Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, March 23, 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 February 23, 2021 Minutes (2 mins.)

12:06 IV. Financial Summary (9 mins.)

12:15 V. Reports (15 mins.)

Administration
Health Promotion Program
Medical Director's Report
Division for Community Health
Children with Special Care Needs
County Attorney's Report
Environmental Health
CSB Report

12:30 VI. New Business

12:30 **Environmental Health** (5 mins)
Enforcement Actions:

1. Resolution #EH-ENF-20-0008 – Plum Tree Japanese Restaurant, C-Ithaca, Violation of Food Service Operating Permit for Exceeding Capacity During the COVID-19 Public Health Emergency

12:35 **Adjournment**

DRAFT

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

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

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

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

Guests: No one was present.

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at 12:03 p.m.

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

Approval of January 26, 2021 Minutes: Dr. Dhundale moved to approve the minutes of the January 26, 2021 meeting with a correction on page 3, line 3 from Ithaca College to Cornell, seconded by Dr. Koppel. All others in attendance voted to approve the January 26, 2021 meeting minutes.

Financial Summary: Mr. Kruppa reported that the end of last years' financials is still being worked on as it was an unusual year. The state declared an imminent threat to public health, which allows us to claim 50% instead of 36% on state aide able actions. FEMA and State aid are both payors of last resort and only one can be claimed. With millions of county dollars going toward COVID-19 expenses through the Health Department budget, Ms. Johnson and her team are working out the details to finalize the numbers of the 2020 year closeout. The county has informed us they will make us whole on all COVID-19 expenses. The imminent threat to public health increase cannot be included on the 2021 aid applications, so the budget implications are unknown.

Administration Report:

COVID Updates: Mr. Kruppa reported that the disease is trending down into the single digits. The numbers in the community have gone down in line with the end of the holiday season.

Higher Education: Through the re-entry processes of Cornell, Ithaca College and TC3, positive students returning to school were identified elevating the numbers, but we didn't see the decrease like

we would have absent those numbers as we were already on the decline. All partners have been great with re-entry testing, isolating, and quarantining effectively with no significant spread.

Vaccines: Mr. Kruppa reported that vaccinating is moving quickly with the help of Cayuga Health System with only minor setbacks due to the weather. Two hundred sixteen people, mostly seniors, were vaccinated as health department staff registered and controlled the flow. This week 2,000 vaccines and 600-second doses were received. Second doses will be given on Thursday and plans for the rest will go to grocery workers, Titus Towers, and McGraw House with comorbidity allocations. The Health Department is getting weekly allocations for phase 1B workers and comorbidities. The hospital is still getting a small amount of 1A doses as we continue to partner.

Mr. Kruppa reported breaking news with the launching of a registry that will allow people to tell us their interest in vaccination by providing us information on which priority group they fit into. As we move forward we will have direct access to give them registration links as we prioritize the different groups including groups that haven't opened up. Others can register for people who have accessibility challenges as well as contacting 211 for assistance.

Questions:

Dr. Moylan asked whether the registry launch was going out as a public notification and how workers 16 – 18 years of age register. Mr. Kruppa said yes, it will go out as a public notification, and those 16-18 years of age will receive Pfizer which is available only through the state sites. Dr. Moylan asks if parental consent is needed. Mr. Kruppa believes parental consent is needed for those under 18 years of age. Dr. Dhundale asked if letters are needed from their clinicians. Mr. Kruppa said no but hasn't received a solid answer from the state and referred them to call one of the state site hotlines for clarity. Dr. Koppel noted discrepancies from the Binghamton and Syracuse state sites from two different patients of his. Mr. Kruppa encouraged those to get an appointment and then call the 800 number to determine the rules for that site.

Ms. Merkel asked about his thoughts on higher education face-to-face teaching and do food-pantry workers fall under grocery workers. Mr. Kruppa said that higher education is in phase 1B, the last population. He hopes to put a significant dent in PreK-12 this week, which should be possible with the 2,000 doses received. He said that food pantry workers are not included with grocery workers, but they might be eligible with either age or comorbidity.

Dr. Dhundale commented on people not showing up for their second dose and what happens to those second doses. Mr. Kruppa said that second doses must go in second dose arms, but if that is not possible, we can ask to put it in a first dose arm and he believes that has been done once in all 6,000 doses. Mr. Kruppa noted that second doses are closely monitored before opening and the unopened vials are held and used in our next second-dose clinics.

Health Promotion Program Report: Ms. Hillson had nothing to add to her report. She is working with Mr. Kruppa on public communication around the vaccine. She added that it has been good to work with Dr. Dhundale and Ms. Touchton on community outreach and education about the vaccine as it progresses and opens to wider populations. Links to virtual office hours for older adults with a physician and a local Spanish speaking physician, can be found on the health department's website

and the county's YouTube page. Ms. Hillson directed attention to the COVID-19 Town Hall videos held last week with County Administrator Jason Molino and Commissioner Frank Kruppa.

Questions:

Ms. Merkel complimented Ms. Hillson on the virtual office hours and asked about the interest level of participants in joining. Ms. Hillson said participation has been very successful.

Medical Director's Report and Discussion:

- Variants and mutations in the UK variant is more transmissible. We cannot let up on masking, social distancing and sanitizing.
- Time is of the essence in controlling and stopping the pandemic lest more problematic mutations arise.
- Regarding transmission - the age group of 20 to 50-year-olds is disproportionately represented. Very important that especially this group aggressively institute and maintain all the public safety measures.
- 95% protection is received only after two doses of the vaccine. After the first dose data is limited to about a week or so when it is about 55 %.
- Travel and clustering remain a factor causing disease in our cases.
- Data is being studied and accumulated from vaccine study groups beyond phase 3 trials and after vaccination of the public.

Division for Community Health Report: Ms. Espey had nothing to add to her written report. Case investigations are going well.

Children with Special Care Needs Report: Ms. Thomas reported that they help as needed with COVID work but still cover the weekends and help out in some vaccine clinics. Things are going well. She referred to her report with nothing more to add.

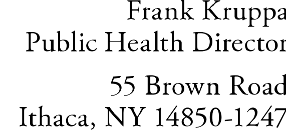
County Attorney's Report: Mr. Wood had nothing to report.

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

Community Mental Health Services Board (CSB) Report: Mr. Kruppa was not available to report as he had to leave the meeting early.

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

Adjournment: Ms. Merkel moved to adjourn the meeting, seconded by Dr. Koppel; meeting adjourned at 12:39 p.m.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Board of Health
March 23, 2021
Financial Report

2020 / 13th Period

Final expenses and revenue for 2020 have been submitted. Grant claims for the period ending 12/31 and 4th quarter state aid claim have been completed and are posted. Public Health and Finance are reviewing reports and are doing clean up where needed. Work will continue with County Administration and County Finance to adjust the books for pandemic-related expenses.

Board of Health
February 23, 2021
Financial Report

February 2021 / Month 2

Staff continue to work at closing 2020 and opening the books for 2021. COVID sampling costs not budgeted inflate expenditures in functional unit 4010. The County is seeking FEMA reimbursement on these expenses. As stated above, work will continue with County Administration and County Finance to adjust the books for pandemic-related expenses.

Year 20 Month 13

Tompkins County Financial Report for Public Health

Percentage of Year 100.00%

		Expenditures			Revenues			Local Share		
		Budget	Paid YTD	%	Budget	YTD	%	Budget	TD	%
4010	PH ADMINISTRATION	1,694,302	2,407,795	142.11%	278,054	255,759	91.98%	1,416,248	2,152,036	151.95%
4011	EMERGING LEADERS IN PH	83,551	34,565	41.37%	83,551	40,000	47.88%		-5,435	
4012	WOMEN, INFANTS & CHILDREN	569,725	534,361	93.79%	550,812	509,654	92.53%	18,913	24,707	130.63%
4013	OCCUPATIONAL HLTH.& SFTY.	110,313	106,280	96.34%	0	0	0.00%	110,313	106,280	96.34%
4014	MEDICAL EXAMINER	0	0	0.00%	0	0	0.00%		0	
4015	VITAL RECORDS	76,626	70,853	92.47%	108,000	100,868	93.40%	-31,374	-30,015	95.67%
4016	COMMUNITY HEALTH	1,734,323	1,491,159	85.98%	443,748	228,710	51.54%	1,290,575	1,262,449	97.82%
4018	HEALTHY NEIGHBORHOOD PROG	172,368	150,245	87.17%	172,368	150,414	87.26%		-169	
4047	PLNG. & COORD. OF C.S.N.	1,472,472	1,520,808	103.28%	427,877	411,820	96.25%	1,044,595	1,108,989	106.38%
4048	PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090	ENVIRONMENTAL HEALTH	1,761,351	1,672,678	94.97%	588,490	553,340	94.03%	1,172,861	1,119,338	95.44%
4095	PUBLIC HEALTH STATE AID	0	0	0.00%	1,269,389	1,585,465	124.90%	-1,269,389	-1,585,465	124.90%
Total Non-Mandate		**7,683,031**	**7,988,744**	**103.98%**	**3,926,289**	**3,836,030**	**97.70%**	**3,756,742**	**4,152,714**	**110.54%**
2960	PRESCHOOL SPECIAL EDUCATI	5,868,647	4,710,435	80.26%	3,737,762	3,063,108	81.95%	2,130,885	1,647,326	77.31%
4017	MEDICAL EXAMINER PROGRAM	276,942	260,474	94.05%	0	2,916	0.00%	276,942	257,558	93.00%
4054	EARLY INTERV (BIRTH-3)	655,000	388,326	59.29%	318,500	146,005	45.84%	336,500	242,321	72.01%
Total Mandate		**6,800,589**	**5,359,234**	**78.81%**	**4,056,262**	**3,212,029**	**79.19%**	**2,744,327**	**2,147,205**	**78.24%**
Total Public Health		**14,483,620**	**13,347,978**	**92.16%**	**7,982,551**	**7,048,059**	**88.29%**	**6,501,069**	**6,299,919**	**96.91%**

BALANCES (Includes Encumberances)

NON-MANDATE	Available Budget	Revenues Needed
4010 Administration	-713,493	22,295
4012 WIC	35,364	41,158
4013 Health & Safety	4,033	0
4014 Medical Examiner	0	0
4015 Vitals	5,773	7,132
4016 Community Health	243,164	215,038
4018 Healthy Neighborhood	22,123	21,954
4047 CSCN	-50,614	16,057
4048 PHCP	8,000	4,000
4090 Environmental Health	88,673	35,150
4095 State Aid	0	-316,076
	-356,977	46,708

MANDATE	Available Budget	Revenues Needed
2960 Preschool	1,158,212	674,654
4054 Early Intervention	266,674	172,495
4017 Medical Examiner	16,468	-2,916
	1,441,354	844,233

Total Public Health Balances

Available Budget	Revenues Needed
1,084,378	890,941

Print Date:3/12/2021

Year 21 Month 2

Tompkins County Financial Report for Public Health

Percentage of Year 16.67%

	Expenditures Budget	Expenditures Paid YTD	Expenditures %	Revenues Budget	Revenues YTD	Revenues %	Local Share Budget	Local Share TD	Local Share %
4010 PH ADMINISTRATION	1,540,420	835,381	54.23%	133,362	0	0.00%	1,407,058	835,381	59.37%
4011 EMERGING LEADERS IN PH	0	6,000	0.00%	0	0	0.00%		6,000	
4012 WOMEN, INFANTS & CHILDREN	522,961	69,872	13.36%	522,961	0	0.00%		69,872	
4013 OCCUPATIONAL HLTH.& SFTY.	98,435	11,676	11.86%	0	0	0.00%	98,435	11,676	11.86%
4015 VITAL RECORDS	77,825	9,389	12.06%	108,000	14,265	13.21%	-30,175	-4,876	16.16%
4016 COMMUNITY HEALTH	1,516,373	308,178	20.32%	386,982	0	0.00%	1,129,391	308,178	27.29%
4018 HEALTHY NEIGHBORHOOD PROG	173,713	17,644	10.16%	173,713	0	0.00%		17,644	
4047 PLNG. & COORD. OF C.S.N.	1,404,966	216,036	15.38%	396,690	0	0.00%	1,008,276	216,036	21.65%
4090 ENVIRONMENTAL HEALTH	1,747,219	217,551	12.45%	590,613	26,834	4.54%	1,156,606	190,717	16.49%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,216,433	0	0.00%	-1,216,433	0	
Total Non-Mandate	**7,081,912**	**1,691,727**	**23.89%**	**3,528,754**	**41,099**	**1.16%**	**3,553,158**	**1,650,628**	**46.46%**
2960 PRESCHOOL SPECIAL EDUCATI	5,860,000	109,596	1.87%	3,823,000	19,630	0.51%	2,037,000	89,966	4.42%
4017 MEDICAL EXAMINER PROGRAM	288,226	34,726	12.05%	0	0	0.00%	288,226	34,726	12.05%
4054 EARLY INTERV (BIRTH-3)	653,000	41,154	6.30%	319,970	0	0.00%	333,030	41,154	12.36%
Total Mandate	**6,801,226**	**185,476**	**2.73%**	**4,142,970**	**19,630**	**0.47%**	**2,658,256**	**165,846**	**6.24%**
Total Public Health	**13,883,138**	**1,877,203**	**13.52%**	**7,671,724**	**60,729**	**0.79%**	**6,211,414**	**1,816,474**	**29.24%**

BALANCES (Includes Encumberances)

NON-MANDATE	Available Budget	Revenues Needed
4010 Administration	705,039	133,362
4012 WIC	425,890	522,961
4013 Health & Safety	86,759	0
4014 Medical Examiner	0	0
4015 Vitals	68,436	93,735
4016 Community Health	1,208,196	386,982
4018 Healthy Neighborhood	156,069	173,713
4047 CSCN	1,186,652	396,690
4048 PHCP	0	0
4090 Environmental Health	1,529,668	563,779
4095 State Aid	0	1,216,433
	5,366,708	3,487,655

MANDATE	Available Budget	Revenues Needed
2960 Preschool	5,750,404	3,803,370
4054 Early Intervention	611,846	319,970
4017 Medical Examiner	253,500	0
	6,615,750	4,123,340

Total Public Health Balances

Available Budget	Revenues Needed
11,982,458	7,610,995

Print Date:3/12/2021

HEALTH PROMOTION PROGRAM – February 2021

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

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

Highlights

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

Community Outreach

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

Groups, Programs, Organizations	Activity/Purpose	Date
Childhood Nutrition Collaborative	Collective Impact, Healthiest Cities and Counties Challenge	ongoing
COFA Advisory Board	Regular updates – Age Friendly Training Series	2/22

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

- Meeting with COFA and Youth Services: Discussion about intergenerational programming interventions. Most programming on hold due to COVID. Focus on Age Friendly training series for COFA and continued collaboration across the age spectrum.
- Met with Cornell MPH students as their Community Partner representative for an Assessment class project related to the cancer screening intervention in the CHIP.

Healthy Neighborhoods Program

- The HNP program continues to receive calls requesting information about indoor air quality, radon, mold and mildew, bed bug infestations, etc. The majority of staff time has been with daily operations at the CHS vaccination site (POD) at the mall.

February 2021

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2020	August 2019	TOTAL 2019*
# of Initial Home Visits (including asthma visits)	6	13	30	225
# of Revisits	0	0	13	76
# of Asthma Homes (initial)	2	4	5	61
# of Homes Approached	1	4	15	436

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

Tobacco Free Tompkins

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

Media, Website, Social Media

- COVID-19 website updates:
  - New pages in Feb:
    - Vaccine Dose Allocation page
    - Vaccine Registry page
  - Vaccination page is updated regularly
- COVID-19 Press Releases in February
  - Feb 24, 2021: COVID19 2021-02-24 Health Department Announces COVID-19 Vaccine Registry
  - Feb 24, 2021: COVID19 2021-02-24 Vaccine Update: 900 Doses Allocated Week of February 22
  - Feb 22, 2021: COVID19 2021-02-22 Two Cases of UK Variant Confirmed in Tompkins County
  - Feb 22, 2021: COVID19 2021-02-22 Vaccine Update: 1100 Doses Delivered Following Delay Last Week
  - Feb 19, 2021: COVID19 2021-02-19 Vaccine Office Hours and Town Hall Recording
  - Feb 17, 2021: COVID19 2021-02-17 Vaccine Update: Additional Information About the Upcoming Pop-Up Clinic
  - Feb 17, 2021: COVID19 Vaccine Update: Weather-Related Delay in Delivery of Vaccine Doses
  - Feb 16, 2021: COVID19 2021-02-16 Vaccine Update: Doses and Priority Groups for the Week of Feb 15
  - Feb 16, 2021: COVID19 2021-02-16 Vaccine Update: New York State Pop-Up Vaccination Clinic in Downtown Ithaca
  - Feb 11, 2021: COVID19 2021-02-11 COVID-19 Vaccine Update: TCHD Prioritizing 65 Plus Population in Comorbidities Eligibility Group

- Feb 09, 2021: COVID19 2021-02-09 Vaccine Update 700 1B Doses Prioritized for Grocery Workers and P-12 Schools
- Feb 03, 2021: COVID-19 2021-02-03 Vaccine Q&A Virtual Office Hours Series Announced
- Feb 03, 2021: COVID19 Health Alert Three Cases of COVID-19 Variant Confirmed in Tompkins County
- Feb 02, 2021: COVID19 2021-02-02 Vaccine Update 600 1B Doses Allocated This Week and Prioritized

- TCHD Press Releases:
  - Feb 05, 2021: Seeking a Dog 2021-02-05

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

- Strategic Planning with Batiste Leadership
  - Strategic Planning Presentation to Staff Teams
- Public Health Ambassador Program: convened a working group to discuss the role of community ambassadors in COVID response and vaccine information. Proposal developed to hire Project Assistants to serve in this role.

