



State Health Officer Bimonthly Webcast

Karen McKeown

State Health Officer

September 19, 2014



Agenda

- Wisconsin Opioid Abuse
- Preventing Falls in Wisconsin
- Ebola Virus Disease: Wisconsin Status Update
- Questions and Answers



Announcements

- Congratulations to the St. Croix County Department of Health and Human Services- Public Health for achieving accreditation from the Public Health Accreditation Board.



Announcements:

September Health Events

- [National Childhood Obesity Awareness Month](#)
- [Infant Mortality Awareness Month](#)
- [Preparedness Month](#)
- [Newborn Screening Awareness Month](#)
- [National Women's Health & Fitness Day™](#),
September 24
- [Family Health & Fitness Day USA®](#), September 27
- [World Heart Day](#), September 29



Announcements: October Health Events

- [Health Literacy Month](#)
- [Lead Poisoning Prevention Week](#)
- [National Breast Cancer Awareness Month](#)
- [Mental Illness Awareness Week](#), October 5 – 11
- [International Infection Prevention Week](#),
October 19 – 25
- [International Walk to School Day](#), October 8
- [National Depression Screening Day](#)[®], October 9
- [National Latino AIDS Awareness Day](#), October 15



Announcements: Local Health Department Personnel Changes

- Cindy Kinnard is the Kewaunee County Health Department Interim Health Officer.
- Mary Halada is now Manitowoc County Public Health Nursing Supervisor.
- Nancy McKenney is now the City of Menasha Health Officer.
- Terri Brooks is the Waupaca County Health Officer.
- Anita Zimmer is the Rusk County Interim Health Officer. Celina Cooper resigned from the position and is now the Environmental Health Services Director in Barron County.
- Karena Thundercloud is Acting Executive Director of Health for the Ho-Chunk Nation.



Announcements:

Central Office Personnel Changes

- Chuck Warzecha is the new Division of Public Health Deputy Administrator.
- Tasha Jenkins is the new Office of Policy and Practice Alignment (OPPA) Director.
- Michelle Bailey is the new Public Health Nurse Consultant for the Southern Region. Formerly she was Burnett County Health Officer.



Wisconsin Opioid Abuse

Kim E. Whitmore, MSN, RN, CPN
Policy Section Chief
State Health Plan Officer
Office of Policy and Practice Alignment



Overview

- Current State of the Opioid Problem
- Current WI Activities
- Future Needs
- The Role of Public Health





Significance

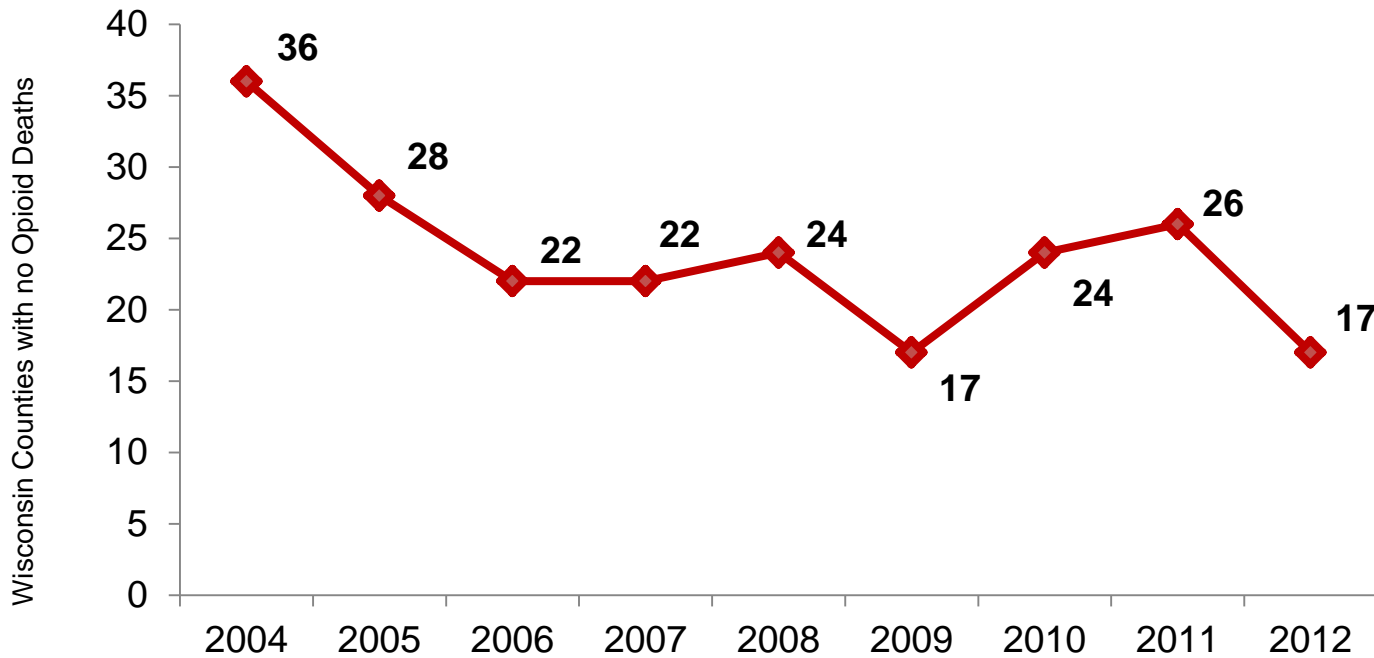
- Almost four-fold increase in deaths involving prescription opioids between 2000 and 2012 in Wisconsin

Year of Death	Deaths involving prescription opioids	Deaths involving heroin	All opioid-related deaths
2000	81	28	107
2001	110	20	127
2002	144	27	167
2003	168	25	189
2004	190	21	210
2005	239	30	266
2006	298	29	324
2007	329	34	358
2008	297	67	350
2009	316	75	381
2010	320	91	392
2011	327	134	441
2012	324	187	485

Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics



Impact Across Wisconsin

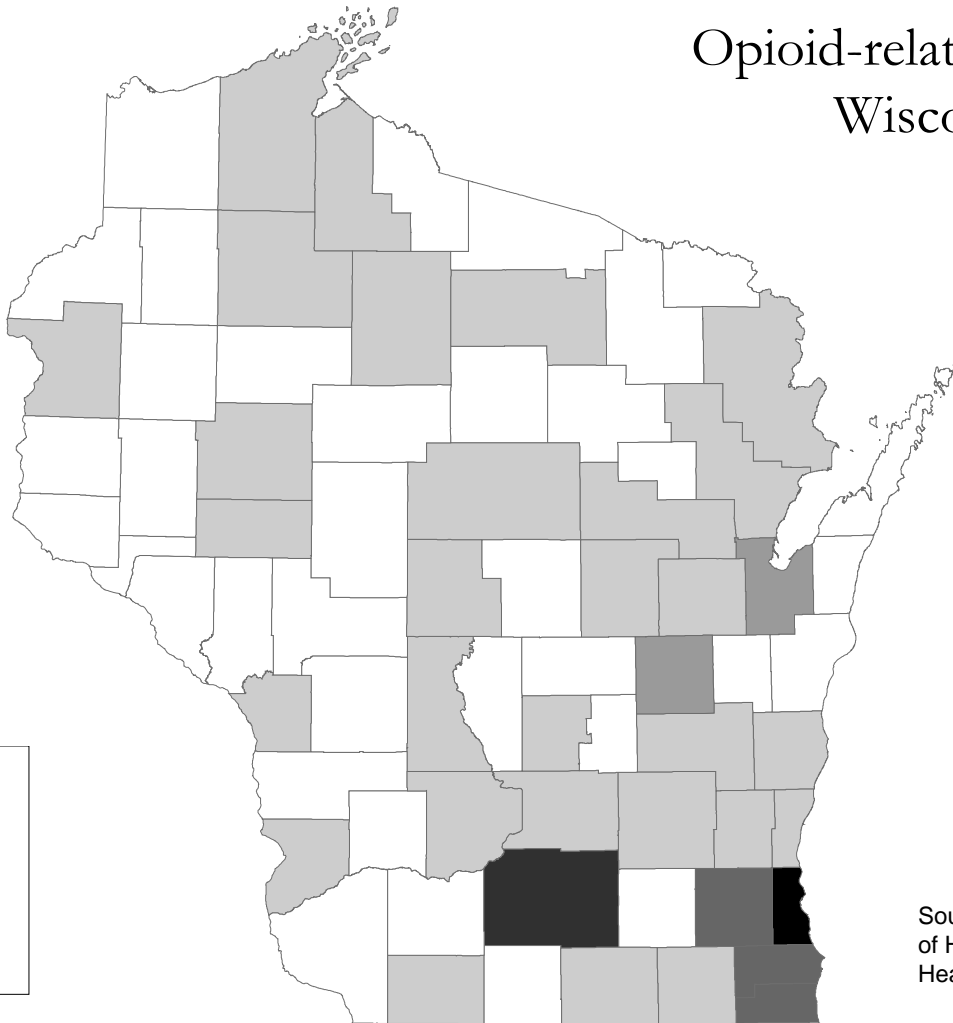


Counties with no opioid-related deaths,
Wisconsin, 2004-2012

Source: Wisconsin resident death certificates;
Department of Health Services, Division of Public
Health, Office of Health Informatics



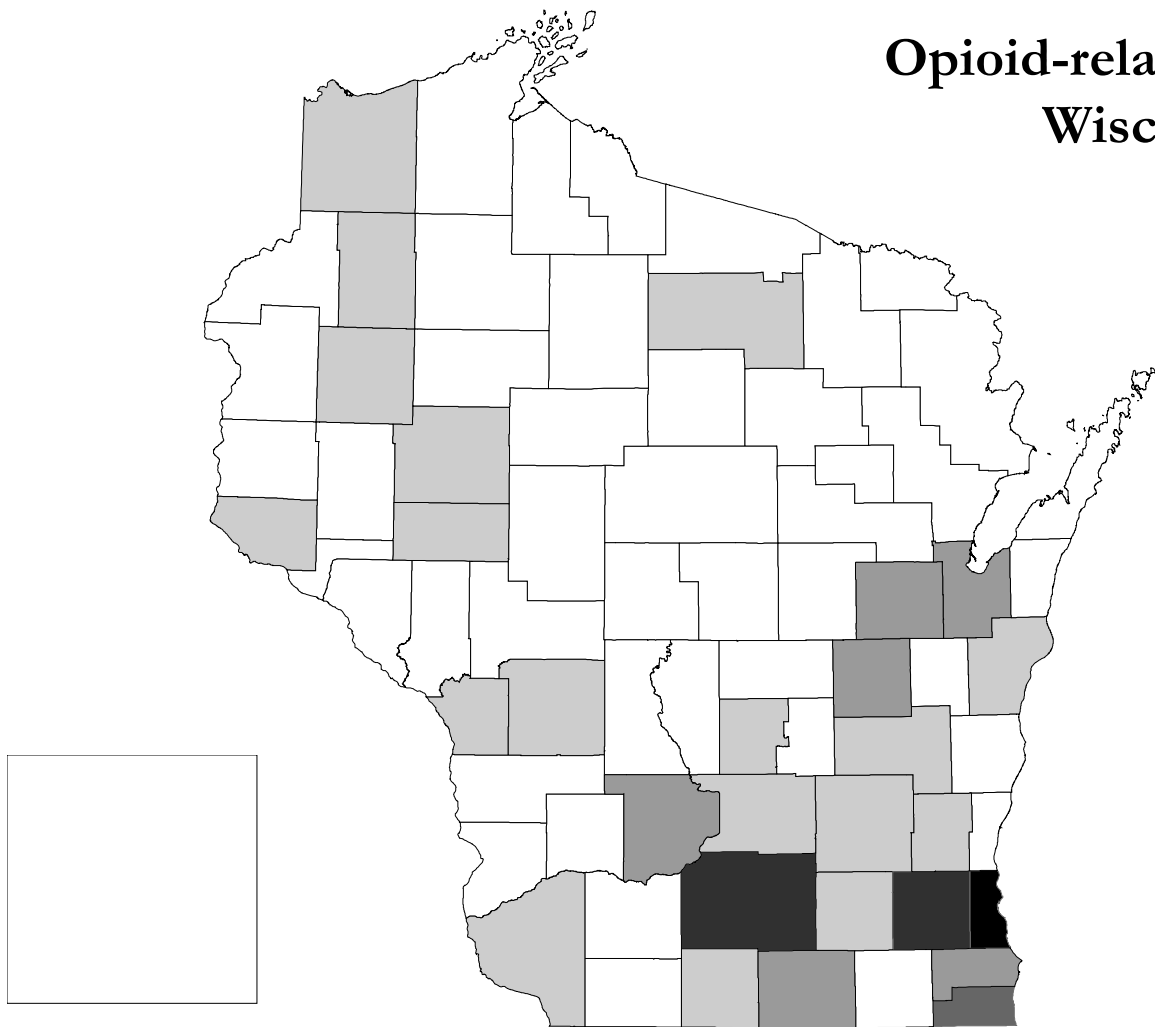
Opioid-related deaths, by county, Wisconsin residents 2004



Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics



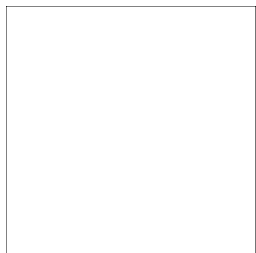
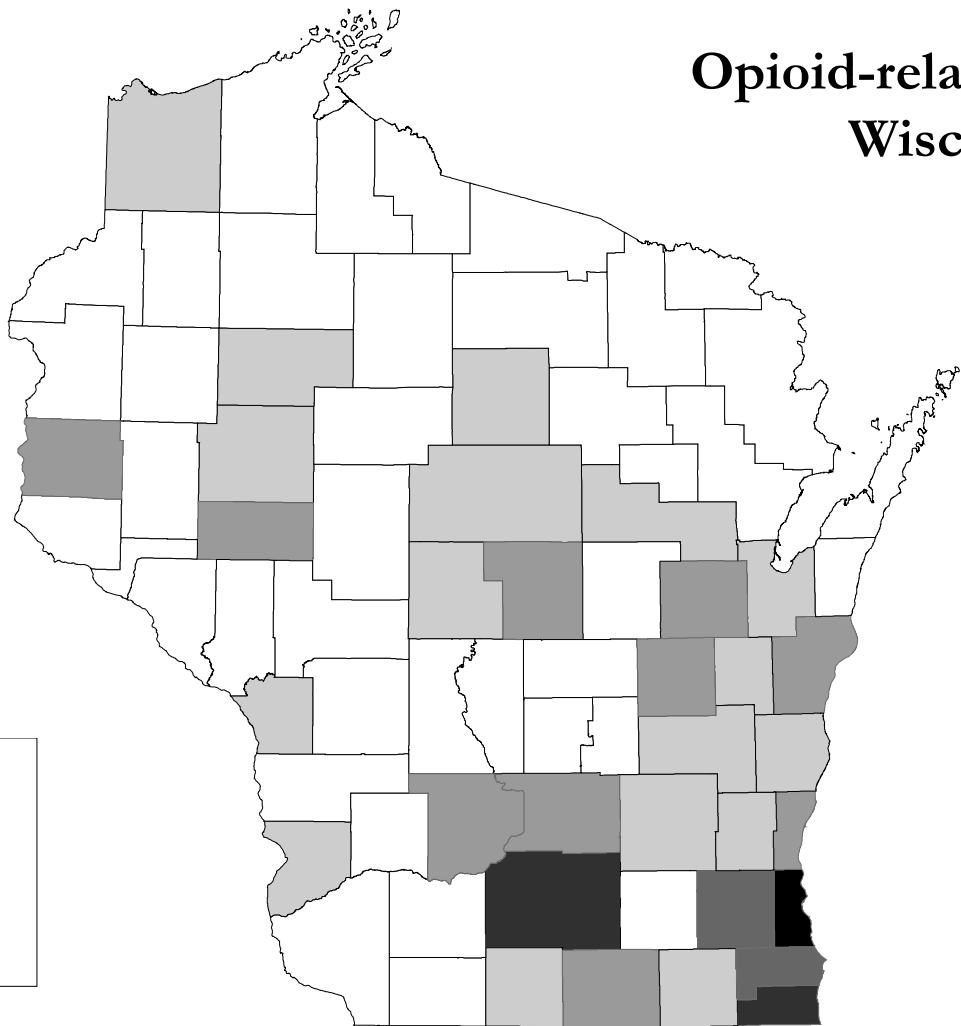
Opioid-related deaths, by county, Wisconsin residents 2005



Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics



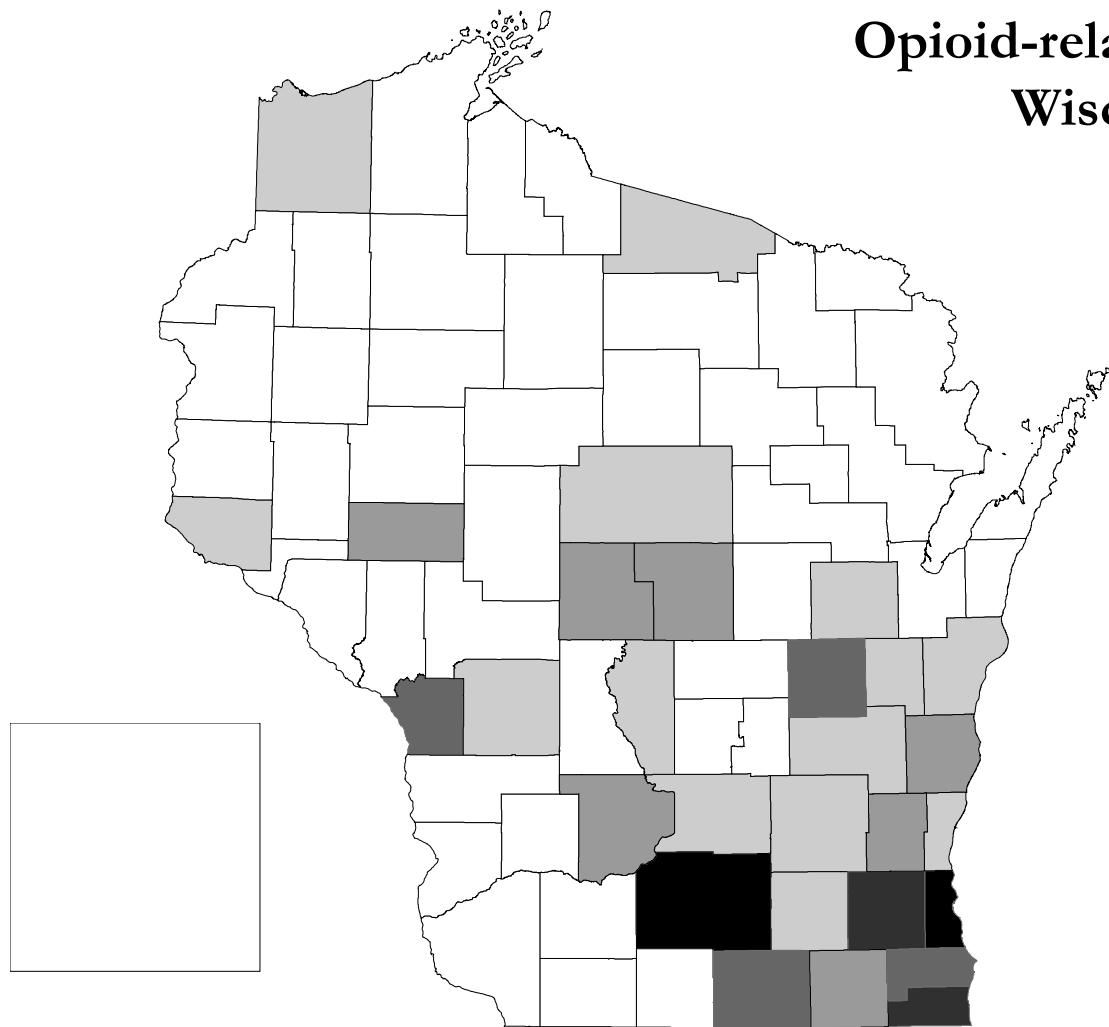
Opioid-related deaths, by county, Wisconsin residents 2006



