

**AGENDA**  
**Tompkins County Board of Health**  
**Rice Conference Room**  
**Tuesday, March 28, 2023**  
**12:00 Noon**

**Live Stream at Tompkins County YouTube Channel:**

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

- 12:00** I. Call to Order
- 12:01** II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)
- 12:04** III. Approval of February 28, 2023, 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 (EH)** (15 mins.)  
**Enforcement Actions:**
1. Resolution #EH-ENF-23-0001 – Cayuga Café, C-Ithaca, Violation of Subpart 14-1 of New York State Sanitary Code for Operating without a Permit (Food) (5 mins.)
  2. Resolution #EH-ENF-23-0003 – Old Mexico, C-Ithaca, Violations of Board of Health Orders and Subpart 14-1 of New York State Sanitary Code (Food) (5 mins.)
  3. Resolution #EH-ENF-23-0004 – U Tea, C-Ithaca, Repeat Critical Violations of Subpart 14-1 of New York State Sanitary Code (Food) (5 mins.)

**12:45 Administration**

Administrative Action:

1. Public Health Director Reappointment (5 mins.)
2. Resolution in Support of New York State Governor's Life-Saving Tobacco Control Measures (5 mins.)

**12:55 Adjournment**

**Tompkins County Board of Health  
February 28, 2023  
12:00 Noon  
Rice Conference Room and via Zoom**

**Present:** Christina Moylan, Ph.D., President; Melissa Dhundale, MD, Vice-President; Susan Merkel; Edward Koppel, MD; Samara Touchton and Ravinder Kingra.

**Staff:** Elizabeth Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; Rachel Buckwalter, Director of Community Health; Samantha Hillson, Director of Health Promotion Program; Dr. William Klepack, Medical Director; Deb Thomas, Director of Children with Special Care Needs; Frank Kruppa, Whole Health Commissioner; Harmony Ayers-Friedlander, Deputy Commissioner of Mental Health; and Skip Par, Environmental Health; and Karan Palazzo, LGU Administrative Assistant.

**Excused:** Shawna Black

**Guests:** None.

**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 January 24, 2023, Minutes:** Ms. Merkel moved to approve January 24, 2023, minutes, second by Mr. Ravinder; all were in favor as written.

**Financial Summary:** Ms. Grinnell Crosby reported that there was no financial summary included in the package as they transition to the 2023 year. Staff continues to work to close the books for the 2022 fiscal year. The County just released the billable fringe rate for 2023 and will have more to report in March.

**Administration Report:** Mr. Kruppa had nothing to report but was available to answer questions.

**Health Promotion Program Report:** Ms. Hillson had nothing to add to her written report.

**Medical Director's Report and Discussion:** Dr. Klepack had nothing to add to his written report included in the packet. He reported that there has been little change regarding COVID and Influenza B is ramping up, as expected. The efficacy of the Covid vaccine to protect people from hospitalization and death continues to be robust particularly if people receive their boosters. He encouraged people to get their bivalent booster vaccination.

**Division for Community Health (DCH) Report:** Ms. Buckwalter had nothing to add to her written report included in the packet. She announced that an event to promote the MOM's Plus program will be held on Saturday, March 4<sup>th</sup> from 10 – 2 pm at the Tompkins County Library where attendees can voice their needs and questions about maternal child health and access to services.

**Children with Special Care Needs Report:** Ms. Thomas had nothing to add to her written report included in the packet.

DRAFT MINUTES

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

**Community Mental Health Services Board (CSB) Report:** Ms. Ayers-Friedlander reported that the CSB discussed the Local Governing Unit (LGU) Mental Hygiene Law receiving Opioid Settlement funds and how to spend the funds. Jana Thibodeau, QAI presented The Annual Incident Review. The review reported a reduction in deaths compared to the prior year; an increase in suicide attempts; and an increase in violent incidents. Areas of improvement are care coordination/co-occurring disorder treatment and care coordination with community providers, building safety, and improving Naloxone distribution.

Mr. Kruppa clarified the two types of funds. The Opioid Settlement Funds are the CSB's responsibility to administer with a pass-through to the City of Ithaca and a tentative plan must be submitted by March 15<sup>th</sup>. The Opioid Taskforce Funds are the County's responsibility to administer and are more deliberate.

**Environmental Health Report:** Ms. Cameron reported staffing vacancies for an Administrative Assistant III, a Senior Account Clerk Typist, and a Sr. Environmental Health Specialist. The two support staff vacancies are more challenging to fill due to Civil Service testing rules which will have an impact on the workload. EH approved GrassRoots to sell campsite tickets and many campsites are already sold out. Their tent sales were limited to 75% until they provide more information on how they will handle overflow.

**Revised Resolution #EH-ENF-22-0038 – Benjamin Hill Heights MHP, T-Newfield, Request to Extend Deadline of Original Order (MHP) –** Dr. Koppel moved to accept the motion as written; seconded by Ms. Merkel.

Ms. Cameron explained that this is a case where the mobile home park needs a booster pump installed but the owner was concerned about installing the booster pump during the winter season. His plumber supported the timing of the installation and EH proposes extending the deadline until March 31, 2023.

The vote to approve the revised resolution as written was unanimous.

**Resolution #EH-ENF-22-0051 – ZaZa's Exotics, C-Ithaca, Violation of BOH Orders, and Article 13-F of New York State Public Health Law for Underage Sale of Prohibited Flavored Vapor Product (ATUPA) –** Dr. Dhundale moved to accept the resolution as written; seconded by Dr. Koppel.

Ms. Cameron reported that this is a case of violation of BOH orders, an observed sale to an individual under the age of twenty-one, and the sale of a flavored vapor product. A hearing was held on January 9, 2023, and ZaZa's Exotic did not appear. The hearing officer supports the fine of \$1,750 for the sale of vapor products to a person under the age of 21, a fine of \$350 for the sale of flavored vapor products, and a fine of \$1,500 for violation of BOH orders.

The vote to approve the resolution as written was unanimous.

**Resolution #EH-ENF-22-0053 – Bailey Park, T-Danby, Violation of Part 17 of New York State Sanitary Code – Operating without a Permit (MHP) –** Mr. Kingra moved to accept the resolution as written; seconded by Ms. Touchton.

Ms. Cameron explained that this is a case where the mobile home park was operating without a permit. EH proposes a fine of \$500.

The vote to approve the resolution as written was unanimous.

DRAFT MINUTES

**Resolution #EH-ENF-22-0054 – North Applegate Apartments, T-Enfield, Violations of Subpart 5-1 of New York State Sanitary Code (MHP)** – Dr. Dhundale moved to accept the resolution as written; seconded by Ms. Merkel.

Ms. Cameron explained that North Applegate Apartments are regulated as a public water supply with five service units. The public water system was modified without notifying or getting EH’s approval and failing to submit the required sampling and monthly operating reports. EH proposes a penalty of \$1,600 and the submission of required water samples and monthly operating reports.

The vote to approve the resolution as written was unanimous.

**Administration:**

**Administrative Actions:**

**Board Vacancy Nomination** – Mr. Kruppa stated that with the resignation of Dr. Evelyn in December 2022, there is a vacancy for a physician seat. Dr. Evelyn’s successor, Dr. Andrea De Lima is interested in serving on the BOH and her name is being brought before the Board for consideration. She submitted her application to the legislature and the legislature is waiting for a recommendation from the Board on her appointment. Dr. Dhundale and Dr. Koppel support the recommendation of Dr. De Lima to the BOH.

Dr. Moylan recommends Dr. Andrea De Lima to the legislature as the replacement for Dr. Evelyn on the BOH. Dr. Dhundale moved to support the recommendation of Dr. Andrea De Lima to the BOH; seconded by Ms. Merkel.

The vote to approve the resolution as written was unanimous.

The next meeting is Tuesday, March 28<sup>th</sup>, 2023 @ Noon.

**Adjournment:** Adjourned at 12:28 p.m.

# Tompkins County Financial Report for Public Health

Year: 23

Month: 2

Percentage of Year: **16.67%**

		<u>Expenditures</u>			<u>Revenues</u>			<u>Local Share</u>		
		Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010	PH ADMINISTRATION	2,633,517	341,459	12.97%	841,489	0		1,792,028	341,459	19.05%
4012	WOMEN, INFANTS & CHILDREN	541,280	76,709	14.17%	541,280	18,666	3.45%	0	58,044	
4015	VITAL RECORDS	84,888	10,314	12.15%	115,000	20,684	17.99%	-30,112	-10,370	34.44%
4016	COMMUNITY HEALTH	1,973,704	225,477	11.42%	620,393	45,574	7.35%	1,353,311	179,903	13.29%
4018	HEALTHY NEIGHBORHOOD PROG	199,000	19,132	9.61%	199,000	0		0	19,132	
4047	PLNG. & COORD. OF C.S.N.	1,519,549	216,074	14.22%	498,235	25,836	5.19%	1,021,314	190,238	18.63%
4048	PHYS.HANDIC.CHIL.TREATMNT	0	0		0	0		0	0	
4090	ENVIRONMENTAL HEALTH	2,152,414	262,415	12.19%	577,595	33,043	5.72%	1,574,819	229,372	14.56%
4092	PUB HLTH COVID SCHOOL GRN	1,000,000	0		1,000,000	0		0	0	
4095	PUBLIC HEALTH STATE AID				1,948,168	0		-1,948,168	0	
<b>Non-Mandate</b>		<b>10,104,352</b>	<b>1,151,579</b>	<b>11.40%</b>	<b>6,341,160</b>	<b>143,803</b>	<b>2.27%</b>	<b>3,763,192</b>	<b>1,007,776</b>	<b>26.78%</b>
2960	PRESCHOOL SPECIAL EDUCATI	5,942,000	137,021	2.31%	3,760,000	7,843	0.21%	2,182,000	129,178	5.92%
4017	MEDICAL EXAMINER PROGRAM	375,865	20,467	5.45%	0	0		375,865	20,467	5.45%
4054	EARLY INTERV (BIRTH-3)	641,000	84,254	13.14%	312,620	0		328,380	84,254	25.66%
<b>Mandate</b>		<b>6,958,865</b>	<b>241,742</b>	<b>3.47%</b>	<b>4,072,620</b>	<b>7,843</b>	<b>0.19%</b>	<b>2,886,245</b>	<b>233,899</b>	<b>8.10%</b>
<b>Total Public Health</b>		<b>17,063,217</b>	<b>1,393,320</b>	<b>8.17%</b>	<b>10,413,780</b>	<b>151,646</b>	<b>1.46%</b>	<b>6,649,437</b>	<b>1,241,675</b>	<b>18.67%</b>

## BALANCES (Including Encumbrances)

<b>Non Mandate</b>		<b>Available Budget</b>	<b>Revenues Needed</b>	<b>Mandate</b>		<b>Available Budget</b>	<b>Revenues Needed</b>
4010	PH ADMINISTRATION	2,285,113	841,489	2960	PRESCHOOL SPECIAL EDUCATI	5,804,979	3,752,157
4012	WOMEN, INFANTS & CHILDREN	444,221	522,614	4017	MEDICAL EXAMINER PROGRAM	172,065	0
4015	VITAL RECORDS	74,574	94,316	4054	EARLY INTERV (BIRTH-3)	556,746	312,620
4016	COMMUNITY HEALTH	1,730,068	574,819	<b>6,533,790 4,064,777</b>			
4018	HEALTHY NEIGHBORHOOD PROG	179,869	199,000				
4047	PLNG. & COORD. OF C.S.N.	1,303,416	472,399				
4090	ENVIRONMENTAL HEALTH	1,885,570	544,552	<b>Total Public Health Balances</b>			
4092	PUB HLTH COVID SCHOOL GRN	1,000,000	1,000,000	<b>Available Budget</b>		<b>Revenues Needed</b>	
4095	PUBLIC HEALTH STATE AID	0	1,948,168	<b>15,436,620</b>		<b>10,262,134</b>	
		<b>8,902,829</b>	<b>6,197,357</b>				

Comments: The 2023 billable fringe rate has been established and charged to the payrolls posted. Contracts continue to be processed for various services (i.e. labs, STI, MILOR, Medical Examiner, CMC services, etc.) Computer purchasing is being processed in March. Final claims for 2022 have been submitted.

## HEALTH PROMOTION PROGRAM – February 2023

Samantha Hillson, Director, PIO  
Ted Schiele, Planner/ Evaluator  
Diana Crouch, Healthy Neighborhoods Education Coordinator  
Shannon Alvord, Communications Coordinator  
Ambra Munlyn, Health Educator  
Emma Abbey, Community Health Worker Supervisor  
Mara Schwartz, Tenzin Aaya, and Shae Jewell, Community Health Workers  
Deidre Gallow, Administrative Assistant

*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

- Family Health Community Café - March 4, TC Public Library
- Trauma-informed training series – collaboration across Whole Health

### Community Health Worker Initiative (CHWs)

- Community Health Workers: continue to work with community partners who have similar roles, or plans for similar roles, including Cayuga Health, CCE, REACH Medical, and HSC; community outreach.
- Ongoing training and shadowing opportunities.

### PICHC (Perinatal and Infant Community Health Collaborative)

- In collaboration with Community Health Services, implementing PICHC grant.
- Planning for event to promote Moms PLUS+ and PICHC “Family Health Community Café”, March 4<sup>th</sup>, Tompkins County Public Library (Ithaca)
- Training, learning, and making community connections.
- Initial community action board will convene early March

### CHW Training in February 2023:

- Meet & Greet sessions with OAR, REACH Medical, & Dryden Central School District
- NACHW: “Self-Compassion for CHWs”
- OASH: “CHW Workforce Getting to Sustainability Webinar Series” pt 3

CHW Outreach events in February 2023:

- Weekly tabling at Immaculate Conception Food Pantry (downtown Ithaca)
- Tabling at Loaves and Fishes (downtown Ithaca)
- Monthly tabling at West Village (Ithaca)
- Community Health Event at the YMCA (Ithaca)
- Tabling at Southworth Library (Dryden), Newfield Library, Groton Library, and Lansing Library
- Flyers and other promotional materials distributed across county

COVID-19

- Shared information re: circulating bivalent (Omicron XBB.1.5)
- Continue to promote bivalent booster through social media, outreach, etc.

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

2022-2024 Progress

- The Updated CHA/CHIP is available on the [website](#).
- The CHA/CHIP Steering Committee will shift to a quarterly meeting to support the workgroups both individually and collectively through consultation, feedback, and community networking.
- Cancer screening intervention meeting monthly.
- CATCHI (Coordinated Approach to Community Health Integration), a new working group combining previous working groups (Social Determinants of Health (SDoH), Childhood Nutrition Collaborative, and CHW initiatives) now meets monthly.
- Maternal and Child Health/Prenatal working group – now connected with PICHC and will be the backbone for the PICHC advisory workgroup.
- Working on survey for Steering Committee to evaluate 2022-2023 process.
- Presentation of the updated CHA/CHIP at Health Planning Council, Community Health and Access Committee.

Healthy Neighborhoods Program

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2023	February 2022	TOTAL 2022*
# of Initial Home Visits (including asthma visits)	15	34	15	219
# of Revisits	0	0	1	16
# of Asthma Homes (initial)	0	1	2	42



# of Homes Approached	2	5	1	392
-----------------------	---	---	---	-----

- HNP staff continues to receive calls requesting information regard indoor air quality, radon, mold and mildew, bed bug infestations, etc.
- Attended Aging Services Network Meeting
- Outreach at Various Food Pantries within Tompkins County
- Lead Poisoning Prevention (LPP) internal staff meeting; plans to start a monthly internal meeting to support outreach and educations
- Attended Homeless & Housing Task Force Meeting
- HNP Presentation at Lifelong
- Attended Health Planning Council Meeting
- Training: Trauma Informed Care: The Foundation
- Training: Alcohol and Drug Council: Ripple Effect
- Webinar: Fungal Biopesticides - A Growing Option in Pest Control
- HNP Asthma Training

#### Tobacco Free Tompkins

- Tobacco Free Zone for Cortland-Tompkins-Chenango grant staff and county youth participated in Legislative Education Day. Met with staff persons representing State Senator Lea Webb and Assemblymember Anna Kelles.
- Collaborating with the Community Coalition for Healthy Youth and Communications Team to develop vaping prevention campaign for social media channels.
- Vaping prevention presentations given at Groton Central School for junior and senior high school students
- Began smoke-free housing initiative to increase the number of smoke-free housing units county wide.

#### Media, Website, Social Media

- Website & Social Media pages transitioned to “Tompkins County Whole Health”.
- Website added to and updated regularly.
- Ongoing work with CHS and WIC re: social media pages; promotion plans for Moms PLUS+

#### Press Releases in February 2023:

- [Tuesday, February 7](#): Tompkins County Whole Health Releases Updated 2022-2024 Community Health Assessment and Improvement Plan

- [Tuesday, February 14](#): COVID-19 Update: NYSDOH Removes Mask Mandate in Healthcare Facilities, effective Feb. 12, 2023
- [Friday, February 24](#): Whole Health’s Moms PLUS+ to Sponsor Free Event, “Family Health Community Café,” Saturday March 4th

PH-MH Strategic Planning

- Whole Health [promotional video](#)
- Integration of Services Team: working on a review of service functions and overlap
- Planning for video production of Whole Health services, internal use (how to make referrals, etc.)
- Planning for a new CFT to work on a DEI plan and evaluation for the Department, development of charter
- HPP to work with programs on brochure updates/redesign with Whole Health branding
- Participating in Academic Health Department planning with institutions of higher education

Training/Professional Development

- Health Planning Council – CHA/CHIP presentation
- Internal (County) Communications bi-weekly roundtables (PIO Collaboration Team)
- SIREN Emergency Alert System training for use, development of internal protocol
- Planning for launch of DEI and trauma-informed training
- Constructive Feedback training module
- HSC Workshop: Understanding and Managing Different Personalities in the Workplace

Committee and Partnership Meetings

Group, Organization	Activity/Purpose	Date
CATCHI Working Group (Coordinated Approach to Community Health Integration)	Combines Social Determinants of Health, CHW initiative and Childhood Nutrition Collaborative into one working group.	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 Cte	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 Data Governance Committee	Oversight/advisory committee for the Cayuga Health health equity team, focus on data collection for health equity, We Ask Because we Care campaign.	quarterly
TC Cancer Screening Working Group	Regular meeting	monthly
Aging Services Network	Regular meeting	monthly
Homeless & Housing Taskforce	Regular meeting	Bi-monthly
PICHC Partners Meeting	Weekly meeting to discuss community health worker roles, align program design, collaborate w/community partners	weekly
PICHC State Call	Monthly meeting for PICHC programs in NYS	monthly
LATCH: Lactation Alliance for Tompkins County Health	Monthly meeting of community partners/stakeholders.  Mission: To protect, promote, & support breastfeeding/ chestfeeding in Tompkins County, and to protect, promote, & support the rights of families to achieve their infant feeding goals.	monthly



---

Medical Director's Report  
Board of Health  
March 2023

This report is being submitted on March 10<sup>th</sup>. I will be out of the state from the 11<sup>th</sup> until the 22<sup>nd</sup> and thus will miss our Board meeting. I am including the latest on Covid vaccines, and wastewater surveillance not only for Covid but also for polio, and a variety of other diseases.

I will go around the state and review the various diseases that are being dealt with. I will share the way public health is viewing the Cochrane review regarding masking which has been making such a media splash.

On Covid, I will include the latest regarding elective ambulatory surgery (whether in hospital or in office), an update on the combo flu/covid home test, and the new criteria for Mis-C (the multisystem inflammatory disease of children (which can also hit adults).

While ticks have never been dormant for long in this warm winter we are headed for spring. So, I am sharing a summary of recommendations for prevention. While talking about legged creatures I am including a video regarding bed bugs. Rather humorous in its style, it will probably cement in your mind some very useful facts and presents strategies for dealing with them.

