

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
Coventry Town Hall Annex
Thursday October 17, 2019, 4:30 PM

Call to Order – Welcome Eric Anderson, Joshua Kelly, and Michael Rosen

Approval of Minutes (August 15, 2019)

Public Comments

Old Business – None

New Business

1. Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the LLHD and the EHHD 2019-2020 - Ratification
2. Proposed 2020 Regular Meeting Schedule

Subcommittees

3. Personnel Committee – Position reclassification and pay range recommendation

Town Reports

Directors Report

4. EHHD Scope of Services – 10 Essential Services – powerpoint presentation
5. Substance abuse in our communities' workgroup - update
6. Eastern Equine Encephalitis - update
7. Radon testing initiative

Communications/other

8. DPH re: Two additional cases of Vaping related illness
9. UConn re: R Miller appointment to Institutional Biosafety Committee
10. CADH re: FDA Food Code implementation and workforce development issues
11. DPH Commissioner re: Recommendation to eliminate religious exemption for MMR immunizations
12. R Miller re: EHHD Emergency Contact Protocols - updated
13. Solaware re: UV exposure prevention
14. S Werbner re: resignation from EHHD board
15. J Stille re: appointment of Joshua Kelly to board
16. DPH re: Per capita grant award approval for SFY 2020
17. DPH re: 2018-2019 school immunization rates for Kindergarten state-wide
18. DPH re: Flushing Drinking Water Taps to Reduce lead
19. Hartford Courant re: Excess sodium in well water may be as big a threat to homes as crumbling foundations
20. DPH re: Request to sample bottled water sources for PFAS

Executive Session – Personnel in accordance with CGS 1-200(6)(a), Director of Health Performance Review

21. Director of Health compensation (no attachment)

Adjournment

Next Board Meeting – December 12, 2019, Coventry Town Hall Annex at 4:30PM

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT
Coventry Town Hall Annex
Thursday, August 15, 2019

Members present: J. Carrington (Mansfield), R. Devito (Ashford), T. Nuccio (Tolland 4:45pm), E. Paterson (Mansfield), P. Shapiro (Mansfield), J. Stille (Bolton), M. Walter (Columbia), D. Walsh (Coventry),

Staff present: R. Miller, M. Brosseau, C. Trahan, J. Kelly (Administrative Officer for Bolton)

Call to Order: E. Paterson called the meeting to order at 4:35 pm. E. Paterson welcomed J. Carrington and introduced J. Kelly, Administrative Officer for Bolton.

Approval of minutes of June 20, 2019 J. Stille made a MOTION, seconded by D. Walsh to approve the minutes of the June 20, 2019 meeting with the following modifications:

- Under town report for Coventry, change "D. Walsh was part of a committee" to "K. Dardick was part of a committee"
- Under town report for Bolton, change "greet" to green.

MOTION PASSED with P. Shapiro and J. Carrington abstaining.

New Business

Ratify State DPH per capita grant application FY19/20

R. Miller reported to the board that this per capita grant application has been submitted. R. Miller requested ratification of the application. D. Walsh made a MOTION seconded by J. Stille to ratify the Eastern Highlands Health District's Fiscal Year 2019/2020 State of Connecticut Department of Public Health Per Capita Funding Application as presented August 15, 2019. MOTION PASSED unanimously.

Subcommittee Reports

Finance Committee – Quarterly financial reports for the period ending 6/30/18

R. Miller presented to the board a brief overview of the quarterly financial report for the period ending 6/30/19, noting that the finance committee accepted the report as presented.

Personnel Committee – Timeline DOH performance review process and timeline

D. Walsh reported to the board that the personnel committee met and reviewed the performance review process of the Director. The same instrument used in previous years will be utilized again this year. The timeline for the director performance review process will need to be modified due to the turnover in the Human Resources department at the Town of Mansfield. D. Walsh encouraged all board members to participate and to add comments when selecting a rating other than "meets expectations".

A brief discussion ensued regarding the vacancies in the Department.

Town Reports

Bolton

J. Stille informed the board that they were able to hand pull weeds, rather than treat the weeds in the lake. The Annual Bolton Farmers Market will be held August 25th. And the annual Lutz Museum Farm Day will be held August 31st at the Fish Family Farm.

Tolland

T. Nuccio informed the board that a new Town Manager for Tolland has been hired. T. Nuccio initiated discussion about the number of residents experiencing sodium chloride issues with their well water. She is advocating for her community.

Columbia

M. Walter informed the board that business at the Main Moose is "booming". He noted that the Thunderbird Café is upgrading their equipment. Finally, he informed the board that there were minor algae blooms in the lake, and they are keeping an eye on it.

Directors Report

Substance Abuse in Our Communities Workgroup – Activity Update

R. Miller reported that the committee has been busy. The committee is working with the Town of Mansfield on the development of a policy to pre-stage narcan at public buildings.

R. Miller informed the board that the committee is working with the Town of Coventry Police Department on a prescription drug take back campaign with a goal of collecting 100 lbs of medication in 20 days.

R. Miller reported that Cecile Serazo, Community Health and Wellness Coordinator is doing outreach events.

Quarterly activity report – period ending 6/30/19

R. Miller directed the Board members' attention to the histograms noting that soil testing is slightly down, Public Health Reviews have increased slightly, and Food service inspections have decreased due to staff vacancies over the year.

D. Walsh expressed concern about the cleanliness of movie theatres, in particular the areas under the seats.

34 Old Farms Road, Willington, Makuch Property – update

R. Miller informed the board that Mr. Makuch was informed that EHHD is not in a position to make a legal decision regarding the matter. The State DPH is the oversight body. L. Mathieu from the State DPH met with Mr. Makuch and supported the connection to the public water system.

Staff Recruitment

R. Miller informed the board that 2 new staff have been hired. Thad King, a veteran sanitarian, has been hired as a Sanitarian II. He will be covering Mansfield, Bolton and

Andover land services. Zachery Jezek has been hired as an environmental health inspector. As an entry level position, Zachary will be training on responding to complaints, and food service inspections, with eventual transitioning to land use service.

R. Miller noted that there is still a part time environmental health inspector vacancy. This position will be posted soon. R. Miller expressed concern in finding a qualified food service inspector for this vacancy.

J. Stille suggested that the Personnel Committee look into the issue of pay and benefits packages. D. Walsh agreed to add it to the items for the personnel committee to review.

Communications

BlumShapiro re: Communication with Those Charged with Governance

R. Miller called attention to this item so that any questions the board might have could be addressed by C. Trahan.

DPH Food Protection Program re: MOU with DCP

R. Miller explained that this MOU gives DCP access to inspections done at bakeries by local public health.

DPH Water Supply Section re: Evaluation of Source Water for PFAS

R. Miller noted that this is an emerging nationwide issue determined to have harmful effects. The EPA has not set maximum containment standards and labs don't have the technology to mainstream testing and analysis. Guidelines will be established for testing public water systems.

Adjournment

P. Shapiro made a MOTION seconded by J. Stille to adjourn the meeting at 5:35 pm. MOTION PASSED unanimously.

Next Board Meeting, October 17, 2019, 4:30 PM at Coventry Town Hall Annex

Respectfully submitted,

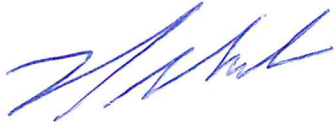
Robert Miller
Secretary



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

To: Board of Directors

From: Robert Miller, Director of Health 

Date: 10/7/2019

Re: Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and the Eastern Highlands Health District

Background

For the past seventeen years the Eastern Highlands Health District has been the recipient of a federal Public Health Emergency Preparedness (PHEP) grant award passed through the Connecticut Department of Public Health. As you may recall from the last fiscal year award, the fiduciary for our award was changed to the Ledge Light Health District. The MOA establishing the relationship with the fiduciary is attached to this cover memo for your consideration. This is the primary source of funding for the health districts emergency preparedness program.

Financial Impact

This year we are receiving additional funds for our Medical Reserve Corps unit, which is wrapped into the same approved budget, and MOA. The subcontract total combined award for both PHEP and the MRC is \$67,978 for the period July 1, 2019 to June 30, 2020. The award provides funding for a subcontracted half-time emergency preparedness coordinator, provides limited funds for regular staff positions, and funds other program operations (Please see budget attached at end of the MOA). There are no agency matching funds or in-kind services required.

The specific scope of services for this contract period are detailed on pages 1 to 3 in the MOA.

Recommendation

This funding has been instrumental in positioning the health district and our community partners in a position to respond with effectiveness to local, regional, and state-wide public health emergencies. I am respectfully recommending the board ratify the contract as executed between the EHHD and the Ledge Light Health District.

If the board concurs the following motion is in order: *Move, to ratify the "Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and Eastern Highlands Health District 2019-2020", as presented on October 17, 2019.*

Attachments: MOA By and Between LLHD and EHHD
Budget summary

Memorandum of Agreement
for the DPH Public Health Preparedness Program
By and Between
Ledge Light Health District and Eastern Highlands Health District
2019-2020

Ledge Light Health District, hereinafter referred to as “LLHD” and referenced as the “Contractor”, acting by Stephen Mansfield, its Director of Health and Eastern Highlands Health District, hereinafter referred to as “EHHD” and referenced as the “Subcontractor”, acting by Robert Miller, its Director of Health, do mutually agree to the following as outlined in this Memorandum of Agreement.

The funding of this agreement is based on the Region 4 Public Health Preparedness (PHP) Program Grant Contract Log #2019-0226 from the Connecticut Department of Public Health hereinafter referred to as the “DPH and Department” to the LLHD.

SCOPE OF SERVICE

1. The subcontractor, where applicable, shall participate in the following PHP activities:
 - a. The Subcontractor shall strengthen medical countermeasure and non-pharmaceutical interventions preparedness as follows:
 - i. Collaborate with the Contractor on the development of a regional MDA Plan and MYTEP;
 - ii. Participate in the workshops and exercises pursuant to the MDA’s regional MYTEP including but not limited to:
 - 1) As directed by the regional MYTEP, activate and operationalize twenty percent (20%) of the Region’s PODs by conducting operation drills as follows:
 - i) Staff Notification and Assembly
 - ii) Site Activation
 - iii) Facility Set-Up
- Record drill data on the standardized forms available on the Department’s website at: <https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/Medical-Countermeasures> and submit to LLHD, cdragoo@llhd.org.
- 2) In concert with the state-wide full-scale exercise, collaborate with the most populous city in the MDA Region and conduct a mass dispensing full-scale exercise by April 1, 2021.
 - 3) Participate in two TTXs to be conducted by June 30, 2024. One TTX will be focused on Anthrax and one TTX will be focused on response to pandemic influenza.
 - 4) Participate in a pandemic influenza functional exercise, focusing on vaccination of at least one critical workforce group by June 30, 2024.
 - 5) Respond to and support MCM distribution and dispensing (MCMDD) for all-hazards events such as a terrorist attack, an influenza pandemic, or a high impact disease such as Ebola or Zika virus.

- b. On an annual basis, the Subcontractor shall review and complete the following descriptive and demographic forms no later than twenty (20) days prior to the scheduled MDA Region MCM ORR and pursuant to the Public Health Emergency Preparedness ORR Guidance document located at https://www.cdc.gov/cpr/readiness/00_docs/CDC_ORR_Guidance_September2018_Final_508_9.11.18.pdf and submit to the Department via DCIPHER or if applicable, the Department's electronic secure file transfer platform.
 - i. POD Form
 - ii. Jurisdictional Data Sheet
- c. In collaboration with the Contractor, the Subcontractor shall participate in the MDA Region MCM ORR.
- d. In collaboration with the Contractor, the Subcontractor shall participate in quarterly MCM Action Plan meetings and provide written or verbal feedback that will inform the development of quarterly MCM Action Plans.
- e. On an annual basis and in collaboration with the Contractor, the Subcontractor shall participate in the development of the Region's MYTEP through meetings and providing written and verbal feedback.
- f. On an annual basis, the subcontractor shall demonstrate the establishment of emergency operation coordination systems as follows:
 - i. Conduct quarterly call-down drills as scheduled by the Department;
 - ii. Create or update local health director and staff user accounts on the latest version of WebEOC;
 - iii. Utilize and integrate WebEOC into local emergency preparedness plans and exercises; and
 - iv. Maintain a Public Health Emergency Response Plan (PHERP) and associated annexes.
- g. The Subcontractor shall demonstrate competence with responding and reporting essential elements of information (EEI) as follows:
 - i. Participate in Web EOC reporting; and
 - ii. Comply with reporting directives requested by the Department's Commissioner or the Department's Office of Public Health Preparedness and Response relating to public health disasters, events and emergencies occurring in their jurisdiction.
- h. The Subcontractor shall attend a minimum of 75% of their respective ESF8 Region's monthly meetings and annual statewide HCC Meetings including associated workgroups.
- i. When changes occur to the status of POD and LDS sites, the subcontractor shall report those changes immediately to the Department's SNS Coordinator and the Contractor. Status changes include the following:
 - i. Facility name, address, status as primary, secondary, tertiary, or alternate;
 - ii. Contact information for MDA staff authorized to sign for deliveries of MCM or medical materiel from the CT DPH or vendors;

- iii. Two 24/7 voice telephone number and one facsimile number for communication between state and POD emergency management leadership;
 - iv. Annually updated population numbers served by PODs including potential seasonal fluctuations affecting the jurisdiction; and
 - v. Changes to LDS information that may impact the receipt of SNS. Updates are recorded on a LDS Survey that is provided by the Department to local health departments/districts where LDSs are located.
 - j. The Subcontractor shall complete 24/7 Coverage forms provided by the Department and submit to the Department at hcc.dph@ct.gov and LLHD, cdragoo@llhd.org within 30 days of execution of this subcontract.
 - k. The Subcontractor shall provide verbal or written feedback to the Contractor that informs the development of a regional Jurisdictional Risk Assessment.
2. The subcontractor, where applicable, shall participate in the following MRC Unit activities:
- a. Attend and participate in meetings of the Statewide MRC Advisory Council, and
 - b. Participate in quarterly MRC meetings within the ESF8 Region to discuss, plan, coordinate, and implement the following:
 - i. Standardize MRC volunteer training opportunities for new and existing volunteers across the ESF8 Region;
 - ii. Activate protocols and request processes to be shared with all ESF8 partners in the Region;
 - iii. Engage and participate MRC volunteers in at least one exercise, drill or real event each year;
 - iv. Participate in training offered by the Department on the new volunteer management system.
 - v. Utilize the Department's volunteer management system to input MRC volunteer information and credentials.
 - vi. Submit quarterly MRC progress reports using a template developed by the Department and submit to LLHD, cdragoo@llhd.org

SUBCONTRACTOR REPORTS AND REPORT SCHEDULE

- 1. The Subcontractor shall submit periodic Programmatic Progress Reports and Financial Expenditure Reports to the Contractor:
 - a. The Programmatic Progress Reports shall describe the activities conducted under its subcontract.
 - b. The final Programmatic Progress Report due at the end of the Contract period shall be cumulative for the entire Contract year.
 - c. Financial Expenditure Reports shall include all expenditures incurred in the provision of subcontracted services.
 - d. The final Financial Expenditure Report shall not include any unpaid obligations.

- e. Programmatic Progress Reports and Financial Expenditure Reports shall be submitted to the Contractor according to the following schedule for each year as follows:

REPORTING PERIOD	REPORTS DUE BY
July 1 – September 30	October 15
October 1 – December 31	January 15
January 1 – March 30	April 15
April 1 – June 30	July 15

- f. Unless approved by the Department:
- All activities and requirements identified in this contract shall be included verbatim in the subcontract executed between the Contractor and subcontractor.
 - All requests for modification of subcontractor deliverables or deviation from the activities and requirements included in this contract shall be submitted in writing to the Department for approval prior to execution with any subcontractor.
- g. Subcontractor compliance with deliverables and reporting requirements shall be monitored and shall be considered in subsequent decisions regarding Department funding of the subcontractor under this contract, at the sole and final discretion of the Department.
- h. Subcontractors receiving such funds shall only use such funds for preparedness activities as identified in this contract.
- i. The Contractor may utilize excess funds unexpended by subcontractors for MDA planning functions, or to fulfill regional activities that directly align with the CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning (2018) or the latest version of such publication.
- j. The Contractor shall provide the Department with copies of each such fully executed subcontract upon request.

PROGRAM REPRESENTATIVES

EHHD hereby designates Robert Miller, its Director of Health as its program representative. LLHD hereby designates Catherine Dragoo, its Grant Manager as its program representative.

COMPENSATION

EHHD shall submit all quarterly reports to LLHD, cdragoo@llhd.org.

Program Budget	Amount
PHEP	\$ 54,478
MRC	\$ 13,500

EHHD shall expend funds within the contract period and in accordance with the applicable **Approved Budget**. This contract includes Federal Financial Assistance (CFDA #93.069 for Local Health Departments and #93.889 for Medical Reserve Corp Funding) and therefore such funds are subject to the Federal Office of Management and Budgets (OMB) Cost Principles.

PAYMENT SCHEDULE

EHHD shall be subject to conditions outlined in this agreement and payments are subject to DPH approval of quarterly Programmatic Progress Reports, associated deliverables and Financial Expenditure Reports.

LLHD shall provide quarterly payments after receipt of and approval of scheduled reports and all deliverables or services as submitted by EHHD, and in an amount equal to the amount of expenditures reported and approved.

LLHD shall have the right to inspect, to the extent deemed necessary by the LLHD, all work and records in connection with the Memorandum of Agreement.

LLHD reserves the right to reduce payments and withhold funding for EHHD in which EHHD has not submitted or completed required deliverables, or has not submitted required reports or audits, or has submitted reports that have not received CT DPH approval, or has submitted reports that do not support the need for full payment, provided that notice thereof shall have been given to EHHD in a reasonable time to correct any such deficiencies that might have been identified by DPH or LLHD.

COMPLIANCE WITH DEPARTMENT REQUIREMENTS

EHHD shall comply with all DPH subcontract requirements as outlined in the **LLHD Contract with DPH** and will submit supporting documentation to LLHD.

EHHD shall comply with the Office of Policy and Management (OPM) Cost Standards and meet audit standards. Should material findings be noted, EHHD shall submit the Audit Management Letter and corrective response to the findings.

EHHD shall be liable for any contract or financial audit exceptions and shall return all funds that have been disallowed upon review of such audit, or as provided under the provision of DPH Contract Log #2020-0226.

INSURANCE REQUIREMENTS

EHHD agrees that while performing services specified in this Agreement, EHHD shall carry sufficient insurance (liability and/or other) as applicable according to the nature of the service to be performed so as to "save harmless" the LLHD and the State of Connecticut from any insurable cause whatsoever. If requested, a certificate of such insurance shall be filed with LLHD prior to the performance of services.

PERSONNEL

It is mutually agreed that EHHD is an independent subcontractor and this Agreement is for services and not a contract for employment and that, as such, EHHD shall not be entitled to the benefits by the LLHD such as worker's compensation, pension, retirement benefits or sick leave.

DEFAULT OR BREACH OF AGREEMENT

In the event either party is in default or breach of the terms of this Agreement, the non-defaulting or breaching party shall have the right to pursue any and all remedies available to it against the defaulting or breaching party in law or in equity.

TERMS OF AGREEMENT

The term of this Agreement shall be effective July 1, 2019 through June 30, 2020 and shall not exceed \$54,478 for PHEP and \$13,500 for MRC.

The terms of this Agreement are understood and accepted by:

Stephen Mansfield, RS, MPH
Director of Health
Ledge Light Health District

Robert Miller, MPH
Director of Health
Eastern Highlands Health District

Date

Date

Budget Summary

Health Department: EHHD

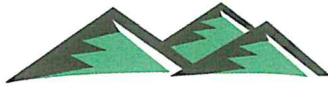
July 1, 2019 - June 30, 2020

Category	PHEP Amount	MRC
Personnel	\$ 16,142	\$ 8,677
Salary	\$ 11,532	\$ 8,060
Fringe Benefits	\$ 4,610	\$ 617
Contractual	\$ 35,073	\$ 3,792.00
Supplies	\$ 975	
Office Supplies and Materials	\$ 325	
Drill and Exercise Supplies	\$ 650	
Travel	\$ 668	\$ 69.60
In-state	\$ 668	
Out-of-state	\$ -	
Communications	\$ 1,620	
Communication systems	\$ 1,020	
Cell phones	\$ 600	
Legal or other expenses	\$ -	
MRC Training		\$ 962.00
Total Funding	\$ 54,478	\$ 13,500

Do not complete this

section. This section will self-populate based on the amounts entered in the Salary Detail, Subcontractor, Budget Line Items, and MRC worksheets.

Use the [2019 PHEP Budget Guidance document](#) located on the CT DPH Preparedness website to complete the Salary Detail, Subcontractor, and the Budget Line Items tabs.



Eastern Highlands Health District

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Memo

To: Board of Directors
From: Robert L. Miller, Director of Health
Date: 10/7/2019
Re: Proposed 2020 Regular Meeting Schedule

Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2020 calendar year:

January 16 (Typically, Budget Public Hearing)

February 20

April 23

June 18

August 20

October 15

December 10

Location and time of each meeting will be the Coventry Town Hall, Annex at 4:30 pm, unless otherwise indicated. (With the exceptions of April 23 & December 10, all dates fall on the third Thursday of the Month.)

Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2020 regular meeting schedule as presented.



