

**Wisconsin State Laboratory of Hygiene
Board of Directors Meeting
February 10th, 2015
1:00 P.M – 4:00 P.M.
2601 Agriculture Drive
Madison, WI 53718**

**APPROVED MINUTES
November 4th, 2014**

MEMBERS PRESENT: Dr. Robert Corliss (Vice-Chair), Susan Buroker, Jeffery Kindrai, Charles Warzecha (on behalf of Karen McKeown), Darrell Bazzell, Dr. Ruth Etzel, James Morrison, Carrie Lewis, Dr. Charles Brokopp

WSLH STAFF PRESENT: Dr. Peter Shult, Dr. David Warshauer, Dr. Daniel Kurtycz, Rebecca Adams, David Webb, Cynda DeMontigny, Marie Ruetten, Steve Marshall, Steve Strebel, Kristine Hansbery, and Nathaniel Javid

DNR STAFF PRESENT: Steve Geis, Ron Arneson

GUESTS PRESENT: None

Vice-Chair Dr. Robert Corliss called the meeting to order at 1:00 P.M. in Chair Barry Irmen's absence.

Item 1. APPROVAL OF MINUTES

Approve the minutes of the August 19, 2014 board meeting as submitted. Vice-Chair Dr. Robert Corliss made a motion to approve, seconded by Jeffery Kindrai. Carrie Lewis abstained. The motion passed on a unanimous vote.

Item 2. REORGANIZATION OF AGENDA

The agenda was reorganized to accommodate the schedule of Dr. Peter Shult, who will be presenting on Ebola.

Item 3. PUBLIC APPEARANCES

There were no public appearances.

Item 4. BOARD MEMBERS' MATTERS

Dr. Bob Corliss introduced new Board member, Carrie Lewis. Ms. Lewis introduced herself to the Board and thanked them for the opportunity to serve. Ms. Lewis has worked for the Milwaukee Water Works since 1995. The Milwaukee Water Works supplies clean water to 860,000 people in Milwaukee and fifteen surrounding communities. Milwaukee Water Works is in the business of public health, ensuring access to high quality water. The Board introduced themselves to Ms. Lewis as well.

Dr. Brokopp mentioned that the WSLH has two assistant laboratory directors: Steve Marshall and David Webb. Steve Marshall will be continuing his duties from an Interim Assistant Director along with continuing to lead our office for research support. Dave Webb has assumed the role of Assistant Director along with his prior duty as Director of the laboratory's Environmental Health Division.

Item 5. SCIENTIFIC PRESENTATIONS

- 1) Ebola Update**
 - a) Dr. Peter Shult**
 - b) Mr. Charles Warzecha, DHS**

Dr. Peter Shult, Director, Communicable Disease Division, WSLH, presented on Ebola and EV-D68 to the Board. This is a large outbreak of Ebola with a reported case count approaching 14,000 with 5,000 deaths. On the global scale, the Ebola outbreak has been focused in Guinea, Sierra Leone, and Liberia. Even though Ebola is most prevalent in these three countries, the consequences of this outbreak are global. Therefore, Ebola planning is a non-stop occurrence for public health agencies including the WSLH. The bad news for labs is that there are no comprehensive guidelines solely for laboratories and no single authoritative source has the answers. Also, the situation with Ebola is rapidly evolving, and as such, recommendations will continue to change. The good news is that excellent guidance exists that can be adapted to this situation. The WSLH has the strongest clinical laboratory network in the country and we are not alone in planning. The WSLH is sharing information with other laboratories through routine updates via our Wisconsin Laboratory Messaging System, posting of up-to-date general guidance and links on our WSLH website and facilitating information sharing on

the Wisconsin Clinical Laboratory Network (WCLN) listserv. Also, the WSLH is planning one or more interactive Ebola audio-conferences for WCLN members.

