

Office of the Onondaga County Legislature
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DEBORAH L. MATURO
Clerk

J. RYAN McMAHON, II
Chairman

KATHERINE FRENCH
Deputy Clerk

ENVIRONMENTAL PROTECTION COMMITTEE MINUTES - FEBRUARY 10, 2016
MICHAEL E. PLOCHOCKI, CHAIRMAN

MEMBERS PRESENT: Mrs. Tassone, Dr. Chase, Mr. Burtis, Mrs. Rapp
ALSO ATTENDING: *See attached list*

Chair Plochocki called the meeting to order at 9:08 A.M. *A motion was made by Dr. Chase, seconded by Mrs. Tassone, to waive the reading of the proceedings from the previous committee minutes. MOTION CARRIED. A motion was made by Mrs. Rapp, seconded by Dr. Chase, to approve the minutes of the proceedings of the previous committee. MOTION CARRIED.*

1. **WATER ENVIRONMENT PROTECTION:** Michael Lannon, Deputy Commissioner
a. **Authorizing the Acceptance of Payment from the New York State Department of Transportation for Real Property Acquired for the Improvement of the Dickerson Street Bridge in the City of Syracuse (\$1,110)**

Mr. Lannon:

- Accepting payment for property acquired in 2014 via eminent domain
- Reviewed map included with agenda packet (*On file with Clerk*), noted DOT project located in Armory Square section, Clinton Storage Facility located to the north
- Roughly 490 sq. ft. of property and permanent easement

Chair Plochocki said that the resolution was simply authorizing payment; the easement decision had already been made. Mr. Lannon agreed noting that the amount, based on an appraisal, was reasonable for such a small piece of property.

A motion was made by Mrs. Tassone, seconded by Dr. Chase, to approve this item. Passed unanimously; MOTION CARRIED.

In answer to Mrs. Rapp, Mr. Lannon confirmed that the DOT construction project was complete.

- b. **A Resolution Approving the Revised Project Scope in Connection with Sewer Separation Improvements for the Onondaga County Sanitary District in and for Said County**

In answer to Chair Plochocki, Mr. Lannon confirmed that they were requesting the same language change for items 1b and 1c.

- Items go hand-in-hand; revising project scope and correlating bond resolutions for ACJ sewer separation
- Project created in 1997 - \$15 million; added to scope and bonded for additional \$5 million in 2009 and 2010
- Scope change allows use of project funds for sewer separation or green infrastructure practices throughout entire CSO area
- No additional funds – existing balance slightly over \$1 million; reallocation of balance allows continuation of CSO abatement efforts and ACJ work

Mrs. Rapp said that they completed all intended projects and had money left. Mr. Lannon said that all sewer separation projects were completed. Mrs. Rapp said that perhaps they could allocate funds to places around the lake. Mr. Lannon said that the funds would still be for the CSO ACJ sewer shed area and would be used for additional work to achieve the 2018 ACJ goals for capture and water quality.

Mrs. Rapp asked if they had identified projects. Mr. Lannon said that a GIF project for the Pastime Athletic Club was in the works. They are currently unable to move forward as they do not have the funds needed, roughly \$9,000. In answer to Dr. Chase, Mr. Lannon

confirmed that approval of the resolution would provide the funds needed for the project. In addition, they are recalibrating the Storm Water Management Model (SWMM).

In answer to Mrs. Rapp, Mr. Lannon said that the model was used to determine the capture percentage progress. It is a widely accepted EPA model and a robust description of model is included in their annual ACJ report. Each year, they model is recalibrated to include current data that is then used to determine where to concentrate their efforts for future projects. It is a strategic method based on the SWMM.

Mrs. Rapp asked if they knew where they might be going next. Mr. Lannon said that there are number of different areas. Some CSO's overflow frequently but do not have a lot of volume, while others are not as frequent but have a higher impact. The CSO's impact is gauged as part of the Ambient Monitoring program. From that data, they determine where it makes the most sense to reduce the CSO volume. In answer to Mrs. Rapp, Mr. Lannon said that they had a 2014 understanding but would be updating the model with the improvements achieved because of the CSO work completed in 2015. They know that much work remains in the Onondaga Creek area and Harbor Brook. In answer to Mrs. Rapp, Mr. Lannon agreed that the total would be \$1 million.

Chair Plochocki said that they were not authorizing a particular project, just the language change for items b and c. Mr. Lannon agreed. Chair Plochocki said that the language would allow green improvements in lieu of sewer separation. Mr. Lannon said that they would have the flexibility for using either. Chair Plochocki said that often, green improvements accomplish the same goals at a lessor price. Mr. Lannon agreed.

A motion was made by Mrs. Tassone, seconded by Mr. Burtis, to approve item b. Passed unanimously; MOTION CARRIED.

c. A Resolution Amending Bond Resolutions Adopted by the County Legislature of the County of Onondaga, New York, in Connection with Sewer Separation Improvements in and for Said County

