

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, July 26, 2022
12:00 Noon
Via Zoom

Live Stream at Tompkins County YouTube Channel:

<https://www.youtube.com/channel/UckpJNVbpLLbEbhoDbTIEgSQ>

- 12:00 I.** Call to Order
- 12:01 II.** Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)
- 12:04 III.** Approval of the June 28, 2022 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** (30 mins)
Enforcement Action:
1. Resolution #EH-ENF-22-0010 – ZaZa’s Exotic, C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product (ATUPA) (5 mins.)
 2. Resolution #EH-ENF-22-0011 – Quik Shoppe, C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product and Underage Sale of Tobacco Product (ATUPA) (5 mins.)
 3. Resolution #EH-ENF-22-0017– Zocalo, V-Lansing, Violations of Subpart 14-1 of New York State Sanitary Code (Food) (5 mins.)
 4. Resolution #EH-ENF-22-0018 – Hound and Mare., C-Ithaca, Violations of Subpart 14-1 of New York State Sanitary Code (Food) (5 mins.)
 5. Resolution #EH-ENF-22-0020 – Homewood Suites., V-Lansing, Violations of Subpart 14-1 of New York State Sanitary Code (Food) (5 mins.)

6. Resolution #EH-ENF-22-0021 – Valley Manor Mobile Home Park, Violation of Article VI of the Tompkins County Sanitary Code (Sewage) (5 mins.)

1:00 Administration (5 mins.)

Discussion/Action:

1. 2023 Budget (5 mins.)

1:05 Adjournment

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MINUTES

**Tompkins County Board of Health
June 28, 2022
12:00 Noon
Virtual Meeting via Zoom**

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

Staff: Brenda Grinnell-Crosby, Public Health Administrator; Liz Cameron, Director of Environmental Health; Deb Thomas, Director of Children with Special Care Needs; Claire Espey, Director of Community Health; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Skip Parr, EH; Ted Schiele, HPP; Shannon Alvord, Community Health; Rachel Buckwalter, Community Health; Rachel Buckwalter, Community Health; Michelle Hall, WIC; Dillon Shults, EH; and Karan Palazzo, LGU Administrative Assistant

Excused:

Guests:

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

Privilege of the Floor: None.

Approval of the March 22, 2022, April 26, 2022, and May 24, 2022 Minutes: Ms. Merkel moved to approve the minutes of the March 22, 2022 meeting as written; seconded by Ms. Touchton. The vote to approve the March 22, 2022 meeting minutes as written was unanimously approved with one abstaining; motion carried.

Ms. Merkel moved to approve the minutes of the April 26, 2022 meeting as written; seconded by Dr. Dhundale. The vote to approve the April 26, 2022 meeting minutes as written was unanimously approved with one abstaining; motion carried.

Dr. Koppel moved to approve the minutes of the May 24, 2022 meeting as written; seconded by Ms. Merkel. The vote to approve the May 24, 2022 meeting minutes as written was unanimously approved with two abstaining; motion carried.

Financial Summary: Ms. Grinnell Crosby referred to the May financial summary included in the packet. The resolution to put \$2.3 million for COVID sampling passed in the legislature last week and will be reflected in the July or August report. Ms. Grinnell Crosby said that they are working on the 2023 budget proposal and a description will be available at the next meeting.

Mr. Kruppa added that the budget is due to the County Administrator on July 1st and there are no policy changes impacted by the budget. The submitted draft budget to the county administrator will be provided to the Board at the July meeting.

Ms. Merkel asked if PCR testing will be free forever? Mr. Kruppa responded that the legislature has allowed the county to pay for PCR testing for county residents who don't have insurance or are getting

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tested for a reason their insurance won't pay for through the end of the year at the mall. It is believed that starting July 1st FEMA is only going to reimburse 90% versus the previous 100%. The legislature has authorized up to \$200,000 to support the remaining 10%. Normal charitable mechanisms will be utilized for those without insurance as the federal government has not approved further COVID funding and the county will supplement for others that are non-medically necessary/not symptomatic/not a close exposure. Nothing should change through the end of this year.

Administration Report: Mr. Kruppa referred to his report included in the package and had nothing to add.

Health Promotion Program Report: Mr. Schiele reported on Ms. Hillson's behalf and had nothing new to add to the report included in the package. He noted the example of the poster for the Community Health survey and requested the BOH in circulating for more people to participate in the ten-minute survey which includes questions on COVID and accessibility to childcare. They are working with Cayuga Health and messaging the public via social media, posters and handing out flyers. The Community Health Assessment and The Community Health Improvement Plan are both due at the end of this year. Dr. Moylan said that the BOH would be happy to circulate the survey information through their various institutions, if possible, as we are all personal community members. Mr. Schiele noted surveys are only for Tompkins County residents, including college students who live in Tompkins County.

Medical Director's Report and Discussion:

- Monkey Pox
 - 1 adult, male, traveler of monkey pox case was identified from Chemung County and the first case identified outside of the downstate counties
 - A rare disease and part of the small pox virus family
 - Not a lot of transmission in the US; so far, the lower fatality rate variety is detected in the US
 - Practitioners should broaden diagnostic list of possibilities and include when performing STD testing
 - Symptoms include swollen lymph node glands and a rash
 - Transmission requires intimate close contact; is transmitted by large respiratory droplets; spreads via direct contact with infectious rash; and unclear if sexually transmitted; majority of cases have been man to man sex diagnosed in NYC area
 - Treatment has two categories:
 1. Pre-exposure prevention which targets healthcare workers for prophylactical treatment
 2. Infected are diagnosed at high risk of severe disease
- COVID 2022
 - Numbers are not as low from one year ago
 - Other variants are on an uptick
 - Expect new vaccines and better medications
 - Under five and five to eleven year old's have options of two vaccines;
 - Unvaccinated children are twice as likely to end up in the hospital.

Dr. Klepack referred to the NYS DOH's informative website on Monkey Pox which clarifies more details on who should be aware and what to look out for. The messaging has been limited to the NYC area, but our local area clinical providers have been made aware with protocols in place and to reach out the Health Department if needed. Dr. Klepack added that cases of congenital syphilis and repeat testing is required for any pregnant client of the STAP network as the clinicians consider diagnosing monkey pox, syphilis, and other STDs.

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Ms. Buckwalter added that they receive phone inquiries from the community regarding the pre-vaccines which are not available locally and in very short supply in NYC.

Division for Community Health (DCH) Report: Ms. Espey had nothing new to add to her written report. DCH is restarting programs and services. She asked the BOH for their assistance to recruit two community health worker positions and a community health worker supervisor position by circulating and promoting these opportunities in their circles for qualified candidates. These positions will work on the Perinatal and Infant Community Health Collaborative (PITCH) program which is focused on health equity.

Ms. Hall, WIC Program Director was available to answer questions about the formula shortage. She said their Facebook page is regularly updated with helpful tools including a shopping guide of formula store availability by categories of milk based, soy based, hypoallergenic and alternative formulas to ease shopping. There has been an improvement with powered, hypoallergenic and some specialty formulas on shelves. Premature babies' doctors can submit a form online to try to help families receive specialty formulas and by working with our vendor agency. Overall the number and volume of necessity has decreased in the last month and is getting better.

Children with Special Care Needs Report: Ms. Thomas had nothing to add to her written report.

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

Environmental Health Report: Ms. Cameron had nothing to add to the written report included in the packet. She introduced Environmental Health Specialist, Dillon Shults who is here to assist on the vaping related enforcements.

Community Mental Health Services Board (CSB) Report: Ms. Ayers-Friedlander was not in attendance.

Administrative Action/Statement: Dr. Moylan stated that one initial action will be taken to update all agenda resolutions with a penalty due date of August 15th if they are not already at that date.

Resolution #EH-ENF-22-0007 – Cayuga Smoke Shop, C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product

Resolution #EH-ENF-22-0008 – Dream Vape, C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product and Underage Sale of Tobacco Product

Resolution #EH-ENF-22-0009 – Commons Market, C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product

Resolution #EH-ENF-22-0012 – Jason's Grocery & Deli., C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product

Resolution #EH-ENF-22-0013 – Ayra Convenience Inc., C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product

Resolution #EH-ENF-22-0014 – Ithaca Convenience LLC, C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product

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Ms. Cameron stated that all of the above resolutions have a proposed penalty of \$600 for selling flavored vape products **except for Resolution #EH-ENF-22-0008 – Dream Vape, Ithaca.**

Resolution #EH-ENF-22-0007 – Cayuga Smoke Shop, C-Ithaca; Resolution #EH-ENF-22-0009 – Commons Market, C-Ithaca; Resolution #EH-ENF-22-0012 – Jason’s Grocery & Deli., C-Ithaca; Resolution #EH-ENF-22-0013 – Ayra Convenience Inc., C-Ithaca; and Resolution #EH-ENF-22-0014 – Ithaca Convenience LLC, C-Ithaca: Ms. Black motioned to approve the first-timed offenses with the same \$600 penalty for the above grouped resolutions; seconded by Dr. Evelyn as written was unanimous

Ms. Cameron explained that because the flavored vapor ban came out during COVID 2020, things were handled on a complaint basis then and EH is now doing inspections at these facilities. These inspections are considered first time offenses and penalties are consistent with previous penalties of \$600 (\$350 penalty plus a \$250 surcharge) for the specific facilities.

Discussion: Ms. Black recommends increasing fines to discourage preying on our children. Ms. Cameron reported that Resolution #EH-ENF-22-0008 – Dream Vape, C-Ithaca, has a proposed penalty of \$2500 for the sale to an underage person.

The vote to approve the resolutions as written was unanimous.

Resolution #EH-ENF-22-0013 – Ayra Convenience Inc., C-Ithaca: Request for a motion to consider a fine reduction per the request of the complainant.

No discussion.

Motion denied.

Resolution #EH-ENF-22-0008 – Dream Vape, C-Ithaca, Violation of Article 13-F of New York State Public Health Law for Sale of Prohibited Flavored Vapor Product and Underage Sale of Tobacco Product: Dr. Evelyn moved to accept the resolution as written; seconded by Mr. Kingra.

Ms. Cameron explained that there were two sales of flavored vape nicotine products with one sale to an under aged minor. Flavored vape nicotine products were for sale on March 4th and March 16th with no signage visible. EH proposes a penalty of \$2,500.00.

No discussion.

The vote to approve the resolution as written was unanimous.

Resolution # EH-ENF-22-0015 – Hilton Garden at Seneca Place Spa Pool, C-Ithaca, Violation of Subpart 6-1 of New York State Sanitary Code: Dr. Koppel moved to accept the resolutions as written; seconded by Dr. Evelyn.

Ms. Cameron explained that this is a case of failing to maintain sufficient disinfection residual on two occasions. Disinfection was changed upon EH’s approval and no other additional violations since making those corrections. The pool is open and in compliance with the actions of the order. EH proposes a penalty of \$200.

No discussion

The vote to approve the resolution as written was unanimous.

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Resolution # EN-ENF-22-0016 – Finger Lakes GrassRoots Festival, T-Ulysses, Violation of BOH Orders #EH-ENF-21-0011: Dr. Evelyn moved to accept the resolutions as written; seconded by Ms. Black.

Ms. Cameron explained that problems continue with GrassRoots Festival onsite water plans. They failed to submit water plans by the deadline and submitted inadequate onsite water plans. EH subsequently issued a public health directors order. Ms. Cameron said there will be additional enforcements brought before the Board after the festival is over with respect to these and any other violations that arise. EH recently approved plans for a temporary water system for this years' festival with a requirement for a permanent system installed by October 2022.

Discussion: Ms. Cameron confirmed that the \$500 violation is for not submitting approvable water system plans by the 2/21/22 deadline.

The vote to approve the resolution as written was unanimous.

Resolution #EH-ENF-22-0019 – TOSA Apartments, T-Dryden, Violation of BOH Orders #EH-ENF-20-0016: Dr. Evelyn moved to accept the resolution as written; seconded by Mr. Kingra.

Ms. Cameron explained that TOSA Apartments has a past history of difficult communication and responsiveness regarding their water system. EH has not received a response from TOSA Apartments on the boil water order; and they failed to maintain sufficient chorine levels; failed to submit a quarterly total coliform sample result for the first quarter of 2022; and have not met the provisions of Board of the Health resolutions. EH proposes a penalty of \$1,500.

No discussion.

The vote to approve the resolution as written was unanimous.

Administrative Action:

Review of Proposed 2023 Environmental Health Division Fees: A copy of the *Departmental Summary – Public Health – 2023 Request* was included in the packet. Ms. Cameron stated that the information in the packet is for discussion as it will be adopted as part of the budget process. She said that the budget is due to the County Administration by the end of July. Ms. Cameron gave an overview of the proposed changes highlighted in red for new Board members. She said EH is not proposing any changes this year except for three minor ones.

EH is proposing:

- a regulated vending machine permit fee of \$85;
- a mass gathering operating permit fee of \$3,100; and
- an operating permit renewal fee of \$50 for enhanced treatment units for on-site wastewater treatment systems.

Review of Draft Policy for Video Observed Therapy for TB and related consent form for BOH Approval: A copy of the draft was included in the packet. Ms. Black moved to accept the resolution as written; seconded by Dr. Evelyn.

Discussion: Ms. Buckwalter explained that this came out of COVID for a formal document when doing direct observed therapy by video. Policy, procedures, and consent forms were formalized in consultation with Dr. Klepack, Dr. Macqueen, and CDC resources.

The vote to approve the resolution as written was unanimous.

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Administration

Merger Update: Mr. Kruppa reported:

- Work continues on bringing both budgets together
- The chart of accounts will stay the same with only the county system needing to update to a single department
- The All Staff meeting is tomorrow and both departments will be closed for the day for staff to get to know each other by interacting in small workgroups in a variety of activities and events
- An online internal directory is being created
- Work continues on co-location of services
- **Tompkins County Whole Health** has been selected as the new name of the merged departments

Mr. Kruppa appreciated the feedback he received regarding the new name and will continue to work with the consultants on remaining branding work. In preparation for the charter process, the total package will return to the Board for final review and vote; the package will include the bylaws, new name, logo, and proposed charter language. Mr. Kruppa will meet with Dr. Moylan on the bylaws conversation for both the CSB and BOH to create consistency.

Dr. Moylan asked the Board members to reach out to Mr. Kruppa with any concerns of the new name. Dr. Moylan announced that she will not be able to attend next month's meeting on July 26th. Ms. Merkel agreed to chair next month's meeting.

The next meeting is Tuesday, July 26th, 2022 @ Noon.

Adjournment: Adjourned at 1:20 p.m.

Board of Health
July 26, 2022
Financial Report

June 2022 / Month 6

COVID sampling costs (\$1,105,760) not budgeted inflate expenditures in functional unit 4010. The County continues to seek FEMA reimbursement on these expenses. A resolution passed the Legislature to add \$2.3 million to 4010 to cover COVID testing costs, it should be reflected in the July report. Revenues continue to lag in most program areas. Grant claims and second quarter state aid are in process.

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	2,350,629	1,930,116	82.11%	886,062	56,371	6.36%	1,464,567	1,873,745	139.41%
4011 EMERGING LEADERS IN PH	0	0	0.00%	0	0	0.00%		0	
4012 WOMEN, INFANTS & CHILDREN	508,520	239,734	47.14%	508,520	176,746	34.76%		62,988	
4013 OCCUPATIONAL HLTH.& SFTY.	100,376	54,522	54.32%	0	0	0.00%	100,376	54,522	54.32%
4015 VITAL RECORDS	78,674	46,397	58.97%	108,000	54,232	50.21%	-29,326	-7,835	26.72%
4016 COMMUNITY HEALTH	2,671,038	1,022,120	38.27%	1,513,361	238,613	15.77%	1,157,677	783,506	69.02%
4018 HEALTHY NEIGHBORHOOD PROG	172,368	63,146	36.63%	172,368	28,709	16.66%		34,436	
4047 PLNG. & COORD. OF C.S.N.	1,429,374	691,405	48.37%	406,690	130,555	32.10%	1,022,684	560,850	54.84%
4090 ENVIRONMENTAL HEALTH	2,046,987	1,043,613	50.98%	625,195	205,447	32.86%	1,421,792	838,166	60.11%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,458,348	635,403	43.57%	-1,458,348	-635,403	43.57%
Total Non-Mandate	9,357,966	5,091,053	54.40%	5,678,544	1,526,078	26.87%	3,679,422	3,564,975	96.89%
2960 PRESCHOOL SPECIAL EDUCATI	6,122,407	2,238,256	36.56%	3,992,177	631,707	15.82%	2,130,230	1,606,549	75.42%
4017 MEDICAL EXAMINER PROGRAM	329,516	123,947	37.61%	0	0	0.00%	329,516	123,947	37.61%
4054 EARLY INTERV (BIRTH-3)	578,000	219,114	37.91%	283,220	23,061	8.14%	294,780	196,053	66.51%
Total Mandate	7,029,923	2,581,316	36.72%	4,275,397	654,768	15.31%	2,754,526	1,926,548	69.94%
Total Public Health	16,387,889	7,672,369	46.82%	9,953,941	2,180,846	21.91%	6,433,948	5,491,523	85.35%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	252,567	829,691	2960 Preschool	3,884,151	3,360,470
4012 WIC	248,363	331,774	4054 Early Intervention	358,886	260,159
4013 Health & Safety	45,854	0	4017 Medical Examiner	97,811	0
4014 Medical Examiner	0	0		<u>4,340,849</u>	<u>3,620,629</u>
4015 Vitals	32,277	53,768			
4016 Community Health	1,633,354	1,274,748			
4018 Healthy Neighborhood	109,222	143,659			
4047 CSCN	737,969	276,135			
4048 PHCP	0	0			
4090 Environmental Health	986,863	419,748			
4095 State Aid	0	822,945			
	<u>4,046,469</u>	<u>4,152,466</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
<u>8,387,318</u>	<u>7,773,095</u>

HEALTH PROMOTION PROGRAM – JULY 2022

Samantha Hillson, Director, PIO
Ted Schiele, Planner/ Evaluator
Diana Crouch, Healthy Neighborhoods Education Coordinator
Shannon Alvord, Communications Coordinator
Pat Jebbett, Project Assistant
Mara Schwartz and Tenzin Aaya, Community Health Workers

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

Highlights

- Outreach is in full swing as summer festivals and events gear up.
- New 30-second vaccine promotion videos are complete and posted on YouTube.
- The Community Health Survey is off to a good start, with over 2,500 clicks logged as of mid-July

Health Promotion Program activities

- Outreach events in June 2022:
 - Ithaca Festival, June 2nd and 4th
 - Dryden Dairy Days, June 11th
 - T-burg flyer/canvassing, June 15th
 - Reggae Fest, Stewart Park, June 18th
 - Juneteenth, Ithaca Commons, June 19th
- In collaboration with Community Health Services Moms Plus+ program, HPP applied for funding for the NYS PICHC Grant (Perinatal and Infant Community Health Collaboratives program). TCHD was selected for this competitive award, to receive \$1,275,000 for a five-year contract period.
- The PICHC funding will enable CHS to hire 2 additional Community Health Workers, a CHW Supervisor, and further promotion of Moms Plus+ services to the community.
- Working with community partners and NYS on training.
- Continued collaboration with CHS and community partners on developing PICHC and CHW programs

- Community Health Workers on-boarded May 2022; continue to work with community partners who have similar roles, or plans for similar roles, including Cayuga Health, CCE, REACH Medical, and HSC.
- Initial focus will be on intensive on-boarding and training, followed by community outreach and field work shadowing opportunities.
- Launch of “Text-to-Sign-Up” campaign for Tompkins County WIC to increase participation in rural neighborhoods. Posters created, printed, laminated, posted.
- Ongoing participation and support of the NYS Public Health Fellows program.