Eastern Highlands Health District

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To: Board of Directors
From: Robert Miller, Director of Health
Date: October 10, 2019
Re: Reclassification of Administrative Assistant Position

Attached for your review and consideration is the memorandum submitted to the personnel committee that details the proposal to reclassify the above reference position to Office Manager.

At their September 26, 2019 special meeting the Personnel Committee passed the following motion,"... to recommend the full board reclassify the incumbent in the Administrative Assistant position to Office Manager; set the position pay range at \$50,890/yr to \$68,830/yr; accept the revised job description/job title for the Office Manager; and, increase the incumbents salary to \$50,890/yr, effective January 1, 2020."

If the board concurs with this recommendation, then the following motion is in order:

Move, to reclassify the incumbent in the Administrative Assistant position to Office Manager; set the position pay range at \$50,890/yr to \$68,830/yr; accept the revised job description as presented; approved the job title of Office Manager for the reclassified position; and, increase the incumbents annual salary to \$50,890, effective January 1, 2020.

Attachments

- 1) Personnel Committee Memo dated 9/22/19
- 2) Revised job description
- 3) Budget Position – Office Manager



Eastern Highlands Health District

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To: Personnel Committee
From: Robert Miller, Director of Health
Date: September 22, 2019
Re: Reclassification of Administrative Assistant Position

Background

The Health District's Administrative Assistant position was created with the formation of the district in 1997, initially as a part-time position. The incumbent was hired in August 2010. The position has grown materially in scope and responsibility since its inception. Although the duties and scope have grown, the incumbent's job title and position pay range have not been adjusted to reflect the increased responsibilities. I have conducted a reclassification review/analysis of the position as a result.

Notable changes to the position include:

- Assists Director with administration, operation, and general management of a local decentralized health district.
- Makes recommendations, implements internal improvements that streamline administrative functions, and increases cost effectiveness across the district.
- Assures and maintains all health district electronic data platforms, including implementing platform changes, data set modifications, and updates to external and internal interfaces, workflows, reports, and other system output documents; high level liaison to IT staff and software vendors.
- Performs research and technical work in the preparation of the health district budget.
- Responsible for financial controls and processes within the main office setting.
- Performing public information (promotion, outreach, and communication) duties in the areas of health promotion, and emergency preparedness.
- Coordinates and implements special projects and initiatives such as a health fairs, wellness events, emergency preparedness exercises, and permitting software upgrades.
- Liaison to town administrative staff in satellite offices to assure the coordination and quality of health district services.
- Supervising interns, volunteers, and other front office support staff.
- Four year college degree, or associated degree with equivalent combination of experience and training.
- Works independently with minimal instruction, applying critical thinking, and sound decision making skills.
- This position changes from non-exempt to exempt.

Job Description/Job Title

Attached please find the revised job description for the current Administrative Assistant position. I believe that the description accurately reflects the essential functions and duties for the position, identifies the qualifications that the employee must possess, and aligns closely with similar positions around the state. I am also recommending that the position title be changed to *Office Manager*.



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Pay Range

Other Health District Office/Business Manager FY19/20 positions in the State of Connecticut were reviewed. While some variation does exist, the job description for each of these positions align generally well.

Health District	Population	Minimum	Maximum*
EHHD	80,800		
Central CT	97209		65637
Chatham	63230		60491
Bristol Burlington	69863	58703	62057
Naugatuck Valley	127003	60060	72680
Uncas	100575	40000	65000
Torrington Area	131478	44809	63309
West Hartford Bloomfield	84539		83265
	Average	\$50893	\$67832

*Salary figures provided with no range were placed in the maximum column.

If the new pay range is implemented this fiscal year a new pay range of \$50,890 – \$68,830/yr would be competitive based on market data. The maximum end of this proposed range is higher than the average figure above. This is due to the 35% span incorporated, pursuant to our broad band, merit based pay plan.

Financial Impact

Currently, the incumbent's salary is \$46,492/yr, the range for the position is \$35,786-\$48,311/yr. With the reclassification, the incumbent's salary would increase 9.5% to \$50,893/yr this fiscal year. Prospectively applying the 9.5% salary increase to January 1, 2020 would have an approximate financial impact on the Fiscal Year 2019-2020 operating budget of \$2,200 in wages, and \$350 in benefits costs for a total impact of \$2,550.

Attached for your review is the report titled, "EHHD, BUDGETING POSITION – Office Manager". Please note this report indicates that the salary and benefit appropriations for this fiscal year *is sufficient* to cover the proposed increase in salary and benefits for this reclassification.

This position started as part-time with three member towns, and a total population of 42,000. We have since welcomed seven new town members with a total population of 80,000. The scope, complexity, and the volume of activity in the health district main office has increased significantly over the years. The establishment of an Office Manager position to assure and maintain the quality and scope of the main office work product is, in my opinion, essential.

Recommendation

Based upon this analysis I recommend the following:

- Approve the revised job description/job title for the Office Manager as presented.
- Set the pay range for the Office Manager at \$50,890/yr – \$68,830/yr for January 1, 2020.
- Reclassify the incumbent in the Administrative Assistant position to Office Manager and increase the incumbent's salary to \$50,890/yr, effective January 1, 2020.



Eastern Highlands Health District

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If the committee concurs, the following motion would be in order:

Move, to recommend the full board reclassify the incumbent in the Administrative Assistant position to Office Manager; set the position pay range at \$50,890/yr to \$68,830/yr; accept the revised job description/job title for the Office Manager as presented; and, increase the incumbents annual salary to \$50,890, effective January 1, 2020.

Attachments

- 1) Revised job description
- 2) Budget Position – Office Manager

**Eastern Highlands Health District
POSITION DESCRIPTION**

Class Title: ~~Administrative Assistant~~Office Manager
Group: Eastern Highlands Health District
Pay Grade: ~~Grade-4~~
FLSA: ~~Non-Exempt~~Exempt
Effective Date: ~~March 10, 2011~~September 2019

General Description/Definition of Work

The Office Manager assists the Director of Health in aspects of district administration, operations, financial and general management for a local governmental public health district. Provides a variety of advanced administrative support activities through selecting appropriate use of procedures in order to meet the District's goals. The position will serve as the hub of the main office operations so that support can be given to all staff. Work is performed in a normal business office setting. Some assignments may occur outside the office setting, and outside normal business hours. This position performs intermediate skilled clerical work involving a variety of secretarial, administrative, and clerical tasks in an office environment as well as related work as required. Duties include providing administrative support to agency Director, and clerical support to staff; receiving and processing incoming calls and visitors; preparing and maintaining manual and computerized records. Work is performed under regular supervision. Position reports to the assigned supervisor. This position reports to the Director of Health.

Essential Job Functions/Typical Tasks

- Responsible for financial controls and processes within the main office setting including collections, purchasing, and works in cooperation with accounting services, and auditor.
- Makes recommendations and collaboratively implements internal improvements that streamline administrative functions and increases cost effectiveness across the District.
- Responsible for the performance and maintenance of all health district electronic data platforms and systems. Modifies and updates platform content, workflows, and reports as needed. Liaises with IT services, and software vendors to assure performance and maintenance of electronic data management systems.
- Identifies and employs technology improvements for customer, administrative, permitting, and financial systems where appropriate.
- Supports Director with oversight with purchasing; makes recommendations on the purchasing of services, and equipment based on cost analysis, function and quality.
- Collects, records and deposits revenue from all sources including grants, per capita fees, licensing fees, etc. Processes all invoices and prepares all payments, follows up as needed.
- Performs research and technical work in the preparation of the Health District's operating budget as directed.
- Responsible for the generation of data collection and statistical analysis associated with district and agency reporting requirements (e.g. activity statistics, annual report, performance management system).
- Assures and coordinates administrative support for the Director, and all front office customer and administrative services. Supervises clerical and intern support staff as necessary.
- Establishes and maintains property files, confidential records, receipts, financial expenditures, grant reporting and correspondence for various health programs as they occur.
- Responsible for upkeep of website material including timely posting of meeting agendas and minutes.
- Assists and leads as needed in promoting, planning, scheduling, and implementing District programs.

Office Manager

- As needed, may type and/or transcribe confidential letters, reports, statistics, records, agendas and minutes of meetings from rough draft.
- Provides administrative support to emergencies, and local public health occurrences of an urgent nature during and beyond the standard hours of operation.
- ~~Types general correspondence, memoranda, reports, schedules, grants, official notices and other material from rough draft, copy, marginal notes or verbal instructions.~~
- ~~Answers telephone and directs callers; takes messages, processes complaints, or answers procedural questions based on knowledge of rules and regulations; screens, greets, directs and announces visitors.~~
- ~~Greets and receives general public, and answers routine questions concerning activities, programs, policies, procedures and rules governing department or activity.~~
- ~~Coordinates departmental purchasing functions; types and records purchase orders, payment vouchers and receiving reports; maintains records of transactions from ordering to delivery and payment; follows up with vendors on partial or delayed orders; inventories office supplies and initiates re-orders.~~
- ~~Receives, receipts and accounts for various fees and payments; reviews applications for accuracy; issues permits as directed; schedules inspections and appointments; manages applications processes as needed.~~
- ~~Manages and coordinates quarterly and annual agency activity reporting.~~
- ~~Manages and updates agency electronic data systems, and local health alert network systems.~~
- ~~Enters a variety of information into computer and generates related reports.~~
- ~~Maintains files and filing systems; keeps ledgers and balances accounts; assists with audit procedures.~~
- ~~Maintains files and filing system for agency confidential records.~~
- ~~Maintains budget information, provides account reports, and assists in preparing department budget.~~
- ~~Assists with maintaining department payroll information.~~
- ~~Receives and processes incoming and outgoing mail; maintains complex records.~~
- ~~Oversees office equipment maintenance; ensures equipment is functioning properly.~~
- ~~Attends meetings of various boards and commissions; takes and transcribes minutes; assists with the preparation and dissemination of agenda.~~
- ~~Provides assistance with projects, and events in the areas of health education, emergency preparedness, communicable disease control, and environmental health as needed and directed.~~
- Performs related tasks as required.

Knowledge, Skills and Abilities:

- ~~Thorough knowledge of standard office practices, procedures, equipment and secretarial techniques; thorough knowledge of business English, spelling and arithmetic; thorough knowledge of departmental programs and policies.~~
- ~~Ability to type and transcribe dictation accurately and at a reasonable rate of speed; good composition skills; ability to make arithmetical calculations; ability to meet the public effectively; ability to operate a variety of office equipment; skill in the use of data and word processing equipment.~~
- Ability to follow oral and written instructions; ability to communicate ideas effectively in both oral and written forms.
- Ability to read and understand complex written material.
- ~~Ability to establish and maintain effective working relationships with associates and the general public.~~
- Strong interpersonal skills with a desire to work collaboratively with individuals, groups, multiple agencies, the general public, and diverse communities.

Office Manager

- Strong organizational and time management skills, ability to competently manage multiple tasks, and an ability to work effectively with minimum direct supervision
- Computer skills and proficiency of office, accounting, and data management software packages
- Knowledge of business management principals and bookkeeping
- Knowledge of and skill in procurement procedures and practices
- Computer skills and proficiency in the maintenance and manipulation of database, financial, and other software applications used by the District
- Problem analysis and sound decision-making
- Ability to identify and respond to situations requiring immediate attention in the absence of the Director
- Ability to deal effectively and courteously with District staff, and the public
- Ability to deal with individuals in highly sensitive and confidential matters
- Adaptability and ability to deal with ambiguity

Education and Experience:

Four (4) year degree from accredited college or university with one year of administrative and/or business experience, OR associates degree with three years experience with increasingly responsible skilled administrative or office management responsibilities; OR and equivalent combination of experience and training.

~~Any combination of education and experience equivalent to graduation from high school and considerable clerical and secretarial experience including public contact work.~~

Physical Demands and Work Environment:

(The physical demands and work environment characteristics described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. The list is not all-inclusive and may be supplemented as necessary. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.)

- This is sedentary work requiring the exertion of up to 10 pounds of force occasionally, and a negligible amount of force frequently or constantly to move objects.
- Work requires fingering, grasping, and repetitive motions.
- Vocal communication is required for expressing or exchanging ideas by means of the spoken word.
- Hearing is required to perceive information at normal spoken word levels.
- Visual acuity is required for preparing and analyzing written or computer data, operation of machines, determining the accuracy and thoroughness of work, and observing general surroundings and activities.
- The worker is not subject to adverse environmental conditions.

Special Requirements:

May require Notary Public certification.

Office Manager

The above description is illustrative of tasks and responsibilities. It is not meant to be all-inclusive of every task or responsibility. The description does not constitute an employment agreement between the ~~Town of Mansfield~~ Eastern Highlands Health District and the employee and is subject to change by the ~~Town~~ health district as the needs of the ~~Town~~ health district and requirements of the job change.

Approved by: _____
Robert L. Miller, Director of Health

Date: _____

**EASTERN HIGHLANDS HEALTH DISTRICT
BUDGETING POSITION - Office Manager
FY 2019/2020**

updated 9/19/19 - Office manager figures

1.0250

Na	Position	FTE	Evaluation Date	Hours at		Total at 18/19 Rate	Hours at 19/20 Rate	Total at 19/20 Rate	Annual	Longevity/Bonus	Total	Adopted/Amended FY19/20 Budget	Over/ (under)
				18/19	Hty Rate		19/20						
	Director of Health	1.00	06/10/96	1,480.00	110,109.41	-	458.80	112,862.14	75,007.38	800.00	113,662.14		
	Chief Sanitarian	1.00	04/08/19	875.12	31.00	27,128.84	171.83	5,593.00	32,721.85	740.00	75,747.38		
	Health Coordinator	0.54	05/06/19	1,864.80	39.32	73,323.94	74.00	2,909.68	76,233.62	310.00	33,031.85		
	Sanitarian II	1.00	06/17/08	1,835.20	39.32	72,158.78	103.60	4,073.55	76,232.33	1,150.00	77,382.33		
	Sanitarian II	1.00	08/11/01	-	-	-	1,702.00	63,331.42	725.00	64,056.42			
	Sanitarian II	1.00	08/12/19	-	-	-	1,628.00	35,978.80	420.00	36,398.80			
	Environmental Health	1.00	01/01/20	969.40	23.98	23,246.21	26.45	25,640.63	48,886.84	500.00	49,386.84		
	Office manager	1.00	01/01/20	-	-	-	645.43	16,135.70	16,135.70	240.00	16,375.70		
	Environmental Health	0.49	10/28/19	-	-	-	11.10	10,760.34	10,760.34	-	10,760.34		
	Intern	0.5	7/1/2019	-	-	-	-	-	-	-	-		
Total 2019/20 Salaries:												548,150.42	555,185.42
Benefits:													
Social Security												34,421.50	36320
Medicare												8,050.19	8500
ICMA												29,311.95	31260
Life Insurance												2,110.46	2250
Long Term Disability												654.60	650
Total 2019/20 Benefits:												74,548.70	78980 (4,431.30)
Total 2019/20 Salaries and Benefits:												\$ 629,734.12	\$ 664,640.00 (34,905.88)
Total 2019/2020 operations expenditure												\$ 183,492.00	\$ 171,742.00 11,750.00
Total 2019/2020 Expenditures												\$ 813,226.12	\$ 836,382.00 (23,155.88)

* Employees will receive a merit increase on their anniversary date.
Note: 2019/20 has 262 days @ 7.40 no 1938.8



Eastern Highlands Health District

Eastern Highlands Health District Programs and Services

Using the 10 Essential Local Public Health Services Framework

Updated October 2019



Eastern Highlands Health District

Vision

Healthy people, healthy communities...healthier future

Mission

EHHD is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness and protection of our human environment

Ten Essential Local Public Health Services (CGS 19a-207a)

1. **Monitor** health status to identify and solve community health problems
2. **Investigating** and diagnosing health problems and health hazards in the community concerning health issues
3. **Informing**, educating and empowering persons in the community concerning health issues
4. **Mobilizing** community partnerships and action to identify and solve health problems for persons in the community
5. **Developing** policies and plans that support individual and community health efforts
6. **Enforcing** laws and regulations that protect health and ensure safety
7. **Connecting** persons in the community to needed health care services when appropriate
8. **Assuring** a competent public health and personal care workforce
9. **Evaluating** effectiveness, accessibility and quality of personal and population-based health services
10. **Researching** to find innovative solutions to health problems

Essential Service #1 - **Monitor** health status to identify and solve community health problems

- Regular review of health district public health data provided by local, state, federal, and non-governmental agencies
- Completed 2014 community health needs assessment for Tolland County via CTG
- EHHD centric community health assessment—*Future goal*



Essential Service #2 - **Investigating** and diagnosing health problems and health hazards in the community concerning health issues

- Complaint investigation program
 - 120 – 160 complaints annually
 - Laboratory services
 - Provide 365/24/7 emergency response services (5 to 15 incidents annually)
- Special Environmental Monitoring Projects
 - Landfills, Road Salt, Farms, VOC's
- Respond to school and town PH concerns, providing consultation, and subject matter expertise.
 - IAQ, radon, lead, construction projects, regional water supply planning, individual water supplies, wastewater disposal, risk communication



Essential Service #2 - **Investigating** and diagnosing health problems and health hazards in the community concerning health issues

- Communicable Disease Surveillance and Control
 - 900 to 1200 case reports reviewed annually for over 70 reportable diseases
 - 20 to 30 cases interviewed/investigated annually
 - 4 to 8 outbreaks investigated annually
 - Controls implemented when necessary, e.g. Ebola, goat farm Ecoli out break, restaurant closure
- Bathing Water Quality Monitoring Program
 - weekly sampling from 26 locations during swimming season
 - 300 to 350 samples grabbed
 - 2- 3 beach closures annually



Essential Service #3 - **Informing**, educating and empowering persons in the community concerning health issues

- Media point of contact
 - Press releases
 - Cable TV interviews
 - Local HAN
 - Social media FB, twitter
 - Risk communication
- Child hood Lead Protection Education
 - 15 to 35 cases annually
 - Provide ed. material and consultation



Essential Service #3 - **Informing**, educating and empowering persons in the community concerning health issues

- Ongoing Website topics, e.g. School initiatives (95210, POW) tobacco free initiatives, sun safety, tick borne diseases, Asthma, Rabies, many others!
- EHHD responds to public's need for timely information, e.g. EEE, WNV, H1N1, Ebola, Zika, seasonal Influenza, localized responses
- Employee Wellness Program (contracted services)
- Local Public Health resource and repository for a broad scope of educational material, and links to reference material, e.g. print, & electronic



Essential Service #4 - **Mobilizing** community partnerships and action to identify and solve health problems for persons in the community

- Leader and hub of local public health system, with established relationships with multiple community partners and stakeholders
- Community Health Action Response Team (CHART)
- Substance Abuse in Our Communities Workgroup
 - Work group established (First responders, social services)
- Plan4Health initiative
 - Planning/Public Health Partnership
 - Tool kit: www.healthyeasternct.com
- Other community committees/groups
 - Early Childhood Committees
 - Health and Safety Committees
 - UConn SHS Infection prevention committee
 - LEPC's



Essential Service #5 - **Developing** policies and plans that support individual and community health efforts

- Review and comments on local codes, ordinances, policies, plans
 - P&Z, housing, septic pumping, facilities plan, Plan of C&D, relocation plans, public school health policies (TB, lice, ILI), school safety plans, tobacco free campus
- Public Health Advocacy to state, local leaders, boards, commissions, general public
 - CADH, CEHA
- Board of Directors
 - Strategic Planning
 - Annual budget
 - EHHD Sanitary Code adoption
- Lead Agency for Local Public Health Emergency Planning and Preparedness
 - Develop plans (pandemic, Anthrax, smallpox, all Hazards), MRC, Local HAN, stockpiled supplies and equipment, staff/volunteer training
- Community Health Improvement Plan – *future goal*



Essential Service #6 - **Enforcing** laws and regulations that protect health and ensure safety

- Food Protection Regulations
 - 600 to 700 inspection annually
 - Licensing program for approximately 250 establishments
 - Temp event permitting
 - 230 - 260 permits issued annually
 - 100 to 150 temp vendor inspections annually
- Subsurface septic system program
 - 220 to 260 permits/plan reviews annually
 - 500 to 600 building permit reviews annually
 - 1000 to 1500 test pits/perc tests annually



Essential Service #6 - **Enforcing** laws and regulations that protect health and ensure safety

- Well drilling permits
 - 100 to 200 permits issues annually
 - 80 to 120 site inspections annually
- Other mandated inspections (pools, group homes, daycares, camp grounds)
 - 30 to 40 annually
- Lead Protection Regulations
 - 1 to 3 inspections annually (approx 40 man hours/case)
 - 10 to 15 cases managed



Essential Service #6 - **Enforcing** laws and regulations that protect health and ensure safety

- Planning and Zoning Commission referrals
 - 10 to 30 annually
- Legal Abatement Orders Issued
 - 4 to 10 annually
- Special Projects
 - town sewer projects, FOG, town/school building projects, others
 - ViewPoint online application, tracking, payments, complaints



Essential Service #7 - **Connecting** persons in the community to needed health care services when appropriate

- Coordinate and promote area flu clinics with VNA's
- Promote other community based health services when available, e.g. health screenings, dental clinics, wellness clinics
- Established relationships and maintain listing of area healthcare providers
- Link individuals to personal healthcare services
 - Substance Abuse Treatment Resources pamphlet
- Tick testing program
- EHHD implemented flu clinics – *future goal*



Essential Service #8 - **Assuring** a competent public health and personal care workforce

- Environmental Field Staff (Sanitarians)
 - Certified Food Inspectors (CEUs required)
 - Certified Phase I & II subsurface sewage disposal
 - Qualified Lead Inspectors (CEUs required)
- Annual performance reviews/set performance goals
- Monthly staff meetings – standardization/training
- PHEP/MRC Exercises and drills
- Professional development opportunities, e.g. customer service, code updates, best practices, etc.
- Workforce Development Plan



Essential Service #9 - **Evaluating** effectiveness, accessibility and quality of personal and population-based health services

- Activity review of environmental health program areas
- Standardization of code enforcement/policy interpretation
- Evaluation protocols integrated in grant funded programs/initiatives
- Regulated Community Customer Service Survey
- Viewpoint system measures
- FDA Food Code quality assurance program



Essential Service #10 - **Researching** to find innovative solutions to health problems

- Support Public Health Research and development of evidence based best practices
 - PBRN/CADH
 - Plan4Health
 - CHART mission
 - Block grant objectives
- Report/Present on experiences and practices at professional forums/events



Questions?