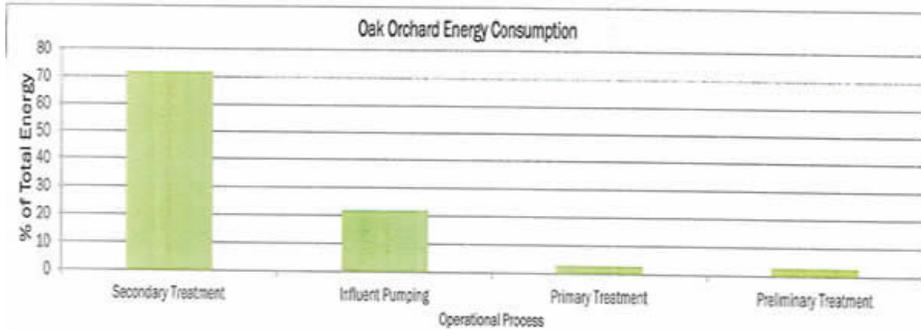
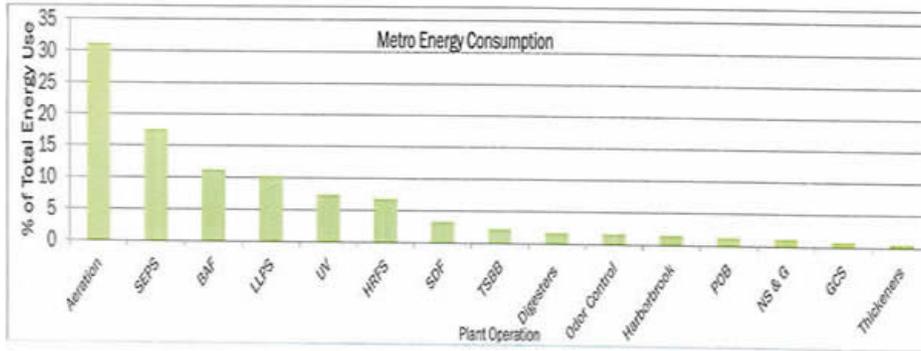
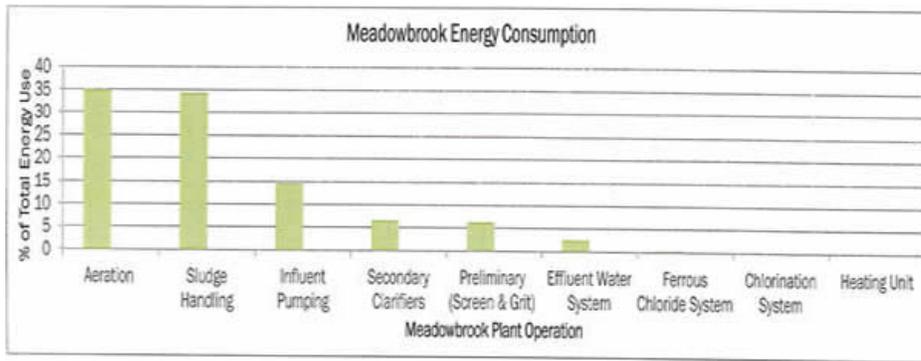
A motion was made by Dr. Chase, seconded by Mrs. Rapp, to approve item c. Passed unanimously; MOTION CARRIED.

Dr. Chase asked if they would return to present the chosen projects. Chair Plochocki said that the funds were authorized therefore, they would not need to come back to the legislature for approval of specific projects. Mr. Lannon said that details on chosen projects would be part of their quarterly ACJ reports.

In answer to Dr. Chase, Mr. Lannon said that he would provide the committee with details on the Pastime Athletic Club project.

d. A Resolution Calling a Public Hearing in Connection with Proposed Improvements for the Onondaga County Sanitary District (\$10,300,000)

Chair Plochocki said that the resolution was simply calling for a public hearing. An additional presentation will take place next month in which they can ask further questions.



- Graph describes percent of energy used per plant and process
- Aeration supplies oxygen to bacteria in the treatment process – energy intensive process, uses mechanical equipment to circulate wastewater
- Pumping requires much horsepower to lift water and send it through the treatment plant
- Aeration listed as Secondary Treatment for Oak Orchard
- WEP used 69.3 million kilowatts of power in 2015, cost \$5.4M
- Working to minimize power use; hired NYSERDA Certified FlexTech Consultant in 2015
- Via the FlexTech program NYSERDA paid 50% of cost for facility evaluation – reviewed all treatment plants and Henry Clay Blvd office, identified 69 energy conservation measures (ECMs), capital work totaling \$47M; work to be completed in phases
- Phase 1 criteria included payback within 15 year bond cycle, areas without other construction and asset renewal timing; selected ECMs listed below, final column notes type of ECM

WEP Selected ECMs for ESCO Project - 1/7/16

Onondaga County Department of Water Environment Protection TOTAL PROJECT SUMMARY - R3 12/28/2015 FlexTech Study - FINAL report							payback with incentives only	
Plant	ECM No.	Energy Conservation Measure	Total Measure Cost (\$)	Total Annual Savings (\$)	Simple Payback Period	Payback with Incentives Only	ECM Type	
Meadowbrook	3a	Influent Pump Station - Modify Existing Check Valves	\$301,767	\$30,716	9.8	8.3	pumping	
Wetzel	8	Post Aeration Blower Upgrades	\$70,390	\$3,958	17.8	16.0	aeration	
Wetzel	10	Boiler Burner Controls	\$148,164	\$10,782	13.7	12.0	hvac	
Wetzel	11	Retro-commissioning	\$11,700	\$1,151	10.2	8.1	hvac	
Oak Orchard	14b	Oxygen Basin Mixer Upgrades w/YFDs (SPX Mixers)	\$1,606,553	\$99,809	16.1	14.5	aeration	
Metro	15 / 17	Aeration Blower Upgrades (Turbo Blowers)	\$3,733,126	\$240,002	15.6	13.9	aeration	
Metro	13d	Replace RAS Pumps Only	\$2,484,360	\$177,934	14.0	12.3	pumping	
Metro	19	Sludge Transfer Pump Upgrades	\$663,490	\$36,972	17.0	16.2	pumping	
Metro	25	Variable Flow Pumping	\$14,194	\$1,536	9.2	7.6	pumping	
Metro	26	Retro-commissioning	\$17,160	\$1,785	9.6	7.5	hvac	
Metro	27	Steam Boiler Plant Optimization	\$718,776	\$21,199	33.9	31.6	hvac	
Metro	26a	Fleet Maintenance Garage IR Heaters	\$56,883	\$3,749	15.2	12.6	hvac	
Metro	26b	Plant Maintenance Garage IR Heaters	\$47,243	\$8,733	5.4	2.9	hvac	
Metro	26c	Large Vehicle Garage IR Heaters	\$68,555	\$5,527	12.5	10.0	hvac	
Henny Clay	35	Laboratory Controls	\$299,325	\$25,887	11.6	9.4	hvac	
County Wide	37	Computer Power Management Software	\$9,956	\$1,560	6.4	4.7	big	
PROGRAM TOTALS - Recommended Measures (R & RME)			\$10,251,942	\$673,300	15.2	13.6		
PROGRAM TOTALS - All Measures (R, RME, NR)			\$10,251,942	\$673,300	15.2	13.6		

- Projected savings 8.1M kilowatts – almost 12% of total usage
- 15.2 year simple payback; anticipate National Grid and/or NYSERDA incentives reducing payback to 13.6 years

Mrs. Rapp asked the life expectancy for the improvements. Mr. Lannon said that it would be at least twenty-five years. Mrs. Rapp said that there would be time to realize actual savings. Often equipment must be continually updated. Mr. Lannon said that they have some equipment that is original to the 1972 plant. They try to keep it well maintained so that it last longer and twenty-five years would be a conservative number. Mrs. Rapp said that it was worth doing.

