



Concerning Our Health

Dr. Beals Assumes Helm at Putnam County Department of Health

Allen Beals, MD, JD, reported to duty as Putnam County's new Commissioner of Health on Wednesday, June 6, less than 24 hours after his official confirmation by the Putnam County Legislature. The position had been vacant since Sherlita Amler, MD, departed in October 2011 to assume the Commissioner of Health position in Westchester County. Dr. Beals follows Rebecca Wittenberg, RN, BSN, who served as the Public Health Director during the interim period.

"I can't tell you how thrilled I am to be here, returning to health care," Dr. Beals told the Health Department staff. "It is important for me to be able to wake up every morning and know if you make an effort and apply yourself, you can make a difference in the lives of people."

Dr. Beals, a resident of Putnam Valley, has been married for 40 years and has three grown sons. He retired from his 24/7 medical practice as an obstetrician/gynecologist after more than two decades in private practice. That was 11 years ago—the idea was to slow down and spend more time at home with his family, and as manager



and owner of Willow Ridge Farm, where for the past 25 years he has raised heritage turkeys. He also decided to go back to school and earned his Juris Doctorate (JD) degree in 2004 from Pace University School of Law, with a specialty in health law and policy. His law practice that followed was confined to this area of specialization. An undergraduate degree in economics is further evidence to his breadth of academic interests and accomplishments.

Dr. Beals is no stranger to Putnam County public service. He currently serves as Vice Chair of the Putnam County Soil and Water Board and is a member of the Putnam County Agricultural and Farmland Protection Board. He is also a member of the Putnam County Medical Reserve Corps, the voluntary organization which supports and supplements existing emergency response infrastructure in times of large-scale public health emergencies.

Dr. Beals' appointment comes at a time when County residents and Health Department staff will benefit from his broad background and experiences, as the department faces many challenges including public health emergency preparedness, the changing health care environment, and the move toward local health department accreditation.

Opiate Addiction is Subject of Upcoming Physician Lecture at Putnam Hospital Center

Andrew Kolodny, MD, chairman of the Department of Psychiatry at Maimonides Medical Center in Brooklyn, NY, will present a lecture, entitled "The Opioid Addiction Epidemic: A Public Health Crisis" on Friday, September 14, from 9 am to 12 pm at Putnam Hospital Center. The lecture is being sponsored by the Putnam County Communities That Care (CTC) Coalition, which works to build a safe and healthy family-oriented community by reducing substance abuse. **Pre-registration by phone or email is required.** Sign-in begins at 8:30 am. The telephone number is 845-225-4646 and email address is putnamdfcgrantee@gmail.com.

Dr. Kolodny has varied experience in community psychiatry and public health. He previously served as Medical Director for Special Projects in the Office of the Executive Deputy Commissioner for the New York City Department of Health and Mental Hygiene, where he

helped develop and implement city-wide buprenorphine programs and emergency room based screening and referral programs for drug and alcohol misuse. Additionally, he has trained hundreds of clinicians about buprenorphine treatment for opioid dependence and has authored dozens of articles in peer-reviewed journals on recognizing and treating depression and substance abuse disorders.

The event is planned for two continuing medical education (CME) credit hours, pending approval. Space is limited; breakfast will be provided. Official event and registration forms will be available later in the summer. For further

information, please contact CTC Coalition coordinator Elaine Santos at 845-225-4646 or putnamdfcgrantee@gmail.com.

Save the Date

Friday, Sept 14
9AM-12PM
PUTNAM HOSPITAL
CENTER

Cats Represent Growing Concern for Rabies Exposure

Rabies continues to be a serious public health problem in New York State (NYS) and cats appear to be a growing source of concern. According to the NYS Department of Health, last year 43 residents in NYS were bit by rabid bats and 21 by rabid cats. In Putnam County, the number-one cause of exposure remains bats, but cats and wild animals still create a cause for concern. In early May, a stray cat found in Mahopac tested positive for rabies, which resulted in one human treatment due to a bite by the feline.

