

# Oneida County Health Department

## Public Health Update

### November 2022



ANTHONY J. PICENTE JR.  
COUNTY EXECUTIVE



DANIEL W. GILMORE, PH.D., MPH  
DIRECTOR OF HEALTH

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The COVID-19 pandemic caused great disruption and strain on the entire public health system for the past two years. The Oneida County Health Department remained open and active throughout the COVID-19 pandemic providing information and support to the community as well as contact tracing and vaccinations in addition to the non-COVID related public health tasks.

The Oneida County Health Department could not have accomplished all that it did without the leadership and direction of Oneida County Executive Anthony J. Picente, Jr. During an unprecedented time, the County Executive found innovative ways to assist the Health Department's monumental tasks through other departments including, Emergency Services, Public Works, Family and Community Services, the Sheriff's Office, Public Defender's Office and others.

All County workers maintained their employment throughout the pandemic and crucial County services were provided to residents. Much of this community also supported COVID-19 efforts including police departments; towns, villages and city departments; EMS and emergency services and countless volunteers who sacrificed their time to support public health. We also want to take a moment and recognize all the hard work and dedication to all health care workers in Oneida County.

The COVID-19 pandemic was extremely taxing on all systems, on our residents and ourselves. We thank you for all your efforts to keep this community safe. As we transition to living life with COVID-19, we wanted to re-introduce our public health update newsletter where we can provide a snapshot of what is happening in our community in addition to some helpful resources and information.

Currently, the Oneida County Health Department is working on the 2022-2025 Community Health Assessment and Health Improvement plan. It will help us look more closely at the community post-pandemic and allow us to focus our efforts on what Oneida County residents need most to help them live healthy lives. This assessment and plan will be available to the public at the start of the new year.

Thank you,

A handwritten signature in blue ink that reads "Daniel W. Gilmore".

Daniel W. Gilmore, Ph.D., MPH  
Director of Public Health

#### ADMINISTRATION

ADIRONDACK BANK BLDG., 5<sup>TH</sup> FL.,  
185 GENESEE ST. UTICA, NY 13501  
TEL: (315) 798-6400 || FAX: (315) 266-6138

#### SPECIAL CHILDREN SERVICES

ADIRONDACK BANK BLDG., 5<sup>TH</sup> FL.,  
185 GENESEE ST. UTICA, NY 13501  
TEL: (315) 798-5249 || FAX: (315) 731-3491

#### ENVIRONMENTAL HEALTH

ADIRONDACK BANK BLDG., 4<sup>TH</sup> FL.,  
185 GENESEE ST. UTICA, NY 13501  
TEL: (315) 798-5064 || FAX: (315) 798-6486

#### CLINICAL SERVICES

406 ELIZABETH ST. UTICA, NY 13501  
TEL: (315) 798-5748 || FAX: (315) 798-1057

# **SAVE-a-LIFE**

## **OVERDOSE RESCUE KIT**

We want to make you aware of the rollout of the **"Save a Life"** campaign by Oneida County Government and our Opioid Task Force partners. As part of the campaign, the Health Department is making available a **FREE "Save a Life"** overdose rescue kit for provider offices/practices. Overdose deaths are preventable and substance use disorder affects people from all walks of life including the people and families you treat and serve. Last year alone, there were 89 drug-related deaths in Oneida County. We have the tools we need to stop people from dying from drugs and we invite our healthcare provider community to partner with us in this initiative to reduce overdose deaths.

As a part of the campaign, we are making overdose rescue kits available to every business and organization in the community with the goal of making Narcan/Naloxone easily accessible in as many public sites as possible similar to other first aid tools. As a healthcare provider you can opt to do **one or both** of the following:

- Request your free **"Save a Life" Overdose Rescue Kit to keep on site** that consists of a small pouch with two doses of Narcan nasal spray and simple instructions. The Narcan is easy to use by any layperson and is good for three years. If there is ever a need for replacement due to expiration or use, it will be provided for free as well. This Overdose Rescue Kit will be mailed to your office directly by completing the following online form: [https://lfweb.ocgov.net/Forms/Narcan\\_Save\\_A\\_Life](https://lfweb.ocgov.net/Forms/Narcan_Save_A_Life)
- If your practice is interested in having a small supply of kits on hand to distribute to patients and/or their family members that may have or are suspected of having a Substance Use Disorder, please email Lisa Worden ([lworden@ocgov.net](mailto:lworden@ocgov.net)) to assess your needs and coordinate getting an ongoing supply of kits to your office.