In the appendix you will find a discussion of CSCN (Children with Special Care Needs) which I shared with practitioners in my most recent bulletin to them. I include it here since it is a nice summary which Deb Thomas and I helped proofread for an article that appeared in the journal of the New York State Academy of Family Physicians called "Family Doctor". Also in the appendix is a lot of detail regarding wastewater surveillance – fascinating regarding the scope of what is possible to do.

My interviews on WHCU this past month have talked about CSCN, restaurant inspections, masking, and rabies. I have been able to branch out from Covid in recent months to talk about public health programs and issues.

## **Around the state**

**Mpox** cases update - outside of NYC about 5 cases have occurred since Thanksgiving. Prior to that 1 per week or every 2 weeks. 4 new cases of mpox in 2023.

Here is a NYTimes piece on mpox in individuals with advanced HIV. As you might expect, the outcomes aren't good:

<https://www.nytimes.com/2023/02/21/health/mpox-hiv.html>

**Rabies** This is a time of year of relatively low incidence. The notable exposures of this winter have been a rabid fox or two. Bat issues are usually lower and raccoon as well. We can expect an upswing as we move further and go into spring.

Once a potential rabies exposure is reported to the public health department the cases are closely tracked. Anyone who is non-compliant for any reason is reached out to in order to clear up misunderstandings and to amplify the education. Staff provide comprehensive information on the risk of rabies and the benefits of vaccination and rabies immune globulin. However, patients only retain about 40% of what they are told per studies. We emphasize the main points very clearly: where to go for their first treatment, where to come to complete their vaccine series of 4 total vaccine doses and what to watch for.

**Paratyphoid** in traveler to Pakistan is reported

**Hep A** - several cases being reported in the state. Some outbreaks nationally such as one linked to strawberries in the state of Washington.

**Enteric illness** in a groups norovirus and rotavirus being reported. Some of these in nursing homes. Another related to an event in February in upstate region producing at least 17 cases, and another occurring in 24 out of 56 residents of an assisted living facility resulting in a few being hospitalized. A college outbreak.

a **measles** case has occurred related to plane travel with 9 contacts being identified and being monitored (3 of which were not vaccinated or were under vaccinated). Measles CDC HAN link: <https://emergency.cdc.gov/han/2023/han00488.asp>

**Polio** a case in Israel is raising concern regarding possible contacts and transmission to NYS. info: <https://www.gov.il/en/departments/guides/disease-polio?chapterIndex=1#:~:text=Polio%20cases%20in%20Israel&text=In%20February%202022%2C%20a%20case,extensive%20spread%20of%20this%20variant.>

Israel times article: <https://www.timesofisrael.com/three-more-children-diagnosed-with-polio-virus-in-northern-outbreak/amp/>

**Botulism** Elderly traveler with **botulism** was treated with antitoxin with pos stool sample for Clostridium baratii (type "s") not C botulinum (Clostridium baratii strain produces a botulinum like toxin) Uncertain source. Travel out of state did occur but no prior antibiotic use or other risk factors known (Antitoxin is stored at JFK airport to facilitate distribution to the NE region.)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC130751/> and <https://www.cdc.gov/botulism/general.html> <https://www.cdc.gov/botulism/health-professional.html>

This subtype of botulism is rare but has occurred in the past.

**Typhoid** in a university student who traveled to central Asia. This was XDR Typhoid (XDR= **extensively drug-resistant**). <https://wwwnc.cdc.gov/travel/notices/watch/xdr-typhoid-fever-pakistan> Individual treated with meropenem.

Death toll in Equatorial Guinea due to **Marburg** disease outbreak is at 11 - <https://www.rfi.fr/en/international-news/20230228-death-toll-in-e-guinea-marburg-outbreak-rises-to-11> No plan to start airport screenings at this time in the U.S.

<https://www.cdc.gov/vhf/marburg/index.html> The WHO update here:

<https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON444>

**Shigellosis** – multiple drug resistant strains have been identified So far NYS has had only a few cases over several years. The CDC has put out a notification about this:

<https://emergency.cdc.gov/han/2023/han00486.asp> 5% of *Shigella* infections reported in 2022 were caused by XDR strains, up from 0% in 2015 Those strains are resistant to commonly recommended and alternative antibiotics. In NYS, since 2015, there has been one drug resistant shigellosis case reported in NYS outside of NYC, and three were reported in NYC. As labs that detect *Shigella sp.*, do not have to send those isolates to Wadsworth, not all shigellosis cases get resistance testing, and this is probably an undercount. Commercial and hospital labs will usually do resistance testing when asked by providers if they're seeing a patient not responding to treatment. The CDC HAN can be found here:

<https://emergency.cdc.gov/han/2023/han00486.asp#print>

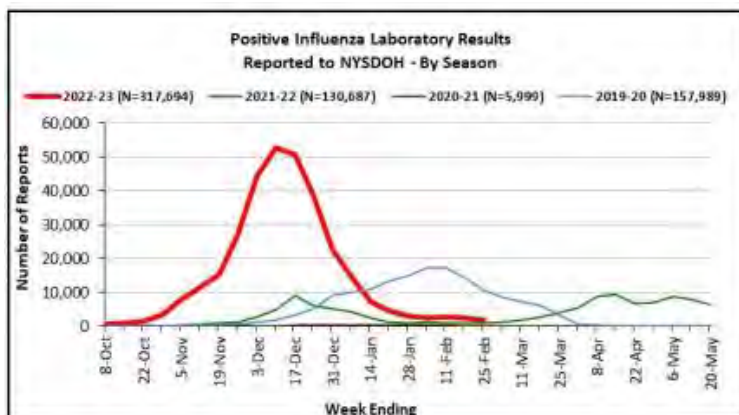
An **astrovirus** outbreak in a nursery facility

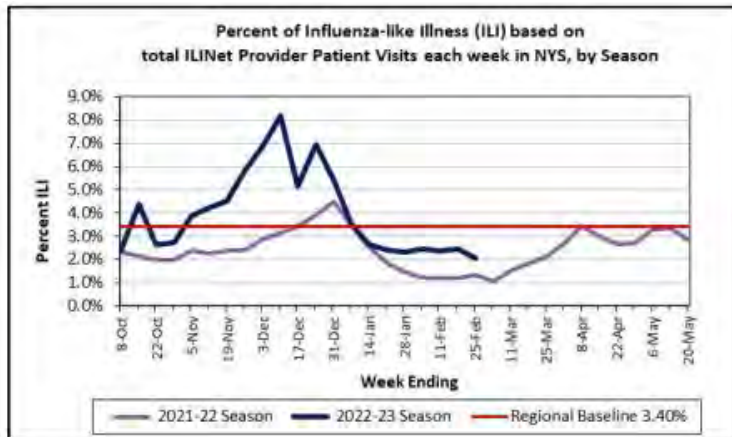
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7148626/#:~:text=Astrovirus%20infection%20in%20mammals%20presents,%2C%20abdominal%20discomfort%2C%20and%20fever.>

**Chikungunya** - The 6<sup>th</sup> NYSDOH sent around the CDC HAN on **chikungunya**. In short, the HAN is about an increase in cases of chikungunya in Paraguay and surrounding countries. *Chikungunya is a mosquito-borne disease that is occasionally seen in NYS residents after travel to impacted areas.* (The mosquito species that transmit it are found in the southeast corner of the state, and NYSDOH doesn't believe we've had any locally acquired cases.) There have been over 71,000 cases in Paraguay since October 2022. Most common clinical findings are acute fever with debilitating polyarthralgia that is usually bilateral and symmetric—fever and terrible joint pain. Testing for chikungunya is offered through several commercial laboratories. Treatment is supportive. The CDC HAN contains more information.

<https://emergency.cdc.gov/han/2023/han00487.asp>

**Influenza** for the week ending March 4 was widespread for the 23<sup>rd</sup> consecutive week. There were 1,854 lab confirmed cases (a 2% decrease for the 3<sup>rd</sup> consecutive week of decrease). Results showed - 30% A, 51% B and 19% influenza type not specified. 11 NYS pediatric deaths this year (no change) and nationally 117 (increase of 2). –the continuing upward trend of B continues by percent, but the prevalence of influenza is declining. With its early start experts have hoped there would be an early end to the season.





## Influenza Vaccine 2022-23 efficacy estimate

From MMWR

*“Data from two concurrent studies in Wisconsin found that effectiveness of the 2022–23 influenza vaccine was **54% for preventing medically attended influenza A infection among persons aged <65 years and 71% for preventing symptomatic influenza A illness among children and adolescents aged <18 years.** These findings are consistent with estimates reported in the Southern Hemisphere for the 2022 season and Canada for the current season, where similar viruses predominated (4,5). However, influenza vaccination coverage in the United States this season has been lower than during pre-COVID-19 pandemic seasons, particularly among children, pregnant women, and in rural areas (6). Increased vaccination coverage is needed to realize the full potential of seasonal influenza vaccines. The interim estimates reported reflect early season VE and might differ from end-of-season VE estimates with additional enrollments, or if a change in circulating viruses would occur later in the season.”*

<https://www.cdc.gov/mmwr/volumes/72/wr/mm7208a1.htm>

These percentages are at the upper range of what we have seen for vaccine in the past decade. Obviously, absent from this report is information for the >65 yo age group including the relative efficacy of hi-dose vs regular dose vaccine.

## RSV vaccines

NYS Bureau of Immunization reports that the FDA meeting for RSV vaccines resulted in VRBPAC voting that the safety and effectiveness data for the 2 RSV vaccines support approval. The FDA still needs to approve the vaccines. That has not happened yet. Next step after the FDA is ACIP and CDC evaluation. Efficacy of the vaccines is 86% or better. Once finalized the vaccine would become part of the VFA program. And also, for infants born during the RSV season. Further details will be coming as the ACIP/CDC weigh in.



# Covid

## Nationally

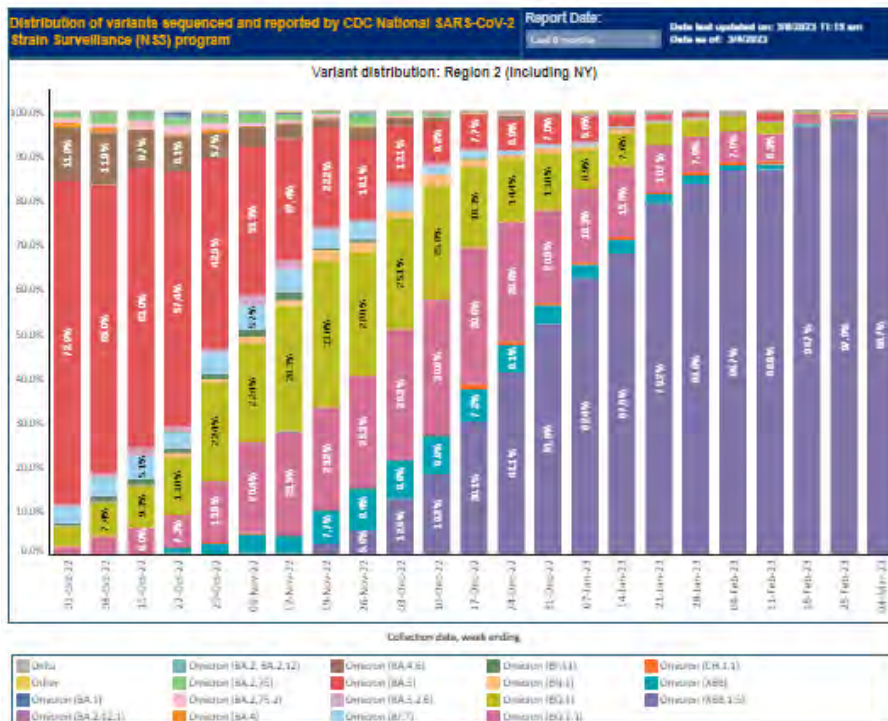
	DAILY AVG. ON MAR. 8	PER 100,000	14-DAY CHANGE
Cases	30,462	9	-15%
Test positivity	8.1%	—	-16%
Hospitalized	25,274	8	-11%
In I.C.U.s	3,280	<1	-11%
Deaths	324	<1	-5%

<https://www.nytimes.com/interactive/2021/us/covid-cases.html>

## Locally

Active COVID-19 Hospitalizations March 7, 2023 6	New Hospital Admissions March 7, 2023 1	Total TC Resident Deaths March 7, 2023 102
Weekly Case Rate per 100,000 population March 7, 2023 91.0	Positives Last 7 Days March 7, 2023 93	Percent Positive Last 7 Days March 7, 2023 8.2%

The variant picture – it’s all about XBB.1.5 now at 98.7% – This for NYS:



**Newest immunization guidelines** - Immunization of children is recommended but not required. It is not required for school attendance in NYS.

## **Elective surgery – preoperative testing for COVID**

NYSDOH recommends that all healthcare settings continue to adhere to the infection prevention and control guidance issued by CDC, and their guidance states that SARS-CoV-2 viral testing of asymptomatic patients before elective surgery or procedures by hospitals, *ambulatory surgery centers, office-based surgery practices, and diagnostic and treatment centers*, is at the discretion of the facility.

See: *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic* at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

It was released by NYSDOH and posted on the Health Commerce website – you can also access the complete version there.

## **combo over-the-counter flu and COVID test**

the new combo over-the-counter flu and COVID test. The company making it declared *bankruptcy* on Feb 22! We'll see if it ever makes it to market now:

*“The timing of the decision is likely to fuel ongoing frustrations among home test manufacturers, some of whom have said that despite the FDA’s outward expression of support for at-home flu diagnostics, actually getting a test authorized is exceedingly difficult.”*

<https://www.statnews.com/2023/02/26/fda-flu-covid-home-test-lucira/>

## **MIS – C**

### **HEALTH ADVISORY:**

### **MULTI-SYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C) ASSOCIATED WITH CORONAVIRUS DISEASE 2019 (COVID-19) INFECTION OR COVID-19 VACCINATION – UPDATED CASE DEFINITION – JANUARY 1, 2023**

#### **SUMMARY**

- Effective January 1, 2023, the New York State Department of Health (NYSDOH) implemented a revised surveillance case definition for multi-system inflammatory syndrome in children (MIS-C) associated with coronavirus disease 2019 (COVID-19) infection or vaccination. This revision mirrors recent changes to the Council of State and Territorial Epidemiologists (CSTE) and CDC MIS-C surveillance case definition<sup>1</sup>.
- This guidance supersedes previous NYSDOH MIS-C case definition health advisories (January 28, 2022; May 13, 2020).
- Suspected and confirmed cases of MIS-C in persons < 21 years of age potentially associated with COVID-19 infection or COVID-19 vaccination **are required to be reported** to the pursuant to 10 NYCRR 2.1.

The MIS-C case definition includes clinical, general/virologic laboratory, and epidemiological criteria. **MIS-C 2023 Case Definition Inclusion Criteria**

<b>Age</b>	Age <21 years
<b>Fever</b>	Subjective or documented fever ( $\geq 38.0^{\circ}\text{C}$ ) Note: fever no longer needs to exceed 24 hours
<b>Illness Severity</b>	Illness with clinical severity requiring hospitalization or resulting in death
<b>Alternative Diagnosis</b>	A more likely alternative diagnosis is not present*
<b>Laboratory markers of inflammation</b>	C-reactive protein $\geq 3.0$ mg/dL (30 mg/L)
<b>Organ System Involvement (2 or more)**</b>	
<b>Cardiac</b>	<ul style="list-style-type: none"><li>• Left ventricular ejection fraction &lt;55%</li><li>• Coronary artery dilatation, aneurysm, or ectasia</li></ul>

### **MIS-C 2023 Case Definition Inclusion Criteria**

- Troponin elevated above laboratory normal range or indicated as elevated in a clinical note

<b>Shock</b>	Clinician diagnosis documented in medical records.
<b>Hematologic</b>	<ul style="list-style-type: none"><li>• Thrombocytopenia (platelet count &lt;150,000 cells/<math>\mu\text{L}</math>)</li><li>• Lymphopenia (absolute lymphocyte count [ALC] &lt;1,000 cells/<math>\mu\text{L}</math>)</li></ul>

<b>Gastrointestinal</b>	<ul style="list-style-type: none"><li>• Abdominal pain</li><li>• Vomiting</li><li>• Diarrhea</li></ul>
-------------------------	--

<b>Dermatologic/ Mucocutaneous</b>	<ul style="list-style-type: none"><li>• Rash</li><li>• Inflammation of the oral mucosa</li><li>• Conjunctivitis or conjunctival injection</li><li>• Extremity findings</li></ul>
--	--

### **Laboratory Testing Criteria or Epidemiologic Linkage Criteria (1 or more)**

<b>Laboratory Testing</b>	<ul style="list-style-type: none"><li>• Positive viral test (i.e., NAAT/PCR or antigen) up to 60 days prior to or during hospitalization, or in post-mortem specimen***</li><li>• Detection of SARS-CoV-2 specific antibodies associated with current illness^</li></ul>
---------------------------	--

<b>Epidemiologic Linkage</b>	Close contact with a confirmed or probable case of COVID-19 disease in the 60 days prior to hospitalization
------------------------------	---

## Death Certificate

Death certificate lists MIS-C as an underlying cause of death or a significant condition contributing to death‡

### DATA AND STATISTICS

- As of January 19, 2023, the NYSDOH has investigated and confirmed 872 cases of MIS-C and 4 deaths attributed to MIS-C in New York children (under 21 years old).
- Of the children confirmed as MIS-C cases, 94 percent tested positive for COVID-19 either by diagnostic tests (PCR or antigen), antibody tests, or both.
- Additional and updated data are available at: <https://coronavirus.health.ny.gov/multisystem-inflammatory-syndrome-children-mis-c>

## Wastewater Surveillance for COVID – 19 and other conditions

March 8, 2023 3

### Wastewater Based Epidemiology and its Role in Infectious Disease Surveillance

Wastewater surveillance was broadly used in the 1990s to fight polio

- Wastewater surveillance has caught polio outbreaks and triggered mop-up vaccination campaigns before any children were paralyzed
- Wastewater surveillance has been adopted to monitor illicit drug use, anti-microbial resistance, and other non-polio pathogens

Indicators provide us clues that transmission is occurring or has occurred

- Cases / test positivity – dependent on symptoms and testing access and reporting
- Hospitalizations – lags days or weeks behind transmission – tip of the iceberg
- Deaths – lags days or weeks behind transmission – tip of the iceberg
- Wastewater – a real-time, unbiased community-level indicator

NEW YORK STATE Department of Health

Wastewater surveillance leads case identification, hospitalizations, and deaths by days to weeks. An important tool.

For those of you interested in this topic please go to the appendix.

## FROM NYSDOH regarding Moderna Covid Vaccines

- **All Moderna monovalent COVID-19 vaccines for ages 6-11 and ages 12 and older will reach their expiry in early April.**
- All Moderna pediatric 6mo-5y monovalent COVID-19 vaccines will reach their expiry in May and June.
- Moderna is not seeking a shelf-life extension for these vaccines.
- Ordering for Moderna monovalent COVID-19 vaccines for ages 6-11 and ages 12 and older will end on March 12, 2023. Ordering for Moderna bivalent vaccines for all age groups will remain available.
- Administration sites should be mindful of patients starting their primary series with Moderna monovalent vaccines for ages 6-11 and ages 12 and older. Depending on the date of first dose, they may not be able to complete their primary series with this product. In this case, a different COVID-19 vaccine may be administered to complete the primary series at a minimum interval of 28 days from the previous COVID-19 vaccine dose.

Moderna monovalent vaccines for ages 6-11 (5-dose vials, NDC 80777-0275-99) and ages 12 and older (10-dose vials, NDC 80777-0273-99) are set to expire in early April. **There will not be any additional shelf-life extensions for these products. Ordering for these two products in NYSIS will end March 12, 2023.**

**After March 12, 2023**, providers will need to order alternative vaccines for individuals seeking monovalent, primary series vaccines. Pfizer monovalent vaccine is available for ages 5-11 (NDC 59267-1055-04) and Pfizer monovalent Comirnaty (NDC 00069-2025-10) and Novavax (NDC 80631-0100-10) vaccines are available for individuals ages 12 and older. The U.S. government has an ample supply of these products to begin and complete their primary series.

