

**AGENDA  
Tompkins County Board of Health  
Zoom Meeting  
Tuesday, July 27, 2021  
12:00 Noon**

**Live Stream at Tompkins County YouTube Channel:**  
<https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ>

- 12:00** I. Call to Order
- 12:01** II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)
- 12:04** III. Approval of June 22, 2021 Minutes (2 mins.)
- 12:06** IV. Financial Summary (9 mins.)
- 12:15** V. Reports (15 mins.)
- |                               |                                  |
|-------------------------------|----------------------------------|
| Administration                | Children with Special Care Needs |
| Health Promotion Program      | County Attorney’s Report         |
| Medical Director’s Report     | Environmental Health             |
| Division for Community Health | CSB Report                       |
- 12:30** VI. New Business
- 12:30** ***Environmental Health*** (10 mins.)  
**Administrative Action:**
1. Lions Club of NYS Request for Waiver of Article 6.06(f)(1) for Installation and Use of Permanent Holding Tank at 725 Larue Road, T-Danby. (10 mins.)
- 12:40** ***Administration*** (5 mins.)
1. 2022 Budget
- 12:45** ***Adjournment***

DRAFT

**MINUTES**  
**Tompkins County Board of Health**  
**June 22, 2021**  
**12:00 Noon**  
**Virtual Meeting via Zoom**

**Present:** Christina Moylan, Ph.D., President; Melissa Dhundale, MD; David Evelyn, MD; Edward Koppel, MD; Ravinder Kingra and Samara Touchton

**Staff:** Brenda Grinnell Crosby, Public Health Administrator; Claire Espey, Director of Community Health; Liz Cameron, Director of Environmental Health; Samantha Hillson, Director of Health Promotion Program; Frank Kruppa, Public Health Director; Greg Potter, ITS Director; Harmony Ayers-Friedlander; and Karan Palazzo, LGU Administrative Assistant

**Excused:** Susan Merkel; Shawna Black; and William Klepack, MD, Medical Director; Deb Thomas, Director of Children with Special Care Needs; Jonathan Wood, County Attorney;

**Guests:** No one was present.

**Call to Order:** Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at 12:02 p.m.

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

**Approval of May 25, 2021 Minutes:** Dr. Evelyn moved to approve the minutes of the May 25, 2021, as written; seconded by Dr. Dhundale. The vote to approve the minutes as written; Unanimous approval; motions carried.

**Financial Summary:** Ms. Grinnell Crosby referred to the May financial summary included in the packet. They continue to juggle various COVID grants. The Healthy Neighborhoods grant was approved through March of 2021 and they await word on the grant to start April 2021-2022. She said they expect a new 5-year request for application (RFA) for WIC. She had nothing more to add to her written report.

Question from Dr. Moylan regarding money coming to the county/city for public health. Mr. Kruppa responded that the legislature is seeking suggestions from the community via a public survey. He believes it is a prioritization effort of some predefined areas and they are asking department heads for their thoughts for the funding as well. The challenge is being in the middle of budget season and as we expect significant OTRs (Over Target Request). Mr. Kruppa said, with more than **\$500k** of OTRs being considered, they are fine-tuning the budget and will share that information.

**Administration Report:**

Vaccines: Mr. Kruppa reported that vaccine efforts continue with teams in reaching outer areas, including Trumansburg, Enfield and Caroline. The vaccine is also being redistributed through the hospital to a lot of healthcare providers. The vaccine is readily available at local pharmacies.

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COVID: Mr. Kruppa said the disease levels remain low; Community Health Services continues isolating and quarantining. TCHD continues administering vaccines to homebound individuals as names are added to the registry. The mall vaccination clinic closed on June 12<sup>th</sup> and will transition to the downtown location for testing until the first week in July. Testing will be available at the mall Monday thru Friday as the transition takes place. The county received an additional \$330k to supplement the funding for the travel nurses and case investigation. This money is coded for COVID activities. The state is giving 2.6 million dollars for school testing as we partner with BOCES and local school districts to put a plan in place to accept funds. The plan will encompass three components: asymptomatic testing, surveillance testing and building telemedicine capacity. Not sure of the guidance for the fall.

Dr. Koppel asked if the changes of the vaccine and testing clinics are posted on the website. Mr. Kruppa responded yes, the website is up-to-date, and CMC is doing outreach as well.

Mental Health Clinic: Mr. Kruppa is transitioning back to the Mental Health Department to focus on non-Covid work.

**Health Promotion Program Report:** Ms. Hillson had no updates and nothing to add to her report.

**Medical Director's Report and Discussion:** Dr. Klepack was not available.

**Division for Community Health Report:** Ms. Espey reported a busy May for clinics and schools with homebound and rural clinics seeing an uptick. There are two vacant nursing positions and one community health nurse out on medical leave. Cases are down but the team is prepared for any changes that may arise. Maternal child health program activities start next month, the vaccine clinics will most likely start in September and the rabies clinic is very busy. Ms. Espey complimented her team in adjusting to the changes and supporting each other through this period.

**Children with Special Care Needs Report:** Ms. Thomas was not available.

**County Attorney's Report:** Mr. Wood was not available.

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

**Community Mental Health Services Board (CSB) Report:** Mr. Kruppa reported that the CSB discussed the 2022 Priority Plan due July 1st. He said that Ms. Ayers-Friendlander did a great job working with the subcommittees and community partners to create a strong plan. Ms. Ayers-Friendlander said the issues focused on children's mental health services, advocating more for substance use programs and crisis services. She will forward a copy of the plan to the Board.

**Request to Approve Environmental Health Division Inspection Frequency Policy:** Ms. Cameron explained that with new priorities or mandates by the state and the other concerns from the community, EH may not be able to continue the past levels of inspections at all facilities. EH requests approval of the policy for the flexibility to decrease to the minimum number of inspections required by the state, if necessary. She referred to her cover letter for more information on the minimum number of inspections in some program areas.

Dr. Koppel moved to accept the request as written; seconded by Dr. Evelyn.

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**Discussion Regarding Request to Approve Inspection Frequency:**

Dr. Koppel asked about the potential difference/changes in the number of inspections done before COVID. Ms. Cameron said, it depends on the program area. The Board previously authorized less frequent annual inspections at mobile homes parks based on several factors including complaints and enforcement actions, etc. Ms. Cameron said this policy would supercede prior Board of Health approvals and the changes in inspection frequencies is unknown at this time. She noted EH is currently struggling with our water supply program and this request will allow the easing up on those inspections, as well as for temporary residences, (which include; hotels and motels).

Dr. Evelyn asked if this request is related to COVID or a reduction in staff. Ms. Cameron said it is not related to COVID. She said it is due to increased community involvement in issues that require Environmental Health resources, EH program areas, and state mandates and new regulations that require time and resources.

Mr. Kruppa said additional resources would be requested in the budget that will be part of the OTRs. After the budget process, TCDH's expectations for the frequency of inspections can be addressed again. Ms. Cameron added that it changes annually and we can review what we will be doing later this year for clarification.

The vote to approve the request as written was unanimous.

The next meeting is **Tuesday, July 27<sup>th</sup>, 2021 @ Noon.**

Ms. Hillson announced a new posting for a public health communications coordinator.

**Adjournment:** Meeting adjourned at 12: 35 p.m.

Board of Health  
July 27, 2021  
Financial Report

June 2021 / Month 6

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

Tompkins County Financial Report for Public Health

Percentage of Year 50.00%

|                                | Expenditures      |                  |               | Revenues         |                  |               | Local Share      |                  |                |
|--------------------------------|-------------------|------------------|---------------|------------------|------------------|---------------|------------------|------------------|----------------|
|                                | Budget            | Paid YTD         | %             | Budget           | YTD              | %             | Budget           | TD               | %              |
| 4010 PH ADMINISTRATION         | 1,540,420         | 2,257,923        | 146.58%       | 133,362          | 23,015           | 17.26%        | 1,407,058        | 2,234,908        | 159.13%        |
| 4011 EMERGING LEADERS IN PH    | 48,986            | 11,646           | 23.77%        | 48,986           | 0                | 0.00%         |                  | 11,646           |                |
| 4012 WOMEN, INFANTS & CHILDREN | 526,561           | 239,398          | 45.46%        | 526,561          | 204,274          | 38.79%        |                  | 35,125           |                |
| 4013 OCCUPATIONAL HLTH.& SFTY. | 98,435            | 45,584           | 46.31%        | 0                | 0                | 0.00%         | 98,435           | 45,584           | 46.31%         |
| 4015 VITAL RECORDS             | 77,825            | 32,165           | 41.33%        | 108,000          | 57,880           | 53.59%        | -30,175          | -25,715          | 85.22%         |
| 4016 COMMUNITY HEALTH          | 1,759,195         | 966,210          | 54.92%        | 629,804          | 212,019          | 33.66%        | 1,129,391        | 754,191          | 66.80%         |
| 4018 HEALTHY NEIGHBORHOOD PROG | 173,713           | 51,774           | 29.80%        | 173,713          | 41,823           | 24.08%        |                  | 9,951            |                |
| 4047 PLNG. & COORD. OF C.S.N.  | 1,404,966         | 683,497          | 48.65%        | 396,690          | 138,643          | 34.95%        | 1,008,276        | 544,854          | 54.04%         |
| 4090 ENVIRONMENTAL HEALTH      | 1,751,219         | 812,472          | 46.39%        | 590,613          | 201,465          | 34.11%        | 1,160,606        | 611,007          | 52.65%         |
| 4095 PUBLIC HEALTH STATE AID   | 0                 | 0                | 0.00%         | 1,216,433        | 623,264          | 51.24%        | -1,216,433       | -623,264         | 51.24%         |
| <b>Total Non-Mandate</b>       | <b>7,381,320</b>  | <b>5,100,670</b> | <b>69.10%</b> | <b>3,824,161</b> | <b>1,502,383</b> | <b>39.29%</b> | <b>3,557,158</b> | <b>3,598,287</b> | <b>101.16%</b> |
| 2960 PRESCHOOL SPECIAL EDUCATI | 5,860,000         | 2,166,714        | 36.97%        | 3,823,000        | 1,077,069        | 28.17%        | 2,037,000        | 1,089,645        | 53.49%         |
| 4017 MEDICAL EXAMINER PROGRAM  | 288,226           | 120,272          | 41.73%        | 0                | 0                | 0.00%         | 288,226          | 120,272          | 41.73%         |
| 4054 EARLY INTERV (BIRTH-3)    | 653,000           | 155,603          | 23.83%        | 319,970          | 66               | 0.02%         | 333,030          | 155,537          | 46.70%         |
| <b>Total Mandate</b>           | <b>6,801,226</b>  | <b>2,442,588</b> | <b>35.91%</b> | <b>4,142,970</b> | <b>1,077,134</b> | <b>26.00%</b> | <b>2,658,256</b> | <b>1,365,454</b> | <b>51.37%</b>  |
| <b>Total Public Health</b>     | <b>14,182,546</b> | <b>7,543,258</b> | <b>53.19%</b> | <b>7,967,131</b> | <b>2,579,517</b> | <b>32.38%</b> | <b>6,215,414</b> | <b>4,963,741</b> | <b>79.86%</b>  |

