

MADISON COUNTY BOARD OF HEALTH
Monday, May 18, 2020
Madison County Health Department, Wampsville, NY – ZOOM meeting

BOARD OF HEALTH MEMBERS PRESENT

Alex Stepanski, Board of Supervisors Representative
John Endres, DVM – President
Wendy Cary – Vice President
Jennifer Meyers, MD
Sam Barr, DMD
Gerry Edwards, MD
Rachel Elder, MD
Marla Velky-Reger, LCSW-R

OTHERS PRESENT

Dr. Newton, Medical Director
Katie Mungari, Director of Community Health
Aaron Lazzara, Director of Environmental Health
Rosanne Lewis, Director of Children with Special Health Care Needs
Deanna Matt, Confidential Secretary to the Director of Public Health
Shawn Prievo, Director of Administrative Services
Eric Faisst, Director of Public Health

VP, Wendy Cary called the meeting to order at 6:05pm noting that a quorum had been reached.

The Board reviewed the April 2020 minutes noting no changes. Motion to approve the minutes was made by Supervisor Stepanski, seconded by Dr. Barr, and approved by all.

Audit of Claims

Wendy Cary: “Audit of Claims. Shawn (Prievo) do you have anything for us?”

Shawn Prievo: “Good evening everybody. As you can see from the report that was sent out, the expenses for this month are down considerably. Obviously due to inactivity from COVID-19, as well as the fact that this month’s board meeting is quite a bit early due to the Memorial Day holiday. The largest decrease in expenses is in the Pre-School program due to having zero transportation costs this month and due to the early meeting. We did not receive some of the agencies tuition bills for the month of April. They’ll be processed next month, I expect to see expenses go back up some next month as the providers catch up with their invoices. Overall is a very low month for us.”

Dr. Edwards: “And was tuition adjusted at all due to the COVID stuff for the agencies?”

Shawn Prievo: “No, they’re eligible to receive full tuition.”

Dr. Elder: "You mean whether the kids go or not?"

Shawn Prievo: "Yes"

Dr. Elder: "Can I ask about, there was an ambulance. Was there somebody getting to or from school?"

Shawn Prievo: "That ambulance service covers our after hours on-call. That's who does our on-call after hours."

Dr. Elder: "On-call?"

Shawn Prievo: "Taking our phone calls after hours. And (*inaudible*) to our on-call person."

Dr. Elder: "And the food. Is that for in March?"

Shawn Prievo: "That was for while we were dealing with the pandemic, a couple of times a week providing food for the employees while they were working through their lunches."

Dr. Edwards: "good"

Dr. Elder: "It looks like you gave them some Tylenol too."

Shawn Prievo: "That was for a patient."

Wendy Cary: "Any other questions for Shawn?" "Do we have a motion to approve the audit of claims?"

Dr. Barr: "I'll move"

Wendy Cary: "A second?"

Dr. Meyers: "I'll second. Rachel"

Dr. Elder: "Oh darn"

Wendy Cary: "All in favor?"

All Board of Health Members: "Aye"

Wendy Cary: "Any opposed?" "So that's carried." "Alright, we're moving onto the COVID-19 update."

Eric Faisst: “Ok, I’ll start with some of the numbers. We’ll go over those first. As of this afternoon around 4 o’clock, we have tested a total of 2,692 individuals, of those, 292 have tested positive, that is up one from yesterday; we have 2,336 individuals that have tested negative; we have 64 test results pending; we have had (*inaudible*) recovered; we’ve had 8 deaths total; we have 99 people who are currently on mandatory quarantine; and we have had 506 who have completed quarantine. Of the individual workers who were tested from the Greenhouse, that were in the hotels, 97% of them have recovered. Our focus right now, in terms of where we are. Started recovery last Friday, we’re focusing on testing and contact tracing. In terms of contact tracing, the metric from the state requires us to have at least 21 people contact tracing. We currently have 28, of those, 20 are staff members; and then the other 8 are volunteers. In terms of testing, this week we expect testing numbers to go up significantly, as our nursing homes are testing. I know that Crouse tested today, and we had at least 129 tests completed just at their office today. So, our numbers are going to go up significantly. We also have Walmart (*inaudible*) open providing testing on-site, the one in Oneida beginning on Friday. We are working out some final arrangements with Upstate Medical for the use of a mobile testing vehicle. Which I believe Thursday and Friday this week – I need to get confirmation on the times and dates – but I believe that Thursday and Friday this week they will be, on Thursday I think they’ll be in Wampsville, and Friday I believe they’ll be down near Morrisville State College Campus. So we have a lot of testing that’s going to be done this week, so I numbers should go up significantly at that point. One of the challenges we’re facing in terms of the testing, is that just getting the message out to the general public. There’s been a lot of changes recently, both in reopening, but just the messaging on who can get tested. That seems to be changing every other day, so we’re trying to make sure that the criteria, they still have to meet certain criteria to be tested. But, one of the new criteria is that they are part of the businesses that are allowed to open up in phase one, then they can be tested. That was the latest thing that we heard. We’re trying to get some more confirmation on that. We’re also trying to identify, trying to get better things to identify our vulnerable populations in our community. In addition to nursing homes, we have several senior living housing, or apartments. We’ve identified those and we’ve identified the number of people that are living there. And we’re trying to secure the test kits so we can do some, be a little more proactive and get some more testing done. Especially among our vulnerable populations. We are looking at that, and we are looking at the process by which we would do that testing as well.”

