

Eastern Highlands Health District
Board of Directors Regular Meeting

Agenda
Via Zoom*
Thursday April 15, 2021 4:30 PM

Call to Order

Approval of Minutes (February 18, 2021)

Public Comments

Old Business - none

New Business - none

Subcommittee Reports

Town Reports – update on COVID precautions for town hall operations and other services

Directors Report

1. COVID-19 Activity Update

Communications/Other

2. CT DPH re: Arsenic and Uranium in Wells
3. DPH notice on pausing J&J vaccine

Adjournment

*Next Board Meeting – June 17, 2021, 4:30PM via Zoom**

*In accordance with Governor Lamont's Executive Order 7B and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting is physically closed to the public. The public may join the meeting via telephone. If you plan to join the meeting via phone, please email Millie Brosseau at mbrosseau@ehhd.org or call 860-429-3325 for the call in information. Budget documents and meeting materials can be accessed at www.ehhd.org

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes -DRAFT
Virtual Meeting Via Zoom
Thursday, February 18, 2021

Members present: E. Anderson (Andover), R. Aylesworth (Mansfield), J. Elsesser (Coventry), W. Kaufold (Mansfield), E. Paterson (Mansfield), M. Rosen (Tolland), T. Nuccio (Tolland), D. Walsh (Coventry), M. Walter (Columbia), E. Weicenzki (Willington)

Staff present: R. Miller, K. Dardick, M. Brosseau

E. Paterson called the meeting to order at 4:32 pm

J. Elsesser made a MOTION, seconded by M. Walters to accept the minutes from the January 21, 2021 meeting as presented. MOTION PASSED unanimously.

Subcommittee Reports

Finance Committee

E. Wiczenski made a MOTION, seconded by J. Elsesser to add to the agenda the Financial Report for the period ending December 31, 2020. MOTION PASSED unanimously.

Financial Report

R. Miller presented the salient sections of the financial report for the period ending December 31, 2020.

M. Walter made a MOTION, seconded by D. Walsh to accept the financial report as presented. MOTION PASSED unanimously.

TOWN Reports

Columbia M. Walter informed the board that signing up seniors in VAMS is going well.

Coventry J. Elsesser reported that 70% of seniors 75 years and older have been vaccinated. In addition, Husky Pizza has opened. A new health drink place has opened in the plaza containing Wicked Slice Pizza. Discussions continue with DEEP regarding the sewer extension into Bolton.

Tolland M. Rosen reported that Tolland is doing well with getting seniors vaccinated. They have had the assistance of a call center in Vernon. Tolland is now considering options for the homebound.

Willington E. Wiczenski reported that they are helping people to set up people with vaccine appointments. Currently, 50% of the seniors 75 and older have been vaccinated.

Mansfield R. Aylesworth reported that staff assistance has been expanded to help seniors receive appointments for the vaccine. Currently 65% of seniors 75 and older are vaccinated.

Dr. Dardick reported that his office is seeing essentially no influenza this season, as well as strep throat and minor respiratory ailments.

COVID-19 Activity Update

R. Miller reported on the COVID-19 activities with which his office is engaged. These include:

- COVID Testing
- Contact Tracing
- Medical Reserve Corps Recruiting
- COVID-19 Crisis Response Funding for State and Local Health Departments grant has been fully expended
- FEMA Reimbursement is being pursued
- R. Miller presented data on vaccine administration to date and plans for the coming month

Next Board Meeting – April 15, 2021, 4:30 PM via zoom

Respectfully submitted,

Robert Miller
Secretary

**Eastern Highlands Health District
COVID-19
Response Activity Update
April 10, 2021
(Updates are in red)**

Activation of Public Health Emergency Response Plan

We have transitioned away from bi-weekly planning cycle with a bi-weekly staff zoom meeting to a weekly vaccination team meeting. We participate in twice weekly local public health virtual meetings with DPH.

Public Health Surveillance

We continue to issue weekly reports. In an effort to keep community partners updated on disease prevalence and other response activities.

Due to DPH changes in database reporting formats, and significant increases in the size of the dataset, it has taken more staff time to manage and develop the weekly reports. **Our last report dated April 9, 2021 is attached to this report.**

We continue to support area schools with review of state and county leading and secondary indicators for public schools, in addition to local data, in support of area public school decision making.

