

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, April 27, 2021
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 March 23, 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 Environmental Health** (5 mins)
Enforcement Actions:
1. Resolution #EH-ENF-21-0001 – Vape Dragons, C-Ithaca, Violation of Article 13-F of New York State Public Health Law for the Sale of Flavored Vapor Products Containing Nicotine
- 12:35 Adjournment**

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MINUTES
Tompkins County Board of Health
March 23, 2021
12:00 Noon
Virtual Meeting via Zoom

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

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; Jonathan Wood, County Attorney and Karan Palazzo, LGU Administrative Assistant

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

Guests: Harmony Ayers-Friedlander.

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at 12:01 p.m.

Privilege of the Floor: No one was present for Privilege of the Floor.

Approval of February 23, 2021 Minutes: Ms. Merkel moved to approve the minutes of the February 23, 2021 meeting, seconded by Dr. Dhundale. All were in favor to approve the February 23, 2021 meeting minutes as written.

Financial Summary: Mr. Kruppa reported they are still closing out last years' financials. The State recently clarified that FEMA must be the Payor of Last Resort for claims. Ms. Johnson is recalculating Article 6 State Aid figures to reflect the clarification. Updates will be provided to the Board as the year closes out.

Administration Report:

COVID Updates: Mr. Kruppa reported an uptick in cases within the last few weeks which seems to be college-student based as evidenced by Cornell's COVID-19 tracking and student announcements. The general population case numbers remain fairly low with no cross overs from student cases.

Guidance: Mr. Kruppa reported the travel quarantine will be a recommendation and not a requirement on April 1st. Domestic travelers do not need to quarantine upon return to New York. The state has not given clarification on Prek-12 guidance. The CDC shifted recommendations from 6 feet to 3 ft without an impermeable barrier. NYS is more restrictive and requires an impermeable barrier. Mr. Kruppa met with school superintendents who are frustrated with the lack of clarity from the state and TCHD will continue to apply pressure for clarification.

Vaccines: Mr. Kruppa reported that vaccinating is going well. The base allocation of 1770 doses were received this week. No Johnson & Johnson vaccines have been received. There are about 16,500 people on the registry and the focus will be on 1A and 1B workers. A press release is expected to go out today. Mr. Kruppa reached out to support the three local doctor's offices who received 100 doses and will check in with them later in the week. The second dose vaccine at the Pop-Up Clinic at Beverly J. Martin went well and all doses were administered with no technical problems. All income-based senior housing facilities are moving forward with second doses. Reach Medical is on their fourth round of vaccinating the homeless population. TCHD plans for additional pop-up locations when vaccine supply warrants. They are working with community partners to ensure farmworkers have vaccination opportunities.

Questions:

Ms. Merkel asked about vaccinations for the young, healthy students. Mr. Kruppa said that it is hard to move young people ahead of older folks with comorbidities and believes it is better to focus on people that would have the most adverse impacts; making sure they are protected.

Health Promotion Program Report: Ms. Hillson reported that they continue to provide weekly updates on vaccinations, distribute information, promote the vaccine registry, and update the website. She encouraged all to post and share the new updated poster/flyer being pushed to businesses and the community and can be found on the county website.

Medical Director's Report and Discussion:

- Private practices can be very helpful in reaching out to vaccine hesitant populations.
- The Health Department is providing support to nursing home and long-term care facilities in their vaccination efforts. The Johnson & Johnson one time vaccine may help improve the vaccination percentage if it proves more acceptable to the staff of these facilities.

Questions:

Dr. Dhundale asked is data collected on who is vaccinated, specifically BIPOC populations. Mr. Kruppa responded that yes, it is, New York State Immunization System (NYSIS) reports all COVID vaccines within 24 hours of being administered. The initial vaccination distribution population was age and profession-based, and with that criteria, they would not have the distribution of people of color as you would in the general populations. As vaccine eligibility opens up, close attention to that population will be made, and the first pop-up will be designed to reach those populations.

Division for Community Health Report: Ms. Espey complimented the team of investigators, contact tracers and monitors of cases as they continue to receive support from Environmental Health, Children with Special Care Needs, Health Promotions and data teams. She said, "As we enter a new phase of the pandemic we are experiencing a reverse in trends from last month with a significant uptick in new cases, especially among young people. The three variants from the UK, California and NYC are being seen. Work continues to engage the community and support each other to be vigilant and reiterates that we are not out of the woods yet. Help is needed from everyone to get through this". She referred to her report that some non-COVID work is beginning. She encouraged the group to

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share the information to their networks of the two vacancies for community health positions that are still available. The WIC program is providing services remotely with high enrollment participation.

Dr. Klepack added that he has been spending a lot of time with Ms. Espey, Ms. Buckwalter, and Cornell closely coordinating to ensure a unified approach to the cases that have arisen. Ms. Espey said that they have conversations with Cornell on how to shape the expectations together and frame the conversations and our interventions with the students to be a part of it as well.

Children with Special Care Needs Report: Ms. Thomas reported that they continue to provide support with COVID response but are not needed as much and help in vaccine clinics. Programs are running and doing well. 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 Governor Cuomo made announcements about changes for weddings and other gatherings but has not updated the specific guidance. She will meet with Mr. Kruppa as to how to move forward on what we are going to do and update the county website. She had nothing to add to her written report.

Dr. Moylan asked Mr. Kruppa if the intention to implement will be based on what the governor has said. Mr. Kruppa responded that they will go on what the governor has said in his announcements because of public expectation.

Dr. Koppel asked if counties can go beyond what the state does in restrictions. Mr. Kruppa responded that there is an Executive Order that does not allow counties to issue their own Executive Orders without approval from the Department of Health to be more restrictive but generally counties can't be less restrictive. Ms. Cameron added that all the information on weddings and other gatherings will be posted on TCHD's website.

Community Mental Health Services Board (CSB) Report: Mr. Kruppa reported a joint meeting of the BOH and CSB was held March 19th to present the Strategic Plan. Follow up documents were sent out to all members. In the next few weeks cross-functional teams will start working on some of the priorities to begin implementation as well as identified activities. Current programs and clinics will continue as we build and improve them with a new foundation, mission, vision and values for our organization to integrate with health equity at its core.

Resolution #EH-ENF-20-0008 – Plum Tree Japanese Restaurant, C-Ithaca, Violation of Food Service Operating Permit for Exceeding Capacity During the COVID-19 Public Health Emergency: Dr. Evelyn moved to accept the resolution as written; seconded by Ms. Merkel.

Ms. Cameron stated the sheriff responded to a complaint against Plum Tree Japanese Restaurant in College Town, where violations were clearly observed and reported as operating in crowded conditions well above capacity. Environmental Health issued a Public Health Director's order requiring the facility to revise its plan and immediately comply with COVID guidelines. The BOH's resolutions' main change is assessing a fine. The Board is the only body that can assess the fine. EH held a virtual office conference with Plum Tree Japanese Restaurant utilizing the language line, so they fully understood the situation. They have been cooperative throughout the process.

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Ms. Merkel asked if it is a first time offense or was a warning given. Ms. Cameron responded that it is extremely rare that a law enforcement warning is issued so it was viewed differently than the standard practice where an inspection is done. This was a very significant violation and that was considered in how we addressed a blatant disregard for capacity limits. Ms. Cameron confirmed the fee is based on the formula fee scale as intentional and significant at five hundred dollars.

The vote in favor of the resolution as written was unanimous.

Mr. Kruppa announced and welcomed the new Deputy Commissioner, Harmony Ayers-Friedlander who started a couple of weeks ago. She has already taken part in strategic planning conversations.

The next meeting is Tuesday, April 27th, 2021 @ Noon.

Adjournment: Ms. Merkel moved to adjourn the meeting, seconded by Dr. Koppel; meeting adjourned at 12:42 p.m.

Board of Health
April 27, 2021
Financial Report

2020 / 13th Period

Final expenses and revenue for 2020 have been submitted. Grant claims for the period ending 12/31 and 4th quarter state aid claim have been completed and are posted. Adjustments to budget lines as it relates to FEMA have been done. We are awaiting notification from Finance that 2020 books are closed.

Board of Health
April 27, 2021
Financial Report

March 2021 / Month 3

COVID sampling costs not budgeted continue to inflate expenditures in functional unit 4010. The County is seeking FEMA reimbursement on these expenses. Work will continue with County Administration and County Finance to adjust the books for pandemic-related expenses. First quarter claims are currently being worked on.

Tompkins County Financial Report for Public Health

Percentage of Year 25.00%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	TD	%
4010 PH ADMINISTRATION	1,540,420	1,233,728	80.09%	133,362	0	0.00%	1,407,058	1,233,728	87.68%
4011 EMERGING LEADERS IN PH	0	7,516	0.00%	0	0	0.00%		7,516	
4012 WOMEN, INFANTS & CHILDREN	522,961	111,815	21.38%	522,961	35,447	6.78%		76,369	
4013 OCCUPATIONAL HLTH.& SFTY.	98,435	25,247	25.65%	0	0	0.00%	98,435	25,247	25.65%
4015 VITAL RECORDS	77,825	14,633	18.80%	108,000	27,539	25.50%	-30,175	-12,906	42.77%
4016 COMMUNITY HEALTH	1,516,373	477,831	31.51%	386,982	297	0.08%	1,129,391	477,535	42.69%
4018 HEALTHY NEIGHBORHOOD PROG	173,713	26,749	15.40%	173,713	0	0.00%		26,749	
4047 PLNG. & COORD. OF C.S.N.	1,404,966	331,151	23.57%	396,690	8,044	2.03%	1,008,276	323,107	32.05%
4090 ENVIRONMENTAL HEALTH	1,751,219	340,990	19.47%	590,613	74,429	12.60%	1,160,606	266,561	22.97%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,216,433	0	0.00%	-1,216,433	0	
Total Non-Mandate	7,085,912	2,569,661	36.26%	3,528,754	145,755	4.13%	3,557,158	2,423,906	68.14%
2960 PRESCHOOL SPECIAL EDUCATI	5,860,000	751,356	12.82%	3,823,000	116,084	3.04%	2,037,000	635,272	31.19%
4017 MEDICAL EXAMINER PROGRAM	288,226	56,472	19.59%	0	0	0.00%	288,226	56,472	19.59%
4054 EARLY INTERV (BIRTH-3)	653,000	66,447	10.18%	319,970	0	0.00%	333,030	66,447	19.95%
Total Mandate	6,801,226	874,276	12.85%	4,142,970	116,084	2.80%	2,658,256	758,191	28.52%
Total Public Health	13,887,138	3,443,937	24.80%	7,671,724	261,839	3.41%	6,215,414	3,182,098	51.20%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	306,692	133,362	2960 Preschool	5,108,644	3,706,916
4012 WIC	388,585	487,514	4054 Early Intervention	586,553	319,970
4013 Health & Safety	73,188	0	4017 Medical Examiner	231,754	0
4014 Medical Examiner	0	0		<u>5,926,950</u>	<u>4,026,886</u>
4015 Vitals	63,192	80,461			
4016 Community Health	1,033,885	386,685			
4018 Healthy Neighborhood	146,964	173,713			
4047 CSCN	1,073,815	388,646			
4048 PHCP	0	0			
4090 Environmental Health	1,410,229	516,184			
4095 State Aid	0	1,216,433			
	<u>4,496,550</u>	<u>3,382,999</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
<u>10,423,500</u>	<u>7,409,885</u>