Source: Wisconsin resident death certificates;
Department of Health Services, Division of Public
Health, Office of Health Informatics



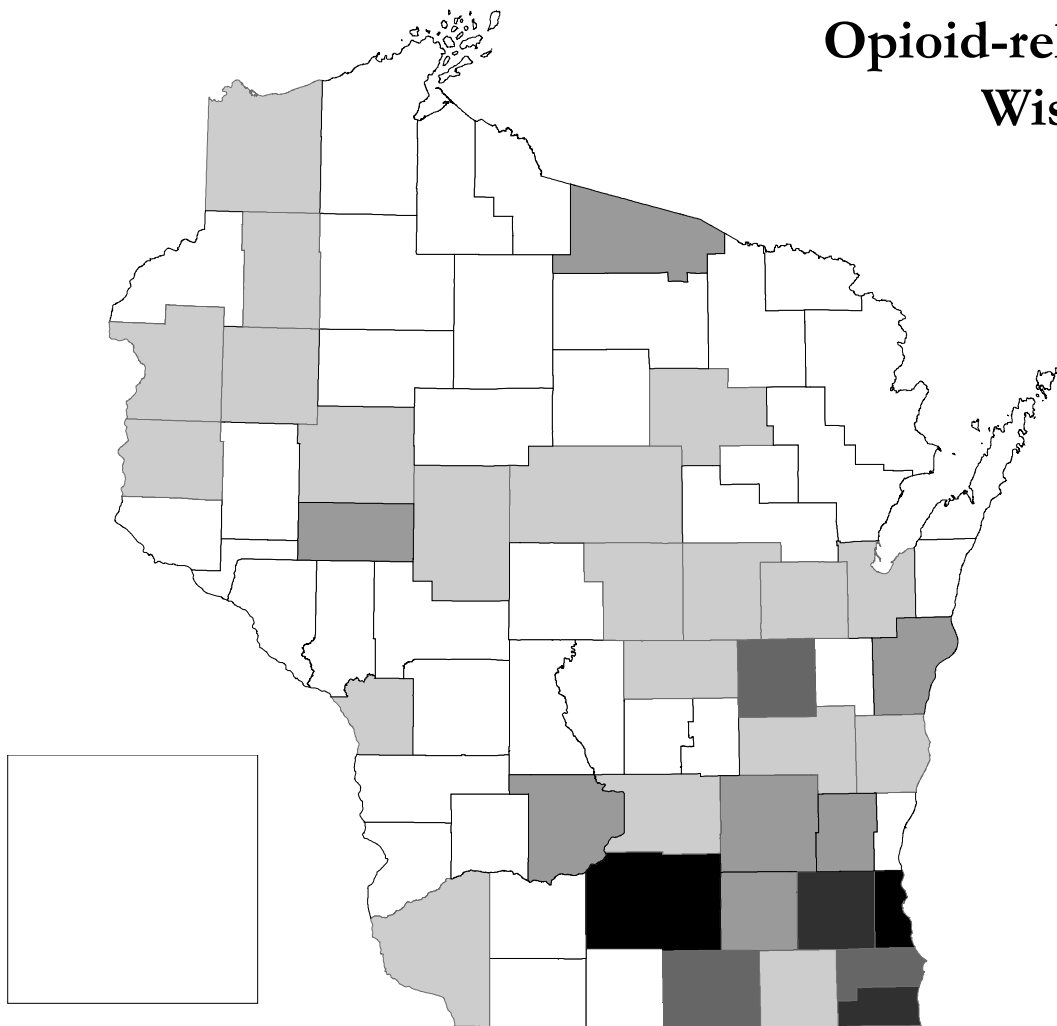
Opioid-related deaths, by county, Wisconsin residents 2007



Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics



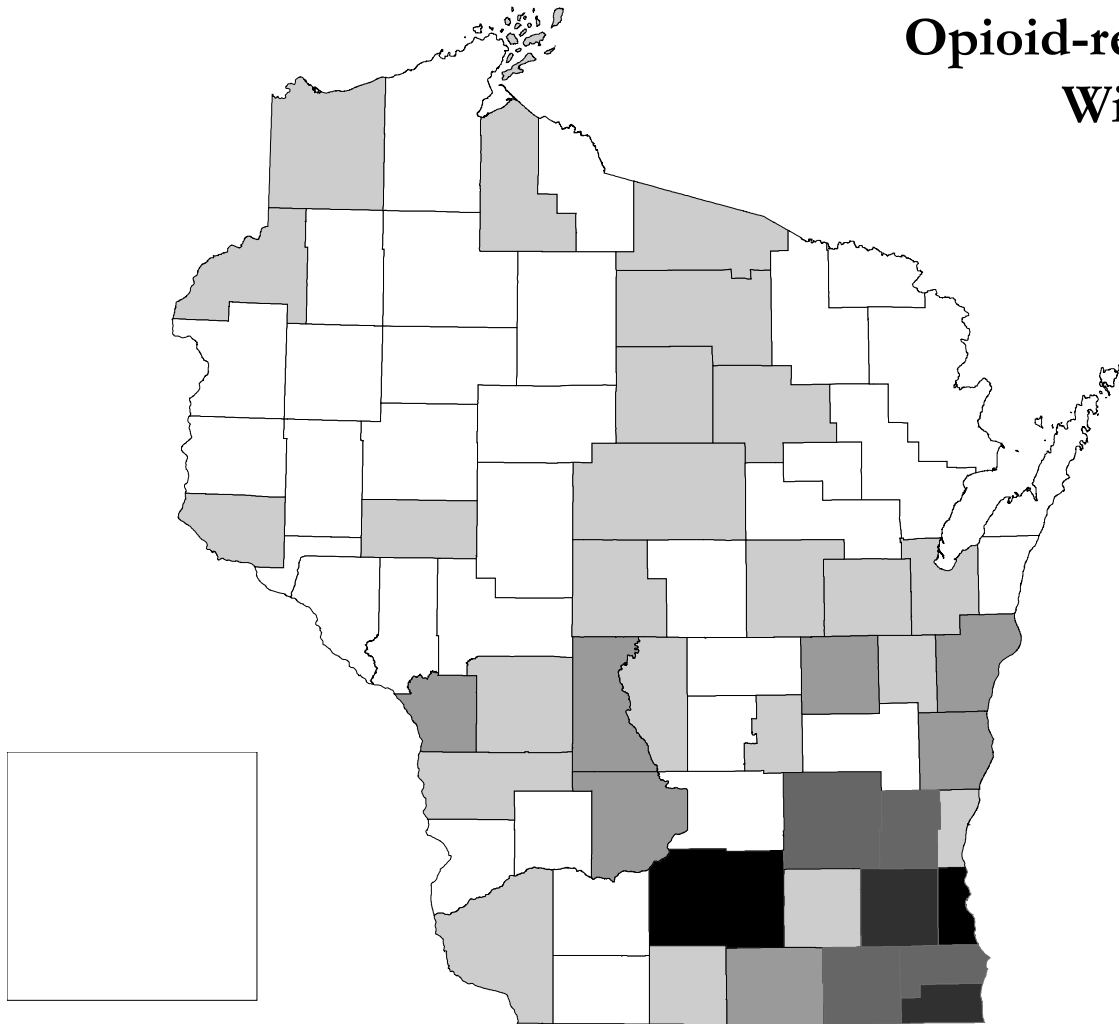
Opioid-related deaths, by county, Wisconsin residents 2008



Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics



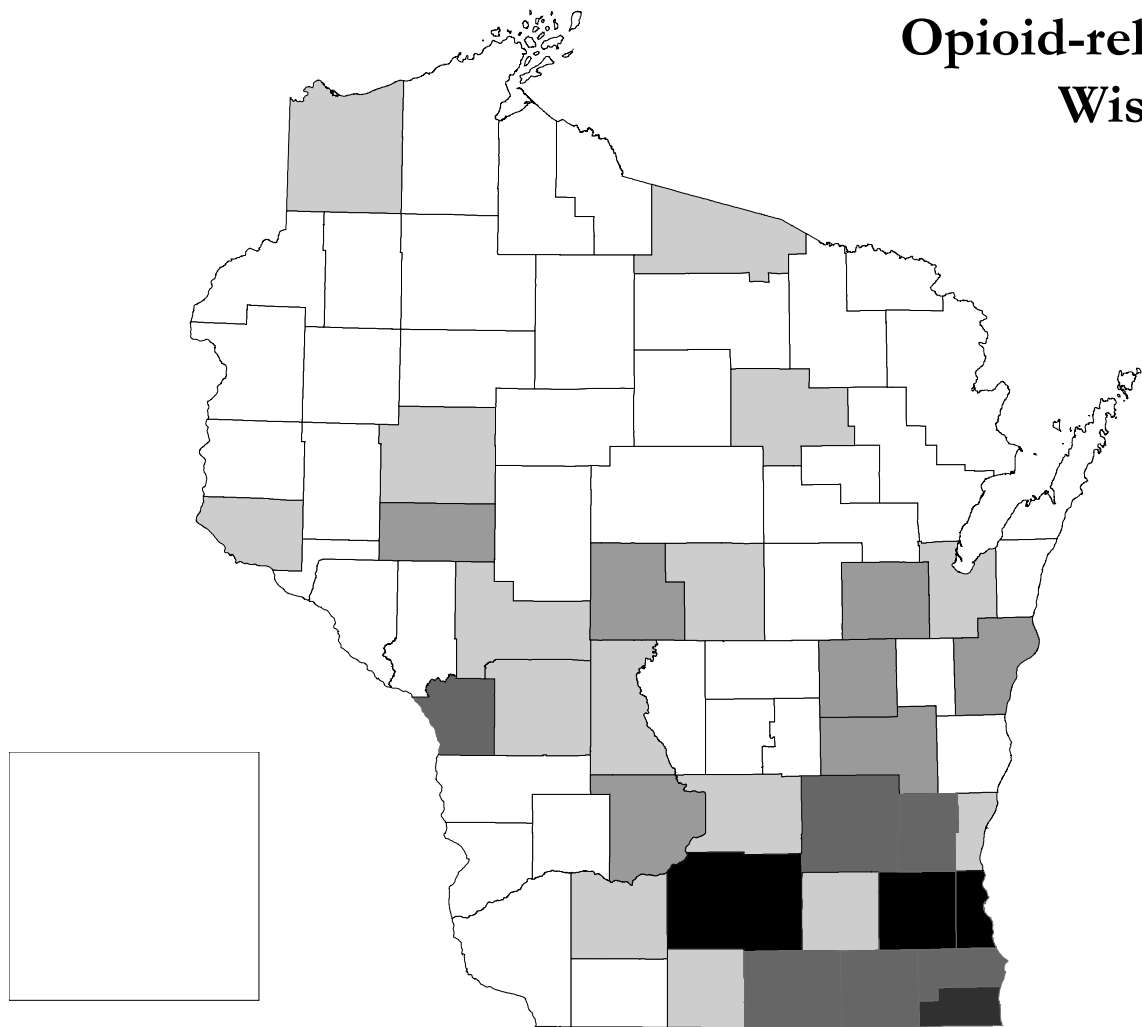
Opioid-related deaths, by county, Wisconsin residents 2009



Source: Wisconsin resident death certificates;
Department of Health Services, Division of
Public Health, Office of Health Informatics



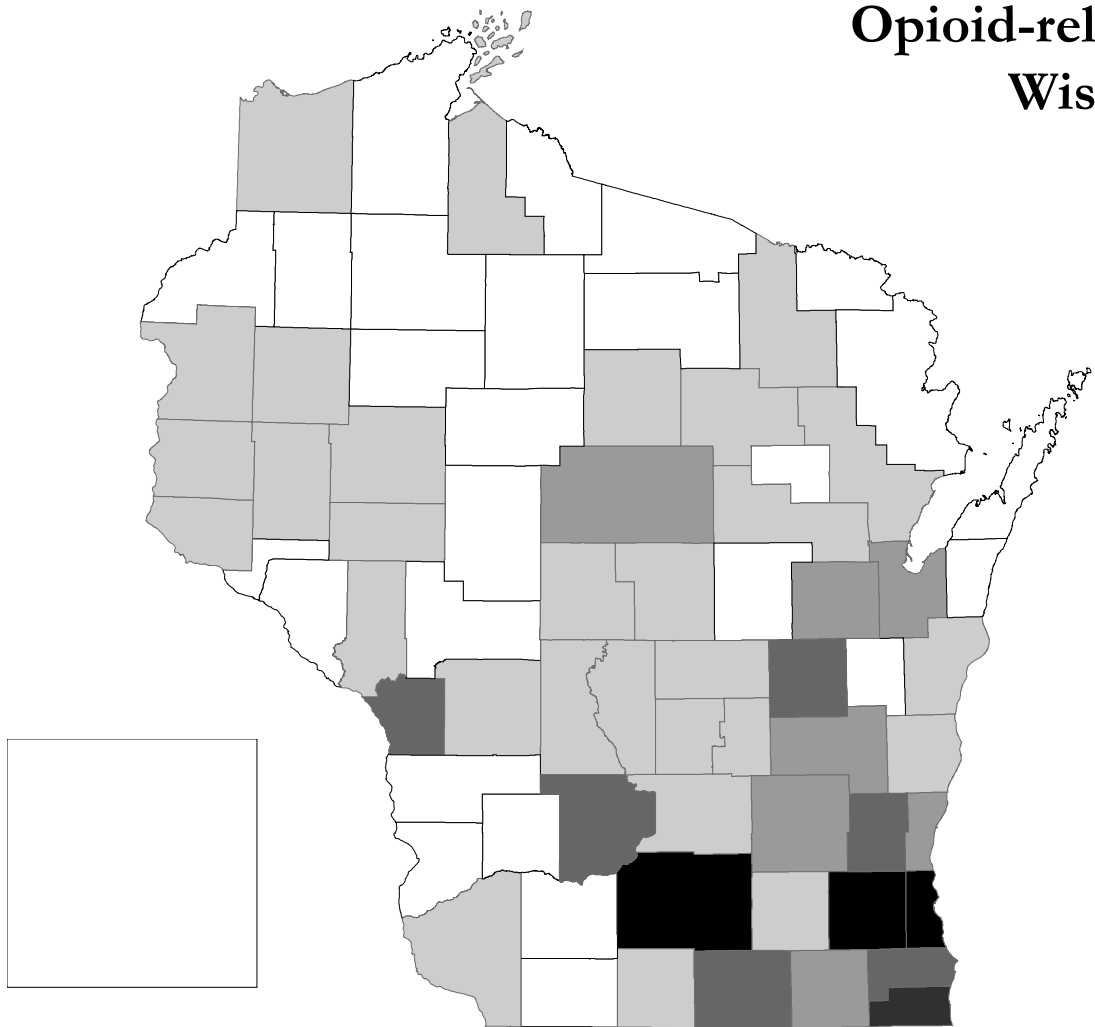
Opioid-related deaths, by county, Wisconsin residents 2010



Source: Wisconsin resident death certificates;
Department of Health Services, Division of
Public Health, Office of Health Informatics



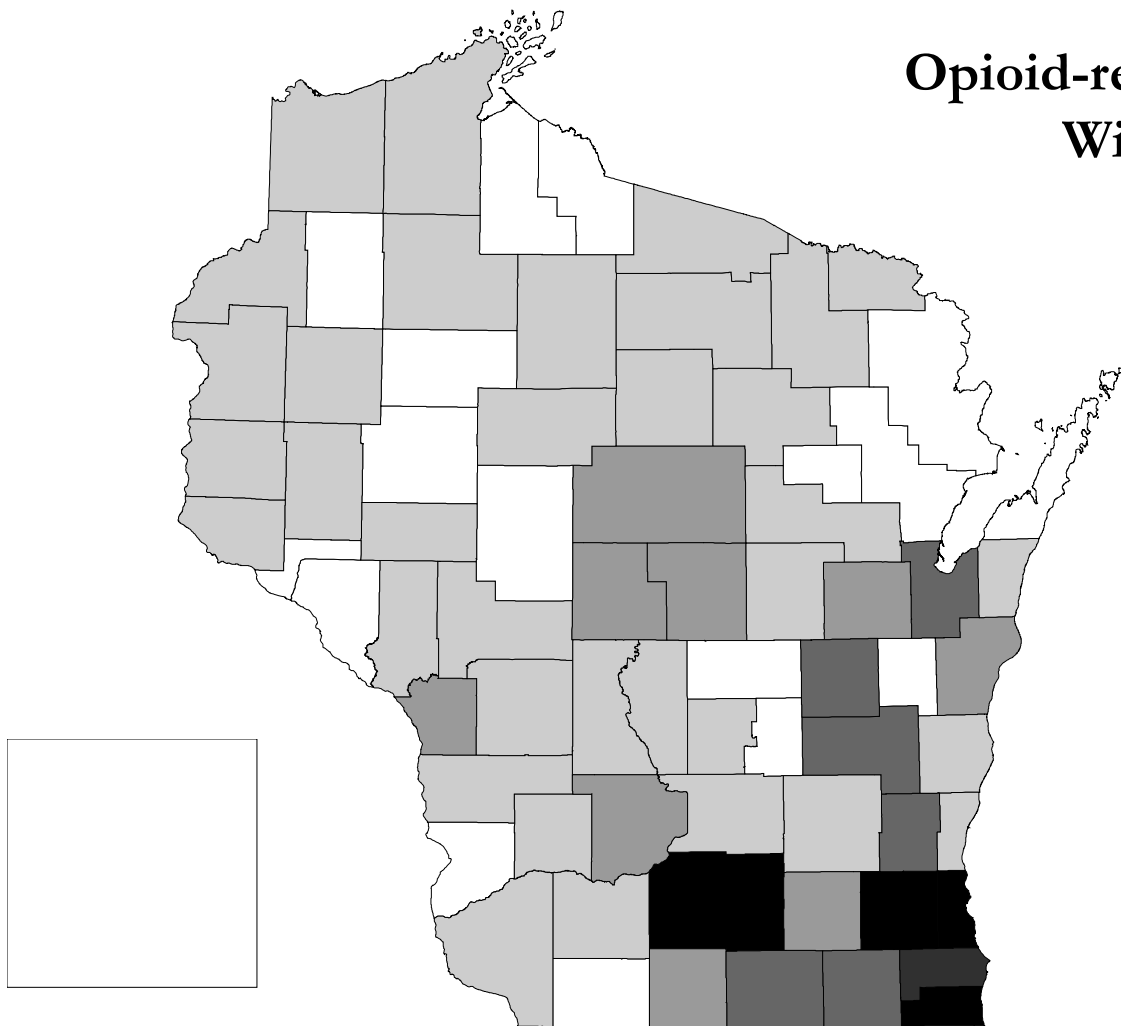
Opioid-related deaths, by county, Wisconsin residents 2011



