

Eastern Highlands Health District
Board of Directors Regular Meeting*
Agenda
Thursday October 17, 2024, 4:30 PM
1712 Main Street, Coventry
Town Hall Annex

Call to Order

Approval of Minutes (7-17-24 special meeting, 7-18-24 special meeting, 8-15-24 regular meeting)

Public Comments

Old Business – None

New Business

1. Proposed 2025 Regular Meeting Schedule
2. Public Health Preparedness Program Agreement Between Ledge Light Health District and EHHD - Ratification

Subcommittees

3. Personnel Committee – Director of Health Performance review (no attachment) *Executive Session* – Personnel in accordance with CGS 1-200(6)(a), Director of Health Performance Review
4. Board action on Director’s review and adjustments to compensation (no attachment)

Directors Report

5. Immunization Program Update
6. Hypertension Prevention Program Update
7. Weekly Viral Respiratory Disease Report Summary
8. Strategic Plan Update – no attachment
9. COVID-19 test kit distribution program – no attachment
10. Advocacy update – no attachment

Medical Advisors Report

Communications/other

11. EHHD re: EHHD 2023-2024 Annual Report
12. CT DPH re: CT Suicidal Ideation and Self Harm ED Visit Report
13. CT DPH re: Lead Free CT Campaign to protect children...
14. CT DPH re: Available addiction and recovery resources...

15. R Miller re: Letter to Healthcare providers on Vaccination Campaign
16. Hartford Courant re: EEE in white-tailed deer
17. CT DPH re: Two cases of Campylobacter; DoAg issues recall of raw milk...
18. USA Today re: Mass towns warn about rare lethal mosquito-borne virus
19. CT DEEP re: Spray for Mosquitos in Pachaug State Forest
20. Hartford Courant re: EEE cases pop up in New England

Town Reports

Adjournment

Next Board Meeting – December 12, 2024 (FY 25/26 budget presentation)

***Virtual Meeting Option:** In accordance with PA 21-2 §149, meeting participants may also attend virtually. Please email mbrosseau@ehhd.org or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at EHHD.ORG within seven (7) days after the meeting.

Public comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received by 3:00 PM on the day of the meeting to be shared at the meeting (public comment received after the meeting will be shared at the next meeting).

Eastern Highlands Health District
Board of Directors Special Meeting Minutes - DRAFT

Wednesday July 17, 2024

Members present: E. Anderson (Andover-Virtual), R. Aylesworth (Mansfield - Virtual), M. Capriola (Mansfield – Virtual), B. Foley (Tolland - Virtual), J. Rupert (Bolton-Virtual), C. Silver-Smith (Ashford – Virtual), M. Walter (Columbia - Virtual)

Staff present: Director of Health R. Miller, Office Manager M. Brosseau

M. Walter called the meeting to order at 12:02 pm

New Business

Presentation – Scope of EHHD Services within 10 Essential Public Health Services

R. Miller conducted the presentation.

Adjournment

M. Walter made a MOTION, seconded by B. Foley to adjourn the regular meeting at 12:32 pm. MOTION PASSED unanimously.

Next Board Meeting – July 18, 2024, 12:00 PM

Respectfully submitted,

Robert Miller
Secretary

Eastern Highlands Health District
Board of Directors Special Meeting Minutes - DRAFT

Wednesday July 18, 2024

Members present: E. Anderson (Andover), R. Aylesworth (Mansfield), M. Capriola (Mansfield), J. Drumm (Coventry), J. Elsesser (Coventry), B. Foley (Tolland), J. Rupert (Bolton), C. Silver-Smith (Ashford), M. Walter (Columbia)p

Staff present: Director of Health R. Miller, Office Manager M. Brosseau

J. Elsesser called the meeting to order at 12:10pm.

R. Miller gave some housekeeping information followed by an introduction of Emily Melnick.

Round table introductions took place.

New Business

Board Retreat – EHHD Strategic planning

Board members engaged in a strategic planning process, facilitated by Emily Melnick of Emily Melnick Consulting LLC.

Adjournment

Meeting adjourned at 4:00pm due to lack of quorum.

Next Board Meeting – August 15, 2024, 4:30 PM

Respectfully submitted,

Robert Miller
Secretary

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes - DRAFT

Thursday, August 15, 2024

Members present: E. Anderson (Andover), R. Aylesworth (Mansfield – Virtual 4:34), J. Drumm (Coventry 4:38). Elsesser (Coventry), B. Foley (Tolland - Virtual), C. Silver-Smith (Ashford – Virtual), M. Walter (Columbia - Virtual)

Staff present: R. Miller, M. Brosseau, K. Dardick (4:37)

J. Elsesser called the meeting to order at 4:30 pm

Approval of Minutes E. Anderson made a MOTION seconded by M. Walter to accept the minutes of the April 18, 2024 meeting as presented. MOTION passed unanimously.

R. Aylesworth joined the meeting

Per Capita Grant in Aid Funding Application for SFY 2025 – Authorization

R. Miller provided an overview of the grant and how the funding will be utilized.

E. Anderson made a MOTION seconded by C. Silver-Smith to authorize the submittal of the Eastern Highlands Health District’s Fiscal Year 2024/2025 State of Connecticut Department of Public Health Per Capita Funding Application as presented August 15, 2024. MOTION PASSED unanimously.

Tolland Employee Wellness Service Agreement – Ratification

M. Walter made a MOTION seconded by B. Foley to ratify the Town of Tolland/Eastern Highlands Health District Employee Wellness Service Agreement, as presented August 15, 2024. MOTION passed unanimously.

Finance Committee – Financial Report period ending 3/31/2024 & 6/30/2024

R. Miller presented an overview of the financial reports. E. Anderson made a MOTION, seconded by M. Walther to accept the financial reports as presented. MOTION passed unanimously.

Personnel Committee - Director of Health Annual Performance Review Timeline

R. Miller reported on the memo from M. Capriola, outlining the timeline for the Director of Health Annual Performance review. R. Miller respectfully requested participation from all board members.

Executive Committee – Appointment of Auditor

R. Miller reported that Executive Committee met and appointed CliftonLarsenAllen LLP as the auditing firm for Eastern Highlands Health District for the Fiscal year 2023/2024.

Directors Report

Strategic Planning Activities – update

R. Miller reported that in addition to a Board Strategic planning retreat, there were 2 retreats with staff. A Community Stakeholder survey is in development and R. Miller expects to push it out to community partners and entities next week.

Home Water Treatment Waste Water Disposal System workflow modification

R. Miller informed the board that there has been a modification to the plan review & approval process. A water test is now required. This allows the review of the water test to ensure that the system being proposed matches the results of the water test. If there is no "match", a letter and information is sent to the homeowner.

R. Miller reported that he met with the Executive Director of CROG, M. Hart. In that meeting they explored policy changes to regulate water softeners statewide and there was discussion regarding water test confidentiality.

CT Paid Leave Act (HB 5005)

R. Miller informed the board that health districts are not exempt employers. Public Act 24-5: An Act Concerning Changes to the Paid family and Medical Leave Statutes defined the term "municipality". Effective 10/1 employees will be making a .5% contribution. Payroll will be set up to accommodate.

EHHD Quarterly Activity Report – Period ending 3/31/2024 & 6/30/2024

R. Miller highlighted the salient points of the quarterly activity reports noting that progress has been made with the insurance companies and positioning the agency to bill for vaccination. A campaign for vaccination is being developed as part of a grant. The district had scheduled 15 blood pressure clinics/events through the end of September as part of a grant. Additional programming will be added in the fall.

EHHD Staffing Update

R. Miller informed the board that a new Public Health Nurse has been hired. Jamie Fuller will be working 20 hours per week supporting the Immunization Grant campaign on vaccination and a separate program on hypertension through a wellness grant.

Medical Advisor Report

Dr. Dardick informed the board that his office is seeing an increase in COVID cases. Dr. Dardick noted that the CDC announced that an updated vaccine that will cover some of the new variants is expected sometime in September.

Dr. Dardick reported that the CDC has revised their recommendation for the RSV vaccine. The vaccine is available for those 50-75 and encourage for those within this age group that are high risk. Those 75+ are advised to get the vaccine. There is no information on boosters for RSV

Dr. Dardick informed the board that Moderna is still working on a combined flu/Covid 19 vaccine.

Dr. Dardick stated that there are 3 winter vaccines people should be aware of: COVID booster, Flu and RSV. There was discussion of the timing for getting the flu shot. Dr. Dardick expressed opinion that the "sweet spot" is October.

B. Foley left the meeting at 5:12pm

There was discussion about EEE. There have been human cases reported in VT & NJ. R. Miller expressed concern that this will likely amplify as mosquito season continues to advance. It is possible, as in previous years, that this could escalate to needing public health interventions and actions taken such as cancelling evening outdoor school activities.

Communication/Other

R. Miller called attention to the communication on the reduction of Local Health Department Lead Funding. There is money available but is now on a first come, first served basis. There was discussion on the cases monitored. R. Miller noted a significant increase in cases due to the decrease in the thresholds triggering monitoring. Some cases require the intervention of the public health nurse who works with the parents/guardians. Others have the added component of active enforcement of abatement.

Town Reports

Mansfield R. Aylesworth reported that the design for the water treatment system at the Mansfield Elementary School has been approved. Installation will happen in the fall. He also note that he has addressed concerns of the chlorination of the water. The chlorination is done as a preventive measure in recognition of the increased sampling needing to be done and the potential for contamination.

Coventry J. Drumm informed the board that 50% of the funding toward a water line extension have been received. The remaining 50% will go to referendum on November 5th.

Andover E. Anderson reported that the Community Center has been opened and the new Director is on board. In an effort to promote community wellness and active recreation the community center has 3 e-bikes for loan.

Columbia M. Walter reported that new Planning and Zoning regulation have passed allowing affordable housing, up to 950 sq ft secondary building on properties, and allowing condominiums in additional areas.

R. Aylesworth left the meeting at 5:30pm

R. Miller noted that there was a brief blue-green algae issue at Columbia lake.

Ashford C. Silver-Smith reported that they are seeing more COVID cases; 5 of which she is aware. Irene Rowley has been hired as the new social/youth services director. They are still trying to fill the position of Senior Center Coordinator/Agent for the Elderly. C. Silver-Smith shared that they have a senior walker who, while using her walker, logs hundreds of mile each week, sparking a competition among the seniors.

Adjournment

J. Drumm made a MOTION, seconded by E. Anderson to adjourn the regular meeting at 5:36 pm. MOTION PASSED unanimously.

Next Board Meeting – October 17, 2024, 4:30 PM

Respectfully submitted,

Robert Miller


Secretary



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

Memo

To: Board of Directors
From: Robert L Miller, Director of Health 
Date: 10/10/2024
Re: Proposed 2025 Regular Meeting Schedule

Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2025 calendar year:

January 16 (Typically, Budget Public Hearing)

February 20

April 17 (Passover)

June 12

August 21

October 16

December 11

The time of each meeting will be scheduled for 4:30 pm. The Coventry Town Hall Annex will be booked as the physical location for these meetings, with the understanding that a virtual option may be provided for these meetings until such time board leadership determines it is appropriate to go back to full in-person meetings. (With the exceptions of June 12, and December 12, all dates fall on the third Thursday of the Month.)

Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2025 regular meeting schedule as presented.



Eastern Highlands Health District

2

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

To: Board of Directors

From: Robert Miller, Director of Health

Date: 10/10/2024

Re: Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and the Eastern Highlands Health District

Background

For the past 22 years the Eastern Highlands Health District has been the recipient of a federal Public Health Emergency Preparedness (PHEP) grant award passed through the Connecticut Department of Public Health. The fiduciary for our award was changed to the Ledge Light Health District approximately 8 years ago. The MOA establishing the relationship with the fiduciary is attached to this cover memo for your consideration. This is the primary source of funding for the health districts emergency preparedness program.

Financial Impact

The subcontract annual award is \$52,250 with a total anticipated award of \$261,324 over five years. The award provides funding for a half-time emergency preparedness coordinator, provides limited funds for regular staff positions, and funds other program operations (Please see budget attached at end of the MOA). There are no agency matching funds.

The specific scope of services for this contract period are detailed on pages 1 to 3 in the MOA.

Recommendation

This funding has been instrumental in positioning the health district and our community partners in a position to respond with effectiveness to local, regional, and state-wide public health emergencies. I am respectfully recommending the board ratify the contract as executed between the EHHD and the Ledge Light Health District.

If the board concurs the following motion is in order: *Move, to ratify the "Memorandum of Agreement for the DPH Public Health Preparedness Program, By and Between the Ledge Light Health District and Eastern Highlands Health District 2024 - 2029", as presented on October 17, 2024.*

Attachments: MOA By and Between LLHD and EHHD
Budget summary

Memorandum of Agreement
for the DPH Public Health Preparedness Program
By and Between
Ledge Light Health District and Eastern Highlands Health District
2024-2029

Ledge Light Health District, hereinafter referred to as "LLHD" and referenced as the "Contractor", acting by Jennifer Muggeo, its Director of Health and Eastern Highlands Health District, hereinafter referred to as "EHHD" and referenced as the "Subcontractor", acting by Robert Miller, its Director of Health, do mutually agree to the following as outlined in this Memorandum of Agreement.

The funding of this agreement is based on the Region 1 Public Health Emergency Preparedness (PHEP) Grant Contract Log# DPH20250005PSA from the Connecticut Department of Public Health hereinafter referred to as the "DPH" and referenced as the "Department" to the LLHD.

OBLIGATIONS

The subcontractor receiving funds for PHEP, shall participate in the following City Readiness Initiative Region (CRI) activities:

1. **Administration and Planning:**

The local health contractor shall:

- a. Enter into an agreement with the Contractor for utilization of PHEP funding.
- b. Attend CRI Regions regularly scheduled regional meetings, including planning meetings, associated workgroups, and meetings with community organizations representing Vulnerable Populations/Access and Functional Needs (VP/AFN) groups,
- c. Maintain bi-annually, updated PHERP or equivalent as evidenced by the signature and date of the local health subcontractor's Chief Elected Official or Board Chair on the plans, as applicable.
 - i. Upon request, provide up-to-date local plans to CRI Regional Contractor, including the following:
 1. The local health subcontractor's PHERP or Local Emergency Operations Plan.
 2. The local health subcontractor's MCM Plan/Annex including POD/POV plans and RDS plans if applicable.
 3. High Consequence Disease Plan/Annex
 4. Pandemic Influenza/Mass Vaccination Plan/Annex
 5. Anthrax- Plan/Annex
- d. Attend and provide input at debriefing(s) conducted and scheduled by the Department's MCM Coordinator(s) pertaining to the ORE.
- e. Evaluate local plans to identify gaps and select two (2) PHEP Capabilities and functions that need development; contribute that information at the CRI Regional meeting by voting on the two (2) PHEP Capabilities that will serve to focus CRI Regional efforts for the following Contract Period.
- f. Select which year(s) their community(ies) will fulfill required TTX, Drills and Exercises, so that they can be included in the Regional IPP as part of the annual CRI Regional IPPW meetings.

- g. Complete a risk-based jurisdictional data collection form, developed, and distributed by the Department, which will be used to inform the statewide JRA as required by the Contractor, on an annual basis.
 - h. Provide the Contractor, upon request, a list of community organizations or agencies that serve Vulnerable Populations within their jurisdiction(s), including at a minimum the following information:
 - i. Name of the organization,
 - ii. Type of Organization, or VP/AFN groups served,
 - iii. Phone Number,
 - iv. Email, and
 - v. Address
 - i. Provide quarterly updates to the Contractor on the status of Capability planning based on the two capabilities selected by the region for the quarterly Regional Integrated Action Plan (IAP).
 - j. Provide an update on the status of their MCM planning efforts to the Contractor and include the following:
 - i. Specific, measurable, and time-bound objectives developed to address deficiencies noted in their local MCM plan.
 - ii. Primary POD/POV locations and associated points of contact.
 - iii. A proposed RDS for Regional operations, if such a facility is located within the local health subcontractor's community; and
 - iv. Local plan details to include the local distribution site staff roles, security, transportation assets and plans, and distribution elements including chain of custody, cold chain management, delivery locations, and transport methods and routes, as stipulated in CDC CRI guidance.
 - k. Complete and submit to the Contractor no later than thirty (30) days prior to the CRI Region's scheduled ORE or by June 1st in alternate years, the required ORE forms as determined by the CDC.
 - l. Comply with reporting directives requested by the Department's Commissioner, or the Department's Office of Public Health Preparedness and Response related to public health disasters, events and emergencies occurring in their jurisdiction; and
 - m. Maintain updated profiles and user accounts in the Virtual State Emergency Operations System.
 - n. As applicable, participate in Regional Volunteer Management meetings and MRC Unit activities, as follows:
 - i. Attend Quarterly meetings scheduled by the Regional Volunteer Management MRC Coordinator and the Department.
 - ii. Follow the DESPP DEMHS SOP for MRCs.
 - iii. Provide copies of complete activation paperwork and mission details of MRC Unit(s) to the Regional Volunteer Management MRC Coordinator.
 - iv. Utilize the CT Responds system to generate reports of volunteer and mission activities and provide to the Regional Volunteer Management MRC Coordinator; and
 - v. Utilize the CT Responds System to complete volunteer registration, recruitment, background checks, license verification, retention, and activations.
2. Tabletops, Drills, Functional Exercises, FSEs & Real-World Incidents:
The local health subcontractor shall:
- a. Confirm all required TTX, Drills, Functional or FSE, and responses to Real- World Incidents engage organizations that address the needs of identified Vulnerable

Populations located within the local health subcontractor's jurisdiction(s). Evidence of these efforts shall be in the form of AAR-IPs that include sections on engagement of Vulnerable Populations/Access and Functional Needs agencies.