Percentage of Year 100.00%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	TD	%
4010 PH ADMINISTRATION	2,452,123	2,408,939	98.24%	278,054	249,823	89.85%	2,174,069	2,159,116	99.31%
4011 EMERGING LEADERS IN PH	83,551	34,565	41.37%	83,551	40,000	47.88%		-5,435	
4012 WOMEN, INFANTS & CHILDREN	569,725	534,361	93.79%	550,812	509,654	92.53%	18,913	24,707	130.63%
4013 OCCUPATIONAL HLTH.& SFTY.	110,313	106,280	96.34%	0	0	0.00%	110,313	106,280	96.34%
4014 MEDICAL EXAMINER	0	0	0.00%	0	0	0.00%		0	
4015 VITAL RECORDS	76,626	70,853	92.47%	108,000	100,868	93.40%	-31,374	-30,015	95.67%
4016 COMMUNITY HEALTH	1,719,537	1,490,851	86.70%	443,748	228,710	51.54%	1,275,789	1,262,141	98.93%
4018 HEALTHY NEIGHBORHOOD PROG	172,368	150,245	87.17%	172,368	150,414	87.26%		-169	
4047 PLNG. & COORD. OF C.S.N.	1,530,137	1,520,679	99.38%	427,877	411,820	96.25%	1,102,260	1,108,860	100.81%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090 ENVIRONMENTAL HEALTH	1,740,651	1,672,578	96.09%	588,490	553,340	94.03%	1,152,161	1,119,238	97.14%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,269,389	1,585,465	124.90%	-1,269,389	-1,585,465	124.90%
Total Non-Mandate	8,463,031	7,989,352	94.40%	3,926,289	3,830,094	97.55%	4,536,742	4,159,257	91.68%
2960 PRESCHOOL SPECIAL EDUCATI	5,868,647	4,710,435	80.26%	3,737,762	2,889,091	77.29%	2,130,885	1,821,343	85.47%
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	146,005	45.84%	336,500	242,321	72.01%
Total Mandate	6,800,589	5,359,234	78.81%	4,056,262	3,038,012	74.90%	2,744,327	2,321,222	84.58%
Total Public Health	15,263,620	13,348,586	87.45%	7,982,551	6,868,106	86.04%	7,281,069	6,480,480	89.00%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	43,184	28,231	2960 Preschool	1,158,212	848,671
4012 WIC	35,364	41,158	4054 Early Intervention	266,674	172,495
4013 Health & Safety	4,033	0	4017 Medical Examiner	16,468	-2,916
4014 Medical Examiner	0	0		<u>1,441,354</u>	<u>1,018,250</u>
4015 Vitals	5,773	7,132			
4016 Community Health	228,686	215,038			
4018 Healthy Neighborhood	22,123	21,954			
4047 CSCN	7,179	16,057			
4048 PHCP	8,000	4,000			
4090 Environmental Health	68,073	35,150			
4095 State Aid	0	-316,076			
	<u>422,415</u>	<u>52,644</u>			
Total Public Health Balances					
			Available Budget		
			Revenues Needed		
			<u>1,863,770</u>		
			<u>1,070,894</u>		

HEALTH PROMOTION PROGRAM – March 2021

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

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

Highlights

- Health Promotion staff continue to support the Emergency Operations Center (EOC) with communications and public information. Diana Crouch has been assisting at the CHS mass vaccination site at the mall.
- Activity is underway among the Community Health Improvement Plan (CHIP) Steering Committee workgroups, formed for selected interventions (see details below).

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	ongoing
Health Ambassadors Working Group	Planning for pilot Health Ambassadors, network of community partners	ongoing
Health Planning Council	Advisory Board and Executive Committee	3/8, 3/24
COFA Advisory Board	Regular updates – Age Friendly Training Series	3/22
Black Lives Matter working group	Bi-weekly meeting. The group is based at Mental Health.	3/29

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

- The CHIP Steering Committee meets monthly
 - The intended purpose of the Steering Committee is to support the workgroups both individually and collectively through consultation, feedback, and community networking.
- Steering Committee Workgroups.
 - Chronic Disease
 - Cancer screening: Remove structural barriers to cancer screening.

- Social Determinants of Health (SdoH) screening.
- Healthy food access: For (1) adults with chronic disease, (2) elementary school students.
- Community Obesity Prevention Program and CATCH: Decrease obesity rates.
- Mental Health & Well-Being
 - Mental Health First Aid: Expand access and uptake of MHFA training.
 - Evidence-based home visiting programs: (1) Expand VNS in affordable housing sites, (2) Expand SafeCare® program.
 - Protective factors: Messaging and policy to increase factors such as independence, social support, self-care, and self-esteem, and to reduced anxiety.
- Women, Infants, and Children
 - Access to health care: for school-age children in a school setting.
 - Prenatal care: Focus on addressing racial disparities.
- Guiding questions:
 - What is the status (during COVID) if this is an existing intervention?
 - Does this intervention need to be modified with consideration to COVID? How has this intervention changed or how does it need to change (be modified) considering COVID?
 - Does this intervention need to be modified with consideration to structural racism?
 - How does this intervention/work address health? Racial equity?
 - What data (qual/quant) do we have or need to better understand the structural barriers that exist?
 - What will the future look like for this intervention? What needs to be considered?
 - Who else needs to be involved in this conversation? (Think resident leaders)
 - What are next steps/action items?

Healthy Neighborhoods Program

- The HNP program continues to receive calls requesting information about indoor air quality, radon, mold and mildew, bed bug infestations, etc. The majority of staff time has been with daily operations at the CHS vaccination site (POD) at the mall.
- HNP Staff canvassed mobile home parks distributing flyers for the HNP program and the [vaccine registry](#).

March 2021

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2021	March 2020	TOTAL 2020*
# of Initial Home Visits (including asthma visits)	6	19	28	225
# of Revisits	0	0	1	76
# of Asthma Homes (initial)	2	6	3	61
# of Homes Approached	188	5	0	436

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

Tobacco Free Tompkins

- Tompkins coordinator continued to be reassigned to the COVID communications team.

Media, Website, Social Media

- New [Tompkins County Together](#) poster initiative to emphasize that COVID-19 safety protocols are still necessary in the community.
- COVID-19 website updates:
 - New additions in March:
 - [Environmental Health page](#) fully updated
 - [Vaccination FAQ](#) posted in 10 languages (PDF downloads)
 - [Vaccination](#) page is updated regularly
- COVID-19 Press Releases in February
 - [COVID19 2021-03-30 Vaccine Update: 2,770 Doses Prioritized for the County Vaccine Registry; NYS Expands Eligibility](#)
 - [COVID19 2021-03-26 Health Department Partners with Senior Housing and Transportation to Vaccinate Older Adults](#)
 - [COVID19 2021-03-23 Vaccine Update: 1,770 Doses for 1A-1B Essential Workers; Eligibility Now Age 50+](#)
 - [COVID19 2021-03-22 Health Alert: Recent Increase in Cases, Reporting Variants of Concern](#)
 - [COVID19 2021-03-17 Health Alert: New Guidance Clarified for Fully Vaccinated Individuals](#)
 - [COVID19 2021-03-16 Vaccine Update: 1,970 Doses Allocated, Prioritized for Comorbidities and 1a and 1b Essential Workers](#)
 - [COVID19 2021-03-12 Vaccine Update: 2nd Allocation This Week; 1,170 Doses Prioritized for Comorbidities](#)
 - [COVID-19 Vaccine Update: Eligibility Expanded, Residents Urged to Sign Up for Registry](#)
 - [COVID19 2021-03-08 Vaccine Update: 1,170 Doses Allocated for the Week of March 8](#)
 - [COVID19 2021-03-04 Vaccine Update: Public Vaccine Appointment Link for age 65 plus](#)
 - [COVID19 2021-03-03 Vaccine Update: Public Facing Hotel Workers and Homebound Individuals Now Eligible in Tompkins County](#)
 - [COVID19 2021-03-02 Vaccine Update: 2,470 Doses Allocated Week of March 1](#)
- TCHD Press Releases:
 - [Rabies Vaccination Drive Through Clinics Announced for Spring 2021-03-30](#)



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

- Strategic Planning with Batiste Leadership
 - Strategic Planning Presentation to Staff Teams
 - Joint Board Meeting
- Public Health Ambassador Program: Project Assistant position posted, closing April 12.

Training/Professional Development

- Soft Landing started February 2021 – a space during the work day to process, reflect, learn new strategies with co-workers. Facilitated by Susan Spicer, Mental Health Clinic Coordinator.
- JEDI (3/25): General Meeting and Data Analysis Committee

Medical Director's Report
Board of Health
April 2021

Note: Data quoted are current as of the time of this writing – April 18, 2021

THC and the legalization of cannabis in NYS

Recreational marijuana has become legal in our state. The most important part of the process – the crafting of rules and regulations which will specify the most important details of the new law now will take place in the coming months. Those will control the marketing, packaging, and “serving sizes” of THC (the principle “recreational” cannabinoid of marijuana). You may recall that I have given several lectures on the experiences of those states which have legalized THC including one to the Board about 3-4 years ago.

Experience has shown that, when regulation is done badly, overdoses, suicides, psychosis, and ingestion by children will occur.

The law merely states, in broad strokes, that it is legal in NYS to market and possess THC. It is the rule and regulation making part of the process that provides the operational details.

During this process, in my opinion, we need to prepare ourselves to voice our opinions and concerns about such things as ensuring:

- Packaging and product shapes are not attractive to children and adolescents.
- “Serving sizes” are reasonable and do not require splitting a portion into impractical pieces to be able to ingest a safe dose.
- “Dosing” information on edibles accurately reflects the onset and duration of action to be expected (to prevent overdoses).
- Precautions be spelled out with instructions as to how to take appropriate action should untoward effects occur. These should address such topics as effects on mood and impulse control as well as operating machinery and motor vehicles.
- Marketing is not attractive or effectively targeted to children and adolescents and is limited to acceptable venues and times to limit exposure to inappropriate populations.
- Surveillance of outlets is conducted to identify retailers not in compliance (as we do now for tobacco).

-
There are many other areas of concern and we as individuals should speak out (even if only to voice your general concern about proper regulation concerning the above points).

The rule and regulation process announcement is usually made reasonably in advance of it beginning. It is usually possible to submit one’s comments online, or by mail and quite often public hearings are held regionally also.