Training/Professional Development

- Soft Landing started February 2021 – a space during the work day to process, reflect, learn new strategies with co-workers. Facilitated by Susan Spicer, Mental Health Clinic Coordinator.
- JEDI (2/22)

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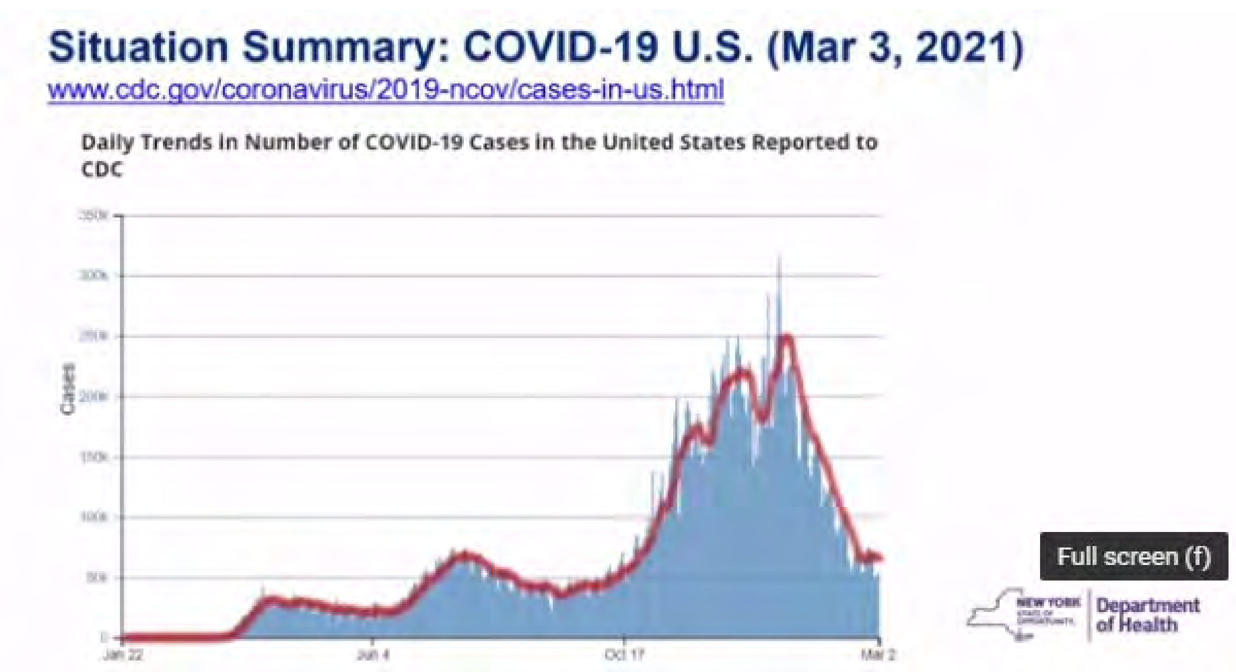
Medical Director's Report

Board of Health

March 2021

We continue in this time sensitive race to stop the Pandemic before mutations arise globally which could significantly shift the course of events. Favorable national events regarding vaccination and pandemic related supplies have occurred. Globally many regions have barely gotten a start on vaccination or not at all. All our globe's borders are porous to the virus.

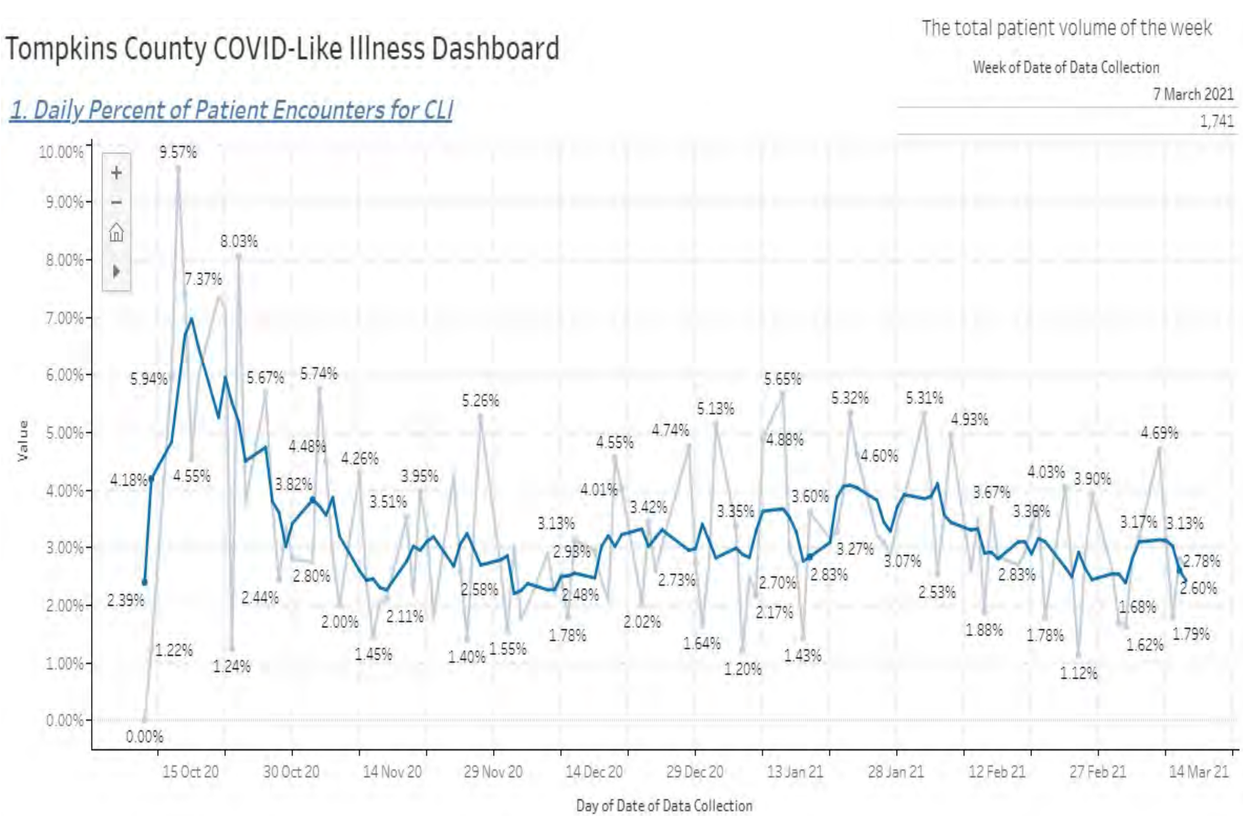


Local Covid Case Data:

The following graph is data from our *Covid Like Illness Primary Care Surveillance System* (CLI).

You will recall that these data are reports by primary care practitioners of persons who have symptoms that are consistent with Covid. All these people are likely to have had testing advised (but not necessarily complied with). Comparing the data above with the data below I have the impression that primary care saw a rise beginning in early November about the time that our positive cases rose. (Testing is driven by not only symptoms but travel, contact tracing, and surveillance. CLI case reporting, in contrast, is driven only by symptomatic patients contacting their primary care practitioner. Cases have dropped off lately though a slight rise is evident in our new positive *test* and case rates.

Partnering with the Cornell Master's in Public Health program has led to new ways to display and analyze the data we are collecting. I am extremely grateful to Casey Lu Cazer, Post Dr. Assoc., Department of Population Medicine and Diagnostic Sciences, Ning Zhang, Master of Public Health candidate in Infectious Disease Epidemiology and Lara Parilla, MPH, RD for their expertise and interest. Our greatest hope is that the CLI primary care surveillance data will prove to be a leading predictor regarding the behavior of a pandemic in a population and, therefore, a useful tool for public health in pandemic management. If, instead, it proves to be in parallel with other indicators (such as positive test results) it may still be of value. In populations without the availability of testing resources (in this country or internationally) it may have added significance.

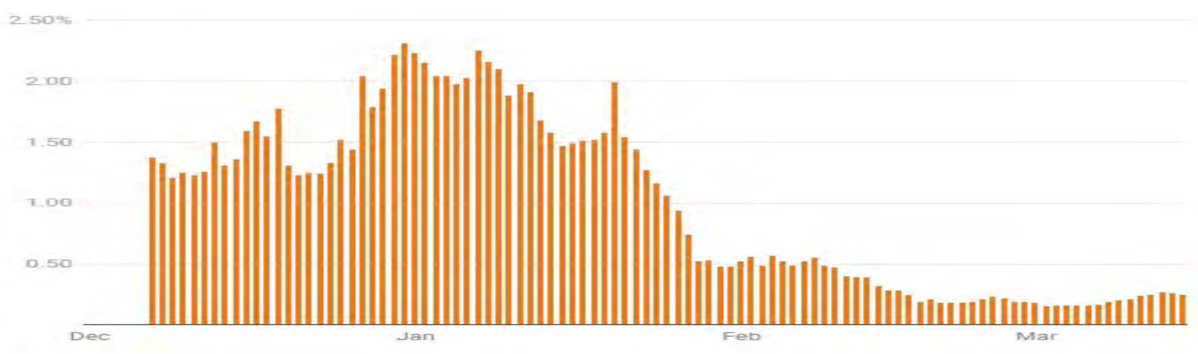


The trends of CLI cases/ total patients encountered and 5 days moving average for Date of Data Collection Day. The data is filtered on Date of Data Collection Day, Total Number of Patient Encounters (in person and by phone/telemedicine) For Practitioners Reporting and Date of Data Collection. Percent of Patient Encounters for CLI is calculated by the daily sum of CLI cases over the daily sum of patient encounters. To ensure the calculation is meaningful, only reports that included the total number of patient encounters are shown (denominator is greater than 0). The view is filtered on CLI cases/ total patients encountered, which ranges from 0.0000 to 0.9900. The Date of Data Collection filter includes dates on or after 10/8/2020 since practices report total patients encounters per day. Since the patient volumes are pretty small on weekends, the CLI case/ total patient encounter ratio will be relatively large. To avoid skewing, the rolling average calculates data from 5 days, which are data from 2 days before the target date, target date and 2 days after the target date.

These graphs are from our data page on the web:

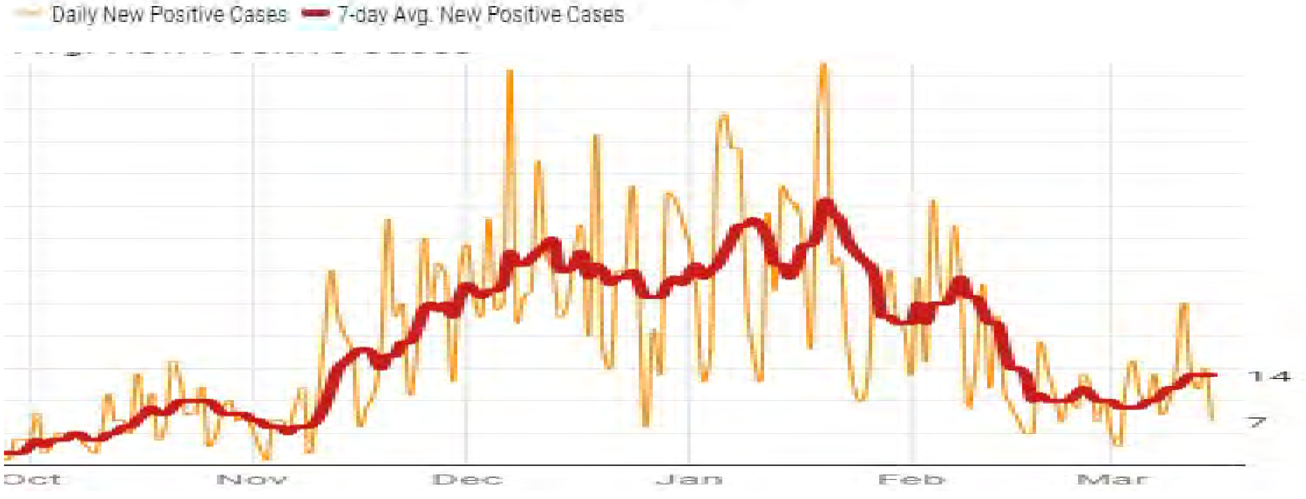
Percent Positive Tests (avg. cases /avg. tests)

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



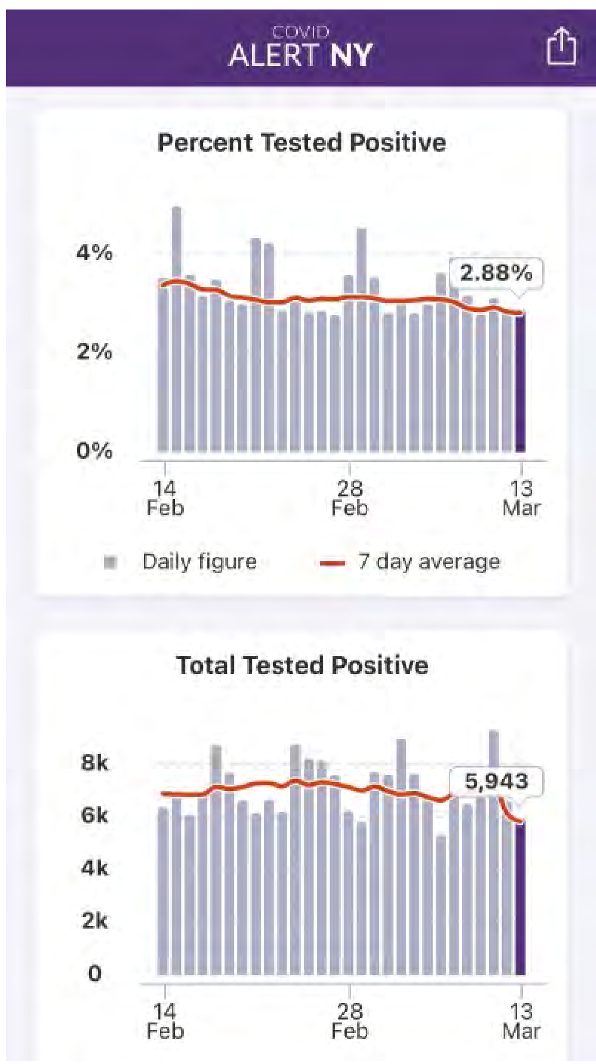
Daily New Cases + 7-Day Avg. New Cases

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

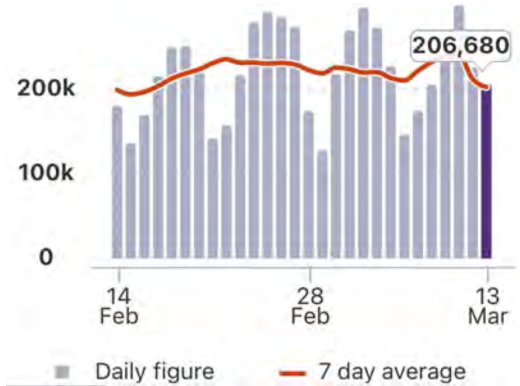


And from the app Covid Alert NY some comparison information:

<u>NYS data-all counties</u>



Total Persons Tested



Considerations regarding deaths in the community:

We had the first report of a community death due to Covid. Which brings up significant points regarding the risks of attendees including emergency response personnel.

In the case of a death in the home airborne transmission obviously becomes less of a concern, and the question becomes more one of surface contact exposure. The viability of the virus depends on the length of time the person has been dead. We know that depending upon the type of surface that the virus can only survive a matter of days. Beyond 72 hours one can safely assume home surfaces are relatively safe. EMS, law enforcement, medical examiner personnel all should be using appropriate PPE and, thus, be at negligible risk. At the scene, the body is placed in a body bag, and thereafter transport also is not a significant issue.

Depending upon the length of time between death and discovery airborne transmission to those around the person can be an issue. For example, a death attended by family and others (especially if the deceased was unmasked and breathing heavily/ coughing etc. at death) can be an issue. After the death, the air of the room may have viable virus floating in it for a time period that varies depending upon ventilation, air purifiers, humidity, and size of room (https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html). As time passes (usually measured in hours) virus in the air becomes less of an issue. (some persons are discovered days after death making such transmission moot). Very commonly a person is found the next morning to be dead after going to bed 8 -12 hours earlier. In that scenario it is possible virus could certainly be on surfaces and be viable.

All these factors vary depending on the circumstances at death. We at TCHD take them into account when assessing who to quarantine. When involved in attending a dying person or responding to a death one should bear these issues in mind.

NYSDOH UPDATES – as of 031021

New CDC notification came out this month regarding vaccinated persons gathering with family or another household. *(my comment: there is a risk that the CDC statements regarding vaccinated persons gathering will be taken as a "carte blanche" for social groups/ clubs etc. to start to meet again. My read or the language is that it is intended to be limited to households. Additionally, there are significant carve outs such as congregate living facilities and nursing homes.)* Vaccination status – most CDC guidelines that use a 90 day window timeframe, start the 90 days from the date of the 2nd vaccine dose – whether the CDC will extend this out longer in the future is uncertain, but it is felt likely to happen. A few studies indicate longer protection perhaps out to 150days. Being "fully vaccinated" means having the complete series of the vaccine and that 2 weeks have elapsed since the final dose of the vaccine.

New Guidelines released from NYSDOH:

Regarding **travel**: NYSDOH has officially recognized that an individual previously Covid positive in the last 90 days or *fully vaccinated (note definition in the document)* need not quarantine or test upon returning to NYC from a non-contiguous state. All the caveats are detailed here: https://coronavirus.health.ny.gov/interim-guidance-quarantine-restrictions-travelers-arriving-new-york-state

Additionally, the governor has announced that, as of April 1st, domestic travel restrictions will be lifted (not international however)

"update interim **HCP return to work** March 10 2021" The information contained supersedes such guidance and any other previous guidance related to healthcare personnel (HCP) returning to work after exposure to COVID-19 or travel out of New York to a non-contiguous state. I

https://coronavirus.health.ny.gov/update-interim-health-advisory-revised-protocols-personnel-healthcare-and-other-direct-care

(comment: this document does speak of healthcare workers who have been vaccinated)

"update to COVID19 Community Quarantine Advisory March 10, 2021"

https://coronavirus.health.ny.gov/health-advisory-quarantine-persons-exposed-covid-19

(comment: this document also addresses vaccination status)

Variants: the number of cases is going up.

