

# PUBLIC HEALTH CONNECTION

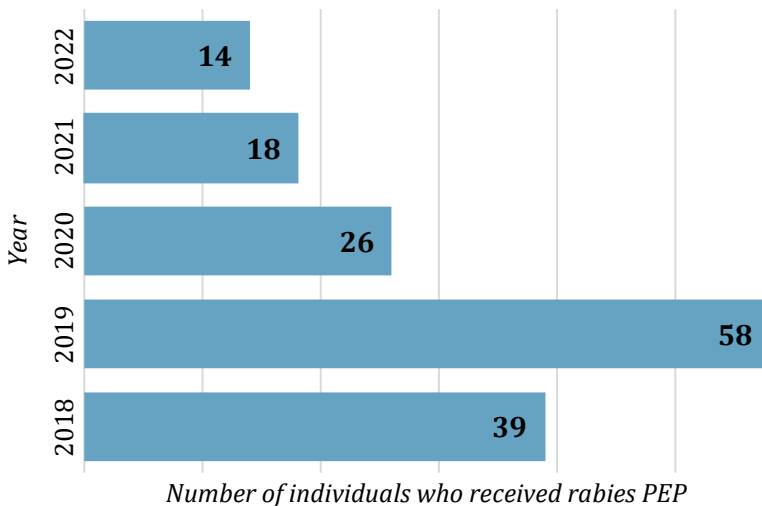
*A quarterly newsletter from the Clinton County Health Department*

## RABIES PREVENTION

The number of individuals receiving post exposure prophylaxis (PEP) following potential rabies exposures in Clinton County continues to decrease (see *Figure 1*). In an effort to further minimize potentially unnecessary PEP, providers are encouraged to:

- Notify Clinton County Health Department (CCHD) Environmental Health & Safety immediately by phone at **518-565-4870** prior to administering PEP after a reported wild or domestic animal bite or exposure. Refer to the [Rabies Post Exposure Prophylaxis \(RPEP\) Algorithm](#).
- Complete an [Animal Bite/Exposure form](#). Fill out the form as completely as possible to assist CCHD staff in conducting prompt follow-up on a potential rabies exposure.
- Educate patients on rabies prevention, prompt notification of an animal bite or potential rabies exposure, and the need for timely PEP. If a patient finds a bat in their house, they should safely capture it and call CCHD at **518-565-4870** further instruction. Patients should call for further instruction even if they are unable to capture the bat.
- Instruct patients to avoid contact with all animals when traveling internationally and to seek medical care immediately if they are bitten or scratched.
- Encourage patients to vaccinate their pets. Patients may visit [www.clintonhealth.org](http://www.clintonhealth.org) for up-to-date information on free rabies clinics offered by CCHD.
- For more information and local data see CCHD's [Clinton County Profiles in Public Health: Rabies](#).

**Figure 1. Rabies Post Exposure Prophylaxis in Clinton County**



## EXPANDED ACCOMODATIONS FOR EXPRESSING CHEST/BREAST MILK IN THE WORKPLACE

Section 206-c of the New York State (NYS) Labor Law gives employees the right to express chest/breast milk in the workplace. The expanded legislation ([S.4844-B/A.1236-A](#)) went into effect on June 7, 2023 and now requires that **all** public and private employers in NYS, regardless of size or the nature of their business, must:

1. Provide a safe and private pumping space that includes seating, access to running water, electricity, and in close proximity to the work space.
2. Develop and implement a **written lactation policy** that ensures employee rights will not be infringed upon if they choose to pump and/or feed their child/ren in the workplace.
3. Distribute the written lactation policy to each employee upon hire, as well as to employees who are returning to work after the birth of a child.

In addition to the health benefits associated with chest/breastfeeding, research has shown that accommodating chest/breastfeeding employees improves job satisfaction, productivity, and staff loyalty; and it decreases absenteeism, health care costs, and employee turnover.



