



ONEIDA COUNTY HEALTH DEPARTMENT

2012 *Annual Report*

Anthony J. Picente, Jr.
Oneida County Executive

Patrice A. Bogan, MS, FNP
Interim Director of Health

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MESSAGE

FROM THE DIRECTOR



"I believe the best buy in public health today must be a combination of regular physical exercise and a healthy diet" - Julie Bishop

I am pleased to present the *2012 Oneida County Health Department Annual Report*. This report includes narrative descriptions and statistical information for each program in the Health Department compiled throughout the year and, in its sum, provides an action plan for the department to accomplish its mission of *"...promoting and protecting the health of Oneida County"* in 2013 and the years to come.

Let me begin by expressing my pride in the staff, each of whom who work diligently each day to provide health services for our community.

As part of our essential services, the Health Department constantly assesses community conditions that might threaten the public's health and well being, and in concert with our community partners, develops plans to address these threats, often before a problem arises. Subsequently, some of our greatest victories may go unnoticed as they are, in fact, the child who *isn't* lead poisoned because of the on-site home assessments or landlord and contractor lead hazard training provided by the Lead Primary Prevention Program; the infectious or food borne outbreak that *doesn't* occur because of our Environmental Health Division's regulation of food services; or the disaster or injury that *doesn't* happen, due, in no small part, to the public information and education in the area of emergency preparedness we provide throughout the year. The public-at-large doesn't always recognize the importance of the services of our Early Intervention Program that will ensure that a child with developmental delays can begin school with his peers, or the work of Maternal Child Health Services in prenatal teaching, fetal growth and development, nutrition, and labor and delivery resulting in healthy births. The early detection of disease in an uninsured or underinsured woman as a result of the free cancer screening provided by our Cancer Services Program might only be known to the patient and her physician, but could well mean the difference between a life tragically cut short and a favorable health outcome.

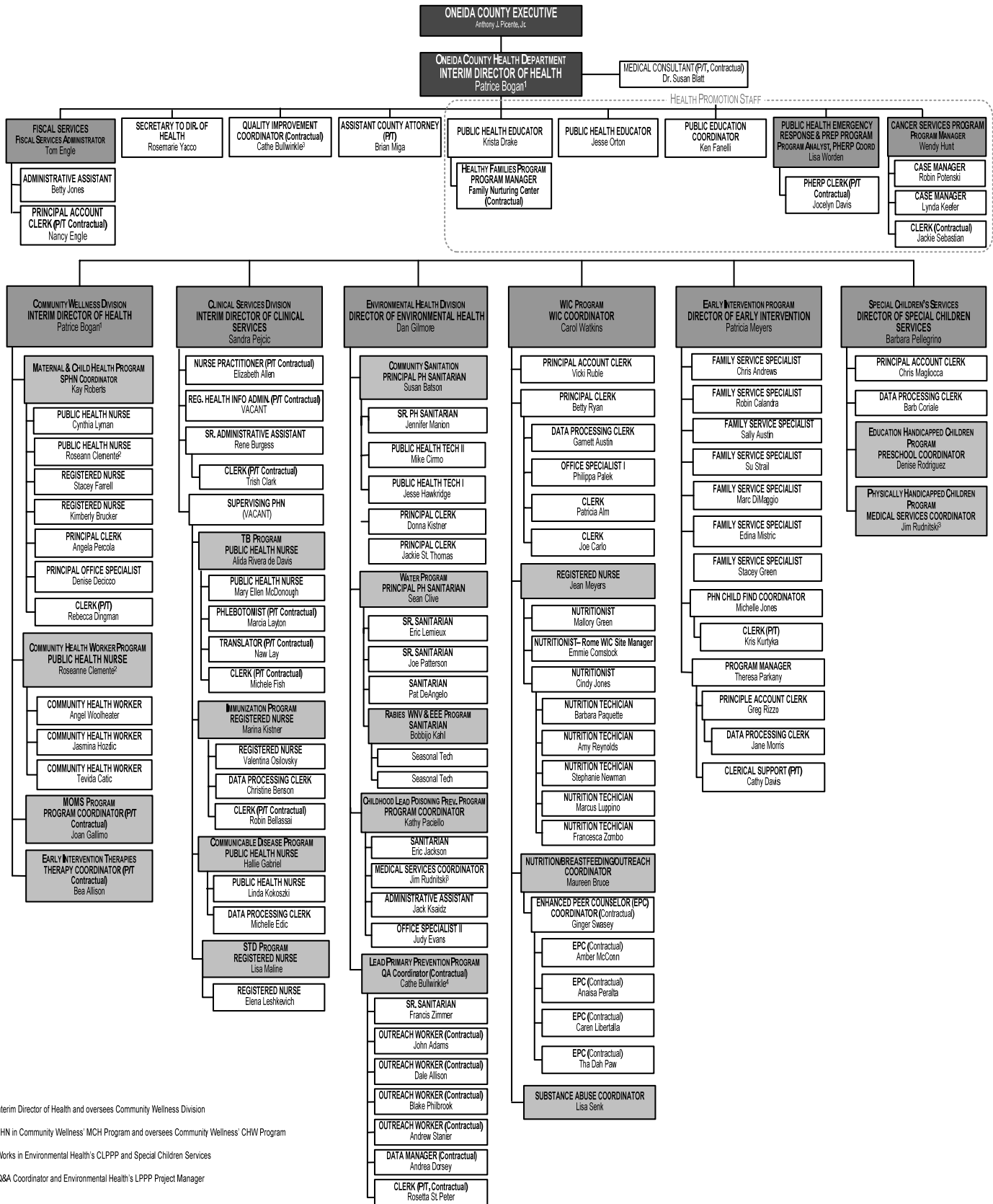
The Oneida County Health Department did work to increase public visibility in 2012. As part of its ongoing Health Promotion activities, OCHD implemented a community awareness campaign focusing on emergency preparedness and flu vaccination that included public service announcements, billboards, brochures and television and radio ads. As an extension of this campaign, the Health Department, in conjunction with multiple community partners, conducted an Emergency Preparedness exercise that provided training on how to better prepare for a disaster or emergency to several hundred residents who participated. Throughout 2012, OCHD participated in more than 60 community events promoting health and safety and conducted a Point of Distribution (POD) exercise to assess the department's ability provide mass vaccinations in response to large scale bio-terrorism event.

We recognize that with emerging diseases and global travel making the world a smaller and more interconnected place, meeting the public health challenges in the coming years will be more complex. These challenges are amplified by an economic climate that requires maximizing the effectiveness of our resources more important than ever. With the continued support of our County Executive and the Board of Legislators who share our belief that a healthy community is a productive community and that a productive community is an economically vital and socially vibrant community, we remain confident in our capacity to fulfill our mission of promoting and protecting the health of all Oneida County residents.

