

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, July 25, 2017
12:00 Noon**

12:00 I. Call to Order

12:01 II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)

12:04 III. Approval of June 27, 2017 Minutes (2 mins.)

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

12:15 V. Reports (15 mins.)

Administration

Medical Director's Report

Division for Community Health

Children with Special Care Needs

Health Promotion Program

County Attorney's Report

Environmental Health

CSB Report

12:30 VI. New Business

12:30 ***Environmental Health (25 mins.)***

Enforcement Action:

1. Resolution #EH-ENF-17-0014 – Subway #22428, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
2. Resolution #EH-ENF-17-0015 – ZaZa's Cucina, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
3. Resolution #EH-ENF-17-0017 – Hot Spot Grill, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
4. Resolution #EH-ENF-17-0019 – Gimme! Coffee-State Street, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
5. Resolution #EH-ENF-17-0020 – Shady Grove Mobile Home Park, T-Dryden, Violation of Part 17 of the New York State Sanitary Code (MHP) (5 mins.)

12:55 ***Division for Community Health (5 mins.)***

Discussion/Approval:

1. Court Ordered Defendant HIV Testing Policy & Procedure (5 mins.)

1:00 ***Adjournment***

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MINUTES
Tompkins County Board of Health
June 27, 2017
12:00 Noon
Rice Conference Room

Present: Will Burbank; Brooke Greenhouse; Edward Koppel, MD; James Macmillan, MD, President; Michael McLaughlin, Jr.; and Janet Morgan, PhD

Staff: Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; Frank Kruppa, Public Health Director; Deb Thomas, Director of Children with Special Care Needs; Jonathan Wood, County Attorney; and Shelley Comisi, Administrative Assistant II

Excused: David Evelyn, MD, MPH, Board of Health Member; William Klepack, MD, Medical Director; and Susan Merkel, Board of Health Member

Guests: John M. Andersson, P.E., Consulting Environmental Engineer; Ryang Chae, Representative of Ko Ko Restaurant; Michelle Hall, Director of Women, Infants and Children; Amy Hopkins, Community Health Nurse; Elyssia Johnan, Preparedness Intern; and Skip Parr, Senior Public Health Sanitarian

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

Privilege of the Floor: An interpretation service through Language Line was set up for the Ko Ko Restaurant representative to address the BOH. Through the interpreter, the representative explained she has been running the restaurant for 10 years. She tries to cook as safely as possible. At this point, due to communication difficulties with the interpreter, Ko Ko's representative preferred to express herself directly to Board members rather than through the interpreter. Speaking in English, she continued with her explanation. Every morning chicken and seafood are prepared then put in a container and covered with ice. There was a problem cooling the food. Her employee forgot to put the food in the refrigerator right away. The health inspector came and found the temperature was too high. Korean food is hot food. She cooks every morning then lets it cool for one to two hours. She tries to keep the temperature under 45°F.

Resolution #EH-ENF-17-0016 – Ko Ko Restaurant, C-Ithaca, Violation of Violation of Subpart 14-1 of the New York State Sanitary Code (Food): Dr. Macmillan brought forward the Ko Ko enforcement action for discussion while the representative of the restaurant was present. Mr. Greenhouse moved to accept the resolution as written; seconded by Dr. Morgan.

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In the case summary, Mr. Greenhouse found the statements dated June 1, 2017 regarding ownership of the facility to be confusing. According to Ms. Cameron, the restaurant was in the process of acquiring new owners but there were complications with the transfer of ownership. The permit for the current owners is still valid. To clarify the ownership status, Mr. Greenhouse suggested rewriting this part of the case summary. Mr. Parr mentioned the case summary is an internal document for the BOH's information but he will update it as recommended.

In an effort to correct the problem with food being out of temperature, Mr. McLaughlin asked about requiring the owners to maintain temperature logs. Ms. Cameron noted the general procedure is to issue the enforcement action and then require temperature logs if they do not comply. The owners have operated successfully without temperature logs in previous years.

Responding to Dr. Morgan's question about the restaurant's food preparation process, Mr. Parr described the steps. In the morning, the chicken is boiled and placed in the refrigerator to bring the temperature down below 45°F. At lunchtime, staff removes the cooked chicken from the refrigerator and finishes preparing entrées by adding their sauces. At this inspection, there was an oversight by the employee working that day who did not put the chicken directly into the refrigerator after the chicken was cooked. The restaurant would have had two hours to cool the chicken if it had been in the refrigerator.

The vote in favor of the resolution as written: Ayes – 5; Abstention – 1 (Mr. Burbank).

There was a brief discussion about the quality of the interpretation services. During the session, there had been a communication problem with the interpreter. Mr. Parr noted the language service went well at the office conference. Mr. Greenhouse requested the record show the inadequacy of the interpretation services had no effect on the Board's decision regarding this enforcement action. The record speaks for itself.

Introductions: Ms. Bishop introduced Tompkins County Health Department (TCHD) staff members:

- Michelle Hall is Director of the Women, Infants and Children (WIC) program.
- Amy Hopkins is the primary communicable disease nurse who works on sexually transmitted infection (STI) cases.
- Elyssia Johnan is an intern working with Nina Saeli in the Public Health Preparedness program.

Approval of May 23, 2017 Minutes: Mr. McLaughlin moved to approve the minutes of the May 23, 2017 meeting as written; seconded by Dr. Macmillan. The minutes carried: Ayes – 5; Abstention - 1 (Mr. Burbank).

Norton Request for Waiver of separation distance from driveway as required by Article VI of Tompkins County Sanitary Code, 113 Maplewood Road, T-Ulysses: Mr. Greenhouse suggested moving Russell Norton's waiver request forward for the BOH's consideration while John Andersson, the design engineer, is present to answer questions.

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Ms. Cameron reported the owner of this lakefront property wants to convert the house from three to four bedrooms which requires changes to the sewage system. Little information is known about the existing sewage system; however, the design engineer believes it is located near the lake. To install a new sewage system on the property, the owner needs a waiver because he cannot meet the separation distance from the driveway as required by the Tompkins County Sanitary Code. A waiver from the local sanitary code requires BOH action. The Environmental Health Division supports the waiver request. It is an improvement in the sewage system situation at the property.

Mr. Greenhouse moved to approve Norton's request for a waiver of the separation distance from the driveway as required by Article VI of the Tompkins County Sanitary Code; seconded by Dr. Koppel; and carried unanimously.

Financial Summary: Ms. Grinnell Crosby reported the County's financial books for 2016 are closed. Although the Finance Department has not issued the rollover report, she calculates the department has approximately \$80,000. At this time, there are no significant issues to report for May 2017.

Affordable Care Act reform or repeal being discussed in the United States

Congress: With many unknowns related to potential changes in the health care system, Mr. Greenhouse asked whether the BOH should take action to identify and voice concerns to the congressional members representing Tompkins County. In the quickly changing politics of the situation, Mr. Kruppa recommended Board members contact their representatives as individuals. It is hard to anticipate the potential implications to health care. As advocates for health and healthy communities, our message is to support those mechanisms that give people affordable access to care and prevention services. Medicaid is one of those important mechanisms being discussed by legislators. As part of the Affordable Care Act reform or repeal, legislators are proposing to eliminate the Prevention and Public Health Fund (also known as the Prevention Fund) that pays approximately 13 percent of the Centers for Disease Control and Prevention (CDC) budget. This is a significant issue because a good portion of the funding goes to states for preparedness efforts. Mr. Kruppa will provide additional information to anyone interested in taking a position on this matter.

At the end of the discussion, Board members agreed that individual members should decide for themselves whether or not to take action on this issue.

Administration Report: Mr. Kruppa reported the County signed a contract in January 2015 with a vendor to implement an electronic health record system at the Public Health and Mental Health departments. Staff worked 2 ½ years to implement the product; however, there were issues with the vendor that could not be resolved. The County terminated the contract in June. The good news is Care Compass Network, the regional Delivery System Reform Incentive Payment (DSRIP) group, is funding electronic health record projects. There is a potential to receive as much as \$250,000 from the organization to implement an electronic health record at both departments. Utilizing information learned through the previous process, staff is developing a new Request for Proposal (RFP) to be posted by the end of July or early August. Staff is moving forward with a goal of implementing a new product by the beginning of next year.

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Medical Director's Report: Dr. Klepack was not present for the meeting.

Division for Community Health Report: Ms. Bishop:

- Directed attention to numerous WIC activities highlighted in the report.
- Pointed out a typographical error in the Community Health Services report. In the first bullet under *Tuberculosis-(active cases)* on page three, the fourth sentence should read as follows: "Three sputa specimens were ordered...PCR positive for MTB 2/17/17." The year should be **2017**.
- Confirmed the Peace of Mind community partnership is meeting this week in direct response to the uptick in syphilis.

TCAT Bus Stop at TCHD: Mr. Kruppa announced there is a TCAT bus stop located at the main entrance to TCHD. Assistance provided by our legislator and members of the TCAT board has made it possible for clients to be transported to the front door of the building. The Route 32 bus travels from downtown and stops about once an hour. Staff is working on some outreach efforts to increase ridership. Ms. Bishop and Ms. Hall described some of the efforts being directed toward WIC clients: texting messages to WIC participants to remind them about the bus; sending information through WIC mailings every three months; and distributing a redesigned flyer with bus information to approximately 131 organizations/agencies within the county.

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

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

Environmental Health Report: Ms. Cameron reported TCHD issued a Notice of Violation to the City of Ithaca regarding their new water fountain on the Ithaca Commons. A number of children were observed playing on the structure. There is concern about the potential for waterborne diseases in unregulated water features. In earlier discussions, the City had presented it as a non-contact decorative water feature. The City would have had to meet numerous regulations to allow children to play in the water.

Mr. Kruppa emphasized the City was proposing that the feature was a non-contact decorative fountain; therefore, the Environmental Health Division's review stopped. If the City had proposed it as a splash park, then it would have fallen under TCHD's regulation. Concerns about water quality and safety would have been addressed. Slippery wet rock is generally not approved in splash fountains. Those issues would have come under our review.

Mr. Kruppa and Ms. Cameron will be meeting with City officials to discuss how to make the feature a non-contact decorative structure.

Mr. Greenhouse wondered about any consideration that TCHD staff could reach out to local code enforcement officials to call attention to regulations. Ms. Cameron stated our staff works with code enforcement staff routinely so there is communication among staff. When there are public health concerns, staff members work together.

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Report on the Community Services Board (CSB) Meeting: Dr. Evelyn was not present to report on the June 5th meeting.

Referring to the minutes from the previous BOH meeting, Mr. Kruppa addressed the Board's interest in working with the CSB on some issues. He believes topics focusing on prevention would be a good place to start the collaborative effort between the two boards. After he looks into the possibilities, he will bring forward some suggestions.

Resolution #EH-ENF-17-0013 – Congers Mobile Home Park, T-Dryden, Violation of Article VI of the Tompkins County Sanitary Code and Part 17 of the New York State Sanitary Code (Sewage): Ms. Cameron reviewed the incident that led to this enforcement action. A child was playing, stepped on an unsecured septic tank lid, and fell into the septic tank. Fortunately, he was not seriously injured. EH staff went to the site, conducted a review of the mobile home park, and found another septic tank with an unsecured lid. The owner of the park was remorseful and thanked staff for coming out to check the site. Staff is working with other mobile home park owners/operators to provide them with information that emphasizes the hazards of an unsecured septic tank lid.

Mr. Greenhouse moved to accept the resolution as written; seconded by Dr. Macmillan.

In this case, Mr. Parr believes a contractor recently pumped out the septic tank but did not secure it properly. It takes special screws for the plastic lids so a special bit is needed to close it. A mailing went out to all mobile home parks reminding operators that septic tanks need to be checked after contractors leave to ensure the area is secure. In the end, they are responsible. Years ago, a small child fell into a tank and drowned. It is a serious situation.

Mr. Greenhouse suggested TCHD send a letter to septic tank pumpers outlining the danger of unsecured septic tank lids and reminding them to ensure those lids are secured when completing their work. Ms. Cameron thought it was a good idea.

Mr. McLaughlin recommended putting a helpful hint sheet together for mobile home parks and including it in their packets when they renew their permits. Ms. Cameron said staff will discuss the possibility.

Mr. Parr pointed out there is a slight modification to the draft resolution. In the first paragraph, the code should be Part 17 not Subpart 14-1. He will make the change in the final resolution.

The vote in favor of the resolution as written was unanimous.

Houghtling Request to Waive Septic Tank Application Fee, 352 Smith Road, T-Groton: Ms. Cameron explained the owner had a new system installed but it appears the septic tank was installed incorrectly. The owner ended up replacing the septic tank. The Environmental Health Division supports the fee waiver.

Mr. Greenhouse moved to approve the request to waive the septic tank application fee; seconded by Dr. Koppel; and carried unanimously.

Kanellis Request for Waiver of minimum lot size as required by Article VI of Tompkins County Sanitary Code, 722 & 726 Valley Road, T-Caroline: Mr.

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Greenhouse moved to deny the waiver request for a lot line adjustment; seconded by Dr. Morgan.

During the ensuing discussion, Ms. Cameron mentioned the Environmental Health Division does not have a position on this waiver request. Under current conditions there is no adverse impact; however, future conditions are harder to predict. She noted the local sanitary code requires hardship to be the basis for granting waivers.

In his motion to deny the waiver request, Mr. Greenhouse cited his reasons: the request does not meet the hardship requirement as written in the local sanitary code nor does the request relate to environmental health. If the owners of the two lots want a legal requirement to protect the wooded area, they could obtain an easement. Furthermore, enlarging one parcel and reducing the size of the other parcel makes the smaller parcel noncompliant.

Dr. Morgan also expressed her concern about the BOH establishing a precedent of approving this type of modification should similar requests come before the Board in the future.

The vote on the motion to deny the Kanellis request for a waiver of minimum lot size as required by Article VI of Tompkins County Sanitary Code was unanimous.

Employee Health Policy with revised annual health assessment form: Ms. Bishop presented the *Employee Health Policy* with a revised version of the annual health assessment form. At a previous meeting, Board members requested edits to the form that would be less intrusive for employees. She expressed her thanks to Dr. Koppel for sharing Cornell's health form. Staff modified content to meet the needs of the department.

Dr. Koppel commented the form is more comfortable and palatable for employees to complete and yet it conveys the appropriate information.

Mr. Greenhouse moved to approve the *Employee Health Policy* with the revised annual health assessment form, as written; seconded by Dr. Macmillan; and carried unanimously.

Haemophilis Influenzae type B (ActHIB) Vaccine Policy: Dr. Morgan moved to approve the *Haemophilis Influenzae type B (ActHIB) Vaccine Policy*, as written; seconded by Dr. Koppel; and carried unanimously.

2018 Proposed Budget: Mr. Kruppa referred to the one page summary distributed before the meeting (Attachment 1). The proposed budget will be submitted to County Administrator Joe Mareane by the end of July. At the direction of the Legislature, Mr. Mareane informed departments to create maintenance of effort budgets.

Mr. Kruppa directed attention to the yellow box. The difference between the fiscal target and TCHD target request is about \$7,000. Ms. Grinnell Crosby is working on the budget to make the appropriate adjustments. There will be no change in programming. The only significant change in staffing is increased hours for two of our senior sanitarians. Each division also had an opportunity to submit requests for needed items and those requests have been included.

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Ms. Grinnell Crosby commented the WIC budget is from last year. The program recently received its award for the next grant year so that figure will be updated; however, it does not affect the fiscal target.

Mr. Burbank mentioned that the NYS Legislature did not reach an agreement to reauthorize counties to collect an additional one percent sales tax. It would seriously impact our current year budget and next year's budget. He believes the NYS Legislature will be called back into session but he wondered if there are any contingencies. Mr. Kruppa responded the lost revenue would be devastating. The Legislature would have to decide which departments to keep operational. That is when it would make sense for the BOH to let State legislators know there would be significant public health impacts if the County was unable to administer programs.

Mr. Kruppa suggested the Board make a motion regarding the proposed budget.

Mr. Greenhouse moved that the BOH accept the budget draft as proposed with no significant programmatic changes for 2018; seconded by Dr. Macmillan; and carried unanimously.

Adjournment: At 1:35 p.m. Dr. Macmillan moved to adjourn the meeting.

BOH Minutes - June 27, 2017 - Attachment 1

DEPARTMENTAL SUMMARY - PUBLIC HEALTH - 2018

7/19/2016

	PreSchool Special Ed (3-5)	CSN Planning & Coord	PHC Treatment	Early Intervention (0-2)	Environ. Health	Healthy Neighborhoods Program	Occup'l Health & Safety	Medical Examiner Mandate	Medical Examiner	Vital Records	WIC	Division for Community Health	Planning & Coord	Public Hlth State Aid	BUDGETING UNIT TOTAL
REQUESTED BASE (TARGET)															
Appropriation	5,025,000	1,374,334	8,000	605,000	1,619,418	187,942	106,902	200,200	63,244	72,695	535,679	1,571,282	1,124,384		12,494,078
Revenue	2,885,000	396,520	4,000	300,000	577,925	187,942	-	-	-	108,000	535,679	357,229	138,066	1,164,634	6,654,995
Local Share	2,140,000	977,814	4,000	305,000	1,041,493	(0)	106,902	200,200	63,244	(35,305)	-	1,214,053	986,318	(1,164,634)	5,839,083
REQUESTED NEW (OTR--Over Target Request)															
Appropriation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rollover	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Local Share	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
REQUESTED TOTAL															
Appropriation	5,025,000	1,374,334	8,000	605,000	1,619,418	187,942	106,902	200,200	63,244	72,695	535,679	1,571,282	1,124,384	-	12,494,078
Revenue	2,885,000	396,520	4,000	300,000	577,925	187,942	-	-	-	108,000	535,679	357,229	138,066	1,164,634	6,654,995
Rollover	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Local Share	2,140,000	977,814	4,000	305,000	1,041,493	(0)	106,902	200,200	63,244	(35,305)	-	1,214,053	986,318	(1,164,634)	5,839,083
	<i>Class 'A'</i>			<i>Class 'A'</i>				<i>Class 'A'</i>							

<i>Fiscal Target for Health Department</i>	\$ 3,186,895
<i>Target Request</i>	\$ 3,193,883
<i>Difference (Fiscal Target - Target Request)</i>	\$ (6,988)
<i>Class 'A' Mandates</i>	<u>\$ 2,645,200</u>
<i>Requested Base</i>	<u>\$ 5,839,083</u>

Board of Health
July 25, 2017
Financial Report

June 2017 / Month 6

High local share percentages (ex. 4012 WIC 3477.49%) are the result of encumbered funds and timing of filing claims. Spending appears a bit lower, however payrolls are posted the month they are paid (10 business days of June were paid in July).

Revenues for non-mandate programs are down; monthly grant claims are always at least one month behind. Article 6 Public Health State first quarter has been paid; second quarter will be filed in August.

We will be reviewing and monitoring the mandate programs, particularly Early Intervention.

There are no significant issues to report at this time.

