

AGENDA
Tompkins County Board of Health
DOER Conference Room, 92 Brown Rd., Ithaca
Tuesday, August 24, 2021
12:00 Noon

Via Zoom and In-Person for BOH Members

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 July 27, 2021 Minutes (2 mins.)

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

12:15 V. Reports (15 mins.)

Administration

Health Promotion Program

Medical Director's Report

Division for Community Health

Children with Special Care Needs

County Attorney's Report

Environmental Health

CSB Report

12:30 VI. New Business

12:30 Environmental Health (10 mins)

Enforcement Actions:

1. Resolution #EH-ENF-21-0005 – RaNic – Adventure Camp, T-Ithaca, Violation of Subpart 7-2 of the New York State Sanitary Code (Children's Camp) (5 mins.)

2. Resolution #EH-ENF-21-0004 – Clubhouse Grille, V-Trumansburg, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)

12:40 Adjournment

DRAFT

MINUTES
Tompkins County Board of Health
July 27, 2021
12:00 Noon
Virtual Meeting via Zoom and In-Person for Members

Present: Christina Moylan, Ph.D., President; Shawna Black; Melissa Dhundale, MD; Edward Koppel, MD; Susan Merkel; and Samara Touchton

Staff: Brenda Grinnell-Crosby, Public Health Administrator; Liz Cameron, Director of Environmental Health; Samantha Hillson, Director of Health Promotion Program; Greg Potter, ITS Director; Deb Thomas, Director of Children with Special Care Needs; Jonathan Wood, County Attorney; and Karan Palazzo, LGU Administrative Assistant

Excused: David Evelyn, MD; Ravinder Kingra; Frank Kruppa, Public Health Director; Claire Espey, Director of Community Health; and Harmony Ayers-Friedlander

Guests: No one was present.

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at 12:07 p.m.

Privilege of the Floor: No one was present.

Approval of June 22, 2021 Minutes: Ms. Merkel moved to approve the minutes of the June 22, 2021, seconded by Ms. Touchton. All others in attendance voted to approve the June 22, 2021 meeting minutes.

Financial Summary: Ms. Grinnell Crosby referred to the June 2021 financial summary included in the packet. She said they are working on various grants to maximize revenue as they continue to see over expenditures due to COVID related expenses and anticipate FEMA reimbursements to offset soon. Ms. Grinnell Crosby is unsure of the timeframe, but several projects have been paid.

Administration Report: Mr. Kruppa was not present.

Health Promotion Program Report: Ms. Hillson reported that sixteen applications were reviewed for the communications coordinator position and hopes to have the position filled by the end of August. The four temporary public health ambassadors (PHA) will complete their tasks by the end of next week. Ms. Hillson said they heavily contributed to the vaccine outreach effort and different public health areas. She said it was a pleasure to work with all of them. One PHA's experience as a community health worker was instrumental in the development of the look of the community helper program.

Medical Director's Report and Discussion: Dr. Klepack referred to his report included in the packet and noted the section on COVID was written 12 days ago.

- As of then, there was an uptick in cases with 10 positive cases, and 17 active cases, with one case being less than 12 months of age; generally 1 – 2 people are in the hospital.
- More “fully vaccinated individuals” are becoming cases but most cases are unvaccinated, and it is the unvaccinated who are being hospitalized and are dying unfortunately.

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- The nation and the region have not achieved the level of vaccination required to stop the pandemic and to stop the creation of variants. The Delta variant is the current dominant strain which is twice as communicable as the UK variant.
- Vaccines against all variants remain excellent. There are no recommendations for supplemental/additional vaccine doses/boosters currently.

Dr. Klepack's response for those not yet vaccinated, "Take note of what's happening in the country and in your region, look at who's getting sick, who's in the hospital and who's dying. It is the unvaccinated. That should tell you a lot." He hopes all unvaccinated people will seriously consider getting vaccinated. Dr. Klepack had no predictions as to how the coming few months will unfold, but TCHD stands prepared to act as needed. He added that the CDC guidance has not changed, and, in his opinion, "even vaccinated individuals should assess personal vulnerability and take prudent steps; wearing a mask is not difficult."

Questions:

Dr. Dhundale asked if the vaccinated individuals testing positive are asymptomatic or symptomatic? Dr. Klepack said that it has been a mixture. As things have changed we are paying more attention to the circumstances and collecting more specific data.

Division for Community Health Report: Ms. Espey was not present.

Children with Special Care Needs Report: Ms. Thomas reported that they haven't been needed for COVID case investigation work for a few weeks with only a few of the nurses covering on call for evenings and weekends. She acknowledged the retirement of Barbara Wright and thanked her for 30 years of service and dedication. Ms. Wright will stay on a few weeks/months to help transition the new administrative coordinator, Kayla White.

Dr. Klepack added that Dr. Jeffrey Snedeker who served as President on the BOH for several years, has retired from private practice but will be available should we have questions of a public health nature.

County Attorney's Report: Mr. Wood explained the open meetings law and how it relates to the BOH. The recent executive order on the open meetings law was lifted without notice. Hence, BOH members of the public body must meet in person and meetings must be open to the public in the physical sense in that any member of the public can come in and watch. Zoomed meetings are extended making it possible for staff to participate remotely. The law requires members to meet in person but not staff.

Environmental Health Report: Ms. Cameron had nothing to add to her written report.

Community Mental Health Services Board (CSB) Report: Ms. Ayers-Friedlander was not present.

Lions Club of NYS Request for Waiver of Article 6.06(f)(1) for Installation and Use of Permanent Holding Tank at 725 Larue Road, T-Danby: Ms. Black moved to accept the resolution as written; seconded by Ms. Touchton.

Ms. Cameron explained that The Lions Camp Badger has an emergency response building and needs to add a toilet and hand wash sink in the event of an emergency and the building needs to be used. She said because the location is not ideal for a sewage system, EH supports approving the use of a holding tank.

The vote to approve the waiver was unanimous

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2022 Budget: Ms. Grinnell-Crosby reported:

- No staff losses.
- Fiscal target is short \$36,500 due to integration work and will be covered by Mental Health target funds.
- Ten Over Target Requests (OTRs):
 1. Hire two community health workers – local share is \$103,000
 2. Public Health Sanitarian –local share is \$65,000
 3. Increased hours for administrative support team - local share is \$22,000
 4. Full-time Administrative Assistant II for EH – local share is \$41,600
 5. Public Health Sanitarian (to focus on water resources related issues) – local share \$64,000Items 6 – 10 covered by rollover and state aid where eligible.
 6. Post Exposure Treatment Program - \$95,000
 7. Public Health Sanitary Code Consultant (2-year proposal for \$50,000 in 2022 and \$25,000 in 2023)
 8. Public and Mental Health All-Day Staff Meeting – \$15,000
 9. Maternal Child Health Program launch –\$30,000
 10. HABs (Harmful Algal Blooms) web-based database project with Community Science Institute (2-year proposal for \$10,000 in 2021 and \$15,000 in 2022)

Dr. Moylan asked about staffing expenses if another COVID situation happens. Ms. Grinnell-Crosby responded that TCHD has received grants that have offset those expenses and does not routinely budget for unforeseen events. If future situations happen, existing county staff will be reassigned to needed areas and if additional staff is needed, it will have to be worked out at that time. Ms. Grinnell-Crosby will inform Mr. Kruppa of Dr. Moylan's concern for a contingency plan and COVID OTRs regarding on-going public health issues.

Ms. Grinnell-Crosby said that the budget was submitted to the county who will release it to the legislature in early September. She said county feedback is received just before release.

The next meeting is Tuesday, August 24th, 2021 @ Noon.

Adjournment: Ms. Merkel moved to adjourn the meeting, seconded by Dr. Koppel; meeting adjourned at 12: 53 p.m.

Board of Health
August 24, 2021
Financial Report

July 2021 / Month 7

COVID sampling costs not budgeted continue to inflate expenditures in functional unit 4010. The County is seeking FEMA reimbursement on these expenses, end of year adjustment is expected. Planning and Coordination of CSN is running higher due to on call expenses and over time. Work will continue with County Administration and County Finance to adjust the books for pandemic-related expenses. Grant revenues appear lower at this time, grant claims are in process for the second quarter.

HEALTH PROMOTION PROGRAM – July 2021

Samantha Hillson, Director, PIO
Ted Schiele, Planner/ Evaluator
Diana Crouch, Healthy Neighborhoods Education Coordinator

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

- Health Promotion staff continue to support the COVID-19 response with communications and public information. Diana Crouch continues to assist with vaccination clinics and delivery of saliva test kits, while transitioning back to more full-time Healthy Neighborhoods visits.
- Strategic Plan implementation cross-functional teams began meeting in July for Integration and Services.
- Public Health Ambassadors continued to support COVID-19 vaccination clinics and outreach in the community.

Community Outreach

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

Groups, Programs, Organizations	Activity/Purpose	Date
Childhood Nutrition Collaborative	Collective Impact, Healthiest Cities and Counties Challenge	Bi-weekly
CHIP Steering Committee	Support CHIP working groups to guide process and progress through the plan	monthly
Long Term Care Committee	Planning and sharing resources for long-term care in the community.	quarterly
Health Planning Council	Advisory Board and Executive Committee	monthly
COFA Advisory Board	Updates – Age Friendly Training Series	monthly
Suicide Prevention Coalition	Revival of this coalition, new leadership, strategic planning process	monthly
Immunization Coalition	Quarterly meeting, updates about COVID-19 vaccine and discussion/feedback, back to school immunizations	quarterly
Black Lives Matter working group	Bi-weekly meeting, based at Mental Health.	Bi-weekly

Mental Health website review cmte	Bi-weekly meeting, based at Mental Health	Bi-weekly
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	quarterly

COVID-19

- Outreach and promotion of vaccination clinics held throughout the county by HPP staff and Public Health Ambassadors.
- In partnership with 211, HPP staff are delivering saliva test kits to individuals who are unable to get to a vaccination site.
- New posters created
- Ongoing website updates related
- Weekly Communications Team meetings.

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

- The CHIP Steering Committee meets monthly (first Thursday):
 - The intended purpose of the Steering Committee is to support the workgroups both individually and collectively through consultation, feedback, and community networking.
 - Developing a reporting and monitoring tool, with assistance from the Cornell MPH program.
- Cancer screening intervention monthly meeting.
- Social Determinants of Health (SdoH) intervention monthly meeting.
- The Committee will begin to make updates and revisions to the December 2019 CHIP for the December 2021 update to the State.

Healthy Neighborhoods Program

- The HNP program continues to receive calls requesting information about indoor air quality, radon, mold and mildew, bed bug infestations, etc.
- Staff continue to support County COVID-19 vaccination clinics and saliva kit delivery.

July 2021

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2021	March 2020	TOTAL 2020*
# of Initial Home Visits (including asthma visits)	11	58	17	225
# of Revisits	0	0	20	76
# of Asthma Homes (initial)	2	12	7	61
# of Homes Approached	0	444	37	436

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

Health Promotion activities

- Assisting with Maternal Child Health redesign project. Participating in social media workgroup.

- Support School-based COVID-19 testing program: regular meeting with school-based health center working group.
- HPP strategic planning

Tobacco Free Tompkins

- City of Ithaca, Common Council unanimously passed an amendment to the City's Ch. 280, Outdoor Smoking Ordinance adding vaping and smoking cannabis to items prohibited in any smoke-free area as defined in Ch. 280. (Common Council, July 7 meeting.)
- Bi-annual student Communities That Care survey covering grades 7-12 in all Tompkins County districts, planning meetings with BOCES, TCYS, A&D Council
- Advancing Tobacco Free Communities (ATFC) statewide grant contractors monthly call and statewide Tobacco Free Outdoors call.
- Tompkins coordinator continued their assignment with the COVID communications team.

Media, Website, Social Media

- [COVID-19 website](#) pages updated regularly
 - Added [Delta FAQ](#)
- COVID-19 Press Releases in July
 - [COVID19 2021-07-30 Update: Resuming Daily Data Table Updates, Aug 2](#)
 - [COVID19 2021-07-30 Update: Health Advisory Issued for Tompkins County](#)
 - [COVID19 2021-07-28 Health Alert: Recent Increase in COVID-19 Cases, TCHD Encourages Vaccinations](#)
 - [COVID19 2021-07-16 Vaccine Update: Local Vaccination Clinics](#)
 - [COVID19 2021-07-02 Update: Local State of Emergency and COVID-19 Daily Table](#)
- Other Press Releases:
 - [HABs Alert: Harmful Blue-Green Algae in Tompkins County 2021-07-27](#)
 - [Health and Mental Health Buildings Closed July 16 at 11AM](#)
 - [2021-07-07 Welcome Deputy Commissioner of Mental Health Services](#)
- Working with a small group from Mental Health to upgrade the [TCMH website](#).
- Updates to [MOMS page](#) and other Community Health Services pages
- Ongoing work to transition TCHD site to new county format (Drupal 8)
- Update HABs page

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

- Strategic Planning with Batiste Leadership
 - Cross-Functional Team planning is ongoing
- ELPH Network – Current Topic Sessions bi-monthly: meet virtually with other ELPH participants, discussion and sharing ideas
- Public Health Ambassador Program: 4 ambassadors began in May and will complete their program at the end of July. Meeting twice weekly, assisting with vaccination outreach and

clinic implementation, learning about different programs and services, focusing on priority areas within the CHIP.

- Ambassadors final projects included: a presentation on youth suicide rates presented to community partners, a planning document for the Health Department's Community Health Worker program, a review of interventions for the aging population that could be better incorporated into the CHIP, and participation in a holistic health fair at Southside Community Center with community partners.
- Thank you to the ambassadors for their efforts and dedication to our community.

Training/Professional Development

- JEDI: General Meeting, ongoing work on the JEDI Recruitment Project
- Field Safety and De-escalation Training, facilitated by Probation Department
- Providing Professional Disinfection Services: How to manage germs safely and effectively (Webiar)
- NYS Citizen Public Health Leader training (online)

Medical Director's Report
Board of Health
August 2021

As I write this on August 17th, I am mindful how quickly the picture can change.

In the past, I have used the metaphor of a 26-mile marathon. Now, I believe, we must picture a marathon where bad actors are on the sidelines who are poised to mix in with the runners and complicate the race. They are named delta, gamma, and others yet to be determined. Delta has already infiltrated the pack of runners and taken down some of the ones who were not vaccinated, and crippled others who did not use a mask when they should have or kept their distance from others.

The 26-mile marathon is no longer 26 miles. It has become longer. Perhaps 52 miles. The distance all depends on the bad actors on the sidelines who are looking for an opening to mix in with the runners and attack those who lack adequate protection. Will we give these bad actors an opening? Each one that joins is more potent than the last and lengthens the race to the goal.

Regarding hospitalizations Dr. DeLima, V.P. of Medical Affairs, reported via email as of 8/9/21 "Currently at the hospital 81% of COVID-19 patients admitted are unvaccinated and 19% are vaccinated but immunocompromised [in some manner]; 100% of COVID-19 patients requiring ICU care are unvaccinated." Most of these hospitalized vaccinated persons received Pfizer vaccine on or before March of 2021. (see below for a study reporting on Pfizer vs Moderna).

Travel and congregating are still major sources of infection.

Breakthrough cases

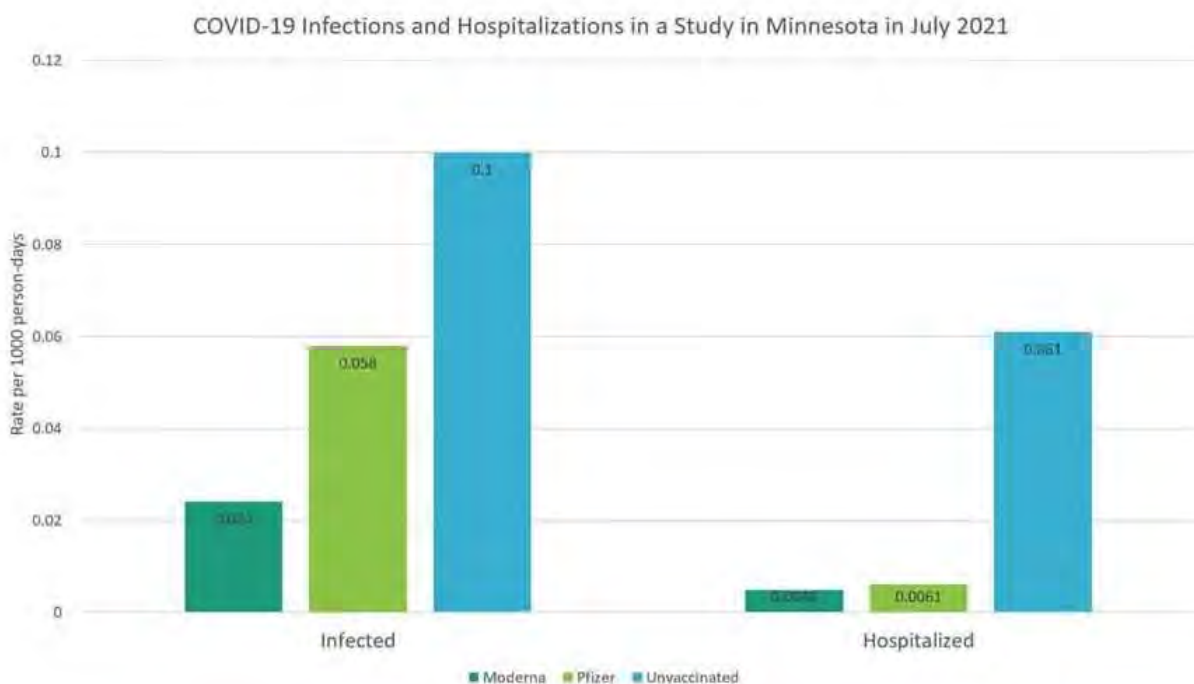
A study has been released in preprint form from the Mayo Clinic system. Note that this study is not yet peer reviewed and should not be used to make clinical decisions. But its findings are of concern.