Robert L. Miller, MPH, RS
Director of Health
4 South Eagleville Road
Mansfield CT. 06268
860-429-3325
millerrl@ehhd.org
www.ehhd.org
Twitter: @RobMillerMPH

Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, August 6, 2019 12:55 PM
To: swerbner@tolland.org; joyce.stille@boltonct.org; John Elsesser; Erika Wicinski 1st Selectman Willington; Town Administrator (townadministrator@columbiact.org); 'Robert Burbank (andoverselectman1@comcast.net)'; scotlandselect1@yahoo.com; Matthew Cunningham (firstselectman@chaplinct.org); Michael Zambo, Ashford First Selectman (firstselectman@ashfordtownhall.org)
Cc: Ken Dardick (kdardick@gmail.com); Vickie Meyer; 'Melisa Luginbuhl'; Mark Palmer; 'Nancy Dunn'; bbellody@tolland.org; cchan@coventryct.org; Sneha L'heureux; Patricia R. Schneider; Katherine J. Bell; jarpin@willingtonct.org; cconcatelli@boltonct.org; socialservices@ashfordtownhall.org; Cecile C. Serazo; kristie.scott@perceptionprograms.org
Subject: RE: NARCAN Municipal Building Policy - Model
Importance: High

For the record, this is a high importance email.

Robert L. Miller, MPH, RS

Director of Health
 Eastern Highlands Health District
 4 South Eagleville Road
 Storrs, CT 06268
 860-429-3325
 860-429-3321 (Fax)
 Twitter: @RobMillerMPH
www.ehhd.org



Preventing Illness and Promoting Wellness in the Communities We Serve

From: Robert L. Miller
Sent: Tuesday, August 6, 2019 12:17 PM
To: swerbner@tolland.org; joyce.stille@boltonct.org; John Elsesser <jElsesser@coventryct.org>; Erika Wicinski 1st Selectman Willington <ewicinski@willingtonct.org>; Town Administrator (townadministrator@columbiact.org) <townadministrator@columbiact.org>; 'Robert Burbank (andoverselectman1@comcast.net)' <andoverselectman1@comcast.net>; scotlandselect1@yahoo.com; Matthew Cunningham (firstselectman@chaplinct.org) <firstselectman@chaplinct.org>; Michael Zambo, Ashford First Selectman (firstselectman@ashfordtownhall.org) <firstselectman@ashfordtownhall.org>
Cc: Ken Dardick (kdardick@gmail.com) <kdardick@gmail.com>; Vickie Meyer <vmeyer@seracct.org>; 'Melisa Luginbuhl' <melisa.luginbuhl@erasect.org>; Mark Palmer <mpalmer@coventryct.org>; 'Nancy Dunn' <nancydunn@tolland.org>; bbellody@tolland.org; cchan@coventryct.org; Sneha L'heureux <slheureux@coventryct.org>; Patricia R. Schneider <SchneiderPR@mansfieldct.org>; Katherine J. Bell <BellKJ@mansfieldct.org>; jarpin@willingtonct.org;

cconcatelli@boltonct.org; socialservices@ashfordtownhall.org; Cecile C. Serazo <SerazoCC@ehhd.org>; Robert L. Miller <MillerRL@ehhd.org>; kristie.scott@perceptionprograms.org

Subject: NARCAN Municipal Building Policy - Model

Importance: Low

Hello EHHD Member Town CEO's – The Eastern Highlands Health District in collaboration with the Town of Mansfield Youth Services Bureau, and Office of Emergency Management, developed draft policy documents that can be a model for any Connecticut municipality to implement a program to pre-stage NARCAN kits within designated AED cabinets in municipal buildings. Attached for your information and consideration are the following three documents:

- Protocol and Procedures, Administration of Naloxone (NARCAN)
- Opioid Overdoses Reversal Policy
- Standing Order, Municipal Buildings, Nasal Naloxone (NARCAN)

The other important components of an effective program to pre-stage NARCAN in town buildings includes the training of town staff on the administration of NARCAN, and the procurement of the NARCAN kits. There are a number of community organizations serving our area that will provide training, and the kits to participating individuals free of charge. These organizations include your Regional Action Council (www.seracct.org), and other organizations such the Perception Program (www.perceptionprograms.org), and Greater Hartford Harm Reduction (www.ghhrc.org). Also if you are interested, please feel free to give me a call regarding affordable procurement options for NARCAN kits.

Move over, these documents have been reviewed by the Mansfield Town attorney, CIRMA, and the EHHD Medical Advisor. The EHHD Medical Advisor is willing and able to sign standing medical orders for any member town that chooses to move forward with this program.

The Eastern Highlands Health District encourages our member towns to consider exploring the implementation of these policies. A few of the public schools in our jurisdiction, and around the state have already established policies to store NARCAN on site. This is a reasonable, meaningful step towards harm reduction in our local communities.

Please let me know if you have any questions.

Yours in Health,
Rob

Robert L. Miller, MPA, RS

Director of Health
Eastern Highlands Health District
4 South Eagleville Road
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860-429-3325
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Twitter: @RobMillerMPH
www.ehhd.org



Preventing Illness and Promoting Wellness in the Communities We Serve

sic report are “consistent with the town’s already-audited financial statements, including the most recent 2018 audit.”

Forensic audit at town hall

Thursday, Michelle Firestone | Staff

“All funds have been properly managed and the town’s auditor

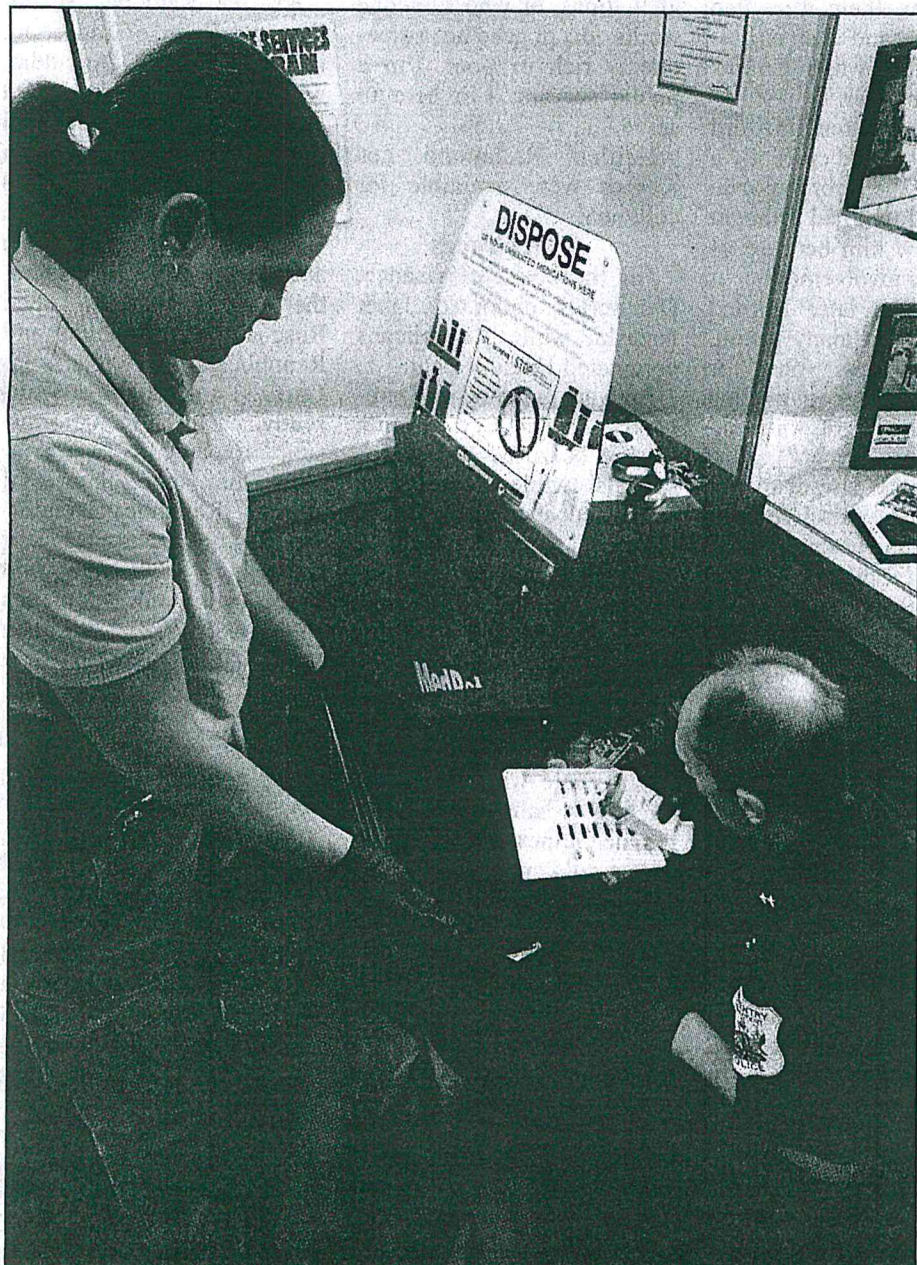
The press release Rivers read was a joint statement authorized by Windham Town Council Chairman Thomas DeVivo and Windham

lion originally recommended to be placed into the reserve fund was used to balance the budget in other areas.

MUNIS, the town and school district’s financial software; how major purchases and

FINANCIAL ANALYSIS, I

Cops step up drug collection



Coventry police close in on goal of 100 pounds within 20 days

LISA MASSICOTTE
CHRONICLE STAFF WRITER

COVENTRY — The Coventry Police Department was just 22 pounds away Tuesday from completing its goal of collecting 100 pounds of drugs in 20 days.

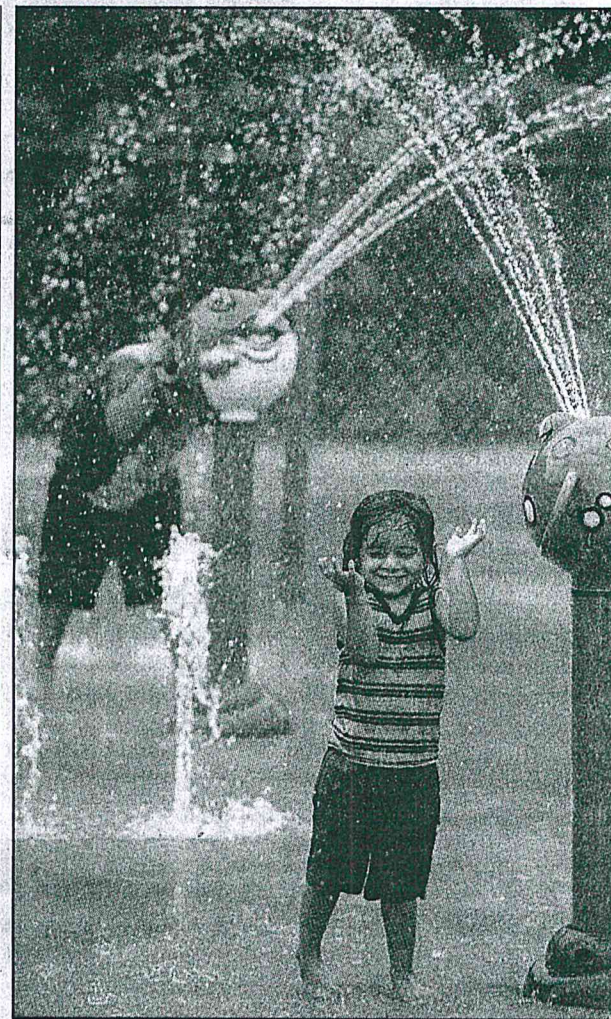
The police station’s drug disposal box is normally accessible year-round, 24 hours a day, however, this month the department collaborated with the Eastern Highlands Health District in a push to get residents to get rid of unused or expired prescriptions.

“We thought this is a good effort to try to get more folks to come out and get rid of their unused, expired drugs — particularly narcotic drugs,” said Coventry Chief of Police Mark Palmer.

The push is being done in an effort to prevent drugs from getting into the wrong hands, stolen, given away or put into the illicit drug market.

“We’ve had, unfortunately, our share of overdoses from opioids,” Palmer said. “Sometimes it’s prescription medication, sometimes it’s illicit drugs like heroin or fentanyl.”

Palmer also noted this is a more environmentally friendly alternative to



Little squirt

Benjamin Cortez, 3, of Willimantic, takes in the water at the splash pad at Lauter Park Wednesday afternoon. Willimantic as his brother, Angel Cortez, 9, plays in background. Roxanne Pandolfi | Staff

Questers’ Way is downsizing

Coventry cops step up drug collection

Continued from Page 1

disposal box at least once a month.

"Sometimes it's more," Krukoff said.

And, they explained, since the challenge started Aug. 1, people have been using the drop box a lot more often.

"Without a doubt, since we started this effort, we've gotten in quite a bit more drugs than we normally do," Palmer said.

He said the opioid crisis is a significant problem in any town and has been exacerbated by fentanyl.

"It's a much more powerful synthetic opioid product," he said.

He said many overdoses are the result of a long-time heroin addict suddenly and unknowingly using fentanyl.

The 78 pounds of drugs collected between Aug. 1-13 were brought to an incineration facility Thursday contracted by the federal Drug Enforcement Administration.

Police said they hope residents will continue the trend of dropping off drugs at the station.

Accepted items at the disposal box are prescriptions, including prescription patches, ointments and pills, over-the-counter medications, vitamins, medication samples and pet medications.

Needles, liquids, aerosol cans and thermometers are not accepted.

Eastern Highlands Health District Director of Health Rob Miller said the district-wide collaboration efforts stem from supplemental monetary awards given by the Connecticut Department of Public Health.

The funds are to be used in preventive opioid overdose



Coventry Police Det. Michelle Krukoff and Police Chief Mark Palmer carry trash bags full of collected drugs on their way to weigh them before disposal. Lisa Massicotte | Staff

measures and were made available to local health departments around the state, according to Miller.

Working with Coventry police was one of three initiatives taken by EHHD.

Another is a partnership with the Town of Mansfield to develop a policy for Narcan

and AED kits in public buildings.

And the third initiative is a public engagement and outreach program to spread awareness of the opioid epidemic.

The EHHD has a full list of resources and information on the opioid crisis in the state.

To learn more go to ehhd.org/opioidepidemic.

For additional information on drug addiction and treatment, visit the state's health department's *Change the Script* webpage, drugfreect.org.

Follow Lisa Massicotte on Twitter - @LMassicotteTC.

Questers' Way downsizing at East Brook Mall

Continued from Page 1

The business also includes a "Pebble Park," where children play, and a restaurant that serves healthful food

local and national tenants," he said. "We're also pursuing tenants that may exist out of that retail box, like a medical office."

unusual for mall properties to move tenants around. This is normal, legal and often works out well for both the mall and the tenant."

about exploring new business models for the mall, but it is unclear where those discussions lie.

Mansfield Downtown

Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, September 3, 2019 11:59 AM
To: 'Mark Palmer'; 'Nancy Dunn'; John Elsesser; 'Tolland Fire Chief John Littell (jlittell@tolland.org)'; 'ndunn@tolland.org'; Katherine J. Bell; 'Courtney Chan'; Patricia R. Schneider; 'jjanssen@coventryct.org'; 'Sneha L'heureux'; 'Town Administrator <townadministrator@columbiact.org> (townadministrator@columbiact.org)'; Francis P. Raiola; Cecile Serazo (SerazoCC@ehhd.org)
Cc: 'Stille, Joyce (jstille@boltonct.org)'; Millie C. Brosseau; 'Steve Werbner'; 'Melisa Luginbuhl'; Ken Dardick (kdardick@gmail.com); 'jkelly@boltonct.org'
Subject: EHHD Substance Abuse in Our Communities Workgroup
Attachments: Eastern Highlands_Q1_to_Q4_2018.pdf; Syndromic Surveillance System Report_August_2019.pdf

Greetings Workgroup Members – The latest quarterly data for the DPH opioid surveillance program is out. Attached for your information are the following selected reports:

1. The first attachment is a report containing death data on unintentional drug overdoses from the Connecticut State Unintentional Drug Overdose Reporting System (SUDORS) from January 1 – December 31, 2018. The report includes data specific to health district as well as the statewide data.
2. The second attachment ("Syndromic Surveillance System Report_August_2019") is a report containing statewide and county-level data from the EpiCenter Syndromic Surveillance System on suspected drug, opioid, and heroin overdose emergency department (ED) visits in Connecticut from July 1, 2018 – June 30, 2019.

Of note, while the numbers are small and subject to chance, the data in the first attachment indicates that over the reporting period the EHHD has observed a greater percentage overdose death among those 15 to 24 years of age as compared to the rest of the state.

Yours in Health,
Rob

Robert L. Miller, MPH, RS
Director of Health
Eastern Highlands Health District
4 South Eagleville Road
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860-429-3325
860-429-3321 (Fax)
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www.ehhd.org



Preventing Illness and Promoting Wellness in the Communities We Serve

Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, September 3, 2019 11:28 AM
To: Adam B. Libros; 'Andover - Paul Bancroft'; 'Andover Fire Chief, Ron Mike Jr'; 'Andover Trooper'; 'Bolton Fire'; 'Bolton Fire Chief Bruce Dixon - Bolton (boltonchief34@gmail.com)'; 'Chaplin First Selectman'; 'Charles Rexroad'; 'Columbia Trooper, Gregory DeCarli'; 'Coventry Volunteer Fire'; 'Daniel Syme'; 'EMD, Ashford'; 'Erika Wiwecenski - 1st Selectman Willington'; 'Ernie Mellor'; 'Fire Chief, Ashford'; 'Fran Raiola'; 'Jay Lindy (andoverbuilding@comcast.net)'; 'Jerry James (jjames246@earthlink.net)'; 'Jim Rupert'; 'John C. Carrington'; 'John Elsesser'; 'John Littell (jlittell@tolland.org)'; 'Joseph Higgins'; 'joyce.stille@boltonct.org'; 'Keith M. Timme'; 'Ken Dardick (kdardick@gmail.com)'; 'Michael Zambo (firstselectman@ashfordtownhall.org)'; 'Mike Gardner'; 'mpalmer@coventryct.org'; 'qvec@sbcglobal.net'; 'rpalmer12@snet.net'; 'scobb@willingtonfire.org'; 'swerbner@tolland.org'; 'Tolland County Coordinator'; 'Tolland County TN'; 'Town Administrator (townadministrator@columbiact.org)'; 'Travis Irons'; 'UConn Fire'; 'UConn OEM (Public Safety)'; 'UConn Police Chief'; 'UConn SHS'; 'Willington #1 FD'; 'Willington Hill Fire Dept'; 'jkelly@boltonct.org'
Subject: CT EMS Statewide Opioid Reporting Directive (SWORD)
Attachments: Aug-2019-SWORD-NL-FINAL.pdf

Hello Everyone – Attached for your information is Issue III of the above referenced newsletter. Many of our community EMS providers are already aware of, and in participating in the Statewide Opioid Reporting Directive (SWORD) system, and receiving the attached newsletter. If you are seeking more information on SWORD and/or not receiving the newsletter and want to, click on the hot links at the end of the attached newsletter.

Yours in Health,
Rob

Robert L. Miller, MPH, RS
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Preventing Illness and Promoting Wellness in the Communities We Serve

CT EMS SWORD

Statewide Opioid Reporting Directive Newsletter

August 2019, Issue III

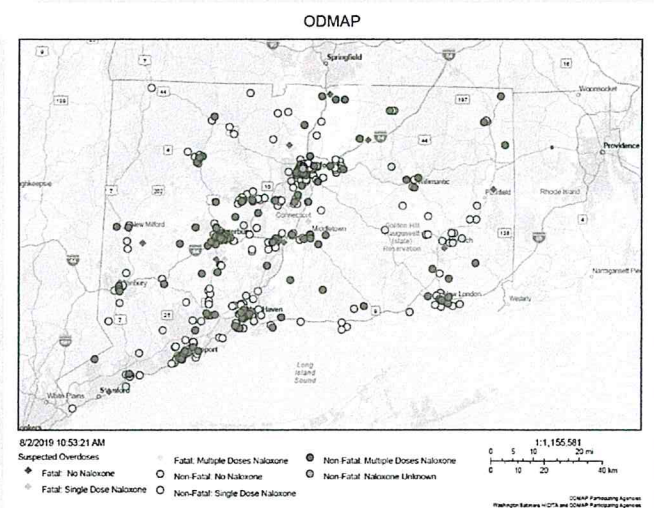
How does the State of Connecticut Department of Public Health monitor for overdose spikes?

