



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
www.appletonwi.gov

Meeting Agenda - Final Board of Health

Wednesday, September 10, 2025

7:00 AM

Council Chambers, 6th Floor

1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

[25-1027](#) 08.13.2025 Board of Health Meeting Minutes

Attachments: [08.13.2025 BoardofHealth MeetingMinutes.pdf](#)

5. **Public Hearing/Apearances**

6. **Action Items**

[25-1032](#) Approve Tuberculosis Program Policy

Attachments: [N 205 0 Tuberculosis Program 08.27.2025.pdf](#)

[25-1033](#) Approve Active Tuberculosis Disease Case Management Procedure

Attachments: [N 205 1 PRO Active Tuberculosis Disease Case Management 08.27.2025.p](#)

[25-1034](#) Approve Latent Tuberculosis Infection Case Management Procedure

Attachments: [N 205 2 PRO Latent Tuberculosis Infection Case Management 08.27.2025.p](#)

[25-1035](#) Approve Tuberculosis Directly Observed Therapy Procedure

Attachments: [N 205 3 PRO Tuberculosis Directly Observed Therapy 08.27.2025.pdf](#)

[25-1036](#) Approve Tuberculosis Contacts Procedure

Attachments: [N 205 4 PRO Tuberculosis Contacts 08.27.2025.pdf](#)

[25-1037](#) Approve Tuberculosis Case Finding Procedure

Attachments: [N 205 5 PRO Tuberculosis Case Finding 08.27.2025.pdf](#)

7. **Information Items**

[25-1030](#)

Dangerous Animal Declarations

Attachments: [08.15.2025_DangerousAnimalDeclaration_Godfrey.pdf](#)[08.29.2025_DangerousAnimalDeclaration_Apollo.pdf](#)[25-1028](#)

New Noise Variances

Attachments: [NewApprovedNoiseVariances_BoH.pdf](#)[25-1029](#)

Health Department Newsletter

Attachments: [September 2025 Newsletter.pdf](#)

8. Adjournment

Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.

Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.



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Meeting Minutes - Final Board of Health

Wednesday, August 13, 2025

7:00 AM

Council Chambers, 6th Floor

1. Call meeting to order

Chairperson Cathy Spears calls the meeting to order at 7:02am.

2. Pledge of Allegiance

3. Roll call of membership

Present: 8 - Spears, Fuchs, Werth, Vogel, Kane, Alderperson Jones, Mayor Woodford and Alderperson Wolff

4. Approval of minutes from previous meeting

[25-0898](#)

Approve Minutes of 06.11.2025 Board of Health Meeting

Attachments: [06.11.2025_BoardofHealth_MeetingMinutes.pdf](#)

Alderperson Jones moved, seconded by Werth, that the 06.11.2025 Board of Health Minutes be approved. Roll Call. Motion carried by the following vote:

Aye: 7 - Spears, Fuchs, Werth, Vogel, Kane, Alderperson Jones and Alderperson Wolff

Excused: 1 - Mayor Woodford

5. **Public Hearing/Appearances**

6. **Action Items**

[25-0904](#)

Approve changes to Child Passenger Safety Program Policy

Attachments: [N_200_0_Child Passenger Safety Program 7.10.2025.pdf](#)

Alderperson Jones moved, seconded by Werth, that the changes to the Child Passenger Safety Program Policy be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 7 - Spears, Fuchs, Werth, Vogel, Kane, Alderperson Jones and Alderperson Wolff

Excused: 1 - Mayor Woodford

[25-0905](#)

Approve changes to Child Passenger Safety Program Procedure

Attachments: [N_200_1_PRO_ChildPassengerSafetyProgram_07.10.2025.pdf](#)

Alderson Jones moved, seconded by Werth, that the changes to the Child Passenger Safety Program Procedure be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 7 - Spears, Fuchs, Werth, Vogel, Kane, Alderson Jones and Alderson Wolff

Excused: 1 - Mayor Woodford

[25-0908](#)

Archive Child Passenger Seat Appointment Scheduling Procedure

Attachments: [N_200_2_PRO_ChildPassengerSeatAppointmentScheduling_8.21.2024.pdf](#)

Alderson Jones moved, seconded by Vogel, that the Archival of the Child Passenger Seat Appointment Scheduling Procedure be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 7 - Spears, Fuchs, Werth, Vogel, Kane, Alderson Jones and Alderson Wolff

Excused: 1 - Mayor Woodford

[25-0909](#)

Archive Child Passenger Fitting Station Procedure

Attachments: [N_200_3_PRO_ChildPassengerFittingStation_8.21.2024.pdf](#)

Alderson Jones moved, seconded by Werth, that the Archival of the Child Passenger Fitting Station Procedure be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 7 - Spears, Fuchs, Werth, Vogel, Kane, Alderson Jones and Alderson Wolff

Excused: 1 - Mayor Woodford

[25-0906](#)

Approve changes to Tuberculosis Screening Policy

Attachments: [N_204_0_TuberculosisScreening_07.23.2025.pdf](#)

Alderson Jones moved, seconded by Werth, that the changes to the Tuberculosis Screening Policy be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 7 - Spears, Fuchs, Werth, Vogel, Kane, Alderson Jones and Alderson Wolff

Excused: 1 - Mayor Woodford

[25-0907](#)

Approve changes to Tuberculin Skin Test Procedure

Attachments: [N 204 1 PRO TurberculinSkinTesting 07 23 2025 .pdf](#)

Alderson Jones moved, seconded by Werth, that the changes to the Tuberculin Skin Test Procedure be recommended for approval. Roll Call. Motion carried by the following vote:

Aye: 7 - Spears, Fuchs, Werth, Vogel, Kane, Alderson Jones and Alderson Wolff

Excused: 1 - Mayor Woodford

7. Information Items

[25-0910](#)

Appleton Community Health Assessment 2025 Report presented by Breanna Mekuly, Community Health Supervisor

Attachments: [Appleton Community Health Assessment 2025 Presentation.pdf](#)
[Appleton Community Health Assessment 2025 Report.pdf](#)

[25-0903](#)

Q2 Health Department Quarterly Report

Attachments: [Q2 2025 Quarterly Report.pdf](#)

[25-0900](#)

Dangerous Animal Declaration

Attachments: [07.18.2025 DangerousAnimalDeclaration Mocha.pdf](#)

[25-0899](#)

New Noise Variances

Attachments: [NewApprovedNoiseVariances BoH.pdf](#)

8. Adjournment

Mayor Woodford moved, seconded by Werth, that the Board of Health meeting be adjourned at 7:48am. Roll Call. Motion carried by the following vote:

Aye: 8 - Spears, Fuchs, Werth, Vogel, Kane, Alderson Jones, Mayor Woodford and Alderson Wolff



Title: Tuberculosis Program				
Policy #: N_205_0				
Creation Date: 2/24/2025		Last Approved Date:		Reviewed Annually
Description: Tuberculosis Program Policy				
PHAB Domain/ Standard/ Measure: 2.1.3 A: Ensure 24 hour/7 day access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards. 2.1.4 A: Maintain protocols for investigation of public health issues. 2.1.5 A: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.				
Statutory Authority/ Evidence Base/ Links: Chapter 252: Communicable Diseases (specifically, 252.07 Tuberculosis): https://docs.legis.wisconsin.gov/statutes/statutes/252/07				
Author(s)/ Reviewer(s): Valerie Davis, Sonja Jensen, Jena McNeil, Katie Schink-Pawlowski				
Policy Approval Tracking				
Created/ Reviewed/ Revised Date	Legal Services Approval Date	Board of Health Approval Date	Council Approval Date	Health Officer or Designee Signature (Name/Title)
Created 2/24/2025	08.27.2025			

Purpose

Provide consistent and timely investigation of suspected Latent Infection and Active Tuberculosis (TB) Disease, followed by applicable case management.



Policy

The Health Department will ensure that case-finding, diagnosis and treatment of suspect or confirmed latent or active TB disease are carried out according to protocols established by the Appleton Health Department, which include protocols established by the Centers for Disease Control and the State of Wisconsin TB Program, to protect the health of the public. The Health Department will promote accurate identification and treatment of latent TB infection and active TB disease, and foster accessibility to all services and resources for those who are affected.

Definitions

Active TB Disease: Active tuberculosis (TB) disease happens when the immune system cannot keep TB germs from multiplying and growing in the body. People with TB disease feel sick and can spread TB germs to others. TB disease can almost always be treated and cured with medicine. Without treatment, it can be fatal.

Latent or Inactive Tuberculosis: Tuberculosis (TB) germs can live in the body for years without making you sick. This is called inactive TB or latent TB infection. People with inactive TB do not feel sick, do not have symptoms, and cannot spread TB germs to others. Without treatment, inactive TB can develop into active TB disease at any time and make you sick.