We thank you in advance for your support of the County's goal to protect the health of the community by reducing fatal overdoses.



**ONEIDA COUNTY  
OPIOID TASK FORCE**

PREVENTION • SURVEILLANCE • RECOVERY • TREATMENT • HARM REDUCTION

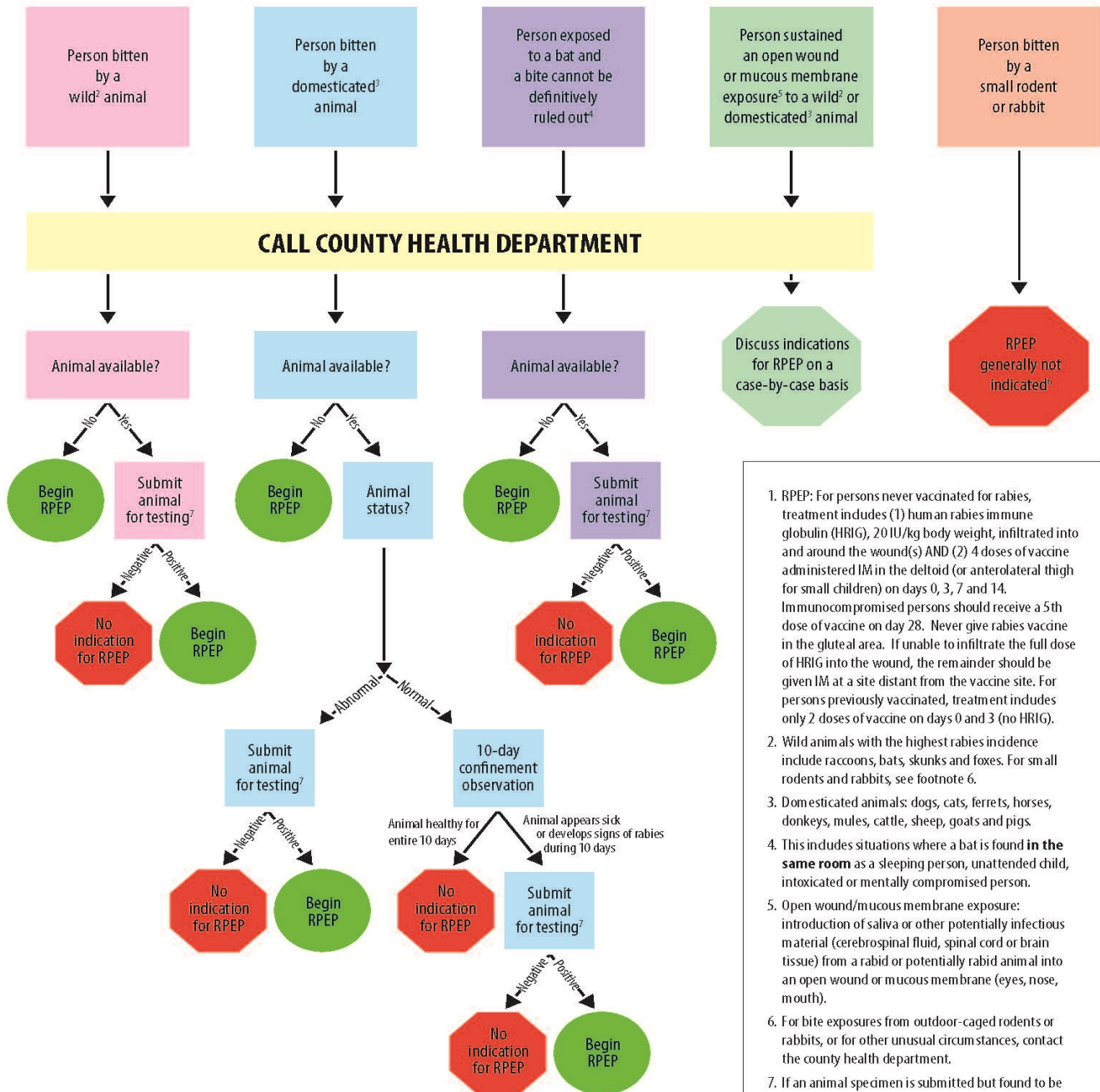
## Rabies Data July, August and September 2022