About Genomic Sequencing Many PCR positive samples are being genomically sequenced statewide and locally. Sequencing is not a clinical test under public health law- therefore, whether to tell a person the results is up to the laboratory and research team. Not being a clinical test, they fall under different rules than a "clinical "test. They cannot be used to advise a person formally by a clinician. Indeed, with our present state of knowledge, Genomic results do not influence any care of the person. They are only important for tracing the prevalence of variants and guiding public health interventions. Currently, the results make no difference regarding treatment decisions. Should a variant appear which is vaccine resistant, amenable, or resistant to current therapies this could change. Genomic testing would need to be validated as a clinical diagnostic test.

Status of variants as of 031221

UK B 117 – felt to be an indication of a larger proportion of cases coming from this variant. Downstate proportion felt to be about 8% of cases by regional surveillance. Locally it is our most common variant detected.

Overall cases have dropped a bit again after a little blip up – a hopeful sign? Still CDC predicting B117 will rise to 50% of cases

S African = 5 in NYS (downstate)

Brazilian – 0 NYS cases

Regarding the "NY' variant b5216 - a variant gets defined based on the mutations is has and rising to a significant public health concern re Ro number, potential for vaccine resistance etc. The "NY" variant is different in that is has some features of concern but not rising to the same level of concern as the other variants. Falling under this label are several members of the family and they have variable levels of public health concern. Same is generally true of the "California" variant. So, it matters exactly which member of the family you are talking about. We have found this variant a few times locally.

As of March *4th*:

Variant:	B.1.1.7	B.1.351	P.1	Sequenced @ Wadsworth
EDC Region	# Confirmed	# Confirmed	# Confirmed	
Capital District	19			1019
Central NY	2			335
Finger Lakes	1			682
Long Island	29	2		561
Mid-Hudson	20			1064
Mohawk Valley	1			395
North Country	2			139
NYC	107			2356
Southern Tier	9			594
Western NY	4			437
	194	**2**	**0**	**7582**

A returning concern:

Ebola – current status – outbreak in NE region of the Democratic Republic of Congo possibly from the virus arising within a previously infected person and emerging from tissue(s) in the person where it had been residing quiescently. Another outbreak has arisen in Guinea bordering with the Ivory Coast. All cases epi linked and contact tracing be employed aggressively. In the US a push to reactivate activities used in 2014-16 outbreak. Travelers being funneled to specific airports who would be prepared to screen but no screening being done at this time. Volume is about 50-60 travelers / day form the two countries. 15-20 come into NYC airports. This process started 030521. Only 4 since then (as of 031021) have been non-NYC residents and of those most are in Albany or downstate. When indicated, the screening is being done by local health department personnel in the counties to which the traveler goes. They are interviewed re their risk status for Ebola. (such as contacts, attending funerals, eating bush meat and other factors). Back in 2014 you will remember we instituted posters in healthcare sites to alert persons. If the outbreak worsens screening would likely be restarted at entry airports.

Local Health departments are now being asked to initiate contact with persons traveling from these two countries to do interviews and determine risk. Possibly this will lead to a need to have a medical evaluation. Healthcare personnel are being asked to include travel as an interview question to identify at risk persons.

Influenza – Fortunately, Influenza continues at low and "sporadic" levels.

Home Testing

A distinction exists between tests for *collection at home* versus *testing* at home and ones available with and without an *Rx*

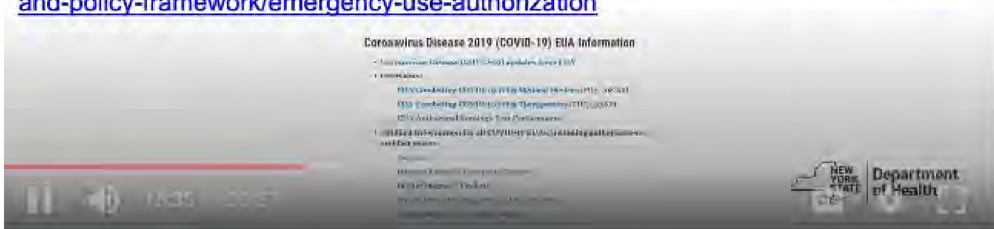
Updates on home Testing

Important differences:

- Tests authorized by the FDA for at home collection and there are tests authorized by the FDA for testing at home
- Visit the FDA EUA web site, scroll down to the section

"In vitro Diagnostics Products" and view each test listed

https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization



Some tests are authorized for home collection of sample and then sample sent in and others for in home testing per se.

One of the newest is:

Ellume COVID-19 Home Test

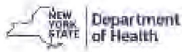
- On December 15, 2020, the FDA authorized the first over the counter (non-prescription) COVID-19 antigen test
- Lateral flow immunoassay using a mid-turbinate nasal swab
- Approved for both symptomatic and asymptomatic individuals 2 years and older
- Uses a Bluetooth connected analyzer and an app for use on a smartphone to help users perform the test
- Results are delivered in as little as 20 minutes to individuals via their smartphone
- The app reports the results to public health authorities to monitor disease prevalence
- In asymptomatic people, the test correctly identified 91% of positive samples and 96% of negative samples.
- In symptomatic people, the test correctly identified 96% of positive samples and 100% of negative samples in individuals with symptoms.

NEW YORK STATE | Department of Health

Next a test that is Rx and the practitioner collects the sample:

Lucira COVID-19 Home Test

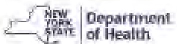
- Prescription only
- Point of care test for ages 14 yrs and up
- Health care provider administered test for ages 13 years and up with hcp collecting the specimen
- Detects positives within 11 minutes and confirms negatives in 30 minutes
- Per the company, the tests have a sensitivity of about 94.1% and a specificity of 98%
- All prescribing healthcare providers are required to report test results to relevant public health authorities



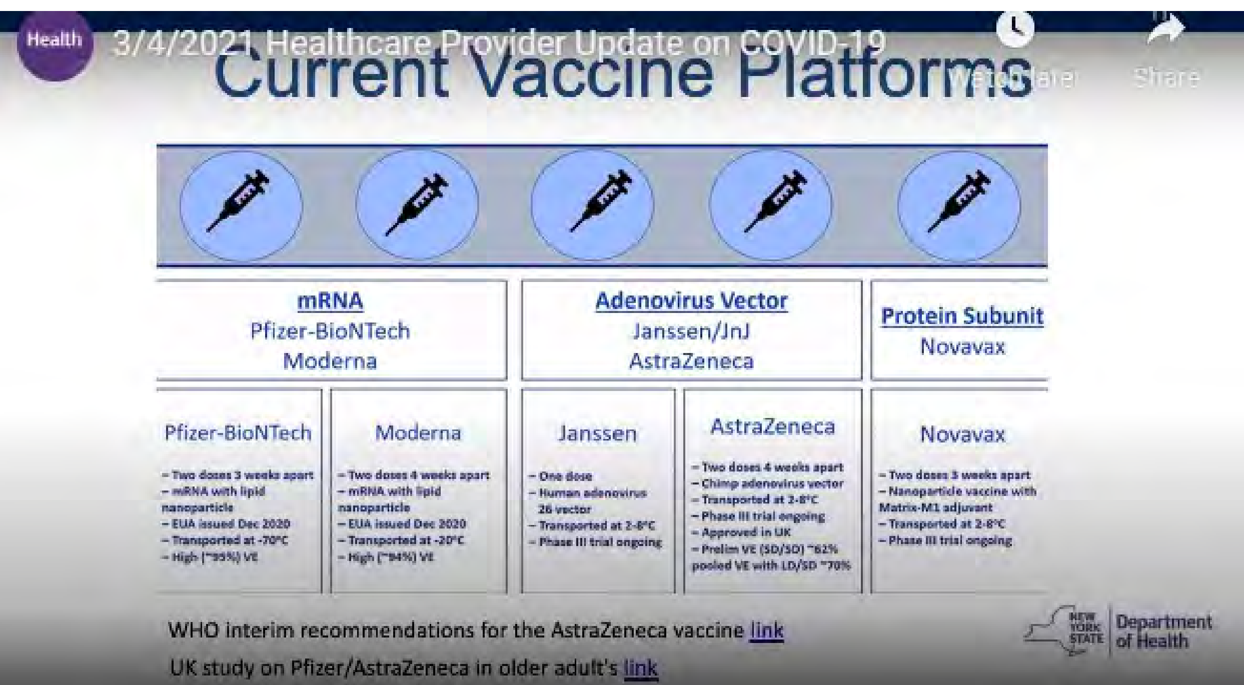
Next another Rx test and the sample *should be collected under supervision* (could be done by telehealth):

Abbott BinaxNOW COVID-19 Ag Card Home Test

- On December 16, 2020, the FDA authorized the Abbott BinaxNOW COVID-19 Ag Card Home Test
- Labelled for home use
- Requires a prescription and performed only with the supervision of a telehealth proctor
- Self-collected nasal swab samples from individuals aged 15 years or older or adult-collected nasal swab samples from individuals aged four years or older
- Performed only with the supervision of a telehealth proctor
- Eligible patients will be provided with a prescription by a healthcare provider associated with the telehealth service, the test ordered, and the test kit can be shipped directly to the patient's house or can be picked up at a designated location, such as a pharmacy.
- The patient uses the NAVICA app to scan the card and results are shown to the telehealth proctor
- Upon completion of the test and result interpretation, the telehealth proctor sends test results to the patient via the NAVICA app
- All prescribing healthcare providers are required to report test results to relevant public health authorities



Vaccine status

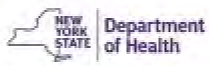


Summary of Key Points

- COVID-19 vaccines are administered intramuscularly as either a two-dose series or single dose
- One valid vaccination series should be completed

Vaccine	Authorized age group	Dose	Dose volume	Number doses/series	Interval between doses
Pfizer-BioNTech	≥16 years	30 µg	0.3 ml	2	3 weeks (21 days)
Moderna	≥18 years	100 µg	0.5 ml	2	1 month (28 days)
Janssen	≥18 years	$5{\times}10^{10}$ virus particles	0.5 ml	1	N/A

CDC for covid vaccines link



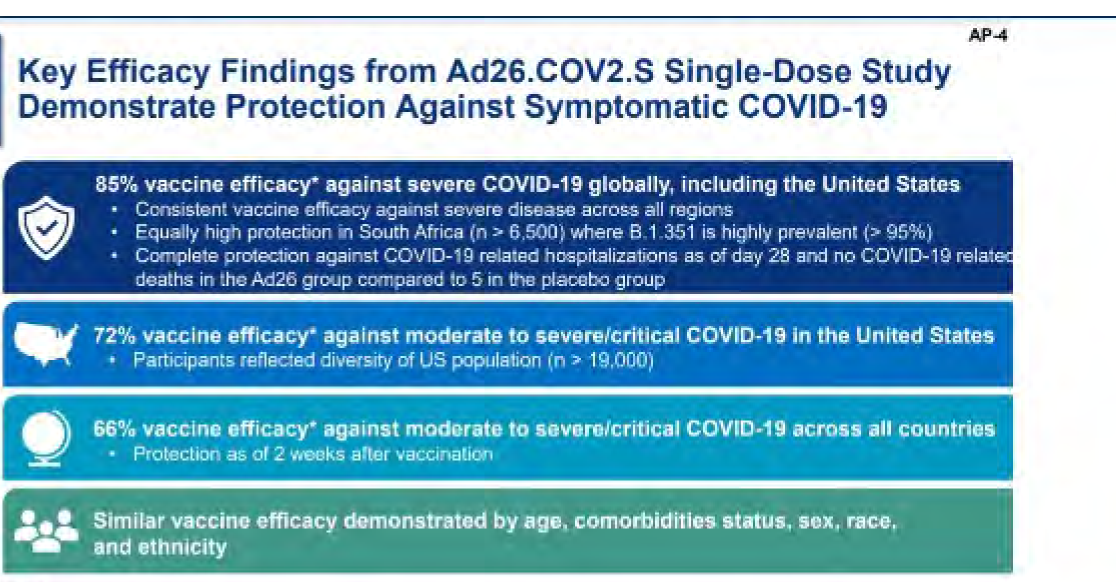
J and J requires only refrigeration. No serious side effects so far. Contraindications – very few – no severe allergic reactions so far – less serious reactions do occur.

Key Contraindications

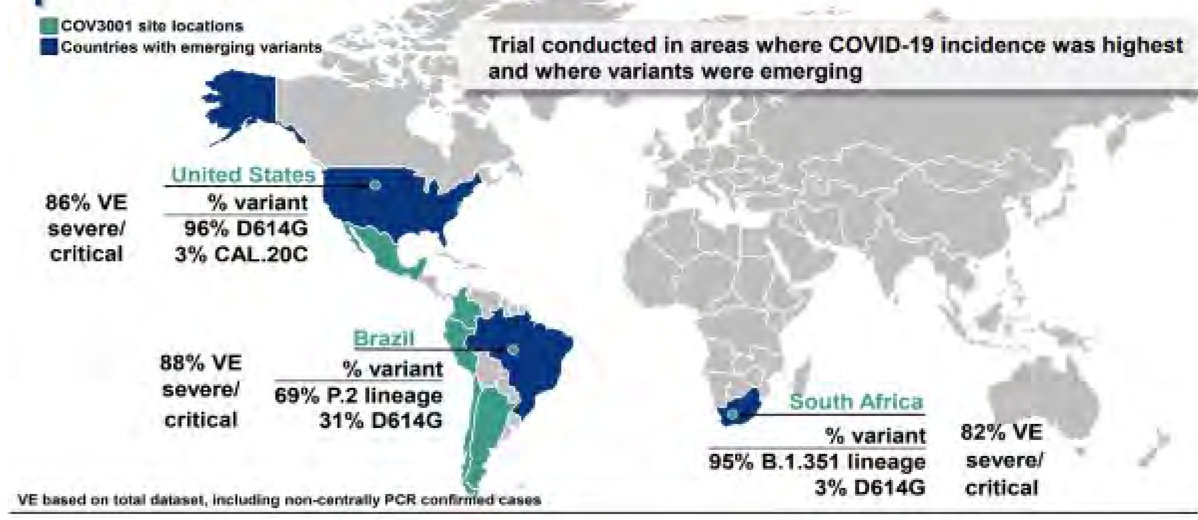
mRNA COVID-19 vaccines	Janssen COVID-19 vaccine
• Persons with contraindication to one mRNA vaccine should not receive doses of either vaccine (Pfizer-BioNTech or Moderna) • Persons with a contraindication to mRNA COVID-19 vaccines (including due to a known allergy to PEG) have a precaution to Janssen COVID-19 vaccine.* • In persons who received one mRNA COVID-19 dose but are contraindicated to receive the 2nd dose, consideration may be given to vaccination with Janssen COVID-19 vaccine (at least 28 days after mRNA dose).*	• Persons with a contraindication to Janssen COVID-19 vaccine (including due to a known allergy to polysorbate) have a precaution to mRNA COVID-19 vaccines.*

*In patients with these precautions, vaccination should be undertaken in an appropriate setting under the supervision of a health care provider experienced in the management of severe allergic reactions. Consider referral to allergist-immunologist.

Note: Polyethylene glycol (PEG) is an ingredient in both mRNA COVID-19 vaccines, and polysorbate 80 is an ingredient in Janssen COVID-19 vaccine. PEG and polysorbate are structurally related, and cross-reactive hypersensitivity between these compounds may occur.



Efficacy beginning 7 days after the single dose.



Note: this vaccine uses the same adenovirus vehicle as does the Ebola vaccine which was studied in diverse populations (incl pregnancy) which helps to inform us somewhat about the J and J vaccine.

J&J Vaccine Summary

- Replication incompetent Adenovirus (Ad26) virus, delivers the gene to allow the body to make the spike protein thereby producing antibodies and immunity
- FDA EUA on Feb 27th
- On Sunday 2/28, the Advisory Committee on Immunization Practices (ACIP) reviewed the vaccine
- CDC Director Rochelle Walensky signed off on that recommendation and the vaccine is currently being deployed with the help of Merck
- Single dose IM, 0.5mL dose, no adjuvants/additives/preservatives
- Store at (2-8 degree C) up to 3 mo and kept frozen up to 24 mo
- No diluent required
- Urticaria, tinnitus, **thromboembolic events**: surveillance for thromboembolism is recommended

NEW YORK STATE | Department of Health

Note that among the later adverse events are Thromboembolic events.

Studies are continuing regarding children and adolescents and regarding whether a 2nd dose has a role.

Which vaccine is best?

- No trial comparing efficacy between vaccines in the same study at the same time as all phase 3 trials differed by calendar time and geographic- cannot draw specific comparisons, different variants etc
- All vaccines have demonstrated efficacy 65-95% VE, high efficacy for severe disease (hospitalization >or=89%) and no one died from COVID
- J&J: if a person needs the complete series quickly or cannot come back for a second dose the J&J vaccine can be administered >28d after a first mRNA vaccine
- If you have a contraindication to mRNA vaccines, you should approach the J&J vaccine with caution
- Wait 14d post-COVID vaccine to administer other vaccines, if possible

If a person cannot complete a series with mRNA the advice is to wait 28 or more days after the dose and then can receive the J and J vaccine.

Vaccine Response to Variants

- Moderna and Pfizer launching booster studies of current vaccines in U.S. and developing second-generation vaccines against B.1.351
- Moderna: Variant-specific vaccine (mRNA-1273.351) and multivalent vaccine with original authorized vaccine and variant vaccine (mRNA-1273.21)

Why do some people still get infected after their first dose or after completion of the series?

Breakthrough Vaccine Cases

- Some infection breakthrough cases are expected because no vaccine is 100%
- Could be related to variants
- Some cases already identified federally and locally
- Sequencing being done
- Data will be collected

Vaccine hesitancy, deferral, refusal, misinformation:

The Surprising Key to Combatting Vaccine Refusal

It's not just one problem—and we're going to need a portfolio of approaches to solve it.

