Paula Tibbitts

From: Henry, Chelsea <Chelsea.Henry@albanycountyny.gov>
Sent: Thursday, August 22, 2019 8:46 AM
To: Alicia Lounsbury; Amy Yole; Angela Leary; Anna Prinzo; Anne Leffler; Anne Lindsay; Anne Lindsay; Annmarie Marsh; Beth Calahan; Beth Karam; Bridget Mineau; Britta Lovegrone; Brynn Costello; Carin D'Ambro; Carolyn Lassonde; Cathi Aloisi; Cheryl Snay; Colleen Demuth; Colleen Demuth; Colleen Farina; Cynthia Ashley; Dana Hotaling; Dawn VanPelt; ddurkee133@aol.com; Debbie Salo; Deborah Bennett; Deborah Dopp; Deborah Dopp; Deborah Nerenberg; Eileen Cardone; Emily Lockhart; Frances Gransbury; Gina Calucci-Pakosz; Gina Szesnat; Grace Goodman; Heather Machabee; Helen Barber; Ian Feinstein; Ingrid Davis; Janet DiBiase; Janet DiBiase; Jennifer Bennett; Jill Thornton; Joann Villa; Joanne Menrath; Joanne Menrath; Joanne Schneider; Jodi Brunette; Judy Devaney; Justine Crisafulli; Karen Randio; Karen Wajda ; Katherine A. Shelgren; Katherine Brennan; Kelly Muia; Kelly Rowland; Kelly Rowland; Kelly Valentine; Kimberly Medici; Kristin Sciuto; Laureen T. Foro; Lesley McLaughlin; Linda Bizan; Linda Egan-Johnson; Linda Egan-Johnson; Linda Kowalski; Lisa Leblanc; Maribeth Dooley; Maribeth Dooley; Marie Eoff; Marilyn Snow; Mary Ann Bettcher; Mary Ann Bruno; Mary Ann Bruno ; Mary Katherine Oliver; Mary Kelly; Mary Lou Madrick; Mary Zwagerman; MaryBeth Steffen; MaryEllen Fusco; MaryEllen Fusco; MaryLou Downey; Maureen Smith; Monica Vail; Nancy Zandi; Nora Vallon-Burgos; Olive Farooq; P Connolly; Pam Weber; Patricia Connolly; Patricia McLaughlin; Patti LeFevre-Becker; Peggy Shea; Rachel Marer; Rose M. Schrowang; Sally Parker; Sandra Doane; Sandra Doane; Sara Snyder; Sharon Hodges; Sharon Hodges; Sheila Jones; Stacie Decker; Susan Fouhy; Susan Fouhy; Susan Martin; Susan Martin; Suzanne McCarthy; Suzanne Rubino; Tracy Delmerico
Subject: Thank you for attending the ACSNW 2019
Attachments: Epi Update - ACDOH school nurses 2019.pdf; 2019-20 School Immunization Requirements Revised (002).pdf; Albany_School_Nurse_handout.Tobacco.pdf; HPV SNW 2019.pdf; The School Nurses Role in an Incident.pdf; ECigsALbany_School_Nurses.pdf

Good Morning,

Thank you for attending the 2019 Albany County School Nurse Workshop. If you were unable to attend, we hope to see you next year. Please reference the presentation materials for relevant youth-based health education to support your efforts in the upcoming school year. If you need a certificate of completion and did not receive it yesterday, please let me know.

We are working on updating the Albany County school nurse distribution list. If you have updated contact information for you or other school districts who may have had a change in staffing, please forward it to me.

Have a great day!

Chelsea Henry
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Albany County Department of Health
is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.

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NEW YORK STATE | Department of Health

Public Health Law § 2164

Overview of School Immunization Requirements

Haemophilus influenzae type B (Hib) and Pneumococcal Conjugate Vaccine (PCV) Interval Requirements for Pre-kindergarten

- Hib and PCV only required for pre-kindergarten
- The intervals between the required doses of vaccine must be in accordance with the ACIP catch-up schedule

DTaP, Hepatitis B, Measles, Mumps and Rubella Vaccine Interval Requirements for Grades Pre-kindergarten Through 11

- The intervals between the required doses of vaccine must be in accordance with the ACIP catch-up schedule

Polio and Varicella Immunization Requirements for 2019-20 School Year

- Requirements for kindergarten and grades 1, 2, 3, 4, 6, 7, 8, 9, 10 and 11
  - 4 doses of polio vaccine, unless 3rd dose received at 4 years of age or older
  - 2 doses of varicella vaccine
- Intervals between doses of vaccine must be in accordance with ACIP catch-up schedule

Polio and Varicella Immunization Requirements for 2019-20 School Year (cont.)

- Requirements for grade 12
  - 3 doses of polio vaccine
    - Intervals between doses of polio vaccine are <u>not</u> required to be reviewed for accordance with ACIP catch-up schedule
  - 1 dose of varicella vaccine

Tdap Booster Requirement

- 1 dose of Tdap vaccine for students in grades 6 through 12
  - Tdap is not required until the student turns 11 years of age
  - A dose of Tdap received at 7 years of age or older will meet this requirement
  - A dose of DTaP incorrectly administered at 7 years of age or older will meet this requirement

Meningococcal Meningitis Immunization Requirements for the 2019-20 School Year

- 1 dose vaccine against meningococcal type A, C, W and Y (MenACWY) required for grades 7, 8, 9 and 10
  - Vaccine brand names: Menactra and Menveo
  - Minimum age for 1st dose is 6 weeks (any dose received at 6 weeks of age or older meets this requirement)

Meningococcal Meningitis Immunization Requirements for the 2019-20 School Year (cont.)

- 2 doses MenACWY required for grade 12
  - If 1st dose received at 16 years of age or older, only 1 dose required
  - Minimum interval between doses is 8 weeks
  - Minimum age for 2nd dose is 16 years of age
  - 4 day grace period applies to minimum age or interval

Meningococcal Meningitis Immunization Requirements for the 2019-20 School Year (cont.)

- If 2nd dose received before 16 years of age, a 3rd dose on or after 16 years of age is required
  - 4 day grace period applies to minimum age or interval

Meningococcal Meningitis Immunization Requirements for the 2019-20 School Year (cont.)

- Students with rare medical conditions may have received several doses of MenACWY vaccine before 16 years of age
  - Contact NYSDOH for guidance regarding students entering grade 12 who received multiple doses of MenACWY vaccines before 16 years of age

Vaccine Dose Requirements for Grade 12 in the 2019-20 School Year

- 3 doses of diphtheria toxoid-containing vaccine
  - (DTaP, DTP, DT, Tdap, Td)
- 3 doses of polio vaccine
- 3 doses of hepatitis B vaccine or 2 doses of adult Recombivax for students who receive the doses between 11 and 15 years of age
- 2 doses of measles vaccine and 1 dose of mumps and rubella vaccines (MMR)
  - Minimum interval between the doses of measles vaccine is 28 days

Vaccine Dose Requirements for Grade 12 in the 2019-20 School Year (cont.)

- 1 dose of varicella vaccine
- Tdap booster dose
- 2 doses MenACWY for grade 12 only
  - 1 dose MenACWY if 1st dose received at 16 years of age or older

Interval Requirements for Grade 12 in the 2019-20 School Year

- Students enrolling in grade 12 will be exempted from interval requirements if they have the appropriate number of vaccine doses in accordance with the requirements that were in effect in the 2013-14 school year
  - Exception: must have 28 days between doses 1 and 2 of measles vaccine
  - Students enrolling in grade 12 must still comply with the meningococcal meningitis vaccine requirement

NEW YORK STATE OF OPPORTUNITY. | Agency Name

4 Day Grace Period

- May be applied to the minimum age or interval between vaccine doses in a vaccine series for all required vaccines for school entrance/attendance
  - Exception: 2 different live virus vaccines (i.e., MMR and varicella)
    - Must be at least 28 days between doses
    - If less than 28 days between doses, the second dose received must be repeated

NEW YORK STATE OF OPPORTUNITY. | Agency Name

Certificate of Immunization

- Health care practitioner record
  - Signed by practitioner licensed in New York State
- Records acceptable without a signature
  - NYSIIS or CIR record
  - Official registry record from another state
  - Electronic health record
  - Official record from a foreign nation

Certificate of Immunization (cont.)

- School health record
  - Still acceptable without signature
  - Must be transferred directly from one school to another

Definition of Health Care Practitioner

- Any person authorized by law to administer immunizations which includes:
  - Physician
  - Nurse practitioner
  - Nurse-midwife caring for pregnant student
  - Registered nurse (RN)
  - Licensed practical nurse under direction of RN
  - Physician Assistant

Diagnosis of Disease as Evidence of Immunity

- Only allowed for varicella
  - Must be diagnosed by a physician, nurse practitioner or physician assistant

Serologic Evidence of Immunity

- Allowed for measles, mumps, rubella, varicella, hepatitis B and polio
  - Equivocal results not acceptable proof of immunity
  - Allowed for polio only if have documentation of positive serologic results for each of the 3 polio serotypes
  - Testing for all three polio serotypes is no longer available in the United States

In Process

- **Definition**: received at least first dose of each immunization series and has age appropriate appointments to complete the immunization series
- ACIP catch-up schedule used to determine appropriate spacing of appointments
  - Alternative vaccine schedules not acceptable

In Process (cont.)

- 30 days allowed for results of serologic testing
  - If results are negative or equivocal, appointment dates for vaccination must be provided within 30 days from the notification of negative or equivocal serology results
- School may not refuse admission to a child who meets the definition of “in process” to complete the required immunizations

Medical Exemptions

- Must be reissued annually
- Must be completed and signed by physician licensed to practice in NYS
- Must contain sufficient information to identify medical contraindication to specific immunization
- Must specify length of time immunization contraindicated
- Medical exemption form available at: www.health.ny.gov/prevention/immunization/schools

Definitions

- Medical exemptions are defined in PHL § 2164 as:

  If any physician licensed to practice medicine in this state certifies that such immunization may be detrimental to a child's health, the requirements of this section shall be inapplicable until such immunization is no longer detrimental to the child's health.

- Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019 applies to students attending all schools *to include any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary schools.*

  -Includes those that operate in the summer, year round or with an extended school year

  -Regardless if school receives State Aid or not

NEW YORK STATE | Department of Health

Exclusion

- Principal or person in charge of school shall not permit students to attend for more than 14 days without being in compliance with PHL
  - 14 days may be extended to 30 days for students from out of state or country if a good faith effort shown to comply

Exclusion: School Responsibility

- Notify parent or guardian of responsibility to have student immunized and of public resources for immunization
- Notify local health authority of name and address of student and immunizations student needs
- In cooperation with local health authority provide for a time and place where immunizations may be administered

Exclusion: Local Health Authority Responsibility

- Cooperate with school authorities to provide a time and place where immunizations may be administered within 2 weeks of exclusion

Exclusion in the Event of a Disease Outbreak

- Children “in process,” or with a medical exemption, may be excluded in the event of a disease outbreak
- Schools required to maintain a current list of susceptible children at all times

New Legislation

New Immunization Legislation

- Effective June 13, 2019, Public Health Law § 2164 as amended by Chapter 35 of the Laws of 2019, only allows for medical exemptions from vaccination for children attending school.

