



**CALUMET COUNTY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Courthouse, 206 Court Street, Chilton, WI 53014

**Human Services**

Phone: (920) 849-1400  
Fax: (920) 849-1468

From Appleton: (920) 989-2700

**Public Health**

**Home Health and Hospice**

Phone: (920) 849-1432  
Fax: (920) 849-1476

Crisis Line: (920) 849-9317; (920) 832-4646

**Aging & Disability  
Resource Center**

Phone: (920) 849-1451  
Fax: (920) 849-1635

Website: [www.co.calumet.wi.us](http://www.co.calumet.wi.us)

**Child Support**

Phone: (920) 849-1454  
Fax: (920) 849-1484

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**Regular Meeting of the Health and Human Services Board**

**DATE:** Monday, June 11, 2018  
**TIME:** 8:30 a.m.  
**PLACE:** Room – 017 Courthouse Basement

**AGENDA**

- 1) Was the meeting properly announced?
- 2) Roll Call and Introductions
- 3) Pledge of Allegiance
- 4) Approval of June 11, 2018, Health and Human Services Board Agenda
- 5) Approval of May 14, 2018, Health and Human Services Board Minutes
- 6) Public Participation/Public Comment
- 7) Report of Committee Members
  - a) Reports of Official Meetings Held in Past Month
  - b) Upcoming Events
    - i.) Wisconsin Association of Local Health Departments and Boards (WALHDAB) Northeast Regional Meeting-July 12, 2018, 9:30 a.m. – 2:30 p.m. at Liberty Hall in Kimberly, WI.
- 8) Report of the Health and Human Services Department
  - a) Staffing Update/Introductions
  - b) Teen Intervene
  - c) 2019 Meal Bid Results
- 9) Items for Action or Discussion from Health and Human Services Department
  - a) Tuberculosis Skin Testing Policy-Attachment 1
  - b) Proposed changes for Congregate Sites-Brillion, Hilbert and Stockbridge
- 10) The next regular meeting date for Health and Human Services Board will be July 9, 2018, at 8:30 a.m.
- 11) Adjournment

So as not to disturb the meeting, all cell phones must be placed on vibrate and all calls taken outside the meeting room.

Any person wishing to attend who, because of a disability, requires special accommodation, should contact the Health and Human Services Department at 920-849-1400 at least twenty-four (24) hours before the scheduled meeting time so appropriate arrangements can be made.

This is a public meeting. As such, all members or a majority of the members of the County Board may be in attendance. While a majority of the County Board members, or the majority of any given County Board Committee may be present, only the above committee will take official action based on the above agenda.

CALUMET COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BOARD MEETING  
May 14, 2018

Board/Committee Members Present: Dietrich, Gentz, Hartl, Irwin, Schreiner, Schwalenberg, Stecker, Weinberger

Board/Committee Members Excused:

Board/Committee Absent:

Staff: Behnke, Birkey, Brenner, Ellis, Kolbe, Schwobe, Wagner

Guests: Connors

1. CALL TO ORDER: Meeting was called to order at 8:30 a.m. by Deputy Director Brenner.
2. ROLL CALL AND QUORUM: It was determined the meeting was properly announced and a quorum was present. Introductions were done.
3. PLEDGE OF ALLEGIANCE: Brenner asked all present to join her in repeating the Pledge of Allegiance to the Flag.
4. ELECTION OF CHAIR AND VICE CHAIR:  
Dietrich made a motion to conduct verbal votes; seconded by Stecker.  
Motion by Connors to nominate Schwalenberg as Chairperson; seconded by Hartl. No more nominations. Schwalenberg unanimously elected as Chairperson.  
Motion by Weinberger to nominate himself as Vice Chair. Connors made a motion to cast a unanimous vote. Weinberger unanimously elected as Vice Chairperson.
5. APPROVAL OF AGENDA: Motion by Dietrich, seconded by Connors to approve the agenda of the May 14, 2018 Health and Human Services Board Meeting. MOTION CARRIED UNANIMOUSLY.
6. APPROVAL OF MINUTES: Motion by Weinberger, seconded by Hartl to approve the minutes of the April 9, 2018 Health and Human Services Board Meeting with the following correction: Item 10. Motion to adjourn made by Weinberger. MOTION CARRIED UNANIMOUSLY.
7. PUBLIC PARTICIPATION: None.
8. REPORT OF COMMITTEE MEMBERS:
  - A. Schwalenberg reported on recent meetings attended.
  - B. Schwalenberg reported that this Board is being recognized at the County Board Meeting on May 15, 2018 and being awarded the WALHDAB 'Board of the Year' award.
  - C. Upcoming Events:
    - i. Wisconsin Counties Human Services Association (WCHSA) Spring Conference – May 15-17, 2018 @ Osthoff Resort, Elkhart Lake.
    - ii. Wisconsin Public Health in Action -- Wisconsin Association of Local Health Departments and Boards (WPA--WALHDAB) Public Health Conference – May 22-24, 2018 at KI Convention Center, Green Bay.

