

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, August 23, 2022
12:00 Noon
Via Zoom

Live Stream at Tompkins County YouTube Channel:

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

- 12:00 I.** Call to Order
- 12:01 II.** Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)
- 12:04 III.** Approval of the July 26, 2022 Minutes (2 mins.)
- 12:06 IV.** Financial Summary (9 mins.)
- 12:15 V.** Reports (15 mins.)
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|-------------------------------|----------------------------------|
| Administration | Children with Special Care Needs |
| Health Promotion Program | County Attorney’s Report |
| Medical Director’s Report | Environmental Health |
| Division for Community Health | CSB Report |
- 12:30 VI.** New Business
- 12:30 Environmental Health (10 mins)**
Enforcement Action:
1. Resolution #EH-ENF-22-0024 – Econo Lodge, V-Lansing, Violation of Subpart 7-1 of New York State Sanitary Code (Temp. Residence) (5 mins.)
 2. Resolution #EH-ENF-22-0026 – Country Inn & Suites, T-Ithaca, Violations of Subpart 6-1 and of BOH Orders #EH-ENF-21-0014 (Pool) (5 mins.)
- 12:40 Administration (10 mins.)**
Discussion/Action:
1. Quality Improvement (10 mins.) – Bylaw review/update
- 12:50 Adjournment**

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MINUTES

**Tompkins County Board of Health
July 26, 2022
12:00 Noon
Virtual Meeting via Zoom**

Present: Edward Koppel, MD; David Evelyn, MD; Melissa Dhundale, MD; Susan Merkel; Shawna Black; and Samara Touchton and Ravinder Kingra

Staff: Brenda Grinnell-Crosby, Public Health Administrator; Liz Cameron, Director of Environmental Health; Claire Espey, Director of Community Health; William Klepack, MD, Medical Director; Skip Parr, EH; Ted Schiele, HPP; Shannon Alvord, Community Health; Rachel Buckwalter, Community Health; Rachel Buckwalter, Community Health; Michelle Hall, WIC; Dillon Shults, EH; and Karan Palazzo, LGU Administrative Assistant

Excused: Christina Moylan, Ph.D., President;

Guests: Alea Albadeh, Owner of Zaza Exotic Market, Inc.

Call to Order: Dr. Moylan was not in attendance and Ms. Merkel called the regular meeting of the Board of Health (BOH) to order at 12:00 p.m.

Privilege of the Floor: Alea Albadeh, Owner of Zaza Exotic Market, Inc. was in attendance. He stated that he was unaware of the ticket (draft resolution) and only received the notice this morning from his staff. He acknowledged proof from TCHD of the nicotine flavored products for sale in his store and they have now been removed. He stated that he is confused on this topic and needed clarification on the process. Ms. Cameron explained the standard procedure including, notices, stipulation of agreement, the notice for a hearing and today's meeting where the BOH will review the recommendations from Environmental Health and the resolution will be put to a vote.

Approval of the June 28, 2022 Minutes: Mr. Kingra moved to approve the minutes of the June 28, 2022 meeting as written; seconded by Dr. Koppel. The vote to approve the June 28, 2022 meeting minutes as written was unanimously approved; motion carried.

Financial Summary: Ms. Grinnell Crosby referred to the financial summary included in the packet with nothing to add. Ms. Grinnell Crosby said that they are preparing to file quarterly claims and second quarter state aid. The legislature passed the \$2.3 million in revenue to cover COVID sampling costs and as of June \$1.1 million has been paid.

Administration Report: Mr. Kruppa was not present, and Ms. Grinnell Crosby reported on his behalf. She said that Mr. Kruppa wanted to remind Board members to confirm their attendance with Ms. Palazzo for the BOH meeting on August 23, 2022 to ensure a quorum as the bylaws will be presented for a vote.

Health Promotion Program Report: Mr. Schiele reported on Ms. Hillson's behalf and had nothing new to add to the report included in the package. Mr. Schiele shared that a booster clinic will be held at Lifelong on Wednesday, August 10th from 2-6 pm for those 18 years and older. Registration is required by dialing 211 or online at <https://www.tompkinscountyny.gov/health/covid19popup#lifelong-aug10>. The Community Health Survey is still available and has received over 3,000 responses/clicks.

Medical Director's Report and Discussion:

- Monkey Pox
 - The one locally identified case is consistent with NYC area cases
 - Intimate contact is a key point and transmission is possible for heterosexuals and pregnancies
 - Several press releases have gone out detailing the risk factors, advisability of early diagnosis, and vaccine treatment
 - TCHD partners with Cornell and area practitioners including Planned Parenthood to reinforce the message
 - The World Health Organization recently declared Monkey Pox a global emergency

- COVID 2022
 - BA 2.5 variant is prevalent but not at its peak
 - Getting fully boosted and further boosters is recommended as more variants are likely
 - Expect new vaccines and better medications.
 - Vaccinate at every opportunity
 - The under 11-year-old age group has poor uptake (especially < 5 y/o)
 - TCHD can supply practitioners with doses appropriate for their practice volume
 - Vaccination is helpful in the effort to minimize spread

- High Environmental Temperatures
 - Are a major public threat causing significant illness and deaths

Division for Community Health (DCH) Report: Ms. Espey had nothing new to add to her written report included in the packet. She said that with the recent overturning of Roe vs. Wade and with respect to maternal child health programming, DCH shares information and resources with public health service providers in navigating the changes and what it might mean to them. The information can be found on the TCHD Community Health Services website link under reproductive health resources.

Ms. Buckwalter was available to answer questions related to Monkey Pox. Dr. Koppel asked if the vaccines are available now. Ms. Buckwalter agreed with Dr. Klepack who said that when someone fits the profile for the vaccine, NYSDOH will release the vaccine in appropriate circumstances. Ms. Buckwalter added that they have received calls looking for the *pre-exposure* vaccines which are only allocated for high-risk and close contacts determined during the course of a case investigation. The single case quickly identified in Tompkins County prevented secondary spread and identified no local close contacts.

Children with Special Care Needs Report: Ms. Thomas was not present.

County Attorney's Report: Mr. Troy reported that the GrassRoots Festival went forward without a permit over the weekend and was out of compliance in significant ways. The ongoing issues will be addressed.

Environmental Health Report: Ms. Cameron had nothing to add to the written report included in the packet but noted a date revision to the Valley Manor draft resolution. She confirmed Mr. Troy's report that GrassRoots was not issued a permit for the festival. EH conducted inspections during the festival for general safety and will bring enforcement to the BOH.

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GrassRoots discussion: Ms. Black is concerned with Grassroots' future actions regarding people's safety and their compliance. Ms. Cameron said that they will review options with County Attorney, Bill Troy and

NYSDOH on how to proceed. She said that timelines and deadlines were put in place this year (in Resolution #EH-ENF-21-0011) but GrassRoots failed to comply. Mr. Troy stressed that the county takes this very seriously and it will be discussed with NYSDOH to come up with a plan to ensure their compliance and people's safety.

Ms. Cameron reported that experienced, former environmental health employee, Kate Walker, recently returned to Environmental Health as an Environmental Health Specialist (EHS). Tom Palmer, who has environmental health experience with Chemung County, was also recently hired as an EHS. It is exciting to have two experienced people to add to our EH staff.

Community Mental Health Services Board (CSB) Report: Ms. Ayers-Friedlander reported:

- "Tompkins County Whole Health" is the tentative new name for the merged departments
- CSB, Chairperson, Dr. Maria Morog resigned
- Reviewed status of 2022 local services plan
- Update of Suicide Prevention Coalition's work
- Presentation from Josephine Gibson, Executive Director of Mental Health Association for an OTR to help fund the development of a peer-based drop-in center (CSB approved)
- Discussed bylaws to be consistent with both boards focusing on quorums, term limits, and attendance rules

Resolution # EN-ENF-22-0010 – ZaZa's Exotic, C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product (ATUPA) Dr. Evelyn moved to accept the resolutions as written; seconded by Mr. Ravinder.

Ms. Cameron explained that this ATUPA violation is a case where the parties did not sign the stipulation agreement and a hearing was held. She noted that the notice of hearing and stipulation agreement regarding the sale of flavored nicotine products in the store was hand delivered, as well as being delivered by certified and electronic mail. There was no representation from ZaZa Exotic at the hearing. The hearing officer supports EH's proposed fine of \$600.

Discussion: Ms. Black commented that ZaZa's Exotic is an establishment known to many public-school children as a place to purchase flavored nicotine products. She said that EH is encouraged to diligently seek out these illegal products and enforce heavy fines and penalties to these establishments. Ms. Merkel asked how the public could be made aware of these businesses. Mr. Schiele suggested press releases going out and the TCHD website will be updated with the businesses with ATUPA violations.

Dr. Klepack added that this is a serious matter as addiction begins in adolescence and flavored nicotine/products is a great avenue to build their market for these businesses. He believes strong public messaging is important and effective in highlighting the truths (health risks, deaths, consequences including amputations, addictiveness, etc.) of flavored nicotine products.

Ms. Cameron responded to Dr. Evelyn's question regarding action against their license. She said that businesses will get points against their registration to sell tobacco/vapor product issued by NYS Department of Tax and Finance. Those points cannot be assessed until after the enforcement action is finalized through the BOH resolution. Points are only assessed for sales of tobacco/vapor products to minors. When a facility accumulates 3 points or more, the registration to sell tobacco/vapor products is

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suspended by Department of Tax and Finance. Points are not assessed for sale of flavored nicotine vapor products.

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-22-0011 – Quik Shoppe, C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product and Underage Sale of Tobacco Product (ATUPA): Dr. Evelyn moved to accept the resolution as written; seconded by Ms. Touchton.

Ms. Cameron reported that in this case a hearing was held, and the owner was in attendance. The hearing officer's report indicates that the owner stated he was unaware he was selling illegal nicotine salts and nicotine flavored products and requested a reduced fine. The hearing officer supports EH's proposed fine of \$600 which is consistent for first time offenders.

No discussion.

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-22-0017– Zocalo, V-Lansing, Violations of Subpart 14-1 of New York State Sanitary Code (Food): Dr. Koppel moved to accept the resolution as written; seconded by Dr. Evelyn.

Ms. Cameron reported that this is a case of not maintaining food at the proper temperatures during hot holding. EH proposes a fine of \$200.

No discussion.

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-22-0018 – Hound and Mare., C-Ithaca, Violations of Subpart 14-1 of New York State Sanitary Code (Food): Dr. Evelyn moved to accept the resolution as written; seconded by Ms. Touchton.

Ms. Cameron reported that this is a case of not maintaining food at the proper temperatures during cold holding. EH proposes a fine of \$200.

No discussion.

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-22-0020 – Homewood Suites., V-Lansing, Violations of Subpart 14-1 of New York State Sanitary Code (Food): Dr. Evelyn moved to accept the resolution as written; seconded by Dr. Koppel.

Ms. Cameron reported that this is a case of food service violations for insufficient refrigeration storage during two inspections. EH proposes a fine of \$400 based on the matrix with consideration for risk and past violations.

No discussion.

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-22-0021 – Valley Manor Mobile Home Park, Violation of Article VI of the Tompkins County Sanitary Code (Sewage): Dr. Evelyn moved to accept the resolution as written; seconded by Ms. Touchton.

Ms. Cameron reported that this is a case of sewage surfacing. She gave a brief history and requested a language change to number four (4) in the draft resolution to read “Complete the replacement of the sewage system in accordance with the OWTS Construction Permit within 30 days of issuance of a SPDES permit by NYSDEC.” EH realized through communications with DEC that a SPDES permit would take longer than initially proposed. EH proposes no fine.

No discussion.

The vote to approve the resolution as amended was unanimous.

Administration:

2023 Budget: Ms. Grinnell Crosby referred to summary document included in the packet:

- \$36,000 under target in joint efforts shared with mental health
- 2 Over-Target-Requests
 - Funding to continue the update of the sanitary code
 - Purchase five (5) electric vehicles to replace existing vehicles in the county fleet
- State aid base grant increased \$100,000 to \$750,000.
- Legislature approved to pay on fringes as long as it was under the 50% fringe rate; estimated @ \$500,000 which will cover positions that were funded only one-time last year
- Money was allocated for training programs across mental and public health in 2023

The budget was submitted and is under review by County Administration.

Ms. Grinnell Crosby said that work continues with the county to bring both budgets together. There are state regulations and financial implications, but the goal is to merge the administrative budgets of Public Health 4010 and Mental Health 4310. All other programs areas will continue to have separate functional units.

Ms. Merkel reminded everyone to hold their calendar for next month’s meeting on 8/23/22 to ensure a quorum is met to move forward with a vote on the bylaws.

The next meeting is Tuesday, August 23rd, 2022 @ Noon.

Adjournment: Adjourned at 12:58 p.m.

Board of Health
August 23, 2022
Financial Report

July 2022 / Month 7

COVID sampling costs (\$1,105,760) not budgeted inflate expenditures in functional unit 4010. The County continues to seek FEMA reimbursement on these expenses. A resolution passed the Legislature to add \$2.3 million to 4010 to cover COVID testing costs, Finance has not posted this resolution. Adjustments to salary and fringe will be going to the Legislature to adjust for retro pay and the 2022 salary schedule. Revenues continue to be lower than budgeted in most program areas. Grant claims and second quarter state aid are in process.

Tompkins County Financial Report for Public Health

Percentage of Year 58.33%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010 PH ADMINISTRATION	2,350,629	2,099,455	89.31%	886,062	63,263	7.14%	1,464,567	2,036,191	147.34%
4012 WOMEN, INFANTS & CHILDREN	508,520	272,670	53.62%	508,520	176,746	34.76%		95,924	
4013 OCCUPATIONAL HLTH.& SFTY.	100,376	54,549	54.34%	0	0	0.00%	100,376	54,549	54.34%
4015 VITAL RECORDS	78,674	53,948	68.57%	108,000	62,930	58.27%	-29,326	-8,982	30.63%
4016 COMMUNITY HEALTH	2,671,038	1,139,976	42.68%	1,513,361	290,394	19.19%	1,157,677	849,583	73.81%
4018 HEALTHY NEIGHBORHOOD PROG	172,368	74,097	42.99%	172,368	28,709	16.66%		45,387	
4047 PLNG. & COORD. OF C.S.N.	1,429,374	792,975	55.48%	406,690	137,994	33.93%	1,022,684	654,981	64.05%
4090 ENVIRONMENTAL HEALTH	2,046,987	1,232,483	60.21%	625,195	232,420	37.18%	1,421,792	1,000,062	71.48%
4092 PUB HLTH COVID SCHOOL GRN	2,000,000	164,337	8.22%	2,000,000	0	0.00%		164,337	
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,458,348	635,403	43.57%	-1,458,348	-635,403	43.57%
Total Non-Mandate	11,357,966	5,884,489	51.81%	7,678,544	1,627,860	21.20%	3,679,422	4,256,629	115.69%
2960 PRESCHOOL SPECIAL EDUCATI	6,122,407	2,633,738	43.02%	3,992,177	1,504,426	37.68%	2,130,230	1,129,312	53.01%
4017 MEDICAL EXAMINER PROGRAM	329,516	143,186	43.45%	0	0	0.00%	329,516	143,186	43.45%
4054 EARLY INTERV (BIRTH-3)	578,000	250,096	43.27%	283,220	23,061	8.14%	294,780	227,035	77.02%
Total Mandate	7,029,923	3,027,019	43.06%	4,275,397	1,527,487	35.73%	2,754,526	1,499,533	54.44%
Total Public Health	18,387,889	8,911,508	48.46%	11,953,941	3,155,347	26.40%	6,433,948	5,756,162	89.47%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	129,413	822,799	2960 Preschool	3,488,669	2,487,751
4012 WIC	230,081	331,774	4054 Early Intervention	327,904	260,159
4013 Health & Safety	45,827	0	4017 Medical Examiner	93,966	0
4014 Medical Examiner	0	0		<u>3,910,540</u>	<u>2,747,910</u>
4015 Vitals	24,726	45,070			
4016 Community Health	1,526,165	1,222,967			
4018 Healthy Neighborhood	98,271	143,659			
4047 CSCN	636,399	268,696			
4048 PHCP	0	0			
4090 Environmental Health	798,289	392,775			
4092 Public Health COVID School Grant	1,835,663	2,000,000			
4095 State Aid	0	822,945			
	<u>3,489,172</u>	<u>4,050,684</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
<u>7,399,712</u>	<u>6,798,594</u>

HEALTH PROMOTION PROGRAM – AUGUST 2022

Samantha Hillson, Director, PIO
Ted Schiele, Planner/ Evaluator
Diana Crouch, Healthy Neighborhoods Education Coordinator
Shannon Alvord, Communications Coordinator
Pat Jebbett, Project Assistant
Mara Schwartz and Tenzin Aaya, Community Health Workers

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

- Tompkins County Whole Health Integration: new name selected, logo design development
- Ongoing Community Outreach by CHWs
- Planning began for the PICHC grant, interviews conducted for CHWs and CHW Supervisor
- Community Survey closed to new responses on Aug. 1. Data analysis has begun.

Monkeypox

- [Webpage](#) developed, ongoing updates
- First and second cases announced 7/19 and 7/28, no local close contacts.
- Plans developing for further outreach and communications work as needed.
- Considerations for language re: the LGBTQ+ population.

PICHC (Perinatal and Infant Community Health Collaborative)

- In collaboration with Community Health Services, planning for implementation of the PICHC grant.
- The PICHC funding will enable CHS to hire 2 additional Community Health Workers, a CHW Supervisor, and further promotion of Moms Plus+ services to the community. Interviews are underway.

Community Health Workers (CHWs)

- Community Health Workers: continue to work with community partners who have similar roles, or plans for similar roles, including Cayuga Health, CCE, REACH Medical, and HSC; community outreach.
- Outreach events in July 2022:
 - July 7, Tompkins County Public Library (the kick-off of the CHW on-going “Community Health Connection” sessions at all of Tompkins County’s public libraries)
 - July 8, Ulysses-Trumansburg Public Library, “Community Health Connection”
 - July 9, Well-Being Pediatrics Block Party, downtown Ithaca
 - July 14, Dryden canvassing
 - July 20, Groton canvassing
 - July 26, Lansing Community Library, “Community Health Connection”
 - July 27, Lansing canvassing
 - July 28, Tompkins County Human Services Networking Event
 - July 28, Newfield Public Library, “Community Health Connection”
 - July 29, Danby canvassing
 - July 30, Newfield Old Homes Day

COVID-19

- Outreach and promotion around COVID-19 Vaccine and Boosters; 30 second commercial produced, airing now – December 2022 on local tv stations: featuring [BIPOC](#); featuring [rural, white farmer](#).
- Updated COVID-19 Guidance [video](#) produced.
- Outreach, promotion, and distribution of KN95 masks and self-test kits continues. KN95 mask video filmed and narrated by local videographer Shira Evergreen, <https://vimeo.com/693836241>; video is being translated into multiple languages, including Spanish, Karen, Mandarin, Cantonese, and Russian.
- In collaboration with COVID Communications team, develop and disseminate public information on guidance updates. Update website and social media.
- Ongoing website updates related to COVID-19 developments (see Media, Website section below).
- Ongoing review, analysis, and updates of COVID-related data. Regularly updated data is available on the COVID [Data Page](#).
- Bi-weekly Communications Team meetings – planning a vaccination/booster and masking campaign with funding from NYS. Includes a KN95 video and print advertising in local weeklies and online. Filming concluded for the development of 30 second commercial to run on public television and YouTube for promotion of vaccines/boosters, featuring

TCHD staff and community members; development for a longer video outlining current COVID-19 guidance, featuring TCHD staff.

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

2022-2024 Progress

- Community Health Survey closed Aug 1.
 - Public Health Fellows will assist with data analysis
- Local and Secondary Data working group for data visualization with Cornell MHP students
- Qualitative Data group
- The CHA/CHIP Steering Committee meets monthly (first Thursday) to support the workgroups both individually and collectively through consultation, feedback, and community networking.
- Cancer screening intervention monthly meeting.
- Social Determinants of Health (SDoH) intervention bi-monthly meeting.
- Maternal and Child Health/Prenatal working group – will become PICHC advisory board.

Healthy Neighborhoods Program

- HNP staff continues to receive calls requesting information regard indoor air quality, radon, mold and mildew, bed bug infestations, etc.
- HNP staff are continuing to assist with COVID work.
- HNP Presentation & Outreach at Newfield Garden Apartments.
- Outreach at Various Food Pantries within Tompkins County
- Canvassed Several Areas in Tompkins County, and left fliers in Many Blue Pantry Boxes.

July 2022

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2022	July 2021	TOTAL 2021*
# of Initial Home Visits (including asthma visits)	18	125	11	100
# of Revisits	1	4	0	0
# of Asthma Homes (initial)	3	26	2	19
# of Homes Approached	62	283	0	448

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

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Tobacco Free Tompkins

- Tobacco Free Zone for Cortland-Tompkins-Chenango grant staff call.
- Planning for hiring of a Health Educator in 2022 to serve half-time in Tobacco and half-time in HNP is on hold. The position will be reposted this summer.

Media, Website, Social Media

- [Health](#) and [Mental Health](#) websites updated regularly.