BALANCES (Includes Encumbrances)

|                           | Available Budget | Revenues Needed  |                         | Available Budget | Revenues Needed  |
|---------------------------|------------------|------------------|-------------------------|------------------|------------------|
| <b>NON-MANDATE</b>        |                  |                  | <b>MANDATE</b>          |                  |                  |
| 4010 Administration       | -721,634         | 110,347          | 2960 Preschool          | 3,693,286        | 2,745,931        |
| 4012 WIC                  | 273,508          | 322,287          | 4054 Early Intervention | 497,397          | 319,904          |
| 4013 Health & Safety      | 52,851           | 0                | 4017 Medical Examiner   | 167,954          | 0                |
| 4014 Medical Examiner     | 0                | 0                |                         | <u>4,358,638</u> | <u>3,065,836</u> |
| 4015 Vitals               | 45,660           | 50,120           |                         |                  |                  |
| 4016 Community Health     | 792,699          | 417,785          |                         |                  |                  |
| 4018 Healthy Neighborhood | 121,939          | 131,890          |                         |                  |                  |
| 4047 CSCN                 | 721,470          | 258,047          |                         |                  |                  |
| 4048 PHCP                 | 0                | 0                |                         |                  |                  |
| 4090 Environmental Health | 938,747          | 389,148          |                         |                  |                  |
| 4095 State Aid            | 0                | 593,169          |                         |                  |                  |
|                           | <u>2,225,240</u> | <u>2,272,793</u> |                         |                  |                  |

| Total Public Health Balances |                  |
|------------------------------|------------------|
| Available Budget             | Revenues Needed  |
| <u>6,583,877</u>             | <u>5,338,629</u> |

## HEALTH PROMOTION PROGRAM – June 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.*

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### Highlights

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

### Community Outreach

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

| <b>Groups, Programs, Organizations</b> | <b>Activity/Purpose</b>  | <b>Date</b> |
|--|--|-------------|
| Childhood Nutrition Collaborative      | Collective Impact, Healthiest Cities and Counties Challenge                | Bi-weekly   |
| CHIP Steering Committee                | Support CHIP working groups to guide process and progress through the plan |             |
| Long Term Care Committee               | Quarterly meeting  |             |
| Health Planning Council                | Advisory Board and Executive Committee                                     | monthly     |
| COFA Advisory Board                    | Updates – Age Friendly Training Series                                     | monthly     |
| Suicide Prevention Coalition           | Revival of this coalition, new leadership, meeting monthly                 |             |
| Immunization Coalition                 | Quarterly meeting, update about COVID-19 vaccine and discussion/feedback   | quarterly   |
| Black Lives Matter working group       | Bi-weekly meeting, based at Mental Health.                                 | Bi-weekly   |
| Mental Health website review cmte      | Bi-weekly meeting, based at Mental Health                                  |             |
| Lead Poisoning Prevention Network      | Quarterly meeting, review lead cases, prevention, new regulation           | quarterly   |
|  |  |             |

## COVID-19

- Outreach and promotion of vaccination clinics held throughout the county by HPP staff and Public Health Ambassadors.
- In partnership with 211, HPP staff are delivering saliva test kits to individuals who are unable to get to a vaccination site.
- New posters created for vaccination promotion and to accommodate changes in guidance for masking in public buildings. (See images below.)
- Ongoing website updates related to changes in [gathering guidance](#), [vaccination clinics](#) and vaccine availability.
- Weekly Communications Team meetings.

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

- The CHIP Steering Committee meets monthly (first Thursday):
  - The intended purpose of the Steering Committee is to support the workgroups both individually and collectively through consultation, feedback, and community networking.
  - Developing a reporting and monitoring tool, with assistance from the Cornell MPH program.
- Cancer screening intervention monthly meeting.
- Social Determinants of Health (SdoH) intervention monthly meeting.

## Healthy Neighborhoods Program

- The HNP program continues to receive calls requesting information about indoor air quality, radon, mold and mildew, bed bug infestations, etc.
- Staff continue to support County COVID-19 vaccination clinics.

### June 2021

| HEALTHY NEIGHBORHOODS PROGRAM                      | MONTH | YTD 2020 | Feb. 2020 | TOTAL 2020* |
|--|-------|----------|-----------|-------------|
| # of Initial Home Visits (including asthma visits) | 9     | 47       | 37        | 225         |
| # of Revisits                                      | 0     | 0        | 8         | 76          |
| # of Asthma Homes (initial)                        | 2     | 10       | 9         | 61          |
| # of Homes Approached                              | 64    | 444      | 180       | 436         |

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

## Health Promotion activities

- Assisting with Maternal Child Health redesign project. Attended a workshop on 6/8 and the Stakeholder meeting on 6/30. Participating in social media workgroup.
- Support School-based COVID-19 testing program: regular meeting with school-based health center working group.
- Design and production of TCAT poster for HIV testing (see photo below)



## Tobacco Free Tompkins

- City of Ithaca, City Administration Committee of the Common Council: Invited to attend as subject matter expert for proposed amendment to the City's Ch. 280, Outdoor Smoking Ordinance. The ordinance would add vaping and smoking cannabis to items prohibited in any smoke-free area as defined in Ch. 280. Committee passed unanimously and sent to full Common Council. (Passed unanimously by Common Council at July 7 meeting.)
- Cortland-Tompkins-Chenango grant staff meetings (2).
- Design /production of signage for tobacco-free outdoors.
- Advancing Tobacco Free Communities (ATFC) statewide grant contractors monthly call and statewide Tobacco Free Outdoors call.
- Tompkins coordinator continued their assignment with the COVID communications team.

## Media, Website, Social Media

- [COVID-19 website](#) pages updated regularly
- COVID-19 Press Releases in June
  - COVID19
- Other Press Releases:
  -
- Hydrilla sampling data [page for 2021](#) posted.
- Working with a small group from Mental Health to upgrade the [TCMH website](#).

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

- Strategic Planning with Batiste Leadership
  - Cross-Functional Team planning 6/16
  - HPP and QAI (Quality Assurance and Improvement – Mental Health) - discussion about combining two teams as part of Mental Health/Public Health merge.
- ELPH Network – Current Topic Sessions bi-monthly: meet virtually with other ELPH participants, discussion and sharing ideas
- Public Health Ambassador Program: 4 ambassadors began in May. Meeting twice weekly, assisting with vaccination outreach and clinic implementation, learning about different programs and services, focusing on priority areas within the CHIP. Met with outreach workers, WIC, Cornell Advancing Science group, Medical Director, and Childhood Nutrition Collaborative Coordinator.

## Training/Professional Development

- Listening Session (6/4): Opportunity for staff to ask questions with Frank
- JEDI (6/30): General Meeting, ongoing work on the JEDI Recruitment Project
- Psychological First Aid
- LGBTQ+ Resiliency in the Age of COVID
- Personal Resilience & Stress Inoculation

New York State Labor Law grants employees

## Paid Leave Time for COVID-19 Vaccination

On March 12, 2022, Governor Andrew M. Cuomo signed a new law granting employees paid leave time to receive COVID-19 vaccinations.

- Up to 4 hours per vaccination dose.
- At regular rate of pay. Cannot count against other leave time.
- Vaccination is free. There is no co-pay.

For Clinic Dates Scan the QR or go to [got.tompkinsny.gov](http://got.tompkinsny.gov)

By phone: Call 24-3-1-1 in Tompkins County

For more information visit [www.dhs.gov](http://www.dhs.gov)

La ley laboral del estado de Nueva York les

## Paga su Tiempo a los Empleados Para Vacunarse contra el COVID-19

El 12 de marzo del 2022, el gobernador Andrew M. Cuomo firmó una nueva ley que otorga a los empleados tiempo pagado para vacunarse contra el COVID-19.

- Hasta 4 horas pagadas por dosis de vacunación.
- A su salario normal. No se puede descontar de otro tipo de tiempo pagado.
- La vacunación es gratuita. No hay copago.

Para las fechas de clínicas de vacunación escanee el código QR o vaya a [got.tompkinsny.gov](http://got.tompkinsny.gov)

Por teléfono llame al 2-3-1-1 en Tompkins County

Para más información visite [www.dhs.gov](http://www.dhs.gov)

# Welcome

Everyone who enters

Please wear a mask

Let's Keep Working Together to Open Up Tompkins County

Every COVID-19 Vaccination Gets Us Closer

# Welcome

Not fully vaccinated yet?

Please wear a mask

Let's Keep Working Together to Open Up Tompkins County

Every COVID-19 Vaccination Gets Us Closer

[Download posters here.](#)

### ATTENTION EMPLOYEES

## You Must Attest To Screening Questions

By entering, you attest that you answer **NO** to the questions below.

- Have you had any of the following symptoms within the past 48 hours: Fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea? Only consider new symptoms that you cannot attribute to an illness that is chronic or that you are otherwise familiar with.
- Have you had close contact in the past 10 days with any person confirmed by diagnostic test, or suspected based on symptoms, to have COVID-19?
- Have you tested positive for COVID-19 through a diagnostic test in the past 10 days?

[tompkinscountyny.gov/health](http://tompkinscountyny.gov/health)

Having Anonymous Sex?  
We offer Anonymous HIV Testing

For info call 607-274-6604

RATOR  
OT 1500569NY

**Medical Director's Report  
Board of Health  
July 2021**

**Tick bites and Lyme disease:** Tick bites and Lyme disease are prevalent this year as in years past. What is new, however, is the rise in Anaplasmosis and Babesiosis cases resulting from tick bites. Consistent with a trend across the state these two diseases have risen in the past few years while Lyme has trended constant.

Regarding Lyme disease, we are getting close to end of nymphal tick season which is mid-May to mid-July. Infections quieten down somewhat and then rise again in the fall with ticks progressing to the adult stage. What makes the nymphal season so difficult is the small size of the tick (about the size of the letter "d" imprinted on a dime). These small ticks are no less infectious, but they can go more easily undetected.

**Personal Protection:** Several strategies for personal protection against Lyme disease have been advocated. These include:

- Checking daily for and removing ticks after outdoor activities. This must include all the very private areas of the body since ticks are not modest and do favor the warm environment of our genital area, arm pits, and between the cheeks of our bottoms.
- Bathing after outdoor activities where ticks are abundant (in hopes of washing unattached ticks off the body).
- Placing dry clothes in dryers on high heat for about 4 minutes after outdoor activities to kill any ticks. Moist clothes at high heat require 50 minutes.
- Wearing protective clothing, tucking trousers into socks etc.
- Using tick repellents, such as DEET, on skin and [permethrin](#) on clothing, according to manufacturer's instructions. Products should be US Environmental Protection Agency (or analogous regulatory agencies in other endemic regions) registered.
- Avoiding areas where ticks are abundant.

Of course, one must think about one's pets and the fact that they can carry ticks into your home.

**Anaplasmosis:** has been noted by the NYSDOH to be rising in numbers of cases, spreading geographically, and increasing in the proportion of ticks carrying the germ. NYSDOH has an article coming out in Emerging Infectious Disease soon and the CDC is likely to feature it and the trends it portrays from 2010 to 2018. I have heard local practitioners report having encountered several cases in the past year. A *significant difference* between Anaplasmosis and Lyme is that only 24 hours rather than 36 hours is believed to be required for infection to occur. This heightens the importance of the daily complete body tick check to include personal areas.

Anaplasmosis cases in 2019 were the highest in NYS we'd ever seen (over 1,600 compared to a few hundred in 2011). 2020 data is going to be unreliable, for obvious reasons. Lyme, obviously, dwarfs the other infections. Keep in mind Babesiosis as well though it infects more like Lyme regarding the minimum period of attachment.

However, Powassan, requires far less time for transmission (perhaps minutes).