- b. Perform the following activities designed to prepare the health department for execution of a Full-Scale Exercise, and response to Real-World Incidents:
 - i. Participate in exercises conducted by the CRI Region as dictated by the Regional IPP.
 - ii. If selected by the Department and Region to participate in and complete a FSE, complete the following:
 1. Development of Exercise objectives following HSEEP principles.
 2. Planning and coordination with municipal and community partners to identify gaps and strategies and to address those gaps; and
 3. Submission of Regional ORE required documentation, as directed by the Department.
 - iii. Complete a minimum of two (2) Call-Down Drills on an annual basis, one drill every 6 months, and include at a minimum each of the following local partners below in each drill:
 1. Staff to operate the local distribution site.
 2. EOC personnel, including the local emergency management director.
 3. Critical Workforce Groups; and
 4. Others engaged in the Exercise or incident.
 - iv. Follow up, via telephone or email, with non-responsive local partners identified during the Call-Down Drill to confirm contact information.
 - v. Complete the following three (3) drills within their jurisdiction(s) for each of their primary POD or POV sites, per the CRI Region's IPP, no later than May 31, 2029:
 1. Site activation drill.
 2. staff notification and assembly drill; and
 3. facility set-up drill.

3. CDC CRI Guidance updates

The Contractor shall monitor CDC CRI Guidance for updates on Exercise requirements. Contractor shall comply, and require subcontractor compliance, with such updates. Updates to Exercise requirements in the CDC CRI Guidance shall not require an amendment to this Contract.

REPORTS AND REPORT SCHEDULE

The local health subcontractor shall comply with the following reporting requirements:

- a. The local health subcontractor shall submit quarterly Programmatic Progress Reports to the Contractor, for review and approval, utilizing the provided Department progress report template;
 - i. The Programmatic Progress Report will include the following documentation for submission to the Contractor:
 1. Completed Call-Down drill forms.
 2. Completed exercise/drill data; and
 3. A list of organizations that serve the needs of Vulnerable Populations, including those that assist people with disabilities or access and functional needs submitted to the Contractor.

- ii. The Programmatic Progress Reports shall describe the activities conducted under its subcontract.
- iii. The final Programmatic Progress Report due at the end of the Funding Period shall be cumulative for the entire Funding Period.
- b. The local health subcontractor shall submit quarterly Volunteer Management Programmatic Progress Report to the Contractor, for review and approval, utilizing the provided Department progress report template.
 - i. Summary measures extracted from the CT Responds System, to include:
 - 1. Total number of volunteers enrolled in the CT Responds System.
 - 2. Total number of new volunteers per quarter.
 - 3. Total number of completed activations.
 - 4. Total number of hours of volunteer work.
 - 5. Evidence that all active and deployable volunteers have completed the loyalty oath as outlined in Connecticut General Statutes Section 28-12, and proof that it is included in their CT Responds System profiles.
 - 6. Number of active volunteers that have received a complete background check in the CT Responds System; and
 - 7. Number of licensed volunteers whose medical licenses were verified in the CT Responds System.
- c. Local health subcontractor shall submit budgets and budget justifications for each budget period to the Contractor.
- d. Local health subcontractor shall submit a final Financial Expenditure report at the end of the budget period to the Contractor for review and approval.
 - i. Financial Expenditure Reports shall include all expenditures incurred in the provision of subcontracted services and include justifications for said expenditures; the final Financial Expenditure Report shall not include any unpaid obligations; and
 - ii. Programmatic Progress Reports shall be submitted to the Contractor according to the following schedule for each Funding Period as follows:

REPORTING PERIOD	REPORTS DUE ON OR BEFORE
July 1 through September 30	October 15
October 1 through December 31	January 15
January 1 through March 31	April 15
April 1 through June 30	July 15

PROGRAM REPRESENTATIVES

Subcontractor hereby designates Robert Miller, its Director of Health, as its program representative. LLHD hereby designates Catherine Dragoo, its Grants Manager, as its program representative.

COMPENSATION

Subcontractor shall submit all financial reports to LLHD, cdragoo@llhd.org

Yearly Program Budget	Amount
PHEP-CRI	\$52,250.00

Subcontractor shall expend funds within the contract period and in accordance with the applicable **Approved Budget**. This contract includes Federal Financial Assistance, CFDA #93.069, and therefore such funds are subject to the Federal Office of Management and Budgets (OMB) Cost Principles.

PAYMENT SCHEDULE

Subcontractor shall be subject to conditions outlined in this agreement and payments are subject to approval of quarterly Programmatic Progress Reports, associated deliverables, and Financial Expenditure Reports.

LLHD shall provide quarterly payments in the amount equal to the amount of the expenditures reported and approved. Payments are subject to the approval of scheduled reports and all deliverables or services as required under this Memorandum of Agreement.

LLHD shall have the right to inspect to the extent deemed necessary by LLHD all work, records and financial records that may be connected to this Memorandum of Agreement.

LLHD reserves the right to reduce payments and withhold funding for Subcontractor in which Subcontractor has not submitted or completed required deliverables, or has not submitted required reports or audits, or has submitted reports that have not received CT DPH approval, or has submitted reports that do not support the need for full payment, provided that notice thereof shall have been given to Subcontractor with 10 days of discovering said deficiency.

COMPLIANCE WITH DEPARTMENT REQUIREMENTS

Subcontractor shall comply with all DPH subcontract requirements as outlined in the LLHD Region 4 PHEP Grant from the Connecticut DPH, attached as Exhibit 1, and will submit supporting documentation to LLHD.

Subcontractor shall comply with the Office of Policy and Management (OPM) Cost Standards and meet audit standards. Should material findings be noted, Subcontractor shall submit Audit Management Letter and corrective response to the findings.

Subcontractor shall be liable for any contract or financial audit exceptions and shall return all funds that have been disallowed upon review of such audit, or as provided under the provision of DPH Contract Log# DPH20250005PSA.

MUTUAL INDEMNIFICATION

Each Party shall indemnify, defend and hold harmless the other Party and its Affiliates, employees or directors from any and all costs, expenses, damages, judgments and liabilities (including reasonable attorneys' fees) incurred by or rendered against the other Party or its Affiliates, employees or directors in any Third Party claim made or suit brought to the extent resulting from any of the following: (i) a breach by such Party or any of the subcontractors retained by such Party of its obligations, representations and warranties pursuant to this Agreement (except to the extent that such claim or suit is based on the other Party's negligence or breach of its representations and warranties, or its other obligations under this Agreement); (ii) the breach by such Party of its obligations under this Agreement; (iii) the negligence or willful misconduct of such Party or its subcontractors in connection with the Service.

INSURANCE REQUIREMENTS

Subcontractor agrees that while performing services specified in this Agreement, Subcontractor shall carry sufficient insurance (liability and/or other) as applicable according to the nature of the service to be performed so as to "save harmless" LLHD and the State of Connecticut from any insurable cause whatsoever. A certificate of such insurance shall be filed with LLHD prior to the performance of services.

PERSONNEL

It is mutually agreed that Subcontractor is an independent subcontractor, and this Agreement is for services and not a contract for employment and that, as such, Subcontractor shall not be entitled to the benefits by the LLHD such as worker's compensation, pension, retirement benefits or sick leave.

DEFAULT OR BREACH OF AGREEMENT

In the event either party is in default or breach of the terms of this Agreement, the non-defaulting or breaching party shall have the right to pursue any and all remedies available to it against the defaulting or breaching party in law or in equity.

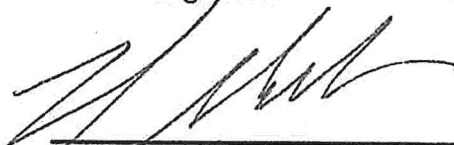
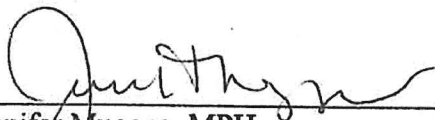
TERMS OF AGREEMENT

The term of this Agreement shall be effective July 1, 2024, through June 30, 2029, and shall not exceed \$52,250.00 in each fiscal year.

The terms of this Agreement are understood and accepted by:

Ledge Light Health District

Eastern Highlands Health District



Jennifer Muggeo, MPH
Director of Health

Robert Miller, MPH
Director of Health

10/2/24
Date

9/25/24
Date

Local Health Subcontract Budget Worksheet Template

Local Health Subcontractor: Eastern Highlands Health District

Budget Directions:
 1. Report in the blue boxes only. Please note that boxes marked as "Drop Down" are selectable. Grey boxes are not for reporting information.
 2. Mark any budget revisions or changes in red font color.

Summary Table

Subcontractor Budget				
<small>(Auto-Filled) Do not type in this table.</small>				
Total Allocated Budget: \$52,250.00		Proposed Budget	Amount Limit	Limit (+/-)
I. Personnel		\$ 50,476.04	-	-
	Salary	\$ 45,588.71	-	-
	Fringe	\$ 4,887.33	-	-
II. Supplies		\$ 408.96	\$ 500.00	\$ 91.04
III. Travel		\$ 165.00	-	-
	In State	\$ 165.00	-	-
	Out of State	\$ -	\$ 2,500.00	\$ 2,500.00
IV. Communications		\$ 1,200.00	-	-
	Communication Systems	\$ -	-	-
	Cell-Phones	\$ 1,200.00	\$ 1,800.00	\$ 600.00
V. Attorney Fees		\$ -	-	-
VI. Contractual		\$ -	-	-
	Consultants	\$ -	-	-
Totals:		\$ 52,250.00	\$ 52,250.00	\$ 0.00

I. Personnel

#	Name	Title	Hourly Rate	# Hours/Week
1	Nishel Thompson	Pubic Health Emergency Preparedness Coordinator	\$ 30.78	20
	Description of specific work outputs and work performed: Attends meetings pertaining to Emergency Preparedness; completes subcontractor reports due quarterly; completes annual forms. Maintains 8 annexes and collectively demonstrate operational readiness and participation in the planning. Updates a list of organizations that work with vul Reviews and prepares all reports and plans related to Emergency Preparedness in district. Reviews all PHEP grant deliverables, including reports and drills			
2	Cecile Cerazo	Community Health & Wellness Coordinator	\$ 37.99	5.4
	Description of specific work outputs and work performed: Serves as our local MRC coordinator fulfilling volunteer management target capabilities including recruiting, coordinating, and training volunteer WebEOC System.			
3	Millie Brosseau	Office Manager	\$ 34.09	1
	Description of specific work outputs and work performed: Implements call down drills to PODs/EOC/LDS/Staff and volunteers; updates all staffing rosters; complete forms and submit. Assists MRC Unit le the state WebEOC System.			
4	Iynette Swanson	Chief Sanitarian	\$43.74	0.5
	Description of specific work outputs and work performed: Supports call down drills, and the completion of quarterly progress reports.Maintains updated profile and user account in the state WebEOC Sy			
5				
	Description of specific work outputs and work performed:			

II. Supplies (\$500 max total)

#	Supply Type	Unit cost	Unit Quantity	Total cost (Do not type in box)
1	document copies	\$ 0.05	2700	\$ 135.00
2	printer ink cartridges	\$ 68.49	4	\$ 273.96
3				\$ -

# Weeks/Year	Total salary cost (Do not type in box)	Fringe rate (0.XX)	Total Fringe (Do not type in box)	Total cost (Do not type in box)
52	\$ 32,011.20	8.00%	\$ 2,560.90	\$ 34,572.10

updates district PHERP & MCM plans, annexes. Work collaboratively with the Cities Readiness Initiative (CRI) Lead to develop a regional PHERP Plan and merable populations in the district. Participates and conducts call down drills to EOC/LDS/Staff and volunteers in district and completes forms for submission. and trainings. Maintains updated profiles and user accounts in the state WebEOC System. Train EHHD employees and volunteers that participate in exercise

# Weeks/Year	Total salary cost (Do not type in box)	Fringe rate (0.XX)	Total Fringe (Do not type in box)	Total cost (Do not type in box)
52	\$ 10,667.59	13.65%	\$ 1,456.13	\$ 12,123.72

ers for our local unit. Utilizes CTRESPONDS and attends MRC/Volunteer, ESF8 and CRI meetings. Maintains updated profile and user account in the state

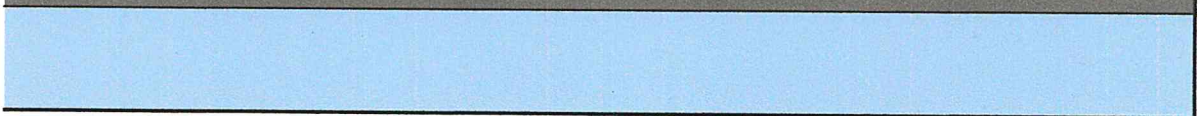
# Weeks/Year	Total salary cost (Do not type in box)	Fringe rate (0.XX)	Total Fringe (Do not type in box)	Total cost (Do not type in box)
52	\$ 1,772.68	26.00%	\$ 460.90	\$ 2,233.58

ader with recruitment, training, and retention activities. Supports the completion of quarterly progress reports. Maintains updated profile and user account in

# Weeks/Year	Total salary cost (Do not type in box)	Fringe rate (0.XX)	Total Fringe (Do not type in box)	Total cost (Do not type in box)
52	\$ 1,137.24	36.00%	\$ 409.41	\$ 1,546.65

stem. One of 3 deep call down persons, and possesses one of the agencies emergency response cell phones.

# Weeks/Year	Total salary cost (Do not type in box)	Fringe rate (0.XX)	Total Fringe (Do not type in box)	Total cost (Do not type in box)
	\$ -		\$ -	\$ -



4				\$	-
5				\$	-
6				\$	-
7				\$	-

III. Travel

In-State Travel

#	Travel Description	Estimated # miles	Cost per mile	Total cost <i>(Do not type in box)</i>
1	MRC & Region 4 trainins & meetings	250	\$ 0.66	\$ 165.00
2				\$ -
3				\$ -
4				\$ -

Out of State Travel (\$2500 max total)

Conference Name	Name of Person Attending	Title of Person Attending	Date(s)	Location
Registration cost	Airline Cost	Hotel cost	Per diem cost rate	# of days per diem rate

IV. Communication Costs

Cellphone (Maximum: 3 cellphones, \$600 per line/Year)

#	Name	Total Cost of Line/Year
1	Robert Miller	\$ 600.00
2	Lynette Swanson	\$ 600.00
3		

Regional Communication Systems

Name of System/Vendor	Monthly/Quarterly Fee	Total Cost
Summary of Use		
List of LHD Using/Cost Sharing System		

V. Attorney Fees

#	Description	Costs
1		
2		
3		
4		
5		

PRESS RELEASE

Dated: August 26, 2024
Release Date: For Immediate Release
Contact: Ande Bloom, Senior Project Specialist
860-429-3325 / BloomA@ehhd.org

Eastern Highlands Health District Vaccination Campaign on the Right Track *Agency Readies New Train-Themed Messaging for Fall/Winter Virus Season*

(MANSFIELD) - The Eastern Highlands Health District (EHHD) has created an innovative health education campaign to encourage everyone to “get on board” with updated 2024-2025 COVID-19 and flu vaccines for the fall/winter respiratory virus season.

Utilizing the universal appeal of trains that spans cultures and generations, the campaign features images, sounds, and expressions associated with passenger trains and classic locomotives to promote the message “Get on Board. Stay on Track. Get Vaxed.”

“In late June, the Centers for Disease Control and Prevention (CDC) recommended the updated 2024-2025 COVID-19 vaccines and flu vaccines to protect against severe COVID-19 and flu this fall and winter,” said EHHD Director of Health Robert Miller. “Thanks to CDC grant funding, our team was able to create effective, engaging, and educational messaging that will be shared across a number of platforms to reach at-risk populations in our health district with vaccine information and opportunities.”

CDC recommends **everyone ages 6 months and older receive an updated 2024-2025 COVID-19 vaccine** to protect against the potentially serious outcomes of COVID-19 this fall and winter whether or not they have ever previously been vaccinated with a COVID-19 vaccine or tested positive for COVID-19. According to the CDC, the virus that causes COVID-19, SARS-CoV-2, is always changing and protection from COVID-19 vaccines declines over time. COVID 19-vaccines are effective at protecting people from getting seriously ill, being hospitalized, and dying. Vaccination remains the *safest strategy* for avoiding hospitalizations, long-term health outcomes, and death.

Additionally, CDC recommends **everyone 6 months of age and older, with rare exceptions, receive an updated 2024-2025 flu vaccine** to reduce the risk of influenza and its potentially serious complications this fall and winter. The protection provided by a flu vaccine varies from season to season and depends in part on the age and health status of the person getting the vaccine and the similarity or “match” between the viruses in the vaccine and those in circulation. The flu vaccine can keep individuals from getting sick with flu and has been shown to reduce severity of illness in people who get sick despite vaccination.

A common question in the fall has been if it is safe to receive COVID-19 and flu vaccines at the same time? “Yes,” explained EHHD Community Health & Wellness Coordinator Cecile Serazo, RN. “Co-administration of vaccines refers to the common clinical practice of giving or getting more than one vaccine during a visit. While there are some exceptions, getting a flu vaccine and COVID-19 vaccine at the same visit is recommended if you are eligible and the timing for each vaccine is right. Ask your doctor what is right for you.”

The overriding message of the EHHD *Get on Board* campaign is that vaccines have protected families for generations and staying on track with seasonal flu and COVID-19 vaccines can protect against serious illness. Because seasonal flu and COVID-19 vaccines reduce the severity and duration of illness, vaccination could be just the ticket to keep an individual from being derailed with seasonal respiratory illnesses. The messages, featured in print, on radio, television, at gas stations, and on social media, urge people to ask their doctor for their “train of thought” regarding vaccination and what is right for individual patients.

