

Deb Fuller

From: Anne Barna
Sent: Monday, March 15, 2021 6:03 PM
To: John Ellsworth
Cc: Dave Chapin; Colette Scrimger; Sarah Surna; Cindy Brummette; Sara Holding
Subject: RE: Letter Attached for Letterhead
Attachments: 2021-03-15--from-both-BEDHD-and-GLPS--v2.pdf

Here you go!

😊 Anne

From: John Ellsworth <EllsworthJ@glcomets.net>
Sent: Monday, March 15, 2021 5:43 PM
To: Anne Barna <ABarna@bedhd.org>
Cc: Dave Chapin <chapind@glcomets.net>; Colette Scrimger <CScrimger@bedhd.org>; Sarah Surna <SSurna@bedhd.org>; Cindy Brummette <BrummetteC@glcomets.net>; Sara Holding <holdings@glcomets.net>
Subject: Re: Letter Attached for Letterhead

Anne,

I have attached the letter ... the only thing I need is a signature.

Thanks,
John

On Mon, Mar 15, 2021 at 5:39 PM John Ellsworth <EllsworthJ@glcomets.net> wrote:

Here is the pdf with the letterhead and Dave's signature... I'll update the text for Anne's side.

On Mon, Mar 15, 2021 at 5:36 PM John Ellsworth <EllsworthJ@glcomets.net> wrote:

Do you have a signature graphic file... your signature as a jpg, png, or other graphic file?

If not, is there a pdf of a document you have signed (minutes, or something)... I can likely capture your signature that way.

On Mon, Mar 15, 2021 at 5:28 PM Anne Barna <ABarna@bedhd.org> wrote:

This is approved on my end.

You can put

Anne Barna, MA

Health Promotion Director

BEDHD

For me.

From: Dave Chapin <chapind@glcomets.net>

Sent: Monday, March 15, 2021 5:04 PM

To: Colette Scrimger <CScrimger@bedhd.org>; Sarah Surna <SSurna@bedhd.org>; Anne Barna <ABarna@bedhd.org>; John Ellsworth <EllsworthJ@glcomets.net>; Cindy Brummette <BrummetteC@glcomets.net>; Sara Holding <holdings@glcomets.net>

Subject: Letter Attached for Letterhead

All:

Attached please find the joint letter to be sent to the GLPS families. John Ellsworth will place in on the double-logoed letterhead he created and send to BEDHD for a signature. Once signed, John will send to our "All Families" mailing list.

Thanks, all!

Dave

.....

David Chapin

Interim Superintendent

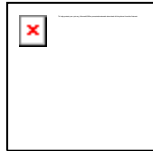
Grand Ledge Public Schools

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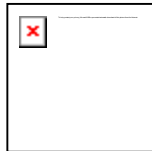
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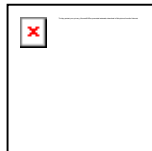
John Ellsworth, Director of Communications
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220 Lamson Street
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517-925-5414

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From: John Ellsworth <EllsworthJ@glcomets.net>
Sent: Monday, March 15, 2021 5:40 PM
To: Anne Barna
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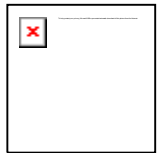
Interim Superintendent

Grand Ledge Public Schools

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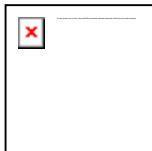
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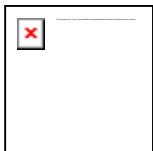
Interim Superintendent

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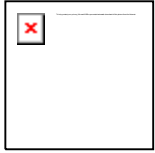
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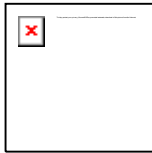
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Deb Fuller

From: Colette Scrimger
Sent: Thursday, February 25, 2021 8:25 AM
To: Sue Thuma; Taylor Olsabeck
Cc: Jimmie D. Woodall; Jennifer Casarez
Subject: RE: Grand Ledge HS Outbreak

FYI – GL is not resuming full in-person yet. They we implementing their hybrid plan which has 50% of the students in class 2 days/week.

Colette Scrimger, MSW

Health Officer

Barry-Eaton District Health Department
1033 Healthcare Drive
Charlotte, MI 48813
cscrimger@bedhd.org
(517) 541-2602
(269) 798-4112
Mobile: (517) 490-9452

From: Sue Thuma
Sent: Wednesday, February 24, 2021 4:41 PM
To: Taylor Olsabeck <TOlsabeck@bedhd.org>
Cc: Jimmie D. Woodall <JWoodall@bedhd.org>; Colette Scrimger <CScrimger@bedhd.org>; Jennifer Casarez <JCasarez@bedhd.org>
Subject: RE: Grand Ledge HS Outbreak

Thanks for the update Taylor – maybe given the current situation decision to resume onsite classes will be delayed. Please let me know if you need additional staffing resources for CI

From: Taylor Olsabeck
Sent: Wednesday, February 24, 2021 4:04 PM
To: Colette Scrimger <CScrimger@bedhd.org>; Sue Thuma <SThuma@bedhd.org>; Jennifer Casarez <JCasarez@bedhd.org>
Cc: Jimmie D. Woodall <JWoodall@bedhd.org>
Subject: Grand Ledge HS Outbreak

Hi all,
Grand Ledge HS is currently having a situation. They had 11 new cases today and are still sending me notifications of additional cases. Allegedly they are waiting on results for about 50 additional students who were tested at the Lansing Urgent Care today. These are all athletic related cases.

My concern is with this rapid spread of disease this may be a variant strain. I have requested Sparrow to send the PCR's they have to the state lab for sequencing.

Grand Ledge is supposed to go back to in person learning on Monday. I spoke with Cindy Brummette, their covid lead, and she was going to speak with their administration in regards to if they should still plan to start in person learning next Monday.

Taylor Olsabeck, MS
Epidemiologist
Barry Eaton District Health Department
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www.facebook.com/barryeatonhealth



**Barry-Eaton District
Health Department**

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Deb Fuller

From: Signs, Kimberly (DHHS) <signsk@michigan.gov>
Sent: Monday, February 8, 2021 5:08 PM
To: Taylor Olsabeck; Weinberg, Meghan (DHHS); Jackie Anderson; Sue Thuma; Jimmie D. Woodall
Cc: Stobierski, Mary Grace (DHHS); Henderson, Tiffany (DHHS); Henderson, Justin (DHHS); Brousseau, Geoffrey (DHHS-Contractor)
Subject: RE: Eaton case - animal exposures

Taylor and all,

Thanks very much! This is very helpful. It appears the only recent animal exposures are to deer they took themselves while hunting, and some backyard chickens. The deer were collected on or very near to their own illness onset dates. (I am sorry to hear about the recent demise of their elderly chihuahuas-☹.)
We will let you know if any additional questions arise. Thanks again! Kim

From: Taylor Olsabeck <TOlsabeck@bedhd.org>
Sent: Monday, February 8, 2021 4:57 PM
To: Signs, Kimberly (DHHS) <signsk@michigan.gov>; Weinberg, Meghan (DHHS) <WeinbergM1@michigan.gov>; Jackie Anderson <JAnderson@bedhd.org>; Sue Thuma <SThuma@bedhd.org>; Jimmie D. Woodall <JWoodall@bedhd.org>
Cc: Stobierski, Mary Grace (DHHS) <stobierskim@michigan.gov>; Henderson, Tiffany (DHHS) <HendersonT1@michigan.gov>; Henderson, Justin (DHHS) <HendersonJ4@michigan.gov>; Brousseau, Geoffrey (DHHS-Contractor) <BrousseauG1@michigan.gov>
Subject: RE: Eaton case - animal exposures

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Please see attached for the information collected from the spouse.

Regards,

Taylor Olsabeck, MS
Epidemiologist
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From: Signs, Kimberly (DHHS) [<mailto:signsk@michigan.gov>]
Sent: Monday, February 8, 2021 3:26 PM
To: Taylor Olsabeck <TOlsabeck@bedhd.org>; Weinberg, Meghan (DHHS) <WeinbergM1@michigan.gov>; Jackie Anderson <JAnderson@bedhd.org>; Sue Thuma <SThuma@bedhd.org>; Jimmie D. Woodall <JWoodall@bedhd.org>
Cc: Stobierski, Mary Grace (DHHS) <stobierskim@michigan.gov>; Henderson, Tiffany (DHHS) <HendersonT1@michigan.gov>; Henderson, Justin (DHHS) <HendersonJ4@michigan.gov>; Brousseau, Geoffrey (DHHS-Contractor) <BrousseauG1@michigan.gov>
Subject: RE: Eaton case - animal exposures

Thanks much Taylor. This is very helpful information. We will let you know if we need any follow-up information. And we look forward to hearing what you learn from interviewing his wife about animal exposures as well. Kim

From: Taylor Olsabeck <TOlsabeck@bedhd.org>
Sent: Monday, February 8, 2021 2:49 PM
To: Weinberg, Meghan (DHHS) <WeinbergM1@michigan.gov>; Jackie Anderson <JAnderson@bedhd.org>; Sue Thuma <SThuma@bedhd.org>; Jimmie D. Woodall <JWoodall@bedhd.org>
Cc: Stobierski, Mary Grace (DHHS) <stobierskim@michigan.gov>; Henderson, Tiffany (DHHS) <HendersonT1@michigan.gov>; Henderson, Justin (DHHS) <HendersonJ4@michigan.gov>; Brousseau, Geoffrey (DHHS-Contractor) <BrousseauG1@michigan.gov>; Signs, Kimberly (DHHS) <signsk@michigan.gov>
Subject: RE: Eaton case - animal exposures

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Good afternoon,
Attached is the document with answers to the questions you provided us. We attempted to contact the wife but was unable to reach her. We will try to reach her later in the day to re-interview her as well.

Regards,

Taylor Olsabeck, MS
Epidemiologist
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From: Weinberg, Meghan (DHHS) [<mailto:WeinbergM1@michigan.gov>]

Sent: Monday, February 8, 2021 1:29 PM

To: Taylor Olsabeck <TOlsabeck@bedhd.org>; Jackie Anderson <JAnderson@bedhd.org>; Sue Thuma <SThuma@bedhd.org>; Jimmie D. Woodall <JWoodall@bedhd.org>

Cc: Stobierski, Mary Grace (DHHS) <stobierskim@michigan.gov>; Henderson, Tiffany (DHHS) <HendersonT1@michigan.gov>; Henderson, Justin (DHHS) <HendersonJ4@michigan.gov>; Brousseau, Geoffrey (DHHS-Contractor) <BrousseauG1@michigan.gov>; Signs, Kimberly (DHHS) <signsk@michigan.gov>

Subject: RE: Eaton case - animal exposures

Apologies, re-sending with Kim Signs added.

From: Weinberg, Meghan (DHHS)

Sent: Monday, February 8, 2021 12:56 PM

To: Taylor Olsabeck <TOlsabeck@bedhd.org>; Jackie Anderson <JAnderson@bedhd.org>; sthuma@bedhd.org; Jimmie D. Woodall <JWoodall@bedhd.org>

Cc: Kim, Sue (DHHS) <KimS2@michigan.gov>; Stobierski, Mary Grace (DHHS) <stobierskim@michigan.gov>; Henderson, Tiffany (DHHS) <HendersonT1@michigan.gov>; Justin Henderson (HendersonJ4@michigan.gov) <HendersonJ4@michigan.gov>; Brousseau, Geoffrey (DHHS-Contractor) <BrousseauG1@michigan.gov>

Subject: Eaton case - animal exposures

Hi Taylor,

Following up on our conversation today regarding the Eaton case with mink-associated strain (MDSS ID 19686619918) – thank you for agreeing to contact the case today. I've attached questions we're interested in. In addition to travel and contact with known cases, most of the question are on animal exposures (e.g. pets, farm animals, wild animals, etc) in the 30 days prior to his onset. As I mentioned, the lab learned from his wife that he is a taxidermist who handles potentially a variety of species. They may also have a small farm themselves. We'd be interested in as many details as possible, including what types of animals and where they came from. If he keeps a taxidermy log of species worked in the month prior to illness, we'd be interested in that too.

Thank you very much – there's significant interest from CDC on this case and I know you are already very busy with COVID vaccinations and the new variant case.

Please let me know of questions/concerns.

Meghan

Meghan Weinberg, PhD, MPH
Epidemiologist - Region 1
Surveillance and Infectious Disease Epidemiology Section
Michigan Department of Health and Human Services
Cell: (517) 749-2153

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Deb Fuller

From: Jennifer Casarez
Sent: Monday, March 1, 2021 10:10 AM
To: Colette Scrimger; Taylor Olsabeck; Sue Thuma; Jackie Anderson
Subject: RE: Changes to quarantine

I can send it up to the CHECC as well. Just let me know.
Jen

Jennifer Casarez, RN
Emergency Preparedness Coordinator
Barry Eaton District Health Department
1033 Healthcare Dr.
Charlotte, MI 48813
Phone (517) 541-2693
Fax (517) 543-7737
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Subject: RE: Changes to quarantine

I haven't heard anything about this. I would suggest you ask our regional EPI for guidance or bring it up on one of your calls.

Colette Scrimger, MSW

Health Officer

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(269) 798-4112
Mobile: (517) 490-9452

From: Taylor Olsabeck

Sent: Monday, March 1, 2021 9:47 AM

To: Colette Scrimger <CScrimger@bedhd.org>; Jennifer Casarez <JCasarez@bedhd.org>; Sue Thuma <SThuma@bedhd.org>; Jackie Anderson <JAnderson@bedhd.org>

Subject: FW: Changes to quarantine

Hi Colette,

Have you heard this from the state? I wasn't aware the state made this change in guidance in reference to household members being in quarantine.

Is this something we also need to start to implement or do you think this was specific to Ionia due to their prison situation?

From: Skalka, Steven C. [<mailto:stevenskalka@lakewoodps.org>]

Sent: Monday, March 1, 2021 8:49 AM

To: Jennifer Casarez <JCasarez@bedhd.org>; Taylor Olsabeck <TOlsabeck@bedhd.org>

Subject: Fwd: Changes to quarantine

Jennifer and Taylor,

Being that LPS is in multiple counties and served primarily by both the Ionia County Health Department and the Barry Eaton District Health Department, I want to check to see if Barry Eaton is providing the same information regarding quarantining within the home of a positive case. It's obviously easier for building principals to have a single standard to implement when parents call.

Thanks,

Steve

----- Forwarded message -----

From: Bowen, Ken <kbowen@ioniacounty.org>

Date: Fri, Feb 26, 2021 at 9:57 AM

Subject: Changes to quarantine

To: Ethan Ebenstein <eebenstein@ioniaisd.org>, William Heath <wheath@portlandk12.org>, Brent Noskey <bnoskey@bas-k12.org>, Jason Smith <smithjas@scs-staff.org>, Steve Skalka

<stevenskalka@lakewoodps.org>, Ron Wilson <rwilson@ioniaschools.org>

Cc: Jennifer Arnsward <jburns@ioniaschools.org>, Sara Serne <sernesar@scs-staff.org>, Cortney Smith

<cortneysmith@portlandstpats.org>, Randy Hodge <randyhodge@portlandstpats.org>, Jenny Leik

<jleik@ssppcatholic.com>, Amy Bell <abell@faithccs.com>, Patricia O'Mara

<principal@stjosephpewamo.org>, Shaw, Chad <cshaw@ioniacounty.org>

Good Morning All,

I want to notify you all of a change that we are making to our quarantine policy. As you know, if someone has a positive case in their household they are potentially looking at an extended quarantine. Strictly speaking, they have to quarantine for the 10-day isolation of the positive person, and then an additional 10-14 days.

In the past, we have allowed people to “stay away from each other” in the home and avoid that extended quarantine. An example is one person staying in the basement while the other person stays on the main floor.

Effective immediately, we will no longer be allowing this. MDHHS has informed us that we are not to do this for variant or suspected variant cases. Given the rising number of variant cases in the community, and to avoid confusion, it makes sense to apply it to ALL cases.

This is what our nurses will be telling positive cases from this point forward. If you have a family tell you that they are “staying away from each other” but remaining in the same home, this will not prevent them from having an extended quarantine.

Please let me know if you have any questions.

Ken

Ken Bowen

Health Officer/Director of Environmental Health

Ionia County Health Department

(616) 527-5341

(616) 527-8202 (fax)

Deb Fuller

From: Sue Thuma
Sent: Friday, February 19, 2021 1:13 PM
To: Taylor Olsabeck; Jimmie D. Woodall; Colette Scrimger
Subject: RE: B.1.1.7 Variant Update

Nice update Taylor – thanks

From: Taylor Olsabeck
Sent: Friday, February 19, 2021 11:06 AM
To: Jimmie D. Woodall <JWoodall@bedhd.org>; Colette Scrimger <CScrimger@bedhd.org>
Cc: Sue Thuma <SThuma@bedhd.org>
Subject: B.1.1.7 Variant Update

Good morning,
To provide an update on the COVID-19 Variant situation for BEDHD...

Today we had another variant confirmed. This person is inpatient at Sparrow and was an identified close contact to our first variant case. Our first variant had 2 other close contacts (14 yo and 20 yo) both contacts tested negative and have completed quarantine.

In addition to the two confirmed variant cases we have 9 other cases being treated as suspected variant. 3 of these have samples pending sequencing at BOL and we are working to get the others sent to BOL.

We have adjusted our contact tracing protocol per MDHHS's direction. Close contacts to suspected variant cases are being traced by BEDHD staff and not Traceforce. These close contacts are being contacted daily and will remain in quarantine for the full 14 days.

Regards,

Taylor Olsabeck, MS
Epidemiologist
Barry Eaton District Health Department
1033 Healthcare Dr.
Charlotte, MI 48813
Work: (517) 541-2600
Cell: (517)231-6916
Fax:(517) 541-2666
www.barryeatonhealth.org
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Health Department**

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Deb Fuller

From: Taylor Olsabeck
Sent: Monday, February 8, 2021 2:11 PM
To: Henderson, Tiffany (DHHS); Jackie Anderson; Colette Scrimger; Jimmie D. Woodall
Cc: Weinberg, Meghan (DHHS); Collins, Jim (DHHS); Johnson, Shannon (DHHS); Henderson, Justin (DHHS); LyonCallo, Sarah (DHHS); Soehnlén, Marty (DHHS)
Subject: RE: B.1.1.7 Variant Identified: Eaton

Good afternoon,

We have been able to make contact with the case you identified as a variant. She was not forthcoming with information and took a lot of prodding to get what information we did collect. Most important to note she is a MDOC employee who works at Bellamy Creek Corrections

This case is a bit confusing because she had a positive test from 1/4. Per the case she was told by MDOC that this test was a false positive. She did not isolate at the time of this test. Then she had a known exposure to a coworker on 1/26–xxxxxxxx. After being notified of her exposure she went and got tested on 1/27. She also stated she developed symptoms on 1/27. Once she was notified on 1/26 of her exposure she said she quarantined and did not go anywhere.

xxxxxxxx identified 3 close contacts.

- Contact #1 xxxxxxxx is also positive for COVID-19 and is inpatient at Sparrow We have notified Sparrow IP of this. They have been advised to send the lab collected from this person to BOL for sequencing. This case had the same contacts as xxxxxxxx
- Contact #2 – 13 yo daughter who is a virtual student at Grand Ledge Schools. Has been in quarantine
- Contact #3 20 yo daughter who is virtual student at unidentified university. Also has been quarantined at home

The case is willing to get the two daughters tested at Sparrow.

Please let me know if there is any additional information you need. We are working on documenting all our information into MDSS currently.

Taylor Olsabeck, MS
Epidemiologist
Barry Eaton District Health Department
1033 Healthcare Dr.
Charlotte, MI 48813
Work: (517) 541-2600
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www.facebook.com/barryeatonhealth



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From: Henderson, Tiffany (DHHS) [mailto:HendersonT1@michigan.gov]
Sent: Sunday, February 7, 2021 8:03 PM
To: Jackie Anderson <JAnderson@bedhd.org>; Taylor Olsabeck <TOlsabeck@bedhd.org>; Colette Scrimger <CScrimger@bedhd.org>; Jimmie D. Woodall <JWoodall@bedhd.org>
Cc: Weinberg, Meghan (DHHS) <WeinbergM1@michigan.gov>; Collins, Jim (DHHS) <CollinsJ12@michigan.gov>; Johnson, Shannon (DHHS) <JohnsonS61@michigan.gov>; Henderson, Justin (DHHS) <HendersonJ4@michigan.gov>; LyonCallo, Sarah (DHHS) <lyoncallos@michigan.gov>; Soehnlén, Marty (DHHS) <SoehnlénM@michigan.gov>
Subject: B.1.1.7 Variant Identified: Eaton
Importance: High

Good Evening,

As you know, using genetic sequencing, we've been actively looking for variant of COVID-19 infections from specimens across the state. Today, we were notified by the MDHHS Bureau of Labs of additional B.1.1.7 variants in Michigan. Notes on the variant case in Eaton Co are included below:

MDSS Investigation ID: xxxxxxxxxx
Onset Date: Not available
Specimen collection date: 01/27/2021

While we know that the variant is in Michigan, we continue to advise on aggressive public health response to reduce spread while collectively we work to distribute vaccines.

On January 26, MDHHS shared a Health Alert Network message about the introduction of the B.1.1.7 variant to Michigan's population that included the following messaging:

The SARS-CoV-2 B.1.1.7 variant is thought to have emerged in the United Kingdom and has since been detected in many countries and states. This variant is concerning because it is associated with increased transmissibility. Compared to the wild-type virus, the B.1.1.7 variant is approximately 50 percent more transmissible, leading to faster spread of the virus and potentially increasing numbers of cases, hospitalizations, and deaths. Therefore, additional levels of public health intervention are required once the variant has been identified.

