

Date: May 26, 2020
Memo to: Honorable John McIntyre, Chairman of the McLean County Board
Honorable Members of the McLean County Board
Ms. Camille Rodriguez, County Administrator
From: Jessica McKnight, McLean County Health Department Administrator
Re: McLean County Board of Health report on its readiness to support reopening

The McLean County Health Department (MCHD) has been asked by the County Board to evaluate its readiness to implement the Heart of Illinois (HOI) plan proposed by Peoria County. MCHD was first contacted about the HOI plan on May 11 and since that time the HOI plan has yet to be finalized, and I am not aware that any of the 11 counties in the proposed subregion have adopted the plan. Thus, my analysis proceeded on the assumption that McLean County would be moving forward on its own using the presented HOI framework.

As you will see from my analysis and comments, I do not believe the MCHD has the necessary systems in place nor resources to safely move forward on our own with the HOI plan at this time. Without the necessary systems and resources in place we cannot assure the safe reopening as proposed by that plan, and I have some concerns about how moving forward as a single county could impact our relationship with the State.

The Restore Illinois and HOI plans are both regional, phased approaches to reopen our state, guided by health metrics and with distinct business, education, and recreation activities characterizing each phase. The HOI Plan is designed for a subregion of the Restore Illinois' North-Central Region, made up of 11 counties including McLean County.

No matter the approach McLean County takes, as we reopen, we are likely to see increases in positive cases of COVID-19 as well as clusters and outbreaks that will require the time and expertise of McLean County Health Department (MCHD) staff. The MCHD was notified May 20 that we will be receiving \$2.8 million as part of a grant through the Illinois Department of Public Health (IDPH) for contact tracing efforts that allows us to obtain necessary resources and put aspects of our response to COVID-19 in place. The following aspects of MCHD's response remain constant:

- Testing is necessary to identify those who need to isolate

- Contact tracing is essential to investigate and identify close contacts that need to quarantine
- Cooperation from the public is necessary to mitigate the risk of outbreaks and disease spread
- Access to and analysis of data is necessary to identify trends in our response

Testing capacity

For the MCHD, 'robust' testing capacity is not represented by completing an exact number of tests each day or week; rather, it is ensuring the existence of access to testing for all symptomatic individuals, our critical infrastructure workers, and, especially, the uninsured and underinsured.

The MCHD is coordinating with the Illinois Department of Public Health (IDPH) to continue operating the Community Based Testing Site (CBTS) at the Interstate Center adding walk-up capabilities and discussing mobilizing the site to other locations in the community.

In preliminary discussions with Reditus, the lab that has taken over the operations of the Community Based Testing Site, the plan is for the site to remain open if there is need. Since access has been an issue for the current location at the Interstate Center, MCHD's Administrator will continue discussions with Reditus to identify at least one alternative location for the site by June 12. To facilitate an alternative location for the CBTS the MCHD will need the agreement of a facility near public transportation willing to host the site a minimum of a few days a week.

Despite the continuation of the CBTS the MCHD will continue conversations with Chestnut Health Systems for plans to expand the Federally Qualified Health Center's (FQHC's) current testing capacity, including mobile testing, and ensuring sustainability of testing efforts. Chestnut is currently providing testing two times a week to members of their medical home and has an estimated 90 test max throughput for their testing operations. The MCHD's initial goal for expanding Chestnut's testing includes starting with adding one additional day a week and planning to expand to more days and mobile testing in rural communities; collecting 100-150 specimens collected each a day.

We anticipate a need of 8-9 staff or volunteers for a drive-thru set-up and 6-7 for a walk-up arrangement. The MCHD plans to utilize some staff and Medical Reserve Corps (MRC) volunteers, but we will also need additional manpower to help with these sites.

If the nasopharyngeal collection kits are purchased medical personnel will be needed at the site to collect the specimens as this cannot be done by volunteers. Personal Protective Equipment (PPE) will also be necessary for those staffing the site. PPE needs include masks, gowns, gloves, and possibly face shields. If the nasopharyngeal collection kits are purchased more PPE will be needed than if the nasal swabs can be the test collection method.