COVID-19

- Mask Advisory suspended June 10th, Tompkins County Low Community Level.
- In collaboration with COVID Communications team, develop and disseminate public information on guidance updates. Update website and social media.
- Ongoing website updates related to COVID-19 developments (see Media, Website section below).
- Ongoing review, analysis, and updates of COVID-related data. Regularly updated data is available on the COVID [Data Page](#).
- Vaccination/booster campaign with funding from NYS. Filming concluded for two 30 second commercials — one in an [urban setting](#), and one in a [rural setting](#) — to run on social media, television, and YouTube. A longer video outlining current COVID-19 guidance is in production.

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

- Community Health Survey drafting completed and survey launched: bit.ly/TCHDSurvey2022. As of July 19, there were 2,600 clicks on the survey link.
- The CHA/CHIP Steering Committee meets monthly to support the workgroups both individually and collectively through consultation, feedback, and community networking. Active workgroups include
 - Cancer screening intervention.
 - Social Determinants of Health (SdoH) intervention.
 - Maternal and Child Health.
- The focus this month is on collecting local data that will provide a more current picture than does data available from the NYSDOH.
- Working with 4 Cornell MPH students on data visualizations for the CHA document.

Healthy Neighborhoods Program

- HNP staff continues to receive calls requesting information regard indoor air quality, radon, mold and mildew, bed bug infestations, etc.

- HNP Staff joined others from TCHD marching in Ithaca Festival Parade. Outreach at Reggae Fest, Ithaca Fest, and Dryden Dairy Days.
- Outreach at Rabies Clinic, Groton Head Start parent committee
- Canvassed Several Areas in Tompkins County, and left Flyers in Many Blue Pantry Boxes.

June 2022

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2022	June 2021	TOTAL 2021*
# of Initial Home Visits (including asthma visits)	29	107	9	100
# of Revisits	0	3	0	0
# of Asthma Homes (initial)	9	23	2	19
# of Homes Approached	155	221	64	448

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

Tobacco Free Tompkins

- Tobacco Free Zone for Cortland-Tompkins-Chenango grant staff call.
- Planning for hiring of a Health Educator in 2022 to serve half-time in Tobacco and half-time in HNP is on hold. The position will be reposted this summer.

Media, Website, Social Media

- [Health](#) and [Mental Health](#) websites updated regularly. Updates this month include the [Community Health Services homepage](#) and the CHS [Meet Our Team](#) page.

COVID-19 Press Releases in June 2022:

- [COVID-19 Update: Tompkins County Mask Advisory Suspended](#), Friday, June 10, 2022
- [COVID-19 Update: TCHD hosts Moderna Booster Clinic, Sun., June 19, 2-4pm ages 18+, Monday June 13, 2022](#)
- [COVID-19 Update: Clarification RE: Moderna Booster Clinic, June 19, 2 to 4pm \(ages 18 plus\)](#), Wednesday, June 15, 2022
- [COVID-19 Update: CDC Vaccine Approval Age Six-Months and Older](#), Tuesday, June 21, 2022

Other Press Releases in June 2022:

- [Health Alert: Rise in Cases of Syphilis, At-Risk Community Members Urged to Seek Testing and Treatment](#), Thursday, June 2, 2022
- [Health Alert: TCHD To Reopen Onsite Clinic Operations for Routine Immunizations](#), Tuesday, June 28, 2022
- [Health and Mental Health Department Buildings Closed on Wednesday, June 29](#), Tuesday, June 28, 2022

- Ongoing work with Mental Health to update/ upgrade the [TCMH website](#).
- [OP-ED: Addressing the Mental Health Crisis in Tompkins County](#), Tuesday, May 17, 2022
- Tompkins County Suicide Prevention Coalition [website launched](#)
- Ongoing work with CHS and WIC re: social media pages

PH-MH Strategic Planning with Batiste Leadership

- Cross-Functional Integration Team. Branding agency Iron Design of Ithaca moving from Branding Discovery to development of logo; selection of name “Tompkins County Whole Health” announced.
- Services Team meets monthly. Current plans involve working to update Staff Directory that was created end of 2019. Results from an internal connectivity/social network survey are being analyzed. Review of County HR on-boarding training materials and development of our own “buddy system” for new employees.
- Integration of children and youth services: initial conversation about co-location of services, licensing, universal consent, etc.

Training/Professional Development

- JEDI: General Meeting and subcommittees (Shannon – Communications, Samantha – Data and Analysis, Diana – Recognition).
- “Closing The Racial Wealth Gap with Innovative Solutions” webinar
- “Roe v. Wade - Health, Inequality, and Democracy” webinar
- “Monkeypox - responding to an emerging outbreak” webinar
- Coalition for Families: Panel Discussion on Food Resources During the Summer
- Narcan training, provided onsite by the Alcohol and Drug Council

Community Outreach

Group, Organization	Activity/Purpose	Date
Childhood Nutrition Collaborative	Collective Impact, Healthiest Cities and Counties Challenge, Steering Committee and Monthly meeting	monthly
Long Term Care Committee	Planning and sharing resources for long-term care in the community.	quarterly

Health Planning Council	Advisory Board and Executive Committee, Hillson reappointed as Secretary and Co-Chair of Community Health and Access Committee	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc.	quarterly
COFA Advisory Board	Updates and Age Friendly	quarterly
Suicide Prevention Coalition	Revival of this coalition, new leadership, strategic planning process	monthly
Immunization Coalition	Quarterly meeting, updates about COVID-19 vaccine and discussion/feedback, youth vaccination promotion	quarterly
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	quarterly
Cayuga Health Women's Service Line	Re-launch of this service line and discussion. Collaboration with community partners	quarterly
Aging Services Network	Regular meeting	
Homeless & Housing Taskforce	Regular meeting	

What Makes a Healthy Community?

WE WANT TO KNOW what you think about health in our community. Scan the QR code and take our Community Health Survey to help us identify the most important public health needs in Tompkins County.

This survey is completely anonymous. Take the survey, then register to win a gift card!

Take the survey today! Scan the QR code or go to

bit.ly/TCHDSurvey2022

or call 2-1-1 (1-877-211-8667)



Your Partner for a Healthy Community

This Community Health Survey is part of the 2022 Tompkins County Community Health Assessment and Community Health Improvement Plan. For more information, visit tompkinscountyny.gov/health

Medical Director's Report
Board of Health
July 2022

I will be away from 07 06 22 until 07 26 22 and hesitate to speak too much at this time about some issues given the pace of events. This is especially true regarding Monkeypox and Covid. I fear that BA.5 will be approaching its peak as we end this month and go into August. I will limit myself to sharing some references with you. When we are assembled for the actual BOH meeting I will give you an update.

There are some additional topics to mention.

Nicotine

In late, June the FDA removed the ability of JUUL to market its e-cigarettes and related products citing them for products with potentially dangerous chemicals which could pose a health hazard.

Further, the FDA has voiced interest in lowering the maximum nicotine content of tobacco products. This move if executed is sure to be embroiled in litigation. Extensive data links nicotine levels to addiction and addiction to disease and death. Lowering the maximum level is predicted to help many free themselves from addiction. One must be mindful, however, of the threat of the illegal market which may rise as regulated products lower levels. Still for the many motivated to quit such a move would be supportive.

THC

NYT June 28th reported on teenage THC addiction and its dangers to health and functionality. This is what NYS is trying to address with MRTA.

<https://www.nytimes.com/2022/06/23/well/mind/teens-thc-cannabis.html>

Covid

Certainly, the most important development since my last report was the approval by the FDA and the CDC for an EUA for use of Moderna vaccine in 5–17-year-olds and for both Moderna and Pfizer for 6 mos. -4-year-olds. These actions followed unanimous support from their advisory

committees which are composed of non-governmental specialists in vaccinations and medication from academic, research, and clinical practice spheres. As has been pointed out, we vaccinate children for infections far less likely to cause serious illness and death than does Covid. Since the onset of the pandemic more than 1,200 children have died and more than 12, 000 have required hospitalization nationwide.

As I write, doses are vaccines have and are being shipped to states and from there to practitioners for delivery to the children whose parents have been waiting for this to occur. It is important to note that pharmacies are not approved for vaccination of children 3 and under. For this age group primary care practitioners will need to be the resource. I am confident that they will meet this need. In addition to passing the test of a meaningful intervention, vaccination is another way that primary care practices can demonstrate that they stand ready to deliver relevant protection to their patients in these years in which the mode of delivery of healthcare is in such flux.

A challenge for many primary care practices is that VFC has required a minimum order of 100 doses which far exceeds what they project will be asked for by their patients. This minimum order number stems, apparently, from a federal requirement. Fortunately, TCHD stands ready to order and deliver vaccine to those practices who desire a smaller allotment. To let TCHD know you want vaccine phone 274 6604 and specify the desired vaccine, number of doses. It will be necessary for your office to pick up the vaccine from TCHD preserving the cold chain in the process. There will be a minimum order of one vial, obviously.

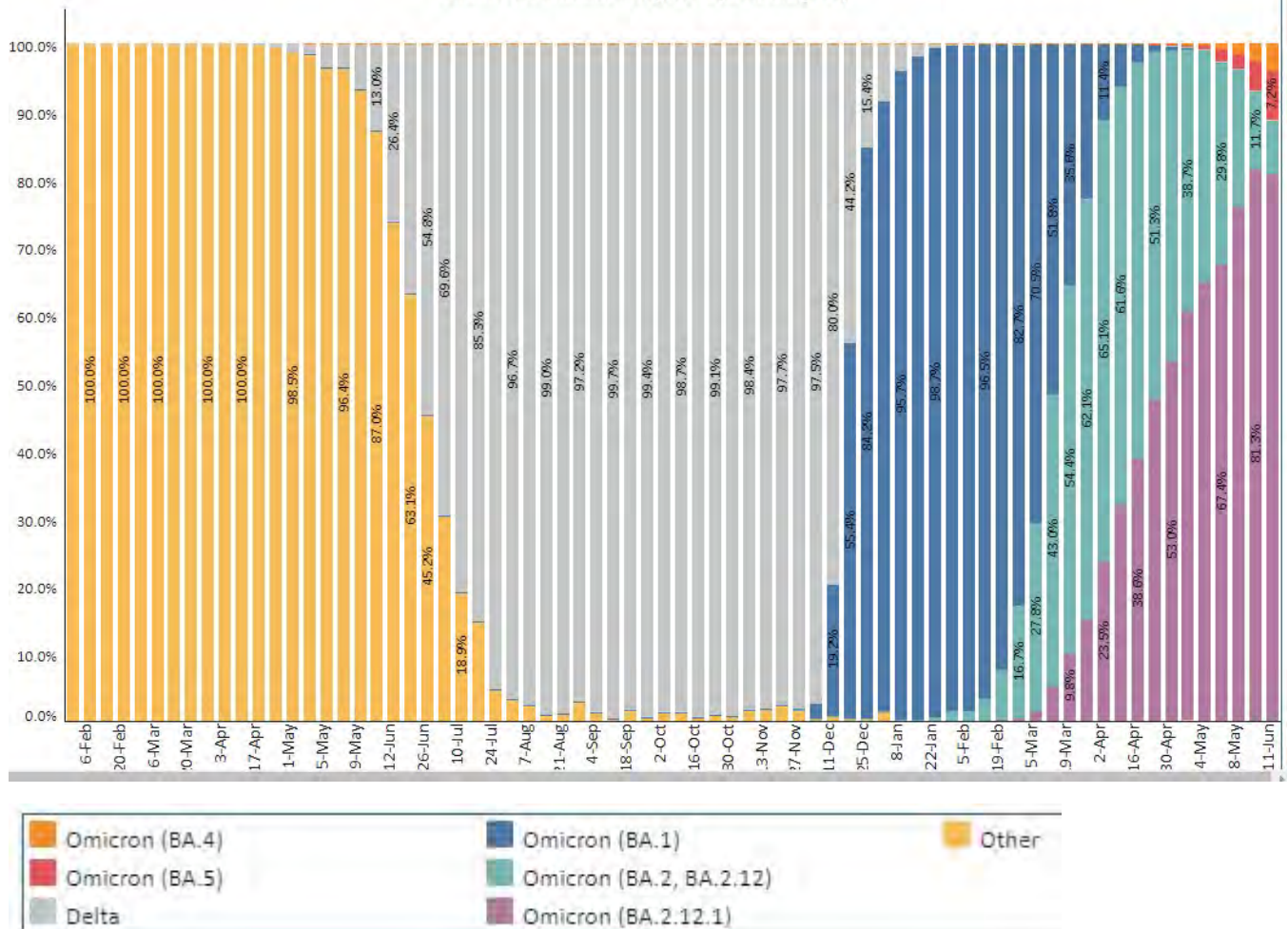
The advisory boards of both the FDA and the CDC unanimously approved of the vaccines. Safety was consistently shown. Efficacy is thought to be high but will need to be further defined by real world usage as the number of subjects and events in the trials were low enough to recommend caution in relying on preliminary estimates of efficacy.

Local data shows a decline in Covid cases (to the limit that our current data can tell us – most testing is now in the home and self-administered). When we look at what we know of PCR test positivity results and our case numbers we see gratifying declines and a trend toward the remarkable lows of a year ago (when our cases were 2,3, or so a day). Yet, we are not quite that low at present, and one must project that our roller coaster with variants is not over.

Additional **variants** are being detected at relatively low but increasing levels presently. It is probable that they will rise to significant levels. Hopefully, they will remain favorably influenced by current vaccines. And, hopefully, 2nd and 3rd generation vaccines will come about which are even more effective.

In the graph below BA.4 is about 4% and BA.5 is about 7%. BA.2+BA.2.12 is 8% the lion's share is BA.12.1. You can easily see the trend in the variants and in the graphs that follow our local experience. Since downloading the graph, the rise in BA.5 and 4 has continued.

Variant distribution: Region 2 (including NY)



As I write, NYC is seeing positive Covid tests rise to over 10 %.

Lead Poisoning – a case study

Case of 18 mos. old child of farm laborer family living in housing provided by farmer with blood lead of 27 asymptomatic. Investigation found paint in house to be a source. Mitigation done by the child’s practice providing paint, a crib and joining TCHD EH workers in a painting party to cover the problem paint. Kudos to the practice for going above and beyond for this family. Typically, the landlord is responsible for mitigating lead risks but in this case the landlord might well have made the family homeless and jobless if notified of this problem.

Intervention besides paint mitigation included a full assessment of any other source of lead by TCHD staff. One challenge was the family only spoke a foreign language and is illiterate in all

languages. A TCHD employee fluent in that language did the investigation and delivered the public health messaging about the child's risk and regarding lead exposures.

Subsequently, after lead paint mitigation, the child's lead levels began going down but then rose again after more than six months from intervention. A subsequent lead exposure is presumed and being investigated.

TCHD is also collaborating with regional partners to help remedy this situation and explore measures that might be taken to make housing provided in the manner that this family's is to be more compliant with housing codes.

TCHD staff have the resources to deal with language, socioecological, and language issues where your time limits and resource limits may not permit you to effectively tackle the issues.

Bottom line to practitioners: if you have a challenging case that has sociological, language, financial, or other barriers please reach out to TCHD at 607 274 6604 and speak to one of our public health nurses or send a HIPPA compliant email to cespey@tomkins-co.org and indicate the general nature of the problem so we can have an appropriate staff person get back to you.

