as part of that team. We are ready to go. And we are waiting for final clearance from the Chinese government to make that happen."

AZAR: "We need to get this team that I have offered now for 39 days of CDC experts. We've got to get them into China and they've got to be given access to data, genetic sequences, run the studies to get answers to the key questions."

AZAR: "They have got to be able to work shoulder to shoulder with their Chinese scientific colleagues – looking at raw data, running the studies, looking at genetic sequences, doing the virology and epidemiology that is their mission – or it won't be a useful mission."

###

Thanks,

Darcie Johnston, Director
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services
(202) 853-0582

AMERICAN OVERSIGHT

Timesheet Entries For Payment of Additional Hours For Exempt Employees

Information for exempt employee that have been approved to be compensated for additional hours above the FTE of their position.

Compensation for Exempt Employees

- DHS has the STAR System set to pay CASH for all employees. Exempt staff will not automatically receive compensation for additional hours. Exempt staff must manually adjust their timesheets in order to receive compensation for their additional hours.
- Employees or supervisors will have to use the appropriate Time Reporting Code (TRC) on their timesheet to identify the additional hours they wish to be compensated for.
- There is one TRC available to use in order to receive compensation for extra hours:
  - Code 14 EXCSH – Exempt Straight Time Paid Cash
- Exempt OT Eligibility as determined by DPM:
  - You will only be paid for additional hours that exceed your 80 hours in a pay period not for additional hours that exceed 40 in a week.
  - Approved deviated schedules for exempt employees (32 hrs week 1, 48 hrs week 2) do not generate any payment of additional hours unless the total hours for the pay period exceed 80.
- Exempt employees who are approved for compensation of additional hours will be paid straight cash for all hours coded with the TRC of EXCSH.
- The examples below indicate what timesheets look like when an employee has entered over 80 hours in a pay period and examples for the acceptable way to generate compensation for the additional hours reported on their timesheets.

Example

The employee's normal work schedule is 40 hours a week. The employee worked 42 hours in week 1 and 43 hours in week 2. In the payable time tab in the second week it will show 5 hours were converted to a non-paid status (EXNPD).

WEEK 1

From 09/29/2019 to 10/05/2019

Add Comments	Day	Date	Reported Status	First In	Out	In	Last Out	Punch Total	Time Reporting Code
	Sun	9/29	New						
	Mon	9/30	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	4:30:00PM	8.00	01 REGLR - Regular Hours Worked
	Tue	10/1	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	5:30:00PM	9.00	01 REGLR - Regular Hours Worked
	Wed	10/2	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	5:30:00PM	9.00	01 REGLR - Regular Hours Worked
	Thu	10/3	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	4:30:00PM	8.00	01 REGLR - Regular Hours Worked
	Fri	10/4	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	4:30:00PM	8.00	01 REGLR - Regular Hours Worked
	Sat	10/5	New						

Submit Clear

Summary | Absence | Exceptions | Payable Time

Payable Time Viewing Option

- By TRC and Status
- By TRC, Status and Day
- Show In Detail

View Full Detail

Payable Time

1-1 of 1

TRC	Description	TRC Type	Payable Status	Quantity	Estimated Gross	Currency Code
REGLR	Regular Hours Worked	Hours	Needs Approval	42.00		USD

AMERICAN OVERSIGHT

WEEK 2

From 10/06/2019 to 10/12/2019

Add Comments	Day	Date	Reported Status	First In	Out	In	Last Out	Punch Total	Time Reporting Code
	Sun	10/6	New						
	Mon	10/7	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	4:30:00PM	8.00	01 REGLR - Regular Hours Worked
	Tue	10/8	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	5:30:00PM	9.00	01 REGLR - Regular Hours Worked
	Wed	10/9	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	5:30:00PM	9.00	01 REGLR - Regular Hours Worked
	Thu	10/10	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	5:30:00PM	9.00	01 REGLR - Regular Hours Worked
	Fri	10/11	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	4:30:00PM	8.00	01 REGLR - Regular Hours Worked
	Sat	10/12	New						

Submit Clear

Summary | Absence | Exceptions | Payable Time

Payable Time Viewing Option

- (•) By TRC and Status
- ( ) By TRC, Status and Day
- ( ) Show In Detail

View Full Detail

Payable Time

1-2 of 2

TRC	Description	TRC Type	Payable Status	Quantity	Estimated Gross	Currency Code
EXNPD	Exempt Hours over FTE Not Paid	Hours	Needs Approval	5.00		USD
REGLR	Regular Hours Worked	Hours	Needs Approval	38.00		USD

AMERICAN OVERSIGHT

The employee or supervisor will have to split the shift that crosses the 80 hour mark as shown in the below timesheet for week 2. They can then apply the TRC *EXCSH – Exempt Straight Time Paid Cash* to that line and any others beyond that point at the end of week 2 that is in a non-paid status (EXNPD). The shifts that cross the 80 hour mark should be separated by 1 second. The TRC of EXSCH should not be used in week 1 unless an employee has exceeded 80 hours in the first week of the pay period.

WEEK 1

From 09/29/2019 to 10/05/2019

Add Comments	Day	Date	Reported Status	First In	Out	In	Last Out	Punch Total	Time Reporting Code
	Sun	9/29	New						
	Mon	9/30	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	4:30:00PM	8.00	01 REGLR - Regular Hours Worked
	Tue	10/1	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	5:30:00PM	9.00	01 REGLR - Regular Hours Worked
	Wed	10/2	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	5:30:00PM	9.00	01 REGLR - Regular Hours Worked
	Thu	10/3	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	4:30:00PM	8.00	01 REGLR - Regular Hours Worked
	Fri	10/4	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	4:30:00PM	8.00	01 REGLR - Regular Hours Worked
	Sat	10/5	New						

Submit Clear

Summary | Absence | Exceptions | Payable Time

Payable Time Viewing Option

- By TRC and Status
- By TRC, Status and Day
- Show In Detail

View Full Detail

Payable Time

1-1 of 1

TRC	Description	TRC Type	Payable Status	Quantity	Estimated Gross	Currency Code
REGLR	Regular Hours Worked	Hours	Needs Approval	42.00		USD

AMERICAN OVERSIGHT

WEEK 2

From 10/06/2019 to 10/12/2019

Add Comments	Day	Date	Reported Status	First In	Out	In	Last Out	Punch Total	Time Reporting Code
	Sun	10/6	New						
	Mon	10/7	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	4:30:00PM	8.00	01 REGLR - Regular Hours Worked
	Tue	10/8	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	5:30:00PM	9.00	01 REGLR - Regular Hours Worked
	Wed	10/9	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	5:30:00PM	9.00	01 REGLR - Regular Hours Worked
	Thu	10/10	Submitted	8:00:00AM	12:00:00PM	12:30:00PM	5:30:00PM	9.00	01 REGLR - Regular Hours Worked
	Fri	10/11	Submitted	8:00:00AM			11:00:00AM	3.00	01 REGLR - Regular Hours Worked
			Submitted	11:00:01AM	12:00:00PM	12:30:00PM	4:30:00PM	5.00	14 EXCSH - Exempt Straight Time Paid
	Sat	10/12	New						

Submit Clear

Summary | Absence | Exceptions | Payable Time

Payable Time Viewing Option

- By TRC and Status
- By TRC, Status and Day
- Show In Detail

View Full Detail

Payable Time

1-2 of 2

TRC	Description	TRC Type	Payable Status	Quantity	Estimated Gross	Currency Code
EXCSH	Exempt Straight Time Paid Cash	Hours	Needs Approval	5.00		USD
REGLR	Regular Hours Worked	Hours	Needs Approval	38.00		USD

ALWAYS VERIFY YOUR PAYABLE TIME TO ENSURE THAT YOU ARE BEING COMPENSATED FOR YOUR ADDITIONAL HOURS.

AMERICAN OVERSIGHT

2019 nCoV CORONAVIRUS

健康预警：来自中国的旅客请注意

近期，在中国爆发了由新型冠状病毒所引起的呼吸系统疾病。

我们要求各位旅客在离开中国后的14天内接受健康监察。

在这14天内，您需要在家隔离，并且监测您的健康情况。

卫生官员将与您联系，为您提供进一步的指导。

请每天用体温计测量您的体温两次，并且密切关注您的身体健康。

如果您出现发烧(100.4F/38C), 咳嗽，或呼吸困难的症状：

- 请在看医生之前，先打电话向您当地的卫生部门寻求建议。
- 如果您无法联系到当地的卫生部门，请在去医生办公室或急诊室之前先打电话咨询。
- 告知医生您的症状，并让医生知道您曾去过中国。

DEPARTMENT OF HEALTH & HUMAN SERVICES USA CDC

详细信息请参见: **www.cdc.gov/nCoV**

CS 314423-D 02/03/2020

AMERICAN OVERSIGHT

2019 nCoV CORONAVIRUS

HEALTH ALERT: *Travelers from China*

There is an outbreak of respiratory illness in China.

Travelers are required to be monitored for up to 14 days after leaving China.

Travelers should stay home and monitor their health within this 14-day period.

A health official will contact you to give additional instructions.

Take your temperature with a thermometer 2 times a day and watch your health.

If you develop a fever (100.4°F/38°C or higher), cough, or have difficulty breathing:

- Call your health department for advice before seeking care.
- If you can't reach your health department, call ahead before going to a doctor's office or emergency room.
- Tell them your symptoms and that you were in China.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC

For more information: **www.cdc.gov/nCoV**

CS 314423-D 02/03/2020

AMERICAN OVERSIGHT

From:	Thelen, Margaret K - DHS
To:	Ahrabi-Fard, Susann - DHS; Austin, Samuel V - DHS; Ayers, Jeanne F - DHS; Baldoni-Lake, Ramona L - DHS; Cordova, Joseph A - DHS; DeSalvo, Traci E - DHS; Eilers, Ryan B - DHS; Ellinger, Beth A - DHS; Forsaith, Andrew C - DHS; Gibbons-Burgener, Suzanne N - DHS; Goodsitt, Elizabeth S - DHS; Gugel, Andrea M - DHS; Haupt, Thomas E - DHS; Irving, Roy M - DHS; Johnson, Alfred C - DHS; Kaplan, Beth M - DHS; Kloczko, Nathan F - DHS (CDC); Klos, Rachel F - DHS; Kocharian, Anna - DHS; Koske, Sarah E - DHS; LeClear, David S - DHS; Longo, John P - DHS; Maloney, Jessica J - DHS; Mason, Jordan L - DHS; McCarthy, Claudine N - DHS; Meiman, Jonathan G - DHS; Miller, Jennifer C - DHS; Miller, Stephanie W - DHS; Mittelstadt-Lock, Kay L - DHS; Moore, Donna J - DHS; Olson, Lisa A - DHS; Palm, Andrea J - DHS; Phillips, Jeffrey J - DHS; Pray, Ian W - DHS (CDC); Safar, Nicole M - DHS; Santiago Rodriguez, Genevieve M - DHS; Smiley, Stephanie L - DHS (DPH); Thandaserry, Madhu - DHS; Thelen, Margaret K - DHS; Warzecha, Charles J - DHS; Werner, Mark A - DHS; Westergaard, Ryan P - DHS; Wikler, Elizabeth M - DHS; Willems Van Dijk, Julie A - DHS; Wozniak, Ryan J - DHS; Yunker, Claire F - DHS
Subject:	2.5.2020 COVID-19 INTERNAL Situation Report
Date:	Thursday, March 05, 2020 7:20:34 PM
Attachments:	3.5.2020_Coronavirus SitRep_INTERNAL.pdf

Hello,

Attached you will find today's COVID-19 situation report. Please forward as needed internally.

Please let us know if there are any edits.

Thanks!

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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From:	DHS SecretaryOffice
To:	Palm, Andrea J - DHS; Safar, Nicole M - DHS; Wikler, Elizabeth M - DHS; Rifken, Katharine M - DHS; Allen, Joyce B - DHS; Jacobson, Andrea L - DHS; Stachoviak, Ryan J - DHS; Koepke, Ruth S - DHS (UW Sch of Med and Pub); Smiley, Stephanie L - DHS (DPH); Guilfoyle, Sheila M - DHS; Stokes, Scott A - DHS; Krupski, Paul A - DHS
Subject:	Assessment of service gaps in opioid treatment discussion
Attachments:	Full report - For DPHDHS review process.docx

Assessment of service gaps in opioid treatment discussion.

Below are individuals who should be in the meeting along with myself.

DCTS – Kate Rifken, Joyce Allen, Andrea Jacobson, Ryan Stachoviak

DPH- Ruth Koepke, Stephanie Smiley, Sheila Guilfoyle, Scott Stokes

OS – Beth Wikler, Nicole Safar

Paul

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Miller, Jennifer C - DHS; Goodsitt, Elizabeth S - DHS
Cc: Miller, Stephanie W - DHS
Subject: BCD EditsCOVID 19 Opening Remarks 3 6 20 AP
Date: Friday, March 06, 2020 11:26:00 AM
Attachments: COVID 19 Opening Remarks 3 6 20 AP11041rwTD.docx

---

Here you go…feel free to tweak if you want/need to.

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Westergaard, Ryan P - DHS; DeSalvo, Traci E - DHS
Subject: COVID 19 Opening Remarks 3 6 20 AP
Date: Friday, March 06, 2020 10:39:00 AM
Attachments: COVID 19 Opening Remarks 3 6 20 AP.docx

I've edited some stuff here…I don't know if this is what we want to be saying or if it includes everything we want to hit home for people

I had Dr. W in here, but this will be you instead Traci.

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Johnson, Melanie L - DHS (Mimi)
Subject: COVID-2019-CoV FAQ
Date: Tuesday, March 03, 2020 9:22:23 PM
Attachments: COVID-2019-CoV FAQ.docx

Hi!

Please don't share these with anyone because only some of them have been vetted—I'm only sharing with you so that you can answer questions if you need to tomorrow. We do have a FAQ document that I think was getting a publication number and is real close to being approved if it isn't already that we'll make sure to get to everyone.

The other piece that you need to know is that we had been working on sending out updated guidance to LHDs, and CDC just told us tonight that they're going to be sending updated guidance tomorrow—which means we're going to be in a mad dash to update our protocols on returning travelers that they are sending out. It is unclear if what we had prepared will be largely different than what they prepared.

I hope you can solicit what they would find helpful that they aren't currently getting from the Division—whatever that is we'll farm out to the appropriate folks to either make sure guidance is prepared/is addressed on the weekly webinars we host for LHDs/Tribes every Wednesday or added to the list of gaps that need to be discussed.

Thank you—and good luck!

Let me know if something comes up that you need an answer to right away.

Smiley

AMERICAN OVERSIGHT

From:	Amsterdam, Lori E - DHS
To:	Westergaard, Ryan P - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); Wade, Anthony - DHS (CDC)
Subject:	DGI Provider Guidance Draft
Date:	Thursday, February 06, 2020 6:17:20 PM
Attachments:	WIProviderLetterDRAFTLEA2-6-20.docx

Hello Dr. Westergaard,

I have attached a first draft of the DGI provider guidance. I would appreciate if you are able to look it over first, before I share with others for content and feedback.

As an FYI, I worked with the WSLH on a HAN they sent to their statewide Laboratory Network in December soon after CDC sent out their "Dear Colleague" DGI Letter. The Provider Letter attached contains updated local information.

I will be out of the office and out of touch until Tuesday, February 18th, at which time I would like to update this draft with your comments and any updates to include from the February 11th CDC DGI webinar, so that I may share the updated document with relevant partners for additional feedback.

Thank you,

Lori

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Lori Amsterdam, M.P.H.
Epidemiology Coordinator
Division of Public Health
Bureau of Communicable Diseases
STD Control Section-Room 256
1 W. Wilson St., Madison, WI
P.O. Box 2659
53701-2659
Lori.Amsterdam@wisconsin.gov
OFFICE 608 267 5220
FAX 608 261 9301
"Maybe the last mile problem really should be thought of as the last mile opportunity"- Sendhil Mullainathan.

AMERICAN OVERSIGHT

From:	Amsterdam, Lori E - DHS
To:	Westergaard, Ryan P - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); Wade, Anthony - DHS (CDC)
Subject:	DGI Provider Guidance Draft
Date:	Wednesday, February 19, 2020 2:23:26 PM
Attachments:	WIProviderLetterDRAFTLEA2-19-20.docx

Hello,

I know the Bureau has been busy with COVID-19, but please let me know if you have comments or modifications to the DGI Provider Guidance Letter document attached, before I move it forward.

I have attached a slightly updated file, so please use this version for your review.

Thank you,

Lori

From: Amsterdam, Lori E - DHS
Sent: Thursday, February 06, 2020 6:17 PM
To: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>
Cc: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Wade, Anthony - DHS (CDC) <Anthony.Wade@dhs.wisconsin.gov>
Subject: DGI Provider Guidance Draft

Hello Dr. Westergaard,

I have attached a first draft of the DGI provider guidance. I would appreciate if you are able to look it over first, before I share with others for content and feedback.

As an FYI, I worked with the WSLH on a HAN they sent to their statewide Laboratory Network in December soon after CDC sent out their "Dear Colleague" DGI Letter. The Provider Letter attached contains updated local information.

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Thank you,

Lori

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Lori Amsterdam, M.P.H.
Epidemiology Coordinator
Division of Public Health
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53701-2659
Lori.Amsterdam@wisconsin.gov
OFFICE 608 267 5220
FAX 608 261 9301
"Maybe the last mile problem really should be thought of as the last mile opportunity"- Sendhil Mullainathan.

AMERICAN OVERSIGHT

From:	Miller, Jennifer C - DHS
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Cc:	Miller, Stephanie W - DHS
Subject:	Draft AP Opening Remarks for Today"s Media Briefing
Date:	Friday, March 06, 2020 9:52:00 AM
Attachments:	image001.png image003.png image002.png COVID 19 Opening Remarks 3 6 20 AP.docx

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Hi,

Stephanie asked me to share the draft opening remarks for today's media briefing that will be made by the Secretary Designee. Please feel free to add anything I missed, or correct anything that's wrong. In other words, edit.

Traci, will you need anything? Our plan is to have Andrea just read a statement and then open it up for questions. Dr. Bateman from the State Lab will also participate.

