

COVID-19 Mitigation Strategies Update

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HEALTH
Department

Allegan County Health Department
PUBLIC HEALTH ADMINISTRATION

Executive Summary:

Three scenarios (low, moderate and high) were analyzed in April 2021 to estimate the resources needed to maintain an adequate COVID-19 response. It was estimated that ACHD would need around \$3 million per year to provide a moderate response.

In July 2021, the Board authorized contracting for services as a continued response to the pandemic. From July through December \$643,935 was spent (note we were not fully staffed during that time for a moderate response). It takes time to be able to get contracts and staffing (recruitment) in place, particularly in the current workforce environment. Without stable funding and an expectation of continued employment, it is difficult to retain staff. The staffing gaps put additional pressure on existing in-house staff resulting in unplanned, mandated overtime, which is problematic.

The new State funding cycle began in October 1, 2021. From October 1, 2021, through December 31, 2021, with \$424,706 of grant funding and volunteers the ACHD completed:

- **41** vaccine clinics
- **30** testing events
- **7,183** cases in the Michigan Disease Surveillance System (NOTE: Since Allegan County has been in High Transmission during this time frame, ACHD prioritized cases for individuals under the age of 19 and over the age of 65, or those individuals living or working in a high risk setting, for case investigations.)
- **4,334** close contacts (NOTE: Since Allegan County has been in High Transmission during this time frame, ACHD prioritized cases under the age of 19, over the age of 65, or those individuals living or working in a high risk setting, for case investigations and so only close contacts were identified for those cases.)
- **83** businesses assisted with cases and/or outbreaks (e.g. contact tracing, implement mitigation strategy assessments, provide recommendations to reduce risk of transmission and keep their business open)
- **6** community leader updates
- **6** school reports
- **6** meetings with superintendents
- **83** social media posts
- **7** news releases
- **20** outbreaks identified, since October 1, 2021

The pandemic continues to evolve. The priorities of response, the mitigation strategies and the required resources change at the same time. With declining demand on ACHD for vaccinations, 85% of vaccines are now being administered by other providers. For the future, until these priorities change, again, ACHD sees timely and accessible testing as essential to facilitate residents' resumption of primary life activities, e.g. work, school, etc. and access to treatments that help reduce severe illness. The moderate response has been modified to increase testing events to 3-4 per week and decrease vaccinations to 8 hours per week, by appointment via a mobile clinic or site.

Current Grant funding available for use is \$703,482, which is estimated to be depleted by mid-April 2022. Recruiting and maintaining staff requires reliable funding. As such, a funding decision needs to be made now in order for services to continue through and after April 2022. Simply put, staff will not remain in place through April to see if their position will continue past that point. Once services are diminished significant start-up, time would be needed to hire new staff and begin services again. The requested funding will ensure continued COVID-19 pandemic response (Testing, Case Investigations and Contact Tracing, Best Practices, Vaccines and Health Care Capacity). In addition, it will prevent service interruption/delays

for other public health services, as the loss of contract employees requires plugging the personnel holes with ACHD and may lead to losing in-house staff due to uncertainty and burnout. A moderate response based on current needs requires a total annual estimate of \$2,129,594 for calendar 2022 inclusive of the following funds for each mitigation strategy:

Testing	\$847,375
CI and CT	\$933,347
Best Practices	\$122,760
Vaccines	\$210,847
Health Care Capacity	\$ 15,265

Comparing the total, estimated cost of the 2022 response (\$2,129,594) to the known funding available (\$643,935) leaves a resource gap of \$1,426,112.



The total estimated amount needed to continue the response through December 2024 is \$5,685,300. This represents a reduction from the currently tabled resolution largely as a result of reduced vaccination clinics and utilization of other funding resources received.


Absent the allocation of funding requested above, ACHD will still have to provide the following **mandated** services relative to the COVID-19 pandemic (as would be required of any communicable disease related incident):


1. Communicable Disease Case Investigation (Michigan Public Health Code and Michigan Local Public Health Accreditation requirements)
 - MCL 333.2433; Parts 51 and 52;
 - PA 349 of 2004 – Sec. 218 and 904;
 - R325.171 et seq.
2. Health Education (Michigan Public Health Code and Michigan Local Public Health Accreditation requirements).
 - MCL 333.2433


If ACHD does not meet the mandated requirements, the County will be in breach of the funding agreement and will jeopardize future funds.

Other necessary COVID-19 response services including: testing, vaccine clinics, business/schools sectors assistance, local data reports for the community will not be provided absent a funding source. Non COVID-19 services such as environmental health permits (new construction for well and septic permits) may be delayed related to surge in cases when ACHD staff are reassigned.

