

Agenda

**Tompkins County Board of Health
Rice Conference Room
Tuesday, February 23, 2021
12:00 Noon
Via Zoom**

Live Stream at Tompkins County YouTube Channel:

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

- 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 January 26, 2021 Minutes (2 mins.)
- 12:06** IV. Financial Summary (9 mins.)
- 12:15** V. Reports (15 mins.)
- | | |
|-------------------------------|----------------------------------|
| Administration | Children with Special Care Needs |
| Health Promotion Program | County Attorney’s Report |
| Medical Director’s Report | Environmental Health |
| Division for Community Health | CSB Report |
- 12:30** VI. New Business
- 12:30** Adjournment

DRAFT

MINUTES

Tompkins County Board of Health
January 26, 2021
12:00 Noon
Virtual Meeting via Zoom

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

Staff: Claire Espey, Director of Community Health; Liz Cameron, Director of Environmental Health; Samantha Hillson, Director of Health Promotion Program; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Greg Potter, ITS Director; Deb Thomas, Director of Children with Special Care Needs; and Karan Palazzo, LGU Administrative Assistant

Excused: Brenda Grinnell Crosby, Public Health Administrator; and Ravinder Kingra

Guests: No one was present.

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 for Privilege of the Floor.

Introductions: Board members and guests introduced themselves and gave a brief overview of their professional history for the new Board member, Samara Touchton.

Approval of December 8, 2020 Minutes: Ms. Merkel moved to approve the minutes of the December 8, 2020 meeting as written, seconded by Dr. Dhundale. Dr. Evelyn abstained from providing his approval. All others in attendance voted to approve the December 8, 2020 meeting minutes.

Financial Summary: Mr. Kruppa referred to the Financial Summary within the packet provided to the BOH, as Ms. Grinnell Crosby is on medical leave. He stated they are processing year-end work from last year, with most of the county expenses for COVID being worked through the health department's budget, including testing funding. The county is doing okay with the necessary budget changes made mid last year and looking to the state to see what will happen with their funding. Mr. Kruppa sited some good news that if six billion dollars comes to the state from the federal government, the 20% withholds should reduce to 5%, which means some funding that we did not receive last year would be received and with fewer reductions to this year.

Administration Report:

COVID Updates: Mr. Kruppa reported an uptick in cases from the holiday season as experienced with most holidays and cases are declining and believes the holiday peak has been reached. Students from Cornell and Ithaca College are beginning their move-in process, and re-entry testing is occurring. Cases are being found quickly and isolated to limit additional exposure.

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Mr. Kruppa reported that a UK variant was found. Because Cornell's labs can do gene genome sequencing, our staff alerts the lab to check cases when there is an international traveler case or is a close contact of somebody who traveled internationally. Mr. Kruppa noted that there is no additional guidance from New York State around the variants.

Vaccines: Mr. Kruppa reported that we received large allocations of the vaccine in the beginning because the county partnered with Cayuga Health Systems to set up a large-scale site and was able to give the vaccine. In two weeks, 5000 people have been vaccinated. The state has now created its own statewide sites, with the closest sites to us in Binghamton and Syracuse, but they have not received a larger allocation from the federal government yet. As those large scale sites opened and the state opened its distribution system, the same amount of vaccine was available and had to be divvied up amongst **all** these other distributors; meaning the allocations went down last week, and we did not get any vaccines. Today we received a much smaller allocation of 600 doses.

State sites are currently taking anyone eligible, from all 1As and 1Bs but they are booked out for months, as they are the only locations taking anyone currently eligible. The state has set up criteria to divvy up the rest of the groups. Hospitals will focus on health care workers remaining from phase 1A. Pharmacies will focus on 65 plus. Local health departments will focus on essential workers. TCHD had already opened a large scale sites, vaccinating anyone eligible in the current criteria, but the state informed TCHD to stop and we received lower doses. A different model is being tried this week with the 600 doses, prioritizing first responders, correction workers, and K-12. In this phased approach, links will be sent out through employers over the next day or two to allow those to register for this week's allocation. Mr. Kruppa stated that they continue to advocate to the state that they can do more as demonstrated with the hospital's support and has offered to be a state site.

High Risk Sports: Mr. Kruppa reported that the governor said high risk sports can begin with the local health department's authorization. The state gave three broad categories to consider: wide spread in our communities, infection rates and ability to do enforcement. Since receiving this information TCHD will work with school superintendents to get input and feedback to make determinants and ensure the appropriate controls are in place.

Question from Ms. Merkel regarding other entities in Tompkins County administering vaccines. Mr. Kruppa clarified that the allotments are allocated that way. "Because TCHD and is so closely partnered with the hospital, our allotment is shipped directly to them as their pharmacy is more equipped to receive large amounts of vaccines, and they have professionals that do it all the time. What matters is who the allotments were allocated to. With the 600 doses allocated to the local health department, Cayuga Health Systems will administer them to the priority population assigned. The hospital did not get doses this week. The pharmacies have received vaccines, but TCHD does not have information about them", said Mr. Kruppa.

Question from Dr. Koppel regarding the authorization of high-risk sports in relation to universities and colleges. Mr. Kruppa responded that he believes they have their own guidance that they must follow. Dr. Koppel's understanding is that college sports had to abide by the local public health directives. Mr. Kruppa said he would look further into it. Dr. Moylan noted a separate set of guidance but using the same kind of risk categories for K-12 described earlier but feels the focus should be on consistency for everybody when making decisions as the colleges' plans must be

approved by the commissioner. Ms. Cameron stated the guidance does not apply to collegiate sports but to youth activities and recreational sports and will further investigate the differences. Ms. Merkel said that Ithaca College must abide by the Ivy League rules and does not believe decisions can be made independently. Dr. Moylan acknowledged the NCAA and noted some overlapping. Mr. Kruppa pointed out that surrounding counties consider only doing this for K-12, and TCHD is close to a final decision by recreational sports activity. If someone is doing an activity, K-12 or a private club, they would still be able to engage in those activities under the same guidelines and are considered competitive recreational sports.

Health Promotion Program Report: Ms. Hillson had nothing to add to her report. Informational postcards were sent out to all residents and businesses in the county with basic information on the vaccine and mental health services.

Medical Director's Report and Discussion:

- Tompkins County Health Department is advertising for nurses and contact tracers in the Tompkins Weekly.
- People can cross county lines to get vaccinated. Some have even crossed into surrounding states.
- Compliments to Cayuga Medical Center and Cayuga Health System in their vaccine efforts.
- Shared a screen of an MIT hypothetical projection study of a nation-wide graph of people accepting vaccinations. The map indicated that Tompkins County was at @ 86% of people accepting the vaccine, which is above the threshold, but the surrounding counties did not fare as well at this time. Dr. Klepack said from a public health standpoint; it helps target where we need to have our messages voiced.

Dr. Klepack was available to answer questions.

Division for Community Health Report: Ms. Espey had nothing to add to her written report.

Children with Special Care Needs Report: Ms. Thomas reported that they are getting back to work with early intervention with thanks from the other county departments' help with COVID. She referred to her report with nothing more to add.

County Attorney's Report: Mr. Wood had nothing to report.

Environmental Health Report: Ms. Cameron reported that EH assisted with the calls when the vaccine first came out and efforts are now in the process of transferring those calls to 211. She said EH assists in the calls that come into Community Health Services regarding quarantine and isolation and are in the process of training others to take over so EH can get back to the core of Environmental Health work. EH is expecting a large volume of inquiries on youth sports.

Community Mental Health Services Board (CSB) Report: Mr. Kruppa reported that they are scheduling a joint meeting with the BOH and CSB within the next two months to launch the strategic plan. The meeting will discuss how the two boards want to interact moving forward with substantive crossover discussions versus just reporting.

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Ward Request to Waive Sewage Permit Application Fee, 2275 Spencer Road, T-Danby (5 mins.): Ms. Cameron explained that this is a residence where they had a failed on-site sewage system. Mr. and Mrs. Ward are experiencing financial difficulties due to the pandemic and have requested the sewage system permit fee be waived to help replace their sewage system.

Ms. Black moved to accept the request for the waiver as written; seconded by Dr. Koppel. The vote to approve the waiver was unanimous.

Discussion Regarding Waive Permit fee: Ms. Black said she was happy with the ability to waive the permit fee especially during this time.

On behalf of the Board of Health, Mr. Kruppa took the opportunity to give the Tompkins County Health Department team credit in doing amazing work in this current environment. He stated, “It is truly remarkable we are in the position we are in because of all the work they have done. They have put in unaccountable hours protecting and providing information to the community, who are supported by additional teams putting in unaccountable hours in responding, coupled with our partnership with Cayuga Health Systems. This is an amazing place to be, and I look forward to getting back to normal. Thank you”.

Dr. Moylan also wanted to thank everybody behind the scenes that they don’t get to see at the meetings as we recognize your hard work. “Colleagues, family, and friends around the country, realize what we have in Tompkins County is so unique. It is interesting to bring students back into an environment that is clearly and completely different from what they are experiencing in their hometowns regarding what is available to testing, vaccinations, and support across the community. It is all so amazing. Thank you to everybody at the health department, Cayuga Health Systems, and BOH members who have other jobs. This is a great place to be”, Dr. Moylan stated.

The next meeting is Tuesday, February 23th, 2021 @ Noon.

Adjournment: Ms. Merkel moved to adjourn the meeting, seconded by Dr. Koppel; meeting adjourned at 1:11 p.m.