Mr. Burtis questioned the HVAC laboratory controls. Mr. Lannon said that the controls pertain to venting; replacing controls and fans. The tweaks make a large difference in energy savings.

Mrs. Tassone said that the garage heaters seem very expensive. Mr. Lannon said that the equipment was expensive but fair amounts of irradiant heaters where to be installed with built in contingencies.

Chair Plochocki said that generally WEP projects fall into two categories, something required by the ACJ or something that absolutely needs repair. In this case, the resolution is simply in the name of energy conservation. Mr. Lannon agreed. Chair Plochocki said that he was not against the resolution but wanted to know if any of the items to be replaced would be breaking down in the near future. Mr. Lannon said that he did not believe so. In addition to energy efficiency, there will be incidental benefits from the new equipment - less maintenance and operation costs and greater control; e.g. better able to monitor aeration blower at Metro.

Mr. Burtis asked if items would have resale or scrap value. Mr. Lannon said that they would work with Purchasing to attempt to auction or wholesale items.

Mrs. Rapp asked if there was a plan to phase in the items. Mr. Lannon said, "No." The 16 projects presented are Phase 1, with a potential for Phase 2.

Mrs. Rapp asked if they were producing energy, other than methane, and if there were solar panels. Mr. Lannon said that a small array of solar panels was connected at Oak Orchard. Solar City and National Grid have had some back and forth issues connecting the large array but they expect to connect shortly. Mrs. Rapp said that the solar panels should help with the issue. Mr. Lannon said that they would still use the same amount of energy but at a lower rate. Metro uses a cogeneration unit to produce electricity from the methane byproduct, roughly about 1.8 million kilowatts.

In answer to Mrs. Rapp, Mr. Lannon said that wind turbines were never installed. Mrs. Rapp asked if this was because of the location. Mr. Lannon said that they have not completed a full evaluation. There may be something in the future or perhaps more solar. Mrs. Rapp

said that many providers are installing them free and if people are willing to showcase them on county buildings, maybe they should be talking about it.

A motion was made by Mrs. Rapp, seconded by Mr. Burtis, to approve this item. Passed unanimously; MOTION CARRIED.

2. Region 7 Fish and Wildlife Management Board:

- a. Confirming Appointment to the Region 7 Fish and Wildlife Management Board (Tim Burtis)

A motion was made by Chair Plochocki, seconded by Mrs. Tassone, to approve this item. Passed unanimously; MOTION CARRIED.

The meeting adjourned 9:40 A.M.

Respectfully submitted,

Katherine M. French
KATHERINE M. FRENCH, Deputy Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: Environmental Protection

DATE: February 10, 2016

NAME	DEPARTMENT/AGENCY
PLEASE PRINT	
<i>Darcie Lesniak</i>	<i>Leg</i>
<i>Mike Lannon</i>	<i>LEP</i>
<i>BILL KINNE</i>	<i>LEG</i>

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HEALTH COMMITTEE MINUTES - FEBRUARY 11, 2016
DANNY J. LIEDKA, CHAIRMAN

MEMBERS PRESENT: Mr. Burtis, Mrs. Rapp, Mr. Holmquist, Ms. Williams
ALSO PRESENT: Chairman McMahon, Dr. Chase, Mr. Shepard; see attached list

Chairman Liedka called the meeting to order at 11:01 a.m. *A motion was made by Mr. Burtis, seconded by Ms. Williams to waive the reading of the minutes of the previous committee meeting. A motion was made by Ms. Williams, seconded by Mrs. Rapp to approve the minutes of the proceedings of the previous committee meeting; MOTION CARRIED.*

- 1. **HEALTH DEPARTMENT:** Michelle Mignano, Deputy Commissioner
 - a. Create R.P. 01 404300 1871 Forensic Investigator 1 Grade 10 @ \$47,843 - \$52,937 effective March 1, 2016;
 - Create R.P. 01 404300 1879 Forensic Investigator 2 Grade 11 @ \$51,144 - \$56,605 effective March 1, 2016;
 - Abolish R.P. 01 404300 2415 Laboratory Technician Grade 8 @ \$40,985 - \$45,316 effective March 1, 2016.

GOAL:

In order for the Medical Examiner’s Office (MEO) to be proactive in seeking regional partners and to be poised to expand when such opportunities arise, the MEO requires the appropriate number of positions to fully meet our current needs and to continue to meet accreditation standards for the National Association of Medical Examiners (NAME).

OBJECTIVES:

- Create a funded forensic investigator (FI) series to meet current scheduling, overtime, and caseload demands while bringing our office closer to the NAME recommended investigative staffing levels for an office performing 1,000 autopsies per year. This position will be funded by abolishing a vacant, funded laboratory technician position currently not required in the toxicology laboratory.

	2013	2014	2015
Medical Examiner Cases	930	909	962
Autopsy Examinations	823	797	847
External Examinations	107	112	115

- o Create Forensic Investigator (1 and 2; creating series); only 1 will be funded
- o Abolishing Lab Tech; MEO and Center for Forensic Sciences look at what they need and how efficient
- o Lab Tech retired; position not necessary if they have right positions doing work; been vacant 6+ months; identified can live without; need a Forensic Investigator
- o Use overtime; on call in evenings; no one can predict unfortunate incidents; i.e.: weekend with fatal accident in winter; someone has to come in and be onsite; other times with violent situation; have to cover all of them
- o Small pool of forensic investigators; scheduling to be on during day to do normal work and cover overtime has been a challenge; caseloads have been going up; this is not due to new contracts, it is normal work flow
- o Difference in grade level, but Lab Tech was at step Z; not big difference in dollars; no need to rely on as much overtime
- o Able to schedule versus overtime covering the need; might ask why there are not enough, but people get vacations and get sick; cannot staff up to high level
- o Dr. Stoppacher said it gives breathing room; still actively engaging other communities for contracting services
- o Need this for Onondaga County; provides capacity to get up and running in shorter period of time; 6-12 months

Chairman Liedka asked if this is part of the services with Oneida County, and Ms. Mignano responded this is for the Onondaga County Forensic Investigator needs. Chairman Liedka asked what the situation is with Oneida County as far as a Forensic Investigator. Ms. Mignano replied they have staff that cover Oneida. If there was a catastrophic event, Onondaga County would provide a Forensic Investigator as part of the contract. Those costs would be covered by the contract. Ms. Mignano responded to Mrs. Rapp that the Health Department has hired a Forensic Investigator within that contract. There are not a lot of Oneida County 2 a.m. horrific events, so the risk factors are not that high, but it is incorporated into the contract, so there is coverage.