Exposures (Bites) 238  
Animals Tested 66

Pets Vaccinated 230

PEP Patients 54  
Animals Rabies Positive 3

### Rabies Post Exposure Prophylaxis (RPEP)<sup>1</sup> Algorithm



1. RPEP: For persons never vaccinated for rabies, treatment includes (1) human rabies immune globulin (HRIG), 20 IU/kg body weight, infiltrated into and around the wound(s) AND (2) 4 doses of vaccine administered IM in the deltoid (or anterolateral thigh for small children) on days 0, 3, 7 and 14. Immunocompromised persons should receive a 5th dose of vaccine on day 28. Never give rabies vaccine in the gluteal area. If unable to infiltrate the full dose of HRIG into the wound, the remainder should be given IM at a site distant from the vaccine site. For persons previously vaccinated, treatment includes only 2 doses of vaccine on days 0 and 3 (no HRIG).
2. Wild animals with the highest rabies incidence include raccoons, bats, skunks and foxes. For small rodents and rabbits, see footnote 6.
3. Domesticated animals: dogs, cats, ferrets, horses, donkeys, mules, cattle, sheep, goats and pigs.
4. This includes situations where a bat is found **in the same room** as a sleeping person, unattended child, intoxicated or mentally compromised person.
5. Open wound/mucous membrane exposure: introduction of saliva or other potentially infectious material (cerebrospinal fluid, spinal cord or brain tissue) from a rabid or potentially rabid animal into an open wound or mucous membrane (eyes, nose, mouth).
6. For bite exposures from outdoor-caged rodents or rabbits, or for other unusual circumstances, contact the county health department.
7. If an animal specimen is submitted but found to be untestable, it should be assumed to be positive for rabies treatment decision making purposes.

# Lead Testing

According to New York State guidance, starting October 1st, 2019, the reference level for an elevated blood lead level has been lowered to  $\geq 5 \mu\text{g}/\text{dL}$ .

If a child has an elevated capillary blood lead level  $\geq 5 \mu\text{g}/\text{dL}$ , confirmation with a venous sample is required.

The follow-up testing must be guided by NYS Guidelines: [Guidelines for Health Care Providers for the Prevention, Identification, and Management of Lead Exposure in Children \(ny.gov\)](#)

- Test all children who spend time in the home.
- Consider the child at risk for developmental delays and behavior concerns.
- Provide ongoing developmental surveillance with prompt referrals for developmental services if needed.
- Test or refer for testing pregnant women in the home.
- Notify the family of the need for follow-up venous testing periodically.

In the case of EBLL  $\geq 45 \mu\text{g}/\text{dL}$ , you must notify OCHD at 315-798-5064 within 24 hours.

To be discharged from the Health Department's care coordination services, two venous tests at least three months apart are required, and both of them must be less than  $5 \mu\text{g}/\text{dL}$ .

**National  
Lead  
Poisoning  
Prevention  
Week**  
*October 23-29, 2022*



Anthony J. Picante Jr.  
County Executive



Daniel W. Gilmore, Ph.D., MPH  
Director of Health

**315.798.5064**



Get the  
Facts



Get Your  
Child  
Tested



Get Your  
Home  
Tested

#LeadFreeKids

#NLPPW2022



# Quick Reference Guide: Management of Children According to Blood Lead Level (BLL)

Note: On May 17th, 2017 the U.S. Food and Drug Administration advised that Magellan Diagnostics' LeadCare® analyzers should no longer be used with venous blood samples <https://emergency.cdc.gov/han/han00403.asp>.