In anticipation of the upcoming expiration of Moderna's monovalent vaccines for people ages 6 years and older, providers should be aware that depending on the date of the first Moderna dose, the same product may not be available to complete the primary series. In this case, a different COVID-19 vaccine may be administered to complete the primary series at a minimum interval of 28 days from the last COVID-19 vaccine dose. [Please read CDC guidance on interchanging COVID-19 vaccines here.](#)

Reminder, several lots of Moderna monovalent COVID-19 vaccines for children aged 6 months – 5 years have received shelf-life extensions, all will expire in May and June of 2023

Moderna has verified the new expiry dates and updated the [Moderna Vial Expiration Checker](#).

In summary:

- All Moderna monovalent COVID-19 vaccines for ages 6-11 and ages 12 and older will reach their **expiry in early April**.
- All Moderna pediatric 6mo-5y monovalent COVID-19 vaccines will reach their expiry in **May and June**.
- Moderna is not seeking a shelf-life extension for these vaccines.
- Ordering for Moderna monovalent COVID-19 vaccines for ages 6-11 and ages 12 and older will end on **March 12, 2023**. Ordering for Moderna bivalent vaccines for all age groups will remain available.
- Administration sites should be mindful of patients starting their primary series with Moderna monovalent vaccines for ages 6-11 and ages 12 and older. Depending on the date of first dose, they may not be able to complete their primary series with this product. In this case, a different COVID-19 vaccine may be administered to complete the primary series at a minimum interval of 28 days from the previous COVID-19 vaccine dose.
- Pfizer monovalent vaccine for ages 5-11 and Pfizer monovalent Comirnaty and Novavax vaccines for ages 12 and older remain available for ordering for primary series vaccination. There is ample supply of both products, and providers can order additional supply.

To check product expiration dates, the best practice is to use the manufacturer's online expiry checking tools:

- **Pfizer:** <https://lotexpiry.cvdvaccine.com>
- **Moderna:** <https://modernacovid19global.com/vial-lookup>
- **Novavax:** <https://us.novavaxcovidvaccine.com/hcp>
- **Janssen:** <https://vaxcheck.inj/>

For more information about each product, please visit the CDC website:

- [Pfizer-BioNTech COVID-19 Vaccines | CDC](#)
- [Moderna COVID-19 Vaccine | CDC](#)
- [Novavax COVID-19 Vaccine | CDC](#)
- [Johnson & Johnson's Janssen COVID-19 Vaccine | CDC](#)

We have taken steps to simplify our Covid vaccine stock to maximize shelf life and maximize efficiency taking the above information into consideration.

## Why it's so hard to get answers on *long Covid*

<https://www.vox.com/science/23620146/long-covid-research-study-inspire-bias>

selected passages from the article

[ ] mine

*"In the last few months, the first in a series of studies from the [Inspire](#) group (Innovative Support for Patients with SARS-CoV-2 Infections Registry) have been published and offer painstakingly collected data aimed at answering big questions about long Covid.*

*Inspire — a CDC-funded collaboration among eight US academic medical centers — is in many ways better designed than many other long Covid studies. However, while some of the study's findings are instructive, others are confusing. Some even appear to challenge the reality that people with long Covid face — for example, by suggesting that people who didn't catch Covid had more persistent, severe fatigue than people who were infected.*

*The Inspire study is different — and more rigorous — than many long Covid studies that came before it. They decided any adults who had symptoms of Covid-19 would be eligible for their study — both those who tested positive for Covid-19 and those who tested negative [the control group] for the infection. This design would ideally help isolate Covid-19 as the cause of even the most common symptoms. (They ultimately enrolled 4,113 Covid-positive people and 1,362 Covid-negative people, all tested between December 2020 and June 2022.)*

*The [study design](#) included a few other features intended to avoid some of the problems baked into other studies. For starters, rather than using data gathered from electronic medical records, the study uses data gathered from surveys administered directly to participants... Another promising feature of the study is that it gathers data going forward from the moment of enrollment, rather than going backward*

*So far, three papers from the Inspire study have been published since December 2022. Some of the findings they detail jibe with what many clinicians are seeing in long Covid clinics.*

*[Results the group published in January](#) showed that while more people [who tested positive] with Covid developed persistent symptoms if they were infected before the delta variant emerged, it wasn't because of differences between variants. Rather, it was because of social or demographic factors, like preexisting conditions, hospitalization for Covid, and race and ethnicity. Additionally, they found vaccination was protective against developing long Covid after infection.*

*Other findings emerging from Inspire are more confusing. The big one being: People in the control group — that is, the people who never [tested positive for] Covid — had higher rates of symptoms related to long Covid.*

*Also confusing were findings detailed in an [earlier publication](#) by the study group, which reported poor well-being more often among Covid-negative patients than among people who tested positive — 54 percent compared with 40 percent.*

*It's possible Covid diagnostics are part of the problem. When it comes to Covid tests, "the chances of a false negative are actually quite high, especially if you look at patients that are symptomatic," said Alba Azola, a physical medicine and rehabilitation specialist at Johns Hopkins University who specializes in long Covid care, and false-negative rates can be as high as [38 percent](#).*

*[Another] being, other [infections can produce "long" symptoms](#) similar to long Covid.*

*“Studying long Covid has gotten harder over time,” said Michael Peluso, an infectious disease doctor and researcher who studies long Covid at UCSF.*

*Patients want answers these studies haven’t yet provided*

*What people with long Covid really want are clinical studies of treatments for the condition, and studies that show whether repeat infections even after vaccination raise the risk of developing persistent symptoms...”*

*end*

## **Do masks work?**

Much is being said about this in the media due to a recent Cochrane review. Here is a detailed take on the subject

<https://yourlocalepidemiologist.substack.com/p/do-masks-work>

and in the media: <https://www.nytimes.com/2023/03/10/opinion/masks-work-cochrane-study.html>

<https://www.nytimes.com/2023/02/21/opinion/do-mask-mandates-work.html>

### ***Cochrane Masking Study Talking Points and Links***

#### **Issue background**

- At the end of January, the UK-based non-profit Cochrane published a review on “physical interventions to reduce the spread of respiratory diseases.”
  - They compiled and analyzed the results of 78 randomized clinical trials to create this review.
  - The physical measures evaluated in the review include:
    - Washing hands often
    - Not touching your eyes, nose, or mouth
    - Sneezing or coughing into your elbow
    - Wiping surfaces with disinfectant
    - Wearing masks, eye protection, gloves, and protective gowns
    - Avoiding contact with other people (isolation or quarantine)
    - Keeping a certain distance away from other people (distancing)
    - Examining people entering a country for signs of infection (screening)
- Cochrane has been doing meta-analysis reviews such as this one for many years, and their reviews are typically very well respected, and are often quoted in the literature and media.
- This study is commonly being referred to as an evaluation of the effectiveness of masking during the COVID pandemic.
- Certain quotes from the review, and from authors of the review in interviews, have been used to say that masking had no impact on COVID spread.
  - The review’s lead author, Tom Jefferson, has said in interviews “There is just no evidence that they (masks) make any difference. Full stop,” Even fitted N95 masks in health care settings, the interviewer asked? “It makes no difference — none of it.”
  - These quotes have been used in several op-ed pieces since.

- The review’s conclusions state that they “are uncertain whether wearing masks or N95/P2 respirators helps to slow the spread of respiratory viruses based on the studies we assessed.”
- Outside of their comments on masking, the review only commented on one other physical intervention--hand hygiene, stating that good hand hygiene may reduce the number of people who catch a respiratory illness, though their results were statistically insignificant.
- As with any review such as this, the authors state that the results may change as more individual studies and their evidence are included in the review, and that their results are only as good as the studies that comprise it.

### **Talking points**

- While this review is widely being interpreted as being solely about masking, it is about (a) numerous physical measures to prevent respiratory illness, and (b) more than just COVID.
  - Of the 78 studies that comprise the review, **only 12** are about masking, and **only 2** of those 12 were performed during the COVID pandemic.
  - Neither of those two studies looked directly at whether people wear masks (or wear them correctly), but instead at whether people were encouraged or told to wear masks by researchers.
- Because the review covered several respiratory illnesses, it makes making conclusions about solely COVID difficult, as some viral respiratory illnesses are much more contagious (COVID) than others (influenza).
  - Most of the studies in the review look at influenza transmission during normal conditions.
- The review included studies in many different settings, leading many to wonder if masking in a school setting, for example, should be included together with masking in a hospital ward when evaluating masking as a whole.
- Cochrane’s preference for using randomized clinical trials limits their coverage of studies that seek to evaluate the impact of masking on disease transmission.
- Studies to solely examine masking can be difficult, as typically more than one infection control measure is used to minimize potential pathogen spread.
- ***The review’s conclusion of “no evidence of a difference when wearing masks” does not mean that there is “evidence of no difference when wearing masks.”***

The actual Cochrane review on “physical measures to prevent respiratory diseases:”

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub6/full>

The shorter summary version from Cochrane:

[https://www.cochrane.org/CD006207/ARI\\_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses](https://www.cochrane.org/CD006207/ARI_do-physical-measures-such-hand-washing-or-wearing-masks-stop-or-slow-down-spread-respiratory-viruses)

## **Ticks and Lyme**

Lifecycle of Blacklegged Ticks

A nice summary with a good graphic on the subject from the CDC:

<https://www.cdc.gov/lyme/transmission/blacklegged.html#:~:text=The%20lifecycle%20of%20blacklegged%20ticks,at%20every%20stage%20to%20survive.>



## **Regarding prevention: SUMMARY AND RECOMMENDATIONS**

- We suggest that individuals who enter tick habitat practice the following personal protective measures ([Grade 2C](#)):
  - Use tick repellents, such as DEET, on skin and [permethrin](#) on clothing, according to manufacturer's instructions. Products should be US Environmental Protection Agency (or analogous regulatory agencies in other endemic regions) registered. (See '[Tick repellents](#)' above.)
  - Wear insecticide- or repellent-treated, long-legged and long-sleeved clothing. (See '[Protective clothing](#)' above.)
  - Place dry clothing briefly in a dryer after outdoor activities. (See '[Placing clothes in a dryer](#)' above.)
  - Check for and promptly remove ticks after exposure to tick habitat. (See '[Checking for and removing ticks](#)' above.)
  - Bathe after exposure to tick-infested areas, preferably within two hours after exposure. (See '[Bathing after exposure to tick-infested habitat](#)' above.)
- Area-wide dispersion of acaricides (pesticides that kill ticks) in Lyme disease-endemic regions can dramatically reduce tick populations. However, applications of residential acaricides have not been proven to reduce human-tick exposure or tickborne illness. (See '[Targeting the tick](#)' above.)
- Host-targeted tick control strategies, such as bait boxes containing acaricides for rodents or application of acaricides to kill ticks on deer, may be effective for reducing Lyme disease risk in certain settings. (See '[Targeting reservoir hosts](#)' above.)
- Human exposure to ticks can likely be reduced by placing outdoor recreational equipment such as swing sets away from the forest edge, and by laying down wood chips or gravel between woods and lawns to delimit the zones of high tick density. (See '[Landscape management](#)' above.)

## **Bed bugs and humor- a video courtesy of NYSDOH**

Some of you may be familiar with YouTuber and former NASA engineer Mark Rober. His videos are said to be always well done and get millions of views. This one is a little different than his usual ones, as he spends it all on bed bugs—their life cycle, what works and doesn't for eradicating them, and how to prevent picking them up. He even "sacrifices" himself "for science" by letting them bite him. 23 minutes of light bed bug entertainment.

<https://www.youtube.com/watch?v=2JAOTJxYqh8>

Respectfully submitted,

Dr . Wm. Klepack

## **Appendix:**

1. The early intervention program, an overview
2. Wastewater surveillance for disease and addiction – a rather complete depiction.

## How To Do “Early Intervention” in Primary Care

By Valentina Sedlacek BA; Aaron Williams NP; Luzann Ampadu NP; Katie Lashway MS RN; Roxana Inscho BS MS; Kristin Kane; Michael Mendoza, MD, MPH, MS; David Holub, MD and Colleen T Fogarty, MD, MSc, FAAFP

*First published in Family Doctor, a journal of the New York Academy of Family Physicians and used by permission*

**Note: to make a referral in Tompkins County please call CSCN at 607-274-6644 during regular business hours,**

Although family physicians and general pediatricians often find themselves responsible for screening for and managing concerns that arise in early childhood, they are seldom able to provide all necessary services.<sup>1,2</sup> One example is early intervention for suspected developmental delays. It is estimated that 15% of children in the United States have at least one developmental delay. Less than one-fifth of those children receive early intervention services before three years of age.<sup>3</sup> In New York State, the Early Intervention (EI) program is administered by a local municipality, typically the local health department, which is responsible for evaluating children from birth to age 3 for developmental concerns, and for referring those who are eligible to the appropriate EI services (most commonly physical, occupational, and speech therapy). Despite timely referral to EI being one of the best things a primary care provider can do for a child with suspected or established developmental delay or disability, many clinicians are unsure of the nuances of the program or how the referral process works.<sup>3,4,5</sup> There is a great need to improve the process of referring to EI in a timely manner and initiating vital services. In this article, we will briefly review critical information for a busy clinician to know about the Early Intervention Program (EIP) and the steps of referring a child to EI.

### What is the “Early Intervention Program”?

1. Early Intervention is a program within the New York State program, **Children and Youth with Special Health Care Needs** (CYSHCN). The program supports children and youth ages birth through 21 years with special health care needs due to physical conditions, intellectual or developmental disability, and/or behavioral or emotional conditions. CYSHCN influences public policy and provides financial supports and technical assistance to programs in New York State counties that support these children. CYSHCN will also work directly with families to help them meet the medical and non-medical needs of their children, including financially and by connecting them to local community resources.
2. EI offers evaluations and services for children (birth to age 3) with a suspected or confirmed developmental delay. The child must meet NYS eligibility criteria. Services available in EI include: OT, PT, speech, special education, vision, teacher of the deaf, social work, and developmental groups.
3. EI also provides monitoring for children that do not have a confirmed or suspected delay, if parents/guardians have questions about their child’s development, if the child is at risk for a delay or a screening has indicated a need for continued monitoring. The monitoring program is called “**Child Find**” or “**At Risk.**”

### **Role of Early Intervention in New York State:**

The New York State Early Intervention Program allows children under the age of 3 years with suspected or established developmental delay or confirmed disability, as defined by the State, to be eligible for services. The **delay or disability** must be in one of or more of the following **areas** of development: **physical, cognitive, communication, social-emotional, and/or adaptive**.

The program was first **created by Congress in 1986 as part of the Individuals with Disabilities Education Act.**<sup>6</sup> **In New York State**, it was established as a program in Article 25 of the Public Health Law and has been in effect since July 1, 1993. Today, it is administered by the New York State Department of Health through the Bureau of Early Intervention. Every county has an Early Intervention Official designated by the chief elected official of the county/ municipality. The EI Official administers the EI program locally.

Goals for the NYS program are to be family centered, community based, coordinate services and track measurable outcomes for children and families.<sup>7</sup> Early intervention and the medical home accomplish this by integrating primary and specialty health providers. The two together support family participation in the early intervention services. Together they aspire to assure equity of access, quality, consistency and accountability.

<sup>8,5</sup> Within family medicine, we should integrate and apply these goals into the referral process for early intervention services. While the importance of families in supporting the health and developmental outcomes of young children is well established, too often there remains a disconnection between the values of family-centered practice and the everyday practice of early intervention.<sup>9</sup>

### **The Process of Making a Referral:**

#### **Step 1: Making a referral**

The discussion about a referral is often initiated after a positive screen with a validated screening tool. Screening tools can easily be incorporated into the workflow of the primary care practice and used at regular, repeated intervals to supplement physician surveillance at well-child visits. Parent-completed and extensively evaluated tools such as the Ages and Stages Questionnaire and the Parents' Evaluation of Developmental Status have been proven to be most effective in this setting.<sup>3,5</sup>

Referrals can be made in several ways: 1) As the **clinician**, you suspect a developmental delay or disability due to screening results or clinical judgement; 2) **Parents suspect and self-refer** using an online referral form or by calling the EI program. Ideally, the child is referred to EIP within 2 days of identification.

During the visit when the referral is made, the family is informed of the suspected developmental delay or disability and the benefits of EIP. It is essential that the primary care provider present EIP as a family-centered partnership. Parental/guardian buy-in is essential for the interventions to be effective over time.<sup>9</sup>

Things to stress to the family:

- EI is a **voluntary program** so checking for parent/caregiver agreement and willingness to participate is helpful. Helping parents understand that the EIP is **family centered** may reduce reluctance to engage.
- Let families know that there are **no out of pocket expenses** for the program. Insurance or Medicaid is billed. The County will pay any uncovered expenses.
- When making a referral, provide as much information as possible regarding developmental concerns.

- If a screening tool was completed, please include a copy in the referral. This documentation helps to determine if the child is appropriate for evaluation or developmental monitoring. It is also very helpful for the evaluation teams to have more information.
- Updated demographic information is critical to enable the EIP to contact the family with an accurate phone number/address.

## **Step 2: Referral process**

1. Early Intervention official assigns an initial service coordinator.
2. Service coordinator provides a family visit. Visit goals include:
  - a. Providing the family with information about EIP
  - b. Informing the family of their rights.
  - c. Reviewing a list of evaluators (specific to type of delay or disability noticed in screening that prompted the referral).
  - d. Obtaining insurance/ Medicaid information.
  - e. Obtaining other relevant information.

## **Step 3: Determine eligibility of the child for services or developmental monitoring**

This step is completed by an evaluator who is a licensed clinician specially trained and qualified to use a standardized, norm referenced tests appropriate for the child's age. The multidisciplinary evaluation looks at the child's functioning in the five areas of development, including the area(s) of concern to determine eligibility (physical, cognitive, communication, social-emotional, and/or adaptive). There is the option for a "family assessment," which is a conversation between the family and a member of the child's evaluation team. The goal of this family-directed discussion is to identify the resources, priorities and concerns the family needs from EI services and other community services or supports to best care for and enhance their child's development. The information is kept entirely private and families decide what is shared.

All of this information is gathered and summarized in a report. The outcome of this step is a recommendation for services or the developmental monitoring program. A letter is sent back to the referring provider with the outcome. With parental permission, the primary care provider will receive a copy of the multidisciplinary evaluation report.

## **Step 4: Making an Individualized Family Service Plan**

The IFSP (Individualized Family Service Plan) meeting is conducted to develop a service plan. This plan includes:

- a. Family identification of desired outcomes
- b. Recommendation of specific EI services
- c. Identification of ongoing service coordinator to be in communication with family

**This written plan must be developed and agreed to by the family and Early Intervention Official.** Possible Early Intervention **services** for an eligible child include: assistive technology devices and services; audiology; family training, counseling, home visits and parent support groups; nursing services; nutrition services; occupational therapy; physical therapy; psychological services; service coordination; social work services; speech-language pathology; vision services health services; transportation and related costs; special instruction.

The IFSP is reviewed after six months and evaluated annually to decide to continue, add, modify or delete outcomes, strategies and/or services. Parents may request to review the IFSP sooner. If parents request an increase in services, the EI officer may ask for independent evaluation.

#### **Step 5: Transition of services after 3 years of age**

Coordination of services and monitoring of development for children 3-5 years old is transitioned to Preschool Special Education (services under Section 4410 of Education Law) or to other early childhood services.

