TOMPKINS COUNTY HEALTH DEPARTMENT
Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, September 22, 2020
12:00 Noon

Via Zoom

Live Stream at Tompkins County YouTube Channel:

https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ

12:00 I. Call to Order

12:01 II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)

12:04 III. Approval of August 25, 2020 Minutes (2 mins.)

12:06 IV. Financial Summary (9 mins.)

12:15 V. Reports (15 mins.)

Administration	Children with Special Care Needs
Health Promotion Program	County Attorney's Report
Medical Director's Report	Environmental Health
Division for Community Health	CSB Report

12:30 VI. New Business

12:30 **Environmental Health**
Administrative Actions:

1. Vorhis Request to Waive Sewage Permit Application Fee, 974 Ridge Road, T-Lansing (5 mins.)

12:35 **Administration** (5 mins.)
Adminstrative Action:

1. Establish a Nominating Committee

12:40 **Adjournment**

DRAFT

MINUTES
Tompkins County Board of Health
August 25, 2020
12:00 Noon
Virtual Meeting via Zoom

Present: Melissa Dhundale, MD; David Evelyn, MD; Ravinder Kingra; Edward Koppel, MD; Susan Merkel; Janet Morgan, Ph.D.; and Christina Moylan, Ph.D., President

Staff: Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; Samantha Hillson, Director of Health Promotion Program; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Skip Parr, Senior Public Health Sanitarian; Deb Thomas, Director of Children with Special Care Needs; Jonathan Wood, County Attorney; Shelley Comisi, Administrative Assistant; and Karan Palazzo, LGU Administrative Assistant

Excused: Shawna Black

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at 12:04 p.m.

Privilege of the Floor: None

Welcome: Dr. Moylan welcomed the new Board of Health member Ravinder Kingra. Dr. Moylan read thank you notes from recently retired staff Karen Bishop and Melissa Gatch.

Approval of July 28, 2020 Minutes: Dr. Evelyn moved to approve the minutes of the July 28, 2020 meeting as written, seconded by Dr. Morgan. The vote to approve the minutes as written was unanimous; motion carried.

Financial Summary: Ms. Grinnell Crosby referred to the 2020/7th month financial report summary included in the packet. Ms. Grinnell Crosby reported they continue to monitor the budget based on the pandemic. Federal funds have started coming in at 100%, and she continues to work on two COVID grants that are CDC funding. Legislative activity recently placed three hundred thousand dollars in our budget for community-wide testing. The department continues to support the nursing division.

Administration Report: Mr. Kruppa welcomed new board member Ravinder Kingra who Mayor Myrick approved for the city representative seat and was appointed by the legislature. Mr. Kingra stated he is a faculty member at Cornell University's School of Hotel Administration, teaching in the Food and Beverage area, and he also runs a Cornell campus restaurant. Mr. Kingra holds a Master of Management degree in Hospitality from Cornell University's School of Hotel Administration. He is excited about serving on the Board of Health.

Mr. Kruppa reported that Melissa Gatch is filling in for retired Karen Bishop until she retires at the end of this month to lead the communicable disease approach but will be returning two days a week to help train the new staff and support the transition. Ms. Crosby will provide leadership for the division in the interim. Mr. Kruppa reported applicants will meet with the hiring committee to interview next week.

COVID: Mr. Kruppa reported we continue with a low incidence of disease in the community

Higher Education:

Ithaca College: Mr. Kruppa reported Ithaca College classes would be fully remote for the fall semester. Mr. Kruppa said Dr. Moylan was appointed into an official role with Ithaca College for COVID activities. Dr. Moylan described her new role with Ithaca College, Director of Public Health Emergency Preparedness; the position was created to recognize the complexities of COVID, how to respond and effectively coordinate and collaborate to assure compliance with the New York Forward Plan.

Cornell University: Mr. Kruppa reported that Cornell first brought back on-campus students from high incidence states, and only a couple tested positive. The students from the non-high incidence states followed with also only a couple testing positive. Mr. Kruppa noted there were concerns about importing disease into the community with the return of the students, which fortunately it does not appear to be so. Cornell is also doing ongoing surveillance testing, which also shows a low incidence of the disease. Today Cornell launched a dashboard on its COVID page. Mr. Kruppa reported he meets with Cornell's Provost and President weekly to review data. Cornell's behavioral compact is out as well as Ithaca College. Mr. Kruppa stated that the behavioral compact and full-scale surveillance testing mimics an official full-scale kickoff on September 2nd with Cornell.

Mr. Kruppa reported that the Environmental Health team distributed door-hangers in cooperation with law enforcement (regarding mass gatherings where social distancing or mask-wearing is not practiced). The complaint response component takes an educational approach.

Question from Mr. Kingra regarding the observance of large gatherings, not social distancing or wearing masks. Mr. Kruppa responded, yes, if there is a concern, call the dispatch number.

TC3: Mr. Kruppa reported TC3 is offering testing on campus to faculty and staff with a focus on their residence halls.

Legislature: Mr. Kruppa reported County Administrator, Mr. Molina presented a resolution to the legislature to fund testing in Tompkins County. The legislature agreed that the county would pay for the non-medically necessary testing done by Cayuga Medical Centers for Tompkins County residents. Reimbursement will be sought from FEMA, and the county will cover the remaining percentage. Mr. Kruppa clarified that the $99 Cayuga Medical

Center started charging was for individuals who traveled up to the site for testing and did not meet the criteria. Testing will continue with the new funding.

Grades K-12: Mr. Kruppa reported:

- Ithaca City Schools will begin virtual schooling on September 14th until October 5th. The workforce issue was the reason for virtual schooling and to see what higher education looked like with the disease. Mr. Kruppa noted no knowledge of change of plans with any other school district.

Dr. Dhundale added that Jeff Snedeker, who is a pediatric infectious disease doctor, will answer questions at tonight's board meeting. Doctors are writing an op-ed to discuss why we chose to send our kids in person. The school nurses and staff are getting more training with more time to focus on immunizations and physicals. We are also getting the uninsured onto insurance in working with Cayuga Health Partners.

Mr. Kruppa stated that pre-COVID, there were public health issues that needed attention and are now magnified because of COVID. However, we continue to look at it from a totality perspective, as Dr. Dhundale referenced, they are committed to continuing to address those issues. Dr. Dhundale responded to Mr. Kruppa, adding that pediatricians are seeing the effects of COVID and the increase in mental health issues and are willing to help.

Question from Dr. Moylan regarding additional campaigning for the upcoming Labor Day weekend to avoid possible spikes. Mr. Kruppa responded, yes, messaging will go out and hopes for conversations of the low incidence of the disease, what we are good at, such as practicing social distancing and wearing masks as we have proven over the summer. Dr. Morgan asked that messages include what happened over the July 4th weekend.

Health Promotion Program Report: Ms. Hillson, Director of Health Promotions, reported no updates to her report but added recent activity around COVID. Ms. Hillson said that press releases have gone out, including a Simeon's employee testing positive; gyms and fitness centers openings; and as of yesterday, eight active cases in the community. Ms. Hillson noted that their data would continue to include higher education testing data.

Question from Dr. Dhundale regarding an active case. Ms. Hillson responded that an active case is a positive test in isolation, and the nurses have completed the contact investigation are monitoring daily. Mr. Kruppa added that once the individual is released from isolation, they are no longer considered an active case and no longer contagious.