- All confirmatory and follow-up venous samples must be analyzed by a New York State approved lab for toxicology-blood lead-comprehensive testing.<sup>1</sup>
- The higher the blood lead level, the more urgent the need for confirmatory venous testing and timely follow-up testing.
- If repeated attempts to obtain a venous confirmatory sample are unsuccessful, a second capillary sample may be used to guide follow up actions to avoid significant delays in management. However, as capillary samples can yield frequent false positives, a venous confirmatory sample should still be pursued.

BLL (µg/dL)	Confirmation of Capillary Sample with a Venous Sample	Follow-Up Venous Testing Schedule AFTER Confirmed Venous BLL (≥5 µg/dL)	Management <sup>2</sup>
<5	No confirmation needed. Average BLL for U.S. children ages 1-5 years is 1.4 µg/dL <sup>3</sup>	Not applicable. Refer to Management column.	<p><b>Test all children at age 1 year and again at age 2 years, regardless of initial result.</b></p> <p><b>If child &lt;6 years, perform a Lead Exposure Risk Assessment (see p. 1) at every well child visit, and test again if lead risk is found.</b></p> <p><b>Provide anticipatory guidance<sup>4</sup> to parent or guardian regarding major sources of lead exposure and ways to prevent exposure.</b></p>
5 to <15	Venous test as soon as possible but no later than 3 months.	Every 1-3 months until BLLs are confirmed to be <5 µg/dL based on two tests at least 3 months apart, then proceed as above for <5 µg/dL.	<p>AFTER CONFIRMED VENOUS TEST, all activities above AND:</p> <ul style="list-style-type: none"> <li>• <b>Perform a Clinical Lead Exposure Assessment (see p. 3).</b><sup>5</sup></li> <li>• <b>Provide lead exposure risk reduction education.</b><sup>4</sup></li> <li>• <b>Consider the child at risk for developmental delays and behavior concerns and provide ongoing developmental surveillance with prompt referrals for developmental services if needed.</b></li> <li>• Test all children who spend time in the home and refer pregnant women in the home for testing.</li> <li>• <b>Coordinate care with local or state health department including environmental education and management.</b></li> <li>• Notify family of the need for follow-up venous testing on a periodic basis.</li> <li>• Frequency of follow-up testing for children with previous blood lead level elevations are best guided through consultation with a Regional Lead Resource Center.<sup>6,7</sup></li> </ul>
15 to <25	Venous test as soon as possible but no later than 1 week.	Every month until BLL is <15 µg/dL, then proceed as above for BLLs 5 to <15 µg/dL.	<p>All activities above AND:</p> <ul style="list-style-type: none"> <li>• Consider consulting with a Regional Lead Resource Center.<sup>6</sup></li> </ul>
25 to <45	Venous test as soon as possible but no later than 48 hours.	Consult with a Regional Lead Resource Center <sup>6</sup> for guidance on a follow-up venous testing schedule until BLL is <25 µg/dL, then proceed as above for BLLs 15 to <25 µg/dL.	<p>All activities above AND:</p> <ul style="list-style-type: none"> <li>• Consult with a Regional Lead Resource Center.<sup>6</sup></li> </ul>
45 to <70	Venous test as soon as possible but no later than 24 hours.	Consult with a Regional Lead Resource Center (RLRC). <sup>6</sup> RLRC may recommend a second venous test before initiating chelation. However, if results of the second test are not readily available, treatment should not be delayed. Follow venous testing schedule as per RLRC instructions until advised to adhere to the testing schedule above.	<p>All activities above AND:</p> <ul style="list-style-type: none"> <li>• <b>Notify local or state health department within 24 hours for environmental investigation and follow-up services.</b></li> <li>• Consult with Regional Lead Resource Center<sup>6</sup> within 24 hours to discuss hospitalization and chelation.<sup>7</sup></li> <li>• <b>Hospital discharge only to housing determined to be lead-safe in consultation with the local or state health department.</b></li> </ul>
≥70	<b>This is a medical emergency. Confirm immediately with a venous test.</b>	Follow venous testing schedule as per RLRC instructions until advised to adhere to the testing schedule above.	<p>All activities above AND:</p> <ul style="list-style-type: none"> <li>• Consult with a Regional Lead Resource Center.<sup>6</sup></li> <li>• <b>Admit immediately to a hospital for chelation.</b><sup>7</sup></li> </ul>

