Onondaga County Legislature

HASSINA K. ADAMS
Clerk

NICOLE WATTS
Chairwoman

SPENCER BERG
Deputy Clerk

HEALTH & HUMAN SERVICES
COMMITTEE MINUTES - JULY 28, 2026
DAN ROMEO, CHAIR

MEMBERS PRESENT: Ms. Block, Mr. Burtis, Mr. Kelly, Mr. Romeo
MEMBERS ABSENT: Ms. Denton
ALSO ATTENDING: Mr. Ryan; also see attached list

Chair Romeo called the meeting to order at 10:31 a.m. and the previous meeting's minutes were approved.

1. **DEPARTMENT OF HEALTH:** Dr. Kathryn Anderson, Commissioner; Dr. James Alexander, Senior Medical Director
   a. INFORMATIONAL: Overview of the Bureau of Disease Control

- Bureau of Disease Control is one part of the health department
- Health department has a mission to protect and improve the health of all Onondaga County residents; coordinates operations but relies heavily on community partners, other organizations out in the community with various funding sources and missions, including substance use, reproductive healthcare, or otherwise
- The state has recognized that it is really important that everybody have access to safety net healthcare; nobody left in the lurch with a disease that could be mitigated because they don't have the opportunity to access services
- Under Article 6 of the Public Health Law, New York State supports local health departments, including New York City and throughout the state, to maintain certain core services and keep everybody healthy
- Mandated core services:
  - Disease control
  - Emergency preparedness
  - Health education
- Additional services provided beyond the core services, with additional funding received for providing them
  - Article 28 facilities: hospitals and emergency rooms, overseen by the state with certain guidelines they must follow
  - Department clinics fall under the same Article 28 guidelines but focus on STDs, immunizations, tuberculosis, and communicable disease management

- One of the Bureau of Disease Control's really important functions is monitoring communicable diseases; every day the department receives a list from the New York State Department of Health of diseases currently occurring in the community
    - Over 70 reportable diseases reported daily
    - Two full time communicable disease nurses look at all of those diseases and determine whether it is something to be concerned about, something to investigate further, or something requiring public mitigation work to keep it from becoming a bigger problem; these two RNs are grant funded and mandated by the state
- Nurses get notification of the disease, investigate, collect data, and often reach out to the patient; may include everything from salmonella to a case of pertussis or measles in the community, or a daycare with a one year old with varicella (chickenpox) looking for guidance on keeping one case from spreading to multiple people, compromised individuals, or kids too young to be vaccinated; adults with compromised immune systems from cancer, an autoimmune disease, or a medication impairing their ability to respond to disease
- Reports also received on arboviral diseases, West Nile, Triple E (Eastern Equine Encephalitis), and tick borne diseases, Lyme disease, ehrlichiosis, anaplasmosis, and other diseases from ticks; staff find out where these people have been, how they could have gotten the disease, and make sure they get the right care
    - Diseases are not all that common, so community doctors may have never treated them, or treated them 10 years ago under guidelines that have since changed
    - The department's job is to stay on the forefront of how to address them, working and conferring with the State Department of Health and its regional office to establish the best approach
- Also offers PEP, post exposure prophylaxis
    - If someone living at the rescue mission is diagnosed with meningococcal meningitis, staff go into the mission and offer medication therapy to people living there, people who are on the fringes of healthcare without direct access
        - Staff do not tell them who they were exposed to, but offer a medication to help prevent them from getting the disease
    - Similarly, if someone for example at Wegmans who makes subs comes down with hepatitis A, the department will go to Wegmans, get the Shoppers Club card records of who ordered a sub, contact people, and send out media notices, and then give immunizations help protect against hepatitis A or whatever the disease may be

