



# State Health Officer Bimonthly Webcast

Karen McKeown

State Health Officer

February 7, 2014



## Agenda

- Welcome and Announcements
- Developing Community Health Assessments and Community Health Improvement Plans
- Heroin Overdoses and Deaths in Wisconsin, 2003-2012
- Electronic Health Records: Local Health Department Survey Results
- Communicable Diseases Update



## Announcements: February Health Events

- [American Heart Month](#)
- [National Children's Dental Health Month](#)
- [Give Kids A Smile® Day](#), February 7
- [National Black HIV/AIDS Awareness Day](#), February 7
- [National Wear Red Day](#), February 7
- [National Donor Day](#), February 14



## Announcements: March Health Events

- [National Nutrition Month](#)
- [National Poison Prevention Week](#), March 16 – 22
- [Flood Safety Awareness Week](#), March 17 – 21
- [National Women and Girls HIV/AIDS Awareness Day](#), March 10
- [National Native American HIV/AIDS Awareness Day](#), March 20
- [World Tuberculosis Day](#), March 24
- [American Diabetes Alert Day](#), March 25



## Announcements: Local Health Department Personnel Changes

- **Jaime Bodden** is the new Health Officer for the Shawano-Menominee Counties Health Department.
- **Kathleen Meckstroth** is the new Health Officer for the Marquette County Health Department.
- **Janis Ellefsen** is the new Health Officer for the Walworth County Health Department.
- **Jim Blaha** is retiring on March 8 as Health Officer for Manitowoc County.



## Announcements: Local Health Department Personnel Changes

- **Benjamin Jones** is the new Health Officer for Waukesha County Public Health.
- **Jean Beinemann** is the Interim Director for the Sheboygan County Health Department.
- **Jean Durch** is retiring on March 14 as County Health Officer/Public Health Director of the Chippewa County Department of Public Health.



## Announcements: Central Office Personnel Changes

- **Chris Culotta** is the new Northeast Regional Director.
- **Sandy Breitborde** is now a Deputy Administrator in the Department of Children and Families.
- **Pat Guhleman**, Bureau Director, Office of Policy and Practice Alignment, retired on November 29, 2013.



To learn about upcoming public health events in Wisconsin, please check this DHS webpage:

[http://www.dhs.wisconsin.gov/R\\_Counties/Information  
\\_And\\_News/EventsCalendar.htm](http://www.dhs.wisconsin.gov/R_Counties/Information_And_News/EventsCalendar.htm)





# Developing Community Health Assessments and Improvement Plans

**Doug Mormann**

Director, La Crosse County Health Department

**Julie Willems Van Dijk**

Associate Scientist, University of Wisconsin  
Population Health Institute

# [ Objectives ]

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- Describe WI's current projects supporting Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP)
- Discuss lessons learned and new tools
- Explore lessons learned through the La Crosse community's experience

# [ The Take Action Cycle ]



# [ WI's CHA/CHIP Projects ]

- Funded by the Wisconsin Partnership Program
  - WALHDAB Part I (April, 2011-March, 2014)
  - WALHDAB Part II (April 2014-March, 2017)
    - Focus is on strengthening tools and resources
- Funded by the Robert Wood Johnson Foundation
  - WI PH Practice Based Research Network
    - Measuring the quality of WI's CHA's/CHIP's
  - *County Health Rankings & Roadmaps*

# What We Learned: Focus Groups & Surveys

- Local capacity challenges
- Data gathering & analysis is overwhelming
- Get stuck with data phase and community loses momentum
- Process often feels “health department driven”
- Lots of tools—hard to sort through them

# What We Learned: Document Review of Priorities

- Physical Activity
- Nutrition
- Alcohol and Other Drugs
- Access to Care
- Mental Health

# What We Learned: Quality Measurement--Strengths

- Formal models are used to guide the CHA/CHIP process
- Alignment with state and national priorities
- Current collaborations are identified to address specific public health issues
- Strong assessment including multiple data sources focusing across health factors with comparison to state and national trends

# What We Learned: Quality Measurement--Challenges

- Limited feedback from the community on priorities and plans
- Limited feedback from stakeholders on the process
- Processes are often missing an evaluation plan or activities



# [ Three Core Tools ]

- Shared Model

- *Improving the Health of Local Communities: The Wisconsin Way*

- Integrated Guidance

- *Wisconsin Guidebook on Improving the Health of Local Communities*

- Standard Set of Data

- *Recommended Core Data Set*

# [ Additional Resources ]

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- PowerPoint Overview of Community Health Improvement
- Guide to Sharing Leadership
- Guide to Engaging Community Members
- Guide to Engaging Business
- Pick List of Evidence-Based Objectives
- Template Implementation Plan

[ www.walhdab.org ]



The image shows a screenshot of a web browser displaying the homepage of the Wisconsin Association of Local Health Departments and Boards (WALHDAB). The browser's address bar shows the URL <http://www.walhdab.org/>. The page features a dark purple header with the organization's name in white serif font. On the left is the WALHDAB logo, which depicts a hand holding a globe with the text "WALHDAB Partnering To Improve Public Health". Below the header is a horizontal navigation menu with several items, each preceded by a small white circle. The item "Special Projects/Efforts" is circled in red.

WALHDAB  
Partnering To Improve Public Health

Wisconsin Association of Local Health Departments and Boards (WALHDAB)

● Home ● About Us ● Board ● Sections & Committees ● News/Updates ● Legislative Information ●  
● Meetings/Conferences ● Special Projects/Efforts ● Resources ● Contact Us ●

[ [www.walhdab.org](http://www.walhdab.org) ]



Wisconsin Association of Local  
Health Departments and Boards (WA

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## Special Projects and Efforts

**CHIPP Infrastructure Improvement Project**: This project, funded by the UW School of Medicine and Public Health from the Wisconsin Partnership Program, aims to strengthen and evaluate community health improvement processes and plans (CHIPP) in Wisconsin in a coordinated and efficient manner that results in the collaborative selection and implementation of effective programs and policies to improve health outcomes in communities. In short: improve CHIPP to improve health.

[More Information and CHIPP Resources](#)



# Wisconsin Association of Local Health Departments and Boards (WALHDAB)

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## CHIPP Infrastructure Improvement Project

Follow these links for more information about this project or for CHIPP-related resources:

[CHIPP Infrastructure Improvement Project](#)

[CHIPP Pilot Site Information](#)

[Existing State and National CHIPP Resources](#)

[CHIPP Resources by Activity/Stage](#)

[New CHIPP Resources](#)

“Building the Infrastructure to Make Wisconsin the Healthiest State: Strength Processes and Plans (CHIPP)”

Lead Community Partner: Wisconsin Association of Local Health Departments

Academic Partner: Julie Willems Van Dijk, RN, PhD, University of Wisconsin

### Additional Community Partners

- Wisconsin Division of Public Health
- Healthiest Wisconsin Leadership Institute
- Wisconsin Hospital Association
- Wisconsin Medical Society Foundation
- Wisconsin Primary Health Care Association
- Wisconsin Public Health Association
- United Way of Wisconsin