- This means religious exemptions are no longer valid in New York State.

Requirements - Fall

For students in schools that were closed prior to June 28:

- Students have 14 days from the first day they attend school to receive the first dose in each of the required vaccine series and have 30 days to provide appointments for subsequent doses

What does the June 30, 2020 date mean in the law?

- By June 30, 2020, all students who were attending school at the time the law was enacted are expected to be fully up-to-date on their required immunizations and therefore the 30-day extension allowing such children to be enrolled as long as they have scheduled appointments to complete their immunization series according to the ACIP schedule will expire.

Alternative Vaccines

- Only licensed vaccines recommended by the ACIP are acceptable.
  - “Homeoprophylaxis vaccines” are NOT acceptable.

- Out-of-country immunization records are acceptable as long as they are official records and can be read and understood by the school or have been reviewed and signed by a physician licensed to practice medicine in NYS.

Requirements – Not Applicable

The new legislation does NOT apply to:

- colleges/universities
- children's camps issued a permit by the State or local HD
- attendance at activities on school property that are open to the general public
- students aged 18 years and older

Amish and Mennonite Schools INCLUDE?

- DOH mailed materials regarding the new legislation to those Amish and Mennonite schools where addresses were available
- County DOH staff are contacting the Amish and Mennonite communities in their counties regarding the new legislation

Compliance Plans for New Legislation INCLUDE?

- DOH plans to expand the School Assessment Unit by adding a Compliance Unit (pending recruitment)
  - Unit would conduct remote audits (via email and fax using NYSIIS for record review whenever possible)
  - Plan would be to audit 25% of schools annually

Materials Released Regarding the Non-Medical Exemption Legislation

- 6/14/19 Joint Statement from NYS Department of Health, State Education Department and Office of Children and Family Services
- 6/18/19 Frequently Asked Questions (FAQ) About Legislation Removing Non-Medical Exemptions from School Vaccination Requirements
- 7/22/19 Second FAQ document further clarifying Vaccination Requirements Applicable to All Students

Available at: https://www.health.ny.gov/publications/2170/

NEW YORK STATE | Department of Health

Additional Materials

One page simplified document on New Law on School Vaccination Requirements

https://www.health.ny.gov/publications/2196.pdf

New Law on School Vaccination Requirements

Removing Nonmedical Exemption

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing nonmedical exemptions from school vaccination requirements for children to help protect the public from the worst measles outbreak in more than 25 years.

What does the new law do?

The new law no longer allows a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- public, private or parochial school (for students in pre-kindergarten through 12th grade), or
- day care.

Deadlines for vaccination under the new law

For children who are attending school or day care this summer:

Within 14 days of the first day of school or day care – children must receive the first age-appropriate dose in each immunization series to attend or remain in school or day care.

Within 30 days after the first day of school or day care – parents or guardians of such children must show that they have appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine.

For children entering or attending school or day care in the fall:

Within 14 days of the first day of school or day care – children must receive the first age-appropriate dose in each immunization series to attend or remain in school or day care.

Within 30 days after the first day of school or day care – parents or guardians of such children must show that they have appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine.

Catch-up Immunization Schedule to continue to attend school or day care:

The New York State Department of Health expects children to receive all required doses listed on Table 2 at the following link:

https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Additional Resources

2019-20 School Year - New York State Immunization Requirements for School Entrance/Attendance
https://www.health.ny.gov/publications/2370_2019.pdf

Center for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) Recommended Schedule (Table 1) and Catch-up schedule (Table 2)
https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html
https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

New York State Immunization Information System (NYSIIS) and the Citywide Immunization Registry (CIR)

- Provide immunization records that clearly show vaccinations and dates of administration
- Recommend schools use NYSIIS or CIR to determine validity of spacing between doses of vaccine
  - Reports whether doses of vaccine are age appropriate
  - Reports whether intervals between doses are correct

NYSIIS

- Schools must have a Health Commerce System (HCS) account to access NYSIIS
- To request an HCS account, send an email to osas@health.ny.gov
- For more information on NYSIIS
  - Call (518) 473-2839
  - Email nysiis@health.ny.gov

CIR

- For information about accessing CIR, and to set up an online account, call New York City Department of Health and Mental Hygiene: (347) 396-2400

Educational Materials

- NYS Immunization Requirements for School Entrance and Attendance 2019-20 (#2370)
- Questions and Answers (regarding school immunization requirements)
- Pneumococcal Vaccine Schedule
- Polio and Varicella Vaccine Requirements for the 2019-20 School Year
  - Updated materials to be posted at NYSDOH Child Care Programs, Schools and Post-secondary Institutions web page at: https://www.health.ny.gov/prevention/immunization/schools/ and on the School Survey Instruction Booklet web page at: https://www.health.ny.gov/prevention/immunization/schools/school_survey/

Educational Materials (cont.)

- Information regarding the meningococcal meningitis requirement and the school flyer posted at: https://www.health.ny.gov/prevention/immunization/meningococcal/

Contact Information

- NYSDOH, Bureau of Immunization, School Assessment and Compliance Unit (518) 474-1944 or osas@health.ny.gov
- Schools in New York City (347) 396-2433

Contact Information

- Capital District area: 518-473-4437
- Central NY Regional Office: 315-477-8164
- Western Regional Office: 716-847-4501
- Rochester Field Office: 585-423-8097
- New Rochelle Field Office: 914-654-7149
- Monticello Field Office: 845-794-2045
- Central Islip Office: 631-851-3096

NEW YORK STATE OF OPPORTUNITY. | Agency Name

Capital District Tobacco-Free Communities

School Health Services:
What you can do

Educate students on the harms of nicotine and e-cigarette use.

- Health care professionals: Educate your young patients about the risks of e-cigarettes (CDC)
- Know the Risks: E-cigarettes and Young People, US Surgeon General
- E-cigarettes, "Vapes", and JUULs: What Teens Should Know, American Lung Association
- Tips for Teens: E-Cigarettes, Substance Abuse and Mental Health Services Administration

Provide resources to parents about talking to their teens.

- Talk with your teen about e-cigarettes: A tip sheet for parents, CDC
- Teachers and Parents: That USB stick might be an e-cigarette, CDC
- JUULing: What pediatricians and families need to know, American Academy of Pediatrics
- Vaping: What you need to know and how to talk with your kids, Partnership for Drug-Free Kids
- E-cigarettes, "Vapes", and JUULS: What parents should know, American Lung Association
- How much do you know about the epidemic?, Scholastic

Share resources for quitting nicotine addiction

- Smokefree Teen, U.S. Department of Health and Human Services
- This is Quitting, free digital quit-vaping program from Truth Initiative
  Youth and young adults can access the e-cigarette quit program by texting "DITCHJUUL" to 88709. Parents and other adult looking to help young people quit should text "QUIT" to 202-899-7550
- BecomeAnEX, free digital quit smoking program from Truth Initiative

Promote health messaging throughout school

- Free print and digital materials, U.S. FDA
  If you don't think vaping is addictive, it may have already altered your brain
  A nicotine-free vape is not a worry-free vape
- Downloadable posters, flyers and more, Center for Tobacco Products Exchange Lab
- Reject Tobacco Industry-Sponsored Youth Prevention Programs In Schools, CDC

Policy Solutions

- Why Regulate the Sale of E-cigarettes?, Public Health and Tobacco Policy Center for New York State
- Youth Exposure to Advertising and E-Cigarette Use, CDC
- E-Cigarette use among youth is rising as e-cigarette advertising grows, CDC
- Youth are Exposed to E-Cigarette Advertisements from Multiple Sources, CDC
- Public Policy Statement on E-Cigarettes, American Society of Addiction Medicine
- Local Regulation of E-cigarettes, Public Health and Tobacco Policy Center for New York State

Albany County is considering a measure to end the sale of all flavored tobacco products. Albany County Legislators need to hear from YOU.

You can help ensure that Albany County Legislators have an accurate picture of what's happening in school communities by coming out to share your perspective at their next meeting on **Monday, September 9, 2019 at 6:30pm** in the **Legislative Chambers, Albany County Courthouse, 2nd Floor, Eagle Street, Albany, NY.** Speakers can sign up prior to the meeting start and each individual is allowed up to three minutes to speak.

Between 2014 and 2018, e-cigarette use among high school students in NYS increased 160%. More than 1 in every 4 high school students uses e-cigarettes. More than 80% of kids who have used tobacco started with a flavored product.

For more information on flavored vaping and traditional tobacco products, visit FlavorsHookKidsNY.org.

For additional information and resources on what schools can do about youth tobacco use, including recommended policies, curricula, presentations, lesson plans and more, contact Capital District Tobacco-Free Communities, 518-459-2388 or contact@SmokeFreeCapital.org.

Capital District
Tobacco-Free Communities

Building healthier communities where we live, learn, work and play

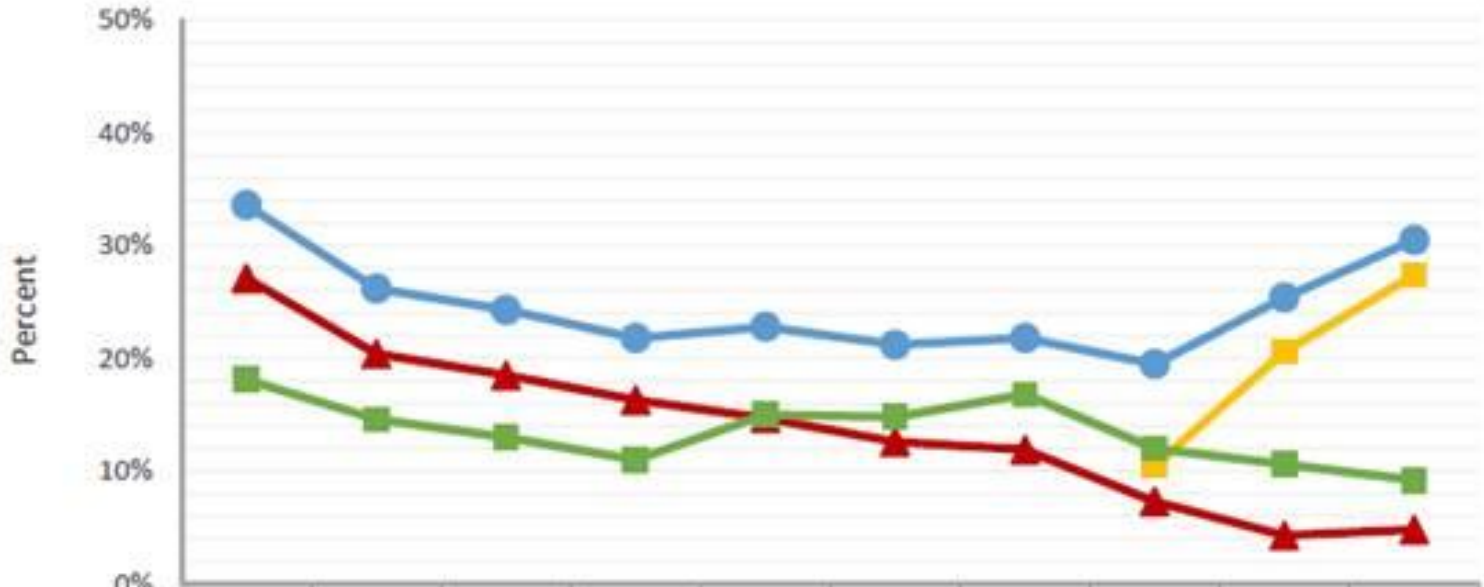
Risky Business: Youth, E-Cigs & Vaping

2000-2014
Youth
tobacco use
declines by
42%

2014-2018
Youth
tobacco use
increases by
56%

What happened?