Questions/Comments

- Mr. Romeo: I have a question about that, because you're talking about backtracking to figure out what the exposure was, and Wegmans has a great system where they can track through the Shoppers Club card
    - I'll give an example; my daughter had salmonella two months ago when she had cucumbers, and it's just really hard. Are there other non-store specific ways for people to track or monitor, to go back and trace exposures like the shopper's card situation?
- Mr. Alexander: Unfortunately, it usually relies upon people's memory; what did you eat three weeks ago? That's really, really hard. The most recent activity in the media is the CDC putting together all these people who ate at Taco Bell who also had cyclospora; they went back and said

maybe it's the lettuce, then found what farm it might be, and it turns out the testing wasn't quite right, but it's probably still that same farm
    - That's the kind of behind the scenes work we do; it's like putting together a difficult jigsaw puzzle with limited information, where you only have five pieces out of the thousand and are trying to figure out what the picture is
- Ms. Anderson: I'll add to that as well, and Wegmans is a hypothetical example. In these ongoing activities there's coordination with our Division of Environmental Health; environmental health is very engaged in restaurant inspections, another one of our activities but not related to the Bureau of Disease Control
    - Say there's a hypothetical restaurant where a bunch of people have become ill; our disease investigators will take the histories, and sometimes it's very challenging to trace back a week or two and remember exactly what they ate, but our environmental health division will also be engaged in trying to get samples of food and send them off for testing at the state lab. There's a coordinated system of trying to put the pieces together, which sometimes can be quite difficult

Presentation continued:

- Rabies control also relates to coordinated efforts between the Bureau of Disease Control and environmental health; in New York State, every local health department is mandated to cover the cost of rabies care for anyone who may have been exposed in its county
    - Example: somebody visiting from Plattsburgh is brushed by a bat; Onondaga County is required to pay for the preventative measures for that individual, which can run up to $10,000 between emergency visits and the four doses of therapy required
    - Mandate is unique to New York State, as many states don't cover this; covered so that everybody has equal access to disease preventing therapy, because if you get rabies, you are going to die
- Communicable disease nurses must authorize every individual who is going to get treated; otherwise people would receive rabies post exposure prophylaxis in the emergency department without any gatekeeper; nurses take the histories, is it a suspicious dog, a known dog, a feral cat, and based on the exposure will authorize or not authorize that care
- If it is an animal the county has custody of, the animal is sent to the state testing lab to determine if there's rabies; if not, no shots needed; if there is, shots are needed, and the shots have proven 100% preventive in preventing rabies
- Environmental team manages that part; animal disease control staff go out to people's homes to see if they can find the dog or whatever the animal might be; BDC is integral to the whole health department even though it may not share the same floor
- Immunization clinic: funded by the CDC and NYS Department of Health, largely grant funded with a little bit of local dollars; three full time RNs plus "103 RNs", part-time per diem nurses called in when large volumes of vaccinations are anticipated, along with medical assistants
- Mandated by New York State to make certain that kids are not out of school unnecessarily because they don't have vaccinations; certain vaccines are needed to attend school; school nurses verify students are up to date, and if not, students are given two weeks to come up to date before the nurse excludes them from school

    - Once a student is excluded for not being vaccinated, the department has a mandate to contact that student and get them vaccinated, either through the clinic, which is typical or their regular doctor, and then get them back to school; as soon as they have the shot in their arm they can attend classes
    - Goal is that kids are not sitting home from school for weeks because they're not vaccinated, and that unvaccinated kids are not potentially exposing other kids to disease
- Also does immunization "PODs", points of dispensing; go to a school and offer immunizations during sports physical programs for kids who don't have access to vaccines
- Vaccines usually funded through VFC, Vaccines for Children; any kid without private insurance can be vaccinated through VFC, and the vaccine product, the expensive part of the equation, is free
    - VFA, Vaccines for Adults, is more restrictive but still provides vaccines for adults without health insurance
- Department also vaccinates kids with private insurance; the legislature a couple of years ago approved a program allowing the department to bill the individual and/or their insurance for the vaccine acquisition cost plus a small fee for immunizing, $25 for one vaccine, $30 for two or more
    - Allows people to access vaccines if they can't get into their private doctor for two months and need to get back to school, or are leaving the country and want a polio shot; no net cost because funds are recovered
- Immunization team also responds to public health emergencies; six years ago the county was one of the first available COVID vaccine providers, out every day vaccinating people
    - Team is prepared with training and inventory to be fully functional on short notice; practices and trains, able to set up operations and respond quickly, whether it's COVID-19, hepatitis A, or measles