FEBRUARY 28, 2021 The Atlantic

https://www.theatlantic.com/ideas/archive/2021/02/vaccine-hesitancy-isnt-just-one-thing/618164/

some quotes from the article:

One-third of American adults said this month that they don't want the vaccine or are undecided about whether they'll get one. That figure has declined in some polls. But it remains disconcertingly high among Republicans, young people, and certain minority populations

Dissent. Deliberation. Distrust. Indifference. Vaccine hesitancy is not one thing. It's a portfolio. And we're going to need a portfolio of strategies to solve it.

Today, resistance among [some sectors of our population] seems to be the most significant problem for vaccinating the country. Just half of [one group leaning a political way] say that they plan to get the shot, while the share of [another group leaning a different political way] has increased to more than 80 percent.

More subtly, many reporters and scientists consistently focus on the worst news about the pandemic, perhaps thinking that they are doing good. [please, refer to my piece on "emphasizing the positive" in my last bulletin]

end

and further on research into this area:

- From Nature Human Behavior, Published: 05 February 2021

Measuring the impact of COVID-19 vaccine misinformation on vaccination intent in the UK and USA

https://www.nature.com/articles/s41562-021-01056-1?utm_source=STAT+Newsletters&utm_campaign=4af76d4b79-MR_COPY_14&utm_medium=email&utm_term=0_8cab1d7961-4af76d4b79-

Abstract

Widespread acceptance of a vaccine for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) will be the next major step in fighting the coronavirus disease 2019 (COVID-19) pandemic, but achieving high uptake will be a challenge and may be impeded by online

misinformation. To inform successful vaccination campaigns, we conducted a randomized controlled trial in the UK and the USA to quantify how exposure to online misinformation around COVID-19 vaccines affects intent to vaccinate to protect oneself or others. Here we show that in both countries—as of September 2020—fewer people would 'definitely' take a vaccine than is likely required for herd immunity, and that, relative to factual information, recent misinformation induced a decline in intent of 6.2 percentage points (95th percentile interval 3.9 to 8.5) in the UK and 6.4 percentage points (95th percentile interval 4.0 to 8.8) in the USA among those who stated that they would definitely accept a vaccine. We also find that some sociodemographic groups are differentially impacted by exposure to misinformation. Finally, we show that scientific-sounding misinformation is more strongly associated with declines in vaccination intent.

From the introduction:

While large-scale vaccine rejection threatens herd immunity goals, large-scale acceptance with local vaccine rejection can also have negative consequences for community (herd) immunity, as clustering of non-vaccinators can disproportionately increase the needed percentage of vaccination coverage to achieve herd immunity in adjacent geographical regions and encourage epidemic spread[24]

From the Method section:

A total of 8,001 respondents recruited via an online panel were surveyed by ORB (Gallup) International (www.orb-international.com) between 7 and 14 September 2020. Respondent quotas for each country and each group (that is both treatment and control) were set according to national demographic distributions for gender, age, and sub-national region—the four census regions in the USA[59] *and first level of nomenclature of territorial units in the UK*[60]*. Following randomized treatment assignment, 3,000 UK and 3,001 US respondents were exposed to images of recently circulating online misinformation related to COVID-19 and vaccines (treatment group) and 1,000 respondents in each country were shown images of factual information about a COVID-19 vaccine to serve as a randomized control (control group).*

from the discussion section:

Treatment with exposure to misinformation is found to differentially impact individuals' intent to vaccinate to protect themselves according to some sociodemographic factors. In the UK, the unemployed were more robust to exposure to misinformation compared with those who are employed (before March 2020). Unemployed individuals in the UK were recently found to be less undecided about whether to vaccinate than employed groups[46]*. In the USA, 'other' ethnicities and lower-income groups are more robust to misinformation than those of white ethnicity. There is also evidence that exposure to misinformation makes those identifying as Jewish less likely to lower their vaccination intent to protect others compared with Christians in*

the UK. In the USA, females are more likely than males to lower their intent to vaccinate to protect others upon exposure to misinformation. Many recent studies in both the UK and the USA have highlighted females as less likely to vaccinate than males[46,47,48].

We find no evidence that individuals who trust health authorities are any more or less likely to be impacted by misinformation (after controlling for their sociodemographic characteristics); however, trust in experts has been recently found to be associated with intent to pursue COVID-19 vaccine in the USA[49]*. Interestingly, trust of celebrities in the UK is associated with more robustness to misinformation compared to controls, whereas trust in family and friends in the USA is associated with a susceptibility to misinformation compared to the control. This result aligns with a recent study that associates trust in non-expert sources with dismissal of misinformation relating to vaccine decision making*[50]*. Some recent work suggests that those who consume legacy media several times a day and online media less frequently exhibit lower COVID-19 vaccine hesitancy than those who consume less of both*[25]*. We also find no evidence that daily social media usage is associated with robustness to effects of misinformation exposure on COVID-19 vaccination intent.*

End

Comment: the authors offer no solutions to addressing this. Clearly our approaches must vary depending upon the person before us, their personal history with healthcare (were they abused by healthcare personnel in the past? Did they have an unfortunate but not unexpected adverse experience? Are they grounded in respect for science's ability to do better than a person's anecdotal experiences? etc.). Certainly, the specific person and/or the message that can resonate with them will vary. These basic elements call upon us to be flexible and skillful in addressing vaccination. Having a pat "elevator speech" is not likely to carry the day.

For some individuals it would be helpful, perhaps, to have a list of individuals / agencies they respect who have encouraged vaccination. (our recent POD at BJM had the help of GIAC in publicizing the available of the vaccine). For other individuals it might help by knowing that nongovernmental professional societies like AAFP, IDSA, ACP, APHA endorse it. For some, nothing will matter except what others have told them and we will have to keep the door open and move on.

Masking newer advice does not diminish the basic message of "just use one" but can inform those looking for ever more effective techniques.

CDC Mask Updates

- The CDC **recommends** that people take the proper steps to improve the fit of their masks (MMWR)
- No specific recommendation that people wear two masks or "double masking"
- Combination of masks that was tested was a cloth mask over a disposable mask. Therefore, using these terms can lead to individuals wearing combinations that decrease protection rather than increasing it.

Wear multiple layers:

- A cloth mask over a disposable mask, or a multi-layered cloth mask
- The receiver's exposure was maximally reduced (>95%) when the source and receiver were fitted with modified medical procedure masks

COVID Long Haulers
"Long COVID"
Post-acute COVID-19 syndrome

People who have had Covid don't always "bounce back". In fact, a significant number of them are struggling after the acute infection.

3/4/2021 Healthcare Provider Update on COVID-19

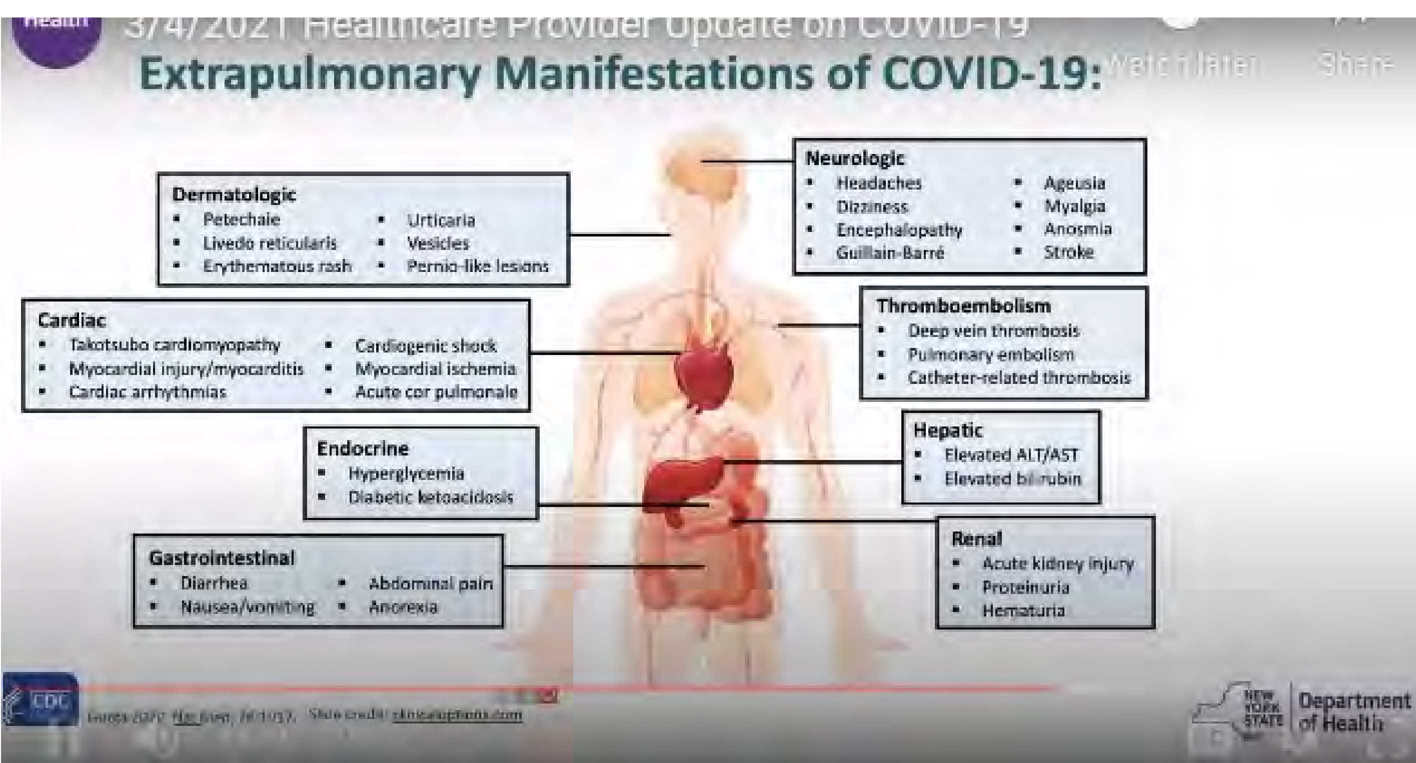
Long Term Effects of COVID

- Constellation of persistent symptoms ≥ 4 weeks and/or organ dysfunction after acute COVID-19 (recovered)

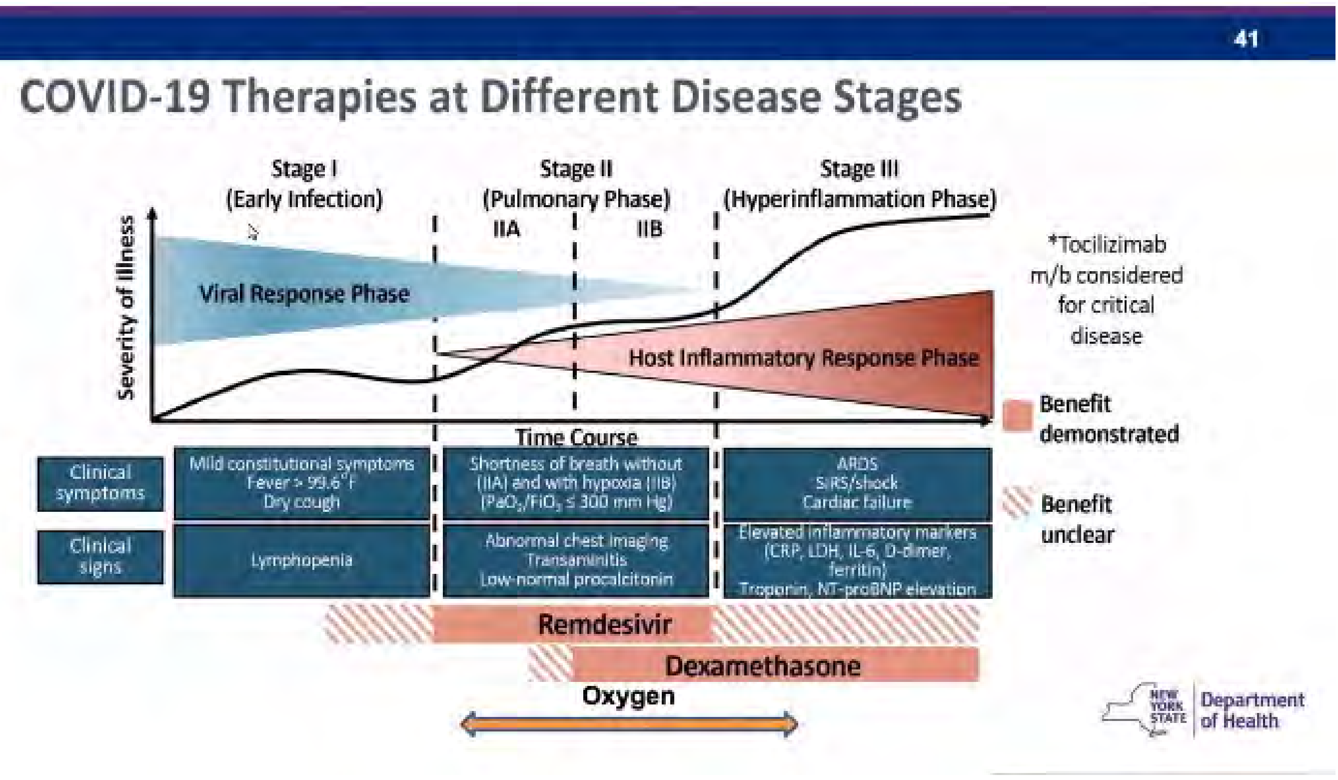
Update article

- *JAMA Network Open*. 2021;4(2):e210830. doi:10.1001/jamanetworkopen.2021.0830

- In this cohort of individuals with COVID-19 were followed up for as long as 9 months after illness,
- approximately 30% reported persistent symptoms
- Many had mild initial disease as outpatients
- Persistent symptoms like fatigue were reported by one-third of outpatients
- They had not returned to baseline health by 14 to 21 days following infection and were followed up to 9 months after infection.
- 29% of outpatients reported worsened HRQoL.5
- 14 participants, including 9 non-hospitalized individuals, reported negative impacts on activities of daily living after infection



And to put treatment into one graphic for you:



NEUROLOGIC COMPLICATIONS OF COVID-19

	SYMPTOMS OR SYNDROMES	RELATION TO DISEASE COURSE	FREQUENCY
Neurologic symptoms of COVID-19	Anosmia, dysgeusia, headache, dizziness, paresthesias	Early	Common
Neurologic complications of severe COVID-19	Encephalopathy, Stroke, ANE, seizures	Late	Common in severe disease
Direct involvement of CNS with SARS CoV-2	Meningoencephalitis	Unknown	Rare
Para-infectious and Post-infectious complications of SARS Cov-2	GBS, Miller Fisher syndrome, ADEM	7 to 10 days after onset	Unknown
COVID-19 in patients with existing neurologic illness	MS, MG, Epilepsy, Dementia, PD	N/A	Unknown

- Definition
- Cause
- Incidence
- Duration
- Risk factors
- Prevention
- Treatment

Monoclonal antibody treatment is reserved for non-hospitalized persons who are deemed at significant risk for severe disease. Additional criteria apply for inclusion or exclusion from be considered for this outpatient treatment.

Lastly, the impact of Covid upon we caregivers. Although this is written about physicians it is likely similar trends (if not actual percentages apply to public health workers). Here is one assessment of the pandemics impact:

Physician Happiness Outside Work Sees Sharp Drop

Pre-pandemic survey

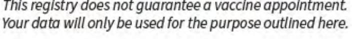
- 39% somewhat happy, 43% very happy

2020 survey (August 30– November 5)

- 38% somewhat happy, 20% very happy
- ~75% reported some degree of anxiety about future
- Only 35% take time to focus regularly on their own well-being
    - 39% of men, 28% of women

The Vaccine Registry

In addition to the Department promoting the registry with the public I have been promoting it heavily with the practitioner community. We have the sense at TCHD that there is still some confusion as to its purpose, utility out in the community and we believe significant numbers of people are still not aware of it. Note that for persons who do not have internet access and no friend or family member to do it for them that they can phone 211 and a person will register them over the phone.



www.tompkinscountyny.gov/health

Questions I have been asked:

What is the current pct of SNF residents who are vaccinated?

We don't know exactly – we do know that we have 100 doses in stock which are earmarked for NH and that NYS is trying to get all remaining staff and residents vaccinated, but no one is requesting this vaccine. NYSDOH set it up so that TCHD was to be only the distribution point for the vaccine and the State controls the process and data and does the communication and organization.

Can adolescents down to16 register to get vaccine?

Yes - the registry asks for dob and age is no impediment to registering – Pfizer vaccine (the only one which is EUA approved for down to 16) is coming in consistently. Currently, this age group per se is not eligible unless they fit into another category such as essential worker (e.g. grocery store), comorbidity or other. The registry is only for currently eligible individuals. As eligibility criteria change people should register.

end

March 2021 BOH Report

Community Health Services

By Rachel Buckwalter, Senior Community Health Nurse

Communicable Disease:

- **COVID-19:** Throughout the month of February, COVID-19 response continued to be the primary activity involving case investigations, contact tracing, daily phone calls with cases during their isolation period, and daily call/texts of persons on mandatory quarantine. NYSDOH recently issued new guidance exempting fully vaccinated people from quarantine if they meet criteria (see attached). Guidance was also issued for travelers and healthcare workers who are fully vaccinated.
- **Hepatitis A:** During the month February we had three new cases of Hepatitis A. All cases were females; age range 36 to 40. All three cases have an association with the Hep A cluster from the homeless encampment, known as the Jungle. All three were admitted to CMC for treatment. Two of the three have a history of chronic Hep C. Two have been discharged from the hospital and one is still inpatient. Contact investigations were challenging with these three cases. Two cases had an unknown date of symptom onset. The third case had a known date of symptom onset and gave names of contacts, but the contacts did not have phone numbers. We are partnering with REACH Medical to work with these challenging cases.