Grant Period: April 1, 2011 – March 31, 2014

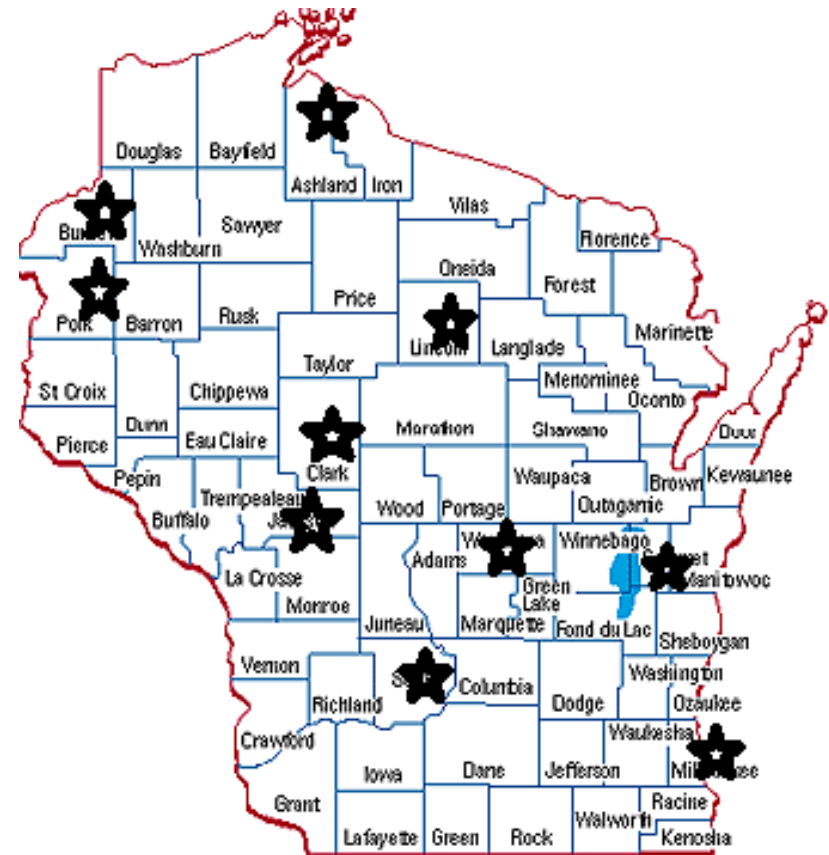
## New CHIPP Resources

These resources were created as part of the CHIPP Infrastructure Improvement Project. They are currently in draft form and being piloted in ten communities in Wisconsin. They are available as is for other communities to use with the understanding that they are first drafts and have not yet been field tested. Any feedback from users is encouraged: [sarah@badgerbay.co](mailto:sarah@badgerbay.co).

- [Improving the Health of Local Communities: The Wisconsin Way](#)
- [Wisconsin Guidebook on Improving the Health of Local Communities](#)
- [Understanding Community Health Improvement Processes](#) (PowerPoint Presentation)
- [Template Implementation Plan](#)
- [Objectives with Focus: A Pick List of Sample Objectives for Effective Implementation](#)
- [Sharing Leadership: A Guide to Stakeholder Engagement](#)
- [Listening to the Community: A Guide to Primary Data Collection](#)
- [Making the Business Case: Tips and Tools for Engaging Local Employers](#)
- Recommended Core Data Set for Community Health Improvement Processes
  - [Introduction to Recommended Core Data Set](#)
  - [Recommended Core Data List & Instructions:](#)
    - Recommended Measures
    - Optional Measures
    - Local Template Worksheet
    - Data Download Instructions
    - Graphics Instructions
  - [Template PowerPoint Presentation](#)
  - [Instructions for Downloading Communicable Disease Measure within Core Data Set](#)
  - [Compendium of Data Sources for Community Health Improvement Processes](#)
  - Template Fact Sheets
    - [Access to Care](#)
    - [Adequate Income](#)

# Pilot Sites Testing Tools

- Calumet County
- Sauk County
- Burnett County
- North Shore
- Polk County
- Clark County
- Ashland Memorial
- Waushara County
- Black River Memorial
- Lincoln County



## New CHIPP Resources

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# Recommended Core Data Set

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

ures [Compare Counties](#) [Download](#) [Print](#) [Help](#)

**Portage (PR)** [County Snapshot](#) [Additional Measures](#)

[BACK TO MAP](#)

To see more details, click on a measure.

	Portage County	Wisconsin
<b>Demographics</b>		
<a href="#">Population</a>	70,084	5,711,767
<a href="#">% below 18 years of age</a>	20%	23%
<a href="#">% 65 and older</a>	13%	14%
<a href="#">% Non-Hispanic African American</a>	1%	6%

# Recommended Core Data Set

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

	Portage County	Wisconsin
<b>Health Behaviors</b>		
*Smoking during pregnancy	12%	14%
*Motor vehicle crash occupancy rate	37	42
*On-road motor vehicle crash-related ER visits	301	641
*Off-road motor vehicle crash-related ER visits	44	91
*Drug arrests	74	21,655
*Breastfeeding	19%	20%

# [ Continuous Improvement ]



# [ La Crosse County Case Study ]

**Long Term Effort** – 5<sup>th</sup> Cycle of CHA – 17 years

## **Lead Agency:**

CHA – Great Rivers United Way – 5 Counties

CHIP – Health Science Consortium – 1 County

**Direct Cost:** \$25,000/yr for staff support of CHA

**Indirect Cost:** Staff and Volunteers from Community

# Financial Contributors - Benefits

- United Way – Allocation of Funds
- Hospitals – Meet Community Objectives
- Private Foundations – Allocate Funds
- Business – Community Leadership
- Health Departments – Strategic Plan
- Extension – Community Mission – Staff Only

# [Challenges]

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- Timing for all partners
- Slow process
- Priority selection

# [ Benefits ]

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- Success in Competitive Funding
  - Community Putting Prevention to Work
  - Community Transformation Grant
  - Safe Routes to School
  - Wisconsin Partnership Program
  - Healthier Wisconsin Partnership Prog.
- Dental Clinic
- Free Medical Clinics



# Heroin Overdoses in Wisconsin 2003-2012

Jon Meiman, MD

LT, United States Public Health Service

Epidemic Intelligence Service Officer, CDC

Bureau of Environmental and Occupational Health

Wisconsin Division of Public Health





## Overview

- Background
- National trends
- State estimates
- Conclusions



# Background





## Background

Health effects of heroin use include:

- Sudden death from overdose (yearly mortality 1-3%)
- Infections (bacterial infection, hepatitis C, HIV)

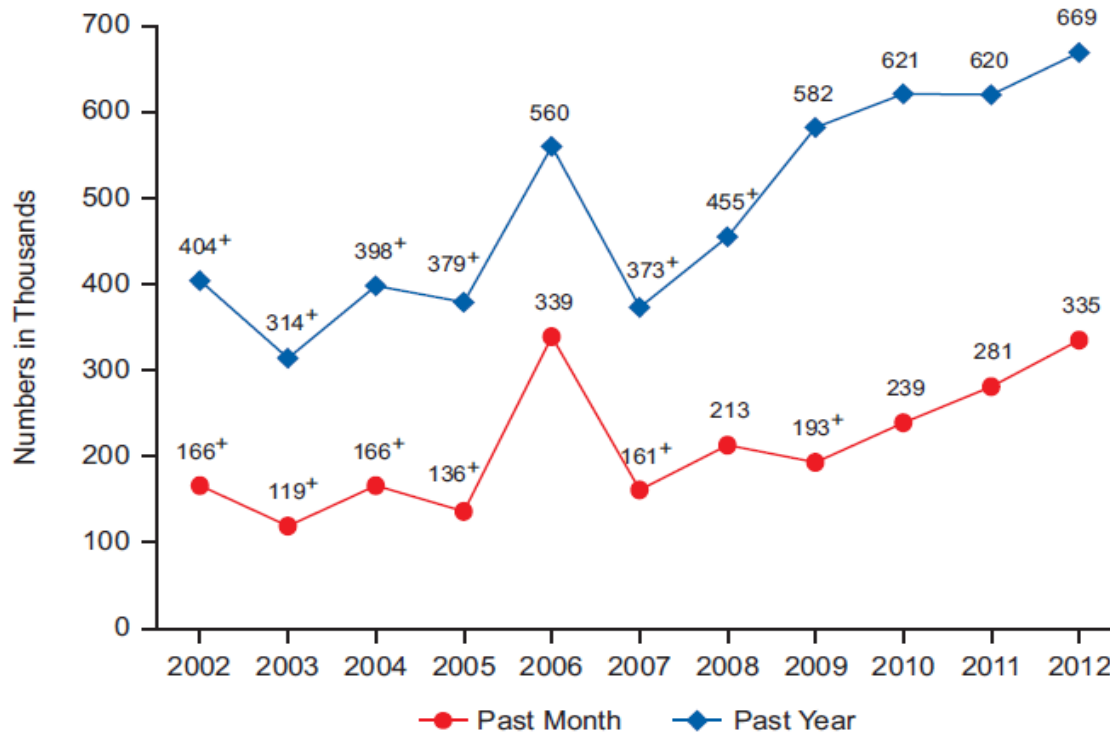
Public health consequences:

- Infection control
- Poverty
- Crime



## National Trends

**Figure 2.4 Past Month and Past Year Heroin Use among Persons Aged 12 or Older: 2002-2012**





## National Trends

### Heroin Makes a Comeback

This Time, Small Towns are Increasingly Beset by Addiction, Drug-Related Crimes

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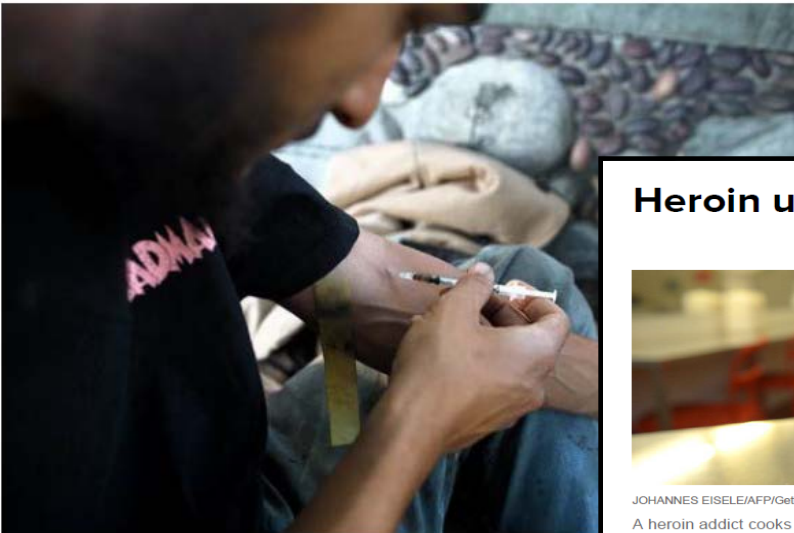
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By ZUSHA ELINSON and ARIAN CAMPO-FLORES CONNECT

Updated Aug. 8, 2013 12:23 a.m. ET



With prescription drugs tougher to get, addicts are increasingly turning to heroin. Heroin user shoots up in a Seattle park. Mike Kane for The Wall Street Journal

The New York Times

July 18, 2013

### Heroin in New England, More Abundant and Deadly

By KATHARINE Q. SEELYE

PORTLAND, Me. — Heroin, which has long flourished in the nation's big urban centers, has been making an alarming comeback in the smaller cities and towns of New England.

From quaint fishing villages on the Maine coast to the interior of the Great North Woods

towns report a sharp rise in the deaths attributed to it. "It's easier to get every," said Dr. Mark

Along the waterfront, posters warn of the dangers. Do a Tester Shot" and "Use a syringe (not smoking on vomit).

### Heroin use on the rise in rural areas



JOHANNES EISELE/AFP/Getty Images

A heroin addict cooks a heroin dose in Berlin. Legal drug consumption spaces aimed at drug rehabilitation have been set up where drug addicts can take drugs in clean and safe conditions under surveillance of volunteers.

by Gigi Douban (<http://www.marketplace.org/people/gigi-douban>)  
[Marketplace for Monday, September 2, 2013 \(/shows/marketplace/marketplace-monday-2013\)](#)



## Wisconsin Trends

### Two charged with selling heroin in Wisconsin Dells

Print

January 15, 2014 5:44 pm • Shannon Green Daily Register

(0) Comments



James Kuhnke

Two people face a felony charge after investigators said they came to Wisconsin Dells where they sold heroin to an informant.

Arrested Monday were James H. Kuhnke, 36, of Fort Atkinson, and Krystal L. Sawyer, 46, of Watertown.

Each was released on \$5,000 signature bonds after appearing Tuesday in Columbia County Circuit Court.

Kuhnke and Sawyer are each charged with felony delivery of heroin as party to a crime. The charge carries a maximum

initial penalty of 7 ½ years in prison.



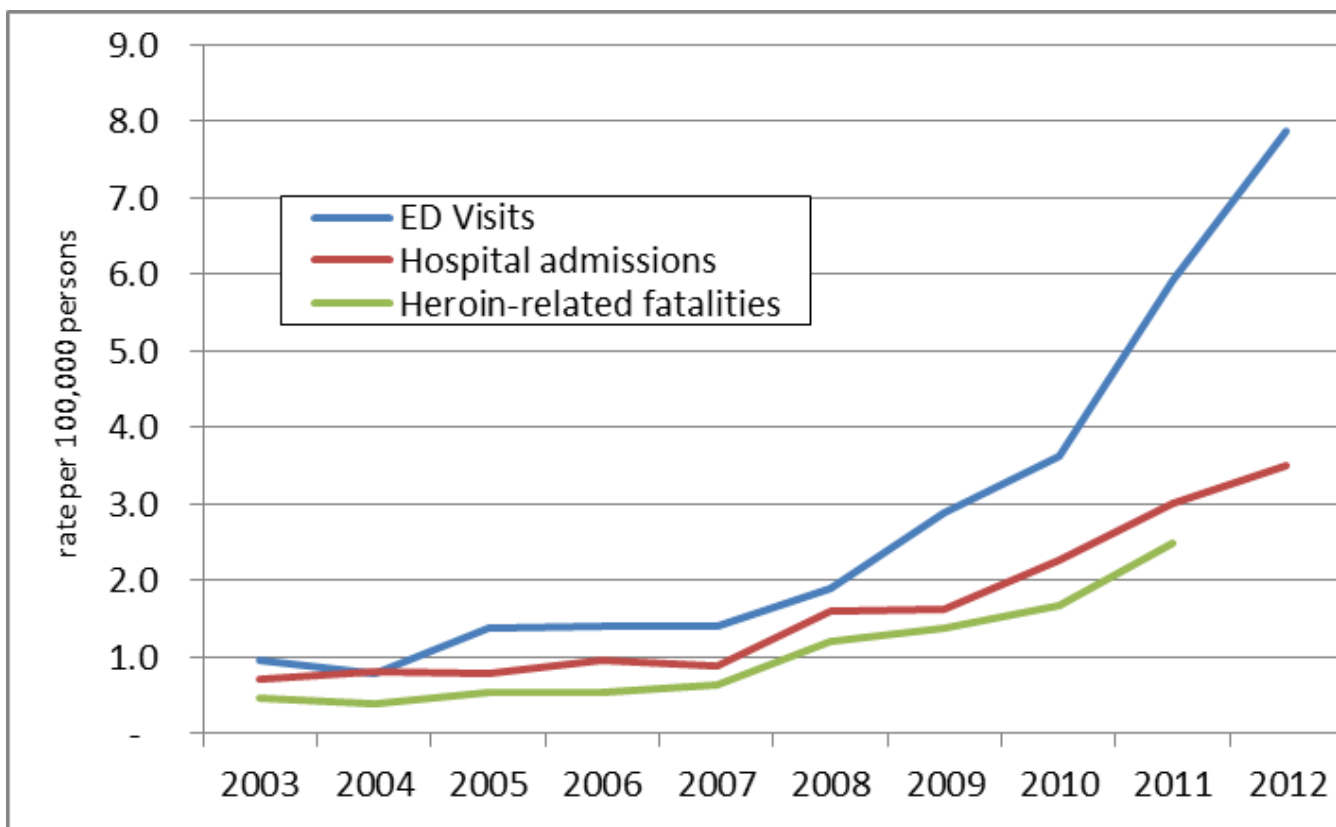
## Estimating Heroin Overdoses in Wisconsin