iii. Wisconsin Association of Local Health Departments and Boards (WALHDAB)  
Northeast Regional Meeting-July 12, 2018, 9:30 a.m. – 2:30 p.m. at Liberty Hall in  
Kimberly, WI.

9. REPORT OF THE HEALTH AND HUMAN SERVICES DEPARTMENT:
  - A. Brenner provided staffing updates.
  - B. Ellis presented the 2018 County Health Rankings.
  - C. Wagner presented on the Public Health's Sexually Transmitted Disease (STD) Project.
  - D. Kolbe presented the results of the Home Health Care State Survey that occurred on March 28, 2018.
  - E. Birkey presented on Welfare Reform changes.
10. ITEMS FOR ACTION OR DISCUSSION: Schwalenberg announced that Dr. Sharon Rink, MD is scheduled to be appointed to the Health and Human Services Board at the May 15, 2018 County Board meeting.
11. The next Health and Human Services Board meeting will be held on June 11, 2018 at 8:30 a.m.
12. ADJOURNMENT: Motion to adjourn the meeting at 10:10 a.m. by Weinberger, seconded by Hartl. MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,

Jane Behnke  
Recording Secretary

- This was declared a \$60 meeting.
- These are UNAPPROVED minutes.



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**Website:** [www.co.calumet.wi.us](http://www.co.calumet.wi.us)

POLICY TITLE: Tuberculosis Skin Testing

EFFECTIVE DATE:

DATE REVIEWED:

DATE REVISED:

AUTHORIZED BY: Calumet County Health and Human Services Board

\_\_\_\_\_  
Health and Human Services Board Chair

\_\_\_\_\_  
Date

TITLE: Tuberculosis Skin Testing

**PURPOSE STATEMENT:**

The purpose of this policy serves to ensure that accurate results are obtained when individuals request Calumet County Public Health to place and read tuberculosis (TB) skin tests. Accurate skin results are necessary to ensure that TB disease and infection are correctly diagnosed.

**POLICY:**

Calumet County Public Health will offer tuberculosis testing for individuals as specified by recommendations from the Centers for Disease Control and Prevention and the Wisconsin tuberculosis program.

**PERSONS AFFECTED:**

Public Health Nurses

Support Staff

**REFERENCES:**

Centers for Disease Control and Prevention. (2013). *Core Curriculum on Tuberculosis: What the Clinician Should Know*. Retrieved May 14, 2018, from <https://www.cdc.gov/tb/education/corecurr/index.htm>

National Tuberculosis Controllers Association. (2011). *Tuberculosis Nursing: A Comprehensive Guide to Patient Care Second Edition*. Smyrna: National Tuberculosis Controllers Association.

**LEGAL AUTHORITY:**

Wisconsin §252.07

**PUBLIC HEALTH ESSENTIAL SERVICE**

Monitor the health status of populations to identify and solve community health problems.

Investigate and diagnose community health problems and health hazards.

Inform and educate individuals about health issues.

Link individuals to needed personal health services.



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PROCEDURE TITLE: Tuberculosis Skin Testing

EFFECTIVE DATE:

DATE REVIEWED:

DATE REVISED:

AUTHORIZED BY: Calumet County Health and Human Services Board

\_\_\_\_\_  
Health and Human Services Board Chair

\_\_\_\_\_  
Date

TITLE: Tuberculosis Skin Testing

**PURPOSE STATEMENT:**

The purpose of this policy serves to ensure that accurate results are obtained when individuals request Calumet County Public Health to place and read tuberculosis (TB) skin tests. Accurate skin results are necessary to ensure that TB disease and infection are correctly diagnosed.

