

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, February 22, 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 December 7, 2021 and January 25, 2022 Minutes (2 mins.)
- 12:06** IV. Financial Summary (9 mins.)
- 12:15** V. Reports (15 mins.)
- | | |
|-------------------------------|----------------------------------|
| Administration | Children with Special Care Needs |
| Health Promotion Program | County Attorney’s Report |
| Medical Director’s Report | Environmental Health |
| Division for Community Health | CSB Report |
- 12:30** **Administration** (5 mins)
1. Strategic Planning/Identity Branding Update
- 12:35** **Adjournment**

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MINUTES
Tompkins County Board of Health
December 7, 2021
12:00 Noon
Virtual Meeting via Zoom and In-Person for Members

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

Staff: Brenda Grinnell-Crosby, Public Health Administrator; Liz Cameron, Director of Environmental Health; Samantha Hillson, Director of Health Promotion Program; Deb Thomas, Director of Children with Special Care Needs; Jonathan Wood, County Attorney; Claire Espey, Director of Community Health; Frank Kruppa, Public Health Director; Harmony Ayers-Friedlander and Karan Palazzo, LGU Administrative Assistant

Excused: David Evelyn, MD; Shawna Black; and Ravinder Kingra

Guests: William Troy, County Attorney

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at 12:00 p.m.

Privilege of the Floor: No one was present.

Approval of October 26, 2021 Minutes: Dr. Dhundale moved to approve the October 26, 2021 minutes as written, seconded by Dr. Koppel. All others in attendance voted to approve with one abstention.

Mr. Kruppa announced that Mr. William Troy was appointed as the new County Attorney. Current County Attorney, Mr. Johnathan Wood will retire the end of 2021. Mr. Troy has served as the county's deputy attorney for several years and will serve as the attorney for the BOH.

The BOH members and staff in attendance, welcomed and introduced themselves to Mr. Troy.

Financial Summary: Ms. Grinnell Crosby referred to the October 2021 financial summary report included in the packet. She said they continue to juggle all COVID related expenses including sampling costs; the modified ELC School Grant was submitted which will pay BOCES for COVID testing at the schools; and they anticipate approval on a public health fellow grant to hire six undergraduate level fellows, one graduate fellow and a coordinator for two years.

Administration Report: Mr. Kruppa shared a few kind words and thoughts on retiring County Attorney, Johnathan Wood. Mr. Kruppa said that he is thankful and appreciative for Mr. Wood's help and guidance through some challenging situations and enjoyed his monthly reports. He thanked him for his many years of service and will miss his presence.

VACCINE: Mr. Kruppa reported that twenty-three-hundred (2,300), five to eleven year old's have been fully vaccinated with two doses at the vaccine clinics; current county numbers for first doses are at 47% and second doses are at 36% with the state average for first dose at 20%. TCHD is working to get numbers to 70 - 80% for children in that age group. They are working with some school districts for first dose clinics in the next week and beginning in January 2022 offering to the rest of the school districts.

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A large-scale booster clinic is scheduled for this Saturday for 1,000 appointments. A press release will go out today with registration links. Mr. Kruppa hopes the booster clinic will help with the scarcity of appointments in the county and notes that surrounding counties have available appointments. The staff will take a two-week hiatus during the holiday season to re-group while the students are not in school and will restart in January.

Budget: Mr. Kruppa reported that the county budget was fully approved by the legislature with all included OTRs fully funded for 2022. Implementation of the OTRs will begin January 1, 2022.

Health Promotion Program Report: Ms. Hillson reported that the NYS grant funded Healthy Neighborhoods Program (HNP) was extended for 5 years, starting in April 2022, which will allow more home visits and the purchase of more home safety products. They anticipate hiring a budget approved health educator, who will work part-time in the HNP program and part-time in the advancement of tobacco-free communities grant.

Strategic Plan: Ms. Hillson reported that the strategic plan is underway. The Cross Functional Team submitted a Request for Proposals (RFP) to hire a branding development consultant to assist in the creation of a new logo and name for the integrated mental and public health departments. All proposals are due the end of the week.

Medical Director's Report and Discussion: Dr. Klepack referred to his report included in the packet and added that since his report was submitted, there has been a rise in cases. Causation factors may include such factors as crowding and moving indoors.

Dr. Klepack discussed an announcement in New York City of two supervised injection (consumption) facilities for the prevention of opioid overdose, for the provision of harm reduction and for the ability to establish long-term relationships with individuals who have substance use disorder, to help move them into treatment when they desire it. The facilities will be able to provide and identify those who need various types of social services. The global data has been positive regarding these types of facilities.

Dr. Klepack discussed Tetrahydrocannabinol (THC) which the NYS legislature has legalized for recreational use in the last legislative session creating the Cannabis Control Board which has become constituted by the governor. Rules and regulations have been put out regarding hemp cannabinoids which is different from THC but seeks to achieve safety and uniformity in the production and marketing of these products. THC regulations and rules will follow. Of note is that municipalities, villages and cities must decide by December 31st to opt-in or opt-out of retail sales and consumption locations. If they initially choose to opt-out, they can opt-in later, but if they decide to initially opt-in, they can't choose to opt-out later.

Dr. Klepack discussed the new Omicron variant and encouraged all **not** to panic. Data is being collected and studied and much is preliminary. He urged all to continue wearing masks, social distancing and hand washing hygiene, staying home if you are sick and testing if you think you have an exposure or symptomatic. Dr. Klepack reported that there has been no Omicron variant detected within our region as of the end of last week. He noted that regardless of the variant, it does not have an impact on the treatment. Dr. Klepack noted that hospitalizations remain low in Tompkins County likely due to the high level of vaccination in the County.

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Dr. Klepack discussed the data on the high levels of influenza in Tompkins County and concluded that the vast majority of state reported cases are a subset of all influenza cases and that our numbers were particularly high due to clusters in higher education. He encourages all to get the influenza vaccination.

Dr. Dhundale asked about indoor mask mandates. Dr. Klepack replied that the TCHD has not changed advice on mask wearing indoors. Mr. Kruppa added that Tompkins County has the authority to mandate, but the county's current situation does not reflect the need to be more restrictive. He said that increased public messaging will get out about mask wearing, vaccinations, gatherings and protecting the most vulnerable. He noted that revised/different language will be used about COVID symptoms.

Dr. Koppel asked about other diseases such as Lyme disease, and other tick-borne diseases such as anaplasmosis etc.. Dr. Klepack referred to the section of his report on the diseases anaplasmosis and babesiosis. Those ticks that are infected with a pathogen are most frequently infected with Lyme, anaplasmosis, or babesiosis in that order. The period between tick bite and the tick infecting you varies and can be short in the case of anaplasmosis. It is important for the public to check for ticks daily, and consider wearing tick repellent when out and take other precautions recommended on our website.

Division for Community Health (DCH) Report: Ms. Espey referred to her report included in the packet and had nothing to add. She reported that cases are fluctuating around 40 to 80 cases a day with a high of 100 over this past weekend; the total number of people currently in isolation is 340 which is mostly from gatherings and local travel over the holidays; household and higher education (Cornell University and Ithaca College) exposures have increased; additional staffing is from both NYS Department of Health's Virtual Call Center and Tompkins County employees.

Ms. Espey reported that TCHD is working with leaders in the community and how to act, which enables a quicker response time and act preemptively on a positive result, even before the health department can reach them. She asked that people who are experiencing symptoms of COVID or if they're exposed to get tested with a PCR test. If one is symptomatic, stay home and away from others in the household as they wait for their results. Ms. Espey said that home tests should be followed up with a PCR test. TCHD can assist in getting appointments for those with positive home test results. Cases with a known exposure, symptomatic and more than 48 hours since testing positive allows TCHD to begin the investigation sooner.

Ms. Espey reported that Mom's Plus is taking clients; posting soon for a community health nurse as one will retire the end of the year; the WIC program is steadily increasing with clientele and enrollment; DCH will be working on the 2023 RFA five-year proposal for two months.

Children with Special Care Needs Report: Ms. Thomas had nothing to add to her written report.

County Attorney's Report: Mr. Wood had nothing to report. With this being Mr. Wood's last meeting, he said that it has been a pleasure to be involved and thanked the members for this opportunity Dr. Moylan thanked Mr. Wood for all his support he has provided the BOH and TCHD over the years and welcomed Mr. Troy. Mr. Troy added to the discussion on cannabis that municipalities automatically opt-in if they do nothing, it's only if they want to opt-out and there are two parts (selling or consuming on site.)

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

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Community Mental Health Services Board (CSB) Report: Mr. Kruppa reported that the CSB meeting discussed pay increases to \$15 for some occupations supported by the state. CSB member, Ms. Ellice Switzer who works in that field at Cornell gave a presentation on the subject and the minor impact it will have in Tompkins County as most doing that work already make those wages. Other surrounding counties will benefit. The CSB discussed vacancies on the board and subcommittees as they begin recruiting and will again utilize recruitment strategies with Ms. Hillson.

Resolution #EH-ENF-21-0017 – Casablanca Pizzeria, C- Ithaca, Violations of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.) Dr. Koppel moved to accept the resolutions as written; seconded by Dr. Dhundale.

Ms. Cameron explained that this is a case of food being out of temperature in a prep cooler. EH proposes a fine of \$200. She noted that is a new owner as of August 4th, 2020 and not 2021 as noted in the case summary.

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-21-0018 – AGAVA, T-Ithaca, Violations Subpart 14-1 of New York State Sanitary Code (Food) (5 mins.) Dr. Koppel moved to accept the resolutions as written; seconded by Ms. Merkel.

No discussion.

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-21-0019 – Ithaca Bakery, V-Lansing, Violations of BOH Orders #EH-ENF-10-001 Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.) Ms. Touchton moved to accept the resolutions as written; seconded by Ms. Merkel.

Ms. Cameron explained that this violation used the penalty calculation method brought to the board in 2020. EH proposes a \$200 penalty taking into consideration of the risk factors of the violation and any previous enforcement actions due to critical violations. Credits or reductions in the proposed penalty was based on how many inspections were had since the last enforcement action that did not have critical violations. Ithaca Bakery had two inspections in 2019 without critical violations and one in 2021.

The vote to approve the resolution as written was unanimous.

Administration: Mr. Kruppa reported that BOH members Dr. Koppel and Ms. Merkel terms will end December 31st of this year. Both members are eligible and interested in reappointment. Mr. Kruppa proposed to the BOH to make a recommendation for the legislature to reappoint Dr. Koppel. Dr. Dhundale moved to recommend reappointment of Dr. Koppel for the legislature; seconded by Ms. Merkel.

All members were in favor of the proposal to recommend Dr. Koppel for reappointment.

Mr. Kruppa proposed to the BOH to make a recommendation for the legislature to reappoint Ms. Merkel. Ms. Touchton moved to recommend reappointment of Ms. Merkel for the legislature; seconded by Dr. Koppel.

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All members were in favor of the proposal to recommend Ms. Koppel for reappointment.

The next meeting is Tuesday, January 25th, 2022 @ Noon.

Adjournment: Adjourned at 12: 53 p.m.

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MINUTES
Tompkins County Board of Health
January 25, 2022
12:00 Noon
Virtual Meeting via Zoom

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

Staff: Brenda Grinnell-Crosby, Public Health Administrator; Liz Cameron, Director of Environmental Health; Samantha Hillson, Director of Health Promotion Program; Deb Thomas, Director of Children with Special Care Needs; Claire Espey, Director of Community Health; Frank Kruppa, Public Health Director; Harmony Ayers-Friedlander and Karan Palazzo, LGU Administrative Assistant

Excused: David Evelyn, MD; William Troy, County Attorney

Guests:

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at 12:00 p.m.

Privilege of the Floor: No one was present.

Approval of December 7, 2021 Minutes: The December 7, 2021 could not be approved as a quorum was not met.

Financial Summary: Ms. Grinnell Crosby referred to the December 2022 financial summary report included in the packet. She said they continue to juggle and balance out all COVID related expenses with potential reimbursements which will continue through the end of the year. The medical examiner program may exceed budget due to additional bills coming in; fourth quarter claims are held up due to a new payroll system, lack of payroll reports and the splitting of payrolls to post; the administration staff are busy with year-end closing and working on required grant and financial documents. Ms. Grinnell Crosby will provide an update shortly of where public health stands at the end of 2021, but a lot depends on the transfers and adjustments.

Administration Report:

COVID: Mr. Kruppa reported that contact tracing operations have been suspended and case investigations were scaled back and turned over to NYS for follow-up on positive cases. TCHD is shifting resources to be more effective in vaccines and education.