Board of Health
February 23, 2021
Financial Report

2020 / 13th Period

Final expenses for 2020 are near completion. Grant claims for the period ending 12/31 are being completed and are not yet shown in revenue lines. The 4th quarter state aid claim is also being prepared. Work will continue with County Administration and County Finance to adjust the books for pandemic-related expenses.

Mandate accounts are held open longer as the largest account (Preschool Special Education) is claimed to NYSED based on dates established by the state. The next large claim that covers the end of 2020 and the beginning of 2021 is due to be filed in March/April. A projected revenue split has been submitted to Finance for posting.

Board of Health
February 23, 2021
Financial Report

January 2021 / Month 1

Staff continue to work at closing 2020 and opening the books for 2021. January fringes are not posted in the financial system/report. The department just received the billable fringe rate from Finance (52.7%) which is higher than budgeted. COVID sampling costs not budgeted inflate expenditures in functional unit 4010. The County is seeking FEMA reimbursement on these expenses. As stated above, work will continue with County Administration and County Finance to adjust the books for pandemic-related expenses.

Tompkins County Financial Report for Public Health

Percentage of Year 100.00%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	TD	%
4010 PH ADMINISTRATION	1,549,770	2,408,238	155.39%	133,522	245,486	183.85%	1,416,248	2,162,751	152.71%
4011 EMERGING LEADERS IN PH	83,551	34,565	41.37%	83,551	40,000	47.88%		-5,435	
4012 WOMEN, INFANTS & CHILDREN	550,812	534,366	97.01%	550,812	469,055	85.16%		65,311	
4013 OCCUPATIONAL HLTH.& SFTY.	110,313	106,281	96.34%	0	0	0.00%	110,313	106,281	96.34%
4014 MEDICAL EXAMINER	0	0	0.00%	0	0	0.00%		0	
4015 VITAL RECORDS	76,626	70,861	92.48%	108,000	100,868	93.40%	-31,374	-30,007	95.64%
4016 COMMUNITY HEALTH	1,610,839	1,491,163	92.57%	371,214	189,307	51.00%	1,239,625	1,301,855	105.02%
4018 HEALTHY NEIGHBORHOOD PROG	172,368	149,955	87.00%	172,368	110,023	63.83%		39,931	
4047 PLNG. & COORD. OF C.S.N.	1,427,818	1,520,736	106.51%	383,223	378,242	98.70%	1,044,595	1,142,493	109.59%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090 ENVIRONMENTAL HEALTH	1,761,351	1,672,699	94.97%	588,490	504,633	85.75%	1,172,861	1,168,066	99.59%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,269,389	1,172,839	92.39%	-1,269,389	-1,172,839	92.39%
Total Non-Mandate	7,351,448	7,988,863	108.67%	3,664,569	3,210,453	87.61%	3,686,879	4,778,410	129.61%
2960 PRESCHOOL SPECIAL EDUCATI	5,868,647	4,710,435	80.26%	3,737,762	1,136,899	30.42%	2,130,885	3,573,536	167.70%
4017 MEDICAL EXAMINER PROGRAM	276,942	260,474	94.05%	0	2,916	0.00%	276,942	257,558	93.00%
4054 EARLY INTERV (BIRTH-3)	655,000	388,326	59.29%	318,500	145,507	45.69%	336,500	242,819	72.16%
Total Mandate	6,800,589	5,359,234	78.81%	4,056,262	1,285,322	31.69%	2,744,327	4,073,912	148.45%
Total Public Health	14,152,037	13,348,098	94.32%	7,720,831	4,495,775	58.23%	6,431,206	8,852,322	137.65%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	-858,468	-111,964	2960 Preschool	1,158,212	2,600,863
4012 WIC	16,446	81,757	4054 Early Intervention	266,674	172,993
4013 Health & Safety	4,032	0	4017 Medical Examiner	16,468	-2,916
4014 Medical Examiner	0	0		<u>1,441,354</u>	<u>2,770,940</u>
4015 Vitals	5,765	7,132			
4016 Community Health	119,676	181,907			
4018 Healthy Neighborhood	22,413	62,345			
4047 CSCN	-95,196	4,981			
4048 PHCP	8,000	4,000			
4090 Environmental Health	88,652	83,857			
4095 State Aid	0	96,550			
	<u>-688,679</u>	<u>410,565</u>			
Total Public Health Balances					
			Available Budget	Revenues Needed	
			<u>752,675</u>	<u>3,181,505</u>	

Tompkins County Financial Report for Public Health

Percentage of Year 8.33%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	TD	%
4010 PH ADMINISTRATION	1,240,420	388,782	31.34%	133,362	0	0.00%	1,107,058	388,782	35.12%
4012 WOMEN, INFANTS & CHILDREN	522,961	29,381	5.62%	522,961	0	0.00%		29,381	
4013 OCCUPATIONAL HLTH.& SFTY.	98,435	4,060	4.12%	0	0	0.00%	98,435	4,060	4.12%
4015 VITAL RECORDS	77,825	3,275	4.21%	108,000	5,699	5.28%	-30,175	-2,424	8.03%
4016 COMMUNITY HEALTH	1,516,373	84,425	5.57%	386,982	0	0.00%	1,129,391	84,425	7.48%
4018 HEALTHY NEIGHBORHOOD PROG	173,713	6,186	3.56%	173,713	0	0.00%		6,186	
4047 PLNG. & COORD. OF C.S.N.	1,404,966	80,472	5.73%	396,690	0	0.00%	1,008,276	80,472	8.21%
4090 ENVIRONMENTAL HEALTH	1,747,219	75,022	4.29%	590,613	8,590	1.45%	1,156,606	66,432	5.74%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,216,433	0	0.00%	-1,216,433	0	
Total Non-Mandate	6,781,912	671,602	9.90%	3,528,754	14,289	0.40%	3,253,158	657,314	20.21%
2960 PRESCHOOL SPECIAL EDUCATI	5,860,000	70	0.00%	3,823,000	0	0.00%	2,037,000	70	0.00%
4017 MEDICAL EXAMINER PROGRAM	288,226	14,397	5.00%	0	0	0.00%	288,226	14,397	5.00%
4054 EARLY INTERV (BIRTH-3)	653,000	24,508	3.75%	319,970	0	0.00%	333,030	24,508	7.36%
Total Mandate	6,801,226	38,975	0.57%	4,142,970	0	0.00%	2,658,256	38,975	1.47%
Total Public Health	13,583,138	710,578	5.23%	7,671,724	14,289	0.19%	5,911,414	696,289	11.78%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	851,638	133,362	2960 Preschool	5,859,930	3,823,000
4012 WIC	493,580	522,961	4054 Early Intervention	628,492	319,970
4013 Health & Safety	94,375	0	4017 Medical Examiner	273,829	0
4014 Medical Examiner	0	0		<u>6,762,251</u>	<u>4,142,970</u>
4015 Vitals	74,550	102,301			
4016 Community Health	1,431,948	386,982			
4018 Healthy Neighborhood	167,527	173,713			
4047 CSCN	1,322,216	396,690			
4048 PHCP	0	0			
4090 Environmental Health	1,672,197	582,023			
4095 State Aid	0	1,216,433			
	<u>6,108,032</u>	<u>3,514,465</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
<u>12,870,282</u>	<u>7,657,435</u>

HEALTH PROMOTION PROGRAM – January 2021

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

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

Highlights

- COVID-19 continues to be the primary focus. The most recent County COVID-19 timeline can be found [here](#). The Health Department [homepage](#) has recent updates about COVID-19 and a table with daily data for our County.
- COVID-19 Vaccination Information can be found [here](#). The vaccination page was launched in late December, and had 338,120 page views for the month, 70% of which were unique page views.
- Health Promotion staff continue to support the Emergency Operations Center (EOC) with communications and public information. Diana Crouch has been assisting with contract tracing, and at the CHS mass vaccination site at the mall.

Community Outreach

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

Groups, Programs, Organizations	Activity/Purpose	Date
211 Tompkins/Cortland	Call Center, ongoing collaboration to field and answer COVID-19 related questions, especially about the vaccine.	ongoing
Health Planning Council	Monthly meeting	1/11
Childhood Nutrition Collaborative	Collective Impact. Healthiest Cities and Counties Challenge.	1/8, 1/15, 1/22, 1/29 ongoing
Immunization Coalition	Vaccine Messaging and Equity Discussion	1/11
COFA Advisory Board	Regular updates – Age Friendly	1/25

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

- Steering Committee meeting, planning group, 1/8; full committee, 1/13.
- Working group for Prevent Chronic Disease intervention, Removing Barriers to Cancer Screening. Initial meeting 1/27.

Healthy Neighborhoods Program

- The HNP program continues to receive calls requesting information about indoor air quality, radon, mold and mildew, bed bug infestations, etc. However, the majority of staff time was dedicated to assisting with inspections of gyms, fitness centers, and temporary residences, with contact tracing efforts, and with daily operations at the CHS vaccination site (POD) at the mall.

January 2021

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2021	January 2020	TOTAL 2020*
# of Initial Home Visits (including asthma visits)	7	7	37	225
# of Revisits	0	0	16	76
# of Asthma Homes (initial)	2	2	9	61
# of Homes Approached	3	3	34	436

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

Tobacco Free Tompkins

- Grant contractors asked to prepare a revised budget with a 14% reduction in funding.
- Tompkins coordinator continued to be reassigned to the COVID communications team.