A motion was made by Mrs. Rapp, seconded by Ms. Williams, to approve this item. Passed unanimously; MOTION CARRIED.

Mrs. Rapp wanted to ask a question regarding when a horrific event occurs and the body is taken to the Medical Examiner’s Office (discussed during public comment at a previous session). Chairman Liedka commented they will be holding off on the question. The committee requested this at a previous meeting and will have a presentation on it at some point.

b. INFORMATIONAL: Zika Virus – Dr. Gupta, Commissioner

<p>Zika Virus What Onondaga County Residents Should Know</p> <p><small>Indu Gupta MD, MPH, MA, FACP Commissioner of Health Onondaga County Health Department February 11, 2016</small></p> <p><small>Prepared for Onondaga County Legislature Health Committee</small></p>	<p style="text-align: center;">Objectives</p> <ul style="list-style-type: none"> • What is Zika Virus and how is it transmitted to humans ? • What is its current course ? • Who is at risk? • How can we test for Zika virus? • What travel advisory we should know ? • Future
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What is Zika Virus?

- Single stranded RNA virus
- Genus Flavivirus
- Family Flaviviridae
- Similar to West Nile, dengue, yellow fever, Japanese encephalitis viruses
- Transmitted by *Aedes* species of mosquitoes



Few facts about the vector?

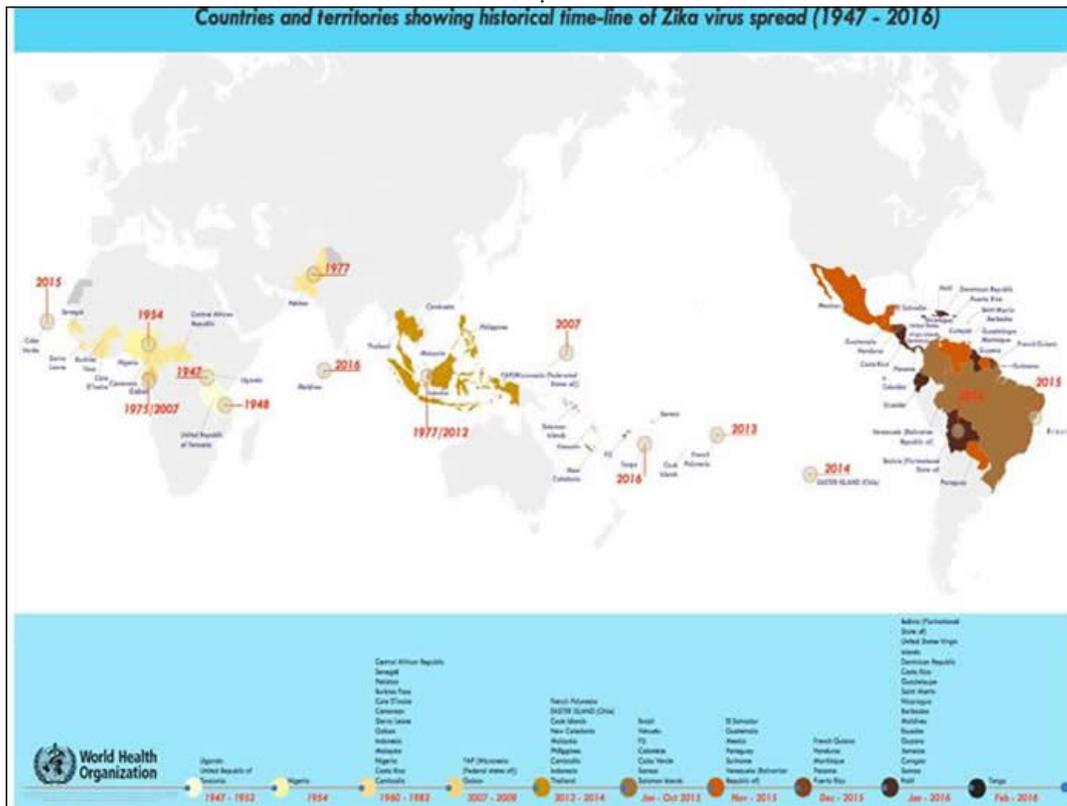
- *Aedes* species
 - *A. aegypti*: more effective vector for humans, not found in NYS
 - *A. albopictus*: found in NYS
- Aggressive day time biters - peak activity in early morning and late afternoons
- Live both inside and outside of the house
- Lay eggs in pooled water
- Are vectors for chikungunya and dengue virus transmission

- *Aedes* eggs can live in a small cup, with little water and will stay alive for quite some time; love dirt, garbage, tires

Chairman Liedka asked if this particular species migrate here. Dr. Gupta responded the climate is not appropriate, as they are a warm climate mosquito. The *Aegypti* are the ones carrying the transmission, and the *Albopictus* are found in Hawaii (has transmitted dengue, but not shown in the US to transmit Zika).

Time Line of Zika Virus Infection

- First isolated (Monkey): in Uganda in 1947
- First isolated (Human): in Uganda, Tanzania 1952 and Nigeria in 1954
- Before 2007: few cases in Africa and SE Asia
- 2007: First reported Outbreak on Yap Island in the Federated States of Micronesia
- Oct 2013- Feb 2014: Recent outbreak in French Polynesia. Estimated 11.5 % of population might have been affected
- May 2015: Pan American Health Organization (PAHO) alerted of first confirmed Zika virus in Brazil
- Currently many countries are being affected



Countries affected by active transmission of Zika



Onondaga County Health Department

Where is Zika in the Americas?

Barbados, Bolivia, Brazil, Colombia, Commonwealth of Puerto Rico, US territory, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Saint Martin, Suriname, U.S. Virgin Islands, Venezuela

Onondaga County Health Department

Where is Zika globally ?

- Oceania/Pacific Islands
 - American Samoa, Samoa, Tonga
- Africa
 - Cape Verde

- Virus has been here since 1947; problem now because globalization, people moving all over, environment changing, global warming; giving opportunity for mosquito to produce more and for the infection to spread all over the world

A Public Health Emergency



Media centre Publications Countries Programmes

Media centre

WHO Director-General summarizes the outcome of the Emergency Committee regarding clusters of microcephaly and Guillain-Barré syndrome

WHO statement on the first meeting of the International Health Regulations (2005) Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations
1 February 2016

Onondaga County Health Department

Current status in US?