Source: Wisconsin resident death certificates;
Department of Health Services, Division of
Public Health, Office of Health Informatics



Opioid-related deaths, by county, Wisconsin residents 2012

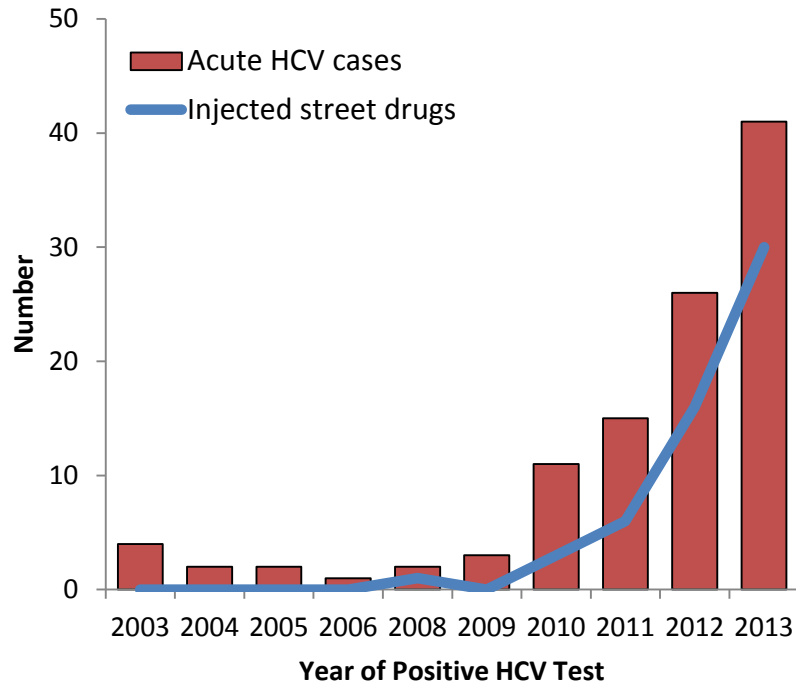


Source: Wisconsin resident death certificates;
Department of Health Services, Division of Public
Health, Office of Health Informatics

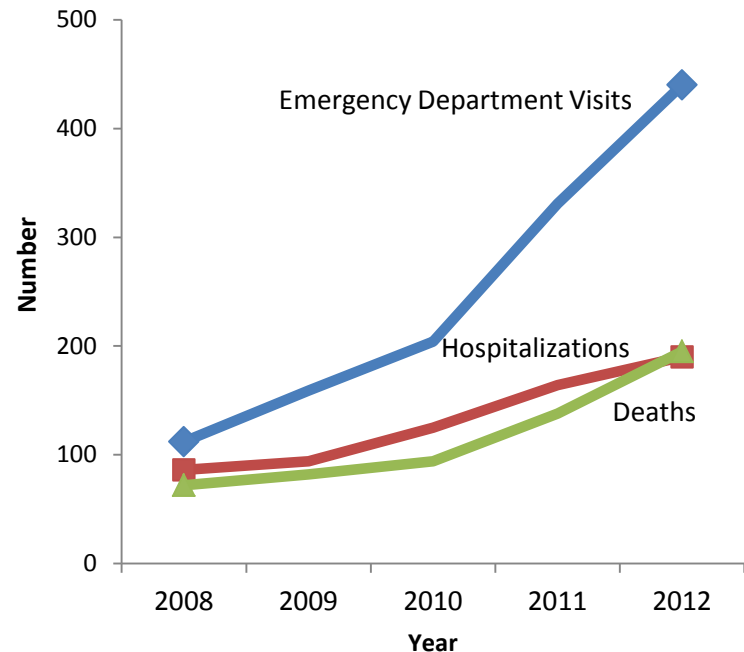


Scope of Disease in Wisconsin: Persons with Injection Drug Use (PWID)

Reported Acute HCV Cases, Wisconsin, 2003-2013*



Heroin Overdoses and Deaths, Wisconsin, 2008-2012**



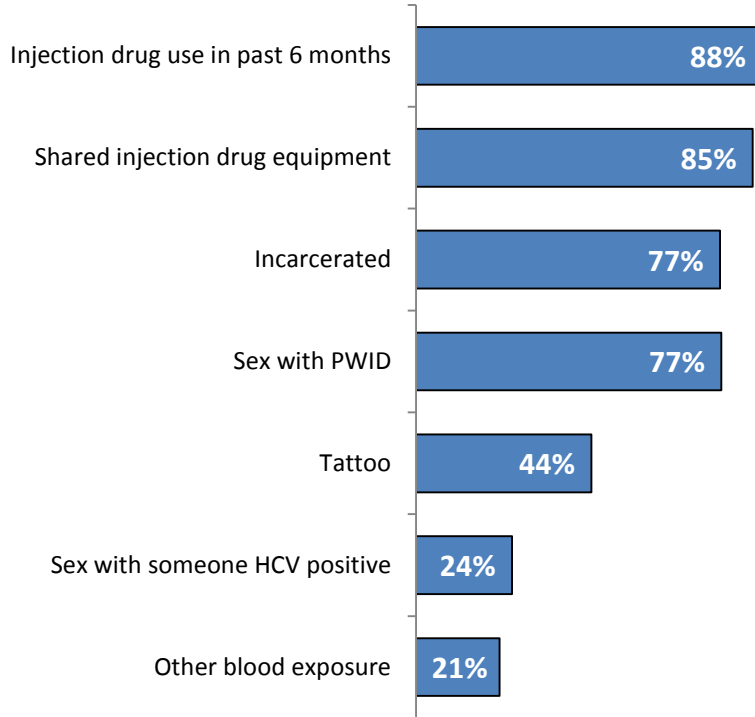
*Source: Wisconsin Electronic Disease Surveillance System, Wisconsin Viral Hepatitis Prevention Program. Data are current as of 1/15/2014.

**Source: Wisconsin hospital inpatient database, Wisconsin emergency department visit database, and Wisconsin resident death certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Hospitalizations and emergency department visits with a diagnosis code of 965.01 in any diagnostic position or E-code of E850.0 were included. Deaths of Wisconsin residents were identified by an underlying cause of death of: X40-44, X60-64, X85, Y10-Y14 (drug poisoning) with T40.1 (heroin overdose) as a contributing cause.

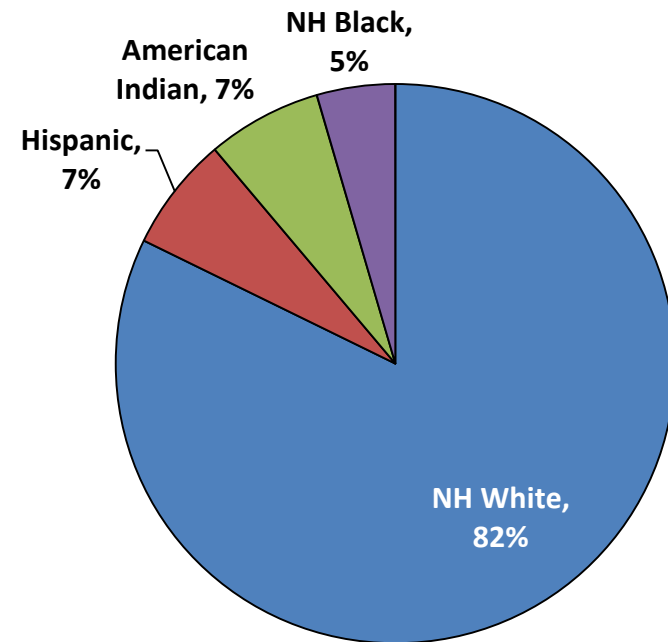


Scope of Disease in Wisconsin: HCV-Positive Persons with Injection Drug Use

Reported Risk Behavior



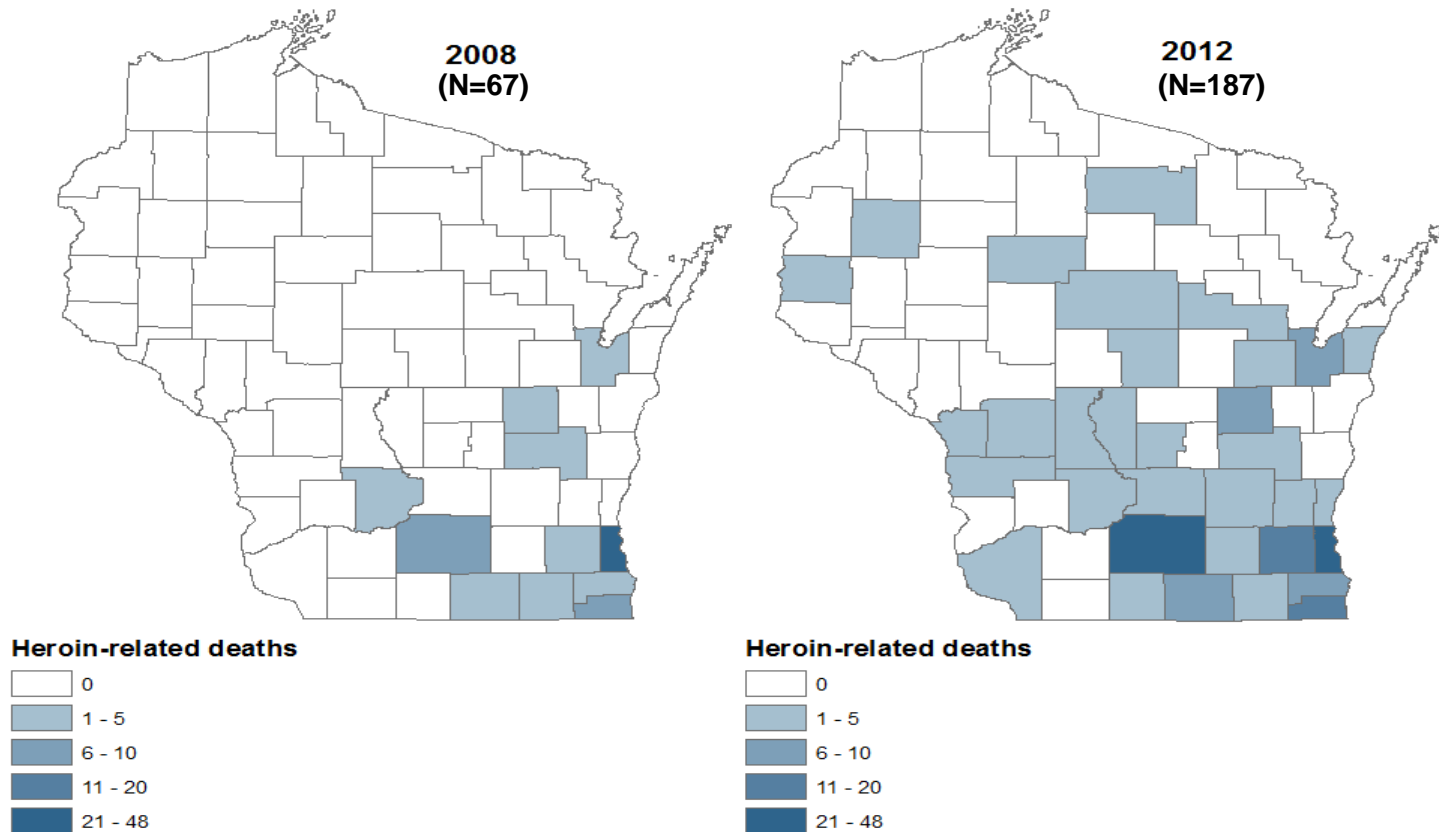
Race/Ethnicity



Source: Wisconsin Viral Hepatitis Prevention Program. Data are from persons with reported injection drug use (N=289) tested for HCV at outreach sites in WI during 2011-2013.



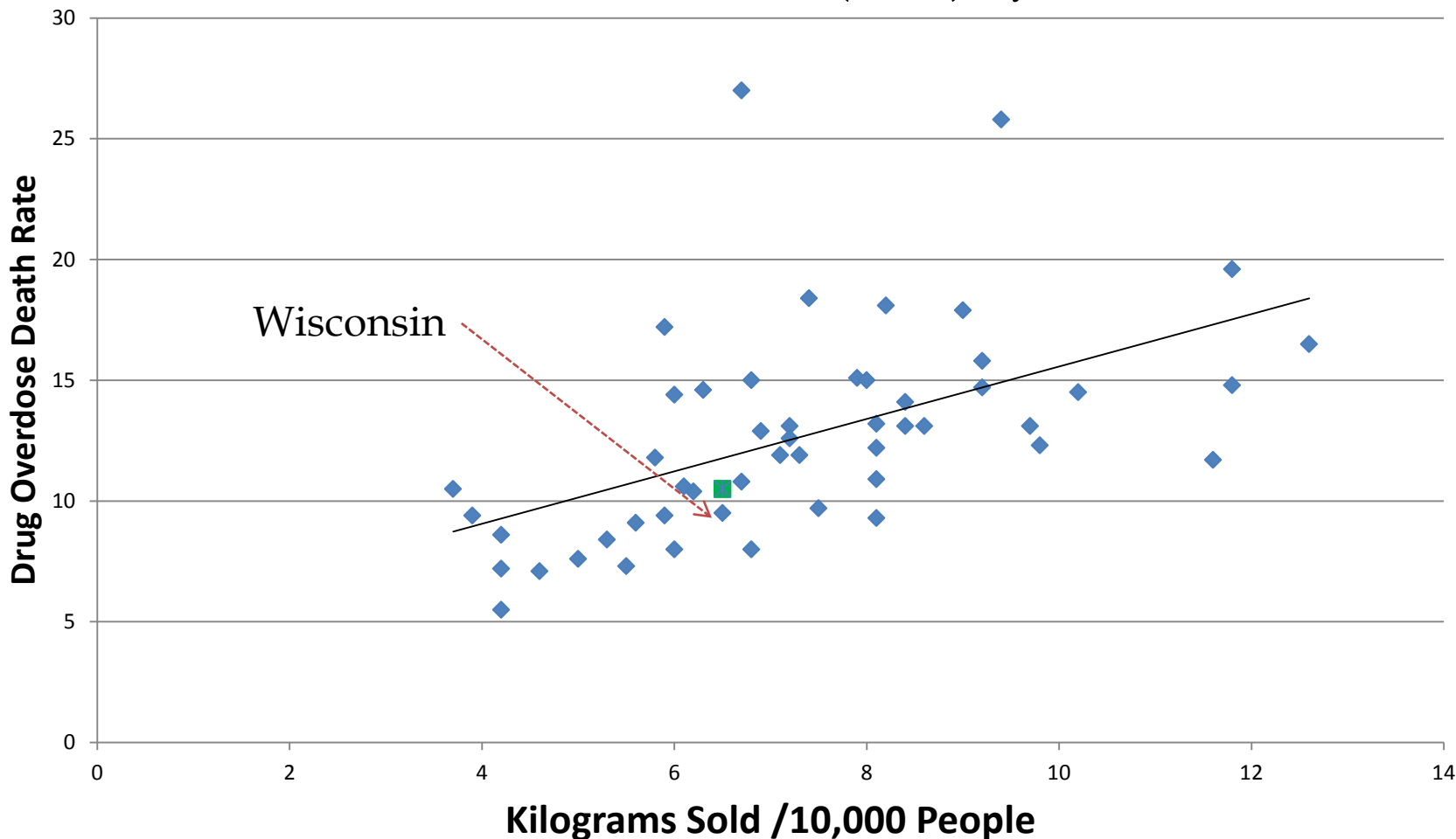
Heroin-Related Deaths in Wisconsin, 2008-2012



Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics. Deaths were identified by an underlying cause of death of: X40-44, X60-64, X85, Y10-Y14 (drug poisoning) with T40.1 (heroin overdose) as a contributing cause.



Relationship Between U.S. Pain Killer Drug Sales (2010) and Overdose Death Rates (2008) by State

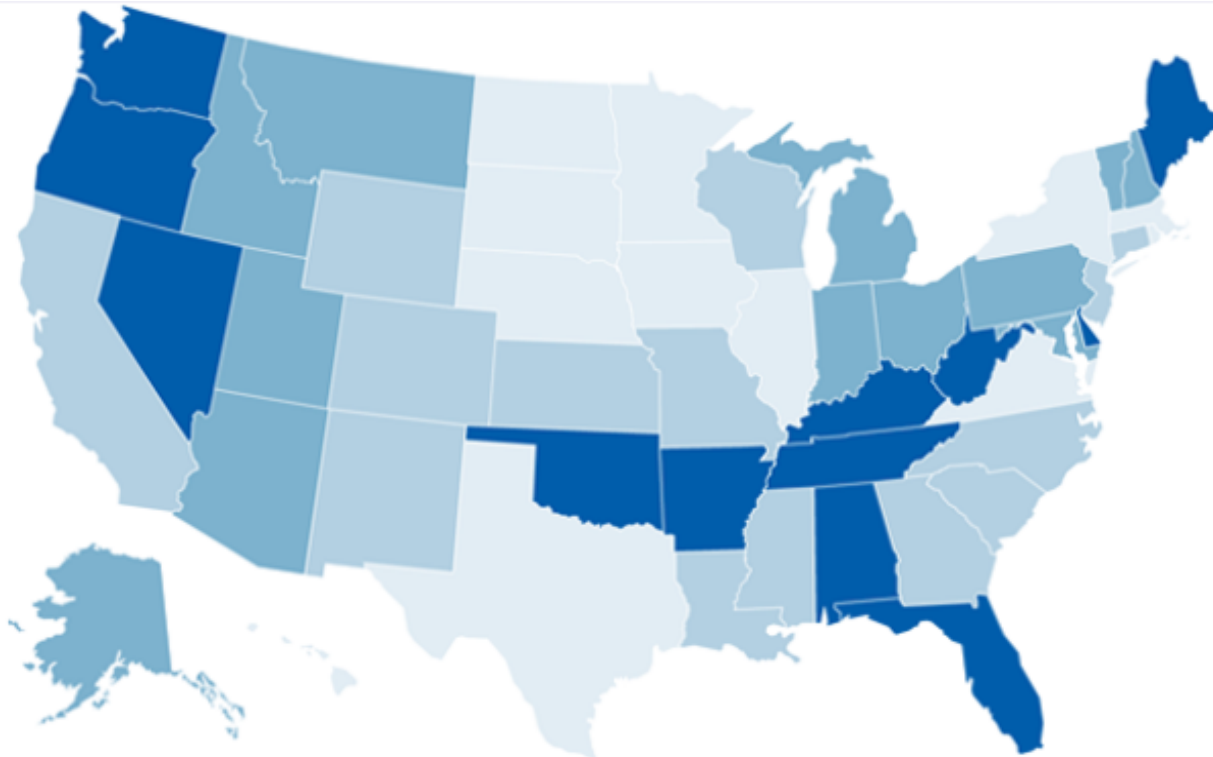


The higher the drug sales, the higher the drug overdose death rate.