COVID-19 Press Releases in July 2022:

- None this month

Other Press Releases in July 2022:

- July 1, 2022: [Health Alert: Monkeypox Cases in NYS and Neighboring Counties; Caution Advised](#)
- July 7, 2022: [Tompkins County Residents Encouraged to Take Community Health Survey](#)
- July 19, 2022: [Health Alert: First Case of Monkeypox Identified in Tompkins County Resident](#)
- July 28, 2022: [Health Alert: Second Case Of Monkeypox Identified In Tompkins County Resident](#)
- July 28, 2022: [Health Alert: Environmental Health Sees Increase in Rabies Calls; Cautions Public to Avoid Contact with Wildlife, Report Incidents](#)

- Ongoing work with Mental Health to update/ upgrade the [TCMH website](#).
- Continue building out the Tompkins County Suicide Prevention Coalition [website](#).
- Ongoing work with CHS and WIC re: social media pages

PH-MH Strategic Planning

- Cross-Functional Integration Team. Branding agency Iron Design of Ithaca moving from Branding Discovery to development of logo.
- Services Team will be meeting monthly.
 - Updated Staff Directory (created at the end of 2019) is progressing.
 - Results from an internal connectivity/social network survey are being analyzed.
 - Review of County HR on-boarding training materials and development of our own “buddy system” for new employees.
- Integration of children and youth services: initial conversation about co-location of services, licensing, universal consent, etc.
- Planning for a new CFT to work on a DEI plan and evaluation for the Department

Training/Professional Development

- JEDI: General Meeting and subcommittees (Shannon – Communications, Samantha – Data and Analysis, Diana – Recognition).

- Webinar: Mental Health training, LEAP communication skills for working with those with mental illness
- Webinar: UW-Madison: Making Social Connections for Community Health
- The Bureau of Women, Infant and Adolescent Health Provider Training 2022 (PICHC), 3 day online event
- Webinar: Public Health Collaborative “Comms Crash Course: Using Social Media for Public Health Communications”

Community Outreach

Group, Organization	Activity/Purpose	Date
Childhood Nutrition Collaborative	Collective Impact, Healthiest Cities and Counties Challenge, Steering Committee and Monthly meeting	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, Hillson reappointed as Secretary and Co-Chair of Community Health and Access Committee	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc.	quarterly
COFA Advisory Board	Updates and Age Friendly	quarterly
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, youth vaccination promotion	quarterly
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	quarterly
Cayuga Health Women’s Service Line	Re-launch of this service line and discussion. Collaboration with community partners	quarterly
Aging Services Network	Regular meeting	
Homeless & Housing Taskforce	Regular meeting	

**Medical Director's Report
Board of Health
August 2022**

I am writing this during the first week of August, as I will be away in the next couple of weeks and do not expect to be able to attend the August BOH meeting.

While Covid shows no sign of slowing down its impact on all of our lives, Monkeypox now has inserted itself as a significant problem to be dealt with.

Monkeypox

As of this writing, we have had 2 cases attributed to Tompkins County. I say *attributed* because what determines the county is the person's legal address. Both of these cases were, in fact, contracted outside of our region in a very high prevalence area. One case had no significant contacts here although the person had returned here, and the other had not returned here. We have had no locally contracted cases.

Monkeypox testing gatekeeping. NYSDOH reports that practitioners have significantly upped their requests for Wadsworth testing for monkeypox rule outs.

To prioritize scarce resources at Wadsworth, NYSDOH is sending the majority of Monkeypox tests to commercial labs. If practitioners have a case *with rash only and no social/epi risk factors*, and *no other symptoms*, they are asked to **please send the samples to a commercial lab.**

What NYSDOH is trying to do is to send to Wadsworth the tests that are likely to be true cases, or ones that are special in some way. (For example, the ones sent Wadsworth lately are in homeless people, and in a pregnant woman.) Some practitioners may have concerns about testing costs for the uninsured. Commercial labs are reportedly charging significant fees for testing. For those patients who are uninsured please we have urged them to reach out to TCHD and ask us to help them by interacting with NYSDOH/Wadsworth

Here is the current list of labs approved to test:

HHS/CDC Labs using 501K cleared assay for Orthopox virus

- Aegis Science
- LabCorp
- Mayo Clinic
- Sonic Healthcare

Labs with Laboratory Developed Tests Approved by Wadsworth

- Quest Diagnostics Nichols Institute: Orthopox virus and Monkeypox virus detection.
- UR Medicine Labs: Monkeypox virus and non-Variola Orthopox virus

- NYU Langone Hospitals-Tisch Hospital Clinical Labs: Monkeypox virus detection
- Mount Sinai Laboratory: Monkeypox virus detection

Vaccine – some links

Issues re Jynneos vaccine distribution

<https://www.nytimes.com/2022/07/25/nyregion/nyc-monkeypox-vaccine-doses-denmark.html?>

Details regarding the vaccine

https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/providers/docs/jynneos_vaccine_guidance.pdf

Vaccine supply – up to 750,000 doses of Jynneos projected coming to the US to be distributed as of this time. NYC has more cases than anywhere in the world. Uncertain is whether the second doses of this two-dose vaccine will be possible given limited supply.

New York To Receive 110,000 New Monkeypox Vaccine Doses

The [New York Post](#) (7/28, Hogan) reports, “New York state will receive 110,000 new doses of the monkeypox vaccine – with 80,000 coming to the Big Apple alone – as the Biden administration finally released the stock of shots and is expected to declare the virus a public health emergency.” On July 28, “aides to Senate Majority Leader Chuck Schumer (D-NY) told The Post...that the new allocation is coming to New York from the pot of 786,000 monkeypox vaccines previously stuck in Denmark thanks to an FDA snafu.”

The [New York Daily News](#) (7/28, Balk) reports the Jynneos vaccine, “produced by the Denmark company Bavarian Nordic, was in transit to New York on Thursday, Schumer’s office said.”

Spread in healthcare facilities – some workers have worked when having a rash and spread it to others. None of the workers acquired it in the facility. They brought it in from the community.

I urged that they address this issue with their staff and not allow them to work until diagnosed and non-infectious.

WHO declares a global health emergency:

<https://www.statnews.com/2022/07/23/who-declares-monkeypox-outbreak-a-public-health-emergency/>

New York Governor Declares State Disaster Emergency Due To Monkeypox Spread

[Reuters](#) (7/30, Babu) reported New York Gov. Kathy Hochul “on Friday declared an emergency in the state over the continued spread of monkeypox.” Hochul tweeted, “I am declaring a State Disaster Emergency to strengthen our ongoing efforts to confront the monkeypox outbreak.”

Hochul “added that more than one in four monkeypox cases in the United States are in New York, also having a disproportionate impact on at-risk groups.”

The [AP](#) (7/30, Miller, Boak) reported, “Officials in New York City declared a public health emergency due to the spread of the monkeypox virus Saturday, calling the city ‘the epicenter’ of the outbreak.” The announcement “by Mayor Eric Adams and health Commissioner Ashwin Vasana said as many as 150,000 city residents could be at risk of infection.”

[NBC News](#) (7/29, Romero) also reported.

Disinfection – at home and in the office is relatively complex and nuanced. Patients will need help in doing it well. Here is the resource:

<https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page>

Questions that have been raised about Monkeypox

1 What about Vaccination for high-risk individuals – Vaccination is being limited to close contacts of index cases. Much of the reason for this is the limited supply of Jynneos. In NYS, all or nearly all of the vaccine is going to NYC and downstate counties. Monkeypox being dealt with primarily in Westchester, Suffolk, and the boroughs of NYC. NYC health department is deluged with monkeypox issues with cases at about 1,500

<https://www1.nyc.gov/assets/doh/downloads/pdf/monkeypox/data-daily-cases-demographics-072122.pdf> The two cases who are listed as being residents in our region acquired their disease elsewhere. One is still out of the area and in treatment. The other isolated without secondary local contacts. For persons with high-risk lifestyles, we urge them to follow our advice which has been detailed on our press releases and on our website.

<https://www.tompkinscountyny.gov/health/press/2022> (See the ones from the 19th and the 28th)

2 What about treatment for those who are newly diagnosed. Do we have access to antivirals?

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html>

There are significant limitations on who can be treated, the amount of supply and the locations of dispensing. At present emphasis is on areas of high caseloads. Should you have a perceived need contact us and we will interact with NYSDOH

3 What Role is the Health Department playing - We are helping practitioners to report, to make requests for vaccine or antivirals. 274 6604 is the best number to use. If any untoward difficulty, please contact me 275 6331

4 Testing:

Where can we refer people to get the specimens collected?

Answer: You can send people to the CMC ER for testing--we have worked closely with the CMC lab on the procedure. They have submitted specimens to LabCorp and Wadsworth and are aware of the process. We can still submit specimens to Wadsworth but there is a cumbersome

approval process involved. Wadsworth will reject the specimen if it doesn't meet epidemiological criteria. LabCorp doesn't have the requirement for epi criteria.

Take note of this notice on a health alert email from CDC:

Testing at public health laboratories remains free. Commercial laboratory companies will bill private insurance, Medicaid or Medicare for all testing performed. Those who are underinsured or uninsured will receive a bill for that testing. The Administration continues to work to identify funding that would cover the cost of monkeypox testing regardless of the individual's coverage. Clinicians may find the relevant CPT code for Monkeypox virus testing on each commercial laboratory's website."

Vaccination

Issues re Jynneos vaccine distribution

<https://www.nytimes.com/2022/07/25/nyregion/nyc-monkeypox-vaccine-doses-denmark.html?>

Details regarding the vaccine

https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/providers/docs/jynneos_vaccine_guidance.pdf

NYS receiving vaccine in small batches with the lion's share going to communities with highest prevalence (read NYC and the boroughs and down state). Not all upstate counties will get vaccine.

Second doses: NYC is prioritizing first doses until supplies allow for second doses. If you get a call from someone vaccinated who is asking about second dose from us here in Tompkins County the answer (for now) is that we do not have supplies to do this. They will have to wait.

At one point, we had a really large stockpile of Jynneos:

<https://www.nytimes.com/2022/08/01/nyregion/monkeypox-vaccine-jynneos-us.html>

Spread in healthcare facilities – some workers have worked when having a rash and spread it to others. None of the workers acquired it in the facility. They brought it in from the community.

Best that you address this issue with your staff and not allow them to work until diagnosed and noninfectious.

The CDC guidance for healthcare facilities is:

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>

PPE used by healthcare personnel who enter the patient's room should include:

Gown

Gloves

Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)

NIOSH-approved particulate respirator equipped with N95 filters or higher

(Obviously, in private offices pre-visit screening should help)

Disinfection – relatively complex and nuanced. Patients will need help in doing it well.

Resource: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html>

The NYC situation : <https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page> NYC health department is deluged with monkeypox issues with cases at over 1,512

<https://www1.nyc.gov/assets/doh/downloads/pdf/monkeypox/data-daily-cases-demographics-072122.pdf>

Exposures – travel is the common denominator for our region so far. Travel to a high-risk area is one of your prime pieces of history. There have been cases downstate in children with no known exposure/ travel, but they are presumed to have been exposed to a case or the fomites of a case.

And about a history of Smallpox vaccination

A person in the community asks: “My understanding is that if you received a smallpox vaccination as a child you are 85% protected from Monkey Pox. Why is there no mention of this in the alert?”

Answer: There is information to support this. However, as with any emerging disease the exact details remain uncertain. We do not want to give false hope to persons. We do not want those who have been vaccinated against smallpox to think they do not need to seek medical help if exposed or infected. We do not want those who have been vaccinated to think they do not need to take precautions.

It will take months before the exact benefit of an old smallpox vaccination becomes know.

CDC’s official statement is here: <https://www.cdc.gov/poxvirus/monkeypox/considerations-for-monkeypox-vaccination.html>:

“How previous smallpox vaccination may affect current recommendations for JYNNEOS and ACAM2000 during the monkeypox outbreak

- *Previous smallpox vaccination does provide protection, but it may not necessarily be lifelong. During the 2003 monkeypox outbreak and during the current monkeypox outbreak, several people who were infected with monkeypox had previously been vaccinated against smallpox decades prior.*
 - *During this monkeypox outbreak response, vaccines and other medical measures should be given to eligible people who were previously vaccinated against smallpox, following the same schedules as for those who were not previously vaccinated.*
 - *See current [ACIP recommendations](#) for revaccination guidance for those at occupational risk of exposure*
-

Treatment - Obtaining and Using TPOXX (Tecovirimat) how to start:

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/obtaining-tecovirimat.html>

There are significant limitations on who can be treated, the amount of supply and the locations of dispensing. At present emphasis is on areas of high caseloads.

Note that TPOXX is **free** – it is a federally supplied EUA drug.

FYI

Interesting article about the virus that is involved in smallpox (and monkeypox) prevention:
<https://www.bbc.com/future/article/20220725-the-mystery-virus-that-protects-against-monkeypox>

Further information on TCHD website for patients.
<https://www.tompkinscountyny.gov/health/press/2022>
<https://www.tompkinscountyny.gov/health/monkeypox>

And <https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/>

Updates from across the State

Nursing Homes: Influenza reported in a nursing home. Covid infections clustering in nursing homes. Other pathogens being reported also e.g., candida aureus, and enterics.

Enteric infections are being generally being reported in other settings including salmonella propagated at a picnic, campylobacter.

Legionella being encountered

West Nile virus positive pools are UP. WNV flourishes in hot dry weather. Significant positive pools of water have been found in the state. With hot weather small pools dry up and this drives birds and mosquitoes to the pools that are able to persist. It is thought that this is a factor that drives the increased prevalence of positive pools in hot, dry weather.

Multiproduct cronobacter recall.

<https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/lyons-magnus-voluntarily-recalls-53-nutritional-and-beverage-products-due-potential-microbial>

Polio case update

One case in young unvaccinated adult of Rockland County born in US locally exposed and occurring in the orthodox Jewish population occurring in an unvaccinated individual imported from abroad. Sx onset mid-June NYSDOH has determined that it is not wild type polio (which has not been seen since about 1979). Vaccine associated polio has been identified and confirmed last in about 2013 but wastewater samples have been positive since then. Sx onset was mild flu like sx then manifestations of acute flaccid paralysis. They were seen in the ED due to lower extremity weakness. Testing was done and samples sent to Wadsworth. Sequencing of the enterovirus that was found revealed sequences characteristic of OPV.

Exposure was either one to one or somehow a community spread. Note that 25% of persons exposed will have only flu like sx. Only about 1% or less have Acute Flaccid Paralysis. **All** the rest can be *asymptomatic*. Paralytic polio is characteristically permanent although therapy can improve function.

The index case is known not to be immune compromised. Investigation of persons around this person has been limited due to individual and community cooperation.

Wastewater testing has been employed and can narrow sampling down to neighborhoods if the effort is warranted. Wastewater sampling is being done for Covid and could include polio. In areas of interest stored samples can look backwards as well as in real-time. The emphasis will obviously be in areas identified as a problem. Results so far show that it was prevalent in the Rockland community for at least a month before the index case presented. In addition, the index case of polio has been linked genetically to viruses found in wastewater in Israel and the UK: <https://www.statnews.com/2022/07/29/u-s-polio-case-tied-to-viruses-detected-in-u-k-israel-suggesting-silent-spread/>

The solution to controlling this case is vaccination. Efforts are being made to accomplish this. Across the state polio vaccination rate is 80% - lower in Rockland County. In resistant populations it can be helpful to have available IPV as a single vaccine (not combined with other vaccines).

The CDC has said the polio risk is low for people who are vaccinated, there is risk for those who have not had the recommended three doses of injectable polio vaccine.

One resident asks: "Should we be concerned with our young adult population? My 24 yo son for example has had two doses of oral and two doses of IM to complete his series. Should we consider boosting them? "

As you know IPV is the only vaccine now used in the US.

If you are vaccinated the risk is low, if you received the full series its 99%+ effective.

Two doses of inactivated polio vaccine (IPV) are 90%+ effective against polio; three doses are 99% to 100% effective.

A person is considered to be fully vaccinated if he or she has received:

- four doses of any combination of IPV and tOPV, or
- a primary series of at least three doses of IPV or trivalent oral poliovirus vaccine (tOPV)

IPV info from CDC. <https://www.cdc.gov/vaccines/vpd/polio/index.html>

Bottom line: at this time, it appears that this index case was infected by community spread. Vaccination of this community is the primary strategy.

Covid

Novavax – NYSDOH readying plans to handle acquisition and distribution of this additional Covid vaccine. New guidance document will summarize Covid vaccines and include Novavax in that document.

Biden Administration Preparing To Launch Updated COVID-19 Booster Campaign In September

The [Washington Post](#) (7/29, McGinley, Diamond) reported, “The Biden administration is preparing to launch a coronavirus booster campaign in September – weeks earlier than expected – with a new, reformulated vaccine designed to provide stronger protection against the Omicron subvariants sweeping the country, the Food and Drug Administration said Friday.” The FDA “said it had received assurances from the vaccine manufacturers – Moderna and Pfizer and its German partner, BioNTech – that reformulated boosters will be ready in September.” Also, “the FDA has decided against making adults younger than 50 eligible for second boosters of the existing vaccine, the agency added.”

[NBC News](#) (7/29, Lenthang, Welker) reported, “Once those bivalent vaccine boosters are authorized by the FDA and the CDC, the first deliveries by both manufacturers will be received in the early fall, Health and Human Services said in a news release.”

A bit on the future of COVID vaccines:

<https://www.vox.com/23272815/covid-19-universal-vaccine-long-term-immunity-antibodies-b-cells>

Global impact of the first year of COVID-19 vaccination: a mathematical modelling study

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00320-6/fulltext?utm_source=STAT+Newsletters&utm_campaign=9d288cd089-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-9d288cd089-152014733](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00320-6/fulltext?utm_source=STAT+Newsletters&utm_campaign=9d288cd089-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-9d288cd089-152014733)

Objective:

We aimed to quantify the global impact of the first year of COVID-19 vaccination programmes.

Findings

Based on official reported COVID-19 deaths, we estimated that vaccinations prevented 14·4 million (95% credible interval [CrI] 13·7–15·9) deaths from COVID-19 in 185 countries and territories between Dec 8, 2020, and Dec 8, 2021. This estimate rose to 19·8 million (95% CrI 19·1–20·4) deaths from COVID-19 averted when we used excess deaths as an estimate of the true extent of the pandemic, representing a global reduction of 63% in total deaths (19·8 million of 31·4 million) during the first year of COVID-19 vaccination. In COVAX Advance Market Commitment countries, we estimated that 41% of excess mortality (7·4 million [95% CrI 6·8–

7-7] of 17.9 million deaths) was averted. In low-income countries, we estimated that an additional 45% (95% CrI 42–49) of deaths could have been averted had the 20% vaccination coverage target set by COVAX been met by each country, and that an additional 111% (105–118) of deaths could have been averted had the 40% target set by WHO been met by each country by the end of 2021.

Covid cases are prevalent and clustering in nursing homes. We do not know if we are nearing the peak yet. Our Local data in early August gives one pause.

Local Data

TOMPKINS COUNTY COVID-19 DATA

As of 08/03/2022 at 7:45 a.m.

Active COVID-19 Hospitalizations (a)	7
Total TC Resident Deaths (Source)	65

Total Tests (b)	1,928,096
Daily Tests	323
New Positive Cases	20
Total Positive Cases	23,138

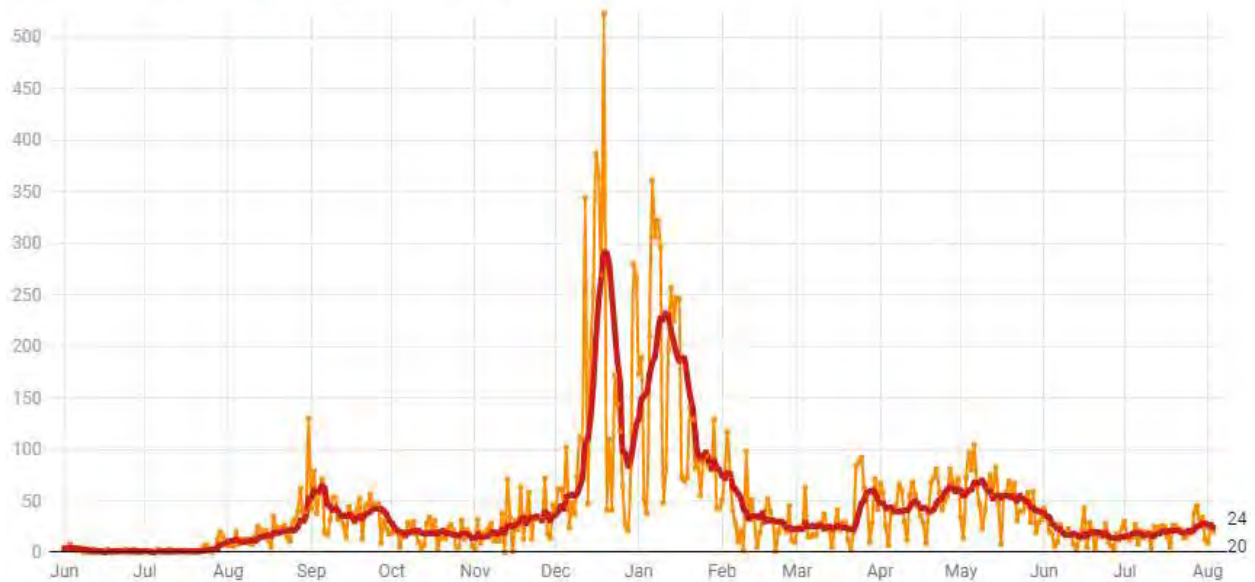
Daily Positive Self-Tests Reported (c)	4
Total Positive Self-Tests Reported	3,449

NYS Vaccine Tracker 1st Dose (d)	87,432
NYS Vaccine Tracker Completed	79,206

Daily New Cases + 7-Day Avg. New Cases

From June 1, 2021. COVID-19, Tompkins County, N.Y.

— Daily New Positive Cases — 7-day Avg. New Positive Cases



Updates may lag. See <http://bit.ly/dwgraphsref> for data prior to 6/1/21.

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

Despite higher education transitioning to summer schedules in June, our cases persist and have crept up.

Percent Positive Tests, 7-day Average (from 6/1/21)

COVID-19, Tompkins County, N.Y. Rate calculation is 7-day average cases/ 7-day average tests. From 6/1/21 to the present.

