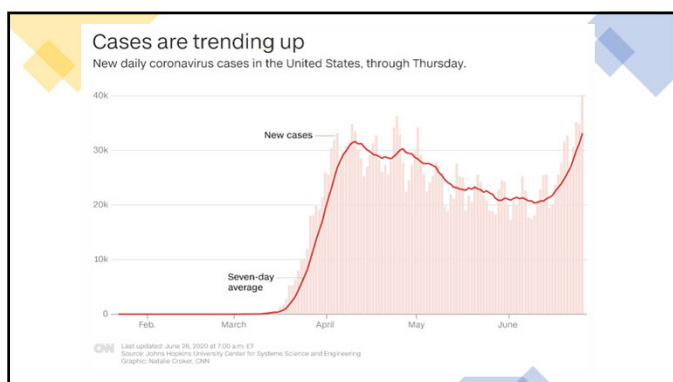
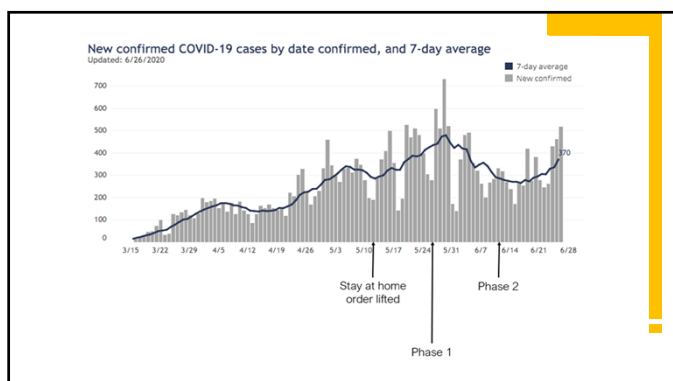


Situational Awareness: COVID-19 Updates

Tuesday June 30, 2020





15 Home News First Alert Weather Coronavirus Sports Livestream

COVID-19 cases explode in Wisconsin: New cases top 500 for first time since May

5.7 percent of tests came back positive, DHS numbers show

COVID-19 | DANE COUNTY AMENDS RESTRICTIONS

Dane County restricts bar, restaurants, gatherings after record number of COVID-19 cases

Elizabeth Bayer | Wisconsin State Journal 10 hrs ago


22 Wisconsin Counties Have 'High Level' Of COVID-19 Activity, Says DHS


757 People In Wisconsin Have Died From COVID-19

By WPR Staff
Published: Wednesday, June 24, 2020, 2:00pm
Updated: Wednesday, June 24, 2020, 4:15pm

Things to consider when re-opening LTCF

- Case status in community
- Case status in the LTCF
- Adequate staffing
- Access to adequate testing
- Universal source control
- Access to adequate PPE for Staff
- Local hospital capacity





COVID-19

This message is being sent to many Department of Health Services email lists. You are getting this email because you are subscribed to at least one of our email lists.

COVID-19 Activity Level Data Dashboard


Today, the Department of Health Services is launching a new data dashboard providing information on COVID-19 activity level by county and region in Wisconsin. The intent of the dashboard is to provide Wisconsinites with the tools they need to most effectively respond to COVID-19.

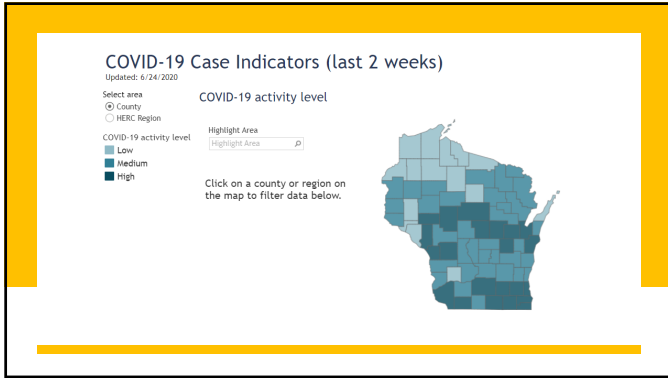
The data dashboard consists of maps and tables that toggle between counties and Healthcare Emergency Readiness Coalition (HERC) regions. The counties and regions are color-coded to indicate overall COVID-19 activity status - low, medium, or high. Overall activity status is a summary indicator based on two data points: the burden of cases and the trajectory of cases. Burden, also defined as case rate, is the total number of cases a county or region has per 100,000 Wisconsin residents in the past two weeks, and is described as low, moderate, moderately high, or high. Trajectory, also defined as case change, refers to the percent change of cases in the past two weeks, and is described as shrinking, growing, or having no significant change. Local and tribal health departments may have additional indicators on their websites, and consulting that information as well is strongly encouraged.