Comparison of two highly effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence

"We defined cohorts of vaccinated and unvaccinated individuals from Minnesota (n = 25,589 each) matched on age, sex, race, history of prior SARS-CoV-2 PCR testing, and date of full vaccination...

“Overall, we find that in our study population from Minnesota, both vaccines strongly reduce the risk of SARS-CoV-2 infection and severe COVID-19, but individuals vaccinated with mRNA-1273 were about half as likely to experience breakthrough infections as individuals vaccinated with BNT162b2. This relative risk reduction conferred by mRNA-1273 was also observed in other states, including in Florida during a recent COVID-19 outbreak. The effectiveness of both vaccines, particularly BNT162b2, was lower in July compared to prior months. Finally, the rates of complications experienced by patients with breakthrough infections were similar between those vaccinated with mRNA-1273 or BNT162b2. It is made available under a CC-BY-ND 4.0 International license. (which was not certified by peer review) is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. medRxiv preprint doi: <https://doi.org/10.1101/2021.08.06.21261707>; this version posted August 9, 2021. The copyright holder for this preprint 10 mRNA-1273 and BNT162b2 were originally designed, tested, and proven to reduce the burden of symptomatic disease, hospitalization, and death related to SARS-CoV-2 infection. This study further supports the effectiveness of both vaccines in doing so, even despite the evolution of more transmissible viral variants...

“Our observational study suggests that while both mRNA COVID-19 vaccines strongly protect against infection and severe disease, there are differences in their real-world effectiveness relative to each other and relative to prior months of the pandemic. Larger studies with more diverse populations are warranted to guide critical pending public and global health decisions, such as the optimal timing for booster doses and which vaccines should be administered to individuals who have not yet received one dose. As we continue to vigilantly monitor longitudinal and comparative vaccine effectiveness in the coming months, this study emphasizes the importance of vaccination to reduce the risk of SARS-CoV-2 infection and its associated complications.”

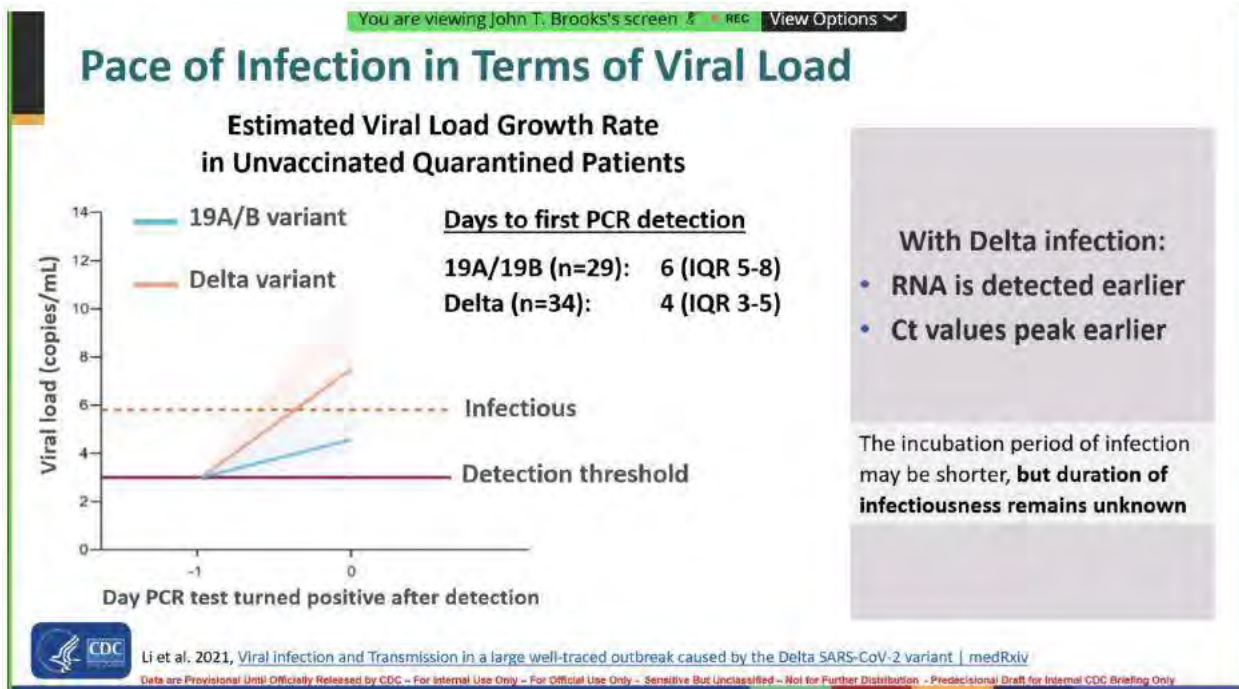


For the full preprint go to:

<https://www.medrxiv.org/content/10.1101/2021.08.06.21261707v1>

Comment: If peer review confirms the methods of this study and its analysis, this study will go a long way to explaining what we are seeing now. It confirms the wisdom of the County in advising masking of vaccinated persons and in the legislature's recent action requiring surveillance testing of county employees with an opt out if they are vaccinated. Other agencies, entities, and businesses should follow the county's lead. The study also adds further urgency to the need to stop the pandemic through mass vaccination while offering us confirmation that the vaccines are preventing death.

The following was reported out about unvaccinated people recently in a webinar by the CDC held Saturday July 31:



Duration of infectiousness and time to onset of contagiousness are key when we determine when and how long to isolate and quarantine.

found at this link: <https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>



[Delta Variant: What We Know About the Science | CDC](#)

On July 27, 2021, CDC released updated guidance on the need for urgently increasing COVID-19 vaccination coverage and a recommendation for everyone in areas of substantial or high transmission to wear a mask in public indoor places, even if they are fully vaccinated. CDC issued this new guidance due to several concerning developments and newly emerging data signals.

www.cdc.gov

Another take on this data is at

<https://www.who.int/news-room/feature-stories/detail/vaccine-efficacy-effectiveness-and-protection>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

This concern about delta must influence our actions on the local level.

About ventilation and spaces.

This is a question that I had to field for a group that wanted to get together which asked how many people can be in a space?

There is no metric that can be used to calculate the number of people per square foot of room space. The best one can do is think about what is needed to achieve social distancing and figure it out from there. In addition, there seems to be no need to plan on a certain amount of time between groups using the same room - provided the ventilation is good. Common sense would say that it would seem logical to have 5 or 10 minutes between groups to avoid excessive overlap and allow for some air exchange. But there is no data we can point to.

The delta variant is a great concern. Our numbers locally have continued to go up and we are seeing almost as many vaccinated people as unvaccinated become positive. Of the vaccinated only the immunocompromised or others with medical conditions that make it hard for them to fight infection have had to be in the hospital. So far, none of them needed the ICU. Most (90+%)

of those hospitalized are unvaccinated and a number of them end up in the ICU and maybe on a ventilator. We have had one further death.

The Pfizer vaccine seems to afford lower protection against any infection (asymptomatic or symptomatic) than it did with the earlier variants. It is likely to be in the 40-50% range. The Moderna is better at between 70-80%. That means that of 100 vaccinated people with a significant exposure using no masks or other preventive measures, about 50-60 Pfizer vaccinated persons could become infected and 20-30 Moderna vaccinated ones. Both Pfizer and Moderna are over 90% in protecting against serious illness (the kind that puts you in the hospital). But non-serious illness can also be very difficult. Painful muscles and joints, fever, in bed for days to weeks, and the risk of post-Covid syndrome. see for instance the article at this link titled: "Covid at Home" on page 5.

<https://drive.google.com/drive/folders/16avSIM5hOiRZCusQHvargdoqhuLBTrM5>

Boosters and the immunocompromised

The EUA defines who can receive a Covid vaccine and when. The amendment to the EUA which allows for a booster for immunocompromised persons has been adopted and the ACIP (Advisory Committee on Immunization Practices) which advises the CDC has decided in favor of this booster. The CDC has adopted the ACIP's opinion and announced their decision. Here is the process in graphic form:

Additional doses in immunocompromised people



The CDC is saying the moderately to severely immunocompromised people should consider getting a booster dose of an mRNA vaccine. This makes it sound like there is some quantitative way to measure if one is moderately immunocompromised. But what the CDC is actually saying is that if you are in particular situations, you should ask your practitioner if you should get one. {I expect any practitioner who is asked will "split hairs" on this. If their patient is likely to be at

all immunocompromised, they will recommend a booster]. Here is the language from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>:

Who Needs an Additional COVID-19 Vaccine?

Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

People should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them.

Can you mix and match the vaccines?

For people who received either Pfizer-BioNTech or Moderna's COVID-19 vaccine series, a third dose of the same mRNA vaccine should be used. A person should not receive more than three mRNA vaccine doses. If the mRNA vaccine product given for the first two doses is not available or is unknown, either mRNA COVID-19 vaccine product may be administered.

What should immunocompromised people who received the J&J/Janssen vaccine do?

The FDA's recent EUA amendment only applies to mRNA COVID-19 vaccines, as does CDC's recommendation.

Emerging data have demonstrated that immunocompromised people who have low or no protection following two doses of mRNA COVID-19 vaccines may have an improved response after an additional dose of the same vaccine. There is not enough data at this time to determine whether immunocompromised people who received the Johnson & Johnson's Janssen COVID-19 vaccine also have an improved antibody response following an additional dose of the same vaccine.

End

Note that practitioners are limited by the language of the EUA. They would technically be in violation if they gave an mRNA vaccine to a person who had previously gotten J and J vaccine. The public will struggle with these fine points.

And further from the CDC:

What are the benefits of people receiving an additional vaccine dose?

CDC recommends the additional dose of an mRNA COVID-19 vaccine be administered at least four weeks (28 days) after a second dose of [Pfizer-BioNTech COVID-19 vaccine](#) or [Moderna COVID-19 vaccine](#). Click on the link to see a discussion of each vaccine's benefits.

What are the risks of vaccinating individuals with an additional dose?

There is limited information about the risks of receiving an additional dose of vaccine, and the safety, efficacy, and benefit of additional doses of COVID-19 vaccine in immunocompromised people continues to be evaluated. So far, reactions reported after the third mRNA dose were similar to that of the two-dose series: fatigue and pain at injection site were the most commonly reported side effects, and overall, most symptoms were mild to moderate.

However, as with the two-dose series, [serious side effects are rare](#), but may occur.

Where to get the vaccine:

Now that the EUA is amended practitioners may vaccinate immunocompromised persons. Some primary care practices have vaccine. Other practitioners could choose to vaccinate (such as oncology, and rheumatology, specialists). Pharmacies who have documentation of someone as immunocompromised could give them a booster as well as mass vaccination sites. It remains to be clarified if TCHD will be setting up PODs for this purpose. Eligible people would need some form of documentation from a practitioner confirming their eligibility.

Our TCHD website will have details beyond this when available

Are other people missing out on something?

It may come to pass that boosters will be recommended for other groups of people. But one must always be sure that the booster is needed, that the risk of getting a booster (though small) is worth the benefit, and that the booster will do what you want it to do (increase meaningful protection of the person receiving it). At present further information is being gathered to help answer these questions. While waiting for that information people should use their common sense and use masks, distancing, handwashing/sanitizing whenever the risks warrant even if they are vaccinated. All persons should mask when indoors.

Here are the links for the CDC statements.

https://www.cdc.gov/media/releases/2021/s0813-additional-mRNA-mrna-dose.html?ACSTrackingID=USCDC_1_3-DM63726&ACSTrackingLabel=CDC%20Newsroom%3A%20Week%20In%20Review%20-%2008%2F09%2F21&deliveryName=USCDC_1_3-DM63726

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

And further on vaccination

Governor Cuomo announced that the Department of Health has authorized a third COVID-19 vaccine dose for New Yorkers with compromised immune systems, following the Centers for Disease Control and Prevention's recommendation last week. Eligible New Yorkers can receive their third dose 28 days after the completion of their two-dose vaccine series, effective immediately.

Department of Health Issues Section 16 Orders to Hospitals and Long-Term Care Facilities Requiring Policy to Ensure All Employees Are Vaccinated

First Dose Required by September 27

Department of Health Authorizes Third Dose for Immunocompromised New Yorkers

Governor Andrew M. Cuomo announced today [Mon, Aug 16] that all healthcare workers in New York State, including staff at hospitals and long-term care facilities (LTCF), including nursing homes, adult care, and other congregate care settings, will be required to be vaccinated against COVID-19 by Monday, September 27. The State Department of Health will issue Section 16 Orders requiring all hospital, LTCF, and nursing homes to develop and implement a policy mandating employee vaccinations, with limited exceptions for those with religious or medical reasons. To date, 75% of the state's ~450,000 hospital workers, 74% of the state's ~30,000 adult care facility workers, and 68% of the state's ~145,500 nursing home workers have completed their vaccine series. Lt. Governor Kathy Hochul's administration was briefed prior to the announcement.

<https://www.governor.ny.gov/news/governor-cuomo-announces-covid-19-vaccination-mandate-healthcare-workers>

I have read the announcement on the web at:

<https://www.governor.ny.gov/news/governor-cuomo-announces-covid-19-vaccination-mandate-healthcare-workers>

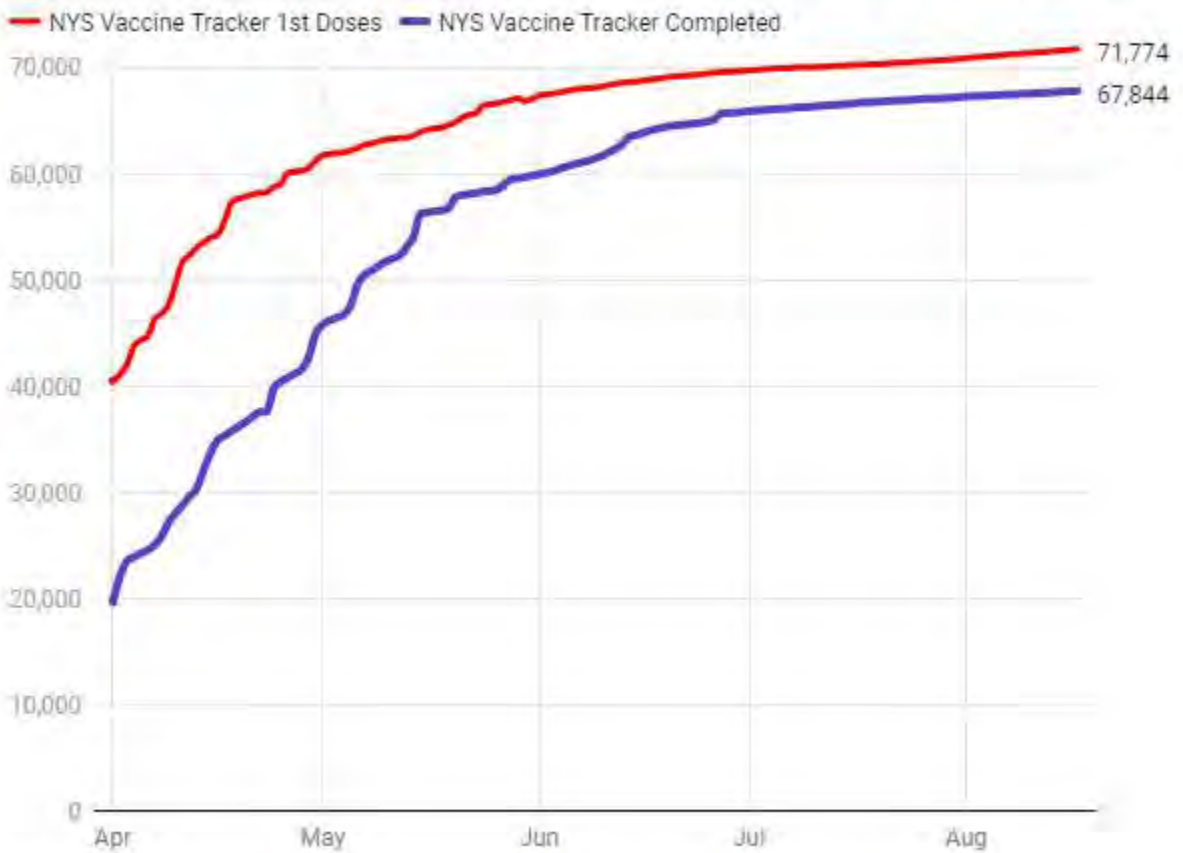
I cannot tell if private offices are included - It does not definitely read that it does. We will have to wait and see when the office NYSDOH directive comes out. I will also learn more at a regular briefing Wednesday morning from NYSDOH.