Mitigation Strategies ↓	Scenario A: Low	Scenario B: Moderate- Recommended Response with staffing and hours needed	Scenario C: High
<p>Testing Surveillance</p> 	<ul style="list-style-type: none"> No testing is done by ACHD unless there is an outbreak or ongoing spread in a facility (estimate 20 clinics or less per year) 	<ul style="list-style-type: none"> Three- four 4-6 hr. clinic a week. Testing has become an essential mitigation to identify cases and get residents back to work or school quicker and isolate if COVID-19 positive to decrease transmission/outbreaks. Market to encourage individuals who are not vaccinated, symptomatic, or have recently traveled or attended a large event to get tested. 	<ul style="list-style-type: none"> Seven 6 hr. clinics in County for surveillance to identify the variant. Encourage all to get tested since vaccine resistant and/or increase in fatality/mortality.
	<p>STAFFING</p> <ul style="list-style-type: none"> 1-2 Swabbers (1 RN) 2 Admin Support 1 Interpreter 	<p>STAFFING</p> <ul style="list-style-type: none"> 2 Swabbers (32 hrs. /week per Swabber) 4 Admin Support (32 hrs./week per admin support) 1 Health Educator (4 hrs./week) 1 PIO (4 hrs./week) 1 Interpreter (32 hrs./week) 1 Security (32 hrs./week) 1 POT Manager (32 hrs./week) 	<p>STAFFING</p> <ul style="list-style-type: none"> 2 Swabbers 4 Admin Support 1 Health Educator 1 PIO 1 Interpreter 1 Security 2 Set up and Tear down 1 POT Manager
<p>Case Investigation and Contact Tracing</p> 	<ul style="list-style-type: none"> Able to respond up to 19 positive cases per week or less with on average of 3 close contacts per case. Not able to monitor for outbreaks/ongoing spread unless reported by the business or school. 	<ul style="list-style-type: none"> Able to response to 20-200 positive cases per week with an average of 2 close contacts per case Monitor locally and regionally for outbreaks. Able to Quarantine/Isolate (reach out to positive or contacts) within 24 business hours to make them aware of their isolation or quarantine requirements to decrease circulation of the virus 	<ul style="list-style-type: none"> Able to response to 201-1000 cases per week (might have to use prioritization of cases to contact and encourage self-reporting) Quarantine/isolate quickly to decrease the circulation of the variant that is causing the increase in fatality/mortality.

		<ul style="list-style-type: none"> When there is a surge in cases greater than 200 then prioritization has to occur based on vulnerability and risk of transmission. 	
	<p>STAFFING</p> <ul style="list-style-type: none"> 3 Case Investigators 1 Contact Tracer 1 Case and Contract Tracing Coordinator 	<p>STAFFING</p> <ul style="list-style-type: none"> 1 Case and Contact (RN) Supervisor (40 hrs./ week) 3 Case Investigators (40 hrs./week per case investigator) 3 Contact Tracers (120 hrs./ week total and we currently have 2 at 40 hrs. a week and 2 at 20 hrs. a week) 1 School Contact Tracing Coordinator (40 hrs./week) 1 Business Contact Tracing Coordinator (40 hrs./week) 1 Epidemiologist (36 hrs./week) 1 Health Educator (40 hrs./week) 8 hrs./week PIO (communication to public and inquiries) 	<p>STAFFING</p> <ul style="list-style-type: none"> 1 Case and Contract (RN) Supervisor 12 Case Investigators 10 Contact Tracers 1 School Contact Tracing Coordinator 1 Business Contact Tracing Coordinator 1 Epidemiologist 1 Health Educator 16 hrs./week PIO (communication to public) Additional Medical Director Time
<p>Organization Best Practice/Technical Assistance</p> 	<ul style="list-style-type: none"> No Business Liaison. No dedicated resources to organizations to answer questions, review plans, and provide technical assistance on COVID-19. If capacity allows, the case investigators and contact tracers will work with schools/business on contact tracing to mitigate spread in the business/school setting. No school data reports for school districts. No community leader 	<ul style="list-style-type: none"> Business Liaison dedicated to organizations/businesses to answer questions and provide technical assistance. Dashboard and social media updated weekly. School District Reports sent out bi-weekly to each school district. Community Leader update at least monthly. Newsletter sent out bi-weekly. 	<ul style="list-style-type: none"> Business Liaison dedicated to organizations/businesses to answer questions and provide technical assistance with updates and creation of documents. Dashboard and social media updated daily M-F School reports sent out weekly Community Leader update bi-weekly. Newsletter sent out weekly since conditions are evolving quickly