Maternal Child Program:

- We are continuing program planning for reactivating our Maternal Child program.

SafeCare Program:

- This program is on hold and conversations are ongoing as to when to reactivate.

Immunization Clinics:

- On site immunization clinics continued to be suspended due to the COVID-19 response. CHS staff continue to refer children needing VFC vaccinations to family physicians and pediatricians in Tompkins County who have agreed to provide vaccinations to children who would typically have been seen in our clinics.
- CHS staff have been assisting with Covid -19 vaccine clinics at the mall site, at BJM, and at several senior housing apartment complexes within Tompkins County. In the past we have done mobile flu clinics so our staff are experienced with doing clinics in the community and are enjoying the opportunity to be out in the community vaccinating again.

Lead Poisoning Prevention- (17 total cases)

- Lead nurse Gail Birnbaum is providing care coordination to 17 children with elevated Blood Lead Levels (BLL's): there were no new cases in February.

Tuberculosis

- No active TB cases currently.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 02MAR21
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=February

	2021		2020		2019		2018		Ave (2018-2020)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
CAMPYLOBACTERIOSIS**	1	11.7	0	0.0	0	0.0	3	35.0	1	11.7
COVID-19	456	5323.3	0	0.0	0	0.0	0	0.0	0	0.0
GIARDIASIS	0	0.0	1	11.7	1	11.7	2	23.3	1	11.7
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
HEPATITIS A	3	35.0	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	1	11.7	1	11.7	2	23.3	2	23.3	2	23.3
HEPATITIS C,ACUTE**	0	0.0	0	0.0	1	11.7	1	11.7	1	11.7
HEPATITIS C,CHRONIC**	0	0.0	3	35.0	3	35.0	7	81.7	4	46.7
INFLUENZA A, LAB CONFIRMED	0	0.0	271	3163.6	334	3899.1	235	2743.4	280	3268.7
INFLUENZA B, LAB CONFIRMED	0	0.0	442	5159.9	6	70.0	290	3385.4	246	2871.8
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** ****	0	0.0	1	11.7	3	35.0	3	35.0	2	23.3
MALARIA	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
MENINGITIS, ASEPTIC	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
PERTUSSIS**	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
SALMONELLOSIS**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
STREP,GROUP A INVASIVE	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
STREP,GROUP B INVASIVE	0	0.0	1	11.7	1	11.7	0	0.0	1	11.7
STREP PNEUMONIAE,INVASIVE**	0	0.0	1	11.7	1	11.7	1	11.7	1	11.7
SYPHILIS TOTAL.......	1	11.7	5	58.4	2	23.3	0	0.0	2	23.3

	2021		2020		2019		2018		Ave (2018-2020)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
- P&S SYPHILIS	1	11.7	3	35.0	1	11.7	0	0.0	1	11.7
- EARLY LATENT	0	0.0	2	23.3	1	11.7	0	0.0	1	11.7
GONORRHEA TOTAL.......	13	151.8	11	128.4	13	151.8	16	186.8	13	151.8
- GONORRHEA	13	151.8	11	128.4	13	151.8	16	186.8	13	151.8
CHLAMYDIA	35	408.6	40	467.0	38	443.6	45	525.3	41	478.6
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
OTHER VD	0	0.0	0	0.0	1	11.7	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

***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: 02MAR21
Through February
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

	2021		2020		2019		2018		Ave (2018-2020)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
CAMPYLOBACTERIOSIS**	2	11.7	2	11.7	3	17.5	3	17.5	3	17.5
COVID-19	1064	6210.5	0	0.0	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	0	0.0	4	23.3	2	11.7	0	0.0	2	11.7
GIARDIASIS	0	0.0	1	5.8	1	5.8	2	11.7	1	5.8
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	0	0.0	1	5.8	1	5.8	1	5.8
HEPATITIS A	4	23.3	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	1	5.8	1	5.8	2	11.7	3	17.5	2	11.7
HEPATITIS C,ACUTE**	0	0.0	0	0.0	1	5.8	2	11.7	1	5.8
HEPATITIS C,CHRONIC**	0	0.0	3	17.5	6	35.0	7	40.9	5	29.2
INFLUENZA A, LAB CONFIRMED	0	0.0	398	2323.1	436	2544.9	403	2352.3	412	2404.8
INFLUENZA B, LAB CONFIRMED	0	0.0	679	3963.3	11	64.2	418	2439.9	369	2153.8
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	5.8	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** ****	0	0.0	2	11.7	4	23.3	3	17.5	3	17.5
MALARIA	0	0.0	1	5.8	0	0.0	0	0.0	0	0.0
MENINGITIS, ASEPTIC	0	0.0	0	0.0	1	5.8	1	5.8	1	5.8
PERTUSSIS**	0	0.0	1	5.8	2	11.7	0	0.0	1	5.8
SALMONELLOSIS**	0	0.0	0	0.0	0	0.0	2	11.7	1	5.8
SHIGELLOSIS**	0	0.0	0	0.0	0	0.0	1	5.8	0	0.0
STREP,GROUP A INVASIVE	0	0.0	1	5.8	1	5.8	0	0.0	1	5.8
STREP,GROUP B INVASIVE	0	0.0	1	5.8	1	5.8	2	11.7	1	5.8

	2021		2020		2019		2018		Ave (2018-2020)	
Disease	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**	**Freq**	**Rate**
STREP PNEUMONIAE,INVASIVE**	0	0.0	2	11.7	1	5.8	3	17.5	2	11.7
TUBERCULOSIS***	0	0.0	0	0.0	0	0.0	1	5.8	0	0.0
SYPHILIS TOTAL.......	1	5.8	5	29.2	3	17.5	0	0.0	3	17.5
- P&S SYPHILIS	1	5.8	3	17.5	2	11.7	0	0.0	2	11.7
- EARLY LATENT	0	0.0	2	11.7	1	5.8	0	0.0	1	5.8
GONORRHEA TOTAL.......	23	134.3	18	105.1	23	134.3	20	116.7	20	116.7
- GONORRHEA	23	134.3	18	105.1	23	134.3	20	116.7	20	116.7
CHLAMYDIA	50	291.8	71	414.4	71	414.4	64	373.6	69	402.8
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	1	5.8	0	0.0
OTHER VD	0	0.0	0	0.0	1	5.8	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.

ANDREW M. CUOMO
Governor

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

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

DATE: **March 10, 2021**

TO: Local Health Departments (LHDs) and other affected entities

FROM: New York State Department of Health (NYSDOH)

UPDATE: HEALTH ADVISORY: QUARANTINE FOR COMMUNITY PERSONS EXPOSED TO COVID-19

SUMMARY

- This document provides updated guidance on quarantine for community persons exposed to COVID-19, and how to factor in a person's vaccination status. This guidance does not apply to vaccinated inpatients and residents in health care settings.
- This guidance aligns the requirements for release from quarantine with the February 10, 2021 Centers for Disease Control and Prevention (CDC) guidance.

QUARANTINE REQUIREMENTS FOR INDIVIDUALS EXPOSED TO COVID-19

Consistent with recent CDC guidance, asymptomatic individuals who have been fully vaccinated against COVID-19 do not need to quarantine during the first 3 months after full vaccination, if the following criteria are met:

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

Individuals who do not meet all 3 of the above criteria and who have been exposed to someone with confirmed or suspected COVID-19 are required to quarantine for 14 days after exposure, or ten days if they meet the criteria for a reduced quarantine. Consistent with previous CDC guidance, there is no testing requirement to end the quarantine if no symptoms have been reported during the quarantine period. However, a test should be sought immediately if any symptoms develop during the fourteen days after exposure.

Consistent with CDC guidance from February 13, 2021, **asymptomatic** individuals who have previously been diagnosed with laboratory confirmed COVID-19 and have since recovered, are not required to retest and quarantine within3 months after the date of symptom onset from the initial SARS-CoV-2 infection or date of first positive diagnostic test if asymptomatic during illness.

While COVID-19 vaccines have demonstrated high efficacy at preventing severe and symptomatic COVID-19, there is currently limited information on how much the vaccines might

reduce transmission, how long protection lasts, and the efficacy of vaccines against emerging SARS-CoV-2 variants. Additionally, some individuals who were previously infected with COVID-19 have been reinfected at a later time. **Therefore, regardless of quarantine status**, all individuals exposed to COVID-19 must:

- Continue daily symptom monitoring through Day 14;
- Continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and the use of face coverings, through Day 14 (even if fully vaccinated);
- Immediately self-isolate if any symptoms develop and contact the local public health authority or their health care provider to report this change in clinical status and determine if they should seek testing.

TRAVEL AND QUARANTINE

Domestic travelers arriving in New York from non-contiguous US states and territories who are not essential workers and/or who did not complete the testing requirements described in Executive Order 205.2 must quarantine. Asymptomatic domestic travelers to New York can be exempted from quarantine if meet the criteria described previously in this document.

International travelers arriving in New York must comply with all CDC requirements for testing and quarantined after international travel. This requirement applies to all international travelers whether they were tested before boarding, are recovered from a previous COVID infection, or are fully vaccinated.

Consult the latest NYS travel advisory for more information. Guidance on how to quarantine can be found here.

LOCAL HEALTH DEPARTMENTS AND QUARANTINE ORDERS

Local Health Departments (LHDs) will continue to identify individuals who may have been exposed to COVID-19. Contact tracing interviews will now include questions about vaccination status and dates. Contact tracers may validate reports of vaccination status in NYSIIS or CIR, the statewide immunization registry, during the interview. Individuals who meet the vaccination criteria listed above do not need to quarantine. Information about the criteria for quarantine exemptions due to immunization status will be included in local quarantine orders from this point forward.

ADDITIONAL INFORMATION

This guidance applies only to asymptomatic individuals who have been exposed to COVID-19 and who have not tested positive as a result of a recent exposure. Individuals who test **positive for COVID-19 must isolate**. Information on the criteria and duration for isolation can be found here.

ANDREW M. CUOMO
Governor

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

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

Date: March 10, 2021

UPDATE to Interim Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure – Including Quarantine and Furlough Requirements for Different Healthcare Settings

Please distribute immediately to:
Administrators, Infection Preventionists, Hospital Epidemiologists, Medical Directors, Nursing Directors, Risk Managers, and Public Affairs.

Summary

- **Hospitals, ESRDs, Dentists, Private Practices, EMS, Nursing Homes, Adult Care Facilities, Home Care, Hospice must contact the New York State Department of Health's (Department) Surge and Flex Operations Center at 917-909-2676** anytime there is concern about healthcare personnel (HCP) staffing, patient care capacity, or other triage concerns. The Surge and Flex Operations Center is available 24 hours a day, 7 days a week.

- This document updates the January 7, 2021 "Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure." The information contained herein supersedes such guidance and any other previous guidance related to healthcare personnel (HCP) returning to work after exposure to COVID-19 or travel out of New York to a non-contiguous state. In this guidance, contiguous states to New York include Pennsylvania, New Jersey, Connecticut, Massachusetts, and Vermont.

- This update aligns with the December 14, 2020 Centers for Disease Control and Prevention (CDC) guidance "Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19" and "February 14 2021 CDC update to "Strategies to Mitigate Healthcare Personnel Staffing Shortages."

- This update aligns with the February 14, 2021 CDC update to "Testing Healthcare Personnel for SARS-CoV-2." It addresses testing of asymptomatic HCP who have recovered from COVID-19 and testing of asymptomatic HCP exposed to COVID-19, who are allowed to return to work earlier than 10 days from such diagnosis or exposure, to the extent that these are both mitigation strategies to reduce staffing shortages. It otherwise does not apply to HCP with confirmed or suspected COVID-19 or the end of isolation for such confirmed or suspected case. HCP with diagnosed COVID must follow the requirements for the discontinuation of isolation.

Background

There is continued community spread of COVID-19 in New York. COVID-19 disease transmission will continue until the number of people vaccinated increases.

The presence of community COVID-19 cases increases the possibility of exposures for HCP. This may affect staffing levels. However, concerns about staffing shortages must be balanced against the risk of further exposures and outbreaks among hospital staff and possible transmission of COVID-19 to patients.

Furthermore, on December 14, 2020, the CDC updated work restriction guidance for HCP with potential exposure to COVID-19 ("Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19") to emphasize that **"in general, healthcare personnel with travel or community-associated exposures where quarantine is recommended should be excluded from work for 14 days after their last exposure**."

On February 10, 2021, the CDC issued guidance that asymptomatic individuals who have been fully vaccinated against COVID-19 do not need to quarantine during the first 3 months after vaccination. On February 14, 2021, the CDC issued an update the "Strategies to Mitigate Healthcare Personnel Staffing Shortages," clarifying that the return to work of asymptomatic fully vaccinated healthcare workers exposed to COVID-19 is a contingency strategy to address staffing shortages.

To ensure adequate and appropriate staffing in hospitals and direct care settings while minimizing risk of transmission, the Department issued revised guidelines on January 7, 2021 regarding the return to work of **asymptomatic HCP**, whether direct healthcare providers or other staff, who have been exposed to a confirmed case of COVID-19.

The purpose of this update is to provide clarification regarding quarantine, furlough, and testing for HCP exposed to COVID-19, including those who are fully vaccinated, and advise on next steps for healthcare provider entities with current or imminent staffing shortages that threaten essential patient services.

Guidelines for Asymptomatic Healthcare Personnel Returning to Work After Being Exposed to COVID-19

Asymptomatic HCP who have had exposure to, or been in contact with, a confirmed or suspected case of COVID-19 (e.g. had higher-risk prolonged close contact in a healthcare setting with a patient, visitor, or HCP with confirmed or suspected COVID-19 while not wearing recommended personal protective equipment per CDC guidelines; had close community contact within 6 feet of a confirmed or suspected case for 10 minutes or more; or was deemed to have had an exposure [including proximate contact] by a local health department), **may return to work* after completing a 10 day quarantine without testing if no symptoms have been reported during the quarantine period**, providing the following conditions are met:

- HCP must continue daily symptom monitoring through Day 14;
- HCP must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene, the use of face masks or other appropriate respiratory protection face coverings, and the use of eye protection;

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

*Exception: HCP exposed to COVID-19 who are working in **nursing homes or adult care facilities** certified as Enhanced Assisted Living Residences (**EALR**) or licensed as Assisted Living Programs (**ALP**) who complete the 10 day quarantine **cannot return** to their workplace (must furlough) until the 14th day after exposure.

- Asymptomatic HCP returning from travel to a non-contiguous US state or territory may return to work consistent with the essential worker requirements set forth in the Department's travel advisory, however such **HCP must receive a COVID-19 diagnostic test within 24 hours of arrival in New York, and again on the fourth day after their return**.

- Asymptomatic HCP returning from travel to another country must follow CDC's international travel requirements including showing proof of negative diagnostic test result no more than 3 days before flight departure or documentation of recovery from COVID-19 prior to boarding, and must either quarantine for 7 days with a test 3-5 days after travel or quarantine for 10 days with no test. New York State essential worker exemptions do not apply to international travel.

Healthcare Personnel and COVID-19 Paid Sick Leave Law

HCP who are furloughed due to contact with a known positive case, or because they do not meet the above conditions for returning to work, may qualify for paid sick leave benefits, and their employers can provide them with a letter confirming this, which can be used to demonstrate eligibility for the benefit. However, New York employees will forgo their paid sick leave benefits from New York's COVID-19 paid sick leave law if they engage in travel not directed by their employer to another country or to a non-contiguous US state or territory from the time of return to New York until the end of the required period of quarantine or isolation.

Guidelines for Health Care Entities to Mitigate Current or Imminent Staffing Shortages that Threaten Provision of Essential Patient Services

Hospitals with an actual or anticipated inability to provide essential patient services prior to reaching 85% bed capacity, and non-hospital entities (including nursing homes, adult care facilities, home care, hospice, and other congregate settings, as well as EMS) with an actual or anticipated inability to provide essential patient services, may allow exposed HCP to return to work early upon approval of the Commissioner of Health.

Before requesting authorization to allow exposed HCPs to return to work early, healthcare entities must ensure that they have in place strategies to mitigate HCP staffing shortages such as those outlined in CDC's February 14, 2021 "Strategies to Mitigate Healthcare Personnel Staffing Shortages."

These strategies include:

1. Properly defining healthcare facility exposures (e.g., missing PPE or inappropriate wearing of PPE while caring for a patient with suspected or confirmed COVID-19 or during aerosol-generating procedures).

2. For staff who recently traveled, furlough only HCP who have traveled internationally or those who traveled domestically and have not been tested within 24 hours of arrival in New York and again on the fourth day after their return.

3. Following CDC's February 14, 2021 "Testing Healthcare Personnel for SARS-CoV-2" recommendation that **asymptomatic HCP who have recovered from SARS-CoV-2 infection may not need to undergo repeat testing or quarantine if exposed to COVID-19 within 3 months after the date of symptom onset from the initial SARS-CoV-2 infection or date of first positive diagnostic test if asymptomatic during illness.**

4. Curtail non-essential procedures and visits in hospitals and similar settings. Facilities experiencing significant staffing challenges should consider cancelling all such procedures scheduled in advance that do not involve a medical emergency and for which a delay would not be detrimental to the patient's health. Facilities anticipating staffing challenges should reduce these procedures to the level needed to maintain essential patient services based upon staffing capacity, clinical judgement and DOH guidance.

5. Shift HCP who work in underutilized areas to support essential patient services in other areas within the facility or attempted to use other qualified agency providers to fill positions.

6. Attempt to address social factors that might prevent unexposed HCPs from reporting to work such as 1) safe transportation; 2) housing that allows for social distancing if HCP live with individuals with underlying medical conditions or older adults; 3) child care for HCP with younger children and children enrolled in remote school.

7. Identify/hire additional HCP to work in the facility including per diem staff, staff from other entities including other facilities within same health system.