Media, Website, Social Media

- The arrival of vaccine doses in January generated a staggering number of page views on the Health Department website. For the month of January 2021:
 - [Vaccination page](#): 338,120
 - [Public exposures page](#): 25,848
 - [Data page](#): 29,958
 - [CHS Sampling Site page](#): 10,332
 - [FAQ page](#): 9,994
 - [Search page](#): 4,052
 - Page views for all Health Department pages:
 - January 2020: 6,757
 - April 2020: 433,570
 - January 2021: 689,618
- COVID-19 press releases and website updates:
 - [COVID19 2021-01-27 Update: Revised Guidance for Youth and Recreational Sports in Tompkins County](#)
 - [COVID19 2021-01-27 All Appointments Filled for 600 COVID-19 Vaccine Doses](#)
 - [COVID19 2021-01-26 Vaccine Update 600 Doses Allocated This Week, Prioritized for First Responders, Corrections Staff, P-12 Schools](#)
 - [COVID19 2021-01-22 COVID-19 Cases Increasing, Urging Public to Stay Vigilant](#)
 - [COVID19 2021-01-22 COVID-19 Cases Increasing, Urging Public to Stay Vigilant](#)
 - [COVID19 2021-01-21 Health Department Issues Correction Regarding Deaths](#)

- [COVID19 2021-01-19 Vaccine Update: No Doses Allocated to Tompkins County for Week of 1/18](#)
 - [COVID19 2021-01-15 UK Variant](#)
 - [COVID19 2021-01-15 Vaccine Update](#)
 - [COVID19 2021-01-12 Updates on COVID-19 Vaccine Distribution, Additional Clinics](#)
 - [COVID19 2021-01-10 Vaccine Update 1B](#)
 - [COVID19 2021-01-09 CDMS Interruptions](#)
 - [COVID19 2021-01-07 Additional Clinics 1A](#)
 - [COVID19 2021-01-05 Vaccination Updates on Distribution and FAQ](#)
 - Alerts for Potential Public Exposure: 9 incidences. TCHD is no longer sending a full press release for public exposure alerts. Instead, a notice is sent to the media and posted on social media, and the information is compiled on a [dedicated public exposure web page](#).
- TCHD Press Releases:
 - [2021-01-26 Dog bite](#)

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

- Strategic Planning with Batiste Leadership (1/8, 1/22)
- Finalizing Mission, Intent, Values, Culture framework

Training/Professional Development

- JEDI Team (1/15)

Medical Director's Report
Board of Health
February 2021

In the fall I drew an analogy between a marathon of 26 miles and the pandemic. At one point I mused that perhaps the advent of vaccines would catapult us substantially ahead. Unfortunately, the lack of supplies, the lack of realistic planning for rolling out the vaccine (which included the abrogation of federal responsibility and the failure of the state to appreciate the extreme variation across the state in the ability to deliver vaccinations) has prevented such a leap forward. We may have gotten a "second wind" from the vaccine rollout so far and picked up our pace a bit but at best we seem to be at mile 16 and if we delay too long in achieving community (herd) immunity and significantly more problematic mutations arise we may be farther than that from the finish line. Now is the time for redoubling of efforts to control the pandemic through face coverings, distancing, handwashing and supports for vaccination.

As of this writing the NYS test Positivity rate has dropped to about 4.38% for the state as a whole for the first time in 2 months. As the UK variant becomes more prevalent it is expected that this rate will rise due to the increased infectiousness of the UK variant.

Our Local rate is currently 0.05% (progressively down from about 0.8% in mid-January). Our testing has also progressively risen from early January from about 4,000 per day to 12, 146 on the 8th. This rise in numbers is likely due to the return of students, faculty, and staff in higher education.

Per NYSDOH the Brazilian variant has only been found to date in Minn., and the S African variant has had 3 cases in Md and SC. Neither of these variants has been found so far in NYS. UK variant case numbers have slowed down in NYS a little - this is thought by NYSDOH to be a lab issue and the rate needs to be clarified.

As I write this the FDA is poised to start consideration of the Johnson and Johnson Covid vaccine. By all accounts it is a valuable addition to the two vaccines we currently have. Not all vaccines have fared so well as depicted in this news account: <https://www.statnews.com/2021/01/25/in-a-major-setback-merck-to-stop-developing-its-two-covid-19-vaccines-and-focus-on-therapies/>

Vaccine

The vaccines are starting to have an impact on guidelines. We have seen implications for quarantine:

New Update in Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Summary of recent changes (last updated February 10, 2021):

- *New recommendations for preventing, reporting, and managing mRNA COVID-19 vaccine administration errors (Appendix A).*
- *Clarification on contraindications and precautions. Persons with a known (diagnosed) allergy to PEG, another mRNA vaccine component, or polysorbate, have a contraindication to vaccination. Persons with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is PEG, another mRNA vaccine component or polysorbate, but in whom it is unknown which component elicited the immediate allergic reaction have a precaution to vaccination.*
- *Updated information on delayed, local injection-site reactions after the first mRNA vaccine dose. These reactions are neither a contraindication nor precaution to the second dose.*

- Updated quarantine recommendations for vaccinated persons. Fully vaccinated persons who meet criteria will no longer be required to quarantine following an exposure to someone with COVID-19. Additional considerations for patients and residents in healthcare settings are provided.
- Additional information and updated recommendations for testing for TB infection. TB testing can be done before or at the same time as mRNA COVID-19 vaccination, or otherwise delayed for ≥ 4 weeks after the completion of mRNA COVID-19 vaccination.

(Complete details can be found at the URL listed above)

NOTE: NYSDOH regulations preclude those of the CDC. It is our understanding the NYSDOH is imminently adopting the CDC recommendations. However, with regards to travel it is unclear if vaccination status will be taken into account – we will have to wait to see the stance NYSDOH takes.

Anticipating the NYSDOH adopting the CDC recommendations, TCHD has adopted the following CDC language from this website <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html> Note the 3 conditions that must be met.

Public health recommendations for vaccinated persons

While mRNA COVID-19 vaccines have demonstrated high efficacy at preventing severe and symptomatic COVID-19, there is currently limited information on how much the vaccines might reduce transmission and how long protection lasts. In addition, the efficacy of the vaccines against emerging SARS-CoV-2 variants is not known. At this time, vaccinated persons should continue to follow [current guidance](#) to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, washing hands often, following [CDC travel guidance](#), and following any applicable workplace or school guidance, including guidance related to personal protective equipment use or SARS-CoV-2 testing.

However, vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to [quarantine](#) if they meet all of the following criteria[†]:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

Persons who do not meet all 3 of the above criteria should continue to follow current [quarantine guidance](#) after exposure to someone with suspected or confirmed COVID-19.

Although the risk of SARS-CoV-2 transmission from vaccinated persons to others is still uncertain, vaccination has been demonstrated to prevent symptomatic COVID-19; symptomatic and pre-symptomatic transmission is thought to have a greater role in transmission than purely asymptomatic transmission. Additionally, individual, and societal benefits of avoiding unnecessary quarantine may outweigh the potential but unknown risk of transmission and facilitate the direction of public health resources to persons at highest risk for transmitting SARS-CoV-2 to others. This recommendation to waive quarantine for people with vaccine-derived immunity aligns with [quarantine recommendations for those with natural immunity](#), which eases implementation.

Fully vaccinated persons who do not quarantine should still watch for [symptoms of COVID-19](#) for 14 days following an exposure. If they experience symptoms, they should be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated. In addition, vaccinated persons should continue to follow [current guidance](#) to protect themselves and others, including all other [SARS-CoV-2 testing recommendations](#) and requirements, and [state, territorial, tribal, and local](#) travel recommendations or requirements. For additional considerations regarding quarantine or work restrictions for fully vaccinated healthcare personnel, patients, or residents in healthcare settings, please see section below.

These quarantine recommendations for vaccinated persons, including the criteria for timing since receipt of the last dose in the vaccination series, will be updated when more data become available and additional COVID-19 vaccines are authorized.

† CDC has not systematically evaluated the efficacy of COVID-19 vaccines from manufacturers that have not sought an EUA in the United States. For the purposes of these quarantine criteria, considerations for accepting a vaccination series that is not FDA-authorized include whether the vaccine product has received emergency approval from the World Health Organization or authorization from a national regulatory agency.

And quarantine has been shortened (albeit with caveats):

NYSDOH Dec 26, 2020

QUARANTINE REQUIREMENTS FOR EXPOSURE TO COVID-19

Consistent with recent CDC guidance, quarantine for individuals exposed to COVID-19 can end after ten days without a testing requirement if no [symptoms](#) have been reported during the quarantine period.

o Individuals must continue daily symptom monitoring through Day 14.

o Individuals must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and the use of face coverings, through Day 14.

o Individuals must be advised that if any symptoms develop, they should immediately self-isolate and contact the local public health authority or their healthcare provider to report this change in clinical status and determine if they should seek testing.

These quarantine requirements are also applicable to travelers who are not essential workers and/or who did not complete the testing requirements described in Executive Order 205.2.

Transmission of Covid

A recent model concludes that young and middle-aged persons are predominately responsible for transmission of SARS-COV-2. That they (by and large) don't pay the price but convey it to older and elderly persons who do in terms of mortality and morbidity. For public health this means we must (I believe) focus on the 20-49 y.o. age group and instill in them a sense of community and responsibility. We must bring home to them that, while they may get off with an insignificant illness, their grandparent, parent, co-worker, or community member may well not be so fortunate.

The data and the model were reported in *Science Magazine* (Data: Monod, et al. 2021, "[Age groups that sustain resurging COVID-19 epidemics in the United States](#)"; Chart: Axios Visuals) If you go to page 49 at this link to *Science Magazine* you will find a description of the model. The following is copied from the website:

Feb 3, 2021 - [Health](#)

Young and middle-aged adults responsible for most COVID spread

<https://www.axios.com/young-adults-coronavirus-spread-a998cf65-fcf3-472b-a1ed-e29938356351.html>

Age groups' contribution to COVID-19 transmission in the U.S.