Jennifer

Jennifer Miller
Wisconsin Department of Health Services
O: 608-267-9735 | Media line: 608-266-1683

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AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: DeSalvo, Traci E - DHS
Subject: Draft PRL State Lab Now Conducting Tests for COVID 19
Date: Monday, March 02, 2020 10:05:00 AM
Attachments: Draft PRL State Lab Now Conducting Tests for COVID 19.docx
Importance: High

Please review ASAP

AMERICAN OVERSIGHT

From:	Smiley, Stephanie L - DHS (DPH)
To:	Warzecha, Charles J - DHS; Ayers, Jeanne F - DHS; Kaplan, Beth M - DHS
Cc:	DeSalvo, Traci E - DHS
Subject:	EMERGENT GUIDANCE DOCUMENT: 2019-nCoV Reportable Numbered Memo
Date:	Monday, February 03, 2020 2:04:44 PM
Attachments:	2019-nCoV Reportable Numbered Memo.docx
Importance:	High

Good afternoon,

Please see the attached emergent guidance memo that is declaring PUI and confirmed cases of novel coronavirus as reportable under the authority of chapter 145. Beth, this is also saved in the sharepoint drive.

We would like to issue this to healthcare providers as soon as possible—an immediate release with posting to the guidance document library for a one day comment period.

This guidance is important to issue right away so that health care providers know that this will be a reportable disease and also be aware of the change in guidance related to people who would be considered People Under Investigation, specifically the criteria for those who have traveled from mainland China.

Let me know if you have any questions.

Thank you!

Smiley

AMERICAN OVERSIGHT

From: Thelen, Margaret K - DHS
To: Smiley, Stephanie L - DHS (DPH); Miller, Stephanie W - DHS
Subject: External SIt Rep for Review
Date: Friday, February 28, 2020 1:40:13 PM
Attachments: sit rep_formatting.docx

I wanted to keep with thing within two pages, but the media availability list brought me over. I think this might be okay for the first one as it would take some formatting wizardry to make it happen.

Smiley, Let me know if you have any edits. Do we think this needs a P Number? Or are we able to just upload it right to drupal?

Once that is approved, we can send to Chuck for IC approval, and then to Beth Kaplan (?) to send it out to partners.

Thanks!

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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From:	Kocharian, Anna - DHS
To:	Westergaard, Ryan P - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Cc:	Klos, Rachel F - DHS
Subject:	For your review: guidance for LHDs and travelers
Date:	Tuesday, March 03, 2020 6:13:09 PM
Attachments:	Key Points for LHDs with March 3 Travel Guidance - Draft 4.docx Website Traveler Affected Country Guidance_03.03.20v2.docx
Importance:	High

Please find attached.

Thanks,

Rachel and Anna

AMERICAN OVERSIGHT

From:	Ellinger, Beth A - DHS
To:	Klos, Rachel F - DHS; Haupt, Thomas E - DHS; Westergaard, Ryan P - DHS; Cordova, Joseph A - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Subject:	Friday Webinar
Date:	Thursday, February 27, 2020 11:10:00 AM
Attachments:	2019 nCoV IP Webinar 2.27.20.pptx
Importance:	High

Hello,

I made a few updates to our previous webinar powerpoint so we can have something to follow for tomorrow. Please review and let me know if there are any changes. My specific question is: Should we still include the info about the monitoring sheets? Not sure if this is relevant to providers, etc.

I am including the slides in this email and the file can be found here: L:\CDES Shared Investigations\2020_Coronavirus\Presentations

Beth Ellinger, MS, MPH, CIC
Epidemiologist-Advanced | Infection Preventionist
Healthcare-Associated Infection Prevention Program

Wisconsin Department of Health Services | Division of Public Health
Office: 608-266-0365 | Fax: 608-261-4976 | beth.ellinger@dhs.wisconsin.gov

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AMERICAN OVERSIGHT

From: Werner, Mark A - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: COVID-19 Coronavirus Information for Employers and Workers Factsheet Files
Date: Tuesday, February 18, 2020 4:30:00 PM
Attachments: COVID-19 Coronavirus Information for Employers and Workers.pdf
COVID-19 Coronavirus Information for Employers and Workers.pub

---

Smiley – here's the draft fact sheet some of my folks put together with information on COVID-19 for employers and workers. Please let me know if there's any additional information you need from us. Thanks!

-Mark

Accredited Health Department

Mark A. Werner, Ph.D.
Director, Bureau of Environmental and Occupational Health
WI Division of Public Health
1 W. Wilson St., Rm. 150
Madison, WI 53701

phone: 608 264-9880
FAX: 608 267-4853

e-mail: mark.werner@wisconsin.gov

mobile phone: 608 471-9687

From: Grajewski, Barbara A - DHS <Barbara.Grajewski@dhs.wisconsin.gov>
Sent: Friday, February 14, 2020 4:02 PM
To: Werner, Mark A - DHS <Mark.Werner@dhs.wisconsin.gov>
Cc: Tomasallo, Carrie D - DHS <Carrie.Tomasallo@dhs.wisconsin.gov>; Meiman, Jonathan G - DHS <Jonathan.Meiman@dhs.wisconsin.gov>; Winegardner, Rachel A - DHS (CDC) <rachel.winegardner@dhs.wisconsin.gov>
Subject: FW: COVID-19 Coronavirus Information for Employers and Workers Factsheet Files

Hello Mark—these are the .pdf and publisher files for our proposed COVID-19 fact sheet for employers and workers. Please consider this for expedited clearance, and let us know if you need

AMERICAN OVERSIGHT

anything else.

Thanks, Barb

Barbara Grajewski, Ph.D.
Epidemiologist and Manager
Occupational Health Surveillance Program
Wisconsin Division of Public Health
1 W. Wilson St., Rm. 150
Madison, WI 53703

Phone: 608-266-0923
e-mail: barbara.grajewski@dhs.wisconsin.gov
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From: Winegardner, Rachel A - DHS (CDC) <rachel.winegardner@dhs.wisconsin.gov>
Sent: Friday, February 14, 2020 12:11 PM
To: Grajewski, Barbara A - DHS <Barbara.Grajewski@dhs.wisconsin.gov>
Subject: COVID-19 Coronavirus Information for Employers and Workers Factsheet Files

Hi Barb,

The revised factsheet files are attached.

Thanks,
Rachel

Rachel Winegardner, MSPH
PHAP Associate
Asthma & Occupational Health Programs
Wisconsin Department of Health Services
1 W Wilson, Room 150 | Madison, WI 53703
phone: 608 267-3230
email: rachel.winegardner@dhs.wisconsin.gov

AMERICAN OVERSIGHT

From: Yunker, Claire F - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: COVID-19 FAQ
Date: Thursday, March 05, 2020 12:17:46 PM
Attachments: P-02608.pdf
image001.png
image006.png
P-02608.pub
image002.png
image003.png

If your team hasn't already started editing the FAQs document that we shared with the legislators and put on the website, could you work from this version? If they have started, no worries, I can add the publication number when we publish.

Thanks!

Claire Yunker
Deputy Communications Director
she, her, hers
Wisconsin Department of Health Services
D: 608-266-6657 | C: 608-335-5662

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From: Caputo, Cristina L - DHS <Cristina.Caputo@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 12:16 PM
To: Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Subject: RE: COVID-19 FAQ

Hi Claire,

Attached are the Publisher and PDF file of the already published (https://www.dhs.wisconsin.gov/publications/p02608.pdf) COVID-19 FAQs. If you want to send the document from DPH I can insert the number and republish.

Cristina Caputo
Office of the Secretary
Forms, Records and Publications Manager
For the Division of Public Health
608-267-9054

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From: Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Sent: Thursday, March 05, 2020 12:08 PM
To: Caputo, Cristina L - DHS <Cristina.Caputo@dhs.wisconsin.gov>
Subject: COVID-19 FAQ

Hi Cris,

Could you send me your version of the COVID-19 FAQ document? I can add the publication number to the one I get from DPH.

Thanks!

Claire Yunker
Deputy Communications Director
she, her, hers
Wisconsin Department of Health Services
D: 608-266-6657 | C: 608-335-5662

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From:	Kaplan, Beth M - DHS
To:	Smiley, Stephanie L - DHS (DPH)
Subject:	FW: draft bulletin for weekly LHD webinar participants
Date:	Friday, March 06, 2020 9:44:44 AM
Attachments:	image001.png image002.png COVID-19 bulletin with webinar link and topic list.docx
Importance:	High

Morning! I wanted to see if you were o.k. with this draft – Traci and Karen Odegaard have approved.

If you do too, I'll get the link to Wednesday's webinar and send this to locals via GovD. Thanks!

Beth

From: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Sent: Thursday, March 05, 2020 3:02 PM
To: Odegaard, Karen L - DHS <karen.odegaard@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: RE: draft bulletin for weekly LHD webinar participants

I am good with this language as well.

Traci

From: Odegaard, Karen L - DHS <karen.odegaard@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 2:19 PM
To: Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: RE: draft bulletin for weekly LHD webinar participants

This works from my end. Traci and Smiley may have additions.

Thanks!
Karen

Karen Odegaard, MPH (Pronouns: she/her/hers)
External Affairs Liaison
Wisconsin Department of Health Services
Office: 608-261-9043 | Cell: 608-590-3715

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From: Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 2:12 PM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Cc: Odegaard, Karen L - DHS <karen.odegaard@dhs.wisconsin.gov>
Subject: draft bulletin for weekly LHD webinar participants

Attached is a draft for a GovDelivery bulletin that would go out to audiences who receive the weekly notice about DPH COVID-19 webinars. The bulletin would include a link to the recorded webinar, and a list of topics that were discussed.

Please let me know if you are good with this draft, or would like additional information provided (which could include descriptions of what was said, responses to questions, etc.)

Thank you!
Beth

Beth Kaplan
Communications Specialist-Advanced (Lead)
Division of Public Health
Wisconsin Department of Health Services
1 W. Wilson St.
(608) 261-9303
Madison, WI 53703
dhs.Wisconsin.gov

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From:	Warzecha, Charles J - DHS
To:	Westergaard, Ryan P - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); Ayers, Jeanne F - DHS; DeSalvo, Traci E - DHS
Subject:	FW: EMERGENT GUIDANCE DOCUMENT: 2019-nCoV Reportable Numbered Memo
Date:	Monday, February 03, 2020 4:25:16 PM
Attachments:	2019-nCoV Reportable Numbered Memo.docx image001.png
Importance:	High

Ryan,
Is this what you just mentioned that we would hold until getting the CDC guidance later tonight? So we should plan to get out first think tomorrow with any changes needed? Thanks,
Chuck

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Smiley, Stephanie L - DHS (DPH)
Sent: Monday, February 3, 2020 2:05 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>
Cc: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: EMERGENT GUIDANCE DOCUMENT: 2019-nCoV Reportable Numbered Memo
Importance: High

Good afternoon,

Please see the attached emergent guidance memo that is declaring PUI and confirmed cases of novel coronavirus as reportable under the authority of chapter 145. Beth, this is also saved in the sharepoint drive.

We would like to issue this to healthcare providers as soon as possible—an immediate release with posting to the guidance document library for a one day comment period.

This guidance is important to issue right away so that health care providers know that this will be a

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reportable disease and also be aware of the change in guidance related to people who would be considered People Under Investigation, specifically the criteria for those who have traveled from mainland China.

Let me know if you have any questions.

Thank you!

Smiley

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From:	Warzecha, Charles J - DHS
To:	Rowe, Sandra M - DHS; Yunker, Claire F - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); Miller, Stephanie W - DHS; Ayers, Jeanne F - DHS
Subject:	FW: EMERGENT GUIDANCE DOCUMENT: 2019-nCoV Reportable Numbered Memo
Date:	Monday, February 03, 2020 4:48:51 PM
Attachments:	2019-nCoV Reportable Numbered Memo.docx image001.png
Importance:	High

Sandy and Claire,
We would like to get this guidance out as soon as possible.

Following Claire's review we will get this added to the guidance document site and send. Thank you!
Chuck

Chuck Warzecha, Deputy Administrator
Division of Public Health
Wisconsin Dept. of Health Services
1 West Wilson Street Room 250
Madison, WI 53703
phone 608-266-9780

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From: Smiley, Stephanie L - DHS (DPH)
Sent: Monday, February 3, 2020 2:05 PM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>; Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>
Cc: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: EMERGENT GUIDANCE DOCUMENT: 2019-nCoV Reportable Numbered Memo
Importance: High

Good afternoon,

Please see the attached emergent guidance memo that is declaring PUI and confirmed cases of novel coronavirus as reportable under the authority of chapter 145. Beth, this is also saved in the sharepoint drive.

We would like to issue this to healthcare providers as soon as possible—an immediate release with posting to the guidance document library for a one day comment period.

This guidance is important to issue right away so that health care providers know that this will be a reportable disease and also be aware of the change in guidance related to people who would be

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considered People Under Investigation, specifically the criteria for those who have traveled from mainland China.

Let me know if you have any questions.

Thank you!

Smiley

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From:	Mittelstadt-Lock, Kay L - DHS
To:	Smiley, Stephanie L - DHS (DPH); Kaplan, Beth M - DHS; Miller, Jennifer C - DHS; Wozniak, Ryan J - DHS
Cc:	Cordova, Joseph A - DHS
Subject:	Fw: Internal and External PPE Talking Points
Date:	Wednesday, March 04, 2020 7:04:29 AM
Attachments:	Draft PPE Talking Points External.docx PPE Talking Points_Internal.docx

---

Please find attached the updated talking points regarding PPE for approval. Feel free to edit.
We continue to receive quite a few questions asking when the stockpiles will be released and how to order from them.
Updated guidance for release of the stockpile is forthcoming
Thank you,

Kay Mittelstadt-Lock
MCM Coordinator
WI DHS
920-251-0827

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Warzecha, Charles J - DHS
Subject:	FW: MOU between DHS and pharmacies who plan to administer pan flu vaccine
Date:	Tuesday, February 11, 2020 9:15:00 AM
Attachments:	Tool A - Template for MOU Between Public Health Agency and Pharmacy.docx

As requested…

From: Smiley, Stephanie L - DHS (DPH)
Sent: Friday, January 10, 2020 11:51 AM
To: Lytle, Jeanette C - DHS <Jeanette.Lytle@dhs.wisconsin.gov>
Cc: Schauer, Stephanie L - DHS <Stephanie.Schauer@dhs.wisconsin.gov>
Subject: MOU between DHS and pharmacies who plan to administer pan flu vaccine

Good afternoon, Jeanette,

We are working on our pandemic influenza preparedness activities and are pursuing establishing an MOU between DHS and Wisconsin pharmacies planning to administer pandemic influenza vaccine—a recommendation by the Centers for Disease Control and Prevention.

The MOU allows pharmacies to demonstrate their commitment to administering pandemic vaccine up front rather than exploring the process during an emergency. There is a template available (see attached, developed by the Association of State and Territorial Health Officials) which is specific to the administration of pandemic vaccine though we will first need to decide whether our memorandum of understanding will cover all-hazards or only pandemic influenza.

https://www.astho.org/Programs/Infectious-Disease/Pandemic-Influenza/MOU-Toolkit-for-Public-Health-and-Pharmacies/

Do you see any issues with this template that we would need to address before we proceed?

Thank you!

Stephanie

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From: Westergaard, Ryan P - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: FW: plan
Date: Thursday, March 05, 2020 1:53:14 PM
Attachments: COVID-19 MLT Status Update_5Mar2020.docx

From: Meiman, Jonathan G - DHS
Sent: Thursday, March 5, 2020 8:31 AM
To: Westergaard, Ryan P - DHS
Subject: RE: plan

This is very hard to write because it's trying to accomplish several very different things. it's both a to-do list and a master plan!

I left some comments for you in the attachment as well. Can discuss later.

From: Meiman, Jonathan G - DHS
Sent: Thursday, March 5, 2020 8:24 AM
To: Westergaard, Ryan P - DHS
Subject: RE: plan

That division of labor makes sense.

Here's how I'm approaching it

- Under current status – I'm spelling out what we need to do in the near future, and who will do it. In a grid, with a little text. Very action-oriented.
- Under Limited transmission, I'm spelling out key actions to be taken under likely scenarios. This is more a way to frame our approach – not a to-do list
- Under widespread, it's more a discussion of considerations – it's broader, much less action oriented. More policy-focused.

See attached….

From: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>
Sent: Thursday, March 5, 2020 6:00 AM
To: Meiman, Jonathan G - DHS <Jonathan.Meiman@dhs.wisconsin.gov>
Subject: RE: plan

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I fear I'm spinning my wheels here. There are too many topics to distill into a useful document, and doesn't feel like a good use of time to cut and paste large categories of guidance. And I think I'm still unclear about how Jeanne/Chuck want to use this document. Can you share what you wrote for the schools/gatherings section? That might help me focus better on what I should be writing.

Ryan Westergaard, MD, PhD, MPH
Chief Medical Officer and State Epidemiologist
Bureau of Communicable Diseases
Division of Public Health
Wisconsin Department of Health Services

Associate Professor of Medicine
Division of Infectious Diseases
University of Wisconsin School of Medicine & Public Health

From: Meiman, Jonathan G - DHS
Sent: Wednesday, March 4, 2020 9:08 PM
To: Westergaard, Ryan P - DHS
Subject: plan

I should be done with the "green" section tonight. Let me know if/how you'd like to divvy up the blue section. I'd be happy to go horizontally, starting at the bottom row of the blue section, as these all involve contingency/crisis standards.

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From:	Smiley, Stephanie L - DHS (DPH)
To:	Klos, Rachel F - DHS
Subject:	FW: PRL COVID-19 Traveler Information
Date:	Wednesday, March 04, 2020 10:07:00 AM
Attachments:	image001.png image003.png PRL-COVID19-Traveler Info.docx image005.png

Here's the release…I haven't opened it yet.

From: Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 9:51 AM
To: Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>
Subject: PRL COVID-19 Traveler Information

Good morning.

Attached, please find a press release with advice for travelers. It contains quotes from Jeanne.

Please feel free to edit. I used the CDC Travel Information and Jeanne's email with tips for returning travelers as the background.

Thank you.

Jennifer

Jennifer Miller
Wisconsin Department of Health Services
O: 608-267-9735 | Media line: 608-266-1683

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From:	Maloney, Jessica J - DHS
To:	Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Miller, Stephanie W - DHS; Miller, Jennifer C - DHS
Subject:	FW: Schools Fact Sheet
Date:	Friday, February 28, 2020 8:14:02 AM
Attachments:	Preparing Your Schools for Coronavirus_v2.pub Preparing Your Schools for Coronavirus_v2.pdf image001.png

Nice document from Madison/Dane. I'm not sure how this fits in with the impending comms package that is coming but thought I'd share. I was thinking having a spot on the PCA portal for document sharing among LHD's might be helpful. I've asked Maggie to see if we can tell how often things we put there are getting downloaded.