Locally we have reported:

- 25 Anaplasmosis cases to date in 2021 to date compared to a prior average of 3 per year.
- 1 Babesiosis case to date compared to a prior annual average of 0.
- 8 Lyme cases to date compared to a prior annual average of 15.

Testing ticks: The Thangamani Lab at SUNY is still offering the service for free. However, testing is limited in value for a couple of reasons. The clinical evaluation of the patient and treatment based on clinical grounds is still the standard to be followed and is the most time efficient. In addition, the tick that is found today and is tested may not be the one that infected the person. Thus, a negative test on a single tick is not reassuring. Treatment is best based on clinical judgement. Testing should be discouraged in general.

### **Overdose death and harm reduction:**

We have heard that the trends in overdose deaths have been distressing but the newest figures are beyond the pale. <https://www.nytimes.com/2021/06/27/health/overdose-harm-reduction-covid.html?smid=em-share>

Overdose deaths rose by nearly 30 percent over the 12-month period that ended in November, to more than 90,000, according to [preliminary federal data](#) released this month — suggesting 2020 blew past recent records for such deaths. The staggering increase during the pandemic has many contributing factors, including widespread job loss and eviction; diminished access to addiction treatment and medical care; and an illegal drug supply that became even more dangerous after the country essentially shut down...

President Biden has made expanding harm-reduction efforts one of his [drug policy priorities](#) — the first president to do so. The American Rescue Act [includes \\$30 million](#) specifically for evidence-based harm reduction services, the first time Congress has appropriated funds specifically for that purpose. The funding, while modest, is a victory for the programs, both symbolically and practically, as they often run on shoestring budgets.

In a setback, at least **temporarily**, for the opening of the first “Safe Consumption Facility” (or otherwise known as a “Supervised Injection facility”) in the United States to be located in Philadelphia – a federal appellate court ruled Tuesday [June 22<sup>nd</sup>] that such a facility would violate a law known as the “crack house” statute and open its operators to potential prosecution...

In crafting Tuesday’s opinion, Bibas stressed he was making no judgment on whether or not a supervised injection site was good public policy in a city where, on average, three people die from drug overdoses a day — a rate that has only increased during the pandemic.

Instead, his analysis hinged almost entirely on the 1986 law passed at the height of the crack epidemic, which the Justice Department had cited in its lawsuit to block Safehouse’s opening.

“Good intentions cannot override the plain text of the statute”, he wrote, suggesting, as McSwain has previously, that if Safehouse wanted to open legally it should lobby Congress to change the law”.

In a 2-1 decision, a three-judge panel of the U.S. Court of Appeals for the Third Circuit lauded the goals behind Safehouse — the nonprofit that, in an attempt to stem the city’s tide of opioid-related deaths, has proposed the site to provide medical supervision to people using drugs. But, Circuit Judge Stephanos Bibas wrote for the majority, “Safehouse’s benevolent motive makes no difference”. “Congress has made it a crime to open a property to others to use drugs”, he added. “And that is what Safehouse will do”. He was joined in the decision by Circuit Judge Thomas Ambro.

Circuit Judge Jane Richards Roth dissented, calling the logic behind the ruling “absurd” and the 30-year-old statute on which it was based — one meant to go after owners and tenants of drug dens — “nearly incomprehensible”. Safehouse vowed to appeal. Despite Tuesday’s setback, Safehouse and its allies — who include Mayor Jim Kenney, District Attorney Larry Krasner, and former Gov. Ed Rendell — held out hope that the ruling would not be the last word. They looked to the incoming administration of President-elect Joe Biden for a potential lifeline.

Biden was one of the Senate cosponsors of the 1986 law but has said he regrets some of that tough-on-drug legislation he championed during the 1980s and ‘90s and pledged during his campaign [to decriminalize marijuana](#). And his nominee to lead the Department Health and Human Services, Xavier Becerra, is a supporter of supervised injection sites and, as California attorney general, signed onto an amicus brief supporting Safehouse before the Third Circuit last year”.

Biden’s Department of Justice could also use prosecutorial discretion and decide not to enforce the “crack house” statute to shut down Safehouse or other supervised injection sites”.

Krasner, in a statement, urged it to do so”. <https://www.inquirer.com/news/safehouse-third-circuit-decision-safe-injection-site-philadelphia-mcswain-20210112.html>

I urge the Board to craft a statement to each of our Congressional delegation and the President to do this and more also. History has shown that TCHD and its partners were on the right side of the issue in circa 1996 when we partnered to bring about the first rural Syringe Exchange Program in NYS. The Board should now act to encourage the Biden administration and Congress to remove the barriers that stand in the way of Safe Consumption Facilities. Harm reduction is a proven public health strategy.

## **Maternal Child Health**

We are in the midst of restarting and reforming our MOMs program as it moves beyond the Medicaid population to offer services to those expecting and newborns and their families. Doing more for family units and the young is proven to have impact in the health of our people and our community for decades to come.

Discussing the following areas can be extremely fruitful:

- Reading to infants and children as relates to success in school and literacy and health literacy.
- Parental modeling healthy habits and attitudes towards substance use and health including legal and illegal substances.
- Addressing the health risks of parents having substances in the home particularly if available to toddlers, children, and adolescents (think alcohol, tobacco, THC (cannabis)).
- Discussing the fact that substances have an impact on the anatomical structure of the developing brain and program it for possible substance use disorder.
- Parents modeling healthy eating habits as relates to childhood and adult obesity (a prime causal factor of disease and loss of healthy years of life lived).
- Moving more and moving well – activity and exercise modeling as a prime mode for children to develop life-long habits.

Maternal knowledge and interactions with children are premier determinants of long-term health and, thus, a prime point in the life cycle for public health to try and improve outcomes. Our redesign is seeking to assure that we have the resources and funding to achieve this and a coordinated partnership across the community has been and is being forged to accomplish it. Inadequacies in health habits and literacy will cycle throughout a child’s life into adulthood and result in loss of healthy years of life and maximization of functioning.



Part of the process will be renaming and rebranding our program to reflect the broad population we hope to serve.

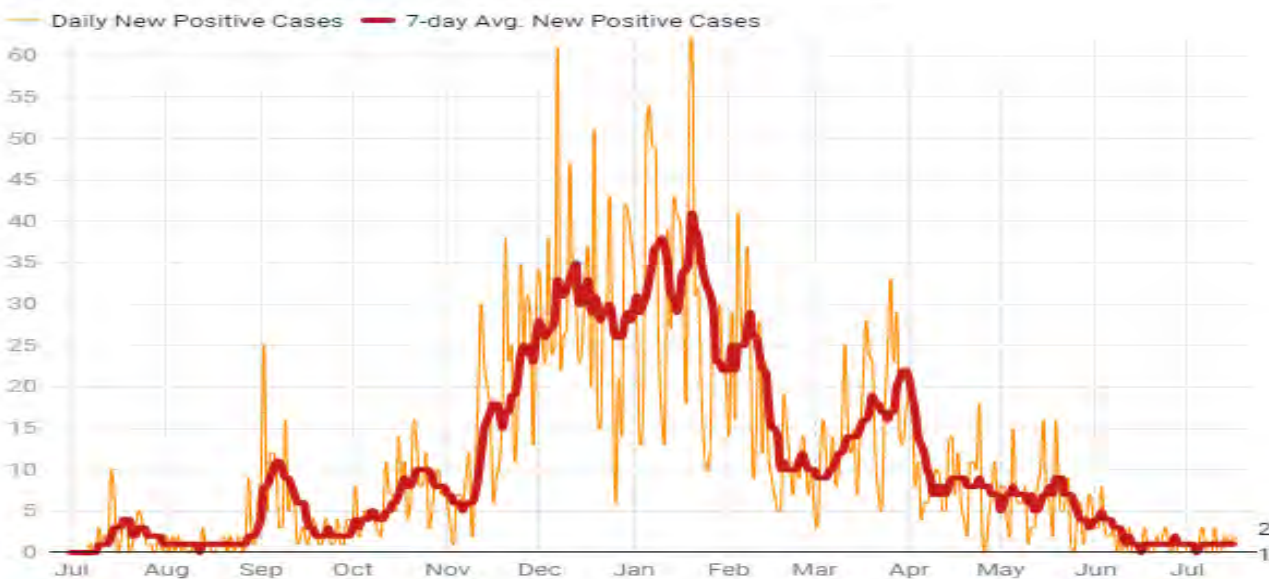
### Covid Update

While news reports portray serious concerns about the national rise in cases, we remain cautiously optimistic about our local situation. Portrayed by the President as now being a pandemic of the unvaccinated we see our case reports reflecting this reality. Most are in the unvaccinated. Many have traveled domestically or internationally, and many have their genesis in a gathering such as a birthday. Wherever propagation of the virus is encouraged by the lack of vaccination the possibility of emergence of a truly dangerous mutant is high. We must vigorously address this at home and in our provision of vaccine and resources to the world.

As Wed 07/14/21

### Daily New Cases + 7-Day Avg. New Cases

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



## Daily Testing Activity (8-day view)

COVID-19, Tompkins County, New York

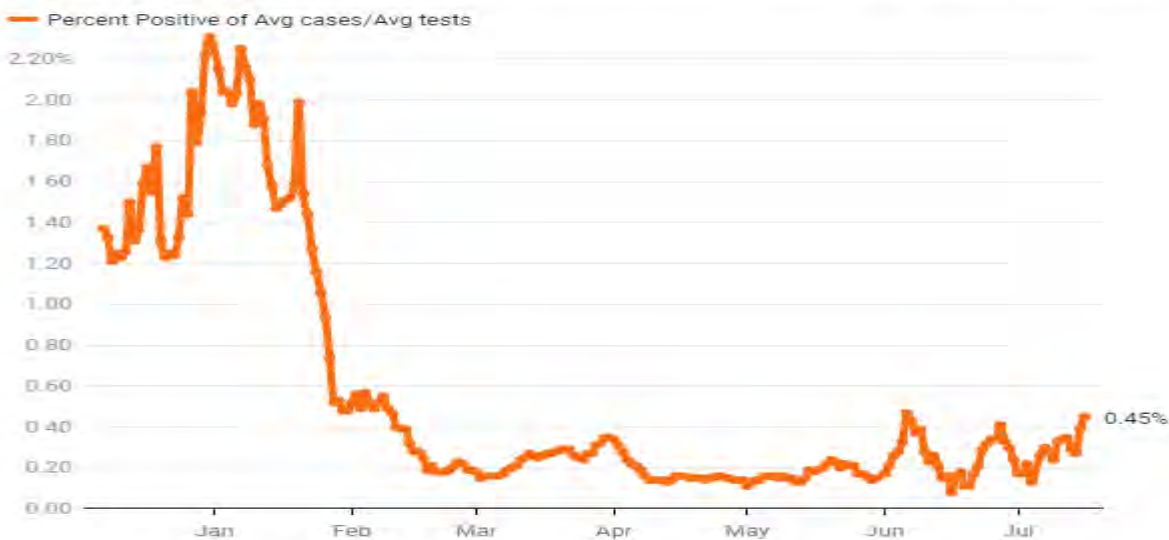
| Date ▾  | Total Tests | Daily Tests (ECLRS) | New Positive Cases (TCHD) | Total Positive Cases (TCHD) | Released from Isolation (TCHD) | Active Cases (TCHD) |
|---------|-------------|---------------------|---------------------------|-----------------------------|--------------------------------|---------------------|
| 7/17/21 | 1,281,211   | 293                 | 2                         | 4,420                       | 4,379                          | 10                  |
| 7/16/21 | 1,280,918   | 374                 | 1                         | 4,418                       | 4,378                          | 9                   |
| 7/15/21 | 1,280,544   | 348                 | 2                         | 4,417                       | 4,378                          | 8                   |
| 7/14/21 | 1,280,196   | 502                 | 1                         | 4,415                       | 4,377                          | 7                   |
| 7/13/21 | 1,279,694   | 200                 | 2                         | 4,414                       | 4,377                          | 6                   |
| 7/12/21 | 1,279,494   | 98                  | 0                         | 4,412                       | 4,374                          | 7                   |
| 7/11/21 | 1,279,396   | 91                  | 0                         | 4,412                       | 4,372                          | 9                   |
| 7/10/21 | 1,279,305   | 389                 | 3                         | 4,412                       | 4,372                          | 9                   |

+ Show 479 more

Note the significant drop in daily tests that are being done from the thousands done earlier. We hope that the testing now being done is catching all our area positive people. But you must wonder. Testing has gone down as restrictions have diminished and vaccinated people have increased. Our percent positive rate for tests has not change much from March. So, that may be reassuring.