Fundamentally, this is a race for coverage of our population; a race that pits vaccination efforts against the transmission of infections. In this effort, public health is working to minimize both the known serious consequences of COVID-19 infections, as well as the over-all impacts on our limited healthcare resources. The B.1.1.7 variant offers the infection a speed boost in this race, which must be accounted for in our public health response. Efforts to slow transmission will allow for more of our population to be protected through vaccination.

Public health mitigation measures aimed to minimize the impact of this variant strain in our communities include the following recommendations.

When evaluating a confirmed or probable COVID-19 case or a contact with any possible epidemiologic links to a confirmed variant case, variant infection should be assumed -- an assumption that requires immediate and decisive action involving case isolation, identification of all possible contacts, and quarantine.

- The collection of all travel, exposure, and contact information during case investigations is critical in evaluating risk of variant infection.
- Strictly enforce isolation and quarantine protocols

During the isolation of B.1.1.7 variant infections and the quarantine of associated contacts, enhanced monitoring, including twice daily check-ins, is strongly recommended. Cases and close contacts should be educated about the increased risk of transmission with the variant strain.

Strict enforcement and assurance of full 14-day quarantine period with monitoring, regardless of the symptom status of any close contacts of possible variant infections.

Employ active efforts to identify all possible contacts of cases with consideration to expanding the infectious period based on symptoms and testing. The inclusion of an extra day before onset may help identify additional persons infected with the variant virus.

- Emphasize testing in affected areas
- Expand testing capacity in areas where the variant has been detected.
- Work closely with affected communities on messaging around testing.
- Actively work to obtain testing for exposed individuals, particularly those that are known to have been exposed to the variant strain.
- Promote submission of isolates for genetic sequencing
 - Guidance and forms supporting specimen collection have been provided to Michigan Laboratory Directors and are attached to this communication.
 - Appropriate Specimens for Sequencing
 - SARS-CoV-2 residual samples, at least 500 ul, to be frozen and sent to the state laboratory in the specimen tube on a weekly basis.
 - Acceptable specimens for the Novel 2019 Coronavirus (SARS-CoV-2) sequencing analysis are
 - Nasopharyngeal swabs in viral transport medium, Amies Transport Media, or PBS;
 - Nasal swabs in viral transport medium, Amies Transport Media, or PBS;
 - OP swabs in viral transport medium, Amies Transport Media, or PBS;
 - Nasal aspirates;
 - Mid-turbinate swabs in viral transport medium, Amies Transport Media, or PBS;
 - Sputum.
- Promote testing of individuals who have traveled out of Michigan in last 14 days, especially to areas in which the new variants are widely circulating. This should be emphasized in all regions, even those in which the variant has not yet been identified.

Fundamentally, we are again asking that you re-visit the investigation, confirm isolation was met appropriately, re-check for contacts, actively confirm quarantine and collect specimens from close contacts for testing/sequencing. At the MDHHS we are of course, available to discuss further at your convenience.

Thank you,

Tiffany

Tiffany Henderson, MPH
Manager - Regional Epidemiology Unit
Surveillance and Infectious Disease Epidemiology Section
Communicable Disease Division
Michigan Department of Health and Human Services
Direct line: 517-284-4949
hendersont1@michigan.gov

Main line: 517-335-8165
Main fax: 517-335-8263

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Deb Fuller

Sent: Tuesday, March 23, 2021 8:37 AM
To: Taylor Olsabeck
Subject: RE: 3.22 COVID update

St. Gerard quarantined 3 classrooms yesterday, but they aren't on

Colette Scrimger, MSW

Health Officer

Barry-Eaton District Health Department
1033 Healthcare Drive
Charlotte, MI 48813
cscrimger@bedhd.org
(517) 541-2602
(269) 798-4112
Mobile: (517) 490-9452

From: Taylor Olsabeck
Sent: Monday, March 22, 2021 5:39 PM
To: Anne Barna <ABarna@bedhd.org>; Colette Scrimger <CScrimger@bedhd.org>; Jimmie D. Woodall <JWoodall@bedhd.org>; Jennifer Casarez <JCasarez@bedhd.org>; Jay VanStee <JVanStee@bedhd.org>
Cc: HD Covid Case Investigator <HDCovidCI@bedhd.org>
Subject: 3.22 COVID update

- Variant B.1.1.7
 - 4 newly confirmed in Eaton
 - 1 newly confirmed in Barry
- New outbreaks
 - Alassane Daycare – Grand Ledge
- Olivet College – football team exposed by opposing team +
- K-12 NEW CASES
 - Charlotte HS – 1 student
 - Delton Kellogg Elementary – 1 staff
 - Delton Kellogg MS – 1 staff
 - Eaton Rapids HS – 3 students
 - Eaton Rapids MS -1 student
 - Greyhound (Eaton Rapids) – 1 student
 - Eaton Rapids Transportation -1 staff
 - Hastings MS -1 student
 - Hastings Food services -1 confirmed staff, 4 probable staff
 - Olivet HS -2 students
 - Thronapple Kellogg HS -1 student
 - Waverly HS -2 students
 - Lansing Catholic -2 students
 - Lansing Christian -1 student

Referral Date	COMPLETE	Lost to Follow Up	Pending	Total
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3/16/2021	36	17	3	56
3/17/2021	34	7	8	49
3/18/2021	46	7	19	72
3/19/2021	31	9	31	71
3/20/2021	16	5	24	45
3/21/2021	9	1	27	37
3/22/2021	14	2	37	53
Grand Total	186	48	42	383

Taylor Olsabeck, MS
 Epidemiologist
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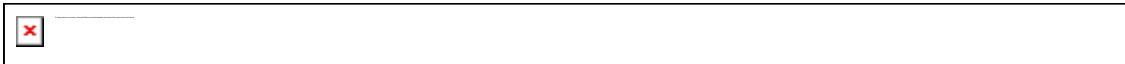


Barry-Eaton District
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From: Anne at BEDHD <abarna@bedhd.org>
Sent: Wednesday, February 24, 2021 7:50 PM
To: Colette Scrimger
Subject: Progress on COVID Response from BEDHD

[View this email in your browser](#)



Hello Partners of Barry-Eaton District Health Department,

It's time for another update on COVID-19 in our district.

We are glad to report that nearly 22,000 of the 170,000 residents in our district have received their first dose of COVID vaccine. We estimate that there are about 40,000 currently eligible folks in our district, so we are about halfway through those who are currently eligible.

Who are we currently vaccinating? We are following [MDHHS' prioritization guidelines](#) (and have sought clarification from the State in instances where the guidelines are unclear). Different counties may differ in which groups they are vaccinating but to our knowledge we are currently consistent with the State. If you are not part of a current group per the guidelines, please be patient. We receive a limited amount of the vaccine each week, and it varies from week to week.

We know this waiting is frustrating and many individuals, including currently eligible individuals, have been anxious to receive their vaccination. We have recently made improvements to assure our process is as fair as possible.

Currently, we are inviting eligible people who have been waiting the longest to get the first chance each week to make appointments. We contact the next set of eligible individuals (people who are next in line based on when they filled out our form) early in the week with an invitation to schedule their appointment. On Fridays, we also continue to offer any cancellations or appointments that have not been filled by invitations to the entire group of eligible individuals. We also are calling individuals who cannot use the internet to schedule an appointment by phone, with help from the Barry County Commission on Aging and other volunteers.

Data on vaccination administration in our counties can be found on MDHHS's dashboard at <https://bit.ly/3uxd3wy>. BEDHD alone has administered nearly 7,200 first doses as of 2/24/21, which would not have been possible without the dedication of our local volunteers and the Michigan National Guard. Other vaccination providers for our residents include Spectrum, Sparrow, Meijer, and Rite Aid -- as well as CVS and Walgreens which vaccinated many long-term-care residents and staff in our district.

Vaccinations take on a new urgency when we consider the news of certain COVID variants. We have investigated several cases of the B.1.1.7. (UK) COVID-19 variant in Eaton County. This variant is thought to spread more easily than previous variants. Both the Pfizer and Moderna vaccines are thought to still provide effective protection against this variant. The same preventative measures we've been using all along are critical to prevent spread of the B.1.1.7. variant. These include frequent handwashing, social distancing, avoiding crowds and travel, wearing a mask, and getting vaccinated when eligible.

At BEDHD we are also part of a statewide initiative to roll out a new case investigation program. If you are diagnosed with COVID-19, you may receive a text from BEDHD. It is not spam. The message will contain a link for you to be able to fill out your case investigation details yourself without waiting for a call

for the health department. Individuals who have not filled out this form will still receive a call from the health department for traditional case investigation. COVID-19 cases have been falling over the past two months – we have also seen marked reductions in hospitalizations and deaths as well. While numbers are still not down to where they were early in the pandemic, we are hopeful that this trend will continue. You can click to view the most recent data report for [Barry County](#), and the one for [Eaton County](#).

You can view the most recent versions of the MDHHS Epidemic Orders [here](#). The current order on Gatherings and Face Coverings goes through March 29, 2021.

Thank you for your continued support in responding to the COVID-19 pandemic in Barry and Eaton counties!

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Deb Fuller

From: Sarah Surna
Sent: Monday, February 8, 2021 10:57 AM
To: HD All Staff; BGeiger (BGeiger@barrycounty.org); Colette Scrimger; Commissioner Jackson; Commissioner Mulder; Jane Whitacre (janeywhitacre@gmail.com); Joe Brehler (jbrehler@sprynet.com); jsmelker@barrycounty.org; Anne Barna; Gisli.Haraldsson@sparrow.org; Gregg Ginebaugh; Ilene Cantor; Janine Dalman; Jennifer Casarez; Jim Yarger; John Foren; lani@bcunitedway.org; Lindsay Peters; Morgan Rademacher; MRoberts@deltami.gov; Rodney Sadler; Ryan Wilkinson; Sarah Surna
Subject: Press release
Attachments: B117 Press Release.pdf

Good morning,
The attached press release was just sent out.
Thank you,

Sarah Surna, MSSA, MPH
Community Health Promotion Specialist
Barry-Eaton District Health Department
SSurna@bedhd.org
(517) 541-2606
www.barryeatonhealth.org



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Deb Fuller

From: Michigan Health Alert Network <eed36900-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>
Sent: Thursday, April 1, 2021 11:34 AM
To: Jimmie D. Woodall
Subject: P.1 COVID-19 Variant Case Identified in Michigan
Attachments: JIC News Release 0XX_Michigan has p1.pdf; Variant of Concern Talking Points Up.pdf

Importance: High

Jimmie Woodall,

Please find the press release and updated talking points attached regarding the identification of a case of P.1 (Brazil) COVID-19 variant in Michigan.

--This message was sent to All LHD Roles, CHECC Executive Group, and CHECC Roles--

You may respond by doing one of the following:

- Click the appropriate response in the following list of response options,
- Or, reply via email with your response option. Please note that you must include the number of your response option, such as **1**, in the body of your email in order for your response to be recorded.

Option# Response:

1. [Message Received.](#)

Thank you,
Michigan Health Alert Network

Deb Fuller

From: John Ellsworth <EllsworthJ@glcomets.net>
Sent: Tuesday, March 16, 2021 9:53 AM
To: Anne Barna; Colette Scrimger; Sarah Surna; Dave Chapin
Subject: Media Inquiries | Re: Cluster of Cases Thought to be B.1.1.7 Variant

BEDHD folks,

I've been contacted by the big three: LSJ, WILX, & WLNS. I am directing the media to y'all at the Barry-Eaton District Health Department... just a heads up.

Thanks,
John

On Tue, Mar 16, 2021 at 9:22 AM John Ellsworth <EllsworthJ@glcomets.net> wrote:

Thank you, team, for all the collaboration... this (below) was emailed to all GLPS families (and they got a text alert about the email)... it is also posted on our website: <https://www.glcomets.net/return-to-learn/20-21-return-to-learn/#20210315>

----- Forwarded message -----

From: **John Ellsworth** <ellsworthj@glcomets.net>
Date: Mon, Mar 15, 2021 at 6:36 PM
Subject: Cluster of Cases Thought to be B.1.1.7 Variant
To: <ellsworthj@glcomets.net>



Barry-Eaton Dis
Health Departm

*Eaton County: 1033 Health Care Dr., Charlotte,
Phone: 517-543-2430 Fax: 517-*

March 15, 2021

Dear Grand Ledge Public School Families,

As many of you know, there has been a cluster of COVID-19 cases recently involving GLPS students and staff. This cluster is thought to be related to several school sports teams.

Cases among GLPS students and staff are related to several school sports teams. As of 3/12, there are 47 cases linked to this outbreak among these individuals. Barry-Eaton District Health Department (BEDHD) was notified of initial cases on 2/22 by GLPS and has been working to contain the outbreak.

At this time, we are asking families to do the following:

1. Keep ill and exposed students home from school for the **entire** quarantine or isolation period. The isolation period for ill individuals where the B.1.1.7 variant is expected lasts a full 14 days, starting from the day of the most recent exposure.
2. Quarantine for a full 14 days if a member of your household is sick with the B.1.1.7 variant. For most individuals, this includes all household members.
3. A FREE pop-up testing event open to all community members is scheduled for **Tuesday, March 16th from 1:00-7:00 PM** at the Grand Ledge Public Schools. For more information, please visit [Rapid Testing](#).
4. Continue to social distance, wear masks, wash hands frequently, and get a vaccine when available to you, if eligible. Individuals who are not yet vaccinated are encouraged to get vaccinated as soon as possible.

The B.1.1.7. variant originated in Great Britain and is thought to be more contagious than earlier strains. Available COVID-19 vaccines are being distributed to the community as quickly as possible.

We appreciate your cooperation to keep our students, families, and staff safe from COVID-19. If you have any questions, please contact the Barry-Eaton District Health Department at [508-548-2200](tel:508-548-2200).

Respectfully,



Anne Barna, MA
Health Promotion Director, BEDHD

Respectfully,



David B. Chapin, Ph. D.
Interim Superintendent, GLPS

www.barryeatonhealth.org

www.glcomets.org

Grand Ledge Public Schools would like to continue connecting with you via email. If you prefer to be removed from our list, please contact Grand Ledge Public Schools directly. To stop receiving all email messages distributed through our SchoolMessenger service, follow this link and confirm: [Unsubscribe](#)

SchoolMessenger is a notification service used by the nation's leading school systems to connect with parents, students and staff through voice, SMS text, email, and social media.

--



John Ellsworth, Director of Communications
Grand Ledge Public Schools
220 Lamson Street
Grand Ledge, MI 48837
517-925-5414



John Ellsworth, Director of Communications
Grand Ledge Public Schools
220 Lamson Street
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Deb Fuller

From: Michigan Health Alert Network <eeec41d3-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>
Sent: Monday, April 5, 2021 12:35 PM
To: Jimmie D. Woodall
Subject: MDHHS - Important Guidance Updates in Case Investigation, Contact Tracing and Quarantine

Jimmie Woodall,

Due to increasing case rates and variant spread in Michigan, Michigan Department of Health and Human Services has two important updates for case investigation and contact tracing guidance (effective 4/5/2021). These changes are being implemented to best leverage available public health resources to better define the scope of the outbreak and limit spread.

First, an updated realignment guidance has been posted and can be found here:

https://www.michigan.gov/documents/mdhhs/Contact_Tracing_and_Case_Investigation_Realignment_04032021_update_721362_7.pdf

Key updates in this document are as follows:

- A focus on confirmed **and** probable cases, to address the spread of the epidemic in younger age groups who are frequently testing via antigen tests
- A prioritization of case investigations among younger versus older age groups
- A continued focus on timely investigation of cases associated with congregate settings and outbreaks
- Recommendations on the use of technology (like PEG) to notify patients of their result, provide them health education and guidance, and to electronically capture case report form data from cases
- An emphasis on the collection of household **and** non-household contacts
- Guidance on abbreviated interviews using traditional case investigation methods

Secondly, effective 4/5/2021 Michigan will reinstitute a standard 14-day quarantine for close contacts of COVID-19 cases. This will remove the option of a 10-day quarantine for non-variant cases. As a reminder, a “test out of quarantine” strategy has never been adopted in the State of Michigan. Guidance will be updated at www.michigan.gov/containcovid and in the standard operating procedures located here:

https://www.michigan.gov/documents/mdhhs/nCoV_SOP_TEAM_680994_7.pdf

Changes to Traceforce to implement this change will occur as soon as possible.

--This message was sent to Regional Healthcare Coalitions, Admin, Healthcare, MD, Epi CD and Imms Role, Hospital Admin MD EP EM IP IM Roles, Healthcare Associations, Tribes, FQHCs, LHD EPC, HO, MD, CD, MDHHS Regional Epi, Immz, BETP, CHECC mailboxes and Leadership roles.--

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Option# Response:

1. [Message Received.](#)

Thank you,
Michigan Health Alert Network

Deb Fuller

From: Dave Chapin <chapind@glcomets.net>
Sent: Monday, March 15, 2021 5:04 PM
To: Colette Scrimger; Sarah Surna; Anne Barna; John Ellsworth; Cindy Brummette; Sara Holding
Subject: Letter Attached for Letterhead
Attachments: GLPS Family Letter.docx

All:

Attached please find the joint letter to be sent to the GLPS families. John Ellsworth will place in on the double-logoed letterhead he created and send to BEDHD for a signature. Once signed, John will send to our "All Families" mailing list.

Thanks, all!

Dave

.....
David Chapin
Interim Superintendent
Grand Ledge Public Schools

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Deb Fuller

From: Reimink, Bethany (DHHS) <ReiminkB@michigan.gov>
Sent: Friday, February 5, 2021 3:12 PM
To: Aimee Mullendore; Alex Bergmooser; Angelique Joynes; Ashlei Fisher; Ashley Huver (amhuve@kalcounty.com); Brandon Vallee; Brooke Callaghan; cdavis@bchdmi.org; Celia Banuelos; Colette Scrimger; David Fowler; Dawn Chovanec; dbaker@vbcassdhd.org; Donna Payne; Eric Pessell; Ericka Mueller (emueller@bchdmi.org); Erin Radke; Erin Somerlott; Gabby Axtell; Guy Miller; Jackie Anderson; James Cook; JBeeching@vbcassdhd.org; Jeff Elliot; Jenni Zordan; Jennifer Casarez; Jennifer Evans; Jim Rutherford; Jimmie D. Woodall; Kali Nichols; Kathy Younkers-Wright; Kevin Green; Kim Bell (kbell@bchdmi.org); Kim E. Kutzko; Kim Vogt; Kristie Baker; Larry Wile; Laura Korten; Lauren N Smith; Lauren Vogel; Lisa Letts; Mary Franks; Nicki Britten; Nicole Wilson; Nikki Karazim; paborn@kalcounty.com; burnsr; Richard Tooker; Rick Johansen; Shaquilla Brinkley (stbrin@kalcounty.com); Sue Thuma; William Nettleton (wdnett@kalcounty.com); Yvonne Atwood
Subject: Kalamazoo Variant B117

Hi All,

Forwarding the link to Kalamazoo's press release about their confirmed variant case in case not everyone has seen it:

<https://www.kalcounty.com/userfiles/hcs/mediareleases/02.04.21%20Kalamazoo%20County%20Health%20Department%20Investigating%20One%20Confirmed%20Case%20of%20New%20COVID%20B.1.1.7%20Variant.pdf>

If you have any questions, please let me know

Bethany

Bethany Reimink, MPH
Region 5 Epidemiologist
Surveillance and Infectious Disease Epidemiology (SIDE) Section
Michigan Department of Health & Human Services

Desk: 269-373-5293 | Cell: 517-719-0407 | Email: ReiminkB@michigan.gov
Physical Address: 311 East Alcott St, Kalamazoo, MI 49001 - Kalamazoo County Health & Community Services

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Deb Fuller

From: Jackie Anderson
Sent: Friday, March 5, 2021 9:24 PM
To: Jimmie D. Woodall
Cc: Sue Thuma
Subject: Janssen J&J standing order
Attachments: COVID_Janssen_Standing Order 3.2021 DRAFT.docx

Hi Dr. Woodall.

The health department received 1400 doses of the new Janssen Johnson & Johnson COVID-19 vaccine. 600 doses are in Barry and 200 of those are specifically designated for those persons 65 years and older. 800 doses are in Eaton.

Next week in Barry we are having a 65+ clinic where we will only administer the Janssen vaccine. (around 380 doses) We are planning to use this vaccine for AFC, homebound, etc. We will be visiting two of these locations on Monday.

I kept waiting for the CDC to release their COVID vaccine standing order template for the Janssen vaccine, but I haven't seen it yet.

SO attached is my version. It follows the same format as the Moderna and Pfizer standing orders.

Once the CDC posts the template I will insert the link and verify all of the information.

I used the EUA for HCP and the clinical considerations webpage for accurate wording.

Looks like you already signed because I used the Moderna signed WORD doc from January. ☺

Please let me know if you see anything that needs to be changed. Otherwise, you can officially 'sign' and add the date!

Or if you have any other questions regarding our COVID-19 vaccination process, I would be happy to respond.

Thank you.

Jackie Anderson, BSN, RN

Personal Health Supervisor

Communicable Disease & Immunization Program Coordinator

Barry Eaton District Health Department

janderson@bedhd.org

517.541.2625

517.652.2580 cell

www.barryeatonhealth.org

www.facebook.com/barryeatonhealth



**Barry-Eaton District
Health Department**

Deb Fuller

From: Taylor Olsabeck
Sent: Wednesday, February 24, 2021 4:04 PM
To: Colette Scrimger; Sue Thuma; Jennifer Casarez
Cc: Jimmie D. Woodall
Subject: Grand Ledge HS Outbreak

Hi all,

Grand Ledge HS is currently having a situation. They had 11 new cases today and are still sending me notifications of additional cases. Allegedly they are waiting on results for about 50 additional students who were tested at the Lansing Urgent Care today. These are all athletic related cases.