The EHHD partnered with The Creative Quill to develop the marketing campaign and theme, which was a natural extension of previous years’ guidance provided by the office. EHHD Senior Project Specialist Ande Bloom, who is coordinating the campaign shares, “throughout the pandemic, whenever I spoke with school nurses, community partners, or individuals about the virus, I would always use a train analogy to explain the difference between the guidance for being infected and being exposed and how to keep on track and moving in the right direction. The Creative Quill developed a concept that honored our past work and made perfect sense to keep our message quite literally on track and moving forward. Trains stay on schedule for the public good. We encourage our communities to stay on track with vaccination schedules for the same reason. We are excited for the EHHD train campaign to leave the station this fall.”

EHHD prevents illness and promotes wellness for communities in eastern Connecticut and serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington. For more information about seasonal flu and COVID-19 vaccines including community immunization clinic opportunities, visit <http://www.ehhd.org/vax>.

The EHHD educational campaign is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services as part of a financial assistance award totaling \$66,633 with 100% funded by CDC/HHS. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS or the US Government.

###

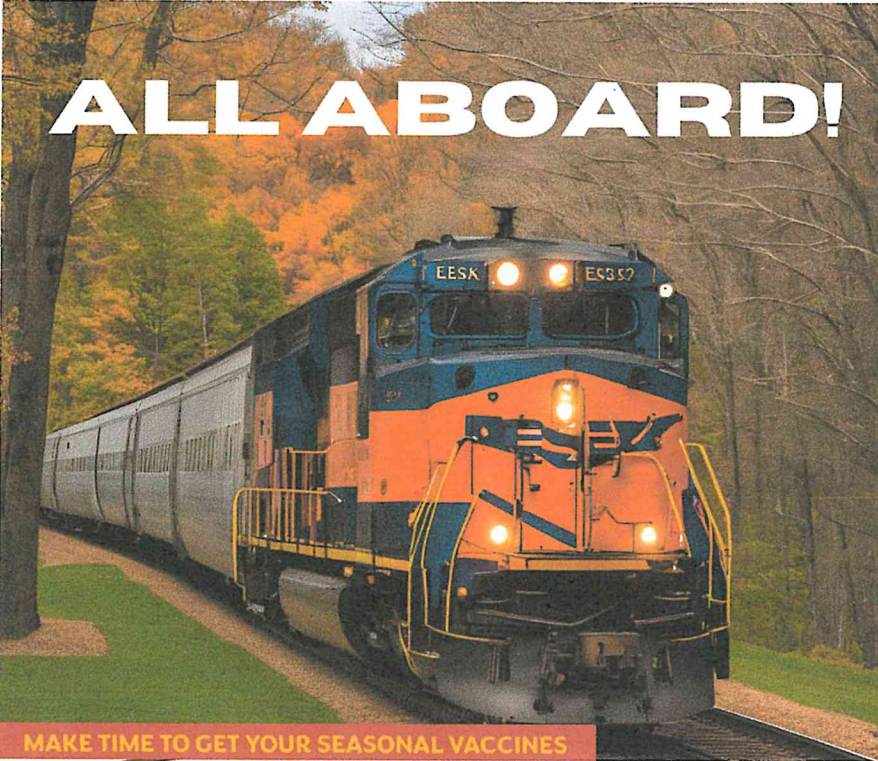
WTNH email blast #2

The Eastern Highlands Health District (EHHD) wants to remind the community that seasonal vaccines are safe and the flu shot and updated COVID-19 vaccines are recommended this year for most people age 6 months and older. Seasonal vaccines include pneumonia and RSV, but these have different recommendations for participation so talk to your healthcare provider if you are not sure which vaccines are for you this fall.

Both the flu and COVID-19 vaccines are effective for minimizing the duration and severity of symptoms if you do get infected. You can find these seasonal vaccines at most pharmacies, and many health care providers are offering them, too. The EHHD is hosting pop-up clinics across the Health District to provide easy access to the community. There is no residency requirement to attend an EHHD clinic, and appointments are available but not required (walk-ins are welcome). Find the full clinic schedule and more information at EHHD.org/VAX.

When going for your vaccine, remember to wear a short sleeve shirt (vaccines are administered in the upper arm) and bring your insurance card.


Get on board. Stay on track. Get vaxed! The EHHD prevents illness and promotes wellness for communities in eastern Connecticut and serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland and Willington.



ALL ABOARD!

MAKE TIME TO GET YOUR SEASONAL VACCINES

Get on board. Stay on Track.
Get Vaxed.™
#GetVaxed
#GotVaxed



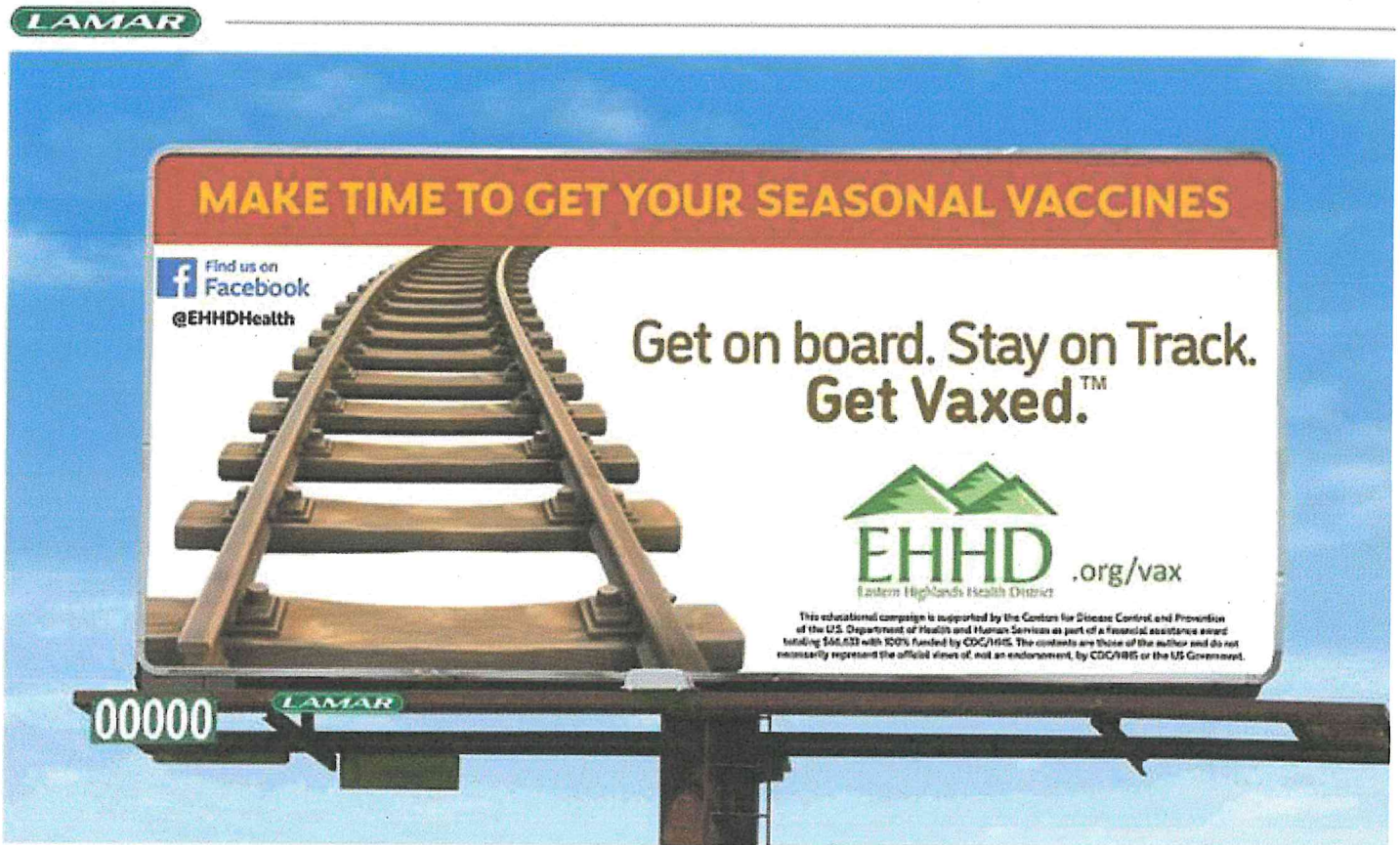
EHHD.org/vax

Robert L. Miller

From: Ande Bloom
Sent: Wednesday, October 9, 2024 2:18 PM
To: Robert L. Miller; Cecile C. Serazo
Subject: billboard: ad proof

Hello, Below is the ad for the billboard. Simple enough.

Approve?

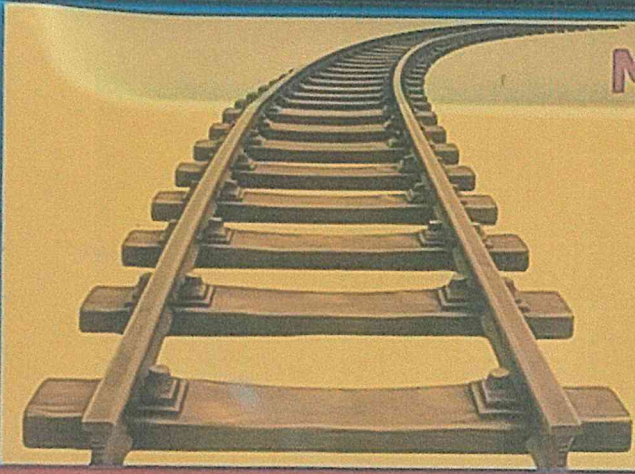


For illustrative purposes only. Actual structure configuration and appearance may vary.

Ande Bloom, MS

Senior Public Health Project Specialist

2043



MAKE TIME TO GET YOUR SEASONAL VACCINES

Get on board. Stay on Track.
Get Vaxed.™

This educational campaign is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services as part of a financial incentive award totaling \$60,000 with 100% funded by CDC/HRH. The names and design of the author and artist accurately represent the official views, policies, and statements by CDC/HRH or the U.S. Government.


EHHD .org/vax
Eastern Highlands Health District

Connecticut
AV-06595
Public Service Bus

WARNING
Bus makes wide turns.
Do not pass on right.

Trentham is looking forward to building the Windham cross-country program in her first year | Page 7

Israel rescues a hostage found alone in an underground tunnel in Gaza | Page 4

00000760

MANSFIELD TOWN OF
4 S ENGLEVILLE RD
TOWN CLERK
STORRS CT 06269-2574
*****GRR-RT LOT#A0002

The CHRONICLE

Serving the Communities of Eastern Connecticut Since 1877

Vol. 141 No. 205

Wednesday, August 28, 2024

Newsstand \$1.75



The Eastern Highlands Health District has created a health educational campaign for vaccines.

EHHD: 'Get on board' for vaccines this virus season

TANAJAH FRYER
@THECHRONICLECT

MANSFIELD

The Eastern Highlands Health District created a health educational campaign to encourage all to stay updated with COVID-19 and flu vaccinations for respiratory virus season.

Utilizing the universal appeal of trains that span cultures and generations, the campaign features images, sounds and expressions associated with passenger trains and classic locomotives to promote the message "Get on Board. Stay on Track. Get Vaxed."

"In late June, the Centers for Disease Control and Prevention recommended the updated 2024-2025 COVID-19 vaccines and flu vaccines to protect against severe COVID-19 and flu this fall and winter," Eastern Highlands Health District Director of Health Robert Miller said.

Miller thanked the See HEALTH ON PAGE 4

ECSU welcomes largest incoming class

NICOLE ZAPPONE
@THECHRONICLECT

WILLIMANTIC

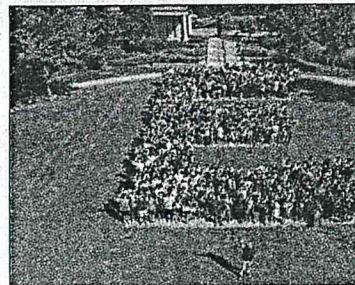
New Eastern Connecticut State University President Karim Ismaili and CSCU Chancellor Terrence Cheng welcomed students and parents to campus.

The university welcomed its largest class of first-year students since the start of the COVID-19 pandemic, when more than 700 students moved into campus residence halls.

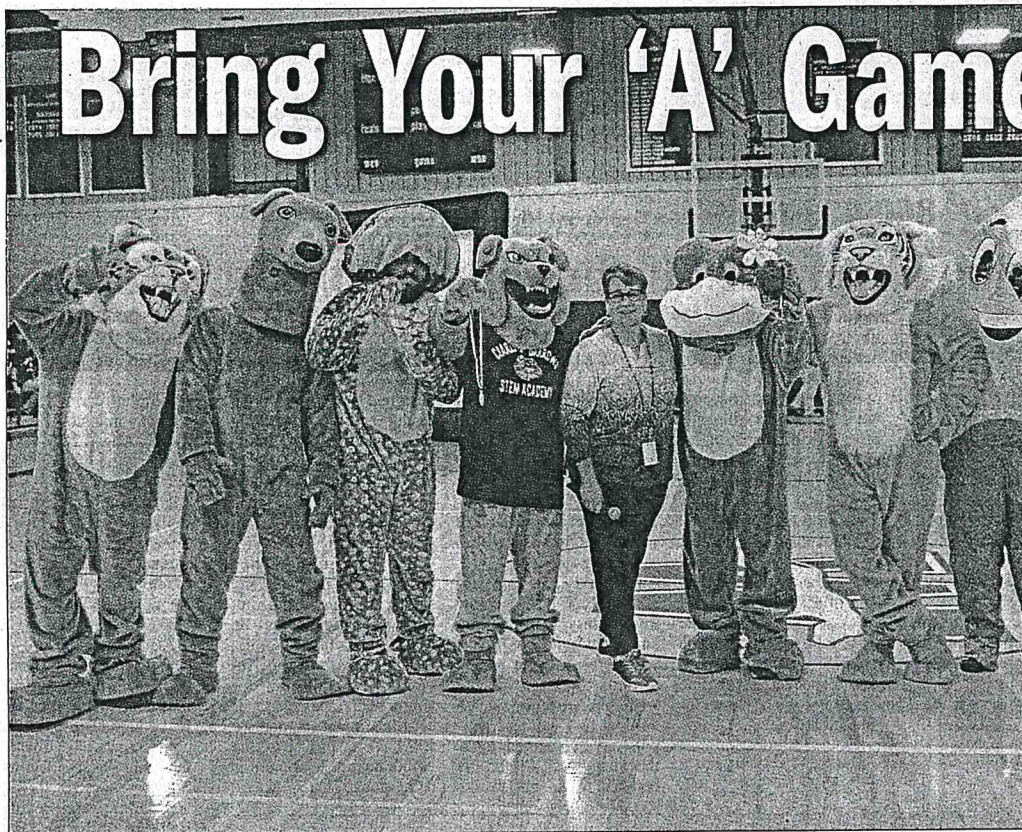
"Saturday was a beautiful day to be an Eastern student. We were thrilled to welcome 710 new first-year students and 109 transfer students to their new home away from home," said Michelle Delaney, VP for student affairs. "The day started with returning students helping to move bags, binds and refrigerators into rooms and included a class picture and ended with a Rock the Roof party on the top of the parking garage." First-year full-time

students moved into residence halls, which include Mead, Crandall, Burnap, Winthrop, Constitution and Burr.

Burr was reopened after several years due to the surge in enrollment. It was built in 1921 and houses 76 students in primarily two-person rooms. Burr is located on the south side of campus next to Shafer Hall. It was once a residence hall only for females but went co-ed in 2006 after exten- See FIRST ON PAGE 4



President Karim Ismaili joins the Eastern Connecticut University freshmen class.



Windham Public Schools Superintendent Tracy Youngberg poses with all the district's mascots after a basketball basket-shooting competition.

Windham welcomes back teachers

NICOLE ZAPPONE
@THECHRONICLECT

convocation, rookie teachers were recognized and thanked for joining the dis-

used to describe an athlete performing his or her best," Youngberg said. "I chose

were awarded for 30 years of service. Windham High School

and has been in for the last 11 years. "I would like

Inside

Abby 11

Monday, of more ents who rning or

ves city nan, and wound- ple were id. evening, re killed led in a treet fes- a city in . A sus- extremist l himself lay later. he was ideology te group. to the attack, Scholz to tough- l step up rejected

... was the first to be rescued from underground, the Israeli military said. The Israeli military released footage showing Alkadi moments after the rescue. Unshaven and wearing a white tank top, he is seen sitting and smiling with soldiers before boarding a helicopter to a hospital where he was taken

... operations and negotiations to bring the remaining hostages home. "Both ways together require our military presence in the field, and unceasing military pressure on Hamas," Netanyahu said. Referring to Netanyahu by a traditional Arabic nickname, Alkadi thanked the

... on Tuesday across the Gaza Strip, and Palestinian officials said at least 18 people, including eight children, were killed in the attacks. Israel believes there are still 108 hostages in Gaza and that more than 40 of them are dead. Most of the rest were freed during a weeklong cease-fire in

... of the hostages and much of the Israeli public for not yet reaching a deal with Hamas to bring them home. Hamas hopes to trade the hostages for a lasting cease-fire, the withdrawal of Israeli troops from Gaza and the release of a large number of Palestinian prisoners, including high-profile militants.

Health district promotes vaccination

Continued from Page 1
CDC for grant funding, as this allowed the EHHD team to create effective, engaging and educational messaging that will be shared across several platforms to reach at-risk populations in the health district with vaccine information and opportunities. The CDC recommends everyone ages 6 months and older receive an updated COVID-19 vaccine for 2024-2025 to protect against the potential threat of COVID-19. According to the CDC, SARS-CoV-2, the virus that causes COVID-19,

constantly changes and protection from COVID-19 vaccines declines over time. COVID 19-vaccines are effective at protecting people from serious illness, hospitalization and death. Getting vaccinated is a safe strategy for avoiding hospitalizations, long-term health outcomes and death, the group says. Additionally, the CDC recommends everyone 6 months of age and older, with rare exceptions, to receive the updated flu vaccine to lower the risk of influenza and its potentially serious complications this season.

