

AGENDA
Tompkins County Board of Health
Rice Conference Room
55 Brown Road, Ithaca NY 14850

Tuesday, October 26, 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 September 28, 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 Action:

1. Resolution #EH-EN-21-0013- On the Street, Throughout Tompkins, Violation of Subpart 14-4 of the New York State Sanitary Code (Mobile Food) (5 mins.)

12:35 Administration (10 mins.)

Administrative Actions:

1. Brewer Request for Waiver of Article VI, Section 6.04(d) of Tompkins County Sanitary Code for Sewage System Located at 77 Shelter Valley Road, T-Newfield (5 mins.)
2. Applegate Park (T-Enfield) Request for Waiver of the 2021 Annual Water System Operating Fee and the Operating Permit Fee for Renewal of the Mobile Home Park Permit Expiring October 31, 2021 (5 mins.)

12:45 Adjournment

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MINUTES
Tompkins County Board of Health
September 28, 2021
12:00 Noon
Virtual Meeting via Zoom and In-Person for Members

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

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

Excused: Ravinder Kingra

Guests: No one was present.

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

Privilege of the Floor: No one was present.

Approval of July 27, 2021 and August 24, 2021 Minutes: Ms. Black moved to approve the minutes of the July 27, 2021, seconded by Ms. Touchton. All others in attendance voted to approve. Dr. Dhundale moved to approve the minutes of the August 24, 2021, seconded by Ms. Black. All others in attendance voted to approve the August 24, 2021 meeting minutes.

Financial Summary: Ms. Grinnell Crosby referred to the September 2021 financial summary included in the packet. She added that they are working on several state grants which include preparing the New York State Public Health Corp (NYSPHC) Fellowship Program grant for submission; revising the \$2.6 million school grant for Health Research Incorporated (HRI); and the RFP went out for the Community Development Block Grant (CDBG) grant of \$855,000. She confirmed that the COVID testing related expenses are coming out of 4010 Public Health Administration. The county received some reimbursement from FEMA money and it's not clear when the revenue adjustment will be made to the books.

Administration Report: Mr. Kruppa reported that budget presentations will be presented to the legislature on Thursday and available to view on the county's YouTube channel.

COVID: Mr. Kruppa reported that with the school districts great preparation work, pre-K through 12 grades are not seeing large numbers of cases at this point; in-school transmission has not been confirmed at this point; schools districts limit the number of kids quarantined and the time away from in-person learning.

GUIDANCE: Mr. Kruppa reported that the booster vaccine has been approved for those 65 and over, individuals living in long-term care, 50 to 65 year-olds with underlying health conditions; and 18 to 64 year-olds with jobs that could potentially put them at high risk for exposure. He said more information can be found on the Department of Health's website. The vaccine is readily available, and people are being

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directed to pharmacies and their healthcare providers. TCHD is working towards vaccinating at a smaller capacity than previously at the mall by the end of next week but that will also depend on available staff.

Questions: Mr. Kruppa confirmed that Tompkins County is following NYS and Federal guidance for pre-K through 12. He said that students in classroom settings are not considered an exposure unless they were within three feet for more than fifteen minutes and with students being masked, classroom exposure is very limited. He also confirmed that the booster is only for those who received the two doses of the Pfizer vaccine. Studies are ongoing with Moderna and Johnson & Johnson.

Health Promotion Program Report: Ms. Hillson referred to her report and added an update on the strategic planning efforts and implementation. The two cross functional teams consisting of staff from both mental and public health departments reassessed their timelines and workload in the context of COVID. The services team is on hold until October but started working on updates of the internal staff directory. The integration team is continuing with the support from the Batiste consultants and are in the research phase as they investigate the rebranding process to communicate the new identity of the department. Productive conversations were had with Livingston and Dutchess Counties who also went through the merge process. Ms. Hillson shared that Tompkins County has adopted a new platform for residents to obtain online newsletters, press releases, updates from various departments and sign up for email information called gov delivery which can be found on the county website.

Medical Director's Report and Discussion:

- The national COVID case numbers are decreasing as well as NYS's numbers.
- Continuing our efforts to vaccinate the unvaccinated is of prime importance.
- Public health's primary mission is focusing on the unvaccinated people.
- He has been encouraging vaccinations be done at primary care physician but also by other specialists.
- There are significant discussions on approving boosters. Third doses for immunocompromised individuals have been rolled out.
- The upsurge in cases has present significant challenges to TCHD and healthcare in general regarding timely case investigations/ contact tracing and communication to cases and contacts the impacts have affected many hospitals with some having to go on diversion (directing ambulances away from their ERs) and staffing shortages affecting services provided.
- Recommended to the board the Ithaca Journal's series on vaccination hesitancy.

Mr. Kruppa stated that the further out in the county the lower the vaccination rates are but opportunities for vaccinating have been available for several months and TCHD continues trying to reach those individuals.

Division for Community Health (DCH) Report: Ms. Espey referred to her report included in the packet and nothing to add. She gave a brief overview of her report. In August, DCH focused on COVID response with 750 cases and almost 2,000 contacts generated from them and; responded to a record number of phone calls. The priority was to reach new cases to investigate and complete contact tracing as soon as possible. She said additional staff and the NYS DOH virtual call center helped with case investigations and contact tracing to meet the demands as needed. They are adapting their approach to contact tracing with higher education to minimize unnecessary quarantine. Ms. Espey thanked the county departments and other divisions for their help.

Children with Special Care Needs (CSCN) Report: Ms. Thomas had nothing additional to add to her report.

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County Attorney's Report: Mr. Wood provided clarification on open meetings. He said the BOH is subject to the open meetings law and the governor recently signed a law which allows but does not *require* counties to meet by Zoom until January 15th, 2022. Unless the law changes the BOH will meet in-person after January 15th, 2022.

Environmental Health Report: Ms. Cameron reported confirmation of the hiring of a Public Health Technician. Dillon Shults who will start on October 18th holds a bachelor's degree in Environmental Science and a master's in Water Resources. He has worked in Idaho, Maine and Alaska.

Community Mental Health Services Board (CSB) Report: Ms. Ayers-Friedlander reported that the CSB recognized the board members; conducted an annual incident review; discussed the bylaw changes while recognizing compatibility with the BOH's bylaws; and discussed the possibility of an on-site specialty pharmacy in the mental health clinic. She said next month's CSB meeting will include a representative from the Mental Health Hygiene Conference to speak on the role of board members, the history, purpose and the importance of being on the board they serve.

Mr. Kruppa confirmed that attendance of a BOH member to the CSB meetings is beneficial and welcomed. He suggested that the BOH consider creating a small workgroup to review the BOH bylaws and look for possible adjustments, in both merger and non-merger related updating.

Resolution #EH-ENF-21-0004 – Clubhouse Grille, V-Trumansburg, Violation of Subpart 14-1 of the New York State Sanitary Code: Dr. Dhundale moved to accept the resolution as written; seconded by Ms. Merkel.

Ms. Cameron said the resolution was originally scheduled on the BOH's August agenda. Ms. Cameron explained that Clubhouse Grill was operating without a food service permit. A renewal permit application is required to be submitted 30 days prior to expiration. An incomplete application was submitted one day before operation on July 1st when the permit expired and the resataurant subsequently operated without a permit. EH proposes to change the penalty due date to November 15, 2021.

The vote to approve as written with the change of the penalty due date to November 15th was carried unanimously.

Resolution #EH-ENF-21-0005 – Ra-Nic – Adventure Camp, T-Ithaca, Violation of Subpart 7-2 of the New York State Sanitary Code: Dr. Koppel moved to accept the resolution as written; seconded by Dr. Evelyn.

Ms. Cameron explained that the resolution was originally scheduled on the BOH's August agenda. EH would like to extend the penalty due date to November 15th. The children's camp operated without a permit. The camp failed to communicate with EH and necessary documentation for camp operation was not received. She said a permit had not been issued when the camp was observed in operation on July 12th.

The vote to approve as written with the change of the penalty due date to November 15th was carried unanimously.

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

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Ms. Cameron explained that the restaurant had a cooling equipment issue. The restaurant initially attempted to fix the equipment after the first inspection but was unsuccessful. The second inspection resulted in them ordering a new piece of equipment. EH is agreeable to a fine reduction of the standard \$400 fine due to their investments and efforts in this case. She states the restaurant does not have any prior BOH actions within the last three years and is typically in good operation.

Discussion: Dr. Evelyn proposes a fine reduction from \$400 to \$200.

The vote to approve as written with amended fine of \$200 was carried unanimously.

Resolution #EH-ENF-21-0007 – Warren Wood Apartment, V-Lansing, Violations of Subpart 6-1 of New York State Sanitary Code: Ms. Black moved to accept the resolution as written; seconded by Dr. Evelyn.

Ms. Cameron explained that this is an apartment pool that had inadequate bromine disinfection levels during two inspections. EH is proposing a fine of \$400.

The vote in favor of the resolution as written was carried unanimously.

Resolution #EH-ENF-21-0008 – Ra-Nic, T-Ithaca, Violations of Subpart 6-1 of New York State Sanitary Code: Dr. Dhundale moved to accept the resolution as written; seconded by Dr. Evelyn.

Ms. Cameron explained that this is a pool that had inadequate chlorine and bromine disinfection levels during two inspections. EH is proposing a fine of \$400.

The vote in favor of the resolution as written was carried unanimously.

Resolution #EH-ENF-21-0009 – Best Western University Inn, T-Ithaca, Violations of Subpart 6-1 of New York State Sanitary Code: Dr. Koppel moved to accept the resolution as written; seconded by Dr. Evelyn.

Ms. Cameron explained that this is a pool that had inadequate chlorine disinfection levels during two inspections. EH is proposing a fine of \$400. Best Western University Inn submitted a letter requesting a \$200 fine reduction.

There was no discussion for a \$200 fine reduction.

The vote in favor of the resolution as written was carried unanimously.

Resolution #EH-ENF-21-0010 – Brew 22 Coffee and Espresso, T-Dryden, Violations of BOH Orders #EH-ENF-20-0009 and Subpart 5-1 of New York State Sanitary Code: Dr. Dhundale moved to accept the resolution as written; seconded by Dr. Evelyn.

Ms. Cameron explained that Brew 22 Coffee and Espresso is a food service whose water is regulated as a public water supply. They are in violation of BOH orders for failing to submit third and fourth quarter bacteriological samples in 2020 after being issued their resolution in May of 2020. They failed to submit the second quarter samples in 2022 at the time that this order was written. They had also failed to pay their operating and late fees but have since paid them since the draft orders went out. EH is proposing a fine of \$600.

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Discussion: Ms. Cameron explained that sample schedules are sent out yearly and late notices are sent when sample results and reports are not received. If there is no response, a notice of violation is issued which then proceeds to enforcement if the information is not submitted.

The vote in favor of the resolution as written was carried unanimously.

Resolution #EH-ENF-21-0011 – Finger Lakes GrassRoots, T-Ulysses, Violations of BOH Orders #EH-ENF-19-0025 and Subpart 7-3 of New York State Sanitary Code: Ms. Merkel moved to accept the resolution as written; seconded by Dr. Evelyn.

Ms. Cameron explained that the GrassRoots Festival is usually regulated as a mass gathering and has a history of violations during their mass gatherings. The BOH issued orders in 2019 about the mass gatherings which contained provisions about complying with campground regulations. There was no festival in 2020 due to COVID. In 2021 GrassRoots had a series of concerts during their July festival month. They initially denied needing a camping permit for onsite as they were limiting the campers on the festival grounds to four campsites so as not to be regulated as a campground. Campgrounds are required to submit permit application 30 days in advance of operation. GrassRoots submitted a campground permit on July 6th for onsite to start operation on July 9th. Ms. Cameron said they were unable to meet all the requirements until July 23rd.

Ms. Cameron listed several violations under the regulations including: not submitting a campground permit application 30 days in advance of operation; not submitting the plans for their temporary water systems 30 days in advance; installing a water system without approval; incorrectly marking campsites and people camping in unapproved locations; not maintaining the required 10-foot separation between camping structures; failing to make a water spigot unavailable that had not passed the bacteriological testing; and incorrectly storing temporary water pipes.

The draft orders are proposed were for violating the campground code and include the 2019 requirements with some minor modifications. EH proposes a penalty fine of \$1500. Ms. Elaine Springer was unable to attend today's meeting.

Discussion: Ms. Cameron confirmed that GrassRoots is up to date on previous fines. Dr. Evelyn expressed concern that these similar violations occur each year despite the resolution. Ms. Cameron stated that the draft resolutions notifies GrassRoots that each campsite violation can be fined up to \$500 and proposed an inspection schedule that will help them be successful.

The vote in favor of the resolution as written was carried unanimously.

Resolution #EH-ENF-21-0012 – John Joseph Inn, T-Lansing, Violations of BOH Orders #EH-ENF-20-0011 and Subpart 5-1 of New York State Sanitary Code: Dr. Koppel moved to accept the resolution as written; seconded by Dr. Evelyn.

Ms. Cameron explained that John Joseph Inn is a temporary residence/- hotel with a food service and a water supply. They were previously issued orders in 2020 for failure to submit samples and monitoring reports. They have failed to submit first and second quarter bacteriological samples for 2021 and are not submitting timely monthly operating reports. EH is proposing a fine of \$600.

The vote in favor of the resolution as written was carried unanimously.

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Resolution #EH-ENF-21-0014 – Country Inn and Suites, T-Ithaca, Violations of BOH Orders #EH-ENF-20-0013 and Subpart 6-1 of New York State Sanitary Code: Dr. Evelyn moved to accept the resolution as written; seconded by Dr. Koppel.

Ms. Cameron explained that this is a hotel with an indoor pool that was issued a violation for operating without having the required pre-operational inspection. The pool was observed to be in operation during the hotel inspection on September 7, 2021. On September 8, 2021, the pool was again in operation and was found to have inadequate bromine disinfection levels. EH is proposing a penalty of \$1,000 and adding a requirement that they submit monthly operating reports for the pools.

Discussion: Ms. Merkel asked for an explanation of the penalty. Ms. Cameron explained that the assessed penalties are \$400 for the lack of bromine or the inadequate bromine, \$400 for the violation of the health order and \$200 for violating and operating without the pre-operational inspection.

The vote in favor of the resolution as written was carried unanimously.

Establish a Nominating Committee: Mr. Kruppa stated that Ms. Merkel and Dr. Koppel's terms will both expire the end of this year and a nominating committee of three needs to be formed to make recommendations to the legislature. Dr. Moylan, Dr. Dhundale and Dr. Evelyn volunteered for the nominating committee.

The next meeting is Tuesday, October 26th, 2021 @ Noon.

Adjournment: Ms. Merkel moved to adjourn the meeting, seconded by Dr. Koppel; meeting adjourned at 1: 22 p.m.

Board of Health
October 26, 2021
Financial Report

September 2021 / Month 9

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 adjustment is expected. Community Health is running above budget due to continued pandemic expenses, cell phones, computers, service contracts (answering service, 211 and a mail distribution program) and staff. 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. COVID grants are being evaluated to maximize reimbursements. The Medical Examiner Program will exceed their budget this year due to increased cases. The Finance Director has been notified; projected shortfall is approximately \$40,000. The department will propose a transfer from other mandates later in the year.

Third quarter claims will begin once financial records are reconciled with the county. We have not received notice on the HNP grant for 2021 (April 1, 2021 – March 30, 2022). Most expenses are on hold for this grant. Fees and other revenues continue to run lower than budgeted as staff have not been able to stand up all programs.

HEALTH PROMOTION PROGRAM – September 2021

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

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

Highlights

- Health Promotion staff continue to support the COVID-19 response with communications and public information. Diana Crouch continues to assist with vaccination clinics and delivery of saliva test kits, while transitioning back to more full-time Healthy Neighborhoods visits.
- Strategic Plan implementation cross-functional teams for Integration.

Community Outreach

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

Groups, Programs, Organizations	Activity/Purpose	Date
Childhood Nutrition Collaborative	Collective Impact, Healthiest Cities and Counties Challenge, Steering Committee and Monthly meeting	monthly
CHIP Steering Committee	Support CHIP working groups to guide process and progress through the plan	monthly
Long Term Care Committee	Planning and sharing resources for long-term care in the community.	quarterly
Health Planning Council	Advisory Board and Executive Committee	Bi-monthly
COFA Advisory Board	Updates and Age Friendly	quarterly
Suicide Prevention Coalition	Revival of this coalition, new leadership, strategic planning process	monthly
Immunization Coalition	Quarterly meeting, updates about COVID-19 vaccine and discussion/feedback, back to school immunizations	quarterly
Mental Health website review cmte	Bi-weekly meeting, based at Mental Health	Bi-weekly
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	quarterly

COVID-19

- Outreach and promotion of booster vaccination clinics held at the Mall Site.
- In partnership with 211, HPP staff are delivering saliva test kits to individuals who are unable to get to a vaccination site.
- Ongoing website updates related
- Weekly Communications Team meetings.