My concern is with this rapid spread of disease this may be a variant strain. I have requested Sparrow to send the PCR's they have to the state lab for sequencing.

Grand Ledge is supposed to go back to in person learning on Monday. I spoke with Cindy Brummette, their covid lead, and she was going to speak with their administration in regards to if they should still plan to start in person learning next Monday.

Taylor Olsabeck, MS
Epidemiologist
Barry Eaton District Health Department
1033 Healthcare Dr.
Charlotte, MI 48813
Work: (517) 541-2600
Cell: (517)231-6916
Fax:(517) 541-2666
www.barryeatonhealth.org
www.facebook.com/barryeatonhealth



**Barry-Eaton District
Health Department**

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Deb Fuller

From: John Ellsworth <EllsworthJ@glcomets.net>
Sent: Tuesday, March 16, 2021 9:22 AM
To: Anne Barna; Colette Scrimger; Sarah Surna; Cindy Brummette; Sara Holding; Dave Chapin
Subject: Fwd: Cluster of Cases Thought to be B.1.1.7 Variant

Thank you, team, for all the collaboration... this (below) was emailed to all GLPS families (and they got a text alert about the email)... it is also posted on our website: <https://www.glcomets.net/return-to-learn/20-21-return-to-learn/#20210315>

----- Forwarded message -----

From: **John Ellsworth** <ellsworthj@glcomets.net>
Date: Mon, Mar 15, 2021 at 6:36 PM
Subject: Cluster of Cases Thought to be B.1.1.7 Variant
To: <ellsworthj@glcomets.net>



Barry-Eaton District Health Department

*Eaton County: 1033 Health Care Dr., Charlotte, MI 48813
Phone: 517-543-2430 Fax: 517-543-2431*

March 15, 2021

Dear Grand Ledge Public School Families,

As many of you know, there has been a cluster of COVID-19 cases recently involving GLPS students and staff. This cluster is thought to be related to several school sports teams.

Cases among GLPS students and staff are related to several school sports teams. As of 3/12, there are 47 cases linked to this outbreak among these individuals. Barry-Eaton District Health Department (BEDHD) was notified of initial cases on 2/22 by GLPS and has been working to identify and support those affected.

At this time, we are asking families to do the following:

1. Keep ill and exposed students home from school for the **entire** quarantine or isolation period. The isolation period for ill i where the B.1.1.7 variant is expected lasts a full 14 days, starting from the day of the most recent exposure.
2. Quarantine for a full 14 days if a member of your household is sick with the B.1.1.7 variant. For most individuals, this inclu
3. A FREE pop-up testing event open to all community members is scheduled for **Tuesday, March 16th from 1:00-7:00 PM** a [Rapid Testing](#).
4. Continue to social distance, wear masks, wash hands frequently, and get a vaccine when available to you, if eligible. Indiv

The B.1.1.7. variant originated in Great Britain and is thought to be more contagious than earlier strains. Available COVID-19 vacc

We appreciate your cooperation to keep our students, families, and staff safe from COVID-19. If you have any questions, please c

Respectfully,



Anne Barna, MA
Health Promotion Director, BEDHD

Respectfully,



David B. Chapin, Ph, D.
Interim Superintendent, GLPS

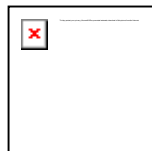
www.barryeatonhealth.org

www.glcomets.net

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John Ellsworth, Director of Communications
Grand Ledge Public Schools
220 Lamson Street
Grand Ledge, MI 48837
517-925-5414

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Deb Fuller

From: Anne Barna
Sent: Wednesday, February 24, 2021 8:08 PM
To: HD All Staff
Subject: FW: Progress on COVID Response from BEDHD

Hello BEDHDers,

Here is the latest Community Partner update on COVID-19. We have vaccinated 7200 people with their first dose! That's roughly how many people total live in the City of Hastings. It's also enough people to fill 100 school buses with 72 passengers each (3 to a seat)!

Amazing!

😊 Anne

From: Anne at BEDHD <abarna@bedhd.org>
Sent: Wednesday, February 24, 2021 7:50 PM
To: Anne Barna <ABarna@bedhd.org>
Subject: Progress on COVID Response from BEDHD

[View this email in your browser](#)

Hello Partners of Barry-Eaton District Health Department,

It's time for another update on COVID-19 in our district.

We are glad to report that nearly 22,000 of the 170,000 residents in our district have received their first dose of COVID vaccine. We estimate that there are about 40,000 currently eligible folks in our district, so we are about halfway through those who are currently eligible.

Who are we currently vaccinating? We are following [MDHHS' prioritization guidelines](#) (and have sought clarification from the State in instances where the guidelines are unclear). Different counties may differ in which groups they are vaccinating but to our knowledge we are currently consistent with the State. If

you are not part of a current group per the guidelines, please be patient. We receive a limited amount of the vaccine each week, and it varies from week to week.

We know this waiting is frustrating and many individuals, including currently eligible individuals, have been anxious to receive their vaccination. We have recently made improvements to assure our process is as fair as possible. Currently, we are inviting eligible people who have been waiting the longest to get the first chance each week to make appointments. We contact the next set of eligible individuals (people who are next in line based on when they filled out our form) early in the week with an invitation to schedule their appointment. On Fridays, we also continue to offer any cancellations or appointments that have not been filled by invitations to the entire group of eligible individuals. We also are calling individuals who cannot use the internet to schedule an appointment by phone, with help from the Barry County Commission on Aging and other volunteers.

Data on vaccination administration in our counties can be found on MDHHS's dashboard at <https://bit.ly/3uxd3wy>. BEDHD alone has administered nearly 7,200 first doses as of 2/24/21, which would not have been possible without the dedication of our local volunteers and the Michigan National Guard. Other vaccination providers for our residents include Spectrum, Sparrow, Meijer, and Rite Aid -- as well as CVS and Walgreens which vaccinated many long-term-care residents and staff in our district.

Vaccinations take on a new urgency when we consider the news of certain COVID variants. We have investigated several cases of the B.1.1.7. (UK) COVID-19 variant in Eaton County. This variant is thought to spread more easily than previous variants. Both the Pfizer and Moderna vaccines are thought to still provide effective protection against this variant. The same preventative measures we've been using all along are critical to prevent spread of the B.1.1.7. variant. These include frequent handwashing, social distancing,

avoiding crowds and travel, wearing a mask, and getting vaccinated when eligible.

At BEDHD we are also part of a statewide initiative to roll out a new case investigation program. If you are diagnosed with COVID-19, you may receive a text from BEDHD. It is not spam. The message will contain a link for you to be able to fill out your case investigation details yourself without waiting for a call for the health department. Individuals who have not filled out this form will still receive a call from the health department for traditional case investigation. COVID-19 cases have been falling over the past two months – we have also seen marked reductions in hospitalizations and deaths as well. While numbers are still not down to where they were early in the pandemic, we are hopeful that this trend will continue. You can click to view the most recent data report for [Barry County](#), and the one for [Eaton County](#).

You can view the most recent versions of the MDHHS Epidemic Orders [here](#). The current order on Gatherings and Face Coverings goes through March 29, 2021.

Thank you for your continued support in responding to the COVID-19 pandemic in Barry and Eaton counties!

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Charlotte, MI 48813-1058

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■

Deb Fuller

From: Jodie Shaver <jshaver@malph.org>
Sent: Friday, March 19, 2021 9:19 AM
To: mho; board; forumchairs
Subject: FW: MDHHS expands capacity at outdoor stadiums and arenas and increases testing to protect youth in sports

Jodie Shaver, MPA, GMS

Member Services Director/Event Coordinator
Michigan Association For Local Public Health
P.O. Box 13276
Lansing, MI 48901
Office: 517-485-0660
Cell: 517-604-0101
Fax: 517-485-6412

www.malph.org



From: Triplett, Sarah <TriplettS4@michigan.gov>
Sent: Friday, March 19, 2021 9:18 AM
Subject: MDHHS expands capacity at outdoor stadiums and arenas and increases testing to protect youth in sports

Good Morning,

Today, Governor Whitmer, Dr. Joneigh Khaldun, Chief Medical Executive and Chief Deputy Director for MDHHS, and MDHHS Director Hertel will give an update on the COVID pandemic and will announce MDHHS is expanding capacity at outdoor stadiums and arenas and increasing testing to protect youth in sport at a press conference beginning at 9:15 am. Please see the press release below and watch live: [Youtube.com/GovGretchenWhitmer](https://www.youtube.com/GovGretchenWhitmer)

MDHHS expands capacity at outdoor stadiums and arenas and increases testing to protect youth in sports

Fully vaccinated individuals may gather at residences without masks per CDC

LANSING, Mich. – Today, the Michigan Department of Health and Human Services (MDHHS) updated its [Gatherings and Mask epidemic order](#), allowing up to 20% capacity in outdoor stadiums and arenas that establish infection control plans. The update also increases testing for youth ages 13-19 to ensure athletes can safely participate in sports. The changes are designed to balance day-to-day activities while controlling the spread of COVID-19 and saving Michiganders' lives. Although progress has been made, it is crucial that Michiganders continue to mask up and socially distance as we take steps to get back to

normal. The changes to the Order go into effect Monday, March 22, and remain in effect through Monday, April 19.

"The pandemic has been hard on all of us, but by staying focused on acting quickly, following the science, and listening to experts, we can save lives and help our economy recover faster," said **Gov. Gretchen Whitmer**. "Today's action is an important step towards normalcy, but there's still more work to do. As always, mask up, maintain social distancing and wash your hands. We all have a personal responsibility to slow the spread of the virus so we can end this pandemic together. By April 5, all Michiganders will be eligible for the safe and effective COVID-19 vaccine. The vaccine is the most effective way to protect you and your family from the virus, and I urge all Michiganders to get vaccinated as soon as it's available to you."

"More than 3.2 million doses of the safe and effective COVID vaccines have been administered in Michigan, and we are well on our way to vaccinating 70% of Michiganders ages 16 and up," said **Dr. Joneigh Khaldun**, chief medical executive and chief deputy for health at MDHHS. "While we are still very much fighting this pandemic and seeing concerning trends in new cases and hospitalizations, we are making these incremental steps that align with CDC guidance. We are again at a pivotal moment in our fight against COVID-19. Michiganders must continue doing what works to slow the spread of the disease by wearing a mask, washing their hands, avoiding crowds and making a plan to get the safe and effective COVID-19 vaccine as soon as they can."

Gatherings at outdoor stadiums and arenas are increased to 20% of the venue's capacity if the site:

- Establishes an infection control plan that complies with the protocols included in MDHHS's document entitled [Enhanced Outdoor Stadium and Arena Guidance](#).
- Posts the mitigation plan publicly.
- Sends infection control plans to the local health department and MDHHS at least seven days before scheduled events.
- Administers a testing program as specified in [MDHHS's Guidance for Athletics](#) for all players.

"We truly appreciate the ongoing partnership with the Governor's office and the Michigan Department of Health and Human Services. We are thrilled to safely welcome back the best fans in baseball to Comerica Park for Opening Day and beyond," said **Chris Granger**, Group President, Sports and Entertainment, Ilitch Holdings. "As the season progresses, we look forward to continued coordination with public health and medical experts, government officials and Major League Baseball to ensure a safe and enjoyable environment for all Detroit Tigers fans."

"MDHHS continues to monitor the data to make decisions that allow us to return to normalcy. This includes case counts, percent positivity and hospitalizations," said **Elizabeth Hertel**, MDHHS director. We are making this capacity change along with required safety protocols designed to prevent the further spread of COVID-19."

MDHHS had been closely [monitoring three metrics](#) for stabilization or declines over the past several weeks. Michigan's metrics have been increasing for the past few weeks. The presence of more infectious variants, such as the B.1.1.7 variant, threatens our progress in control of the epidemic and MDHHS will be monitoring data closely. In recent days:

- Positivity rate: has increased for four weeks to 6.2%. This metric is up 177% from the mid-February low but remains below the December high of 19.4%.
- Statewide case rate: This metric has increase over the past four weeks to 172.9 cases per million. The rate is up 77% from the low in mid-February but remains below peak of 737.8 cases per million on Saturday, Nov 14.
- Hospital capacity dedicated to COVID-19 is now at 4.9%. This metric peaked at 19.6% on Tuesday, Dec. 4 and is now up 25% from an end of February low.

The Order also increases weekly testing for youth athletes ages 13-19 to safely participate in sports. More information on the program is available on the [Michigan.gov/Coronavirus website](https://Michigan.gov/Coronavirus_website).

“Michigan's students deserve to safely enjoy the fullest high school experience we can offer,” said **JoLynn Clark**, principal of Frankenmuth High School. “That means finding ways to provide in-person instruction along with extracurricular activities, a fundamental part of a student's life. This past fall, educators witnessed firsthand the detrimental impacts to both instruction and student well-being that comes when we cannot find ways to safely do both. The implementation of the testing program that allowed student-athletes to complete their fall seasons provided much needed closure, and we at Frankenmuth High School benefitted from this program. It allowed us to not only finish the fall season, but also provided opportunities for student-athletes in winter sports. Rapid antigen testing has served as an effective mitigation strategy that protects in-person instructional time and allows students extracurricular opportunities. We know we must remain vigilant in our efforts to mitigate the spread of this virus in schools as we look ahead to and are encouraged by the possibilities for in-person instruction, extra-curricular activities, and end-of-year celebrations.”

And, to ensure consistency with recently issued CDC guidance, fully vaccinated individuals may now participate in residential gatherings with other fully vaccinated individuals without wearing a mask.

Information around this outbreak is changing rapidly. The latest information is available at [Michigan.gov/Coronavirus](https://michigan.gov/Coronavirus) and [CDC.gov/Coronavirus](https://cdc.gov/Coronavirus). To learn more about the COVID-19 vaccine, visit [Michigan.gov/COVIDVaccine](https://michigan.gov/COVIDVaccine).

###

[March 22 Gatherings Order Infographic](#)
[Dining Seating Guide](#)
[Enhanced Outdoor Stadium and Arena Guidance](#)
[Key Metrics Infographic](#)

Sincerely,

Sarah

Sarah Gonzales
Director of Public Affairs
Office of Governor Gretchen Whitmer
E: tripletts4@michigan.gov
C: 517-256-8727

Deb Fuller

From: Anne Barna
Sent: Tuesday, March 16, 2021 9:59 AM
To: HD All Staff
Subject: FW: Cluster of Cases Thought to be B.1.1.7 Variant

If you get media calls, please send them to Sarah Surna.
Sending you what was sent out to Grand Ledge families if you get community calls.
Thanks,
Anne

From: John Ellsworth <EllsworthJ@glcomets.net>
Sent: Tuesday, March 16, 2021 9:22 AM
To: Anne Barna <ABarna@bedhd.org>; Colette Scrimger <CScrimger@bedhd.org>; Sarah Surna <SSurna@bedhd.org>; Cindy Brummette <BrummetteC@glcomets.net>; Sara Holding <holdings@glcomets.net>; Dave Chapin <chapind@glcomets.net>
Subject: Fwd: Cluster of Cases Thought to be B.1.1.7 Variant

Thank you, team, for all the collaboration... this (below) was emailed to all GLPS families (and they got a text alert about the email)... it is also posted on our website: <https://www.glcomets.net/return-to-learn/20-21-return-to-learn/#20210315>

----- Forwarded message -----

From: John Ellsworth <ellsworthj@glcomets.net>
Date: Mon, Mar 15, 2021 at 6:36 PM
Subject: Cluster of Cases Thought to be B.1.1.7 Variant
To: <ellsworthj@glcomets.net>



Barry-Eaton District Health Department

*Eaton County: 1033 Health Care Dr., Charlotte, MI 48813
Phone: 517-543-2430 Fax: 517-543-2431*

March 15, 2021

Dear Grand Ledge Public School Families,

As many of you know, there has been a cluster of COVID-19 cases recently involving GLPS students and staff. This cluster is thought to be linked to a group of individuals who were part of a recent school sports event.

Cases among GLPS students and staff are related to several school sports teams. As of 3/12, there are 47 cases linked to this outbreak among these individuals. Barry-Eaton District Health Department (BEDHD) was notified of initial cases on 2/22 by GLPS and has been working to contain the spread.

At this time, we are asking families to do the following:

1. Keep ill and exposed students home from school for the **entire** quarantine or isolation period. The isolation period for ill individuals where the B.1.1.7 variant is expected lasts a full 14 days, starting from the day of the most recent exposure.
2. Quarantine for a full 14 days if a member of your household is sick with the B.1.1.7 variant. For most individuals, this includes all household members.
3. A FREE pop-up testing event open to all community members is scheduled for **Tuesday, March 16th from 1:00-7:00 PM** at the Grand Ledge Public School. For more information, please visit [Rapid Testing](#).
4. Continue to social distance, wear masks, wash hands frequently, and get a vaccine when available to you, if eligible. Individuals who are not yet vaccinated are encouraged to get vaccinated as soon as possible.

The B.1.1.7. variant originated in Great Britain and is thought to be more contagious than earlier strains. Available COVID-19 vaccines are being distributed to the community.

We appreciate your cooperation to keep our students, families, and staff safe from COVID-19. If you have any questions, please contact the Health Department at 508-848-2222.

Respectfully,



Anne Barna, MA
Health Promotion Director, BEDHD

Respectfully,



David B. Chapin, Ph, D.
Interim Superintendent, GLPS

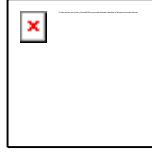
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John Ellsworth, Director of Communications
Grand Ledge Public Schools
220 Lamson Street
Grand Ledge, MI 48837
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Deb Fuller

From: Taylor Olsabeck
Sent: Wednesday, March 31, 2021 9:55 AM
To: Jimmie D. Woodall; Colette Scrimger
Cc: Jackie Anderson; Jennifer Casarez
Subject: Fully Vaccinated Variant

Just wanted to let you know...

We were able to get one of our fully vaccinated COVID clients sequenced and it came back as B117. She had been vaccinated with Pfizer over a month from symptom onset. Client reported only mild symptoms.

Taylor Olsabeck, MS
Epidemiologist
Barry Eaton District Health Department
1033 Healthcare Dr.
Charlotte, MI 48813
Work: (517) 541-2600
Cell: (517)231-6916
Fax:(517) 541-2666
www.barryeatonhealth.org
www.facebook.com/barryeatonhealth



**Barry-Eaton District
Health Department**

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Deb Fuller

From: Julia McMillen <mcmillenj@calhounisd.org>
Sent: Sunday, March 7, 2021 12:45 PM
To: Allison Troyer-Wiswell; Angie Ditmar; Annalyse Ellis; Anne Barna; Annie Halle; Barbara Haywood; Becky Carson; Bernie Jore; Bonnie Gettys; Brendan Barnes; Carrie McCormick; Cheryl Hartwell; Christina Hayes; Christy Durham (Liabenow); Cindy Preston; Colette Scrimger; Courtney Liles; Daisey Cherniawski; Dan Beyer; Daniel Remenap; Dar Leaf; Dawn Coltson (dcoltson@hassk12.org); Dawn Keller; Dawn Weeks; Don Bouchard; Elaine Brill; Evelyn Ondersma; Gina McMahon; Heather Wing; Howard Gibson; Ines Straube; Jan Otto; Janie Bergeron; Janine Dalman; Jeff Pratt; Jennifer Eastman (DHHS); Jessica Boss; Jill Bishop; Jillian Foster; Joel Cooper; Jon Smelker; Julie McMillen; Karla Fales; Katherine Bertolini; Kathy Pennington; Kris Miller; Kyle Corlett; Lani Forbes; Laura Anderson; Leslie Visser; Linda Barnett; Linda Gasper; Linda Maupin; Liz Lenz; Luella Dennison; Lyn Briel; Marci McCoy; Maricela Alcala; Martha Gibbons (Ports); Matt Gobel; Michael Brown; Michale Vann; Michelle Williamson; Milea Burgstahler; Mona Khaled; Morgan Johnson; mvanwyk@hassk12.org; Patrick Jansens; Rebecca Warner; Rich Franklin; Rich Thiemkey; Stacy Wines (wines@carewellservices.org); Steve Hoke; Sue Eastman; Sydney Miller; Tammy Pennington (tpennington@barrycounty.org); Tim Berlin; Tim Click; Tim Lieser; Toni Newell; Tony Stein; Zach Goodman
Subject: February BCRN meeting minutes & agency event flyers
Attachments: 02-23-2021 BCRN Meeting Minutes.doc; Dr. Libby Stuyt.docx; Providing Trauma Informed Care for our Families.docx; 2020 NDPP Flyer template -March 2021.pdf; 2020 NDPP Flyer template -April 2021 5-6pm.pdf

Good Afternoon,

Attached you will find the February 2021 meeting minutes. Also attached are agency event flyers.