VACCINE: Mr. Kruppa reported that the booster clinics have vaccinated over 3,000 people since December. On-site vaccination clinics are being set up for children 5-11 year old in all school districts and will finish up second dose clinics into February. He shared that 50% of 5-11 year old's in Tompkins County have received a second dose with the state average at 22%. With fewer children being seen and the demand being met, Saturday clinics will wind down after this coming Saturday. TCHD is moving to a new website platform as we reorganize and improve upon COVID related information and updates. Test kits will be

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handed out to local food banks, some municipalities and libraries but schools will receive directly from the state.

Mr. Kruppa reported that a Nassau County judge struck down the governor's mask mandate for school children. An appeal has been filed by NYS and NYSED has sent a notice to all school districts that they must continue to implement the mask mandate while the court process continues to unfold. TCSD will continue the mask requirement as they have been directed.

Ms. Merkel asked about college students getting boosters. Mr. Kruppa said college students can get boosters either here or their permanent residences.

Merger Update: Mr. Kruppa reported that there have been promotions, new hires and recruitment in the reorganization and restructuring of the departments. In conversations with county administration discussing the chart of accounts, meetings have been scheduled with finance and the county attorney as plans need to be set for the 2023 budget and must be in place no later than May or June of this year.

The bylaws and county charter are under review for both the Board of Health and the Community Services Board.

The cross-functional team (CFT), responsible for a new identity and logo put out an RFP to get professional support from branding consultants. The CFT reviewed applications, consulted with senior leadership, and interviews are scheduled with the top four finalists in the next few weeks. The BOH, the CSB and the legislature will be engaged to participate, but ultimately the legislature will have the final say in the new name of the department as established in the charter.

Health Promotion Program Report: Ms. Hillson reported that the health educator position was closed but plans to reopen to attract more applicants; the position for the community health worker initiative will be posted shortly; she thanked the health and environmental health department teams for work on the website migration. The content transfer should be complete in the next few weeks to go live on the new platform.

Medical Director's Report and Discussion: Dr. Klepack discussed expectations for 2022:

- Other variants will arise
- Fewer case reports and less data in New York State - home tests will play a factor
- No change in breakdown of people being admitted with respect to vaccine status
- Unvaccinated are at higher risk for severe disease
- Vaccinating will continue to be an extremely important protective against infection in general
- Fundamentals will continue to include appropriate masking, prudence regarding gatherings, social distancing, travel and hand hygiene

Dr. Klepack will address the future point of transitioning from being a pandemic to an endemic illness of relatively lesser importance in his next bulletin. Getting to an endemic level is going to require global progress in vaccination and with treatments. We need treatments that will be useful in situations where one is exposed to prevent illness and to prevent serious disease.

Dr. Klepack emphasized that the five-day isolation rule only applies to healthy individuals at relatively low risk and does not apply to the immune-compromised individuals and those who have had very severe disease. TCHD continues to look at those discharged from the hospital to determine whether they need a longer isolation and review those who must often interact with their healthcare practitioners.

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Vaccine: Dr. Klepack reported that Pfizer is working on an Omicron specific vaccine. It is uncertain if it will play a significant role.

Tetrahydrocannabinol (THC)/Adult Use Cannabis: Dr. Klepack shared that the Office of Cannabis Management (OCM) and the Cannabis Control Board are conducting webinars to inform the public about the ins-and-outs of the cannabis law. Covered topics include measures to regulate the cannabis industry including protecting the health, and safety of the public. The law also attempts to foster social and economic justice to mitigate the harms of the decades-long prohibition of cannabis. Dr. Klepack recently met with OCM not in his role as Medical Director but as a family physician. He was pleased with the expertise of staff and their interest in a public education campaign. The marketing of THC raises concerns regarding the potential for overdoses, traffic issues and other problems such as children accidentally ingesting THC edible products. The rules and regulations are expected to take 18-24 months to be created and put into effect. There is still time to comment and weigh in on issues.

Regarding Kid enticing packaging – Dr. Klepack responded that it is not legal to market THC at this time. It is legal to market Hemp/CBD at this time. New regulations regarding hemp/CBD have been created and the enticing packaging and labeling should stop.

THC content limits – Dr. Klepack responded that new regulations limit the THC content to no more than .3 % in CDB products.

Questions:

Retail selling of stickers with free gifts of THC - Ms. Cameron responded that there was a report of stores selling a sticker and providing marijuana along with the sticker. NYS had reported earlier that was determined to be illegal. Mr. Kruppa added that both The Voice and Ithaca Journal had articles of lake event tickets being sold with a sampling inside; they weren't selling the product but selling the event which was their way of working around directly selling it.

Division for Community Health (DCH) Report: Ms. Espey reported that COVID dominated much of the department's time and resources in November and December. There was much needed and appreciated support from several other divisions within the health department as the phase winds down this month. DCH is working with the state as we address our case investigations and support people needing to safely isolate or quarantine. DCH is working more on quality control, messaging, fielding questions, inquiries from the public and developing an approach to engage stakeholders that are managing or operating in higher risk setting.

There is open position for a community health nurse to focus on communicable disease work.

Children with Special Care Needs Report: Ms. Thomas reported that there is a shortage of speech therapist in Tompkins County. There are more than 50 children on a waitlist for speech therapy and has reached out to agencies and the state. It seems to be a nationwide problem.

County Attorney's Report: NA

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

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Community Mental Health Services Board (CSB) Report: Ms. Ayers-Friedlander reported that Ms. Maria Morog was appointed chairperson of the CSB. They discussed how to improve the election process for subcommittees; and discussed 2022 agenda topics.

Resolution #EH-ENF-21-0015 – Gaggle Company Inc., T-Ithaca, Violation of Article VI of the Tompkins County Sanitary Code: Dr. Dhundale moved to accept the resolutions as written; seconded by Mr. Kingra.

Ms. Cameron explained that this is a case that went to administrative hearing. The hearing officer found that the sewage system was installed without a permit and crossed property lines. EH proposes a fine of \$500.

No discussion

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-21-0020 – Cactus Head, C-, Throughout Tompkins County, Violations of Subpart 14-1 of the New York State Sanitary Code: Ms. Black moved to accept the resolutions as written; seconded by Ms. Touchton.

Ms. Cameron explained that this is a case where milk and dairy products were out of temperature during two inspections. EH proposes a penalty of \$200.

No discussion.

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-21-0021 – Macro Mamas, Throughout Tompkins County, Violations Subpart 14-1 of New York State Sanitary Code: Dr. Dhundale moved to accept the resolutions as written; seconded by Ms. Black.

Ms. Cameron explained that this is a case where hot foods were out of temperature.

No discussion.

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-21-0022 – Old Mexico, C-Ithaca, Violations of BOH Orders #EH-ENF-21-0006 and Subpart 14-1 of the New York State Sanitary Code: Ms. Black moved to accept the resolutions as written; seconded by Dr. Dhundale.

Ms. Cameron explained that this facility had a previous case previously brought before the Board for malfunctioning equipment which was fixed. Currently a malfunctioning food preparation cooler has resulted in food out of temperature causing a higher fine. EH proposes a penalty of \$800.

No discussion.

The vote to approve the resolution as written was unanimous.

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Resolution #EH-ENF-22-0001 – Taste of Thai Express, C-Ithaca, Violations of BOH Orders #EH-ENF-19-0024 and Subpart 14-1 of the New York State Sanitary Code: Ms. Black moved to accept the resolutions as written; seconded by Ms. Touchton.

Ms. Cameron explained that Taste of Thai Express has been brought to the Board multiple times. There have been consultations in addition to education during inspections. Taste of Thai Express has recently requested another consultation. Interpretations services are offered by staff to address any communication issues.

Discussion of communication issues. Ms. Cameron explained that EH addresses communication issues by providing materials in various languages and providing interpretive services if needed. She does not believe it is a communication issue with Taste of Thai Express.

The vote to approve the resolution as written was unanimous.

Administration: Mr. Kruppa recommended reappointment of Dr. Klepack as Medical Director of the Tompkins County Health Department to the Board for another two years. Dr. Dhundale moved to reappointment of Dr. Klepack; seconded by Mr. Kingra.

All members were in favor to reappoint Dr. Klepack for another two years as Medical Director of the Tompkins County Health Department.

BOH bylaw discussion: Dr. Moylan opened a discussion to recruit interested members to work on the process, language and adjustments needed on both BOH and CSB bylaws as they work in conjunction with the CSB. Ms. Merkel volunteered. Others that might be interested, please contact Dr. Moylan.

The next meeting is Tuesday, February 22nd, 2022 @ Noon.

Adjournment: Adjourned at 1:03 p.m.

HEALTH PROMOTION PROGRAM – February 2022

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

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

Highlights

- TCHD website migration went live to new Drupal 8 platform on 2/8/22.
- Strategic Plan implementation: interviewing branding agencies in early February, engaging boards and Legislature.
- Health Educator for Advancing Tobacco Free Communities and Healthy Neighborhoods Program, interviews will be in February.

Community Outreach

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

Groups, Programs, Organizations	Activity/Purpose	Date
Childhood Nutrition Collaborative	Collective Impact, Healthiest Cities and Counties Challenge, Steering Committee and Monthly meeting	monthly
CHIP Steering Committee	Support CHIP working groups to guide process and progress through the plan	monthly
Long Term Care Committee	Planning and sharing resources for long-term care in the community.	quarterly
Health Planning Council	Advisory Board and Executive Committee, Hillson reappointed as Secretary and Co-Chair of Community Health and Access Committee	Bi-monthly
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

Mental Health website review cmte	Bi-weekly meeting, based at Mental Health	Bi-weekly
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	quarterly
Cayuga Health Women’s Service Line	Re-launch of this service line and discussion. Collaboration with community partners	quarterly

COVID-19

- Outreach and promotion of booster and youth vaccination clinics, testing, distribution of free home tests and masks.
- In collaboration with COVID Communications team, develop and disseminate public information on guidance updates. Update website and social media.
- In partnership with 211, HPP staff are delivering saliva test kits to individuals who are unable to get to a vaccination site. Working on full transition to the County employee testing program specialists to implement this program.
- 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 for larger vaccination/booster and masking campaign with incoming funding from NYS.
- Support and feedback offered to Cornell University’s COVID surveillance project.

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

- The CHIP Steering Committee meets monthly (first Thursday):
 - The intended purpose of the Steering Committee is to support the workgroups both individually and collectively through consultation, feedback, and community networking.
 - Developing a reporting and monitoring tool, with assistance from the Cornell MPH program.
 - 2022 focus on collecting data for health equity.
- Cancer screening intervention monthly meeting.
- Social Determinants of Health (SdoH) intervention monthly meeting.
- School-based health
- Maternal and Child Health
- CHIP Update to NYS was submitted in December 2021.
- Awaiting State guidance on the next round of the Community Health Assessment.

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 assisted with daily operations at the Vaccine Site POD
- Lead Poisoning Prevention Network Meeting

January 2022

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2022	January 2021	TOTAL 2021*
# of Initial Home Visits (including asthma visits)	13	13	7	100
# of Revisits	0	0	0	0
# of Asthma Homes (initial)	1	1	2	19
# of Homes Approached	2	2	3	448

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

Health Promotion

- Developing and planning for our Community Health Worker initiative, with plans to hire two CHWs. Working with community partners who have similar roles, or plans for similar roles, including Cayuga Health, CCE, REACH Medical, and HSC.
- HPP strategic planning: outlining the main goals of the program, compiling a list of all board and committee meetings we attend, delegating workflow.
- Website Migration: project management for migration of Health Department website to a new platform adopted county-wide. Staff from across the department are reviewing web pages and assisting with the transfer to the new site. Edits and re-organization will continue on the new platform.
 - Assisting with updates and organization of the Mental Health website.
- Development of “Text-to-Sign-Up” campaign for Tompkins County WIC to increase participation in rural neighborhoods

Tobacco Free Tompkins

- Tobacco Free Zone for Cortland-Tompkins-Chenango grant staff call.
- Tompkins coordinator continued their assignment with the COVID communications team.
- Planning for hiring of a Health Educator in 2022 to serve half-time in Tobacco and half-time in HNP.