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

- The CHIP Steering Committee meets monthly (first Thursday):
 - The intended purpose of the Steering Committee is to support the workgroups both individually and collectively through consultation, feedback, and community networking.
 - Developing a reporting and monitoring tool, with assistance from the Cornell MPH program.
 - Working on 2021 Update of the CHIP, to be submitted by 12/31/2021.
- Cancer screening intervention monthly meeting.
- Social Determinants of Health (SdoH) intervention monthly meeting.
- School-based health
- Maternal and Child Health

Healthy Neighborhoods Program

- The HNP program continues to receive calls requesting information about indoor air quality, radon, mold and mildew, bed bug infestations, etc.
- Staff continue to support County COVID-19 vaccination clinics and saliva kit delivery.
- Collaboration with Environmental Health Lead Program to provide safety equipment to a Spanish-speaking family with an elevated lead exposure.

September 2021

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2021	Sept. 2020	TOTAL 2020*
# of Initial Home Visits (including asthma visits)	6	76	18	225
# of Revisits	0	0	5	76
# of Asthma Homes (initial)	1	15	6	61
# of Homes Approached	0	446	51	436

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

Health Promotion activities

- Assisting with Maternal Child Health redesign project.
 - Assisted with writing, compilation, and submission of the NYS DOH RFA for Perinatal and Infant Community Health Collaboratives. This grant will be awarded in July 2022. We had wonderful collaboration from Tompkins CCE, Cayuga Health System, and Human Services Coalition.

- Participating in social media workgroup.
- Support School-based COVID-19 testing program: regular meeting with school-based health center working group.
- HPP strategic planning: outlining the main goals of the program, compiling a list of all board and committee meetings we attend, delegating workflow.
- On-boarding Shannon Alvord, who is joining us from Tompkins Workforce Development Board and has been an integral part of the COVID-19 Communications Team.

Tobacco Free Tompkins

- Graphic design work to support all 3 counties in the catchment area.
- Tobacco Free Zone for Cortland-Tompkins-Chenango grant staff call.
- Advancing Tobacco Free Communities (ATFC) statewide grant contractors monthly call.
- Tompkins coordinator continued their assignment with the COVID communications team.

Media, Website, Social Media

- [COVID-19 website](#) pages updated regularly
 - Added new [Support for Workplaces](#) page
 - Added new [COVID-19 Prevention](#) page
 - Added [Community Transmission indicator](#) to Data page
- COVID-19 Press Releases in September
 - [COVID19 2021-09-28 Health Alert: Booster Doses of Pfizer COVID-19 Vaccine Guidance](#)
 - [COVID19 2021-09-24 Health Department is Hiring: Join the COVID-19 Response Team](#)
 - [COVID19 2021-09-17 Update: Health Department Publishes preK-12 COVID-19 Exposure & Contact Tracing Guidance](#)
 - [COVID19 2021-09-15 Health Dept Reports Two COVID-19 Deaths of Fully Vaccinated Tompkins Residents](#)
 - [COVID19 2021-09-13 Health Department Reports COVID-19 Death of a Fully Vaccinated Tompkins County Resident](#)
 - [COVID19 2021-09-01 Guidance for Fully Vaccinated Individuals Exposed to a Positive Case](#)
- Other Health Department press releases
 - [Health Department Seeking a Dog 2021-09-23](#)
 - [Health Department Seeks Information About a Dog 2021-09-23](#)
 - [Rabies Vaccination Clinics Set for Sept 18 and Oct 2 2021-09-13](#)
 - [Flu Vaccine Vital as COVID-19 Pandemic Continues 2021-09-09](#)
 - [Back to School Immunizations 2021-09-07](#)
 - [HABs Alert: Harmful Algal Blooms in Tompkins County 2021-09-02](#)
 - [Biting Dog Located; TCHD Thanks Media and Public 2021-09-01](#)
- Ongoing work with Mental Health to update/ upgrade the [TCMH website](#).

- Ongoing work to transition TCHD site to new county format (Drupal 8).

PH-MH Strategic Planning with Batiste Leadership

- Cross-Functional Integration Team continues to meet: research phase, including conversations with Livingston and Dutchess Counties who also integrated mental and public health, learning about re-branding processes and initial investigation of local design agencies.
- Services Team will re-evaluate workload at the end of October

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

- ELPH Network – Current Topic Sessions bi-monthly: meet virtually with other ELPH participants, discussion and sharing ideas

Training/Professional Development

- JEDI: General Meeting, ongoing work on the JEDI Recruitment Project

Medical Director's Report
Board of Health
October 2021

We are entering a phase in which it is to be expected that increasing numbers of treatments for Covid will be available. This holds out the possibility of making further progress on reducing the severity of the disease for both the vaccinated and the unvaccinated and dropping the rate at which death occurs.

However, there is the adage “an ounce of prevention is worth a pound of cure.” It remains true for this pandemic. Vaccination is our main prevention measure along with masking and distancing, etc.; drugs such as Merck’s molnupiravir are the pound of cure. The public should not confuse the two nor use the availability of an antiviral drug or other treatment as a reason to not vaccinate. Antiviral medication will not end the pandemic – only vaccine and using masking and distancing, etc. as appropriate can do this for us. Vaccination markedly reduces the risk of infection and contagiousness. Antivirals do not stop communicability, transmission, or the need to be isolated or quarantined.

At the time of this writing the FDA’s expert advisory panel has advised that boosters for Moderna and Johnson and Johnson be approved by the FDA. The groups they recommend as eligible are the same as for the Pfizer booster. An official ruling of the FDA is expected shortly. The advisory committee of the CDC (the ACIP) will take up the same topics very shortly and following that the CDC will issue a decision.

Vaccine for ages 5-11

“The companies say they are submitting data supporting the change to the Food and Drug Administration. The agency has promised to move quickly on the request and has tentatively scheduled a meeting on Oct. 26 to consider it. An F.D.A. ruling is expected as early as Halloween.

“A meeting of expert advisers to the Centers for Disease Control and Prevention has been scheduled for Nov. 2 and 3, according to people familiar with the planning. The C.D.C.’s recommendations are typically the federal government’s last word on vaccine policy...

“Clearance depends not only on the strength of the clinical trial data, but also on whether the companies can prove to regulators that they are able to properly manufacture a new pediatric formulation.”

<https://www.nytimes.com/2021/10/07/us/politics/pfizer-fda-authorization-children-5-11.html?referringSource=articleShare>

A debate is occurring globally about whether males under 18 should receive one dose or two

<https://www.nytimes.com/2021/10/06/health/covid-vaccine-children-dose.html?referringSource=articleShare&referringSource=articleShare>

Regarding the Merck pill:

” The Food and Drug Administration said Thursday it will ask its outside experts to meet in late November to scrutinize Merck’s pill to treat COVID-19.

“The Nov. 30 meeting means U.S. regulators almost certainly won’t issue a decision on the drug until December, signaling that the agency will conduct a detailed review of the experimental treatment’s safety and effectiveness. The panelists are likely to vote on whether Merck’s drug should be approved, though the FDA is not required to follow their advice.”

<https://apnews.com/article/coronavirus-pandemic-science-business-health-84669cc583b6b64e5cfb639a6e0f3886>

It is expected that several other proposed medications will be ready for review by the FDA as the fall progresses into winter. No other vaccines seem ready for consideration.

Delta trending down

Thankfully cases are decreased and since delta is causing 99% of cases, we can conclude that delta is waning. What will follow now depends heavily on increasing our vaccination level and not being lulled into complacency regarding appropriately using preventive measures such as masking. Some say that they thought the pandemic was over last June/July with the decrease in cases but experts in communicable disease were not lulled into that.

What will follow is uncertain. A UCSF grand rounds featuring Yale virologist and evolutionary biologist, Paul Turner, led to no firm conclusion about this. Some hope was held out that experience has often shown that as a disease progresses the trend is toward less virulent viri. Delta is a more virulent and contagious variant and this jarring occurrence is explained as a phenomenon sometimes observed and not unheard which occurs relatively early in disease as an aberration in the overall trend toward lesser virulence. However, this model is affected by how we as a nation address preventive measures and vaccination in particular. Failure to do so appropriately can affect this arc of virulence adversely.

A second speaker Michael Mina of the Harvard Chan School of Public Health depicted antigen testing versus PCR testing as being the difference between a public health tool and a clinical diagnostic tool. He argues that although antigen testing is less sensitive and specific than PCR that it has a prominent place in public health. Antigen testing, he states, can rapidly identify contagious people with a high degree of reliability. Since its results are available in minutes, contagious people can be quickly isolated and contact tracing begun rapidly. This is particularly important in places with limited PCR availability and where PCR results take prolonged periods of time to result. He would say that the two are competitive if PCR

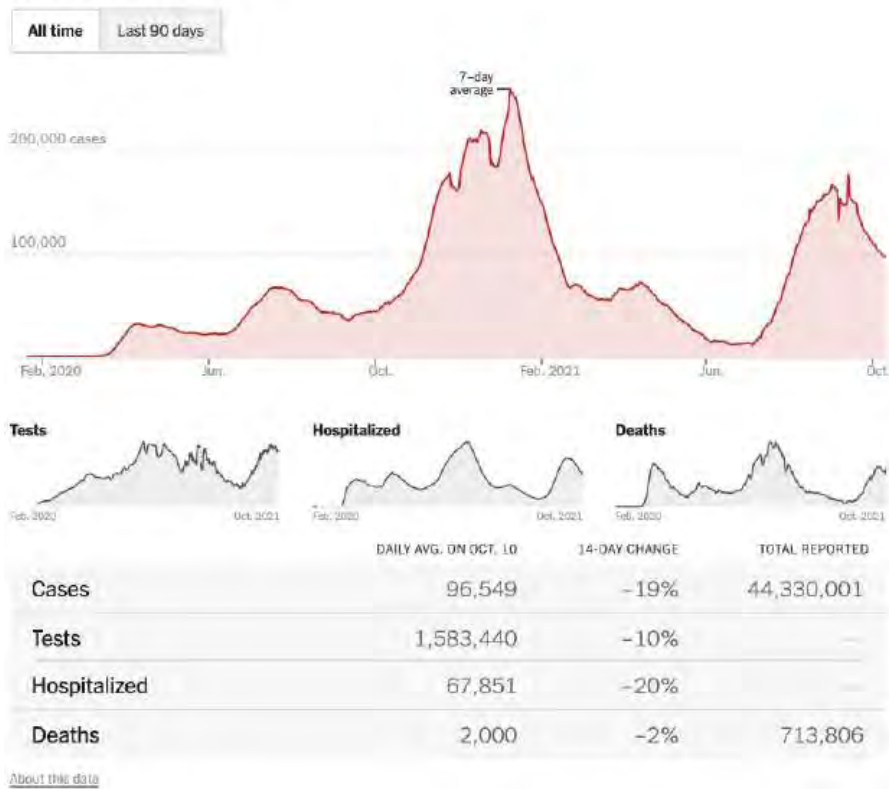
can be reported out within 12 hours. But, as one goes beyond that, antigen testing becomes more valuable for public health. Many areas of our country do not have robust PCR testing. He argues for inexpensive to free antigen testing generously available in the home, and at work. Here in Tompkins County we are atypical in that we have liberal PCR testing availability and reporting of results between 10 and 24 hours. Still PCR testing is not as freely available here as antigen testing would be as envisioned by Dr Mina.

If interested view these presentations at <https://m.youtube.com/watch?v=oWDGNrOqQfQ>

Nationally, the decrease in cases, hospitalizations, and deaths continues its downward course.

NY Times

New reported cases



[About this data](#)

Globally we are seeing a similar trend

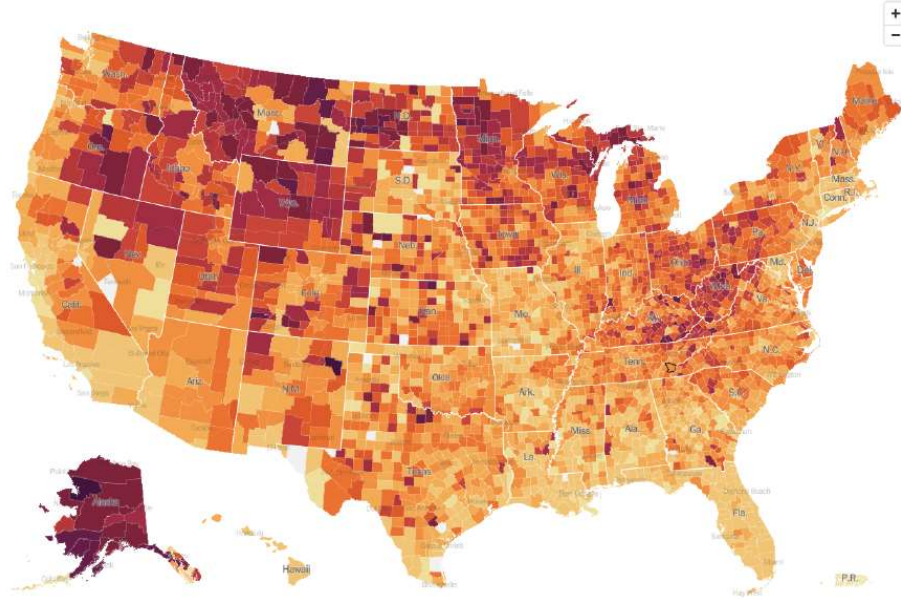
Updated Oct. 11, 2021

New reported cases



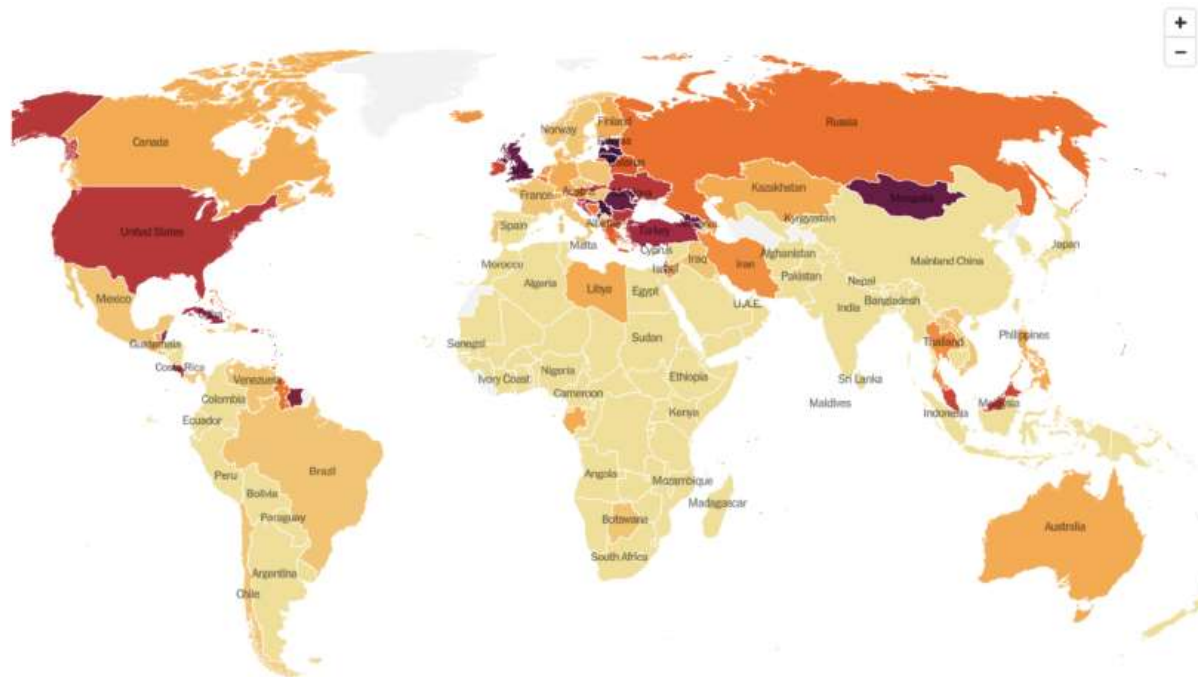
Hot spots

AVERAGE DAILY CASES PER 100,000 PEOPLE IN PAST WEEK
10 20 30 40 50 60 70 80 90 100 110 120 130 140 150 160 170 180 190 200 210 220 230 240 250
FEW OR NO CASES



Hot spots

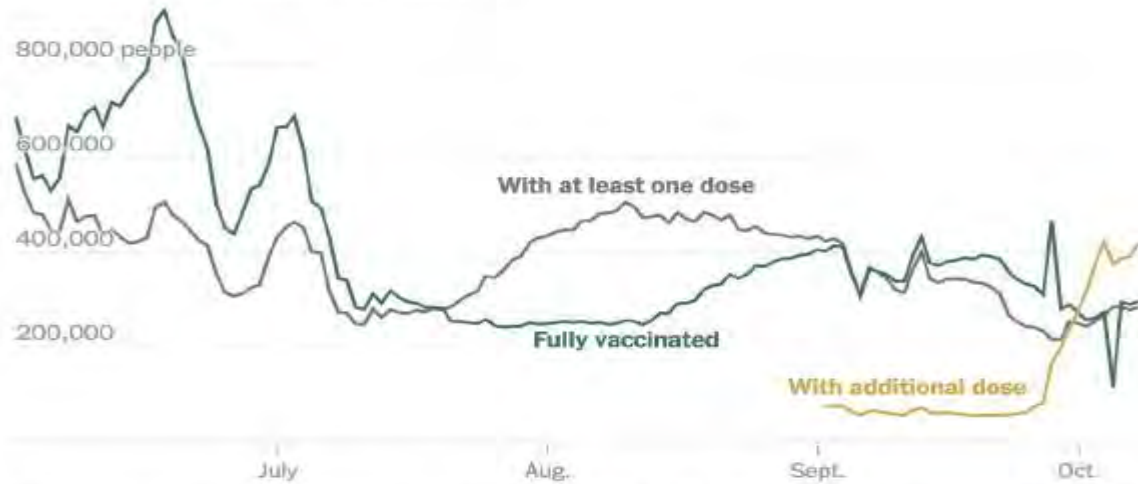
AVERAGE DAILY CASES PER 100,000 PEOPLE IN PAST WEEK
4 12 20 28 40 68
FEW OR NO CASES



The addition of Pfizer booster doses and 3rd doses for the immune compromised has resulted in a jump upward in vaccinations nationally with boosters exceeding 1st and 2nd doses given

New reported people vaccinated

Each line shows the seven-day average.