- Emergency department visits
- Hospital admissions
- Death records



## Trends in Wisconsin - Time

Age-adjusted rates of heroin overdose and heroin-related fatalities, Wisconsin, 2003-2012

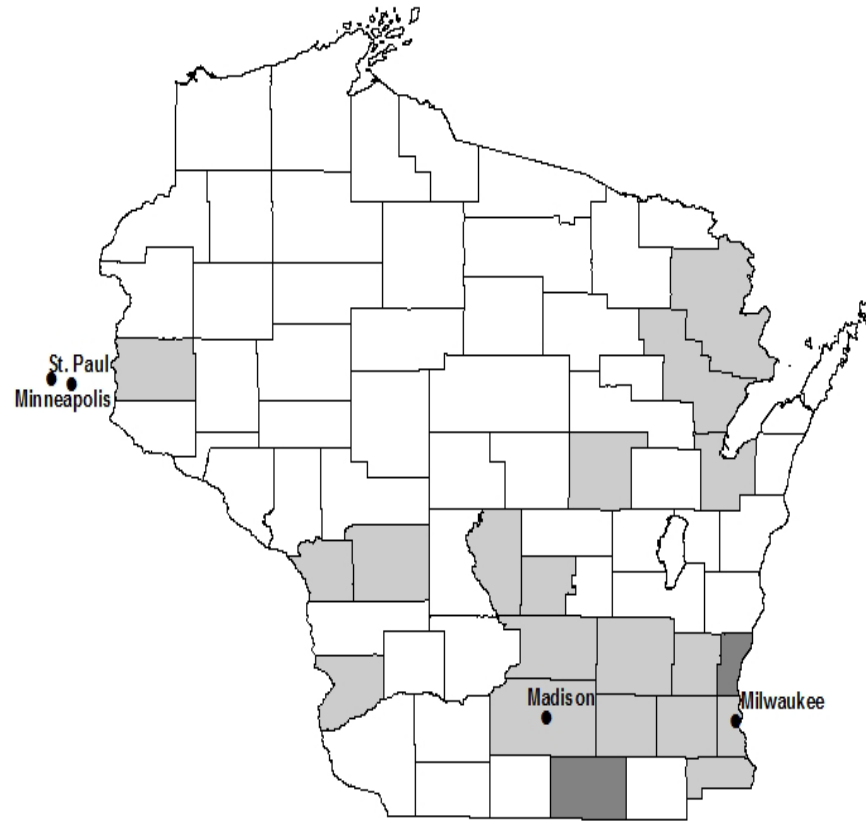
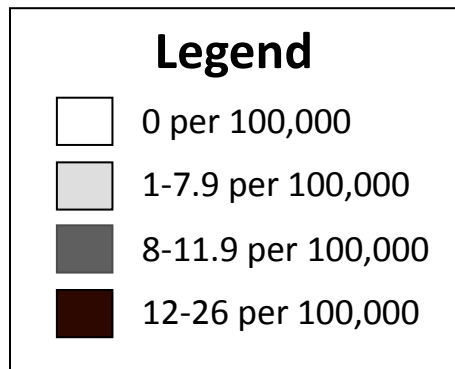






# Trends in Wisconsin - Distribution

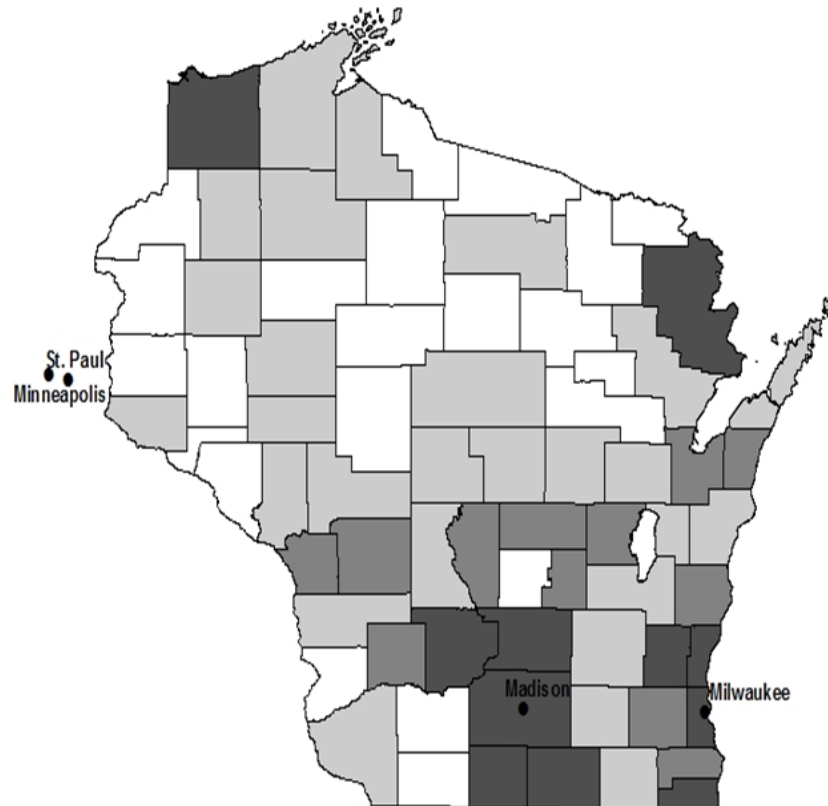
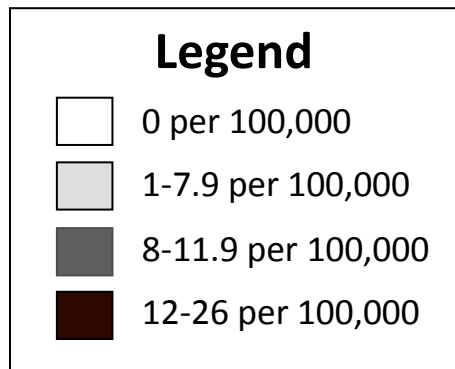
County-level rates of heroin overdose in 2008  
(ED and hospital admissions combined)





# Trends in Wisconsin - Distribution

County-level rates of heroin overdose in 2012  
(ED and hospital admissions combined)





## Conclusions

- Overdoses and deaths rose significantly starting in 2008.
- Large areas of the state are now involved.
- Cause of trend is unknown.
- Data indicates need for increasing public health action.