The MCHD was notified May 20 that we will be receiving \$2.8 million as part of a grant through the Illinois Department of Public Health (IDPH) for contact tracing efforts. A portion of the IDPH funds received by MCHD can also support testing efforts and we will use them for purchasing testing supplies and PPE.

General Timeline for testing expansion:

- **Week of May 26th – May 29th:** identify a lab and the necessary processes for specimen collection; research the need for any additional standing orders and approach the MCHD medical director about standing orders
- **Week of June 1st – June 4th-** determine throughput and assess supply and Personal Protective Equipment (PPE) needs; on Friday, 6/4, observe FQHC’s testing process; identify available staff and volunteers; obtain supplies for specimen collection
- **Week of June 22nd – 26th:** begin training staff and volunteers; identify and/or develop forms to be used; finalize any other logistics
- **Week of June 29- July 3:** begin testing at the FQHC site and start planning to add drive-through or mobile testing

Contact Tracing

Contact tracing, notification, and quarantine are core disease control measures employed by local and state health department personnel for decades and a key strategy for preventing further spread of COVID-19. Contact tracing was developed in a time when few, if any, treatments were available for the many infectious diseases that affected communities. Today, these measures are especially relevant as we currently lack a vaccine or effective treatments for COVID-19.

Mitigation efforts for this response require tracers to connect with known patients to identify and alert their contacts of possible exposure. These contacts must then quarantine to ensure the safety of their families and communities, monitor their symptoms, and provide periodic updates back to the health department on their health status.

The MCHD, in its Communicable Disease (CD) section, currently maintains 5 staff and 1 supervisor that are trained and well-versed in contact tracing. These six employees can comfortably manage 20 active cases each, at a time when our community has seen, on average, 5 new cases daily in May (April-May was 3.5). These staff also currently complete all the contact notification and connect those in isolation and quarantine to resources. The MCHD has been able thus far to successfully follow up with all cases within 36 hours of notification of a positive lab result.

With our CD staff focusing most, if not all their time to case investigation and contact tracing, the MCHD has a capacity to manage an active caseload of 120.

In May, our community's daily average was 34 'active' cases (that includes those isolating at home or in the hospital). Our community most recently saw of its highest number, 77 active cases, due to an outbreak at a Long-Term Care Facility (when one nurse was managing 35 cases herself).

Internally, we are building capacity to assist with contact tracing efforts. In anticipation of the consequences of the shelter in place restrictions loosening and the movement of our community increasing, we have identified at least 6 MCHD staff for training as contact tracers. The focus of their training will include completion of IDPH- recommended training and observation of the case investigation and contact tracing process. Contact tracers need access to, at the minimum, the Illinois' National Electronic Disease Surveillance System (I-NEDSS) and REDCap system for data entry.

The MCHD plan to have these additional internal staff trained with access to the data systems and ready to begin utilizing them to follow up with contacts as needed by Friday, June 26.

The MCHD will use the \$2.8 million in grant funding (from IDPH) to support its contact tracing expansion. The MCHD will collaborate with the Human Resources Director in County Administration to plan for hiring temporary or contractual contract tracers. Based on what a few models show, at our current rate, we could need between 26 contact tracers and 45 contact tracers. After conversations with Human Resources Director in County Administration we are looking to start by hiring between 10 and 15 contact tracers for part-time, temporary work by July 31 with the possibility to hire more as needed.

In addition to training these contractual workers we will need to consult with the IDPH about getting access to the statewide data systems (I-NEDSS and REDCap) and engage with the legal department during this process to further explore confidentiality liability.

The responsibility of the intense case investigation, isolation monitoring, and contact information gathering will be led by the 6 trained CD staff. Contacts identified will be passed to the MCHD internal and contractual contact tracers to provide information, instruct on quarantine requirements, assist with any documentation the contact may need for their employer to quarantine, provide community resources to support quarantine, and then monitor the contact through email/telephone calls. If the contact develops symptoms, that contact will then be transferred back to a CD staff person to determine if testing is needed, issue isolation guidelines, and to identify any of their contacts.