8. As appropriate, ask HCP to postpone elective time off from work, with consideration for the mental health benefits of time off and that the burden of the disease and care-taking responsibilities may differ substantially among certain racial and ethnic groups.

9. Do not furlough asymptomatic HCP who have been fully vaccinated against COVID-19 during the first 3 months after full vaccination if the criteria and conditions listed in the next section are met.

Asymptomatic Fully Vaccinated HCP Exposed to COVID-19 and Quarantine/Furlough

Asymptomatic HCP who have been fully vaccinated against COVID-19 do **not** need to quarantine or furlough during the first 3 months after full vaccination if:

- Such HCP is fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine);

- Such HCP is within 3 months following receipt of the last dose in the series;

- Such HCP has remained asymptomatic since the last COVID-19 exposure.

- HCP working in a nursing home or adult care facility must:
    - Participate in diagnostic COVID-19 testing twice per week or as determined by the Commissioner of Health in accordance with EO 202.88;
    - Be assigned to areas in which they will only have contact with vaccinated residents (except for HCP working in pediatric facilities and units).
- HCP working in hospital or healthcare facility other than a nursing home or adult care facility must:
-
    - Participate in diagnostic COVID-19 testing between 5-7 days after current COVID-19 exposure, or as soon as possible if exposure is not discovered until day 7 or later;
    - Attempts should be made to assign these healthcare workers to lower-risk patients.

In all exposure situations, HCP are expected to comply with symptom monitoring and nonpharmaceutical interventions as described above through day 14.

All healthcare facilities are expected to know which of their staff have been vaccinated. Any vaccinated staff who did not receive the vaccine through their workplace must inform the facility of their vaccination status through the same process the facility uses to maintain information on annual influenza immunizations and tuberculosis tests.

Guidelines for Healthcare Entities Continuing to Experience Staffing Shortages that Threaten Provision of Essential Patient Services

Facilities still experiencing staffing shortages should go to HCP Return to Work Waiver to complete the required checklist and upload the signed CEO attestation documenting that the facility has implemented or attempted to implement staffing mitigation strategies and is experiencing a current or imminent staffing shortage that threatens provision of essential patient services. Upon review and **approval** by the Commissioner of Health, health care entities will be allowed to implement crisis capacity strategies to mitigate staffing shortages. Do not call the Surge and Flex Operations Center to request authorization to allow exposed HCP to return to work early. Do call the Surge and Flex Operations Center for all other capacity and emergency concerns.

Under crisis capacity strategies, if approved by the Commissioner of Health, entities may allow asymptomatic HCPs who have had exposure to or been in contact with (as defined above) a confirmed or suspected case of COVID-19 within the past 10 days to return to work, provided the following conditions are met:

- HCP must be asymptomatic.
- HCP must have a negative test (PCR or antigen) to return to work after an exposure and subsequently be tested every 2-3 days after the first test until Day 10 after exposure.

- HCP must self-monitor for symptoms and conduct daily temperature checks through Day 14.

- HCP must quarantine when not at work consistent with the Department's guidance on quarantine.

- At any time, if the HCP working under these conditions develop symptoms consistent with COVID-19, they should immediately stop work and isolate at home. All staff with symptoms consistent with COVID-19 should be immediately referred for diagnostic testing for SARS-CoV-2.

Additional Assistance

Hospitals, ESRDs, Dentists, Private Practices, EMS, Nursing Homes, Adult Care Facilities, Home Care, Hospice must contact the Department's Surge and Flex Operations Center at 917-909-2676 anytime there is concern about staffing, patient care capacity, or other triage concerns. The Surge and Flex Operations Center is available 24 hours a day, 7 days a week.

General questions or comments about this advisory can be sent to covidhospitaldtcinfo@health.ny.gov, or covidadultcareinfo@health.ny.gov.

Checklist and Attestation		
Name of Healthcare Entity: ____ Date:_______________		
Furloughing staff exposed to COVID-19		
Questions	Yes	No
1. Is the facility limiting furloughs to HCP who had prolonged close contact with a patient/resident, visitor, or HCPs with confirmed COVID-19 or close contact with such persons while not wearing appropriate PPE or wearing it properly or not wearing proper PPE while present for an aerosol-generating procedure?		
2. Is the facility limiting furloughs to HCP with non-work COVID-19 exposures or returning from international travel or who return from domestic travel without being tested within 24 hours of arriving in NY and on the fourth day after their return?		
3. Is the facility pausing on furloughing exposed asymptomatic HCP who have recovered from COVID-19 in the past 3 months?		
Implement staffing mitigation strategies (consult CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages for suggestions)		
Questions	Yes	No
1. For hospitals only: Are non-essential procedures curtailed? Non-essential procedures are those procedures scheduled in advance that do not involve a medical emergency and for which delay would not be detrimental to the patient's health.		
2. For hospital only: If no to #1, Has the hospital reduced non-essential procedures to the level needed to maintain essential patient services?		
3. Shifted HCPs who work in underutilized areas to support essential patient services in other areas within the facility or attempted to use other qualified agency providers to fill positions?		
4. Attempted to address social factors that might prevent unexposed HCPs from reporting to work?		
5. Attempted to identify/hire additional HCPs to work in the facility, brought on per diem staff, or worked with other entities to share staff where appropriate?		
6. If appropriate, requested that HCPs postpone elective time off from work?		
7. Allowed exposed asymptomatic HCP who have been fully vaccinated against COVID-19 during the first 3 months after full vaccination to continue working?		

Attestation

I hereby certify, under penalty of law, that I am the Chief Executive Officer (CEO) of the healthcare entity identified below and the foregoing is accurate and truthful to the best of my knowledge. I am requesting that HCPs exposed to COVID-19 return to work at my facility before the quarantine period has ended.

Name of Healthcare Entity: ____

Signature:____ Date: __________________

Printed name:______________________________________ Title (CEO only):___________

Best phone number:_______________________ Best email:__________________________

ANDREW M. CUOMO
Governor

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

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

DATE: March 10, 2021

Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel

This updates the previously issued November 3, 2020 guidance for *Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel*.

Updates include:

- Quarantine criteria for travelers to New York from non-contiguous states and other countries. In this guidance, contiguous states to New York include Pennsylvania, New Jersey, Connecticut, Massachusetts and Vermont.
- New Centers for Disease Control and Prevention (CDC) requirements for travel from other countries
- Updated links

New York State Travel Form

All individuals coming into New York from either a non-contiguous state or US territory, or any other country, whether or not such person is a New York resident, are required to complete the traveler health form upon entering New York. Significant penalties may be imposed on any individual who fails to complete the traveler health form.

Executive Order 205, as modified and extended, requires all New Yorkers as well as those visiting from out of state and out of country to comply with the New York State travel advisory, in the best interest of public health and safety. The Department of Health (Department) retains the ability to enforce quarantine requirements and impose significant penalties for non-compliance, as such non-compliance can result in significant harm to public health. Primary enforcement is carried out through local health departments (LHD). To file a report of an individual failing to adhere to the quarantine pursuant to the travel advisory, please call 1-833-789-0470 or complete the NYS COVID-19 Enforcement Task Force Violation Complaint Form. Individuals may also contact their LHD.

Quarantine Criteria for Travel to New York from Another US State or US Territory

All travelers entering New York from a state that is not a contiguous state who have been outside of New York for more than 24 hours shall quarantine consistent with the Department's guidance on quarantine **unless they have**:

1. Obtained a test within 3 days prior to arrival in New York, **AND**

2. Quarantined according to Department guidelines for a minimum of 3 days, measured from time of arrival, **AND**

3. Obtained a diagnostic test on the 4th day in New York, measured from time of arrival.

Travelers that meet the criteria above may exit quarantine upon receipt of the second negative diagnostic test result.

Further, domestic travelers to New York may be exempt from quarantine if they satisfy the following criteria.

1. Consistent with recent CDC guidance, **asymptomatic** individuals who have been vaccinated against COVID-19 do not need to quarantine during the first 3 months after full vaccination if such travelers:

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

OR

2. Consistent with CDC guidance from February 13, 2021, asymptomatic individuals who have previously been diagnosed with laboratory confirmed COVID-19 and have since recovered, are not required to retest and quarantine within 3 months after the date of symptom onset from the initial COVID-19 infection or date of first positive diagnostic test if asymptomatic during illness.

Travelers may be asked to show proof of vaccination status or proof of recovery from laboratory confirmed COVID-19.

While COVID-19 vaccines have demonstrated high efficacy at preventing severe and symptomatic COVID-19, there is currently limited information on how much the vaccines might reduce transmission, how long protection lasts, and the efficacy of vaccines against emerging SARS-CoV-2 variants. Additionally, some individuals who were previously infected with COVID-19 have been reinfected at a later time.

Therefore, regardless of quarantine status, all individuals exposed to COVID-19 or returning from travel must:

- Continue daily symptom monitoring through Day 14;
- Continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and the use of face coverings, through Day 14 (even if fully vaccinated); and
- **Must immediately self-isolate** if any symptoms develop and contact the local public health authority or their healthcare provider to report this change in clinical status and determine if they should seek testing.

Domestic travelers from states contiguous to New York (Pennsylvania, New Jersey, Connecticut, Massachusetts and Vermont) are not subject to this guidance. Travelers from Canada, crossing at land borders subject to the agreement between the governments of the United States and Canada, are permitted to travel in accordance with said federal agreement and need not quarantine solely due to such federally authorized travel.

Travelers who leave New York State for less than 24 hours do not need to obtain a diagnostic test before departing and do not need to quarantine upon return. However, such travelers must fill out the traveler form upon entry and must obtain a diagnostic test on the fourth day after arrival in New York.

Exceptions to the travel advisory (for health care providers, first responders, and essential workers) are explained later in this guidance.

Travel to New York From Other Countries

Current CDC guidance requires air passengers traveling to the U.S. from another country show either documentation of having recovered from COVID-19 within in the previous 3 months or a negative test result from no more than 3 days prior to day of travel to the airline before boarding the flight. This applies to both U.S. residents and visitors from other countries. (Documentation of vaccination status or antibody test results will not be accepted as proof of COVID status prior to boarding, per CDC guidance.)

After arrival in the U.S., travelers must either quarantine for 7 days with a test 3-5 days after travel, or quarantine for the full 10 days without a test. This requirement applies to all international travelers whether they were tested before boarding, are recovered from a previous COVID infection, or are fully vaccinated.

For more information on acceptable documentation visit "Requirement for Proof of Negative COVID-19 Test or Recovery from COVID-19 for All Air Passengers Arriving in the United States | CDC." The CDC is providing limited exemptions for flight crews and other extraordinary circumstances.

Compliance with CDC guidance for international travel is required in New York State for all travelers arriving or passing through New York from other countries (e.g., connecting flights), including healthcare workers and essential workers.

Quarantine Requirements

Travelers to New York who are required to quarantine must comply with the following quarantine guidance. More information on safe quarantine is available here.

- The individual must not be in public or otherwise leave the quarters that they have identified as suitable for their quarantine.
- The individual must be situated in separate quarters with a separate bathroom facility for each individual or family group. Access to a sink with soap, water, and paper towels is necessary. Cleaning supplies (e.g., household cleaning wipes, bleach) must be provided in any shared bathroom.
- The individual must have a way to self-quarantine from household members as soon as fever or other symptoms develop, in a separate room(s) with a separate door. Given that an exposed person might become ill while sleeping, the exposed person must sleep in a separate bedroom from household members.
- Food must be delivered to the person's quarters.
- Quarters must have a supply of face masks for individuals to put on if they become symptomatic.
- Garbage must be bagged and left outside for routine pick up. Special handling is not

required.
- A system for temperature and symptom monitoring must be implemented to provide assessment in-place for the quarantined persons in their separate quarters.
- Nearby medical facilities must be notified, if the individual begins to experience more than mild symptoms and may require medical assistance.
- The quarters must be secure against unauthorized access.

Travel Advisory Exceptions for Healthcare Workers

Health care workers must follow travel guidance as outlined in the return to work guidance for healthcare workers.

Travel Advisory Exceptions for First Responders and Other Essential Workers

Exceptions to the travel advisory are permitted for essential workers traveling from a non-contiguous US state or territory and are limited based on the duration of time in New York.

Short Term – for first responders and essential workers traveling to New York State for a period of less than 12 hours.
- This includes instances such as an essential worker passing through New York, delivering goods, awaiting flight layovers, and other short duration activities.
- If passing through, essential workers must stay in their vehicle and/or limit personal exposure by avoiding public spaces as much as possible.
- While in New York, essential workers must monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
- While in New York, essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Medium Term – for first responders and essential workers traveling to New York State for a period of less than 36 hours, requiring them to stay overnight.
- This includes instances such as an essential worker delivering multiple goods in New York, awaiting longer flight layover, and other medium duration activities.
- While in New York, essential workers must monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
- While in New York, essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Long Term – for first responders and essential workers traveling to New York State for a period of greater than 36 hours, requiring them to stay several days.
- This includes instances such as an essential worker working on longer projects, fulfilling extended employment obligations, other longer duration activities, and returning to New York after travel elsewhere for any reason.
- While in New York, essential workers must monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
- While in New York, essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.
- Essential workers must seek diagnostic testing for COVID-19 on day 4 after arriving in

New York.

First responders and essential workers and their employers are still expected to comply with DOH guidance regarding return to work following exposure or a suspected or confirmed case of COVID-19. Additionally, this guidance may be superseded by more specific industry guidance for a particular industry (for example return to work guidance for health care workers). Consult with your employer regarding whether there is any applicable industry-specific guidance that may apply to you.

Teachers, school employees, and child care workers must quarantine for a minimum of 3 days after returning to New York from a non-contiguous state due to the nature of education and child care services, and the risk and difficulty of adherence to the guidelines that govern such exemptions, and must be tested on day 4 after arriving, pursuant to EO 205.2. Although such workers are essential, the travel advisory exemption for essential workers does not apply to teachers, school employees, or child care workers, due to the sensitivity of these congregate settings, unless they are fully vaccinated.

Please consult the Department website and resources for additional details and information regarding isolation procedures for when a person under quarantine is diagnosed with COVID-19 or develops symptoms.

For reference, except as stated above, an “essential worker” is (1) any individual employed by an entity included on the Empire State Development (ESD) Essential Business list; or (2) any individual who meets the COVID-19 testing criteria, pursuant to their status as either an individual who is employed as a health care worker, first responder, or in any position within a nursing home, long-term care facility, or other congregate care setting, or an individual who is employed as an essential employee who directly interacts with the public while working, pursuant to the Department’s Protocol for COVID-19 Testing, issued July 2, 2020, or (3) any other worker deemed such by the Commissioner of Health.

Medical Appointments or Procedures

If you have a health care procedure or appointment scheduled in New York that cannot be postponed, and you are traveling from another non-contiguous state, you (and your support person/companion) may travel to the extent necessary to maintain that appointment but must otherwise remain quarantined. For further information, see the Department’s guidance on this topic.

Additional Questions and Answers

How will my quarantine be enforced?

The Department expects all travelers to comply and protect public health by adhering to the quarantine. However, the Department and LHDs reserve the right to issue a mandatory quarantine order, if needed. Pursuant to Executive Orders 205.1 and 205.2, anyone who violates a quarantine order may be subject to a civil penalty of up to $10,000, or imprisonment up to 15 days per PHL 229.

If I am not an essential worker, can I travel for vacation or to see family?

Non-essential travel is strongly discouraged. Upon your return from any travel to a non-

contiguous state, or to another country you will be required to quarantine when you enter New York, pursuant to the criteria above. In addition, pursuant to Executive Order 202.45, as extended, any New York State resident who voluntarily travels to a non-contiguous state for travel that was not taken as part of the person's employment or at the direction of the person's employer, will not be eligible benefits under New York's COVID-19 paid sick leave law.

Additional Interstate Travel Advisory Exemptions

The Commissioner of Health may additionally grant an exemption to the travel advisory based upon extraordinary circumstances, which do not warrant quarantine, but may be subject to the terms and conditions applied to essential workers or terms and conditions otherwise imposed by the Commissioner in the interest of public health. Exemption requests should be sent to TravelAdvisoryExemption@health.ny.gov.

NYS does not grant exemptions for international travel. International travelers should consult the CDC website.