- Cases are reported in returning travelers: 3 in NYS; US: 35 from other states
- No local transmission of virus reported in the continental US
- Local transmission reported in the Commonwealth of Puerto Rico, US Virgin Islands, and American Samoa
- Concern for local transmission: due to increasing cases of imported cases in US into areas where *Aedes* mosquitoes are present

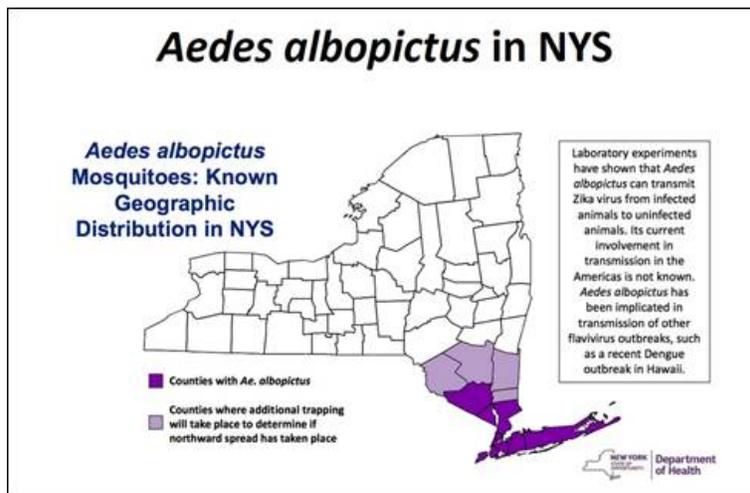
Distribution of *Aedes* Mosquitoes in US

Aedes aegypti and *Aedes albopictus* Mosquitoes: Geographic Distribution in the United States



Department of Health

- Local transmission: when a mosquito here is infected, then they infect the population
- Travelers are coming back with the virus in their body
- Concern is person infected; virus lasts one week; mosquito bites person, carries the virus and infects the local population



- Do not want people worked up about having this mosquito in NYS; chances of mosquito coming up to Onondaga County are less; this mosquito has not carried Zika virus
- County has Culex not Aedes mosquitoes; Cicero and other areas not same mosquito; NYS very proactive

<h3 style="text-align: center;">How is Zika virus transmitted?</h3> <ul style="list-style-type: none"> • Mosquito bite • From mother to baby (during pregnancy) • Sexual contact, blood transfusion • Other-being investigated: organ or tissue transplantation, breast milk 	<h3 style="text-align: center;">What happens with Infection?</h3> <ul style="list-style-type: none"> • About 1 in 5 people will develop symptoms • 80% have no symptoms when infected • Incubation period: few days- a week (2-7 days) • Virus stays in the blood for 1 week or longer • Mild illness for days to week • Disease is rarely fatal
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- Sexual transmission very important, especially concerning pregnant women
- 2 cases: 2008 in Colorado; in Texas sexual transmission has been reported
- Bitten today virus can stay in blood for 7 days; human contagious to (Aedes) mosquito, which is not found here

<h3 style="text-align: center;">Symptoms of Zika Virus Infection</h3> <ul style="list-style-type: none"> • Fever • Rash • Joint pain • Red eye (conjunctivitis) • Mild symptoms for days- weeks • Rare: possible severe neurological complication: Guillain-Barré (GB) Syndrome • Pregnant woman: Fetus: Fetal loss, Microcephaly 	<h3 style="text-align: center;">Microcephaly</h3> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>Baby with Microcephaly</p> </div> <div style="text-align: center;"> <p>Typical head size</p> </div> <div style="text-align: center;"> <p>Baby with Typical Head Size</p> </div> </div> <div style="text-align: right; margin-top: 10px;"> </div>
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- Pregnant women most concern – Microcephaly or small head; affects brain growth and brain function; as child grows, will have neurological problem; still evolving and learning about this

<h3>Microcephaly</h3>	<h3>Rash of Zika virus infection</h3>
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Who should be tested?

- All pregnant travelers returning from areas with ongoing Zika transmission
- All returning travelers who are symptomatic within 4 weeks of travel to the affected areas
- A person who has traveled to an area with active Zika virus transmission and who presents with Guillain-Barré syndrome

https://www.health.ny.gov/frequently_asked_questions/zika/docs/zika_testing.pdf

- Focus testing on pregnant travelers coming back from areas of ongoing Zika transmission
- CDC website gives countries with active transmittals (type in CDC Zika)
- Any woman who is pregnant with or without symptoms should be tested when they are returning; trying to learn about these women, and when they are getting infected or not
- All returning travelers who are symptomatic including non-pregnant women as well as males should be tested within 4 weeks (was 2, but extended to have covered); do not want to lose opportunity to know more than less

Laboratory tests

- No commercial lab can do Zika virus testing
- Designated lab NYS Wadsworth Center and CDC
- Providers → LHD → NYSDOH
- 3 Tests:
 - Real time PCR to detect viral RNA blood and urine in ≤7 days after illness
 - Antibodies: IgM and IgG ≥4 days after illness
 - Plaque reduction neutralizing test (PRNT) to test for Zika virus specific antibody (4 fold rise)

- Very strict testing; do not want overuse of system, but want people to have testing
- i.e.: OBGYN contacts OC Health Dept.; has a traveler who is pregnant; OCHD staff takes information, and if woman fits criteria, will say yes to test; contact regional office online to order test; provider writes script for Zika; working simultaneously with doctor's office and NYS, and sending to Wadsworth Lab
- Not every lab can do because it has to be frozen, it has to be a specific amount, test for urine and blood; lab has to be taught otherwise wasting money
- Done in continued and active consultation with NYSDH; have webinars and conference calls; ongoing close relationship with NYSDH; want to get to bottom of this and protect community

Management

- Supportive treatment - fluids, acetaminophen for pain and fever, avoid Aspirin or NSAID
- No vaccine or medication is available
- Prevention from mosquito bites (to prevent infection and transmission)
 - Since an affected individual could transmit infection to mosquitoes during their first week of illness, he/she should be protected from mosquito bites to prevent transmission to other mosquitoes (which can result in local transmission later)

- Acetaminophen is Tylenol (brand name)
- Nonsteroidal Anti-Inflammatory Drugs (NSAID) like Ibuprofen; Why? Dengue can present the same way, and one of those can have predisposition of bleeding; until confirmed, will not recommend using those types of medications

Prevention

Help Control Mosquitoes that Spread Dengue, Chikungunya, and Zika Viruses

Bzzzz.