Division for Community Health

July 26th, 2022 Board of Health meeting

June 2022 monthly report

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

Communicable Disease:

- **COVID-19:** Tompkins County went to a low CDC community level on June 16th. A press release was issued on June 10th to suspend the mask advisory. Masks are still required in healthcare settings and on public transportation. Disease severity remains low. Covid positive patients hospitalized at CMC during the month of June remained in the single digits for most of the month. There were two Covid deaths reported in the month of June. CHS staff continue to monitor Covid cases in high-risk settings and are now taking reports of positive cases from summer camps and providing guidance to camp directors in collaboration with Environmental Health staff.
- **Monkeypox:** The monkeypox outbreak continues to grow. During the month of June NYSDOH issued alerts on June 1st and June 17th advising LHDs and providers on how to recognize symptoms and how to collect and ship specimens for testing. See attached June 17th update. New York City cases are growing quickly. Cases are mostly concentrated in the population of men who have sex with men currently. Close contact, sustained skin-to-skin contact including sexual contact with a person with monkeypox or contact with contaminated fomites (e.g., shared linens) are the most significant risk factors associated with human-to-human transmission of monkeypox virus. TCHD is providing guidance to local providers and community members as needed and will continue to monitor this outbreak. So far there has not been a confirmed positive case of monkeypox in Tompkins County.
- **Syphilis:** During the CHS QI meeting on June 14th, information was shared that local OB providers and CMC have initiated syphilis testing on all pregnant people in the third

trimester and at delivery. It is required to test pregnant people in their first trimester but testing in the third trimester and at delivery is a newer recommendation. This is in response to outreach from NYSDOH and TCHD on best practices for syphilis testing and the concern with rising syphilis rates. We are pleased with this change in protocol that will lead to earlier detection of cases and increased prevention of congenital syphilis.

- **Tuberculosis:** NYSDOH tuberculosis field representatives came to TCHD on June 30th to review the records for our current active TB patient. This patient is progressing well with treatment and will likely complete DOT in August.

SafeCare Program:

- SafeCare has restarted after a long hiatus due to Covid. We received two referrals from DSS on July 1st. Weekly calls are taking place between TCHD and DSS to coordinate care for these families.

Maternal Child Health:

- Moms PLUS + has 12 new admissions in June and 6 discharges. Active case census in the 40s. There are 2 full time MCH nurses and another 3 that carry a partial client case load. All MCH nurses are certified lactation counselors. Moms PLUS + is discussing opening a lactation hotline for after hours. Community members may call after hours for lactation support provided by an experienced MCH nurse and CLC. Collaborative efforts continue in the community with stakeholders to coordinate care and referral procedures.

Immunization Clinics:

- CHS on-site immunization clinic is scheduled to open to the public on July 8th. A press release was issued on 6-28-22 to provide information to community members on the services offered. We are offering VFC, VFA and some private paid vaccine along with Covid vaccine for all age groups.

- The homebound Covid vaccination program continues. Five Tompkins County residents received Covid booster vaccination through this program in June. We are doing homebound vaccination once a month as demand has slowed for this program.

Rabies:

- There were 11 individuals who received rabies post-exposure prophylaxis in June. CHS nurses schedule all vaccinations and giving days 3, 7 and 14 on site at the health department. Training is underway to take on all County authorizations for RPEP in October. CHS using social media to spread rabies awareness and education.

Lead:

- There were 3 new admissions to the lead program for June and no discharges. CHS continues to work with EH, meeting regularly to coordinate home visits and inspections. CHS is training another nurse to be back up to the primary lead nurse. Quarterly reports for CLPPP to be completed on a delayed schedule as the state rolls out the new program.

PICHC:

- PICHC begins officially on July 1, 2022. Recruitment is underway for one CHW Supervisor and two CHWs, a cross-disciplinary panel will score and interview applicants in late July/early Aug. More details on community partners and start up process will be provided in next month's report.

Outreach:

- CHS was present at Ithaca Fest on 6/2/22 and 6/4/22, Dryden Dairy Day on 6/11/2022, at Reggae Fest on 6/18/2022, and at Juneteenth 6/19/2022. CHS helped organize outreach activities at these events to provide services, to spread the word about CHS related programs available, and to listen and learn from community members about their needs and expectations.

WIC:

Caseload Data:

May final caseload data:

Enrollment: 1169

Participation: 1083

Participation/Enrollment %: 92.64

Participation/Caseload %: 72.20

Total participants seen in May: 466

Appointment show rate: 94

Preliminary June

Enrollment: 1160

Participation: 1049

Participation/Enrollment %: 90.43

Participation/Caseload %: 69.93

Total participants seen in June: 481

Appointment show rate: 92%

The program is serving 48% of the eligible population in Tompkins County.

Program Highlights

1. In response to the current formula shortage:
 - The New York State WIC program continues to temporarily add additional options of formula brands and sizes for participants to purchase depending on availability.
 - A blast text message was sent to participants to notify WIC families of these new formula options.
 - Over the month of July formula access has improved and participants have been able to find a variety of formula. The availability of special formulas is still an issue. The WIC program continues to work with families to provide formula.
 - WIC Nutrition staff communicated with local health care providers to inform them on how WIC is helping families during the shortage and share the shopping guide that was developed to help families when shopping.
2. The Farmers Market Nutrition Program (FMNP) season 2022 started July 1st. WIC participants will receive a coupon booklet worth \$25.00 for each eligible participant. These coupons are for the purchase of locally grown fresh fruits and vegetables. This program is to help support local farmers.
3. WIC Director completed and submitted to NYS DOH the Federal Fiscal Year 2023 WIC budget. (begins October 1, 2022) Budget was approved by NYS DOH.
4. WIC RFA grant was submitted for the second time. Dates for this grant submission are October 2023-September 30th, 2028.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 05JUL22
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=June

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	24	281.9	14	164.4	5	58.7	0	0.0	6	70.5
BABESIOSIS**	3	35.2	1	11.7	1	11.7	0	0.0	1	11.7
CAMPYLOBACTERIOSIS**	2	23.5	1	11.7	4	47.0	1	11.7	2	23.5
COVID-19	644	7563.1	48	563.7	57	669.4	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	2	23.5	0	0.0	1	11.7	0	0.0	0	0.0
DENGUE FEVER**	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
EHRlichiosis (CHAFEENSIS)**	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
EHRlichiosis (UNDETERMINED)**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
GIARDIASIS	1	11.7	3	35.2	1	11.7	3	35.2	2	23.5
HEPATITIS A	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	3	35.2	2	23.5	2	23.5	1	11.7	2	23.5
HEPATITIS C,ACUTE**	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
HEPATITIS C,CHRONIC**	3	35.2	1	11.7	3	35.2	9	105.7	4	47.0
INFLUENZA A, LAB CONFIRMED	4	47.0	0	0.0	0	0.0	0	0.0	0	0.0
INFLUENZA B, LAB CONFIRMED	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
LISTERIOSIS	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** ****	54	634.2	3	35.2	9	105.7	2	23.5	5	58.7
SALMONELLOSIS**	1	11.7	1	11.7	0	0.0	1	11.7	1	11.7
STREP,GROUP A INVASIVE	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
STREP,GROUP B INVASIVE	2	23.5	0	0.0	0	0.0	2	23.5	1	11.7

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SYPHILIS TOTAL.....	2	23.5	3	35.2	2	23.5	3	35.2	3	35.2
- P&S SYPHILIS	2	23.5	0	0.0	0	0.0	2	23.5	1	11.7
- EARLY LATENT	0	0.0	2	23.5	2	23.5	1	11.7	2	23.5
- LATE LATENT	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	7	82.2	5	58.7	7	82.2	2	23.5	5	58.7
- GONORRHEA	7	82.2	5	58.7	7	82.2	2	23.5	5	58.7
CHLAMYDIA	30	352.3	24	281.9	25	293.6	27	317.1	25	293.6

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

**Confirmed and Probable cases counted

***Not official number

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

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 05JUL22
 Through June
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	1	2.0	0	0.0	0	0.0	0	0.0	0	0.0
ANAPLASMOSIS**	32	62.6	86	168.3	31	60.7	11	21.5	43	84.2
BABESIOSIS**	3	5.9	20	39.1	8	15.7	3	5.9	10	19.6
CAMPYLOBACTERIOSIS**	9	17.6	19	37.2	17	33.3	27	52.8	21	41.1
CHIKUNGUNYA**	0	0.0	0	0.0	0	0.0	1	2.0	0	0.0
COVID-19	12227	23932	9521	18636	2449	4793.5	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	6	11.7	14	27.4	14	27.4	11	21.5	13	25.4
DENGUE FEVER**	1	2.0	0	0.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	1	2.0	6	11.7	5	9.8	4	7.8	5	9.8
EHRlichiosis (CHAFEENSIS)**	1	2.0	0	0.0	0	0.0	1	2.0	0	0.0
EHRlichiosis (UNDETERMINED)**	0	0.0	0	0.0	0	0.0	1	2.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	1	2.0	2	3.9	1	2.0	1	2.0
ENCEPHALITIS, POST	0	0.0	0	0.0	1	2.0	0	0.0	0	0.0
GIARDIASIS	1	2.0	15	29.4	7	13.7	26	50.9	16	31.3
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	2.0	0	0.0	2	3.9	4	7.8	2	3.9
HEPATITIS A	0	0.0	7	13.7	12	23.5	0	0.0	6	11.7
HEPATITIS B,CHRONIC**	10	19.6	18	35.2	9	17.6	7	13.7	11	21.5
HEPATITIS C,ACUTE**	1	2.0	1	2.0	5	9.8	6	11.7	4	7.8
HEPATITIS C,CHRONIC**	10	19.6	33	64.6	36	70.5	37	72.4	35	68.5

	2022		2021		2020		2019		Ave (2019-2021)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA A, LAB CONFIRMED	291	569.6	265	518.7	526	1029.6	772	1511.1	521	1019.8
INFLUENZA B, LAB CONFIRMED	2	3.9	6	11.7	738	1444.5	62	121.4	269	526.5
INFLUENZA UNSPECIFIED, LAB CONFIRMED	3	5.9	1	2.0	0	0.0	1	2.0	1	2.0
LEGIONELLOSIS	1	2.0	3	5.9	0	0.0	3	5.9	2	3.9
LISTERIOSIS	1	2.0	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** ****	156	305.3	44	86.1	37	72.4	55	107.7	45	88.1
MALARIA	0	0.0	0	0.0	2	3.9	0	0.0	1	2.0
MENINGITIS, ASEPTIC	0	0.0	0	0.0	1	2.0	1	2.0	1	2.0
MUMPS**	0	0.0	0	0.0	0	0.0	1	2.0	0	0.0
PERTUSSIS**	0	0.0	0	0.0	1	2.0	6	11.7	2	3.9
SALMONELLOSIS**	6	11.7	13	25.4	8	15.7	7	13.7	9	17.6
SHIGELLOSIS**	0	0.0	1	2.0	0	0.0	0	0.0	0	0.0
STREP,GROUP A INVASIVE	2	3.9	3	5.9	2	3.9	5	9.8	3	5.9
STREP,GROUP B INVASIVE	5	9.8	10	19.6	6	11.7	9	17.6	8	15.7
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	0	0.0	1	2.0	0	0.0	0	0.0
STREP PNEUMONIAE,INVASIVE**	1	2.0	4	7.8	6	11.7	4	7.8	5	9.8
TUBERCULOSIS***	1	2.0	1	2.0	2	3.9	3	5.9	2	3.9
VIBRIO - NON 01 CHOLERA**	1	2.0	1	2.0	0	0.0	0	0.0	0	0.0
YERSINIOSIS**	3	5.9	1	2.0	0	0.0	2	3.9	1	2.0
SYPHILIS TOTAL.....	19	37.2	24	47.0	20	39.1	22	43.1	22	43.1
- P&S SYPHILIS	10	19.6	7	13.7	8	15.7	8	15.7	8	15.7
- EARLY LATENT	7	13.7	11	21.5	8	15.7	9	17.6	9	17.6
- LATE LATENT	1	2.0	6	11.7	4	7.8	5	9.8	5	9.8
- CONGENITAL SYPHILIS	1	2.0	0	0.0	0	0.0	0	0.0	0	0.0

Disease	2022		2021		2020		2019		Ave (2019-2021)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
GONORRHEA TOTAL.....	50	97.9	142	277.9	97	189.9	118	231.0	119	232.9
- GONORRHEA	50	97.9	142	277.9	96	187.9	117	229.0	118	231.0
- P.I.D.	0	0.0	0	0.0	0	0.0	1	2.0	0	0.0
- GONORRHEA,DISSEMINATED	0	0.0	0	0.0	1	2.0	0	0.0	0	0.0
CHLAMYDIA	210	411.0	337	659.6	396	775.1	513	1004.1	415	812.3
CHLAMYDIA PID	0	0.0	0	0.0	0	0.0	2	3.9	1	2.0
OTHER VD	0	0.0	0	0.0	0	0.0	1	2.0	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.



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

June 17, 2022

TO: Healthcare Providers, Hospitals, Local Health Departments, Laboratories, Sexual Health Providers, Family Planning Providers, Emergency Rooms, Community Health Centers, College Health Centers, Community-Based Organizations, and Internal Medicine, Family Medicine, Pediatric, Adolescent Medicine, Dermatology, Infectious Disease, and Primary Care Providers

FROM: New York State Department of Health (NYSDOH) Bureaus of Communicable Disease Control (BCDC) and Healthcare Associated Infections (BHA), New York City Department of Health and Mental Hygiene (NYCDOHMH) Division of Disease Control

HEALTH ADVISORY: MONKEYPOX OUTBREAK, UNITED STATES

SUMMARY

- See attached Health Update from the Centers for Disease Control and Prevention (CDC): Monkeypox Virus Infection in the United States and Other Non-endemic Countries—2022, dated June 14, 2022.
- Monkeypox is a previously uncommon zoonotic viral disease rarely detected in the United States. Previous cases were typically associated with travel or exposure to an infected animal.
- As of June 16, 2022, there have been 72 confirmed monkeypox/orthopoxvirus cases in the US, and 2,166 reported worldwide since this outbreak started. There have been no reported deaths associated with the current outbreak.
- Twenty-one of these cases have been in residents of New York, with 19 of those in residents of New York City.
- Early data suggest that people who identify as gay, bisexual, and other men who have sex with men have made up a high proportion of cases. However, anyone who has been in close contact with someone who has monkeypox is at risk of infection.
- In the U.S., evidence of person-to-person disease transmission in multiple states and reports of clinical cases with some uncharacteristic features have raised concern that some cases are not being recognized and tested.
- Although all patients diagnosed with monkeypox in the U.S. to date have experienced a rash or enanthem, some cases have presented with some features uncharacteristic of classic monkeypox disease. These include:
 - Rash beginning in mucosal areas (e.g., genital, perianal, oral mucosa)
 - Lesions scattered or localized to a specific body site, rather than diffuse, and that may not involve the face or extremities
 - Lesions in different stages of progression on a specific anatomic site.
 - Classical prodromal symptoms not always occurring before the rash if they occur at all.

- Presentation with symptoms such as anorectal pain, tenesmus, and rectal bleeding.
- Presentation similar to some sexually transmitted infections (STI), such as syphilis, herpes, lymphogranuloma venereum (LGV), or other etiologies of proctitis.
- The diagnosis of an STI does not exclude monkeypox, as a concurrent infection may be present. Please refer to the CDC HAN for detailed considerations regarding concurrent evaluation for monkeypox and STI.
- Regardless of gender or sex of sex partner(s), providers should be alert for patients who have rash illnesses consistent with monkeypox, regardless of their travel history or specific risk factors for monkeypox.
- In people with epidemiologic risk factors, rashes initially considered characteristic of more common infections (e.g., varicella zoster, herpes, syphilis) should be carefully evaluated for concurrent characteristic monkeypox rash and considered for testing.
- Clinicians suspecting monkeypox infection should strictly adhere to infection prevention and control practices and immediately contact their local health department (LHD) to coordinate testing.
- Testing for monkeypox can be performed at NYSDOH Wadsworth Center and the NYC Public Health Laboratory. In this update, specimen collection for testing at Wadsworth has changed; specimens should be sent in viral transport media (VTM).

REPORTING

Healthcare providers must immediately report suspect cases of monkeypox to their local health department (LHD). Reporting should be to the county where the patient resides.

New York City residents suspected of monkeypox infection should be reported to the NYC Health Department Provider Access Line (PAL) at 866-692-3641. Outside of New York City, contact information is available at: https://www.health.ny.gov/contact/contact_information.

If you are unable to reach the LHD where the patient resides, please contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 866-881-2809 evenings, weekends, and holidays.

TESTING

Testing for monkeypox is available at NYSDOH Wadsworth Center Biodefense Laboratory and the New York City Public Health Laboratory. **Specimen collection and submission must be coordinated with the local health department and/or NYSDOH. Within NYC, coordination must be done in consultation with the NYC Health Department.**

NYSDOH Wadsworth Center will accept specimens collected and transported in viral transport media (VTM) OR collected and transported dry. Specimens in VTM can be tested for orthopoxvirus, varicella zoster virus, and herpes simplex viruses I and II. Specimens collected dry can only be tested for orthopoxvirus. Testing for other viruses should be done locally.

The New York City Public Health Laboratory will only accept specimens collected and transported dry. They will only be tested for orthopoxvirus. Testing for other viruses should be done locally.