Resources

Travel restrictions will help to contain the rates of COVID-19 transmission in New York State and will work to protect others from serious illness. All New Yorkers must take these travel directives seriously. Your cooperation is greatly appreciated. For further information, please visit:

- DOH COVID-19 Website
- NYS Local Health Department Directory
- Centers for Disease Control and Prevention (CDC) COVID-19 Website
- World Health Organization (WHO) COVID-19 Website

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

Children with Special Care Needs Highlights
February 2021

Staff Activities

COVID Work/Activities

- All CSCN nursing staff participated in daily morning COVID 19 meeting and helped with Case investigation as needed. Staff volunteered for On-Call. (starting to see need for CSCN staff decreasing) **
- Cindy LaLonde participated in the vaccination clinic at Ithaca Mall on 2/9/21 and at BJM on 2/19/21
- Michele Card participated in the vaccination clinics at Ithaca Mall on 2/6/21 and BJM on 2/19/21

Committees / Meetings / Webinars

- CHN Staff participated in Social Hour for COVID
- Staff participated in weekly Town Hall and Soft Landing Sessions
- Margo Polikoff participated in 'Teaching Social Justice/Equity in Early Childhood' on 2/1/21
- Margo attended 'Homeless and Housing Task Force' Meeting on 2/3/21
- Margo attended Collaborative Solutions Network Meeting on 2/9/21
- Margo attended COVID Office Hours, re: REACH vaccine Program on 2/16/21
- Margo attended CYSHCN Meeting with Mark Prins from RSC on 2/18/21
- Barb Wright attended All County Conference Call via Zoom on 2/18/21
- Margo attended CHOP-Transition to adult Medical Care on 2/22/21
- All CSCN staff participated in Staff Meeting including Strategic Planning Presentation on 2/22/21
- Capri Prentice participated in 'Flipping Out' Webinar on 2/23/21
- Margo attended 'Child Physical Health and Development during COVID with Dr. Snedeker on 2/24/21
- Capri & Julie Hatfield participated in 'Preventing Parent Burnout' webinar on 2/25/21
- Julie participated in 'Executive Challenging Behavior' and 'Adventures in Risky Play' webinars on 2/25/21
- Margo attending 'Building a Culture of Family Engagement' on 2/25/21
- Margo attended 'Conversations with Toddlers-Opening the Can of Worms' on 2/26/21

Staff Training

- CHN Staff participated in Lunch & Learn and Snack & Learn Trainings for COVID
- Michele Card participated in 'Introduction to Service Coordination' webinar on 2/16/2

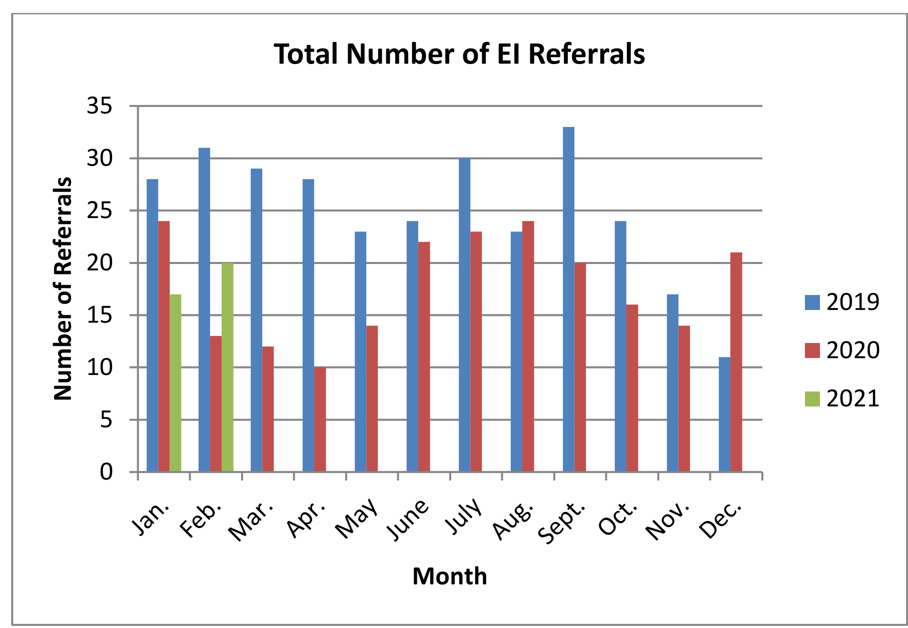
Division Manager--Deb Thomas:

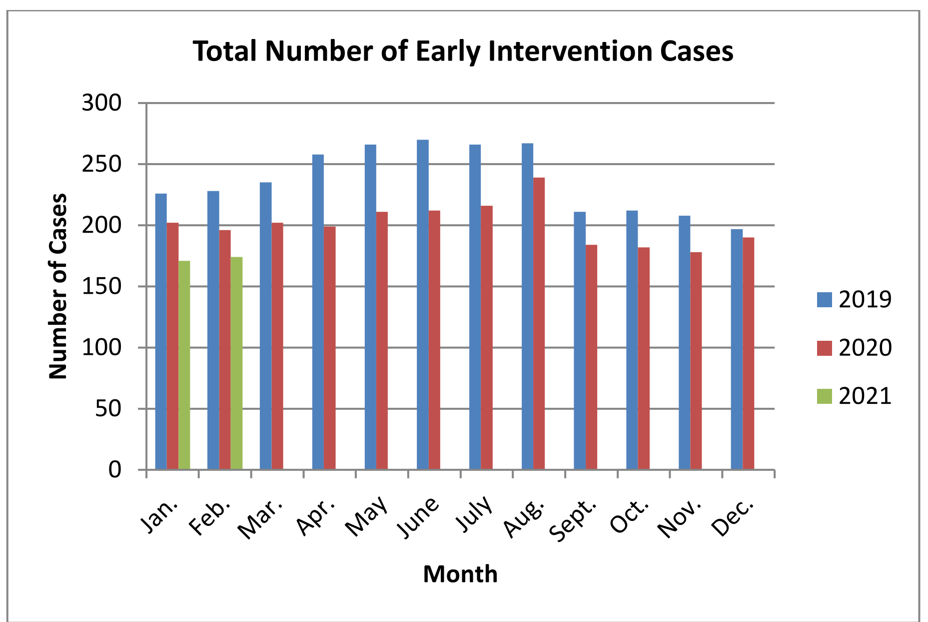
- Senior Leadership Meetings-Debrief meetings every Thursday to review current COVID 19 work and Program work.
- Attended COVID morning meetings with staff and assist with COVID work as needed
- Meeting with CHS Director and CHS managers for COVID planning 1 time a week
- BOH meeting 2/23/21
- Webinar on Home and Community Based Waiver 2/11/21
- Early Childhood Development Collaborative meeting 2/1/21
- S2AY Network meeting for policy development 2/10/21

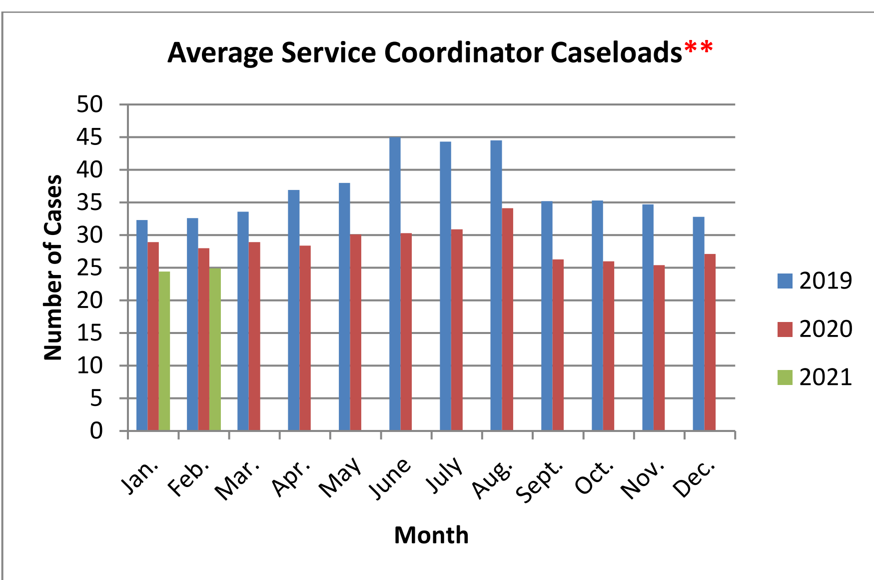
- Interview for new provider Brynn Steel, OT 2/3/21
- NYSAC Standing Committee for Early Intervention and Preschool 2/8/21
- Webinar on Children's Health Homes 2/10/2, 2/19/21
- Interview for new provider for preschool Anna Ghezzi, OT 2/11/21
- University Center for Excellence meeting with Mark Prinz URI on resource development for CYSHCN program 2/18/21
- Staff meeting 2/22/21
- Early Intervention All County Conference Call 2/18/21
- COVID manager for the day 2/24/21, 2/13/21, 2/14/21

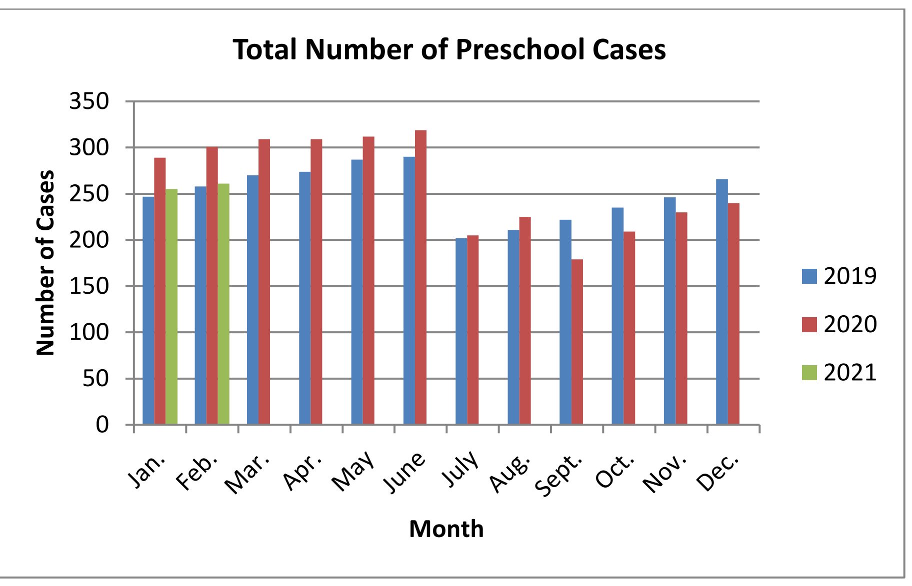
**Daily COVID work continues with the CSCN nurses, CSCN Director but decreasing with more help hired for CHS COVID work and decreased disease numbers. Helping with vaccine clinics as needed.

Statistics Based on Calendar Year









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

Children with Special Care Needs Division
Statistical Highlights 2020

EARLY INTERVENTION PROGRAM

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	8
-- Gestational Age													0	0
-- Gestational Age/Gross Motor													0	0
-- Global Delays													0	1
-- Hearing													0	0
-- Physical														
-- Feeding	1	2											3	11
-- Feeding & Gross Motor													0	0
-- Feeding & Social Emotional													0	0
-- Gross Motor	3	4											7	34
-- Gross Motor & Fine Motor													0	0
-- Fine Motor													0	0
-- Social Emotional		1											1	5
-- Social Emotional & Adaptive													0	1
-- Speech	10	9											19	118
-- Speech & Cognitive													0	1
-- Speech & Feeding													0	1
-- Speech & Fine Motor													0	0
-- Speech & Gross Motor		1											1	15
-- Speech & Hearing		1												
-- Speech & Sensory													0	0
-- Speech & Social Emotional													0	4
-- Speech, Feeding & Gross Motor													0	2
-- Adaptive													0	0
-- Adaptive/Sensory													0	1
-- Adapative/Fine Motor													0	0
-- Qualifying Congenital / Medical Diagnosis	2	1											3	9
-- Other -- Birth Trauma													0	1
-- Maternal Drug Use		1											1	1
Total Number of Early Intervention Referrals	**17**	**20**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	37	**213**

Caseloads														
Total # of clients qualified and receiving svcs	162	159												
Total # of clients pending intake/qualification	9	15												
Total # qualified and pending	171	174												
Average # of Cases per Service Coordinator	24.4	24.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		

Children with Special Care Needs Division
Statistical Highlights 2020

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											32	200
-- IFSP Meetings	24	32											56	327
-- Amendments	13	23											36	111
-- Core Evaluations	16	16											32	171
-- Supplemental Evaluations	5	9											14	32
-- EIOD visits	0	0											0	19
-- Observation Visits	29	33											62	264
-- CPSE meetings	5	5											10	52
-- Family Training/Team Meetings	2	0											2	4
-- Transition meetings	4	10											14	86
-- Other Visits	1	0											1	22
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	24	32											56	331
# of Amendments to IFSPs Completed	13	23											36	165
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Feeding	0	1												
-- Nutrition	0	0												
-- Occupational Therapy	1	2												
-- Physical Therapy	0	1												
-- Social Work	1	1												
-- Special Education	0	0												
-- Speech Therapy	6	6												
# of Supplemental Evaluations Pending	6	9	10	0	0	0	0	0	0	0	0	0		
Type:														
-- Audiological														
-- Developmental Pediatrician	2	1												
-- Diagnostic Psychological	0	1												
-- Feeding	1	1												
-- Physical Therapy	0	0												
-- Speech	0	2												
-- Occupational Therapy	3	4												
-- Other	0	0												

Children with Special Care Needs Division
Statistical Highlights 2020

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	0	0	0	0	0	0	0	0	0	0	12	93
Type:														
-- Audiological	0	0												27
-- Diagnostic Psychological	0	0												9
-- Developmental Pediatrician	0	0												3
-- Feeding	0	1												11
-- Occupational Therapy	5	3												22
-- Physical Therapy	0	0												9
-- Speech Therapy	1	2												12
-- Other	0	0												0
Diagnosed Conditions														
Autism Spectrum														
-- Children currently diagnosed:	0	1												
-- Children currently suspect:	2	2												
Children with 'Other' Diagnosis														
-- Athrogryposis	0	0												
-- Cardiac Anomaly	0	0												
-- Cerebral Palsy (CP)	0	1												
-- Cri Du Chat	1	1												
-- Chromosome Abnormality	1	1												
-- Cleft Lip/Palate	1	1												
-- Down Syndrome	1	1												
-- Epilepsy	1	0												
-- Failure to Thrive	0	1												
-- Feeding Difficulties	15	10												
-- Food Protein Induced Enterocolitis Syndrome (FPIES)	1	1												
-- GERD	3	1												
-- Hearing Loss	1	1												
-- Hydrocephalus	0	0												
-- Hydronephrosis	0	0												
-- Hyper-IgD Syndrome	1	1												
-- Hypotonia	2	4												
-- Kallman Syndrome	0	0												
-- Macrocephaly	0	0												
-- Noonan's Syndrome	0	0												
-- Osteogenesis Imperfecta	0	0												
-- Plagiocephaly	0	0												
-- Prematurity	4	1												
-- Pulmonary Artery Stenosis	0	0												
-- Pyriform Aperture Stenosis w/ Hard Palate Cleft	0	0												
-- Spina Bifida	1	1												
-- Torticollis	1	1												

Children with Special Care Needs Division
Statistical Highlights 2020

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2021 Totals	2020 Totals
-- To CPSE	0	1												64
-- Aged out	1	4												24
-- Declined	4	2												34
-- Skilled out	2	0												8
-- Moved	2	1												24
-- Not Eligible	5	5												69
-- Other	2	1												18
Total Number of Discharges	16	14	0	0	0	0	0	0	0	0	0	0	30	241
Child Find														
Total # of Referrals	0	0											0	6
Total # of Children in Child Find	1	1												
Total # Transferred to Early Intervention	0	0											0	1
Total # of Discharges	0	0											0	10

Children with Special Care Needs Division
Statistical Highlights 2020

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												
-- Dryden	58	60												
-- Groton	37	38												
-- Homer	1	1												
-- Lansing	20	20												
-- Newfield	10	11												
-- Trumansburg	9	10												
-- Spencer VanEtten	1	1												
-- Newark Valley	0	0												
-- Odessa-Montour	0	0												
-- Candor	0	0												
-- Moravia	0	0												
-- Cortland	0	0												
Total # of Qualified and Receiving Services	**255**	**261**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**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												
-- Speech Therapy (group)	5	6												
-- Occupational Therapy (individual)	55	53												
-- Occupational Therapy (group)	2	2												
-- Physical Therapy (individual)	25	23												
-- Physical Therapy (group)	0	0												
-- Transportation														
-- Birnie Bus	26	27												
-- Dryden Central School District	8	25												
-- Ithaca City School District	28	8												
-- Parent	10	9												
-- Service Coordination	32	31												
-- Counseling (individual)	45	44												
-- 1:1 (Tuition Program) Aide	2	2												
-- Special Education Itinerate Teacher	24	27												
-- Parent Counseling	32	34												
-- Program Aide	0	1												
-- Teaching Assistant	0	0												
-- Audiological Services	2	2												
-- Teacher of the Deaf	3	3												
-- Music Therapy	0	0												
-- Nutrition	5	6												
-- Skilled Nursing	0	0												
-- Interpreter	1	1												
Total # of children rcvg. home based related svcs.	**183**													

Children with Special Care Needs Division
Statistical Highlights 2020

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												
-- Dryden	22	22												
-- Groton	10	10												
-- Lansing	3	3												
-- Newfield	3	4												
-- Trumansburg	3	3												
-- Odessa-Montour	0	0												
-- Spencer VanEtten	0	0												
-- Moravia	0	0												
-- # attending Dryden Central School	8	8												
-- # attending Franziska Racker Centers	44	45												
-- # attending Ithaca City School District	20	17												
Total # attending Special Ed Integrated Tuition Progr.	**72**	**70**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**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											28	162
-- Candor	0	0											0	0
-- Dryden	13	7											20	97
-- Groton	3	0											3	38
-- Homer	0	0											0	0
-- Lansing	2	0											2	14
-- Newfield	3	0											3	13
-- Trumansburg	1	3											4	10

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ENVIRONMENTAL HEALTH DIVISION
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ENVIRONMENTAL HEALTH HIGHLIGHTS
February 2021

Outreach and Division News:

EH COVID-19 Activities: COVID-19 activities continue to dominate Environmental Health activities. During February, Environmental Health staff started phasing out of covering COVID vaccination inquiries as well as the case-related inquiries (mainly travel, isolation and quarantine inquiries). With these changes, EH staff have been able to get out in the field more to respond to COVID complaints. We also continue to follow-up with facilities where a known-positive person was present during their infectious period. We are also trying to start focusing on how our core programs will be implemented during 2021.

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

Potential High Lead Content in Spices: In January, the Childhood Lead Poisoning Prevention Program learned of a case involving a pregnant woman with an elevated blood lead level. During a phone interview, Public Health Sanitarian and EPA Certified Lead Risk Assessor Chris Laverack learned that the family frequently uses spices that they had imported from their home in Pakistan. Chris received authorization from our NYSDOH Central Region Lead Program coordinator to submit the samples to the Wadsworth lab for lead testing. Of the 7 spices sent to the State Wadsworth's lab for testing, coriander was the only spice that tested positive but was alarmingly high. The level of lead in this spice is most likely the direct reason this mother has an elevated lead level.

The coriander sample of the bulk spice brought by the mother from Pakistan had 550 ug/g of lead. For comparison purposes, the FDA's allowable limit of lead is 0.1ug/g in candy and 0.05 ug/g in fruit drinks.