Local Data

Vaccinations slowly creeping upward – more interest shown since delta rose to dominance.

Total COVID-19 Vaccinations Since Apr. 1, 2021, Tompkins County

Running total of vaccinations for Tompkins County as compiled in the NYS Vaccine Tracker.



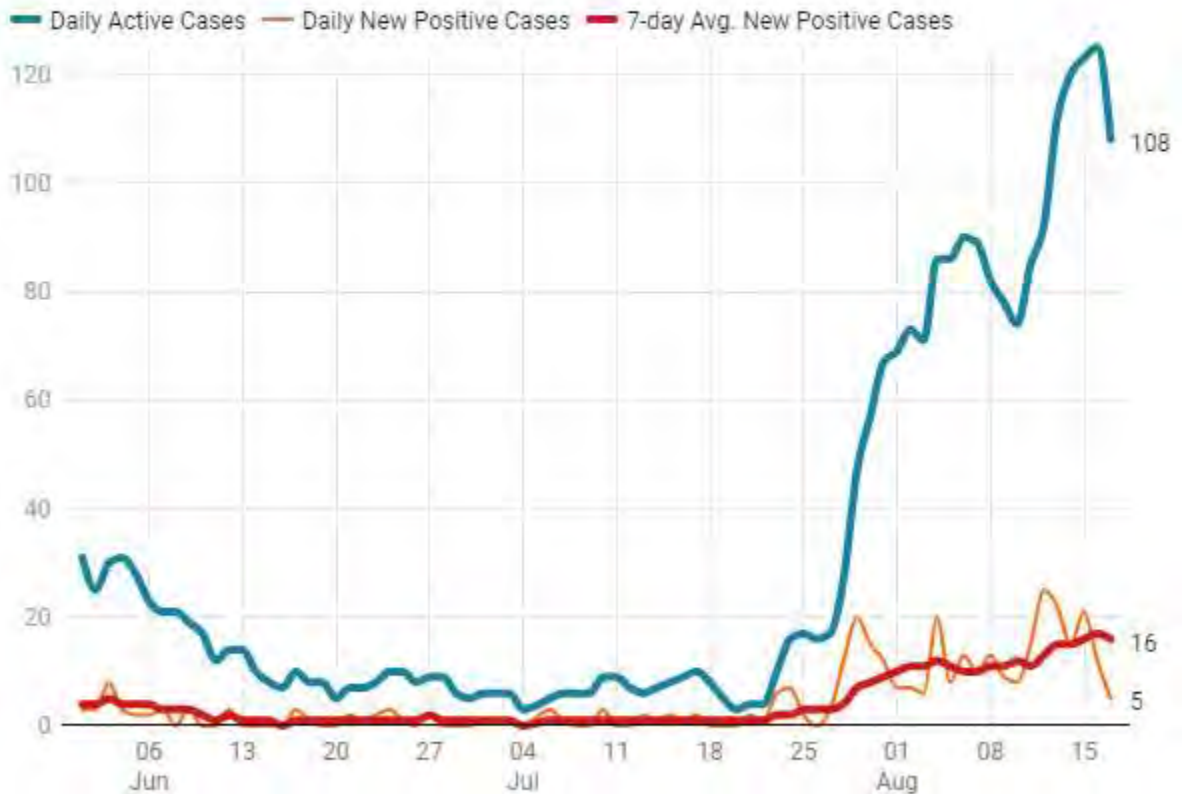
"Completed" represents the total of all 2nd doses plus all J&J single dose vaccines administered.

Chart: TCHD • Source: [NYSDOH COVID-19 Vaccine Tracker](#) • [Get the data](#) • Created with [Datawrapper](#)

Daily case load becomes reminiscent of the past.

Daily Active Cases + 7-Day Avg. New Cases (from 6/1/2021)

COVID-19, Tompkins County, N.Y. Data from 6/1/21 to the present. Active cases are calculated as total positive cases minus the totals of both released cases and deaths.



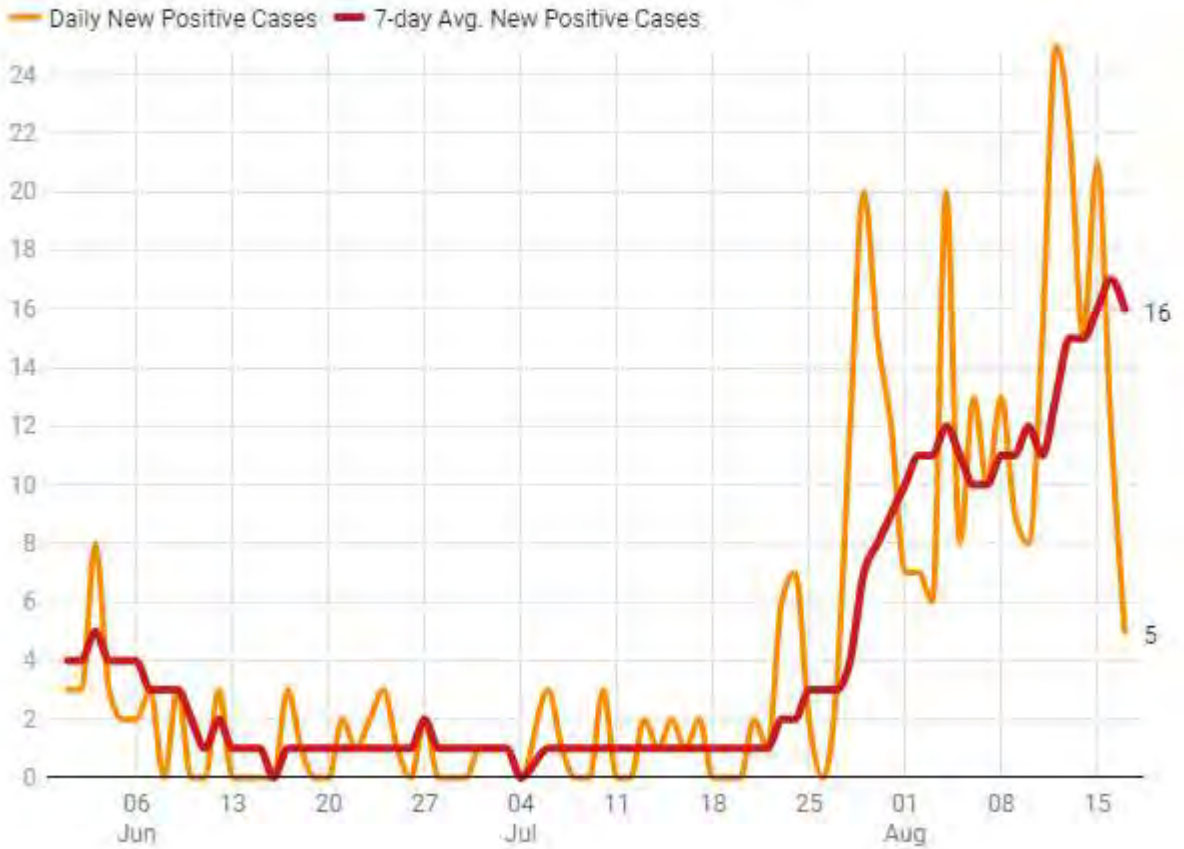
Daily Active Cases are the total number of positive cases minus the total released cases and deaths.

Chart: Tompkins County Health Department, Ithaca, N.Y. • Source: TCHD • [Get the data](#) • Created with [Datawrapper](#)

A closer look at daily new cases shows sustained increase – are we identifying all new cases? Testing has increased though testing access remains less robust than several months ago though it has increased since delta came to prominence.

Daily New Cases + 7-Day Avg. New Cases (from June 1, 2021)

Data from June 1, 2021 to the present. COVID-19, Tompkins County, N.Y.

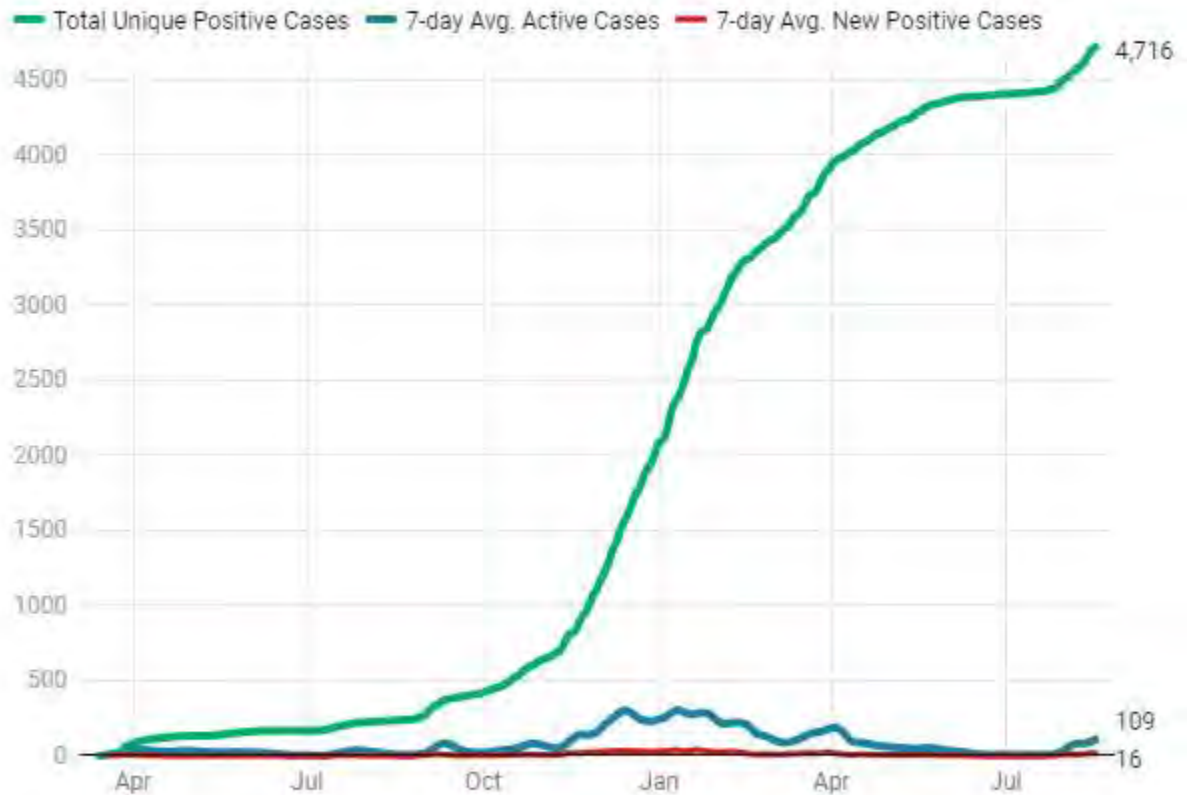


Data updates may lag.

Worrisomely, the slope of our total cases has gone back to the steep ascent of earlier in the year.

Total Cases + Avg. Active Cases + Avg. New Cases

COVID-19, Tompkins County, N.Y. Data from 3/14/20 to the present. Active cases are calculated as total positive cases minus the totals of both released cases and deaths.



(These graphs may not update every day)

Chart: TCHD • Source: Tompkins County Health Department • Get the data • Created with Datawrapper

Total Cases + Daily Active Cases + Daily Positive Cases

Percent Positive Tests (avg. cases / avg. tests)

COVID-19, Tompkins County, N.Y. Data from 12/1/20 to the present. Avg. cases and tests are 7-day rolling averages.



Chart: TCHD - Source: TCHD & Electronic Clinical Laboratory Report System (ECLRS) at NYSDOH - [Get the data](#) - Created with [Datavrapper](#)

Percent Positive Tests (avg. cases / avg. tests)

Testing numbers which had declined to the 2-300s in our “honeymoon” period of June/July are now higher – though not to the 6-9,000 per day rate of last winter/spring.

Date ▼	Total Tests	Daily Tests (ECLRS)	New Positive Cases (TCHD)	Total Positive Cases (TCHD)	Released from Isolation (TCHD)	Active Cases (TCHD)
8/17/21	1,298,186	864	5	4,716	4,576	108
8/16/21	1,297,322	257	12	4,711	4,554	125
8/15/21	1,297,065	277	21	4,699	4,544	123
8/14/21	1,296,788	1,187	15	4,678	4,526	120
8/13/21	1,295,601	1,178	22	4,663	4,519	112
8/12/21	1,294,423	1,382	25	4,641	4,517	92
8/11/21	1,293,041	1,549	15	4,616	4,499	85
8/10/21	1,291,492	630	8	4,601	4,495	74
8/9/21	1,290,862	88	9	4,593	4,483	78
8/8/21	1,290,774	148	13	4,584	4,470	82
8/7/21	1,290,626	671	10	4,571	4,450	89
8/6/21	1,289,955	725	13	4,561	4,439	90
8/5/21	1,289,230	687	8	4,548	4,430	86
8/4/21	1,288,543	874	20	4,540	4,422	86
8/3/21	1,287,669	721	6	4,520	4,417	71
8/2/21	1,286,948	103	7	4,514	4,410	73
8/1/21	1,286,845	155	7	4,507	4,407	69
7/31/21	1,286,690	787	12	4,500	4,402	67
7/30/21	1,285,903	655	15	4,488	4,400	57
7/29/21	1,284,647	601	20	4,473	4,395	47
7/28/21	1,284,647	544	12	4,453	4,395	27
7/27/21	1,284,103	442	3	4,441	4,393	17
7/26/21	1,283,661	47	0	4,438	4,391	16
7/25/21	1,283,614	78	2	4,438	4,390	17
7/24/21	1,283,536	431	7	4,436	4,389	16
7/23/21	1,283,105	519	6	4,429	4,388	10

And our hospitalizations have risen (as expected).