Respectfully,

Patrice A. Bogan, MS FNP
Interim Director of Health

2012 ORGANIZATION CHART



¹ Interim Director of Health and oversees Community Wellness Division

² PHN in Community Wellness' MCH Program and oversees Community Wellness' CHW Program

³ Works in Environmental Health's CLPPP and Special Children Services

⁴ Q&A Coordinator and Environmental Health's LPPP Project Manager

ADMINISTRATION

*"Gold that buys health
can never be ill spent"
-Thomas Dekker*



Tom Engle
Fiscal Services Administrator



Cathe Bullwinkle
Quality Improvement Coordinator



Rosemarie Yacco
Secretary to the Director of Health

The Director of Public Health is responsible for directing the programmatic and budgetary management of all public health programs. The Administration Division provides administrative, legal, fiscal, quality improvement, and health promotion (See Health Promotion section) support for the Department. These include the following services and activities:

Financial services staff assists in preparation of the department's annual budget; prepares required financial statements and government reports; ensure that spending is within the budget allotments; ensures revenues from 3rd party reimbursements; and prepares claims for State and Federal and other reimbursement.

Quality improvement and quality management includes planning, coordinating and ensuring the quality of services provided through the development of indicators and audit tools to measure performance, use of cost vs. benefit analysis, and the development and implementation of quality management tools to ensure effective program management. It audits and analyzes programs to insure compliance with regulations and provides analysis and recommendations to insure effective risk management.

The Secretary to the Director of Health processes contracts, performs personnel duties and provides overall administrative support to the Director of Health.

OCHD 2012 FISCAL REPORT

PROGRAM	TOTAL COSTS	% OF BUDGET	% OF FEDERAL FUNDING	% OF STATE FUNDING	% OF COUNTY FUNDING	% OF OTHER FUNDING
ADMINISTRATION	\$970,921	4%		39%	61%	
PRE-SCHOOL (3-5)	\$12,215,791	53.6%		58%	39%	3%
EARLY INTERVENTION	\$3,045,869	13%	16%	11%	21%	
PHYSICALLY HANDICAPPED CHILDREN	\$164,000	1%		50%	50%	
PUBLIC HEALTH CLINIC	\$1,157,297	5%	4%	34%	30%	25%
LEAD PRIMARY PREVENTION	\$350,097	1.8%		98%		2%
LEAD SCREENING	\$299,779	1%		88%	12%	
TB	\$46,897	.2%		100%		
ENVIRONMENTAL HEALTH	\$1,098,722	5%		39%	28%	33%
COMMUNITY HEALTH OUTREACH	\$221,323	1%		97%		3%
COMMUNITY WELLNESS	\$701,859	3%		27%	25%	29%
WIC	\$1,146,488	5%	96%	4%		
IMMUNIZATION CONSORTIUM	\$127,509	1%		100%		
HEALTHY FAMILIES	\$579,531	2.5%		100%		
CANCER SERVICES PROGRAM	\$436,854	1.9%	21%	79%		
EMERGENCY PREPAREDNESS	\$207,259	1%	100%			

HEALTH PROMOTION

*"Life is not merely to be alive,
but to be well."*

-Marcus Valerius Martial

OCHD Health Promotion staff perform the following activities:
Health Education staff work with the community on a variety of health topics, talk to community members and agencies about health department programs, make people aware of important health and safety issues, and work with employers, schools, colleges, businesses, and community agencies to focus on wellness, safety, and preventing disease. Activities include educational presentations, community events, outreach, health fairs, distributing materials, and helping residents with their questions.

Public Information staff disseminate information pertaining to the Health Department and its programs and services to all segments of the community via health fairs, media interviews and press releases. In the event of a health emergency, public information is responsible for informing the public as to the nature of the emergency and coordinates with the media and other agencies involved to protect the health of the community.

Community Health Assessments diagnose the health status of the County. This involves collecting, analyzing, organizing, and distributing data and information on health issues, needs and resources. It tells us if our community's health is getting better or worse; identifies significant and emerging health issues; is used to make decisions about policies, programs, services and funding; and is a basis for advocating for needed changes and mobilizing community partnerships.

Community Collaborations involves partnerships with individuals and organizations that provide essential public health services; these collectively make up the local public health system which consists of a broad and diverse cross-section of representatives from many sectors such as health care, schools, government, business, community groups, law enforcement, and volunteers to name a few. HP staff are active participants in several collaborations as the potential for improving the health of the community is significantly increased when we work together to address problems.

The goal of the **Public Health Emergency Preparedness Program** is to protect the health of the community from disease outbreaks and natural and man-made disasters. OCHD engages in preparedness activities with the multi-agency CHERP (County Health Emergency Response & Preparedness) Team to identify resources, establish mutual agreements, develop coordinated response plans, conduct drills and exercises, identify and follow up on areas for improvement, train staff, and coordinate public and media communications.



Left to Right: Lisa Worden, Program Analyst; Krista Drake, Health Educator; Ken Fanelli, Public Education Coordinator; Jesse Orton, Health Educator

Did You Know...?

- Did you know there are 26 packs of sugar in a 32 oz. soda?
- Many children, even past age 7, should be in a booster seat for their seatbelts to fit properly.
- 10 minutes of exercise per day is enough to improve your health, cheer you up, and help you maintain a steady weight.
- Forty-eight percent (48%) of Americans lack emergency supplies for use in the event of a disaster. Responding to an emergency starts with YOU. Help may not be available right away so it's important to be able to provide for yourself and your family after an event.



2012 HIGHLIGHTS

- * The OCHD, working in collaboration with OFA and OHM BOCES provide an evidence based program wherein members of the community attend workshops to learn how to better self-manage the impact of Chronic Disease by becoming an active member of his/her care team.
- * Participated in development of County wide literacy plan for Oneida and Herkimer counties.
- * Joined Health Literacy Workgroup for Oneida and Madison counties.
- * Participation in over 60 community events promoting health and safety.
- * Promoted prevention of EEE and Lyme Disease through community marketing and presentations.
- * Promoted Screen Free Week with a community walking event in Vernon.
- * Conducted condom education at STD/HIV clinics.
- * Finalized updates to OCHD website.
- * Continued implementation of a community awareness campaign for emergency preparedness and flu vaccination that included public service announcements, billboards, brochures and television and radio commercials.
- * Conducted a Disaster Preparedness Point of Distribution (POD) Exercise that provided education and starter preparedness kits to over 300 residents.
- * Developed the Oneida County Disaster Preparedness Guide now available on the county website.
- * Conducted an Anthrax POD Exercise to assess the department's ability provide mass vaccinations in response to large scale bio-terrorism event.

2013 GOALS

- * Feature program stories on website to increase service awareness.
- * Develop training database for employees.
- * Participate in launching the Stop ACEs website and public awareness campaign.
- * Continue to improve readability of Health Department materials for the public and finish plain language training for all OCHD programs.
- * Develop the 2014-2017 Community Health Assessment and Health Improvement Plan.
- * Conduct a Disaster Preparedness POD Exercise in Rome.
- * Develop a Special Needs Registry that identifies vulnerable individuals in the community for disaster planning and response.
- * Expand emergency preparedness community awareness campaign.