**Update: Local Health Department  
Survey on Patient/Client Health  
Information**

Bethany Bradshaw, MPH

CDC CSTE Applied Public Health Informatics Fellow  
Office of Health Informatics



## Survey Respondents

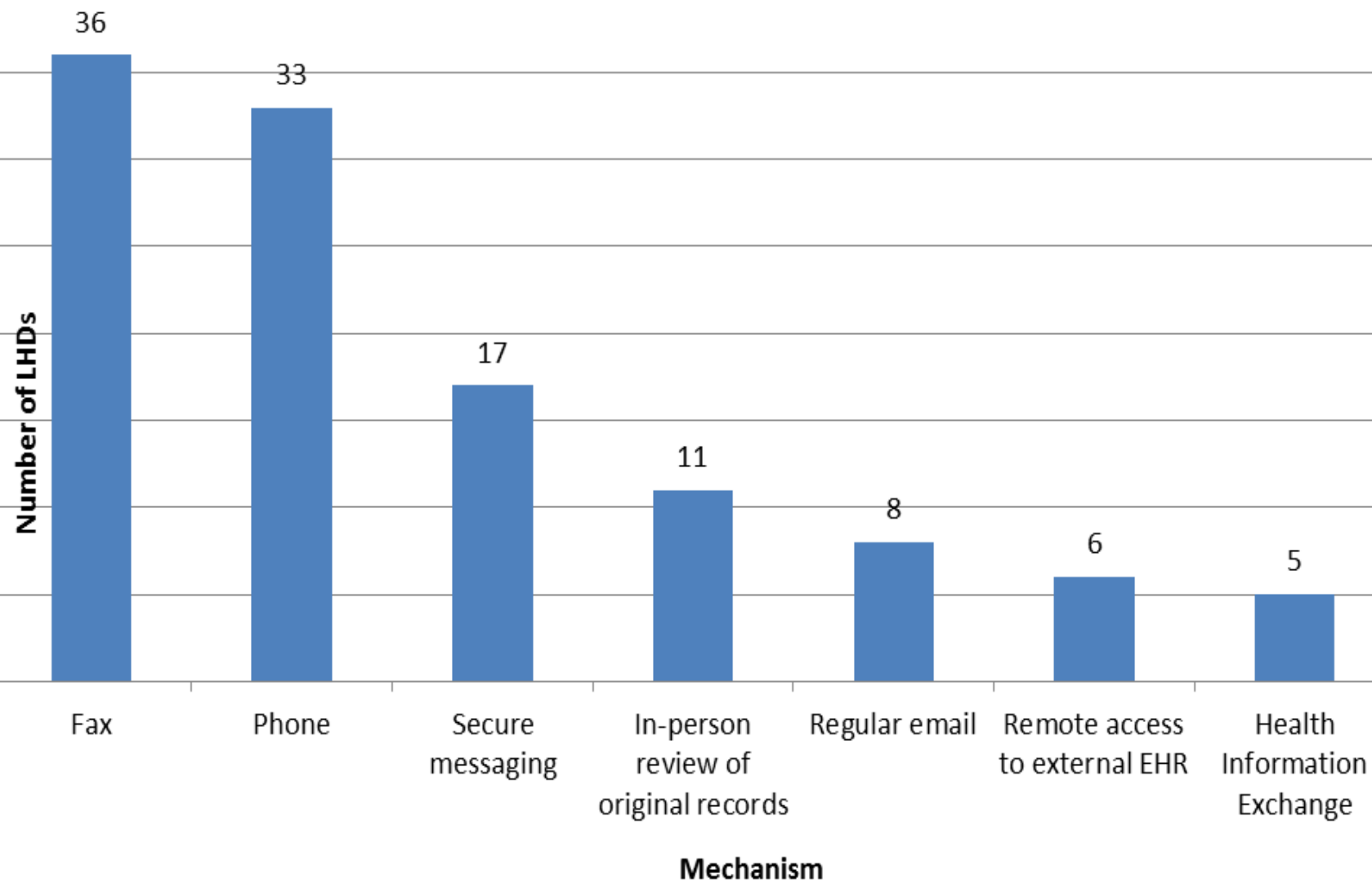
- Survey open for three weeks: October/November 2013
  - 58 Local and Tribal Health Departments (LHDs) participated:
    - 3 Tribal Health Centers
    - 2 City-County Health Departments
    - 9 City Health Departments
    - 44 County Health Departments
- Most common self-identified roles: Health Officers and Directors (multi-select)
- Thank you to all respondents!

## Summary of City and County LHDs' Access to External PHI and EHR Adoption (55 LHDs reporting)

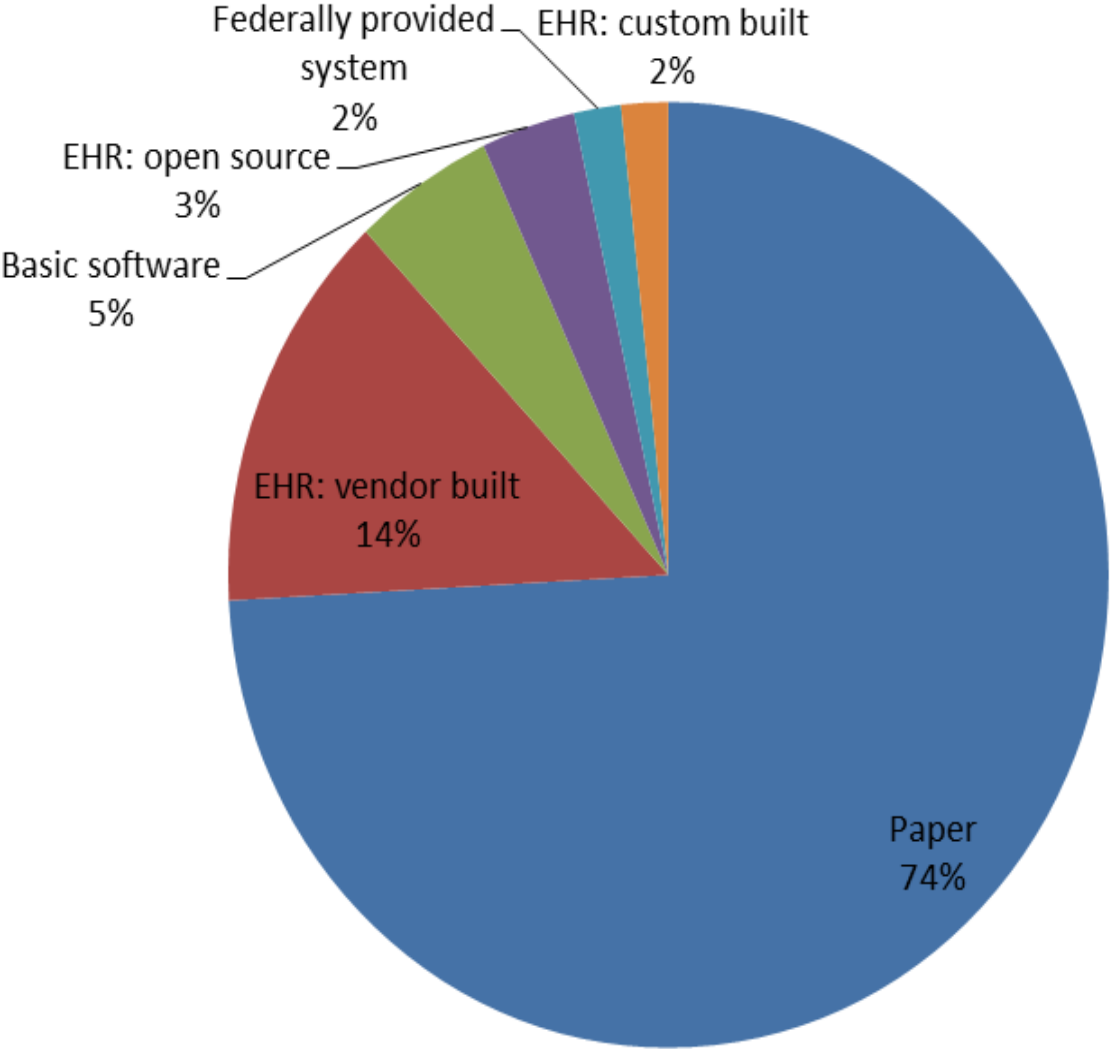
<i>City and County LHDs only</i>		Accesses PHI in external systems	Has an EHR system (custom, vendor, and/or open source)
<b>Jurisdictional Population</b>	Under 15,000 (n=6)	83%	33%
	15,000-19,999 (n=12)	58%	33%
	20,000-59,999 (n=20)	60%	40%
	60,000+ (n= 17)	29%	41%
<b>Staff per 100,000 population</b>	Under 3.0 (n=14)	50%	43%
	3.0-4.9 (n=17)	82%	35%
	5.0-7.9 (n= 13)	54%	38%
	8.0+ (n= 11)	64%	36%
<b>Per capita revenue</b>	Under \$8.00 (n=15)	60%	40%
	\$8.00- 14.99 (n=13)	62%	31%
	\$15.00- 24.99 (n=16)	63%	31%
	\$25+ (n=11)	73%	27%
<b>Region</b>	Northern (n=9)	67%	11%
	Northeastern (n=13)	43%	36%
	Southern (n=11)	78%	33%
	Southeastern (n=11)	67%	50%
	Western (n=11)	73%	55%
<b>Level of Services</b>	Level 1 (n= 3)	67%	0%
	Level 2 (n= 31)	65%	45%
	Level 3 (n= 21)	62%	33%