COVID Testing

In response to a local area increase in case prevalence the Eastern Highlands Health District coordinated with area partners to establish weekly COVID-19 drive thru test sites in and around the health district. The two sites within the health district include the Mansfield Middle School, and the Tolland High School. I have the following data available for these sites:

Mansfield Site Results

MMS 12/9 – 242 tests, 236 negatives, 4 positives, 2 inconclusive – 1.7%
MMS 12/16 – 238 tests, 228 negatives, 9 positives – 3.7%
MMS 12/23 – 207 tests, 203 negatives, 4 positives -1.9%
MMS 12/30- 130 tests, 125 negatives, 3 positives, 2 inconclusive – 2.3%
MMS 1/6 – 193 tests, 184 negatives, 8 positives, 1 inconclusive – 4.1%
MMS 1/13 – 192 tests, 188 negatives, 3 positives, 1 Inconclusive – 1.2%
MMS 1/20 – 230 tests, 212 negatives, 13 positives, 5 inconclusive – 5.7%
MMS 1/27 - 175 tests, 166 negatives, 9 positives – 5.1%
MSS 2/3 – 152 tests, 148 negatives, 1 positives, 3 inconclusive - <1%
MMS 2/10 – 149 tests, 146 negatives, 3 positives – 2.0%
MMS 2/17 – 113 tests, 111 negatives, 2 inconclusive – 0%
MMS 2/24 – 113 tests, 112 negatives, 1 positive - <1%
MMS 3/3 – 105 tests, 103 negatives, 1 positive, 1 inconclusive <1%
MMS 3/10 – 111 tests, 108 negatives, 1 positive, 2 inconclusive - <1%
MMS 3/17 – 91 tests, 91 negatives, 0 positives – 0%
MMS 3/24 – 108 tests, 107 negatives, 1 positive - 0.9%
MMS 3/31 – 142 tests, 163 negatives, 4 positives, 2 inconclusive – 2.8%
MMS 4/7 – 99 tests, 98 negatives, 1 positive - 1%

Tolland Site Results

THS 12/13 – 371 tests, 360 negatives, 11 positives – 3.0%

THS 12/27 – 350 tests, 322 negatives, 23 positives, 1 inconclusive – 6.5%

THS 1/10 – 222 tests, 199 negatives, 23 positives – 10.3%

THS 1/24 – 173 tests, 159 negatives, 10 positives, 4 inconclusive – 5.9%

THS 2/7 - CANCELLED

THS 2/21 – 82 tests, 80 negatives, 1 positive – 1.25%

THS 3/7 – 76 tests, 75 negatives, 1 positive – 1.3%

THS 3/21 – 48 tests, 43 negatives, 5 positives – 10.4%

THS 4/4 – 38 tests, 36 negatives, 2 positives – 5.3%

The testing schedule is currently set through the end of April for both testing sites.

See the attached report titled, “Eastern Highlands Health District ELC Activity Output/Outcomes” for more testing data outputs.

In addition to the above locations the health district supports the promotion of a number of other testing sites in the region. This office will continue to work to make testing events available within the health district.

Contact Tracing

The health district (or the DPH tracing unit) is contact tracing every confirmed case within our Jurisdiction that are not UConn students. We continue to stay updated with bi-weekly modifications to the new state-wide web based contact tracing system called *ContaCT*. Below are updates to the contact tracing program that represent, in part, our efforts to respond to this pandemic:

- During the month of **February and March** with state support an average of **110 community cases per week were investigated.**
- During the month of **February and March** we investigated or supported the investigation of approximately **15 public school affiliated cases per week.**
- SHaW continues to investigate all positive UConn students. EHHD is tracing all staff and faculty, and non-student residents.
- During **February and March** we investigate approximately **2 town governmental affiliated cases per week.**
- The health district currently has 2 staff conducting contact tracing each on a part-time basis. **We reached our internal capacity to manage all cases within our jurisdiction during the month of November. We now routine rely on state contact tracers to support our daily efforts.**
- Please see the attached report titled “Eastern Highlands Health District ELC Activity Output/Outcomes” for additional contact tracing data.