SPECIAL CHILDREN SERVICES

*"The larger the island of knowledge,
the longer the shoreline of wonder"*
- Ralph W. Sockman

Children with Special Healthcare Needs Program (CSHCN)

The CSHCN Program is an information and referral program for children and youth birth to 21 years of age who have or are suspected of having serious or chronic health conditions which require services beyond what is typical. This program assists families in establishing a medical home, accessing private and/or public insurance to pay for services and also supporting youth as they transition to adult health care, work and independence.

Physically Handicapped Children's Program (PHCP)

The purpose of the PHCP is to help families pay for quality health care for their children with severe chronic illnesses or physical disabilities. The program serves children and youth between the ages of birth to 21 years of age who meet medical and financial eligibility criteria to receive assistance. PHCP has a Diagnosis and Evaluation program as well as a Treatment Program which includes 150 categories of medical conditions requiring specialty care.

Education/Transportation of Handicapped Children Program (ETHCP)

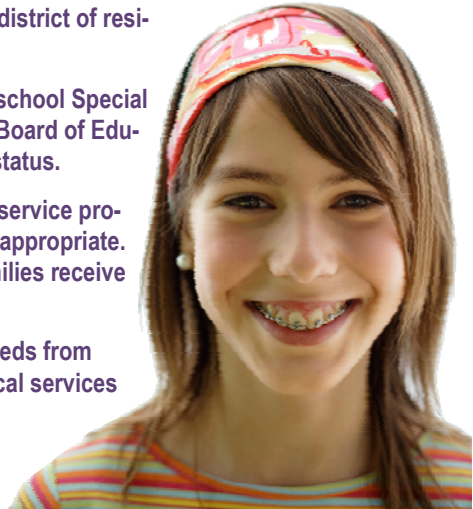
Some young children need help to set them on a path to learning while others might require more specialized learning support throughout their lifetime. The ETHCP emphasizes more individualized learning relationships which focus on the unique talents and needs of each child. The program is for children 3 and 4 years of age with learning delays and disabilities. The program offers evaluations and a variety of special support services which will help take full advantage of a child's learning potential.



Barbara Pellegrino
Special Children Services Director

Did You Know...?

- For a referral to the ETHCP, the parent/guardian would call the school district of residence and ask for the Chairperson of Special Education.
- The school district is responsible for establishing a Committee on Preschool Special Education which ensures an evaluation, determines services, obtains Board of Education approval and meets at least one time a year to review a child's status.
- The Oneida County Health Department contracts with and reimburses service providers in the ETHCP. OCHD arranges transportation for children when appropriate. A representative of Oneida County is a member of CPSE to ensure families receive quality, cost effective services.
- The CSHCN program serves children in Oneida County with special needs from birth to age 21. The program helps families use medical and non-medical services so their child receives the comprehensive care they need.
- The PHCP provides diagnostic and treatment services for children believed to have physically disabling conditions or serious chronic ill-



2012 HIGHLIGHTS

- * **755 children** benefitted from services through the ETHCP in Oneida County. Through their participation in this program, children with learning differences were better prepared to meet the challenge of entering a school classroom. School Districts in Oneida County: **24 Districts**; 2012 CPSE Meetings with Oneida County Representation: **1, 291**
- * Paradigm shift in program representation, Children with Special Health Care Needs includes PHCP as one program option for families.
- * CSHCN staff collaborated with Specialty Medical providers to encourage referrals to the Children with Special Health Care Needs program.
- * ETHCP staff worked closely with administrators of Universal Pre Kindergarten and Head Start programs to maximize children's participation in typical education opportunities with support.
- * ETHCP staff worked closely with transportation management to provide cost effective transportation options for preschool special class participants.
- * SCS staff participated in community Health Advisory Committees, forums and trainings to discuss issues special children and families face in Oneida County. Staff participated in an Early Childhood Symposium sponsored by the Early Childhood Direction Center.

2013 GOALS

- * CSHCN will continue to meet with Specialty Medical providers to increase awareness of the program and familiarity with key personnel.
- * ETHCP staff will continue to attend Committee on Preschool Special Education meetings in all Oneida County school districts.
- * ETHCP staff will continue to attend trainings on Least Restrictive Environments and Response to Interventions to identify most appropriate and cost effective placements for handicapped children.
- * ETHCP staff will continue to explore cost effective measures to provide transportation for handicapped children.
- * SCS staff will expand community knowledge of CSHCN services and supports. Also extend support to therapists who are seeking resources for children they are treating.

PROGRAM STATISTICS

ETHCP	
SERVICE:	
Distinct children receiving support services (SL, OT, PT):	361
Certified Rate for Support Services (Speech, Occupational, and Physical Therapy)	Cost: \$45.00 per ½ hour individual session
Average Frequency prescribed on child's Individualized Education Program (IEP):	2 x a week
Children receiving Special Education Itinerate Teacher service	59
Prospective Certified Rate for Special Education Itinerate Teacher	Average Cost: \$28.00 per ½ individual session
Average Frequency prescribed on child's IEP	2 hours per week
Children served in Center Based Programs: (With or Without Support Services)	433 Children

PROSPECTIVE CERTIFIED TUITION RATES FOR ONEIDA COUNTY FULL DAY (5 HR.) PRESCHOOL PROGRAMS:		
Class Type	10 Month Tuition 2012	Summer Tuition 2012
Special class including typical children	Average Cost: \$24,923.00 per Preschool child	Average Cost: \$4,154.00 per Preschool child
Special class without typical children included	Average Cost: \$17,581.00 per Preschool child	Average Cost: \$2,930.00 per Preschool child
Special class in a small setting without typical children included	Cost: \$44,915.00 per Preschool child	Cost: \$7,486.00 per Preschool child

Half day classes are approved to provide 2.5 hours of instructional time. Tuition rates are prorated using a full-time equivalent calculation.

Oneida County is responsible for the transportation of Preschool children to and from their prescribed program placements.

EARLY INTERVENTION

*"Go as far as you can see; when you get there,
you'll be able to see further."*

- Thomas Carlyle

The term 'Early Intervention' has a literal meaning – intervening in a child's development to provide support at an early time in his or her life.

On September 6, 2011, the U.S. Department of Education announced the release of final regulations for the early intervention program under Part C of the Individuals with Disabilities Education Act (IDEA). These final regulations will help improve services and outcomes for America's infants and toddlers with disabilities and their families.

Part C is a \$436 million program administered by States that serves infants and toddlers through age 2 with developmental delays or who have diagnosed physical or mental conditions with high probabilities of resulting in developmental delays.

The regulations focus on measuring and improving outcomes for the approximately 350,000 children served by the Part C program with the goal of ensuring that such children are ready for preschool and kindergarten

"As everyone who works in education understands, one of the most important things we can offer children is a high-quality early learning experience that prepares them for kindergarten," said U.S. Secretary of Education, Arne Duncan. "This is true for all children-but it's especially important for infants and toddlers with disabilities to have access to high-quality early intervention services that prepare them to successfully transition to preschool and kindergarten. The Part C regulations will support the Education Department's commitment to the goal of preparing more children with high needs with a strong foundation for success in school and beyond."

In 2012, we in Oneida County authorized 367 multidisciplinary evaluations as well as 17 bi-lingual core evaluations and 59 supplemental evaluations. We provided services to 975 children and the Child Find division of the Early Intervention Program actively tracked the development of 1,402 babies and toddlers.