Note: Data shown is only for city and county LHDs. Population, staffing, and revenue data were compiled from the *Wisconsin Local Health Department Survey, 2011*. Level of Services data was taken from unpublished Chapter 140 reviews.

Chart WWW. Mechanism for Access to External PHI (38 LHDs reporting)

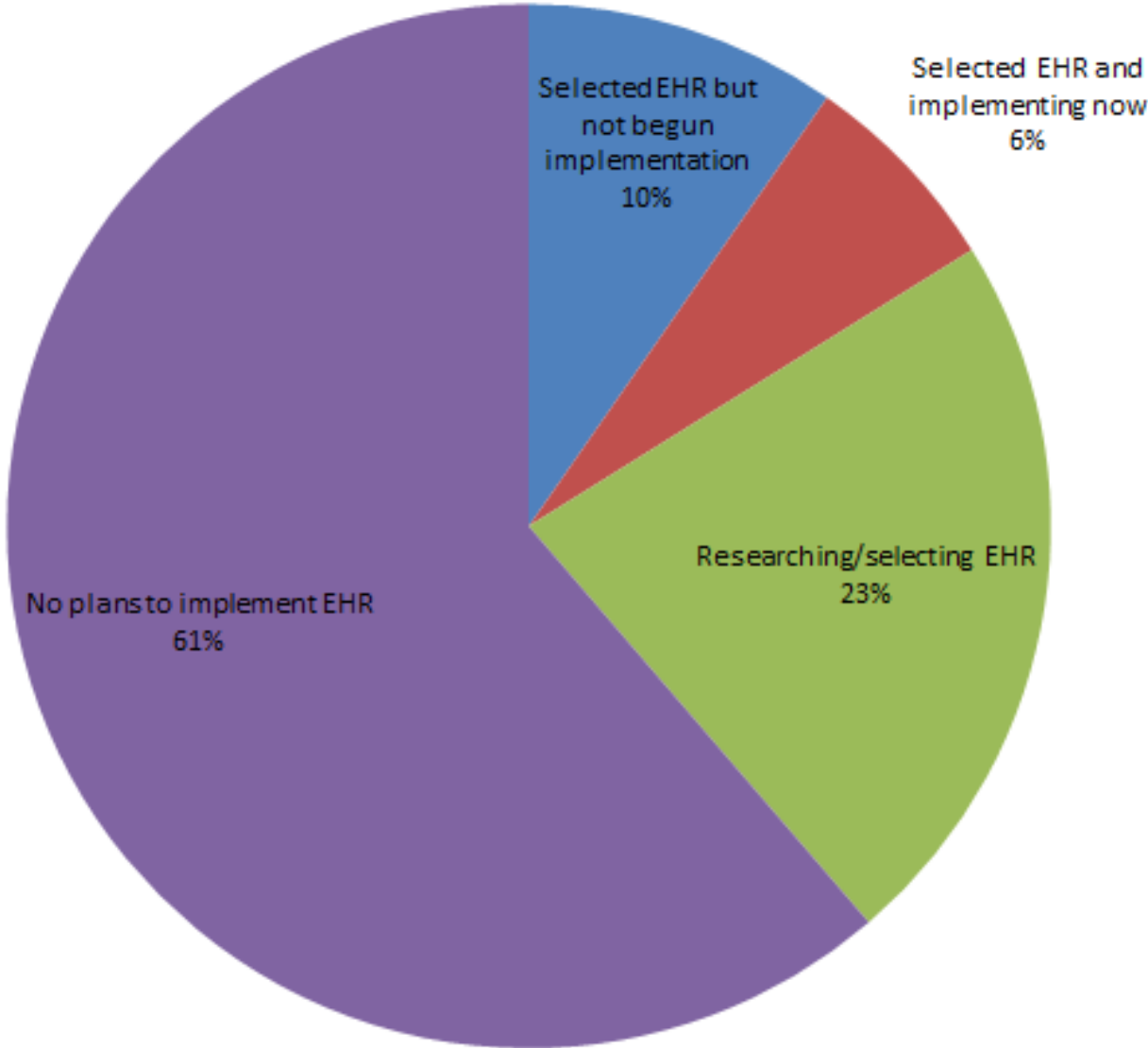


**Chart EEE. Primary In-house PHI Management System (58 LHDs reporting)**

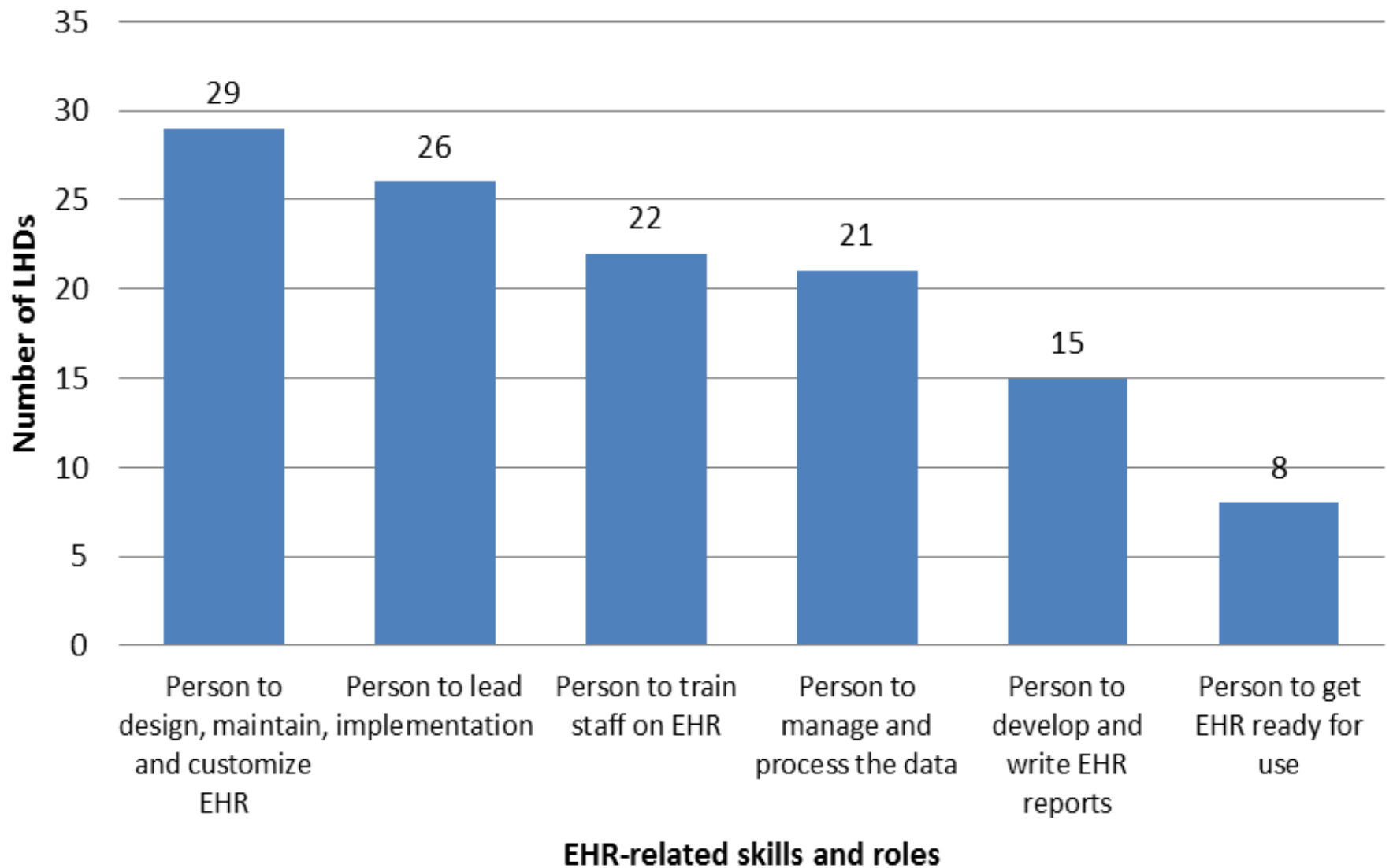




**Chart TTT. Plans to Implement an EHR Amongst LHDs with No EHR Systems  
(31 LHDs reporting)**



**Chart NNN. Needed EHR-related Skills and Roles ( 58 LHDs reporting)**





## Takeaways

- EHR adoption varies most by region and level of service
- 60 percent of LHDs do not have any EHR system
- LHDs need support (training for existing staff and/or hiring new specialized staff) for EHR-related work
  - Many write-in comments focused on insufficient funding and/or staff availability
- Business case for EHR adoption is unclear
  - How to determine if an EHR is appropriate given LHD resources and services provided
  - How to choose an EHR



## Recommendations: Community of Practice for LHDs

- LHDs' experience assessing the return on EHR investment, selecting an EHR, implementing an EHR, evaluating an EHR
- Platform for LHDs to request guidance on specific topics
- Online forums, webinars
- Share existing resources (e.g., the Health Information Exchange and Meaningful Use documents that were sent to survey respondents)
- Unknown: who would organize and maintain the Community of Practice