CDC - [PDO Rates](#)



Variation In Prescription Painkillers Sold by State, 2010



Kilograms of prescription painkillers sold, rates per 10,000 people

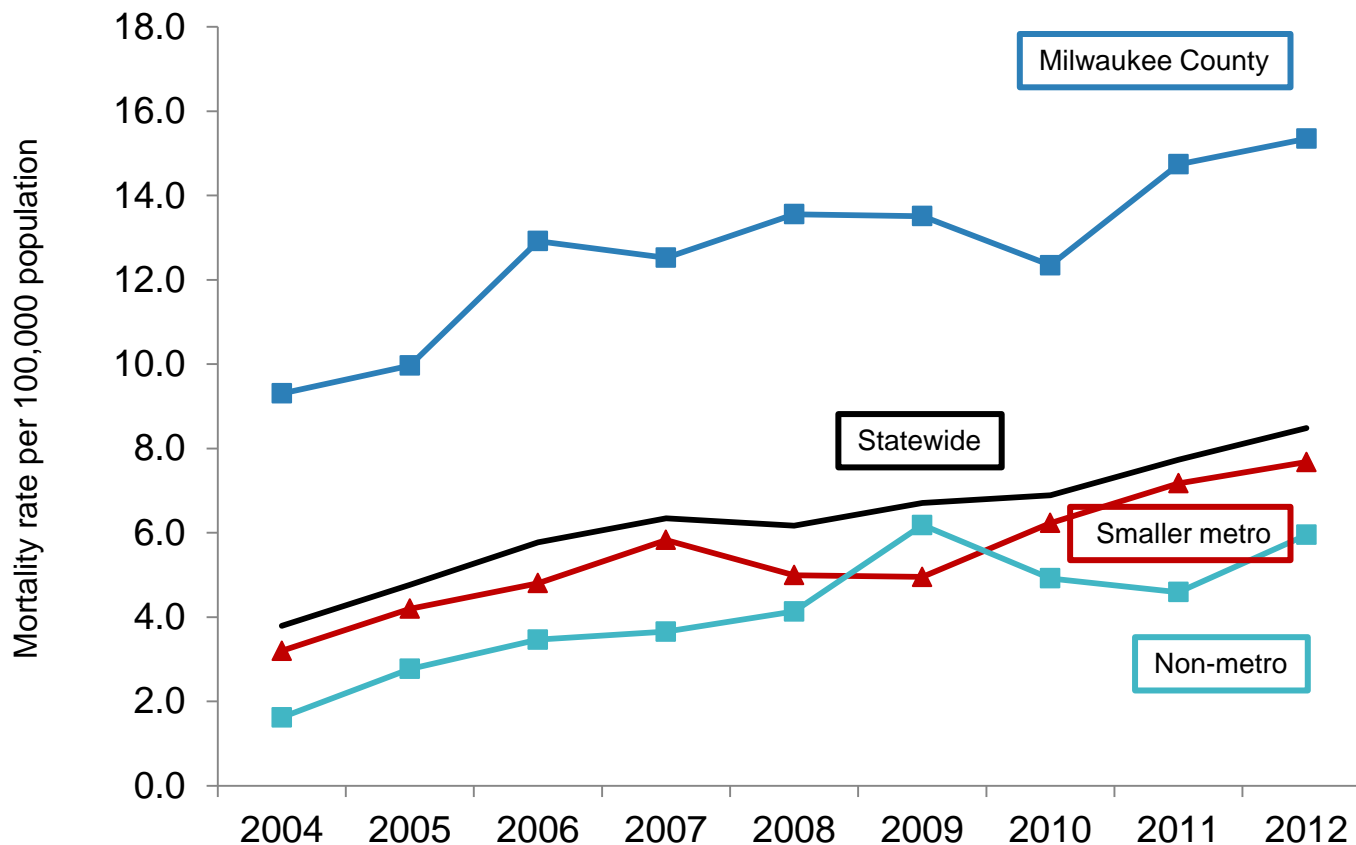
3.7 - 5.9 6.0 - 7.2 7.3 - 8.4 8.5 - 12.6

The quantity of prescription painkillers sold to pharmacies, hospitals, and doctors' offices was 4 times larger in 2010 than in 1999. Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for one month.

CDC - [PDO Policy](#)



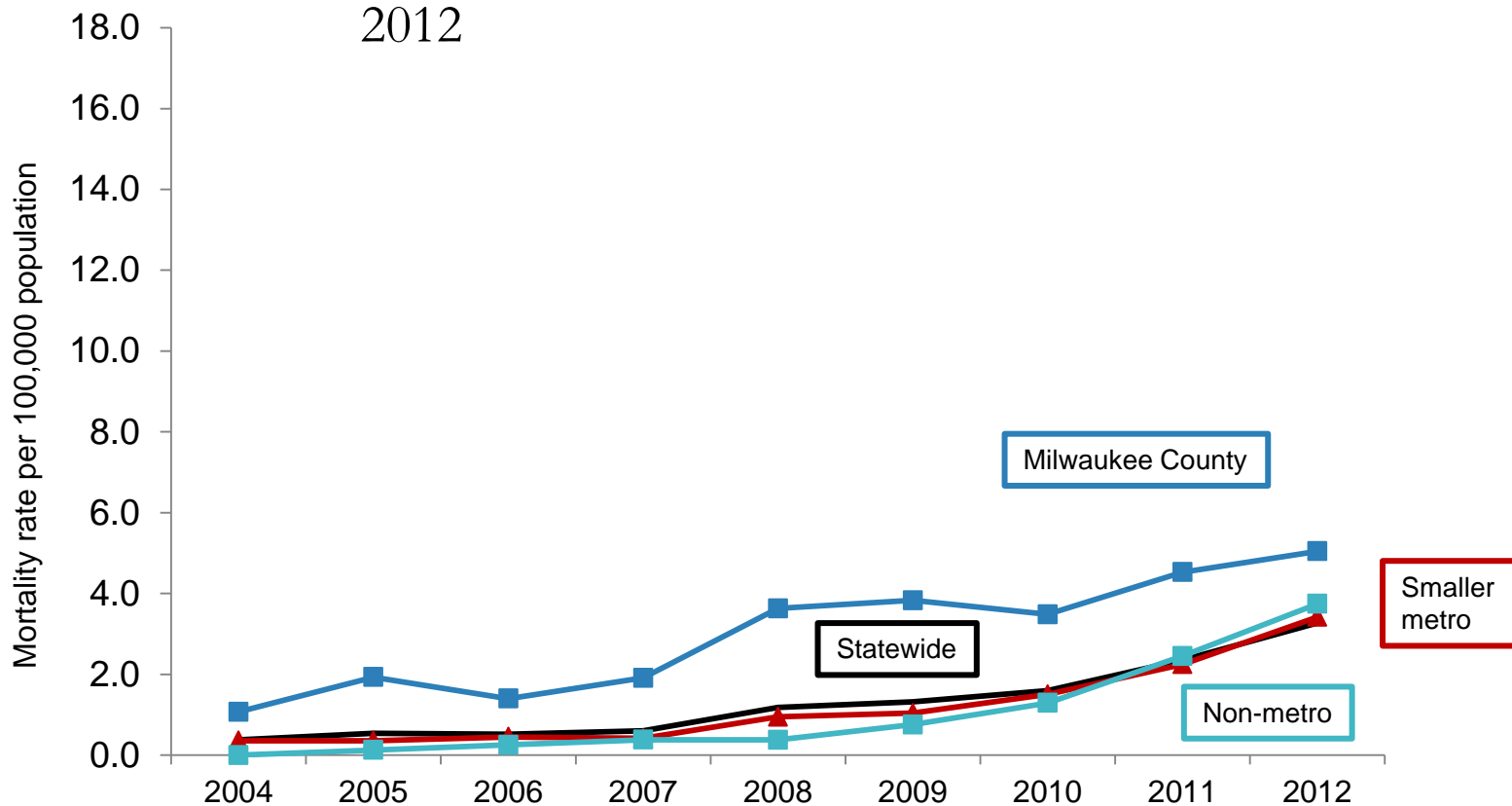
Opioid-related mortality rates per 100,000 by level of urbanization, Wisconsin, 2004-2012



Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics



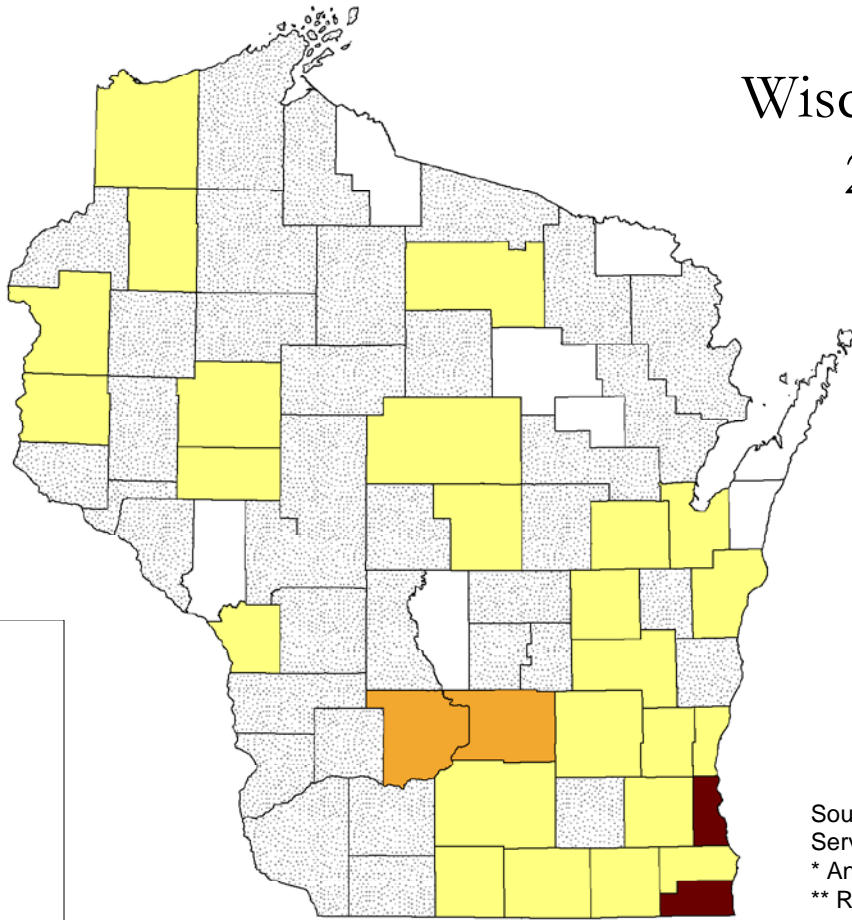
Heroin-related mortality rates per 100,000 by level of urbanization, Wisconsin, 2004-2012



Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics



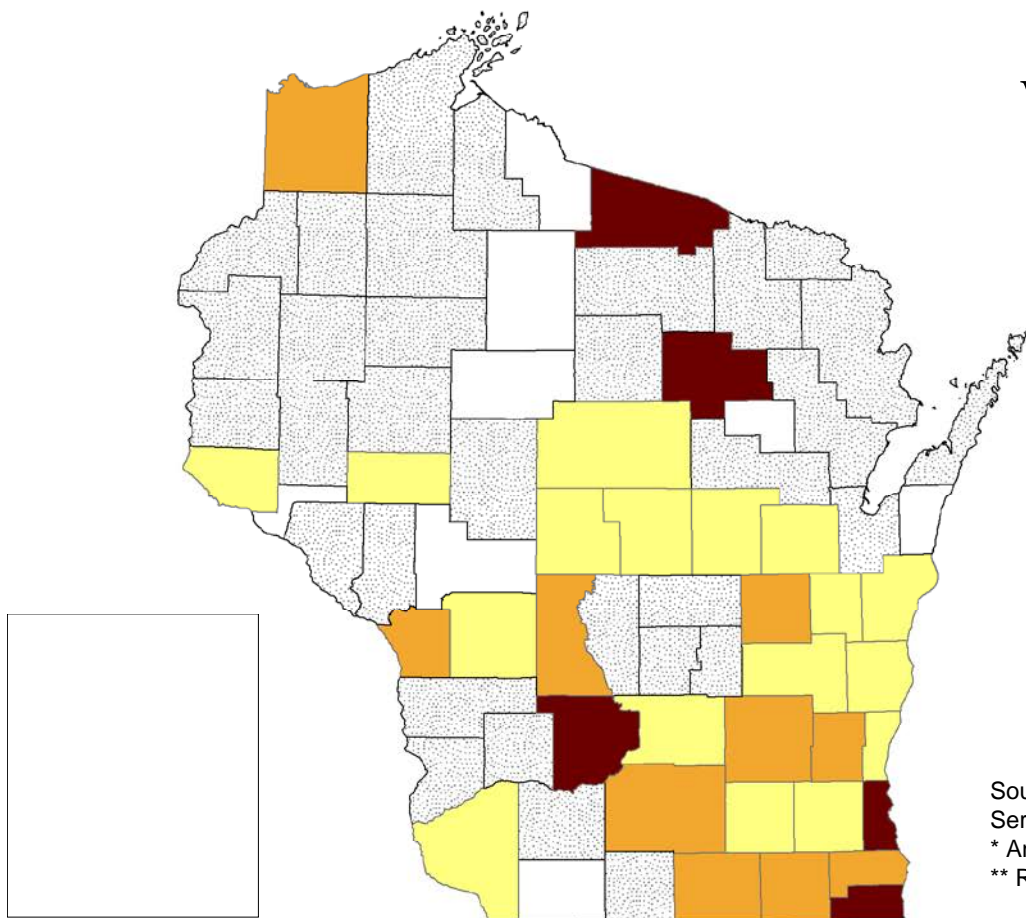
Opioid-related mortality rates, by county, Wisconsin residents 2004-2006*



Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics
* Annual average rate per 100,000 population
** Rates not shown if 1-4 deaths over the three-year period



Opioid-related mortality rates, by county, Wisconsin residents 2007-2009*



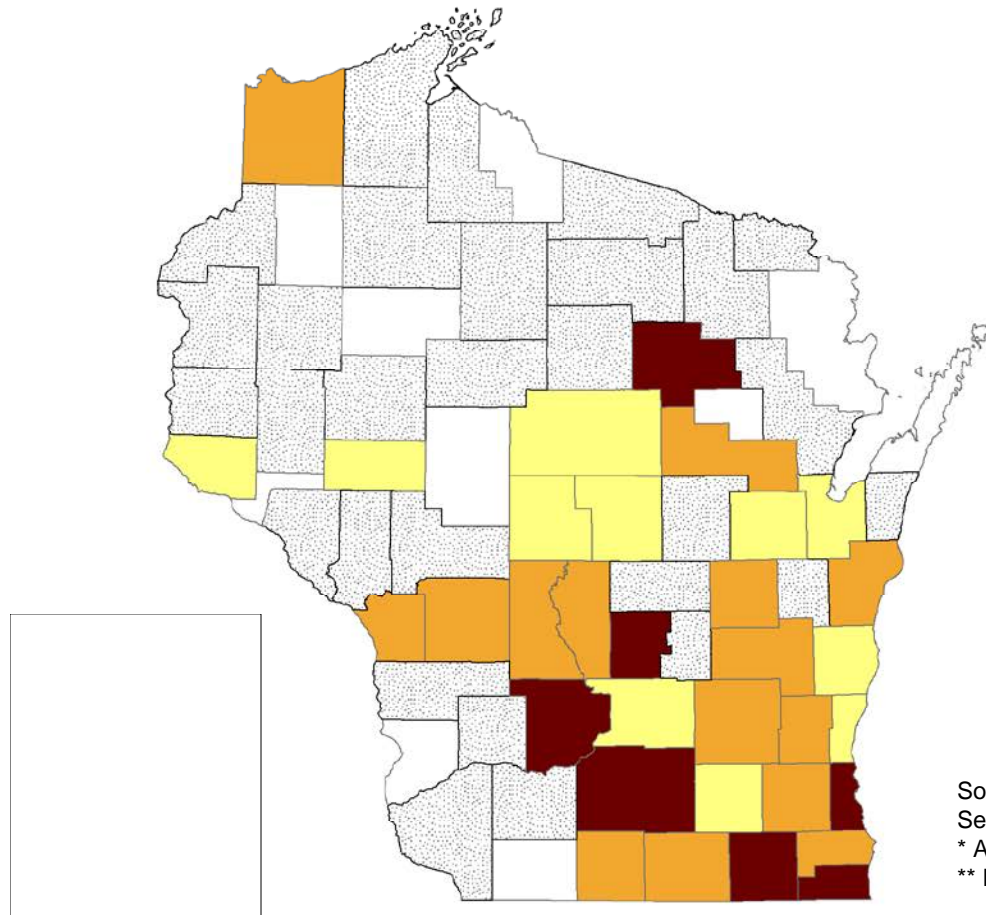
Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics

* Annual average rate per 100,000 population

** Rates not shown if 1-4 deaths over the three-year period



Opioid-related mortality rates, by county, Wisconsin residents 2010-2012*



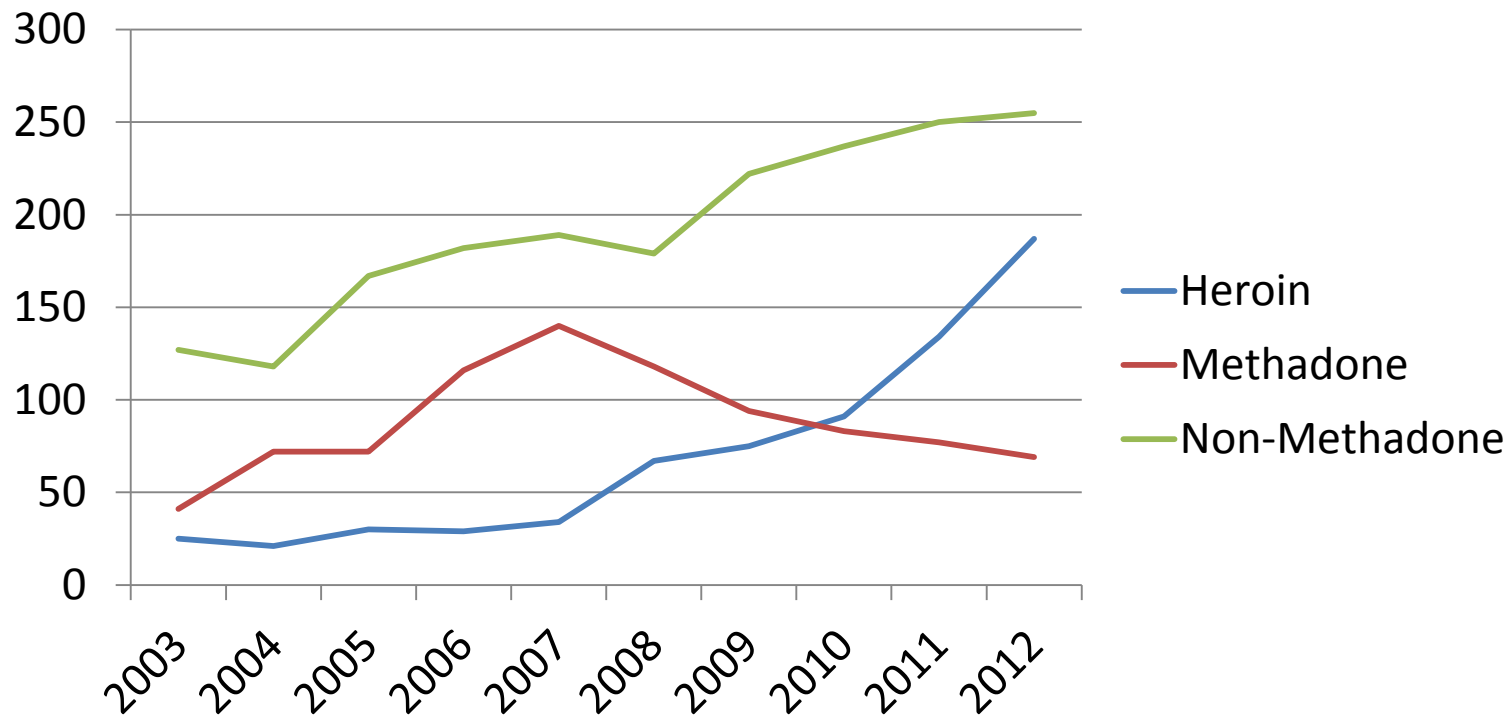
Source: Wisconsin resident death certificates; Department of Health Services, Division of Public Health, Office of Health Informatics

* Annual average rate per 100,000 population

** Rates not shown if 1-4 deaths over the three-year period



Opioid Poisoning Deaths WI, 2003-2012



Source: Wisconsin Death Records; Department of Health Services,
Division of Public Health, Office of Health Informatics - Richard
Miller, 6/2014

(Some cases involved both heroin and non-heroin opioids)



Other Facts

- In Wisconsin, the number of people arrested for heroin-related offenses rose 79 percent to 671 between 2010 and 2012.
- In 2011, 65 percent of drug-related deaths were opioid-related.
- In 2008-2009, 13 percent of Wisconsin adults ages 18-25 reported using pain relievers for non-medical purposes.
- Among high school students in 2011, 18 percent reported illicit use of prescription drugs at some point in their lives.
- National data show that overdose deaths involving opioid pain relievers (analgesics) now exceed deaths involving heroin and cocaine combined.



Current Wisconsin Activity





ASTHO President's Challenge

- “15x15” challenge—to reduce both the rate of nonmedical use and the number of unintentional overdose deaths involving controlled prescription drugs 15 percent by 2015.



H.O.P.E. Legislation

- Heroin Opiate Prevention and Education (H.O.P.E.) legislative package
- Signed by Governor Walker on April 7, 2014





H.O.P.E Legislative Package

- **Assembly Bill 447 (Act 194)** – provides limited immunity to people who call for help for someone who is suffering from an overdose.
- **Assembly Bill 701 (Act 195)** – creates new innovative option for individuals facing heroin and opioid addiction. Offers the option of a long-term opioid antagonist drug (Vivitrol), which blocks the effects of opioids for 30 days, and creates regional comprehensive opioid treatment programs in rural and underserved areas of the state.
- **Assembly Bill 702 (Act 196)** – addresses drug offender recidivism; allows short-term sanctions for people who violate conditions of extended supervision, parole, probation, or deferred prosecution agreement.



H.O.P.E Legislative Package

- **Assembly Bill 668 (Act 197)** – nearly doubles funding for treatment and diversion (TAD) programs offering alternatives to prosecution or incarceration for substance abuse, allowing 10-15 new programs to receive funding.
- **Assembly Bill 448 (Act 198)** – regulates drug-disposal programs throughout Wisconsin and makes more drug repositories more accessible.
- **Assembly Bill 445 (Act 199)** – requires individuals to show identification when picking up Schedule II or III narcotic/opiate prescriptions.
- **Assembly Bill 446 (Act 200)** – requires all EMTs to carry the drug naloxone (also known by the brand names Narcan, Nalone, Evzio, and Narcanti), which counteracts opiate overdoses, and administer it in cases of overdose. Under AB 446, more people will be allowed to carry naloxone, including first responders, law enforcers, and firefighters.



2014 WPHA Resolution

- “Providing and Mobilizing Public Health Leadership to Address Prescription Drug and Heroin Addiction”

“...the State Health Officer to build a public health response that mobilizes the statewide partners identified in Wisconsin’s public health system model in a coordinated and collaborative effort to stem the prescription drug abuse and heroin epidemic.”





Prescription Drug Monitoring Program (PDMP)

- Operational since June 1, 2013.
- Collects information on Schedule 2-5 controlled substance prescriptions.
- Registered prescribers, pharmacists, and their delegates can verify their patients' prescription histories before prescribing or dispensing monitored drugs (required by dispensing agencies).



Operational Statistics

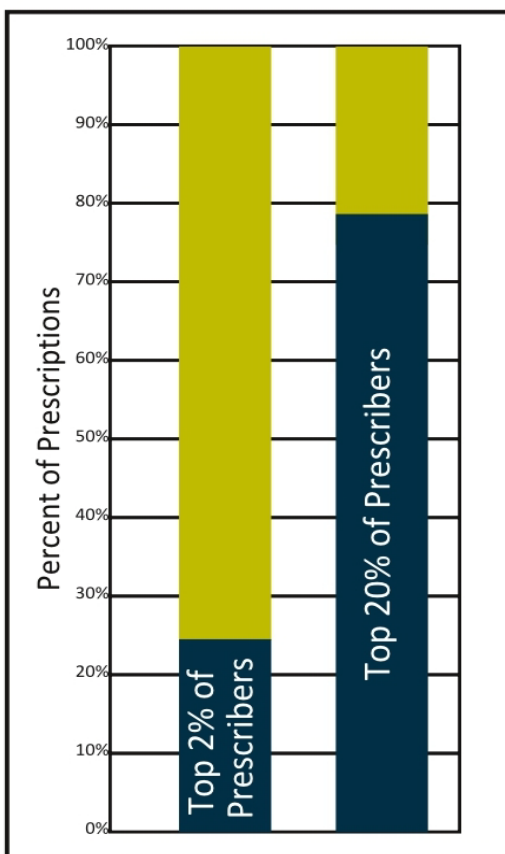
- Over 17 million R_x records in the database
- Approximately 1,600 pharmacies actively submitting data
- **User Registration:** Over 9,000 users with query accounts (~8% of prescribers)
- **Health Care Queries:** Nearly 850,000 recipient queries performed since June 1, 2013
 - Approximately 21,000 interstate queries performed since October 1, 2013
- **Health Care User Alerts:** Approximately 690 since July 1, 2013

Data from 1/1/13 through 6/30/14



2013 PDMP Data Statistics

In 2013, 24,399 health care professionals licensed in Wisconsin issued prescription orders for monitored prescription drugs



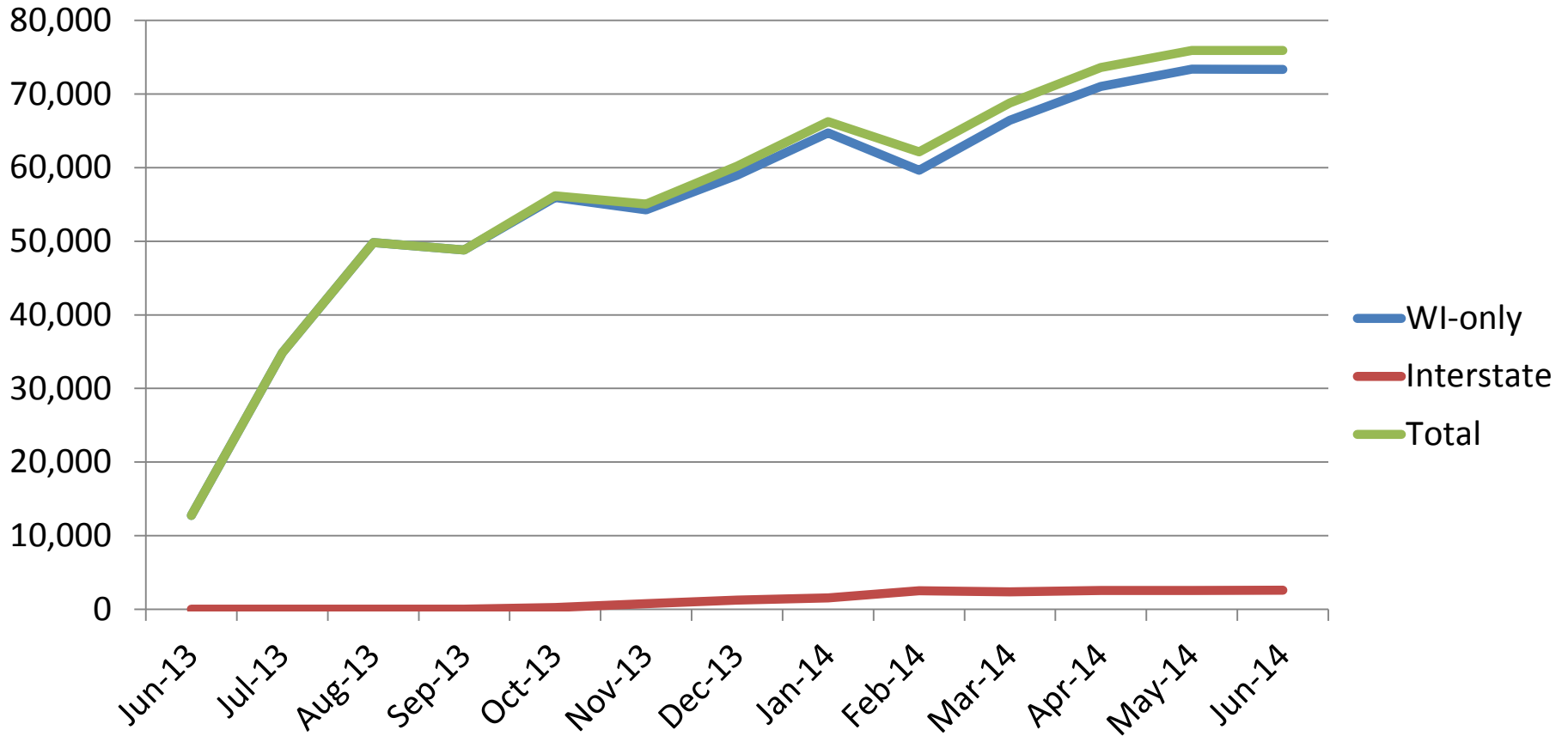
2% OF PRESCRIBERS
ACCOUNTED FOR **23%** OF THE
TOTAL NUMBER OF
PRESCRIPTIONS DISPENSED

20% OF PRESCRIBERS
ACCOUNTED FOR **79%** OF THE
TOTAL NUMBER OF
PRESCRIPTIONS DISPENSED



Health Care Queries

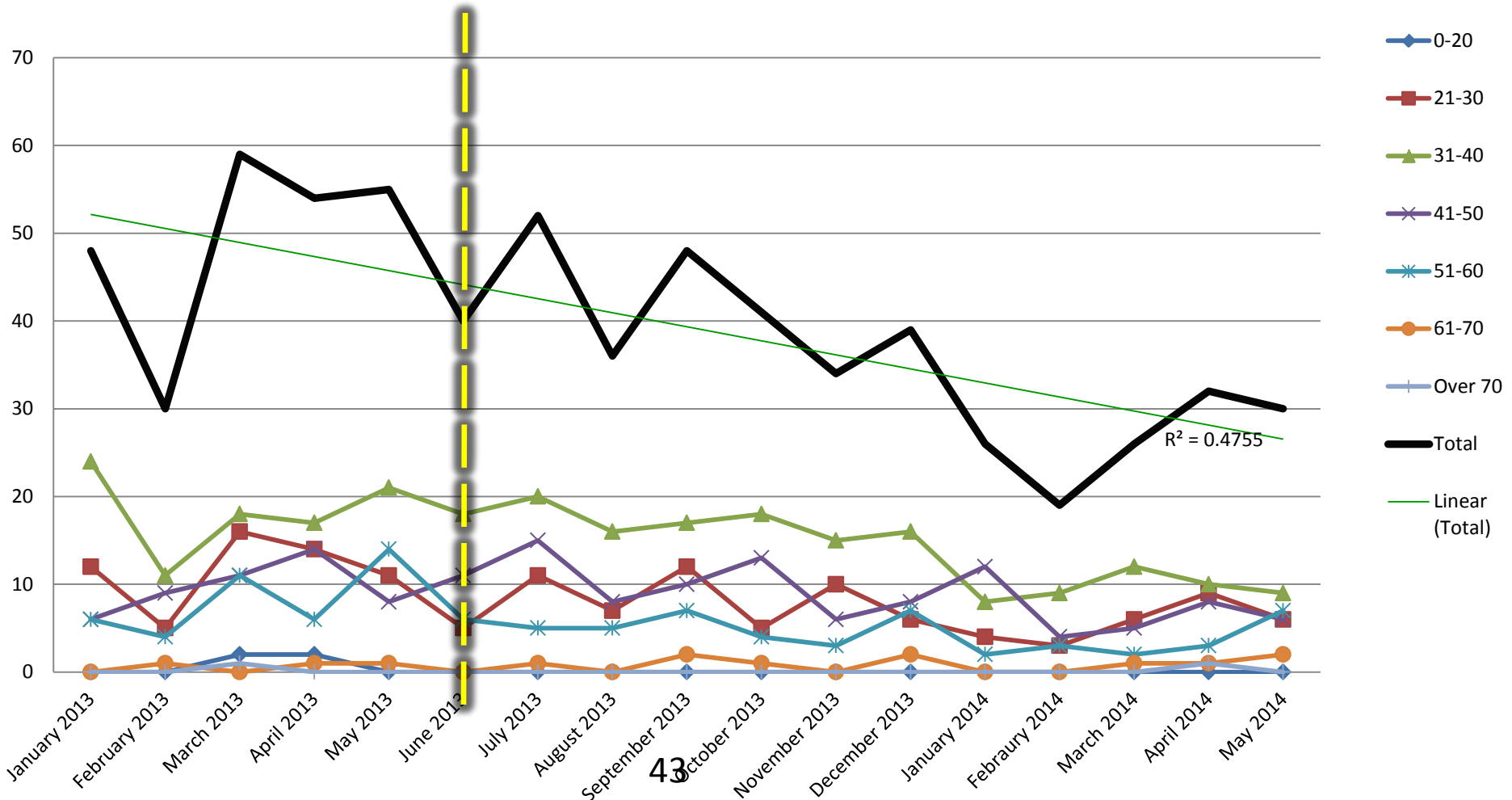
Number of Patient Queries Per Month





PDMP Data Statistics

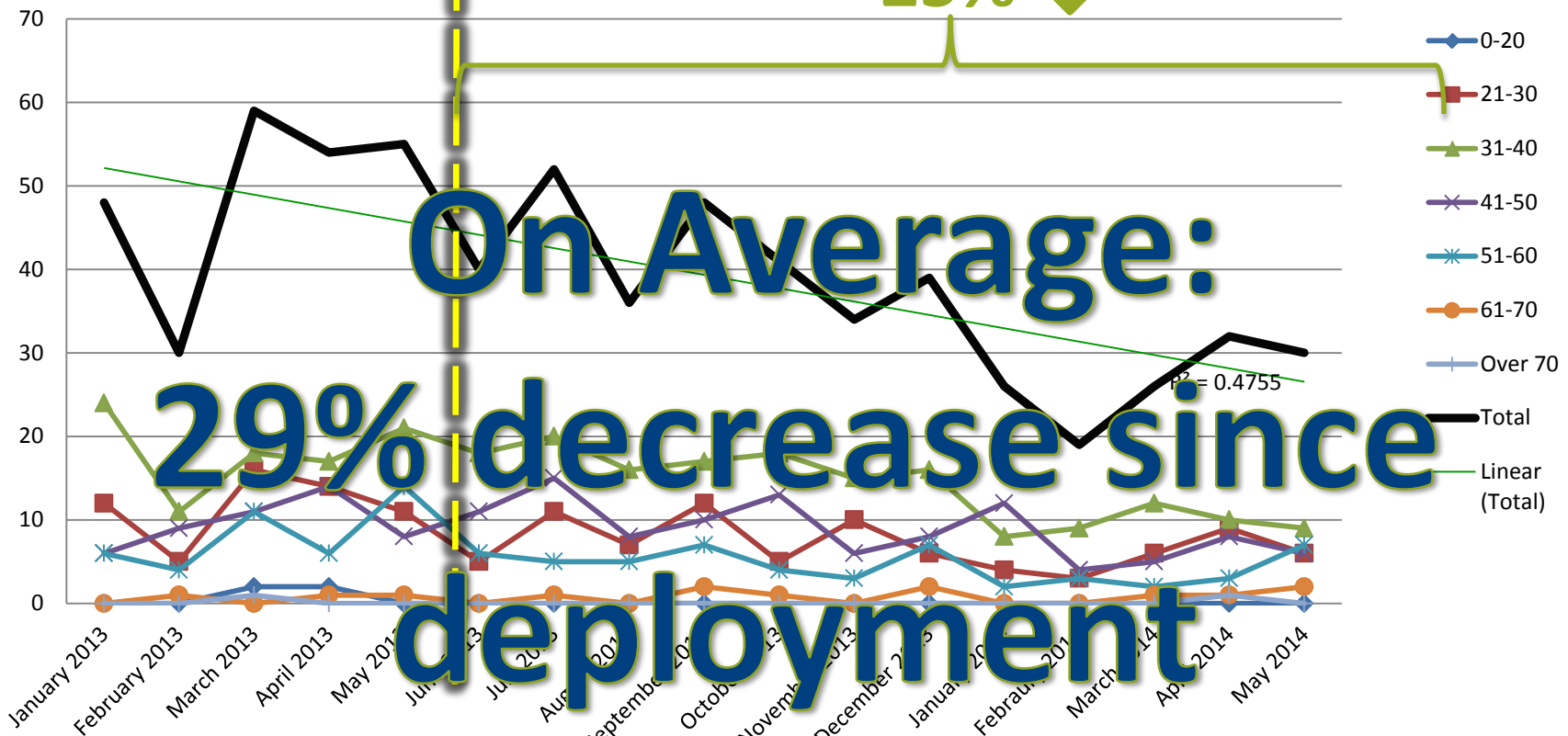
Number of patients obtaining Rx orders from five or more prescribers and monitored drugs from five or more dispensers per calendar month





PDMP Data Statistics

38% ↓
 Number of patients obtaining Rx orders from 5 or more prescribers
 and monitored drugs from 5 or more dispensers per calendar month





Advancing Policy and Practice: A 50 State Working Meeting to Prevent Opioid-Related Overdose”

- National Meeting in Arlington, VA
- July 17-18, 2014
- Wisconsin Delegation:
 - Lou Oppor – Section Chief, Division of Mental Health and Substance Abuse Services
 - Tom Engels – Assistant Deputy Secretary, Department of Safety and Professional Services
 - Kim Whitmore – Policy Section Chief, Department of Health Services





Substance Abuse and Mental Health Services Administration's (SAMHSA) Prescription Drug Abuse Policy Academy

- August 11-13, 2014, in Maryland
 - Technical assistance to develop strategic plan
 - Awareness of evidence-based programs
 - Opportunities to collaborate at a national level

- Wisconsin Team Roster

- | | |
|----------------------|-------------------------------|
| – Joyce Allen | -- Christine Niemuth |
| – Karen McKeown | -- Chad Zadrazil |
| – Louis Oppor | -- Representative John Nygren |
| – Dana Brueck | -- Alex Ignatowski |
| – Dr. Michael Miller | -- Gail Nahwahquaw |





National Governor's Association Policy Academy

- States participating in the project will:
 - Attend two, two-day meetings with other policy academy states;
 - Host an in-state workshop coordinated by NGA Center for Best Practices staff;
 - Develop a strategic plan for reducing prescription drug abuse;
 - Participate in regular conference calls and other meeting activities; and
 - Receive state-specific technical assistance from NGA staff and national experts.