Trends in Any Tobacco Product Use among High School Students[3] in NYS, 2000-2018



	2000	2002	2004	2006	2008	2010	2012	2014	2016	2018
Any Tobacco Products[2]	33.6%	26.2%	24.3%	21.8%	22.8%	21.2%	21.8%	19.5%	25.4%	30.5%
Cigarettes	27.1%	20.4%	18.5%	16.3%	14.7%	12.6%	11.9%	7.3%	4.3%	4.8%
E-Cigarettes	n/a	n/a	n/a	n/a	n/a	n/a	n/a	10.5%	20.6%	27.4%
Other Tobacco Products	18.1%	14.6%	13.0%	11.0%	15.0%	14.8%	16.8%	12.0%	10.6%	9.2%

MILWAUKEE JOURNAL SENTINEL

"JUULing is the New Teen Vaping Fad Taking Over School Bathrooms"

THE WALL STREET JOURNAL.

"Schools and Parents Fight a Juul E-Cigarette Epidemic"

The New York Times

"'I Can't Stop': Schools Struggle With Vaping Explosion"

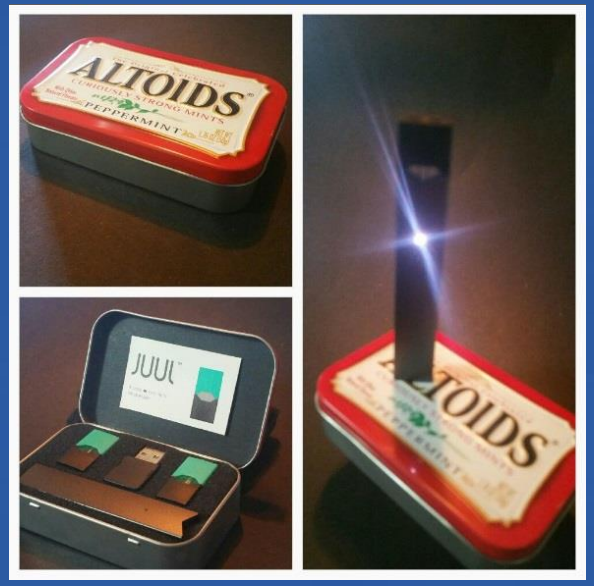
CNN

"Vaping Now An Epidemic Among US High Schoolers"

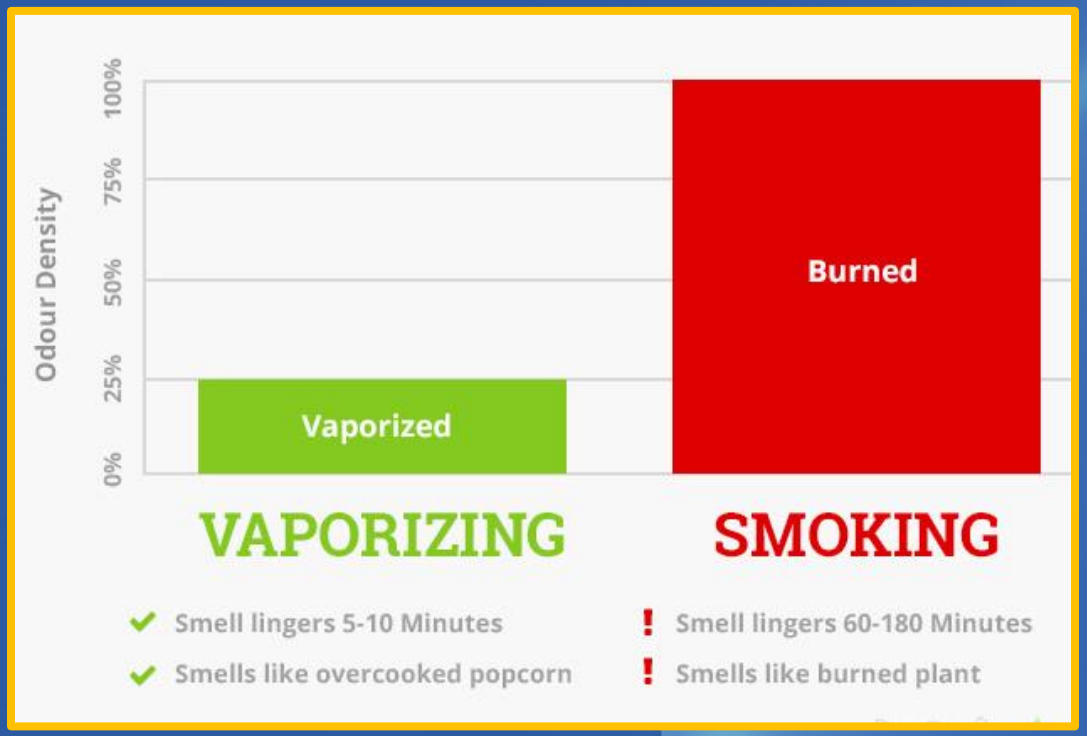
TobaccoFreeKids.org

Campaign for Tobacco-Free Kids

Easy to conceal

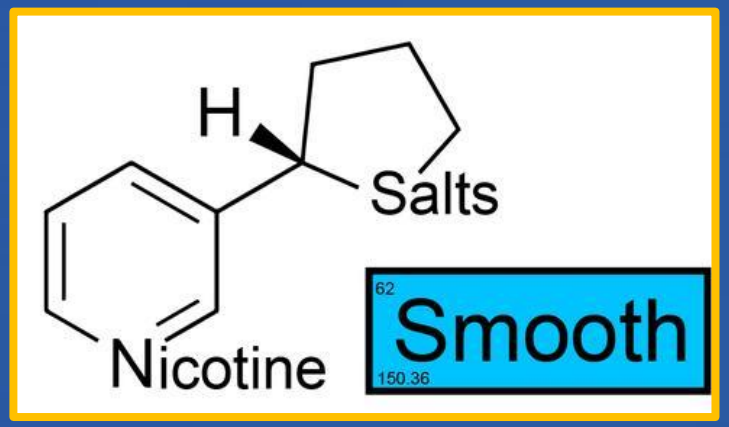


Discreet



JUUL **vs.** **Other vaping device**

Kid-friendly



Less irritating

Flavored

Personal expression

Fun & cool

Fun & Cool

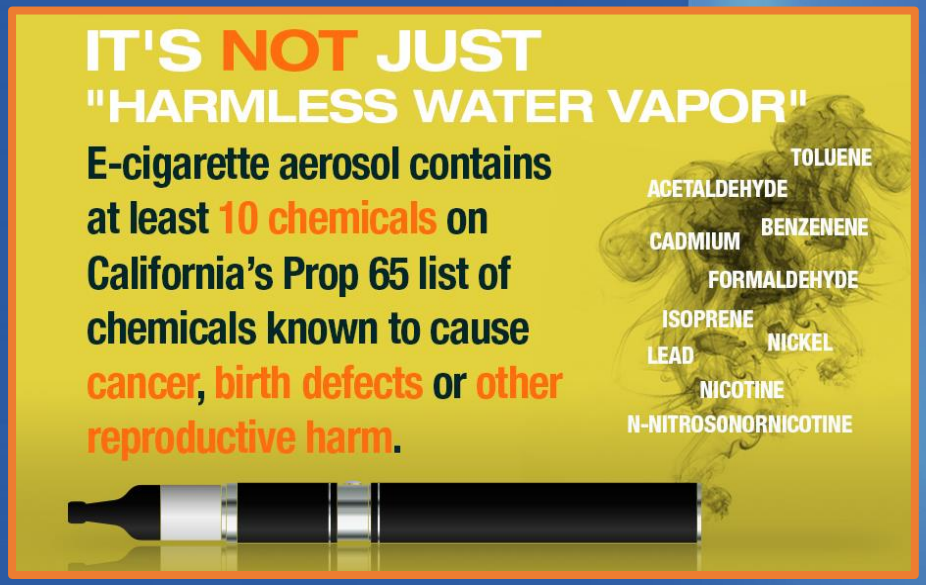
JUUL launch party hosted by PAX Labs

Vape industry messaging

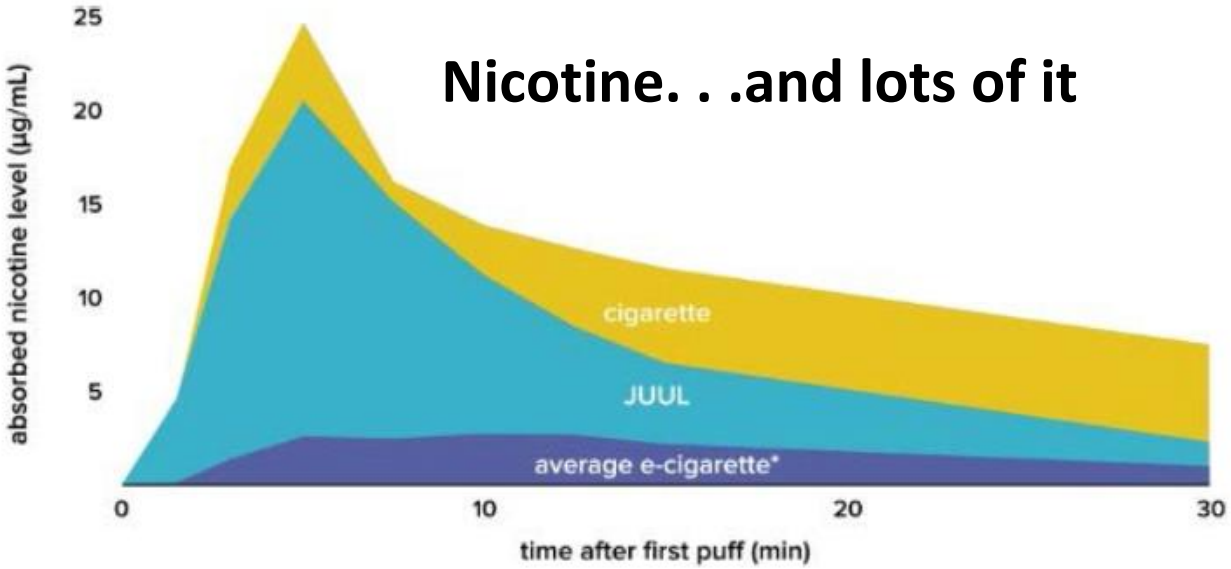
It's not vapor, it's an aerosol!