### 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.



Vaccines remain effective against all the known mutations.

**J and J vaccine – and Guillain Barre Syndrome (GBS)** –summary: of 12 mil vaccine doses administered 100 cases of GBS has been associated with the vaccine not all may be causally related to the vaccine. Risks of Covid far outweigh the vaccine’s risk. At this time, one may think of this the same as one thinks of the rare complication of blood clotting disorder with J and J vaccine.

Guillain-Barré syndrome (GBS) is a rare disorder where the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis. While its cause is not fully understood, the syndrome often follows infection with a virus or bacteria. Each year in the United States, an estimated 3,000 to 6,000 people develop GBS. Most people fully recover from GBS, but some have permanent nerve damage.

GBS is rare and anyone can develop GBS, but people older than 50 are at greatest risk. In addition, about two-thirds of people who get GBS do so several days or weeks after they have been sick with diarrhea or a lung or sinus illness. Infection with the bacteria Campylobacter jejuni, which causes gastroenteritis (including symptoms of nausea, vomiting and diarrhea), is one of the most common risk factors for GBS. People also can develop GBS after having the flu or other infections such as cytomegalovirus and Epstein Barr virus. On very rare occasions, people develop GBS in the days or weeks after getting a vaccination.

To study whether a new vaccine might be causing GBS, CDC would compare the usual rate of GBS to the observed rate of GBS in persons getting vaccinated. This helps to determine whether a vaccine could be causing more cases. <https://www.cdc.gov/vaccinesafety/concerns/guillain-barre-syndrome.html>

Most patients with GBS have continued progression (i.e., worsening) for up to two weeks, followed by a plateau phase of two to four weeks, and then gradual recovery of function.

At one year after onset and treatment of GBS, full recovery of motor strength occurs in about 60 percent of patients, while severe motor problems persist in about 14 percent. Approximately 5 to 10 percent of patients have a prolonged course with very delayed and incomplete recovery, and 3 to 7 percent die despite intensive care.

The time period to onset of recovery is shortened by about 40 to 50 percent by treatment with plasma exchange or intravenous immune globulin (IVIG). Data from the North American plasma exchange trial that studied 245 patients treated within 30 days after onset of motor deficit illustrates the degree of improvement with disease-modifying therapy.

- *The median time to improve one grade in the plasma exchange and control groups was 19 and 40 days*
- *The median time to walking unaided in the plasma exchange and control groups was 53 and 85 days*
- *Improvement by at least one grade at one month in the plasma exchange and control groups occurred in 59 and 39 percent of patients*

**Prognostic factors** — *Factors associated with a poor prognosis for recovery from GBS include:*

- *Older age*
- *Rapid onset (less than seven days) prior to presentation*
- *Severe muscle weakness on admission*
- *Need for ventilatory support*
- *An average distal motor response amplitude reduction to <20 percent of normal*
- *Preceding diarrheal illness*

[https://www.uptodate.com/contents/guillain-barre-syndrome-in-adults-treatment-and-prognosis?search=guillain%20barre%20syndrome%20adult&topicRef=5137&source=see\\_link#H20](https://www.uptodate.com/contents/guillain-barre-syndrome-in-adults-treatment-and-prognosis?search=guillain%20barre%20syndrome%20adult&topicRef=5137&source=see_link#H20)

A final note: I was asked by a WSKG reporter what our prediction is for the late summer/ early fall. I replied that one does not predict with Covid. That one anticipates, prepares, seeks to understand the complexities, and stands ready to respond. That is what we must do.



## **Division for Community Health**

**July 27<sup>th</sup>, 2021 Board of Health meeting**

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

**June 2021 monthly Report**

### **Communicable Disease:**

- **COVID-19:** Throughout the month of June, COVID-19 cases continued to decrease. We had 48 cases of Covid in the month of June which generated 245 contacts. We had thirteen days in June when we reported zero Covid cases for the day. Generally we are seeing cases in people who are tested due to another reason (pre-procedure, hospital admission, pre or post travel). We responded to 134 Covid-related phone calls from the public in the month of June.
- **Other communicable diseases:** We are seeing an increase in reportable tick-borne illnesses (anaplasmosis, babesiosis, ehrlichiosis). June and July are typically peak months for these diseases but the numbers this year are above other years. This may be due to increasing awareness from providers about testing for these diseases. Our CD nurses are providing education to patients and providers on how to prevent tick bites.

### **Maternal Child Program:**

- MCH had a virtual stakeholder meeting on June 30<sup>th</sup> that was well attended. About 40 participants. We covered the redesign process and involved attendees in actively critiquing the log frame for the redesign. The Proposal for MCH expansion is being written and is scheduled for review and approval in early July. CHNs continue to follow up by phone on any high risk referrals received from Cayuga Birth Place. A social media team was formed and is working on MCH relaunch as well as developing posts for CHS programs.

### **SafeCare Program:**

- SafeCare is currently on hold. Collaboration is ongoing between DSS and TCHD regarding when to resume this program. Tentative start for resuming is August 1<sup>st</sup>.

#### **Immunization Clinics:**

- CHS staff worked 13 mobile Covid -19 vaccine clinics in the month of June including school based Pfizer clinics for the 12 y.o. and up population, and rural clinics for 18 y.o. and up population using the one shot J and J vaccine. We also continued to vaccinate homebound county residents on an as-needed basis. Tompkins County continues to have one of the highest vaccination rates in the state. Mobile vaccination clinics are winding down as demand slows, and those still in need of vaccination are being directed to local pharmacies and their primary physician.
- On-site immunization clinics continued to be suspended due to the COVID-19 response. We are looking at a possible start date of Sept 1<sup>st</sup> for our on-site immunization clinic.

#### **Lead Poisoning Prevention:**

- Lead nurse continues to monitor cases. We had 2 discharges and one new case in June.

#### **Tuberculosis**

- No active TB cases currently. During the month of June, CHS nurses collaborated with Dr. MacQueen's office to facilitate CXR and sputum testing for a suspect TB case which turned out to be negative.

#### **HIV:**

- TCHD is open to the public for HIV anonymous testing.

#### **Rabies:**

- TCHD continues to provide rabies pre-exposure vaccination to SPCA and Environmental Health employees. CHS is also monitoring authorized post exposure patients and coordinating appropriate care.

## WIC program

### Caseload Data:

#### May close out caseload data:

- Enrollment: 1111
- Participation: 1023
- Participation/Enrollment %: 92.08% (increase in May)
- Participation/Caseload %: 68.20%
- **Total participants seen in May: 466**
- **Appointment show rate: 94%**

#### June preliminary caseload data:

- Enrollment: 1130
- Participation: 1013
- Participation/Enrollment %: 89.65 %
- Participation/Caseload %: 67.53%
- **Total participants seen in June: 498**
- **Appointment show rate: 93%**

### Program Highlights

- Enrollment and participant increased in May, we will not have June final numbers until July 30<sup>th</sup>.
- In June, WIC eligible women and child started receiving \$35.00 in Fruits and Vegetable on their food package. They will continue to receive this additional food through September 30<sup>th</sup>. The American Rescue Plan Act of 2021, passed on March 10th, 2021, included funding for the additional money for food.
- WIC program started issuing Farmers Market checks to WIC families. The program runs June 1<sup>st</sup> through November 30.

**Brief description of the Farmers Market Nutrition Program (FMNP) for new staff or BOH members:** The FMNP provides booklets worth \$20.00 to each eligible women, infants and children for the purchase of locally grown, fresh fruits and vegetables. This program was designed to support local farmers' during the summer and fall.

- WIC Program will continue issuing WIC benefits remotely through mid-August. USDA waivers set to expire in August.

N.Y.S. Department of Health  
 Division of Epidemiology  
 Communicable Disease Monthly Report\*, DATE: 02JUL21  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=June

| Disease                          | 2021 |       | 2020 |       | 2019 |       | 2018 |       | Ave<br>(2018-2020) |      |
|----------------------------------|------|-------|------|-------|------|-------|------|-------|--------------------|------|
|                                  | Freq | Rate  | Freq | Rate  | Freq | Rate  | Freq | Rate  | Freq               | Rate |
| ANAPLASMOSIS**                   | 22   | 256.8 | 5    | 58.4  | 0    | 0.0   | 2    | 23.3  | 2                  | 23.3 |
| BABESIOSIS**                     | 1    | 11.7  | 1    | 11.7  | 0    | 0.0   | 0    | 0.0   | 0                  | 0.0  |
| CAMPYLOBACTERIOSIS**             | 1    | 11.7  | 4    | 46.7  | 1    | 11.7  | 3    | 35.0  | 3                  | 35.0 |
| COVID-19                         | 48   | 560.3 | 56   | 653.7 | 0    | 0.0   | 0    | 0.0   | 0                  | 0.0  |
| CRYPTOSPORIDIOSIS**              | 0    | 0.0   | 1    | 11.7  | 0    | 0.0   | 0    | 0.0   | 0                  | 0.0  |
| EHRlichiosis<br>(UNDETERMINED)** | 0    | 0.0   | 0    | 0.0   | 1    | 11.7  | 0    | 0.0   | 0                  | 0.0  |
| ENCEPHALITIS, OTHER              | 0    | 0.0   | 0    | 0.0   | 0    | 0.0   | 1    | 11.7  | 0                  | 0.0  |
| GIARDIASIS                       | 3    | 35.0  | 1    | 11.7  | 3    | 35.0  | 3    | 35.0  | 2                  | 23.3 |
| HEPATITIS B,ACUTE                | 1    | 11.7  | 0    | 0.0   | 0    | 0.0   | 0    | 0.0   | 0                  | 0.0  |
| HEPATITIS B,CHRONIC**            | 1    | 11.7  | 2    | 23.3  | 1    | 11.7  | 1    | 11.7  | 1                  | 11.7 |
| HEPATITIS C,ACUTE**              | 0    | 0.0   | 1    | 11.7  | 0    | 0.0   | 0    | 0.0   | 0                  | 0.0  |
| HEPATITIS C,CHRONIC**            | 1    | 11.7  | 3    | 35.0  | 10   | 116.7 | 6    | 70.0  | 6                  | 70.0 |
| INFLUENZA A, LAB<br>CONFIRMED    | 0    | 0.0   | 0    | 0.0   | 0    | 0.0   | 1    | 11.7  | 0                  | 0.0  |
| INFLUENZA B, LAB<br>CONFIRMED    | 0    | 0.0   | 0    | 0.0   | 1    | 11.7  | 0    | 0.0   | 0                  | 0.0  |
| LYME DISEASE** ****              | 3    | 35.0  | 10   | 116.7 | 2    | 23.3  | 11   | 128.4 | 8                  | 93.4 |
| SALMONELLOSIS**                  | 1    | 11.7  | 0    | 0.0   | 1    | 11.7  | 2    | 23.3  | 1                  | 11.7 |
| 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   | 0    | 0.0   | 2    | 23.3  | 1    | 11.7  | 1                  | 11.7 |
| SYPHILIS TOTAL.....              | 3    | 35.0  | 2    | 23.3  | 3    | 35.0  | 0    | 0.0   | 2                  | 23.3 |

