

# 2020-2021 ANNUAL REPORT



Serving the towns of:

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

Population: 80,041 Service Area: Approximately 208 Square Miles

#### Health District Staff

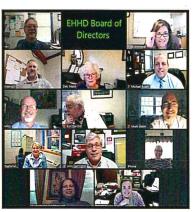
| Robert L. Miller, MPH, RS Director of             | Health            |
|---|-------------------|
| Kenneth Dardick, MDMedical A                      | Advisor           |
| Glenn Bagdoian, RS Sanita                         | arian II          |
| Ande Bloom Project Sp                             | ecialist          |
| Millie Brosseau Office M                          | anager            |
| Christine Grulke BSN, MSEd, RN Public Health      | Nurse             |
| Holly Hood, MPH, RS Sanita                        | arian II          |
| Zachary Jezek Environmental Health Sp             | ecialist          |
| Thad King, MPH, REHS, RS Sanita                   | arian II          |
| Derek May Public Health Eme<br>Preparedness Coord | rgency<br>dinator |
| Mia Mitoma Vaccine Program Administrative A       | ssistant          |
| David Oellerich, APRN Public Health               | Nurse             |
| Lynette Swanson Chief San                         | iitarian          |
| Cecile Serazo, BSN, RN Community Hea              |                   |
| Wellness Coord                                    | dinator           |



Top left to right: Millie Brosseau, Rob Miller, Ande Bloom, Zac Jezek Middle left to right: Lynette Swanson, Holly Hood, Thad King, Glenn Bagdoian Bottom left to right: Cecile Serazo, Derek May

#### **EHHD Board of Directors**

| Elizabeth Paterson (Chair) | Town of Coventry  |
|----------------------------|-------------------|
| Ralph Fletcher             |                   |
| Eric Anderson              |                   |
| Joshua Kelly               | Town of Bolton    |
| Ryan Aylesworth            |                   |
| Robert Morra (Alternate)   |                   |
| Tammy Nuccio               | Town of Tolland   |
| William Kaufold            | Town of Mansfield |
| Barbara Syme               |                   |
| M. Deborah Walsh           |                   |
| Michael Rosen              |                   |
| Erica Wiecenski            |                   |
| Vacant                     |                   |



Top left to right: John Elsesser, Erika Wiecenski

2nd row left to right: Eric Anderson, M. Deborah Walsh, Michael Rosen

3rd row left to right: Robert Miller, Kenneth Dardick, Mark Walter

4th Row left to right: Holly Schaeffer, John Carrington, Elizabeth Paterson

Charmaine Bradshaw-Hill, Tammy Nuccio

#### **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

#### All Hands On Deck

The 2020/2021 fiscal year for the Eastern Highlands Health District (EHHD) is best characterized by the responsiveness, and adaptability of our agency to address the shifting public health needs of our local communities during the COVID-19 national public health emergency. This would not have been possible

without the professional dedication of our health district staff. With that, below is a rundown of the highlighted activities and initiatives for the 2020-2021 Fiscal Year.

Public Health Emergency Preparedness and Response - The EHHD administered over 10,000 COVID-19 vaccinations during more than 120 clinics district-wide. We conducted contact tracing investigations for over 4,500 cases of COVID-19. This includes over 350 school-associated cases. We facilitated over 7,000 COVID tests among area residents. More than 130 COVID related complaints associated with the business sector rules were investigated. The EHHD issued weekly surveillance reports to community partners and the general public providing local COVID-19 surveillance data and news. We partnered with UConn Storrs on a number of pandemic response infection control activities including quarantines, testing, and messaging. We supported and partnered with 12 school  $districts \ to \ establish \ and \ implement \ risk \ mitigation \ measures. \ Over \ \textbf{130,000} \ PPE \ items \ were \ distributed$ to 46 area healthcare providers. Technical information and support were provided to local businesses to facilitate compliance with the Governor's Executive Orders. We supported town governments with safe workplace guidance for essential workers, infection control guidance for first responders, and town recreation department consultation support for youth sports programs and summer camps. We recruited and/or retained over 200 Medical Reserve Corps volunteers who supported our testing, contact tracing, and mass vaccination campaign. Finally, we provided pandemic-related education and information to the general public on multiple informational platforms.