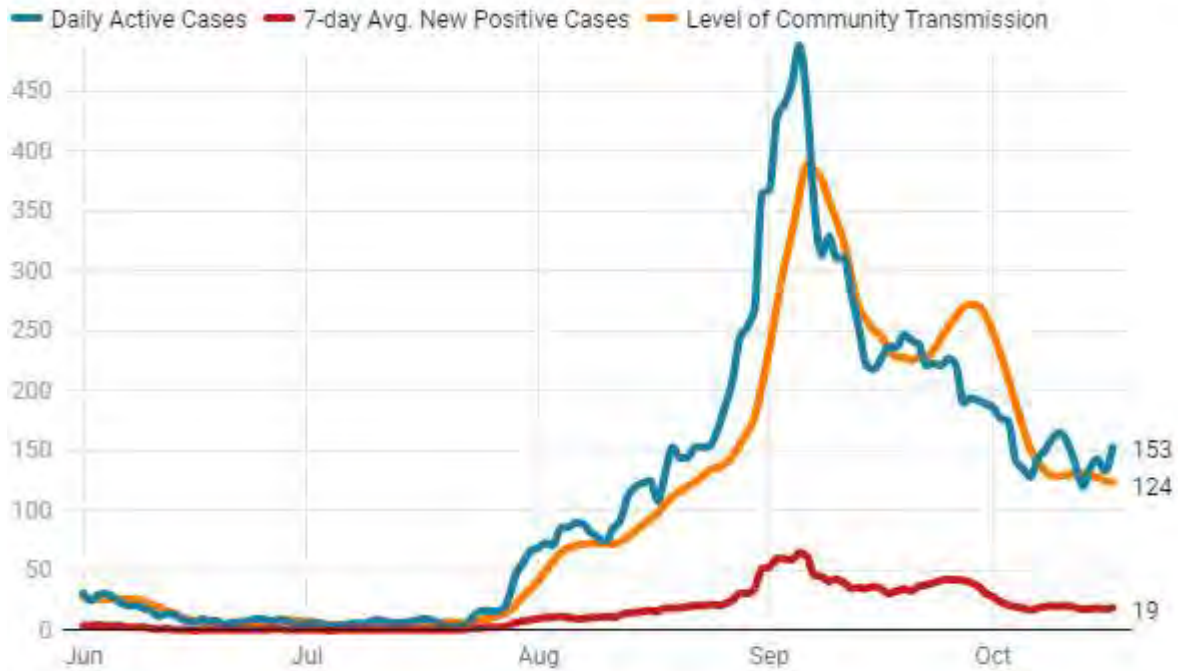
Source: Centers for Disease Control and Prevention | Note: On Sept. 28, the C.D.C. began to include Texas in the national counts of people receiving an additional dose, resulting in a sharp increase.

Our local data

We too are seeing a decline in cases though our “level of community transmission” remains high [see definition below graph]

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

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



DAILY ACTIVE CASES: the total number of positive cases minus the total released cases and deaths. LEVEL OF COMMUNITY TRANSMISSION: defined by the CDC as the "total number of new cases per 100,000 persons within the last 7 days." Low=<10, Moderate=10-49, Substantial=50-99, High=100+. County pop. 105,740 (2020 Census).

Chart: Tompkins County Health Department, Ithaca, N.Y. • Source: TCHD • Get the data • Created with [Datavrapper](#)

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

[Click here to open](#) the above graph. Daily updates may lag.

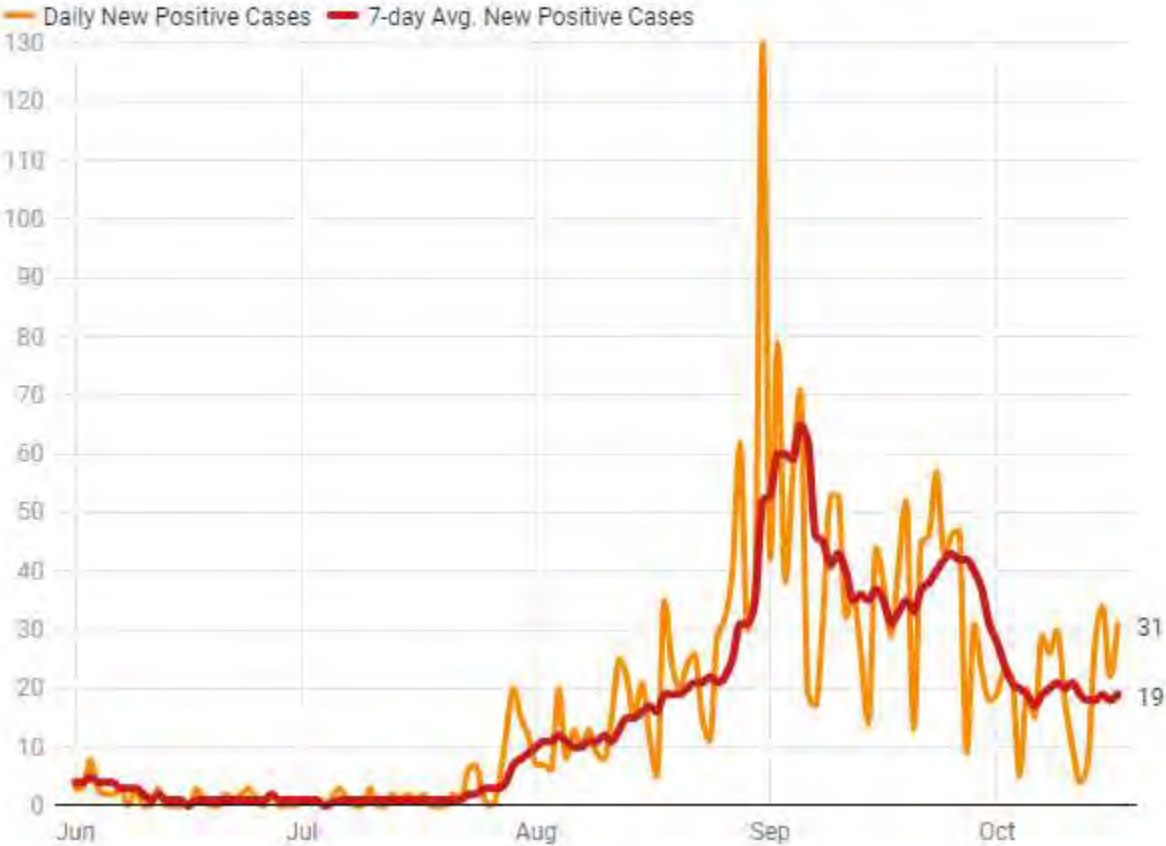
For the period of **July 1, 2020 to Aug 2, 2021**, [click here](#).

Level of Community Transmission:

Also referred to as “transmission rate” or “rate of community spread.” This indicator is defined by the CDC as the “total number of new cases per 100,000 persons within the last 7 days,” and is used to guide jurisdictions in measures needed to address the level of transmission. Low=<10, Moderate=10-49, Substantial=50-99, High=100+.

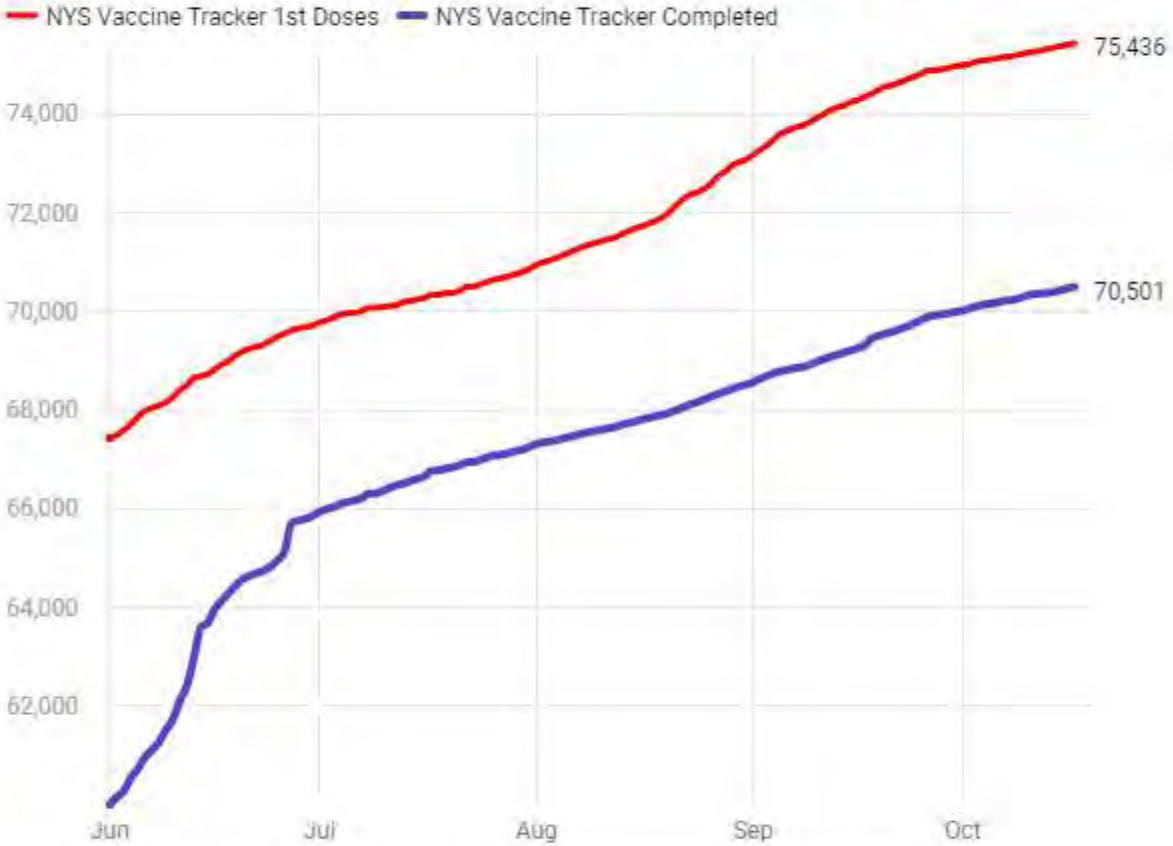
Daily New Cases + 7-Day Avg. New Cases (from June 1, 2021)

Data from June 1, 2021 to the present. COVID-19, Tompkins County, N.Y.



Total COVID-19 Vaccinations Since June 1, 2021, Tompkins County

Running total of vaccinations for Tompkins County as compiled in the NYS Vaccine Tracker.



Completed represents the total of all 2nd doses plus all J&J single dose vaccines administered.

Chart: TCHD • Source: [NYSDOH COVID-19 Vaccine Tracker](#) • [Get the data](#) • Created with [Datavrapper](#)

Total COVID-19 Vaccinations since June 1, 2021 (Tompkins County)

Total Vaccinations (1st and 2nd doses)

COVID-19 vaccinations are reported by Cayuga Health System. The totals are vaccinations administered at the Cayuga Health/TCHD Vaccination site and at Cayuga Medical Center only.

Percent positive tests depend upon the number of persons seeking tests which can vary depending upon the level of perceived risk of TC residents.

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

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



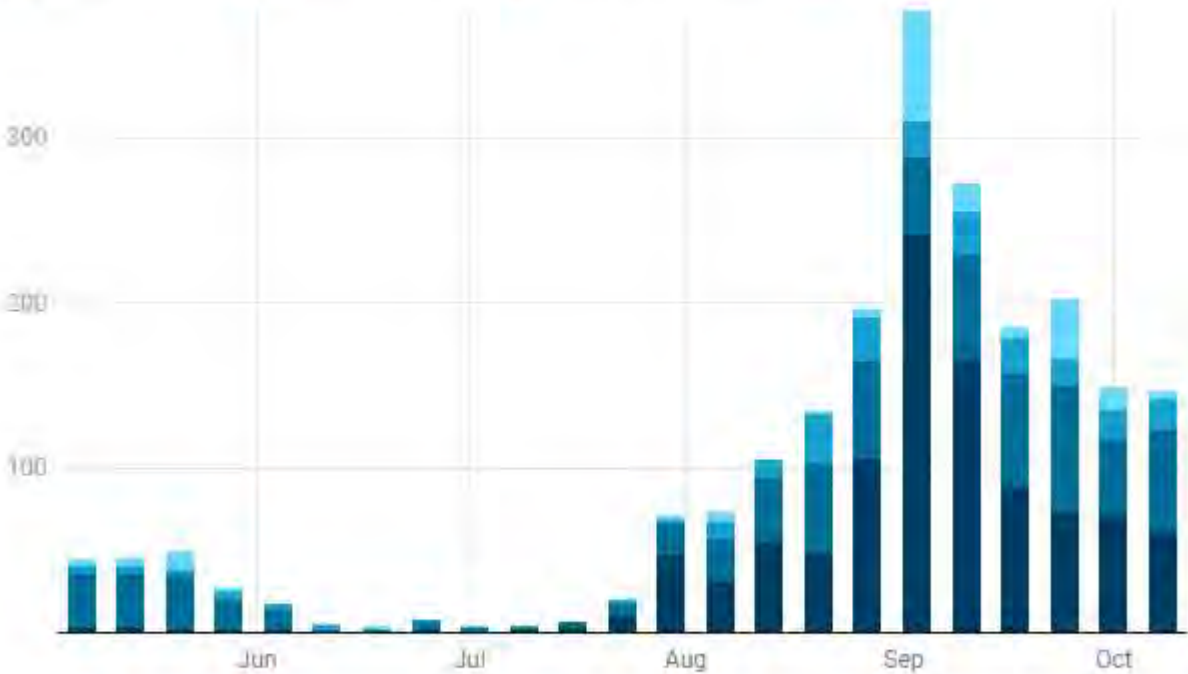
Chart: TCHD • Source: TCHD & Electronic Clinical Laboratory Report System (ECLRS) at NYSDOH • [Get the data](#) • Created with [Datavrapper](#)

Vaccinated individuals remain a significant portion of our cases.

Vaccination Status of Positive Cases (weekly totals)

All cases are residents of Tompkins County, N.Y. The date for each record is the case investigator's interview completion date. The date for each 7-day report is the end of the reporting week. See "Explanation of Case Vaccination Status" below the graph.

■ Fully Vaccinated ■ Not Fully Vaccinated ■ Not Eligible for Vaccine ■ Unknown



EXPLANATION OF CASE VACCINATION STATUS: Fully Vaccinated— the date of the case's COVID-19 test was 2+ weeks after their second dose in a 2-dose series, or 2+ weeks after their single-dose vaccine. Not Fully Vaccinated— case is unvaccinated, or the test date is <2 weeks after full vaccination series is completed. Not Eligible for Vaccine— Individuals under age 12. Unknown— vaccination status cannot be confirmed.

Chart: TCHD • Source: TCHD • Created with [Datavrapper](#)

Cases have come from a wide range of sources in this past month – public schools at all levels, households, higher education. Hospital numbers have decreased to a handful presently. Deaths rose to 37.

Finally, a sobering report appeared in today's NY TIMES (October 18, 2021). Titled "Public Health Crisis Grows with Distrust and Threats" it reports on its survey of the nation's county health departments. It finds many of them less prepared to fight a pandemic now than they were at the beginning of this one. It details the lack of long-term funding and the prevalence of short-term monies and its effect on hiring, and long-term preparedness. It reviews the usurpation of public health decision making by politicians and the threats received by many public health

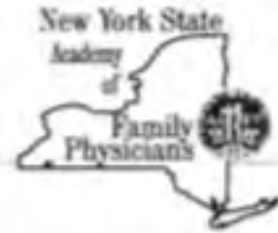
personnel. Finally, it reviews the departure of many public health officials and workers from the field. I believe our nation's lack of health literacy adds to the tendency of many to blame the caregiver rather than the disease.

Thankfully, we live in an area where we are on a more favorable spot on the spectrum from the very bad to the very good. Yet, the Times article has cautionary tales even for us and certainly for the nation.

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WHITE PAPER

MARIJUANA REGULATION AND TAXATION ACT OF 2021

The New York State Academy of Family Physicians has noted with interest the passage of the Marijuana Regulation and Taxation Act of 2021. We have developed this White Paper at this time to delineate our concerns and detail our recommendations regarding the rules and regulations needed for this product to be safely marketed in New York State.

Our membership has long contemplated and debated the issue of recreational marijuana. Now with the passage of legislation legalizing it, it is time that we share our concerns and recommendations with you. You may recall that NYSAFP supported introduction of limited access to marijuana designed for medical use.