<u>Tuberculosis:</u>

- Department has a dedicated medical director who is an expert in tuberculosis; comes in one day a week to evaluate and treat patients, is available 24 hours a day, seven days a week for questions about patients with TB, and will see patients in the hospital to help transition care from the hospital to the community
    - Someone with tuberculosis can be highly infectious; the department does not want to send them home while still infectious if they live with people; there's really no good vaccine against TB, so everybody is at risk; nobody is sent home without a good transition plan
- TB care is grant funded; the clinic sees the patient, does the evaluation, x-rays, and blood work, and gives medication;
- By law the patient cannot see a bill or have any financial responsibility for tuberculosis related care
    - Department can bill Medicaid, Medicare, Excellus, and other third party vendors to recoup some of the money spent, but patients cannot be billed; no barrier to care
    - If a case exposes a household, the county does the entire investigation of everyone in the household free of charge to make sure they don't have tuberculosis;
- Therapy is monitored through direct observed therapy or video direct observed therapy; individuals are sent to people's homes to watch them swallow their pill every day

    - The CDC has made this the standard of care. Much more effective to ensure compliance; if someone starts TB medication and stops, they might get a resistant organism, which can be a disaster financially and health wise
- Consultation agreements with other counties; the county is uniquely situated to have a tuberculosis expert at its fingertips, since the disease is no longer common and the number of doctors with a lot of experience is limited; through a memorandum of understanding the department provides the care and the other county covers the costs, a good service to share with others

Questions/Comments

- Mr. Burtis: I don't live in this world of health and disease, but as you're listing these off, if I say the number one disease that's on your mind right now in the county, what would that be? I don't have an answer to that, but maybe you do
- Mr. Alexander: Syphilis. That's what keeps us up at night
- Ms. Anderson: I would say syphilis or the threat of measles
- Mr. Romeo: Were there any changes at the federal level that you're having to overcome with immunizations, and are there disease concerns because of immunizations?
- Mr. Alexander: I'm sure we've all heard the communication coming out of Washington relative to immunizations, whether we need vaccines for things, and all that. There's been a lot of talk, and it's made a huge impact on the public
    - However, the national recommendations for vaccination have not changed; they tried to change them, and the courts put a stay on that and said you cannot change them and cannot reconstitute the committee that makes the decisions about what vaccines you should get; we're relying on the old system that made those recommendations. Our mandate and guidelines have not changed
    - What's changed is parental views and community views about vaccines; "do I need this vaccine", "I read on Facebook I don't need it", "I read on Facebook it could kill me"
    - A lot of this is just misinformation and disinformation campaigns that have really distracted from the good, science based recommendations we've had in place for a long time
- Ms. Anderson: We have not yet had a measles case in Onondaga County, and we are actively monitoring for that. The state is doing innovative monitoring techniques like wastewater surveillance; they detected measles in wastewater, I think in Oswego County, several months ago but didn't find the case
    - To underscore what Dr. Alexander is saying, the data support that we still have relatively high vaccination rates for the school required vaccines here, but the amount of concern and uncertainty around vaccines is growing; people reasonably don't know what to think and just want to make the best decision for their kids, and it's a confusing time to try to do that
    - We're also unique in the country in that New York State, I think California is the other, does not allow religious based school exemptions; we allow medically based exemptions but not religious based, so the result is that the vast majority of children are required to have vaccines to attend school, which is different than the rest of the country
- Ms. Block: Is there anything we are doing at a local level to help combat that misinformation, or what is typically done? Is there anything that works?