JM

Jessica Maloney | Indoor Air & Radon Program Manager
Wisconsin Department of Health Services
1 West Wilson, Room 150 | Madison, WI 53703
p. 608 267-7199

WISCONSIN DEPARTMENT of HEALTH SERVICES
Test, fix, save a life. www.lowradon.org

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From: Vogt, Christy <CVogt@publichealthmdc.com>
Sent: Thursday, February 27, 2020 4:38 PM
To: Maloney, Jessica J - DHS <Jessica.Maloney@dhs.wisconsin.gov>
Subject: Schools Fact Sheet

Hey! This still needs final approval so we aren't moving it online yet, but feel free to take language/ideas…most of it I copied from CDC anyway. ;) We have a draft sample email for parents too, but that needs my fresh Friday morning eyes. Will share when done.
Thanks!
CV

Christy Vogt, MPH, CHES (pronouns: she/her/hers) **| Health Education Coordinator**
| cvogt@publichealthmdc.com
Public Health Madison & Dane County | 210 Martin Luther King Jr. Blvd, Room 507, Madison WI 53703
Phone: (608) 242-6507 | Fax: (608) 266-4858 | Facebook | Twitter | Instagram

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AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Westergaard, Ryan P - DHS
Subject: Key Points for LHDs with March 3 Travel Guidance - Draft 2
Date: Tuesday, March 03, 2020 6:08:00 PM
Attachments: Key Points for LHDs with March 3 Travel Guidance - Draft 2.docx

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From:	Wolfe, Hester - DHS (UW-Madison)
To:	Felten, Kristen - DHS; Matthies, Robin - DHS; Smiley, Stephanie L - DHS (DPH); Gibbons, Zoe E - DHS; Dougherty, Jacob A - DHS; Shukla, Vipul W - DHS; Ou, Yi - DHS (WSLH); Valenzuela, Janice - DHS; Wynn, Ricardo M - DHS (UW); Seeliger, Elizabeth L - DHS; Wolfe, Hester - DHS (UW-Madison)
Subject:	LGBTQ website reorg
Date:	Tuesday, February 04, 2020 11:59:35 AM
Attachments:	LGBT Website Preview_20200204 v2.docx

Hi all,
As most of you know, Zoe, Vipul, and I have been working on a reorganization of the DHS LGBT Health webpage. For reference, here is the current website.

Attached is a preview of the proposed website reorganization. The first page lays out the basic site map: 4 main pages (Transgender Health, LGBTQ Resources, Service Providers, Data & Reports). Then there is a table showing the accordions we envision being on each of those pages containing lists of links to resources. The links are laid out below. We've indicated in red text where we suggest duplicating links on multiple pages. We tried to keep duplication to a minimum as that is a major issue with the current site. (This red text won't be on the final site, it's just for your information.)

This is a first draft. The names of the pages and subheadings are definitely up for discussion. As are the links themselves.

If possible, please look over the document before our next meeting on Wednesday, February 12th. We'll ask for any initial feedback at the meeting and discuss next steps including identifying gaps in the site.

Thanks!
Hester

Hester Wolfe, MPH (pronouns: she, her, hers)
HIV Minority Health Partnership Grant Coordinator
HIV Program
Division of Public Health, Wisconsin Department of Health Services
1 W Wilson St, Rm 265, Madison, WI 53703
608-261-6871
Hester.Wolfe@dhs.wisconsin.gov

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AMERICAN OVERSIGHT

From: Westergaard, Ryan P - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: LHD guidance
Date: Tuesday, March 03, 2020 7:58:13 PM
Attachments: Key Points for LHDs with March 3 Travel Guidance - Draft 2_rw10764].docx

Here are my suggested edits for the LHD recommendation. There is a lot of information here. The content is good. Depending on the format in which it gets delivered, it could benefit from a title/subject line, or short intro highlighting the main take home message.

Ryan Westergaard, MD, PhD, MPH
Chief Medical Officer and State Epidemiologist
Bureau of Communicable Diseases
Division of Public Health
Wisconsin Department of Health Services

Associate Professor of Medicine
Division of Infectious Diseases
University of Wisconsin School of Medicine & Public Health

From: Smiley, Stephanie L - DHS (DPH)
Sent: Tuesday, March 3, 2020 6:18 PM
To: Westergaard, Ryan P - DHS
Subject: COVID19 Legis Briefing Script

Here you go…

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From:	Wozniak, Ryan J - DHS
To:	Warzecha, Charles J - DHS; Phillips, Jeffrey J - DHS; Werner, Mark A - DHS; Ayers, Jeanne F - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS; Westergaard, Ryan P - DHS; Thelen, Margaret K - DHS; Cordova, Joseph A - DHS; Longo, John P - DHS; Moore, Donna J - DHS; Baldoni-Lake, Ramona L - DHS; Austin, Samuel V - DHS; Miller, Stephanie W - DHS; Miller, Jennifer C - DHS; McCarthy, Claudine N - DHS; LeClear, David S - DHS
Subject:	List of COVID-19 External Partner Calls
Date:	Tuesday, February 18, 2020 5:53:13 PM
Attachments:	List of COVID-19 External Partner Calls.docx

Good evening,

Attached is a list of calls that some of us have been invited to by our external partners to discuss ongoing COVID-19 response and planning efforts. In order to ensure that we have adequate and appropriate representation on these calls, please review this list prior to tomorrow's IMS meeting. Hopefully, we can quickly identify the most appropriate individuals and their back-ups to participate in these calls going forward. If I've missed any recurring or significant call invites from external partners, please let me know and I'll add them to the list.

Thanks,
Ryan

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: DeSalvo, Traci E - DHS
Subject: LOOK AT THIS ONE ! COVID 19 Opening Remarks 3 6 20 AP
Date: Friday, March 06, 2020 10:58:00 AM
Attachments: COVID 19 Opening Remarks 3 6 20 AP[11041]rw.docx

Look at this one.

From: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>
Sent: Friday, March 6, 2020 10:44 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: RE: COVID 19 Opening Remarks 3 6 20 AP

Looks okay – changed 1 word and 1 sentence

Ryan Westergaard, MD, PhD, MPH
Chief Medical Officer and State Epidemiologist
Bureau of Communicable Diseases
Division of Public Health
Wisconsin Department of Health Services

Associate Professor of Medicine
Division of Infectious Diseases
University of Wisconsin School of Medicine & Public Health

From: Smiley, Stephanie L - DHS (DPH)
Sent: Friday, March 6, 2020 10:39 AM
To: Westergaard, Ryan P - DHS; DeSalvo, Traci E - DHS
Subject: COVID 19 Opening Remarks 3 6 20 AP

I've edited some stuff here…I don't know if this is what we want to be saying or if it includes everything we want to hit home for people

I had Dr. W in here, but this will be you instead Traci.

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From: Smiley, Stephanie L - DHS (DPH)
To: Meinholz, Kimberly K - DHS; Warzecha, Charles J - DHS
Subject: Packet of info
Date: Wednesday, February 05, 2020 1:42:56 PM
Attachments: image001.png
Confirmed case.Comms plan for 2019-CoV (f).docx
image008.png

Here's the latest info: Attached

7 negative
1 Positive
2 pending
10 TOTAL

We have additional guidance coming out later today for locals as well regarding risk determination.

The local public health department will be doing their own release about the confirmed case later today.

Stephanie Smiley
Director, Bureau of Communicable Diseases, Division of Public Health
Wisconsin Department of Health Services
D: 608-267-9363 | C: 608-260-5616

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From:	Miller, Jennifer C - DHS
To:	Miller, Stephanie W - DHS; Warzecha, Charles J - DHS; Smiley, Stephanie L - DHS (DPH)
Cc:	Goodsitt, Elizabeth S - DHS
Subject:	PHMDC News Release and...
Date:	Tuesday, February 25, 2020 3:14:42 PM
Attachments:	2020-02-25 DRAFT Second Person with Coronavirus Confirmed in Dane County.docx image001.png image002.png image003.png

Attached, please find the draft release prepared by PHMDC. This was drafted before Chuck and I spoke to Lori Getter at the UW and Sarah Mattes at the health department.

I have yet to see any info about a call at 4:30. Unfortunately I will be on a bus at the time of the call. Elizabeth says she can sit in if Stephanie cannot. I will let you know as soon as I hear any details about it.

Thanks!

Jennifer

Jennifer Miller
Wisconsin Department of Health Services
O: 608-267-9735 | Media line: 608-266-1683

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From:	Klos, Rachel F - DHS
To:	Miller, Jennifer C - DHS
Cc:	DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Kocharian, Anna - DHS
Subject:	Press Release - Revised by CDES
Date:	Wednesday, March 04, 2020 11:25:08 AM
Attachments:	image001.png image002.png image003.png PressRelease-COVID19-Traveler_Info_030420RK.docx

Hello Jennifer,
Attached is the draft press release. We worked on updating the language to align with current recommendations. Let me know if there are questions.

Rachel Klos, DVM, MPH
State Public Health Veterinarian
Wisconsin Division of Public Health
Office: 608-266-2154 / Fax: 608-261-4976
Email: Rachel.klos@wi.gov

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From: Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 11:06 AM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Cc: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>; DeWeese, Sigrid R - DHS (Ruth) <Sigrid.DeWeese@dhs.wisconsin.gov>
Subject: RE: Website Traveler Guidance

Has the fact sheet been posted? If yes, when the press release is approved, we'll send it and the link to the sheet to locals first, and issue the press release some time this afternoon. We'll also indicate to locals that these topics will be discussed during today's webinar.

Thanks,

Jennifer

From: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Sent: Wednesday, March 04, 2020 10:57 AM

AMERICAN OVERSIGHT

To: Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Cc: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>; DeWeese, Sigrid R - DHS (Ruth) <Sigrid.DeWeese@dhs.wisconsin.gov>
Subject: RE: Website Traveler Guidance

Hi Jennifer,

I am happy to do interviews this afternoon if needed.

Traci

From: Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 10:17 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Cc: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>; DeWeese, Sigrid R - DHS (Ruth) <Sigrid.DeWeese@dhs.wisconsin.gov>
Subject: RE: Website Traveler Guidance

All good points, Smiley. The focus today was on the legislative briefing, so I don't expect a media briefing today. That said, I expect the release will generate interest, and we need to have someone in the on deck circle who can do interviews. Jeanne is quoted in the release, but I think it's impractical to have her do what could be back-to-back interviews. I would recommend Traci or Tom, if they are available. (That said, briefings are fairly quick to turnaround, so we can see what the response to the release is and determine if a briefing is more expedient).

Yes, locals need to be notified first, and we'll make sure the link to the published release is provided to DPH Comms first to send them before it goes to the media.

In addition to the webinar, we plan to have a comms team member take notes from it and create a FAQ that we can send to locals to augment the info from the webinar. It will reinforce the messages and show the locals our good faith effort to keep them informed. Besides, it's always nice to have a "hard copy" for future reference.

Thanks for your input.

AMERICAN OVERSIGHT

Jennifer

From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Wednesday, March 04, 2020 10:01 AM
To: Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Cc: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>; DeWeese, Sigrid R - DHS (Ruth) <Sigrid.DeWeese@dhs.wisconsin.gov>; Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>
Subject: RE: Website Traveler Guidance

Here's what I have in my brain about what is happening today:

- Updating the website to reflect the traveler guidance
- Press Release announcing what is in the website guidance
- Updating the locals with a Gov D message about what the public health implications are of this guidance and how they need to handle these travelers
- Talking through this on a webinar with LHDs.

Is there anything else?

I think I'd like to get the information updated on the website and to the locals BEFORE we issue a press release so that they can be prepared to respond in case media call them asking them what they're doing. We are shooting to get the info out to LHDs this morning yet.

Are we doing a media briefing or how are we coordinating the media questions about the press release?

Thank you!

Smiley

From: Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 9:50 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Cc: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>; DeWeese, Sigrid R - DHS (Ruth) <Sigrid.DeWeese@dhs.wisconsin.gov>; Miller, Jennifer C - DHS

AMERICAN OVERSIGHT

<JenniferC.Miller@dhs.wisconsin.gov>
Subject: RE: Website Traveler Guidance

Thank you!!

Jennifer let me know a little while ago that she is finalizing a press release on this same topic. I imagine that the publishing of both should be coordinated. Stephanie Miller and Stephanie Smiley, does that work for you? Or should the webpage content be published sooner? I just want to make sure we are coordinating properly.

Thanks,
Claire

Claire Yunker
Deputy Communications Director
she, her, hers
Wisconsin Department of Health Services
D: 608-266-6657 | C: 608-335-5662

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From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 9:47 AM
To: Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Cc: Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Gerdes, Austin A - DHS <austin.gerdes@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Kopetskie, Karen M - DHS <Karen.Kopetskie@dhs.wisconsin.gov>; DeWeese, Sigrid R - DHS (Ruth) <Sigrid.DeWeese@dhs.wisconsin.gov>
Subject: Website Traveler Guidance

Good morning, Stephanie and Claire,

Our division level comms staff have indicated that this needs to go through you before we post. We would like to add a new accordion tab on our COVID-19 website with this information. How do you all want to review this information?

We need to post this ASAP.

AMERICAN OVERSIGHT

Thank you for any assistance you can provide on the process to expedite the review of web content.

Hope you're having a good day!

Smiley

AMERICAN OVERSIGHT

From:	Miller, Jennifer C - DHS
To:	Miller, Stephanie W - DHS; Smiley, Stephanie L - DHS (DPH); Ayers, Jeanne F - DHS
Cc:	Kaplan, Beth M - DHS
Subject:	PRL COVID-19 Traveler Information
Date:	Wednesday, March 04, 2020 9:51:13 AM
Attachments:	image001.png image002.png image003.png PRL-COVID19-Traveler Info.docx

---

Good morning.

Attached, please find a press release with advice for travelers. It contains quotes from Jeanne.

Please feel free to edit. I used the CDC Travel Information and Jeanne's email with tips for returning travelers as the background.

Thank you.

Jennifer

Jennifer Miller
Wisconsin Department of Health Services
O: 608-267-9735 | Media line: 608-266-1683

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AMERICAN OVERSIGHT

From: Miller, Stephanie W - DHS
To: Miller, Jennifer C - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Subject: PRL-Draft COVID19 Shawano
Date: Friday, March 06, 2020 3:46:00 PM
Attachments: PRL-Draft COVID19 Shawano.docx

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
To: Miller, Stephanie W - DHS; Miller, Jennifer C - DHS
Subject: PRL-Draft COVID19 Shawano
Date: Friday, March 06, 2020 4:24:24 PM
Attachments: PRL-Draft COVID19 Shawano.docx

Glad we don't need to use this today, but I made some modifications based on what Minnesota had in their release today—take 'em or leave 'em for future use. ☺

Have a good weekend!

Smiley

AMERICAN OVERSIGHT

From: Westergaard, Ryan P - DHS
To: Smiley, Stephanie L - DHS (DPH)
Subject: RE: COVID 19 Opening Remarks 3 6 20 AP
Date: Friday, March 06, 2020 10:43:45 AM
Attachments: COVID 19 Opening Remarks 3 6 20 AP[11041]rw.docx

---

Looks okay – changed 1 word and 1 sentence

Ryan Westergaard, MD, PhD, MPH
Chief Medical Officer and State Epidemiologist
Bureau of Communicable Diseases
Division of Public Health
Wisconsin Department of Health Services

Associate Professor of Medicine
Division of Infectious Diseases
University of Wisconsin School of Medicine & Public Health

From: Smiley, Stephanie L - DHS (DPH)
Sent: Friday, March 6, 2020 10:39 AM
To: Westergaard, Ryan P - DHS; DeSalvo, Traci E - DHS
Subject: COVID 19 Opening Remarks 3 6 20 AP

I've edited some stuff here…I don't know if this is what we want to be saying or if it includes everything we want to hit home for people

I had Dr. W in here, but this will be you instead Traci.

AMERICAN OVERSIGHT

From:	DeSalvo, Traci E - DHS
To:	Smiley, Stephanie L - DHS (DPH)
Subject:	RE: Draft PRL State Lab Now Conducting Tests for COVID 19
Date:	Monday, March 02, 2020 10:21:06 AM
Attachments:	Draft PRL State Lab Now Conducting Tests for COVID-19.docx image004.png

Hi Smiley,

My suggested changes are included in the attached. We just had a call with WSLH and they said that Milwaukee Lab wants to be included as well (they have the test ready to go).

Traci

Traci DeSalvo, MPH
Chief, Communicable Diseases Epidemiology Section
Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases
Phone: (608) 267-7321 | Fax: (608) 261-4976

Follow DHS:

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From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Monday, March 2, 2020 10:06 AM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: Draft PRL State Lab Now Conducting Tests for COVID 19
Importance: High

Please review ASAP

AMERICAN OVERSIGHT

From:	Smiley, Stephanie L - DHS (DPH)
To:	Miller, Jennifer C - DHS; Miller, Stephanie W - DHS
Subject:	RE: DRAFT PRL State Lab Now Conducting Tests for COVID 19
Date:	Monday, March 02, 2020 10:33:00 AM
Attachments:	image001.png image005.png image006.png Draft PRL State Lab Now Conducting Tests for COVID-19.docx

Here are our thoughts—we just heard from WSLH that the City of Milwaukee is ready to go too… they also wanted to be included in the release, and I believe Jan is sending you this info directly. I would recommend that you contact the city as well to make sure they're prepared and want us to announce this.

From: Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>
Sent: Monday, March 2, 2020 9:36 AM
To: Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>
Subject: DRAFT PRL State Lab Now Conducting Tests for COVID 19

Hello,

Attached is a draft press release announcing the State Lab is conducting COVID 19 testing. It has been sent to Jan Klawitter to add the State Lab's info.

Please let us know asap if we will be announcing this today as we will need to prepare for a media briefing.

Thanks!