Dr. Elder: “Are you talking, sorry Eric, are you talking about getting your own rapid testing or just testing them with the viral media?”

Eric Faisst: “Yes with the viral media, no rapid test.”

Dr. Elder: “So that’s not the test, you’re not doing the test. You’re just collecting. Ok.”

Eric Faisst: “Ok yes, I’m sorry, I probably used the wrong term. We’re swabbing, we want to swab people and submit it to the labs for testing. So, we’re working out the details on that now in terms of trying now to identify both staffing as well as PPE and

swabbing resources. But that's what we've been working on for the last few days. So we can do some of that stuff as well. Do you have any other questions?"

Dr. Edwards: "So it sounds like the testing and the tracing is done for the worksite, the Greenhouse, and the hotels or the living situations."

Eric Faisst: "I believe we, and Katie can correct me if I'm wrong, I believe we still have people coming in that may work there for testing, we're still getting some of those. But, for the most part that work at the hotel, like I said, 97% of the people that were positive have recovered. We still have a number of people in quarantine at both of those places that – let me check – we still have about 30 people in quarantine from the hotels. In terms of testing we are picking up some of those individuals for testing, but at this point, we're kind of moved beyond that now."

Dr. Edwards: "And the nursing facilities. Who is doing that testing? Is the state sending in people or has Madison County got people?"

Eric Faisst: "The state is requiring nursing homes..."

Dr. Edwards: "Do it themselves?"

Eric Faisst: "if they can, or make arrangements. And so, we have the Extended Care Facility at Oneida Health, they're testing their own individuals with their own staff. We also have Crouse, I'm not sure how they coordinated the testing. I know they previously were able to test with their own in-house staff; I believe that's what they might be doing as well. Or they might be coordinating with Community Memorial Hospital. They told us they did the test today, they didn't tell us who they were using to get the tests. But, I think the Grand was trying to coordinate some testing, either with Upstate. Now remember this is just for the staff not for residents. So they staff could really go anywhere they want to get tested at any of the test sites in our region. But that has been left up to the nursing homes to determine how their testing is going to be done."

Dr. Edwards: "I thought that ultimately the residents of those places were going to be tested too."

Eric Faisst: "They have been. I know that Oneida Healthcare about 2 weeks ago tested all their residents, and all their staff in the extended care facility, and they had no positives. Everyone came back negative. As the Governor has emphasized, this initiative is the testing of staff, not testing of residents. So that is the focus. I mean these, I believe, and you would have to speak to the individual nursing homes, but I believe that they have been testing staff as if they met criteria for testing, if warranted."

Dr. Edwards: "that's usually (*inaudible*)."

Eric Faisst: "we did have some people at the Grand that did test positive, so there was some testing of the residents."

Dr. Edwards: "Is Walmart going to be open to the public?"

Eric Faisst: "It is going to be appointment only, and again it has to meet the criteria."

Dr. Edwards: "So it is criteria based – that is what I wondered. Thank you."

Eric Faisst: "Everything all testing (*inaudible*)"

Dr. Elder: "I don't believe you have to meet the requirements at Syracuse Community Center."

Dr. Edwards: "No, you can get testing there. Anyone can get tested there."

Dr. Elder: "Anyone can get tested."

Dr. Edwards: "So the biggest, it sounds to me like, the biggest issue we're still facing – like everybody else – is test. Tests, tests, tests."

Eric Faisst: "That's where the emphasis is right now. So that's where all the focus is (*inaudible*)"

Dr. Edwards: (*inaudible*)

Eric Faisst: "I'm sorry I didn't hear that"

Dr. Edwards: "There aren't enough of them"

Eric Faisst: "Not enough tests, or the kits for testing?"

Dr. Edwards: "yeah"

Eric Faisst: "My understanding, I believe today the nursing homes, or the adult care facilities actually received the kits from the state, directly shipped to them. We're trying to get exact numbers from them as to how much were sent to them. But they were directly sent to the adult care nursing homes."