Specimen Collection

	<i>FOR SPECIMENS COLLECTED FROM NYS RESIDENTS AND TESTED AT THE NYSDOH WADSWORTH CENTER</i>	<i>FOR SPECIMENS COLLECTED FROM NYC RESIDENTS AND TESTED AT THE NYC PUBLIC HEALTH LABORATORY</i>
Specimen Types	Swab in viral transport media (VTM) or dry swab . Collect two samples from each of two lesions, for a total of 4 samples.	Dry swab ONLY . Collect two samples from each of two lesions, for a total of 4 samples.
Collection	<p>1. Identify two lesions per patient to sample, preferably from different locations on the body and/or with differencing appearances. (A total of four swabs should be collected).</p> <p>2. Collect the sample using the sterile swab, by scrubbing the base of the lesion vigorously enough to ensure that cells from the lesion are collected. Use separate sterile swabs (synthetic-Dacron, nylon, polyester, Rayon).</p> <p>3. Storage containers: Place each swab in tubes containing VTM. (can be tested for more viruses) OR place swabs in a dry sterile container (can only be tested for orthopoxvirus). See below for more information.</p>	<p>1. Identify two (2) lesions per patient to sample, preferably from different locations on the body and/or with differencing appearances. (A total of four swabs should be collected).</p> <p>2. Collect the sample using the sterile swab, by scrubbing the base of the lesion vigorously enough to ensure that cells from the lesion are collected.</p> <p>3. Storage containers: Place each swab (break off stick if necessary) in its own sterile container (i.e., conical tube or urine cup). (Reminder, do not add or store in viral or universal transport media.)</p> <p>For additional information on specimen collection refer to the Specimen collection, storage, and transport instructions section on the Instructions for Submission of Specimens for Monkeypox Testing to the New York City Public Health Laboratory guidance located here: https://www1.nyc.gov/assets/doh/downloads/pdf/labs/monkeypox-specimen-testing.pdf</p>
Submission information	<p>A Wadsworth Center Infectious Disease Request Form must accompany all samples; Remote Order Entry on the Health Commerce System is preferred.</p> <p>Label all tubes and swab holders with the patient's name, unique identifier, date of collection, source of specimen (vesicle/pustule) and name of person collecting the specimen.</p>	<p>A New York City Public Health Test Requisition (available upon request) must accompany each sample/collection site.</p> <p>Refer to Test ordering instructions on the NYC PHL guidance document at https://www1.nyc.gov/assets/doh/downloads/pdf/labs/monkeypox-specimen-testing.pdf.</p>

	Specimens should be stored and shipped refrigerated or frozen. Should not be shipped at ambient temperature.	Briefly, go to https://a816-phleorder.nyc.gov/PHLeOrder/ and perform the following 1. Sign in using credentials or register as a new user. 2. Fill out required information and add the following to the specified fields: a. Test: Clinical Poxvirus b. Specimen Container: Swab c. Specimen Source: Other d. Specimen Source Other: Skin or Lesion + site of lesion swabbed (e.g., Left arm) e. Fill in both collection date and collection time fields (required). 3. Communicate with your clinical laboratory that specimens are to be delivered to PHL and that an eOrder has been submitted.
Shipping Address	Dr. Christina Egan DAI 3021, Biodefense Laboratory, Wadsworth Center, NYS Dept. of Health 120 New Scotland Avenue Albany, NY 12208	Dr. Scott Hughes New York City Public Health Lab Biothreat Response Unit 455 1 st Avenue New York, NY 10016
Questions	Call the Wadsworth Center Biodefense Laboratory at 518-474-4177 (business hours) or the duty officer 866-881-2809 (after hours).	Call the NYC Biothreat Response Laboratory at 212-671-5834 (business hours) or Poison Control at 212-764-7667; ask for PHL duty officer (after hours). See also: https://www1.nyc.gov/assets/doh/downloads/pdf/labs/monkeypox-specimen-testing.pdf

Specimen Collection

To collect vesicular and pustular material:

1. Perform hand hygiene and don gloves, gown, face, and eye protection.
2. Sanitize the patient's skin with an alcohol wipe and allow skin to air dry (do not "wave" the site to facilitate drying).
3. For swabs in tubes containing VTM (NYS), label a swab holder and remove swab from the outer sheath. Collect cells from the lesion base by 1) vigorously swabbing or brushing lesion with two separate sterile synthetic swabs (Dacron, nylon, polyester, or Rayon); 2) Place each swab in a separate sterile tube containing VTM. Secure each tube with parafilm.
4. For the dry swabs (NYC and NYS) label a swab holder and remove swab from the outer sheath. Collect cells from the lesion base by 1) vigorously swabbing or brushing lesion with two separate sterile dry polyester, nylon, or Dacron swabs; 2) Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal transport media.

5. Repeat this process on different lesions.
 - a. For NYS there should be two specimens collected for each lesion: two sets of plastic tubes from each lesion for a total of 4 tubes.
 - b. For NYC there should be two swabs for each lesion
6. After specimen collection is completed all protective materials worn by the specimen collector (gloves, mask, gown, etc.) and all used sample collection materials (alcohol wipes, holders, etc.) must be placed in red biohazard bags and autoclaved or incinerated prior to disposal. Needles, blades, etc. used to open vesicles should be disposed of in an appropriate sharps container. **Thorough handwashing using soap** and water should be done immediately after specimen collection and following removal of personal protective equipment.
7. Other sample types such as serum and whole blood may also be requested.

Please note: Monkeypox virus can be cultivated in several cell culture types routinely used by the viral testing laboratory. Although laboratories should not attempt to isolate this virus, if you become aware that your laboratory has isolated monkeypox using cell culture, you should **immediately** contact the Wadsworth Center or the NYC PHL.

INFECTION CONTROL GUIDELINES

Standard Precautions should be applied for all patient care, including for patients with suspected monkeypox. If a patient seeking care is suspected to have monkeypox, infection prevention and control personnel should be notified immediately. Activities that could resuspend dried material from lesions, e.g., use of portable fans, dry dusting, sweeping, or vacuuming should be avoided.

A patient with suspected or confirmed monkeypox infection should be placed in a single-person room; special air handling is not required. The door should be kept closed (if safe to do so). The patient should have a dedicated bathroom. Transport and movement of the patient outside of the room should be limited to medically essential purposes. If the patient is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet, wound dressing, or gown. Intubation and extubation and any procedures likely to spread oral secretions should be performed in an airborne infection isolation room (AIIR).

PPE used by healthcare personnel who enter the patient's room should include gown, gloves, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), and a NIOSH-approved particulate respirator equipped with N95 filters or higher.

For more information on infection prevention and control of monkeypox, please visit the CDC website for this situation at <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html> or the monkeypox main information page at <https://www.cdc.gov/poxvirus/monkeypox/index.html>.

PACKAGING AND TREATMENT OF MONKEYPOX MEDICAL WASTE

In June 2022, the U.S. Department of Transportation (USDOT) released additional guidance on the handling of regulated medical waste (RMW) from suspected or confirmed cases of monkeypox. The USDOT June 2022 guidance can be found at: <https://www.phmsa.dot.gov/transporting-infectious-substances/planning-guidance-handling-category-solid-waste>.

The current position of the USDOT is to hold untreated RMW generated from suspected cases of monkeypox and wait until testing confirms the diagnosis and identifies the clade. NYSDOH and the NYS Department of Environmental Conservation (NYSDEC) recommends that RMW from suspected cases be double bagged in red biohazardous waste bags and placed into a rigid container or box while in storage until testing confirms the diagnosis and identifies the clade.

USDOT has determined the following:

- If testing confirms the West African clade, waste needs to be packaged, transported and treated as RMW. The waste must be packaged in accordance with 49 CFR § 173.197, labelled as United Nations (UN) 3291, Regulated medical waste (Monkeypox waste), and treated by incineration or by autoclaving at 121°C/250°F for at least 30 minutes.
- If testing shows any clades except the West African clade, it needs to be packaged, transported, and treated as Category A waste. The waste must be packaged in accordance with 49 CFR § 173.196, labelled as United Nations (UN) 2814, Infectious substances, affecting humans (Monkeypox waste), and treated as Category A waste.

Additionally, waste generated in the home by a healthcare provider must be removed from the home by the provider. Other waste generated at home should be double-bagged before it enters the household waste stream.

This is an official
CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
June 14, 2022, 5:00 PM ET
CDCHAN-00468

Updated Case-finding Guidance: Monkeypox Outbreak—United States, 2022

Summary

Since May 2022, monkeypox cases, which have historically been rare in the United States, have been identified in 18 states and territories among both persons returning from international travel and their close contacts domestically. Globally, more than 1,600 cases have been reported from more than 30 countries; the case count continues to rise daily. In the United States, evidence of person-to-person disease transmission in multiple states and reports of clinical cases with some uncharacteristic features have raised concern that some cases are not being recognized and tested.

This Health Alert Network (HAN) Health Update serves to alert clinicians to clinical presentations of monkeypox seen so far in the United States and to provide updated and expanded case definitions intended to encourage testing for monkeypox among persons presenting for care with relevant history, signs, and symptoms. In addition, this Health Update provides an update to a HAN Health Advisory that the Centers for Disease Control and Prevention (CDC) issued May 20, 2022 titled [Monkeypox Virus Infection in the United States and Other Non-endemic Countries—2022](#). In people with [epidemiologic risk factors](#), rashes initially considered characteristic of more common infections (e.g., varicella zoster, herpes, syphilis) should be carefully evaluated for concurrent characteristic monkeypox rash (see images and links to below) and considered for testing.

Background

The current identification of West African monkeypox cases in many countries that do not have endemic disease and involving patients with no direct travel history to an area with endemic monkeypox, suggests person-to-person community spread. The first case of monkeypox in the United States was diagnosed in a traveler who returned to Massachusetts from Canada on May 17, 2022. Since then, 65 cases have been identified in 18 states and territories and more than 1,600 have been identified in 35 countries and territories that do not have endemic disease. The case fatality rate of monkeypox associated with the West African clade of monkeypox virus is 1%, and possibly is higher in immunocompromised individuals; no deaths have been reported globally from the current outbreak. Any person, irrespective of gender identity or sexual orientation, can acquire and spread monkeypox. In this outbreak, however, many of the reported cases in the United States are among gay, bisexual, or other men who have sex with men (MSM). Close contact, sustained skin-to-skin contact including sexual contact, with a person with monkeypox or contact with contaminated fomites (e.g., shared linens) are the most significant risk factors associated with human-to-human transmission of *Monkeypox virus*.

Updated Case Definitions

- On June 1, 2022, CDC updated and expanded its monkeypox case definitions to ensure that anyone who is suspected of having monkeypox can be tested and appropriate steps to protect contacts can be taken.
- Revised categories of suspected, probable, and confirmed cases of monkeypox standardize case reporting through the [National Notifiable Diseases Surveillance System](#) (NNDSS). In addition, the “suspected” case definition encourages broader suspicion for monkeypox.

Clinical and laboratory classification	Criteria
Suspected	New characteristic rash* OR
	Meets one of the epidemiologic criteria and has high clinical suspicion† for monkeypox
Probable	No suspicion of other recent <i>Orthopoxvirus</i> exposure (e.g., <i>Vaccinia virus</i> in ACAM2000 vaccination) AND demonstration of the presence of <ul style="list-style-type: none"> • <i>Orthopoxvirus</i> DNA by polymerase chain reaction testing of a clinical specimen OR • <i>Orthopoxvirus</i> using immunohistochemical or electron microscopy testing methods OR • Demonstration of detectable levels of anti-orthopoxvirus IgM antibody during the period of 4–56 days after rash onset
	Demonstration of the presence of <i>Monkeypox virus</i> DNA by polymerase chain reaction testing or Next-Generation sequencing of a clinical specimen OR
	Isolation of <i>Monkeypox virus</i> in culture from a clinical specimen
Epidemiologic classification	
Within 21 days of illness onset:	Reports having contact with a person or persons with a similar appearing rash or with a person who has received a diagnosis of confirmed or probable monkeypox OR
	Had close or intimate in-person contact with persons in a social network experiencing monkeypox infections. This includes MSM who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party) OR
	Traveled, within 21 days of illness onset outside the United States to a country with confirmed cases of monkeypox or where <i>Monkeypox virus</i> is endemic OR
	Had contact with a dead or live wild animal or exotic pet that is an African endemic species, or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)
Exclusions	
A case might be excluded as a suspected, probable or confirmed case if:	An alternative diagnosis* can fully explain the illness OR
	A person with symptoms consistent with monkeypox does not develop a rash within 5 days of illness onset OR
	A case where high-quality specimens do not demonstrate the presence of <i>Orthopoxvirus</i> or <i>Monkeypox virus</i> or antibodies to <i>Orthopoxvirus</i>

* The characteristic rash associated with monkeypox lesions involves the following: deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages: macules, papules, vesicles, pustules, and scabs. The rash can sometimes be confused with other diseases that are more commonly encountered in clinical practice (e.g., syphilis, herpes, and varicella zoster). Historically, sporadic accounts of patients co-infected with *Monkeypox virus* and other infectious agents (e.g., varicella zoster, syphilis) have been reported; so patients with a characteristic rash should be considered for *Monkeypox virus* testing, even if tests for other infectious agents are positive.

† Clinical suspicion may exist if lesions consistent with those from more common infections (e.g., syphilis, herpes, and varicella zoster) co-exist with lesions that may be characteristic of monkeypox.

Clinical presentations of confirmed cases to date

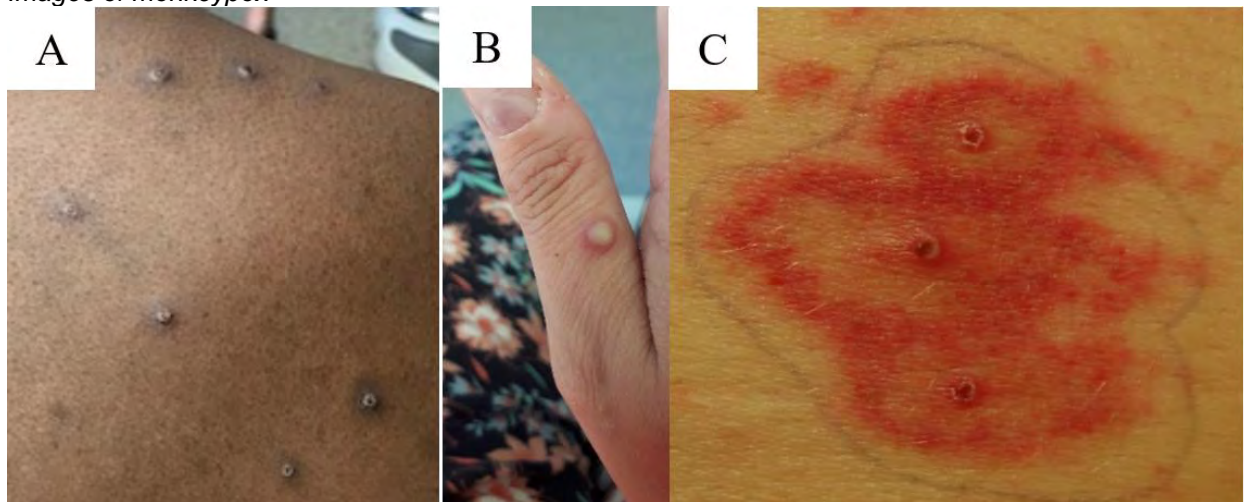
Descriptions of classic monkeypox disease describe a prodrome including fever, lymphadenopathy, headache, and muscle aches followed by development of a characteristic rash culminating in firm, deep-seated, well-circumscribed and sometimes umbilicated lesions. The rash usually starts on the face or in the oral cavity and progresses through several synchronized stages on each affected area and concentrates on the face and extremities, including lesions on the palms and soles.

Thus far in the U.S. outbreak, all patients diagnosed with monkeypox in the United States have experienced a rash or enanthem. Although the characteristic firm, deep-seated, well-circumscribed and sometimes umbilicated rash has been observed, the rash has often begun in mucosal areas (e.g., genital, perianal, oral mucosa) and in some patients, the lesions have been scattered or localized to a specific body site rather than diffuse and have not involved the face or extremities. In some instances, patients have presented with symptoms such as anorectal pain, tenesmus, and rectal bleeding which upon physical examination, have been found to be associated with visible perianal vesicular, pustular, or ulcerative skin lesions and proctitis. The lesions have sometimes been in different stages of progression on a specific anatomic site (e.g., vesicles and pustules existing side-by-side). In addition, prodromal symptoms including fever, malaise, headache, and lymphadenopathy have not always occurred before the rash if they have occurred at all.

The clinical presentation of monkeypox may be similar to some STIs, such as syphilis, herpes, lymphogranuloma venereum (LGV), or other etiologies of proctitis. Clinicians should perform a thorough skin and mucosal (e.g., anal, vaginal, oral) examination for the characteristic vesiculo-pustular rash of monkeypox; this allows for detection of lesions the patient may not have been previously aware of. The search for lesions consistent with monkeypox should be performed even if lesions consistent with those from more common infections (e.g., varicella zoster, syphilis, herpes) are observed; this is particularly important when evaluating patients who have epidemiologic risk factors for monkeypox. Specimens should be obtained from lesions (including those inside the mouth, anus, or vagina) and tested for monkeypox.

Any patient who meets the suspected case definition should be counseled to implement appropriate transmission precautions. Probable and confirmed case-patients should remain in isolation for the duration of their infectious period (i.e., until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed). Patients who do not require hospitalization but remain potentially infectious to others should isolate at home. This includes abstaining from contact with other persons and pets, and wearing appropriate personal protective equipment (e.g., clothing to cover lesions, face mask) to prevent further spread.

Images of monkeypox



Generalized monkeypox lesions are characteristically deep-seated, well-circumscribed, and often develop umbilication (A, B, C), Image A demonstrates both papulovesicular and pustular lesions in the same region of the body. Credits: Images A and B from NHS England High Consequence Infectious Diseases Network; image C from Reed KD, Melski JW, Graham MB et al. The detection of monkeypox in humans in the Western Hemisphere. Page 346. Copyright © 2004. Massachusetts Medical Society. Reprinted with permission. Please see lesion examples from [Nigeria](#) and [Italy](#).