Media, Website, Social Media

- Health Department’s [COVID-19 web pages](#) updated regularly
- GovDelivery weekly emails re: COVID-19 Updates, Community Health Alerts and COVID-19 updates for businesses (over 25,000 users)
- COVID-19 Press Releases in January 2022:
 - [COVID-19 Update: Changes in Data Reporting](#)
 - [COVID-19 Update: Self-Test Distribution](#)
 - [COVID19 2022-01-24 Update: Moderna and Pfizer Booster Clinic January 29](#)
 - [COVID19 2022-01-19 Update Youth & Adult Booster Clinics Jan 22; Age 5-11 Clinics Accepting Walk-ins Jan 19 & 20](#)

- [COVID19 2022-02-18 Update: Moderna Booster Clinic Jan. 22, Age 5-11 Vaccination Clinics](#)
- [COVID19 2022-01-14 Update Changes to Contact Tracing, Case Investigations, Documentation](#)
- [COVID19 22-01-13 Update Pfizer Booster Clinic for Ages 12-17 on Jan 15](#)
- [COVID19 2022-01-10 Update: Moderna Booster Clinic January 15](#)
- [COVID19 2022-01-07 Updates: Booster Eligibility, Testing Hours, Self-Test and Mask Distribution](#)
- [COVID19 2022-01-05 Update: Self-Test Guide and Distribution](#)
- [COVID19 2022-01-05 Update: Shortened Isolation and Quarantine Periods and Updates](#)
- [COVID10 2022-01-03 Updates: Virtual Town Hall Jan 5, Moderna Booster Clinic Jan 8](#)

- Ongoing work with Mental Health to update/ upgrade the [TCMH website](#).
- Ongoing work to transition TCHD site to new county format (Drupal 8).

PH-MH Strategic Planning with Batiste Leadership

- Cross-Functional Integration Team continues to meet bi-weekly: reviewing and selecting branding development agency.
- Services Team restarted their meetings in January 2022. Will be meeting monthly, current plans involve working to update Staff Directory that was created end of 2019.

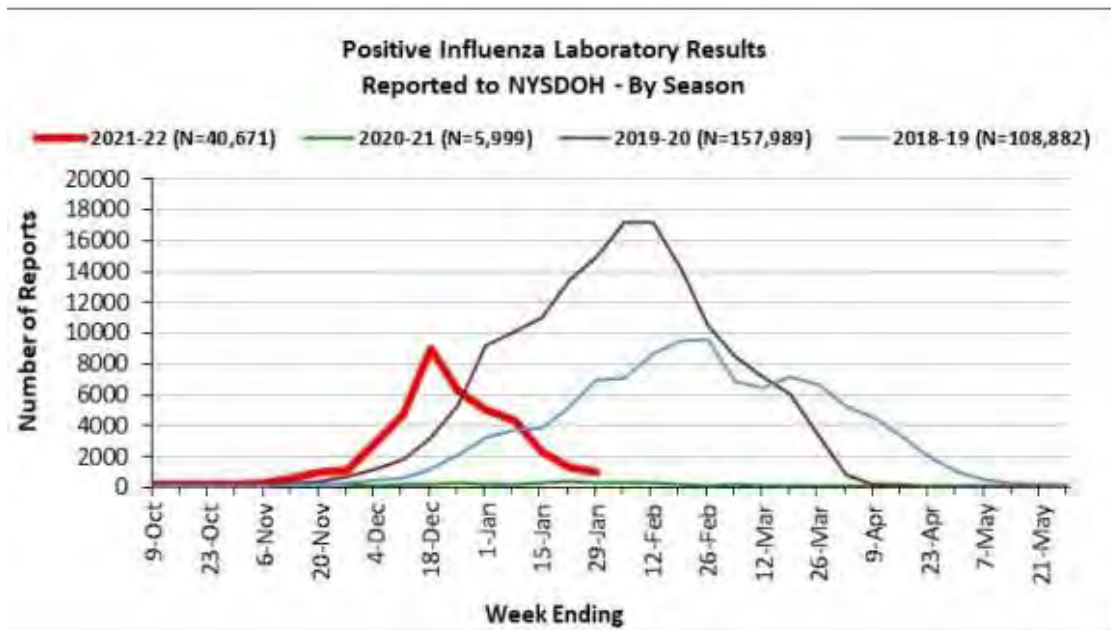
Training/Professional Development

- JEDI: General Meeting and subcommittees (Shannon – Communications, Samantha – Data and Analysis, Diana – Recognition)
- LGTBQ+ training in January, specific to communications and messaging
- ELPH Peer Learning Sessions: “How to talk to a science denier”
- Aging in Place in Rural America: Challenges, Opportunities, and Policy Initiatives
- Connecting the Dots With Systemic Thinking for Equitable and Healthiest Communities
- Continuum Of Care Meeting

Medical Director’s Report
Board of Health
February 2022

Board members have been receiving my practitioner bulletin in the past few months. The most recent one was Feb 08. Since that bulletin the following has transpired:

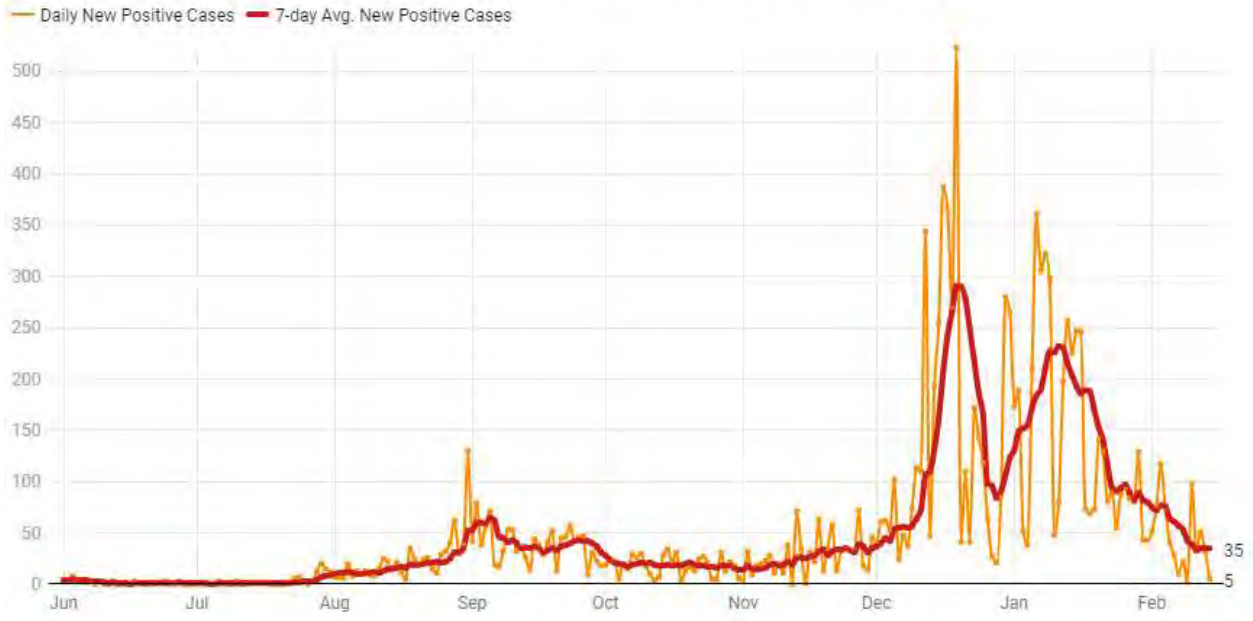
- The statewide public masking mandate expired but TCHD advisory regarding masking in public indoor spaces continues
- The Pfizer vaccine application submission to the FDA for 6 mos through 4 years has been postponed – likely until April
- Influenza after a steady decline in cases seemed to stabilize at a low (though widespread) level:



This is most unusual and a very fortunate situation to not have both Covid and influenza at high prevalence rates at the same time.

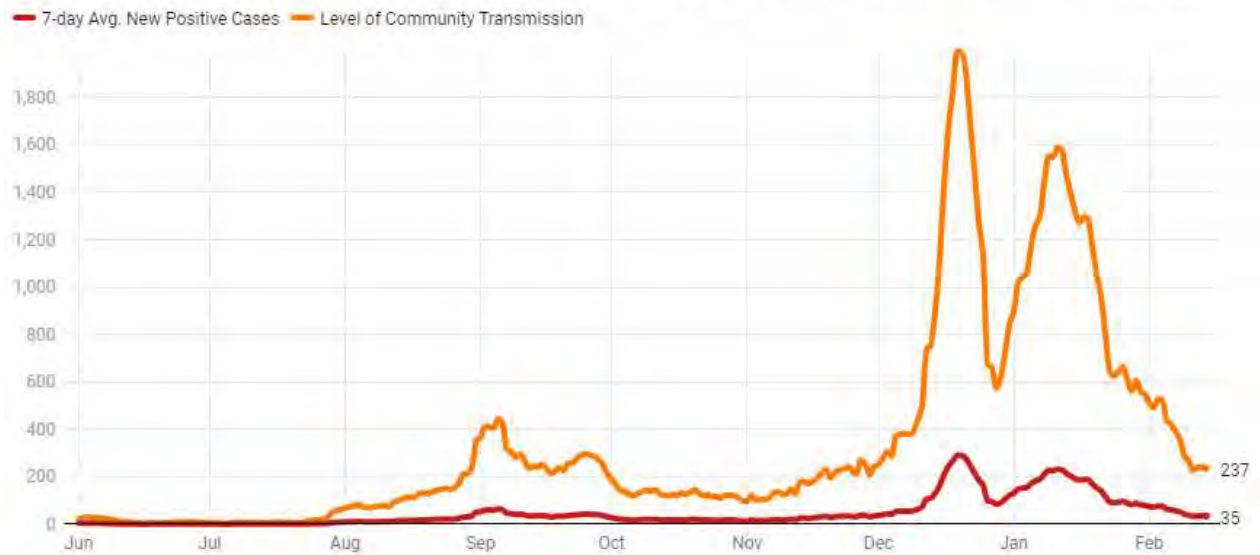
Daily New Cases + 7-Day Avg. New Cases (from June 1, 2021)

From June 1, 2021. COVID-19, Tompkins County, N.Y. (Dates that extend above the graph are noted below.)



Level of Community Transmission + 7-Day Avg. New Cases.

COVID-19, Tompkins County, N.Y. Data from 6/1/21 to the present. Find Level of Community Transmission definition below the graph.

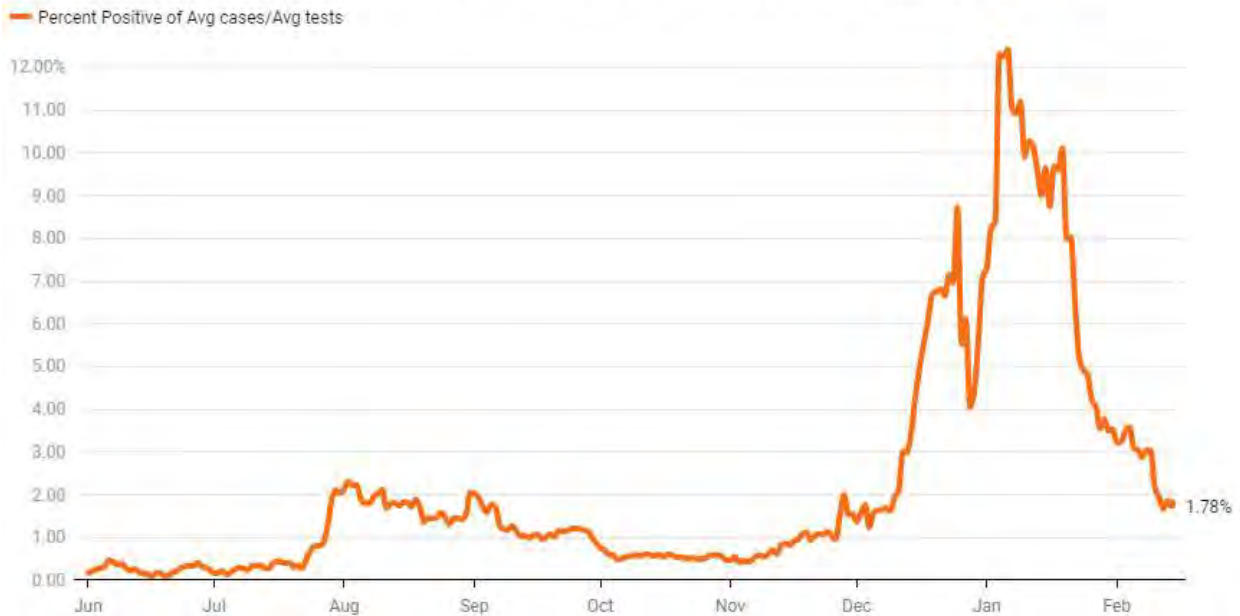


*Daily Active Cases reporting discontinued as of 1/31/22. LEVEL OF COMMUNITY TRANSMISSION: defined by the CDC as the "total number of new cases per 100,000 persons within the last 7 days." Low=<10, Moderate=10-49, Substantial=50-99, High=100+. County pop. 102,180 (2019 US Census population estimate)

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

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.