Estimated as of August 17, 2020

Age group	Estimated transmission	Pct. of population
0-9	2.1%	12.1%
10-19	4.0	13.1
20-34	34.7	20.6
35-49	41.1	19.2
50-64	15.3	19.2
65-79	2.5	12.1
80+	0.3	3.7

Data: Monod, et al.

2021, "[Age groups that sustain resurging COVID-19 epidemics in the United States](#)"; Chart: Axios Visuals

The coronavirus pandemic in the U.S. has been chiefly driven by young and middle-aged people, while killing mostly older people.

Driving the news: Adults aged 20-49 were responsible for the vast majority of virus transmission last year, even after schools reopened in the fall, according to a new study [published in Science](#).

Why it matters: The U.S. vaccination effort is racing to keep up with the spread of new, more transmissible variants of the virus. Millions more Americans could be infected before a substantial portion of the population is vaccinated, making transmission patterns deeply relevant.

- The notion that non-vulnerable people can go about their normal lives, while vulnerable people self-isolate, has not borne out in the U.S.

By the numbers: Three-quarters of new infections originated from adults 20-49 until mid-August of last year. Adults 35-49 contributed the most to spread.

- In October, after a large portion of U.S. students returned to school, this age group was still responsible for about 72% of new infections.
- The study estimates that school reopenings increased total infections by about 26% as of October, and deaths by about 6% — because children and teenagers spread the virus to adults, who are "more transmission efficient."

Between the lines: Young and middle-aged adults "naturally have most contacts to other adults aged 20 and above, which are more susceptible" to the virus, and they were more mobile from April on, per the study.

The bottom line: "This suggests that additional interventions to adults aged 20-49, including rapid mass vaccination if vaccines prove to block transmission, could bring resurgent COVID-19 epidemics under control," the authors conclude.

Compared to Influenza in which transmission is driven to a large degree by the very young Covid seems to be driven by older age groups

PPE

Face covering techniques that can get to 95% effective without an N95 mask

New CDC advise re Masking - For healthcare offices and essential workers put into high risk situations this may help reduce their risk.

The efficacy of masking is significantly increase by employing a modification is donning ear-loop masks and in combining a medical procedure mask with a cloth face covering. (Note that using such masking changes is not reflected in any changes to NYS guidance at this time with regards to quarantine.)

Here is the CDC reference: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html>

And a video regarding how to **Knot and Tuck** ear loops of a 3-ply mask: <https://youtu.be/UANi8Cc71A0>external icon

(one can “knot and tuck” and then use a cloth mask over the top also.

<https://www.nytimes.com/2021/02/10/world/double-mask-protection-cdc.html?>

Comparing the Covid-19 vaccines developed by Pfizer, Moderna, and Johnson & Johnson

By HELEN BRANSWELL [@HelenBranswell](#)

FEBRUARY 2, 2021

<https://www.statnews.com/2021/02/02/comparing-the-covid-19-vaccines-developed-by-pfizer-moderna-and-johnson-johnson/>

In an ideal world, a pandemic vaccine could be delivered in a single shot, so supplies could be stretched to cover a lot of people. It would trigger no side effect more significant than a sore arm. And it would be easy to ship and store.

Soon, it seems, this ideal of a Covid-19 vaccine will be within reach.

Last Friday, Johnson & Johnson announced that a one-dose vaccine being developed by its vaccines division, Janssen Pharmaceuticals, [had been shown to be 66% protective](#) against moderate to severe Covid infection in a multicountry study. But, importantly, it was 85% effective in protecting against severe disease. And there were no hospitalizations or deaths among people in the vaccine arm of a large clinical trial.

Overall efficacy varied a bit geographically, especially in South Africa, where a new variant appears to evade to some degree the immunity induced both by infection and by Covid vaccines, which were designed to target earlier strains of the SARS-CoV-2 virus.

Johnson & Johnson said it will apply to the Food and Drug Administration for an emergency use authorization this week. That means sometime later this month or early in March its vaccine will likely start to be used in the United States, though the company is not expected to be able to supply substantial numbers of doses until April.

Earlier STAT published a head-to-head comparison of the vaccines developed by [Pfizer and its partner, BioNTech](#), and by [Moderna](#), which have been in use in the country since December. We're updating it here with information about the

J&J vaccine, with the caveat that some data from this likely new entry to the U.S. vaccination program haven't yet been made public.

Please note that in the initial rollout of vaccine, individuals are unlikely to be offered a choice of which vaccine they want. Supplies are too scarce. The vaccine available at the place where you are being vaccinated is the one you'll get.

Vaccine types

The Pfizer and Moderna vaccines are made using messenger RNA, or [mRNA](#), a technology that delivers a bit of genetic code to cells — in effect, a recipe to make the surface protein (known as spike) on the SARS-2 virus. The proteins made with the mRNA instructions activate the immune system, teaching it to see the spike protein as foreign and develop antibodies and other immunity weapons with which to fight it.

The J&J vaccine uses a different approach. It is what's known as a viral vectored vaccine. A harmless adenovirus — from a large family of viruses, some of which cause common colds — has been engineered to carry the SARS-2 spike protein and to introduce the spike to the immune system, prompting it to recognize SARS-2 and protect against it. J&J used this same approach to make an Ebola vaccine that has been authorized for use by the European Medicines Agency.

Target population

The Pfizer vaccine has been authorized for use for people aged 16 and older. Moderna's has been cleared for use in people 18 and older, though the company is now testing its vaccine in 12- to 17-year-olds. J&J's vaccine has been tested in people 18 and older, so for the time being, this vaccine won't be available for use in children and teens under 18 either.

Vaccine efficacy

The Pfizer and Moderna vaccines have shown astonishing — and essentially equivalent — degrees of efficacy, at least in the early stages after vaccination.

The Pfizer vaccine showed efficacy of 95% at preventing symptomatic Covid infection after two doses. The vaccine appeared to be more or less equally protective across age groups and racial and ethnic groups.

The Moderna vaccine was 94.1% effective at preventing symptomatic Covid-19, after the second dose. The vaccine's efficacy appeared to be slightly lower in people 65 and older, but during a presentation to the Food and Drug Administration's advisory committee in December, the company explained that the numbers could have been influenced by the fact there were few cases in that age group in the trial. The vaccine appeared to be equally effective across different ethnic and racial groups.

But comparing efficacy in those vaccines to the efficacy of Johnson & Johnson's is challenging because of differences in the designs of the Phase 3 clinical tests — essentially the trials were testing for different outcomes. Pfizer's and Moderna's trials were testing for slightly different criteria, with Pfizer counting cases from seven days after receipt of the second dose of vaccine and Moderna waiting till day 14 to start counting cases. Both tested for any symptomatic Covid infection.

J&J, by contrast, sought to determine whether one dose of its vaccine protected against moderate to severe Covid illness — defined as a combination of a positive test and at least one symptom such as shortness of breath, beginning from 14 or 28 days after the single shot. (The company collected data for both.)

Because of the difference in the trials, making direct comparisons is a bit like comparing apples and oranges. Additionally, Pfizer and Moderna's vaccines were tested before the emergence of troubling new variants in Britain, South Africa, and Brazil. It's not entirely clear how well they will work against these mutated viruses.

The J&J vaccine was still being tested when the variants were making the rounds. Much of the data generated in the South African arm of the J&J trial involved people who were infected with the variant first seen in South Africa, called B.1.351.

The J&J one-dose vaccine was shown to be 66% protective against moderate to severe Covid infections overall from 28 days after injection, though there was variability based on geographic locations. The vaccine was 72% protective in the United States, 66% protective in South America, and 57% protective in South Africa.

But the vaccine was shown to be 85% protective against severe disease, with no differences across countries (eight) or regions (three) in the study, nor across age groups among trial participants. And there were no hospitalizations or deaths in the vaccine arm of the trial after the 28-day period in which immunity developed.

It's not yet known if any of these vaccines prevent asymptomatic infection with the SARS-CoV-2 virus. Nor is it known if vaccinated people can transmit the virus if they do become infected but don't show symptoms.

Number of doses/amounts of vaccine per dose

Both the Moderna and the Pfizer vaccines require two shots: a priming dose, followed by a booster shot. The interval between Moderna doses is 28 days: for the Pfizer vaccine, it's 21 days.

Each dose of Pfizer's contains 30 micrograms of vaccine. Moderna went with a much larger dose of vaccine, 100 micrograms. It means the company is using a little more than three times as much vaccine per person as Pfizer is. And yet, they aren't getting better results. The government's vaccine development program, formerly called Operation Warp Speed, has asked Moderna to test if it could lower the dosage of its vaccine without eroding the vaccine's protection.

The J&J vaccine is, as mentioned, a single-dose vaccine. The company is also testing a two-dose regimen, with the two shots given eight weeks apart. The results from that 30,000-person trial aren't expected until sometime in May.

Side-effect profile

In the vernacular of vaccinology, vaccines that trigger a range of transient side effects in a lot of recipients are known as reactogenic.

All these vaccines — in fact, most if not all the Covid-19 vaccines that have reported data so far — fall into the reactogenic category. The Advisory Committee on Immunization Practices, an expert panel that helps the Centers for Disease Control and Prevention set vaccination policies, has advised hospitals they may want to stagger vaccinations among employees — for instance, don't vaccinate all emergency room staff at the same time — in case some feel too unwell to work the day after being vaccinated.