- Mr. Alexander: I don't know if there's anything that works, I won't tell you that, but yes, we're doing a lot at the local level. We're doing advertising, and we have public health educators out in the community trying to spread correct information
    - Trying to combat misinformation and disinformation with correct information is an uphill battle; you feel like Sisyphus pushing the rock up the hill in perpetuity, but we keep getting the messaging out there. We are bolstered, very fortunately, by the New York State mandates about vaccines; you can't just say, "Well, I just don't believe," if you want your kid to go to school
    - Even homeschooled kids are mandated to be vaccinated, though there's really nobody to keep an eye on that
- Mr. Burtis: Just a point, not a question. In my head, again just as a banker, COVID really brought this vaccination issue to a pinpoint, at least in my life, where we were scared as a community, and from there we jumped off into the questioning of the vaccinations. For me, that's really where this whole discussion started, or started again; it was a very interesting time and we've kind of jumped off from there
- Ms. Anderson: I think you're right. Not to get too in the weeds, but there was a really nice study by the Kaiser Family Foundation that just came out last month looking at how people feel about specific vaccines, whether you're absolutely fine with it, have reasonable concerns, or will never get it
    - You can see the trend is that people in 2026 actually feel more supportive of the measles vaccine, in part because we now have the largest outbreak we've had in recent history, so people are reminded that measles is a significant disease
    - But looking back over the last three or four years, concern about COVID vaccines, which is not based in science or fact but in a lot of discussion on multiple platforms, has grown. There's something specific about the experience of COVID, how terrible that was, and the confusion and chaos, that has driven some of this forward still
- Mr. Kelly: Science and information literacy overall is something of a soapbox of mine, but using COVID as a segue, how would you describe the department's and the program's capacity for emergency response today? COVID was kind of a dry run in terms of the possibilities of what could happen, and on the spectrum it was on the not so bad side, which is scary to say.
    - What is the county involved in, in terms of facing existential risks, and is there any collaboration with emergency management in that work? What does that look like?
- Ms. Anderson: We have a Department of Emergency Management that's very active in preparedness across multiple fronts, and the human services and health related aspects of that are integrated very deeply. There are active preparations, activities, and operations done across the department, including health related and human service related community partners as well as within our department
    - As Dr. Alexander mentioned, preparedness is one of our core functions, a mandated and grant supported function, so we have dedicated staff involved in making sure we're all familiar with incident command and how you would set up a POD for emergency response. It's an ongoing exercise and a state of mind for us; I wasn't around for COVID, and I really appreciate what the department did during COVID, but we want to be prepared when the next thing comes up

- Mr. Alexander: The other thing I would point out is we are prepared, we're intellectually prepared, we're trained, we're ready to go, but we don't have as many nurses as we used to. COVID changed nursing, not only for us but for nurses across the country; numbers are down. We try to recruit, and we do a really good job of retaining, but it's a tough market out there. It's not one we're experiencing alone, but we have to remain competitive in our ability to attract and retain people

Presentation continued:

Sexual Wellness Center:

- Operates a walk-in clinic downstairs in the civic center offering services relative to sexual wellness at low cost or no cost
- Accepts almost all third party insurances, including Medicaid and Medicare; people who come in without insurance are still seen, tested, and treated, and if they don't have money for medication, medication is given
    - Gonorrhea, chlamydia, syphilis, and HIV, as well as other things like Mpox, MGen, and trichomonas, have real costs relative to their threat to the community; the department wants everybody to have access to care, appropriate testing, and the right medications to treat their disease
- Clinic is open five days a week, all day long; bills are sent to insurance companies, and a sliding scale is available for people without insurance, below the poverty line, or above the poverty line with a big family, so people without resources can still get care
- Primarily focused on evaluation and treatment of sexually transmitted infections; also does screening, so people without symptoms can come in to see if they've been exposed or are a carrier
- Also evaluates exposed partners; if somebody is found to have syphilis and may have contacted three other individuals, the department gets in touch with those individuals to say there's credible reason to believe they've been exposed to a sexually transmitted infection, without telling them who they were exposed to, and provides the evaluation and care
- Confidential, free care given to minors; New York State Public Health Law affirms that kids should get sexual healthcare, and if they choose not to tell their parents, the department can still care for them; no barriers to kids getting care relative to STIs or contraception
- Education; outreach to the community and the schools to provide appropriate education about preventing STIs, reproductive health services, and how to prevent pregnancy
- Robust HIV PrEP program; PrEP stands for pre-exposure prophylaxis, medication given by injection or taken orally on a daily basis to prevent people from getting HIV
    - Medications are highly effective, and for people who feel they're at sufficient risk it absolutely makes sense to take them; staff are very involved with these patients to keep them in care
    - Countless patients have fallen out of care, stopped taking their medications, and then acquired HIV; it happens fairly regularly, so staff keep on top of patients to encourage them to continue in care