It is important to note that, although the public often thinks of marijuana as a benign product, the products of today are a far cry from those of a few decades ago. Whether smoked or ingested as an edible we have concerns about it. Marijuana plants have been genetically manipulated to yield higher concentrations than heretofore of the active recreational chemical ingredient, tetrahydrocannabinol (THC).

When it is smoked the level of THC is much greater than occurred in previous generations of marijuana. In addition, we have concerns about smoking in general. Its deleterious health effects are significant.

We are also concerned about the manufacture, marketing, and effects of THC in edible products. Manufacturers can and do extract and concentrate THC to a very high concentration in edible products. Concentrated THC has had significant adverse consequences in states, which have legalized it. For example, poison control centers here in NYS have recorded a significant upturn in calls in recent years due to THC ingestion. These ingestions have led to increased hospitalizations in children under six years of age.

NYS can avoid replicating mistakes made in other states, which have legalized recreational marijuana. As physicians to New York's children and adults we hope to offer perspectives that can strengthen New York's regulation of the production and marketing of

products containing THC. Experience has shown that, when regulation is done badly, overdoses, suicides, psychosis in persons of all ages, and accidental ingestion by children will occur.

We will briefly address the history of THC as it pertains to current public health concerns and then address those concerns using the following subject areas:

- *Packaging and product shapes.* (We will pay particular attention to their influence on children and adolescents. Regulations should address the appearance of the product and should use existing safety information to outlaw packaging shown to appeal to children and adolescents.)

- *“Serving sizes”.* (Serving sizes must be reasonable and the amount of THC in a serving size must be clearly disclosed. Furthermore, no serving size should be permitted which contains more than a safe amount of THC.)

- *“Dosing” information.* (Dosing information on packages of edibles should caution against consumers misusing the product. As we will discuss later in this paper, users who expect to achieve a quicker “high” than what edibles deliver are at risk of taking second and third doses, resulting in overdoses.)

-*Cautionary messages.* (Cautionary messages should be placed on packaging and used in educational programs)

- *Marketing.* (We recommend strict limits on advertising to underage persons.)

- *Surveillance of retail outlets.* (Retail outlets must be monitored for compliance, as is currently done for tobacco and alcohol.)

-*Promoting Traffic safety.* (Efforts must be made to prevent impaired driving and resultant crashes, injuries, and fatalities.)

-*Addiction prevention.* (Addiction can be addressed by appropriate regulations, education and care for people who are affected.)

History of THC as it pertains to public health, and an outline of concerns.

In the 1970s and earlier the concentration of THC found in marijuana was at single digit percentages. The potential for overdosing on it was, therefore, relatively low. However, in the decades that have followed the 1970's, plants formerly containing THC at 3% by weight have been modified to contain about 20%. Concentrates for use in edible products have been created and exceed 95% THC.

While the concentration of THC in products has been increasing, medical data about its effects has remained relatively limited - in part due to federal laws which define marijuana as an illegal substance (thus limiting research into THC's effects). Studies that have been done have been limited to THC concentrations of about 16% or less. These studies, however, show that THC can affect learning, memory, decision-making, coordination, and reaction time. It can also have an impact on the anatomy (structure) of developing brains, have effects on babies exposed during pregnancy, and have psychiatric effects on adults and children (including deaths by suicide and psychotic behavior). Babies born to mothers who used THC during pregnancy are known to be at risk for a lower birth weight and are more likely to need intensive care after birth.

Clearly this is not the "marijuana" or "cannabis" that we had known decades ago. We recommend that we turn away from the historical terms "marijuana" and "cannabis" and instead speak of THC. Departing from these benign sounding terms will properly draw attention to THC as a chemical product warranting concern and education.

Packaging and product shapes

The experiences of states where recreational marijuana has been legalized have shown that an unregulated market results in packaging that is attractive to the underaged and is not usually childproof.

Packages for THC products should follow standards used for other industries (e.g., the pharmaceutical industry) to create childproof packages/containers. Proper packaging, and childproof design are essential for prevention of poisonings.

In addition, avoiding products that are look-alikes to tempting food or treats and adequate consumer education must be addressed. Packaging of THC products should be regulated regarding logos, colors, shapes, and general appearance to prevent them from resembling food or sweets. Lettering sizes and fonts should be specified to clearly indicate that this is a THC product. Standard package language should be required such as "THC product – not a food item" in lettering equal to or larger than the product's name. Product names and the packaging should require state approval in order that they be screened for similarities to food, candy, or other conventional products with which the THC product might be confused. Packaging should not be transparent, so the shapes of the product inside cannot be seen. (This is a further safeguard against the package being mistaken for a non-THC ingestible item by those unable to

read.) If a food product takes on a form that a THC product resembles, then THC companies should be forced to change their product. Packaging requirements should include cautionary statements in much the same way that tobacco products are required to have them.

Following are some examples of THC products, which would clearly entice children to eat them:

These THC munchies look like goldfish crackers. Left lying about, wouldn't a child be tempted by them? The rise in poison control calls in recent years says, "Yes."



How about these cookies and confections?



Or these candies. Companies have not been shy about mimicking popular treats. Note that each gummy bear contains 300 mg of THC. A commonly seen THC “serving size” is 10 – 20 mg.



and here is one that looks like some conventional trail mix.



Reports from Poison Control Centers nationwide, including NY, confirm our concern that children are attracted to these products. One such report relating the Poison Control Centers' experience for the years 2017-19 appeared in the March 22, 2021, online edition of the Journal, Pediatrics. A graph summarizing the information follows. It shows that children aged 0 – 9 years old had two and a half times the exposure to “cannabis products” in 2019 compared to 2017. Many of these exposures required emergency department visits.

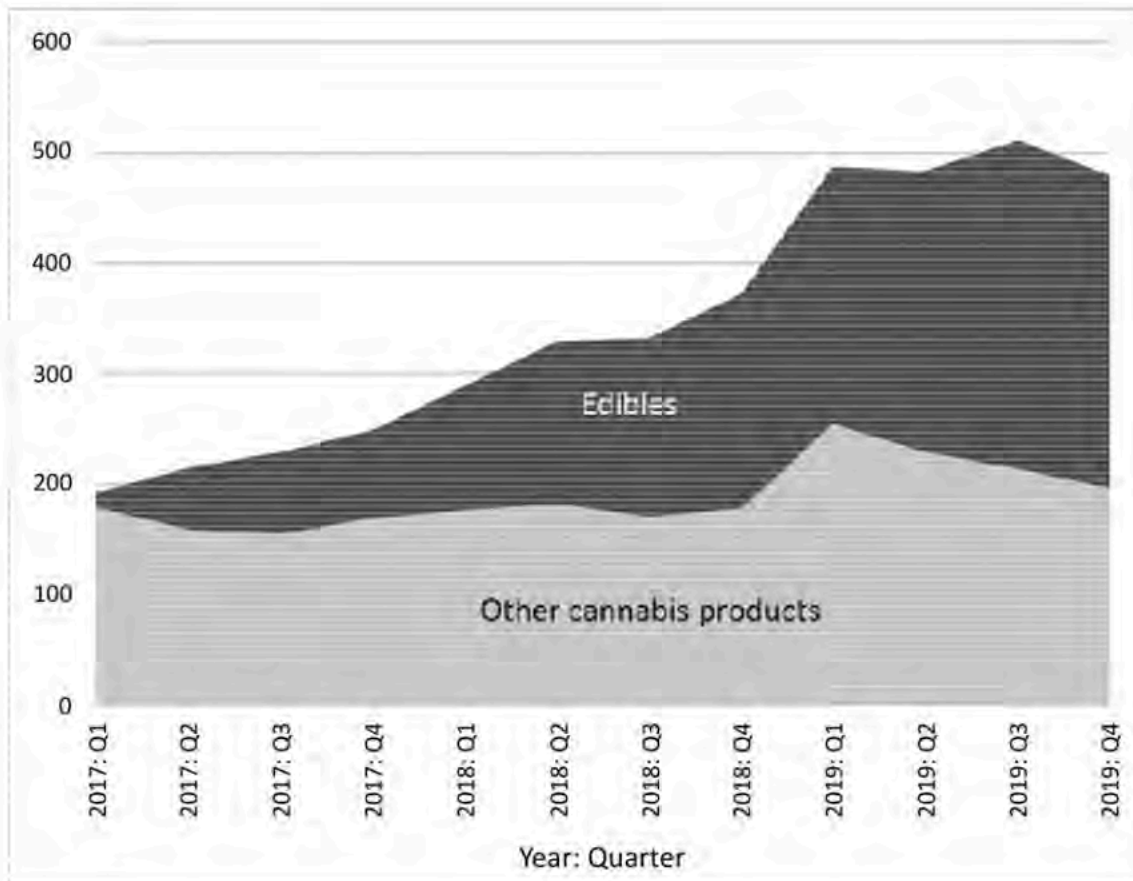


FIGURE 1

Cannabis product exposure among US children aged 0 to 9 years (quarterly counts for 2017–2019). All cannabis generic codes were obtained from the NPDS. Exposures were deduplicated (ie, if >1 cannabis type was involved [$n = 6$]), and those with final medical outcomes of “confirmed non-exposure” ($n = 38$) or “unrelated effect, the exposure was probably not responsible for the effect(s)” ($n = 34$) were excluded. The “edibles” category includes only the NPDS code for edibles 0310121. The “other cannabis products” included concentrates 0310124 ($n = 424$), dried plant 0083000 ($n = 1479$), capsule or pill 0310122 ($n = 23$), unknown preparation 0310126 ($n = 177$), pharmaceutical 0200618 ($n = 64$), topical 0310125 ($n = 13$), undried plant 0310123 ($n = 11$), vaporizer liquid or unknown if flavored 0310096 ($n = 46$), vaporizer liquid with flavoring 0310034 ($n = 5$), vaporizer liquor without flavoring 0310033 ($n = 2$), marijuana liquid flavor unknown 0310097 ($n = 15$), marijuana liquid with flavor 0310036 ($n = 6$), and marijuana liquid without flavor 0310035 ($n = 3$). Q1, quarter 1; Q2, quarter 2; Q3, quarter 3; Q4, quarter 4.

[file:///Users/bill/Downloads/e2020019893.full%20\(1\).pdf](file:///Users/bill/Downloads/e2020019893.full%20(1).pdf) – accessed July 26,2021

Shouldn't THC look more like this?



Aren't we really talking about a chemical that needs clear regulation? Shouldn't the product communicate the cautionary messages that we are speaking about in this paper?

- "Dosing" information on packages of edibles should accurately reflect the onset and duration of action to be expected (to prevent overdoses).

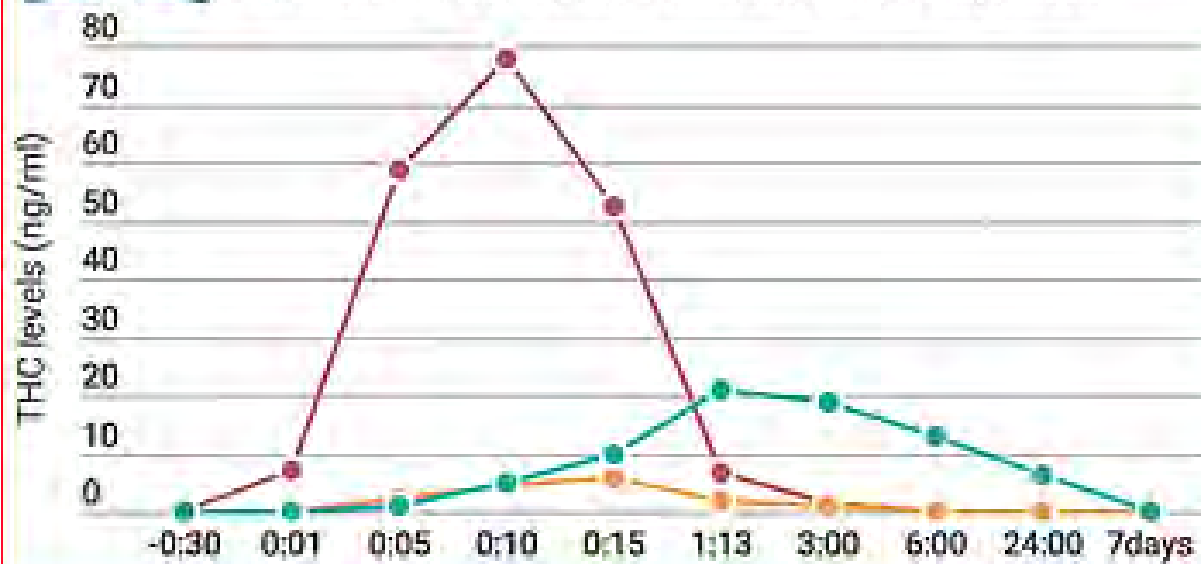
Current "marijuana" products are very different from previous generations of marijuana products such as marijuana joints or Alice B Toklas brownies. Besides THC being sold in extremely high concentrations, the variety and prevalence of food products laced with THC is impressive.

The human body handles THC differently when it is eaten compared to inhaled, making effective regulation of THC so critical. Ingestion, in particular, is associated with more opportunity for consumer errors.

The blood levels and recreational effects achieved from edible THC products have radically different timescales compared to inhaled. Inhaled products achieve their peak effects approximately 10 to 15 minutes after inhalation. The graph below represents the amount of THC in the blood of users after smoking it. Note the peak at about 10 minutes after inhalation. (delta 9 THC is the component responsible for the desired recreational effects of THC)

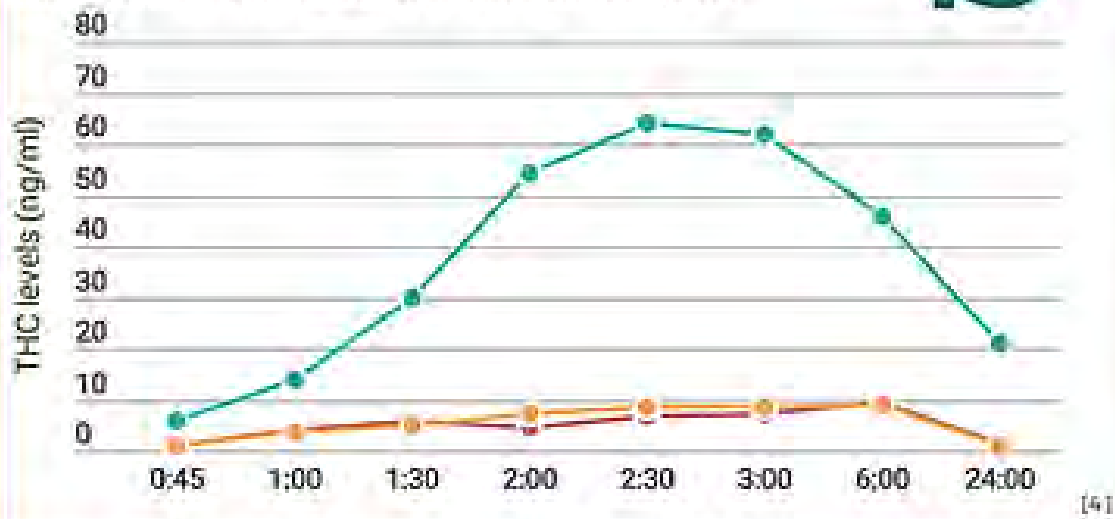


Average concentration of **delta-9-THC** and its metabolites after **INHALATION** of 15.8 mg (= one joint) of THC. Measured from half an hour before inhalation until 7 days after.



In contrast this second graph shows the peak effect from ingested THC products to be much delayed to approximately 2 and ½ **hours**! It is easy to understand why a user may become impatient while waiting for his “high” and as a result ingest additional doses.

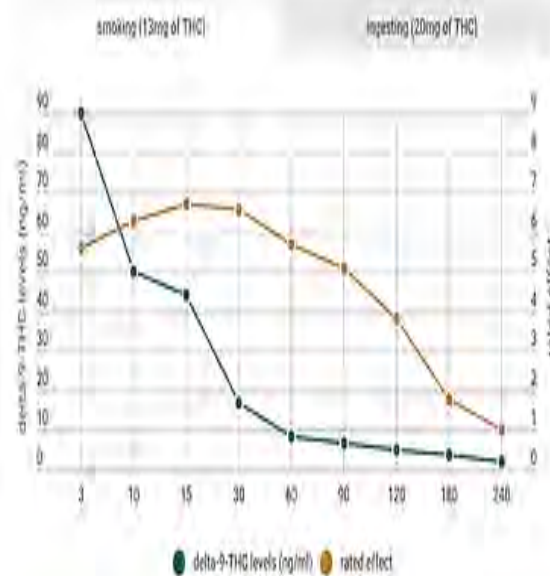
Average concentration of **delta-9-THC** and its metabolites after **INGESTION** of 20 mg (= one chocolate cookie) of THC. Measured from 45 minutes until 24 hours after consumption.



This next graph depicts *smoking* 13 mg of THC. Across the bottom is time elapsed – from 0 to 240 minutes (4 hours). On the left is the blood concentration, and on the right is the subjectively reported experience of getting high. Note that the subjective feeling of being high begins immediately, after less than 3 minutes, and remains elevated for several hours even as the blood level drops off.

Figure 3 shows the concentration of THC after smoking 13mg of THC. Concentration of THC is on the left axis and the subjectively reported experience of feeling "high" is on the right axis. Notice that subjects are reporting feeling increasingly "higher" as blood levels of THC drop in the first 15 minutes.