Thank you,
~Julie
BCRN Secretary

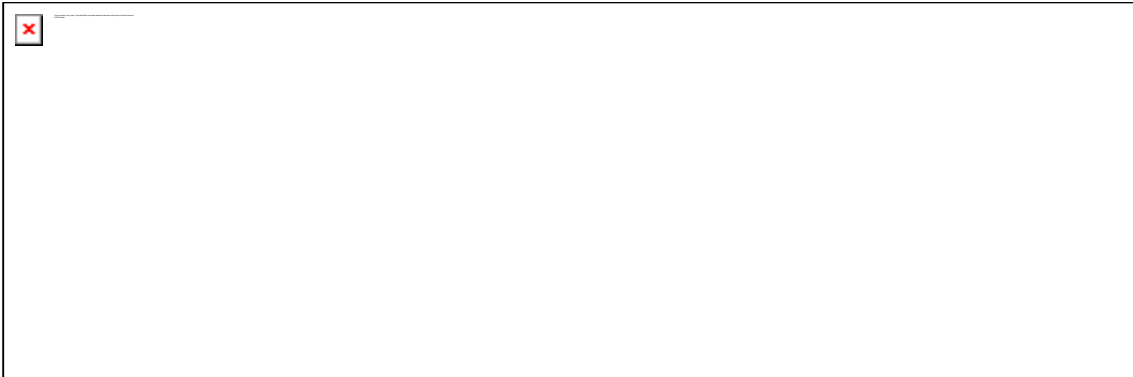
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Julia McMillen
Barry County Great Start Collaborative Coordinator
231 S. Broadway Street
Hastings, MI 49058
269-243-0306



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From: Michigan Department of Health and Human Services <MDHHS@govsubscriptions.michigan.gov>
Sent: Tuesday, February 23, 2021 3:39 PM
To: Colette Scrimger
Subject: February 23, 2021 COVID-19 Update



Michigan Department of Health and Human Services (MDHHS) Updates

MDHHS Launches Community Outreach Pilot Project

The Michigan Department of Health and Human Services (MDHHS) and the [Protect Michigan Commission](#) are piloting the Community Outreach Pilot Project to help remove barriers to vaccine access for Michiganders 60 and older who live in communities with high [Social Vulnerability Index](#) (SVI) and high COVID-19 mortality rates.

Federally enrolled COVID vaccine providers may apply. Applicants are encouraged to highlight strong partnerships with community-based organizations, as well as effectively reach out to their most vulnerable residents over the age of 60. Applications are due Monday, March 1.

[Download the application](#)

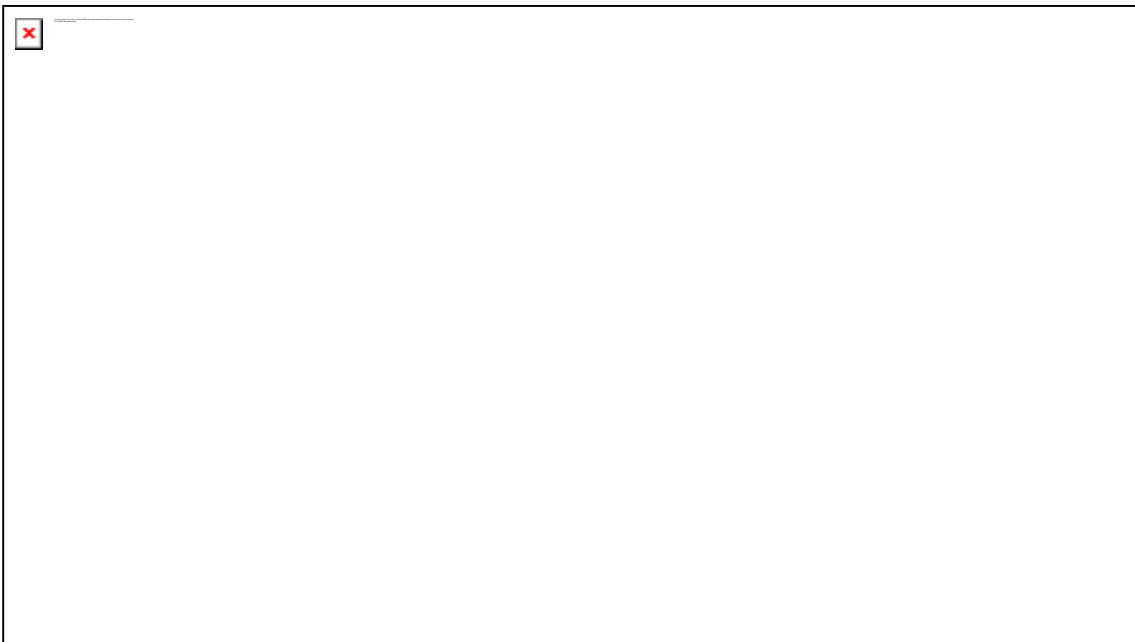
[Read the FAQ](#)

Centers For Disease Control and Prevention (CDC) Updates

- [Toolkit for Pregnant People and New Parents](#)
- [Vaccinate with Confidence COVID-19 Vaccines Strategy](#)

MMWR

- [Clusters of SARS-CoV-2 Infection Among Elementary School Educators and Students in One School District — Georgia, December 2020–January 2021](#)
- [First Month of COVID-19 Vaccine Safety Monitoring — United States, December 14, 2020–January 13, 2021](#)
- [First Identified Cases of SARS-CoV-2 Variant B.1.1.7 in Minnesota — December 2020–January 2021](#)



[Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus)

Michigan COVID-19 Hotline

1-888-535-6136

Monday to Friday 8 am - 5 pm

COVID19@Michigan.gov

Deb Fuller

From: Weinberg, Meghan (DHHS) <WeinbergM1@michigan.gov>
Sent: Monday, March 15, 2021 11:10 AM
To: Alex Bergmooser; Allison Kowalski; Amanda Rockol; Amber Irrer; Anne Hanis; April Williams; Ashleigh Kolski; Brousseau, Geoffrey (DHHS-Contractor); bstoddard@mmdhd.org; Colleen Harns; Cynthia Tran; Dena Kent; Deneen Gallagher; Elaine Brown; Emma Harman; Hilary Pummill; Holtz, Shelly; Jackie Anderson; Jamie Shepler; Jamie Wilkie; Jennifer Heslip; Jennifer Evans; Jennifer Johnson; Jennifer Mecomber; John Thottungal; Josi Rotunno; Kali Nichols; Karley McDonald; Kris Moyer; Leung, Wai Yi (WLeung@ingham.org); lharkness@shiawasseechd.net; Linda Weiman; Imikesell@mmdhd.org; Marji Nichols; Matthew Budd (mbudd@mijackson.org); Melissa Lautermilch; Mende Palmer; meredith.mackey@lenawee.mi.us; Missy Endres; Natalie.Johnson; Nicole Baran; Nicole Greenway (ngreenway@shiawasseechd.net); Nicole Moline; Nikki Karazim; Norm Keon; Patricia Raines; paula.ulrich; Rochelle Oshay; Samantha Soltis; Shajuana Tyson; Shymari Harris; Sierra Harns; Smoyer, Stephanie A. (MDOC); Sumeer Qurashi; Taylor Olsabeck; Teresa Spears; Theresa.Enriquez; Tiffany Tyson; tjones@ingham.org; Tracy Payne (tpayne@mijackson.org); Wazhma Frotan; wsmith; Worges, Amy; Wyki Pang; Yvonne Atwood; Colette Scrimger; Dennis Chernin; Dianne McCormick; Don Lawrenchuk; Hackert, Pamela B.; J. Daniel Woodall; Jennifer Morse; Juan Marquez; Larry Johnson (Ljohnson@shiawasseechd.net); Lauren Vogell; Linda Vail; Marcus Cheatham; Martha Hall (martha.hall@lenawee.mi.us); Michael Foust; Rashmi Travis; burns; Adenike Shoyinka
Subject: COVID-19 SOP & tip sheets
Attachments: nCoV_SOP_TEAM_3_12_2021.pdf; Immunization Records in MDSS Tipsheet 2_19_21.docx; COVID19MDSSTipSheet_3_12_2021.pdf

Hi all,

The MDHHS COVID-19 SOP was updated on 3/12/2021 and posted to www.michigan.gov/cdinfo (and attached here).

SOP Changes include:

- Added information about new emerging SARS-COV-2 and WGS
- Added information about testing in higher education settings
- Added information about vaccine break-through/failure cases
- Added guidance for fully vaccinated individuals
- Added COVID-19 variant considerations for close contacts
- Updated travel sections based on CDC's newest guidance
- Added information for high-risk referral process for those using MDHHS State Case Investigators
- Updated links to new epidemic orders

I've attached two additional documents:

- Tip sheet on how you can query MCIR for a COVID case's immunization record from within MDSS
- COVID-19 Case Report Form tip sheet (updated 3/12/2021)

Please let me know of any questions/concerns.

Thanks,
Meghan

Meghan Weinberg, PhD, MPH
Epidemiologist - Region 1

Surveillance and Infectious Disease Epidemiology Section
Michigan Department of Health and Human Services
Cell: (517) 749-2153

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Deb Fuller

From: Michigan Health Alert Network <b57dd669-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>
Sent: Friday, February 12, 2021 4:25 PM
To: Jimmie D. Woodall
Subject: COVID-19 Recommendations for Vaccinated Persons

Jimmie Woodall,

Background

On February 10, 2021 CDC updated the Interim Clinical Considerations for User of mRNA COVID-19 Vaccines Currently Authorized in the United States section on Public Health recommendations for vaccinated persons, <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>. While mRNA COVID-19 vaccines have demonstrated high efficacy at preventing severe and symptomatic COVID-19, there is currently limited information on how much the vaccines might reduce transmission and how long protection lasts. In addition, the efficacy of the vaccines against emerging SARS-CoV-2 variants is not known. Although the risk of transmission from vaccinated persons to others is still uncertain, vaccination has been demonstrated to prevent symptomatic COVID-19; symptomatic and pre-symptomatic transmission is thought to have a greater role in transmission than purely asymptomatic transmission. Additionally, individual and societal benefits of avoiding unnecessary quarantine may outweigh the potential but unknown risk of transmission, and facilitate the direction of public health resources to persons at highest risk for transmitting SARS-CoV-2 to others. This recommendation to waive quarantine for people with vaccine-derived immunity aligns with quarantine recommendations for those with natural immunity, which eases implementation.

Fully vaccinated individuals

Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet **all of** the following criteria:

- Are fully vaccinated: Are within 3 months following receipt of the last dose in the series
 - 2 or more weeks following receipt of the second dose in a 2-dose series
 - 2 or more weeks following receipt of one dose of a single-dose vaccine
- Have remained asymptomatic since the current COVID-19 exposure

These criteria may be applied when considering work restrictions for fully vaccinated healthcare personnel with high-risk exposures, as a strategy to alleviate staffing shortages. Of note, exposed healthcare personnel would not be required to quarantine outside of work.

Persons who do not meet all of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

Exceptions to Waiving Quarantine

As an exception to the above guidance, **vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure** to someone with suspected or confirmed COVID-19. This exception is due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings.

Although not preferred, healthcare facilities could consider waiving quarantine for vaccinated patients and residents as a strategy to mitigate critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts.

COVID-19 Variant Considerations

On January 26, MDHHS shared a Health Alert Network message about the introduction of the B.1.1.7 variant to Michigan's population that included messaging on enforcement of a full 14-day quarantine period with monitoring of any close contacts of possible variant infections. However, a close contact of a B117 variant infection will not need to quarantine if the person meets **all of** the criteria listed above of being fully vaccinated, within the immune period, and continue to be asymptomatic.

Fully vaccinated individuals may be required to quarantine for 14 days if exposed to a different variant strain with the potential for reduced vaccine efficacy. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html>

Continued Public Health Measures

Fully vaccinated persons who do not quarantine should still watch for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including SARS-CoV-2 testing. In addition, vaccinated persons should continue to follow current guidance to protect themselves and others, including all other testing recommendations and requirements, including travel requirements. At this time, vaccinated persons should continue to follow current guidance to protect themselves and others, including:

- Wearing a mask
- Staying at least 6 feet away from others
- Avoiding crowds
- Avoiding poorly ventilated spaces
- Covering coughs and sneezes and washing hands often
- Following CDC travel guidance
- Following any applicable workplace or school guidance, including guidance related to PPE use or SARS-CoV-2 testing.

For more information, please see <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

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Thank you,
Michigan Health Alert Network

Deb Fuller

From: Michigan Health Alert Network <b6aa3fa6-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>
Sent: Monday, March 8, 2021 9:16 PM
To: Colette Scrimger
Subject: B.1.351 Variant COVID 19 Infection Identified in Michigan
Attachments: Variant of Concern Talking Points U.docx

Colette Scrimger,

Local Health Partners:

MDHHS Bureau of Laboratories has identified a case of COVID-19 variant B.1.351 in a male child from Jackson County. Variant B.1.351 was first identified in South Africa in October, 2020. Cases caused by this variant were first reported in the United States at the end of January, 2021. Currently, more than 80 cases of the B.1.351 variant have been detected in the United States in 21 states, including the newly identified Michigan case. At this time, the case is being investigated and close contacts are being contacted to determine if there are additional cases.

B.1.351, like other variants, is believed to be more contagious, but there has been no evidence that it affects the clinical outcomes or disease severity differently compared to the SARS-CoV-2 that has been circulating across the U.S. for months. However, a higher rate of transmission could increase the number of people who need to be hospitalized or who lose their lives to COVID-19 should the new variant begin circulating widely in Michigan. This is the only known case in Michigan at this time, however it is possible that there are more that have not been identified. Scientists are still evaluating how well COVID-19 vaccines work against this new variant.

Protective actions that prevent the spread of COVID-19 will also prevent the spread of both identified variants in Michigan, B.1.1.7 and B.1.351, including:

- Getting vaccinated for COVID-19
- Wearing a mask around others
- Staying six feet apart from others
- Washing hands often
- Ventilating indoor spaces

Viruses constantly change through mutation, and new variants of a virus are expected to occur over time. MDHHS's Bureau of Laboratories identified the variant in this individual's sample and will continue to conduct whole genome sequencing to quickly identify any variants of interest, including B.1.351. Whole genome sequencing allows scientists to examine the genetic material of pathogens, including SARS-CoV-2. Over the past 10 months, laboratories across Michigan have been submitting samples to the state public health laboratory for surveillance to help monitor the emergence of any variants of concern. MDHHS Bureau of Laboratories prioritizes additional specimens for whole genome sequencing when there is increased concern for a new variant of the virus, such as in people with a travel history to places where the variant is known to be circulating.

As of March 8, Michigan has also identified 516 cases of the B.1.1.7 variant in 23 Michigan jurisdictions.

At this time, information is limited and changing rapidly. The latest information is available at Michigan.gov/Coronavirus and CDC.gov/Coronavirus.

This message is being sent to Local Health Department Health Officers, Medical Directors, Emergency Preparedness Coordinators, and PIOS, and Tribes, HCC's, as well as Regional Epidemiologists and Epidemiologists in Communicable Disease Division and CHECC Executive Staff.

You may respond by doing one of the following:

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Option# Response:

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Thank you,
Michigan Health Alert Network

Deb Fuller

From: Taylor Olsabeck
Sent: Friday, February 19, 2021 11:06 AM
To: Jimmie D. Woodall; Colette Scrimger
Cc: Sue Thuma
Subject: B.1.1.7 Variant Update

Good morning,
To provide an update on the COVID-19 Variant situation for BEDHD...

Today we had another variant confirmed. This person is inpatient at Sparrow and was an identified close contact to our first variant case. Our first variant had 2 other close contacts (14 yo and 20 yo) both contacts tested negative and have completed quarantine.

In addition to the two confirmed variant cases we have 9 other cases being treated as suspected variant. 3 of these have samples pending sequencing at BOL and we are working to get the others sent to BOL.

We have adjusted our contact tracing protocol per MDHHS's direction. Close contacts to suspected variant cases are being traced by BEDHD staff and not Traceforce. These close contacts are being contacted daily and will remain in quarantine for the full 14 days.

Regards,

Taylor Olsabeck, MS
Epidemiologist
Barry Eaton District Health Department
1033 Healthcare Dr.
Charlotte, MI 48813
Work: (517) 541-2600
Cell: (517)231-6916
Fax:(517) 541-2666
www.barryeatonhealth.org
www.facebook.com/barryeatonhealth



**Barry-Eaton District
Health Department**

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Deb Fuller

From: Henderson, Tiffany (DHHS) <HendersonT1@michigan.gov>
Sent: Sunday, February 7, 2021 8:03 PM
To: Jackie Anderson; Taylor Olsabeck; Colette Scrimger; Jimmie D. Woodall
Cc: Weinberg, Meghan (DHHS); Collins, Jim (DHHS); Johnson, Shannon (DHHS); Henderson, Justin (DHHS); LyonCallo, Sarah (DHHS); Soehnlen, Marty (DHHS)
Subject: B.1.1.7 Variant Identified: Eaton
Attachments: MDHHS-BOL request for SARS-CoV-2 sequencing shipping submission (1).pdf; COVID Sequence Req Form.docx

Importance: High

Good Evening,

As you know, using genetic sequencing, we've been actively looking for variant of COVID-19 infections from specimens across the state. Today, we were notified by the MDHHS Bureau of Labs of additional B.1.1.7 variants in Michigan. Notes on the variant case in Eaton Co are included below:

MDSS Investigation ID: XXXXXXXX
Onset Date: Not available
Specimen collection date: 01/27/2021

While we know that the variant is in Michigan, we continue to advise on aggressive public health response to reduce spread while collectively we work to distribute vaccines.

On January 26, MDHHS shared a Health Alert Network message about the introduction of the B.1.1.7 variant to Michigan's population that included the following messaging:

The SARS-CoV-2 B.1.1.7 variant is thought to have emerged in the United Kingdom and has since been detected in many countries and states. This variant is concerning because it is associated with increased transmissibility. Compared to the wild-type virus, the B.1.1.7 variant is approximately 50 percent more transmissible, leading to faster spread of the virus and potentially increasing numbers of cases, hospitalizations, and deaths. Therefore, additional levels of public health intervention are required once the variant has been identified.

Fundamentally, this is a race for coverage of our population; a race that pits vaccination efforts against the transmission of infections. In this effort, public health is working to minimize both the known serious consequences of COVID-19 infections, as well as the over-all impacts on our limited healthcare resources. The B.1.1.7 variant offers the infection a speed boost in this race, which must be accounted for in our public health response. Efforts to slow transmission will allow for more of our population to be protected through vaccination.

Public health mitigation measures aimed to minimize the impact of this variant strain in our communities include the following recommendations.

When evaluating a confirmed or probable COVID-19 case or a contact with any possible epidemiologic links to a confirmed variant case, variant infection should be assumed -- an assumption

that requires immediate and decisive action involving case isolation, identification of all possible contacts, and quarantine.

- The collection of all travel, exposure, and contact information during case investigations is critical in evaluating risk of variant infection.
- Strictly enforce isolation and quarantine protocols

During the isolation of B.1.1.7 variant infections and the quarantine of associated contacts, enhanced monitoring, including twice daily check-ins, is strongly recommended. Cases and close contacts should be educated about the increased risk of transmission with the variant strain.

Strict enforcement and assurance of full 14-day quarantine period with monitoring, regardless of the symptom status of any close contacts of possible variant infections.

Employ active efforts to identify all possible contacts of cases with consideration to expanding the infectious period based on symptoms and testing. The inclusion of an extra day before onset may help identify additional persons infected with the variant virus.

- Emphasize testing in affected areas
- Expand testing capacity in areas where the variant has been detected.
- Work closely with affected communities on messaging around testing.
- Actively work to obtain testing for exposed individuals, particularly those that are known to have been exposed to the variant strain.
- Promote submission of isolates for genetic sequencing
 - Guidance and forms supporting specimen collection have been provided to Michigan Laboratory Directors and are attached to this communication.
 - Appropriate Specimens for Sequencing
 - SARS-CoV-2 residual samples, at least 500 ul, to be frozen and sent to the state laboratory in the specimen tube on a weekly basis.
 - Acceptable specimens for the Novel 2019 Coronavirus (SARS-CoV-2) sequencing analysis are
 - Nasopharyngeal swabs in viral transport medium, Amies Transport Media, or PBS;
 - Nasal swabs in viral transport medium, Amies Transport Media, or PBS;
 - OP swabs in viral transport medium, Amies Transport Media, or PBS;
 - Nasal aspirates;
 - Mid-turbinate swabs in viral transport medium, Amies Transport Media, or PBS;
 - Sputum.
- Promote testing of individuals who have traveled out of Michigan in last 14 days, especially to areas in which the new variants are widely circulating. This should be emphasized in all regions, even those in which the variant has not yet been identified.

Fundamentally, we are again asking that you re-visit the investigation, confirm isolation was met appropriately, re-check for contacts, actively confirm quarantine and collect specimens from close contacts for testing/sequencing. At the MDHHS we are of course, available to discuss further at your convenience.

Thank you,

Tiffany

Tiffany Henderson, MPH
Manager - Regional Epidemiology Unit
Surveillance and Infectious Disease Epidemiology Section
Communicable Disease Division
Michigan Department of Health and Human Services
Direct line: 517-284-4949
hendersont1@michigan.gov

Main line: 517-335-8165
Main fax: 517-335-8263

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Deb Fuller

From: Michigan Health Alert Network <b553e1e6-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>
Sent: Thursday, February 11, 2021 12:36 PM
To: Colette Scrimger
Subject: B.1.1.7 variant detected in Kent County

Colette Scrimger,

Dear colleagues,

On February 6th, the B.1.1.7 variant was detected in a specimen from an individual in Kent County, a patient whose symptoms began in late January.

The SARS-CoV-2 B.1.1.7 variant is thought to have emerged in the United Kingdom and has since been detected in many countries and states. This variant is associated with increased transmissibility. Compared to the wild-type virus, the B.1.1.7 variant is approximately 50 percent more transmissible, leading to faster spread of the virus and potentially increasing numbers of cases, hospitalizations, and deaths. There is no indication that this variant impacts the effectiveness of vaccines.

This is a race for coverage of our population; a race that pits vaccination efforts against the transmission of infections. The B.1.1.7 variant offers the infection a speed boost in this race, which must be accounted for in our public health response. Efforts to slow transmission will allow for more of our population to be protected through vaccination. Public health mitigation measures to minimize the impact of this variant strain in our communities include the following.

