

**AGENDA
Tompkins County Board of Health
Zoom Meeting
Tuesday, June 22, 2021
12:00 Noon**

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 May 25, 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*** (10 mins.)
Administrative Action:
1. Request to Approve Environmental Health Division Inspection Frequency Policy (10 mins.)
- 12:40** ***Adjournment***

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MINUTES
Tompkins County Board of Health
May 25, 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; and Shawna Black

Staff: Brenda Grinnell Crosby, Public Health Administrator; 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; Harmony Ayers-Friedlander and Karan Palazzo, LGU Administrative Assistant

Excused: Ravinder Kingra; Samara Touchton; and Jonathan Wood, County Attorney

Guests: No one was present.

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at 12:06 p.m.

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

Approval of April 27, 2021 Minutes: Ms. Merkel moved to approve the minutes of the April 27, 2021, seconded by Dr. Koppel. All others in attendance voted to approve the April 27, 2021 meeting minutes.

Financial Summary: Ms. Grinnell Crosby referred to the financial summary included in the packet and reported that the 2020 financial books are closed with only small revenue changes in preschool and early intervention programs and mandate accounts. She had nothing more to add to her report but recently added funds to the books for various COVID-related expenses.

Dr. Moylan asked about the FEMA reimbursements. Mr. Kruppa said they have only FEMA reimbursement for testing and that has gone through different iterations of the state and federal government deciding how and what is reimbursable. With all the monies coming in from the stimulus, recovery bills and FEMA reimbursements are tricky. He stated the FEMA reimbursements are just starting to come through consistently. Ms. Grinnell Crosby added that there is a FEMA reimbursement meeting coming up which may involve multiple claims.

Ms. Merkel asked about conversations of COVID long-term testing boosters and all things related moving forward in the future. Mr. Kruppa said testing reimbursement is covered until March 2022 but at this time no one has planned that far ahead.

Administration Report:

Vaccines: Mr. Kruppa reported that vaccines for 12-years-olds and up were approved. Administering vaccines in schools throughout Tompkins County has begun. Northeast Pediatrics will administer the Pfizer vaccine over a four week period. Cayuga Health Systems administered about 750 vaccines to

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people at the mall with mostly being 12-year-olds. Dryden schools administered about 168 vaccines mostly 12-year-olds and up. Newfield administered 71 vaccines and Ithaca High School administered 33 vaccines, encompassing all four of their schools. A second cohort is planned for this Thursday for Ithaca City Schools with 66 kids signed up through the Ithaca City School District. Children, 12-year-olds and up can also go to pharmacies that administer Pfizer. Plans to capture children in other outer areas are planned as we try to get people where they are.

Homebound: Mr. Kruppa said they continue with administering to homebound individuals as names are added to the registry.

Emergency Operating Center: Mr. Kruppa said the EOC has physically closed but meet virtually.

Questions:

Dr. Moylan asked if he could speak on Cayuga Health Systems status on testing sites. Dr. Evelyn said that they will be closing the hospital testing site the beginning of June as foot traffic is down. They will appraise the need before closing other testing sites.

Ms. Black asked for guidance on mask-wearing. Mr. Kruppa stated, “vaccinated individuals do not have to wear a mask in most settings with the exceptions of healthcare facilities, nursing homes, correctional facilities and schools and the unvaccinated need to continue to wear masks. Businesses can choose to deal with vaccinated versus unvaccinated. They can have everybody continue to wear a mask while in their store or the unvaccinated can be unmasked and vaccinated need to be masked. They can ask about vaccination status by way of the honor system. He said that businesses and different organizations can set the rules for how they want their facilities to work. Mr. Kruppa said that most businesses are requiring their staff to wear masks for their safety and most people in the community are still wearing masks.

Dr. Klepack asked for an approximate number and list status of homebound individuals to be vaccinated. Mr. Kruppa said that there are about 17 that need scheduling.

Dr. Koppel asked if businesses can ask for proof of vaccination. Mr. Kruppa said, “Yes, it is up to the business if they want to ask for proof” and noted that the state developed the Excelsior pass as a potential tool for proof. He doesn’t believe many are asking for proof. Ms. Cameron added that guidance is expected for certain businesses and a revision of restaurants’ current food service.

Health Promotion Program Report: Ms. Hillson had nothing to add to her report. She reported that the strategic planning implementation is moving forward with discussions of starting two cross-functional teams; integration priority area and services. The four temporary public health ambassadors started last month having door-to-door and in-person conversations and helping in the vaccine clinics.

Medical Director’s Report and Discussion:

- The CDC no longer recommends separating COVID vaccine from all other vaccines by a two-weeks or more.
- COVID cases are varying between a few to sixteen; testing numbers have also decreased to between two to five thousand tests a day.
- People are still encouraged to get tested when needed.

Dr. Klepack referred to his report in the packet with nothing more to add and was available to take questions.

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Questions:

Ms. Merkel asked about the 10 active cases from vaccinated people. Dr. Klepack said that the number is based on case investigation. A number of persons reporting being vaccinated are not, technically, fully vaccinated. That is, their positive COVID test occurred before two weeks had elapsed after their final vaccine dose. For others, it is unclear if they are actually persistent PCR positive individuals from the initial infection. Technical laboratory issues prevent complicate sequencing of all positive people and the lack of sequencing data from their initial infection also makes the determination of “breakthrough” infection difficult. For those two reasons it is not possible in most cases to confirm breakthrough infection.

Dr. Dhundale asked about variant testing. Dr. Klepack said that all positives are being considered for sequencing. However, not all positives have enough molecular material in the sample to allow satisfactory sequencing. Mr. Kruppa added that since the beginning of 2021 90% of all sequenced tests were variants and of that 90%, 50% was the UK/B117 variant and 40% was the NYC variant. Dr. Dhundale asked if TCHD received results from Wadsworth. Mr. Kruppa said no, the results we receive are related to the Cornell research project. Dr. Klepack said that (per reports from the state epidemiologist) the collection of reliable data for the state is problematic in that there are many platforms for the many entities doing sequencing to report to if they report at all. There is no way, so far, for the state to bring that data all together. Dr. Klepack stressed that so far, no mutations have caused a change in diagnosis or treatment. Mr. Kruppa added that the state is looking at a broader process to correct the problem Dr. Klepack referenced.

Division for Community Health Report: Ms. Espey reported that cases are averaging five to ten new cases per day and there was a one-zero case day. She congratulated the team as Tompkins County was the record holder for the most people released from quarantine because of being fully vaccinated in the Southern Tier over the past fourteen days. DCH continues to support vaccine efforts for the homebound, schools and rural clinics. DCH is working on active recruitment strategies for the two community health nurse positions. She noted a WIC update in her report that the cash value benefit for women and children received a temporary funding increase. She is very excited to have the assistance of the health ambassadors.

Ms. Merkel asked if any lessons were learned with the lack of a flu season. Dr. Klepack said probably the knowledge of how disease spreads across the populations with respect to hand sanitizing, social distancing and that it kills people. Mr. Kruppa added that behavior changes were also learned. He said that they are working on a job description for a public health communications coordinator to keep the momentum going.

Children with Special Care Needs Report: Ms. Thomas reported that they weren’t needed for COVID case investigation work but continue to help with vaccine clinics and on-call. EI and pre-school, child care centers, and head-start are letting therapists back into the classroom. NYSDOH put out a mandate reminding all therapists to continue wearing masks for both indoor or outdoor settings. She referred to her report with nothing more to add.

County Attorney’s Report: Mr. Wood was not available.

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

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Community Mental Health Services Board (CSB) Report: Mr. Kruppa reported that Harmony is working with the subcommittees on the 2022 Priority Plan due in July. He said CARS announced an affiliation with Cayuga Health Systems. Challenge announced an affiliation with Mozaic and the CSB will have conversations about the impacts of services for individuals with developmental disabilities.

Review of Proposed 2022 Environmental Health Division Fees: Ms. Cameron explained that EH proposed no changes in fees because of the unusual year, with one exception. She said that late fees have not increased in years and EH proposes an increase from \$50 to \$75. EH proposes an adjustment of the additional expedited permit processing **time frame** from three days to seven days. Ms. Cameron highlighted the new farm migrant housing regulations, which would be the first time in Tompkins County and was only for review. No changes were requested to the proposed permit fees.

Discussion of the additional expedited permit processing fee:

Ms. Merkel asked for clarification on the additional expedited permit processing deadline and late fee. Ms. Cameron explained that the late fee is generally for permits and water fees (the application/renewal packet states that fees are due 30 – 90 days in advance), and that a reminder letter is sent two to three weeks prior to the permit expiration. If not received seven days in advance of the deadline, they will owe the additional expedited processing fee. EH is proposing a change in applying the fee from three to seven days before the permit would expire.

Resolution #EH-ENF-21-0003 – 974 Ridge Road, T-Lansing, Violation of Article VI of the Tompkins County Sanitary Code (Sewage): Dr. Evelyn moved to accept the resolution as written; seconded by Dr. Koppel.

Ms. Cameron explained that this is a homeowner who did not use an experienced contractor to replace his sewage system and things did not work out well when he tried to replace it himself. EH initially issued a permit in June 2020 and re-issued permits based on things that were done on site. She stated that there was a field visit yesterday – all work has been completed except that seeding still needed to be completed. Ms. Cameron added that this also involved a complaint from the Department of Transportation on the right-of-way. EH is proposing completion by June 15th and if not, the homeowner must pay a penalty of \$500 by July 15th. She stated deadlines were extended for complications as the resolution does not fully copy the signed stipulation.