**Child Find: If a child did not qualify for services, the child may be eligible for a developmental monitoring program called “Child Find Program.” It is a voluntary program designed to identify and monitor children at risk for developmental delay but who do not qualify for Early Intervention services at the time of initial evaluation. This program can be done in collaboration with the child’s primary clinician following the physician’s practice screening guidelines. Nurse works with family and health care provider to monitor child’s skills by using developmental screenings as part of their regular health care follow up.**

<https://www.orangecountygov.com/775/Early-InterventionChild-Find>

#### **Answers to frequently asked questions by clinicians:**

1. How would a clinician know if a child is already followed by early intervention?
  - a. The best way is to ask the child’s parents or guardians. In an EMR such as Epic, you can also look in the “media” section of the child’s chart for a historical letter or contact the EI team directly through their number.
2. Who do I call if I’m not sure whether to refer or have questions?
  - a. If the delay is questionable or other circumstances are present, please feel free to contact the EIP directly. Or reach out to your local program through the municipality health department.
3. Who do I call if the child is older than 3 years?
  - a. After 2 years, 9 months, it is most appropriate to call the Committee on Preschool Special Education (CPSE) in the child’s school district. You can also call the EIP number and the EI clerk can give you the correct number to call.
4. How do I explain the EIP to a patient who speaks a different language from me?
  - a. Please visit [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/](https://www.health.ny.gov/community/infants_children/early_intervention/) for flyers and brochures in different languages.

Minimizing long-term disability depends on both on identification of developmental delays through standardization of developmental screenings, and connection to effective developmental services such as EI.<sup>10</sup> EI gives every child less than three years of age who are experiencing or are at risk of developmental delays evidence-based and affordable therapies. Primary care providers play a key role in this process. By being involved in the EI process, primary care providers can activate families to pursue an evaluation, help them overcome any barriers to referral completion, and serve as trusted partners with the family and multidisciplinary teams to provide seamless coordinated care to children.<sup>12, 13</sup> EI services have been shown repeatedly to improve developmental outcomes,<sup>14-16</sup> mitigate secondary behavioral complications,<sup>10</sup> and increase caregiver confidence.<sup>16- 18</sup> It is established that the majority of children eligible for CYSHN services are not receiving services for their developmental problems and that there is significant racial disparity.<sup>19, 20</sup> Primary care providers must understand the CYSHN program and how to connect their patients to this incredible resource.

## Acknowledgements:

This article and project were developed by a team including practitioners, practice administrators, social workers, and Early Intervention Program staff at the Monroe County Department of Health. The collaboration between the Monroe County Department of Health Early Intervention Program and Highland Family Medicine made this possible.

## Endnotes

- [1] Oberklaid F, Efron D. Developmental delay—identification and management. *Aust Fam Physician*. 2005;34(9):739-742
- [2] Mackrides, Paula S, Ryherd, Susan J. Screening for Developmental Delay. *American Family Physician*. 2011;84(5):544-549.
- [3] Vitrikas K, Savard D, Bucaj M. Developmental Delay: When and How to Screen. *Am Fam Physician*. 2017;96(1):36-43.
- [4] Mackrides PS, Ryherd SJ. Screening for developmental delay. *Am Fam Physician*. 2011;84(5):544-549.
- [5] Lipkin PH, Macias MM; COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. *Pediatrics*. 2020;145(1):e20193449. doi:10.1542/peds.2019-3449
- [6] Adams RC, Tapia C; Council on children with disabilities. Early intervention, IDEA Part C services, and the medical home: collaboration for best practice and best outcomes. *Pediatrics*. 2013;132(4):e1073-e1088. doi:10.1542/peds.2013-2305
- [6] Department of Health. Early Intervention Program Mission and Goals - New York State Department of Health. [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/eip\\_goal.htm](https://www.health.ny.gov/community/infants_children/early_intervention/eip_goal.htm). Accessed November 18, 2021.
- [7] Belcher HM, Hairston-Fuller TC, McFadden J. How do we assess family supports and fairness in early intervention?. *Dev Disabil Res Rev*. 2011;17(1):36-43. doi:10.1002/ddrr.137
- [8] Foster TD, Decker KB, Vaterlaus JM, Belleville A. How early intervention practitioners describe family-centred practice: A collective broadening of the definition. *Child Care Health Dev*. 2020;46(3):268-274. doi:10.1111/cch.12749
- [9] Wainer AL, Hepburn S, McMahon Griffith E. Remembering parents in parent-mediated early intervention: An approach to examining impact on parents and families. *Autism*. 2017;21(1):5-17. doi:10.1177/1362361315622411
- [10] Conroy K, Rea C, Kovacicova GI, et al. Ensuring Timely Connection to Early Intervention for Young Children With Developmental Delays. *Pediatrics*. 2018;142(1):e20174017. doi:10.1542/peds.2017-4017
- [11] Sices L, Feudtner C, McLaughlin J, Drotar D, Williams M. How do primary care physicians identify young children with developmental delays? A national survey. *J Dev Behav Pediatr*. 2003;24(6):409-417. doi:10.1097/00004703-200312000-00002
- [12] Rose L, Herzig L, Hussey-Gardner B. Early Intervention and the Role of Pediatricians. *Pediatrics in Review*. 2014;35(1):e1-e10. <https://doi.org/10.1542/pir.35.1.e1>
- [13] Rahi JS, Manaras I, Tuomainen H, Hundt GL. Meeting the needs of parents around the time of diagnosis of disability among their children: evaluation of a novel program for information, support, and liaison by key workers. *Pediatrics*. 2004 Oct;114(4):e477-82. doi: 10.1542/peds.2004-0240. PMID: 15466074.
- [14] Bailey DB Jr, Hebbeler K, Spiker D, Scarborough A, Mallik S, Nelson L. Thirty-six-month outcomes for families of children who have disabilities and participated in early intervention. *Pediatrics*. 2005 Dec;116(6):1346-52. doi: 10.1542/peds.2004-1239. PMID: 16322157.
- [15] Nordhov SM, Rønning JA, Ulvund SE, Dahl LB, Kaarensen PI. Early intervention improves behavioral outcomes for preterm infants: randomized controlled trial. *Pediatrics*. 2012 Jan;129(1):e9-e16. doi: 10.1542/peds.2011-0248. Epub 2011 Dec 19. PMID: 22184645.
- [16] Shonkoff JP, Hauser-Cram P. Early intervention for disabled infants and their families: a quantitative analysis. *Pediatrics*. 1987 Nov;80(5):650-8. PMID: 3313255.

[17] National Research Council (US) and Institute of Medicine (US) Committee on Integrating the Science of Early Childhood Development. From Neurons to Neighborhoods: The Science of Early Childhood Development. Shonkoff JP, Phillips DA, editors. Washington (DC): National Academies Press (US); 2000. PMID: 25077268.

[18] Karoly LA, Greenwood PW, Everingham SS, et al. *Investing in Our Children: What We Known and Don't Know About the Costs and Benefits of Early Childhood Interventions*. Santa Monica, CA: RAND; 1998.

[19] Rosenberg SA, Zhang D, Robinson CC. Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*. 2008 Jun;121(6):e1503-9. doi: 10.1542/peds.2007-1680. Epub 2008 May 26. PMID: 18504295.

[20] Feinberg E, Silverstein M, Donahue S, Bliss R. The impact of race on participation in part C early intervention services. *J Dev Behav Pediatr*. 2011 May;32(4):284-91. doi: 10.1097/DBP.0b013e3182142fbd. PMID: 21389865; PMCID: PMC3138901.

**Valentina Sedlacek, BA** is a third-year medical student at the University of Rochester School of Medicine and Dentistry in Rochester, NY. She serves as a student representative to the AAFP Congress of Delegates and as alternate upstate student delegate to the NYSAFP Congress of Delegates. She is extremely passionate about community health and community-engaged collaborative research. Prior to medical school, she worked in dialysis and public health.

**Aaron Williams FNP** is a family nurse practitioner at Highland Family Medicine and Associate Program Director of the Nurse Practitioner Residency.

**Luzann Ampadu MS FNP-BC** is a family nurse practitioner at Highland Family Medicine and is currently completing a doctoral degree with work focused on pediatric screenings.

**Katie Lashway MS RN** is a registered nurse care manager and current program manager at Highland Family Medicine.

**Roxana Inscho BS MS** is the Special Children's Services Administrator for the Monroe County Department of Public Health and has previously served in other positions at the county level and taught public health.

**Kristin Kane** is the Special Children's Services Coordinator for the Monroe County Department of Public Health.

**Michael Mendoza, MD, MPH, MS** is Commissioner of Public Health for Monroe County and Associate Professor at the University of Rochester in the Department of Family Medicine, Public Health Sciences, and Nursing. Dr. Mendoza bridges his experience leading clinical practice transformation with his passion for systems change to improve population health and approaches his role as Commissioner with the goal of strengthening the connections between clinical medicine and public health in our community. He is board certified in family medicine, and in addition to his responsibilities as Commissioner, practices outpatient and inpatient family medicine as part of Highland Family Medicine in Rochester, NY.

**David Holub MD** is a family physician at Highland Family Medicine and is the Associate Residency Director for the University of Rochester Family Medicine Residency and is an Associate Professor in the Department of Family Medicine.

**Colleen T. Fogarty, MD, MSc, FAAFP** is an Associate Professor of Family Medicine at the University of Rochester, Department of Family Medicine, where she is Medical Director of the Highland Family Medicine practice and Associate Chair for Clinical Practice and Interprofessional Education. She directs the Finger Lakes Center for Primary Care Clinician Education, as well as the Department of Family Medicine Faculty Development Fellowship. She is a member of NYSAFP and a Fellow of the AAFP.

# Wastewater Surveillance



March 8, 2023

3

## Wastewater Based Epidemiology and its Role in Infectious Disease Surveillance

Wastewater surveillance was broadly used in the 1990s to fight polio

- Wastewater surveillance has caught polio outbreaks and triggered mop-up vaccination campaigns before any children were paralyzed
- Wastewater surveillance has been adopted to monitor illicit drug use, anti-microbial resistance, and other non-polio pathogens

Indicators provide us clues that transmission is occurring or has occurred

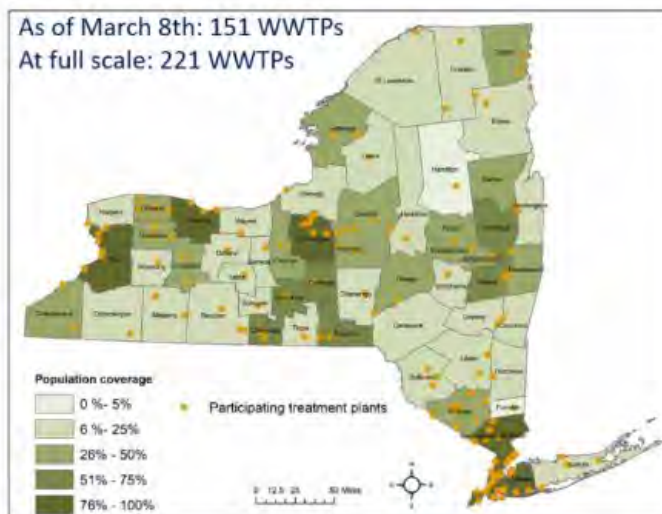
- Cases / test positivity – dependent on symptoms and testing access and reporting
- Hospitalizations – lags days or weeks behind transmission – tip of the iceberg
- Deaths – lags days or weeks behind transmission – tip of the iceberg
- Wastewater – a real-time, unbiased community-level indicator





## NYS Wastew

- In collaboration with the Centers for Disease Control and Prevention (CDC), Syracuse University, and the New York State Department of Environmental Conservation, the New York State Department of Health (NYSDOH) led the efforts to establish the New York State Wastewater Surveillance Network in August 2020.



***Completely voluntary by local wastewater plants and unreimbursed (some supplies provided gratis).***

***Methodology for sample collection:***

***Our labs in NY state analyze raw influent wastewater. This is sampled using composite samplers at the wastewater treatment plants. They're the same samples they test for environmental regulation. The***

***A composite sampler takes a small sample at a regularly programmed frequency, so over 24 hours you get a representation of everything that's gone through the treatment plant in that day.***

## NYS Wastewater Surveillance Network

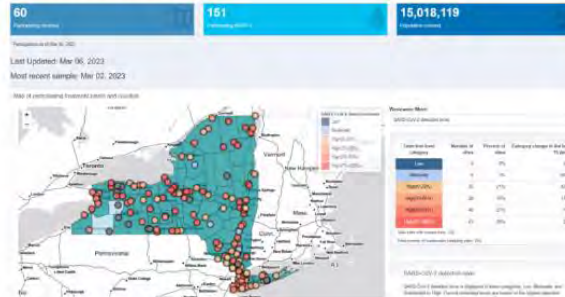
- Efforts to establish a statewide wastewater surveillance network in New York began in August 2020.
- Currently, every county in New York State is participating in the network
- As of today, more than 15 million New Yorkers covered by the network

## Growth of the Network

January 2022



March 2023



**All 62 counties participating. Results used to provide information to local health departments. Public notification done when warranted by LHDs. A NYS dashboard available to the public. Findings correlate with cases per 100,000 but as get into “high and very high” levels direct correlation is not accurate.**

**Their Dashboard is here: <https://mbcolli.shinyapps.io/SARS2EWSP/#> You'll need to bookmark it, as it does not show up in a Google search. They are changing that.**

**Drug testing is a viable feature including opioids. Consideration is being given to it. If a particular county is interested in drug surveillance it can discuss a pilot program with the state. Genesee/Orleans- will be using Biobot to test for opioids in wastewater. Fentanyl can be included.**

**They are hoping to expand influenza and RSV statewide for next transmission season. They are awaiting funding decisions. They aim to have it in place in August.**

**Obviously, people on septic systems are not included in wastewater data.**

## Open Data

- In February 2023, We initiated the process of making wastewater available to the public
- In in 3-4 weeks, COVID-19 Wastewater data will be available on [State of New York | Open Data Health | State of New York \(ny.gov\)](https://data.health.ny.gov/).

### COVID-19 Wastewater Surveillance Data in New York

#### DATA DICTIONARY

Center for Environmental Health  
February 17, 2023

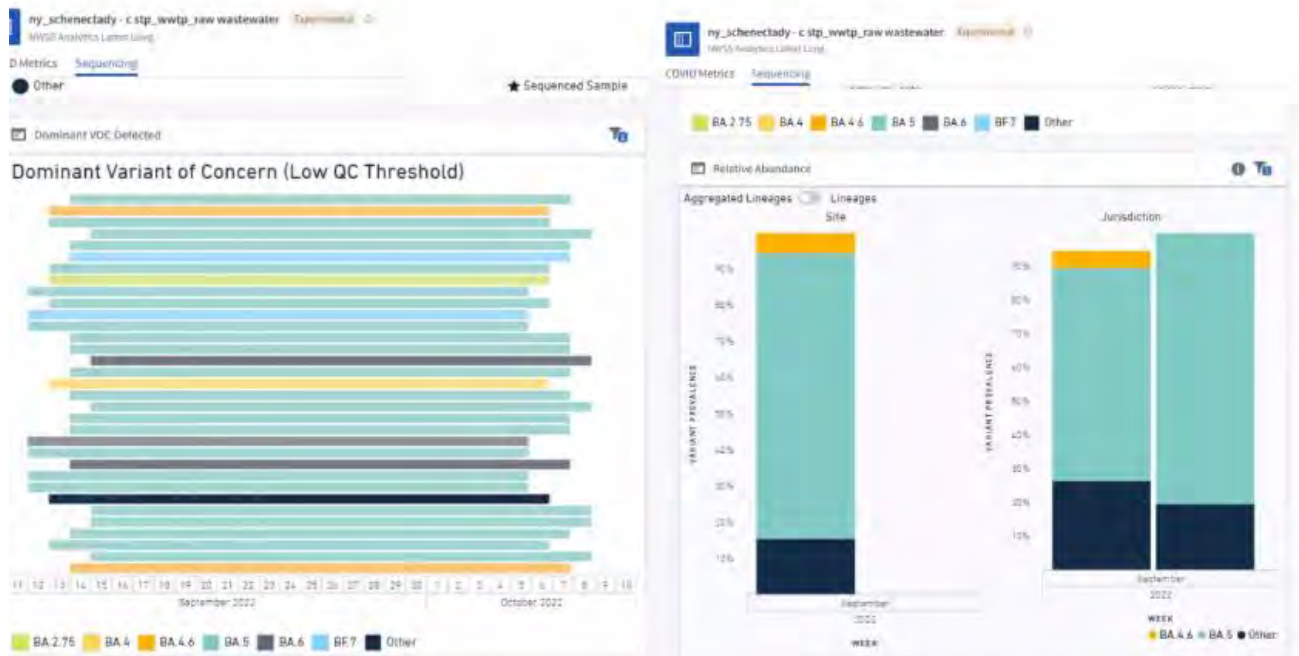
Health Data NY

Field Name	Description
county	County name
date	Sample date
value	COVID-19 concentration
unit	Units of measurement
location	Location of the sample
method	Method of detection
status	Status of the sample
notes	Additional information



# Genetic Sequencing

- To identify the multiple variants or lineages of SARS-CoV-2
- To estimate the relative proportions of these lineages



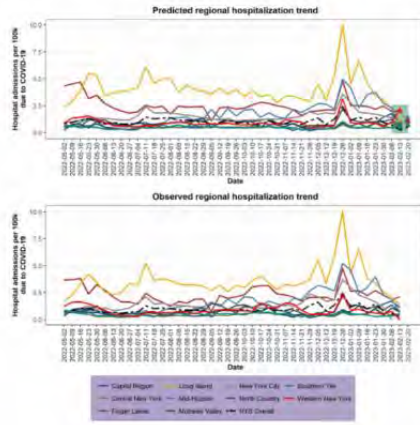
## COVID-19 HOSPITALIZATION FORECASTING

*Using historical data, the system has developed the model of predicting downstream hospitalizations. These hospitalizations and any deaths are expected to be days to weeks after detection in wastewater. This makes it a most timely early indicator of difficulty and of utility to public health.*

- COVID 19 Hospitalization are predicted at county, regional, and statewide level
- County Hospitalization forecasting will be shared with LHDs in the weekly memos

COVID-19 Hospitalization Forecasting By Region

Our predictive model of hospitalizations is based on wastewater data and localized risk.



- COVID-19 hospitalizations within a community are a function of:
- the transmission intensity (derived from wastewater surveillance)
  - the transmission within the community.
  - the level of immunity within the community
  - the underlying health status of the community

Predicted regional hospitalizations for the previous and current week

Region	Hospital admissions per 100k for the previous week	Hospital admissions per 100k for the current week	Percent change from the previous week
Albany Region	12.11 (20)	17.11 (26)	+40.46%
Buffalo Region	11.11 (20)	16.11 (26)	+44.91%
Capital Region	10.11 (20)	15.11 (26)	+49.36%
Central New York	9.11 (20)	14.11 (26)	+53.81%
Empire State	8.11 (20)	13.11 (26)	+58.26%
Long Island	7.11 (20)	12.11 (26)	+62.71%
North Country	6.11 (20)	11.11 (26)	+67.16%
North York City	5.11 (20)	10.11 (26)	+71.61%
Queens County	4.11 (20)	9.11 (26)	+76.06%
South County	3.11 (20)	8.11 (26)	+80.51%
Ulster County	2.11 (20)	7.11 (26)	+84.96%
Westchester County	1.11 (20)	6.11 (26)	+89.41%
WNY District	0.11 (20)	5.11 (26)	+93.86%

\*Predicted total in-patient hospital admissions and value per 100,000 population in parentheses

POLIOVIRUS DETECTION IN WASTEWATER

*The preexisting system was able to be ramped up with the advent of the Rockland County case earlier this past year.*



# Weekly Report

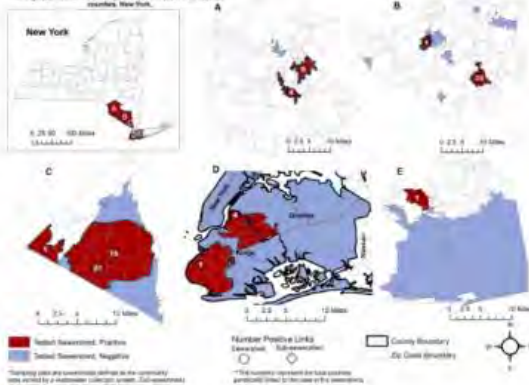
[https://health.ny.gov/diseases/communicable/polio/docs/waste\\_water\\_surveillance\\_report.pdf](https://health.ny.gov/diseases/communicable/polio/docs/waste_water_surveillance_report.pdf)

## Poliovirus Wastewater Surveillance Report

February 23, 2023

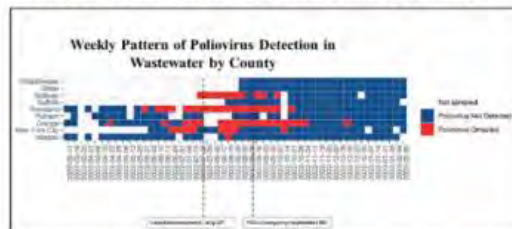
### NYS Sewersheds with Poliovirus Detections Linked to Paralytic Polio Case

Sewersheds with detections<sup>\*\*</sup> of poliovirus type 2 genetically linked to the case occurred from a wastewater public system in Sullivan (S), Orange (O), Rockland (R), Ulster (U) and Westchester (W) counties, New York.