With previous grant funds we purchased the technology necessary for our current disease investigation staff to be able to work remotely. The IDPH grant also allows for purchase of some additional technology to augment ongoing contact tracing efforts. All contact tracers will need computers, phones, and internet access.

Compliance and Enforcement

According to the Governor's executive order, four agencies are responsible for the enforcement of the executive order. Those designated agencies are the Illinois Department of Public Health (IDPH), Illinois State Police, Illinois State Fire Marshall, and the Illinois Liquor Commission. The IDPH stated their authority is delegated to certified local health departments through the Comprehensive Health Protection Grant (CHPG).

The Environmental Health division of the MCHD has been receiving and responding to complaints of non-compliance with the Governor's executive order as outlined in the steps below. As of May 20, the Environmental Health Division had received and responded to eighty-five social distancing and non-essential business operation complaints.

Complaint procedures

Communication-Sanitarians follow up with businesses on complaints from the public on social distancing or non-essential businesses to determine the validity of the complaint and implement the processes the businesses use to comply with the executive order.

Education-If the owner or manager of a business is found to be non-compliant, they are informed for the current requirements (executive order?). The sanitarian offers recommendations for corrective actions to minimize the risk of illness to employees and customers. Sanitarians will conduct an onsite visit at the request of the business management to assist in options for corrective action.

Repeated Complaints-The first two steps are repeated with businesses that have received second complaints of the same nature. The corporate office or upper management, if applicable, is notified of the repeated complaint. A request is made for management to submit a written plan of action to the Environmental Health division explaining the processes employed by the business to comply (with the executive order) as advised by the Illinois Attorney General's Office (OAG).

Non-Compliance/Cease and Desist-Businesses that choose to disregard requirements of the executive order or evade attempts made by division staff for communications are sent a letter explaining the receipt of the complaint, the requirements stated in the (executive order), and future actions to be taken by the division if additional complaints are received.

Retail food establishments located in Illinois, such as but not limited to restaurants, bakeries, and grocery stores, fall under the jurisdiction of the certified local health department serving the jurisdiction where the establishment is located. To achieve compliance without prosecution for additional businesses the MCHD collaborates with other state, federal, and local agencies to achieve compliance. Jurisdictional consistency for our businesses and for the public is essential. If McLean County moves forward with the HOI plan, the MCHD would still be bound to enforcement according to the guidelines of IDPH, and the other businesses to the guidelines being enforced by their state agencies.

The availability of clear, industry-specific guidance is important for the implementation of either plan. The Illinois Department of Commerce and Economic Opportunity (DCEO) has made a website available with guidelines and toolkit according to Restore Illinois phases. The MCHD will need cooperation from businesses to follow guidance from the DCEO. We will also need the collaboration with local law enforcement to follow-up on complaints about masking and public gatherings.

The MCHD has 7 sanitarians. With the extension of the Governor's Executive Order, these employees have been reassigned to focus on complaint follow-up, namely because the division has been advised by the IDPH—with intent to prevent the spread of COVID-19—to pause its regular food establishment inspections in the field. The MCHD plans to resume inspections of high-risk establishments in Phase 3, in preparation for reopening of restaurant dining areas in Phase 4.

Because both plans (Restore Illinois or HOI) allow businesses to open or expand operations, and because the MCHD maintains the role to follow up on received complaints or concerns, voluntary compliance of businesses with public health guidance and recommendations will be key. Also key to a successful reopening includes the public's cooperation with recommended social distancing and non-pharmaceutical interventions (Stay home when you are sick. Cover your coughs and sneezes with a tissue. Wash your hands often with soap and water) to help us control the spread of the virus.

To continue responding when there are complaints, the MCHD will need contractual contact tracers or additional sanitarians to also be trained to respond to complaints. We are currently using the Custom Data Processing (CDP) to log complaints and follow-up. All users must have licenses for the system. If using contractual workers, we will need to identify another method for complaint documentation or pay for the additional licenses.

Data

In both the Restore Illinois and the Heart of Illinois (HOI) plans advancement through the phases of recovery relies upon regional data for healthcare availability and positivity rates.