Department of Health

Breastfeeding, Chestfeeding, and Lactation Friendly New York

CCHD's [Breastfeeding, Chestfeeding and Lactation Friendly NY \(BFF-NY\) grant](#) is partnering with businesses in Clinton, Essex, and Franklin Counties to become *Chest/Breastfeeding Friendly Workplaces*. Throughout the designation process, staff will provide technical assistance with policy creation and implementation as well as resources needed to create a lactation room in accordance with NYS Labor Law 206-c.

If you would like to take advantage of this opportunity please contact CCHD Health Planning and Promotion at **518-565-4993** for more information.

## MANDATED COMMUNICABLE DISEASE REPORTING

Reporting of suspected or confirmed communicable diseases is mandated under the NYS Sanitary Code. Physicians diagnosing or suspecting a [reportable disease](#) should report this to the county health department where the patient resides within 24 hours of diagnosis. Timely reporting of communicable disease allows public health staff to identify newly emerging infections, detect outbreaks, and prevent secondary spread.

Diseases listed in **red bold type** with the telephone icon must be reported *immediately* to the health department (regardless of the time of day or day of the week). Diseases in **black** should be reported as soon as possible during regular work days.

During normal business hours (Mon-Fri, 8am-5pm) reports to CCHD should be called to **518-565-4848**.

During evenings, weekends, and holidays, reports should be called to the after-hours line at **518-565-3270**. This number connects the caller to the Clinton County Office of Emergency Services, who then contacts the appropriate CCHD staff.

**Note:** A confirmed laboratory report of the disease is not necessary in order to report. Many diseases are diagnosed by clinical criteria only. A suspicion of a communicable disease should also be reported, especially if it is listed in red.

CCHD communicable disease staff are required to investigate all reportable diseases. Staff communicates with physicians via phone and fax to request details of the investigation. Reporting of communicable diseases is permitted under HIPAA; a patient consent is not required. CCHD appreciates your cooperation in protecting the health of our community.

## WIC PROGRAM UPDATES

NEW [income guidelines for WIC participants](#) through 6/30/24 are now available. Applicants can be qualified as income-eligible for WIC based on their participation in programs such as Medicaid, SNAP or TANF. If they do not participate in any of those programs, household income must be assessed to determine eligibility.

[Farmers Market](#) Coupons are available through 9/30/23. Eligible participants (6 months of age and older) receive a \$25 coupon booklet to purchase locally grown fruits and vegetables.

The Clinton County WIC Program is open Mon-Fri, 8am-5pm. Residents are encouraged to call **518-565-4830** with questions or to review eligibility.

## CHILDREN & YOUTH WITH SPECIAL HEALTH CARE NEEDS PROGRAM

The [Clinton County Children and Youth with Special Health Care Needs Program](#) (CYSHCN) seeks to support the system of care for children and youth with special health care needs from birth to 21 years of age, and their families. The program is part of a network of statewide CYSHCN programs, and aims to provide additional community resources to help families with wrap-around support.

Children served by the CYSHCN Program have an illness or condition for which they need extra health care and support services. These children might have a serious or chronic: physical condition; intellectual or developmental disability; and/or behavioral or emotional condition.

Clinton County CYSHCN staff have developed resource packets on a number of diagnoses, including: autism spectrum disorder; vision/hearing impairment; Down syndrome; OPWDD eligibility; and more. Further information is available to providers and families. Families or providers can make a referral to CYSHCN by calling **518-565-4848**.

## NORTH COUNTRY NICOTINE CONSULTANTS

Tobacco dependence remains a leading cause of preventable death and disease in our region. Research has shown as little as 3-5 minutes of brief counseling can double a patient's chance of quitting. [North Country Nicotine Consultants](#) (NCNC) are working with local health care providers to help increase the delivery of comprehensive, evidence-based treatment for nicotine addiction. Services provided by the Consultants include:



- Review of and recommendations for existing tobacco/nicotine treatment policies;
- Customized training and resources for staff and internal tobacco treatment champions;
- Cessation resources and materials for tobacco users.