The vote in favor of the resolution as written was unanimous

Mr. Kruppa announced that the legislature is reviewing the process on in-person public meetings as we will follow their guidance. He said that much of the review is centered around the executive order which does not allow for this type of meeting and the logistics of opening safely.

The next meeting is Tuesday, June 22th, 2021 @ Noon.

Adjournment: Ms. Merkel moved to adjourn the meeting, seconded by Dr. Koppel; meeting adjourned at 12: 56 p.m.

Board of Health
June 22, 2021
Financial Report

May 2021 / Month 5

COVID sampling costs not budgeted continue to inflate expenditures in functional unit 4010. The County is seeking FEMA reimbursement on these expenses, end of year adjustments is expected. Community Health expenditures are running high due to Project Assistants and contract nurses. Planning and Coordination of CSN is running higher due to on call expenses and over time. Work will continue with County Administration and County Finance to adjust the books for pandemic-related expenses.

The Healthy Neighborhoods grant was finally approved for the period of April 1, 2020 – March 31, 2021. We have not received word on the 2021/22 grant.

The current WIC contract is an extension of 2015 grant and is flat funded for the second year in a row. The Request for Applications for a new five-year award should be out this year.

Tompkins County Financial Report for Public Health

Percentage of Year 41.67%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	TD	%
4010 PH ADMINISTRATION	1,540,420	1,873,374	121.61%	133,362	15,573	11.68%	1,407,058	1,857,801	132.31%
4011 EMERGING LEADERS IN PH	48,986	8,554	17.46%	48,986	0	0.00%		8,554	
4012 WOMEN, INFANTS & CHILDREN	526,561	201,367	38.24%	526,561	155,357	29.50%		46,011	
4013 OCCUPATIONAL HLTH.& SFTY.	98,435	38,938	39.56%	0	0	0.00%	98,435	38,938	39.56%
4015 VITAL RECORDS	77,825	26,938	34.61%	108,000	45,216	41.87%	-30,175	-18,278	60.57%
4016 COMMUNITY HEALTH	1,759,195	827,985	47.07%	629,804	131,587	20.89%	1,129,391	696,398	61.69%
4018 HEALTHY NEIGHBORHOOD PROG	173,713	44,053	25.36%	173,713	0	0.00%		44,053	
4047 PLNG. & COORD. OF C.S.N.	1,404,966	571,968	40.71%	396,690	123,985	31.25%	1,008,276	447,983	44.43%
4090 ENVIRONMENTAL HEALTH	1,751,219	671,667	38.35%	590,613	178,218	30.18%	1,160,606	493,449	42.52%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,216,433	623,264	51.24%	-1,216,433	-623,264	51.24%
Total Non-Mandate	7,381,320	4,264,846	57.78%	3,824,161	1,273,201	33.29%	3,557,158	2,991,645	84.10%
2960 PRESCHOOL SPECIAL EDUCATI	5,860,000	1,771,059	30.22%	3,823,000	927,630	24.26%	2,037,000	843,429	41.41%
4017 MEDICAL EXAMINER PROGRAM	288,226	99,828	34.64%	0	0	0.00%	288,226	99,828	34.64%
4054 EARLY INTERV (BIRTH-3)	653,000	125,917	19.28%	319,970	0	0.00%	333,030	125,917	37.81%
Total Mandate	6,801,226	1,996,804	29.36%	4,142,970	927,630	22.39%	2,658,256	1,069,174	40.22%
Total Public Health	14,182,546	6,261,649	44.15%	7,967,131	2,200,831	27.62%	6,215,414	4,060,819	65.33%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	-336,852	117,789	2960 Preschool	4,088,941	2,895,370
4012 WIC	308,759	371,204	4054 Early Intervention	527,083	319,970
4013 Health & Safety	59,497	0	4017 Medical Examiner	188,398	0
4014 Medical Examiner	0	0		<u>4,804,422</u>	<u>3,215,340</u>
4015 Vitals	50,887	62,784			
4016 Community Health	930,924	498,217			
4018 Healthy Neighborhood	129,660	173,713			
4047 CSCN	832,998	272,705			
4048 PHCP	0	0			
4090 Environmental Health	1,079,552	412,395			
4095 State Aid	0	593,169			
	<u>3,055,424</u>	<u>2,501,975</u>			
Total Public Health Balances					
	Available Budget			Revenues Needed	
	<u>7,859,846</u>			<u>5,717,315</u>	

HEALTH PROMOTION PROGRAM – May 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.

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	Twice monthly
CHIP Steering Committee	Support CHIP working groups to guide process and progress through the plan	5/6
Long Term Care Committee	Quarterly meeting	5/7
Health Planning Council	Advisory Board and Executive Committee	5/10
COFA Advisory Board	Updates – Age Friendly Training Series	monthly
Suicide Prevention Coalition	Revival of this coalition, new leadership, meeting monthly	5/27
Immunization Coalition	Quarterly meeting, update about COVID-19 vaccine and discussion/feedback	quarterly
Black Lives Matter working group	Bi-weekly meeting, based at Mental Health.	Bi-weekly
Mental Health website review cmte	Bi-weekly meeting, based at Mental Health	5/28
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	quarterly
Lourdes Mobile Mammography	Breast Cancer Screening – Health Dept parking lot	5/5

COVID-19

- New signs related to new mask guidance were developed



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

- Gun violence data researched and provided to Frank Kruppa for presentation to the HHS Committee of the Legislature.
- 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.
 - Developing a reporting and monitoring tool, with assistance from the Cornell MPH program.
- Steering Committee Workgroups reporting at the May 6 Steering Committee meeting.
 - Chronic Disease
 - Cancer screening: Remove structural barriers to cancer screening.
 - Social Determinants of Health (SDoH) screening.
- COFA Age Friendly Center for Excellence Training Series: presentation on the CHA/CHIP as part of the Community Health and Wellness session.

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. Staff also assisted with in-person information sharing about the pop-up vaccination clinics.
- The Journey of Fair Housing: Source of Income Discrimination Webinar.
- Looking Forward: Developments & Changes in Fair Housing Webinar.

May 2021

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2021	March 2020	TOTAL 2020*
# of Initial Home Visits (including asthma visits)	10	38	0	225
# of Revisits	0	0	0	76
# of Asthma Homes (initial)	2	8	0	61
# of Homes Approached	187	380	0	436

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

Health Promotion activities

- Assisting with Maternal Child Health redesign project

Tobacco Free Tompkins

- Community Tobacco Survey launched in Tompkins and surrounding counties. The survey measures attitudes about tobacco marketing and tobacco use in the county. The last survey was conducted in December 2015. Results expected in July.
- Tompkins coordinator continued their assignment with the COVID communications team.

Media, Website, Social Media

- [COVID-19 website](#) pages updated regularly
- COVID-19 Press Releases in May
 - [COVID19 2021-05-25 Local Clinics Include Green St Bus Stop and Taughannock Park](#)
 - [COVID19 2021-05-18 County Updates Related To Reopening and Mask Guidance](#)
 - [COVID19 2021-05-17 Vaccine Update: Vaccination Clinics for Ages 12 And Older](#)
 - [COVID19 2021-05-13 Vaccine Update: Pfizer Vaccine Clinic Announced, Ages 12 and Older are Eligible](#)
 - [COVID19 2021-05-12 Reopening Set to Expand on May 19: Related County Updates](#)
 - [COVID19 2021-05-10 Vaccine Update: Clinics for the Week of May 10, Trumansburg Pop-up, Request a Pop-up Clinic](#)
 - [COVID19 2021-05-03 Vaccination Clinics Week of May 3: Mall, Cornell, Dryden, Enfield, Walk-ins](#)

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

- Strategic Planning with Batiste Leadership
 - Senior Leadership Team – planning for cross-functional teams (5/18)
- Public Health Ambassador Program: 4 ambassadors began at the beginning of May. Meeting twice weekly, assisting with vaccination outreach and clinic implementation, learning about different programs and services.

Training/Professional Development

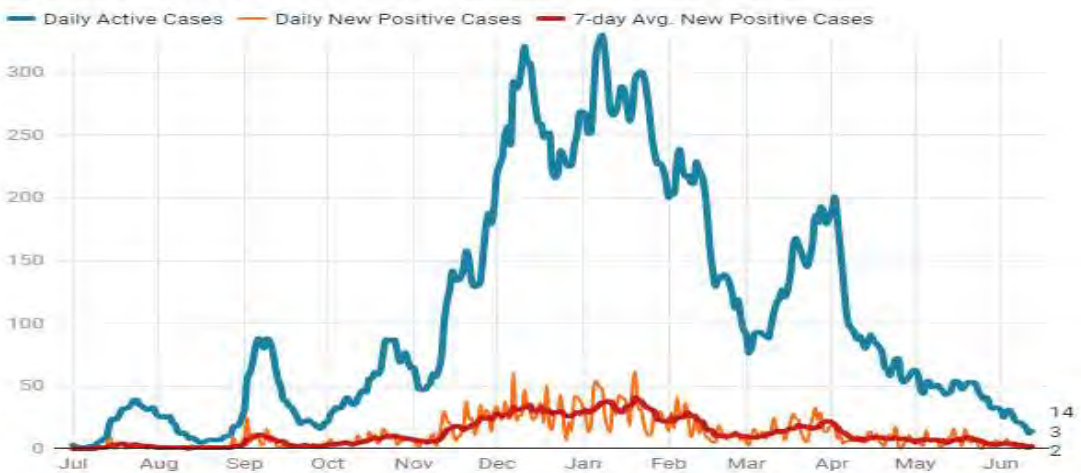
- Soft Landing started February 2021 – a space during the work day to process, reflect, learn new strategies with co-workers. Facilitated by Susan Spicer, Mental Health Clinic Coordinator.
- Listening Session (5/14): Opportunity for staff to ask questions with Frank
- JEDI (5/13 and 5/28): General Meeting and Leadership Meeting
- CPR/ AED training