Community Health – The health district expanded its scope of clinical services during fiscal year 2020/2021. This was the first year our agency offered seasonal flu shots. We hosted three clinics targeting our first responder community administering 120 flu shots. These clinics provided a good training ground for the impending COVID-19 vaccination campaign.

Environmental Health – Despite the significant mobilization and redirection of agency resources to respond to the pandemic, the environmental health field staff expertly and professionally addressed an approximately 25% to 30% increase in the demand for building, drilling, and construction permits and approvals during this fiscal year.

Unfortunately, this pandemic is not yet over. I have no doubt, however, that our communities, with continued partnership, collaboration, and cooperation will see the end, and overcome this challenge the same way we started...together.

My door is always open.

Yours in Health,

Robert L. Miller, MPH, R.S. Director of Health



#### 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**

This year Eastern Highland's Emergency Preparedness program shifted into Emergency Response to address the ongoing COVID-19 pandemic. Following the tenets of Crisis and Emergency Risk Communication, EHHD kept its partners and constituents informed in the face of rapidly changing COVID-19 information. In the Fall of 2020, EHHD expanded the elements of its seasonal influenza vaccination program to practice for mass vaccination. EHHD conducted flu clinics at local fire stations, supported regional vaccination exercises, and conducted a drive-through flu clinic exercise at the Mansfield Middle School. The EHHD Medical Reserve Corps (MRC), a unit of medical and non-medical volunteers from the community, was able to quickly expand and grew to a force of nearly 200 volunteers.

When a COVID-19 vaccine became available in December 2020, EHHD was ready to go. Mass vaccination clinics were held in school gyms and other accessible community locations across the district, vaccinating up to 600 patients per clinic. Emphasis was placed on creating a safe orderly clinic



with the lowest possible wait time, to provide the patient with the best experience possible considering the circumstance. By leveraging the trained personnel, supplies, and partnerships developed through years of strategic planning, EHHD was able to deliver more than 10,000 vaccinations against COVID-19 by the end of June 2021.

This pandemic response reminds us that plans may change, but the knowledge gained during the process of planning is indispensable. EHHD adapted to challenges including limited vaccine availability, changing patient eligibility criteria, technology challenges, and rigorous handling requirements for newly-developed vaccines.

Even as we seek to mitigate the effects of COVID-19 in the months and years ahead, other threats to public health will certainly occur, and All-Hazards planning remains as important as ever. Public Health will continue to be flexible and adaptable and the EHHD will continue to be part of a whole-community disaster planning and response.

EHHD offers its very heartfelt thanks to the EHHD MRC volunteers. They were the primary workforce for the vaccination clinics, with over 4,750 documented clinic hours served by these amazing ambassadors of public health. The EHHD MRC will continue to support the community in the years to come. Any adult interested in joining the MRC can sign up at: CTresponds.ct.gov

#### **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.

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 5  $\mu g/dL$  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. During the second part of the fiscal year, EHHD has done extensive work to reduce the spread of COVID-19.

#### **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. In the summer months, EHHD



worked diligently to mitigate the spread of disease from mosquitos and ticks. Informational signs were provided to member towns. The plaques provide information on the prevention of acquiring Lyme disease, and were placed in parks and near trails. 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.

In January, COVID-19 became an international health emergency, and the Community Health team responded with education and support to the community to mitigate the risk of transmission and to help residents stay healthy while maintaining social distancing recommendations. Efforts included the production of guidance documents that were distributed to member town libraries, community centers, health centers, senior centers, and schools. EHHD also conducted contact tracing on COVID-19 cases in our district, thereby supporting infected residents and reducing transmission in the community.

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. EHHD continues to assist the Town of Mansfield with implementation of its smoke free workplaces policy. 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. The resources include: web, phone, text, and nicotine replacement therapy.