Opioid overdoses and the pandemic

On Jan 21, 2021 the CDC reported that as of the end of May 2020 there were 81,230 overdose deaths nationally. Overall deaths increased by 18 percent from the previous year with 46 states reporting increases. (in 25 of those states the increases were by more than 20%). The increases accelerated as the pandemic set in.

https://www.washingtonpost.com/health/81230-overdoses-set-record-for-such-deaths-in-a-12-month-period-cdc-says/2021/01/22/a8b29e7a-5c06-11eb-a976-bad6431e03e2_story.html

In contrast in 2019 nearly 50,000 people died of overdoses.

<https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis>

These deaths are not inevitable. A vigorous harm reduction program which would include safe injection/ingestion facilities would help reduce death and give additional opportunities for treatment of opioid use disorder.

Vaccination Status

NYS vaccine rate : 1 vaccine dose =41% ; complete series = 28 %

<https://covid19vaccine.health.ny.gov/covid-19-vaccine-tracker>

The EOC's calculation is that Tompkins County is above 50 % for its vaccination rate of TC residents, students, and workers! To say the obvious once again, our county could not be achieving this rate without the partnerships that make it possible. CMC has committed many staff, much organizational skill, and a great deal of upfront and ongoing money to make this possible. Other partners have facilitated outreach to important segments of our population and helped to spread information and notification of clinics. Pharmacies have been challenged to add Covid vaccine to their normal operations but have done so. Private primary care practices have asked for and many have received vaccine and are delivering it in an efficient manner carefully protecting the cold chain for the vaccine. Outside of the county Vaccination clinics by Guthrie, other counties and the State have helped greatly.

As of now all adults are eligible for vaccination and those age 18 and up for all vaccines other than Pfizer which is age 16 and up.

Many homebound persons have been vaccinated by the county's effort (and more by their primary care doctors) in their homes -each vaccination requiring somewhere between 45 minutes and hour (including travel time) to deliver.

As we get more vaccine, we will be needing diverse strategies to reach out to all the segments of our population. The question, "what matters to you?" has been but will even more become the question to ask individuals who are hesitant to be vaccinated. For we will be ever less sure for the individual we are hoping to vaccinate what issue(s) are pivotal for them. Figuring out how to dialogue with those persons who are the most reticent to be vaccinated

becomes ever more important and we will need to begin the conversation with finding out what issues about vaccination matter most to them rather than providing the information we have on safety and efficacy. Equally important will be who asks them the question. Ideally, it will be someone they respect. Our physician “office hours” zoom sessions helped put physicians we hoped would be influential before the public. Now that we have done that, we may need to pivot and instead of starting by physicians and other leaders speaking about why people should get vaccinated start by asking people what matters most to them about the pandemic.

J and J vaccine - Of course, the major development this month has been the “pausing” of further vaccination with the Johnson and Johnson vaccine. Many weeks ago, I noted with interest a footnote in a slide set about the vaccine which advised watching out for thromboembolic events and I thought that to be particularly unusual. Now it becomes clearer from whence that note came. In the clinical phase 3 trial one (and only one) case of a thromboembolic event was noted. That case was in a young adult male (in contrast to the recent 6 cases which were all in women).

Due to that one case and due to observations regarding the AstraZenica Vaccine, CDC focused on thromboembolism and J and J. Using the Vaccine Adverse Event Reporting System (VAERS) they short-circuited the normal analysis of VAERS reports by pulling any that seemed to be reporting a thromboembolic event and immediately did a full scale analysis of the report which included gathering all the clinical information they could. As a result, the first case in about mid-March was noted and when enough cases occurred to warrant intervention, they “paused” the further use of J and J. VAERS has served us well in this case and, historically it has as well. In the past it has led to pulling medications and at least one vaccine off the market.

Of note the six cases have all been white female, between 18 and 49 (mean age of 33). Onset of symptoms 6-13 days (median=8). All were associated with moderately to severely low platelet counts and all except one had severe headache (the one had abdominal pain). Clotting of not only sinuses of the CNS venous system but of portal veins, lower extremities, splanchnic bed, pulmonary artery, and other sites were noted subsequently to the presentation.

The initial presentation of all six cases featured low platelet counts (less than 150k and some down to about 20k). Obtaining a platelet count on persons with symptoms seems to be a useful clinical step in checking whether a person has this syndrome.

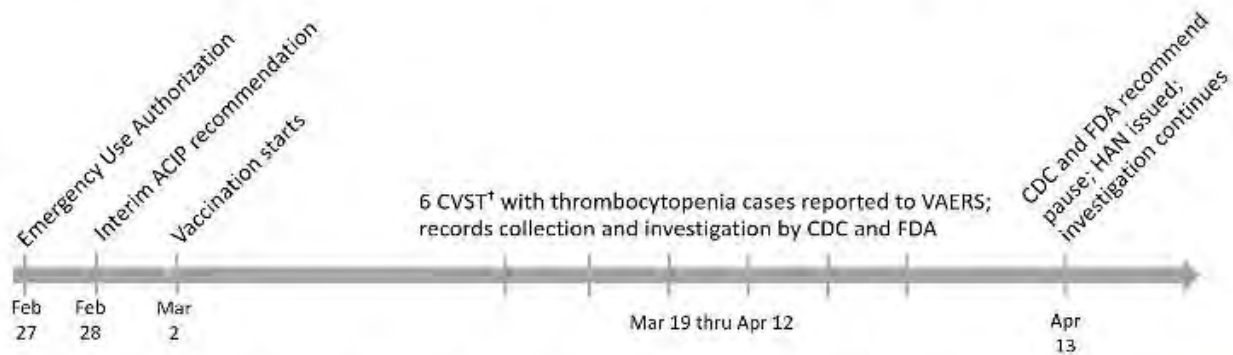
This is a rare variant (so far occurring once per million doses of J and J given) of a rare syndrome. While thromboembolic venous disease is seen spontaneously in the general population, this vaccine related syndrome is unusual in that it features low platelets. Its shares, however, some demographic features with its non-thrombocytopenia relative. It is predominately female and occurs in younger individuals. Like the HIT syndrome caused by Heparin in which heparin must be stopped, this syndrome should not be treated with heparin.

Note that the window of syndrome onset was generally less than 2 weeks, but the CDC is using 3 weeks as the post vaccination risk period. Note also that there may yet be further cases since the at-risk period will only close 3 weeks after the last J and J was given and the pause began.

It is important to recognize that nationally the J and J vaccine has been a small portion of our vaccinations to date. Locally, this is even more true (see below later in this report).

The following slides come from the CDC Clinician Outreach and Communication Activity webinar. If you are interested in the clinical discussion of the symptoms and treatment of this vaccine related syndrome click on the link which follows and go to minute 8-25 and 34-39. If you are also interested in a discussion of the J and J vaccine and its similarities and differences with AstraZenica then start at the beginning and listen to the whole presentation. A Q and A session followed the presentation addressing common clinical questions. (https://emergency.cdc.gov/coca/calls/2021/callinfo_041521.asp)

Janssen COVID-19 vaccine timeline* (2021)



Initial and late signs and symptoms among CVST patients*, N=6 (patients listed in no particular order)

	Initial features	Late features
Patient 1	Headaches, lethargy	Severe headache, left-sided weakness, vomiting
Patient 2	Headaches	Severe headache, aphasia
Patient 3	Headaches, vomiting, fever	Left arm weakness, right gaze deviation, left neglect
Patient 4	Headaches, chills, myalgias	Severe abdominal pain and fever
Patient 5	Headache, chills, dyspnea, fever	Bruising, unilateral leg swelling, loss of consciousness
Patient 6	Back pain, bruising	Headache, abdominal pain

Characteristics of patients with CVST and thrombocytopenia* after Janssen COVID-19 vaccine, N=6

- Median age 33 years (range 18–48)
- Median time to symptom onset 8 days (range 6–13 days)
- All cases occurred in white females
- Current estrogen/progesterone use (n=1)
- Pregnant or post-partum (n=0)
- Pre-existing conditions
 - Obesity (n=3)
 - Hypothyroidism (n=1)
 - Hypertension (n=1)
 - Asthma (n=1)

* Note: Thrombosis usually does not occur in the presence of low platelets; these case presentations are atypical and consistent with cases observed after AstraZeneca COVID-19 vaccine.

▶ 15:09 / 57:26

Locations of CVST, intracerebral hemorrhage, and other thromboses, N=6

Characteristic	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6
Location of CVST	Right transverse sinus and right sigmoid sinus	Left transverse sinus, left sigmoid sinus, confluence of sinuses, and straight sinus	Superior sagittal sinus, inferior sagittal sinus, and straight sinus	Right transverse sinus and right sigmoid sinus	Right transverse sinus and right sigmoid sinus	Right transverse sinus
Location of intracerebral hemorrhage	Right temporo-parietal lobe	Left temporal lobe	Bilateral frontal lobes, intraventricular	None	None	Occipital lobe
Locations of other thromboses	None	None	None	Portal vein and right pulmonary artery	Bilateral lower extremity VTE, right internal jugular vein	Portal vein

▶ 17:43 / 57:26

Cerebral venous sinus anatomy

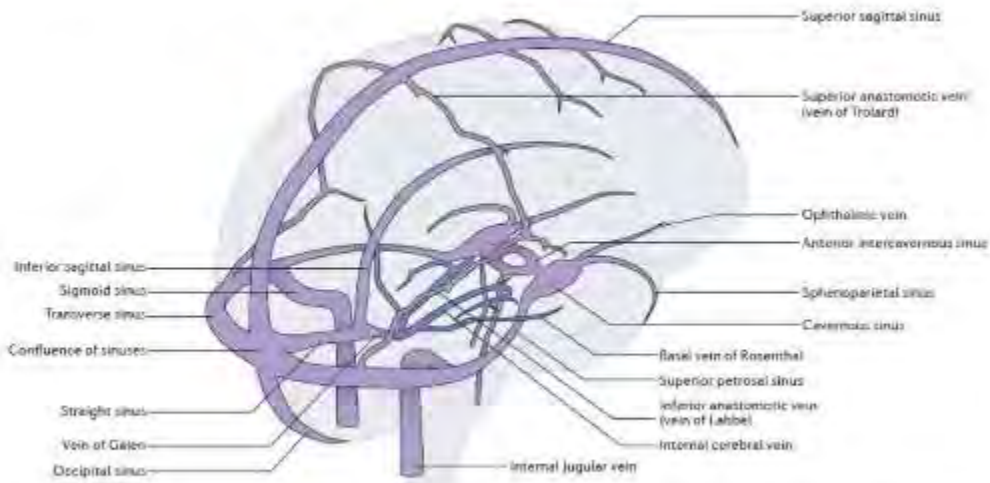



Figure 1 | **Anatomy of the cerebral venous system.** Diagram showing the main components of the cerebral venous system. Blue vessels represent the deep venous system.