Dr. Edwards: "Right. Cause they're struggling still on the state level to get the tests they need, so ok. Thank you"

Dr. Elder: "So, there's 2 – I get this sometimes gets confused – you're talking about the swabs and the viral media versus the actual tests. So there's supply chain problems with both, but I think people are sending – I mean they limited Wadsworth now – at least for us to only inpatients. They won't do any outpatients."

Eric Faisst: "The Governor's announcement today that they've identified, I want to say about 7 labs – I don't have them in front of me – there were labs identified to help with

the nursing home testing. That the nursing homes could use as testing. So they've designated some of those labs for that. I don't have the list, because it was just on a slide from the Governor's presentation this morning. But that is something we can get ahold of and get out to you guys. The kits, the swab kits have been sent to..."

Dr. Elder: "In the lab we call them kits. Its test kits for us, it's the actual tests. But its swabs and media for that so..."

Eric Faisst: "The materials to collect the samples have been sent to the adult homes and nursing home. I understand the labs run the tests, but the materials for the collection have been sent to the nursing homes. They have those – or should have those."

Dr. Elder: "Well the Governor said there are plenty of test. He said there are plenty of tests out there, so I don't know (*inaudible*)."

Eric Faisst: "He said there is plenty of capacity. That's kind of another side to this. They've put these metrics into place for how many people per 100,000 need to be tested, and he's indicated that we have the capacity for this testing. But, part of the challenge is people aren't getting tested. I'll give you an example. For today, the 2 hospitals reported they conducted 4 tests, and 2 of these people were non-Madison County residents. So they wouldn't count for us. People are just not getting tested. So, part of what we will be doing this week as well, is pushing out the messaging to encourage people to get tested. And it's important that they get tested, that's part of the whole effort to get people back to work. And to open up, is getting people tested. So we're hoping it will encourage people to do that."

Dr. Elder: "Eric did you also say we are a Region, not just the County? Because they don't care if you come from Madison County to get tested in Syracuse. Doesn't that count for the region? Or is it still (*inaudible*)."

Eric Faisst: "The metrics apply to the region, not individual counties. Although they will give you individual county numbers. But, as the Governor mentioned on his presentation today, he doesn't take, not to focus on County specific numbers, it's a regional number. And I think our number for the region is about 750 we have to do on a daily basis, and we're averaging about 1,000 right now as a region. And it is only going to go up, because now nursing homes this week are pretty much going to be doing the testing. I would expect the numbers to go up dramatically in terms of number of people tested. My focus is less on the testing and making sure we don't have an increase in hospitalizations as a results of opening up."

Marla Velkey-Reger: "Eric this is Marla, I apologize for interrupting. So just to clarify, because the Walmart is a site where you would have to meet criteria for testing. I mean is there a place in Madison County that we could be sending people – I am a well person today, and just want to be tested? Or is that we would all send them to Onondaga at this point?"

Eric Faisst: “Well, that’s a policy of that Center to test everybody. There is not a site in Madison County that is going to just test anybody.”

Marla Velkey- Reger: “Right, that is what I am asking”

Eric Faisst: “Even the mobile unit that we will bring in here. They’re going to have to meet criteria. Now the criteria did get loosened up a little bit. Any essential worker who wants to be tested, and any individual that’s part of those businesses that opened up in phase one, are now eligible. So, they did expand the criteria, it’s just not open to anybody at this point. If Syracuse is doing that, that’s a policy, that’s not a County decision – that was a policy decision by that particular site, that location.”

Alex Stepanski: “Excuse me Eric. With these people returning to work to be tested, are there certain hours for these testing sites? And would it conflict with people going back to work?”

Eric Faisst: “It’s possible, I would have to direct, I know Sam...”

Alex Stapanski: “If the hours are only during the day time, and that’s when they’re working they wouldn’t be able to get back and get those tests.”

Eric Faisst: “I understand that. I know, I believe Sam posted the sites along with the hours, but that would be a question more for Sam. I don’t have that answer.”

Dr. Elder: “So back to Marla’s question, is there a reason to not do one site for everybody, I mean you want to get numbers. That’s why they opened it up, I believe to anybody. So you have so many people tested.”

Eric Faisst: “Like I said we are looking into that. We’re trying to come up with that. First of all, who’s going to do it? Where are the resources and the staffing going to come from to do that? Because right now, our sites that are testing, are testing. We don’t have the nurses. So we have to look for resources, that’s part of the process.”

Dr. Elder: “Didn’t the state just say the pharmacies could do them? Pharmacists, non-trained...”