The most common side effects are injection site pain, fatigue, headache, muscle pain, and joint pain. Some people in the clinical trials have reported fever. Side effects are more common after the second dose; younger adults, who have more robust immune systems, reported more side effects than older adults.

end

February 2021 BOH Report

Community Health Services

By Rachel Buckwalter, Senior Community Health Nurse

Communicable Disease:

- **COVID-19:** Throughout the month of January, COVID-19 response continued to be the primary activity involving case investigations, contact tracing, daily phone calls with cases during their isolation period, and daily call/texts of persons on mandatory quarantine. Cases from higher ed have increased as students have returned to the area. We continue our close partnership with Cornell and Ithaca College to address this increase in cases. Response activity operations continued 7 days per week utilizing staff from multiple divisions within the department and newly hired temporary project assistants to assist in our efforts. Multiple travel/temp nurses have been added to the Covid response team along with three part time RNs to assist with our efforts.
- **Hepatitis A:** During the month January we had one new case of Hepatitis A. The patient presented to the ER with jaundice, abdominal pain, nausea and vomiting. This patient has a history of chronic Hep C and substance abuse. He was admitted for treatment but left AMA. Three contacts were identified. All three declined Hep A vaccination.
- **Sexually Transmitted Infections:** New York State DOH issued an alert that Gonorrhea cases have increased dramatically in some regions (see attached notification). We are not seeing this increase here but other counties such as Monroe and Broome have seen alarming increases. DOH has issued new treatment guidelines for Gonorrhea per recent CDC recommendation and is now promoting the use of Expedited Partner Therapy for Gonorrhea. We are in the process of training a recently hired nurse, Carolyn Canto, on management of STIs. She will be sharing these new guidelines with area providers.

Maternal Child Program:

- We have started discussion within our department of how to reactivate our Maternal Child program. We are hoping to start offering postpartum support and possibly childbirth education via video visits in the near future.

SafeCare Program:

- This program is on hold and conversations are ongoing as to when to reactivate. SafeCare families have multiple challenges with accessing technology for video visits. In general we feel this program is best done in person. We will continue to communicate with DSS regarding when we can reactivate this program.

Immunization Clinics:

- On site immunization clinics continued to be suspended due to the COVID-19 response. CHS staff continue to refer children needing VFC vaccinations to family physicians and pediatricians in Tompkins County who have agreed to provide vaccinations to children who would typically have been seen in our clinics.
- We have provided staff to assist with giving vaccine and with administrative support for Covid-19 vaccine clinics in partnership with Cayuga Health Systems.
- Immunization calls are now being routed to 211 which has decreased the volume of calls here at the Health Department.

Staffing:

- Although we are well staffed with temporary staff to assist with Covid response, we currently have two open Community Health nurse positions within the division. These positions include Covid response work but also include assisting with our other programs (immunizations, rabies, TB, Maternal Child, Lead). Recruitment is continuing for these vacancies.

Lead Poisoning Prevention- (17 total cases, 1 new in January)

- Lead nurse Gail Birnbaum is providing care coordination to 17 children with elevated Blood Lead Levels (BLL's); this includes one new case in January. The new case is a 1 year old who had a BLL of 11.2 mcg/dL on 1/14/2021. Redraw will be in 3 months. Lead nurse followed up with a phone call to the family and EH will complete a home visit to investigate possible sources of lead.

Tuberculosis

No active TB cases currently.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 03FEB21
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=January

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS**	1	11.7	2	23.3	3	35.0	0	0.0	2	23.3
COVID-19	583	6805.9	0	0.0	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	0	0.0	4	46.7	2	23.3	0	0.0	2	23.3
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
HEPATITIS A	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
HEPATITIS C,ACUTE**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
HEPATITIS C,CHRONIC**	0	0.0	0	0.0	3	35.0	0	0.0	1	11.7
INFLUENZA A, LAB CONFIRMED	0	0.0	127	1482.6	102	1190.7	168	1961.2	132	1541.0
INFLUENZA B, LAB CONFIRMED	0	0.0	237	2766.7	5	58.4	128	1494.3	123	1435.9
LYME DISEASE** ****	0	0.0	1	11.7	1	11.7	0	0.0	1	11.7
MENINGITIS, ASEPTIC	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
PERTUSSIS**	0	0.0	1	11.7	1	11.7	0	0.0	1	11.7
SALMONELLOSIS**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
SHIGELLOSIS**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
STREP,GROUP A INVASIVE	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
STREP,GROUP B INVASIVE	0	0.0	0	0.0	0	0.0	2	23.3	1	11.7
STREP PNEUMONIAE,INVASIVE**	0	0.0	1	11.7	0	0.0	2	23.3	1	11.7
TUBERCULOSIS***	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
SYPHILIS TOTAL.....	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
- P&S SYPHILIS	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
GONORRHEA TOTAL.....	10	116.7	7	81.7	10	116.7	4	46.7	7	81.7
- GONORRHEA	10	116.7	7	81.7	10	116.7	4	46.7	7	81.7
CHLAMYDIA	15	175.1	31	361.9	33	385.2	19	221.8	28	326.9

*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.

Currenti, Salvatore A (HEALTH) <salvatore.currenti@health.ny.gov>
Thu 2/4/2021 2:16 PM

On behalf of OSHE,

As many of you know, CDC has updated its recommendation for the treatment of uncomplicated gonorrhea in adults. The full 2021 Treatment Guidelines are to be released this year (we anticipate soon) and understand these changes will take time to implement. While implementation of the new gonorrhea treatment guidelines should be done with all due speed, it is important to know that there is no evidence of treatment failures using the previous regimen. With respect to reporting of gonorrhea treatment, persons still being treated per the 2015 guidelines will be considered adequately treated until December 31, 2021. We expect a full transition, by all local health units and providers, to the new 2021 treatment guidelines by January 1, 2022.

The revised guidance for the treatment of uncomplicated gonorrhea in adults is available here: [2020 Update to CDC's Treatment for Gonococcal Infections](#).

Thanks,

Salvatore Currenti, MPH

Epidemiologist

New York State Department of Health

Office of Sexual Health & Epidemiology (OSHE)

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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, Infectious Disease, OB/GYN, and Primary Care Providers

From: New York State Department of Health, AIDS Institute

Date: February 5, 2021

HEALTH ADVISORY: GONORRHEA INCREASES IN NEW YORK STATE COUNTIES OUTSIDE OF NEW YORK CITY

- Reported gonorrhea diagnoses increased by 40% from 2019 to 2020.
- Increases are higher among females than males (54% increase among females compared to 29% among males from 2019 to 2020).
- Increases have occurred among all racial and ethnic groups. Of reported diagnoses in 2020, 47% were among non-Hispanic Black individuals (Age-adjusted rate: 673.2 per 100,000 population), while 22% were among non-Hispanic White individuals (Age-adjusted rate: 52.1 per 100,000 population), and 8% were among Hispanic individuals (Age-adjusted rate: 94.4 per 100,000 population).
- Among age groups, the highest proportion of diagnoses in 2020 was seen in individuals aged: 20-29 (49%), 30-39 (22%), and 15-19 (16%).

While the statewide increases have been noteworthy, counties listed below (in descending order of 2020 diagnoses) have either seen a larger percentage increase in 2020 diagnoses compared to 2019 or diagnoses that have not declined since 2019.

County*	2019	2020**	%Increase
Monroe	2,302	4,073	77%
Erie	1,950	3,042	56%
Onondaga	1,039	1,406	35%
Suffolk	807	1013	26%
Albany	742	775	4%
Niagara	339	504	49%
Schenectady	246	421	71%
Rensselaer	277	366	32%
Orange	291	352	21%
Oneida	162	326	101%
Broome	208	314	51%
Dutchess	212	303	43%
Jefferson	96	225	134%
Wayne	51	161	216%
Saratoga	88	106	20%
Chautauqua	141	142	1%

County*	2019	2020**	%Increase
Chemung	112	113	1%
Sullivan	47	105	123%
Cayuga	62	101	63%
Fulton	28	86	207%
Montgomery	30	77	157%
Ontario	61	76	25%
Oswego	39	52	33%
Columbia	30	48	60%
Cattaraugus	37	48	30%
Orleans	20	47	135%

*Highlighted counties have the highest case rates (greater than 136.94 per 100,000 population) in the state (see attached state map).