The protection provided by a flu vaccine varies each season and also depends on the age and health status of the person receiving the vaccine and the similarity between viruses in the vaccine and those in circulation. The flu vaccine can keep individuals from getting sick with flu and has been shown to reduce the severity of illness in people who get sick despite vaccination. Eastern Highlands Health District Community Health and Wellness Coordinator Cecile Serazo, RN says it is safe to receive COVID-19 and flu vaccines at the same time

than one vaccine during a visit," Serazo said. "While there are some exceptions, getting a flu vaccine and COVID-19 vaccine at the same visit is recommended if you are eligible and the timing for each vaccine is right. Ask your doctor what is right for you." The overall message of the EHHD Get on Board campaign is that vaccines have protected families and staying updated with vaccinations can protect against serious illness. The EHHD partnered with The Creative Quill to develop the marketing campaign and theme, which was an extension of previous years' guidance.

"Co-administration of vaccines refers to the common clinical practice of giving or getting more

"Throughout the pandemic, whenever I spoke with school nurses, community partners or individuals about the virus, I would always use a train analogy to explain the difference between the guidance for being infected and being exposed and how to keep on track and moving in the right direction," said Eastern Highlands Health District Senior Project Specialist and coordinator of the campaign Andre Bloom.

on Essentials!
lights on sale through 9/3:

Adult brush
varieties
One,
e Free

Alaffia Shampoo, Conditioner Lotion, Bubble Bath
32 fl. oz.
selected varieties
\$9.99

Check out the latest **coop deals**

willimanticfood.coop


Open 8am-8pm 7 Days a Week
91 Valley Street, Willimantic, CT 06226



HOSMER
MOUNTAIN BEVERAGES

AMERICA'S FAVORITE:
BIRCH BEER

860-423-1555
www.hosmersoda.com



FEATURED

EHHD: 'Get on board' for vaccines this virus season

Tanajah Fryer @TheChronicleCT

Aug 28, 2024



The Eastern Highlands Health District has created a health educational campaign for vaccines.

AP/Jessica Hill

MANSFIELD — The Eastern Highlands Health District created a health educational campaign to encourage all to stay updated with COVID-19 and flu vaccinations for respiratory virus season.

Utilizing the universal appeal of trains that span cultures and generations, the campaign features images, sounds and expressions associated with passenger trains and classic locomotives to promote the message "Get on Board. Stay on Track. Get Vaxed."

“In late June, the Centers for Disease Control and Prevention recommended the updated 2024-2025 COVID-19 vaccines and flu vaccines to protect against severe COVID-19 and flu this fall and winter,” Eastern Highlands Health District Director of Health Robert Miller said.

Read the full story in the print or e-edition of the Chronicle.

The Daily Campus

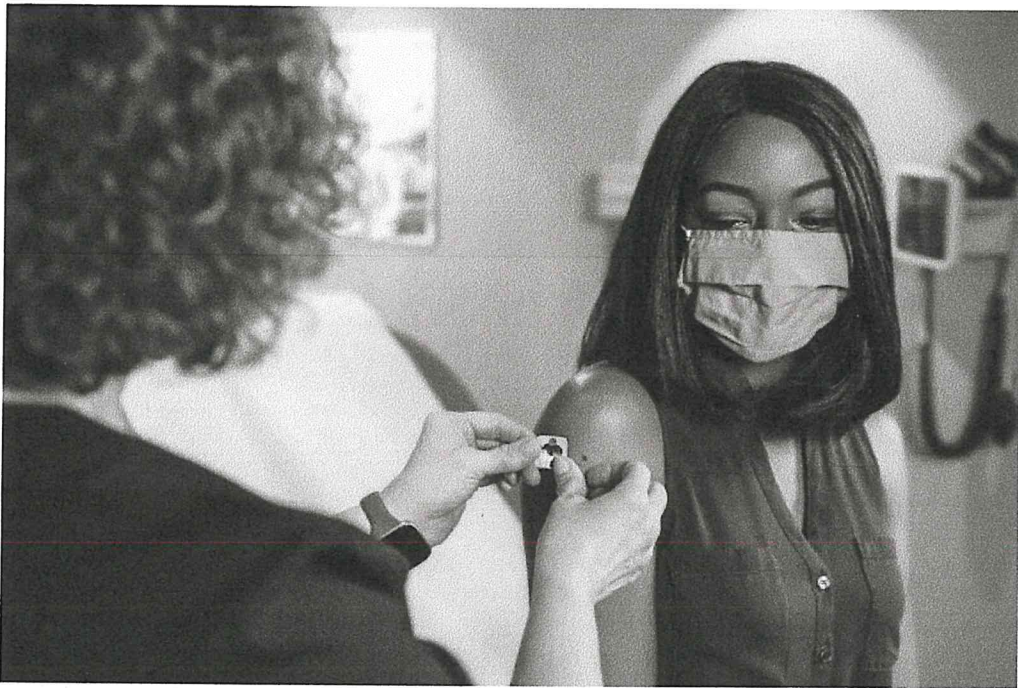
Home › News › EHHD launches new campaign to encourage flu and COVID vaccines

News

EHHD launches new campaign to encourage flu and COVID vaccines

By Aiza Shaikh September 4, 2024

46 0



The Eastern Highlands Health District of Mansfield began a new train-themed *Get on Board* campaign to educate the public about COVID-19 and flu vaccines for this season. Photo by Center for Disease Control/Unsplash

The Eastern Highlands Health District of Mansfield has begun a new train-themed *Get on Board* campaign to educate the public about COVID-19 and flu vaccines for this season.

The campaign banner displays the message, "Get on board. Stay on Track. Get Vaxed." As of June 2024, the CDC recommends everyone who is 6 months and older receive an updated flu vaccine and an updated COVID-19 vaccine for the 2024-2025 season, according to an EHHD press release.

According to EHHD Director of Health, Rob Miller, both the flu and COVID-19 especially can pose a serious problem for vulnerable populations, both nationally and in the Mansfield community.

"It's extremely important for families and persons, especially those at high risk of ill health associated with the seasonal respiratory viral illnesses, to get their flu shot and COVID-19 shots," Miller said in an interview. "We continue to experience not only as a nation but also as a local area, the adverse

effects in our population from viral respiratory illnesses. While seasonal flu is something everybody is generally aware of...at the same time COVID-19 continues to be a serious problem for those who are vulnerable.”

This year’s campaign features messages on radio stations, television, at gas stations and on social media, using “images, sounds and expressions associated with passenger trains and classic locomotives,” according to the press release.

According to Miller, the idea to make a train-themed campaign is new this year, and it also marks the first time the health district has crafted such a campaign.

“This [idea] is brand new for us. This is really the first time which we’ve engaged in the development and design, and implementation of what is essentially an original campaign of this type,” Miller said.

The EHHD partnered with a firm called The Creative Quill to develop the campaign and train theme, according to the press release.

“Working in partnership with [The Creative Quill] we’ve been able to put what is a pretty good concept together,” Miller added. “Everybody knows what a train is and there’s a universal appeal to it, and certainly, quite a few children understood what trains were growing up...and there is a real appeal for trains across cultures and age groups.”

The press release states that vaccination, “remains the safest strategy for avoiding hospitalizations, long-term health outcomes, and death.” The press release also clarifies that it is safe to receive the COVID-19 and flu vaccines at the same time.

“Co-administration of vaccines refers to the common clinical practice of giving or getting more than one vaccine during a visit. While there are some exceptions, getting a flu vaccine and COVID-19 vaccine at the same visit is recommended if you are eligible and the timing for each vaccine is right. Ask your doctor what is right for you,” explained EHHD Community Health & Wellness Coordinator, Cecile Serazo, RN.

Miller said he hopes the campaign will prove effective in spreading the message and educating families about the importance of vaccination.

“We’re hoping to get this message out there and that it is effective in empowering some families to get their COVID shots. COVID-19 is still out there, the seasonal flu is still out there, and it is important for people to go out, take the time to get on board, stay on track and get vaxed,” Miller said, referencing the campaign message.

Additional information regarding the EHHD’s work, their vaccine clinics and campaign can be found on their website.

9/11/2024 - EHHD offers seasonal vaccination clinics in 2024

Upcoming Seasonal Vaccination Clinics hosted by the EHHD are listed below. There is no residency requirement for any clinic and walk-ins are welcome. For more details including age group, vaccines offered and **optional** registration link go to EHHD.org/VAX

Date	Town	Location	Time
September 26	Coventry	Senior Center*	12:30 pm – 3:30 pm
October 3	Columbia	Senior Center*	10:00 am – 1:00 pm
October 7	Tolland	Senior Center*	2:00 pm – 5:00 pm
October 9	Mansfield	Senior Center*	11:30 am – 2:30 pm
October 9	Ashford	Knowlton Hall	3:30 pm – 6:30 pm
October 19	Scotland	Elementary School**	10:00 am – 1:00 pm
October 24	Willington	Senior Center*	10:00 am – noon
October 28	Bolton	Senior Center*	1:00 pm – 4:00 pm
October 30	Tolland	High School	3:00 pm – 6:00 pm
October 31	Mansfield	United Services, Inc	8:00 am – 10:00 am

* vaccines limited to adults 18 years of age and older

** vaccines limited to children ages 5 through 18

Archives

Blood Pressure Initiative to Increase Control of High Blood Pressure

Year 1 (June –September 2024) Progress:

Two libraries have received monitors for loaning to the community.

Six schools have received monitors with others to be added this month (October) for staff monitoring stations:

- Scotland School
- Mansfield Elementary
- Mansfield Middle
- Chaplin School
- Andover School
- Tolland Schools (4)
- Ashford School
- Columbia School

15 Blood Pressure Screening events were held reaching 293 individuals; referring 24% to PCP for elevated readings

Date of event & location

6/28/24 Mansfield Community Center Family Fun Night

7/11/24 Mansfield Town Hall

7/17/24 Bolton Library

7/21/24 Coventry Farmers' Market

7/24/24 Bolton Concert on the Green

7/28/24 Mansfield Flea Market

8/11/24 Coventry Farmers' Market

8/14/24 Chaplin Senior Center

8/22/24 Mansfield Town Hall

8/28/24 Scotland Farmer's Market

9/12/24 UConn Student Wellness Fair

9/19/24 Mansfield Town Hall

9/26/24 Coventry Senior Center

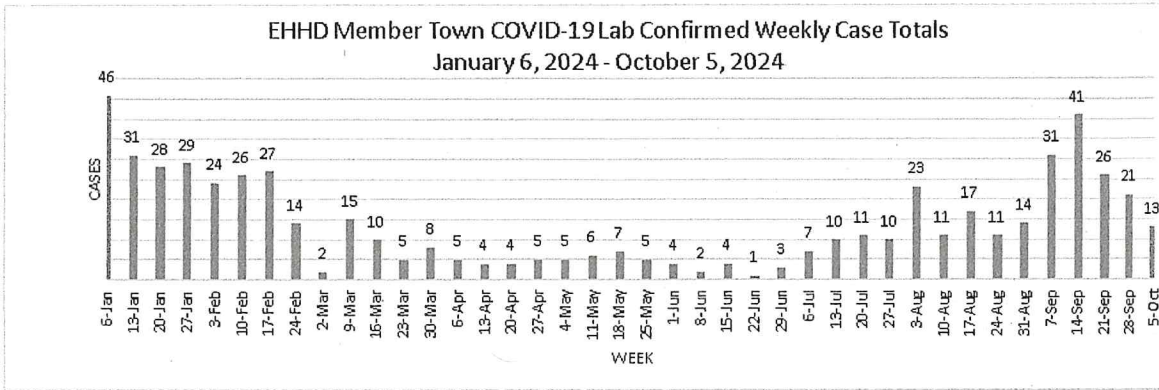
9/28/24 Celebrate Mansfield

9/30/24 Mansfield Town Hall

Weekly Viral Respiratory Disease Summary

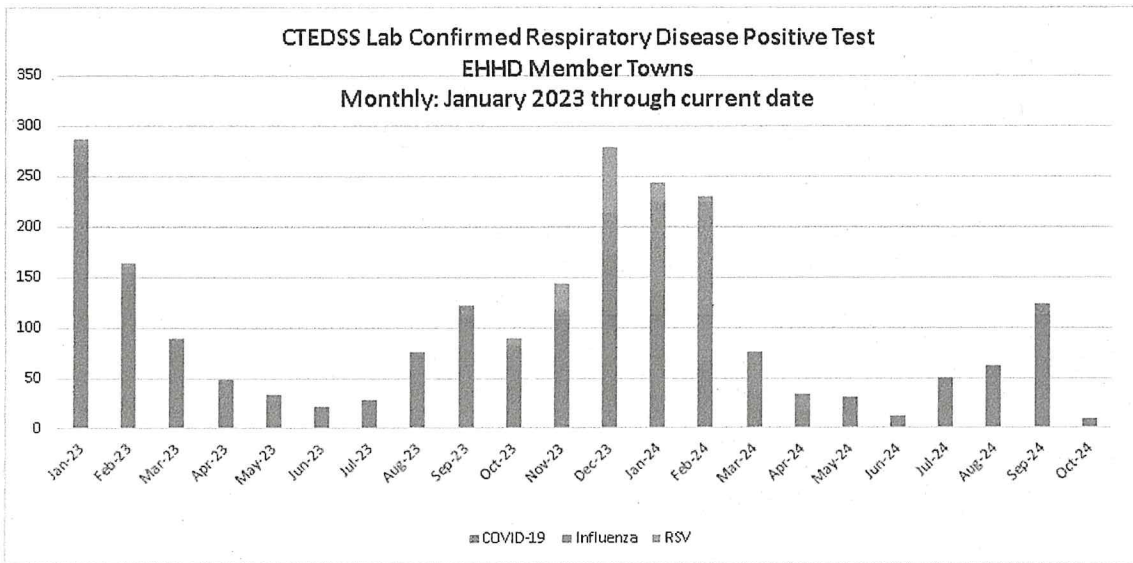
Updated October 6, 2024 at 7:30 p.m.

Completed by: A. Bloom



Source: CT DPH LHD data portal and CTEDSS

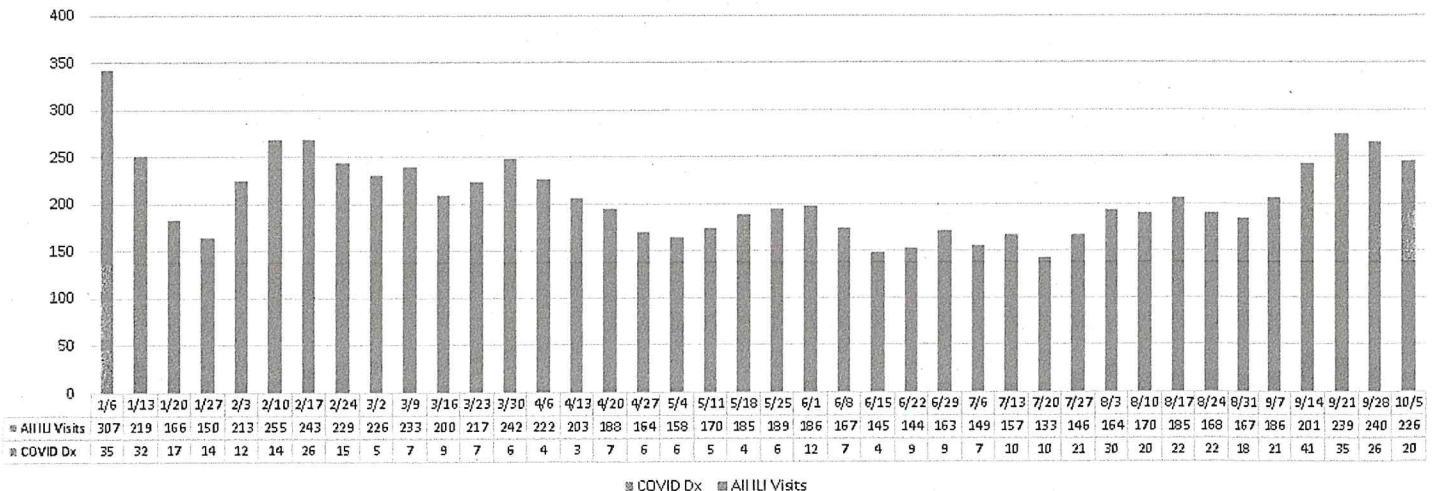
Note: Delays in reporting from labs to the state system can impact total counts from week to week, which can also result in discrepancies between CTEDSS numbers and cases reported to Epicenter (ED and UC visits, displayed below).