TOMPKINS COUNTY COVID-19 DATA

As of 8/17/2021 at 7:30am | Source: TCHD and NYS DOH ECLRS

Total Tests	Daily Tests	New Positive Cases	Total Positive Cases	Released from Isolation	Active Cases
1,298,186	864	5	4,716	4,576	108

Source: Cayuga Health System and TCHD

Active COVID-19 Hospitalizations	Total TC Resident Deaths
14	32

Tompkins County Residents

(Source: NYS Vaccine Tracker)

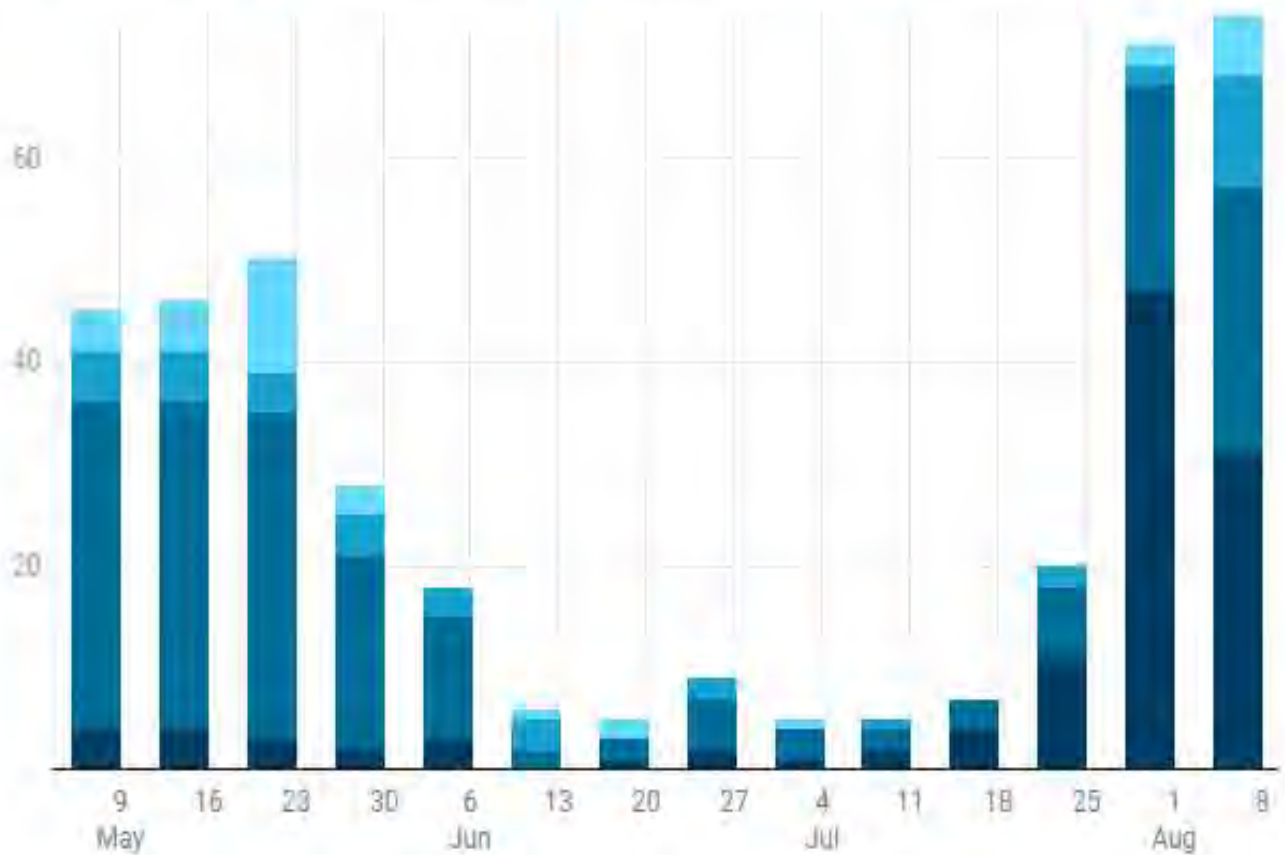
NYS Vaccine Tracker 1st Dose	NYS Vaccine Tracker Completed
71,774	67,844

We continue to see vaccinated persons become cases (though not severe ones by and large).

Vaccination Status of Positive Cases (weekly totals)

All cases are residents of Tompkins County, N.Y. Dates are the end of the reporting week, and represent the testing date for the case. See "Explanation of Case Status" below the graph.

■ Fully Vaccinated ■ Not Fully Vaccinated ■ Not Eligible for Vaccine ■ Unknown



Explanation of Case Vaccination Status: Fully Vaccinated— the date of the case's COVID-19 test was at least 2 weeks after they had received the second dose in a 2-dose series, or at least 2 weeks after they had received a single-dose vaccine. Not Fully Vaccinated— case is unvaccinated, or has not completed the series of a 2-dose vaccine more than 2 weeks prior to their COVID-19 test. Not Eligible for Vaccine— Individuals under age 12 are not eligible for the vaccine. Unknown— vaccination status cannot be confirmed.

Chart: TCHD • Source: TCHD • Created with [Datavwrapper](#)

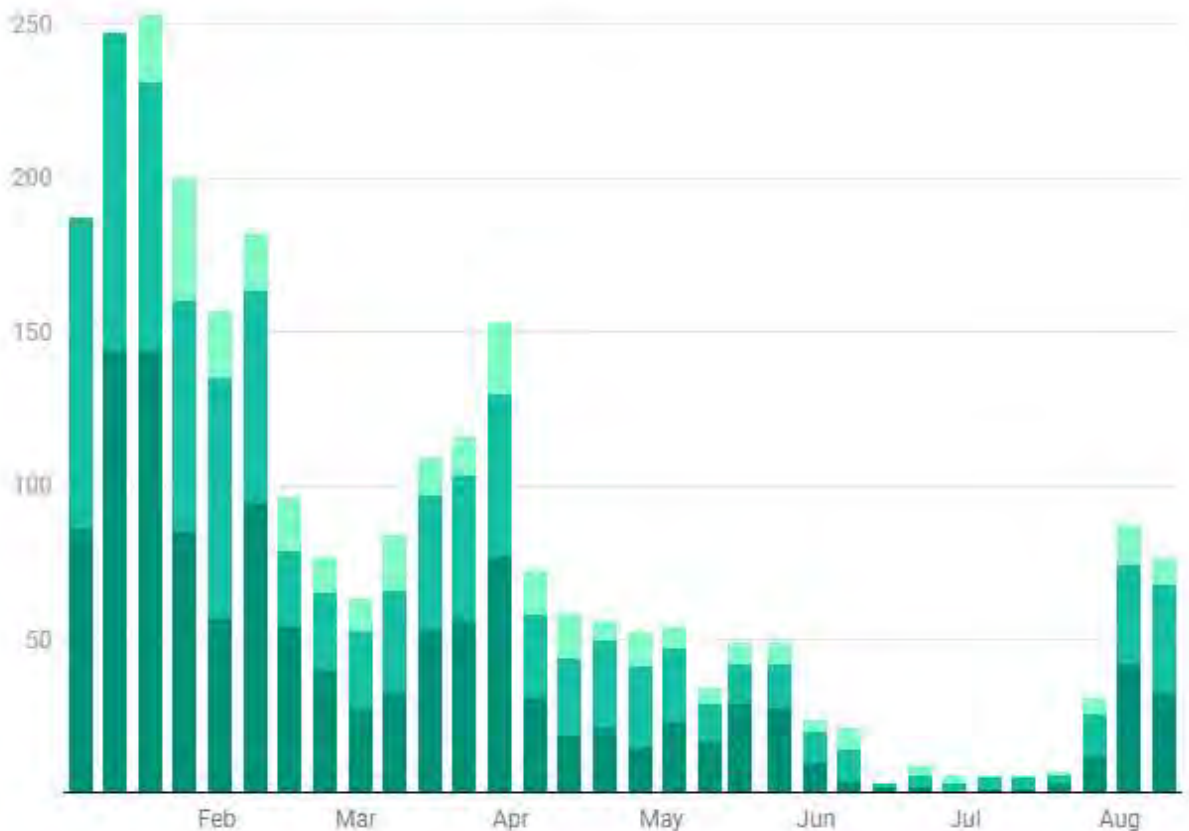
Disturbingly, public health nurses report handling cases in children and infants more frequently than in the past. This emphasizes the importance of family/friends becoming vaccinated to protect those ineligible to be vaccinated.

Lately, the number of persons who do not know their exposure has increased:

Source of Exposure, weekly positive cases (2021)

Known and Unknown source of exposure for new COVID-19 cases, Tompkins County, N.Y. -- YES=source known; NO=source unknown. (Data points mark the end of the reporting week. Mouse over to see numbers & dates.)

■ YES (Known) ■ NO (Unknown) ■ Not Answered



This graph shows how many positive cases were exposed to COVID-19 from a known positive case, versus exposures that cannot be traced directly to a known positive case. Dates mark the end of the reporting week (Tuesday)

Chart: TCHD • Source: TCHD • [Get the data](#) • Created with [Datawrapper](#)

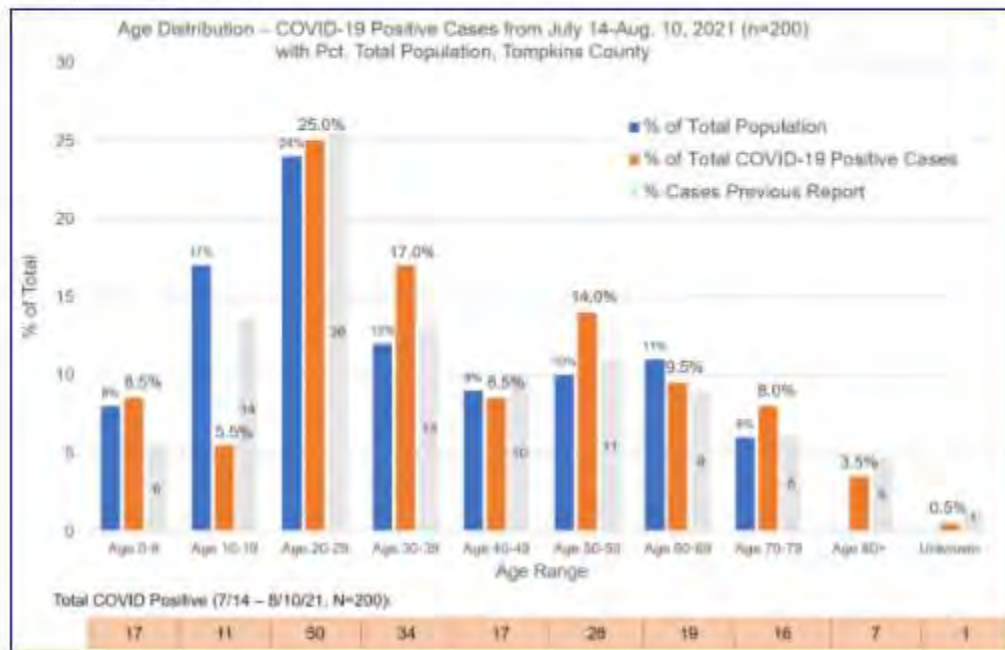
This emphasizes the usefulness of getting vaccinated and using common sense to don one's mask, distance, avoid crowds and indoor events.

Another way to look at how the delta has shifted who is affected

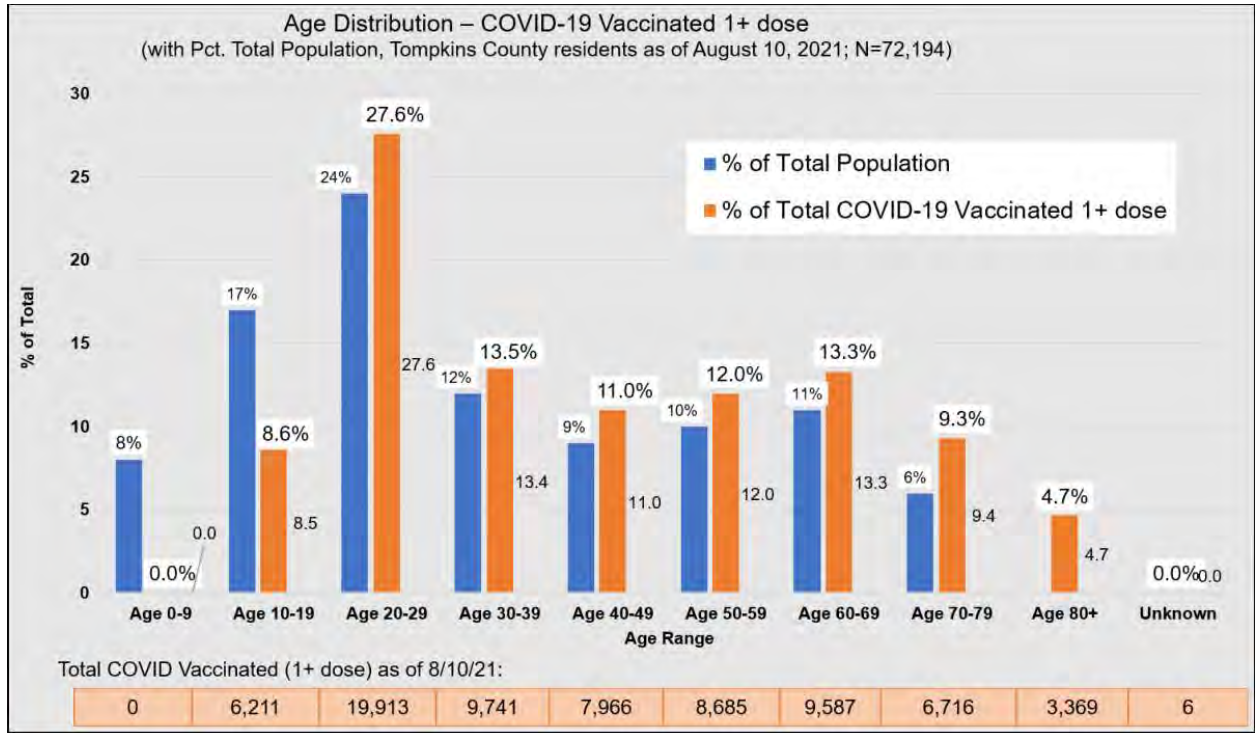
Positive Cases in Tompkins County over 5 weeks, July 14 to August 10, 2021

Positive Cases of COVID-19 in Tompkins County, 7/14/21–8/10/21. N=200. View the trend in cases during this time period here.

- Age Distribution



This does not tell us the percent of each age group that is vaccinated – but it is the best we can do at this time.



Sequencing group update

Confirming that our local region is following the trends nationally, there has been a shift in the lineage in our region – we are now primarily seeing the delta variant (B.1.617.2). 87 cases from June and July were sequenced and 80 of the 87 are delta.

Lineage information is not being reported to patients who ask – it is not a diagnostic test and is only to be used for public health / research purposes. All specimens at the research laboratory level are deidentified and thus are not linked to a specific person. Sequencing is confirming breakthrough infection in vaccinated individuals, including those with Pfizer and Moderna vaccines.

Ct values of local patients infected with delta are as low as would be expected in unvaccinated individuals indicating viral load comparable to those who are unvaccinated. Additionally, virus has been cultured in 13/16 delta-infected samples, indicating shedding of infectious viral material.

Conclusions:

Delta is the dominant strain, it infects vaccinated individuals, and vaccination appears to be correlated with lesser severity. Sequencing is confirming that most cases with known exposures are associated with large gatherings and travel. It also affirms the success of contact tracing in curtailing spread

Sequencing capacity is limited to 96 specimens per week. Testing is batched and run weekly. Turnaround time can vary from one to several weeks depending on volume and resources. Tompkins is currently performing sequencing on all positive cases that meet a Ct threshold.

False claims, including statements saying that: the vaccines don't work, immunity from infections is better than vaccination, and vaccines cause miscarriages, have skyrocketed. The falsehood that the vaccines don't work is up 437 percent.

<https://www.theverge.com/22618249/covid-misinformation-surge-delta-russia-vaccine>

Rt – the reproductive number for delta –

The goal is to drive it below 1 so the pandemic will stop by vaccination, masking, and other measures. – the reproduction number is continually recalculated as things change. For delta it has been 5 to 8. That is, for every person infected we could expect 5 to 8 other persons to become positive. If an area is using preventive measures such as masking and distancing coupled with vaccination it can go down.

Misc. topics

Significant exposures

CDC is using 15 minutes instead of 10 for judging a significant exposure. NYS continues to use 10 minutes. We have never allowed **testing out of quarantine** despite the CDC's stand on it. Our stand has been for practical reasons.

Home quarantine – is generally for the entire duration. Testing out of quarantine or isolation is not an option in our area.

CDC seems fuzzy regarding a vaccinated person who is a close contact and is symptomatic. We here in TC put them into isolation and advise testing. If they are a close contact and no symptoms, we advise them to quarantine and consider testing.

Louisiana – **clinical picture with delta seems to be changing**. Less loss of smell and taste and more runny nose and respiratory (upper and lower) symptoms. And that the incubation period may be a couple of days shorter than prior variants. This means that people may become contagious sooner than other variants and complicate our control of the pandemic.

Others report delta is striking younger people and causing more severe disease. We are seeing this locally, but it is still the case that only the unvaccinated are having severe disease...this from Baton Rouge General Hospital, a Mayo clinic hospital

<https://www.brgeneral.org/news-blog/2021/july/symptoms-of-the-delta-variant-vs-previous-covid/>

School Guidance

New York State Department of Education released a letter and subsequently guideline for K = 12 that indicate they are using the CDC guidelines and guidance from the AAP. Here is the link to the guidance: <http://www.nysed.gov/common/nysed/files/programs/back-school/nysed-health-and-safety-guide-for-the-2021-2022-school-year.pdf>

This week's question - Boosters: the following question came to me

A question has come up within our office regarding administering those patients who received the Johnson & Johnson Covid vaccine, providing them with a one time “booster” dose of the Moderna vaccine. Does the health department have any recommendations/guidance regarding this?