Medical Director's Report: Dr. Klepack spoke on the vaccine clinics held at the Health Department and the impact the Coronavirus has had on immunizations. Dr. Klepack stated he has reached out to local primary care and pediatrician practices, and some have agreed to take our referrals. Dr. Klepack discussed the concept of higher education as a business with its customers being students are community members as well as consumers. In working with students, the same basic concepts of pandemic control apply

as they would to any other community member. Dr. Klepack spoke on the concept of the reproduction number, which is the number of susceptible people who are going to be infected by an index case who has active Coronavirus. Dr. Klepack said their mission is to catch that person in the limited window of opportunity promptly and quickly to reduce the number of people who are infected by them and, thus, reduce the reproduction number. Dr. Klepack stated that laboratory testing and quick turnaround is crucial in lowering the reproduction number as well as new testing. It is also important to identify trends and target groups for intervention. Dr. Klepack encourages the nurses during case investigation to keep in mind the big picture as they interview clients and look for trends. Dr. Klepack reported a change in isolation criteria from the CDC, normal persons now may be released after ten days of isolation to control communicability. For severely ill people or immunocompromised people, twenty days of isolation should be considered.

Question from Dr. Koppel regarding Tompkins County adjusting isolation times. Dr. Klepack responded, yes, they have adjusted isolation criteria, although it is not official with the New York State Department of Health recommendation at this point. Dr. Koppel stated providers should be made aware not to bring mild cases into their offices of COVID but conducted via telehealth and ordering people to go to the sampling site to reduce risk to medical staff.

Question from Ms. Merkel regarding the Department of Health contact tracing for the county and colleges. Dr. Klepack responded that TCDH takes charge over any positive cases and after their contacts are identified and interviewed, they are taken over by Cornell Health as mandatory quarantine clients. Cornell Health is following those students and maintaining contact with them right up to their release from quarantine. Should they become symptomatic and COVID positive, we (TCDH) assume their management. We manage all other quarantine individuals for higher education and the community but not Cornell's. TCHD handles travelers in mandatory quarantine.

Question from Dr. Morgan regarding out of county people working in Tompkins County turning up positive. Mr. Kruppa responded that the county of residence is where the positive result is reported to.

Question from Dr. Koppel regarding Cornell contact tracing. Mr. Kruppa responded that as long as we have the capacity, TCHD is making the first call, case investigation, and first contact tracing calls to gather information in order that the investigations come from a non-authoritarian entity and to ensure the most frank and honest information be gleaned from the individual. Cornell will do the daily check-ins for individuals in quarantine.

Division for Community Health Report: Reported by Dr. Klepack and Mr. Kruppa.

Children with Special Care Needs Report: Ms. Thomas reported that the Children with Special Care Needs is back up to normal for the past two months; the CSCN staff continues to attend the morning briefings, support during the week as needed and provide weekend coverage. Ms. Thomas stated she is assisting with the managers retiring and helping out with weekend coverage for the managers for COVID work.

County Attorney's Report: Mr. Wood had nothing to report but introduced himself to Mr. Kingra.

Environmental Health Report: Ms. Cameron reported that things are nowhere near normal as they continue to handle gym facility inspections and numerous complaints about student and people gatherings; activities which take away from regular inspections. Environment Health continues to make COVID the priority. Ms. Cameron had nothing to add to her report.

Dr. Morgan, Dr. Evelyn, Skip Parr, Shelley Comisi and Karan Palazzo all introduced themselves and welcomed Mr. Kingra.

Adjournment: Ms. Merkel moved to adjourn the meeting, seconded by Dr. Dhundale; meeting adjourned at 1:03 p.m.

TOMPKINS COUNTY HEALTH DEPARTMENT
Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

Board of Health
September 22, 2020
Financial Report

August 2020 / Month 8

The department continues to monitor impacts of the pandemic on the budget. The second quarter state aid claim has been filed. First quarter state grant claims have been paid. Second quarter claims have been submitted.

Additional funding has been made available for case investigation and contact tracing. The department is in discussions on how to best utilize these funds to support our nursing team. Funds received earlier for COVID response are nearly fully expended.

NYS Department of Health has declared an Imminent Public Health threat for COVID-19. This could increase our reimbursement under Article 6 from 36% to 50% for COVID-19 expenses.

Year 20 Month 8

Percentage of Year 66.67%

Tompkins County Financial Report for Public Health

		Expenditures			Revenues			Local Share		
		Budget	Paid YTD	%	Budget	YTD	%	Budget	TD	%
4010	PH ADMINISTRATION	1,249,770	736,030	58.89%	133,522	70,048	52.46%	1,116,248	665,982	59.79%
4011	EMERGING LEADERS IN PH	43,551	16,390	37.63%	43,551	0	0.00%		16,390	
4012	WOMEN, INFANTS & CHILDREN	550,812	321,269	58.33%	550,812	218,329	39.64%		102,940	
4013	OCCUPATIONAL HLTH.& SFTY.	110,313	68,059	61.70%	0	0	0.00%	110,313	68,059	61.70%
4015	VITAL RECORDS	76,626	45,256	59.06%	108,000	63,064	58.39%	-31,374	-17,808	56.76%
4016	COMMUNITY HEALTH	1,610,839	892,987	55.44%	371,214	158,461	42.69%	1,239,625	734,525	61.86%
4018	HEALTHY NEIGHBORHOOD PROG	172,368	98,897	57.38%	172,368	70,978	41.18%		27,919	
4047	PLNG. & COORD. OF C.S.N.	1,427,818	919,069	64.37%	383,223	195,891	51.12%	1,044,595	723,178	70.39%
4048	PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090	ENVIRONMENTAL HEALTH	1,761,351	1,069,147	60.70%	588,490	293,121	49.81%	1,172,861	776,026	66.61%
4095	PUBLIC HEALTH STATE AID	0	0	0.00%	1,269,389	825,847	65.06%	-1,269,389	-825,847	65.06%
Total Non-Mandate		**7,011,448**	**4,167,103**	**59.43%**	**3,624,569**	**1,895,739**	**52.30%**	**3,386,879**	**2,271,364**	**67.06%**
2960	PRESCHOOL SPECIAL EDUCATI	5,868,647	2,320,145	39.53%	3,737,762	848,931	22.71%	2,130,885	1,471,214	69.04%
4017	MEDICAL EXAMINER PROGRAM	276,942	157,933	57.03%	0	2,916	0.00%	276,942	155,017	80.14%
4054	EARLY INTERV (BIRTH-3)	655,000	269,467	41.14%	318,500	319	0.10%	336,500	269,149	79.98%
Total Mandate		**6,800,589**	**2,747,545**	**40.40%**	**4,056,262**	**852,165**	**21.01%**	**2,744,327**	**1,895,380**	**69.07%**
Total Public Health		**13,812,037**	**6,914,648**	**50.06%**	**7,680,831**	**2,747,904**	**35.78%**	**6,131,206**	**4,166,743**	**67.96%**

BALANCES (Includes Encumberances)

NON-MANDATE	Available Budget	Revenues Needed
4010 Administration	512,271	63,474
4012 WIC	214,899	332,483
4013 Health & Safety	42,254	0
4014 Medical Examiner	0	0
4015 Vitals	31,370	44,936
4016 Community Health	685,573	212,753
4018 Healthy Neighborhood	73,471	101,390
4047 CSCN	496,622	187,332
4048 PHCP	8,000	4,000
4090 Environmental Health	687,042	295,369
4095 State Aid	0	443,542
	2,751,503	1,685,279

MANDATE	Available Budget	Revenues Needed
2960 Preschool	3,548,502	2,888,831
4054 Early Intervention	385,533	318,182
4017 Medical Examiner	52,083	-2,916
	3,986,118	3,204,097

Total Public Health Balances

Available Budget	Revenues Needed
6,737,620	4,889,376

Print Date:9/3/2020

HEALTH PROMOTION PROGRAM – August 2020

Samantha Hillson, Director, PIO
Ted Schiele, Planner/ Evaluator
Susan Dunlop, Community Health Nurse
Diana Crouch, Healthy Neighborhoods Education Coordinator
Pat Jebbett, Public Health Sanitarian HNP

HPP staff strive to promote health equity and address underlying determinants of health, including but not limited to, health care access, health literacy, housing quality and environmental conditions, and food insecurity. We do this through education and outreach, community partnerships, home visits, public communication and marketing, and policy change.