— Percent Positive of Avg cases/Avg tests



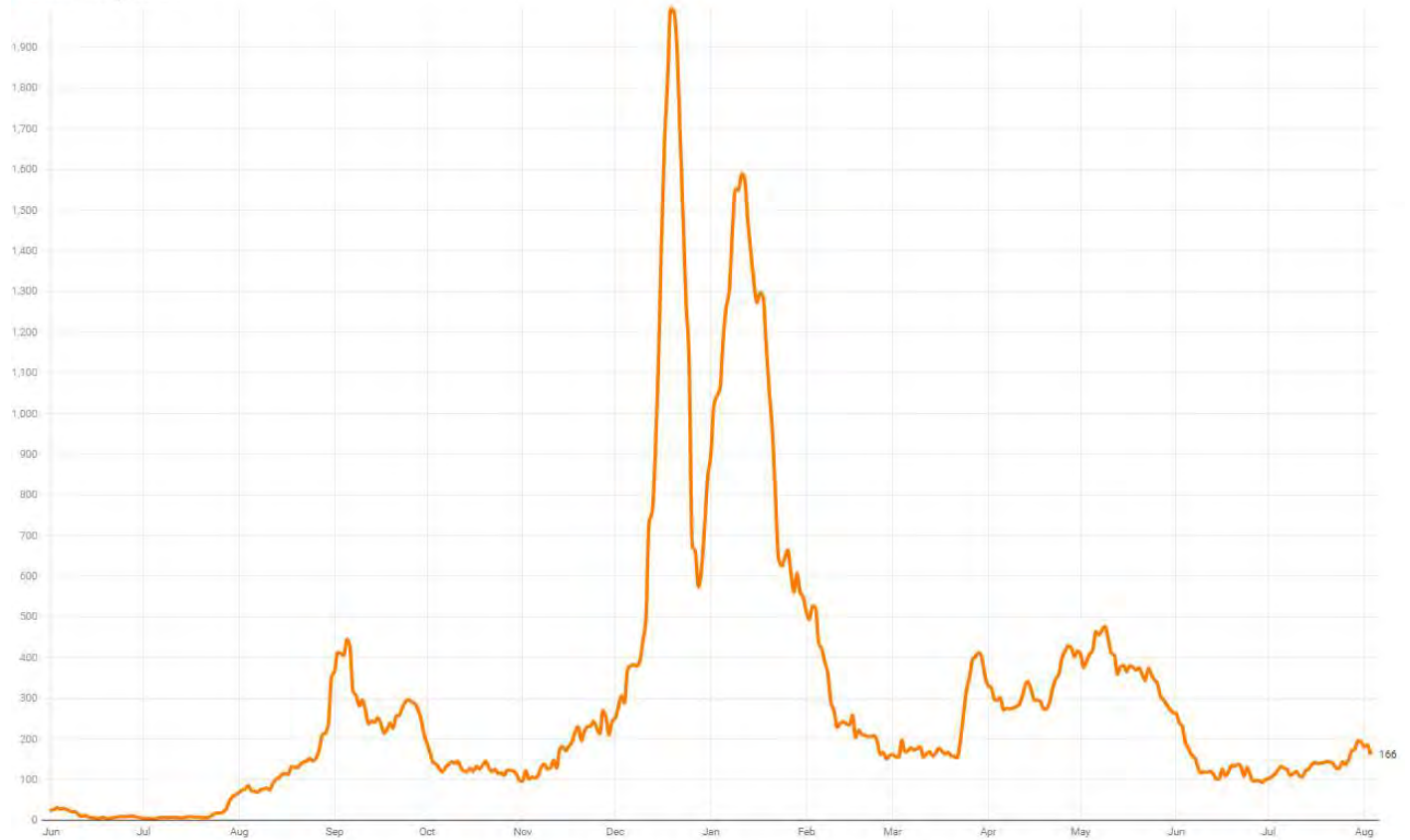
Chart: TCHD • Source: TCHD & Electronic Clinical Laboratory Report System (ECLRS) at NYSDOH • [Get the data](#) • Created with [Datawrapper](#)

Strikingly the percent of positive tests has been moving up ever since early June.

Transmission Level

COVID-19, Tompkins County, N.Y. 7-day total cases per 100,000 population. (6/1/21 to the present)

— Level of Community Transmission



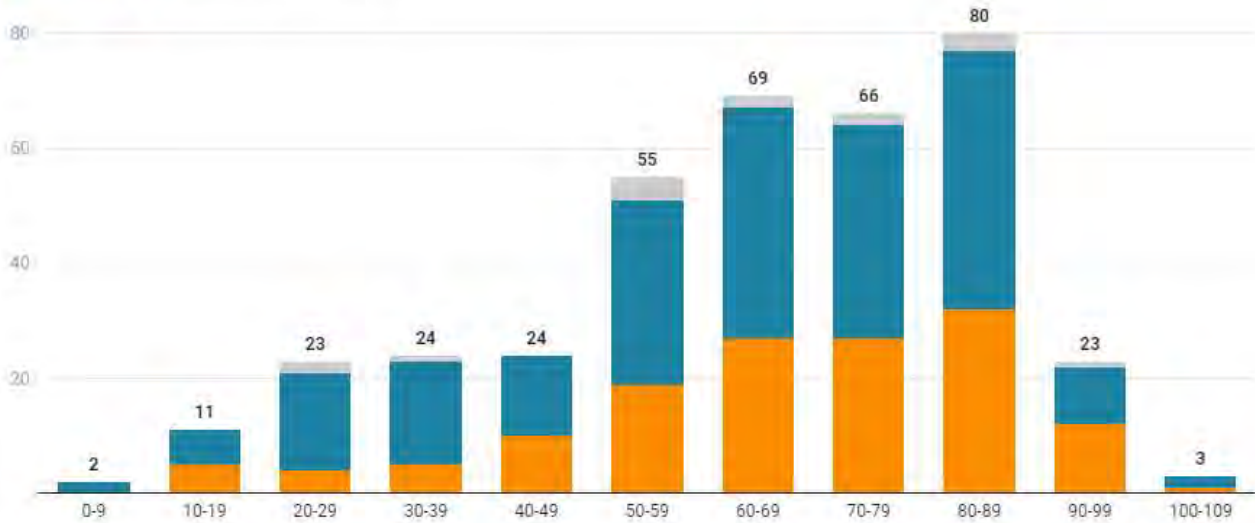
TRANSMISSION LEVEL (Level of Community Transmission): defined by the CDC as the "total number of new cases per 100,000 persons within the last 7 days." County pop. 102,180 (2019 US Census pop. estimate).
Chart: Tompkins County Health Department | Ithaca, N.Y. | Source: TCMD | Get the data | Created with Datawrapper

And our community transmission level is stubbornly above 100.

COVID-19-Positive Hospitalizations: Age and Vaccination Status

Tompkins County residents who tested positive for COVID-19 upon admission to Cayuga Medical Center. Totals are for the period Aug. 1, 2021 to July 29, 2022. N=380.

Vaccinated Not Vaccinated Don't Know



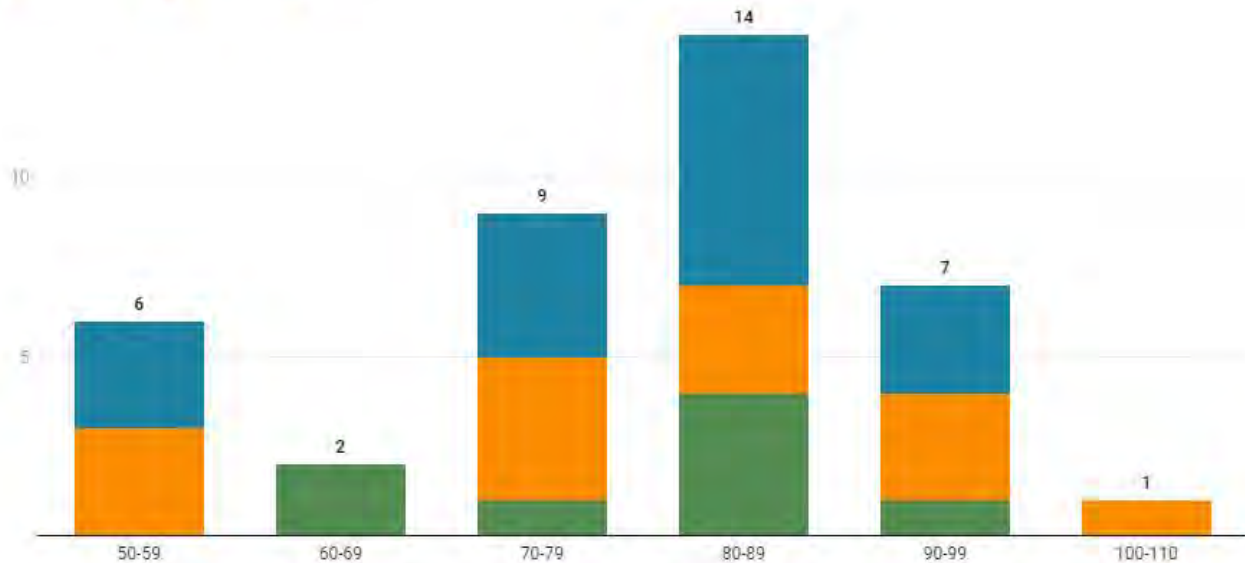
Average age: Vaccinated=67.0 yrs, Unvaccinated=61.7 yrs, Don't Know=60.7. For explanation of vaccination status, go to <https://bit.ly/dwgraphsref>

Chart: TCHD - Source: Cayuga Health System, compiled by TCHD - Created with [Datawrapper](#)

Resident Deaths X Age and Vaccination Status from Feb. 1, 2021

Tompkins County residents. Totals Feb. 1, 2021 through July 29, 2022. N=39.

Vaccinated +1 Vaccinated Not Vaccinated



Vaccinated +1 is the first full series plus one or more additional dose(s).

Chart: TCHD - Source: Cayuga Health System, compiled by TCHD - Created with [Datawrapper](#)

End.

Division for Community Health

Aug 23rd, 2022 Board of Health meeting

July 2022 monthly report

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

Communicable Disease:

- **COVID-19:** Tompkins County remained at a low CDC community level for Covid-19 during the month of July. Masks are still required in healthcare settings and on public transportation. Disease severity remains low. Covid positive patients hospitalized at CMC during the month of July remained in the single digits. There were two Covid deaths reported in the month of July. CHS staff continue to monitor Covid cases in high-risk settings.
- **Monkeypox:** The monkeypox outbreak continues to grow. During the month of July the outbreak remained concentrated in NYC, with a scattering of cases in counties outside of NYC. TCHD reported our first case in a county resident on July 19th and our second case on July 28th. Both cases reported no local contacts. So far TCHD has not received any Jynneos vaccine from NYSDOH as the supply is limited and is being prioritized for high incidence areas and confirmed high risk close contacts. TCHD is providing guidance to local providers and community members as needed and will continue to monitor this outbreak. Several guidance documents were issued by NYSDOH during the month of July regarding testing, treatment, cleaning and disinfection. See attached NYSDOH Health Alert from July 8th.

SafeCare Program:

- We currently have two families receiving SafeCare and are in contact with DSS weekly to collaborate with them regarding this program. Nurses Caryl Silberman and Jess Clark Manderville completed initial SafeCare provider training in July, bringing our total number of SafeCare providers to four. Jess and Caryl are now prepared to start

providing the SafeCare program to families and will be coached through initial provider certification.

Maternal Child Health:

- Moms PLUS + received 27 new referrals for the month of July resulting in 20 new admissions.
- The program is offering Survivor Mom's Companion psychoeducation as an adjunct to Mental Health services and as a mental health supportive service to any birthing parent in Tompkins.
- On call services now include free lactation counseling to TC residents that call after hours regardless of if they are currently enrolled in the Moms PLUS + program.
- Collaboration underway with Cayuga Birth Place, LATCH and other community partners to celebrate breastfeeding month in Aug.

Immunization Clinics:

- CHS on-site immunization clinic opened to the public on July 8th. We are offering VFC, VFA and paid vaccine along with Covid vaccine for all ages.
- We are planning a Covid booster clinic at Lifelong on August 10th. First and second Moderna boosters will be provided at this clinic.
- The homebound Covid vaccination program continues. Five Tompkins County residents received Covid vaccines through this program during the month of July. We are still taking requests for homebound vaccine via our website vaccine registry.
- We are starting to plan for flu vaccine clinics in the fall. So far we are tentatively planning flu clinics in October at McGraw House, Lifelong and Tompkins County Mental Health.

Rabies:

- Rabies program treated 26 clients for rabies post-exposure prophylaxis. EH and CHS continue to collaborate on authorizations and work closely with Cayuga Medical Center ER and outpatient infusion, to treat Tompkins County residents and any other exposures of out of county residents that occur here in TC.

Lead:

- There were two new admissions to the CLPPP program in July.
- EH, CHS and Ecospect have coordinated monthly visits to the homes of children with elevated blood lead levels, in order to streamline services. CHS continues to provide information and outreach on lead toxicity, exposure and testing for 1- and 2-year olds in Tompkins County.
- Large testing banners to be installed on sides of pediatric health care and other community buildings.

PICHC:

- Interviews held for two CHWs and a CHW supervisor, panel includes members from CHS, HP division at TCHD, and CCE.
- The team is developing our startup workplan, budget, and org chart, and continued community-level activities including outreach and stakeholder engagement. We held a partner workshop part two on July 15 to refine strategies for outreach and collaboration.

Outreach:

- CHS attended the WellBeing Pediatrics Bloc Party on July 9, approximately 30 community members attended, we had tick info, lead info, Moms PLUS, Survivor Moms Companion, and healthy neighborhood information.

WIC

Caseload Data:

June final caseload data:

Enrollment: 1160

Participation: 1053

Participation/Enrollment %: 90.78

Participation/Caseload %: 70.20

Total participants seen in June: 481

Appointment show rate: 5%

Preliminary July

Enrollment: 1165

Participation: 1061

Participation/Enrollment %: 91.07

Participation/Caseload %: 70.73

Total participants seen in July: 478

Appointment show rate: 95%

The program is serving 48% of the eligible population in Tompkins County.

Program Highlights

- Formula shortage is improving the agency is not receiving many calls anymore.
- The WIC program will face some significant staffing challenges over the next couple months: The program has one WIC clerk vacancy that was filled in July 2022. In August, two additional WIC staff resigned to pursue jobs that will enhance their future career. WIC Director is working with the Director of Community Health Services to expedite the hiring process.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 02AUG22
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=July

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	16	187.9	24	281.9	3	35.2	3	35.2	10	117.4
BABESIOSIS**	1	11.7	7	82.2	2	23.5	1	11.7	3	35.2
CAMPYLOBACTERIOSIS**	2	23.5	3	35.2	2	23.5	9	105.7	5	58.7
COVID-19	806	9465.6	74	869.1	118	1385.8	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	1	11.7	2	23.5	4	47.0	2	23.5	3	35.2
ECOLI SHIGA TOXIN**	0	0.0	1	11.7	2	23.5	0	0.0	1	11.7
EHRlichiosis (CHAFEENSIS)**	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
GIARDIASIS	2	23.5	1	11.7	0	0.0	1	11.7	1	11.7
HEPATITIS C,ACUTE**	1	11.7	0	0.0	1	11.7	0	0.0	0	0.0
HEPATITIS C,CHRONIC**	1	11.7	6	70.5	1	11.7	5	58.7	4	47.0
INFLUENZA B, LAB CONFIRMED	0	0.0	1	11.7	1	11.7	0	0.0	1	11.7
LEGIONELLOSIS	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** *****	83	974.8	7	82.2	8	94.0	15	176.2	10	117.4
PERTUSSIS**	0	0.0	0	0.0	0	0.0	3	35.2	1	11.7
SALMONELLOSIS**	2	23.5	2	23.5	1	11.7	2	23.5	2	23.5
STREP,GROUP A INVASIVE	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
STREP,GROUP B INVASIVE	0	0.0	0	0.0	0	0.0	2	23.5	1	11.7
STREP PNEUMONIAE,INVASIVE**	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
YERSINIOSIS**	1	11.7	1	11.7	0	0.0	1	11.7	1	11.7
SYPHILIS TOTAL.....	3	35.2	2	23.5	1	11.7	1	11.7	1	11.7

	2022		2021		2020		2019		Ave (2019-2021)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- P&S SYPHILIS	1	11.7	0	0.0	1	11.7	0	0.0	0	0.0
- EARLY LATENT	2	23.5	1	11.7	0	0.0	1	11.7	1	11.7
- LATE LATENT	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	9	105.7	11	129.2	8	94.0	5	58.7	8	94.0
- GONORRHEA	9	105.7	11	129.2	8	94.0	5	58.7	8	94.0
CHLAMYDIA	21	246.6	14	164.4	28	328.8	27	317.1	23	270.1

*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: 02AUG22
 Through July
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0
ANAPLASMOSIS**	46	77.2	86	144.3	31	52.0	11	18.5	43	72.1
BABESIOSIS**	5	8.4	20	33.6	8	13.4	3	5.0	10	16.8
CAMPYLOBACTERIOSIS**	11	18.5	19	31.9	17	28.5	27	45.3	21	35.2
CHIKUNGUNYA**	0	0.0	0	0.0	0	0.0	1	1.7	0	0.0
COVID-19	12982	21780	9627	16151	2449	4108.7	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	7	11.7	14	23.5	14	23.5	11	18.5	13	21.8
DENGUE FEVER**	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	1	1.7	6	10.1	5	8.4	4	6.7	5	8.4
EHRlichiosis (CHAFEENSIS)**	2	3.4	0	0.0	0	0.0	1	1.7	0	0.0
EHRlichiosis (UNDETERMINED)**	0	0.0	0	0.0	0	0.0	1	1.7	0	0.0
ENCEPHALITIS, OTHER	0	0.0	1	1.7	2	3.4	1	1.7	1	1.7
ENCEPHALITIS, POST	0	0.0	0	0.0	1	1.7	0	0.0	0	0.0
GIARDIASIS	3	5.0	15	25.2	7	11.7	26	43.6	16	26.8
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	1.7	0	0.0	2	3.4	4	6.7	2	3.4
HEPATITIS A	0	0.0	7	11.7	12	20.1	0	0.0	6	10.1
HEPATITIS B,CHRONIC**	11	18.5	18	30.2	9	15.1	7	11.7	11	18.5
HEPATITIS C,ACUTE**	2	3.4	1	1.7	5	8.4	6	10.1	4	6.7
HEPATITIS C,CHRONIC**	10	16.8	32	53.7	36	60.4	37	62.1	35	58.7
HEPATITIS C,PERINATAL	0	0.0	1	1.7	0	0.0	0	0.0	0	0.0

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA A, LAB CONFIRMED	292	489.9	265	444.6	526	882.5	772	1295.2	521	874.1
INFLUENZA B, LAB CONFIRMED	2	3.4	6	10.1	738	1238.2	62	104.0	269	451.3
INFLUENZA UNSPECIFIED, LAB CONFIRMED	3	5.0	1	1.7	0	0.0	1	1.7	1	1.7
LEGIONELLOSIS	3	5.0	3	5.0	0	0.0	3	5.0	2	3.4
LISTERIOSIS	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** *****	237	397.6	44	73.8	37	62.1	55	92.3	45	75.5
MALARIA	0	0.0	0	0.0	2	3.4	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	1	1.7	0	0.0
PERTUSSIS**	0	0.0	0	0.0	1	1.7	6	10.1	2	3.4
SALMONELLOSIS**	8	13.4	13	21.8	8	13.4	7	11.7	9	15.1
SHIGELLOSIS**	0	0.0	1	1.7	0	0.0	0	0.0	0	0.0
STREP, GROUP A INVASIVE	2	3.4	3	5.0	2	3.4	5	8.4	3	5.0
STREP, GROUP B INVASIVE	5	8.4	10	16.8	6	10.1	9	15.1	8	13.4
STREP, GROUP B INV, EARLY/LATE ONSET	0	0.0	0	0.0	1	1.7	0	0.0	0	0.0
STREP PNEUMONIAE, INVASIVE**	2	3.4	4	6.7	6	10.1	4	6.7	5	8.4
TUBERCULOSIS***	1	1.7	1	1.7	2	3.4	3	5.0	2	3.4
VIBRIO - NON 01 CHOLERA**	1	1.7	1	1.7	0	0.0	0	0.0	0	0.0
YERSINIOSIS**	4	6.7	1	1.7	0	0.0	2	3.4	1	1.7
SYPHILIS TOTAL.....	22	36.9	24	40.3	20	33.6	22	36.9	22	36.9
- P&S SYPHILIS	11	18.5	7	11.7	8	13.4	8	13.4	8	13.4
- EARLY LATENT	9	15.1	11	18.5	8	13.4	9	15.1	9	15.1
- LATE LATENT	1	1.7	6	10.1	4	6.7	5	8.4	5	8.4
- CONGENITAL SYPHILIS	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
GONORRHEA TOTAL.....	59	99.0	142	238.2	97	162.7	118	198.0	119	199.6
- GONORRHEA	59	99.0	142	238.2	96	161.1	117	196.3	118	198.0
- P.I.D.	0	0.0	0	0.0	0	0.0	1	1.7	0	0.0
- GONORRHEA,DISSEMINATED	0	0.0	0	0.0	1	1.7	0	0.0	0	0.0
CHLAMYDIA	228	382.5	337	565.4	396	664.4	513	860.7	415	696.3
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	2	3.4	1	1.7
OTHER VD	0	0.0	0	0.0	0	0.0	1	1.7	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.