POLIOVIRUS WASTEWATER SURVEILLANCE REPORT | PAGE 1

### Weekly Poliovirus Detection in Wastewater By County



Poliovirus detections continue, starting with the detection of a poliovirus Type 2, including genotypes that have not been previously identified in the wastewater used in Rockland County.

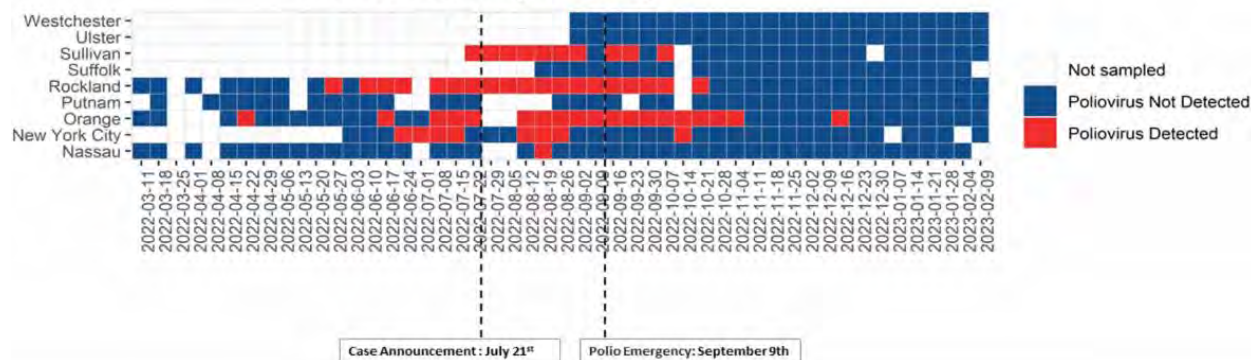
### Monthly Poliovirus Wastewater Data Analysis by County

COUNTY	MONTH	NUMBER OF SAMPLING SITES	TOTAL SAMPLES TESTED (SITES x DAYS)	POLIOVIRUS NOT DETECTED	POLIOVIRUS DETECTED
WESTCHESTER	February-2023	6	20	0	20
	January-2023	7	63	0	63
	December-2022	7	56	0	56
	November-2022	7	62	0	62
	October-2022	7	47	0	47
	September-2022	7	55	0	55
	August-2022	7	18	0	18
<b>WESTCHESTER TOTAL</b>			<b>317</b>	<b>0</b>	<b>317</b>
ULSTER	February-2023	3	6	0	6
	January-2023	2	6	0	6
	December-2022	3	13	0	13
	November-2022	2	14	0	14
	October-2022	3	16	0	16
	September-2022	2	15	0	15
	August-2022	0	2	0	2
<b>ULSTER TOTAL</b>			<b>69</b>	<b>0</b>	<b>69</b>

POLIOVIRUS WASTEWATER SURVEILLANCE REPORT | PAGE 2

*This summarizes where polio was and where it was not found in 2022.*

## Weekly Pattern of Poliovirus Detection in Wastewater by County



*Each time cases arise in another country (chiefly Israel) surveillance becomes even more important.*

# OTHER PATHOGENS DETECTION IN WASTEWATER

## Additional Pilot Pathogens

- Influenza A
- Respiratory Syncytial Virus (RSV)
- Hepatitis A
- Norovirus
- Antimicrobial Resistance

## Expansion Plan 2022-2023

*Possible idea for the future:*

## Boosting COVID-19 vaccination uptake using wastewater surveillance: a comparison-control trial

### Goal

- To determine the effect of a communications campaign utilizing wastewater surveillance data to influence vaccine uptake in metropolitan and non-metropolitan counties in New York State



# INCENTIVE PROGRAM

Article 6 incentive program provides monies to counties that agree to participate

## Measure 1: Educational training

- 60-90 minute educational training video for the Commissioner/Public Health Director, or their designee (at a minimum, more staff welcome to view)
- Based on initial feedback from LHDs, half of the score will be based on this educational component
- Since this a newer surveillance tool, focus on learning about the technique and its value to public health was important

## Measure 2: Population Coverage

- Percent of eligible population served by treatment plants participating in wastewater surveillance
  - Only population served by PUBLIC water supply is eligible (not entire population of a county)
- Goal is to increase coverage
  - If baseline coverage is already 80% or more, metric is considered MET as long as it is maintained
- NYSDOH CEH Wastewater Surveillance team (5 epidemiologists) will do most of the outreach with treatment plant operators but would like support and assistance of LHDs if needed
- LHDs will NOT be penalized if plants won't/can't participate
  - If LHD makes good faith efforts to assist getting treatment plant on board but WWTP refuses or is otherwise prohibited from participating, the population served by that plant will be considered ACTIVE for the purposes of the PI metric.

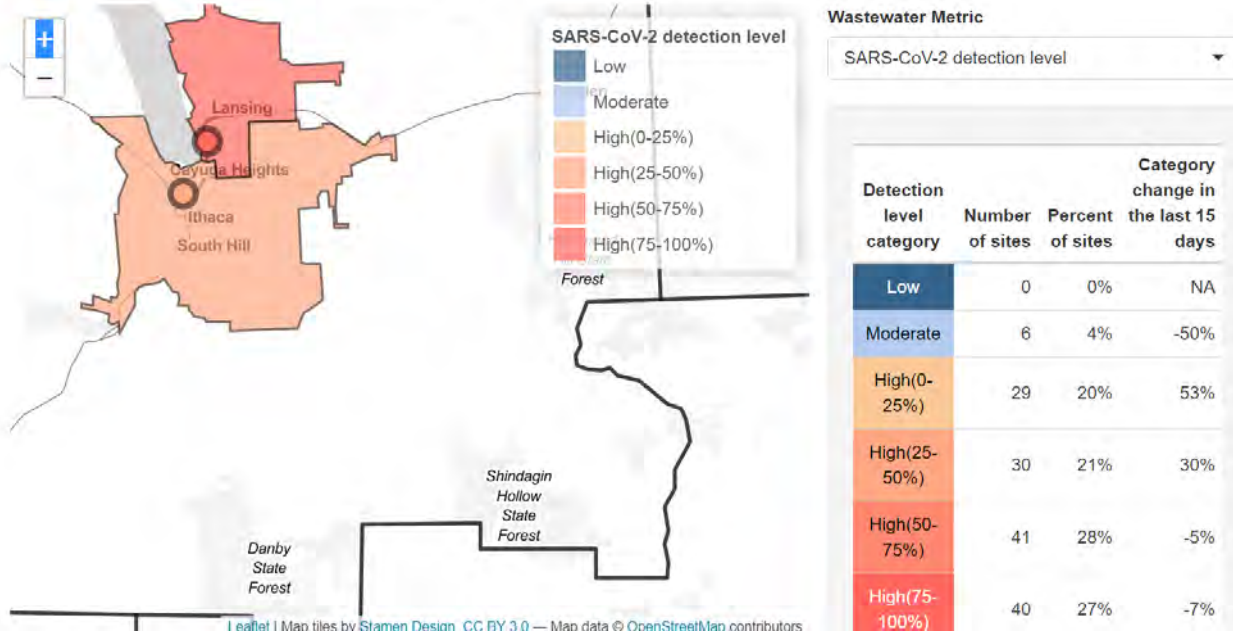
## Measure 3: Sampling Frequency and Consistency

- (A) Frequency: Goal is for participating plants with flow capacity of 5 million gallons per day to sample twice per week
  - Percent of participating weeks where samples collected 2X per week
  - Counties without 5 MGD plants will get automatic credit
- (B) Consistency: Goal is for participating plants to collect at least one sample per week throughout the incentive period
  - Percent of participating weeks where samples collected at least 1x per week
  - No penalty for issues outside LHD and plant control (package lost, power outage etc.)
- State team currently identifies missing samples and coordinates with plants to determine issue and propose solutions
- LHDs would support State team to help coordinate with treatment plant operators to achieve continued sampling



**Current picture as of 030823 in our county:**

Map of participating treatment plants and counties



**GIS information is publicly available here, including the data:**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001062>.

## Division for Community Health

March 28<sup>th</sup>, 2023 Board of Health meeting

February 2023 monthly report

By Jess Clark Manderville, Senior Community Health Nurse, Celeste Rakovich, Senior Community Health Nurse and Michelle Hall, WIC director

### Communicable Disease:

- **Covid:** During the month of February the community level for Covid started out low and progressed to medium. TCWH issued a press release on Feb 14<sup>th</sup> informing the community of the updated guidance from NYSDOH regarding the Removal of Mask Mandate in Healthcare Facilities. This guidance asks facilities to develop their own plan regarding masking requirements for staff and visitors, using the CDC's community transmission level as a minimum threshold. CHS nurses continue to provide guidance to healthcare providers and community members on Covid isolation, testing, vaccination, and masking guidance.
- **Flu:** Flu continues to be widespread in New York State and Tompkins County during the month of February. CHS nurses continue to encourage Flu vaccine and education regarding illness. Flu vaccine is being offered during our Friday on-site immunization clinics and our monthly homebound clinic.
- **Other Communicable Disease:** February was a busy month in the CD world.
  - **Malaria:** We had one confirmed case of malaria in February. The person traveled to Kenya over the winter break, did not take prophylactic malarial medication and succumbed to repeating cycles of fever, chills, body aches and headache upon their return to Ithaca. The patient was treated at CMC with a follow up at infectious disease and has fully recovered. The patient was encouraged to schedule pre-travel visit before their next travel to Kenya. Of note the patient's labs indicated that they had been exposed to Dengue in the past, but this was not a current infection.

- **Salmonella Typhi (Typhoid Fever):** We had one confirmed case of typhoid in February. This person traveled to Pakistan over the winter break and succumbed to fever, headache, watery diarrhea, and abdominal pains after traveling to southern Pakistan in an area that was known for flooding and typhoid outbreak. This patient returned to Ithaca with worsening symptoms and was seen and treated at CMC with a follow up with infectious disease. It was confirmed that the patient had drug resistant Typhoid that is common to southern Pakistan and was treated accordingly. We are working with the patient to follow up with specimen testing to ensure they have been properly treated although the patient is symptom free now.
- **Salmonellosis:** We had two confirmed cases of Salmonellosis. Both persons traveled to Mexico. The first person traveled with 26 other people, however this person and three others, became ill. The main symptom for this person was diarrhea and the patient was treated with medication and symptoms resolved. The other traveler went with family but was the only one ill. The patient experienced nausea, vomiting and profuse diarrhea with abdominal pains. The patient reported eating a traditional dish consisting of raw fish and was the only one in the family to ingest this and believes it the cause of the illness. The patient's symptoms had resolved without medication at the time of the interview.
- **Amebiasis:** We had one confirmed case of amebiasis. This person traveled over their winter break to India for a family wedding. The person thinks they ingested unfiltered water at a large gathering. Interestingly this person never developed symptoms of this disease, which can be common. Her provider ran many tests/labs for other medical issues when this lab came up positive. There is no treatment since the patient did not develop symptoms related to this disease.

**SafeCare Program:**

- We currently have three families enrolled in SafeCare. We are in regular communication with DSS regarding our partnership for this program.

**Maternal Child Health:**

- There were 25 referrals to the Moms PLUS+ program in February that resulted in 13 new admissions. Program supervisor and nurses continue to perform outreach to community partners. Moms PLUS+ nurse met with Hasbrouck and DSS about to promote the program. Planning continues for the March 4<sup>th</sup> event “Family Health Community Café”. Donations for this event were received from Wegmans and Reuse Center. This event is in collaboration with Mamas Comfort Camp.

**Immunization Clinics:**

- Homebound immunization clinic continued through February. We have had slightly less demand over the last couple months. In February we vaccinated 4 clients. We continue to offer Covid vaccines and Flu (regular and high dose).
- There were 14 clients vaccinated in the month of February during our regular Friday on-site clinics, which included 3 clients needing TST testing for employment.

**Rabies:**

- There were 4 rabies post exposure clients in February. The majority were bat exposures with one dog bite where the animal was unavailable for observation.

**Lead:**

- There was one discharge from the lead program in February, no new admissions. An internal Lead Poisoning Prevention Network meeting was held on Feb 9<sup>th</sup> and consisted of members of Community Health Services, Environmental Health and Healthy Neighborhoods Program. This group will meet quarterly to discuss lead cases and collaborative efforts to respond to elevated blood lead levels.

- Community organizations are being invited to join the network and will meet quarterly to discuss initiatives to prevent lead poisoning in Tompkins County. The first community network group is scheduled to meet on March 16<sup>th</sup>.

**HIV:**

- HIV anonymous testing began on Feb 23<sup>rd</sup> at STAP and is available every Thursday from 1-4pm. Whole Health continues to take clients for anonymous HIV testing at the Brown Rd location by appointment only. A community health nurse will be offering testing at STAP downtown Ithaca weekly with the ability to refer interested individuals to other services and to the community health worker program. CHS continues to offer anonymous HIV testing onsite at Brown Rd by appointment.

**Staffing:**

- Jess Clark Manderville was promoted to senior community health nurse and started in that position on February 6<sup>th</sup>. She is managing our immunization program and communicable disease. Congratulations Jess!
- CHS is recruiting for two community health nurse positions, one focused on communicable disease and one position that works in three programs (maternal child health, rabies and immunizations).

## BOH Report- Tompkins County WIC Program

March 2023

### Caseload Data:

	Oct	Nov	Dec	Jan	Feb	March
Participation	1073	1092	1121	1123	1126	Not Available Yet
Enrollment	1173	1156	1182	1198	1201	
Participation/Enrollment	91.47%	94.46%	94.84%	93.74%	93.76%	
Part/Target Caseload	71.53%	72.80%	74.73%	74.87%	75.07%	

**Total participants seen in January: 526  
489**

**Total participants seen in February:**

**Appointment show rate: 97%  
98%**

**Appointment show rate:**

**The program continues to serve 50.58 % of the eligible population in Tompkins County.**

### Program Highlights

1. Program caseload is increasing. Staff continue to do a great job providing timely program services. Staff continue to do Outreach to reach the other eligible families.
2. New York State DOH granted TCWH WIC program funding for the next 5-year grant cycle, October 2023 – September 2028. Selection was based on the competitive review and evaluation of the agencies Request for Applications.
3. TC WIC Caseload and redemption: WIC benefits redeemed on average varies from \$60.00- \$150 per eligible participant each month. TC WIC agency redemption total for 2022 is \$738,350.

4. Every March **WIC** celebrates **National Nutrition Month**. This year's theme is Fuel for the Future 2023, focusing on healthful choices at home and for the planet. Fuel your future and the future of the planet by [eating with the environment in mind](#). Incorporate more plant-based foods and try purchasing foods with [minimal packaging](#). When possible, buy seasonal foods and [shop locally](#), or try growing food at home.

We also celebrated **Registered Dietitian Nutritionist Day on March 8**. At Tompkins County WIC we are fortunate to employ two Registered Dietitians on our staff, (Kelsie Fitch and Cindy Mallery).

N.Y.S. Department of Health  
Division of Epidemiology  
Communicable Disease Monthly Report\*, DATE: 06MAR23  
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=February

Disease	2023		2022		2021		2020		Ave (2020-2022)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS**	0	0.0	1	11.7	1	11.7	0	0.0	1	11.7
COVID-19	589	6917.2	1118	13130	456	5355.3	0	0.0	525	6165.6
CRYPTOSPORIDIOSIS**	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
GIARDIASIS	1	11.7	0	0.0	0	0.0	1	11.7	0	0.0
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
HEPATITIS A	0	0.0	0	0.0	3	35.2	0	0.0	1	11.7
HEPATITIS B,CHRONIC**	1	11.7	2	23.5	1	11.7	1	11.7	1	11.7
HEPATITIS C,ACUTE**	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
HEPATITIS C,CHRONIC**	3	35.2	0	0.0	0	0.0	3	35.2	1	11.7
INFLUENZA A, LAB CONFIRMED	11	129.2	2	23.5	0	0.0	271	3182.6	91	1068.7
INFLUENZA B, LAB CONFIRMED	5	58.7	0	0.0	0	0.0	442	5190.8	147	1726.4
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
LYME DISEASE** ****	20	234.9	6	70.5	0	0.0	1	11.7	2	23.5
MALARIA	1	11.7	0	0.0	0	0.0	1	11.7	0	0.0
SALMONELLOSIS**	2	23.5	2	23.5	0	0.0	0	0.0	1	11.7
STREP,GROUP A INVASIVE	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
STREP,GROUP B INVASIVE	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
STREP PNEUMONIAE,INVASIVE**	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
TYPHOID FEVER	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0



Disease	2023		2022		2021		2020		Ave (2020-2022)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
VIBRIO - NON 01 CHOLERA**	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	0	0.0	3	35.2	1	11.7	5	58.7	3	35.2
- P&S SYPHILIS	0	0.0	2	23.5	1	11.7	3	35.2	2	23.5
- EARLY LATENT	0	0.0	1	11.7	0	0.0	2	23.5	1	11.7
GONORRHEA TOTAL.....	13	152.7	16	187.9	13	152.7	11	129.2	13	152.7
- GONORRHEA	13	152.7	16	187.9	13	152.7	11	129.2	13	152.7
CHLAMYDIA	43	505.0	42	493.2	31	364.1	40	469.8	38	446.3

\*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: 06MAR23  
 Through February  
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2023		2022		2021		2020		Ave (2020-2022)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	1	5.9	0	0.0	0	0.0	0	0.0
ANAPLASMOSIS**	0	0.0	66	387.6	86	505.0	31	182.0	61	358.2
BABESIOSIS**	0	0.0	11	64.6	20	117.4	8	47.0	13	76.3
CAMPYLOBACTERIOSIS**	1	5.9	28	164.4	19	111.6	17	99.8	21	123.3
COVID-19	1142	6705.8	16038	94175	9627	56530	2446	14363	9370	55021
CRYPTOSPORIDIOSIS**	3	17.6	11	64.6	14	82.2	14	82.2	13	76.3
DENGUE FEVER**	0	0.0	1	5.9	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	0	0.0	3	17.6	6	35.2	5	29.4	5	29.4
EHRlichiosis (CHAFEENSIS)**	0	0.0	1	5.9	0	0.0	0	0.0	0	0.0
EHRlichiosis (EWINGII)**	0	0.0	1	5.9	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, ARBO**	0	0.0	1	5.9	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	0	0.0	1	5.9	2	11.7	1	5.9
ENCEPHALITIS, POST	0	0.0	0	0.0	0	0.0	1	5.9	0	0.0
GIARDIASIS	2	11.7	9	52.8	15	88.1	7	41.1	10	58.7
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	4	23.5	0	0.0	2	11.7	2	11.7
HEPATITIS A	0	0.0	1	5.9	7	41.1	12	70.5	7	41.1
HEPATITIS B,CHRONIC**	3	17.6	16	94.0	18	105.7	9	52.8	14	82.2
HEPATITIS C,ACUTE**	1	5.9	4	23.5	3	17.6	9	52.8	5	29.4
HEPATITIS C,CHRONIC**	4	23.5	18	105.7	30	176.2	32	187.9	27	158.5
HEPATITIS C,PERINATAL	0	0.0	0	0.0	1	5.9	0	0.0	0	0.0
INFLUENZA A, LAB CONFIRMED	80	469.8	1341	7874.3	265	1556.1	526	3088.7	711	4175.0