Highlights

- COVID-19 has been the primary focus. The most recent County COVID-19 timeline can be found here. The Health Department homepage has recent updates about COVID-19 and a table with daily data for our County.
- Health Promotion staff continue to support the Emergency Operations Center (EOC) with communications and public information.
- HPP staff are working remotely. The Healthy Neighborhoods Program restarted on June 1 with virtual home visits and contactless drop off of supplies.

Community Outreach

We worked with these community groups, programs, and organizations during the month

Groups, Programs, Organizations	Activity / Purpose	Date
Ithaca City School District	Health Presentation for Families, with multiple partners including Cayuga Health Partners and Health Planning Council.	8/28
Office of Human Rights	Planning and Coordination of monthly forums on topics including racial equity, bias, addiction, and isolation during the pandemic.	8/24
Childhood Nutrition Collaborative	Collective Impact, project of Cradle to Career, Steering Committee and board meetings. Healthiest Cities and Counties Challenge (HCCC) action plan and hiring process for coordinator. Technical assistance meetings with NACo (National Association of Counties)	8/7, 8/20, 8/21, 8/28
Longevity Explorers	Monthly meeting, how to effectively provide information to Tompkins residents	8/2

	who do not have broadband. Issues around isolation during fall/winter.	
Fall Prevention	Planning for outreach and education	8/14
Ithaca College Gerontology Department	Discussion about Fall programming for seniors in the community	8/12
Lifelong	Exploring educational opportunities for seniors during pandemic	8/3
Access to Healthcare Regional Meeting	Identifying barriers specific to assessing care during COVID-19	8/24

Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP)

- CHIP regroup meetings, rethinking the CHIP, reviewing interventions, determining a process that uses a health and racial equity lens to look at each intervention and how to collect data for health equity. Includes regular, ongoing discussion with steering committee members Lara Parrilla (CHP/Cornell MPH), Julia Ressler (CMC/RHETC (Rural Health Equity Teaching Collaborative), Dr. Christina Moylan (BOH and Ithaca College).

Healthy Neighborhoods Program

- HNP flyers were placed in blue food pantries that dot the county
- Flyers were provided to Dryden Head Start
- Several areas were canvassed; Dryden, Ithaca, Groton
- Webinar: Environmental Health: Air Pollution, COVID-19, and Health Disparities

August 2020

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2020	August 2019	TOTAL 2019*
# of Initial Home Visits (including asthma visits)	25	173	34	408
# of Revisits	13	71	10	132
# of Asthma Homes (initial)	10	43	5	55
# of Homes Approached	112	378	29	784

*Covers the calendar year (January - December); the HNP grant year is April-March.

Tobacco Free Tompkins

- Meeting with McGraw House tenants (via Zoom) to answer question related to the relocation of the designated smoking area on the property (8/5)
- Continue to maintain statewide Google Group for the ATFC grant

Media, Website, Social Media

- COVID-19 press releases and website updates:
  - New page for Food Resources during COVID-19 completed on website.

- Aug 28, 2020, COVID19 2020-08-28 Health Alert Positive COVID-19 Cases Connected to Social Gatherings
- Aug 27, 2020, COVID19 2020-08-07 TCAT Bus Route 30
- Aug 22, 2020, COVID19 2020-08-22 Health Alert Simeons Bistro Employee Tests Positive for COVID-19
- Aug 20, 2020, COVID19 2020-08-20 Letter to The Tompkins County Community from Frank Kruppa
- Aug 19, 2020, COVID19 2020-08-19 Reopening Gyms and Fitness Centers in Tompkins County
- Aug 07, 2020, COVID19 2020-08-07 Coordination with Cornell

- TCHD Press Releases:
  - Aug 19, 2020, Seeking a Dog 2020-08-19

Emerging Leaders in Public Health (ELPH) Cohort III – Kresge Foundation/Batiste Leadership

- Strategic Planning with Batiste Leadership: scheduling for September (virtual)

Training/Professional Development

- JEDI Team (Justice, Equity, Diversity, and Inclusion): Part of Tompkins County Equity and Anti-Racism strategy. First meeting was August 19
- Webinar about COVID-19 in the community, given by Douglas MacQueen, MD, Cayuga Center for Infectious Diseases (8/11)

COVID-19 Communications materials this month

TOMPKINS COUNTY HEALTH DEPARTMENT
Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

Medical Director's Report
Board of Health
September 2020

Influenza vaccination

This year's message to the community has been modified due to the pandemic. The press release going out early the week of the 14th and my piece appearing on our TCHD COVID webpage

(https://tompkinscountyny.gov/health/factsheets/coronavirusmeddirector) emphasize the increased benefits to being vaccinated this year. Those benefits include reducing the number of persons who contract influenza and who, therefore, will have to worry if they have Covid-19 or not and cutting down on the number who will have to be quarantined or isolated until a diagnosis becomes clear.

Another point unique to this year is the risk that vaccination supplies (like syringes) may become short in supply as the developers and manufacturers of the prototype COVID vaccines preemptively mass produce supplies in case their vaccine become approved for distribution. We have advised practitioners to assess their supplies carefully in this regard and take steps to ensure that they can deliver non-COVID vaccines (including influenza) without problem.

Vaccine Clinic Clients

With the help of nearly all the family medicine offices in our region and one of the two pediatric practices we have been able to arrange for the vaccination of all our clients. We thank the practices who chose to help us in this time of need. We hope that these clients have also established a medical home with them. (One of the objectives of our vaccine clinic has always been to help clients connect with a medical home) Many of our clients have no insurance or are new to our area and have yet to establish medical care or have special needs.

Practitioner bulletins

Each week I put out a bulletin to healthcare practitioners which seeks to provide practical pandemic information which can help them care for their patients and understand our public health efforts.

I am including here some information which may help you field questions that may be posed to you.

As they saw our case numbers go up over the past month, Practitioners reached out to me regarding the implications of our rise in cases might have for their practices. Cases that are limited to higher education students are of importance to higher education and to us, the Health Department for obvious reasons and to the community. If the cases are limited to the student population (particularly undergraduate) the implications for practices are limited.

Primary care practices generally do not have contact with undergraduates but may care for graduate students, and certainly for faculty and staff and their families. Thus, practices are particularly interested in specifically what higher education associated groups are seeing an uptick. Surveillance testing for different groups is done on a schedule based on how CU has assessed their risk. While undergraduates are testing twice weekly, other groups may be tested weekly or less often.

Community practices that are more referral in nature and not primary care may see undergraduates as well as the other groups I mentioned. They will need to assess their risk differently than, say, primary care will.

To aid in their assessment I endeavor to keep them abreast of where our cases are arising and in what subsets of populations.

Status:

Community Spread – none documented to date – our only community cases recently have been either sporadic cases or ones linked to a restaurant or store event - not linked to higher education.