Jennifer

Jennifer Miller
Wisconsin Department of Health Services
O: 608-267-9735 | Media line: 608-266-1683

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AMERICAN OVERSIGHT

From:	Thelen, Margaret K - DHS
To:	Smiley, Stephanie L - DHS (DPH); Miller, Stephanie W - DHS
Subject:	RE: External SIt Rep for Review
Date:	Friday, February 28, 2020 1:43:08 PM
Attachments:	sit rep_formatting.docx

Now with updated cases and dates formatting correctly. I apologize.

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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From: Thelen, Margaret K - DHS
Sent: Friday, February 28, 2020 1:40 PM
To: Smiley, Stephanie L - DHS (DPH) (Stephanie.Smiley@dhs.wisconsin.gov) <Stephanie.Smiley@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Subject: External SIt Rep for Review

I wanted to keep with thing within two pages, but the media availability list brought me over. I think this might be okay for the first one as it would take some formatting wizardry to make it happen.

Smiley, Let me know if you have any edits. Do we think this needs a P Number? Or are we able to just upload it right to drupal?

Once that is approved, we can send to Chuck for IC approval, and then to Beth Kaplan (?) to send it out to partners.

Thanks!

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov

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608-267-2887

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AMERICAN OVERSIGHT

From:	Thelen, Margaret K - DHS
To:	Warzecha, Charles J - DHS
Cc:	Smiley, Stephanie L - DHS (DPH); Miller, Stephanie W - DHS
Subject:	RE: External SIt Rep for Review
Date:	Friday, February 28, 2020 3:03:39 PM
Attachments:	sit rep_formatting.docx

Chuck,

Here is the external sit rep for review.

Let me know if you see any edits.

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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From: Thelen, Margaret K - DHS
Sent: Friday, February 28, 2020 3:02 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Subject: RE: External SIt Rep for Review

Good catch. I'll add a footnote on it.

I will send the external sit rep to Chuck then for approval.

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Friday, February 28, 2020 3:00 PM
To: Thelen, Margaret K - DHS <Margaret.Thelen@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Subject: RE: External SIt Rep for Review

This looks really really good—thank you!

It's weird that there's no WHO sitrep yet for today—do we need to mention that in ours? That their numbers haven't been updated?

From: Thelen, Margaret K - DHS <Margaret.Thelen@dhs.wisconsin.gov>
Sent: Friday, February 28, 2020 1:43 PM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Subject: RE: External SIt Rep for Review

Now with updated cases and dates formatting correctly. I apologize.

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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From: Thelen, Margaret K - DHS
Sent: Friday, February 28, 2020 1:40 PM
To: Smiley, Stephanie L - DHS (DPH) (Stephanie.Smiley@dhs.wisconsin.gov) <Stephanie.Smiley@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Subject: External SIt Rep for Review

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Once that is approved, we can send to Chuck for IC approval, and then to Beth Kaplan (?) to send it out to partners.

Thanks!

Margaret Thelen, MPH
Health Preparedness and Response Operations Specialist
Division of Public Health
Office of Preparedness and Emergency Health Care (OPEHC)
Wisconsin Department of Health Services
Margaret.Thelen@dhs.wisconsin.gov
608-267-2887

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AMERICAN OVERSIGHT

From:	Smiley, Stephanie L - DHS (DPH)
To:	Mittelstadt-Lock, Kay L - DHS; Kaplan, Beth M - DHS; Miller, Jennifer C - DHS; Wozniak, Ryan J - DHS
Cc:	Cordova, Joseph A - DHS; Miller, Stephanie W - DHS
Subject:	RE: Internal and External PPE Talking Points
Date:	Wednesday, March 04, 2020 8:54:19 AM
Attachments:	PPE Talking Points_Internal.docx Draft PPE Talking Points External.docx

Good morning,

Thanks for pulling these together! I've attached my proposed edits and questions—some of these questions may not be able to be answered without further discussion, but we should have talking points that address them.

Thanks again! I appreciate the opportunity to weigh in.

Smiley

From: Mittelstadt-Lock, Kay L - DHS <Kay.MittelstadtLock@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 7:04 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>
Cc: Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
Subject: Fw: Internal and External PPE Talking Points

Please find attached the updated talking points regarding PPE for approval. Feel free to edit.
We continue to receive quite a few questions asking when the stockpiles will be released and how to order from them.
Updated guidance for release of the stockpile is forthcoming
Thank you,

Kay Mittelstadt-Lock
MCM Coordinator
WI DHS
920-251-0827

AMERICAN OVERSIGHT

From: Mittelstadt-Lock, Kay L - DHS
To: Smiley, Stephanie L - DHS (DPH); Kaplan, Beth M - DHS; Miller, Jennifer C - DHS; Wozniak, Ryan J - DHS
Cc: Cordova, Joseph A - DHS; Miller, Stephanie W - DHS
Subject: RE: Internal and External PPE Talking Points
Date: Thursday, March 05, 2020 5:32:16 PM
Attachments: Draft_PPE Talking Points_Internal_030520.docx
image002.png
image004.png
Draft_PPE Talking Points_External_030520.docx

Thank you for your comments Stephanie, and for discussing them today. Please see the amended versions attached. Let me know if there are any further changes.
For use as needed.
Best,
Kay

Kay L Mittelstadt-Lock
Medical Countermeasures Coordinator
Wisconsin Department of Health Services/ Office of Preparedness and Emergency Healthcare
1 W. Wilson St., Madison, WI 53703
Office: 608-266-3888
Cell: 920-251-0827
Kay.mittelstadtlock@dhs.wisconsin.gov

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"Do the best you can until you know better. Then when you know better, do better."— Maya Angelou

---

From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Wednesday, March 04, 2020 8:54 AM
To: Mittelstadt-Lock, Kay L - DHS <Kay.MittelstadtLock@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>
Cc: Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Subject: RE: Internal and External PPE Talking Points

Good morning,

Thanks for pulling these together! I've attached my proposed edits and questions—some of these questions may not be able to be answered without further discussion, but we should have talking points that address them.

AMERICAN OVERSIGHT

Thanks again! I appreciate the opportunity to weigh in.

Smiley

From: Mittelstadt-Lock, Kay L - DHS <Kay.MittelstadtLock@dhs.wisconsin.gov>
Sent: Wednesday, March 4, 2020 7:04 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>; Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>
Cc: Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
Subject: Fw: Internal and External PPE Talking Points

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Updated guidance for release of the stockpile is forthcoming
Thank you,

Kay Mittelstadt-Lock
MCM Coordinator
WI DHS
920-251-0827

AMERICAN OVERSIGHT

From:	Olson, Lisa A - DHS
To:	Ayers, Jeanne F - DHS; Warzecha, Charles J - DHS
Cc:	Westergaard, Ryan P - DHS; Hoyer-Booth, Andrew G - DHS; Miller, Stephanie W - DHS; Austin, Samuel V - DHS; Smiley, Stephanie L - DHS (DPH)
Subject:	RE: Legislative briefing
Date:	Sunday, March 01, 2020 4:06:02 PM
Attachments:	COVID19 Legis Briefing.pptx

Hi all,

Here's a DRAFT slide deck to keep the briefing on track. I'm open to any changes. It's also stored in the critical response library

Thanks!
Lisa

-----Original Message-----
From: Olson, Lisa A - DHS
Sent: Friday, February 28, 2020 4:30 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Cc: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Hoyer-Booth, Andrew G - DHS <andrew.hoyerbooth@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Austin, Samuel V - DHS <samuel.austin@dhs.wisconsin.gov>
Subject: RE: Legislative briefing

We're looking at Wednesday for now, more to come on exact time.

-----Original Message-----
From: Olson, Lisa A - DHS
Sent: Thursday, February 27, 2020 3:53 PM
To: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>; Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Cc: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Hoyer-Booth, Andrew G - DHS <andrew.hoyerbooth@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Austin, Samuel V - DHS <samuel.austin@dhs.wisconsin.gov>
Subject: RE: Legislative briefing

Thanks. Ryan, let me know when you're available and we'll grab a hearing room in the capitol and ask Wisconsin Eye to help us.

-----Original Message-----
From: Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Sent: Thursday, February 27, 2020 10:04 AM
To: Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
Cc: Olson, Lisa A - DHS <lisaa.olson@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Hoyer-Booth, Andrew G - DHS <andrew.hoyerbooth@dhs.wisconsin.gov>; Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Austin, Samuel V - DHS <samuel.austin@dhs.wisconsin.gov>
Subject: Re: Legislative briefing

I can be available Tuesday or Wednesday Tara can check times Jeanne

Sent from my iPhone

> On Feb 27, 2020, at 11:32 AM, Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov> wrote:

AMERICAN OVERSIGHT

>
> Thanks Lisa,
> I can make any time on Tuesday work, Thursday afternoon as well. Wednesday isn't good but if that's the best time for Ryan, I would make any time that day work as well.
> Chuck
>
>
> Chuck Warzecha, Deputy Administrator
> Division of Public Health
> Wisconsin Dept. of Health Services
> 1 West Wilson Street Room 250
> Madison, WI 53703
> phone 608-266-9780
>
> NOTICE: This email and any attachments may contain confidential information. Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations and agreements. If you received this email in error, please notify the sender; delete the email; and do not use, disclose or store the information it contains.
>
>
> -----Original Message-----
> From: Olson, Lisa A - DHS <lisaa.olson@dhs.wisconsin.gov>
> Sent: Thursday, February 27, 2020 9:16 AM
> To: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>;
> Warzecha, Charles J - DHS <Charles.Warzecha@dhs.wisconsin.gov>
> Cc: Hoyer-Booth, Andrew G - DHS <andrew.hoyerbooth@dhs.wisconsin.gov>;
> Miller, Stephanie W - DHS <stephanie miller@dhs.wisconsin.gov>;
> Austin, Samuel V - DHS <samuel.austin@dhs.wisconsin.gov>; Ayers,
> Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
> Subject: Legislative briefing
>
> Hi Chuck and Ryan,
>
> We'd like to do a legislative briefing in the Capitol on COVID 19 next week. Steph and Sam will talk with you more today, but could you let me know when you might be able to do this? Plan to be out of the building for 90 minutes total. Tuesday, Wednesday, Thursday is probably best.
>
> Thanks!
> Lisa
>
> Sent from my iPhone

AMERICAN OVERSIGHT

From:	DeSalvo, Traci E - DHS
To:	Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS
Subject:	RE: LOOK AT THIS ONE ! COVID 19 Opening Remarks 3 6 20 AP
Date:	Friday, March 06, 2020 11:07:03 AM
Attachments:	COVID 19 Opening Remarks 3 6 20 AP11041rwTD.docx image001.png

Here are my suggested edits.

Traci DeSalvo, MPH
Chief, Communicable Diseases Epidemiology Section
Wisconsin Department of Health Services | Division of Public Health | Bureau of Communicable Diseases
Phone: (608) 267-7321 | Fax: (608) 261-4976

Follow DHS:

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From: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Sent: Friday, March 6, 2020 10:58 AM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Subject: LOOK AT THIS ONE ! COVID 19 Opening Remarks 3 6 20 AP

Look at this one.

From: Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>
Sent: Friday, March 6, 2020 10:44 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>
Subject: RE: COVID 19 Opening Remarks 3 6 20 AP

Looks okay – changed 1 word and 1 sentence

Ryan Westergaard, MD, PhD, MPH
Chief Medical Officer and State Epidemiologist
Bureau of Communicable Diseases
Division of Public Health
Wisconsin Department of Health Services

Associate Professor of Medicine
Division of Infectious Diseases
University of Wisconsin School of Medicine & Public Health

AMERICAN OVERSIGHT

From: Smiley, Stephanie L - DHS (DPH)
Sent: Friday, March 6, 2020 10:39 AM
To: Westergaard, Ryan P - DHS; DeSalvo, Traci E - DHS
Subject: COVID 19 Opening Remarks 3 6 20 AP

I've edited some stuff here…I don't know if this is what we want to be saying or if it includes everything we want to hit home for people

I had Dr. W in here, but this will be you instead Traci.

AMERICAN OVERSIGHT

From:	Miller, Jennifer C - DHS
To:	Miller, Stephanie W - DHS; Smiley, Stephanie L - DHS (DPH); DeSalvo, Traci E - DHS
Cc:	Yunker, Claire F - DHS
Subject:	RE: Materials Update
Date:	Thursday, March 05, 2020 3:40:38 PM
Attachments:	image003.png image005.png image008.png image001.png COVID 19 Message Map Planning 3 05 2020.docx

Attached, please find a draft message map on the importance of planning ahead (gathering supplies, etc.) to prepare for a pandemic.

Best regards,

Jennifer

Jennifer Miller
Wisconsin Department of Health Services
O: 608-267-9735 | Media line: 608-266-1683

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From: Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>
Sent: Thursday, March 05, 2020 11:11 AM
To: Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>
Cc: Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>; Yunker, Claire F - DHS <Claire.Yunker@dhs.wisconsin.gov>
Subject: Materials Update

For today can you guys prioritize the new message map (Jennifer miller will send) and the FAQ on the Website (send any changes to Claire).

Tomorrow I will need you to look at Public Health Emergency Declaration plan materials (I am reviewing today) .

That is all from PIO for materials today.

Thank you!

AMERICAN OVERSIGHT

Stephanie Miller
Communications Director
Wisconsin Department of Health Services
D: 608-266-5862 | C: 608-556-7307
Media Line: 608-266-1683

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From:	Kaplan, Beth M - DHS
To:	Miller, Jennifer C - DHS; Miller, Stephanie W - DHS; Smiley, Stephanie L - DHS (DPH); Ayers, Jeanne F - DHS
Subject:	RE: PRL COVID-19 Traveler Information
Date:	Wednesday, March 04, 2020 11:07:57 AM
Attachments:	image001.png image005.png image006.png PRL-COVID19-Traveler Info (002).docx

Jeanne has one edit and one comment.
Beth

From: Miller, Jennifer C - DHS <JenniferC.Miller@dhs.wisconsin.gov>
Sent: Wednesday, March 04, 2020 9:51 AM
To: Miller, Stephanie W - DHS <stephanie.miller@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Ayers, Jeanne F - DHS <jeanne.ayers@dhs.wisconsin.gov>
Cc: Kaplan, Beth M - DHS <Beth.Kaplan@dhs.wisconsin.gov>
Subject: PRL COVID-19 Traveler Information

Good morning.

Attached, please find a press release with advice for travelers. It contains quotes from Jeanne.

Please feel free to edit. I used the CDC Travel Information and Jeanne's email with tips for returning travelers as the background.

Thank you.

Jennifer

Jennifer Miller
Wisconsin Department of Health Services
O: 608-267-9735 | Media line: 608-266-1683

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From: Westergaard, Ryan P - DHS
To: Pray, Ian W - DHS (CDC); DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Meinholz, Kimberly K - DHS; Klos, Rachel F - DHS; Wozniak, Ryan J - DHS; Ellinger, Beth A - DHS; Cordova, Joseph A - DHS
Subject: RE: Updated PUI criteria
Date: Friday, January 31, 2020 10:49:34 AM

Interesting – I had to look closely to confirm that they have not changed the criteria for travelers returning from Wuhan specifically, which includes fever and any symptoms, regardless of severity/hospitalization. I presume they did this because of laboratory capacity reasons – i.e. they could not handle the volume of requests that would be generated if they accepted PUI from all of mainland China. This does not make sense strictly from a public health perspective, since many confirmed cases have not had severe symptoms requiring hospitalization. I hope as the lab capacity increases they will revisit this.

For the memo (Beth), am I correct that the thing we are making reportable is confirmed cases of nCoV AND all persons meeting the PUI criteria? We will need to link to the CDC website and acknowledge that it is subject to change.

From: Pray, Ian W - DHS (CDC)
Sent: Friday, January 31, 2020 10:30 AM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Meinholz, Kimberly K - DHS <Kimberly.Meinholz@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>; Ellinger, Beth A - DHS <beth.ellinger@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
Subject: Updated PUI criteria

If you haven't seen this yet, CDC updated their criteria for PUIs to include **any travel to mainland China in 14 days** + Fever + **Symptoms requiring hospitalization**:
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

-----Original Appointment-----
From: DeSalvo, Traci E - DHS
Sent: Monday, January 27, 2020 2:36 PM
To: DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Meinholz, Kimberly K - DHS; Klos, Rachel F - DHS; Pray, Ian W - DHS (CDC); Wozniak, Ryan J - DHS; Ellinger, Beth A - DHS; Cordova, Joseph A - DHS
Subject: Coronavirus Daily Huddle
When: Thursday, January 30, 2020 8:30 AM-9:00 AM (UTC-06:00) Central Time (US & Canada).

AMERICAN OVERSIGHT

Where: Outside Traci's Office

AMERICAN OVERSIGHT

From:	Ellinger, Beth A - DHS
To:	Westergaard, Ryan P - DHS; Pray, Ian W - DHS (CDC); DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Meinholz, Kimberly K - DHS; Klos, Rachel F - DHS; Wozniak, Ryan J - DHS; Cordova, Joseph A - DHS
Subject:	RE: Updated PUI criteria
Date:	Friday, January 31, 2020 12:52:55 PM
Attachments:	Memo_2019_nCOV.docx

Attached is the 2019-nCoV memo. This is not on the SharePoint. Let me know if I should upload this. Otherwise please provide me with your revisions.

Thanks,
Beth

Beth Ellinger, MS, MPH, CIC
Epidemiologist-Advanced | Infection Preventionist
Healthcare-Associated Infection Prevention Program

Wisconsin Department of Health Services | Division of Public Health
Office: 608-266-0365 | Fax: 608-261-4976 | beth.ellinger@dhs.wisconsin.gov

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From: Westergaard, Ryan P - DHS
Sent: Friday, January 31, 2020 10:50 AM
To: Pray, Ian W - DHS (CDC) <ian.pray@dhs.wisconsin.gov>; DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Meinholz, Kimberly K - DHS <Kimberly.Meinholz@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>; Ellinger, Beth A - DHS <beth.ellinger@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
Subject: RE: Updated PUI criteria

Interesting – I had to look closely to confirm that they have not changed the criteria for travelers returning from Wuhan specifically, which includes fever and any symptoms, regardless of severity/hospitalization. I presume they did this because of laboratory capacity reasons – i.e. they could not handle the volume of requests that would be generated if they accepted PUI from all of mainland China. This does not make sense strictly from a public health perspective, since many confirmed cases have not had severe symptoms requiring hospitalization. I hope as the lab capacity increases they will revisit this.