National Governor's Association Policy Academy

Wisconsin Team Roster:

- Dr. Timothy Westlake, Medical Examining Board
- Patrick Mitchell, DOJ
- Chad Zadrazil, Director PDMP
- Tom Engles, Assistant Deputy Secretary, DSPS
- Philip Trapskin, Secretary Pharmacy Examining Board
- Scott Stokes, AIDS Resource Center of Wisconsin and Chair of the Prevention Committee of the State Council on Alcohol and Drug Abuse



Other Efforts

- “Improving Care for Women and Infants Affected by Opioids” hosted by the Wisconsin Association for Perinatal Care (WAPC) – Regional Forums
- PNCC Program Efforts
- Linking PDMP to Birth Records
- Hepatitis C Linkages (Sheila Guilfoyle)
- Local Coalitions (Madison, Milwaukee County, Marathon County, Winnebago County and many more!)



Key Reports

- **“Reducing Wisconsin’s Prescription Drug Abuse: A Call to Action”** – Wisconsin State Council on Alcohol and Other Drug Abuse Prevention Committee Controlled Substances Workgroup
- **“Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2012”** – Office of Health Informatics, Division of Public Health, in consultation with the Division of Mental Health and Substance Abuse Services and the University of Wisconsin Population Health Institute
- **“Opioid-Related Deaths and Mortality Rates by County, Wisconsin Residents 2004-2012”** – Office of Health Informatics and AIDS/HIV and Hepatitis C Program, Bureau of Communicable Diseases and Emergency Preparedness, Division of Public Health, Wisconsin Department of Health Services
- **“Wisconsin’s Heroin Epidemic: Strategies and Solutions”** – Wisconsin State Council on Alcohol and Other Drug Abuse Prevention Committee, Heroin Ad-hoc Committee



Future Needs

- Identification of Key Stakeholders
- Coordination of Statewide Action Team
- Gap Analysis
- Strategic Alignment of Statewide and National Efforts





The Role of Public Health





A Public Health Issue?

- Individuals who abuse drugs are more likely to engage in risky behaviors that may result in:
 - motor vehicle accidents
 - fatalities
 - employment problems
 - relationship problems
 - unplanned pregnancies
 - sexually transmitted diseases
 - birth abnormalities
 - child abuse
 - criminal activity and incarceration
 - and*

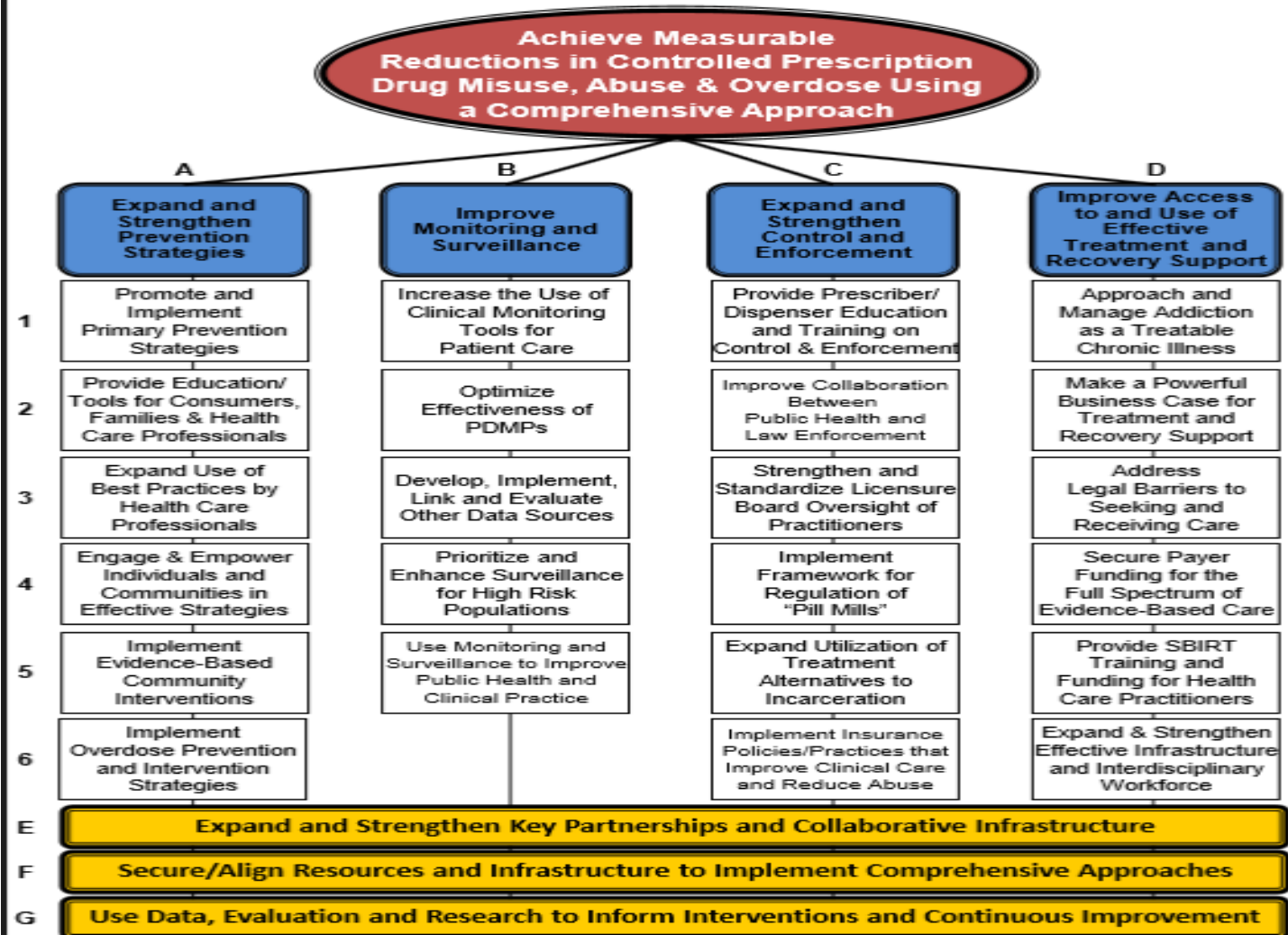




Department of Health Services



ASTHO Prescription Drug Misuse and Abuse Strategic Map: 2013 - 2015





The Opioid Epidemic in Wisconsin: A Public Health Issue!





Discussion





Injury Prevention and Older Adult Falls

Hank Weiss PhD, MPH, MS

Injury and Violence Prevention Program

Coordinator

Community Health Promotion/Family Health
Section



Wisconsin Injury Prevention and Control Statute

- **255.20** Duties. The Department shall:
- [255.20\(1\)](#) Maintain an injury prevention program that includes data collection, surveillance, education and the promotion of intervention.
- [255.20\(2\)](#) Assist local health departments and community agencies by serving as a focal point for injury prevention expertise and guidance and by providing the leadership for effective local program development and evaluation.

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Short Gestation 546	Unintentional Injury 116	Unintentional Injury 89	Unintentional Injury 108	Unintentional Injury 1,500	Unintentional Injury 1,391	Unintentional Injury 1,596	Malignant Neoplasms 5,194	Malignant Neoplasms 11,511	Heart Disease 55,915	Heart Disease 67,051
2	Congenital Anomalies 537	Congenital Anomalies 58	Malignant Neoplasms 57	Malignant Neoplasms 43	Suicide 571	Suicide 672	Malignant Neoplasms 1,289	Heart Disease 3,416	Heart Disease 6,402	Malignant Neoplasms 48,198	Malignant Neoplasms ---
3	SIDS 221	Homicide 40	Congenital Anomalies 17	Suicide 31	Homicide 291	Malignant Neoplasms 332	Heart Disease 945	Unintentional Injury 2,088	Unintentional Injury 1,520	Cerebro-vascular 14,083	Cerebro-vascular 15,869
4	Unintentional Injury 178	Malignant Neoplasms 39	Septicemia ---	Congenital Anomalies 26	Malignant Neoplasms 159	Homicide 244	Suicide 842	Suicide 1,061	Chronic Low. Respiratory Disease 1,293	Chronic Low. Respiratory Disease 13,079	Unintentional Injury 15,281
5	Maternal Pregnancy Comp. 124	Septicemia 14	Homicide ---	Homicide 10	Heart Disease 91	Heart Disease 235	Liver Disease 259	Liver Disease 803	Diabetes Mellitus 997	Alzheimer's Disease 9,994	Chronic Low. Respiratory Disease 14,841
6	Placenta Cord Membranes 102	Influenza & Pneumonia 10	Benign Neoplasms ---	Heart Disease ---	Congenital Anomalies 63	Congenital Anomalies 58	Diabetes Mellitus 171	Cerebro-vascular 552	Cerebro-vascular 966	Unintentional Injury 6,695	Alzheimer's Disease 10,089
7	Respiratory Distress 85	Heart Disease ---	Heart Disease ---	Cerebro-vascular ---	Cerebro-vascular 20	Diabetes Mellitus 54	Cerebro-vascular 168	Diabetes Mellitus 427	Liver Disease 811	Nephritis 5,423	Diabetes Mellitus 6,965
8	Neonatal Hemorrhage 63	Chronic Low. Respiratory Disease ---	Chronic Low. Respiratory Disease ---	Chronic Low. Respiratory Disease ---	Influenza & Pneumonia 20	Cerebro-vascular 52	Homicide 153	Chronic Low. Respiratory Disease 352	Suicide 656	Influenza & Pneumonia 5,340	Nephritis 6,107
9	Bacterial Sepsis 59	Perinatal Period ---	Influenza & Pneumonia ---	Three Tied ---	Complicated Pregnancy 19	Influenza & Pneumonia 40	HIV 90	Influenza & Pneumonia 196	Nephritis 428	Diabetes Mellitus 5,291	Influenza & Pneumonia 6,021
10	Homicide 47	Benign Neoplasms ---	Perinatal Period ---	Three Tied ---	Chronic Low. Respiratory Disease 18	Liver Disease 31	Influenza & Pneumonia 75	Nephritis 160	Influenza & Pneumonia 304	Parkinson's Disease 2,749	Suicide 4,404

Note: For leading cause categories in this State-level chart, counts of less than 10 deaths have been suppressed (---).

Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

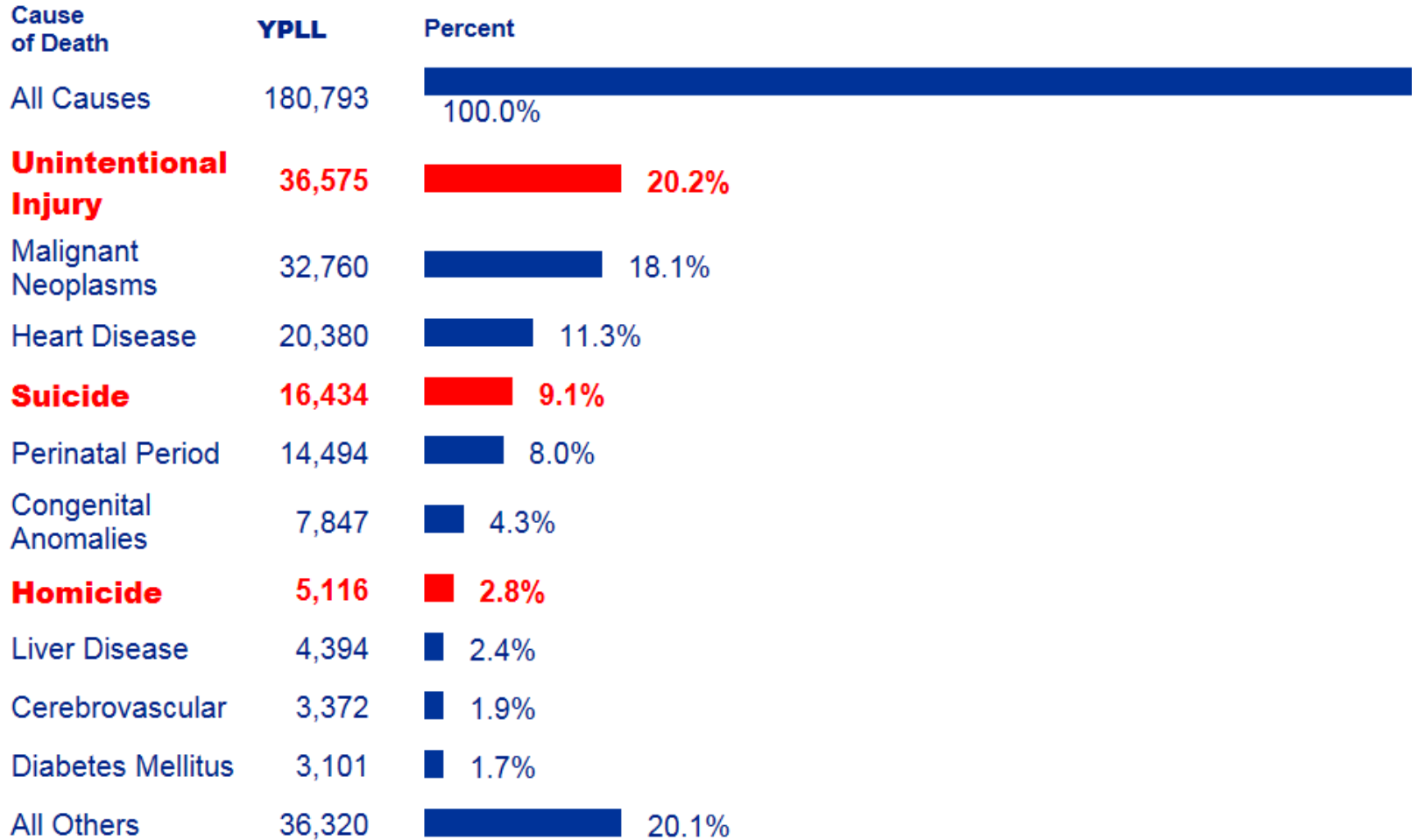
10 Leading Causes of Death, Wisconsin 2006 - 2011, All Races, Both Sexes

Source: CDC WISQARS



Years of Potential Life Lost (YPLL) Before Age 65

2011 Wisconsin
All Races, Both Sexes
All Deaths



Source: CDC WISQARS



Years of Potential Life Lost (YPLL) Before Age 65

2011 Wisconsin
All Races, Both Sexes
All Injury Deaths

Cause of Death	YPLL	Percent
All Injury	59,639	100.0%
Unintentional Poisoning	14,003	23.5%
Unintentional MV Traffic	12,495	21.0%
Suicide Firearm	7,134	12.0%
Suicide Suffocation	5,577	9.4%
Homicide Firearm	2,937	4.9%
Suicide Poisoning	2,287	3.8%
Unintentional Suffocation	2,171	3.6%
Unintentional Fall	1,919	3.2%
Unintentional Drowning	1,796	3.0%
Undetermined Poisoning	1,049	1.8%
All Others	8,271	13.9%

Traditional Injury Topic Areas

- Acute injury care
- Alcohol and drug abuse
- Bicycle safety
- Child abuse and maltreatment
- Child passenger safety
- Consumer product safety
- Intimate partner/domestic violence
- Drowning
- Falls
- Firearms
- Fires/burns
- Home safety
- Motor vehicle safety
- Other land transport injuries
- Pedestrian safety
- Occupational safety
- Playground safety
- Poisoning/Chemical Injury
- Policy
- Funding
- Sexual assault
- Sexual abuse
- School violence/bullying
- Sports and recreation
- Struck by object
- Suffocation
- Suicide
- Traumatic brain injury
- Unintentional injuries among children
- Youth violence