	<p>meetings.</p> <ul style="list-style-type: none"> • Dashboard and social media update occur on a weekly basis with dashboard data only. • Newsletter sent out monthly. 		
	<p>STAFFING</p> <ul style="list-style-type: none"> ▪ 1 PIO (2 hrs./week) ▪ 1 Health Educator per week (4 hrs./week) 	<p>STAFFING</p> <ul style="list-style-type: none"> ▪ 1 PIO (8 hrs./week) ▪ 1 Health Educator (20 hrs./week) ▪ 1 Liaison (40 hrs./week) 	<p>STAFFING</p> <ul style="list-style-type: none"> ▪ 1 PIO (16 hrs./week) ▪ 1 Health educator (40 hrs./week) ▪ 1 Liaison (40 hrs./week) ▪ Additional Medical Director time (4 hrs./week)
<p>Vaccination to reach Herd Immunity</p> 	<ul style="list-style-type: none"> • In the office by appointment 	<ul style="list-style-type: none"> • Community providers and pharmacy partnerships have been robust and access to vaccine has created less demand at ACHD clinics. Propose shift in resources so that ACHD provides vaccine by appointment no less than 8 hrs. /week at the department. Outreach will be considered by exception: homebound, outbreaks, extenuating circumstances. 	<ul style="list-style-type: none"> • Vaccination 4 fixed in each quadrant and two mobile. (6 total)
	<p>STAFFING</p> <ul style="list-style-type: none"> ▪ 1 RN (20 hrs./week) ▪ 1 Support Staff (20 hrs./week) ▪ 1 Medic or Medical Assistant (20 hrs./week) 	<p>STAFFING</p> <ul style="list-style-type: none"> ▪ 2 LPNs/Vaccinators (also swabbers) (8 hrs./week) ▪ 4 ADMIN SUPPORT (8 hrs./week) ▪ 1 POV Manager (8 hrs./week) ▪ 1 Health Educator (1 hrs./week) ▪ 1 Interpreter (8 hrs./week) ▪ 1 Medical Director (2 hrs./week) 	<p>STAFFING:</p> <ul style="list-style-type: none"> ▪ 2 Vaccine Event Planning Assistants (60 hrs./week) ▪ 2 Storage and Handling/Inventory Assistants (60 hrs./week) ▪ 4 RNs/Vaccinators which can be MA or Medics (60)

			<p>hrs./week)</p> <ul style="list-style-type: none"> ▪ 4 MICR Scanning and Support Assistants (60 hrs./week) ▪ 1 POV Manager (60 hrs./week) ▪ 1 Health Educator (18 hrs./week) ▪ 4 Tear down and Set up Assistants (36 hrs./week) ▪ 1 Volunteer Coordinator (30 hrs./week) ▪ 1 Interpreter (60 hrs./week) ▪ 1 Medical Director (12 hrs./week) ▪ 2 Security (60 hrs./week) ▪ 2 Check In staff (48 hrs./week)
<p>Sufficient Health Care Capacity</p> 	<ul style="list-style-type: none"> • No internal analysis of local/regional health care capacity data and COVID-19 data. • All data will be provided on State website • Data evaluated/trended retroactively when there are significant increases in case or deaths. 	<ul style="list-style-type: none"> • Internal analysis of local and regional health care. • Collect/analyze data to evaluate health care capacity weekly. 	<ul style="list-style-type: none"> • Internal analysis of local and regional health care data and MICR data to include demographic and chronic disease • Use data to determine if inequities exist and explore and work with partners to implement interventions
	<p>STAFFING: none</p>	<p>STAFFING:</p> <ul style="list-style-type: none"> ▪ 1 Epidemiologist (4 hrs./week) ▪ 1 Health Educator (1 hr./week) ▪ 1 PIO (2 hrs./week) 	<p>STAFFING:</p> <ul style="list-style-type: none"> ▪ 1 Epidemiologist (20 hrs./week) ▪ 1 Health Educator (5 hrs./week) ▪ 1 PIO (8 hrs./week)

Step 2. Create an Action Plan for One Scenario

Scenario Name & Description	Our Strategy
<p>Preferred Response is Moderate B:</p>	<p>See strategies above.</p>
Indicators Tracked	Ideas for Future Consideration
<p>Cases per day and close contacts Percent of cases and close contacts contacted within specified time frame Test positivity Vaccination Percentage Hospitalization rates versus hospital capacity Demographic data compared to County demographic data School age data Outbreaks in facilities Ongoing Spread in facilities Break through vaccine case numbers Variants detected in Allegan County Testing numbers in the County</p>	<ul style="list-style-type: none"> - Ongoing evaluation of metrics.