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

What Providers Can Do to Support Sexual Health and Prevent Gonorrhea and other STIs

- **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
- **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.
- **Screen** for STIs in:
 - Sexually active MSM, at least annually; every 3 to 6 months if at increased risk
 - Sexually active persons with HIV, at least annually
 - All persons with newly diagnosed HIV
 - Persons presenting with evidence of active injection or other drug use
 - Persons previously and/or currently diagnosed with STIs
 - Sex or needle sharing partners of individual(s) known to have diagnosed HIV or an STI

- Pregnant people at their first prenatal visit and during the third trimester
 - All sexually active persons; all sexually active women younger than 25 years should be tested for gonorrhea and chlamydia every year
- **Test at the anatomic site(s) of sexual exposure and offer three-site testing** for gonorrhea and chlamydia.
- **Treat promptly and/or link patients immediately to care and treatment.** Follow the latest treatment guidelines for gonorrhea:
https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w
- **Facilitate partner management by:**
 - Offering and providing [Expedited Partner Therapy \(EPT\) for gonorrhea](#), and
 - Encouraging patients to refer their sex or needle sharing partners to medical care for STI screening and treatment including HIV testing.
- **Offer and perform HIV testing** for every patient age 13 years and older.
- **Offer** Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), as indicated.
- **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 Can Do to Support Sexual Health and Prevent Gonorrhea and other 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 lab testing.
- **Implement targeted client recruitment:** prioritize agency services to identify individuals who do not access health care services or who may not otherwise have access to HIV and STI testing in clinical settings. These persons may benefit most from HIV and STI testing services in nonclinical settings.
- **Conduct venue based and/or mobile HIV/STI testing activities to key priority populations:** test key populations consistent with those identified in this advisory (see above) and the needs in your local community. ***Provide HIV Self-Test kits when venue based and/or mobile based testing activities are not available and/or possible.***

- **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
- **Provide harm reduction services:** facilitate access to clean syringes and essential support services for people who inject drugs.
- **Offer linkage and navigation services:** assist persons with HIV, or persons who are HIV negative and at risk, to obtain timely, essential, and appropriate medical, prevention, and support services (including PrEP/PEP) to optimize health and prevent HIV/STI/HCV transmission and acquisition.
- **Provide effective behavioral interventions:** implement prevention activities that are culturally relevant and have been shown to be successful by evaluation or research.
- **Engage in condom promotion, education, and distribution:** make condoms available at no cost and increase access to condoms in ways that reduce embarrassment or discomfort when acknowledging sexual activity. Information about the New York State Condom Program is available at <https://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm>
- **Work with existing coordinating and community planning bodies** such as 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.
- **Develop and disseminate messages** on topics such as HIV/STI/HCV prevention, the availability and importance of HIV/STI screening and viral hepatitis screening, the availability of local behavioral health and social services, and pre-exposure (PrEP) and post-exposure (PEP) services using a wide variety of materials/mediums including social media (e.g. Facebook, Grindr, Tindr, Twitter, Instagram, etc.) and traditional media (e.g. radio, TV, newspapers). Create new educational materials and/or update existing materials as needed. Reach out to local media (e.g. newspapers, radio stations, TV stations) to encourage them to report on the issue (issue press releases).

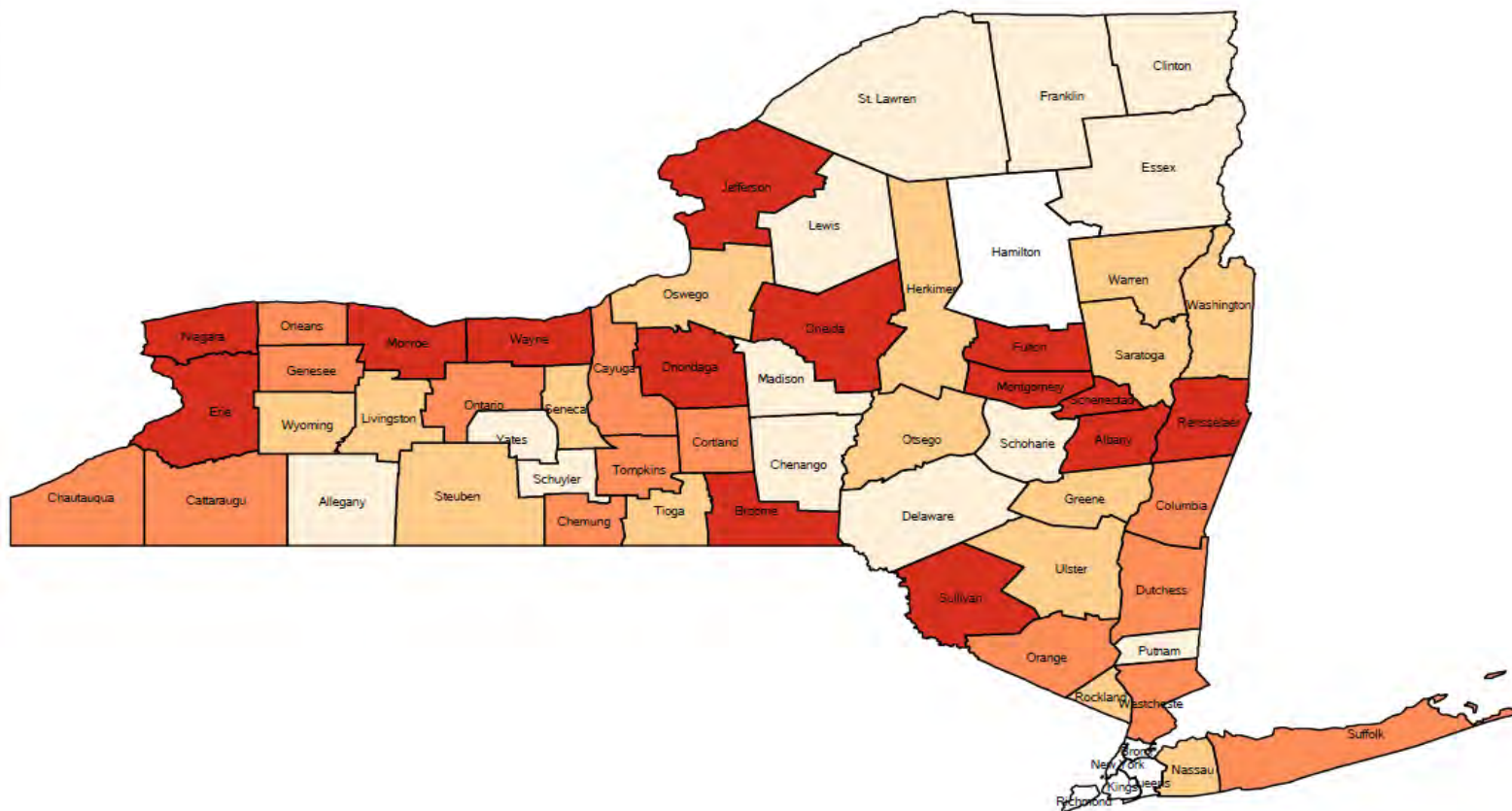
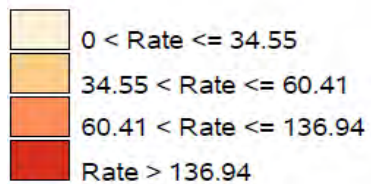
Resources

- New York State Department of Health – Gonorrhea Case Report Form: <https://commerce.health.state.ny.us/hpn/ctrldocs/cdess/CdessHelp/BlankForms/Gonorrhea.pdf>
 - 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
 - EPT health educational materials for chlamydia are available here: <https://www.health.ny.gov/diseases/communicable/std/ept/index.htm> (EPT educational materials specific for gonorrhea and trichomoniasis are currently being developed).
 - National STD Curriculum – CDC-supported web-based training for clinicians. <https://www.std.uw.edu/>.
 - Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020: -- https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w
 - The STD Treatment (Tx) Guidelines mobile app is free and available for [Apple devices](#) and [Android devices](#)
 - Guidance for obtaining a sexual history is available on the CDC Division of STD Prevention resource page: <https://www.cdc.gov/std/treatment/resources.htm>
 - National Network of STD Clinical Prevention Training Centers STD Clinical Consultation Network <https://www.stdccn.org/>
 - Recommendations for the Laboratory-Based Detection of *C. trachomatis* and *N. gonorrhoeae* – 2014 <https://www.cdc.gov/std/laboratory/2014labrec/default.htm>
 - STD Prevention Resources https://www.cdc.gov/std/publications/STDPreventionResources_WEB.pdf
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New York State Department of Health

GONORRHEA UNCOMPLICATED, GONOCOCCAL PID Rates per 100,000 Population Shaded by quartile

Case Year: 2020 County: all
Age Group:all Gender: all
Case Status:Confirmed



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

Children with Special Care Needs Highlights **January 2021**

Staff Activities

General overview of program work

- All CSCN nursing staff participated in daily morning COVID-19 meetings and helped with Case investigation as needed. (starting to see need for CSCN staff decreasing)

Committees and Meetings

- Margo Polikoff attended Collaborative Solutions Network Meeting on 1/12/21
- Lunch & Learn CommCare Review attended by staff on 1/22/21 & 1/29/21

Staff Training

- Margo Polikoff attending 'Colliding with Chaos Call—State of the Nation with Tompkins County Administration on 1/8/21
- Margo participated in 'Vaccine Messaging and Equity—Immunization Coalition' on 1/11/21
- Margo participation in 'Reasonable Accommodations in Special Ed—Disability NY on 1/13/21
- Margo participated in 'C-YES Webinar –'Transfer from C-YES to Health Homes' on 1/13/21
- Capri Prentice participated in 'Scary Events and Young Children' webinar on 1/19/21
- Margo participated in 'Making Social Media Accessible for People with Disabilities' on 1/20/21
- Margo participated in 'Medicaid 101' – NYSDOH Webinar on 1/21/21
- Capri participated in 'Provoking Inquiry with Loose Parts' webinar on 1/27/21
- All EI Staff participated in Parent Portal training on 1/14/21
- Danielle Everhart, Linda Taylor and Barb Wright participated in NYSED Webinar on 1/14/21.
- Diane Olden participated in 'Talk About Scary News', 'Trauma Informed Care' and 'Uncomfortable Conversations with Toddlers'
- COVID Lunch and Learn trainings 1/22/21, 1/29/21.
- Margo attended 'Medicaid & Children's Waiver (HCBS)' on 1/27/21

Division Managers

- Cindy LaLonde and Barb Wright participated in the management session of Strategic Planning Meeting with the Batiste Group on 1/14/21.