Medical Director's Report
Board of Health
June 2021

These graphs speak volumes:

Daily Active Cases + 7-Day Avg. New Cases

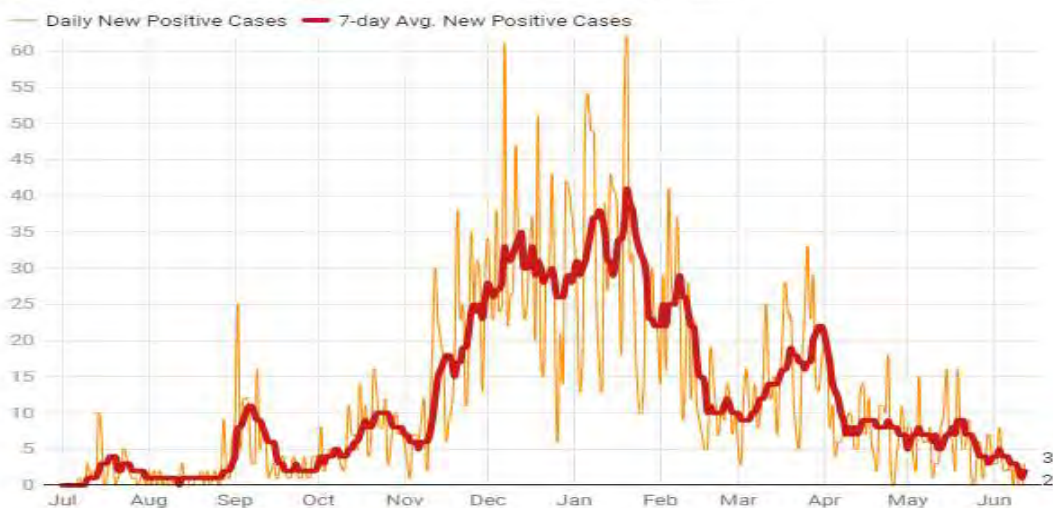
COVID-19, Tompkins County, N.Y. Data from 7/1/20 to the present. Active cases are calculated as total positive cases minus the totals of both released cases and deaths.



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

Daily New Cases + 7-Day Avg. New Cases

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



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 Datawrapper

With the advent of 3 successive days of zero new Covid cases in Tompkins County (which follow about 3 individual days of zero cases in the past couple of weeks), do we dare talk about community immunity?

There has been much discussion in the press quoting national experts about the particular percentage of persons vaccinated needing to be reached before they would consider that milestone to have been met. Other experts say there may be no such number or that we should not fixate on any particular number. One parameter that I think no one would have trouble with is what *case numbers* tell you. Certainly, when case numbers show a sustained fall and approach (and hopefully reach) zero something favorable is occurring. Are we at the point yet where we can say we have community immunity? I would argue, “no”.

While Tompkins County is near the top of the national list for its vaccination progress, we are surrounded by counties less fortunate and in a state and country with pockets of continued challenge and trouble. Our population’s mobility coupled with the global number of new cases per day afford ample opportunity for mutants to arise with one of them possessing the horrible quality of vaccine resistance. We continue to be in a race against time and the natural mutation rate of the virus. Our community is much larger than ourselves when we consider this particular risk.

Are we at a point where we can jettison our precautions? Somewhat, but fundamentally not so much. We must have robust early warning systems in place. Our viral genome sequencing must continue to inform us about the behavior of the virus and new mutations must be evaluated for vaccine resistance. At the first sign of a new and dangerous threat we must be prepared to revert to the precautions which have proven so effective. We must maintain the reserve we require to scale back up case investigation and contact tracing.

What about the future- do we dare take a “pause” and look ahead? What can we do to cope better with a future pandemic?

We cannot rely on the present state of heightened public health awareness to last long. The public and our politicians will all too soon reprioritize their funding and their priorities to other issues once the pandemic is declared to be at low ebb. Public Health’s past experience proves this over and over. After the 9/11 disaster emergency preparedness and public health funding increased and remained so for a few years. Thereafter, followed a period of persistent cutbacks or, at best, static funding eroded by inflation.

At the state and federal level there are many steps that can be taken. But, let’s limit this discussion to the county level. It seems evident to me that back in May and June of last year our health department resources were limited and had no early, clear path forward to enable ramping up due to state level actions or inactions. This was the result of years of cuts which limited funds and staff at the local level. In non-pandemic times we cannot expect that we would retain a staff level and budget in excess of what would be needed for day to day operations plus that needed to cover the predictable outbreaks and emergencies of a typical year. But we could establish and preserve a locally controlled reserve fund which would enable us to take action preemptively in the case of a pandemic. Had we had such funds a year ago we would have had the option of ramping up staff in case investigation and contact tracing in advance of shortages arising in the labor market for such qualified people. We would have had the option of anticipating the vaccination staffing required to mount the effort, secure the venues, and resources needed. (in the future we cannot be certain that private entities would be in the position they were this time around).

A reserve fund requires one-time funding coupled with the political discipline to keep the fund intact without meddling with it. A locally established fund might be more successful in this regard than a state-level one.

Other preparedness strategies such as mounting adequate testing require federal and state level actions to develop such tests. But a local fund to provide for the purchase and operation of

testing platforms at an adequate level would also be a needed use of the fund. Our County Legislature did rise to the challenge repeatedly and, in particular, by appropriating sufficient funds to purchase an additional testing unit for CMC. A future pandemic might not find a similarly motivated legislature or a budget which would allow for this.

I fully expect that within 2-3 years of the end of this pandemic to see the lessons learned from it fade. Our own staff will turn over, our legislative members will change, our administrative composition will as well. Only by codifying our preparation into a dedicated fund can we hope to prepare in a meaningful manner.

Special populations

Undocumented individuals – a few have become cases. They, obviously, have a barrier to being tested and vaccinated (not due to any law preventing it but due to the practical risk of giving their name and birthdate and address to anyone). One of our “Public Health Ambassadors” is fluent in Spanish and collaborates with the FingerLakes Community Health center (an FQHC) which can help undocumented people to get what they need safely. We collaborate with them.

Nursing homes continue to be an issue with staff vaccination levels still inadequate. The Ithaca Journal of June 9, 2021 reports that vaccination levels are under 60% and frequently under 40 % in staff. One case in past weeks was of an elderly resident which was temporally associated with a positive staffer.

Vaccine Developments

A new vaccine, Novavax <https://www.nytimes.com/2021/06/14/health/covid-vaccine-novavax.html>, has been reported to have completed clinical trials. This vaccine is from one of the many companies the federal government gave development money to early in the pandemic.

“The vaccine uses a protein of SARS-CoV-2, a different technology from the COVID-19 vaccines authorized so far, and delivered 90.4% overall efficacy against symptomatic COVID-19 infections, and 100% protection against moderate and severe disease. Against eight viral variants of interest and concern, its efficacy was 93.2%. And the vaccine appeared safe and well-tolerated...”

*“...the clinical trial was highly diverse, with **44% nonwhite** participants, and that the vaccine’s straightforward storage requirements could speed access to it in remote communities around the globe...”*

“The difference of a few percentage points between Novavax’s 90% efficacy and the 95% and 94% efficacy of the Pfizer-BioNTech and Moderna vaccines is explained in part by Novavax’s later trial, which pitted the vaccine against viral variants...”

“In the trial, two-thirds of participants at 113 sites in the United States and six sites in Mexico initially received two doses of the vaccine separated by 21 days...”

“The COVID-19 vaccines so far authorized by major Western regulatory agencies deliver genetic material that directs a recipient’s cells to make spike, a surface protein from SARS-CoV-2, that then trains the immune system to respond to the virus. Novavax’s vaccine instead delivers the spike protein itself, carried on soaplike particles and given extra punch by an immune-boosting substance called an adjuvant. Protein technology has been used for decades in vaccines against diseases including hepatitis B.

”... the Novavax jab may find a niche as a booster vaccine in the United States, where he says such boosters may be needed by October or November...