With regards to testing, the WSLH will be offering the Ebola Zaire Real-time RT-PCR provided by the CDC. Guidance for requesting the test and specimen submission will be developed and distributed; however, testing will require CDC/WDPH approval. In the meantime, Ebola testing is available at the CDC or Minnesota's state public health lab. Testing for Ebola is complicated. The FDA has issued an emergency use authorization (EUA) for two new commercial Ebola tests. More EUA's will likely follow and the potential impact on the clinical and public health response is being determined – the WSLH is proactively assessing the situation and communicating with clinical labs and the WDPH. The WSLH is also addressing packaging and shipping of suspect Ebola specimens to the CDC, carrying out laboratory risk assessments, and laboratory infectious waste handling. In all, the laboratory needs to be fully engaged in Ebola preparedness planning, along with continually monitoring relevant guidance from the CDC and others, sharing information with the WCLN, and forwarding laboratory-related questions to the CDC.

Dr. Shult next discussed Enterovirus-D68 (EV-D68). EV-D68 is related to rhinoviruses that are a very common cause of respiratory illness. EV-D68 causes a wide variety of illnesses that usually affect children. The types of EV-D68 that circulate are variable and unpredictable with peak activity during the summer and fall. Currently, from mid-August to November 3, 2014, 1,105 cases have been reported from 47 states, indicating widespread activity. As of October 27, there have been 29 CDC confirmed cases in Wisconsin; however, not all hospitalized cases were diagnosed with EV-D68 – others included rhinoviruses and other enteroviruses. For response, diagnostic testing capabilities are rapidly evolving along with participation in surveillance and information sharing. The ultimate public health impact remains to be seen.

Mr. Charles Warzecha, Deputy Administrator, DHS, provided an Ebola update from DHS. Mr. Warzecha stated that the DHS is coordinating with the CDC and Wisconsin local public health agencies for surveillance of recent travelers with risks of developing Ebola along with meeting the communication and information needs of partners and the public through accurate, timely, and consistent messaging. Mr. Warzecha mentioned there are no Ebola cases in Wisconsin with the 2014 outbreak being the largest in history. Ebola is only spread through contact with bodily fluids and individuals are contagious only when they have symptoms. Symptoms of Ebola include fever, headache, weakness, diarrhea, vomiting, abdominal pain, lack of appetite and abnormal bleeding. Ebola's incubation is typically eight to ten days with a data range of two to twenty-one days. In addition to contact with bodily fluids, Ebola is also transmitted through exposure to objects that have been contaminated with infected blood or secretions, unprotected handling of a body who died from Ebola, and contact with infected wildlife. Ebola is not transmitted via air, food, or water.

Mr. Warzecha discussed surveillance and screening for Ebola. For example, 36,000 people were screened and 77 were denied boarding for West African airport exit screenings, although none were diagnosed with Ebola. The CDC issued a Level 3 travel warning notice for U.S. citizens to avoid non-essential travel to Guinea, Liberia, and Sierra Leone. Enhanced U.S. screening of incoming air travelers is taking place in New York's Kennedy Airport, New Jersey's Newark, Washington's Dulles, Chicago's O'Hare, and Atlanta's Hartsfield-Jackson. All travelers arriving in the U.S. from Guinea, Sierra Leone, and Liberia will be routed through those airports with enhanced screening consisting of a visual and temperature check, completion of a CDC questionnaire, and an issuance of a Check and Report Ebola (CARE) kit. The CDC notifies the DHS of each Wisconsin-bound traveler identified with Ebola Exposure Risk Levels. LPHAs are promptly contacted by DHS which actively monitors health status for twenty-one days. Six people in Wisconsin currently meet DHS Ebola surveillance criteria. Overall, 49 people have been monitored in Wisconsin, 43 of whom have passed the 21-day incubation period for Ebola and no longer require monitoring. None had high-risk exposures and none had movement restrictions.

Hospitals must have a plan in place to ensure preparedness. On October 28, 2014, three health systems in Wisconsin were identified to care for confirmed Ebola patients and are collaborating with the DHS. These systems include UW Health, Froedtert & the Medical College of Wisconsin, and Milwaukee Children's Hospital of Wisconsin. The DHS coordinates transport of Ebola patients and is working on coordinating Personal Protection Equipment (PPE), Clinical Advisory Teams (CAT), and National Guard Joint Assistant Teams (JHAT).

Mr. Warzecha next discussed how to properly dispose of Ebola patient waste. Sanitary sewers may be used for the safe disposal of patient waste. Wastewater utility workers must practice sound hygiene when handling sewage. Mr. Warzecha reminded the Board that there are limited options for treatment to destroy the virus and no in-state Ebola-ready disposal facilities exist that can receive medium to large amounts of Ebola waste. Ultimately, the DHS is developing guidance for the safe cleanup of Ebola-contamination at non-health-care locations.