**WHO PERFORMS ACTIVITIES:**

Public Health Nurses  
Support Staff

**PROCEDURE:**

1. TB skin tests will be provided by the designated nurse on Mondays, Tuesdays, Wednesdays, and Fridays between the hours of 8 AM-4:30 PM.
2. The standing medical order for TB skin testing will be used when administering the test. The Mantoux tuberculin skin test (TST) intradermal injection of purified protein derivative (PPD) is the standard method of identifying person infection with mycobacterium tuberculosis.
3. The current established fee will apply unless testing is related to contact investigation, prospective Calumet County employee, or targeted high risk testing.
4. When the client comes to Calumet County Public Health for the TST, support staff will:
  - a. Ask the client to complete the TB Skin Testing Consent Record (Appendix A).
  - b. Briefly review the contraindication questions
  - c. Confirm that the client will be able to return to have the test read within 48-72 hours.
  - d. Make an appointment to return and give the client a reminder card.
  - e. Collect the established fee and provide a receipt.
  - f. Call the designated nurse.
5. The designated nurse will:
  - a. Assure there are no contraindications.
  - b. Assure that the person will be able to have the test read within the appropriate time frame (48-72 hours after the injection).
  - c. Administer the TST using the adopted agency medical orders and CDC guidelines.

- Purified protein derivative (PPD) solution must be kept refrigerated at 36-46° F.
- Check the expiration date and the date that the vial was opened. The vial should be discarded if it has been open for more than 30 days or the expiration date has passed. Date and initial the label when a new vial is opened.
- Review the client's tuberculin skin test history. Inquire about documentation of previous tuberculin skin test results and if previously treated for TB.
- A TST will not be given if the patient has a documented positive skin test or has been treated for TB. They should instead complete the Tuberculosis Risk Assessment Questionnaire Screen (Appendix B).
- Administer the tuberculin skin test; syringes must be filled immediately prior to administration using an intradermal injection of PPD.
  1. Wash your hands
  2. On a firm, well-lighted surface expose the patient's arm and slightly flex at the elbow. The preferred site of the test is the volar aspect of the forearm. Avoid areas on the skin that are red or swollen. Avoid visible veins.
  3. Clean the injection site with an alcohol wipe and allow the site to dry prior to injection of PPD.
  4. Administer the test dose (0.1 mL) of PPD with a 1 mL syringe calibrated in tenths and fitted with a short, one-quarter to one-half inch, 26 or 27 gauge needle.
  5. Wipe the stopper of the vial with alcohol and allow it to dry before needle insertion. Then insert the needle gently through the stopper and draw 0.1 mL of PPD into the syringe. Avoid injection of excess air with removal of each dose so as not to over pressurize the vial and possibly cause seepage at the puncture site.
  6. Remove the needle from the vial. Hold the syringe in an upright position and gently tap the syringe to break up any air bubbles.
  7. Expel all air from the syringe and excess solution from the needle.
  8. Insert the point of the needle into the most superficial layers of the skin with the needle bevel pointing upward and administer the dose by slow intradermal injection. If the intradermal injection is performed properly, a definite pale wheal will rise at the needle point, about 10 mm in diameter. This wheal will disperse within minutes. Do not dress the site.
  9. A drop of blood may appear at the administration site following injection. Blot the site lightly to remove the blood but avoid squeezing out the injected tuberculin test fluid. In the event of an improperly performed injection (i.e, no wheal formed), repeat the test immediately at another site, at least 2 inches from the first site and circle the second injection site as an indication that this is the site to be read.
- d. Complete the TST consent record as indicated.
- e. Read and interpret the TST according to CDC guidelines. Note results on TST consent record.
  - The skin test should be read by a trained health professional 48 to 72 hours after administration. Skin test sensitivity is indicated by induration only; redness should not be measured. Touch the area lightly with the pads of your fingertips to palpate for margins of induration. Measure the diameter of induration transversely to the long axis of the forearm and record the measurement in millimeters (including 0 mm). The tip of a ballpoint pen, gently pushed at a 45° angle toward the site of injection, will stop at the edge of induration. Also record the presence and size (if present) of necrosis and edema, although these are not used in the interpretation of the test.
- f. Refer client to appropriate services as needed.
  - Tuberculin reactivity may indicate latent infection, prior infection and/or disease with M.tuberculosis and does not necessarily indicate the presence of active tuberculous disease. Persons showing positive tuberculin reactions should be considered positive by current public health guidelines and referred for further medical evaluation.
  - If skin test is positive direct the client for follow-up chest x-ray and medical evaluation.