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From: Pray, Ian W - DHS (CDC)
Sent: Friday, January 31, 2020 10:30 AM
To: DeSalvo, Traci E - DHS <Traci.DeSalvo@dhs.wisconsin.gov>; Smiley, Stephanie L - DHS (DPH) <Stephanie.Smiley@dhs.wisconsin.gov>; Westergaard, Ryan P - DHS <ryan.westergaard@dhs.wisconsin.gov>; Haupt, Thomas E - DHS <Thomas.Haupt@dhs.wisconsin.gov>; Kocharian, Anna - DHS <Anna.Kocharian@dhs.wisconsin.gov>; Meinholz, Kimberly K - DHS <Kimberly.Meinholz@dhs.wisconsin.gov>; Klos, Rachel F - DHS <Rachel.Klos@dhs.wisconsin.gov>; Wozniak, Ryan J - DHS <Ryan.Wozniak@dhs.wisconsin.gov>; Ellinger, Beth A - DHS <beth.ellinger@dhs.wisconsin.gov>; Cordova, Joseph A - DHS <Joseph.Cordova@dhs.wisconsin.gov>
Subject: Updated PUI criteria

If you haven't seen this yet, CDC updated their criteria for PUIs to include **any travel to mainland China in 14 days** + Fever + **Symptoms requiring hospitalization**:
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

-----Original Appointment-----
From: DeSalvo, Traci E - DHS
Sent: Monday, January 27, 2020 2:36 PM
To: DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Meinholz, Kimberly K - DHS; Klos, Rachel F - DHS; Pray, Ian W - DHS (CDC); Wozniak, Ryan J - DHS; Ellinger, Beth A - DHS; Cordova, Joseph A - DHS
Subject: Coronavirus Daily Huddle
When: Thursday, January 30, 2020 8:30 AM-9:00 AM (UTC-06:00) Central Time (US & Canada).
Where: Outside Traci's Office

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From:	Miller, Jennifer C - DHS
To:	Miller, Stephanie W - DHS; Smiley, Stephanie L - DHS (DPH); Ayers, Jeanne F - DHS; DeSalvo, Traci E - DHS
Cc:	Kaplan, Beth M - DHS
Subject:	Revised traveler press release
Date:	Wednesday, March 04, 2020 12:40:07 PM
Attachments:	image001.png image002.png image003.png PressRelease-COVID19-Traveler_Info_030420RKjm.docx

---

Hi,

With the help of Rachel Klos in BCD, I have edited the original press release. This one clears up the inaccuracies, but we're waiting to hyperlink the page with the traveler's guidance. We will do that once that guidance is posted.

This is the version for final review.

Thank you.

Jennifer

Jennifer Miller
Wisconsin Department of Health Services
O: 608-267-9735 | Media line: 608-266-1683

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AMERICAN OVERSIGHT

From:	Pray, Ian W - DHS (CDC)
To:	DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Meinholz, Kimberly K - DHS; Klos, Rachel F - DHS; Wozniak, Ryan J - DHS; Ellinger, Beth A - DHS; Cordova, Joseph A - DHS
Subject:	Updated PUI criteria
Date:	Friday, January 31, 2020 10:29:56 AM

If you haven't seen this yet, CDC updated their criteria for PUIs to include **any travel to mainland China in 14 days** + Fever + **Symptoms requiring hospitalization**:
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

-----Original Appointment-----
From: DeSalvo, Traci E - DHS
Sent: Monday, January 27, 2020 2:36 PM
To: DeSalvo, Traci E - DHS; Smiley, Stephanie L - DHS (DPH); Westergaard, Ryan P - DHS; Haupt, Thomas E - DHS; Kocharian, Anna - DHS; Meinholz, Kimberly K - DHS; Klos, Rachel F - DHS; Pray, Ian W - DHS (CDC); Wozniak, Ryan J - DHS; Ellinger, Beth A - DHS; Cordova, Joseph A - DHS
Subject: Coronavirus Daily Huddle
When: Thursday, January 30, 2020 8:30 AM-9:00 AM (UTC-06:00) Central Time (US & Canada).
Where: Outside Traci's Office

AMERICAN OVERSIGHT

From:	Smiley, Stephanie L - DHS (DPH)
To:	Miller, Stephanie W - DHS; Yunker, Claire F - DHS
Cc:	Klos, Rachel F - DHS; DeSalvo, Traci E - DHS; Gerdes, Austin A - DHS; Kaplan, Beth M - DHS; Kopetskie, Karen M - DHS; DeWeese, Sigrid R - DHS (Ruth)
Subject:	Website Traveler Guidance
Date:	Wednesday, March 04, 2020 9:47:01 AM
Attachments:	Website Traveler Affected Country Guidance_03.04.20v3.docx

Good morning, Stephanie and Claire,

Our division level comms staff have indicated that this needs to go through you before we post. We would like to add a new accordion tab on our COVID-19 website with this information. How do you all want to review this information?

We need to post this ASAP.

Thank you for any assistance you can provide on the process to expedite the review of web content.

Hope you're having a good day!

Smiley

AMERICAN OVERSIGHT

From:	Haupt, Thomas E - DHS
To:	Smiley, Stephanie L - DHS (DPH)
Subject:	Weekly Respiratory Report, Week 5
Date:	Tuesday, February 11, 2020 11:11:00 AM
Attachments:	Weekly Respiratory Report 2020-Week 5.pdf
Importance:	High

Sorry its so late but please review for publishing

Thomas Haupt, MS
Wisconsin Department of Health Services
Division of Public Health
Influenza Surveillance Coordinator/Research Scientist
One W. Wilson Street, Room 272
Madison, WI 53701
(ph) 608-266-5326
(fax) 608-261-4976

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AMERICAN OVERSIGHT

From:	Haupt, Thomas E - DHS
To:	Smiley, Stephanie L - DHS (DPH)
Subject:	Weekly Respiratory Report, week 6
Date:	Friday, February 14, 2020 2:27:50 PM
Attachments:	Weekly Respiratory Report 2020- Week 6.pdf

Please review for publishing

Thomas Haupt, MS
Wisconsin Department of Health Services
Division of Public Health
Influenza Surveillance Coordinator/Research Scientist
One W. Wilson Street, Room 272
Madison, WI 53701
(ph) 608-266-5326
(fax) 608-261-4976

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AMERICAN OVERSIGHT

From:	Haupt, Thomas E - DHS
To:	Smiley, Stephanie L - DHS (DPH)
Subject:	Weekly Respiratory Report, Week 7
Date:	Friday, February 21, 2020 2:11:10 PM
Attachments:	Weekly Respiratory Report 2020-Week 7.pdf

Please review for publishing

Thomas Haupt, MS
Wisconsin Department of Health Services
Division of Public Health
Influenza Surveillance Coordinator/Research Scientist
One W. Wilson Street, Room 272
Madison, WI 53701
(ph) 608-266-5326
(fax) 608-261-4976

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From:	Ullsvik, Jennifer C - DHS1
To:	Anderson, Oskar M - DHS; Ayers, Jeanne F - DHS; Johnson, Melanie L - DHS (Mimi); Molke, Carrie A - DHS; Moore, Donna J - DHS; Phillips, Jeffrey J - DHS; Smiley, Stephanie L - DHS (DPH); Uttech, Susan M - DHS; Vasby, Tara J - DHS; Warzecha, Charles J - DHS; Werner, Mark A - DHS
Cc:	Austin, Samuel V - DHS
Subject:	FW: Healthy Communities Memo
Date:	Thursday, February 27, 2020 6:49:48 AM
Attachments:	NACDD Investing in Prevention.pdf healthTIDE Partners 1 Pager.pdf CDPP NPAO Overview.pdf Healthy+Communities+Making+Connections+report.pdf Minnesota Cost Savings.pdf image002.png SO - DPH Strategic Memo Healthy Communities 3-4-2020 v3_r.docx image008.png

---

Hi Everyone,
Please see the latest draft version of the Healthy Communities memo attached, as well as supporting documents, for the March 4 Strategic Conversation. Thank you to Mary Pesik for putting this together! Thank you to Carrie, Maggie, and Sam who provided comments and suggestions!

We did not address some of the comments in the memo at this time but would like to consider them as we move forward with a budget proposal:

- Carrie and her team in BADR (and in the LTC pillar) are looking at how to best approach, as a Division, the collective picture. Meaning, how to also look at the necessary investments for people *living with* conditions/disabilities that can be improved/managed or that are not preventable or "improve-able". Here too, healthy communities are a vehicle for positive change - especially with the social determinants link. How do we join these efforts and our networks to partner together…and avoid competing?

In addition, Maggie suggested the following:

- Invest in improving/expanding qualitative data collection and incorporation- more and better qualitative data, continuous engagement with Wisconsin communities and our clients, understanding better what barriers to health community members are experiencing. This information should be guiding our efforts as much as quantitative data.
- Investing in improving quantitative data – unmet data needs (understanding SDOH and root causes) both in terms of new sources and existing sources within DHS.
- Internally within DHS, we should ensure that population-level data, root cause and system thinking, and the health equity lens are considered/implemented across the board where applicable.
- Leveraging Medicaid where efforts align.
- State-level policies that support chronic disease prevention and address some root causes. We can't advocate for concrete polices but making recommendations for policy change around agricultural subsidies and support, transportation, increasing economic stability (particularly among populations disproportionately burdened by economic instability), housing policies, safe communities, etc.

I look forward to our discussion this morning at Strategic.
Thank you,
Jenny

AMERICAN OVERSIGHT

Jennifer Ullsvik, Director
Bureau of Community Health Promotion
Wisconsin Department of Health Services
D: 608.266.0877

NOTICE: Get the most up to date confidentiality statement here.

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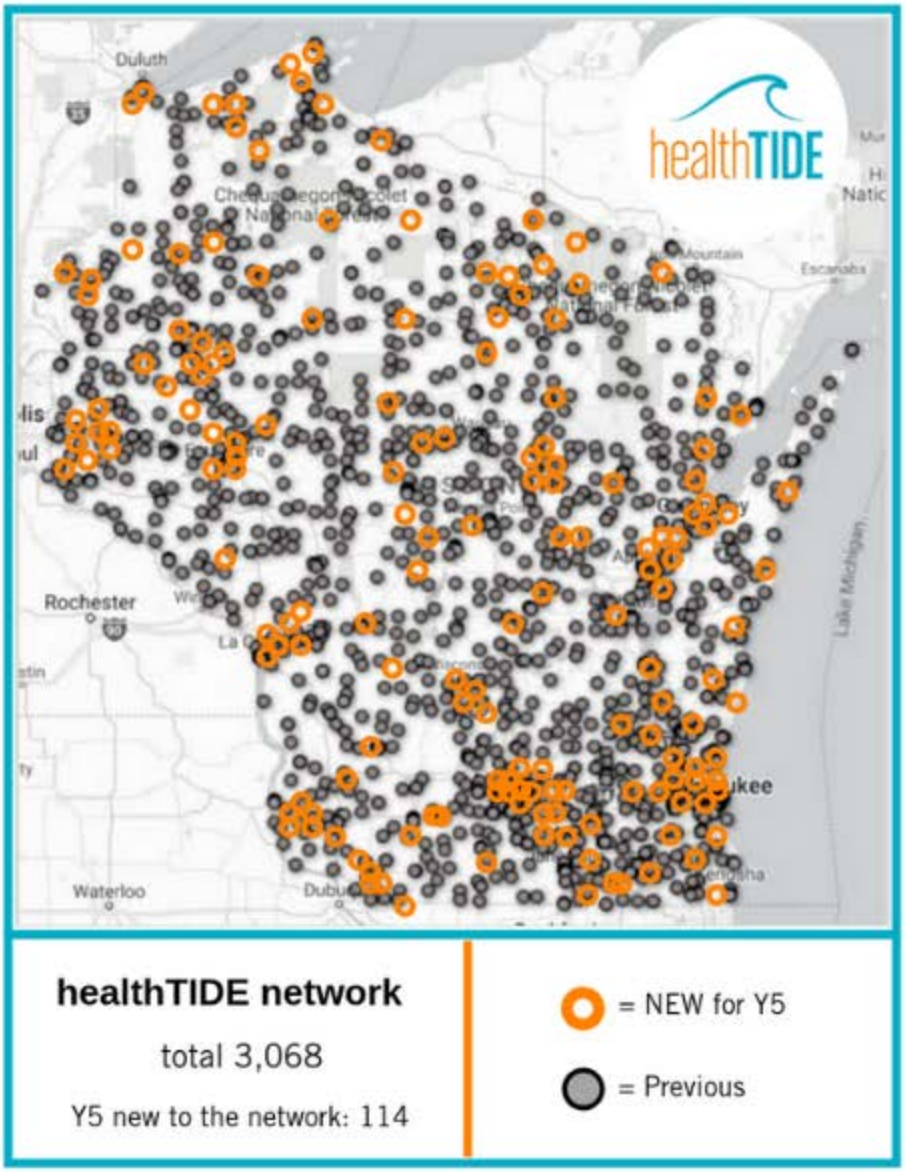
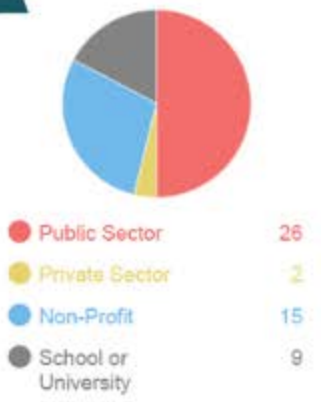
healthTIDE



Sector

Civil servants



AMERICAN OVERSIGHT

MILWAUKEE

Extension Milwaukee County
University of Wisconsin-Madison

Sixteenth Street
COMMUNITY HEALTH CENTERS

GROUNDWORK Milwaukee
CHANGING PLACES CHANGING LIVES

WE GOT THIS

HUNGER TASK FORCE
FREE & LOCAL

BHCW
BLACK HEALTH COALITION of WISCONSIN

MADISON

REAP FOOD GROUP

fresh MADISON MARKET

Madison
COMMUNITY FOUNDATION

CHIPPEWA FALLS

Wisconsin Farmers Union
UNITED TO GROW FAMILY AGRICULTURE

CHIP
Chippewa Health Improvement Partnership

Marshfield Clinic Health System

LA CROSSE

the YMCA
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Western Technical College

La Crosse Medical Health Science CONSORTIUM

WAUSAU

MARATHON COUNTY

Marathon County
Health Department

GREEN BAY

N.E.W. Community Clinic

Horizons

CESA 7

United Way
United Way of Marathon County

AMERICAN OVERSIGHT

DEPARTMENT OF HEALTH

DATA BRIEF

Minnesota Trends in Obesity and Tobacco and Associated Health Care Spending, 1999-2017

Overview

- Obesity and tobacco use are two of the top preventable causes of death and disease[1] and are responsible for billions in excess medical expenses in Minnesota each year.
- Minnesota state agencies and state and local organizations have invested substantial resources in the development of upstream initiatives to prevent obesity and tobacco and reduce associated health care costs.
- **This data brief explores Minnesota's progress in addressing obesity and smoking rates since 2011 and estimates health care spending averted because of this progress.**
- This brief also highlights coordinated obesity and tobacco prevention efforts in Minnesota, including the Statewide Health Improvement Partnership (SHIP), which works in partnership with other state and local initiatives to reduce obesity and smoking, two major risk factors contributing to costly chronic conditions.

Health Care Costs of Obesity and Smoking in Minnesota Are Substantial

Obesity

The health care costs of obesity and tobacco use are substantial. Obesity in Minnesota was responsible for an estimated $3.2 billion in excess medical costs in 2017 dollars[2] (see Methods section). Approximately 35% of these costs are financed by Medicare and Medicaid.

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Smoking

Smoking in Minnesota was responsible for an estimated $3.34 billion[a] in excess medical spending in 2017 dollars[3] (see Methods section). Over a third (36%) of these costs are due to hospital care, 15% are from nursing home expenses, 13% for ambulatory care, 8% on prescription drugs, and 29% for other services.

Rates of Change in Obesity and Smoking Show Signs of Improvement

The increase in the obesity rate[b] for Minnesota adults has slowed substantially since 2011. From 1999 to 2009, the obesity rate increased nearly 1 percentage point each year for ten years, from 15.5 percent in 1999 to 25.4 percent in 2009. If the obesity trend from 1999-2009 had continued, there would be an estimated 135,068 more obese Minnesotans—11.4% more than there actually were in 2017 (estimate of obese Minnesotans in 2017: 1,183,931).[4] Instead, the rate of change in obesity was cut in half, from +.99 percentage points per year between 1999-2009 to +.45 percentage points per year between 2011-2017.

The cigarette smoking rate for Minnesota adults continues to fall; the rate of decrease has accelerated since 2011. Between 1999 to 2009, the smoking rate decreased .27 percentage points each year, from 19.5 percent in 1999 to 16.8 percent in 2009. If the smoking trend from 1999-2009 had continued, there would be an estimated 124,229 more smokers in Minnesota—20.6% more than there actually were in 2017 (estimate of smokers in Minnesota in 2017: 604,472).[4] Instead, the rate of decrease in smoking tripled, from -.27 percentage points per year between 1999-2009 to -.77 percentage points per year between 2011-2017.

[a] This estimate includes costs of current *and* former smokers. Subsequent analyses focus on costs attributable only to current smokers. See Methods section for additional information.

[b] This data brief uses the terms “obesity rate” and “smoking rate” to indicate the percentage of the population that is obese or that smokes cigarettes at a point in time (i.e., prevalence). The “rate of change” refers to the slope of the line between two points in time (i.e., how fast the prevalence is changing).