”... Novavax’s protein vaccine can be stored in a refrigerator for up to 6 months, and, once removed, remains viable for 24 hours. “

<https://www.sciencemag.org/news/2021/06/powerful-new-covid-19-vaccine-shows-90-efficacy-could-boost-worlds-supply>

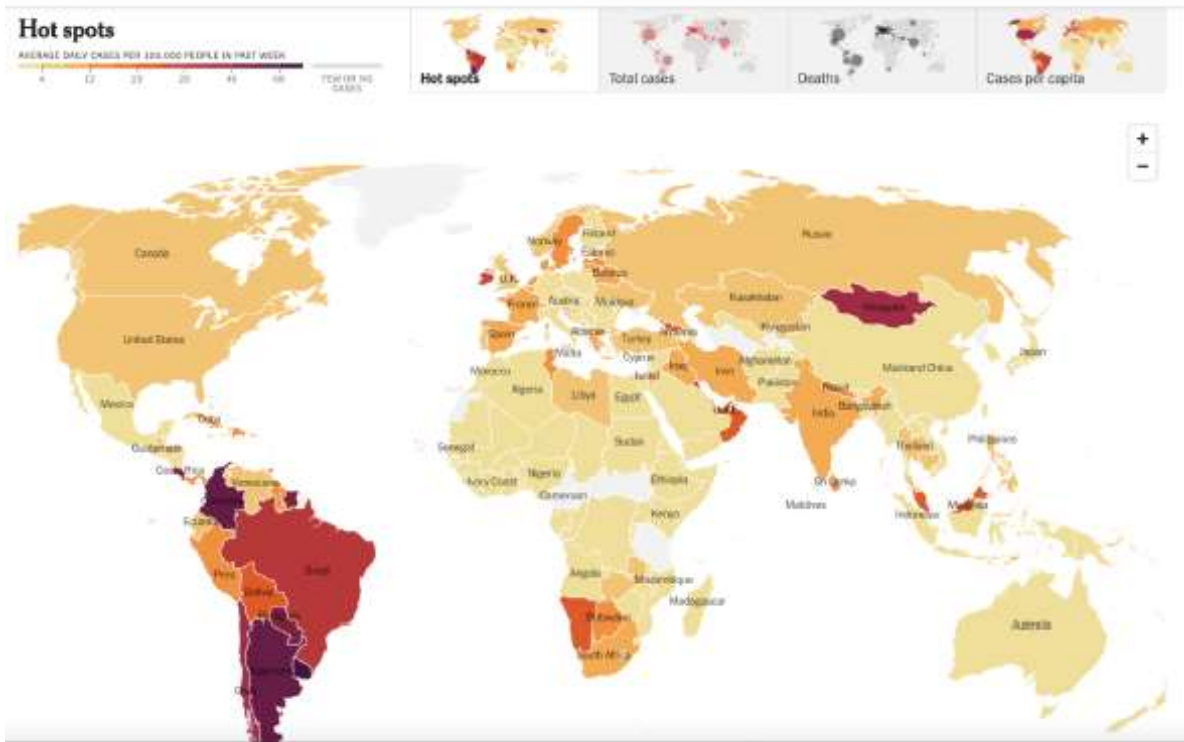
(The Janssen COVID-19 Vaccine is composed of a recombinant, replication-incompetent human adenovirus type 26 vector that, after entering human cells, *expresses* the SARS-CoV-2 spike (S) antigen without virus propagation. An immune response elicited to the S antigen protects against COVID-19.) [italics mine] <https://www.janssencovid19vaccine.com/hcp/how-its-designed.html>

It is anticipated that the company will file for EUA status after further quality control measures are documented.

Both Pfizer and Moderna vaccines have applications for full licensure submitted to the FDA demonstrating the confidence that these vaccines will be licensed just like our polio and tetanus vaccines are. For those who have wanted to be vaccinated but wished to wait until enough other people have been vaccinated or until licensure is on the way we are in that time. The decisions regarding licensure will happen in due time – likely in the Summer.

The significance of these developments is that some individuals will find that Novavax engenders more confidence for them and others will be willing to be vaccinated once a vaccine is fully licensed.

And, finally, for the world, having more vaccines being produced will help create a supply approaching adequate.



Variants

B.1.1.7 remains predominant in our area by sequencing with the NYC variant and the Brazilian one fading and others as well.

The numbers are:

1055 genomes have been sequenced to date. Not all genome samples have enough material to fully sequence. 49% of cases to date are Variants Of Concern, up 9% this month from last month. Almost all cases now are variants. For the samples fully sequenced the results are:

309 - B.1.1.7

161 - B.1.5.2.6

41 - Cal

4 - P1

2 - B.1.617.2

1 - P2

1 - B.1.351

Again, diagnosis and treatment are not affected by what variant a person has acquired. Therefore, this data is of public health importance only.

The following is from a blog by Dr Eric Topol and concerns efficacy of vaccines against the variants and it also presents the new nomenclature introduced by WHO for the variants:

	New WHO Name	Transmissibility	Immune Evasiveness	Vaccine Effectiveness [^]
Ancestral		—	—	✓
D614G		+	—	✓
B.1.1.7	Alpha	+++	—	✓
B.1.351	Beta	+	++++	✓
P.1	Gamma	++	++	✓
B.1.429	Epsilon	+	+	✓
B.1.526	Iota	+	+	✓
B.1.617.2	Delta	++++	++++#	✓

@erictopol

*Relative transmissibility to B.1.1.7 appears to be 40-50% higher than alpha

[^]Effectiveness from real world evidence vs. severe illness, not all vaccines are effective vs all variants, and importance of 2-doses, especially for B.1.617.2 for which 1 dose of mRNA or AZ is only ~30% effective #That this variant requires 2-doses of vaccines to preserve their effectiveness, along with lab studies, suggest it is as immune evasive (and possibly more than) as B.1.351 (beta)

MMWR reports “**breakthrough infections** as of April 30, 2021 are a

[total of 10,262 SARS-CoV-2 vaccine breakthrough infections](#)

[Of 101 million vaccinated persons this represents 0.01% of persons vaccinated.](#)

The newest cohort to be approved for vaccination 12 -16.

We believe we may have vaccinated about 50% of this eligible population so far. So there is room for improvement. Let’s look at one take on public acceptance.

Trends in public acceptance of vaccination

This type of survey can inform us about how we speak with our patients who are not yet vaccinated.

KFF [Kaiser Family Foundation] COVID-19 Vaccine Monitor: May 2021

Published: May 28, 2021

Key Findings

<https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-may-2021/>

” KFF [Kaiser Family Foundation] is an endowed, nonprofit organization filling the need for trusted, independent information on national health issues. Legally we are a public charity — not a foundation — and as I hope you know, we are an independent national organization, headquartered in San Francisco, without any connection to Kaiser Permanente.”

- The latest KFF COVID-19 Vaccine Monitor shows continued steady progress in vaccine uptake, with 62% of U.S. adults saying they’ve gotten at least one dose of a vaccine (up from 56% in April) and the share saying they will “wait and see” down slightly from 15% to 12%. This leaves few remaining eager to get vaccinated, while the shares saying they will get vaccinated “only if required” (7%) or will “definitely not” get a vaccine (13%) essentially unchanged over the last several months. Yet findings also suggest the overall adult vaccination rates could reach 70% over the next several months, with 4% saying they want the vaccine as soon as possible and about a third of the “wait and see group (wasg)” (or 4% of all adults) saying they have already scheduled an appointment or plan to get the vaccine in the next 3 months. [As more people are vaccinated many in the “wait and see group” are seeing their friends, family and others be vaccinated. As these numbers increase some in the wasg will reach their tipping point and become vaccinated.]*
- One potential avenue for further increasing vaccine uptake is full FDA approval of one of the vaccines currently authorized for emergency use, with about one-third (32%) of unvaccinated adults saying such approval would make them more likely to get vaccinated. [Full licensure applications have already been submitted for Pfizer and Moderna.] In addition, one in five (21%) employed adults who have not gotten a vaccine say they would be more inclined to do so if their employer gave them paid time off to get vaccinated and recover from side effects. [Governor Cuomo has already addressed paid time off for at least some employees.] Certain financial incentives may also motivate small shares (between 10-15%) of the unvaccinated to*

get a vaccine. Such incentives, including free transportation from ride share companies, lead larger shares of Hispanic and Black adults as well as those with lower incomes to say they would get vaccinated, suggesting incentives could play a role in further decreasing racial, ethnic, and socioeconomic disparities in vaccination rates.

- *Over four in ten adults (43%) say that CDC guidance on the types of activities that vaccinated and unvaccinated people can safely engage in is confusing and hard to follow, a share is similar among vaccinated and unvaccinated adults but rises to 56% among Republicans. The vast majority of those who have not been vaccinated say the new CDC guidelines stating that fully vaccinated people do not need to wear masks or practice social distancing in most situations does not make a difference in their own decision about whether to get vaccinated. [For some, however, it does make a difference. As we go forward, we should see further guideline changes creating a tipping point for more people.]*
- *Among parents of adolescents ages 12-17, four in ten (41%) say their child has already received at least one dose of the COVID-19 vaccine or they will get them vaccinated right away. Parents of younger children under age 12 are more cautious, with about a quarter saying they will get their young child vaccinated as soon as a vaccine is authorized for their age group and one-third saying they will take a “wait and see” approach.*

Figure 1

Share Who Report Receiving A COVID-19 Vaccine Continues To Increase, With Few Remaining Eager To Get A Vaccine As Soon As Possible

Have you personally received at least one dose of the COVID-19 vaccine, or not? As you may know, an FDA-authorized vaccine for COVID-19 is now available for free to all adults in the U.S. Do you think you will...?



NOTE: December 2020 survey did not have an option for respondents to indicate they had already been vaccinated. December 2020-April 2021 question wording: "When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will...?" See [Ipsos](#) for full question wording.

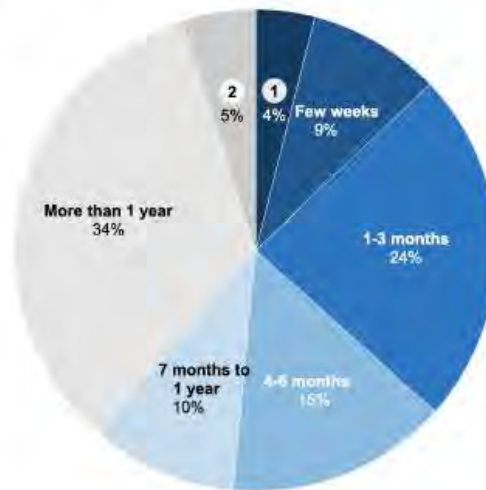
SOURCE: KFF COVID-19 Vaccine Monitor • [Download PNG](#)

KFF COVID-19
Vaccine Monitor

Figure 3

More Than A Third Of Those In "Wait And See" Plan To Get COVID-19 Vaccine Within Three Months, But Another Third Will Wait Over A Year

Do you have an appointment scheduled to get COVID-19 vaccine, or not? IF NOT: How long do you think you will wait before getting a COVID-19 vaccine?