|                      | 2021 |       | 2020 |       | 2019 |       | 2018 |       | Ave<br>(2018-2020) |       |
|----------------------|------|-------|------|-------|------|-------|------|-------|--------------------|-------|
| Disease              | Freq | Rate  | Freq | Rate  | Freq | Rate  | Freq | Rate  | Freq               | Rate  |
| - P&S SYPHILIS       | 0    | 0.0   | 0    | 0.0   | 2    | 23.3  | 0    | 0.0   | 1                  | 11.7  |
| - EARLY LATENT       | 2    | 23.3  | 2    | 23.3  | 1    | 11.7  | 0    | 0.0   | 1                  | 11.7  |
| - LATE LATENT        | 1    | 11.7  | 0    | 0.0   | 0    | 0.0   | 0    | 0.0   | 0                  | 0.0   |
| GONORRHEA TOTAL..... | 5    | 58.4  | 7    | 81.7  | 2    | 23.3  | 6    | 70.0  | 5                  | 58.4  |
| - GONORRHEA          | 5    | 58.4  | 7    | 81.7  | 2    | 23.3  | 6    | 70.0  | 5                  | 58.4  |
| CHLAMYDIA            | 25   | 291.8 | 25   | 291.8 | 27   | 315.2 | 22   | 256.8 | 25                 | 291.8 |

\*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: 02JUL21  
 Through June  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

| Disease                                 | 2021 |        | 2020 |        | 2019 |        | 2018 |        | Ave<br>(2018-2020) |        |
|---|------|--------|------|--------|------|--------|------|--------|--------------------|--------|
|   | Freq | Rate   | Freq | Rate   | Freq | Rate   | Freq | Rate   | Freq               | Rate   |
| ANAPLASMOSIS**                          | 25   | 48.6   | 5    | 9.7    | 2    | 3.9    | 3    | 5.8    | 3                  | 5.8    |
| BABESIOSIS**                            | 1    | 1.9    | 2    | 3.9    | 0    | 0.0    | 0    | 0.0    | 1                  | 1.9    |
| CAMPYLOBACTERIOSIS**                    | 6    | 11.7   | 8    | 15.6   | 11   | 21.4   | 15   | 29.2   | 11                 | 21.4   |
| COVID-19                                | 1987 | 3866.0 | 311  | 605.1  | 0    | 0.0    | 0    | 0.0    | 0                  | 0.0    |
| CRYPTOSPORIDIOSIS**                     | 0    | 0.0    | 8    | 15.6   | 2    | 3.9    | 4    | 7.8    | 5                  | 9.7    |
| ECOLI SHIGA TOXIN**                     | 1    | 1.9    | 2    | 3.9    | 1    | 1.9    | 1    | 1.9    | 1                  | 1.9    |
| EHRlichiosis<br>(UNDETERMINED)**        | 0    | 0.0    | 0    | 0.0    | 1    | 1.9    | 0    | 0.0    | 0                  | 0.0    |
| ENCEPHALITIS, OTHER                     | 0    | 0.0    | 1    | 1.9    | 1    | 1.9    | 2    | 3.9    | 1                  | 1.9    |
| GIARDIASIS                              | 4    | 7.8    | 3    | 5.8    | 12   | 23.3   | 10   | 19.5   | 8                  | 15.6   |
| HAEMOPHILUS<br>INFLUENZAE, NOT TYPE B   | 0    | 0.0    | 1    | 1.9    | 3    | 5.8    | 3    | 5.8    | 2                  | 3.9    |
| HEPATITIS A                             | 6    | 11.7   | 1    | 1.9    | 0    | 0.0    | 0    | 0.0    | 0                  | 0.0    |
| HEPATITIS B,ACUTE                       | 1    | 1.9    | 0    | 0.0    | 0    | 0.0    | 0    | 0.0    | 0                  | 0.0    |
| HEPATITIS B,CHRONIC**                   | 4    | 7.8    | 6    | 11.7   | 4    | 7.8    | 5    | 9.7    | 5                  | 9.7    |
| HEPATITIS C,ACUTE**                     | 2    | 3.9    | 2    | 3.9    | 2    | 3.9    | 3    | 5.8    | 2                  | 3.9    |
| HEPATITIS C,CHRONIC**                   | 7    | 13.6   | 14   | 27.2   | 20   | 38.9   | 29   | 56.4   | 21                 | 40.9   |
| INFLUENZA A, LAB<br>CONFIRMED           | 0    | 0.0    | 524  | 1019.5 | 743  | 1445.6 | 457  | 889.2  | 575                | 1118.8 |
| INFLUENZA B, LAB<br>CONFIRMED           | 1    | 1.9    | 731  | 1422.3 | 27   | 52.5   | 560  | 1089.6 | 439                | 854.1  |
| INFLUENZA UNSPECIFIED,<br>LAB CONFIRMED | 1    | 1.9    | 0    | 0.0    | 1    | 1.9    | 0    | 0.0    | 0                  | 0.0    |
| LEGIONELLOSIS                           | 1    | 1.9    | 0    | 0.0    | 1    | 1.9    | 0    | 0.0    | 0                  | 0.0    |
| LISTERIOSIS                             | 0    | 0.0    | 0    | 0.0    | 0    | 0.0    | 1    | 1.9    | 0                  | 0.0    |

| Disease                               | 2021 |       | 2020 |       | 2019 |       | 2018 |       | Ave<br>(2018-2020) |       |
|---------------------------------------|------|-------|------|-------|------|-------|------|-------|--------------------|-------|
|                                       | Freq | Rate  | Freq | Rate  | Freq | Rate  | Freq | Rate  | Freq               | Rate  |
| LYME DISEASE** ****                   | 8    | 15.6  | 12   | 23.3  | 12   | 23.3  | 21   | 40.9  | 15                 | 29.2  |
| MALARIA                               | 0    | 0.0   | 2    | 3.9   | 0    | 0.0   | 0    | 0.0   | 1                  | 1.9   |
| MENINGITIS, ASEPTIC                   | 0    | 0.0   | 0    | 0.0   | 1    | 1.9   | 1    | 1.9   | 1                  | 1.9   |
| MUMPS**                               | 0    | 0.0   | 0    | 0.0   | 0    | 0.0   | 2    | 3.9   | 1                  | 1.9   |
| PERTUSSIS**                           | 0    | 0.0   | 1    | 1.9   | 3    | 5.8   | 4    | 7.8   | 3                  | 5.8   |
| SALMONELLOSIS**                       | 6    | 11.7  | 4    | 7.8   | 2    | 3.9   | 7    | 13.6  | 4                  | 7.8   |
| SHIGELLOSIS**                         | 0    | 0.0   | 0    | 0.0   | 0    | 0.0   | 1    | 1.9   | 0                  | 0.0   |
| STREP,GROUP A INVASIVE                | 1    | 1.9   | 1    | 1.9   | 2    | 3.9   | 3    | 5.8   | 2                  | 3.9   |
| STREP,GROUP B INVASIVE                | 1    | 1.9   | 1    | 1.9   | 4    | 7.8   | 5    | 9.7   | 3                  | 5.8   |
| STREP,GROUP B<br>INV,EARLY/LATE ONSET | 0    | 0.0   | 1    | 1.9   | 0    | 0.0   | 0    | 0.0   | 0                  | 0.0   |
| STREP<br>PNEUMONIAE,INVASIVE**        | 2    | 3.9   | 5    | 9.7   | 3    | 5.8   | 4    | 7.8   | 4                  | 7.8   |
| TUBERCULOSIS***                       | 0    | 0.0   | 2    | 3.9   | 1    | 1.9   | 1    | 1.9   | 1                  | 1.9   |
| YERSINIOSIS**                         | 0    | 0.0   | 0    | 0.0   | 1    | 1.9   | 1    | 1.9   | 1                  | 1.9   |
| SYPHILIS TOTAL.....                   | 6    | 11.7  | 10   | 19.5  | 12   | 23.3  | 4    | 7.8   | 9                  | 17.5  |
| - P&S SYPHILIS                        | 2    | 3.9   | 3    | 5.8   | 6    | 11.7  | 0    | 0.0   | 3                  | 5.8   |
| - EARLY LATENT                        | 3    | 5.8   | 7    | 13.6  | 6    | 11.7  | 3    | 5.8   | 5                  | 9.7   |
| - LATE LATENT                         | 1    | 1.9   | 0    | 0.0   | 0    | 0.0   | 1    | 1.9   | 0                  | 0.0   |
| GONORRHEA TOTAL.....                  | 66   | 128.4 | 47   | 91.4  | 46   | 89.5  | 62   | 120.6 | 52                 | 101.2 |
| - GONORRHEA                           | 66   | 128.4 | 46   | 89.5  | 46   | 89.5  | 61   | 118.7 | 51                 | 99.2  |
| -<br>GONORRHEA,DISSEMINATED           | 0    | 0.0   | 1    | 1.9   | 0    | 0.0   | 1    | 1.9   | 1                  | 1.9   |
| CHLAMYDIA                             | 157  | 305.5 | 172  | 334.7 | 243  | 472.8 | 224  | 435.8 | 213                | 414.4 |
| CHLAMYDIA PID                         | 0    | 0.0   | 0    | 0.0   | 0    | 0.0   | 1    | 1.9   | 0                  | 0.0   |
| OTHER VD                              | 0    | 0.0   | 0    | 0.0   | 1    | 1.9   | 0    | 0.0   | 0                  | 0.0   |

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

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

\*\*\*Not official number

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

counties sampled; in 2020, 36 counties sampled.



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

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

**Staff Activities**

**General overview of COVID/Program Work**

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

**Staff Training**

- Julie Hatfield participated in the following webinars this month: 'Active Play& Learn', 'Wonder of Wonder: Harnessing the Wonder of Play through Provocations', 'OPWDD', 'Psychological Aid', 'Provoking Inquiry with Loose Parts', 'Personal Resilience'.
- Capri Prentice participated in the following webinars this month: 'Calming the Storm-Trauma', 'CommCare', 'Teaching Strategies: CSCN', 'LGBTQ Behavioral Health in Children', Cornell Webinar on 'Social Determinants of Health', 'Personal Resilience and Stress', 'Wonder of Play', 'Determinants of Health', 'Psychological First Aide', 'EOP Critical Conversations: Race & Covid', 'Negotiating Police Reform', and 'Learn the Signs'.
- Margo Polikoff participated in the following webinars: 'Social Listening: An Essential for Responsive Customer-centric Service', 'Wonder of Wonders: Harnessing the Wonder of Play through Provocation', Tompkins County and City of Ithaca Juneteenth Event- 'Civil Warriors', 'Experience the Diaspora Through Cuisine', 'A Juneteenth Play/Dramatic Reading', Office of Human Rights Panel with Dr. Kenneth Clarke SR: 'Violence in Ithaca and American Society', 'LGBTQ+ Resiliency in the Age of COVID'.