Attachments

[City of Appleton\Shared Documents\General\POLICIES:](#)

205_1_PRO_Active Tuberculosis Disease Case Management

205_2_PRO_Latent Tuberculosis Infection Case Management

205_3_PRO_Tuberculosis Directly Observed Therapy

205_4_PRO_Tuberculosis Contacts

205_5_PRO_Tuberculosis Case Finding

[Wisconsin State Statutes Chapter 252: Communicable Diseases](#)

[Wisconsin Administrative Codes Chapter DHS 145: Control of Communicable Diseases](#)



Title: Active Tuberculosis Disease Case Management				
Procedure #: N_205_1_PRO				
Creation Date: 2/24/2025		Last Approved Date:		Reviewed Annually
Description: Active Tuberculosis Disease Case Management Procedure				
PHAB Domain/ Standard/ Measure: 2.1.4 A: Maintain protocols for investigation of public health issues. 2.1.5 A: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.				
Statutory Authority/ Evidence Base/ Links: Chapter 252: Communicable Diseases (specifically, 252.07 Tuberculosis): https://docs.legis.wisconsin.gov/statutes/statutes/252/07				
Author(s)/ Reviewer(s): Valerie Davis, Sonja Jensen, Jena McNeil, Katie Schink-Pawlowski				
Procedure Approval Tracking				
Created/ Reviewed/ Revised Date	Legal Services Approval Date	Board of Health Approval Date	Council Approval Date	Health Officer or Designee Signature (Name/Title)
Created 2/24/2025	08.27.2025			

Purpose

To provide education and treatment in accordance with best practice to clients diagnosed with Active TB (tuberculosis) disease to prevent transmission of TB and to reduce the likelihood of drug-resistant Active TB in the future.



Procedure

TB Disease/TB Disease rule-out follow-up:

For clients with symptoms and/or abnormal chest imaging that may be indicative of TB, sputum x3 will need to be collected. **Client needs to be in isolation pending sputum results.**

1. Notify Public Health Nursing (PHN) Supervisor of Suspect Tuberculosis case.
2. Review and follow the P-00647 Nurse Case Management for Active Tuberculosis (TB) Disease document from the WI TB Program.ⁱ
3. Call the WI TB Program to notify them about the client. Discuss the next steps and any additional information that should be collected from the provider and client.
4. Attempt to reach the client by phone, same day as the referral.
5. If unable to reach the client, contact the health care provider to see if there are other phone numbers or addresses and/or make an unannounced home visit. Consult with Public Health Nursing Supervisor.
6. If the client is hospitalized, contact the health care provider and/or infection preventionist the same day as the referral.
7. If unable to reach the client on the same day, provide verbal and written report to intake nurse scheduled for the following day. Notify Public Health Nursing Supervisor.
8. If the client can produce sputum PHN will offer to collect. If the client is unable to produce sputum a discussion with the provider's office about ordering induced sputum needs to occur. Clients with symptoms that have no chest imaging will need to see a medical provider for chest x-ray/CT. If the client needs to see a medical provider they will need to wear a mask, and PHN needs to communicate with provider's office regarding suspect TB disease and precautions to take at facility.
 - a. For diagnosis of TB, collect three initial sputum specimens for AFB smear and culture, 8 to 24 hours apart, with at least one early morning specimen (observe collection if possible).
 - b. Patient Specimen Collection Instruction Videoⁱⁱ in multiple languages is helpful for patients to view prior to specimen collection. Written Respiratory Specimen Collection-Client Instructionsⁱⁱⁱ can also be provided.
 - c. Nursing staff use Kit # 8 Collection of Respiratory Specimens for Mycobacteria and Legionella with Sputum Collection Instructions^{iv} and WSLH Category B Packaging and Shipping Handout.^v Once the specimen is packaged and ready for pick-up, call Purple Mountain Courier at 1-800-990-9668, option #1. If you call in the afternoon, specimen(s) will not be picked up until the following business day.



- d. See WEDSS charting instructions and additional guidance recommendations per WI State TB program, P-02426 Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic Disease Surveillance System (WEDSS)^{vi}

Release from Isolation:

Suspect Tuberculosis

A client should have three consecutive negative AFB sputum smears and/or negative PCR (Often one sample at minimum will have PCR testing completed). Culture results will remain pending (6 to 8 weeks). Clients with 3 negative sputum specimens should be evaluated for Latent Tuberculosis treatment. Continue to Latent Tuberculosis Infection Case Management Procedure^{vii}. If this client is NOT started on TB treatment, and later develops a positive culture, the client (now diagnosed with TB disease) must begin TB treatment and home isolation. Continue to Active Tuberculosis section.

Active Tuberculosis

A client with active TB disease may be released from isolation when client:

- has received appropriate anti-tuberculosis medication for two weeks; AND
- is compliant with DOT; AND
- has at least 3 AFB-negative smears and/or 2 negative PCRs or has been unable to produce sputum upon induction (However, PHN may consult with State TB Nursing Consultant to discuss continuation of home isolation.); AND
- has no risk factors for multiple drug resistant (MDR) TB, such as:
 - history of incomplete treatment of TB
 - close contact of a case of MDR-TB; AND
- there is clinical improvement, OR
 - upon consultation between provider and State TB program, it is agreed that there is clinical and/or radiographic improvement despite continuing cough.

If smear and/or culture are still positive after two months of treatment, consult with experts. If culture is positive after three months, consider drug resistance, nonadherence, or poor drug absorption (90-95% of TB patients will be culture negative after 3 months of treatment). If



sputum culture is still positive after four months of treatment, the patient is considered to be in treatment failure and consultation with experts is necessary.

Multiple Drug-Resistant Tuberculosis (MDR-TB)

Generally, more stringent requirements must be met before isolation can be discontinued in persons with MDR TB. Consult with State TB Nursing Consultant to determine guidelines for release from isolation.

A client should have resolution of cough, have been on a 4-drug or 5-drug treatment regimen to which the TB is sensitive for at least 6 weeks, and be treatment compliant. A client must have at least 3 negative cultures and 3 negative Acid-Fast Bacillus (AFB) smears. The requirements for discontinuation of isolation are stricter because the drugs that rapidly render persons with pulmonary TB non-infectious are isoniazid and rifampin. The second line drugs have much weaker bactericidal activity. The exception is likely moxifloxacin, which in recent studies has been shown to have activity close to that of rifampin.

Medication Management

1. Review and follow P-00647 Nurse Case Management for Active Tuberculosis (TB) Disease.^{viii}
2. Complete initial request for medications form F-44000 Tuberculosis Disease Initial Request for Medication^{ix} and identify pharmacy or address where PHN will pick up medications. The State TB Program as well as Health Officer and Public Health Nursing Supervisor must be notified of any new active disease cases prior to medication ordering.
3. Medications for Active Disease may be obtained.
 - A. Mailed/shipped from Aurora Pharmacy through WI State TB Dispensary
 1. Review medication order for accuracy (form complete, dosage correct, etc.)
 2. At the bottom of page 1 of the med order under the Pharmacy section, check "TB Dispensary Pharmacy".
 3. Notify State TB Program of medication order and upload into WEDSS record filing cabinet.
 4. Once approved by the State TB Program, it will be sent to Aurora Pharmacy for fulfillment and shipment to the local health department.



5. Consult State TB Program staff if medications prescribed by the client's physician do not conform to TB Program or CDC guidelines.
4. Clients with active tuberculosis should be started on medication within 48 hours of receipt of the medication, unless circumstances make it impossible. Patients discharged from hospital should be provided with sufficient medication by the hospital pharmacy to ensure no missed doses.
5. Standard care for persons with active TB is to provide directly observed therapy (DOT). Continue to Tuberculosis Directly Observed Therapy Procedure^x.
6. Assure patient's final visit with the physician occurs at the end of treatment. Consider chest x-ray per State recommendations. PHN should set a final visit with the client to answer any final questions, review once again the signs of active TB, and complete F-02474 Active Tuberculosis (TB) Disease Follow-up Report^{xi} and provide a copy to the client.
7. Complete electronic record documentation. See WEDSS charting instructions and additional guidance recommendations per WI State TB program, P-02426 Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic Disease Surveillance System (WEDSS).^{vi} Any paper charting should be filed in 6th floor storage room.
8. Limitations: Although the healthcare of people affected by TB is coordinated by Public Health Nurses, many interventions can be brief (i.e. DOT once client is established on TB regimen) and provide information/education regarding TB. However, Public Health Nurses should also make referrals to appropriate resources (i.e. If a client has questions about food pantries in the area, it may be more resourceful to have the client call 211 and find out where the most convenient food pantry is for that client). Public Health Nurses are not always the appropriate person for lengthy individual counseling or triage/management of medical emergencies. As Public Health Nurses, staff cannot diagnose conditions beyond the scope of nursing practice or outside the realm of public health services. While suggestions can be made regarding health complaints, clients should always be referred to their health care providers or to an appropriate clinic.

Contacts

- A. Continue to Tuberculosis Contacts Procedure.^{xii}



Definitions

Active TB Disease: Active tuberculosis (TB) disease happens when the immune system cannot keep TB germs from multiplying and growing in the body. People with TB disease feel sick and can spread TB germs to others. TB disease can almost always be treated and cured with medicine. Without treatment, it can be fatal.

AFB smear: Specimens are smeared onto a glass slide and stained so that they can be examined for acid-fast bacilli (AFB) under a microscope. Results can show a possible or likely infection but cannot be used to provide a diagnosis.

CDC: Center for Disease Control

DOT: Directly Observed Therapy for TB is a best practice where a trained healthcare worker observes a patient taking their TB medications.