All patients with an animal bite or possible bat exposure should be immediately reported to the Health Department's Environmental Division, as required by NYS public health law, which mandates investigation of all human and domestic animal exposures to known or suspect rabid animals. Those requiring rabies post-exposure prophylaxis (RPEP) are preauthorized by the health department and referred to the emergency room at Putnam Hospital Center, for the first dose of human rabies immune globulin (HRIG) and a rabies vaccine. Then Health Department nurses provide the follow-up rabies vaccines to the individual's referring physician for administration.

Fortunately, administration of RPEP has been declining. Last year 32 people were treated for rabies exposure, down from 79 individuals in 2007. This drop is seen as a result of the broad educational efforts to reach residents with the "Capture the Bat" campaign. If the bat or other animal can be captured and tested, negative results can prevent the need for prophylaxis.

Reporting rabies to the Environmental Division

Marianne Burdick, MPH
Michael Luke

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Tdap Recommendations Expanding

Earlier this year the Advisory Committee on Immunization Practices (ACIP) voted to recommend the use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) for adults 65 years and older, with either Boostrix produced by GlaxoSmithKline or Adacel from Sanofi Pasteur. The recommendations state: "When feasible, Boostrix should be used for adults 65 years and older. However, both vaccines provide protection to those aged 65 years and older and are considered valid."

Further recommendations include: (1) For adults, 19 years of age and older, without a previous dose of Tdap, a single Tdap dose should be given; (2) Tdap should be administered regardless of the interval since the last tetanus or diphtheria toxoid-containing vaccine; and (3) Adults should receive Tdap if recommended and no record of previous administration exists.

Investigating Vaccine Storage

Vaccine potency and effectiveness depends on its proper storage and handling. Recent national investigations have repeatedly found inadequate temperature control in providers' refrigerators.

The Office of the Inspector General published their findings from site visits conducted at 45 providers participating in Vaccines for Children (VFC), which documented numerous instances of inadequate temperature control. Most temperature measurements recorded were within required ranges. However 76 percent of providers, on at least one occasion, exposed vaccine to inappropriate temperatures for at least five cumulative hours.

Source: *Vulnerabilities in Vaccine Management*, June 2012, available online at: <http://oig.hhs.gov/oei/reports/oei-04-10-00430.pdf>

Hep C Statistics Prompts Change in Testing Advice

An estimated 3.2 million Americans are infected with hepatitis C and 75 percent of them are "baby boomers" born between 1945 and 1965.

Fatalities related to Hep C infection are also increasing—doubling to more than 15,000 from 1999 to 2007, according to the Centers for Disease Control and Prevention (CDC).

This increasing incidence and mortality, and the fact that new treatments can cure up to 75 percent of cases, has prompted the CDC to re-evaluate and revise its testing recommendations. Currently, only individuals with known risks such as a history of injected illegal drugs or HIV infection (see box at left) are screened and these patients do not always get tested, given the stigma associated with drug use.

To identify more hidden disease and provide early treatment and potential cure, the CDC has proposed a one-time blood test for all those born between 1945 and 1965. This could identify an estimated 800,000 new infections and prevent 120,000 deaths. Experts from the CDC and other federal agencies, professional, community and advocacy groups, as well as local and state health departments were involved in developing the new recommendations. The cost-effectiveness of this new protocol has been compared to other routine preventive measures such as cervical cancer testing or cholesterol checks. Final recommendations will be issued later this year. In the meantime, **heightened consideration of Hep C as a potential diagnosis in this "baby boomer" population is warranted.**

Who Should Be Tested?