Percentage of Year 50.00%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010 PH ADMINISTRATION	1,106,715	425,844	38.48%	136,870	48,422	35.38%	969,845	377,422	39.17%
4012 WOMEN, INFANTS & CHILDREN	532,827	216,343	40.60%	531,536	179,808	33.83%	1,291	36,535	3,477.49%
4013 OCCUPATIONAL HLTH.& SFTY.	106,103	45,971	43.33%	0	0	0.00%	106,103	45,971	43.33%
4014 MEDICAL EXAMINER	62,887	30,026	47.75%	0	0	0.00%	62,887	30,026	47.75%
4015 VITAL RECORDS	71,999	29,537	41.02%	83,843	52,528	62.65%	-11,844	-22,991	192.84%
4016 COMMUNITY HEALTH	1,607,012	611,204	38.03%	397,236	97,888	24.64%	1,209,776	513,316	52.59%
4018 HEALTHY NEIGHBORHOOD PROG	212,755	87,884	41.31%	204,574	61,533	30.08%	8,181	26,351	396.49%
4047 PLNG. & COORD. OF C.S.N.	1,361,142	526,427	38.68%	389,792	123,319	31.64%	971,350	403,108	41.83%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090 ENVIRONMENTAL HEALTH	1,575,618	655,949	41.63%	566,034	241,203	42.61%	1,009,584	414,746	42.94%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,156,711	472,610	40.86%	-1,156,711	-472,610	40.86%
Total Non-Mandate	6,645,058	2,629,185	39.57%	3,470,596	1,277,312	36.80%	3,174,462	1,351,873	42.59%
2960 PRESCHOOL SPECIAL EDUCATI	5,080,000	1,993,476	39.24%	2,840,000	697,580	24.56%	2,240,000	1,295,896	72.39%
4017 MEDICAL EXAMINER PROGRAM	190,160	75,967	39.95%	0	0	0.00%	190,160	75,967	39.95%
4054 EARLY INTERV (BIRTH-3)	705,000	323,996	45.96%	300,000	1,282	0.43%	405,000	322,715	79.68%
Total Mandate	5,975,160	2,393,439	40.06%	3,140,000	698,862	22.26%	2,835,160	1,694,577	59.77%
Total Public Health	12,620,218	5,022,624	39.80%	6,610,596	1,976,174	29.89%	6,009,622	3,046,450	50.69%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	678,399	88,448	2960 Preschool	2,760,852	2,142,420
4012 WIC	308,124	351,728	4054 Early Intervention	381,004	298,718
4013 Health & Safety	59,863	0	4017 Medical Examiner	30,849	0
4014 Medical Examiner	14,268	0		<u>3,172,704</u>	<u>2,441,138</u>
4015 Vitals	42,312	31,315			
4016 Community Health	872,951	299,348			
4018 Healthy Neighborhood	118,784	143,041			
4047 CSCN	831,555	266,473			
4048 PHCP	8,000	4,000			
4090 Environmental Health	900,866	324,831			
4095 State Aid	0	684,101			
	<u>3,835,121</u>	<u>2,193,284</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
<u>7,007,826</u>	<u>4,634,422</u>

**Public Health Director
Report
July 2017**

- I have been working with the CHS team to do some process mapping ahead of a new RFP for an electronic health record system. We are still negotiating with Care Compass for a potential grant to support the purchase and implementation of a new electronic health record.
- I attended the 2017 NACCHO Annual Conference in Pittsburgh the week of July 10th. The theme was “Public Health Revolution: Bridging Clinical Medicine and Population Health.” There were very good sessions on how different communities are working together using clinical medicine and public health initiatives to improve community health. <http://www.nacchoannual.org/>
- The finishing touches are being applied to the budget. We will be able to maintain all programs and services while remaining within the County target budget.
- Interviews for the Fiscal Administrator position will be conducted the week of July 24th.

Medical Director's Report
Board of Health
July 2017

Supervised Injection Facilities

On Monday July 10th, I presented essentially the same power point to the Community Services Board of the TC Mental Health Department that I presented to you. Others in attendance were an officer of the Ithaca Police Department Narcotics Division, the head of Cayuga Addiction Recovery Services (CARS), and Gwen Wilkinson (retired DA) who heads the City of Ithaca's effort to make progress on the proposals put forth by the City.

People asked how many persons a SIF was likely to serve. How it could be done legally?

Gwen Wilkinson was able to address the legal issues. Neither she nor I can predict in our community how people would be served but that is why a rural pilot program would be helpful.

Concerns were raised that it would not disrupt the market for opioids on the street; and that the LEAD program and detox facilities are a higher priority with an SIF maybe in 3rd place.

Law Enforcement Assisted Diversion (LEAD®) is a police-led diversion program designed to connect people with substance use disorders and/or mental health needs with social services rather than funnel them into the criminal justice system. LEAD allows law enforcement officers to redirect people suspected of committing specific, low-level crimes, including drug-related offenses, to community-based services rather than to jail. The primary goal of the LEAD program is to improve public safety by addressing the underlying factors that drive criminal justice contact.

And is there a "right" order in which to do things?

Regarding a "right order," a SIF could be started without other services being ramped up but that would mean that folks in the SIF who were ready to change would just be "walking in place" in that the SIF would have nowhere to refer them. So ramping up other services makes sense.

I include a couple of slides I added to my presentation that was not in my presentation to you.

The Target population

- Some of our most disadvantaged
 - Homeless or borderline housed
 - mid 20s to about 50ish
 - Male

Client characteristics

- 70 % men, 30% women
- 57% reported using the SIF for some, most or all of their injections
- Median age 39.3
- Homelessness (OR = 2.4)

- Changes in injecting practices associated with the use of a medically supervised safer injection facility **Jo-Anne Stoltz1 et al** Clinical Activities, British Columbia Centre of Excellence in HIV/AIDS and 2Faculty of Medicine, University of British Columbia, Vancouver, Canada

Usage characteristics

- Self-reported daily use of heroin, or cocaine
- Not on a methadone program
- Being involved in the sex trade in the last 6 months also reported more consistent SIF use additionally
- Reuse syringes less often (OR=2.16)
- Less rushed during injection (OR 2.9), less injecting outdoors (OR 2.9), using clean water for injecting (OR = 3.15, cooking or filtering drugs prior to injecting (OR = 3.02)
- Ibid

HEALTH PROMOTION PROGRAM – June 2017

Samantha Hillson, Director, PIO
Ted Schiele, Planner/ Evaluator
Susan Dunlop, Community Health Nurse
Maya Puleo, Healthy Neighborhoods Education Coordinator
Pat Jebbett, Public Health Sanitarian
Mariama Chambliss, HNP Project Assistant

JUNE HIGHLIGHTS

Harmonicas for Health is a program that supports people with Chronic Obstructive Pulmonary Disease (COPD) and other respiratory disease. It teaches them to breathe easier and decrease stress related to chronic disease by learning to play the harmonica to practice breathing exercises. The program curriculum offers education, peer support, and the opportunity to come together in a fun environment to develop breathing strategies that will improve overall quality of life.

The Health Promotion Program, with the support of our partner agencies, plans to offer this program to the community starting in September 2017. The COPD Foundation has chosen Tompkins County as a Phase II Launch site for Harmonicas for Health. HPP will be given training and ongoing feedback during our pilot program. See promotions at the end of this report.

The year 4 **Performance Incentive Initiative** for local health departments (LHD) was submitted to the NYSDOH on June 30. The program makes funding available to LHDs based on their ability to provide documentation that demonstrates that certain core public health services related to chronic disease prevention have been delivered since January 2015. Submissions are based on the Public Health Accreditation Board's Standards & Measures specifications. Counties were grouped by population, and Tompkins County is in a group of 21 counties. Eight counties from this group will be selected to receive a \$50,000 reward. State guidelines and all documents submitted by TCHD are [available for download here](#).

Tobacco-21 went into effect July 1, and in June HPP staff visited all tobacco retailers to provide them with a new red-letter sign, an FAQ, and door stickers that announce the change. No confrontations about the change were reported. Info about [T-21 is available here](#) on the TCHD website

Community Outreach

- Childhood Nutrition Collective: Met with individuals (CCE, GreenStar Community Projects, Cornell, TC Youth Services, ICSD Farm-to-School Project, Food Bank of the Southern Tier, Building Bridges) working on local food system and childhood nutrition, planning a community café for Fall 2017. (Hillson; 6/2, 6/29)
- Ithaca Festival, Tompkins County Expo at Tompkins County Public Library (Hillson; 6/3)
- Housing and Homeless Taskforce meeting (Hillson, Puleo; 6/7)
- Collective Impact meeting (Hillson; 6/13)
- Community and School Health Advisory meeting (Hillson, Schiele; 6/12)
- Collaborative Solutions Network general meeting (Schiele; 6/13)

- [Put Fruit to Work](#) planning meeting (Schiele; 6/16)
- Greater TC Municipal Health Insurance Consortium ([Consortium](#))
 - Owing Your Own Health Committee, monthly meeting, (Schiele, chair; 6/28)
 - Editorial support on quarterly newsletter; outreach development meetings (Schiele)
 - Joint Committee on Plan Structure and Design, monthly meeting (Schiele; 6/8)

Press

- National HIV Testing Day Press Release (6/22)
- Dog bite (6/6)

TCHD Participation and Support

- Met with Dr. Klepack to review Facebook/social media capabilities (Hillson; 6/6)
- Health Planning Council meeting: Presentation about Healthy Lungs for Tompkins County (Hillson, Dunlop, Schiele; 6/12)
- Met with NYS DOH Public Health Program Nurse, Cheryl Geiler about TCHD programs/services including lead, asthma/COPD (Hillson; 6/19)
- Peace of Mind coalition meeting (Hillson; 6/29)
- PIO meeting (Hillson; 6/29)
- Staff Satisfaction Task Force meeting (Dunlop, chair; 6/20)
- Blood-borne pathogen yearly committee meeting (Dunlop; 6/28)

Diabetes Prevention Program (DPP) (Dunlop, *CDC Certified Lifestyle Coach*)

- Met with providers from Cayuga Endocrine office to review the Diabetes Prevention Program. Also gave brief overview of upcoming H4H program. Left educational materials asthma and pre-diabetes (Dunlop; 6/14)
- Conference call with DPP providers from Monroe County to advise about outreach for the Diabetes Prevention Program (Dunlop; 6/26)
- CDC conference call to review metrics for yearly Diabetes Prevention Program evaluation (Dunlop; 6/26)

Community Health Improvement Plan ([CHIP](#))

- Performance Incentive Initiative documentation and [submission](#), see highlights (Hillson, Schiele)

Healthy Lungs for Tompkins County

- Harmonicas for Health development, see highlights (all HPP staff were involved).
 - Call with Pulmonary Therapist in North Dakota who has been offering Harmonicas for Health for 6 years. She provided insight and information for starting our program. (Hillson, Dunlop; 6/7)
- Healthy Lungs meeting (all staff; 6/19)

Healthy Neighborhoods Program

- Mariama Chambliss began working as the HNP Project Assistant on June 19th. She will help conduct visits and outreach in the community.
- COLA received and proposed budget created (Hillson, 6/14)

- Outreach (see also chart at the end of this report)
 - Tabled at Loaves and Fishes, reached 60 (Maya, 6/16)
 - Outreach at the Mobile Food Pantry, downtown Ithaca, reached 75 (Maya, 6/17)
 - Outreach at Salvation Army Food Pantry, reached 9 (Pat and Mariama, 6/19)
 - Conducted outreach at Immaculate Conception Food Pantry, reached 50 (Maya and Mariama, 6/20)
 - Conducted outreach at Salvation Army Food Pantry, reached 20 (Maya, Pat, and Mariama, 6/20, 26)

Tobacco Control Program (Schiele)

- Tobacco-21 (T-21) materials development, production, and dissemination to all licensed tobacco retailers in the county (Schiele, Hillson)
- Smoke-Free Housing: Conifer Realty has made Cayuga Meadows, one of their newest Tompkins County properties, smoke-free. Tobacco Free Tompkins has been working with management on signage and written materials for the property and residents. These may be Conifer’s first smoke-free apartments among all they own/manage in Tompkins County.
- Tobacco-Free Outdoors:
 - Tabling team at the 3rd Annual Regional Executive Wellness Summit, Binghamton. Tobacco Free Zone of Cortland-Tompkins-Chenango tables at the event to promote tobacco-free worksites using the tag, “Worksite Wellness Starts Here!” Poster and promotional materials designed/ developed here. (6/1)
 - Realty Check event at Montgomery Park in Dryden was a cigarette butt cleanup and advocacy for designating the park tobacco-free. The Realty Check youth group was from the William George Agency. Correspondence was sent to the Montgomery Park volunteers association requesting their support for a tobacco-free park. The effort will be ongoing. (6/12)
- Monthly grant meeting in Cortland (6/2).
- Statewide program meeting in Albany (6/14).

Web site postings

- [Press releases](#)
- [WIC](#) income guidelines
- [STI page](#) updates

Meetings and Trainings

- Beyond Social Media 101 webinar (Hillson, Schiele, 6/22)
- AAP Recommendation for Preventative Health Care- Medscape- .26 CE hours (Dunlop; 5/4)
- Opioid Use Disorder in Primary Care- Medscape- .25 contact hours (Dunlop; 6/12)

HEALTHY NEIGHBORHOODS PROGRAM	June 2017	YTD 2017	YTD 2016	TOTAL 2016*
# of Initial Home Visits	30	171	151	409
# of Revisits	8	76	71	129
# of Asthma Homes (initial)	6	19	23	49
# of Homes Approached	161	469	223	1218

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

Harmonicas for Health poster and newspaper ad



Asthma & COPD can make it hard to breathe.

Harmonicas for Health can make it easier.

In Harmonicas for Health, you will:

- Play the harmonica to exercise breathing muscles
- Learn to breathe easier
- Socialize, decrease stress, have fun!
- No experience necessary, harmonicas provided
- 6-week program, light refreshments served
- Recognized by the COPD Foundation

This **free** program is coming to Longview this September. For more info & to register call the Tompkins County Health Dept., (607) 274-6600.



Live — Breathe — Play

Harmonicas for Health can make it Easier to Breathe

LEARN TO PLAY the harmonica to help exercise breathing muscles.



6-week course starts Sept 13 at Longview.
Open to anyone with asthma or COPD.

Call 607-274-6600 for more info.
www.TompkinsCountyNY.gov/health/breathe

TCHD, CMC, HSC-TC. Recognized by the COPD Foundation

Wellness Summit poster



Worksite Wellness STARTS HERE!

100% Tobacco-Free Grounds

- ☑ Low cost
- ☑ Lasting impact
- ☑ Big returns
- ☑ Local technical assistance
- ☑ Full participation
- ☑ Support by 66% of employees*



The New Community Norm is Tobacco-Free!
Build Your Business Around It.



Conifer Cayuga Meadows sign



Smoke-Free Environment

Smoking & Vaping at this Conifer Property is Permitted **ONLY** in Designated Outdoor Areas

All Residents – All Visitors – All Staff

a conifer community

Division for Community Health
July 25, 2017 Board of Health Meeting

Karen Bishop, Director of Community Health
June Report

Policies (1) – updated

Court Ordered Defendant HIV Testing Policy – original policy written in 2008 but was not brought to Board of Health for approval. Background information: New York State Criminal Procedure Law 210.6 requires HIV testing of criminal defendants, indicted for certain sex offenses, at the request of the survivor of a sexual assault. The HIV testing of the defendant is to be conducted by a state, county or local public health officer. TCHD provides confidential HIV counseling and testing to the defendant. Test results are shared only with the defendant and survivor. A written report to the court is submitted stating that the test was performed but without the actual test result and that the result was shared with the defendant and survivor. To date the frequency of court ordered defendant HIV testing has been 0-1 time a year.

Administration –

- Facilitated the Community Health Quality Improvement Committee meeting on June 13 with 14 members present. Agenda included review of 5 active lead poisoning cases in children less than 5 years of age, results of LHCSA/MOMS record reviews of 15 active and 10 discharge records, results of Diagnostic & Treatment Center (Clinic) record reviews of 37 immunization charts, one maternal child case review presentation, results of the newly implemented client satisfaction survey, report on 3 incident reports, WIC program report and member updates.
- On June 19 met with Cheryl Geiler, regional DOH representative responsible for oversight of the LHCSA, lead poisoning prevention program, newborn screening and Article 6 funding. This was not an official site visit but more of an informational face to face “get to know you” meeting. Cheryl shared many useful resources.
- On June 22 met face to face with Cayuga Medical Center (CMC) Emergency Department (ED) Director and several staff to discuss challenges with rabies post-exposure cases. Agreed on several improvement strategies to streamline communications between CMC ED and TCHD (Environmental Health and Nursing) and to provide training to CMC ED staff on effective rabies post-exposure treatment.
- Participated in WIC budget training and review with the WIC Director and regional WIC staff. Assisted the WIC Director with developing the 2018 WIC budget and justifications.
- Participated in the WIC interview with the WIC Learning Community. Tompkins County WIC was one of 12 WIC programs statewide selected to participate. The goal of the Learning Community is to increase participation and retention in local WIC programs.
- Completed a NYSDOH survey on Maternal Child Home Visiting Services describing our specific provision of services and funding sources.

Statistical Reports –

- Division statistical reports – see attached reports.

WIC –

- Partnered with the NY State of Health (NYSOH) trained and certified assistors who staffed outreach tables at WIC clinic sites to give WIC participants health insurance information and schedule appointments to enroll in NYSOH. In June the NYSOH assistor tabled at our Salvation Army clinic every Wednesday.
- WIC Director updated existing Community Program Joint Service Agreements and collaborated with other community agencies within Tompkins County to better serve the needs of WIC participants.
- WIC Director worked with WIC staff to establish a TC WIC Program Succession Plan. This plan defines tasks and staff responsibilities with a timeline for completion. In the event that an employee is absent, this plan distributes job duties and clinic assignments to alternate staff members to ensure that all WIC Program tasks/responsibilities are covered.

June 2017 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

Continuing Education-

- Community Health Nurse Amy Hopkins and Senior Community Health Nurse Lori Sibley attended a conference in Albany, New York on June 7 and 8th on the Zika Virus.
- CHS nursing staff are participating in weekly WebEx immunization trainings (June- October) on the Pink Book series.
- Community Health Nurses Nanette Scogin and Celeste Rakovich provided a presentation on tick prevention to camp counselors on June 30 at the Lions Camp Badger.

Lead Poisoning Prevention- (5 cases) Lead nurse Gail Birnbaum is case managing 5 children with elevated Blood Lead Levels. No changes in case summaries from May report. Lead nurse will continue to follow cases to ensure repeat testing done as ordered.

Communicable Disease-

- **Pertussis:** During the month of June there were two cases of Pertussis:
 - 17 year old fully vaccinated high school student with cough onset of June 3, 2017. Case was evaluated, tested and treated with antibiotics on June 15, 2017 and isolated at home for 5 days. Household members and 1 close contact received prophylaxis. A letter was sent out from the school district to parents/guardians to inform of potential exposure and provide education.
 - 14 year old fully vaccinated middle school student (different school district) with cough onset June 6, 2017. Case was evaluated and tested on June 16, 2017 but not treated or isolated until the positive results were returned on June 20, 2017. Household members and 1 close contact received prophylaxis. A letter was sent out from the school district to parents/guardians to inform of potential exposure and provide education.
- **Syphilis:** During the month of June there were 2 new cases of syphilis:
 - **Secondary Syphilis:** 41 year old male seen initially by local dermatologist due to penile lesion. Subsequent treatment provided by local sexual health clinic per recommended guidelines.
 - **Late Latent Syphilis:** 45 year old male previously known positive out of state. Case reported no symptoms. Received and completed the recommended treatment.

The Peace of Mind Community Partnership met on June 29, 2017 to discuss the ongoing rise in STI's in Tompkins County. Representatives from NYSDOH, the local colleges, STAP, PPH, Cayuga Medical Center, Infectious Disease and TCHD were present at the meeting. Another meeting will be scheduled for August to plan collaborative education and outreach strategies.