Substance Abuse In Our Community Workgroup

 In response to the opioid and substance use epidemic affecting our towns, EHHD created a workgroup comprised of representatives from municipal leadership, human services, social workers, first responders, school leadership, and child advocacy. The group also continued

with prior initiatives, including partnering with the Coventry Police Department on a successful drug take back campaign, and partnering with the Town of Mansfield in the development of town policies to stage NARCAN in public buildings. Resources are posted on the EHHD website and brochures were distributed to town leadership, libraries, and social service departments.

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 is provided as a full contracted service to the Town of Tolland. Basic Be Well initiatives are also provided to member town, school employees,

and private sector businesses through the State Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). 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 aren't limited to, monthly wellness newsletters, online wellness resources, onstead to biometric health screenings, and wellness seminars. You may learn more about the program at www.ehhd.org/be\_well. If you are interested in having Be Well as part of your business or organization, please send 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 hurricane/emergency preparedness, childhood vaccines, healthy snacks for kids, planning for care as you age, and flu prevention and treatment.







Plan4Health Initiative: 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 implement strategies to increase physical activity and access to healthy food for our region. During the year EHHD continually marketed the Toolkit to the planning

and zoning boards and commissions of small and rural towns in Connecticut. The Toolkit is continually



maintained and updated to provide the most current and accurate information. A survey was introduced last year to gain feedback on the Toolkit and its ability to meet the needs of users. This survey will be reviewed and analyzed to make changes for the future. The toolkit and survey is available online at www.healthyeasternct.com



## **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 otherwise have a full-time health department without district membership. Joining a health district is an attractive option for towns because they are provided access to full-time public health services at minimal cost. District membership increases the ability of a town to benefit from grant-funded public health programs. Towns that are members of health districts provide annual per capita contributions to support health district operations.

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

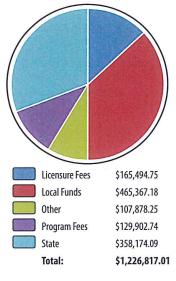
- 1. A professionally staffed department with fully trained and certified personnel.
- 2. Improved availability of services; seven days a week, 24 hours a day for emergencies.
- 3. Less fragmentation of services.
- 4. Uniform enforcement of state laws and regulations, codes and ordinances.
- 5. A regional 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:

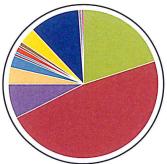
- Monitor health status to identify community health problems.
- 2. **Diagnose** and **investigate** health problems and health hazards in the community.
- Inform, educate and empower people about health issues.
- 4. **Mobilize** community partnerships to identify and solve health problems.
- 5. **Develop** 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 Budget Fiscal Year 2020/2021\*

## FY2021 TOTAL REVENUES (see table below)



## FY2021 TOTAL EXPENDITURES (see table below)



| 10.35 | Personnel: Administrative/Managem | nent \$224,219 |
|-------|-----------------------------------|----------------|
|       | Personnel: Environmental Health   | \$527,317      |
| W.E   | Personnel: Community Health       | \$83,664       |
|       | Emergency Preparedness:           | \$40,227       |
|       | Administrative Overhead           | \$30,540       |
|       | Communications                    | \$3,034        |
|       | Equipment                         | \$2,774        |
|       | Insurance                         | \$14,603       |
|       | Legal                             | \$1,666        |
|       | Other                             | \$6,972        |
|       | Purchased Services                | \$42,345       |
|       | Supplies&Materials/software       | \$120,249      |
|       | Vehicle&Travel                    | \$9,111        |
|       | Miscellaneous                     | \$2,280        |
|       | Total:                            | \$1,109,002.01 |

<sup>\*</sup> Figures not audited at the time of this publication.