Recommendations for Clinicians

- Patients with rashes initially considered characteristic of more common infections (e.g., varicella zoster or sexually transmitted infections) should be carefully evaluated for a characteristic monkeypox rash (see images and links), and submission of specimens of lesions should be considered, especially if the person has epidemiologic risk factors for monkeypox infection.
- Evaluate any individual presenting with perianal or genital ulcers, diffuse rash, or proctitis syndrome for STIs per the [2021 CDC STI Treatment Guidelines](#). Testing for STIs should be performed. The diagnosis of an STI does not exclude monkeypox as a concurrent infection may be present. The clinical presentation of monkeypox may be similar to some STIs, such as syphilis, herpes, lymphogranuloma venereum (LGV), or other etiologies of proctitis.

- Clinicians should perform a thorough skin and mucosal (e.g., anal, vaginal, oral) examination for the characteristic vesiculo-pustular rash of monkeypox; this allows for detection of lesions the patient may not have been previously aware of.
- If a patient does not respond to STI treatment as expected, the patient should return for follow-up evaluation and monkeypox testing should be considered.
- Please refer to the most recent CDC guidance for [specimen collection](#) to ensure proper collection of specimens.
 - In addition to dry swabs, CDC can now accept lesion swabs in viral transport media and lesion crusts (currently these two specimens **must be received by CDC within 7 days of collection**).
- Clinicians should use appropriate infection prevention measures when collecting specimens for monkeypox evaluation. Information on infection prevention and control in healthcare settings is provided on the [CDC website](#).
- Advise patients with prodromal symptoms (e.g., fever, malaise, headache) and one or more epidemiologic risk factors for monkeypox to self-quarantine. If a rash does not appear within 5 days, the illness is unlikely to be monkeypox and alternative etiologies should be sought.
- Clinicians should consult their state health department ([State Contacts](#)) if they suspect monkeypox.
 - All laboratory specimens should be sent through the state and territorial public health department, unless authorized to send them directly to CDC.

Recommendations for Health Departments

- Health departments should contact the CDC Monkeypox Call Center at poxvirus@cdc.gov to report probable or confirmed cases and receive a case ID and a case report form. This process allows test results from the Laboratory Response Network laboratories to be linked with case report forms.
- Health departments can obtain a PDF version of the [case report form data dictionary](#) to preview. Please do not attempt to fill out this PDF. Please contact the CDC Monkeypox Call Center at 770-488-7100 to receive access to the case report form.
 - Specimens that clinicians obtain from suspected patients should be tested for an *Orthopoxvirus* by the Laboratory Response Network laboratories; please refer to the most recent CDC guidance for [specimen collection](#) to ensure proper collection of specimens.
 - In addition to dry swabs, CDC can now accept lesion swabs in viral transport media and lesion crusts (currently these two specimens **must be received by CDC within 7 days of collection**).
- After diagnosing a patient with Orthopoxvirus, contact tracing can be initiated for identification of people who had [close contact](#) to the patient while the patient was symptomatic. Contacts should be monitored for 21 days after their last date of contact with the patient.
- Share this HAN Health Update with relevant healthcare provider networks, including STI clinics that may not always receive CDC HAN messages.

Recommendations for the Public

- CDC is closely monitoring worldwide case counts and working to understand the cause of the current cases. Based on limited information available at this time, overall risk to the U.S. public is currently low.
- People who may have symptoms of monkeypox, such as unknown rashes or lesions, should contact their healthcare provider for assessment. This includes anyone who:
 - Reports contact with a person who has a similar rash or received a diagnosis of confirmed or suspected monkeypox.
 - Had close or intimate in-person contact with individuals in a social network experiencing monkeypox infections, this includes MSM who meet partners through an online website, digital application (app), or social event (e.g., a bar or party).
 - Traveled to countries where monkeypox cases have been reported.

For More Information

- [Case Definitions for Use in the 2022 Monkeypox Response](#)
- [Information for Healthcare Professionals](#)
- [Clinical Recognition of Monkeypox](#)
- [Monitoring Persons Who Have Been Exposed](#)
- [Monkeypox Outbreak — Nine States, May 2022](#)
- [U.S. Monkeypox 2022: Situation Summary](#)
- [Monkeypox facts for people who are sexually active](#)
- Contact your state or local health department if you have any questions or suspect a patient may have monkeypox.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

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

Children with Special Care Needs Highlights
June 2022

Staff Activities

Staff Group Training-

- McGuinness Software trainings -6/30/22

Committees/Meetings

- CSCN Staff attended the Staff meeting 6/21/22
- All Staff meeting 6/29/22

Division Manager—Deb Thomas:

- Senior Leadership Meetings 6/2/22, 6/16/22
- BOH meeting 6/28/22
- Integrating Children's services mtg 6/14, 6/28/22
- Preschool software meetings and webinars with McGuinness 6/6, 6/27
- Strategic Planning Cross Functional Team check in 6/10, 6/24/22
- CPSE Chairs meeting canceled
- Meetings with Sr Community Health Nurse for planning 6/3/22
- CSCN meeting with PH Director 6/1/22, 6/15/22
- Onboarding meetings 6/21/22
- Sr Leadership Final meeting with Batiste Group 6/2/22
- NYS School Supportive Health services Medicaid Desk Review 6/13/22
- CHS QI committee meeting 6/14/22
- CYSHCN Resource Guide meeting 6/15/22
- Early Intervention Coordinating Council Meeting 6/16/22
- NYS Zero to Three meeting 6/16/22
- iCentral Software meeting 6/27/22

**** Early Intervention experiencing wait lists for speech services and Special Instruction Teachers**

NYSDOH BEI notified monthly of current needs.

Advocacy for the Early Intervention Program:

NYS DOH Bureau of Early Intervention- Capacity Task Force committee working on Rate structure, tuition reimbursement, incentives, decreased clinical hours for early childhood education, and more student internships.

**See the following pages for contract information for advocacy:*

For letter writing, emails or phone calls to the Bureau of Early Intervention here is the contact info:

Website: https://www.health.ny.gov/community/infants_children/early_intervention/

New York State Department of Health

Bureau of Early Intervention

Corning Tower, Room 287

Empire State Plaza

Albany, NY 12237-0660

Phone: (518) 473-7016

E-mail: bei@health.ny.gov<https://thechildrensagenda.org/the-agenda/earlychildhood/kids-cant-wait/?emci=fb7e0d9b-7aed-ec11-b47a-281878b83d8a&emdi=a8843c6b-82ed-ec11-b47a-281878b83d8a&ceid=24741490>

Other Advocacy by parents and organizations:

Kids Can't Wait



-
-
- *The Children's Agenda advocates for effective policies and drives evidence-based solutions for the health, education and success of children. We are especially committed to children who are vulnerable because of poverty, racism, health inequities and trauma.*
- **The Kids Can't Wait campaign has launched a social media campaign to urge the Governor to sign into law a piece of legislation that was passed this month. The legislation is an important step to reach our goal of decreasing wait times. The way it works is:**
 - Parents take a photo of themselves or their child with one of the attached signs (either saying how long they've been waiting for Early Intervention services or celebrating that Early Intervention worked for their child)
 - They post the photo on social media, tagging the Governor and using the hashtag #KidsCantWait. When you post your photo, be sure to tag the Governor! On Facebook use @Governor Kathy Hochul. On Twitter use @GovKathyHochul.
- Attached is a flyer you can post. There are two versions of it:

- One lets parents print out a sign themselves
- The other is if you have signs sitting in the waiting room so they can jump right to the "take a photo holding the sign" part. (I think this one is easier because most people don't print from their phones.)

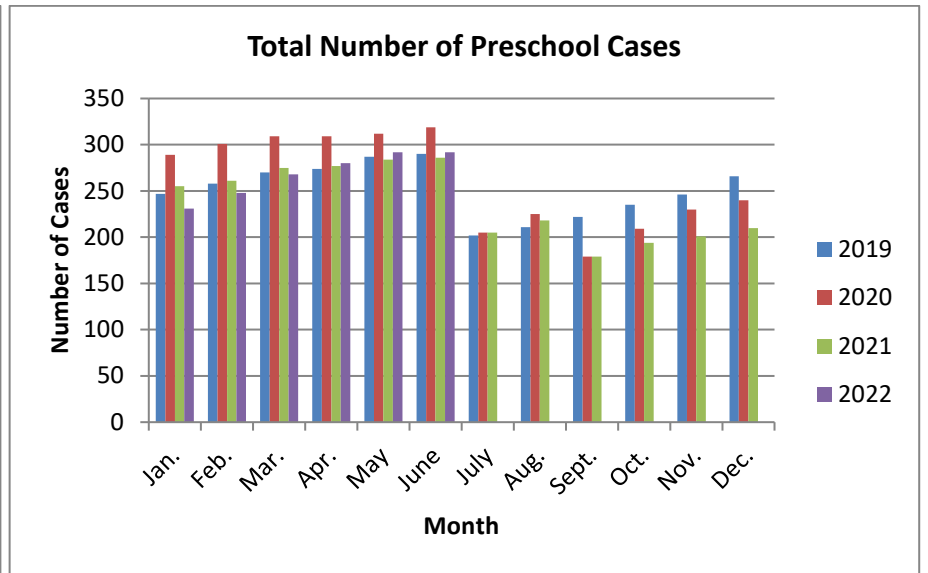
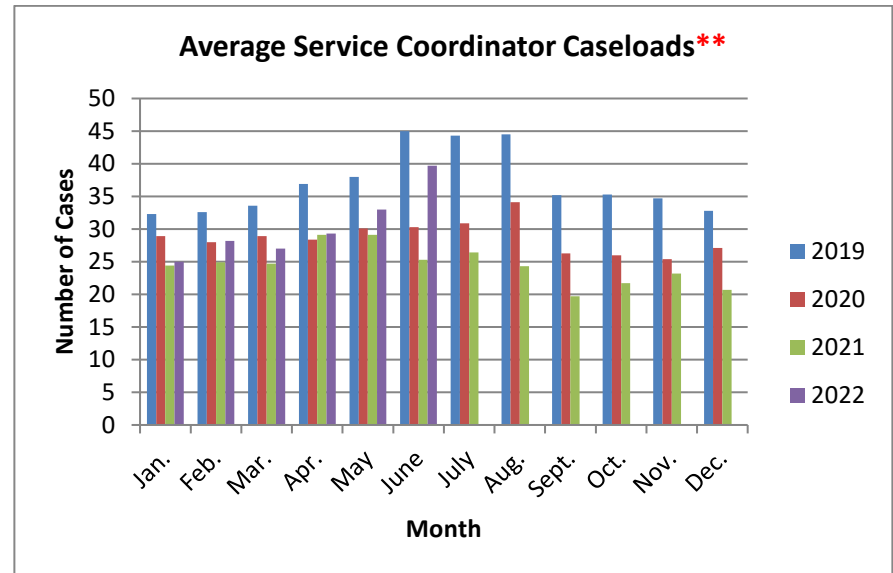
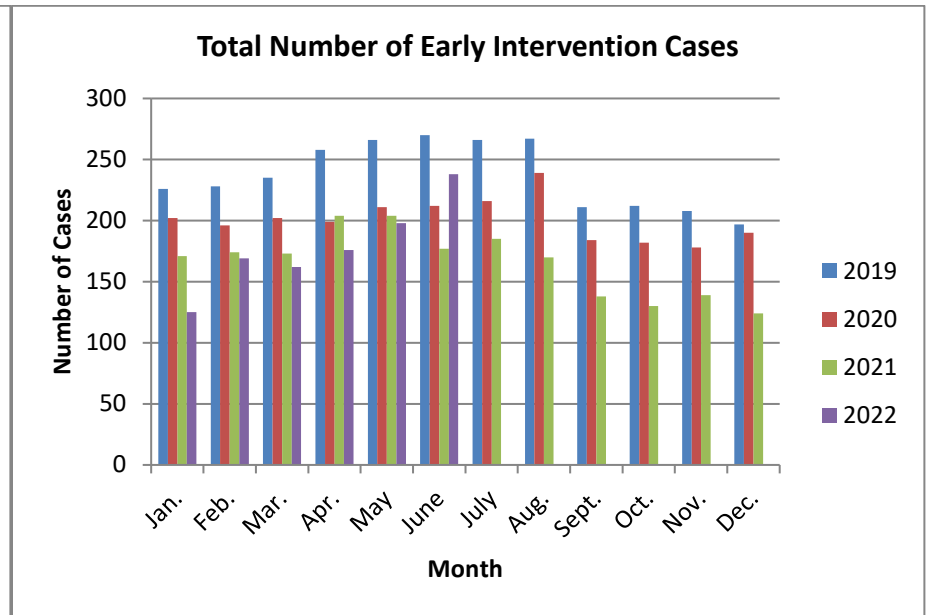
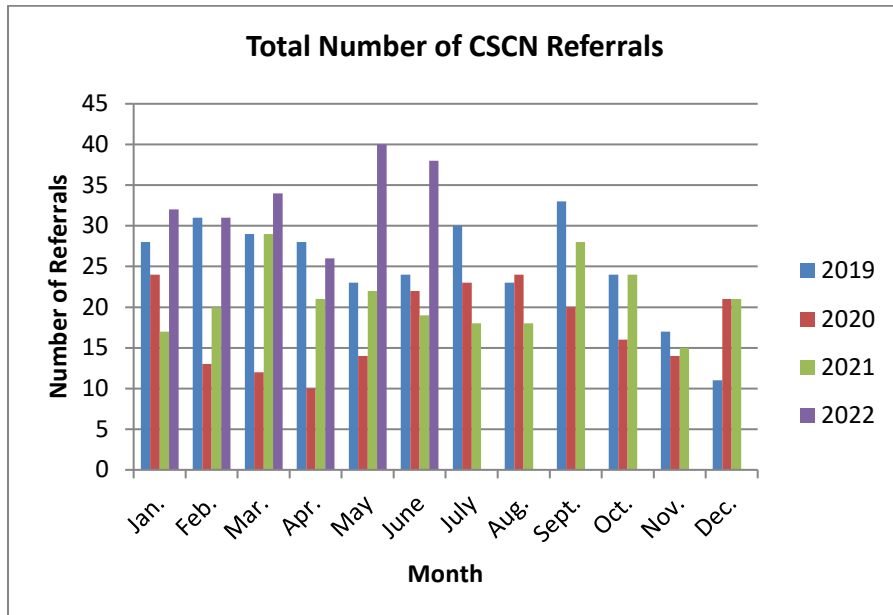
<https://thechildrensagenda.org/> go to Take Action and sign up for Advocacy Network. You will get notifications on petitions going to the state Governor's office.

<https://www.facebook.com/groups/725883804499635> Parents helping Parents of Monroe County

<https://www.facebook.com/search/top?q=kids%20can%27t%20wait%20nys%20campaign> Kids Can't Wait NYS Campaign

<https://www.facebook.com/groups/725883804499635> Parents helping Parents of Monroe County

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.**

Clieints Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	Totals
Children per School District														
-- Ithaca	112	120	131	136	144	145								
-- Dryden	44	47	49	51	54	54								
-- Groton	34	35	38	40	40	40								
-- Homer	0	0	0	0	0	0								
-- Lansing	26	27	27	29	28	27								
-- Newfield	6	8	13	14	15	15								
-- Trumansburg	9	11	10	10	11	11								
-- Spencer VanEtten	0	0	0	0	0	0								
-- Newark Valley	0	0	0	0	0	0								
-- Odessa-Montour	0	0	0	0	0	0								
-- Candor	0	0	0	0	0	0								
-- Moravia	0	0	0	0	0	0								
-- Cortland	0	0	0	0	0	0								
Total # of Qualified and Receiving Services	231	248	268	280	292	292								

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Services /Authorized by Discipline														
-- Speech Therapy (individual)	148	160	172	177	182	182								
-- Speech Therapy (group)	7	11	16	15	19	19								
-- Occupational Therapy (individual)	58	61	62	65	71	71								
-- Occupational Therapy (group)	1	2	3	3	9	6								
-- Physical Therapy (individual)	35	36	38	42	42	43								
-- Physical Therapy (group)	0	0	0	0	0	0								
-- Transportation														
-- Birnie Bus	26	18	16	16	18	17								
-- Dryden Central School District	6	7	7	6	6	6								
-- Ithaca City School District	31	31	35	32	31	31								
-- Parent	6	8	7	7	5	5								
-- Service Coordination	34	36	3	38	44	41								
-- Counseling (individual)	43	51	55	62	70	66								
-- 1:1 (Tuition Program) Aide	4	4	5	5	5	5								
-- Special Education Itinerate Teacher	31	39	41	42	45	43								
-- Parent Counseling	44	51	58	63	66	63								
-- Program Aide	1	1	1	1	1	1								
-- Teaching Assistant	0	0	0	0	0	0								
-- Audiological Services	2	2	2	2	2	2								
-- Teacher of the Deaf	2	2	2	2	3	1								
-- Music Therapy	0	0	0	0	0	0								
-- Nutrition	15	15	16	17	17	16								
-- Skilled Nursing	0	0	0	0	0	0								
-- Interpreter	1	1	1	1	2	2								
Total # of children rcvng. home based related svcs.	162	182	199	215	229	230								

PRESCHOOL SPECIAL EDUCATION PROGRAM



Your Partner for a Healthy Community

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

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

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

CERTIFIED AND REGULAR MAIL

July 11, 2022

ZaZa Exotics
101 East State Street
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-22-0010
Violation of Adolescent Tobacco Use Prevention Act (ATUPA)
ZaZa Exotics, C-Ithaca**

Dear ZaZa Exotic Market, Inc.:

Enclosed is the Hearing Officer's Findings of Fact and Recommendations from the June 14, 2022, hearing and a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, July 26, 2022.**

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 by Friday, July 22, 2022, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org by July 22, 2022. The meeting will also be broadcast through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UckpJNVbpLLbEbhoDbTIEgSQ> .