- ◇ The Department of Public Health's (DPH) Syndromic Surveillance Program monitors emergency department visits in near real-time to track suspected overdoses.
- ◇ The DPH Office of Emergency Medical Services (OEMS) StateWide Opioid Reporting Directive (SWORD) initiative collects data on all overdoses that Emergency Medical Services responds to, whether or not the patient is transported to the hospital, refuses transport, or is presumed on scene.
- ◇ The Office of the Connecticut Medical Examiner (OCME) reports data on fatal overdoses, although in many cases, this information is not available to health authorities until several days after the fact.

Both the Syndromic Surveillance Program and SWORD have automatic spike alerts that send out email notifications to the Department of Public Health when spikes are detected. The SWORD data which is also entered into the Overdose Detection Mapping Application Program (ODMAP) enables authorities to quickly review case narratives and locations to determine if the overdoses are related and, if so, identify potential deadly batches for harm reduction professionals on the street. Since the program began, the DPH has reviewed several outbreaks in Hartford, Waterbury, New Haven, Torrington and Norwich to gain a near real-time understanding of what may be happening. This information is also shared with Local Health Departments and Districts as well as harm

reduction and syringe services professionals. The brief narrative EMS gives to the Connecticut Poison Control Center (CPCC) Specialists is particularly important in providing context to any potential cluster of deadly batches. In some cases overdose spikes have been determined to be unrelated, in other cases, links have been clearly identified thanks to Emergency Medical Services (EMS) reports. Each and every call EMS makes to the CPCC is an important piece of the puzzle and helps with both immediate response to spikes and long-term planning to address trends.

Keep up the great work!



State of CT ODMAP view for July 2019

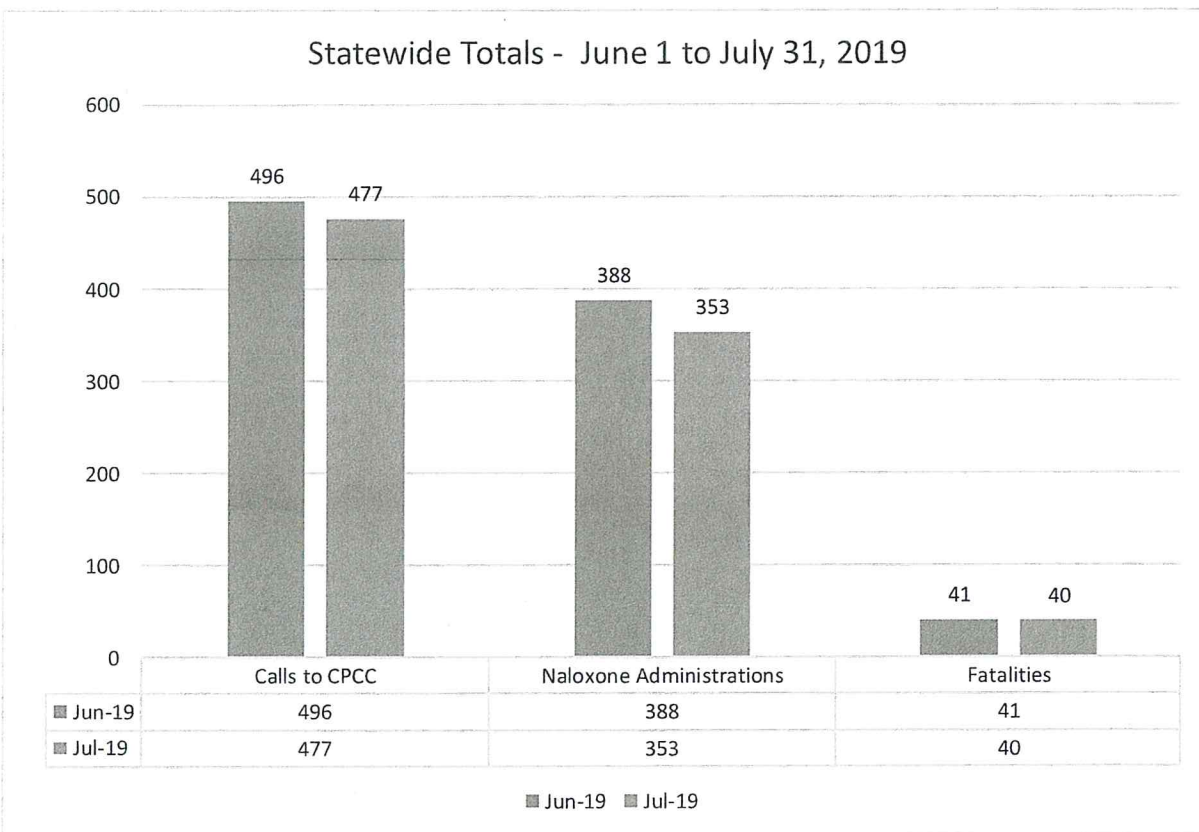
KUDOS: Dan Skelly, George Pardell, Heather Lee, John Albini, Liam Davis, Marissa McCarrone, Miles Garrison, Tereza Goring and all who have called in SWORD cases to the CPCC. Keep up the great work!

Statewide Opioid Reporting Directive Newsletter

Reporting FAQ

I called the CPCC and was put on hold for several minutes. I am very busy and cannot wait.

In most cases, your call will be answered immediately and the call should only take 2-4 minutes. There are times when, just like in EMS, the poison center is at level zero, with specialists dispensing emergency information to poison victims or their families, or giving advice to physicians managing emergency cases. Calls have to be prioritized. The poison specialist may either ask you to call back later or take your number and call you back. Thanks for your patience.

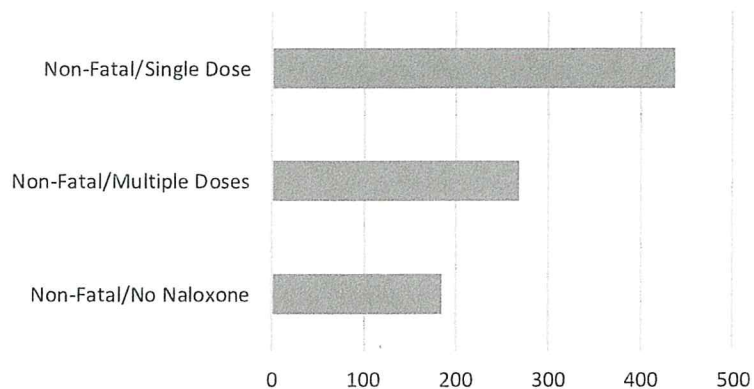


SWORD Statewide Reporting July 2019

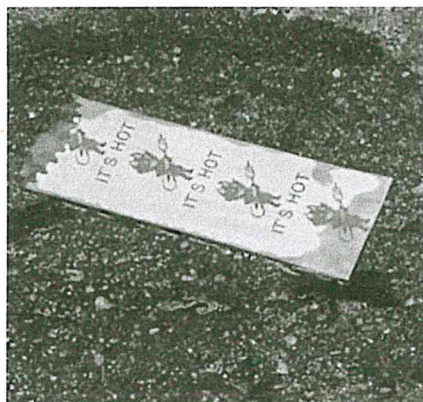
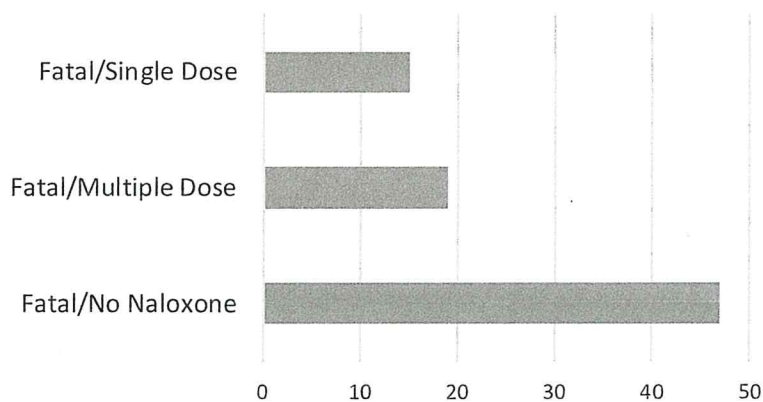
Results from the second full month of SWORD reporting are in! The Connecticut Poison Control Center received 477 calls in July, including 353 naloxone administrations and 40 fatalities. The data is entered into Toxicall and ODMAP software, which will assist local public health departments, public safety and community agencies such as harm reduction, better target their response to this epidemic that has killed over 1,000 Connecticut residents in each of the last two years.

Statewide Opioid Reporting Directive Newsletter

Reported Non-Fatal Statewide Overdoses
June 1-July 31, 2019

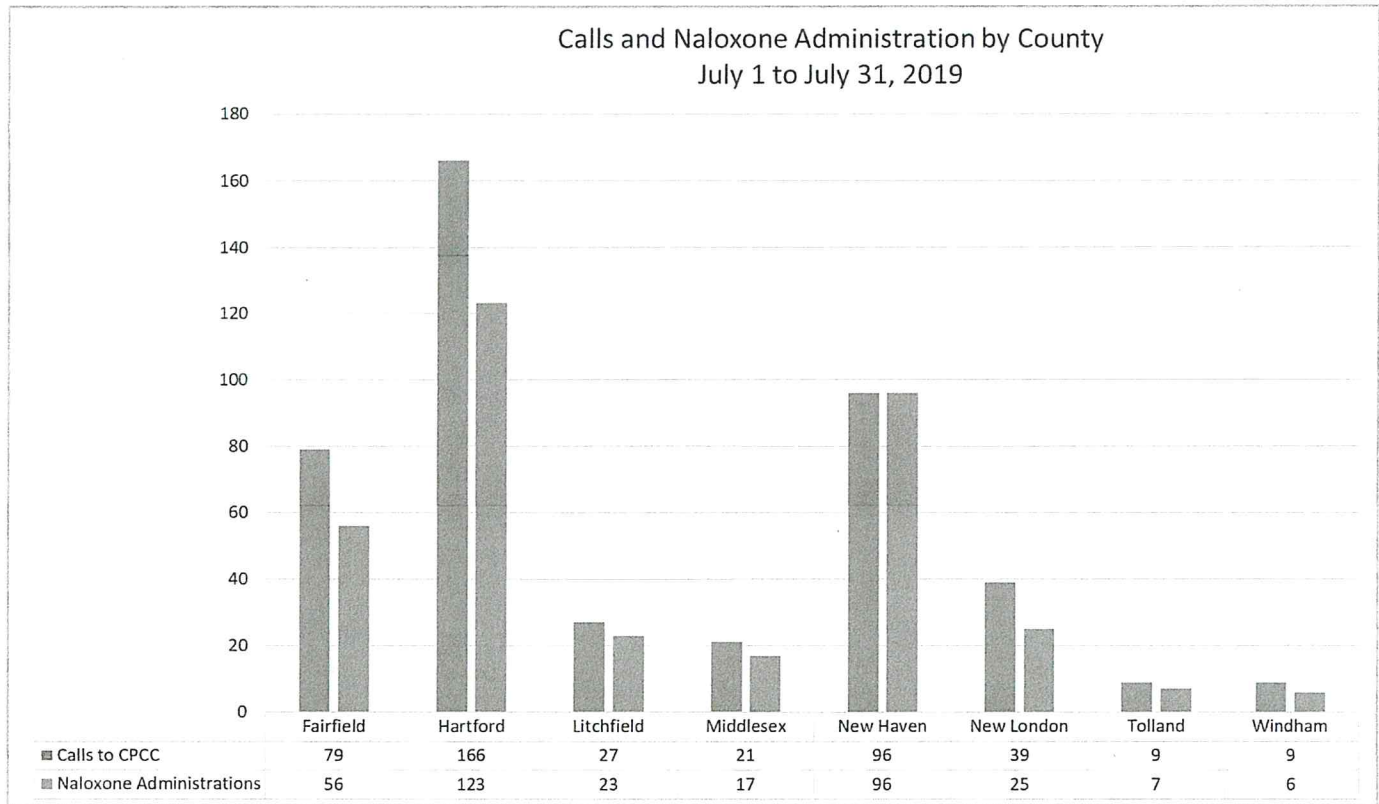


Reported Fatal Statewide Overdoses
June 1-July 31, 2019



Pictured above are three of the “brands” photographed on EMS scenes

Statewide Opioid Reporting Directive Newsletter



ODMAP Access for EMS, Fire Departments, Hospitals, Law Enforcement and Local Health

ODMAP is available to government (tribal, local, state, and federal) entities serving the interests of public safety and/or public health. ODMAP is also available to licensed first responder agencies and hospitals. Once you have signed a participation agreement, you will be able to view the ODMAP along with certain charts like the graph at the bottom of the page which shows suspected overdoses per day.

Once you gain Level 2 access, your agency may view real-time overdose data. The [Overdose Spike Response Framework](#) is a resource that can guide development of a local Overdose Response Plan.

Agencies will want to 1) first request [Agency Access](#) and then 2) decide an Agency Administrator (who can set alerts) and then 3) create Level 2 users.

Note: All data in this newsletter comes from reports made by CT EMS and can be viewed in ODMAP Level 2

Office of Emergency Medical Services

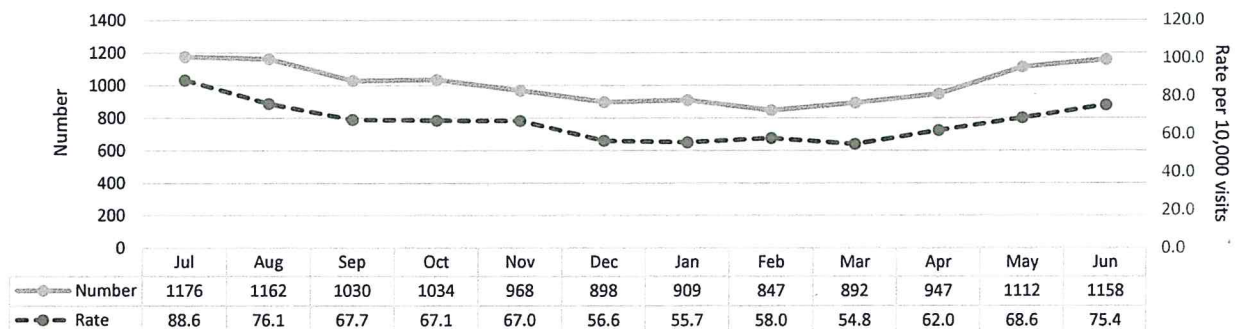
Thank you for your participation!

[Click here to check out the SWORD page on our website](#)

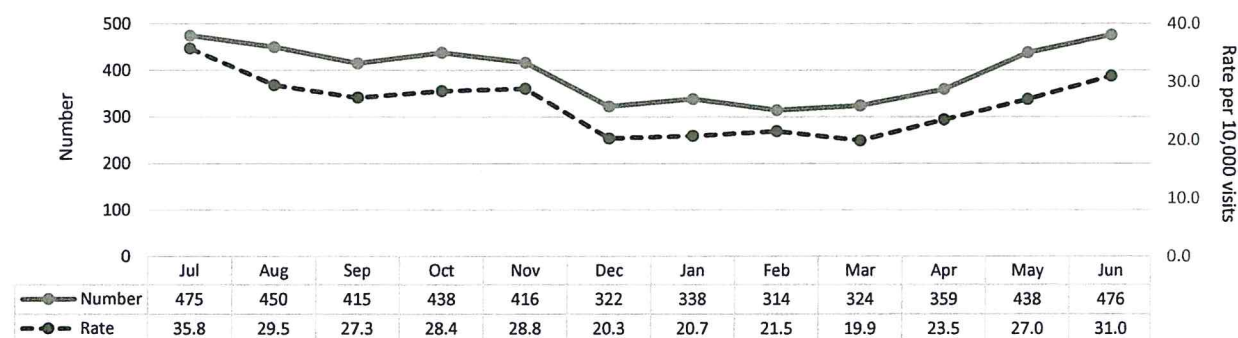
[Click here to contact OEMS with any questions](#) regarding SWORD or ODMAP

**Suspected Drug, Opioid, and Heroin Overdose Emergency Department Visits in Connecticut,
July 1, 2018 – June 30, 2019**

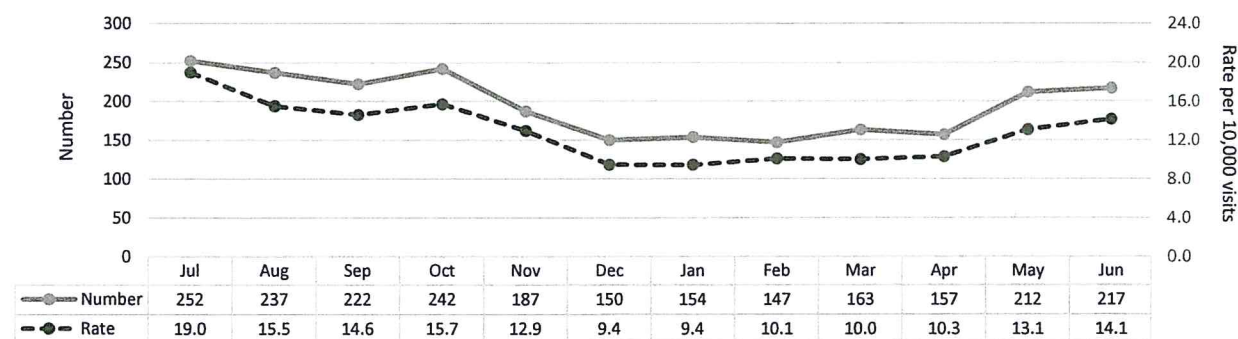
Number and Rate per 10,000 Visits of Suspected Drug Overdose (OD) Emergency Department Visits in Connecticut by Month, July 1, 2018 – June 30, 2019



Number and Rate per 10,000 Visits of Suspected Opioid Overdose (OD) Emergency Department Visits in Connecticut by Month, July 1, 2018 – June 30, 2019

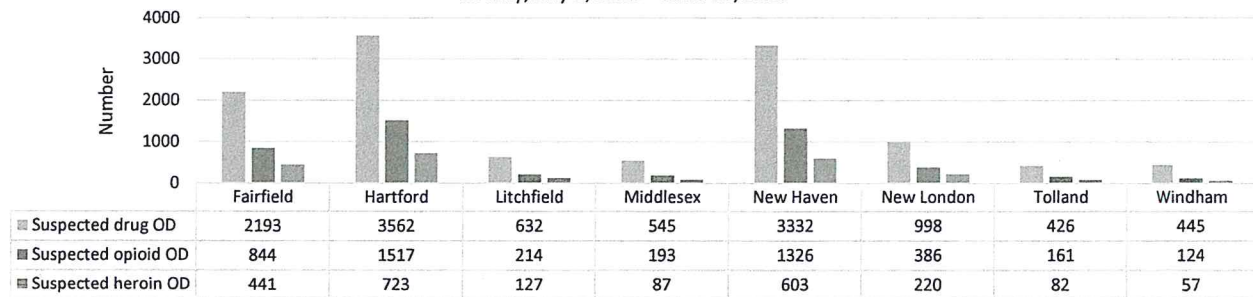


Number and Rate per 10,000 Visits of Suspected Heroin Overdose (OD) Emergency Department Visits in Connecticut by Month, July 1, 2018 – June 30, 2019

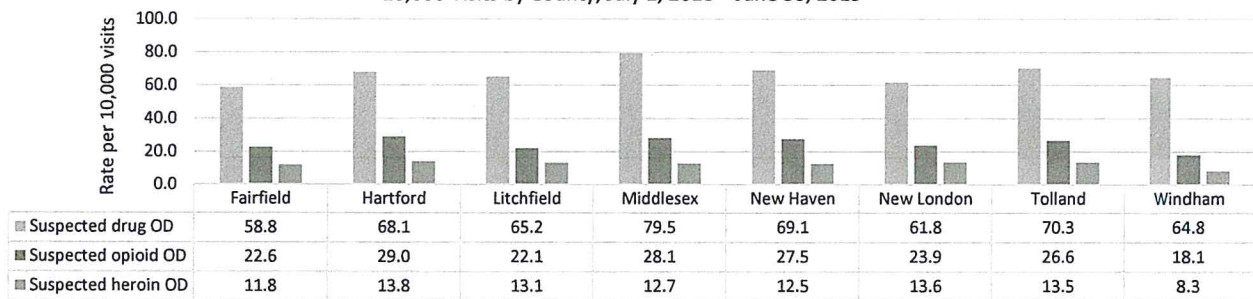


**Suspected Drug, Opioid, and Heroin Overdose Emergency Department Visits in Connecticut,
July 1, 2018 – June 30, 2019**

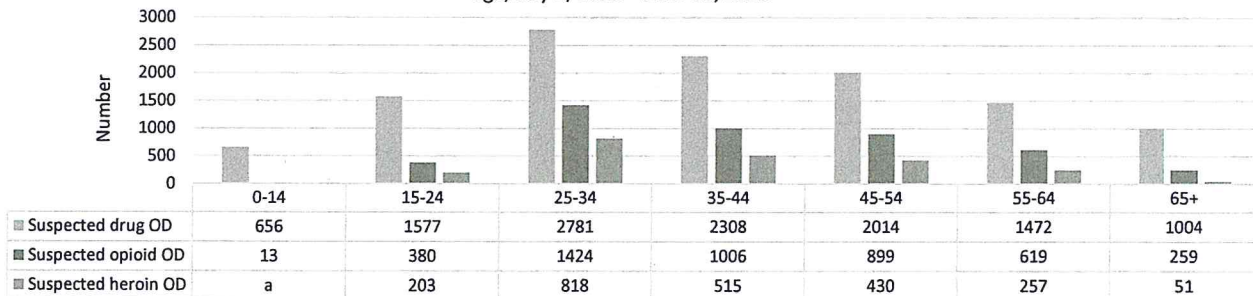
**Number of Suspected Drug, Opioid, and Heroin Overdose (OD) Emergency Department Visits in Connecticut by
County, July 1, 2018 – June 30, 2019**



**Rate of Suspected Drug, Opioid, and Heroin Overdose (OD) Emergency Department Visits in Connecticut per
10,000 Visits by County, July 1, 2018 – June 30, 2019**

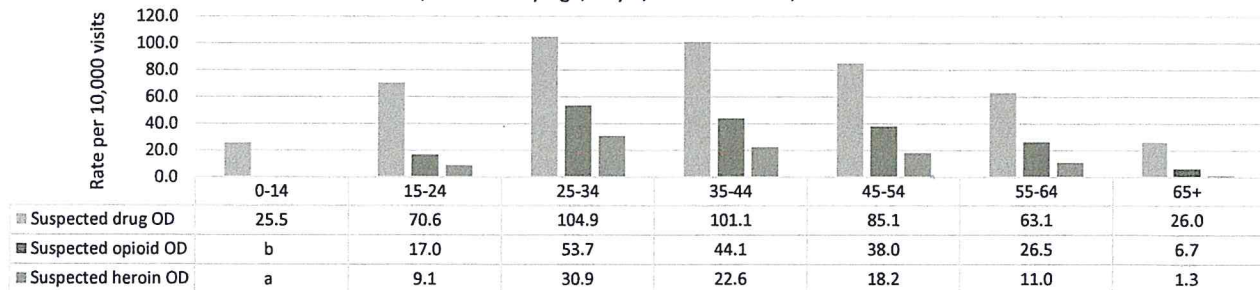


**Number of Suspected Drug, Opioid, and Heroin Overdose (OD) Emergency Department Visits in Connecticut by
Age, July 1, 2018 – June 30, 2019**



Numbers shown are for visits where age is known. In keeping with confidentiality regulations, numbers and rates are not disclosed for between one and five events ("a").