Eric Faisst: “Pharmacists yes. Pharmacies are allowed to do them, but we have no pharmacy, we’ve been surveying the pharmacies and the only pharmacy that has expressed interest is Kinney’s, and we are still waiting to hear back from them as to when, and if they’re going to do it. But, no other pharmacy has indicated to us through our survey that they’re interested in doing it.”

Dr. Edwards: “I’ve got to think that is going to be a logistical nightmare for them to try and do that.”

Eric Faisst: “And I believe there’s also, I believe they can bill for these swabbing collections as well. But I think you have to meet criteria for that to occur. So I think that’s part of the challenge. And I believe also, if you’ve been tested once and your insurance covered it, I don’t believe you can get covered for a second time. So that’s going to be a challenge as well. But, right now like I said if the 2 hospitals we surveyed them for capacity, they can do approximately (*inaudible*), and we are only getting 4 showing up. (*inaudible*) not a capacity issue right now, I think the Governor indicated that in his press conference. People need to go get tested, they’re just not getting tested. Part of the challenge is the criteria may be too narrow at this point. But that’s something that the state has to loosen up, that’s nothing that we can bypass.

Dr. Edwards: “Right, and it’s confusing I think because it’s been changing and people have been turned away for testing because they didn’t meet criteria. And now that it’s loosening up I don’t think people, including professionals in the community understand who and where the testing can be done.”

Eric Faisst: “And if you recall, when (*inaudible*) criteria initially unless they met that criteria, people were told to stay home anyway. Because even if you got tested and were positive, and you weren’t sick enough to go to the hospital, you were just going to end up staying at home. I’m sure people, the general public, saw that as like what’s the point of getting tested? I’m just going to end up staying home anyhow. I think there’s, we have all this you know weeks, all these different changes in messaging and we’re trying to have to filter through that and kind of get out to the... That’s why I said messaging is going to be extremely important because what exactly is it, what is the current message we need to get out there right now, given all the changes that have occurred over time. So that is a challenge. The messaging has been one of the largest challenges in this whole thing. Just getting accurate information out.”

Dr. Edwards: “Right”

Dr. Elder: “I’m not sure accurate, it’s just the new. It just changes. I mean in the past if you wanted to get COVID testing you had to be isolated until the results came back, or quarantined, I’m sorry quarantined until they came back. So, now if you go down to Syracuse you don’t have to be quarantined so.”

Eric Faisst: “Well, if you’re an essential worker, you don’t have to be symptomatic in order to get tested, as long as you’re an essential worker. So, that’s changed as well.”

Dr. Elder: “So the hospital. If you got tested and you were an essential worker, you cannot come in though, until you got the results. If you thought you needed to get tested. So that was because there was a, you know, why were you getting tested you must have been exposed?”

Eric Faisst: “I’m not sure I understand that question”

Alex Stepanski: “No”

Dr. Elder: “Well I’m saying people, there are a lot of changing things, all the different things about this test. Before if you needed to get tested you would have been not being able to come in until you got the results.”

Eric Faisst: “You mean just anybody?”

Dr. Edwards: “Yeah at one point earlier, when the criteria was strict. You had to wait until the test results were back before you could proceed.”

Eric Faisst: “Right”

Dr. Elder: “So it’s not, it’s just more the current. What’s the current? To keep up with all the changes.”

Eric Faisst: “Like I said, criteria expanded for essential workers and those new businesses that are allowed as part of the reopening, they can now be tested. But that’s the only expansion in the criteria from that other, from the symptomatic and so forth that was earlier. So those are the only changes. I think that’s part of the challenges, if we really want to get more people tested those criteria have to expand beyond what they are now. They’re kind of one new edition every other day type of thing. That’s part of the challenge it changes every other day. So just when we get a message out there, it has to ‘this is the criteria’, it changes and then we have to get it back out again. If I’m the general public I’ve got to be confused by now after all this stuff. And so, like I said our biggest challenge has been the messaging, as soon as we get something out, something changes, so. That’s been one of the hardest things for us, so. We understand that and we’ll do everything we can to help facilitate that. But part of the challenge, realize you know, the lab, for example the 7 labs I don’t know if its 7, but the labs that are going to be designated for nursing home testing that was announced at a press conference by the Governor. There was no pre-notification to the Counties about any of this. So, we learn about changes at the Governor’s press conferences like everybody else, and then we get all the calls to understand how that’s supposed to be implemented. That’s one of the hugest challenges we have.”

Marla Velkey-Regier: “Eric I just have one more question, this is Marla again. I just wondered, is there, I think you eluded to this I’m just not clear. I have patients that are asking, you know, about testing and things like that. Where, is there, like on our website, is there a list of where they can go in Madison County, or where they can go within our region and Onondaga County?”