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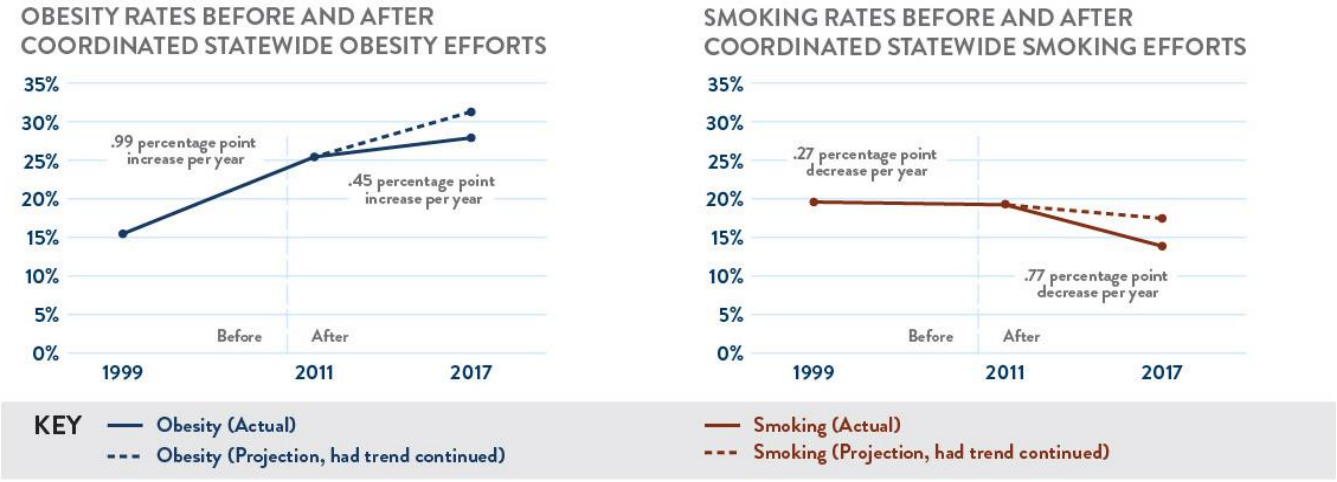
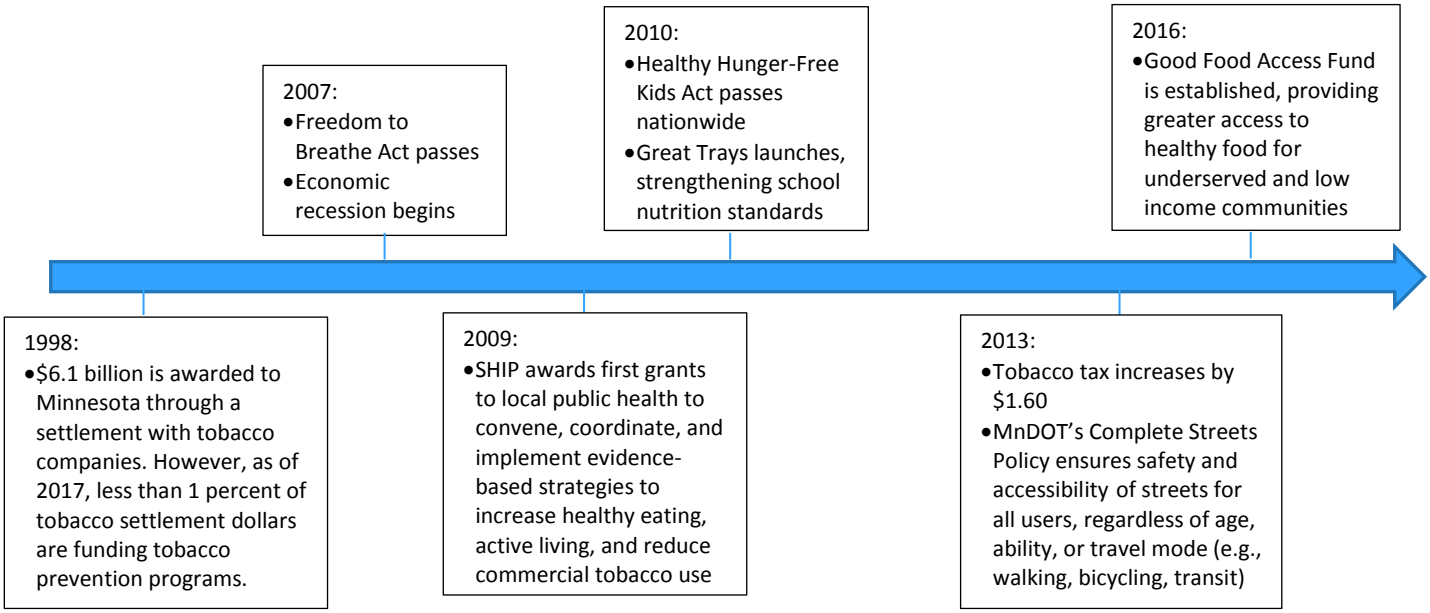
The following illustration shows the rate of change in obesity and smoking from 1999-2009 and projected rates through 2017 had the 1999-2009 trend continued.



These illustrations are based on data from the Behavioral Risk Factor Surveillance System, 1999-2017.
**NOTE: BRFSS methodology changed to include cell phones in addition to landlines in 2011. See Technical Notes below for more information.

The following illustration identifies key events contributing to obesity and smoking rates in Minnesota.



Health Care Spending Averted since 2011

As the number of people who smoke or are obese changes, so do the health care costs associated with treating these individuals. Using research from the health economics literature

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and a study by Blue Cross and Blue Shield of Minnesota,[3,4] we estimated the health care dollars that would have been spent had trajectories in obesity and smoking from 1999-2009 continued. The data and methods presented here represent one of many ways to estimate health care costs averted. The studies used to generate estimates of per person obesity and smoking costs were selected based on scientific merit, pertinence to the research questions, and inclusion of Minnesota-specific estimates.

Obesity

Since 2011, an estimated $365.8 million in health care spending was averted ($2,708 in excess annual medical expenditures per obese person) due to a slower increase in the obesity rate from 2011-2017 compared to 1999-2009.

Smoking

Since 2011, an estimated $252.4 million in health care spending was averted ($2,032 in excess annual medical expenditures per current smoker) due to a faster decrease in the smoking rate from 2011-2017 compared to 1999-2009.

Obesity + Smoking Health Care Spending Averted

These changes in obesity and smoking trends in Minnesota suggest that well over half a billion dollars—$618.2 million—in health care spending was averted since 2011.

Statewide Obesity and Smoking Efforts

Obesity and tobacco use are two of the top preventable causes of death and disease[1] and are responsible for billions of dollars in excess medical expenses in Minnesota each year. Poor diet, lack of physical activity, and commercial tobacco use contribute to chronic disease burden. Increasing or improving environmental factors that contribute to health-promoting behaviors both improves quality of life and reduces financial burdens associated with chronic disease.

The obesity rate in Minnesota increased dramatically from 1999 to 2009. In this same period, progress made in reducing the smoking rate slowed. In response to these trends, state agencies, partner organizations, local public health agencies, and communities launched a coordinated, statewide efforts to combat obesity and smoking in Minnesota. While changes in macro-level factors (e.g., demographics, economics, and national public awareness of the harms of obesity and tobacco) influence obesity and smoking, recent changes in Minnesota's obesity and smoking rates suggest that coordinated statewide policy and systems change efforts to create environments that facilitate healthy behaviors have also made a difference. In the past 12 years, Minnesota has adopted tobacco tax increases, passed a clean indoor air law, strengthened school nutrition standards and physical activity guidelines, and funded local public health agencies and non-profits to address obesity and tobacco at the state and local level. In fact, the increase in the national obesity rate from 2011-2017 also slowed down, but not as much as Minnesota's obesity rate. This suggests that Minnesota's progress outpaced the

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rest of the nation. The same is true for the national smoking rate compared to Minnesota's smoking rate.

SHIP's Contribution

In order to reduce the cost of health care spending related to chronic conditions, the Minnesota state legislature passed groundbreaking legislation to fund SHIP in 2008. Since passage, the Minnesota Department of Health has provided $132 million in funding, capacity building, training, and technical assistance to local public health and tribal health departments through SHIP. SHIP communities identify healthy eating, active living, and commercial tobacco control strategies that reflect community priorities and leverage other resources and funding from multi-sector partners (e.g., the Minnesota Departments of Transportation, Education, and Agriculture; Blue Cross and Blue Shield Center for Prevention; ClearWay Minnesota[SM]; state and national foundations). Due to the complexity of policy, systems, and environmental change efforts, consistent, coordinated, and sustained effort is essential to successful community health outcomes. SHIP, which is active in all counties and ten tribal nations across the state, facilitates partners at the state and local level to multiply resources and champion broad-based community action.

Conclusions: Minnesota is Making Progress on Obesity and Smoking

- Since 2011, the increase in obesity has slowed and the decrease in smoking has accelerated with the expansion of coordinated statewide action to address these risk factors.
- During this time period, Minnesota state agencies, local public health agencies, and other state and local partners have implemented major initiatives to combat obesity and smoking.
- Changes in trajectories of obesity and smoking rates are associated with changes in health care spending.
- An estimated $618.2 million—over half a billion dollars—in health care spending was averted because of changes in obesity and smoking rates since 2011.
- Many factors have contributed to obesity and smoking trends in Minnesota. While it is difficult to quantify the effect of any one individual factor, Minnesota's progress on obesity and tobacco has outpaced that of the nation, suggesting that the combined contribution of SHIP and coordinated obesity and tobacco prevention efforts is substantial.
- The landscape of population health changes continuously with new threats emerging such as e-cigarettes on youth smoking rates and other social determinants that influence risk factors in individuals and communities. Continued investment in prevention strategies plays a critical role, now and into the future, as we work to improve the health of all Minnesotans.

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Technical Notes

Definitions

- *Obesity* is an abnormal or excessive fat accumulation that may impair health.[5] Although there are a number of ways to measure fat accumulation, the most common population-level measure is a calculation based on weight and height called Body Mass Index (BMI).[5] Using this system a person with a BMI of 30 kg/m^2 or greater is defined as obese.[6]
- *Smoking status* is used to categorize individuals based on their current smoking behavior. The Centers for Disease Control and Prevention recommends using a two-item indicator to assess smoking status that captures whether individuals have smoked at least 100 cigarettes in their lifetime and whether they currently smoke every day, some days, or not at all. Those who have smoked 100 cigarettes and currently smoke every day or some days are categorized as current smokers and appear in the numerator of the smoking rate calculation (i.e., current smokers / [current smokers + current non-smokers]).

Methods

- The 1999-2009 and 2011-2017 time periods were chosen because they represent ten years before and 6 years after (based on available data) the beginning of coordinated statewide action on obesity and tobacco. Data from 2010 was not included in this analysis because it came after the start of coordinated statewide action to address obesity and tobacco and before BRFSS changed methods to include cell phones. Because 2010 and all subsequent years used different data collection methods, we chose not to include 2010 in the "post-coordinated statewide action" time period.
- Estimates of projected obesity and smoking rates had the 1999-2009 rate of change continued were calculated by taking the difference between the 1999 and 2009 obesity rate and dividing by 10 (i.e., the number of years of change between 1999 and 2009). For example, 25.4 [2009 obesity rate] – 15.5 [1999 obesity rate] = 9.9 / 10 years = +.99 percentage point increase per year from 1999-2009; 25.7 [2011 obesity rate] + (.99 [percentage point increase per year]*6 years) = 31.6.
- The per person cost estimate for obesity was obtained by first multiplying the population of Minnesota adults by the obesity rate for 2017 (4,168,770 * 28.4% = 1,183,931). Next, Minnesota's annual cost of obesity estimate from Trogdon et al. (2012)[2] was adjusted for inflation using data from the U.S. Bureau of Economic Analysis[7] (Table 2.5.4: Price indexes for personal consumption expenditures by function—37. Health: 2009 index value=93.67, 2017 index value=107.22, or a 2009-to-2017 multiplier of 107.22/93.67 = 1.145; $2,800,000,000 * 1.145 = $3,206,000,000). The annual cost of obesity in Minnesota was then divided by the number of obese Minnesotans to estimate per person cost of obesity ($3,206,000,000 / 1,183,931 = $2,708).
- The per person cost estimate for smoking was obtained by first multiplying the population of Minnesota adults by the smoking rate for 2017 (4,168,770 * 14.5% = 604,472)[4,8] to obtain the number of current smokers in Minnesota. Next, we estimated the proportion of annual cost of smoking that is attributable to "current smokers" (as opposed to distant and recent former smokers). Xu et al. (2015)[9] suggests that 36.8% of health care costs from

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smoking are attributable to current smokers. We took the annual cost of smoking in Minnesota from the Blue Cross and Blue Shield Cost of Smoking report[3] (2017) and multiplied it by the proportion of costs attributable to current smokers ($3,194,000,000 * 36.8% = $1,175,392,000) and adjusted it for inflation using data from the U.S. Bureau of Economic Analysis[7] (Table 2.5.4: Price indexes for personal consumption expenditures by function—37. Health: 2014 index value=102.64, 2017 index value=107.22, or a 2014-to-2017 multiplier of 107.22/102.64 = 1.045; $1,175,392,000 * 1.045 = $1,228,284,640). We then took the annual cost of smoking that is attributable to current smokers and divided that figure by the estimated number of current smokers in Minnesota ($1,228,284,640 / 604,472 = $2,032) to obtain the per person cost of smoking. This method assumes that the accelerated decrease in the smoking rate was due entirely to prevention of smoking initiation and therefore did not affect the number and cost of former smokers. This assumption makes the smoking cost analysis comparable to the obesity cost analysis.

- Some calculated figures may not be replicable due to rounding.
- National rates of obesity and smoking from 1999-2017 are shown below.

		1999	2009	1999-2009 change per year	2011	2017	2011-2017 change per year
National	**Obesity**	19.8%	27.2%	+.74	27.7%	31.6%	+.65
	Smoking	22.7%	17.9%	-.48	21.2%	17.1%	-.68
Minnesota	**Obesity**	15.5%	25.4%	+.99	25.7%	28.4%	+.45
	Smoking	19.5%	16.8%	-.27	19.1%	14.5%	-.77

Source: BRFSS, 1999-2017.
NOTE: BRFSS methodology changed in 2011 so comparisons should not be made between rates from individual years before and after 2011.

Limitations

- BRFSS methodology changed in 2011 (cell phones were added; before that, only landlines were called) so comparing individual years of data before and after that year is not recommended. The obesity rate did not change substantially from 2010 to 2011, but the smoking rate increased considerably from 2010 to 2011, due in large part to the change in BRFSS methodology (data not shown). Comparisons made in this brief focus on *changes over time* before and after the methodology change (e.g., the *rate of decline* in smoking between 2011 and 2017 is greater than the *rate of decline* in smoking between 1999 and 2009). This brief does not include direct comparisons between single years from before and after the methodological change.

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- Ten years of data from before coordinated statewide action on obesity and commercial tobacco were compared with only 6 years of data after the change in BRFSS methodology. Diseases stemming from smoking and obesity take years to develop. The long-term effects of Minnesota's coordinated efforts to reduce smoking and obesity remain to be seen. We will continue to monitor these trends and update analyses as additional years of data become available.
- The comparison of rates of obesity and smoking from 1999-2009 and 2011-2017 does not account for changes in demographics, economics, and other conditions independent of public health efforts that may affect obesity and smoking. Therefore, the total cost averted cannot be solely credited to public health efforts.
- The data and methods presented here represent one of many ways to estimate health care costs averted. The studies used to generate estimates of per person obesity and smoking costs were selected based on scientific merit, pertinence to the research question, and inclusion of Minnesota-specific estimates. Different studies or methodological approaches may be more suitable for future investigations into health care costs averted.

Learn more at health.mn.gov/ship.

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Our Nation's Health Depends on Continued Advocacy

History shows that medical innovations and advances in public health have increased the life expectancy of our population by reducing early mortality resulting from infectious diseases such as tuberculosis and diarrhea. This advancement, in conjunction with illness associated with aging, has led to an increase in chronic diseases and morbidities such as diabetes, heart disease and stroke, cancer, and dementia. Unfortunately, our nation's healthcare system simply does not meet the necessary standards to combat these trends. Data from Commonwealth Fund International Health Policy Surveys in 2014, 2015, and 2016, ranks the U.S. health care system as last among 11 developed countries.[1] Because of the physical and economic burdens, and the research showing the effectiveness of prevention, it is critical that we encourage policy makers to help improve the healthcare system by investing in public health programs.

November 2018

Why Preventing Chronic Disease is Essential - Prevention Works

In the public health community, we share a desire for a society in which individuals are healthy enough to thrive and contribute. However, rising healthcare costs, decreasing care quality, limited access (28 million Americans are uninsured or have restricted access to healthcare services[2]), and a growing population of unhealthy citizens continuously threaten this vision. Unfortunately, although the causes and manifestations of chronic disease have been identified and studied, we face the ongoing challenge of translating this knowledge in actions at the community level.

Public health programs work to improve care, prevent disease, and prevent complications of disease. An investment in chronic disease prevention and control programs saves lives, supports a vibrant economy through a heathy workforce, improves quality of life, and saves healthcare dollars.

Adequate financial resources have not been dedicated to implementing the evidence-based public health prevention practices that we know work and can make a difference.

An investment of adding $500 million per year for four years (rising to a total additional investment of $2 billion annually) would allow the governmental public health and partner organizations to have a presence in every state, and many high-risk communities, to make significant health improvements in the lives of millions of Americans.

In this brief paper, we will outline the detrimental impacts of chronic disease in the United States, highlight the relevant physical and economic burdens of specific conditions, and present options for prevention at the individual and governmental levels.

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Cost, access, and quality are the key issues addressed when discussing healthcare in America. However, these key issues are flawed. They solely focus on medical treatment and payment, which limits the potential for public health interventions to support good health maintenance, including the prevention of disease, and disease complications. Let's look at these issues in context. The total national health expenditures in 2015 were $3.2 trillion, with the per capita national health expenditures reaching $9,990.[3] America's health expenditures are expected to increase at an average rate of 5.6% per year through the year 2025 if current policies and conditions persist.[4]

- Chronic diseases accounted for seven of the top 10 causes of death in 2014[5].
- 46% of all deaths in 2014 were caused by two chronic diseases—heart disease and cancer[5].
- Those who die of chronic disease before age 65 lose one-third years of potential life[6].

Chronic disease negatively impacts population health beyond just death, alone. The diseases tend to be long lasting and are treatable; however, not curable. Disability and reduced quality of life are complications that likely are experienced by patients due to chronic disease. The burden of chronic disease is directly shared by Americans of all ages, and the associated economic impact is felt by taxpayers and employers, alike.

- More than 117 million people in the United States—about half of all adults—have at least one chronic health condition[5].
- One in four U.S. adults have two or more chronic health conditions[5].
- Diabetes is the number one cause of kidney failure, lower-limb amputations, and new cases of blindness among adults, which can hinder daily tasks for the individual[5].
- More than one third of U.S. adults have at least one type of cardiovascular disease, some of which can be prevented through lifestyle interventions[5].