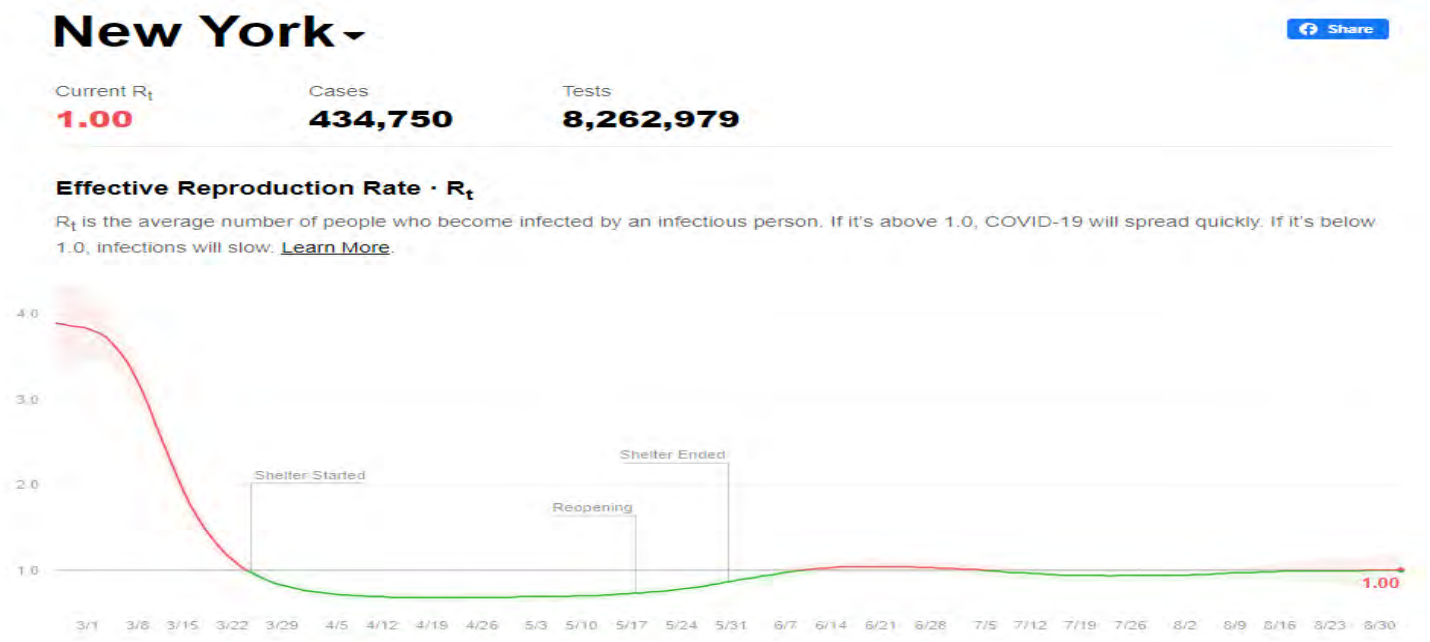
Higher education – most of these active cases have come from CU, a few from TC3 –the clear majority have been linked to clusters (one major *cluster** of about 84 contacts. Other groupings have been related to athletic groups particularly wrestling and have involved TC3 as well as CU students (all of these have been in unofficial activities – usually "gatherings" at which face coverings and social distancing are not being used). Education to correct these behaviors is being done by Cornell Health directly with these individuals and, in addition, with the student body in general. In addition, a practice of housing athletes who were required to quarantine in the same housing unit was ended. Those involved did not understand these students were at risk of cross contaminating each other and, in fact, did.

*Definition of a *cluster* per NYSDOH:

Three or more laboratory-confirmed SARS-CoV-2 infections among individuals with onset of illness (or specimen collection date if the individual is asymptomatic) within a 14-day period who are epidemiologically linked and do not share a household. A higher threshold is needed when Rt indicates more sustained or widespread community transmission.

Note that some of the cases can be in a single household but the cases epidemiologically linked must include cases outside of the household.

Re Rt: R_t represents the effective reproduction rate of the virus calculated for each locale. It lets us estimate how many secondary infections are likely to occur from a single infection in a specific area. Values over 1.0 mean we should expect more cases in that area, values under 1.0 mean we should expect fewer. It is different from Ro in that it attempts to take into consideration measures to mitigate the infection. ("estimation of R_t from available data presents several challenges" - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7325187/) *Data on Rt for NYS:*



https://rt.live/ This link will show you the national status of each state with the ability to drill down into each state further.

***Re other events recently**:*

The Tompkins County Health Department received notification that 2 employees tested positive for COVID-19 at *The Boatyard Grill* and were not connected to any other identified positive case.

Advice given was keyed to the specific dates and times that the public might have been exposed. The message was:

"Patrons using the business in those time periods are encouraged to get tested and if symptoms develop be tested again. "

Commentary:

Sometimes exposures result in a message like this (when it is not possible to identify individuals that might have had significant public exposure and the public needs to aware of the potential risk, so they can act). Sometimes persons will instead be advised to go into *precautionary quarantine* (such as some students in classes at TC3). Sometimes *mandatory quarantine* is indicated (such as travelers from high risk states). *Isolation* is used for those who test positive for the disease or whose test is pending when done for reasons of symptoms or close contact in a non-health worker setting.

(Mandatory quarantine and isolation are enforceable by public health orders followed by law enforcement action in cases of egregious noncompliance.)

A note on duration of isolation

Isolation for a positive COVID test is always a minimum of ten days. However, it is sometimes longer!

For example, if a person tests positive and is asymptomatic but then develops Covid symptoms 4 days later they will be held in isolation by TCHD for *10 days after symptoms onset* (a total of 14 days from their positive test). They will not be released until the day following the number of days of required isolation (in this illustration that would be on day 15). The onset of symptoms starts the clock ticking regarding contagiousness. We know that after the 10th day of symptoms a person is only rarely contagious (provided their symptoms are improving and they have had no fever for 3 days).

If a symptomatic person is put into isolation and then tested and is positive the duration of isolation is still ten days after symptom onset.

If a person is put into 14-day mandatory quarantine and develops symptoms on day 7 and tests positive with the test being obtained on day 9 they will be in isolation for 10 days from day 7 - a total time of 17 days (7days spent in quarantine plus 10 days in isolation) and be released on day 18 if all clinical conditions are met.
Failure of clients to be forewarned about their possible time in quarantine or isolation can make for some unhappiness. In addition, they often compare themselves to others and have trouble understanding why they are restricted longer than their acquaintances. We explain these things in our work with the public.

Reflections on case investigations and lab turnaround time and window of opportunity for making a significant intervention on index case