University of Connecticut Storrs

The on campus semester ends April 9th, 2021, at which point all students will be engage in online classes to the end of the semester in May. Start April 9th, the University continues to engage in

surveillance testing that includes weekly testing of 50% of on and off campus student through the end of the semester.

Schools

In the period leading up to school reopening and since, this agency continues to respond to questions from school nurses, principles, and superintendents. The topics include but are not limited to contact tracing, student and staff exclusion guidance, travel advisory guidance, symptom screening criteria, case communications and notifications, confidentiality, interpretation and implementation of SDE mitigation guidance, **vaccination eligibility, vaccination clinic coordination**, and many other COVID related matters. We provide thoughtful, researched responses daily.

PPE Distribution

CT DPH tasked local health departments with distributing PPE to local area private healthcare providers. We no longer receive allocations from the DEMHS Region 4 distribution site. However still have a moderate inventory left. To date, we have distributed approximately **130,000 items to 46 area healthcare**, and personal care providers in our jurisdiction. We continue to provide PPE regularly to area providers upon request.

Reopen CT Sector Rules

In an effort to support our local businesses a tremendous amount of staff time is expended working with area businesses providing guidance and support on the application and interpretation of Reopen CT, both phase 1, phase 2, phase 3, and now phase 2.1 of the business sector rules; providing modified inspections and infection control guidance for food service establishments (Approximately 170 are currently open, with 40 closed). Since March we have responded to **147 complaints** regarding violations of the sector rules, or the Governors executive orders.

This office issued two cease and desist orders since the sector rules have been in place. One 9/28 to Huskies Restaurant and Tavern, and a second on 11/10 to the American Eagle Saloon and Café in Willington for violations of the Governors executive orders regarding masks, social distancing and other sector rules. Both establishments have since received approval on re-open plans and passed a pre-operational inspection.

Governors Executive Orders and other state guidance - Application and Interpretation

We continue to track and review executive orders and state guidelines as they are issued, providing consultation and interpretation support to recreation departments, first responder agencies, youth services agencies, boards of education, town leadership, and other entities as requested. In addition to numerous phone consultations, and emails, this office and staff participates in regular COVID response staff meetings with a number of member towns.

Public Health Education, Communications, Messaging

EHHD is aligned with the Governor's and CDC Messaging; providing regular public information updates to website, and social media (FB & Twitter).

We push out information and updates on access to testing of general public and first responders.

Agency updates routinely provided to community partners.

We continue to provide consultation regarding the travel advisory to a number of public sector employers.

We are now pushing out information on COVID-19 vaccine access and eligibility to the public and community partners via website, and email blast.

Medical Reserve Corps retention and recruitment

We continue to recruit and vet new MRC volunteers. We currently have 85 vaccinators, and 100 non-clinical volunteers on our roster. Approximately, 90 has experienced working one of your clinics. We continue to rotate new volunteers through our clinics for experience.

We are activating our MRC volunteers on a monthly basis to support all COVID-19 vaccine clinics within each month. We utilized approximately 30 MRC volunteers per week to support our clinic operations. Many of these are reoccurring volunteers.

We deployed 20 MRC volunteers to support UConn's efforts to test approximately 6000 residential students at the beginning of the fall semester. Three volunteers are currently trained in contact tracing. A combined total of 46 MRC volunteers supported our three seasonal flu clinics that occurred in October and November.

COVID-19 Crisis Response Funding for State and Local Health Departments (COVID grant #1)

Local public health departments are receiving COVID-19 Crisis Response Funding from the CDC. We have been allocated \$29,596. Currently, the funding is reimbursing 100% for over-time, response supplies, and communications. This grant is fully expended.

Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant (COVID grant #2)

The EHHD has been awarded \$384,489 through November 17, 2022 to enhance health district capacity to detect, respond, and prevent COVID-19 illness in the community. This grant is funding additional staffing to support the EHHD response. The DPH approved our application. We have since received our full award of \$153,795 for the first budget period ending May 17, 2021.

We have been informed that we will be receiving additional non-competitive, no application ELC funding that will be similar to the first year of funding under the current ELC grant.