In terms of reducing risk for chronic disease:

- At least 50% of U.S. adults do not meet recommended aerobic physical activity guidelines[5].
- According to CDC - About one in seven U.S. adults still smoke cigarettes, and about 3.9 million middle and high school students use at least one tobacco product, including e-cigarettes.
- About 25% of U.S. nonsmokers are exposed to secondhand smoke where they live, work, or play.

Most families are negatively impacted by chronic disease by some means: whether it be the personal diagnosis of a disease, grieving the death of a loved one, family members with long-term illness, disability, or reduced quality of life, or the financial and community burdens evoked by these diseases.

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Our nation's health must not be measured by the length of life, but by the **quality of life** of all Americans. Chronic diseases account for 86% of healthcare costs in the U.S. Therefore, the pressing issue of chronic disease and the preventive health measures in the country ought to be acknowledged and addressed.

The state of the nation's healthcare system emphasizes expensive advancements in the hopes of curing disease, however cost-effective preventive measures to avert such diseases should be a greater focus. Traditional physician-patient visits are the typical point of care in our society. Although effective to address acute issues, the visits tend to be infrequent and hurried. However, individuals spend considerably more time in their communities, whether it be at school, work, or play, where they are engaging in health risk or health promoting behaviors. Much of the time, the individual makes such decisions with minimal training, information, and health literacy. This is particularly true of the 28 million Americans who are uninsured and have limited access to healthcare services.[7]

Reality Check

- More than 86% of the nation's healthcare costs relate to chronic diseases, and most of such costs are preventable[5].
- Our nation's healthcare system is ranked 24th based on progress in meeting the United Nation's Sustainable Development Goals[8].
- The projected prevalence of any cardiovascular disease in the United States will increase by 3% to over 45% by the year 2035[9].
- 27% of young adults are too overweight to serve in the military[10].
- We are responsible for causing most of the greatest health problems for ourselves.
- Then realize the utmost necessity for public health policy and prevention.

A Healthier Future

Making healthy choices and refraining from known risky behaviors is a challenge at every stage of life in the culture that we live in today. Adults and adolescents, alike, know that it is important to eat healthy, engage in physical activity, and avoid tobacco. However, schools are cutting back on recess and physical education, tobacco often is readily available, and nutritious food choices even when available, often are costly. This showcases the problem of disparities among people – making healthy choices difficult and hindering access to healthy food and lifestyle options.

Since 1988, the National Association of Chronic Disease Directors and its more than 6,500 members have worked to strengthen state-based leadership and expertise for chronic disease prevention and control in all states, territories, and nationally. Learn more at chronicdisease.org.

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Although the available treatments are somewhat effective in treating many chronic diseases, time, money, and expertise would be better spent addressing active interventions to prevent or mitigate the effects of the diseases in the first place. This addition to the traditional healthcare methods would not only improve the lives of Americans, but also will reduce the trajectory of long-term healthcare costs.

The Centers for Disease Control and Prevention (CDC) and associated state and community-based programs are responsible for developing and implementing a wide range of prevention strategies (http://www.publichealthsuccess.org). This current array of evidence-based and cost-effective programs are a result of historically limited funding supporting state and local chronic disease control and prevention initiatives. State successes, referenced on the aforementioned website, spotlight achievements regarding many of the funded activities throughout the nation.

Initiatives across the country have been successful in their endeavor to minimize chronic disease. For example:

- In 2017, the State of South Carolina took on the issue of hypertension, which can lead to heart disease, stroke, and kidney disease. After intervention the hypertension control rate jumped from 61% to 88% in just six months. In 16 practice sites across four counties, the average control rate increased from 65% to 75% in six months for patients seen at least twice.

- In 2018, the State of Missouri had a growing diabetes rate largely due to lack of insurance coverage, education, and access to health providers. After intervention, one public and two private insurance carriers in the state announced they would be covering the Diabetes Prevention Program – a proven strategy to reduce risk of Type 2 Diabetes. More than 1.7 million beneficiaries were covered by the end of the study cycle.

Although these success stories are praiseworthy, they only scratch the surface of our chronic disease epidemic. Chronic disease prevention strategies are not one-size-fits-all, and therefore, tailored interventions for diverse populations are imperative to reap the associated benefits—a healthy workforce and population, elimination of disparities, and decreased healthcare costs.

Healthy Children

Addressing the childhood obesity epidemic is crucial to changing the cost curve of chronic disease. Healthy children are more likely to remain healthy. Children who are overweight or obese tend to experience chronic disease like type 2 diabetes, asthma, and heart disease as well as develop bone and joint problems leading to arthritis. Exposure to a risk factor such as tobacco use, poor nutrition, lack of exercise, or excessive alcohol use contribute to the majority of chronic diseases. 13 million children in the US are diagnosed as obese.[11] Choosing better food options and exercising more can help combat this, and the outcomes are multi-beneficial. The research is clear—children who are active for at least 60 minutes a day, or play a sport are more likely to receive better grades

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in school.[12] As the adult population's health declines, the youth population follows a similar pattern. But, it is not just type 2 diabetes and obesity that our children are struggling with. Nicotine addiction from both traditional cigarettes as well as the use of e-cigarettes, opioid addiction being passed on to them in utero, and insufficient sleep are all burdens being carried by our children.[13,14,15,16] Ensuring children are physically fit, well fed, and educated is critical for their future and the health of our greater society.

Military Readiness

The lack of physically able military recruits leaves our nation vulnerable to crisis both foreign and domestic. Nationwide, 71% of young people between the ages 17 and 24 do not qualify for military service, and obesity disqualifies 31% of youth from serving, if they so choose. These ineligibility rates are a major reason why the Army was not on track to meet its annual recruitment goals as of September 2018.

Once in the military, members are at a higher risk for poor lifestyle choices that could lead to chronic conditions and reduce deploy-ability. Members who are deployed are at increased risk to smoke, which leads to conditions such as lung cancer, chronic bronchitis, heart disease, and COPD.[17] The Department of Defense spends $1.5 B annually on obesity related healthcare costs. This includes costs for current and former service members and families, as well as the cost of replacement of unfit personnel.[25] Keeping our population fit to be physically able to join the military as well as physically fit enough to serve once enlisted is critical to our national defense, emergency response, and national security.

Healthy Competitive Workforce

One of the largest concerns of any employer is how to maximize returns of their product or service. While maximizing returns requires focus on many variables in a business, a common factor for all industries is having workers who are healthy and present at their job. Absenteeism and presenteeism are a tremendous concern to the senior leadership of a company. If employees are not present at their job or show up, but are sick – their work suffers and impacts the bottom line. Chronic conditions that hinder an employee's ability to be at work or to be fully present at work causes loss to business and the economy.[8] Additionally, most Americans receive their health benefits from their employer; chronic disease and risky lifestyle behaviors are one reason for increasing healthcare costs to employers. Preventive health measure interventions that occur before employees are sick can lower future costs to employers due to productivity as well as negate productivity losses.[1]

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Healthy Aging

By the year 2033, for the first time in U.S. history, the number of adults 65 and older will outnumber the number of people 18 and younger. Therefore, taking care of an aging population will be a top priority in health, economic, and social spheres. Chronic disease most commonly effects seniors. Although people are projected to live longer lives, this does not mean they are projected to live higher quality lives. In fact, Americans are projected to live in some of the worst health quality conditions. For example, currently, 95% of people diagnosed with dementia have at least one other chronic condition.[18] In the adult population, 84.1 million people, or more than one in three, have prediabetes, of those, nine out of 10 people do not know they even have the disease.[19] About 70% of adults in the US have diagnosed high blood pressure.[20] Of those with this condition, half do not have their blood pressure under control. About 5 million adults, age 65 and older on Medicaid Part D are not taking their high blood pressure medications as directed.[20]

The problems that face the 65+ population do not just happen in a vacuum. Many adults who are 65 and older with comorbid, chronic conditions require some level of care. This usually falls to their friends, family, or industry. There are an estimated 44 million informal caregivers in the US. Caregivers often work other full and part-time jobs experiencing high stress and health challenges of their own. Many experience psychological, physical and financial stress in this role.[21] Generations United, a group focused on intergenerational collaboration points to where this is especially true, the estimated 2.6 million grandparents raising grandchildren due to an opioid addiction in the family.

Bringing Chronic Disease Prevention Up to Meaningful Scale

Chronic disease prevention and control programs receive minimal governmental healthcare funding. Investment in CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) must increase substantially so that **every** state has the opportunity to provide an array of evidence-based programs necessary to prevent chronic disease in communities across the nation. The following must be included:

- Nutrition and Physical Activity Programs
- Arthritis Prevention and Control
- Diabetes Prevention and Control (including the National Diabetes Prevention Program and prevention of kidney disease)
- Early Detection of Cancer and Cancer Survivorship Services
- Healthy Community Programs (addressing social determinants of health, root causes, and health promotion)
- Heart Disease and Stroke Prevention

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- Implementation of The Healthy Brain Initiative: The Public Health Road Map
- School Health and Oral Health Programs
- Tobacco Prevention and Control

Prevention efforts in America receive approximately the same amount of funding as they did in 2001. Whereas housing, education, and medical care investments have routinely surpassed inflation rates, prevention investments have not kept up.

Important Opportunities

It is not too late to invest in prevention methods that will increase the quality of lives of Americans, as well as decrease the trajectory of healthcare spending in the nation. CDC and state health agencies should be at the forefront of this initiative and continue to lead the successful programs that already are in place. CDC's NCCDPHP has demonstrated positive impacts on improving health and decreasing chronic disease across the lifespan, increasing healthy life expectancy, and therefore reducing healthcare costs through the tracking of chronic disease and risk factors, partnering with states and communities, and supporting healthcare delivery of prevention services.[22] In addition to the abovementioned state-based, evidence-based programs, and with an increase in funding, CDC has the potential to further accelerate the assembly of additional programs to develop new evidence for changes in healthcare; target diverse populations and disparities; launch further health and community linkages, health and economic development linkages, and Medicaid and Public Health partnerships.

Furthermore, physical activity is a sector that demands immediate attention from CDC, as the current epidemic of sedentary behavior negatively impacts our health, the health of the aging population, our economy, and our national security.

The federal and state partnerships can utilize state projects to increase the database, encompassing best evidence-based practices to further transform the United States into a healthier nation. An investment of adding $500 million per year for four years (total additional investment $2 billion annually) would allow the CDC NCCDPHP to have a presence in every state and many (especially high-risk) communities across America sufficient to make a difference. This investment will allow for planned scale-up of proven interventions addressing the key aspects described herein including risks associated with lack of physical activity, poor nutrition and use of tobacco products – in addition to common (usually preventable) chronic diseases, including heart disease/stroke, diabetes, cancer, and common conditions found in aging such as Alzheimer's disease and arthritis.

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Examples of Impact

Chronic disease prevention and control programs save lives and money!

Physical Activity

Physical activity can improve health by lowering risks for chronic diseases, controlling and maintaining weight, and therefore increasing the length and quality of life.[23] However, only half of adults and a quarter of children and adolescents engage in the recommended amount of aerobic physical activity.[24] Due to the lack of physical activity, lifestyle choices, and other conditions, more than a third of U.S. adults and 17 percent of youth have obesity.[25] The obesity epidemic is detrimentally impacting the national security of the nation in that one in four young adults are too heavy to serve in the military. Additionally, between the years 2002 and 2011, obesity among active service duty members rose over 60 percent, thereby preventing them from meeting medical standards to deploy, or likely will be associated with increased risk for injury once deployed.[25] Along with the health risks and national security risk related to obesity, the high cost is another issue that must be considered. The annual medical cost of obesity in 2008 U.S. dollars was $147 billion, and the estimated medical costs were $1,429 higher for those with obesity than for those at a normal weight. [25]

Diabetes

If current trends continue, one-third of U.S. adults are expected to be living with diabetes by the year 2050.[26] More than a third of U.S. adults currently have prediabetes and are at risk for a diagnosis of type 2 diabetes, as well as other chronic diseases, such as heart disease and stroke, and accompanying body complications.[26] Programs like the National Diabetes Prevention Program (DPP) have a mission to lower the risk of such chronic diseases for those with prediabetes by educating and encouraging those patients to engage in healthy lifestyle habits, including increased physical activity and nutritious food intake. Not only will programs like the National DPP decrease chronic disease risk—risk of developing type 2 diabetes can be reduced by 58% for those with prediabetes who participate in lifestyle modification strategies—but it will consequently decrease the associated healthcare expenditures. [26] Direct medical costs and lost productivity equate to $245 billion yearly, and medical costs are doubled for those with diabetes compared to those without the disease.[27]

Heart Disease and Stroke

One-quarter of deaths in the United States are due to heart disease each year, while one out of every 20 deaths are due to stroke.[28,29] Heart disease and stroke are estimated to cost the nation $234 billion annually—$200 billion for heart disease; $34 billion for stroke—for medical costs and lost productivity.[28,29] High blood pressure is a key risk for both heart disease and stroke; however,

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only half of people with hypertension have the condition under control.[30] About 70-80% of people that have their first heart attack or first stroke also have high blood pressure.[31] Controlling blood pressure and other risk factors, like uncontrolled cholesterol and current smoking, can decrease a person's risk of suffering a heart attack or stroke by 80%.[32] With both professional and patient education, as well as risk identification and reduction, these cardiovascular events are highly preventable or treatable.

Cancer

Public health early detection programs are accountable for the identification of many types of cancers in the early stages. The earlier identification of cancer is correlated with more effective treatments and positive outcomes, as well as decreased expenses. The average costs per-patient for breast cancer, one-year post diagnosis is about $60,000, and $130,000 for early stage and stages III/IV, respectively.[33] Additionally, patients with colon cancer identified by colonoscopy rather than through other means, such as presenting with symptoms, have better staging and outcomes, prolonged longevity, improved quality of life, and reduced healthcare costs.[34]

Alzheimer's Disease

More than 5 million Americans are currently living with Alzheimer's disease, and this number is estimated to triple by 2050 due to the aging population.[35] Alzheimer's disease is reported as the sixth leading cause of death among U.S. adults.[35] However, it is hypothesized that the disease should be ranked higher, as it is commonly not the diagnosis reported on death certificates. Alzheimer's disease and other dementias cost the nation $259 billion in 2017, and with the projected increase in prevalence, it is expected that the costs could reach $1.1 trillion in 2050.[36] In addition to the health and costs of the patient, caregiver health is of concern, as 35 percent of caregivers report that their health has declined as a result of their care responsibilities.[36] There is a growing body of evidence, including that of *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships* that support the required investment of federal resources and public health's role in raising awareness and maintaining quality of life for those both directly and indirectly affected by the disease.

Authors

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IncidentID	LabInforma	Commercia	LargeGathe	AttemptsToConta	FoodHandl	DaycareWc	HealthCare	Interventio
3832900	1	2	1	8	NULL	NULL	NULL	NULL

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nOtherFacility

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IncidentID	SectionNur	date1	time1	message1	letter1	SentText1	SentIntern	homevisit1
3832900	1	11/12/2019	1355	Y	NULL	NULL	NULL	NULL
3832900	2	11/12/2019	1405	NULL	NULL	NULL	NULL	NULL
3832900	3	11/15/2019	915	Y	NULL	NULL	NULL	NULL
3832900	4	11/15/2019	1215	NULL	NULL	NULL	NULL	NULL
3832900	5	11/15/2019	1500	NULL	NULL	NULL	NULL	Y
3832900	6	11/21/2019	1045	NULL	NULL	NULL	NULL	NULL
3832900	7	12/12/2019	1550	Y	NULL	NULL	NULL	NULL
3832900	8	12/12/2019	1600	NULL	NULL	NULL	NULL	NULL

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notreachec	providersp	labspeak1	LHDspeak1	FaxSent1	Othernotlis	otherspec1	spoke1	CMprovide
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Y
NULL	NULL	NULL	NULL	NULL	NULL	NULL	Y	Y
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Y
NULL	NULL	NULL	Y	NULL	NULL	NULL	Y	Y
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Y
NULL	NULL	NULL	NULL	NULL	NULL	NULL	Y	Y
NULL	NULL	NULL	Y	NULL	NULL	NULL	NULL	Y
NULL	NULL	NULL	NULL	NULL	NULL	NULL	Y	Y

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svcnoncase	Comments	additional1
NULL	NULL	NULL
NULL	spoke to m	NULL
NULL	NULL	Fri Nov 15 2019 09:15:14 GMT-0600 (Central Standard Time), Jauquet, Danielle,
NULL	NULL	Fri Nov 15 2019 12:43:19 GMT-0600 (Central Standard Time), Jauquet, Danielle,
NULL	Food Samp	Mon Nov 18 2019 12:59:00 GMT-0600 (Central Standard Time), Jauquet, Daniell
NULL	mom to er	NULL
NULL	LM for mor	NULL
NULL	client impr	NULL

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LM for mom
Mom called back- daugh
e, 11/15/19 1500 Bag of r

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DI_Incident	CI_Incident	CI_FirstNar	CI_LastNan	CI_MiddleI	CI_NameSu	CI_Age	CI_DOB	CI_Sex

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CI_Race	CI_Contact	CI_Datesof	CI_StreetA	CI_Apartm	CI_City	CI_State	CI_ZIP	CI_Phone

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CI_Jurisdict CI_Prophyl CI_Investig CI_ExpEver CI_Exposur CI_Priority CI_ClusterI CI_Status CI_Electror

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CI_Email CI_RecordT CI_CItoDI_IncidentID

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IncidentID	AlbumID	AlbumNam	AlbumStatu	AlbumDate	FileID	FileName	FileDate	FileStatus
3832900	56284100	food sampl	active	11/19/2019	56284102	food sampl	11/19/2019	active
3837312	56863150	Discharge S	active	12/30/2019	56863152	JM HUS STE	12/30/2019	active
3837312	56863150	Discharge S	active	12/30/2019	56863153	JM HUS STE	12/30/2019	active
3837312	56863150	Discharge S	active	12/30/2019	56863154	JM HUS STE	12/30/2019	active
3837312	56863150	Discharge S	active	12/30/2019	56863155	JM HUS STE	12/30/2019	active
3837312	56863150	Discharge S	active	12/30/2019	56863156	JM HUS STE	12/30/2019	active
3837312	56863150	Discharge S	active	12/30/2019	56863161	JM HUS STE	12/30/2019	active