Opioid overdoses

We have started 2022 with a disturbing rise in cases and 3 deaths in Broome County. The cause is stated to be “fentanyl”. This has been found in many substance sold by dealers including cocaine. Usually what is found is a fentanyl-like substance since many molecules can be created with the same or greater potency that medicinal fentanyl has. Some of these new molecules can evade detection by commercially sold fentanyl detection home test kits. Paradoxically, dealers are prone to lace their stuff with potentially fatal substances because users are often interested in drugs that have high potency and offer a higher “high”.

In Tompkins County (according to the medical examiner summary spreadsheet), we had 23 2021 deaths attributed to polydrug overdoses (22 accidental, 1 suicide). No data is available yet for 2022.

All of this points to some fundamentals for users and society:

Don't “use” alone – have someone who can monitor you.

Have Narcan available and use it at the first sign of an overdose, and have your monitor call 911 for an ambulance because you will need extended medical support. Overdoses require expert medical care and even if you are better after getting Narcan, they don't stop with one dose of Narcan.

Know what you are buying.

Consider treatment - use our new outpatient detox center on Triphammer Road, seek counseling, consider medication treatment.

And, as a society, we can further embrace harm reduction by setting up consumption facilities which save lives, establish therapeutic relationships with those that use, and often are the portal into treatment.

Covid vaccination of the young

I received a couple of emails about a statement I made in my last bulletin's opening essay concerning vaccination of children. It is gratifying to find that not only is the bulletin being read but that readers using a critical eye contact me for clarification.

As of this writing, the FDA is considering Pfizer's application for an EUA for their vaccine for 6 mos through 4 years of age. Parents of those children and older children have concerns that are needing to be addressed. We shall see how the FDA (and then the ACIP/CDC) address this when they make their decisions about that vaccine. I would like to share my response to the reader's concerns with you as backdrop to what we will hear from the FDA, ACIP, and CDC.

They wrote, "In your most recent letter you have indicated, "For several reasons, we do not yet have sufficient control over COVID to be able to say that we can relax our vigilance or declare it endemic. Too many are not yet vaccinated and boosted or immune. We cannot yet vaccinate children 0-5 years old as vaccines await authorization for this age group. That's a lot of children who can carry the disease to their vulnerable family and community members, such as the immune compromised or who have other high-risk medical conditions."

"It is my understanding that vaccinating these children will not prevent them from contracting Sars-Cov-2 or carrying it to their elderly relatives. From the CDC website, "CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms." Could you elaborate? "

"We still don't know what the long term consequences will be for children. I would hate to have someone point a finger at me saying we acted too quickly and without regard or study of potential side effects 5, 10, 20 or more years from now when they have neurological issues or hormonal effects."

Answer:

My reference to vaccination of the 6mos-5 year old age group had to be somewhat brief in my opening piece since it was not the major focus of it. Nevertheless, your point about children acquiring and passing on omicron is well taken.

Certainly, omicron has been disappointing regarding the rates at which vaccinated persons acquire it. Such was not the case (we believe) with earlier variants. Omicron will quite likely pass out of the picture in the coming weeks, but we must expect to see other variants come along. Those variants may have a different profile in this regard. It may be that vaccination will be more successful at preventing spread of disease.

We presume that, even with omicron, not all vaccinated, exposed children acquire the disease. We know that prevention of disease is not a yes or no phenomenon but, rather, one of percentages which have varied between the variants we have seen. We will know this data for omicron only as studies are completed to quantify our experience. It seems likely that the spread of disease is mitigated with the vaccines at least to some extent. The graphic in my bulletin of 2/08 correlating the reproduction number with the level of community immunity necessary to curtail a virus speaks to the need to do all we can to

lower the reproduction number for whichever virus we are dealing with. Vaccination is a main strategy. Mitigation measures when taken all together help us to resume a more normal existence. The imperative to control these viruses is shown by the intolerable number of hospitalizations and deaths we endure.

We know that vaccination does shorten the duration of viral shedding in infected individuals and likely lowers the viral load as well. While in a household this may be a limited benefit in the more general community and with hi-risk family members not in the household it can have some import.

The vaccines prevent serious disease (and we must assume until we have better data that it also prevents actual infection in some people) - even in the setting of Omicron. Even children on rare occasions get hospitalized, develop MIS-C, and there have been some deaths. So vaccinating children is not without benefit. Most importantly, we must look to the future. Barring surprises, omicron is becoming a thing of the past. I have seen no predictions regarding the profile that a new variant will have. We need to have all the layers of protection in place that we can muster.

Your points regarding the safety of children bring up that very important issue. It is on the minds of all health professionals and the bodies that review these vaccines. As I have pointed out in my bulletins there are multiple monitoring systems gathering data which include VAERS and the self-reporting system which all are invited to initiate after getting their vaccination. If we were not in a pandemic where lives are being lost and long-term disability incurred, we would have the luxury of time. But we are. To date no red flags have surfaced from the systems in place, and biologically there has not been a mechanism that has raised a red flag in the minds of vaccination experts. On the other hand, Covid does have long term consequences (see my most recent bulletin) even for those not seriously ill.

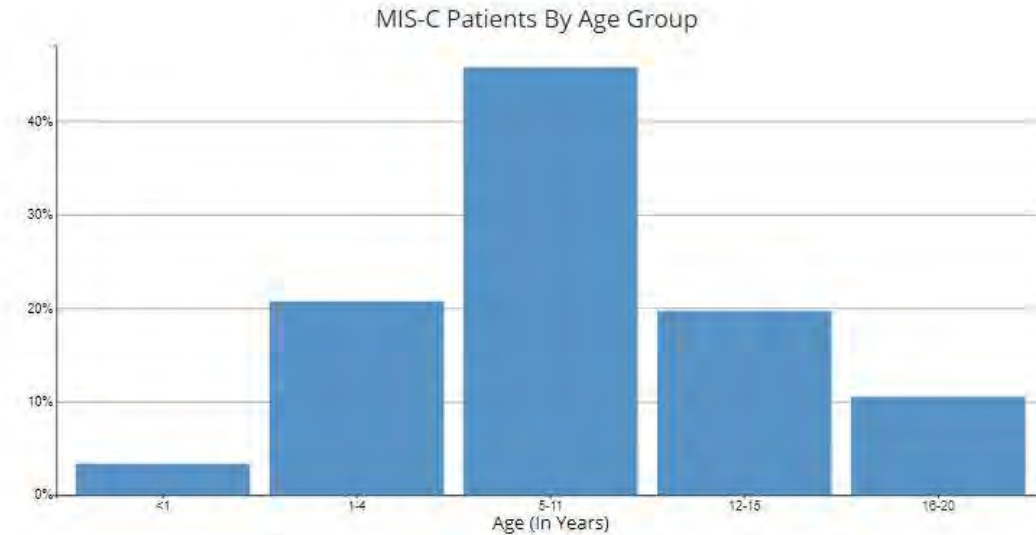
Thank you for writing – below I present some data which bear on the points you have raised.

Age Group	Percentage of deaths	Count of deaths	Percent of US population
0-4 Years	0.1	407	6
5-11 Years	<0.1	263	8.7
12-15 Years	<0.1	296	5.1
16-17 Years	<0.1	288	2.5
18-29 Years	0.8	5,896	16.4

Last updated with cases reported to CDC on or before January 31, 2022*

TOTAL MIS-C PATIENTS MEETING CASE DEFINITION*	TOTAL MIS-C DEATHS MEETING CASE DEFINITION
6,851	59

*Additional patients are under investigation. After review of additional clinical data, patients may be excluded if there are alternative diagnoses that explained their illness.



Hospitalizations of children with [Covid](#) are rising as the highly contagious omicron variant has rapidly spread through communities across the U.S. over the past month.

“Sadly, we are seeing the rates of hospitalizations increasing for children zero to 4, children who are not yet currently eligible for Covid-19 vaccination,” Dr. Rochelle Walensky, director of the Centers for Disease Control and Prevention, told reporters during a conference call earlier this month.

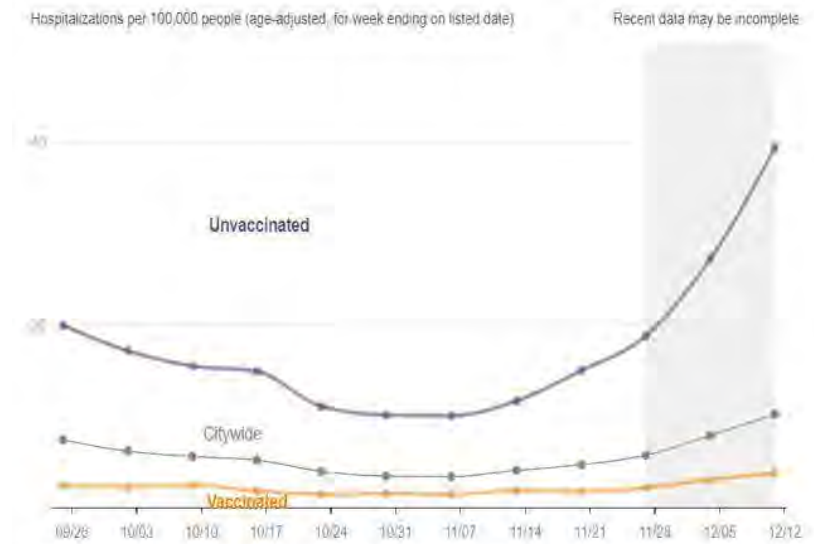
Nearly 8 out of every 100,000 children under 5 years old were hospitalized with Covid as of Jan. 8, more than double the rate in early December before omicron became the dominant variant in the U.S., [according to CDC](#) data collected from 250 hospitals across 14 states.

Walensky said earlier this month that there’s no indication that the omicron variant causes more severe illness in children. She said the delta variant also led to an increase in hospitalizations among children, but research later indicated that the strain did not make kids more sick compared with past variants. Real-world data from the U.S., U.K. and South Africa has indicated that omicron appears to cause less severe illness in adults.

Walensky said the unprecedented levels of virus transmission in the broader community is likely behind the increase in hospitalizations of children.

<https://www.cnbc.com/2022/01/19/fauci-says-fda-could-authorize-pfizers-covid-vaccine-for-kids-under-5-in-the-next-month.html>

from my bulletin of 12/30:



Unfortunately, the unvaccinated includes kids. This week the New York State Department of Health [released a health advisory](#) warning of a 4-fold increase in pediatric hospitalizations associated with COVID19. Specifically, they said:

- Half of the admissions were kids <5 years of age
- No 5-11-year-olds who were admitted to the hospital due to COVID-19 were fully vaccinated
- 23% of 12-17 year-old patients (7 patients out of 30 admissions) were fully vaccinated (compared to 64% fully vaccinated in that age group overall)

We're seeing a rise in pediatric hospitalizations in the UK too. This shouldn't come as a surprise because we saw this in South Africa, too. But South Africa found that this is **not** because Omicron is more severe for kids. Rather it's a reflection of high community transmission; a wave that is sweeping up all unvaccinated, including kids." End *The above is taken from*

<https://yourlocalepidemiologist.substack.com/p/state-of-affairs-dec-28> the text with square bars [] is mine.

And from my Jan 18th 2022 bulletin:

“Statewide”=the total for NYC, Mid-Hudson/Long Island and the rest of the state.

**PEDIATRIC HOSPITALIZATIONS
CHILDREN WITH AND WITHOUT COMORBIDITIES
ARE BEING HOSPITALIZED WITH COVID-19**

REGION	COMORBIDITIES	WEEK OF DEC. 25 – JAN. 1 (INCLUDES DEC. 25TH)	
		n	%
NEW YORK CITY	NO	204	53%
	YES	181	47%
MID-HUDSON/LONG ISLAND	NO	71	83%
	YES	41	37%
OTHER REGIONS	NO	32	43%
	YES	42	57%
STATEWIDE	NO	307	54%
	YES	264	46%

Source: New COVID-19 hospital admissions by comorbidity, region, and week, Jan. 1 Pediatrics study (Table 3)



These data are only for unvaccinated children and raise the question whether there is something different about children 0-11 regarding the severity of omicron. As a proportion of cases

hospitalizations have gone down for every age group except in kids and they are up about 3x what they were in delta. The explanation may be partly the vaccination rate in these age groups and eligibility.