Coronavirus Relief Fund

With the Town of Mansfield's assistance, the health district was able to claim for reimbursement \$104,787 in pandemic response expenses against the Municipal CRF for the period ending December 30, 2020. The expenses claimed are related to regular and program staff time dedicated to the pandemic response during this period. These funds have since been received by the Mansfield Finance Department.

FEMA Reimbursement

This office has initiated the process to seek reimbursement from FEMA.

COVID-19 Vaccination Campaign Planning and Activities

We are currently meeting weekly with DPH and regional vaccination planning partners. Here are the latest salient updates on distribution and administration.

- *As of the writing of this report, the EHHD has administered 7,500 doses (of which 2,700 are 2nd doses) in 75 clinics throughout the Eastern Highlands Health District.*
- *Of the above number, 1400 are teachers and educators vaccinated at 9 different school located clinics.*
- *This office arranged to have UConn Health to vaccinate all the childcare professionals in the health district. That number is estimated at 600.*
- *The health district has initiated a program to vaccinate the homebound. Our goal is to vaccinate 5 to 10 persons per week. We have vaccinated twelve (12) as of 4/8/21.*
- *The EHHD continues to conduct 4 to 5 weekly clinics through the current phase rollout. Clinics will be located in either the Mansfield Community Center, or E.O. Smith High School.*
- *As of April 1st, the Governor's opened vaccine eligibility to anyone 16 or older. The EHHD is vaccinating those 18 or older.*
- *The EHHD has begun to administer the Johnson & Johnson (Janssen) vaccine. To date, we have administered 500 doses. It is the intent of this office to transition away from Moderna to Johnson & Johnson, pending available allocations.*
- *This office is an active member of the UConn Health, UConn Storrs workgroup charged with coordinating a public mass vax site at the Storrs UConn campus. The site opened on March 29, four days per week, with maximum through put of 1600 to 2000 doses per week.*
- The Vaccine Administration and Management System (VAMS) is driving the format and through put of the EHHD vaccination clinics. Currently, all EHHD clinics are open to any individual registered in VAMS and eligible for vaccine per the State's phased plan. Consequently, the EHHD clinics are part of a state-wide network of VAMS clinics open to eligible individuals.
- In an effort to facilitate vaccine access to local eligible persons the EHHD will directly notify local partners when EHHD vaccine appointments are posted in VAMS.
- We have not yet received any details on how or if we will be reimbursed for vaccine administration.
- This office will continues to work with member towns and local social services officials to facilitate vaccine access for senior citizens and other vulnerable populations.

Eastern Highlands Health District COVID-19 Update

DATE: 04/09/2021

TIME: 8:30 AM

COMPLETED BY: A. Bloom

TOWN LEVEL DATA

TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Non-student	Scotland ++	Tolland	Willington	EHHD Totals
Cumulative Cases	170	231	260	113	320	683	1,415		40	895	249	4,376
Change from last week	4	2	9	7	14	17	42	(8)	0	22	1	118
Two week change	7	4	14	7	17	37	78	(22)	0	59	7	230
Deaths	3	4	5	0	5	8	27	(27)	2	18	3	75

CONNECTICUT TOTALS (April 8, 2021)

Number of cumulative cases	Change from last week	Change from two weeks	Current hospitalizations	Two week change in hospitalizations	Deaths
319,779	7,311	16,268	515	81	7,940

Data Source: CTEDSS and CT DPH; cumulative town counts as of 4/08/2021; reporting period for two week town level case counts is 03/21/2021 through 4/03/2021

*This is the current (net) number of hospitalizations. It is not a cumulative count. ++ Likely to be lower than actual resident positive cases due to residents using Baltic, North Windham and Hampton as mailing address. NOTE: All counts by town are cumulative and include confirmed cases and antigen-positive cases; counts can change from previous weeks due to the state reassigning a case to a different town once further information is gathered on the case, or due to lab reporting delays.