Answer: At this time, it is not recommended (nor is it within the scope of the Emergency Use Authorization) for practitioners to use the Covid vaccines other than in the manner that the EUAs specifically authorize. In other words, practitioners are not allowed to use “professional judgement” to give the vaccines in a manner that the EUA does not authorize. In the even that a practitioner would give a booster dose and an untoward effect were experienced by the patient the practitioner would be at a disadvantage medico-legally. The practitioner would also be open to repercussions from the federal government which is providing (via NYS) the vaccines they are using.

It may come to pass that boosters beyond those for the immune compromised become recommended by the ACIP and are reflected in the EUAs. That is not the case at present.

Patients should be reassured that the vaccines are effective. In addition, they can be reassured that if infected the primary Covid vaccine series is highly likely to protect them from severe disease.

Here is the thing about EUAs and use of the vaccines. Your hands are tied under an EUA to what the EUA allows. A BLA (otherwise known as full licensure) will allow “off-label” use. No vaccine is fully licensed – though Pfizer may be on the coming month or two. The graphic below depicts what happened with the CDC recommending a booster shot be considered for “moderately to severely” immunocompromised people.

From <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-07/07-COVID-Oliver-508.pdf> come the following slides.

Additional doses in immunocompromised people



Immunocompromised people and SARS-CoV-2 infection

- More likely to get severely ill from COVID-19^{1,2}
- Higher risk for:
 - Prolonged SARS-CoV-2 infection and shedding^{3-7 14-16}
 - Viral evolution during infection and treatment (hospitalized patients)^{3,6,8-10,14,17}
 - Low antibody/neutralization titers to SARS-CoV-2 variants¹²
- More likely to transmit SARS-CoV-2 to household contacts¹¹
- More likely to have breakthrough infection:
 - **44%** of hospitalized breakthrough cases are immunocompromised people in US study¹³
 - **40%** of hospitalized breakthrough cases are immunocompromised people in Israeli study¹⁸

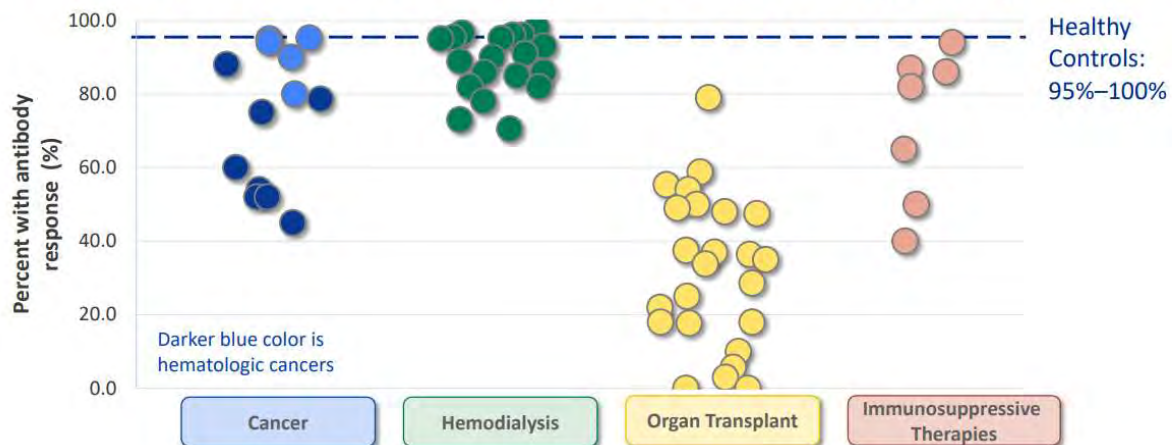
mRNA vaccine effectiveness (VE) studies among immunocompromised populations

- VE: 7-27 days after 2nd dose of Pfizer-BioNTech vaccine¹
 - **71%** (CI 37-87%) among immunosuppressed* people vs. **90%** (CI 83-96%) overall: **SARS-CoV-2 infection**
 - **75%** (CI 44-88%) among immunosuppressed people vs. **94%** (CI 87-97%) overall: **symptomatic COVID-19**
- VE: ≥7 days after 2nd dose of mRNA vaccine²
 - **80%** among people with inflammatory bowel disease on immunosuppressive meds: **SARS-CoV-2 infection**
 - VE of **25%** was noted after 1st dose of mRNA vaccine for **SARS-CoV-2 infection**
- VE: ≥14 days after 2nd dose of mRNA vaccine³
 - **59%** (CI 12-81%) among immunocompromised people vs. **91%** (CI 86-95%) without immunocompromise: **COVID-19 hospitalization**³

*Immunocompromised conditions (e.g., recipients of hematopoietic cell or solid organs transplant, patients under immunosuppressive therapy, asplenia, and chronic renal failure: advanced kidney disease, dialysis, or nephrotic syndrome)

1. Chodick et al. *Clinical Infectious Diseases*, ciab438, <https://doi.org/10.1093/cid/ciab438>; 2. Khan et al. *Gastroenterology* (2021). [https://www.gastrojournal.org/article/S0016-5085\(21\)03066-3/pdf](https://www.gastrojournal.org/article/S0016-5085(21)03066-3/pdf); 3. Tenforde et al. medRxiv preprint: <https://doi.org/10.1101/2021.07.08.21259776>

Percent of subjects with antibody response after two mRNA vaccine doses by immunocompromising condition and study (n=63)



- Studies that compared response after 1st and 2nd dose demonstrated poor response to dose 1
- Antibody measurement and threshold levels vary by study protocol

See reference list at end

Comparing evidence 3rd mRNA COVID-19 vaccine dose in immunosuppressed people with seropositive response

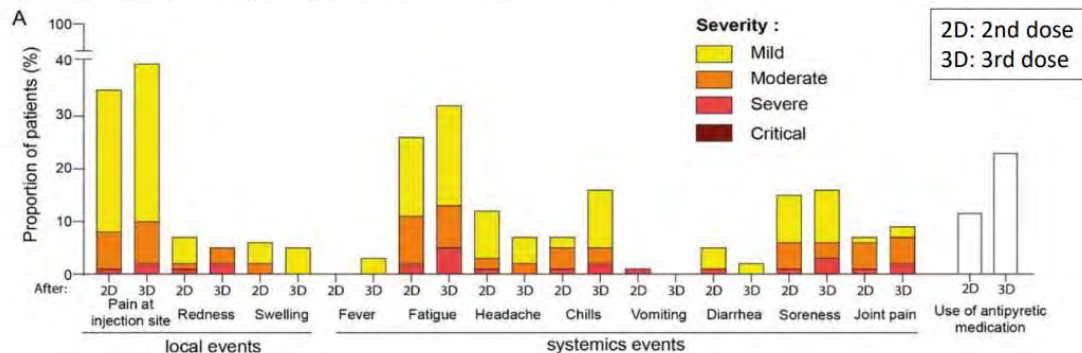
Study	Patient Population	2 nd Dose			3 rd Dose Seronegative after 2 nd dose		
		Sample Size	Seronegative N (%)	Seropositive N (%)	Sample Size	Seronegative N (%)	Seropositive N (%)
Kamar et al.	Recipients of solid-organ transplant	99	59 (60)	40 (40)	59	33 (56)	26 (44)
Werbel et al.*	Recipients of solid-organ transplant	30	24 (80)	6 (20)	24	16 (67)	8 (33)
Longlune et al.	Patients on hemodialysis	82	13 (16)	69 (84)	12	7 (58)	5 (42)
Maxime et al.	Patients on hemodialysis	106	66 (62)	40 (38)	12	6 (50)	6 (50)

* Recipients received homologous mRNA prime followed by either a single Moderna, Pfizer, or Janssen boost

- Among those who had **no detectable antibody** response to an initial mRNA vaccine series, **33-50% developed an antibody response to an additional dose**

Reactogenicity of 3rd mRNA vaccine dose in cohort of patients on hemodialysis (n=63*)

- No patients developed critical side effects requiring hospitalization
- Symptoms reported were consistent with previous doses and the intensity of the symptoms was mostly mild or moderate



*Sample included patients who had an optimal and suboptimal antibody response to primary mRNA series and chose to receive a 3rd dose

Maxime et al. (2021) medRxiv doi: <https://doi.org/10.1101/2021.07.02.21259913>

Should immunocompromised people undergo antibody testing following COVID-19 vaccination?

- Utility of serologic testing or cellular immune testing to assess immune response to COVID-19 vaccination has not been established
- Exact correlation between antibody level and protection from COVID-19 remains unclear
- Commercial antibody and cellular immune testing may not be consistent across laboratories
- Serologic (antibody) testing or cellular immune testing outside of the context of research studies is **not recommended in the United States at this time**

Following COVID-19 vaccination, what infection prevention measures should immunocompromised people maintain?

- Immunocompromised people should be counseled about potential for reduced immune responses to COVID-19 vaccination and need to follow prevention measures*
 - Wear a mask
 - Stay 6 feet apart from others they don't live with
 - Avoid crowds and poorly ventilated indoor spaces until advised otherwise by their healthcare provider
- Close contacts of immunocompromised people should be encouraged to be vaccinated against COVID-19

* <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

Summary

- Immunocompromised people are at increased risk of poor outcomes from COVID-19
- Studies indicate a reduced antibody response in immunocompromised people following a primary vaccine series, compared to healthy vaccine recipients
- Emerging data suggest that an additional COVID-19 vaccine dose in immunocompromised people enhances antibody response and increases the proportion who respond
- In small studies, the reactogenicity of the 3rd dose of mRNA vaccine was similar to prior doses

The CDC is saying the moderately to severely immunocompromised people should consider getting a booster dose of an mRNA vaccine. This makes it sound like there is some quantitative way to measure if one is moderately immunocompromised. But what the CDC is actually saying is that if you are in particular situations you should ask your practitioner if you should get one. Here is the language from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>:

Who Needs an Additional COVID-19 Vaccine?

Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

People should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them.

Can you mix and match the vaccines?

For people who received either Pfizer-BioNTech or Moderna's COVID-19 vaccine series, a third dose of the same mRNA vaccine should be used. A person should not receive more than three mRNA vaccine doses. If the mRNA vaccine product given for the first two doses is not available or is unknown, either mRNA COVID-19 vaccine product may be administered.

What should immunocompromised people who received the J&J/Janssen vaccine do?

The FDA's recent EUA amendment only applies to mRNA COVID-19 vaccines, as does CDC's recommendation.

Emerging data have demonstrated that immunocompromised people who have low or no protection following two doses of mRNA COVID-19 vaccines may have an improved response after an additional dose of the same vaccine. There is not enough data at this time to determine whether immunocompromised people who received the Johnson & Johnson's Janssen COVID-19 vaccine also have an improved antibody response following an additional dose of the same vaccine.

End

Note that practitioners are limited by the language of the EUA. They would technically be in violation if they gave an mRNA vaccine to a person who had previously gotten J and J vaccine. The public will struggle with these fine points.

And further from the CDC:

What are the benefits of people receiving an additional vaccine dose?

CDC recommends the additional dose of an mRNA COVID-19 vaccine be administered at least four weeks (28 days) after a second dose of [Pfizer-BioNTech COVID-19 vaccine](#) or [Moderna COVID-19 vaccine](#). Click on the link to see a discussion of each vaccine's benefits.

What are the risks of vaccinating individuals with an additional dose?

There is limited information about the risks of receiving an additional dose of vaccine, and the safety, efficacy, and benefit of additional doses of COVID-19 vaccine in immunocompromised people continues to be evaluated. So far, reactions reported after the third mRNA dose were similar to that of the two-dose series: fatigue and pain at injection site were the most commonly reported side effects, and overall, most symptoms were mild to moderate.

However, as with the two-dose series, [serious side effects are rare](#), but may occur.

Where to get the vaccine:

Now that the EUA is amended practitioners may vaccinate immunocompromised persons. Some primary care practices have vaccine. Other practitioners could choose to vaccinate (such as oncology, and rheumatology, specialists). Pharmacies who have documentation of someone as immunocompromised could give them a booster as well as mass vaccination sites. It remains to

be clarified if TCHD will be setting up PODs for this purpose. Eligible people would need some form of documentation from a practitioner confirming their eligibility.

Our TCHD website will have details beyond this when available

Are other people missing out on something?

It may come to pass that boosters will be recommended for other groups of people. But one must always be sure that the booster is needed, that the risk of getting a booster (though small) is worth the benefit and that the booster will do what you want it to do (increase meaningful protection of the person receiving it). At present further information is being gathered to help answer these questions. While waiting for that information people should use their common sense and use masks, distancing, handwashing/sanitizing whenever the risks warrant even if they are vaccinated. All persons should mask when indoors.

Here are the links for the CDC statements.

https://www.cdc.gov/media/releases/2021/s0813-additional-mRNA-mrna-dose.html?ACSTrackingID=USCDC_1_3-DM63726&ACSTrackingLabel=CDC%20Newsroom%3A%20Week%20In%20Review%20-%2008%2F09%2F21&deliveryName=USCDC_1_3-DM63726

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

NYS follows suit: Governor Cuomo also announced that the Department of Health has authorized a third COVID-19 vaccine dose for New Yorkers with compromised immune systems, following the Centers for Disease Control and Prevention's recommendation last week. Eligible New Yorkers can receive their third dose 28 days after the completion of their two-dose vaccine series, effective immediately.

<https://www.governor.ny.gov/news/governor-cuomo-announces-covid-19-vaccination-mandate-healthcare-workers>

Division for Community Health

Aug 24th, 2021 Board of Health meeting

July 2021 monthly report

By Rachel Buckwalter and Celeste Rakovich, Senior Community Health Nurses and Michelle Hall, WIC Director

Communicable Disease:

- **COVID-19:** Throughout most of July we experienced low Covid case numbers daily, averaging 0-5 cases per day. At the end of the month numbers started to increase. July 28th through July 31st daily case numbers were above 10, with a high of 20 new cases reported on July 29th. Many of these new cases reported attending several indoor gatherings together July 20th through the 24th. A cluster was emerging that would take shape over the next few weeks. This pattern of increased cases has continued into August and mirrors national trends with Delta variant becoming prevalent. We reported a total of 98 cases in the month of July with 420 contacts generated. We responded to 93 phone calls from the public regarding Covid.
- **Other communicable diseases:** We are continuing to see increased tick-borne diseases including Lyme, anaplasmosis/ehrlichiosis and babesiosis. See attached Communicable Disease reports for trends. Our CD nurses follow up with a phone call to each case to confirm they meet case definition and to provide education and ensure treatment was completed.

Maternal Child Program:

- The maternal child health program posted a social media poll to obtain community votes for the renaming of the redesigned program. The winning name is MOMs Plus+. Soft launch and enrollment of new clients began on July 26th. Home visiting policy for CHS programs during Covid was finalized and approved before home visits took place.

SafeCare Program:

- SafeCare is currently on hold. Collaboration is ongoing between DSS and TCHD regarding when to resume this program.

Immunization Clinics:

- CHS staff worked 5 mobile Covid -19 vaccine clinics in the month of July including school based Pfizer clinics for the 12 y.o. and up population, and rural clinics for 18 y.o. and up population using the one shot J and J vaccine. We also continued to vaccinate homebound county residents on an as-needed basis. Tompkins County continues to have one of the highest vaccination rates in the state.

- On-site immunization clinics continued to be suspended due to the COVID-19 response.

Lead Poisoning Prevention:

- No discharges or new admissions for July. Due to an uptick in Covid cases, no outreach activities to report.

Tuberculosis

- No active TB cases currently.

HIV:

- TCHD had two walk ins for Anonymous HIV testing in July. Both were negative.

Rabies:

TCHD CHS and EH continue collaboration with Cayuga Medical Center out patient infusion and ER to administer RPEP to authorized exposures. CHS reviews records of treatment and schedules follow up vaccines. Conversation for long term solution is on going.

WIC program:

Caseload Data:

June close out caseload data:

- Enrollment: 1130
- Participation: 1013
- Participation/Enrollment %: 89.65%
- Participation/Caseload %: 67.53%

Total participants seen in June: 498

Appointment show rate: 4%

Preliminary **July** caseload data unavailable currently. There is something wrong at the NYS level with this.