What THEY say

The TRUTH



What's in that JUUL pod?



NICOTINE MORE HARMFUL THAN YOU THINK

No amount is safe for youth.

Nicotine can harm brain development as teens grow.

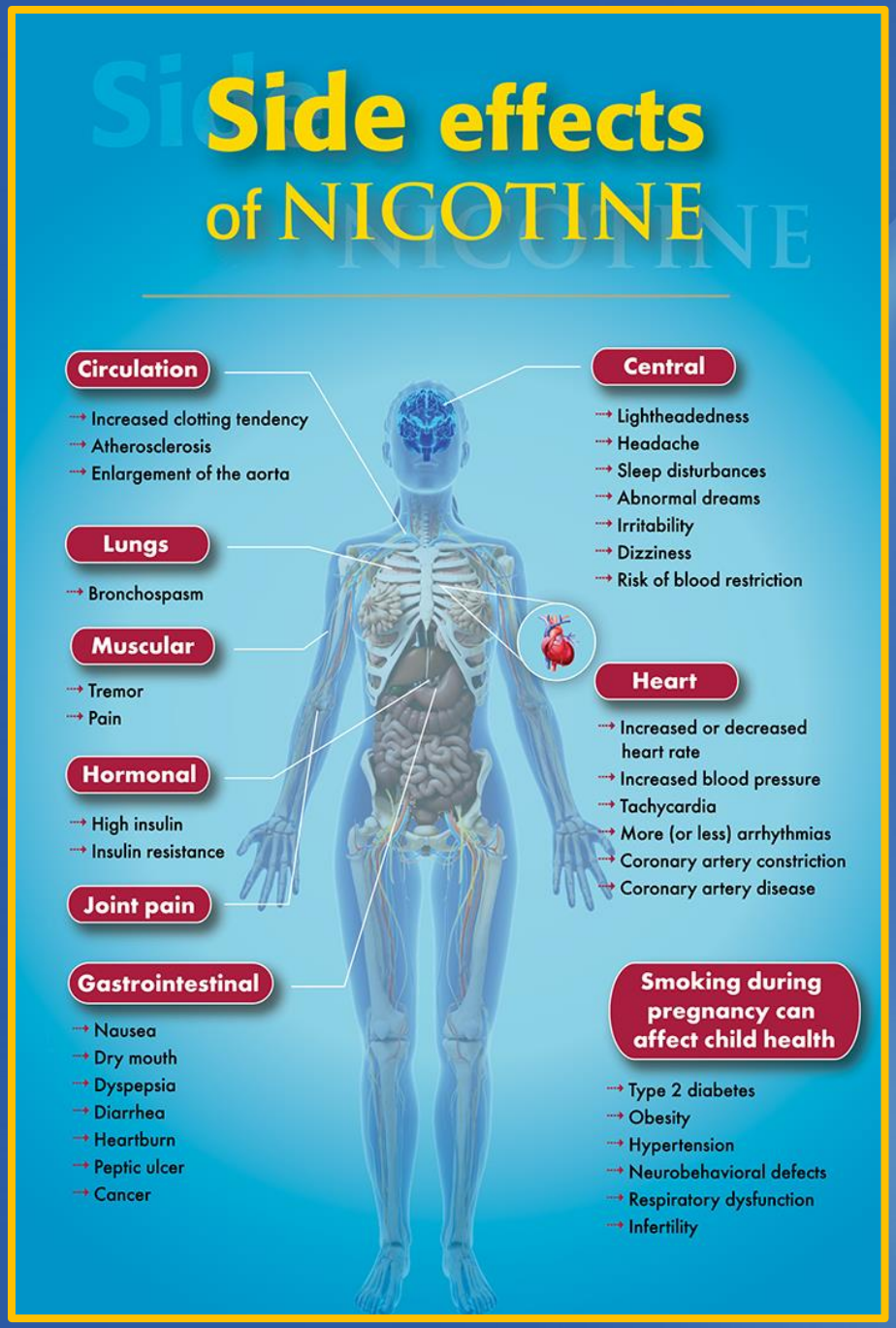
Learning

Memory

Attention

Behavior problems

Future addiction



Youth still using flavors in tobacco

These products are sweet, cheap and easy to get

August 8, 2016

Protecting Future Generations From the Risks of Tobacco Use

FDA now regulates ALL tobacco products, including:

E-Cigarettes*

Hookah

Cigars

Dissolvables

Future Tobacco Products

FDA | CENTER FOR TOBACCO PRODUCTS

*New regulation includes all Electronic Nicotine Delivery Systems.

Learn more at **www.fda.gov/tobacco**.

Signs of JUUL use & nicotine addiction

- Unexplained sweet scent
- Increased thirst
- Increased sensitivity to caffeine/less interest in caffeine
- Nosebleeds
- Mouth sores/smokers' cough
- Littered pods
- Withdrawal symptoms
- Cash poor

What school health services can do

-

- Provide resources to parents
- Share quit resources for teens
- Promote accurate health messaging
- Help reduce youth access to these products

What Albany County has done

TOBACCO
~~eighteen~~ twenty-one

Effective January 1, 2018

Effective September 25, 2018

Local law proposed to restrict sale of flavored tobacco products

Albany County Local Law No. "E" for 2019

How YOU can help

Albany County School Community Speak-out

FLAVORS HOOK KIDS NY

FlavorsHookKidsNY.org

Monday, September 9, 2019
6:30pm
Legislative Chamber
Albany County Courthouse, 2nd Floor
Eagle Street, Albany, NY

Capital District
Tobacco-Free Communities
Building healthier communities where we live, learn, work and play

Theresa Zubretsky
518-459-2388
Theresa.Zubretsky@sphp.com
www.SmokeFreeCapital.com

EPI UPDATE

School Nurses Workshop
Albany County Department of Health
August 21, 2019

Elizabeth Lewis, MHS
Epidemiologist

ALBANY COUNTY Cares about our health

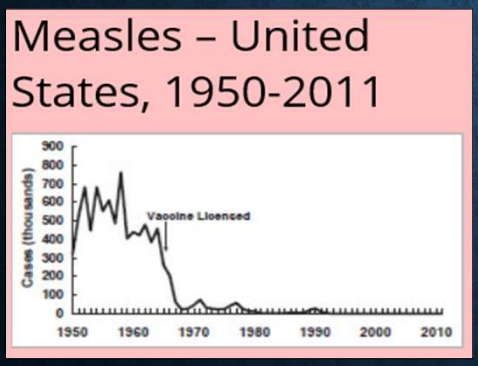
Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.

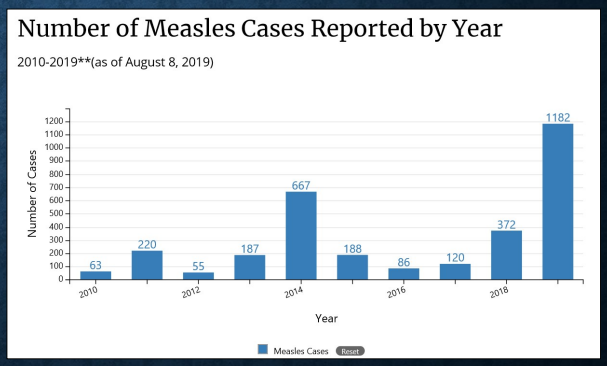
MEASLES

ABOUT MEASLES

- Virus causing infection of respiratory tract
- Droplet or airborne transmission; highly contagious
- Incubation period: 10-12 days
- Prodrome for 2-4 days: fever, cough, coryza, conjunctivitis
- Koplik spots
- Approximately 14 days after exposure: maculopapular rash that becomes confluent; begins on face and upper neck and fades in order of appearance
- Complications: diarrhea, otitis media, pneumonia, encephalitis, seizures, death

HISTORY OF MEASLES IN THE US

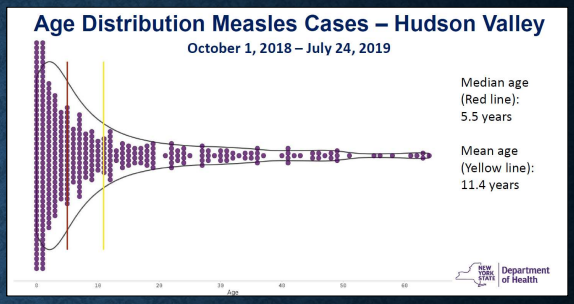




CDC charts from https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html and https://www.cdc.gov/measles/cases-outbreaks.html

CURRENT OUTBREAK IN THE LOWER HUDSON VALLEY AND NYC

- CDC: 1,182 cases YTD 2019 in 30 states; most since 1992
- NYS excluding NYC: 384 since fall
- NYC: 653 since fall
- Importations into close knit communities with low vaccination rates
- Predominantly affecting unvaccinated children
  - Median age < 6 years
  - Percentage of unvaccinated + unknown vaccine over 90%