An induration of **5 or more millimeters** is considered positive in:

- HIV-infected persons
- A recent contact of a person with TB disease
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants
- Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF-a antagonists)

An induration of **10 or more millimeters** is considered positive in

- Recent immigrants (< 5 years) from high-prevalence countries
- Injection drug users
- Residents and employees of high-risk congregate settings
- Mycobacteriology laboratory personnel
- Persons with clinical conditions that place them at high risk
- Children < 4 years of age
- Infants, children, and adolescents exposed to adults in high-risk categories

An induration of **15 or more millimeters** is considered positive in any person, including persons with no known risk factors for TB. However, targeted skin testing programs should only be conducted among high-risk groups.

#### *Two-Step Testing*

1. The standard fee for TST will be charged for each test.
2. For clients requesting the two-step TST:
  - a. Administer the first test.
  - b. Read in 48-72 hours; if positive refer for medical evaluation.
  - c. If first test was negative, administer the second test 7 days after the first test was planted (up to three weeks is acceptable).
  - d. Read the second test in 48-72 hours; if positive refer for medical evaluation.

#### *Targeted High Risk and Contact Testing*

1. A client or a group of clients may be targeted and tested in a population that is at a high risk of TB infection and are at a high risk for progression to disease.
2. Identified contacts to active TB disease cases may be tested.

#### RELATED POLICY

Tuberculosis Skin Testing

____ Paid
____ Staff Initials

### TB SKIN TESTING CONSENT RECORD

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Physician/Clinic \_\_\_\_\_

	YES	NO
1. Have you had a previous skin test using the Mantoux method? If yes, specify results: _____ mm **		
2. Have you ever been treated for TB? If yes, when, where, by whom: _____ _____		
3. Have you recently been exposed to someone with TB? If yes, by whom and when: _____ _____		
4. Have you been vaccinated with a live virus vaccine during the past six weeks?		
5. In the last two months have you had any periods of illness, which have lasted for more than two days? If yes, what? _____		
6. Are you currently taking (or recently stopped taking) any corticosteroid or other immunosuppressive agents?		
7. Has a physician or nurse informed you that you are infected with the Human Immunodeficiency Virus (HIV) or AIDS virus?		
8. Have you had BCG vaccine? If yes, how often and at what ages? _____ _____		
9. Can you return in 48-72 hours to have the test read?  <input type="checkbox"/> To be read by another healthcare professional		

10. Reason for testing today:  
\_\_\_\_\_

\*\* NOTE: IF THE REACTION WAS SIGNIFICANT, DO NOT REPEAT TEST.

I request that I/my child be given a tuberculin skin test.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (for 2<sup>nd</sup> step): \_\_\_\_\_ Date: \_\_\_\_\_



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**TB SKIN TESTING CONSENT RECORD**

Tuberculin Test Record(s)

Name \_\_\_\_\_

	MANTOUX	TWO-STEP MANTOUX
Date		
Time		
Antigen name, strength, amount	Tubersol/Aplisol 5TU/0.1cc 0.1cc	Tubersol/Aplisol 5TU/0.1cc 0.1cc
Site	LA/RA	LA/RA
Manufacturer	Sanofi/JHP Pharmaceuticals	Sanofi/JHP Pharmaceuticals
Lot number		
Expiration date		
Date vial opened		
RN signature		
Date read		
Time read		
Results (mm)		
RN signature		

Instructions/Education to Client

- Copy given Date \_\_\_\_\_ Initials \_\_\_\_\_
- Did not return to Calumet County Health Department to have test read Date \_\_\_\_\_ Initials \_\_\_\_\_
- Faxed information to \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

## WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE SCREEN

Use this screening tool to identify asymptomatic adults for latent tuberculosis infection (LTBI) testing.

Do not perform or repeat **testing** by interferon gamma release assay (IGRA) or tuberculin skin test (TST) unless there are risk factors identified by the screening tool questions below.

Do not treat for LTBI until active TB disease has been excluded:

Evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

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**If any of the following four boxes are checked, recommend LTBI testing.**

**Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.**

**See page 2 for more detailed information on the risk assessment boxes below.**

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- Birth, travel, or residence** in a country with high TB prevalence.
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in Western or northern Europe.
  - Travel is of extended duration or including likely contact with infectious TB in a location of high TB prevalence.
  - IGRA is preferred over TST for foreign-born persons 2 years of age or older.

- 
- Close (high priority) contact** to someone with infectious TB disease during lifetime.