Aside from being itchy and annoying, the bite of an infected female mosquito (Aedes aegypti or Aedes albopictus) can spread dengue, chikungunya, or Zika viruses. People become infected with dengue, chikungunya, or Zika after being bitten by an infected mosquito.

- Female mosquitoes lay several hundred eggs on the walls of water-filled containers. Eggs stick to containers like glue and remain attached until they are scolded off. When water covers the eggs, they hatch and become adults in about a week.
- Adult mosquitoes live inside and outside.
- They prefer to bite during the day.
- A few infected mosquitoes can produce large outbreaks in a community and put your family at risk of becoming sick.

Protect Yourself, Your Family, and Community from Mosquitoes

1. Eliminate standing water in and around your home:

- **Once a week**, empty and scrub, turn over, cover, or throw out items that hold water, such as tires, buckets, planters, trays, pools, birdbaths, flowerpots, or trash containers. Check inside and outside your home.
- Tightly cover water storage containers (buckets, cisterns, rain barrels), so that mosquitoes cannot get inside to lay eggs.
- For containers without lids, use wire mesh with holes smaller than an adult mosquito.

2. If you have a septic tank, follow these steps:

- Repair cracks or gaps.
- Cover open vent or plumbing pipes. Use wire mesh with holes smaller than an adult mosquito.

3. Keep mosquitoes out of your home:

- Use screens on windows and doors.
- Repair holes in screens.
- Use air conditioning when available.



4. Prevent mosquito bites:

- Use an Environmental Protection Agency (EPA)-registered insect repellent with one of the following active ingredients. All EPA-registered insect repellents are evaluated to make sure they are safe and effective.

Active ingredient	Some brand name examples*
DEET	Off!, Cutter, Sawyer, UltraShield
Picaridin, also known as IRR 3023, Bayrepel, and icaridin	Cutter Advanced, Skin So Soft Bug Guard Plus, Afta (outside the United States)
IR3535	Skin So Soft Bug Guard Plus Expedition, SkinSmart
Oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD)	Repel

* Match active ingredient names are provided for your information only. The Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services cannot recommend or endorse any specific brand products.

- Always follow the product label instructions.
- Reapply insect repellent every few hours, depending on which product and strength you choose.
- Do not spray repellent on the skin under clothing.
- If you are also using sunscreen, apply sunscreen first and insect repellent second.
- Treat clothing and gear (such as boots, pants, socks, and tents) with permethrin or purchase permethrin-treated clothing and gear.
- Treated clothing remains protective after multiple washings. See product information to find out how long the protection will last.
- If treating items yourself, follow the product instructions carefully.
- Do not use permethrin products, intended to treat clothing, directly on skin.
- Wear long-sleeved shirts and long pants.



For more information, visit www.cdc.gov/dengue, www.cdc.gov/chikungunya, www.cdc.gov/zika

Onondaga County Health Department

- Fortunately do not have the mosquitoes here; have mosquitos in different context; strongly emphasize prevention

Zika Virus and Pregnancy

- No evidence of increased susceptibility
- Infection can occur in any trimester
- Presentation of disease is not severe
- Current infection will not affect future pregnancies

- Lots of women did not know they had the infection (maybe a rash during pregnancy), then had baby with Microcephaly

Zika virus during Pregnancy

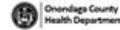
- Microcephaly
 - Can also occur due to rubella, toxoplasmosis, cytomegalovirus (CMV), genetic-PKU (phenylketonuria), alcohol, Dilantin
- Intracranial Calcification
- Hearing problems
- Neurological complications – i.e., delayed milestones

- CDC weekly report: 4 cases in US tested from Brazil (not here); shown relationship with Zika and infection resulting in 2 with Intracranial Calcification, and 2 with fetal loss
- Able to say Zika can do this; Microcephaly can occur in other things; continuing to watch CDC guidance
- Brazil showing more cases of Microcephaly and Zika, but proof of relationship through science (coming)

Travel Advisory

Notice Level	Traveler Action	Risk to Traveler
Level 1: Watch	Reminder to follow usual precautions for this destination	Usual baseline risk or slightly above baseline risk for destination and limited impact to the traveler
Level 2: Alert	Follow enhanced precautions for this destination	Increased risk in defined settings or associated with specific risk factors; certain high-risk populations may wish to delay travel to these destinations
Level 3: Warning	Avoid all non-essential travel to this destination	High risk to travelers

<http://www.cdc.gov/travel/notices/travel-notice-definitions>



- Level 2 Alert by CDC – talking about pregnant women

Health Advisory

- Pregnant women in any trimester and women who are trying to become pregnant should consider postponing any travel plans to the affected countries
- Men who live in or have traveled to an area of active Zika virus transmission who have a pregnant partner should abstain or use condoms during sex for the duration of the pregnancy.

- Important to understand it can be sexually transmitted, so there are other ways for the virus to reach the baby

New developments

- Brazil, US and WHO research
- OCHD working closely with NYSDOH
- OCHD will be working with local providers
- Will inform public in timely manner
- Strong emphasis on prevention
- Vaccine?

- Vaccine continuing to evolve, but nothing at this point; CDC working with other countries
- Reassurance do not have same mosquito; have cold climate; be vigilant as mosquitos carry many diseases
- Created page with Zika virus; gives all information including from CDC; continuing to evolve
- Important issue, and should be very cognizant, but not paralyzed by it; not afraid of it

The screenshot shows the Onondaga County Health Department website. At the top, there is a navigation menu with links for HOME, ABOUT, COUNTY COMMUNICATIONS, ONLINE SERVICES, DEPARTMENTS, EMPLOYMENT, LEGIS, CONTACT, and SEARCH. Below the menu is a banner for the Health Department, featuring a photo of a family and the text 'Joanne M. Mahoney, County Executive' and 'Indu Gupta, MD, MPH, Commissioner of Health'. The main content area is titled 'Zika Virus Information' and includes a large image of a mosquito. The text on the page describes the Zika virus, its symptoms, and the current outbreak in Brazil. A sidebar on the left offers various health topics for selection. At the bottom, there is a link to visit the Health Department website and the Onondaga County Health Department logo.