- **HIV Testing/Counseling:** During the month of June CHS offered 6 clinic dates at 3 testing sites (TCHD, Loaves & Fishes and Tompkins County Jail). 9 people were tested and counseled. All were negative.
- **Health Advisories and Informational Messages Blast Faxed to Providers:**

- Final Weekly Influenza Surveillance Report
- Updated Guidance for Assessment of Poliovirus Vaccination Status
- Testing and Reporting of Mosquito- Borne Illness

Tuberculosis- (active cases)

- **Case #1:** Ongoing case: 61 year old foreign borne female who entered the US in 1994. Case was being worked up for pre-op clearance for surgery by her primary provider and was found to have a positive TST on 1/18/17, a positive T-spot on 1/20/17 and an abnormal chest x-ray on 1/20/17. Referral made to TB consultant. Three sputa specimens were ordered and collected 2/11-2/13/17; results were AFB smear negative; and PCR positive for MTB 2/17/16. 4-drug treatment initiated 2/21/17 with case isolated at home for 2 weeks. Drug sensitivities received in March with case susceptible to 4 drugs. 2-drug treatment 3 times a week began at the end of April. Case is tolerating medications without problem and is receiving DOT 3 times a week. Plan is to complete treatment in August.
- **Case #2:** Ongoing case: 23 year old female foreign born college student. Case was evaluated and completed treatment for latent TB infection with 9 months of INH in May 2016. In August 2016 case developed a lump on the right side of her neck and was evaluated by college health center and referred to local ENT. The case was without respiratory symptoms. The specimen was AFB smear negative, PCR positive for MTB on 11/16/16 and culture negative on 1/6/17. Due to concern for INH drug resistance with recent LTBI treatment, TB consultant advised holding off on beginning 4-drug treatment until molecular detection results were determined. At the end of November the molecular detection results were indeterminate. TB consultant advised beginning 4- drug treatment with Levaquin instead of INH beginning 12/2/16. In March case experienced elevated liver enzymes, with minor complaint of nausea. Provider discontinued PZA at this time. Within a few weeks case developed some swelling on the right side of her neck, TB consultant scheduled fine needle aspiration. Specimen sent to Wadsworth lab and was found to be PCR positive for Mycobacterium TB complex- awaiting culture results. TB consultant adjusted medications to include an increase in Rifampin dose and added Isoniazid to the medication regime. Case is tolerating medication changes without problem and expects to complete 9 months of treatment.
- **Latent TB (LTBI):** There were 28 Tuberculin Screening Tests (TST) placed during the month of June. There were no positive results.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 03JUL17
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=June

Disease	2017		2016		2015		2014		Ave (2014-2016)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0
CAMPYLOBACTERIOSIS**	0	0.0	4	45.7	3	34.3	2	22.9	3	34.3
CRYPTOSPORIDIOSIS**	1	11.4	0	0.0	1	11.4	1	11.4	1	11.4
ECOLI SHIGA TOXIN	2	22.9	0	0.0	1	11.4	0	0.0	0	0.0
GIARDIASIS	0	0.0	1	11.4	0	0.0	3	34.3	1	11.4
HEPATITIS B,CHRONIC	1	11.4	0	0.0	1	11.4	1	11.4	1	11.4
HEPATITIS C,CHRONIC	8	91.5	2	22.9	12	137.2	6	68.6	7	80.1
INFLUENZA A, LAB CONFIRMED	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
INFLUENZA B, LAB CONFIRMED	0	0.0	0	0.0	2	22.9	0	0.0	1	11.4
LYME DISEASE** *****	12	137.2	7	80.1	6	68.6	3	34.3	5	57.2
PERTUSSIS**	2	22.9	0	0.0	0	0.0	0	0.0	0	0.0
SALMONELLOSIS	1	11.4	2	22.9	0	0.0	0	0.0	1	11.4
SHIGELLOSIS	0	0.0	3	34.3	0	0.0	0	0.0	1	11.4
STREP,GROUP B INVASIVE	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	2	22.9	1	11.4	0	0.0	1	11.4	1	11.4
- P&S SYPHILIS	1	11.4	0	0.0	0	0.0	1	11.4	0	0.0
- EARLY LATENT	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
- LATE LATENT	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	3	34.3	2	22.9	6	68.6	2	22.9	3	34.3

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- GONORRHEA	3	34.3	2	22.9	6	68.6	2	22.9	3	34.3
CHLAMYDIA	26	297.4	21	240.2	29	331.7	21	240.2	24	274.5

*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 in 2013-2014

***Not official number

**** In 2014, 18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties, and in 2017, 27 counties sampled.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 03JUL17

Through June

Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2017		2016		2015		2014		Ave (2014-2016)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	1	1.9	0	0.0	0	0.0	0	0.0
ANAPLASMOSIS**	2	3.8	0	0.0	0	0.0	1	1.9	0	0.0
BABESIOSIS**	0	0.0	0	0.0	1	1.9	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	10	19.1	8	15.2	10	19.1	12	22.9	10	19.1
CRYPTOSPORIDIOSIS**	9	17.2	5	9.5	2	3.8	7	13.3	5	9.5
DENGUE FEVER**	1	1.9	0	0.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN	3	5.7	2	3.8	5	9.5	1	1.9	3	5.7
EHRlichiosis (UNDETERMINED)**	1	1.9	0	0.0	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	1	1.9	1	1.9	0	0.0	0	0.0	0	0.0
GIARDIASIS	2	3.8	6	11.4	4	7.6	7	13.3	6	11.4
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	2	3.8	2	3.8	0	0.0	1	1.9
HEPATITIS A	0	0.0	0	0.0	0	0.0	1	1.9	0	0.0
HEPATITIS B,CHRONIC	4	7.6	5	9.5	1	1.9	2	3.8	3	5.7
HEPATITIS C,ACUTE	1	1.9	1	1.9	1	1.9	3	5.7	2	3.8
HEPATITIS C,CHRONIC	27	51.5	33	62.9	48	91.5	49	93.4	43	82.0
INFLUENZA A, LAB CONFIRMED	388	739.6	331	630.9	288	549.0	169	322.1	263	501.3
INFLUENZA B, LAB CONFIRMED	147	280.2	80	152.5	67	127.7	27	51.5	58	110.6

Disease	2017		2016		2015		2014		Ave (2014-2016)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA UNSPECIFIED, LAB CONFIRMED	2	3.8	2	3.8	0	0.0	0	0.0	1	1.9
LEGIONELLOSIS	2	3.8	2	3.8	0	0.0	1	1.9	1	1.9
LYME DISEASE** ****	14	26.7	15	28.6	9	17.2	8	15.2	11	21.0
MALARIA	0	0.0	1	1.9	1	1.9	0	0.0	1	1.9
MENINGITIS, ASEPTIC	1	1.9	0	0.0	0	0.0	0	0.0	0	0.0
PERTUSSIS**	3	5.7	0	0.0	1	1.9	1	1.9	1	1.9
SALMONELLOSIS	2	3.8	6	11.4	7	13.3	4	7.6	6	11.4
SHIGELLOSIS	0	0.0	5	9.5	0	0.0	1	1.9	2	3.8
STREP, GROUP A INVASIVE	1	1.9	2	3.8	2	3.8	2	3.8	2	3.8
STREP, GROUP B INVASIVE	2	3.8	2	3.8	4	7.6	6	11.4	4	7.6
STREP, GROUP B INV, EARLY/LATE ONSET	0	0.0	0	0.0	0	0.0	1	1.9	0	0.0
STREP PNEUMONIAE, INVASIVE	4	7.6	6	11.4	2	3.8	3	5.7	4	7.6
TUBERCULOSIS***	1	1.9	0	0.0	1	1.9	2	3.8	1	1.9
VIBRIO - NON 01 CHOLERA	0	0.0	0	0.0	1	1.9	0	0.0	0	0.0
YERSINIOSIS	0	0.0	0	0.0	0	0.0	1	1.9	0	0.0
ZIKA VIRUS (SYMPTOMATIC)**	0	0.0	1	1.9	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	6	11.4	6	11.4	2	3.8	4	7.6	4	7.6
- P&S SYPHILIS	3	5.7	2	3.8	2	3.8	4	7.6	3	5.7
- EARLY LATENT	0	0.0	3	5.7	0	0.0	0	0.0	1	1.9
- LATE LATENT	3	5.7	1	1.9	0	0.0	0	0.0	0	0.0

Disease	2017		2016		2015		2014		Ave (2014-2016)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
GONORRHEA TOTAL.....	34	64.8	22	41.9	37	70.5	13	24.8	24	45.7
- GONORRHEA	34	64.8	22	41.9	37	70.5	13	24.8	24	45.7
CHLAMYDIA	216	411.7	177	337.4	172	327.9	137	261.1	162	308.8
CHLAMYDIA PID	1	1.9	0	0.0	0	0.0	0	0.0	0	0.0

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

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

***Not official number

**** In 2014,18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties, and in 2017, 27 counties sampled.

Division for Community Health
PROGRAM Statistical Highlights for Board of Health - 2016

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2017	Total 2016	Total 2015
Maternal Child / MOMS Services															
Client Caseload	124	129	113	103	99	92									
# of Client Admissions	17	25	18	16	12	16							104	254	295
# of Client Discharges	19	34	26	15	23	17							134	241	337
Maternal & Infant Clinic Visit**	12	8	16	7	9	7							59	163	209
Maternal & Infant Home Visit	102	95	110	78	78	77							540	928	862
Total Home & Clinic Visits	114	103	126	85	87	84	0	0	0	0	0	0	599	1091	1071

On-Call (Weekend) Nursing Visits to Patients															
Maternal & Infant On Call Visits	0	0	0	0	0	0							0	0	0
Rabies On Call Vaccinations	0	0	0	1	4	3							8	33	28
TB DOT On Call Visits	0	2	2	0	0	0							4	4	9
Total # On-Call Visits	0	2	2	1	4	3	0	0	0	0	0	0	12	37	37

Total Home, Clinic, On-Call Visits	114	105	128	86	91	87	0	0	0	0	0	0	611	1128	1161
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Childbirth Education															
# of Childbirth Education Classes	1	0	0	0	0	1							2	3	10
# of Childbirth Education Moms*	4	0	0	0	0	7							11	13	32

* CBE Total is duplicated count

DOT = Direct Observe Therapy Visits

MOMS = Medicaid Obstetrical and Maternal Services

** Clinic visit revised to include intake visits

Shaded areas indicate revisions from the previous report

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2017	Total 2016	Total 2015
Immunization Program (does not include counts for rabies vaccinations)															
Immunization Clients Served: Children	20	11	10	10	10	11							72	263	319
Immunization Clients Served: Age19 +	10	7	6	9	12	21							65	553	205
Total Immunization Clients	30	18	16	19	22	32	0	0	0	0	0	0	137	816	429
Immunizations Administered: Children	33	29	23	20	19	26							150	496	UA
Immunizations Administered: Age 19 +	10	8	6	17	17	30							88	578	UA
Total Immunizations Administered	43	37	29	37	36	36	0	0	0	0	0	0	218	1074	761
# of Influenza Immunizations	3	2	0	1	1	0							7	536	579
# of All Other Immunizations	40	35	29	36	35	36	0	0	0	0	0	0	211	538	UA
Rabies Vaccination Program (Internal data,reporting to NYSIIS may be ongoing)															
Post-Exposure Clients	0	2	1	5	6	15							29	104	107
Post-Exposure Clinic Vaccinations	0	6	3	12	12	26							59	228	258
Tuberculosis Program															
Cumulative TB clients	2	3	3	3	3	3							3	4	2
Active TB Admissions	0	1	0	0	0	0							1	3	2
Active TB Discharges	0	0	1	0	0	0							1	2	4
TB Direct Observe Therapy Home Visits	19	39	54	35	33	26							206	102	274
# of Tuberculosis Screening Tests*	6	12	16	6	8	28							76	312	283
Anonymous HIV Counseling & Testing Clinics															
# of HIV Clinics - including Walk-Ins	12	7	8	8	12	6							53	121	109
# of Clients Counseled & Tested	13	2	5	5	11	9							45	101	91
HIV Positive Eliza & Western Bloc	0	0	0	0	0	0							0	2	0
Women, Infants, Children Clinic															
Monthly New Enrollments	65	46	46	35	46	31							269	669	676
Total Participants Served	471	426	481	491	441	438							2748	6240	6417
Participants w/Active Checks	1274	1252	1214	1179	1185	1157							7261	1289	1338
Total Enrolled (Summary is an Average)	1521	1517	1504	1466	1445	1421							1502	1512	1564
% No-Show	16.2%	17.5%	19.3%	18.8%	18.0%	18.6%									
% Active Participation	84.9%	83.5%	80.9%	79.3%	79.0%	77.1%									
% Caseload Target (FY17 Target = 1500)	101.4%	101.1%	100.3%	97.7%	96.3%	94.7%									

123 Red numbers indicate preliminary data; subject to revision

** # of Immunizations administered may understate actual activity if Rabies activity updates to NYSIIS are pending

UA = Unavailable at this time

TB discharge erroneously reported in prior month; corrected to '0'

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

Children with Special Care Needs Highlights June 2017 Report

Staff Activities

Staff Committees/Meetings

- Julie Smith attended 'Cup of Joe' on 6/7/17
- All Staff attended CSCN Staff Meeting on 6/19/17
- Barb Wright attended 'Cup of Joe' on 6/28/17
- Margo Polikoff met with Cheryl Geiler DOH Public Health Nurse regarding the CSHCN program 6/19/17
-

Staff Training

- Capri Prentice and Mary Ellen Meade attended Defensive Driving on 6/5/17
- Intro to *Smart Work* was attended by all staff hired within the last three years on 6/21/17
- All staff attended *Smart Work* on 6/22/17 and 6/29/17
- Margo Polikoff attended 'Pedaling for Health' on 6/12/17
- Julie Smith attended CPSE/CSE Chairs Training on 6/12/17, 6/13/17 and 6/14/17

Division Manager Activities

Deb Thomas:

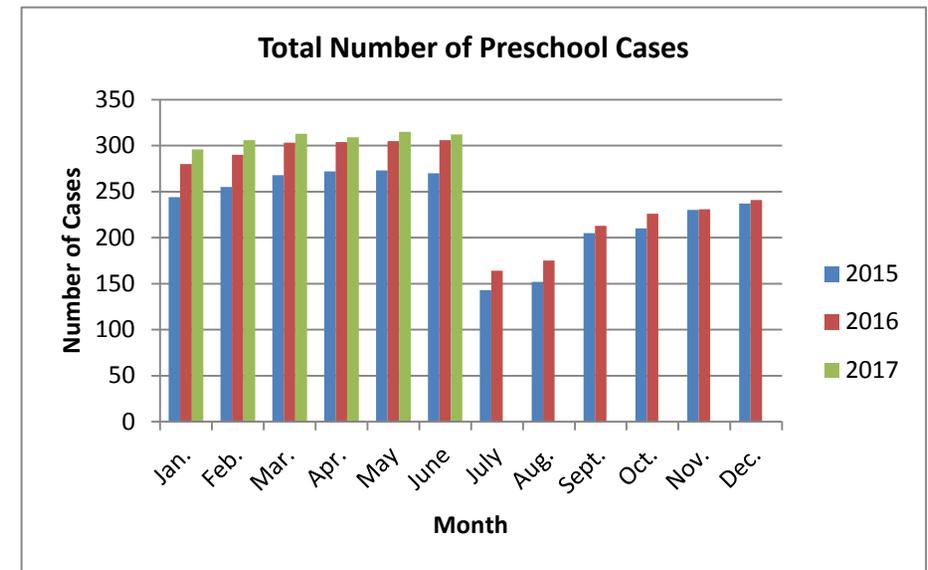
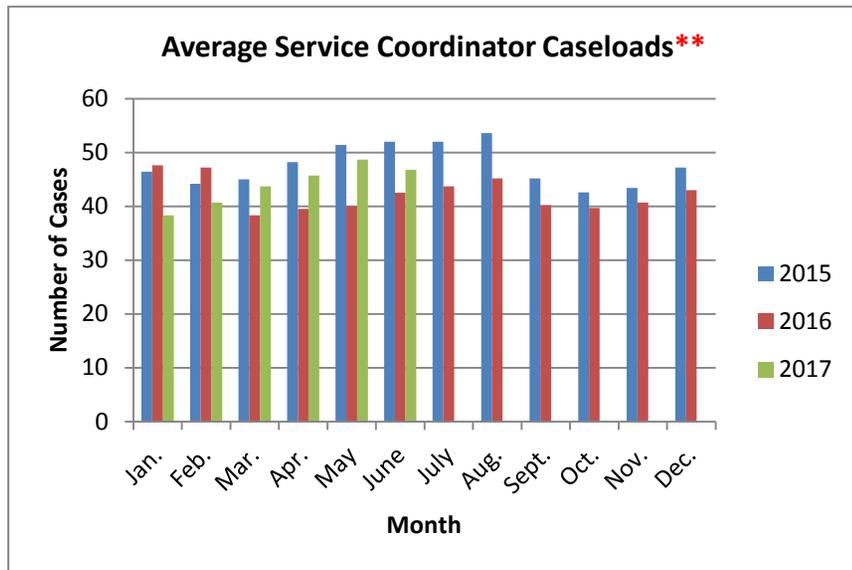
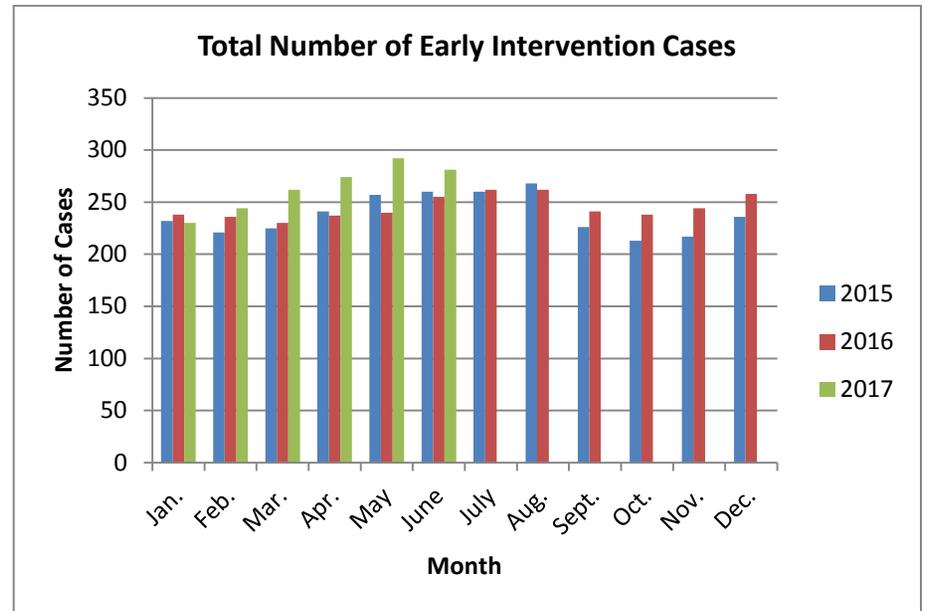
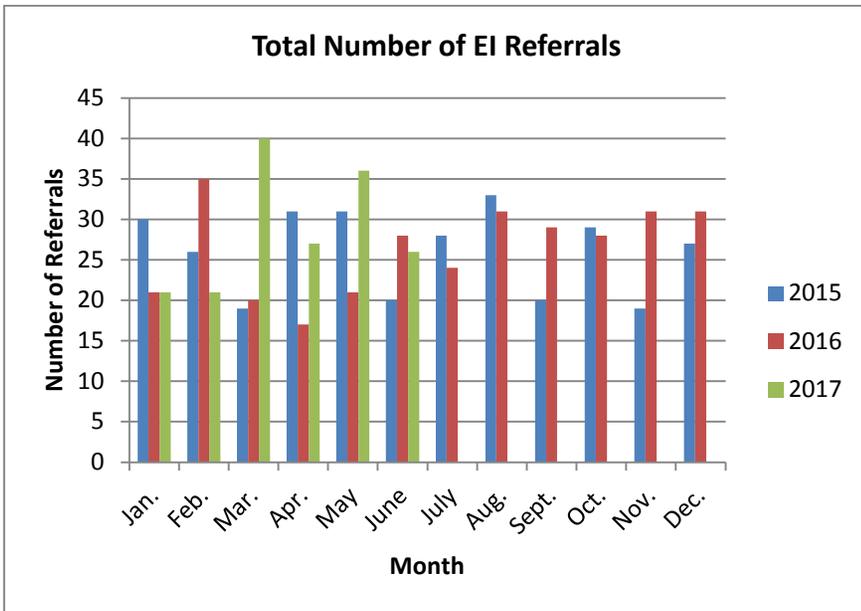
- Attended Senior Leadership Meeting on 6/21/17
- Met with Frank Kruppa and Brenda Grinnell Crosby on the Bus RFP on 6/21/17
- Attended the Community Health Services Advisory Committee meeting 6/13/17
- Attended the Cradle to Career Committee meeting 6/9/17
- Attended Board of Health Meeting on 6/27/17
- Participated in the S²AY Network meeting 6/14/17
- Met with Brenda Grinnell-Crosby on the Bus RFP 6/15/17
- Meeting with Cindy Lalonde Sr. Community Health Nurse to organize orientation 6/15/17
- Met with Cheryl Geiler DOH Public Health Nurse regarding the CSHCN program 6/19/17 (Margo Polikoff, RN also participated)
- Presented at the Mental Health Sub Committee on Children with Special Care Needs Programs 6/20/17
- Attended the *Smart Work* workshop with all staff on 6/22/17 and 6/29/17 in preparation for Software.

- Viewed the NYS DOH BEI webinar –Local Data Findings 6/27/17
- Attended the ‘Cup of Joe’ meeting 6/28/17

Other:

- CSCN welcomes new Administrative Assistant Emily Stranger and Erin Worsell, RN on 6/19/17.
- CSCN is currently working on the RFP for a Preschool Transportation Contract and it will be presented to the Legislature in July.
- CSCN is currently working on the selection of a Software product for administration of the Early Intervention Program. *Smart Work* workshops have been completed with Greg Potter IT Director participating. The RFP will be started in July and a committee will meet 2 times a month until the process of selecting a software product is complete.

