



BOARD OF HEALTH – PROGRAM, POLICY, & APPEALS COMMITTEE
Agenda for September 3, 2021 at 9:00 AM

Via Zoom Meetings

<https://us02web.zoom.us/j/89368454638?pwd=VXZWdkNsS2VTdFhDNnJ5cW9CVGRxdz09>

1. Call to Order
 - a. Roll Call
2. Public Comment
3. New Business
 - a. Quarantine Orders*
4. Adjournment

Branch-Hillsdale-St. Joseph

Figure 1: Count of Confirmed and Probable COVID-19 cases by Onset Date* (Based on 7-day Daily Moving Average) by County in Region 5, 3/1/2021 to 9/2/2021

*or by specimen collection date if onset is not available or by referral date if specimen collection date is not available

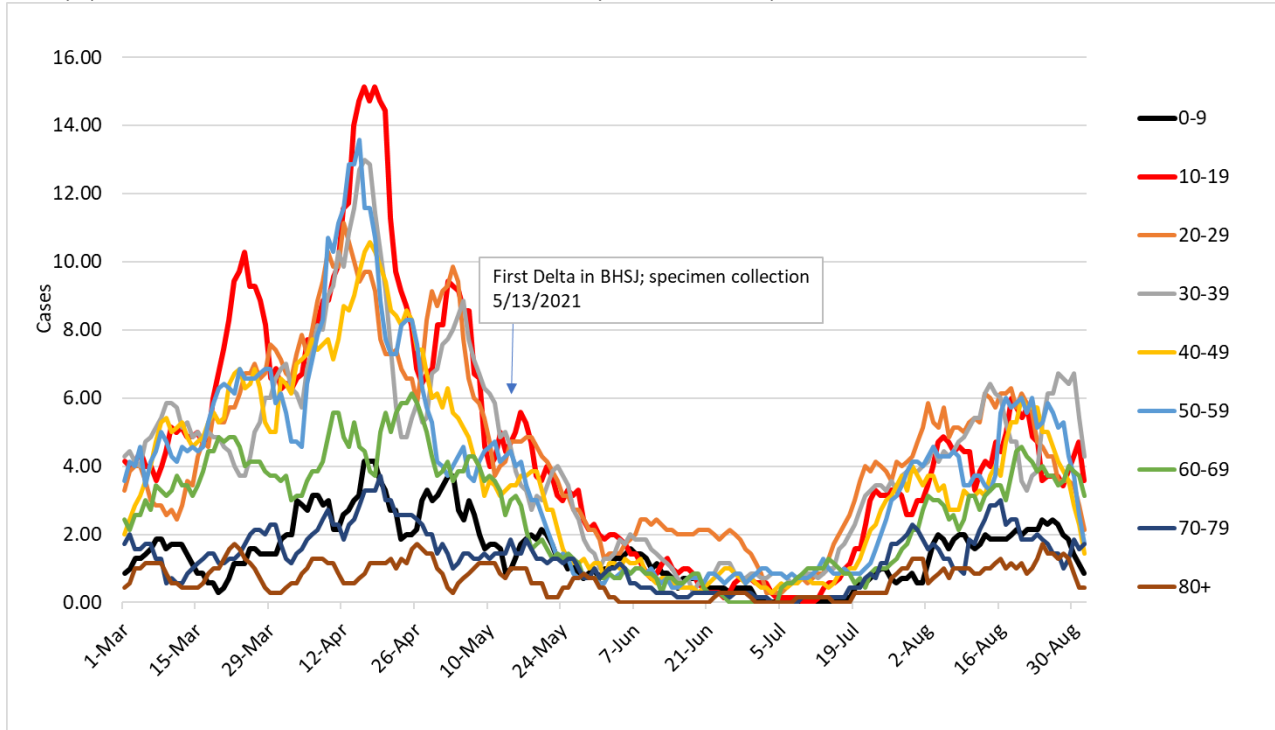
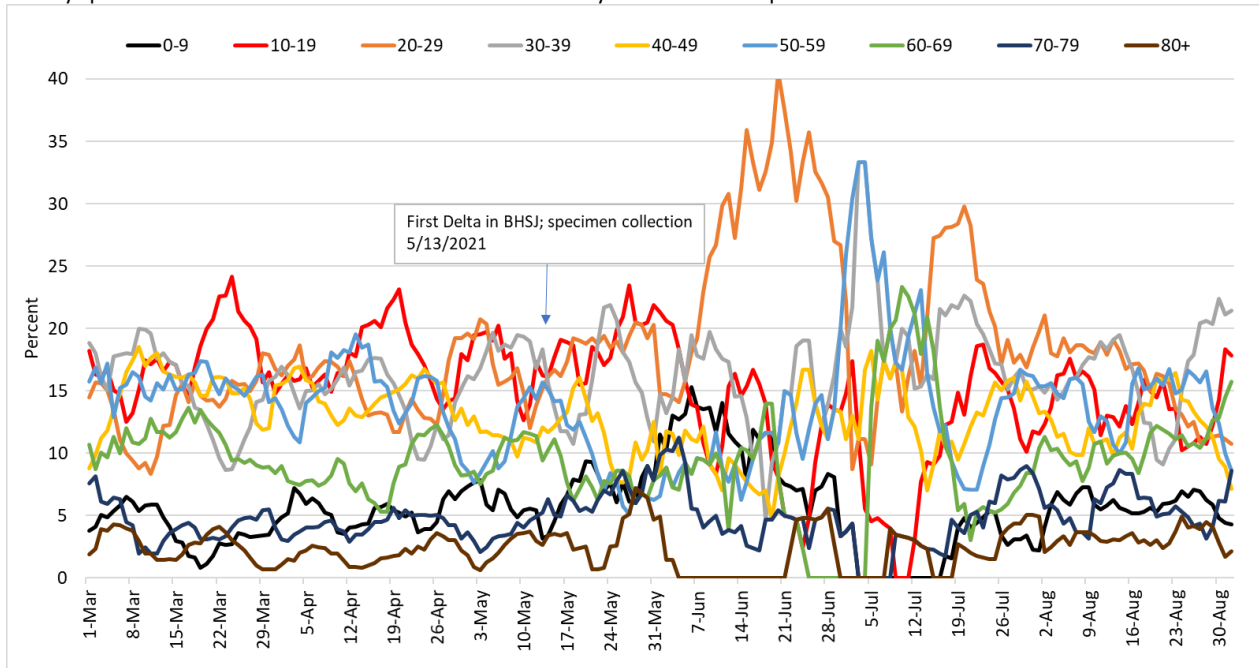