Mr. Warzecha concluded his presentation by stating that DHS is taking an active role in communication and outreach through weekly webinars, providing guidance, surveying, briefings, media releases and interviews, and website maintenance.

Item 6. FISCAL YEAR 2015 FIRST QUARTER REPORT

1) Marie Ruetten, Wisconsin State Laboratory of Hygiene

Marie Ruetten, Financial Manager, WSLH, presented the FY15 first-quarter report. The first quarter ended on September 30, 2014. Our revenue is under budget by \$110,460

YTD. This is mostly due to agency lab services. We are ahead in non-agency revenue, OWI funding, and interest income and behind in GPR and grant funding.

Expenses are under budget by \$413,150 YTD. Supplies and services are slightly under budget, which is good for this time of year. Our net operating income is under budget at \$224,973.

Ms. Ruetten presented a modified cash basis budget to reflect our reserve expenditures. Our FY15 approved annual budget included reserve expenditures in the amount of \$1,643, 207. As of October 22, 2014, we have \$720,000 of capital expenses in ordering process not yet encumbered. Of this, \$290,000 is grant funded. We have spent \$343, 889 YTD.

Our YTD total support and revenue is \$10, 890,699, which is \$437,277 greater than it was on September 30, 2013. Our YTD expenses are \$10,812,982, which is \$230,621 greater than it was on September 30, 2013. Overall, our YTD net operating income is \$77, 717, which is \$667,898 less than it was on September 30, 2013.

Our available working capital is \$8,281,512 as of September 30, 2014 compared to \$7,995,430 on June 30, 2014. Our cash unrestricted balance as of September 30, 2014 is \$9,952,486 compared to \$9,613,272 on June 30, 2014. As of September 30, 2014 our cash balance is \$11,983,920; however, subtracting our restricted cash, deferred revenue, and encumbered payables, gives us an available unrestricted cash balance of \$3,756,251.

Item 7. STRATEGIC MAP UPDATE

1) Steve Marshall, Assistant Director, Wisconsin State Laboratory of Hygiene

Mr. Marshall provided an update on the WSLH strategic map to the Board. The three year strategic map has been modified from the historically used five year strategic plan to allow for more flexibility. In the new strategic map we are defining more categories and objectives and will focus on defining metrics and methods. The defined categories include: growth and sustainability, connectivity and data use, workforce enhancement, research and education support, and quality improvement. Each category contains several objectives. The categories and objectives were developed by the WSLH's Strategic Leadership Team (SLT). We have also updated our vision and mission statements to reflect more accurately the work we do today. Mr. Marshall asked the Board to submit their feedback to the WSLH on this draft strategic map. Jack Sullivan, DNR, suggested the strategic map could include customer service as one of the objectives. Mr. Marshall had the Board vote on the categories they thought were most important. The input from the Board will be reflected in the final strategic map.

Item 8. ENGAGEMENT, INCLUSION & DIVERSITY (EID) Update

1) Dr. Charles Brokopp, Director, Wisconsin State Laboratory of Hygiene

Dr. Brokopp presented the EID update to the Board. The EID initiative began with an employee engagement survey, which included all UW-Madison staff and was conducted by the VCFA's office in 2012 and 2014. The VCFA initiative creates an environment of respect and inclusiveness through opportunities for employee engagement. VCFA Darrell Bazzell mentioned that we developed a survey in order to measure our current status and progress toward our goals. The overall response rate in 2012 was 50% and in 2014 it was 84%.

Engagement differs from satisfaction in that employees are more fully involved in and enthusiastic about their work. When employees are engaged, they feel listened to, trusted, valued and a sense of belonging is fostered. The survey was administered to 1) quantify employee engagement and inclusion in the workplace, 2) establish a baseline to make better, informed decisions and 3) compare metrics across time. The survey measures pride in one's work, satisfaction with leadership, opportunities at work, satisfaction with the recognition received, prospects for future professional growth, and a positive work environment. Survey statements are rated on a Likert scale (favorable, neutral, unfavorable) and responses are quantified by assigning a numerical value that is tabulated per question and aggregated per category. Ultimately, engaged employees help an organization because they use their skills, talents, and enthusiasm to perform at their highest level, creating higher productivity with better customer service and lower turnover.