**Rate of Suspected Drug, Opioid, and Heroin Overdose (OD) Emergency Department Visits in Connecticut per
10,000 Visits by Age, July 1, 2018 – June 30, 2019**



Rates shown are for visits where age is known. In keeping with confidentiality regulations, numbers and rates are not disclosed for between one and five events ("a"). Rates based on counts less than 20 are not calculated due to the instability of rates ("b").



Unintentional Drug Overdose Deaths
Eastern Highlands Health District, January 1 – December 31, 2018

Victim Characteristics	Eastern Highlands Resident ^a		Eastern Highlands Occurrent ^b		Connecticut	
	n (%) ^c		n (%) ^c		n (%) ^c	
Total	14	(100.0)	9	(100.0)	1021	(100.0)
Sex						
Male	11	(78.6)	7	(77.8)	777	(76.1)
Female	3	(21.4)	2	(22.2)	244	(23.9)
Unknown/missing	0	(0.0)	0	(0.0)	0	(0.0)
Age						
Mean	39.2		38.7		42.8	
Range	19–65		20–59		15–84	
0–14	0	(0.0)	0	(0.0)	0	(0.0)
15–24	5	(35.7)	3	(33.3)	71	(7.0)
25–34	1	(7.1)	1	(11.1)	234	(22.9)
35–44	3	(21.4)	2	(22.2)	258	(25.3)
45–54	1	(7.1)	1	(11.1)	257	(25.2)
55–64	3	(21.4)	2	(22.2)	164	(16.1)
65+	1	(7.1)	0	(0.0)	37	(3.6)
Unknown/missing	0	(0.0)	0	(0.0)	0	(0.0)
Race/ethnicity						
White, non-Hispanic	14	(100.0)	9	(100.0)	768	(75.2)
Black, non-Hispanic	0	(0.0)	0	(0.0)	107	(10.5)
Hispanic	0	(0.0)	0	(0.0)	137	(13.4)
Other, non-Hispanic	0	(0.0)	0	(0.0)	9	(0.9)
Unknown/missing	0	(0.0)	0	(0.0)	0	(0.0)
Homeless						
No	14	(100.0)	9	(100.0)	978	(95.8)
Yes	0	(0.0)	0	(0.0)	27	(2.6)
Unknown/missing	0	(0.0)	0	(0.0)	16	(1.6)
Location of injury/overdose						
House/apartment	12	(85.7)	8	(88.9)	821	(80.4)
Hotel/motel	0	(0.0)	1	(11.1)	62	(6.1)
Supervised residential facility (e.g., shelter, sober house)	0	(0.0)	0	(0.0)	15	(1.5)
Motor vehicle	1	(7.1)	0	(0.0)	31	(3.0)
Other (e.g., sidewalk, parking lot, commercial establishment, etc.)	1	(7.1)	0	(0.0)	79	(7.7)
Unknown/missing	0	(0.0)	0	(0.0)	13	(1.3)
Type of substances causing the death ^d						
Any opioid	14	(100.0)	9	(100.0)	954	(93.4)
Any benzodiazepine	2	(14.3)	1	(11.1)	270	(26.4)
Any opioid and any benzodiazepine	2	(14.3)	1	(11.1)	251	(24.6)
Heroin	3	(21.4)	2	(22.2)	352	(34.5)
Fentanyl ^e	11	(78.6)	8	(88.9)	761	(74.5)
Any stimulant (cocaine/amphetamine)	8	(57.1)	4	(44.4)	331	(32.4)
Naloxone Administered						
Yes ^f	5	(35.7)	1	(11.1)	326	(31.9)
Yes, unknown by whom	1	(7.1)	0	(0.0)	96	(9.4)
Yes, by EMS/fire	4	(28.6)	1	(11.1)	196	(19.2)
Yes, by police	0	(0.0)	0	(0.0)	0	(0.0)
Yes, by hospital	0	(0.0)	0	(0.0)	41	(4.0)
Yes, by bystander	0	(0.0)	0	(0.0)	20	(2.0)
Yes, by other	0	(0.0)	0	(0.0)	1	(0.1)
No/unknown	9	(64.3)	8	(88.9)	695	(68.1)

^a Includes only overdoses to Eastern Highlands residents, regardless of where the overdose occurred

^b Includes only overdoses that occurred in Eastern Highlands, regardless of residence

^c Percentages may not add to 100% because of rounding

^d Categories are not mutually exclusive, multiple types of drugs may contribute to causing the death

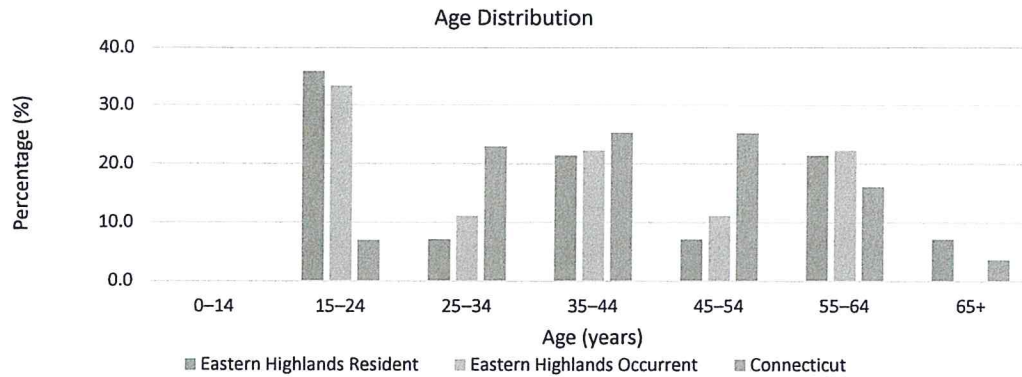
^e Includes both prescription and illicit Fentanyl

^f Total number of victims that received naloxone; naloxone may have been administered more than once

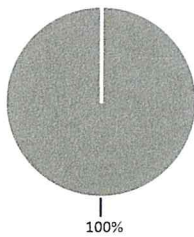


Office of Injury Prevention
Connecticut Department of Public Health
Last modified 8/19/19

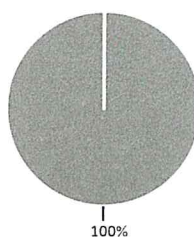
Unintentional Drug Overdose Deaths **Eastern Highlands Health District, January 1 – December 31, 2018**



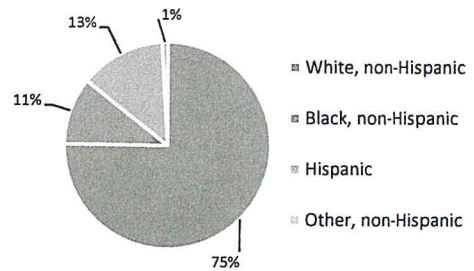
Race/Ethnicity, Eastern Highlands Resident



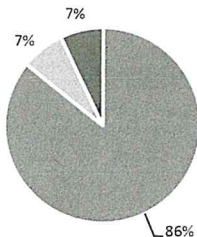
Race/Ethnicity, Eastern Highlands Occurrent



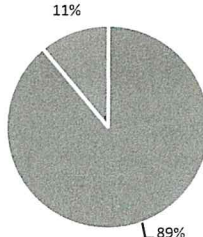
Race/Ethnicity, Connecticut



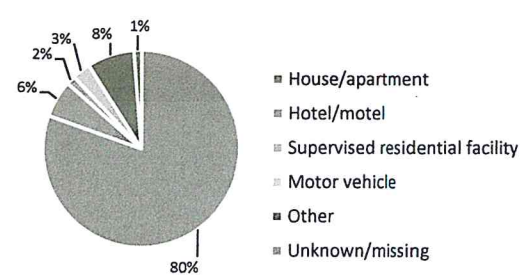
Location of Injury, Eastern Highlands Resident



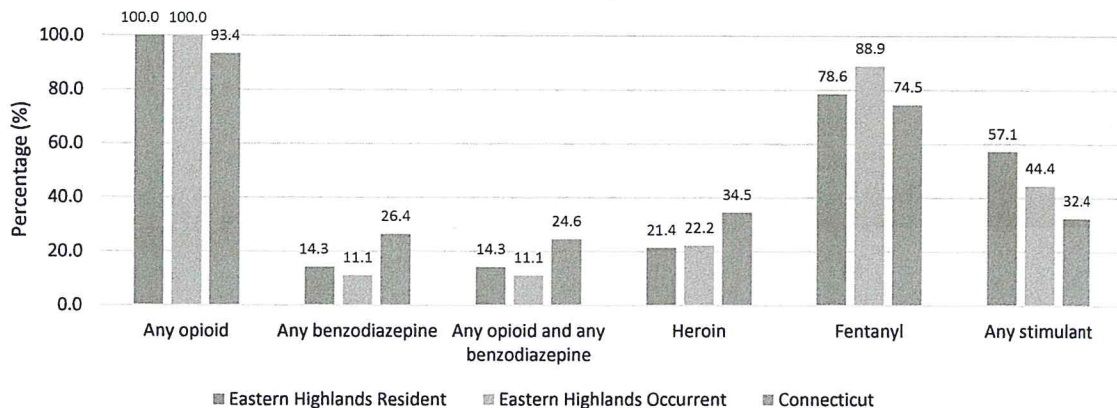
Location of Injury, Eastern Highlands Occurrent



Location of Injury, Connecticut



Type of Substances Causing the Death



Robert L. Miller

From: Robert L. Miller
Sent: Tuesday, October 8, 2019 3:43 PM
To: Adam B. Libros; 'Andover - Paul Bancroft'; 'Andover Fire Chief, Ron Mike Jr'; 'Andover Trooper'; 'Bolton Fire'; 'Bolton Fire Chief Bruce Dixon - Bolton (boltonchief34@gmail.com)'; 'Chaplin First Selectman'; 'Charles Rexroad'; 'Columbia Trooper, Gregory DeCarli'; 'Coventry Volunteer Fire'; 'Daniel Syme'; 'EMD, Ashford'; 'Erika Wiwecenski - 1st Selectman Willington'; 'Ernie Mellor'; 'Fire Chief, Ashford'; 'Fran Raiola'; 'Jay Lindy (andoverbuilding@comcast.net)'; 'Jerry James (jjames246@earthlink.net)'; 'Jim Rupert'; 'John C. Carrington'; 'John Elsesser'; 'John Littell (jlittell@tolland.org)'; 'Joseph Higgins'; 'joyce.stille@boltonct.org'; 'Keith M. Timme'; 'Ken Dardick (kdardick@gmail.com)'; 'Michael Zambo (firstselectman@ashfordtownhall.org)'; 'Mike Gardner'; 'mpalmer@coventryct.org'; 'qvec@sbcglobal.net'; 'rpalmer12@snet.net'; 'scobb@willingtonfire.org'; 'swerbner@tolland.org'; 'Tolland County Coordinator'; 'Tolland County TN'; 'Town Administrator (townadministrator@columbiact.org)'; 'Travis Irons'; 'UConn Fire'; 'UConn OEM (Public Safety)'; 'UConn Police Chief'; 'UConn SHS'; 'Willington #1 FD'; 'Willington Hill Fire Dept'; 'jkelly@boltonct.org'; 'Eric Anderson (eanderson@andoverct.org)'; 'mrosen@tolland.org'; 'Ellyssa Eror MD (ellyssa.eror@uconn.edu)'
Cc: EHHD-Staff; John C. Carrington; 'jkelly@boltonct.org'; 'Andover Superintendent (doyens@andoverelementaryct.org)'; 'Ashford Superintendent'; 'Bolton Superintendent'; 'Chaplin Superintendent'; 'Columbia Superintendent'; 'Coventry Superintendent'; 'Kelly M. Lyman'; 'Region 19 Superintendent'; 'Region 8 Superintendent'; 'Scotland Superintendent, Frances Baran (fbaran@scotlandes.org)'; 'supt@eosmith.org'; 'Tolland Superintendent (superintendent@tolland.k12.ct.us)'; 'Willington Center School'; 'Curt A. Vincente'; 'Wendy Rubin'; 'bwatt@tolland.org'; 'Bonnie Quinn'; 'Terri Dominguez (terri.dominguez@uconn.edu)'; 'Ellyssa Eror MD (ellyssa.eror@uconn.edu)'; 'cgulke@tolland.k12.ct.us'
Subject: RE: Eastern Equine Encephalitis Virus - update #5

Greetings Everyone – Below are highlights from the DPH EEE conference call this week for local health departments:

- Unlike West Nile Virus, EEE is not typically associated with urban settings because the typical habitat of the primary EEE carrier mosquito is large fresh water swamps.
- CAES is proposing to add a series of new mosquito trap locations next year. One such proposed location in our area is in the town of Columbia. (We currently have trapping sites in Tolland, and Willington, which to date have been negative for EEE.)
- Peak mosquito activity this year was between 8/18 to 9/21. It appears at this time that this is the period the human cases in CT were most likely exposed.
- Positive mosquito isolates in periphery area trapping sites west and north of south eastern Connecticut may be due to movements of migratory birds.
- CT DPH is obtaining much of the guidance provided from the MASS DPH. They have long history of EEE prevention and response.
- Both RI and MASS only conduct aerial spraying AFTER a confirmed human case, and only if during peak mosquito season.
- 2019 Surveillance data suggest that the historically higher risk areas of state (predominately southeastern CT) are expanding west word slightly towards the general areas between Colchester, and East Lyme.

- Limiting outdoor activity recommendations generally have not changed (See below guidelines). How and when activities are actually limited is a local decision. Dusk is defined as the period of time between when the sun sets, and when it gets completely dark.
- Deer population is susceptible to EEE infections. Two of the 5 human cases of EEE in CT (including the 2013 case) did identify themselves as hunters. Hunters are typically outdoors during high mosquito activity periods of the day. So, use repellent!

Update on guidance regarding outdoor activity limitations

Although this is not an exact science, those of you who have put in place recommendations or restrictions on outdoor activities may want to consider modifying the cut-off times as the days get shorter, until the first hard frost. A hard frost is defined meteorologically as two consecutive hours below 28 degrees Fahrenheit, or three hours below 32 degrees. The below information is adopted and modified for our use from the Massachusetts Department of Public Health.

Possible cancellation times for outdoor activities in high risk areas:

¹The types of mosquitoes most likely to transmit EEE infection are likely to be out searching for food (an animal to bite) at dusk, the time period between when the sun sets and it gets completely dark. The exact timing of this increased activity is influenced by many factors including temperature, cloud cover, wind and precipitation and cannot be predicted precisely for any given day. Here, the approximate time of sunset is used to establish standardized considerations for cancellation of outdoor activities during periods of high EEE risk.

This does not eliminate risk nor does it alleviate the need for the use of repellants or clothing for protection from mosquitoes.

Week of	Time of Dusk
October 13, 2019	6:15 PM
October 20, 2019	6:00 PM
October 27, 2019	5:45 PM
November 3, 2019	4:45 PM
November 10, 2019	4:30 PM

¹Adapted and modified from 2019 Arbovirus Surveillance and Response Plan at www.mass.gov/lists/arbovirus-surveillance-plan-and-historical-data

As a reminder, the implementation of these outdoor activity restrictions is a local decision. Please feel free to call me directly to discuss further as you work to balance the risk against the burden of moving or cancelling events.

Yours in Health,
Rob

Robert L. Miller, MPH, RS
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Preventing Illness and Promoting Wellness in the Communities We Serve

From: Robert L. Miller

Sent: Tuesday, October 1, 2019 1:44 PM

To: Adam B. Libros <LibrosAB@mansfieldct.org>; 'Andover - Paul Bancroft' <andoveremc@gmail.com>; 'Andover Fire Chief, Ron Mike Jr' <10ptr@sbcglobal.net>; 'Andover Trooper' <abigail.belcher@ct.gov>; 'Bolton Fire' <boltonfirect@gmail.com>; 'Bolton Fire Chief Bruce Dixon - Bolton' <boltonchief34@gmail.com>; 'Chaplin First Selectman' <firstselectman@chaplinct.org>; 'Charles Rexroad' <crexroad34@gmail.com>; 'Columbia Trooper, Gregory DeCarli' <gregory.decarli@ct.gov>; 'Coventry Volunteer Fire' <mail@coventryfire.org>; 'Daniel Syme' <scotlandselect1@yahoo.com>; 'EMD, Ashford' <emd@ashfordtownhall.org>; 'Erika Wiwecenski - 1st Selectman Willington' <ewiecenski@willingtonct.org>; 'Ernie Mellor' <emellor@sbcglobal.net>; 'Fire Chief, Ashford' <chief@ashfordfire.org>; 'Fran Raiola' <raiola@mansfieldct.org>; 'Jay Lindy' <andoverbuilding@comcast.net>; 'Jerry James' <jjames246@earthlink.net>; 'Jim Rupert' <jim.rupert@boltonct.org>; John C. Carrington <CarringtonJC@mansfieldct.org>; John Elsesser <jElsesser@coventryct.org>; 'John Littell' <jlittell@tolland.org>; 'Joseph Higgins' <jhiggins@andoverct.org>; 'Joyce Stille' <joyce.stille@boltonct.org>; 'Keith M. Timme' <TimmeKM@mansfieldct.org>; 'Ken Dardick' <kdardick@gmail.com>; 'Michael Zambo' <firstselectman@ashfordtownhall.org>; 'Mike Gardner' <Mgardner@ashfordtownhall.org>; 'mpalmer@coventryct.org' <mpalmer@coventryct.org>; 'qvec@sbcglobal.net' <qvec@sbcglobal.net>; 'rpalmer12@snet.net' <rpalmer12@snet.net>; 'scobb@willingtonfire.org' <scobb@willingtonfire.org>; 'swerbner@tolland.org' <swerbner@tolland.org>; 'Tolland County Coordinator' <johnturner3991@sbcglobal.net>; 'Tolland County TN' <tmillix@tollandcounty911.org>; 'Town Administrator' <townadministrator@columbiact.org>; 'Travis Irons' <tirons@qvec.org>; 'UConn Fire' <uconnfire@uconn.edu>; 'UConn OEM (Public Safety)' <oem@uconn.edu>; 'UConn Police Chief' <chiefofpolice@uconn.edu>; 'UConn SHS' <suzanne.onorato@uconn.edu>; 'Willington #1 FD' <station13@willingtonfire.org>; 'Willington Hill Fire Dept' <whfd49@earthlink.net>; 'jkelly@boltonct.org' <jkelly@boltonct.org>; 'Eric Anderson' <eanderson@andoverct.org>; 'mrosen@tolland.org' <mrosen@tolland.org>; 'Ellyssa Eror MD' <ellyssa.eror@uconn.edu>;
Cc: EHHD-Staff <EHHD-Staff@mansfieldct.org>; John C. Carrington <CarringtonJC@mansfieldct.org>; 'jkelly@boltonct.org' <jkelly@boltonct.org>; 'Andover Superintendant' <doyens@andoverelementaryct.org>; 'doyens@andoverelementaryct.org' <doyens@andoverelementaryct.org>; 'Ashford Superintendant' <jplongo@ashfordct.org>; 'Bolton Superintendant'

<Kristin.heckt@boltonct.org>; 'Chaplin Superintendent' <khenrici@parishhill.org>; 'Columbia Superintendent' <mgeryk@hwporter.org>; 'Coventry Superintendent' <dpetrone@coventryct.org>; Kelly M. Lyman <lymankm@mansfieldct.org>; 'Region 19 Superintendent' <jkrieger@eosmith.org>; 'Region 8 Superintendent' <Patricia.law@rhamschools.org>; 'Scotland Superintendent, Frances Baran (fbaran@scotlandes.org)' <fbaran@scotlandes.org>; 'supt@eosmith.org' <supt@eosmith.org>; 'Tolland Superintendent (superintendent@tolland.k12.ct.us)' <superintendent@tolland.k12.ct.us>; 'Willington Center School' <pstevens@willingtonct.org>; Curt A. Vincente <VincenteCA@MANSFIELDCT.ORG>; 'Wendy Rubin' <wrubin@coventryct.org>; bwatt@tolland.org; 'Bonnie Quinn' <BQuinn@hwporter.org>; Terri Dominguez (terri.dominguez@uconn.edu) <terri.dominguez@uconn.edu>; Ellyssa Eror MD (ellyssa.eror@uconn.edu) <ellyssa.eror@uconn.edu>

Subject: RE: Eastern Equine Encephalitis Virus - update #4

Greetings Everyone – Below are highlights from the DPH EEE conference call this week for local health departments. Also attached for your use is a poster/flyer, if you so choose.