Mr. Holmquist stated it was a very nice and informative presentation, and asked if the government has a plan for making testing mandatory. Dr. Gupta responded there is no mandate. People are good at taking care of themselves, so it is important to inform them. Dr. Gupta can reassure the committee that if OCHD provides the right information, people will come forward. This is something that is important that is affecting women and their babies. It is also important to men, as men can give it to their partner and affect the baby. Dr. Gupta replied to Mr. Holmquist that this is not to the level of Ebola. Measles are actually more contagious than Ebola, but Ebola is very contagious via the body fluid. A small touch can create a problem, but this is very different. Zika is a virus transmitted by a mosquito bite to the person. There is nothing outside that can do that. The urine has shown positive viruses as well as saliva, but it is not known how infectious they are. CDC and WHO have not come up with guidelines of whether these are contagious as compared to semen. Those are still under investigation (urine and saliva). Urine is being tested here. Mr. Holmquist asked if someone tests positive, then they will be given information on what they should or should not be doing. Dr. Gupta said yes. If a pregnant woman tests positive, the doctor will continue to monitor via ultrasound to see if the fetus is developing any complication (i.e. microcephaly). Nothing can be done except to see if it is affecting the baby. Does it translate every time that the baby will be affected? That is not known. Dr. Gupta said these tests and ultrasounds will help in learning about this. It started in 1947 in the Zika Forest in Uganda (where it got its name) with small things happening, and now there is an outbreak among a larger population, so it is easier to see the implication of what is happening. Mr. Holmquist asked if a pregnant woman is diagnosed, there is nothing that can be done, and Dr. Gupta answered no. The woman has been infected with the virus, and time will tell if it has affected the baby. Dr. Gupta responded to Mr. Holmquist that the best protection from a virus is the vaccine, which will take some time. The vaccine is in the discussion phases.

Mr. Burtis thanked Dr. Gupta for her presentation. Mr. Burtis stated Culex is the species the County has, and Aedes is the "bad guy" for this, and Dr. Gupta agreed. Mr. Burtis said people have to be vigilant, and watch for folks that are travelers. There have been concerned residents, so Mr. Burtis appreciates the information and the website. Ms. Mignano has worked with Ms. Letteney to alert the Environmental Health staff on being aware of what types of mosquitos Onondaga County has, and if there are any changes in the populations. Ms. Mignano said there are more than Culex types of mosquitos. Dr. Gupta stated NYS has not shown any transmission of the virus yet and is very vigilant. NYS will track and monitor this. Dr. Gupta said it is a continuous conversation between the CDC, WHO, Onondaga County Health Department and the NYS Health Department. That is the beauty of the information age; information is empowerment. If the information is there, people can protect themselves without being scared.

Mrs. Rapp stated that people in NYS do not have to worry unless there is some sort of blood transmission with someone that was from that region and tested positive, and Dr. Gupta agreed. Dr. Gupta said to use the term returning travelers. If someone went to Costa Rica and came back, and there are symptoms, the person should be tested (whether they are or are not pregnant). If the person is pregnant, they should be tested whether there are symptoms or not. NYS is more liberal, and will test if there is any doubt. Dr. Gupta responded to Mrs. Rapp stating if she were infected with the Zika virus and standing near another person, there is no way to infect that person. It is all via mosquito bite. Mrs. Rapp said that is important information. Dr. Gupta stated the southern states have Aedes, but there has been no local transmission. Aedes Aegyptia is the one that carries the virus, and it is not the one in NYS. Dr. Gupta said local transmission is a matter of time, so there has to be continuous conversation. These mosquitos do not have a long flight; they have short flights and cannot travel far. Mrs. Rapp asked if they can live in a water bottle put in luggage and travel here in the summer when the climate is right. Dr. Gupta said yes, that is the concern. Ms. Mignano commented that dengue has been around just as long and is a worldwide issue, but it has not been seen in the United States. Dr. Gupta said that is how things happen, but it has not been seen here. Dr. Gupta will continue to hope it will not happen.

Chairman Liedka thanked Dr. Gupta for coming in and presenting.

Chairman Liedka stated Mrs. Rapp brought up a question and at the last committee there was talk about the Medical Examiner's Office (MEO). Chairman Liedka ran into Ms. Rooney earlier, and asked Ms. Rooney to give the committee feedback on what the policies are, because there were people who spoke about it at the last session.

Ms. Rooney:

- Issue around people being able to see a loved one at MEO is something County Executive (CE) and Ms. Rooney have been discussing with Helen Hudson and others
- Primarily in City where very unfortunate situations have happened; approx. 23 homicides last year, and 17-19 in City of Syracuse (not encountering every day)
- Over 80% of instances when homicide occurs, the body is brought to hospital before MEO; strong preference for families to see the loved one at the hospital prior to MEO
- Medical Examiner (ME) has to go through certain protocols that cannot be violated until they complete their work; sometimes its short and other times it may take many hours; depends on when incident occurred
- After work completed, very quick time for body to be released to funeral home
- It does not happen very often where a loved one does not have the chance to see their loved one that passed
- Feel strongly the process should remain informal; CE done work to ensure loved ones given opportunity if not able to see loved one at hospital, or if the funeral home has not been selected by the time the ME is done
- In those instances, CE office gets involved; Ms. Rooney works with ME to make sure it's possible for the family because it is a traumatic time and situation
- Put parameters on time frame would make difficult situation more difficult; cannot say ME done in 4 hours
- Fortunately happens infrequently; informal process working (involved in for past 2-3 years)
- ME open to figuring this out; on a case by case basis; not putting parameters on

Ms. Williams stated there were a couple instances that did not go to the hospital and went right to the MEO. In the past, Ms. Williams has received a phone call, and spoke with the County Executive to allow families to see their loved ones. If this were to happen again, would that still occur? Ms. Rooney answered absolutely. Ms. Williams said there did not have to be a blanket statement or procedure for everything, but when those isolated incidents occur, then the phone calls are made. Ms. Rooney agreed. Ms. Williams stated for the record, "The families were brought in very timely. It was not a long, drawn out process." Ms. Rooney agreed, and said it is such a sensitive topic. Ms. Rooney commented that the County Executive's Office tries to be as accommodating as possible, while being respectful of what the Medical Examiner has to do to meet protocols.

Mrs. Rapp asked of the 23 homicides, how many did the County have to get involved in. Ms. Rooney answered last year it was three, and only one time did the family go to the MEO (family selected a funeral home while the ME was working). Mrs. Rapp asked, from a practical standpoint, can it be figured out three times a year. Ms. Rooney replied absolutely. Ms. Williams stated for the record, "Kathy Rapp that has been done." There has not been a time where there was any pushback. Ms. Rooney said the County Executive's Office will get a phone call, and Ms. Rooney will work directly with the family to make the arrangements.