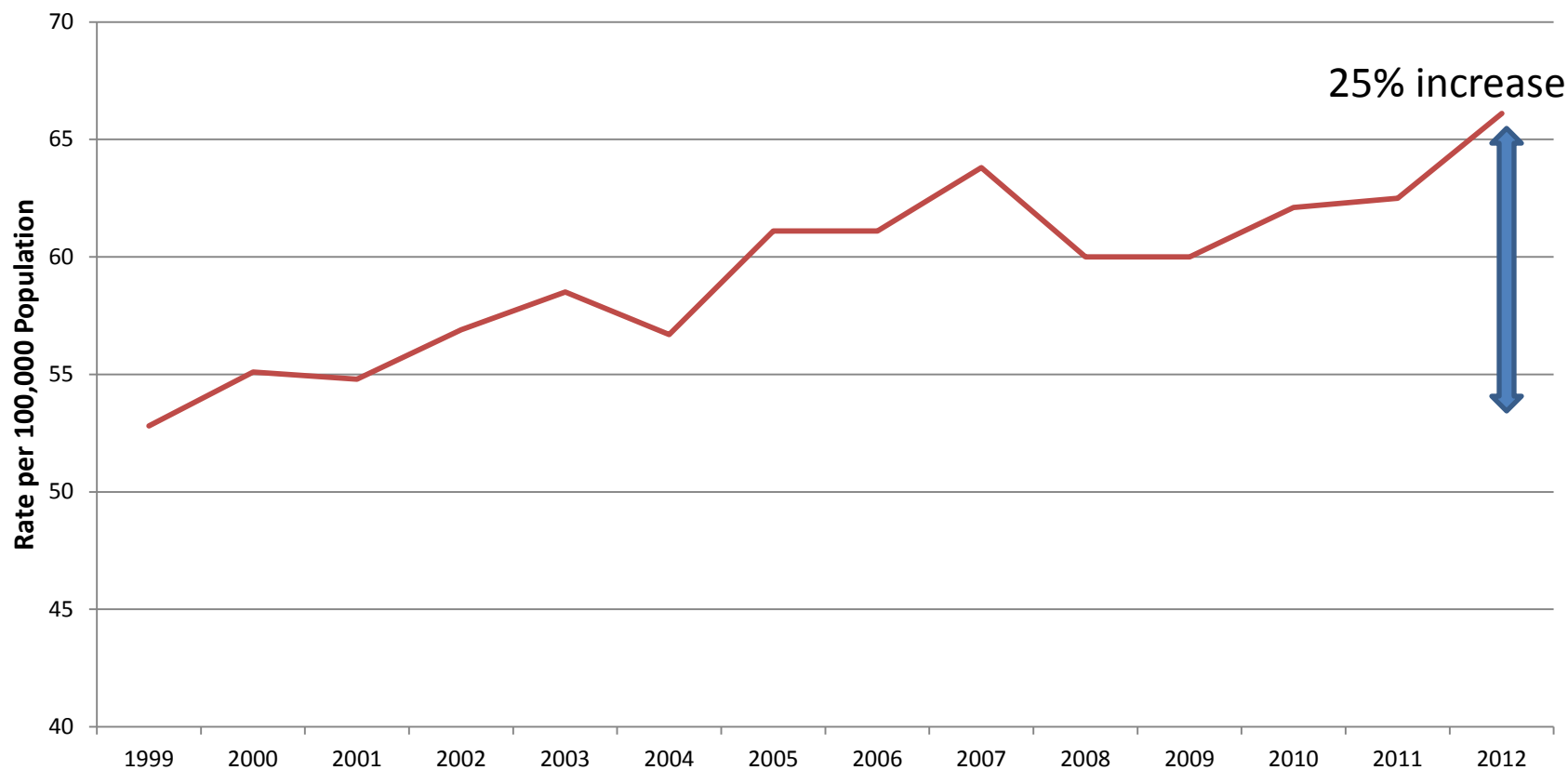


Injuries: A Leading Cause of WI Death and Disability - 2012

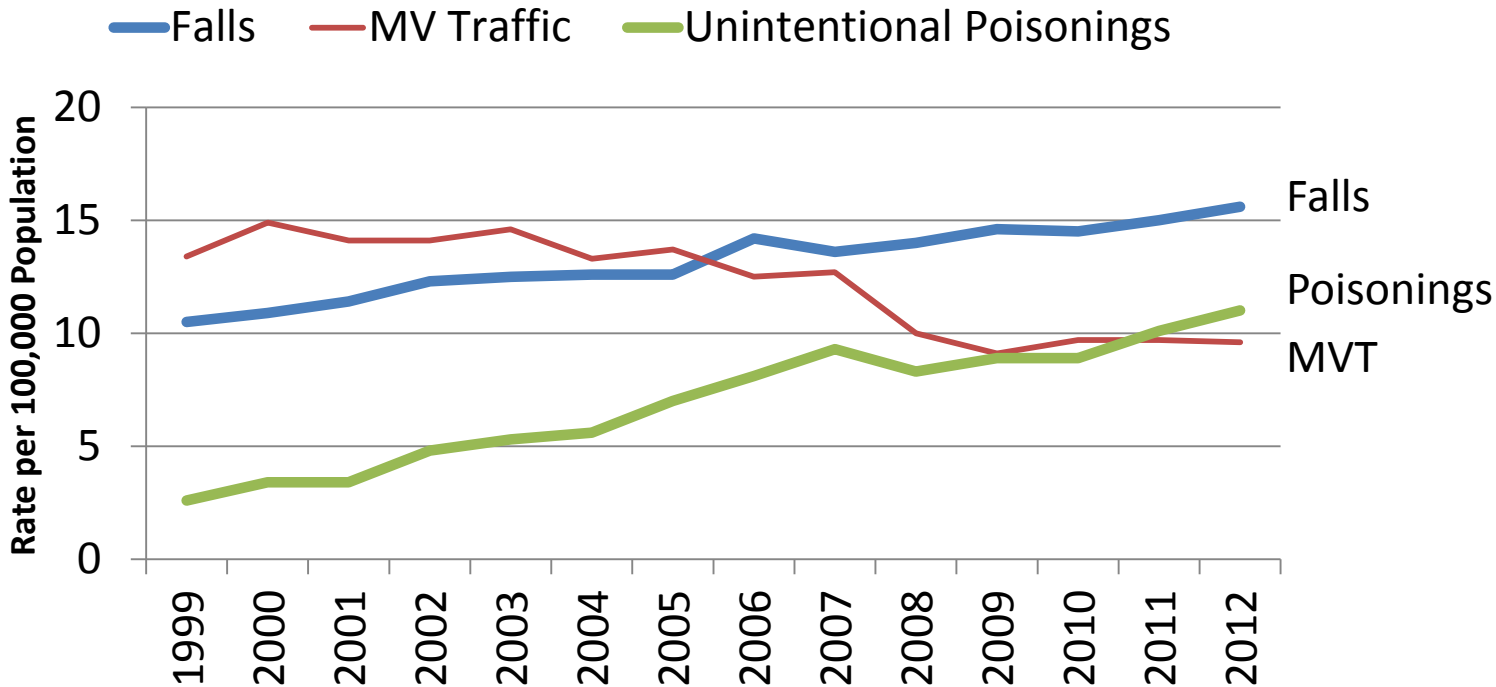
- 3,778 Deaths
- 51,878 Hospitalizations
 - (Charges = \$1.77 Billion)
- 395,684 Emergency Department Visits
 - (Charges = \$567 Million)



WI Injury Mortality Death Rate 1999-2012

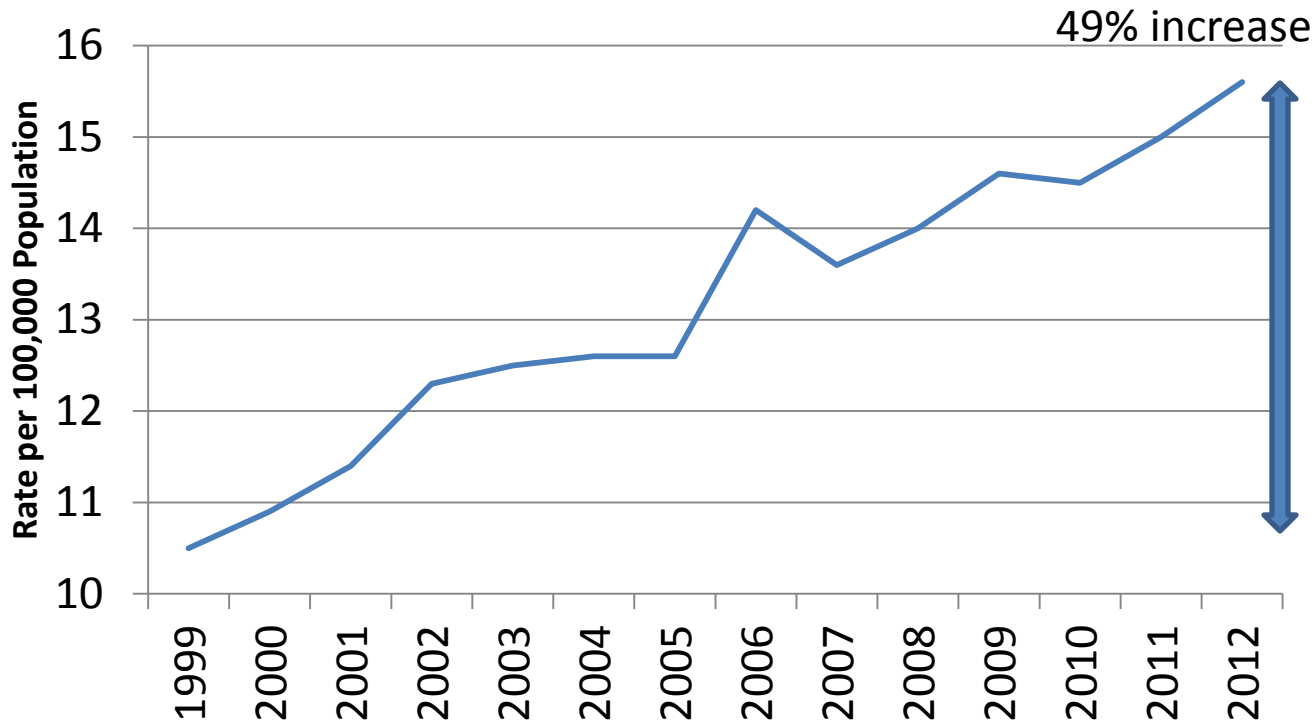


Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Injury Mortality Module, accessed 9/2/2014.



WI Age-adjusted Leading Unintentional Injury Mortality Rates, 1999-2012

Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Injury Mortality Module, accessed 9/2/2014.



WI Age-adjusted Fall Injury Mortality Rate, 1999-2012

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 205	Unintentional Drowning 45	Unintentional MV Traffic 82	Unintentional MV Traffic 103	Unintentional MV Traffic 1,827	Unintentional MV Traffic 1,046	Unintentional Poisoning 1,150	Unintentional Poisoning 1,252	Unintentional MV Traffic 723	Unintentional Fall 7,696	Unintentional Fall 8,793
2	Unintentional MV Traffic 20	Unintentional MV Traffic 40	Unintentional Drowning 27	Unintentional Drowning 34	Unintentional Poisoning 451	Unintentional Poisoning 832	Unintentional MV Traffic 933	Unintentional MV Traffic 1,011	Unintentional Poisoning 488	Unintentional MV Traffic 1,238	Unintentional MV Traffic 7,023
3	Unintentional Drowning ---	Unintentional Suffocation 37	Unintentional Fire/burn 20	Unintentional Other Land Transport 16	Unintentional Drowning 101	Unintentional Other Land Transport 68	Unintentional Fall 152	Unintentional Fall 353	Unintentional Fall 472	Unintentional Suffocation 422	Unintentional Poisoning 4,399
4	Unintentional Fall ---	Unintentional Fire/burn 24	Unintentional Suffocation ---	Unintentional Suffocation 14	Unintentional Other Land Transport 86	Unintentional Drowning 53	Unintentional Drowning 81	Unintentional Suffocation 94	Unintentional Suffocation 80	Unintentional Unspecified 226	Unintentional Suffocation ---
5	Unintentional Natural/Environment ---	Unintentional Pedestrian, Other 23	Unintentional Other Land Transport ---	Unintentional Fire/burn 11	Unintentional Fall 47	Unintentional Fall 52	Unintentional Other Land Transport 79	Unintentional Fire/burn 85	Unintentional Fire/burn 73	Unintentional Poisoning 208	Unintentional Drowning ---
6	Unintentional Fire/burn ---	Unintentional Fall ---	Unintentional Other Spec., classifiable ---	Unintentional Poisoning 10	Unintentional Fire/burn 40	Unintentional Other Spec., classifiable 38	Unintentional Other Spec., classifiable 67	Unintentional Drowning 78	Unintentional Other Spec., classifiable 59	Unintentional Fire/burn 157	Unintentional Fire/burn ---
7	Unintentional Unspecified ---	Unintentional Struck by or Against ---	Unintentional Pedestrian, Other ---	Unintentional Firearm ---	Unintentional Other Transport 27	Unintentional Fire/burn 33	Unintentional Suffocation 54	Unintentional Other Spec., classifiable 77	Unintentional Drowning 49	Unintentional Natural/Environment 132	Unintentional Other Land Transport 430
8	Unintentional Other Spec., classifiable ---	Unintentional Other Land Transport ---	Unintentional Struck by or Against ---	Unintentional Other Transport ---	Unintentional Suffocation 24	Unintentional Other Transport 32	Unintentional Fire/burn 53	Unintentional Other Land Transport 74	Unintentional Machinery 47	Unintentional Other Spec., NEC ^N 111	Unintentional Other Spec., classifiable 340
9	Unintentional Poisoning ---	Unintentional Natural/Environment ---	Five Tied ---	Unintentional Fall ---	Unintentional Other Spec., classifiable 21	Unintentional Suffocation 21	Unintentional Natural/Environment 39	Unintentional Natural/Environment 60	Unintentional Natural/Environment 46	Unintentional Machinery 72	Unintentional Natural/Environment 311
10	---	Unintentional Poisoning ---	Five Tied ---	Unintentional Machinery ---	Unintentional Pedestrian, Other 20	Two Tied 17	Unintentional Other Transport 36	Unintentional Other Spec., NEC ^N 38	Unintentional Struck by or Against 39	Two Tied 69	Unintentional Unspecified 294

10 Leading Causes of WI Injury Death, 2002 - 2011, All Races, Both Sexes

Source: CDC WISQARS



Burden of Fall Injury

- Falls continue to be the leading cause of injury mortality among Wisconsin's older adults.
- In 2013, about 1 in every 50 Wisconsin residents aged 65 and older was hospitalized for a fall-related injury.
- About 1 out of every 25 Wisconsin residents aged 65 and older visited the emergency department for a fall-related injury.



Burden of Fall Injury - Costs

- The total charges associated with fall-related hospital visits were at least \$674 million.
- Note: Billed charges are not the same as costs or paid charges.

Fall Prevention Awareness Month

September



STATE of WISCONSIN



OFFICE of the GOVERNOR

Proclamation

WHEREAS many factors increase the risk of falls for older adults, including lack of strength, use of multiple medications, reduced vision, chronic health problems, and unsafe home conditions; and

WHEREAS one-third of people age 65 and older suffer from falls every year, resulting in doctor visits, hospital admissions, emergency room visits, loss of functional independence, and even death; and

WHEREAS fall-related hospitalizations and emergency room visits for those age 65 and older result in more than \$550 million in health care costs in Wisconsin annually, with more than 95 percent of the costs being paid by Medicare; and

WHEREAS Wisconsin is a national leader in fall-prevention research, and the state's Aging and Public Health networks are leaders in providing evidence-based, fall-prevention programs to older citizens; and

WHEREAS community-based programs, in combination with public health and private health care practices, reduce the likelihood of falls and support older adults in maintaining their health and staying safe in their homes and communities; and

WHEREAS a reduction in the incidents of disability and death due to falls for older adults is a priority of the State Health Plan – "Healthiest Wisconsin 2020;" and

WHEREAS Wisconsin joins the National Council on Aging's Fall Prevention Day and Month awareness effort to be "Strong Today, Falls-Free Tomorrow;"

NOW, THEREFORE, I, Scott Walker, Governor of the State of Wisconsin, do hereby proclaim the month of September 2014, as

FALL PREVENTION AWARENESS MONTH

and further proclaim Tuesday, September 23, 2014, as

FALL PREVENTION AWARENESS DAY

throughout the State of Wisconsin, and I commend this observance to all of our citizens.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this 29th day of August 2014.



SCOTT WALKER
GOVERNOR



By the Governor

 DOUGLAS LA FOLLETTE
 Secretary of State



What Can Be Done?

- Engage in physical activity that includes balance, strength training and flexibility;
- Have a falls risk assessment completed by a health care provider;
- Get a periodic review of medications from a pharmacist;
- Get an annual eye exam;
- Ensure that the home and community environments are safe and supportive.