SARS-CoV-2 test results among CVST patients, N=6

	SARS-CoV-2 viral test	SARS-CoV-2 serology
Patient 1	Negative	Not documented
Patient 2	Negative	Nucleocapsid Ab negative
Patient 3	Negative	Not documented
Patient 4	Negative	Not documented
Patient 5	Negative	Unspecified COVID Ab negative
Patient 6	Negative	Unspecified COVID Ab negative

What to do? The ACIP is collecting further information before making a determination. There are at least 3 possible scenarios:

Policy Options for Janssen Policy Recommendations



Do not recommend use of Janssen vaccine	Recommend use of Janssen/J&J COVID-19 vaccine in some populations	Recommend use of Janssen/J&J COVID-19 vaccine in all adults ≥18 years of age
	Age or gender specific populations?	
		– Adults 50 years of age and older only
		– Males only

38:11 / 57:26

J and J vaccine and the local response

TCHD paused all use of the vaccine and about -3,500 doses are being held in storage which had been flagged for use for higher ed students. Its disposition will await the final determination by NYSDOH as to its use (which is being informed by the deliberations of the ACIP/CDC and the FDA) – despite this pause, a lot of college kids have been vaccinated previously at recent PODs using Pfizer or Moderna vaccine which have been comprised of 80-85% higher ed students. Further Moderna vaccination of higher education students is planned.

I believe we are quite justified to offer some reassurance to our older patients who have received J and J vaccine. As evidenced in Europe with AstraZenica and here in the US with J and J the syndrome does seem to be in younger persons (? <50?60?). For persons above these ages I believe some reassurance can be given. And it may be justified to reassure males as there seems to be a gender correlation.

Invitations are planned to be going to those persons who were scheduled for a J and J clinic (3,000) to come to a Moderna clinic. At the Lehman Alternative School clinic earlier this month, we delivered 200 doses of which more than half were given to higher ed students –only 100 or fewer were from the local neighborhood community.

Based on available indications we seem to be getting closer to saturating higher ed needs.

We will be moving to smaller PODs throughout the county as we go forward in the coming weeks. These more rural PODs will be 2 – 4 hours in length and will be 50 to about 100 doses depending on the number of appointments booked.

It is important to note that Tompkins County vaccine PODs have delivered only about 150 doses of J and J vaccine total to date. All the rest has been Moderna and Pfizer. Private practices have delivered several hundred more doses. So, we are not talking about thousands of doses. Of course, some of our residents could have received J and J at a state mass vaccination site or other POD.

We are not running closed PODS (a POD where only the people at a given business or organization may attend) at this time but might consider them later to reach isolated pockets of unvaccinated individuals– our focus presently is reaching out to those unable to travel to the mall site and populations who need a special approach to have access to vaccination. After we reach out to those transportation challenged people we will consider if closed PODs have a role to play.

Farmworkers – many have found vaccine but not all – we are trying to identify who has not been vaccinated – We are working with the CU farmworker program and other programs such as the Fingerlakes Migrant Healthcare Project (<https://www.localcommunityhealth.com/medical/agricultural-workers/>) which reaches out to workers in our county and several others in the Finger lakes region and are an important link. We are in contact with them. The perception is that farmer employers have been quite proactive in helping their workers get vaccinated. TCHD wants to reach out to farm sites with 5 or more workers in need of vaccination.

Vaccine Hesitancy

I fear that the J and J issue will unwarrantedly complicate our vaccination efforts. I believe it is important to indicate to our citizens that:

- 1 such rare associations can only be detected when a vaccine is put into clinical use
- 2 that this is a rare occurrence
- 3 that a causal relationship is yet to be established
- 4 that other contributory factors may yet be found (e.g. use of BCPs, smoking etc.)
- 5 that the monitoring systems used for the vaccines are working and that the vaccine system is using proper caution and is eager to take any warranted action early in the process
- 6 That no such relationship has been found with the two mRNA vaccines
- 7 That the risk of Covid significant disease and death has not changed and with the risk of the appearance of ever more dangerous mutations being present that stopping the pandemic through vaccination is of paramount importance, and

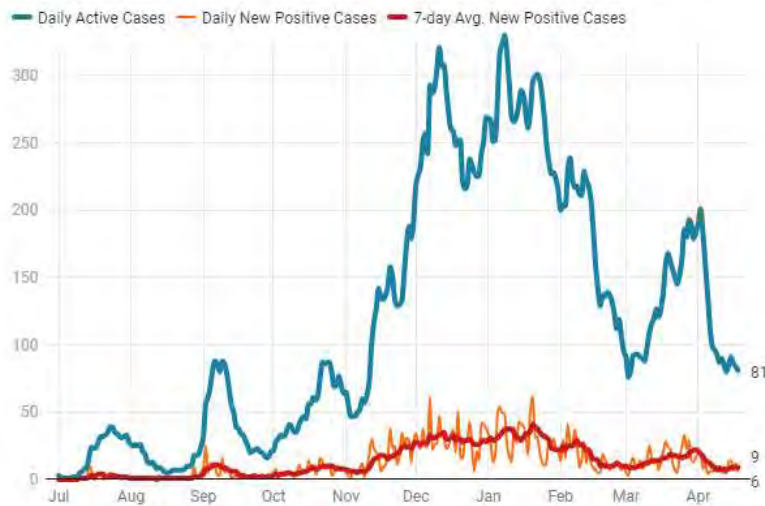
8 that, except for this rare syndrome, the J and J vaccine has proven to be very safe. It may happen that the indicated population for J and J will be further defined and this rare complication made even rarer, therefore.

Local Data

We have broken the 100-case load mark! So, now we are back to early November. As of the week of April 9th:

Daily Active Cases + 7-Day Avg. New Cases

COVID-19, Tompkins County, N.Y. Data from 7/1/20 to the present. Active cases are calculated as total positive cases minus the totals of both released cases and deaths.



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

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

Beating the pandemic means stopping the rise of mutations. Getting to a 50% and higher vaccination rate gives us hope of dampening down the daily case number roller coaster. Stopping it will take about a 75% community immunity rate (vaccination plus disease based acquired immunity).

We seem to be back to our “community baseline” of 5 -15 cases per day (the number of higher education students has dropped way off this week):

Daily New Cases + 7-Day Avg. New Cases

COVID-19, Tompkins County, N.Y. Data from 7/1/20 to the present.



Data updates may lag.

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

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

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



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

These numbers and trends are no accident. I like to think that aggressive case investigation and contact tracing has played a major role. Cayuga Medical Center’s success in creating accessible testing helps us know what is going on and identify problem areas, aggressive efforts on the part of Cornell, Ithaca College and the Health Department have helped convey a uniform message to students that now is not the time to relax your guard. Partners in the healthcare and business worlds and the non-profit world have magnified the message. Individuals who are highly regarded by the various subgroups of our population have helped greatly.

As some say we are on the 10-yard line to our goal (but I can hear the prospective mutations waiting on the sidelines chanting “push ‘me back; push ‘em back, Way Back!”) Maybe this is the hardest part – when you are somewhat near but still so far.

Inquiries to TCHD about vaccination

Inquiries to TCHD about vaccination have increased from patients directly or patients referred to TCHD by practitioners. So, some clarification regarding what the Department is prepared to offer in the way of directly advising our citizens is in order.

First, we are prepared to field factual questions about the vaccine clinics, and basic facts about the vaccines. Most of that should preferably be done by persons calling 211 which has scripted information to share with callers.

Second, we are not offering counseling to callers which is *clinical* in nature. That is to say, the type of information that requires the caller to share personal medical information. At the point that a response to their question(s) is contingent on knowing personal medical information it begins to rise to the level of a medical consultation – that is not what we do, nor what we have the resources to do. If a person is contacting us directly about such matters, we ask them to consult with their practitioner.

If a doctor's office has an inquiry from a patient about a question other than a factual one (such as I describe above) we advise the practitioner to do a formal medical consultation. If they find that they do not have the answer to the question(s) being raised, then I have asked practitioners to contact me for help. In this way we hope to provide practitioners with the information they need to field questions from their patients and to keep clinical decision making where it belongs – in the hands of the personal practitioner.

Travel

April 1st NYS dropped all quarantine provisions when traveling domestically and subsequently also greatly modified requirements for international travel:

*Asymptomatic travelers entering New York from another country, U.S. state, or territory **are no longer required** to test or quarantine as of April 10, 2021. Quarantine, consistent with the CDC recommendations, is **still recommended** for all travelers who are not fully vaccinated or have not recovered from laboratory confirmed COVID-19 during the previous 3 months. Symptomatic travelers must immediately self-isolate and contact the local health department or their healthcare providers to determine if they should seek COVID-19 testing.*

All travelers must complete the [Traveler Health Form](#) unless the traveler had left New York for less than 24 hours or is coming to New York from a contiguous state. Contiguous states to New York are Pennsylvania, New Jersey, Connecticut, Massachusetts, and Vermont.

Irrespective of quarantine, all travelers must:

- *Monitor symptoms daily from day of arrival in New York through day 14.*
<https://coronavirus.health.ny.gov/covid-19-travel-advisory>

While no longer required, the **NYS Department of Health still *recommends*** voluntary quarantine after travel as a precaution and travel is still **not** recommended. (some areas of the country are *hot spots*, and the country *is* seeing a surge in Covid cases). Persons symptomatic are required to report their symptoms to the local health department and isolate themselves until the results of Covid testing are known.

The “90-day rule” (actions contingent upon the person being within 90 days of being Covid infected or becoming fully vaccinated)- CDC has dropped mentioning 90 days in their guidelines and made it indefinite for travelers but has kept the 90-day timeframe for other considerations (e.g. exposures). Updated guidelines for HCW return to work have been released— particularly important for hospitals and LTCs.

Disinfection

CDC has stepped back on recommendations regarding surface disinfection *in the home*. NYSDOH has not changed its advice so far. Surface disinfection in healthcare offices and facilities will likely not be changed, and in a household of diverse persons (especially if a non-family based one) disinfection of surfaces may likely be a good idea). Cleaning is different from disinfection. Cleaning using soap and water is a basic and sound habit to control disease and should be used appropriately. It needs to be distinguished from disinfection which uses bactericidal/viricidal chemicals. In healthcare facilities the equation is quite different – there the risk to benefit ratio results in disinfection having a more efficacious role.

Excelsior Pass

A phone app created by NYS that gives a person documentation of their vaccination status. Regarding schools, it is uncertain if this pass will be used to document the status of their staff. For venues in general it may become useful as a means of displaying your vaccine status. Excelsior Pass and the Green Pass

In Israel they have had such a pass for some time called the “Green Pass”. They have been using it quite extensively, but no data has been seen yet by me relating to its impact on controlling the pandemic. The NY Times has reported:

Green Pass holders may dine indoors in restaurants, stay in hotels, and attend cultural, sports and religious gatherings in the thousands both indoors and out. They can go to gyms, swimming pools and the theater. They can get married in wedding halls. Local newspapers and television stations are advertising summer getaways for the fully vaccinated in countries prepared to take them, including Greece, Georgia, and the Seychelles.