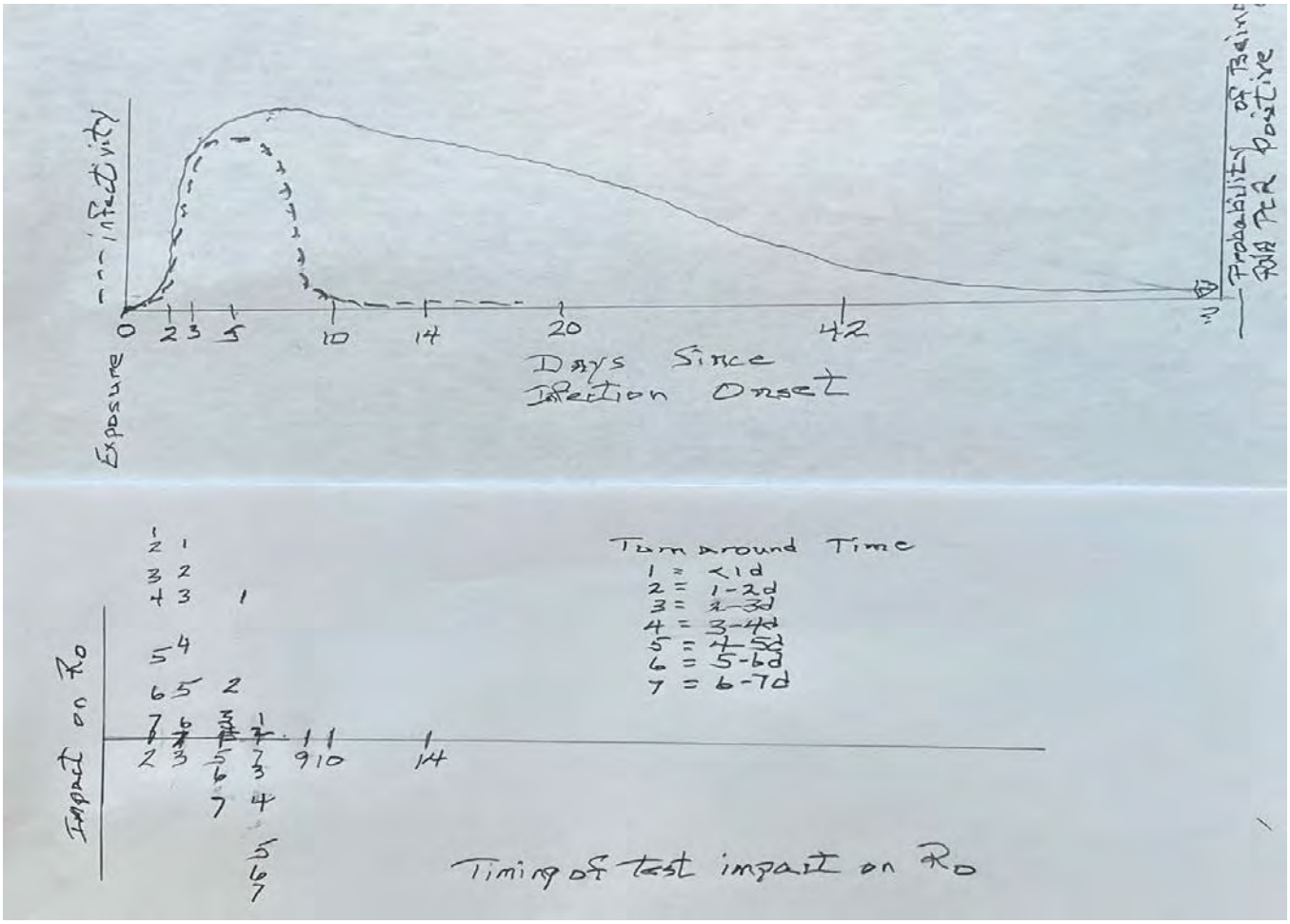
Given the fact that coronavirus is contagious for about 2 days before symptom onset *and* that much of its maximum contagiousness is during that time and for a day or two after symptom onset *and* that contagiousness declines from then quickly - becoming negligible (for public health purposes) by day ten after symptom onset, timing becomes crucial for its control.

A major factor in minimizing time lost is testing turnaround. Tests that require 4 or 5 days or more for resulting are - simply stated – of diminishing use in public health disease control

To illustrate this point, I have created a couple of graphs. In the first graph on the y axis the dotted line is the level of contagiousness/infectivity. The solid line the probability that the PCR test will be positive. The x axis is days since infection onset.

In the second graph, I have used the same x axis (days since infection onset) but the y axis changes to the relative impact on Ro (the reproductive number – the number of susceptible people that will be infected by an index case. Less than 1 and the disease should fade away – if up between 2 and 3 (as has been estimated for uncontrolled covid-19) it propagates well). The numbers 1 through 7 correlates with test turnaround in days. If a number is high on the y axis is has a lot of effect on Ro and if low or even below the x axis is has a diminished effect going all the way to negligible. I must emphasize that this illustration is not based on hard data but is my way of visualizing testing and how its timing affects our public health success in contact tracing and disease containment.

Given that the median onset of symptoms is 5 days after exposure, I think you can see that the opportunity to get a person into isolation and thereby prevent disease spread has a significant timing component and the opportunity is relatively fleeting.



Factors other than speedy testing that affect the Ro include our basic prevention measures of face coverings, distancing, limiting groups, favoring outside venues for eating, socializing, guidelines for business reopening etc.

Therefore, I think we can make the following conclusions:

Test as early and quickly as possible

Isolate the person on suspicion even before testing results are known if appropriate based on risk factors and symptoms

Use a test with a short turnaround time (more than a day or 2 quickly becomes of little benefit to preventing disease spread from the index case. At that point we get the most benefit from getting the index case's contacts into quarantine).

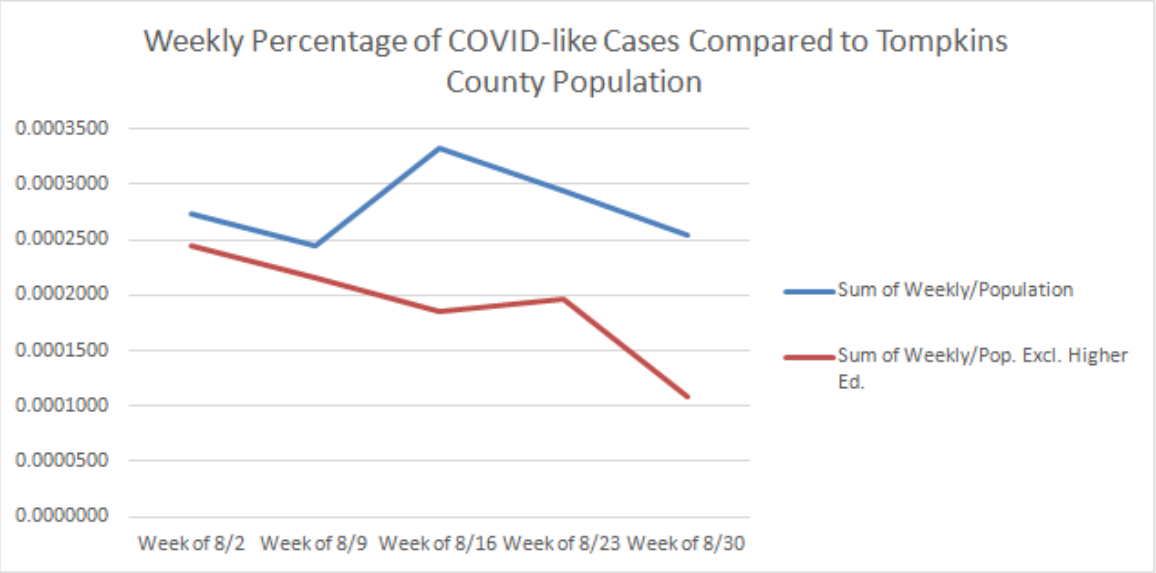
Report the case to TCHD immediately so we can do our work.

Comply with prevention measures. And the bottom line is: "Time is disease"