Proposed new recommendation:
Anyone born from 1945 through 1965

Existing, risk-based guidelines:

- n Anyone who has ever injected illegal drugs
- n Recipients of blood transfusions or solid organ transplants before July 1992, or clotting factor concentrates made before 1987
- n Patients who have received long-term hemodialysis treatment at any time
- n Persons with known exposures, such as:
 - Health care workers with needle sticks involving blood from a patient with Hep C
 - Recipients of blood or organs from a donor who later tested positive for Hepatitis C
 - People living with HIV
 - People with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)
 - Children born to mothers with Hepatitis C

Source: CDC Fact Sheet: *Hepatitis C: Proposed Expansion of Testing Recommendations*, May 2012
<http://www.cdc.gov/nchstp/Newsroom/docs/HCV-TestingFactSheetNoEmbarqo508.pdf>

HIV and TB Clinics Open July 24; STD Services to Follow

Patients who need free screening, testing and counseling services for HIV, STDs, and TB will soon have to go no further than the Putnam County Department of Health (PCDOH). On July 24, the PCDOH begins offering anonymous and confidential HIV testing and counseling. The HIV testing protocol includes pre-and post-test counseling, a rapid HIV test and confirmatory testing as needed. Referrals will also be made for treatment as necessary.

Tuberculosis PPD screenings, placement and readings, will also be performed, along with referrals for

X-rays on positive screens and follow-up treatment medications.

Services for both these communicable diseases will be provided at the main office of the Health Department at 1 Geneva Road, Route 312 and I84, in Brewster and at 121 Main Street in the Village of Brewster.

STD testing, counseling and treatment will start at both Health Department locations in the fall.

For information and appointments:

Victoria Aquilato
845-808-1390, x43114

Full Reporting of Tick-borne Illnesses Needed

Incidence rates for tick-borne illnesses continued to rise in the County in 2011, despite the underreporting that typically hinders surveillance statistics.

Capturing data on Lyme disease is particularly challenging and has been problematic. All laboratory-confirmed positive Lyme tests are, by law, reported to the Putnam County Department of Health. However, cases with the definitive, bull's-eye erythema migrans (EM) rash do not need a confirmatory lab test, and so the number of these reported EM cases is mistakenly low. Physicians are asked to capture and forward this data on a short EM reporting form, which is enclosed, and also available online at www.putnamcountyny.com/health, or by calling the Health Department at 845-808-1390, x43114.

Accurate case counts improve the ability of health department staff to measure and analyze annual fluctuations in incidence numbers, in order to better predict and protect the public from rising illnesses. Improved surveillance can also increase funding when appropriate, which further enhances local health department efforts to adopt new disease prevention strategies.

Notable increases in anaplasmosis (formerly called ehrlichiosis) and babesiosis were recorded for 2011 as well and are likely the result of increased awareness and familiarity with these tick-borne illnesses. Physicians should continue to consider anaplasmosis and babesiosis in their differential diagnoses. For more information on diagnosing these diseases, visit: www.cdc.gov/anaplasmosis or www.cdc.gov/parasites/babesiosis.

Reporting cases of communicable disease

Rachel Gressel, RN, MS
Joanne Ryan, RN
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Helping young patients avoid STDs...What can providers do?

1. Encourage STD testing among young patients. Less than half of those recommended for screening get tested each year.
2. Follow CDC screening guidelines for chlamydia for all sexually active women aged 25 and under.
3. Build a culture of privacy and confidentiality for young patients.
4. Take a sexual history and discuss the 5 "Ps" with your patients—partners, practices, protection from STDs, past history of STDs, and pregnancy prevention.

For additional resources, including a brochure entitled *A Guide to Taking a Sexual History*, please visit: www.cdc.gov/std/sam.

Facts & Figures: STDs

- Nearly 50% of all new STD cases occur in young people, aged 15 to 24.¹
- Chlamydia rates in New York State* are higher and increasing more rapidly in three age categories: 15 to 19 year olds, 20 to 24 year olds and 40 to 44 year olds.²
- Chlamydia rates among women in Putnam County in 2009 were highest among 20 to 24 year olds, followed by 15 to 19 year olds, and 25 to 29 year olds. This is similar to the pattern in Dutchess, Orange, Sullivan, Rockland, Ulster and Westchester. (In NYC, rates are highest among 15 to 19 year olds.)²
- 15 to 24 year olds have 4 times the reported chlamydia rate of total U.S. population (ages 10 to 65+ years).³
- 15 to 24 year olds have 4 times the reported gonorrhea rate of total U.S. population.³
- 20 to 44 year olds have 2 times the reported syphilis rate of 15 to 19 year olds in the U.S.³
- Of the nearly 16 million sexually active women aged 15 to 25 in the U.S., only 38 percent report being tested within the last year for chlamydia—leaving 9 million young sexually active women not screened as the CDC recommends.¹