Restaurants ask those booking tables: Do you have a Green Pass? Are you vaccinated?

The system is imperfect, and, beyond the Green Pass, in many ways “system” may be an overstatement. Enforcement has been patchy. There are troubling questions about those who are not vaccinated and noisy debates playing out in real time — some landing in court — about the

rules and responsibilities of the return to near normalcy.

<https://www.nytimes.com/live/2021/04/05/world/covid-vaccine-coronavirus-cases>

In our nation the debate over using such a pass is just heating up. Regardless of whether we have a pass or not venues will be able to cater to the public in a manner something more akin to pre-pandemic conditions if they can verify that their attendees/patrons are vaccinated.

Schools

New NYS guidance came out with updated guidance for schools and health departments to use. Updated information regarding proms, and graduations regarding size of gatherings, density, and effects of attendee's vaccination status and whether it is indoors or outdoors etc. are addressed. **Sports** and other guidance – available on our TCHD website for updates and details

AstraZenica vaccine

Still being considered for EUA – note the continuing discussion over thrombotic events in Europe. (more common in women under 60?). Some countries have limited the age range for which it can be used.

Covid Statewide

Flattening out has been seen in:

- *Cases*, since early March no longer going up or down fluctuating around 5-7,000 cases/d
- *Testing* has dropped from 300,000/d to 200-250,000/d (perhaps due to public's increased interest in being and having been vaccinated).

Variants

We have had our first Brazil variant in the county. Right now, about 40% of the specimens tested are variants and it appears that b.1.17 (UK variant) is well on its way to becoming the predominant strain in our community. A concern since it spreads more easily and more likely to cause severe disease.

As of early April, NYS reported:

- UK 620 cases
- S African – 6
- Brazil – 12 (11 in NYC)
- Cal - 350 (vast majority in NYC)
- NY Variant – 3,000 (vast majority in NYC)

No requirement exists for a lab to report variants to NYSDOH, but some are. This picture is therefore incomplete.

Reinfection /Vaccine breakthrough

Reinfection: After NYSDOH looked at persons who tested positive March thru June of 2020 and compared to 2021 data they have been led to the conclusion that reinfection happens less than 1% of the time. *Further processing of the data is being done so this is preliminary.* One outstanding confounding but unclarified variable is: are some of these people “long term PCR positives” that only look like reinfection?

Vaccine Breakthrough approximately 1,700 instances have been identified per NYSDOH in which it is possible that a fully vaccinated person has been subsequently infected with a coronavirus– these are being further looked at to see if they meet strict criteria for breakthrough and whether sequencing information is available for them. Currently no firm data is available. For perspective, over 3 million persons have been vaccinated in NYS. Therefore, any breakthrough seems to be far less than 1 pct.- perhaps 0.5%. Data on disease severity or deaths in these persons is not available currently.

Asymptomatic spread – i.e. reinfection asymptotically in previously fully vaccinated persons.

In short, not thought likely to be a big issue based on how vaccines perform in general. The viral load of vaccinated individuals exposed to the virus once again is projected to be low. A low viral load usually implies a low transmission risk.

The biology of how vaccines work in general argues that asymptomatic infection should be rare. all vaccines prime the immune system to activate upon disease exposure. Any viral load should be transient, and it should be much lower than in the unvaccinated. So, likely the worry about transmitting disease when you have been vaccinated is a bit hyped. That said, until we declare the pandemic stopped masks, and other public health measures should not be let up on.

Age changes

The % of persons hospitalized due to Covid seems to be getting younger. It was 35% for those >75 y.o. in the past and now it is 27%. For the 20-54-year-old group the change is 17% going to 26%. Causes -? variant driven, exposure driven? Side effect of vaccination of the older population?

At Home Testing

FDA has approved a couple more test kits. These need to be used in accordance with NYSDOH guidance on antigen testing which recognizes antigen testing’s shortcomings.

Influenza

Sporadic activity only is reported for the 11th consecutive week. At no time this season has flu been detected as being “widespread”. No pediatric deaths this year. Flu season will end officially on May 22nd. This has been an unprecedented season fortunately.

Salmonella

4 cases statewide related to ground turkey containing Salmonella Hadar. Wegmans, Plainville Farm and Nature’s Promise were the sources identified so far.

<https://www.fsis.usda.gov/recalls-alerts/fsis-issues-public-health-alert-raw-ground-turkey-products-linked-salmonella-hadar>

Ebola

DRC and Guinea – DRC has had no further cases and the outbreak is getting closer to being declared over (in early May). However, Guinea has had a couple of cases recently and remains an active location.

Rabies

Haiti is experiencing a shortage of post exposure prophylaxis (PEP) meds and has a high prevalence of rabies positive dogs. A traveler from Haiti may have not gotten PEP if bitten.

Recent questions and answers: Covid vaccine calls have included the following questions:

May I request a specific vaccine? (Pfizer, Moderna, or J & J). It's not always clear whether the person is asking because they have an allergy or specific problem with a vaccine or if they have just heard that one is better than the other.

Answer: Other than a medical consideration arising from a first dose of an mRNA vaccine or a specific contraindication / precaution (see discussion earlier in this bulletin) there is no clinically meaningful difference between vaccines. Encourage them to become vaccinated with the one that is available to them at the earliest possible point in time to stop mutants from arising and stop the pandemic.

People who have already had Covid worry about when they should get vaccinated, if they should get 1 or 2 doses, if they will have a bad reaction because they have already had Covid, if they should get 1 dose and then have an antibody test to see if they need a 2nd dose, etc.

Answer: CDC says such people can wait until 90 days after their initial infection if they wish. However, there is no need to do so and we have seen the occasional person be infected a second time. I urge such persons to get vaccinated as soon as they are able. There is no minimum period to wait between getting over their infection and being vaccinated although they must be past

isolation and should be free of symptoms (“long haulers” may need an exemption). They need a full course of vaccination just like anyone else. Thus, for mRNA vaccines they need two doses. There is no reason to have an antibody test.

When TCHD is fielding their calls, we tell them they need to consult their primary care physician for more clinically related questions other than these types of factual basic questions.

New York Health Act (NYSHA)-Assembly Bill A5248A

<https://legislation.nysenate.gov/pdf/bills/2019/A5248A>)

Lessons from the Pandemic

For many years a bill has been introduced in the Assembly to create a single payer system of healthcare for New York State. Its benefits have been touted as fostering a more sound public, and individual health care system in NYS while achieving economic savings by way of deflecting “downstream” healthcare costs through prevention of disease and mitigating the severity of disease while simultaneously eliminating duplicative administrative costs on the state, regional, hospital, and practice levels. Significant portions of the proposed NYSHA system rest on the use of state and regional boards and the Commissioner of Public Health for its control. The boards have limited power and influence. The Commissioner of Public Health, a political appointee, is largely responsible for making final determinations. In good times and with honorable people we would be well served by such a mechanism. But the events of this past year have clearly shown that good times are not to be taken for granted and truly frightening bad times can come about. To support this observation, I submit the following. These pertain to national and state government:

- 1 Ideological and political agendas have effectively sabotaged sound public health messaging and measures.
- 2 Agencies (such as the CDC) have been politically diverted from putting forth accurate messages, and their plans and guidelines twisted to meet political goals. Such subversion has been accomplished with a lack of transparency.
- 3 Careful planning for a pandemic (such as that which has been done for more than 20 years^[1] by NYSDOH and local health departments) has been shelved to a great extent in favor of measures alleged to have been formulated by outside experts. Funds were not sought by NYS government in a timely manner to augment health department staff and resources in anticipation of the level needed for a proper vaccine response. These funds should have been sought in June of 2020. Was the shift from the state’s pandemic plan the reason?
- 4 State level public health officials have remained mute for long periods on issues and guidelines of importance perhaps due to requiring approval of outside experts. These delays result in less than optimal communication on all levels.

(With regard to points 3 and 4 see, for example, NY Times coverage of Feb 1, 2021, [Cuomo’s scorn of high-level officials has fueled health dept. exodus](#))

These examples are rooted in basic human tendencies. They therefore need to be addressed when we are talking about the New York Health Act which would significantly affect one of the most precious priorities a person has – the quality of their healthcare.

The lack of meaningful separation of the NYS single payer system from politics would seem to leave open the opportunity for the same problems to recur that we have seen with the pandemic. It could also have many less dramatic but unfortunate effects. For example, measures that would augment the public's health might step on the toes of some major political donors. And it seems that every step we take to achieve a more cost-effective system, and a healthier lifestyle and environment goes someone and gins up their PAC. The power of a PAC and such personal political exposure could sway the mind of many a politician weighing a public health measure.

I have long believed that we need a single payer system but one that would be governed by something akin to the Federal Reserve Board. Such a board reflects changing social priorities by having term limits and, while its method of appointing new members has its roots in the political system, its turnover is such that no one politician of dubious intent can stack it. In addition, once appointed the Board can “thumb its nose” at the administration when appropriate to do so as it pursues what its expertise says is good for the public. Such a board could be structured within the single payer system to take proper account of the needs and priorities of the various stakeholders in NYS including the public health sector. The quality of the board's members would be assured by an appropriate vetting process after nomination and before confirmation. To be effective such a board would need control of the purse strings.

The pandemic has been challenging and tragic. But if we learn its lessons, it will have had benefit. Our health care system needs changing, and the New York Health Act needs some modification. The pandemic has made the public painfully aware of the dangers of politics inserting itself into medicine. They have been dismayed at the behavior of the CDC, FDA, CMS, and others. They have seen raw political power used abusively. In my opinion, they will not easily buy a bill that fails to separate the politician from their health. In a post-pandemic world, the NYSHA does not meet this test and, I believe, it will not achieve public acceptance without modification.

I submit these thoughts of mine for your consideration. This year's version of the bill is yet to be introduced. As health department board members, you are “thought leaders” regarding public health matters and may be asked your opinion. I offer these thoughts of mine as information to add to your deliberations.

-end-

April 2021 BOH Report

Community Health Services

By Rachel Buckwalter, Senior Community Health Nurse and Michelle Hall, WIC Director

Communicable Disease:

- **COVID-19:** Throughout the month of March, COVID-19 response continued to be the primary activity involving case investigations, contact tracing and monitoring cases during their isolation period. We also respond to phone calls from the public--over 400 Covid related calls were handled at the health department this month. In the month of March 478 cases of Covid were reported to TCHD and 1368 contacts were identified through contact tracing. We experienced a surge of cases in late March related to higher ed students. This increase seems to have now ended with quick action from Cornell Health and TCHD to isolate and quarantine students. We continue to work closely with Cornell and are focusing our efforts on student engagement and cooperation with the contact tracing process. Students are experiencing pandemic fatigue and are also expressing that they fear punitive action from Cornell during the contact tracing process. We have added language to our case investigation interview to indicate that any information provided is only to assist with contact tracing and will not result in disciplinary action.
- **Hepatitis A:** No new Hepatitis A cases reported in March.
- **STIs:** In the month of March, 20 cases of gonorrhea were reported to TCHD. This is compared to 8 cases in March of 2020. Surrounding counties are also seeing increases in gonorrhea. We continue to partner with Planned Parenthood and other provider offices to ensure partners are treated and appropriate education is being given to patients.