**Children with Special Care Needs
Statistics Based on Calendar Year**



****Beginning March 2016, the number of full-time Service Coordinators increased from 5 to 6.**

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
Initial Concern/reason for referral:														
-- DSS Founded Case		2	4		1								7	18
-- Gestational Age		1	3	2	3	2							11	10
-- Gestational Age/Gross Motor													0	4
-- Cognitive Delay													1	1
-- Global Delays	1			1	1								3	2
-- Hearing													0	3
-- Physical													0	0
-- Feeding		2	1	2		1							6	19
-- Feeding & Gross Motor													0	1
-- Feeding & Hearing													0	0
-- Feeding & Social Emotional													0	1
-- Gross Motor	6	2	9	7	10	9							43	71
-- Gross Motor & Feeding	1												1	4
-- Gross Motor & Fine Motor													0	0
-- Gross Motor & Social Emotional													0	1
-- Fine Motor		1											1	0
-- Fine Motor & Cognitive													0	1
-- Social Emotional		1	1	1		1							4	8
-- Social Emotional & Adaptive													0	0
-- Speech	10	12	18	9	19	11							79	130
-- Speech & Adaptive													0	0
-- Speech & Cognitive													0	0
-- Speech & Feeding	1			2									3	4
-- Speech & Fine Motor					1								1	0
-- Speech & Hearing													0	0
-- Speech & Gross Motor	1		1			1							3	12
-- Speech & Sensory													0	3
-- Speech & Social Emotional	1					1							2	7
-- Adaptive													0	0
-- Adaptive/Feeding													0	0
-- Adaptive/Sensory				3									3	1
-- Adaptive/Fine Motor					1									
-- Vision													0	0
-- Qualifying Congenital / Medical Diagnosis			3										3	8
-- Child Find (At Risk)													0	7
Total Number of Early Intervention Referrals	21	21	40	27	36	26	0	0	0	0	0	0	171	316

Caseloads	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
Total # of clients qualified and receiving svcs	196	219	214	227	245	255								
Total # of clients pending intake/qualification	34	25	48	47	47	26								
Total # qualified and pending	230	244	262	274	292	281	0	0	0	0	0	0		
Average # of Cases per Service Coordinator	38.3	40.7	43.7	45.7	48.7	46.8	0.0	0.0	0.0	0.0	0.0	0.0		

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- Intake visits	19	19	36	22	32	26							154	287
-- IFSP Meetings	43	36	47	44	48	46							264	474
-- Amendments	15	18	14	15	11	17							90	162
-- Core Evaluations	24	19	22	19	25	25							134	241
-- Supplemental Evaluations	13	2	9	10	8	4							46	68
-- DSS Visit	0	0	0	0	0	0							0	10
-- EIOD visits	12	4	4	3	1	1							25	87
-- Observation Visits	37	37	39	60	38	37							248	422
-- CPSE meetings	9	3	7	11	4	7							41	81
-- Program Visit	1	1	0	1	2	0							5	7
-- Family Training/Team Meetings	0	0	0	3	0	1							4	4
-- Transition meetings	33	7	4	1	5	5							55	127
-- Safe Care Visits	4	4	11	4	4	4							31	31
-- Other Visits	5	1	2	0	0	4							12	15
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	43	36	47	44	48	46							264	443
# of Amendments to IFSPs Completed	19	23	15	19	22	20							118	230
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Audiological	1	0	1	0	0	0								
-- Feeding	1	2	1	0	1	0								
-- Nutrition	0	0	0	0	0	0								
-- Occupational Therapy	6	5	11	15	12	13								
-- Physical Therapy	2	4	2	1	4	7								
-- Social Work	0	0	0	1	2	2								
-- Special Education	0	2	3	3	4	4								
-- Speech Therapy	1	2	7	6	5	9								
# of Supplemental Evaluations Pending	10	13	8	15	17	3	0	0	0	0	0	0		
Type:														
-- Audiological	4	4	2	4	6	2								
-- Developmental Pediatrician	0	1	1	1	1	0								
-- Diagnostic Psychological	0	0	0	0	1	0								
-- Feeding	2	1	1	2	1	0								
-- Physical Therapy	0	1	0	1	3	0								
-- Speech	2	1	2	3	0	0								
-- Occupational Therapy	2	5	2	3	5	0								
-- Vision	0	0	0	0	0	0								
-- Other	0	0	0	1	0	1								

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Diagnosed Conditions (continued)													
-- Spina Bifida	1	1	1	1	1	1							
-- Subdural Cyst	0	0	0	1	0	0							
-- Torticollis	8	8	8	7	8	10							
-- Tongue Tie	0	0	1	0	0	0							

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- To CPSE	0	0	0	0	0	1							1	107
-- Aged out	0	0	1	0	0	0							1	14
-- Declined	4	2	5	4	3	1							19	31
-- Skilled out	2	0	2	5	3	3							15	37
-- Moved	2	1	1	1	4	6							15	24
-- Not Eligible	4	6	3	4	9	7							33	72
-- Other	3	1	0	2	2	0							8	26
Total Number of Discharges	15	10	12	16	21	18	0	0	0	0	0	0	92	311

Child Find														
Total # of Referrals	0	1	1	1	1	0							4	13
Total # of Children in Child Find	3	4	3	4	5	5								
Total # Transferred to Early Intervention	1	0	1	0	0	0							2	5
Total # of Discharges	6	0	0	0	0	0							6	15

**Children with Special Care Needs Division
Statistical Highlights 2017**

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
Children per School District														
-- Ithaca	159	162	165	162	165	162								
-- Dryden	41	45	47	45	47	49								
-- Groton	25	27	28	28	29	29								
-- Homer	1	1	1	1	1	1								
-- Lansing	22	23	23	24	24	22								
-- Newfield	32	33	34	34	35	35								
-- Trumansburg	9	8	8	8	7	7								
-- Spencer VanEtten	3	3	3	3	3	3								
-- Newark Valley	0	0	0	0	1	1								
-- Odessa-Montour	2	2	2	2	2	2								
-- Candor	1	1	1	1	0	0								
-- Moravia	1	1	1	1	1	1								
-- Cortland	0	0	0	0	0	0								
Total # of Qualified and Receiving Services	296	306	313	309	315	312	0	0	0	0	0	0		

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Services Received by Discipline														
-- Speech Therapy (individual)	178	186	189	185	189	181								
-- Speech Therapy (group)	7	7	8	8	9	8								
-- Occupational Therapy (individual)	70	72	75	74	79	77								
-- Occupational Therapy (group)	1	2	4	8	8	8								
-- Physical Therapy (individual)	33	33	37	34	37	34								
-- Physical Therapy (group)	0	0	1	3	3	3								
-- Transportation														
-- Birnie Bus	29	29	31	32	32	32								
-- Ithaca City School District	39	39	38	38	38	38								
-- Parent	2	2	2	2	2	2								
-- Service Coordination	34	40	44	40	45	41								
-- Counseling (individual)	49	51	55	56	60	57								
-- Counseling (group)	0	0	3	4	4	4								
-- 1:1 (Tuition Program) Aide	8	8	8	8	8	8								
-- Special Education Itinerate Teacher	30	29	31	35	37	36								
-- Parent Counseling	22	24	26	25	27	27								
-- Program Aide	3	2	2	2	2	2								
-- Teaching Assistant	4	3	3	3	3	3								
-- ASL Interpreter	0	0	0	0	0	0								
-- Audiological Services	2	2	4	3	4	4								
-- Teacher of the Deaf	2	4	4	4	4	4								
-- Auditory Verbal Therapy	0	0	0	0	0	0								
-- Teacher of the Visually Impaired	1	1	0	0	0	0								
-- Nutrition	5	6	7	6	7	7								
-- Assistive Technology Services	0	0	0	0	0	0								
-- Skilled Nursing	0	0	0	0	2	2								
-- Vision	0	0	1	1	1	1								
Total # of children rcvg. home based related svcs.	224	234	240	236	242	239								

**Children with Special Care Needs Division
Statistical Highlights 2017
PRESCHOOL SPECIAL EDUCATION PROGRAM**

Number of Children Served Per School District Attending Tuition Based Programs	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- Ithaca	41	40	40	40	40	40								
-- Cortland	0	0	0	0	0	0								
-- Dryden	13	13	13	13	13	13								
-- Groton	5	5	5	5	5	5								
-- Lansing	5	5	5	5	5	5								
-- Newfield	7	8	9	9	9	9								
-- Trumansburg	0	0	0	0	0	0								
-- Odessa-Montour	0	0	0	0	0	0								
-- Spencer VanEtten	0	0	0	0	0	0								
-- Moravia	1	1	1	1	1	1								
-- # attending Franziska Racker Centers	42	42	43	43	43	43								
-- # attending Ithaca City School District	30	30	30	30	30	30								
Total # attending Special Ed Integrated Tuition Progr.	72	72	73	73	73	73	0	0	0	0	0	0		

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- Ithaca	17	0	31	20	27	11							106	12
-- Candor	0	0	0	1	1	0							2	0
-- Dryden	6	4	5	3	10	3							31	7
-- Groton	2	0	0	0	1	10							13	1
-- Lansing	1	0	2	2	11	0							16	0
-- Newark Valley	0	0	0	0	0	0							0	0
-- Newfield	0	1	1	4	8	0							14	8
-- Odessa	0	0	0	0	0	0							0	0
--Trumansburg	0	0	0	0	0	5							5	0

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkinscountyny.gov>

Ph: (607) 274-6688

Fx: (607) 274-6695

ENVIRONMENTAL HEALTH HIGHLIGHTS

June 2017

Outreach and Division News

City of Ithaca Water Feature: On June 20, the Environmental Health Division issued a Notice of Violation to the City of Ithaca regarding the water feature on the Ithaca Commons. EH staff had observed children playing in the water feature on multiple occasions, leading us to conclude that the City was effectively operating a spray park without a permit. We required the City to shut off water to the fountain until measures could be implemented to restrict access. Frank Kruppa and I met with representatives from the City on June 28. Shortly after that, the City put planters around the water feature and posted signs stating that the water was not suitable for contact. The City is also reviewing long-term options.

Meeting with Owasco Watershed Inspectors: On June 15, Adriel Shea and Liz Cameron met with Andrew Snell and Timothy Schneider to discuss their work as Owasco Lake Watershed inspectors. At some point, the inspectors will begin inspections in the part of the Owasco Lake Watershed that is in Tompkins County. We discussed their inspections and education and outreach that would be needed for Tompkins County residents.

ICSD Water Fixtures: Liz Cameron and Adriel Shea met with representatives from the Ithaca City School District (ICSD) on June 14. One of the topics discussed was Point-of-Use (POU) filters for water fixtures. The ICSD's position on the optimal remediation options for addressing lead in drinking water continues to evolve. They are currently considering more widespread use of POU filters. EH does not generally recommend POU filters as a remediation option, in part because of the need for on-going maintenance and oversight. Adriel and Liz are currently drafting POU filtration requirements or recommendations for use of these filters in Tompkins County schools.

CMC ED Rabies Meeting: On June 22, Liz Cameron, Cynthia Mosher and Skip Parr along with CHS nursing staff met with the Cayuga Medical Center Emergency Department to discuss coordination of reporting and handling potential rabies exposures.

NYSDOH Public Health Nurse Visit: On June 19, Chris Laverack and Liz Cameron met with NYSDOH Public Health Program Nurse Cheryl Geiler and representatives from other TCHD Divisions. The meeting was a chance for us to meet Cheryl and discuss coordination and support between our offices.

Tompkins County Building Code Enforcement Meeting: On June 21, Frank Kruppa and Liz Cameron met with other County representatives to discuss code enforcement issues in connection with the County's goal to improve housing conditions, especially low-income housing.

Personnel: Public Health Engineer Steve Maybee has indicated he will be retiring on August 12, 2017. The Public Health Engineer Search Committee, composed of Adriel Shea, Janice Koski, and Liz Cameron, reviewed applications and conducted interviews in June. We are pleased to announce that Scott Freyburger will be joining us as our new Public Health Engineer starting July 31. Scott previously held a similar position at the Tioga County Health Department and is currently working in environmental consulting.

On June 20, the Tompkins County Legislature approved an increase in hours for Sr. Public Health Sanitarians Adriel Shea and Skip Parr. Starting July 2, Adriel and Skip will be working 37.5 hours per week. Funding for the increase is provided by an increase in our Drinking Water Enhancement (DWE) grant.

Training: On June 22, Liz Cameron, Cynthia Mosher and Skip Parr along with CHS nursing staff met with CMC Emergency Department to discuss coordination of reporting and handling potential rabies exposures.

On June 14 and 15, Joel Scogin attended the Skaneateles Lake Alternative Onsite Wastewater Treatment Technology Training and Tour. The two-day course is hosted by the New York State Onsite Wastewater Training Network (OTN).

On June 21, Mik Kern participated in the webinar - Low-Cost Strategies for Tobacco Prevention: How Local Health Departments Can Integrate the CDC's Tips from Former Smokers Campaign into Clinical Settings.

Kristee Morgan (6/5), Becky Sims (6/5), Mik Kern (6/15) and Skip Parr (6/15) attended Defensive Driving.

On June 27, Adriel Shea, Anne Wildman, and Liz Cameron participated in an EPA webinar on Harmful Algal Blooms: Treatment, Risk Communications Toolbox, and Management Plans.

Rabies Control Program

There were three confirmed cases of rabies in Tompkins County during June 2017. A raccoon attacked family pets and was killed by a dog in Newfield, a fox attacked a person in Ithaca, and a feral cat was found on a farm in Enfield. The family pets and farm animals were up to date on rabies vaccinations and were given boosters. Two people received rabies post exposure treatment related to these incidents.

The rabies program continues to use Facebook to provide the public with rabies-related information as the potential for exposure during the summer increases as more people are enjoying the outdoors as well as the increase in bat activity.

Key Data Overview				
	This Month	YTD 2017	YTD 2016	TOTAL 2016
Bites¹	27	131	110	230
Non Bites²	24	55	32	144
Referrals to Other Counties	2	12	25	46
Submissions to the NYS Rabies Lab	20	77	72	195
Human Post-Exposure Treatments	17	35	25	85
Unvaccinated Pets Quarantined³	0	0	1	4
Unvaccinated Pets Destroyed⁴	0	1	5	10
Rabid Animals (Lab Confirmed)	3	4	3	12

¹"Bites" include all reported bites inflicted by mammals and any other wounds received while saliva is present.

²"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children where the bat was unavailable for testing.

³When an otherwise healthy, unvaccinated pet has contact with a rabid animal, or suspect rabid animal, that pet must be quarantined for 6 months or euthanized. Quarantine must occur in a TCHD-approved facility (such as a kennel) at the owner's expense. If the pet is still healthy at the end of 6 months, the exposure did not result in rabies and the pet is released.

⁴ Pets must be euthanized if they are unvaccinated and have been in contact with a rabid or suspect rabid animal and begin to display signs consistent with rabies. Alternatively, a pet is euthanized if a prescribed 6-month quarantine cannot be performed or the owners elect euthanasia instead of quarantine.

Reports by Animal Type												
	Bites				Animals sent to the NYS Rabies Laboratory				Rabid Animals			
	Mo	YTD 2017	YTD 2016	Total 2016	By TCHD	By Cornell	Totals		Mo	YTD 2017	YTD 2016	Total 2016
							Mo	YTD				
Cat	11	51	31	84	1	0	1	11	1	1	0	1
Dog	15	76	71	133	2	0	2	7	0	0	0	0
Cattle	0	0	0	0	0	0	0	2	0	0	0	0
Horse/Mule	0	0	0	0	0	0	0	0	0	0	0	0
Sheep/Goat	0	0	0	0	0	0	0	0	0	0	0	0
Other Domestic	0	0	1	1	0	0	0	0	0	0	0	0
Raccoon	0	2	1	3	1	2	3	5	1	2	1	3
Bats	0	0	0	1	13	0	13	36	0	0	0	7
Skunks	0	0	0	2	0	0	0	0	0	0	1	0
Foxes	1	2	0	0	1	0	1	2	1	1	0	1
Other Wild	0	0	6	6	0	0	0	17	0	0	0	1
Totals	27	131	110	230	18	2	20	77	3	4	3	12

Food Program

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

Routine facility inspections are conducted to protect public health. The inspections are made without advance notice to ensure that food processes are adequate, safe, and meet code requirements. It is important to keep in mind that inspections are only a "snapshot" in the entire year of a facility's operation and they are not always reflective of the day-to-day operations and overall condition of the operation.

The following inspections were conducted with no critical violation(s) noted:

- | | |
|--|---|
| 2 nd Landing Café, V-Lansing
The Antlers, T-Dryden
Banfi's – Statler Hotel, C-Ithaca
Best Western University Inn, T-Ithaca
Café Dewitt, C-Ithaca
Capital State Kitchen, C-Ithaca
Casablanca Mediterranean Cuisine & Pizzeria, C-Ithaca
Casita Del Polaris, C-Ithaca
Casper's, V-Groton
Center Café, C-Ithaca
Ciao!, V-Lansing
Circus Truck, Throughout Tompkins
Clubhouse Grille, V-Trumansburg
Coltivare, C-Ithaca
D&D Barbecue, Throughout Tompkins
Dolce Delight, T-Ithaca
Domino's Pizza, C-Ithaca
Dragonfly Grille, Throughout Tompkins
Emoticakes, V-Trumansburg
Fabrizio NY Pizzeria, V-Trumansburg
Fairfield Inn & Suites, C-Ithaca | Falls Restaurant, V-Trumansburg
Fire House Subs, C-Ithaca
Gifts & More, Throughout Tompkins
Gola Osteria, C-Ithaca
The Good Truck, Throughout Tompkins
Gorgers Taco Shack, C-Ithaca
Hampton Inn, C-Ithaca
Hawi Ethiopian Cuisine, C-Ithaca
Holiday Inn Express, C-Ithaca
Hope's Events & Catering, V-Cayuga Heights
Hotel Ithaca – Max's, C-Ithaca
The Inn at Taughannock, T-Ulysses
Ithaca Courtyard, V-Lansing
Ithaca Marriott – Monk's, C-Ithaca
Jimmy John's Gourmet Sandwiches, C-Ithaca
John Thomas Steakhouse, T-Ithaca
Khmer Angkor Cambodian Food, Throughout Tompkins
Kitchen Theatre Company, C-Ithaca
Lakewatch Inn, T-Lansing
Le Café Cent Dix, C-Ithaca
Mercato Bar & Kitchen, C-Ithaca |
|--|---|

Miyake Japanese Restaurant, C-Ithaca
 New Delhi Diamond's, C-Ithaca
 Newman Golf Course, C-Ithaca
 North East Pizza and Beer, V-Lansing
 Om Nom Nomlettes, Throughout Tompkins
 P.D.R.'s Catering, Throughout Tompkins
 Pete's Cayuga Bar, C-Ithaca
 Pizza Hut, V-Lansing
 Purity Ice Cream Mobile, C-Ithaca
 Quality Inn, C-Ithaca
 Red's Place, C-Ithaca
 The Rook, C-Ithaca

Sahara, C-Ithaca
 Saigon Kitchen, C-Ithaca
 Sal's Pizzeria, C-Ithaca
 Silky Jones, C-Ithaca
 Super 8 Motel, C-Ithaca
 Taughannock Concessions, T-Ulysses
 Ten Forward Café, C-Ithaca
 Terrace Dining-Statler Hotel, C-Ithaca
 Trini Style, Throughout Tompkins
 Tucker's Catering, C-Ithaca
 Viva Taqueria and Cantina, C-Ithaca
 The Watershed, C-Ithaca

The Hazard Analysis Critical Control Point (HACCP) Inspection is an opportunity for the establishment to have the health department review food processes in the facility to make sure that all potential hazards are identified and to assure that the best food safety practices are being used.

No HACCP inspections were conducted this month.

Re-Inspections are conducted at any establishments that had a critical violation(s) to ensure that inadequate or unsafe processes in a facility have been corrected.

The following re-inspections were conducted with no violations noted:

BOCES-Darwin Smith, T-Ithaca
 Dryden Queen Diner, V-Dryden
 Northstar House, C-Ithaca

Potala Café, C-Ithaca
 Stella's Barn Restaurant and Gift Shoppe, T-Newfield

Critical violations may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.

Critical Violations were found at the following establishments:

Dos Amigos, Throughout Tompkins

Potentially hazardous foods were held for an improper period of time at an unacceptable temperature. Products in hot holding were observed to be at 90°F and 129°F on the steam table. The products were removed from service and rapidly reheated to 165°F or higher before use.

Cup O' Joe, V-Lansing

Potentially hazardous foods were not prepared as recommended using pre-chilled ingredients and not pre-chilled to 45°F or less before service. Product for service was observed to be at 52°F. The product was removed from service and rapidly chilled to 45°F or less before being returned to service.

All ground meat and foods containing ground meat were not heated to 158° or above. Product in a crock pot was observed to be at 70°F. The product was removed and rapidly cooked using a proper method.