The Illinois Department of Public Health (IDPH) is compiling the regional data for the metrics in the Restore Illinois Plan and publicizing them in a dashboard on their website. The HOI plan includes additional metrics that Restore Illinois does not. The MCHD would need to access county-specific data on hospital admissions for COVID-Like Illness (CLI); first responder absenteeism; positivity rates; and requests for Person Protective Equipment (PPE).

The MCHD currently does not report on number of tests completed because testing data includes both serology antibody tests and polymerise chain reaction (PCR) tests. The antibody tests should not be reported when looking at diagnostic tests. In order to present accurate positivity rates for McLean County the MCHD would to filter out the antibody serology tests in I-NEDSS to only show polymerise chain reaction (PCR) tests in I-NEDSS. The MCHD Administrator has been working with the Epidemiologist from Peoria City/County Health Department to run these reports.

EMResource is a data system used to monitor and coordinate bed availability and hospital diversion status between health care organizations, emergency medical services and dispatch centers. Hospitals enter ICU bed usage, total bed availability and ventilator availability twice daily. The MCHD is currently tracking this data and looking to monitor COVID-Like Illness admissions (CLI).

The McLean County Emergency Management Agency (EMA) fulfills requests for PPE for first responders and other healthcare partners. No formal tracking method exists that monitors the time to fulfill requests for PPE. This is a metric of the Heart of Illinois plan that the MCHD would need the McLean County EMA to track.

The HOI plan requires all the data metrics to be made available for the public in a dashboard. The MCHD has a website that could be used to make additional data available. If moving forward necessitates the MCHD monitoring and compiling additional data, we will need time to get all the reports in place, hire an additional staff member to manage all the data, and have assistance from information technology staff to set up the dashboard. The MCHD will plan to complete the dashboard setup by the end of June.

Conclusions

The Peoria County Board has yet to adopt the HOI plan. Without the approval from all 11 counties, and especially the lead county, this subregion does not exist and therefore the HOI plan as it is written cannot be implemented. It is the observation of the MCHD that we need jurisdictional consistency for our businesses and for the public.

As an 11-county subregion, there was strength in numbers. Going out on our own, and against the Governor, leaves McLean County vulnerable to repercussions, including potential loss of state funding. In FY20 an estimated 32% of the McLean County Health Department's budget will come

from state grants. We have just received an additional \$2.8 million in a grant for contact tracing from IDPH that will be necessary for us to respond to COVID-19. Loss of state funding would either necessitate cuts to MCHD personnel leaving us incapable of maintaining the operations necessary for recovery, or the MCHD would need to request an increase to the tax levy to cover budget losses.

The MCHD has been able to manage our response to COVID-19 up to this point, however we to prepare for outbreaks and spikes in our case numbers we will need to have additional trained personnel that can be dedicated to contact tracing; the operation of Community Based Testing Sites; complaint investigation; and data analysis.

Restore Illinois, as it was presented on May 5 “is an initial framework that will likely be updated as research and science develop and as the potential for treatments or vaccines is realized.” We have already seen the Governor update the guidance in the Restore Illinois plan to include opening of childcare; restaurants and bars to outdoor seating; and certain outdoor recreation activities in earlier phases.

The differences between Phase 1 of the HOI plan and Phase 3 of Restore Illinois include: bars and restaurants being open for indoor dining; outdoor venues with fewer than 50 people open as approved; and indoor venues of less than 100 people open with guidance and review.

The Restore Illinois plan allows advancement between phases in a minimum of 28 days. Based on the metrics of the plan McLean County will be able to progress to phase 3 on May 29, and at the earliest could be in phase 4 at the end of June. In phase 4 of Restore Illinois we see bars and restaurants open and cinemas and theaters open.

The additional grant money from IDPH to expand testing and contact tracing allows us to add some of the personnel necessary to implement our response, however this will take time. We will be able to expand testing and internal contact tracing capacity and have access to the data for the metrics for McLean County by the end of June; and have contracted contact tracers trained and operational by the end of July.

Respectfully,
Jessica McKnight