Latent or Inactive Tuberculosis: Tuberculosis (TB) germs can live in the body for years without making you sick. This is called inactive TB or latent TB infection. People with inactive TB do not feel sick, do not have symptoms, and cannot spread TB germs to others. Without treatment, inactive TB can develop into active TB disease at any time and make you sick.

Multiple Drug-Resistant Tuberculosis (MDR-TB): A strain of tuberculosis (TB) that is resistant to treatment.

PCR culture: A PCR (polymerase chain reaction) test is a lab technique that amplifies (creates more copies) of genetic material (DNA). can use PCR to test for infectious diseases.

WEDSS: Wisconsin Electronic Disease Surveillance System

Attachments

ATS, CDC, Infectious Disease Society of America. Treatment of Drug-Susceptible Tuberculosis. *Clinical Infectious Diseases*. October 2016. Vol. 63.
<https://academic.oup.com/cid/article/63/7/e147/2196792>

^[1] USDHHS, CDC. Core Curriculum on Tuberculosis: What the Clinician Should Know. (current edition)



[Wisconsin State Statutes Chapter 252: Communicable Diseases](#)

[Wisconsin Administrative Codes Chapter DHS 145: Control of Communicable Diseases](#)

i P-00647 Nurse Case Management for Active Tuberculosis (TB) Disease

<https://www.dhs.wisconsin.gov/publications/index.htm>

ii Patient Specimen Collection Instruction Video

https://youtube.com/playlist?list=PLO9RoNDnObhOcYPpeYMTG3BpPHU5-Le6H&si=BwK8_GnFIBKOq9rE

iii Respiratory Specimen Collection Client Instructions

[City of Appleton\Shared Documents\Nursing\Communicable Disease\Tuberculosis](#)

iv Kit # 8 Collection of Respiratory Specimens for Mycobacteria and Legionella with Sputum Collection Instructions <https://www.slh.wisc.edu/clinical/diseases/supplies/>

v WSLH Category B Packaging and Shipping Handout

<https://www.slh.wisc.edu/clinical/diseases/packaging-and-shipping/>

vi P-02426 Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic Disease Surveillance System (WEDSS) <https://www.dhs.wisconsin.gov/publications/index.htm>

vii N_205_2_Latent Tuberculosis Infection Case Management

[City of Appleton\Shared Documents\General\POLICIES](#)

viii P-00647 Nurse Case Management for Active Tuberculosis (TB) Disease

<https://www.dhs.wisconsin.gov/publications/index.htm>

ix F-44000 Tuberculosis Disease Initial Request for Medication

<https://www.dhs.wisconsin.gov/forms/index.htm>

x N_205_3_PRO_Tuberculosis Directly Observed Therapy

[City of Appleton\Shared Documents\General\POLICIES](#)



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^{xi} F-02474 Active Tuberculosis (TB) Disease Follow-up Report

<https://www.dhs.wisconsin.gov/forms/index.htm>

^{xii} N_205_4_PRO_Tuberculosis Contacts

[City of Appleton\Shared Documents\General\POLICIES](#)



Title: Latent Tuberculosis Infection Case Management				
Procedure #: N_205_2_PRO				
Creation Date:	2/24/2024	Last Approved Date:		Reviewed Annually
Description:	Latent Tuberculosis Infection Case Management Procedure			
PHAB Domain/ Standard/ Measure:	2.1.4 A: Maintain protocols for investigation of public health issues. 2.1.5 A: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.			
Statutory Authority/ Evidence Base/ Links:	Chapter 252: Communicable Diseases (specifically, 252.07 Tuberculosis): https://docs.legis.wisconsin.gov/statutes/statutes/252/07			
Author(s)/ Reviewer(s):	Valerie Davis, Sonja Jensen, Jena McNeil, Katie Schink-Pawlowski			
Procedure Approval Tracking				
Created/ Reviewed/ Revised Date	Legal Services Approval Date	Board of Health Approval Date	Council Approval Date	Health Officer or Designee Signature (Name/Title)
Created 2/24/2024	08.27.2025			

Purpose

To provide education and treatment in accordance with best practice to clients diagnosed with Latent TB infection to prevent active tuberculosis disease in the future.



Procedure

Case Finding

1. TB Screening (client has positive TB test):
 - a. Attempt to reach the client by phone within 14 days of referral assignment. Often more information will follow after the provider has had time to discuss results with client.
 - b. Attempt 2 phone calls, at least 1 day apart at different times of the day (i.e. 9am on Day 1 and 2pm on Day 2).
 - c. If unable to reach the client after 2 phone attempts, send letter and wait 2 weeks.
 - i. If the letter is returned to Appleton Health Department (incorrect address), follow-up with referring clinic (if applicable) to see if there is a different address/phone number on file. Send letter to new address if applicable. If no other address is listed, notify clinic (if applicable) and close chart lost to follow up.
 - ii. If the letter is not returned within 2 weeks, notify clinic (if applicable) and close chart-lost to follow up.
 - d. If client has positive IGRA, refer to medical provider for chest x-ray and follow-up appointment. IGRAs are preferred, especially for persons born outside the U.S. due to higher test specificity. The other exception being individuals under age 2 (not eligible for IGRAs). If an individual has no risk factors, retesting should be considered per guidance, P-01182 Tuberculosis Blood Test: Interferon Gamma Release Assay (IGRA).ⁱ
 - e. If the client has a positive TST greater than 15mm, refer client to medical provider for chest x-ray and follow-up appointment.
 - f. If client has positive TST that is 15mm or less, consider personal risk factors. Based on risk factor information, refer client for IGRA (WI TB Program recommends 3 to 6 months after a TST to draw an IGRA to decrease the chance of boosting TSTs may cause an immune response which can later be detected by IGRA testing. If an IGRA (either a T-Spot or QFT-GIT®) is performed shortly after a TST, the numeric results might increase and may be misinterpreted as a new infection.⁴ This is called boosting. If a TST was administered, the Wisconsin TB Program recommends IGRA testing at least 90 days after a TST to avoid potential boosting.) P-02288 Positive Tuberculin Skin Test (TST) - What's Next?ⁱⁱ
 - i. If IGRA is positive, refer client to medical provider for chest x-ray and follow-up appointment.



- ii. If IGRA is negative, notify provider and close the chart. Send negative IGRA letter to the client.
 - iii. If the client has a negative IGRA but has other risk factors for the development or breakdown of disease, consult with provider, Public Health Nursing Supervisor and/or WI State TB program.
 - g. Exceptions: Contacts to an active case have a separate policy, N_205_4_PRO_Tuberculosis Contacts. For immune compromised individuals consult with Public Health Nursing Supervisor and/or WI State TB program.
2. See WEDSS charting instructions and additional guidance for latent TB case definitions and recommendations per WI State TB program, P-02426 Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic Disease Surveillance System (WEDSS).ⁱⁱⁱ

Medication Management

1. Follow State TB Medication treatment P-01181 Latent Tuberculosis Infection (LTBI) Treatments^{iv}. Assess risk factors for infection, appropriate positive TB testing and potential for progression to disease. Consult State TB Program staff if medications prescribed by the patient's physician do not conform to TB Program or CDC/American Thoracic Society (ATS) current guidelines.
2. Review the incoming TB Program Medication order form for completeness, accuracy and conformance with prescribing guidelines.
 - a. In some instances, providers may choose to order medication through a client's pharmacy. Education should be provided to the healthcare provider and/or client that a nurse at the health department can ensure medication is managed in accordance with best practice recommendations. However, it is not a requirement that medication ordered through a client's pharmacy must be done in conjunction with local health department staff. If a client's receiving medication through the State TB Dispensary they must work with local health department staff.
3. Contact client prior to ordering medication to ensure they are agreeable to LTBI treatment. Inform the client of the expected waiting period until the arrival of the medication. Contact client after medication arrives to schedule a home or clinic visit.
4. Upload LTBI medication order into WEDSS and fax order to State TB Program. Change process status to "New LTBI medication Order". State TB Program staff will review and submit to pharmacy for fulfillment.



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5. If medication order is approved, a note will be put under the investigation tab notes section and the process status will be "Medication Order Processed." Medication will arrive to the AHD in approximately 1 week.
6. If medication order is not approved, the process status will be changed to "Updated" by the State TB Program and a note about why the order is not approved will be entered in the notes section of the Investigation tab. Re-submit medication order, if applicable.
7. Medications arrive to the AHD via mail from pharmacy. Admin staff notify Intake PHN when medications have arrived. Intake PHN make note under proper client in WEDSS and email PHN assigned to client of arrival of medications.
8. Medications will be kept at assigned PHN's desk in a locked drawer. Clients should be encouraged to keep all medications stored safely.
9. Check each medication bottle to assure that it matches the client's name, medication, and dosage prescribed. Check each bottle/dose before leaving it with the client to ensure that it contains the correct medication and number of pills.
10. Upon receipt of the medication, call client to schedule home or office visit to deliver the first dose or bottle of medication. Using the hardcopy weekly or monthly LTBI medication flow sheet or WEDSS TB Medication Monitoring Form, record:
 - a. Assessment for compliance, potential symptoms of adverse effects, symptoms of overdose and potential TB Disease symptoms
 - b. Date medication delivered to client
 - c. Adherence to plan
 - d. Medical management updates (education, consults with providers, etc.)
11. Meet the client and assess/review for adverse events or side effects, as well as symptoms of TB disease. A face-to-face visit must be made, which enables the PHN to evaluate the client's physical appearance for potential signs of medication related liver disease. Make this clear to your client at the first visit. The frequency of visits is dependent on the type of medication which is ordered.
12. Parents should be present at visits with children under age 16 years. Children at least 16 years can be evaluated and medication delivered, but parent should be contacted by phone. Medication delivery may be delegated to another provider, i.e. school nurse, but regular updates on treatment status with PHN should be coordinated.
13. Medication refills are automatically filled by the pharmacy when the time is appropriate and delivered to AHD.
14. Complete F-44125 Latent Tuberculosis Infection (LTBI) Follow-Up Report^v and fax to provider for signature. Upload signed report to WEDSS filing cabinet. Give copy of report to client and fill out WI TB Wallet Card for their own records.