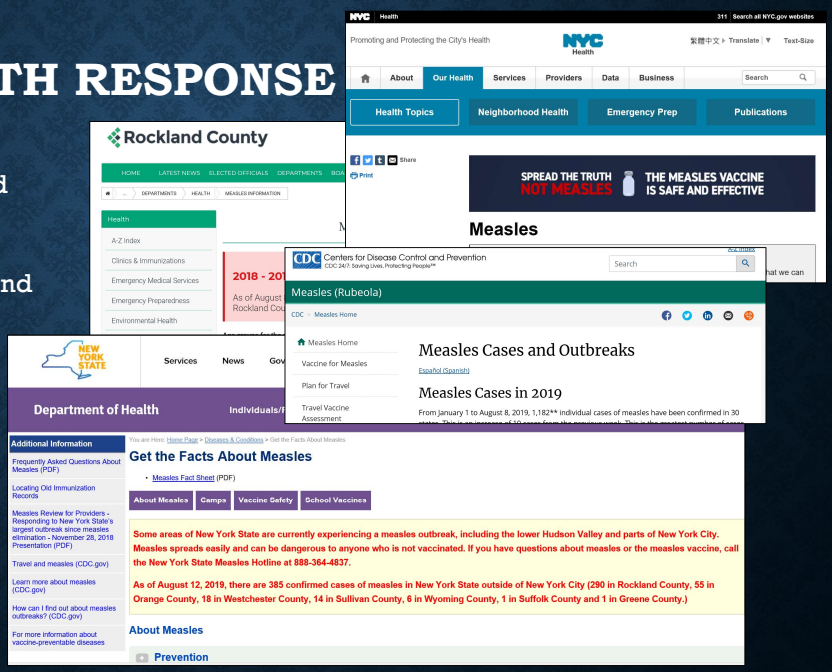
MMR Status of Cases, by Age – Hudson Valley
October 1, 2018 – July 24, 2019

Age Group	# MMR Doses				Total
	0	1	2	Unknown	
< 6 Months	17	0	0	0	17 (4.6%)
6 - 11 Months	28	3	0	0	31 (8.4%)
1-4 Years	108	13	2	1	124 (33.4%)
5-17 Years	110	1	3	6	120 (32.3%)
18+ Years	31	3	7	38	79 (21.3%)
Total	294 (79.2%)	20 (5.4%)	12 (3.2%)	45 (12.1%)	371

NYSDOH charts from https://www.health.ny.gov/prevention/immunization/schools/school_vaccines/docs/immunization_law_webinar.pdf

PUBLIC HEALTH RESPONSE

- Management of cases and contacts
- Community engagement and education of public and providers
- Vaccination clinics
- Exclusion orders
- Revocation of religious exemption

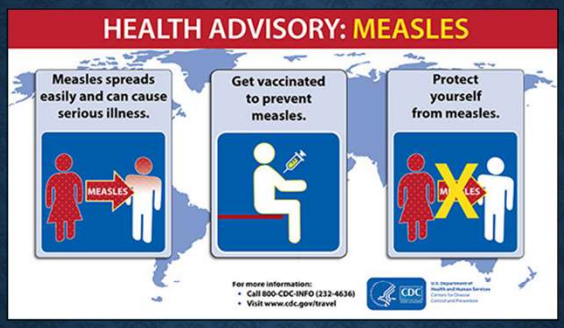


MEASLES AND ALBANY COUNTY

- **Currently no cases identified in Albany County residents**
- **While there are un/under-vaccinated people in the county, we don't have a large, close-knit, vaccine hesitant population**
- **Always at risk of importation**

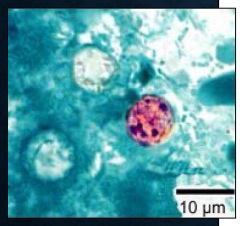
- Challenges for even a single case
  - Case management
  - Contact tracing
  - Post-exposure prophylaxis
  - Healthcare exposures
  - School exclusions
  - Rule out testing
  - Public interest

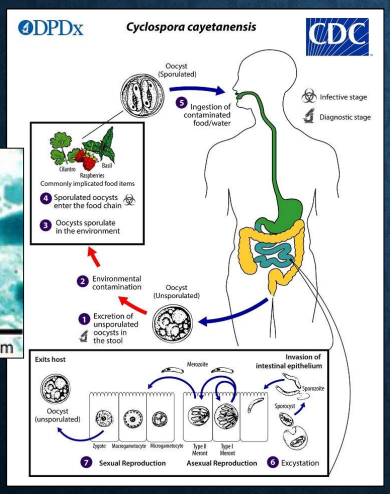
- ACDOH preparation activities
  - Communications with HCP
  - Outreach to jail
  - Education for camps
  - Partnerships with colleges and schools



Don't let measles be your souvenir

CYCLOSPORA

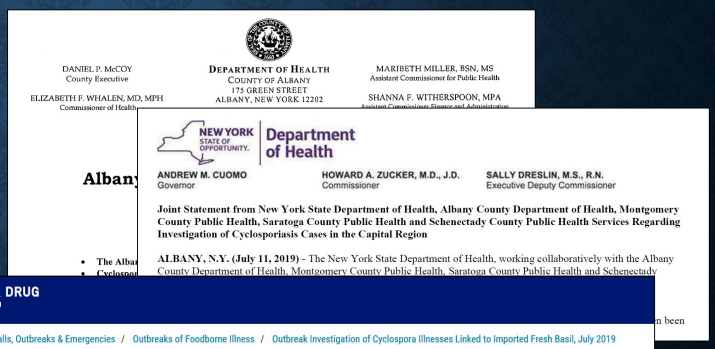




- Parasite – humans are only reservoir – but person-to-person transmission is unlikely
- Exposure to contaminated food or water – typically through international travel or contaminated (imported) produce
- One week incubation period (range 2-14) then watery diarrhea, loss of appetite, weight loss, stomach cramps, bloating, nausea and fatigue – self-limiting illness or relapsing without treatment

CYCLOSPORA OUTBREAK

- Initial report 07/02/2019
- Provider alert 07/05/2019
- Outbreak investigation
- Joint press release 07/11/2019
- Recall 07/24/2019


DANIEL P. McCOY
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NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Joint Statement from New York State Department of Health, Albany County Department of Health, Montgomery County Public Health, Saratoga County Public Health and Schenectady County Public Health Services Regarding Investigation of Cyclosporiasis Cases in the Capital Region

ALBANY, N.Y. (July 11, 2019) - The New York State Department of Health, working collaboratively with the Albany County Department of Health, Montgomery County Public Health, Saratoga County Public Health and Schenectady

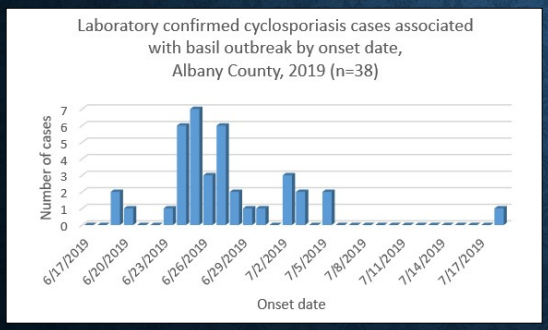
U.S. FOOD & DRUG ADMINISTRATION

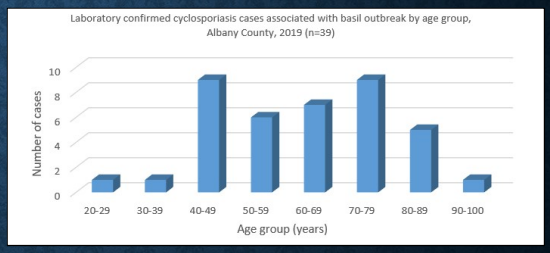
Home / Food / Recalls, Outbreaks & Emergencies / Outbreaks of Foodborne Illness / Outbreak Investigation of Cyclospora Illnesses Linked to Imported Fresh Basil, July 2019

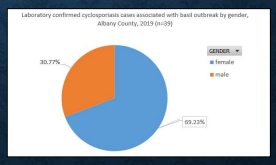
Outbreak Investigation of Cyclospora Illnesses Linked to Imported Fresh Basil, July 2019

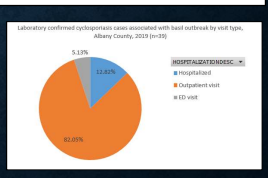
Consumers warned to not eat fresh basil from Siga Logistics de RL de CV

LABORATORY CONFIRMED CASES OF CYCLOSPORIASIS ASSOCIATED WITH BASIL OUTBREAK, ALBANY COUNTY 2019

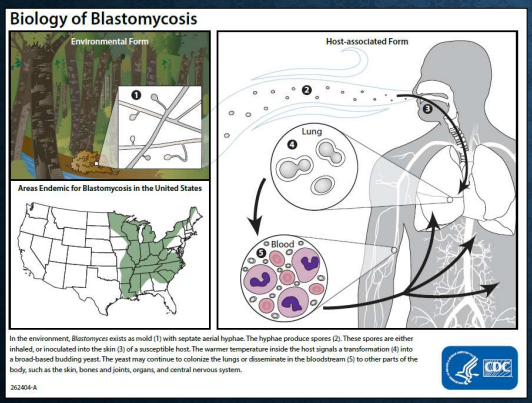








EMERGING: BLASTOMYCOSIS



- Fungus found in the environment; associated with moist soil and decomposing organic matter
- Distribution:
  - Historically found near the Great Lakes and the Ohio, Mississippi, and Saint Lawrence River valleys;
  - NYSDOH has identified clusters in the Mohawk and Susquehanna River valleys;
  - No known cases in Albany County
- Humans and dogs are at risk
- Range of symptoms: asymptomatic, flu-like illness, severe illness
- Treatable but delays in diagnosis are common

For more information:

- Morbidity and Mortality Weekly Report (MMWR) Notes from the Field: Blastomycosis Cases Occurring Outside of Regions with Known Endemicity — New York, 2007–2017.
- https://www.cdc.gov/fungal/diseases/blastomycosis/index.html

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

August 15, 2019

TO: Healthcare Providers, Hospitals, Off-Campus Emergency Departments, Substance Use Disorder/Mental Health Agencies, College and University Health Clinics, and Local Health Departments

FROM: New York State Department of Health

HEALTH ADVISORY:
Unexplained Vaping-associated Pulmonary Illness

CDC, states investigating severe pulmonary disease among people who use e-cigarettes

Media Statement

For Immediate Release: Saturday, August 17, 2019
Contact: Media Relations
(404) 639-3286

CDC is providing cons
Indiana, and Minneso
or "vaping," primarily
possible (not confirm
conclusive evidence t
of the states are simil

Clinical Action

CDC Clinician Outreach and Communication Activity

CDC Urges Clinicians to Report Possible Cases of Unexplained Vaping-associated Pulmonary Illness to their State/Local Health Department

Background

The following is an updated version of the information posting sent to public health officials via CDC's Epidemic Information Exchange system (Epi-X) on August 2, 2019.