- Dr. Cartter provided a historical overview of the mosquito testing program in CT.
- There were three towns with positive mosquito pool results during this most recent weekly testing: Chester, Middlefield, & Bethany. Middlefield and Bethany are new locations.
- Despite these new towns, both the number of positive mosquito pools, and the total mosquito population continue to decline “precipitously” due to colder weather.
- The new towns likely due to the movement of virus carrying birds. (The birds are carry EEE do not become ill.)
- CAES is not expecting any further “amplification” of the EEE virus in the bird/mosquito cycle this season.
- The areas of large fresh water cedar swamps is the primary habit for the primary mosquito species that carries EEE (*C. melanura*, which is a *bird* biting species.)
- In response to questions, areal spraying not recommended by DEEP. It does not *eliminate* risk, and we are long past the time of peak mosquito activity when it would be effective.
- DPH is **NOT** at this time recommending limiting activities from dusk to dawn in towns *west of the Connecticut River*, but still recommends personal protection. (The recommendation for towns east of the river are unchanged.)
- Two suspected human cases in East Haddam & Colchester under review by the CDC, but not yet confirmed, and announced.
- Next year CAES is proposing additional testing sites around the state.

Apologies for any duplicate emails. Please let me know if you have any questions.

Yours in Health,

Robert L. Miller, MPH, RS

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EHHD
Eastern Highlands Health District

From: Robert L. Miller

Sent: Tuesday, September 24, 2019 5:22 PM

To: Adam B. Libros <LibrosAB@mansfieldct.org>; 'Andover - Paul Bancroft' <andoveremc@gmail.com>; 'Andover Fire Chief, Ron Mike Jr' <10ptr@sbcglobal.net>; 'Andover Trooper' <abigail.belcher@ct.gov>; 'Bolton Fire' <boltonfirect@gmail.com>; 'Bolton Fire Chief Bruce Dixon - Bolton' (boltonchief34@gmail.com)' <boltonchief34@gmail.com>; 'Chaplin First Selectman' <firstselectman@chaplinct.org>; 'Charles Rexroad' <crexroad34@gmail.com>; 'Columbia Trooper, Gregory DeCarli' <gregory.decarli@ct.gov>; 'Coventry Volunteer Fire' <mail@coventryfire.org>; 'Daniel Syme' <scotlandselect1@yahoo.com>; 'EMD, Ashford' <emd@ashfordtownhall.org>; 'Erika Wiwecenski - 1st Selectman Willington' <ewiecenski@willingtonct.org>; 'Ernie Mellor' <emellor@sbcglobal.net>; 'Fire Chief, Ashford' <chief@ashfordfire.org>; 'Fran Raiola' <raiolafr@mansfieldct.org>; 'Jay Lindy' (andoverbuilding@comcast.net)' <andoverbuilding@comcast.net>; 'Jerry James' (jjames246@earthlink.net)' <jjames246@earthlink.net>; 'Jim Rupert' <jim.rupert@boltonct.org>; John C. Carrington <CarringtonJC@mansfieldct.org>; John Elsesser <Elsesser@coventryct.org>; 'John Littell' (jlittell@tolland.org)' <jlittell@tolland.org>; 'Joseph Higgins' <jhiggins@andoverct.org>; 'Joyce.stille@boltonct.org' <joyce.stille@boltonct.org>; Keith M. Timme <TimmeKM@mansfieldct.org>; 'Ken Dardick' (kdardick@gmail.com)' <kdardick@gmail.com>; 'Michael Zambo' (firstselectman@ashfordtownhall.org)' <firstselectman@ashfordtownhall.org>; 'Mike Gardner' <Mgardner@ashfordtownhall.org>; 'mpalmer@coventryct.org' <mpalmer@coventryct.org>; 'qvec@sbcglobal.net' <qvec@sbcglobal.net>; 'rpalmer12@snet.net' <rpalmer12@snet.net>; 'scobb@willingtonfire.org' <scobb@willingtonfire.org>; 'swerbner@tolland.org' <swerbner@tolland.org>; 'Tolland County Coordinator' <johnturner3991@sbcglobal.net>; 'Tolland County TN' <tmillix@tollandcounty911.org>; 'Town Administrator' (townadministrator@columbiact.org)' <townadministrator@columbiact.org>; 'Travis Irons' <tiron@sbcglobal.net>; 'UConn Fire' <uconnfire@uconn.edu>; 'UConn OEM (Public Safety)' <oem@uconn.edu>; 'UConn Police Chief' <chiefofpolice@uconn.edu>; 'UConn SHS' <suzanne.onorato@uconn.edu>; 'Willington #1 FD' <station13@willingtonfire.org>; 'Willington Hill Fire Dept' <whfd49@earthlink.net>; 'jkelly@boltonct.org' <jkelly@boltonct.org>; 'Eric Anderson' (eanderson@andoverct.org)' <eanderson@andoverct.org>; 'mrosen@tolland.org' <mrosen@tolland.org>; Ellyssa Eror MD (ellyssa.eror@uconn.edu) <ellyssa.eror@uconn.edu>

Cc: EHHD-Staff <EHHD-Staff@mansfieldct.org>; John C. Carrington <CarringtonJC@mansfieldct.org>; 'jkelly@boltonct.org' <jkelly@boltonct.org>; 'Andover Superintendent' (doyens@andoverelementaryct.org)' <doyens@andoverelementaryct.org>; 'Ashford Superintendent' <jplongo@ashfordct.org>; 'Bolton Superintendent' <Kristin.heckt@boltonct.org>; 'Chaplin Superintendent' <khenrici@parishhill.org>; 'Columbia Superintendent' <mgeryk@hwporter.org>; 'Coventry Superintendent' <dpetrone@coventryct.org>; Kelly M. Lyman <lymankm@mansfieldct.org>; 'Region 19 Superintendent' <jkrieger@eosmith.org>; 'Region 8 Superintendent' <Patricia.law@rhamsschools.org>; 'Scotland Superintendent, Frances Baran' (fbaran@scotlandes.org)' <fbaran@scotlandes.org>; 'supt@eosmith.org' <supt@eosmith.org>; 'Tolland Superintendent' (superintendent@tolland.k12.ct.us)' <superintendent@tolland.k12.ct.us>; 'Willington Center School' <pstevens@willingtonct.org>; Curt A. Vincente <VincenteCA@MANSFIELDCT.ORG>; 'Wendy Rubin' <wrubin@coventryct.org>; bwatt@tolland.org; 'Bonnie Quinn' <BQuinn@hwporter.org>

Subject: RE: Eastern Equine Encephalitis Virus - IMPORTANT UPDATE #3

Importance: High

Greetings Everyone – As you may have heard a second case of Eastern Equine Encephalitis Virus was confirmed on Friday, 9/20/2019, in a resident of Old Lyme. Additionally on Monday, 9/23/2019, the Connecticut Mosquito Program released the latest surveillance data. This office has reviewed the latest mosquito program surveillance data for our local area in consultation with the DPH state epidemiologist. While this data continues to indicate an increase in EEE activity in eastern Connecticut, it is important to note the mosquito pool that recently tested *positive in South Windsor is a species that does not bite humans*. Nonetheless, and out of an abundance of caution we are issuing the attached press release as a reminder of the continued risk. Please share and distribute the attached release with your residents, department heads, school community, and other contacts as appropriate. Some of your town and school officials have already reached out to the Eastern Highlands Health District seeking guidance regarding restricting outdoor activities. To

Greetings Everyone – Over the weekend this office was notified of a horse in Columbia that was euthanized due to Eastern Equine Encephalitis. This is the second horse of the season for eastern Connecticut, and follows a positive mosquito tests in Voluntown at the end of July. As there are many more weeks of the mosquito season this year, it is incumbent upon us to alert our residents and provide them information, particularly information on how they can protect themselves against this disease. Towards that end, please see the attached public release for your use both in pdf and Word format.

The health district is continuing to monitor the EEE surveillance systems in Connecticut. We are also in consultation with the CT DPH. At this time this office is not recommending any additional actions beyond getting information to our residents. We will certainly update this recommendation as necessary, and as more information becomes available.

Feel free to contact me with any questions.

Yours in Health,
Rob

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Preventing Illness and Promoting Wellness in the Communities We Serve

September 25, 2019

Coventry Families,

As I am sure you have heard on the news, several mosquitoes have been identified with Eastern Equine Encephalitis (EEE) in various towns in Connecticut. Since the first case was reported in Columbia, we have been monitoring this issue closely. Rob Miller, Director of Health for Eastern Highlands Health District, has done an excellent job of keeping our community informed and providing guidance related to the potential need to limit school activities after dusk.

Most recently, an infected mosquito was found in South Windsor. However, it is important to note that this specific mosquito pool is a species that does not bite humans. Regardless, on the recommendation of Eastern Highlands Health District, we are taking preventative measures to protect our students and staff.

Coventry Public Schools will immediately put into effect the following precautionary procedures related to limiting outdoor activities:

- School activities taking place outside, including athletic practices, will end by 6:00 p.m.
- Athletic games will be rescheduled to adhere to this recommendation

Some guidance for parents, provided through a variety of outlets, include the following:

- As always, it is ultimately a parent's decision to limit their child's participation in an outdoor school activity.
- In addition, parents need to evaluate their personal situation and make a determination regarding the application of insect repellent prior to coming to school.

We will continue to closely review incoming information from Eastern Highlands Health District, related to this issue, as the safety of our students and staff is our number one priority.

For more information, please follow the link below to read the press release issued by the Eastern Highlands Health District, which includes pertinent recommendations for all residents.

[Eastern Highlands Health District Press Release](#)

Sincerely,

David

David J. Petrone, Ed.D.
Superintendent of Schools
Coventry Public Schools
1700 Main Street
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FOR IMMEDIATE RELEASE

September 25, 2019

On Friday, 9/20/2019, Connecticut Department of Public Health confirmed a second case of Eastern Equine Encephalitis Virus (EEE) in a resident of eastern Connecticut. Though mosquito populations are in decline, on Monday, 9/23/2019, the Connecticut Mosquito Program released data that shows the distribution of Eastern Equine Encephalitis Virus activity has grown over the last several weeks, and has now been documented in 19 municipalities, mostly in eastern Connecticut.

Though very rare in humans, EEE can be a serious and often fatal disease. These cases serves to highlight the continued risk to humans from the disease in eastern Connecticut.

The Eastern Highlands Health District is recommending that residents take the following steps to prevent diseases transmitted by mosquitos:

- **Minimize outdoor activities during peak mosquito biting times.** The hours from dusk to dawn are when many mosquitoes are active. If outdoor activities are unavoidable, all personal precautions to prevent mosquito bites should be taken. These include:
 - **Apply Insect Repellent when Outdoors.** When used as directed, Environmental Protection Agency (EPA)-registered insect repellents are proven safe and effective. Use an EPA-registered insect repellent with one of the following active ingredients: DEET, Picaridin, IR3535, Oil of lemon eucalyptus (OLE), Para-menthane-diol (PMD), 2-undecanone.
 - **Cover up.** Wearing long-sleeves, long pants and socks when outdoors will help keep mosquitoes away from your skin.
- **Drain standing water around your property.** Mosquitoes lay their eggs in standing water. Draining or discarding items that hold water, unclogging rain gutters and drains, emptying unused flowerpots and wading pools, and changing the water in birdbaths frequently is recommended.
- **Install or Repair Screens.** Keep mosquitoes outside by having tightly-fitting screens on all of your windows and doors.

For additional information please go to: www.ehhd.org or <https://portal.ct.gov/Mosquito>

EHHD telephone contact: 860-429-3325

Preventing Illness & Promoting Wellness for Communities In Eastern Connecticut
Andover • Ashford • Bolton • Chaplin • Columbia • Coventry • Mansfield • Scotland • Tolland • Willington



Connecticut Department
of Public Health

For Immediate Release
September 16, 2019

For More Information:
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DPH ANNOUNCES FIRST HUMAN CASE OF EASTERN EQUINE ENCEPHALITIS IDENTIFIED IN CONNECTICUT THIS SEASON

**RESIDENTS ARE ADVISED TO PROTECT THEMSELVES AND THEIR CHILDREN BY
AVOIDING OUTDOOR ACTIVITY FROM DUSK TO DAWN, WHEN MOSQUITOES ARE
MOST ACTIVE**

Hartford –Department of Public Health (DPH) Commissioner Renée D. Coleman-Mitchell today is announcing that an adult resident of the town of East Lyme has tested positive for Eastern Equine Encephalitis (EEE). This is the first human case of EEE identified in Connecticut this season. The patient became ill during the last week of August with encephalitis and remains hospitalized. Laboratory tests, which were completed today at the Centers for Disease Control and Prevention (CDC) Laboratory in Ft. Collins, Colorado, confirmed the presence of antibodies to the virus that causes EEE.

“EEE is a rare but serious and potentially fatal disease that can affect people of all ages,” cautioned DPH Commissioner Renée Coleman Mitchell. “Using insect repellent, covering bare skin and avoiding being outdoors from dusk to dawn are effective ways to help keep you from being bitten by mosquitoes.”

The EEE virus has been identified in mosquitoes in 12 towns and in horses in two other towns. Towns where mosquitoes have tested positive for EEE include Chester, Haddam, Hampton, Groton, Killingworth, Ledyard, Madison, North Stonington, Plainfield, Shelton, Stonington, and Voluntown. Horses have tested positive for EEE virus in Colchester and Columbia this season, and the virus has been detected in a flock of wild pheasants. Other states throughout the Northeast are also experiencing an active season for EEE. In addition to the virus being found in mosquitoes, there have been a total of eight human cases of EEE infection in Massachusetts and one human case in Rhode Island, with one case in each state resulting in a fatality.

“This is the second human case of EEE ever reported in Connecticut,” said Dr. Matthew Cartter, Director of Infectious Diseases for the DPH. “The first human case of EEE reported in Connecticut occurred in the fall of 2013.”

Link to information on 2013 case:

https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/CTEPINEWS/Vol34No3pdf.pdf?la=en

The DPH advises against unnecessary trips into mosquito breeding grounds and marshes as the mosquitoes that transmit EEE virus are associated with freshwater swamps and are most active at dusk and dawn. Overnight camping or other substantial outdoor exposure in freshwater swamps in Connecticut should be avoided. Even though the temperatures are getting cooler, it is important to remember mosquito season is not over and residents should continue to take measures to prevent mosquito bites, including wearing protective clothing and using repellents.

Although EEE-infected mosquitoes continue to be detected in the southeastern corner of the State, the numbers are declining and we are not experiencing the excessively high levels of activity seen in Massachusetts. There are currently no plans to implement widespread aerial pesticide spraying in the State.

Severe cases of EEE virus infection (involving encephalitis, an inflammation of the brain) begin with the sudden onset of headache, high fever, chills, and vomiting. The illness may then progress into disorientation, seizures, and coma. Approximately a third of patients who develop EEE die, and many of those who survive have mild to severe brain damage. There is no specific treatment for EEE. Antibiotics are not effective against viruses, and no effective anti-viral drugs have been discovered. Severe illnesses are treated by supportive therapy which may include hospitalization, respiratory support, IV fluids, and prevention of other infections. It takes 4 to 10 days after the bite of an infected mosquito to develop symptoms of EEE.

Connecticut Mosquito Management program

The management of mosquitoes in Connecticut is a collaborative effort involving the Department of Energy and Environmental Protection (DEEP), the Connecticut Agricultural Experiment Station (CAES) and the Department of Public Health (DPH), together with the Department of Agriculture and the Department of Pathobiology at the University of Connecticut (UCONN). These agencies are responsible for monitoring and managing the state's mosquito population levels to reduce the potential public health threat of mosquito-borne diseases.

For information on what can be done to prevent getting bitten by mosquitoes and the latest mosquito test results and human infections, visit the Connecticut Mosquito Management Program web site at <https://portal.ct.gov/mosquito>

For more information about EEE prevention, please visit the CDC website:
<https://www.cdc.gov/easternequineencephalitis/gen/pre.html>



Eastern Highlands Health District

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PROTECT YOURSELF FROM MOSQUITO BITES

**The Eastern Highlands Health District advises the public to
take these personal precautions:**

- Minimize time spent outdoors when mosquitoes are most active, especially at dawn and dusk.
- Be sure door and window screens are tight fitting and in good repair.
- Wear shoes, socks, long pants and long-sleeved shirts when outdoors when mosquitoes are active. Clothing should be light colored and made of tightly woven materials that keep mosquitoes away from the skin.
- Use mosquito netting when sleeping outdoors or in an unscreened structure and to protect small babies when outdoors.
- Consider the use of mosquito repellent, according to directions, when it is necessary to be outdoors.
- After returning indoors, wash any treated skin with soap and water.
- Don't let stagnant water collect around your home. Dump out old tires, wheelbarrows, and wading pools. Remind or help neighbors to eliminate breeding sites on their properties.

For further information on mosquito-borne illnesses, including West Nile Virus and Eastern Equine Encephalitis, visit the Connecticut Mosquito Management Program's website: <http://www.portal.ct.gov/mosquito>

STATE OF CONNECTICUT Mosquito Management Program





Eastern Highlands Health District

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FOR IMMEDIATE RELEASE

8/19/2019

Eastern Equine Encephalitis Virus Activity in the Area

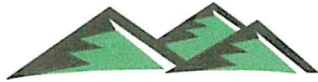
Residents of the Eastern Highlands Health District are urged to protect themselves from mosquito bites.

The State of Connecticut Mosquito Management Program announced on July 31 that mosquitoes trapped in the Pachaug State Forest in Voluntown have tested positive for Eastern Equine Encephalitis virus (EEE). These results represented the first EEE positive mosquitoes identified in the state by the Connecticut Agricultural Experiment Station (CAES) this year. The mosquitoes were *Culiseta melanura*, a predominately bird-biting species

More recently, the Connecticut Department of Agriculture announced August 16th a second equine case of Eastern Equine Encephalitis (EEE) for 2019. A fifteen-year-old female Mustang horse located in Columbia, CT, was observed on August 11, 2019 by stable attendants as having difficulty breathing, acting distressed and unable to stand in an open field. The horse was not current on its vaccinations for rabies, EEE, or West Nile Virus. The Mustang was humanely euthanized. Diagnostic samples collected at the Connecticut Veterinary Medical Diagnostic Laboratory (CVMDL) at the University of Connecticut in Storrs and submitted to the United States Department of Agriculture National Veterinary Services Laboratories were confirmed positive for EEE virus.

"Both the positive mosquitoes in Voluntown, and the positive equine case in Columbia are concerning. These early season indicators support the potential for an increase in virus activity for our area as the mosquito seasons continues" stated Robert Miller, Director of Health for the Eastern Highlands Health District. "We cannot stress enough the importance of residents to act to prevent mosquito bites."

Eastern equine encephalitis is a rare but serious disease in people. On average there are 6 cases each year in the United States. In Connecticut, outbreaks of EEE have occurred sporadically among horses and domestic pheasants since 1938. The last major outbreak of EEE in the state occurred in 2013 and resulted in one human fatality. In humans, symptoms of EEE appear 4-10 days after being bitten by an infected mosquito. EEE infection can result in one of two types of illness, systemic or encephalitic (involving swelling of the brain). The type of illness will depend on the age of the person and other host factors. It is possible that some people who become infected with EEE may be asymptomatic. Systemic infection has an abrupt onset and is characterized by chills, fever, malaise, arthralgia, and myalgia. Signs and symptoms in



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encephalitic patients are: fever, headache, irritability, restlessness, drowsiness, anorexia, vomiting, diarrhea, cyanosis, convulsions, and coma.

Approximately a third of all people with EEE die from the disease. Death usually occurs 2 to 10 days after onset of symptoms but can occur much later. Of those who recover, many are left with disabling and progressive mental and residual abnormalities, which can range from minimal brain dysfunction to severe intellectual impairment, personality disorders, seizures, paralysis, and cranial nerve dysfunction. Many patients with severe sequelae die within a few years. No human vaccine against EEE infection or specific antiviral treatment for clinical EEE infections is available.