Figure 3



Source: <https://sapiensoup.com/human-metabolism-thc>

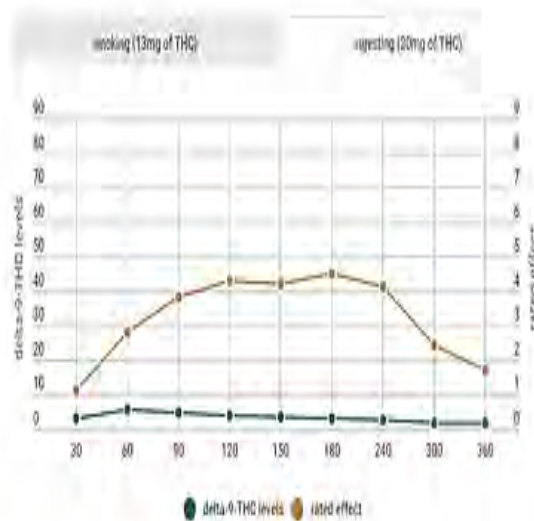
The next graph is similar, but shows the effects of *ingesting* 20 mg of THC. Note that the maximum blood level of THC is lower than that achieved from smoking, the onset is considerably slower, and the experience of being "high" is still rising up to 3 hours after eating

it. It remains elevated even after 6 hours, whereas the effects from smoking have dissipated after 4 hours.

Again, the delays in effect can easily lead to ingesting multiple doses when the user is impatient for the desired effect. When those multiple doses finally take full effect, they are then at risk of suffering an overdose.

Figure 4 graphs the concentration after ingesting 20 mg of THC. Notice that the concentration of THC is low and that the subjective experience of being "high" is rising up to 180 minutes after ingestion. This graph does not include 11-OH-THC, but we know from other pharmacokinetics studies that concentrations of 11-OH-THC and THC are roughly equal when ingestion is the method of administration.

Figure 4



Source: <https://sapiensoup.com/human-metabolism-thc>

Serious overdoses, leading to emergency room visits, can produce behavior changes that in extreme cases have resulted in suicides and deaths. In less extreme cases, altered behavior may cause susceptible persons to have mental health breakdowns or behavioral crises. Mistakes

made by individuals are often a result of lack of knowledge, inappropriate concentrations of THC in unit portions, over-commercialized advertising, and glitzy packaging. Consumers should be alerted that tolerance levels are personal and sometimes unpredictable and they should not consume multiple doses of products until they have determined their own tolerance level for that product.

Cautionary messages on packaging and in educational initiatives

To guard against overdoses, accidental ingestions, and inappropriate use we recommend that:

- Precautions be spelled out in educational programs and on packages. Instructions regarding appropriate action to be taken in case of overdose or untoward events should be included.

Precautions and education should address topics such as:

- effects on mood
- effects on impulse control, including cautions against operating machinery and motor vehicles.
- Impairment of: learning, memory, attention, decision-making, coordination, reaction time
- anatomical alteration of developing minds, psychiatric effects
- *Risk of respiratory disease including lung cancer if smoked or vaped.

Importance of securely storing THC products away from children and adolescents in their original childproof containers.

Risks to babies exposed during pregnancy:

- lower birth weight
 - more likely to need intensive care after birth
 - Chemicals from cannabis (particularly THC) can be passed to a baby through a mother's breast milk. However, data on the effects of cannabis exposure to the infant through breastfeeding are limited and conflicting. To limit potential risk to the infant, breastfeeding mothers should reduce or avoid marijuana use.
-
- Mental Health risks:
 - Psychosis may occur especially in susceptible people
 - individuals with serious mental illness have been found to use THC at higher rates, and have worse outcomes and levels of functioning if they continue to use it
 - Risk of dependency (lack of consensus - estimates range from 9 to 30% of THC users)
 - Acute overdose syndromes and deaths

Source: NYSDOH fact sheet 2018

Serving sizes - Product unit concentration of THC

Product units must be regulated. Capping the maximum amount of THC in each product should be done to promote safety. A commonly used dosage is 10 mg for an edible. Yet manufacturers have produced units containing irresponsible amounts of THC such as this one:



In small print, on the back of packages, customers are advised to divide the units into quarters, eighths, or even smaller divisions. This is unreasonable – who eats a quarter of a gummy bear much less 1/16th of a portion unit?

- Marketing - Recommended prohibitions intended to limit false claims and advertising to underage persons.

-Create standards of advertising and marketing

Use existing standards which have grown out of NYS's experience with tobacco to prohibit:

- Using venues that have a probability of catching the attention of adolescents and children
- Advertising at times of the day when adolescents, or children might be reached
- Using indiscriminate modalities such as billboards, which persons of all ages see.

- Create a review board and a method of review to determine if a product or its marketing is attractive to, or effectively targeted to children and adolescents. Impose suitable penalties for failure to adhere to standards. For example, penalties which are a percentage of gross sales income are an effective way to ensure that penalties are equally effective for small as well as large sales volume violators. Penalties should escalate with repeated infractions and egregious violators should lose their license.

This study reported in the American Journal of Public Health, Jan 2018, showed that exposure to advertising transcends age groups, and argues for regulation of such advertising.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5719688/>

- Surveillance of outlets to identify producers and retailers not in compliance

We currently monitor tobacco retailers in NYS using a program titled the NYS Adolescent Tobacco Use Prevention Act program (ATUPA)

https://www.health.ny.gov/prevention/tobacco_control/current_policies.htm

"The law gives the State Health Department enforcement oversight to ensure compliance with all tobacco and e-cigarette laws, including adhering to the minimum legal sale age, display of approved signage, restricting the sale of flavored vaping products other than tobacco-flavored, and storing tobacco and vapor products out of consumers' reach. See [New York State Tax Law, Article 28-C](#) to learn more."

Under this law local health departments attempt purchases of products using underage individuals. These individuals look their chronological age and comply with all retailer requests to produce ID when requested. If the retailer sells to the underage individual they are cited and are subject to fines and (if repeatedly violating the law) may lose their license to sell.

We should do no less to ensure compliance with THC marketing and sales in NYS. Violations of sales to minors, and the discovery of products that violate packaging and marketing rules and regulations, should be monitored through this program.

Public reporting of infractions

Educational programs should encourage the public to report potential violations. Such programs should spell out who should be notified of violations, and should assure anonymity for reporters.

-Promoting Traffic safety – preventing crashes and their injuries and fatalities

Studies of traffic accidents have usually been flawed by a failure to consider significant confounding variables. They have not generally considered trends over time in the usage of THC and how usage is influenced by pricing, and demand. Other variables often ignored include state level differences in reporting practices, spillover effects from states which have legalized recreational marijuana to states which have not, trends in vehicle miles driven (which is influenced by such diverse factors as economic slumps and gas prices), and variation in testing for drugs.

An important study seeking to control for these multiple variables was done by Hansen et al. In Hansen et al, the authors created a control group taking into account such factors and compared the control group to states legalizing THC. They found no significant difference in rates of traffic fatalities due to marijuana usage. In other words, in control states where marijuana is illegal, traffic events related to marijuana were similar to the states where marijuana is legal. This result was taken to reflect the pervasiveness of marijuana in our society.

Early Evidence on Recreational Marijuana Legalization and Traffic Fatalities, Hansen et al, University of Oregon Feb 2018

Nonetheless, ensuring the safety of our roads is imperative. We recognize the absence of appropriate roadside chemical tests to assess drivers for THC impairment. In their absence, training of law enforcement in alternative assessment techniques becomes very important. One such technique is using specialized observation skills keyed to substance use. Adequate funding for such training must be part of the THC program. Even more importantly, public education regarding the risk of THC and driving must be robust.

Research should be conducted by the State to ascertain the level at which people generally become impaired and to identify additional tests that can be performed to determine whether someone is impaired.

Dependency and addiction prevention – by appropriate regulations, education and care for people who are affected

We have pointed out the importance of depicting the chemical THC in a realistic manner for the consumer. We have also addressed the importance informing persons about how their body handles THC regarding its recreational effects and its deleterious effects that affect their

functioning well on the job, in their family, and when using machinery, and driving motor vehicles. THC rules and regulations must also provide for educational pieces, which inform the public of the symptoms and signs of dependency and addiction – in short, of substance use disorder. Appropriate access to counseling and treatment must be part of the overall program and advertising treatment availability will be key. Such education should address the importance of preventing adolescent and child use to protect their developing brains from alteration and enhanced susceptibility to other substances such as opioids.

A 2018 report from the National Institute on Drug Abuse (NIDA. 2021, May 24. Is marijuana a gateway drug? Retrieved from <https://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-gateway-drug> on 2021, August 20) makes the point that early exposure to cannabinoids (such as THC) in adolescent rodents alters their brain chemistry (cannabinoids decrease dopamine reactivity). If this generalizes to humans, it could help explain the observed increased vulnerability for addiction in humans to other substances later in life – that is, the priming of the adolescent brain by THC. National Institute on Drug Abuse, *Is Marijuana a gateway drug?*

They went on to say:

“...the majority of people who use marijuana do not go on to use other, “harder” substances. Also, cross-sensitization is not unique to marijuana. Alcohol and nicotine also prime the brain for a heightened response to other drugs and are, like marijuana, also typically used before a person progresses to other, more harmful substances.”

Preventing inhalation associated disease

We know what happened when big tobacco was given free rein to sell nicotine smokable products. And we know that we repeated the same mistake when we allowed e-cigarettes and vaping to come into the market with little regulation. E-cigarettes have become commonplace with our youth (44 % of high schoolers have used them, and 20% use them on an ongoing basis). We know e-cigarettes are not hazard free, and the vapor may contain heavy metals and toxic chemicals. We should not repeat the same mistakes with THC.

- Smoked cannabis has many of the same cancer-causing substances as smoked tobacco. Due to the risks it poses to lung health, experts strongly caution against smoking cannabis and tobacco products.
- More research is needed to know if smoking cannabis increases a person’s risk for lung cancer. However, it is difficult to determine whether there is a link because cannabis use often overlaps other behaviors related to lung cancer, such as tobacco use.

<https://www.cdc.gov/marijuana/nas/cancer-risk.html>

In a perfect world, smokable and vappable THC would be prohibited. If overall risk/benefit analysis indicates that such forms must be offered in NYS, the rules and regulations should not undervalue the importance of educating the consumer about the risks associated with using these products. It is our recommendation that the price point for such products should render them relatively less desirable. We have seen taxation of tobacco reduce smoking. We should do the same with THC.

The Need for Research

Federal restrictions on research have limited our medical knowledge restricting it to studies involving products with concentrations of only 16% or less of THC. The significant medical and public health concerns posed by THC make more research at greater levels of THC concentration advisable.

In Summary

The NYSAFP recommends:

Regulation of the concentration of THC in products

Regulation of packaging, advertising, labeling, product appearance, and sales to achieve the objective of preventing accidental, underage, or unsafe usage with appropriate inspections and enforcement.

Funding of THC research to further clarify the risks associated with higher concentrations of THC

Enhanced education regarding prudent usage of THC and the risks associated with its use.

Use the label "THC" or "Tetrahydrocannabinol" rather than the outdated (and misleading) terms of "marijuana" or "cannabis".

Prohibition of smokable and vappable forms of THC to prevent the adverse medical consequences seen with these routes of exposure.

In this paper we have sought to address the most important health and safety issues associated with the legalization of marijuana. There are many other areas of significant concern, which must also be addressed by rules and regulations. These generally fall outside our area of expertise. We welcome any inquiry about areas that we have not detailed above.



THC...it is not marijuana anymore.

Additional sources:

NYSDOH, *Assessment of the Potential Impact of Regulated Marijuana in New York State*, July 2018

https://www.health.ny.gov/regulations/regulated_marijuana/docs/marijuana_legalization_impact_assessment.pdf

<https://www.cdc.gov/marijuana/nas/pregnancy.html>

<https://www.cdc.gov/marijuana/fact-sheets.htm>

<https://www.cdc.gov/marijuana/nas/index.html>

<https://www.cdc.gov/marijuana/nas/cancer-risk.html>

Division for Community Health
October 26th, 2021 Board of Health meeting
September 2021 monthly report

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

Communicable Disease:

- **COVID-19:** We continued to see high numbers of Covid cases in the month of September. Our daily high for the month was 79 cases reported on September 2nd. We saw high numbers of cases associated with higher ed in early September. These numbers decreased throughout September and now we are mainly seeing community cases. We saw a scattering of k-12 cases in September but we do not generally see transmission in a classroom setting. Most of the k-12 cases report community exposure. We are working closely with schools to only identify close contacts in a school setting and are not quarantining large numbers of students per our new k-12 guidance which is consistent with CDC and NYSDOH guidance. Disease severity and hospitalizations continue to be low. Hospitalizations are holding steady. Typically we report 5-10 Covid positive patients in the hospital on a given day. We reported three Covid deaths in the month of September. We reported a total of 1,151 Covid cases in the month of September with 2,220 contacts generated. We responded to over 570 phone calls from the public regarding Covid.
- **Staffing:** New nurse Jess Manderville joined our CHS team in September. She comes to us with a strong background in pediatrics and immunizations. We are glad to have her on the team. We continue to hire per diem RNs and project assistants and are recruiting for a community health coordinator to oversee the case monitoring team. Adapting our staffing to the unpredictable nature of Covid continues to be challenging.

Maternal Child Program:

- MOMS Plus+ is still open. Through the spike in Covid numbers, CHS nurses continue to follow up on all high risk referrals from Cayuga Birthplace. No new admissions for September.

SafeCare Program:

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

Immunization Clinics:

- CHS staff worked 12 mobile Covid -19 vaccine clinics in the month of September including school-based Pfizer clinics at TC3, Newfield and Lansing. We did one community clinic in Groton offering Pfizer vaccine. We also did community clinics offering Moderna vaccine in Lansing, one clinic at the Ellis Hollow Senior apartments, and a community clinic at the Southside Community Center.
- Three flu clinics are planned for the month of October at McGraw House, Lifelong and Bridges at Cornell Heights. We will offer regular and high dose flu at these clinics.
- Pfizer booster dose clinics are planned for October for eligible populations. When the 5-11 age group is approved for Pfizer, we are planning to coordinate with the local pediatric offices to do mass vaccination clinics at the mall.
- On site immunization clinics continue to be suspended due to the Covid response effort. We continue to assist those in need of vaccination to connect with area providers who are able to take on these patients.

Lead Poisoning Prevention

- TCHD continues to take lead cases and follows up with investigations/interviews by phone or telehealth per NYS guidance and in partnership with Environmental Health.

Tuberculosis

- No active TB cases currently.

HIV

- TCHD performed 3 anonymous HIV tests in September. We continue to take walk –ins when able and schedule appointments despite high covid cases. We are still implementing precautions such as masks, symptom screening and using the negative pressure room to conduct the testing.

Rabies

- Environmental Health continues to work with Cayuga Medical Center to schedule all post exposure treatment for authorized exposures in Tompkins County. CHS nurses are available for issues around RPEP correct administration.