## Clinical Lead Risk Assessment Questions for All Children Less than 6 Years:

These questions correspond with *Does Your Child Need A Lead Test?*, which should be used with parents/guardians at child visits between six months and six years of age. See [www.health.ny.gov/publications/6670.pdf](http://www.health.ny.gov/publications/6670.pdf).

**1. Does your child live in or regularly visit a building with potential lead exposure**, such as peeling or chipping paint; recent or ongoing renovation or remodeling; or high levels of lead in the drinking water? Older dwellings (built before 1978) may have lead-based paint. Consider day care, preschool, school, and homes of babysitters or relatives. Children with Medicaid, those entering foster care, and recently arrived refugees are at higher risk for lead poisoning. The risk to a child from past exposure to elevated lead in drinking water depends on many factors including a child's age, weight, amount of water consumed, and the amount of lead in the water.

**2. Has your child spent any significant time outside the U.S. in the past year?** All children born outside the U.S. and children visiting other countries for extended periods of time should be tested upon arrival or return to the U.S. due to higher lead risk in many countries.

**3. Does your child currently have a sibling, housemate, or playmate with an elevated blood lead level and your child has not been tested?**

**4. Does your child have developmental disabilities and/or exhibit behaviors that puts him/her at higher risk for lead exposure?** Young children and children with developmental disabilities (autism spectrum disorder and Down syndrome) may have behaviors that place them at higher risk for lead exposure. These may include: pica; putting nonfood items (e.g., fingers, toys, jewelry, keys, or soil) in their mouth; mouthing painted surfaces; any behaviors that disturb painted surfaces.

**5. Does your child have frequent contact with an adult whose job or hobby involves exposure to lead?** An adult may bring home lead from a job or hobby, such as house painting; plumbing; construction; auto repair; welding; battery recycling; lead smelting; jewelry, stained glass or pottery making; fishing (lead in sinkers); making or shooting firearms; and collecting lead or pewter figurines.

**6. Does your family use traditional medicine, health remedies, cosmetics, powders, spices, or food from other countries?** Lead can be in items such as Ayurvedic medicines, alcohol, azarcon (Alarcon, luiga, rueda, coral), greta, litargirio, ghasard, pay-loo-ah, bala goli, Daw Tway, and Daw Kyin; cosmetics including kohl, surma, and sindoor; and some candies and products from other countries, particularly Mexico. See [www.health.ny.gov/publications/6517.pdf](http://www.health.ny.gov/publications/6517.pdf).

**7. Does your family cook, store, or serve food in crystal, pewter, or pottery from other countries?** Lead exposure risk from pottery is higher with old, cracked/chipped, and painted china and in pottery from other countries particularly from Latin America or Asia. Also, imported samovars, urns, and kettles could be soldered with lead. See [www.health.ny.gov/publications/6517.pdf](http://www.health.ny.gov/publications/6517.pdf).