Figure 2: Proportion of Confirmed and Probable COVID-19 cases by Onset Date* (Based on 7-day Daily Moving Average) by County in Region 5, 3/1/2021 to 9/2/2021

*or by specimen collection date if onset is not available or by referral date if specimen collection date is not available



Considerations by Age Group and outbreaks with confirmed delta cases

- Delta first detected in May, circulating throughout summer when schools were not in session.
- Lots of Tots Daycare outbreak (Branch County) – June 2021
 - 9 cases, confirmed Delta cases
 - 5 cases <18 years of age; 4 cases >18 years of age
- Grace Healthcare/Edgewood Outbreak (St. Joseph County) – July 2021
 - 14 cases, 3 employees, 11 residents, confirmed Delta cases
 - 4 cases <60 years of age; 10 cases >60 years of age
 - 7 Vaccine-breakthrough cases
- Maroa Tomato Farms (Branch County)
 - 36 cases, confirmed delta cases
 - Age Group of cases: 18-25 years – 12 cases; 26-35 years – 17 cases; >35 years – 7 cases
 - 18 vaccine breakthrough cases
- World Harvest (Branch County) (Religious Service)
 - 16 cases, confirmed delta cases
 - 7 cases <18 years of age; 9 cases >18 years of age
 - 1 vaccine breakthrough case

BHSJ Cases by Household/Common Address (data for 5/1/2021-9/1/2021)

This table looks at the number of confirmed or probable cases within each address to show possible household transmission. **Of note, total household size (number persons at each address) is unknown.**

N. Confirmed/Probable within a Household	N. Households	N. Cases	% of Cases
1	1391	1391	55.4
2	294	588	23.4
3	84	252	10.0
4	27	108	4.3
5	9	45	1.8
6	1	6	0.2
7	1	7	0.3
Missing Street Address	116	116	4.6
Total	1923	2513	100

Household Transmission Research:

[Transmission of SARS-COV-2 Infections in Households — Tennessee and Wisconsin, April–September 2020 | MMWR \(cdc.gov\)](#)

[Household Transmission of SARS-CoV-2: A Systematic Review and Meta-analysis](#)

Home and School Transmission of Delta variant / COVID-19

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7035e2.htm> August 2021

During May 23–June 12, 2021, 26 laboratory-confirmed COVID-19 cases occurred among Marin County, California, elementary school students and their contacts following exposure to an unvaccinated infected teacher. The attack rate in one affected classroom was 50%; risk correlated with seating proximity to the teacher.

The teacher reported becoming symptomatic on May 19, but continued to work for 2 days before receiving a test on May 21. On occasion during this time, the teacher read aloud unmasked to the class despite school requirements to mask while indoors. During May 23–26, among the teacher's 24 students, 22 students, all ineligible for vaccination because of age, received testing for SARS-CoV-2; 12 received positive test results. The attack rate in the two rows seated closest to the teacher's desk was 80% (eight of 10) and was 28% (four of 14) in the three back rows.

During May 24–June 1, six of 18 students in a separate grade at the school, all also too young for vaccination, received positive SARS-CoV-2 test results. Eight additional cases were also identified, all in parents and siblings of students in these two grades. Among these additional cases, three were in persons fully vaccinated in accordance with CDC recommendations.