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

July 8, 2022

TO: Healthcare Providers, Hospitals, Local Health Departments, Laboratories, Sexual Health Providers, Family Planning Providers, Emergency Rooms, Community Health Centers, College Health Centers, Community-Based Organizations, and Internal Medicine, Family Medicine, Pediatric, Adolescent Medicine, Dermatology, Infectious Disease, and Primary Care Providers

FROM: New York State Department of Health (NYSDOH) Bureaus of Communicable Disease Control (BCDC) and Healthcare Associated Infections (BHA)

HEALTH ADVISORY: MONKEYPOX CASES NOT ASSOCIATED WITH TRAVEL TO AREAS WHERE MONKEYPOX IS ENZOOTIC

SUMMARY

- Historically, monkeypox was considered an uncommon zoonotic viral disease rarely found in the United States.
- Since May 14, 2022, numerous people diagnosed with monkeypox have been reported in several countries that do not normally have monkeypox, including the United States, United Kingdom, Spain, Portugal, and Canada.
- Regardless of gender identity, birth sex, sex of sex partner(s), travel, and/or specific risk factors, providers should be alert for patients who have rash illnesses consistent with monkeypox.
- Clinicians suspecting monkeypox infection should strictly adhere to infection control practices and must immediately notify their local health department (LHD).
- This health advisory replaces prior NYSDOH monkeypox health advisories.
- Key updates include, but are not limited to:
 - Testing at Commercial and Public Health Laboratories
 - NYS Vaccine Strategy (outside of NYC)
 - Infection Control Guidelines
 - Packaging and Treatment of Monkeypox Medical Waste
 - Monkeypox Treatment Options

Background and Clinical Presentation of Monkeypox

Monkeypox is a rare disease of the orthopoxvirus family that is caused by infection with the monkeypox virus.

Symptoms of monkeypox can include a flu-like prodrome followed by a rash. In some cases, the rash may start first followed by other symptoms, while others only experience a rash. These rashes can appear like pimples or blisters often in mucosal areas such as the mouth and anogenital or rectal areas which may remain limited to these areas or even spread to the face, torso, or extremities. Lesions go through different stages of healing and typically lasts 2-4 weeks. The progression of these lesions can be seen here: [Centers for Disease Control and Prevention \(CDC\) Monkeypox Clinical Recognition webpage](#)).

There can be a significant amount of pain associated with symptoms. Pain may interfere with basic functions such as eating, urination, and defecation which can cause distress and compound problems for the patient. Co-infections with sexually transmitted infections, group A strep infection, and other viruses have also been reported. With the presentation of symptoms, it is important to evaluate for and treat other potential infections as deemed appropriate.

Spread and At-Risk Populations

Monkeypox can be spread in a variety of ways. This virus is historically zoonotic in nature from infected animals that either scratch/bite an individual or by eating meat/products that are infected. The most common way individuals spread monkeypox is through direct contact with infectious rash, scabs, and/or body fluids. It is possible to also contract monkeypox through respiratory secretions during face-to-face contact, or during intimate physical contact. Spread can also happen by touching clothing or linens that have been contaminated with infectious rash or body fluids.

Although this is NOT considered a sexually transmitted infection, as described above, monkeypox can spread during intimate physical contact between individuals. People who can get pregnant are also at risk since this virus can spread to their fetus through the placenta.

REPORTING

Healthcare providers **must immediately report suspect cases of monkeypox to their [LHD](#)**.

Reporting should be to the LHD in the county in which the patient resides.

New York City residents suspected of monkeypox infection should be reported to the NYC Health Department Provider Access Line (PAL) at 866-692-3641. Outside of New York City, contact information is available at: https://www.health.ny.gov/contact/contact_information.

If you are unable to reach the LHD where the patient resides, please contact the NYSDOH Bureau of Communicable Disease Control at: 518-473-4439 during business hours or 866-881-2809 evenings, weekends, and holidays.

TESTING AT COMMERCIAL LABORATORIES

Testing for Orthopoxvirus is now available at LabCorp (PFI 2502) using dry swab specimens and will be available shortly at four other national laboratories including: Aegis Sciences Corporation (PFI 9512); Mayo Clinic (PFI 3263 and PFI 8221); Quest Diagnostics Nichols Institute (PFI 2478); and Sonic Healthcare (PFI 8922). Questions about testing at these facilities should be directed to the appropriate

laboratory. Contact information for laboratories can be found by searching the laboratory PFI number at: <https://www.wadsworth.org/regulatory/clep/approved-labs>.

NYSDOH Wadsworth Center recently released streamlined guidance for the validation of molecular detection assays for Orthopoxvirus and/or monkeypox virus. This guidance is available for clinical laboratories that have a Clinical Laboratory Evaluation Program permit and are interested in building this capability. The guidance can be found at: <https://www.wadsworth.org/monkeypox-testing-guidance>

TESTING AT PUBLIC HEALTH LABORATORIES

Testing for monkeypox is also available at NYSDOH Wadsworth Center and the New York City Public Health Laboratory. **Specimen collection and submission must be coordinated with the LHD and/or NYSDOH. Within NYC, coordination must be done in consultation with the NYC Department of Health and Mental Hygiene (NYSDOHMH).**

NYSDOH Wadsworth Center will accept specimens collected and transported in viral transport media (VTM) OR collected and transported dry. Specimens in VTM can be tested for orthopoxvirus, varicella zoster virus, and herpes simplex viruses I and II. Specimens collected dry can only be tested for orthopoxvirus. Testing for other viruses should be done locally.

The New York City Public Health Laboratory will only accept specimens collected and transported dry. They will only be tested for orthopoxvirus. Testing for other viruses should be done locally.

Specimen Collection

	<i>FOR SPECIMENS COLLECTED FROM NYS RESIDENTS AND TESTED AT THE NYSDOH WADSWORTH CENTER</i>	<i>FOR SPECIMENS COLLECTED FROM NYC RESIDENTS AND TESTED AT THE NYC PUBLIC HEALTH LABORATORY</i>
Specimen Types	1. Swab in viral transport media (VTM) or dry swab. Collect two samples from each of two lesions, for a total of 4 samples.	1. Dry Swab ONLY (two for each lesion). Collect two samples from each of two lesions, for a total of 4 samples.
Collection	1. Identify two (2) lesions per patient to sample, preferably from different locations on the body and/or with differencing appearances. (A total of four swabs should be collected). 2. Collect the sample using the sterile swab, by scrubbing the base of the lesion vigorously enough to ensure that cells from the lesion are collected. Use separate sterile swabs (synthetic-Dacron, nylon, polyester, Rayon). 3. Storage containers: Place each swab in tubes containing VTM (can be	1. Identify two (2) lesions per patient to sample, preferably from different locations on the body and/or with differencing appearances. (A total of four swabs should be collected). 2. Collect the sample using the sterile swab, by scrubbing the base of the lesion vigorously enough to ensure that cells from the lesion are collected. 3. Storage containers: Place each swab (break off stick if necessary) in its own sterile container (i.e., conical tube or

	<p>tested for more viruses) OR place swabs in a dry sterile container (can only be tested for orthopoxvirus). See below for more information.</p>	<p>urine cup). (Reminder, do not add or store in viral or universal transport media.)</p> <p>For additional information on specimen collection refer to the Specimen collection, storage, and transport instructions section on the Instructions for Submission of Specimens for Monkeypox Testing to the New York City Public Health Laboratory guidance located here: https://www1.nyc.gov/assets/doh/downloads/pdf/labs/monkeypox-specimen-testing.pdf</p>
<p>Submission information</p>	<p>A Wadsworth Center Infectious Disease Request Form must accompany all samples; Remote Order Entry on the Health Commerce System is preferred.</p> <p>Label all tubes and swab holders with the patient's name, unique identifier, date of collection, source of specimen (vesicle/pustule) and name of person collecting the specimen.</p> <p>Specimens should be stored and shipped refrigerated or frozen. Should not be shipped at ambient temperature.</p> <p>Refer to the online test request/requisition page on the Wadsworth Center website for more information on remote ordering: https://www.wadsworth.org/electronic-test-request-reporting-new</p>	<p>A New York City Public Health Test Requisition (available upon request) must accompany each sample/ collection site.</p> <p>Label all tubes and swab holders with the patient's name, unique identifier, date of collection, source of specimen (vesicle/pustule), collection site, and name of person collecting the specimen.</p> <p>Refer to Test ordering instructions on the NYC PHL guidance document at https://www1.nyc.gov/assets/doh/downloads/pdf/labs/monkeypox-specimen-testing.pdf.</p> <p>Briefly, go to https://a816-phleorder.nyc.gov/PHLeOrder/ and perform the following</p> <ol style="list-style-type: none"> 1. Sign in using credentials or register as a new user. 2. Fill out required information and add the following to the specified fields: a. Test: Clinical Poxvirus b. Specimen Container: Swab c. Specimen Source: Other d. Specimen Source Other: Skin or Lesion + site of lesion swabbed (e.g., Left arm) e. Fill in both collection date and collection time fields (required). 3. Communicate with your clinical laboratory that specimens are to be delivered to PHL and that an eOrder has been submitted.

Shipping Address	Dr. Christina Egan DAI 3021, Biodefense Laboratory, Wadsworth Center, NYS Dept. of Health 120 New Scotland Avenue Albany, NY 12208	Dr. Scott Hughes New York City Public Health Lab Biothreat Response Unit 455 1 st Avenue New York, NY 10016
Questions	Call the Wadsworth Center Biodefense Laboratory at 518-474-4177 (business hours) or the duty officer 866-881-2809 (after hours).	Call the NYC Biothreat Response Laboratory at 212-671-5834 (business hours) or Poison Control at 212-764-7667; ask for PHL duty officer (after hours).

Specimen Collection

To collect vesicular and pustular material:

1. Perform hand hygiene and don gloves, gown, face, and eye protection.
2. Sanitize the patient's skin with an alcohol wipe and allow skin to air dry (do not "wave" the site to facilitate drying).
3. For swabs in tubes containing VTM (NYS), label a swab holder and remove swab from the outer sheath. Collect cells from the lesion base by 1) vigorously swabbing or brushing lesion with two separate sterile synthetic swabs (Dacron, nylon, polyester, or Rayon); 2) Place each swab in a separate sterile tube containing VTM. Secure each tube with parafilm.
4. For the dry swabs (NYC and NYS) label a swab holder and remove swab from the outer sheath. Collect cells from the lesion base by 1) vigorously swabbing or brushing lesion with two separate sterile dry polyester, nylon, or Dacron swabs; 2) Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal transport media.
5. Repeat this process on different lesions.
 - a. For NYS there should be two specimens collected for each lesion: two sets of plastic tubes from each lesion for a total of 4 tubes.
 - b. For NYC there should be two swabs for each lesion
6. After specimen collection is completed, all personal protective equipment (PPE) worn by the specimen collector and all waste generated during the specimen collection (e.g., alcohol wipes, holders, etc.) should be discarded according to facility's usual procedures for what is considered regulated medical waste (i.e., there are no changes to what is considered regular waste versus regulated medical waste when caring for someone with suspect or confirmed orthopox/monkeypox). All sharp devices used to open vesicles (e.g., needles, blades, etc.) used to open vesicles should be disposed of in an appropriate sharps container. Hand hygiene should be performed before and immediately after specimen collection and following removal of PPE. Alcohol-based hand sanitizers are preferred unless hands are visibly soiled. If hands are visibly soiled, hand hygiene should be performed using soap and water.
7. Other sample types such as serum and whole blood may also be requested.

Please note: Monkeypox virus can be cultivated in several cell culture types routinely used by the viral testing laboratory. Although laboratories should not attempt to isolate this virus, if you become aware that your laboratory has isolated monkeypox using cell culture, you should **immediately** contact the Wadsworth Center or the NYC PHL.

VACCINATION

JYNNEOS (aka: IMVANEX, IMVAMUNE) is licensed by the US FDA as a 2-dose series for the prevention of monkeypox among adults ages 18+. If given within 4 days of exposure, this vaccine may reduce likelihood of infection, and within 14 days may reduce severity of symptoms. JYNNEOS is available only via the federal National Strategic Stockpile and is being made available by the federal government for the primary purpose of post-exposure prophylaxis (PEP) among those with a possible recent exposure to monkeypox. PEP may be further divided into two strategies:

- 1) PEP for an exposed contact of a suspected or confirmed monkeypox case, and
- 2) Broader community distribution for persons who are not known to be exposed contacts of a suspected/confirmed case but have behavioral/epidemiological criteria consistent with a possible recent exposure. CDC has called this strategy “PEP++”.

In the United States and in New York, there is currently a limited supply of JYNNEOS vaccine, although more vaccine is expected in the coming weeks and months. NYSDOH is rolling out vaccine in a phased approach, as it becomes available, in accordance with CDC guidance. Currently, JYNNEOS for both PEP uses are available through NYSDOH distributions via Local Health Departments.

For #1 above, people who are identified by an LHD as exposed to a suspected or confirmed monkeypox case in the past 14 days will work directly with their LHD and healthcare provider to discuss obtaining the JYNNEOS vaccine.

For #2 above, community-distributed PEP for those with recent qualifying behavioral/epidemiological criteria, NYSDOH’s approach is consistent with CDC guidance and limited supply, currently in 2 phases:

- Phase 1 (July 11 through about July 15) offers a limited amount of vaccine doses and is focused on reaching those at high risk of a recent (within the past 14 days) exposure to monkeypox.
 - According to CDC, those at high risk of a recent exposure to monkeypox may include members of the gay, bisexual, transgender and gender non-conforming community and other communities of men who have sex with men who have engaged (in the past 14 days) in intimate or skin-to-skin contact with others in areas where monkeypox is spreading.
 - This includes those who have had skin-to-skin contact with someone in a social network experiencing monkeypox activity, including men who have sex with men who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party).

The following counties outside of New York City have received doses for Phase 1 distribution: Nassau, Rockland, Saratoga, Suffolk, Sullivan, and Westchester. These doses are being administered through specific points of distribution only. Please refer patients to county webpages to learn more about options for scheduling an appointment.

- Phase 2 (after July 15 and through the summer) will offer a modestly expanded supply of vaccine doses and also focus on those at high risk of a recent exposure (within the past 14 days), where vaccination can reduce risk of infection and decrease symptoms if infection has occurred.

As the vaccine program evolves, additional information on the program (outside of NYC), dose availability, and clinical guidance will be made available at <https://health.ny.gov/monkeypox>.

For information on the NYC vaccine program, please visit: <https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page#vax>.

INFECTION CONTROL GUIDELINES

Standard Precautions should be applied for all patient care, including for patients with suspected monkeypox. If a patient seeking care is suspected to have monkeypox, infection prevention and control personnel should be notified immediately. Activities that could resuspend dried material from lesions, e.g., use of portable fans, dry dusting, sweeping, or vacuuming should be avoided.

A patient with suspected or confirmed monkeypox infection should be placed in a single-person room; special air handling is not required. The door should be kept closed (if safe to do so). The patient should have a dedicated bathroom. Transport and movement of the patient outside of the room should be limited to medically essential purposes. If the patient is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet, wound dressing, or gown. Intubation and extubation and any procedures likely to spread oral secretions should be performed in an airborne infection isolation room (AIIR).

PPE used by healthcare personnel who enter the patient's room should include gown, gloves, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), and a NIOSH-approved particulate respirator equipped with N95 filters or higher.

For more information on infection prevention and control of monkeypox, please visit the CDC website at <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html> or the monkeypox main information page at <https://www.cdc.gov/poxvirus/monkeypox/index.html>.

Update: PACKAGING AND TREATMENT OF MONKEYPOX MEDICAL WASTE

In June 2022, the U.S. Department of Transportation (USDOT) released additional guidance on the handling of regulated medical waste (RMW) from suspected or confirmed cases of monkeypox. The USDOT June 2022 guidance can be found at: <https://www.phmsa.dot.gov/transporting-infectious-substances/planning-guidance-handling-category-solid-waste>.

The previous position of the USDOT was that facilities should hold untreated RMW generated from suspected cases of monkeypox and wait until testing confirms the diagnosis and identifies the clade before disposing of the waste.

However, the USDOT, in conjunction with other Federal partners, has issued new guidance indicating that during the ongoing 2022 multi-national outbreak of West African clade monkeypox, if clinician teams determine that a patient does not have known epidemiological risk for the Congo Basin clade of monkeypox (e.g. history of travel to the Democratic Republic of the Congo, the Republic of Congo, the Central African Republic, Cameroon, Gabon, or South Sudan in the prior 21 days) it is appropriate to manage waste from suspected monkeypox patients as RMW. If the Congo Basin clade of monkeypox is excluded, medical waste does not have to be held pending clade confirmation and medical waste needs to be packaged, transported, and treated as RMW. The waste must be packaged in accordance with 49 CFR § 173.197, labelled as United Nations (UN) 3291, Regulated medical waste (Monkeypox waste), and treated by incineration or by autoclaving at 121°C/250°F for at least 30 minutes.

Additional information can be found on the Centers for Disease Control and Prevention (CDC) web site at: <https://www.cdc.gov/csels/dls/locs/2022/06-21-2022-lab-advisory-interagency-partners-update-planning-guidance-disposal-shipment-material-suspected-contain-monkeypox-virus.html>

However, if epidemiological risk factors indicate a risk for Congo Basin clade, waste should be managed as a Category A infectious substance pending clade confirmation. If testing shows any clades except the West African clade, it needs to be packaged, transported, and treated as Category A waste. The waste must be packaged in accordance with 49 CFR § 173.196, labelled as United Nations (UN) 2814, Infectious substances, affecting humans (Monkeypox waste), and managed as Category A waste.

TREATMENT OPTIONS

Mild to Moderate Disease-Low risk for severe disease

- Supportive care including fluids and wound hygiene/care
- Analgesics as needed
- Topical or aerosolized diphenhydramine (Benadryl) or lidocaine for lesion associated pruritus and pain respectively

Supportive Care

This first level of care includes the maintenance of fluids, pain management, treatment of bacterial superinfections of skin lesions, and treatment of any possible co-occurring sexually transmitted or superimposed bacterial skin infections.

Skin lesions should be kept clean and dry to prevent further secondary infection. Pruritus can be treated with an oral antihistamines and topical agents such as calamine lotion, cortisone 10, or petroleum jelly. For oral lesions, prescription medicated mouthwashes can be used to manage pain. Oral antiseptics are helpful in keeping lesions clean. Topical gels such as benzocaine/lidocaine can be used for temporary relief, while eating and drinking.

Proctitis can occur with or without lesions and is often manageable with supportive care, stool softeners may be beneficial. Topical gels such as benzocaine/lidocaine can be used for temporary relief as well. Sitz baths can also be used for proctitis. Pain management may be beneficial utilizing over-the-counter medication such as acetaminophen or prescription medications (narcotics risk constipation). Additionally, proctitis may cause rectal bleeding, which should be evaluated by a healthcare provider.

Nausea and vomiting can be controlled with the use of anti-emetic as deemed appropriate. Diarrhea should be managed through proper hydration and electrolyte replacement.

Moderate to Severe Disease – or people at high risk for development of severe disease

- Currently no treatments are approved specifically for monkeypox, however multiple agents have been developed for smallpox which may be beneficial in treating monkeypox
- Four agents available for treatment
 - Tecovirimat (TPOXX)
 - Vaccinia Immune Globulin Intravenous (VIGIV)
 - Cidofovir (Vistide)
 - Brincidofovir (CMX001 or Tembexa)

Tecovirimat (TPOXX)

Tecovirimat (TPOXX) is a renally excreted antiviral targeting the Orthopoxvirus envelope wrapping protein. TPOXX is FDA approved for the treatment of smallpox in children and adults and available in oral and intravenous formulations. There is no data for the effectiveness of TPOXX in treating monkeypox infections in people. Since the monkeypox virus is of the same genus as the smallpox, it is believed that the similarities in morphology will allow TPOXX to be effective against monkeypox. In animal studies, TPOXX was found to reduce the risk of death. In people, efficacy was limited to drug levels in blood and a few case studies, while a case series of individuals infected with Monkeypox virus included on patient treat with TPOXX showed that the medication may shorten the duration of illness and viral shedding (Adler et al., 2022).

TPOXX can only be obtained from the Centers for Disease Control and Prevention, which holds a non-research Expanded Access Investigational New Drug (EA-IND) Protocol for tecovirimat to be used on presumed and confirmed cases of monkeypox. Informed consent from the patient is necessary to receive tecovirimat. (See here for more information.

www.accessdata.fda.gov/drugsatfda_docs/label/2022/214518s000lbl.pdf)

Who Should Receive Tecovirimat

This course of treatment may be considered in people infected with monkeypox virus that meet the following:

- With severe disease
- At high risk of severe disease
 - o Immunocompromised
 - o Pediatric populations
 - o Pregnant or breastfeeding individuals
 - o People with history or presence of skin conditions
 - o People with one or more complication from infection
- With infections deviating from normal involving implantation in eyes, mouth, or other anatomic areas where infection might become a special hazard

Who should not receive Tecovirimat

Under the EA-IND, people who are ineligible for tecovirimat treatment are those who are unwilling to signed informed consent documentation as well as those with a known allergy to the drug or its components

Absorption and Adverse Effects of Tecovirimat

Oral tecovirimat: Absorption of this drug is dependent on adequate intake of a full, fatty meal. For adults, the standard dosing is 600mg every 12 to 14 hours. This will require taking 3 pills every 12 hours, for most adults. Therefore, it is important for the adult to tolerate consistent intake of meals twice a day. Reported adverse effects include headache (12%), nausea (5%), abdominal pain (2%), and vomiting (2%). Neutropenia was found in one study participant.

IV tecovirimat: IV tecovirimat should not be administered to those with severe renal impairment (CrCL <30 mL/min). For this population, the oral formulation is still an option. IV tecovirimat should also be used with caution for those with moderate (CrCL 30-49 mL/min) or mild (CrCL 50-80 mL/min) renal impairment as well as those less than 2 years of age given immature renal tubular function. Reported adverse effects of IV tecovirimat include infusion site pain (19%), infusion site swelling (39%), infusion site erythema (23%), infusion site extravasation (19%), and headache (15%).