Patricia Meyer
Director of Early Intervention

Did You Know...?

- Parents can refer their own children to the EI Program.
- In NYS public health law requires certain professionals to refer infants and toddlers to the EI Program if a problem with development is suspected. However, no professional can refer a child if the parent says “no” to the referral.
- A child who is referred because of a diagnosed condition that often leads to a developmental delay –like Down syndrome- is always eligible for EI services.
- Early Intervention services must be provided at no out-of-pocket cost to families. Private insurance and Medicaid are utilized to help pay for the costs of EI services in New York State.
- Every child referred to the EI program has the right to a free multidisciplinary evaluation meaning that more than one professional will be part of the child’s evaluation team to look at five aspects of development: Cognition; Communication; Physical (including vision and hearing); Adaptive and Social-Emotional.



2012 HIGHLIGHTS

- * Worked closely with our Lead program to develop a cost methodology to determine the actual total cost of Child Find and Early Intervention Services for children who have been diagnosed with lead poisoning. We looked to determine the net cost to our county after all third party reimbursement was obtained and also to determine if any correlation could be made from analyzing specific blood lead levels and the types and amounts of EI services that children with lead poisoning require. The lead program continues to make frequent referrals to our EI/Child Find Program and our EI service coordinators regularly refer children who are at risk to the lead primary prevention program.
- * Another “Family Fun Day” was well attended by EI program participants and their families. This annual event is made possible thanks to our providers and staff who donate their time and money to help make this day a success. Families come together for a relaxing day of fun, socialization and networking with one another.
- * Worked closely with one of our agency providers to develop and implement a parent/child group focusing on some of our refugee population whose children also have developmental concerns. This is a work in progress and has been quite successful in meeting a previously under-served need.
- * Ongoing monitoring of our quality and effectiveness through a subcommittee of our Local Early Intervention Coordinating Council (LEICC). Family Satisfaction surveys are mailed annually and the following is a sampling of some of the comments from parents who have children receiving EI services: “We couldn’t be more satisfied with the therapists that help our son. They are great!”, “Our service coordinator is very approachable and great to work with.”, and “Our speech therapist is wonderful. There are not enough nice things to say about her and what she has done for our son.”

2013 GOALS

- * There are some NYSDOH regulatory changes presenting some new challenges in 2013. Counties will no longer be the maintaining contracts with EI providers but rather, agencies and individual providers will enter in to agreements with the NYSDOH for service provision. We also anticipate a change with the way our providers will be paid as the NYSDOH will be using a “fiscal agent” to process and pay provider claims. These are two major changes within our division that are being designed by the state with the intent of reducing our administrative burden. We will be adjusting policies/procedures and personnel responsibilities accordingly, in order to comply with these regulatory mandates.
- * Continue to work closely with NYSDOH to transition onto the new NYEIS computer system and close out the previous DOS-based KIDS system. Changes are being made on a frequent basis and staff continues to adjust their daily work habits as needed.

PROGRAM STATISTICS

The following table illustrates the types and numbers of services provided to families throughout Oneida County in 2012. (*figures accurate as of 1/28/13)

EI SERVICES	2010	2011	2012
Special Instruction Visits	7,108	5,691	3,733
Physical Therapy Visits	7,335	7,473	7,078
Occupational Therapy Visits	6,501	7,346	6,257
Speech/Language Therapy Visits	15,378	14,522	13,649
Nutrition Therapy Visits	117	48	3
Vision Therapy Visits	9	10	2
Social Work Visits	26	24	11
Total of All Visits (including other miscellaneous services and service coordination visits)	46,310	42,533	37,186



WOMEN, INFANTS & CHILDREN

*"Tell me what you eat,
and I will tell you who you are."
-Brillat-Savarin*

The Oneida County WIC program is a USDA funded supplemental nutrition program that provides services to prenatal and postpartum women, infants, and children up to the age of five that are income eligible. Our WIC staff conducts a thorough nutrition assessment including parent/caregiver participant centered nutrition counseling along with anthropology and hematology services to formulate a food package that meets individual nutritional preferences and needs. A WIC participant is issued a food package in the form of checks that can be used at participating WIC approved grocery stores to purchase foods that support optimal growth and development. Program participation by prenatal woman reduces the risk of pre-term birth and supports healthy birth outcomes.

Oneida County WIC offers several free enhanced service options for participants. This includes the Farmers' Market Nutrition Program, Cornell Cooperative Extension (CCE) Nutrition Education and Child Care referrals, Breastfeeding Peer Counselor program, breast pump loans, and Healthy Lifestyle Program Activities. The WIC staff is trained as referral specialist that can provide information and referrals about community programs per participant needs. CCE Nutrition Educators provide monthly grocery store tours. Participants that are new to the program or that speak limited English utilize this program component to learn how to use their checks to purchase foods. Also all WIC participants qualify for free Nutrition Education services through CCE Eat Smart New York program. These additional services are offered at WIC sites, individual homes and community group settings.



Carol Watkins
WIC Coordinator

Did You Know...?

- Even if you are not income eligible for other programs you may qualify for WIC. A family of four can earn up to \$42,643 and still qualify for WIC.
- As of August 2011, children only need to re-certify once a year.
- An average food package value for a child is over \$100 a month.
- WIC offers a variety of foods lower in fat, higher in fiber and culturally diverse.



2012 HIGHLIGHTS

- * Oneida County WIC had a 68.13% redemption rate for Farmers' Market Nutrition Checks. This was the second highest check redemption rate in N.Y.S.
- * Increased Program Participation through out the county
- * Expansion of WIC, Cornell Cooperative Extension of Oneida County and Utica Grocery Store tour program to allow a CCE Nutrition Educator to provide in store WIC check utilization assistance at Hanaford and Price Chopper
- * Collaboration with the Rome Hospital to provide a Rome Breastfeeding Café. The Café is located at the Rome Trinity Church the 2nd and 4th Monday of every month from 12-2pm. The Café offers free Breastfeeding Support, baby weigh station, and a light meal.
- * The study, "Changing WIC Changes What Children Eat", evaluated statewide childhood obesity prevention policies in the WIC program, and was published in the January 2013 edition of the national journal *Obesity*. This study found a decline in obesity and overweight among children enrolled in the WIC program.

2013 GOALS

- * Increase Healthy Lifestyle Program Community Activities
- * Engage staff and participants in physical activity during clinic hours.
- * Oneida County WIC is one of two New York State WIC agencies asked to participate in the Feed Your Baby Study WIC national study to begin July 2013.

PROGRAM STATISTICS

DEPARTMENT WORKLOAD MEASURES	2010	2011	2012
Average Monthly Participants	5,554	5,336	5,994
Percentage of total checks redeemed each year	67%	82%	81%
Average Monthly Value of Redeemed Oneida County WIC Checks	\$312,075	\$314,211	\$368,433
Number of Farmer Market Nutrition Program Checks allocated to our county. Valued at \$4/each	18,114	18,600	*13,950
Value of Farmers' Market Checks Redeemed	\$45,060	\$48,583	\$38,016
Average monthly participants utilizing the Breastfeeding Peer Counselor Program	53	114	193

*The Farmer Market Nutrition Program funded through NYS Agriculture and Markets had funding cuts of 30% in 2012.