- When KCHD is evaluating a COVID-19 case or a contact with any possible epidemiologic links to a confirmed variant case, variant infection is assumed
- Strictly enforce isolation and quarantine protocols with a 14-day quarantine period with monitoring, regardless of the symptom status of any close contacts of possible variant infections
- Cases and close contacts should be educated about the increased risk of transmission with the variant strain.

- Actively work to obtain testing for exposed individuals
- Promote testing of individuals who have traveled out of Michigan in last 14 days.
- Promote submission of isolates for genetic sequencing
 - Guidance and forms supporting specimen collection have been provided to Michigan Laboratory Directors and are attached to this communication.
 - Acceptable specimens for the Novel 2019 Coronavirus (SARS-CoV-2) sequencing analysis are
 - Nasopharyngeal swabs in viral transport medium, Amies Transport Media, or PBS;
 - Nasal swabs in viral transport medium, Amies Transport Media, or PBS;
 - OP swabs in viral transport medium, Amies Transport Media, or PBS;
 - Nasal aspirates;
 - Mid-turbinate swabs in viral transport medium, Amies Transport Media, or PBS;
 - Sputum.

For questions, please contact Cathy Armstrong, RN, Communicable Disease Program Supervisor at cathy.armstrong@kentcountymi.gov.

For further information: New Variants of the Virus that Causes COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant.html>

This HAN is being sent to the following roles in Region 6 and Allegan, Barry, and Eaton Counties:

CD/Infection Prevention, Communications/Public Information, Emergency Preparedness, EMS/First Responder, Epidemiology, Healthcare, Health Officer, and Physician/Medical Director.

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Option# Response:

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Thank you,
Michigan Health Alert Network

Deb Fuller

From: Anne Barna
Sent: Wednesday, February 10, 2021 10:23 PM
To: HD PPE; HD Executive Team; Jackie Anderson; Taylor Olsabeck; Jennifer Casarez
Subject: B. 1. 1. 7 more deadly :(



B.1.1.7 is 35% more deadly...

Just like any science, as more time passes (and the more and more studies come out), the more we learn. We know, from several studies now, that B.1.1.7 is more transmissible than preexisting variants (70% more efficient and rapid transmission). The virus does this by holding on even tighter to cells than before. We thought that B.1.1.7 wasn't more deadly. However, recent research is showing that it is. A [new study from the London School of Hygiene & Tropical Medicine](#) found that B.1.1.7 variant leads to change in disease severity. In other words, if you're infected with this new variant, your risk of dying is around 35% higher. So, if you're male aged 70-84 years old and tested positive using a PCR test, your risk of death increases from 4.7% (old variant) to 6.1% (new variant). For males aged 85+, death rate increases from 17.1% (old variant) to 21.7% (new variant). This study IS consistent with other preliminary work ([published by the New and Emerging Respiratory Virus Threats Advisory Group](#)) which found the fatality rate to be 36% higher for people infected with B.1.1.7

https://yourlocalepidemiologist.substack.com/p/variant-update?fbclid=IwAR1NzS1xzW_pE1PLqhMbl-Zdrn8HHJYaulr5vPfgZGFbX9fwK-N0SHXhmX8

Sent from my iPhone

Anne Klein Barna, MA
Planning and Health Promotion Director
Barry-Eaton District Health Department
abarna@bedhd.org
(517)541-2694 office
(517)652-9938 cell

Deb Fuller

From: Peter Dansky, CEO of Agena Bioscience <marketing@agenabio.com>
Sent: Thursday, March 25, 2021 12:32 PM
To: Jimmie D. Woodall
Subject: 15 min to chat? Same-day, low-cost variant testing

RE: Rapid, Cost-Effective SARS-CoV-2 Variant Screening with Broad Coverage

Dear Jimmie Woodall,

Our Agena Bioscience® team is proud to continue supporting public health and clinical laboratories in their fight against COVID-19. As the need to monitor SARS-CoV-2 variants has moved to the forefront of the public health response and management of the pandemic, I would like to notify you of a new solution to rapidly screen up to 1000s of positive samples per day for known variants of concern in a more efficient and cost-effective way than sequencing-based methods.

The MassARRAY® SARS-CoV-2 Variant Panel enables high-throughput molecular detection of 6 known SARS-CoV-2 variants to differentiate key lineages. As new variants of concern emerge, laboratories will have the flexibility to rapidly expand the content.

Some key features of our new panel include:

- **ACCURATE DETECTION** – Identify and differentiate among the B.1.1.7 (UK), B.1.351 (South Africa), P.1 (Brazil), Cluster 5/Mink (Denmark) and D614G SARS-CoV-2 lineages from A.1 (Wuhan).
- **HIGH THROUGHPUT** – Workflow that enables sample processing and generation of results for up to 1000s of samples on a single instrument in a single workday.
- **SIMPLIFIED INTERPRETATION** – Clear identification of variants of concern without the need for extensive bioinformatics analysis.
- **LESS THAN \$25 PER SAMPLE** – Low-cost reagents and automated results reporting save money and time.

The MassARRAY System is already being used daily to test tens of thousands of samples for COVID-19 under Emergency Use Authorization from the U.S. FDA, and it is ideally suited to rapidly screen millions of COVID-positive samples for the known SARS-CoV-2 strains - all at a low cost.

You can contact me personally if you or your colleagues have interest in learning more about our capabilities. As an alternative, [please complete this form](#) and an Agena representative will follow-up immediately to understand your goals and get you started.

Best Regards,

Peter Dansky

Chief Executive Officer, Agena Bioscience

4755 Eastgate Mall | San Diego, CA 92121

Office: 858-882-2600 | Email: Peter.Dansky@agenabio.com

With exception of the MassARRAY Dx and MassARRAY SARS-CoV-2 Panel, all other products are For Research Use Only. Not for use in diagnostic procedures.

Agena Bioscience, 4755 Eastgate Mall, San Diego, CA 92121, United States

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Deb Fuller

From: Taylor Olsabeck
Sent: Tuesday, March 30, 2021 6:46 PM
To: Anne Barna; Colette Scrimger; Jay VanStee; Jennifer Casarez; Jimmie D. Woodall
Cc: HD Covid Case Investigator
Subject: 3.30 Case Investigation

- New Outbreak
 - E-Tax office in Eaton county
- LTC New Outbreak
 - Eaton County Health and Rehab
- Breakthrough cases
 - We are several cases who are fully vaccinated and have confirmed covid. I am working on a better way to track this number so stay tuned...
 - We have at least 8 of these cases (4 Barry, 4 Eaton).
- B117 Variant
 - A new Eaton case was confirmed. This person spent time in Ingham County Jail which is now an outbreak.
- K – 12 – 15 new cases today
 - Outbreaks at TK HS, Eaton Rapids HS

Referral Date	COMPLETE	LTFU	Pending	Grand Total
3/24/2021	57	37	1	95
3/25/2021	67	48	10	125
3/26/2021	70	40	19	129
3/27/2021	34	19	15	68
3/28/2021	32	3	37	72
3/29/2021	44	7	66	117
3/30/2021	19	3	97	119
Grand Total	323	157	245	725

DISTRICT	ACTIVE
BARRY ISD	3
WEST LEARNING CENTER	3
BELLEVUE	6
BELLEVUE ELEMENTARY	3
BELLEVUE JR/SR HS	3
CHARLOTTE	3
CHARLOTTE HS	1
TRANSPORTATION	2
DELTON KELLOGG	3
DELTON KELLOGG ELEMENTARY	1
DELTON KELLOGG HS	2

Eaton Rapids	16
EATON RAPIDS HS	6
EATON RAPIDS MS	2
GREYHOUND INTERMEDIATE	3
LOCKWOOD ELEMENTARY	5
GRAND LEDGE	17
GRAND LEDGE HS	14
WACOSTA ELEMENTARY	1
WILLOWRIDGE ELEMENTARY	2
HASTINGS	11
HASTINGS HS	5
HASTINGS MS	2
SOUTHEASTERN ELEMENTARY	2
STAR ELEMENTARY	2
HOLT	3
DIMONDALE ELEMENTARY	1
HOLT HS	1
HOLT JUNIOR HIGH	1
LAKEWOOD	3
LAKEWOOD HS	3
OLIVET	14
OLIVET HS	10
OLIVET MS	4
POTTERVILLE	4
POTTERVILLE ELEMENTARY	1
POTTERVILLE HS	2
POTTERVILLE MS	1
ST GERARD	5
ST GERARD	5
THORNAPPLE KELLOGG	17
MCFALL ELEMENTARY	1
THORNAPPLE KELLOG MS	2
THORNAPPLE KELLOGG HS	14
WAVERLY	1
ADMINISTRATION	1
Grand Total	106

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Deb Fuller

From: Taylor Olsabeck
Sent: Monday, March 1, 2021 4:30 PM
To: Anne Barna; Colette Scrimger; Sue Thuma; Jimmie D. Woodall; Jay VanStee; Jennifer Casarez
Cc: HD Covid Case Investigator
Subject: 3.1 Covid Update

- Eaton county Deaths
 - 89 yo male, Country acres resident, died 2/26
 - 98 yo female, Country Acres resident, died 2.28
- BARRY COUNTY DEATHs
 - 93 YO MALE, INPATIENT PENNOCK, DIED 2/28 (Part of Pennock Outbreak)
 - 79 YO FEMALE. Died at home 2/8
- Country Acres AFC
 - 11 confirmed residents and 4 staff
 - All residents now have had covid
 - 5 residents have died of COVID
- Variant Update
 - Our Barry county resident who was confirmed as a variant is now classified as not a variant per BOL. That puts Barry at 0 confirmed variants, and 1 suspected variant.
- K-12 School Update
 - Grand Ledge HS
 - 5 new Basketball students confirmed +
 - 1 new Pom student Confirmed +
 - Outbreak is now at 32 people
 - 21 students, 2 coaches, 9 parents/siblings that attended games
 - Union Street (Eaton Rapids)
 - 1 positive staff, 38 people quarantined
 - Eaton Rapids HS
 - 1 positive student
 - Bellevue Jr/Sr high
 - 1 positive staff
 - Charlotte HS
 - 1 positive student, 21 students quarantined

Referral Date	Not Yet Contacted	Grand Total
2/23/2021		37
2/24/2021		36
2/25/2021		20
2/26/2021		27
2/27/2021	1	18
2/28/2021	1	13
3/1/2021	20	37
Grand Total	22	188

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Deb Fuller

From: Taylor Olsabeck
Sent: Monday, March 22, 2021 5:39 PM
To: Anne Barna; Colette Scrimger; Jimmie D. Woodall; Jennifer Casarez; Jay VanStee
Cc: HD Covid Case Investigator
Subject: 3.22 COVID update

- Variant B.1.1.7
 - 4 newly confirmed in Eaton
 - 1 newly confirmed in Barry
- New outbreaks
 - Alassane Daycare – Grand Ledge
- Olivet College – football team exposed by opposing team +
- K-12 NEW CASES
 - Charlotte HS – 1 student
 - Delton Kellogg Elementary – 1 staff
 - Delton Kellogg MS – 1 staff
 - Eaton Rapids HS – 3 students
 - Eaton Rapids MS -1 student
 - Greyhound (Eaton Rapids) – 1 student
 - Eaton Rapids Transportation -1 staff
 - Hastings MS -1 student
 - Hastings Food services -1 confirmed staff, 4 probable staff
 - Olivet HS -2 students
 - Thronapple Kellogg HS -1 student
 - Waverly HS -2 students
 - Lansing Catholic -2 students
 - Lansing Christian -1 student

Referral Date	COMPLETE	Lost to Follow Up	Pending	Total
3/16/2021	36	17	3	56
3/17/2021	34	7	8	49
3/18/2021	46	7	19	72
3/19/2021	31	9	31	71
3/20/2021	16	5	24	45
3/21/2021	9	1	27	37
3/22/2021	14	2	37	53
Grand Total	186	48	42	383

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Deb Fuller

From: Taylor Olsabeck
Sent: Thursday, February 25, 2021 4:08 PM
To: Anne Barna; Sue Thuma; Colette Scrimger; Jimmie D. Woodall; Jay VanStee; Jennifer Casarez
Cc: HD Covid Case Investigator
Subject: 2.25 Covid Update

- Eaton County Death
 - 87 yo female, Country acres resident, died 2/24
 - 92 yo female, country acres resident, inpatient McLaren, died 2/22
- Barry County death
 - 79 yo female, died at home, 2/8
- Variant
 - New confirmed variant in Eaton county (MDOC related)
 - 5 confirmed variants in Eaton residents, 1 in Barry resident
- New Outbreak
 - Precision Prototype: 7 cases
- AFC Update
 - Country Acres – 11 residents (3 deceased), 3 staff
- K-12 School Update
 - Olivet Schools
 - Fern Persons – 1 new student
 - Middle School - 1 new student
 - Grand Ledge HS
 - High School Boys Basketball – 1 coach
 - Grand Ledge Hays MS
 - Boys basketball –1 coach (same coach as the HS)
 - Charlotte Middle School
 - Boys basketball team was exposed by Waverly's team
 - See below for summary of active school cases

Referral Date	Not yet Contacted	Grand Total
2/19/2021		46
2/20/2021		5
2/21/2021		7
2/22/2021		42
2/23/2021	1	37
2/24/2021	1	36
2/25/2021	2	14
Grand Total	4	187

DISTRICT	ACTIVE
BELLEVUE	1
BELLEVUE JR/SR HS	1
CHARLOTTE	3

CHARLOTTE HS	3
GRAND LEDGE	15
GRAND LEDGE HS	13
HAYS MS	2
HASTINGS	1
HASTINGS HS	1
OLIVET	4
FERN PERSONS	3
OLIVET MS	1
POTTERVILLE	1
POTTERVILLE HS	1
WAVERLY	3
WAVERLY HS	2
WAVERLY MS	1
Grand Total	28

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Deb Fuller

From: Taylor Olsabeck
Sent: Monday, February 22, 2021 4:50 PM
To: Anne Barna; Jimmie D. Woodall; Sue Thuma; Colette Scrimger; Jennifer Casarez; Jay VanStee
Cc: HD Covid Case Investigator
Subject: 2.22 Covid Update

- Eaton Death
 - 81 yo female, confirmed variant, inpatient Sparrow, died 2/19
 - 81 yo male, died 2/13
- Barry Death
 - 83 yo male, inpatient Pennock, died 2/21, associated with Pennock outbreak.
- AFC Update
 - Country Acres (Eaton Rapids) – 10 residents, 2 staff
- Variant Update
 - Bellamy Creek
 - 2 new variants – 1 Eaton, 1 Barry
 - Total of 4 confirmed Variants from Bellamy Creek in BEDHD jurisdiction
 - Bye Financial and Insurance group
 - 1 confirmed variant (Eaton)
 - This business had been an outbreak (5 confirmed case)
 - Halbert Dairy Farm (Barry County Battle Creek)
 - 6 confirmed (Calhoun residents)
 - 7 suspect variants (6 Calhoun, 1 Barry)
- Outbreaks
 - Pennock Hospital – 6 staff, 4 residents (2 of which have died)
- K-12 School
 - Bellevue Jr/Sr High – 1 staff
 - Pottersville/Eaton RESA – 1 staff
- Case investigation Staff Time
 - EH and PPE staff were pulled into help with case investigation today.

Referral Date	Not Yet Contacted	Total
2/16/2021	0	31
2/17/2021	0	27
2/18/2021	0	23
2/19/2021	0	46
2/20/2021	0	5
2/21/2021	1	7
2/22/2021	5	35
Grand Total	6	174

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Deb Fuller

From: Taylor Olsabeck
Sent: Friday, February 19, 2021 4:18 PM
To: Anne Barna; Jimmie D. Woodall; Colette Scrimger; Sue Thuma; Jennifer Casarez
Cc: HD Covid Case Investigator
Subject: 2.19 Covid Update

- Eaton Death
 - 68 yo male, Eaton Rapids Medical Center ER, died 2/17
- AFC Update
 - Country Acres – 1 resident
- New outbreaks
 - Country Side Towing – 3 employees
 - Precision Prototype Eaton Rapids – 2 employees
- Olivet College
 - 1 Student Athlete (Track/Field)
 - Attended out of state meet.
- K-12 Schools
 - Olivet Middle School – 2 students
 - Travel Basketball team quarantined
 - Fern Persons Elementary (Olivet)– 1 student
- Variant Update – 1 new confirmed variant for Eaton.

Referral Date	Not yet Contacted	Grand Total
2/13/2021	0	13
2/14/2021	0	8
2/15/2021	0	10
2/16/2021	0	31
2/17/2021	0	27
2/18/2021	1	24
2/19/2021	18	40
Grand Total	19	153

Active School cases as of 2/19

DISTRICT	ACTIVE
CHARLOTTE	3
CHARLOTTE HS	2
GALEWOOD ELEMENTARY	1
OLIVET	3
FERN PERSONS	2
OLIVET MS	1
POTTERVILLE	1
POTTERVILLE HS	1
THORNAPPLE KELLOGG	2

THORNAPPLEKELLOGG HS	2
WAVERLY	1
WAVERLY HS	1
Grand Total	10

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Deb Fuller

From: Taylor Olsabeck
Sent: Thursday, February 18, 2021 4:37 PM
To: Anne Barna; Sue Thuma; Colette Scrimger; Jay VanStee; Jimmie D. Woodall; Jennifer Casarez
Cc: HD Covid Case Investigator
Subject: 2.18 Covid Update

- Eaton Death
 - 90 yo female, Country Acres Assisted living, inpatient McLaren, died 2/18
- K-12 School
 - Bellevue Jr/Sr High
 - JV Men's Basketball – quarantined due to opposing team + student
 - Bellevue Varsity Men's Basketball – quarantined due to opposing team + student
 - Waverly High School
 - Varsity Women's Basketball – quarantined due to + teammate
 - Charlotte High School
 - Charlotte Varsity Women's Basketball – 6 quarantined due to Waverly exposure.
 - Holt High School
 - Holt Varsity Women's Basketball – team quarantined due to Waverly Exposure
 - Grand Ledge High School
 - JV Men's Basketball – opposing team had a positive case. Determined no one from Grand Ledge was exposed.
 - Pottersville High School
 - Varsity Basketball – Quarantined due to + teammate at practice
 - Fern Persons Elementary (Olivet) – 1 staff
- Variant Update
 - The state lab has samples of 4 of our suspect variant cases pending sequencing

Referral Date	Not yet Contacted	Total
2/12/2021	0	18
2/13/2021	0	13
2/14/2021	0	8
2/15/2021	0	10
2/16/2021	0	31
2/17/2021	0	27
2/18/2021	7	19
Grand Total	7	126

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Deb Fuller

From: Taylor Olsabeck
Sent: Wednesday, February 17, 2021 4:19 PM
To: Anne Barna; Jimmie D. Woodall; Jennifer Casarez; Sue Thuma; Colette Scrimger; Jay VanStee
Cc: HD Covid Case Investigator
Subject: 2.17 Covid Update

- AFC Update
 - Country Acres in Eaton Rapids – 1 positive resident
- New Outbreaks
 - Michigan State Police Training Academy – 2 confirmed cases, most likely additional cases.
 - Spectrum Pennock Med/Surg floor – 4 staff, 4 residents
- Variant
 - We have been revisiting cases per MDHHS's request that may be related to the variant outbreak at Bellamy Creek Facility in Ionia.
 - Over the last 3 weeks we have had 10 cases who either work at Bellamy Creek or were exposed to someone who works there.

Referral Date	Not yet Contacted	Grand Total
2/11/2021	0	33
2/12/2021	0	18
2/13/2021	0	13
2/14/2021	0	8
2/15/2021	0	10
2/16/2021	0	30
2/17/2021	11	20
Grand Total	11	132

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Deb Fuller

From: Taylor Olsabeck
Sent: Tuesday, March 30, 2021 6:46 PM
To: Anne Barna; Colette Scrimger; Jay VanStee; Jennifer Casarez; Jimmie D. Woodall
Cc: HD Covid Case Investigator
Subject: 3.30 Case Investigation

- New Outbreak
 - E-Tax office in Eaton county
- LTC New Outbreak
 - Eaton County Health and Rehab
- Breakthrough cases
 - We are several cases who are fully vaccinated and have confirmed covid. I am working on a better way to track this number so stay tuned...
 - We have at least 8 of these cases (4 Barry, 4 Eaton).
- B117 Variant
 - A new Eaton case was confirmed. This person spent time in Ingham County Jail which is now an outbreak.
- K – 12 – 15 new cases today
 - Outbreaks at TK HS, Eaton Rapids HS

Referral Date	COMPLETE	LTFU	Pending	Grand Total
3/24/2021	57	37	1	95
3/25/2021	67	48	10	125
3/26/2021	70	40	19	129
3/27/2021	34	19	15	68
3/28/2021	32	3	37	72
3/29/2021	44	7	66	117
3/30/2021	19	3	97	119
Grand Total	323	157	245	725

DISTRICT	ACTIVE
BARRY ISD	3
WEST LEARNING CENTER	3
BELLEVUE	6
BELLEVUE ELEMENTARY	3
BELLEVUE JR/SR HS	3
CHARLOTTE	3
CHARLOTTE HS	1
TRANSPORTATION	2
DELTON KELLOGG	3
DELTON KELLOGG ELEMENTARY	1
DELTON KELLOGG HS	2

Eaton Rapids	16
EATON RAPIDS HS	6
EATON RAPIDS MS	2
GREYHOUND INTERMEDIATE	3
LOCKWOOD ELEMENTARY	5
GRAND LEDGE	17
GRAND LEDGE HS	14
WACOSTA ELEMENTARY	1
WILLOWRIDGE ELEMENTARY	2
HASTINGS	11
HASTINGS HS	5
HASTINGS MS	2
SOUTHEASTERN ELEMENTARY	2
STAR ELEMENTARY	2
HOLT	3
DIMONDALE ELEMENTARY	1
HOLT HS	1
HOLT JUNIOR HIGH	1
LAKEWOOD	3
LAKEWOOD HS	3
OLIVET	14
OLIVET HS	10
OLIVET MS	4
POTTERVILLE	4
POTTERVILLE ELEMENTARY	1
POTTERVILLE HS	2
POTTERVILLE MS	1
ST GERARD	5
ST GERARD	5
THORNAPPLE KELLOGG	17
MCFALL ELEMENTARY	1
THORNAPPLE KELLOG MS	2
THORNAPPLE KELLOGG HS	14
WAVERLY	1
ADMINISTRATION	1
Grand Total	106

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Deb Fuller

From: Dave Chapin <chapind@glcomets.net>
Sent: Thursday, March 25, 2021 12:42 PM
To: Katherine Bertolini; stewarmr@charlottenet.org; Kevin Robydek; Bill DeFrance (WDeFrance@erpsk12.org); Cindy anderson; Jennifer Varney; Sean Williams; Anne Barna; Jennifer Casarez; Taylor Olsabeck; Colette Scrimger; DAVID HORNAK; Sam Sinicropi
Subject: Weekly Mailing from GLPS
Attachments: All Families March 24.pdf

FYI ... latest info from GLPS, out to all families yesterday (3/24).