Dr. Brokopp presented the WSLH survey response data for 2014 to the Board. Our favorable percentage increased and our unfavorable percentage decreased from 2012 to 2014 for overall satisfaction. This shows improvement in the right direction; however, we do have some room to improve. The six types of questions on the survey were 1) work environment, 2) relationship with co-workers, 3) tools and opportunities, 4) work unit pride, 5) relationship with supervisor and 6) overall satisfaction. Dr. Brokopp presented some of the questions that were included under each section on the survey. Our employee's mean satisfaction scores increased in each category from 2012 to 2014. Employees showed the greatest increase in favorable responses in: Overall work satisfaction (12%), work unit pride (10%), and relationship with supervisor (6%). The only decrease in favorable responses was in tools and opportunities category (-5%). Dr. Brokopp also presented some of the verbatim comments from the survey to the Board.

The next steps for EID include engaging the WSLH's Strategic Leadership Team (SLT) in reviewing data and obtaining training. The WSLH EID steering committee has established workgroups to focus on the six categories of responses, to review survey data, and identify specific action items. As a result, we will prepare a summary report and action plan.

Item 9. CONTRACTS REPORT

1) Dr. Charles Brokopp, Director, Wisconsin State Laboratory of Hygiene

Dr. Brokopp presented the contracts report to the Board. There are no current contracts that the Board needs to approve. Contracts for this period include special projects with APHL funded by the CDC. Also included are contracts through DHS relating to IT work and public health preparedness. We also have ongoing agreements and contracts with the DNR to provide laboratory support for eight projects that require our services.

Item 10. DIRECTOR'S REPORT

1) Dr. Charles Brokopp, Director, Wisconsin State Laboratory of Hygiene

The next WSLH Board Meeting will take place on February 10th, 2015 at the 2601 Agriculture Drive location. Dr. Brokopp asked the Board to review the Public and Environmental Health Incidents of Educational Interest in the Board packet along with the Water Systems Report. Public and environmental health incidents described outbreaks caused by B.parapertussis, Ebola, MERS-CoV, Brucella melitensis, Campylobacter, and Enterovirus D68.

An annual worker fatality report was included in the Board packet. Rebecca Adams described the report as an annual listing of fatal occupational injuries in Wisconsin. Fatal injuries declined from 114 in 2012 to 96 in 2013 (>16%). Most fatal work-related incidents occurred in the trade, transportation and utility industries. The number of violent work-related incidents decreased by 59.3%.

Dr. Peter Shult, WSLH, Communicable Disease Division (CDD), provided an influenza update to the Board. An APHL sponsored influenza webinar on October 7th, 2014 presented by Dr. Shult and Dr. Julie Villanueva from the CDC. The CDD staff also developed influenza training for virologists from California, Utah and Wisconsin. Dr. Brokopp mentioned that the WSLH CDD received a certificate of appreciation from CDC for their role in anti-viral surveillance.

Dr. Brokopp mentioned that two recent inspections of our Environmental Health Division (EHD) by the American Board of Forensic Toxicology (ABFT) and the Wisconsin Department of Natural Resources (DNR) went very well. Only a few deficiencies were noted that need to be corrected.

Our new building is not ready for occupancy. Some deficiencies with the mechanical systems in the microbiology labs that will not allow us to move into the facility until the issues are addressed. Dr. Brokopp mentioned that we will have an update on this at the next WSLH Board meeting in February 2015.

Dr. Brokopp asked the Board to review the packet for information on recent staff recognitions and accomplishments.

Vice-Chair Robert Corliss made a motion to adjourn meeting at 4:00 P.M. **Charles Warzecha** seconded the motion. The motion passed unanimously and the meeting was adjourned.

Respectfully submitted by:

A handwritten signature in black ink that reads "Charles D. Brokopp, DrPH". The signature is written in a cursive style with a large initial 'C' and 'B'.

Charles D. Brokopp, DrPH
Secretary, Wisconsin State Laboratory of Hygiene Board of Directors