What is Required from Clinicians/Healthcare Providers

When administering tecovirimat there are certain documentation requirements under an EA-IND that must be met. Providers may be contacted for further follow-up if necessary. These requirements include:

- Informed consent prior to treatment initiation
- FDA Form 1572
 - o Complete within 3 calendar days by the responsible clinician/healthcare provider along with a CV of the treating physician
- Patient intake form to provide patients baseline condition at time of treatment
- Adverse event form
- Clinical outcomes form
 - o To report treatment duration and patient's clinical outcome upon completion
- Photos of lesions
 - o 1 prior and 1 during treatment (between days 7 and 14) with dates indicated

Requesting Tecovirimat

Tecovirimat is only available through the federal Strategic National Stockpile. For facilities that are interested in prescribing tecovirimat for patients eligible under the EA-IND criteria, medication must be requested through the Centers for Disease Control State and territorial health authorities can direct their requests for medical countermeasures for the treatment of monkeypox to the CDC Emergency Operations Center (770-488-7100).

Other medications and treatment options:

Vaccinia Immune Globulin Intravenous (VIGIV): Vaccinia Immune Globulin Intravenous (VIGIV) is an FDA approved treatment for the complications following vaccinia vaccination. The CDC's expanded access protocol allows for the use of VIGIV for the treatment of Orthopoxviruses (including monkeypox) in an outbreak. Effectiveness data is not available of VIG in treatment of monkeypox virus infection. There is no known benefit in treatment of monkeypox and is also unknown if a person with severe monkeypox infection will benefit from treatment with VIG. However, VIGIV use may be considered in severe cases. VIVIG may also be considered for prophylactic use in exposed individuals with severe T-cell dysfunction for which smallpox vaccination following exposure to monkeypox virus is contraindicated. VIGIV is not commercially available but can be made available through the Strategic National Stockpile (SNS) for the treatment of smallpox vaccine complications in patients with serious clinical manifestations. (See www.fda.gov/media/78174/download for full dosing, administration, reactions, and contraindications)

Cidofovir (Vistide): Cidofovir (Vistide) is an intravenous, renally excreted antiviral targeting the cytomegalovirus (CMV) DNA polymerase. Cidofovir is FDA approved for the treatment of CMV retinitis in patients with Acquired Immunodeficiency Syndrome (AIDS). The CDC's expanded access protocol allows for the use of Cidofovir for the treatment of orthopoxviruses (including monkeypox) in an outbreak. Effectiveness data is not available for Cidofovir in treating human cases of monkeypox. However, it has shown to be effective against Orthopoxvirus in *in vitro* and animal studies. It is unknown if a person with severe monkeypox infection will benefit from treatment with Cidofovir, its use may be considered in such instances. Brincidofovir may be a safer option over Cidofovir. Serious renal toxicity or other adverse events have not been observed during treatment of cytomegalovirus infections with Brincidofovir as compared to treatment using Cidofovir. Given Cidofovir's use in CMV disease, it may be also available outside the CDC's access protocol. Currently, cidofovir is stockpiled by the SNS and would be made available under the appropriate regulatory mechanism. (See www.accessdata.fda.gov/drugsatfda_docs/label/1999/020638s003lbl.pdf for full dosing, administration, reactions and contraindications)

Brincidofovir (CMX001 or Tembexa): Brincidofovir (CMX001 or Tembexa) is an oral, hepatically excreted antiviral targeting the smallpox DNA polymerase. Brincidofovir is FDA approved for the treatment of human smallpox disease in adult and pediatric patients, including neonates. Effectiveness data is not available for Brincidofovir in treating cases of monkeypox in people. However, it has shown effectiveness against orthopoxviruses in *in vitro* and animal studies. The CDC is currently developing an Expanded Access for an Investigational New Drug (EA-IND) for Brincidofovir use for treatment for monkeypox. (Brincidofovir is currently unavailable from the United States' Strategic National Stockpile (SNS)).

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- Food and Drug Administration. Tecovirimat package insert. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/214518s000lbl.pdf
- Titanji B, Tegomoh B, Nematollahi S, Konomos M, Kulkarni PA. Monkeypox - A Contemporary Review for Healthcare Professionals. *Open Forum Infectious Diseases*. 2022. <https://doi.org/10.1093/ofid/ofac310>
- World Health Organization. Clinical Management and Infection Prevention and Control for Monkeypox – Interim Rapid Response Guidance. June 10, 2022. <https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1>

ENVIRONMENTAL INFECTION CONTROL - FOR HEALTHCARE SETTINGS

Standard cleaning and disinfection procedures should be performed using an EPA- and DEC-registered hospital-grade disinfectant with an emerging viral pathogen claim. Products with [Emerging Viral Pathogens claims](#) may be found on EPA's [List Q](#). Follow the manufacturer's directions for concentration, contact time, and care and handling.

Soiled laundry (e.g., bedding, towels, personal clothing) should be handled in accordance with [recommended \[PDF – 241 pages\]](#) standard practices, avoiding contact with lesion material that may be present on the laundry. Soiled laundry should be gently and promptly contained in an appropriate laundry bag and never be shaken or handled in manner that may disperse infectious material.

Activities such as dry dusting, sweeping, or vacuuming should be avoided. Wet cleaning methods are preferred.

Management of food service items should also be performed in accordance with routine procedures.

Detailed information on environmental infection control in healthcare settings can be found in CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities](#) and [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) [section IV.F. Care of the environment].

[Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC](#)

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

Children with Special Care Needs Highlights
July 2022

Staff Activities

Staff Group Training

- Preschool billing staff, Administrative Coordinator, Director, ITS Support-Katie Prince and Fiscal Administrator attended biweekly meetings and trainings for our new digital software for preschool billing called the “CPSE Portal” from James McGuinness software.

Committees/Meetings

- CSCN Staff attended the Staff meeting 7/19/2022

Division Manager—Deb Thomas:

- Senior Leadership Meetings bi-monthly
- CSCN update with Frank Kruppa 7/6/22
- BOH meeting- 7/26/22- absent
- Strategic Planning meeting with Sr Leadership 7/8/22
- Strategic Planning Cross Functional Services Team mtg 7/8/22
- Strategic Planning for Integrating Children’s Services 7/12/22
- Initial Service Coordinator meetings 7/6/22
- CYSHCN Social Media meeting 7/6/22
- CYSHCN General Knowledge and Resource Meeting 7/12
- CYSHCN Check in and planning with the Rochester RSC 7/27/22
- Onboarding committee mtg 7/8/22
- S2AY Network meeting Policy review 7/12/22
- Meeting with Dryden school new CPSE Chair 7/27/22
- NYS BEI All County Conference Call 7/28/22
- Conference Call with Brooks Publishing regarding ASQ Online software 7/28/22

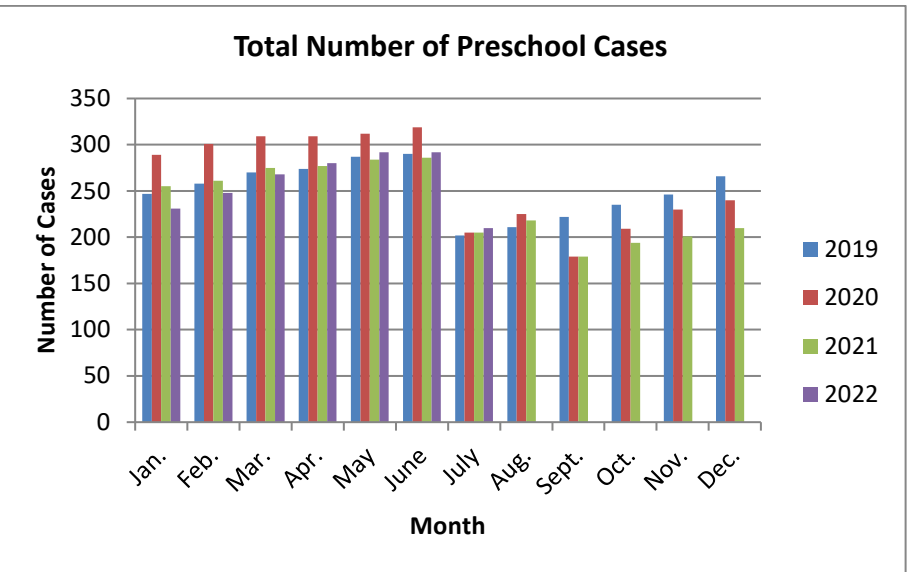
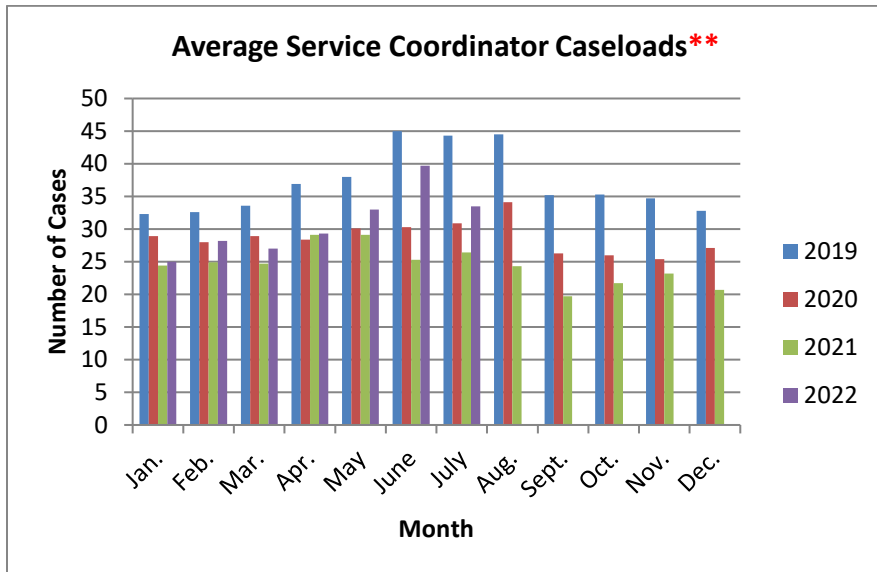
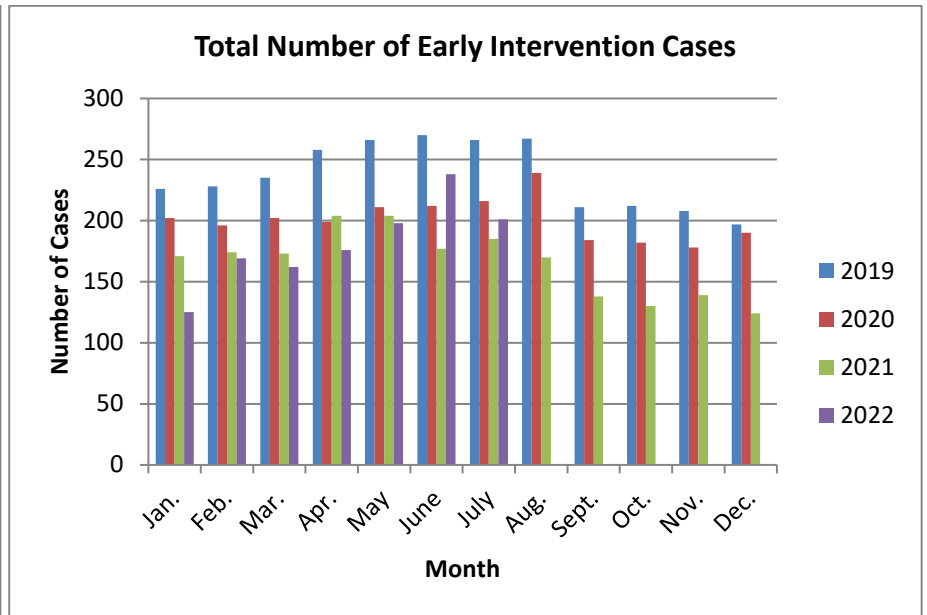
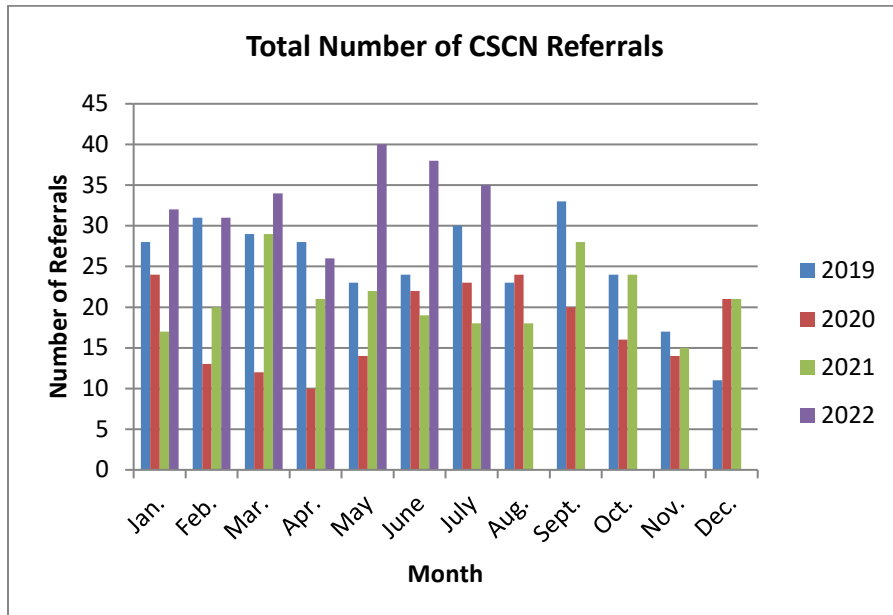
Preschool software for digital therapy session notes and billing successfully went live July 1, 2022.

Trainings continue throughout the summer for billing and county reports.

Project Assistant started (up to 16 hours a week) to help with preschool filing and scanning backlog.

Early Intervention Wait Lists continue with 50+ children waiting for speech therapy, 10+ children waiting for Special Instruction Teachers. Current advocacy work and recruiting happening for this program. NYS DOH BEI notified monthly of current therapy needs.

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 2022
EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 Totals	2021 Totals
Initial Concern/reason for referral:														
-- DSS Founded Case														7
-- Gestational Age		1	1	1										6
-- Gestational Age/Gross Motor														0
-- Global Delays				1										0
-- Hearing						1								0
-- Physical														
-- Feeding	4	1	2		1	3								14
-- Feeding & Gross Motor	1				1	2	1							0
-- Feeding & Social Emotional							1							0
-- Gross Motor	3		3		7	6								37
-- Gross Motor & Fine Motor							7							2
-- Gross Motor, Speech & Social Emotional					1									2
-- Fine Motor														0
-- Social Emotional			1			1								8
-- Social Emotional & Adaptive					1									0
-- Speech	13	13	13	12	14	13	10							147
-- Speech & Cognitive														1
-- Speech & Feeding		1	1											1
-- Speech & Fine Motor			1											0
-- Speech & Gross Motor	1	4	1		1	1								15
-- Speech & Hearing	2		1		1									0
-- Speech & Sensory														0
-- Speech & Social Emotional	1		2	1		1	1							4
-- Speech, Feeding & Gross Motor														2
-- Adaptive														0
-- Adaptive/Sensory														1
-- Adaptive/Fine Motor														0
-- Qualifying Congenital / Medical Diagnosis				1										6
-- Other -- Birth Trauma														0
-- Maternal Drug Use														4
Total # of CYSHCN Referrals	0	1	1	5	5	0	4							
Total # of Information and Referalls (I&R)	3	2	0	0	5	10	2							
Total # of Child Find Referrals	4	8	7	5	3	0	9							15
Total Number of CSCN Program Referrals	32	31	34	26	40	38	35							252
Caseloads														
Total # of clients worked with during this month	125	169	162	176	198	238	201							
Average # of Cases per Full Time Service Coordinator	25.0	28.2	27.0	29.3	33.0	39.7	33.5							

EARLY INTERVENTION PROGRAM

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 Totals	2021 Totals
-- Intake visits	19	17	27	18	22	19	18							245
-- IFSP Meetings	18	19	35	31	28	26	25							301
-- Core Evaluations	13	19	19	17	17	19	22							207
-- Supplemental Evaluations	5	4	5	5	4	6	1							57
-- Observation Visits	12	39	44	19	39	28	26							392
-- CPSE meetings	5	2	7	2	5	10	6							53
-- Family Training/Team Meetings	0	0	0	0	0	0	1							17
-- Transition meetings	3	7	7	2	1	0	4							97

Services and Evaluations Pending & Completed	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 Totals	2021 Totals
Children with Services Pending(Needs List)														
-- Feeding	6	4	4	4	4	3	5							11
-- Nutrition	0	0	0	0	0	0	0							0
-- Occupational Therapy	0	1	3	3	2	2	2							13
-- Physical Therapy	4	2	6	6	5	2	5							11
-- Social Work	0	0	0	0	2	0	0							3
-- Special Education	7	6	11	11	15	13	10							13
-- Speech Therapy	37	39	33	36	47	52	54							144

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 Totals	2021 Totals
-- To CPSE	14	1	2	1	0	0	3							42
-- Aged out	1	1	1	2	2	0								14
-- Skilled out	4	2	3		4	3	1							36
-- Moved	2	0	0	0	3	10	4							16
-- Not Eligible/DNQ	5	3	9	6	5	7	16							78
-- Family Refused/Unable to Locate	3	4	5	4	3	6	8							21
Total Number of Discharges	29	11	20	13	17	26	32							238
Child Find														
Total # of Referrals	4	8	6	5	3	0	9							15
Total # of Children in Child Find	13	20	20	21	25	22	20							
Total # Transferred to Early Intervention	0	0	1	3	2	1	2							0
Total # of Discharges	0	3	6	1	1	4	0							4

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2022 Totals	2021 Totals
Children per School District														
-- Ithaca	112	120	131	136	144	145	108							
-- Dryden	44	47	49	51	54	54	38							
-- Groton	34	35	38	40	40	40	26							
-- Homer	0	0	0	0	0	0	0							
-- Lansing	26	27	27	29	28	27	17							
-- Newfield	6	8	13	14	15	15	12							
-- Trumansburg	9	11	10	10	11	11	9							
-- Spencer VanEtten	0	0	0	0	0	0	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	231	248	268	280	292	292	210							

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Services /Authorized by Discipline														
-- Speech Therapy (individual)	148	160	172	177	182	182	114							
-- Speech Therapy (group)	7	11	16	15	19	19	5							
-- Occupational Therapy (individual)	58	61	62	65	71	71	50							
-- Occupational Therapy (group)	1	2	3	3	9	6	1							
-- Physical Therapy (individual)	35	36	38	42	42	43	21							
-- Physical Therapy (group)	0	0	0	0	0	0	0							
-- Transportation														
-- Birnie Bus	26	18	16	16	18	17	21							
-- Dryden Central School District	6	7	7	6	6	6	0							
-- Ithaca City School District	31	31	35	32	31	31	32							
-- Parent	6	8	7	7	5	5	3							
-- Service Coordination	34	36	3	38	44	41	21							
-- Counseling (individual)	43	51	55	62	70	66	55							
-- 1:1 (Tuition Program) Aide	4	4	5	5	5	5	5							
-- Special Education Itinerate Teacher	31	39	41	42	45	43	29							
-- Parent Counseling	44	51	58	63	66	63	35							
-- Program Aide	1	1	1	1	1	1	1							
-- Teaching Assistant	0	0	0	0	0	0	0							
-- Audiological Services	2	2	2	2	2	2	0							
-- Teacher of the Deaf	2	2	2	2	3	1	1							
-- Music Therapy	0	0	0	0	0	0	0							
-- Nutrition	15	15	16	17	17	16	8							
-- Skilled Nursing	0	0	0	0	0	0	0							
-- Interpreter	1	1	1	1	2	2	1							
Total # of children rcvg. home based related svcs.	162	182	199	215	229	230	153							

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkinscountyny.gov>

Ph: (607) 274-6688
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ENVIRONMENTAL HEALTH HIGHLIGHTS June/July 2022

Outreach and Division News:

CDBG Septic Upgrade Program: Environmental Health was awarded a \$855,000 grant to fund 100% of the costs for a 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. Our grant management consultant, Thoma Development Consultants, solicited applications and has been working with potential applicants on the extensive application process. Thoma screens applicants for socio-economic factors and then forwards selected applications to Environmental Health for a technical review. Environmental Health has approved 7 applicants, who are now moving through the OWTS permitting and replacement process.

Non-fatal Incident: Mik Kern investigated a non-fatal incident at a swimming facility that occurred on July 14. In completing the 31-page investigation report, Mik conducted an extensive review involving multiple interviews and a review of the facility's operations. The report documents what happened in this specific incident and can be used to see how to improve operations here and at other facilities in the state. Great job, Mik!

Water Resources Institute Intern Project: NYS Water Resources Institute (WRI) interns Andrew Epps and Nathan Baker have concluded their work with Environmental Health on potential Tompkins County Sanitary Code changes related to individual water wells. In consultation with Doug Barnes and Liz Cameron, Nathan and Andrew conducted a literature review, an analysis of other county sanitary codes, analyzed available local data on individual water wells, and then prepared a report summarizing their findings and recommendations. Their work was presented to interested Environmental Health staff on August 1, and will be used to frame our future efforts in this area.

Finger Lakes GrassRoots Festival of Music and Dance: Environmental Health staff, especially Joan Pike, Adriel Shea, and Liz Cameron, were quite occupied in June reviewing materials that GrassRoots submitted for their Culture Camp campgrounds and the mass gathering festival at the Trumansburg Fairgrounds and Across the Way (the land GrassRoots purchased across Rt 96 from the Fairgrounds). All EH staff were involved in pre-operational and operational inspections from July 11 through July 23. Due to deficiencies with the water system, access roads and paths, and campsite layout and labeling, EH did not issue permits for the Culture Camp campground permit at Across the Way nor for the mass gathering festival itself. EH continued to conduct inspections while GrassRoots was operating to identify, document, and seek correction of deficiencies to minimize potential public health concerns at the festival.