Source: DPH LHD data portal and CTEDSS

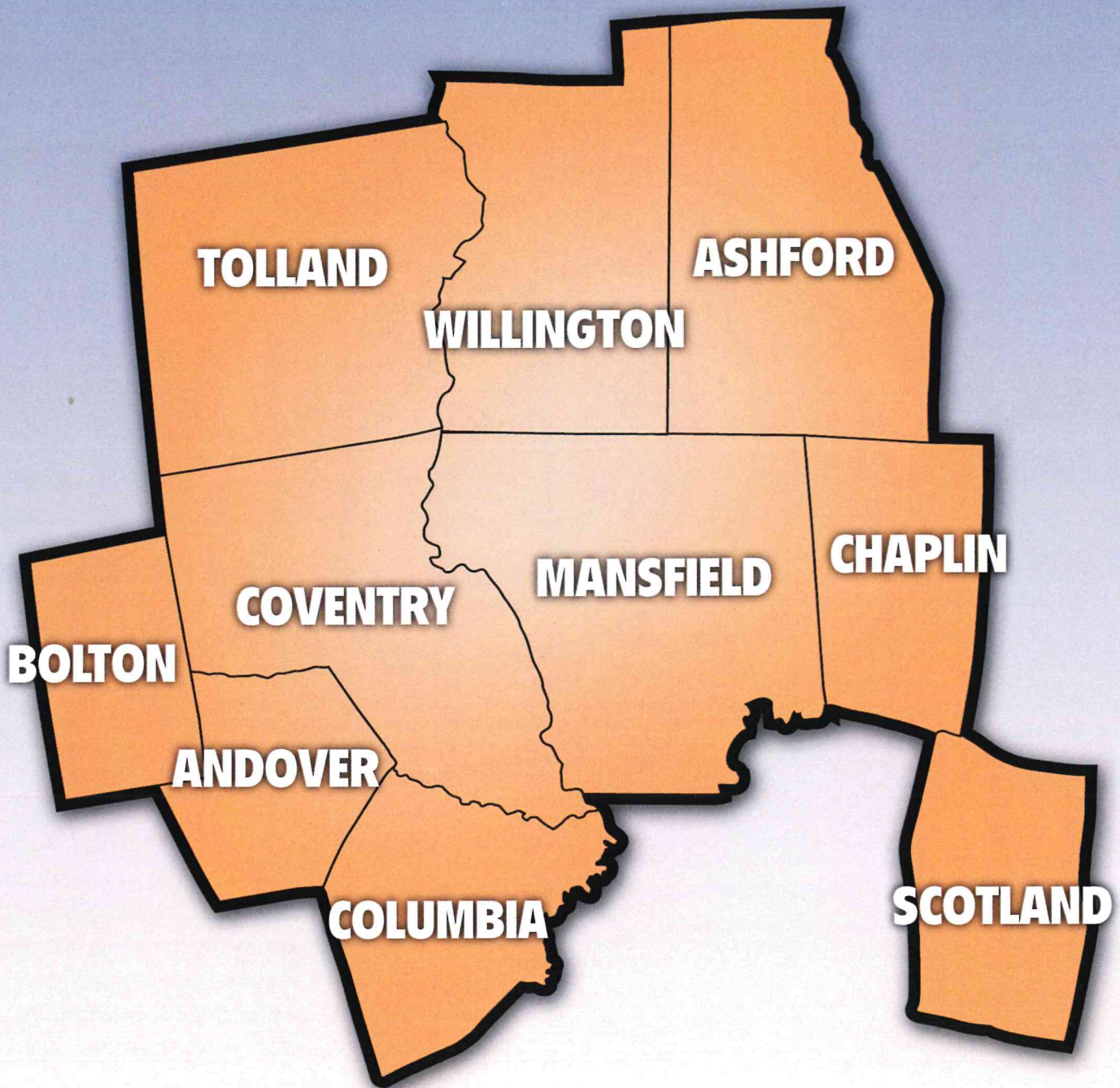
EHHD Member Town Resident ED and UC Visits for ILI by Week* January 6, 2024 through current week

Data source: Epi Center





2023-2024



Serving the towns of:

Andover, Ashford, Bolton, Chaplin, Columbia, Coventry,
Mansfield, Scotland, Tolland and Willington

Population: 79,045 Service Area: Approximately 208 Square Miles

HEALTH DISTRICT STAFF

- Robert L. Miller, MPH, RS Director of Health
- Kenneth Dardick, MD Medical Advisor
- Glenn Bagdoian, RS Sanitarian II
- Ande Bloom Project Specialist
- Millie Brosseau Office Manager
- Christopher Buter, MPH, REHS Sanitarian II
- Christine Grulke BSN, MSEd, RN Public Health Nurse
- Thad King, MPH, REHS, RS Sanitarian II
- Courtney LeBlanc, BSN, RN Public Health Nurse
- Mia Mitoma Environmental Health Inspector
- Lynette Swanson, RS Chief Sanitarian
- Cecile Serazo, BSN, RN Community Health and Wellness Coordinator
- Nishel Thompson, MS Public Health Emergency Preparedness Coordinator



Front row left to right: Nishel Thompson, Christopher Buter, Millie Brosseau, Mia Mitoma
 Back row left to right: Glenn Bagdoian, Thad King, Lynette Swanson, Cecile Serazo, Robert Miller

EHHD BOARD OF DIRECTORS

- John Elsesser (Chair) Town of Coventry
- Mark Walter (Vice Chair) Town of Columbia
- Eric Anderson (Assistant Treasurer) Town of Andover
- Cathryn Silver-Smith Town of Ashford
- Jim Rupert Town of Bolton
- Vacant Town of Chaplin
- James Drumm Town of Coventry
- Ryan Aylesworth Town of Mansfield
- Heather Evans Town of Mansfield
- Maria Capriola Town of Mansfield
- Vacant Town of Scotland
- Brian Foley Town of Tolland
- Katherine Stargardt Town of Tolland
- Vacant Town of Willington



Chairman John Elsesser with Deb Walsh as she retires after 27 years of service on the EHHD Board of Directors.

MISSION STATEMENT -

Eastern Highlands Health District is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness, and protection of our human environment.

Vision - Healthy people, healthy communities ... healthier future.



Message from the Director

Another Year of Public Health Initiatives

I am delighted to present our local communities with the Eastern Highlands Health District Annual Report for the 2023-2024 Fiscal Year. This past year, the Health District has implemented several innovative programs and initiatives that have significantly benefited our community. I would like to take this opportunity to highlight a few of these accomplishments.

Community Health – The community health program was highly active this past year, supported by grant funding for two key initiatives. The first initiative focused on assessing barriers to vaccination uptake within the community. The findings from this assessment are now driving a comprehensive campaign to promote seasonal vaccinations. The second initiative is aimed at individuals at higher risk of hypertension, providing educational sessions and screening events. This five-year grant promises even more impactful programming in the coming years. Additionally, our community health staff hosted 14 pop-up vaccination clinics during the fall viral respiratory season and distributed over 7,500 COVID-19 test kits to schools, daycares, and the general public.

Environmental Health – This year saw a notable advancement in our environmental health efforts, marked by a workforce development grant that facilitated important training and professional development opportunities for our staff. Additionally, we participated in a statewide internship program for Master of Public Health candidates, further enriching the expertise of the labor market. A significant expansion of our childhood lead poisoning prevention program also took place this year. With the lowering of blood lead thresholds that trigger local health department intervention, our environmental health staff and public health nurse managed over 25 cases, providing educational and remediation support to affected parents and families.

Public Health Emergency Preparedness and Response – Our Medical Reserve Corps was exceptionally active this past year, with over 120 volunteers mobilized to support multiple clinics, drills, and training sessions. Staff participated in various drills and exercises, including measles and pandemic flu tabletop exercises, two communication call-down drills, and the support of DEMHS Region 3’s application to NACCHO for Project Public Health Ready designation.

These accomplishments reflect our ongoing commitment to enhancing public health and ensuring the well-being of our community. We look forward to continuing this vital work in the coming year

My door is always open.

Yours in Health,

Robert L. Miller, MPH, RS
 Director of Health





Public Health

Prevent. Promote. Protect.

Local health departments work across the nation to prevent disease, promote health and protect communities. The National Association of County and City Health Officials (NACCHO) developed this logo to promote universal recognition of this critical work and to provide a consistent image and message for local health departments. EHHD is proud to support this national effort.

What is a Health District?

Health districts are much like full-time municipal health departments in the services they provide. They are governmental entities that carry out critical local public health functions that include: infectious disease control, code enforcement and health education. Through a binding relationship with member towns (provided for in state statutes), services are offered to a group of towns that may not have a full-time health department without district membership. Joining a health district is an attractive option for towns because they gain access to full-time public health services at minimal cost. Towns that are members of health districts provide annual per capita contributions to support health district operations. District membership increases the ability of a town to benefit from grant-funded public health programs.

Top 10 Benefits Your Community Receives as a Member of a Public Health District:

1. A professionally staffed department with fully trained and certified personnel.
2. Improved availability of services; seven days a week, 24 hours a day for emergencies.
3. Less fragmentation of services.
4. Uniform enforcement of state laws and regulations, codes and ordinances.
5. A regional approach to public health problems that cross town lines.
6. Pooling of manpower for backup services in times of need.
7. The capability to address a wider scope of public health problems and issues than your community could manage on its own.
8. Reduction of waste and maximized effectiveness through problem identification, priority setting, improved coordination and more efficient use of resources.
9. Eligibility for extensive state and federal funding, bringing services to the local level that might not otherwise be possible.
10. An opportunity for your town to network with other local health departments and state agencies.

10 Essential Services of Local Public Health:

1. **Monitor** health status to identify community health problems.
2. **Diagnose** and **investigate** health problems and health hazards in the community.
3. **Inform, educate** and **empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop** policies and plans that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to public health problems.

EHHD'S PROGRAMS AND SERVICES

We provide the community with a range of programs and services to promote and protect environmental, personal, and community health.

Emergency Preparedness

A single agency cannot address all-hazards emergency preparedness. Eastern Highlands Health District (EHHD) continues to maintain partnerships to prepare for a successful community response to any emergency or disaster. EHHD is an active member of the CT DEMHS Region 4 ESF8 workgroup, which combines healthcare and community health in Eastern Connecticut. Regional activities this year included monthly meetings to discuss updating the regional medical countermeasures plan and prepare for a new budget period. EHHD provided support to Region 3 assisting with the Region 3 Project Public Health Ready (PPHR) application and served as an evaluator at their ESF-8 Flu Pandemic Tabletop exercise on September 23, 2023.

On April 23rd, 2024 EHHD attended the annual CT Emergency Management Symposium in Niantic, CT. This conference brought awareness to the different government levels and partners available for emergency management resources. May 10, 2024 EHHD staff attended the Region 3 Measles tabletop exercise; an infectious disease simulation to better prepare staff on how to mitigate possible outbreaks. May 15, 2024 EHHD staff participated in the Region 4 ESF-8 Social Media in Crisis Communication training. This training explored various ways to appropriately address the public during an emergency.



This year Eastern Highland Health District's Emergency Preparedness program continued its efforts to provide COVID-19 vaccinations and seasonal flu clinics at our office, farmers market, libraries and other community events. The EHHD Medical Reserve Corps (MRC), a unit of medical and non-medical volunteers from the community, continued to dedicate their time and effort to support all local vaccination events. EHHD preparedness provided a Point of Dispensing (POD) training to the MRC on May 16, 2024. This training provided an overview of the logistics and operations of an EHHD dispensing exercises.

EHHD will continue to keep its partners and constituents informed of any necessary COVID-19 information. We are working with federal, state, and regional partners to re-strategize and improve planning. For continued information, announcements, and updates please visit our social media pages or website www.ehhd.org

Environmental Programs



Water Quality – EHHD reviews and approves private well sites and drinking water analysis reports to assure that the drinking water supplies are free of harmful bacteria, chemicals and pollutants. Our sanitarians provide guidance and information to residents with water quality issues and concerns. The health district also inspects and monitors the water quality at public bathing areas and public swimming pools to ensure compliance with water quality and health safety standards.

Subsurface Sewage Disposal – EHHD sanitarians conduct site evaluations and soil testing, review septic system design plans, issue permits to construct, and perform site inspections during construction to verify compliance with codes and technical standards.

The health district is also required to evaluate the septic system impacts from proposed building additions, accessory structures and use changes on all properties served by on-site subsurface sewage disposal systems.

Salons – All barbershop, hairdressing, cosmetology, nail salons and spas are inspected annually for compliance with State and local laws and operating licenses are renewed annually.

Food Protection – All food service establishments are inspected frequently and operating licenses are renewed annually. Temporary and special events, including Farmers' Markets, where food is served to the public, are also permitted and inspected for food safety compliance.



Campground/Daycare/Youth Camp Inspections – EHHD conducts annual family campground inspections, biennial daycare inspections, and assists the State of Connecticut with youth camp kitchen inspections.

Complaint Investigation/Code Enforcement – EHHD staff investigate all complaints received by the department, ranging from food protection and water quality concerns to housing, sewage, vermin problems, and COVID-19. Where conditions are found that violate the Public Health Code or Connecticut General Statutes, and such conditions are not corrected voluntarily, property owners or violators are then subject to enforcement procedures.

Childhood Lead Poisoning Prevention – EHHD receives laboratory reports of blood lead tests for children under age 6 when blood lead levels are 3.5 µg/dL or above, and tracks these cases until the child's blood lead level is confirmed below this reference level. The health district provides re-test reminder letters and educational packets to these families to help them understand the health risks associated with lead exposure and assist them in identifying and reducing lead hazards in their child's environment. Elevated blood lead levels can require additional intervention by the health district, including property inspections and lead abatement enforcement.

Communicable Disease Surveillance & Control

Disease Surveillance – EHHD conducts communicable disease surveillance to detect outbreaks. Examples of communicable diseases include but are not limited to: COVID-19, hepatitis, rabies, and foodborne illness. Statistics detailed at the end of this report represent the total number of reported disease cases that have public health significance in member towns (it is generally acknowledged that these diseases are underreported within the population).

Disease Control – Clinical laboratory and physician case reports are reviewed for possible follow-up and investigation. Outbreaks of disease are investigated, and measures to prevent and control further spread of disease are implemented when necessary. The second half of the fiscal year has been heavy on COVID-19 response efforts.



Community Health

EHHD Health Promotion initiatives focus on developing sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our primary focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors.



The Opioid Epidemic: EHHD partnered with North Central District Health Department and CT Harm Reduction Alliance to promote awareness about opioid overdose prevention, equipping individuals with the necessary knowledge and resources to save lives.

Immunizations: EHHD continued to promote the importance of keeping up-to-date on immunizations and provided COVID-19 vaccines to the community. EHHD conducted an Immunization Rapid Community assessment, to increase awareness of barriers to COVID-19 and influenza vaccines

Healthy Homes: During the winter, EHHD distributed radon test kits to residents. These kits allow residents to be aware of the current radon levels in their home, and to take action if necessary.

Be Well: Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors for health. This program provides a fully contracted service to the Town of Tolland. Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include, but are not limited to, quarterly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at www.ehhd.org/be_well. Find more information about having Be Well as part of your business or organization by sending an email to Be_well@ehhd.org.



Health Education: EHHD provides its member towns and residents with newsletters, social media sites and web pages for health information, and regular updates with health and wellness "hot topics." EHHD continually updates the social media pages (Facebook and Twitter). We focus "hot topic" updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHD participated in several educational workshops and health fairs throughout the year focusing on topics such as COVID-19 awareness and prevention, vaccines, air quality, opioid overdose prevention, planning for care as you age, and flu prevention and treatment. EHHD continued to provide information on the prevention of acquiring Lyme disease, and other tick-borne illness as the use of outdoor spaces increased.



Plan4Health Initiative: EHHD continues to market a Toolkit to implement strategies to increase physical activity and access to healthy food for our region to the planning and zoning boards and commissions of small and rural towns in Connecticut. Anchored



by the American Planning Association (APA) and the American Public Health Association (APHA), the Plan4Health grant funded EHHD and the Community Health Action Response Team (CHART) to create this toolkit. The Toolkit is maintained and updated to provide current and accurate information. The toolkit is available online at www.healthyeasternct.com

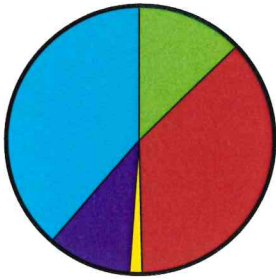


Tobacco Free Living: Focusing on policy, systems, and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. The toolkits can be found on the EHHD website. A toolkit was developed to assist other organizations/communities to implement similar policies. In addition, EHHD continues to update a summary of smoking cessation resources. These resources include web, phone, text, and nicotine replacement therapy cessation methods.