Summary: Following exposure, distance greater than 6 feet, 80% of students became infected. At a distance greater than 12 feet, 28% became infected. Fourteen additional cases in family members not initially exposed (58%) became positive for COVID-19, Delta. Twenty-one (21%) percent of the additional cases occurred in fully vaccinated persons.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7028e2.htm?s_cid=mm7028e2_w

As of May 27, 2021, 47 COVID-19 cases associated with facility A were identified among 23 gymnasts, three staff members, and 21 of their household contacts. Among seven households with known secondary transmission, attack rates ranged from 80% to 100%. The overall facility-associated attack rate among 194 exposed persons was 42 of 80 (53%) household contacts. These findings suggest that the B.1.617.2 variant is highly transmissible in indoor sports settings and households, which might lead to higher attack rates among exposed persons.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e3.htm> September 2020

Twelve children acquired COVID-19 in child care facilities. Transmission was documented from these children to at least 12 (26%) of 46 non-facility contacts. One parent was hospitalized. Transmission was observed from two of three children with confirmed, asymptomatic COVID-19. SARS-CoV-2 Infections among young children acquired in child care settings were transmitted to their household members.

Analysis of contact tracing data in Salt Lake County, Utah, identified outbreaks of COVID-19 in three small to large child care facilities linked to index cases in adults and associated with transmission from children to household and nonhousehold contacts. In these three outbreaks, 54% of the cases linked to the facilities occurred in children. Transmission likely occurred from children with confirmed COVID-19 in a child care facility to 25% of their non-facility contacts.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e1.htm> November 2020

Transmission of SARS-CoV-2 occurs within households; however, transmission estimates vary widely and the data on transmission from children are limited. A total of 191 enrolled household contacts of 101 index patients reported having no symptoms on the day of the associated index patient's illness onset, and among these 191 contacts, 102 had SARS-CoV-2 detected in either nasal or saliva specimens during follow-up, for a secondary infection rate of 53%. Among fourteen households in which the index patient was aged <18 years, the secondary infection rate from index patients aged <12 years was 53% and from index patients aged 12-17 years was 38%.

In this ongoing prospective study that includes systematic and daily follow-up, transmission of SARS-CoV-2 among household members was common, and secondary infection rates were higher than have been previously reported. Secondary infections occurred rapidly, with approximately 75% of infections identified within 5 days of the index patient's illness onset. An important finding of this study is that fewer than one half of household members with confirmed SARS-CoV-2 infections reported symptoms at the time infection was first detected, and many reported no symptoms throughout 7 days of follow-up, underscoring the potential for transmission from asymptomatic secondary contacts and the importance of quarantine.

These findings suggest that transmission of SARS-CoV-2 within households is high, occurs quickly, and can originate from both children and adults.

What do we know about COVID impact on schools


DRAFT




Outbreak Associated with SARS-CoV-2 B.1.617.2 (Delta) Variant in an Elementary School

The Delta variant spreads easily in indoor spaces when people are unmasked and unvaccinated