15. When medication is discontinued due to problems with patient adherence or due to medical reasons (pregnancy, changes in liver function test results, etc.):
 - a. Notify prescribing physician
 - b. Document medication discontinuation in WEDSS
 - c. Dispose of excess medication
 - i. Unopened and unexpired medications may be returned to pharmacy. View Returning Unused Medications to the Pharmacy instructions in WEDSS.
 - ii. Opened and/or expired medications should be removed from packaging and placed into a large zip lock bag. Zip lock bag should be brought to a medication drop off site. Remove patient identifying information from packaging and dispose of securely.
16. Complete documentation in WEDSS. Change Process Status to Closed by LTHD for closing out WEDSS record.

Definitions

Active TB Disease: Active tuberculosis (TB) disease happens when the immune system cannot keep TB germs from multiplying and growing in the body. People with TB disease feel sick and can spread TB germs to others. TB disease can almost always be treated and cured with medicine. Without treatment, it can be fatal.

AFB smear: Specimens are smeared onto a glass slide and stained so that they can be examined for acid-fast bacilli (AFB) under a microscope. Results can show a possible or likely infection but cannot be used to provide a diagnosis.

Boosting: TSTs may cause an immune response which can later be detected by IGRA testing. If an IGRA is performed shortly after a TST, the numeric results might increase and may be misinterpreted as a new infection.

CDC: Center for Disease Control

DOT: Directly Observed Therapy for TB is a best practice where a trained healthcare worker observes a patient taking their TB medications.

IGRA: Interferon-Gamma Release Assay, is a blood test used to diagnose tuberculosis infection.



Latent or Inactive Tuberculosis: Tuberculosis (TB) germs can live in the body for years without making you sick. This is called inactive TB or latent TB infection. People with inactive TB do not feel sick, do not have symptoms, and cannot spread TB germs to others. Without treatment, inactive TB can develop into active TB disease at any time and make you sick.

PCR culture: A PCR (polymerase chain reaction) test is a lab technique that amplifies (creates more copies) of genetic material (DNA). can use PCR to test for infectious diseases.

TST: Tuberculin Skin Test, a two-step screening test for TB bacteria.

WEDSS: Wisconsin Electronic Disease Surveillance System

Attachments

[Wisconsin State Statutes Chapter 252: Communicable Diseases](#)

[Wisconsin Administrative Codes Chapter DHS 145: Control of Communicable Diseases](#)

ⁱ P-01182 Blood Test: Interferon Gamma Release Assay (IGRA)

<https://www.dhs.wisconsin.gov/publications/index.htm>

ⁱⁱ P-02288 Positive Tuberculin Skin Test (TST) - What's Next?

<https://www.dhs.wisconsin.gov/publications/index.htm>

ⁱⁱⁱ P-02426 Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic Disease Surveillance System (WEDSS) <https://www.dhs.wisconsin.gov/publications/index.htm>

^{iv} P-01181 Latent Tuberculosis Infection (LTBI) Treatments

<https://www.dhs.wisconsin.gov/publications/index.htm>

^v F-44125 Latent Tuberculosis Infection (LTBI) Follow-Up Report

<https://www.dhs.wisconsin.gov/forms/index.htm>



Title: Tuberculosis Directly Observed Therapy				
Procedure: N_205_3_PRO				
Creation Date: 2/24/2025		Last Approved Date:		Reviewed Annually
Description: Directly Observed Therapy (DOT) for Tuberculosis (TB) is a best practice where a trained healthcare worker observes a patient taking their TB medications.				
PHAB Domain/ Standard/ Measure: 2.1.4 A: Maintain protocols for investigation of public health issues. 2.1.5 A: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.				
Statutory Authority/ Evidence Base/ Links: Chapter 252: Communicable Diseases (specifically, 252.07 Tuberculosis): https://docs.legis.wisconsin.gov/statutes/statutes/252/07				
Author(s)/ Reviewer(s): Valerie Davis, Sonja Jensen, Jena McNiel, Katie Schink-Pawlowski				
Procedure Approval Tracking				
Created/ Reviewed/ Revised Date	Legal Services Approval Date	Board of Health Approval Date	Council Approval Date	Health Officer or Designee Signature (Name/Title)
Created 2/24/2025	08.27.2025			

Purpose

To ensure medication prescribed for Active and Latent Tuberculosis (TB) is taken as ordered and in accordance with clinical best practice. This allows for the best outcomes for treatment, including reduced side effects and higher completion rates of treatment.



Procedure

Directly Observed Therapy (DOT): Active TB Disease

In accordance with the American Thoracic Society (ATS) and Centers for Disease Control (CDC), DOT is the standard of care for all clients with confirmed or suspected TB Disease (pulmonary and/or extra pulmonary) from initiation through completion of therapy.

If a Public Health Nurse (PHN) feels they do not have the capacity to provide daily DOT to all clients with TB disease, the PHN will discuss the situation with the Public Health Nursing Supervisor to determine how referrals are prioritized, and resources are utilized to assure daily DOT is provided to clients with active TB Disease. Solutions can include utilizing Video Directly Observed Therapy (VDOT), DOT workers, or other staff.

Duration of DOT for Active TB

The City of Appleton Health Department (AHD) will provide a 7-day a week DOT by a PHN for a minimum of 2 weeks AND until initial drug sensitivity results are known. After a minimum of 2 weeks of daily DOT with a PHN, 3 negative smears, clinical improvement and initial drug sensitivity results, it is acceptable to move to a 5-day a week DOT by a PHN with self-administered therapy on weekends and holidays. Throughout the remainder of treatment, including treatment for extra-pulmonary TB, it is preferable to have a 5-day a week DOT. As an alternative, VDOT or a dosing schedule of 2 or 3 times a week is acceptable based on provider/client discussion and agreement.

For clients diagnosed with multidrug-resistant TB (MDR TB), the goal is to maintain consistent therapeutic drug levels, so further drug resistance is less likely to develop. Clients with MDR TB will have a 7-day a week DOT by a PHN until second line drug sensitivity reports are back, the client has been on a drug-sensitive second line regimen for a minimum of 4 weeks, AND 3 negative sputum cultures have been reported. For the remaining course of treatment of MDR TB, the goal is a 7-day a week DOT by a PHN. DOT 5 days a week may be acceptable based on PHN assessment, State TB program, client preference, and provider agreement.

Charting is completed for every visit. Sign and date the Medication Administration Recordⁱ and/or chart in the WEDSS record for each client and review side effects using the Active TB Disease Assessment Form.ⁱⁱ



DOT: Latent TB Infection

DOT will be provided for these select clients with latent TB infection:

- Once weekly 3HP regimen, when prescribed through the State TB Program
- When medications are filled through a private fill (i.e. client has insurance, no financial hardship and gets medications through local pharmacy) and there is a need for DOT (examples: high risk for breakdown to active TB; high risk for side effects from treatment; consult with prescribing provider and/or Public Health Nurse Supervisor, etc.)
- Alternate regimens that are not prescribed on a daily basis (ex: twice weekly Isoniazid (INH))
- Children less than 5 years of age with LTBI are at higher risk for TB activation: AHD will provide a 7-day a week DOT by a PHN for a minimum of 2 weeks, at that time a 5-day a week DOT may be acceptable based on PHN assessment, client preference, and provider agreement. When standard resources are insufficient to perform DOT with children less than 5 years old diagnosed with LTBI, AHD will attempt to enlist the use of DOT workers and/or make alternative DOT arrangements (see Alternative DOT Arrangement section). In cases where parents/guardians decline DOT for their child less than 5 years of age who are diagnosed with LTBI, AHD will continue to encourage DOT for children less than 5 years of age but will also be respectful of parent/guardian decisions. The PHN should document the parent/guardian declination of DOT and notify the provider.
- Charting is completed for each visit. Sign and date the Medication Administration Recordⁱ attachment and/or chart in the WEDSS record for each client, and review side effects using the 3HP Assessment Form.^{iv}

When standard resources are insufficient to perform DOT with clients diagnosed with TB infection, AHD will enlist DOT workers and/or make alternative DOT arrangements (see Alternative DOT Arrangement section).

When DOT workers are utilized, the PHN is responsible for monitoring symptoms and side effects with the client and/or client's guardian monthly, at minimum.

Video DOT (VDOT) Guidance

Video DOT (VDOT) has proven to be a cost efficient and effective method to observe DOT in clients that may not or cannot receive it face to face with a health care worker. The following are recommendations for the use of VDOT.