Total participants seen in July: 449

Appointment show rate: 3%

Program Highlights

- USDA extended WIC Waivers through November 16, 2021. Participants can continue to receive WIC Benefits remotely and do not need to be physically present to appointments. Two to Three WIC staff are working in the office each day M-F. If a participant or family needs to access service WIC staff are available in the office to accommodate the need.
- Farmer Market Booklets continue to be issued to WIC Families for the purchase of local grown fresh fruits and vegetables. We are seeing an increase in interest this year as apposed to last year. More families seem interested in visiting the local farmers markets.
- WIC Director is participating on the Cross functional team “Integration” as part the Health Department and Mental Health strategic plan.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 03AUG21
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=July

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	36	420.3	3	35.0	3	35.0	1	11.7	2	23.3
BABESIOSIS**	7	81.7	2	23.3	1	11.7	0	0.0	1	11.7
CAMPYLOBACTERIOSIS**	2	23.3	2	23.3	9	105.1	3	35.0	5	58.4
COVID-19	74	863.9	118	1377.5	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	2	23.3	4	46.7	2	23.3	4	46.7	3	35.0
ECOLI SHIGA TOXIN**	1	11.7	2	23.3	0	0.0	0	0.0	1	11.7
EHRlichiosis (CHAFEENSIS)**	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
GIARDIASIS	1	11.7	0	0.0	1	11.7	1	11.7	1	11.7
HEPATITIS B,CHRONIC**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
HEPATITIS C,ACUTE**	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
HEPATITIS C,CHRONIC**	7	81.7	1	11.7	5	58.4	13	151.8	6	70.0
INFLUENZA A, LAB CONFIRMED	0	0.0	0	0.0	0	0.0	5	58.4	2	23.3
INFLUENZA B, LAB CONFIRMED	1	11.7	1	11.7	0	0.0	0	0.0	0	0.0
LYME DISEASE** ****	8	93.4	8	93.4	15	175.1	11	128.4	11	128.4
PERTUSSIS**	0	0.0	0	0.0	3	35.0	3	35.0	2	23.3
SALMONELLOSIS**	1	11.7	1	11.7	2	23.3	4	46.7	2	23.3
STREP,GROUP A INVASIVE	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
STREP,GROUP B INVASIVE	0	0.0	0	0.0	2	23.3	0	0.0	1	11.7
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0

	2021		2020		2019		2018		Ave (2018-2020)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
TUBERCULOSIS***	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
YERSINIOSIS**	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
SYPHILIS TOTAL.....	2	23.3	1	11.7	1	11.7	3	35.0	2	23.3
- P&S SYPHILIS	0	0.0	1	11.7	0	0.0	2	23.3	1	11.7
- EARLY LATENT	1	11.7	0	0.0	1	11.7	0	0.0	0	0.0
- LATE LATENT	1	11.7	0	0.0	0	0.0	1	11.7	0	0.0
GONORRHEA TOTAL.....	11	128.4	8	93.4	5	58.4	7	81.7	7	81.7
- GONORRHEA	11	128.4	8	93.4	5	58.4	7	81.7	7	81.7
CHLAMYDIA	14	163.4	28	326.9	27	315.2	40	467.0	32	373.6

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted

***Not official number

**** In 2017, 27 counties investigated a sample of positive laboratory results; in 2018, 30 counties sampled; in 2019, 33 counties sampled; in 2020, 36 counties sampled.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 03AUG21
 Through July
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	61	101.7	8	13.3	5	8.3	4	6.7	6	10.0
BABESIOSIS**	8	13.3	4	6.7	1	1.7	0	0.0	2	3.3
CAMPYLOBACTERIOSIS**	8	13.3	10	16.7	20	33.4	18	30.0	16	26.7
COVID-19	2061	3437.1	429	715.4	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	2	3.3	12	20.0	4	6.7	8	13.3	8	13.3
ECOLI SHIGA TOXIN**	2	3.3	4	6.7	1	1.7	1	1.7	2	3.3
EHRlichiosis (CHAFEENSIS)**	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0
EHRlichiosis (UNDETERMINED)**	0	0.0	0	0.0	1	1.7	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	1	1.7	1	1.7	2	3.3	1	1.7
GIARDIASIS	5	8.3	3	5.0	13	21.7	11	18.3	9	15.0
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	1	1.7	3	5.0	3	5.0	2	3.3
HEPATITIS A	6	10.0	1	1.7	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	5	8.3	6	10.0	4	6.7	6	10.0	5	8.3
HEPATITIS C,ACUTE**	1	1.7	3	5.0	2	3.3	3	5.0	3	5.0
HEPATITIS C,CHRONIC**	15	25.0	15	25.0	25	41.7	42	70.0	27	45.0
INFLUENZA A, LAB CONFIRMED	0	0.0	524	873.9	743	1239.1	462	770.5	576	960.6
INFLUENZA B, LAB CONFIRMED	2	3.3	732	1220.8	27	45.0	560	933.9	440	733.8
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	1.7	0	0.0	1	1.7	0	0.0	0	0.0
LEGIONELLOSIS	1	1.7	0	0.0	1	1.7	0	0.0	0	0.0

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
LISTERIOSIS	0	0.0	0	0.0	0	0.0	1	1.7	0	0.0
LYME DISEASE** ****	16	26.7	19	31.7	27	45.0	32	53.4	26	43.4
MALARIA	0	0.0	2	3.3	0	0.0	0	0.0	1	1.7
MENINGITIS, ASEPTIC	0	0.0	0	0.0	1	1.7	1	1.7	1	1.7
MUMPS**	0	0.0	0	0.0	0	0.0	2	3.3	1	1.7
PERTUSSIS**	0	0.0	1	1.7	6	10.0	7	11.7	5	8.3
SALMONELLOSIS**	7	11.7	5	8.3	4	6.7	11	18.3	7	11.7
SHIGELLOSIS**	0	0.0	0	0.0	0	0.0	1	1.7	0	0.0
STREP,GROUP A INVASIVE	1	1.7	1	1.7	3	5.0	3	5.0	2	3.3
STREP,GROUP B INVASIVE	1	1.7	1	1.7	6	10.0	5	8.3	4	6.7
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	1	1.7	0	0.0	1	1.7	1	1.7
STREP PNEUMONIAE,INVASIVE**	2	3.3	5	8.3	3	5.0	4	6.7	4	6.7
TUBERCULOSIS***	0	0.0	2	3.3	1	1.7	2	3.3	2	3.3
YERSINIOSIS**	0	0.0	0	0.0	2	3.3	1	1.7	1	1.7
SYPHILIS TOTAL.....	8	13.3	11	18.3	13	21.7	7	11.7	10	16.7
- P&S SYPHILIS	2	3.3	4	6.7	6	10.0	2	3.3	4	6.7
- EARLY LATENT	4	6.7	7	11.7	7	11.7	3	5.0	6	10.0
- LATE LATENT	2	3.3	0	0.0	0	0.0	2	3.3	1	1.7
GONORRHEA TOTAL.....	77	128.4	55	91.7	51	85.1	69	115.1	58	96.7
- GONORRHEA	77	128.4	54	90.1	51	85.1	68	113.4	58	96.7
- GONORRHEA,DISSEMINATED	0	0.0	1	1.7	0	0.0	1	1.7	1	1.7
CHLAMYDIA	170	283.5	200	333.5	270	450.3	264	440.3	245	408.6
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	1	1.7	0	0.0
OTHER VD	0	0.0	0	0.0	1	1.7	0	0.0	0	0.0

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** In 2017, 27 counties investigated a sample of positive laboratory results; in 2018, 30 counties sampled; in 2019, 33 counties sampled; in 2020, 36 counties sampled.

Children with Special Care Needs Division — (607) 274-6644

Children with Special Care Needs Highlights

July 2021

Staff Activities

General overview of COVID/Program Work

- All CSCN nursing staff attend a weekly meeting for COVID updates. No need for case investigation help this month. CSCN staff helping some with vaccine clinics and covering on call.

Staff Training

- Margo Polikoff participated in the following webinars: 'Fieldwork Safety Training', 'Strategic Planning Meeting-Integration', 'Stress and Trauma: Pandemic-related Struggles and Lessons Learned', 'Better Together Coalition-CCE etc.', 'Zero to Three- Sesame Street in Communities-Resources for Racial Justice', and 'The Three Toxic Myths of Early Childhood Development'
- Capri Prentice participated in CPR, Cross Functional, and IFSP State Training
- Stephanie Sampson-Magill and Julie Hatfield participated in 'No Small Matter' webinar.

Committees/Meetings

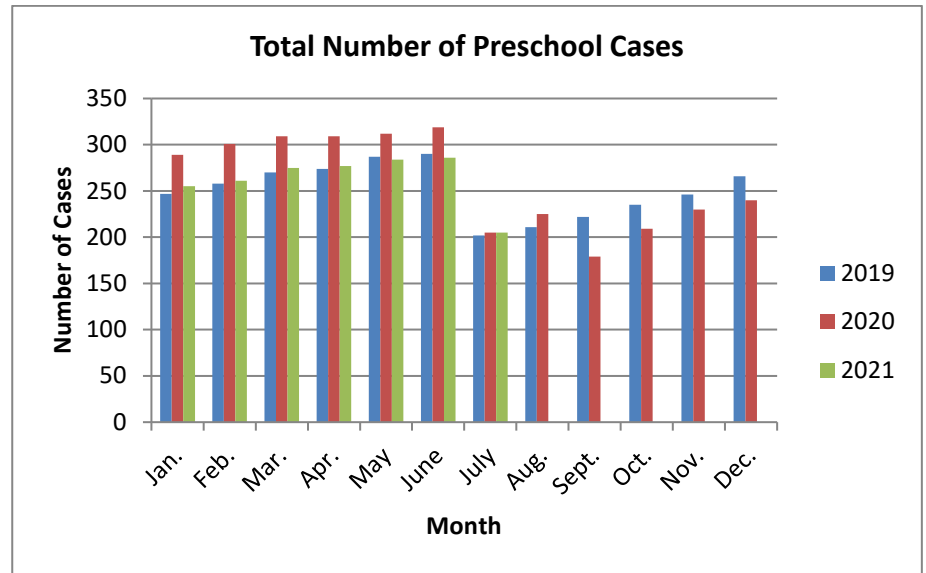
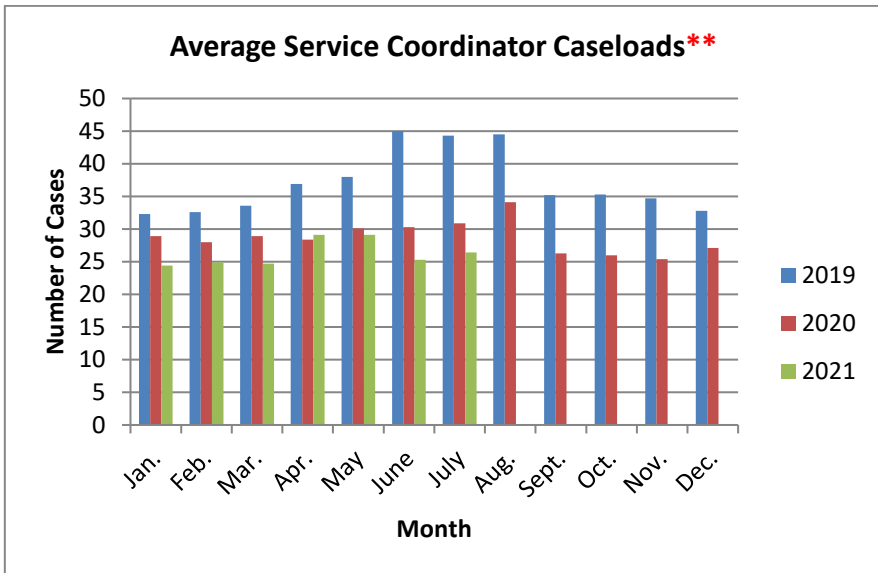
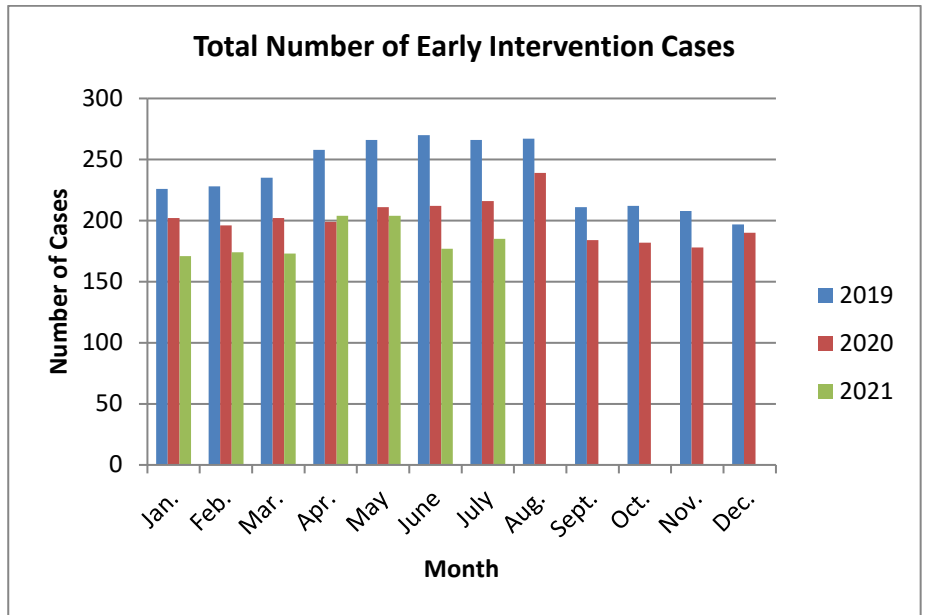
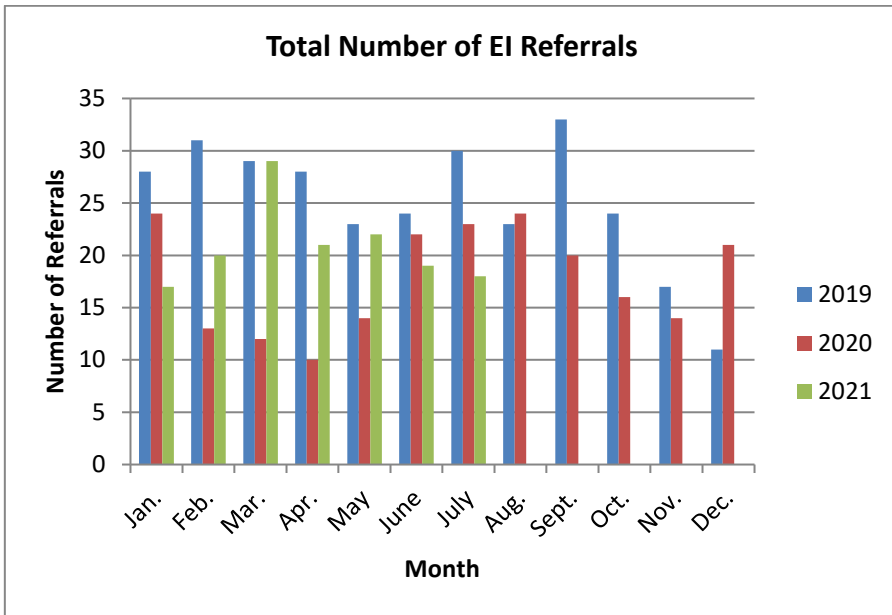
- Michele Card and Barb Wright attended Monday Software Meetings with iCentral and ITS staff.
- Michele Card leader for the Cross Functional Team for Strategic Planning Committee 7/9, 7/23.
- Margo Polikoff met with Mark Prins on CYSHCN Focused Group and Regional Technical Center.

Division Manager—Deb Thomas:

- Senior Leadership Meetings-Debrief meetings every Thursday to review current COVID 19 work and Program work.
- COVID work as needed; Manager on every 4th weekend
- Meeting with CHS Director and CHS managers for COVID planning once a week
- Strategic Planning meetings 7/9, 7/14, 7/19, 7/23
- Software meetings to develop reports and forms 7/16, 7/23, 7/30
- Interviews for the Senior Community Health Nurse position 7/26, 7/27
- Interview preschool/EI providers 7/7/21 Sara White, OT
- Interview preschool/EI providers 7/9/21 Alyssa Courter, Music Therapy
- Introduction meeting for Public Health Ambassadors 7/13/21
- Meeting with Regional Support center for CYSHCN programs 7/15/21
- Meeting with Onondaga Co on administration of the CYSHCN program 7/16/21
- NYSACHO Fiscal Group meeting 7/20/21
- Meeting with PHD 7/21/21
- Regional Early Childhood County meeting 7/22/21
- Board of Health meeting 7/27/21
- Met with Lansing school CPSE 7/29/21

** CSCN – Cindy Lalonde, Senior Community Health Nurse retires on August 20, 2021. Michele Card, CHN will be promoted to Senior Community Health Nurse and will start on 8/23/21.