To reduce the risk of being bitten by mosquitoes residents should:

Minimize time spent outdoors between dusk and dawn when mosquitoes are most active.

Be sure door and window screens are tight-fitting and in good repair.

Wear shoes, socks, long pants, and a long-sleeved shirt when outdoors for long periods of time, or when mosquitoes are more active. Clothing should be light colored and made of tightly woven materials that keep mosquitoes away from the skin.

Use mosquito netting when sleeping outdoors or in an unscreened structure and to protect small babies when outdoors.

Consider the use of mosquito repellent, according to directions, when it is necessary to be outdoors.

For information on EEE and other mosquito-borne diseases, what can be done to prevent getting bitten by mosquitoes, the latest mosquito test results and human infections, EHHD residents can visit the Connecticut Mosquito Management Program web site at <https://portal.ct.gov/mosquito>, the Health District website at www.ehhd.org.

Contact: Robert Miller

millerrl@ehhd.org

860-429-3325

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Environmental Health Section

EHS Circular Letter # 2019- 21

DATE: September 24, 2019

TO: Directors of Health

FROM: Chris Heneghan, MPH, Epidemiologist 2, Lead, Radon, and Healthy Homes Program, DPH

RE: Radon Tests Available to Local Health Departments/Districts with Partnership

The Connecticut Department of Public Health (CT DPH) Lead, Radon, and Healthy Homes Program encourages all local health departments/districts to conduct community-based activities to promote radon testing and mitigation (when elevated levels are found). It takes the coordinated efforts of federal, state, and local entities to spread the word about radon, its health effects, the need for testing, and the importance of mitigation. These efforts do not need to wait until January's National Radon Action Month campaign. Testing can be carried out throughout the year as part of Healthy Homes' visits or other special projects decided by the local health department/district. Winter is the most ideal time to conduct radon testing, but radon activities can be considered outside the November 1st through March 31st testing season.

To assist your efforts, the Lead, Radon and Healthy Homes Program is offering AirChek and RTCA short-term radon test devices as part of the 2019 - 2020 Radon Partnership Program. The radon tests will include postage paid envelopes for shipment to the analytical laboratory. Test kits will only be available to local health departments/districts participating in the partnership.

Our goal this year is to continue to expand the reach of the partnership program across the state, improve tracking, and increase return rates.



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410 Capitol Avenue, P.O. Box 340308
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www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Partnership will require test kit tracking and follow-up correspondence. Correspondence such as a call, email, or text within a week of the test kit being given will provide the resident with a reminder to conduct the test and an opportunity for questions. This method was found to be helpful in ensuring fewer testing errors and a better return rate of test kits. AirChek and RTCA will provide the radon report directly to the community resident who received and conducted the radon test.

In order for you to be eligible for this partnership, the CT DPH Lead, Radon, and Healthy Homes Program must receive the Radon Program Partnership Request form no later than October 31st. Email forms to DPH.RadonReports@ct.gov. Availability of radon test kits will be determined based on number of local partners interested and federal radon grant funding.

cc: Brian Toal, Acting Section Chief, EHS, DPH

Allison Sullivan, Supervising Environmental Analyst, EHS, DPH



Connecticut Department
of Public Health

For Immediate Release

September 19, 2019

For More Information:

Elizabeth Conklin Elizabeth.Conklin@ct.gov
(860) 509-7270

**DEPARTMENT OF PUBLIC HEALTH REPORTS TWO
ADDITIONAL CASES OF SEVERE LUNG INJURY RELATED
TO VAPING, FOR A TOTAL OF 13 CASES; ONE PERSON
CURRENTLY HOSPITALIZED**

**CONSUMERS SHOULD AVOID BUYING VAPING PRODUCTS OFF THE STREET OR FROM
ANOTHER PERSON, INCLUDING A FRIEND**

Hartford – The Connecticut Department of Public Health (DPH) today is reporting that it has learned of two more Connecticut residents who have been hospitalized for severe lung injury possibly related to using e-cigarettes or vaping, bringing the total to 13 cases that have been reported to DPH. Twelve of the 13 patients have now been discharged from hospitals. The 13 cases involve residents from four of our counties: Fairfield (7), New Haven (3), New London (1), Tolland (1), and Windham (1).

The Connecticut Department of Public Health (DPH) is participating in the national investigation of vaping-related lung illnesses that is being led by the Centers for Disease Control and Prevention (CDC). So far, DPH has interviewed 9 of the 13 patients with vaping-related lung injury. All nine reporting using vaping products containing tetrahydrocannabinol (THC), a psychoactive component of the marijuana plant. These products were purchased from another person (6 cases), bought from a dispensary (1 case), purchased but not from a dispensary (1 case), and given product by another person (1 case). Three of the nine reported using e-cigarette products containing nicotine, in addition to products containing THC.

“I am asking Connecticut residents to consider not using e-cigarette or vaping products while the investigation is ongoing and the search for the exact causes of these lung illnesses continues,” said DPH Commissioner Renée D. Coleman-Mitchell. “If you chose to continue vaping, you should avoid buying vaping products off the street or from another person, including a friend.”

As of September 17, 2019, 530 cases of lung injury associated with the use of e-cigarette or vaping products have been reported to the Centers for Disease Control and Prevention (CDC).

Until more is known about the exact cause or causes of these illnesses:

- Anyone who uses an e-cigarette or vaping product should not buy these products (e.g., e-cigarette or vaping products with THC, other cannabinoids) off the street, and should not modify or add any substances to these products that are not intended by the manufacturer.
- Youth and young adults should not use e-cigarette or vaping products.
- Women who are pregnant should not use e-cigarette or vaping products.
- Adults who do not currently use tobacco products should not start using e-cigarette or vaping products.

More information about the investigation can be found on CDC's webpage:
https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#latest-outbreak-information



September 11, 2019

Robert L. Miller, M.P.H., R.S.
 Director of Health
 Eastern Highlands Health District
 4 South Eagleville Rd.
 Mansfield, CT 06268

Dear Mr. Miller,

It is with great pleasure that I appoint you to the University of Connecticut, Storrs and regional campuses, Institutional Biosafety Committee (IBC) as an unaffiliated member. Unaffiliated members represent the interest of the surrounding community with respect to health and protection of the environment. Your initial appointment term is for one year: September 11, 2019 through September 30, 2020.

The purpose of the IBC is to review research and teaching activities at UConn that involve recombinant/synthetic nucleic acids (rsNA) as well as biological agents and toxins to compliance with regulations, and to provide appropriate safeguards for human health and the environment.

Committees such as the IBC contribute to ensuring the highest standard of scholarship at the University. We appreciate the important service that you are rendering, and your willingness to serve on this committee.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Byerly", written over a horizontal line.

Wesley Byerly, Pharm.D.
 Associate Vice President for Research Integrity and Regulatory Affairs

cc: S. Nyholm, Unit 3125
 D. Cavallaro, Unit 4097
 D. Delage, Unit 4097

Strengthening local public health.



Connecticut Association
of Directors of Health

August 7, 2019

Renée D. Coleman-Mitchell, MPH
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, PO Box 340308
MS #13 COM
Hartford, CT 06134

RE: FDA Food Code implementation and workforce development issues

Dear Commissioner Coleman-Mitchell,

While restaurant inspections and food safety have long been recognized as an important role of local health departments, we want to bring to your attention of number of issues that are significantly impacting our ability to fulfill our statutory mandates. We are currently experiencing a workforce shortage, created in large part by policies and procedures required by CT DPH. There are many local health departments (LHDs) with shortages of certified food inspectors and multiple health departments awaiting field standardization for inspectors, some of whom have been waiting for nearly a full year-unable to perform the role they were hired to fill. We recognize that training is critical to ensuring that new inspectors are able to perform their roles in a manner consistent with the public health code; however, the CT DPH Food Protection Program (FPP) requirements are overly burdensome. These requirements lack flexibility needed to adjust for experience and/or abilities of individuals; they exceed most other state requirements, resulting in excessive delays in field certification. Furthermore, they greatly exceed training requirements required for LHD personnel performing duties other than restaurant inspections.

We request that you consider the following strategies for reducing the backlog and addressing our workforce issues:

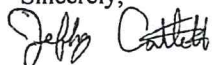
- Given the DPH focus on training Field Inspection Training Officers (FITOs): upon certification, empower FITOs to make final determinations, in consultation with their health director, regarding when an inspector is able to conduct inspections independently. Ultimately the responsibility to ensure the qualifications, abilities and capabilities of a local health department staff person to perform their duties—including food inspectors—lies with the local health director. Applying arbitrary numbers regarding how many shadow and independent inspections need to be conducted before DPH will even consider field standardization does not take into account prior experience, learning abilities, or skills of new inspectors.
- Allow public health students to access on-line training programs required for Food Service Inspection certification. With limited resources, it is difficult for LHDs to hire a person who may not be able to perform a key function for in some cases a year or more. Allowing college students to get a jump on training would provide them with exposure to this line of work prior to joining a health department. This opportunity also should be allowed for student interns at the discretion of the local health director. Currently DPH affords no flexibility here.

- Allow for reciprocity with other states. Currently, DPH FPP treats good service inspectors with 20 years' experience from other states the same way it treats a brand new inspector. This just does not make sense, and more importantly, it impedes our ability to recruit from other states. Again, local health directors should ultimately make determinations regarding training needs and DPH needs to allow for flexibility in this area.

We also want to bring to your attention the challenges associated with ongoing delay of the adoption of the FDA Food Code within our respective communities. Circular letters were issued by DPH to LHDs indicating a specific time frame for adopting new food establishment classifications; and transitioning from requiring a Qualified Food Operator (QFO) to a Certified Food Protection Manager (CFPM), along with requisite trainings for food service establishments (FSEs). Many LHDs complied with the directives outlined in the circular letters and communicated these changes to our respective FSEs; however delays in adopting the regulations have left the process in limbo. For example—are LHDs recognizing QFOs or are we only recognizing CFPM with ServSafe training? Many LHDs have transitioned licensing fees to align with new classifications, but again these changes are not supported by the CT Public Health Code.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Catlett".

Jeffrey Catlett, MPH, RS
CADH President

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

September 16, 2019

The Honorable Martin Looney
Senate President Pro Tempore

The Honorable Bob Duff
Senate Majority Leader

The Honorable Joseph Aresimowicz
Speaker of the House

The Honorable Matthew Ritter
House Majority Leader

Dear Leaders;

Please accept this correspondence as my formal response to your correspondence to me, dated June 20, 2019, regarding Connecticut's school children and vaccination requirements. I want you to know that I take my role and responsibility to advise, educate and inform you and the people of Connecticut on public health matters very seriously. In taking the time to thoroughly research the answers to the critical questions you pose facing our state, it was important for me get this right and give you the very best information. I appreciate your patience and cooperation working with me as your new Commissioner of Public Health.

High vaccination rates protect not only vaccinated children but also those who cannot be or have not been vaccinated. This is called herd immunity. Schools that achieve herd immunity reduce the risk of outbreaks. High vaccination rates at schools are especially important for medically fragile children. Some children have conditions that affect their immunity, such as illnesses that require chemotherapy. These children cannot be safely vaccinated, and, at the same time, they are less able to fight off illness when they are infected. They depend on herd immunity for their health and their lives.

In the decade before 1963 when the measles vaccine first became available, nearly all children got measles by the time they were 15 years of age. It is estimated 3 to 4 million people in the United States were infected each year. Also each year, among reported cases, an estimated 400 to 500 people died, 48,000 were hospitalized, and 1,000 suffered encephalitis (swelling of the brain) from measles.



Phone: (860) 509-7101 • Fax: (860) 509-7111
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Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



In 2019, the United States has seen the largest increase in the number of measles cases in the last 25 years. According to the Centers for Disease Control and Prevention (CDC), more than 1,241 people in 31 states contracted measles between January 1 and September 5, 2019, including three cases in Connecticut and more than 1,000 cases in Brooklyn and Rockland County, NY. The majority of cases are among people who were not vaccinated against measles. As of September 5, 2019, 130 of the people who got measles this year were hospitalized, and 65 reported having complications, including pneumonia and encephalitis.

This past May, in response to the measles outbreaks in New York and other states and at my request, the Department of Public Health (DPH) released school-level immunization rates to (1) provide parents and guardians of immuno-compromised children with vital information and (2) encourage communities to reduce the risk of vaccine-preventable diseases overall and in schools where the immunization rates are less than optimal for community/herd immunity. The school immunization survey data showed that during the 2017-2018 school year, 102 schools in Connecticut had kindergarten immunization rates for the measles, mumps and rubella (MMR) vaccine below the federal guideline of 95%.

In August, the DPH further reported that the MMR immunization rate for Connecticut's kindergarten students declined from 96.5% for the 2017-2018 school year to 95.9% for the 2018-2019 school year, a decrease of 0.6%. In addition, the overall number of religious exemptions to vaccination increased by 25% between the two school years (from 2.0% to 2.5%). This change represents the largest single year increase in religious exemptions for vaccination since the DPH started tracking the statewide data a decade ago and continues a trend of steadily declining MMR immunization rates among Connecticut kindergarteners since the 2015-2016 school year.

Under Connecticut law, the Department may release immunization rates by school; pursuant to § 19a-25-3(a)(2) of the Regulations of Connecticut State Agencies, "in its sole discretion for disease prevention and control pursuant to section 19a-215 of the Connecticut General Statutes or for the purpose of reducing morbidity and mortality from any cause or condition, except that every effort shall be made to limit the disclosure of identifiable health data to the minimal amount necessary to accomplish the public health purpose." Statutorily mandating the annual publication of such information would set clear standards for its release and provide members of the public with information that is important to protecting themselves and their families. This is what is done in our neighboring states. In addition, the same reporting requirements could be extended to include all post-secondary, pre-school, and daycare facilities.

On October 21, 2019, the Department will release immunization rates by school for the 2018-2019 school year.

I would like to now address the three specific questions in your correspondence. These questions can serve as a framework for future discussions, as we work through these complex public policy issues together.

Question 1: What additional authority, if any, does the Department of Public Health need to (i) increase immunization rates in certain schools and (ii) to close schools in case of an outbreak of certain diseases?

To answer this question, I will need to briefly describe some of our public health laws.

The Department and directors of municipal and local health departments ("local health") share responsibility for the investigation and control of reportable diseases. See Conn. Gen. Stat. § 19a-215. Current law provides local health directors with some tools to deal with a communicable disease outbreak. A local health director can, under appropriate circumstances, order the quarantine or isolation of someone. See Conn. Gen. Stat. § 19a-221. In addition, a local health director can require students who are exposed to a disease and who have vaccination

exemptions to be excluded from school during an outbreak. See Conn. Agencies Regs. § 19a-36-A8. Neither the Department nor a local health director has explicit regulatory authority to close a school under Conn. Agencies Regs. § 19a-36-A8.

Although the Department has no independent statutory authority to order vaccinations at certain schools or to close schools during an outbreak, under a Governor-declared public health emergency, the Governor may authorize the DPH Commissioner to issue an order for vaccination of people within a certain geographic area or statewide as the Commissioner deems reasonable and necessary to prevent the introduction or arrest the progress of a communicable disease that caused the emergency. No one may be vaccinated without his or her written consent (or, in the case of a minor, the legal guardian's written consent); and persons may refuse to consent to a vaccination for any reason, including health, religious or conscientious objections. Conn. Gen. Stat. § 19a-131e(a). If someone refuses to be vaccinated for any reason, and the vaccination was ordered by the Commissioner, the Commissioner may order the quarantine or isolation of such person if there is a reasonable belief that the person is infected or has been exposed to a communicable disease or contamination, and poses a threat to the public health. Conn. Gen. Stat. § 19a-131e(b).

The Department has no independent statutory authority to close a school during an outbreak, even under a state-wide or regional Governor-declared public health emergency. However, pursuant to Section 28-9 of the General Statutes, the Governor has broad power during a declared public health emergency to take action necessary for "protecting the health and safety of . . . children in schools," Conn. Gen. Stat. § 28-9(b)(5) and "may take such other steps as are reasonably necessary in the light of the emergency to protect the health, safety and welfare of the people of the state . . ." Conn. Gen. Stat. § 28-9 (b)(7).

Question 2: What approach should the state take to protect children who are currently enrolled or will enroll in schools who cannot be vaccinated due to medical conditions such as immune system disorders and/or risk of allergic reactions?

In the event of an outbreak of a vaccine-preventable disease such as measles, the Department follows the CDC recommendations that all susceptible children be excluded from childcare or school settings based on public health officials' determination that the facility is a significant site for disease exposure, transmission and spread into the community. Children without proof of immunity, including children with religious and medical exemptions are to be excluded from these settings and are not able to return until (1) the danger of the outbreak has passed, as determined by public health officials, (2) the child becomes ill with the disease and completely recovers, or (3) the child is vaccinated according to public health protocol.

Based on the experience in other states, limiting exemptions to vaccination is likely to result in higher immunization rates in a school setting. An unintended consequence experienced in states that have repealed or limited religious, philosophical or personal exemptions to vaccination has been a rise in the level of medical exemptions. In California, for example, many of the medical exemptions sought following the repeal of personal belief exemptions in 2015 were highly suspect, with very little ability to call those newer medical exemptions into question or hold physicians agreeing to them accountable.

Consequently, a corresponding tightening of existing medical exemption statutes and requirements may be required to ensure a higher student-level immunization rate. For example, this could be done by: (1) requiring that a specific form developed by the Department of Public Health be completed, notarized and submitted every year for any student filing for a medical exemption, including whether or not the medical exemption is

report immunization doses administered to the Department's immunization information system ("IIS") (CT WiZ) through age 18 years. Current state statute requires reporting by healthcare providers for vaccination doses administered up to age 6. A system that includes all childhood immunizations will help healthcare providers, including school nurses, improve immunization rates.

Question 3: Should Connecticut remove religious exemption from state law like Maine (and New York) and other states recently have done, or is there another alternative that will similarly increase vaccination rates in under-vaccinated schools and protect children who cannot be vaccinated?

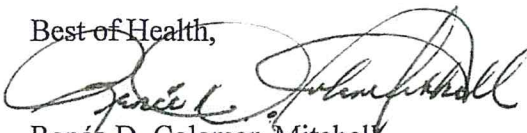
In 1959, the Connecticut General Assembly included the religious exemption in Public Act No. 588 "An Act Requiring Poliomyelitis Vaccinations for Each Public School Child," even though Connecticut and many other states were in the middle of a polio epidemic. All that was required was "a statement from the parents or guardian of such child that such vaccination would be contrary to the religious beliefs of such child." The religious exemption for vaccinations has remained part of Connecticut law for sixty (60) years. The legislators in 1959 did not foresee the rise in vaccine hesitancy that began in the late 1990s and continues to this day.

Good public health policy dictates that we should not wait for a serious outbreak of a highly contagious and dangerous disease, such as measles, before taking such a step like New York did this year. Connecticut has many under-immunized schools and the risk of a measles outbreak is real and increasing. Controlling a measles outbreak is difficult and quick success is not assured. As Commissioner for the Connecticut Department of Public Health, I recommend that the Connecticut General Assembly eliminate the religious exemption for vaccination for school attendance beginning with the 2021-2022 school year. This delay in implementation – as has been done in other states – will give school districts and parents time to prepare for the new reality in our state, making whatever arrangements necessary if they choose not to vaccinate their children for non-medical reasons.

By taking this step, Connecticut will be better prepared to prevent outbreaks of measles and other vaccine-preventable diseases in the future.

Thank you again for reaching out to our Department. We are proud to work with you as governing partners for the Public Health of Connecticut. I look forward to speaking to each one of you on this important issue in the near future.

Best of Health,



Renée D. Coleman-Mitchell

Commissioner, Connecticut Department of Public Health

Cc: Ned Lamont, Governor, State of Connecticut
Miguel Cardona, Commissioner, State Department of Education
Sen. Len Fasano, Senate Minority Leader
Rep. Themis Klarides, House Minority Leader
Rep. Jonathan Steinberg, Chair, Public Health Committee
Sen. Mary Abrams, Chair, Public Health Committee
Rep. William Petit, Ranking Member, Public Health Committee
Sen. Heather Somers, Ranking Member, Public Health Committee



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

MEMORANDUM

TO: Eric Anderson, Andover Town Administrator
William Rose, Chaplin First Selectman
Mark Walter, Columbia Administrative Officer
Daniel Syme, Scotland First Selectman
Mike Zambo, Ashford First Selectman
Josh Kelly, Bolton Administrative Officer
John Elsesser, Coventry Town Manager
John Carrington, Interim Mansfield Town Manager
Michael Rosen, Tolland Town Manager
Erika Wiecenski, Willington First Selectman
Mark Palmer, Coventry Police Chief
Fire Chief, NCVFD
Fire Chief, CVFD
Tolland County Coordinator, BVFD
Fran Raiola, Chief, MFD
John Littell, Chief, TFD
Fire Chief, Willington Hill FD
Fire Chief, Willington # 1 FD
Tolland County Dispatch Center (TN)
Windham County Dispatch Center (WW)
Quinebaug Valley Dispatch Center (QV)
Adam Libros, Fire Marshal, Mansfield
James McLoughlin, Emergency Management Director, Coventry
Hans Rhynhart, UConn Director of Public Safety
Suzanne Onorato, UConn Director of Student Health Services
Dr. Elyssa Eror, Medical Director, UConn Student Health Services
Resident Trooper, Tolland
Resident Trooper, Columbia
Resident Trooper, Bolton
Resident Trooper, Chaplin
Resident Trooper, Mansfield
Fire Chief, Chaplin
Fire Chief, Columbia
Fire Chief, Andover
Fire Chief, Scotland
Fire Chief, Ashford

FROM: Robert L. Miller, MPH, RS
Director of Health

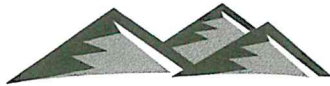
DATE: September 11, 2019
(*Discard memo dated 5/1/19 and note revisions.*)

RE: **Eastern Highlands Health District Emergency Contact Protocols - Updated**

CC: Dr. Kenneth Dardick, Medical Advisor
Board of Directors
Health District Staff

PROCEDURES FOR EMERGENCY CALLS

The director of health or a health district representative should be contacted and notified of any emergencies within the Towns we serve involving environmental pollution problems or any situations posing a significant or immediate threat to public health. Examples of such include but are not limited to:



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

Eastern Highlands Health District
Emergency Contact Protocols
September 11, 2019
Page 2

Fires, accidents, or hazardous material releases involving food establishments, schools, public buildings, or health care facilities; discharges of hazardous, regulated, biological waste or biological agents into air, water, or soil; any emergencies involving community water supplies and sewage disposal systems; and any accident or incident that may require communicable disease control and countermeasures implemented within the community.