Occasionally unmasked adult infected with Delta variant worked for 2 days




12 of 24 kids infected

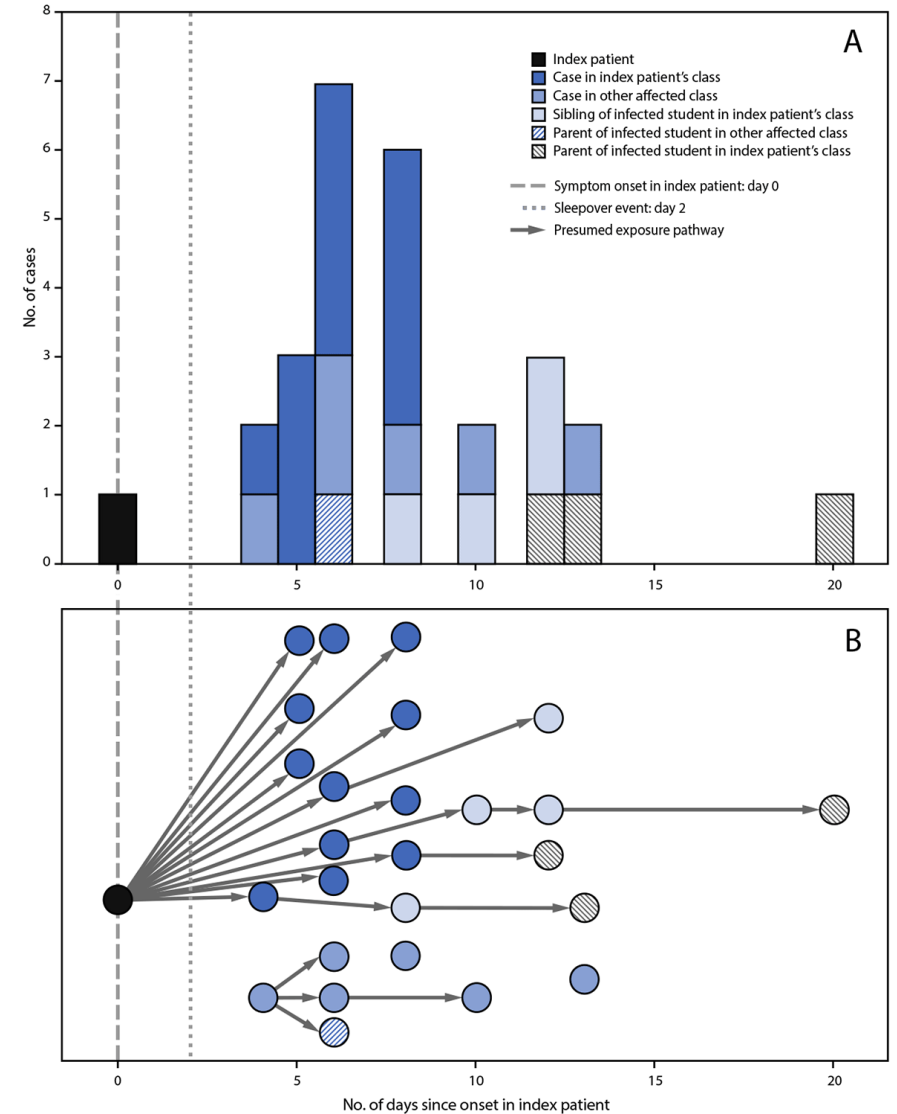


Schools can help stop spread by ensuring everyone:

-  **Wears masks correctly** in indoor spaces
-  **Gets vaccinated, if eligible**
-  **Stays home** if having symptoms
-  **Tests routinely**

bit.ly/MMWR82721b 

- 22 of the 24 students were ineligible for vaccine due to age
- Students in the first two rows were more likely to be infected
- In addition to vaccination, strict adherence to multiple nonpharmaceutical prevention strategies, including masking, are important to ensure safe school instruction



Examples of COVID impacts so far for Midwest Schools: beginning to see closures, case increases, and increases in quarantined students



[Ohio](#) – “COVID-19 Spread Up 800 Percent Among Ohio School Children”



[Dayton, Ohio](#) – “New Lebanon elementary school closed today, Wednesday due to COVID-19”



[Wisconsin](#) – “Wisconsin’s COVID Condition: The Delta Surge Disrupts a Third School Year”



[Anderson, IN](#) – “Anderson schools quarantine more than 100 students because of COVID cases”

K-12 school outbreaks, recent and ongoing, week ending Aug 26

Number of reported outbreaks this week is 11, including outbreaks seen in High Schools (7), Pre K-Elementary (3), and Administrative (1). No outbreaks were seen in Middle/Jr High (0).

Region	Number of reported cases, #		# Ongoing - Excluding New	# New	Number of outbreaks	Range of cases per outbreak
Region 1	0	25			5	2-14
Region 2n	0	2			1	2-2
Region 2s	-	0			0	0-0
Region 3	5	0			1	5-5
Region 5	6	0			2	2-4
Region 6	0	0			0	0-0
Region 7	0	0			0	0-0
Region 8	0	4			2	2-2
Total	11	31			11	2-14

Grade level	Number of reported cases, #		# Ongoing - Excluding New	# New	Number of outbreaks	Range of cases per outbreak
Pre-school - elem.	6	2			3	2-6
Jr. high/middle school	0	0			0	0-0
High school	5	27			7	2-14
Administrative	0	2			1	2-2
Total	11	31			11	2-14

Many factors, including the lack of ability to conduct effective contact tracing in certain settings, may result in significant underreporting of outbreaks. This chart does not provide a complete picture of outbreaks in Michigan and the absence of identified outbreaks in a particular setting in no way provides evidence that, in fact, that setting is not having outbreaks.

Source: LHD Weekly Sitreps

National Comparison

Spread

Severity

Public Health
Response

Other
Indicators

Science
Round-up

K-12 School Outbreaks (as of 8/26/21)

10 outbreaks in 9 schools; 7 high schools; 2 sports focused

School Name	County	Known Cases	Staff or Students	First Reported
Hunt Elementary	Jackson	2	Both	8/26
Tecumseh HS Girls Cross Country	Lenawee	3	Students	8/26
Tecumseh HS Freshman Football	Lenawee	2	Both	8/26
Negaunee High School	Marquette	2	Both	8/26
Fulton High School	Gratiot	4	Students	8/26
Troy Athens High School	Oakland	2	Both	8/26
Howell High School	Livingston	14	Both	8/19
Greenwood Kindergarten	Kalamazoo	4	Both	8/15
Parkwood 4 th grade	Kalamazoo	2	Students	8/12
Lapeer High School	Lapeer	5	Both	8/19