Active Disease VDOT

Active Disease VDOT Inclusion Criteria:

- Client has pan-sensitive TB disease
- Client accepts the TB diagnosis, is motivated, and understands the need for TB treatment
- Client has completed in-person DOT for a minimum of 2 weeks with 100% compliance
- Client is 18 years old or older or parent is present during VDOT visits if client is under 18 years old
- Client has not experienced any adverse medication reactions during the in-person DOT phase of treatment
- Client can demonstrate how to properly use the VDOT equipment and/or application
- Can be served by a health care worker that speaks the same language or can use an interpreter
- No current history of mental illness that would affect adherence to treatment (i.e., psychiatric hospitalizations, personality disorder, severe depression, etc.)

Latent TB Infection VDOT Guidance

Latent TB Infection VDOT Inclusion Criteria:

- May be used with any regimen
- Monthly clinical assessments (in person or video), by a PHN must be done for Isoniazid (INH) and Rifampin (RIF) daily regimens. Weekly clinical assessments (in person or video) by a PHN must be done for 3HP (isoniazid-rifapentine regimen to treat LTBI, once weekly for 12 weeks or any other non-daily regimen)
- Client has completed in-person DOT for a minimum of 2 weeks with 100% compliance.
- Client accepts the latent TB diagnosis, is motivated, and understands the need for treatment
- Client is 18 years old or older or parent is present during VDOT visits if client is under 18 years old
- Client has not experienced any adverse medication reactions during the in-person DOT phase of treatment
- Client can demonstrate how to properly use the VDOT equipment and/or application.
- Can be served by a health care worker that speaks the same language or can use an interpreter



- No current history of mental illness that would affect adherence to treatment (i.e., psychiatric hospitalizations, personality disorder, severe depression, etc.)

Confidentiality during VDOT

- Clients must be aware (see language below) these video platforms are not HIPAA compliant, and their use and acceptance of a non-HIPAA compliant platform must be documented in the client record.
- The use of this video application may present privacy risks for the information being discussed, which means that information may not be protected from potential review by others. AHD is not responsible for any disclosures of health information while the video is being transmitted.
- Educate clients to use private space while performing VDOT, utilizing ear buds when in settings where others may hear their conversation.
- PHN/DOT workers should use a private space when performing VDOT. Ear buds must be used if others are able to hear the conversation between you and your client.
- Recordings of the client taking pills should only be done in rare circumstances (travel, religious holidays, weather, etc.). Sending these recordings may present privacy risks for the information being discussed, which means that information may not be protected from potential review by others. AHD is not responsible for any disclosures of health information sent via this method.

Alternative DOT arrangements

Alternative DOT providers may include, but are not limited to:

- Health care providers at a private clinic or federally qualified community health center.
- Home health agencies.
- School nurses.
- Other individuals or entities as deemed appropriate per PHN/client agreement.
- **NO** family members living in the same household as the client may provide DOT.

PHN Responsibilities for Alternative DOT Arrangements

- Develop an individual treatment plan for each client.
- Educate the client regarding TB medications, side effects, need for laboratory tests and provider follow-up, and DOT plan.



- Assure medication adherence and client safety with the medications, including training and observing parent/guardians or DOT workers involved with medication administration (e.g., medication crushing, splitting, and/or drawing up in liquid form).
- Enlist DOT workers who are trained, oriented, and fit-tested with a respirator as needed.
- Complete a Client Profileⁱⁱⁱ sheet or WEDSS Patient Tab and route to the DOT worker(s) and/or PHN's involved with client's care. Update as needed. Remove when treatment is complete.
- Provide orientation regarding client health status, DOT setting, medications, and medication side effects to the DOT worker involved with client care.
- Coordinate at least one joint visit with the DOT worker in order to introduce client and orient to the client's needs.
- Attend at least one face-to-face meeting (such as DOT visit) each week with clients with active TB disease receiving daily DOT to monitor client's status, assess for side effects, and answer client questions.
- Attend at least one face-to-face meeting (such as a DOT visit) monthly for Latent TB clients.
- Fill medication boxes for DOT worker on a weekly or monthly basis. Clearly and promptly, communicate to the DOT worker any necessary precautions and/or any changes to client status and/or treatment plan.
- Document medication adverse reactions, side effects, and status changes in client record.
- After the weekly client assessment, if there are one or more issues noted (side effects, symptoms, etc.), identifying further follow-up or education, the PHN has the discretion to continue performing DOT until client is stable in their treatment (side effects are managed or not present, symptoms have subsided or are stable, etc.).
- If the client has complex medical needs (e.g., living with HIV, multiple medical conditions, poorly controlled diabetes, etc.), the PHN may continue DOT until they determine the client's situation is stable enough for a DOT worker to perform DOTs.

DOT Worker Responsibilities

- Before medicine is taken: if client reports potential side effects or illness, immediately notify the case managing PHN so a determination can be made about medication administration. If unable to reach the PHN, call other AHD PHNs or Nursing Supervisor.
- Observe any necessary precautions as determined by the PHN.
- Immediately notify the PHN if the client is un-locatable or declines medication.



- Take a cellular telephone on all visits.
- Use an interpreter as needed (in-person or telephone) and sign interpreter invoices after interpreter use.
- Assure correct medication based on:
 - number of pills and dosage of medication the client should take.
 - size and color of each type of pill.
- Deliver filled pill boxes and DOT forms to the client visit, as directed by the PHN.
- Witness a parent/guardian splitting, crushing or mixing medicine in foods as needed.
- Observe the client swallowing the medication and monitor for adherence.
- If the PHN indicates this is necessary, check client's mouth to assure the medication was swallowed.
- Sign and date the Medication Administration Recordⁱⁱ and/or chart in the WEDSS record for each client,; the applicable side effect assessment form needs to be completed as well, either Active TB Disease Assessment Formⁱⁱ (Active TB Disease) or 3HP Assessment Form (for LTBI).^{iv}
- Deliver client incentives as needed, per direction of PHN.
- Adhere to client-centered principals of care, allowing for flexibility in medication administration date, time, and/or location as needed (e.g., client has a provider appointment during usual DOT time).

DOT Worker will NOT:

- Be responsible for assessment of a client or determining whether a client is having an adverse reaction or side effect
- Fill pillboxes
- Tell any client to not take medicine, unless directed by a PHN

Inclement weather or staff illness during scheduled DOT visit

If the PHN or DOT worker is unable to make it to the client's DOT visit due to inclement weather and VDOT cannot be utilized:

- The PHN case manager or Nursing Supervisor will decide whether the client may take medications over the phone (if client has medications at their home) and will call the client with instructions.



If the PHN or DOT worker is unable to make it to the client's DOT visit due to illness:

- Call the PHN case manager or Nursing Supervisor to notify of illness.
- The PHN case manager or Nursing Supervisor will decide whether the client may take medications over the phone (if client has medications at their home) and will call the client with instructions.

Definitions

3HP: isoniazid-rifapentine, regimen to treat LTBI

Active TB Disease: Active tuberculosis (TB) disease happens when the immune system cannot keep TB germs from multiplying and growing in the body. People with TB disease feel sick and can spread TB germs to others. TB disease can almost always be treated and cured with medicine. Without treatment, it can be fatal.

AHD: Appleton Health Department

DOT: Directly Observed Therapy for TB is a best practice where a trained healthcare worker observes a patient taking their TB medications.

IGRA: Interferon-Gamma Release Assay, is a blood test used to diagnose tuberculosis infection.

INH: Isoniazid, regimen to treat LTBI

Latent or Inactive Tuberculosis (LTBI): Tuberculosis (TB) germs can live in the body for years without making you sick. This is called inactive TB or latent TB infection. People with inactive TB do not feel sick, do not have symptoms, and cannot spread TB germs to others. Without treatment, inactive TB can develop into active TB disease at any time and make you sick.

PHN: Public Health Nurse

RIF: Rifampin, regimen to treat LTBI

TST: Tuberculin Skin Test, a two-step screening test for TB bacteria.



DEPARTMENT OF
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Appleton Health Department Procedures

VDOT: Video Directly Observed Therapy

WEDSS: Wisconsin Electronic Disease Surveillance System

Attachments

[Wisconsin State Statutes Chapter 252: Communicable Diseases](#)

[Wisconsin Administrative Codes Chapter DHS 145: Control of Communicable Diseases](#)

ⁱ Medication Administration Record

[City of Appleton\Shared Documents\Nursing\Communicable Disease\Tuberculosis](#)

ⁱⁱ Active TB Disease Assessment Form

[City of Appleton\Shared Documents\Nursing\Communicable Disease\Tuberculosis](#)

ⁱⁱⁱ Client Profile

[City of Appleton\Shared Documents\Nursing\Communicable Disease\Tuberculosis](#)

^{iv} 3HP Assessment Form

[City of Appleton\Shared Documents\Nursing\Communicable Disease\Tuberculosis](#)



Title: Tuberculosis Contacts				
Procedure #: N_205_4_PRO				
Creation Date: 4/14/2025		Last Approved Date:		Reviewed Annually
Description: Procedure for contacts of active tuberculosis cases				
PHAB Domain/ Standard/ Measure: 2.1.4 A: Maintain protocols for investigation of public health issues. 2.1.5 A: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.				
Statutory Authority/ Evidence Base/ Links: Chapter 252: Communicable Diseases (specifically, 252.07 Tuberculosis): https://docs.legis.wisconsin.gov/statutes/statutes/252/07				
Author(s)/ Reviewer(s): Valerie Davis, Sonja Jensen, Jena McNeil, Katie Schink-Pawlowski				
Procedure Approval Tracking				
Created/ Reviewed/ Revised Date	Legal Services Approval Date	Board of Health Approval Date	Council Approval Date	Health Officer or Designee Signature (Name/Title)
Created 4/14/2025	08.27.2025			

Purpose

Provide consistent and timely identification and evaluation of contacts to an Active Tuberculosis (TB) Case.