The Heart Network, in partnership with Glens Falls Hospital, provides this service in Clinton, Essex, Franklin and St. Lawrence Counties thanks to *Healthy Systems for a Tobacco Free New York* funding through NYS Department of Health. If your practice is interested in learning more, contact the [Heart Network](#).

# Communicable Disease Reporting Requirements

Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10NYCRR 2.10,2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10NYCRR 2.12), day care center directors, nursing homes/hospitals (10NYCRR 405.3d) and state institutions (10NYCRR 2.10a) or other locations providing health services (10NYCRR 2.12) are also required to report the diseases listed below.

|   |  |  |  |  |
|---|--|--|--|--|
| Anaplasmosis  | Cryptosporidiosis                                      | Pregnant hepatitis B carrier                                       | <b>C</b> <b>Monkeypox</b>  | <b>C</b> <b>Staphylococcal enterotoxin B poisoning<sup>2</sup></b> |
| Amebiasis   | Cyclosporiasis   | Herpes infection, infants aged 60 days or younger                  | Mumps  | Streptococcal infection (invasive disease) <sup>5</sup>            |
| <b>C</b> <b>Animal bites for which rabies prophylaxis is given<sup>1</sup></b>  | <b>C</b> <b>Diphtheria</b>                             | Hospital associated infections (as defined in section 2.2 10NYCRR) | <b>C</b> <b>Plague<sup>2</sup></b>   | Group A beta-hemolytic strep                                       |
| <b>C</b> <b>Anthrax<sup>2</sup></b>   | <b>C</b> <b>Encephalitis</b>                           | Influenza, laboratory-confirmed                                    | <b>C</b> <b>Poliomyelitis</b>  | Group B strep  |
| <b>C</b> <b>Arboviral infection<sup>3</sup></b>                                 | <b>C</b> <b>Foodborne Illness</b>                      | Legionellosis  | <b>C</b> <b>Q Fever<sup>2</sup></b>  | Streptococcus pneumoniae   |
| Babesiosis  | Giardiasis   | Listeriosis  | <b>C</b> <b>Rabies<sup>1</sup></b>   | <b>C</b> <b>Syphilis, specify stage<sup>7</sup></b>                |
| <b>C</b> <b>Botulism<sup>2</sup></b>  | <b>C</b> <b>Glanders<sup>2</sup></b>                   | Lyme disease   | <b>C</b> <b>Rocky Mountain spotted fever</b>   | Tetanus  |
| <b>C</b> <b>Brucellosis<sup>2</sup></b>   | Gonococcal infection                                   | Lymphogranuloma venereum   | <b>C</b> <b>Rubella</b>  | Toxic shock syndrome   |
| Campylobacteriosis  | Haemophilus influenzae <sup>5</sup> (invasive disease) | Malaria  | (including congenital rubella syndrome)  | Transmissible spongiform encephalopathies <sup>8</sup> (TSE)       |
| Chancroid   | <b>C</b> <b>Hantavirus disease</b>                     | <b>C</b> <b>Measles</b>  | Salmonellosis  | Trichinosis  |
| Chlamydia trachomatis infection   | Hemolytic uremic syndrome                              | <b>C</b> <b>Melioidosis<sup>2</sup></b>                            | Shigatoxin-producing E.coli <sup>4</sup> (STEC)  | <b>C</b> <b>Tuberculosis current disease (specify site)</b>        |
| <b>C</b> <b>Cholera</b>   | Hepatitis A  | Meningitis   | Shigellosis <sup>4</sup>   | <b>C</b> <b>Tularemia<sup>2</sup></b>                              |
| <b>C</b> <b>Coronavirus (severe or novel) 2019 Novel Coronavirus (COVID-19)</b> | <b>C</b> <b>Hepatitis A in a food handler</b>          | Aseptic or viral   | <b>C</b> <b>Smallpox<sup>2</sup></b>   | <b>C</b> <b>Typhoid</b>  |
| <b>Severe Acute Respiratory Syndrome (SARS)</b>                                 | Hepatitis B (specify acute or chronic)                 | <b>C</b> <b>Haemophilus</b>  | Staphylococcus aureus <sup>6</sup> (due to strains showing reduced susceptibility or resistance to vancomycin) | <b>C</b> <b>Vaccinia disease<sup>9</sup></b>                       |
| <b>Middle East Respiratory Syndrome (MERS)</b>                                  | Hepatitis C (specify acute or chronic)                 | <b>C</b> <b>Meningococcal</b>                                      |  | Vibriosis <sup>6</sup>   |
|   |  | Other (specify type)   |  | <b>C</b> <b>Viral hemorrhagic fever<sup>2</sup></b>                |
|   |  | <b>C</b> <b>Meningococemia</b>                                     |  | Yersiniosis  |