With this activity level information, the local leaders, business people, and residents of Wisconsin can make decisions that are data-driven and best meet the needs within their area. DHS does not advise travel at this time.

The dashboard posted today will be expanded in upcoming weeks to also include data on additional indicators related to disease surveillance, health care capacity and public health response. All dashboard data will be updated weekly on Wednesdays by 2 p.m. and can be found at <https://dhs.wisconsin.gov/covid19/dashboard.htm>

Wisconsin DHS COVID-19 Activity Level Data Dashboard





COVID-19 activity level

COVID-19 activity level is a summary indicator based on whether the burden (case rate) status is low, moderate, moderately high, or high and whether the trajectory (case change) status is significantly shrinking, growing, or have no statistically significant change*.

*As defined in the burden and trajectory status tables above.

Burden Status	Trajectory Status		
	Shrinking	No Significant Change	Growing
Low	Low	Low	Medium
Moderate	Medium	Medium	High
Moderately High	Medium	High	High
High	High	High	High

EDITORIAL

COVID-19 and flu, a perfect storm

The world is in uncharted waters for the 2020 respiratory virus season. For the first time in modern history, the Northern Hemisphere faces the prospect of the coronavirus disease 2019 (COVID-19) pandemic and a simultaneous epidemic of seasonal influenza. Each causes life-threatening illness and death, especially in older adults, people with chronic diseases, and other vulnerable populations. How can we prepare for this convergence?

The timing and severity of a COVID-19 wave in the fall and winter are uncertain, but past experiences with the 1918 and 1967 influenza pandemics point to the possibility of a resurgence. Almost nothing is known about the interaction of influenza virus and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, the cause of COVID-19) within individuals. Does coinfection increase the risk of severe illness or amplify virus shedding? Few coinfections have been reported from China during the early phase of the pandemic. The Southern Hemisphere influenza season is just beginning, and it may provide some clues as to what can be expected in the Northern Hemisphere later this year.


Much of the population remains susceptible to SARS-CoV-2, and the stress on hospitals will be greatest if the COVID-19 and influenza epidemics overlap and peak around the

that resources will be available for combined testing for COVID-19 and influenza. These tests should be without charge to patients because they serve a dual purpose for public health and patient care.

We do not yet have a COVID-19 vaccine, but safe and moderately effective influenza vaccines are available. Their widespread use is more important now than ever, and we encourage health care providers, employers, and community leaders to promote vaccination. Vaccine effectiveness varies by season and subtype, but vaccination offers similar protection against laboratory-confirmed influenza hospitalization and outpatient illness. Widespread misinformation on social media includes the false claim that influenza vaccination increases the risk of SARS-CoV-2 infection. Scientists, health care providers, and public health leaders must counter these claims with clear, evidence-based information on the importance of influenza vaccination during the COVID-19 pandemic.

The prospect of a second COVID-19 wave requires planning to ensure optimal delivery of influenza vaccines starting in the early fall. Community vaccination sites are often set up for maximum volume and efficiency, and alternative approaches will be needed to maintain physical distancing and minimize the risk of SARS-CoV-2 transmission, particularly because

“How can we prepare for this convergence?”



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CDC Vaccination Guidance During a Pandemic

Additional Considerations for Influenza Vaccination

Annual influenza vaccination is recommended for all persons age 6 months and older to decrease morbidity and mortality caused by influenza. Healthcare providers should consult current [influenza vaccine recommendations](#) for guidance around the timing of administration and use of specific vaccines.

During the COVID-19 pandemic, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the healthcare system, and other critical infrastructure. Thus, healthcare providers should use every opportunity during the influenza vaccination season to administer influenza vaccines to all eligible persons, including:

- **Essential workers:** Healthcare personnel, including nursing home, long-term care facility, and pharmacy staff, and other [critical infrastructure](#) workforce
- **Persons at increased risk for severe illness from COVID-19:** Including adults age 65 years and older, residents in a nursing home or long-term care facility, persons of all ages with certain underlying medical conditions. Severe illness from COVID-19 has been observed to disproportionately affect members of certain [racial/ethnic minority groups](#)
- **Persons at high risk for influenza complications:** Including infants and young children, children with neurologic conditions, pregnant women, adults age 65 years and older, and other persons with certain underlying medical conditions

Resources

Personal and Social Activities: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/personal-social-activities.html>

Deciding to Go Out: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/deciding-to-go-out.html>