Maternal Child Program:

- We are continuing program planning for reactivating our Maternal Child program. Conversations are ongoing with community partners.

SafeCare Program:

- We have started meeting with Deana Bodnar at DSS to discuss reactivation of the SafeCare 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 were able to use grant money to purchase a new vaccine fridge and a new temperature monitoring system to upgrade our current equipment.
- CHS staff have been assisting with Covid -19 vaccine clinics at the mall site, at pop-up sites, and at several senior housing apartment complexes within Tompkins County. CHS staff also went to homes to vaccinate the homebound.

Lead Poisoning Prevention

- Lead nurse Gail Birnbaum is providing care coordination to 15 children with elevated Blood Lead Levels (BLL's): there was one new case in March of a 2 year old with a BLL of 6.2 mcg/dl. Three cases were discharged in March.

Tuberculosis

- No active TB cases currently.

WIC – cumulative report Nov 2020-March 2021

WIC monthly participation data: (data used is from the month prior to evaluate closeout data).

November closeout caseload data:

Enrollment: 1122
Participation: 1025

December close out caseload data:

Enrollment: 1133
Participation: 1041

Participation/Enrollment %: 91.35
Participation/Caseload %: 68.13

Total participants seen in November: 421
Appointment show rate: 86%

January close out caseload data:

Enrollment: 1128
Participation: 1033
Participation/Enrollment %: 91.58%
Participation/Caseload %: 68.87%

Total participants seen in January: 453
Appointment show rate: 93%

Participation/Enrollment %: 91.88%
Participation/Caseload %: 69.40%

Total participants seen in December: 483
Appointment show rate: 91%

February close out caseload data:

Enrollment: 1112
Participation: 1004
Participation/Enrollment %: 90.29%
Participation/Caseload %: 66.93

Total participants seen in February: 478
Appointment show rate: 94%

Caseload Comments:

- Since November the number of Participants seen range from 420-480. This has remained constant with some fluctuation in months
- Show rate is increasing- (show rate =participants attending their appointments by phone and benefits were issued).

Program Highlights

November- February 2021

- Both WIC Clerk positions were vacant in 2020 due to retirement. One in October 2020 and the other in December 2020. Both positions have been filled as of February 2021.
- WIC Program staff began working remotely from home in March of 2020. The **USDA issued physical presents waivers to allow the program to provide WIC appointments remotely**. All WIC appointments are completed by telephone. No Face to face appointments. **Waivers granted until May 2021**. Program anticipants an extension.
- WIC Nutrition staff collaborate with local Physician's, Pediatrician's and OBGYN staff to obtain anthropometric and hematological data when completing their nutrition assessment.
- WIC Peer Counselors provide a weekly breastfeeding support group via Zoom, one of the CMC Lactation Consultants (Summer Killian) is an active participant in the group and offers help beyond WIC scope of practice to WIC moms.
- TC WIC program's cash redemption of benefits issued in 2020 totaled \$580,107.98.

March Highlights:

- One of our Nutrition staff provided a virtual WIC training to Head Start family workers.
- March was National Nutrition Month- our Face book page had some fun Nutrition topics related to the theme.
- All staff attended the 42th Annual 3-day WIC Conference which was held virtually this year. We staggered staff and continued to provide WIC services.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 05APR21
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=March

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS**	0	0.0	0	0.0	1	11.7	3	35.0	1	11.7
COVID-19	426	4973.1	81	945.6	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	0	0.0	0	0.0	0	0.0	3	35.0	1	11.7
ECOLI SHIGA TOXIN**	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
GIARDIASIS	1	11.7	0	0.0	0	0.0	1	11.7	0	0.0
HEPATITIS A	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	2	23.3	1	11.7	0	0.0	0	0.0	0	0.0
HEPATITIS C,CHRONIC**	4	46.7	1	11.7	1	11.7	8	93.4	3	35.0
INFLUENZA A, LAB CONFIRMED	0	0.0	125	1459.2	227	2650.0	17	198.5	123	1435.9
INFLUENZA B, LAB CONFIRMED	1	11.7	51	595.4	8	93.4	111	1295.8	57	665.4
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
LEGIONELLOSIS	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** *****	0	0.0	0	0.0	1	11.7	4	46.7	2	23.3
MALARIA	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
MUMPS**	0	0.0	0	0.0	0	0.0	2	23.3	1	11.7
PERTUSSIS**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
SALMONELLOSIS**	1	11.7	0	0.0	1	11.7	0	0.0	0	0.0
STREP,GROUP A INVASIVE	0	0.0	0	0.0	0	0.0	2	23.3	1	11.7
STREP,GROUP B INVASIVE	1	11.7	0	0.0	0	0.0	1	11.7	0	0.0
STREP PNEUMONIAE,INVASIVE**	1	11.7	1	11.7	1	11.7	1	11.7	1	11.7
TUBERCULOSIS***	0	0.0	2	23.3	0	0.0	0	0.0	1	11.7

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
YERSINIOSIS**	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
SYPHILIS TOTAL.....	2	23.3	1	11.7	1	11.7	1	11.7	1	11.7
- P&S SYPHILIS	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
- EARLY LATENT	1	11.7	1	11.7	1	11.7	1	11.7	1	11.7
GONORRHEA TOTAL.....	20	233.5	8	93.4	3	35.0	17	198.5	9	105.1
- GONORRHEA	20	233.5	8	93.4	3	35.0	17	198.5	9	105.1
CHLAMYDIA	32	373.6	40	467.0	48	560.3	48	560.3	45	525.3

*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: 05APR21
 Through March
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS**	2	7.8	2	7.8	4	15.6	6	23.3	4	15.6
COVID-19	1490	5798.1	81	315.2	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	0	0.0	4	15.6	2	7.8	3	11.7	3	11.7
ECOLI SHIGA TOXIN**	1	3.9	0	0.0	0	0.0	0	0.0	0	0.0
GIARDIASIS	1	3.9	1	3.9	1	3.9	3	11.7	2	7.8
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	0	0.0	1	3.9	1	3.9	1	3.9
HEPATITIS A	4	15.6	1	3.9	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	3	11.7	2	7.8	2	7.8	3	11.7	2	7.8
HEPATITIS C,ACUTE**	0	0.0	0	0.0	1	3.9	2	7.8	1	3.9
HEPATITIS C,CHRONIC**	4	15.6	4	15.6	7	27.2	15	58.4	9	35.0
INFLUENZA A, LAB CONFIRMED	0	0.0	523	2035.2	663	2579.9	420	1634.4	535	2081.9
INFLUENZA B, LAB CONFIRMED	1	3.9	730	2840.7	19	73.9	529	2058.5	426	1657.7
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	3.9	0	0.0	1	3.9	0	0.0	0	0.0
LEGIONELLOSIS	1	3.9	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** *****	0	0.0	2	7.8	5	19.5	7	27.2	5	19.5
MALARIA	0	0.0	2	7.8	0	0.0	0	0.0	1	3.9
MENINGITIS, ASEPTIC	0	0.0	0	0.0	1	3.9	1	3.9	1	3.9
MUMPS**	0	0.0	0	0.0	0	0.0	2	7.8	1	3.9
PERTUSSIS**	0	0.0	1	3.9	2	7.8	1	3.9	1	3.9
SALMONELLOSIS**	1	3.9	0	0.0	1	3.9	2	7.8	1	3.9

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SHIGELLOSIS**	0	0.0	0	0.0	0	0.0	1	3.9	0	0.0
STREP, GROUP A INVASIVE	0	0.0	1	3.9	1	3.9	2	7.8	1	3.9
STREP, GROUP B INVASIVE	1	3.9	1	3.9	1	3.9	3	11.7	2	7.8
STREP PNEUMONIAE, INVASIVE**	1	3.9	3	11.7	2	7.8	4	15.6	3	11.7
TUBERCULOSIS***	0	0.0	2	7.8	0	0.0	1	3.9	1	3.9
YERSINIOSIS**	0	0.0	0	0.0	1	3.9	0	0.0	0	0.0
SYPHILIS TOTAL.....	3	11.7	6	23.3	4	15.6	1	3.9	4	15.6
- P&S SYPHILIS	2	7.8	3	11.7	2	7.8	0	0.0	2	7.8
- EARLY LATENT	1	3.9	3	11.7	2	7.8	1	3.9	2	7.8
GONORRHEA TOTAL.....	43	167.3	26	101.2	26	101.2	37	144.0	30	116.7
- GONORRHEA	43	167.3	26	101.2	26	101.2	37	144.0	30	116.7
CHLAMYDIA	81	315.2	111	431.9	119	463.1	112	435.8	114	443.6
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	1	3.9	0	0.0
OTHER VD	0	0.0	0	0.0	1	3.9	0	0.0	0	0.0

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

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

***Not official number

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

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

Children with Special Care Needs Highlights
March 2021

Staff Activities

General overview of program work

- All CSCN nursing staff participated in daily morning COVID 19 meeting and helped with Case investigation as needed. (starting to see need for CSCN staff decreasing for disease work but helping with vaccine clinics)

Staff Training

- COVID Lunch and Learn trainings: Every Monday
- Margo Polikoff & Erin Worsell participated in the 'Compassion Resilience' series #1-#4
- Capri Prentice and Keri May participated in 'CommCare Update' webinar
- Margo participated in the NYSDOH webinar 'GUHH Growing Up Healthy Hotline', 3/2/21
- Capri participated in FASD-OPWDD Training, 3/17/21
- Capri & Margo participated in 'Healing the Hidden Wounds of Internalized Racism' on 3/17/21
- Margo & Margo participated in 'Challenging Conversations—Brazelton Touch Points', 3/24/21
- Julie Hatfield, Stephanie Sampson-Magill, Margo Polikoff and Capri participated in 'Meeting Social-Emotional Developmental Needs of Infants and Toddlers'
- Julie participated in 'Trauma & Young Children' webinar
- Julie & Keri participated in 'Fetal Alcohol Spectrum Disorder' webinar
- Julie & Keri participated in 'Early Intervention Records' in-service.