Eric Faisst: “There is. There is a regional map on the website of the locations. I believe it’s regional. I haven’t looked at it, but I believe that it is on the County’s website. However, you could also inform those individuals that they could contact their provider. I mean always look to their provider anyhow. Because their provider may be... Because one of the criteria is at the discretion of their clinical provider. So, if their provider thinks they warrant testing, all that other criteria, that can supersede all that other criteria. So, I

would always have them go through their provider first and get guidance there. And if there's not anything they can do there, they may want to think about these other sites."

Marla Velkey-Reger: "Ok thank you"

Dr. Edler: "I did check with the, our health insurance person, she's not the insurance person, but the health alliance, she does not believe that you would get charged, even if you got tested more than once. She says there's not supposed to be a charge. So I guess that would be interesting to clarify too. People are worried, they're asymptomatic and don't want to get tested because 'what if I become symptomatic'"

Eric Faisst: "Right. That would be good if that's true. I hope."

Wendy Cary: "Any other updates?"

Eric Faisst: "Not on COVID, no."

Dr. Edwards: "I guess. I hesitate to say this. If you were going to give a clear message today it would be to encourage essential and the newly opening business people to be tested, and that would not mean that they are limited from work while the test was coming back."

Eric Faisst: "That I would have to follow up on to get clarification. Because like you said, traditionally if people were tested we would ask them to self-quarantine until results came back. One of the other aspects, I mean we still ask people, and I believe providers are telling their people if they're coming in to get tested they need to self-quarantine until they get their test results. I don't think that changes. But, let me clarify that, because like I said, those new expansions in criteria introduce a whole other set of questions, such as that one. As to whether or not we need to do that. We'll get clarification on that."

Dr. Elder: "Yeah, wouldn't that make sense that you don't have to if you're doing it, not because you came into contact with somebody, but because you want to make sure you're not positive before you go in."

Alex Stepanski: "Yes"

Dr. Edwards: "And you have to have no symptoms"

Eric Faisst: "Right I agree with you, but we don't have any guidance from the state on that, so we'll need to follow up."

Dr. Endres: "I think it was also the question that some people talked about they don't want to be tested because they're dying to open up their business, and they're afraid they'd have to shut back down again if they come up positive."

Dr. Elder: "Which is not good for the community."

Dr. Edwards: "That's not what we want."

Dr. Endres: "Right, that's not the philosophy, but I don't know how many people, I've heard that from a couple of people. So, I just wonder how widespread that thought is, and that might be part of the non-testing issue."

Eric Faisst: "I could imagine that being true. Dr. Endres was that you that posed the question? The sounded like you."

Dr. Endres: "Yes, that was me yes."

Eric Faisst: "Just wanted to make sure (*inaudible*)."

Dr. Endres: "So, any other (*inaudible*)?"

Dr. Elder: "So, about the masks, I know you've gone through this, but people are still supposed to be wearing masks outside, if they can't social distance, and in stores and..."

Dr. Meyers: "They're supposed to be wearing face coverings, I think they've gone away from calling everything masks."

Dr. Elder: "Face coverings"

Eric Faisst: "Correct, and I believe that's been extended by Executive Order to June 7th."

Wendy Cary: "Well it'd be nice if the stores enforced it. Yesterday I was at Price Chopper at 8:30 in the morning, and there were 3 individuals without masks."

Eric Faisst: "Right, I mean the stores where they have employees interacting with the public are required to wear masks. But the stores are not required to require their patrons to wear masks. Some stores do, some stores do not."

Dr. Edwards: "I think there is angst about that as well because I've heard some business owners say they'd almost wish that state would say you have to put up a sign saying you need to wear a mask coming in, because of the conflict it puts them in, and it's down to the individual business and I think a lot of them would look forward to getting support to say 'we want people to wear masks to come in, because it protects us as well'."

Eric Faisst: "It's the same concept of putting a sign in the window that says no shirt, no shoes, no service."

Wendy Cary: "Yeah that would be nice."

Dr. Meyers: "We need to catch everyone with the 'face covering'."

Eric Faisst: "I think the businesses can do that. They don't necessarily need something from the state, but it helps definitely."

Dr. Elder: "So you're saying they don't have to wear a mask going into a store? I didn't understand that, I thought they did."

Eric Faisst: "There's nothing there that says going into the store, what it says is businesses that employees interacted with the public, those business employees have to wear a face covering. For the general public, you have to wear a face covering wherever you cannot social distance. But, in many instances in a store would put you in a situation where you are supposed to wear a mask. But, there's no enforcement. There's no requirement to wear them. You go into a store, and if you're the only one in there, then you don't necessarily need to wear a mask do you?"