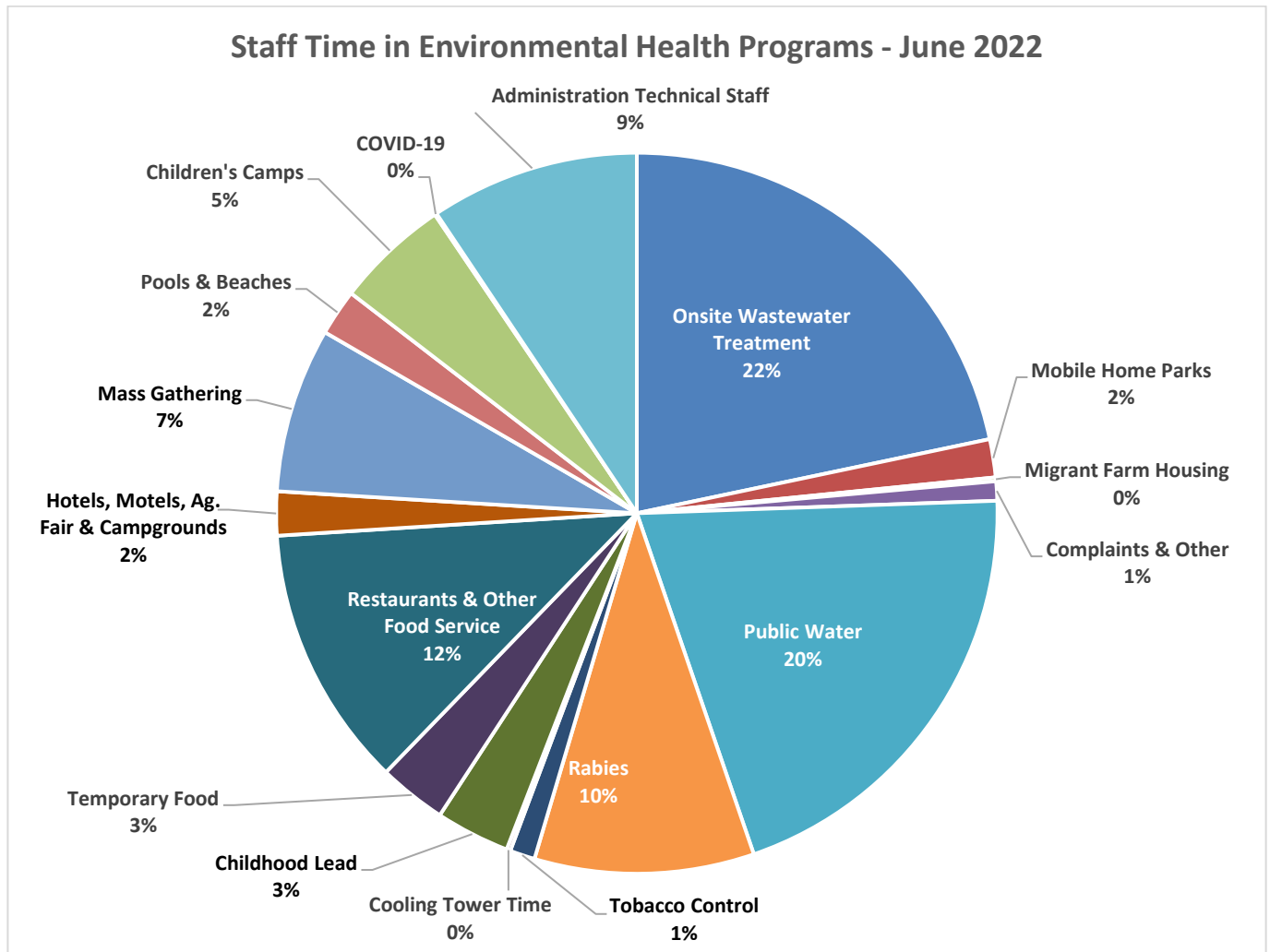
Human Resources:

Environmental Health Specialist Joel Scogin retired from the Division of Environmental Health on July 1. Joel joined the Division in September 2016 and worked primarily in the Onsite Wastewater Treatment System and the Mobile Home Park Permitting Programs. His friendly, calm and considerate approach was truly been appreciated by his coworkers and the public. We also loved his blueberries and flourless chocolate cake! In his retirement Joel and his wife, Nanette (another recent Health Department retiree) plan to pursue a number of activities that have interested them for years – Joel is even planning to hike all 2,190 miles of the Appalachian Trail, from Georgia to Maine! We can't wait to see pictures!

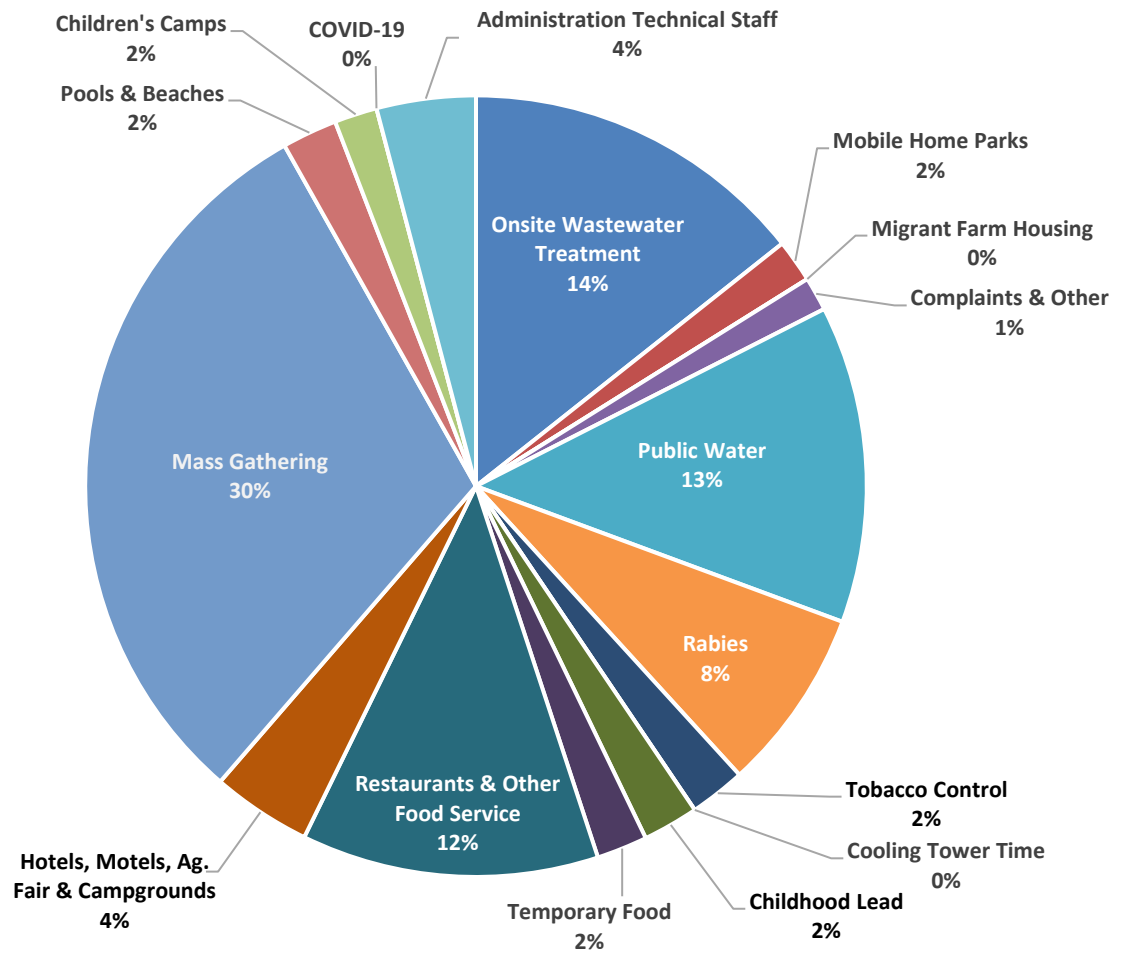
We are very happy to report that Kate Walker returned to Environmental Health as an Environmental Health Specialist as of June 27. We were sorry to see her leave before and are very happy that it's working out for Kate to come back. Kate has an educational background in Environment and Life Sciences (Animal Science and Technology) and has worked for the Farm Sanctuary and animal shelters in addition to her prior experience with us.

Tom Palmer also joined Environmental Health as an Environmental Health Specialist on June 27. Tom has an educational background in Environmental Science and Biology and, I'm very happy to say, also has previous experience in Environmental Health. In addition to other work experience, Tom worked at Chemung County Environmental Health before working as a water operator at the Village of Horseheads.

EH Programs Overview:



Staff Time in Environmental Health Programs - July 2022



Division of Environmental Health
Summary of Activity (2022)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2021 Totals
FOOD PROTECTION PROGRAM - Restaurants & Other Food Service														
Permitted Operations (518 Permitted Operations*)														
Inspections**	34	52	71	67	97	54	67						442	830
Critical Violations	7	10	11	31	17	13	24						113	166
Other Violations	6	31	22	44	28	31	31						193	250
Plans Approved	1	0	4	0	0	1	0						6	15
Complaints Received	1	1	6	3	1	2	1						15	22
Temporary FSE (375 Estimated Operations)														
Permits Issued	1	4	9	9	8	30	19						80	92
Inspections**	0	0	4	0	5	12	16						37	0
Critical Violations	0	4	0	0	2	2	5						13	0
Other Violations	0	0	1	0	2	1	1						5	0
MOBILE HOME PARKS (39 Permitted Operations, 2012 Lots*)														
Inspections**	3	0	1	1	1	0	1						7	21
Critical Violations	0	0	0	0	0	0	0						0	0
Other Violations	12	0	4	0	0	6	0						22	1
Complaints Received	0	0	0	0	1	2	1						4	8
TEMPORARY RESIDENCES - Hotels & Motels (34 Permitted Operations, 2225 Rooms*)														
Inspections**	0	4	0	0	2	10	0						16	47
Critical Violations	0	8	0	2	3	7	0						20	62
Other Violations	0	28	0	3	6	7	0						44	97
Complaints Received	0	1	0	1	2	1	3						8	10
MASS GATHERING (Fingerlaks GrassRoots Festival)														
Inspections**	0	0	0	0	0	0	9						9	0
Critical Violations	0	0	0	0	0	0	13						13	0
Other Violations	0	0	0	0	0	0	22						22	0
Complaints Received	0	0	0	0	0	0	0						0	0
MIGRANT FARM WORKER HOUSING (1 Operation)														
Inspections**	0	1	0	0	0	1	0						2	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, 973 Sites*)														
Inspections**	0	0	0	4	6	2	15						27	34
Critical Violations	0	0	0	0	0	0	21						21	4
Other Violations	0	0	0	0	0	1	11						12	20
Complaints Received	0	0	0	0	0	0	0						0	0
CHILDREN'S CAMPS (35 Operations)														
Inspections**	0	0	0	0	0	15	26						41	32
Critical Violations	0	0	0	0	0	0	3						3	2
Other Violations	0	0	0	0	0	0	0						0	0
Injury/Illness Investigations	0	0	0	0	0	0	0						0	7
Complaints Received	0	0	0	0	0	0	0						0	1
SWIMMING POOLS & BATHING BEACHES - (58 Operations*)														
Inspections**	0	4	8	6	9	12	9						48	107
Critical Violations	0	2	0	0	0	1	1						4	18
Other Violations	0	11	2	4	0	2	5						24	64
Injury/Illness Investigations	0	0	0	0	0	0	1						1	0
Complaints Received	0	0	0	1	0	0	1						2	0
PUBLIC WATER SYSTEMS (PWS) 89 Community PWS, 63 Other PWS*)														
Inspections**	2	2	6	9	13	1	4						37	94
Boil Water Orders Issued	0	1	0	1	1	1	0						4	4
Disinfection Waivers (Total)	19	19	19	19	19	19	19						n/a	20
Complaints Received	0	0	0	0	0	0	0						0	0

Division of Environmental Health
Summary of Activity (2022)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2021 Totals
ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
<i>Permits Issued</i>	6	3	9	18	27	20	20	0	0	0	0	0	103	220
New Construction/Conversions	4	2	6	11	19	10	10						62	105
Replacements	2	1	3	7	8	10	10						41	115
<i>Completion Certificates Issued</i>	7	1	3	4	15	17	23	0	0	0	0	0	70	185
New Construction/Conversions	6	1	2	3	8	10	8						38	90
Replacements	1	0	1	1	7	7	15						32	95
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0	0	1	0	0	0	1						2	0
OWTS	2	2	3	2	2	2	4						17	29
Collector Sewer	0	0	1	2	1	0	1						5	0
Public Water Systems	0	0	0	0	1	1	0						2	7
Water Main Extension	0	0	1	3	2	1	1						8	5
Cross-Connection Control Devices	3	1	1	0	0	1	1						7	7
Other Water System Modification	0	0	1	2	0	0	0						3	3
Other Engineering Reviews	0	0	0	3	2	0	0						5	0
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	22	19	29	30	37	53	76						266	472
Human Post-X Treatments	3	2	3	3	3	21	31						66	115
Animal Specimens Tested	8	9	11	9	9	17	15						78	172
Animals Testing Positive	1	1	0	1	0	2	2						7	4
Rabies Clinics Offered	0	0	1	0	1	1	0						3	4
Dogs Vaccinated	0	0	42	0	109	60	0						211	398
Cats Vaccinated	0	0	23	0	47	41	0						111	258
Ferrets Vaccinated	0	0	0	0	0	0	0						0	2
Pet Quarantine	0	0	0	0	0	0	2						2	0
CHILDHOOD LEAD PROGRAM														
Children with Elevated Blood Lead Levels	1	1	0	2	3	2	1						10	10
Sites Inspected	0	3	0	0	0	0	2						5	6
Abatement Completed	0	0	1	0	0	0	0						1	1
Lead Assessments Sent	0	0	0	0	0	0	0						0	2
FOIL REQUESTS														
Total Received	2	6	2	2	2	5	7						26	45
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (65 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	13	47	30	0	0	0	4						94	28
Violations	0	0	0	0	0	0	0						0	2
CIAA Complaints	0	0	0	0	0	0	0						0	5
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	2	1	3	3	5	4	9						27	44
ENFORCEMENT ACTIONS														
Total Cases	5	0	5	0	0	9	6						25	17
Cases Related to FSE	4	0	1	0	0	0	3						8	6
BOH Penalties Assessed	\$4,900	\$0	\$2,500	\$0	\$0	\$7,700	\$2,000						\$17,100	\$8,450
BOH Penalties Collected	\$200	\$200	\$1,900	\$5,300	\$0	\$200	\$1,400						\$9,200	\$8,000
CUSTOMER SERVICE/SUPPORT														
Calls Received	579	462	642	676	828	830	835						4852	11156
Walk-In Customers	15	35	26	30	60	65	45						276	440
TCEH Emails Received	424	374	373	398	436	462	402						2869	6415
Applications Processed	41	167	140	170	176	131	117						942	1500
Payment Receipts Processed	18	150	137	112	128	108	92						745	1269
Renewals/Billings Sent	107	152	60	143	13	32	99						606	872

* As of 1/1/2022

** Includes Pre-op, Inspection, Re-inspection, HAACP, Sanitary Surveys (Doesn't include Co-Inspector/Field Visits)

Food Program Detailed Report:

The results of food service establishment inspections conducted in Tompkins County can be viewed directly on the Environmental Health website (<https://www2.tompkinscountyny.gov/health/eh/food#fsetable>). 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:

- Paris Baguette, C-Ithaca

New permits were issued for the following facilities:

- Tacos CDMX, C-Ithaca
- SPM Empanadas, Throughout Tompkins
- El Coqui, Throughout Tompkins
- Copper Horse Coffee Kitchen and Mobile Truck, T-Ithaca
- TriniStyle, Throughout Tompkins
- RaNic Golf, V-Cayuga Heights
- Halal Brothers, Throughout Tompkins
- Town of Lansing Community Kitchen, T-Lansing
- The Scoop, Throughout Tompkins

Boil Water Orders (BWOs):

Ongoing:

- On April 14, 2022, a BWO was issued to TOSA Apartments located in the Town of Dryden. The water system did not have adequate chlorine residual when inspected by the Tompkins County Health Department. Enforcement action is pending as a result of the finding.

New:

- On June 24, 2022, a BWO was issued to Cayuga Nature Center located in the Town of Ulysses. The water system did not have adequate chlorine residual when inspected by the Tompkins County Health Department. TCHD is awaiting results of re-sampling prior to releasing the BWO.

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
3/22/22	Best Western University Inn	Satish Duggal	Temporary Residence – Repeat Critical Violations	\$400	Payment due 5/15/22	Late Letter Sent
6/28/22	Dream Vape & Smoke	Dream Vape & Smoke LLC.	ATUPA Retailer- Sale of Prohibited Flavored Nicotine Product and Sale of Nicotine to Person Under 21	\$2500	Payment due 8/15/22	Additional Action Pending
6/28/22	Jason's Grocery & Deli	Jason Burnham	ATUPA Retailer - Sale of Prohibited Flavored Nicotine Product	\$600	Payment due 8/15/22	Monitoring Compliance
6/28/22	Ayra Convenience	Ayra Convenience Inc.	ATUPA Retailer - Sale of Prohibited Flavored Nicotine Product	\$600	Payment due 8/15/22	Monitoring Compliance
6/28/22	Ithaca Convenience	Ithaca Convenience LLC.	ATUPA Retailer - Sale of Prohibited Flavored Nicotine Product	\$600	Payment due 8/15/22	Monitoring Compliance
6/28/22	Finger Lakes GrassRoots	Finger Lakes GrassRoots Festival Org., Inc.	Mass Gathering – Violation of Board of Health Orders for Failure to Submit Approvable Water Plans	\$500	Payment due 8/15/22	Monitoring Compliance
6/28/22	TOSA Apartments	Tony Busse	Public Water Supply - Violation of Board of Health Orders for Failure to Maintain Disinfection and to Adhere to Monitoring Requirements	\$1500	Payment due 8/15/22	Monitoring Compliance
7/26/22	ZaZa Exotics	ZaZa Exotics Inc.	ATUPA - Sale of Prohibited Flavored Nicotine Product	\$600	Payment due 9/15/22	Monitoring Compliance
7/26/22	Hound & Mare	Hound & Mare, LLC.	Food – Repeat Critical Violations	\$200	Payment due 9/15/22	Monitoring Compliance
7/26/22	Homewood Suites	Waterford Hotel Group, LLC.	Food Service Establishment – Repeat Critical Violations	\$400	Payment due 9/15/22	Monitoring Compliance

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

August 11, 2022

Jay Bramhandkar
Econo Lodge
2303 N. Triphammer Road
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-22-0024
Econo Lodge Temporary Residence, V-Lansing**

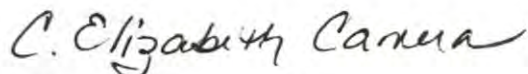
Dear Jay Bramhandkar:

Thank you for signing the Stipulation Agreement on July 27, 2022, for the Econo Lodge. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **August 23, 2022.**

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 19, 2022, 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 19, 2022. The meeting can be viewed 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\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\Econo Lodge\Draft Res 22-0024.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
Village of Lansing CEO; Deborah Dawson, TC Legislature; Deana Bodnar, DSS; TCHD: Elizabeth Cameron, P.E.,
Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Cynthia Mosher; 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 # 22-0024 FOR

**Econo Lodge
Welcome Hotels Inc, Owner; Jay Bramhandkar, Operator
2303 N. Triphammer Rd., V-Lansing
Ithaca, NY 14850**

Whereas, an owner/operator of a Temporary Residence must comply with the regulations established under Subpart 7-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, it is a critical violation of Part 7-1 of the NYSSC to fail to maintain emergency lights as required; **and**

Whereas, on February 9, 2022, and June 14, 2022, the Tompkins County Health Department (TCHD) observed that emergency light exit lights were not properly maintained; **and**

Whereas, Jay Bramhandkar, signed a Stipulation Agreement with Public Health Director's Orders on July 27, 2022, agreeing that Econo Lodge 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 Welcome Hotels Inc, Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due by October 14, 2022 (Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain all exit/smoke barrier doors, emergency lights and exit signs; **and**
3. Maintain the electrical system free of imminent fire or shock risk; **and**
4. Comply with all the requirements of Subpart 7-1 of the New York State Code for Temporary Residences.



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-22-0024

Econo Lodge
Welcome Hotels Inc, Owner; Jay Bramhandkar, Operator
2303 N. Triphammer Rd., V-Lansing
Ithaca, NY 14850

I, Jay Bramhandkar, as a representative for Econo Lodge, agree that on February 9, 2022, and June 14, 2022, Econo Lodge was in violation of Subpart 7-1 of the New York State Sanitary Code for failure to maintain emergency lights as required.

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. Maintain all exit/smoke barrier doors, emergency lights and exit signs; **and**
2. Maintain the electrical system free of imminent fire or shock risk; **and**
3. Comply with all the requirements of Subpart 7-1 of the New York State Code for Temporary Residences.