EHHD residents who received a first dose of COVID-19 vaccine

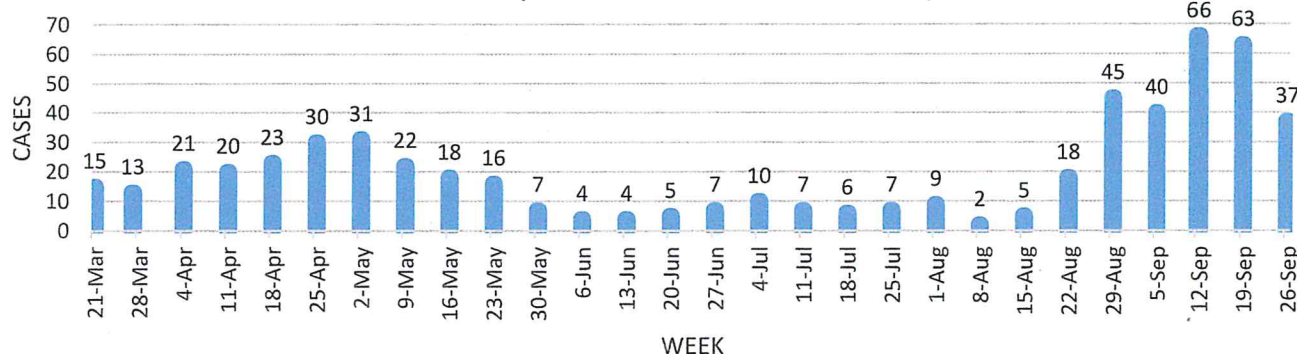
TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland ++	Tolland	Willington	EHHD Totals
Estimated pop	3,236	4,255	4,884	2,239	5,379	12,407	25,487	1,672	14,618	5,864	80,041
Received 1 st dose COVID vaccine	1,456	1,803	2,259	906	2,622	5,398	5,845	631	6,945	2,206	30,071

Source: Connecticut immunization registry CT DPH as of 4/07/2021; population based on 2010 census

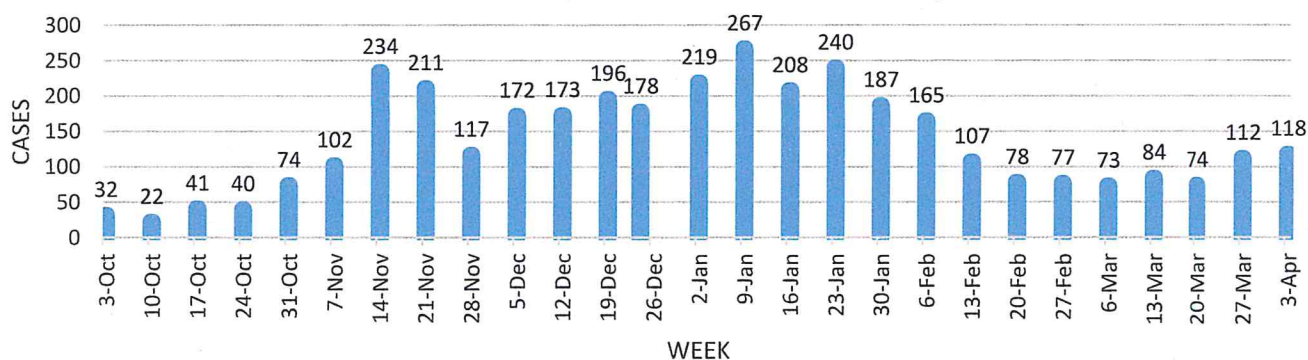
Recent EHHD News:

- The EHHD conducted 4 vaccination clinics this week. 670 doses were administered for the week. To date, the EHHD has hosted 75 clinics administering 7,500 doses. 37% of the EHHD population has received first dose of COVID-19 vaccine.
- UConn Health Mass Vax site on the Storrs Campus is open. The public can schedule appointments for this clinic at <https://mychart.uconn.edu/mychart/Signup>
- Follow this link for more information on the Phases of the vaccine rollout: <https://portal.ct.gov/Coronavirus/COVID-19-Vaccination---Phases>
- The weekly case count on the below chart indicates a two week upward trend. Follow this link for more town level data: <https://portal.ct.gov/Coronavirus/COVID-19-Data-Tracker>