The mother has stopped using this spice and has deeply cleaned the cabinets where this spice was stored. Additionally, this mother has reached out to her family and friends still residing in the village where these spices were purchased to warn them of this spice and to share these findings with the market owner.

The blood lead level of this mother and her baby will continue to be monitored.

Human Resources: After posting the Public Health Technician position, we learned that it was uncertain when the Civil Service test for the position would be able to be scheduled locally. This would mean that we would have to fill the position provisionally, and then the candidate would have to receive one of the top three scores on the test in order to be retained in the position permanently. We decided to table the search for a PH Technician until the test can be offered. To help us in the interim, retired Public Health Sanitarian Anne Wildman has agreed to return to EH in a part-time position (20 hours a week). We are looking forward to have Anne's experience to help us get through our traditional busy season this summer. Anne will be returning to EH on March 22.

Meegan Beckley from Mental Health has been a tremendous help to EH since Mental Health loaned Meegan to us in August 2020. We are very happy to report that the Mental Health Department and Meegan have agreed to trying a new arrangement that we hope will work out well for both Mental Health and EH. Starting March 1, Meegan will work half-time for Mental Health and half time for EH with her physical location staying at EH. We think this is a much better solution than trying to fill the half-time Support Staff vacancy that EH had. Thanks also to ITS for working their magic with routing Mental Health phones to EH so that Meegan can take calls while at EH.

Rabies Vaccination Clinics:

Pictured to the left is Dr. Barry administering a vaccine to a dog that attended one of the three TCHD sponsored drive-through clinics at TCAT in 2020. Last year due to COVID restrictions, EH changed its model of offering rabies clinics to vaccinate dogs, cats and ferrets. Pre-COVD, EH would sponsor 11 rabies clinics per year which included five in the Spring, five in Fall and one in January. Clinics would be scheduled at locations in each Town throughout Tompkins County. This model was not possible in 2020 due to social distancing and other precautions that needed to be implemented.

Cynthia Mosher, the Rabies program manager, developed plans and coordinated community resources to launch a drive-through type clinic utilizing the TCAT bus garage in order to serve Tompkins County residents and their pets during the pandemic. The drive-through model proved to be successful and, as shown below, provided the capacity to vaccinate a large number of pets with a significant reduction in the number of clinics.

Rabies Clinic Vaccination Data:

2019 Vaccination Numbers:

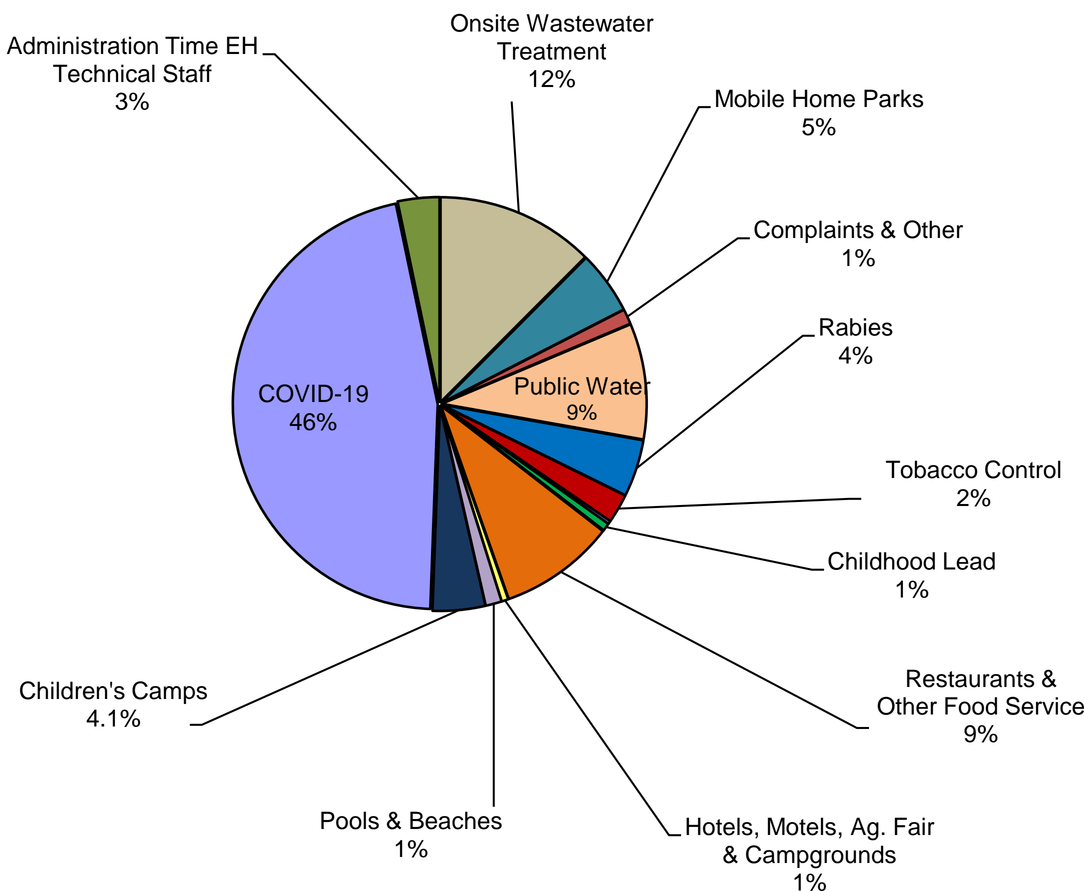
# of Clinics Held	Dogs	Cats	Ferret	Total
11	643	439	0	1082

2020 Vaccination Data:

# of Clinics Held	Dogs	Cats	Ferret	Total
4	486	295	4	785

In 2021, we will continue offering the drive-through clinics at TCAT. There are two rabies clinics scheduled for this Spring, one in April and one in May. It is anticipated that we will continue to use this model moving forward even as COVID restrictions ease because it is an efficient operation and was well received by users. It also created less anxiety for their pets. Recognizing there may be access challenges for some residents, EH will continue to look for ways to incorporate other clinic styles and locations as COVID restriction ease to better serve residents that may lack access to transportation.

EH Programs Overview:



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*														
Permitted Operations (540 Permitted Operations*)														
Inspections & Site Visits**	16	12											28	376
Critical Violations	11	5											16	79
Other Violations	13	5											18	171
Plans Approved	2	1											3	7
Complaint Investigations	0	0											0	14
Temporary FSE (375 Estimated Operations)														
Permits Issued	0	0											0	35
Inspections & Site Visits**	0	0											0	8
Critical Violations	0	0											0	5
Other Violations	0	0											0	0
MOBILE HOME PARKS (42 Permitted Operations, 2030 Lots*)														
Inspections & Site Visits**	0	2											2	3
Critical Violations	0	0											0	0
Other Violations	0	1											1	0
Complaint Investigations	0	0											0	1
TEMPORARY RESIDENCES - *Hotels & Motels (34 Permitted Operations, 2022 Rooms*)*														
Inspections & Site Visits**	2	0											2	16
Critical Violations	0	0											0	7
Other Violations	0	0											0	59
Complaint Investigations	1	0											1	1
MASS GATHERING (Fingerlaks GrassRoots Festival)														
Inspections & Site Visits**	0	0											0	0
Critical Violations	0	0											0	0
Other Violations	0	0											0	0
Complaint Investigations	0	0											0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (13 Operations, 1042 Sites*)														
Inspections & Site Visits**	0	0											0	12
Critical Violations	0	0											0	1
Other Violations	0	0											0	2
Complaint Investigations	0	0											0	1
CHILDREN'S CAMPS (Anticipated 32 Operations)														
Inspections & Site Visits**	0	0											0	8
Critical Violations	0	0											0	0
Other Violations	0	0											0	0
Injury/Illness Investigations	0	0											0	0
Complaint Investigations	0	0											0	0
SWIMMING POOLS & BATHING BEACHES - *(59 Operations*)*														
Inspections & Site Visits**	10	3											13	94
Critical Violations	1	0											1	15
Other Violations	2	0											2	78
Injury/Illness Investigations	0	0											0	0
Complaint Investigations	0	0											0	0
PUBLIC WATER SYSTEMS (PWS) (89 Community PWS, 59 Other PWS*)														
Inspections & Site Visits**	1	0											1	68
Boil Water Orders Issued	0	0											0	6
Disinfection Waivers (Total)	21	21											n/a	21
Complaint Investigations	0	0											0	0

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

ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
Permits Issued	***11***	***4***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***15***	***227***
New Construction/Conversions	6	4											10	152
Replacements	5	0											5	119
Completion Certificates Issued	***8***	***4***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***12***	***205***
New Construction/Conversions	4	3											7	90
Replacements	4	1											5	115
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0	0											0	3
OWTS	4	0											4	27
Collector Sewer	0	0											0	1
Public Water Systems	0	0											0	2
Water Main Extension	0	0											0	6
Cross-Connection Control Devices	0	2											2	15
Other Water System Modification	0	0											0	2
Other Engineering Reviews	0	0											0	2
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	18	18											36	516
Human Post-X Treatments	4	4											8	128
Animal Specimens Tested	4	7											11	199
Animals Testing Positive	1	0											1	11
Pet Quarantine	0	0											0	2
CHILDHOOD LEAD PROGRAM														
Children with Elevated Blood Lead Levels	1	0	0	0	0	0	0	0	0	0	0	0	1	18
Children w/ BLL>19.9 ug/dl	0	0											0	0
Children w/ BLL 10-19.9 ug/dl	1	0											1	3
Children w/ BLL 10-19.9 ug/dl	0	0											0	15
Sites Inspected	1	0											1	19
Abatements Completed	0	0											0	0
Lead Assessments Sent	1	0											1	5
Complaints/Service Request (no medical referral)	2	2											4	52
FOIL REQUESTS														
Total Received	10	6											16	46
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (61 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	5	1											6	78
Violations	1	1											2	2
CIAA Complaints	0	1											1	2
COMPLAINTS - *General/Nuisance*														
Complaint Investigations Opened	1	1											2	44
ENFORCEMENT ACTIONS														
Total Cases	0	0											0	14
Cases Related to FSE	0	0											0	5
BOH Penalties Assessed	$0	$0											$0	$11,300
BOH Penalties Collected	$0	$0											$0	$10,500
CUSTOMER SERVICE/SUPPORT														
Calls Received	1035	802											1837	12513
Walk-In Customers	15	17											32	298
TCEH Emails Received	1334	685											2019	5694
Applications Processed	58	131											189	1363
Payment Receipts Processed	43	122											165	1160
Renewals/Billings Sent	110	151											261	861

* As of 1/1/2020

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

Food Program Detailed Report:

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

The following plans were approved this period:

- Salt Point Brewery, T- Lansing

New permits were issued for the following facilities:

- Eating Club, Throughout Tompkins
- Northeast Pizza and Bones, V-Lansing
- Nu Spice Catering, Throughout Tompkins

Boil Water Orders:

Continuing:

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

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
12/8/20	TOSA Apartments	Tony Busse	Public Water – Violation of BOH Orders	$1,000	Payment due 3/12/21.	Late penalty letter sent. Awaiting Payment.

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

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

March 15, 2021

Min Lin
Plum Tree Japanese Restaurant, Inc.
113 Dryden Road
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-21-0002
Plum Tree Japanese Restaurant, C-Ithaca**

Dear Min Lin:

Thank you for signing the Stipulation Agreement on March 10, 2021, for the Plum Tree Japanese Restaurant. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its Zoom Meeting scheduled for 12:00 p.m. (noon) on **Tuesday, March 23, 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, March 19, 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 March 19, 2021. The meeting will also be broadcast through the Tompkins County YouTube Channel, which can be accessed through the following web address: https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ .

Sincerely,

C. Elizabeth Cameron

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

Enclosure (s) – Draft Resolution, Stipulation Agreement and Orders, and Law Enforcement Report

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Plum Tree Japanese\Enforcement\2021\Draft Resolution 21-0002.docx
ec: Tompkins County Board of Health (via; Karan Palazzo)
Ithaca Building Department; Mayor Myrick C-Ithaca; Rich John, 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

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

DRAFT RESOLUTION # EH-ENF-21-0002 FOR

Plum Tree Japanese Restaurant
Plum Tree Japanese Restaurant, Inc., Min Lin, Owner/Operator
113 Dryden Road, C-Ithaca
Ithaca, NY 14850

Whereas, the owner/operator of a Food Service Establishment must comply with the regulations established under Part 14-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, the Tompkins County Health Department issued Plum Tree Japanese Restaurant permit # EH-FS-20-0814 on January 1, 2021, to operate its restaurant located at 113 Dryden Road; **and**

Whereas, Permit # EH-FS-20-0814 states conditions for operation that includes, among other requirements, a maximum capacity of 100 seats and that permitted facility operators must follow all applicable NYS COVID-19 guidance; **and**

Whereas, on February 19, 2021, NYS Interim Guidance for Food Services During the COVID-19 Public Health Emergency required Responsible Parties to ensure that indoor capacity is limited to no more than 50% occupancy; **and**

Whereas, on February 19, 2021, the Tompkins County Sheriff's Office responded to a complaint at Plum Tree Restaurant. and deputy observed more than 100 individuals inside of the facility. The responding Sheriff Deputy issued a written warning and the information was forwarded to the Tompkins County Health Department (TCHD); **and**

Whereas, on February 22, 2021, the TCHD issued Public Health Director's Orders requiring Plum Tree Japanese Restaurant to immediately limit indoor dining capacity to 50 people until such time New York State increases allowable capacity and to provide a copy of it business safety plan to TCHD no later than February 25, 2021; **and**

Whereas, on February 24, 2021, the TCHD received a copy of Plum Tree Japanese Restaurant's NY Forward Safety Plan. Upon receipt, TCHD reviewed the safety plan and identified missing protocols; **and**

Whereas, Min Lin, Operator, signed a Stipulation Agreement with Public Health Director's Orders on March 10, 2021, agreeing that Plum Tree Japanese Restaurant violated these provisions of its TCHD operating permit EH-FS-20-0814 and New York State Executive Order 202; **now therefore be it**

Resolved, on recommendation of the Tompkins County Board of Health, That Plum Tree Japanese Restaurant Inc., Owner, is ordered to:

1. Pay a penalty of $500 for these violations, **due by May 14, 2021**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**

2. **Immediately** limit indoor dining capacity to 50 people until such time New York State increases allowable capacity; **and**
3. Ensure that all employees wear an acceptable face covering at all times; **and**
4. Update the Plum Tree Japanese Restaurant's COVID-19 Reopening Safety Plan submitted to the Health Department on February 24, 2021, to address engagement with customers and management of physical social distancing (see page 2 of the plan) by **March 12, 2021**.

WRITTEN WARNING

(Violation of NYS Executive Orders & NYS Public Health Law Sections 12 & 12-B)

PLACE OF OCCURRENCE: 113 Dryden Rd, Plum Tree Restaurant, Ithaca NY	APARTMENT #: —	C/T/V: Ithaca
DATE OF OCCURRENCE: 02/19/2021	TIME OF OCCURRENCE: 2149 hrs	

The Governor of the State of New York has issued an Executive Order that allows for gatherings of fifty (50) or fewer individuals for any lawful purpose or reason, so long as any such gatherings indoors do not exceed 50% of the maximum occupancy for a particular indoor area, and provided that the location of the gathering is in a region that has reached Phase 4 of the State's reopening, and provided further that social distancing, face covering, and cleaning and disinfection protocols required by the Department of Health are adhered to. An additional violation of the Executive Order is enforceable under the NYS Public Health Law and may result in a misdemeanor charge with up to 1 year in jail and/or a Civil Penalty of up to $2,000.

VIOLATION(S) OBSERVED:

- [X] NON-ESSENTIAL GATHERING OF MORE THAN 50 PEOPLE
- [ ] FAILURE TO MAINTAIN SOCIAL DISTANCING
- [X] INDOOR GATHERING EXCEEDING 50% OF MAXIMUM OCCUPANCY
- [ ] FAILURE TO WEAR FACE COVERING
- [ ] LACK OF CLEANING & DISINFECTION PROTOCOLS
- [ ] NO VIOLATION(S) OBSERVED

RESPONSIBLE PERSON(S) RECEIVING WARNING

NAME(S)	DOB	PHONE #	(STUDENT AFFILIATION)
Cindy Zhang	1/15/83	607-256-8212	[X] N/A [ ] CORNELL [ ] I.C.
			[ ] N/A [ ] CORNELL [ ] I.C.
			[ ] N/A [ ] CORNELL [ ] I.C.
			[ ] N/A [ ] CORNELL [ ] I.C.
			[ ] N/A [ ] CORNELL [ ] I.C.
			[ ] N/A [ ] CORNELL [ ] I.C.
			[ ] N/A [ ] CORNELL [ ] I.C.
			[ ] N/A [ ] CORNELL [ ] I.C.
			[ ] N/A [ ] CORNELL [ ] I.C.
			[ ] N/A [ ] CORNELL [ ] I.C.

BRIEF NARRATIVE (HOW COMPLAINT RECEIVED, OBSERVATIONS, NUMBER OF PEOPLE OBSERVED, COMPLIANCE OBTAINED):

100 plus individuals inside the Plum Tree Restaurant.

COPIES FAXED TO (FAX ALL WARNINGS TO THE HEATH DEPT. & APPLICABLE COLLEGE/UNIVERSITY):

- [X] TOMPKINS COUNTY – ENVIRONMENTAL HEALTH AT (607) 274-6695
- [ ] ITHACA COLLEGE AT (607) 274-1868
- [ ] CORNELL UNIVERSITY AT (607) 255-5916

OFFICER ISSUING WARNING: Deputy Kyle Davenport	ID#: 1210	AGENCY: TOMPKINS CO. SHERIFF'S OFFICE
SIGNATURE: [signature]		DATE:

For more information regarding the Governor's Executive Order and how to best comply, please contact the Tompkins County Environmental Health Department at (607) 274-6688 or visit their website at https://tompkinscountyny.gov/health/eh.