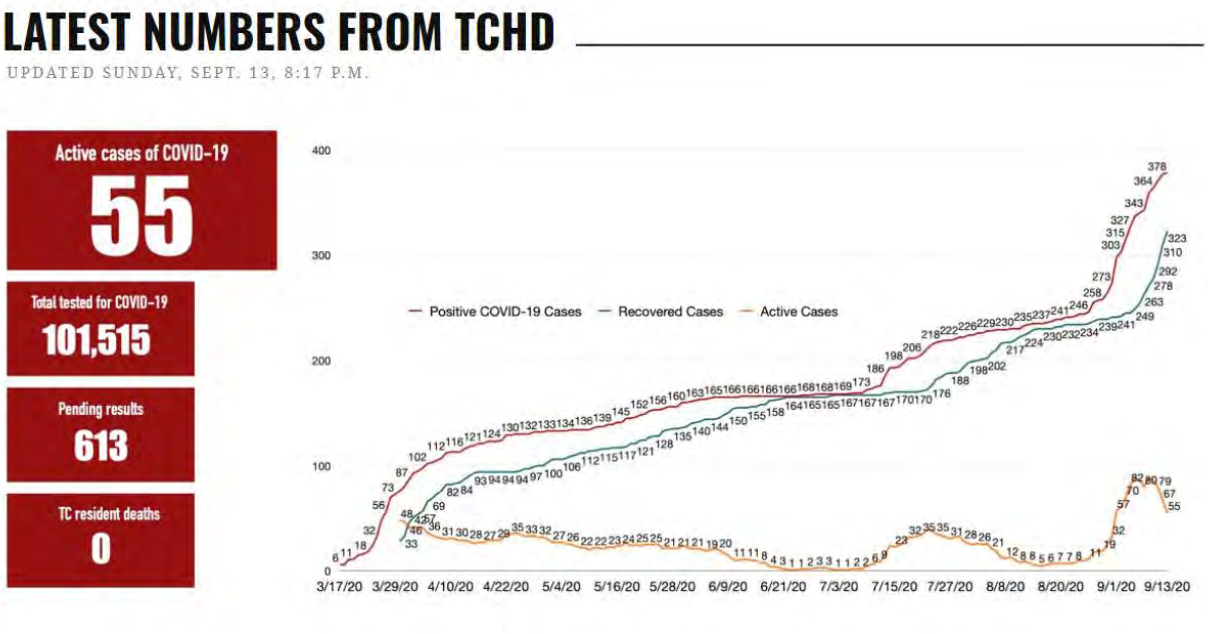
Covid Like Illness (CLI) Cases reported by the primary care surveillance group

Recall that this group is reporting cases which are c/w CLI (not cases confirmed by testing) as the earliest possible indicator of the disease's trend.

This graph displays data for the month indicated (most current at the time of the Board Report) allowing you to see the number of cases per capita with and without higher education students being included:



Here is the **trend in positive tests** (TC only **including** students) as reported in the Ithaca Voice:

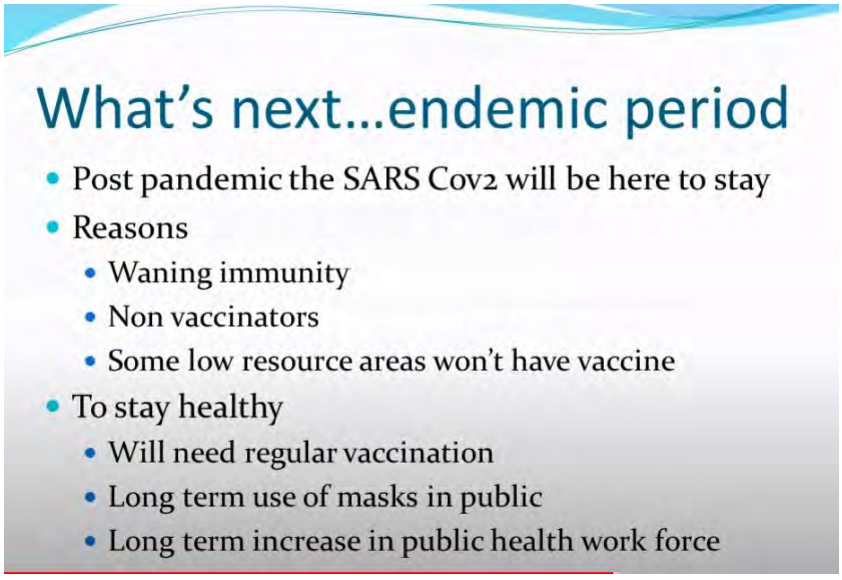


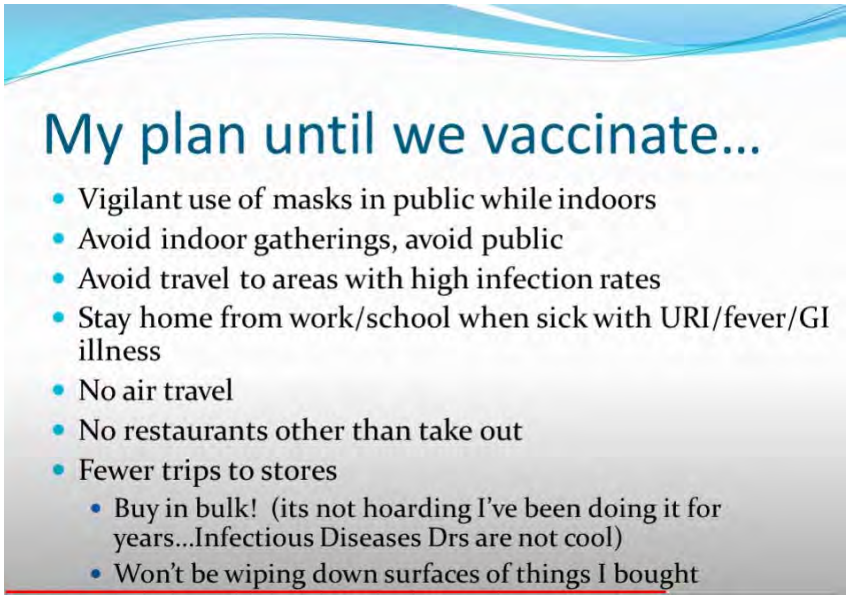
Thus, the data we have argues that this active case uptick is again confined to higher education. Community spread is not apparent as of this date.

A Reference which may be of use to you in your contacts with the public:

Dr MacQueen, Infectious Disease specialist, Ithaca, did a public presentation on COVID in mid-August 2020. I recommend it. Here is the link: https://www.youtube.com/watch?v=LEa6aPFofsc&feature=youtu.be

These slides from the presentation are particularly of interest:





K-12 Update

NYSDOH is working on further clarification of the criteria to return children back to school if they have been sent or kept at home due to symptoms or risk factors. This has been an important concern of health professionals. There have not been any changes yet.

Use of face coverings has been recommended by NYSDOH and TCHD and, as a result, school districts have either changed their language regarding it or required their use in school.

Childcare and Daycare

Guidelines for daycare and day-camps have been created by NYSDOH. Their importance in our "reopening" is hard to overestimate yet discomfort regarding disease spread is a major concern. The following comes from the Tulane School of Medicine COVID-19 Digest, Tulane University, New Orleans, La) and provides some early information:

The potential for spread of SARS-CoV-2 in child care settings is beginning to be evaluated as centers reopen. An analysis of reopened programs through June and July in Rhode Island found that the incidence of spread within centers adhering to public health guidelines may be quite low. Published in the Morbidity and Mortality Weekly Report, the analysis describes how among 101 possible child care-associated cases, 33 individuals had laboratory-confirmed cases and 19 had probable cases. Of these 52 cases, 30 occurred in children. Of the 29 child care programs impacted, 20 had only one case and no secondary transmission. Five had multiple cases (2-5), but the timing allowed them to exclude transmission within the child care center as the cause. As more child care centers in different states with different levels of community transmission reopen, additional data will become available for risk of child care centers as points of transmission.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e2.htm?s_cid=mm6934e2_w

Other reports indicate that the prevalence of COVID in young people tends to correlate with the general population prevalence. Note that in the MMWR article this association was also mentioned. Thus, the risk of a child in daycare may track with the regional rate of positive tests.

Note the emphasis on use of preventive measures and specifically that of adults using masks and not moving between groups of children. Not mentioned was any discussion of the added utility of children who can wear a face covering using one.

Data such as these helps dispel skepticism about using masks, distancing etc.