*NYS, exclusive of NYC

Sources: ¹ Centers for Disease Control (CDC)—www.cdc.gov/std/

² New York State Department of Health (NYSDOH), *STD Statistical Abstract 2009*

³ Centers for Disease Control (CDC)—www.cdc.gov/std/health-disparities.age.htm



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At-Risk Children Benefit from Free In-Home Monitoring and Care

Some young children need extra monitoring to ensure they stay on target with their development. The maternal child health (MCH) Public Health Nurses at the Putnam County Department of Health make home visits to families with young residents in need, up to the age of three. Provided free of charge, this comprehensive New York State Department of Health program called Child Find was previously known as the Infant/Child Health Assessment Program (ICHAP). Regular screening tests are offered to children at risk for delay in growth and development.

Patient eligibility for the program is broad. It includes not only clinical indications such as prematurity or low birth weight, but also social or environmental circumstances, such as very young and/or inexperienced, first-time parents who need extra assistance supporting their infant's growth and development. An extended stay in the neonatal intensive care unit (more than ten days), a medical problem observed during birth, or any condition that

might place infants at risk for delay, such as an elevated blood lead level of 20 + mg/dl, are other clinical situations in which Child Find enrollment could prove effective. Parental developmental disability or foster care placement may also be indications for enrollment.

While parents with concerns may call the Health Department directly, most referrals come from the Early Intervention program or from the MCH Public Health Nurses, who visit new mothers after they return home from the hospital. Physician referral is not required; however, **doctors are encouraged to make referrals** since they are in a unique position to observe the children from a more objective perspective. In 2011, 33 new Child Find cases were opened in Putnam County, up from only 13 the previous year and 28 in 2009.

Two full-time Health Department staff members, both Masters-prepared MCH nurses, and a part-time bicultural/bilingual Spanish-speaking nurse manage the Child Find program. All

referrals are contacted and offered entry into the program. Once enrolled, the child is provided periodic assessment using the Ages & Stages Questionnaire (ASQ) and the Denver Developmental Screening Test (DDST II). In cases of a suspected speech/language delay, the MCH nurses utilize standardized measures and tools to make assessments. Referrals can then be made to other services as needed, including the NYS Early Intervention Program, Women, Infants and Children (WIC) program, or other Putnam County community service organizations such as the Community Action Program (CAP) and Family Empowerment Program.

For referrals to the Child Find program

Diane Liscia, RN, MS, CLC
Jean Ralston, RN, MSN, CLC
Maria Sihuay, RN
 845-808-1335 phone
 845-808-1336 fax

ALLEN BEALS, M.D., J.D.
Commissioner of Health

ROBERT MORRIS, P.E.
Director of Environmental Health



MARYELLEN ODELL
County Executive

DEPARTMENT OF HEALTH

ERYTHEMA MIGRANS REPORTING FORM

THIS RASH CONFIRMS THE DIAGNOSIS OF LYME DISEASE AND MUST BE REPORTED TO THE PUTNAM COUNTY HEALTH DEPARTMENT

****LAB RESULTS ARE NOT NEEDED TO CONFIRM THE DIAGNOSIS****

Patient Demographic information:

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City/Town _____ Zip: _____

Telephone number: _____ Sex: _____ Race: _____ Occupation: _____

Patient Clinical information:

Date of 1st symptom: _____ Date of Diagnosis: _____

EM rash > 5 cm: Yes No

Other symptoms: _____

Treatment start date: _____

Treatment: _____ Length of treatment: _____

Reporting physician: _____ Date: _____

Telephone number: _____

Please return by Fax or mail to:

Fax # (845) 808 - 1336

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