#### **EHHD Service and Activities Data by Town**

|                                   | Andover                                   | Ashford | Bolton | Chaplin | Columbia | Coventry | Mansfield | Scotland | Tolland | Willington | District<br>Totals |
|-----------------------------------|---|---------|--------|---------|----------|----------|-----------|----------|---------|------------|--------------------|
| COMPLAINTS                        |   |         |        |         |          |          |           |          |         |            |                    |
| AIR QUALITY                       | 0   | 0       | 0      | 0       | 0        | 0        | 1         | 0        | 0       | 0          | 1                  |
| ANIMALS/ANIMAL WASTE              | 0   | 0       | 0      | 0       | 0        | 0        | 0         | 0        | 0       | 0          | 0                  |
| ACTIVITY WITHOUT PROPER PERMIT    | S 0                                       | 1       | 0      | 1       | 0        | 0        | 0         | 0        | 2       | 0          | 4                  |
| FOOD PROTECTION                   | 0   | 1       | 1      | 0       | 1        | 1        | 0         | 0        | 0       | 0          | 4                  |
| HOUSING ISSSUES                   | 0   | 3       | 0      | 3       | 1        | 0        | 6         | 0        | 3       | 5          | 21                 |
| EMERGENCY RESPONSE                | 0   | 0       | 0      | 0       | 1        | 0        | 0         | 0        | 0       | 0          | 1                  |
| REFUSE/GARBAGE                    | 0   | 2       | 0      | 0       | 0        | 0        | 1         | 0        | 4       | 2          | 9                  |
| RODENTS/INSECTS                   | 0   | 0       | 0      | 1       | 0        | 0        | 1         | 0        | 0       | 2          | 4                  |
| SEPTIC/SEWAGE                     | 1   | 5       | 2      | 1       | 0        | 2        | 2         | 0        | 0       | 3          | 16                 |
| OTHER .                           | 0   | 3       | 0      | 0       | 0        | 0        | 1         | 0        | 2       | 1          | 7                  |
| WATER QUALITY                     | 0   | 0       | 0      | 0       | 0        | 0        | 4         | 0        | 1       | 2          | 7                  |
| COVID-19                          | 2   | 3       | 7      | 6       | 1        | 11       | 60        | 0        | 6       | 13         | 109                |
| TOTAL                             | 3   | 18      | 10     | 12      | 4        | 14       | 76        | 0        | 18      | 28         | 183                |
| HEALTH INSPECTION                 |   |         |        |         |          |          |           |          |         |            |                    |
| GROUP HOMES                       | 0   | 0       | 0      | 0       | 0        | 2        | 0         | 0        | 0       | 0          | 2                  |
| DAY CARE                          | 0   | 0       | 0      | 0       | 1        | 0        | 0         | 0        | 1       | 1          | 3                  |
| CAMPS                             | 0   | 1       | 0      | 3       | 0        | 0        | 0         | 1        | 2       | 2          | 9                  |
| PUBLIC POOL                       | 0   | 2       | 0      | 1       | 0        | 0        | 4         | 1        | 2       | 2          | 12                 |
| OTHER                             | 0   | 0       | 0      | 1       | 0        | 0        | 0         | 0        | 0       | 0          | 1                  |
| 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                  |
| TOTAL                             | 0   | 3       | 0      | 5       | 1        | 2        | 4         | 2        | 5       | 5          | 27                 |
| ON-SITE SEWAGE DISPOSAL           |   |         |        |         |          |          |           |          |         |            |                    |
| SITE INSPECTION ALL SITE VISITS   | 65  | 51      | 79     | 28      | 123      | 212      | 143       | 12       | 144     | 35         | 892                |
| DEEP HOLE TESTS - NUMBER OF HOLES | 5 44                                      | 45      | 80     | 46      | 104      | 154      | 136       | 12       | 121     | 48         | 790                |
| PERCOLATION TESTS – NUMBER OF HO  | LES 9                                     | 18      | 20     | 15      | 27       | 36       | 49        | 3        | 64      | 14         | 255                |