September 2020 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

Communicable Disease:

- **COVID-19:** Throughout the month of August, COVID-19 response continued to be the primary activity involving case investigations, contact tracing, daily video chats with cases during their isolation period, daily call/texts of persons on mandatory and precautionary quarantine. Response activity operations continued 7 days per week utilizing staff from multiple divisions within the department. During August most of the active cases came from higher education, with the vast majority linked to one major cluster. NYSDOH's definition of a cluster is three or more laboratory-confirmed SARS-CoV-2 infections among individuals with onset of illness (or specimen collection date if the individual is asymptomatic) within a 14-day period who are epidemiologically linked and do not share a household. Of note, the attached August monthly and YTD reports for number of COVID cases are not up to date. The numbers are 67 cases for the month of August and 294 YTD through August.
- **Hepatitis A:** During the month of August, there were 3 reported cases of Hepatitis A that appear to be connected. **Case #1**: 48-year-old male presented to the emergency department on 8/7 for complaints of fever, nausea, diarrhea, mild jaundice, and body aches. History of alcohol and drug abuse. Labs revealed elevated liver enzymes, elevated bilirubin and positive IgM for Hepatitis A. Case recovered and was discharged home. There were 4 close personal contacts identified. All were interviewed, reported being asymptomatic, 3 received Hep A PEP at the Health Department and 1 who was a resident of another county and referred for Hep A PEP. **Case #2**: 89-year-old female presented to the emergency department on 8/15 for evaluation of altered mental status, fatigue, mild jaundice, and fever. Labs revealed elevated liver enzymes, elevated bilirubin and positive IgM for Hepatitis A. Case recovered and was discharge to home. There were 4 close personal contacts identified; one household contact; and 3 caregivers. One of the caregivers was identified as a close contact in case #1. All contacts were interviewed, reported being asymptomatic and received Hep A PEP at the Health Department. **Case #3**: 35-year-old male presented to the emergency department on 8/27 for complaint of fatigue, weight loss, jaundice, and joint pain. History of IV drug use. Labs revealed elevated liver enzymes, elevated bilirubin and positive IgM for Hepatitis A. Case refused hospital admission and recovered at home. There were 3 close personal contacts identified. All contacts were interviewed, reported being asymptomatic, with 2 receiving Hep A PEP at the Health Department and 1 who was a resident of another county and referred for Hep A vaccine. Of note, this case reported involvement with the close contact identified in case #1 and #2. After consultation with the NYSDOH and Dr. Klepack, this contact was re-interviewed and encouraged to have further evaluation, however, despite multiple phone attempts, they were lost to follow-up. None of the cases worked in sensitive settings.
- **Anaplasmosis:** During the month of August, there were 7 reported cases of Anaplasmosis. At this time last year, there were 2 cases reported. Of the 7, there were 2

females, 5 males, with age range 19 to 79 years. Common complaints included, fever, headache, nausea, body aches, fatigue, tick/insect bite, decreased appetite, as well as a travel history. Common lab findings included elevated liver enzymes, low white count, or low platelet count in some instances. Treatment prescribed was Doxycyline.

Maternal Child and SafeCare Programs:

- Community Health Nurses continue to offer and provide Maternal Child and SafeCare telehealth visits as the nurses have available time and clients can participate.

Immunization Clinics:

- Immunization clinics continued to be suspended during August due to the COVID-19 response. CHS staff continue to refer children needing VFC vaccinations to family physicians and pediatricians in Tompkins County who have agreed to provide vaccinations to children who would typically have been seen in our clinics.

Lead Poisoning Prevention- (11 ongoing cases and 2 new cases)

- Lead nurse Gail Birnbaum is providing care coordination to 13 children with elevated Blood Lead Levels (BLL's); two of the eleven cases were new during August. Care coordination, risk reduction guidance and lead education are being provided by the lead nurse over the phone. Environmental Health staff are conducting home assessment visits. The first case during August was in a two-year-old with a BLL of 5.2 mcg/dL on 7/27/20. Parent reports recently moving from NYC where exposure most likely occurred. The case now lives in a new building; no lead exposures identified. The case is receiving services from the CSCN program for autism spectrum disorder. The second case is in a one year old with a BLL of 12.0 mcg/dL on 8/3/20. Parent reports living in a rental home built in 1890 with lead hazards identified. Both cases have been referred to Environmental Health for home assessments. Repeat testing for both cases will occur in November. Cases are followed to ensure repeat testing is done as ordered and BLL's are decreasing. Discharge from lead case management will occur when two venous BLL's are less than 5mcg/dL drawn 3 months apart.

Tuberculosis- (1 active case)

- **Case #1:** 30-year-old female with travel/work history to India 2011-2015; Nepal, Sri-Lanka, Turkey and to the Ukraine. Onset of symptoms began 11/2019 with a cough. Saw PCP in 1/2020; had an inhaler prescribed. In February 2020, she developed low grade fever, night sweats, chills, fatigue, and worsening cough; received antibiotic with some resolution of symptoms. However, both Chest x-ray on 3/13/20 and CT results on 3/20/20 were abnormal, with case having a positive blood test (QFT) on 3/19/20. PCP referred case to LHD. After consulting with TB consultant, sputum was ordered x 3 (3/23, 3/23 3/24) with results AFB smear and PCR positive. Case placed on in-home isolation (2 weeks) and was started on 4-drug therapy on 3/24/20. Molecular detection of drug resistance on 4/13/20 revealed case susceptible to all first line medications. Contact investigation was initiated and is ongoing with 8-week TST's scheduled.

Subsequent sputa were collected (4/6, 4/6, 4/7); all were AFB smear negative. Case doing well on treatment with DOT through Zoom video throughout treatment due to pandemic; initial evaluation on 3/24/20 completed in negative pressure room at TCHD. Anticipate 6 months of treatment with completion end of September 2020.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 02SEP20
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=August

	2020		2019		2018		2017		Ave (2017-2019)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
ANAPLASMOSIS**	7	81.7	2	23.3	1	11.7	0	0.0	1	11.7
BABESIOSIS**	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	1	11.7	3	35.0	3	35.0	3	35.0	3	35.0
COVID-19	14	163.4	0	0.0	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	1	11.7	1	11.7	2	23.3	0	0.0	1	11.7
ECOLI SHIGA TOXIN**	1	11.7	1	11.7	1	11.7	1	11.7	1	11.7
EHRLICHIOSIS (CHAFEENSIS)**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
ENCEPHALITIS, OTHER	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
ENCEPHALITIS, POST	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
GIARDIASIS	0	0.0	3	35.0	4	46.7	2	23.3	3	35.0
HEPATITIS A	3	35.0	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	0	0.0	0	0.0	1	11.7	4	46.7	2	23.3
HEPATITIS C,ACUTE**	0	0.0	2	23.3	0	0.0	0	0.0	1	11.7
HEPATITIS C,CHRONIC**	10	116.7	4	46.7	8	93.4	9	105.1	7	81.7
INFLUENZA A, LAB CONFIRMED	0	0.0	0	0.0	0	0.0	2	23.3	1	11.7
INFLUENZA B, LAB CONFIRMED	2	23.3	1	11.7	0	0.0	0	0.0	0	0.0
LEGIONELLOSIS	0	0.0	2	23.3	1	11.7	0	0.0	1	11.7
LYME DISEASE** ****	2	23.3	11	128.4	9	105.1	20	233.5	13	151.8

	2020		2019		2018		2017		Ave (2017-2019)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
MALARIA	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
PERTUSSIS**	0	0.0	0	0.0	5	58.4	0	0.0	2	23.3
SALMONELLOSIS**	1	11.7	2	23.3	1	11.7	2	23.3	2	23.3
STREP,GROUP B INVASIVE	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
TUBERCULOSIS***	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
SYPHILIS TOTAL.....	1	11.7	2	23.3	3	35.0	2	23.3	2	23.3
- P&S SYPHILIS	0	0.0	0	0.0	2	23.3	1	11.7	1	11.7
- EARLY LATENT	1	11.7	0	0.0	0	0.0	1	11.7	0	0.0
- LATE LATENT	0	0.0	2	23.3	1	11.7	0	0.0	1	11.7
GONORRHEA TOTAL.....	4	46.7	4	46.7	9	105.1	7	81.7	7	81.7
- GONORRHEA	4	46.7	4	46.7	9	105.1	7	81.7	7	81.7
CHLAMYDIA	27	315.2	27	315.2	37	431.9	41	478.6	35	408.6