**PEDIATRIC HOSPITALIZATIONS
ADMISSIONS PER 100 CASES INCREASING FOR
CHILDREN 0 – 11, A POSSIBLE SIGNAL OF SEVERITY**

	TWO-WEEK PERIOD OF: NOV. 15 – 28 (PREDOMINANTLY DELTA VARIANT)			ONE-WEEK PERIOD OF: DEC. 20 – 26 (PREDOMINANTLY OMICRON VARIANT)			CHANGE IN ADMISSIONS PER 100 CASES
	CASES	NEW ADMISSIONS	ADMISSIONS PER 100 CASES	CASES	NEW ADMISSIONS	ADMISSIONS PER 100 CASES	
0 – 4 YEARS (UNVACCINATED)	3,776	47	1.24	6,130	150	1.88	+48.2%
5 – 11 YEARS (UNVACCINATED)	6,508	15	0.18	16,205	40	0.30	+71.2%
12 – 17 YEARS (UNVACCINATED)	6,043	35	0.70	11,736	45	0.38	-45.1%
18+ YEARS (UNVACCINATED)	38,447	3,241	8.43	104,854	3,345	3.19	-62.3%

Source: COVID-19 hospital admission by age and week, 100% of total cases (pediatric cases only).
NPRC: New COVID-19 hospital admissions by age and week related to PEDICHOIP vaccine rollout
Jan. 4 Pediatrics study (Table 10)



Primary and Secondary Syphilis, and Congenital Syphilis Increase in regions of NYS

Since the release of a 2021 [health advisory](#) focused on congenital syphilis in June of 2021, congenital syphilis cases and syphilis diagnoses in NYS among persons reported as females have only increased.

After reviewing the DOH report it appears that for most upstate regions the incidence has been stable at about 3 total cases (for those many counties) per annum – In TC we have had one case in the past 3 years (in 2020) in a Cortland county resident who received care and delivered here. It does not appear that we are seeing a rise in this category of syphilis. Downstate regions have had the most impact.

Here are our numbers for the past 4 years – note that there is not a separate category for congenital syphilis. To get our numbers for this we contact NYSDOH directly.

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SYPHILIS TOTAL.....	22	21.4	20	19.5	22	21.4	15	14.6	19	18.5
- P&S SYPHILIS	7	6.8	8	7.8	8	7.8	4	3.9	7	6.8
- EARLY LATENT	10	9.7	8	7.8	9	8.8	7	6.8	8	7.8
- LATE LATENT	5	4.9	4	3.9	5	4.9	4	3.9	4	3.9

FYI - The [Clinical Education Initiative's](#) Sexual Health Center of Excellence has a four-part syphilis training series listed below:

1. Syphilis 101: https://ceitraining.org/courses/course_detail.cfm?mediaID=994#.Ye_91OrMKUk
2. Congenital Syphilis Treatment and Prevention: https://ceitraining.org/courses/course_detail.cfm?mediaID=995#.Ye_-DurMKUk
3. Neurosyphilis: https://ceitraining.org/courses/course_detail.cfm?mediaID=997#.Ye_-GerMKUk
4. Syphilis Case Discussions: https://ceitraining.org/courses/course_detail.cfm?mediaID=1008#.Yff3g-rMKUk

-end-

Division for Community Health
February 22nd, 2022 Board of Health meeting
January 2022 monthly report

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

Communicable Disease:

- **COVID-19:** The month of January marked a major shift in Covid response. On January 14th TCHD issued a press release detailing these changes. Contact tracing ended and case investigation shifted to the Virtual Call Center team managed by NYSDOH. Contact tracing was a valuable tool earlier in the Covid response but as the virus has evolved and we have more tools to combat it, contact tracing is no longer as effective. TCHD is now focusing our Covid response on providing guidance to local organizations and promoting masking and vaccination. We are also collaborating with the VCC to address cases in high-risk congregate settings. Instead of focusing on daily new positive cases (which is not as accurate a number anymore due to the high amount of self-testing done at home), we are more focused on monitoring hospitalizations and deaths as an indicator of how Covid is impacting our community. Hospitalizations rose briefly in January, peaking at 24 Covid positive patients hospitalized on January 21st. Since then, they have decreased. Typically, there are between 10-20 Covid positive patients hospitalized at CMC. There were 5 Covid deaths reported in January. We responded to over 700 phone calls from the public regarding Covid.
- **Syphilis:** On 1-27-22 NYSDOH issued an advisory that rates of primary and secondary and congenital syphilis are increasing statewide (see advisory attached). Tompkins County syphilis rates have also trended upwards. So far, we have not had a case of congenital syphilis, though other counties in central NY have had cases of congenital syphilis. Congenital syphilis is preventable if testing is completed in the first and third

trimesters of pregnancy and at delivery per guidelines. NYSDOH and TCHD are collaborating to ensure providers in Tompkins County are following this guidance.

Maternal Child Program:

- The Moms PLUS + program continues to offer services, including nursing home visits. The program had an average census of 12 clients for the month of January. Community Health Nurses in the MCH program began training in Jan to be providers of Survivor Moms' Companion, a psychoeducational program to support pregnant and new parents in managing symptoms of PTSD. Training will be completed in February and the Survivor Mom's Companion modules will be offered to community members as an adjunct to other mental health supports. Updated brochures for the redesigned Moms PLUS + program were ordered and will be distributed in February. The program continually receives referrals from WIC and Cayuga Birthplace that are immediately followed up with by a community health nurse. The program has had several self-referrals and some midwife referrals. Staff is also participating in the transgender collaborative and other trainings to improve gender affirming care in service delivery.

SafeCare Program:

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

Immunization Clinics:

- TCHD provided booster clinics at the mall site on Saturdays in January, starting on January 8th. We vaccinated 1,918 people with Moderna booster shots and 568 people with Pfizer booster shots at these Saturday clinics. TCHD nurses provided vaccine management and clinical oversight for these clinics. The vaccinator stations were staffed with contract nurses from NYSDOH. We were able to address the backlog of county

residents in need of a booster vaccine and have now stopped these mass clinics as booster appointments are readily available at local pharmacies and physician offices.

- We are providing mobile vaccine clinics based at schools for the 5-11 year old population. In January CHS nurses immunized children at clinics located at Newfield, Lansing, Dryden, Ithaca, Enfield, Groton and Trumansburg elementary schools.
- TCHD resumed our homebound vaccination program in January. We are providing Moderna booster vaccine to homebound residents who register through the TCHD website and those who were vaccinated in our initial round of homebound vaccination last spring and summer. A nurse from CHS does home visits once a week to 5 homebound individuals to provide the booster shot.
- Our regular weekly on-site immunization clinic is not open due to Covid response. We continue to refer children and adults in need of immunization to area providers.

Lead Poisoning Prevention

- The LPPN met in January for their quarterly review of cases and collaboration between Environmental Health and other related organizations and agencies. There was one new admission for January and total case load of 15 children with elevated Blood Lead Levels of 5 ug/dL or greater. All are being managed per state and local guidelines and protocol.

Tuberculosis

- TCHD nurses continue to case manage one TB case including daily DOT and collaboration with our TB medical director Dr. MacQueen. This patient has had multiple challenging side effects to her TB medications and required several medication changes to find the right regimen for her.

HIV

- TCHD continues to offer Anonymous HIV testing to the public. Planning is underway to resume testing at the County Jail.

Rabies

- Community Health Services will be resuming case management and vaccine administration for rabies post-exposure prophylaxis. CHS is meeting the Environmental Health to review and update policy and plan for the transition back to CHS from EH and CMC of their role in rabies post exposure during the Covid response effort. Meetings are ongoing in preparation for the 2022 rabies season.

Staffing

- Two public health fellows started at TCHD in January. We welcome Shuai Yuan and Dorota Kossowska into this new role. They have both worked in Covid response already and we are so glad to have their experience and skills to help the CHS team and other Divisions.
- Recruitment is underway for a communicable disease nurse to join our team to replace Nanette Scogin who retired on December 31st. Nanette is staying on one day a week for a few months to help train new staff. We will greatly miss her communicable disease expertise and wish her well!

WIC program

Caseload Data:

December close-out caseload data:

Enrollment: 1120

Participation: 1047

Participation/Enrollment %: 93.48%

Participation/Caseload %: 69.80

Total participants seen in December: 475

Appointment show rate: % 91%

Preliminary January

Enrollment: 1038

Participation: 1047

Participation/Enrollment %: 92.00%

Participation/Caseload %: 69.80%

Total participants seen in December: 466

Appointment show rate: %91%

Program Highlights

1. WIC Director completed and submitted the 2023- 2027 RFA for WIC Program in January.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 03FEB22
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=January

	2022		2021		2020		2019		Ave (2019-2021)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS**	2	0	1	0	2	0	3	0	2	0
COVID-19	5737	0	610	0	0	0	0	0	0	0
CRYPTOSPORIDIOSIS**	0	0	0	0	4	0	2	0	2	0
HEPATITIS A	0	0	1	0	0	0	0	0	0	0
HEPATITIS B,CHRONIC**	3	0	0	0	0	0	0	0	0	0
HEPATITIS C,CHRONIC**	1	0	0	0	0	0	3	0	1	0
INFLUENZA A, LAB CONFIRMED	5	0	0	0	127	0	102	0	76	0
INFLUENZA B, LAB CONFIRMED	1	0	0	0	237	0	5	0	81	0
LYME DISEASE** ****	13	0	0	0	1	0	1	0	1	0
PERTUSSIS**	0	0	0	0	1	0	1	0	1	0
STREP,GROUP A INVASIVE	1	0	0	0	1	0	0	0	0	0
STREP PNEUMONIAE,INVASIVE**	0	0	0	0	1	0	0	0	0	0
SYPHILIS TOTAL.....	1	0	0	0	0	0	1	0	0	0
- P&S SYPHILIS	1	0	0	0	0	0	1	0	0	0
GONORRHEA TOTAL.....	2	0	10	0	7	0	10	0	9	0
- GONORRHEA	2	0	10	0	7	0	10	0	9	0
CHLAMYDIA	13	0	15	0	31	0	33	0	26	0

*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: 03FEB22
 Through January
 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
CAMPYLOBACTERIOSIS**	2	0	1	0	2	0	3	0	2	0
COVID-19	5737	0	610	0	0	0	0	0	0	0
CRYPTOSPORIDIOSIS**	0	0	0	0	4	0	2	0	2	0
HEPATITIS A	0	0	1	0	0	0	0	0	0	0
HEPATITIS B,CHRONIC**	3	0	0	0	0	0	0	0	0	0
HEPATITIS C,CHRONIC**	1	0	0	0	0	0	3	0	1	0
INFLUENZA A, LAB CONFIRMED	5	0	0	0	127	0	102	0	76	0
INFLUENZA B, LAB CONFIRMED	1	0	0	0	237	0	5	0	81	0
LYME DISEASE** ****	13	0	0	0	1	0	1	0	1	0
PERTUSSIS**	0	0	0	0	1	0	1	0	1	0
STREP,GROUP A INVASIVE	1	0	0	0	1	0	0	0	0	0
STREP PNEUMONIAE,INVASIVE**	0	0	0	0	1	0	0	0	0	0
SYPHILIS TOTAL.....	1	0	0	0	0	0	1	0	0	0
- P&S SYPHILIS	1	0	0	0	0	0	1	0	0	0
GONORRHEA TOTAL.....	2	0	10	0	7	0	10	0	9	0
- GONORRHEA	2	0	10	0	7	0	10	0	9	0
CHLAMYDIA	13	0	15	0	31	0	33	0	26	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

January 25, 2022

Dear Provider:

On June 2, 2021, the New York State Department of Health (NYSDOH) Office of Sexual Health and Epidemiology issued [a health advisory](#) describing an **increase of congenital syphilis** in New York State excluding New York City. Since that time, syphilis and congenital syphilis have continued to increase across the state including New York City. Further, there is an alarming **increase of primary and secondary syphilis among persons reported as female**, with Monroe County currently most impacted¹. Data provided in the June 2nd advisory on syphilis and congenital syphilis by county have been updated for the entirety of 2021 and are provided below.

Congenital syphilis results from untreated syphilis infection in pregnancy by transmission in utero or during vaginal delivery. It is entirely preventable, and every case represents a failure in the public health and/or clinical healthcare systems. The consequences for an infected fetus/infant are potentially severe and can lead to miscarriage, stillbirth, preterm birth, neonatal death, blindness or deafness, bone abnormalities, skin lesions, developmental delays, and other manifestations.