Hope and trust all is well.

Dave

.....
David Chapin
Interim Superintendent
Grand Ledge Public Schools

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Deb Fuller

From: Lauren Metcalfe
Sent: Thursday, February 18, 2021 10:22 AM
To: john08mandy@yahoo.com; andymacpherson@icloud.com; ashrovestarr@gmail.com; jonebar813@yahoo.com; Becky.lake@gmail.com; eschlerb02@gmail.com; bdunnnpa@gmail.com; caroline.lupini@gmail.com; fraleyc5@gmail.com; clpitchfor@yahoo.com; Timandchrisb@gmail.com; corinnelemon12@gmail.com; courtneyross906@outlook.com; Drfrankslcc@gmail.com; dlayne@camw.net; dmmcleod94@gmail.com; deb.small@comcast.net; yagermyster@aol.com; bartl132@msu.edu; erin.ries12@gmail.com; gprimrose@hotmail.com; yagermyster@aol.com; gginebaugh@deltami.gov; hlcasper7@gmail.com; heatherbouck@gmail.com; ndlebeis@msu.edu; janeywhitacre@gmail.com; jlsschaf; jasonmichef@gmail.com; dmmcleod94@gmail.com; jegroen@yahoo.com; zudorjen@gmail.com; jodi.smitter@gmail.com; karcherhome@yahoo.com; Katecrofts13@gmail.com; momzy@comcast.net; davidddwhit@aol.com; linettegrange@yahoo.com; reedli59@comcast.net; stillwind@gmail.com; Memareck@gmail.com; mattgroen@outlook.com; johnsorbet@wowway.com; mjmpem431@gmail.com; mpleyte@deltami.gov; clpitchfor@yahoo.com; mshocklee@att.net; mitchell.chermak@gmail.com; nickbnick@gmail.com; umflintpam@gmail.com; plemon@cata.org; reginagyoung@gmail.com; Rickjones24@gmail.com; rsmerrim@aol.com; lrstuart4951@hotmail.com; saharabasye@gmail.com; sheripecel@gmail.com; SRishar@house.mi.gov; Steven.chermak@gmail.com; steven@childandfamily.org; Suzanneemayhew@gmail.com; Terriebrownell@gmail.com; ttasm3@sbcglobal.net; thaselsc@gmail.com; poppw@outlook.com; karcherhome@yahoo.com; a.thatch23@gmail.com; awest@deltami.gov; ebuiocchi1@comcast.net; betsy.burwell@gmail.com; dsmcnabb328@gmail.com; kenger@att.net; dlwink57@hotmail.com; dnhomnick@comcast.net; vanpoperingj@gmail.com; starsweeper9@gmail.com; powers.k754@gmail.com; kjones@olivetcollege.edu; K1cjn1@gmail.com; lrstuart4951@hotmail.com; lsdickinson91@gmail.com; maryfmora@comcast.net; m.conklin52@live.com; mroberts@deltami.gov; nancycibulka@hotmail.com; noberst@deltami.gov; rmorrissey@deltami.gov; sruegsegger@waverlyk12.net; dnhomnick@comcast.net; tim@concealedcarrypartners.com; tmaier@deltami.gov
Cc: Colette Scrimger; Anne Barna; Sarah Surna; Christopher Hughes; Jennifer Casarez; Sue Thuma; Jackie Anderson; Emily Smale; Rebekah Condon
Subject: Volunteer Updates
Importance: High

Hi Everyone,

I hope you're all staying warm! I just had a few updates for you all this week:

1. *For those volunteering in Barry County-* next week, **our Wednesday (2/24) and Thursday (2/25) clinics will be held at the Ever After Banquet Hall located at 1230 N Michigan Ave in Hastings.** Please be sure you report here on these days instead of our Hastings office. All other clinics in Barry County that week will still be held at our Hastings Office. There are still many spots open at most of these clinics, especially at Ever After, as we had to add more volunteers to help with additional pods, so if you are able to pick up more shifts, it'd be greatly appreciated! We are also working to bring on additional volunteers but this process takes a bit of time. The Barry County schedule with location updates and additional volunteer spots added can be found here: <https://docs.google.com/spreadsheets/d/1znVuNfiM6tUlvYgoB5mAjtViNWEShEaTb8j7cMFa48/edit?usp=sharing>
2. I just wanted to remind all volunteers that we have face shields available for ALL volunteers. We highly recommend use of these, especially as the B117 variant has presented itself in Michigan.

3. We still do not know how many doses we will have allocated for next week but I will send out an email as soon as we get that information if we have to cancel a clinic again next week.
4. I am planning to add the March schedules to the existing Google sheets- but as mentioned previously, these will likely not be set until the end of next week. I can alert you all as soon as these are ready. I appreciate your patience! Just in case they have been misplaced, here are the Lansing Mall clinic schedule links:
 - a. Medical: <https://docs.google.com/spreadsheets/d/15HSoOteepAxsHxmGK77YeyO1geomd2CwGJKDx9fg97s/edit?usp=sharing>
 - b. Non-Medical: <https://docs.google.com/spreadsheets/d/1eoQN-sAK-j4hCvmPbPn-MSXOaGHehsDHh2odPTdlVyw/edit?usp=sharing>

Thank you so much, everyone! I know things are constantly changing but you have all been SO extremely fantastic to work with and seamlessly adapt to these changes! Please don't hesitate to reach out with any questions you might have.

Best,

Lauren Metcalfe, MA

Community Health Promotion Specialist

Barry-Eaton District Health Department

LMetcalfe@bedhd.org

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Phone: 269-945-9516 Fax: 517-543-7737

Eaton County: 1033 Health Care Dr., Charlotte, MI 48813
Phone: 517-543-2430 Fax: 517-543-7737

April 6, 2021

Derek Kravitz
Columbia University
2950 Broadway
New York, NY 10027

Re: 10-Business Day Extension to Respond to your FOIA Request

Mr. Kravitz,

Please be advised that your FOIA request received by Barry Eaton District Health Department on the 5th day of April, 2021 will require extra time to search for and respond to your request.

Pursuant to MCL 15.235(2)(d), I am extending the time to respond to your request. Accordingly, Barry-Eaton District Health Department will respond to your request on or before the 16th day of April, 2021.

Thank you,

Deb Fuller
Administrative Assistant
FOIA Coordinator

Deb Fuller

From: Taylor Olsabeck
Sent: Sunday, March 21, 2021 12:55 PM
To: CeeJay Calsada; Beth Erin; Emma Hagman
Cc: Colette Scrimger; Jackie Anderson
Subject: Variant Cases

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon,

We were notified of 4 new variant cases today (3 Eaton, 1 Barry). These are all older cases and their close contacts have already been released from quarantine. But when you get a chance can you call your case to inform them they were a variant case (B.1.1.7 / UK)

- 19710xxxxxx- Emma
- 197082xxxxx – Ceejay
- 197073xxxxx – Beth
- 197147xxxxx– this one was never investigated, Beth try calling this one? You don't need to do a full investigation as the test was from 2/19 and was never entered by the lab into MDSS

Taylor Olsabeck, MS
Epidemiologist
Barry Eaton District Health Department
1033 Healthcare Dr.
Charlotte, MI 48813
Work: (517) 541-2600
Cell: (517)231-6916
Fax:(517) 541-2666
www.barryeatonhealth.org
www.facebook.com/barryeatonhealth



**Barry-Eaton District
Health Department**

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Deb Fuller

From: Michigan Health Alert Network <b5e1601b-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>
Sent: Wednesday, February 17, 2021 11:24 AM
To: Colette Scrimger
Subject: Urgent - mAb Allocation and Distribution (02.17.21)
Attachments: How To Use NICA Locator_Patients (2).pdf; How To Use NICA Locator_Providers (3).pdf; mAbs One Pagers Combined.pdf; Promising Practices for COVID Antibo.pdf

Importance: High

Colette Scrimger,

Good Morning,

Contents

- (NEW) Bi-Weekly Allocation of mAb by MDHHS
- (NEW) Therapeutics Distribution and mAb locator options
- (NEW) Emergency Use Authorization for bamlanivimab + etesivimab
- (NEW) Casirivimab + imdevimab updated dose packaging
- Monoclonal Antibody Therapy – Patient Profile Forms
- (NEW) Duke-Margolis Promising Practices Materials
- Revised bamlanivimab Emergency Use Authorization to Decrease Infusion Time
- Medicaid Reimbursement Policy for mAb Infusion Therapy for COVID-19

Bi-Weekly Allocation of mAb by MDHHS

MDHHS asks that your facility/facilities communicate the following to Jason Smith (smithj20@michigan.gov) no later than 10:00 AM on Thursday, February 18: 1) whether your facility intends to opt-out of receiving bamlanivimab for the current cycle, and 2) whether your facility intends to opt-out of receiving casirivimab + imdevimab for the current cycle.

Hospitals who do not anticipate administering mAb therapy in the coming two weeks should specifically opt out for this allocation period by communicating to Jason Smith as indicated above.

Therapeutics Distribution and mAb Locator Options

The week of February 14, 2021 marks the fourteenth week of monoclonal antibody (mAb) therapeutics being allocated to sites throughout the State of Michigan. Michigan's allocation for this week has yet to be released, though MDHHS will continue to use Hospital COVID-19 Confirmed Admission data from EMResource as a means to estimate the number of locally qualifying patients for mAb therapy. Additionally, past use of the medication will be factored into future allocations.

It is important for hospitals to note that the mAb medications being provided are intended to serve the broad local community. This could include federally qualified health centers, independent outpatient clinics, free-standing infusion centers, long-term care facilities, home care settings, and other sites. Hospitals should readily make their supplies of mAb medications available to qualified healthcare organizations within their communities to maximize access to qualifying priority patients. Any outpatient clinic, free-standing infusion center, or home care provider interested in obtaining and administering monoclonal antibody therapies are encouraged to contact Jason Smith (smithj20@michigan.gov).

The US Department of Health and Human Services has launched an online ‘Therapeutics Distribution Locations’ map that can be viewed here: <https://protect-public.hhs.gov/pages/therapeutics-distribution>.

Additionally, the National Infusion Center Association (NICA) has published a public facing “COVID-19 Antibody Therapy Locator” tool located at <https://covid.infusioncenter.org/>. Sites currently administering mAb are encouraged to visit this site, locate their facility, and claim/verify content for accuracy to ensure that treatment is accessible for both prescribers and the public. Please refer to the attached documents outlining best practices for using the NICA locator.

- How to Use NICA Locator_Prescribers and Patients
- How to Use NICA Locator_Providers

Emergency Use Authorization for bamlanivimab + etesivimab

The U.S. Food and Drug Administration (FDA) granted Emergency Use Authorization (EUA) for the investigational combination drug of bamlanivimab and etesivimab. The combination therapy is authorized to treat patients aged 12 and older who have confirmed mild to moderate COVID-19 and are at a high risk for progressing to severe COVID-19 and/or hospitalization. Timeline for distribution is not known at this time, though it is known that bamlanivimab + etesivimab will be distributed together and will not be intended to augment existing bamlanivimab supply currently on hand.

Click [here](#) to read the full news release from the drug manufacturer, Eli Lilly. Other resources for healthcare providers on bamlanivimab and etesivimab are:

- [Healthcare provider fact sheet](#)
- [FDA Authorization Letter](#)

Casirivimab + imdevimab updated dose packaging

Regeneron has provided an update on its initiative to reflect single dose packaging for casirivimab + imdevimab. The timeline for full reconfiguration of packaging is unknown the present time, though single patient courses of casirivimab + imdevimab will be shipped in 12” x 15” re-closable bag. Configurations may vary, as outlined below:

- **NDC #61755-035-02**
 - Two 11.1 mL vials per dose pack
- **NDC #61755-036-08**
 - Eight 2.5 mL vials per dose pack
- **NDC #61755-037-05 and NDC #61755-038-05**
 - Five vials (11.1 mL vial and four 2.5 mL vials) per dose pack

Furthermore, Regeneron will shift to single vial size dose pack labels. These labels will be placed on the pack bag referenced above; unique lot numbers will reflect the dose pack contents.

Monoclonal Antibody Therapy – Patient Profile Forms

MDHHS asks that facilities administering mAb continue to complete the patient provide forms linked below:

- **Monoclonal Antibody Therapy – Patient Profile**
 - <https://forms.office.com/Pages/ResponsePage.aspx?id=sgF4Zzdipk67Rltjfx6eroELYMLt2W5FvIKQ7QFuQSZUMjRaVe43VjM1MFJRTlICVzBMMk9HWVVBtI4u>

- **Monoclonal Antibody Therapy - Follow-up Report of Admission or Death**
 - <https://forms.office.com/Pages/ResponsePage.aspx?id=sgF4Zzdipk67Rltjfx6eroELYMLt2W5FvIKQ7QFuQSZUN1IGRzRXWUFTNEsyUUhXS1dCSU5DQThTNi4u>

Duke-Margolis Promising Practices Materials

The Duke-Margolis Center has continued to monitor allocation and access challenges for COVID-19 monoclonal antibodies, and recent clinical trial updates from Eli Lilly and Regeneron has published the attached “Promising Practices for Promoting Utilization of COVID-19 Monoclonal Antibody Treatments” materials, which includes recommendations for stakeholders across the health care ecosystem.

- Promising Practices for Promoting Utilization of COVID-19 Monoclonal Antibody Treatments
- mAb One Pagers Combined

Revised bamlanivimab Emergency Use Authorization to Decrease Infusion Time

Recently, the FDA authorized revised preparation and administration instructions in the [Fact Sheet for Healthcare Providers](#) for bamlanivimab alone. As seen below, these changes include shortened infusion times, ranging from 16-60 minutes, depending on the size of IV bag used.

These changes were made in response to feedback received from front-line healthcare professionals administering these infusions and are aimed at reducing the burden on the healthcare system.

Recommended Dilution and Administration Instructions for Bamlanivimab

Drug: Add 20 mL of bamlanivimab (1 vial) to a prefilled infusion bag and administer as instructed below

Size of prefilled 0.9% Sodium Chloride infusion bag	Maximum Infusion Rate	Minimum Infusion Time
50 mL	270 mL/hr	16 minutes
100 mL	270 mL/hr	27 minutes
150 mL	270 mL/hr	38 minutes
250 mL	270 mL/hr	60 minutes

Medicaid Reimbursement Policy for mAb Infusion Therapy for COVID-19

The MDHHS Medical Services Administration has announced the intent to provide reimbursement for mAb infusion services to Medicaid recipients of 100% of Medicare rates. The bulletin can be accessed at: https://content.govdelivery.com/attachments/MIDHHS/2021/02/02/file_attachments/1679464/MSA%2020-81-Injectables.pdf

For additional information specific to mAb distribution and administration, please refer to <https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Bamlanivimab/Pages/default.aspx> and https://www.phe.gov/emergency/events/COVID19/investigation-MCM/cas_imd/Pages/default.aspx.

For information on financial considerations from Medicare recipients, please refer to <https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion>.

Jason E. Smith

Medical Countermeasure Specialist

Bureau of EMS, Trauma, and Preparedness

Michigan Department of Health and Human Services

Mobile: 517-281-5362

This message is being sent to: LHD, EPC, HO and MD, MHA, MPA, Healthcare Associations, Hospitals with the Roles Administration, Healthcare, Physician, Communications and Pharmacy, HCC's, BETP and CHECC boxes and Leadership

You may respond by doing one of the following:

- Click the appropriate response in the following list of response options,
- Or, reply via email with your response option. Please note that you must include the number of your response option, such as **1**, in the body of your email in order for your response to be recorded.

Option# Response:

1. [Message Received.](#)

Thank you,
Michigan Health Alert Network

Deb Fuller

From: Michigan Health Alert Network <b4ebf87b-0005-3000-80c0-fceb55463ffe@notify.michiganhan.org>
Sent: Tuesday, February 2, 2021 3:49 PM
To: Colette Scrimger
Subject: Urgent - mAb Allocation and Distribution (02.02.21)
Attachments: COVID-19 mAbs Using Evolving Evidence.pdf

Importance: High

Colette Scrimger,

Good Afternoon,

Contents

- Bi-Weekly Allocation of mAb by MDHHS
- Therapeutics Distribution
- Revised bamlanivimab EUA to Decrease Infusion Time
- Monoclonal Antibody Therapy – Patient Profile Forms
- New Duke-Margolis Issue Brief on COVID-19 mAb
- New Medicaid Reimbursement Policy for mAb Infusion Therapy for COVID-19

Bi-Weekly Allocation of mAb by MDHHS

MDHHS asks that your facility/facilities communicate the following to Jason Smith (smithj20@michigan.gov) **no later than 5:00 PM on Wednesday, February 3, 2021**: 1) whether your facility intends to opt-out of receiving either bamlanivimab and/or casirivimab and imdevimab for the current cycle, and 2) whether your facility opts into and agrees to receive casirivimab + imdevimab monoclonal antibody therapy that still has the previously described investigational labels rather than the clear names of the medication contained in the vials.

Hospitals who do not anticipate administering mAb therapy in the coming two weeks should specifically opt out for this allocation period by communicating to Jason Smith as indicated above. Additionally, the federal government is putting in place a public facing website that will allow for the public to identify hospitals and healthcare facilities who have received mAb medications during this two week allocation period.

Therapeutics Distribution

The week of February 1, 2021 marks the twelfth week of monoclonal antibody (mAb) therapeutics being allocated to sites throughout the State of Michigan. Michigan's allocation for this week has yet to be released, though MDHHS will continue to use Hospital COVID-19 Confirmed Admission data from EMResource as a means to estimate the number of locally qualifying patients for mAb therapy. Additionally, past use of the medication will be factored into future allocations.

It is important for hospitals to note that the mAb medications being provided are intended to serve the broad local community. This could include federally qualified health centers, independent outpatient clinics, free-standing infusion centers, long-term care facilities, home care settings, and other sites. Hospitals should readily make their supplies of mAb medications available to qualified healthcare organizations within their communities to maximize access to qualifying priority patients. Any outpatient clinic, free-standing infusion center, or home care provider interested in obtaining and administering monoclonal antibody therapy are encouraged to contact Jason Smith (smithj20@michigan.gov).

The US Department of Health and Human Services has launched an online ‘Therapeutics Distribution Locations’ map that can be viewable here: <https://protect-public.hhs.gov/pages/therapeutics-distribution>.

Revised bamlanivimab Emergency Use Authorization to Decrease Infusion Time

Recently, the FDA authorized revised preparation and administration instructions in the [Fact Sheet for Healthcare Providers](#) for bamlanivimab alone. As seen below, these changes include shortened infusion times, ranging from 16-60 minutes, depending on the size of IV bag used.

These changes were made in response to feedback received from front-line healthcare professionals administering these infusions and are aimed at reducing the burden on the healthcare system.

Recommended Dilution and Administration Instructions for Bamlanivimab

Drug: Add 20 mL of bamlanivimab (1 vial) to a prefilled infusion bag and administer as instructed below

Size of prefilled 0.9% Sodium Chloride infusion bag	Maximum Infusion Rate	Minimum Infusion Time
50 mL	270 mL/hr	16 minutes
100 mL	270 mL/hr	27 minutes
150 mL	270 mL/hr	38 minutes
250 mL	270 mL/hr	60 minutes

700 mg of bamlanivimab (20 mL) is added to an infusion bag and administered as a single intravenous infusion.

Monoclonal Antibody Therapy – Patient Profile Forms

MDHHS asks that facilities administering mAb continue to complete the patient provide forms linked below:

Monoclonal Antibody Therapy – Patient Profile

- <https://forms.office.com/Pages/ResponsePage.aspx?id=sgF4Zzdipk67Rltjfx6eroELYMLt2W5FvIKQ7QFuQSZUMjRaVE43VjM1MFJRTiICVzBMMk9HWVVBti4u>

Monoclonal Antibody Therapy - Follow-up Report of Admission or Death

- <https://forms.office.com/Pages/ResponsePage.aspx?id=sgF4Zzdipk67Rltjfx6eroELYMLt2W5FvIKQ7QFuQSZUN1IGRzRXWUFTNEsyUUhXS1dCSU5DQThTNi4u>

New Duke-Margolis Issue Brief on COVID-19 mAb

The Duke-Margolis Center has continued to monitor allocation and access challenges for COVID-19 monoclonal antibodies, and recent clinical trial updates from Eli Lilly and Regeneron has published the attached issue brief that provides an update on the state of promising mAb evidence and outlines a feasible path forward for continuing to build that evidence.