Stepping Up With “Stepping On”

- “Stepping On” leads to about a 33 percent reduction in falls when faithfully reproduced
- Number of "Stepping On" workshops offered statewide in 2013 = 154
- Seniors reached = ~ 3,000



Stepping Up With “Stepping On”

- Number of years it would take for the program to penetrate into half of the existing senior population = 150 years



Injury Prevention and Older Adult Falls

Rebecca (Becky) Turpin, MA

Adult Injury Prevention Coordinator

University of Wisconsin Hospital and
Clinics, Madison



Fall Prevention Initiative

- 62 members (from aging units, ADRCs, hospitals, assisted living, etc.)
- 2 local health departments are represented
- Meet via conference call the second Thursday of every odd month (1:30-3:00)



Fall Prevention Initiative

- Current Priorities
 - Expand evidence-based programs in WI communities to reach more older adults
 - Connect health care and community partners to assure comprehensive identification, care and resources

Check Your Risk for Falling

Please circle "Yes" or "No" for each statement below.			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total _____		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	



Roles for the Local Health Department

- Data Provision
- Community Planning
- Connect with partners
- Increase awareness and screening
- Implement or support EBPs
- Integrate with other programs



Helpful Links

- Falls prevention:
<http://www.dhs.wisconsin.gov/health/InjuryPrevention/FallPrevention/index.htm>
- Community-based falls prevention programs:
<https://wihealthyaging.org>
- CDC STEADI Toolkit:
<http://www.cdc.gov/homeandrecreationalafety/Falls/steady/>
- *COMING SOON!*– Wisconsin Fall Prevention Website
www.preventfallswi.com



Ebola Virus Disease: Wisconsin Status Update

Jeffrey P. Davis, MD

Chief Medical Officer and State
Epidemiologist

Bureau of Communicable Diseases and
Emergency Response

Ebola Virus Disease, Clinical Presentation

Incubation typically 8-10 days (range 2-21 days)

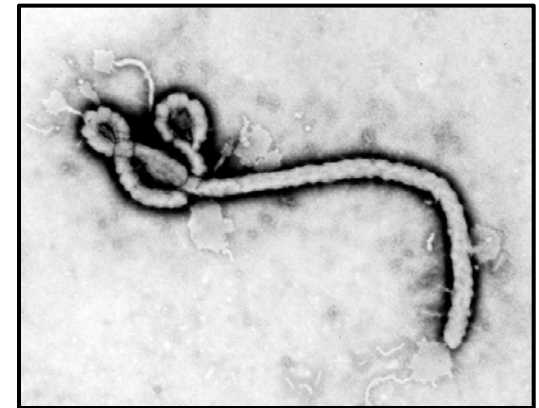
- Fever
- Headache
- Joint & muscle aches
- Weakness
- Diarrhea
- Vomiting
- Abdominal pain
- Lack of appetite
- Abnormal bleeding



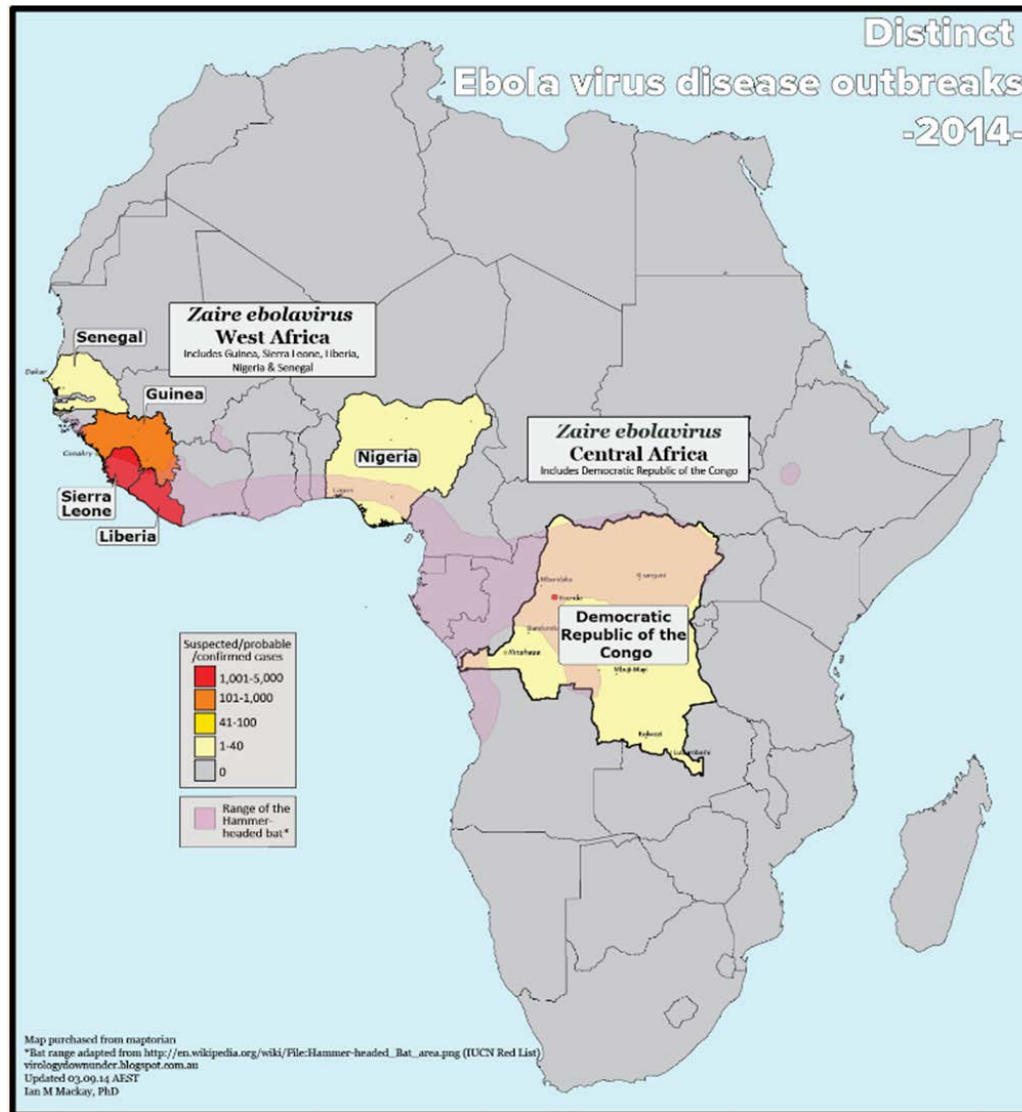


Transmission of Ebola Virus

- Direct contact with the blood or secretions of an infected person who is ill (blood, urine, feces, saliva, sweat, and other secretions)
- Exposure to objects (such as needles) that have been contaminated with infected secretions
- Funeral or burial rituals that require handling the body of someone who has died from Ebola Virus disease
- Contact with infected wildlife – bats and primates
- NOT transmitted via air, food, or water



Persons who are not symptomatic are not contagious.

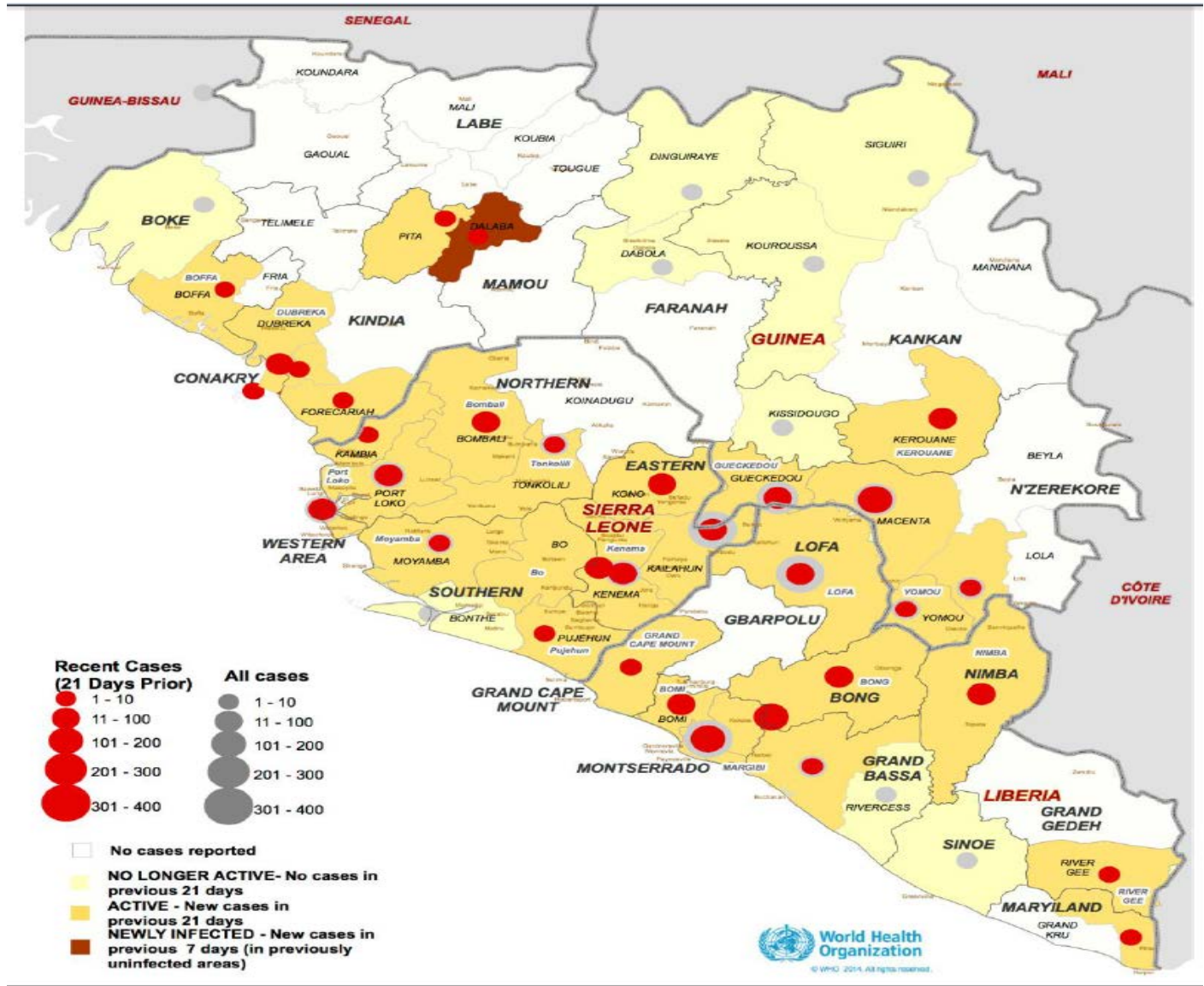




Department of Health Services

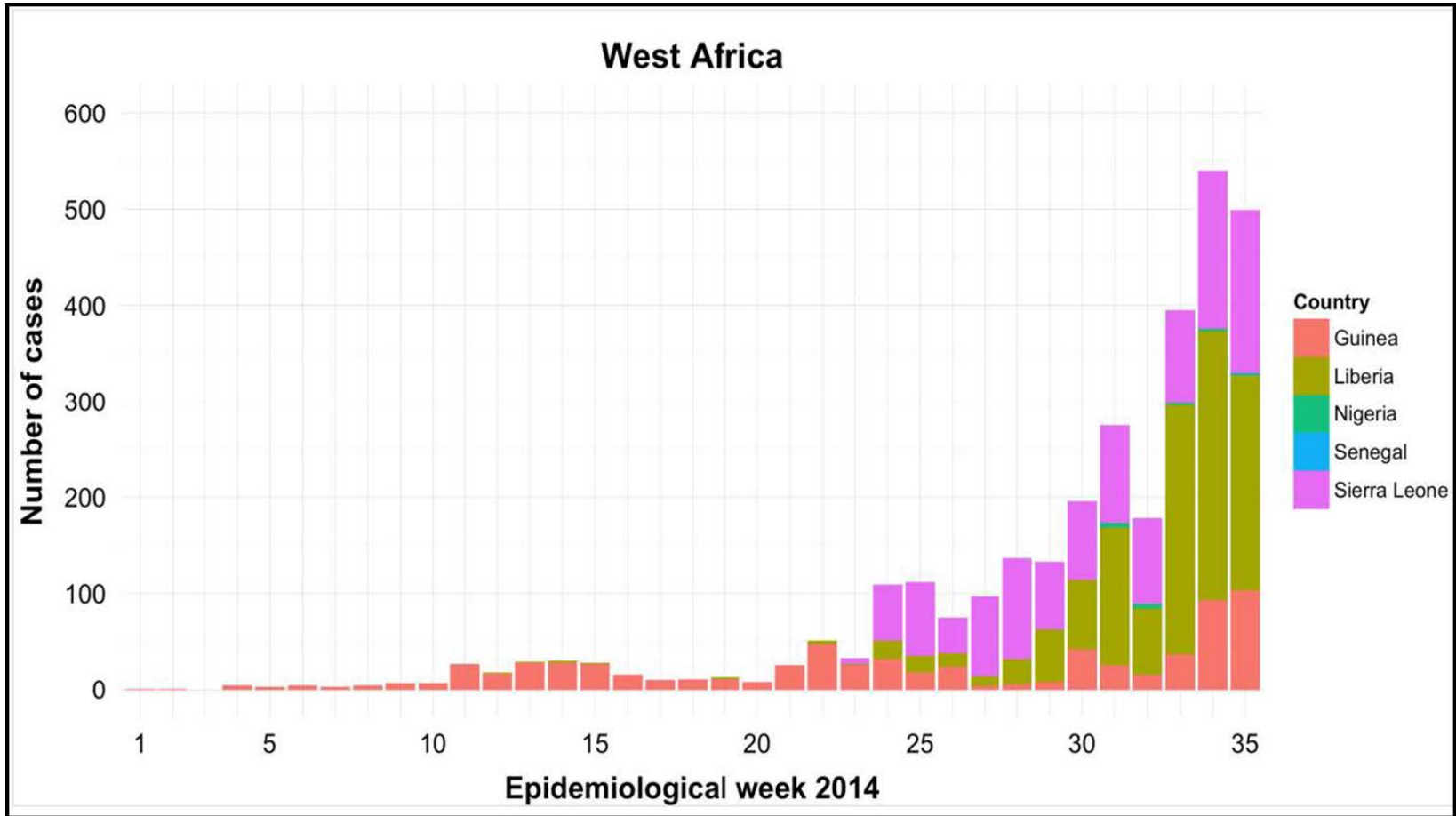


Map of Ebola cases as of 9/13/14





Ebola cases reported by WHO





Case Counts as of 9/13/14

Total suspected and confirmed: 4963

Total deaths: 2453

Guinea

Suspected & Confirmed Case Count: 936

Suspected & Confirmed Case Deaths: 595

Liberia

Suspected & Confirmed Case Count: 2407

Suspected & Confirmed Case Deaths: 1296

Nigeria

Suspected & Confirmed Case Count: 21

Suspected & Confirmed Case Deaths: 8

Sierra Leone

Suspected & Confirmed Case Count: 1620

Suspected & Confirmed Case Deaths: 562

Senegal

Suspected & Confirmed Case Count: 1

Suspected & Confirmed Case Deaths: 0

Mortality rate ~ 50%

EBOLA HEMORRHAGIC FEVER OUTBREAK, 2014

Updated Aug 7, 2014





Foreign Travel Items of Interest

- Airports in Guinea, Sierra Leone, Liberia, and Nigeria are screening outbound passengers, including a fever check.
- Saudi Arabia has suspended visas for pilgrims from Guinea, Sierra Leone and Liberia to prevent the spread of the disease during the upcoming Hajj. (The pilgrimage occurs Oct 1-6, 2014.) No ban on pilgrims from Nigeria at this time.






Travel Guidance and Preparation in the USA

- To date, there are or have been no cases of Ebola-infected persons in the USA other than four American health workers evacuated from West Africa to hospitals in Atlanta and Omaha.
- CDC has issued:
 - a level 3 travel warning - notice for U.S. citizens to avoid nonessential travel to Guinea, Liberia, and Sierra Leone.
 - a level 2 travel alert to advise enhanced precautions for people traveling to Nigeria.
- CDC and its partners at U.S. ports of entry are not doing enhanced screening of passengers traveling from the affected countries.
- Select LRN laboratories have been approved to perform Ebola testing in their facilities; selection based on geographic distribution, number of flight arrivals from West Africa, and lab capacity. The WSLH will not perform testing. Specimens to go directly to CDC.

Protecting Health Care Personnel



Wisconsin
Department of Health Services
Division of Public Health

Quick Guide: Infection Control Measures for Suspected Ebola Virus Disease (EVD)

Full guidance at <http://www.cdc.gov/vhf/ebola/hc>

Patient Screening

This quick guide applies to patients who:

- Are febrile (temperature > 38.6°C or 101.5°F (headache, myalgia, vomiting, diarrhea), AND
- Traveled to Guinea, Liberia, Sierra Leone, or onset, AND
- Had any one of the following risks of exposure:
 - Percutaneous, mucous membrane, or or suspected cases of EVD, with or without equipment (PPE).
 - Laboratory processing of body fluids or without use of appropriate PPE or
 - Participation in funeral rites or had of geographic areas listed above, with o
 - Spent time in a healthcare facility who includes healthcare personnel, patient
 - Household members or casual contact sustained contact within 3 feet) of co
 - Direct contact with bats or primates f

Suspected cases should be reported immediately then immediately report cases to the local health d

Rev 1.0 (08/08/2014)

Log of Individuals Entering Rooms Housing Patients with Suspect/Confirmed Ebola Virus Disease

08/08/2014

Visitors and staff should be limited to only those well-being.

Visits should be scheduled to allow for:

- screening the visitor for symptoms
- training the visitor regarding proper infection control measures.

Instruct visitors to limit movement in the facility adjacent waiting area.

Patient Name _____

Date of Admission _____ Unit _____


Return this form to the Infection Prevention Department

Date	Time In	Name of Individual entering room	Referral


Personal Protective Equipment for Individuals Entering Rooms Housing Patients with Suspect/Confirmed Ebola Virus Disease

08/08/2014


Skin and clothing protection



Fluid-resistant or impermeable disposable gowns





Disposable nitrile gloves (double gloving if exposed to copious amounts of blood or body fluids)



Leg and shoe coverings if exposed to copious amounts of blood or body fluids

Eye protection

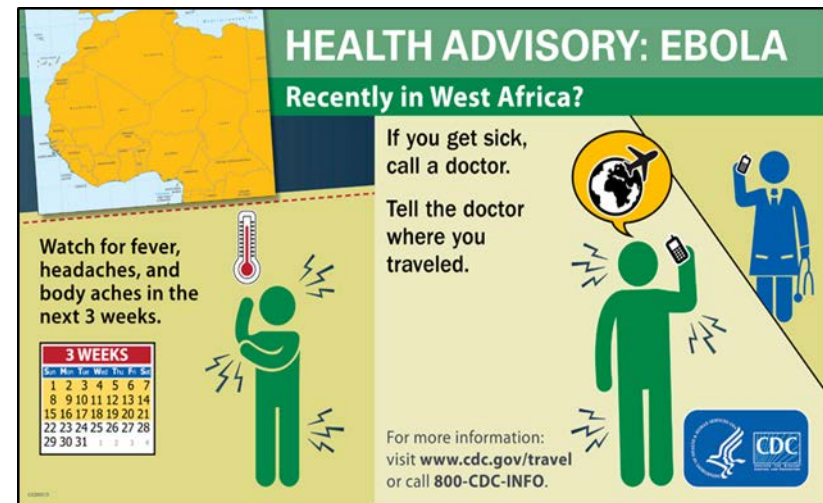



Key measures

- Staff preparedness
- Early detection and prompt isolation
- Strict adherence to infection prevention measures
 - standard, barrier, and droplet precautions.

What is Wisconsin DPH doing?

- Issued guidance to clinicians for evaluation and testing of ill persons who have returned from Ebola-endemic areas within past 21 days
- Issued infection control guidance to hospitals and laboratories
- Provided recommendations to LHDs regarding travelers, including college students, who have recently returned from West Africa
 - Once identified, travelers are briefly interviewed to determine time and location of travel and health status
 - If travel occurred to a country of concern within 21 days, information on risk factors is obtained and sent to DPH





What is Wisconsin DPH doing?

- Developed internal protocols for DPH staff regarding monitoring of traveler's health status and possible movement restrictions based on level of exposure risk in Africa
 - LHD may be asked to do active surveillance
 - 17 travelers have been monitored and have passed 21 days
 - 13 additional travelers are still being monitored as of 9/17/14
 - None have had high risk exposures; no movement restrictions
- Disseminated national guidance for EMS systems, and for coroners/MEs regarding handling of human remains
- Provided general information to LHDs about EVD to address questions from media and public
- Responding to media inquiries



Resources

DHS

- Primary Ebola Page: www.dhs.wisconsin.gov/communicable/DiseasePages/ViralHemorrhagicFever.htm
(or select “E” on the A to Z topic list)
- Interim Guidance for Wisconsin Clinicians: www.dhs.wisconsin.gov/publications/P0/P00812.pdf
- Guidance for LHDs regarding travelers returning from West Africa:
www.dhs.wisconsin.gov/forms/F0/F01340.docx
- Infection Control Quick Guide: www.dhs.wisconsin.gov/publications/P0/P00812a.pdf

CDC

- Guidance for U.S. Clinicians
www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html
- Specimen Collection and Submission:
www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html
- Full Infection Control Guidance:
www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html
- Status of West African Outbreak: www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html
- Guidance for EMS Systems:
www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html



Department of Health Services



Questions and Answers