	2023		2022		2021		2020		Ave (2020-2022)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA B, LAB CONFIRMED	7	41.1	11	64.6	6	35.2	738	4333.5	252	1479.7
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	3	17.6	1	5.9	0	0.0	1	5.9
LEGIONELLOSIS	0	0.0	6	35.2	3	17.6	0	0.0	3	17.6
LISTERIOSIS	0	0.0	1	5.9	0	0.0	0	0.0	0	0.0
LYME DISEASE** ****	49	287.7	387	2272.5	44	258.4	37	217.3	156	916.0
MALARIA	2	11.7	3	17.6	0	0.0	2	11.7	2	11.7
MENINGITIS, ASEPTIC	0	0.0	0	0.0	0	0.0	1	5.9	0	0.0
MONKEYPOX	0	0.0	3	17.6	0	0.0	0	0.0	1	5.9
PERTUSSIS**	0	0.0	0	0.0	0	0.0	1	5.9	0	0.0
ROCKY MTN SPOT FEVER**	0	0.0	1	5.9	0	0.0	0	0.0	0	0.0
SALMONELLOSIS**	3	17.6	20	117.4	13	76.3	8	47.0	14	82.2
SHIGELLOSIS**	0	0.0	2	11.7	1	5.9	0	0.0	1	5.9
STREP,GROUP A INVASIVE	0	0.0	4	23.5	3	17.6	2	11.7	3	17.6
STREP,GROUP B INVASIVE	0	0.0	5	29.4	10	58.7	6	35.2	7	41.1
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	0	0.0	0	0.0	1	5.9	0	0.0
STREP PNEUMONIAE,INVASIVE**	0	0.0	8	47.0	4	23.5	6	35.2	6	35.2
TUBERCULOSIS***	0	0.0	1	5.9	1	5.9	2	11.7	1	5.9
TYPHOID FEVER	1	5.9	0	0.0	0	0.0	0	0.0	0	0.0
VIBRIO - NON 01 CHOLERA**	0	0.0	2	11.7	1	5.9	0	0.0	1	5.9
YERSINIOSIS**	0	0.0	6	35.2	1	5.9	0	0.0	2	11.7
SYPHILIS TOTAL.....	1	5.9	34	199.6	24	140.9	20	117.4	26	152.7
- P&S SYPHILIS	1	5.9	16	94.0	7	41.1	8	47.0	10	58.7
- EARLY LATENT	0	0.0	15	88.1	11	64.6	8	47.0	11	64.6
- LATE LATENT	0	0.0	2	11.7	6	35.2	4	23.5	4	23.5
- CONGENITAL SYPHILIS	0	0.0	1	5.9	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	23	135.1	109	640.0	142	833.8	97	569.6	116	681.2

Disease	2023		2022		2021		2020		Ave (2020-2022)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- GONORRHEA	23	135.1	109	640.0	142	833.8	96	563.7	116	681.2
- GONORRHEA,DISSEMINATED	0	0.0	0	0.0	0	0.0	1	5.9	0	0.0
CHLAMYDIA	64	375.8	377	2213.7	337	1978.9	396	2325.3	370	2172.6

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

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

\*\*\*Not official number

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

---

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

**Children with Special Care Needs Highlights  
February 2023**

**Staff Activities**

**Staff Group Training-**

- NA this month

**Committees/Meetings:**

- CSCN Staff meeting-2/28/23
- Early Childhood Collaborative meetings once a month with community partners.
- Collaborative Solutions Network meeting regarding the new Systems of Core initiative.
- 3 CSCN staff participating in Strategic Planning Cross-Functional Team meetings.
- Collaborative meetings with DSS, CHS, MH, and CSCN- training focused once a month

**Program Work:**

Early Intervention

- Early Intervention experiencing wait lists for speech services, Special Instruction Teachers, and Social Work services. A long wait list for Speech (approximately 40+)
- Recruited 2 new speech therapists this month (one private practice and one hired by an agency)
- NYSDOH BEI notified monthly of current needs.
- Working on the development of a family survey.
- Development of a Child Find program completed by software company- CSCN to build forms and checklists to finish.
- Currently serving 173 active/qualified children in Early Intervention
- One SC out on medical leave
- One current opening for an SC

Preschool

- Currently serving 175 children in Preschool Special Education with 59 in special integrated classrooms
- NYSACHO is gathering data on increased transportation costs for Preschools in preparation of a resolution for the state to switch funding for preschool to the school districts.

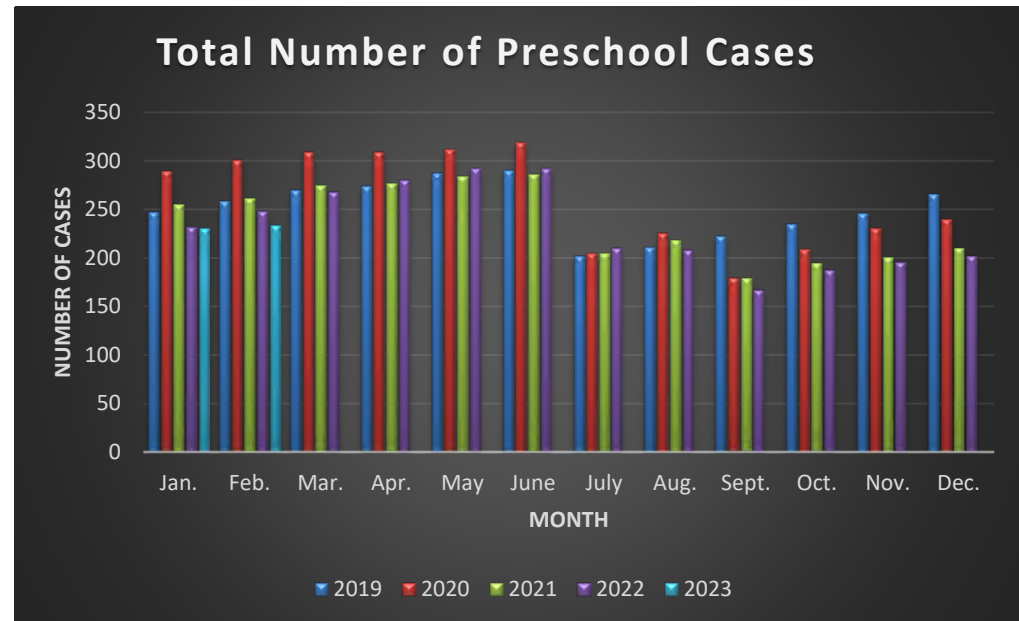
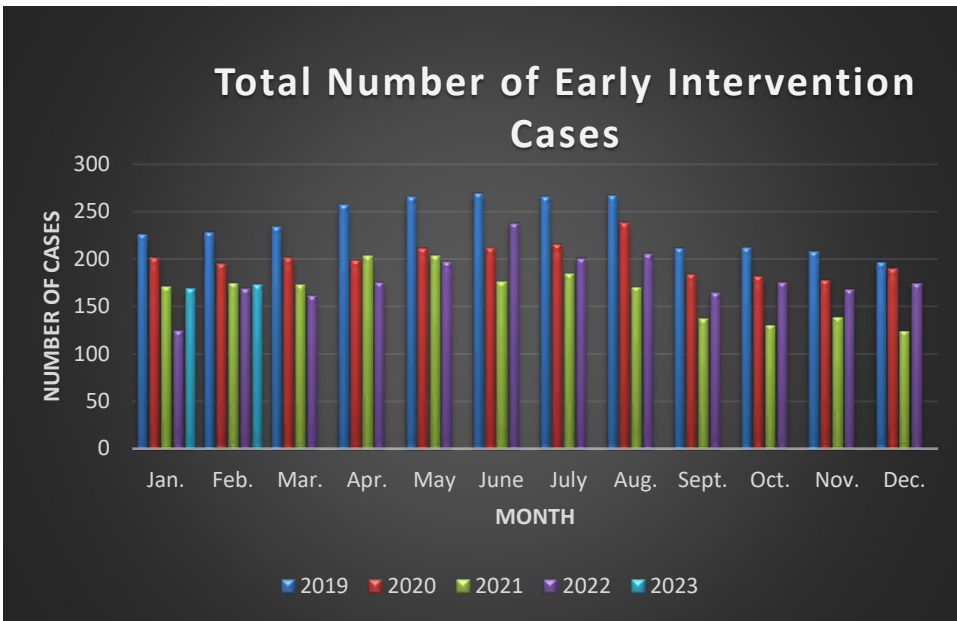
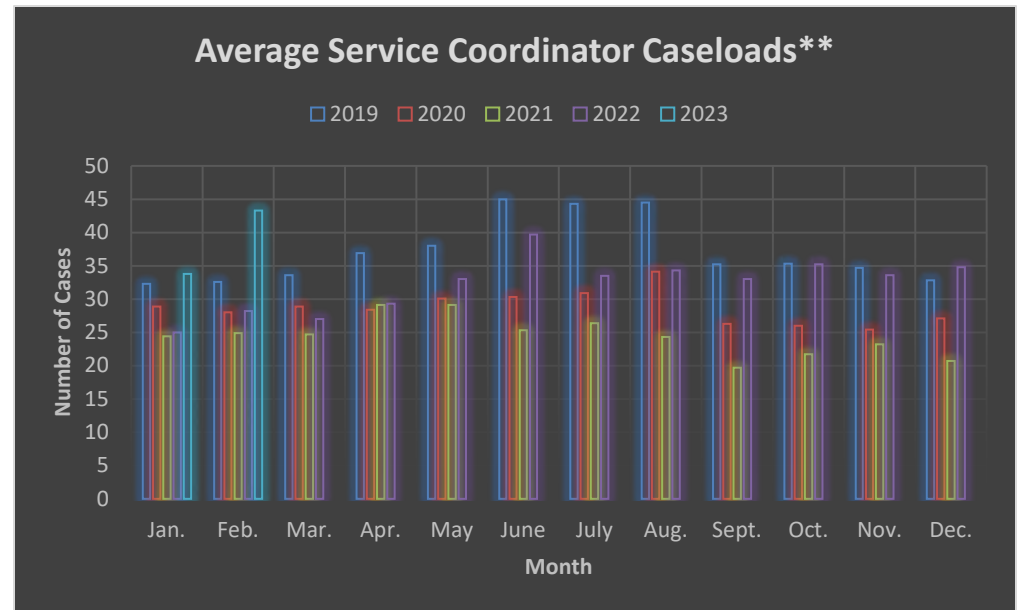
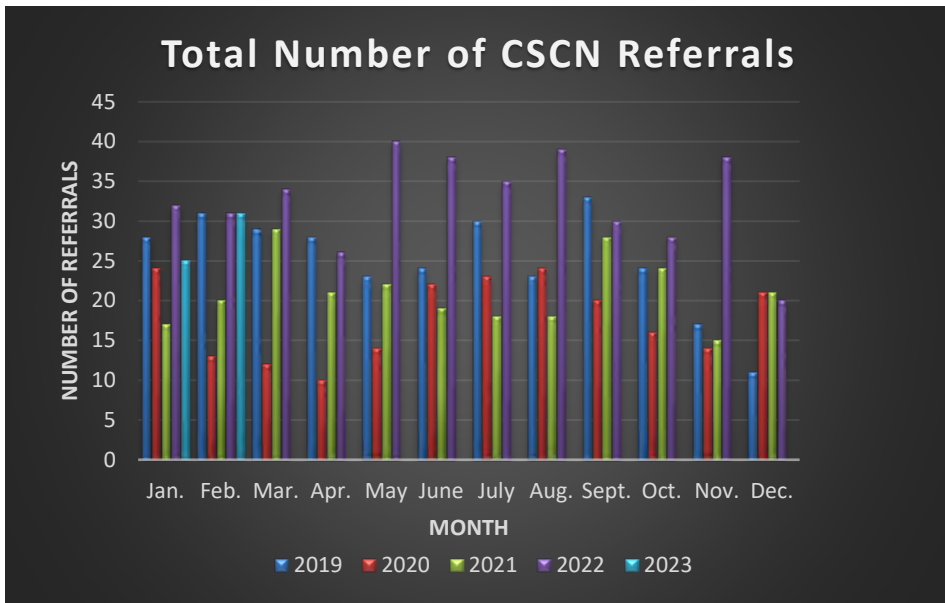
CYSHCN

- Monthly meetings with Regional Support Centers for work on Social Media platforms, website development, developing a resource Guide, development of promotional materials, development of a resource library, and a new family survey for the program.
- Increased referrals to this program for high-needs children with medical needs, referrals to OPWDD, Health homes and other needs.
- Finished a new pamphlet for this program in January-approved by NYSDOH.

**CSCN Director Program Work:**

- Meetings include a statewide EI Fiscal work group mtgs, statewide Maternal Child Committee mtg, Strategic Planning meetings with SR Leadership on Integrating Children's services, Early Intervention Coordinating Council mtg, Sr Leadership mtgs every 2 weeks, Preschool software meetings, Preschool Chairperson meeting, EI software mtg, and CYSHCN regional meetings on social media use, advertising, outreach support, and collaboration meetings.
- Chair of monthly Early Childhood Development Collaborative
- Participating in the development of chart work for a third Cross-Functional Team focused on diversity, equity, and inclusion work with other Sr Leadership staff. (DEIB) Met with a consultant from Cornell Jerel Ezell to support this Cross-Functional Team development.
- Development work with the Fiscal Administrator and CSCN Administrative Coordinator to collaborate on shared supervision processes with the merger of PH and MH. Developed a new streamlined way to record staff activity time for better reporting and less support staff time.
- Planning for a tabled event at Ithaca mall on 4/1/23 from 3:-5:00 for Early Childhood and pregnancy resources with 4 other agencies. To celebrate *the Week of the Child* and opening of The Family Reading Partnership "Nook" and the Toy Library in the mall.

Statistics Based on Calendar Year 2019-2023



**\*\*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.**





**EARLY INTERVENTION PROGRAM**

<b>Family/Client visits</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>2023 Totals</b>	<b>2022 Totals</b>
-- Intake visits	13	18											31	241
-- IFSP Meetings	31	15											46	261
-- Core Evaluations	18	11											29	221
-- Supplemental Evaluations	2	5											7	50
-- Observation Visits	24	16											40	314
-- CPSE meetings	6	2											8	57
-- Family Training/Team Meetings	0	0											0	2
-- Transition meetings	5	9											14	38
														<b>1184</b>
<b>Services and Evaluations Pending &amp; Completed</b>														
<b>Children with Services Pending(Needs List)</b>														
-- Feeding	1	3											4	42
-- Nutrition	0	0											0	0
-- Occupational Therapy	4	3											7	18
-- Physical Therapy	6	7											0	62
-- Social Work	5	3											8	13
-- Special Education	11	11											0	106
-- Speech Therapy	46	41											87	486
													0	<b>727</b>

**EARLY INTERVENTION PROGRAM**

<b>Early Intervention Discharges</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>2023 Totals</b>	<b>2022 Totals</b>
-- To CPSE	7	1											8	59
-- Aged out	3	2											5	15
-- Skilled out	2	1											3	27
-- Moved	0	2											2	27
-- Not Eligible/DNQ	4	4											8	79
-- Family Refused/Unable to Locate	2	5											7	1
<b>Total Number of Discharges</b>	18	15											33	44
														<b>252</b>
<b>Child Find</b>														
Total # of Referrals	0	0											0	53
Total # of Children in Child Find	9	8											17	
													0	
Total # Transferred to Early Intervention	0	0											0	14
Total # of Discharges	10	1											11	<b>32</b>



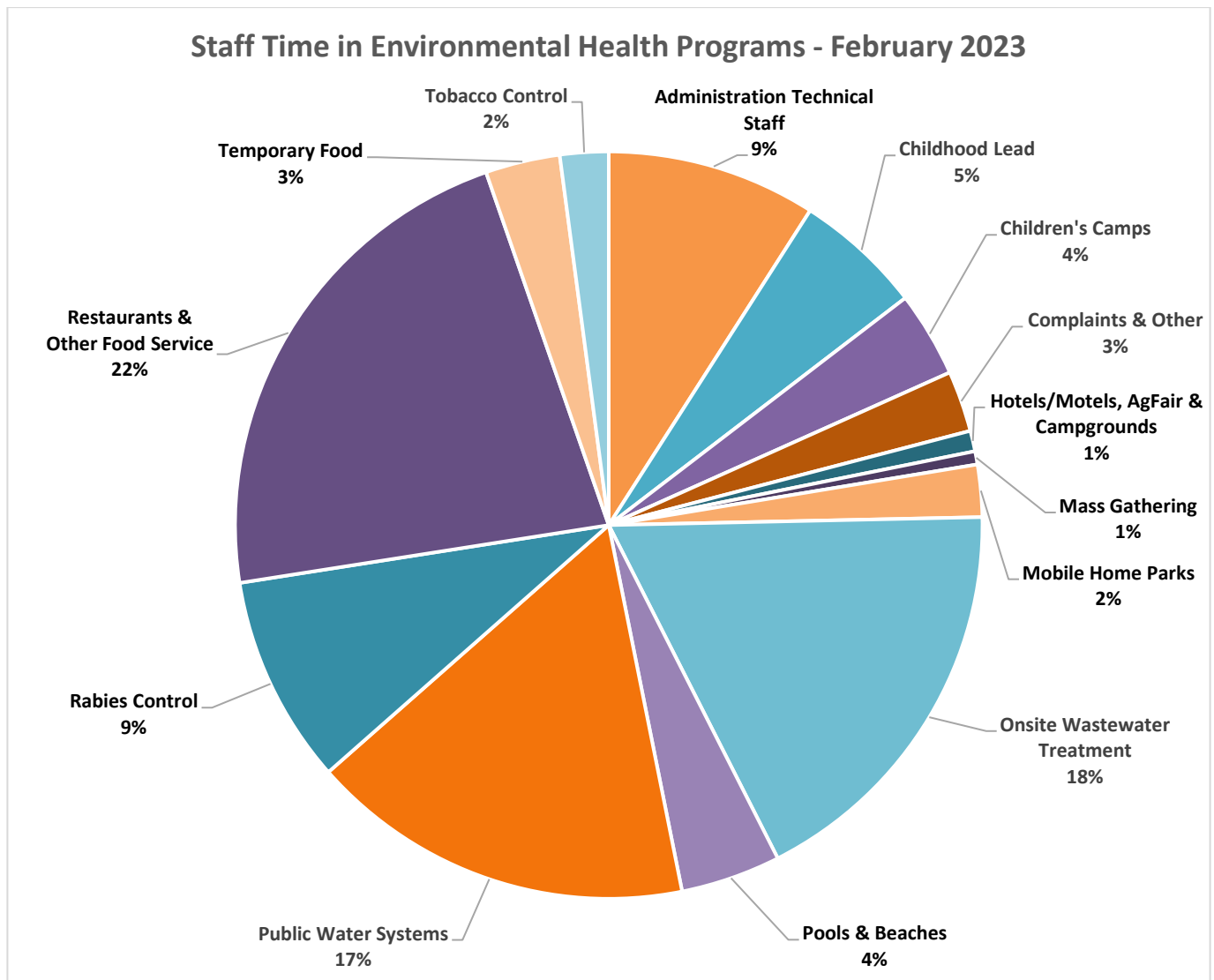
**PRESCHOOL SPECIAL EDUCATION PROGRAM**

<b>Number of Children Served Per School District Attending Tuition Based Programs</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>		
-- Ithaca	32	30												
-- Dryden	11	10												
-- Groton	4	4												
-- Lansing	5	5												
-- Newfield	2	0												
-- Trumansburg	7	7												
-- Odessa-Montour	0	0												
-- Spencer VanEtten	0	0												
-- Moravia	0	0												
-- # attending Dryden Central School	6	5												
-- # attending Franziska Racker Centers	30	33												
-- # attending Ithaca City School District	25	21												
<b>Total # attending Special Ed Integrated Tuition Progr.</b>	<b>61</b>	<b>59</b>												