Oneida County WIC Family Fun Day 2012



COMMUNITY WELLNESS

*"It is easier to build strong children
than to repair broken men."
- Frederick Douglass*

The Oneida County Health Department (OCHD) Division of Community Wellness provides a variety of services to promote the health and well being of prenatal women and parenting families, as well as, assist individuals to access cancer screening and treatment. The OCHD collaborates with other agencies and providers to ensure that comprehensive services are available. Prevention Programs implemented throughout the community assist community members to improve and maintain optimal health. Programs include:

Nurses in the **Licensed Home Care Agency's Maternal Child Health (MCH) Program** provide home visits to women with high medical and social risk in order to help them have the healthiest pregnancy possible and to improve their birth outcomes. The nurses continue to visit after the baby is born to encourage sound parenting practices and to encourage immunizations and well child care. Nursing supervisors work together to ensure that programmatic function is not redundant, trainings are relevant and there is no duplication of services among programs. The Professional Advisory Committee helps keep an ongoing conversation among our members that affect our programs and clients. Events or conditions that are occurring in our community shape the way MCH nurses deliver their care. It is through these combined efforts that keep our program at its best.

The Early Intervention Therapy Program provides Physical, Occupational, and Speech Therapies; Medical Social Worker, Nutrition and Special Instruction Services through home visiting to children birth to age three who are enrolled in the Early Intervention Program. A strong focus of this program is to provide service to those children at high risk and/or live in hard to access areas of Oneida County.

The **Community Health Worker Program (CHWP)** provides outreach, education, referral and follow-up, case management, advocacy and home visiting services to women who are at high risk for poor birth outcomes and their families. The focus of the program is to assist underserved and hard to reach families get the best level of healthcare, self sufficiency and family functioning possible.

The **Healthy Families Program** seeks to prevent child abuse and neglect, promote optimal child health and development, and enhanced parental self-sufficiency; services are initiated prenatally or until the newborn is 92 days old.

MOMS offer a full range of health care services for income eligible pregnant women. Family size and earnings up to the 200% Federal Poverty Level determine income eligibility. Services include, but are not limited to, health and nutritional education, health and psychosocial risk assessment, access to Medicaid for the pregnant woman and newborn, referrals for WIC, Registered Dietician, Certified Dietary Nutritionist, Lactation Consultant, Childbirth Education, Community Health Worker, Healthy Families, Mental Health Services and Maternal Child nursing home visits, and others as indicated. Comprehensive care is achieved through the collaboration and coordination of care with many of these community based agencies.

The Cancer Services Program provides breast, cervical and colorectal cancer screening free of charge to eligible men and women who lack adequate insurance. Diagnostic services are available as is case management. If treatment is necessary, funds may be available to those who are uninsured.

2012 HIGHLIGHTS

MCH

- * Took part in the Healthy Babies Initiative to help identify needs in the perinatal population
- * Redesigned our emergency priority system to better match NYS standards

CHW

- * 85% of pregnant women enrolled in pre natal care with assistance of CHW; 50% were expected to be enrolled
- * 99% women completed post partum visits with their OB within 8 weeks
- * 100% newborns completed visits with primary care physician within 4 weeks
- * 100% children enrolled with a primary care physician.

Healthy Families Program

- * Received a total of 1629 referrals and served a total of 140 families throughout the year.

MOMS

- * First trimester of entry to care rates increased this year to 73% from 65% in 2011.
- * Teen enrollment decreased from 16 % to 15% this year.
- * Referrals to other service providers and community based agencies was 246.
- * The MOMS program referred 53 % of all new enrollees for Nutrition and Lactation services. A total of 70 total combined visits were completed from 75 referrals received.

Cancer Services Program (CSP)

- * Received \$30,000 in grant funds from the Central New York Affiliate of Susan G. Komen for the Cure to help supplement screening and outreach efforts.
- * Hired an outreach worker through our Komen grant, for western Oneida County.
- * Our staff were trained by Susan G. Komen for the Cure's National Office, to provide informal breast health sessions to women which include basic information about breast cancer, signs and symptoms, how to help prevent breast cancer, and local resources available.
- * Held our 3rd annual Love Yourself Screening Week in October, working with local healthcare professionals. This year we were able to provide 48 clinical breast exams, 65 mammograms, 11 Pap/pelvic exams and 12 Fecal Immunochemical Test kits.
- * Partnered with a health center in western Oneida County that has a high underinsured clientele, and Bassett Healthcare's Mobile Mammography unit to provide breast cancers screenings female patients in November.
- * Earned additional funding in the amount of \$43,539 both through meeting performance measures and a request for additional funds for screenings.

2013 GOALS

MCH

- * Increase community representation on our Professional Advisory Committee
- * Continue to work with community partners to improve birth outcomes in Oneida County
- * Increase communication with and referrals from area hospitals and Obstetrical clinics
- * The Professional Advisory Committee will meet quarterly and continue to consist of maternal and child care providers from many of the various service disciplines in the Utica and Rome areas. Recruitment efforts continue as new agencies arise.

CHW

- * Our CHW program is expected to close at the end of the extension period, on or about September 30, 2013. Our goal is to service as many clients as possible to meet their needs and get them enrolled in prenatal care, MA, and WIC. We intend to have them in safe housing with adequate furnishings. We plan to do as much education as possible in regard to prenatal teaching, fetal growth and development, nutrition and labor and delivery to aim for a healthy birth outcome. In the end our goal will shift to a smooth transition of clients to the new CHW Program.

MOMS

- * Increase overall MOMS, especially teen, enrollees, by continuing to inservice and update new provider staff members as needed.
- * Improve first trimester of entry to the program rates by expanding patient and community awareness of the program benefits and services through outreach initiatives.
- * Enhance nutrition and breastfeeding education
- * Recruitment efforts continue for new Oneida County MOMS medical providers as well as, any out of county medical providers recognized by the Medicaid Managed Care plans that serve Oneida County residents.

Cancer Services Program (CSP)

- * Applying for the next 5 year cycle for the CSP in order to be able to continue providing valuable cancer screenings to residents of Oneida, Herkimer and Madison counties.
- * Continuing to receive the grant from the Central New York Affiliate of Susan G. Komen for the Cure to help fund breast cancer screenings for women under 40 years old, provide support services for breast cancer survivors, and to fund our outreach worker and some outreach events in Oneida County.
- * Celebrating Women's Health Week in May and Men's Health Week in June with events promoting CSP services, offering cancer awareness and, information and presentations from other local service agencies.
- * Carry on our Annual Health Fair in Steuben as well as our Annual Screening week in October, and increase the number of new patients through each event.

Did You Know...?