WIC program

Caseload Data:

- August close out caseload data:
 - Enrollment: 1119
 - Participation: 1040
 - Participation/Enrollment %: 92.94%
 - Participation/Caseload %: 69.33%
 - Total participants seen in August: 502
 - Appointment show rate: 98%
- Preliminary September (final number will be available by October 30th)
 - Enrollment: 1116
 - Participation: 1051
 - Participation/Enrollment %: 94.18%
 - Participation/Caseload %: 70.07%
 - Total participants seen in September: 472
 - Appointment show rate: 93%

Program Highlights

- Program has a vacancy, program is unable to fill the position due to flat funding for the WIC grant for 2 second year and the undecided White-Collar contract which will impact salary and fringe.
- As mentioned previously the United States Congress passed the American Rescue Plan Act which included funding for the WIC program. The funding included a temporary increase in the Fruit and vegetable Cash Value Benefit (CVB) for all eligible WIC

participants (women and children). The monthly Cash Value Benefit temporarily increased to \$35 per month and was set to expire on September 30th. On September 30th Congress approved an extension of the CVB until December 31st. New York State DOH WIC program is waiting for guidance on how to implement the new increase in our MIS system. The cash value benefit will be \$24/month for children, \$43/month for pregnant and postpartum participants, and \$47/month for breastfeeding participants.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 04OCT21
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=September

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	8	93.4	6	70.0	1	11.7	0	0.0	2	23.3
BABESIOSIS**	1	11.7	3	35.0	1	11.7	1	11.7	2	23.3
CAMPYLOBACTERIOSIS**	0	0.0	3	35.0	1	11.7	2	23.3	2	23.3
COVID-19	1021	11919	256	2988.5	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	2	23.3	0	0.0	5	58.4	1	11.7	2	23.3
ECOLI SHIGA TOXIN**	1	11.7	0	0.0	0	0.0	1	11.7	0	0.0
EHRlichiosis (CHAFEENSIS)**	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
ENCEPHALITIS, POST	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
GIARDIASIS	1	11.7	1	11.7	5	58.4	7	81.7	4	46.7
HEPATITIS A	0	0.0	2	23.3	0	0.0	0	0.0	1	11.7
HEPATITIS B,CHRONIC**	0	0.0	1	11.7	0	0.0	2	23.3	1	11.7
HEPATITIS C,CHRONIC**	0	0.0	4	46.7	2	23.3	1	11.7	2	23.3
INFLUENZA A, LAB CONFIRMED	0	0.0	1	11.7	1	11.7	1	11.7	1	11.7
INFLUENZA B, LAB CONFIRMED	0	0.0	2	23.3	0	0.0	0	0.0	1	11.7
LEGIONELLOSIS	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** ****	17	198.5	12	140.1	7	81.7	4	46.7	8	93.4
SALMONELLOSIS**	0	0.0	0	0.0	1	11.7	6	70.0	2	23.3
S.PARATYPHI	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
STREP,GROUP A INVASIVE	0	0.0	1	11.7	0	0.0	1	11.7	1	11.7
STREP,GROUP B INVASIVE	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0

	2021		2020		2019		2018		Ave (2018-2020)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
TYPHOID FEVER	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
VIBRIO - NON 01 CHOLERA**	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	3	35.0	4	46.7	1	11.7	0	0.0	2	23.3
- P&S SYPHILIS	0	0.0	3	35.0	0	0.0	0	0.0	1	11.7
- EARLY LATENT	3	35.0	0	0.0	0	0.0	0	0.0	0	0.0
- LATE LATENT	0	0.0	1	11.7	1	11.7	0	0.0	1	11.7
GONORRHEA TOTAL.....	18	210.1	7	81.7	16	186.8	6	70.0	10	116.7
- GONORRHEA	18	210.1	7	81.7	16	186.8	6	70.0	10	116.7
CHLAMYDIA	37	431.9	40	467.0	56	653.7	35	408.6	44	513.7

*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: 04OCT21
 Through September
 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**	84	109.0	21	27.2	8	10.4	5	6.5	11	14.3
BABESIOSIS**	10	13.0	7	9.1	3	3.9	1	1.3	4	5.2
CAMPYLOBACTERIOSIS**	11	14.3	14	18.2	24	31.1	23	29.8	20	25.9
COVID-19	3935	5104.1	817	1059.7	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	7	9.1	13	16.9	10	13.0	11	14.3	11	14.3
ECOLI SHIGA TOXIN**	3	3.9	5	6.5	2	2.6	3	3.9	3	3.9
EHRlichiosis (CHAFEENSIS)**	1	1.3	0	0.0	1	1.3	0	0.0	0	0.0
EHRlichiosis (UNDETERMINED)**	0	0.0	0	0.0	1	1.3	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	1	1.3	1	1.3	2	2.6	1	1.3
ENCEPHALITIS, POST	0	0.0	1	1.3	0	0.0	1	1.3	1	1.3
GIARDIASIS	6	7.8	4	5.2	21	27.2	22	28.5	16	20.8
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	1	1.3	3	3.9	3	3.9	2	2.6
HEPATITIS A	6	7.8	6	7.8	0	0.0	0	0.0	2	2.6
HEPATITIS B,CHRONIC**	5	6.5	7	9.1	4	5.2	9	11.7	7	9.1
HEPATITIS C,ACUTE**	1	1.3	3	3.9	4	5.2	3	3.9	3	3.9
HEPATITIS C,CHRONIC**	15	19.5	27	35.0	31	40.2	51	66.2	36	46.7
INFLUENZA A, LAB CONFIRMED	0	0.0	525	681.0	744	965.0	463	600.6	577	748.4
INFLUENZA B, LAB CONFIRMED	2	2.6	736	954.7	28	36.3	560	726.4	441	572.0

Disease	2021		2020		2019		2018		Ave (2018-2020)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	1.3	0	0.0	1	1.3	0	0.0	0	0.0
LEGIONELLOSIS	2	2.6	0	0.0	3	3.9	1	1.3	1	1.3
LISTERIOSIS	0	0.0	0	0.0	0	0.0	1	1.3	0	0.0
LYME DISEASE** ****	38	49.3	33	42.8	45	58.4	45	58.4	41	53.2
MALARIA	0	0.0	2	2.6	0	0.0	0	0.0	1	1.3
MENINGITIS, ASEPTIC	0	0.0	0	0.0	1	1.3	1	1.3	1	1.3
MUMPS**	0	0.0	0	0.0	0	0.0	2	2.6	1	1.3
PERTUSSIS**	0	0.0	1	1.3	6	7.8	12	15.6	6	7.8
SALMONELLOSIS**	8	10.4	6	7.8	7	9.1	18	23.3	10	13.0
S.PARATYPHI	0	0.0	0	0.0	0	0.0	1	1.3	0	0.0
SHIGELLOSIS**	0	0.0	0	0.0	0	0.0	1	1.3	0	0.0
STREP,GROUP A INVASIVE	1	1.3	2	2.6	3	3.9	4	5.2	3	3.9
STREP,GROUP B INVASIVE	1	1.3	2	2.6	6	7.8	5	6.5	4	5.2
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	1	1.3	0	0.0	1	1.3	1	1.3
STREP PNEUMONIAE,INVASIVE**	2	2.6	5	6.5	3	3.9	4	5.2	4	5.2
TUBERCULOSIS***	0	0.0	2	2.6	1	1.3	3	3.9	2	2.6
TYPHOID FEVER	0	0.0	0	0.0	0	0.0	1	1.3	0	0.0
VIBRIO - NON 01 CHOLERA**	1	1.3	0	0.0	0	0.0	0	0.0	0	0.0
YERSINIOSIS**	0	0.0	0	0.0	2	2.6	1	1.3	1	1.3
SYPHILIS TOTAL.....	13	16.9	15	19.5	16	20.8	10	13.0	14	18.2
- P&S SYPHILIS	2	2.6	7	9.1	6	7.8	4	5.2	6	7.8
- EARLY LATENT	8	10.4	7	9.1	7	9.1	3	3.9	6	7.8
- LATE LATENT	3	3.9	1	1.3	3	3.9	3	3.9	2	2.6
GONORRHEA TOTAL.....	99	128.4	66	85.6	71	92.1	84	109.0	74	96.0
- GONORRHEA	99	128.4	65	84.3	71	92.1	83	107.7	73	94.7

	2021		2020		2019		2018		Ave (2018-2020)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- GONORRHEA,DISSEMINATED	0	0.0	1	1.3	0	0.0	1	1.3	1	1.3
CHLAMYDIA	232	300.9	267	346.3	353	457.9	336	435.8	319	413.8
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	1	1.3	0	0.0
OTHER VD	0	0.0	0	0.0	1	1.3	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
September 2021

Staff Activities

General overview of COVID/Program Work

- All CSCN nursing staff attend a weekly meeting for COVID updates. CSCN RN's needed for part of the month due to spike in cases and covered on call.

Staff Training

- Margo Polikoff attended 'Into to DECA Program-Devereux Assessment Tool', CYSHCN RSC Focus Group, 'EC Face-El to CPSE Transition for Professionals', and 'CTAC- Collective Trauma' Training.
- Stephanie Samsung-Magill participated in a webinar 'We've All Been Affected: A Conversation About Collective Trauma', 'Learning to Listen', 'Parent to Parent, Raising Grandchildren with Special Needs'
- Keri May attended 'Supporting Parents of Children with Mental Health Concerns'

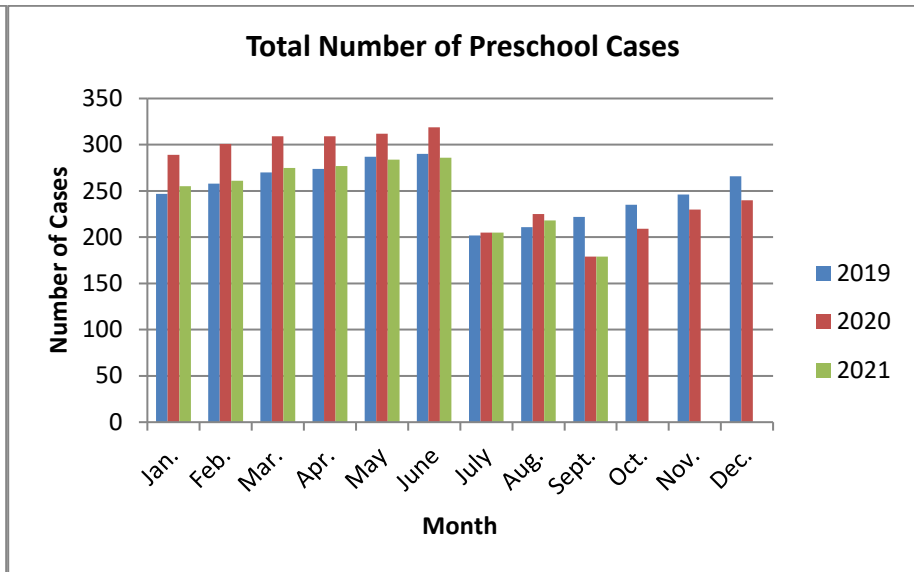
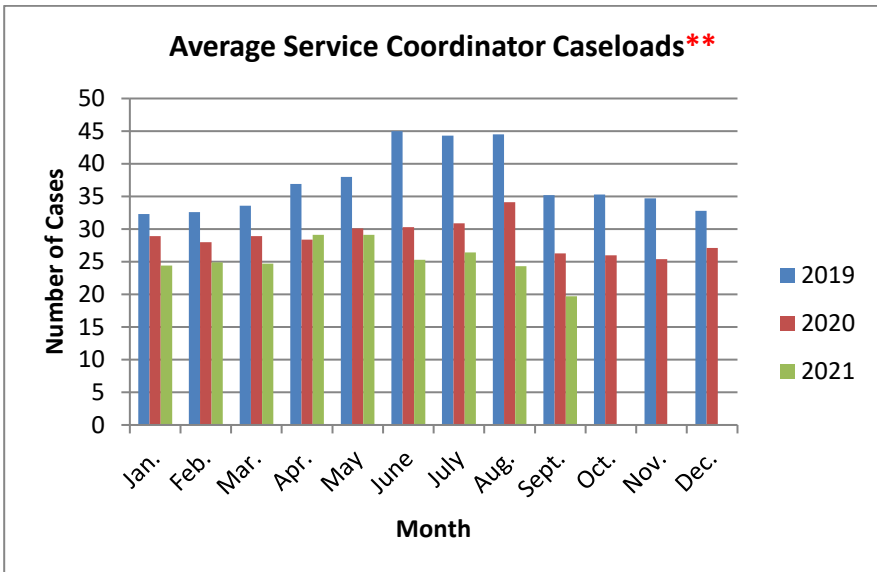
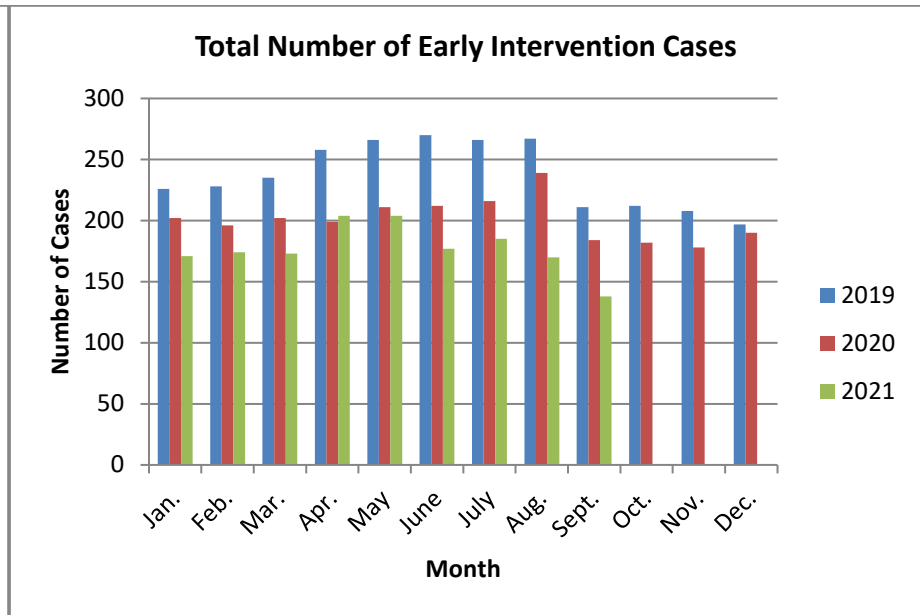
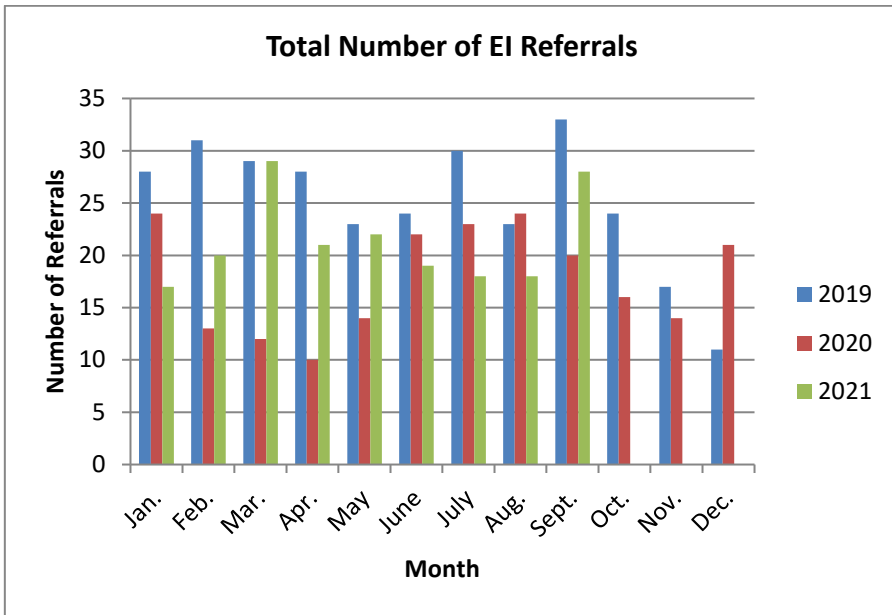
Committees/Meetings

- Michele Card and Kayla White attended Monday Software Meetings with iCentral software and ITS staff.

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
- Software meetings to develop reports and forms canceled all month due to Covid work
- Meeting with Regional Support center for CYSHCN programs 9/9/21
- Board of Health meeting 9/28/21
- Covid managers meeting once a week 9/13, 9/20, 9/27
- Case Investigators weekly teaching session 9/3, 9/10, 9/17, 9/24
- Covid NYSDOH county call with Bryon Backeson- Epidemiologist- Covid 9/1, 9/8, 9/15, 9/22, 9/29
- CPSE (Preschool) Chairs meeting 9/17
- CYSHCN training- new data base 9/30
- Fiscal meeting with Tom Herdan/DSS regarding the LEIA claim 9/30

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

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
Initial Concern/reason for referral:														
-- DSS Founded Case	1				1		1	1					4	8
-- Gestational Age					1			2					3	0
-- Gestational Age/Gross Motor													0	0
-- Global Delays													0	1
-- Hearing													0	0
-- Physical														
-- Feeding	1	2		2	1		2	1					9	11
-- Feeding & Gross Motor													0	0
-- Feeding & Social Emotional													0	0
-- Gross Motor	3	4	2	3	3	3	3	2	8				31	34
-- Gross Motor & Fine Motor													0	0
-- Gross Motor, Fine Motor & Sensory				1									1	0
-- Fine Motor													0	0
-- Social Emotional		1			1	3			1				6	5
-- Social Emotional & Adaptive													0	1
-- Speech	10	9	24	13	14	11	10	12	14				117	118
-- Speech & Cognitive													0	1
-- Speech & Feeding													0	1
-- Speech & Fine Motor													0	0
-- Speech & Gross Motor		1	3	1		1	1		2				9	15
-- Speech & Hearing		1											1	0
-- Speech & Sensory													0	0
-- Speech & Social Emotional									1				1	4
-- Speech, Feeding & Gross Motor													0	2
-- Adaptive													0	0
-- Adaptive/Sensory				1		1			1				3	1
-- Adaptive/Fine Motor													0	0
-- Qualifying Congenital / Medical Diagnosis	2	1					1		1				5	9
-- Other -- Birth Trauma													0	1
-- Maternal Drug Use		1			1	1							3	1
Total Number of Early Intervention Referrals	17	20	29	21	22	19	18	18	28	0	0	0	192	213

Caseloads	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
Total # of clients work with post Evaluation	162	159	166	178	180	164	166	163	143					
Total # of clients pending intake/qualification	9	15	7	26	24	13	19	7	5					
Total # of clients worked with during this month	171	174	173	204	204	177	185	170	138					
Average # of Cases per Service Coordinator	24.4	24.9	24.7	29.1	29.1	25.3	26.4	24.3	19.7	0.0	0.0	0.0		