## Other Recommendations

- WHITEC: may be able to help LHDs depending on the services that they provide
- Survey improvements:
  - Processes for deciding to invest in an EHR
  - Evaluating EHR after implementation
  - Include subset of survey questions in annual Local Health Department Survey
  - Clarifying terminology



## Next Steps

- Finalizing the report
- It's not too late for your input:
  - Recommendations?
  - Concerns?
- [Bethany.Bradshaw@wi.gov](mailto:Bethany.Bradshaw@wi.gov)



# Communicable Disease Update

Tom Haupt, MS

Respiratory Epidemiologist

Bureau of Communicable Diseases and  
Emergency Response



## Summary of Current Respiratory Activity

- Although on a decline, influenza activity remains elevated.
- 67 percent of flu-associated hospitalized cases are in the 18-64 age range.
- 24 percent of flu-associated hospitalizations in this age range were admitted to ICU.
- 11 percent of flu-associated hospitalization in this age range required mechanical ventilation.
- 40/181 (22 percent) of flu-associated hospitalized females who were in the childbearing age range (15-44 years) were pregnant.
- Good match between circulating virus strains and vaccine strains.
- Vaccine efficacy unknown as of today.



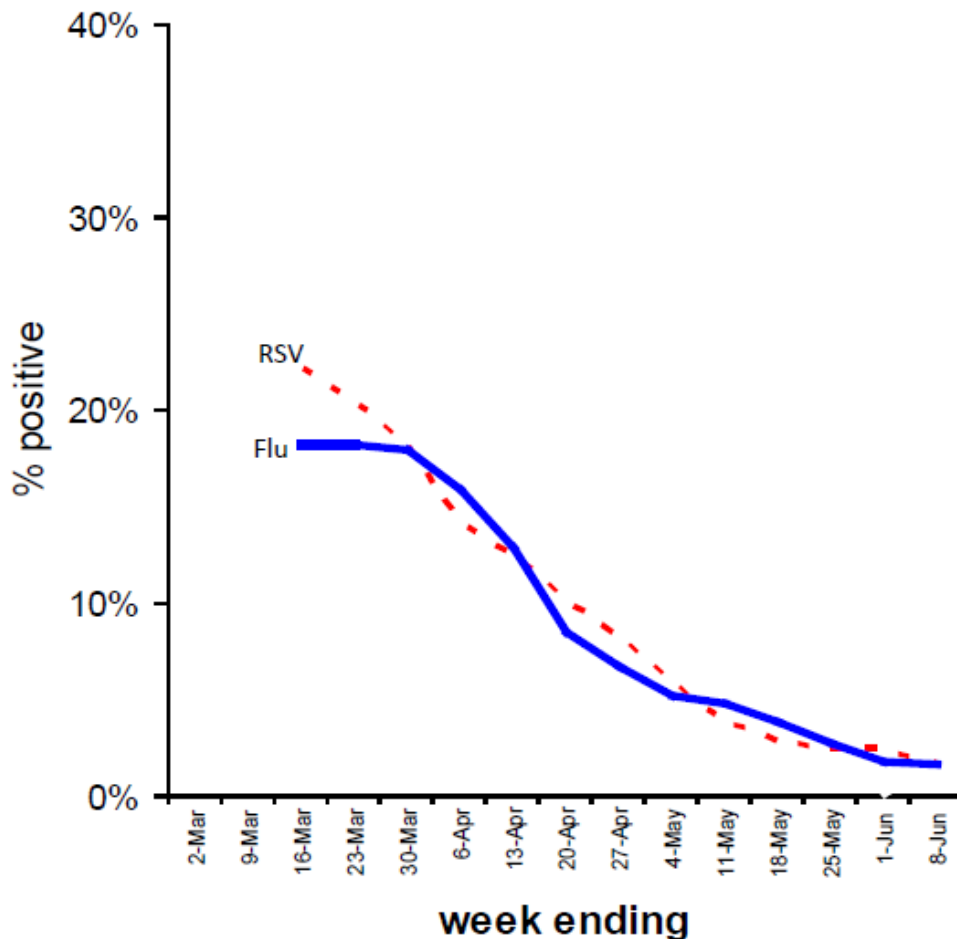


## Summary of Expected Respiratory Activity

- As influenza activity declines, activity from other respiratory viruses increases.
  - Respiratory Syncytial Virus (RSV)
  - Human metapneumovirus
    - Both viruses affect all ages, with most severe illness in young and elderly.
    - Both are associated with respiratory illness outbreaks in long term care facilities.