Gangnam Station, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F in cold holding. Products in a refrigerated storage unit were observed to be at 49-50°F. The products were moved to functioning refrigerated storage to be rapidly chilled to 45°F or less.

Thai Basil, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in a cold holding unit were observed to be at 56-58°F. The products were removed from service and rapidly chilled to 45°F or less.

Main Street Pizzeria, V-Groton

Toxic chemicals were improperly stored so that contamination of food could occur. Storage was rearranged during the inspection.

Stella's Barn Restaurant and Gift Shoppe, T-Newfield

Enough refrigerated storage equipment is not present, properly designed, maintained or operated so that all potentially hazardous foods are cooled properly and stored below 45°F. Products in two refrigerated storage units were observed to be at 50-55°F and 49-55°F. Products were either discarded or moved to functioning equipment and rapidly chilled to 45°F or less during the inspection.

Ithaca Ale House, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were stored below 45°F during cold holding. Product in a cold holding unit was observed to be at 52-58°F. The products were moved to functioning equipment to be rapidly chilled to 45°F or less before use.

Sammy's Pizzeria, C-Ithaca

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

Potentially hazardous foods were not stored under refrigeration. Product in a display case was observed to be at 95-105°F. The facility has a waiver for time as a public health control for the product but was not complying with the terms of the waiver during the inspection. Temperature log sheets were completed for the product during the inspection.

SUMO Japanese Steakhouse & Sushi, V-Lansing

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 50-52°F. The product was moved to the walk-in to be rapidly chilled to 45°F or less before use.

Northside Community Center, C-Ithaca

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 120°F. The product was discarded during the inspection.

Salvation Army, C-Ithaca

Toxic chemicals were improperly labeled so that contamination of food could occur. The labels were corrected during the inspection.

Bravo, V-Freeville

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in two cold holding units were observed to be at 51°F and 55°F. The products were removed from service and rapidly chilled to 45°F or less.

Spring Buffet, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 52-56°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Cactus Heads, Throughout Tompkins

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 52°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Sri Lankan Curry in a Hurry, C-Ithaca

Enough hot holding equipment was not maintained so that potentially hazardous foods were kept above 140°F. Product in hot holding was observed to be at 123°F. The product was removed from service and rapidly reheated to 165°F or above before use.

Sticky Rice, C-Ithaca

Potentially hazardous foods were not stored under refrigeration. Product in a container on the counter was observed to be at 80°F. The product was moved to the walk-in to be rapidly chilled to 45°F or less before use.

Enough refrigerated storage equipment was not maintained so that so that potentially hazardous foods were kept below 45°F. Product in a refrigerated storage unit was observed to be at 50°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 42 temporary permits.

Temporary food operation inspections are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.

The following inspections were conducted with no violation(s) noted:

B&B Kettlecorn – Ithaca Festival, C-Ithaca
 Ben & Jerry's – Ithaca Festival, C-Ithaca
 Blue Moon Events – Ithaca Festival, C-Ithaca
 Blue Moon Events 2 – Ithaca Festival, C-Ithaca
 Dryden School – Dryden Football Touchdown Club Chicken BBQ, T-Dryden
 Island Cow Ice Cream – Ithaca Festival, C-Ithaca
 Ithaca Beer Company – Taste of the Nation, T-Ithaca
 Ithaca Coffee Company – Taste of the Nation, T-Ithaca
 Kindred Fare – Taste of the Nation, T-Ithaca
 Lao Village – Ithaca Festival, C-Ithaca
 LuLus Kettlecorn – Found Flea, C-Ithaca
 The Mason Jar – Ithaca Festival, C-Ithaca
 Mr. Spudwurst – Ithaca Festival, C-Ithaca
 Oliver's Café – Ithaca Festival, C-Ithaca
 Pi Truck, C-Ithaca
 West Indies Flavor-Ithaca Festival, C-Ithaca

Critical Violations were found at the following establishments:**Maimouna & Akoko, GIAC Festival**

Potentially hazardous food was at an improper temperature. Product in hot holding was observed to be at 110°F. The product was discarded.

Pre-Operational inspections are conducted, following a thorough review of proposed plans, at new or extensively remodeled facilities to ensure code compliance prior to opening to the public.

The following pre-operational inspections were conducted:

Le Commons Bistro, C-Ithaca
 Mark's Pizzeria, V-Groton

Plans Approved:

There were no new plans approved this month.

New Permits Issued:

Ana's Curry Popcorn, Throughout Tompkins
Mark's Pizzeria, V-Groton

*The Food Protection Program **received and investigated four complaints** related to issues and/or problems at permitted food service establishments.*

Engineering Plans Approved

- 590 and 592 Lansing Station Road, Two 330 gpd sewage systems, Lansing-T
- 113 Maplewood Road, 440 gpd conversion sewage system, Ulysses-T
- 88 Emmons Road, 990 gpd replacement sewage system, Lansing-T

One plan for cross-connection control to protect municipal water systems from hazardous connections was approved this month.

Problem Alerts/Emergency Responses

A boil water order was issued at Newfield Estates Mobile Home Park on July 6, 2017, following notification of a positive e.coli sample collected during routine sampling by the water operator. As follow-up the park is required to collect three repeat samples within 24 hours. Results of the resampling are pending.

Childhood Lead Program

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2017	YTD 2016	TOTAL 2016
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	0	0	0	2
A2: # of Children w/ BLL 10-19.9ug/dl	1	2	0	2
B: Total Environmental Inspections:				
B1: Due to A1	0	0	0	3
B2: Due to A2	1	2	0	2
C: Hazards Found:				
C1: Due to B1	0	0	0	1
C2: Due to B2	1	2	0	2
D: Abatements Completed:	0	0	0	0
E: Environmental Lead Assessment Sent:	0	1	0	5
F: Interim Controls Completed:	0	0	0	0
G: Complaints/Service Requests (w/o medical referral):	5	31	81	122
H: Samples Collected for Lab Analysis:				
- Paint	0	1	1	2
- Drinking Water	0	0	0	1
- Soil	1	1	1	3
- XRF	1	2	1	4
- Dust Wipes	1	3	2	6
- Other	0	0	0	0

Quarterly Overview of Accela/Accela Citizen Access (ACA) Records:

For the period of April through June 2017, 177 permit applications (40% of the 441 total applications that can be received through Accela Citizen Access) and 106 payments in the amount of \$19,110 were received electronically. The following is a breakdown of permit records by program for the 2nd quarter of 2017.

Program	Total Records Processed			Total Records Processed Electronically		
	2 nd Quarter	YTD 2017	Total 2016	2 nd Quarter	YTD 2017	Total 2016
Ag Fairground/Mass Gathering	2	2	2	0	0	0
Campground	5	8	14	1	3	0
Children's Camp	29	32	38	1	1	1
Complaints	36	76	182	*	*	*
Enforcement	37	54	84	*	*	*
Food Service Establishments	141	255	481	5	11	20
Individual Water	12	21	na	*	*	*
Information Requests	31	42	126	*	*	*
Mobile Home Park	0	0	41	0	0	5
OWTS	99	138	272	23	34	49
Other (Admin)	11	40	na	*	*	*
Plan Review	9	17	38	*	*	*
Public Water	0	145	146	0	13	14
Swimming Pool/Beaches	17	23	61	13	18	16
Temporary Food	147	230	456	134	216	419
Temp. Residence	1	2	36	0	1	1
Total	577	1085	1977	177	297	525

* Not available in ACA

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
6/27/2017	Ko Ko's	Sook Ja Seo	Food Service Establishment – Repeat violation	\$400	Penalty Payment due 8/15/17.	Monitoring Compliance
5/23/17	Hope's Events and Catering	Hope Rich	Food Service Establishment - Operating without a Permit	\$400	Penalty Payment due 7/14/17.	Monitoring Compliance
5/23/17	Autie Anne's Pretzels	Dondi Craft	Food Service Establishment - Operating without a Permit	\$400	Penalty Payment due 7/14/17.	Monitoring Compliance
4/25/17	Apollo Restaurant	Gegerzeren Nfn	Violation of Board of Health Orders	\$800 (Paid)	Food safety certifications due 7/28/17.	Monitoring Compliance
2/28/17	Casper's	Kevin Griffin	Food Service Establishment - Operating without a Permit	\$400	Penalty Payment due 4/14/17.	Referred to Collection
10/25/16	City of Ithaca WTP	City of Ithaca	Public Water System Violations – Maximum Contaminant Level exceedances	\$500 (Paid)	NA	Monitoring Compliance
12/10/13	Ulysses WD #3	Town of Ulysses	Public Water System Violations – Disinfection Byproducts	N/A	Begin Design of Improvement by August 2017.	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Complete New TC3 and Ferguson Road Water Storage Tanks by 9/1/17.	Monitoring Compliance



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

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

June 22, 2017

Deep Patel
Patel Best Subs LLC
7567 St Rte 96
Interlaken, NY 14847

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0014
Subway #22428, Food Service Establishment, C-Ithaca**

Dear Mr. Patel:

Thank you for signing the Stipulation Agreement on June 14, 2017, for the Subway #22428.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, July 25, 2017**. 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, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Subway #22428\Draft Resolution 17-0014.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Sapan Patal; Mike Niechwiadowicz, Ithaca Building Department; Mayor Svante Myrick; Richard John, TC Legislature;
TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee
Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION
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Ph: (607) 274-6688
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DRAFT RESOLUTION # EH-ENF-17-0014 FOR

**Subway #22428
Patel Best Subs LLC/Deep Patel, Owner/Operator
220 East State Street
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; **and**

Whereas, on April 10, 2017, the Tompkins County Health Department observed critical violations which included failure to maintain enough refrigeration storage to keep potentially hazardous food at or below 45°F during cold holding. Products in a sandwich unit closest to the cash register were observed at temperatures between 52°F and 54°F; **and**

Whereas, on May 17, 2017, the Tompkins County Health Department observed critical violations which included failure to maintain enough refrigeration storage to keep potentially hazardous food at or below 45°F during cold holding. Products in a sandwich unit closest to the cash register were observed at temperatures between 50°F; **and**

Whereas, Deep Patel, operator, signed a Stipulation Agreement with Public Health Director's Orders on June 14, 2017, agreeing that Subway #22428 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 Deep Patel, Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide proof of repair of the existing sandwich cooler closest to the cash register or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department no later than **June 29, 2017**.
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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

ENVIRONMENTAL HEALTH DIVISION
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STIPULATION AGREEMENT AND ORDERS # EH-ENF-17-0014

**Subway #22428
Patel Best Subs LLC/Deep Patel, Owner/Operator
220 East State Street
Ithaca, NY 14850**

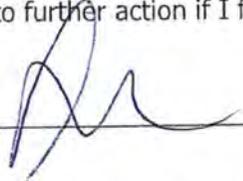
I, Deep Patel, as a representative for Subway #22428, agree that on April 10, 2017, and May 17, 2017, I was in violation of Subpart 14-1 of New York State Sanitary Code for failure to provide and maintain refrigeration equipment to hold potentially hazardous foods at required temperatures during cold storage.

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

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

1. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
2. Provide proof of repair of the existing sandwich cooler closest to the cash register or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department no later than **June 29, 2017**.
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed:  _____ Date: 6/14/17

Deep Patel is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  _____ Date: 6/16/17
for Frank Kruppa
Public Health Director



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

ENVIRONMENTAL HEALTH DIVISION
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CASE SUMMARY – FOR RESOLUTION # EH-ENF-17-0014
Subway #22428
Patel Best Subs LLC/Deep Patel, Owner/Operator
220 East State Street
Ithaca, NY 14850
May 2017

Date	Action
06/14/2017	TCHD received email with signed stipulation attached.
06/13/2017	TCHD spoke with Deep and Sapan Patel indicating that the stipulation agreement would be signed and sent to TCHD.
05/31/2017	TCHD mailed stipulation agreement and scheduled office conference date for June 13, 2017.
05/17/2017	Re-inspection by TCHD. Violations: Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F. Products in a sandwich preparation unit were observed to be at 50°F.
04/10/2017	Inspection by TCHD. Violations: An accurate thermometer was not available to evaluate potentially hazardous food temperatures. Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F. Products in a sandwich preparation unit were observed to be at 52-54°F.
04/08/2016	Inspection by TCHD. No violations were noted.
11/10/2015	Re-inspection by TCHD. The violation cited on 10/15/2015 was corrected. No additional violations were noted.
10/15/2015	Re-inspection by TCHD. Violations: Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F. Product in a service line cooler was observed to be at 50-52°F.
09/22/2015	Inspection by TCHD. Violations: Potentially hazardous foods not kept at or below 45°F during cold holding. Product stored in the service line cooler was observed to be at 58°F.
08/28/2015	Permit to Operate Subway #22428 issued.



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

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Fx: (607) 274-6695

CERTIFIED, REGULAR, & ELECTRONIC MAIL

June 22, 2017

Curtis Radcliffe
Radcliffe Culinary Concepts LLC
3007 N Triphammer Rd
Lansing, NY 14882

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0015
ZaZa's Cucina, Food Service Establishment, C-Ithaca**

Dear Mr. Radcliffe:

Thank you for signing the Stipulation Agreement on June 15, 2017 for ZaZa's Cucina.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, July 25, 2017**. 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, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\ZaZa's Cucina\Draft Resolution 17-0015.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Mike Niechwiadowicz, Ithaca Building Department; Mayor Svante Myrick; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

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

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

DRAFT RESOLUTION # EH-ENF-17-0015 FOR

**ZaZa's Cucina
Radcliffe Culinary Concepts LLC/Curtis Radcliffe, Owner/Operator
622 Cascadilla Street
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; **and**

Whereas, on April 13, 2017, the Tompkins County Health Department observed critical violations which included failure to maintain enough refrigeration storage to keep potentially hazardous food at or below 45°F during cold holding. Products in a sandwich preparation unit located to the left in the kitchen were observed at temperatures between 56°F and 57°F; **and**

Whereas, on May 16, 2017, the Tompkins County Health Department observed critical violations which included failure to maintain enough refrigeration storage to keep potentially hazardous food at or below 45°F during cold holding. Products in a sandwich preparation unit located to the left in the kitchen were observed at temperatures between 49°F and 54°F; **and**

Whereas, Curtiss Radcliffe, Operator, signed a Stipulation Agreement with Public Health Director's Orders on June 15, agreeing that ZaZa's Cucina 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 Curtis Radcliffe, Owner/Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
3. Provide proof of repair of the existing sandwich cooler located to the left in the kitchen or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department no later than **June 29, 2017**.
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION
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Ph: (607) 274-6688
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STIPULATION AGREEMENT AND ORDERS # EH-ENF-17-0015

**ZaZa's Cucina
Curtis Radcliffe, Operator
622 Cascadilla Street
Ithaca, NY 14850**

I, Curtis Radcliffe, as a representative for ZaZa's Cucina, agree that on April 13, 2017, and May 16, 2017, I was in violation of Subpart 14-1 of New York State Sanitary Code for failure to provide and maintain refrigeration equipment to hold potentially hazardous foods at required temperatures during cold storage.

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

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

1. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
2. Provide proof of repair of the existing sandwich cooler located to the left in the kitchen or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department no later than **June 29, 2017**.
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: _____ Date: 6/15/17

Curtis Radcliffe is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa Date: 6/20/17
Frank Kruppa
Public Health Director



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

ENVIRONMENTAL HEALTH DIVISION
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CASE SUMMARY – FOR RESOLUTION # EH-ENF-17-0015

**ZaZa's Cucina
Curtis Radcliffe, Operator
622 Cascadilla Street
Ithaca, NY 14850**

May 2017

Date	Action
06/16/2017	TCHD received signed stipulation agreement via fax.
06/13/2017	TCHD spoke with Curtis Radcliffe indicating that stipulation agreement would be signed and return to TCHD.
05/31/2017	TCHD mailed stipulation agreement and scheduled office conference date for June 13, 2017.
05/16/2017	Re-inspection by TCHD. Violations: Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F. Products in a sandwich preparation unit were observed to be at 49-54°F.
04/13/2017	Inspection by TCHD. Violations: Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F. Products in a sandwich preparation unit were observed to be at 56-57°F.
11/09/2016	Re-inspection by TCHD. The violation cited on 09/08/2016 was corrected. No further violations were noted.
09/08/2016	Inspection by TCHD. Violations: Potentially hazardous foods were not kept at or below 45°F during cold holding. Two products in a cooler were observed to be at 53-55°F.
04/12/2016	Inspection by TCHD. No violations noted.
11/20/2015	Inspection by TCHD. No violations noted.
07/31/2015	Permit to Operate ZaZa's Cucina issued.



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

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CERTIFIED, REGULAR, & ELECTRONIC MAIL

June 22, 2017

Alex N. Obinatu
Hot Spot Grill
62 Mount Pleasant Rd
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0017
Hot Spot Grill, Food Service Establishment, Throughout Tompkins County**

Dear Mr. Obinatu:

Thank you for signing the Stipulation Agreement on June 19, 2017, for the Hot Spot Grill.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, July 25, 2017**. 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, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Hot Spot Grill\Draft Resolution 17-0017.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Mike Niechwiadowicz, Ithaca Building Department; Mayor Svante Myrick; Richard John, TC Legislature; TCHD:
Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip
Parr; Brenda Coyle
scan: Signed copy to Accela

ENVIRONMENTAL HEALTH DIVISION

www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688

Fx: (607) 274-6695

DRAFT RESOLUTION # EH-ENF-17-0017 FOR

Hot Spot Grill
Alex N. Obinatu, Owner/Operator
62 Mount Pleasant Road
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; **and**

Whereas, on June 2, 2017, the Tompkins County Health Department observed critical violations which included failure to maintain failure to maintain potentially hazardous foods at or above 140°F during hot holding. Approximately ten skewers each of shrimp and beef were observed at temperatures of 110°F in display chafing dishes. In addition, several pounds of rice and one pound of cooked plantains were observed at 92°F in display chafing dishes; **and**

Whereas, on June 3, 2017, the Tompkins County Health Department observed a critical violation where approximately one pound of cooked corn was held in a chafing dish at a temperature of 121°F.; **and**

Whereas, Alex N. Obinatu, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on June 19, 2017, agreeing that Hot Spot Grill 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 Alex N. Obinatu, Owner/Operator, is ordered to:

1. Pay a penalty of \$400 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain all potentially hazardous food temperatures at or above 140°F at all times during hot holding; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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

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

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

STIPULATION AGREEMENT AND ORDERS # EH-ENF-17-0017

**Hot Spot Grill
Alex N. Obinatu, Operator
62 Mount Pleasant Road
Ithaca, NY 14850**

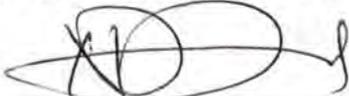
I, Alex N. Obinatu, as a representative for Hot Spot Grill, agree that on June 2, 2017, and June 3, 2017, I was in violation of Subpart 14-1 of New York State Sanitary Code for failure to maintain potentially hazardous foods at or above 140°F during hot holding.

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

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

1. To maintain all potentially hazardous food temperatures at or above 140°F at all times during hot holding; **and**
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed:  Date: 6/19/17

Alex N. Obinatu is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 6/20/17
 Frank Kruppa
Public Health Director



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

CASE SUMMARY – FOR RESOLUTION # EH-ENF-17-0017

**Hot Spot Grill
Alex N. Obinatu, Operator
62 Mount Pleasant Road
Ithaca, NY 14850**

June 2017

Date	Action
06/19/2017	Alex Obinatu met with TCHD to discuss stipulation agreement. Stipulation agreement was signed.
06/12/2017	TCHD sent stipulation agreement and scheduled office conference on June 28, 2017.
06/03/2017	Re-inspection by TCHD. Violations: Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 121°F.
06/02/2017	Inspection by TCHD. Violations: Potentially hazardous foods were not kept at or above 140°F during hot holding. Products in hot holding were observed to be at 92°F and 110°F.
05/01/2017	Permit to Operate Hot Spot Grill issued.