As of August 14, 2019, 30 cases of severe pulmonary disease have been reported to the Wisconsin Department of Health Services (DHS). Using a case definition drafted by DHS, 15 cases are confirmed (ages 16-34 years) and 15 cases are still under investigation (ages 16-53 years). Patients presented with respiratory symptoms including cough, shortness of breath, and fatigue. Symptoms worsened over a period of days or weeks before admission to the hospital. Other symptoms reported

VAPING

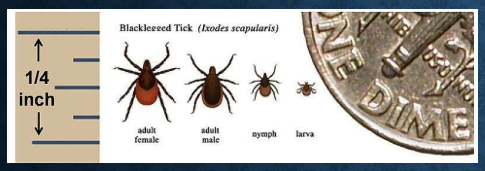
- Emerging health threat of severe pulmonary disease associated with the use of vape products
- Investigation is ongoing and no clear etiology has been identified
- Clinician action items:
  - Include drug use in generally history
  - Inquire about use of e-cigarette products in cases of respiratory or pulmonary illness with unclear etiology
  - Report to public health
- https://emergency.cdc.gov/newsletters/coca/081619.htm

PERSISTENT DISEASES OF CONCERN

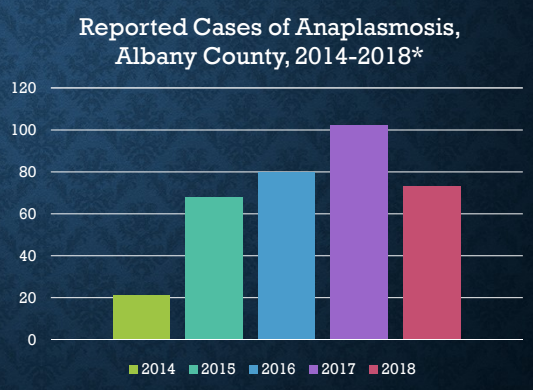
PERTUSSIS AND MUMPS

- Encourage vaccination
- Facilitate recommended testing
- Apply exclusions as necessary
- Maximize accurate information and minimize unnecessary concerns
- Resources:
  - NYSDOH GUIDANCE ON PERTUSSIS CONTROL FOR HEALTH CARE PROVIDERS
  - NYSDOH WHEN MUMPS IS MUMPS

TICKBORNE ILLNESS IN ALBANY COUNTY

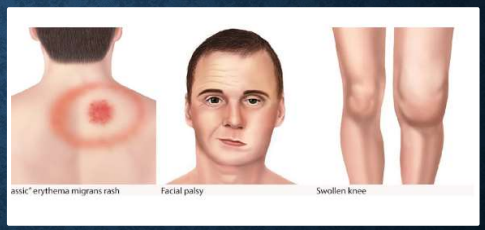


- NYSDOH tick collection data
  - *B. burgdorferi*: 50% or more
  - *A. phagocytophilum*: 10-20%
  - *B. microti*: 5-12%



TICKBORNE ILLNESS PREVENTION

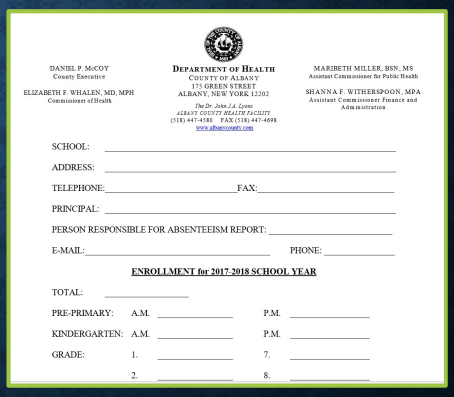
- Consider:
  - Activities
  - Clothing
  - Use of insect repellent
- **TICK CHECKS**
- Seek care for symptoms



https://www.cdc.gov/lyme/signs_symptoms/index.html

SCHOOL ABSENTEEISM REPORTING

- Voluntary program where buildings report absenteeism (email, phone, or fax) once a week from Oct – May
- Additional data source for tracking influenza-like illness
- Early warning system for other outbreaks
- Reporting of disease outbreaks is still required even if not participating in program



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Assistant Commissioner for Public Health

SHANNA F. WITHERSPOON, MPA
Assistant Commissioner Finance and Administration

SCHOOL: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

PRINCIPAL: _____

PERSON RESPONSIBLE FOR ABSENTEEISM REPORT: _____

E-MAIL: _____ PHONE: _____

ENROLLMENT for 2017-2018 SCHOOL YEAR

TOTAL: _____

PRE-PRIMARY:	A.M.	_____	P.M.	_____
KINDERGARTEN:	A.M.	_____	P.M.	_____
GRADE:	1.	_____	7.	_____
	2.	_____	8.	_____

CONTACT INFORMATION

Elizabeth Lewis

Epidemiologist

Elizabeth.Lewis@albanycountyny.gov

(518) 447-4640

August 21, 2019

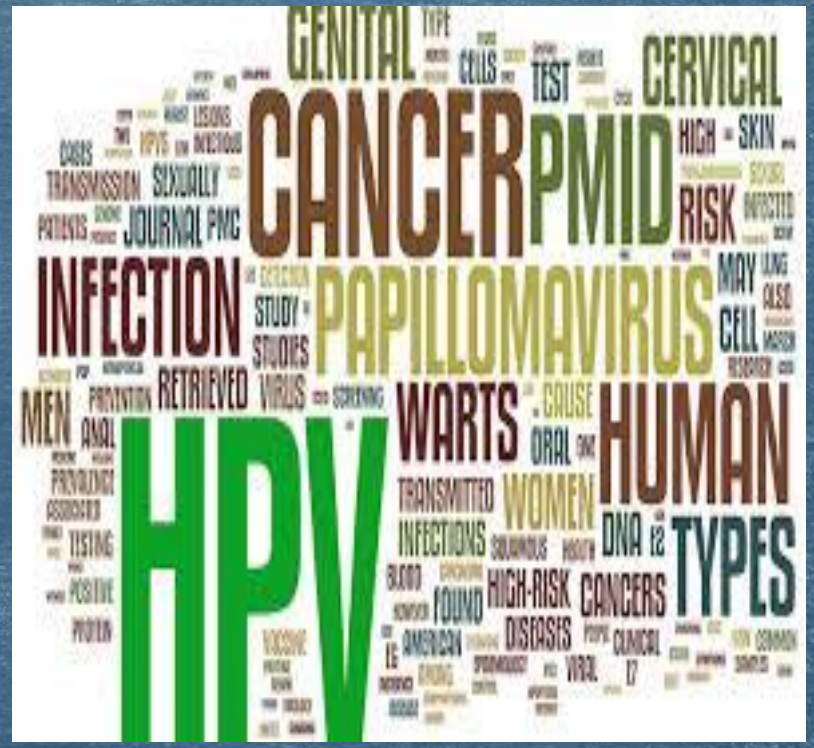
Anne Lawton
Community Outreach Nurse
SPHP Cancer Care Center

HPV

A Public Health Lesson

Objectives

- What is it?
- Who does it effect?
- HPV and Cancer
- Vaccinations & Side Effects
- Public Health
- What can you do?



HPV: Human Papillomavirus

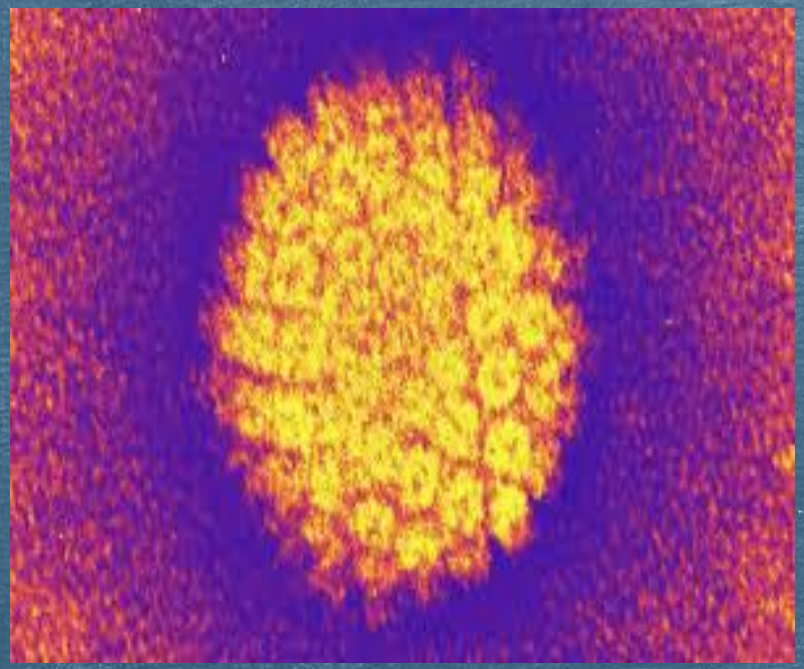
- Sexually Transmitted Disease
- Virus: most don't know they have it
- Spread by skin to skin transmission: most don't know they have shared it
- Most sexually active people will get HPV at some time in their lives

79 million people a year are affected, including 14 million new cases a year, in the United States

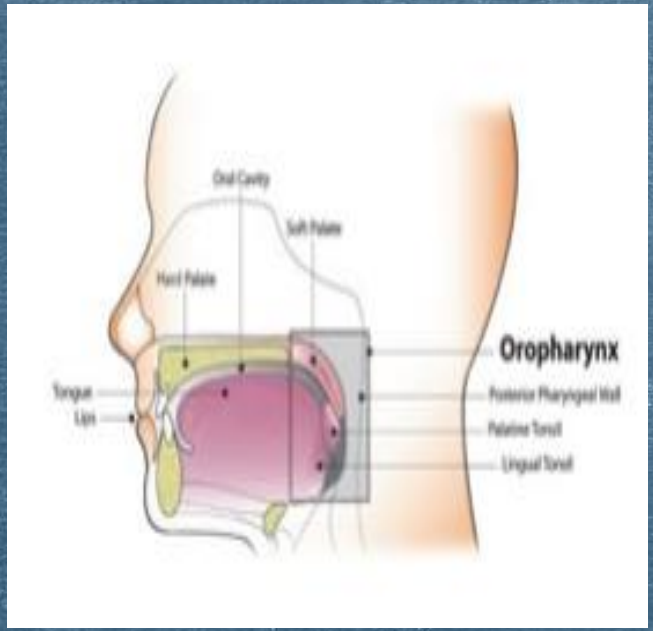
- 90% clear the virus on their own within 2 years
- 10% left with a persistent infection

https://www.cancer.gov

HPV and Cancer



- Many types > 200 related viruses
- > 40 spread through direct sexual contact
- **6 & 11** associated with Genital Warts (**low risk**)
- **16 & 18** (majority) associated with Cervical, Oropharyngeal, Anal, Vulva and Penile (**high risk**)