Dr. Elder: "Yeah! You're spitting on everything."

Eric Faisst: "Well... That's part of the challenge trying to interpret the state's guidance."

Dr. Elder: "I mean... Gerry isn't there something that we can do to support that. That business owners put those signs up? Wendy how does that work?"

Eric Faisst: "We have done that Rachel. In fact if you recall several weeks ago I was actually on the media and encouraged store owners not to let people in without a mask. We've also, we've had some places ask for signs, which we sent to them."

Wendy Cary: "The Price Chopper..."

Dr. Meyers: "The Price Chopper in Hamilton had them in a very prominent place at the entryway. To the point where you can't even see through the entry doors because the signs are so prominent. And I would say for the most part, the last few weeks, everyone I've seen is wearing a mask, not always appropriately, and sometimes touching their face. Sometimes underneath the nose. But, the only place I've been are Price Chopper and Tractor Supply the last couple of months, other than my office. And it's gotten much better in terms of people getting that message, at least in this part of the county."

Wendy Cary: "Yeah this is my first encounter with this, and I'm hoping that people are not misinterpreting the opening up as meaning 'ok yeah I can take my mask off and don't need to wear it'."

Eric Faisst: "We are hearing that as well, I think we've had some comments, not directly to our Health Department, but I believe that there were some concerns. People were saying because we reopened that mass were no longer. That's why we're, that's why the County is going to be sending out messaging this week about face coverings and what reopening means type of thing. To reiterate, that was why we wanted to get

clarification making sure that the face coverings. Because the initial Executive Order said the face coverings, that order ceased on May 15th. So, they issued another Executive Order, I can't remember the exact number, but that extended it to June 7th. So we are trying to get the message back out there that just because we've reopened doesn't mean you shouldn't be wearing a mask. You still, or face covering, you still should be wearing a face covering. (*Inaudible*)."

Wendy Cary: "That would be a good idea"

Eric Faisst: "So, that is what's happening this week from our messaging."

Wendy Cary: "Ok good."

Dr. Edwards: "Any more information on the peds inflammatory syndrome in (*inaudible*).?"

Eric Faisst: "We do have an upcoming call with the State Health Department where we are supposed to learn more about that. So, I'll be able to give you more information after that."

Dr. Meyers: "I did sit in on that call with the intensive care doctors from four of the New York City hospitals last week. Did you have specific questions Gerry, or are you just asking about the statistics around here?"

Dr. Edwards: "Well, I'm just trying to understand if it's growing. I mean at one point I saw 2, and then I saw 64. So is it growing, is it quick? Or is it stabilized, and are there any new ideas about treatment or..."

Dr. Meyers: "Yes, so it sounds like for the most part is a post infectious syndrome so most people have positive antibodies, few of them have the positive viral swabs it sounds like. Kids tend to shed virus longer than adults anyway, but it sounds like its following the peak of illness. They're definitely expanding cases, it sounded like the ICU doctors that were speaking had their pediatric ICUs were half full of adult ICU patients who had been offloaded onto peds. And half full of these post systemic inflammatory syndrome. It sounds like its mostly hitting kids between 5 and 18 to 21 years of age. They're all having very high fevers. About 95% had some kind of GI involvement, none specifically. 2/3 have eye inflammation, 2/3 had mucosal changes in their mouth. Most of them went very quickly into a shock-like picture. Which is obviously frightening to all of us who have been saying that children are mostly mildly affected. The numbers are still small when you look at the grand scheme of the number of adults that have been hospitalized, the number of adults on ventilators. But, there's been interestingly almost no lung involvement unless they've been fluid overloaded, because of the cardiac involvement. There have been a handful of cases in Europe as well, but all of the NY children's hospitals have seen to be seeing at least a few cases. But it sounded like the grand total as of the last I saw was around 200 worldwide, still very small numbers, but in many cases they were completely healthy children previous to becoming ill. Which is

different from the adults where it's effecting healthy people but more effecting people with underlying medical conditions. And in terms of treatment, they're trying most of your Kawasaki treatments. Some of them have tried IVFGs, some have tried annakinrin (sp?). I know early on we were suggesting not using steroids in COVID patients, but this is a case where a lot of them are getting systemic steroids for blood pressure support as well as for anti-inflammatory effect. And then, a number of different immune modulators, lolantagonists (sp?), things like that. They're trying really hard to create some clinical protocols out of thin air, but they're trying to model them on treatment of Kawasaki since they're, or toxic shock syndrome, since there's definitely parallels. So that was as of last Thursday."

Dr. Edwards: "Thanks that's helpful"

Dr. Meyers: "Sam where are we at with dental openings? Is that, have you gotten any more guidance there?"