Your Partner for a Healthy Community

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

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

July 11, 2017

Kevin Cuddeback
Gimme! Coffee Inc.
Attn: Janet L
3201 Krums Corners Road
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0019
Gimme! Coffee – State Street**

Dear Mr. Cuddeback:

Thank you for signing the Stipulation Agreement on June 26, 2017, for the Gimme! Coffee's State Street location.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, July 25, 2017**. 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, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Gimme Coffee State Street\Draft Res 17-0019.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Mike Niechwiadowicz, Ithaca Building Department; Mayor Svante Myrick; Leslyn McBean-Clairborne, TC Legislature;
TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee
Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

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

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

DRAFT RESOLUTION # EH-ENF-17-0019 FOR

**Gimme! Coffee – State Street
Gimme! Coffe Inc./Kevin Cuddeback, Owner/Operator
506 West State Street
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; **and**

Whereas, on May 10, 2017, the Tompkins County Health Department observed critical violations which included failure to maintain potentially hazardous foods at or below 45°F during cold holding. Approximately three gallons of milk were observed at temperatures between 50°F and 52°F; **and**

Whereas, on June 5, 2017, the Tompkins County Health Department observed a critical violation where approximately one-quarter container of half and half was observed at a temperature of 56°F; **and**

Whereas, Kevin Cuddeback, Operator, signed a Stipulation Agreement with Public Health Director's Orders on June 26, 2017, agreeing that Gimme! Coffee – State Street violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Kevin Cuddeback, Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due by September 15, 2017**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
3. Provide proof of repair of the existing cooler below the espresso machine or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department as soon as possible and no later than July 26, 2017 (**Completed on June 26, 2017**).
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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

ENVIRONMENTAL HEALTH DIVISION
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Ph: (607) 274-6688
Fx: (607) 274-6695

STIPULATION AGREEMENT AND ORDERS # EH-ENF-17-0019

**Gimme! Coffee – State Street
Gimme! Coffe Inc./Kevin Cuddeback, Owner/Operator
506 West State Street
Ithaca, NY 14850**

I, Kevin Cuddeback, as a representative for Gimme! Coffee, agree that on May 10, 2017, and June 5, 2017, Gimme! Coffee-State Street was in violation of New York State Sanitary Code for failure to maintain potentially hazardous food at or below 45°F during cold holding.

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

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

1. Provide an adequate amount of refrigeration storage to maintain Potentially Hazardous Food at or below 45°F at all times during cold storage.
2. Provide proof of repair of the existing cooler below the espresso machine or provide proof of purchase of replacement refrigeration equipment that is commercial grade and meets NSF (National Sanitation Foundation) standards to the Health Department as soon as possible and no later than **July 26, 2017**.
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: Kevin Cuddeback Date: 6/26/17

Kevin Cuddeback is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa Date: 6/28/17
Frank Kruppa
Public Health Director

Bob's Service and Sales
2016 Smith Road
Lodi, NY 14860
(607)2790822
kuda0001@gmail.com

BILL TO
Gimme Coffee
3201 Krums Corners Road
Ithaca, New York 14850

INVOICE 2417

DATE 06/18/2017 TERMS Net 30

DUE DATE 07/18/2017

ACTIVITY	QTY	RATE	AMOUNT
Service Call State Street on 5/31/17 on under counter cooler. Found bad thermostat. Will pick up one and go back.	1	85.00	85.00T
Labor	1	40.00	40.00T
Return On 6/7/17. Put in new thermostat and wired up.	1	0.00	0.00
Labor	1	65.00	65.00T
Parts/Materials thermostat and wire	1	125.00	125.00T
All past due accounts subject to late charge of 1.5% monthly. Annual rate 18%. Please pay invoice and include invoice number on check.			
		SUBTOTAL	315.00
		TAX (8%)	25.20
		TOTAL	340.20
		TOTAL DUE	\$340.20



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

CASE SUMMARY – FOR RESOLUTION # EH-ENF-17-0019

**Gimme! Coffee – State Street
Gimme! Coffe Inc./ Kevin Cuddeback, Operator
506 West State Street
Ithaca, NY 14850**

July 2017

Date	Action
06/27/2017	Signed stipulation agreement and proof of cooler repair received by TCHD.
06/15/2017	Stipulation agreement sent by TCHD. Office conference date set for June 29, 2017.
06/05/2017	Re-inspection by TCHD. Violations: Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 56°F.
05/10/2017	Inspection by TCHD. Violations: Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in cold holding were observed to be at 50-52°F.
05/27/2016	Inspection by TCHD. No violations noted.
07/31/2015	Inspection by TCHD. No violations noted.
06/25/2015	Inspection by TCHD. No violations noted.
02/11/2014	Inspection by TCHD. No violations noted.
03/18/2013	Inspection by TCHD. No violations noted.
02/17/2012	Re-inspection by TCHD. The violation cited on 02/03/2012 was corrected. No additional violations were noted.
02/03/2012	Inspection by TCHD. Violations: Potentially hazardous foods were not stored under refrigeration.
07/26/2001	Permit to Operate Gimme Coffee – State Street issued.



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

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

July 12, 2017

Willard Harriger
Harriger Properties, LLC
5277 Erron Hill Road
Locke, NY 13092

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0020
Shady Grove Mobile Home Park, T-Dryden**

Dear Mr. Harriger:

Thank you for signing the Stipulation Agreement on July 6, 2017, for Shady Grove Mobile Home Park.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, July 25, 2017**. 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, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Shady Grove\Enforcement\Draft Resolution 17-0020.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Dryden; Supervisor T-Dryden; Martha Roberson, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Adriel Shea; Joel Scogin; Skip Parr; Brenda Coyle
scan: Signed copy to Accela



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION

www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688

Fx: (607) 274-6695

DRAFT RESOLUTION # # EH-ENF-17-0020 FOR

**Shady Grove Mobile Home Park
Harriger Properties LLC, Willard Harriger, Owner/Operator
27 Pinckney Road, T-Dryden
Ithaca, NY 14850**

Whereas, the owner/operator of a Mobile Home Park must comply with the regulations established under Part 17 of the New York State Sanitary Code (NYSSC); **and**

Whereas, these regulations require a Mobile Home Park operator to ensure that that park utilities are maintained in good working order and in accordance with appropriate standards; **and**

Whereas, on May 30, 2017, Tompkins County Health Department staff observed an unsecured electrical box with access to live wires; **and**

Whereas, Willard Harriger, Operator, signed a Stipulation Agreement with Public Health Director's Orders on July 6, 2017, agreeing that Shady Grove Mobile Home Park 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 Willard Harriger, Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due September 15, 2017**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain all electrical boxes throughout the mobile home park so that they are properly secured to prevent access to live wires; **and**
3. Have a park representative inspect electrical boxes following any maintenance work or when a disconnection of service is performed by outside contractors to ensure the electrical box is properly secured.



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-17-0020

**Shady Grove Mobile Home Park
Harriger Properties LLC, Willard Harriger, Owner/Operator
27 Pinckney Road, T-Dryden
Ithaca, NY 14850**

I, Willard Harriger, as a representative for Shady Grove Mobile Home Park, agree that on May 30, 2017, I was in violation of Part 17 of New York State Sanitary Code for failure to maintain distribution systems for electricity in accordance with applicable State and local regulations.

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

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

1. Maintain all electrical boxes throughout the mobile home park so that they are properly secured to prevent access to live wires; **and**
2. Have a park representative inspect electrical boxes following any maintenance work or when a disconnection of service is performed by outside contractors to ensure the electrical box is properly secured.

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: Willard Harriger Date: 7/6/17

Willard Harriger is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Brenda L. Gunnel (PCWS) Date: 7/6/17
for Frank Kruppa
Public Health Director

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

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

CASE SUMMARY – FOR RESOLUTION # EH-ENF-17-0020

**Shady Grove Mobile Home Park
Harriger Properties LLC, Willard Harriger, Owner/Operator
27 Pinckney Road, T-Dryden
Ithaca, NY 14850**

Compiled July 2017

Date	Action
5/31/2017	01:15 pm: Tompkins County Health Department staff returns to Shady Grove Mobile Home Park to confirm that the repair to the electrical service junction box was secure and complete. TCHD staff observed that the cover to the electrical service junction box had been screwed closed and the power to the meter box had been disconnected.
5/31/2017	12:51 pm: Tompkins County Health Department staff receives a call from Linda Fox. Ms. Fox informs TCHD staff that she had an electrician secure the cover to the electrical service junction box by screwing the cover of the box closed.
5/31/2017	09:40 am: Tompkins County Health Department staff arrives at Shady Grove Mobile Home Park and uses heavy duty tape to secure the cover to the electrical service junction box cover in place. TCHD staff also uses a nylon tie to temporarily secure the cover to the meter box (the meter has been removed from the box and the opening for the meter has been covered but the NYSEG seal is missing allowing access to the live connections in the meter box also).
5/31/2017	09:19 am: Tompkins County Health Department staff speaks to Linda Fox by phone. Ms. Fox informs TCHD staff that she is sending an electrician to eliminate the hazardous condition with the electrical service junction box at lot #13 of Shady Grove Mobile Home Park.
5/31/2017	08:50 am: TCHD staff leaves a voice mail message for Linda Fox regarding observed hazard at lot #13 Shady Grove Mobile Home Park that a cover plate was unattached from the electrical service junction box which is under the meter box.
5/30/2017	02:10pm: TCHD staff inspects Shady Grove Mobile Park. TCHD staff observes that the cover to the electrical service junction box is not attached allowing easy access to live electrical connections at lot #13. TCHD staff provides a temporary barrier to the live electrical connections inside.
2015 & 2016	Park inspection waived by TCHD based on history of good compliance.
9/18/2014, 9/20/2013, 9/21/2012, 7/28/2011	Inspections by TCHD. No public health hazards observed.
2008	Permit to operate Shady Grove MHP issued to Willard Harriger and Linda Fox.



2017 09:42

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UNIVERSITY MICROFILMS
SERIALS ACQUISITION
300 N ZEEB RD
ANN ARBOR MI 48106-1500





METER DISCONNECTED
5-31-17

05.31.2017:13:20

Division for Community Health

Court Ordered Defendant HIV Testing

Policy & Procedure

Background

As of November 1, 2007, New York State (NYS) Criminal Procedure Law (CPL) 210.6 requires testing of criminal defendants, indicted for certain sex offenses, for human immunodeficiency virus (HIV), upon the request of the survivor of a sexual assault. According to the law, the testing is to be conducted by a state, county or local public health officer.

References:

- Defendant Testing Guidance, November 2016, AIDS Institute Clinical Guidelines
http://www.hivguidelines.org/pep-for-hiv-prevention/selected-resources/#tab_3
- Judges' Fact Sheet, February 2017, New York State Department of Health AIDS Institute
www.health.ny.gov/diseases/aids/consumers/testing/defendant/docs/judges_fact_sheet.pdf
- Dear Colleague Letter and FAQs regarding New York State Public Health Law (PHL) Article 21 relating to HIV Reporting and Partner Notification -
http://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/docs/partner_services_materials.pdf
- Characteristics of HIV Tests, NYSDOH AIDS Institute: <http://www.hivguidelines.org>
- Counseling Messages for Survivors of Felony Sexual Assault -
http://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/docs/partner_services_materials.pdf
- Counseling Messages for Defendants –
http://www.health.ny.gov/diseases/aids/consumers/testing/defendant/counseling_messages_for_defendants.htm

Definitions

Defendant – A person accused of, or charged with a criminal offense.

Victim/survivor – A person reporting involuntary sexual contact with the defendant.

Indictment – A formal accusation of having committed a criminal offense, either through a grand jury or through filing of a charging document directly with the court. The indictment (or charge) usually consists of a short and plain statement of the time, place and manner in which the defendant is alleged to have committed the offense.

Court ordered – Court issues an order for HIV testing, at the request of the District Attorney.

Policy

NYS CPL 210.6 requires that a written request for defendant testing must be filed with the court within six months of the date of the assault and prior to or within 48 hours after the indictment. Note: The court may permit the request to be filed at a later stage of the action within six months of the date of the crime charged for good cause shown.

Tompkins County Health Department (TCHD) will provide and/or assure:

- Confidential counseling for the survivors of sexual assaults before and after HIV testing of the defendant. See [Counseling Messages for Survivors of Felony Sexual Assault](#). Counseling should meet the requirements of Article 27F of NYS PHL.
- Survivor has been advised of limitations on the information to be obtained through an HIV test on defendant; current scientific assessment of the risk of transmission of HIV from the exposure the survivor may have experienced; and the need for the survivor to undergo HIV related tests to definitively determine his or her HIV status.
- Pre-test counseling and testing of the defendant within 48 hours of receipt of a court order. See [Counseling Messages for Defendants](#).
- Post-test counseling for the defendant who chooses to receive their result is provided as soon as possible after results are available.
- Appropriate counseling and follow-up referrals for both survivor and defendant, including referral to NYSDOH Partner Notification Assistance Program (PNAP) as appropriate, is furnished.

Responsibilities

- A. Tompkins County District Attorney will be responsible for the following:
 1. Notifying survivor and CHS that defendant has been indicted and HIV testing may be considered.
 2. Filing a survivor request for defendant testing consistent with CPL 210.6.
 3. Notifying the Public Health Director or Designee of the court order.
- B. In response to receipt of the court order, TCHD designated Community Health Nurse will:
 1. Review the court order with SCHN, Senior Community Health Nurse or Director of Community Health.
 2. Coordinate with District Attorney designated staff to bring the defendant to the TCHD clinic or Tompkins County Jail medical clinic for HIV counseling and testing. If the defendant is not incarcerated, request the District Attorney designated staff assistance with contacting the defendant or providing the defendant contact information to the health department to arrange for HIV counseling and testing appointment.
 3. Conduct appropriate HIV test(s), depending on the timing of testing in relation to when the exposure occurred, as recommended in the NYSDOH Defendant Testing Guide, updated 11/2016.
 4. If a **point of care rapid** HIV test was conducted, and the defendant chooses to receive the test results, provide posttest counseling. A reactive result is considered a “preliminary positive”. Reactive results on any type of HIV screening assay should be confirmed with laboratory based testing using the recommended HIV testing algorithm found in the [NYSDOH HIV Testing Guidance](#).

Specimens may be submitted for testing to a laboratory of the county's choice or to the Wadsworth Laboratory according to their "Procedures for Submission of Specimens" document which is located on the NYSDOH website under defendant testing.

5. After results are confirmed and if the defendant chooses to receive the test results, provide posttest counseling to the defendant. If a positive HIV test result is confirmed, arrange HIV medical appointment for the defendant and refer defendant to the NYSDOH Partner Services Program.
6. Notify the survivor of the defendant's test results. These results may only be shared by the survivor to their health care provider and to any of their sex or needle-sharing partners if the survivor believes that may have exposed them to HIV. The survivor cannot tell them the defendant's name.

Report to the Court

- A. CHN will provide a written report to the court stating only that the test was performed and the test result was shared with the survivor. The actual test result(s) are **omitted** in the report to the court. See Attachment F, *Court Ordered HIV Testing Attestation Template*.



William Klepack, MD
TCHD Medical Director
NYS license # 126544-1

7/10/17
Date

Attachments

- A. Defendant Testing Guidance, November 2016, AIDS Institute Clinical Guidelines
http://www.hivguidelines.org/pep-for-hiv-prevention/selected-resources/#tab_3
- B. Judges' Fact Sheet, February 2017, New York State Department of Health AIDS Institute
www.health.ny.gov/diseases/aids/consumers/testing/defendant/docs/judges_fact_sheet.pdf
- C. Dear Colleague Letter and FAQs regarding New York State Public Health Law (PHL) Article 21 relating to HIV Reporting and Partner Notification -
http://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/docs/partner_services_materials.pdf
- D. Counseling Messages for Survivors of Felony Sexual Assault -
http://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/docs/partner_services_materials.pdf
- E. Counseling Messages for Defendants -
http://www.health.ny.gov/diseases/aids/consumers/testing/defendant/counseling_messages_for_defendants.htm
- F. Court Ordered HIV Testing Attestation Template

Original: August 11, 2008 SC
Revised: 6/1/17 KB
Reviewed by Lyn Stevens, NYS AIDS Institute 6/7/17
Board of Health approval: pending

Defendant Testing Guidance

Updated November 2016

Background

As of November 1, 2007, New York Criminal Procedure Law § 210.16 requires testing of criminal defendants, indicted for certain sex offenses, for human immunodeficiency virus (HIV), upon the request of the victim.

The NYS Department of Health (NYSDOH) is responsible for issuing guidance for the Court on the following:

- Medical and psychological benefit to the victim
- Appropriate HIV test to be ordered for the defendant
- Circumstances when follow-up testing for the defendant is recommended
- Indications for discontinuation of post-exposure prophylaxis (PEP)

The NYSDOH AIDS Institute's [Medical Care Criteria Committee](#) and the [Mental Health Guidelines Committee](#) carefully reviewed the issues involved and developed this guidance through a consensus-based process. As requested, the committees specifically addressed HIV risk; however, the victim's healthcare provider should also consider risk of transmission of hepatitis B, hepatitis C, and other sexually transmitted infections (STIs). The guidelines on the care of sexual assault victims, [PEP for Victims of Sexual Assault](#), developed by the Medical Care Criteria Committee of the NYSDOH AIDS Institute, include recommendations for the post-exposure management of HIV, hepatitis B, and hepatitis C.

Definitions of Significant Risk and Sexual Assault Exposure

The defendant testing law refers to "significant exposure" as defined by 10 NYCRR § 63.10. [PEP for Victims of Sexual Assault](#) offers a definition of significant exposure during sexual assault that warrants assessment of the victim. Both definitions are listed below.

- **Significant Risk, as defined by 10 NYCRR § 63.10:** Three factors are necessary to create a significant risk of contracting or transmitting HIV infection:
 - The presence of a significant-risk body substance and
 - A circumstance that constitutes significant risk for transmitting or contracting HIV infection and

- The presence of an infectious source and a noninfected person
- **Significant risk body substances:** Blood, semen, vaginal secretions, breast milk, tissue, and the following body fluids: cerebrospinal, amniotic, peritoneal, synovial, pericardial, and pleural
- **Circumstances that constitute “significant risk of transmitting or contracting HIV infection”:**
 - Sexual intercourse (e.g., vaginal, anal, oral) that exposes a noninfected individual to blood, semen, or vaginal secretions of an HIV-infected individual
 - Sharing of needles and other paraphernalia used for preparing and injecting drugs between HIV-infected and noninfected individuals
 - Gestation, birthing, or breastfeeding of an infant when the mother is HIV-infected
 - Transfusion or transplantation of blood, organs, or other tissues from an HIV-infected individual to a noninfected individual, provided such blood, organs or other tissues have not tested conclusively [negatively] for antibody or antigen and have not been rendered noninfective by heat or chemical treatment
 - Other circumstances not identified in paragraphs 1 through 4, above, during which a significant risk body substance (other than breast milk) of an infected individual contacts mucous membranes (e.g., eyes, nose, mouth), nonintact skin (e.g., open wound, skin with a dermatitis condition, abraded areas), or the vascular system of a noninfected person. Such circumstances include, but are not limited to, needlestick or puncture wound injuries and direct saturation or permeation of these body surfaces by the infectious body substance.
- **Circumstances that do not involve “significant risk”:**
 - Exposure to urine, feces, sputum, nasal secretions, saliva, sweat, tears, or vomitus that does not contain blood that is visible to the naked eye
 - Human bites where there is no direct blood-to-blood, or blood-to-mucous membrane contact
 - Exposure of intact skin to blood or any other body substance
 - Occupational settings where individuals use scientifically accepted preventive practices and barrier techniques in circumstances that would otherwise pose a significant risk, provided that such barriers are not breached and remain intact

The NYSDOH AIDS Institute guideline, [PEP for Victims of Sexual Assault](#) defines a significant exposure during “sexual assault” as follows: “Direct contact of vagina, penis,

anus, or mouth with semen, vaginal fluids, or blood of the alleged assailant, with or without evidence of physical injury, tissue damage, or presence of blood at the site of the assault.”

Maximizing Medical and Psychological Benefit to the Victim

The guidelines for initiation of PEP for the sexual assault victim DO NOT change from that which is currently recommended in the NYSDOH AIDS Institute guidelines for PEP following [sexual assault](#). The sexual assault victim should be evaluated in an emergency department (ED) as soon as possible for treatment and discussion of PEP. If a significant exposure, as defined above, did occur and the decision is made to initiate PEP, it should be initiated ideally within 2 hours and generally no later than 36 hours from the time of the exposure. Studies have shown that the sooner PEP is initiated, the more likely it is to be effective. A 28-day course of a 3-drug regimen, as outlined in the guideline [PEP for Victims of Sexual Assault](#), should be used for PEP. The victim should receive HIV testing at baseline (within 72 hours of the exposure) and at 4 weeks and 12 weeks post-exposure, even if PEP is declined.

1. Court-Ordered HIV Testing of Defendants: 7 to 30 Days from the Time of the Exposure

RECOMMENDATION

The Medical Care Criteria Committee recommends that a plasma HIV RNA assay should be used in conjunction with a standard HIV-1 ELISA antibody test when the defendant is tested 7 to 30 days from the time of the victim's exposure.