Statistics Based on Calendar Year



**** Average Service Coordinator Caseloads showing decrease due to increase in fully oriented Ongoing Service Coordinators, until June 2019 when we experienced staff retirement and leave.**

**Children with Special Care Needs Division
Statistical Highlights 2021**

EARLY INTERVENTION PROGRAM

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
-- Intake visits	15	17	30	23	19	23	19						146	200
-- IFSP Meetings	24	32	47	24	31	32	18						208	327
-- Amendments	13	23	12	16	11	12	8						95	111
-- Core Evaluations	16	16	23	21	23	20	16						135	171
-- Supplemental Evaluations	5	9	4	4	2	6	1						31	32
-- EIOD visits	0	0	0	0	0	0	0						0	19
-- Observation Visits	29	33	43	50	48	30	35						268	264
-- CPSE meetings	5	5	2	2	1	6	4						25	52
-- Family Training/Team Meetings	2	0	0	0	0	0	4						6	4
-- Transition meetings	4	10	20	1	0	4	3						42	86
-- Other Visits	1	0	0	0	0	0	0						1	22
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	24	32	47	24	31	32	18						208	331
# of Amendments to IFSPs Completed	13	23	15	25	11	24	8						119	165
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Feeding	0	1	0	1	0	0	3							
-- Nutrition	0	0	0	0	0	0	0							
-- Occupational Therapy	1	2	3	1	1	0	0							
-- Physical Therapy	0	1	1	2	1	1	2							
-- Social Work	1	1	1	0	0	0	0							
-- Special Education	0	0	2	2	0	2	2							
-- Speech Therapy	6	6	8	15	12	6	11							
# of Supplemental Evaluations Pending	6	9	10	5	5	6	9	0	0	0	0	0		
Type:														
-- Audiological	0	0	0	0	0	0	1							
-- Developmental Pediatrician	2	1	0	2	2	2	2							
-- Diagnostic Psychological	0	1	0	1	0	0	0							
-- Feeding	1	1	1	1	1	1	0							
-- Physical Therapy	0	0	0	1	0	1	1							
-- Speech	0	2	0	0	0	0	3							
-- Occupational Therapy	3	4	3	0	2	2	2							
-- Other	0	0	0	0	0	0	0							

**Children with Special Care Needs Division
Statistical Highlights 2021**

EARLY INTERVENTION PROGRAM

Services and Evaluations Pending & Completed (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
# of Supplemental Evaluations Completed	6	6	8	10	3	7	9	0	0	0	0	0	49	93
Type:														
-- Audiological	0	0	0	0	0	0	3							27
-- Diagnostic Psychological	0	0	1	1	0	0	0							9
-- Developmental Pediatrician	0	0	2	0	0	1	0							3
-- Feeding	0	1	0	2	1	2	0							11
-- Occupational Therapy	5	3	4	5	1	2	2							22
-- Physical Therapy	0	0	0	2	1	0	1							9
-- Speech Therapy	1	2	1	0	0	2	3							12
-- Other	0	0	0	0	0	0	0							0
Diagnosed Conditions														
Autism Spectrum														
-- Children currently diagnosed:	0	1	0	0	0	1	2							
-- Children currently suspect:	2	2	3	5	9	8	13							
Children with 'Other' Diagnosis														
-- Brain Anomalies	0	0	0	1	2	2	0							
-- Cardiac Anomaly	0	0	0	1	1	1	0							
-- Cerebral Palsy (CP)	0	1	1	4	3	3	3							
-- Cri Du Chat	1	1	1	1	1	1	1							
-- Chromosome Abnormality	1	1	0	2	2	0	2							
-- Cleft Lip/Palate	1	1	2	2	1	2	2							
-- Club Foot	0	0	0	2	0	2	0							
-- Down Syndrome	1	1	2	2	1	2	2							
-- Epilepsy	1	0	0	1	0	2	2							
-- Failure to Thrive	0	1	0	0	0	1	1							
-- Feeding Difficulties	15	10	16	18	17	21	18							
-- Food Protein Induced Enterocolitis Syndrome (FPIES)	1	1	1	1	0	0	1							
-- GERD	3	1	4	4	4	4	5							
-- Hearing Loss	1	1	1	1	1	1	1							
-- Hydrocephalus	0	0	0	1	2	2	2							
-- Hydronephrosis	0	0	0	0	1	1	1							
-- Hyper-IgD Syndrome	1	1	1	1	1	1	1							
-- Hypotonia	2	4	5	5	5	4	6							
-- Prematurity	4	1	4	4	4	5	3							
-- Seizure Disorder	0	0	0	0	2	0	0							
-- Spina Bifida	1	1	1	1	2	2	1							
-- Strabismus	0	0	0	1	1	0	2							
-- Torticollis	1	1	2	1	1	1	0							

**Children with Special Care Needs Division
Statistical Highlights 2021**

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
-- To CPSE	0	1	0	1	1	0	0							64
-- Aged out	1	4	1	1	0	1	2							24
-- Declined	4	2	0	2	0	4	5							34
-- Skilled out	2	0	3	1	5	7	3							8
-- Moved	2	1	0	1	0	2	2							24
-- Not Eligible	5	5	10	6	8	6	7							69
-- Other	2	1	0	2	0	1	1							18
Total Number of Discharges	16	14	14	14	14	21	20	0	0	0	0	0	113	241
Child Find														
Total # of Referrals	0	0	1	0	2	0	0						3	6
Total # of Children in Child Find	1	1	1	1	2	2	1							
Total # Transferred to Early Intervention	0	0	0	0	0	0	0						0	1
Total # of Discharges	0	0	0	0	1	0	0						1	10

**Children with Special Care Needs Division
Statistical Highlights 2021**

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
Children per School District														
-- Ithaca	119	120	126	128	132	132	111							
-- Dryden	58	60	64	64	63	64	43							
-- Groton	37	38	38	37	38	38	18							
-- Homer	1	1	1	1	1	1	0							
-- Lansing	20	20	21	20	20	20	15							
-- Newfield	10	11	12	13	14	15	6							
-- Trumansburg	9	10	12	13	15	15	12							
-- Spencer VanEtten	1	1	1	1	1	1	0							
-- Newark Valley	0	0	0	0	0	0	0							
-- Odessa-Montour	0	0	0	0	0	0	0							
-- Candor	0	0	0	0	0	0	0							
-- Moravia	0	0	0	0	0	0	0							
-- Cortland	0	0	0	0	0	0	0							
Total # of Qualified and Receiving Services	255	261	275	277	284	286	205	0	0	0	0	0		

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Services /Authorized by Discipline														
-- Speech Therapy (individual)	173	182	174	183	181	180	108							
-- Speech Therapy (group)	5	6	6	10	6	6	1							
-- Occupational Therapy (individual)	55	53	62	64	66	68	45							
-- Occupational Therapy (group)	2	2	2	2	2	2	0							
-- Physical Therapy (individual)	25	23	25	28	32	33	27							
-- Physical Therapy (group)	0	0	0	0	0	0	0							
-- Transportation														
-- Birnie Bus	26	27	28	28	29	29	25							
-- Dryden Central School District	8	8	8	7	7	7	0							
-- Ithaca City School District	28	25	28	28	26	26	26							
-- Parent	10	9	10	10	10	10	9							
-- Service Coordination	32	31	35	35	38	38	25							
-- Counseling (individual)	45	44	50	49	54	52	41							
-- 1:1 (Tuition Program) Aide	2	2	2	2	3	3	6							
-- Special Education Itinerate Teacher	24	27	29	30	35	35	29							
-- Parent Counseling	32	34	37	40	46	46	31							
-- Program Aide	0	1	1	3	3	3	1							
-- Teaching Assistant	0	0	0	0	0	0	0							
-- Audiological Services	2	2	2	2	2	2	1							
-- Teacher of the Deaf	3	3	3	3	3	3	2							
-- Music Therapy	0	0	0	0	0	0	0							
-- Nutrition	5	6	8	8	9	9	9							
-- Skilled Nursing	0	0	0	0	0	0	0							
-- Interpreter	1	1	1	1	1	1	1							
Total # of children rcvg. home based related svcs.	183	191	199	201	209	211	145							

ENVIRONMENTAL HEALTH HIGHLIGHTS July 2021

Outreach and Division News:

CDBG Funds for OWTS: Environmental Health has been awarded a \$855,000 grant request submitted earlier this year that will fund replacement Onsite Wastewater Treatment Systems (OWTS) for low-moderate income households in Tompkins County. The funds come from the NYS Office of Homes and Community Renewal (HCR) Community Development Block Grant (CDBG) program for New York State. The grant will fund 100% of the replacement cost of septic systems for qualifying homeowners over a two-year period. It is estimated that 51 systems will be funded through this program. Average cost of OWTS repairs is more than \$13,000. To qualify, household income must be at or below 80% of Area Median Income (AMI) based on household size - \$61,680 for a family of three - and the existing OWTS must be either failed, impacting a drinking water well, have no records, or be otherwise in need of replacement. Before we can start the program, the County Legislature must approve acceptance of these funds. This should happen in mid-August. After that an RFP will be issued to find a consultant to oversee the administrative aspects of the program. We will be announcing this program to the public later this year.

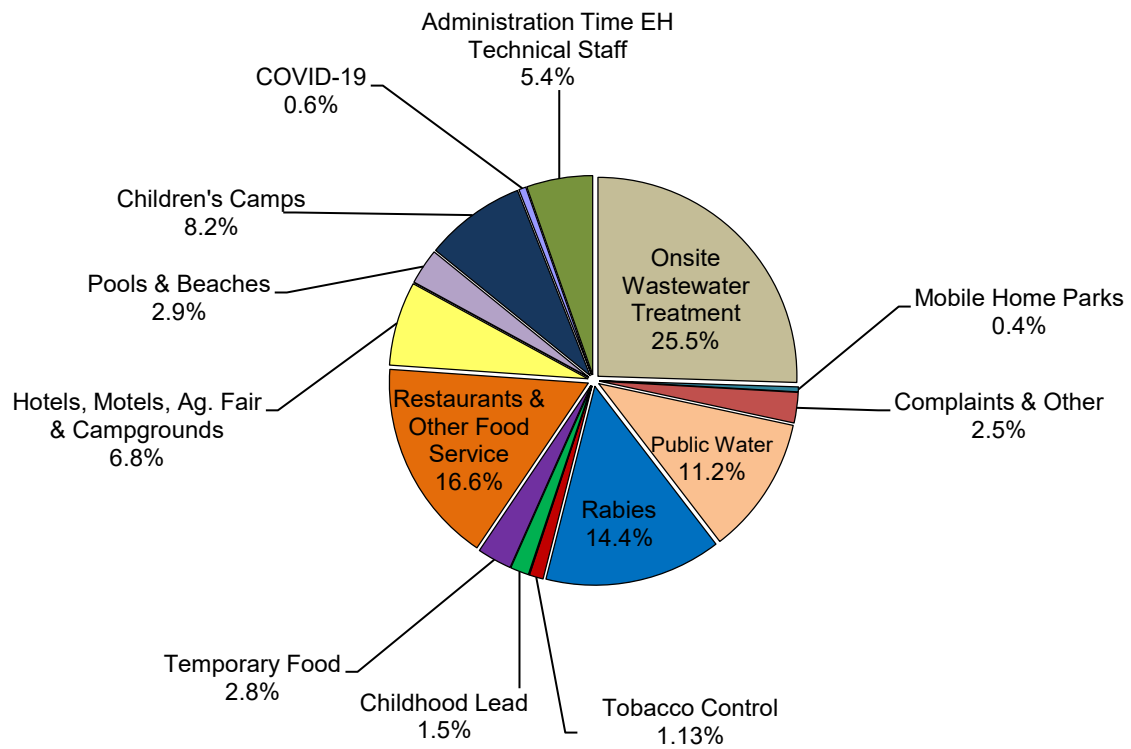
Finger Lakes GrassRoots Concert Series: Because of the COVID pandemic, GrassRoots was not able to hold their usual Festival in late July. Instead, they held a concert series in July with concerts on Friday and Saturday evenings and a longer concert series from July 23-25. GrassRoots worked with EH as they planned for these events to be held in compliance with NYS COVID requirements for gatherings. They adjusted to the changing COVID requirements, initially requiring vaccination or a recent COVID test for attendees with a pod-based format. When NYS rescinded those requirements in June prior to the concert series, EH was no longer involved in oversight of the concert series, and, when a storm damaged their main stage, GrassRoots changed to a general admission format.

GrassRoots offered camping on the weekends during the concert series and needed to obtain camping permits from EH. They offered a much smaller number of sites for camping at Across The Way than they do during the Festival. During the inspection, difficulties were encountered related to campsite layout and their water supply. GrassRoots had stated that they were not going to have camping at the fairgrounds but changed their mind and submitted a campground application 3 days prior to wanting to operate. The NYS code requires that permit applications be received 30 days in advance. EH will be discussing these issues with the Board of Health at a future meeting.

Hydrilla: Hydrilla was found in three different locations in the south end of Cayuga Lake, as well as in Cayuga Inlet and Fall Creek, in 2020. The infestations in the southwest corner of the lake, off the shore of Stewart Park, and in the Finger Lakes Marine Service marina are all being treated weekly with the herbicide Fluridone. The hydrilla in Cayuga Inlet and Fall Creek are also being treated with Fluridone. These treatments began the week of June 21st in Fall Creek, June 28th in Cayuga Lake and Inlet, and July 5th at the Finger Lakes Marine Service and will each last for 10 weeks. As in previous years, water quality monitoring will take place and the results will be posted to the County website. The Army Corps of Engineers (ACOE) will continue to fund and manage the applications in Cayuga Lake and Inlet and Fall Creek, while the Hydrilla Local Task Force will do so for the marina location.

EH Programs Overview:

Staff Time in Environmental Health Programs - July 2021



Division of Environmental Health
Summary of Activity (2021)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2020 Totals
FOOD PROTECTION PROGRAM - Restaurants & Other Food Service														
<i>Permitted Operations (~500 Permitted Operations*)</i>														
Inspections & Site Visits**	16	12	78	96	93	89	87						471	376
Critical Violations	11	5	6	14	11	24	12						83	79
Other Violations	13	5	26	35	30	25	18						152	171
Plans Approved	2	1	2	4	0	1	2						12	7
Complaint Investigations	0	0	1	2	2	2	1						8	14
<i>Temporary FSE (375 Estimated Operations)</i>														
Permits Issued	0	0	3	2	3	3	9						20	35
Inspections & Site Visits**	0	0	0	0	0	0	0						0	8
Critical Violations	0	0	0	0	0	0	0						0	5
Other Violations	0	0	0	0	0	0	0						0	0
MOBILE HOME PARKS (41 Permitted Operations, 2025 Lots*)														
Inspections & Site Visits**	0	2	3	1	0	0	0						6	3
Critical Violations	0	0	0	0	0	0	0						0	0
Other Violations	0	1	0	0	0	0	0						1	0
Complaint Investigations	0	0	0	0	1	3	0						4	1
TEMPORARY RESIDENCES - Hotels & Motels (34 Permitted Operations, 2023 Rooms*)														
Inspections & Site Visits**	2	0	0	3	4	6	2						17	16
Critical Violations	0	0	0	4	0	0	2						6	7
Other Violations	0	0	0	1	8	5	0						14	59
Complaint Investigations	1	0	0	2	1	0	0						4	1
MASS GATHERING (Fingerlaks GrassRoots Festival)														
Inspections & Site Visits**	0	0	0	0	0	0	0						0	0
Critical Violations	0	0	0	0	0	0	0						0	0
Other Violations	0	0	0	0	0	0	0						0	0
Complaint Investigations	0	0	0	0	0	0	0						0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (13 Operations, 1042 Sites*)														
Inspections & Site Visits**	0	0	0	3	6	6	14						29	12
Critical Violations	0	0	0	0	0	1	1						2	1
Other Violations	0	0	0	4	1	2	6						13	2
Complaint Investigations	0	0	0	0	0	0	0						0	1
CHILDREN'S CAMPS (22 Operations)														
Inspections & Site Visits**	0	0	0	0	2	1	11						14	8
Critical Violations	0	0	0	0	0	0	0						0	0
Other Violations	0	0	0	0	0	0	0						0	0
Injury/Illness Investigations	0	0	0	0	0	0	0						0	0
Complaint Investigations	0	0	0	0	0	0	1						1	0
SWIMMING POOLS & BATHING BEACHES - (58 Operations*)														
Inspections & Site Visits**	10	3	8	4	11	18	25						79	94
Critical Violations	1	0	1	0	2	1	5						10	15
Other Violations	2	0	9	2	7	10	11						41	78
Injury/Illness Investigations	0	0	0	0	0	0	0						0	0
Complaint Investigations	0	0	0	0	0	0	0						0	0
PUBLIC WATER SYSTEMS (PWS) 91 Community PWS, 59 Other PWS*)														
Inspections & Site Visits**	1	0	1	4	4	3	6						19	68
Boil Water Orders Issued	0	0	0	0	0	1	0						1	6
Disinfection Waivers (Total)	20	20	20	20	20	20	20						n/a	21
Complaint Investigations	0	0	0	0	0	0	0						0	0