Procedure

- A. To determine infectious period and priority level of contacts review and follow the P-00647 Nurse Case Management for Active Tuberculosis (TB) document from the WI TB Program.ⁱ
- B. During the index patient interview, start listing names and location information of named contacts. Continue listing them throughout the investigation. Assign an initial priority classification to each contact; revise as needed when new information is received. Report contacts to WI TB Program within 2 weeks of notification of the case report; by entering contact information into WEDSS.
- C. Assure that initial encounters and TST or IGRAs are conducted among high- and medium- priority contacts within seven days after being listed in the investigation. For those who are candidates for TST, it can be provided for free through the AHD. For interpreting the TST, an induration transverse diameter of ≥ 5 mm is positive for any contact. High priority contacts include children and/or those who have high risk factors.
 - a. Consider window prophylaxis for any household contact less than five years of age or with HIV infection, even if testing is negative, once active disease is ruled out.
 - b. Assure that medical evaluations are conducted of high-priority contacts that have signs or symptoms of disease within five days after initial encounter with contact, regardless of test result.
 - c. Review and assess the completeness of contacts' medical follow-up and treatment plans within five days after their medical evaluations.
- D. See WEDSS charting instructions and additional guidance recommendations per WI State TB program.ⁱⁱ

Definitions

Active TB Disease: Active tuberculosis (TB) disease happens when the immune system cannot keep TB germs from multiplying and growing in the body. People with TB disease feel sick and can spread TB germs to others. TB disease can almost always be treated and cured with medicine. Without treatment, it can be fatal.

AHD: Appleton Health Department

HIV: Human Immunodeficiency Virus



IGRA: Interferon-Gamma Release Assay, is a blood test used to diagnose tuberculosis infection.

Latent or Inactive Tuberculosis: Tuberculosis (TB) germs can live in the body for years without making you sick. This is called inactive TB or latent TB infection. People with inactive TB do not feel sick, do not have symptoms, and cannot spread TB germs to others. Without treatment, inactive TB can develop into active TB disease at any time and make you sick.

TST: Tuberculin Skin Test, a two-step screening test for TB bacteria.

WEDSS: Wisconsin Electronic Disease Surveillance System

Window Prophylaxis: Giving high-risk contacts treatment for Latent TB Infection even if they have a negative TST or IGRA if less than twelve weeks have passed since they were last exposed to TB. Treatment is given because it can take two to eight weeks after TB infection for the body's immune system to be able to produce a response to either test.

Attachments

[Wisconsin State Statutes Chapter 252: Communicable Diseases](#)

[Wisconsin Administrative Codes Chapter DHS 145: Control of Communicable Diseases](#)

ⁱ P-00647 Nurse Case Management for Active Tuberculosis (TB) Disease

<https://www.dhs.wisconsin.gov/publications/index.htm>

ⁱⁱ The Wisconsin Electronic Disease Surveillance System (WEDSS) charting instructions and additional guidance recommendations per WI State TB program.

<https://www.dhs.wisconsin.gov/tb/wedss.htm>



Title: Tuberculosis Case Finding				
Procedure #: N_205_5_PRO				
Creation Date: 2/24/2025		Last Approved Date:		Reviewed Annually
Description: Tuberculosis Case Finding Procedure				
PHAB Domain/ Standard/ Measure: 2.1.3 A: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards. 2.1.4 A: Maintain protocols for investigation of public health issues. 2.1.5 A: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.				
Statutory Authority/ Evidence Base/ Links: Chapter 252: Communicable Diseases (specifically, 252.07 Tuberculosis): https://docs.legis.wisconsin.gov/statutes/statutes/252/07				
Author(s)/ Reviewer(s): Valerie Davis, Sonja Jensen, Jena McNeil, Katie Schink-Pawlowski				
Procedure Approval Tracking				
Created/ Reviewed/ Revised Date	Legal Services Approval Date	Board of Health Approval Date	Council Approval Date	Health Officer or Designee Signature (Name/Title)
Created 2/24/2025	08.27.2025			

Purpose

Provide consistent and timely identification of suspected Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease.



Procedure

1. TB Screening (client has positive TB test):
 - a. If client has a positive Interferon-Gamma Release Assay (IGRA) (received from lab facilities / WEDSS), examine lab values in accordance with P-01182 Tuberculosis Blood Test: Interferon Gamma Release Assay (IGRA).ⁱ
 - b. If the client has a positive TST from AHD (Appleton Health Department) or an outside source - Match the measurement of the induration with the client's risk factors based on CDC's interpretation guidelines in Mantoux Tuberculin Skin Testing Fact Sheet.ⁱⁱ
 - c. Attempt to reach provider/reporting source within 14 days of referral assignment. Obtain information on F-02265 Latent Tuberculosis Infection (LTBI) Confidential Case Report.ⁱⁱⁱ If client has not had a chest x-ray, refer client to medical provider for chest x-ray and follow-up appointment. If client is having symptoms consistent with TB continue to bullet e: TB Disease/TB Disease rule-out follow-up.
 - d. Clients with no signs or symptoms consistent with TB AND chest imaging (chest x-ray or CT) without abnormalities consistent with TB disease, would meet case definition of LTBI. Continue to Latent Tuberculosis Infection Case Management Procedure.
 - e. TB Disease/TB Disease rule-out follow-up:
 - i. For clients with symptoms and/or abnormal chest imaging that may be indicative of TB, sputum x3 will need to be collected. **Client needs to be in isolation pending sputum results.** Continue to Active Tuberculosis Disease Case Management Procedure.
2. See WEDSS charting instructions and additional guidance for latent TB case definitions and recommendations per WI State TB program, P-02426 Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic Disease Surveillance System (WEDSS).^{iv}
3. Limitations: Although the healthcare of people affected by TB is coordinated by Public Health Nurses, many interventions can be brief (i.e. DOT once client is established on TB regimen) and provide information/education regarding TB. However, Public Health Nurses should also make referrals to appropriate resources (i.e. If a client has questions about food pantries in the area, the client may call 211 for comprehensive information about the most convenient food pantry for that client). Public health nurses are not always the appropriate person for lengthy individual counseling or triage/management



of medical emergencies. As Public Health Nurses, staff cannot diagnose conditions beyond the scope of nursing practice or outside the realm of public health services. While suggestions can be made regarding health complaints, clients should always be referred to their health care providers or to an appropriate clinic.

Definitions

Active TB Disease: Active tuberculosis (TB) disease happens when the immune system cannot keep TB germs from multiplying and growing in the body. People with TB disease feel sick and can spread TB germs to others. TB disease can almost always be treated and cured with medicine. Without treatment, it can be fatal.

CDC: Center for Disease Control

DOT: Directly Observed Therapy for TB is a best practice where a trained healthcare worker observes a patient taking their TB medications.

IGRA: Interferon-Gamma Release Assay, is a blood test used to diagnose tuberculosis infection.

Latent or Inactive Tuberculosis: Tuberculosis (TB) germs can live in the body for years without making you sick. This is called inactive TB or latent TB infection. People with inactive TB do not feel sick, do not have symptoms, and cannot spread TB germs to others. Without treatment, inactive TB can develop into active TB disease at any time and make you sick.

TST: Tuberculin Skin Test, a two-step screening test for TB bacteria.

WEDSS: Wisconsin Electronic Disease Surveillance System

Attachments

[Wisconsin State Statutes Chapter 252: Communicable Diseases](#)

[Wisconsin Administrative Codes Chapter DHS 145: Control of Communicable Diseases](#)



DEPARTMENT OF
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ⁱ P-01182 Tuberculosis Blood Test: Interferon Gamma Release Assay (IGRA).

<https://www.dhs.wisconsin.gov/publications/index.htm>

ⁱⁱ Mantoux Tuberculin Skin Testing Fact Sheet (CDC's interpretation guidelines)

<https://www.cdc.gov/tb/hcp/mantoux/skin-test-fact-sheet.html>

ⁱⁱⁱ F-02265 Latent Tuberculosis Infection (LTBI) Confidential Case Report

<https://www.dhs.wisconsin.gov/forms/index.htm>

^{iv} P-02426 Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic

Disease Surveillance System (WEDSS) <https://www.dhs.wisconsin.gov/publications/index.htm>



**APPLETON
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Appleton Police Department
222 South Walnut Street
Appleton, WI 54911
Phone: 920.832.5500
Fax: 920.832.5553
police.appletonwi.gov

**IN THE CITY OF APPLETON,
OUTAGAMIE COUNTY,
STATE OF WISCONSIN**

CITY OF APPLETON
A Wisconsin Municipal Corporation

Petitioner,

v.