Specifically, the issue brief outlines a basic approach for efficiently treating patients with the antibody supply available, maximizing the impact of that supply, and generating further evidence to inform use:

- Prioritize access based on risk of serious consequences of COVID-19 infection, utilizing risk models where available and appropriate to more accurately predict and further define patients who may benefit most
- Establish or augment existing COVID-19 registries to include data on treated and nontreated patients and to support observational studies to augment mAb evidence
- Track key endpoints, including allergic/other reactions, emergency room visits, hospitalization, mechanical ventilation (if available), and death (if available)
- Conduct real-world analyses of key questions related to use, safety, and effectiveness
- Characterize the utility and limitations of such rapid observational analysis, particularly for generating actionable insights that could help to refine clinical practice while additional randomized trials continue to add to the larger mAb evidence base
- Explore the feasibility of conducting practical real-world randomized studies through health care organizations participating in the registries, focusing on questions that reflect current standards of care and where placebo controls are not needed – for example, studies of alternative doses of mAbs

New Medicaid Reimbursement Policy for mAb Infusion Therapy for COVID-19

The MDHHS Medical Services Administration has announced the intent to provide reimbursement for mAb infusion services to Medicaid recipients of 100% of Medicare rates (currently ~\$309 per patient). The bulletin can be accessed at:

https://content.govdelivery.com/attachments/MIDHHS/2021/02/02/file_attachments/1679464/MSA%2020-81-Injectables.pdf

For additional information specific to mAb distribution and administration, please refer to <https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Bamlanivimab/Pages/default.aspx> and https://www.phe.gov/emergency/events/COVID19/investigation-MCM/cas_imd/Pages/default.aspx.

For information on financial considerations from Medicare recipients, please refer to <https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion>.

This message is being sent to: LHD, EPC, HO and MD, MHA, MPA, Healthcare Associations, Hospitals with the Roles Administration, Healthcare, Physician, Communications and Pharmacy, HCC's, BETP and CHECC boxes and Leadership

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- Or, reply via email with your response option. Please note that you must include the number of your response option, such as **1**, in the body of your email in order for your response to be recorded.

Option# Response:

1. [Message Received.](#)

Thank you,
Michigan Health Alert Network

Deb Fuller

From: Jackie Anderson
Sent: Sunday, March 7, 2021 11:59 AM
To: Jimmie D. Woodall
Cc: Sue Thuma
Subject: UPDTED Janssen J&J standing order
Attachments: COVID_Janssen_Standing Order 3.2021 DRAFT.docx; Janssen-Standing-Orders3.6.pdf

Here is an updated Janssen standing order.
CDC posted their official version (attached) yesterday.
Perfect timing.
Please let me know of anything that needs to be altered, otherwise please sign and date!
Thanks!
Jackie

From: Jackie Anderson
Sent: Friday, March 5, 2021 9:24 PM
To: Jimmie D. Woodall <JWoodall@bedhd.org>
Cc: Sue Thuma <SThuma@bedhd.org>
Subject: Janssen J&J standing order

Hi Dr. Woodall.
The health department received 1400 doses of the new Janssen Johnson & Johnson COVID-19 vaccine.
600 doses are in Barry and 200 of those are specifically designated for those persons 65 years and older.
800 doses are in Eaton.

Next week in Barry we are having a 65+ clinic where we will only administer the Janssen vaccine. (around 380 doses)
We are planning to use this vaccine for AFC, homebound, etc. We will be visiting two of these locations on Monday.

I kept waiting for the CDC to release their COVID vaccine standing order template for the Janssen vaccine, but I haven't seen it yet.
SO attached is my version. It follows the same format as the Moderna and Pfizer standing orders.
Once the CDC posts the template I will insert the link and verify all of the information.
I used the EUA for HCP and the clinical considerations webpage for accurate wording.

Looks like you already signed because I used the Moderna signed WORD doc from January. ☺
Please let me know if you see anything that needs to be changed. Otherwise, you can officially 'sign' and add the date!
Or if you have any other questions regarding our COVID-19 vaccination process, I would be happy to respond.

Thank you.

Jackie Anderson, BSN, RN
Personal Health Supervisor
Communicable Disease & Immunization Program Coordinator
Barry Eaton District Health Department
janderson@bedhd.org
517.541.2625
517.652.2580 cell
www.barryeatonhealth.org



**Barry-Eaton District
Health Department**

Deb Fuller

From: Reimink, Bethany (DHHS) <ReiminkB@michigan.gov>
Sent: Friday, March 12, 2021 2:55 PM
To: Aimee Mullendore; Alex Bergmooser; Angelique Joynes; Ashlei Fisher; Ashley Huver (amhuve@kalcounty.com); Brandon Vallee; Brooke Callaghan; cdavis@bchdmi.org; Celia Banuelos; Colette Scrimger; David Fowler; Dawn Chovanec; dbaker@vbcassdhd.org; Donna Payne; Eric Pessell; Ericka Mueller (emueller@bchdmi.org); Erin Radke; Erin Somerlott; Gabby Axtell; Guy Miller; Jackie Anderson; James Cook; JBeeching@vbcassdhd.org; Jeff Elliot; Jenni Zordan; Jennifer Casarez; Jennifer Evans; Jim Rutherford; Jimmie D. Woodall; Kali Nichols; Kathy Younkers-Wright; Kevin Green; Kim Bell (kbell@bchdmi.org); Kim E. Kutzko; Kim Vogt; Kristie Baker; Larry Wile; Laura Korten; Lauren N Smith; Lauren Vogel; Lisa Letts; Mary Franks; Nicki Britten; Nicole Wilson; Nikki Karazim; paborn@kalcounty.com; burnsr; Richard Tooker; Rick Johansen; Shaquilla Brinkley (stbrin@kalcounty.com); Sue Thuma; William Nettleton (wdnett@kalcounty.com); Yvonne Atwood
Subject: Updated SOP

Hi All,

The latest SOP is now available. It can be found at www.mi.gov/cdinfo at the top of the 'Current Issues & Updates' box.

SOP Changes include:

- Added information about new emerging SARS-COV-2 and WGS
- Added information about testing in higher education settings
- Added information about vaccine break-through/failure cases
- Added guidance for fully vaccinated individuals
- Added COVID-19 variant considerations for close contacts
- Updated travel sections based on CDC's newest guidance
- Added information for high-risk referral process for those using MDHHS State Case Investigators
- Updated links to new epidemic orders

If you have any questions, please let me know!

Bethany Reimink, MPH
Region 5 Epidemiologist
Surveillance and Infectious Disease Epidemiology (SIDE) Section
Michigan Department of Health & Human Services

Desk: 269-373-5293 | Cell: 517-719-0407 | Email: ReiminkB@michigan.gov
Physical Address: 311 East Alcott St, Kalamazoo, MI 49001 - Kalamazoo County Health & Community Services

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Deb Fuller

From: Rodney Sadler
Sent: Wednesday, March 3, 2021 2:38 PM
To: Adam Morris; assistantchief@windsortownship.com; Blair Ballou; Brenda Hall; Chambers, Brian; chief@windsortownship.com; Christopher Lake; Cindy Anderson; Clayton Rider; Colette Scrimger; Connie Sobie; Dan Parshall; Dave Scutt; Donna Webb; Eric Daley; ethompson@bedhd.org; Glenn Freeman; Greg Ginebaugh; Jackie Ewing; Jamie Lovelave; Jeff Campbell; Jeffrey Parshall; Jerri Nesbitt; John Fuentes; John Imeson; John Vanhoesen; Jonathon Merrick; Kelley Cunningham; Kevin Fullerton; Kevin Holland; Lt. Jeff Yonker; Mark Wriggelsworth; Michael Armitage; Mike Martin; Mike Roman; Paul Spata; Perry Orton; Rebekah Anderson; rhale@hgbhealth.com; Robert Hughes; Robert Stahelin; Rodney Sadler; Rod Sadler; Rodney VanDeCastelee; Ross Tyrell; Ryan Morrissey; Ryan Wilkinson; Sandra Stallard; Scott Brooks; Sheri Mandeville; Steve Shaver; Terrance Augustine; Tim James; Tim Vandermark; tjamesbentontwpfire@gmail.com; Tyger Fullerton; Britney Gardner (gardn1bn@gmail.com); chief@bellevuefiremi.com; Don Buck (dbuckbentontwpfire@gmail.com); Eric Bernard (bernardeo515@gmail.com); Francis Dhuyvetter; Jason Freer (jasfreer@aol.com); Jeff Wetzel; Jeremy Milam; Jim Ivy; John Collins (john.collins@olivetfire.org); John Truba (jtruba@hgbhealth.com); Johnny Fullerton (jfullerton@charlottemi.org); Matt Emery (mattemeryvfd@hotmail.com); Rob Herig (ertfd1201@yahoo.com); Roger McNutt (rmcnutt@cityofeatonrapids.com); Scott Blackmer (slb@lbwl.com); Stuart Black (sblack.bellevuemfrs@gmail.com); Tom Owen; Tom Owen (tom.owen@olivetfire.org); weswaldo701@gmail.com; Chris Blievernicht; Jeffrey Cook; Larry Weeks; pbrentar@charlottemi.org; Richard Barry; Shawn Garcia; Thomas Osterholzer; Tim Griffin; Tom Reich
Subject: Situation Rpt 69
Attachments: Situation Report 69.pdf; BEDHD Eaton Data Report for 3-2-21.pdf; JIC News Release 442 - Updated MDHHS Updates Orders.pdf

All,

Attached is the SitRep69 in addition to the BEDHD weekly report. Ryan has also included the press release from the SEOC.

Rod Sadler

Regional Planner
911 Courthouse Drive
Charlotte, MI 48813
517-543-5560



Deb Fuller

From: Peter Dansky, CEO of Agena Bioscience <marketing@agenabio.com>
Sent: Tuesday, March 16, 2021 9:33 AM
To: Jimmie D. Woodall
Subject: Same-day, low-cost SARS-CoV-2 variant surveillance

RE: Rapid, Cost-Effective SARS-CoV-2 Variant Screening with Broad Coverage

Dear Jimmie Woodall,

Our Agena Bioscience® team is proud to continue supporting public health and clinical laboratories in their fight against COVID-19. As the need to monitor SARS-CoV-2 variants has moved to the forefront of the public health response and management of the pandemic, I would like to notify you of a new solution to rapidly screen up to 1000s of positive samples per day for known variants of concern in a more efficient and cost-effective way than sequencing-based methods.

The MassARRAY® SARS-CoV-2 Variant Panel enables high-throughput molecular detection of 6 known SARS-CoV-2 variants to differentiate key lineages. As new variants of concern emerge, laboratories will have the flexibility to rapidly expand the content.

Some key features of our new panel include:

- **ACCURATE DETECTION** – Identify and differentiate among the B.1.1.7 (UK), B.1.351 (South Africa), P.1 (Brazil), Cluster 5/Mink (Denmark) and D614G SARS-CoV-2 lineages from A.1 (Wuhan).
- **HIGH THROUGHPUT** – Workflow that enables sample processing and generation of results for up to 1000s of samples on a single instrument in a single workday.
- **SIMPLIFIED INTERPRETATION** – Clear identification of variants of concern without the need for extensive bioinformatics analysis.
- **LESS THAN \$25 PER SAMPLE** – Low-cost reagents and automated results reporting save money and time.

The MassARRAY System is already being used daily to test tens of thousands of samples for COVID-19 under Emergency Use Authorization from the U.S. FDA, and it is ideally suited to rapidly screen millions of COVID-positive samples for the known SARS-CoV-2 strains - all at a low cost.

You can contact me personally if you or your colleagues have interest in learning more about our capabilities. As an alternative, [please complete this form](#) and an Agena representative will follow-up immediately to understand your goals and get you started.

Best Regards,

Peter Dansky

Chief Executive Officer, Agena Bioscience

4755 Eastgate Mall | San Diego, CA 92121

Office: 858-882-2600 | Email: Peter.Dansky@agenabio.com

With exception of the MassARRAY Dx and MassARRAY SARS-CoV-2 Panel, all other products are For Research Use Only. Not for use in diagnostic procedures.

Agena Bioscience, 4755 Eastgate Mall, San Diego, CA 92121, United States

[Unsubscribe](#) [Manage preferences](#)

Deb Fuller

From: Weinberg, Meghan (DHHS) <WeinbergM1@michigan.gov>
Sent: Wednesday, March 10, 2021 7:30 AM
Subject: RICE Meeting Materials 2/23/21
Attachments: R1 Epi RICE Meeting 2_23_21.pdf; RICE Minutes Feb 23 2021.pdf; SARS-CoV-2 Sequencing_RICE mtg.pdf; FLUVID Slides Diana Riner 2_23_21.pdf

Hello,

Many thanks to all who attending the RICE meeting on February 23, 2021. Attached are copies of the presentations and minutes. Extra thanks to Drs Riner and Blankenship from MDHHS Bureau of Lab for speaking with us.

Please save the date for the next meeting on Wednesday June 2, 2021 from 11:30a – 1pm. Please let me know if there are any topics you'd like to discuss or hear more about!

Thanks,
Meghan

Meghan Weinberg, PhD, MPH
Epidemiologist - Region 1
Surveillance and Infectious Disease Epidemiology Section
Michigan Department of Health and Human Services
Cell: (517) 749-2153

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From: Weinberg, Meghan (DHHS)
Sent: Monday, February 22, 2021 5:01 PM
Subject: RICE meeting tomorrow

Hello,

Reminder: tomorrow (2/23) is our next Region 1 Infection Control, Communicable Disease, and Epidemiology (RICE) Meeting from 11:30 -1p.

Agenda

- COVID sequencing update – Heather Blankenship, PhD, Bioinformatics and Sequencing Section Manager, MDHHS Bureau of Laboratories
- Flu/Fluvid update – Diana Riner, MS PhD, Virology and Immunology Section Manager, MDHHS Bureau of Laboratories
- Epi update – Meghan
- Round table – everybody. We'll go around the 'room' for people to mention any interesting items, successes, challenges they've encountered and/or ask questions to the group.

If you didn't receive the outlook appointment with the Teams meeting link, please let me know.

Thanks,
Meghan

Meghan Weinberg, PhD, MPH

Epidemiologist - Region 1

Surveillance and Infectious Disease Epidemiology Section

Michigan Department of Health and Human Services

Cell: (517) 749-2153

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Deb Fuller

From: Sarah Surna
Sent: Monday, February 8, 2021 10:52 AM
To: Colette Scrimger
Cc: Anne Barna
Subject: RE: Press release re: B117 case

Yes, I don't imagine we'd share more than what was in the press release.

Best,
Sarah

From: Colette Scrimger
Sent: Monday, February 8, 2021 10:49 AM
To: Sarah Surna <SSurna@bedhd.org>
Subject: Re: Press release re: B117 case

Approved.

Are you prepared to respond to media requests on this?

From: Sarah Surna <SSurna@bedhd.org>
Sent: Monday, February 8, 2021 10:45 AM
To: Colette Scrimger <CScrimger@bedhd.org>
Subject: Press release re: B117 case

Hi Colette,
Here is a draft regarding the case of B117 variant in Eaton County. It has been reviewed by Anne. I plan to send it out today.
Best,

Sarah Surna, MSSA, MPH
Community Health Promotion Specialist
Barry-Eaton District Health Department
SSurna@bedhd.org
(517) 541-2606
www.barryeatonhealth.org



**Barry-Eaton District
Health Department**

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Deb Fuller

From: Sarah Surna
Sent: Wednesday, March 17, 2021 8:53 AM
To: Colette Scrimger; Anne Barna
Subject: RE: WNEM TV5 Request - COVID-19 variant at Grand Ledge Public Schools

We responded to him yesterday – denied interview due to him being local news out of Bay/Saginaw Counties. Thank you for forwarding.

Best,
Sarah

From: Colette Scrimger
Sent: Wednesday, March 17, 2021 8:51 AM
To: Anne Barna <ABarna@bedhd.org>; Sarah Surna <SSurna@bedhd.org>
Subject: FW: WNEM TV5 Request - COVID-19 variant at Grand Ledge Public Schools

Colette Scrimger, MSW

Health Officer

Barry-Eaton District Health Department
1033 Healthcare Drive
Charlotte, MI 48813
cscrimger@bedhd.org
(517) 541-2602
(269) 798-4112
Mobile: (517) 490-9452

From: Stephen Borowy [<mailto:Stephen.Borowy@wnem.com>]
Sent: Tuesday, March 16, 2021 11:16 AM
To: Colette Scrimger <CScrimger@bedhd.org>
Cc: WNEM Digital <WNEMDigital@meredith.com>
Subject: WNEM TV5 Request - COVID-19 variant at Grand Ledge Public Schools

Good morning,

We saw a report that the B.1.1.7 COVID-19 variant has been reported at Grand Ledge Public Schools. Can you confirm this and tell us how many cases of the variant have been reported with any additional information? When responding please reply to all as I may be out of the office.

Thank you

Stephen Borowy
Digital Content Producer
WNEM-TV5
107 N. Franklin Street | Saginaw, MI 48607
(989) 758-2145 | www.wnem.com



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Deb Fuller

From: /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F275F8F40F954CDDDB84B1532AAC2A894-COLETTE SCR
Sent: Thursday, April 1, 2021 11:04 AM
To: Mohar Chatterjee; jimmie.woodall@spectrumhealth.org
Cc: Derek R. Kravitz; bf2439@columbia.edu
Subject: RE: Questions for Barry Eaton Health Dept. about B.1.1.7 Variant Outbreaks

- 1. Can you confirm that a MDOC employee — a woman who first tested positive on Jan. 4 by the Barry-Eaton District Health Department — was the original B117 variant case that led to the outbreak at Bellamy Creek and wider community spread?** No – this case they are referencing was the first case we became aware of, however this person had a known exposure to another coworker prior to becoming sick. It was likely the variant was in the prison prior to being made aware of the this Eaton case. This case's sample (from her 1/27 test) was sequenced by chance and that is why we learned of the variant outbreak in the prison.
- 2. Per the Barry-Eaton District Health Department, this employee “was not forthcoming with information and took a lot of prodding to get what information we did collect.” The case told local health officials that MDOC told her the Jan. 4 test was a false positive and she did not isolate at the time of this test. Is that correct? Does MDOC have a response on this employee not providing information to local health officials, as well as other MDOC employees refusing to provide information about COVID exposure to local health departments and volunteer contact tracers?** BEDHD has a positive result for this person from Jan 4th. We had not been able to reach the person at that time and they were sent an unable to contact letter. It is likely that she was not infected with B117 at that time. She took another test on January 27th that ended up being sequenced and identified as B117. On Feb 7th, we were informed of this result and variant status, and we had a staff person go to this person's house as we still could not reach her. The case later called BEDHD back and was fully cooperative in the investigation at that time. Later, we learned that this person had also tested negative through Sparrow on Jan 4 and Jan 5 which is why MDOC told her she was a false positive on her positive test on Jan 4. Negative tests are not reported to the health department so this is not abnormal that we were not aware of this.
- 3. This employee had a known exposure to a coworker on Jan. 26, identified as a positive strain of the virus and ID'd as Ingham 19703489145. The original MDOC employee tested positive again on Jan. 27 and began developing symptoms. Three of her contacts — two of her daughters and the third MDOC Ingham employee — were ID'd and the Ingham MDOC employee tested positive for the variant and was hospitalized at Sparrow. Did the Ingham MDOC employee hospitalized at Sparrow eventually recover?** This information is incorrect. The Ingham individual (co-worker) was determined to be the source of exposure, not a close contact of the Eaton MDOC woman. The Eaton MDOC woman had 3 close contacts. 2 were her daughters and 1 was her mother. Her mother passed away on 2/19 at Sparrow.
- 4. Taylor Olsabeck, an epidemiologist for Barry Eaton District Health Department, identified new outbreaks related to the UK variant among police academy trainees and at Spectrum Health Pennock. Olsabeck noted that at least two cases had been confirmed at the Michigan State Police Training Academy and stated that there were “most likely additional cases.” At least eight cases were confirmed at Spectrum Pennock hospital on the medical/surgical floor among four staff and four residents. “Over the last 3 weeks, we have had 10 cases who either work at Bellamy Creek or were exposed to someone who works there,” Olsabeck wrote. The outbreaks at the Michigan State Police Training Academy and at Spectrum Health Pennock are not confirmed or suspected B117 variant clusters. Bellamy Creek is considered to be a B117 cluster because typically once a variant is sequenced and found in one individual, the entire cluster is considered to be that variant. Keep in mind that relatively few COVID-19 tests are sequenced (and thus would be able to be identified as a variant).**
- 5. Can the Barry Eaton Health Department speak to its protocols regarding quarantine and COVID exposure amongst staff, with regard to the larger communities where they live and work? Is there a comment on this larger community spread from Bellamy Creek to workplaces in Eaton**

County of the new, more virulent strain? As Bellamy creek is outside of BEDHD jurisdiction I have no comment regarding that specific workplace. In general when we are made aware of a cluster of cases a person from the environmental health division at BEDHD follows up with the place of business to discuss COVID protocols including contact tracing, cleaning and disinfecting, and reducing the chance of disease spread in the building.