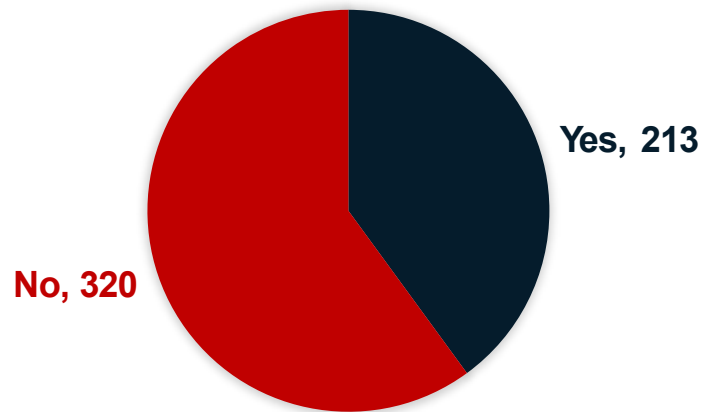


MI School Districts and Mask Policy as of August 30, 2021

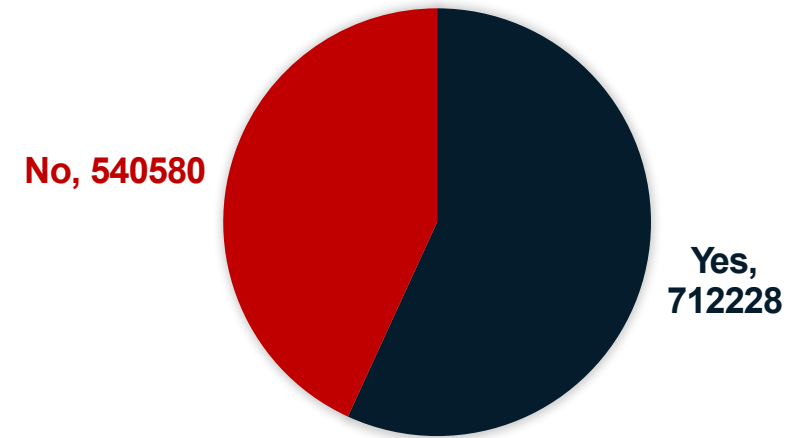
Yes – Any masking policy in some subset of school grades

No – No mask policies (includes unknown)

NUMBER OF SCHOOL DISTRICTS WITH MASK MANDATES IN K-12 SETTING



NUMBER OF STUDENTS* IN K-12 SCHOOLS WITH MASK MANDATES



- 40% (213/533) of school districts have mandatory mask policy for students in all K-12 grades
- School districts with mandatory mask policies for all grades K-12 cover 57% (712,228/1,252,808) of all students*

* Student size based on school enrollment numbers; Buses and public transportation are federally required to enforce mask mandates

Source: Executive Office of Governor School District Mask Policy



The proceeding 6 pages are an extracted from the August 31, 2021 MI COVID RESPONSE DATA AND MODELING UPDATE (pages 42-47). The full update can be viewed at:

https://www.michigan.gov/documents/coronavirus/20210830_Data_and_modeling_update_vFIN_AL_734414_7.pdf

Data from the MDSS

Below we are looking at the % of COVID cases that reported quarantining at symptom onset (or test date is asymptomatic). We have generally thought of this as a marker for the effectiveness of contact tracing. If 100% of cases are quarantining at onset, then contact tracing is working well to notify patients and quarantine compliance is high. Below we are displaying the 7-day rolling average in that metric over time for BHSJ. We also shows the number of cases with this question completed on the secondary access for context

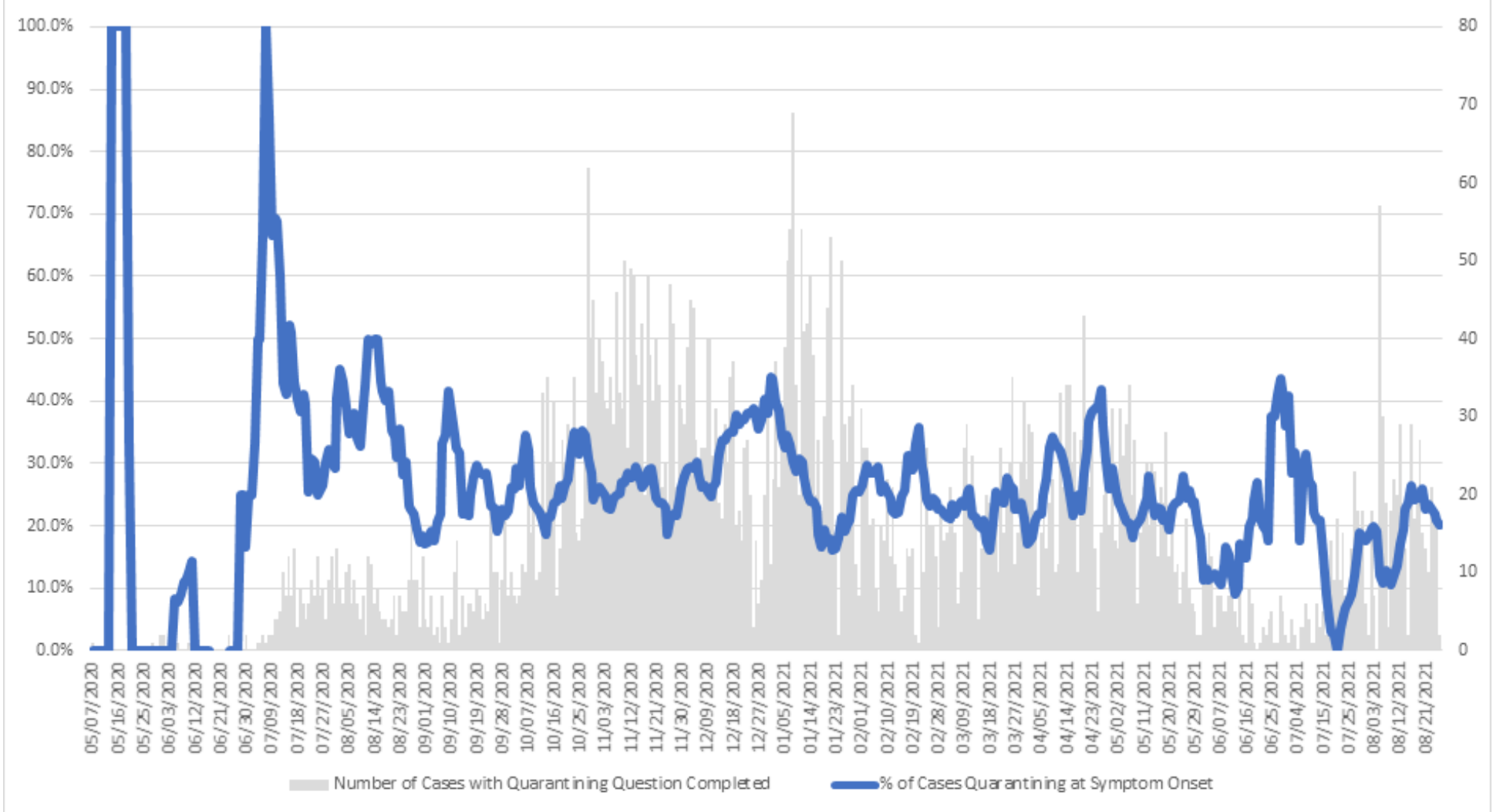
The limitation of these data are that many cases are not successfully interviewed and even when an interview is conducted, this question may not be completed.