EHHD

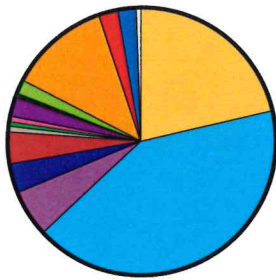
Budget Fiscal Year
2023/2024*

FY24 TOTAL REVENUE



● Licensure Fees	\$159,491
● Local Funds	\$474,218
● Other	\$11,352
● Program Fees	\$102,300
● State	\$510,722
Total:	\$1,258,083

FY24 TOTAL EXPENDITURE



● Personnel: Administrative/Management	\$289,663
● Personnel: Environmental Health	\$558,807
● Personnel: Community Health	\$92,726
● Automobile	\$30,170
● Administrative Overhead	\$55,619
● Communications	\$4,850
● Educational/Training	\$800
● Equipment	\$4,145
● Insurance	\$15,390
● Legal	\$408
● Other	\$3,000
● Purchased Services	\$120,682
● Supplies & Materials	\$11,481
● Vehicle&Travel	\$14,784
● Miscellaneous	\$5,414
Total:	\$1,207,939

EHHD Service And Activities Data By Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	0	0	0	0	0	0	0	0	0	0
ANIMALS/ANIMAL WASTE	0	2	0	1	0	0	0	0	1	0	4
ACTIVITY WITHOUT PROPER PERMITS	0	1	0	0	0	0	1	1	1	1	5
FOOD PROTECTION	0	0	0	1	0	1	6	0	0	1	9
HOUSING ISSUES	0	7	2	1	0	3	6	0	2	3	24
EMERGENCY RESPONSE	0	1	0	1	0	0	3	0	0	1	6
REFUSE/GARBAGE	0	2	0	0	0	0	2	0	0	3	7
RODENTS/INSECTS	0	0	0	0	0	1	4	0	0	5	10
SEPTIC/SEWAGE	0	5	1	1	0	1	3	0	14	0	25
OTHER	0	1	1	0	0	0	2	0	4	3	11
WATER QUALITY	0	3	0	1	0	0	1	1	1	0	7
COVID-19	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	22	4	6	0	6	28	2	23	17	108
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	1	0	0	0	3	4
DAY CARE	0	0	2	1	1	0	4	0	6	0	14
CAMPS	0	1	0	1	0	0	0	1	3	2	8
PUBLIC POOL	0	2	0	0	0	0	9	1	0	1	13
OTHER	2	0	1	0	0	0	11	0	0	0	14
SCHOOLS	0	0	0	0	0	0	0	0	0	0	0
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
COSMETOLOGY	0	5	4	0	7	8	36	0	32	6	98
TOTAL	2	8	7	2	8	9	60	2	41	12	151
ON-SITE SEWAGE DISPOSAL											
SITE INSPECTION - ALL SITE VISITS	68	65	61	28	107	156	131	18	99	77	810
DEEP HOLE TESTS - NUMBER OF HOLES	42	90	27	37	63	140	98	27	190	70	784
PERCOLATION TESTS - NUMBER OF HOLES	12	22	9	10	16	31	26	7	38	11	182
PERMITS ISSUED, NEW	4	3	4	2	3	11	5	4	14	4	54
PERMITS ISSUED, REPAIR	19	32	22	10	36	41	36	2	53	17	268
SITE PLANS REVIEWED	21	41	28	15	32	54	35	5	89	26	346
PUBLIC HEALTH REVIEWS	28	36	29	12	40	95	65	9	96	32	442
WELLS											
WELL SITES INSPECTED	2	6	1	6	5	11	9	11	32	25	108
WELL PERMITS ISSUED	2	8	7	3	10	17	27	5	19	9	107
LABORATORY ACTIVITIES (SAMPLES TAKEN)											
POTABLE WATER	0	0	0	0	0	1	2	0	40	0	43
SURFACE WATER	9	21	28	0	34	156	16	0	32	37	343
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	0	0	0	0	2	0	0	0	2
LEAD	0	16	0	0	22	15	107	0	0	0	160
OTHER	2	3	4	2	1	3	4	0	1	3	23
FOOD PROTECTION											
INSPECTIONS	8	29	27	24	38	66	171	7	78	51	499
ON SITE INSPECTION VIOLATION FOLLOW UP 3	3	1	0	6	1	5	36	0	22	15	89
DOCUMENTED INSPECTION VIOLATION FOLLOW UP 1	20	2	2	11	4	13	59	3	14	16	143
TEMPORARY PERMITS	6	19	32	4	2	74	40	16	37	12	242
TEMPORARY INSPECTIONS	0	5	0	0	0	54	25	8	4	3	99
PLAN REVIEWS	0	0	2	2	1	4	10	0	4	0	23
PRE-OPERATIONAL INSPECTIONS	0	2	1	2	2	3	10	0	3	2	25
LEAD ACTIVITIES											
HOUSING INSPECTION	0	1	1	0	1	2	4	0	0	0	9
ABATE PLAN REVIEWED	0	0	1	0	0	1	0	0	0	0	2
MISCELLANEOUS ACTIVITIES											
PLANNING AND ZONING REFERRALS	0	0	1	0	0	0	1	0	0	0	2
SUBDIVISION REVIEWED (PER LOT)	0	0	0	0	0	1	0	0	1	0	2

* Figures not audited at the time of this publication.

SELECTED REPORTABLE DISEASES BY TOWN*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Wilmington	District Totals
Babesiosis	0	0	0	1	0	1	7	0	1	2	12
Campylobacter	1	0	1	1	0	2	1	0	3	1	10
COVID-19	58	49	89	24	71	190	202	13	196	61	953
Cryptosporidium	0	0	0	0	0	0	1	0	1	0	2
Cyclospora	0	0	0	0	0	1	0	0	0	0	1
E. Coli 0157/STEC	0	0	1	0	3	0	2	0	0	0	6
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	1	0	0	1	0	2
Giardia	0	1	0	0	0	0	1	0	1	0	3
Group A Streptococcus	1	0	0	0	0	1	0	0	0	1	3
Group B Streptococcus	0	0	0	0	1	1	2	0	2	0	6
Haemophilus Influenzae	0	0	0	0	0	0	1	0	1	0	2
Hepatitis A	0	0	0	0	0	1	0	0	0	0	1
Hepatitis B	0	0	0	1	2	0	2	0	1	1	7
Hepatitis C	0	0	0	0	0	1	1	0	0	0	2
Influenza	15	14	16	16	24	41	186	5	43	17	377
Lead-Elevated Blood Lead Levels in children up to age 6 (3.5-9.9 ug/dl)	1	1	3	1	1	1	1	0	1	1	11
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19.9 ug/dl)	0	0	0	0	0	0	1	0	0	0	1
Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl	0	0	0	0	0	0	0	0	0	0	0
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	5	15	6	11	16	27	25	5	16	10	136
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	1	3	1	3	1	5	0	4	3	21
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	0	0	0	1	0	0	0	0	1
Respiratory syncytial virus infection	2	16	6	10	12	26	29	1	13	9	124
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	1	0	0	1	1	2	0	4	0	9
Shigella	0	0	0	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	1	0	0	0	3	0	0	2	0	6
Varicella	1	1	0	0	0	0	1	0	0	0	3
Vibrio	0	0	0	0	0	1	0	0	0	0	1
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	2	1	1	0	0	1	5

* The case numbers above are considered to be below actual figures due to under reporting.



4 South Eagleville Road
Mansfield, CT 06268

Connecticut Suicidal Ideation and Self Harm Emergency Department Visit Report

Reporting Period Ending: August 31, 2024

Created Date: September 7, 2024

Local health departments and districts with zero cases are not included on this report



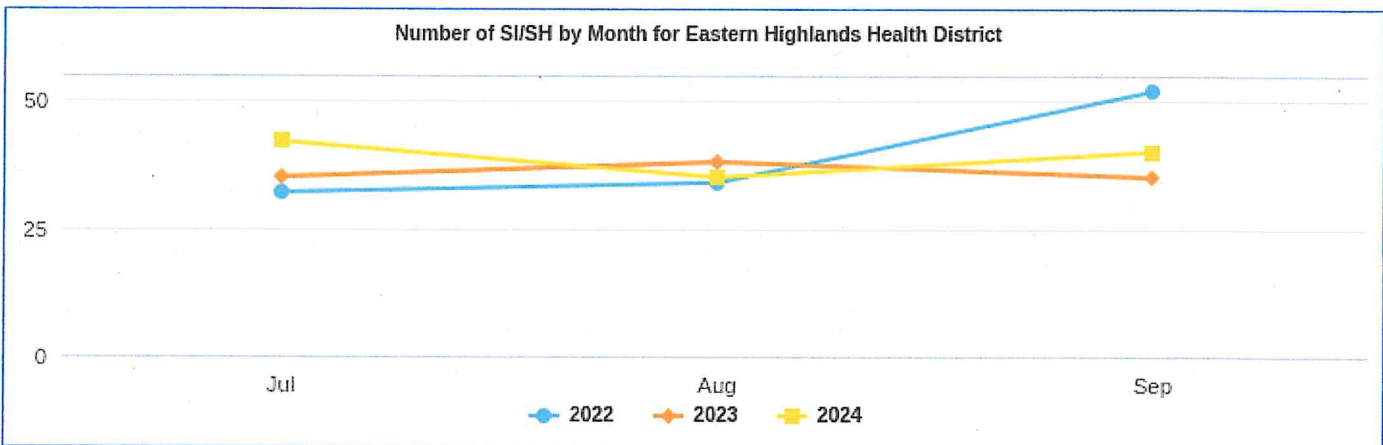
Eastern Highlands Health District

ED Visits for "Suicidal Ideation and Self Harm" Syndrome in Eastern Highlands Health District, by Region of Patient Residence, September 2024

REGION OF PATIENT RESIDENCE	CURRENT MONTH RATE PER 100,000 POPULATION	CURRENT MONTH TOTAL VISITS	YEARLY CUMULATIVE RATE PER 100,000 POPULATION	YEARLY CUMULATIVE TOTAL VISITS
Eastern Highlands Health District	51.07	40	508.12	398
Scotland	0.00	0	358.50	94
Mansfield	38.14	10	400.27	12
Andover	a	a	493.45	26
Ashford	a	a	556.85	81
Bolton	a	a	557.97	27
Chaplin	a	a	574.43	70
Columbia	a	a	574.84	25
Coventry	a	a	716.08	40
Tolland	a	a	aa	aa
Willington	a	a	a	a

Data Source is the Connecticut Department of Public Health EpiCenter Syndromic Surveillance System. In keeping with confidentiality regulations, numbers and rates are not disclosed for counts between one and six events ("a"). Fields with counts of 7 or greater may be suppressed to preserve censoring of an adjacent cell ("aa"). Rates were calculated based on 2018 population statistics. These data are preliminary and subject to change as data quality and completeness may vary over time. Of the 38 ED facilities participating in EpiCenter, 0 facilities transmitted data for less than 99% of the days in the specified one-month time frame. Caution should be used when interpreting these results.

Suicidal Ideation and Self Harm in Eastern Highlands Health District



Total counts of SI/SH visits in Eastern Highlands Health District, through time periods July 1, 2024 - September 30, 2024, compared to the corresponding months of the previous two years. These data are preliminary and subject to change as data quality and completeness may vary over time. Total counts between 1 and 6 and associated rates are suppressed for confidentiality purposes.

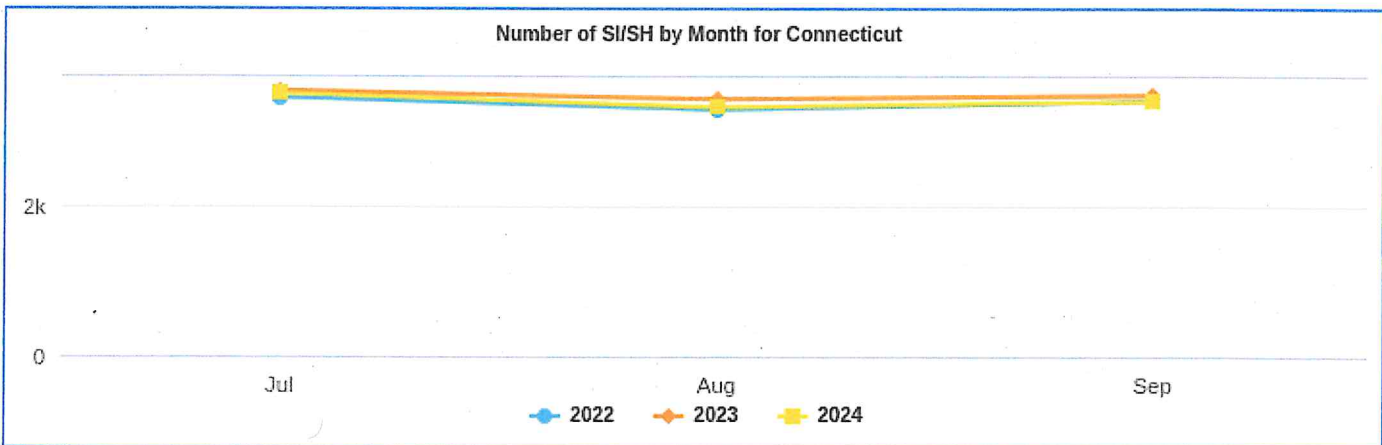
Connecticut

ED Visits for "Suicidal Ideation and Self Harm" Syndrome in Connecticut, by State/CEPR, September 2024

STATE/CEPR	CURRENT MONTH RATE PER 100,000 POPULATION	CURRENT MONTH TOTAL VISITS	YEARLY CUMULATIVE RATE PER 100,000 POPULATION	YEARLY CUMULATIVE TOTAL VISITS
Connecticut	94.10	3394	838.13	30229
CEPR: Western Connecticut	53.59	332	411.64	2550
CEPR: Greater Bridgeport	80.70	263	703.67	1224
CEPR: Lower Connecticut River Valley	84.51	147	717.67	2339
CEPR: Northwest Hills	89.04	100	850.64	8304
CEPR: Capitol	92.30	901	852.11	957
CEPR: Southeastern Connecticut	94.48	267	889.37	4017
CEPR: Naugatuck Valley	100.52	454	947.95	2679
CEPR: Northeastern Connecticut	108.67	102	967.41	908
CEPR: South Central Connecticut	145.08	828	1270.49	7251

Data Source is the Connecticut Department of Public Health EpiCenter Syndromic Surveillance System. In keeping with confidentiality regulations, numbers and rates are not disclosed for counts between one and six events ("a"). Fields with counts of 7 or greater may be suppressed to preserve censoring of an adjacent cell ("aa"). Rates were calculated based on 2018 population statistics. These data are preliminary and subject to change as data quality and completeness may vary over time. Of the 38 ED facilities participating in EpiCenter, 0 facilities transmitted data for less than 99% of the days in the specified one-month time frame. Caution should be used when interpreting these results.

Suicidal Ideation and Self Harm in Connecticut



Total counts of SI/SH visits in Connecticut, through time periods July 1, 2024 - September 30, 2024, compared to the corresponding months of the previous two years. These data are preliminary and subject to change as data quality and completeness may vary over time. Total counts between 1 and 6 and associated rates are suppressed for confidentiality purposes.

Connecticut State Department of Public Health

13

[CT.gov Home](https://portal.ct.gov/) <https://portal.ct.gov/> [Department of Public Health](https://portal.ct.gov/dph) <https://portal.ct.gov/dph> Governor Lamont announces launch of the Lead Free CT campaign to protect children from the harmful health impacts of lead

Press Releases

08/07/2024

Governor Lamont announces launch of the Lead Free CT campaign to protect children from the harmful health impacts of lead

(HARTFORD, CT) – Governor Ned Lamont today announced the launch of Lead Free CT, a new campaign overseen by the Connecticut Department of Public Health with the goal of protecting children from the harmful health impacts of lead and creating a lead-free Connecticut.

Its objectives of include:

- Making older homes where children or pregnant people live lead safe;
- Collecting information on all known lead service water lines in Connecticut;
- Replacing lead pipes that bring water to homes, childcare centers, and schools;
- Supporting families who find lead in their home or water;
- Offering funding to get Connecticut communities lead-free;
- Having all Connecticut children tested for lead;
- Raising awareness of lead testing and safety among parents; and
- Educating communities, contractors, and landlords on lead laws and safety.

FEEDBACK +

A key component of the Lead Free CT campaign includes the launch of a lead abatement program, which is providing homeowners and landlords with the opportunity to make older homes lead-safe by removing lead paint hazards at no cost. Funded by \$20 million from the federal American Rescue Plan Act, this limited-time program will help in the safe removal of lead hazards from homes, including family childcare settings. Participation in this program is entirely voluntary and free of charge to homeowners and landlords. The Connecticut Department of Public Health is partnering with the Connecticut Children's Medical Center to administer the program.

To view eligibility details and apply, visit [leadfreect.org](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fleadfreect.org%2F&data=05%7C02%7CChristopher.Boyle%40ct.gov%7Cb58085d3b9545e0a47b08dcb6eefa45%7C118b7cfaa3dd48b9b02631ff69bb77) (<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fleadfreect.org%2F&data=05%7C02%7CChristopher.Boyle%40ct.gov%7Cb58085d3b9545e0a47b08dcb6eefa45%7C118b7cfaa3dd48b9b02631ff69bb77>)

This is a limited-time program, so those who are interested are encouraged to apply as soon as possible.

"Every year, more than 1,000 Connecticut children are impacted by lead," **Governor Lamont said**. "Lead poisoning can affect our children by causing health and brain changes that may impact them through school years and beyond – causing behavior problems, poor performance, and a risk of long-term, negative impacts. Based on the data of children tested in Connecticut, where blood lead levels trigger the requirement for environmental testing of the home, lead-based paint and lead dust in pre-1978 homes are the largest contributors to childhood lead exposure in homes."

"Harmful lead exposure should not happen to any child," **Connecticut Public Health Commissioner Manisha Juthani, MD, said**. "It is 100% preventable. The Department of Public Health is investing in our communities so that every child can grow up safe from lead. Children under age six, and especially those aged one to three, are most vulnerable to lead exposure. In Connecticut, children of color and children from neighborhoods with high poverty rates are disproportionately impacted by these risks."

"Connecticut has many beautiful houses, many of which were built prior to 1978," **Connecticut Public Health Deputy Commissioner Lisa Morrissey, MPH, said**. "In these homes, windows, doors, walls, baseboards and railings were coated with lead-based paint. This is a unique opportunity to remove lead hazards before a child is exposed at home or in a childcare setting. The funding will ensure that children can grow up in a lead safe environment."

"I am thrilled that we are partnering with the Connecticut Department of Public Health to help keep our children safe from lead exposure," **Jim Shmerling, DHA, FACHE, president and chief executive officer of Connecticut Children's, said**. "This initiative allows Connecticut residents to make their older homes lead safe. It's a big step forward in protecting our kids and ensuring safe, stable homes for all families in our communities."

"This \$20 million initiative will ensure that more Connecticut families are growing, playing, and learning in safe, lead-free homes," **U.S. Senator Richard Blumenthal said**. "Lead poisoning can cause devastating and irreversible damage, especially to children, and I am thrilled to see federal American Rescue Plan Act dollars being used to tackle this critical health hazard. I applaud Governor Lamont and Commissioner Juthani for championing this program and making a real difference in the lives and health of Connecticut families."

"We passed the American Rescue Plan in Congress to ensure states and communities had the resources they needed to recover from the pandemic and bolster public health," **U.S. Congressman John B. Larson (CT-01) said**. "Lead is far too commonly found in historic New England homes, leaving Connecticut's children especially vulnerable to lead poisoning. I applaud Governor Lamont, the Connecticut Department of Public Health, and Connecticut Children's for using this funding to assist homeowners with the removal of dangerous lead paint and take on the challenge of protecting our kids from lead poisoning and other dangerous toxins."

"I applaud Governor Lamont's efforts to rid Connecticut of harmful contaminants and mitigate fears of lead poisoning for children," U.S. Congressman Jim Himes (CT-04) said. I am especially heartened that federal dollars provided by the American Rescue Plan Act will help state officials deliver this smart, comprehensive solution for Connecticut's families.

The Connecticut Department of Public Health plans for subsequent phases of the Lead Free CT campaign to include community engagement for lead service line replacement testing drinking water for lead at daycares and schools.