- For uninsured people diagnosed with breast, colorectal or cervical cancer, the CSP has access to a specialized, NYS run Medicaid program called the Medicaid Cancer Treatment Program, which will cover cancer treatment



PROGRAM STATISTICS

MCH SERVICES	2010	2011	2012
Total number of patients seen:	828	630	556
Total number of home visits:	2,173	2,077	1,846

MOMS SERVICES	2010	2011	2012
Total Visits	383	467	485
Total New Clients	122	154	147
First Trimester of Entry to Care Rate	64%	65%	74%

ENVIRONMENTAL HEALTH

*"When the well is dry,
we know the worth of water"
- Benjamin Franklin*

The Division of Environmental Health strives to protect county residents and visitors from health hazards that are beyond the control of ordinary citizens. This is done through environmental surveillance and project plan review as per New York State Public Health Law, the New York State Sanitary Code, and the Oneida County Sanitary Code.

Fifteen County employees inspect and oversee hotels, motels and other temporary residences; swimming pools and bathing beaches; campgrounds; Children's camps; food establishments; mobile home parks; and public water supplies. Additional programs include the animal disease control program (primarily rabies), the mosquito monitoring program, and the Childhood Lead Poisoning Prevention Program (CLPPP). The Environmental Division works with the Oneida County Sheriff Department to assure that tobacco products are not sold to minors. The Environmental Division also oversees the review of real estate subdivisions, water main construction and expansion, and development of regulated facilities by engineers contracted to assure compliance with Public Health Laws and Regulations. Finally, 7.5 non-County staff are employed through a NYS Department of Health Grant that funds the Lead Primary Prevention Program (LPP) initiatives.

In 2012, staff permitted and inspected 51 temporary residences; 83 pools and beaches; 27 campgrounds; 17 Children's camps; 1,090 food establishments; 67 mobile home parks; 163 water systems; conducted investigations on 712 rabies exposures; and coordinated the reviews of 22 engineer plans. There were 513 citations of violations at permitted facilities that have been corrected.



Dan Gilmore
Director of Environmental Health

The Environmental Health Division includes the following activities and services:

- **Temporary Residences:** this inspection program at hotels, motels, and cabin colonies emphasizes fire safety for the protection of the traveling public lodging at facilities in Oneida County.
- **Swimming Pool/Bathing Beaches** inspections focus on pool supervision, lifeguard requirements, life-saving equipment, general pool safety, chemical treatment, and the proper operation of filtration equipment and maintenance.
- **Campgrounds:** Inspections of campsites include reviewing proper site spacing, shower and sanitary facilities, food service protection, the quality and operation of on-site drinking water supplies, and adequate sewage disposal systems. Where bathing facilities are provided, emphasis is placed on waterfront supervision, designated swimming areas and safety equipment.
- **Children's Camps:** Major emphasis is placed on ensuring that each camp provides an adequate number of trained, qualified staff, and waterfront safety and supervision. Attention is also focused on food service protection, adequate safe housing, proper sewage disposal, adequate garbage storage facilities, and safe, sanitary water supplies.
- **Food Protection:** Prevention of food borne illness is the primary focus of this program. This is accomplished by conducting quality inspections, educational seminars, on-site training and enforcement actions for all food service establishments.
- **Mobile Home Parks:** Mobile home parks are inspected to ensure that the parks continue to meet the standards contained in the New York State Sanitary Code. In addition, the department responds to complaints from residents in the mobile home parks.
- **Adolescent Tobacco:** The health department works with the Oneida County Sheriff's office to assure that tobacco products are not sold to minors. Sheriff Deputies conduct compliance checks, re-inspections, and follow-up visits. These inspection reports are submitted to the health department for enforcement action as warranted. In 2012, there were 197 retail tobacco vendors in Oneida County and 140 compliance checks.
- **Housing and Nuisance Complaint Investigations:** Staff investigate complaints pertaining to housing issues and public and private nuisances that may affect the health, safety, and welfare of county residents. In 2012, there were 27 nuisance complaints investigated throughout the County.
- **Animal Disease Control Program:** The Environmental Division is responsible for monitoring diseases that animals may transmit to humans. Rabies, which is fatal, is the most significant of these diseases. Emergency rooms and physicians are required to report all animal bites and scratches to the health department. Individuals can also report suspected rabies exposures to the health department. There were 808 possible rabies exposures reported with 96 patients receiving Rabies Post Exposure Prophylaxis (PEP) in 2012. Eight PEPs were due to an exposure to an animal that was laboratory confirmed positive for rabies. Nine PEPs were due to an exposure to an animal that was not able to be tested, due to either decomposition or mutilation. The remaining 79 patients received PEPs because an animal was not caught or located. In 2012, 144 animals were submitted for rabies testing to Wadsworth Lab, 90 of them were bats. Of those, 7 were positive for rabies. The health department sponsored 13 clinics where 1,197 animals were vaccinated for rabies.
- **West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE) Prevention Program:** The health department conducts a monitoring program during the spring and summer months to determine the presence of WNV and EEE viruses in Oneida County. In addition, educational information is provided to people to reduce the risk of contracting WNV or EEE. In 2012, 188 collections of mosquitoes (referred to as pools) revealed no WNV and 7 positive pools of eastern equine encephalitis (EEE).
- **Water Supply Program:** The public water supply program is responsible for the oversight of over 160 public water supplies in Oneida County as well as several non-public water systems (e.g., Children's Camps). The goal of this program is to ensure that the public is protected from illness and injury resulting from waterborne disease and contamination, both naturally occurring and human caused. Technical assistance is provided to homeowners and other non-public water system operators if problems arise or new systems are developed
- **Engineering Plan Review:** Contracts are in place with several consulting engineering firms to review engineer plans on behalf of the health department ensure that facilities and projects meet the standards contained in the New York State Sanitary Code and generally accepted engineering standards. The plan review process ensures environmental health concerns are addressed and acceptable practices are in place prior to use. In addition to new facilities

- Childhood Lead Poisoning Prevention Program (CLPPP): (Secondary Prevention):** This program provides case coordination and environmental investigations for children under the age of eighteen with elevated blood lead levels. Services provided include home inspections, outreach worker home visits, written educational materials to families, environmental inspections including visual inspections, XRF and dust wipe analysis, referrals to healthcare providers, coordination with school staff and community agencies, and monitoring of children with Blood Lead Levels (BLLs) > 9 µg/dL. Staff from this program attend community health fairs, provide lead poisoning prevention presentations to community agencies, and written information to healthcare providers and community agencies. Lead testing is provided through the OCHD D&T Clinic for children lacking medical providers and/or health insurance. Until recently, children were identified as having a BLL “level of concern” when their BLL was > 10 µg/dL. The Centers for Disease Control and Prevention is no longer using the term “level of concern” and is instead using the term “reference value” to identify children who have been exposed to lead and who require case management. In April 2012, the CDC lowered the “reference value” to 5 µg/dL.
- Lead Primary Prevention Program (LPP):** The Lead Primary Prevention program uses analytics and micro-targeting to analyze childhood lead poisoning patterns and design effective interventions to reduce lead poisoning incidence in the City of Utica. Strategies include free home inspections and dust wipe sampling in high risk housing with children, working with owners to make required repairs and providing dust wipe clearance exams to insure dust levels are safe for human habitation, educating high risk populations on lead hazard avoidance, educating property owners on low cost solutions to reduce lead hazards in their properties, offering lead safe work practice classes to contractors and owners through our partnership with Mohawk Valley Community College, providing window replacement classes and discounts on replacements windows to reduce lead hazards, and providing a HEPA vacuum loaner program to permit tenants and landlords to make immediate reductions in ‘lead in dust’ levels in the home. Additionally, the program provides landlord and tenant seminars including efforts to reach refugee and other limited English proficiency populations on lead and housing safety issues, and legal seminars to educate officials and attorneys on lead poisoning issues. During May through July 2012, the March to the Middle Campaign conducted 947 exterior inspections in Cornhill finding 76% of addresses had one or more chipping paint hazards. Owners were notified to make repairs. In late 2012, the program purchased iPads and customized inspection software to increase its productivity and efficiency. The program also conducted three studies to examine the average costs of renovations for cited housing, the cost of Early Intervention Services in Lead Poisoned Children, and the cost of Hospitalization for Intravenous Chelation for Children with dangerously high blood lead levels. Additionally, the Lead Primary Prevention Program worked with the New York State Department of Health to obtain one of two nationally awarded grants to support the development of the Kemble Street Park Project and a community gardens demonstration project in Cornhill.