Dr. Barr: "No I really haven't. My understanding is that it's probably going to be Phase 2. I know that there's a fair amount of political push from the dental organizations to have it be Phase 2. The guidance in terms of enhance infection control is (*inaudible*). To say the least. I got my new fogger to be able to fog the rooms in between patients with hydrochloride. And that's been great fun to play with. But really nothing much substantial to report."

Dr. Edwards: "And in our county is there anywhere for emergency dental that you know of?"

Dr. Barr: "Most office are taking care of their own emergencies. At least the ones, the people that I have been talking to. I've been taking care of mine. The large practice in Oneida is seeing their own emergency patients. I believe that Dr. Barry down in Hamilton is taking care of emergencies. We're not restricted in taking care of emergencies. Some offices I know have shut down totally, but I haven't. There is still an obligation to take care of your patients and make appropriate referrals if you're not able to take care of them yourself. So, I don't think that's too much of an issue. I think the greater issue as time goes on, smaller problems become greater issues and we'll see more and more of that as time goes on."

Dr. Edwards: "Yeah of (*inaudible*) patients who needed care and weren't getting any response from their providers so. There are some dental surgeons who are doing, they'll take a patient who's not theirs. But that's the problem, having people who don't have someone to get to a place where they'll be treated."

Dr. Barr: "Well an office really should make arrangements, otherwise its abandonment."

Dr. Edwards: "I agree"

Dr. Elder: "I did hear one of the family practice people say that dentists had been sending patients in to ask them to get tested recently at one of the medical staff meetings. I don't know if you've gotten any requests like that. Or Sam would you do that? I mean it seems like that would be a logical way to go. To have them tested, but..."

Dr. Barr: "I think if we lived in a world where somebody could come in for COVID testing and you knew 15 minutes or a half hour later whether or not they were positive would be a reasonable thing to do. But in an emergent type situation, if it's an emergent situation to send in a test and have to wait 3 or 4 days and wonder (*inaudible*)..."

Dr. Elder: "I'm thinking because they're not testing COVID patients on the non-elective, but on the elective cases they're testing them for surgery."

Eric Faisst: "But they're required by the State to do that."

Dr. Elder: "Right, but I don't think that's a bad idea. Do you?"

Dr. Barr: "I don't know about that negative, and you wait 3 or 4 days, or whatever that length of time is to get the results. You don't really know what their status is at that point in time. I think it's more appropriate to just assume that – just like when the whole AIDS thing started. You just assumed everybody had AIDS and you treated them the same way. That's what I'm comfortable with frankly."

Dr. Edwards: "I guess the only other question I have is, I know it tiring. But, the mental health. It seems like people are becoming more stressed, and I wonder if there's anything developing to try to help. I know that a lot of people are doing telemedicine which is really great. And hopefully some places will be opening up. But in the county is there any place. Contacts is still working."

Eric Faisst: "The County has its own Mental Health Department separate from us, so they would be a better one to speak to in terms of services. I believe they do have a hotline on our website for mental health needs. I do know our mental health department is doing a lot of tele therapy. They're doing it that way, and that's actually been successful. I do anticipate, we're at that point in this event too, where I also have rising concerns about the other health issues. We've been so focused on COVID-19, and rightfully so. But with this isolation and quarantine, and the closing down, like you said, we're starting to see a public that's growing... There's a lot of concern for not only behavioral issues, but other issues such as suicide, increased drug use, potentially domestic violence. Some of the other things we probably haven't heard of, or heard about because everything is so focused on COVID-19. But, I also have other health concerns to where they may become more of an issue than the COVID-19 at some point if we continue to stay closed and shut down. I expect those things to increase and come to light, once people are coming back out into the open if you will."

Marla Velkey-Reger: "Gerry, Madison County Mental Health does have a 24 hour crisis line, and I just got word yesterday, not yesterday I apologize, Friday, that their mobile crisis unit has gotten the green light to be able to be dispatched for crisis cases again. So, I think many of us have moved to telehealth. I mean obviously because insurance has loosened their restrictions. So in some cases while I think we are headed into a crisis regarding mental health I think there is in some cases, people are enjoying this level of accessibility. And I know for some people around the County where traveling to Wampsville has been prohibitive in the past. This is actually then, you know easier that they've opened this door, so to speak, to now offer this access. And Eric I believe you eluded to this last week that they may continue to offer this in some capacity after some of these COVID restrictions are lifted because its working for some folks in the most rural parts of the county."

Eric Faisst: "Right, and I think this will actually expand even more so. One of the issues that's kind of prohibited the telehealth initiative to occur here is the broadband capacity. But I think that is also going to be addressed to where this telemedicine is going to be a big change in how we do things after this is over. You're right though. I believe you'll see ongoing tele-psych or tele-behavioral health after this is over, and it will continue."