For more information, visit leadfreect.org (<https://gcc02.safelinks.protection.outlook.com?url=https%3A%2F%2Fleadfreect.org%2F&data=05%7C02%7CChristopher.Boyle%40ct.gov%7Cb58085d3b9545e0a47b08dcb6eefa45%7C118b7cfaa3dd48b9b02631ff6>)

##

For Immediate Release: August 7, 2024

Contact: David Bednarz

Office of Governor Lamont

David.Bednarz@ct.gov (<mailto:David.Bednarz@ct.gov>)

860-770-9792 (cell)

Contact: Christopher Boyle

Connecticut Department of Public Health

Christopher.Boyle@ct.gov (<mailto:Christopher.Boyle@ct.gov>)

860-706-9654 (cell)

[ct.gov/governor](https://www.ct.gov/governor) (<https://www.ct.gov/governor>)

Connecticut State Department of Public Health

14

[CT.gov Home](https://portal.ct.gov) <https://portal.ct.gov/> [Department of Public Health](https://portal.ct.gov/dph) <https://portal.ct.gov/dph>

Governor Lamont and Connecticut officials bring attention to available addiction and recovery resources in advance of International Overdose Awareness Day

Press Releases

08/30/2024

Governor Lamont and Connecticut officials bring attention to available addiction and recovery resources in advance of International Overdose Awareness Day

(HARTFORD, CT) – In advance of International Overdose Awareness Day, which is commemorated annually on August 31, Governor Ned Lamont, members of Connecticut's Congressional delegation, the state's constitutional officers, and state agency commissioners are reaffirming their commitment to combat the overdose crisis that has devastated communities across the state and nation and are bringing attention to addiction and recovery resources that are available in Connecticut.

International Overdose Awareness Day is a global campaign to end overdose, remember without stigma those who have died, and acknowledge the grief of the family and friends left behind.

Connecticut has dedicated many resources toward combatting this crisis in an effort to prevent, discourage, and destigmatize opioid addiction. Notably, in 2019 the state – through the Connecticut Department of Mental Health and Addiction Services – launched its LiveLOUD campaign, which includes a series of social media, radio, transit, and billboard advertisements directed to those who are actively using fentanyl, heroin, or prescription opioids, as well as their families and communities.

By [www.LiveLOUD.org](https://www.liveloud.org) <https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.liveloud.org%2F&data=05%7C02%7CChristopher.Boyle%40ct.gov%7Cb36f8cc8e2ee40d6897608dcca0d064d%7C118b7cfaa3dd48b9b0263> people struggling with opioid use disorder and their friends and family can learn about this complex issue, get connected to support and treatment options, and learn how to be a LiveLOUD partner to help spread awareness.

Additionally, anyone seeking treatment for addiction can visit www.ctaddictionservices.com <https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.ctaddictionservices.com%2F&data=05%7C02%7CChristopher.Boyle%40ct.gov%7Cb36f8cc8e2ee40d6897608dcca0d064d%7C118b7cfaa3d> or call 1-800-563-4086 (24 hours a day, 7 days a week) to get connected to nearby services throughout Connecticut.

Governor Lamont said, "Addiction is an illness that should be treated just as any other public health emergency, and we must be able to discuss it openly and without fear of judgement. This illness can impact anyone from any neighborhood, any socioeconomic background, any race and nationality, any education level, and any age. We need to send the message that this disorder can no longer hide in the shadows and be treated like something that shouldn't be discussed. Resources are available for those seeking treatment, as well as for the families and loved ones who want to provide support for those in need. Discussing this issue openly and honestly is what can save lives and prevent addiction altogether."

Lt. Governor Susan Bysiewicz said, "We are committed to combatting the impacts of the overdose epidemic in Connecticut. On International Overdose Awareness Day, we stand in unity and remembrance to honor those who have lost their lives to overdose and addiction. A person living with a substance use disorder may feel alone, forgotten, and helpless – and likewise, a loved one trying to recover from losing someone to their battle with addiction may feel alone, forgotten, and helpless in their grief. But you are not alone, we have not forgotten you, and help is available."

Attorney General William Tong said, "Today, on International Overdose Awareness Day, I am thinking of the thousands of Connecticut families who have lost children, parents, and loved ones to opioid addiction, as well the people in our state who are still fighting to recover and free themselves from addiction. Connecticut has led efforts to take on the worst players in the addiction industry, securing more than \$50 billion nationwide to combat the opioid epidemic, including \$600 million for Connecticut alone. With the money to support treatment, prevention, and recovery services on its way to hard hit communities, the day is coming closer when we can finally get everyone the help they deserve and put an end to the pain and suffering caused by this epidemic."

Comptroller Sean Scanlon said, "On Overdose Awareness Day, we honor the memories of those we've lost and recognize the countless lives touched by the devastation of addiction. This day is a solemn reminder of the work that still lies ahead. Each life lost is a tragedy, but together, through compassion and with action, we can build a healthier, more supportive Connecticut for all."

U.S. Senator Richard Blumenthal said, "Today we mourn the 1,340 lives lost to overdoses this year and honor them with action. Despite encouraging decreases in deaths this year, the substance use epidemic is an urgent crisis and we must continue working diligently to dismantle the destructive grip addiction has on our communities. I am proud to have secured \$15 million in federal funding for prevention efforts in Connecticut and will keep fighting for federal resources to ensure no more families are torn apart by addiction and overdoses."

U.S. Senator Chris Murphy said, "The opioid crisis has devastated far too many families in Connecticut and across the country. As we honor the lives we've lost, we must also recommit ourselves to helping those who are still struggling. I will continue to work with families and survivors to push for policies that combat overprescribing, stem the flow of fentanyl into our country, and save lives."

Congressman John Larson (CT-01) said, "Families across Connecticut and the nation have felt the pain and suffering caused by the opioid epidemic. The Connecticut Congressional delegation has worked closely with the state to bring back federal funding to address this public health crisis and expand access to opioid use disorder treatment options. I will continue to work with our partners to connect families and individuals with the care and support they need as we combat this crisis."

Congressman Joe Courtney (CT-02) said, "The epidemic of opioid addiction and overdose deaths is one of the most gut-wrenching, disheartening problems our nation faces, and our state is no exception. While overdose deaths in New London County fell by nearly 50% in 2023, I'm committed to bringing home ongoing federal resources to help communities overcome this crisis. Thankfully, we have hard-working organizations on the ground who are partnering with first responders to prevent overdose deaths and connect people suffering from addiction to long term recovery treatment which, in the end, saves lives."

Congressman Jim Himes (CT-04) said, "Most Americans have a personal connection to the opioid crisis, with each life lost to an overdose leaving a permanent hole behind in their loved ones' hearts. But, by increasing availability of treatment resources and combatting the stigma around drug abuse, we can make great strides to reduce the number of lives taken by addiction."

Connecticut Department of Mental Health and Addiction Services Commissioner Nancy Navarretta said, "Overdose Awareness Day is a time for reflection, support, and unity as we mourn those we have tragically lost. In Connecticut alone, 1,343 lives were lost to overdose last year, contributing to over 100,000 overdose deaths nationwide. However, it is encouraging to note that overdose deaths in our state are down by 8.3%, indicating progress in our collective efforts. Each time I meet families who have suffered a loss, their faces and stories stay with me, motivating me to work tirelessly to further reduce this heartbreaking number. Approximately 77% of these deaths involved synthetic opioids like fentanyl, highlighting the urgent need for increased awareness and prevention efforts. Every individual struggling with substance use disorder is someone's loved one and deserves unwavering support. Together, we can bring about meaningful change and ensure that Overdose Awareness Day serves as a powerful reminder of the value of every life."

Connecticut Department of Public Health Commissioner Manisha Juthani, MD, said, "International Overdose Awareness Day is a sobering time when we not only remember lives that have been lost but we remember the family members and loved ones who have been impacted by an overdose death. One overdose death is one too many, and at the Department of Public Health, we employ different levels of primary, secondary, and tertiary prevention methods to address this problem. Leveraging state and local partnerships employing harm reduction strategies, relying on those with lived experience, and implementing interventions to try to prevent young people from starting to use substances in the first place make up a public health strategy that will help people make it through this crisis."

###

For Immediate Release: August 30, 2024

Contact: David Bednarz

Office of Governor Lamone

David.Bednarz@ct.gov (mailto:David.Bednarz@ct.gov)

860-770-9792 (cell)

<https://portal.ct.gov/dph>

Connecticut State Department of Public Health

[CT.gov Home](https://portal.ct.gov) <https://portal.ct.gov> [Department of Public Health](https://portal.ct.gov/dph) <https://portal.ct.gov/dph> Connecticut Department of Public Health encourages residents to obtain free COVID-19 test kits that are now available

Press Releases

09/27/2024

Connecticut Department of Public Health encourages residents to obtain free COVID-19 test kits that are now available

FOR IMMEDIATE RELEASE: Sept. 27, 2024

CONTACT: Chris Boyle—Director of Communications

(860) 706-9654 – christopher.boyle@ct.gov (<mailto:christopher.boyle@ct.gov>)

HARTFORD, Conn.— On the eve of the colder fall and winter months, the US Government is once again providing U.S. residents with free at-home COVID-19 tests.

The Administration for Strategic Preparedness and Response—an agency within the U.S. Department of Health and Human Services—in collaboration with the U.S. Postal Service has reopened [COVIDtests.gov](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.covid.gov%2Ftools-and-resources%2Fresources%2Ftests&data=05%7C02%7CChristopher.Boyle%40ct.gov%7C2757d287d0924f72330008dcde495440%7C118b7cfaa3dd48b9b02631ff69bb738b%7C0%7C0%7C63862965) (<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.covid.gov%2Ftools-and-resources%2Fresources%2Ftests&data=05%7C02%7CChristopher.Boyle%40ct.gov%7C2757d287d0924f72330008dcde495440%7C118b7cfaa3dd48b9b02631ff69bb738b%7C0%7C0%7C63862965>) so that households across the country can order four over-the-counter COVID-19 tests for free. These tests are intended for use throughout the 2024 holiday season to detect current circulating COVID-19 variants. Clear instructions are included on how to verify [extended expiration dates](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedical-devices%2Fcoronavirus-covid-19-and-medical-devices%2Fhome-otc-covid-19-diagnostic-tests&data=05%7C02%7CChristopher.Boyle%40ct.gov%7C2757d287d0924f72330008dcde495440%7C118b7cfaa3dd48b9b02631ff69bb738b%7C0%7C0%7C63862965) (<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedical-devices%2Fcoronavirus-covid-19-and-medical-devices%2Fhome-otc-covid-19-diagnostic-tests&data=05%7C02%7CChristopher.Boyle%40ct.gov%7C2757d287d0924f72330008dcde495440%7C118b7cfaa3dd48b9b02631ff69bb738b%7C0%7C0%7C63862965>)

FEEDBACK +

"These at-home tests are an important component of the COVID-19 toolbox that we have at our disposal," said **Connecticut Department of Public Health Commissioner Manisha Juthani, MD**. "If you test positive, you have the opportunity to talk to your provider about getting treatment for COVID which could limit the severity of your illness. In addition to the at-home tests, people can stay healthy by getting vaccinated against COVID-19, influenza, and RSV. All people 6 months and older are eligible to receive the updated COVID-19 and flu vaccines. If you are sick with a fever or other symptoms, please stay home. Consider wearing a high-quality mask when respiratory viruses are circulating at high levels in your community and always practice good hand hygiene."

Commissioner Juthani added that COVID-19 will likely be circulating at the same time as other respiratory illnesses this season including influenza (flu) and respiratory syncytial virus (RSV). Respiratory disease season typically runs from October through April. Individuals are encouraged to visit the [Centers for Disease Control and Prevention's website](https://www.cdc.gov/respiratory-viruses/index.html) (<https://www.cdc.gov/respiratory-viruses/index.html>) for the latest guidance.

Connecticut residents can contact their health care provider to receive the updated COVID-19 and flu shots at the same time or they can make an appointment at a retail pharmacy, such as CVS and Walgreens. Please visit www.vaccines.gov (<http://www.vaccine.gov>) to find a location for COVID-19 and flu vaccines.



4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

August 20, 2024

Dear Health Care Provider,

The Eastern Highlands Health District (EHHD) has created an innovative health education campaign to encourage residents to “get on board” with getting the updated 2024-2025 COVID-19 and flu vaccines for the fall/winter respiratory virus season.

As you know, the Centers for Disease Control and Prevention (CDC) recommends the updated 2024-2025 COVID-19 vaccines and flu vaccines to protect against severe COVID-19 and flu this fall and winter for most people ages 6 months and older. Through CDC grant funding, our team was able to create effective, engaging, and educational messaging that will be shared across a number of platforms to reach at-risk populations in our health district with vaccine information and opportunities.

The overriding message of the EHHD *Get on Board* campaign is that vaccines have protected families for generations and staying on track with seasonal flu and COVID-19 vaccines can protect against serious illness, including hospitalization and death. The messages, featured in print, on radio, television, at gas stations, and on social media, will urge people to *ask their doctor* for their “train of thought” regarding vaccination and what is right for individual patients.

We want to support your efforts to encourage patients to receive their seasonal vaccines, and have multiple vaccination clinics (open to anyone regardless of residence) planned across the health district. We also invite you to request and post our promotional flier, available in English and Spanish) in your waiting room and exam rooms. A sample of the flier and a clinic schedule is included in this packet. More information about vaccination clinics and promotional efforts can be found at EHHD.org/vax. Questions about this initiative can be addressed to Ande Bloom at blooma@ehhd.org.

In health,

A handwritten signature in black ink, appearing to read "Robert L. Miller".

Robert L. Miller, MPH, RS
Director of Health

State reports case of ‘serious but rare’ illness in white-tailed deer

A white-tailed deer that exhibited neurologic symptoms and died on August 12 in Lisbon was infected with the eastern equine encephalitis virus, according to the Connecticut Department of Energy and Environmental Protection.

The Veterinary Medical Diagnostic Laboratory at the University of Connecticut “conducted a necropsy and tested the deer for various diseases, including rabies, hemorrhagic disease, West Nile virus (WNV), and EEE, and determined that the EEE virus caused the deer’s neurologic symptoms,” according to DEEP.

“This finding is rare in wild mammals but is not surprising since EEE-positive mosquitoes have been documented by the Connecticut Agricultural Experiment Station” in nearby towns, DEEP said in a statement.

“However, this finding also indicates that the EEE virus is present in mammal-biting mosquitoes, prompting Connecticut’s Mosquito Management Program to continue to advise residents to take proper precautions to protect themselves from mosquito bites, such as wearing mosquito repellent and covering bare skin, especially during dusk and dawn when mosquitoes are most active.”

The agency noted that EEE is a “serious but rare illness caused by a virus that is transmitted by mosquitoes. It is the most severe mosquito-transmitted disease in the U.S., with approximately 40 percent mortality and significant brain damage in half of survivors.”

However, no human or horse cases of EEE have been reported in Connecticut to date this year, although human cases have been documented in Massachusetts, Vermont, and New Jersey, according to the agency.

DEEP Commissioner Katie Dykes said, “With EEE now detected in mammal-biting mosquitoes in Eastern Connecticut, residents should continue to be vigilant when taking part in outdoor activities to avoid exposure to mosquito bites.”

Department of Public Health Commissioner Dr. Manisha Juthani noted the EEE virus can cause “serious illness affecting the brain” and that symptoms include high fever, headache, stiff neck, and decreased consciousness.”

“The disease is fatal in 25-50 percent of cases and many of those who recover experience lasting health problems. Individuals with symptoms suggestive of EEE infection should contact their physician immediately,” she said. “No human vaccine against EEE virus infection or specific antiviral treatment for clinical EEE virus infections is available.”

— Staff report

Connecticut State Department of Public Health

[CT.gov Home](https://portal.ct.gov) [\(https://portal.ct.gov/\)](https://portal.ct.gov/) [Department of Public Health](https://portal.ct.gov/dph) <https://portal.ct.gov/dph> DPH confirms two human cases of Campylobacter; DoAg issues recall of raw milk from Nature View Dairy

Press Releases

10/08/2024

DPH confirms two human cases of Campylobacter; DoAg issues recall of raw milk from Nature View Dairy

FOR IMMEDIATE RELEASE

Oct. 8, 2024

HARTFORD, Conn. – The Connecticut Department of Agriculture (CT DoAg) has issued a stop sale and recall of bottled raw milk from Nature View Dairy in Bridgewater, CT. This action follows confirmation by the Connecticut Department of Public Health (DPH) of two human cases of *Campylobacter* illness which were related to the consumption of bottled raw milk. CT DoAg and DPH immediately began investigating the source of illness.

"Consumers should be cautious when ingesting raw milk products, especially those in high-risk categories," said **Agriculture Commissioner Bryan P. Hurlburt**. "Our agency is dedicated to ensuring that all farm products are safe for consumption through routine sampling and testing on the farm as well as working in tandem with our sister agency on investigations to protect public health."

Additional samples of bottled raw milk were collected and tested resulting in a positive test result for campylobacter. This bacterium is the number one cause of human foodborne illness. *Campylobacter* can frequently be found in raw milk or undercooked meats. The most common signs of human illness are diarrhea, fever, and stomach cramps that may be accompanied by vomiting and nausea. Symptoms usually start two to five days after the person ingests campylobacter bacteria and last about one week. The illness is usually self-limiting and does not require antibiotics.

Nature View Dairy is complying with a voluntary recall of all raw milk products from retail distribution locations in Connecticut, including farm stores, natural food, and grocers. CT DoAg is working with DPH and Department of Consumer Protection (DCP) on this investigation.