CAVAN LONSWAY as owner of:
GODFREY: ST. BENARD MIX, WHITE/GOLD, MALE, R-, L Respondent.

ORDER DECLARING ANIMAL DANGEROUS

As the owner and/or caretaker of *the above-named ANIMAL*, you are hereby notified that the City of Appleton has declared that *the above-named ANIMAL* AS dangerous pursuant to the City of Appleton's Municipal Code 3-131.

Because the animal has been declared dangerous, you are further notified that you must immediately comply with leashing, muzzling, and confinement requirements of City of Appleton Municipal Code Section 3-132. You must, within thirty (30) days, comply with all other requirements of City of Appleton Municipal Code Section 3-132 of the dangerous declaration.

This order remains in effect, even if appealed, until modified or withdrawn. This order is in effect for the lifetime of the animals.

SO ORDERED on August 15th 2025

Matthew Fillebrown, Certified Humane Officer
Appleton Police Dept. City of Appleton, WI

I, *Cavan Lonsway* (respondent's printed name), acknowledge receipt of this order and understand the contents of the order, including the time limits if I wish to appeal.

Signed:

Date: *8/15/25 2pm*



**APPLETON
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Appleton Police Department
222 South Walnut Street
Appleton, WI 54911
Phone: 920.832.5500
Fax: 920.832.5553
police.appletonwi.gov

APPEAL RIGHTS ARE TIME-SENSITIVE:

If you or any other owner or caretaker of the above-named animals wishes to contest the attached Order, **within 72 hours YOU MUST deliver to the Health Officer a written objection** to the order stating specific reasons for contesting the order. Failure to timely file an objection will result in your forfeiture of the right to appeal this Order.

The Health Deputy Director, Charles Sepers, with the City of Appleton Health Department can be reached at:

Health Director - Dr. Charles Sepers
100 North Appleton Street
Appleton, WI 54911
Phone: 920-832-6433
Fax: 920-832-5853
Email: Charles.Sepers@appleton.org

I have enclosed copies of the City of Appleton Municipal Ordinances pertaining to this matter. Please review and comply with City of Appleton Municipal Code Section sections 3-1, 3-2, 3-131, 3-132, 3-133, and 3-134.

If you have any further question, please contact the City of Appleton Health Department.
Sincerely,

Matt Fillebrown
Lead CSO #9563 / Humane Officer
Appleton Police Department

Enclosures:

Order
City of Appleton Municipal Code Sections 3-1, 3-2, 3-131, 3-132, 3-133, 3-134

CC: CPT. Taschner- Appleton Police Department, ACA Zak Buruin - Appleton City Attorney's Office, and Charles Sepers - Health Department



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08/15/2025

CAVAN LONSWAY

RE: DECLARATION AND ORDER OF DANGEROUS ANIMAL

To MR. LONSWAY

Please let this letter and the attached order serve as your notice, that the City of Appleton's Humane Officer has formally declared your animal: "GODFREY: ST. BENARD MIX, WHITE/GOLD, MALE, R-, L-" pursuant to the City of Appleton Municipal Code, Section 3-131.

I have declared your ANIMAL as dangerous after conducting my investigation, which is summarized below:

Incident # A25040039: The Appleton Police Department was informed of a past tense animal attack involving Godfrey during the month of April 2025. The victim reported that they were walking down their stairs at 1700 N. Richmond street to leave the backyard when Godfrey charged and attacked them. Godfrey attacked the victim and bit them, drawing blood. Pictures and a statement were obtained documenting this attack from Godfrey. This animal attack was determined to be a unprovoked attack.

Incident # A25040026: On 08/14/2025 the Appleton Police Department was sent to the address of 1700 N Richmond for a Dog Vs human attack. It was reported that the victim was exiting the backyard of 1700 N. Richmond Street when Godfrey charged at them and attacked them. It was reported that the victim tried to get away from Godfrey, but Godfrey kept on attacking the victim. The owners of Godfrey had to come outside to stop the attack. Injuries sustained from this attack needed stitches to close the wound received from Godfrey. This attack was determined to be an unprovoked animal attack.

Due to GODFREY causing bodily harm to multiple people and having a propensity to attack humans unprovoked, the animal known as: "GODFREY: ST. BENARD MIX, WHITE/GOLD, MALE, R-, L-" is being declared as Dangerous Animals for the City of Appleton.

IMMEDIATE ACTION IS REQUIRED:

Because your ANIMAL has been declared dangerous, you must comply with leashing, muzzling, and confinement requirements IMMEDIATELY, as set forth in City of Appleton Municipal Code Section 3-132. You must, within thirty (30) days, comply with all other requirements of City of Appleton Municipal Code Section 3-132 of the dangerous declaration. The pertinent section of the municipal code is attached to this document. This order is intended to protect against injurious results to human beings and domestic pets caused by unprovoked attacks by your animal.



**APPLETON
POLICE
DEPARTMENT**
COMPASSION * INTEGRITY * COURAGE

Appleton Police Department
222 South Walnut Street
Appleton, WI 54911
Phone: 920.832.5500
Fax: 920.832.5553
police.appletonwi.gov

**IN THE CITY OF APPLETON,
OUTAGAMIE COUNTY,
STATE OF WISCONSIN**

CITY OF APPLETON
A Wisconsin Municipal Corporation

Petitioner,

v.

IZARIAN LO as owner of:

APOLLO: MALE, PITBULL, BLACK AND WHITE, V+, L-, N- Respondent.

ORDER DECLARING ANIMAL DANGEROUS

As the owner and/or caretaker of *the above-named ANIMAL*, you are hereby notified that the City of Appleton has declared that *the above-named ANIMAL* AS dangerous pursuant to the City of Appleton's Municipal Code 3-131.

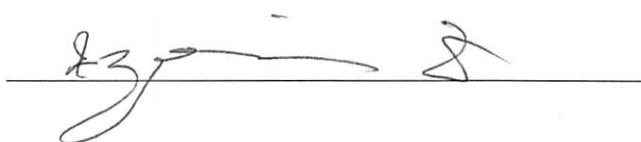
Because the animal has been declared dangerous, you are further notified that you must immediately comply with leashing, muzzling, and confinement requirements of City of Appleton Municipal Code Section 3-132. You must, within thirty (30) days, comply with all other requirements of City of Appleton Municipal Code Section 3-132 of the dangerous declaration.

This order remains in effect, even if appealed, until modified or withdrawn. This order is in effect for the lifetime of the animals.

SO ORDERED on August 29th 2025


Matthew Fillebrown, Certified Humane Officer
Appleton Police Dept. City of Appleton, WI

I, *Izarian* (respondent's printed name), acknowledge receipt of this order and understand the contents of the order, including the time limits if I wish to appeal.

Signed: 

Date: *8/29/25 RPM*



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APPEAL RIGHTS ARE TIME-SENSITIVE:

If you or any other owner or caretaker of the above-named animals wishes to contest the attached Order, **within 72 hours YOU MUST deliver to the Health Officer a written objection** to the order stating specific reasons for contesting the order. Failure to timely file an objection will result in your forfeiture of the right to appeal this Order.

The Health Deputy Director, Charles Sepers, with the City of Appleton Health Department can be reached at:

Health Director - Dr. Charles Sepers

100 North Appleton Street

Appleton, WI 54911

Phone: 920-832-6433

Fax: 920-832-5853

Email: Charles.Sepers@appleton.org

I have enclosed copies of the City of Appleton Municipal Ordinances pertaining to this matter. Please review and comply with City of Appleton Municipal Code Section sections 3-1, 3-2, 3-131, 3-132, 3-133, and 3-134.

If you have any further question, please contact the City of Appleton Health Department.
Sincerely,

Matt Fillebrown

Lead CSO #9563 / Humane Officer

Appleton Police Department

Enclosures:

Order

City of Appleton Municipal Code Sections 3-1, 3-2, 3-131, 3-132, 3-133, 3-134

CC: CPT. Taschner- Appleton Police Department, ACA Zak Buruin - Appleton City Attorney's Office, and Charles Sepers - Health Department



**APPLETON
POLICE
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08/29/2025

Izarian Lo

RE: DECLARATION AND ORDER OF DANGEROUS ANIMAL

Please let this letter and the attached order serve as your notice, that the City of Appleton's Humane Officer has formally declared your animal: "APOLLO: MALE, PITBULL, BLACK AND WHITE, V+, L-, N-" pursuant to the City of Appleton Municipal Code, Section 3-131.

I have declared your ANIMAL as dangerous after conducting my investigation, which is summarized below:

Incident #A25040462: The Appleton Police Department was informed of an animal attack involving Apollo on 8/16/2025. The report indicates that Apollo left his property of 1103 ½ W. Lawrence Street and attacked a neighbor's dog. This animal attack was determined to be a unprovoked and Apollo was not under the control of its owner and at large off his property.

INCIDENT #A25041712: On 08/22/2025 the Appleton Police Department was sent to the address of 1103 1/2 W. Lawrence for a Dog Vs human attack. It was reported that the victim was walking his dog on the sidewalk when Apollo jumped from a second story balcony to attack another dog being walked by the victim. The victim picked up his dog and Apollo then started to attack the victim, biting him several times. The wounds caused by Apollo on the victim needed medical treatment and stitches to close the wounds. These attacks were determined to be unprovoked, and Apollo was not under the control of its owner and at large.