Dr. Endres: "Ok, anything else on COVID? Alex do you have anything for us for the County?"

Alex Stepanski: "Just that the County plan for opening up County government is in a recent press release that's available on the Public Health website. That's pretty well laid out. Some sequences, some things will be opening up to the public. Most things will still be on appointment basis. But, anyway it is on there you can read the whole thing. It's on the last press release that I read. That's all I have."

Dr. Endres: "Ok, thanks Alex. Eric do you have something else?"

Eric Faisst: "No, COVID-19 is pretty much all we focus on right now."

Dr. Endres: "Understandably so. Wendy do you have anything for us?"

Wendy Cary: "No, nothing for tonight."

Dr. Endres: "Ok thank you. Dr. Newton?"

Dr. Newton: "No sir, no other updates."

Dr. Endres: "Ok thank you. I don't have anything to report tonight either. Any old business? New business?"

Dr. Elder: "Can I ask about the cooling towers? And the failure, or something?"

Dr. Meyers: "In the Environmental Report?"

Dr. Elder: "Yeah"

Aaron Lazzara: "What is your question?"

Eric Faisst: "What is your question specifically?"

Dr. Elder: "What failed, and where/what are the cooling towers? It says they failed."

Aaron Lazzara: "What they failed, if you don't do sampling on time, they're non-compliant. They're not in failure."

Eric Faisst: "This is in regards to those facilities that have to test for Legionella in the cooling towers. So as Aaron said this is more of a failure to sample."

Dr. Elder: "So they didn't get legionella, they just didn't get tested."

Aaron Lazzara: "Yeah it didn't get tested. Or with the cooling season opening up they may have been put in that their opening date was April 1st. But they didn't turn on their cooling towers. That's why the numbers are a little bit lower than what we normally expect. So, while the registry says they're open, they're not actually open yet."

Eric Faisst: "We'll have a clearer picture of that next month when we get more information."

Dr. Elder: "And was there a dog with rabies?"

Aaron Lazzara: "No, a raccoon. The dog was sent in (*inaudible*)."

Dr. Elder: "I'm sorry? The dog, what?"

Eric Faisst: "The dog was sent in for testing. The raccoon was positive."

Dr. Elder: "And I saw the Rabies clinics have been suspended, but you're going to start them maybe?"

Aaron Lazzara: "Our next one's June 13th and Wampsville, so..."

Eric Faisst: "We play that by ear, whether or not we hold them or cancel it. We wait to see what's going on than we decide whether or not to hold that one. We are doing it one at a time. We do have to do, the state required us to do 3, and we still have plenty of time to do 3. It's just that, as you know with COVID-19 things change, so as we get closer to the date we will make a decision whether or not to host it. And then we may have to decide how to do this. Because normally we just have people line up with their animals, so we may have to figure out how to do it differently as well. Which we've been giving some thought to."

Dr. Elder: “Dr. Endres have you had issues? I mean it just seems that trying to get dogs in we had to sit out in the car, I guess all the offices.”

Dr. Endres: “Yeah we pretty much run our operations with more curbside sort of things with exchanging of animals in our foyer. Clients wearing masks when they come up to make their exchange. So we’ve been able to keep some services going. But yes it’s a whole different change of protocols and how we handle things. But all the critical things we’ve been able to handle ok. And that should be opening up a little bit more, as people feel comfortable to do things. However, I think there’s still going to be a lot of the curbside only type service. I guess like everybody else it’s acquiring of the PPE and everything else and try to disinfect, and try to figure out how to handle clients inside the hospital. So we try to, we’ve been very limited about how things have been handled. But, so far so good. Staff has stayed healthy.”

Dr. Elder: “That’s good”

Dr. Endres: “Any other new business? I guess our next meeting will be June 22nd. And right now we don’t know if we’re going to try to attempt to have a meeting any other place, or still keep online?”

Eric Faisst: “I think we will still keep it like this online. Seems to be working out well. Again, we will play that by ear. Right now we will continue to do it this way.”

Dr. Endres: “That seems like the most logical way to do it.”

Eric Faisst: “Right. And we’ve had great attendance this way. It’s working.”

Dr. Endres: “Ok, if there’s nothing else. Can I get a motion for approval to end the meeting?”

Dr. Elder: “I’ll move”

Wendy Cary: “I’ll second it”

Dr. Endres: “All I Favor? Meeting adjourned. Thank you Eric. Thank you everybody”

Next Meeting Monday, June 22, 2020 @ 6:00 pm
VIA ZOOM – Link to be delivered via email

Respectfully submitted by Deanna Matt