Committees/Meetings

- Margo met with Debbie Thomas & Mark Prins from RSC for CYSHCN on 3/18/21
- Staff attended Strategic Planning Meeting on Friday, 3/19/21
- Margo attended CPSE Chairs Meeting, 3/26/21

Deb Thomas:

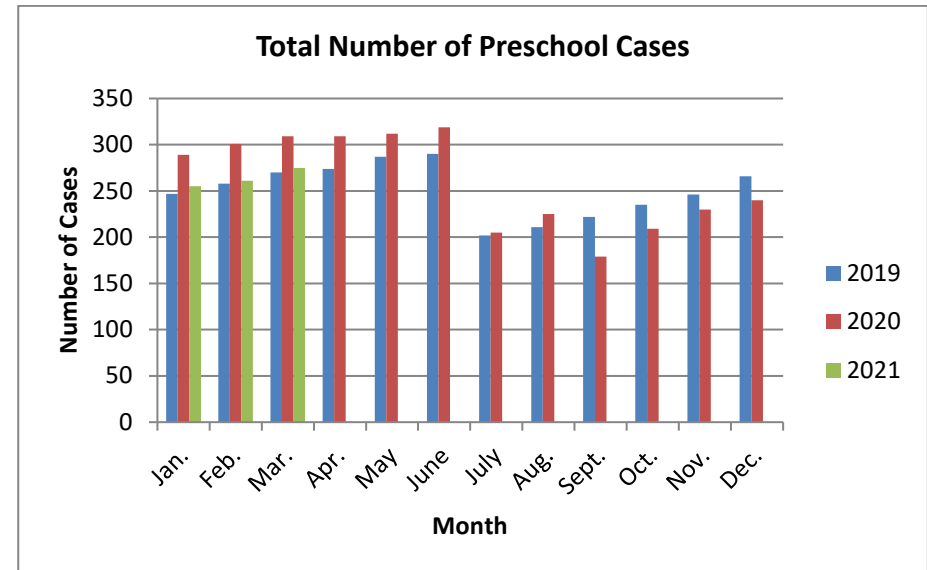
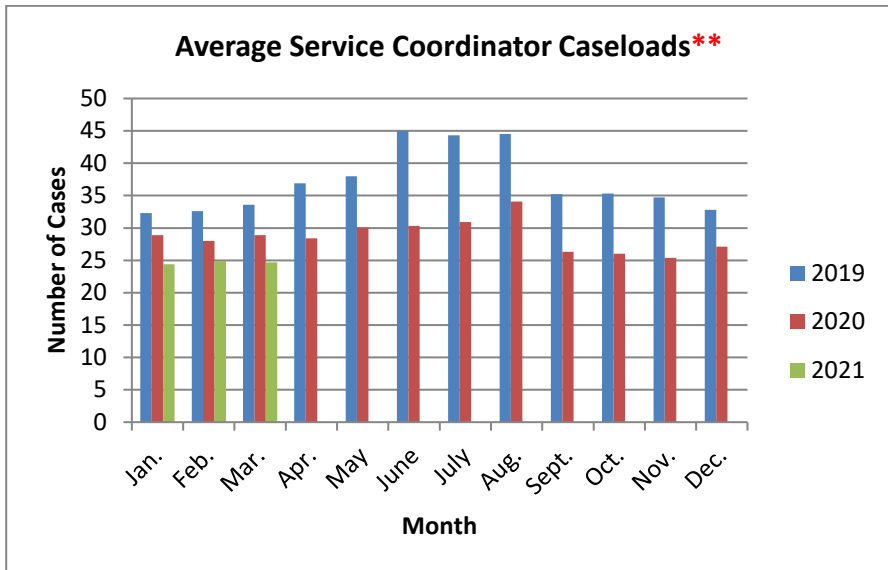
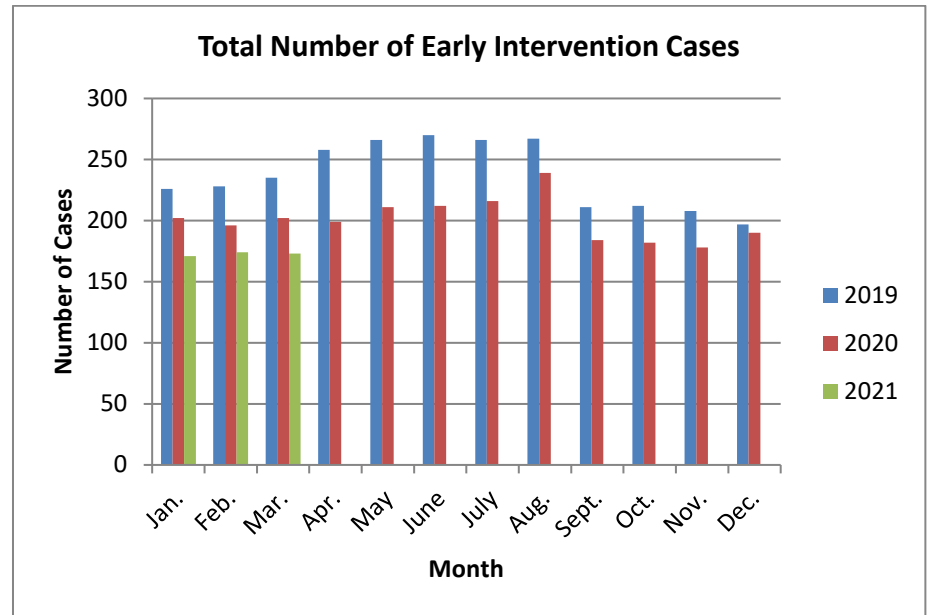
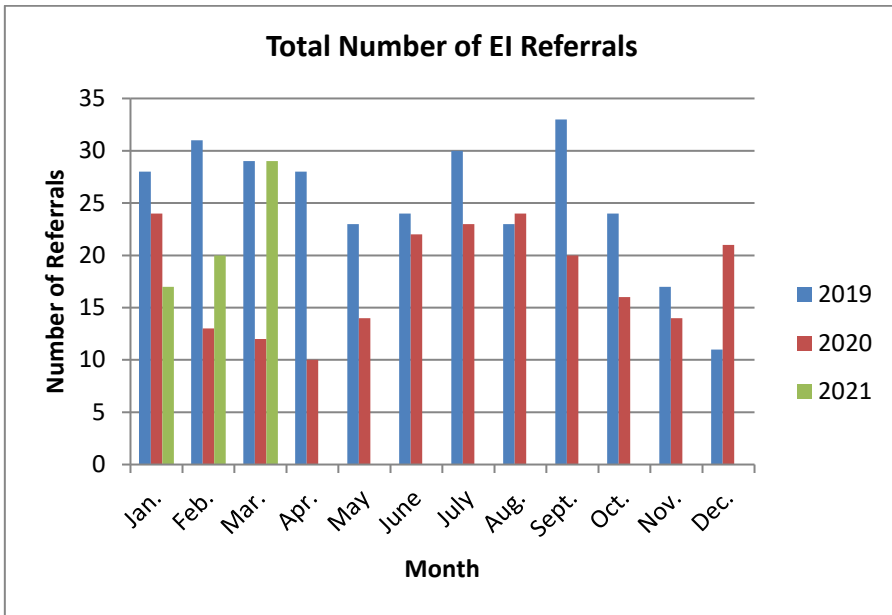
- Senior Leadership Meetings-Debrief meetings every Thursday to review current COVID 19 work and Program work.
- Attended COVID morning meetings with staff and assist with COVID work as needed-manager on every 4th weekend
- Meeting with CHS Director and CHS managers for COVID planning once a week
- BOH meeting 3/23/21
- Early Childhood Development Collaborative meeting 3/1/21
- S2AY Network meeting for policy development 3/3, 3/10, 3/17, 3/24
- Interview for new provider Brynne Steel, OT 3/4/21
- University Center for Excellence meeting with Mark Prinz URI on resource development for CYSHCN program 3/18/21

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

Staff Activities (continued)

- CYSHCN webinar- Growing up Health website presentation 3/2/21
- Provider interview and Preschool instruction 3/4/21
- CPSE meetings with TCSD 3/5 and 3/9/21
- Meeting with NYSED Preschool Rep Erica Morat 3/8/21 and 3/25/21
- Meeting with Finance office regarding Travel reimbursement 3/9/21
- Compassion Resilience interactive conference 3/10, 3/17, 3/24
- Strategic Planning meeting 3/11/21
- Software meetings to develop reports and archiving 3/15, 3/18, 3/22, 3/29, 3/24
- BOH and CSB joint meeting for the Strategic Plan 3/19/21
- Early Intervention Coordinating Council meeting 3/23/21
- CPSE meeting with Groton School District 3/26/21
- Meeting with IT Director and Admin Coordinator on the Contract Management system 3/26/21
- Healing the Wounds of Racism webinar 3/17/21
- Polyvagal Theory Lens to Clinical Work webinar 3/30/21

Statistics Based on Calendar Year



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

**Children with Special Care Needs Division
Statistical Highlights 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	1	0											64
-- Aged out	1	4	1											24
-- Declined	4	2	0											34
-- Skilled out	2	0	3											8
-- Moved	2	1	0											24
-- Not Eligible	5	5	10											69
-- Other	2	1	0											18
Total Number of Discharges	16	14	14	0	0	0	0	0	0	0	0	0	44	241
Child Find														
Total # of Referrals	0	0	1										1	6
Total # of Children in Child Find	1	1	1											
Total # Transferred to Early Intervention	0	0	0										0	1
Total # of Discharges	0	0	0										0	10

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

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

ENVIRONMENTAL HEALTH HIGHLIGHTS

March 2021

Outreach and Division News:

EH COVID-19 Activities: During March, Environmental Health COVID activities focused on in-person responses to COVID complaints as well as inspections at permitted facilities. Inspections have a strong COVID focus. COVID limits the scope of some inspections as we continue COVID safety measures in the field. NYS has made announcements and released some guidance allowing various types of gatherings and events to occur. Weddings and in-person catered events/celebrations; concerts and performing arts at small, medium and large venues; and graduations and proms are some of the areas where NYS made announcements or provided new or updated guidance. Becoming familiar with the new guidance and the varying requirements has required EH to pull together a “gatherings” team to focus on specific areas and respond to the multiple inquiries we have received. EH has also continues to follow-up with facilities where a known-positive person was present during their infectious period.