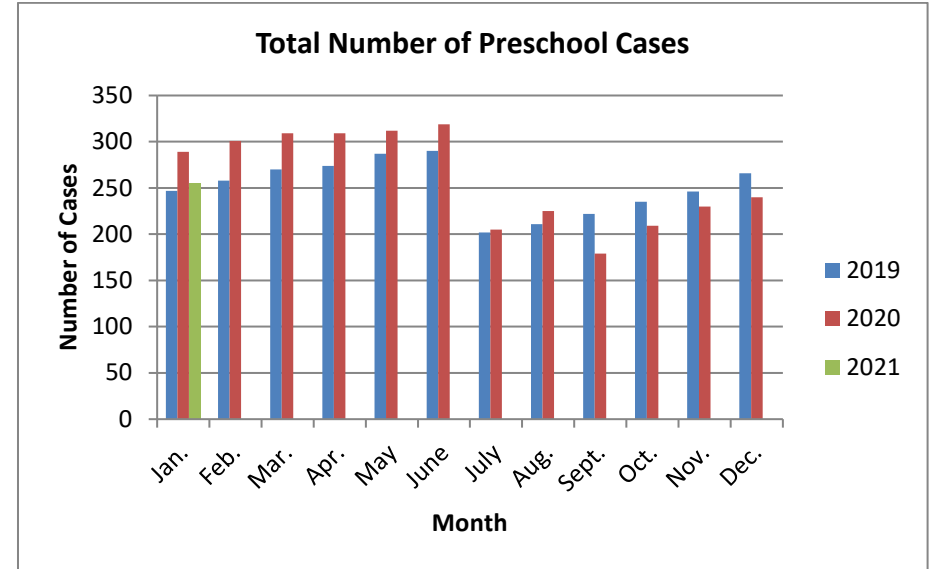
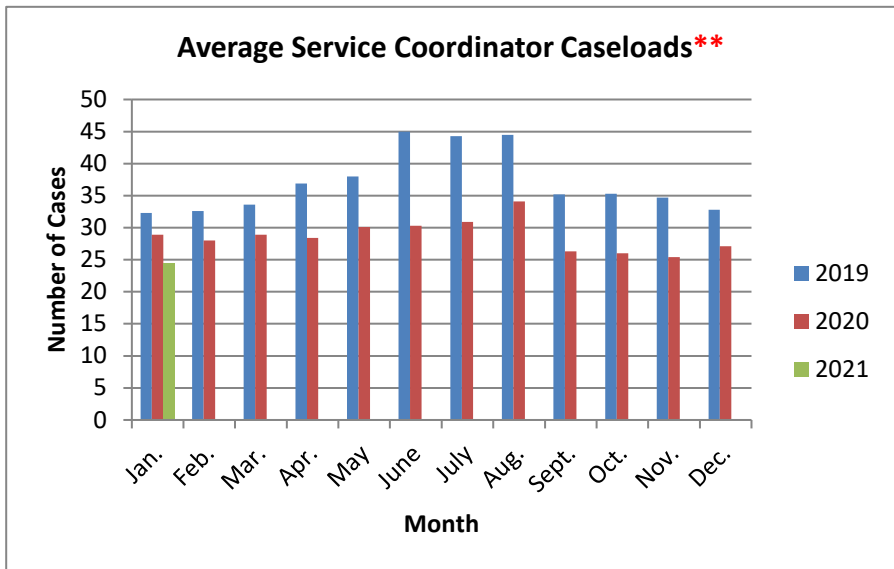
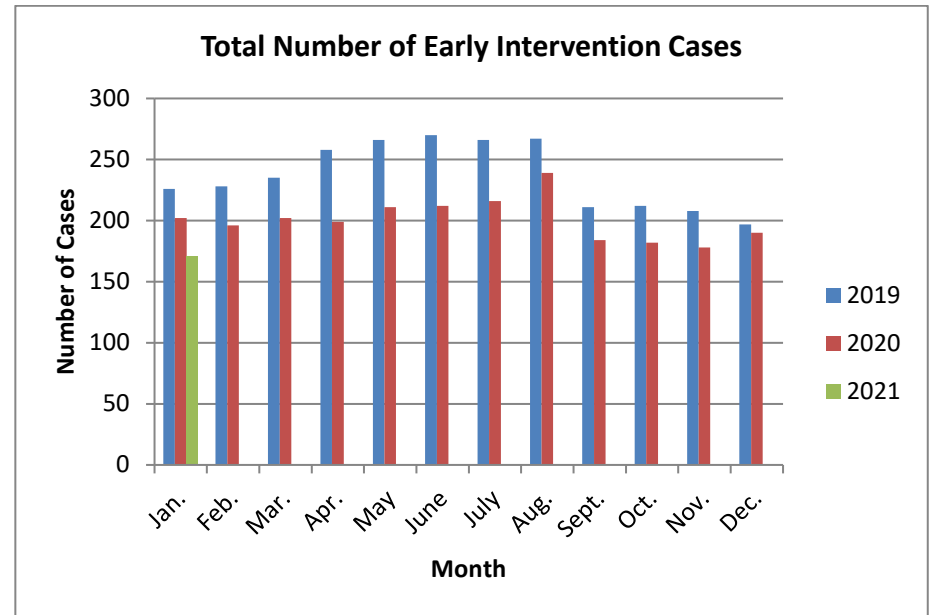
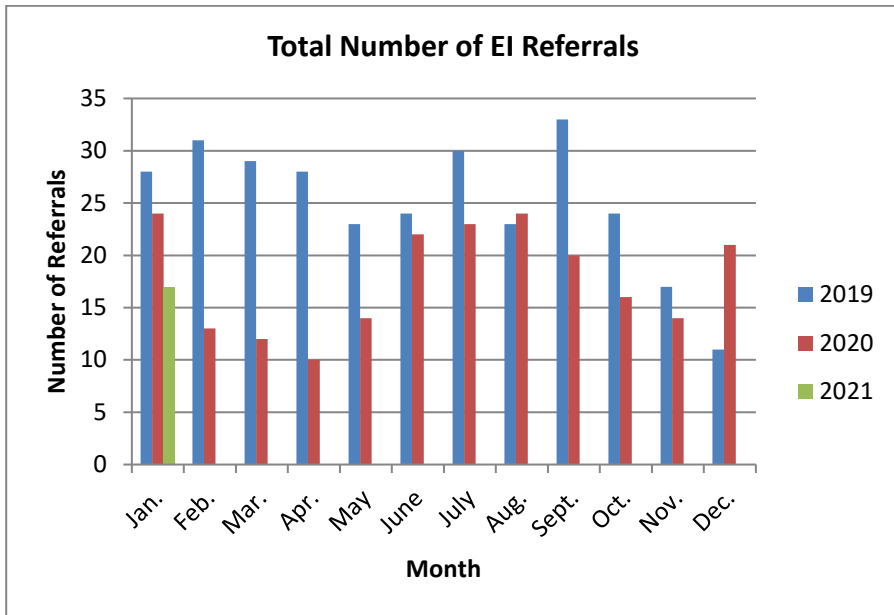
Deb Thomas:

- Senior Leadership Meetings-Debrief meetings every Thursday to review current COVID 19 work and Program work.
- Attended COVID morning meetings with staff and assist with COVID work as needed
- Meeting with CHS Director and CHS managers for COVID planning 1 time a week
- BOH meeting 1/26/21
- Webinar on Children's Health Homes and Medicaid Home and Community Bases Waiver programs 1/7/21,1/13/21 and 1/27/21
- Early Childhood Development Collaborative meeting 1/11/21
- Collaborative Solutions Network 1/12/21
- Software meeting for parent portal 1/12/21
- S2AY Network meeting for policy review 1/20/21

**Daily COVID work continues with the CSCN nurses, CSCN Director but decreasing with more help hired for CHS COVID work.

**Welcomed new staff-Danielle Everhart- Preshool billing -Senior Account Clerk Typist

Statistics Based on Calendar Year



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

**Children with Special Care Needs Division
Statistical Highlights 2020**

EARLY INTERVENTION PROGRAM

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

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

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

ENVIRONMENTAL HEALTH HIGHLIGHTS January 2021

Outreach and Division News:

EH COVID-19 Activities: COVID-19 activities continue to dominate Environmental Health activities. During January, Environmental Health staff were involved in the daily CHS COVID briefing in addition to providing coverage for COVID inquiries related to travel requirements, questions regarding isolation and quarantine, vaccinations, and complaints, and questions about or from facilities and operations. Eleven EH technical staff and all three EH support staff were directly involved in COVID-related response activities, leaving just 3 EH staff that could continue to focus on their core EH programs (mainly in the Onsite Wastewater Treatment System and Childhood Lead Poisoning Prevention Programs). This endeavor has required a tremendous team effort to respond to the changing needs of the COVID pandemic and remarkable flexibility, adaptability, and perseverance by our wonderful EH staff.

Vaccination Inquires: In mid-December, EH staff started responding to COVID vaccination inquiries. The volume quickly increased, requiring the involvement of five EH technical staff. Even then, at times the volume was far too great to respond to each inquiry on the same day. Changes were made including setting up a COVID19vaccine email with an automated response that helped decrease the number of inquiries needing an individual response. The changing vaccination situation, however, meant that the standard response could quickly become outdated. Sometimes the message would be outdated almost as soon as it was implemented. Thanks to Samantha Hillson, Jeremy Porter, Amie Hendrix and others, the 211 Call Center staffed up to handle callers starting about January 25, allowing EH to generally decrease staffing for these calls. However, TCHD still receives many inquiries whenever the Governor makes a new announcement or a press release results in callers wanting clarification on eligibility and other issues. From December 15 through January 31, EH staff responded to over 1500 vaccination-related inquiries.