Chairman Liedka said they were good answers for the questions, and it is a difficult situation to be in.

The meeting was adjourned at 11:52 a.m.

Respectfully submitted,



JAMIE M. McNAMARA, Assistant Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **Health**
DATE: 2/11/16

NAME (Please Print)	DEPARTMENT/AGENCY
Darcie Lesniak	Leg
Bill Kinne	LEV

* * *

SPECIAL WAYS AND MEANS COMMITTEE MINUTES - February 11, 2016 **David Knapp, Chairman

MEMBERS PRESENT: Mr. Jordan, Mr. May, Mr. Shepard, Mr. Kilmartin, *Mrs. Ervin, *Ms. Williams

ALSO PRESENT: Mr. McMahon, Mr. Ryan, Mr. Burtis, Mrs. Rapp, Dr. Chase, Mrs. Tassone, Mr. Holmquist, *see also attached list*

Chairman Knapp called the meeting to order at 12:20 p.m. and announced that the agenda would be taken out of order.

1. **COUNTY LEGISLATURE:**

b. **Amending the 2016 County Budget to Make Contingency Funds Available for Use in Connection with Improvements on or about Whedon Road in the Town of Onondaga, and Providing for Agreements as may be Necessary Related to Such Use (\$25,000) (Sponsored by Mr. Kilmartin)**

Mr. Kilmartin:

- Appropriation \$25k to Town of Onondaga to help with a serious sewage problem
- Project has been a problem in the town for many years – Health, Environmental, and many people from Co. Executive's side have worked on it
- Referendum passed by residents of the area to go forward with payments, charges, fees

Mr. Jordan made a motion to approve this item.

Chairman Knapp said that this is a very serious health situation. Chairman McMahon said that legislators are familiar with it and have been dealing with it for a while.

Mr. May seconded the motion. AYES: 5 (Knapp, Jordan, May, Kilmartin, Shepard); NOES: 0; ABSENT: 2 (Ervin, Williams). MOTION CARRIED.

c. Establishing an Advisory Committee Regarding Programs for Management and Reduction of Deer and Tick Populations within Onondaga County (Sponsored by Mr. McMahon)

Mr. McMahon:

- \$100k appropriated during the budget for Lyme Disease/Deer Management Program
- Local law passed last month that set up the structure
- Municipalities/neighborhood associations/task forces throughout county can present their case/plan to a committee
- Committee would make recommendations for funding
- Resolution establishes the committee

A motion was made by Mr. Jordan, seconded by Mr. Kilmartin, to approve this item. AYES: 5 (Knapp, Jordan, May, Kilmartin, Shepard); NOES: 0; ABSENT: 2 (Ervin, Williams). MOTION CARRIED.

*Mrs. Ervin and Ms. Williams arrived at the meeting.

a. Discussion about the position statements presented at the public hearings held on February 10, 2016, regarding the terms and conditions of employment for the bargaining unit represented by the Civil Service Employees' Association (CSEA), Local 1000 AFSCME, AFL-CIO for the calendar years 2013, 2014, and 2015, and potential actions to be taken thereon

Chairman Knapp called for a recess at 12:24 p.m. At 12:58 the meeting was called back to order.

Mr. Jordan made a motion to enter into executive session to discuss collective bargaining negotiations under the Taylor Law related to the County of Onondaga and the CSEA Union, and to have a discussion on an attorney – client basis. Mrs. Ervin seconded the motion. Passed unanimously; MOTION CARRIED.

Mrs. Berger stated that executive session would include committee members and those relevant and necessary to the discussion: the Personnel Department—Commissioner and Director of Labor Relations, the Deputy County Executive, and the attorneys.

** Chairman Knapp left the meeting.

At 1:40 p.m. **Ms. Williams made a motion to exit executive session and enter into regular session, seconded by Mrs. Ervin. AYES: 6; NOES: 0; ABSENT: 1 (Knapp)**

Mrs. Berger distributed a draft resolution entitled "Resolving the Impasse in Collective Negotiations Between the County of Onondaga and the Civil Service Employees' Association (CSEA), Local 1000, AFSCME, AFL-CIO For a Successor Collective Bargaining Agreement."

Vice Chairman Jordan asked Mrs. Berger to review the terms of the resolution. Mrs. Berger said that the the resolution would impose terms and conditions for three years – 2013, 2014, 2015, which were based upon the presentation at last night's public hearing.

- 2013 - maintaining status quo
- 2014 - 2% increase
- 2015 - 2.25% increase
- Budget amendment included

A motion was made by Mr. Kilmartin, seconded by Mr. Shepard to approve the resolution, "Resolving the Impasse in Collective Negotiations Between the County of Onondaga and the Civil Service Employees' Association (CSEA), Local 1000, AFSCME, AFL-CIO For a Successor Collective Bargaining Agreement." AYES: 6; NOES: 0; ABSENT: 1 (Knapp). MOTION CARRIED.

A motion was made by Mr. May to adjourn at 1:45 p.m., seconded Mrs. Ervin. AYES: 6; NOES: 0; ABSENT: 1 (Mr. Knapp). MOTION CARRIED.

Respectfully submitted,



DEBORAH L. MATURO, Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: *Special Ways & Means*

DATE: *2/11/16*

NAME	DEPARTMENT/AGENCY
PLEASE PRINT	
<i>BILL KIRNE</i>	<i>LEG</i>
<i>Tara DenBiTh</i>	<i>Finance</i>
<i>Shawn Mozur</i>	<i>Finance</i>
<i>Sue Skrzyk</i>	<i>LEG</i>
<i>Carl Hummel</i>	<i>Personnel</i>
<i>AAA SANCERI</i>	<i>Business</i> <i>Business</i> <i>Taxpayer</i>
<i>Leannette Santiago</i>	<i>Business</i> <i>Business</i> <i>Tax Payer</i>
<i>Tammy Honeywell</i>	<i>Business</i> <i>Business</i> <i>taxpayer</i>
<i>Jennifer Caiella</i>	<i>taxpayer</i>
<i>JUSTIN SYKES</i>	<i>County</i>

* * *

WAYS & MEANS COMMITTEE MINUTES - FEBRUARY 22, 2016

Casey Jordan, Vice Chairman

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