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 02SEP20
Through August
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

	2020		2019		2018		2017		Ave (2017-2019)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
AMEBIASIS	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0
ANAPLASMOSIS**	15	21.9	7	10.2	5	7.3	5	7.3	6	8.8
BABESIOSIS**	5	7.3	2	2.9	0	0.0	1	1.5	1	1.5
CAMPYLOBACTERIOSIS**	11	16.1	23	33.6	21	30.6	14	20.4	19	27.7
COVID-19	232	338.5	0	0.0	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	13	19.0	5	7.3	10	14.6	11	16.1	9	13.1
DENGUE FEVER**	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0
ECOLI SHIGA TOXIN**	8	11.7	2	2.9	2	2.9	4	5.8	3	4.4
EHRLICHIOSIS (CHAFEENSIS)**	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0
EHRLICHIOSIS (UNDETERMINED)**	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	1	1.5	2	2.9	3	4.4	2	2.9
ENCEPHALITIS, POST	0	0.0	0	0.0	1	1.5	1	1.5	1	1.5
GIARDIASIS	3	4.4	16	23.3	15	21.9	4	5.8	12	17.5
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	1.5	3	4.4	3	4.4	0	0.0	2	2.9
HEPATITIS A	4	5.8	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	5	7.3	4	5.8	7	10.2	19	27.7	10	14.6
HEPATITIS C,ACUTE**	3	4.4	4	5.8	3	4.4	3	4.4	3	4.4

	2020		2019		2018		2017		Ave (2017-2019)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
HEPATITIS C,CHRONIC**	26	37.9	29	42.3	50	73.0	44	64.2	41	59.8
INFLUENZA A, LAB CONFIRMED	524	764.6	743	1084.2	462	674.2	390	569.1	532	776.3
INFLUENZA B, LAB CONFIRMED	734	1071.1	28	40.9	560	817.2	147	214.5	245	357.5
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	1	1.5	0	0.0	2	2.9	1	1.5
LEGIONELLOSIS	0	0.0	3	4.4	1	1.5	2	2.9	2	2.9
LISTERIOSIS	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
LYME DISEASE** ****	24	35.0	38	55.5	41	59.8	54	78.8	44	64.2
MALARIA	2	2.9	0	0.0	0	0.0	1	1.5	0	0.0
MENINGITIS, ASEPTIC	0	0.0	1	1.5	1	1.5	3	4.4	2	2.9
MUMPS**	0	0.0	0	0.0	2	2.9	0	0.0	1	1.5
PERTUSSIS**	1	1.5	6	8.8	12	17.5	6	8.8	8	11.7
ROCKY MTN SPOT FEVER**	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0
SALMONELLOSIS**	6	8.8	6	8.8	12	17.5	8	11.7	9	13.1
SHIGELLOSIS**	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
STREP,GROUP A INVASIVE	1	1.5	3	4.4	3	4.4	1	1.5	2	2.9
STREP,GROUP B INVASIVE	1	1.5	6	8.8	5	7.3	3	4.4	5	7.3
STREP,GROUP B INV,EARLY/LATE ONSET	1	1.5	0	0.0	1	1.5	0	0.0	0	0.0
STREP PNEUMONIAE,INVASIVE**	5	7.3	3	4.4	4	5.8	4	5.8	4	5.8
TUBERCULOSIS***	2	2.9	1	1.5	3	4.4	1	1.5	2	2.9
YERSINIOSIS**	0	0.0	2	2.9	1	1.5	0	0.0	1	1.5
SYPHILIS TOTAL.....	12	17.5	15	21.9	10	14.6	9	13.1	11	16.1

	2020		2019		2018		2017		Ave (2017-2019)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
- P&S SYPHILIS	4	5.8	6	8.8	4	5.8	4	5.8	5	7.3
- EARLY LATENT	8	11.7	7	10.2	3	4.4	1	1.5	4	5.8
- LATE LATENT	0	0.0	2	2.9	3	4.4	4	5.8	3	4.4
GONORRHEA TOTAL.....	59	86.1	55	80.3	78	113.8	47	68.6	60	87.6
- GONORRHEA	58	84.6	55	80.3	77	112.4	47	68.6	60	87.6
- GONORRHEA,DISSEMINATED	1	1.5	0	0.0	1	1.5	0	0.0	0	0.0
CHLAMYDIA	227	331.2	297	433.4	301	439.2	279	407.1	292	426.1
CHLAMYDIA PID	0	0.0	0	0.0	1	1.5	1	1.5	1	1.5
OTHER VD	0	0.0	1	1.5	0	0.0	0	0.0	0	0.0

TOMPKINS COUNTY HEALTH DEPARTMENT
Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
http://www.tompkins-co.org/health/eh

Ph: (607) 274-6688
Fx: (607) 274-6695

REGULAR AND ELECTRONIC MAIL

September 14, 2020

Derrick and Lyn Vorhis
974 Ridge Road
Lansing, NY 14882

Re: Tompkins County Board of Health Consideration of Application Fee Waiver Request at Tax Map Parcel #23.-1-11.1, Town of Lansing

Dear Derrick and Lyn Vorhis:

On September 10, 2020, you requested a waiver from the application fees for a replacement onsite wastewater treatment system at your property at 974 Ridge Road in the Town of Lansing. You requested this waiver due to financial hardship. Enclosed is a copy of the Memo for the Board of Health to consider on at its Zoom Meeting scheduled for 12:00 p.m. (noon) on **Tuesday, September 22, 2020.**

You or a representative has the right to speak to the Board for three minutes prior to them taking action. You indicated that you would like to attend the meeting. A Zoom link will be sent to you so that you are able to join the meeting. It is recommended that you log in a few minutes prior to the start of the meeting.

Sincerely,

Skip Pe

fax: C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure

pc: F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Lansing\Ridge Rd_974\Fee Waiver Request BOH.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
scan: Signed copy to f: drive

TOMPKINS COUNTY HEALTH DEPARTMENT
Your Partner for a Healthy Community

Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
http://www.tompkins-co.org/health/eh

Ph: (607) 274-6688
Fx: (607) 274-6695

Date: September 14, 2020
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health
Subject: Request to Waive OWTS Permit Application Fee

Derrick and Lyn Vorhis are requesting that the replacement sewage system permit application fee of $335 be waived due to financial hardship. The Division received an email request from Mr. Vorhis on September 10, 2020, requesting the waiver due to personal circumstances.

The existing sewage system serving the Vorhis home located at 974 Ridge Road in the Town of Lansing (Tax Map #23.1-11.1) is failed and needs to be replaced. A permit was issued on June 10, 2020, to make repairs to the existing sandfilter. On July 8, 2020, a notice was sent informing the owners that the check in the amount of $335 was returned due to insufficient funds and an additional $20 fee was applied. This outstanding amount of $355 has not been paid.

The owner of the property has attempted to repair the system under the existing permit and in the process has made the situation with the system worse requiring a full replacement of the sandfilter. A Notice of Violation is pending and a revised permit will need to be issued.

Ms. Vorhis has not submitted any information showing that he meets the income requirements to waive the fee as outlined in the Division's Fee Waiver Policy without Board of Health approval. However, the Division is in support of the application fee being waived in hopes that it will expedite the mitigation of a significant public health hazard.

F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Lansing\Ridge Rd_974\Fee Waiver Request.docx