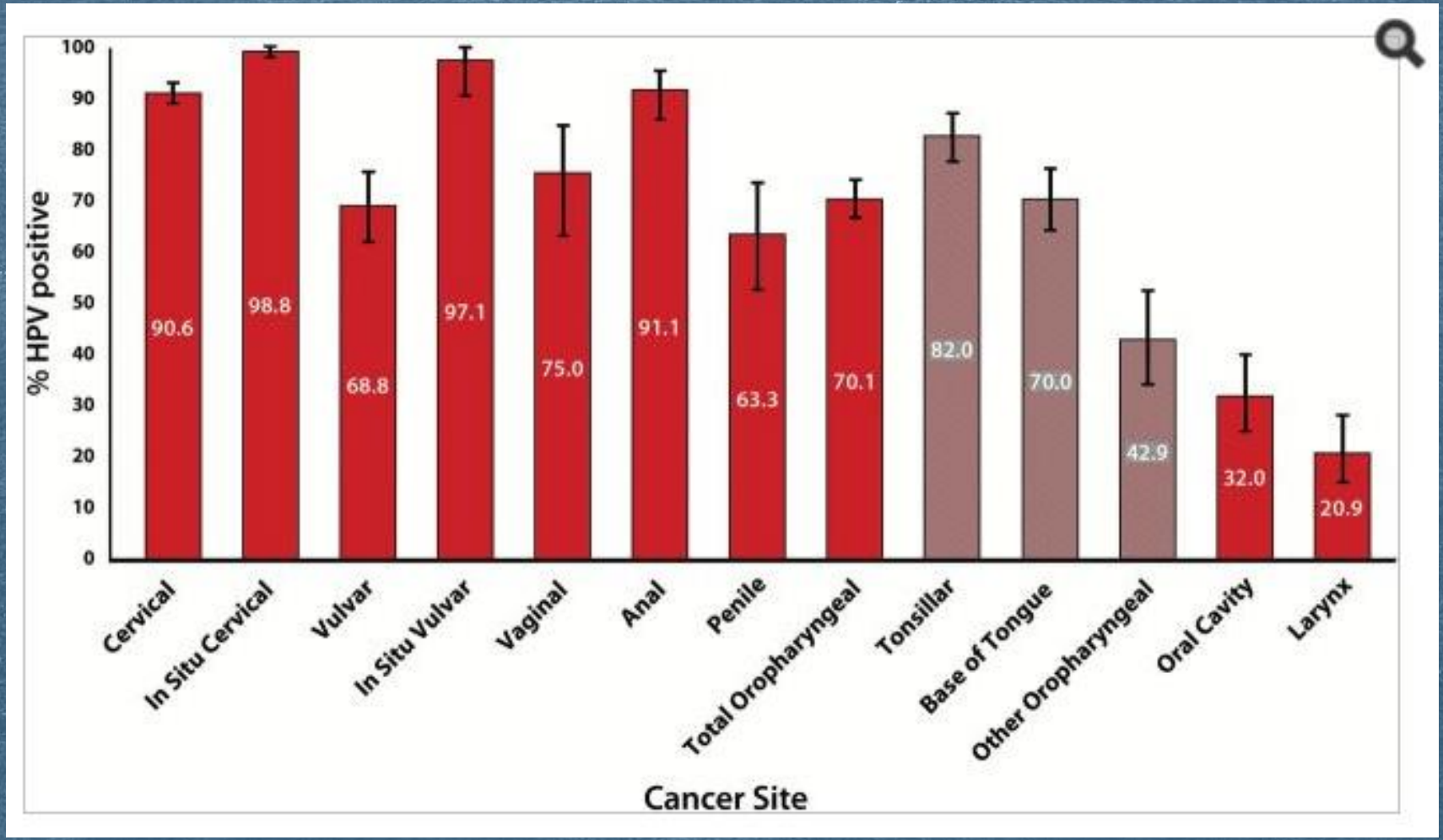


	Cases in Women	Cases in Men
Back of Throat	2,200	10,700
Cervical	10,800	0
Anal	4,000	1,900
Vulvar	2,700	0
Penile	0	800
Vaginal	600	0
Total	**20,300**	**13,400**

Source: HPV-Associated Cancers Statistics
Data as of August 2018

PERCENTAGE RELATED TO HPV

JNCI JNat'l Cancer Inst (2015)107(6):djv086



Vaccination Guidelines

- Vaccinate all adolescents, aged 11-12 years, with two doses of HPV vaccine given at least 6 months apart
- Vaccine can be given as young as 9 years of age
- Can be given safely with other recommended vaccines
- Catch-up vaccination
  - If vaccination started at 15 years or older, three doses are needed
  - FDA approved up to age 45 in both Men and Women

VACCINE SIDE EFFECTS

- Mild pain and/or redness at injection site (most common)
- Fever
- Dizziness
- Nausea
- Fainting (Common in age group for all shots and medical procedures)

www.cdc.gov/vaccines/teens www.cdc.gov/hpv

FACTS

- SAFE: on the market since 2006 with continuous monitoring and no safety concerns have been identified
- DOES NOT cause Fertility issues
- Necessary regardless of sexual activity
- For BOTH girls and boys
- Effective and prevents cancer
- Many parents are unaware, not a mandated vaccine
- Effectiveness of the vaccine does not decrease over time

RATES

Figure 1. HPV Vaccination Rates among Female and Male Teens Aged 13-17 Years, NYS & US, 2017

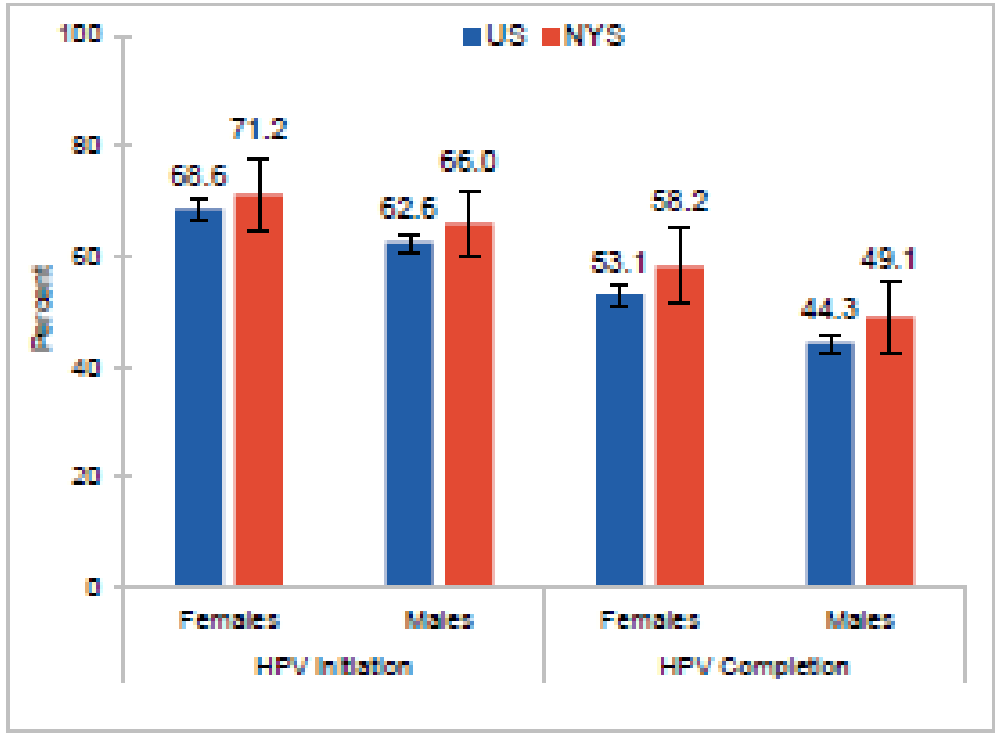
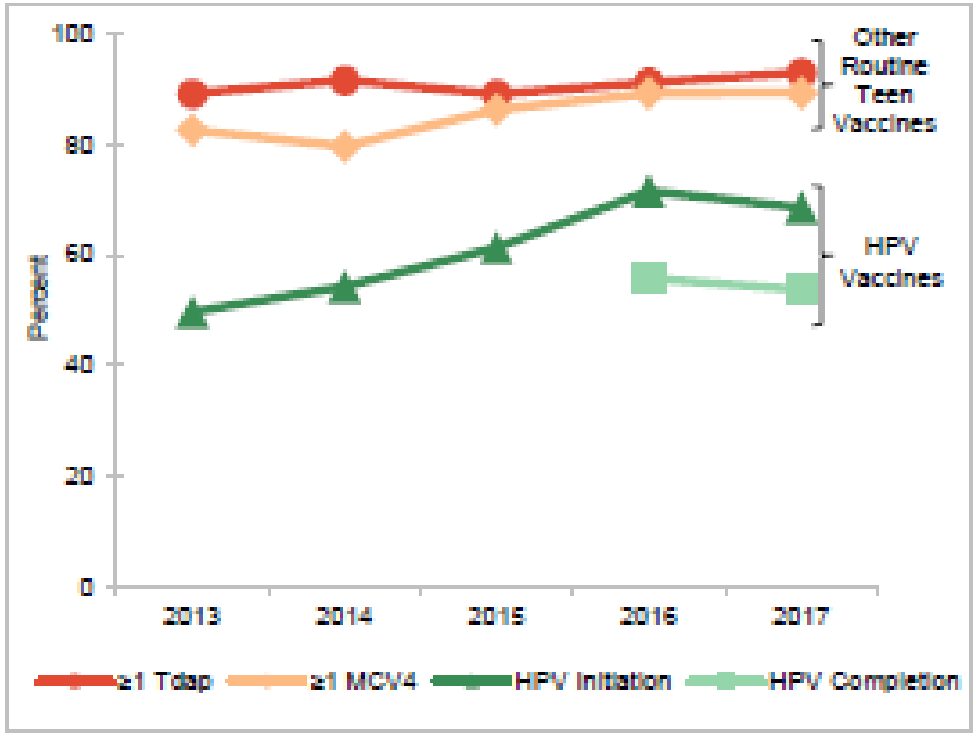


Figure 2. Vaccination Rates among NYS Teens Aged 13-17 Years, 2013-2017



Data Source: CDC National Immunization Survey-Teen
Fig 1 & Fig 2: HPV Initiation = ≥1 dose 9vHPV, 4vHPV, or 2vHPV; HPV completion = 2 doses for those starting series at age <15 years and ≥3 doses for all others.
Fig 2: ≥1 Tdap = ≥1 dose Tdap (Tetanus, Diphtheria, Pertussis) vaccine at or after age 10 years; ≥1 MCV4 = ≥1 dose MenACWY (meningococcal conjugate) vaccine.

DISPARITIES AND BARRIERS

- Socioeconomics/Race
- Education
- Geographic
- Tobacco
- Lack of Healthcare Access
- Not Mandated for school
- Misinformation/Non Evidenced Based News regarding Vaccination
- SEX

What role does Vaccination play?