Calls during normal business hours (Monday through Wednesday, 8:15 AM to 4:30 PM, Thursday, 8:15 AM to 6:30 PM, Friday, 8:00 AM to 12:00 PM) can be made directly to District Main Office at 860-429-3325. **During off-hours and unless otherwise notified, the following call down list shall be employed when requesting the Health District to respond to an incident:**

1. Robert L. Miller, Director of Health	Home	860-742-2348
	Cell	860-209-8990
2. Lynette Swanson, Chief Sanitarian	Home	860-774-9184
	Cell	860-234-2075
3. Holly Hood, Sanitarian II	Home	860-646-2753
	Cell	860-377-3909
4. Glenn Bagdoian, Sanitarian II	Home	860-230-7366
	Cell	860-208-9942
5. Thad King, Sanitarian II	Home	860-208-7192
	Cell	860-208-9940

PLEASE DO NOT PROVIDE ABOVE CONTACT INFORMATION TO GENERAL PUBLIC.

The District will provide notification to the Town Managers, Town Administrators, First Selectman's Office, and dispatch centers of each member Town for those times when the above call down list is temporarily modified due to sick, vacation, personal time, or due to staffing changes.

Eastern Highlands Health District is dedicated to providing public health services to its member towns. Please do not hesitate to call us for any reason for which you feel may be a public health issue. If there are any questions regarding any of the above information please call the District Main Office at 860-429-3325, Monday through Wednesday, 8:15 AM to 4:30 PM, Thursday, 8:15 AM to 6:30 PM, Friday, 8:00 AM to 12:00 PM.



Dear Wendy,

We hope that you are enjoying the rest of your summer!

As we close out our summer 2019 season, we want to thank you for being a SOLaware partner. We truly appreciate your business and support, and your willingness to take a risk with an innovative new approach to sun safety in your local parks. We hope that you found value in bringing SOLaware to your community this summer.

We are grateful for your support and we look forward to furthering our partnership to bring a more comprehensive sun safety awareness and education solution to your community next year. Please do not hesitate to reach out to me at any time with questions, feedback, and suggestions – your perspective and knowledge of public health and recreation are extremely valued and appreciated as we work to bring the most simple and informative sun safety solutions to communities like Coventry.

Sincerely,

John P. DeMezzo
Executive Vice President of Business Development

Kevin Rivas
SOLaware Jedi

925 Sherman Avenue, Hamden, CT, 06514

+1 (833) 765 29741

info@solawaretech.com

www.solawaretech.com



TOWN of TOLLAND / 21 tolland green, tolland, connecticut 06084

Steven R. Werbner
Town Manager
(860) 871-3600
swerbner@tolland.org

August 28, 2019

Mr. Robert Miller
Director of Health
Eastern Highland Health District
4 South Eagleville Road
Mansfield, CT 06268

**RE: RESIGNATION FROM EASTERN HIGHLANDS HEALTH DISTRICT
BOARD OF DIRECTORS**

Dear Rob:

Since I will be retiring on October 1, 2019, I will be resigning from the Eastern Highlands Health District Board of Directors. The new Town Manager, Michael Rosen will begin on September 9, 2019. There will be an item on the September 10, 2019 Town Council agenda to appoint Michael to the Eastern Highlands Health District Board of Directors. We will send you a letter after that approval.

Sincerely,

Steven R. Werbner

SRW/lrb

cc: Sheila Bailey, Town Clerk



JOYCE M. STILLE
ADMINISTRATIVE OFFICER

Town of Bolton

222 BOLTON CENTER ROAD • BOLTON, CT 06043
TELEPHONE (860) 649-8066 FAX (860) 643-0021

September 4, 2019

Joshua Kelly
222 Bolton Center Rd.
Bolton, CT 06043

Dear Joshua:

At its September 3, 2019 meeting, the Board of Selectmen appointed you as a member of the Eastern Highlands Health District. Your term of office will run to 12/31/2020.

At your convenience, please stop at the Town Clerk's office to receive the required oath of office.

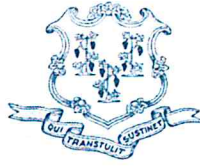
On behalf of the Board of Selectmen, I want to thank you for agreeing to serve our community in this important position.

Respectfully,

Joyce M. Stille
Administrative Officer

Cc: ~~Robert Miller~~
Elizabeth C. Waters, Town Clerk

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

RECEIVED

AUG 21 2019

Eastern Highlands
Health District

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

16

Office of Local Health Administration

August 16, 2019

Robert L. Miller, Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

RE: SFY 2020 Per Capita Funding Application

Dear Mr. Miller:

The Office of Local Health Administration is in receipt of your Per Capita Application for SFY 2020. The application has been approved and the invoice payment of **\$134,428.78** is being processed. You should expect to receive payment in approximately one week.

Please contact Sue Walden at (860) 509-7706 if you have any questions regarding the Per Capita Application process.

Sincerely,

A handwritten signature in cursive script that reads "Francesca Provenzano".

Francesca Provenzano
Chief, Public Health Preparedness and Local Health Section

cc: Sue Walden



Phone: (860) 509-7660 • Fax: (860) 509-7160
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308, MS#LOC
Hartford, Connecticut 06134-0308

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Press Releases

08/29/2019

As School Resumes Across CT, DPH Reminds Parents to Ensure that Child Vaccinations Are up-to-date

Kindergarten Immunization Rate for Measles, Mumps and Rubella (MMR) Declined in 2018-2019 School Year; Religious Exemption Rate Increased

As schools across Connecticut resume class this week, the Connecticut Department of Public Health (DPH) today is reminding parents to make sure their child's immunizations are up to date. The DPH is also reporting that while the MMR immunization rate for Connecticut's kindergarten students remains high, that rate declined from 96.5% for the 2017-2018 school year to a figure of 95.9% for the 2018-2019 school year that concluded this past June, according to data reported to DPH as of August 13, 2019, a decrease of 0.6%.

In addition, the DPH is reporting that the overall number of religious exemptions to vaccination increased by 25% between the two school years (from 2.0% to 2.5%). This represents the largest single year increase in religious exemptions for vaccination since the DPH started tracking the statewide data a decade ago. This also continues a trend of steadily declining MMR vaccination rates among Connecticut kindergarteners since the 2015-2016 school year.

"As our children go back to school this week, it is important to have on the parental checklist that all vaccinations are up-to-date," said DPH Commissioner Renée D. Coleman-Mitchell. "Connecticut overall is meeting the guideline recommended by the Centers for Disease Control and Prevention that at least 95% of kindergarteners receive the MMR vaccine required for school attendance. It does raise concern, however, that this number declined in the 2018-2019 school year while religious exemptions for vaccine-preventable diseases overall have increased. If parents have any questions about vaccinating their children, they should discuss them with their child's primary care physician. We want to make sure every school in Connecticut has a high enough percentage of immunized children to prevent a vaccine-preventable disease such as measles from spreading in a school environment."

High vaccination rates protect not only vaccinated children but also those who cannot or have not been vaccinated. This is called herd immunity. Schools that achieve herd immunity reduce the risk of outbreaks. High vaccination rates at schools are especially important for medically fragile children. Some children have conditions that affect their immunity, such as illnesses that require chemotherapy. These children cannot be safely vaccinated, and, at the same time, they are less able to fight off illness when they are infected. They depend on herd immunity for their health and their lives.

In the decade before 1963 when a vaccine became available, nearly all children got measles by the time they were 15 years of age. It is estimated 3 to 4 million people in the United States were infected each year. Also each year, among reported cases, an estimated 400 to 500 people died, 48,000 were hospitalized, and

1,000 suffered encephalitis (swelling of the brain) from measles.

In 2019, the United States has seen the largest increase in the number of measles cases in the last 25 years. According to the Centers for Disease Control and Prevention, more than 1,215 people in 30 states had contracted measles between January 1 and August 22, 2019, including three cases in Connecticut and more than 1,000 in Brooklyn and Rockland County, NY: <https://www.cdc.gov/measles/cases-outbreaks.html> (<https://www.cdc.gov/measles/cases-outbreaks.html>).

"The resurgence of measles in the United States is of great public health concern," said Commissioner Coleman-Mitchell. "When we released immunization rates by school this past May, my goal was twofold: to better inform parents of the vaccination rates in their children's schools so they might protect their children; and to encourage higher rates of immunization overall. I know that this is especially important to parents whose children cannot be vaccinated for medical reasons."

"The decline in vaccination rates and the increase in the number of religious exemptions validates the need to release immunization rates by county and by school for the 2018-2019 school year by October 21, 2019.", Coleman-Mitchell said.

Anyone with questions regarding the Connecticut Vaccine Program can call 860-509-7929 or send an email to dph.immunizations@ct.gov (<mailto:dph.immunizations@ct.gov>).

For more information about vaccine-preventable diseases, please visit: <https://portal.ct.gov/DPH/Immunizations/VACCINE-PREVENTABLE-DISEASES> (<https://portal.ct.gov/DPH/Immunizations/VACCINE-PREVENTABLE-DISEASES>).

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Drinking Water Section

DWS Circular Letter #2019-11

TO: School & Child Care Facilities
FROM: Renée D. Coleman-Mitchell, Commissioner, Department of Public Health
DATE: August 8, 2019
RE: Flushing Drinking Water Taps to Reduce Lead

The DPH recommends that school and child care facilities implement an ongoing flushing program to reduce possible lead concentrations in drinking water. The potential for lead to leach into water can increase the longer the water remains in contact with lead in plumbing. Flushing is generally a [best practice tool](#) to improve the overall water quality. Flushing the drinking water taps (letting the water run for a set amount of time) can help reduce lead concentrations by clearing the water that has been sitting in water piping for an extended period of time.

How to Conduct Drinking Water Tap Flushing

It is recommended that flushing should take place after weekends, vacations, and holidays because the water has remained stagnant in the piping for a long period of time after these breaks. It is recommended that flushing occur at every cold water tap throughout the facility and water fountains. The degree of lead level reduction varies depending on the age and condition of the plumbing and the corrosiveness of the water. If the water is corrosive, permanent corrosion control treatment may be necessary. Schools and child care facilities should establish an ongoing flushing program to move fresh water or treated water into every tap to reduce lead levels.

In addition to flushing, the faucet aerators (screens) should be cleaned periodically to remove tiny particles of lead trapped in the aerator screen. For aerator cleaning instructions, please refer to "[Be Lead-Safe: Clean your aerators](#)" pamphlet.

NOTE: Flushing and aerator cleaning should not be conducted immediately prior to collecting a water sample but should be planned as part of the school's or child care facility's overall water management program to improve drinking water quality.



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For more information on how to conduct flushing and reduce lead in drinking water, please refer to the [Drinking Water Section Lead and Copper Page](#) or the following links:

[EPA's 3Ts Flushing Best Practices](#)

[EPA's 3Ts for Reducing Lead in Drinking Water](#)

[Reducing Lead in Drinking Water Guidance for Schools and Child Care Facilities](#)

[Lead in Drinking Water Fact Sheet for Schools and Child Care Facilities](#)

Note: DPH has consulted with the Commissioners of State Department of Education (SDE) and Office of Early Childhood (OEC) and they support this educational effort.

If you have any additional questions on flushing, please contact Carissa Madonna or Cindy Sek at (860) 509-7333.

c:

Renée D. Coleman-Mitchell, Commissioner, Connecticut Department of Public Health
Heather Aaron, Deputy Commissioner, Connecticut Department of Public Health
Lori J. Mathieu, Public Health Section Chief, Connecticut Department of Public Health, Drinking Water Section

Desi D. Nesmith, Interim Commissioner, State Department of Education
Beth Bye, Commissioner, Office of Early Childhood
Debra Johnson, Director, Office of Early Childhood
John Frassinelli, Bureau Chief, Office of Student Supports and Organizational Effectiveness, State Department of Education

Glen Lungarini, Executive Director, Connecticut Association of Schools (CAS)
Konstantinos Diamantis, Director, Officer of School Construction Grants & Review
Fran Rabinowitz, Executive Director, CT Association of Public School Superintendents
Tom Barger, Chair, CT Section of American Water Works Association
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SECTIONS



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OP-EDS

Excess sodium in well water may be as big a threat to homes as crumbling foundations

By SAUD ANWAR
SPECIAL TO HARTFORD COURANT | AUG 11, 2019



Department of Transportation drivers around the state including drivers at District 1 Maintenance Garage in Glastonbury prepare their trucks for an approaching snowstorm. All 13 trucks at the Glastonbury garage were fully loaded with salt and liquid magnesium to help the salt work in low temperatures. A state senator is concerned that runoff from winter road treatment might be affecting residential water wells. (Courant file photo) (MICHAEL McANDREWS / Hartford Courant)

In recent years, the overwhelming toll of the continuing crumbling concrete foundation epidemic has become evident. Individual homeowners have each lost hundreds of thousands of dollars, not to mention the simple peace of mind of living in their homes.

In my role as a South Windsor town councilor, mayor and now state senator, I have visited many homes in our region impacted by this disaster. That is how I learned of another potentially disastrous problem that may impact public health, real estate and our way of life.

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Recently, I traveled to a home in Ellington. A family there is facing a different challenge than a crumbling foundation, but one that may be just as serious and wide-reaching. They found that there is an overwhelming amount of sodium and chloride in their home well water.

This has both made their water all but unusable, whether for drinking or for daily use, and has caused significant, permanent damage in their home due to the materials corroding the pipe. High sodium and chloride content in water can harm health and home value alike. Often, homeowners need to replace pipes and faucets. It's an expensive but sometimes necessary solution.

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This family is far from the only one facing this problem. Sodium and chloride degradation has been reported in additional homes in communities across Connecticut. We must act now before more homes are harmed and more families face difficult decisions.

Generally, it's believed that snow management processes cause this situation. Many towns use salt-based products to treat roads in winter, and variables include the amount used, the consistency, the timing and the frequency of the applications. Complications can arise if storm drains are near a home's well, and the integrity of storm drains can affect the levels of contamination.

Swimming pools and water softeners also have history of contaminating home wells. Depending on the location and depth of a well, cracks in a pool or breakdowns in a water softener system can lead to increased salt entering a well, which could eventually make a well unusable.

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We owe it to ourselves and our neighbors to study this condition across the state and decide whether we need to put new policies in place to help fight the problem. For instance, we could require biennial tests for sodium and chloride levels in wells. Studying the issue and creating a map of homes impacted by it could further help us understand ecological and geological patterns that could contribute to wells being compromised. Further, the General Assembly could develop policies to assess storm drain

strength and to monitor chemicals and products used for snow removal. It's possible that overuse, or misuse, of these products could be contributing to these problems. If so, we must act to prevent further issues.

If homes are found to have this problem, we would need to put steps in place to help families and homeowners. The first course of action must be to find and confirm sources of contamination, and to make sure families have access to safe water in their homes during any necessary work. We must also study timelines and potential solutions to this problem and find those that are most cost-effective.

If my concerns are accurate, and if this threatens as many homes as I fear, our first step in the General Assembly should be to develop a task force in cooperation with the Department of Energy and Environmental Protection and the Department of Transportation to better grasp the magnitude, causes, prevention and remediation of the problem. By involving municipal leaders and other stakeholders, we stand a chance of finding solutions as soon as possible. Hopefully, we can prevent and manage this silent problem before it expands to the level of crumbling foundations.

Saud Anwar, D-East Hartford, is the Connecticut Senate deputy president pro tempore.

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In 2010, Fotis Dulos' mother, 77, died after being struck by a Land Rover driven by the family's nanny in driveway of Avon home

Fotis Dulos later told detectives that he was in Italy at the time of the accident, according to a police report. He said his mother had been shaky from previous head and arm injuries and Jennifer Dulos told police her mother-in-law had complained of feeling dizzy the day before...

The Courant

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Drinking Water Section

DWS Circular Letter #2019-18

To: Bottled Water Producers with Sources Approved by the CT Department of Public Health

From: Lori J. Mathieu, Public Health Section Chief, Drinking Water Section 

Date: August 14, 2019

Subject: Request to Sample Bottled Water Sources for Perfluoroalkyl Substances (PFAS)

Every three years, the Department of Public Health Drinking Water Section inspects and approves the sources of supply for water bottling companies with sources in the State of Connecticut pursuant to Connecticut General Statutes section 21a-150a. In preparation for the 2020 inspection cycle, the Department is requesting that the four bottling companies with sources that are inspected by the Department sample their sources of supply for the presence of six PFAS: perfluorobutane sulfonic acid (PFBS), perfluorohexane sulfonic acid (PFHxS), perfluoroheptanoic acid (PFHpA), perfluorooctanoic acid (PFOA), perfluorooctane sulfonic acid (PFOS), and perfluorononanoic acid (PFNA). The samples must be analyzed using EPA method 537 at an approved laboratory registered in CT to perform this method. The results of the analysis should be provided to the Department via email to DPH.sourceprotection@ct.gov by October 1, 2019. A [list of laboratories](#) is attached and may be found on the Department of Public Health's website.

If you have any questions, please contact Pat Bisacky at 860-509-7333 or Patricia.Bisacky@ct.gov.

Cc: Renée D. Coleman-Mitchell, MPH, Commissioner, DPH
Heather Aaron, MPH, LNHA, and Janet Brancifort, Deputy Commissioners, DPH
Ellen Blaschinski, Chief Operating Officer, DPH
Jane Downing, USEPA Region 1
Brian Toal, DPH Environmental Health Section
Betsey Wingfield, Raymond Frigon, and Shannon Pociu, DEEP
Frank Greene, Food and Standards Director, Department of Consumer Protection
Local Directors of Health



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**CT DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL LAB CERTIFICATION**

CT Approved Laboratories

Test Name : Perfluorinated Compounds (PFCs)-537 rev 1.1

Matrix Name : DRINKING WATER (SDWA)

Test Name	Public Health #	Phone #	Lab Name	Location
PFCs - 537 r1.1	PH-0411	(203) 401-2700	Regional Water Authority	New Haven, CT
PFCs - 537 r1.1	PH-0107	(626) 386-1100	Eurofins Eaton Analytical, LLC	Monrovia, CA
PFCs - 537 r1.1	PH-0691	(916) 373-5600	Eurofins TestAmerica	Sacramento, CA
PFCs - 537 r1.1	PH-0216	(386) 672-5668	PACE Analytical Services, LLC	Ormond Beach, FL
PFCs - 537 r1.1	PH-0132	(574) 472-5523	Eurofins Eaton Analytical, LLC	S. Bend, IN
PFCs - 537 r1.1	PH-0567	(413) 525-2332	Con-Test Analytical Laboratory	E. Longmedow, MA
PFCs - 537 r1.1	PH-0141	(508) 898-9220	Alpha Analytical	Mansfield, MA
PFCs - 537 r1.1	PH-0746	(717) 656-2300	Eurofins Lancaster Labs Environmental, LLC	Lancaster, PA
PFCs - 537 r1.1	PH-0258	(910) 667-0134	SGS North America, Inc.	Willmington, NC
PFCs - 537 r1.1	PH-0228	(407) 425-6700	SGS North America, Inc.	Orlando, FL

* Potentially 14 PFCs analyzed by this Test Method

**CT DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL LAB CERTIFICATION**

CT Approved Laboratories

Test Name : Per&Polyfluorinated Alkyl Substances (PFAS)-537.1*

Matrix Name : DRINKING WATER (SDWA)

Test Name	Public Health #	Phone #	Lab Name	Location
PFAS - 537.1	PH-0411	(203) 401-2700	Regional Water Authority	New Haven, CT
PFAS - 537.1	PH-0107	(626) 386-1100	Eurofins Eaton Analytical, LLC	Monrovia, CA
PFAS - 537.1	PH-0132	(574) 472-5523	Eurofins Eaton Analytical, LLC	South Bend, IN
PFAS - 537.1	PH-0216	(386) 672-5668	PACE Analytical Services, LLC	Ormond Beach, FL
PFAS - 537.1	PH-0141	(508) 898-9220	Alpha Analytical	Mansfield, MA

* 18 PFCs analyzed by this Test Method