As a DOH- partner organization or clinical provider, you are critical in this prevention effort. *The AIDS Institute strongly recommends that all partnering organizations providing services to populations most at risk to promote syphilis screening and pregnancy testing. Populations most at risk include, but are not limited to, people of color and people² who report [drug-related risk behaviors](#) who experience a disproportionate burden of congenital syphilis and syphilis in general.* Further, providers are encouraged to discuss and re-educate staff and clients about signs and symptoms of syphilis (see resources below).

The best way to prevent syphilis is to:

- encourage discussions of sexual health and drug use related behaviors,
- educate patients and clients on behaviors that increase the risk of syphilis and other sexually transmitted infections (STIs), as well as signs and symptoms of STIs, how they are passed, the health implications and the importance of screening and early treatment,
- screen persons for syphilis as [recommended](#), and
- promote linkages of persons diagnosed with syphilis to [partner services](#) for public health follow-up, such as partner notification and management.

¹ higher number in Monroe is likely partially attributed to diligent screening practices

² Prather C, Fuller TR, Marshall KJ, Jeffries 4th WL. The impact of racism on the sexual and reproductive health of African American women. J Women's Health. 2016;25(7):664-671.

The best way to prevent congenital syphilis is to:

- determine pregnancy status of all persons of reproductive capacity diagnosed with syphilis,
- take active steps to connect all pregnant persons to prenatal care, including facilitating enrollment in Medicaid when needed,
- ensure pregnant persons are tested at 1) the time pregnancy is first identified, 2) early in their third trimester (at 28 weeks or as soon thereafter as reasonably possible but no later than at 32 weeks of pregnancy), and 3) again at delivery, and
- prevent syphilis among persons of childbearing capacity.

The best way to ensure equitable access to comprehensive sexual health services is to:

- take steps to ensure all health and human services agencies train staff on implicit bias and cultural humility and establish a safe, affirming environment for people of color and people who use substances,
- raise community awareness of increasing rates of syphilis and other STIs among heterosexually active persons, and within communities of color,
- use social media platforms to share culturally relevant messages for communities of color about sexual health, signs and symptoms of syphilis, and the serious health consequences of untreated syphilis and congenital syphilis,
- screen vulnerable persons of reproductive capacity for STIs and for unmet social determinants of health, and address needs,
- prepare non-traditional partners, such as faith community leaders, neighborhood leaders, youth organizations, beauty shops/barber shops and others to educate their communities about sexual health, syphilis, congenital syphilis and STI prevention,
- ensure local jails, drug treatment programs, syringe exchange programs and CBOs have established referral agreements with prenatal care providers to facilitate engagement in prenatal care for all pregnant persons seen in these settings,
- utilize peer workers from communities of color to educate pregnant people: 1) about the importance of being screened for syphilis throughout pregnancy; 2) that untreated syphilis can cause their infant to be stillborn or have other serious health problems.
- reassure pregnant persons who use drugs that treatment and support are available and that substance use, in and of itself, is not a reason for Child Protective Services to remove a child from the care of the delivering parent, and
- actively conduct screening for access to social determinants of health for all pregnant persons and make referrals for needed services.

The AIDS Institute and the Clinical Education Initiative (CEI) Sexual Health Center of Excellence also want to encourage the use of the CEI Line for clinical questions regarding syphilis staging, patient and infant treatment, partner treatment, and recommended clinical follow up for pregnant persons with syphilis in New York State. Clinical providers can call 866-637-2342 and will receive a return call promptly. Both adult and pediatric infectious disease experts are available through this service. As always, the CEI line is open for all other questions requiring expert medical consultation on the diagnosis, treatment, and management of other sexually transmitted infections as well.

Congenital syphilis, once near elimination in New York State, is entirely preventable and represents a failure in the clinical health and public health infrastructure. Together, we can reverse the increases we are seeing.

Sincerely,



Johanne E. Morne, MS
Deputy Director, Community Health, Office of Public Health
Director, AIDS Institute and Center for Community Health
New York State Department of Health



Charles John González, M.D.
Medical Director, AIDS Institute
New York State Department of Health

Enclosure: NYSDOH Health Advisory: Congenital Syphilis increasing in New York State (NYS) outside of New York City (NYC)

Updated data:

County name	Early syphilis diagnoses (persons reported as males and females)					Congenital syphilis cases*					
	2018	2019	2020	2021*	Total	2018	2019	2020	2021*	Total	Still-births‡
Monroe	196	289	315	494	1294	-	1	1	4	6	1
Erie	91	110	112	196	509	-	1	1	3	5	-
Orange	66	105	98	99	368	-	1	3	1	5	1
Schenectady	34	40	24	54	152	1	1	-	3	5	1
Suffolk	151	168	168	249	736	2	1	1	1	5	1
Westchester	130	140	165	216	651	2	-	1	1	4	-
Albany	55	100	74	44	273	1	2†	-	-	1	-
Oneida	16	18	12	22	68	-	-	2	1	3	-
All other counties outside of NYC**	499	622	525	728	2374	3	3	3	3	12	-
Total	1,238	1,592	1,493	2,102	6,425	9	8	12	17	46	4

*2021 surveillance data are considered preliminary and are subject to change.

** Other counties with congenital syphilis includes Broome, Clinton, Cortland, Dutchess, Fulton, Greene, Herkimer, Nassau, Otsego, Rensselaer, Ulster, and Wayne

† This count contains a set of twins

‡ Includes both live-births and still births

‡ There were two stillbirths in 2019 (Orange and Schenectady) and two in 2021 (Suffolk and Monroe)

Resources:

Congenital syphilis overview (courtesy of the Clinical Education Initiative):

https://ceitraining.org/courses/course_detail.cfm?mediaID=415#.YKQWtahudaR

Signs and symptoms of syphilis: <https://www.cdc.gov/std/training/clinicalslides/>

Free and confidential HIV and STI testing is available at local health department STD clinics. For clinic locations and hours, please visit: <https://providerdirectory.aidsinstituteny.org/>

Clinical Education Initiative Sexual Health Center of Excellence: 866-637-2342 to access expert medical consultation on diagnosis, treatment and management of STI infections. Training calendar and archived webinars are available at www.ceitraining.org

NYSDOH Office of Sexual Health and Epidemiology at 518-474-3598 or stdc@health.ny.gov for information and assistance with STI reporting

Local Health Department and NYSDOH Regional Contacts for Partner Services:

https://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/contacts.htm

National STD Curriculum: CDC-supported web-based training for clinicians.

<https://www.std.uw.edu/>

HIV Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP): www.health.ny.gov/diseases/aids/general/prep



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

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

From: New York State Department of Health, AIDS Institute, Office of Sexual Health and Epidemiology

Date: June 2, 2021

HEALTH ADVISORY: CONGENITAL SYPHILIS INCREASING IN NEW YORK STATE (NYS) OUTSIDE OF NEW YORK CITY (NYC)¹

Congenital syphilis diagnoses have been increasing since 2016: Between 2015 – 2017 there were 14 congenital syphilis diagnoses versus 31 congenital syphilis diagnoses in the 2018 – 2020 period.

- Congenital syphilis increases have accompanied sustained annual early syphilis increases in both males and females (sex assigned at birth).
- Pregnant persons with reported syphilis increased by 51% from 35 in 2016 to 53 in 2020.
- Preliminary data suggest this concerning trend will continue, with five congenital syphilis diagnoses reported in the first four months of 2021.
- 48% (n=10) of congenital syphilis diagnoses from 2019-2020 occurred among infants of persons who likely acquired syphilis during pregnancy²; 24% (n=5) acquired syphilis late in pregnancy.
- To prevent congenital syphilis, screening of pregnant persons throughout pregnancy is recommended with third trimester screening highly recommended for all pregnant persons.

¹ Congenital syphilis diagnoses in New York City have remained elevated since 2018, at which time an advisory was issued: <https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2019/congenital-syphilis-cases-in-nyc.pdf>

² Calculation based on persons who initially screened negative for syphilis earlier in their pregnancy.

BACKGROUND

From the **historical low of 35 diagnoses in 2000**, early syphilis (which includes primary, secondary, and early non-primary and non-secondary) diagnoses have steadily increased; between 2010 (n=271) and 2019 (n=1,582), reported diagnoses increased by 483%.

Mirroring national³ and regional⁴ trends and increases, most of the early syphilis diagnoses are among males (26.2 per 100,000 population in 2019) compared to females (4.3 per 100,000 population in 2019). However, the rate of increase among females has exceeded that among males, and reports of drug-risk related behaviors among females diagnosed with syphilis have been observed.⁵

While the statewide early syphilis and congenital syphilis increases have been noteworthy, counties listed below (in descending order of total congenital syphilis diagnoses from 2018-2021) have shown increases in both diagnoses of early syphilis and congenital syphilis.

County name	Early syphilis diagnoses (males and females)				Congenital syphilis diagnoses*				
	2018	2019	2020*	Total	2018	2019	2020*	2021*	Total
Erie	91	109	112	312	-	1	1	2	4
Orange	64	105	96	265	-	1	3	-	4
Suffolk	151	166	167	484	2	1	1	-	4
Albany	55	98	74	227	1	2	-	-	3
Monroe	195	287	265	747	-	1	1	1	3
Schenectady	34	40	24	98	1	1	-	1	3
Westchester	130	140	165	435	2	-	1	-	3
Oneida	16	18	12	46	-	-	2	-	2
All other counties outside of NYC**	496	619	524	1,639	3	3	3	1	10
Total	1,232	1,582	1,439	4,253	9	10	12	5	36

*2020 and 2021 surveillance data are considered preliminary and are subject to change.

** Other counties with congenital syphilis births include Broome, Clinton, Cortland, Dutchess, Greene, Herkimer, Nassau, Otsego, Ulster, and Wayne.

‡ Includes both live-births and still births

³ <https://www.cdc.gov/std/statistics/2019/default.htm>

⁴ Connecticut released a congenital syphilis health advisory on May 10, 2021, please contact stdc@health.ny.gov for a copy of the advisory.

⁵ <https://pubmed.ncbi.nlm.nih.gov/33967232/>

What Health Care Providers Can Do to Support Sexual Health and Prevent Congenital Syphilis and Syphilis

- Please note, where facility-based services and in-person patient-clinician contact is limited during COVID-19, providers should follow the CDC guidance on therapeutic options for symptomatic patients and their partners when in-person clinical evaluation is not feasible. Visit https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf?deliveryName=USCDCNPIN_252-DM25769 for more information.
 - Guidance and resources on preventing COVID-19 while maintaining sexual health care: https://www.health.ny.gov/diseases/aids/general/prep/docs/dear_colleague_12-2020.pdf

SCREENING

- New York State Public Health Law mandates syphilis screening of pregnant persons at the time pregnancy is first identified and again upon delivery.⁶
- Third trimester screening/testing for syphilis at 28 weeks of pregnancy for all pregnant persons, or as soon thereafter as reasonably possible but no later than at 32 weeks of pregnancy, is ***highly recommended*** to avert congenital syphilis. This is already a requirement in New York City per Section 11.33 of the New York City Health Code.⁷
- Providers are encouraged to pair third trimester syphilis screening with the strongly recommended third trimester HIV screening.
- Make sexual health discussions a routine part of ***every*** prenatal visit, regardless of the outcome of the first syphilis test. Screen for syphilis and other sexually transmitted infections (STIs) as warranted (changes in sex partners or behaviors, STI status of sex partners, etc.).
- Providers are encouraged to link partners of pregnant persons to HIV, syphilis, and other STI testing.
- Determine the pregnancy status of all persons of reproductive age diagnosed with syphilis.
- When requesting lab tests/screening for syphilis, please indicate in the requisition form that the person is pregnant. This will help public health programs and ensure partner services are made available to persons with syphilis diagnosis.
- Consider screening for syphilis in patients who present with symptoms of unknown origin such as unexplained rashes, sores, or lesions.