Sincerely,

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

Enclosures – Draft Resolution, Hearing Officer's Findings of Fact, and Inspection Report

pc: F:\EH\TOBACCO\ATUPA\Facilities\Zazas Exotics\Draft Resolution.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
Tim Wiant, NYSDOH; William Troy, Tompkins County Attorney; Holly Mosher; Deputy County Attorney; Ithaca Building Department; Mayor Laura Lewis; Travis Brooks, TC Legislature; Shawna Black, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Becky Sims; Skip Parr; Brenda Coyle
scan: Signed copy to Accela



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688

Fx: (607) 274-6695

DRAFT RESOLUTION # EH-ENF-22-0010 FOR

**Zaza Exotics
ZaZa Exotics Inc., Owner/Operator
101 East State Street
Ithaca, NY 14850**

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

Whereas, on March 4, 2022, a Tompkins County Health Department (TCHD) staff member over the age of 21 purchased a banana ice flavored nicotine vapor product and observed more than 425 individual flavored vapor products containing nicotine offered for sale at ZaZa Exotics; **and**

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

Whereas, based upon review of the Findings of Fact and Recommendations of the hearing held on June 14, 2022, presented to the Tompkins County Health Department by the Hearing Officer, the Board of Health finds that ZaZa Exotics is in violation of Article 13-F, Section 1399-MM-1 of the New York State Public Health Law (NYSPHL); **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That ZaZa Exotics Inc., Owner, is ordered to:**

1. Pay a penalty of \$600 for these violations, due by September 15, 2022. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. To prohibit the sale or other provision of flavored vapor products containing nicotine, with the exception of tobacco flavor, to anyone; **and**
3. To comply with all the requirements of New York State Public Health Law, Article 13F.

Matter of ZaZa Exotics Inc.

Recommendation

BACKGROUND

ZaZa Exotics inc. (respondent) is a vender of vapor products in Ithaca, New York. The Tompkins County Health Department alleges that on March 4, 2022 respondent violated New York State Public Health Law, Article 13F, Section 1399-mm-1 by offering for sale and selling flavored vapor products with nicotine.

That section of law reads as follows:

§ 1399-mm-1. Sale of flavored products prohibited. 1. For the purposes of this section "flavored" shall mean any vapor product intended or reasonably expected to be used with or for the consumption of nicotine, with a distinguishable taste or aroma, other than the taste or aroma of tobacco, imparted either prior to or during consumption of such product or a component part thereof, including but not limited to tastes or aromas relating to any fruit, chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverage, mint, wintergreen, menthol, herb or spice, or any concept flavor that imparts a taste or aroma that is distinguishable from tobacco flavor but may not relate to any particular known flavor. A vapor product intended or reasonably expected to be used with or for the consumption of nicotine, shall be presumed to be flavored if a product's retailer, manufacturer, or a manufacturer's agent or employee has made a statement or claim directed to consumers or the public, whether expressed or implied, that such product or device has a distinguishable taste or aroma other than the taste or aroma of tobacco.

The penalties for a violation of the law are set forth in Section 1399-ee of the Public Health Law. That Section reads in relevant part as follows:

If the enforcement officer determines after a hearing that a violation of this article has occurred, he or she shall impose a civil

penalty of a minimum of three hundred dollars, but not to exceed one thousand five hundred dollars for a first violation...

(f) Surcharge. A two hundred fifty dollar surcharge to be assessed for every violation will be made available to enforcement officers and shall be used solely for compliance checks to be conducted to determine compliance with this section.

The State Department of Health website also states that a fine of up to \$100 per individual package may be imposed: See:

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

Sections 1399-aa and 1399-t of the Public Health Law establishes that the Tompkins County Board of Health is the enforcement officer for violations of this law within Tompkins County.

A hearing was scheduled on June 14, 2022. Respondent was notified of the hearing by certified mail return receipt requested. The return receipt was signed and returned to the Health Department. No one from the respondent appeared at the hearing. The respondent had also failed to respond to a proposed stipulation agreement and a proposed office conference, although the stipulation was delivered both by certified mail and in person to the retail establishment.

The hearing went forward in the absence of the respondent. At the hearing Deputy County Attorney Holly Mosher represented the Health Department. Three members of the Health Department staff, Skip Parr, Becky Sims and Dillon Shults, appeared at the hearing and gave sworn testimony on behalf of the Health Department.

As hearing officer, I am responsible for conducting the hearing and making a recommendation to the Tompkins County Board of Health. As a result of the testimony and evidence presented at the hearing, I make the following findings of facts, conclusion of law and recommendation to the Tompkins County Board of Health:

FACTS:

On March 4, 2022 Environmental Health Specialists Becky Sims and Dillon Shults performed an inspection of the respondent's facility. They observed that the facility had many flavored vapor nicotine products for sale. They counted over 425 individual flavored nicotine products for sale. Many of these products were fruit flavored. Mr. Shults purchased a package of Hyde Rebel Banana Ice which contains (according to its packaging) 5% nicotine.

CONCLUSION OF LAW

The respondent was in violation of § 1399-mm-1 of NY Public Health Law by offering for sale and selling fruit flavored nicotine products.

RECOMMENDATION:

As hearing officer, I recommend that the Board of Health accept the Department's recommendation of a \$600.00 fine (\$350.00 as a penalty and \$250.00 as a surcharge). This proposed fine is consistent with the fines imposed on other facilities for first time violations.

Jonathan Wood
Hearing Officer

Retail Tobacco and Vapor Product Inspection Summary Report

Operation: ZAZA EXOTIC MARKET, INC. (ID: 1079132)
Facility Name: ZAZA EXOTIC MARKET, INC.
Facility Code: ATUPA
Facility Address: 101 East State Street, Ithaca, NY 14850
Facility Type: Retail Electronic Cigarette Store

To the Attention of:
ZAZA EXOTIC MARKET, INC.
101 E State Street
Ithaca, NY 14850

Adult Compliance Check - Purchase Attempt

Date: March 4, 2022 12:59 PM
Inspector: Rebecca Sims (rsims@tom-pkins-co.org)
Person in Charge of Establishment: Sammy Abdo

Registration Information

Products available for sale: Tobacco and Vapor Products

Tobacco Products	Was DTF Certificate of Registration Information Verified for Tobacco Products? Registered
	ID Type: Certificate of Registration
	Certificate Displayed? Certificate Displayed
	ID Number: 87-3747757 Year of Registration Expiration: 2022
Vapor Products	Was DTF Certificate of Registration Information Verified for Vapor Products? Registered
	ID Type: Certificate of Registration
	Certificate Displayed? Certificate Displayed
	ID Number: 87-3747757 Year of Registration Expiration: 2022

Sales Compliance

Was tobacco or vapor products, electronic or herbal cigarettes or other restricted product purchased? Yes
Bidis/Gutka offered for sale? Not Verified (Not evaluated)
Location/Access of tobacco and vapor products, electronic or herbal cigarettes, and shisha acceptable? Yes
Type of product for which purchase was attempted: Liquid Nicotine or Other Vapor Product
Out of package sale and minimum package size requirements met? Not Verified (Not evaluated)

Description of Person Who Sold the Product

Signs and Posting

Is sign displayed prohibiting the sale of tobacco and other restricted products to persons less than 21 years-of-age? No
When bidis or gutka are sold in a tobacco business, is the required sign displayed? Not Verified (Not evaluated)

Additional Information Collected During Inspection

Comments: Multiple violations observed:

1. TCHD staff purchased Hyde Rebel banana ice flavored vapor product containing 5% nicotine from the facility for \$20 cash.
2. Immediately following, TCHD staff observed more than 425 flavored vapor products available for sale with nicotine and flavors other than tobacco on display shelves with price tags for sale. The manager stated they had recently obtained a license to sell vapor products and purchased the products from their distributor and was under the impression the products were legal for sale. The manager questioned why distributors would be able to sell and deliver banned products to their store. He further stated that the DTF vapor license did not explain what products were legal for sale or not.

Enforcement to follow.

Facility name:
Zaza Exotics
101 E State Street
Ithaca, NY 14850

Owner name:
Ala (last name unknown)
9174204596
101 E State Street
Ithaca, NY 14850



Inspector: Rebecca Sims (rsims@tomkins-co.org)

Photo

Caption



Flavored vapor products containing nicotine for sale



Flavored vapor products containing nicotine for sale



Flavored vapor products containing nicotine for sale behind counter (products in counter are THC Delta products)



Your Partner for a Healthy Community

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

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

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

CERTIFIED AND REGULAR MAIL

July 11, 2022

Quik Shoppe 111
Attention: Deep Patel
317 3rd Street
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-22-0011
Violation of Adolescent Tobacco Use Prevention Act (ATUPA)
Quik Shoppe 111, C-Ithaca**

Dear Deep Patel:

Enclosed is the Hearing Officer’s Findings of Fact and Recommendations from the June 14, 2022, hearing and a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, July 26, 2022.**

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 by Friday, July 22, 2022, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org by July 22, 2022. The meeting will also be broadcast through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UckpJNVbpLLbEbhoDbtIEgSQ> .

Sincerely,

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

Enclosures – Draft Resolution, Hearing Officer’s Findings of Fact, and Inspection Report

pc: F:\EH\TOBACCO\ATUPA\Facilities\Zazas Exotics\Draft Resolution.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
Tim Wiant, NYSDOH; William Troy, Tompkins County Attorney; Holly Mosher; Deputy County Attorney; Ithaca Building Department; Mayor Laura Lewis; Travis Brooks, TC Legislature; Shawna Black, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Becky Sims; Skip Parr; Brenda Coyle
scan: Signed copy to Accela



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION

www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688

Fx: (607) 274-6695

DRAFT RESOLUTION # EH-ENF-22-0011 FOR

**Quik Shoppe 111
Quik Express Corp/Deep Patel, Owner/Operator
317 3rd Street
Ithaca, NY 14850**

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

Whereas, on March 10, 2022, a Tompkins County Health Department (TCHD) staff member over the age of 21 purchased a mango peach pineapple flavored nicotine vapor product and observed 15 individual flavored vapor products containing nicotine on display for sale next to the cash register at Quik Shoppe; **and**

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

Whereas, based upon review of the Findings of Fact and Recommendations of the hearing held on June 14, 2022, presented to the Tompkins County Health Department by the Hearing Officer, the Board of Health finds that Quik Shoppe 111 is in violation of Article 13-F, Section 1399-MM-1 of the New York State Public Health Law (NYSPHL); **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Quik Express Corp, Owner, is ordered to:**

1. Pay a penalty of \$600 for these violations, due by September 15, 2022. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. To prohibit the sale or other provision of flavored vapor products containing nicotine, with the exception of tobacco flavor, to anyone; **and**
3. To comply with all the requirements of New York State Public Health Law, Article 13F.

Matter of Quik Shoppe 111.

Recommendation

BACKGROUND

Quik Shoppe 111. (respondent) is a vender of vapor products in Ithaca, New York. The Tompkins County Health Department alleges that on March 10, 2022 respondent violated New York State Public Health Law, Article 13F, Section 1399-mm-1 by offering for sale and selling flavored vapor products with nicotine.

That section of law reads as follows:

§ 1399-mm-1. Sale of flavored products prohibited. 1. For the purposes of this section "flavored" shall mean any vapor product intended or reasonably expected to be used with or for the consumption of nicotine, with a distinguishable taste or aroma, other than the taste or aroma of tobacco, imparted either prior to or during consumption of such product or a component part thereof, including but not limited to tastes or aromas relating to any fruit, chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverage, mint, wintergreen, menthol, herb or spice, or any concept flavor that imparts a taste or aroma that is distinguishable from tobacco flavor but may not relate to any particular known flavor. A vapor product intended or reasonably expected to be used with or for the consumption of nicotine, shall be presumed to be flavored if a product's retailer, manufacturer, or a manufacturer's agent or employee has made a statement or claim directed to consumers or the public, whether expressed or implied, that such product or device has a distinguishable taste or aroma other than the taste or aroma of tobacco.

The penalties for a violation of the law are set forth in Section 1399-ee of the Public Health Law. That Section reads in relevant part as follows:

If the enforcement officer determines after a hearing that a violation of this article has occurred, he or she shall impose a civil

penalty of a minimum of three hundred dollars, but not to exceed one thousand five hundred dollars for a first violation...

(f) Surcharge. A two hundred fifty dollar surcharge to be assessed for every violation will be made available to enforcement officers and shall be used solely for compliance checks to be conducted to determine compliance with this section.

The State Department of Health website also states that a fine of up to \$100 per individual package may be imposed: See:

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

Sections 1399-aa and 1399-t of the Public Health Law establishes that the Tompkins County Board of Health is the enforcement officer for violations of this law within Tompkins County.

A hearing was scheduled on June 14, 2022. Mr. Sapan Patel appeared as representative of the respondent at the hearing. He testified on behalf of respondent. Deputy County Attorney Holly Mosher represented the Health Department. Two members of the Health Department staff, Skip Parr and Becky Sims appeared at the hearing and gave sworn testimony on behalf of the Health Department.

As hearing officer, I am responsible for conducting the hearing and making a recommendation to the Tompkins County Board of Health. As a result of the testimony and evidence presented at the hearing, I make the following findings of facts, conclusion of law and recommendation to the Tompkins County Board of Health:

FACTS:

On March 10, 2022 Environmental Health Specialists Becky Sims performed an inspection of the respondent's facility. At first a minor (working with Ms. Sims) attempted to purchase tobacco while Ms. Sims waited outside the store. The facility

worker properly asked the minor for identification and then refused to sell to the minor. This is to the respondent's credit.

Thereafter, Ms. Sims observed that the facility had flavored vapor nicotine products for sale. She purchased a package of Flair Plus Mango Peach Pineapple which contains (according to its packaging) 5% nicotine salt.

Mr. Patel did not dispute the facts. However, he testified that the distributor assured him that the sale of this produce was legal because it contained nicotine salt, not nicotine. He understood that nicotine salt is a manmade product and nicotine is a derivative of a plant. I find that Mr. Patel's testimony on this point was credible.

Skip Parr from the Health Department confirmed with the State Department of Health that the law prohibits the sale of flavored products containing nicotine salt as well as nicotine. Mr. Patel does not now dispute that sale of the product was illegal, but claims to have been misled by the distributor.

In addition to Flair products which contain nicotine salt, Ms. Sims observed that there were some vaping products for sale at the facility from the manufacturer Hyde. Those products contain nicotine, not nicotine salt. A photograph taken by Ms. Sims confirms that such products were displayed at the facility. Mr. Patel testified that he was unaware that Hyde products were sold in the store and conceded that they would not be permissible.

While not disputing the facts, Mr. Patel seeks a reduction in the proposed penalty, because he acted in good faith on the misrepresentation of the distributor and immediately corrected the problem when he became aware of it by removing offending products from the shelves.

CONCLUSION OF LAW

The respondent was in violation of § 1399-mm-1 of NY Public Health Law by offering for sale and selling fruit flavored nicotine products.

RECOMMENDATION:

As hearing officer, I recommend that the Board of Health accept the Department's recommendation of a \$600.00 fine (\$350.00 as a penalty and \$250.00 as a surcharge). This proposed fine is consistent with the fines imposed on other facilities for first time violations. I note that the penalty is very close to the statutory minimum of \$300 when combined with the justifiable \$250 surcharge. Also, while I accept the testimony that Mr. Patel did not realize that the facility was in violation of the law, it clearly was.

Jonathan Wood
Hearing Officer

Retail Tobacco and Vapor Product Inspection Summary Report

Operation: QUIK SHOPPE 111 (ID: 903055)
Facility Name: QUIK SHOPPE 111
Facility Code: ATUPA
Facility Address: 317 Third Street, Ithaca, NY 14850
Facility Type: Convenience/Gas

To the Attention of:

Sapan Patel
QUIK EXPRESS CORP
317 3rd St
Hancock Plaza
Ithaca, NY 14850
Email: deep@quikshoppestores.com

Adult Compliance Check - Purchase Attempt

Date: March 10, 2022 12:04 PM
Inspector: Rebecca Sims (rsims@tom-pkins-co.org)

Registration Information

Products available for sale: Tobacco and Vapor Products

Tobacco Products	Was DTF Certificate of Registration Information Verified for Tobacco Products? Registered
	ID Type: Certificate of Registration
	Certificate Displayed? Certificate Not Available
	ID Number: na Year of Registration Expiration: 2022
Vapor Products	Was DTF Certificate of Registration Information Verified for Vapor Products? Registered
	ID Type: Certificate of Registration
	Certificate Displayed? Certificate Not Available
	ID Number: na Year of Registration Expiration: 2022

Sales Compliance

Was tobacco or vapor products, electronic or herbal cigarettes or other restricted product purchased? Yes
Bidis/Gutka offered for sale? Not Verified (Not evaluated)
Location/Access of tobacco and vapor products, electronic or herbal cigarettes, and shisha acceptable? Not Verified
Type of product for which purchase was attempted: Other: Flavored nicotine vapor product
Out of package sale and minimum package size requirements met? Not Verified (Not evaluated)

Description of Person Who Sold the Product

Race: Asian
Height: 5'6" - 6'0"

Gender: Male
Age: Age: 36 - 50 Yrs.
Build: Medium Build

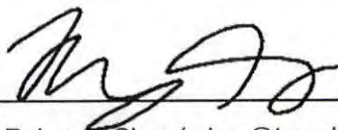
Signs and Posting

Is sign displayed prohibiting the sale of tobacco and other restricted products to persons less than 21 years-of-age? Not Verified


When bidis or gutka are sold in a tobacco business, is the required sign displayed? Not Verified (Not evaluated)

Additional Information Collected During Inspection

Comments: TCHD staff purchased a Flair Plus brand mango peach pineapple vapor product containing 5% nicotine for \$15 cash. Observed approximately fifteen (15) individual Flair Plus and Hyde brand flavored nicotine vapor products on display for sale next to the cash register.