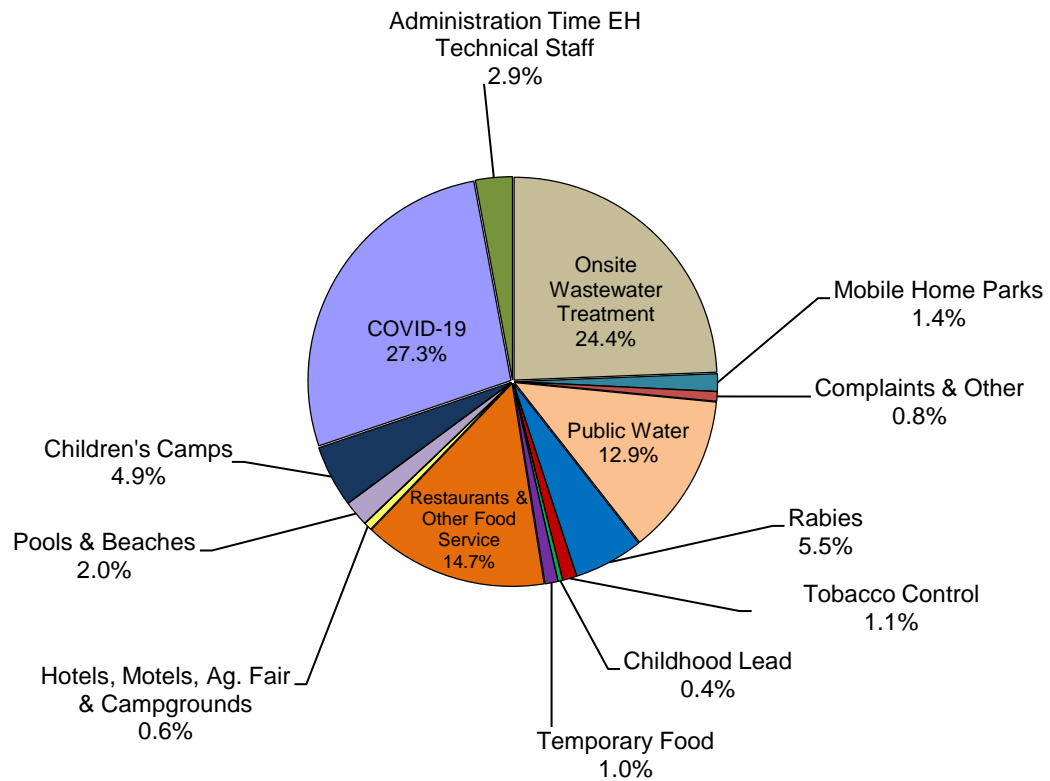
Core EH Work Areas: As COVID case numbers decline, we are also trying to return to some of our normal program activities. The EH Water, Food and Onsite Wastewater Treatment System (OWTS) team met to organize work efforts. COVID still requires that staff remain flexible and work focus areas continue to change fairly frequently.

Community Development Block Grant Application: EH, in collaboration with the Planning & Sustainability Department and our consultant - Thoma Development, submitted a grant request for \$855,000 to the NYS Community Development Block Grant (CDBG) program on April 8. Becky Sims, Adriel Shea, Scott Freyburger, and Liz Cameron were involved in developing the scope of the project. The application proposes to provide funding to 51 low to moderate income households to repair or replace onsite wastewater treatment systems that are improperly functioning, more than 20 years old, or impacting a drinking water well. The cost of these repairs, which averages \$13,000, can be a significant financial hardship for many households. The proposal, if funded, will eliminate this substantial barrier to affordable housing, improve the quality of housing, and reduce public health hazards associated with improperly treated sewage.

Thanks to Becky Sims for the time and effort she put into preparing the application and working with our consultant. In order to measure interest and document need for this assistance, Becky also created a web-based survey that was distributed to the public for about 2 weeks in March. Hard copies of the survey were also available. Over 250 responses were received, and 149 households indicated that they would be income-eligible for the grant funds.

EH Programs Overview:

Staff Time in Environmental Health Programs - March 2021



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

ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)															
Permits Issued	11	4	15	0	0	0	0	0	0	0	0	0	0	30	227
New Construction/Conversions	6	4	4											14	152
Replacements	5	0	11											16	119
Completion Certificates Issued	8	4	6	0	0	0	0	0	0	0	0	0	0	18	205
New Construction/Conversions	4	3	3											10	90
Replacements	4	1	3											8	115
ENGINEERING PLAN REVIEWS															
Realty Subdivisions	0	0	0											0	3
OWTS	4	0	4											8	27
Collector Sewer	0	0	0											0	1
Public Water Systems	0	0	1											1	2
Water Main Extension	0	0	0											0	6
Cross-Connection Control Devices	0	2	0											2	15
Other Water System Modification	0	0	1											1	2
Other Engineering Reviews	0	0	0											0	2
RABIES CONTROL PROGRAM															
Potential Human Exposure Investigations	18	18	30											66	516
Human Post-X Treatments	4	4	4											12	128
Animal Specimens Tested	4	7	9											20	199
Animals Testing Positive	1	0	0											1	11
Pet Quarantine	0	0	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											0	0
Children w/ BLL 10-19.9 ug/dl	1	0	0											1	3
Children w/ BLL 10-19.9 ug/dl	0	0	0											0	15
Sites Inspected	1	0	0											1	19
Abatement Completed	0	0	0											0	0
Lead Assessments Sent	1	0	0											1	5
Complaints/Service Request (no medical referral)	2	2	3											7	52
FOIL REQUESTS															
Total Received	10	6	1											17	46
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (61 Operations *) & CLEAN INDOOR AIR ACT (CIAA)															
ATUPA (Adult & Minor) Compliance Checks	5	1	1											7	78
Violations	1	1	0											2	2
CIAA Complaints	0	1	1											2	2
COMPLAINTS - General/Nuisance															
Complaint Investigations Opened	1	1	0											2	44
ENFORCEMENT ACTIONS															
Total Cases	0	0	1											1	14
Cases Related to FSE	0	0	1											1	5
BOH Penalties Assessed	\$0	\$0	\$500											\$500	\$11,300
BOH Penalties Collected	\$0	\$0	\$500											\$500	\$10,500
CUSTOMER SERVICE/SUPPORT															
Calls Received	1035	802	1148											2985	12513
Walk-In Customers	15	17	25											57	298
TCEH Emails Received	1334	685	512											2531	5694
Applications Processed	58	131	169											358	1363
Payment Receipts Processed	43	122	140											305	1160
Renewals/Billings Sent	112	152	23											287	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:

- Boland Thomas Vineyards Tasting Room, V-Trumansburg
- Silo - Big Food Truck, C - Ithaca

New permits were issued for the following facilities:

- Friendly's #27450
- The Corner Pub at Rogue's Harbor

Boil Water Orders (BWOs):

Continuing:

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

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
3/23/21	Plum Tree Restaurant	Min Lin	Operation in Violation of Maxim Capacity During COVID-19 Public Health Emergency	\$500	Penalty Due 5/14/21 (paid 3/31/21)	TCHD Monitoring Compliance.



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

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

April 2, 2021

Charles McAvoy
Vape Dragons LLC
512 Northampton Street
Kingston, PA 18704

**Re: Tompkins County Board of Health Draft Resolution EH-ENF-21-0001
Violation of Adolescent Tobacco Use Prevention Act (ATUPA)
Vape Dragons, C-Ithaca**

Dear Charles McAvoy:

Thank you for signing the Stipulation Agreement on March 22, 2021 for Vape Dragons. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its Zoom meeting scheduled for 12:00 p.m. (noon) on **Tuesday, April 27, 2021.**

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 by Friday, April 23, 2021, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org by April 23, 2021. The meeting will also be broadcast through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ> .

Sincerely,

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

Enclosure (s) – Draft Resolution and Stipulation Agreement and Orders

pc: F:\EH\TOBACCO\ATUPA\Facilities\Vape Dragons\Enforcement\Draft Resolution 21-0001.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
Tim Wiant, NYSDOH; Ithaca Building Department; Mayor Svante Myrick; Richard John, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Becky Sims; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

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

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

DRAFT RESOLUTION # EH-ENF-21-0001 FOR

**Vape Dragons
Vape Dragons LLC/Charles McAvoy, Owner/Operator
108 East State Street
Ithaca, NY 14850**

Whereas, the representative of a business that sells retail tobacco products must comply with the regulations of Article 13-F, Section 1399-MM-1 of the New York State Public Health Law (NYSPHL) that flavored vapor products, other than tobacco flavored vapor products, that contain nicotine; **and**

Whereas, on January 12, 2021, the Tompkins County Health Department observed more than forty flavored vapor products, other than tobacco flavored vapor products, that contain nicotine available for sale behind the counter at Vape Dragons; **and**

Whereas, on February 5, 2021, the Tompkins County Health Department observed several menthol flavored vapor products containing nicotine available for sale behind the counter at Vape Dragons; **and**

Whereas, Vape Dragons LLC has been notified that future violations where flavored vapor products, other than tobacco flavored vapor products, containing nicotine are sold or offered for sale will result in the Tompkins County Health Department seeking a fine amount of up to \$100 for each individual package sold or offered for sale; **and**

Whereas, Charles McAvoy, Operator, signed a Stipulation Agreement with Public Health Director's Orders on March 22, 2021, agreeing that Vape Dragons violated Article 13-F, Section 1399-MM-1 of the NYSPHL; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Vape Dragons LLC, Owner, is ordered to:**

1. Pay a penalty of \$550 for these violations, due by **June 15, 2021**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. To immediately discontinue the offer for sale of any flavored vapor products, other than tobacco flavored vapor products, that contain nicotine; **and**
3. To post and maintain a sign that customers can easily see that reads: "SALE OF CIGARETTES, CIGARS, CHEWING TOBACCO, POWDERED TOBACCO, SHISHA OR OTHER TOBACCO PRODUCTS, HERBAL CIGARETTES, LIQUID NICOTINE, ELECTRONIC CIGARETTES, ROLLING PAPERS OR SMOKING PARAPHERNALIA TO PERSONS UNDER 21 YEARS OF AGE IS PROHIBITED BY LAW."



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

ENVIRONMENTAL HEALTH DIVISION
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STIPULATION AGREEMENT AND ORDERS # EH-ENF-21-0001

**Vape Dragons
Vape Dragons LLC/Charles McAvoy, Owner/Operator
108 East State Street
Ithaca, NY 14850**

I, Charles McAvoy, as a representative for Vape Dragons LLC, agree that on January 21, 2021, and February 5, 2021, Vape Dragons-Ithaca was in violation of New York State Public Health Law, Article 13F, Section 1399-MM-1 for the offer for sale of flavored vapor products with nicotine.

I agree to pay a penalty not to exceed \$300 plus a \$250 surcharge for these violations following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*

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

1. To immediately discontinue the offer for sale of any flavored vapor products, other than tobacco flavored vapor products, that contain nicotine; **and**
2. To post and maintain a sign that customers can easily see that reads: "SALE OF CIGARETTES, CIGARS, CHEWING TOBACCO, POWDERED TOBACCO, SHISHA OR OTHER TOBACCO PRODUCTS, HERBAL CIGARETTES, LIQUID NICOTINE, ELECTRONIC CIGARETTES, ROLLING PAPERS OR SMOKING PARAPHERNALIA TO PERSONS UNDER 21 YEARS OF AGE IS PROHIBITED BY LAW."

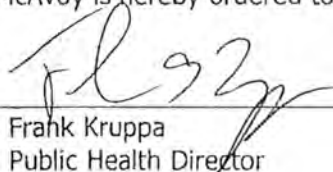
I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

I also understand that future violations where Vape Dragons LLC sells or offers for sale flavored vapor product, other than tobacco flavored vapor product, that contains nicotine, that Tompkins County Health Department will seek a fine in the amount of up to \$100 for each individual package sold or offered for sale.

Signed: 

Date: 3/22/21

Charles McAvoy is hereby ordered to comply with these Orders of the Public Health Director.

Signed: 
Frank Kruppa
Public Health Director

Date: 3/22/21