⁶ NYS Public Health Law, Article 23 Section §2308; New York Code of Rules and Regulations, Title 10, §69-2.2

⁷ <https://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-congenital-syphilis.pdf>

DIAGNOSIS AND TREATMENT

- To diagnose syphilis, laboratory testing must include both treponemal and non-treponemal tests. Unless specified by the provider, the sequence of these tests (i.e. treponemal or non-treponemal test first) differs across laboratories and results must be carefully interpreted to distinguish current syphilis infection from previous infection. It is important that providers understand their syphilis screening algorithm. See the Centers for Disease Control and Prevention's (CDC) 2015 STD Treatment Guidelines for more information:
<https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>
- In cases where the laboratory evidence of syphilis is inconclusive or ambiguous, pregnant persons should be presumed infected (with or without symptoms) unless syphilis can be ruled out through evidence of treatment and patterns in follow-up antibody titers documented in the medical record.
- Providers are encouraged to work with the local health department to consult the syphilis registry, and to help inform syphilis diagnosis and treatment decisions.
- Treat all females with confirmed or suspected syphilis of any stage, or syphilis exposure, according to current CDC guidelines. The only recommended treatment option for pregnant persons remains Penicillin G benzathine (Bicillin-LA). Pregnant persons who report a penicillin allergy can be considered for further allergy testing to assess risks for IgE allergic reactions and should, as needed, be desensitized and treated with penicillin. See the CDC's 2015 STD Treatment Guidelines for more information:
<https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>
- Treatment for congenital syphilis in infants is determined based on maternal history of syphilis infection and treatment, and current laboratory and physical examination results. Consult the CDC 2015 Sexually Transmitted Diseases Treatment Guidelines for Congenital Syphilis:
<https://www.cdc.gov/std/tg2015/congenital.htm>
- All infants diagnosed with congenital syphilis should be physically and serologically monitored closely in the months following birth.
- Per NYS DOH Communicable Disease reporting requirements, immediately report new positive prenatal or delivery syphilis tests to the local health department by phone, followed by submission of the confidential case report form (DOH-389). The state or local health department can assist in following-up with patients and their partners to ensure access to care. Information is available at:
<https://www.health.ny.gov/forms/doh-389.pdf> and
https://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf

ADDITIONAL ACTIONS

- **Conduct a complete sexual health history**, risk, and drug use assessment for every patient. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used, and route of drug ingestion, to help guide laboratory testing. Visit www.ncshguide.org/providers or GOALS Framework for Sexual History taking in Primary Care - https://www.hivguidelines.org/prep-for-prevention/for-care-providers/#tab_3 for guidance and additional resources.
- **Facilitate partner management by:**
 - Offering and providing [Expedited Partner Therapy \(EPT\) for gonorrhea, chlamydia and/or trichomoniasis](#), where indicated, and
 - Encouraging patients to refer their sex or needle sharing partners to medical care for STI screening and treatment including HIV testing, and
 - Contacting your [local partner services](#).
- **Offer and perform HIV testing** for every patient age 13 years and older.
- **Offer** HIV Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).
- **Collaborate** with State and County public health personnel on partner notification efforts.
- **Refer** consenting patients to community-based organizations (CBOs) for support services, as needed.
- **Report** all suspected and confirmed STI cases promptly to your local county health department. Information is available at www.health.ny.gov/forms/doh-389.pdf and www.health.ny.gov/forms/instructions/doh-389_instructions.pdf.
- **Ensure** your employees and colleagues have access to current information and tools to promote health equity. Please see <https://www.cdc.gov/std/health-disparities/default.htm> for more information.

What Community Based Organizations and Supportive Service Providers Can Do to Help Prevent STIs

- **Assess risk:** conduct a comprehensive behavioral sexual risk assessment for program participants/clients. Ask about specific behaviors, such as the number of partners, type of sex (i.e. vaginal, anal, oral), sex of partners, drugs used, and route of drug ingestion to help guide testing efforts.
- **Implement targeted client recruitment:** prioritize agency services to identify persons who do not access health care services or who may not otherwise have access to HIV and STI testing in clinical settings as they may benefit most from HIV and STI testing services in nonclinical settings.

- **Offer syphilis, HIV, and other STI testing to females of childbearing age:** Family Planning providers should screen for STIs as needed, regardless of pregnancy intention.
- **Support females of childbearing age in their family planning efforts,** including assessing pregnancy intention, contraceptive needs, linkage to pregnancy testing, adherence to pre- and postnatal care visit schedule, medication adherence, and psychosocial supports.
- **Provide harm reduction services:** facilitate access to clean syringes and essential support services for people who use drugs.
- **Engage in condom promotion, education, and distribution:** make condoms available at no cost and in ways that reduce embarrassment or discomfort. Information about the New York State Condom Program is available at <https://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm>
- **Conduct HIV/STI testing activities with people under 18:** People under 18 can consent to STI testing, treatment, and prevention regardless of their insurance status. Partner services and other supportive services are encouraged to support minors to navigate healthcare systems. For more information please see: https://www.health.ny.gov/diseases/communicable/std/docs/faq_billing_consent.pdf and https://www.health.ny.gov/diseases/communicable/std/docs/letter_minor_consent.pdf
- **Offer navigation services:** assist persons living with HIV, or persons who are HIV negative and at risk, to obtain timely, essential, and appropriate medical, prevention, and support services (including linkage to HIV biomedical interventions such as Pre Exposure Prophylaxis and Post Exposure Prophylaxis PrEP/PEP) to optimize health and prevent HIV/STI/HCV transmission and acquisition.
- **Work with existing coordinating and community planning bodies:** these may include the [NYS Ending the Epidemic](#) regional steering committees, the [NYS HIV Advisory Body](#), and [NY Links](#), to plan, promote, and conduct community education events/activities, foster dialogue, and share resources.
- **Provide effective behavioral interventions:** implement prevention activities that are culturally relevant, linguistically appropriate, and have been shown to be successful by program evaluation or research.

Resources

Congenital Syphilis overview (courtesy of the Clinical Education Initiative):
https://ceitraining.org/courses/course_detail.cfm?mediaID=415#.YKQWtahudaR

Signs and symptoms of syphilis: <https://www.cdc.gov/std/training/clinicalslides/>

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866-637-2342 to access expert medical consultation on diagnosis, treatment and management of STD infections. Training calendar and archived webinars are available at www.ceitraining.org

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National STD Curriculum: CDC-supported web-based training for clinicians.
<https://www.std.uw.edu/>

HIV Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP): www.health.ny.gov/diseases/aids/general/prep

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

Children with Special Care Needs Highlights
January 2022

Staff Activities

General overview of COVID/Program Work

- All CSCN nursing staff attend a weekly meeting for COVID updates. CSCN staff helping some with vaccine clinics but not needed for case investigations this month.

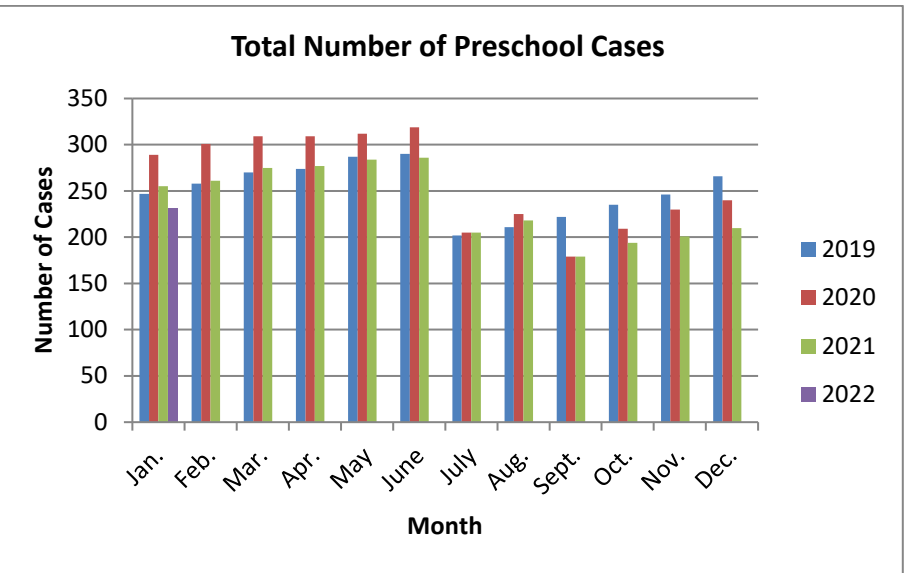
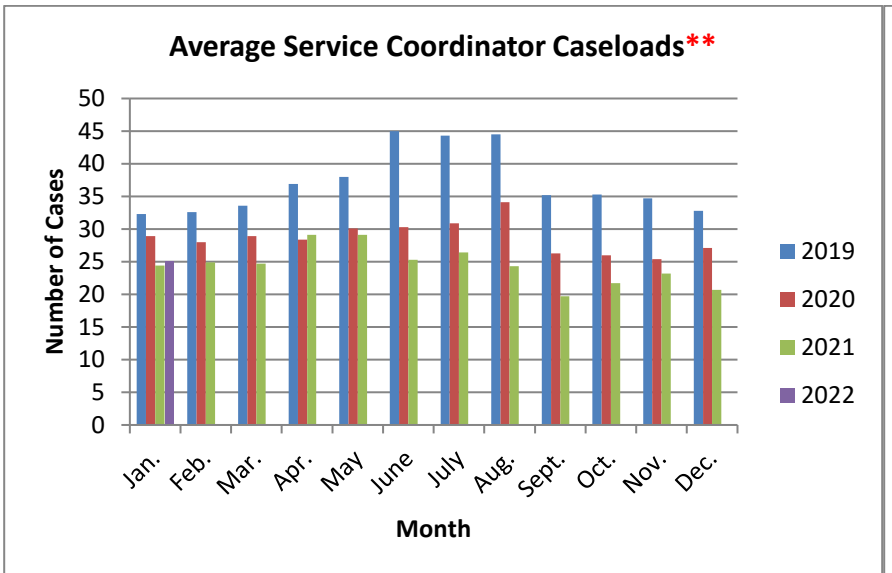
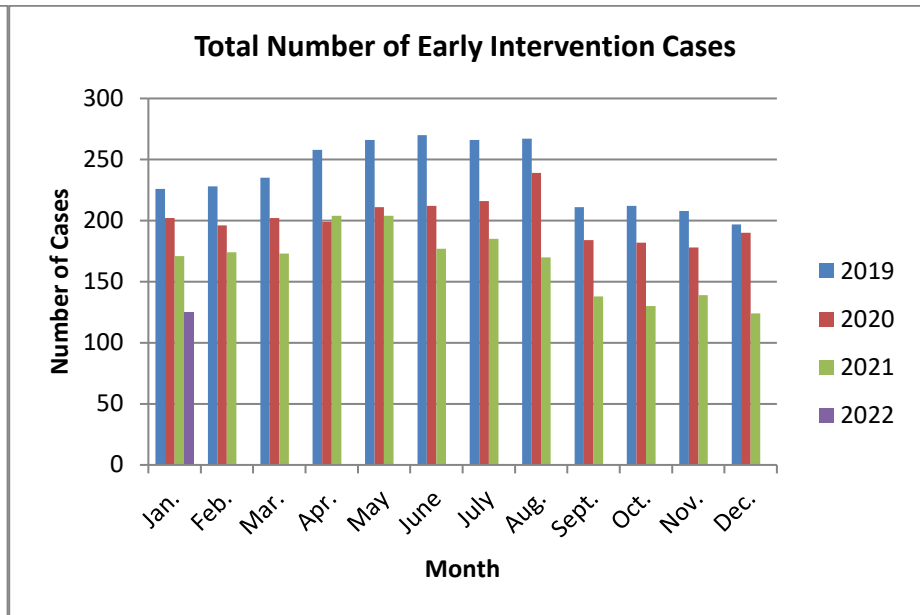
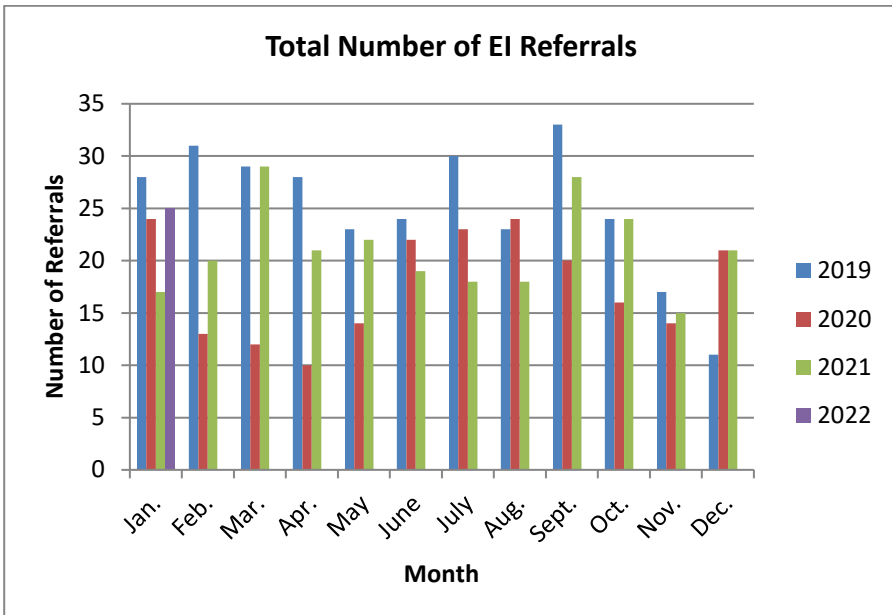
Committees/Meetings