6. Among the workplaces/locations that reported B117 variant cases possibly tied to exposure with a Bellamy Creek MDOC employee: The Country Acres Adult Care Home in Eaton Rapids; Bye Financial Insurance Group in Eaton; Halbert Dairy Farm in Battle Creek; Spectrum Penncock Hospital; the Michigan State Police Training Academy; and Ingham County 911 Dispatch. A number of these clusters are located in Barry and Eaton counties. **The only confirmed clusters by Michigan Bureau of Laboratories were Bellamy Creek, Bye Financial, and Halbert Dairy. We were not notified of these other businesses having a confirmed B117 case.**
7. **Is there any connection between these clusters? For example, is there a connection between the Bellamy Creek variant strain outbreak and the Bye Insurance Group outbreak? What is the origin of each cluster?** We do not know the origin of the clusters. The original Eaton resident had a known exposure to the Ingham county coworker mentioned above. The Bye insurance group did not have any known exposures.
8. **How many people in total died of the COVID B.1.1.7 variant in Eaton County?** This is unknown as not all covid tests are sequenced so we do not have a total count of the number of people with the B117 variant.
9. Separately, an 81-year-old woman in Eaton died at Sparrow Hospital on Feb 19. An 81-year-old man died on Feb. 13. An 83-year-old Barry man died at Penncock on Feb. 21, all of the B.1.1.7 variant. **The 81 year old Eaton woman who died on Feb 19th was a case connected to MDOC case, so is considered likely to be B117 variant. The Pennock cases were not confirmed B117 variant.**
10. **How could the variant spread from a Bellamy Creek MDOC employee to elderly people in Eaton County? In the department's view, could the variant spread have been lessened or mitigated with better resources/better coordination/better response?** The elderly person in Eaton who died was a household member to our MDOC case. Similar to other areas of the state, Eaton County cases are likely now a mix of B117 variant, other variants, and wild-type COVID-19. Without sequencing each test, it's difficult to gauge precisely the intrusion of variants in the community. However, we continue to recommend classic COVID-19 mitigation measures, including mask-wearing, handwashing, remote work, social distancing, as well as keeping gatherings outdoors and small if virtual is not possible. We also recommend that people get vaccinated as soon as it's available to them.

Colette Scrimger, MSW

Health Officer

Barry-Eaton District Health Department

1033 Healthcare Drive

Charlotte, MI 48813

cscrimger@bedhd.org

(517) 541-2602

(269) 798-4112

Mobile: (517) 490-9452

From: Mohar Chatterjee [mailto:mc4958@columbia.edu]

Sent: Tuesday, March 30, 2021 3:12 PM

To: Colette Scrimger <CScrimger@bedhd.org>; jimmie.woodall@spectrumhealth.org

Cc: Derek R. Kravitz <drk2134@columbia.edu>; bf2439@columbia.edu

Subject: Re: Questions for Barry Eaton Health Dept. about B.1.1.7 Variant Outbreaks

Apologies, there was a typo in my previous email. These questions are intended for the Barry-Eaton Health Department.

Best,
Mohar Chatterjee

On Tue, Mar 30, 2021 at 2:55 PM Mohar Chatterjee <mc4958@columbia.edu> wrote:

Hello, Ms. Scrimger and Mr. Woodall,

We're working on a story on the B.1.1.7 COVID variant strains detected across Michigan and had some questions for the MDOC as part of an ongoing collaboration with the Detroit Free-Press.

The questions are in bold below and they come from hundreds of pages of FOIA responses we've obtained from MDHHS and Eaton, Ionia, Jackson, Oakland, Wayne, and Ingham counties, detailing the variant spread at Bellamy Creek and in other workplaces and facilities across the state.

If you have any questions, please feel free to contact me at mc4958@columbia.edu or by phone at +1 626 365 6395.

Our deadline for these questions is the end of day on Friday.

Thank you and regards,
Mohar Chatterjee
Documenting COVID-19
Brown Institute for Media Innovation

QUESTIONS FOR BARRY EATON HEALTH DEPARTMENT:

- 1. Can you confirm that a MDOC employee — a woman who first tested positive on Jan. 4 by the Barry-Eaton District Health Department — was the original B117 variant case that led to the outbreak at Bellamy Creek and wider community spread?** Per the Barry-Eaton District Health Department, this employee “was not forthcoming with information and took a lot of prodding to get what information we did collect.” The case told local health officials that MDOC told her the Jan. 4 test was a false positive and she did not isolate at the time of this test. **Is that correct? Does MDOC have a response on this employee not providing information to local health officials, as well as other MDOC employees refusing to provide information about COVID exposure to local health departments and volunteer contact tracers?**
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- 4. Among the workplaces/locations that reported B117 variant cases possibly tied to exposure with a Bellamy Creek MDOC employee: The Country Acres Adult Care Home in Eaton Rapids; Bye Financial**

Insurance Group in Eaton; Halbert Dairy Farm in Battle Creek; Spectrum Penncock Hospital; the Michigan State Police Training Academy; and Ingham County 911 Dispatch. A number of these clusters are located in Barry and Eaton counties. **Is there any connection between these clusters? For example, is there a connection between the Bellamy Creek variant strain outbreak and the Bye Insurance Group outbreak? What is the origin of each cluster?**

5. How many people in total died of the COVID B.1.1.7 variant in Eaton County?

6. Separately, an 81-year-old woman in Eaton died at Sparrow Hospital on Feb 19. An 81-year-old man died on Feb. 13. An 83-year-old Barry man died at Penncock on Feb. 21, all of the B.1.1.7 variant. **How could the variant spread from a Bellamy Creek MDOC employee to elderly people in Eaton County? In the department's view, could the variant spread have been lessened or mitigated with better resources/better coordination/better response?**

Deb Fuller

From: Ann Hepfer <ahepfer@tchd.us>
Sent: Tuesday, March 23, 2021 1:30 PM
To: 'Linda Vail'; 'Harrington, Christina'; 'Rebecca Burns'
Cc: 'mho'
Subject: RE: Quarantine

Honestly, we have not done this with basketball. We did talk about it yesterday since there is such an increase in the numbers and with the variant. Even though we have been at 10 days and allowed basketball we have not seen any additional cases on those teams. Maybe that is just luck....

Ann Hepfer

Health Officer for:

Tuscola County Health Department

1309 Cleaver Rd
Suite B,
Caro, MI 48723
Phone: 989-673-8117
Fax: 989-673-7490

Huron County Health Department

1142 S. Van Dyke Rd
Bad Axe, MI 48413
Phone: 989-673-8117
Fax 989-269-4181

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From: Linda Vail <LVail@ingham.org>
Sent: Tuesday, March 23, 2021 12:43 PM
To: Harrington, Christina <charrington@saginawcounty.com>; Rebecca Burns <burnsr@bhsj.org>
Cc: mho <mho@malph.org>
Subject: RE: Quarantine

I don't let athletes go back to play or practice until 14 days because the sport is high risk. When we have more outdoor non-contact sports, that could change, but I don't believe the 10 day option is appropriate for return to play practice. The CDC does say that the 4 additional days after the 10 day option do require consistent screening for symptoms and adherence to masks and distancing. Told my basketball teams that is not possible for basketball.

After 10 day quarantine the CDC guidelines say (I have a hard time seeing how basketball playing/practice complies with this)

After stopping quarantine, you should

- Watch for symptoms until 14 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.
- Wear a mask, stay at least 6 feet from others, wash your hands, avoid crowds, and take other steps to [prevent the spread of COVID-19](#).

Linda S. Vail, MPA
Health Officer
5703 S. Cedar Street • Lansing, MI 48906
P: 517-887-4311
Fronums: She/Her/Hers



From: Harrington, Christina <charrington@saginawcounty.com>
Sent: Tuesday, March 23, 2021 12:24 PM
To: Rebecca Burns <burnsr@bhsj.org>; Linda Vail <LVail@ingham.org>
Cc: mho <mho@malph.org>
Subject: RE: Quarantine

Thank you all for the quick responses....it does sound like we are on the same page which is great!
I have supers in particular looking at the CDC guidance and "likely transmission data" questioning with sufficient testing why are aren't going to 7 days. Which I suspect is to get their athletes back playing as quickly as possible. <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

We are sticking to 10 days but Rebecca you bring up a great point on the variants which does recommend full 14 days!
We have a handful of variants now and are dealing with the full 14 quarantine on a case by case basis, which likely is already passed when we get the sequencing back.

Thanks all!

Chris Harrington

Saginaw County  **HEALTH DEPARTMENT**
www.saginawpublichealth.org | @SaginawHealth

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From: Rebecca Burns <burnsr@bhsj.org>
Sent: Tuesday, March 23, 2021 12:15 PM
To: Linda Vail <LVail@ingham.org>
Cc: Harrington, Christina <charrington@saginawcounty.com>; mho <mho@malph.org>
Subject: Re: Quarantine

Because of widespread identification of variants in Michigan; I'd like to have MALPH ask MDHHS to consider removing Dr. Khalduhn's letter accepting the 10 day reduction. My Medical Director would like us to require 14 days for all, but having the MDHHS guidance out there about 10 days makes this difficult for staff who don't have time to argue with parents and others.

Rebecca A. Burns, M.P.H., R.S.
Health Officer

Branch-Hillsdale-St. Joseph Community Health Agency "Your Local Health Department"
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E: burnsr@bhsj.org



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From: "Linda Vail" <LVail@ingham.org>

To: "Rebecca A. Burns, M.P.H., R.S." <burnsr@bhsj.org>, "Christina Harrington" <charrington@saginawcounty.com>

Cc: "mho" <mho@malph.org>

Sent: Tuesday, March 23, 2021 12:05:48 PM

Subject: RE: Quarantine

I don't know about all of you but this happens to me all the time...I send an email then think of one more thing...so my apologies for yet another reply to this thread. The CDC guidance that these folks are reading also says this (between this and the guidance below, I get hold my ground with them using these other parts of that guidance).

CDC continues to endorse quarantine for 14 days and recognizes that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus.

Linda S. Vail, MPH
Health Officer
5703 S. Cedar Street • Lansing, MI 48909
P: 517-327-4311
Pronouns: She/Her/Hers



From: Linda Vail

Sent: Tuesday, March 23, 2021 12:02 PM

To: Rebecca Burns <burnsr@bhsj.org>; Christina Harrington <charrington@saginawcounty.com>

Cc: mho <mho@malph.org>

Subject: RE: Quarantine

Correct. Here is what the CDC page that they are reading also says. You can't read part of it that works for you and not all.

Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. Options they will consider include stopping quarantine

- After day 10 without testing
- After day 7 after receiving a negative test result (test must occur on day 5 or later)

Cinda S. Veil, MPA
Health Officer
5103 S. Cedar Street • Lansing, MI 48909
P: 517-887-4311
Fronzum: Shq/Hcr/Hcrs



From: Rebecca Burns <burnsr@bhsj.org>
Sent: Tuesday, March 23, 2021 11:59 AM
To: Christina Harrington <charrington@saginawcounty.com>
Cc: mho <mho@malph.org>
Subject: Re: Quarantine

We have been battling this and within the past week have messaged to all of our schools that the only reduction is 10 days and only then without a variant virus.

What is happening here is parents are reading CDC information and grabbing onto anything they can to allow their student athlete to get back to competition. I have pointed out that the reductions in quarantine are very clearly the decision of the local public health department.

Rebecca A. Burns, M.P.H., R.S.
Health Officer

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From: "Christina Harrington" <charrington@saginawcounty.com>
To: "mho" <mho@malph.org>
Sent: Tuesday, March 23, 2021 11:55:57 AM
Subject: Quarantine

Is anyone else allowing 7 days of quarantine for close contacts with negative test? I see the SOP from MDHHS still recommends 10, which we are doing, but I have been getting questions about the 7 days with a negative test within 48 hours since testing capacity is "sufficient".

Chris

Christina A. Harrington, M.P.H.

Health Officer/Director



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@SaginawHealth

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From: Rebecca Burns <burnsr@bhsj.org>
Sent: Tuesday, March 23, 2021 11:59 AM
To: Christina Harrington
Cc: mho
Subject: Re: Quarantine
Attachments: logo-bhsj-sm.png

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**Rebecca A. Burns, M.P.H., R.S.
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Chris

Christina A. Harrington, M.P.H.

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Deb Fuller

From: Linda Vail <LVail@ingham.org>
Sent: Tuesday, March 23, 2021 12:02 PM
To: Rebecca Burns; Christina Harrington
Cc: mho
Subject: RE: Quarantine

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To: Christina Harrington <charrington@saginawcounty.com>
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Sent: Tuesday, March 23, 2021 11:55:57 AM

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Deb Fuller

From: Linda Vail <LVail@ingham.org>
Sent: Tuesday, March 23, 2021 12:06 PM
To: Rebecca Burns; Christina Harrington
Cc: mho
Subject: RE: Quarantine

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Linda S. Vail, MPH
Health Officer
5303 S. Cedar Street • Lansing, MI 48909
P: 517-887-4311
Fronum: Shq/Har/Har



From: Linda Vail
Sent: Tuesday, March 23, 2021 12:02 PM
To: Rebecca Burns <burnsr@bhsj.org>; Christina Harrington <charrington@saginawcounty.com>
Cc: mho <mho@malph.org>
Subject: RE: Quarantine

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Pronouns: She/Her/Her



From: Rebecca Burns <burnsr@bhsj.org>
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To: Christina Harrington <charrington@saginawcounty.com>
Cc: mho <mho@malph.org>
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Rebecca A. Burns, M.P.H., R.S.
Health Officer

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570 Marshall Rd, Coldwater, MI 49036
P: 517-933-3040 F: 517-278-2923 C: 269-501-2503
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From: "Christina Harrington" <charrington@saginawcounty.com>
To: "mho" <mho@malph.org>
Sent: Tuesday, March 23, 2021 11:55:57 AM
Subject: Quarantine

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Christina A. Harrington, M.P.H.
Health Officer/Director



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Deb Fuller

From: Mercatante, Annette <amercatante@stclaircounty.org>
Sent: Tuesday, March 23, 2021 12:10 PM
To: 'Linda Vail'; Rebecca Burns; Christina Harrington
Cc: mho
Subject: RE: Quarantine

Ditto to all comments below. We have a push now to reduce the distance for quarantine to 3 feet, consistent with the Ohio guidance and confusing the new CDC space guidance for student distancing.

My comments is that we would not loosen or reduce mitigation strategies AT ALL as we watch our cases go up. We are at 570 daily cases/million and 19.3% testing positivity. Most of our school shave paused at least Jr, and Sr High until spring break .(but are still having their extracurricular with weekly testing)...by the ways I just learned that the spring sports are starting to do tryouts and they are not testing those kids because they are not officially a team yet . egad. We got notified of our (5th) variant in a Jr. high student...

Annette Mercatante M.D. MPH

Medical Health Officer
amercatante@stclaircounty.org
810-987-5309



From: Linda Vail <LVail@ingham.org>
Sent: Tuesday, March 23, 2021 12:02 PM
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From: Rebecca Burns <burnsr@bhsj.org>
Sent: Tuesday, March 23, 2021 12:15 PM
To: Linda Vail
Cc: Christina Harrington; mho
Subject: Re: Quarantine
Attachments: logo-bhsj-sm.png

Because of widespread identification of variants in Michigan; I'd like to have MALPH ask MDHHS to consider removing Dr. Khalduhn's letter accepting the 10 day reduction. My Medical Director would like us to require 14 days for all, but having the MDHHS guidance out there about 10 days makes this difficult for staff who don't have time to argue with parents and others.

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Deb Fuller

From: Ann Hepfer <ahepfer@tchd.us>
Sent: Tuesday, March 23, 2021 12:39 PM
To: 'Harrington, Christina'; 'Rebecca Burns'; 'Linda Vail'
Cc: 'mho'
Subject: RE: Quarantine

Tuscola and Huron 10 days, no testing at 7 days.

From: Harrington, Christina <charrington@saginawcounty.com>
Sent: Tuesday, March 23, 2021 12:24 PM
To: Rebecca Burns <burnsr@bhsj.org>; Linda Vail <LVail@ingham.org>
Cc: mho <mho@malph.org>
Subject: RE: Quarantine

Thank you all for the quick responses....it does sound like we are on the same page which is great! I have supers in particular looking at the CDC guidance and "likely transmission data" questioning with sufficient testing why are aren't going to 7 days. Which I suspect is to get their athletes back playing as quickly as possible. <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

We are sticking to 10 days but Rebecca you bring up a great point on the variants which does recommend full 14 days! We have a handful of variants now and are dealing with the full 14 quarantine on a case by case basis, which likely is already passed when we get the sequencing back.

Thanks all!

Chris Harrington



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Deb Fuller

From: Dave Chapin <chapind@glcomets.net>
Sent: Monday, March 15, 2021 4:16 PM
To: Anne Barna
Cc: Cindy Brummette; John Ellsworth; Kimberly Manning; Colette Scrimger; Sarah Surna
Subject: Re: Press Release about Grand Ledge Outbreak/Variant?

Anne, Colette, or Sarah:

Please call me on my cell 517-881-7894 re: the joint letter from BEDHD and GLPS re: the detection of the COVID variant in the GLPS school community. Two things: I think there should be a "If you have questions, please contact -----," and 2) who signs for BEDHD? We have created a template for the letter with both logos. We didn't make more than a few minor edits to your draft, so we're ready to go.

Will await your phone call. Thank you!

Dave

.....
David Chapin
Interim Superintendent
Grand Ledge Public Schools

On Fri, Mar 12, 2021 at 5:27 PM Dave Chapin <chapind@glcomets.net> wrote:

Got it. Thanks, Anne. We will work on this over the weekend, and prepare to send out on Monday. I'll sign for GLPS. It would be great if we could co-sign with BEDHD. If so, who signs for the health department.? We could probably make arrangements to use both logos on the letterhead.

We'll be in touch.

Dave

.....
David Chapin
Interim Superintendent
Grand Ledge Public Schools

On Fri, Mar 12, 2021 at 4:46 PM Anne Barna <ABarna@bedhd.org> wrote:

Here is an initial draft of a letter. It is a very "health-department-y" letter, so perhaps you can add some language from the school perspective.

Thanks,

Anne

From: Dave Chapin <chapind@glcomets.net>
Sent: Friday, March 12, 2021 2:12 PM
To: Anne Barna <ABarna@bedhd.org>; Cindy Brummette <BrummetteC@glcomets.net>; John Ellsworth <EllsworthJ@glcomets.net>; Kimberly Manning <manningk@glcomets.net>
Cc: Colette Scrimger <CScrimger@bedhd.org>; Sarah Surna <ssurna@bedhd.org>
Subject: Re: Press Release about Grand Ledge Outbreak/Variant?

Anne, All:

After speaking with Cindy Brummette this morning, I was thinking we were headed toward a joint communication - BEDHD & GLPS - to our GL community list. "Press release" elevates it in my mind, but maybe that's just semantics. I do think it wise to combine any communication with the pop-up testing to take place next week in GL. I think I would prefer a joint letter from BEDHD and GLPS signed by both parties and sent to our "All Families" list, as opposed to a broader "press release." I'll be happy to sign for GLPS. And, yes, we would appreciate it greatly if you authored the first draft. We'll review and get it out early next week.

Make sense?

Dave

.....

David Chapin

Interim Superintendent

Grand Ledge Public Schools

On Fri, Mar 12, 2021 at 12:25 PM Anne Barna <ABarna@bedhd.org> wrote:

Hi Dave,

I heard from Taylor that there was interest from you folks in having a press release from the health department describing the GL outbreak and that there were a few cases with variant B.1.1.7 confirmed. We could also mention the popup testing event as well. We had not planned to send one out, but are certainly willing to do so. If we

proceed with this, we would draft it this afternoon with the intention of sending Monday am. We would send you a draft to review before it was sent in case you had any clarifications, etc.

Let me know what your thoughts are.

Anne Klein Barna, MA

Planning and Health Promotion Director

Barry-Eaton District Health Department

(517) 541-2694 work

(517) 652-9938 cell

abarna@bedhd.org

1033 Healthcare Drive

Charlotte, MI 48813

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Deb Fuller

From: Jimena Loveluck <loveluckj@washtenaw.org>
Sent: Monday, February 15, 2021 4:25 PM
To: Mercatante, Annette; mho
Subject: RE: Media release examples?
Attachments: COVID-19 Variant in Washtenaw County: Continue COVID-19 Precautions; COVID-19 Variant in Washtenaw County: Testing Encouraged; COVID-19 Variant in Washtenaw County

Hi Annette,

Much of the communication related to variants in Washtenaw County was coordinated with MDHHS and U-M. In addition, we did have an initial public exposure notification that we shared and encourage people to get tested and coordinated additional pop-up testing. Here are a series of press releases that we shared.

Jimena Loveluck, MSW

Health Officer

she/her/hers

Washtenaw County Health Department

P: 734-544-6781 • F: 734-544-6705

555 Towner Street, Ypsilanti, MI 48198



NEW RESOURCE: Visit www.healthforallwashtenaw.org for community health data, stories, and action.

From: Mercatante, Annette <amercatante@stclaircounty.org>
Sent: Monday, February 15, 2021 1:05 PM
To: mho <mho@malph.org>
Subject: Media release examples?

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Colleagues,

How have you dealt with variant found in your jurisdictions? Press release or other? What did you do to avoid HIPPA violations?

Thanks, this always happens on a long, snowy weekend...

Annette Mercatante M.D. MPH

Medical Health Officer

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www.scchealth.co | [f/scchdmi](https://www.facebook.com/scchdmi) | [t/scchdmi](https://twitter.com/scchdmi)



Deb Fuller

From: Mercatante, Annette <amercatante@stclaircounty.org>
Sent: Monday, February 15, 2021 1:28 PM
To: Colette Scrimger
Subject: RE: Media release examples?

Thanks Colette

Annette Mercatante M.D., M.P.H.

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From: Colette Scrimger <CScrimger@bedhd.org>
Sent: Monday, February 15, 2021 1:26 PM
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Subject: RE: Media release examples?

EMAIL ORIGIN EXTERNAL: Use proper judgment and caution when opening attachments, clicking links, or responding to this email.
Here is the release we used...

<https://www.barryeatonhealth.org/news/b117-variant-covid-19-identified-eaton-county>

Colette Scrimger, MSW

Health Officer

Barry-Eaton District Health Department
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Charlotte, MI 48813
cscrimger@bedhd.org
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