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: 7/24/22

Welcome Hotels Inc is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 7/29/2022
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-22-0024

**Econo Lodge
Welcome Hotels Inc., Owner; Jay Bramhandkar, Operator
2303 N. Triphammer Road
Ithaca, NY 14850**

August 2022

Date	Action
07/27/2022	Signed stipulation agreement received by TCHD.
07/13/2022	TCHD sent Stipulation Agreement to Econo Lodge
06/14/2022	Re-inspection by TCHD. Violation: See attached inspection report.
02/09/2022	Inspection by TCHD. Violation: See attached inspection report.
06/17/2021	Investigation by TCHD. No critical violations observed.
01/05/2021	Complaint Investigation by TCHD regarding lack of adequate personal protective equipment for staff for COVID-19 protection. Protections were observed to be in place and protective equipment (masks) were in use.
11/20/2020	Re-inspection by TCHD. Violation cited on 2/28/20 was observed to be corrected. Delayed re-inspection due to COVID-19 pandemic response.
02/28/2020	Inspection by TCHD. Violation: Inadequate operation and maintenance of fire alarm and fire suppression systems. Smoke detectors in two guest rooms were observed to be inoperable.
01/09/2019	Partial inspection by TCHD. No critical violations observed at time of inspection.
01/03/2019	Partial inspection by TCHD. TCHD unable to evaluate condition of guest rooms as hotel was full at time of inspection.
01/17/2018	Inspection by TCHD. No critical violations were observed.
09/22/2017	Complaint Investigation by TCHD regarding bed bugs. No critical violations were observed.
01/20/2017	Inspection by TCHD. No critical violations observed.

TOMPKINS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
55 BROWN ROAD
Ithaca, NY 14850-0000
(607) 274-6688
TCEH@tomkins-co.org

Temporary Residence Inspection Summary Report

Operation: ECONO LODGE (ID: 313267)
Facility Name: ECONO LODGE
Facility Code: 54-2530 Facility Email: cindys@garudahospitality.com
Facility Address: 2303 North Triphammer Road, Lansing, NY 14882

To the Attention of:

Jay Bramhandkar
WELCOME MOTELS INC
2303 N Triphammer Rd
Ithaca, NY 14850
Email: garudaexim@aol.com

Inspection

Date: February 9, 2022 10:30 AM
Inspector: Cynthia Mosher (cmosher@tomkins-co.org)
Responsible Person: Amanda Overbaugh
Additional Email(s): aaomco@gmail.com

Summary

Number of Public Health Hazards Found: 2
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 8

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

PUBLIC HEALTH HAZARDS

ITEM # 1 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Electrical service, wiring, components free from imminent fire or shock hazard {7-1.4b(1)}

Inspector Findings: Outlet cover missing on outlet under desk in room 139
Correction: Ensure all electrical outlets have intact covers to ensure no shock hazard.

PUBLIC HEALTH HAZARDS

ITEM #11 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Required exit/ smoke barrier doors, emergency lights, exit signs maintained {7-1.4b(11)}

Inspector Findings: Emergency light on landing for stairs from second floor to dining area fails to light on test. Area not lit by other emergency lighting.

Correction: Ensure all emergency lights are functioning properly.

FIRE SAFETY

ITEM #27 WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Exit signs/emergency lighting readily visible, operational, safe path of travel identified {7-1.8(d)}

Inspector Findings: Bulb on emergency light by room 125 doesn't light on test. All other emergency lighting functional.

Correction: Replace bulbs in emergency lights as needed.

FACILITY MISCELLANEOUS

ITEM #37 WAS FOUND IN VIOLATION 3 TIME(S).

All or parts of the item are violations.

Code Requirements: Electrical services, wiring/fixtures - maintained {7-1.14}

Inspector Findings: Multiplug adapter in room 131 with refrigerator, microwave, tv, and lamp plugged in.

GFI outlet in bathroom of 139 remains hot on test.

Electrical equipment obstructed by maintenance cart in first floor boiler room.

Correction:

Refrigerators and microwaves must be plugged directly into outlet. Multiplug cubes are not permitted.

Replace GFI outlet to ensure proper functioning.

Ensure all electrical panels and boxes are unobstructed.

FACILITY MISCELLANEOUS

ITEM #38 WAS FOUND IN VIOLATION 4 TIME(S).

All or parts of the item are violations.

Code Requirements: Housing maintenance: structurally sound, adequate illumination/ventilation, size, health/safety hazards absent, weather tight roof/sides {7-1.15}

Inspector Findings: Ceiling, bathroom door and sink in room 139 show signs of significant water damage.

Hole in wall under desk in room 131, next to toilet in 139.

Stairwell towards Pizza Hut building had pieces of apple, other refuse, drug paraphernalia on stairwell leading to dining area.

Vacant, cleaned rooms show matter on walls, kickpanel in bathroom in 139, behind toilet, has solid, brown matter, possibly human or animal feces but unidentifiable as such on it. Management stated there had been a plumbing/flooding issue in bathroom.

Latch in guest room door on first floor had cardboard in wall plate, which could prevent full locking of door.

Correction: Ensure all plumbing is working appropriately and repair door and sink to prevent injury from damaged panels.

Repair holes in walls in guest rooms.

Ensure refuse is picked up on a regular basis.

Ensure walls of rooms are properly cleaned if soiled. In rooms where plumbing failures occur, ensure that all areas are thoroughly cleaned as any material identifiable as feces or sewage would be considered a critical violation.

Ensure the locking mechanisms and door plates of all guest doors are in good repair.

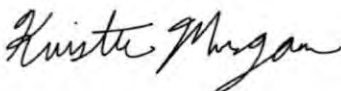
Additional Information Collected During Inspection

Permitted Capacity: 73 Rooms / Units

Comments: Two Part I Critical Violations
Eight Part II Noncritical Violations

Reinspection required.

Pest control has made several visits. No observed insect issue observed in guest rooms at this time. Door in dining room area has been repaired and closes fully.



6/16/22

TOMPKINS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
55 BROWN ROAD
Ithaca, NY 14850-0000
(607) 274-6688
TCEH@tompkins-co.org

Temporary Residence Inspection Summary Report

Operation: ECONO LODGE (ID: 313267)
Facility Name: ECONO LODGE
Facility Code: 54-2530 Facility Email: cindys@garudahospitality.com
Facility Address: 2303 North Triphammer Road, Lansing, NY 14882

To the Attention of:

Jay Bramhandkar
WELCOME MOTELS INC
2303 N Triphammer Rd
Ithaca, NY 14850
Email: garudaexim@aol.com

Re-Inspection

Date: June 14, 2022 02:00 PM
Inspector: Cynthia Mosher (cmosher@tompkins-co.org)
Responsible Person: Amanda Overbaugh
Additional Email(s): aaomco@gmail.com

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	1
Number of Other Violations Found:	0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

PUBLIC HEALTH HAZARDS

ITEM #11 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

All or parts of the item are violations.

Code Requirements: Required exit/ smoke barrier doors, emergency lights, exit signs maintained {7-1.4b(11)}

Inspector Findings: Emergency light on landing for stairs from second floor to dining area fails to light on test. No other emergency lighting lights these stairs. Not repaired from prior inspection.

NO NON-PUBLIC HEALTH HAZARDS REPORTED

Additional Information Collected During Inspection

Permitted Capacity: 73 Rooms / Units

Comments: One Part I Critical Violation, uncorrected

Reinspection required.

Unable to reinspect room 139. Guest currently occupying room.
Did not access room 243 regarding complaint.

Please contact when room 139 and or 243 is available/unoccupied.



Inspector: Cynthia Mosher (cmosher@tompkins-co.org)

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

August 11, 2022

Jay Bramhandkar
Garuda Hotels Inc
2303 N Triphammer Road
Ithaca, NY 14850

Re: Tompkins County Board of Health Draft Resolution # EH-ENF-22-0026
Violation of Board of Health Orders #EH-ENF-21-0014
Country Inn and Suites – Swimming Pool, T-Ithaca

Dear Jay Bramhandkar:

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 23, 2022, at 12:00 p.m.** On September 8, 2021, the Tompkins County Board of Health adopted Resolution EH-ENF-21-0014 requiring Garuda Hotel Inc. to maintain bromine and pH levels in both pools at acceptable levels and submit monthly operating reports to the Health Department.

On July 5, 2022, Tompkins County Health Department (TCHD) staff observed the bromine level in the main pool to be inadequate. In addition, the flow meter for the pool was observed to be non-operational and the facility has not submitted monthly operating reports to the Health Department as required. These are repeat violations, as well as violations of Board of Health Orders.

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 19, 2022, 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 19, 2022. The meeting can be viewed 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

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

Enclosures – Draft Resolution EH-ENF-22-0026, Case Summary, and Resolution #EH-ENF-21-0014

pc: F:\EH\POOLS-BEACHES (SBS)\Facilities (SBS-4)\TR or CG Pools\Country Inn & Suites\Enforcement\2022\Draft Res 22-0026.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
Barbara Raab, County Inn & Suites; CEO T-Ithaca; Supervisor T-Ithaca; Dan Klein, TC Legislature; TCHD: Elizabeth Cameron, P.E.,
Director of EH; Frank Kruppa, Public Health Director; Kristee Morgan; Mik Kern; Skip Parr; Cynthia Mosher; Brenda Coyle
scan: Signed copy to Accela



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

DRAFT RESOLUTION # EH-ENF-22-0026

**Country Inn and Suites Main Pool and Spa Pool
Garuda Hotels Inc, Jay Bramhandkar, Owner/Operator
1100 Danby Road, T-Ithaca
Ithaca, NY 14850**

Whereas, the Owner/Operator of a Swimming Pool must comply with the regulations established by Subpart 6-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, it is a critical violation of Part 6-1 of the NYSSC to fail to maintain the minimum disinfection residual; **and**

Whereas, on September 28, 2021, the Tompkins County Board of Health (BOH) adopted Resolution #EH-ENF-21-0014 requiring Country Inn and Suites to maintain all bromine disinfection at acceptable levels in the Main and Spa pools, repair flow meters, complete and submit Monthly Operating Reports (MORs), and to comply with all requirements of Subpart 6-1 of the NYSSC; **and**

Whereas, on July 5, 2022, Tompkins County Health Department (TCHD) staff inspected the Country Inn and Suites' Main Pool and observed the disinfectant residual below the minimum required levels. Additionally, the flow meter for the pool was observed to not be functioning; **and**

Whereas, Garuda Hotel Inc, Owner, violated these provisions of the New York State Sanitary Code and Board of Health Orders adopted on September 28, 2021; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Garuda Hotels, Inc., Owner, is ordered to:**

1. Pay a penalty of \$1,500 for these violations, **due by October 14, 2022 (Do Not** submit penalty payment until notified by the Tompkins County Health Department; **and**
2. Submit plans from a NYS licensed engineer or architect for approval by the TCHD for the installation of automated disinfection control. Plans and review fees must be submitted to the TCHD for approval **by November 4, 2022**
– **OR** –
Hire and maintain a certified pool operator on staff to ensure the proper operation and maintenance of the swimming pools. Certification that a qualified operator responsible for pool operations and that person's pool certificate must be submitted to the TCHD **by November 4, 2022; and**
3. Maintain the bromine level of the Main Pool between 1.5 mg/l and 6.0 mg/l, and pH must be measured between 7.2-7.8 at all times when in use; **and**
4. Maintain the bromine level of the Spa Pool between 3.0 mg/l and 6.0 mg/l, and pH must be measured between 7.2-7.8 at all times when in use; **and**

5. Provide documentation that the flow meters on both the Main Pool and Spa Pool have been repaired or replaced to ensure accurate flow meter reading can be obtained to assess turnover rates **by October 14, 2022; and**
6. Complete Monthly Operating Reports for both the Main Pool and Spa Pool documenting bromine and pH levels at least three times a day. The reports must be submitted to the Tompkins County Health Department by the 10th day of the following month; **and**
7. Comply with all the requirements of Subpart 6-1 of the New York State Code for Swimming Pools.

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

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

CASE SUMMARY – FOR RESOLUTION # EH-ENF-22-0026

**Country Inn and Suites Main Pool
Jay Bramhandkar, Operator
1100 Danby Rd., T-Ithaca
Ithaca, NY 14850**

Main Pool

Date	Action
07/05/2022	Complaint Investigation and Inspection by TCHD. See attached inspection reports.
11/02/2021	Field Visit by TCHD for compliance after Board of Health.
09/28/2021	Tompkins County Board of Health passes resolution #EH-ENF-21-0014 requiring operator to maintain proper disinfection levels in pools, flix flow meter and submit monthly operating reports to the Health Department.
09/08/2021	Inspection by TCHD. Violation: The Bromine residual in the pool was observed to be inadequate. The pool was closed pending adequate disinfection and reinspection.
09/07/2021	TCHD staff visited facility for Temporary Residence complaint investigation and observed pool to be in operation.
12/30/2020	E-mail received from manager of Country Inn and Suites stating that they have not and will not be reopening their pool in the near future. Permit to operate a Temporary Residence including the two pools issued for 2021 with a condition stating that "Safety certifications and satisfactory pre-operational inspection of pool and spa required prior to operation."
05/26/2020	Tompkins County Board of Health passes resolution #EH-ENF-20-0013. Resolution states " Please note that a pre-operational inspection must be completed by this office prior to re-opening and use of your pools by patrons."
02/19/2020	Re-inspection by TCHD. Bromine residual observed to be inadequate. The pool was closed pending adequate disinfection and reinspection. Unable to locate monthly operating reports for pool.
02/04/2020	Field Visit by TCHD. Violation cited previously was corrected, the pool was reopened.
02/04/2020	Inspection by TCHD. Violation: The pH of the pool was observed to be too high. The pool was closed during the inspection.
09/10/2019	Inspection by TCHD. Violation:
03/16/2019	Field Visit by TCHD. Violation cited previously was corrected.
03/13/2019	Inspection by TCHD. Violation: The pH of the pool was observed to be too high. The pool was closed pending restoration of pH to appropriate level and reinspection.
01/08/2018	Inspection by TCHD. No critical violations cited. Bromine level observed to be too high, pool was closed to restore level to an appropriate level.
04/06/2017	Inspection by TCHD. No critical violations cited. Bromine level observed to be too high, pool was closed to restore level to an appropriate level.
03/14/2016	Inspection by TCHD: No critical violations cited.

Spa Pool

Date	Action
09/08/2021	Inspection by TCHD. Violation: The Bromine residual in the pool was observed to be inadequate and the pH too high. The pool was closed pending adequate disinfection and reinspection.

09/07/2021	TCHD staff visited facility for Temporary Residence complaint investigation and observed pool to be in operation.
12/30/2020	E-mail received from manager of Country Inn and Suites stating that they have not and will not be reopening their pool in the near future. Permit to operate a Temporary Residence including the two pools issued for 2021 with a condition stating that "Safety certifications and satisfactory pre-operational inspection of pool and spa required prior to operation."
05/26/2020	Tompkins County Board of Health passes resolution #EH-ENF-20-0013. Resolution states " Please note that a pre-operational inspection must be completed by this office prior to re-opening and use of your pools by patrons."
02/19/2020	Re-inspection by TCHD. Violation: The bromine residual level was observed to be inadequate. The pool was closed during the inspection. A re-inspection is required.
02/04/2020	Inspection by TCHD. No critical violation cited during the inspection. The bromine level was observed to be too high. The level was restored during the inspection. Operator unable to locate monthly operating reports for pool.
09/10/2019	Field Visit by TCHD. No critical violations cited.
03/16/2019	Re-inspection by TCHD. Violation cited previously was corrected.
03/13/2019	Inspection by TCHD. Violation: Bromine residual was observed to be inadequate. The pool was closed pending adequate disinfections levels and reinspection.
01/08/2018	Inspection by TCHD. No critical violations cited. Bromine level observed to be too high, the residual level was restored to an appropriate level during the inspection.
04/06/2017	Inspection by TCHD. No critical violations cited.
03/15/2016	Re-inspection by TCHD. Violations cited previously were corrected.
03/14/2016	Inspection by TCHD. Violation: Bromine residual observed to be inadequate. The spa was closed pending adequate disinfection and reinspection.

Swimming Pool Inspection Summary Report

Operation: COUNTRY INN & SUITES - POOL (ID: 531220)
Facility Name: COUNTRY INN & SUITES
Facility Code: 54-2605 Facility Email: ilanabobroff@garudahospitality.com
Facility Address: 1100 Danby Road, Ithaca, NY 14850

To the Attention of:

Jay Bramhandkar
GARUDA HOTELS INC
2303 N Triphammer Rd
Ithaca, NY 14850
Email: garudaexim@aol.com

Inspection

Date: July 5, 2022 04:12 PM
Inspector: Mikhail Kern (mkern@tompkins-co.org)
Responsible Person: Brandi Moyer
Additional Email(s): aaomco@gmail.com

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	2

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

PUBLIC HEALTH HAZARDS

ITEM # 2 WAS FOUND IN VIOLATION 1 TIME(S). PUBLIC HEALTH HAZARD

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Minimum Disinfectant Residual Provided {6-1.4(b)(2)}

Inspector Findings: Bromine residual observed to be at 0.1 ppm.
Correction: Bromine must be maintained above 1.5 ppm in order to ensure adequate disinfection.
Pool was closed by operator during inspection.

POOL OPERATION & MAINTENANCE

ITEM #35 WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Pool Water Level Maintained for Adequate Surface Skimming {6-1.10(i)}

Inspector Findings: Water level observed below skimmer level.
Correction: Water level must be maintained at an adequate level to ensure sufficient draw into skimmers for proper pool treatment.

FILTER ROOM & EQUIPMENT

ITEM #46 WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Filters Properly Operated, Maintained; Flow Meter Maintained {6-1.10(a), 6-1.11(b)}

Inspector Findings: Flow meter observed to not be functioning properly.
Correction: Flow meter must be maintained in order to ensure adequate turnover rate.


Additional Information Collected During Inspection

Supervision Level at Time of Inspection: IV
Temporary Residence / Campground: Yes

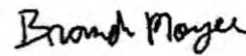
Water Chemistry Disinfectant: Bromine

Free Cl/Br (mg/L)	<u>0.1</u>
pH	<u>7.6</u>

Comments: Part 1: One critical violation of Item #2 observed.
Part 2: Violations observed of Items 35 and 46 observed.
Reinspection required.
Violation of Board of Health Orders.



Inspector: Mikhail Kern (mkern@tomkins-co.org)



Received by: Brandi Moyer

Swimming Pool Inspection Summary Report

Operation: COUNTRY INN & SUITES - POOL (ID: 531220)
Facility Name: COUNTRY INN & SUITES
Facility Code: 54-2605 Facility Email: ilanabobroff@garudahospitality.com
Facility Address: 1100 Danby Road, Ithaca, NY 14850

To the Attention of:

Jay Bramhandkar
GARUDA HOTELS INC
2303 N Triphammer Rd
Ithaca, NY 14850
Email: garudaexim@aol.com

Complaint Investigation

Date: July 5, 2022 04:06 PM
Inspector: Mikhail Kern (mkern@tom-pkins-co.org)
Responsible Person: Brandi Moyer
Additional Email(s): aaomco@gmail.com

Summary

Number of Public Health Hazards Found:	0
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	0

Each item found in violation is reported below along with the code requirement.

NO PUBLIC HEALTH HAZARDS REPORTED

NO NON-PUBLIC HEALTH HAZARDS REPORTED

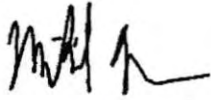
Additional Information Collected During Inspection

Supervision Level at Time of Inspection: IV
Temporary Residence / Campground: Yes

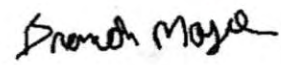
Water Chemistry Disinfectant: Bromine

Free Cl/Br (mg/L)	<u>0.1</u>
pH	<u>7.6</u>

Comments: Follow-up to a complaint regarding pool water being green with a film on top. Pool water was green but clear. No film observed. Bromine was insufficient and pool was closed. Pictures attached.



Inspector: Mikhail Kern (mkern@tompkins-co.org)



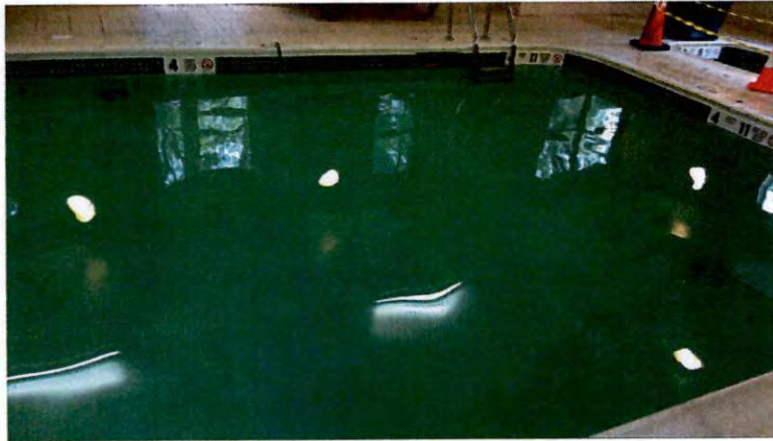
Received by: Brandi Moyer

Photo

Caption



Pool bottom visible



Green tint to water

Swimming Pool Inspection Summary Report

Operation: COUNTRY INN & SUITES - SPA POOL (ID: 531222)
Facility Name: COUNTRY INN & SUITES
Facility Code: 54-2605 Facility Email: ilanabobroff@garudahospitality.com
Facility Address: 1100 Danby Road, Ithaca, NY 14850

To the Attention of:

Jay Bramhandkar
GARUDA HOTELS INC
2303 N Triphammer Rd
Ithaca, NY 14850
Email: garudaexim@aol.com

Field Visit

Date: July 5, 2022 04:00 PM
Inspector: Mikhail Kern (mkern@tompkins-co.org)
Responsible Person:

Summary

Number of Public Health Hazards Found:	0
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	0

Each item found in violation is reported below along with the code requirement.

NO PUBLIC HEALTH HAZARDS REPORTED

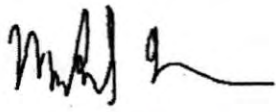
NO NON-PUBLIC HEALTH HAZARDS REPORTED

Additional Information Collected During Inspection

Supervision Level at Time of Inspection: IV
Temporary Residence / Campground: Yes

Water Chemistry **Disinfectant: Chlorine**

Comments: Spa pool was closed and drained.