"The DPH team is collaborating with our partners at CT DoAg and DCP to assist with laboratory testing and messaging to residents throughout the state," said **DPH Commissioner Vanisha Juthani, MD**. "Those who exhibit symptoms of *Campylobacter* infection that last more than two days should contact their health care provider. While anyone can get sick from *Campylobacter*, children aged 5 and younger, pregnant people, adults 65 and older, and those with a weakened immune system are at an increased risk for serious illness."

Consumers who have purchased bottled raw milk from Nature View Dairy should discontinue use, and either discard, or return the bottle to where they purchased the raw milk for a full refund. Consumers with questions should contact Nature View Dairy at 860-355-3276 during the daytime hours.

Pasteurization is a process that removes disease causing germs by heating milk to a high enough temperature for a specific length of time. Raw or unpasteurized milk can be a source of foodborne illness. While good practices on farms can reduce contamination, they cannot guarantee safety from pathogens. Pasteurized milk offers the same nutritional benefits without the risks of raw milk consumption.

OR MEDIA INQUIRIES:

CT DoAg: Rebecca Eddy, Rebecca.Eddy@ct.gov (<mailto:Rebecca.Eddy@ct.gov>); 860-573-0323

CT DPH: Chris Boyle, Christopher.Boyle@ct.gov (<mailto:Christopher.Boyle@ct.gov>); 860-706-9654

NATION

Eastern equine encephalitis virus

Add Topic

Massachusetts towns warn about rare, lethal mosquito-borne virus: 'Take extra precautions'

Eastern equine encephalitis usually spreads to humans through the bite of an infected mosquito.

**Minnah Arshad**

USA TODAY

Published 10:42 p.m. ET Aug. 25, 2024 | Updated 7:31 a.m. ET Aug. 26, 2024

A Massachusetts town is closing its public parks and fields at night after a horse tested positive for eastern equine encephalitis, a rare but lethal mosquito-borne disease.

Eastern equine encephalitis, or EEE, is a potentially fatal virus that is usually spread to humans through the bite of an infected mosquito. The disease is rare, with an average of 11 human cases reported annually, according to the Centers for Disease Control and Prevention.

New measures in the coastal town of Plymouth, about 40 miles southeast of Boston, come after mosquitoes in the area tested positive for EEE and the state reported its first human case of the virus since 2020.

“As (the Massachusetts Department of Public Health) has now elevated Plymouth’s EEE risk status to high, it is important to take extra precautions when outdoors and follow state and local health guidelines to avoid unnecessary risk to exposure to EEE,” said Michelle Bratti, Plymouth Commissioner of Health and Human Services.

While EEE is rare, roughly 30% of cases end in death, and many survivors have ongoing neurologic issues, according to the CDC, and the virus is most common around Eastern or Gulf Coast states. Researchers have also warned that climate change is giving rise to mosquitos as they thrive in warm, humid weather.

Massachusetts towns ring alarm bells on rare but lethal virus

In Plymouth, Massachusetts, where mosquitos have tested positive for EEE, officials announced on Friday it was closing public parks and fields from dusk to dawn when mosquitoes are most active. The town manager also noted public parks, fields, and schools will be sprayed in the coming days.

A wave of precautions against the mosquito-borne virus in Massachusetts comes five years after the state's most recent outbreak began in 2019, which included 12 cases and six deaths. The state's Department of Public Health said the outbreak continued into 2020 which saw five reported cases and one fatality. Massachusetts experiences an outbreak of EEE every 10 to 20 years, and it lasts two to three years, according to the agency.

Earlier this month, a man in his 80s tested positive for EEE — Massachusetts' first case since 2020 — causing the state's health department to raise risk levels for about a dozen nearby towns. Officials did not name the person but said he was infected in Worcester County.

In Oxford, a town in Worcester County, the local Board of Health unanimously voted to recommend that outdoor events end at 6 p.m. through September, and 5 p.m. starting in October through the first hard frost.

Rike Sterrett, Oxford's director of public health, stressed the move is a recommendation, not a mandate while adding that all town-sponsored activities will follow the curfew. She noted the recommendation has received some pushback from families with children who play school sports as games and practice times could be impacted.

Officials urge caution after non-human cases in other states

Officials in New York urge caution against the mosquito-borne disease after two horses in the state tested positive: one in Galen and another in Newburgh. The horse cases usually indicate mosquitoes in the area carry the virus.

Sample testing of mosquitoes in Rhode Island, Connecticut, and Massachusetts have also turned up positive for EEE, as officials urge residents to schedule outdoor activities outside of dusk to dawn. The CDC has tracked three human cases this year – one each in Massachusetts, Vermont, and New Jersey.

How to protect yourself from EEE

Eastern equine encephalitis is spread to humans through bites from infected mosquitos. The virus can cause a fever, headache, vomiting, diarrhea, seizures, behavioral changes, and drowsiness, according to the CDC.

Most people infected with easter equine encephalitis do not develop symptoms, the CDC said. People of all ages are susceptible to infection, but people over 50 and younger than 15 are at greatest risk.

There is no treatment or vaccine for EEE, but people in high-risk areas can protect themselves by preventing mosquito bites, which are most likely to happen from dusk to dawn. Take precautions to avoid mosquito bites and protect against potential exposure to the mosquito-borne illness:

- Use insect repellent

- Wear loose-fitting, long-sleeved shirts and pants

- Use air conditioning and window screens to prevent mosquito bites indoors

- Dump out containers of water near your home to eliminate breeding grounds

Contributing: Mike Murphy, Rochester Democrat and Chronicle, Henry Schwan, Telegram and Gazette



Connecticut Department of Energy and Environmental Protection | Office of Communications
Primary Contact: Will Healey | 860-716-0961 | Will.Healey@ct.gov

For Release August 28, 2024

DEEP Mosquito Management Program to Spray for Mosquitoes in Mt. Misery Area of Pachaug State Forest

While No Human Cases of EEE so far this Season, Detections of EEE-carrying Mosquitoes in this Area Remain High

(HARTFORD)— While there have been no cases of eastern equine encephalitis virus (EEE) in humans in Connecticut so far this season, the risk-level in the eastern part of the state for EEE remains elevated. The Connecticut Department of Energy and Environmental Protection (DEEP) Mosquito Management Program will conduct insecticide spraying on the evening of Thursday, August 29 (weather permitting) in an area of eastern Connecticut where mammal-biting mosquitoes carrying EEE have been consistently detected. This step is being taken out of an abundance of caution to minimize the potential for spread of the virus to humans.

The Mosquito Management Program will spray for mosquitoes in the Mt. Misery area of Pachaug State Forest on the evening of August 29. **Entrances to the State Forest will close at 5:00 PM on Thursday, August 29, and the forest and nearby roads will be closed for the evening. They will re-open at 8:00 AM on Friday, August 30.** Residential portions of these roads still will remain accessible to residents.

EEE has been detected in the following towns this year: Canterbury, Ledyard, North Stonington, Sterling, and Voluntown. No human cases have been reported in Connecticut in 2024, but human cases have been reported in Massachusetts, Vermont, New Jersey, and New Hampshire (one death). A white-tailed deer died from EEE earlier in August in Lisbon, Connecticut.

“DEEP encourages residents to take appropriate precautions as we are still not through the mosquito season,” said **DEEP Commissioner Katie Dykes**. “With the presence of EEE in mosquitoes in eastern Connecticut and West Nile Virus in other areas of the state, it is very important that residents minimize time outdoors during dawn and dusk when mosquitoes are prevalent and wear long sleeves and use insect repellent if out at any point during those times.”

“Mosquitoes are still active, and residents should continue to take measures to prevent mosquito bites, especially during warm evenings when mosquitoes are most active,” said **Dr. Philip Armstrong, Medical Entomologist at the Connecticut Agricultural Experiment Station**. “There is continued risk for mosquito-borne diseases until the first hard freeze when mosquito activity ends.”

“Since there is no vaccine for EEE, protection from this virus depends on personal protective measures to decrease exposure to infected mosquitoes,” said **Connecticut Department of Public Health Commissioner Manisha Juthani, MD**. “Symptoms from EEE include severe headache and neck stiffness which can result in nausea, vomiting, and dehydration. Anyone experiencing these symptoms should seek medical attention immediately.”

The insecticide the Mosquito Management Program will spray contains the active ingredients sumithrin and prallethrin. When applied at appropriate rates this product does not affect humans, pets or other non-target organisms. Campers have been notified of the spraying and have been advised to leave the area while spraying is conducted.

The following forest roads will close beginning at 5:00 PM on Thursday, August 29: DEP Trail 1, Gardner Road, Stone Hill Road, Trail 1, Lee Road, Lawrence Road, Trail 2, and Route 49 North entrance. Road gates in these areas will close during this time. Residential portions of these roads still will be accessible to residents. Visitors are advised to plan visits and activities accordingly to avoid the area while spraying is conducted. Campers have been advised to avoid the area until at least 10:00 PM Thursday night and will be permitted to return after 10:00 PM.

To reduce the risk of being bitten by mosquitoes, residents should:

- Minimize time spent outdoors between dusk and dawn when mosquitoes are most active.
- Consider the use of mosquito repellents containing an EPA-registered active ingredient, including DEET, Picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol (PMD), or 2-undecanone when it is necessary to be outdoors.
- Wear shoes, socks, long pants, and a long-sleeved shirt when outdoors for long periods of time, or when mosquitoes are more active. Clothing should be light-colored and loose-fitting and made of tightly woven materials that keep mosquitoes away from the skin.
- Be sure door and window screens are tight-fitting and in good repair.
- Use mosquito netting when sleeping outdoors or in an unscreened structure and to protect infants when outdoors.

Residents also are encouraged to take steps at home to protect against mosquitoes, such as making sure door and window screens are tight-fitting and in good repair and not letting stagnant water collect around your home. Dump water out of old tires, wheelbarrows, and wading pools. More information on [mosquito control around the home](#) can be found on the Connecticut Mosquito Management Program website.

Connecticut Mosquito Management Program

The response to mosquito transmitted diseases in Connecticut is a collaborative inter-agency effort involving the Department of Energy and Environmental Protection (DEEP), The Connecticut Agricultural Experiment Station (CAES), the Department of Public Health (DPH), the Department of Agriculture, and the Department of Pathobiology at the University of Connecticut (UCONN). These agencies are responsible for monitoring mosquito populations and the potential public health threat of mosquito-borne diseases.

For information on EEE, West Nile Virus, and other mosquito-borne diseases, what can be done to prevent getting bitten by mosquitoes, the latest mosquito test results, and human infections, visit the [Connecticut Mosquito Management Program website](#).

###

More at: portal.ct.gov/deep | Follow on Facebook at [CTDEEP](https://www.facebook.com/CTDEEP) | Follow on Twitter @[CTDEEPNews](https://twitter.com/CTDEEPNews)

EEE cases pop up in New England

Avoiding mosquito bites 'first line of defense' vs. virus, state expert says

BY ED STANNARD HARTFORD COURANT

Eastern equine encephalitis, which can be deadly to both people and animals, has killed a New Hampshire man, infected someone in Massachusetts, and is cropping up in mosquitoes on the eastern border of Connecticut.

No one in this state has come down with EEE since 2019, when three out of four people who contracted the virus died, but towns in Massachusetts are issuing warnings about it.

And Philip Armstrong, chief scientist at the Connecticut Agricultural Experiment Station in New Haven, warned that there are still two months to go for the mosquitoes carrying EEE to be flying and biting.

In addition to the human fatality in New Hampshire, “we’re seeing human cases crop up in nearby states, in Massachusetts, Vermont and New Jersey as well,” Armstrong said. “So things are heating up.”

The New Hampshire resident was the first person in that state to contract EEE in a decade. The resident had been hospitalized due to severe central nervous system symptoms, according to the state Department of Health and Human Services.

Plymouth, Massachusetts, about 40 miles southeast of Boston, announced Aug. 23 that it’s closing public outdoor recreation facilities from dusk until dawn each day after a horse in the town was infected with the disease.

Also, Massachusetts health officials warned that a cluster of four towns south of Worcester — Douglas, Oxford, Sutton and Webster — are at “critical risk” after a man from Oxford caught the virus.

“I think just the emergence of these cases in neighboring states is putting us on high alert, and we’re really urging residents to take personal protection measures, and that’s really the first line of defense against this virus, is limiting your exposure to mosquito bites,” Armstrong said.

The virus is transmitted from birds to mosquitoes, who can then infect humans, horses and other animals. While rare, EEE is serious: 30% of people who get it die, and others can have severe neurological symptoms, according to the Centers for Disease Control and Prevention. There is no treatment or human vaccine, although there is a vaccine for horses.

“One of the things that happened last year, which is different from this year, is the virus emerged very late in the season, as mosquito species were declining, so we didn’t really get detected until late August, or early September and so there was less opportunity for spread and buildup of the virus in the mosquito population,” Armstrong said. “So that worked in our favor.

“This year is a little different. It emerged back in July, middle of July, which is really early for us,” he said. “This might be our earliest detections of the virus here in Connecticut. And so for that reason, I think it’s a little more concerning, because we have many more weeks ahead of us, more opportunities for the virus to continue to spread in the environment.”

So far this year, mosquitoes have tested positive for EEE in Canterbury, Ledyard, North Stonington, Sterling and Voluntown, all near the Rhode Island border, and a deer tested positive in Lisbon, according to the experiment station.

The occurrence of EEE varies from year to year. While there were three fatal cases in Connecticut in 2019, no mosquitoes tested positive in 2022, according to the experiment station. The only other human fatality was in 2013.

Last year was much more active, with mosquitoes testing positive in towns as far west as South Windsor and Colchester, though most were in the east.

There are typically about 11 human cases in the U.S. per year, according to the CDC. There were seven cases nationally last year but more than 30 in 2019, when at least a dozen patients died, according to federal data.

Many species of mosquitoes can carry EEE, but the most common are *Culiseta melanura*, the black-tailed mosquito, which feeds primarily on birds, and *Anopheles crucians*.

Armstrong said the virus has been detected in a number of mosquito species. "What's concerning is we're not just detecting the virus in bird-biting mosquitoes, but also in species that will feed readily on humans and horses," he said.

"It's this bird-mosquito transmission cycle, where birds develop high virus levels in their bloodstream and then go on to infect more mosquitoes, and then those mosquitoes feed on birds," Armstrong said.

"And then when there's enough infected mosquitoes, some of them will go on and feed on people or horses, and that's when we have human cases that crop up," he said.

While one deer has died this year, "a lot of those cases are probably missed," Armstrong said. "But this one, the deer, was actually found on someone's property and was very ill and died, and so that was tested and proved to be triple-E virus. But really, so far, what we're seeing is detections in mosquitoes, and that's indicating that there is risk out there."

Armstrong said he's concerned this year because "it's just we have many more weeks left. And oftentimes, the human cases don't surface until later in the season, so we don't even learn about them until well after the fact. The mosquito data just gives us more of a leading indicator of what the risk is, potential for human cases."

EEE virus tends to fluctuate from year to year, Armstrong said. "So you may go for years with seeing little to no virus activity, and then when the conditions are right, it will explode in these large outbreaks. So ... 2019, that was five years ago. These spikes, we tend to see them anywhere from four to six years apart."

There is no human vaccine because "to bring a vaccine to market for human use is prohibitively expensive for a virus that only infects a

handful of people every year,” Armstrong said. “So the economic incentive isn’t there, really.”

However, “horse owners are recommended to vaccinate their animals, because horses will die from it,” he said.

“And even still, we see horse cases often in a year like this,” he said, “There are a number of horse cases I’ve heard of in ... New York state this year, and there was at least one horse case in Massachusetts as well.”

While mosquito numbers are starting to decline, “there’s plenty of infected mosquitoes out there, and we have really all the way until the end of October before the mosquito season ends completely,” Armstrong said. “You need that first hard frost, that really killing frost to really knock them out for good.

“The mosquito activity will decline with cooling temperatures, but we’re not there yet,” he said. “I think we still have a long ways to go.”

To protect against mosquito bites, Armstrong recommended “covering up when outside, wearing long-sleeve pants and shirts as possible, and wearing an EPA- approved mosquito repellent. And then finally, limiting your exposure or time outdoors, particularly between the times of dusk and dawn.

“The mosquitoes that transmit triple-E virus, they’re most active at dusk and dawn and into the evening hours,” he said.

Jenifer Nadeau, associate professor and equine extension specialist in the University of Connecticut’s Department of Animal Science, said the vaccine helps defend horses against EEE.

“It usually doesn’t really cause a problem in horses unless they haven’t been vaccinated,” she said. “There was one case in Connecticut last year, and I believe it was an unvaccinated horse, and it started showing neurological signs, so they euthanized it and it had EEE, but it’s fairly rare.”

However, EEE is much more serious than West Nile virus, which also affects horses.

“I think the fatality rate is, I want to say it’s like 92% for EEE, or 95, and it’s like 20 to 44% for West Nile. So (EEE is) more serious when they get

it,” she said.

Symptoms include “a loss of appetite and depression, and then they’d have a fever,” Nadeau said.

“And then their hind limbs will become weak,” she said. “They could even be paralyzed. And then they have twitching or trembling of their muscles, impaired vision, ataxia or incoordination, neurological signs like head pressing, head tilt, aimless wandering and convulsions.”

These can be followed by “paralysis of their muzzle or tongue, droopy ears, vertigo,” Nadeau said. “They’re dizzy, drowsy, and then they can have trouble sleeping, not being able to swallow, circling and hyper-excitability and even coma.”

There is no treatment for the disease, she said.

“That’s the concerning part of it, that when it shows up, it’s just supportive care to help them, but if they have all those neurological signs, a lot of times there’s really nothing that they can do,” she said. “And if they have recumbency, where they can’t get up, then they’re really unlikely to survive.

“Luckily, there is a vaccine that we have, a three-way or four-way vaccine, and I think there’s a five-way now, so you can easily protect against it,” she said. “I’ve never heard of a vaccinated horse getting it. As far as I know, it is highly effective.”

An Associated Press report was included in this story.

Ed Stannard can be reached at estannard@courant.com.