Inspector: Rebecca Sims (rsims@tompkins-co.org)

Photo	Caption
	<p data-bbox="868 436 1453 463">Flavored nicotine vapor products on display for sale</p>



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

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

July 13, 2022

Fernando Aguirre
Old Mexico
357 Elmira Road
Ithaca, NY 14850

Re: Tompkins County Board of Health Draft Resolution # EH-ENF-22-0017
Zocalo, Food Service Establishment, V-Lansing

Dear Fernando Aguirre:

Thank you for signing the Stipulation Agreement on June 23, 2022, for Zocalo. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on Tuesday, July 26, 2022.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 by Friday, July 22, 2022, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org by July 22, 2022. The meeting can be viewed through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ>.

Sincerely,

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

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

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Zocalo Mexican Bar & Grill\Enforcement\Draft Res 22-0017.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
Village of Lansing CEO; Deborah Dawson, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

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

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

DRAFT RESOLUTION # EH-ENF-22-0017 FOR

Zocalo
C17 The Shops Ithaca, LLC., Owner; Fernando Aguirre, Operator
40 Catherwood Rd, Unit C17
Ithaca, NY 14850

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

Whereas, it is a critical violation of Part 14-1 of the NYSSC to fail to maintain potentially hazardous foods at or above 140°F during hot holding; and

Whereas, on April 8, 2022, and May 18, 2022, the Tompkins County Health Department (TCHD) observed critical violations of Subpart 14-1 of the NYSSC where potentially hazardous foods were observed at temperatures between 50°F and 81°F during hot holding; and

Whereas, Fernando Aguirre, Operator, signed a Stipulation Agreement with Public Health Director's Orders on June 23, 2022, agreeing that Zocalo violated this provision of the New York State Sanitary Code; now therefore be it

Resolved, on recommendation of the Tompkins County Board of Health,
That C17 The Shops Ithaca LLC., Owner, is ordered to:

1. Pay a penalty of \$200 for these violations, due by September 15, 2022. (Do Not submit penalty payment until notified by the Tompkins County Health Department.); and
2. Maintain potentially hazardous foods at or above 140°F in hot holding; and
3. Properly reheat potentially hazardous foods to 165°F or above within two hours prior to placing food in hot holding; and
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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

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

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

STIPULATION AGREEMENT AND ORDERS # EH-ENF-22-0017

**Zocalo
C17 The Shops Ithaca, LLC., Owner; Fernando Aguirre, Operator
40 Catherwood Rd, Unit C17
Ithaca, NY 14850**


I, Fernando Aguirre, as a representative for C17 The Shops Ithaca LLC., agree that on April 8, 2022, and May 18, 2022, Zocalo was in violation of Subpart 14-1 of New York State Sanitary Code for failure to maintain potentially hazardous foods at or above 140°F during hot holding.

I agree to pay a penalty not to exceed \$200 for these violations following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

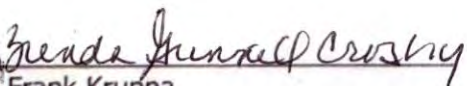
I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Maintain potentially hazardous foods at or above 140°F in hot holding; **and**
2. Properly reheat potentially hazardous foods to 165°F or above within two hours prior to placing food in hot holding; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed:  Date: 6/23/22

C17 The Shops Ithaca, LLC. is hereby ordered to comply with these Orders of the Public Health Director.

Signed: 
Frank Kruppa
Public Health Director Date: 6/24/2022

TOMPKINS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
55 BROWN ROAD
Ithaca, NY 14850-0000
(607) 274-6688
TCEH@tom-pkins-co.org

Food Service Establishment Inspection Summary Report

Operation: ZOCALO MEXICAN BAR & GRILL (ID: 1010704)
Facility Name: ZOCALO MEXICAN BAR & GRILL
Facility Code: 54-AG85-1 Facility Email: OLDMEXICOITHACA@GMAIL.COM
Facility Address: 40 Catherwood Road, Ithaca, NY 14850

To the Attention of:

Fernando Aguirre
C17 THE SHOPS ITHACA LLC
408 Spencer Rd
Ithaca, NY 14850
Email: zocaloithaca@gmail.com

Inspection

Date: April 8, 2022 12:03 PM
Inspector: Kristee Morgan (kmorgan@tom-pkins-co.org)
Responsible Person: Luis Vivanco

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	3

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 6A WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not kept at or above 140°F during hot holding.

Inspector Findings: Observed approximately 4" deep half hotel pans with cooked ground beef at 50°F, cooked chicken at 50°F, and 2 pans of queso at 54°F in the hot holding cabinet at the end of the line. The products were being reheated from refrigeration in the cabinet. The products had been placed in the hot box for about an hour. The products were removed from the cabinet and reheated to 165°F before being returned to hot holding.
Action: Properly reheat previously cooked potentially hazardous foods to 165°F or above in two hours or less before placing in hot holding. Maintain foods in hot holding at 140°F or above.

POOR HYGIENE AND ACTIVITIES OF FOOD WORKERS.

ITEM # 9B WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Tobacco is used; eating, drinking in food preparation, dishwashing food storage areas

Inspector Findings: Observed multiple personal beverages in food preparation areas.
Action: personal food and beverages must be in an area away from food preparation. Employees must wash hands after handling personal food/beverage before going back to preparing food.

IMPROPER CLEANING, WASHING AND SANITIZING OF EQUIPMENT AND UTENSILS.

ITEM #11D WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Non food contact surfaces of equipment not clean

Inspector Findings: Observed many non contact food areas that are not being cleaned regularly with build up of dust and food debris.

Action: properly clean and sanitize on a routine basis.

IMPROPER SANITARY FACILITIES AND CONTROLS.

ITEM #12E WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Handwashing facilities inaccessible, improperly located, dirty, in disrepair, improper fixtures, soap, and single service towels or hand drying devices missing

Inspector Findings: Observed handwash sink in the main kitchen area blocked by cart and not set up.

Action: Counselling operator on the importance of access to handwashing. Operator removed cart and set up sink with soap and paper towels.

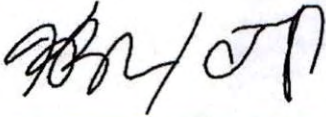
Observed handwash sink in the back of kitchen without paper towels.

Action: Paper towels were added by operator.

Additional Information Collected During Inspection

Comments: Part I - Observed one critical violation.
Part II - Three violations observed.

Re-inspection to be conducted.



Inspector: Kristee Morgan (kmorgan@tompkins-co.org)



Received by: Luis Vivanco

TOMPKINS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
55 BROWN ROAD
Ithaca, NY 14850-0000
(607) 274-6688
TCEH@tom-pkins-co.org

Food Service Establishment Inspection Summary Report

Operation: ZOCALO MEXICAN BAR & GRILL (ID: 1010704)
Facility Name: ZOCALO MEXICAN BAR & GRILL
Facility Code: 54-AG85-1 Facility Email: OLDMEXICOITHACA@GMAIL.COM
Facility Address: 40 Catherwood Road, Ithaca, NY 14850

To the Attention of:

Fernando Aguirre
C17 THE SHOPS ITHACA LLC
408 Spencer Rd
Ithaca, NY 14850
Email: zocaloithaca@gmail.com

Re-Inspection

Date: May 18, 2022 11:56 AM
Inspector: Joan Pike (jpik@tom-pkins-co.org)
Responsible Person: Gustavo Hernandez
Additional Email(s): kmorgan@tom-pkins-co.org

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	0

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER HOT HOLDING OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 6A WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not kept at or above 140°F during hot holding.

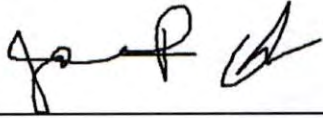
Inspector Findings: Observed approximately two 4" deep half hotel pans with queso at 81°F in the hot holding cabinet at the end of the line. The cook indicated that he was reheating the queso in the hot box. It was removed and reheated on the stove before being returned to hot holding.

Action: Properly reheat previously cooked potentially hazardous foods to 165°F or above in two hours or less before placing in hot holding. Maintain foods in hot holding at 140°F or above.

NO ADDITIONAL VIOLATIONS REPORTED

Additional Information Collected During Inspection

Comments: The previous red violation has not been corrected. The restaurant will have to go to the Board of Health.



Inspector: Joan Pike (jpik@tompkins-co.org)



Received by: Gustavo Hernandez



5/19/2022



Your Partner for a Healthy Community

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

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

July 11, 2022

Phu-Christine Lam
Hound & Mare
118 N. Aurora St.
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-22-0018
Hound & Mare, Food Service Establishment, C-Ithaca**

Dear Phu-Christine Lam:

Thank you for signing the Stipulation Agreement on June 16, 2022, for Hound & Mare. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, July 26, 2022.**

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 by Friday, July 22, 2022, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org by July 22, 2022. The meeting will also be broadcast through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UckpJNVbpLLbEbhoDbTIEgSQ> .

Sincerely,

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

Enclosure (s) – Draft Resolution, Stipulation Agreement and Orders, and Inspection Reports

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Hound & Mare\Enforcement\Draft Res 22-0018.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
City of Ithaca Building Department; Mayor Laura Lewis, Travis Brooks, TC Legislature; TCHD: Elizabeth Cameron, P.E.,
Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela



Your Partner for a Healthy Community

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

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

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

DRAFT RESOLUTION # EH-ENF-22-0018 FOR

**Hound & Mare
Hound & Mare, LLC., Owner; Phu-Christine Lam, Operator
118 N. Aurora St.
Ithaca, NY 14850**

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

Whereas, it is a critical violation of Part 14-1 of the NYSSC to fail to maintain potentially hazardous foods under refrigeration; **and**

Whereas, on March 31, 2022, and May 12, 2022, the Tompkins County Health Department (TCHD) observed critical violations of Subpart 14-1 of the NYSSC where potentially hazardous foods (eggs) were stored above the stove and observed at temperatures between 63°F and 65°F; **and**

Whereas, Phu-Christine Lam, Operator, signed a Stipulation Agreement with Public Health Director's Orders on June 16, 2022, agreeing that Hound & Mare violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Hound & Mare, LLC., Owner, is ordered to:**

1. Pay a penalty of \$200 for these violations, due by September 15, 2022. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain potentially hazardous foods at or below 45°F in cold holding; **and**
3. Maintain potentially hazardous foods under refrigeration except during necessary preparation; **and**
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



Your Partner for a Healthy Community

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

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

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

STIPULATION AGREEMENT AND ORDERS # EH-ENF-22-0018

**Hound & Mare
Hound & Mare, LLC., Owner; Phu-Christine Lam, Operator
118 N. Aurora St.
Ithaca, NY 14850**

I, Phu-Christine Lam, as a representative for Hound & Mare LLC., agree that on March 31, 2022, and May 12, 2022, Hound & Mare was in violation of Subpart 14-1 of New York State Sanitary Code for failure to maintain potentially hazardous foods under refrigeration.

I agree to pay a penalty not to exceed \$200 for these violations following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

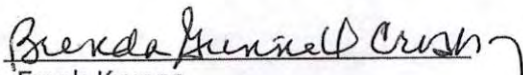

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

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

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

Signed:  Date: 06/16/2022

Hound & Mare, LLC. is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 6/21/2022
 Frank Kruppa
Public Health Director

TOMPKINS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
55 BROWN ROAD
Ithaca, NY 14850-0000
(607) 274-6688
TCEH@tompkins-co.org

Food Service Establishment Inspection Summary Report

Operation: HOUND & MARE (ID: 1057107)
Facility Name: HOUND & MARE
Facility Code: 54-AC03-2 Facility Email: hello@houndandmare.com
Facility Address: 118 North Aurora Street, Ithaca, NY 14850

To the Attention of:

Phu-christine Lam
HOUND AND MARE, LLC
118 N. Aurora St
Ithaca, NY 14850
Email: hello@houndandmare.com

Inspection

Date: March 31, 2022 08:46 AM
Inspector: Joan Pike (jpike@tompkins-co.org)
Responsible Person: Benny Howd
Additional Email(s): kmorgan@tompkins-co.org

Summary

Number of Public Health Hazards Found: 1
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 1

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5C WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not stored under refrigeration except during necessary preparation or approved precooling procedures (room temperature storage).

Inspector Findings: Observed an almost full flat of eggs stored over the stove at 65F

Action: Operator volutarily discarded the eggs

Potentially hazardous foods must be held at 45F or below to prevent foodborne illness

FOOD NOT PROTECTED IN GENERAL

ITEM # 8E WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Accurate thermometers not available or used to evaluate refrigerated or heated storage temperatures

Inspector Findings: Observed that there were no thermometers in any of the coolers.

Action: Accurate thermometers must be available and easily read to monitor temperature

Additional Information Collected During Inspection

Comments: One Part I Critical Item Violations
One Part II Blue Item Violations

Re inspection required

JP DS

Inspector: Joan Pike (jpik@tompkins-co.org)

Benny Howd

Received by: Benny Howd

Krista Morgan

3/31/2022

TOMPKINS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
55 BROWN ROAD
Ithaca, NY 14850-0000
(607) 274-6688
TCEH@tom-pkins-co.org

Food Service Establishment Inspection Summary Report

Operation: HOUND & MARE (ID: 1057107)
Facility Name: HOUND & MARE
Facility Code: 54-AC03-2 Facility Email: hello@houndandmare.com
Facility Address: 118 North Aurora Street, Ithaca, NY 14850

To the Attention of:

Phu-christine Lam
HOUND AND MARE, LLC
118 N. Aurora St
Ithaca, NY 14850
Email: hello@houndandmare.com

Re-Inspection

Date: May 12, 2022 11:55 AM
Inspector: Dillon Shults (dshults@tom-pkins-co.org)
Responsible Person: Allison Woodard
Additional Email(s): kmorgan@tom-pkins-co.org

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	0

Reinspection is not Required

Each item found in violation is reported below along with the code requirement.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5C WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Potentially hazardous foods are not stored under refrigeration except during necessary preparation or approved precooling procedures (room temperature storage).

Inspector Findings: Observed 4 eggs, in a flat, being stored on the shelf directly above the stove. When entering the kitchen, the cook moved the 4 eggs from the shelf and placed them in a pan in the flip-top cooler. The temperature of one of the eggs, moved from the shelf to the flip-top cooler, was observed to be 63F.

In addition to the 4 eggs that were moved to the pan in the flip-top cooler, observed approximately 25 additional eggs being stored in the same pan in the flip-top cooler. The temperature of an egg in the flip-top cooler, not moved from the shelf above the stove, was observed to be 53F.

All other potentially hazardous food items in the flip-top cooler were observed to be below 45F.

Correction: All eggs in the flip-top cooler were moved to lowboy cooler for rapid chilling. Discussed working in appropriate quantities in order to ensure eggs in the flip-top cooler would remain at or below 45F prior to cooking. Also discussed that storing eggs directly above the stove is not conducive for holding potentially hazardous food at appropriate temperatures.

Action: Potentially hazardous foods must be stored at or below 45F.

NO ADDITIONAL VIOLATIONS REPORTED

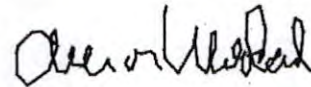
Additional Information Collected During Inspection

Comments: Part 1: Repeat violation of Item 5C.
Part 2: No blue violations observed.

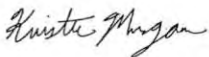
Board of Health enforcement action to follow.



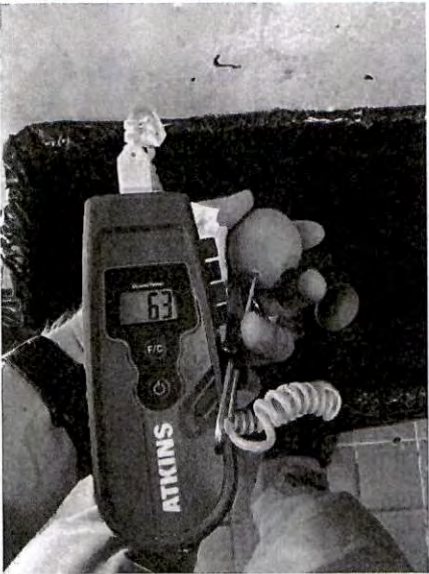

Inspector: Dillon Shults (dshults@tompkins-co.org)



Received by: Allison Woodard



5/12/2022

Photo	Caption
	<p data-bbox="862 421 1516 485">Temperature of egg moved from the shelf above stove to flip-top cooler.</p>
	<p data-bbox="862 1034 1386 1066">Subject pan containing eggs in flip-top cooler.</p>



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

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

July 13, 2022

David Heckman
Homewood Suites
36 Cinema Drive
Ithaca, NY 14850

Re: Tompkins County Board of Health Draft Resolution # EH-ENF-22-0020
Homewood Suites, Food Service Establishment, V-Lansing

Dear David Heckman:

Thank you for signing the Stipulation Agreement on June 16, 2022, for the Homewood Suites. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on Tuesday, July 26, 2022.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 by Friday, July 22, 2022, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org by July 22, 2022. The meeting can be viewed through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UckpJNVbpLLbEbhoDbTIEgSQ>.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Cameron".