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

EARLY INTERVENTION PROGRAM

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
-- Intake visits	15	17	30	23	19	23	19	18	22				186	200
-- IFSP Meetings	24	32	47	24	31	32	18	12	23				243	327
-- Amendments	13	23	12	16	11	12	8	14	13				122	111
-- Core Evaluations	16	16	23	21	23	20	16	7	18				160	171
-- Supplemental Evaluations	5	9	4	4	2	6	1	5	3				39	32
-- EIOD visits	0	0	0	0	0	0	0	6	0				6	19
-- Observation Visits	29	33	43	50	48	30	35	34	23				325	264
-- CPSE meetings	5	5	2	2	1	6	4	11	6				42	52
-- Family Training/Team Meetings	2	0	0	0	0	0	4	0	1				7	4
-- Transition meetings	4	10	20	1	0	4	3	12	29				83	86
-- Other Visits	1	0	0	0	0	0	0	1	4				6	22
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	24	32	47	24	31	32	18	12	17				237	331
# of Amendments to IFSPs Completed	13	23	15	25	11	24	8	14	14				147	165
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Feeding	0	1	0	1	0	0	3	1	0					
-- Nutrition	0	0	0	0	0	0	0	0	0					
-- Occupational Therapy	1	2	3	1	1	0	0	1	1					
-- Physical Therapy	0	1	1	2	1	1	2	1	0					
-- Social Work	1	1	1	0	0	0	0	0	0					
-- Special Education	0	0	2	2	0	2	2	1	0					
-- Speech Therapy	6	6	8	15	12	6	11	4	4					
# of Supplemental Evaluations Pending	6	9	10	5	5	6	9	7	16	0	0	0		
Type:														
-- Audiological	0	0	0	0	0	0	1	3	5					
-- Developmental Pediatrician	2	1	0	2	2	2	2	0	4					
-- Diagnostic Psychological	0	1	0	1	0	0	0	2	4					
-- Feeding	1	1	1	1	1	1	0	0	0					
-- Physical Therapy	0	0	0	1	0	1	1	0	2					
-- Speech	0	2	0	0	0	0	3	1	1					
-- Occupational Therapy	3	4	3	0	2	2	2	2	0					
-- Other	0	0	0	0	0	0	0	1	0					

Children with Special Care Needs Division
Statistical Highlights 2021

EARLY INTERVENTION PROGRAM

Services and Evaluations Pending & Completed (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
# of Supplemental Evaluations Completed	6	6	8	10	3	7	9	8	5	0	0	0	62	93
Type:														
-- Audiological	0	0	0	0	0	0	3	3	1					27
-- Diagnostic Psychological	0	0	1	1	0	0	0	1	1					9
-- Developmental Pediatrician	0	0	2	0	0	1	0	1	0					3
-- Feeding	0	1	0	2	1	2	0	0	0					11
-- Occupational Therapy	5	3	4	5	1	2	2	2	2					22
-- Physical Therapy	0	0	0	2	1	0	1	0	0					9
-- Speech Therapy	1	2	1	0	0	2	3	1	1					12
-- Other	0	0	0	0	0	0	0	0	0					0
Diagnosed Conditions														
Autism Spectrum														
-- Children currently diagnosed:	0	1	0	0	0	1	2	1	0					
-- Children currently suspect:	2	2	3	5	9	8	13	9	6					
Children with 'Other' Diagnosis														
-- Brain Anomalies	0	0	0	1	2	2	0	0	0					
-- Cardiac Anomaly	0	0	0	1	1	1	0	0	1					
-- Cerebral Palsy (CP)	0	1	1	4	3	3	3	2	1					
-- Cri Du Chat	1	1	1	1	1	1	1	0	0					
-- Chromosome Abnormality	1	1	0	2	2	0	2	2	0					
-- Cleft Lip/Palate	1	1	2	2	1	2	2	1	2					
-- Club Foot	0	0	0	2	0	2	0	0	0					
-- Down Syndrome	1	1	2	2	1	2	2	2	2					
-- Epilepsy	1	0	0	1	0	2	2	0	0					
-- Failure to Thrive	0	1	0	0	0	1	1	1	1					
-- Feeding Difficulties	15	10	16	18	17	21	18	15	24					
-- Food Protein Induced Enterocolitis Syndrome (FPIES)	1	1	1	1	0	0	1	0	0					
-- GERD	3	1	4	4	4	4	5	0	4					
-- Hearing Loss	1	1	1	1	1	1	1	1	0					
-- Hydrocephalus	0	0	0	1	2	2	2	3	2					
-- Hydronephrosis	0	0	0	0	1	1	1	1	1					
-- Hyper-IgD Syndrome	1	1	1	1	1	1	1	0	0					
-- Hypotonia	2	4	5	5	5	4	6	6	4					
-- Prematurity	4	1	4	4	4	5	3	5	7					
-- Seizure Disorder	0	0	0	0	2	0	0	0	0					
-- Spina Bifida	1	1	1	1	2	2	1	2	2					
-- Strabismus	0	0	0	1	1	0	2	0	0					
-- Torticollis	1	1	2	1	1	1	0	3	4					

**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	0	0	16	15					64
-- Aged out	1	4	1	1	0	1	2	1	2					24
-- Declined	4	2	0	2	0	4	5	2	6					34
-- Skilled out	2	0	3	1	5	7	3	5	2					8
-- Moved	2	1	0	1	0	2	2	2	0					24
-- Not Eligible	5	5	10	6	8	6	7	5	7					69
-- Other	2	1	0	2	0	1	1	0	5					18
Total Number of Discharges	16	14	14	14	14	21	20	31	37	0	0	0	181	241
Child Find														
Total # of Referrals	0	0	1	0	2	0	0	1	3				7	6
Total # of Children in Child Find	1	1	1	1	2	2	1	1	1					
Total # Transferred to Early Intervention	0	0	0	0	0	0	0	0	0				0	1
Total # of Discharges	0	0	0	0	1	0	0	0	1				2	10

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

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
Children per School District														
-- Ithaca	119	120	126	128	132	132	111	112	91					
-- Dryden	58	60	64	64	63	64	43	46	36					
-- Groton	37	38	38	37	38	38	18	18	25					
-- Homer	1	1	1	1	1	1	0	0	0					
-- Lansing	20	20	21	20	20	20	15	18	12					
-- Newfield	10	11	12	13	14	15	6	12	6					
-- Trumansburg	9	10	12	13	15	15	12	12	9					
-- Spencer VanEtten	1	1	1	1	1	1	0	0	0					
-- Newark Valley	0	0	0	0	0	0	0	0	0					
-- Odessa-Montour	0	0	0	0	0	0	0	0	0					
-- Candor	0	0	0	0	0	0	0	0	0					
-- Moravia	0	0	0	0	0	0	0	0	0					
-- Cortland	0	0	0	0	0	0	0	0	0					
Total # of Qualified and Receiving Services	255	261	275	277	284	286	205	218	179	0	0	0		

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Services /Authorized by Discipline														
-- Speech Therapy (individual)	173	182	174	183	181	180	108	118	104					
-- Speech Therapy (group)	5	6	6	10	6	6	1	1	2					
-- Occupational Therapy (individual)	55	53	62	64	66	68	45	51	34					
-- Occupational Therapy (group)	2	2	2	2	2	2	0	0	0					
-- Physical Therapy (individual)	25	23	25	28	32	33	27	28	23					
-- Physical Therapy (group)	0	0	0	0	0	0	0	0	0					
-- Transportation														
-- Birnie Bus	26	27	28	28	29	29	25	26	19					
-- Dryden Central School District	8	8	8	7	7	7	0	0	7					
-- Ithaca City School District	28	25	28	28	26	26	26	26	26					
-- Parent	10	9	10	10	10	10	9	7	2					
-- Service Coordination	32	31	35	35	38	38	25	26	21					
-- Counseling (individual)	45	44	50	49	54	52	41	42	18					
-- 1:1 (Tuition Program) Aide	2	2	2	2	3	3	6	6	3					
-- Special Education Itinerate Teacher	24	27	29	30	35	35	29	29	17					
-- Parent Counseling	32	34	37	40	46	46	31	33	25					
-- Program Aide	0	1	1	3	3	3	1	1	0					
-- Teaching Assistant	0	0	0	0	0	0	0	0	0					
-- Audiological Services	2	2	2	2	2	2	1	1	2					
-- Teacher of the Deaf	3	3	3	3	3	3	2	2	2					
-- Music Therapy	0	0	0	0	0	0	0	0	0					
-- Nutrition	5	6	8	8	9	9	9	10	9					
-- Skilled Nursing	0	0	0	0	0	0	0	0	0					
-- Interpreter	1	1	1	1	1	1	1	1	1					
Total # of children rcvg. home based related svcs.	183	191	199	201	209	211	145	157	122					

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

PRESCHOOL SPECIAL EDUCATION PROGRAM

Number of Children Served Per School District Attending Tuition Based Programs	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
-- Ithaca	31	28	33	34	32	32	29	29	26					
-- Dryden	22	22	22	21	21	21	12	12	14					
-- Groton	10	10	10	10	11	11	9	9	5					
-- Lansing	3	3	4	4	4	4	4	4	7					
-- Newfield	3	4	4	4	4	4	3	4	2					
-- Trumansburg	3	3	3	3	3	3	3	3	3					
-- Odessa-Montour	0	0	0	0	0	0	0	0	0					
-- Spencer VanEtten	0	0	0	0	0	0	0	0	0					
-- Moravia	0	0	0	0	0	0	0	0	0					
-- # attending Dryden Central School	8	8	8	7	7	7	0	0	7					
-- # attending Franziska Racker Centers	44	45	46	46	47	47	41	42	32					
-- # attending Ithaca City School District	20	17	22	23	21	21	19	19	18					
Total # attending Special Ed Integrated Tuition Progr.	72	70	76	76	75	75	60	61	57	0	0	0		

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
-- Ithaca	12	16	0	26	28	37	5	11	16				151	162
-- Candor	0	0	0	0	0	0	0	0	0				0	0
-- Dryden	13	7	0	1	5	2	0	3	3				34	97
-- Groton	3	0	0	8	10	1	1	7	3				33	38
-- Homer	0	0	0	0	0	0	0	0	0				0	0
-- Lansing	2	0	0	0	1	5	2	2	2				14	14
-- Newfield	3	0	0	2	2	7	0	0	0				14	13
-- Trumansburg	1	3	0	2	3	4	0	2	3				18	10

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

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

ENVIRONMENTAL HEALTH HIGHLIGHTS September 2021

Outreach and Division News:

Rabies Clinics: Environmental Health held two fall rabies clinics on September 18th and October 2nd, with 180 pets vaccinated in September and 105 pets vaccinated in October. This brings the total yearly vaccinations to 648 pets. The drive-through clinics are a larger operation than our pre-COVID clinics, using many of the EH staff and pulling in writers from various departments or out of retirement. The EH staff at one or both of the clinics were Cynthia Mosher, Skip Parr, Elizabeth Cameron, Anne Wildman, Joan Pike, Mike Robson, Clayton Maybee, Scott Freyburger, Joel Scogin, and Adriel Shea. The writers for the clinic were Jami Breedlove, Diana Crouch, Bonnie Hart, and Julie Weaver. The clinics could not be held without the participation of Cornell DMVs Brian Collins and Scarlett Lee and Cornell vet students Julia Railo, Emily Bono, Abigail Dejohn and Abbey Bierman. Many thanks to all staff who participated in these clinics!!

PFOA and PFOS: In the absence of federal regulatory limits, on August 26, 2020, New York established maximum contaminant levels (MCLs) for two common perfluorochemicals (perfluorooctanoic acid [PFOA] and perfluorooctane sulfonic acid [PFOS]) and for 1,4 dioxane. The new regulations establish PFOA and PFOS MCLs of 10 parts per trillion (10 ppt) and a 1,4 Dioxane MCL of 1 parts per billion (1 ppb) with a requirement for all but the smallest public water systems to sample for the contaminants on a periodic basis. Fifty-seven systems in Tompkins County have been required to conduct initial quarterly sampling.

These chemicals are referred to as “forever chemicals” because they persist in the environment and can accumulate in the human body over time. Many of these forever chemicals have been widely used in applications including food packaging, non-stick products, water repellent products and fire-fighting foams. The production and use of a number of these chemicals have been phased out but their common usage and chemical stability greatly increases their potential to be found in the environment.

1,4 dioxane is also a chemical with many applications, such as a component of solvents and greases, and in the manufacturing process of other chemicals; and while not quite as stable as PFOA and PFOS, it doesn't readily degrade over time in the environment.

The City of Ithaca, Bolton Point and Cornell University began monitoring for these contaminants by October 25, 2020. All other affected public water systems within the County were required to begin sampling by February 25, 2021. To date, 54 out of 57 (95%) of these water systems have submitted results. Sample analysis was delayed at the other systems due to lack of laboratory capacity. Of results reported, 1 system had one PFOA/PFOS result above the MCL (from a secondary well that was not being used and is now reserved for emergencies). No systems detected 1,4-dioxane.

This new sampling requirement has shown very few County residents are exposed to PFOA, PFOS and 1,4 dioxane through water provided by public water systems. However, the expense of sampling has been significant, especially for the operators of the smallest affected water systems, at an approximated average cost of \$1,100 per source (e.g., well, spring, reservoir, etc.), per quarter. Water systems with multiple sources have incurred even higher costs. Required sampling frequency can be reduced to once every 3 years for systems with no detections.

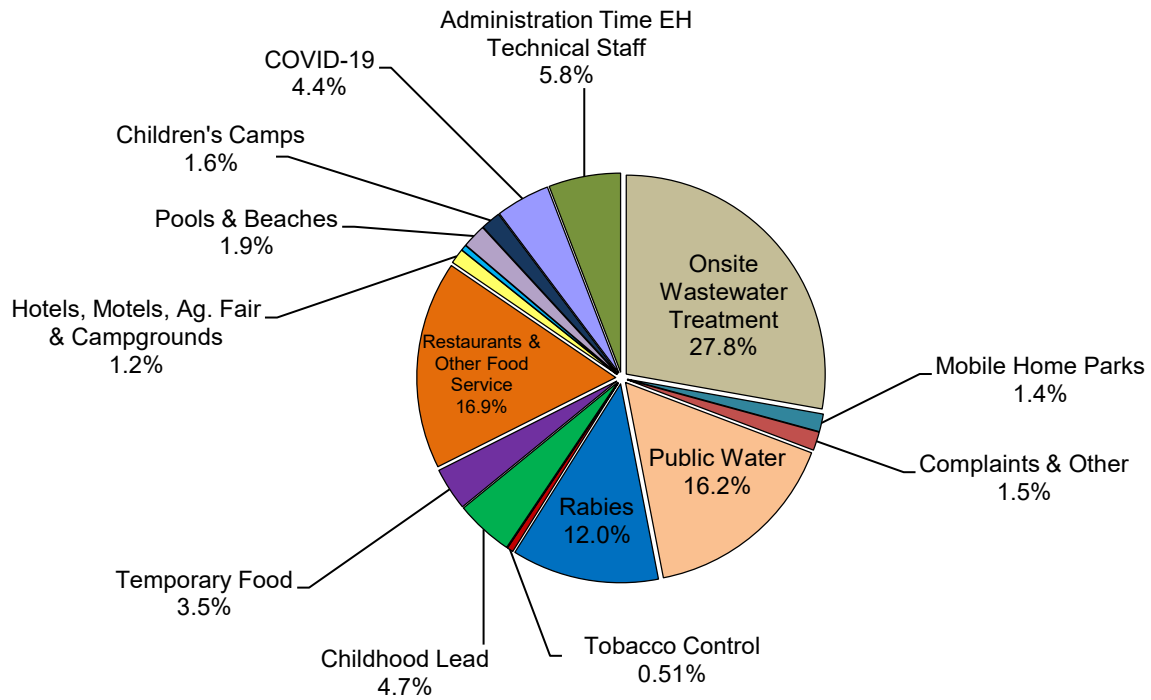
Ithaca Drinking Water Source Protection Program (DWSP2): NYSDEC and NYSDOH have started actively assisting municipal public water supplies with developing a source water protection plan. The purpose is to develop a long-term protection plan for source water to protect public health and the environment. Development of the plans involves a stake holder group, inventorying potential sources of contamination, establishing critical areas to be protected, and creating an implementation timeframe. The City of Ithaca applied for and has recently received a grant from NYSDEC for assistance with this program. Their stakeholder kickoff meeting was held on Sept 1, with additional meetings scheduled monthly for a year. Liz Cameron and Scott Freyburger participated in the initial stakeholder meeting. Bolton Point and Cornell are also planning to participate in this program, and Dryden has already completed their plan with the assistance of New York Rural Water Association (NYRWA). Dryden's plan can be found here:

https://dryden.ny.us/wp-content/uploads/2021/09/DWSP2_Dryden_public-1.pdf

CEHD Fall Meeting: The NYS Conference of Environmental Health Directors (CEHD) held their first in-person meeting at the Minnowbrook Conference Center, Blue Mountain Lake from September 14 through 16. Attendees were also able to participate using zoom. The agenda for the technical session had a strong water supply focus with talks related to source water protection, water well contractors, and PFAS. Liz Cameron participated in person while Skip Parr, Adriel Shea and Scott Freyburger participated remotely.