**Committees/Meetings**

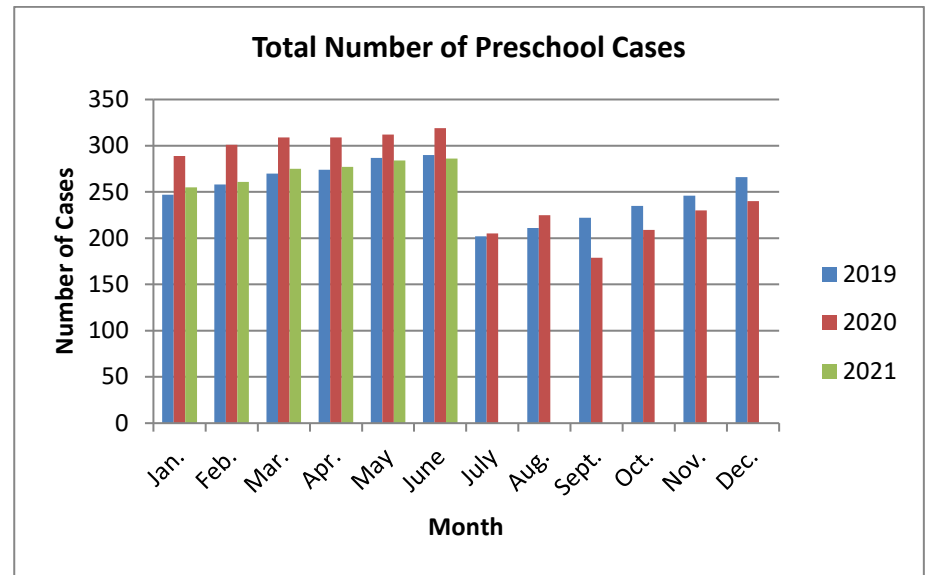
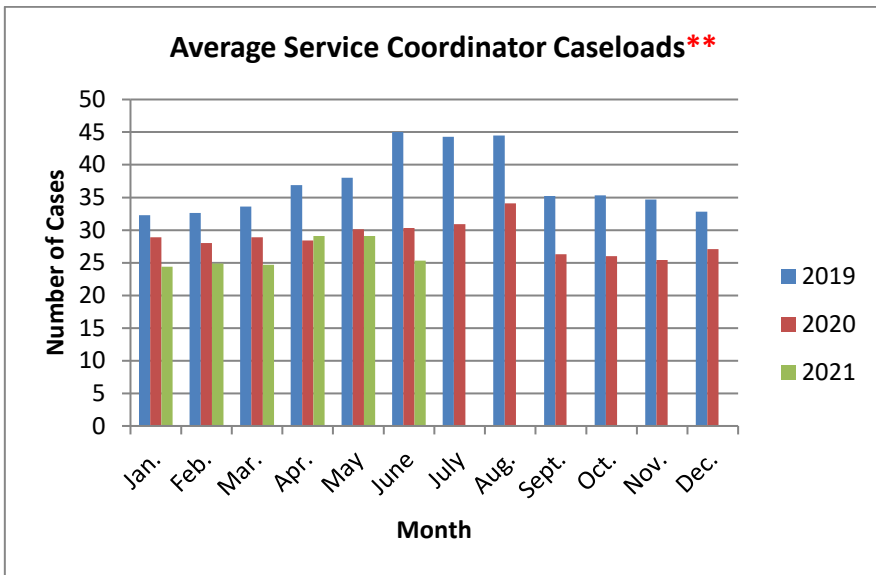
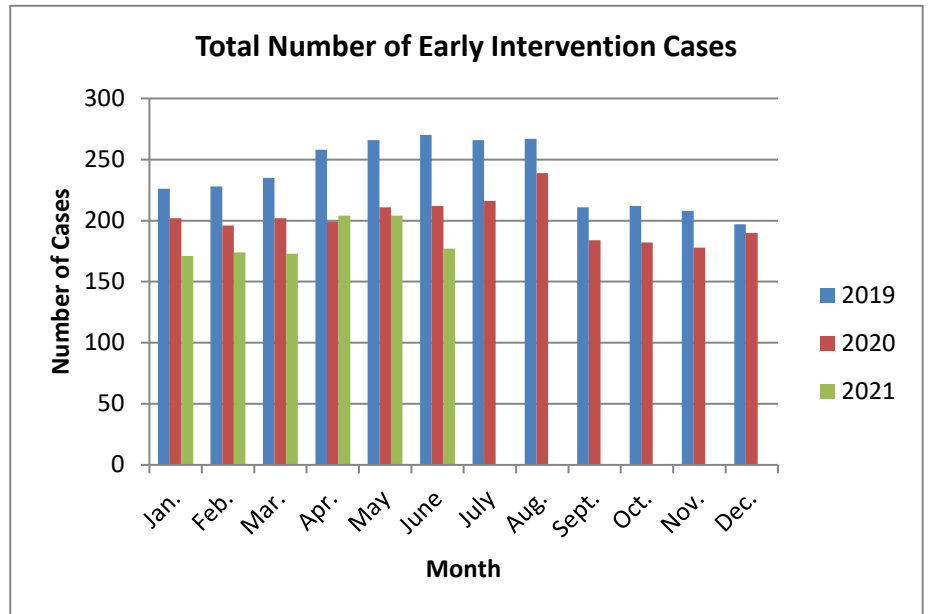
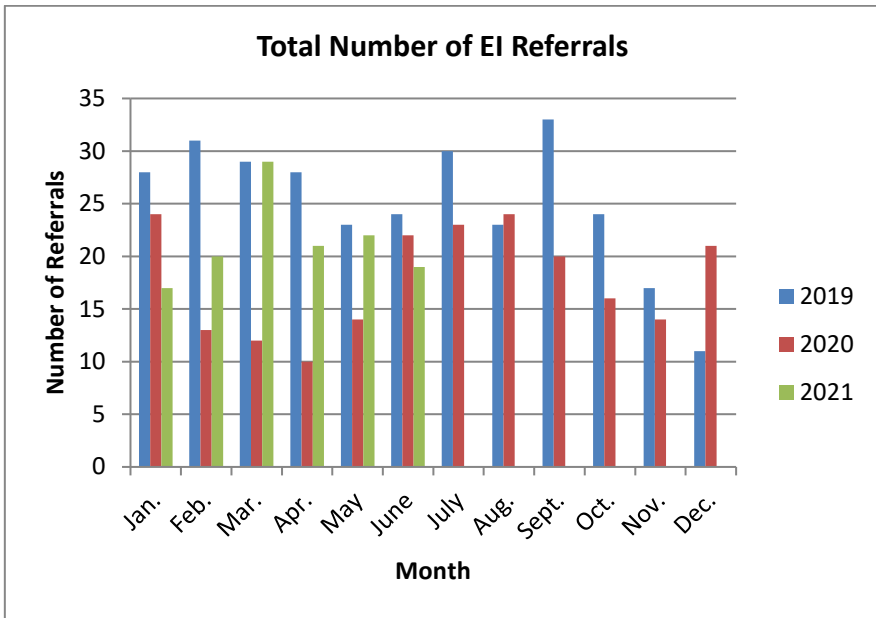
- CSCN Staff attended the Staff meeting 6/15/21.
- Capri Prentice, Deb Thomas, and Cindy LaLonde met on Initial Service Coordination on 6/2/21
- Michele Card and Barb Wright attended Monday Software Meetings with iCentral and ITS staff.
- Margo Polikoff participated in CYSHCN: RSC LHD Group Meeting on 6/8/21 and 6/30/21.

**Division Manager—Deb Thomas:**

- Senior Leadership Meetings-Debrief meetings every Thursday.
- Meeting with CHS Director and CHS managers for COVID planning once a week.
- Strategic Planning meetings 6/16/21
- Software meetings to develop reports and forms 6/18/21
- Interviews for the Administrative Coordinator position 6/1/21, 6/3/21
- Cradle to Career/Collective Impact group 6/11/21
- Early Childhood Development Collaborative meeting 6/7/21
- Meeting with county attorney and PHD regarding a preschool case 6/1/21

\*\* CSCN welcomes Kayla White as the new Administrative Coordinator to replace Barbara Wright in her retirement after 30 years with TCHD. Barb will stay on part -time temporary to help with the transition.

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.**















ENVIRONMENTAL HEALTH DIVISION

Ph: (607) 274-6688

<http://www.tompkinscountyny.gov>

Fx: (607) 274-6695

## **ENVIRONMENTAL HEALTH HIGHLIGHTS**

### **June 2021**

#### **Outreach and Division News:**

**EH COVID-19 Activities:** On June 15, the Governor announced that COVID-19 industry restrictions were lifted for retail, food service, offices, gyms and fitness centers, hair salons and other areas as NYS reached a first dose vaccination rate for adults of 70%. Some restrictions remain in place for large indoor events, Pre-K to 12 schools, public transit, homeless shelters, correctional facilities, nursing homes and health care settings. Unvaccinated individuals should continue to wear a mask per CDC guidance. We are very happy to report that Environmental Health COVID activities have essentially concluded.

**EH Core Programs:** Environmental Health staff are increasingly focused on our core programs as we enter our busy summer season. Campgrounds and children's camps staff are busy as these facilities begin to operate. The Onsite Wastewater Treatment System (OWTS) program continues to be very busy this spring. Staff in the water program are reviewing the second quarter results of PFAS/PFOS/1,4-dioxane samples from public water systems. This is a new requirement for these systems. There was one exceedance in the first quarter from a well that has been taken out of service. There have not been any exceedances in the second quarter samples. EH staff also worked on the transition from remote to in-office working and the proposed 2022 budget.