Case-related Inquiries: Sr. Public Health Sanitarian Skip Parr continued to coordinate responses to travel, isolation and quarantine inquiries, with support from four additional EH technical staff. Staff responding to these inquiries had to become COVID detectives – navigating available NYS guidance and the ever-changing CommCare case tracking system to respond to questions connected to specific cases or contacts. Late in January, Skip started training recently retired WIC employee and current Health Department Project Assistant Jami Breedlove to respond to these calls. Jami has done a great job and significantly alleviated the workload for EH staff. EH staff, with the assistance of Jami starting in late January, responded to over 1000 case-related and travel inquiries from mid-December through the end of January.

Facility Inquiries and Complaints: Fortunately, facility-related COVID-related complaints and inquiries decreased during this time period. EH received approximately 150 facility-related complaints and inquiries from mid-December through the end of January. Most of these were related to masks not being worn or being worn incorrectly. Due to the workload in other areas, EH was only able to conduct limited field visits and most responses were conducted by phone.

Critical Support: None of the response by technical staff would have been possible without the tremendous effort by Support Staff in EH and throughout TCHD. While many calls came through the main TCHD reception, in January, EH Support Staff took over 1,000 calls and more than 1,300 emails, most of which were vaccine-related inquiries. An automated phone message was created by ITS and support staff was able to transfer callers directly to this message. Callers were then able to stay on the line if additional information was needed. Support staff answered many questions directly and responded to email inquiries with general responses.

In addition, Caitlin Feller and Brenda Coyle continue to be part of the COVID data team who rotate weekend coverage to send out CommCare reports and provide nursing staff with covid case lists for call backs and releases.

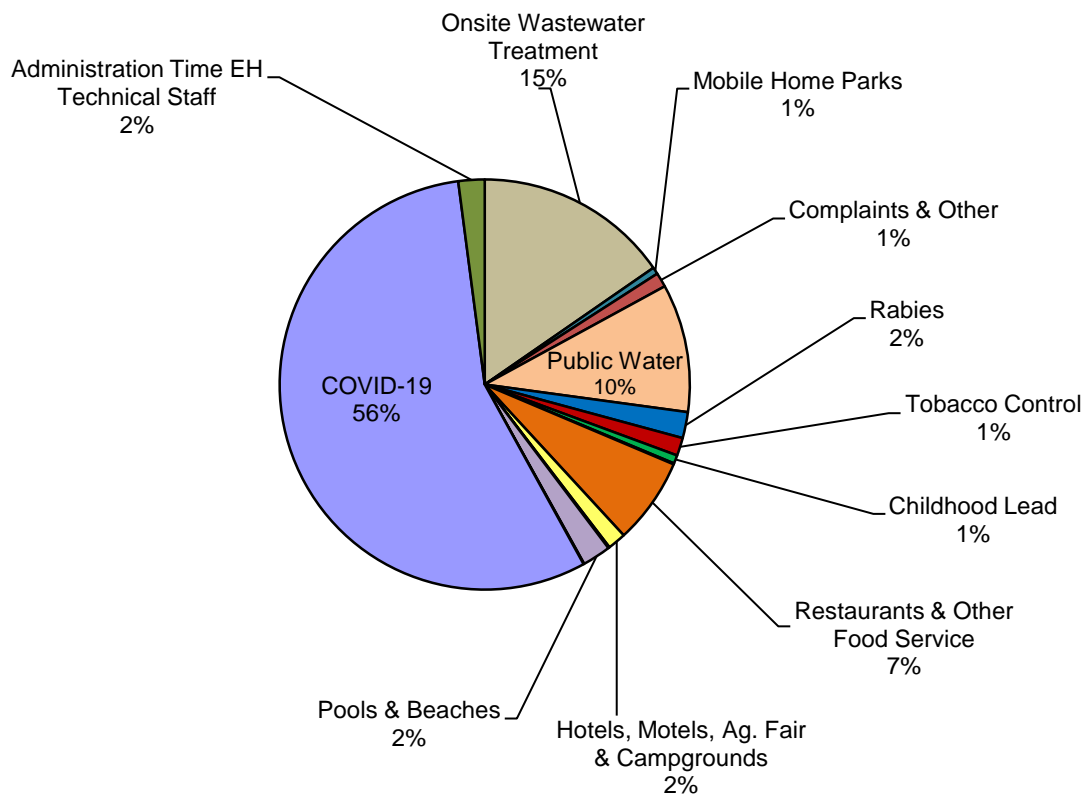
Potential High Lead Content in Spices: The Childhood Lead Poisoning Prevention Program recently had a case involving a pregnant woman with an elevated blood lead level. During a phone interview, Public Health Sanitarian and EPA Certified Lead Risk Assessor Chris Laverack learned that the family frequently uses spices that they had imported from their home in Pakistan. In past years, imported spices have been found to be tainted with lead. Chris received authorization from our NYSDOH Central Region Lead Program coordinator to submit the samples to the Wadsworth lab for lead testing. The mother has stopped using these spices until the results are received.

Public Health Award: Public Health Sanitarian Cynthia Mosher has been working on her Masters at the University of Albany School of Public Health where she was selected as one of the "Students who Rocked Public Health 2020." Cynthia was selected for her work in redesigning the successful COVID-safe drive-through rabies vaccination clinic. This included working out the new location, designing the clinic layout, flow, staffing and safety protocols and coordination with community partners. Congratulations, Cynthia!

Human Resources: We are currently advertising for our vacant Public Health Technician position. This position is responsible for conducting inspections at temporary and low risk food service establishments, managing a number of rabies vaccination clinics, investigating complaints, performing follow-up on potential rabies exposures, and other duties in our water supply, children's camps, pools and mobile home park programs. Applications will be accepted until March 2.

EH Programs Overview:

Staff Time in Environmental Health Programs - January 2021



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

ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)															
Permits Issued	11	0	0	0	0	0	0	0	0	0	0	0	0	11	227
New Construction/Conversions	6													6	152
Replacements	5													5	119
Completion Certificates Issued	8	0	0	0	0	0	0	0	0	0	0	0	0	8	205
New Construction/Conversions	4													4	90
Replacements	4													4	115
ENGINEERING PLAN REVIEWS															
Realty Subdivisions	0													0	3
OWTS	4													4	27
Collector Sewer	0													0	1
Public Water Systems	0													0	2
Water Main Extension	0													0	6
Cross-Connection Control Devices	0													0	15
Other Water System Modification	0													0	2
Other Engineering Reviews	0													0	2
RABIES CONTROL PROGRAM															
Potential Human Exposure Investigations	18													18	516
Human Post-X Treatments	4													4	128
Animal Specimens Tested	4													4	199
Animals Testing Positive	1													1	11
Pet Quarantine	0													0	2
CHILDHOOD LEAD PROGRAM															
Children with Elevated Blood Lead Levels	1	0	0	0	0	0	0	0	0	0	0	0	0	1	18
Children w/ BLL>19.9 ug/dl	0													0	0
Children w/ BLL 10-19.9 ug/dl	1													1	3
Children w/ BLL 10-19.9 ug/dl	0													0	15
Sites Inspected	1													1	19
Abatement Completed	0													0	0
Lead Assessments Sent	1													1	5
Complaints/Service Request (no medical referral)	2													2	52
FOIL REQUESTS															
Total Received	10													10	46
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (61 Operations *) & CLEAN INDOOR AIR ACT (CIAA)															
ATUPA (Adult & Minor) Compliance Checks	5													5	78
Violations	0													0	2
CIAA Complaints	0													0	2
COMPLAINTS - General/Nuisance															
Complaint Investigations Opened	1													1	44
ENFORCEMENT ACTIONS															
Total Cases	0													0	14
Cases Related to FSE	0													0	5
BOH Penalties Assessed	\$0													\$0	\$11,300
BOH Penalties Collected	\$0													\$0	\$10,500
CUSTOMER SERVICE/SUPPORT															
Calls Received	1035													1035	12513
Walk-In Customers	15													15	298
TCEH Emails Received	1334													1334	5694
Applications Processed	58													58	1363
Payment Receipts Processed	43													43	1160
Renewals/Billings Sent	110													110	861

* As of 1/1/2020

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

Food Program Detailed Report:

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

The following plans were approved this period:

- Ithaca Community Childcare Center
- Trumansburg Middle School

New permits were issued for the following facilities:

- Urban Blendz, Throughout Tompkins
- CU – Martha's Café, C-Ithaca

Boil Water Orders:

Continuing:

- The BWO issued on 10/25/19 remains in effect for Hanshaw Village Mobile Home Park, T-Dryden. Engineering plans have been received and reviewed by TCHD to address treatment issues with the system. The park has been given a deadline of April 15th to complete the required modifications to the system to release the BWO. The boil water order will remain in effect until modifications have been made.
- A BWO was issued on 10/20 at Blue Waters Apartment, T-Dryden due to no chlorine residual observed by TCHD staff during an inspection. The owner has not been responsive to addressing the issue and enforcement action has been initiated.

Childhood Lead Samples Collected for Analysis:

Source	# of Samples
Paint	0
Drinking Water	0
Soil	0
XRF	1
Dust Wipes	1
Other	1

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
12/8/20	TOSA Apartments	Tony Busse	Public Water – Violation of BOH Orders	\$1,000	Payment due 12/15/20.	Late penalty letter to be sent.
5/26/20	Brew 22 Coffee and Espresso	Riley Brewer	Public Water – Violation of Monitoring Requirements	\$400	Payment due 7/15/20.	Late payment letter sent. Permit expiring 3/31/21 will not be issued until payment is received.