| PERMITS ISSUED, NEW               | 9   | 4       | 5      | 2       | 12       | 18       | 7         | 4        | 16      | 1          | 78                 |
| PERMITS ISSUED, REPAIR            | 22  | 20      | 23     | 11      | 24       | 55       | 50        | 2        | 48      | 20         | 275                |
| SITE PLANS REVIEWED               | 19  | 13      | 21     | 9       | 23       | 37       | 50        | 1        | 66      | 15         | 254                |
| PUBLIC HEALTH REVIEWS             | 35  | 32      | 69     | 19      | 55       | 152      | 111       | 11       | 181     | 42         | 707                |
| WELLS                             |   |         |        |         |          |          |           |          |         |            |                    |
| WELL SITES INSPECTED              | 8   | 3       | 5      | 6       | 29       | 32       | 3         | 5        | 7       | 5          | 103                |
| WELL PERMITS ISSUED               | 10  | 5       | 8      | 10      | 33       | 50       | 27        | 7        | 20      | 15         | 185                |
| LABORATORY ACTIVITIES (SAME       | PLES TAK                                  | EN)     |        |         |          |          |           |          |         |            |                    |
| POTABLE WATER                     | 0   | 0       | 0      | 0       | 0        | 1        | 0         | 1        | 0       | 0          | 2                  |
| SURFACE WATER                     | 16  | 16      | 32     | 0       | 28       | 141      | 19        | 0        | 14      | 25         | 291                |
| 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   | 0       | 0      | 0       | 0        | 0        | 0         | 0        | 0       | 0          | 0                  |
| OTHER                             | 4   | 1       | 2      | 0       | 3        | 4        | 7         | 2        | 3       | 0          | 26                 |
| FOOD PROTECTION                   |   |         |        |         |          |          |           |          |         |            |                    |
| INSPECTIONS                       | 18  | 33      | 29     | 25      | 25       | 60       | 194       | 5        | 39      | 34         | 462                |
| REINSPECTIONS                     | 2   | 7       | 3      | 0       | 2        | 3        | 49        | 0        | 25      | 6          | 97                 |
| TEMPORARY PERMITS                 | 2   | 5       | 27     | 2       | 2        | 27       | 7         | 1        | 8       | 1          | 82                 |
| TEMPORARY INSPECTIONS             | 2   | 0       | 22     | 0       | 0        | 0        | 0         | 0        | 1       | 0          | 25                 |
| PLAN REVIEWS                      | 0   | 1       | 1      | 1       | 0        | 2        | 4         | 0        | 0       | 2          | 11                 |
| PRE-OPERATIONAL INSPECTIONS       | 0   | 3       | 0      | 2       | 3        | 31       | 13        | 1        | 11      | 2          | 66                 |
| TOTAL INSPECTIONS AND OTHER       | 22  | 46      | 54     | 32      | 31       | 96       | 260       | 8        | 81      | 47         | 677                |
| LEAD ACTIVTIES                    |   |         |        |         |          |          |           |          |         |            |                    |
| HOUSING INSPECTION                | 0   | 0       | 1      | 0       | 0        | 2        | 0         | 0        | 0       | 0          | 3                  |
| ABATE PLAN REVIEWED               | 0   | 0       | 0      | 0       | 0        | 0        | 0         | 0        | 0       | 0          | 0                  |
| MISCELLANOUS ACTIVITIES           |   |         |        |         |          |          |           |          |         |            |                    |
| PLANNING AND ZONING REFERRALS     | 0   | 0       | 0      | 0       | 1        | 6        | 1         | 0        | 0       | 0          | 8                  |
| SUBDIVISION REVIEWED (PER LOT)    | 0   | 0       | 0      | 1       | 2        | 3        | 0         | 0        | 5       | 0          | 11                 |
| ו בוויבטון                        | THE RESERVE OF THE PERSON NAMED IN COLUMN |         |        | -       |          |          |           |          | -       |            |                    |