Due to APOLLO having a known propensity to attack humans and domesticated animals, and when unprovoked inflicted bodily harm on a human when unprovoked, the animal known as: "APOLLO: MALE, PITBULL, BLACK AND WHITE, V+, L-, N-" is being declared as Dangerous Animals for the City of Appleton.

IMMEDIATE ACTION IS REQUIRED:

Because your ANIMAL has been declared dangerous, you must comply with leashing, muzzling, and confinement requirements IMMEDIATELY, as set forth in City of Appleton Municipal Code Section 3-132. You must, within thirty (30) days, comply with all other requirements of City of Appleton Municipal Code Section 3-132 of the dangerous declaration. The pertinent section of the municipal code is attached to this document. This order is intended to protect against injurious results to human beings and domestic pets caused by unprovoked attacks by your animal.

Approved Noise Variances 2025

Event Date	Time	Event Address	Event Name	Phone
Wednesday, August 20, 2025	5pm-9pm	400 W College Ave	Fox Cities PAC Annual Partner Cookout	(920) 273-5008
Friday, August 22, 2025	2pm-10pm	1025 N Badger Ave	Area 509	(920) 410-1405
Tuesday, August 26, 2025	5pm-9pm	700-1200 blocks of N. Appleton and N. Superior St	Historic Central Appleton Porchfest	(920) 750-4581
Friday, August 29, 2025	2pm-10pm	1025 N Badger Ave	Area 509	(920) 410-1405
Saturday, August 30, 2025	6pm-10pm	1826 W Grant Street	Private Event	(920) 636-3614
Friday, September 5, 2025	7pm-10pm	211 S Walnut St	Fox River House	(920) 903-9968
Friday, September 5, 2025	2pm-10pm	1025 N Badger Ave	Area 509	(920) 410-1405
Saturday, September 6, 2025	7pm-10pm	211 S Walnut St	Fox River House	(920) 903-9968
Friday, September 12, 2025	7pm-10pm	211 S Walnut St	Fox River House	(920) 903-9968
Friday, September 12, 2025	2pm-10pm	1025 N Badger Ave	Area 509	(920) 410-1405
Saturday, September 13, 2025	7pm-10pm	211 S Walnut St	Fox River House	(920) 903-9968
Saturday, September 13, 2025	2pm-10pm	1025 N Badger Ave	Area 509	(920) 410-1405
Saturday, September 13, 2025	1pm-4pm	Pierce Park, 1035 W Prospect Ave	World Peace Festival	(920) 427-7776
Friday, September 19, 2025	7pm-10pm	211 S Walnut St	Fox River House	(920) 903-9968
Friday, September 19, 2025	2pm-10pm	1025 N Badger Ave	Area 509	(920) 410-1405
Saturday, September 20, 2025	7pm-10pm	211 S Walnut St	Fox River House	(920) 903-9968
Sunday, September 21, 2025	3pm-7pm	3001 E Drake Lane, Appleton, WI 54913	Private Event	(920) 915-7047
Friday, September 26, 2025	7pm-10pm	211 S Walnut St	Fox River House	(920) 903-9968
Saturday, September 27, 2025	7pm-10pm	211 S Walnut St	Fox River House	(920) 903-9968
Sunday, September 28, 2025	10am-6pm	1937 E John Street, Appleton WI 54915	Annual Car Show	(920) 851-0294
Friday, October 3, 2025	6pm-10pm	400 W College Ave	Fox Cities Performing Arts Center: "a la cARTe!" fundraising event	(920) 273-5008

Approved Noise Variances 2025

Saturday, October 4, 2025	1pm-6pm	115 S State St, Appleton	Fox Valley Lagerfest	(920) 207-9196
Friday, October 10, 2025	5pm-8pm	Pierce Park, 1035 W Prospect Ave	Glow in the Park	(920) 419-0635

09.2025

NEWSLETTER

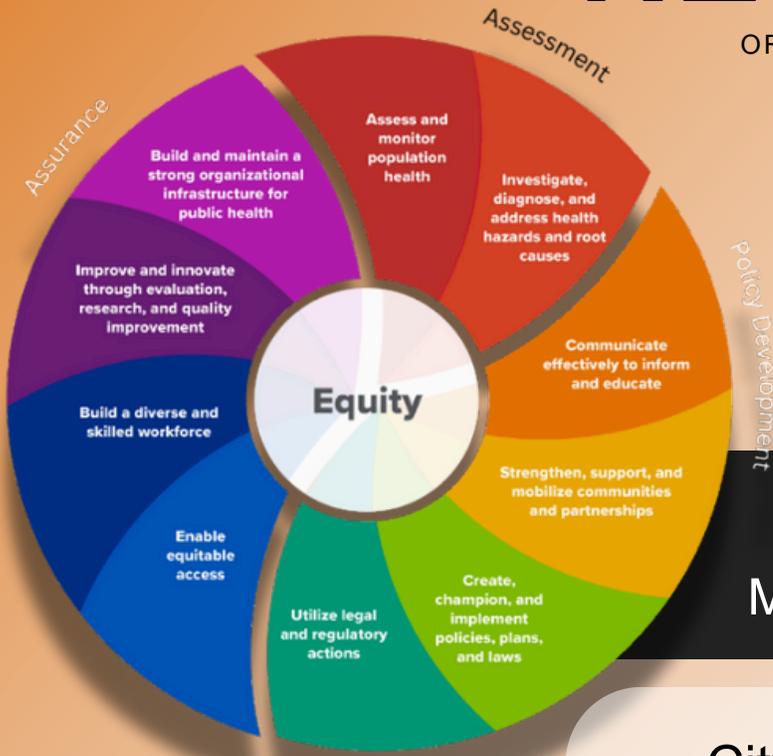
OF THE APPLETON PUBLIC HEALTH DEPARTMENT

IN THIS ISSUE:

Board of Health

How to Participate

Meet Cathy



VISION: Health for all, together.

MISSION: Facilitate equitable community wellbeing through education, health promotion, and response to public health needs.

10 Essential Public Health Services

Each month, the Appleton Health Department Newsletter features stories about how we are achieving each of the 10 Essential Public Health Services. This month, we focus on:

Essential Public Health Service # 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

City of Appleton Board of Health: Guiding Community Health

The City of Appleton Board of Health is the policy-making, rule-making, and decision-making body for public health in Appleton. State statutes grant the Board authority to make local public health rules, set certain service fees, and influence daily Health Department operations.

The Board consists of the Mayor and seven appointed members, including two Common Council members, with efforts to appoint a registered nurse and physician. Meeting monthly, it oversees public health nursing, environmental health, consumer protection, community health, and emergency preparedness for Appleton residents.

The Board of Health’s work centers on three goals: Assessment, Policy Development, and Assurance. Members assess current and future public health needs, learn about community health status, and stay informed on the Health Department’s history, current work, and goals. They develop policy by reviewing statutes and local rules, preparing for and attending meetings, participating in open dialogue, and serving as a link between the community and the Health Department. Finally, the Board assures services, advocates for and informs the public, and anticipate trends affecting local health.

In achieving these three goals the Board of Health communicates effectively to inform and educate people about health, factors that influence it, and how to improve it.

How to Participate

Attend Board of Health: In-Person, Watch Live, or Watch Later

The Board of Health meets on the second Wednesday of each month at 7:00 a.m. There are several ways to stay informed:

Attend in-person

Join us at City Hall in the 6th Floor Council Chambers for our monthly meetings. All meetings are open to the public, and agendas are published in advance.

Watch Live from anywhere

The Board of Health meetings are available via live stream for those who would like to follow proceedings in real time. Access the meeting from any location with an internet connection, no travel or parking required.

Watch Later or Read Meeting Minutes

Recordings of each Board of Health meeting are published for public viewing following the meeting. Meeting minutes, which summarize actions taken, recommendations made, and information presented, are also available online.

Find Meeting Details, Agendas, Minutes and Videos/Live Streams here:

[City of Appleton - Board of Health](#)



Meet Cathy, Chairperson

Cathy Spears, Chairperson of the City of Appleton Board of Health, exemplifies distinguished service through a career spanning more than four decades in both the scientific and public sectors. Holding a degree in Microbiology and Public Health, she served as a medical technologist at the Mosaic Family Health (Residency Clinic) from 1982 until her retirement in 2021.

Her commitment to civic leadership began in 2004 with her election as an City of Appleton Alderperson, during which she first joined the Board of Health. From 2014 to 2020, she further contributed to the community as a member of the Outagamie County Board. In 2021, she was appointed Chairperson of the Board of Health, a position in which she continues to serve with dedication.

Under her leadership, the Board evaluates and advises on public health programs, formulates recommendations to the Common Council, and advances priorities which affect the social determinants of health such as walkability and the elimination of food deserts. Her work reflects the mission of the Board of Health, to protect the residents of Appleton through prevention, environmental safeguards, and advocacy.

Beyond her official duties, Cathy enjoys time on the water and cooking with fresh herbs cultivated in her own garden.

Resources

[Board of Health Calendar](#)

[WI Statue about Board of Health](#)

[WI Department of Health Services Local Boards of Health](#)



Public Health
Prevent. Promote. Protect.