Since 5/1/2020 there have been around 15,200 confirmed and probable cases from BHSJ reported. 7,076 cases have had this question completed. And of those 1,828 (25.8%) reported quarantining at symptom onset.

- From 5/1/2020 - 6/60/2021 the proportion was 26.7%
- From 7/1/2021 – current the proportion was 17.5%

We have seen a substantial decrease in the public's participation in the case investigation and contact tracing processes as the pandemic has evolved, so I think that is more reflective of that than anything.

Rolling 7-Day average of the % of Cases Quarantining at the Time of Symptom Onset, BHSJ



Data from TraceForce

Overall, there have been 5,960 contacts added to TF from BHSJ that were successfully reached by tracers:

- 1,247 (20.9%) of those contacts either became symptomatic or self-reported testing positive for COVID
- From *5/1/2020 – 6/30/2021* there were 5,693 contacts added to TF from BHSJ and reached successfully by tracers:
 - 1,172 (**20.6%**) reported symptomatic or self-reported testing positive for COVID
- From *7/1/2021 – current* there were 241 contacts from BHSJ added to TF from BHSJ and reached successfully by tracers:
 - 72 (**29.9%**) reported symptomatic or self-reported testing positive for COVID

So in the “Delta” period it looks like contacts are 50% more likely to become a case than the pre-Delta period.

Limitations:

- Small sample size since July
- All info from the contacts are self-reported
 - - Symptomatic contacts may not be true COVID cases
 - Positive test information is self-reported and not validated

STATE OF MICHIGAN

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY

September __, 2021

In the Matter of:

COVID-19 Prevention in Educational and Employment Settings within Branch, Hillsdale, and St Joseph Counties, Michigan:

The Health Officer of the Branch-Hillsdale-St. Joseph Community Health Agency, with consultation from the Agency's Medical Director, makes the following factual determinations and issues this Order pursuant to the Michigan Public Health Code, MCL 333.2451 and 333.2453, as well as R. 325.175(4), which is an administrative rule promulgated by the Michigan Department of Health and Human Services pursuant to MCL 333.2226(d). Factual findings include:

1. The virus that causes COVID-19 spreads mainly from person-to-person, primarily through respiratory droplets produced when an infected person or carrier coughs, sneezes, or talks. These droplets can enter the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely to occur when people are in close contact with one another (within about 6 feet).
2. COVID-19 is unique as a communicable disease in that every person that eventually becomes infected with COVID-19 is able to transmit the disease to others for at least a 48-hour period before they become symptomatic, or otherwise have any reason to know that they can make other people sick. Additionally, significant numbers of individuals remain asymptomatic, yet they are fully able to transmit the disease and make other people sick.
3. Recent data show that the newly dominant delta variant may induce a viral load 1,000 times higher than the original virus, indicating that the delta variant may be much more infectious than previous strains.
4. Although vaccinations prevent infection, slow community transmission, and reduce the risk of severe outcomes due to COVID-19 disease, COVID-19 remains a public health issue that impacts local institutions, particularly in educational settings where students younger than 12 years of age are ineligible to receive vaccination. Among Branch County youth aged 12-19 years, only approximately 18.6% are fully vaccinated against COVID-19 as of August 31, 2021. Among Hillsdale County youth aged 12-19 years, only approximately 16.2% are fully vaccinated against COVID-19 as of August 31, 2021. Among St. Joseph County youth aged 12-19 years, only approximately 22.3% are fully vaccinated against COVID-19 as of August 31, 2021. These low numbers

leave a large majority of the youth of these communities potentially vulnerable to COVID-19 disease.