| Selected Reportable Diseases by Town   Selected Reportable Diseases   Town   Town   Selected Reportable Diseases   Town   Town   Town   Selected Reportable Diseases   Town   Tow |                           |  |
|---|---------------------------|--|
| Babesiosis  |                           | Selec  |
| Babesiosis   0  |                           | Andover Ashford  |
| COVID-19  | Babesiosis                | 0 1  |
| Cryptosporidium         0   | Campylobacter             | 1 1  |
| Cyclospora         0  | COVID-19                  | 139 202  |
| E. Coli 0157/STEC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Cryptosporidium           | 0 0  |
| Ehrlichiosis/Anaplasmosis  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | Cyclospora                | 0 0  |
| Giardia 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0   | E. Coli 0157/STEC         | 0 0  |
| Group A Streptococcus  O O O O O O O O O O O O O O O O O O O  | Ehrlichiosis/Anaplasmosis | 0 0  |
| Group B Streptococcus  O 1 1 1 0 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0  | Giardia                   | 0 0  |
| Haemophilus Influenzae 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                           | 0 0  |
| Hepatitis A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Group B Streptococcus     | 0 1  |
| Hepatitis B   | Haemophilus Influenzae    | 0 0  |
| Hepatitis C 0 1 1 1 1 0 2 2 2 0 2 0 9 Lead-Elevated Blood Lead Levels 0 1 1 1 0 0 0 2 2 0 0 1 1 1 7 in children up to age 6 (5-9.9 ug/dl)  Lead-Elevated Blood Lead Levels 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | Hepatitis A               | 0 0  |
| Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)  Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)  Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)  Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)  Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl  Listeria  0 0 0 0 0 0 0 0 0 0 0 0   |                           | 0 0  |
| in children up to age 6 (5-9.9 ug/dl) Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl) Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl) Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl Listeria  0 0 0 0 0 0 0 0 0 0 0 0  |                           | 0 1  |
| in children up to age 6 (3-9.9 ug/dl)  Lead-Elevated Blood Lead Levels     in children up to age 6 (10-19 ug/dl)  Lead-Elevated Blood Lead Levels     in children up to age 6 >20 ug/dl  Listeria     0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |                           | 0 1  |
| in children up to age 6 (10-19 ug/dl)  Lead-Elevated Blood Lead Levels in children up to age 6>20 ug/dl  Listeria  0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                           | 0 1  |
| in children up to age 6 (10-19 ug/dl)  Lead-Elevated Blood Lead Levels  in children up to age 6>20 ug/dl  Listeria  0 0 0 0 0 0 0 0 0 0 0 0 0 0   |                           | 0 0  |
| in children up to age 6>20 ug/dl Listeria 0 0 0 0 0 0 0 0 0 0 0   |                           | 0 0  |
| in children up to age 6>20 ug/dl Listeria 0 0 0 0 0 0 0 0 0 0   |                           | 0 0  |
|   |                           | 0 0  |
| lyma Discorea 1 1 1 0 2 1 1 2 1 1 0 11  |                           | 0 0  |
|   | Lyme Disease              | 1 1  |
| Measles 0 0 0 0 0 0 0 0 0 0   |                           | 177  |
| Methicillin Resistant Staphylococcus Aureus 0 2 0 4 3 2 4 0 3 2 20  |                           |  |
| Mumps 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 0 0 0 0 0 0   |                           | - T  |
| Rubella 0 0 0 0 0 0 0 0 0 0   |                           |  |
| Salmonella 0 1 0 0 0 2 2 0 1 0 6  |                           | 1.5  |
| Shigella 0 0 0 0 0 0 0 0 0 0  |                           |  |
| Streptococcus Pneumoniae         0         0         0         0         0         0         0         0         0  |                           |  |
| Syphilis 0 1 0 0 0 0 0 0 0 1 2  |                           |  |
| Varicella 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |                           | THE RESIDENCE OF THE PARTY OF T |
| Vibrio 0 0 0 0 0 0 0 0 0 0  |                           |  |
| West Nile Virus 0 0 0 0 0 0 0 0 0 0 0   |                           |  |
| Yersinia 0 0 0 0 0 0 0 0 0 0  | Yersinia                  | 0 0  |

 $<sup>\</sup>ensuremath{^{\star}}$  The case numbers above are considered to be below actual figures due to under reporting.



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