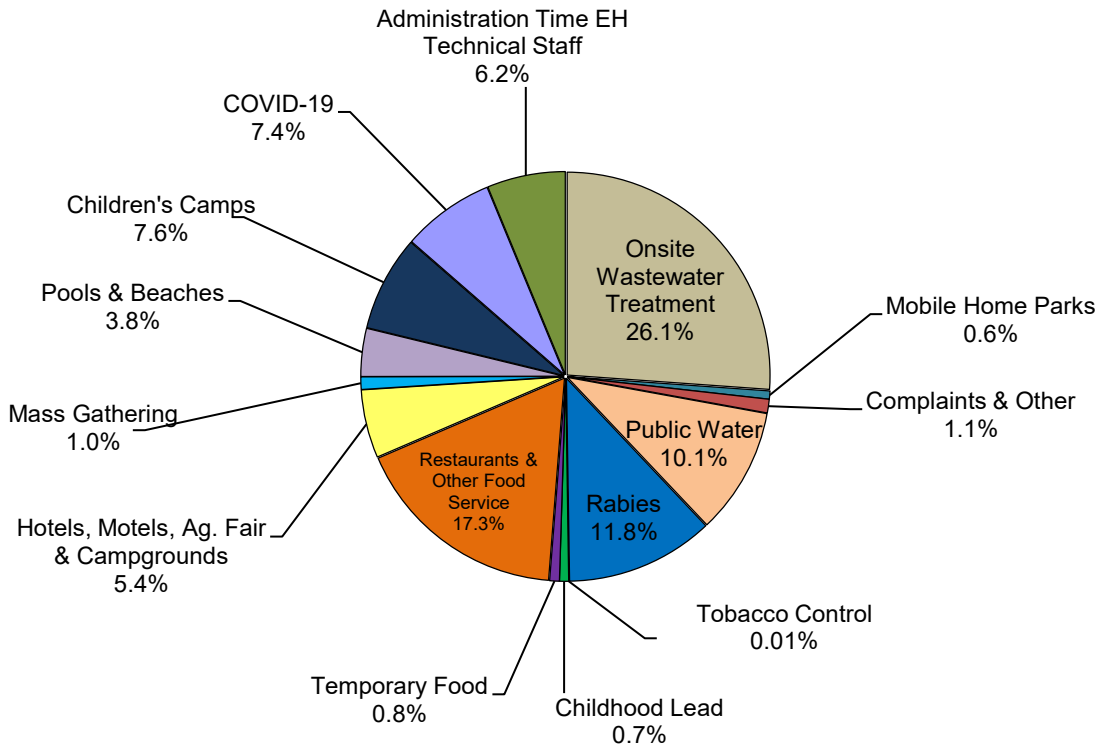
**Rabid Cat:** There was one confirmed cases of rabies in June 2021. An unvaccinated indoor/outdoor cat was presented at a veterinary clinic showing signs of the "dumb" form of rabies. The cat had begun vocalizing the week prior and had stopped eating and drinking before showing hind limb paralysis, rather than showing any unusual aggression. The cat died at the veterinary clinic and the veterinarian contacted the Health Department with concerns. Multiple people received post exposure treatment as a precaution due to the length of time the cat was at the home and symptomatic. It was very unusual for an owned cat to test positive for rabies.

**Potential Rabies Exposure at DSS:** On June 24<sup>th</sup>, a woman brought a juvenile raccoon as well as her young child to a family visit at DSS. None of the DSS staff had contact with the raccoon but the mother and child did. This was an especially challenging situation as the mother was homeless and we did not contact information for her. The child was staying with grandparents and received the first post exposure shot the next day. With the assistance of Chris Teitelbaum, Director of St. Johns Community Services, we were informed that were two women at the shelter staff that have photos of themselves holding the raccoon. After discussions with Chris Teitelbaum, the two women would not reveal the location of the raccoon but agreed to post-exposure shots. Later that weekend, we were informed that the raccoon had been surrendered at the shelter and picked up by Animal Control. The raccoon was submitted for testing and, fortunately, results came back negative so no additional post exposure shots needed to be given.

We greatly appreciate the effort by Cynthia Mosher, Mike Robson, Scott Freyburger, Skip Parr, Dr. Klepack, Frank Kruppa, Celeste Rakovich and Rachel Buckwalter for their assistance over the weekend and throughout this situation. We are also grateful for the critical assistance of Chris Teitelbaum, Director of St. Johns Community Services; Samantha Stevenson and Justine Waldman at REACH (who agreed to provide post-exposure shots to those that might need them at the shelter); Amy Thomas at CMC/ED; Kit Kephart at DSS; and Andie Newman at NYSDOH. There was wonderful community and multi-agency coordination on this effort.

**EH Programs Overview:**

**Staff Time in Environmental Health Programs - June 2021**







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

| <b>ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)</b>   |           |          |           |           |           |           |          |          |          |          |          |          |            |            |
|--|-----------|----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|------------|------------|
| <b>Permits Issued</b>  | <b>11</b> | <b>4</b> | <b>15</b> | <b>35</b> | <b>30</b> | <b>15</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>110</b> | <b>227</b> |
| New Construction/Conversions   | 6         | 4        | 4         | 18        | 13        | 8         |          |          |          |          |          |          | 53         | 152        |
| Replacements   | 5         | 0        | 11        | 17        | 17        | 7         |          |          |          |          |          |          | 57         | 119        |
| <b>Completion Certificates Issued</b>  | <b>9</b>  | <b>4</b> | <b>6</b>  | <b>19</b> | <b>19</b> | <b>19</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>76</b>  | <b>205</b> |
| New Construction/Conversions   | 5         | 3        | 3         | 10        | 8         | 7         |          |          |          |          |          |          | 36         | 90         |
| Replacements   | 4         | 1        | 3         | 9         | 11        | 12        |          |          |          |          |          |          | 40         | 115        |
| <b>ENGINEERING PLAN REVIEWS</b>  |           |          |           |           |           |           |          |          |          |          |          |          |            |            |
| Realty Subdivisions  | 0         | 0        | 0         | 0         | 0         | 1         |          |          |          |          |          |          | 1          | 3          |
| OWTS   | 4         | 0        | 4         | 3         | 1         | 0         |          |          |          |          |          |          | 12         | 27         |
| Collector Sewer  | 0         | 0        | 0         | 0         | 0         | 0         |          |          |          |          |          |          | 0          | 1          |
| Public Water Systems   | 0         | 0        | 1         | 1         | 2         | 1         |          |          |          |          |          |          | 5          | 2          |
| Water Main Extension   | 0         | 0        | 0         | 0         | 0         | 2         |          |          |          |          |          |          | 2          | 6          |
| Cross-Connection Control Devices   | 0         | 2        | 0         | 0         | 1         | 2         |          |          |          |          |          |          | 5          | 15         |
| Other Water System Modification  | 0         | 0        | 1         | 1         | 1         | 0         |          |          |          |          |          |          | 3          | 2          |
| Other Engineering Reviews  | 0         | 0        | 0         | 0         | 0         | 1         |          |          |          |          |          |          | 1          | 2          |
| <b>RABIES CONTROL PROGRAM</b>  |           |          |           |           |           |           |          |          |          |          |          |          |            |            |
| Potential Human Exposure Investigations  | 18        | 18       | 30        | 23        | 37        | 71        |          |          |          |          |          |          | 197        | 516        |
| Human Post-X Treatments  | 4         | 4        | 4         | 1         | 9         | 26        |          |          |          |          |          |          | 48         | 128        |
| Animal Specimens Tested  | 4         | 7        | 9         | 6         | 12        | 33        |          |          |          |          |          |          | 71         | 199        |
| Animals Testing Positive   | 1         | 0        | 0         | 0         | 1         | 1         |          |          |          |          |          |          | 3          | 11         |
| Rabies Clinics Offered   | 0         | 0        | 0         | 1         | 1         | 0         |          |          |          |          |          |          | 2          | 4          |
| Dogs Vaccinated  | 0         | 0        | 0         | 123       | 103       | 0         |          |          |          |          |          |          | 226        | 486        |
| Cats Vaccinated  | 0         | 0        | 0         | 82        | 65        | 0         |          |          |          |          |          |          | 147        | 295        |
| Ferrets Vaccinated   | 0         | 0        | 0         | 0         | 0         | 0         |          |          |          |          |          |          | 0          | 4          |
| Pet Quarantine   | 0         | 0        | 0         | 0         | 0         | 0         |          |          |          |          |          |          | 0          | 2          |
| <b>CHILDHOOD LEAD PROGRAM</b>  |           |          |           |           |           |           |          |          |          |          |          |          |            |            |
| Children with Elevated Blood Lead Levels   | 1         | 0        | 0         | 1         | 0         | 1         |          |          |          |          |          |          | 3          | 18         |
| Sites Inspected  | 1         | 0        | 0         | 1         | 0         | 0         |          |          |          |          |          |          | 2          | 19         |
| Abatements Completed   | 0         | 0        | 0         | 0         | 0         | 0         |          |          |          |          |          |          | 0          | 0          |
| Lead Assessments Sent  | 1         | 0        | 0         | 0         | 0         | 0         |          |          |          |          |          |          | 1          | 5          |
| <b>FOIL REQUESTS</b>   |           |          |           |           |           |           |          |          |          |          |          |          |            |            |
| Total Received   | 10        | 6        | 1         | 2         | 1         | 6         |          |          |          |          |          |          | 26         | 46         |
| <b>ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (55 Operations *) &amp; CLEAN INDOOR AIR ACT (CIAA)</b> |           |          |           |           |           |           |          |          |          |          |          |          |            |            |
| ATUPA (Adult & Minor) Compliance Checks  | 5         | 1        | 1         | 3         | 14        | 1         |          |          |          |          |          |          | 25         | 78         |
| Violations   | 1         | 1        | 0         | 0         | 0         | 0         |          |          |          |          |          |          | 2          | 2          |
| CIAA Complaints  | 0         | 1        | 1         | 2         | 1         | 0         |          |          |          |          |          |          | 5          | 2          |
| <b>COMPLAINTS - General/Nuisance</b>   |           |          |           |           |           |           |          |          |          |          |          |          |            |            |
| Complaint Investigations Opened  | 1         | 1        | 0         | 5         | 5         | 6         |          |          |          |          |          |          | 18         | 44         |
| <b>ENFORCEMENT ACTIONS</b>   |           |          |           |           |           |           |          |          |          |          |          |          |            |            |
| Total Cases  | 0         | 0        | 1         | 1         | 1         | 0         |          |          |          |          |          |          | 3          | 14         |
| Cases Related to FSE   | 0         | 0        | 1         | 0         | 0         | 0         |          |          |          |          |          |          | 1          | 5          |
| BOH Penalties Assessed   | \$0       | \$0      | \$500     | \$550     | \$500     | \$0       |          |          |          |          |          |          | \$1,550    | \$11,300   |
| BOH Penalties Collected  | \$0       | \$0      | \$1,900   | \$0       | \$0       | \$0       |          |          |          |          |          |          | \$1,900    | \$10,500   |
| <b>CUSTOMER SERVICE/SUPPORT</b>  |           |          |           |           |           |           |          |          |          |          |          |          |            |            |
| Calls Received   | 1035      | 802      | 1148      | 1223      | 1052      | 1104      |          |          |          |          |          |          | 6364       | 12513      |
| Walk-In Customers  | 15        | 17       | 25        | 40        | 30        | 44        |          |          |          |          |          |          | 171        | 298        |
| TCEH Emails Received   | 1334      | 685      | 512       | 545       | 380       | 469       |          |          |          |          |          |          | 3925       | 5694       |
| Applications Processed   | 58        | 131      | 169       | 168       | 137       | 124       |          |          |          |          |          |          | 787        | 1363       |
| Payment Receipts Processed   | 43        | 122      | 140       | 128       | 99        | 89        |          |          |          |          |          |          | 621        | 1160       |
| Renewals/Billings Sent   | 112       | 152      | 23        | 132       | 40        | 32        |          |          |          |          |          |          | 491        | 861        |

\* As of 1/1/2021

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

**Food Program Detailed Report:**

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

The following plans were approved this period:

- Moores Tree Farm, T-Lansing

New permits were issued for the following facilities:

- Wok Dis Way, V-Trumansburg
- MoMo's Cafe, T-Lansing
- Just Desserts, Throughout Tompkins
- Covered Bridge Pizzeria, V-Newfield

**Boil Water Orders (BWOs):**

New:

- A BWO was issued on 6/21/21 at Franzoni Apartment, T-Dryden, due to a reported positive total coliform sample. The BWO was released on 6/23/21 following the receipt of satisfactory repeat sampling results.

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 15<sup>th</sup> to complete the required modifications to the system to release the BWO. The boil water order will remain in effect until modifications have been made.
- The BWO issued on 10/20/20 remains in effect for Blue Waters Apartment, T-Dryden. The owner has not been responsive to addressing the issue. TCHD staff reached out to Code Enforcement and learned that tenants have been vacated in one of the buildings due to structural issues. The BWO remains in effect for the tenants living in the other building which is no longer considered a public water system due to the number of service connections.