- **Rationale for the 7- to 30-day time frame:** HIV can be detected as early as 7 days when using both a plasma HIV-1 RNA assay and an HIV antigen/antibody screening test. After 30 days from the time of exposure, the victim will have completed the 28-day PEP regimen; therefore, the testing recommendations change because the use of a plasma HIV-1 RNA assay in addition to the antibody test is not medically beneficial. See *Court-Ordered HIV Testing of Defendants: 30 Days to 6 Months from the Time of the Exposure*, below, for the psychological benefit that may be gained from defendant testing after 30 days.
- **Medical benefit for the victim when testing the defendant between 7 and 30 days:** The only clear medical benefit for the victim of testing the defendant for HIV

would be the discontinuation of PEP to avoid potential toxicity and side effects; for this benefit to be realized, the defendant's test results would need to be available within the 28-day period for which the PEP regimen is prescribed.

- The medical decision to discontinue PEP on the part of the victim should be made only in full consultation with the victim's clinician. The victim's clinician should consult with a clinician experienced in managing PEP before discontinuing the regimen. The NYSDOH AIDS Institute Clinical Education Initiative (CEI) Line (1-888-**637-2342**) can be used for phone consultation. When using the CEI Line, providers from New York State should identify themselves as such.
- **Psychological benefits of defendant testing for the victim:** Defendant testing for HIV may have the following psychological benefits for the victim:
 - Providing information that may help the victim understand the degree of risk for acquiring HIV
 - The comfort of knowing that exposure to HIV is unlikely in those instances when the defendant tests negative on both the HIV antigen/antibody test and plasma HIV RNA assay
 - Allowing the victim to participate more fully in the decision of whether to continue or discontinue the PEP regimen

Because the results of the defendant's test may be the only criterion used to decide to terminate the victim's PEP regimen, the Committee concluded that it was necessary to exclude the possibility of the defendant being in the acute stage of HIV-1 infection. The acute stage is the stage in which the virus and viral RNA are present in the blood but the person has not developed enough specific antibodies to be detected by an antibody test. An HIV antigen/antibody immunoassay may detect HIV-1 p24 antigen as early as 14 days and will also detect HIV-1 and HIV-2 antibodies produced once seroconversion has occurred. An HIV-1 RNA assay is capable of detecting HIV-1 as soon as 7 days after infection and would establish a diagnosis; therefore, it is important to use both an HIV antigen/antibody immunoassay and a plasma HIV-1 RNA assay when the completion of the victim's PEP regimen is contingent on the defendant test results. If the HIV antigen/antibody immunoassay is positive, the laboratory should complete the [recommended HIV testing algorithm](#), which includes supplemental testing using an HIV-1/HIV-2 differentiation test (see [HIV Testing](#)). If the defendant is infected with HIV and is on antiretroviral treatment, the HIV-1 RNA may be suppressed below the test's detection limit.

Negative test results from both the HIV antigen/antibody test and the HIV-1 RNA assay would indicate that the defendant is *not* infected with HIV and would permit discontinuation of the victim's PEP regimen. Positive test results for **either** the HIV antibodies or HIV-1 RNA assay, or both, would indicate that the defendant is infected with HIV and that the victim's PEP regimen should be completed. When making decisions regarding the management of the victim, the defendant should be considered to be HIV-infected until proven negative. Table 1 outlines the different possibilities of test results, how each result would affect the victim's PEP regimen, and the necessary follow-up.

Table 1. Defendant Testing Recommendations: 7 to 30 Days from Time of Sexual Assault		
Tests to obtain: HIV antigen/antibody test (4th generation screening test) <i>and</i> HIV RNA test, either qualitative or quantitative plasma HIV-1 RNA assay. If antibodies are not confirmed, but the HIV-1 RNA assay is positive, the defendant is considered infected and is likely to be in the acute stage of infection.		
Defendant Test Results	Victim PEP	Defendant Retesting and Follow-Up
<ul style="list-style-type: none"> ▪ RNA test: Negative (-) ▪ Antigen/antibody test: Negative (-) 	PEP may be discontinued after consultation with physician	<ul style="list-style-type: none"> ▪ No follow-up testing of defendant recommended for benefit of victim ▪ As a standard of care for defendant, repeat antigen/antibody testing in 3 months if at ongoing risk for infection

Table 1. Defendant Testing Recommendations: 7 to 30 Days from Time of Sexual Assault

<ul style="list-style-type: none"> ▪ RNA test: Positive (+) ▪ Antigen/antibody test: Positive (+) 	PEP should be continued	<ul style="list-style-type: none"> ▪ An HIV-1/HIV-2 supplemental antibody test should be performed. If test does not confirm antibodies, HIV-1 infection is still present but may be in the acute or early stage. ▪ No other follow-up testing is required ▪ Defendant should be referred for care
<ul style="list-style-type: none"> ▪ RNA test: Positive (+) ▪ Antigen/antibody test: Negative (-) 	PEP should be continued	<ul style="list-style-type: none"> ▪ Repeat both tests as soon as possible ▪ There is a very brief window within the acute stage of infection when RNA is detectable but HIV-1 p24 antigen has not reached detectable levels
<ul style="list-style-type: none"> ▪ RNA test: Negative (-) ▪ Antigen/antibody test: Positive (+) 	PEP should be continued	<ul style="list-style-type: none"> ▪ To confirm antibodies, an HIV-1/HIV-2 supplemental antibody test should be performed ▪ Defendant should be referred for care or continue care if already receiving it

Table 1. Defendant Testing Recommendations: 7 to 30 Days from Time of Sexual Assault

Inconclusive or invalid results from either the antigen/antibody or RNA test	PEP should be continued	<ul style="list-style-type: none"> Repeat both tests as soon as possible in consultation with in HIV specialist
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2. Court-Ordered HIV Testing of Defendants: 30 Days to 6 Months from Time of Exposure

RECOMMENDATIONS

- The Medical Care Criteria Committee recommends that an HIV antigen/antibody test is obtained when the defendant is tested 30 days to 6 months from the time of the assault (see Table 2).
 - When HIV testing is ordered within 30 to 42 days from the time of exposure, a laboratory-based HIV antigen/antibody immunoassay should be used
 - When HIV testing is ordered 42 days to 6 months from the time of exposure, either a point-of-care rapid HIV test or a laboratory-based HIV antigen/antibody immunoassay can be used.
 - Reactive results on any type of HIV screening assay should be confirmed in a laboratory using the [recommended HIV testing algorithm](#).
- Medical benefit for the victim when testing the defendant between 30 days and 6 months:** There is no medical benefit for the victim when testing the defendant for HIV during the 30-day to 6-month period. If the victim chose to receive PEP, the 4-week PEP regimen will have been completed at this point. If the victim tests negative at 3 months, then HIV transmission by exposure from the assault can be excluded.
 - Psychological benefits for the victim when testing the defendant between 30 days and 6 months:** Defendant testing for HIV may be mandated by the court for up to 6 months after the assault have the following psychological benefits for the victim:
 - Providing information that may help the victim understand the degree of risk for acquiring HIV

- The comfort of knowing that exposure to HIV is unlikely in those instances when the defendant tests HIV negative

Table 2. Defendant Testing Recommendations: 30 Days to 6 Months from Time of Sexual Assault

Test to obtain: HIV screening test

When testing 30 days to 42 days from time of assault: Use an antigen/antibody test.*

When testing 42 days to 6 months from time of assault: Use either a rapid HIV antibody test or a laboratory-based antigen/antibody test

Defendant Test Results	Defendant Retesting and Follow-Up
Negative	<ul style="list-style-type: none"> ▪ No follow-up testing of the defendant is recommended for benefit of victim ▪ As a standard of care for defendant, repeat antigen/antibody test in 3 months if at ongoing risk for infection
Positive	<ul style="list-style-type: none"> ▪ If positive, continue testing sample using the recommended HIV testing algorithm ▪ Defendant should be referred for care

*According to the manufacturer package inserts, the window period for some rapid tests is up to 42 days; therefore, a laboratory-based HIV antigen/antibody test should be used for defendant testing between 30 and 42 days from the time of the assault.

Responsibilities of the Public Health Officer, County, or State

- **Responsibilities to the defendant:**

- Provide pretest information
- Obtain appropriate HIV test(s), depending on the timing of testing in relation to when the exposure occurred

- Provide post test counseling
- **Responsibilities to the victim:**
 - Notify the victim of the defendant's test results
 - Instruct the victim to inform his/her healthcare provider of the results and discuss how to proceed with PEP
- **Responsibility to the court:** Notify the court in writing that the test(s) was performed and the results were shared with victim
- **Reminder:** Disclosure of confidential HIV-related information shall be made to the defendant upon his or her request. Disclosure to a person other than the defendant will be limited to the person making the application (i.e., the victim). The victim may then disclose the defendant's HIV test results to the victim's medical care provider, legal representative, and close family members or legal guardian. The victim may also share the HIV-related information with his or her sex or needle-sharing partners if it is believed that these individuals were exposed to HIV. Victims cannot disclose the defendant's name during these discussions.

Disclosure shall not be permitted to any other person or the court.

New York State Department of Health
AIDS Institute

Court Ordered HIV Testing of Defendants
New York Laws of 2007, Chapter 571

JUDGES' FACT SHEET

As of November 1, 2007, New York State (NYS) Criminal Procedure Law, Section 210.16 requires testing of criminal defendants, indicted for certain sex offenses, for human immunodeficiency virus (HIV), upon the request of the victim/survivor.

This law also amended the NYS Public Health Law (Subdivision 1 of Section 2805-i) by adding a new paragraph that specifies that health care facilities providing treatment to victims/survivors of a sexual offense must:

1. Offer and make available "appropriate HIV post-exposure treatment therapies in cases where it has been determined, in accordance with guidelines issued by the Commissioner, that a significant exposure to HIV has occurred," and
2. Inform the victim/survivor that "payment assistance for such therapies may be available from the New York State Victims Crime Board (now known as Office of Victim Services) pursuant to the provisions of article twenty-two of the executive law."

The New York State Department of Health has been requested to provide guidance on the following scenario:

- 1. The court must order HIV-related testing of the defendant when the result would provide medical or psychological benefit to the victim/survivor.**

Medical and Psychological Benefit Guidance for Defendant Testing, issued by the NYS DOH AIDS Institute (11/16), can be found at www.hivguidelines.org/pep-for-hiv-prevention/selected-resources/defendant-testing-guidance

This guidance also addresses what type of test should be ordered and whether follow-up testing would be medically appropriate.

- 2. The court should designate a county public health officer to conduct the test.**

For test site locations:

The New York State Association of County Health Officials maintains a list of County Health Departments at www.nysacho.org (click on "directory").

The county public health officials will be responsible for the following:

Responsibilities to the Defendant: Provide pre-test information, obtain appropriate HIV test/s, and provide post-test counseling.

Responsibilities to the Victim/Survivor: Before requesting the court order, discuss the pros and cons of obtaining the defendant's HIV status. Notify the victim/survivor of defendant's test results. Tell the victim/survivor to call health care provider, share results of testing and determine how to proceed with post-exposure prophylaxis.

Responsibilities to the Court: Notify the court in writing that the test was performed and that the results were shared with the victim/survivor.
The note to the court shall not disclose the results of HIV testing.

3. The court's order shall direct compliance with and conform to Public Health Law Article 27-F for disclosure and re-disclosure of defendant's HIV test results.

Criminal Procedure Law Section 210.16(7)(a)(ii) states the test results shall be disclosed to the person making the application and that further disclosure shall be permitted only to the victim/survivor, the victim's/survivor's immediate family, guardian, physicians, attorneys, medical or mental health providers, and to his or her past and future contacts for whom there was or is a reasonable risk of HIV transmission and shall not be permitted to any other person or the court.

Consistent with the provisions of Public Health Law Article 27-F, the court order should specifically prohibit re-disclosure by such persons to any other persons.

Please contact Lyn Stevens, NP, MS, ACRN, Associate Director, Office of the Medical Director, NYS DOH AIDS Institute at 518-473-8815 or lyn.stevens@health.ny.gov for any questions regarding medical guidance.

Please also see Public Health Law Section 2785-a regarding testing of individuals in custody.



Department of Health

ANDREW M. CUOMO
Governor

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

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

January 13, 2017

Dear Colleague:

This letter and the enclosed resource materials have been prepared to help medical providers report newly diagnosed cases of HIV infection and AIDS to the New York State Department of Health (NYSDOH) using the DOH-4189 Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF). Completion of the PRF within 14 days of diagnosis is required by Public Health Law, Article 21, Title III, Section 2130.

The PRF is now able to be completed electronically using the Provider Portal on the NYSDOH Health Commerce System at <https://commerce.health.ny.gov>.

The confidential PRF is an important source of data required by Centers for Disease Control and Prevention (CDC) to confirm the eligibility of cases for HIV incidence and case surveillance.

- The PRF also serves as a mechanism for you to notify the NYSDOH and the New York City Department of Health and Mental Hygiene (NYCDOH) that your patient needs linkage to Health Department Partner Services.
- The information submitted by you on the PRF is crucial in determining the allocation of federal and state funds, identifying trends in HIV transmission, facilitating access to health, social and prevention services, and targeting and evaluating prevention interventions.
- The PRF is a mechanism for you to document your referral of the newly diagnosed patient for linkage to HIV medical care as required by Public Health Law.
- Lastly, the important testing history variables (Section II) are used to estimate HIV incidence and to determine acute or early infection.

Additionally, the Provider Portal can be used to submit inquiries for your patients with diagnosed HIV infection who are thought to be in need of assistance with linkage to or retention in HIV medical care.

For information regarding accessing the Provider Portal or for paper copies of the PRF, please call 518-474-4284.

Sincerely,

Bridget J. Anderson, PhD
Director
Bureau of HIV/AIDS Epidemiology

HIV/AIDS Reporting at a Glance

Five Things to Know About HIV/AIDS Reporting in New York State

One. What is Reportable?

NYS Public Health Law (PHL) Article 21 (**Chapter 163 of the Laws of 1998**) requires the reporting of persons with HIV as well as AIDS to the NYSDOH. The law also requires that reports contain the names of sexual or needle-sharing partners known to the medical provider or whom the infected person wishes to have notified. The **Medical Provider Report Form (PRF) (DOH-4189)**, must be completed within 14 days of diagnosis for persons with the following diagnoses or with known sex or needle-sharing partners:

1. **Initial/New HIV diagnosis** - First report of HIV positive test results.
2. **Previously diagnosed HIV (non-AIDS)** - Applies to a medical provider who is seeing the patient for the first time.
3. **Initial/New diagnosis of AIDS** - Including <200 CD4 cells/ μ L or an opportunistic infection (AIDS-defining illness).
4. **Previously diagnosed AIDS** - Applies to a medical provider who is seeing the patient for the first time.
5. **Known sex or needle-sharing partners of persons with diagnosed HIV infection.**

Two. What Do Laboratories Report?

Laboratories and blood and tissue banks conducting HIV-related testing for NYS residents and/or for NYS providers (regardless of patient residence) are required to electronically report to NYSDOH results of any laboratory test, tests or series of tests approved for the diagnosis of HIV or for the periodic monitoring of HIV.

1. All reactive/repeatedly reactive initial **HIV immunoassay** results AND all results (e.g. positive, negative, indeterminate) from all **supplemental HIV immunoassays** (HIV-1/2 antibody differentiation assay, HIV-1 Western blot, HIV-2 Western blot or HIV-1 Immunofluorescent assay);
2. All **HIV nucleic acid** (RNA or DNA) detection tests (qualitative and quantitative), including tests on individual specimens for confirmation of nucleic acid-based testing (NAT) screening results;
3. All **CD4 lymphocyte** counts and percentages, unless known to be ordered for a condition other than HIV;
4. **HIV genotypic resistance testing** via the electronic submission of the protease, reverse transcriptase and integrase nucleotide sequence; and,
5. Positive **HIV detection** tests (culture, P24 antigen).

Three. How Do Providers Report?

Medical providers must complete the **NYS PRF (DOH-4189)** for all reportable cases. Information regarding electronic reporting or paper forms are available from the NYSDOH **518-474-4284**; clinicians located in NYC should call **212-442-3388**. *In order to protect patient confidentiality, faxing of reports is not permitted.*

Four. What Guidance is Available for Notifying Partners of HIV-infected Persons?

NYS Public Health Law requires that medical providers talk with HIV-diagnosed individuals about their options for informing their sexual and needle-sharing partners that they may have been exposed to HIV. The **NYSDOH Partner Services program** provides assistance to HIV-positive individuals and to medical providers who would like help notifying partners. **Call your local Health Department or NYSDOH Regional Contacts for Partner Services for STD/HIV for assistance.**

Five. What About HIPAA and Confidentiality?

Under the federal HIPAA Privacy Rule, public health authorities have the right to collect or receive information "for the purpose of preventing or controlling disease" and in the "conduct of public health surveillance..." without further authorization. *This exception to HIPAA regulations authorizes medical providers to report HIV/AIDS cases to the NYSDOH without obtaining patient permission.*

Local Health Department and NYSDOH Regional Contacts for Health Department Partner Services for HIV and STD

The Partner Services Program provides an immediate link between health care providers, persons diagnosed with HIV, *Chlamydia*, gonorrhea or syphilis, and their sexual and/or needle-sharing partners. Partner Services can serve as a medical provider's proxy in identifying partners, conducting domestic violence screening and the notification plan, and will assist in completing the PRF (DOH-4189). Partner Services staff work with patients to develop a plan to notify their partners. Based on the patient's needs, staff can notify potentially exposed partners anonymously, as well as help patients who want to tell their partners on their own.

Local Health Department	Telephone Number
Albany County	518-447-4516
Dutchess County	845-486-3452
Erie County	716-858-7683
Monroe County	585-753-5391
Nassau County	516-227-9439
Onondaga County	315-435-3240
Orange County	845-568-5333
Rockland County	845-364-2992
Schenectady County	518-386-2824
Suffolk County	631-854-0364
Westchester County	914-813-5115

Regional Office and Counties within Region	Telephone Number
Buffalo Regional Office <i>Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming</i>	716-847-4511 or 1-800-962-5064
Capital District Regional Office <i>Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schoharie, Warren, Washington</i>	518-402-7411 or 1-800-962-5065
Central New York Regional Office <i>Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, St. Lawrence, Tioga, Tompkins</i>	315-477-8166 or 1-800-562-9423
Metropolitan Area Regional Office <i>Putnam, Sullivan, Ulster</i>	914-654-7187 or 1-800-828-0064
New York City CNAP <i>Bronx, Kings, New York, Queens, Richmond</i>	212-693-1419
Rochester Regional Office <i>Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates</i>	585-423-8095 or 1-800-962-5063

For more information on Partner Services, visit www.health.ny.gov/diseases/communicable/std/partner_services

Additional Resources

HIV Testing Toolkit: Resources to Support Routine HIV Testing for Adults and Teens: This toolkit was developed for primary care providers and contains all of the resources needed to meet New York State clinical guidelines and legal requirements for offering voluntary, routine HIV testing as a part of health care to all patients aged 13-64.

http://www.health.ny.gov/diseases/aids/providers/testing/docs/testing_toolkit.pdf

Clinician Focused Interim Guidelines for Laboratories on the use of a new Diagnostic Testing Algorithm for HIV Infection: <http://www.health.ny.gov/diseases/aids/providers/testing/algorithm.htm>

NYS Department of Health HIV/AIDS Hotline: 1-800-541-AIDS

<http://www.health.ny.gov/diseases/aids/index.htm>

HIV Training for Providers: <http://www.health.ny.gov/diseases/aids/providers/training/index.htm>

CDC/APHL Laboratory Testing for the Diagnosis of HIV Infection Updated Recommendations

<http://www.cdc.gov/hiv/pdf/hivtestingalgorithmrecommendation-final.pdf>

NYSDOH Partner Services: http://www.health.ny.gov/diseases/communicable/std/partner_services

NYC HIV Care Status Report and Provider Call Line: Eligible NYC providers with patients who have been out-of-care for at least 12 months can use the NYCDOHMH's HIV Care Status Reports System (CSR) to obtain NYC current care status. Information from the CSR may be useful to your follow-up efforts. Eligible NYC providers may also call the NYC DOHMH Provider Call Line at 212-442-3388 to obtain information that may help link or retain patients in care.