PROGRAM STATISTICS

SUMMARY OF # OF REGULATED FACILITIES, INSPECTIONS, FIELD VISITS, AND ENFORCEMENT ACTIONS BY THE COMMUNITY SANITATION PROGRAM IN 2012.

Program	Number active	Inspections & Field Visits	Enforcement Actions or Violations
Temporary Residences	51	48	3 enforcement actions
Swimming Pools & Bathing Beaches	83	85	0
Campgrounds	27	27	1 enforcement action
Children’s Camps	17	34	0
Food protection	1,090	1,360	501 violations 21 enforcement actions
Mobile home parks	67	69	8 enforcement actions

2012 REGULATED PUBLIC WATER SYSTEM INFO.

Active	163
Inspected	163 (104 sanitary surveys, 59 inspections)
Notices of violations issued	140 (20 unresolved at year end)
Formal enforcement actions	15 (Stipulation or Hearing)
Boil water orders and other emergencies	8
Samples collected	172 coliform samples, 25 chemical samples

CHILDHOOD LEAD POISONING PREVENTION (CLPPP) 2012

Environmental	
Number of new assessments	90
Number of closed dwellings	105
Number of closed referrals	133
Number of children referred	48
Number of dwellings referred with at least one lead hazard found	84
Number of Notice & Demands issued	84
Case Coordination	
Number of Blood Lead Level tests	5,796
BLL in µg/dL	
BLL 10 – 14	277
BLL 15 – 19	105
BLL ≥ 20	79
Number of new admissions	48
Number of Outreach Worker/Family Education Specialist initial home visits	48
Number of Outreach Worker/Family Education Specialist follow-up home visits	307
Refugee Lead Testing	
Number of Refugee Children Tested	114
Community Education	
Presentations	9
Health Fairs	39

ENGINEER PLAN REVIEW 2012

	submitted	approved	pending
Water system expansions/Improvements	9	9	2
Backflow prevention devices	3	2	1
Realty subdivisions	2	2	0
Individual wastewater disposal systems plans	3	2	2
Pit privies	1	1	0
Swimming pool (new or improvements)	2	5	0
Campground (improvement or expansion)	0	0	1
Kitchen facility (new or expansion)	2	2	0
Temporary residences (hotel, motel, cabins)	0	0	0
Total plans	22	23	6

LEAD PRIMARY PREVENTION STATISTICS 2012

Metric	Result
# of Initial Home Inspections in pre-1978 Housing	259
# of Units Inspected with Children under age six	212
# of Children < Age 6 Living in Inspected Units	437
# of Children who lacked a lead test and were referred for testing	201
# of Housing Units inspected where lead hazards were found	241
# of Units Who Received Legal Notification to Repair Hazards	241
# of Units that Required Additional Enforcement Action	24
# of Units that Reduced Lead Hazards by Using a HEPA vacuum from the HEPA vacuum loaner program	157
# of Children Impacted in Units that Borrowed a HEPA vacuum	195
# of Units Receiving Exterior Inspections through the LPP Codes Contract	300
# of Units Receiving Exterior Inspections through the March to the Middle Campaign	947

2012 HIGHLIGHTS

- * Every program in the Environmental Division met all state mandates or standards and received favorable annual reviews from the NYS Department of Health.

2013 GOALS

The Environmental Division will continue to meet state mandates and provide services to Oneida County residents by:

- * Continued participation in NYS DOH sponsored staff in-service training programs to maintain and improve technical skills.
- * Continued collaboration between the CLPPP and LPP Programs to educate the community and reduce Oneida County's incidence of lead poisoning.

Lead Primary Prevention:

- * Implementation of iPADS for all housing inspections
- * Implement Housing Choice Inspections with the City of Utica's Section 8 Program to insure Section 8 rental units in the Cornhill and West Utica areas have low 'lead in dust' levels to reduce children's lead hazard exposure.
- * Conduct a study on the Impact of Lead Primary Prevention on Blood Lead Levels in the City of Utica's Cornhill and West Utica Areas.
- * Complete soil testing with the New York State Department of Health for the ATSDR Kemble Street Park Project
- * Develop a Community Garden Interactive Map for the lead website.
- * Develop a plan for a Community Gardens Demonstration Project with the NYS Department of Health ATSDR grant team.

CLINICAL SERVICES

*'There are only two things a child will share willingly;
communicable diseases and its mother's age'
—Benjamin Spock*

The Diagnostic and Treatment (D&T) Clinic programs target the prevention and control of communicable disease. The New York State Department of Health mandates provision of service for immunizations, STD, HIV, tuberculosis, and communicable disease.

Clinic performs communicable disease surveillance, outbreak investigations, health screening and health promotion activities, along with diagnosis and treatment or referral for treatment. In addition, communicable disease education is provided to schools and colleges, healthcare providers, public safety workers and the general public. Bilingual staff is available for non-English speaking Bosnian, Burmese/ Karen, German, French, Russian, Ukrainian, and Spanish speaking clients.



Sandra Pejic
Interim Director of Clinical Services

Did You Know...?

- In 2012, outside agencies were identified to provide services for non-mandated programs. The following services are no longer being provided by the D&T Clinic:

- ◆ Refugee Health Assessment – Industrial Medical Associates began providing services in March 2012
- ◆ Travel Clinic – Passport Health began providing services August 1, 2012
- ◆ County Employee Physicals – This service is no longer requested from the Oneida County Department of Personnel

Also in 2012, D&T Clinic held public flu clinics only at the OCHD Utica and Rome sites, since there are now many other places for the public to receive flu shots (such as pharmacies and primary care physician offices). As a result, the number of clients seen at the D&T Immunization Clinic decreased significantly from previous years.