- Working closely with the Sexual Wellness Center is a branch called Women's Health Services, offering the same degree of confidential care and STD screening plus birth control options: birth control pills, injections, implants, and long acting implants
    - Does disease screening and a lot of education; takes care of a lot of kids in this program, kids whose lives may have been altered by an STD or by a pregnancy at 16 years old; the department feels it can really make a big difference in this community
- Very new street medicine service: one of the department's nurse practitioners goes out with the harm reduction team, which works with individuals in the community who struggle with opioid use and other drug use
    - Street medicine outreach tries to reach people who otherwise don't seek care; people without a home, unsheltered, who get their care through emergency departments
    - These are the people who freeze to death in the winter, who are malnourished, who don't present to the hospitals until they're really critically ill; meeting them where they are and addressing some of their needs has been a huge success

<u>Partner Services:</u>

- Six individuals called communicable disease investigators; they get results of all the STD testing in New York State, reach out to the provider to confirm the diagnosis, treatment date, and medication given, then reach out to the patient to identify other sexual contacts, confidentially, to make sure everybody gets treated; grant funded as well
    - They track diseases, verify treatment has occurred, and coordinate care for people who've not been treated; if someone has a new case of HIV, they are gotten into care within days of diagnosis to initiate care, with great community partner contacts to do this
- A contact of somebody with a verified sexually transmitted infection is gotten into the clinic the same day or the next day for evaluation and treatment, whatever works for their schedule; not like a regular doctor saying they can get you in a month
    - If someone doesn't have insurance, medication is given; if someone doesn't want to disclose insurance because they don't want their significant other to know they were at the STD site, they are still treated
    - The interest is stopping disease transmission, and it's cheap to do, with a lot of these medications about $2 for a course of therapy, so it makes a whole lot of sense to intervene

<u>Biggest Challenges:</u>

- Syphilis is the biggest challenge right now; gonorrhea and chlamydia rates are down, but syphilis is way up, and HIV is higher than it's been; a lot being done relative to education and investigation
- Studying syphilis, especially in pregnant women who are getting care, asking how it could not be known about or treated; a segment of the community is especially at risk for syphilis in pregnancy:
    - People who are unsheltered
    - People without stable housing
    - People using opioids
    - People with fragmented obstetric care, without transportation to get to care, or with a house full of kids who can't get away to get to care

    - Department continuously works to figure out who has syphilis and who's been exposed, to make sure they're fully treated before delivery; prevent fetal death, deformity, deafness, or a neurologic abnormality, which can be done with appropriate care
    - Seven cases of congenital syphilis last year, a huge number when you consider the potential implications of syphilis in pregnancy
    - Aggressively perusing this; getting people treated, and on the phone with other medical directors and doctors about how to treat and ensure full treatment and minimize the risk of disease
- HIV is a challenge being addressed with PrEP and community partners
- Vaccine preventable diseases like measles are a big concern
- Vector borne disease is on the rise with ticks and mosquitoes, with a definite, firm plan in place to address it
- International threats like Ebola, measles, and polio, and diseases thought biblical like leprosy, still exist, so these things coming into the community are a risk being mitigated
- The Bureau of Disease Control is most interested in getting people into care and giving them the care they need, trying to be financially responsible in that care without barriers to care; strong focus on sexual wellness and disease prevention with immunizations and medications to prevent STIs; wants to treat people to minimize transmission and to educate people, a critical component

Questions/Comments

- Mr. Kelly: Is it true that HIV has been functionally cured? I've read some interesting things on that front in terms of histological cures and the ethical challenges that presents in individuals
- Mr. Alexander: Unfortunately not. We're at the point where you can get medication for your HIV and the virus can be undetectable in your bloodstream, and some will refer to that as a cure if you keep taking the medication
    - Unfortunately, while you may not transmit that virus to anybody else and may not have any direct HIV related implications because the virus is undetectable, you're still going to be at a higher risk of getting other infections, of getting premature heart disease, and of dying prematurely
- Mr. Kelly: On the nursing front, I know several years ago we had a scholarship program, and having done some research on that more recently, it seems we have allocated all of that funding. Has there been any follow up in terms of success with that program and potential to revitalize it going forward?
- Ms. Anderson: We are continuing to look at that. When I came in, there were also COVID funds allotted to healthcare workers, including our nurses, and that is no longer active. The challenge with nurses, as we all know, is a nationwide challenge; there's a shortage, and there are very high paying opportunities that are challenging for any county, any location, to compete with. We're continuing to look at ways to try to make the work more appealing, and also at ways we can leverage the nurses we have to efficiently and streamline care
- Mr. Burtis: Since I have you, and I represent the third district, which has the Cicero Swamp in it, because I deal with it every year. People say spray, they don't quite understand why we don't spray without the test results for West Nile virus and such. Can you spend a little time on that for the record? Some are frustrated through the process