## WHO SHOULD REPORT?

Physicians, nurses, laboratory directors, infection control practitioners, health care facilities, state institutions, schools.

## WHERE SHOULD REPORT BE MADE?

Report to local health department where patient resides.

Contact Person Clinton County Health Department

Name Communicable Disease Intake Supervisor

Address 133 Margaret Street, Plattsburgh

Phone 518-565-4848\* (8am-5pm, M-F) Fax 518-565-4509

\*After hours/weekends/holidays 518-565-3270

## WHEN SHOULD REPORT BE MADE?

Within 24 hours of diagnosis:

- Phone diseases in bold type,
- Mail case report, DOH-389, for all other diseases.
- In New York City use form PD-16.

## SPECIAL NOTES

- Diseases listed in **bold type** **C** warrant prompt action and should be reported **immediately** to local health departments by phone followed by submission of the confidential case report form (DOH-389). In NYC use case report form PD-16.
- In addition to the diseases listed above, any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) is reportable.
- Outbreaks: while individual cases of some diseases (e.g., streptococcal sore throat, head lice, impetigo, scabies and pneumonia) are not reportable, a cluster or outbreak of cases of any communicable disease is a reportable event.
- **Cases of HIV infection, HIV-related illness and AIDS are reportable on form DOH-4189 which may be obtained by contacting:**

Division of Epidemiology, Evaluation and Research  
P.O. Box 2073, ESP Station  
Albany, NY 12220-2073  
(518) 474-4284

In NYC: New York City Department of Health and Mental Hygiene  
For HIV/AIDS reporting, call:  
(212) 442-3388

1. Local health department must be notified prior to initiating rabies prophylaxis.
2. Diseases that are possible indicators of bioterrorism.
3. Including, but not limited to, infections caused by eastern equine encephalitis virus, western equine encephalitis virus, West Nile virus, St. Louis encephalitis virus, La Crosse virus, Powassan virus, Jamestown Canyon virus, dengue and yellow fever.
4. Positive shigatoxin test results should be reported as presumptive evidence of disease.
5. Only report cases with positive cultures from blood, CSF, joint, peritoneal or pleural fluid. Do not report cases with positive cultures from skin, saliva, sputum or throat.
6. Proposed addition to list.
7. Any non-treponemal test  $\geq 1:16$  or any positive prenatal or delivery test regardless of titer or any primary or secondary stage disease, should be reported by phone; all others may be reported by mail.
8. Including Creutzfeldt-Jakob disease. Cases should be reported directly to the New York State Department of Health Alzheimer's Disease and Other Dementias Registry at (518) 473-7817 upon suspicion of disease. In NYC, cases should also be reported to the NYCDOHMH.
9. Persons with vaccinia infection due to contact transmission and persons with the following complications from vaccination; eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, inadvertent inoculation, ocular vaccinia, post-vaccinal encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the infection site, and any other serious adverse events.

## ADDITIONAL INFORMATION

For more information on disease reporting, call your local health department or the New York State Department of Health Bureau of Communicable Disease Control at (518) 473-4439 or (866) 881-2809 after hours.

In New York City, 1 (866) NYC-DOH1.

To obtain reporting forms (DOH-389), call (518) 474-0548.

**PLEASE POST THIS CONSPICUOUSLY**