**Summary of Open BOH Enforcement Actions:**

| Date of BOH Action | Facility     | Owner/ Operator  | Basis for Action   | Penalty Assessed                       | Next BOH Order Deadline | Status  |
|--------------------|--------------|------------------|--|--|-------------------------|---|
| 4/27/21            | Vape Dragons | Vape Dragons LLC | Flavored vapor products offered for sale in violation of NYS Public Health Law | \$550<br>(Original Check rec'd 6/2/21) | Penalty Due             | Penalty payment received did not clear. Notice sent on 6/24/21 requesting money order with additional \$20 fee. Awaiting payment. |

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

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

Date: July 16, 2021  
Memo to: Members of the Tompkins County Board of Health  
From: C. Elizabeth Cameron, P.E., Director of Environmental Health

**Subject: Request for Approval of Waiver for Use of Holding Tank at Lions Badger Camp Empire State Special Needs Experience #EH-HTC-21-0004**

**Request:** That a waiver from S-6.06(f)(1) of the Tompkins County Sanitary Code (TCSC) be granted for the permanent installation and use of a sewage holding tank at the Lions Badger Camp, Empire State Special Needs Experience, 725 Larue Rd, Town of Danby.

**Discussion:** The Lions Camp Badger has an Emergency Response Center that stores supplies in case a natural disaster should occur. They would like to install a toilet and sink to be available in case this building needs to be used. They would like to install a holding tank for the wastewater. The building location makes installation of a conventional onsite wastewater disposal system challenging. The holding tank would have an alarm system and the facility will have a service contract with an approved wastewater hauler.

Article VI of the Tompkins County Sanitary Code (TCSC), S-6.06(f)(1) states in part:

- 1) *Holding tanks for sewage may be approved only for temporary use, whether continuous or intermittent, and only with the written approval of the permit issuing official. Such permits shall be renewable as specified and at least annually. Such facility shall be maintained to comply with all provisions of this article, subject to permit revocation.*

Section 6.01(d) of the TCSC, states:

*d. Waivers from Article VI of the Tompkins County Sanitary Code may be requested of the Tompkins County Board of Health where specific hardships or circumstances make it difficult to comply with Article VI and the waiver provides for an adequate level of public health and environmental protection.*

Empire State Special Needs has requested a waiver of § S-606(f)(1) in order to install this holding tank. The Environmental Health Division supports this request.

Attachment: Waiver Request Form

RECEIVED  
JUL 02 2021

# Tompkins County Health Department

Environmental Health Division, 55 Brown Rd, Ithaca, NY 14850 Phone: (607) 274-6688 Fax: (607) 274-6695

## Application for WASTEWATER TANK PERMIT

FEE: \$ \_\_\_\_\_

▼ TO BE COMPLETED BY APPLICANT ▼

\* HIGHLIGHTED AREAS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED UNPROCESSED \*

Property Location: 725 Larue Road, Spencer NY (Duby) Tax Map #: 3. - 9.22

Realty Subdivision → Name of subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Property use is:  Residential (# of units/apts \_\_\_\_\_)  Non-Residential → Describe: Storage unit

Applicant: BSM General Contracting e-mail: bsmgeneral@gmail.com

Owner  Contractor  Other: \_\_\_\_\_

Primary Phone: (607) 738-9080 Secondary Phone: (607) 589-6241 Fax: ( ) 589-6241

Mailing Address: 154 Halsay Valley Road City: Spencer State: NY Zip: 14883

Property Owner: Lions Clubs of New York State e-mail: Rbrisee@hotmail.com

Primary Phone: ( ) - Secondary Phone: (518) <sup>209</sup> - 8812 Fax: ( ) -

Mailing Address: 725 Larue Road, Spencer NY City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: 14883

### Additional Information:

Type of tank(s) to be installed (check all that apply):

Septic Tank  Pump Chamber  Holding Tank

Describe why tank(s) needed: Please see attached letterhead with description


• Composition of Tank(s) to be installed (if known):  Concrete  Steel  Plastic (contact TCHD prior to installation)

Tank(s) to serve the following numbers of:

• Bedrooms  • Occupants  • Garbage Grinders  • Indoor Hot Tub/Spa Volume  gallons

▲ Enter 0 or N/A if not applicable ►

I certify that I am the owner of the property referenced in this application or that I am authorized to both act as this owner's agent to apply for this permit and to grant Tompkins County Health Department personnel access to the property for purposes related to the issuance of this permit and the certification of any septic tank and/or pump chamber subsequently replaced and/or added to the existing onsite wastewater treatment system. Additionally, I certify that the information I have provided is accurate to the best of my knowledge.

Signature: 

Date: 6/23/2021





Your Partner for a Healthy Community

RECEIVED  
JUL 02 2021

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

ENVIRONMENTAL HEALTH DIVISION  
http://www.tompkins-co.org/health/eh

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

**SEWAGE VARIANCE/WAIVER REQUEST FORM**

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

Name: Brian Maraczowski / BSM General Contracting  
Address: 154 Halsey Valley Road Spencer NY 14883  
Phone: 607-738-9090  
Design  
Professional: \_\_\_\_\_

1. Location of property or facility involved: \_\_\_\_\_ Record Number: \_\_\_\_\_  
Facility: Lions Camp Budget Town/Village: Danby  
Address: 725 Larve Road

2. Tax Map Number: 31.-1-9.22

3. Waiver requested from ("quote specific rule/regulation"): Sand filter

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

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

*Inclusion Through Diversity*

# **BSM GENERAL CONTRACTING Inc.**

**Brian S. Moraczewski/Owner**

**154 Halsey Valley Road**

**Spencer, NY 14883**

**Office: (607) 589-6241**

**Cell Phone: (607) 738-9080**

**Email: bsmgeneral@gmail.com**

RECEIVED  
JUL 02 2021



To: Tompkins County Health Department : Environmental Health Division

Date: 6/23/21

The pole barn structure at 425 Larue Road at the Lion's Camp Badger location is the property in need of a septic system variance. This building is an Emergency Response Center (ALERT) in the case that a natural disaster should occur. The contents are generators, shovels, blankets, pillows, plastic gas cans and other commodities that could be useful in the case of a natural disaster. This building is a holding facility for these products, but if an event should occur, a representative may be working the facility to distribute these goods to the public. We are merely installing a toilet and a sink for the individuals that may have to man this center.

I would like to install a 1000 gal concrete septic tank with riser to be pumped if it should ever fill up. The single 4" septic line will drain directly from the toilet and sink to the new tank which will be located approximately 10' from the rear of the building. There will be no outlet cut in the tank and an alarm system could be installed to let the care takers know it is ready to be pumped if that would satisfy the county health department. At 2 gal of water per flush and hand wash, it would take 500 uses to fill that tank which may never happen at all. This structure was built by donations along with the work which we are performing to make it suitable to store goods at above freezing temperatures. We ask that you allow variance from a full sand-filter type system. A single 1000 gal concrete tank is all that we would be asking to install.

Thank You, ---

Brian Moraczewski

  
BSM General Contracting

**DEPARTMENTAL SUMMARY - PUBLIC HEALTH - 2022 REQUEST**

7/13/2021

|   | PreSchool<br>Special Ed<br>(3-5) | CSN<br>Planning &<br>Coord | PHC<br>Treatment | Early<br>Intervention<br>(0-2) | Environ.<br>Health | Healthy<br>Neighborhoods<br>Program | Occup'l<br>Health &<br>Safety | Medical<br>Examiner | Vital<br>Records | WIC     | Community<br>Health | Administration | Public Hlth<br>State Aid | BUDGETING<br>UNIT TOTAL |
|---|----------------------------------|----------------------------|------------------|--------------------------------|--------------------|-------------------------------------|-------------------------------|---------------------|------------------|---------|---------------------|----------------|--------------------------|-------------------------|
| <b>REQUESTED BASE (TARGET)</b>                  |                                  |                            |                  |                                |                    |                                     |                               |                     |                  |         |                     |                |                          |                         |
| Appropriation                                   | 6,122,407                        | 1,429,374                  | -                | 578,000                        | 1,757,619          | 172,368                             | 100,376                       | 329,516             | 78,674           | 508,520 | 1,421,687           | 1,343,647      |                          | 13,842,189              |
| Revenue   | 3,992,177                        | 406,690                    | -                | 283,220                        | 583,595            | 172,368                             | -                             | -                   | 108,000          | 508,520 | 309,991             | 134,018        | 1,242,783                | 7,741,362               |
| Local Share                                     | 2,130,230                        | 1,022,684                  | -                | 294,780                        | 1,174,025          | 0                                   | 100,376                       | 329,516             | (29,326)         | -       | 1,111,695           | 1,209,629      | (1,242,783)              | 6,100,827               |
| <b>REQUESTED NEW (OTR--Over Target Request)</b> |                                  |                            |                  |                                |                    |                                     |                               |                     |                  |         |                     |                |                          |                         |
| Appropriation                                   |                                  | -                          |                  | 289,345                        |                    |                                     | -                             |                     | -                |         | 125,000             | 178,627        |                          | 592,972                 |
| Revenue   |                                  | -                          |                  | -                              |                    |                                     | -                             |                     | -                |         | -                   | -              | 160,845                  | 160,845                 |
| Rollover  |                                  | -                          |                  | 41,600                         |                    |                                     | -                             |                     | -                |         | 80,000              | 15,000         |                          | 136,600                 |
| Local Share                                     | -                                | -                          | -                | -                              | 247,745            | -                                   | -                             | -                   | -                | -       | 45,000              | 163,627        | (160,845)                | 295,527                 |
| <b>REQUESTED TOTAL</b>                          |                                  |                            |                  |                                |                    |                                     |                               |                     |                  |         |                     |                |                          |                         |
| Appropriation                                   | 6,122,407                        | 1,429,374                  | -                | 578,000                        | 2,046,964          | 172,368                             | 100,376                       | 329,516             | 78,674           | 508,520 | 1,546,687           | 1,522,274      | -                        | 14,435,161              |
| Revenue   | 3,992,177                        | 406,690                    | -                | 283,220                        | 583,595            | 172,368                             | -                             | -                   | 108,000          | 508,520 | 309,991             | 134,018        | 1,403,628                | 7,902,207               |
| Rollover  | -                                | -                          | -                | -                              | 41,600             | -                                   | -                             | -                   | -                | -       | 80,000              | 15,000         | -                        | 136,600                 |
| Local Share                                     | 2,130,230                        | 1,022,684                  | -                | 294,780                        | 1,463,370          | 0                                   | 100,376                       | 329,516             | (29,326)         | -       | 1,236,695           | 1,388,256      | (1,403,628)              | 6,532,954               |
|   | <i>Class 'A'</i>                 |                            |                  | <i>Class 'A'</i>               |                    |                                     |                               | <i>Class 'A'</i>    |                  |         |                     |                |                          |                         |

|  |              |
|--|--------------|
| <i>Fiscal Target for Health Department</i>         | \$ 3,309,763 |
| <i>Target Request</i>                              | \$ 3,346,301 |
| <i>Difference (Fiscal Target - Target Request)</i> | \$ (36,538)  |
| <i>Over Target Request</i>                         | \$ -         |
| <i>Class 'A' Mandates</i>                          | \$ 2,754,526 |
| <i>Requested Base</i>                              | \$ 6,100,827 |