EH Programs Overview:

Staff Time in Environmental Health Programs - September 2021



Division of Environmental Health
Summary of Activity (2021)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2020 Totals
FOOD PROTECTION PROGRAM - Restaurants & Other Food Service														
<i>Permitted Operations (~500 Permitted Operations*)</i>														
Inspections & Site Visits**	16	12	78	96	93	89	87	71	97				639	376
Critical Violations	11	5	6	14	11	24	12	23	10				116	79
Other Violations	13	5	26	35	30	25	18	16	16				184	171
Plans Approved	2	1	2	4	0	1	2	1	1				14	7
Complaint Investigations	0	0	1	2	2	2	1	2	3				13	14
<i>Temporary FSE (375 Estimated Operations)</i>														
Permits Issued	0	0	3	2	3	3	9	34	11				65	35
Inspections & Site Visits**	0	0	0	0	0	0	0	0	0				0	8
Critical Violations	0	0	0	0	0	0	0	0	0				0	5
Other Violations	0	0	0	0	0	0	0	0	0				0	0
MOBILE HOME PARKS (41 Permitted Operations, 2025 Lots*)														
Inspections & Site Visits**	0	2	3	1	0	0	0	0	7				13	3
Critical Violations	0	0	0	0	0	0	0	0	0				0	0
Other Violations	0	1	0	0	0	0	0	0	0				1	0
Complaint Investigations	0	0	0	0	1	3	2	2	0				8	1
TEMPORARY RESIDENCES - Hotels & Motels (34 Permitted Operations, 2023 Rooms*)														
Inspections & Site Visits**	2	0	0	3	4	6	2	7	3				27	16
Critical Violations	0	0	0	4	0	0	2	0	0				6	7
Other Violations	0	0	0	1	8	5	0	9	0				23	59
Complaint Investigations	1	0	0	2	1	0	0	1	2				7	1
MASS GATHERING (Fingerlaks GrassRoots Festival)														
Inspections & Site Visits**	0	0	0	0	0	0	0	0	0				0	0
Critical Violations	0	0	0	0	0	0	0	0	0				0	0
Other Violations	0	0	0	0	0	0	0	0	0				0	0
Complaint Investigations	0	0	0	0	0	0	0	0	0				0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (13 Operations, 1042 Sites*)														
Inspections & Site Visits**	0	0	0	3	6	6	14	4	0				33	12
Critical Violations	0	0	0	0	0	1	1	2	0				4	1
Other Violations	0	0	0	4	1	2	6	7	0				20	2
Complaint Investigations	0	0	0	0	0	0	0	0	0				0	1
CHILDREN'S CAMPS (22 Operations)														
Inspections & Site Visits**	0	0	0	0	2	1	11	18	0				32	8
Critical Violations	0	0	0	0	0	0	0	2	0				2	0
Other Violations	0	0	0	0	0	0	0	0	0				0	0
Injury/Illness Investigations	0	0	0	0	0	1	6	0	0				7	1
Complaint Investigations	0	0	0	0	0	0	1	0	0				1	0
SWIMMING POOLS & BATHING BEACHES - (58 Operations*)														
Inspections & Site Visits**	10	3	8	4	11	18	25	8	7				94	94
Critical Violations	1	0	1	0	2	1	5	3	3				16	15
Other Violations	2	0	9	2	7	10	11	3	8				52	78
Injury/Illness Investigations	0	0	0	0	0	0	0	0	0				0	0
Complaint Investigations	0	0	0	0	0	0	0	0	0				0	0
PUBLIC WATER SYSTEMS (PWS) 91 Community PWS, 59 Other PWS*)														
Inspections & Site Visits**	1	0	1	4	4	3	6	11	11				41	68
Boil Water Orders Issued	0	0	0	0	0	1	0	1	0				2	6
Disinfection Waivers (Total)	20	20	20	20	20	20	20	19	19				n/a	21
Complaint Investigations	0	0	0	0	0	0	0	0	0				0	0

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

ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
Permits Issued	11	4	15	35	30	15	32	19	21	0	0	0	182	227
New Construction/Conversions	6	4	4	18	13	8	15	10	14				92	152
Replacements	5	0	11	17	17	7	17	9	7				90	119
Completion Certificates Issued	9	4	6	19	19	19	18	17	18	0	0	0	129	205
New Construction/Conversions	5	3	3	10	8	7	6	11	8				61	90
Replacements	4	1	3	9	11	12	12	6	10				68	115
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0	0	0	0	0	0	0	0	0				0	3
OWTS	4	0	1	2	2	0	4	4	2				19	27
Collector Sewer	0	0	0	0	0	0	0	0	0				0	1
Public Water Systems	0	0	1	1	1	1	1	1	0				6	2
Water Main Extension	0	0	1	0	1	1	1	0	0				4	6
Cross-Connection Control Devices	0	2	0	0	1	2	0	1	1				7	15
Other Water System Modification	0	1	1	0	0	0	0	0	1				3	2
Other Engineering Reviews	0	0	0	0	0	0	0	0	0				0	2
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	18	18	30	23	37	71	68	106	29				400	516
Human Post-X Treatments	4	4	4	1	9	26	21	35	5				109	128
Animal Specimens Tested	4	7	9	6	12	33	17	59	7				154	199
Animals Testing Positive	1	0	0	0	1	1	0	0	0				3	11
Rabies Clinics Offered	0	0	0	1	1	0	0	0	1				3	4
Dogs Vaccinated	0	0	0	123	103	0	0	0	109				335	486
Cats Vaccinated	0	0	0	82	65	0	0	0	69				216	295
Ferrets Vaccinated	0	0	0	0	0	0	0	0	2				2	4
Pet Quarantine	0	0	0	0	0	0	0	0	0				0	2
CHILDHOOD LEAD PROGRAM														
Children with Elevated Blood Lead Levels	1	0	1	1	0	1	0	2	1				7	18
Sites Inspected	1	0	0	1	0	0	0	0	2				4	19
Abatement Completed	0	0	0	0	0	0	0	0	0				0	0
Lead Assessments Sent	1	0	0	0	0	0	0	0	1				2	5
FOIL REQUESTS														
Total Received	10	6	1	2	1	6	3	3	2				34	46
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (55 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	5	1	1	3	14	1	0	3	0				28	78
Violations	1	1	0	0	0	0	0	0	0				2	2
CIAA Complaints	0	1	1	2	1	0	0	0	0				5	2
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	1	1	0	5	5	6	5	3	6				32	44
ENFORCEMENT ACTIONS														
Total Cases	0	0	1	1	1	0	0	0	10				13	14
Cases Related to FSE	0	0	1	0	0	0	0	0	1				2	5
BOH Penalties Assessed	\$0	\$0	\$500	\$550	\$500	\$0	\$0	\$0	\$5,900				\$7,450	\$11,300
BOH Penalties Collected	\$0	\$0	\$1,900	\$0	\$0	\$0	\$0	\$0	\$0				\$1,900	\$10,500
CUSTOMER SERVICE/SUPPORT														
Calls Received	1035	802	1148	1223	1052	1104	924	997	983				9268	12513
Walk-In Customers	15	17	25	40	30	44	51	73	30				325	298
TCEH Emails Received	1334	685	512	545	380	469	390	335	445				5095	5694
Applications Processed	58	131	169	168	137	124	108	166	119				1180	1363
Payment Receipts Processed	43	122	140	128	99	89	81	138	104				944	1160
Renewals/Billings Sent	114	153	26	134	43	44	100	41	62				717	861

* As of 1/1/2021

** 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:

- Starbucks Coffee - C-Ithaca

New permits were issued for the following facilities:

- Milkstand Restaurant - C-Ithaca
- Dearie Pies - Throughout Tompkins
- Miski Tullpa - Throughout Tompkins
- East Shore Roadhouse - T-Lansing

Boil Water Orders (BWOs):

New:

- No BWOs issued in September.

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
4/27/21	Vape Dragons	Vape Dragons LLC	Flavored vapor products offered for sale in violation of NYS Public Health Law.	\$550 (Original Check rec'd 6/2/21)	Penalty Due	Penalty payment received did not clear. Notice sent on 6/24/21 requesting money order with additional \$20 fee. Awaiting payment.
9/28/21	John Joseph Inn	John Hamilton	Public Water System - Violation of Board of Health Orders	\$600	Payment due 11/15/21	Monitoring Compliance
9/28/21	Clubhouse Grille	Kristin Harrington	Food Service Establishment – Operating without a Permit	\$400	Payment due 11/15/21	Monitoring Compliance
9/28/21	RaNic – Adventure Camp	Sean Whittaker	Children's Camp – Operating without a Permit	\$400	Payment due 11/15/21	Monitoring Compliance
9/28/21	RaNic - Pools	Sean Whittaker	Swimming Pools – Repeat Critical Violations	\$400	Payment due 11/15/21	Monitoring Compliance
9/28/21	Warrenwood Apartments	Ithaca Apartment Management	Swimming Pools – Repeat Critical Violations	\$400	Payment due 11/15/21	Monitoring Compliance
9/28/21	Best Western University	Southern Tier Hospitality LLC	Swimming Pools – Repeat Critical Violations	\$400	Payment due 11/15/21	Monitoring Compliance
9/28/21	Old Mexico	357 Elmira Road LLC	Food Service Establishment – Repeat Critical Violations	\$200	Payment due 11/15/21	Monitoring Compliance
9/28/21	Finger Lakes GrassRoots	Finger Lakes GrassRoots Festival Org. Inc.	Campground - Violation of Board of Health Orders	\$1,500	Payment due 11/15/21	Monitoring Compliance
9/28/21	Country Inn & Suites	Garuda Hotels, Inc.	Swimming Pools – Violation of Board of Health Orders	\$1,000 (paid 10/14)	TCHD to verify repair of flow meters.	Monitoring Compliance
9/28/21	Brew 22 Coffee & Espresso	Riley Brewer	Public Water System - Violation of Board of Health Orders	\$600	Payment due 11/15/21	Monitoring Compliance



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

ENVIRONMENTAL HEALTH DIVISION
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CERTIFIED, REGULAR, & ELECTRONIC MAIL

October 15, 2021

Brian Horvath
On the Street
112 Fieldstone Circle
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-21-0013
On the Street, Mobile Food Service Establishment, Throughout Tompkins**

Dear Brian Horvath:

Thank you for signing the Stipulation Agreement on October 8, 2021 for On the Street’s Mobile Unit. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, October 26, 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, October 22, 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 October 22, 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,

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

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

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\ON THE STREET PITA\Enforcement\Mobile\Draft Res 21-0013.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
Ithaca Building Department; Mayor Svante Myrick; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; 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-21-0006 FOR

**On the Street
Brian Horvath, Owner
112 Fieldstone Circle
Ithaca, NY 14850**

Whereas, the owner/operator of a Mobile Food Service Establishment must comply with the regulations established under Subpart 14-4 of the New York State Sanitary Code (NYSSC);

Whereas, it is a critical violation of Part 14-4 of NYSSC to hold potentially hazardous food for an improper period of time at an unacceptable temperature (greater than 45°F or less than 140°F); **and**

Whereas, on May 19, 2021, the Tompkins County Health Department (TCHD) observed diced tomatoes at a temperature of 55°F; **and**

Whereas, on August 11, 2021, the TCHD observed approximately two pounds of diced tomatoes at 50°F, a large block of feta cheese at 55°F, and cooked potatoes at 95°F; **and**

Whereas, Brian Horvath, Owner, signed a Stipulation Agreement with Public Health Director's Orders on October 8, 2021, 2016, agreeing that On the Street violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Brian Horvath, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, due **by December 15, 2021**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain potentially hazardous foods at or below 45°F during cold holding and at or above 140°F in hot holding; **and**
3. Comply with all the requirements of Subpart 14-4 of the New York State Code for Mobile Food Service Establishments.



Your Partner for a Healthy Community

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

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

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

STIPULATION AGREEMENT AND ORDERS # EH-ENF-21-0013

**On the Street
Brian Horvath, Owner
112 Fieldstone Circle
Ithaca, NY 14850**

I, Brian Horvath, as a representative for On the Street, agree that on May 19, 2021, and August 11, 2021, On the Street was in violation of Subpart 14-4 of the New York State Sanitary Code for holding potentially hazardous food for an improper period of time at an unacceptable temperature.

I agree to pay a penalty not to exceed \$400 for these violations following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

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

1. Maintain potentially hazardous foods at or below 45°F during cold holding and at or above 140°F in hot holding; **and**
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: Date: 10/8/21

On the Street is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Brenda Gunnel (Kruppa) Date: 10/8/21
to Frank Kruppa
Public Health Director

Inclusion Through Diversity

Signature: Date: 10/8/21

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Date: October 13, 2021
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health *C. Cameron*

**Subject: Request for Approval of Waiver of Design Criteria of Sewage System
77 Shelter Valley Road, T-Newfield, #EH-OW-21-0191**

Request: Article VI of the Tompkins County Sanitary Code (TCSC), S-6.04(d) requires that a new construction permit be obtained when a sewage system has been abandoned for more than five years. TCHD requests that a waiver from S-6.04(d) of the TCSC be granted for the parcel referenced above to allow a replacement sewage system permit to be issued contingent on the replacement sewage system being designed by a licensed engineer to include an Enhanced Treatment Unit (ETU) and being constructed and put into service.

Discussion: The existing septic system was installed in 1963 and expanded in 1975 to serve 3 bedrooms. The property was abandoned for more than 5 years (11 years according to the Code Enforcement Officer) before being purchased by the current owner in 2019. In June of 2020, the TCHD became aware of construction activity on the property and informed the current property owner that the existing sewage system for the house had been out of use for more than 5 years and could not be used.

Article VI of the Tompkins County Sanitary Code (TCSC), S-6.04(d) states:

Any sewage system that is abandoned or not in use for a period of five years or more, whether or not a completion certificate was issued, may not be placed back into service before a new construction permit is obtained. A new system does not need to be built if the existing system either complies with all current design and separation criteria, or a waiver is appropriate and issued.

Based on Assessment records, the lot is significantly less than the minimum 0.5 acres required for a sewage system. Separation distances and other design requirements cannot be met due to existing site restrictions. The Environmental Health Division supports Sciarabba Engineering's request for a waiver of § S-6.04(d) contingent upon the replacement system being designed and constructed to include the proposed ETU as part of the full replacement system.

Attachment: Waiver Request Form



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

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SEWAGE VARIANCE/WAIVER REQUEST FORM

Application must be received complete with fee, at least two weeks prior to the Board of Health meeting (meetings are held on the second Tuesday of every month). Be as detailed as possible; continue on reverse side or separate sheet if necessary.

Name: Bryon Brewer
 Address: 77 Shelter Valley Road, Newfield, NY 14867
 Phone: 720-299-4566
 Design Professional: Andrew J. Sciarabba, P.E. Sciarabba Engineering, PLLC

1. Location of property or facility involved: Record Number: _
 Facility: Town/Village: Newfield, NY
 Address: 77 Shelter Valley Road, Newfield, NY 14867

2. Tax Map Number: 4-1-75.22

3. Waiver requested from ("quote specific rule/regulation"): § S-6.04,d Certificate of completion.

d. Any sewage system that is abandoned or not in use for a period of five years or more, whether or not a completion certificate was issued, may not be placed back into service before a new construction permit is obtained. A new system does not need to be built if the existing system either complies with all current design and separation criteria, or a waiver is appropriate and issued.

4. Background facts (state how the situation arose that causes you to feel a waiver is necessary):

Bryon Brewer purchased the property in July of 2019 and began making improvements to the home in 2020. The existing septic system was installed in 1963 and expanded in 1975 to serve 3 bedrooms. In June of 2020 the TCHD informed Mr. Brewer that the existing septic system for the house had been out of use for more than 5 years and could not be used. Section 6.04,d of the TC Sanitary Code of 2006 requires a new construction permit be obtained for an existing system if it complies with " all current design and separation criteria, or a waiver is appropriate and issued." As the existing system is between 46 to 58 years old, and does not meet the current design and separation criteria a waiver is requested for a replacement system.

5. Discussion (describe detailed reason why your situation needs relief; how you intend to meet the intent of the Code; what alternatives you have tried; what compromises or restrictions you would accept):

The lot is 0.439 acres which is less than the 0.5 acres required for a septic system with municipal water. The lot is bisected by a stream (the West Branch of the Cayuga Inlet) and, due to existing site restrictions and slopes, certain separation distances and design criteria cannot be met. See **Table 1 on the next page**. To provide a reliable replacement system, protect groundwater and the stream, a full replacement system is proposed including an Enhanced Treatment Unit (ETU) followed by a Gravelless Geotextile Sand Filter is proposed. This combination will result in a highly treated effluent from the renovated 3-bedroom home.

Inclusion Through Diversity

TABLE 1

Separation Distances/Design Criteria Unable to Be Met Due to Existing Site Conditions:

Septic Tank/ETU 10' From House (8' Proposed No Full Basement)
Effluent Line to Distribution Box 50' From Stream (49' Proposed)
Distribution Box 100' From a Stream (48' Proposed)
Absorption Field 20' From Paved Surface Downhill (9.8' Proposed)
Absorption Field 100' From Stream (50' Proposed)
Absorption Field 20' From Property Line (10.2' Proposed for 50% Replacement Area)
Absorption Field on Slopes >15% (Eastern 12' on Slopes of 17-19%)
Minimum Lot Size 0.5 Acres With Municipal Water (0.439 Acres Existing Lot)
Replacement Area 100% (50% Proposed)

Tompkins County Health Department
C/O Joel Scogin
55 Brown Rd
Ithaca, NY 14850

October 15, 2021

Dear Mr Scogin,

Due to the NY State Eviction Moratorium and other Covid Lock down actions. My rental and personal income has been Drastically reduced since March 2020. I simply can't afford to pay the \$200 fee required for the Health department permit for the water system at 119 N. Applegate Rd that services lots 1-7. I'm behind on my Car payments, Insurance payments and mortgage payments.

Therefore, I am requesting that the fee be waived this year.

All the Best,



*Joe Giordano
119 N. Applegate Rd. Lot #3
Ithaca, NY 14850
Cell: 607-351-1267
Email: Joe@JoeGrealty.com*