5. Certain studies have shown that upwards of 95% of current hospitalizations are for those individuals that are not vaccinated.
6. In Branch, Hillsdale, and St. Joseph Counties, prior to July 1, 2021, approximately 20.6% of COVID-19 cases, either confirmed by testing or reported symptoms, were first identified as a close contact of a probable or confirmed COVID-19 case. Since July 1, 2021, which is considered the beginning of the spread of the delta variant in this region, 29.9% of COVID-19 confirmed by testing or reported symptoms were first identified as a close contact of a probable or confirmed COVID-19 case.
7. As of August 30, 2021, Branch County has a positivity rate has a 7-day test positivity rate of 12.7%, and a 7-day new case per million count of 197; Hillsdale County has a 7-day test positivity rate of 17.3%, and a 7-day new case per million count of 212; and St. Joseph County has a 7-day test positivity rate of 15%, and a 7-day new case per million count of 221. These statistics indicate both epidemic level contagion and significant community transmission.
8. People infected with the virus that causes COVID-19 are contagious and a risk to others, thus creating an imminent danger of transmission of the disease. Isolating infectious persons for at least 10 days is essential for preventing COVID-19 transmission.
9. If failure to quarantine becomes widespread the control of community transmission will become a more significant and imminent public health danger.
10. Household transmission of COVID-19 is common, with studies finding that average transmission rates were as high as 53%. Because risk of transmission is high among households, household members who are not sick but have been exposed to COVID-19 pose a higher risk to the community if they return to public activities before a quarantine period has been completed.

NOW, THEREFORE, IT IS HEREBY ORDERED that all employers, educational institutions, and persons in Branch, Hillsdale, and St. Joseph Counties must adhere to the following rules:

1. Any individual who resides, attends school or is employed within Branch, Hillsdale, and St. Joseph Counties that is notified by the Branch-Hillsdale-St. Joseph Community Health Agency, Michigan Department of Health and Human Services, a local school district, or an agent thereof, that they are a COVID-19 close contact, is required to quarantine for 10 days, or 7 days with a negative diagnostic test, as described in guidelines established by the CDC. See: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

2. Household close contacts of confirmed or probable COVID-19 cases are required to quarantine for 10 days, or 7 days with a negative diagnostic test, as described in guidelines established by the CDC.
3. All Persons in Educational Settings in Close Contact with a COVID-19 case involved in an Outbreak are required to quarantine for 10 days, or 7 days with a negative diagnostic test, as described in guidelines established by the CDC.
4. Within 1 business day, all employers and K-12 schools must provide to local public health the names, dates of birth, addresses, phone numbers, roles, and school group affiliations of all individuals identified as close contacts in an employment and/or educational setting, regardless of vaccination status. Youth camps, youth programs, childcare centers, preschools, vocational schools, colleges, and universities must provide this information upon request. Additional information about close contacts may be requested for effective contact tracing and notification and must be provided.
5. An employer, school, or other organization that requires or permits a close contact to act contrary to this Order is also in violation of this Order and subject to the penalties prescribed by the Michigan Public Health Code.
6. This Order may also be enforced pursuant to Part 24 of the Michigan Public Health Code, being MCL 333.2401 through MCL 333.2498. A person or organization who violates an order of a local health officer is guilty of a misdemeanor punishable by imprisonment for not more than 6 months or a fine of not more than \$200.00, or both, pursuant to MCL 333.2443. A person or organization who violates an order of a local health officer may also be subjected to citation and civil fines, pursuant to MCL 333.2461 and MCL 333.2462.

IT IS FURTHER ORDERED that the following terms shall have the following definitions for purposes of this ORDER:

- a. "COVID-19 case" is defined by the Council for State and Territorial Epidemiologists (CSTE) Executive Board and referenced in the Michigan State and Local Public Health Standard Operating Procedures. For the purposes of this order, a person must meet the confirmed or probable case definition as defined by CSTE and be documented in the Michigan Disease Surveillance System as a COVID-19 case. The current CSTE definition can be found at the following link:

<https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2020-08-05/>
- b. "Close contact" means being within 6 feet of someone who is a COVID-19 case for a total of 15 minutes or more over a 24-hour period. "Close contact" also means engaging in sport activities with unavoidable frequent physical contact

for a total time less than 15 minutes with someone who is identified as a COVID-19 case. In the K-12 indoor classroom setting only, an exception to the close contact definition excludes students who were within 3 to 6 feet of an infected student where

- Both students were engaged in consistent and correct use of well-fitting masks, and
- Other K-12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K-12 school setting.