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

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

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Homewood Suites\Enforcement\Draft Res 22-0020.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
Village of Lansing CEO; Deborah Dawson, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle
cc: Waterford Hotel Group LLC: Lisa Johnson, ljohnson@waterfordhotelgroup.com
scan: Signed copy to Accela

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

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

DRAFT RESOLUTION # EH-ENF-22-0020 FOR

Homewood Suites Food Service
Waterford Hotel Group, LLC., Owner; David Heckman, Operator
36 Cinema Drive
Ithaca, NY 14850

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

Whereas, it is a critical violation of Part 14-1 of the NYSSC to fail to maintain enough refrigerated storage to store potentially hazardous foods at or below 45°F; and

Whereas, on April 21, 2022, and May 26, 2022, the Tompkins County Health Department (TCHD) observed critical violations of Subpart 14-1 of the NYSSC where potentially hazardous foods were observed at temperatures between 51°F and 56°F during cold storage; and

Whereas, David Heckman, Operator, signed a Stipulation Agreement with Public Health Director's Orders on June 23, 2022, agreeing that the food service at Homewood Suites violated this provision of the New York State Sanitary Code; now therefore be it

Resolved, on recommendation of the Tompkins County Board of Health,
That Waterford Hotel Group, LLC., Owner, is ordered to:

1. Pay a penalty of \$400 for these violations, due by September 15, 2022. (Do Not submit penalty payment until notified by the Tompkins County Health Department.); and
2. Maintain enough refrigerated food storage equipment so that potentially hazardous foods can be kept below 45°F during refrigeration; and
3. Provide proof of repair or replacement of the refrigerated storage unit identified in the inspection reports; and
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

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

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

STIPULATION AGREEMENT AND ORDERS # EH-ENF-22-0020

Homewood Suites Food Service
Waterford Hotel Group, LLC., Owner; Mohamed Abdelrehim, Operator
36 Cinema Drive *David Heckman*
Ithaca, NY 14850

David Heckman

I, ~~Mohamed Abdelrehim~~, as a representative for Waterford Hotel Group, LLC., agree that on April 21, 2022, and May 26, 2022, Homewood Suites was in violation of Subpart 14-1 of New York State Sanitary Code for failure to maintain potentially hazardous foods under refrigeration.

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

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

1. Maintain enough refrigerated food storage equipment so that potentially hazardous foods can be kept below 45°F during refrigeration; **and**
2. Provide proof of repair or replacement of the refrigerated storage unit identified in the inspection reports; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: *David Heckman* Date: 6/16/22

Waterford Hotel Group, LLC. is hereby ordered to comply with these Orders of the Public Health Director.

Signed: *Brenda Gunnel Crosby* Date: 6/22/22
for Frank Kruppa
Public Health Director

Food Service Establishment Inspection Summary Report

Operation: HOMEWOOD SUITES - FSE-M (ID: 560539)
Facility Name: HOMEWOOD SUITES
Facility Code: 54-2629 Facility Email: mabdelrehim@waterfordhotelgroup.com
Facility Address: 36 Cinema Drive, Ithaca, NY 14850

To the Attention of:

Mohamed Abdelrehim
WATERFORD HOTEL GROUP, LLC
36 Cinema Drive
Ithaca, NY 14850
Email: Mohamed.abdelrehim@hilton.com

Inspection

Date: April 21, 2022 09:14 AM
Inspector: Dillon Shults (dshults@tompkins-co.org)
Responsible Person: David Heckman
Additional Email(s): dheckman@waterfordhotelgroup.com; kmorgan@tompkins-co.org

Summary

Number of Public Health Hazards Found: 1
Number of Public Health Hazards NOT Corrected: 0
Number of Other Violations Found: 3

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5E WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Enough refrigerated storage equipment is not present, properly designed, maintained or operated so that all potentially hazardous foods are cooled properly and stored below 45°F as required.

Inspector Findings: Observed reach-in cooler (to the immediate left of the oven) in defrost mode (the temperature display read "df"). Observed the temperature of all food in the cooler to be 55 to 56 F. The operator stated they did not know why the refrigerator was in defrost mode.

Correction: The operator voluntarily discarded all potentially hazardous food in the cooler:

- (3) 1 dozen container of eggs

- (3) 1 gallon containers of milk
- (3) half-gallon containers of almond milk
- (4) 1 quart containers of half and half
- (7) 15oz bottles of whipped cream
- (2) pounds of mushrooms
- (4) 2 pound packages of sliced ham deli meat
- Approximately 1 pound of shredded cheese

The operator stated they would troubleshoot the refrigerator to disable the defrost mode in order to maintain sufficient cold holding temperature.

Action: Refrigerated storage equipment must be maintained to so that all potentially hazardous food are stored at or below 45F.

FOOD NOT PROTECTED IN GENERAL

ITEM # 8E WAS FOUND IN VIOLATION 2 TIME(S).

All or parts of the item are violations.

Code Requirements: Accurate thermometers not available or used to evaluate refrigerated or heated storage temperatures

Inspector Findings: Observed no thermometer being used to evaluate cold holding storage temperature in the lowboy cooler or reach in cooler (the only two coolers).

Correction: The operator stated they will obtain thermometers for use in the coolers.

Action: Accurate thermometers must be used to evaluate refrigerated storage temperatures.

IMPROPER SANITARY FACILITIES AND CONTROLS.

ITEM #12E WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Handwashing facilities inaccessible, improperly located, dirty, in disrepair, improper fixtures, soap, and single service towels or hand drying devices missing

Inspector Findings: Observed no paper towels available at the hand-washing station.

Correction: The operator obtained paper towels from the kitchen area for use.

Action: Soap and single use towels must be available for us at hand-wash station.

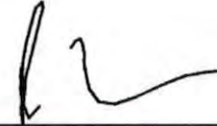
Additional Information Collected During Inspection

Comments: Part 1: One critical violation observed.
Part 2: Three blue violations observed.

Re-inspection required.



Inspector: Dillon Shults (dshults@tom-pkins-co.org)



Received by: David Heckman

Kriste Morgan

4/21/2022

Food Service Establishment Inspection Summary Report

Operation: HOMEWOOD SUITES - FSE-M (ID: 560539)
Facility Name: HOMEWOOD SUITES
Facility Code: 54-2629 Facility Email: mabdelrehim@waterfordhotelgroup.com
Facility Address: 36 Cinema Drive, Ithaca, NY 14850

To the Attention of:

Mohamed Abdelrehim
WATERFORD HOTEL GROUP, LLC
36 Cinema Drive
Ithaca, NY 14850
Email: Mohamed.abdelrehim@hilton.com

Re-Inspection

Date: May 26, 2022 09:26 AM
Inspector: Dillon Shults (dshults@tom-pkins-co.org)
Responsible Person: Terri Trevits
Additional Email(s): kmorgan@tom-pkins-co.org; dheckman@waterfordhotelgroup.com

Summary

Number of Public Health Hazards Found:	1
Number of Public Health Hazards NOT Corrected:	0
Number of Other Violations Found:	1

Reinspection is Required

Each item found in violation is reported below along with the code requirement.

IMPROPER COOLING AND REFRIGERATED STORAGE OF POTENTIALLY HAZARDOUS FOODS.

ITEM # 5E WAS FOUND IN VIOLATION 1 TIME(S). CRITICAL VIOLATION

Part or parts of the item were observed to be in violation which were corrected at the time of inspection.

Code Requirements: Enough refrigerated storage equipment is not present, properly designed, maintained or operated so that all potentially hazardous foods are cooled properly and stored below 45°F as required.

Inspector Findings: Observed the reach-in cooler from the previous inspection at 56F. The temperature of potentially hazardous food in the reach-in cooler ranged from 51-53F. The operator stated the compressor needs to be replaced and the facility has been in contact with a repair person, however they are waiting for the compressor to arrive.

The operator stated that, because the reach-in cooler isn't working properly, the facility has been using upstairs refrigerators (in vacant rooms) to store food products, and only bring food products down to the reach-in cooler during breakfast hours for service. The operator stated the potentially hazardous food observed in the reach-in

during the inspection was brought down, from the upstairs refrigerators, just prior to breakfast.

Potentially hazardous food in the reach-in cooler included:

- (1) gallon of milk approximately half full
- (2) one pound container of sour cream
- approximately 30 hard boiled eggs
- (7) bottles of whipped cream
- (1) half gallon of almond milk
- (1) half gallon of cashew milk
- (11) quarts of half and half
- (1) five pound bag of shredded cheese
- (1) one pound bag of shredded cheese

Correction: The operator moved the potentially hazardous food to upstairs refrigerators for cooling.

The operator stated, that until the reach-in cooler is repaired, they will work in smaller quantities (move smaller batches of food products from the upstairs refrigerators to the reach-in cooler) to prevent potentially hazardous food from exceeding 45F.

The operator must regularly monitor the temperature of potentially hazardous food brought down to the reach-in cooler and ensure that potentially hazardous foods do not exceed 45F before being brought back to the upstairs refrigerators. The operator may need to place pans of food products in containers of ice (with the ice surrounding the pans of food products) to maintain sufficient cold storage.

Action: Potentially hazardous foods must be stored at 45F or less.

IMPROPER SANITARY FACILITIES AND CONTROLS.

ITEM #12E WAS FOUND IN VIOLATION 1 TIME(S).

All or parts of the item are violations.

Code Requirements: Handwashing facilities inaccessible, improperly located, dirty, in disrepair, improper fixtures, soap, and single service towels or hand drying devices missing

Inspector Findings: Observed no paper towels at handwash station.

Correction: The operator obtained paper towels for use.

Action: Soap and paper towels must be available for use at handwash station.

Additional Information Collected During Inspection

Comments: Part 1: One critical violation observed.
Part 2: One blue violation observed.

Board of Health action to follow.



Inspector: Dillon Shults (dshults@tomkins-co.org)



Received by: Terri Trebits

Kriste Morgan 5/26/2022



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

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

July 12, 2022

Jeff Cook
90 Airport Dr #400
Rochester, NY 14624

Re: Tompkins County Board of Health Draft Resolution # EH-ENF-22-0021
Discharge of Sewage to the Ground Surface
Valley Manor Mobile Home Park, 53 Newfield Depot Rd, (T) Newfield

Dear Jeff Cook:

Thank you for signing the Stipulation Agreement on June 28, 2022, for Valley Manor Mobile Home Park in the Town of Newfield. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on Tuesday, July 26, 2022.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 by Friday, July 22, 2022, so that we can coordinate access to the Zoom Meeting.

In lieu of joining the Zoom Meeting, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org by July 22, 2022. The meeting can be viewed through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ>.

Sincerely,

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

Enclosures – Draft Resolution and Stipulation Agreement and Orders

pc: F:\EH\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Valley Manor\Enforcement\Draft Resolution 22-0021.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
CEO T-Newfield; Supervisor T-Newfield; Randy B. Brown, TC Legislature; Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Scott Freyburger, P.E.; Tom Palmer; Skip Parr; Brenda Coyle; Adriel Shea
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION
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DRAFT RESOLUTION # EH-ENF-22-0021 FOR

Valley Manor Mobile Home Park
Valley Manor LLC/Jeff Cook, Owner/Operator
53 Newfield Depot Rd, (T) Newfield

Whereas, it is a violation of Article VI Section 6.02 (b) of the Tompkins County Sanitary Code for anyone to discharge human wastes or sewage to the atmosphere or to the surface of the ground; and

Whereas, on April 27, 2022, and June 14, 2022, Tompkins County Health Department (TCHD) staff observed sewage on the ground in the vicinity of lots 142 and 144 of Valley Manor; and

Whereas, a Notice of Violation was issued to Valley Manor Mobile Home Park requiring an Onsite Wastewater Treatment System (OWTS) application to be submitted by May 23, 2022; and

Whereas, on July 7, 2022, TCHD received copies of the OWTS application, invoices showing weekly pumping of the septic tank at 407 Manor Lane beginning on April 12, 2022, and quote from a OWTS contractor to perform the repair work; and

Whereas, the operator of Valley Manor Mobile Home Park has been notified that failure to correct the above violation by the required deadline and/or future violations where sewage discharge to the ground surface is observed by TCHD staff in the vicinity of Lots 142 and 144 may result in penalties of \$500 to \$1,000 per day; and

Whereas, Jeff Cook, Owner of Valley Manor Mobile Home Park, signed a Stipulation Agreement with Public Health Director's Orders on June 28, 2022, agreeing that Valley Manor MHP LLC violated this provision the Tompkins County Sanitary Code; now therefore be it

Resolved, on recommendation of the Tompkins County Board of Health,
That Valley Manor LLC, Owner, is ordered to:

1. Continue to maintain fencing and immediately lime the area where sewage has discharged to the ground surface; and
2. Immediately and until the sewage system is replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped as needed by a licensed septic hauler.
3. Submit a complete OWTS Construction Permit Application and application fees (including a plan review fee if appropriate) no later than July 12, 2022 (*received 7/12/22*); and
4. Complete the replacement of the sewage system in accordance with the OWTS Construction Permit by August 15, 2022.



Your Partner for a Healthy Community

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

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STIPULATION AGREEMENT AND ORDERS # EH-ENF-22-0021

**Valley Manor Mobile Home Park
Jeff Cook, Owner
53 Newfield Depot Rd, (T) Newfield**

I, Jim Cook, owner of Valley Manor Mobile Home Park, agree that on April 27, 2022 and June 14, 2022, I was in violation of Article VI of the Tompkins County Sanitary Code, Section 6.02 (b) for the discharge of human wastes or sewage to the atmosphere or to the surface of the ground.

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

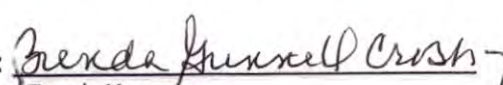
1. Continue to maintain fencing and immediately lime the area where sewage has discharged to the ground surface; **and**
2. Immediately and until the sewage system is replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped as needed by a licensed septic hauler.
3. Submit a complete OWTS Construction Permit Application and application fees (including a plan review fee if appropriate) no later than **July 12, 2022; and**
4. Complete the replacement of the sewage system in accordance with the OWTS Construction Permit by **August 15, 2022.**

I understand that failure to correct the above violation by the required deadline and/or future violations where sewage discharge to the ground surface is observed by Tompkins County Health Department staff at the Valley Manor Mobile Home Park in the vicinity of Lots 142 and 144 may result in penalties \$500 - \$1,000 per day following adoption of a resolution by the Board of Health.

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

Signed:  Date: 8-28-22

Jeff Cook is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 7/6/2022
for Frank Kruppa
Public Health Director

DEPARTMENTAL SUMMARY - PUBLIC HEALTH - 2023 REQUEST

7/7/2022

	PreSchool Special Ed (3-5)	CSN Planning & Coord	Early Intervention (0-2)	Environ. Health	Healthy Neighborhoods Program	Occup'l Health & Safety	Medical Examiner	Vital Records	WIC	Community Health	Administration	PH COVID School Grant	Public Hlth State Aid	BUDGETING UNIT TOTAL
REQUESTED BASE (TARGET)														
Appropriation	5,942,000	1,519,549	641,000	2,126,414	199,000	103,884	375,865	84,889	541,280	1,947,549	2,414,722	1,000,000		16,896,151
Revenue	3,760,000	498,235	312,620	577,595	199,000	-	-	115,000	541,280	620,393	841,489	1,000,000	1,900,000	10,365,612
Local Share	2,182,000	1,021,314	328,380	1,548,819	0	103,884	375,865	(30,111)	-	1,327,156	1,573,233	-	(1,900,000)	6,530,539
REQUESTED NEW (OTR--Over Target Request)														
Appropriation		-		25,000		-		-			136,000	-	-	161,000
Revenue		-		-		-		-			-	-	48,168	48,168
Rollover		-		-		-		-			-	-	-	-
Local Share	-	-	-	25,000	-	-	-	-	-	-	136,000	-	(48,168)	112,832
REQUESTED TOTAL														
Appropriation	5,942,000	1,519,549	641,000	2,151,414	199,000	103,884	375,865	84,889	541,280	1,947,549	2,550,722	1,000,000	-	17,057,151
Revenue	3,760,000	498,235	312,620	577,595	199,000	-	-	115,000	541,280	620,393	841,489	1,000,000	1,948,168	10,413,780
Rollover	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Local Share	2,182,000 <i>Class 'A'</i>	1,021,314	328,380 <i>Class 'A'</i>	1,573,819	0	103,884	375,865 <i>Class 'A'</i>	(30,111)	-	1,327,156	1,709,233	-	(1,948,168)	6,643,371

Fiscal Target for Health Department	\$ 3,680,294
Target Request	\$ 3,644,294
Difference (Fiscal Target - Target Request)	\$ 36,000
Over Target Request	\$ 112,832
Class 'A' Mandates	\$ 2,886,245
Requested Base	\$ 6,643,371

Environmental Health OTR - The process for revising the TCSC is involved and includes public hearings and review and approval by the Tompkins County Board of Health, the Tompkins County Legislature, the NYSDOH, and possibly other involved agencies. Work in 2022 has focused on researching public health impacts and developing regulatory options related to individual water supply and on-site wastewater treatment. Work in 2023 is expected to focus on public participation and the administrative process for revising the TCSC. Depending on available resources, other sections of the TCSC may also be reviewed for revision."

Administration OTR - This OTR is for the purchase of four fully electric vehicles and one plug-in hybrid electric vehicle to replace five existing vehicles. These vehicles will continue the Health Department's leadership on electrification within the County fleet. Local funding will be supplemented by State incentives, reimbursements and vehicles sales to help fully fund the purchase of vehicles. This purchase establishes the beginning of a replacement schedule to take full advantage of existing vehicle value and help save tax-payer money.