1. Already scheduled 2. Don't know/Refused

Figure 8

Four In Ten Parents Say Their Adolescent Has Already Received A COVID-19 Vaccine Or Will Do So Right Away

As you may know, the FDA recently authorized the use of the Pfizer COVID-19 vaccine for use in children ages 12 and up. Thinking about your child or children between the ages of 12-17, do you think you will...?



NOTE: Among parents or guardians of children ages 12-17, April 2021 question wording: "Once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?" See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (May 18-25, 2021) • Download PNG

KFF COVID-19 Vaccine Monitor

Figure 9

One-Quarter Of Parents Of Children Under Age 12 Say They'll Get Their Child A COVID-19 Vaccine As Soon As It's Available, With Large Differences By Parent Vaccination Status

Thinking about your child or children under the age of 12, once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?



NOTE: Asked among parents or guardians of children under 12 years old. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (May 18-25, 2021) • Download PNG

KFF COVID-19 Vaccine Monitor

• end

The World Health Organization stresses the “3 C’s” for vaccination:

Build Confidence; use discussion to deal with Complacency; and make sure vaccine administration is Convenient.

More about the imperative to vaccinate the 12 years and older adolescent group

From MMWR https://www.cdc.gov/mmwr/volumes/70/wr/mm7023e1.htm?s_cid=mm7023e1_w accessed June 8, 2021

Under age 12 – what is the schedule – and what age groups will be used – trials are ongoing and best judgement is that we may be into 2022 before we expect a vaccine to be granted an EUA for children younger than 12 and start actual vaccination. Here is one good source from Boston Children’s Hospital:

What about kids under age 12?

Of the three COVID-19 vaccine manufacturers whose vaccines are currently authorized in the U.S., Moderna and Pfizer have now started testing in children under age 12. Johnson & Johnson intends to develop trials for children, though we don’t have specific details yet.

In mid-March, Moderna began enrolling children as young as 6 months old in a clinical trial that will include about 6,700 healthy children under age 12. Pfizer’s trial will enroll 4,500 children grouped according to age — 5 to 11 years, 2 to 5 years, and 6 months to 2 years — starting with the 5-to-11-year-olds.

What has to happen before a vaccine is authorized for children?

“One of the first steps is to find the optimal doses for these kids,” Malley explains. The researchers will select the lowest dose needed to generate robust immune responses. Once this dose is found, the manufacturers plan to randomly assign two-thirds of the children to get the vaccine, with the remaining one-third to receive a placebo.

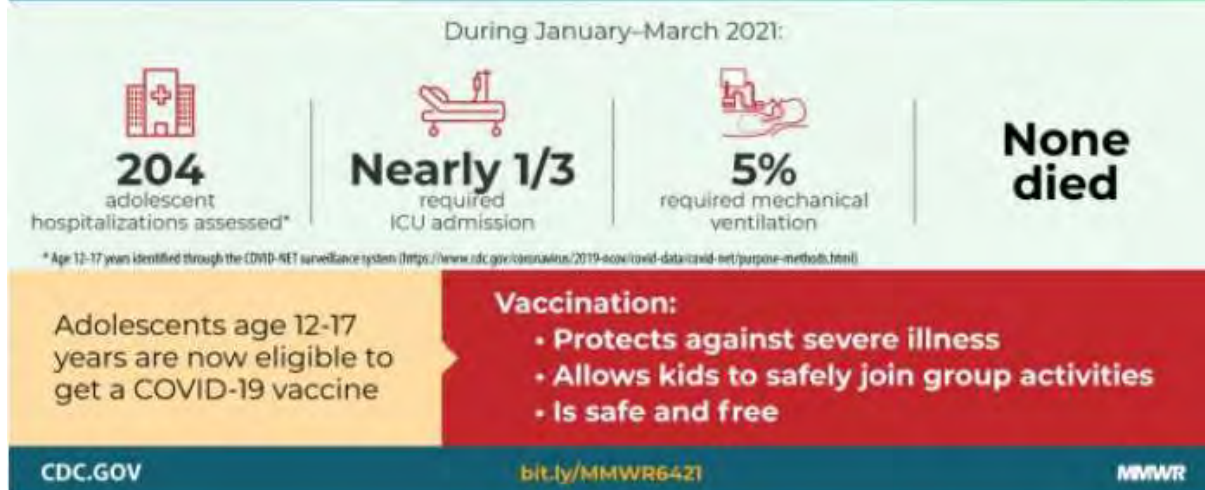
Researchers won’t be looking at the vaccines’ effectiveness in these studies. Instead, they will check for safety and that the kids produce an immune response to the vaccine. The FDA will then decide if it will authorize the vaccines for use in kids based on that safety and immune response information.

“It’s hard to pin down when we might have a vaccine for kids, since the manufacturers still have to find the right dose and test it in the various age groups,” says Malley. “But many are hopeful that we may have a vaccine for children by early 2022.”

[https://answers.childrenshospital.org/covid-19-vaccines-kids/?_ga=2.61820652.1380610673.1622725383-1754781190.1622725382&__utma=98476749.1754781190.1622725382.1622725382.1622725382.1&__utmb=98476749.2.9.1622725400822&__utmc=98476749&__utmz=98476749.1622725382.1.1.utmcsr=google|utmccn=\(organic\)|utmcmd=organic|utmctr=\(not%20provided\)&__utmv=-&__utmk=165383863](https://answers.childrenshospital.org/covid-19-vaccines-kids/?_ga=2.61820652.1380610673.1622725383-1754781190.1622725382&__utma=98476749.1754781190.1622725382.1622725382.1622725382.1&__utmb=98476749.2.9.1622725400822&__utmc=98476749&__utmz=98476749.1622725382.1.1.utmcsr=google|utmccn=(organic)|utmcmd=organic|utmctr=(not%20provided)&__utmv=-&__utmk=165383863)

For a description of the clinical trial go to: <https://clinicaltrials.gov/ct2/show/NCT04796896>

After initially decreasing in early 2021, adolescent hospitalization rates for COVID-19 increased during March–April



“...Among 376 adolescents hospitalized during January 1–March 31, 2021, who received a positive SARS-CoV-2 laboratory test result, 172 (45.7%) were analyzed separately because their primary reason for admission might not have been directly COVID-19–related ([Table](#)). Among the 204 patients who were likely admitted primarily for COVID-19–related illness, 52.5% were female, 31.4% were Hispanic or Latino (Hispanic), and 35.8% were non-Hispanic Black. Overall, 70.6% had one or more underlying medical conditions, the most common of which were obesity (35.8%), chronic lung disease, including asthma (30.9%), and neurologic disorders (14.2%); 31.4% of patients required ICU admission and 4.9% required invasive mechanical ventilation, but there were no associated deaths...Cumulative COVID-19–associated hospitalization rates during October 1, 2020–April 24, 2021, were 2.5–3.0 times higher than seasonal influenza-associated hospitalization rates during three recent influenza seasons (October 1–April 30)...

After declines in January and February 2021, weekly population-based rates of COVID-19–associated hospitalization among adolescents increased during March and April, and in two COVID-NET sites (Maryland and Michigan) the highest adolescent COVID-19–associated hospitalization rates in their respective sites since the start of the COVID-19 pandemic occurred during this period. This trend contrasts with hospitalization rates among persons aged ≥ 65 years, the group with the highest COVID-19 vaccination coverage, among whom hospitalization rates in COVID-NET stabilized during the same period.^{¶¶} Increased hospitalization rates among adolescents might be related, in part, to circulation of particularly transmissible SARS-CoV-2 variants,^{***} the larger numbers of children returning to school or other in-person indoor activities, and changes in physical distancing, wearing masks, and other COVID-19 prevention behaviors (4). SARS-CoV-2 transmission occurs more easily in high schools than in elementary schools (4), and outbreaks have been associated with high school extracurricular activities (5). Vaccination of adolescents is expected to reduce the risk for COVID-19 in these settings.”

End

Division for Community Health

June 22nd, 2021 Board of Health Meeting

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

May 2021 monthly report

Communicable Disease:

- **COVID-19:** Throughout the month of May, COVID-19 cases continued to decrease. We had daily case numbers from 10-20 in early May, but by the end of the month we were consistently reporting single digit new cases daily. On May 24th we had zero new cases. We had two notable clusters during the month of May, one at a residential school and one connected to a religious gathering, both of which were effectively contained. We reported a total of 190 cases in the month of May with 897 contacts generated. Calls to the health department this month remained steady with approx. 385 taken in total.
- **Hepatitis A:** Two new cases of Hepatitis A were reported in May. One was in a resident of a drug rehab program. CHS nurses went to the facility and vaccinated 18 close contacts for prophylaxis. The second case was in a food worker at a restaurant. CHS collaborated with EH to do a full investigation at the restaurant which determined that sanitary practices were rigorously followed and there was no risk to the public and no need for a Hep A vaccine clinic for restaurant patrons. One co-worker received the Hep A vaccine as prophylaxis at TCHD.

Maternal Child Program:

- The redesign process continues, though cases and clinic work took priority this month for CHS team and delayed the anticipated start for enrollment from end of June to the end of July. A second redesign workshop is planned for early June. Maternal Child Health nurses continue to call postpartum referrals from Cayuga Birth Place for follow up and connection to local resources.