Division of Environmental Health
Summary of Activity (2021), cont'd

ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
Permits Issued	11	4	15	35	30	15	28	0	0	0	0	0	138	227
New Construction/Conversions	6	4	4	18	13	8	11						64	152
Replacements	5	0	11	17	17	7	17						74	119
Completion Certificates Issued	9	4	6	19	19	19	18	0	0	0	0	0	94	205
New Construction/Conversions	5	3	3	10	8	7	6						42	90
Replacements	4	1	3	9	11	12	12						52	115
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0	0	0	0	0	1	0						1	3
OWTS	4	0	1	2	2	0	4						13	27
Collector Sewer	0	0	0	0	0	0	0						0	1
Public Water Systems	0	0	1	1	1	1	0						4	2
Water Main Extension	0	0	1	0	1	1	1						4	6
Cross-Connection Control Devices	0	2	0	0	1	2	0						5	15
Other Water System Modification	0	1	1	0	0	0	0						2	2
Other Engineering Reviews	0	0	0	0	0	0	0						0	2
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	18	18	30	23	37	71	68						265	516
Human Post-X Treatments	4	4	4	1	9	26	21						69	128
Animal Specimens Tested	4	7	9	6	12	33	17						88	199
Animals Testing Positive	1	0	0	0	1	1	0						3	11
Rabies Clinics Offered	0	0	0	1	1	0	0						2	4
Dogs Vaccinated	0	0	0	123	103	0	0						226	486
Cats Vaccinated	0	0	0	82	65	0	0						147	295
Ferrets Vaccinated	0	0	0	0	0	0	0						0	4
Pet Quarantine	0	0	0	0	0	0	0						0	2
CHILDHOOD LEAD PROGRAM														
Children with Elevated Blood Lead Levels	1	0	0	1	0	1	0						3	18
Sites Inspected	1	0	0	1	0	0	0						2	19
Abatement Completed	0	0	0	0	0	0	0						0	0
Lead Assessments Sent	1	0	0	0	0	0	0						1	5
FOIL REQUESTS														
Total Received	10	6	1	2	1	6	3						29	46
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (55 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	5	1	1	3	14	1	0						25	78
Violations	1	1	0	0	0	0	0						2	2
CIAA Complaints	0	1	1	2	1	0	0						5	2
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	1	1	0	5	5	6	5						23	44
ENFORCEMENT ACTIONS														
Total Cases	0	0	1	1	1	0	0						3	14
Cases Related to FSE	0	0	1	0	0	0	0						1	5
BOH Penalties Assessed	\$0	\$0	\$500	\$550	\$500	\$0	\$0						\$1,550	\$11,300
BOH Penalties Collected	\$0	\$0	\$1,900	\$0	\$0	\$0	\$0						\$1,900	\$10,500
CUSTOMER SERVICE/SUPPORT														
Calls Received	1035	802	1148	1223	1052	1104	924						7288	12513
Walk-In Customers	15	17	25	40	30	44	51						222	298
TCEH Emails Received	1334	685	512	545	380	469	390						4315	5694
Applications Processed	58	131	169	168	137	124	108						895	1363
Payment Receipts Processed	43	122	140	128	99	89	81						702	1160
Renewals/Billings Sent	112	152	23	132	40	32	95						586	861

* As of 1/1/2021

** Includes Pre-op, Inspection, Re-inspection, HAACP, Field Visits, Sanitary Surveys

Food Program Detailed Report:

The results of food service establishment inspections conducted in Tompkins County can be viewed directly on the Environmental Health website (<http://www.tompkinscountyny.gov/health/eh/food/index>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest.

The following plans were approved this period:

- A Burger Shack, V-Groton
- CU - Crossing Cafe, C-Ithaca
- CU - Morrisson Dining Hall, C-Ithaca
- CU - Morrisson Dining Hall Catering, C-Ithaca
- Rashida Sawyer Bakery

New permits were issued for the following facilities:

- Ithaca Beer – Collegetown
- Kentucky Fried Chicken Restaurant

Boil Water Orders (BWOs):

New:

- None in July

Continuing:

- The BWO issued on 10/25/19 remains in effect for Hanshaw Village Mobile Home Park, T-Dryden. Engineering plans have been received and reviewed by TCHD to address treatment issues with the system. The park has been given a deadline of April 15th to complete the required modifications to the system to release the BWO. The boil water order will remain in effect until modifications have been made.
- The BWO issued on 10/20/20 remains in effect for Blue Waters Apartment, T-Dryden. The owner has not been responsive to addressing the issue. TCHD staff reached out to Code Enforcement and learned that tenants have been vacated in one of the buildings due to structural issues. The BWO remains in effect for the tenants living in the other building which is no longer considered a public water system due to the number of service connections.

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
4/27/21	Vape Dragons	Vape Dragons LLC	Flavored vapor products offered for sale in violation of NYS Public Health Law	\$550 (Original Check rec'd 6/2/21)	Penalty Due	Penalty payment received did not clear. Notice sent on 6/24/21 requesting money order with additional \$20 fee. Awaiting payment.



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

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

August 5, 2021

Sean and Jennifer Whittaker
300 Portland Point
Lansing, NY 14882

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-21-0005
RaNic Adventure Camp, T-Ithaca**

Dear Sean Whittaker:

Thank you for signing the Stipulation Agreement on July 26, 2021, for the RaNic Adventure Camp. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 24, 2021**.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 by Friday, August 20, 2021, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org by August 20, 2021. The meeting will also be broadcast through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UckpJNVbpLLbEbhoDbTIEgSQ> .

Sincerely,

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

Enclosure (s) – Draft Resolution and Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\CHILDRENS CAMPS (CC)\Facilities (CC-4)\RaNic Country Club Camp\Draft Res 21-0005.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
CEO T-Ithaca; Shawna Black, TC Legislature; TCHD: Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E.,
Director of EH; Kristee Morgan; Skip Parr; Rene Borgella; Brenda Coyle
scan: Signed copy to Accela

DRAFT RESOLUTION # EH-ENF-21-0005 FOR

**RaNic – Adventure Camp
Sean Whittaker, Owner/Operator
189 Pleasant Grove Road, T-Ithaca
Ithaca, NY 14850**

Whereas, owners and operators of children’s camps are required to comply with Subpart 7-2 of the New York State Sanitary Code (NYSSC); **and**

Whereas, Subpart 7-2 of the NYSSC states no person shall operate a children’s camp without a permit to do so from the permit-issuing official and that an application for a permit to operate a children’s camp shall be made at least 60 days before the first day of operation; **and**

Whereas, on July 6, 2021, an application for the operation of a children’s camp was received by the Tompkins County Health Department (TCHD). The TCHD was unable to issue an operating permit to RaNic due to unresolved issues with proposed camp operations; **and**

Whereas, on July 12, 2021, TCHD staff performed a field visit to RaNic and observed the children’s camp to be in operation; **and**

Whereas, on July 13, 2021, RaNic submitted additional information to the TCHD and a permit to operate RaNic Adventure Camp was issued; **and**

Whereas, Sean Whittaker, Owner/Operator, signed a Stipulation Agreement with Public Health Director’s Orders on July 26, 2021, agreeing that RaNic Adventure Camp violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Sean Whittaker, Owner/Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, due by **October 15, 2021**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit an application for a permit to operate a children’s camp **at least 60 days prior to opening; and**
3. Comply with all the requirements of Subpart 7-2 of the NYSSC.



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/ch

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

STIPULATION AGREEMENT AND ORDERS # EH-ENF-21-0005

**RaNic – Adventure Camp
Sean Whittaker, Owner/Operator
189 Pleasant Grove Road, T-Ithaca
Ithaca, NY 14850**

I, Sean Whittaker, as a representative for RaNic – Adventure Camp, agree that the RaNic Adventure Camp is in violation of Subparts 7-2.4 and 7-2.4(c) of the New York State Sanitary Code (NYSSC) for not submitting an application for a permit to operate a children’s camp at least 60 days prior to opening, and for operating a children’s camp without a permit.

I agree to pay a penalty not to exceed \$400 for these violations following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Submit an application for a permit to operate a children’s camp **at least 60 days prior to opening; and**
2. Comply with all the requirements of Subpart 7-2 of the NYSSC.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: _____

Date: _____

7/26/21

Sean Whittaker is hereby ordered to comply with these Orders of the Public Health Director.

Signed: _____

Date: _____

7/28/21

Brenda Ginnard Crish
for Frank Kruppa
Public Health Director

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

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

CASE SUMMARY – FOR RESOLUTION # EH-ENF-21-0005

**RaNic – Adventure Camp
Sean Whittaker, Operator
189 Pleasant Grove Road
Ithaca, NY 14850**

August 2021

Date	Action
07/26/2021	Signed stipulation agreement received by TCHD.
07/21/2021	Stipulation agreement sent to RaNic and an office conference was scheduled for 8/4/21.
07/13/2021	TCHD issued a permit to operate to RaNic Adventure Camp.
07/12/2021	TCHD staff conducted a field visit to RaNic and observed the children’s camp to be in operation. The Director was not present, staff spoke with the facility owners during the visit. Additional paperwork was received and guidance from New York State was provided to TCHD allowing the camp to begin operation with a variance from the NYSSC.
07/06/2021	Children’s camp permit application received by TCHD. After receiving the application and beginning the review, several issues were identified by TCHD. TCHD sought clarification from the Camp Director but the issues were not resolved prior to scheduled start date of the camp on 7/12/21.
06/22/2021	E-mail received by TCHD from Robin Tobin (camp director) with questions regarding collection of camper vaccination history records. TCHD answered the question and again asked when camp would be starting.
05/24/2021	RaNic representative e-mailed required clearance form for Robin Tobin to the TCHD and stated more information would come that afternoon. TCHD e-mailed response asking for camp start date and stated that the permit application takes several weeks to complete which is why the 60-day application requirement is in place. No further communication received until June 22, 2021.
03/30/2021	At the request of RaNic, TCHD provided children’s camp permit paperwork to Robin Tobin for RaNic Adventure Camp. TCHD staff subsequently met Robin Tobin for a walk-through of the proposed camp space.



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

ENVIRONMENTAL HEALTH DIVISION
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Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED, REGULAR, & ELECTRONIC MAIL

August 16, 2021

Kristin Harrington
441 Iradell Road
Trumansburg, NY 14886

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-21-0004
The Clubhouse Grille, V-Trumansburg**

Dear Kristin Harrington:

Thank you for signing the Stipulation Agreement on July 20, 2021 for the Clubhouse Grille. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 24, 2021.**

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 by Friday, August 20, 2021, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org by August 20, 2021. The meeting will also be broadcast through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ> .

Sincerely,

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

Enclosure (s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Clubhouse Grille\Enforcement\Draft Res 21-0004.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
Town of Ulysses CEO; Anne Koreman, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

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

DRAFT RESOLUTION # EH-ENF-21-0004 FOR

**The Clubhouse Grille
Kristin Harrington, Owner/Operator
23 Halsey Street
Trumansburg, NY 14886**

Whereas, the Owner/Operator of a Food Service Establishment must comply with the regulations established under Subpart 14-1 of the New York State Sanitary Code; **and**

Whereas, this subpart requires a Food Service Establishment Permit to operate a Food Service Establishment; **and**

Whereas, on July 1, 2021, Tompkins County Health Department staff observed The Clubhouse Grille open to the public for food service without a valid permit issued by the Tompkins County Health Department; **and**

Whereas, Kristin Harrington, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on July 20, 2021, agreeing that The Clubhouse Grille violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Kristin Harrington, Owner/Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due by October 15, 2021**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit required workers compensation and disability insurance certification forms immediately (*Completed 7/20/21*); **and**
3. Submit a complete renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation; **and**
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

July 7, 2021

Dear Kristin



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

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

STIPULATION AGREEMENT AND ORDERS # EH-ENF-21-0004

**The Clubhouse Grille
Kristin Harrington, Owner/Operator
23 Halsey Street
Trumansburg, NY 14886**

I, Kristin Harrington, as a representative for the Clubhouse Grille, agree that on July 1, 2021, Clubhouse Grille was in violation of Subpart 14-1 of the New York State Sanitary Code for operating a food service establishment without a valid permit.

I agree to pay a penalty not to exceed \$400 for this violation following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Submit required workers compensation and disability insurance certification forms immediately; and
2. Submit a complete renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation; and
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: Date: 7/20/2021

Kristin Harrington is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Date: 8/13/21
Frank Kruppa
Public Health Director

Impress County Dept of Health

8/1/21

Re: Strip Bar: Kristic Morgan
Re: Stipulation Agreement.

I am writing this letter in hopes you will find I apologize for any and all inconvenience this has caused. For 9 seasons I have held the Lease and Liquor License at the Turnersburg Golf Course / clubhouse (aka: Kristic Morgan has been an amazing resource through out Covid and prior to that. With the Board of Directors changing frequently, there have also been many changes to how the restaurant can improve. Keep in mind please when I opened in 2013 sales have increased each year. With 2019/2020 which obviously impacted everyone. Throughout these years I have been compliant in all aspects.

Disability, Workers Comp. Lic. License 3 Board,
Insurance; required documents per Governor
During Covid.

NYST was the original company
handling my Workers Compensation.

In 2019/20 I switched to

Hartford - NYST then retracted

the full amount of my deposit.

Paid in January of 2019.

My apologies for the lengthy explanation...

This is when at the time

we Payne/Sedgwick/Henry first

Management through the NYSTH

was merging. There was

miscommunication and not recently

the in ability to use my email

address I was used for

15 yrs.

During this time I have had

Mail stolen. (I can provide Police

documentation) The reason of

my home compromised as well as my

cell phone. I can provide documentation

for all events or letters from

UTC, Verizon etc...

We are so proud of the Clubhouse
Grille and I truly love
the environment we have created.
Safe, Fun, Clean and Relaxing.

Please consider all factors when
making your decision.

I truly appreciate & rely on
TCEH. The support, information,
price, & service all that
guided us through a difficult time and
continue to do so. I will re-establish
and create a login on the website.
After all technical issues have been
resolved.

Thank you for your time & dedication.
Please reach out if you would
like documentation as listed
above. I can bring this
directly to the Health Department
Office.

Sincerely,

Kevin Harrington LLC
P.O. Clubhouse Grille
720 320 0604 W1

607 209 4220 Restaurant (this # was changed
in Dec 22 for Covid)

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

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

CASE SUMMARY – FOR RESOLUTION # EH-ENF-21-0004

**The Clubhouse Grille
Kristin Harrington, Operator
23 Halsey Street
Trumansburg, NY 14886**

August 2021

Date	Action
07/20/2021	TCHD issued operating permit to The Clubhouse Grille.
07/20/2021	Proof of Disability Insurance Received by TCHD.
07/06/2021	Proof of Workers' Compensation Insurance Received by TCHD.
07/01/2021	TCHD conducted a field visit to Clubhouse Grille and observed the facility to be in operation.
06/30/2021 and 7/01/2021	TCHD called operator and left a voicemail to inform her that we had not yet received the insurance forms required to complete her application and that her current permit expired 6/30/2021. TCHD noted that if the application was not completed the permit could not be renewed and if the facility operated after 6/30/2021 they would be operating without a permit. No return calls received.
06/30/2021	Permit application form, \$50.00 late fee, \$50.00 expediting fee and \$375.00 permit fee received by TCHD. Operator stated insurance forms would be e-mailed to TCHD.
06/29/2021	TCHD staff spoke with Kristin Harrington, operator stated she would be in the next day with the application
06/23/2021	TCHD staff spoke with Kristin Harrington regarding the need to submit the application and the additional fee that would be assessed if the application was not received prior to 6/25/2021.
06/07/2021	Late notice mailed and emailed requiring completed application, permit fee and late filing fee to be submitted by June 30, 2021. Notice stated that facility must remain closed until a permit is obtained.
05/26/2021	E-mail received at TCHD from operator stating they were aware of June 1, 2021, deadline and would be submitting the paperwork.
04/30/2021	Renewal notice sent requiring completed application and permit fee to be submitted by June 1, 2021.
Inspection Summary	
05/12/2021	Inspection by TCHD. No violations were observed.
08/30/2019	Inspection by TCHD. No violations were observed.
06/06/2018	Inspection by TCHD. No violations were observed.
06/20/2017	Inspection by TCHD. No violations were observed.
06/27/2016	Inspection by TCHD. No violations were observed.
04/25/2013	Permit to operate the Clubhouse Grille issued to Kristin Harrington.