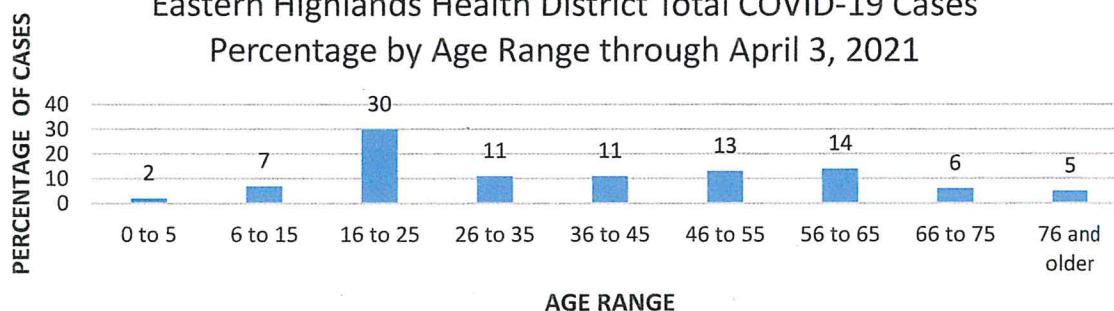
EHHD Confirmed Weekly Case Totals March 21 - September 2020



EHHD Confirmed Weekly Case Totals October - April 3, 2021



Eastern Highlands Health District Total COVID-19 Cases Percentage by Age Range through April 3, 2021



NOTE: For the top two charts counts can change from week to week due to the state reassigning a case to a different town once further information is gathered on the case or lab reporting delays. The bottom chart may not equal 100% due to rounding.

Eastern Highlands Health District ELC Activity Output/Outcomes Report									
Outputs/Outcomes: ELC Detection, Surveillance, Response, Informatics and Other Workforce Capacity					Period	Period			
Output 1: Metrics associated with activity 1 will be captured in the Contact system.					5/19 - 11/17	11/18-2/17			
Output 2a: Number of influenza clinics hosted or arranged by EHHD					3	0			
Output 2b: Number of COVID19 vaccine clinics hosted or arranged by EHHD					0	32			
Output 2c: Number of people vaccinated for influenza					123	0			
Output 2d: Number of people that received two doses, or as appropriate per the manufacturer, of COVID-19 vaccine					0	460			
Output 3: # of staff that receive the updated Infectious Disease Protocols/Plans, etc... (e.g., local health department staff, elected officials,					0	0			
Output 5: # of families/individuals served by CRC referrals made by EHHD					19	91			
Output 6: Signed agreements with DPH demonstrating vaccine readiness for COVID-19 (CoV/P).					Yes	Yes			
Output 8: # of reports developed and posted on town website (EHHD website)					6	2			
Output 9: # of people who receive weekly town-specific summary disease reports					65	86			
Output 10: # of weekly reports sent, and # of partners by type who receive the information					36	36			
Output 11: Number of people and volunteers trained on conducting mass vaccination clinics					~60	~60			
Output 12: # of targeted communities identified through data analysis.					na	na			
Strengthen Laboratory Testing Volume and Capacity									
Output 1: Number and type of community members identified as being at-risk									
Output 2: List of community partners/organizations, and # of meetings held with community partners/organizations					2	17			
Output 3: # of testing clinics at non-tradition sites that were hosted/arranged					8	18			
Output 5a: # of testing clinics hosted/arranged in high risk locations					4	0			
Output 5b: # of at-risk and other community members tested for COVID19 through clinics hosted by Eastern Highlands Health District					1723	4645			
Coordinate and Engage with Partners									
Output 1a: Number of meetings held with partners.					68	~70			
Output 1b: A listing of the type of joint work products conducted by health department in collaboration with new or existing partners, e.g					See comment	See comment			
Output 2a: # of individuals/families identified as having unmet needs during isolation/quarantine periods, as identified during contact trac					19	91			
Output 2b: # of individuals/families successfully connected with CRC for unmet needs					19	91			
Output 3a: The new hire will adapt best practice examples from Region for use in the EHHD relating to contact tracing, promoting testing					yes	NA			
Output 3b: The new hire will contribute to the meetings with input for COVID19 response planning, Regional testing initiatives, Regional C					yes	NA			
Prevent and Minimize Disease Transmission of COVID-19									
Output 1: # of technical assistance discussions had with industry relating to sector rules					~500	~400			
Output 3a: # of complaints responded to by facility type					110	19			
Output 3b: # of complaints referred to municipal designee for 'other' facility types					5	4			
Output 3c: # of notices of violation issued					2	0			
Outcome 5a: SOPs were updated.					Yes	yes			
Outcome 5b: # of meetings held (dates, with whom, purpose/title of meeting)					2	2			
Output 7: Finalization and publication of School System contact tracing plan and exposure plan					Completed	NA			
Output 9a: # of technical advisory and training meetings held with school district official (topics, and dates)					~60	~20			
Output 10a: # of school-related cases that the health department responded to in concert with school medical advisor and nurse					~30	190			
Output 10b: # of hours or days from identification of school-related case to follow-up conducted by school and local health personnel					ave. 2 hours	ave. 4 hours			
Conduct Health Promotion Activities associated with 1 to 4 above									
Output 1a: Frequency the websites were updated					weekly	as needed. At least weekly.			
Output 2a: Number of posters or other print materials distributed					0	2200			
Output 2b: List of the establishments and facility type the materials were distributed and posted					na	posters at vaccine clinics and hand outs to vaccinated pa			
Output 2c: Languages of publications designed (CLAS standards)					yes	yes			
Output 2d: Frequency of social media posts and number of likes/hits					weekly - 160	every 2 wks -			
Output 2f: Frequency the websites were updated					weekly	as needed. At least weekly.			