Primary vs Secondary Prevention

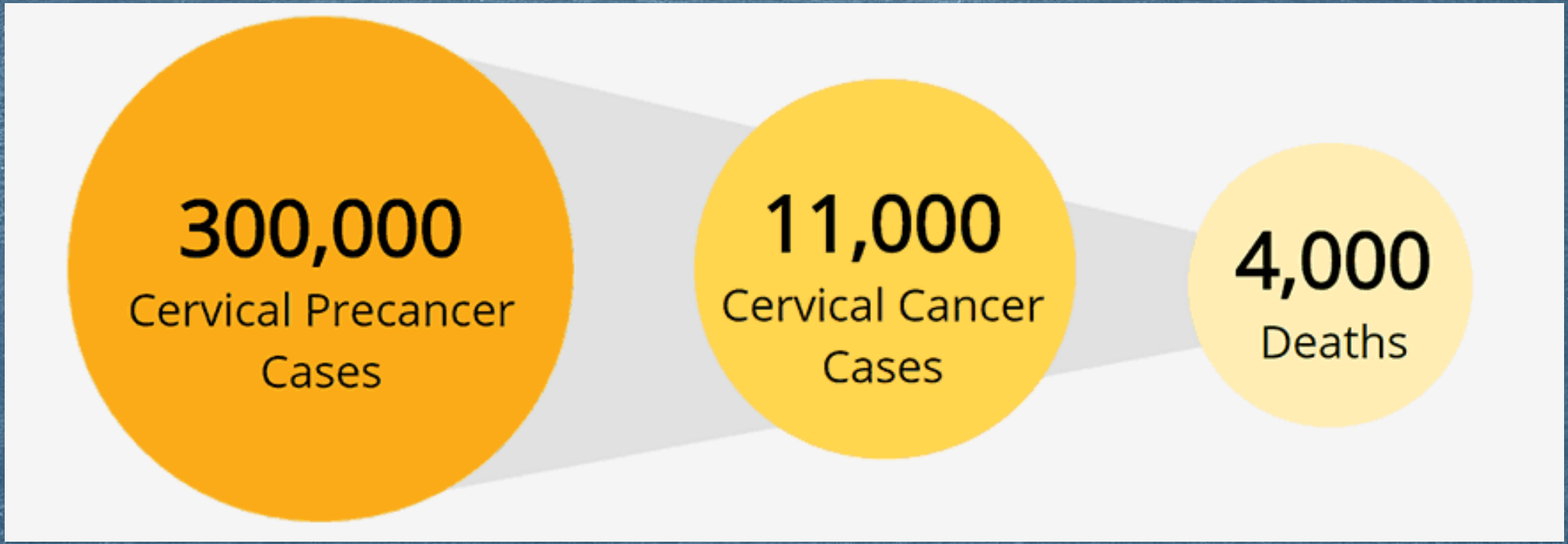
Infection

↓

Lesions → Identify (PAP)and Treatment

↓

Cancer



https://www.cdc.gov/hpv/parents/cancer.html

Questions & Discussion

Public Health
What can you do?

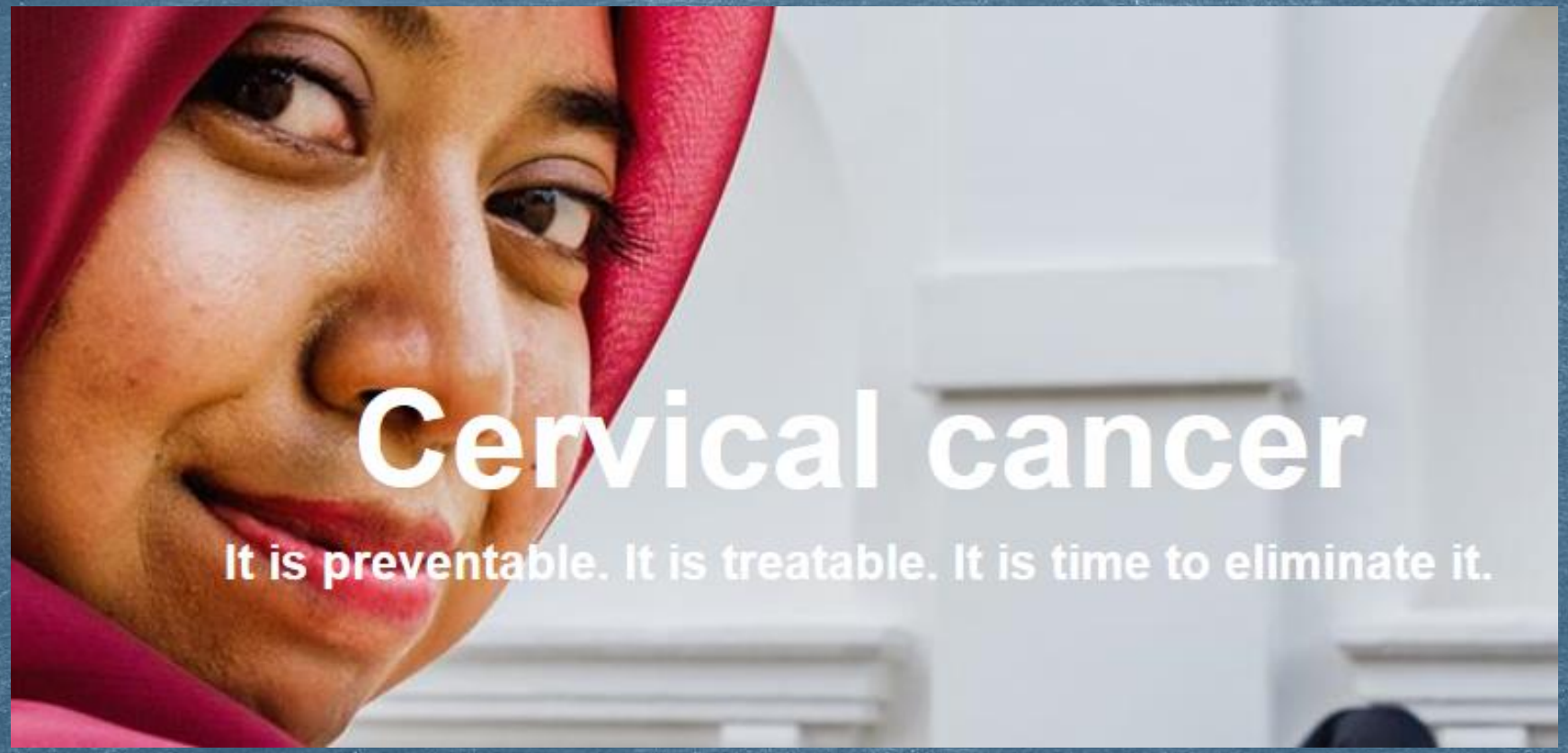
Can vaccination reduce incidence of cancer? Taiwanese experience

Semin Fetal Neonatal Med. 2007:12 (3): 160-167

- In Taiwan, most cases of hepatocellular (liver)cancer are related to chronic hepatitis B infection (HBV)
- Results of vaccination program begun 20 years ago
  - Chronic hepatitis B infection (HBV) rates were 10-17% of population prior to vaccination program
  - Chronic hepatitis B infection (HBV) rates were 0.7- 1.7% of population following vaccination program
  - Hepatocellular cancer rates have decreased by 70%

Rwanda Experience

- HPV related Cervical Cancer is the most prevalent STD in the world
- Cervical Cancer deaths in 2012 ~ 266,000, mostly in less developed countries
- Vaccination rate in the US (non mandated) ~60% teenaged girls
- Rwanda 95% of teenage girls have been vaccinated through a government led effort



WORLD HEALTH ORGANIZATION

The Mask Project

THE SCHOOL NURSE AND EMERGENCY PREPAREDNESS

ACDOH School Nurses' Workshop

August 21, 2019

EMERGENCY MANAGEMENT CYCLE

ROLE OF SCHOOL NURSE IN DEVELOPING EMERGENCY MANAGEMENT PROCEDURES

- School nurses have an instrumental role in participating in the development of emergency management procedures for the school district/individual school.
- Roles might include:
  - Identifying potential problems in the school environment
  - Coordinating first aid, CPR/AED training for staff
  - Evaluating first aid and emergency care training and exercises
  - Developing emergency plans for students with known health problems

ROLE OF SCHOOL NURSE IN AN INCIDENT

- Roles might include:
  - Recognizing patterns of illness
  - Managing emergency care, including triaging students and staff. Categories might include:
    - Critical – immediate medical attention
    - Urgent – medical attention within 2 hours
    - Non-urgent – routine medical care
  - Initiation of appropriate care when students or staff are ill or injured
  - Coordinating transportation of sick or injured students or staff to local hospitals or other healthcare facilities
  - Communicating with parents, health care providers, and school personnel, as appropriate for the incident.
  - After an incident, school nurses may coordinate counseling and other psychological healing measures

SPECIAL CONSIDERATIONS

- Special considerations should be taken into account when updating, training and exercising your district/school Emergency Operations Plan (EOP) including any changes in:
  - Diversity and background of students and staff
  - Special healthcare needs
  - Local healthcare facilities, including EMS
  - Psychological First Aid

HOW CAN SCHOOL NURSES ASSIST FIRST RESPONDERS DURING AN INCIDENT?

- Provide triage care until EMS arrive
- Assist EMS in providing appropriate care
- Coordinate transport for students and staff to area medical centers or hospitals

HOW CAN SCHOOL NURSES ASSIST AFTER AN INCIDENT?

- Coordinate counseling or other recovery activities
- Communicate with parents and healthcare providers, as needed, on care provided to the students
- Evaluate the outcome of the incident and propose changes to the district EOP planning team based on identified areas of improvement. Documenting actions taken during the incident and continuity of care are important for improving the plan as well as legally protecting school nurses and the school community.

SCHOOL POLICY AND PLAN REVIEW

- What are your school policies related to the role of the school nurse in the prevention of, preparation for and response to an incident?
- Are all school personnel, parents, and law enforcement agencies aware of the policies and how they are implemented?
- How is the policy/plan information shared with stakeholders?
- What information and training have been provided or need to be provided to school health personnel, other staff, students, parents, and community members?
- What sections of the district/school EOP include specific information on school health personnel. Are the procedures complete and current?

TIPS FOR SCHOOL NURSES

- Monitor any changes in the current standards of practice, as well as, local, State and/or Federal regulations
- Develop partnerships with local EMS personnel and primary care physicians, hospitals, medical clinics
- Identify personal strengths and areas of improvement related to job responsibilities

WELL PREPARED SCHOOL NURSES HAVE THE POTENTIAL FOR DETECTING, DECREASING THE SPREAD OF, AND TREATING DISEASES BEFORE THE IMPACT THE SCHOOL AND THE COMMUNITY ON A LARGE SCALE.

QUESTIONS?

Susan Riedy

Director of Public Health Emergency Preparedness

and Performance Management

Susan.Riedy@albanycountyny.gov