Inspector: Mikhail Kern (mkern@tomkins-co.org)

Received by: .



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

RESOLUTION # EH-ENF-21-0014

**Country Inn and Suites Main Pool and Spa Pool
Garuda Hotels Inc, Jay Bramhandkar, Owner/Operator
1100 Danby Road, T-Ithaca
Ithaca, NY 14850**

Whereas, the Owner/Operator of a Swimming Pool must comply with the regulations established by Subpart 6-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, it is a critical violation of Part 6-1 of the NYSSC to fail to maintain the minimum disinfection residual; **and**

Whereas, on May 26, 2020, the Tompkins County Board of Health (BOH) adopted Resolution #EH-ENF-20-0013 requiring Country Inn and Suites to maintain all bromine disinfection at acceptable levels in the Main and Spa pools and to comply with all requirements of Subpart 6-1 of the NYSSC. At the time of adoption of Resolution #EH-ENF-20-0013, the penalty of \$400 was waived by the BOH due to the pools being closed due to COVID-19 restrictions; **and**

Whereas, on January 1, 2021, the Tompkins County Health Department (TCHD) issued Permit Number EH-TR-20-718 to Country Inn and Suites requiring a satisfactory per-operational inspection of the pool and spa prior to resuming operation; **and**

Whereas, on September 7 and 8, 2021, TCHD staff observed the Country Inn and Suites' Main and Spa Pools in operation without a satisfactory pre-operational inspection being performed by the TCHD; **and**

Whereas, on September 8, 2021, TCHD staff inspected the Country Inn and Suites' Main and Spa Pools and observed the disinfectant residual below the minimum required levels; **and**

Whereas, Garuda Hotel Inc, Owner, violated these provisions of the New York State Sanitary Code and Board of Health Orders adopted on May 26, 2020; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Garuda Hotels, Inc., Owner, is ordered to:**

1. Pay a penalty of \$1,000 for these violations, **due by November 15, 2021; and**
2. Maintain the bromine level of the Main Pool between 1.5 mg/l and 6.0 mg/l, and pH must be measured between 7.2-7.8 at all times when in use; **and**
3. Maintain the bromine level of the Spa Pool between 3.0 mg/l and 6.0 mg/l, and pH must be measured between 7.2-7.8 at all times when in use; **and**
4. Repair or replace the flow meters on both the Main Pool and Spa Pool to ensure accurate flow meter reading can be obtained to assess turnover rates **by October 15, 2021; and**

5. Complete Monthly Operating Reports for both the Main Pool and Spa Pool documenting bromine and pH levels at least three times a day. The reports must be submitted to the Tompkins County Health Department by the 10th day of the following month; **and**
6. Comply with all the requirements of Subpart 6-1 of the New York State Code for Swimming Pools.

This action was adopted by the Tompkins County Board of Health at its regular meeting on September 28, 2021.

Brenda Gunnell Cross
for Frank Kruppa
Public Health Director

10/4/21
Date

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BYLAWS OF THE TOMPKINS COUNTY BOARD OF HEALTH

I. Establishment and Operation

Section 1.00 The Tompkins County Board of Health, established April 14, 1947 in accordance with the provisions of Sections 340-343 of the Public Health Law of the State of New York, shall exercise all the powers and duties of local boards of health as described in Sections 307-310 of the Public Health Law and shall further assume the responsibilities as may arise or be indicated for county boards of health as defined in Section 347 of the Public Health Law. It shall also operate within the provisions of the charter of the County of Tompkins and such provisions that may be adopted in connection therewith by the Tompkins County Legislature.

Commented [CM1]: BOH: There will likely be more edits to this section once the charter is updated.

II. Board of Health Powers and Duties Purpose

Commented [CM2]: BOH: We are recommending changes to the sub-headers to align with the CSB bylaws.

Section 2.00 The Board of Health shall have the following powers and duties:

(a) Formulate, promulgate, adopt, amend or repeal, and publish rules, regulations, orders, and directives for the security of life and health in the Health District (i.e., all of Tompkins County) that shall not be inconsistent with the Public Health Law or the State Sanitary Code. Such rules, regulations, orders and directives shall be known as the "County Sanitary Code";

(b) Take appropriate action to preserve and improve public health within the County;

(c) Consider any matters that may come to its attention relating to the preservation and improvement of public health within the County and advise the ~~Public Health Director~~ Commissioner of Whole Health thereon, either at the ~~Public Health Director~~ Commissioner of Whole Health's request or upon its own initiative, and from time to time make recommendations to the ~~Public Health Director~~ Commissioner of Whole Health thereon;

(d) Serve as the governing authority for the Tompkins County Licensed Home Care Services Agency (the "Agency") pursuant to Codes, Rules, and Regulations of the State of New York and be responsible for the establishment of standards of the Agency service and care and the approval of standard clinical regimens;

(e) Select and appoint a qualified Agency Administrator and delegate to the Administrator executive authority and responsibility for the operation of the Agency, including the employment of professional staff;

(f) Serve as the governing authority for the Diagnostic & Treatment Center (the "Clinic") pursuant to Codes, Rules, and Regulations of the State of New York and be responsible for the establishment of standards of the Clinic service and care and the approval of standard medical regimens;

(g) Select and appoint a qualified Diagnostic & Treatment Center Administrator and delegate to the Administrator executive authority and responsibility for the operation of the Clinic, including the employment of professional staff;

(h) Organize and maintain, or contract for, public health clinics in Tompkins County;

~~(i) Collaborate with the Community Services Board on mental health matters that impact security of life and health.~~

Commented [CM3]: BOH: Will work on consistent language with the CSB to mirror this intent.

~~(i)~~ (j) Review and make recommendations on the budget of the Department of Health;

~~(k)~~ (k) Operate within the financial, personnel, and administrative County policies as established by the Tompkins County Legislature;

(k) With the approval of the Tompkins County Legislature (and the State Commissioner of Health, where required by law), establish fees for the services provided by the Health Department. Both the Board of Health and the Tompkins County Legislature must mutually agree on the fees. If a disagreement occurs, the fee schedule shall return to the Board of Health for review and recommendation back to the Tompkins County Legislature.

As amended 9/78, 4/79, 5/95, 10/96, 2/04, 9/10, 7/12

As corrected 11/07

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III. Membership Composition and Appointment

Section 3.00 The Board of Health shall consist of seven members, one of whom shall be a member of the County Legislature, selected by the County Legislature, and at least three of whom shall be physicians licensed to practice in the State of New York, and in addition, the City of Ithaca shall be entitled to one additional representative member on the Board of Health, for a total of eight, as long as the City remains a part of the county Health District.

Commented [DE4]: Although we have been able to maintain the three physician requirement, do we want to consider adding other health professionals such as PA's, NP's, dentists to the mix? Perhaps 2 physicians and one other health professional or physician?

Section 3.01 Members of the Board of Health shall be residents of the county.

Commented [CM5R4]: I support this recommendation and think it better reflects current practice within the health professions and commitment to whole person care.

Section 3.02

(a) The members of the Board of Health shall be appointed by the County Legislature.

Commented [FK6R4]: I think PHL says it must be 3 physicians.

(b) The county medical society may submit to the County Legislature a list of physicians from which the County Legislature may choose the medical members of the Board of Health.

Commented [DE7]: I do not think that this happens. We can leave it if we want as long as it remains *may*.

(c) The additional city representative member of the Board of Health shall be appointed by the County Legislature from a list of three persons submitted by the mayor or other administrative head of the city. The city representative shall have all the powers and duties conferred upon other members of said Board.

Commented [FK8R7]: It does not happen, but I believe PH law says something to this effect. We do ask them if they have someone when a physician spot opens.

Section 3.03 The term of office of each appointive member of the Board of Health, including the city representative, shall be six years, with terms overlapping such that at least one term expires each year (the term of one of the members shall expire annually); except that the term of office of the representative member of the County Legislature shall be for such lesser period as may be required in the event that he/she does not continue as a member of the County Legislature.

Commented [DE9]: The CSB are appointed to four year terms with no term limits. Perhaps the language for each board should be the same?

Commented [FK10R9]: I agree there should be consistency and I know this issue is important to the CSB as well.

Section X.XX: Any member may, at any time, resign from the board by giving written notice which shall be effective at the time of its acceptance by the President or a majority of the members of the board. A copy of the resignation letter shall be forwarded to the clerk of the Legislature.

Commented [CM11]: Add for consistency with CSB

Section 3.04 Vacancies shall be filled by appointment for the unexpired terms.

Section 3.05 No member may be appointed for more than two consecutive terms, unless this provision is waived by a majority vote of the Board of Health and the County Legislature concurs.

Commented [CM12]: Delete or make consistent with legislature preference and the CSB.

Commented [DE13R12]: Agree see above

IV. Sanitary Code: Procedures for Adoption

Section 4.00 The following procedures shall be used for adoption of the Tompkins County Sanitary Code:

Commented [FK14R12]: The clerk of the Legislator would like this to be consistent and does not like it to be waived. She would prefer term limits be eliminated or not extended.

(a) The affirmative vote of a majority of the total membership of the Board of Health shall be required to pass any rule, regulation, order, or directive that constitutes the adoption of, or an amendment or addition to, the County Sanitary Code. On the final passage, the question shall be taken by ayes and noes, and the names of the members present and their votes shall be entered in the minutes of the proceedings.

Commented [CM15]: Is this still the proper term

Commented [FK16R15]: Unfortunately yes...

As amended 9/78, 4/79, 5/95, 10/96, 2/04, 9/10, 7/12
As corrected 11/07

DRAFT

(b) Every rule, regulation, order, or directive that constitutes an amendment or addition to the County Sanitary Code shall be made available electronically, mailed, or delivered in final form to each member at least 10 calendar days, exclusive of Sunday, prior to passage.

(c) The Board of ~~health~~-Health shall hold a public hearing on every rule, regulation, order, or directive that constitutes the adoption of, or an amendment or addition to, the County Sanitary Code, prior to its final passage. Such public hearing shall be on at least five days' notice, published on the Health Department's webpage and/or in the official daily newspaper(s) in the County.

(d) The Board of Health shall cause to be published annually electronically a supplement to the County Sanitary Code which shall indicate all additions to, repeals, and amendments of any section of said Code.

(e) The ~~Public Health Director~~Commissioner of Whole Health shall cause to be furnished certified copies of the County Sanitary Code and its amendments for such fees as may be authorized by law.

V. Board Officers and Duties

Section 5.01 The Officers of the Tompkins County Board of Health (hereafter referred to as the "Board") shall be a President and a Vice-President, each of whom shall be elected annually for a term of one year by the members of the Board at the first meeting of the Board each year. The Board may designate the ~~Public Health Director~~Commissioner of Whole Health to serve as its Secretary or elect one of its members to the position. In the event the office of the President becomes vacant, the Vice-President shall automatically succeed to the office of the President. Should the office of Vice-President become vacant the members of the Board shall elect one of its members to fill the vacancy.

Section 5.02 The duties of the President shall be to preside over all meetings of the Board, to appoint all committees, and to perform all duties incidental to the position and office and such other duties as the Board may from time-to-time direct.

Section 5.03 The Vice-President shall perform such duties as the President may from time- to-time direct. In the event of the absence, incapacity, or inability of the President to perform the duties or exercise the powers of the office, they shall be performed and exercised by the Vice-President.

Section 5.04 The Secretary shall, with the assistance of a staff member if desired, record the minutes of each meeting and ~~mail post~~ them on the Board of Health webpage to each member prior to the subsequent meeting, and handle all the correspondence addressed to the Board.

VI. Board Meetings

Section 6.00 Meetings shall be held monthly at a time and place to be determined by the Board. If there is insufficient business to merit the conduct of a meeting the ~~Public Health Director~~Commissioner of Whole Health will so inform the members. Special meetings may be called at the discretion of the President.

Section 6.01 Failure to attend three consecutive regular meetings of the board unless such absence is for good cause and is excused by the chairman or other presiding officer thereof, or in the case of such chairman or other presiding officer, by the Chair of the Legislature, the office may be deemed vacant by action of the appointing authority for the purposes of the nomination and appointment of a successor. Members shall miss no more than ~~four~~ meetings annually. Failure to attend 2/3 of the regularly scheduled Board meetings will result in a recommendation to the County Legislature by the

Commented [CM17]: Is this still accurate? Can publication to the webpage suffice?

Commented [FK18R17]: The county still has the Ithaca Journal as the publication of record. Because the sanitary code is enforceable changes must be published in the paper of record.

Commented [CM19]: Is this still accurate? Can electronic publication suffice?

Commented [CM20]: Does this need to happen still? Can we just email it to you?

Commented [DE21R20]: The issue may be the issuance of certified copies. In hospital issues we are required to provide lawyers, state agencies, regulatory bodies and whenever asked "certified copies" of policies, rules, procedures, etc. upon request. This is required for evidence in litigation and other regulatory actions. It happens more that you think.

Commented [FK22R20]: Dr. Evelyn is correct. I don't think it has happened in my time, but some legal matters require the governmental agencies to certify for the record that the document is accurate.

Commented [DE23]: Do we really need this language, or can we just say that the Board will designate the Public Health Director to act as Secretary.

Commented [CM24R23]: Per SM: Or, that a staff member of the TCHD will serve as the Secretary.

Commented [CM25]: The CSB has a lot of language around notice prior to meetings occurring and use of Roberts Rules of Order. Not sure if it's all necessary to pull into here, but some consistency regarding process might be good?

Commented [DE26R25]: agree

Commented [CM27R25]: Per SM: agree

Commented [CM28]: The CSB is three meetings annually. Unless there's a reason there is a difference, recommend that it is the same for both. They also have a much more detailed process for handling absences - I prefer the simpler approach in ours but think it should probably be consistent.

Commented [DE29R28]: We have monthly meetings while the CSB has one annual meeting in January where certain business must be conducted (Chair's report of annual activities and annual election of officers) and three other meetings. This is the old style NFP Board setup. I agree that our language on absences is better.

Commented [FK30R28]: Both boards schedule 11 meetings per year, so language could be consistent.

As amended 9/78, 4/79, 5/95, 10/96, 2/04, 9/10, 7/12

As corrected 11/07

DRAFT

President of the Board of Health that the member be terminated and replaced unless the President of the Board of Health determines that there was good cause for the failure to attend the Board meetings.

Section 6.02 Meetings must have a quorum of members present to conduct business. Quorum shall mean a majority of the total number of a duly constituted body as if there were no vacancies and no persons disqualified from voting. A quorum shall be a majority (5) of the full board. Business may be conducted with affirmative votes of a majority of the members then present if a quorum is also present. The affirmative vote of a majority of the full board membership shall be required to pass any rule, regulation, order or directive that constitutes the adoption of or amendment or addition to the County Sanitary Code. Section XXX The Board shall identify one member to attend the monthly meeting of the Community Services Board, who shall provide a summary narrative at the subsequent Board of Health meeting. Should we add a requirement for the CSB and BOH to meet jointly once a year?

- Commented [CM31]:** Or should we say that the Deputy Director of the MH Agency shall attend the BOH meetings to provide the update?
- Commented [DE32R31]:** Agree that the Deputy Director can have this role.
- Commented [FK33R31]:** It depends on what you are trying to achieve. Staff can certainly report out about the goings on. If the intent is to better integrate the work, having a more active board presence might be what you are looking for.

VII. Public Health Director/Commissioner of Whole Health

Section 7.00 The County Administrator shall appoint a Public Health Director/Commissioner of Whole Health, upon recommendation of the Board of Health, subject to confirmation by the Tompkins County Legislature, the Board of Health, and the New York State Commissioner of Health, as provided in Section 356 of the Public Health Law, and pursuant to the Tompkins County Charter Section C-9.00, whose duties are set forth in Section C-9.01.

- Commented [CM34]:** Is this language still appropriate given the merging of the departments
- Commented [DE35R34]:** I am not sure what the new titles are going to be. Perhaps the language could express that the County Administrator appoints both the Public Health director and the Deputy Public Health Director and outline their roles.
- Commented [FK36R34]:** This will need to be addressed in both by laws and the charter. I will be suggesting that my position follow this practice and the deputies are appointed by me following the same process.

Section 7.01 The Public Health Director/Commissioner of Whole Health or their designee shall have the powers and duties as defined in Section 352 of the Public Health Law and shall perform such duties as the Board from time-to-time may confer or request. The Public Health Director/Commissioner of Whole Health shall have the responsibility for the administration of the Tompkins County Health Department and the programs and services conducted by it.

Section 7.02 The term of office of the Public Health Director/Commissioner of Whole Health shall be six years.

- Commented [CM37]:** Assuming this entire section may need to be modified and be consistent with the CSB.
- Commented [FK38R37]:** PHL law requires a 6 year term. MHL law does not so this will need to be addressed in both bylaws and the charter.

VIII. Medical Director

Section 8.00 There shall be a Medical Director who shall be appointed by the Public Health Director/Commissioner of Whole Health after consultation with the Board of Health. The Medical Director shall be directly responsible to the Public Health Director/Commissioner of Whole Health and shall exercise general supervision and control, in concert with the Public Health Director/Commissioner of Whole Health, of all medical aspects of the Department's operations, including the medical treatment and quality assurance of patients in public health centers and clinics operated by the Health District. At the time of appointment and throughout the term of office, the Medical Director shall be and remain duly licensed and entitled to practice medicine in the State of New York, and shall have such other qualifications as may be required by law, the local Civil Service Office, and the Tompkins County Legislature.

- Commented [CM39]:** Is this phrase still accurate?
- Commented [DE40R39]:** I believe those clinics like vaccination, etc. operate under Dr Klepack's supervision and license.
- Commented [FK41R39]:** Dr. Evelyn is correct. Dr. K signs off on policies and standing orders for all of our clinical work.

IX. Medical Examiner

As amended 9/78, 4/79, 5/95, 10/96, 2/04, 9/10, 7/12
As corrected 11/07

DRAFT

Section 9.00 There shall be a medical examiner(s) appointed by the ~~Public Health Director~~Commissioner of Whole Health after consultation with the Board of Health. The Medical Examiner(s) shall be directly responsible to the ~~Public Health Director~~Commissioner of Whole Health. At the time of appointment and throughout the term of office, the Medical Examiner(s) shall be and remain duly licensed to practice medicine in the State of New York. The Medical Examiner(s) shall have all the powers and perform all the duties now or hereafter conferred or imposed by law upon a medical examiner and shall perform such other and related duties as may be required by the Tompkins County Legislature.

Commented [CM42]: Is this accurate as written? Do we need to add/change any language to reflect our current structure?

Commented [FK43R42]: Yes this is still accurate.

X. Committees

Section 10.00 Executive Committee

This committee shall be composed of the President and Vice-President and one other member designated by the President. In every instance, however, there shall be at least one physician member. This committee shall have the power to act for and in place of the Board when action is urgent and a quorum cannot be obtained or due notice of a meeting cannot be given. Minutes of the Executive Committee shall be kept and any action taken shall be reported at the next meeting of the Board.

Meetings of the Executive Committee shall be called by the President and may be held at the request of the ~~Public Health Director~~Commissioner of Whole Health. Should one or more members of the Executive Committee not be available, the ~~Public Health Director~~Commissioner of Whole Health shall consult with the President or Vice-President as to the other person or persons to serve and if neither be available the ~~Public Health Director~~Commissioner of Whole Health shall have the privilege of selecting other members of the Board to make a committee of three.

Section 10.01 Special Committees

The Board, in its deliberations, may find it advisable that committees for special purposes be appointed. It shall be the prerogative of the President, with the consent of the Board, to select and appoint qualified persons from the County to serve on such committees; however, in all instances there shall be at least one member of the Board on such a committee who shall serve as Chair of the committee and report to the Board on the recommendations of the committee.

Section 10.02 Community Health Quality Advisory Committee

(a) The Board shall appoint a group of at least 5, which shall include one or more physicians, registered professional nurses, and representatives of the professional services provided by the Agency, as well as one or more consumers and representatives from allied agencies. For detail on Committee functions refer to the Community Health Quality Advisory Committee Bylaws located in the Division for Community Health Policy Manual.

(b) This committee shall establish and assure standards of care and meet at least quarterly to:

1. Review policies pertaining to the delivery of the health care services provided by the Agency and, when revisions are indicated, recommend such policies to the Board of Health for adoption;
2. Conduct a clinical record review of the safety, adequacy, type and quality of services provided which includes: a random selection of patients currently receiving services and patients discharged from the Agency within the past three months. Review shall include all incident reports and patient complaints;
3. Under the direction and approval of the Medical Director report the review findings, conclusions, recommendations and actions to the Board of Health for necessary action, and
4. Assist the Agency in maintaining liaison with other health care providers in the community.

As amended 9/78, 4/79, 5/95, 10/96, 2/04, 9/10, 7/12

As corrected 11/07

DRAFT

(c) The term of membership for community representatives (defined in 10.02 (a) above) shall be three years; members may be appointed for a second term. After two terms, a previous member may be re-appointed upon majority vote of the Board of Health.

XI. Amendment of the Bylaws

These bylaws may only be modified by an affirmative vote of the total membership of the Board of Health provided that the proposed amendment has been electronically delivered or mailed in final form to each member at least ten calendar days, exclusive of Sunday, prior to the date of its adoption. The amended bylaws shall only become effective after confirmation by the County Legislature.

Commented [CM44]: Is this still occurring?

Commented [DE45R44]: I have not heard of this committee. I did see a reference to a Community Health Quality Improvement committee in the Dec 2017 minutes when I tried to do a manual search. I don't ever remember seeing a report from them to the BOH.

Commented [FK46R44]: I believe this is the quality committee that was required for the CHHA and now for our LHCSA. I will check with CHS.

As amended 9/78, 4/79, 5/95, 10/96, 2/04, 9/10, 7/12
As corrected 11/07