Connecticut Public Health Officials Urge Private Well Owners to Test Water Quality;

New USGS Report Shows High Levels of Arsenic and Uranium in Some Wells

For Immediate Release

April 6, 2021

A new [U.S. Geological Survey study](#) provides an updated, statewide estimate of high levels of naturally occurring arsenic and uranium in private well water across Connecticut. This research builds on a [USGS report](#) published in 2017, with the new study including additional groundwater samples and focusing on previously underrepresented areas.

The research, undertaken in cooperation with the Connecticut Department of Public Health, projects that approximately 3.9% of private wells across the state contain water with arsenic at concentrations higher than the U.S. Environmental Protection Agency's maximum contaminant level for public drinking-water supplies. This research also projects that 4.7% of private wells in the state have uranium concentrations higher than the EPA's standards.

CT DPH officials urge all private well owners to have their water tested for possible arsenic and uranium.

DPH recommends that if tested well water has arsenic at a level greater than federal and state standards, an alternate source of water should be used or a treatment system should be installed. Also, if uranium in well water is at a concentration greater than the EPA standard of 30 micrograms per liter, the water should be treated to remove the uranium.

Arsenic and uranium are naturally occurring metals in bedrock around the world. Wells drilled into bedrock aquifers can sometimes produce water containing arsenic or uranium. Unless wells are tested, there's no way to confirm the presence or absence of these contaminants.

According to the CT DPH, Centers for Disease Control and Prevention, EPA and other health experts, there are potential health risks when concentrations of arsenic and uranium in groundwater used for drinking are higher than established human-health standards. Arsenic exposure has been related to increased cancer risk, low birth weight, decreased child intellectual development, immune system suppression and other adverse health outcomes. Ingestion of uranium, such as through drinking water, has been associated with kidney disease.

Data from this study can be used to better estimate the number of people potentially affected by high concentrations of naturally occurring arsenic and uranium in water from private wells.

An estimated 23% of Connecticut residents have private wells for their water supply. During the study, CT DPH, with help from its state laboratory and local health officials, collected and analyzed water samples from more than 2,000 private wells throughout the state. Where high levels of arsenic or uranium were detected, state and local health officials worked with

participating residents to inform and assist them with remedial measures to protect their water supply.

“This report provides essential tools to citizens, health officials, well drillers, government officials and others for better protecting their communities and the environment,” said Eliza Gross, USGS physical scientist and lead author of the study. “The previous USGS study published in 2017 identified some areas where there were high contaminant levels, and we now have a more complete statewide assessment.”

“Even though we know there are areas across our state that have higher concentrations than others, any private well in Connecticut has the potential to have elevated arsenic or uranium,” said Ryan Tetreault, CT DPH Private Well Program supervisor. “Private well owners should have their well water tested at least once for these contaminants.”

To ensure accuracy in the assessment, researchers separated Connecticut into grid cells for what’s called a “spatially weighted analysis”: a process that ensures areas with clusters of samples aren’t overrepresented in a statewide estimate.