SafeCare Program:

- SafeCare is currently on hold. Collaboration is ongoing between DSS and TCHD regarding when to resume 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.
- CHS staff worked several mobile Covid -19 vaccine clinics in the month of May. Our focus shifted to providing clinics for the school age population (12 year old and up) after Pfizer was approved for that age group. We did school based clinics in Dryden, Newfield and ICSD. June is shaping up to be a busy month for vaccine clinics as we provide second dose Pfizer clinics for the school population and continue to provide rural clinics using the one-dose J and J vaccine.

Lead Poisoning Prevention

- Thirteen cases in the LPPP with 4 due to discharge after one more BLL under 5. Banners have been strategically placed in Groton, since the majority of Lead cases currently reside in Groton. Banners are for testing at ages 1 and 2 as well as for home renovations.

Tuberculosis

- No active TB cases currently.

HIV

- Bus ad has been created for Anonymous HIV testing and are scheduled to go out by end of June per the STAP contract to use allotted spending by the deadline stipulated.

Rabies

- CHS is collaborating with EH to arrange rabies post exposure prophylaxis for all exposures in TC at CMC ED and Outpatient Infusion. New SPCA employees have been fully vaccinated with the Pre-exposure series. TCHD continues to monitor titers for SPCA and EH employees for optimal protection and administer boosters when necessary.

WIC program

- Caseload data
 - April close out caseload data:
 - Enrollment: 1105
 - Participation: 1011
 - Participation/Enrollment %: 91.49% (decrease from March)
 - Participation/Caseload %: 67.40%
 - Total participants seen in April: 440
 - Appointment show rate: 93%
- May preliminary caseload data:
 - Enrollment: 1110
 - Participation: 1019
 - Participation/Enrollment %: 91.80 % (an increase from May)
 - Participation/Caseload %: 67.93%
 - Total participants seen in May: 466
 - Appointment show rate: 94%
- Program Highlights
 - December, January and February the program had higher participation and enrollment rates.
 - In May, Cindy Mallery- one of our Nutrition staff, took the CLC (Certified Lactation Counselor) course virtually, she will take the exam in June.
 - In April and May, the WIC Director completed Virtual Quality Assurance (QA) Compliance for all staff by observing WIC appointments via Zoom for the following program areas: Income eligibility Assessment, Benefit Issuance and Participant Center Nutrition Education. Quality Assurance was also completed for WIC Breastfeeding Peer Counselors.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 04JUN21
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=May

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	3	35.0	0	0.0	2	23.3	1	11.7	1	11.7
CAMPYLOBACTERIOSIS**	2	23.3	1	11.7	5	58.4	2	23.3	3	35.0
COVID-19	190	2218.0	102	1190.7	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
ENCEPHALITIS, OTHER	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
GIARDIASIS	0	0.0	0	0.0	3	35.0	2	23.3	2	23.3
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	0	0.0	1	11.7	2	23.3	1	11.7
HEPATITIS A	2	23.3	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	0	0.0	1	11.7	0	0.0	1	11.7	1	11.7
HEPATITIS C,ACUTE**	2	23.3	1	11.7	1	11.7	1	11.7	1	11.7
HEPATITIS C,CHRONIC**	1	11.7	5	58.4	1	11.7	2	23.3	3	35.0
INFLUENZA A, LAB CONFIRMED	0	0.0	1	11.7	5	58.4	3	35.0	3	35.0
INFLUENZA B, LAB CONFIRMED	0	0.0	1	11.7	1	11.7	2	23.3	1	11.7
LEGIONELLOSIS	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
LYME DISEASE** ****	3	35.0	0	0.0	5	58.4	2	23.3	2	23.3
PERTUSSIS**	0	0.0	0	0.0	0	0.0	3	35.0	1	11.7
SALMONELLOSIS**	3	35.0	1	11.7	0	0.0	2	23.3	1	11.7
STREP,GROUP A 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	0	0.0	1	11.7
YERSINIOSIS**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
SYPHILIS TOTAL.....	0	0.0	1	11.7	1	11.7	2	23.3	1	11.7

	2021		2020		2019		2018		Ave (2018-2020)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- EARLY LATENT	0	0.0	1	11.7	1	11.7	1	11.7	1	11.7
- LATE LATENT	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
GONORRHEA TOTAL.....	8	93.4	10	116.7	4	46.7	12	140.1	9	105.1
- GONORRHEA	8	93.4	9	105.1	4	46.7	11	128.4	8	93.4
- GONORRHEA,DISSEMINATED	0	0.0	1	11.7	0	0.0	1	11.7	1	11.7
CHLAMYDIA	25	291.8	14	163.4	45	525.3	45	525.3	35	408.6

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

**Confirmed and Probable cases counted

***Not official number

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

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 04JUN21
 Through May
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	3	7.0	0	0.0	2	4.7	1	2.3	1	2.3
BABESIOSIS**	0	0.0	1	2.3	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	5	11.7	4	9.3	10	23.3	12	28.0	9	21.0
COVID-19	1939	4527.2	255	595.4	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	0	0.0	7	16.3	2	4.7	4	9.3	4	9.3
ECOLI SHIGA TOXIN**	1	2.3	2	4.7	1	2.3	1	2.3	1	2.3
ENCEPHALITIS, OTHER	0	0.0	1	2.3	1	2.3	1	2.3	1	2.3
GIARDIASIS	1	2.3	2	4.7	9	21.0	7	16.3	6	14.0
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	1	2.3	3	7.0	3	7.0	2	4.7
HEPATITIS A	6	14.0	1	2.3	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	3	7.0	4	9.3	3	7.0	4	9.3	4	9.3
HEPATITIS C,ACUTE**	2	4.7	1	2.3	2	4.7	3	7.0	2	4.7
HEPATITIS C,CHRONIC**	6	14.0	11	25.7	10	23.3	23	53.7	15	35.0
INFLUENZA A, LAB CONFIRMED	0	0.0	524	1223.4	743	1734.7	456	1064.7	574	1340.2
INFLUENZA B, LAB CONFIRMED	1	2.3	731	1706.7	26	60.7	560	1307.5	439	1025.0
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	2.3	0	0.0	1	2.3	0	0.0	0	0.0
LEGIONELLOSIS	1	2.3	0	0.0	1	2.3	0	0.0	0	0.0
LISTERIOSIS	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
LYME DISEASE** ****	5	11.7	2	4.7	10	23.3	10	23.3	7	16.3
MALARIA	0	0.0	2	4.7	0	0.0	0	0.0	1	2.3

	2021		2020		2019		2018		Ave (2018-2020)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
MENINGITIS, ASEPTIC	0	0.0	0	0.0	1	2.3	1	2.3	1	2.3
MUMPS**	0	0.0	0	0.0	0	0.0	2	4.7	1	2.3
PERTUSSIS**	0	0.0	1	2.3	3	7.0	4	9.3	3	7.0
SALMONELLOSIS**	5	11.7	4	9.3	1	2.3	5	11.7	3	7.0
SHIGELLOSIS**	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
STREP,GROUP A INVASIVE	2	4.7	1	2.3	1	2.3	3	7.0	2	4.7
STREP,GROUP B INVASIVE	1	2.3	1	2.3	2	4.7	4	9.3	2	4.7
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	1	2.3	0	0.0	0	0.0	0	0.0
STREP PNEUMONIAE,INVASIVE**	2	4.7	5	11.7	3	7.0	4	9.3	4	9.3
TUBERCULOSIS***	0	0.0	2	4.7	1	2.3	1	2.3	1	2.3
YERSINIOSIS**	0	0.0	0	0.0	1	2.3	1	2.3	1	2.3
SYPHILIS TOTAL.....	3	7.0	8	18.7	9	21.0	4	9.3	7	16.3
- P&S SYPHILIS	2	4.7	3	7.0	4	9.3	0	0.0	2	4.7
- EARLY LATENT	1	2.3	5	11.7	5	11.7	3	7.0	4	9.3
- LATE LATENT	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
GONORRHEA TOTAL.....	61	142.4	40	93.4	44	102.7	56	130.7	47	109.7
- GONORRHEA	61	142.4	39	91.1	44	102.7	55	128.4	46	107.4
- GONORRHEA,DISSEMINATED	0	0.0	1	2.3	0	0.0	1	2.3	1	2.3
CHLAMYDIA	132	308.2	147	343.2	216	504.3	202	471.6	188	438.9
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
OTHER VD	0	0.0	0	0.0	1	2.3	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
May 2021

Staff Activities

General overview of COVID/Program Work

- All CSCN nursing staff attend a weekly meeting for COVID updates. No need for case investigation help this month. CSCN staff helping some with vaccine clinics.
- Julie Hatfield, Stephanie Sampson-Magill, Keri May, Cindy LaLonde, and Michele Card participated in vaccination clinics.

Staff Training

- Stephanie Sampson-Magill participated in the webinar 'Illuminating the Care in Early Care & Education.'
- Julie Hatfield participated in the following webinars this month: 'Progressive Early Childhood Leadership', 'All About Words', 'Early Childhood and Digital Age', 'Finding and Celebrating Simple Moments in Early Childhood', 'Engaging Young Children with Autism' and 'Promoting Healthy Social Emotional Development'.
- Capri Prentice participated in the following webinars this month: 'Early Intervention Leadership', 'EOP COVID Mental Health/Behavior Health', 'EI Program Records', Cornell webinar on Adapting to Pandemic People with Disabilities' and 'CommCare'
- Margo Polikoff participated in 'Zero to Three-Strength Based Home Visiting Intervention', 'Compassion Resilience #8', Compassion Resilience #9, and Compassion Resilience Follow-up Meeting.