<http://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page>

FDA-Approved HIV Medicines <https://aidsinfo.nih.gov/education-materials/fact-sheets/21/58/fda-approved-hiv-medicines>

HIV Clinical Resource: <http://www.hivguidelines.org>

NYS HIV Laws and Regulations:

<http://www.health.ny.gov/diseases/aids/providers/regulations/index.htm>

HIV Statistics in New York State: <http://www.health.ny.gov/diseases/aids/general/statistics/index.htm>

Required HIV Related Consent and Authorization Forms:

<http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm>

HIV/AIDS Provider Portal Quick Start Guide

New York State Department of Health

Purpose of the HIV/AIDS Provider Portal

- The HIV/AIDS Provider Portal is an electronic system which enables clinicians to meet their Public Health reporting requirements electronically and to request information about their patients thought to be out of care.

Requirements for the HIV/AIDS Provider Portal

- A New York State Department of Health (NYSDOH) Health Commerce System (HCS) Medical Professionals account is required. You likely are already using the HCS for electronic prescribing, to order official prescription pads, subscribe to public health alerts through the Health Alert Network, and access other health information exchange applications that focus on preparedness, planning, communications, response and recovery.
- To access the HCS, please visit: <https://commerce.health.ny.gov/>
 - If you already have an HCS account, ensure that your password is up to date and your NYS medical license is associated with your HCS profile.
 - If you do not have an HCS account, apply for one by calling the Commerce Accounts Management Unit at 1-866-529-1890, option1 (M-F 8am-4:45 pm) or online at <https://apps.health.ny.gov/pub/top.html>
- HIV/AIDS Provider Portal access is limited to NYS licensed MD, DO, DDS, NP, PA and midwife clinicians with a valid medical license number associated with their HCS profile. Once you establish your account, you are able to designate the HIV/AIDS Provider Portal usage to a delegate.
- **System Requirements:** Due to application and data security requirements, you must have Mozilla Firefox Internet Browser (<https://www.mozilla.org/en-US/firefox/new/>) and an updated Windows operating system (versions 7, 8, 9, or 10).

How to Access the HIV/AIDS Provider Portal

- Login to the HCS at <https://commerce.health.ny.gov/>
- Select "Refresh My Applications List" on left side "My Applications" List
- Select **HIV/AIDS Provider Portal**
OR
- Select "My Content" at the top of the page
- Scroll down and select "All Applications"
- Scroll over and select "H"
- Select **HIV/AIDS Provider Portal**

HIV/AIDS Provider Portal Account Set Up

- Account set up is a simple one-time process that requires the following information:
 1. Your National Provider Identification (NPI)
 2. Your email address
 3. Your practice or facility address
 4. The name and HCS user ID of your desired account administrator
 5. The name and HCS user ID of your desired data entry operators

HIV/AIDS Provider Portal Quick Start Guide New York State Department of Health

- Only you, the licensed Medical Provider, can add an administrator to the account. This step enables you to delegate HIV/AIDS Provider Portal usage. The licensed Medical Provider must enter the desired administrator's HCS user ID and grant this person the administrator role. Once completed, the administrator has the same permissions in the system as the provider. Anyone with assigned roles in the HIV/AIDS Provider Portal must have a valid HCS User ID.
 - Once an administrator has been associated with the account, the provider may 'Skip Setup' and delegate the remaining set up to the Administrator.
-

Using the HIV/AIDS Provider Portal for Electronic Submission of the DOH-4189 Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF)

- Clicking on the '**ePRF Data Entry**' link from the home page will direct you to the electronic version of the PRF (ePRF) for data entry.
- The ePRF will open once the user selects the Address and Document Source.

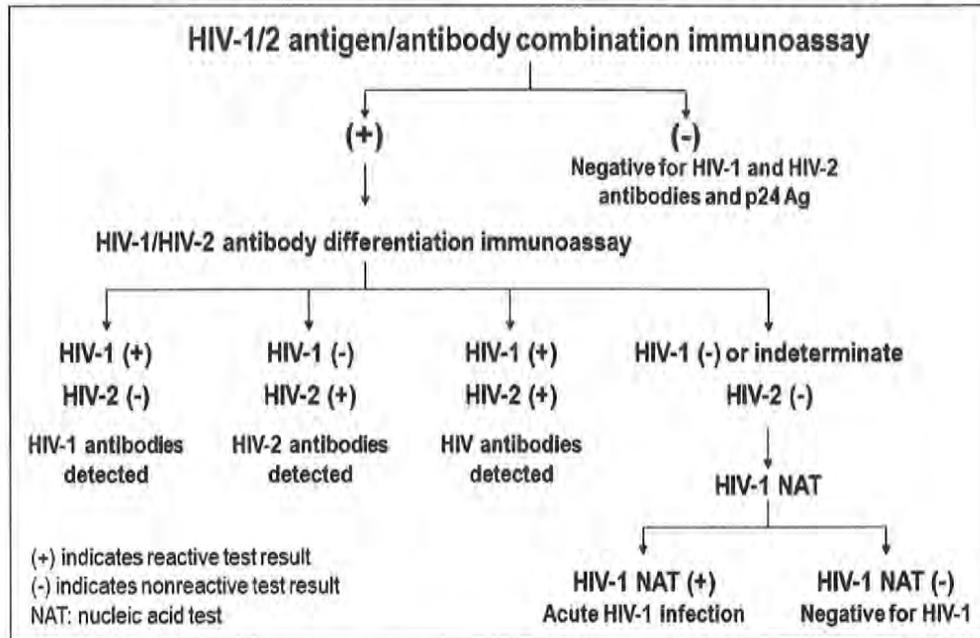
Using the HIV/AIDS Provider Portal for Submission of Out of Care (OOC) or Diagnosed Not Linked to Care Patient Lists

- Clicking the '**OOC/Diagnosed Not Linked to Care/SNP**' link from the home page will direct you to the OOC and Diagnosed Not Linked to Care submission page.
 - Only the Medical Provider and his/her Administrator will have access to the out of care/diagnosed not linked to care page.
 - To submit an inquiry, select the downloaded template "ooc.xlsx" and enter the patient data in the file.
-

Help Guide

- A comprehensive '**HELP GUIDE**' is located on the top right side of the HIV/AIDS Provider Portal page. It contains detailed instructions regarding setting-up the account, adding users, explains the roles of users and the functionality of each role, illustrates walkthroughs for tasks such as completing and submitting an ePRF, completing and submitting an OOC inquiry, and much more.
- For assistance with the HIV/AIDS Provider Portal, please contact the NYSDOH Bureau of HIV/AIDS Epidemiology at 518-474-4284.

Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens



- Laboratories should conduct initial testing for HIV with an FDA-approved antigen/antibody combination immunoassay* that detects HIV-1 and HIV-2 antibodies and HIV-1 p24 antigen to test for established HIV-1 or HIV-2 infection and for acute HIV-1 infection. No further testing is required for specimens that are nonreactive on the initial immunoassay.
- Specimens with a reactive antigen/antibody combination immunoassay result (or repeatedly reactive, if repeat testing is recommended by the manufacturer or required by regulatory authorities) should be tested with an FDA-approved antibody immunoassay that differentiates HIV-1 antibodies from HIV-2 antibodies. Reactive results on the initial antigen/antibody combination immunoassay and the HIV-1/HIV-2 antibody differentiation immunoassay should be interpreted as positive for HIV-1 antibodies, HIV-2 antibodies, or HIV antibodies, undifferentiated.
- Specimens that are reactive on the initial antigen/antibody combination immunoassay and nonreactive or indeterminate on the HIV-1/HIV-2 antibody differentiation immunoassay should be tested with an FDA-approved HIV-1 nucleic acid test (NAT).
 - A reactive HIV-1 NAT result and nonreactive HIV-1/HIV-2 antibody differentiation immunoassay result indicates laboratory evidence for acute HIV-1 infection.
 - A reactive HIV-1 NAT result and indeterminate HIV-1/HIV-2 antibody differentiation immunoassay result indicates the presence of HIV-1 infection confirmed by HIV-1 NAT.
 - A negative HIV-1 NAT result and nonreactive or indeterminate HIV-1/HIV-2 antibody differentiation immunoassay result indicates a false-positive result on the initial immunoassay.
- Laboratories should use this same testing algorithm, beginning with an antigen/antibody combination immunoassay, with serum or plasma specimens submitted for testing after a reactive (preliminary positive) result from any rapid HIV test.

* Exception: As of April 2014, data are insufficient to recommend use of the FDA-approved single-use rapid HIV-1/HIV-2 antigen/antibody combination immunoassay as the initial assay in the algorithm.

Reporting results from the HIV diagnostic testing algorithm to persons ordering HIV tests and public health authorities

Test performed	Test results	Final interpretation for provider report	Test results to be reported to public health authorities
1. HIV-1/2 Ag/Ab combination immunoassay	1. Nonreactive	Negative for HIV-1 antigen and HIV-1/HIV-2 antibodies. No laboratory evidence of HIV infection. If acute HIV infection is suspected, consider testing for HIV-1 RNA.	Reporting this test result is not required.
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. HIV-1 reactive and HIV-2 nonreactive	Positive for HIV-1 antibodies. Laboratory evidence consistent with established HIV-1 infection is present.	Report test results 1 and 2.
1. HIV-1/2 Ag/Ab combo immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. HIV-1 nonreactive and HIV-2 reactive	Positive for HIV-2 antibodies. Laboratory evidence of HIV-2 infection is present.	Report test results 1 and 2.
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay 3. HIV-1 RNA assay	1. Reactive 2. Nonreactive or indeterminate 3. RNA not detected	HIV antibodies were not confirmed and HIV-1 RNA was not detected. No laboratory evidence of HIV-1 infection. Follow-up testing for HIV-2 should be performed if clinically indicated.	Reporting this test result is not required.
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay 3. HIV-1 RNA assay	1. Reactive 2. Nonreactive 3. RNA detected	Positive for HIV-1. Laboratory evidence consistent with acute HIV-1 infection is present.	Report test results 1, 2, and 3.
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay 3. HIV-1 RNA assay	1. Reactive 2. Indeterminate 3. RNA detected	Positive for HIV-1 antibodies. Laboratory evidence of HIV-1 infection confirmed by HIV-1 RNA.	Report test results 1, 2, and 3.
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. HIV-1 and HIV-2 reactive	Positive for HIV antibodies. Laboratory evidence of HIV infection is present. HIV antibodies could not be differentiated as HIV-1 or HIV-2. Additional testing for HIV-1 RNA or HIV-2 RNA should be performed if clinically indicated.	Report test results 1 and 2.
1. HIV-1/2 Ag/Ab combination immunoassay 2. HIV-1/HIV-2 antibody differentiation immunoassay	1. Reactive 2. Nonreactive or indeterminate	HIV-1 antibodies were not confirmed and HIV-1 RNA testing was not performed. Testing of this specimen is incomplete. Follow-up testing for HIV antibodies and HIV-1 RNA is recommended as soon as possible.	Report test results 1 and 2.

Abbreviations: Ag/Ab, antigen/antibody; RNA, ribonucleic acid.

Adapted from *Interim Guidelines for Laboratories on the Use of a New Diagnostic Testing Algorithm for Human Immunodeficiency Virus (HIV) Infection*. New York State Department of Health (http://www.health.ny.gov/diseases/aids/providers/regulations/testing/docs/guidelines_diagnostic_testing.pdf).

**Defendant HIV Testing:
Counseling Messages for Defendants Indicted for Felony
Sexual Assault and Court-Ordered to Undergo HIV testing**

Testing 7 to 30 Days from Time of Assault:

A. Defendant Counseling Messages

Pre-Test Counseling

I. Test related information (pre-test)

The following are key points to be covered concerning the rationale for Defendant HIV Testing and the testing process.

1. You have been ordered by a court to be tested for HIV under New York State's Criminal Procedure Law.
2. The purpose of this testing is to provide information about your HIV status to the victim (survivor) of the crime you have been accused of so that they can make informed decisions about their health care needs. If you (the alleged perpetrator) were HIV positive at the time of the attack, the victim could have been exposed to HIV and could have become infected. Additionally, this testing may benefit you because if the victim was HIV positive at the time of the assault, you could have been exposed to HIV and become infected.
3. A blood sample will be taken and a series of HIV tests will be done to determine if you have HIV.
4. Your blood sample will be tested using the following tests:
 - Standard HIV antibody test. Most people infected with HIV will develop enough antibodies to be detected by this test within 4 weeks after their exposure.
 - HIV viral load test. This test detects the presence of the virus itself and will detect HIV infection as early as 7 days after exposure.
 - Western blot test. This test is used to confirm a positive HIV antibody test result.
5. This combination of tests is used to ensure that testing results accurately show if you are HIV positive or HIV negative, reducing or eliminating the need for follow-up testing at a later date.

II. Meaning of test results (pre-test counseling)

The following content describes various test results and their implications for the individual's HIV status. These scenarios are meant as a guide to help the pre-test counselor answer questions that the defendant may have and are not meant to be provided as stand alone responses outside the context of the pre-test counseling discussion.

1. If both the antibody and viral load test results are negative, you do not have HIV.
2. If the antibody test is positive, the viral load test is negative and the Western blot (used to confirm the positive antibody result) is negative, you do not have HIV.
3. If the antibody test, viral load test, and Western blot test are positive, you have HIV.
4. If the antibody test is negative but the viral load test is positive, it is highly likely that you have HIV. Follow-up HIV antibody testing by a health care provider is recommended to formally establish an HIV diagnosis.
5. On rare occasions, the results from the Western blot antibody test and/or the HIV viral load tests may be unclear or indeterminate. Tests with indeterminate results should be repeated as soon as possible.

III. When will you know the test results?

1. Test results will be available 2 to 4 days after you are tested.

IV. Who can receive your test results?

It is important that the defendant understand who will receive and who will not receive the results of their HIV test. It is also important that the defendant understands there are benefits to knowing if they are HIV positive.

1. You. You don't have to know your HIV test results if you don't want to. But HIV can be treated. If you have HIV, the sooner you find a doctor and start medical treatment, the better your chances of staying healthy.
2. The victim (survivor) has the right to know whether or not you have HIV. He or she may share your HIV status with close family members, a guardian, lawyer, doctor, and health care providers. The victim can disclose your HIV test results to any of his or her sex partners or needle-sharing partners if the

victim believes any of those partners may have been exposed to HIV. But, the victim cannot disclose your name.

3. The court will not let anyone who knows about your test results tell anyone else.
4. Your HIV test results cannot be shared with the court.
 - HIV test results cannot be used as “evidence” against you.
 - Your HIV test results cannot be used as evidence against you in any criminal or civil case related to the felony rape or sexual assault charges against you.

Post-Test Counseling

The following content describes various test results and their implications for the defendant's HIV status. This information is provided as a guide for the counselor in addressing questions the defendant may have in the context of a more comprehensive post-test counseling session. In all instances, comprehensive post-test counseling for those who test negative should stress risk reduction; and for those who test positive, it should stress the importance of health care, partner notification, and preventing further transmission.

- I. Antibody test and viral load test negative.
 1. You are not infected with HIV. (Standard post test risk reduction counseling should be given).
- II. Antibody test positive, viral load test negative, and Western blot test negative.
 1. You are not infected with HIV. (Standard post test risk reduction counseling should be given).
- III. Antibody test positive, Viral load test positive, Western Blot test positive.
 1. You are HIV positive. It is recommended that you seek medical care. The sooner you get medical care, the better your chances are of staying healthy.
 2. Tell your sex partners or needle-sharing partners about your HIV status so they can get tested and begin treatment if they have HIV. The Partner Assistance Notification Program (PNAP) or the Contact Notification Assistance Program (CNAP), in New York City can help you through the process of letting partners know that they should be tested for HIV. (Provide information regarding the PNAP and CNAP program, including contact information)

3. Don't pass HIV to others. Do not have sex without a condom or share drug injection equipment.

IV. Antibody test negative, viral load test positive.

Consultation with an HIV Specialist before discussing this test result with the defendant. The viral load test is a quantitative test that requires that a physician determine if a sufficient amount of virus is present to indicate infection. If sufficient virus is present, make the following points during the post-test counseling session.

1. You are considered to be HIV positive. It is recommended that you seek medical care. The sooner you get medical care, the better your chances are of staying healthy. Your doctor will probably want to repeat HIV antibody testing to confirm your diagnosis for your records.
2. Tell your sex partners or needle-sharing partners about your HIV status so they can get tested and begin treatment if they have HIV. The Partner Assistance Program (PNAP) or the Contact Notification Assistance Program (CNAP), in New York City, can help you through the process of letting partners know they should be tested for HIV. (Provide information regarding the PNAP and CNAP program, including contact information)
3. Don't pass HIV to others. Do not have sex without a condom or share drug infection equipment.

B. Testing 30 day to 6 months from the Assault

Pre-Test Counseling

I. Test related information (pre-test)

The following are key points to be covered concerning the rationale for Defendant HIV Testing and the testing process.

1. You have been ordered by a court to be tested for HIV under New York State's Criminal Procedure Law.
2. The purpose of this testing is to provide information about your HIV status to the victim (survivor) of the crime you have been accused of so that he/she can make informed decisions about his/her health care needs. If you (the alleged perpetrator) were HIV positive at the time of the attack, the victim could have

been exposed to HIV and could have become infected. Additionally, this testing could benefit you because if the victim was HIV positive at the time of the assault, you could have been exposed to HIV and become infected.

3. A blood sample will be taken and a series of HIV tests will be done to determine if you have HIV.
4. Your blood sample will be tested using the following tests:
 - Standard HIV antibody test. Most people infected with HIV will develop enough antibodies to be detected by this test within 4 weeks after their exposure (**Note: if it has been at least 42 days since the assault, a rapid HIV antibody test can be used**).
 - Western blot test. This test is used to confirm a positive HIV antibody test result.
5. These tests are used to ensure that testing results accurately show if you are HIV positive or HIV negative, reducing or eliminating the need for follow-up testing at a later date.

II. Mean of test results (pre-test)

The following content describes various test results and their implications for the individual's HIV status. These scenarios are meant as a guide for the pre-test counselor to help answer questions the defendant may have and are not meant to be stand alone responses outside the context of the pre-test counseling discussion.

1. If the antibody test result is negative you are not infected with HIV.
2. If the antibody test is positive and the Western blot test (used to confirm the positive antibody result) is negative, you do not have HIV.
3. If the antibody test is positive and Western blot is positive, you have HIV.
4. On rare occasions, the results from the Western blot antibody test may be unclear or indeterminate. Tests with indeterminate results should be repeated as soon as possible.

III. When will you know the test results?

1. Test results will be available 2 to 4 days after you are tested. If a rapid HIV test is used, preliminary results can be available within 20 minutes.

IV. Who can receive your test results?

It is important that the defendant understands who will and who will not receive the results of their HIV test. It is also important that they understand there are benefits to knowing if they are HIV positive.

1. You. You don't have to know your HIV test results if you don't want to. But HIV can be treated. If you have HIV, the sooner you find a doctor and start medical treatment, the better your chances of staying healthy.
2. The victim has the right to know whether or not you have HIV. He or she may share your HIV status with close family members, a guardian, lawyer, doctor, and health care providers. The victim can disclose your HIV test results to any of his or her sex partners or needle-sharing partners if the victim believes any of those partners may have been exposed to HIV. But, the victim cannot disclose your name.
3. The court will not let anyone who knows about your test results tell anyone else.
4. Your HIV test results cannot be shared with the court.
 - HIV test results cannot be used as "evidence" against you.
 - Your HIV test results cannot be used as evidence against you in any criminal or civil case related to the felony rape or sexual assault charges against you.

Post Test Counseling

The following content describes various test results and their implications for the individual's HIV status. This information is provided as a guide for the counselor to address questions the defendant may have in the context of a more comprehensive post-test counseling session. In all instances, comprehensive post-test counseling should be provided for those who test negative that stresses risk reduction; for those who test positive, it should stress the importance of health care, partner notification, and preventing further transmission.

I. Antibody test negative

1. You are not infected with HIV. (Standard post test risk reduction counseling should be given).

II. Antibody test positive, Western blot negative.

1. You are not infected with HIV (standard post test risk reduction counseling should be given).

III. Antibody test positive, Western blot positive.

1. You are HIV positive. It is recommended that you seek medical care. The sooner you get medical care, the better your chances are of staying healthy. Provide information concerning the availability of HIV medical care.
2. Tell your sex partners or needle-sharing partners about your HIV status so they can get tested and begin treatment if they have HIV. The Partner Assistance Program (PNAP) or the Contact Notification Assistance Program (CNAP), in New York City can help you through the process of letting partners know that they should be tested for HIV (Provide information regarding the PNAP and CNAP programs, including contact information).
3. Don't pass HIV to others. Do not have sex without a condom or share drug injection equipment.