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IncidentID	AccessionNumber	HL7FileNan	ResultText	AbnormalF	ImportStat	ISfromHL7	LabResultSt
3832900	X561497	GRBASTV2(	E COLI SXT	Abnormal (	Attached	1	F
3832900	19MP014745	WSLH2019	ehxA (Shiga	Abnormal (	Attached	1	F
3832900	19MP014745	WSLH2019	eae (Shiga	Abnormal (	Attached	1	F
3832900	19MP014745	WSLH2019	stx2 XXX Q	Abnormal (	Attached	1	F
3832900	19MP014745	WSLH2019	stx1 XXX Q	NULL	Attached	1	F
3832900	19MP014745	WSLH2019	E coli SLTE(	Abnormal (	Attached	1	F

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LocalOrgan	LocalOrgan	LocalTestC	LocalTestD	Notes	OrganismC	OrganismC	OrganismD	PatientNan
POS||1082	POSITIVE||	STOXP	SHIGATOXI	SPECIMEN	10828004	SNM	POSITIVE||	MURPHY, J
		2E+09	EHXA	SPECIMEN	NOTES:Cary	L		MURPHY, J
		2E+09	EAE	SPECIMEN	NOTES:Cary	L		MURPHY, J
		2E+09	STX2	SPECIMEN	NOTES:Cary	L		MURPHY, J
		2E+09	STX1	SPECIMEN	NOTES:Cary	L		MURPHY, J
5458||L-15	ESCHERICH	2E+09	STEC CULTI	SPECIMEN	L-1560F	SNM	ESCHERICH	MURPHY, J

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Performing	PersonVeri	PFGEPatter	PFGEPatter	ReferenceF	ResultDate	ResultStatu	ResultUnit	ResultValu
SVG1			NEG^NEGA		########	F		
Wisconsin State Laboratory of Hygiene					########	F		ehxA gene
Wisconsin State Laboratory of Hygiene					########	F		eae gene D
Wisconsin State Laboratory of Hygiene					########	F		stx2 gene D
Wisconsin State Laboratory of Hygiene					########	F		No stx1 ger
Wisconsin State Laboratory of Hygiene					########	F		

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Serogroup	Serology	Serotype	Species	SpecBodyS	SpecimenC	SpecimenS	SpecReceiv	TestCode
	POSITIVE			Other	########	NULL	########	53946-0
DNA detected.				Other	########	NULL	########	9998-2
NA detected.				Other	########	NULL	########	9998-1
)NA detected.				Other	########	NULL	########	63428-7
ıe DNA detected.				Other	########	NULL	########	63427-9
	escherichia coli, serotype O157			Other	########	NULL	########	16835-1

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TestCoding	TestDescri	ProviderNa	ProviderID	ProviderAd	ProviderCit	ProviderSt	ProviderCo	ProviderZIF
LN	E COLI SXT	REED, KELS	E00001733	111 E Wisc	Milwaukee	WI	Milwaukee	53202
LN	ehxA (Shig	BELOW, SE	114	835 S Van E	Green Bay	WI	Brown	54301
LN	eae (Shiga	BELOW, SE	114	835 S Van E	Green Bay	WI	Brown	54301
LN	stx2 XXX Q	BELOW, SE	114	835 S Van E	Green Bay	WI	Brown	54301
LN	stx1 XXX Q	BELOW, SE	114	835 S Van E	Green Bay	WI	Brown	54301
LN	E coli SLTE	BELOW, SE	114	835 S Van E	Green Bay	WI	Brown	54301

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ProviderPh	ProviderEm	ProviderFa	FacilityNam	FacilityAdd	FacilityCity	FacilityStat	FacilityCou	FacilityZIP
414-290-6700			ST VINCEN	835 S. VAN	GREEN BAY	WI		54301
920-433-8241			ST VINCEN	KELLIE DIE	GREEN BAY	WI	BROWN	54301-352
920-433-8241			ST VINCEN	KELLIE DIE	GREEN BAY	WI	BROWN	54301-352
920-433-8241			ST VINCEN	KELLIE DIE	GREEN BAY	WI	BROWN	54301-352
920-433-8241			ST VINCEN	KELLIE DIE	GREEN BAY	WI	BROWN	54301-352
920-433-8241			ST VINCEN	KELLIE DIE	GREEN BAY	WI	BROWN	54301-352

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FacilityPho	PlacerOrde	FacilityEma	FacilityID	LabCreateD	SpecimenSourceText
920-433-82	185843668-0			########	FECES/STOOL SAMPLE
920-433-82	19MP014745			########	Stool-Cary-Blair
920-433-82	19MP014745			########	Stool-Cary-Blair
920-433-82	19MP014745			########	Stool-Cary-Blair
920-433-82	19MP014745			########	Stool-Cary-Blair
920-433-82	19MP014745			########	Stool-Cary-Blair

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IncidentID	testresultir	signsympt	treatoptior	prevention	STDfactshe	otherspec	Foodhandli	Healthcare
3832900	Y	Y	Y	Y	Y	NULL	No	No

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attenddayc	worksdayc	cchighrisk	workplace1	worksympt	when1	jobduties1	sanitariann	worknotifie
No	No	No	NULL	NULL	NULL	NULL	NULL	NULL

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excludedda	returnwork	testofcure1	daycarepla	workattenc	when1	duties1	diaper1	supevisorc
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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supervisorr	worknotifie	excludedda	returnwork	testofcure1	HCworksite	worksympt	when1	duties1
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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ICPsupervis	ICPnotified	worknotifie	excludedda	returnwork	testofcure1	location1	workattenc	when1
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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duties1	supevisorc	supervisorr	worknotifie	excludedda	returnwork	testofcure1
NULL	NULL	NULL	NULL	NULL	NULL	NULL

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IncidentID	specimenV	Otherspeci	speccollect	Ecoliseroty	otherspec1	PFGE1	CDCID1	firstsymptc
3832900	stool	NULL	########	O157	NULL	NULL	1911MLEX	NULL

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datesympt	onsettime	wellday	nausea	vomit	diarrhea	stoolmax	bloodydiar	waterydiar
########	NULL	NULL	Yes	Yes	Yes	NULL	Yes	Yes

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abdcramps	chills	sweats	headacherl	bodyaches	fatiguerblX	fev	tempwithu	otherspec
Yes	Yes	Yes	Yes	Yes	Yes	Yes	102.7F	NULL

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haveHUS	haveTTP	PtseeMD	physician	pthospitali:	hospitalnar	DateHospit	datedischa	patientdie
Yes	Unknown	Yes	NULL	Yes	St Vincent	########	########	No

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underlycon	underlying	Medsprior	priormedsl	antibiotics4	antibiodate	antibioticlis	antidiarrhe	antidiarrdo
No	NULL	No	NULL	No	NULL	NULL	No	NULL

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listantidiarı	othermeds	medslistfor	otherhhill	otherilldescription
NULL	Yes	Tue Nov 12	Yes	Tue Nov 12 2019 14:28:08 GMT-0600 (Central Standard T

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ime), Jauquet, Danielle, 16 year old sibling just starting to feel ill

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Tab

PersonInvestigation

ElectronicFilingCabinet

ContactsSummary

ElectronicLabResults

LabClinical

Risk

Intervention

AttemptsToContact

Additional Add Sections

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AddSectionCounts

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DescriptionOfContents

This sheet contains all information entered into the system Person and Investigation Tabs and includes a few summary variables at the end pertaining to number of lab reports and contacts for quick reference.

This sheet lets program staff know which records have associated Electronic Filing Cabinet entries to extract as part of the records request (if appropriate) in long-form (potentially multiple rows per individual disease incident with each row representing a single electronic filing cabinet entry). Some incidents could have no records in this sheet if the filing cabinet is empty. Nullified means the album/file has been deleted.

This sheet provides summary information about contacts associated with the requested disease incidents in long-form (potentially multiple rows per individual disease incident with each row representing a single contact associated with the disease incident ID listed). Some incidents could have no records in this sheet if they have no associated contacts.

This sheet provides all information received in the system Laboratory Information with Provider and Facility Section (the system location that electronically submitted lab results populates) in long-form (potentially multiple rows per individual disease incident with each row representing a single contact associated with the disease incident ID listed). Some incidents could have no records in this sheet if they have no associated contacts.

This sheet provides all information received in the disease specific LabClinical tab in wide-form (all variables for a single incident listed in a single row).

This sheet provides all information received in the disease specific Risk tab in wide-form (all variables for a single incident listed in a single row).

This sheet provides all information received in the disease specific Intervention tab in wide-form (all variables for a single incident listed in a single row).

This sheet provides all information entered into the Attempts to Contact section in long-form (potentially multiple rows per individual with each entry as a single entry into an incident filing cabinet) in long-form (potentially multiple rows per individual disease incident with each row representing a single contact associated with the disease incident ID listed). Some incidents could have no records in this sheet if there were no attempts to contact the individual.

This/these sheets provide(s) all information entered into the "Add" section (a section where multiple complete sets of variables can be entered in a repeating block) titled [Tab Title] when more than 5 entries are present for the section. This section was provided in long-form due to a high number of entries for one or more record in this data request to facilitate review.

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This sheet provides metadata about the expected number of entries for "Add" sections (those sections where multiple complete sets of variables can be entered in a repeating block) for each diseases incident. Add section data are provided in wide-form along with the associated section (i.e. with repeating columns labelled "1", "2", etc.) unless otherwise noted and provided as a separate long-form tab due to a higher number of repeating blocks in one or more record (noted in the final row if this option was selected).

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UnitOfObservation	NRowsPerIncident	LinkingVariable
Incident	1	IncidentID
Filing Cabinet Entry	0-multiple	IncidentID
Contact	0-multiple	IncidentID
Lab Result	0-multiple	IncidentID
Incident	1	IncidentID
Incident	1	IncidentID
Incident	1	IncidentID
Attempt to Contact	0-multiple	IncidentID
Additional Add Sections	0-multiple	IncidentID

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NA	NA	NA

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RowID	PersonID	ClientID	RecordTyp	IncidentID	Disease	LastName	FirstName	MiddleInit
56165231	6849402	3912664	Disease Inc	3832900	E-COLI, SHI	MURPHY	JAELYN	MARIAH
56221452	6849402	3912664	Disease Inc	3837312	HEMOLYTI	MURPHY	JAELYN	MARIAH

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NameSuffix	PrimaryLan	DOB	Age	Ethnicity	Race	StreetAddr	Apartment	City
	NULL	########	14	Not Hispan	White	3040 Brook Park Dr		Green Bay
	NULL	########	14	Not Hispan	White	3040 Brook Park Dr		Green Bay

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State	ZIP	CountyOfR	Region	CensusTrac	Latitude	Longitude	AddressSta	CountyFIPS
WI	54311	BROWN, W	Northeaste	1801	44.50562	-87.9317	Successful	55009
WI	54311	BROWN, W	Northeaste	1801	44.50562	-87.9317	Successful	55009

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County	ZIPPlus4	Country	HomePhon	WorkPhon	CellPhone	Email	ElectronicC	WorkSchoc
Brown	5702		920-492-14	999-999-9999				NULL
Brown	5702		920-492-14	999-999-9999				NULL

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WorkSchoc	CountryOfE	DateOfUSA	Sex	Pregnant	ExpectedD	MaritalStat	MRN	Parent
	NULL	NULL	Female	NULL	NULL	Single		
	NULL	NULL	Female	NULL	NULL	Single	2772321	

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Occupatior	Occupatior	Occupatior	Occupatior	Occupatior	PrimaryJuri	SecondaryJ	NurseInves	ReportSour
NULL		Student	STUDENT	Brown Cou	NULL		Jauquet, Da	*ST VINCEN
NULL		Student	STUDENT	Brown Cou	NULL		Jauquet, Da	*CHILDREN

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ReportSou	LocationCl	LocationTy	ReportSou	ProviderNa	NameOfSu	AdditionalF	Laboratory	AdditionalL
ST VINCEN	Health Car	Hospital	Acute Care	*ST MARYS	Johnson, A	NULL	WISCONSI	NULL
CHILDRENS	Health Car	Hospital	Acute Care	*CHILDREN	Singer, Che	NULL	NULL	NULL

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IndexCase	ClusterId	PatientDie	PatientHos	Hospital	InPatient	OutPatient	OnsetDate	Symptoma
N	NULL	N	Y	ST VINCEN	Y	N	########	Y
N	NULL	N	Y	NULL	Y	N	########	Y

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SpecimenD	DateOfDiag	DateOfDea	DateInvesti	CreateDate	EpisodeDat	ClosedDate	DateAdmit	DateDischa
########	NULL	NULL	########	########	########	########	########	########
NULL	NULL	NULL	########	########	########	########	########	########

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ProcessStat	ProcessSta	DI_Reporte	PR_REPOR	PR_REPOR	PR_REPOR	ImportedSt	Resolution	FinalDispos
Final	3241	Both Lab ar	1	1	0	NULL	Confirmed	Follow-up (
Final	3241	Web Repor	1	0	0	NULL	Confirmed	Follow-up (

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FirstSpecir	LastSpecim	Transmissi	DateSentCl	LastCDCUp	Notes	OutbreakD	ELRCount	HL7ELRCou
########	########	Sent	########	########	Mon Nov 1	NULL	6	6
NULL	NULL	Sent	########	########	Thu Nov 14	NULL	NULL	NULL

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ContactCou	DateLastEdited
NULL	########
NULL	########

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IncidentID	exposurepe	interviewda	Interviewer	patienttrav	additional	patientpets	typeofpets	petfood
3832900	########	11/12/201	Danielle Ja	No	NULL	Yes	dog, cat (o	NULL

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brands	petrawmea	livefarm	animalenvc	dogs	catss	cattle	horsesX01	sheep
dry food	No	No	Yes	Y	Y	NULL	NULL	NULL

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goats	pigsX01	poultry2	fishX01	rodentsX01	rodenttype	reptileamp	reptiletype	otherspec
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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animaldeta	manureuse	additional	diapers	persondiar	exposuren	municipalH	privatewell	ruralH2O
NULL	No	NULL	No	NULL	NULL	Yes	NULL	Maybe

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bottledH2C	riverlakepc	ocean	chlorinatec	wadingpoo	waterpark	standingwa	additional	storeinfo
Maybe	No	No	No	No	No	No	Tue Nov 12	Tue Nov 12

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hunt	butcher	privatekill	Farmersma	garden	friendrelati	homedelive	additional	organicten
No	No	No	No	No	No	No	NULL	No

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rawdairy	unpasteuri	rawjuice	rawjuicede	specialdiet	specialdiet	restaurant	restaurant	addressloc
No	NULL	No	NULL	No	Tue Nov 12	Yes	Legend Lar	2035 Unive

AMERICAN OVERSIGHT

datetime1	saladbarbu	foodseaten	restaurant	restaurant	addressloc	datetime1	saladbarbu	foodseaten
11/2/2019	No	Tue Nov 12	NULL	NULL	NULL	11/3/2019	NULL	Tue Nov 12

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attendgath	event1	datetimeev	addressloc	additional1	foodseaten	milk	milkdetail	sourcream
NULL	NULL	NULL	NULL	NULL	Tue Nov 12	NULL	NULL	Yes

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sourcream	creamchee	creamchee	cheese	cheesedeta	quesofresc	quesofresc	cheesecurc	cheesecurc
meijer brar	Yes	on bagels	Yes	with taco s	NULL	NULL	NULL	NULL

AMERICAN OVERSIGHT

cottageche	cottageche	icecream	icecreamde	yogurt	yogurtdeta	additional	groundbee	groundbee
NULL	NULL	NULL	NULL	NULL	NULL	NULL	Yes	beef roast-

AMERICAN OVERSIGHT

otherbeef	otherbeefd	chicken	chickendet	turkey	turkeydeta	pork	porkdetail	lamb
NULL	NULL	Yes	chicken thi	Yes	ground, fro	NULL	NULL	NULL

AMERICAN OVERSIGHT

lambdetail	fish	fishdetail	shellfsh	shellfishdet	wildgame	wildgamed	hotdogs	hotdogdeta
NULL	NULL	NULL	Yes	Sea Burger	NULL	NULL	NULL	NULL

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sausage	sausagedet	lunchmeat	lunchmeat	undercook	additional	eggseaten	eggdetail	eggsbaked
NULL	NULL	NULL	NULL	No	NULL	Yes	fried egg sa	NULL

AMERICAN OVERSIGHT

tastebatter	eggproduct	eggproduct	additional	apples	appledetail	bananas	bananadet	cantaloupe
NULL	NULL	NULL	NULL	Yes	everyday- r	NULL	NULL	NULL

AMERICAN OVERSIGHT

cantaloupe	cherries	cherrydeta	grapefruit	grapefruitd	grapes	grapedetail	honeydew	honeydew(
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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oranges	orangedeta	pears	peardetail	strawberrie	strawberry	otherberry	otherberry	watermelo
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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watermelo	othertreefr	otherfruitd	exoticfruit›	exoticfruitc	othercitrus	othercitrus	additional	packagedsa
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	Yes

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packsaladd Festival- Fr	lettuce NULL	lettucedet NULL	spinach Yes	spinachdet Bagged fro	cabbage NULL	cabbagede NULL	othergreen NULL	othergreen NULL

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asparagus	asparagusd	broccoli	broccolidet	carrots	carrotdetai	cauliflower	cauliflower	celery
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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celerydetai	cucumber	cucumberd	eggplant	eggplantde	greenonior	greenonior	onions	oniondetai
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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mushroom	mushroom	peapods	peapoddet	peppers	pepperdeta	radishes	radishdetai	sprouts
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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sproutdeta	squash	squashdeta	tomatoes	tomatodet	parsley	parselydeta	cilantro	cilantrodet
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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freshherbs	herbsdetail	additional	pnutbutter	PBdetail	peanuts	peanutdeta	nuts	nutdetail
NULL	NULL	Wed Nov 1	Yes	Jiff to Go C	NULL	NULL	NULL	NULL

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dips	dipdetail	salsa	salsadetail	tofu	tofudetail	chocolate	chocolated	othercandy
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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othercandy	pkgmeal	pkgmealde	coleslaw	coleslawde	tossedsalac	tossedsalac	fruitsalad	fruitsaladd
NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL	NULL

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potatosala	potatosala	othersalad	othersalad	additional	juice	smoothies	healthdrink	additional
NULL	NULL	NULL	NULL	Wed Nov 1	NULL	NULL	No	NULL

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