- Ms. Anderson: I can understand that, and we are likely heading into that season again, unfortunately. We are unique in the state; there may be one or two others that consistently have a detectable burden of these viruses in their mosquitoes. Not all counties do weekly mosquito sampling; we're one that does
    - I think there are 19 sites throughout the county where we sample, with a focus on the swamp in particular, because almost every year we find mosquito borne viruses. The last few years we've reliably found EEE, Eastern equine encephalitis, which is unique in New York State
    - Last year, for framing, was a bad year for Eastern equine encephalitis statewide, and we ended up serving as a resource for others who have not had to make these decisions about when you spray and what you do
    - The way I try to message around this is that I don't want people to feel that when we finally find a positive pool, something has switched and all of a sudden people need to panic; it's likely something we have every year, and may already have now
    - You don't spray all the time because, one, it doesn't completely knock down the problem, and two, it may ultimately cause some resistance in the mosquitoes, in which case it would not work at all
    - We try to reserve it for the points where things are crossing some kind of threshold, more positive pools, multiple positive pools in a week, possibly a human case of West Nile
    - We try to be very judicious, very cautious, about how we spray, because we want to have that tool in our back pocket for when we really need it; if we sprayed more liberally, we would lose the impact of it
- Mr. Burtis: Thank you. We have an excellent program, in case anybody's not sure; mosquito counts are on the website, and you do a great job tracking that, but it is that time of the year, so thank you
- Mr. Alexander: It's one of those interesting observations that we have measures in place to almost eliminate encounters with mosquitoes, if people wear recommended clothing, if they mitigate their properties to reduce mosquito breeding grounds, and if they use DEET to control their exposure to mosquitoes. DEET is very safe; it's another one of the victims of misinformation and disinformation, but if used as directed, it's very safe. This is a classic case of we know what we need to do, but I'd rather do something easier
- Mr. Romeo: I'm glad Dr. Anderson gave us that answer; I deal with it too, thank you. A couple of things. One is, you were talking about treating underage individuals for sexually transmitted diseases; where does a mandated reporting situation come up, or is that exempt? How does that work?
- Mr. Alexander: We interview all of these individuals about partners, and we try to figure out who may have been a victim of sex trafficking, who may be a 14 year old girl with a 21 year old partner; we try to identify cases of statutory rape and other non-consensual encounters
    - Unfortunately, we, like everyone who does this, are not very successful at identifying who's been forced into something. If that occurs, yes, we are mandated reporters, and we will make sure it gets appropriately investigated by law enforcement. But if someone comes in and they're 14 and have chlamydia and say their partner is 14 and they're in love and it's consensual, our hands are tied

    - Our job is public health; our job is not law enforcement. We want to do some anticipatory guidance with these kids and try to get them into safe situations, but as the parent of teenagers, your words only go so far
- Mr. Romeo: And then my other thing is, can you talk about the physical locations for the clinics we have across the county? We talked a lot about people being able to go to them; can you talk about where they are and what we have?
- Ms. Anderson: Our primary clinic is in the basement of the civic center, and that's where we have immunization, STD, and family planning
    - We are increasingly trying to be more out of the civic center and providing services in the community; Dr. Alexander referred to a nurse practitioner we currently have going out alongside our harm reduction team, providing wound care and other limited evaluations
    - We intend to really double down on that and increase the extent to which we're able to provide care within our scope out in the community, not necessarily focused at the civic center, because we think we'll have a greater impact and really lower barriers for people

C. Adjournment

A motion was made by Mr. Burtis, seconded by Ms. Block, to adjourn the meeting; Ayes: 4 (Romeo, Kelly, Block, Burtis). MOTION CARRIED.

Meeting adjourned at 11:24 a.m.

Respectfully submitted,

SPENCER BERG, Deputy Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **HEALTH & HUMAN SERVICES**
DATE: **JULY 28, 2026**

NAME (Please Print)	DEPT/AGENCY/ORGANIZATION
Kathryn A. [illegible]	OCHD
Jim Alexander	OCHD