- Communicable disease cases are identified in the home, school, daycare or workplace and each setting can present unique challenges to the efforts of disease control. D&T Clinic staff conducted 4,452 investigations of which 2,470 were later confirmed/probable communicable disease cases. D&T Clinic staff monitored influenza activity daily. There were over 1,625 cases reported which is the highest number of cases in the last decade. The program also saw a 75% increase in pertussis cases (42) compared to three cases in 2011.
- Tuberculosis disease is spread through prolonged, repeated exposure to someone with pulmonary TB. In 2012 there were five confirmed cases of tuberculosis and three of which were identified as pulmonary cases. Eighty-six people were evaluated for exposure to tuberculosis.
- Refugees are eligible for Green Card status after one year of residence and must show proof of required immunizations. In this case, local county health departments are qualified to serve as a civil surgeon. In 2012, 374 persons were assisted by immunization staff for Green Card requirements, a decrease of 44% from 2011 (666).
- Whooping cough, also known as pertussis, is a very contagious respiratory illness. The best way to prevent whooping cough is through vaccinations. Oneida County can offer Tetanus, Diphtheria, and Acellular Pertussis (Tdap) vaccine through the Give Immunity Fight Transmission (G.I.F.T.) program to uninsured individuals or to those whose insurance does not cover vaccines at a low cost. One hundred fifty one individuals received Tdap vaccine through the GIFT program in 2012.



2012 HIGHLIGHTS

Communicable Disease Prevention and Control:

- * The Communicable Disease Program has increased its capacity to manage, track, and report diseases electronically.

Immunization Program:

- * Promoted Tdap vaccine for adults who have contact with infants. In 2012, over 250 individuals received this vaccine.

Bioterrorism Program:

- * D & T Clinic staff participated in two OCHD Point of Distribution (POD) exercises. In July, our Disaster Preparedness POD included educating the public on preparing for an emergency and distributing emergency preparedness kits. In December, 80% of the D&T Clinic staff participated in a simulated Anthrax POD which involved distribution of antibiotics recommended for post-exposure prophylaxis.

2013 GOALS

Communicable Disease Prevention and Control:

- * Investigate cases within three days of receipt of either a positive lab test or a Confidential Case Report.
- * Investigate telephoned priority communicable diseases within three hours of the call.

Immunization Program:

- * Increase the rate of immunized two-year-olds seen in public clinics to meet or exceed the Healthy People year 2020 goals.
- * Provide education and technical support to private providers for implementation of the New York State Immunization Information System (NYSIIS).
- * Increase awareness of the benefits of adult immunization (for people over 50 and other at risk adults) against influenza, pneumococcal, hepatitis B, Tetanus, pertussis and varicella disease.

Tuberculosis Clinic:

- * At least 95% of the active TB cases will be placed on Directly Observed Therapy (DOT)
- * At least 95% will complete their prescribed course of therapy.
- * At least 95% of the active TB cases will be interviewed within 3 working days of notification of the report.

PROGRAM STATISTICS

IMMUNIZATION PROGRAM			
	2010	2011	2012
Total Visits	7,872	6,718	4,871
Total clients - Post exposure rabies	67	72	86
Total clients – Flu shots	3,344	2,413	1,269

TRAVEL PROGRAM			
	2010	2011	2012
Total Services	284	207 (another 184 clients seen in immunization clinics for travel vaccine)	119 (January - July)

STD PROGRAM			
Activity	2010	2011	2012
Clinics	172	192	178
Total Visits	1049	1073	902

STD CASES			
	2010	2011	2012
Chlamydia	669	757	726
Gonorrhea	182	142	136
Syphilis (Primary & Secondary)	2	1	1 – secondary 1 – primary
Syphilis (Early Latent)	1 (late latent)	0	1 – late latent

HIV COUNSELING & TESTOMG			
Activity	2010	2011	2012
Clinics	165	183	183
Total Tested	524	626	512
Positive HIV Cases	2	2	0

TUBERCULOSIS PROGRAM			
Total Re-ported Cases	2010	2011	2012
	7	8	5

NEW EMPLOYEE PHYSICAL EXAMINATIONS		
2010	2011	2012
73	76	3 14 - Hearing & Vision

REFUGEE HEALTH PROGRAM			
Year	2010	2011	2012 Jan - Mar
<i>Total Services (completed assessments)</i>	482	356	60
Identified hepatitis B carriers	26	23	2
Identified parasitic infections	57	32	12
Referred to primary care provider	482	356	60
Dental appointments	279	137	43

COMMUNICABLE DISEASES	2010	2011	2012
Amebiasis	4	1	6
Anaplasmosis	0	0	2
Babesiosis	0	0	2
Campylobacter	29	38	27
Chlamydia	671	757	726
Cryptosporidiosis	21	13	33
E. Coli 0157:H7	1	3	2
E Coli, Not Serogrouped	8	5	3
E. Coli, Serogrouped Non-0157	2	0	3
Ehrlichiosis	0	0	1
Encephalitis –viral	0	1	0
Encephalitis – West Nile	0	0	0
Giardiasis	53	54	69
Gonorrhea (simple)	182	142	136
Gonorrhea (PID)	0	0	0
Gonorrhea (PPNG)	0	0	0
Group A Streptococcal	15	10	5
Group B Streptococcal	24	21	18
Group B Streptococcal (Early Onset)	2	1	1
Hemolytic Uremic Syndrome (HUS)	0	1	2
Haemophilus Influenza, Inv.	0	0	2
Haemophilus Influenza , Inv. Not B	5	5	1
Hepatitis A	0	1	2
Hepatitis B (Acute)	1	1	1
Hepatitis B (Chronic)	33	40	28
Hepatitis B (Chronic) Probable	22	11	10
Hepatitis C (Acute)	0	2	3
Hepatitis C (Chronic)	152	99	12
Hepatitis C (Chronic) Probable	7	16	6
Hepatitis C (Chronic) Unknown	4	6	0
Herpes Infant, Inf. <60 days	1	0	0
Influenza A	4	127	1610
Influenza B	6	201	14
Influenza, Unspecified	0	0	0
Legionellosis	10	10	2
Listeriosis	1	0	0
Lyme Disease	14	43	35
Lyme Disease Probable	4	8	8
Lyme Disease Suspect	3	43	12
Lyme Disease – not a case	66	110	19
Malaria	1	0	2
Measles	6	0	0
Meningitis –Aseptic	0	8	10
Meningitis – Other Bacterial	0	0	0
Meningococcal Infection	0	1	0
Mumps	0	0	0
Pertussis	14	3	42
Rabies (Human)	0	0	0
Rubella	0	0	0
Salmonella	22	23	32
Shigellosis	9	0	9
Strep Pneumoniae (Invasive, Drug Resistant)	0	1	1
Strep Pneumoniae (Invasive, Intermediate)	1	10	5
Strep Pneumoniae (Invasive, Sensitive)	28	9	20
Strep Pneumoniae (Unknown)	1	0	2
Syphilis (Primary and Secondary)	2	1	2
Syphilis (Early Latent)	0	0	0
Syphilis (Other)	1	0	1
Toxic Shock	1	0	1
Tuberculosis	7	8	5
Typhoid Fever	0	0	0
Vibrio non 01 Cholera	0	0	0
Yersinoiosis	0	0	1



“Promoting & Protecting the Health of Oneida County”