The USGS also found that certain bedrock types are more likely than others to yield high concentrations of arsenic and uranium in groundwater.

“While bedrock geology is not always predictive of higher or lower concentrations of arsenic or uranium in groundwater, knowing that certain geologic settings have a high likelihood can help inform decisions, such as drilling new wells, planning for development or deciding whether to conduct additional water-quality testing,” said Gross. “This insight on geologic settings can also be applied to research in other states.”

According to CT DPH, routine testing for private well water does not usually include testing for arsenic and uranium; it is up to private well owners to have their well water additionally tested for these contaminants. CT DPH also encourages new homebuyers to ask for such testing when purchasing a home with a private well. Under Connecticut law, the local director of health has the authority to require testing for arsenic and uranium in water from newly drilled wells if they have reason to believe there is a problem in their town.

State officials recommend that homeowners with private wells contact an environmental lab approved to test water. A listing of environmental labs approved to test drinking water can be found [here](#). If testing finds high levels of arsenic, you can find more information about followup testing and treatment for arsenic [here](#). If testing finds high levels of uranium, you can find out more information about treatment [here](#).

Read the full study titled, [*Arsenic and Uranium Occurrence in Private Wells in Connecticut, 2013–18—A Spatially Weighted and Bedrock Geology Assessment*](#).

Learn more about [USGS arsenic research in New England](#).

More information about private well testing in Connecticut can be obtained from the [DPH](#)

[Private Well Program website](#). DPH also [has a website](#) with resources on how to make your private well water safer. [For related questions, contact the DPH Private Well Program at \[dph.privatewellprogram@ct.gov\]\(mailto:dph.privatewellprogram@ct.gov\) or \(860\) 509-8401.](#)

For health-related questions, contact the DPH Environmental & Occupational Health Assessment Program at dph.eoha@ct.gov or (860) 509-7740.



FOR IMMEDIATE RELEASE
April 13, 2021

CONTACT: MAURA FITZGERALD
860.989.2497

CTDPH STATEMENT ON PAUSE IN THE USE OF J&J VACCINE

The following is a statement from the Connecticut Department of Public Health on this morning's announcement from the CDC and FDA that it is recommending that all states pause administering the J&J COVID-19 vaccine after six reports of an extremely rare adverse reaction to the vaccine:

Early this morning, the U.S. FDA and CDC issued a joint statement recommending a pause on the use of the Johnson & Johnson (J&J) COVID-19 vaccine following six reported US cases of a rare blood clotting event. Although these events are rare, and none have occurred in Connecticut, the Connecticut Department of Public Health recommends that COVID vaccine providers pause on administration of J&J vaccine for the time being while the FDA and CDC complete their review.

Of 6.8 million individuals who have received the J&J vaccine nationally, six individuals have developed a rare and severe type of blood clot called cerebral venous sinus thrombosis (CVST) within two weeks of receiving their vaccine. All six cases occurred among women between age 18–48 years. Roughly 100,000 Connecticut residents have received the J&J vaccine with no reported serious adverse events.

The CDC, FDA and Connecticut DPH all take vaccine safety extremely seriously. Although the reported complications are extremely rare, we will await the results of the investigation before proceeding with further use of the J&J vaccine.

DPH has informed vaccine providers that were planning to hold clinics using J&J today and in the coming days to delay these clinics or offer an alternative vaccine if they have alternative vaccines available. DPH will work with providers to minimize the disruptions from this announcement in the near-term to the extent possible, but we anticipate that some cancellations will occur.

DPH has also encouraged providers to reach out to all individuals who were scheduled to come to a J&J clinic and let them know that their appointment will need to be rescheduled once the FDA and CDC have recommend resuming administration of the J&J vaccine.

The FEMA mobile unit, which is currently in New Britain, is working to further modify its schedule. It will be offering an mRNA vaccine instead of J&J vaccine when it resumes. The Griffin vaccine vans, which currently administer J&J vaccine, have suspended their clinics for today. More information on the FEMA mobile unit and the Griffin vans will be forthcoming.

Although these side effects are extremely rare, the FDA and CDC recommend that people who have received the J&J vaccine who develop severe headache, abdominal pain, leg pain, or shortness of breath within three weeks after vaccination should contact their health care provider.

*****END*****