This exception in K-12 schools does not apply to teachers, staff, or other adults in the indoor classroom setting.

- c. “Educational Institutions” or “Educational Settings” includes youth camps, youth programs, childcare centers, preschools, primary through secondary schools, vocational schools, colleges, and universities and other organized activities outside the home where coursework is taught. This definition includes educationally affiliated extracurricular activities such as school athletics.
- d. “Fully vaccinated persons” means persons for whom at least two weeks has passed after receiving the final dose of an FDA-approved or authorized COVID-19 vaccine.
- e. “Household close contact” means a close contact that lives with a COVID-19 case in a shared dwelling with common kitchen or bathroom facilities. In dwellings with shared kitchen or bathroom facilities occupied by 20 or more unrelated persons, households are defined by individuals who share a bedroom.
- f. “Isolation” means separating people infected with COVID-19 from those who are not infected. People who are in isolation should stay home until it’s safe for them to be around others. At home anyone sick or infected should separate from others, stay in a specific “sick room” or area, and use a separate bathroom (if available).
- g. “Outbreak” in an educational setting is generally defined by the CSTE and referenced in the Michigan State and Local Public Health Standard Operating Procedures. The CSTE definition can be found at the following link:

<https://preparedness.cste.org/wp-content/uploads/2020/08/Educational-Outbreak-Definition.pdf>

Outbreak case definitions are further refined in the MDHHS Standard Operating Procedures, where confirmed and probable cases are considered outbreak-associated cases. MDHHS standard operating procedures can be found at the following link:

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

- h. “Persons in Educational Settings” means students, teachers, administrative staff, attendees, volunteers, coaches, camp leaders, and other employees or volunteers of Educational Institutions.

IT IS FURTHER ORDERED that this ORDER shall not apply to the following Persons:

1. Persons without symptoms who were a confirmed or probable COVID-19 case in the past 90 days and recovered.
2. Fully vaccinated persons without symptoms who are not currently in isolation as COVID-19 cases.

IT IS FURTHER REMINDED that:

1. On January 29, 2021, CDC issued an [ORDER](#) that required face masks to be worn by all people while on public transportation (which included all passengers and all personnel operating conveyances) traveling into, within, or out of the United States and U.S. territories. The CDC ORDER includes school buses, both public and private.
2. This order does not repeat or supersede current MDHHS or Federal Epidemic Orders, which are incorporated by reference herein.

THIS ORDER is effective immediately and remains in effect until further order of the health officer.

August 30, 2021

September 3, 2021

RE: COVID-19 Close Contact Exposure

Dear **{INSERT Recipient's Name}**

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) was provided information that **{INSERT STUDENT NAME}** has been identified as a person who has been exposed to a confirmed case of Covid-19 as a close contact, as defined by the CDC and BCSJCHA's September __, 2021 emergency order regarding quarantine for close contacts. Due to the identified exposure, **{INSERT STUDENT NAME}** may be a carrier of Covid-19, and thus presents an imminent health risk to others. If you believe that **{INSERT STUDENT NAME}** was incorrectly identified as a close contact exposure, please contact this office immediately so that we may address the matter. If it is confirmed that **{INSERT STUDENT NAME}** was exposed as a close contact, and pursuant to MCL 333.2451(1), MCL 333.2453, and BHSJCHA's emergency order, your student must stay home, quarantine from others, and monitor for the signs and symptoms of Covid-19. A 10-day quarantine (*plus 4 days of monitoring*) is the best way to reduce the risk of spreading Covid-19 to others, however a 7-day quarantine with a negative diagnostic test on or after day 5 is also sufficient. We encourage you to seek testing for your student if they become ill. The student may return to school on **{INSERT DATE}, or {INSERT DATE} with a negative diagnostic test**, if they remain without symptoms of Covid-19. The school will be notified of this return date by BHSJCHA.

If it is confirmed that **{INSERT STUDENT NAME}** is a close contact exposure, and you fail or refuse to comply with the quarantine requirements set forth above, BHSJCHA may petition the circuit court pursuant to MCL 333.2451(2), as well as seek any other remedies available under the Michigan Public Health Code.

To help stop the spread of Covid-19, please consider the following precautions:

- Get vaccinated (age 12 and up)
- Wear a mask in indoor public places
- Stay 6 feet away from others
- Avoid crowds and poorly ventilated spaces
- Wash your hands often
- Cover coughs and sneezes

570 N. Marshall Road
Coldwater, MI 49036
(517) 279-9561
(517) 278-2823 Fax

20 Care Drive
Hillsdale, MI 49242
(517) 437-7395
(517) 437-0166 Fax

1110 Hill Street
Three Rivers, MI 49093
(269) 273-2161
(269) 273-2452 Fax

1555 E. Chicago Rd
Suite C
Sturgis, MI 49091
(269) 273-2161

- Clean and disinfect

We appreciate your cooperation. If you have any questions or concerns, please contact our office.

Thank you,

Rebecca A. Burns, MPH, RS
Health Officer

H. Lauren Vogel, DO, MPH
Medical Director