<b>Municipal Representation Committee on Preschool Special Education</b>													<b>2023 Totals</b>	<b>2022 Totals</b>
-- Ithaca	22	12											34	219
-- Candor	0	0											0	1
-- Dryden	9	2											11	64
-- Groton	4	0											4	50
-- Homer	0	0											0	2
-- Lansing	1	0											1	23
-- Newfield	3	0											3	19
-- Trumansburg	0	2											2	26
-- Spencer VanEtten	0	0											0	1
-- Moravia	0	0											0	1
<b>Total CPSE Meetings Attended</b>	<b>39</b>	<b>16</b>											<b>55</b>	<b>390</b>

**ENVIRONMENTAL HEALTH HIGHLIGHTS**  
**February 2023**

**EH Programs Overview:**





Division of Environmental Health  
Summary of Activity (2023)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2022 Totals
<b>ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)</b>														
<b>Permits Issued</b>	13	12	0	0	0	0	0	0	0	0	0	0	25	193
New Construction/Conversions	2	8											10	99
Replacements	11	4											15	94
<b>Completion Certificates Issued</b>	6	5	0	0	0	0	0	0	0	0	0	0	11	152
New Construction/Conversions	4	1											5	74
Replacements	2	4											6	78
<b>ENGINEERING PLAN REVIEWS</b>														
Realty Subdivisions	0	0											0	3
OWTS	1	1											2	23
Collector Sewer	0	0											0	6
Public Water Systems	1	0											1	5
Water Main Extension	0	0											0	9
Cross-Connection Control Devices	0	0											0	12
Other Water System Modification	0	0											0	5
Other Engineering Reviews	0	0											0	7
<b>RABIES CONTROL PROGRAM</b>														
Potential Human Exposure Investigations	22	21											43	530
Human Post-X Treatments	3	4											7	163
Animal Specimens Tested	8	6											14	177
Animals Testing Positive	2	0											2	10
Rabies Clinics Offered	1	0											1	5
Dogs Vaccinated	85	0											85	382
Cats Vaccinated	74	0											74	281
Ferrets Vaccinated	3	0											3	2
Pet Quarantine	2	0											2	4
<b>CHILDHOOD LEAD PROGRAM</b>														
# of New EH Referrals w/ Elevated BLL	1	0											1	11
# of EH Investigations Initiated	1	0											1	11
# of Home Assessments Performed	1	0											1	8
# of Notice of Demands Sent	0	0											0	4
Lead Calls/Inquires Received by EH	2	1											3	16
<b>FOIL REQUESTS</b>														
Total Received	3	2											5	46
<b>ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (65 Operations *) &amp; CLEAN INDOOR AIR ACT (CIAA)</b>														
ATUPA (Adult & Minor) Compliance Checks	15	14											29	127
Violations	1	0											1	19
CIAA Complaints	0	0											0	3
<b>COMPLAINTS - General/Nuisance</b>														
Complaint Investigations Opened	7	7											14	52
<b>ENFORCEMENT ACTIONS</b>														
Total Cases	8	4											12	43
Cases Related to FSE	0	0											0	19
BOH Penalties Assessed	\$49,525	\$5,700											\$55,225	\$123,600
BOH Penalties Collected	\$5,500	\$1,000											\$6,500	\$40,500
<b>CUSTOMER SERVICE/SUPPORT</b>														
Calls Received	499	441											940	8359
Walk-In Customers	9	37											46	463
TCEH Emails Received	404	355											759	5181
Applications Processed	83	125											208	1575
Payment Receipts Processed	49	97											146	1258
Renewals/Billings Sent	114	34											148	841

\* As of 1/1/2022

\*\* Includes Pre-op, Inspection, Re-inspection, HAACP, Sanitary Surveys (Doesn't include Co-Inspector/Field Visits)

**Food Program Detailed Report:**

The results of food service establishment inspections conducted in Tompkins County can be viewed directly on the Environmental Health website (<https://www2.tompkinscountyny.gov/health/eh/food#fsetable>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest.

The following plans were approved this period:

- No plan reviews for this period.

New permits were issued for the following facilities:

- More Than Pizza, C-Ithaca
- Bool St. Noodles, Throughout Tompkins
- Northfolk, Throughout Tompkins
- Spring Buffet, C-Ithaca

**Boil Water Orders (BWOs):**

Ongoing:

- In February 2022, a BWO was issued to Dollar General in North Lansing for operating a water system with TCHD approval. Enforcement action is pending.

**Summary of Open BOH Enforcement Actions**

<b>Date of BOH Action</b>	<b>Facility</b>	<b>Owner/ Operator</b>	<b>Basis for Action</b>	<b>Penalty Assessed</b>	<b>Next BOH Order Deadline</b>	<b>Status</b>
2/28/23	North Applegate Apts	Gary Fischer	Public Water Supply – Modification of Water System Without Approval	\$1,600	Payment due 4/14/23	Monitoring Compliance
2/28/23	Bailey Park	Gary Fischer	Mobile Home Park – Operating without a Permit	\$500	Payment due 4/14/23	Monitoring Compliance
2/28/23	ZaZa Exotics	ZaZa Exotics Inc.	ATUPA - Sale of Prohibited Flavored Nicotine Product	\$3,600	Payment due 4/14/23	Monitoring Compliance
2/28/23	Benjamin Hill Heights MHP	MJD Good Neighbors, LLC	Mobile Home Park – Failure to Maintain Continuous Water Pressure	\$500 (waived if deadline met)	Complete modifications to water system as approved due 3/31/23	Request for Deadline Modification
1/24/23	Applegate Park MHP	Joseph Giordano	Mobile Home Park – Operating without a Permit and Public Water Monitoring and Reporting Violations	\$475	Partial Payment due 3/15/23	Monitoring Compliance
1/24/23	Homewood Suites	Waterford Hotel Group LLC	Temporary Residence – Repeat Critical Violations	\$400 (paid 3/7/23)	Correct Fire Panel Alarms	Monitoring Compliance
1/24/23	Ithaca Convenience	Ithaca Convenience LLC	ATUPA - Sale of Prohibited Flavored Nicotine Product	\$6,250 (Paid \$1250)	Payment due 4/14/23	Payment Plan Offered
1/24/23	Cayuga Smoke Shop	Cayuga Smoke Shop Inc.	ATUPA - Sale of Prohibited Flavored Nicotine Product	\$9,250 (paid \$2250)	Payment due 4/14/23	Payment Plan Offered
1/24/23	Ayra Convenience	Ayra Convenience Inc.	ATUPA - Sale of Prohibited Flavored Nicotine Product	\$5,750	Payment due 3/15/23	Monitoring Compliance
1/24/23	Commons Market	J&C Wells, Inc.	ATUPA - Sale of Prohibited Flavored Nicotine Product	\$4,250 (Paid \$1250)	Payment due 4/14/23	Payment Plan Offered
1/24/23	Jason's Grocery & Deil	Jason Burnham	ATUPA - Sale of Prohibited Flavored Nicotine Product	\$1,950	Payment due 3/15/23	Monitoring Compliance



Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
12/6/22	Casper's Kitchen	Kevin Griffin	Food Service Establishment – Repeat Critical Violations	\$400	Payment due 1/13/23	Late Penalty Letter Pending
12/6/22	Newfield Estates MHP	Newfield Estates MHP, LLC	Mobile Home Park – Operating without a Permit	\$400	Payment due 1/13/23	Late Penalty Letter Pending
10/25/22	Dream Vape & Smoke	Dream Vape & Smoke LLC.	ATUPA Retailer- Sale of Prohibited Flavored Nicotine Product and Sale of Nicotine to Person Under 21	\$71,500	Payment due 12/15/22	Referral to Collections Pending. Facility operating under a new LLC.
6/28/22	Dream Vape & Smoke	Dream Vape & Smoke LLC.	ATUPA Retailer- Sale of Prohibited Flavored Nicotine Product and Sale of Nicotine to Person Under 21	\$2500	Payment due 8/15/22	Referral to Collections Pending. Facility operating under a new LLC.
7/26/22	ZaZa Exotics	ZaZa Exotics Inc.	ATUPA - Sale of Prohibited Flavored Nicotine Product	\$600	Payment due 3/15/23	Referral to Collections Pending
6/28/22	TOSA Apartments	Tony Busse	Public Water Supply - Violation of Board of Health Orders for Failure to Maintain Disinfection and to Adhere to Monitoring Requirements	\$1500	Payment due 8/15/22	Late penalty notice sent. Additional enforcement action may be required.

**ENVIRONMENTAL HEALTH DIVISION**

tompkinscountyny.gov/health/eh

**Phone: (607) 274-6688**

**Fax: (607) 274-6695**

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

March 15, 2023

Timothy Gammons  
Cayuga Cafe  
4 Greystone Drive  
Dryden, NY 13053

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-23-0001  
Cayuga Cafe, Food Service Establishment, C-Ithaca**

Dear Timothy Gammons:

Thank you for signing the Stipulation Agreement on February 26, 2023, for Cayuga Café. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, March 28, 2023**.

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 Kristee Morgan or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



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

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

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Cayuga Cafe\Enforcement\Draft Res 23-0001.docx  
Tompkins County Board of Health (via; Karan Palazzo, TCWH)  
ec: City of Ithaca CEO; 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

**ENVIRONMENTAL HEALTH DIVISION**

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

**Phone: (607) 274-6688**

**Fax: (607) 274-6695**

**DRAFT RESOLUTION # EH-ENF-23-0001**

**Cayuga Café**

**Timothy Gammons; Owner/Operator**

**4 Greystone Drive**

**Dryden, NY 13053**

**Whereas**, the Owner/Operator of a Food Service Establishment must comply with the regulations established under Subpart 14-1 of the New York State Sanitary Code; **and**

**Whereas**, this subpart requires a Food Service Establishment Permit to operate a Food Service Establishment; **and**

**Whereas**, on January 3, 2023, and January 4, 2023, Environmental Health Division staff observed Cayuga Café open to the public for food service without a valid permit issued by the Tompkins County Whole Health; **and**

**Whereas**, Timothy Gammons, Owner/Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders on February 26, 2023, agreeing that Cayuga Café 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 Timothy Gammons, Owner/Operator, is ordered to:**

1. Pay a penalty of \$500 for these violations, due by **May 15, 2023** (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit a complete application for future permit renewals to operate at least 30 days prior to the expiration of the current permit to operate; **and**
3. 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-23-0001**

**Cayuga Cafe  
Timothy Gammons; Owner/Operator  
4 Greystone Drive  
Dryden, NY 13053**


I, Timothy Gammons, as a representative for Cayuga Cafe, agree that on January 3, 2023, and January 4, 2023, Cayuga Cafe was in violation of Subpart 14-1 of New York State Sanitary Code for operating without a valid permit to operate from the Health Department.

I agree to pay a penalty not to exceed \$500 for these violations following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Whole Health Department.)*

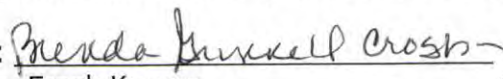
I also agree to comply with the following Orders when signed by the Tompkins County Whole Health Commissioner:

1. Submit a complete application for future permit renewals to operate at least 30 days prior to the expiration of the current permit to operate; **and**
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed:  Date: 02/26/23

Timothy Gammons is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 3/6/23  
for Frank Kruppa  
Public Health Director

ENVIRONMENTAL HEALTH DIVISION  
tompkinscountyny.gov/health/eh

Phone: (607) 274-6688  
Fax: (607) 274-6695

**CASE SUMMARY – FOR RESOLUTION # EH-ENF-23-0001**

**Cayuga Café**  
**Timothy Gammons, Owner/Operator**  
**801 W. Buffalo Street**  
**Ithaca, NY 14850**

**March 2023**

Date	Action
2/26/2023	Stipulation agreement signed by Cayuga Café.
1/24/2023	Stipulation agreement sent by TCWH.
01/04/2023	Permit application submitted on-line and completed on the morning of 1/05/2023.
01/04/2023	Field visit by TCWH. Facility observed to be in operation. See attached report.
01/03/2023	Field visit by TCWH. Facility observed to be in operation. See attached report.
12/28/2022 and 12/29/2022	Telephone voicemail left for Timothy Gammons regarding expiration of current permit.
12/21/2022	Telephone call to Timothy Gammons with reminder of current permit expiration and need to submit renewal application, operator stated he would be bringing it in.
12/16/2022	E-mails sent to facilities that had not renewed notifying of late fee and reminding of permit expiration.
10/26/2022	Annual permit to operate renewal applications sent with a due date of 12/1/2022.
05/20/2022	Inspection by TCWH. No critical violations were observed.
03/30/2022	Re-Inspection by TCWH. Violation cited on 12/16/2021 was corrected. No violations observed.
12/16/2021	Inspection by TCWH. <b>Violation:</b> Potentially hazardous foods were not kept at or above 140°F in hot holding.
11/19/2021	Permit to operate Cayuga Café issued.

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: CAYUGA CAFE (ID: 1075708 )  
Facility Name: CAYUGA CAFE  
Facility Code: 54-A189 Facility Email: tgammons1@gmail.com  
Facility Address: 310 Taughannock Blvd #1, Ithaca, NY 14850

### To the Attention of:

Timothy Gammons  
4 Greystone Drive  
Dryden, NY 13053  
Email: tgammons1@gmail.com

### Field Visit

Date: January 4, 2023 11:40 AM  
Inspector: Rene Borgella (rborgella@tom-pkins-co.org)  
Responsible Person: Tim Gammons

### Summary

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

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

**NO CRITICAL VIOLATIONS REPORTED**



**NO ADDITIONAL VIOLATIONS REPORTED**

### Additional Information Collected During Inspection

**Comments:** Visited Facility to verify its status (open or not) due to lack of current operating permit. Facility was open for business again today as it was yesterday. Inspector discussed the situation with operator and encouraged him to call the health department office with a status update regarding his permit renewal.



Inspector: Rene Borgella (rborgella@tom-pkins-co.org)

Photo	Caption
	Open sign in hallway
	Patron in facility

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: CAYUGA CAFE (ID: 1075708 )  
Facility Name: CAYUGA CAFE  
Facility Code: 54-A189 Facility Email: tgammons1@gmail.com  
Facility Address: 310 Taughannock Blvd #1, Ithaca, NY 14850

### To the Attention of:

Timothy Gammons  
4 Greystone Drive  
Dryden, NY 13053  
Email: tgammons1@gmail.com

### Field Visit

Date: January 3, 2023 11:30 AM  
Inspector: Rene Borgella (rborgella@tom-pkins-co.org)  
Responsible Person: Staff

### Summary

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

---

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

**NO CRITICAL VIOLATIONS REPORTED**

---

**NO ADDITIONAL VIOLATIONS REPORTED**

---

### Additional Information Collected During Inspection

**Comments:** Field Visit to Verify Facility was Operating -- As shown in the photos, the facility was in operation today, Jan 3, 2023 without a valid permit.



---

RB

---

Inspector: Rene Borgella (rborgella@tom-pkins-co.org)



Photo	Caption
 A white sign on a stool in a hallway. The sign has the word "CAFE" written in blue marker at the top. Below it, "Open Today" is written in red marker. At the bottom of the sign is a red arrow pointing to the right. The sign is positioned in a hallway with large windows and doors in the background.	Open Sign
 A staff member wearing a blue uniform and a blue cap is working behind a cafe counter. The counter has a basket of bread and a bowl of snacks. In the background, there is a menu board and a large window. The ceiling is blue with white grid patterns.	Staff person on duty

**ENVIRONMENTAL HEALTH DIVISION**

tompkinscountyny.gov/health/eh

**Phone: (607) 274-6688**

**Fax: (607) 274-6695**

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

March 3, 2023

Fernando Aguirre  
Old Mexico  
357 Elmira Road  
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-23-0003  
Old Mexico, C-Ithaca**

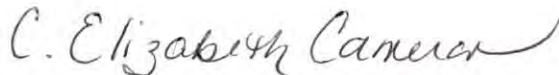
Dear Fernando Aguirre:

On October 25, 2022, the Tompkins County Board of Health adopted resolution #EH-ENF-22-0034 requiring you to provide an adequate amount of refrigerated storage to maintain potentially hazardous foods below 45°F; provide and use accurate food probe thermometers for measuring temperatures of potentially hazardous foods; maintain temperatures of potentially hazardous foods at or below 45°F or at or above 140°F at all times during hot holding, cold holding and storage; and ensure that at least two food service workers attend and successfully complete a food safety training course approved by the TCHD.

On February 7, 2023, Tompkins County Environmental Health Division staff observed critical violations of Subpart 14-1 of the NYSSC. These are violations of Board of Health Orders.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, March 28, 2023**. 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 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



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

Enclosures – Draft Resolution and Orders and Resolution # EH-ENF-23-0003, case summary, inspection report

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Old Mexico\Enforcement\February 2023\Stipulation Agreement 23-0002.docx  
ec: CEO C-Ithaca; Rich John, TC Legislature; TCWH: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Whole Health Commissioner; Kristee Morgan; Skip Parr; Brenda Coyle  
scan: Signed copy to Accela

**ENVIRONMENTAL HEALTH DIVISION**

tompkinscountyny.gov/health/eh

**Phone: (607) 274-6688**

**Fax: (607) 274-6695**

**DRAFT RESOLUTION # EH-ENF-23-0003**

**Old Mexico Restaurant  
357 Elmira Rd. LLC, Owner; Fernando Aguirre, Operator  
357 Elmira Rd., C-Ithaca  
Ithaca, NY 14850**

**Whereas**, an owner/operator of a Food Service Establishment must comply with the regulations established under Subpart 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 above 140°F in hot holding; **and**

**Whereas**, on October 25, 2022, the Tompkins County Board of Health Resolution #ENF-22-0034 ordered Fernando Aguirre to maintain all potentially hazardous food temperatures at or below 45 °F or at or above 140 °F at all times during hot holding, cold holding, and storage; **and**

**Whereas**, on February 7, 2023, the Tompkins County Environmental Health Division (TCEH) observed a critical violation where potentially hazardous foods were not kept at 140°F or above during hot holding. One full bus pan of cooked rice was observed to be at 86°F in a hot holding unit; **and**

**Whereas**, on February 7, 2023, Old Mexico Restaurant violated these provisions of the New York State Sanitary Code and the provisions of Board of Health Resolution #ENF-22-0034 were not met; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health, that Fernando Aguirre, Operator, is ordered to:**

1. Pay a penalty of \$800 for these violations, **due by April 15, 2023**. (**Do Not** submit penalty payment until notified by the Tompkins County Whole Health Department.); **and**
2. Maintain temperature logs for all hot holding stations as prescribed by the Division of Environmental Health; **and**
3. Maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage; **and**
4. Provide and maintain enough refrigerated food storage equipment to maintain potentially hazardous foods below 45°F in cold holding; **and**
5. Provide and use accurate food probe thermometers for measuring temperatures of potentially hazardous foods during cooking, cooling, preparation, and service; **and**
6. Ensure at least one employee who has successfully completed a food safety training acceptable to Environmental Health is on-site during all hours of operation. In the event that a trained employee separates from employment, another employee must successfully complete an approved food safety course within 90 days. Training certificates must be retained and made available during an inspection; **and**
7. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

ENVIRONMENTAL HEALTH DIVISION  
tompkinscountyny.gov/health/eh

Phone: (607) 274-6688

Fax: (607) 274-6695

**CASE SUMMARY – FOR RESOLUTION # EH-ENF-23-0003**

**Old Mexico**

**357 Elmira Road LLC., Owner; Fernando Aguirre, Operator  
355 Elmira Road  
Ithaca, NY 14850**

**February 2023**

Date	Action
02/07/2023	Inspection by TCWH. <b>Violation:</b> See attached inspection report.
10/25/2022	Tompkins County Board of Health adopts resolution EH-ENF-22-0034
9/07/2022	Inspection by TCWH. <b>Violation:</b> An accurate probe thermometer was not available. Potentially hazardous foods were not stored under refrigeration. Enough refrigerated storage not maintained to keep potentially hazardous foods below 45°F during cold holding in two locations. Potentially hazardous foods were not kept above 140°F in hot holding.
3/08/2022	Inspection by TCWH. No violations observed.
01/25/2022	Tompkins County Board of Health adopts resolution EH-ENF-21-0022
12/02/2021	Inspection by TCWH. <b>Violation:</b> Enough refrigerated storage equipment was not maintained to keep potentially hazardous foods below 45°F during cold holding. Products in cold holding were observed to be at 65-69°F.
09/28/2021	Tompkins County Board of Health adopts resolution EH-ENF-21-0006
07/26/2021	Re-inspection by TCWH. <b>Violation:</b> Enough refrigerated storage not maintained to keep potentially hazardous foods below 45°F during cold holding. Products in cold holding were observed to be at 47-62°F.
06/28/2021	Inspection by TCWH. <b>Violation:</b> Enough refrigerated storage not maintained to keep potentially hazardous foods below 45°F during cold holding. Products in cold holding were observed to be at 47-62°F.
11/05/2019	Inspection by TCWH. No critical violations were observed.
04/10/2019	Re-inspection by TCWH. Violations cited on 3/06/2019 were corrected.
03/06/2019	Inspection by TCWH. <b>Violation:</b> Potentially hazardous foods were not cooled by an approved method.
12/03/2018	Inspection by TCHD. No critical violations were observed.
08/14/2018	Re-inspection by TCWH. Violation cited on 06/13/2018 was corrected.
06/13/2018	Inspection by TCWH. <b>Violations:</b> Enough refrigerated storage not maintained to keep potentially hazardous foods below 45°F during cold holding. Products in cold holding were observed to be at 65-67°F. Potentially hazardous foods were not kept above 140°F during hot holding. Products in hot holding were observed to be at 105-107°F.
10/03/2017	Re-inspection by TCWH. Violation cited on 08/30/2017 was corrected.