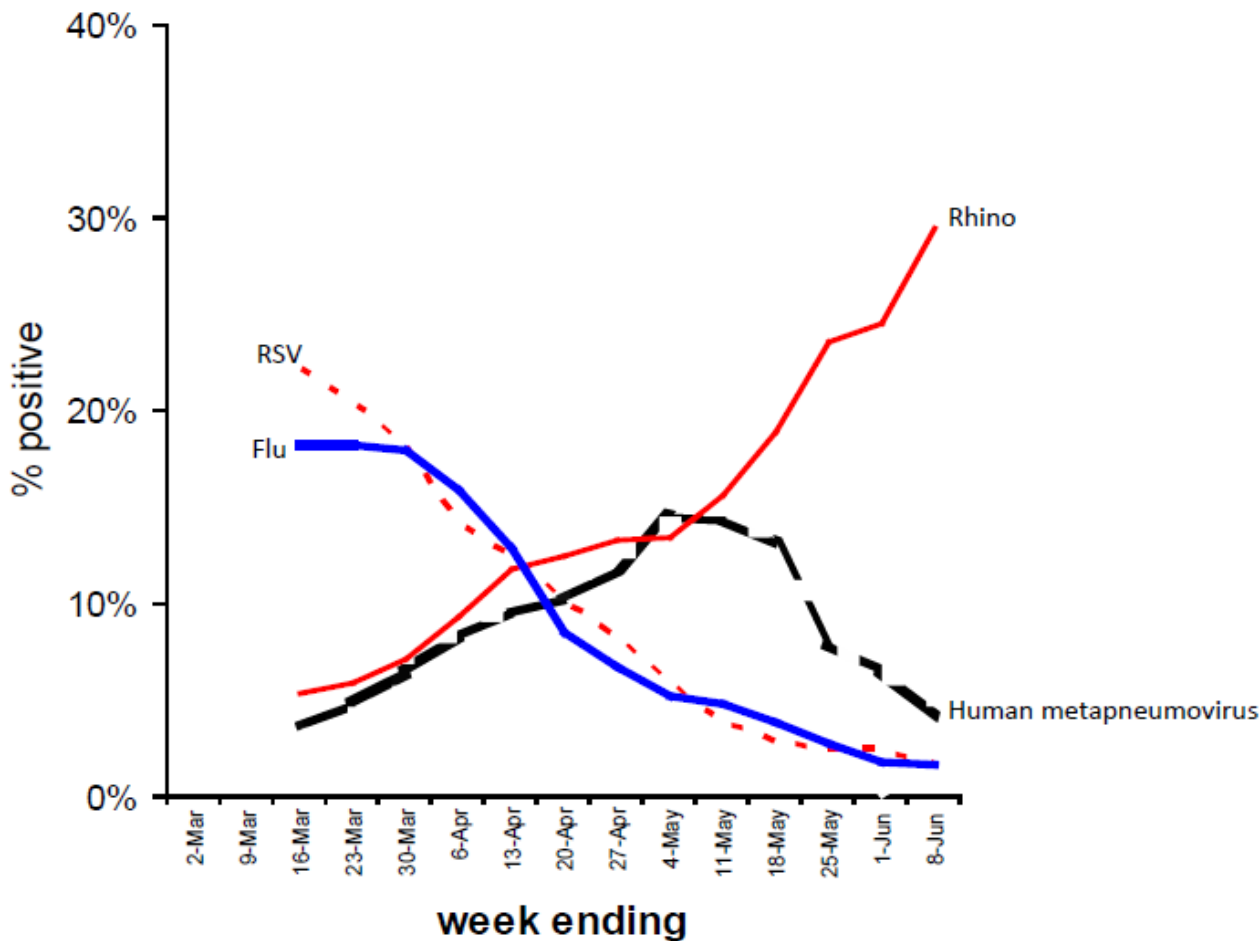


## Trends in Respiratory Virus Activity PCR using a 3-week moving average





## Trends in Respiratory Virus Activity PCR using a 3-week moving average





## Summary of Possible Respiratory Activity

- Novel respiratory viruses have not yet been identified in the United States.
- Influenza A/H7N9
  - Two distinct waves identified
  - February to July 2013, 134 cases and 29 deaths
  - August and September, no cases
  - October to present, 144 cases and 15 deaths
- Influenza A/H5N1
  - In 2013, 39 cases and 25 deaths
  - First identified cases in North America (Canada) in January 2014
- Middle East respiratory syndrome coronavirus (MERS CoV)
  - Since September 2012, 182 cases and 78 deaths

## ENHANCED RESPIRATORY VIRUS SURVEILLANCE, WISCONSIN 2014



Wisconsin Division of Public Health, Bureau of Communicable Diseases and Emergency Response

Respiratory Virus	Influenza A H5N1	Influenza A H7N9	Middle East Respiratory Syndrome (MERS CoV)
<b>Criteria for Testing</b>			
<b>Exposure Events/Countries*</b>	<ul style="list-style-type: none"> <li>Return from an area where H5N1 infection has been detected** or where H5N1 viruses circulate in animals: OR</li> <li>A close contact*** to a symptomatic person with the above risk factor; OR</li> <li>Persons with unprotected exposure to H5N1 virus in a laboratory setting.</li> </ul>	<ul style="list-style-type: none"> <li>Return from China; OR</li> <li>A close contact*** to a symptomatic person with the above risk factor.</li> </ul>	<ul style="list-style-type: none"> <li>History of travel from the Arabian Peninsula**** or neighboring countries; OR</li> <li>A close contact** to a symptomatic person with the above risk factor.</li> </ul>
<b>Exposure Timeline</b>	Within 10 days prior to illness onset	Within 10 days prior to illness onset	Within 14 days prior to illness onset
<b>Signs and Symptoms</b>	<b>Two or more of the following:</b> <ul style="list-style-type: none"> <li>Fever</li> <li>Cough</li> <li>Sore throat</li> <li>Rhinorrhea</li> <li>Nasal congestion</li> <li>Body aches</li> </ul>	<b>Two or more of the following:</b> <ul style="list-style-type: none"> <li>Fever</li> <li>Cough</li> <li>Sore throat</li> <li>Rhinorrhea</li> <li>Nasal congestion</li> <li>Body aches</li> </ul>	<b>All three of the following criteria must be met:</b> <ul style="list-style-type: none"> <li>Fever (<math>\geq 100.4^{\circ}\text{F}</math>)</li> <li>Cough</li> <li>Suspicion of pulmonary parenchymal disease (e.g., pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence of consolidation)</li> </ul>
<b>Specimens to be collected and submitted to the Wisconsin State Laboratory of Hygiene</b>	<b>Preferred</b> <ul style="list-style-type: none"> <li>Nasopharyngeal (NP) swab</li> </ul> <b>Secondary</b> <ul style="list-style-type: none"> <li>Oropharyngeal (OP) swab</li> </ul>	<b>Preferred</b> <ul style="list-style-type: none"> <li>Nasopharyngeal (NP) swab</li> </ul> <b>Secondary</b> <ul style="list-style-type: none"> <li>Oropharyngeal (OP) swab</li> </ul>	<b>Preferred</b> <ul style="list-style-type: none"> <li>Lower respiratory tract specimen such as (induced) sputum, bronchoalveolar lavage, bronchial wash, or tracheal aspirate</li> </ul> <b>Secondary</b> <ul style="list-style-type: none"> <li>NP swab or Stool</li> </ul>

\* At the discretion of DPH, exposure to similar events or countries in the vicinity of those specifically named may be approved for testing.

\*\* List of countries with H5N1 [http://www.who.int/influenza/human\\_animal\\_interface/EN\\_GIP\\_20131210CumulativeNumberH5N1cases.pdf](http://www.who.int/influenza/human_animal_interface/EN_GIP_20131210CumulativeNumberH5N1cases.pdf).

\*\*\* Close contact is defined as providing care for the ill patient, or having similar close physical contact; or who stayed at the same place (e.g. lived with, or visited the patient when the patient was ill).

\*\*\*\* Countries considered in the Arabian Peninsula and neighboring countries include: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.



Department of Health Services



Next State Health Officer  
Bimonthly Webcast:

April 4, 2014

Thank you for participating!