## Clinical Lead Exposure Assessment for Children with BLLs $\geq 5 \mu\text{g}/\text{dL}$ :

<b>History</b>	<i>Current Status:</i> Symptoms of lead exposure; previous blood lead test results; family history of lead poisoning; dietary history; development; country of birth; extended travel outside the U.S.; recent immigrant, refugee or adoptee.
	<i>Child Behaviors:</i> Pica; degree of hand-to-mouth activity; mouthing/chewing on window sills, furniture, keys, and toys; frequent playing in soil; inadequate hand washing before eating.
	<i>Potential Paint Sources:</i> Age and condition of home and other places child spends time (day care, relatives); evidence of chewed or peeling paint on woodwork, furniture, or toys; recent renovations; condition of windows; methods used to control dust and dirt (wet mopping vs. sweeping, use of door mats).
	<i>Potential Non-Paint Sources:</i> Use of imported cosmetics, health remedies, spices, or children's jewelry; food served, stored, or prepared in pottery from other countries particularly from Latin America or Asia, painted china, pewter, or leaded crystal; bare soil in outdoor play areas.
	<i>Caregiver Exposures and Behaviors:</i> Occupations and hobbies of household members; painted or unusual materials burned in fireplaces or near home.
<b>Physical Exam:</b> Include complete neurologic exam.	
<b>Nutritional Assessment:</b> Evaluate growth and adequacy of diet, including iron, vitamin C, and calcium intake with follow-up anticipatory nutritional counseling.	
<b>Developmental Assessment:</b> Evaluate achievement of, or regression from, milestones, particularly in psychosocial and language domains. This should include use of a standardized developmental screening tool <sup>®</sup> and follow-up anticipatory developmental counseling.	
<b>Laboratory Tests:</b> Evaluate iron status and hemoglobin or hematocrit. Arrange follow-up blood lead testing per the <i>Management of Children According to Blood Lead Level</i> p.2.	
<b>Referrals:</b> For suspected developmental delays, refer to Early Intervention Program for children less than three years old or the child's school district for children three years or older, and, if appropriate, a pediatric developmental specialist. For nutritional assistance, refer to/for WIC and SNAP Benefits.	

# Health Alerts

## Ukrainian Arrivals

Ukrainian arrivals are required to undergo testing with a TB-specific interferon-gamma release assay (IGRA) and subsequent TB diagnostic studies as needed. Ukrainian arrivals are also required to be vaccinated for several other infections.

Tuberculosis Clinicians should maintain a high index of suspicion for TB disease in those arriving from Ukraine presenting with a positive interferon gamma release assay (IGRA) or with symptoms of TB. TB among Ukrainians has a higher background rate of drug resistance than typically seen in the United States.

For more info: <https://www.cdc.gov/tb/publications/letters/2022/drug-resistance.html#:~:text=This%20letter%20is%20in%20follow,TB%20diagnostic%20studies%20as%20needed.>



## Ebola Outbreak in Uganda

As of October 6, 2022:

- 44 confirmed cases, 10 confirmed deaths, and 20 probable deaths of EVD have been identified confined to Uganda
- Persons traveling from Uganda by air will be redirected to five U.S. airports, including JFK. A health screening of each traveler will be done prior to exiting Uganda and upon arrival at JFK.
- Healthcare providers who evaluate patients with symptoms of EVD such as fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, and unexplained bleeding should be prompted to take a travel history <https://www.cdc.gov/vhf/ebola/symptoms/index.html>
- Healthcare providers should report any patients suspected of having EVD, and who report recent travel to affected areas in Uganda <https://wwwnc.cdc.gov/travel/notices/alert/ebola-in-uganda>. Providers must call the local health department where the patient resides <https://www.health.ny.gov/contact/contact-information/>. For Oneida County, call 315-798-5748 or 315-798-5064 if after hours. If you are unable to reach the LHD where the patient resides, please contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 866-881-2809 evenings, weekends, and holidays.

For more information visit: <https://www.health.ny.gov/professionals/ems/pdf/22-14.pdf>

## What's New with Flu?

It's flu season again, here are two common questions regarding the flu vaccine:

### 1) What viruses will the 2022-2023 flu vaccine protect against?

There are many different flu viruses, and they are constantly changing. The composition of U.S. flu vaccines is reviewed annually and updated as needed. The recommendations for the 2022-2023 season include two updates compared with the recommended composition of last season's U.S. flu vaccines. Both the influenza A (H3N2) and the influenza B (Victoria lineage) vaccine virus components were updated.

The recommendations for egg-based and cell-based and recombinant flu vaccines are listed below:

Egg-based vaccine composition recommendations:

- an A/Victoria/2570/2019 (H1N1) pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus (updated);
- a B/Austria/1359417/2021-like virus (B/Victoria lineage) (updated);
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage)

Cell- or recombinant-based vaccine composition recommendations:

- an A/Wisconsin/588/2019 (H1N1) pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus (updated);
- a B/Austria/1359417/2021-like virus (B/Victoria lineage) (updated);
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage).