*Diversity Through Inclusion*

08/30/2017	Inspection by TCWH. <b>Violations:</b> Potentially hazardous foods were not kept above 140°F during hot holding. Products in hot holding were observed to be at 82-86°F.
03/07/2017	Inspection by TCWH. No critical violations were observed.
06/25/2015	Permit to operate Old Mexico issued.

## Food Service Establishment Inspection Summary Report

Operation: OLD MEXICO (ID: 898305 )  
Facility Name: OLD MEXICO  
Facility Code: 54-AB92 Facility Email: oldmexicoithaca@gmail.com  
Facility Address: 357 Elmira Road, Ithaca, NY 14850

### To the Attention of:

Fernando Aguirre  
355 ELMIRA ROAD, LLC  
357 Elmira Rd  
Ithaca, NY 14850  
Email: oldmexicoithaca@gmail.com

### Re-Inspection

Date: February 7, 2023 11:00 AM  
Inspector: Mikhail Kern (mkern@tomkins-co.org)  
Responsible Person: Gladis Angel Miranda  
Additional Email(s): gladisoldmexicoithaca@gmail.com

### 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 one full pan of rice in the hot box next to the stove top with temperature measured at 86 degrees F.  
Correction: All potentially hazardous food must be kept above 140 degrees F at all times.  
Operator stated that rice was reheated from refrigeration in the microwave one hour prior.  
Discussed proper reheating methods. Rice was moved to stovetop for rapid reheating during inspection. All other food items in hot box measured above 140 degrees F.

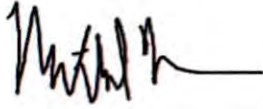
**NO ADDITIONAL VIOLATIONS REPORTED**

---

**Additional Information Collected During Inspection**

**Comments:** Part 1: Critical violation of Item #6A observed.  
Part 2: No violations observed.  
Reinspection required. Enforcement to follow.  
Blue item corrected from previous inspection.

---



---

Inspector: Mikhail Kern (mkern@tomkins-co.org)



---

Received by: Gladis Angel Miranda

*Kriste Morgan* 2/7/2023

**ENVIRONMENTAL HEALTH DIVISION**

tompkinscountyny.gov/health/eh

**Phone: (607) 274-6688**

**Fax: (607) 274-6695**

**CERTIFIED, REGULAR, & ELECTRONIC MAIL**

March 17, 2023

Guo Jun Mai  
U Tea Corporation  
205 Dryden Road  
Ithaca, NY 14850

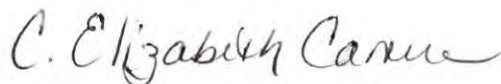
**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-23-0004  
U Tea, C-Ithaca**

Dear Guo Jun Mai:

Thank you for signing the Stipulation Agreement March 9, 2023, for U Tea. Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, March 28, 2023**.

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 Kristee Morgan or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,



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

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

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\U Tea\Enforcement\Draft Res 23-0004.docx  
Tompkins County Board of Health (via; Karan Palazzo, TCWH)

ec: CEO C-Ithaca; Travis Brooks, TC Legislature; TCWH: Elizabeth Cameron, P.E., Director of Environmental Health;  
Frank Kruppa, Whole Health Commissioner; Kristee Morgan; Skip Parr; Brenda Coyle

scan: Signed copy to Accela



**ENVIRONMENTAL HEALTH DIVISION**

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

**Phone: (607) 274-6688**

**Fax: (607) 274-6695**

**DRAFT RESOLUTION # EH-ENF-23-0004**

**U Tea**

**U Tea Corp., Owner; Guo Jun Mai, Operator  
205 Dryden Rd., C-Ithaca, Ithaca, NY 14850**

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

**Whereas**, 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 January 13, 2023, and February 14, 2023, the Environmental Health Division (EHD) observed critical violations of Subpart 14-1 of the NYSSC where potentially hazardous foods were not stored under refrigeration and observed at temperatures between 55°F and 95°F; **and**

**Whereas**, Guo Jun Mai, Operator, signed a Stipulation Agreement with Whole Health Commissioners Orders on March 9, 2023, agreeing that U Tea violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That U Tea Corp., Owner, is ordered to:**

1. Pay a penalty of \$200 for these violations, due by **May 15, 2023** (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain potentially hazardous foods under refrigeration except during necessary preparation or in full compliance with the agreed upon terms of the facility's waiver to use time as a public health control; **and**
3. Properly store in-use wiping cloths in sanitizing solution; **and**
4. Keep handwash facilities accessible and properly stocked with soap and paper towels; **and**
5. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

**Phone: (607) 274-6688**  
Fax: (607) 274-6695

**STIPULATION AGREEMENT AND ORDERS # EH-ENF-23-0004**

**U Tea**  
**U Tea Corp., Owner; Guo Jun Mai, Operator**  
**205 Dryden Rd., C-Ithaca, Ithaca, NY 14850**

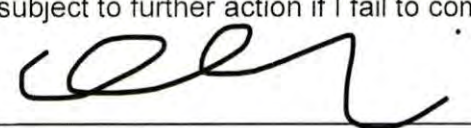
I, Guo Jun Mai, as a representative for U Tea Corp., agree that on January 13, 2023, and February 15, 2023, U Tea was in violation of Subpart 14-1 of the New York State Sanitary Code for failure to maintain potentially hazardous foods under refrigeration.

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 Tompkins County Whole Health).*

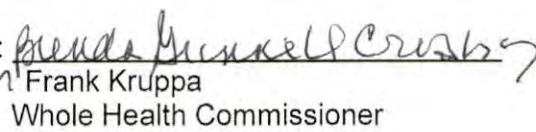
I also agree to comply with the following Orders when signed by the Tompkins County Whole Health Commissioner:

1. Maintain potentially hazardous foods under refrigeration except during necessary preparation or in full compliance with the agreed upon terms of the facility's waiver to use time as a public health control; **and**
2. Properly store in-use wiping cloths in sanitizing solution; **and**
3. Keep handwash facilities accessible and properly stocked with soap and paper towels; **and**
4. 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 U Tea Corp. is subject to further action if I fail to comply with the orders.

Signed:  Date: 3/9/23

U Tea Corp., is hereby ordered to comply with these Orders of the Whole Health Commissioner.

Signed:  Date: 3/15/23  
Frank Kruppa  
Whole Health Commissioner

**ENVIRONMENTAL HEALTH DIVISION**

tompkinscountyny.gov/health/eh

**Phone: (607) 274-6688**

**Fax: (607) 274-6695**

**CASE SUMMARY – FOR RESOLUTION # EH-ENF-23-0004**

**U Tea**

**U Tea Corp., Owner; Guo Jun Mai, Operator**

**205 Dryden Road**

**Ithaca, NY 14850**

**March 2023**

<b>Date</b>	<b>Action</b>
03/09/2023	Signed stipulation agreement received by TCWH.
03/08/2023	Stipulation sent by TCWH.
02/14/2023	Inspection by TCWH. <b>Violation:</b> See attached inspection report.
01/13/2023	Inspection by TCWH. <b>Violation:</b> See attached inspection report.
02/02/2022	Inspection by TCWH. No violations observed.
03/17/2021	Inspection by TCWH. No violations observed.
12/08/2020	Re-inspection by TCWH. Violation cited on 09/25/2020 was corrected.
09/25/2020	Inspection by TCWH. <b>Violation:</b> Potentially hazardous foods were not stored under refrigeration.
02/04/2020	Inspection by TCWH. No critical violations were observed.
04/18/2019	Re-inspection by TCWH. Violation cited on 03/14/2019 was corrected.
03/14/2019	Inspection by TCWH. <b>Violations:</b> Potentially hazardous foods were not stored under refrigeration.
10/16/2018	Re-inspection by TCWH. Violations cited on 09/24/2018 were corrected.
09/24/2018	Inspection by TCWH. <b>Violations:</b> Cooked or prepared foods were subject to cross-contamination from raw foods. Potentially hazardous foods were not stored under refrigeration.
07/11/2018	Permit to operate U Tea issued.

## Food Service Establishment Inspection Summary Report

Operation: U TEA (ID: 993356 )  
Facility Name: U TEA  
Facility Code: 54-AM27 Facility Email: uteausa2018@gmail.com  
Facility Address: 205 Dryden Road, Ithaca, NY 14850

### To the Attention of:

Guo Jun Mai  
U TEA CORP  
18e Miller Rd, Apt A  
Ithaca, NY 14850  
Email: uteausa2018@gmail.com

### Re-Inspection

Date: February 14, 2023 12:04 PM  
Inspector: Sarah Heath (sheath@tom-pkins-co.org)  
Responsible Person: Seogi Yi  
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:	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 quart-sized stainless steel container of milk mixture stored at room temperature on counter behind main service bar which measured at an internal temperature of 84 degrees F. Staff stated that mixture was prepared 30 minutes prior to inspection. No labels with discard time were observed at the time of inspection.

Correction: Staff wrote the time of discard for the milk mixture on a post-it note and attached it to the container during the inspection.

Action: Advised staff that they are required to be in compliance with the facility's waiver to use time as a control for public health, and that potentially hazardous food

items that are covered under the waiver need to have a discard time written on their containers, not to exceed 4 hours.

## IMPROPER CLEANING, WASHING AND SANITIZING OF EQUIPMENT AND UTENSILS.

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

*All or parts of the item are violations.*

**Code Requirements:** Wiping cloths dirty, not stored properly in sanitizing solutions

**Inspector Findings:** At the time of inspection no sanitizing buckets were set up for the storage of wiping cloths. Used wiping cloths were observed being stored on the counter tops.

Correction: Staff filled buckets with sanitizing solution for the storage of wiping cloths.

Action: Advised staff that wiping cloths need to be stored immersed in sanitizing solution whenever not in use.

### Additional Information Collected During Inspection

**Comments:** Part 1: One instance of violation 5C (No discard time observed for milk mixture) observed.  
Part 2: One instance of violation 11B (Wiping cloth storage) observed.

The following instances of violation 5C from the previous inspection have since been corrected: Observed discard time for the tapioca pearls stored on the counter behind the main service bar at the time of inspection. Staff was observed hot holding rehydrated tapioca pearls that were cited being stored at room temperature in the kitchen during the previous inspection.

Reinspection required, enforcement actions to follow.

SH / SP



Inspector: Sarah Heath (sheath@tompkins-co.org)

Received by: Seogi Yi

*Kriste Morgan*

2/15/2023

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: U TEA (ID: 993356 )  
Facility Name: U TEA  
Facility Code: 54-AM27 Facility Email: uteausa2018@gmail.com  
Facility Address: 205 Dryden Road, Ithaca, NY 14850

### To the Attention of:

Guo Jun Mai  
U TEA CORP  
18e Miller Rd, Apt A  
Ithaca, NY 14850  
Email: uteausa2018@gmail.com

### Inspection

Date: January 13, 2023 02:33 PM  
Inspector: Sarah Heath (sheath@tom-pkins-co.org)  
Responsible Person: Sarah-renee Mcneal  
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: 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 # 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 5 quart sized stainless steel containers with 1 cup of tapioca pearls in each on the counter by the entrance to the work area. The temperature of the tapioca pearls were between 55-65F at the time of inspection. Per staff the pearls were put in the containers 15 minutes prior.

Observed rehydrated tapioca pearls in a metal sauce pan in the kitchen stored at room temperature at 95F. Staff stated that the pearls were heated on the stove at 12pm and left on the counter to be served.

Observed stainless steel creamer mixture on the counter by the work area entrance at

75F. Staff stated it had been made 15 minutes prior.

No labels with discard time were observed on any of the containers listed above and staff were unaware they needed to do so.

Correction: Staff wrote time of discard for the tapioca pearls in the quart sized containers and for the creamer mixture at the time of inspection. Staff voluntarily discarded the rehydrated tapioca pearls.

Action: Advised staff that they are required to be in compliance with the facility's waiver to use time as a control for public health, and that the potentially hazardous food items that are covered under the waiver need to have a discard time written on their containers, not to exceed 4 hours.

---

## POOR SANITARY DESIGN, CONSTRUCTION, INSTALLATION OF EQUIPMENT AND UTENSILS.

### ITEM #10B WAS FOUND IN VIOLATION 1 TIME(S).

*All or parts of the item are violations.*

**Code Requirements:** Non-food contact surfaces and equipment are improperly designed, constructed, installed, maintained (equipment not readily accessible for cleaning, surface not smooth finish)

**Inspector Findings:** At time of inspection, counter tops at service counter, blending equipment on service counter, and equipment in kitchen were coated in various liquids.

Observed build-up of debris on the baffle of the ice maker. No contamination of drink ice was observed.

Action: Advise routine cleaning of all non-food contact surfaces.

---

## IMPROPER CLEANING, WASHING AND SANITIZING OF EQUIPMENT AND UTENSILS.

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

*All or parts of the item are violations.*

**Code Requirements:** Wiping cloths dirty, not stored properly in sanitizing solutions

**Inspector Findings:** At time of inspection, no sanitizing buckets were set up for the storage of wiping cloths. Used wiping cloths were observed being stored on counter tops.

Correction: Staff were advised to store wiping cloths immersed in sanitizing solution whenever not in use.

## 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:** At time of inspection, handwashing sink was obstructed by drink equipment inside the basin, and there was no soap or paper towels available. Operator stated the soap was inside the kitchen, which required moving a curtain to access.

Action: Suggested to operators that soap and paper towels be moved to handwashing sink.

Correction: Staff cleared drink equipment from sink basin and brought soap and towels to handwashing sink.

---

### Additional Information Collected During Inspection

**Comments:** Part 1: 1 instances of 5C violations observed.  
Part 2: 1 instance of violation 10B, 1 instance of violation 12E, and 1 instance of violation 11B observed.

Reinspection required.

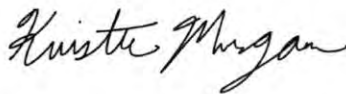
---



Inspector: Sarah Heath (sheath@tomkins-co.org)



Received by: Sarah-renee Mcneal



1/17/2023



## **Resolution in Support of New York State Governor’s Life-saving Tobacco Control Measures**

WHEREAS, the Tompkins County Board of Health has supported life-saving tobacco control measures, and

WHEREAS, flavored tobacco masks the harshness of the tobacco and more than 80% of youth who have ever tried tobacco started with a flavored product, and

WHEREAS, menthol flavor tends to make smoking easier to start but harder to quit and youth who initiate smoking using menthol-flavored cigarettes are more likely to become addicted and long-term daily smokers, and

WHEREAS, the average age of a new smoker in New York State is just 13 years old, more than 28,000 New Yorkers still die from smoking annually, and

WHEREAS, 280,000 of New York’s youth now under 18 are projected to die prematurely from smoking, and

WHEREAS, smoking-related illnesses are the No. 1 cause of death in the African American community, surpassing all other causes of death, including AIDS, homicide, diabetes and accidents, and

WHEREAS, for more than 60 years, the aggressive advertising and marketing of menthol products to Black communities has directly led to more Black and African American people addicted to menthol cigarettes, and

WHEREAS, it is not a coincidence that overall, 85% of African American smokers use menthol cigarettes, compared to only 29% of white smokers, and

WHEREAS, 14.9% of 7<sup>th</sup> – 12<sup>th</sup> grade students in Tompkins County report vaping nicotine in their lifetime, and

WHEREAS, according to a recent survey conducted in Tompkins County:

- 47% of adults in Tompkins County (nonsmokers and smokers) agree that menthol in tobacco products makes it easier for youth to start smoking,
- 42% of adults in Tompkins County (nonsmokers and smokers) agree that menthol in tobacco products make it harder for smokers to quit smoking,
- 46.3% of adults in Tompkins County have smoked tobacco products in their lifetime. This is an increase from 2015 when it was 26.5% and is the highest percentage of the 2004 - 2021 time frame,
- 52.7% of adults in Tompkins County smoke menthol cigarettes. This is above the regional average of 41.9%, and
- 30.8% of adults in Tompkins County have tried e-cigarettes even once. Above the regional average of 28.9, and

WHEREAS, the Tompkins County Legislature has been supportive of efforts to move closer to a tobacco free generation and adopted Local Law No. 2 of 2017 – A Local Law Raising the Legal Age to 21 for Tobacco Sale and Purchase, and

WHEREAS, New York State Governor Kathy Hochul has included in the 2023 Executive Budget Life-saving Tobacco Control Measures, and

WHEREAS, Governor Hochul has proposed ending the sale of ALL flavored tobacco products, including menthol cigarettes, flavored cigars, and flavored smokeless tobacco in New York State, and

WHEREAS, the Governor has also proposed an increase in New York State cigarette tax by \$1 per pack, bringing the tax to \$5.35 per pack, now therefore be it

RESOLVED, That the Tompkins County Board of Health supports the Governor's efforts to move closer to a tobacco free generation, and urges Senator Lea Webb and Assemblywoman Anna Kelles to supports Governor Kathy Hochul's Life-saving Tobacco Control Measures included in her 2023 Executive Budget that includes the end of the sale of ALL flavored tobacco products, including menthol cigarettes, flavored cigars, and flavored smokeless tobacco in New York State, and an increase in New York State cigarette tax by \$1 per pack, bringing the tax to \$5.35 per pack,

RESOLVED, further, That copies of this resolution be sent to Governor Kathy Hochul, Senator Lea Webb, Assemblywoman Anna Kelles, and the Tompkins County Legislature.