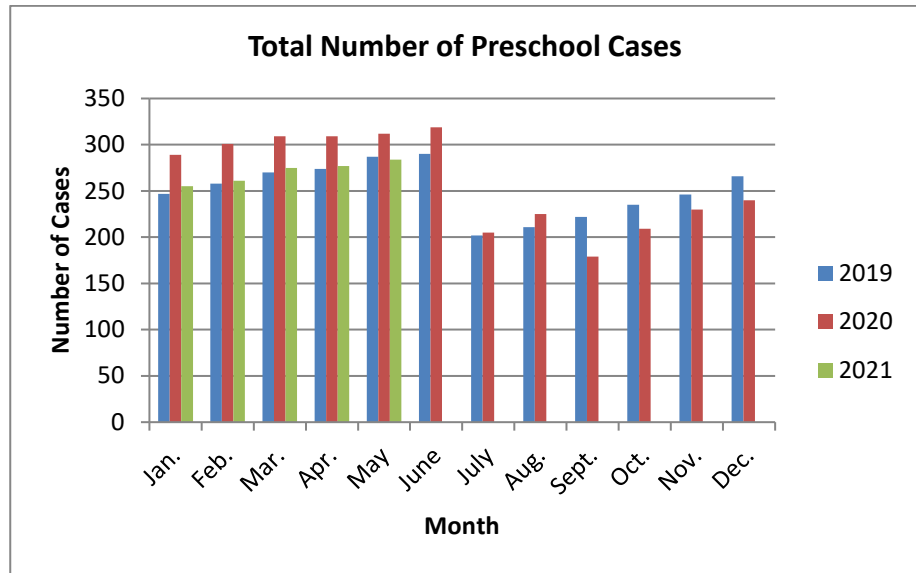
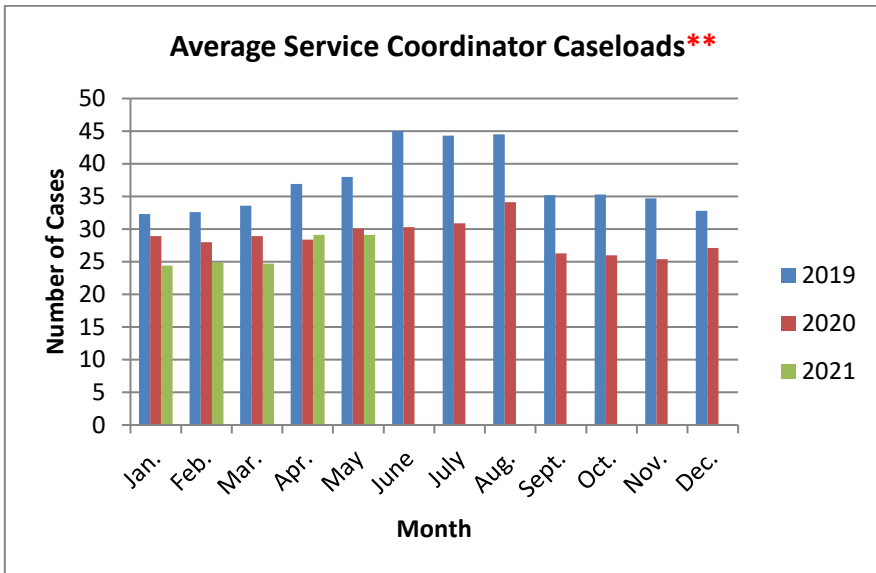
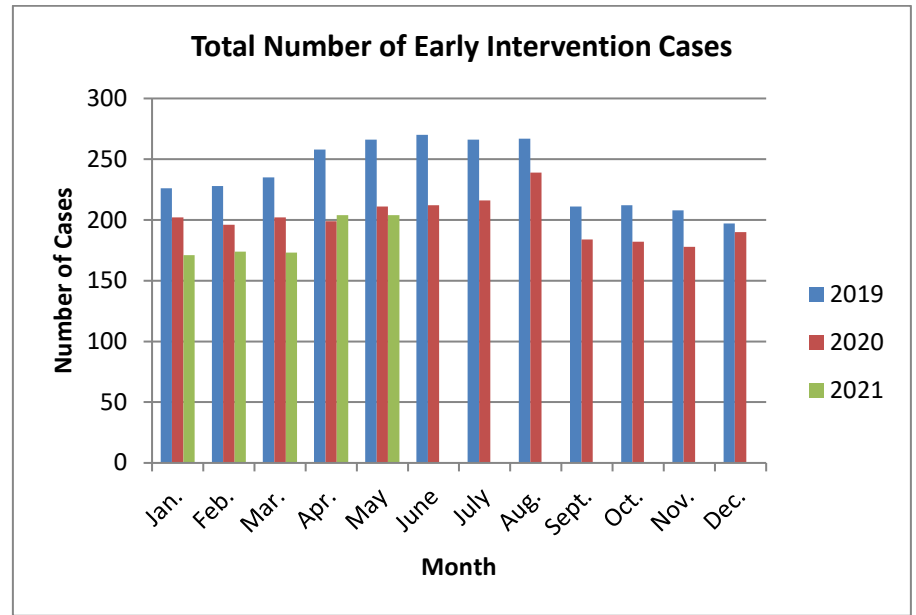
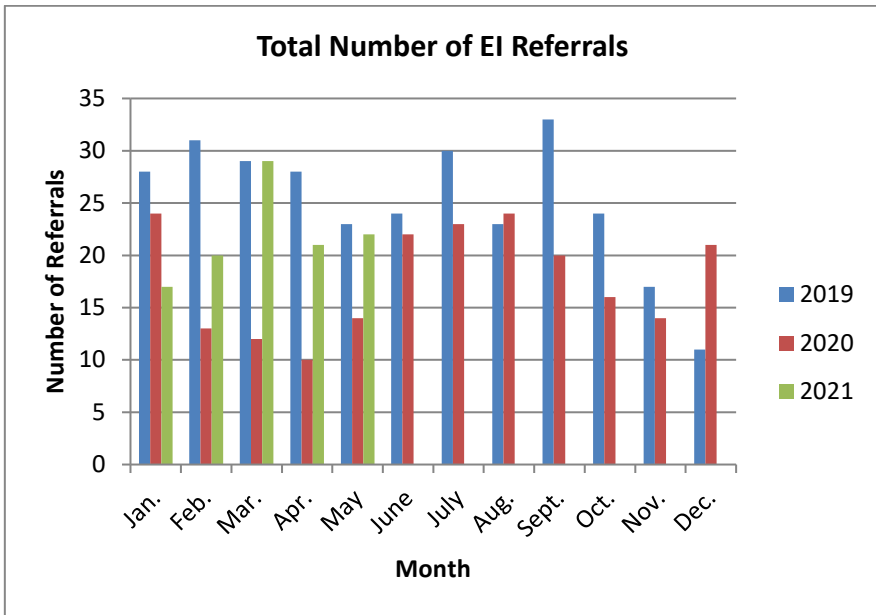
Committees/Meetings

- CSCN Staff attended the Staff meeting 5/18/21
- Michele Card and Barb Wright attended Monday Software Meetings with iCentral and ITS staff.
- Michele Card and Capri Prentice participated in the Listening Session on 5/14/21
- Margo Polikoff participated in COVID Lunch & Learn on 5/7/21
- Margo participated in CSEA Contract Negotiation Team Meeting on 5/10/21 and CSEA Contract Negotiation with County on 5/25/21
- Margo attended the CPSE Chairs Meeting on 5/21/21

Division Manager—Deb Thomas:

- Senior Leadership Meetings-Debrief meetings every Thursday to review current COVID 19 work and Program work.
- COVID work as needed; Manager on every 4th weekend
- Meeting with CHS Director and CHS managers for COVID planning once a week
- BOH meeting 5/25/21
- Compassion Resilience interactive conference 5/5/21
- Strategic Planning meeting 5/18/21
- Software meetings to develop reports and archiving 5/10/21, 5/24/21
- Interviews for the Administrative Coordinator position 5/26/21, 5/27/21, 5/28/21
- Performance review for Sr Account Clerk Typist 5/13/21
- Cradle to Career/Collective Impact group 5/14/21

Statistics Based on Calendar Year



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

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

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
-- To CPSE	0	1	0	1	1									64
-- Aged out	1	4	1	1	0									24
-- Declined	4	2	0	2	0									34
-- Skilled out	2	0	3	1	5									8
-- Moved	2	1	0	1	0									24
-- Not Eligible	5	5	10	6	8									69
-- Other	2	1	0	2	0									18
Total Number of Discharges	16	14	14	14	14	0	0	0	0	0	0	0	72	241
Child Find														
Total # of Referrals	0	0	1	0	2								3	6
Total # of Children in Child Find	1	1	1	1	2									
Total # Transferred to Early Intervention	0	0	0	0	0								0	1
Total # of Discharges	0	0	0	0	1								1	10

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

Ph: (607) 274-6688
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ENVIRONMENTAL HEALTH HIGHLIGHTS May 2021

Outreach and Division News:

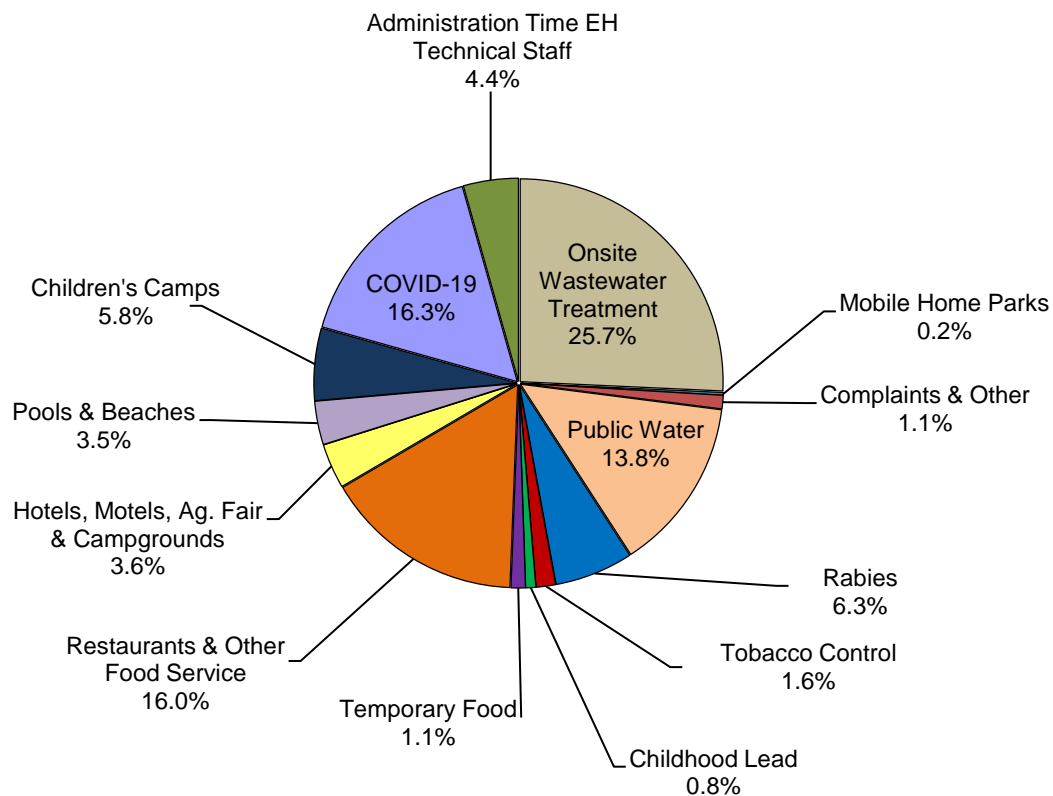
Hepatitis A at a Restaurant: Recently, the Division of Community Health Services (CHS) received notification of a foodworker who tested positive for Hepatitis A. CHS immediately notified the Division of Environmental Health. Staff from both Divisions worked with the State Department of Health to investigate the report. CHS conducted a thorough interview with the ill person and Environmental Health conducted interviews with all co-workers of the affected foodworker and visited the establishment. As a result of the investigation, co-workers were offered vaccinations for Hepatitis A and it was determined that there was no concern for public exposure.

EH COVID-19 Activities: Environmental Health COVID activities included responding to COVID complaints, conducting inspections at permitted facilities, and working with event organizers on graduations, the Finger Lakes GrassRoots Festival July 2021 concert series, and other public gatherings.

EH Core Programs: Environmental Health staff are increasingly focused on our core programs as we prepare for our busy summer season. Outdoor pools and beaches are opening, and children's camps are getting ready to operate. The Onsite Wastewater Treatment System (OWTS) program has been unusually busy this spring. Food service, include temporary food service, is picking up, as is activity in our rabies prevention program.

EH Programs Overview:

Staff Time in Environmental Health Programs - May 2021



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

ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)															
Permits Issued	11	4	15	35	30	0	0	0	0	0	0	0	0	95	227
New Construction/Conversions	6	4	4	18	13									45	152
Replacements	5	0	11	17	17									50	119
Completion Certificates Issued	8	4	6	17	17	0	0	0	0	0	0	0	0	52	205
New Construction/Conversions	4	3	3	9	7									26	90
Replacements	4	1	3	8	10									26	115
ENGINEERING PLAN REVIEWS															
Realty Subdivisions	0	0	0	0	0									0	3
OWTS	4	0	4	3	1									12	27
Collector Sewer	0	0	0	0	0									0	1
Public Water Systems	0	0	1	1	2									4	2
Water Main Extension	0	0	0	0	0									0	6
Cross-Connection Control Devices	0	2	0	0	1									3	15
Other Water System Modification	0	0	1	1	1									3	2
Other Engineering Reviews	0	0	0	0	0									0	2
RABIES CONTROL PROGRAM															
Potential Human Exposure Investigations	18	18	30	23	37									126	516
Human Post-X Treatments	4	4	4	1	9									22	128
Animal Specimens Tested	4	7	9	6	12									38	199
Animals Testing Positive	1	0	0	0	1									2	11
Rabies Clinics Offered	0	0	0	1	1									2	4
Dogs Vaccinated	0	0	0	123	103									226	486
Cats Vaccinated	0	0	0	82	65									147	295
Ferrets Vaccinated	0	0	0	0	0									0	4
Pet Quarantine	0	0	0	0	0									0	2
CHILDHOOD LEAD PROGRAM															
Children with Elevated Blood Lead Levels	1	0	0	1	0									2	18
Sites Inspected	1	0	0	1	0									2	19
Abatement Completed	0	0	0	0	0									0	0
Lead Assessments Sent	1	0	0	0	0									1	5
FOIL REQUESTS															
Total Received	10	6	1	2	1									20	46
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (61 Operations *) & CLEAN INDOOR AIR ACT (CIAA)															
ATUPA (Adult & Minor) Compliance Checks	5	1	1	3	14									24	78
Violations	1	1	0	0	0									2	2
CIAA Complaints	0	1	1	2	1									5	2
COMPLAINTS - General/Nuisance															
Complaint Investigations Opened	1	1	0	5	5									12	44
ENFORCEMENT ACTIONS															
Total Cases	0	0	1	1	1									3	14
Cases Related to FSE	0	0	1	0	0									1	5
BOH Penalties Assessed	\$0	\$0	\$500	\$550	\$500									\$1,550	\$11,300
BOH Penalties Collected	\$0	\$0	\$1,900	\$0	\$0									\$1,900	\$10,500
CUSTOMER SERVICE/SUPPORT															
Calls Received	1035	802	1148	1223	1052									5260	12513
Walk-In Customers	15	17	25	40	30									127	298
TCEH Emails Received	1334	685	512	545	380									3456	5694
Applications Processed	58	131	169	168	137									663	1363
Payment Receipts Processed	43	122	140	128	99									532	1160
Renewals/Billings Sent	112	152	23	132	40									459	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:

- No new plans approved in May.

New permits were issued for the following facilities:

- Plantation Bar & Grill
- Adelina's
- Boland Thomas Wine Tasting
- Station Creamery
- Stone Bend Farm

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
5/25/21	974 Ridge Road	Derrick and Lyn Vorhis	Violation of Article VI of the Tompkins County Sanitary Code	\$500	Penalty Waived if grading and seeding of replacement OWTS completed by 6/15/21.	TCHD Monitoring Compliance.

ENVIRONMENTAL HEALTH DIVISION
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Date: June 14, 2021
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health

Subject: Environmental Health Division Inspection Frequency Policy

The ability of Environmental Health Division staff to conduct inspections at permitted and regulated facilities and operations is contingent on competing priorities, budget constraints and other factors. Emerging environmental and/or public health issues may require the time and attention of Environmental Health staff. NYS continues to increase regulatory requirements without a corresponding increase in funding. The County may also have funding constraints. The Environmental Health Division needs the flexibility to conduct inspections at a frequency that considers these factors.

Under ideal conditions, Environmental Health staff conduct an inspection at least annually at each regulated facility. Due to limited resources and competing priorities, the Environmental Health Division requests that the Board of Health adopt the attached inspection frequency policy. This policy will align the Division's minimum inspection frequency with current NYSDOH requirements and guidance. Minimum inspections for key Environmental Health Programs are as noted below:

- **Public Water Systems:** varies from annually to once every five years depending on the type of water system, status of health-based violations, and other factors
- **Food Service Establishments:** every 2 years for low-risk facilities, annually for medium- and high-risk facilities
- **Campgrounds:** no mandated inspection frequency
- **Children's Camps:** self-inspections may be used for camps that previously operated safely
- **Swimming Pools and Beaches:** no mandated inspection frequency
- **Hotels and Temporary Residences:** no mandated inspection frequency; may use health and safety information from other agencies
- **Mobile Home Parks:** no mandated inspection frequency

Note that inspections are required for new facilities and in response to public health hazards.

F:\EH\ADMINISTRATION (ADM)\Procedures (ADM-1P)\BOH memo - EH inspection frequency policy.docx

Environmental Health Policy for Facility Inspection Frequency

1. Background Information

The ability of Environmental Health Division staff to conduct inspections at permitted and regulated facilities and operations is contingent on competing priorities, budget constraints and other factors. Emerging environmental and/or public health issues may require the time and attention of Environmental Health staff. NYS continues to increase regulatory requirements without a corresponding increase in funding. The County may also have funding constraints. The Environmental Health Division needs the flexibility to conduct inspections at a frequency that considers these factors.

2. Policy

It is the policy of the Environmental Health Division to conduct inspections at permitted and regulated facilities at a frequency in accordance with requirements established in the NYS Code of Rules and Regulations (NYCRR), the NYSDOH Environmental Health Manual and other NYS guidance. Inspections will be conducted more frequently if resources allow and other factors indicate a benefit to public health. This policy supersedes all previous policies.

3. New State or Other Guidance

- NYSDOH Environmental Health Manual

4. References

- NYS and local Environmental Health laws and regulations