- 
- Recent TB symptoms:** Persistent cough lasting three or more weeks **AND** one or more of the following symptoms: coughing up blood, night sweats, unexplained weight loss, or fatigue.

- 
- Current or former employee or resident** of a high-risk congregate setting in a state/district with an elevated TB rate.
- Includes Alaska, California, Florida, Hawaii, New Jersey, New York, Texas, or Washington DC.
  - Includes correctional facility, long-term residential care facility, or shelter for the homeless.

- 
- A TB risk assessment has been completed for the patient named below. No risk factors for TB were identified.
- A TB risk assessment has been completed for the patient named below. Risk factors for TB have been identified. Further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

Provider Name (Print)	
Facility Name	
Street Address	Telephone Number
Assessment Date	
<b>SIGNATURE - Provider</b>	

Patient Name (Print)
Date of Birth
(Place sticker here if applicable)

## Risk Assessment Box Details

### Box 1. Birth, Travel, or Residence in a country with high TB incidence or burden

In their annual report, the World Health Organization (WHO) estimates TB incidence around the world as the number of TB cases per 100,000 persons. There are 40 high-burden TB countries including India, China, regions of Sub-Saharan Africa and South East Asia.<sup>1</sup>

**Travel:** Leisure travel to most countries in the world poses little risk of TB infection. The general travel risk is 2.8 cases of TB per 1,000 person-months of travel, however, prolonged stays or work in the health sector increase the risk of infection. Spending six or more months in an endemic country is associated with increased risk of TB infection, 7.9 cases per 1,000 person-months of travel, and direct patient care is an even higher risk, 9.8 cases per 1,000 person-months of travel.<sup>2</sup>

### Box 2. Close (High Priority) contact to someone with infectious TB disease during lifetime

Infectious TB includes patients with pulmonary culture-positive disease and those with pulmonary cavitation on radiograph. High Priority contacts include household members (1 in 3 chance of infection), children < 5 years of age and immunosuppressed individuals (cancer, diabetics, HIV-positive, organ transplantation). Also consider those exposed for shorter duration in a more confined space (exam room, dormitory room, office or vehicle).<sup>3</sup>

### Box 3. Recent TB symptoms

TB symptoms include persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, night sweats, unexplained weight loss, or fatigue. TB can occur anywhere in the human body but the most common areas include; lungs, pleural space, lymph nodes and major organs such as heart, liver, spleen, kidney, eyes and skin. TB can also present as an asymptomatic, non-specific respiratory illness. Clinical judgement should be accompanied by careful evaluation of patient history including, birth, travel or residence in a country with high TB incidence and history of TB in the family.<sup>4</sup>

### Box 4. Current or former employee or resident of a high-risk congregate setting in a state/district with an elevated TB rate

Wisconsin has few individuals with TB in the homeless, corrections and long-term settings; patients identified match local epidemiology (foreign-born or contacts).<sup>5</sup> Higher-risk congregate settings occur in Alaska, California, Florida, Hawaii, New Jersey, New York, Texas or Washington DC. Consult with the Centers for Disease Control and Prevention (CDC) annual TB reports and the Wisconsin TB Program website for state and local epidemiology data.<sup>6, 7, 8</sup>

## References:

- 1) World Health Organization Global Tuberculosis Report 2017. [http://www.who.int/tb/publications/global\\_report/en/](http://www.who.int/tb/publications/global_report/en/)
- 2) Cobelens, F.G.J., et al (2000). Risk of infection with *Mycobacterium tuberculosis* in travelers to areas of high tuberculosis endemicity. *The Lancet*, 356, 461-465.
- 3) CDC. Guidelines for the investigation of contacts of persons with infectious tuberculosis: recommendations from the National Tuberculosis Controllers Association and CDC. *MMWR* 2005; 54(No. RR-15).
- 4) Lewinsohn, D. et al. Official American Thoracic Society/Infectious Diseases Society of America/CDC Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. *Clinical Infectious Diseases*, 2017; 62(2):111-115.
- 5) Wisconsin Tuberculosis Program. <https://www.dhs.wisconsin.gov/tb/index.htm>
- 6) CDC. Reported Tuberculosis in the United States. <https://www.cdc.gov/tb/statistics/>
- 7) CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005; 54(No. RR-17).
- 8) CDC. Prevention and control of tuberculosis in correctional facilities: Recommendations from CDC. *MMWR* 2006; 55(No. RR-9).