- CSCN Staff attended the Staff meeting 1/18/22

Division Manager—Deb Thomas:

- Senior Leadership Meetings-Debrief meetings every Thursday to review current COVID 19 work and Program work.
- Covid update meetings every Thursday morning
- Preschool process mapping for Fiscal Administrator 1/4/22
- Meeting with IT Director for preschool paperless system development 1/5/22
- Meeting with Cortland County on their preschool digital program 1/12/22
- Birnie Bus meetings for contract and billing 1/3/22, 1/6/22, 1/25/22, 1/31/22
- BOH meeting 1/25/22
- Software meetings to develop reports and archiving 1/3/22, 1/10/22, 1/5/22
- Early Childhood Collaborative meeting 1/10/22
- Meeting with Birnie Bus 12/23/21
- Systems of Care meetings 1/13/22, 1/20/22, 1/27/22
- Bi-weekly strategic planning meeting with Sr Leadership 1/21/22
- Regional Early Childhood Coalition meeting 1/28/22
- BEI new Director meeting 1/27/22
- Service Committee for Strategic Planning 1/26/22
- Meeting with DSS for EI referral process 1/26/22
- Interview with Chris Kai Jones for Cornell Cooperative Extension on collaboration work 1/25/22
- Meeting with new Sr Community Health Nurse for planning and review of performance 1/6/22, 1/13/22

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.**

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

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

ENVIRONMENTAL HEALTH HIGHLIGHTS January 2022

Outreach and Division News:

COVID Activities: January was a very intense COVID month for the Health Department. EH continued our work related to the NYS mask or vaccination mandate for businesses. In addition, EH provided relief services for the overloaded CHS contact tracers by assisting with case investigation for the less serious cases and providing assistance in responding to the numerous COVID phone calls coming in from an anxious public. Many thanks to Environmental Health Staff involved including Mik Kern, Cynthia Mosher, Scott Freyburger, Dillon Shults, Joan Pike, Skip Parr, Clayton Maybee, Caitlin Feller and Meegan Beckley for their work in this area.

PWS Laserfiche Project: Thanks to Adriel Shea, Dillon Shults, Skip Parr, and Katy Prince from ITS, public drinking water systems and laboratories can now submit monthly operating reports and sampling results online:

The link to the EH public drinking water page is located at:

<https://www2.tompkinscountyny.gov/health/eh/water/publicdrinkingwater>

This is the direct link to the Laserfiche form to submit sample results and reports:

<https://lweb.tompkins-co.org/Forms/TCEHPWSReportSubmission>

A few (brave?) water supply operators have tried the new system and provided positive feedback.

EH hopes that this can make things a little easier for the water supply operators. We are also expecting it to provide significant benefits to the Division. When a report or sample results is submitted through this portal, it is automatically “tagged” or filed under the appropriate water system and in a folder specific to the type of sample results or report submitted. Any reports or sample results received by hard copy, fax or email will be uploaded to the system by EH Support Staff. We are optimistic that this will minimize or eliminate the tracking and filing headaches and glitches involved with providing this service for 150 water systems that are each submitting multiple monthly and sample reports for a variety of water quality parameters.

TCHD Website Migration: Last month, EH staff reviewed all existing EH web pages to determine what should be transferred when TCHD migrated to the new web platform. Kudos to Dillon Shults, Brenda Coyle, and Mik Kern for their expanded efforts in January. ITS and Ted Schiele (Health Promotion) provided back-end web training on how to transfer the selected web pages from the current system (identified for some unknown reason as D7) to the new platform (obviously called D8). The TCHD website went live in this new platform on February 8, 2022.

GrassRoots Health & Safety Meeting: Adriel Shea, Joan Pike, Liz Cameron, and Pat Mason (TCHD Preparedness) attended the GrassRoots '22 Health & Safety Planning Meeting on January 13. Representatives from DOER, EMS, TC Sheriff, GrassRoots and other organizations participated in health and safety planning for this year's GrassRoots Festival in July. GrassRoots and several of the

agencies involved thought that the 2019 Incident Command Center was an unnecessary use of resources. Alternatives to the 2019 set up will be evaluated.

Migrant Farmworker Housing Program: The regulations for Migrant Farmworker Housing changed in 2021; however, EH was not able to implement the program while being actively involved in COVID activities. Stick and Stone Farm in Ithaca is the first operation to notify us that they need a Migrant Farmworker Housing permit. Skip Parr and Mike Robson, in coordination with Liz Cameron and support from Brenda Coyle, are working through the administrative, permitting, and inspection process in order to set up the program and provide Stick and Stone with a permit in February. Outreach to other potential operations will begin in the near future.

Source Water Protection Meetings: Liz Cameron continues to participate in monthly meetings for the City of Ithaca Drinking Water Source Protection Plan (DWSP2), the Auburn DWSP2, and the Interagency Agreement Subcommittee of the Tompkins County Drought Planning and Coordination Committee.

Rabies: There was one confirmed case of rabies in Tompkins County in January 2022. A raccoon in the town of Lansing attacked a person outside their home. They were able to return to safety inside and the raccoon eventually left the property. Later in the day, a raccoon attacked a dog at another property in the same vicinity. The dog transported the raccoon into the house, where two other dogs also became involved in the incident until the raccoon was trapped alone in an entryway. A nuisance wildlife control officer was called to the home to remove and euthanize the raccoon, which was submitted to Wadsworth Laboratory and confirmed to have the rabies virus. All three dogs were up to date on rabies vaccinations and received booster vaccinations within 24 hours. Two people were treated for potential rabies exposure.

While this incident is unusual, it demonstrates the importance of having all cats, dogs, and ferrets current on their rabies vaccination, even if the pet never goes outside. The Health Department will be hosting a drive-thru rabies clinic on March 12th, at the TCAT bus garage from 11 am to 2 pm.

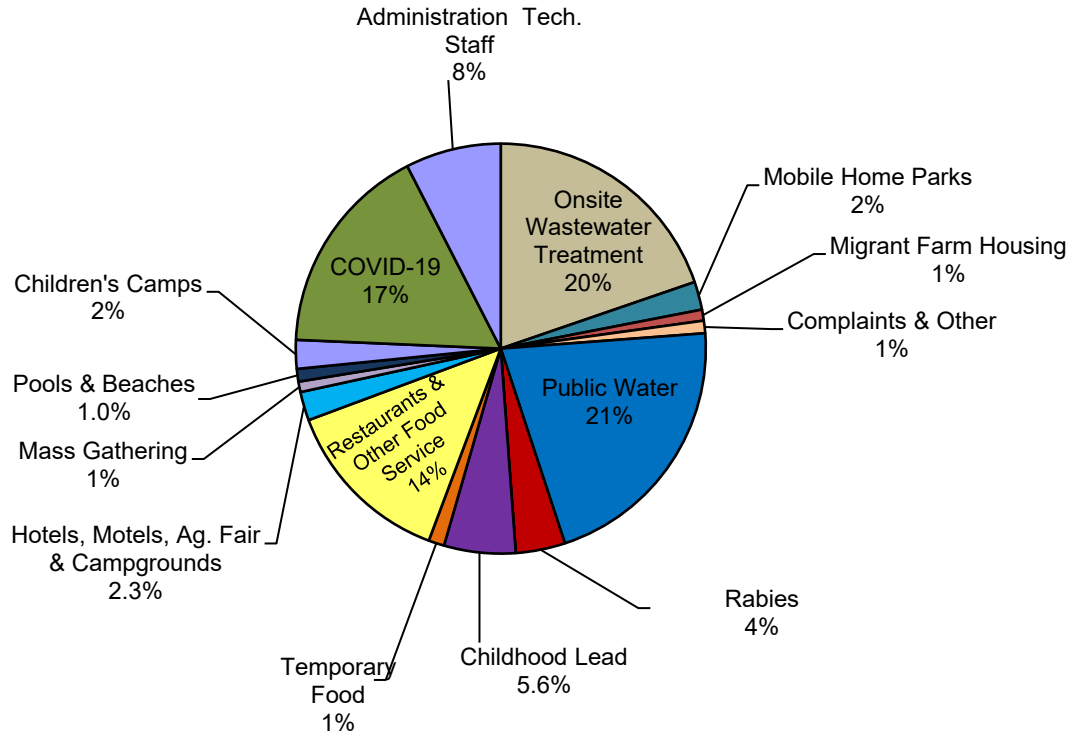
Human Resources: EH is very happy to announce that Doug Barnes will be joining Environmental Health as an Environmental Health Specialist (EHS) starting March 7. Doug brings experience teaching biology and chemistry and will be filling our Water Resources vacancy. The EHS position focusing primarily of Food Service and public water supplies will be re-posted.

You may have noticed that Doug's position is an Environmental Health Specialist, and not a Public Health Sanitarian. The titles of several technical Environmental Health positions are changing as noted below:

- Public Health Technician becomes Environmental Health Technician
- Public Health Sanitarian becomes Environmental Health Specialist
- Sr. PH Sanitarian becomes Sr. Environmental Health Specialist

EH Programs Overview:

Staff Time in Environmental Health Programs - January 2022



**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)														
Permits Issued	6	0	0	0	0	0	0	0	0	0	0	0	6	220
New Construction/Conversions	4												4	105
Replacements	2												2	115
Completion Certificates Issued	7	0	0	0	0	0	0	0	0	0	0	0	7	185
New Construction/Conversions	6												6	90
Replacements	1												1	95
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0												0	0
OWTS	1												1	29
Collector Sewer	0												0	0
Public Water Systems	0												0	7
Water Main Extension	0												0	5
Cross-Connection Control Devices	3												3	7
Other Water System Modification	0												0	3
Other Engineering Reviews	0												0	0
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	22												22	472
Human Post-X Treatments	3												3	115
Animal Specimens Tested	8												8	172
Animals Testing Positive	1												1	4
Rabies Clinics Offered	0												0	4
Dogs Vaccinated	0												0	398
Cats Vaccinated	0												0	258
Ferrets Vaccinated	0												0	2
Pet Quarantine	0												0	0
CHILDHOOD LEAD PROGRAM														
Children with Elevated Blood Lead Levels	1												1	10
Sites Inspected	0												0	6
Abatements Completed	0												0	1
Lead Assessments Sent	0												0	2
FOIL REQUESTS														
Total Received	2												2	45
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (65 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	13												13	28
Violations	0												0	2
CIAA Complaints	0												0	5
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	2												2	44
ENFORCEMENT ACTIONS														
Total Cases	5												5	17
Cases Related to FSE	4												4	6
BOH Penalties Assessed	\$4,900												\$4,900	\$8,450
BOH Penalties Collected	\$200												\$200	\$8,000
CUSTOMER SERVICE/SUPPORT														
Calls Received	579												579	11156
Walk-In Customers	15												15	440
TCEH Emails Received	424												424	6415
Applications Processed	41												41	1500
Payment Receipts Processed	18												18	1269
Renewals/Billings Sent	107												107	872

* As of 1/1/2022

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

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:

- Ithaca Conference Center

New permits were issued for the following facilities:

- Starbucks #65187
- Ithaca Taichi Tea
- South Hill Cider

Boil Water Orders (BWOs):

New:

- No BWOs issued in January.

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
9/28/21	Brew 22 Coffee & Espresso	Riley Brewer	Public Water System - Violation of Board of Health Orders	\$600	Payment due 11/15/21	Awaiting Payment.
1/25/22	Gaggle Company Inc.	Kim Whetzel	Sewage – Installation of System without a permit	\$500	Payment due 3/15/22	Monitoring Compliance
1/25/22	Cactus Head	Matthew Marks	Food Service Establishment – Repeat Critical Violations	\$200	Payment due 3/15/22	Monitoring Compliance
1/25/22	Macro Mamas	Peggy Aker	Food Service Establishment – Repeat Critical Violations	\$200	Payment due 3/15/22	Monitoring Compliance
1/25/22	Old Mexico	357 Elmira Road LLC.	Food Service Establishment – Violation of Board of Health Orders	\$800	Payment due 3/15/22	Monitoring Compliance
1/25/22	Taste of Thai Express	Taste of Thai Express Inc.	Food Service Establishment – Violation of Board of Health Orders	\$3200	Payment due 3/15/22	Monitoring Compliance