Frequently Asked Influenza Questions:

2022-2023 Season





# HELP THEM FIGHT FLU

SO THEY CAN DO WHAT THEY DO.

#FIGHT FLU

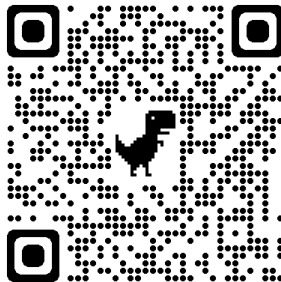


## 2) Who should get a flu shot?

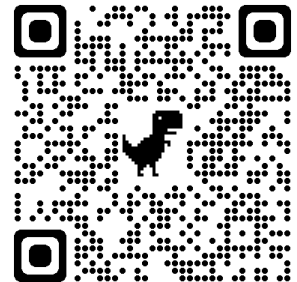
Everyone 6 months of age and older should get an influenza (flu) vaccine every season, with rare exceptions. Different influenza vaccines are approved for different age groups. Some people (for example, pregnant people and people with some chronic health conditions) should not get some types of influenza vaccines, and some people should not receive flu vaccines at all (though this is uncommon).

Everyone who is vaccinated should receive a flu vaccine that is appropriate for their age and health status. For people younger than 65 years, there is no preference for any one vaccine over another. Beginning with the 2022-2023 flu season, there are three flu vaccines that are preferentially recommended for people aged 65 and older. These are Fluzone High-Dose Quadrivalent vaccine, Flublok Quadrivalent recombinant flu vaccine or Fludac Quadrivalent adjuvanted flu vaccine.

Influenza Vaccination:  
A Summary for  
Clinicians



Who Should and  
Who Should NOT  
Get a Flu Vaccine



## Hepatitis B

For babies born to Hepatitis B antigen positive mothers, please be reminded that after their vaccination series they will need PVST (post vaccination serology testing). PVST includes the Hepatitis B surface antigen and Hepatitis B surface antibody at 9-12 months of age and at least one month after the last dose of vaccine.

# Emergency Preparedness

## Emergency Kits should include:

- **Water** (one gallon per person per day for at least three days, for drinking and sanitation)
- **Food** (at least a three-day supply of non-perishable food)
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert
- Flashlight
- First aid kit
- Extra batteries
- Whistle (to signal for help)
- Dust mask (to help filter contaminated air)
- Plastic sheeting and duct tape (**shelter in place**)
- Moist towelettes, garbage bags and plastic ties (for personal sanitation)
- Manual can opener (for food)
- Local maps
- Cell phone with chargers and a backup battery
- For more information visit: [ready.gov](http://ready.gov) or [fema.gov](http://fema.gov)

**Download the FEMA app today:**



**FEMA**

**Ready** 

# Special Children Services

## Adverse Childhood Experiences

According to CDC, Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented. <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>

1 in 6

1 in 6 adults experienced  
four or more types of ACEs

44%

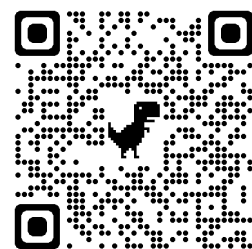
Preventing ACEs could  
reduce the number of  
adults with depression  
by as much as 44%

5 of 10

At least 5 of the top 10  
leading causes of death are  
associated with ACEs.

For more information, visit

<https://www.cdc.gov/violenceprevention/aces/>





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[Oneida County Health Department](#)



## Oneida County Health Department Clinics

406 Elizabeth Street  
Utica, NY 13501  
Monday-Friday

and

300 W Dominick Street  
Rome, NY 13440  
Mondays Only

**315-798-5747**

### COVID-19 Vaccines Available at Clinics:

Pfizer-BioNTech, Moderna, Novavax

Oneida County Health Department after hours phone

**315-798-5064**

Free car seats available for qualified Oneida County residents

Call: 315-798-5229 or email: [carseatsafety@ocgov.net](mailto:carseatsafety@ocgov.net)

